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| STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY | SUMMONS | CASE NUMBER 24-000198 ^{-MZ} Judge Patel |
| Court of Claims | | |

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| Court address 925 W. Ottawa St., PO Box 30185, Lansing, MI 489009 | Court telephone number 517-373-0807 |
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| Plaintiff's name, address, and telephone number NorthCare Network Mental Health Care Entity, Northern Michigan Regional Entity, and Region 10 PIHP c/o Plaintiff's Counsel |
| Plaintiff's attorney bar number, address, and telephone number Christopher J. Ryan (P74053) Taft, Stettinius & Hollister, LLP 27777 Franklin Road, Ste 2500, Southfield, MI 48034 248-727-1553 cryan@taftlaw.com |

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| Defendant's name, address, and telephone number State of Michigan 333 S. Grand Ave PO Box 30195 Lansing, MI 48909 |
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Instructions: Check the items below that apply to you and provide any required information. Submit this form to the court clerk along with your complaint and, if necessary, a case inventory addendum (MC 21). The summons section will be completed by the court clerk.

Domestic Relations Case

There are no pending or resolved cases within the jurisdiction of the family division of the circuit court involving the family or family members of the person(s) who are the subject of the complaint.

There is one or more pending or resolved cases within the jurisdiction of the family division of the circuit court involving the family or family members of the person(s) who are the subject of the complaint. I have separately filed a completed confidential case inventory (MC 21) listing those cases.

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Civil Case

This is a business case in which all or part of the action includes a business or commercial dispute under MCL 600.8035.

MDHHS and a contracted health plan may have a right to recover expenses in this case. I certify that notice and a copy of the complaint will be provided to MDHHS and (if applicable) the contracted health plan in accordance with MCL 400.106(4).

There is no other pending or resolved civil action arising out of the same transaction or occurrence as alleged in the complaint.

A civil action between these parties or other parties arising out of the transaction or occurrence alleged in the complaint has been previously filed in this court, _____ Court, where it was given case number _____ and assigned to Judge _____

The action remains is no longer pending.

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I am a sheriff, deputy sheriff, bailiff, appointed court officer or attorney for a party.

I am a legally competent adult who is not a party or an officer of a corporate party. I declare under the penalties of perjury that this certificate of service has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

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| Service fee \$ | Miles traveled | Fee \$ | |
| Incorrect address fee \$ | Miles traveled | Fee \$ | TOTAL FEE \$ |

Signature _____

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| Plaintiff's attorney bar number, address, and telephone number Christopher J. Ryan (P74053) Taft, Stettinius & Hollister, LLP 27777 Franklin Road, Ste 2500, Southfield, MI 48034 248-727-1553 cryan@taftlaw.com |

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| Defendant's name, address, and telephone number State of Michigan Department of Health and Human Services, a Michigan State Agency 333 S. Grand Ave PO Box 30195 Lansing, MI 48909 |
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I am a legally competent adult who is not a party or an officer of a corporate party. I declare under the penalties of perjury that this certificate of service has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

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| Plaintiff's attorney bar number, address, and telephone number Christopher J. Ryan (P74053) Taft, Stettinius & Hollister, LLP 27777 Franklin Road, Ste 2500, Southfield, MI 48034 248-727-1553 cryan@taftlaw.com |

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| Defendant's name, address, and telephone number Elizabeth Hertel, in her official capacity as Director of the Michigan Department of Health and Human Services 333 S. Grand Ave PO Box 30195 Lansing, MI 48909 |
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_____ on behalf of _____
Signature

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**STATE OF MICHIGAN
IN THE COURT OF CLAIMS**

**NORTHCARE NETWORK MENTAL HEALTH
CARE ENTITY,
NORTHERN MICHIGAN REGIONAL ENTITY,
and
REGION 10 PIHP**

Case No. 24- 000198 -MZ

Hon. Sima G. Patel

Plaintiffs,

v

**STATE OF MICHIGAN,
STATE OF MICHIGAN DEPARTMENT OF
HEALTH AND HUMAN SERVICES, a
Michigan State Agency, and its Director,
ELIZABETH HERTEL, in her official capacity,**

Defendants.

TAFT, STETTINIUS & HOLLISTER, LLP

Christopher J. Ryan (P74053)
Gregory W. Moore (P63718)
27777 Franklin Road, Suite 2500
Southfield, MI 48034
(248) 727-1553
cryan@taftlaw.com
Attorneys for Plaintiffs

THERE IS NO OTHER PENDING OR RESOLVED
CIVIL ACTION ARISING OUT OF THE SAME
TRANSACTION OR OCCURRENCE AS ALLEGED
IN THIS COMPLAINT.

VERIFIED COMPLAINT

Plaintiffs, by and through counsel, TAFT, STETTINIUS & HOLLISTER, LLP, state for their Verified Complaint:

OVERVIEW

1. Defendants are trying to strong-arm Plaintiffs into a “take it or leave it” contract that contains illegal and detrimental provisions that reduce Plaintiffs’ ability to provide necessary behavioral health services to the residents of Michigan.

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2. Plaintiffs are 3 of Michigan’s 10 Prepaid Inpatient Health Plans that facilitate the delivery of behavioral health services for individuals with mental illness, developmental disabilities, and substance use disorders in 40 counties across the State.

3. In an attempt to bully Plaintiffs into agreeing to unreasonable and illegal provisions in its FY25 contract (“FY25 Contract” – Exhibit A), MDHHS threatened that if Plaintiffs did not sign by October 31, 2024, MDHHS would terminate its relationship with Plaintiffs and cut off the funding Plaintiffs need to ensure recipients in their respective regions continue to receive behavioral health services. Plaintiffs each signed the FY25 Contract after modifying the offending provisions, but MDHHS refused to counter-sign. As explained in more detail below, Defendants are now making good on their threat by withholding Medicaid funds from Plaintiffs to the detriment of the beneficiaries Plaintiffs serve.

4. On behalf of all Plaintiffs, this suit seeks a declaration that three aspects of MDHHS’s form FY25 Contract are void.

5. First, Schedule A – Statement of Work, § 4, relates to Plaintiffs’ ability to fund and manage an Internal Service Fund (“ISF”). Certain provisions in that section violate state and federal law because they purport to restrict Plaintiffs’ ability to fund and utilize their respective ISF accounts. More specifically, Defendants placed an arbitrary 7.5% limit on the amount Plaintiffs can contribute their respective ISF accounts and a 7.5% limit on the balance that can be held in an ISF account. The limits are not set based on recognized accounting standards or principles, are not actuarially sound, and therefore fail to comply with federal regulations. Defendants further purport to prohibit Plaintiffs from using ISF funds to pay for services rendered during a prior fiscal year. This prohibition also violates federal law.

6. Second, Schedule A - Statement of Work, § 1, ¶ R.20., purports to require Plaintiffs to abide by a settlement agreement involving MDHHS and certain non-parties (the “Waskul Settlement”). But the Waskul Settlement has not even been finalized or received necessary federal court approval. Even if it had, requiring Plaintiffs to abide by the contemplated Waskul Settlement would permit the State to illegally direct Plaintiffs’ Medicaid expenditures. More importantly, requiring Plaintiffs to abide by the Waskul Settlement would benefit a select subset of Medicaid recipients, while detrimentally hurting the vast majority of recipients who receive the same services.

7. Third, Schedule A – Statement of Work, § 1, ¶ G.14., is an attempt by MDHHS to shift the financial burden of managing Certified Community Behavioral Health Clinics (“CCBHCs”) to Plaintiffs without State funding in violation of Article 9, § 25 and § 29 of the Michigan Constitution. Defendants’ own auditor concluded that the FY25 arrangement would require Plaintiffs to undertake 11 categories of “major new responsibilities” without “any increase to the variable administrative percentages” (i.e., without any funding).

8. This suit also seeks a declaration that even in the absence of a contract, MDHHS is statutorily obligated to continue providing funding to Plaintiffs.

9. Defendants recently retaliated against Plaintiffs by stating MDHHS will not provide Medicaid dollars to fund the Substance Use Disorder Health Home (“SUDHH”) programs in their respective regions. The SUDHH program has absolutely nothing to do with the parties’ dispute. While this shameful negotiation tactic will harm Plaintiffs, who have each expended resources in reliance on Defendants fulfilling their obligation to provide the funding, the most significant harm will come to the citizens eligible to receive SUDHH services. MDHHS’s pronouncement means all of the individuals currently enrolled in the SUDHH program will no

longer receive SUDHH services. And it means that the thousands of Michiganders who are eligible to enroll to receive SUDHH services are no longer able to enroll. Those residents were directed by Defendants to contact Plaintiffs to obtain SUDHH services, and now Plaintiffs are being directed to turn them away. Plaintiffs seek injunctive relief prohibiting Defendants from cutting off funding for the SUDHH program.

FACTS COMMON TO ALL CLAIMS FOR RELIEF

I. The Parties and Jurisdiction.

10. Plaintiffs are Prepaid In-Patient Health Plans (“PIHPs”) created by MCL § 330.1204b and related statutes.

11. Plaintiffs help facilitate delivery of behavioral health services for individuals with mental illness, developmental disabilities, and substance disorders in the counties in their respective regions.

12. Defendant Michigan Department of Health and Human Services (“MDHHS”) is an agency of the State of Michigan.

13. Elizabeth Hertel is the Director of MDHHS.

14. Pursuant to MCL 600.6419, this Court has jurisdiction over this action because it seeks declaratory relief against the State of Michigan, a department of the State of Michigan (MDHHS), and an officer of the State of Michigan (Director of MDHHS); seeks a writ of mandamus; and alleges violations of the Headlee Amendment to the Michigan Constitution.

II. Background.

15. Medicaid is a joint federal/state program that provides medical assistance to qualifying individuals who are unable to pay or do not have private insurance.

16. To qualify to receive federal Medicaid funds, states are required to create a Medicaid State Plan that complies with various federal requirements.

17. Each state’s Medicaid State Plan must be approved by the Centers for Medicare and Medicaid Services (“CMS”).

18. After approval of the Medicaid State Plan, states receive federal money to spend on services covered by the Medicaid program.

19. In Michigan, the Medicaid program is administered by MDHHS.

20. Pursuant to Michigan law, behavioral health services are provided at the county level through community mental health services programs (“CMHs”). To be sure, MCL 330.1116(2)(b) requires MDHHS to “shift primary responsibility for the direct delivery of public mental health services from the state to a community mental health services program...”

21. MDHHS is required to “promote and maintain an adequate and appropriate system of community mental health services programs throughout the state.” MCL 330.1116(2)(b).

22. The State is required to financially support CMHs. MCL 330.1202(1) (“The state shall financially support...community mental health services programs....”)

23. In fact, the State “shall pay 90% of the annual net cost of a community mental health services program...” MCL 330.1308(1).

24. The “purpose of a community mental health services program” is to “provide a comprehensive array of mental health services appropriate to conditions of individuals who are located within its geographic service area, regardless of an individual’s ability to pay.” MCL 330.1206.

25. CMHs must be a county community mental health agency, a community mental health organization, or a community mental health authority.

26. CMHs have numerous statutory rights set forth in the Mental Health Code. Among those rights, CMHs have the right to organize together and form a regional entity.

27. MCL 330.1204b(1) states that a “combination of community mental health organizations or authorities may establish a regional entity by adopting bylaws that satisfy the requirements of this section.”

28. Plaintiffs are regional entities.

29. Regional entities help manage services that are provided by individual CMHs, thus reducing administrative burden on the CMHs that form the regional entity.

30. Regional entities are public governmental entities separate from the county, authority, or organization that establishes them. MCL 330.1204b(3).

31. CMHs and regional entities are units of Local Government for purposes of Const. 1963, Art. 9, § 29. See Const. 1963, Art. 9, § 33.

32. After organizing into a regional entity, the regional entity has all of the “power, privilege, or authority that the participating community mental health services programs share in common and may exercise separately under the act....” MCL 330.1204b(2).

33. The State is required to financially support each regional entity. MCL 330.1202(1); MCL 330.1204b(2).

34. MDHHS is required to provide Medicaid-covered specialty services and supports through PIHPs. MCL 400.109f(1).

35. CMHs and regional entities can operate as PIHPs, which is true of each of the Plaintiffs. MCL 330.1232b(1).

36. PIHPs are public managed care organizations that receive funding from the State and arrange to pay for Medicaid services. MCL 400.109f(2).

37. The State of Michigan has 10 PIHPs (regions), and Plaintiffs collectively represent 3 of the 10 regions:

- a. Plaintiff NorthCare Network Mental Health Care Entity (“NorthCare”) is the PIHP for Region 1, and was formed by Pathways CMH (serving Alger, Delta, Luce, and Marquette counties), Copper Country CMH (serving Baraga, Houghton, Keewanaw, and Ontonagon counties), Hiawatha CMH (serving Chippewa, Mackinac, and Schoolcraft counties), Northpointe CMH (serving Menominee, Dickinson, and Iron counties), and Gogebic CMH (serving Gogebic county).
- b. Plaintiff Northern Michigan Regional Entity (“NMRE”) is the PIHP for Region 2, and was formed by AuSable CMH (serving Oscoda, Ogemaw, and Iosco counties), Manistee-Benzie CMH (serving Manistee and Benzie counties), North Country CMH (serving Antrim, Charlevoix, Cheboygan, Emmet, Kalkaska, and Otsego counties), Northern Lakes CMH (serving Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon, and Wexford counties), and Northeast CMH (serving Alcona, Alpena, Montmorency, and Presque Isle counties).
- c. Plaintiff Region 10 PIHP (“Region 10”) is the PIHP for Region 10, and was formed by Genesee Health Systems (serving Genesee county), Lapeer CMH (serving Lapeer county), Sanilac CMH (serving Sanilac county), and St. Clair CMH (serving St. Clair county).

38. Because MDHHS is required to provide services through PIHPs, Michigan law restricts MDHHS’s ability to terminate its relationship with a PIHP.

39. MCL 330.1232b requires that as a condition for receiving Medicaid dollars, a PIHP shall certify that (a) it is in substantial compliance with the standards promulgated by the department and with applicable federal regulations, and (b) that the PIHP has established policies and procedures to monitor compliance with the standards promulgated by the department and with applicable federal regulations and to ensure program integrity. Each Plaintiff has done so.

40. MDHHS may only sanction or terminate a PIHP if the PIHP is not in substantial compliance with promulgated standards and with established federal regulations, if the PIHP has misrepresented or falsified information reported to the state of the federal government, or if the PIHP has failed substantially to provide necessary covered services to recipients. None of the Plaintiffs have done so.

41. According to the Mental Health Code, before imposing a sanction on a PIHP, MDHHS is required to provide that PIHP with notice of the basis and nature of the sanction and an opportunity for hearing to contest or dispute MDHHS's findings and intended sanction.

42. Historically, Plaintiffs and MDHHS have been parties to annual PIHP contracts ("PIHP Contracts").

43. In the simplest of terms, the PIHP Contracts provide that MDHHS will make capitated payments to Plaintiffs, which Plaintiffs use to pay administrative expenses and fund services provided by CMHs in the counties represented within each respective region.

44. Michigan's Medicaid State Plan, as approved by CMS, relies heavily on MDHHS's representations that Medicaid services will be provided by CMHs, through PIHPs. For example, the approved Medicaid State Plan for Michigan states:

- a. that for Home and Community Based Services (HCBS) benefit functions, MDHHS "contracts with regional managed care Pre-paid Inpatient Health Plans (PIHP), as the other contracted entity, to assist in monitoring functions of the HCBS benefit.... The PIHP...and local non-state entities/Community Mental Health Service Programs (CMHSP) will all be actively involved in assuring quality and implementation of identified quality improvement activities...."
- b. "MDHHS/BHDDA as the state Medicaid agency will deliver 1915(i) SPA services through contracted arrangements with its managed care PIHPs regions. The PIHPs have responsibility for monitoring person-centered service plans and the network's implementation of the 1915 (i) SPA services, which require additional conflict of interest protections including separation of entity and provider functions within provider entities."
- c. that to meet federal requirements that HCBS benefits eligibility be determined by an independent evaluation/reevaluation, MDHHS relies on assessments provided by the "PIHP provider network."
- d. that to meet federal requirements concerning individualized, person-centered service plans, MDHHS relies on PIHPs to "monitor quality of implementation of person-centered planning" and places responsibility for "the development and implementation of the Individual Plan of Services" on the CMHSP under contract with the PIHP.

III. FY25 PIHP Contract Negotiations.

45. In the Summer/Fall of 2024, leading up to the filing of this Complaint, negotiations concerning the FY25 Contract between MDHHS and Plaintiffs broke down, centered primarily around three provisions detailed below.

46. After much negotiation, Plaintiffs each signed MDHHS's form FY25 Contract after modifying/redlining the offending provisions. MDHHS refused to counter-sign.

47. On October 23, 2024, MDHHS stated it would not negotiate the contract any further. Instead, MDHHS stated the:

PIHPs will have until 5:00 PM EST on October 31, 2024, to electronically sign the FY 25 contract using the State of Michigan's authorized electronic signature software application, e-Signature. Should any contracts remain unsigned by after this deadline, those PIHPs will be required to adhere to the Transition Responsibilities Language contained in Standard Contract Term 26 of the FY24 contract.

48. In other words, MDHHS stated that Plaintiffs were required to either sign the form FY25 Contract as presented by MDHHS without modification, or MDHHS would terminate its relationship with Plaintiffs.

49. Plaintiffs refused to sign the FY25 Contract because it contains illegal provisions that will hurt the region, the CMHs within the region, and most importantly, negatively impact their ability to properly and adequately serve the recipients of services within the region.

IV. Void Provisions in the form FY25 Contract.

A. ISF – Schedule A – Statement of Work, § 4.

50. The relationship between MDHHS and the PIHPs is a “shared risk” arrangement.

51. The historic PIHP Contracts contain risk-sharing provisions between Plaintiffs and MDHHS, whereby Plaintiffs are responsible for expenses that exceed capitated payments, up to a certain amount.

52. Risk-sharing is permitted by federal regulations, provided the arrangement meets certain requirements.

53. Federal law and the PIHP contracts (both historically and as proposed by MDHHS in the FY25 Contract) permit PIHPs to establish an Internal Service Fund (“ISF”) as part of its risk corridor as a “method for securing funds as part of the overall strategy for covering risk exposure.”

Exhibit A.

54. An ISF account is like a savings account or reserve account, “established for the purpose of securing funds necessary to meet expected risk corridor financing requirements under the State/Contractor Contract.” Exhibit A.

55. In other words, when capitated payments from MDHHS exceed a PIHP’s expenses, PIHPs add excess funds to their ISF so that they have money in reserve. On the other hand, when expenses exceed the amount of the MDHHS capitated payments, PIHPs use the funds in their ISF to make up the shortfall.

56. Federal regulations require that “all applicable risk-sharing mechanisms...be developed in accordance with...generally accepted actuarial principles and practices.” 42 C.F.R. § 438.6(b)(1).

57. In addition, all ISF accounts must be established in compliance with GASB [Government Accounting Standards Board] Statement No. 10, Accounting and Financial Reporting for Risk Financing and Related Insurance Issues. (Exhibit A, Page 115.)

58. GASB Statement No. 10 states that “the total charge by the internal service fund to the other funds may also include a reasonable provision for expected future catastrophe losses.” (GASB Statement No. 10, ¶ 66c.)

59. Among other things, Schedule A – Statement of Work, § 4 of the FY25 Contract states that “[t]he ISF cannot be funded more than 7.5% of the annual operating budget in any given year...the ISF balance cannot be less than \$0.” (Exhibit A, Page 112.)

60. The FY25 Contract also states the PIHPs “may not reflect an ISF that exceeds 7.5% in any of [the PIHP’s] reporting requirements contained in this contract. If the Department determines that the ISF is over-funded, the ISF must be reduced within one fiscal year through the abatement of current charges. If such abatements are inadequate to reduce the ISF to the appropriate level, it must be reduced through refunds....” (Exhibit A, Page 113.)

61. In other words, if at any time a Plaintiff’s ISF exceeds 7.5% of its annual operating budget, that Plaintiff would be required to give the money back to MDHHS, irrespective of whether the 7.5% limit is actuarially sound.

62. Rather than develop the risk-sharing mechanisms in accordance with generally acceptable actuarial principles and practices, the FY25 Contract imposes an arbitrary 7.5% limit on the amount of funds Plaintiffs may hold in their respective ISF accounts.

63. Plaintiffs have determined that the 7.5% limit is not actuarially sound. Likewise, Plaintiffs have determined that the arbitrary 7.5% limit does not constitute a reasonable limit sufficient to cover future catastrophic losses.

64. Plaintiffs’ conclusion is supported by federal law. For example, 2 CFR Pt. 200, App. V states: “Internal service funds are dependent upon a reasonable level of working capital reserve to operate from one billing cycle to the next. Charges by an internal service activity to provide for the establishment and maintenance of a reasonable level of working capital reserve, in addition to the full recovery of costs, are allowable. A working capital reserve as part of retained

earnings of up to 60 calendar days cash expenses for normal operating purposes is considered reasonable.”

65. 60 calendar days equates to an ISF limit of 16.4%, far in excess of the arbitrary 7.5% limit contained in the FY25 Contract.

66. Accordingly, the FY25 Contract does not comply with 42 CFR § 438.6(b)(1).

67. The FY25 Contract also purports to prohibit PIHPs from using ISF funds to pay for services rendered during previous fiscal years.

68. It is basic accounting that during some years, a PIHP (and in turn the ISF) may operate in a deficit, whereas in other years, a PIHP (and in turn the ISF) may operate in a surplus.

69. GASB Statement No. 10 makes it clear that at times, an ISF may even have a negative balance: “The total charge by the internal service fund to the other funds is based on an actuarial method or historical cost information and adjusted over a reasonable period of time so that internal service fund revenues and expenses are approximately equal.” (GASB Statement No. 10, ¶ 66b.)

70. GASB Statement No. 10 also states that deficits do not need to be funded in any one year, but rather, can be funded over a reasonable period: “Deficits, if any, in the internal service fund...do not need to be charged back to the other funds in any one year, as long as adjustments are made over a reasonable period of time.”

71. The FY25 Contract provisions purporting to prohibit Plaintiffs from using ISF funds to pay for services rendered incurred in previous years violates GASB Statement No. 10 and 42 CFR § 438.6(b)(1).

72. The FY25 Contract provisions purporting to prohibit Plaintiffs from using ISF funds to pay for services rendered in previous years also violates 42 CFR 438.6(c)(1), which prohibits the State from directing a PIHP's Medicaid expenditures.

B. Waskul Settlement – Schedule A – Statement of Work, § 1, ¶ R.20.

73. Community Living Supports (“CLS”) services are designed to allow individuals with disabilities to live independently in their communities, rather than in institutions. The vast majority of Michigan's CLS recipients receive services through agency providers.

74. Pursuant to a Medicaid Waiver—known as the Habilitation Supports Waiver—separate funding is allocated to a program that allows the individuals receiving CLS services to participate in the decision-making process about what CLS services they will receive. This process of selecting services is known by several names including participant-direction, self-direction, or self-determination.

75. Recipients develop participant-centered service plans, which Michigan calls Individual Plans of Service (“IPOS”). Each IPOS sets forth medically necessary services designed to permit the beneficiary to achieve community inclusion, community participation, and independence.

76. After the IPOS is developed, it is implemented through a budgeting process. The cost of services set forth in the IPOS are determined and a budget is created. The budgeting process is handled between the participant and the PIHP.

77. After the budget is created, the participants may select any provider he or she wishes to furnish the actual services. The amount the providers are paid is determined through negotiations between the participant (or his/her family/guardian) and the provider. In other words, providers are not necessarily paid the amount set forth in the IPOS budget.

78. On March 15, 2016, Derek Waskul, by his guardian Cynthia Waskul, and others filed a lawsuit against MDHHS and others, Eastern District of Michigan Case No. 2:16-cv-10936 (the “Waskul Case”).

79. In a nutshell, the plaintiffs in the Waskul Case took issue with the budgeting process for CLS self-directed services. The lawsuit claimed that before 2015, an IPOS was created for each participant, and then a budget was created by multiplying staff hours by a prescribed rate. The amount and cost of other items needed in the budget that were not based on staff hours were then added separately to the budget. Plaintiff alleged that in 2015, the PIHP flipped the process, requiring participants to start with a fixed rate of \$13.88 per hour, inclusive of workers compensation, transportation, community participation, taxes, and training. Plaintiffs alleged that the new budgeting procedure reduced the amount recipients could pay staff, which in turn reduced CLS services available to enrollees.

80. Apparently, the State and the Waskul plaintiffs reached a proposed settlement that would increase the rates to be applied during the budgeting process for CLS services via the self-determination modality (“Waskul Settlement Agreement” – Exhibit B).

81. Although the object of the settlement is apparently to increase funding for those participants who take advantage of the self-determination modality, many believe the settlement would adversely impact the vast majority of CLS recipients who do not elect self-determination.

82. Among other things, the proposed Waskul Settlement Agreement requires MDHHS to amend its contract with the PIHPs, and requires PIHPs to create the CLS budget using a minimum fee schedule that is set forth in the Waskul Settlement Agreement.

83. The Waskul Settlement Agreement does not set forth any minimum fee schedule that the PIHPs or the participants are *actually* required to pay providers. In other words, the

minimum fee schedule only impacts the calculation of the budget and payment to the recipient, *not* payments to providers.

84. The FY25 Contract being proposed by MDHHS contains a provision purporting to require Plaintiffs to comply with the Waskul Settlement Agreement.

85. Specifically, the FY25 Contract states: “Contractor must comply with all terms and conditions of the Waskul Settlement Agreement once it is approved, and all contingencies have been met.” (Exhibit A, Page 80.)

86. Among the numerous problems with the FY25 Contract is that it does not take into account that the currently proposed Waskul Settlement Agreement may not be the same as what is eventually approved by the Court.

87. Nor does the FY25 Contract account for the fact that not a single one of the Plaintiff PIHPs are parties to the Waskul Settlement Agreement.

88. Most importantly, the currently proposed Waskul Settlement Agreement violates federal regulations because it illegally directs PIHPs expenditures.

89. 42 CFR 438.6(c)(1) states that a State may not direct a PIHP’s Medicaid expenditures.

90. Subpart (iii)(A) (42 CFR 4.386.6(C)(1)(iii)(A)) contains a limited exception allowing a State to require a PIHP to “adopt a minimum fee schedule for providers that provide a particular service under the contract using State plan approved rates.”

91. 42 CFR 4.386.6(C)(1)(iii)(A) does not apply because the Waskul Settlement Agreement incorporated into the FY25 Contract does not require PIHPs to pay providers any minimum rate. Instead, the Waskul Settlement Agreement only requires the PIHPs to use the rate when calculating and creating a budget with self-directed CLS recipients.

92. Moreover, even if 42 CFR 438.6(C)(1)(iii)(A) applied to the budget rates in the Waskul Settlement Agreement, where a State directs a payment, it must “[d]irect expenditures equally, and using the same terms of performance, for a class of providers providing the service under the contract.” 42 CFR 438.6(C)(2)(ii)(B).

93. In other words, the State cannot create a minimum fee schedule and then treat providers providing the same services differently. And that is exactly what the State proposes to do by treating providers providing services via the self-determination modality different than providers providing the exact same services, using the exact same billing codes, via a different modality.

94. Because the Waskul Settlement Agreement is not finalized, and as-drafted violates federal law, the requirement in the FY25 Contract purporting to require the PIHPs to abide by the Waskul Settlement Agreement is void.

C. CCBHCs – Schedule A – Statement of Work, § 1, ¶ G.14.

95. Federal legislation created the Certified Community Behavioral Health Clinic (“CCBHC”) Medicaid Demonstration Program, designed to provide funding to help expand access to substance use disorder and mental health services.

96. States must apply to CMS to receive funding. Michigan did so and became a CCBHC Demonstration state in 2020, with a start date in 2021. The initial two-year demonstration was set to expire in 2023, but additional legislation extended the demonstration by another 4 years.

97. CCBHC clinics are designed to expand services and ensure coordinated, comprehensive behavioral care. CCBHCs have requirements unique to those clinics that are not required of other providers: (1) 24/7/365 crisis response services, (2) screening, assessment, and diagnosis/risk management, (3) patient-centered treatment planning, (4) outpatient mental health and substance use disorder services, (5) outpatient clinic primary care screening, (6) case

management, (7) psychiatric rehabilitation, (8) peer support and counseling services, and (9) intensive community-based care for members of the armed forces and veterans.

98. The State of Michigan, and more specifically MDHHS, is responsible for certifying and monitoring CCBHCs and ensuring that the State is complying with the demonstration waiver. The State is responsible for overseeing the demonstration program, including clinic certification, payment, and compliance with federal reporting requirements. 42 USC § 1396a.

99. Under State and Federal law, Plaintiffs bear no responsibility for running, administering, or otherwise having any involvement in the CCBHC demonstration.

100. Nonetheless, over the past several years, MDHHS has systematically shifted responsibility for running the CCBHC program to Plaintiffs without providing appropriate funding.

101. The FY25 Contract and MDHHS policy purport to shift even more of the State's administrative responsibilities to Plaintiffs without providing Plaintiffs any funding for the new responsibilities.

102. The FY25 Contract states that Plaintiffs with a CCBHC Demonstration Site in their region must execute the PIHP duties and responsibilities set forth in the "MDHHS MI CCBHC Demonstration Handbook Version 2.0," (Exhibit C) which MDHHS claims it can amend as and when MDHHS deems fit.

103. Among the responsibilities MDHHS attempts to shift to the PIHPs per the FY25 Contract are: CCBHC oversight and support, CCBHC enrollment and assignment, CCBHC coordination and outreach, CCBHC payment, CCBHC reporting, CCBHC grievance monitoring, and encounter and review submissions.

104. Through the FY25 Contract, MDHHS is compelling and/or attempting to compel Plaintiffs to undertake new and additional activities and services without appropriating any funds to compensate Plaintiffs for the increased costs being imposed upon them.

105. Historically, the amount of the “supplemental payment” made by MDHHS to Plaintiffs was 1% of the rates paid pursuant to the CCBHC Demonstration.

106. To support the alleged actuarial soundness of the payments made to Plaintiffs, MDHHS retained the services of Milliman, Inc. to provide actuarial and consulting services.

107. On or about September 23, 2024, Milliman published its “State Fiscal Year 2024 Behavioral Health Capitation Rate Certification” for the period of October 1, 2024 through September 30, 2025 (“FY25 Milliman Rate Certification” – Exhibit D).

108. The FY25 Milliman Rate Certification acknowledges MDHHS is shifting additional responsibility for managing the CCBHC Demonstration to PIHPs via the CCBHC Handbook starting in FY25, yet specifically acknowledges there will be no corresponding increase in funding.

109. To be sure, the FY25 Milliman Rate Certification sets forth 11 categories of “major new responsibilities” being shifted to Plaintiffs, while simultaneously acknowledging that Defendants are not providing any additional funding:

Section 223 CCBHC Demonstration

We have reviewed the CCBHC handbook developed by MDHHS that outlines the roles and responsibilities of the PIHPs and CCBHCs to operationalize the demonstration program and utilized this information to support the PIHP administrative percentage of 1.0% added to the SFT 2025 CCBHC PPS-1 rates.

Many of the PIHP responsibilities for the CCBHC Demonstration are currently being performed as part of the existing program. The following are some of the major new responsibilities included in the CCBHC Handbook:

- Provide information about CCBHC benefits to all potential enrollees (community referral, peer support specialist/recovery coach networks other

providers, courts, health departments, law enforcement, schools, other community-based settings), including informational brochures, posters, outreach materials, identify and assign beneficiaries to the pertinent CCBHC site within Waiver Supports Application (WSA); includes verifying beneficiary consent to share information

- Review and process all CCBHC recommended potential enrollees; verify enrollment and attestation for eligibility
- Reimbursing CCBHC’s at their PPS-1 rate for each valid CCBHC Medicaid daily visit in a timely manner
- PIHP-CCBHC quarterly reconciliation of actual to projected expense and utilization by CCBHC (may be separate reconciliations based on operational plan of PIHP)
- MDHHS-PIHP annual reconciliation of actual to projected expense and daily visits by CCBHC
- Reporting and distribution for quality bonus payments
- Additional contracting requirements related specifically to CCBHCs
- Establishing an infrastructure to support CCBHCs in care coordination and providing required services, including coordinated crisis services with the Michigan Crisis and Access Line (MiCAL), when available
- Additional trainings and technical assistance to support CCBHC delivery of services
- Distribution, review, validation, and submission of CCBHC data requests, quality metrics, level of care (LOC) data, and ad-hoc requests from MDHHS
- Monitor, collect, and report grievance, appeal, and fair hearing information as it relates to CCBHC services

(Exhibit D at pages 46-47 – emphasis added).

110. The FY25 Milliman Rate Certification makes it clear that despite MDHHS shifting responsibilities to the PIHPs—which Milliman characterizes as “major new responsibilities”—MDHHS is not providing *any* additional funding to the PIHPs: “We have reviewed the historical

administrative expenditures reported in the EQI reports and *have not included any increase to the variable administrative percentages* based on this data.” (Emphasis added.)

V. Substance Use Disorder Health Home (“SUDHH”) Program.

111. The SUDHH Program is designed to “provide comprehensive care management and coordination services to Medicaid beneficiaries” with opioid use disorder (“OUD”), alcohol use disorder (“AUD”), and stimulant use disorder (“StUD”). The program previously existed only for individuals with OUD and was known as the Opioid Health Home program (“OHH”). Michigan, with the approval of CMS, expanded the program to include AUD and StUD, and thus OHH became SUDHH.

112. On Wednesday, November 27, 2024, NorthCare received an email from MDHHS, stating that because it refused to sign the FY25 Contract, MDHHS would not be providing Medicaid funds NorthCare needs to provide SUDHH benefits to recipients:

I apologize that we didn’t make this connection sooner, but without a signed Medicaid contract Northcare is not able to implement the SUDHH with Medicaid funds. You can continue with OHH activities and any billable services for those with AUD or StUD, but those SUDHH beneficiaries will have to be removed from the WSA. Please work with Kelsey to get the beneficiary list updated.

Exhibit E.

113. NMRE and Region 10 received substantively the same email as was received by NorthCare.

114. As of December, 2024, NorthCare’s region contains 4,080 individuals who are eligible for SUDHH benefits. NMRE’s region contains 7,886. Region 10’s region contains 19,039.

115. Without SUDHH funding, the over 31,000 Michigan residents in Plaintiffs’ regions who are entitled to receive the benefits of the SUDHH program will no longer be eligible to enroll.

COUNT I: DECLARATORY RELIEF RE: ISF
(ON BEHALF OF ALL PLAINTIFFS)

116. Plaintiffs incorporate the foregoing paragraphs as though fully set forth herein.

117. Defendants claim they can restrict Plaintiffs' ability to fund their respective ISF accounts above 7.5% of their respective capitated Medicaid & Healthy Michigan Plan revenues. Defendants also claim they can prevent Plaintiffs from using ISF funds to pay for services rendered in prior fiscal years.

118. On the other hand, Plaintiffs' maintain that Defendants' position violates federal law, that they can fund their respective ISF up to an amount determined to be actuarially sound, that Defendants' 7.5% limit is arbitrary and not based on any acceptable actuarial method, that Defendants have no ability to otherwise restrict Plaintiffs' ability to fund their ISF, and that Defendants have no ability to restrict Plaintiffs from using ISF funds to pay for services rendered in prior fiscal years.

119. Thus, there is an actual and present controversy between the parties.

120. Declaratory relief is necessary in order to adjudicate the rights of the parties, guide Plaintiffs' future conduct to preserve their legal rights, and to settle the dispute between the parties.

COUNT II: DECLARATORY RELIEF RE: WASKUL SETTLEMENT
(ON BEHALF OF ALL PLAINTIFFS)

121. Plaintiffs incorporate the foregoing paragraphs as though fully set forth herein.

122. Defendants claim they can require Plaintiffs to create a CLS budget using a minimum fee schedule set forth in the proposed Waskul Settlement Agreement, and that doing so does not violate federal law.

123. On the other hand, Plaintiffs maintain that Defendants' attempt to compel Plaintiffs to create a CLS budget using the rates set forth in the proposed Waskul Settlement violates federal

law including because it improperly directs Plaintiffs' expenditures under the contract, and otherwise fails to direct expenditures equally for providing the same services.

124. Thus, there is an actual and present controversy between the parties.

125. Declaratory relief is necessary in order to adjudicate the rights of the parties, guide Plaintiffs' future conduct to preserve their legal rights, and to settle the dispute between the parties.

COUNT III: DECLARATORY RELIEF RE: ADDED RESPONSIBILITIES RELATED TO THE CCBHC DEMONSTRATION BEING IMPOSED IN FY25 (ON BEHALF OF PLAINTIFF REGION 10)

126. Plaintiffs incorporate the foregoing paragraphs as though fully set forth herein.

127. Via the FY25 Contract and MDHHS MI CCBHC Demonstration Handbook Version 2.0, Defendants claim they can require Region 10 to undertake various additional duties that are otherwise Defendants' responsibility.

128. On the other hand, Region 10 maintains Defendants cannot require it to undertake various additional duties imposed upon Defendants pursuant to the CCBHC Demonstration via the FY25 Contract, including those set forth in the MDHHS MI CCBHC Demonstration Handbook Version 2.0, because Defendants have not appropriated any funds to pay for the necessary increased costs of those additional duties in violation of the Headlee Amendment and MCL 21.235.

129. Thus, there is an actual and present controversy between the parties.

130. Declaratory relief is necessary in order to adjudicate the rights of the parties, guide Region 10's future conduct to preserve its legal rights, and to settle the dispute between the parties.

COUNT IV: VIOLATION OF THE HEADLEE AMENDMENT RE: ADDED RESPONSIBILITIES RELATED TO THE CCBHC DEMONSTRATION BEING IMPOSED IN FY25 (ON BEHALF OF PLAINTIFF REGION 10)

131. Plaintiffs incorporate the foregoing paragraphs as though fully set forth herein.

132. Cost. 1963, Art. 9, § 25, part of the Headlee Amendment, states in part:

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The state is prohibited from requiring any new or expanded activities by local governments without full state financing, from reducing the proportion of state spending in the form of aid to local governments, or from shifting the tax burden to local government.

133. Const. 1963, Art. 9, § 29, also part of the Headlee Amendment, states:

The state is hereby prohibited from reducing the state financed proportion of the necessary costs of any existing activity or service required of units of Local Government by state law. A new activity or service or an increase in the level of any activity or service beyond that required by existing law shall not be required by the legislature or any state agency of units of Local Government, unless a state appropriation is made and disbursed to pay the unit of Local Government for any necessary increased costs. The provision of this section shall not apply to costs incurred pursuant to Article VI, Section 18.

134. MCL 21.235 requires the legislature to appropriate an amount sufficient to make disbursements for the necessary cost of each state requirement. An initial disbursement is required to be made in advance, at least 30 days prior to the effective date of the requirement. MCL 21.235(1) & (2).

135. Defendants, including through the FY25 Contract and the MDHHS MI CCBHC Demonstration Handbook Version 2.0, are shifting new activities and services, and increasing the level of other activities and services, related to administering and running the CCBHC Demonstration, to Region 10, without making any appropriation at all for any of the necessary increased costs.

136. The new activities and services relate to the administration of the CCBHC Demonstration, and include the new “major responsibilities” referenced in the FY25 Milliman Rate Certification (Exhibit D, Pages 46-47) and the new activities and services to be rendered by Region 10 as set forth in the MDHHS MI CCBHC Demonstration Handbook Version 2.0.

137. Defendants are in violation of the prohibition of unfunded mandates (“POUM”) provisions of the Headlee Amendment (i.e., the second sentence of Const. 1963, Art. 9, § 29), Const. 1963, Art. 9, § 25, and MCL 21.235.

138. Region 10 does not need to plead and prove the extent of the harm caused, because neither the Legislature nor MDHHS have made any appropriation or disbursements necessary to cover the cost of the increased mandates. *Adair v Michigan*, 497 Mich 89, 96; 860 NW2d 93 (2014).

139. Region 10 does not anticipate any particular factual questions that require resolution by the Court related to this Count. MCR 2.112(M).

140. There are no ordinances or municipal charter provisions involved. Available documentary evidence supportive of this claim includes the MDHHS CCBHC Handbook Version 2.0 (Exhibit C) and the FY25 Milliman Rate Certification (Exhibit D).

141. Plaintiffs reserve the right to supplement this pleading with additional documentary evidence as it becomes available. MCR 2.112(M).

COUNT V: DECLARATORY RELIEF RE: CONTINUED FUNDING
(ON BEHALF OF ALL PLAINTIFFS)

142. Plaintiffs incorporate the foregoing paragraphs as though fully set forth herein.

143. Defendants claim they can terminate their contractual relationship with Plaintiffs simply because Plaintiffs refused to sign the FY25 Contract inclusive of the illegal/void provisions contained therein. Defendants further claim that they can withhold SUDHH Medicaid funds from Plaintiffs.

144. On the other hand, Plaintiffs maintain that State and Federal law require Defendants to continue funding, including by providing SUDHH funding to, Plaintiffs even in the absence of a signed FY25 Contract.

145. In addition, Plaintiffs maintain that the steps Defendants have taken to terminate MDHHS's contractual relationship with Plaintiffs constitutes an action for which Plaintiffs are entitled to notice and opportunity for hearing to contest the proposed action. MCL 330.1232b.

146. Thus, there is an actual and present controversy between the parties.

147. Declaratory relief is necessary in order to adjudicate the rights of the parties, guide Plaintiffs future conduct to preserve their legal rights, and to settle the dispute between the parties.

COUNT VI: WRIT OF MANDAMUS
(ON BEHALF OF ALL PLAINTIFFS)

148. Plaintiffs incorporate the foregoing paragraphs as though fully set forth herein.

149. Defendants have a non-discretionary statutory duty to continue funding Plaintiffs, even in the absence of a signed contract. MCL 330.1202(1); MCL 330.1204b(2); MCL 330.1116; MCL 400.109f.

150. Defendants also have a non-discretionary statutory duty to supply Plaintiffs with a hearing prior to terminating their relationship. MCL 330.1232b.

151. Defendants' obligations are ministerial acts, leaving nothing to the exercise of discretion or judgment.

152. Plaintiffs have no adequate remedy at law.

REQUEST FOR RELIEF

WHEREFORE, Plaintiffs request:

1. A declaration that:
 - a. Plaintiffs can fund their respective ISF accounts up to an amount determined to be actuarially sound despite any contractual provision to the contrary;
 - b. Defendants cannot restrict Plaintiffs from using ISF funds to pay for services rendered in prior fiscal years despite any contractual provision to the contrary;
 - c. Plaintiffs are not required to comply with the proposed Waskul Settlement Agreement despite any contractual provision to the contrary;

- d. Region 10 is not required to undertake any added administrative responsibilities related to the CCBHC Demonstration imposed starting in FY25, or alternatively, that Defendants must provide adequate funding before requiring Region 10 to undertake said administrative responsibilities;
 - e. Defendants must continue to provide Medicaid and general funding to Plaintiffs; and
 - f. Defendants must provide Plaintiffs with notice and an opportunity for hearing prior to attempting to terminate their relationship with Plaintiffs.
2. A Writ of Mandamus compelling Defendants to:
 - a. continue to provide Medicaid and general funds to Plaintiffs;
 - b. retract all communications and actions taken to terminate the relationship between MDHHS and Plaintiffs; and
 - c. supply Plaintiffs with the opportunity for a hearing to contest and dispute MDHHS's proposed termination.
 3. Compensatory damages in the amounts that should have been appropriated to Plaintiffs but for Defendants' violation of the Headlee Amendment.
 4. An award in favor of Plaintiffs granting them all attorneys' fees, expenses, and costs incurred in bringing this action.
 5. All other relief as the Court deems just and proper.

TAFT, STETTINIUS & HOLLISTER, LLP

Dated: December 9, 2024

By: /s/Christopher J. Ryan
Christopher J. Ryan (P74053)
Gregory W. Moore (P63718)
27777 Franklin Road, Suite 2500
Southfield, MI 48034
(248) 727-1553
cryan@taftlaw.com
Attorneys for Plaintiffs

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Taft /

VERIFICATION

I declare under penalties of perjury that this Verified Complaint has been examined by me and that its contents are true to the best of my information, knowledge, and belief. MCR 1.109(D)(3).

NORTHCARE NETWORK MENTAL HEALTH CARE ENTITY

NORTHERN MICHIGAN REGIONAL ENTITY

Signed by:
By: Megan Rooney
48ED892AE4934FC...
Megan Rooney

Signed by:
By: Eric Kurtz
14403AB164614...
Eric Kurtz

Subscribed and sworn to before me this day of 12/9/2024, 2024

Subscribed and sworn to before me this 12/9/2024 day of , 2024

DocuSigned by:
Deborah Gutierrez
6BA59119555B41A...
Deborah Gutierrez, Notary Public
wayne County, Michigan
My Commission Expires: 08/22/2025

DocuSigned by:
Deborah Gutierrez
6BA59119555B41A...
Deborah Gutierrez, Notary Public
wayne County, Michigan
My Commission Expires: 08/22/2025

REGION 10 PIHP

Signed by:
By: Jim Johnson
1566D15A15F4490...
Jim Johnson

Subscribed and sworn to before me this day of 12/9/2024, 2024

DocuSigned by:
Deborah Gutierrez
6BA59119555B41A...
Deborah Gutierrez, Notary Public
wayne County, Michigan
My Commission Expires: 08/22/2025

DEBORAH GUTIERREZ
Notary Public - State of Michigan
County of Wayne
My Commission Expires Aug. 22, 2025

DEBORAH GUTIERREZ
Notary Public - State of Michigan
County of Wayne
My Commission Expires Aug. 22, 2025

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Notary Public - State of Michigan
County of Wayne
My Commission Expires Aug. 22, 2025

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Exhibit A



STATE OF MICHIGAN PROCUREMENT

Department of Health and Human Services

235 South Grand Avenue, Suite 1201, Lansing, MI 48933
 Grand Tower Building, Suite 1201, PO Box 30037, Lansing, MI 48909

NOTICE OF CONTRACT

NOTICE OF CONTRACT NO. MA 240000001086

between

THE STATE OF MICHIGAN

and

| | |
|-------------------|--|
| CONTRACTOR | Region 10 |
| | 2186 Water Street |
| | Port Huron, MI 48060 |
| | Jim Johnson |
| | 810-966-3399 |
| | johnson@region10pihp.org |
| | CV0055285 |

| | | | |
|--|------------------------|--|-------|
| STATE | Program Manager | Kristen Jordan | MDHHS |
| | | 517-388-7421 | |
| | | jordank4@michigan.gov | |
| | Contract Administrator | Danielle Walsh | MDHHS |
| 517-241-2110 | | | |
| walshd4@michigan.gov | | | |

CONTRACT SUMMARY

| DESCRIPTION: Prepaid Inpatient Health Plan (PIHP) | | | |
|---|-------------------------|---------------------------|---|
| INITIAL EFFECTIVE DATE | INITIAL EXPIRATION DATE | INITIAL AVAILABLE OPTIONS | EXPIRATION DATE BEFORE CHANGE(S) NOTED BELOW |
| October 1, 2024 | September 30, 2025 | N/A | N/A |
| PAYMENT TERMS | | DELIVERY TIMEFRAME | |
| Net 45 | | As Needed | |
| ALTERNATE PAYMENT OPTIONS | | | EXTENDED PURCHASING |
| <input type="checkbox"/> P-card <input type="checkbox"/> Payment Request (PRC) <input type="checkbox"/> Other | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| MINIMUM DELIVERY REQUIREMENTS | | | |
| N/A | | | |
| MISCELLANEOUS INFORMATION | | | |
| N/A | | | |
| ESTIMATED CONTRACT VALUE AT TIME OF EXECUTION | | | \$ 324,815,073.00 |

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FOR CONTRACTOR:

Region 10

Company Name

Authorized Agent Signature

Jim Johnson

Authorized Agent (Print or Type)

Date

FOR THE STATE:

Signature

**Christine H. Sanches, Director,
Bureau of Grants and Purchasing**

Name & Title

**Michigan Department of Health and Human
Services**

Agency

Date

TABLE OF CONTENTS

| | |
|--|-----|
| Standard Contract Terms..... | 4 |
| Federal Provisions Addendum | 17 |
| EXHIBIT 1 Byrd Anti-Lobbying Certification | 22 |
| Schedule A- Statement of Work Contract Activities..... | 24 |
| BACKGROUND | 24 |
| SCOPE | 24 |
| A. Service Area | 25 |
| B. Customer Services Standards..... | 26 |
| C. Payment Reform | 29 |
| D. Contract Enforcement Methods (Civil Monetary Contract Remedies, Penalties and Liquidated Damages 30 | |
| E. 232b Sanctions for Substantial Non-compliance with Promulgated Standards | 31 |
| F. Access and Availability..... | 32 |
| G. Covered Services..... | 40 |
| H. Contractor Governance and Board Requirements..... | 47 |
| I. Behavioral/Physical Health Integration | 47 |
| J. Eligibility 50 | |
| K. Parity and Benefits | 52 |
| L. Quality Improvement and Program Development..... | 53 |
| M. Grievance and Appeals Process for Beneficiaries | 54 |
| N. Beneficiary Services..... | 60 |
| O. Provider Services..... | 63 |
| P. Health Information Systems | 71 |
| Q. Legal Expenses | 73 |
| R. Observance of State and Federal Laws and Regulations | 73 |
| S. Program Integrity | 80 |
| T. Fiscal Audits and Compliance Examinations | 94 |
| 1.1 Transition 98 | |
| 2. Staffing, Organizational Structure, Governing Body, and Subcontractors | 99 |
| 3. Project Management..... | 104 |
| 4. Internal Service Fund (ISF) | 112 |
| 5. Authorizing Document..... | 113 |
| 6. Contractor Risk Management Strategy..... | 113 |
| 7. Risk Corridor..... | 114 |
| 8. Payment Terms..... | 115 |
| Schedule B- HIPAA Business Associate Agreement..... | 124 |
| Schedule C- Definitions / Explanation of Terms | 132 |
| Schedule D- Reserved..... | 138 |
| Schedule E- Contractor Financial Reporting Requirements | 139 |
| Schedule E- Contractor Non-Financial Reporting Requirements..... | 141 |
| Schedule E- Contractor Optional Benefit Program Reporting Requirements..... | 144 |
| Schedule F- Medicaid Mental Health and Substance Use Disorder Payment Responsibility Grid | 145 |
| Schedule G- Local Funding Obligation Schedule | 146 |
| Schedule H- Behavioral Health Capitation Rate Certification | 148 |

STANDARD CONTRACT TERMS

This STANDARD CONTRACT (“**Contract**”) is agreed to between the State of Michigan (the “**State**”) and Region 10 (“**Contractor**”), a Prepaid Inpatient Health Plan (PIHP). This Contract is effective on October 1, 2024 (“**Effective Date**”), and unless terminated, will expire on September 30, 2025 (the “**Term**”).

The parties agree as follows:

- 1. Duties of Contractor.** Contractor must perform the services and provide the deliverables (the “**Contract Activities**”) described in a Statement of Work, the initial Statement of Work is attached as Schedule A Statement of Work. An obligation to provide delivery of any commodity is considered a service and is a Contract Activity.

Contractor must furnish all labor, equipment, materials, and supplies necessary for the performance of the Contract Activities unless otherwise specified in a Statement of Work.

Contractor must: (a) perform the Contract Activities in a timely, professional, safe, and workmanlike manner consistent with standards in the trade, profession, or industry; (b) meet or exceed the performance and operational standards, and specifications of the Contract; (c) provide all Contract Activities in good quality, with no material defects; (d) not interfere with the State’s operations; (e) obtain and maintain all necessary licenses, permits or other authorizations necessary for the performance of the Contract; (f) cooperate with the State, including the State’s quality assurance personnel, and any third party to achieve the objectives of the Contract; (g) return to the State any State-furnished equipment or other resources in the same condition as when provided when no longer required for the Contract; (h) assign to the State any claims resulting from state or federal antitrust violations to the extent that those violations concern materials or services supplied by third parties toward fulfillment of the Contract; (i) comply with all State physical and IT security policies and standards which will be made available upon request; and (j) provide the State priority in performance of the Contract except as mandated by federal disaster response requirements. Any breach under this paragraph is considered a material breach.

Contractor must also be clearly identifiable while on State property by wearing identification issued by the State, and clearly identify themselves whenever making contact with the State.

- 2. Notices.** All notices and other communications required or permitted under this Contract must be in writing and will be considered given and received: (a) when verified by written receipt if sent by courier; (b) when actually received if sent by mail without verification of receipt; or (c) when verified by automated receipt or electronic logs if sent by facsimile or email.

| If to State: | If to Contractor: |
|--|--|
| Danielle Walsh 235 S. Grand Avenue, Suite 1201 Lansing, MI 48933 Walshd4@michigan.gov 517-241-2110 | Jim Johnson 2186 Water Street Port Huron, MI 48060 johnson@region10pihp.org 810-966-3399 |

- 3. Contract Administrator.** The Contract Administrator, or the individual duly authorized for each party, is the only person authorized to modify any terms of this Contract, and approve and execute any change under this Contract (each a “**Contract Administrator**”):

| State: | Contractor: |
|--|--|
| Danielle Walsh 235 S. Grand Avenue, Suite 1201 Lansing, MI 48933 Walshd4@michigan.gov 517-241-2110 | Jim Johnson 2186 Water Street Port Huron, MI 48060 johnson@region10pihp.org 810-966-3399 |

4. **Program Manager.** The Program Manager for each party will monitor and coordinate the day-to-day activities of the Contract (each a “**Program Manager**”):

| State: | Contractor: |
|--|--|
| Kristen Jordan 400 South Pine Street Lansing, MI 48913 jordank4@michigan.gov 517-388-7421 | Jim Johnson 2186 Water Street Port Huron, MI 48060 johnson@region10pihp.org 810-966-3399 |

5. **Performance Guarantee.** Contractor must at all times have sufficient financial resources as objectively determined by the State, to ensure performance of the Contract and must provide proof upon request.
6. **Insurance Requirements.** Contractor, at its sole expense, must maintain the insurance coverage identified below. With respect to Privacy and Security Liability, Contractor may, at the discretion of the DHHS Contract Administrator, defer coverage up to no more than 30 days prior to beginning any work or deliverables under this Contract. All required insurance must: (a) protect the State from claims that may arise out of, are alleged to arise out of, or otherwise result from Contractor's performance.

| Required Limits | Additional Requirements |
|---|--|
| Commercial General Liability Insurance | |
| Minimum Limits: \$1,000,000 Each Occurrence \$1,000,000 Personal & Advertising Injury \$2,000,000 Products/Completed Operations \$2,000,000 General Aggregate | |
| Automobile Liability Insurance | |
| If a motor vehicle is used in relation to Contractor's performance, Contractor must have vehicle liability insurance on the motor vehicle for bodily injury and property damage as required by law. | |
| Workers' Compensation Insurance | |
| Minimum Limits: Coverage according to applicable laws governing work activities. | Waiver of subrogation, except where waiver is prohibited by law. |
| Employers Liability Insurance | |
| Minimum Limits: \$500,000 Each Accident \$500,000 Each Employee by Disease \$500,000 Aggregate Disease | |
| Privacy and Security Liability (Cyber Liability) Insurance | |
| Minimum Limits: \$1,000,000 Each Occurrence \$1,000,000 Annual Aggregate | Contractor must have their policy cover information security and privacy liability, privacy notification costs, regulatory defense and penalties, and website media content liability. |
| Professional Liability (Errors and Omissions) Insurance | |
| Minimum Limits: \$3,000,000 Each Occurrence \$3,000,000 Annual Aggregate | |

| Required Limits | Additional Requirements |
|-----------------|-------------------------|
| | |

If any of the required policies provide **claims-made** coverage, Contractor must: (a) provide coverage with a retroactive date before the Effective Date of the Contract or the beginning of Contract Activities; (b) maintain coverage and provide evidence of coverage for at least three (3) years after completion of the Contract Activities; and (c) if coverage is cancelled or not renewed, and not replaced with another claims-made policy form with a retroactive date prior to the Contract Effective Date, Contractor must purchase extended reporting coverage for a minimum of three (3) years after completion of work.

Contractor must: (a) provide insurance certificates to the Contract Administrator, containing the agreement or delivery order number, at Contract formation and within twenty (20) calendar days of the expiration date of the applicable policies; (b) require that subcontractors maintain the required insurance contained in this Section; (c) notify the Contract Administrator within five (5) business days if any insurance is cancelled; and (d) waive all rights against the State for damages covered by insurance. Failure to maintain the required insurance does not limit this waiver.

This Section is not intended to and is not to be construed in any manner as waiving, restricting or limiting the liability of either party for any obligations under this Contract (including any provisions hereof requiring Contractor to indemnify, defend and hold harmless the State).

7. **Reserved.**

8. **Reserved.**

9. **Relationship of the Parties.** The relationship between the parties is that of independent contractors, Contractor, its employees, and agents will not be considered employees of the State. No partnership or joint venture relationship is created by virtue of this Contract. Contractor, and not the State, is responsible for the payment of wages, benefits and taxes of Contractor's employees and any subcontractors. Prior performance does not modify Contractor's status as an independent contractor. Neither party has authority to contract for nor bind the other party in any manner whatsoever.

10. **Intellectual Property Rights.** If a Statement of Work requires Contractor to create any intellectual property, Contractor hereby acknowledges that the State is and will be the sole and exclusive owner of all right, title, and interest in the Contract Activities and all associated intellectual property rights, if any. Such Contract Activities are works made for hire as defined in Section 101 of the Copyright Act of 1976. To the extent any Contract Activities and related intellectual property do not qualify as works made for hire under the Copyright Act, Contractor will, and hereby does, immediately on its creation, assign, transfer and otherwise convey to the State, irrevocably and in perpetuity, throughout the universe, all right, title and interest in and to the Contract Activities, including all intellectual property rights therein.

11. **Subcontracting.** Contractor may only delegate managed care functions to a Community Mental Health Service Program (CMHSP) with written and express approval from the State. The State will provide an approval or denial of the delegation request within 60 days. Contractor must submit existing delegation arrangements in the form or format determined by the State within 30 days of execution of this Contract. Thereafter, Contractor must submit to the State new or revised delegation agreements at least 90 calendar days before the proposed delegation is to take effect. Contractor will provide any additional information requests from the State to assist in reviewing the delegation for approval. If a delegation request is approved, Contractor must: (a) be the sole point of contact regarding all contractual matters, including payment and charges for all Contract Activities; (b) make all payments to the subcontractor; and (c) incorporate the terms and conditions contained in this Contract in any subcontract with a subcontractor; (d) require the subcontractor to comply with all of Contractor's reporting requirements including but not limited the reporting of administrative costs pursuant to the Medical Loss Ratio and the Standard Cost Allocation methodology. Contractor remains responsible for the completion of the Contract Activities and the compliance with the terms of this Contract. The State, in its sole discretion, may require

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Contractor to revoke the delegation agreement in whole or part and require Contractor to resume delegated managed care functions for deficiencies in the subcontractor's performance of delegated duties or if the State determines the delegation is not in the best interest for the proper administration of the Contract.

12. **Staffing.** The State's Contract Administrator may require Contractor to remove or reassign personnel if the State provides a notice to Contractor. The State will provide justification for the removal or reassignment and why it is in the best interest of the Medicaid program.
13. **Background Checks.** Contractor must perform background checks on all employees and subcontractors and its employees prior to their assignment. The scope is at the discretion of the State and documentation must be provided as requested. Contractor is responsible for all costs associated with the requested background checks. The State, in its sole discretion, may also perform background checks.
14. **Assignment.** Contractor may not assign this Contract to any other party without the prior approval of the State. Upon notice to Contractor, the State, in its sole discretion, may assign in whole or in part, its rights or responsibilities under this Contract to any other party. If the State determines that a novation of the Contract to a third party is necessary, Contractor will agree to the novation and provide all necessary documentation and signatures.
15. **Change of Control.** Contractor will notify the State, within 30 days of any public announcement or otherwise once legally permitted to do so, of a change in Contractor's organizational structure or ownership. For purposes of this Contract, a change in control means any of the following: (a) a sale of more than 50% of Contractor's stock; (b) a sale of substantially all of Contractor's assets; (c) a change in a majority of Contractor's board members; (d) consummation of a merger or consolidation of Contractor with any other entity; (e) a change in ownership through a transaction or series of transactions; (f) or the board (or the stockholders) approves a plan of complete liquidation. A change of control does not include any consolidation or merger effected exclusively to change the domicile of Contractor, or any transaction or series of transactions principally for bona fide equity financing purposes.

In the event of a change of control, Contractor must require the successor to assume this Contract and all of its obligations under this Contract.

16. **Reserved.**
17. **Reserved.**
18. **Reserved.**
19. **Reserved.**
20. **Reserved.**
21. **Terms of Payment.** The State is exempt from State sales tax for direct purchases and may be exempt from federal excise tax, if Services purchased under this Agreement are for the State's exclusive use. Notwithstanding the foregoing, all prices are inclusive of taxes, and Contractor is responsible for all sales, use and excise taxes, and any other similar taxes, duties and charges of any kind imposed by any federal, state, or local governmental entity on any amounts payable by the State under this Contract.

The State has the right to withhold payment of any disputed amounts until the parties agree as to the validity of the disputed amount. The State will notify Contractor of any dispute within a reasonable time. Payment by the State will not constitute a waiver of any rights as to Contractor's continuing obligations, including claims for deficiencies or substandard Contract Activities. Contractor's acceptance of final payment by the State constitutes a waiver of all claims by Contractor against the State for payment under this Contract, other than those claims previously filed in writing on a timely basis and still disputed.

The State will only disburse payments under this Contract through Electronic Funds Transfer (EFT). Contractor must register with the State at <http://www.michigan.gov/SIGMAVSS> to receive electronic fund

transfer payments. If Contractor does not register, the State is not liable for failure to provide payment.

Without prejudice to any other right or remedy it may have, the State reserves the right to set off at any time any amount then due and owing to it by Contractor against any amount payable by the State to Contractor under this Contract.

- 22. Liquidated Damages.** Liquidated damages, if applicable, will be assessed as described in a Statement of Work. The parties understand and agree that any liquidated damages (which includes but is not limited to applicable credits) set forth in this Contract are reasonable estimates of the State's financial loss and damage in accordance with applicable law. The parties acknowledge and agree that Contractor could incur liquidated damages for more than 1 event. The assessment of liquidated damages will not constitute a waiver or release of any other remedy the State may have under this Contract for Contractor's breach of this Contract, including without limitation, the State's right to terminate this Contract for cause under Section 24 and the State will be entitled in its discretion to recover actual damages caused by Contractor's failure to perform its obligations under this Contract. However, the State will reduce such actual damages by the amounts of liquidated damages received for the same events causing the actual damages. Amounts due the State as liquidated damages may be set off against any fees payable to Contractor under this Contract, or the State may bill Contractor as a separate item and Contractor will promptly make payments on such bills.
- 23. Stop Work Order.** The State may suspend any or all activities under the Contract at any time. The State will provide Contractor a written stop work order detailing the suspension. Contractor must comply with the stop work order upon receipt. Within 90 calendar days, or any longer period agreed to by Contractor, the State will either: (a) issue a notice authorizing Contractor to resume work, or (b) terminate the Contract or delivery order. The State will not pay for Contract Activities, Contractor's lost profits, or any additional compensation during a stop work period.
- 24. Termination for Cause.** (a) The State may terminate this Contract for cause, in whole or in part, if Contractor, as determined by the State: (i) endangers the value, integrity, or security of any facility, data, or personnel; (ii) becomes insolvent, petitions for bankruptcy court proceedings, or has an involuntary bankruptcy proceeding filed against it by any creditor; (iii) engages in any conduct that may expose the State to liability; (iv) breaches any of its material duties or obligations under this Contract; or (v) fails to cure a breach within the time stated by the State in a notice of breach. Any reference to specific breaches being material breaches within this Contract will not be construed to mean that other breaches are not material.
- (b) If the State terminates this Contract under this Section, the State will issue a termination notice specifying whether Contractor must: (i) cease performance immediately or (ii) continue to perform for a specified period. If it is later determined that Contractor was not in breach of the Contract, the termination will be deemed to have been a Termination for Convenience, effective as of the same date, and the rights and obligations of the parties will be limited to those provided in Section 25, Termination for Convenience.
- The State will only pay for amounts due to Contractor for Contract Activities accepted by the State on or before the date of termination, subject to the State's right to set off any amounts owed by Contractor for the State's reasonable costs in terminating this Contract for cause, including administrative costs, attorneys' fees, court costs, transition costs. Contractor must promptly reimburse to the State any fees prepaid by the State prorated to the date of such termination, including any prepaid fees. Contractor must pay all reasonable costs incurred by the State in terminating this Contract for cause, including administrative costs, attorney's fees, court costs, transition costs, and any costs the State incurs to procure the Contract Activities from other sources.
- 25. Termination for Convenience.** The State may immediately terminate this Contract in whole or in part without penalty and for any reason or no reason, including but not limited to, appropriation or budget shortfalls. The termination notice will specify whether Contractor must: (a) cease performance of the Contract Activities immediately or (b) continue to perform the Contract Activities in accordance with Section 26, Transition Responsibilities. If the State terminates this Contract for convenience, the State will

pay all reasonable costs, as determined by the State, for State approved Transition Responsibilities to the extent the funds are available.

- 26. Transition Responsibilities.** Upon termination or expiration of this Contract for any reason, Contractor must, for a period of time specified by the State (not to exceed 2 years) provide all reasonable transition assistance requested by the State, to allow for the expired or terminated portion of the Contract Activities to continue without interruption or adverse effect, and to facilitate the orderly transfer of such Contract Activities to the State or its designees. Such transition assistance may include, but is not limited to: (a) continuing to perform the Contract Activities at the established Contract rates and local match requirements; (b) taking all reasonable and necessary measures to transition performance of the work, including all applicable Contract Activities, training, equipment, software, leases, reports and other documentation, to the State or the State's designee; (c) transferring title in and delivering to the State, at the State's discretion, all completed or partially completed deliverables prepared under this Contract as of the Contract termination date; and (d) preparing an accurate accounting from which the State and Contractor may reconcile all outstanding accounts (collectively, "Transition Responsibilities "). This Contract will automatically be extended through the end of the transition period.
- 27. Return of State Property.** Upon termination or expiration of this Contract for any reason, Contractor must take all necessary and appropriate steps, or such other action as the State may direct, to preserve, maintain, protect, or return to the State all materials, data, property, and confidential information provided directly or indirectly to Contractor by any entity, agent, vendor, or employee of the State.
- 28. Indemnification.** To the extent permitted by law, Contractor must defend, indemnify and hold the State, its departments, divisions, agencies, offices, commissions, officers, and employees harmless, without limitation, from and against any and all actions, claims, losses, liabilities, damages, costs, attorney fees, and expenses (including those required to establish the right to indemnification), arising out of or relating to: (a) any breach by Contractor (or any of Contractor's employees, agents, subcontractors, or by anyone else for whose acts any of them may be liable) of any of the promises, agreements, representations, warranties, or insurance requirements contained in this Contract; (b) any infringement, misappropriation, or other violation of any intellectual property right or other right of any third party; (c) any bodily injury, death, or damage to real or tangible personal property occurring wholly or in part due to action or inaction by Contractor (or any of Contractor's employees, agents, subcontractors, or by anyone else for whose acts any of them may be liable); and (d) any acts or omissions of Contractor (or any of Contractor's employees, agents, subcontractors, or by anyone else for whose acts any of them may be liable)

The State will notify Contractor in writing if indemnification is sought; however, failure to do so will not relieve Contractor, except to the extent that Contractor is materially prejudiced. Contractor must, to the satisfaction of the State, demonstrate its financial ability to carry out these obligations.

The State is entitled to: (i) regular updates on proceeding status; (ii) participate in the defense of the proceeding; (iii) employ its own counsel; and to (iv) retain control of the defense, at its own cost and expense, if the State deems necessary. Contractor will not, without the State's prior written consent (not to be unreasonably withheld), settle, compromise, or consent to the entry of any judgment in or otherwise seek to terminate any claim, action, or proceeding. To the extent that any State employee, official, or law may be involved or challenged, the State may, at its own expense, control the defense of that portion of the claim.

Any litigation activity on behalf of the State, or any of its subdivisions under this Section, must be coordinated with the Department of Attorney General. An attorney designated to represent the State may not do so until approved by the Michigan Attorney General and appointed as a Special Assistant Attorney General.

The State is constitutionally prohibited from indemnifying Contractor or any third parties. Notwithstanding the foregoing, nothing in this section shall be construed as a waiver of any governmental immunity for Contractor, its directors or employees as provided by statute or modified by court decisions.

- 29. Infringement Remedies.** If, in either party's opinion, any piece of equipment, software, commodity, or service supplied by Contractor or its subcontractors, or its operation, use or reproduction, is likely to become the subject of a copyright, patent, trademark, or trade secret infringement claim, Contractor must, at its expense: (a) procure for the State the right to continue using the equipment, software, commodity, or service, or if this option is not reasonably available to Contractor, (b) replace or modify the same so that it becomes non-infringing; or (c) accept its return by the State with appropriate credits to the State against Contractor's charges and reimburse the State for any losses or costs incurred as a consequence of the State ceasing its use and returning it.
- 30. Limitation of Liability and Disclaimer of Damages. IN NO EVENT WILL THE STATE'S AGGREGATE LIABILITY TO CONTRACTOR UNDER THIS CONTRACT, REGARDLESS OF THE FORM OF ACTION, WHETHER IN CONTRACT, TORT, NEGLIGENCE, STRICT LIABILITY OR BY STATUTE OR OTHERWISE, FOR ANY CLAIM RELATED TO OR ARISING UNDER THIS CONTRACT, EXCEED THE MAXIMUM AMOUNT OF FEES PAYABLE UNDER THIS CONTRACT.** The State is not liable for consequential, incidental, indirect, or special damages, regardless of the nature of the action.
- 31. Disclosure of Litigation, or Other Proceeding.** Contractor must notify the State within 14 calendar days of receiving notice of any litigation, investigation, arbitration, or other proceeding (collectively, "**Proceeding**") involving Contractor, a subcontractor, or an officer or director of Contractor or subcontractor, that arises during the term of the Contract, including: (a) a criminal Proceeding; (b) a parole or probation Proceeding; (c) a Proceeding under the Sarbanes-Oxley Act; (d) a civil Proceeding involving: (1) a claim that might reasonably be expected to adversely affect Contractor's viability or financial stability; or (2) a governmental or public entity's claim or written allegation of fraud; or 3) any complaint related to the services provided in this Contract filed in a legal or administrative proceeding alleging Contractor or its subcontractors discriminated against its employees, subcontractors, vendors, or suppliers during the performance of Contract activities and during the term of this Contract; or (e) a Proceeding involving any license that Contractor is required to possess in order to perform under this Contract.
- 32. Reserved.**
- 33. State Data.**
- a. Ownership.** The State's data ("**State Data**," which will be treated by Contractor as Confidential Information) includes: (a) the State's data, user data, and any other data collected, used, processed, stored, or generated as the result of the Contract Activities; (b) personally identifiable information ("**PII**") collected, used, processed, stored, or generated as the result of the Contract Activities, including, without limitation, any information that identifies an individual, such as an individual's social security number or other government-issued identification number, date of birth, address, telephone number, biometric data, mother's maiden name, email address, credit card information, or an individual's name in combination with any other of the elements here listed; and, (c) protected health information ("**PHI**") collected, used, processed, stored, or generated as the result of the Contract Activities, which is defined under the Health Insurance Portability and Accountability Act (HIPAA) and its related rules and regulations. State Data is and will remain the sole and exclusive property of the State and all right, title, and interest in the same is reserved by the State. This section survives the termination of this contract.
- b. Contractor Use of State Data.** Contractor is provided a limited license to State Data for the sole and exclusive purpose of providing the Contract Activities, including a license to collect, process, store, generate, and display State Data only to the extent necessary in the provision of the Contract Activities. Contractor must: (a) keep and maintain State Data in strict confidence, using such degree of care as is appropriate and consistent with its obligations as further described in this Contract and applicable law to avoid unauthorized access, use, disclosure, or loss; (b) use and disclose State Data solely and exclusively for the purpose of providing the Contract Activities, such use and disclosure being in accordance with this Contract, any applicable Statement of Work, and applicable law; (c) keep and maintain State Data in the continental United States and (d) not use, sell, rent, transfer,

distribute, commercially exploit, or otherwise disclose or make available State Data for Contractor's own purposes or for the benefit of anyone other than the State without the State's prior written consent. This section survives the termination of this contract.

- c. **Extraction of State Data.** Contractor must, within 5 business days of the State's request, provide the State, without charge and without any conditions or contingencies whatsoever (including but not limited to the payment of any fees due to Contractor), an extract of the State Data in the format specified by the State.
- d. **Backup and Recovery of State Data.** Unless otherwise specified in a Statement of Work, Contractor is responsible for maintaining a backup of State Data and for an orderly and timely recovery of such data. Unless otherwise described in a Statement of Work, Contractor must maintain a contemporaneous backup of State Data that can be recovered within 24 hours. If backup of State Data cannot be made within 24 hours, Contractor must request approval from the State for additional time.
- e. **Loss or Compromise of Data.** In the event of any act, error or omission, negligence, misconduct, or breach on the part of Contractor that compromises or is suspected to compromise the security, confidentiality, or integrity of State Data or the physical, technical, administrative, or organizational safeguards put in place by Contractor that relate to the protection of the security, confidentiality, or integrity of State Data, Contractor must, as applicable: (a) notify the State as soon as practicable but no later than 24 hours of becoming aware of such occurrence; (b) cooperate with the State in investigating the occurrence, including making available all relevant records, logs, files, data reporting, and other materials required to comply with applicable law or as otherwise required by the State; (c) in the case of PII or PHI, at the State's sole election, (i) with approval and assistance from the State, notify the affected individuals who comprise the PII or PHI as soon as practicable but no later than is required to comply with applicable law, or, in the absence of any legally required notification period, within 5 calendar days of the occurrence; or (ii) reimburse the State for any costs in notifying the affected individuals; (d) in the case of PII, provide third-party credit and identity monitoring services to each of the affected individuals who comprise the PII for the period required to comply with applicable law, or, in the absence of any legally required monitoring services, for no less than 24 months following the date of notification to such individuals; (e) perform or take any other actions required to comply with applicable law as a result of the occurrence; (f) pay for any costs associated with the occurrence, including but not limited to any costs incurred by the State in investigating and resolving the occurrence, including reasonable attorney's fees associated with such investigation and resolution; (g) without limiting Contractor's obligations of indemnification as further described in this Contract, indemnify, defend, and hold harmless the State for any and all claims, including reasonable attorneys' fees, costs, and incidental expenses, which may be suffered by, accrued against, charged to, or recoverable from the State in connection with the occurrence; (h) be responsible for recreating lost State Data in the manner and on the schedule set by the State without charge to the State; and (i) provide to the State a detailed plan within 10 calendar days of the occurrence describing the measures Contractor will undertake to prevent a future occurrence. Notification to affected individuals, as described above, must comply with applicable law, be written in plain language, not be tangentially used for any solicitation purposes, and contain, at a minimum: name and contact information of Contractor's representative; a description of the nature of the loss; a list of the types of data involved; the known or approximate date of the loss; how such loss may affect the affected individual; what steps Contractor has taken to protect the affected individual; what steps the affected individual can take to protect himself or herself; contact information for major credit card reporting agencies; and, information regarding the credit and identity monitoring services to be provided by Contractor. The State will have the option to review and approve any notification sent to affected individuals prior to its delivery. Notification to any other party, including but not limited to public media outlets, must be reviewed and approved by the State in writing prior to its dissemination. The parties agree that any damages relating to a breach of this **Section 33** are to be considered direct damages and not consequential damages.

f. **State's Governance, Risk and Compliance (GRC) platform.** Contractor is required to assist the State with its security accreditation process through the development, completion and ongoing updating of a system security plan using the State's automated GRC platform and implement any required safeguards or remediate any security vulnerabilities as identified by the results of the security accreditation process.

34. **Non-Disclosure of Confidential Information.** The parties acknowledge that each party may be exposed to or acquire communication or data of the other party that is confidential, privileged communication not intended to be disclosed to third parties.

a. **Meaning of Confidential Information.** For the purposes of this Contract, the term "**Confidential Information**" means all information and documentation of a party that: (a) has been marked "confidential" or with words of similar meaning, at the time of disclosure by such party; (b) if disclosed orally or not marked "confidential" or with words of similar meaning, was subsequently summarized in writing by the disclosing party and marked "confidential" or with words of similar meaning; or, (c) should reasonably be recognized as confidential information of the disclosing party. The term "Confidential Information" does not include any information or documentation that was or is: (a) subject to disclosure under the Michigan Freedom of Information Act (FOIA); (b) already in the possession of the receiving party without an obligation of confidentiality; (c) developed independently by the receiving party, as demonstrated by the receiving party, without violating the disclosing party's proprietary rights; (d) obtained from a source other than the disclosing party without an obligation of confidentiality; or, (e) publicly available when received, or thereafter became publicly available (other than through any unauthorized disclosure by, through, or on behalf of, the receiving party). For purposes of this Contract, in all cases and for all matters, State Data is deemed to be Confidential Information.

b. **Obligation of Confidentiality.** The parties agree to hold all Confidential Information in strict confidence and not to copy, reproduce, sell, transfer, or otherwise dispose of, give or disclose such Confidential Information to third parties other than employees, agents, or subcontractors of a party who have a need to know in connection with this Contract or to use such Confidential Information for any purposes whatsoever other than the performance of this Contract. The parties agree to advise and require their respective employees, agents, and subcontractors of their obligations to keep all Confidential Information confidential. Disclosure to a subcontractor is permissible where: (a) use of a subcontractor is authorized under this Contract; (b) the disclosure is necessary or otherwise naturally occurs in connection with work that is within the subcontractor's responsibilities; and (c) Contractor obligates the subcontractor in a written contract to maintain the State's Confidential Information in confidence. At the State's request, any employee of Contractor or any subcontractor may be required to execute a separate agreement to be bound by the provisions of this Section.

c. **Cooperation to Prevent Disclosure of Confidential Information.** Each party must use its best efforts to assist the other party in identifying and preventing any unauthorized use or disclosure of any Confidential Information. Without limiting the foregoing, each party must advise the other party immediately in the event either party learns or has reason to believe that any person who has had access to Confidential Information has violated or intends to violate the terms of this Contract and each party will cooperate with the other party in seeking injunctive or other equitable relief against any such person.

d. **Remedies for Breach of Obligation of Confidentiality.** Each party acknowledges that breach of its obligation of confidentiality may give rise to irreparable injury to the other party, which damage may be inadequately compensable in the form of monetary damages. Accordingly, a party may seek and obtain injunctive relief against the breach or threatened breach of the foregoing undertakings, in addition to any other legal remedies which may be available, to include, in the case of the State, at the sole election of the State, the immediate termination, without liability to the State, of this Contract or any Statement of Work corresponding to the breach or threatened breach.

- e. **Surrender of Confidential Information upon Termination.** Upon termination of this Contract or a Statement of Work, in whole or in part, each party must, within 5 calendar days from the date of termination, return to the other party any and all Confidential Information received from the other party, or created or received by a party on behalf of the other party, which are in such party's possession, custody, or control; provided, however, that Contractor must return State Data to the State following the timeframe and procedure described further in this Contract. Should Contractor or the State determine that the return of any Confidential Information is not feasible, such party must destroy the Confidential Information and must certify the same in writing within 5 calendar days from the date of termination to the other party. However, each Party's legal ability to destroy the other Party's data may be restricted by its retention and disposal schedule, in which case Confidential Information will be destroyed after the retention period expires.

35. Data Privacy and Information Security.

- a. **Undertaking by Contractor.** Without limiting Contractor's obligation of confidentiality as further described, Contractor is responsible for establishing and maintaining a data privacy and information security program, including physical, technical, administrative, and organizational safeguards, that is designed to: (a) ensure the security and confidentiality of the State Data; (b) protect against any anticipated threats or hazards to the security or integrity of the State Data; (c) protect against unauthorized disclosure, access to, or use of the State Data; (d) ensure the proper disposal of State Data; and (e) ensure that all employees, agents, and subcontractors of Contractor, if any, comply with all of the foregoing. In no case will the safeguards of Contractor's data privacy and information security program be less stringent than the safeguards used by the State, and Contractor must at all times comply with all applicable State IT policies and standards, which are available to Contractor upon request.
- b. **Audit by Contractor.** No less than annually, Contractor must conduct a comprehensive independent third-party audit of its data privacy and information security program and provide such audit findings to the State.
- c. **Right of Audit by the State.** Without limiting any other audit rights of the State, the State has the right to review Contractor's data privacy and information security program prior to the commencement of Contract Activities and from time to time during the term of this Contract. During the providing of the Contract Activities, on an ongoing basis from time to time and without notice, the State, at its own expense, is entitled to perform, or to have performed, an on-site audit of Contractor's data privacy and information security program. In lieu of an on-site audit, upon request by the State, Contractor agrees to complete, within 45 calendar days of receipt, an audit questionnaire provided by the State regarding Contractor's data privacy and information security program.
- d. **Audit Findings.** Contractor must implement any required safeguards as identified by the State or by any audit of Contractor's data privacy and information security program.
- e. **State's Right to Termination for Deficiencies.** The State reserves the right, at its sole election, to immediately terminate this Contract or a Statement of Work without limitation and without liability if the State determines that Contractor fails or has failed to meet its obligations under this Section.

36. Reserved.

37. Reserved.

38. Records Maintenance, Inspection, Examination, and Audit. Pursuant to MCL 18.1470, the State or its designee may audit Contractor to verify compliance with this Contract. Contractor must retain and provide to the State or its designee and the auditor general upon request, all records related to the Contract through the term of the Contract and for 10 years after the latter of termination, expiration, or final payment under this Contract or any extension ("**Audit Period**"). If an audit, litigation, or other action involving the records is initiated before the end of the Audit Period, Contractor must retain the records until all issues are resolved.

The State, CMS, the Office of the Inspector General, the Comptroller General, and their designees may, at any time, inspect and audit any records or documents of Contractor, or its subcontractors, and may, at any time, inspect the premises, physical facilities, and equipment where Medicaid-related activities or work is conducted. The right to audit under this section exists for 10 years from the final date of the contract period or from the date of completion of any audit, whichever is later.

Within 10 calendar days of providing notice, the State and its authorized representatives or designees have the right to enter and inspect Contractor's premises or any other places where Contract Activities are being performed, and examine, copy, and audit all records related to this Contract. Contractor must cooperate and provide reasonable assistance. If financial errors are revealed, the amount in error must be reflected as a credit or debit on subsequent invoices until the amount is paid or refunded. Any remaining balance at the end of the Contract must be paid or refunded within 45 calendar days.

This Section applies to Contractor, any parent, affiliate, or subsidiary organization of Contractor, and any subcontractor that performs Contract Activities in connection with this Contract.

- 39. Representations and Warranties.** Contractor represents and warrants: (a) Contractor is the owner or licensee of any Contract Activities that it licenses, sells, or develops and Contractor has the rights necessary to convey title, ownership rights, or licensed use; (b) all Contract Activities are delivered free from any security interest, lien, or encumbrance and will continue in that respect; (c) the Contract Activities will not infringe the patent, trademark, copyright, trade secret, or other proprietary rights of any third party; (d) Contractor must assign or otherwise transfer to the State or its designee any manufacturer's warranty for the Contract Activities; (e) the Contract Activities are merchantable and fit for the specific purposes identified in the Contract; (f) the Contract signatory has the authority to enter into this Contract; (g) all information furnished by Contractor in connection with the Contract fairly and accurately represents Contractor's business, properties, finances, and operations as of the dates covered by the information, and Contractor will inform the State of any material adverse changes; (h) all information furnished and representations made in connection with the award of this Contract is true, accurate, and complete, and contains no false statements or omits any fact that would make the information misleading; and that (i) Contractor is neither currently engaged in nor will engage in the boycott of a person based in or doing business with a strategic partner as described in 22 USC 8601 to 8606. A breach of this Section is considered a material breach of this Contract, which entitles the State to terminate this Contract under Section 24, Termination for Cause.
- 40. Conflicts and Ethics.** Contractor will uphold high ethical standards and is prohibited from: (a) holding or acquiring an interest that would conflict with this Contract; (b) doing anything that creates an appearance of impropriety with respect to the award or performance of the Contract; (c) attempting to influence or appearing to influence any State employee by the direct or indirect offer of anything of value; or (d) paying or agreeing to pay any person, other than employees and consultants working for Contractor, any consideration contingent upon the award of the Contract. Contractor must immediately notify the State of any violation or potential violation of these standards. This Section applies to Contractor, any parent, affiliate, or subsidiary organization of Contractor, and any subcontractor that performs Contract Activities in connection with this Contract.
- 41. Compliance with Laws.** Contractor must comply with all federal, state and local laws, rules and regulations.
- 42. Reserved.**
- 43. Reserved.**
- 44. Nondiscrimination.** Under the Elliott-Larsen Civil Rights Act, 1976 PA 453, MCL 37.2101, *et seq.*, the Persons with Disabilities Civil Rights Act, 1976 PA 220, MCL 37.1101, *et seq.*, and [Executive Directive 2019-09](#). Contractor and its subcontractors agree not to discriminate against an employee or applicant for employment with respect to hire, tenure, terms, conditions, or privileges of employment, or a matter directly or indirectly related to employment, because of race, color, religion, national origin, age, sex (as defined in Executive Directive 2019-09), height, weight, marital status, partisan considerations, any

mental or physical disability, or genetic information that is unrelated to the person's ability to perform the duties of a particular job or position. Breach of this covenant is a material breach of this Contract.

- 45. Unfair Labor Practice.** Under MCL 423.324, the State may void any Contract with a Contractor or subcontractor who appears on the Unfair Labor Practice register compiled under MCL 423.322.
- 46. Governing Law.** This Contract is governed, construed, and enforced in accordance with Michigan law, excluding choice-of-law principles, and all claims relating to or arising out of this Contract are governed by Michigan law, excluding choice-of-law principles. Any dispute arising from this Contract must be resolved in the Michigan Court of Claims. Complaints against the State must be initiated in Ingham County, Michigan. Contractor waives any objections, such as lack of personal jurisdiction or *forum non conveniens*. Contractor must appoint an agent in Michigan to receive service of process.
- 47. Non-Exclusivity.** Nothing contained in this Contract is intended nor is to be construed as creating any requirements contract with Contractor, nor does it provide Contractor with a right of first refusal for any future work. This Contract does not restrict the State or its agencies from acquiring similar, equal, or like Contract Activities from other sources.
- 48. Force Majeure.** Neither party will be in breach of this Contract because of any failure arising from any disaster or acts of god that are beyond their control and without their fault or negligence. Each party will use commercially reasonable efforts to resume performance. Contractor will not be relieved of a breach or delay caused by its subcontractors. If immediate performance is necessary to ensure public health and safety, the State may immediately contract with a third party.
- 49. Dispute Resolution.** The parties will endeavor to resolve any Contract dispute in accordance with this provision. The dispute will be referred to the parties' respective Contract Administrators or Program Managers. Such referral must include a description of the issues and all supporting documentation. The parties must submit the dispute to a senior executive if unable to resolve the dispute within 15 business days. The parties will continue performing while a dispute is being resolved, unless the dispute precludes performance. A dispute involving payment does not preclude performance.
- Litigation to resolve the dispute will not be instituted until after the dispute has been elevated to the parties' senior executive and either concludes that resolution is unlikely or fails to respond within 15 business days. The parties are not prohibited from instituting formal proceedings: (a) to avoid the expiration of statute of limitations period; (b) to preserve a superior position with respect to creditors; or (c) where a party makes a determination that a temporary restraining order or other injunctive relief is the only adequate remedy. This Section does not limit the State's right to terminate the Contract.
- 50. Media Releases.** Any news releases (including promotional literature and commercial advertisements) which contain specific reference to MDHHS and pertain to the Contract or project to which it relates must not be made without the prior written approval of the State, and then only in accordance with the explicit written instructions of the State.
- 51. Schedules.** All Schedules and Exhibits that are referenced herein and attached hereto are hereby incorporated by reference. The following Schedules are attached hereto and incorporated herein:

| Document Title | Document Description |
|----------------|------------------------------------|
| Schedule A | Statement of Work |
| Schedule B | HIPAA Business Associate Agreement |
| Schedule C | Definitions/Explanation of Terms |
| Schedule D | Reserved |
| Schedule E | Reporting Requirements |

| | |
|-------------------|---|
| Schedule F | Medicaid Mental Health and Substance Use Disorder Payment Responsibility Grid |
| Schedule G | Local Funding Obligation Schedule |
| Schedule H | Behavioral Health Capitation Rate Certification |

- 52. Entire Agreement and Order of Precedence.** This Contract, which includes Statement of Work, and schedules and exhibits, is the entire agreement of the parties related to the Contract Activities. This Contract supersedes and replaces all previous understandings and agreements between the parties for the Contract Activities. If there is a conflict between documents, the order of precedence is: (a) first, this Contract, excluding its schedules, exhibits, and Statement of Work; (b) second, Statement of Work as of the Effective Date; and (c) third, schedules expressly incorporated into this Contract as of the Effective Date. NO TERMS ON CONTRACTOR'S INVOICES, ORDERING DOCUMENTS, WEBSITE, BROWSE-WRAP, SHRINK-WRAP, CLICK-WRAP, CLICK-THROUGH OR OTHER NON-NEGOTIATED TERMS AND CONDITIONS PROVIDED WITH ANY OF THE CONTRACT ACTIVITIES, OR DOCUMENTATION HEREUNDER, EVEN IF ATTACHED TO THE STATE'S DELIVERY OR PURCHASE ORDER, WILL CONSTITUTE A PART OR AMENDMENT OF THIS CONTRACT OR IS BINDING ON THE STATE OR ANY AUTHORIZED USER FOR ANY PURPOSE. ALL SUCH OTHER TERMS AND CONDITIONS HAVE NO FORCE AND EFFECT AND ARE DEEMED REJECTED BY THE STATE AND THE AUTHORIZED USER, EVEN IF ACCESS TO OR USE OF THE CONTRACT ACTIVITIES REQUIRES AFFIRMATIVE ACCEPTANCE OF SUCH TERMS AND CONDITIONS.
- 53. Severability.** If any part of this Contract is held invalid or unenforceable, by any court of competent jurisdiction, that part will be deemed deleted from this Contract and the severed part will be replaced by agreed upon language that achieves the same or similar objectives. The remaining Contract will continue in full force and effect.
- 54. Waiver.** Failure to enforce any provision of this Contract will not constitute a waiver.
- 55. Survival.** Any right, obligation or condition that, by its express terms or nature and context is intended to survive, will survive the termination or expiration of this Contract; such rights, obligations, or conditions include, but are not limited to, those related to transition responsibilities; indemnification; disclaimer of damages and limitations of liability; State Data; non-disclosure of Confidential Information; representations and warranties; insurance and bankruptcy.
- 56. Contract Modification.** This Contract may not be amended except by signed agreement between the parties (a "**Contract Change Notice**"). Notwithstanding the foregoing, no subsequent Statement of Work or Contract Change Notice executed after the Effective Date will be construed to amend this Contract unless it specifically states its intent to do so and cites the section or sections amended.

FEDERAL PROVISIONS ADDENDUM

This addendum applies to purchases that will be paid for in whole or in part with funds obtained from the federal government. If any provision below is not required by federal law for this Contract, then it does not apply and must be disregarded. If any provision below is required to be included in this Contract by federal law, then the applicable provision applies, and the language is not negotiable. If any provision below conflicts with the State's terms and conditions, including any attachments, schedules, or exhibits to this Contract, the provisions below take priority to the extent a provision is required by federal law; otherwise, the order of precedence set forth in the Contract applies. Further, Contractor agrees to, through a Contract Change Notice, append or modify specific federal provisions to this Contract, if reasonably necessary to keep the State and Contractor in compliance with federal funding requirements, and comply with the terms set forth therein. Hyperlinks are provided for convenience only; broken hyperlinks will not relieve Contractor from compliance with the law.

A. Equal Employment Opportunity

This Contract is not a “**federally assisted construction contract**” as defined in [41 CFR Part 60-1.3](#).

B. Davis-Bacon Act (Prevailing Wage)

This Contract is not a “**federally assisted construction contract**” as defined in [41 CFR Part 60-1.3](#), nor is it a prime construction contract in excess of \$2,000.

C. Copeland “Anti-Kickback” Act

This Contract is not a “**federally assisted construction contract**” as defined in [41 CFR Part 60-1.3](#), nor is it a prime construction contract in excess of \$2,000 where the Davis-Bacon Act applies.

D. Contract Work Hours and Safety Standards Act

The Contract does not involve the employment of mechanics or laborers.

E. Rights to Inventions Made Under a Contract or Agreement

If this Contract is funded by a federal “funding agreement” as defined under [37 CFR §401.2 \(a\)](#) and the recipient or subrecipient wishes to enter into a contract with a small business firm or nonprofit organization regarding the substitution of parties, assignment or performance of experimental, developmental, or research work under that “funding agreement,” the recipient or subrecipient must comply with [37 CFR Part 401](#), “Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements,” and any implementing regulations issued by the awarding agency.

F. Clean Air Act and the Federal Water Pollution Control Act

If this Contract is in excess of \$150,000, Contractor must comply with all applicable standards, orders, and regulations issued under the Clean Air Act ([42 USC 7401-7671g](#)) and the Federal Water Pollution Control Act ([33 USC 1251-1387](#)), and during performance of this Contract Contractor agrees as follows:

(1) Clean Air Act

- (i) Contractor agrees to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act, as amended, 42 U.S.C. § 7401 et seq.
- (ii) Contractor agrees to report each violation to the State and understands and agrees that the State will, in turn, report each violation as required to assure notification to the Federal Emergency Management Agency or the applicable federal awarding agency, and the appropriate Environmental Protection Agency Regional Office.

- (iii) Contractor agrees to include these requirements in each subcontract exceeding \$150,000 financed in whole or in part with Federal assistance provided by FEMA or the applicable federal awarding agency.

(2) Federal Water Pollution Control Act

- (i) Contractor agrees to comply with all applicable standards, orders, or regulations issued pursuant to the Federal Water Pollution Control Act, as amended, 33 U.S.C. 1251 et seq.
- (ii) Contractor agrees to report each violation to the State and understands and agrees that the State will, in turn, report each violation as required to assure notification to the Federal Emergency Management Agency or the applicable federal awarding agency, and the appropriate Environmental Protection Agency Regional Office.
- (iii) Contractor agrees to include these requirements in each subcontract exceeding \$150,000 financed in whole or in part with Federal assistance provided by FEMA or the applicable federal awarding agency.

G. Debarment and Suspension

A “contract award” (see [2 CFR 180.220](#)) must not be made to parties listed on the government-wide exclusions in the [System for Award Management \(SAM\)](#), in accordance with the OMB guidelines at [2 CFR 180](#) that implement [Executive Orders 12549 \(51 FR 6370; February 21, 1986\)](#) and [12689 \(54 FR 34131; August 18, 1989\)](#), “Debarment and Suspension.” SAM Exclusions contains the names of parties debarred, suspended, or otherwise excluded by agencies, as well as parties declared ineligible under statutory or regulatory authority other than [Executive Order 12549](#).

- (1) This Contract is a covered transaction for purposes of 2 CFR. Part 180 and 2 CFR. Part 3000. As such, Contractor is required to verify that none of Contractor’s principals (defined at 2 CFR. § 180.995) or its affiliates (defined at 2 CFR. § 180.905) are excluded (defined at 2 CFR. § 180.940) or disqualified (defined at 2 CFR. § 180.935).
- (2) Contractor must comply with 2 CFR. Part 180, subpart C and 2 CFR. Part 3000, subpart C, and must include a requirement to comply with these regulations in any lower tier covered transaction it enters into.
- (3) This certification is a material representation of fact relied upon by the State. If it is later determined that Contractor did not comply with 2 CFR. Part. 180, subpart C and 2 CFR. Part. 3000, subpart C, in addition to remedies available to the State, the Federal Government may pursue available remedies, including but not limited to suspension and/or debarment.
- (4) The bidder or proposer agrees to comply with the requirements of 2 CFR. Part 180, subpart C and 2 CFR. Part 3000, subpart C while this offer is valid and throughout the period of any contract that may arise from this offer. The bidder or proposer further agrees to include a provision requiring such compliance in its lower tier covered transactions.

H. Byrd Anti-Lobbying Amendment, 31 U.S.C. § 1352 (as amended)

Contractor has applied or bid for an award of **\$100,000 or more** and shall file the required certification in *Exhibit 1 – Byrd Anti-Lobbying Certification* attached to the end of this Addendum. Each tier certifies to the tier above that it will not and has not used federally appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, officer or employee of Congress, or an employee of a Member of Congress in connection with obtaining any federal contract, grant, or any other award covered by 31 U.S.C. § 1352. Each tier shall also disclose any lobbying with non-federal funds that takes place in connection with obtaining any federal award. Such disclosures are forwarded from tier to tier up to the recipient who in turn will forward the certification(s) to the federal awarding agency.

I. Procurement of Recovered Materials

If this Contract is a procurement to purchase products or items designated by the EPA under [40 CFR. part 247](#) during the course of a fiscal year, then under [2 CFR 200.323](#), Contractors must comply with section 6002 of the Solid Waste Disposal Act, as amended by the Resource Conservation and Recovery Act.

- (1) In the performance of this contract, Contractor shall make maximum use of products containing recovered materials that are EPA-designated items unless the product cannot be acquired:
 - (i) Competitively within a timeframe providing for compliance with the contract performance schedule;
 - (ii) Meeting contract performance requirements; or
 - (iii) At a reasonable price.
- (2) Information about this requirement, along with the list of EPA- designated items, is available at EPA's Comprehensive Procurement Guidelines web site, <https://www.epa.gov/smm/comprehensive-procurement-guideline-cpg-program>.
- (3) Contractor also agrees to comply with all other applicable requirements of Section 6002 of the Solid Waste Disposal Act.

J. Prohibition on Contracting for Covered Telecommunications Equipment or Services

Contractor acknowledges and agrees that [Section 889\(b\) of the John S. McCain National Defense Authorization Act for Fiscal Year 2019, Pub. L. No. 115-232 \(the "McCain Act"\)](#), and [2 CFR. §200.216](#), prohibit the obligation or expending of federal award funds on certain telecommunication products or with certain entities for national security reasons on or after August 13, 2020.

During performance of this Contract, Contractor agrees as follows:

- (a) *Definitions.* As used in this Section J. Prohibition on Contracting for Covered Telecommunications Equipment or Services ("Section J"):
 - (1) the terms "backhaul," "critical technology," "interconnection arrangements," "reasonable inquiry," "roaming," and "substantial or essential component" have the meanings defined in 48 CFR § 4.2101;
 - (2) the term "covered foreign country" has the meanings defined in § 889(f)(2) of the McCain Act; and
 - (3) the term "covered telecommunications equipment or services" has the meaning defined in § 889(f)(3) of the McCain Act.
- (b) *Prohibitions.*
 - (1) Unless an exception in paragraph (c) of this Section J applies, neither Contractor nor any of its subcontractors may use funds received under this Contract to:
 - (i) Procure or obtain any equipment, system, or service that uses covered telecommunications equipment or services as a substantial or essential component of any system, or as critical technology of any system;
 - (ii) Enter into, extend, or renew a contract to procure or obtain any equipment, system, or service that uses covered telecommunications equipment or services as a substantial or essential component of any system, or as critical technology of any system;
 - (iii) Enter into, extend, or renew a contract with an entity that uses any covered telecommunications equipment or services as a substantial or essential component of any system, or as critical technology as part of any system; or

- (iv) Provide, as part of its performance of this contract, subcontract, or other contractual instrument, any equipment, system, or service that uses covered telecommunications equipment or services as a substantial or essential component of any system, or as critical technology as part of any system.

(c) *Exceptions.*

- (1) This Section J does not prohibit Contractor from providing—
 - (i) A service that connects to the facilities of a third-party, such as backhaul, roaming, or interconnection arrangements; or
 - (ii) Telecommunications equipment that cannot route or redirect user data traffic or permit visibility into any user data or packets that such equipment transmits or otherwise handles.

(d) *Reporting requirement.*

- (1) In the event Contractor identifies covered telecommunications equipment or services used as a substantial or essential component of any system, or as critical technology as part of any system, during contract performance, or Contractor is notified of such by a subcontractor at any tier or by any other source, Contractor shall report the information in paragraph (d)(2) of this Section J to the recipient or subrecipient, unless elsewhere in this contract are established procedures for reporting the information. In the event of this occurrence, reports should be submitted to the contract administrator.

- (2) Contractor shall report the following information pursuant to paragraph (d)(1) of this Section J:

- (i) Within one business day from the date of such identification or notification: The contract number; the order number(s), if applicable; supplier name; supplier unique entity identifier (if known); supplier Commercial and Government Entity (CAGE) code (if known); brand; model number (original equipment manufacturer number, manufacturer part number, or wholesaler number); item description; and any readily available information about mitigation actions undertaken or recommended.
- (ii) Within 10 business days of submitting the information in paragraph (d)(2)(i) of this Section J: Any further available information about mitigation actions undertaken or recommended. In addition, Contractor shall describe the efforts it undertook to prevent use or submission of covered telecommunications equipment or services, and any additional efforts that will be incorporated to prevent future use or submission of covered telecommunications equipment or services.

- (e) *Subcontracts.* Contractor shall insert the substance of this Section J, including this paragraph (e), in all subcontracts and other contractual instruments.

K. Domestic Preferences for Procurements

As appropriate, and to the extent consistent with law, Contractor should, to the greatest extent practicable, provide a preference for the purchase, acquisition, or use of goods, products, or materials produced in the United States. This includes, but is not limited to iron, aluminum, steel, cement, and other manufactured products.

For purposes of this Section K – **Domestic Preferences for Procurements:**

“*Produced in the United States*” means, for iron and steel products, that all manufacturing processes, from the initial melting stage through the application of coatings, occurred in the United States.

“Manufactured products” mean items and construction materials composed in whole or in part of non-ferrous metals such as aluminum; plastics and polymer-based products such as polyvinyl chloride pipe; aggregates such as concrete; glass, including optical fiber; and lumber.

L. Affirmative Socioeconomic Steps

For all contracts utilizing federal funding sources subject to Title 2 of the Code of Federal Regulations (CFR) Part 200 issued on or after November 12, 2020, if subcontracts are to be let, the prime contractor is required to take all necessary steps identified in 2 CFR. § 200.321(b)(1)-(5) to ensure that small and minority businesses, women’s business enterprises, and labor surplus area firms are used when possible.

M. Copyright and Data Rights

Pursuant to 2 CFR § 200.315(b), the State may copyright any work which is subject to copyright and was developed, or for which ownership was acquired, under a Federal award. The Federal awarding agency reserves a royalty-free, nonexclusive and irrevocable right to reproduce, publish, or otherwise use the work for Federal purposes, and to authorize others to do so.

N. Additional FEMA Contract Provisions

This Contract does not involve purchases that will be paid for in whole or in part with funds obtained from the Federal Emergency Management Agency (FEMA).

O. Other Federal Contract Provisions

The following provisions also apply to purchases that will be paid for in whole or in part with funds obtained from the federal government: Contractor must comply with federal requirements in Title XIX of the Social Security Act, 42 CFR Part 438 and other applicable laws, including requirements incorporated into the Medicaid and Children’s Health Insurance Program Managed Care Final Rule published November 13, 2020 and effective on December 14, 2020, and requirements in effect prior to the release of the 2020 Final Rule (i.e., in effect in 42 CFR Part 438 contained in 42 CFR Parts 430 to 481, edition revised as of May 6, 2016) and did not materially change within the 2020 Final Rule.

EXHIBIT 1 BYRD ANTI-LOBBYING CERTIFICATION

Contractor must complete this certification if the purchase will be paid for in whole or in part with funds obtained from the federal government and the purchase is greater than \$100,000.

APPENDIX A, 44 CFR. PART 18 – CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, Title 31, U.S.C. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Contractor, Region 10, certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, Contractor understands and agrees that the provisions of 31 U.S.C. Chap. 38, Administrative Remedies for False Claims and Statements, apply to this certification and disclosure, if any.

Signature of Contractor's Authorized Official

Jim Johnson, Chief Executive Officer

Name and Title of Contractor's Authorized Official

Date

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SCHEDULE A- STATEMENT OF WORK CONTRACT ACTIVITIES

Contract No. MA 24000001086 Prepaid Inpatient Health Plan (PIHP)

The State hereby enters into a Contract with the specialty Prepaid Inpatient Health Plan (PIHP) Contractor identified on the signature page of this Contract.

BACKGROUND

Under approval granted by the Centers for Medicare and Medicaid Services (CMS), the Michigan Department of Health and Human Services (MDHHS) operates a 1115 Behavioral Health Demonstration Waiver. Under this waiver, selected Medicaid State plan specialty services related to mental health and developmental disability services, as well as certain covered substance use disorder services, have been “carved out” (removed) from Medicaid primary physical health care plans and arrangements.

CMS has also approved a 1115 Demonstration Waiver titled the Healthy Michigan Plan (HMP) which provides health care coverage for adults who become eligible for Medicaid under Section 1902(2)(10)(A)(i)(VIII) of the Social Security Act. In Michigan, the 1115 Behavioral Health Demonstration Waiver and the Healthy Michigan Plan are managed on a shared risk basis by specialty PIHP contractors, selected through the Application for Participation (AFP) process which can be found on the MDHHS website: https://www.michigan.gov/-/media/Project/Websites/mdhhs/Folder2/Folder64/Folder1/Folder164/2_6_2013_AFP.pdf?rev=d6864822812b4c5fb1ace235562cbc71.

Services provided under the behavioral health managed care program include treatment for people with Serious Mental Illness(SMI), Serious Emotional Disturbance (SED), Substance Use Disorder (SUD) and Intellectual and Developmental Disabilities (I/DD). Behavioral Health Services include State plan and Early Periodic Screening, Diagnosis and Treatment (EPSDT) services, 1915(i) Waiver services and 1915(c) Waiver services:

- Children’s Waiver Program (CWP)
- Habilitation Supports Waiver (HSW)
- Serious Emotional Disturbance (SED) Waiver

All the substance use disorder services are covered under the State plan (or alternative benefit plan (ABP)) for the HMP population.

SCOPE

The purpose of this Contract is to obtain the services of Contractor to manage the 1115 Behavioral Health Demonstration Waiver Program, the Healthy Michigan Plan and relevant approved Waivers in a designated service area and to provide a comprehensive array of specialty mental health and substance use disorder services and supports as indicated in this Contract. Contractor must manage its responsibilities in a manner that promotes maximum value, efficiency, and effectiveness consistent with State and federal statute and applicable waiver standards. This includes limiting managed care administrative duplication thereby reducing avoidable costs while maximizing the Medical Loss Ratio (MLR). Contractor must actively manage behavioral health services for its geographical service area using standardized methods and measures for determination of need and appropriate delivery of service. Contractor must ensure that cost

variances in services are supported by quantifiable measures of need to ensure accountability, value and efficiency. Contractor must minimize duplication of contracts and reviews for providers contracting with multiple Community Mental Health Services Programs (CMHSPs) in the service area.

RESPONSIBILITIES OF THE STATE

The State will administer this Contract with Contractor, monitor Contract performance, and perform the following activities:

1. Notify Contractor of the name, address, and telephone number, if available, of all Medicaid, MI Child and Healthy Michigan eligible individuals in the service area. Contractor will be notified of changes, as they are known to the State.
2. The State has the authority to take whatever action is necessary to address repeated health and welfare issues or emergencies or Contractor's failure to provide medically necessary services timely.

REQUIREMENTS

Contractor must provide deliverables/services and staff, and otherwise do all things necessary or incidental to the performance requirements and performance of work, pursuant to the requirements set forth in this Contract. Contractor must comply with all provisions of Medicaid policy applicable to Contractors unless provisions of this Contract stipulate otherwise. All policies, procedures, operational plans and clinical guidelines followed by Contractor must be in writing and available to the State and CMS upon request. All medical records, report formats, information systems, liability policies, provider network information and other details specific to performing the Contracted Services must be available to the State and CMS upon request.

Contractor must have sufficient administrative staff and organizational components to comply with the responsibilities reflected in this Contract. Contractor must ensure that all personnel have training, education, experience, licensing, or certification appropriate to their position and responsibilities.

1. General Requirements

The following sections provide an explanation of the specifications and expectations that Contractor must meet and the services that must be provided under the Contract. Contractor and its provider network are not, however, constrained from supplementing this with additional services or elements deemed necessary to fulfill the intent of the Medicaid Managed Specialty Services and Supports Program (MMSSSP) and the Flint 1115 Waiver.

A. Service Area

1. Targeted Geographical Area for Implementation
 - a. Contractor must manage the 1115 Behavioral Health Demonstration Waiver Program and the HealthyMichigan Plan under the terms of this Contract for its geographic service area. Counties included in each service area can be found at the following website: <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/mentalhealth/cmhsp>.
2. Target Population
 - a. Contractor must serve Medicaid beneficiaries in the service area described in Section 1.A.1.a. above who require the Medicaid services included under the 1115 Behavioral Health Demonstration Waiver; who are eligible for the Healthy Michigan Plan, the 1915(i) State Plan Benefit the Flint 1115 Waiver; who are enrolled in the 1915(c) waivers (HSW, CWP, SED); who are enrolled in the MICHild program; who are enrolled in the Maternity Outpatient Medical Services (MOMS) program, or for whom Contractor has assumed or been assigned County of Financial Responsibility

(COFR) status under Chapter 3 of the Mental Health Code.

3. Home and Community Character
 - a. Contractor must assure that the residential (adult foster care, specialized residential, provider owned/controlled) and non-residential services (skill building, community living supports, and out of home non-vocational) where individuals are supported by funds from the Medicaid HCBS 1915(i) State Plan Amendment (iSPA) and HCBS 1915(c) waiver programs (Habilitation Supports Waiver, Children's Waiver, and Children's SED Waiver) maintain a home and community character setting as required by federal regulation and outlined in the Home and Community-Based Services of the Medicaid Provider Manual.

B. Customer Services Standards

1. Introduction

Contractor must establish a Customer Services Unit. Contractor must convey an atmosphere that is welcoming, helpful and informative. As per 42 CFR 438.66, these standards apply to Contractor and to any entity to which Contractor has delegated the customer service function in accordance with 42 CFR 438.230. These Customer Service Standards can be found on the MDHHS website:
<https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/mentalhealth/practiceguidelines>
2. Functions
 - a. Welcome and orient individuals to services and benefits available, and the provider network.
 - b. Provide information about how to access behavioral health care, primary care, and other community-based services.
 - c. Provide information about how to access the various rights processes.
 - d. Provide the "Your Rights When Receiving Mental Health Services in Michigan" booklet. Reference the following website for more information:
<https://cmham.org/services/bookstore/>.
 - e. Help individuals with problems and inquiries regarding benefits.
 - f. Assist people with and oversee local complaint and grievance processes.
 - g. Track and report patterns of problem areas for the organization.
3. Requirements

Contractor must:

 - a. Establish a Customer Services Unit with a minimum of one full-time equivalent (FTE).
 - b. Establish a toll-free customer service telephone line with access to alternative telephonic communication methods (such as teletypewriter (TTY)).
 - c. Publish customer service numbers in agency brochures and public information material.
 - d. Ensure initial calls are answered by a live voice during normal business hours, a minimum of eight hours daily, Monday through Friday, excluding observed holidays.
 - e. Publish how to access Customer Services information outside of normal business hours in the Customer Services Handbook and on Contractor website.
 - f. Provide each beneficiary a Customer Services Handbook within a reasonable time.
 - g. Post the most recent version of the Customer Services Handbook on Contractor website.
 - h. Provide the Customer Services Handbook to the beneficiary by one of the following methods:
 - i. Mailing a printed copy to the beneficiary's mailing address.
 - ii. Emailing an electronic version after obtaining the beneficiary's written approval.
 - iii. Notifying the beneficiary by providing a written statement that identifies where the

handbook can be found on the website.

- iv. Other alternate distribution method based on the request of the beneficiary.
 - i. Provide, upon request, each affiliate CMHSP's current organizational chart, list of Board members, board meeting schedule and minutes and annual report.
 - j. Upon request, assist beneficiaries with filing grievances and appeals, accessing local dispute resolution processes, and coordinating with Fair Hearing Officers and the local Office of Recipient Rights (ORR). See Section M. Grievance and Appeals Process for Beneficiaries.
 - k. Ensure staff are trained and possess current, working knowledge in the following areas:
 - i. The populations served (serious mental illness, serious emotional disturbance, developmental disability and substance use disorder) and eligibility criteria for various benefits plans (e.g., Medicaid, Healthy Michigan Plan, MIChild).
 - ii. Service array, medical necessity requirements and eligibility for and referral to specialty services.
 - iii. Person-centered planning.
 - iv. Self-determination.
 - v. Recovery and Resiliency.
 - vi. Peer Specialists.
 - vii. Grievance and appeals, Fair Hearings, local dispute resolution processes, and Recipient Rights. Contractor must ensure that newly hired staff be trained in Recipient Rights within 30 days of hire.
 - viii. Limited English Proficiency (LEP) and cultural competency.
 - ix. Information on covered items and services and benefits not covered under this Contract.
 - x. The Public Behavioral Health System.
 - xi. Customer services functions and beneficiary rights and protections in accordance with federal regulations.
 - xii. Community resources (e.g., advocacy organizations, housing options, schools, public health agencies).
 - xiii. Public Health Code, Mental Health Code, this Contract and Medicaid Provider Manual.
4. Customer Services Handbook Requirements
- Contractor must comply with 42 CFR 438.10, including the following:
- a. Include the date of publication/revision and version number in each Customer Services Handbook.
 - b. Provide a current version of the Customer Services Handbook to the beneficiary upon first request of service and annually thereafter, or sooner if substantial revisions have been made.
 - c. To the extent possible, provide each beneficiary with at least 30 days' notice before the intended effective date of any change that the State defines as significant in the information specified in 42 CFR 438.10(g)(2). Significant is defined as any change that affects a beneficiary's Medicaid benefits, including but not limited to: Contractor contract information, authorization for services, covered benefits and copays.
 - d. The topics with asterisks (*) below must use the standard language templates (which can be found on <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/mentalhealth/customer-services>.)
 - e. Ensure all information contained in the Customer Services Handbook is easily understood.
 - f. The information must be available in the prevalent non-English language(s) spoken in Contractor's service area.

- g. Obtain State approval, in writing, prior to publishing original and revised editions of the Customer Services Handbook.
- h. Produce supplemental materials to the Customer Services Handbook, as needed, to ensure compliance with Contractual Requirements (e.g., inserts/stickers).
- i. Use the State's description for each Medicaid covered service.
- j. Include the following contact information for Medicaid Health Plans (MHP) or Medicaid fee-for-service programs:
 - i. Plan/program name
 - ii. Locations
 - iii. Telephone numbers
- k. Include the following topics in the Customer Services Handbook:
 - i. Topics Requiring use of MDHHS Template Language, which can be found on the <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/mentalhealth/customer-services>, include:
 - 1) *Template #1: Confidentiality and Family Access to Information
 - 2) *Template #2: Coordination of Care
 - 3) *Template #3: Emergency and After-Hours Access to Services
 - 4) *Template #4: Glossary or Definition of Terms
 - 5) *Template #5: Grievance and Appeals Processes
 - 6) *Template #6: Language Assistance and Accommodations
 - 7) *Template #7: Payment for Services
 - 8) *Template #8: Person-Centered Planning
 - 9) *Template #9: Recipient Rights
 - 10) *Template #10: Recovery and Resiliency
 - 11) *Template #11: Service Array
 - 12) *Template #12: Service Authorization
 - 13) *Template #13: Tag Lines
 - 14) *Template #14: Fraud, Waste and Abuse
 - ii. Other Required Topics (not necessarily in this order), include:
 - 1) Benefits Provided by Contractor.
 - 2) How and where to access any benefits provided.
 - 3) Access to out-of-network services.
 - 4) Affiliate the names, addresses and phone numbers of the following personnel:
 - a) Executive director.
 - b) Medical director.
 - c) Recipient rights officer.
 - d) Customer services.
 - e) Emergency (911) and after-hours contact numbers.
 - 5) Transition of Care Policy
 - 6) Community resource list (and advocacy organizations).
 - 7) Index.
 - 8) Right to information about Contractor operations (e.g., organizational chart, annual report).
 - 9) Services not covered under contract.
 - 10) Welcome to the PIHP.
 - 11) What are customer services and what it can do for the beneficiary.
 - 12) Hours of operation and process for obtaining customer assistance after hours
 - iii. Other Suggested Topics
 - 1) Customer services phone number in the footer of each page
 - 2) Safety information

3) Web Address

C. Payment Reform

1. Behavioral Health Integration
 - a. Contractor recognizes the importance of integrating both physical health and behavioral health services in order to effectively address beneficiary needs and improve health status.
 - b. Contractor agrees to work with the State to develop initiatives to better integrate services covered by Contractor and the MHP(s) serving Contractor's beneficiaries and to provide incentives to support behavioral health integration.
 - c. Contractor must work with MHPs and the State to report on MDHHS defined shared metrics that seek to measure the quality of care provided to beneficiaries jointly served by Contractor and MHPs. These shared metrics are available on the MDHHS reporting requirements website located at <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/reporting>.
2. Data Reporting
 - a. In order to oversee and continually improve the performance of its network providers, Contractor must collect and report data in a consistent and coordinated manner, as directed by the State.
 - b. Contractor agrees to work collaboratively with the State and with other Contractors to develop standard measure specifications, data collection processes, baseline data, and reports that will be provided to network providers/subcontractors and the State.
3. Responsibility for Payment of Authorized Services
 - a. Contractor will be responsible for payment for services that Contractor authorizes, including Medicaid substance use disorder services. This provision presumes Contractor, and its network providers and subcontractors are fulfilling their responsibility to individuals according to terms specified in the Contract.
 - b. Services must not be delayed or denied as a result of a dispute of payment responsibility with or among two or more network providers/subcontractors. In the event there is an unresolved dispute between Contractor and network providers/subcontractor(s), either entity may request the State's involvement to resolve the dispute and make a determination. However, services must not be delayed or denied as a result of or during any such dispute.
 - c. Contractor, or their designee, must be contacted for authorization for post-stabilization care. Contractor is financially responsible for post-stabilization specialty care services that are pre-approved by Contractor, or their designee, if authorization is delegated to it by Contractor in accordance with 42 CFR 438.230.
 - d. Contractor is also responsible for post-stabilization care services when they are administered to maintain, improve or resolve the beneficiary's stabilized condition when:
 - i. Contractor does not respond to a request for pre-approval within one hour.
 - ii. Contractor cannot be contacted.
 - iii. Contractor's representative and the treating physician cannot reach an agreement concerning the beneficiary's care and a Contractor physician is not available for consultation. In this situation, Contractor must give the treating physician the opportunity to consult with a Contractor physician and the treating physician may continue with care of the patient until a Contractor physician is reached or one of the criteria of 42 CFR 422.133(c)(3) is met.
 - e. Financial responsibility for enrollees who are children is the county where the child and parents have primary residence. For temporary and permanent wards of the State or court (including tribal), financial responsibility is the county where the child current resides in the community (i.e., licensed foster care home, relative placement,

or independent living) as long as the foster care case remains open. Residential treatment facilities licensed as a Child Caring Institution (CCI) including shelter placements contracted by MDHHS child welfare are not considered “residing in the community.” If a temporary or permanent court ward is residing in the community with a foster family, the county where the child is residing is responsible for authorizing inpatient psychiatric hospitalization when medically necessary. If the child is not residing in the community and placed by child welfare in a residential treatment facility or a DHHS emergency shelter licensed as a CCI, the county of court record would be responsible for assessing and authorizing the inpatient psychiatric hospitalization and providing transition services (assessment for community-based services, wraparound, case management or supports coordination) for up to 180 days prior to discharge.

- f. In accordance with 42 CFR 438.114(c)(1)(ii)(B), Contractor is prohibited from denying payment for treatment obtained by a beneficiary when a representative of Contractor instructs the beneficiary to seek emergency services. The attending emergency physician, or the provider actually treating the beneficiary, is responsible for determining when the beneficiary is sufficiently stabilized for transfer or discharge in accordance with 42 CFR 438.114(d)(3).
 - g. In accordance with 42 CFR 438.114(d)(2), Contractor may not hold an enrollee who has an emergency medical condition liable for payment of subsequent screening and treatment needed to diagnose the specific condition or stabilize the patient.
4. Medicaid Services Verification
- a. Contractor must perform annual verification of Medicaid claims in accordance with Medicaid Services Verification (The Medicaid Verification Process can be found on the MDHHS website: <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/mentalhealth/practiceguidelines>) and must be finalized no later than December 31.
5. Liability for Payment
- a. Contractor must provide that its Medicaid beneficiaries are not held liable for Covered services provided to the beneficiary, for which the State does not pay Contractor, or Contractor does not pay the individual or health care provider that furnished the services under a contractual, referral, or other arrangement.

D. Contract Enforcement Methods (Civil Monetary Contract Remedies, Penalties and Liquidated Damages)

- 1. MDHHS will utilize a variety of means to assure compliance with Contract requirements and any applicable laws. MDHHS may impose late fees, performance penalties (“civil monetary sanctions”) and other contract remedies, penalties and liquidated damages on Contractor. Civil monetary sanctions, contract remedies penalties and liquidated damages shall collectively be referenced as (“contract enforcement methods”). MDHHS will utilize contract enforcement methods to require the Contractor to implement corrective action plans and to resolve outstanding requirements as appropriate.
- 2. The provisions governing a contested case under the Administrative Procedures Act of 1969, 1969 Public Act (PA) 306, MCL 24.201 to 24.328, do not apply to contract enforcement mechanisms under this section because they are not issued pursuant to the authority provided in MCL 330.1232b.
- 3. MDHHS may employ contract enforcement methods to address any Contractor violations and performance concerns. The use of contract enforcement methods will typically follow a progressive approach, but MDHHS reserves the right to deviate from the progression as needed to seek correction of serious, or repeated patterns of substantial noncompliance or performance problems. The application of remedies shall be a matter of public record.

4. Contract enforcement methods include but are not limited to:
 - a. Requiring the Contractor to submit a plan of correction and specified status reports that become a Contract performance objective.
 - b. Retaining a portion of the .002% contract withhold to be earned through timely and accurate completion and resolution of corrective action plans associated with the MDHHS conducted 1915(c) Waivers (CWP, HSW, and SEDW) site reviews of PIHP operations as specified in the CAP Incentive Scoring Metric, which is located on the MDHHS Reporting Requirements website at <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/reporting>
 - c. Imposing a direct dollar penalty and making it a non-matchable Contractor administrative expense and reducing earned savings from that fiscal year by the same dollar amount.
 - d. Delaying up to 25% of scheduled payment amount to Contractor until Contractor comes into compliance as determined by MDHHS. MDHHS may apply this penalty in a subsequent payment cycle and will provide prior written notice to Contractor.
5. The pursuit of any contract enforcement method does not require a Contract amendment. The Contract Compliance notice to Contractor is sufficient authority.
6. Contract enforcement methods imposed pursuant to this Contract may be collected by deducting the amount of the monetary sanction from any payments due to Contractor or by demanding immediate payment by Contractor. MDHHS, at its sole discretion, may establish an installment payment plan for payment of any civil monetary sanction. The determination of the amount any civil monetary sanction is at the sole discretion of MDHHS, within the ranges set by MDHHS. Self-reporting by Contractor will be taken into consideration in determining the amount of any monetary sanction.
7. MDHHS will not utilize a contract enforcement method where the non-compliance is directly caused by MDHHS's action or failure to act; or where a force majeure delays performance by Contractor.
8. Areas of noncompliance for which MDHHS may utilize contract enforcement methods include but are not limited to, noncompliance in the following areas:
 - a. Administration and management.
 - b. Appeal and grievance systems.
 - c. Claims management.
 - d. Enrollee materials and customer services
 - e. Finance, including medical loss ratio reporting.
 - f. Information systems, including encounter data reporting.
 - g. Marketing.
 - h. Medical management, including utilization management and case management.
 - i. Program integrity.
 - j. Provider network management, including provider directory standards.
 - k. Availability and accessibility of services, including network adequacy standards.
 - l. Quality improvement.
 - m. Areas related to the delivery of LTSS not otherwise included in paragraphs (8)(a) through (l) of this section as applicable to the managed care program.
 - n. All other provisions of the Contract, as appropriate.

E. 232b Sanctions for Substantial Non-compliance with Promulgated Standards

1. 232b Sanctions are issued by MDHHS pursuant to the authority provided in MCL 330.1232b are subject to the provisions governing a contested case under the Administrative Procedures Act (APA) of 1969, 1969 Public Act (PA) 306, MCL 24.201 to 24.328)
2. MDHHS may issue one or more 232b sanctions under this section when, MDHHS in its

sole determination, Contractor is not in substantial compliance with the standards promulgated by MDHHS in a departmental bulletin, the Medicaid Provider Manual or federal regulations, the Contractor has misrepresented or falsified information reported to the state or the federal government, or that the Contractor has failed substantially to provide necessary covered services to recipients under the terms of this contract.

3. MDHHS may utilize sanctions as described in this section when MDHHS, in its sole discretion, has determined that Contractor is not in substantial compliance with the contract requirements in the areas listed in 8 (a)-(n), and the non-compliance rises to the level of substantial non-compliance with promulgated standards or federal regulations.
4. 232b sanctions include but are not limited to intermediate actions including, but not limited to, a monetary penalty imposed on the administrative and management operation of the specialty prepaid inpatient health plan, imposition of temporary state management of a community mental health services program operating as a specialty prepaid inpatient health plan, or termination of the department's PIHP Contract.
5. 232b sanctions imposed under this section are subject to the provisions governing a contested case under the Administrative Procedures Act (APA) of 1969, 1969 Public Act (PA) 306, MCL 24.201 to 24.328)
6. MDHHS will provide Contractor with timely written Contract compliance notice prior to the issuance of a sanction that explains both of the following:
 - a. The compliance issue along with its statutory/regulatory/contractual basis and the objective evidence upon which the finding of fault is based.
 - b. The opportunity for a hearing to contest or dispute the State's findings and intended sanction, prior to the imposition of the 232b sanction.

F. Access and Availability

1. Provider Network Services

Contractor is responsible for maintaining and continually evaluating an effective provider network adequate to fulfill the obligations of this contract. Contractor remains the accountable party for the Medicaid beneficiaries in its service area, regardless of the functions it has delegated to its provider networks as specified in 42 CFR 438.230. In this regard and in compliance with 42 CFR Parts 438.414; 438.10(g)(2)(xi)(C)(D)(E) and 457.1260, Contractor must:

- a. Maintain a regular means of communicating and providing information on changes in policies and procedures to its providers. This may include guidelines for answering written correspondence to providers, offering provider- dedicated phone lines, and a regular provider newsletter.
- b. Have clearly written mechanisms to address provider grievances and complaints, and an appeal system to resolve disputes.
- c. Provide a copy of Contractor's prior authorization policies to the provider when the provider joins Contractor's provider network. Contractor must notify providers of any changes to prior authorization policies.
- d. Provide a copy of Contractor's grievance, appeal and fair hearing procedures and timeframes to the provider when the provider joins Contractor's provider network. Contractor must notify providers of any changes to those procedures or timeframes.
- e. Provide to the State, in the format specified by the State a complete listing and description of the provider network available to recipients in the service area.
- f. Assure that services are accessible, taking into account travel time, availability of public transportation, and other factors that may determine accessibility.
- g. Assure that network providers do not segregate beneficiaries in any way from other individuals receiving their services.

2. Network Requirements

- a. Contractor must maintain a network of qualified providers in sufficient numbers, mix,

and geographic locations throughout their respective service area for the provision of all covered services. Contractor may also utilize qualified providers from outside Contractor's service area for the provision of covered services.

- b. Contractor must consider anticipated enrollment and expected utilization of services.
 - c. Contractor must provide documentation on which the State bases its certification that Contractor complied with the State's requirements for availability and accessibility of services, including the adequacy of the provider network as referenced in 42 CFR Parts 438.604(a)(5); 438.606; 438.207(b) and 438.206. Submission of documentation will take place as specified by the State but no less frequently than the following:
 - i. At the time Contractor enters into a contract with the State.
 - ii. On an annual basis.
 - iii. Anytime there has been significant change (as defined by the State) in Contractor operations that would affect adequacy of capacity and services, including changes in services, benefits, geographic service area, composition of or payments to its provider networks, or at the enrollment of a new population.
 - d. Contractor must submit any other data, documentation, or information relating to the performance of the entity's obligations as required by the State as referenced in 42 CFR Parts 438.604(b) and 438.606.
 - e. In accordance with 42 CFR 438.14, Contractor must demonstrate that there are sufficient Indian Health Care Providers (IHCP) participating in the provider network to ensure timely access to services available under the Contract from such providers for Indian beneficiaries who are eligible to receive services.
 - i. If timely access to covered services cannot be ensured due to few or no IHCPs, Contractor must:
 - 1) Allow Indian beneficiaries to access out-of-State IHCPs; or
 - 2) Show good cause for disenrollment from both Contractor and the State's managed care program in accordance with 42 CFR § 438.56(c).
 - ii. Contractor must permit Indian beneficiaries to obtain services covered under the Contract from out-of-network IHCPs from whom the beneficiary is otherwise eligible to receive such services.
 - iii. Contractor must permit an out-of-network IHCP to refer an Indian beneficiary to a network provider.
3. Changes in Provider Network
- a. Contractor must notify the State within seven days of any changes to the composition of the provider network organizations that negatively affect access to care. Contractor must have procedures to address changes in its network that negatively affect access to care. Changes in provider network composition that MDHHS determines to negatively affect recipient access to covered services may be grounds for sanctions.
 - b. The State may apply sanctions to Contractor if a network change that negatively affects beneficiaries' access to care is not reported timely, or Contractor is not willing or able to correct the issue.
4. Out of Network Providers
- a. Contractor must provide adequate and timely access to and authorize and reimburse Out-of-Network providers and cover Medically Necessary services for beneficiaries if such services could not reasonably be obtained by a network provider on a timely basis inside or outside the State of Michigan. Contractor must cover such out-of-Network services for as long as Contractor's provider network is unable to provide adequate access to covered Medically Necessary services for the identified beneficiary(ies) as referenced in 42 CFR 438.206(b)(4).

- b. If Contractor cannot reasonably provide access to non-emergent Covered Services by a network provider within access requirements of this Contract, Contractor must include in its service authorization decision, the provision of Covered Services Out-of-Network.
 - c. Contractor must provide adequate and timely access to and authorize and reimburse Out-of-Network providers and cover Medically Necessary services for beneficiaries if such services could not reasonably be obtained by a network provider on a timely basis inside or outside the State of Michigan. Contractor must cover such out-of-Network services for as long as Contractor's provider network is unable to provide adequate access to covered Medically Necessary services for the identified beneficiary(ies) as referenced in 42 CFR 438.206(b)(4).
 - d. Contractor must comply with all related Medicaid Policies regarding authorization and reimbursement for Out-of-Network providers.
 - i. Contractor must pay Out-of-Network Medicaid providers' claims at established Medicaid fees in effect on the date of service.
 - ii. If Michigan Medicaid has not established a specific rate for the Covered Service, Contractor must follow Medicaid Policy to determine the correct payment amount.
5. 1115 Behavioral Health Demonstration Waiver and Healthy Michigan Programs
- a. Services may be provided at or through Contractor service sites or contractual provider locations. Unless otherwise noted in the Michigan Medicaid Provider Manual, mental health and intellectual/developmental disabilities services may also be provided in other locations in the community, including the beneficiary's home, according to individual need and clinical appropriateness.
6. Provider Procurement
- a. Contractor is responsible for the development of the service delivery system and the establishment of sufficient administrative capabilities to carry out the requirements and obligations of this Contract. Where Contractor and its provider network fulfill these responsibilities through subcontracts, they must adhere to applicable provisions of federal procurement requirements as specified in 2 CFR 200. In complying with these requirements and in accordance with 42 CFR 438.12, Contractor:
 - i. May not discriminate for the participation, reimbursement, or indemnification of any provider who is acting within the scope of his or her license or certification under applicable State law, solely on the basis of that license or certification.
 - ii. Must give those providers not selected for inclusion in the network written notice of the reason for its decision.
 - iii. Is not required to contract with providers beyond the number necessary to meet the needs of its beneficiaries and is not precluded from using different practitioners in the same specialty. Nor is Contractor prohibited from establishing measures that are designed to maintain quality of services and control costs and are consistent with its responsibilities to its beneficiaries. In addition, Contractor's selection policies and procedures cannot discriminate against particular providers that serve high-risk populations or specialize in conditions that require costly treatments. Also, Contractor must ensure that it does not employ or contract with providers excluded from participation in federal health care programs under either Section 1128 or Section 1128A of the Social Security Act.
7. Access Standards
- a. Contractor must ensure timely access to supports and services in the preferred

language of the person served based on their language skills and in accordance with the Access Standards

(https://www.michigan.gov/documents/mdhhs/Access_Standards_702741_7.pdf)

which can be found on the MDHHS website: <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/mentalhealth/practiceguidelines> and the following timeliness standards and report its performance on the standards in accordance with Schedule E of this Contract.

- b. Have written policies guaranteeing each beneficiary's right to request and receive a copy of their medical records, and to request that they be amended or corrected.

8. Person Centered Planning

- a. The Michigan Mental Health Code, MCL 330.1712, establishes the right for all individuals to have an Individual Plan of Service (IPOS) developed through a person-centered planning process. Contractor must implement person-centered planning in accordance with the Person-Centered Planning Policy which can be found on the MDHHS website: <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/mentalhealth/practiceguidelines>. In accordance with 42 CFR 438.208(b)(2)(i), the person-centered planning process must include coordination of services between settings of care which includes appropriate discharge planning for short and long-term hospitalizations. This provision is not a requirement of Substance Use Disorder Services.

- b. Contractor must ensure that its provider network uses a specially-constituted committee, such as a behavior treatment plan review committee, to review and approve or disapprove any plans that propose to use restrictive or intrusive interventions with individuals served by the public mental health system who exhibit seriously aggressive, self-injurious or other behaviors that place the individual or others at risk of physical harm. The Committee must substantially incorporate the standards in the Technical Requirement for Behavior Treatment Plans , https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Folder4/Folder13/Folder3/Folder113/Folder2/Folder213/Folder1/Folder313/Technical_Requirement_for_Behavior_Treatment_Plans.pdf?rev=92e7d3739bf64c97991657af19362634&hash=E6D047EBF35C585C715665FF2ACD9BCD which can be found on the MDHHS website: <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/mentalhealth/practiceguidelines>

9. Cultural Competence

- a. The supports and services provided by Contractor (both directly and through contracted providers) must demonstrate an ongoing commitment to linguistic and cultural competence that ensures access and meaningful participation for all people in the service area. Such commitment includes acceptance and respect for the cultural values, beliefs and practices of the community, as well as the ability to apply an understanding of the relationships of language and culture to the delivery of supports and services.
- b. To effectively demonstrate such commitment, it is expected that Contractor has five components in place: (1) a method of community assessment; (2) sufficient policy and procedure to reflect Contractor's value and practice expectations; (3) a method of service assessment and monitoring; (4) ongoing training to assure that staff are aware of, and able to effectively implement, policy; and (5) the provision of supports and services within the cultural context of the recipient.
- c. Contractor must participate in the State's efforts to promote the delivery of services in a culturally competent manner to all beneficiaries, including those with limited English proficiency and diverse cultural and ethnic backgrounds, and those who are

Deaf, Hard of Hearing, and Deaf and Blind. Treatment will be modified to effectively serve individuals who are deaf, hard of hearing, and deaf and blind as determined by their language skills and preferences.

10. Self-Direction

- a. It is the expectation that Contractor will assure compliance among their network of service providers all elements of Participant-Directed Services outlined in the 1915(i)(1)(G)(iii), 1915(c) Appendix E HCBS waiver authorities and the Self-Directed Services Technical Requirements which can be found on the MDHHS website: <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/mentalhealth/practiceguidelines>. This provision is not a requirement of Substance Use Disorder Services.

11. Choice

- a. In accordance with 42 CFR 438.3(l), Contractor must assure that the beneficiary is allowed to choose his or her health care professional, i.e., physician, therapist, etc. to the extent possible and appropriate.

12. Second Opinion

- a. If the beneficiary requests, Contractor must provide for a second opinion from a qualified health care professional within the network or arrange for the ability of the beneficiary to obtain one outside the network, at no cost to the beneficiary.

13. Denials by a Qualified Professional

- a. Contractor must assure that any decision to deny a service authorization request or to authorize a service in an amount, duration, or scope that is less than requested, must be made by a health care professional who has appropriate clinical expertise in treating the beneficiary's condition.

14. Recovery Policy

- a. All Supports and Services provided to individuals with mental illness, including those with co-occurring conditions, must be based in the principles and practices of recovery outlined in the Michigan Recovery Council document, Recovery Policy and Practice Advisory which can be found on the MDHHS website: <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/drugcontrol/reportstats/reportcontent/policies-and-advisories>

15. Nursing Home Placements

- a. Contractor agrees to provide medically necessary Medicaid specialty services to facilitate placement from, or divert admissions to, a nursing home for eligible beneficiaries determined by the Omnibus Budget Reconciliation Act (OBRA) screening assessment to have a mental illness and/or developmental disability and in need of placement and/or services.

16. Nursing Home Mental Health Services

- a. Residents of nursing homes with mental health needs must be given the same opportunity for access to Contractor services as other individuals covered by this Contract.

17. Payments to Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs)

- a. When Contractor pays FQHCs and RHCs for specialty services included in the specialty services waivers, Contractor must ensure that payments are no less than amounts paid to non-FQHC and non-RHCs for similar services.

18. Indian Health Service/Tribally Operated Facility or program/Urban Indian Clinic (I/T/U)

- a. Contractor is required to pay any Indian Health Service, Tribal Operated Facility Organization/Program/Urban Indian Clinic (I/T/U), or I/T/U contractor, whether participating in Contractor provider network or not, for Contractor authorized medically necessary covered Medicaid managed care services provided to Medicaid

beneficiary/Indian beneficiaries who are eligible to receive services from the I/T/U provider either (1) at a rate negotiated between Contractor and the I/T/U provider, or (2) if there is no negotiated rate, at a rate not less than the level and amount of payment that would be made if the provider were not an I/T/U provider.

- b. In accordance with 42 CFR 438.14, when an Indian Health Care Provider is not enrolled in Medicaid as a FQHC, regardless of whether it participates in the network of Contractor, it has the right to receive its applicable encounter rate published annually in the Federal Register by the Indian Health Service, or in the absence of a published encounter rate, the amount it would receive if the services were provided under the state plan's FFS payment methodology.

19. Persons Associated with the Corrections System

- a. Under an arrangement between the Michigan Department of Corrections (MDOC) and the Michigan Department of Health and Human Services (MDHHS), the PIHP must be responsible for medically necessary community-based substance use disorder treatment services for individuals under the supervision of the Michigan Department of Corrections once those individuals are no longer incarcerated. These individuals are typically under parole or probation orders. Individuals referred by court and services through local community corrections (PA 511) systems must not be excluded from these Medicaid/Healthy Michigan program funded medically necessary community-based substance use disorder treatment services.
- b. Referrals, Screening and Assessment
 - i. Individuals under MDOC supervision are considered a priority population for assessment and admission for substance use disorder treatment services due to the public safety needs related to their MDOC involvement. Contractor must ensure timely access to supports and services in accordance with this Contract. The Code of Federal Regulations and the Michigan Public Health Code define the first four (4) priority population enrollees. The fifth population is established by MDHHS due to its high-risk nature. The priority populations are identified as follows and in the order of importance:
 - 1) Pregnant injecting drug user.
 - 2) Pregnant.
 - 3) Injecting drug user
 - 4) Parent at risk of losing their child(ren) due to substance use.
 - 5) Individual under supervision of MDOC AND referred by MDOC OR individual being released directly from an MDOC facility without supervision AND referred by MDOC. Excludes individuals referred by court and services through local community corrections (PA 511 funded) systems.
 - 6) All others.
 - ii. Contractor must designate a point of contact within each Contractor catchment area for referral, screening and assessment problem identification and resolution. The position title and contact information will be provided to the State, which will provide the information to the MDOC Central Office Personnel. Contractor must provide this contact information to MDOC Supervising Agents in their regions.
 - iii. The MDOC Supervising Agent will refer individuals in need of substance use disorder treatment through the established referral process at Contractor. The Supervising Agent will make best efforts to obtain from the individual a signed Michigan Behavioral Health Standard Consent Form, MDHHS-5515, and provide it to Contractor and/or designated access point along with any pertinent background information and the most recent MDOC Risk Assessment summary.

- iv. The Supervising Agent will assist the individual in calling Contractor or designated access point for a substance use disorder telephonic screening for services. Individuals that are subsequently referred for substance use disorder treatment as a result of a positive screening must receive an in-person assessment. If the individual referred is incarcerated, the Supervising Agent will make best efforts to facilitate service initiation and appropriate contact with Contractor/Designated Access Point. Provided that it is possible to do so, Contractor must make best efforts to ensure the individual receives a telephonic, video or in-person screening for services at the designated location as arranged by MDOC Supervising Agent. Contractor/designated access point may not deny an individual an in-person assessment via phone screening.
 - v. Assessments must be conducted in accordance with MDHHS-approved assessment instruments (if any) and admissions decisions based on MDHHS-approved medical necessity criteria included in this Contract. In the case of MDOC supervised individuals, these assessments should include consideration of the individual's presenting symptoms and substance use/abuse history prior to and during incarceration and consideration of their SUD treatment history while incarcerated. To the extent consistent with HIPAA, the Michigan Mental Health Code and 42 CFR Part 2, and with the written consent of the individual, Contractor/designated provider will provide notice of an admission decision to the Supervising Agent within one business day, and if accepted, the name and contact information of the individual's treatment provider. If the individual is not referred for treatment services, Contractor/designated access point will provide information regarding community resources such as AA/NA or other support groups to the individual.
 - vi. Contractor must not honor Supervising Agent requests or proscriptions for level or duration of care, services or supports and must base admission and treatment decisions only on medical necessity criteria and professional assessment factors.
- c. Plan of Service
- i. The individualized master treatment plan must be developed in a manner consistent with the principles of person-centered planning as applicable to individuals receiving treatment for substance use disorders as defined in this Contract and applicable portions of Person-Centered Planning Policy (which can be found at: <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/mentalhealth/practiceguidelines> .
 - ii. Contractor/designated provider agrees to inform the Supervising Agent when Medication Assisted Treatment (MAT) is being used, including medication type. If the medication type changes, Contractor/designated provider must inform the Supervising Agent. Contractor/designated provider must obtain a release of information from the beneficiary.
- d. Residential Services
- i. If an individual referred for residential treatment does not appear for, or is determined not to meet, medical necessity criteria for that level of care, the Supervising Agent must be notified with one business day. If an individual is participating in residential treatment, the individual may not be given unsupervised day passes, furloughs, etc. without consultation with the Supervising Agent. Leaves for any non-emergent medical procedure should be reviewed/coordinated with the Supervising Agent. If an individual is absent from an off-site supervised therapeutic activity without proper authorization, Contractor/designated provider must notify the Supervising Agent by the end

- of the day on which the absence occurred.
- ii. Contractor/designated provider may require individuals participating in residential treatment to submit to drug testing when returning from off property activities and any other time there is a suspicion of use. Positive drug test results and drug test refusals must be reported to the Supervising Agent. Contractor/designated provider must obtain a release of information from the beneficiary.
- iii. Additional reporting notifications for individuals receiving residential care include:
 - 1) Death of an individual under supervision.
 - 2) Relocation of an individual's placement for more than 24 hours.
 - 3) Contractor/designated provider must immediately, and no more than one hour from awareness of the occurrence, notify the MDOC Supervising Agent any serious sentinel event by or upon an individual under MDOC supervision while on the treatment premises or while on authorized leaves.
 - 4) Contractor/designated provider must notify the MDOC Supervising Agent of any criminal activity involving an MDOC supervised individual within one hour of learning of the activity.
- e. Service Participation
 - i. Contractor must ensure the designated provider completes a monthly progress report on each individual on a template supplied by the MDOC and must ensure it is sent via encrypted email to the Supervising Agent by the fifth day of the following month.
 - ii. Contractor/designated provider must not terminate any referred individual from treatment for violation of the program rules and regulations without prior notification to the individual's Supervising Agent, except in extreme circumstances. Contractor/designated provider must collaborate with the MDOC for any non-emergency removal of the referred individual and allow the MDOC time to develop a transportation plan and a supervision plan prior to removal.
 - iii. Contractor must ensure a recovery plan is completed and sent to the Supervising Agent within five business days of discharge. Recovery planning must include an offender's acknowledgment of the plan and Contractor's referral of the offender to the prescribed aftercare services.
- f. Testimony

With a properly executed release inclusive of the court with jurisdiction, Contractor and/or its designated provider, must provide testimony to the extent consistent with applicable law, including HIPAA and 42 CFR Part 2.
- g. Training
 - i. In support of the needs of programs providing services to individuals under MDOC supervision, the MDHHS will make available training on criminogenic risk factors and special therapy concerns regarding the needs of this population.
 - ii. Contractor must ensure its provider network delivers services to individuals served consistent with professional standards of practice, licensing standards, and professional ethics.
- h. Compliance Monitoring

Contractor is not accountable to the MDOC under this Contract. Contractor must permit the MDHHS, or its designee, to visit Contractor to monitor Contractor provider network oversight activities for the individuals served under this Section.
- i. Provider Network Oversight

Contractor is solely responsible for the composition, compensation and performance of its contracted provider network. To the extent necessary, Contractor must include performance requirements/standards based on existing regulatory or contractual requirements applicable to the MDOC-supervised population. Provider network oversight must be in compliance with applicable sections of this Contract.

20. Network Adequacy Standards.

Information regarding Network Adequacy Standards can be found at the following MDHHS website:

<https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/reporting>

- a. Pursuant to 42 CFR Parts 438.68 and 457.1218, MDHHS created a Network Adequacy Standard policy (MSA 18-49) and corresponding procedural document to effectuate network adequacy standards for Michigan's specialty behavioral health delivery system. Contractor must comply with the network adequacy standards set forth in the policy and procedure documents.
- b. Contractor must comply with the standards set forth in this Contract requirement. The State will provide 90 days' advance written notice to Contractor prior to the effective date of any changes to the network adequacy procedure.
- c. Contractor must submit a plan on how the standards will be effectuated. Contractor must consider at least the following parameters for their plans:
 - i. Maximum time and distance
 - ii. Timely appointments
 - iii. Language, Cultural competence, and Physical accessibility

21. Intensive Crisis Stabilization Services (ICSS)

Contractor must report its performance on the standards specific to ICSS for children on behalf of the enrolled programs in their geographic service area in accordance with Schedule E of this Contract.

22. Transition of Care

- a. Contractor must develop and implement a transition of care policy consistent with 42 CFR 438.62 and the MDHHS Transition of Care Technical Requirement to ensure continuity of care for its enrollees. The Contractor transition of care policy must be included in the enrollee handbook.
- b. Contractor's transition of care policy must ensure continued access to services during a transition from FFS to a managed care entity, or transition from one managed care entity to another when a beneficiary, in the absence of continued services, would suffer serious detriment to their health or be at risk of hospitalization or institutionalism.
- c. The transition of care policy must include at a minimum:
 - i. Transitioning beneficiaries have access to services consistent with the access they previously had.
 - ii. Transitioning beneficiaries must be permitted to retain their current provider for the time period required in MDHHS' transition of care technical requirement if that provider is not in Contractor's network.
 - iii. Transitioning beneficiaries are referred to appropriate providers within Contractor's network.
 - iv. Contractor, if previously serving a beneficiary must fully and timely comply with requests for historical utilization, data from the beneficiary's new contractor or MDHHS.
- d. Contractor must include instructions to beneficiaries and potential beneficiaries on how to access continued services upon transition and assist them in accessing continued services, as needed.

G. Covered Services

1. General
 - a. Contractor must conform to professionally accepted standards of care and may not arbitrarily deny or reduce the amount, duration, or scope of a required service solely because of the diagnosis, type of illness, or condition of a beneficiary.
 - b. Contractor must operate consistent with all applicable Medicaid policies and publications for coverages and limitations. If new Medicaid services are added, expanded, eliminated, or otherwise changed, Contractor must implement the changes consistent with State direction and the terms of this Contract.
 - c. Contractor will be responsible for the operation of the 1115 Behavioral Health Demonstration Waiver, the Healthy Michigan Plan, the 1915(i) State Plan Benefit, those who are enrolled in one of the three 1915(c) waivers (Habilitation Supports Waiver, Children’s Waiver Program, or the Waiver for Children with Serious Emotional Disturbances) and other public funding within its designated service area. Operation of the 1115 Behavioral Health Demonstration Waiver Program must conform to regulations applicable to the concurrent program and to each (i.e., 1115 Behavioral Health Demonstration Waiver and 1915 (c)) Waiver. Contractor will also be responsible for development of the service delivery system and the establishment of sufficient administrative capabilities to carry out the requirements and obligations of this Contract. If Contractor elects to subcontract, Contractor must comply with applicable provisions of federal procurement requirements as specified in 2 CFR 200, except as waived for CMHSPs in the 1115 Behavioral Health Demonstration Waiver.
 - d. Contractor will be responsible for the Reciprocity Standards policy which can be found on the MDHHS Policies & Practice Guidelines website, <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/mentalhealth/practiceguidelines>
2. 1115 Demonstration Waiver
 - a. State Plan Services: Under the 1115 Demonstration Waiver, Contractor is responsible for providing the covered services as described in the Michigan Medicaid Provider Manual.
3. 1915(c) Services
 - a. Contractor is responsible for provision of certain enhanced community support services for those beneficiaries in the service area who are enrolled in one of the three Michigan’s 1915(c) Home and Community Based Services Waivers. Covered services are described in the Behavioral Health and Intellectual and Developmental Disability Supports and Services Chapter of the Michigan Medicaid Provider Manual.
4. Healthy Michigan Plan
 - a. Contractor is responsible for providing the covered services described in the Behavioral Health and Intellectual and Developmental Disability Supports and Services Mental Health/Substance Use Disorder Chapter of the Michigan Medicaid Provider Manual as well as the additional Substance Use Disorder services and supports described in the Medicaid Provider Manual for individuals who are eligible for the Healthy Michigan Plan.
5. MIChild
 - a. Contractor must provide medically necessary defined mental health benefits to children enrolled in the MIChild program.
6. Flint 1115 Waiver
 - a. The demonstration waiver expands coverage to children up to age 21 years and to pregnant women with incomes up to and including 400 percent of the federal poverty level (FPL) who were served by the Flint water system from April 2014 through a State-specified date. This demonstration is approved in accordance with Section

1115(a) of the Social Security Act, and is effective as of March 3, 2016, the date of the signed approval through September 30, 2026.

- b. Medicaid-eligible children and pregnant women who were served by the Flint water system during the specified period will be eligible for all services covered under the State plan. All such persons will have access to Targeted Case Management services under a fee for service contract between the State and Genesee Health Systems (GHS). The fee for service contract will provide the targeted case management services in accordance with the requirements outlined in the Special Terms and Conditions for the Flint Section 1115 Demonstration, the Michigan Medicaid State Plan and Medicaid Policy.
7. Institution for Mental Disease (IMD) Services
 - a. As per 42 CFR 438.3(e)(2)(iii), the covered services in an IMD will be offered to enrollees at the option of the Contractor and with agreement from the enrollee up to 15 days per month per individual if the following conditions are met:
 - i. The IMD stay is a medically appropriate substitute for the covered setting under the State plan.
 - ii. The IMD stay is a cost-effective substitute for the setting under the State plan.
 - iii. The beneficiary is not required to use the alternative setting.
8. Early Periodic Screening, Diagnosis and Treatment (EPSDT)
 - a. Under Michigan's 1115 Behavioral Health Demonstration Waiver, Contractor is responsible for the provision of specialty services Medicaid benefits and must make these benefits available to beneficiaries referred by a primary EPSDT screener, to correct or ameliorate a qualifying condition discovered through the screening process.
 - b. While transportation to EPSDT corrective or ameliorative specialty services is not a covered service under this waiver, Contractor must assist beneficiaries in obtaining necessary transportation either through the State or through the beneficiary's MHP.
9. Special Health Care Needs
 - a. Beneficiaries with special health care needs must have direct access to a specialist, as appropriate for the individual's health care condition, as specified in 42 CFR 438.208(c)(4).
10. Substance Use Disorder Health Home (SUDHH) (Optional Benefit to be provided by approved Contactors)
 - a. The SUDHH will provide comprehensive care management and coordination services to Medicaid beneficiaries with opioid use disorder, alcohol use disorder and/or stimulant use disorder who also have or are at risk of developing another chronic condition. For enrolled beneficiaries, the SUDHH will function as the central point of contact for directing patient-centered care across the broader health care system. Beneficiaries will work with an interdisciplinary team of providers to develop an individualized care plan to best manage their care. The model will also elevate the role and importance of peer recovery coaches and community health workers to foster direct empathy and connection to improve overall health and wellness. In doing so, this will attend to a beneficiary's complete health and social needs. Participation is voluntary, and enrolled beneficiaries may opt out at any time.
 - b. SUDHH receives reimbursement for providing the following federally mandated core services:
 - i. Comprehensive care management
 - ii. Care coordination and health promotion
 - iii. Comprehensive transitional care
 - iv. Patient and family support
 - v. Referral to community and support services

- c. Contractor, serving as the Lead Entity (LE), must meet all requirements indicated in the Substance Use Disorder Health Home State Plan Amendment, Medical Services Administration (MSA) Policy, Substance Use Disorder Health Home Handbook, and all other Medicaid laws, regulations, policies, and procedures (reference the following MDHHS website: www.michigan.gov/SUDHH). Contractor must utilize State Plan qualified Opioid Treatment Programs (OTPs) and Office Based Opioid Treatment providers (OBOTs) to execute the SUDHH via a “Hub and Spoke” system of care. Participation is voluntary and enrolled beneficiaries may opt-out at any time. The OHH will provide comprehensive care management and coordination services to Medicaid beneficiaries with a qualifying substance use disorder diagnosis.
 - d. Contractor, serving as the LE, will be responsible for the administrative oversight, coordination, and provision of SUDHH services.
 - e. Contractor, serving as the LE is responsible for the selection and paneling of designated Health Home Partners (HHPs), coordination of enrollment through the Waiver Support Application, payment, health information technology, coordination of services, and other requirements cited in the approved State Plan, Policy, and the SUDHH Handbook.
 - f. Contractor, serving as the LE, must execute a contract with OHHPs to ensure an adequate network of providers to meet the state plan defined requirements.
 - g. Contractor, serving as the LE, must provide technical assistance and training to current and prospective HHPs to successfully operationalize the SUDHH program.
11. Behavioral Health Home (BHH) (Optional Benefit to be provided by approved Contactors)
- a. BHH will provide comprehensive care management and coordination services to Medicaid beneficiaries with a serious mental illness or serious emotional disturbance. For enrolled beneficiaries, the BHH will function as the central point of contact for directing patient-centered care across the broader health care system. Beneficiaries will work with an interdisciplinary team of providers to develop a person-centered health action plan to best manage their care. The model will also elevate the role and importance of Peer Support Specialists and Community Health Workers to foster direct empathy and raise overall health and wellness. In doing so, this will attend to a beneficiary’s complete health and social needs. Participation is voluntary and enrolled beneficiaries may opt-out at any time.
 - b. BHH receives reimbursement for providing the following federally mandated core services:
 - i. Comprehensive care management
 - ii. Care coordination and health promotion
 - iii. Comprehensive transitional care
 - iv. Patient and family support
 - v. Referral to community and support services
 - c. Contractor, serving as the LE, will be responsible for the administrative oversight, coordination, and provision of BHH services.
 - d. Contractor must meet all requirements indicated in the BHH Handbook, and all other Medicaid laws, regulations, policies, and procedures (reference the following MDHHS website: www.michigan.gov/bhh).
 - e. Contractor is responsible for the selection and paneling of designated Behavioral Health Home Partners (BHHPs), coordination of enrollment through the Waiver Support Application, payment, health information technology, coordination of services, and other requirements cited in the approved State Plan, Policy, and the BHH Handbook.
 - f. Contractor must execute a contract with BHHPs to ensure an adequate network of

providers to meet the state plan defined requirements.

- g. Contractor must provide technical assistance and training to current and prospective BHHPs to successfully operationalize the BHH program.

12. Long-Term Support Services

- a. Long Term Services and Supports (LTSS) provided under this Contract must be provided in a setting which complies with the 42 CFR 441.301(c)(4) requirements for home and community-based settings. Contractor must establish and maintain a member advisory committee. The member advisory committee must include a reasonably representative sample of the LTSS population, or other individuals representing those beneficiaries, covered under this Contract.

13. Maternity Outpatient Medical Services (MOMS)

- a. Contractor must provide medically necessary defined mental health benefits to women enrolled in the MOMS program.

14. Certified Community Behavioral Health Clinic (CCBHC) Demonstration

- a. Contractors with CCBHC Demonstration Sites in their regions must execute the PIHP duties and responsibilities as cited and required by the MDHHS CCBHC Policy and the MDHHS MI CCBHC Demonstration Handbook to implement the CMS CCBHC Demonstration in accordance with Section 223 of the Protecting Access to Medicare Act of 2014. The MDHHS CCBHC Policy and MDHHS MI CCBHC Demonstration Handbook can be found on the MDHHS website:
<https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/ccbhc>
- b. Per the CCBHC Policy and MI CCBHC Demonstration Handbook, key Contractor responsibilities and duties include, but are not limited to, the following for all populations served by the CCBHC Demonstration Sites in their region (regardless of payer):
 - i. CCBHC Oversight and Support
 - ii. CCBHC Enrollment and Assignment
 - iii. CCBHC Coordination and Outreach
 - iv. CCBHC Payment
 - v. CCBHC Reporting
 - vi. CCBHC Grievance Monitoring
 - vii. Encounter Review and Submission
- c. Contractor must comply with the CCBHC Demonstration Policy and the most current version of the corresponding MI CCBHC Demonstration Handbook, as authorized by the policy. MDHHS may modify the MI CCBHC Demonstration Handbook as needed in accordance with the following parameters:
 - i. For minor changes (e.g., formatting, style, organization, grammar, etc.) or technical modifications that do not substantively alter CCBHC operations, MDHHS will draft and send an updated draft version of the MI CCBHC Demonstration Handbook with proposed changes to the PIHPs for notice and review. Upon receiving the proposed changes, Contractor will have up to 15 days to provide feedback. Contractor must, as part of its review, notify and seek feedback from its contracted CCBHCs on the proposed Handbook updates. A majority of the ten PIHPs may waive the 15-day feedback period to allow the new version of the MI CCBHC Demonstration Handbook to take effect sooner.
 - ii. For all other changes, MDHHS will draft and send an updated draft version of the MI CCBHC Demonstration Handbook with proposed changes to the PIHPs for notice and review. Upon receiving the proposed changes, Contractor will have up to 30 days to provide feedback. Contractor must, as part of its review, notify and seek feedback from its contracted CCBHCs on the proposed

Handbook updates. A two-thirds majority of the PIHPs may waive the 30-day feedback period to allow the new version of the MI CCBHC Demonstration Handbook to take effect sooner.

d. Conflicts of Interest

- i. The requirements in this section are intended to mitigate conflicts of interest between Contactor (or CMHSPs when functions are delegated) and CCBHCs to ensure individuals experience no barriers in obtaining access to CCBHC services.
- ii. MDHHS will develop an audit process to conduct oversight of the requirements described in this section.
- iii. Staffing
 - 1) Contractor must conduct oversight of CCBHCs (as described in the PIHP Requirements Section of the CCBHC Demonstration Handbook and section G. 14. CCBHC Demonstration section of this Contract) and may not delegate these oversight functions to a CMHSP or CCBHC.
 - 2) Contractor with one or more affiliated CMHSPs that are CCBHCs, CCBHC oversight and utilization management functions must be conducted by Contractor staff (or CMHSP staff when the function is delegated) and supervisors who are separate from staff and supervisors delivering services to individuals.

iv. Guardrails for Contractor Referrals and Assignment to CCBHCs

- 1) In the event that an individual presents at the Contractor's access center and the Contractor is referring the individual to a CCBHC, Contractor must seek to identify that the CCBHC is best positioned to serve an individual according to the factors described below.
- 2) Contractor must take into account the following factors when referring/assigning an individual to a CCBHC:
 - a) Choice: If the individual served has expressed choice/preference for a specific CCBHC then the Contractor must honor that choice to the maximum extent possible.
 - b) Existing Provider Relationship: Contractor must take into account whether the individual has an existing relationship with a CCBHC and give preference to that provider when making a referral unless there is a specific cause not to do so.
 - c) Geographic Location: Contractor must take into account the individual's geographic location to ensure reasonable accessibility to the CCBHC.
 - d) Acuity: Contractor must ensure that there are no preferential referrals to CCBHCs based on an individuals' acuity; individuals of all acuity levels should be distributed across CCBHCs qualified to serve them.
 - e) Capacity. Contractor must ensure they refer/assign individuals to CCBHCs that have capacity to serve new individuals in a timely manner.

v. Implementation Plan

- 1) If Contractor has a certified CCBHCs in their region must submit an implementation plan that details how Contractor will meet the requirements outlined in the following sections:
 - a) Access, authorization, and utilization management (Section G. Covered Services. 14. e)
 - b) Staffing (Section G. Covered Services. 14. d)

- c) Guardrails for CCBHC Assignment (Section G. Covered Services. 14. d)
 - 2) Contractor must develop this plan with input from all CCBHCs in their region.
 - 3) Contractor must submit the implementation plan, within 60 days after the start of the fiscal year or when changes occur that impact the plan.
 - 4) Contractor must utilize the template developed by MDHHS.
- e. Access, Authorization, and Utilization Management
 - i. Contractor must provide access to CCBHC services through providers certified as CCBHCs.
 - ii. Contractor must support CCBHCs and cannot create access barriers to eligible persons seeking CCBHC covered services.
 - iii. Contractor (or CMHSPs when the function is delegated) must panel CCBHCs to provide substance use disorder (SUD) services or assist the CCBHC to develop a designated collaborating organization (DCO) agreement with a SUD provider already on the PIHP panel.
 - iv. Contractor must honor intake, access, screening, and authorization for CCBHC services completed by a CCBHC demonstration provider when an individual seeks services at a CCBHC (i.e., calling the CCBHC directly or walk-ins).
 - 1) Individuals who present at a CCBHC for services should, at the time of first contact, receive preliminary screening from the CCBHC and risk assessment to determine acuity of needs, as described in Section - Timeliness for New CCBHC Recipients of the CCBHC Demonstration Handbook. Contractor must pay the CCBHC the full PPS rate for this first encounter.
 - 2) Established CCBHC recipients should obtain timely access to services as specified in Section - Timely Access to Outpatient Services of the CCBHC Demonstration Handbook.
 - 3) Contractor must work with CCBHCs who conduct a warm handoff to the Contractor during instances when a CCBHC is required to refer individuals to the Contractor's access center. CCBHCs must refer individuals with the following needs to the Contractor's access center:
 - a) Individuals who require a service that is at a higher level of care than the nine core CCBHC services offered at the CCBHC or their contracted DCO, including substance use disorder (SUD) services.
 - b) Individuals seeking access to services a CCBHC does not provide.
 - c) Individuals seeking access to services offered through the 1915(c) waivers (Habilitation Supports Waiver, Children's Waiver Program, Waiver for Children with Serious Emotional Disturbances) or 1915(i) services.
 - d) Contractor cannot require any prior authorizations or additional screening requirements beyond those noted above before an individual can access CCBHC services.
 - v. Contractor utilization management of CCBHC services is limited to retrospective review of approved/rendered services to confirm that the care was medically necessary.
 - 1) Contractor cannot delegate retrospective reviews for CCBHC services to a CCBHC or CMHSP.

- vi. Contractor's Quality Assessment and Performance Improvement Programs (QAPIP) must include utilization management procedures to comply with the CCBHC requirements.
15. Recovery Incentives (RI) Pilot (Optional Benefit to be provided by Contractors)
- a. The RI Pilot will provide contingency management (CM), an evidence-based treatment, for Medicaid beneficiaries living with either stimulant use disorder (StimUD) or opioid use disorder (OUD), or both. The Contractor will serve as the central point of contact for MDHHS and organize a network of qualified Medicaid providers to deliver CM to eligible beneficiaries. The Contractor will be responsible for administering the Pilot in their region, including ensuring participating providers complete required trainings and reimbursing providers for delivering CM. The Contractor must meet all MDHHS requirements for the RI Pilot, as well as all other Medicaid laws, regulations, policies, and procedures. Contractor, provider, and beneficiary participation in the Pilot is voluntary. Technical guidance can be found on the MDHHS website: <https://www.michigan.gov/mdhhs/assistance-programs/medicaid/portalhome/medicaid-providers/policyforms/policy-letters-and-forms>.

H. Contractor Governance and Board Requirements

- 1. For the purposes of this Contract, the designation as a Contractor applies to single county Community Mental Health Service Program or regional entities (organized under Section 1204b of the Mental Health Code or Urban Cooperation Act) serving Contractor's service areas as defined by the State. Contractor must either be a single county CMHSP, or a regional entity jointly and representatively governed by all CMHSPs in the service area pursuant to Section 204 or 205 of PA 258 of 1974, as amended in the Mental Health Code.
- 2. Contractor must establish a SUD Oversight Policy Board pursuant to Section 287 of PA 258 of 1974, as amended in the Mental Health Code.
- 3. Contractor must Provide timely notification to the Department, in writing, of any action by its governing board or any other funding source that would require or result in significant modification in the provision of services, funding or compliance with operational procedures.

I. Behavioral/Physical Health Integration

- 1. Medicaid Health Plan (MHP) Coordinating Agreements
 - a. Many Medicaid beneficiaries receiving services from Contractor will be enrolled in an MHP for their healthcare services. The MHP is responsible for Medicaid-covered physical health services and non-specialty mental health services for their enrollees.
 - b. Contractor must have a written, active Coordinating Agreement with each MHP serving any part of Contractor's service area. The written Coordinating Agreement must describe the coordination arrangements, inclusive of but not limited to, the exchange of information, referral procedures, care coordination and dispute resolution. At a minimum, these arrangements must address the integration of physical and mental health services provided by the MHP and Contractor for the shared beneficiaries. The PIHP-MHP model agreement can be found on the MDHHS Policies and Practice Guidelines website at <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/mentalhealth/practiceguidelines>. Contractors must, in collaboration with coordinating MHPs, update the Coordinating Agreements to incorporate any necessary remedies to improve continuity of care, care management, and the provision of health care services, at least annually.
- 2. Referrals
 - a. Contractor must designate a point of contact to coordinate referrals for behavioral

health services with its network providers, MHPs and MHP network providers.

- i. Contractor's designated point of contact must have the experience necessary to facilitate and oversee referrals for behavioral health care services both within and outside of Contractor's provider network and must be available during normal business hours.
 - ii. Contractor's designated point of contact must ensure referrals to and from MHPs or MHP network providers follow an MDHHS-specified format, process and timeline.
 - iii. Contractor must provide the up-to-date name and contact information for the Contractor's designated point of contact to each MHP serving any part of Contractor's service area.
 - b. To further facilitate referrals for behavioral health care, Contractor must maintain up-to-date contact information for CMHSP, CCBHC and Emergency Intervention Service network providers and share this information with each MHP serving any part of Contractor's service area.
 - c. Contractor must compile and share with its network providers up-to-date information for MHPs' designated behavioral health points of contact, as communicated by each MHP to Contractor.
 - d. In instances where Contractor is making or helping to facilitate a referral to an MHP (e.g., because the individual was determined as not eligible for specialty services and supports or is seeking care in the MHP network), Contractor must communicate with the beneficiary's MHP before and/or at the time of referring the beneficiary to the MHP. Contractor must ensure the MHP is provided all relevant background information needed to appropriately serve the referred Medicaid beneficiary, including but not limited to: the reason(s) the beneficiary was not eligible for or declined specialty services and supports; diagnostic, screening, and assessment information; medical history; any Health-Related Social Need(s) identified; and the beneficiary's preferred contact information. This information must be transmitted to the beneficiary's MHP's point of contact for behavioral health referral coordination in accordance with MDHHS-specified format, process, and timelines.
 - e. Contractor and its network providers must have a process to receive and act on referrals from the MHP and MHP network providers.
 - f. Contractor must participate in MDHHS efforts to facilitate information sharing between MHPs and PIHPs.
3. Integrated Physical and Mental Health Care
 - a. Contractor must initiate affirmative efforts to ensure the integration of primary and specialty behavioral health services for Medicaid beneficiaries. These efforts must focus on persons that have a chronic condition such as a serious mental health illness, co-occurring substance use disorder, children with serious emotional disorders or a developmental disability and have been determined by Contractor to be eligible for Medicaid Specialty Mental Health Services and Supports.
 - i. Contractor must implement practices to encourage all consumers eligible for specialty mental health services to receive a physical health assessment including identification of the primary health care home/provider, medication history, identification of current and past physical health care and referrals for appropriate services. The physical health assessment will be coordinated through the consumer's MHP as defined in section I. Behavioral/Physical Health Integration.1.
 - ii. As authorized by the consumer, Contractor must include the results of any physical health care findings that relate to the delivery of specialty mental health services and supports in the PCP process.

- iii. Contractor must make its best effort to conduct an initial screening of each enrollee's needs, within 90 days of the effective date of enrollment for all new enrollees. Contractor must make subsequent attempts to conduct an initial screening of each enrollee's needs if the initial attempt to contact the enrollee is unsuccessful. Since Contractor is not an enrollment model, screening once an individual presents for services would meet this agreement.
- 4. Care Management
 - a. Contractor must arrange for and provide a robust care management program to all Medicaid beneficiaries with behavioral health needs who require intensive care management, including but not limited to child and adult beneficiaries who have significant behavioral health issues and complex physical comorbidities.
 - i. Adult beneficiaries (ages 21 and older) who have significant behavioral health issues and complex physical comorbidities are, at a minimum, Medicaid beneficiaries who meet the following criteria:
 - 1) Have received one or more PIHP service in the prior six (6) months;
 - 2) Have four or more emergency department (ED) visits within the prior six (6) months; and
 - 3) Have diagnoses of two or more of any of the following physical health chronic conditions:
 - a) Asthma
 - b) Atrial fibrillation
 - c) Cancer (breast, colorectal, lung, prostate or blood cancers)
 - d) Chronic kidney disease
 - e) Chronic Obstructive Pulmonary Disease (COPD)
 - f) Congestive heart failure
 - g) Diabetes
 - h) Hyperlipidemia
 - i) Hypertension
 - j) Ischemic heart disease
 - k) Obesity
 - l) Osteoporosis
 - m) Rheumatoid arthritis, osteoarthritis, psoriatic arthritis
 - n) Stroke
 - ii. Child and adolescent beneficiaries (aged 20 and younger) who have significant behavioral health issues and complex physical comorbidities shall be defined as enrollees who meet criteria approved by MDHHS.
 - iii. Contractor must work with MDHHS and MHPs to produce, at intervals designated by MDHHS, a list of child and adult Medicaid enrollees who have significant behavioral health issues and complex physical comorbidities, as defined above.
 - b. Contractor must maintain an electronic bidirectional exchange of information with each MHP as described in Section P. Health Information Systems.
 - c. Contractor must work collaboratively with MHPs to regularly identify and coordinate the provision of services to shared beneficiaries who have significant behavioral health issues and complex physical comorbidities.
 - d. Contractor must work with MHPs to provide care management services, including joint care planning, to shared beneficiaries who have significant behavioral health issues and complex physical comorbidities, that are based on as defined by the Enrollee and, for child and adolescent Enrollees, their caregiver(s).
 - e. Contractor must meaningfully utilize the MDHHS-supported web-based care management system, CareConnect360 (CC360) to document a jointly created care

- plan and to track contacts, issues, and services regarding shared beneficiaries who have significant behavioral health issues and complex physical comorbidities.
- f. Contractor must designate personnel to oversee the appropriate use of CC360. Contractor CC360 personnel must include:
 - i. One Super Managing Employee (SuME) with the authority to assign Managing Employees. MDHHS approval of the SuME is required.
 - ii. Managing Employees (not limited in number) with the authority to approve CC360 users, also approved by MDHHS through the Database Security Application (DSA)
 - g. Contractor and MHP care managers must hold case reviews at least monthly, during which staff must discuss shared enrollees who have significant behavioral health issues and complex physical comorbidities and develop shared care management interventions.
 - h. For children in foster care where an MHP is involved in providing services to the enrollee, the PIHP and MHP must jointly collaborate on the development and implementation of the beneficiary's care plan(s).
5. Primary Care Coordination
 - a. In accordance with 42 CFR Part 2 Contractor must take all appropriate steps to assure that substance use disorder treatment services are coordinated with primary health care services. Care Coordinating Agreements or joint referral agreements, by themselves, are not sufficient to show that Contractor has taken all appropriate steps related to coordination of care. Client treatment case file documentation is also necessary. Client treatment case files must include, at minimum, the beneficiary's Primary Care Physician's name and address, a signed release of information for purposes of coordination, or a statement that the client has refused to sign a release.
 - b. Contractor must coordinate the services furnished to the beneficiary with the services the beneficiary receives with Fee For Service (FFS) Medicaid.
 6. Emergency Intervention Services
 - a. Contractor must ensure the delivery of coordinated and responsive care to beneficiaries who experience a crisis.
 - b. For beneficiaries enrolled in an MHP, Contractor must notify the beneficiary's MHP within 48 hours of the beneficiary utilizing an emergency intervention service.

J. Eligibility

1. Medicaid Eligibility
 - a. The MDHHS MSA administers the Medicaid program in Michigan. Eligibility is determined by the State with the sole authority to determine whether individuals or families meet eligibility requirements.
2. 1915(c) Habilitation Supports Waiver
 - a. Contractor must identify Medicaid beneficiaries who are eligible for and meet criteria for the HSW per the approved 1915(c) HSW application and submit eligible enrollees to the State for review and approval.
 - b. The 1915(c) HSW and 1915(i) uses an "attrition management" model that allows PIHPs to "fill in behind" attrition with new beneficiaries up to the limits established in the CMS- approved waiver. MDHHS has allocated slots to each of the PIHPs. The process for filling a slot involves the following steps: 1) the PIHPs submit applications for Medicaid beneficiaries for enrollment based on vacant slots within the PIHP and includes required documentation that supports the eligibility for HSW; 2) MDHHS personnel reviews the PIHP enrollment applications; and 3) MDHHS personnel approves (within the constraint of the total yearly number of available waiver certificates and priority populations described in the CMS-approved waiver) those beneficiaries who meet the requirements described above.

- c. The State may reallocate an existing HSW slot from one Contractor to another if:
 - i. Contractor has presented no suitable candidate for enrollment in the HSW within 60 days of the certificate being vacated and
 - ii. there is a high priority candidate (person exiting the ICF/ IID or at highest risk of needing ICF/ IID placement, or young adult aging off CWP) in another service area where no certificate is available.
 - d. The State will review all disenrollments from the HSW.
 - e. Contractor is responsible for the administration of the HSW and therefore must adhere to the requirements outlined in CMS approved 1915 (c) HSW application.
3. 1915(c) Children's Waiver Program
- a. Contractor must identify children who meet the eligibility criteria for the Children's Waiver Program Benefit Plan and submit to, the State, prescreens for those children. For children determined ineligible for the CWP, Contractor, on behalf of the State, informs the family of its right to request a Medicaid fair hearing by providing written adequate notice of denial of the CWP to the family.
 - b. Contractor must carry out administrative and operational functions delegated by State to Contractor as specified in the CMS approved (c) waiver application. These delegated functions include level of care determination; review of participant service plans; prior authorization of waiver services; utilization management; qualified provider enrollment; quality assurance and quality improvement activities.
 - c. Contractor must determine the appropriate Category of Care/Intensity of Care and the amount of publicly funded hourly care for each Children's Waiver Program recipient per the Medicaid Provider Manual.
 - d. Contractor must assure that services are provided in amount, scope, and duration as specified in the approved plan.
 - e. Contractor must comply with policy covering credentialing, temporary/provisional credentialing and re-credentialing processes for those individuals and organizational providers directly or contractually employed by Contractor, as it pertains to the rendering of services within the Children's Waiver Program.
 - f. Contractor is responsible for ensuring that each provider, directly or contractually employed, credentialed or non-credentialed, meets all applicable licensing, scope of practice, contractual and Medicaid Provider Manual qualifications, and requirements.
4. 1915(c) Serious Emotional Disability Waiver (SEDW)
- a. The intent of this program is to provide Home and Community Based Waiver Services, as approved by Centers for Medicare and Medicaid Services (CMS) for children with Serious Emotional Disturbances Benefit Plan, along with state plan services in accordance with the Medicaid Provider Manual.
 - The Contractor must:
 - i. Assess eligibility for the SEDW and submit applications to the State for those children Contractor determines are eligible. For children determined ineligible for the SEDW, Contractor, on behalf of the State, informs the family of its right to request a Medicaid fair hearing by providing written adequate notice of denial of the SEDW to the family.
 - ii. Carry out administrative and operational functions delegated to the Contractor by the State as specified in the CMS approved (c) waiver application. These delegated functions include level of care determination; review of participant service plans; prior authorization of waiver services; utilization management; qualified provider enrollment; quality assurance and quality improvement activities.
 - iii. Assure that services are provided in amount, scope and duration as specified in the approved plan of service. When a child/youth is being served under the

SEDW, Intensive Care Coordination with Wraparound (ICCW) is the recommended model to support the child, youth, young adult and their family through the planning process. At the preference of the child, youth, and their family, Targeted Case Management (TCM) may be utilized instead of ICCW.

- iv. Assure sufficient service capacity to meet the needs of SEDW recipients.
 - v. Comply with credentialing, temporary/provisional credentialing and re-credentialing processes for those individuals and organizational providers directly or contractually employed by Contractor, as it pertains to the rendering of services within the SEDW. Contractor is responsible for ensuring that each credentialed or non-credentialed provider, directly or contractually employed meets all applicable licensing, scope of practice, contractual and Medicaid Provider Manual qualifications and requirements. Contractor must ensure that staff and sub-contractors who oversee or deliver ICCW receive the MDHHS approved and required training on an annual basis.
- b. SEDW Child Welfare Project Procedural Requirements
Contractor must:
- i. Develop local agreements with local county MDHHS offices outlining roles and responsibilities regarding the MDHHS SEDW Child Welfare Project.
 - ii. Identify a specific referral process for children identified as potentially eligible for the SEDW. This process should be developed in coordination with locally designated MDHHS representatives, Contractor SEDW Coordinator, CMHSP SEDW Leads and Intensive Care Coordination with Wraparound Supervisors.
 - iii. Participate in required SEDW Child Welfare Project State/Local technical assistance meetings and trainings.
 - iv. Collect and report as requested data to MDHHS.

K. Parity and Benefits

1. Contractor must ensure compliance with 42 CFR part 438, subpart K, Parity in Mental Health and Substance Use Disorder Benefits. Contractor must comply with all applicable federal regulations, including the information requirements in the parity regulations, specifically 42 CFR 438.915 Availability of Information. The State will work with the Contractor to ensure the necessary changes to achieve full compliance are successfully implemented. The State will analyze parity compliance as part of routine monitoring of Contractor.
2. Contractor must use processes, strategies, evidentiary standards, or other factors in determining access to out-of-network providers for mental health or substance use disorder benefits that are comparable to, and applied no more stringently than, the processes, strategies, evidentiary standards, or other factors in determining access to out-of-network providers for medical/surgical benefits as identified by the State, in the same classification.
3. Contractor must not apply any financial requirement or treatment limitation to mental health or substance use disorder benefits in any classification that is more restrictive than the predominant financial requirement or treatment limitation of that type applied to substantially all medical/surgical benefits as identified by the State, in the same classification furnished to beneficiaries (whether or not the benefits are furnished by the same Managed Care Plan (MCP)).
4. Contractor may not apply any cumulative financial requirements for mental health or substance use disorder benefits in a classification (inpatient, outpatient, emergency care, prescription drugs) that accumulates separately from any established for medical/surgical benefits as identified by the State, in the same classification.
5. Contractor may not impose Non-Quantitative Treatment Limitation (NQTLs) for mental health or substance use disorder benefits in any classification unless, under the policies

and procedures of Contractor as written and in operation, any processes, strategies, evidentiary standards, or other factors used in applying the NQTL to mental health or substance use disorder benefits in the classification are comparable to, and are applied no more stringently than, the processes, strategies, evidentiary standards, or other factors used in applying the limitation for medical/surgical as identified by MDHHS, benefits in the classification.

L. Quality Improvement and Program Development

1. Utilization Management Incentives
 - a. Contractor must assure that compensation to individuals or entities that conduct utilization management activities is not structured to provide incentives for the individual or entity to deny, limit, or discontinue medically necessary services to any beneficiary.
2. Quality Assessment/Performance Improvement Program (QAPIP) and Standards
 - a. Contractor must have a fully operational QAPIP in place that meets the conditions specified in the Quality Assessment and Performance Improvement Programs for Specialty Prepaid Inpatient Health Plans (https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Folder4/Folder13/Folder3/Folder113/Folder2/Folder213/Folder1/Folder313/QA_and_PIP_for_Specialty_Prepaid_Inpatient_Health_Plan_s.pdf?rev=d4dc2f2bff104f199c2c38c5d460185c&hash=7D31840A589904614DDE39B83B790A8C.) which can be found on the MDHHS website: <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/mentalhealth/practiceguidelines>
 - b. External Quality Review
 - i. The State will arrange for an annual, external independent review of the quality and outcomes, timeliness of, and access to covered services provided by Contractor. Contractor must address the findings of the external review through its QAPIP. Contractor must develop and implement performance improvement goals, objectives and activities in response to the external review findings as part of Contractor's QAPIP. A description of the performance improvement goals, objectives and activities developed and implemented in response to the external review findings will be included in Contractor's QAPIP and provided to the State, annually, by February 28. The State may also require separate submission of an improvement plan specific to the findings of the external review.
 - ii. If Contractor has received accreditation by a private independent accrediting entity, it must authorize the private independent accrediting entity to provide the State a copy of its most recent accreditation review, including the following:
 - 1) Accreditation status, survey type, and level (as applicable).
 - 2) Recommended actions or improvements, corrective action plans, and summaries of findings.
 - 3) Expiration date of the accreditation.
 - c. LTSS Assessment

The comprehensive QAPIP program must include mechanisms to assess the quality and appropriateness of care furnished to beneficiaries using LTSS, including an assessment of care between care settings and a comparison of services and supports received with those set forth in the beneficiary's treatment/service plan. Contractor is required to implement mechanisms to comprehensively assess each Medicaid beneficiary identified as needing LTSS to identify any ongoing special conditions of the beneficiary that require a course of treatment or regular care monitoring. The assessment mechanisms must use appropriate providers or individuals meeting LTSS service coordination requirements of the State or

- Contractor as appropriate.
3. Annual Effectiveness Review
 - a. Contractor must annually conduct an effectiveness review of its QAPIP. The effectiveness review must include analysis of whether there have been improvements in the quality of health care and services for beneficiary as a result of quality assessment and improvement activities and interventions carried out by Contractor. The analysis should take into consideration trends in service delivery and health outcomes over time and include monitoring of progress on performance goals and objectives. Information on the effectiveness of Contractor's QAPIP must be provided annually to network providers and to recipients upon request. Information on the effectiveness of Contractor's QAPIP must be provided to the State annually, no later than February 28.
 4. Service and Utilization Management
 - a. Contractor must perform utilization management functions sufficient to control costs and minimize risk while assuring quality care.
 5. Other Quality Requirements
 - a. Contractor must disseminate all practice guidelines it uses to all affected providers and, upon request, to beneficiaries. Contractor must ensure decisions for utilization management, beneficiary education, coverage of services, and other areas to which the guidelines apply are consistent with the guidelines. Contractor must assure services are planned and delivered in a manner that reflects the values and expectations contained in the following guidelines (which can be found on the MDHHS website: <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/mentalhealth/practiceguidelines>) :
 - i. Inclusion Practice Guideline
 - ii. Housing Practice Guideline
 - iii. Consumerism Practice Guideline
 - iv. Personal Care in Non-Specialized Residential Settings Technical Requirement
 - v. Family-Driven and Youth-Guided Policy and Practice Guideline
 - vi. Employment Works! Policy

M. Grievance and Appeals Process for Beneficiaries.

1. Grievance and Appeals Policies and Procedures
 - a. Contractor must establish and maintain an internal process for the resolution of Grievances and Appeals from beneficiaries. The Appeal and Grievance Resolution Processes Technical Requirement (<https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Folder3/Folder93/Folder2/Folder193/Folder1/Folder293/Appeal-and-Grievance-Resolution-Processes-Technical-Requirement.pdf?rev=168538d62a1147e794efaecf5d17ea45&hash=9A07EA5D3B465E9E5895503297BC17F6>) which can be found on the MDHHS website: <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/mentalhealth/practiceguidelines>
 - b. Contractor must comply with 42 CFR 438.100, Enrollee Rights.
 - c. Contractor must establish and maintain an internal process for the resolution of Grievances and Appeals from beneficiaries.
 - d. Contractor must have written policies and procedures governing the resolution of Grievances and Appeals; A beneficiary, or a third party acting on behalf of a beneficiary, may file a Grievance or Appeal, orally or in writing, on any aspect of Covered services as specified in the definitions of Grievance and Appeal.
 - e. Contractor must seek the State's approval of Contractor's Grievance and Appeal policies prior to implementation. These written policies and procedures must meet the following requirements:

- i. Except as specifically exempted in this Section, Contractor must administer an internal Grievance and Appeal procedure according to the requirements of MCL 500.2213 and 42 CFR 438.400 – 438.424 (Subpart F).
 - ii. Contractor must cooperate with the Michigan Department of Insurance and Financial Services (DIFS) in the implementation of MCL 550.1901-1929, “Patient’s Rights to Independent Review Act”.
 - iii. Contractor must have only one level of Appeal for beneficiaries. A beneficiary may file a Grievance and request an Appeal with Contractor.
 - iv. Contractor must make a determination on non-expedited Appeals not later than 30 Days after an Appeal is submitted in writing by the beneficiary. The 30-Day period may be tolled; however, for any period of time the beneficiary is permitted to take under the Medicaid Appeals procedure and for a period of time that must not exceed 14 Days if (1) the beneficiary requests the extension or (2) Contractor shows that there is need for additional information and how the delay is in the beneficiary’s interest. Contractor may not toll (suspend) the time frame for Appeal decisions other than as described in this Section.
 - v. Contractor must make a determination on Grievances within 90 Days of the submission of a Grievance.
 - vi. If Contractor extends the timeframes not at the request of the beneficiary, it must:
 - 1) Make reasonable efforts to give the beneficiary prompt oral notice of the delay.
 - 2) Within two (2) calendar days, provide the beneficiary written notice of the reason for the decision to extend the timeframe and inform the beneficiary of the right to file a Grievance if he or she disagrees with that decision.
 - 3) Issue and carry out its determination as expeditiously as the beneficiaries’ health condition requires and no later than the date the extension expires. (Per 42 CFR 438.404(c)(4); 42 CFR 438.408(c)(2); 438.410(c)(2))
 - vii. If an Appeal is submitted by a third party but does not include a signed document authorizing the third party to act as an authorized representative for the Beneficiary, the 30-Day time frame begins on the date an authorized representative document is received by Contractor. Contractor must notify the Beneficiary that an authorized representative form or document is required. For purposes of this Section, “third party” includes, but is not limited to, health care Providers.
 - viii. Contractor must provide written notice of resolution in a format and language that, at a minimum, meets the standard described in accordance with 42 CFR 438.10.
 - ix. Contractor may extend the timeframe for processing a grievance by up to 14 calendar days if:
 - 1) The beneficiary requests the extension.
 - 2) Contractor shows there is need for additional information and that the delay is in the beneficiary’s interest (upon the State’s request).
2. Grievance and Appeal Procedure Requirements
- Contractor’s internal Grievance and Appeal procedure must include the following components:
- a. Contractor must give beneficiaries timely and adequate notice of an Adverse Benefit determination in writing consistent with the requirements in 42 CFR 438.02, 438.10, 438.404 and this Contract. The notice must explain the following:
 - i. The Adverse Benefit determination Contractor has made or intends to make.

- ii. The reasons for the Adverse Benefit Determination, including the right of the beneficiary to be provided, upon request and free of charge, reasonable access to and copies of all documents, records, and other information relevant to the beneficiary's Adverse Benefit Determination. Such information includes Medical Necessity criteria, and any processes, strategies, or evidentiary standards used in setting coverage limits.
 - iii. The beneficiary's right to request an Appeal of the Adverse Benefit Determination, including information on exhausting Contractor's one level of Appeal and the right to request a State Fair Hearing.
 - iv. The procedures for exercising their Appeal rights, the circumstances under which an Appeal process can be expedited and how to request it.
 - v. The beneficiary's right to have benefits continue pending resolution of the Appeal, how to request that benefits be continued, and, if allowed under State policy, the circumstances under which the beneficiary may be required to pay the costs of these services.
- b. Contractor must mail the Adverse Benefit Determination notice within the timeframes specified in 42 CFR 438.404(c).
- c. Contractor must allow beneficiaries 60 Days from the date of the Adverse Benefit notice in which to file an Appeal.
- d. Contractor must provide beneficiaries reasonable assistance in completing forms and taking other procedural steps. This includes but is not limited to interpreter services and toll-free numbers that have adequate TTY/TDD and interpreter capability.
- e. Contractor must acknowledge receipt of each Grievance and Appeal
- f. Contractor must ensure that the individuals who make decisions on Grievances and Appeals are individuals who:
 - i. Are not involved in any previous level of review or decision-making, nor a subordinate of any such individual; and
 - ii. Are health care professionals who have the appropriate clinical expertise in treating the beneficiary's condition when the Grievance or Appeal involves a clinical issue.
 - iii. Must take into account all comments, documents, records and other information submitted by the beneficiary or their representative without regard to whether such information was submitted or considered in the initial Adverse Benefit determination.
- g. Contractor must provide that oral inquires seeking to Appeal an Adverse Benefit determination are treated as Appeals to establish the earliest possible filing date for the Appeal and must be confirmed in writing, unless the beneficiary or the Provider requests expedited resolution.
- h. Contractor must provide the beneficiary a reasonable opportunity, in person and in writing, to present evidence and testimony and make legal and factual arguments. Contractor must inform the beneficiary of the limited time available for this sufficiency in advance of the resolution timeframe for Appeals in the case of Expedited Appeal resolution.
- i. Contractor must provide the beneficiary and his or her representative the beneficiary's case file, including medical records, other documents and records, and any new or additional evidence considered, relied upon, or generated by Contractor in connection with the Appeal of the Adverse Benefit Determination. This information must be provided free of charge and sufficiently in advance of the resolution timeframe for Appeals.
- j. Contractor must consider the beneficiary, his or her representative, or estate

- representative of a deceased beneficiary as parties to the Appeal.
- k. Contractor must notify the beneficiary, in writing, of Contractor's decision on the Grievance or Appeal.
3. Notice to Beneficiaries of Grievance Procedure
 - a. Contractor must inform beneficiaries about Contractor's internal Grievance procedures at the time of Initial Enrollment and any other time a beneficiary expresses dissatisfaction by filing a Grievance with Contractor.
 - b. The internal Grievance procedures information must be included in the member handbook and must explain:
 - i. How to file a Grievance with Contractor
 - ii. The internal Grievance resolution process
 4. Notice to beneficiaries of Appeal Procedure
 - a. Contractor must inform beneficiaries of Contractor's Appeal procedure at the time of Initial Enrollment, each time a service is denied, reduced, or terminated, and any other time a Contractor makes a decision that is subject to Appeal under the definition of Appeal in this Contract.
 - b. The Appeal procedure information must be included in the member handbook and must explain:
 - i. How to file an Appeal with Contractor.
 - ii. The internal Appeal process.
 - iii. The member's right to a Fair Hearing with the State after Contractor's one level Appeal process has been exhausted.
 5. Contractor Decisions Subject to Appeal
 - a. When Contractor makes a decision subject to Appeal, as defined in this Contract, Contractor must provide a written Adverse Benefit determination notice to the beneficiary and the requesting Provider, if applicable. Contractor must mail the notice within the following timeframes:
 - b. For termination, suspension, or reduction of previously authorized Medicaid Services, within the timeframes specified in 42 CFR 431.211, 431.213, and 431.214.
 - c. For denial of payment, at the time of any action affecting the claim.
 - d. For standard service authorization decisions that deny or limit services, within the timeframe specified in 42 CFR 438.210(d)(1).
 - e. If Contractor meets the criteria set forth for extending the timeframe for standard service authorization decisions consistent with 42 CFR 438.210(d)(1)(ii), Contractor must:
 - i. Give the beneficiary written notice of the reason for the decision to extend the timeframe and inform the beneficiary of the right to file a Grievance if he or she disagrees with that decision; and
 - ii. Issue and carry out its determination as expeditiously as the beneficiary's health condition requires and no later than the date the extension expires.
 - f. For service authorization decisions not reached within the timeframes specified in 42 CFR 438.210(d) (which constitutes a denial and is thus an adverse benefit determination), on the date that the timeframes expire.
 - g. For expedited service authorization decisions, within the timeframes specified in 42 CFR 438.210(d)(2).
 - h. Contractor must continue the beneficiary's benefits if all the following conditions apply:
 - i. The beneficiary files the request for an Appeal timely in accordance with 42 CFR 438.402(c)(1)(ii) and (c)(2)(ii).
 - ii. The Appeal involves the termination, suspension, or reduction of a previously authorized services.

- iii. The services were ordered by an authorized Provider.
- iv. The period covered by the original authorization has not expired; and the beneficiary timely files for continuation of benefits, meaning on or before the later of the following:
 - 1) Within 10 days of Contractor's mailing the Adverse Benefit determination notice.
 - 2) The intended effective date of Contractor's proposed Adverse Benefit determination notice.
- i. If Contractor continues or reinstates the beneficiary's benefits while the Appeal or State Fair Hearing is pending, the benefits must be continued until one of the following occurs:
 - 1) The beneficiary withdraws the Appeal or request for State Fair Hearing.
 - 2) The beneficiary fails to request a State Fair Hearing and continuation of benefits within 10 days after Contractor mails an adverse resolution to the beneficiary's Appeal.
 - 3) A State Fair Hearing decision adverse to the beneficiary is made.
 - 4) The authorization expires or authorization service limits are met.
- j. If Contractor or State Fair Hearing Officer reverses a decision to deny, limit or delay services, that were not furnished while the Appeal was pending, Contractor must authorize or provide the disputed services promptly, and as expeditiously as the beneficiary's health condition requires but no later than 72 hours from the date it receives notice reversing the determination.
- k. If Contractor or State Fair Hearing Officer reverses a decision to deny authorization of services, and the beneficiary received the disputed services while the Appeal was pending, Contractor must pay for those services.
- 6. Adverse Benefit Determination Notice
 - a. Adverse Benefit determination notices involving Service Authorization Request decisions that deny or limit services must be made within the time frames described in this Contract. Adverse Benefit Determination Notices pursuant to claim denials must be sent on the date of claim denial for termination, suspension, or reduction of previously authorized Medicaid-Covered Services. Contractor must mail Adverse Benefit Determination Notices within the following timeframes:
 - i. At least 10 Days before the date of action, except as permitted under 42 CFR 431.213 and 431.214.
 - ii. Contractor may send an Adverse Benefit Determination Notice not later than the date of action if (less than 10 Days before as required above):
 - 1) Contractor has factual information confirming the death of a beneficiary.
 - 2) The beneficiary submits a signed written statement that:
 - a) He/she no longer requests the services or;
 - b) The beneficiary gives information that requires termination or reduction of services and indicates that he/she understands that service termination or reduction will result.
 - 3) The beneficiary has been admitted into an institution where he/she is ineligible under the plan for further services.
 - 4) The beneficiary's whereabouts are unknown, and the post office returns Contractor's mail directed to the beneficiary indicating no forwarding address.
 - 5) Contractor verified, with MDHHS, that the beneficiary has been accepted for Medicaid services by another local jurisdiction, state, territory or commonwealth.
 - 6) A Change in the level of health care is prescribed by the beneficiary's

Provider.

- 7) The notice involves an Adverse Benefit Determination with regard to preadmission requirements.
 - iii. Contractor may shorten the period of advance notice to five Days before the date of action if:
 - 1) Contractor has facts indicating that action should be taken because of probable Fraud by the beneficiary; and
 - 2) The facts have been verified, if possible, through secondary sources.
 - b. The notice must include the following components:
 - i. The Adverse Benefit Determination Contractor has taken or intends to take and the reasons for that action.
 - ii. The reasons for the Adverse Benefit Determination, including the right of the beneficiary to be provided, upon request and free of charge, reasonable access to and copies of all documents, records and other information relevant to the beneficiary's Adverse Benefit Determination. Such information included medical criteria, behavioral health and any processes, strategies or evidentiary standards used in setting coverage limits. The beneficiary's right to request an Appeal, including information on exhausting Contractor's one level of Appeal and the right to request a State Fair Hearing.
 - iii. An explanation of Contractor's Appeal process.
 - iv. The beneficiary's right to request a Fair Hearing.
 - v. The circumstances under which expedited resolution is available and how to request it.
 - vi. The beneficiary's right to have benefits continue pending resolution of the Appeal and how to request that benefits be continued.
 - vii. Must be mailed in a timely manner in accordance with 42 CFR 438.404(c).
 - c. Written adverse action notices must also meet the following criteria:
 - i. Be translated for the individuals who speak prevalent non-English languages as defined by the Contract.
 - ii. Include language clarifying that oral interpretation is available for all languages and how the beneficiary can access oral interpretation services.
 - iii. Use easily understood language written below the 6.9 reading level.
 - iv. Use an easily understood format.
 - v. Be available in Alternative Formats, and in an appropriate manner that takes into consideration those with special needs.
 - d. In accordance with 42 CFR 438.420(d), if the final resolution of the appeal or State Fair Hearing is adverse to the beneficiary, that is, upholds Contractor's adverse benefit determination, Contractor may, consistent with the State's usual policy on recoveries under 42 CFR 431.230(b), and as specified in this Contract recover the cost of services furnished to the beneficiary while the appeal and State Fair Hearing was pending, to the extent that they were furnished solely because of the requirements of this Grievance and Appeals Section.
7. State Medicaid Appeal Process
- a. The State must maintain a Fair Hearing process to ensure beneficiaries have the opportunity to Appeal decisions directly to the State. Any beneficiary dissatisfied with a State agency determination denying a beneficiary's request to transfer Contractors/disenroll has access to a State Fair Hearing.
 - b. Contractor must include the Fair Hearing process as part of the written internal process for resolution of Appeals and must describe the Fair Hearing process in the member handbook. The parties to the State Fair Hearing may include Contractor as well as the beneficiary and her or his representative or the representative of a

- deceased beneficiary's estate.
- c. A beneficiary may request a State Fair Hearing only after receiving notice that Contractor has upheld its Adverse Benefit Determination.
 - i. If Contractor fails to adhere to the required Appeals notice and timing requirements in 42 CFR 438.408, the beneficiary is deemed to have exhausted Contractor's Appeals process.
 - d. Contractor must allow the beneficiary 120 Days from date of Contractor's Appeal resolution notice to request a State Fair Hearing.
8. Expedited Appeal Process
- a. Contractor must establish and maintain an expedited review process for appeals when Contractor or provider, acting on behalf of the beneficiary, indicates that taking the time for a standard resolution could seriously jeopardize the beneficiary's life, physical or mental health, or ability to attain, maintain, or regain maximum function. 42 CFR 438.410(a)
 - b. Contractor's written policies and procedures governing the resolution of Appeals must include provisions for the resolution of Expedited Appeals as defined in the Contract. These provisions must include, at a minimum, the following requirements:
 - i. The beneficiary or Provider may file an Expedited Appeal either orally or in writing.
 - ii. The beneficiary or Provider must file an Expedited Appeal within 60 calendar days of the Adverse Benefit Determination.
 - iii. Contractor must make a decision on the Expedited Appeal within 72 hours of receipt of the Expedited Appeal.
 - iv. Contractor must provide written notice of resolution in a format and language that, at a minimum, meets the standard described in accordance with 42 CFR 438.10.
 - 1) For notice of an expedited resolution, Contractor must also make reasonable efforts to provide oral notice.
 - v. If Contractor denies the request for an Expedited Appeal, Contractor must transfer the Appeal to the standard Appeal resolution timeframe and give the beneficiary written notice of the denial within two Days of the Expedited Appeal request.
 - vi. Contractor must not take any punitive actions toward a Provider who requests or supports an Expedited Appeal on behalf of a beneficiary.
9. Grievance and Appeals Records
- Contractor and its network providers/subcontractors as applicable, must maintain record of all Grievance and Appeals
- a. The record of each Grievance and Appeal must contain, at a minimum all the following:
 - i. A general description of the reason for the Appeal or Grievance.
 - ii. The date received.
 - iii. The date of each review or, if applicable, review meeting.
 - iv. Resolution at each level of the Appeal and/or Grievance.
 - v. Date of resolution for each Appeal and/or Grievance.
 - vi. Name of covered person for whom the Appeal or Grievance was filed.
 - b. The record must be accurately maintained in a manner accessible to the State and available upon request to CMS.
 - c. Grievance and appeal records must be retained for 10 years from the final date of the contract period or from the date of completion of any audit, whichever is later.

N. Beneficiary Services

1. Provider Directory

- a. Contractor must maintain and publish a complete provider directory, including (as applicable) pharmacies, medical suppliers, ancillary health providers, independent facilitators and fiscal intermediaries, in hard copy and web-based formats.
- b. Information included in a paper provider directory must be updated at least monthly and electronic provider directories must be updated no later than 30 calendar days after Contractor receives updated provider information.
- c. Directory must be made available in a prominent, readily accessible location in a machine-readable format, which can be electronically retained and printed.
- d. Paper form requests must be fulfilled within five business days, without charge to the beneficiary.
- e. Contractor provider directory must be organized by county.
- f. Contractor's provider directory must contain, at a minimum, the following information:
 - i. provider name
 - ii. address
 - iii. telephone number
 - iv. website URL
 - v. services provided
 - vi. whether the provider is accepting new patients
 - vii. languages spoken, including American Sign Language (ASL)
 - viii. cultural and linguistic capabilities
 - ix. whether the providers' office/facility has accommodations for people with physical disabilities

2. Written Materials

- a. All Informative materials, including the provider directory, intended to be distributed through written or other media (e.g., Electronic) to beneficiaries or the broader community that describe the availability of covered services and supports and how to access those supports and services, including but not limited to provider directories, beneficiary handbooks, appeal and grievance notices, and denial and termination notices, must meet the following standards:
 - i. All such materials must be written at or below the 6.9 grade reading level when possible (i.e., in some situations it is necessary to include medications, diagnosis and conditions that do not meet the 6.9 grade level criteria).
 - ii. All materials must be in an easily understood language and format and use a font size no smaller than 12 point.
 - iii. All informative materials, including the provider directory, must be made available in paper form upon request and in an electronic form that can be electronically retained and printed. It must also be made available in a prominent and readily accessible location on Contractor's website, in a machine-readable file and format. Information included in a paper provider directory must be updated at least monthly and electronic provider directories must be updated no later than 30 calendar days after Contractor receives updated provider information.
 - iv. All materials shall be available in the languages appropriate to the people served within Contractor's area for specific Non-English Language that is spoken as the primary language by more than 5% of the population in Contractor's Region. Such materials must be available in any language alternative to English as required by the Limited English Proficiency Policy Guidance (Executive Order 13166 of August 11, 2000, Federal Register Vol. 65, August 16, 2000). All such materials must be available in alternative formats in accordance with the Americans with Disabilities Act (ADA), at no cost to the beneficiary. Beneficiaries must be informed of how to access the

alternative formats.

- v. If Contractor provides information electronically, it must inform the customer that the information is available in paper form without charge and upon request and provides it upon request within five business days.
 - vi. Material must not contain false, confusing, and/or misleading information.
 - vii. For consistency in the information provided to beneficiaries, Contractor must use State developed definitions for managed care terminology, including: appeal, durable medical equipment, emergency medical condition, emergency medical transportation, emergency room care, emergency services, excluded services, grievance, habilitation services and devices, health insurance, home health care, hospice services, hospitalization, hospital outpatient care, physician services, prescription drug coverage, prescription drugs, primary care provider, rehabilitation services and devices, skilled nursing care, specialist, co-payment excluded services, health insurance, medically necessary, network, non-participating, plan preauthorization, participating provider, premium, provider and urgent care, as defined in the this Contract and/or Medicaid provider manual.
- b. Additional Information Requirements
- i. To take into consideration the special needs of beneficiaries with disabilities or LEP, Contractor must ensure that beneficiaries are notified that oral interpretation is available for any language, written information is available in prevalent languages, and auxiliary aids, such as and Teletypewriter/Text Telephone (TTY/TDY) and American Sign Language (ASL), and services are available upon request at no cost, and how to access those services as referenced in 42 CFR Parts 438.10(d)(3) and 438.10(d)(4). Contractor must also ensure that beneficiaries are notified how to access alternative formats as defined in 42 CFR 438.10(d)(6)(iv). In mental health settings, Video Remote Interpreting (VRI) is to be used only in emergency situations, extenuating circumstances, or during a state or national emergency as a temporary solution until they can secure a qualified interpreter and in accordance with R 393.5055 VRI standards, usage, limitations, educational, legal, medical, mental health standards.
 - ii. All written materials for potential beneficiaries must include taglines in the prevalent non-English languages in Contractor's region, as well as large print, explaining the availability of written translations or oral interpretation to understand the information provided and the toll-free telephone number of the entity providing choice counseling services as required by 42 CFR 438.71(a) and as defined in 42 CFR Parts 438.10 (d)(3) and 431.10(d)(4). In accordance with 42 CFR Parts 438.10(d)(3) 438.10(d)(6) and 438.10(d)(6)(iv), Large print means printed in a font size no smaller than 18 point.
 - 1) Contractor must provide the following information to all beneficiaries who receivespecialty supports and services:
 - a) A listing of contracted providers that identifies provider name as well as any groupaffiliation, locations, telephone numbers, web site URL (as appropriate), specialty (as appropriate), the provider's cultural capability, any non-English languages spoken, if the provider's office/facility has accommodations for people with physical disabilities, and whether they are accepting new beneficiaries. This includes any restrictions on the beneficiary's freedom of choice among network providers. The listing would be available in the format that is preferable to the

beneficiary: written paper copy or on-line. The listing must be kept current and offered to each beneficiary annually.

- b) Their rights and protections, as specified in Section M. Grievance and Appeals Process for Beneficiaries.
 - c) The amount, duration, and scope of benefits available under the Contract in sufficient detail to ensure that beneficiaries understand the benefits to which they are entitled.
 - d) Procedures for obtaining benefits, including authorization requirements.
 - e) The extent to which, and how, beneficiaries may obtain benefits and the extent to which, and how, after-hours crisis services are provided.
 - f) Annually (e.g., at the time of person-centered planning) provide to the beneficiary the estimated annual cost to Contractor of each covered support and service he/she is receiving. Technical Advisory for Estimated Cost of Services provides principles and guidance for transmission of this information, this can be found at: <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/mentalhealth/practiceguidelines>.
 - g) Contractor is required to provide Explanation of Benefits (EOBs) to 5% of the consumers receiving services. The EOB distribution must comply with all State and Federal regulations regarding release of information as directed by MDHHS. MDHHS will monitor EOB distribution annually. The Technical Requirement for Explanation of Benefits can be found at: <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/mentalhealth/practiceguidelines>. Contractor may, but is not required to, utilize the model template.
- 2) Contractor must give each beneficiary written notice of a significant change in its applicable provider network including the addition of new providers and planned termination of existing providers.
 - 3) Contractor must make a good faith effort to give written notice of termination of a contracted provider to each enrollee who received his or her primary care from, or was seen on a regular basis by, the terminated provider as defined in 42 CFR 438.10(f)(1). Notice to the enrollee must be provided by the later of 30 calendar days prior to the effective date of the termination, or 15 calendar days after receipt or issuance of the termination notice.
 - 4) Contractor must provide information to beneficiaries about managed care and carecoordination responsibilities of Contractor, including:
 - a) Information on the structure and operation of the Managed Care Organization (MCO) or Contractor.
 - b) Upon request, physician incentive plans in use by Contractor or network providers as set forth in 42 CFR 438.3(i).
 - c) Contractor must provide information on how to contact their designated person or entity for coordination of services as referenced in 42 CFR 438.208(b)(1).

O. Provider Services

1. Provider Credentialing

- a. Contractor must have written credentialing policies and procedures for ensuring that all providers rendering services to individuals are appropriately credentialed within

the State and are qualified to perform their services. Credentialing must take place every three years. Contractor must ensure that network providers residing and providing services in bordering states meet all applicable licensing and certification requirements within their state. Contractor also must have written policies and procedures for monitoring its providers and for sanctioning providers who are out of compliance with Contractor's standards. Reference the Credentialing and Recredentialing Processes which can be found at the MDHHS website:

<https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/mentalhealth/practiceguidelines>.

2. Health Care Practitioner Discretions
 - a. Contractor may not prohibit, or otherwise restrict a health care professional acting within their lawful scope of practice from advising or advocating in the following areas on behalf of a beneficiary who is receiving services under this Contract:
 - i. Beneficiary's health status, medical care, or treatment options, including any alternative treatment that may be self-administered.
 - ii. Any information the beneficiary needs in order to decide among all relevant treatment options.
 - iii. Risks, benefits, and consequences of treatment or non-treatment
 - iv. Beneficiary's right to participate in decisions regarding his or her health care, including the right to refuse treatment, and to express preferences about future treatment decisions.
3. Standardized Eligibility Determination Tools for Children, Youth and Families
Contractor must:
 - a. Utilize standardized tools approved and designated by MDHHS to assist in the determination of eligibility for specialty behavioral health services defined in the Medicaid Provider Manual and the Technical Requirement for Infants, Toddlers, Children, Youth, and Young Adults with Serious Emotional Disturbance (SED) and Intellectual and/or Developmental Disabilities (I/DD), located on the MDHHS Policies and Practice Guidelines website here: <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/mentalhealth/practiceguidelines>
 - i. Defined programs include:
 - 1) Waiver Program for Children with Serious Emotional Disturbances
 - 2) Children's Waiver Program (CWP)
 - 3) 1915(i) Needs Based Assessment as outlined in the Medicaid Provider Manual
 - 4) Michigan Intensive Child and Adolescent Services including the following service areas:
 - a) Respite
 - b) Wraparound
 - c) Home-Based Services
 - d) Youth Peer Supports
 - e) Parent Support Partners
 - f) Intensive Crisis Stabilization Services
 - b. Collaborate with MDHHS for ongoing fidelity monitoring on use of the designated tool(s).
 - c. Provide oversight and direction to providers in determining individualized services and intensity of care coordination for infants, toddlers, children, young adults, and families.
 - d. Ensure that the MDHHS designated tools are completed at access, intake, annual assessment, and exit process in accordance with the Technical Requirement for Infants, Toddlers, Children, Youth, and Young Adults with SED and I/DD and inform treatment plans for all infants, toddlers, children, and young adults up to age 21 seeking supports

and services for serious emotional disturbance or intellectual/developmental disability. Contractor must also support completion of the tool when there is a significant change in life circumstances and/or a behavioral health event as defined in the Technical Requirement.

- e. Ensure MichiCANS ratings that have been completed by qualified raters in other child serving systems are honored and accepted for use in service planning and eligibility determinations. Contractor will review and update the ratings of the MichiCANS based on the results of clinical assessments and evaluations of major life events.
 - f. Develop and maintain a network of certified assessors, or contract with an appropriate entity to develop and maintain a network of certified assessors to ensure the timely completion of the state designated tools as identified in the Technical Requirement with costs covered by the State.
 - g. Ensure that appropriate staff (and sub-contractors if applicable) can access, complete, and review associated records through Contractor's information technology systems, complying with state requirements for access permissions and any other administrative processes in place to protect Contractor, MDHHS, and staff who are accessing the information.
 - h. Ensure ongoing reporting of completed assessment information to MDHHS utilizing standards, templates, and related timelines and deadlines.
 - i. Ensure orientation of children, youth, families, providers, and other system partners to the purpose and use of the standardized tools and processes.
 - j. Have the capacity to provide the MichiCANS comprehensive to Transition Age Youth/young adults.
 - k. Complete the MichiCANS Screener for Transition Age Youths/young adults (up to 21) who request access to mental health or IDD services (if the Transition Age youth/young adult potentially has a severe mental illness and is referred to a provider of adult services, the LOCUS must be completed).
 - l. Provide information about the service continuum (including Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)) to transition aged youths/young adults and associated family members/guardians (as appropriate).
 - m. Ensure that, if a Transition Age Youth is referred to a provider of children's services, Contractor completes the MichiCANS comprehensive for that youth.
 - n. Document the decision of Transition Age Youths and young adults (up to 21) and associated family members/guardians (as appropriate) to receive services from an adult services provider or children services provider.
 - o. Ensure that, if a Transition Age Youth requests EPSDT services in the future, Contractor completes the MichiCANS comprehensive for that youth.
 - p. Ensure that the results of the MichiCANS are communicated to the Medicaid beneficiary's MHP and, if applicable, their referring MHP network provider, in accordance with MDHHS-specified format, timeline and process.
4. Level of Care Utilization System (LOCUS) Contractor must:
- a. Ensure that the LOCUS is incorporated into the initial assessment and reassessment process for all individuals 18 and older seeking specialty mental health services and supports using the MDHHS designated tool(s) approved methods for scoring the tool listed below unless otherwise indicated for transition age youth:
 - i. Use of the online scoring system through State approved vendor with costs covered by the State.
 - ii. Use of software purchased through State approved vendor with costs covered

the State.

- b. Ensure that each individual 18 years and older with a severe mental illness has a LOCUS completed as part of any assessment and re-assessment process if they are receiving adult services.
 - c. If the child / youth aged 18-21 years is receiving EPSDT in the CMHSP system, MDHHS designated tools must be completed at access, intake, annually, and exit through age 21. Contractor must also ensure the completion of the tool after significant life events as defined in the Technical Requirement for Infants, Toddlers, Children, Youth, and Young Adults with Serious Emotional Disturbance (SED) and Intellectual and/or Developmental Disabilities (I/DD), located on the MDHHS Policies and Practice Guidelines website here: <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/mentalhealth/practiceguidelines>
 - d. Collaborate with the State for ongoing fidelity monitoring on the use of the tool.
 - e. Provide to the State the composite score for each LOCUS that is completed in accordance with the established reporting guidelines.
 - f. Ensure that the results of the LOCUS assessment and reassessment are communicated to the Medicaid beneficiary's MHP and, if applicable, their referring MHP network provider, in accordance with MDHHS-specified format, timeline and process.
5. National Core Indicator (NCI) Surveys
- a. Contractor must provide, to the State, the mailing addresses, pre-survey and background information, and demographics needed for the State or its designee to schedule and conduct the face-to-face surveys for the identified survey participants in their service area.
 - b. Contractor must coordinate appointments and, if required, obtain consent from beneficiaries.
 - c. Contractor must disseminate the survey results to the stakeholders in their service area(s) and utilize the results in their quality improvement activities.
 - d. Contractor must identify a specific individual to be the primary point of contact between Contractor, its designees, and the State.
6. Standardized SUD Assessment Process
- a. The State requires the use of SUD assessment tools that utilize the American Society of Addiction Medicine (ASAM) criteria. The selected assessment tool must:
 - i. collect all necessary information to provide a Diagnostic and Statistical Manual based diagnosis.
 - ii. recommend ASAM placement needs.
 - iii. be appropriate for the age of the individual.
 - iv. comply with State-specified reporting requirements at the data element level identified within the 1115 Behavioral Health Waiver's standard terms and conditions (STCs).
 - b. Contractor is responsible for ensuring the State approved assessment tool is implemented and fidelity is maintained.
 - c. Contractor must honor network reciprocity requirements including valid SUD assessment tool results performed by a qualified provider under agreement with an alternate PIHP.
 - i. Contractor must ensure appropriate release of information authorizations are executed.
 - d. Contractor must work with the State and its independent evaluators for data collection and reporting as detailed in the approved 1115 Behavioral Health Demonstration Waiver evaluation plan.
 - i. Contractor must monitor the use of the approved assessment tool by sampling case files on review.

- ii. An auditing tool will be provided by the State. This tool can be used to validate the level of care determination and to monitor compliance with the STCs. Cases where deviations from the assessment recommended level of care must be justified by the clinician with clinical notes attached to the assessment.

7. Claims Management System

- a. A valid claim is a claim for supports and services that Contractor is responsible for under this Contract. It includes services authorized by Contractor, and those like Medicare co-pays and deductibles that Contractor may be responsible for regardless of their authorization.
- b. Contractor must assure the timely payments to all providers for clean claims. This includes payment at 90% or higher of all clean claims from network providers within 30 days of receipt, and at least 99% of all clean claims within 90 days of receipt, except services rendered under a subcontract in which other timeliness standards have been specified and agreed to by both parties.
- c. Contractor must have an effective provider appeal process to promptly and fairly resolve provider-billing disputes.
- d. Post-Payment Review
Contractor may utilize a post-payment review methodology to assure claims have been paid appropriately. Regardless of method, Contractor must have a process in place to verify that services were provided.
- e. Total Payment
Contractor or its network providers/subcontractors must not require any co-payments, recipient pay amounts, or other costsharing arrangements unless specifically authorized by the State. Network providers/subcontractors must not seek, nor accept, additional supplemental payment for services authorized by Contractor.
- f. Electronic Billing Capacity
Contractor must be capable of accepting HIPAA compliant electronic billing for services billed to Contractor, or Contractor claims management agent, as stipulated in the Michigan Medicaid Provider Manual. Contractor may require its providers to meet the same standard as a condition for payment.
- g. Vouchers
 - i. Vouchers issued to individuals for the purchase of services provided by professionals may be utilized in non- contract agencies that have a written referral network agreement with Contractor that specifies credentialing and utilization review requirements. Voucher rates for such services must be predetermined by Contractor using the actual cost history for each service category and average local provider rates for like services. These rates represent total payment for services rendered. Those accepting vouchers may not require any additional payment from the individual. Voucher arrangements for purchase of individual-directed supports delivered by non-professional practitioners may be through a fee-for-service arrangement. The use of vouchers is not subject to the provisions of Section F.6 (Provider Procurement) and Section 2.7 (Use of Subcontractors) of this Contract.
- h. Programs with Community Inpatient Hospitals
 - i. Upon request from the State, Contractor must develop programs for improving access, quality, and performance with providers. Such programs must include the State in the design methodology, data collection, and evaluation. The State and Contractor will develop revised methods for the programs with community inpatient hospitals to ensure they comply with 42 CFR 438.6(c).
 - 1) Hospital Eligibility
Hospital eligibility is determined by the State. Community hospitals,

including Institutes for Mental Disease, are eligible for Hospital Rate Adjustor (HRA) directed payments based on Contractor inpatient encounters. Out of State hospitals are not eligible. The hospital billing provider NPI on the original invoice must be enrolled in the state Medicaid management information system (CHAMPS).

- 2) Determination of the Hospital Payment Amount
Contractor reported community inpatient psychiatric encounters will be used by the State as the basis for determining an annual add-on rate. Directed payment allocations are based on room and board encounters, identified by billing provider NPI. Encounters accepted in CHAMPS during the prior quarter will be included in the directed payment for that quarter. Medicaid and Healthy Michigan Plan encounters will be included in allocation pool.
- 3) State Payment Process
Contractor will receive a quarterly gross adjustment from the State. The amount of a quarterly payment to Contractor will be equal to the total amount shown on the HRA directed payment instructions for the prior quarter.
- 4) Directed Payment Instructions
The State will provide directed payment instructions indicating the payment amount per hospital, at the PIHP level. Instructions will be provided to Contractor prior to the end of the 1st month in each quarter.
- 5) Contractor Payment Obligations and Payment Process
Payment is made by Contractor to each hospital identified in the HRA directed payment instructions at the amount specified. Payments are quarterly with no minimum payment threshold. Payments are due to hospitals every three months within 10 State business days of Contractor receiving the quarterly HRA gross adjustment from the State. The State acknowledges that payments can be made without a current contractual arrangement between Contractor/affiliate CMHSPs and the hospital receiving an HRA payment. Contractor delegation to affiliate CMHSPs is not recommended.
- 6) Contractor Reporting Requirements
Financial status reports will continue to include HRA payment revenue and payment information requirements.
 - ii. Contractor (or subcontracted CMHSP) must pay no less than the state defined minimum rates for inpatient psychiatric services.
8. MDHHS Standard Consent Form
 - a. Michigan PA 129 of 2014 was enacted to promote the use and acceptance of a standard consent form. Contractor must implement a written policy that requires the provider network to use, accept, and honor the standard consent form created as a result of the Public Act (Form MDHHS-5515). Per PA 559 of 2016, the policy must recognize written consent is not always required.
9. Trauma Policy
 - a. Contractor must develop a trauma-informed system in accordance with the MDHHS/BPHASA Trauma Policy, which can be found on the MDHHS website: <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/mentalhealth/practiceguidelines>
10. Substance Use Disorder (SUD) Services

- a. Contractor must comply with the SUD Services Policy and Advisory Manual, which can be found on the MDHHS website: <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/drugcontrol/reportstats/reportcontent/policies-and-advisories>.
- b. Contractor must:
 - i. Develop comprehensive plans for substance use disorder treatment and rehabilitation services consistent with guidelines established by the State.
 - ii. Review and comment to the Department of Licensing and Regulatory Affairs (LARA) on applications for licenses submitted by local treatment, rehabilitation, and prevention organizations (SUD Rules can be found at the following website: <https://ars.apps.lara.state.mi.us/AdminCode/DeptBureauAdminCode?Department=Licensing%20and%20Regulatory%20Affairs&Bureau=Bureau%20of%20Community%20and%20Health%20Systems> (under the Substance Use Disorder Programs titled document)).
 - iii. Provide technical assistance for local substance use disorder service programs.
 - iv. On request from MDHHS or LARA, subject to applicable regulations, collect and transfer data and financial information from local programs to the LARA.
 - v. Annually evaluate and assess substance use disorder services in the State-designated community mental health entity in accordance with guidelines established by the State. (SUD Rules can be found at the following website: <https://ars.apps.lara.state.mi.us/AdminCode/DeptBureauAdminCode?Department=Licensing%20and%20Regulatory%20Affairs&Bureau=Bureau%20of%20Community%20and%20Health%20Systems> (under the Substance Use Disorder Programs titled document))
 - vi. Follow financial requirements as described in this Contract and Schedule E.
 - vii. Follow progress reporting requirements as described in Schedule E.
 - viii. Enter into subcontracts with providers for SUD services.
 - ix. Ensure network providers are appropriately licensed for the service(s) provided in accordance with Michigan Public Health Code, PA 368 of 1978.
- c. Provider Network Oversight Management
 - i. The provision of SUD treatment services must be based on the ASAM Level of Care (LOC) criteria.
 - 1) If Contractor plans to purchase case management services or peer recovery and recovery support services, and only these services, from an agency that is not accredited per this Contract, Contractor may request a waiver of the accreditation requirement.
 - ii. To ensure compliance with contractual and administrative rule requirements, fidelity to assessment process and ASAM LOC Criteria:
 - 1) Conducting an annual review of each network provider's program, policies, practices and clinical records.
 - 2) Documenting compliance with the purported LOC for each provider.
 - a) Include any corrective action that may have been taken and documentation that indicates all LOCs are available in the service area.
 - 3) Ensuring review documentation is available for the State during biennial Contractor site visits for comparison with State provider reviews.
- d. Reimbursement for Services to Persons with Co-Occurring Disorders
 - i. SUD funds may be used to reimburse providers for integrated mental health and substance use disorder treatment services to persons with co-occurring substance use and mental health disorders.
 - ii. Contractor may reimburse a Community Mental Health Services Program

(CMHSP) or network provider for substance use disorders treatment services for such persons who are receiving mental health treatment services through the CMHSP or network provider.

- iii. Contractor may also reimburse a provider, other than a CMHSP or network provider for substance use disorders treatment provided to persons with co-occurring substance use and mental health disorders.
- e. American Society of Addiction Medicine (ASAM) Level of Care (LOC) for Network Providers
 - i. Contractor must enter into network provider agreements for SUD treatment with organizations that provide services based on the ASAM LOC only.
 - ii. The State Approved ASAM SUD treatment providers can be found in the Customer Relationship Management (CRM) system. Contractor must ensure that to the extent licensing allows all the following LOCs are available for adult and adolescent populations:

| Level of Care | ASAM Title |
|---------------|--|
| 0.5 | Early Intervention |
| 1 | Outpatient Services |
| 2.1 | Intensive Outpatient Services |
| 2.5 | Partial Hospitalization Services |
| 3.1 | Clinically Managed Low Intensity Residential Services |
| 3.3* | Clinically Managed Population Specific High Intensity Residential Services |
| 3.5 | Clinically Managed High Intensity Residential Services |
| 3.7 | Medically Monitored Intensive Inpatient Services |
| OTP Level 1** | Opioid Treatment Program |
| 1-WM | Ambulatory Withdrawal Management without Extended On-Site Monitoring |
| 2-WM | Ambulatory Withdrawal Management with Extended On-Site Monitoring |
| 3.2-WM | Clinically Managed Residential Withdrawal Management |
| 3.7-WM | Medically Monitored Inpatient Withdrawal Management |

* Not designated for adolescent populations **Adolescent treatment per federal guidelines

iii. It is further required that all SUD treatment providers complete the MDHHS LOC Designation Questionnaire every two years and receive a formal designation for the LOC that is being offered.

11. Electronic Visit Verification (EVV)

- a. Contractor must ensure its network providers, and subcontractors comply with 42 USC 1396b (or sec. 1903(l) of the Social Security Act and the State’s implementation timeline.
 - i. Contractor must provide evidence of compliance upon request. Compliance must be in the form of either:
 - 1) An existing EVV system that meets State requirements as confirmed by Contractor’s on-site review.
 - 2) Participation in the State sponsored Statewide EVV system.
 - ii. Personal Care Services (PCS) includes community living support and respite services in a person’s home, in a non-licensed setting.
 - iii. Contractor must ensure its subcontracts, or those of their CMHSP participants, stipulates the EVV system supports self-directed arrangements and is minimally burdensome or disruptive to care.

12. Critical Incidents

- a. Contractor must require all its residential treatment providers to prepare and file critical incident reports that include the following components:
 - i. Provider determination whether critical incidents are sentinel events.
 - ii. Following identification as a sentinel event, the provider must ensure that a root cause analysis or investigation takes place.
 - iii. Based on the outcome of the analysis or investigation, the provider must ensure that a plan of action is developed and implemented to prevent further occurrence of the sentinel event. The plan must identify who is responsible for implementing the plan, and how implementation will be monitored. Alternatively, the provider may prepare a rationale for not pursuing a preventive plan.
- b. Contractor must report the following incidents for beneficiaries enrolled in the CWP, SEDW, HSW and the 1115/1915(i) State Plan: Suicide; Non-suicide death; Arrest of Consumer; Emergency Medical Treatment due to injury or Medication Error: Type of injury will include a subcategory for reporting injuries that resulted from the use of physical management; Hospitalization due to Injury or Medication Error: Hospitalization due to injury related to the use of physical management. Type of injury will include a subcategory for reporting injuries that resulted from the use of physical management.
- c. Contractor must comply with the reporting requirements and guidelines identified in the Critical Incident Reporting and Event Notification Requirements which can be found on the MDHHS website:
<https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/mentalhealth/practiceguidelines>

P. Health Information Systems

1. A Contractor organized as a regional entity must ensure that health plan information technology functions are clearly defined and separately contracted from any other function provided by a subcontractor CMHSP. A Contractor organized as a regional entity may have a single subcontractor CMHSP perform Contractor health plan information technology functions on behalf of the regional entity if each of the following requirements are met:
 - a. The contract between Contractor and the CMHSP clearly describes the CMHSP's contractual responsibility to Contractor for the health plan information technology related functions.
 - b. The contract between Contractor and the CMHSP for Contractor health plan information technology functions must be separate from other EHR functions performed as a CMHSP.
2. Contractor must ensure that all Health Information Systems used by Contractor and/or its subcontractors have the capacity to fulfill the obligations of this Contract. Contractor must maintain a health information system that collects, analyzes, integrates, and reports data and can achieve the objectives of this part. The system must provide information on areas including, but not limited to, utilization, claims, grievance and appeals, and disenrollment for other than loss of Medicaid eligibility. Contractor must develop, implement and maintain policies and procedures that describe how Contractor will comply with the requirements of this Section.
 - a. Contractor must comply with the following:
 - i. Section 6504(a) of the Affordable Care Act, which requires that State claims processing and retrieval systems are able to collect data elements necessary to enable the mechanized claims processing and information retrieval systems in operation by the State to meet the requirements of Section 1903(r)(1)(F) of the Act and as defined in 42 CFR 438.242(b)(1).

- ii. Collect data on beneficiary and provider characteristics as specified by the State, and on all services furnished to beneficiaries through an encounter data system or other methods as may be specified by the State.
 - iii. Ensure that data received from providers is accurate and complete by:
 - 1) Verifying the accuracy and timeliness of reported data, including data from network providers is compensating on the basis of capitation payments.
 - 2) Screening the data for completeness, logic, and consistency.
 - 3) Collecting data from providers in standardized formats to the extent feasible and appropriate, including secure information exchanges and technologies utilized for State Medicaid quality improvement and care coordination efforts.
 - iv. Make all collected data available to the State and, upon request, to CMS.
 - b. Contractor must ensure all encounter data is complete and accurate for the purposes of rate calculations and quality and utilization management and must provide for:
 - i. Collection and maintenance of sufficient beneficiary encounter data to identify the provider who delivers any item(s) or service(s) to beneficiaries.
 - ii. Submission of beneficiary encounter data to the State at a frequency and level of detail to be specified by CMS and the State, based on program administration, oversight, and program integrity needs.
 - iii. Submission of all beneficiary encounter data that the State is required to report to CMS under 42 CFR 438.818. Specifications for submitting encounter data to the State in standardized ASC X12N 837 and NCPDP formats.
3. Capabilities
- a. Health Information Systems capabilities are required for the following:
 - i. Monthly downloads of Medicaid eligible information.
 - ii. Individual registration and demographic information.
 - iii. Provider enrollment.
 - iv. Third party liability activity.
 - v. Claims payment system and tracking.
 - vi. Grievance and complaint tracking.
 - vii. Tracking and analyzing services and costs by population group, and special needs categories as specified by the State.
 - viii. Encounter and demographic data reporting.
 - ix. Quality indicator reporting.
 - x. HIPAA compliance.
 - xi. Uniform Business Practices (UBP) compliance.
 - xii. Individual access and satisfaction.
 - xiii. Utilization of Benefit Enrollment and Maintenance (834) and Payment Order Remittance Advice (820) reconciliation files as the primary source for eligibility determination for Contractor functions. Eligibility Inquiry and Response file (270/271) is intended as the primary tool for the CMHSP and provider system to determine eligibility.
4. Beneficiary Service Records
- Contractor must ensure that providers establish and maintain a comprehensive individual service record system consistent with the provisions of MSA Policy Bulletins, and appropriate State and federal statutes. Contractor must ensure that providers maintain in a legible manner, via hard copy or electronic storage/imaging, recipient service records necessary to fully disclose and document the quantity, quality, appropriateness, and timeliness of services provided. The records must be retained

according to the retention schedules in place by the Department of Technology, Management and Budget (DTMB) General Schedule #20 at: <https://www.michigan.gov/dtmb/services/recordsmanagement/schedules/GSLocal> .This requirement must be extended to all of Contractor's provider agencies.

5. Contractor must analyze claims and encounter data to create utilization reports. The utilization data must be detailed for each CMHSP and consolidated for the entire geographic service area. Contractor must utilize this information to develop and update their risk management strategies and other health plan functions.
6. Contractor must actively participate with the State to develop metrics the State will use to provide reports to Contractor (i.e., benchmarking Contractor's data against Statewide data).
7. Contractor must participate with the State and CMHSPs in activities to standardize and consistently submit encounter data when the CMHSP identified as the County of Financial Responsibility (COFR) is not part of Contractor's geographic service area.

Q. Legal Expenses

1. Sufficient documentation must be maintained to support the allowability of legal expenses. Invoices must contain sufficient detail to evidence allowability. The following legal expenses are allowed:
 - a. Legal expenses required in the administration of the program on behalf of the State of Michigan or Federal Government.
 - b. Legal expenses relating to employer activities, labor negotiation, or in response to employment related issues or allegations, per 2 CFR 200.
 - c. Legal expenses incurred in the course of providing consumer care.
 - d. Legal expenses in response to enforcement action or audit findings issued by the State or CMS under the following circumstances:
 - i. Contractor prevails and the action is reversed, or any contested adjustment is reduced by 50 percent or more; or
 - ii. Contractor enters into a settlement agreement with the State or CMS prior to any Hearing. The following legal expenses are not allowed:
 - e. Legal expenses of responding to an action against Contractor by MDHHS or CMS from initiating an enforcement action or issuing an audit finding, except those legal costs described above as allowable.
 - f. Legal expenses for the prosecution of claims against the State of Michigan or the Federal Government.
 - g. Legal expenses contingent upon recovery of costs from the State of Michigan or the Federal Government.

R. Observance of State and Federal Laws and Regulations

1. General
 - a. Contractor must comply with all State and federal laws, statutes, regulations, and administrative procedures and implement any necessary changes in policies and procedures as required by the State.
 - b. Federal regulations governing contracts with risk-based managed care plans are specified in Section 1903(m) of the Social Security Act and 42 CFR Part 434 and will govern this Contract.
2. Compliance with False Claims Acts
If the Contractor makes or receives annual payments under this Contract of at least \$5,000,000, it must make provisions for written policies for all employees of the entity, and of any network provider/subcontractor or agent, that provides detailed information about the False Claims Act and other Federal and State laws described in Section 1902(a)(68) of the Act, including information about rights of employees to be protected

as whistleblowers.

3. Third Party Liability Requirements

- a. Third Party Liability (TPL) refers to health insurers, self-insured plans, group health plans, service benefit plans, managed care organizations, pharmacy benefit managers, or other parties that are, by statute, contract, or agreement, legally responsible for payment of a claim for a health care item or service to pay for care and services available under the approved Medicaid state plan. Contractors are payers of last resort and will be required to identify and seek recovery from all other liable third parties in order to be made whole, including recoveries from any related court judgment or settlement if Contractor has been notified of the legal action. Contractor must follow the “Guidelines Used to Determine Cost Effectiveness and Time/Dollar Thresholds for Billing” as described in the Michigan State Medicaid Plan (which can be found at the following link: <https://www.michigan.gov/mdhhs/assistance-programs/medicaid/michigan-medicaid-state-plan>). Contractor may pursue cases below the thresholds at their discretion.
- i. Contractor must seek to identify and recover all sources of third-party funds based on industry standards and those outlined by MDHHS TPL Division.
 - ii. Contractor may retain all such collections as provided for in Section 226a of the Michigan Mental Health Code as applicable. If third party resources are available and liability has been established, Contractor is required to follow Medicaid policy, guidance, and all applicable State and federal statutes, the Medicaid Provider Manual, the State Plan, and the TPL Guidelines and Best Practices Guidance for cost avoiding Medicaid covered services.
 - iii. Contractor must follow Medicaid Policy, guidance and all applicable State and federal statutes regarding TPL. MDHHS TPL policy information can be found in federal regulations, Michigan Compiled Law, MDHHS Medicaid Provider Manual, Medicaid State Plan, and TPL Guidelines, and are available upon request. Contractor use of best practices is strongly encouraged by the State and are available in the TPL Guidelines and Best Practices Guidance. Contractor must develop and implement written policies describing its procedures for TPL recovery. The State will review Contractor’s policies and procedures for compliance with this Contract and for consistency with TPL recovery requirements in 42 USC 1396(a) (25), 42 CFR 433 Subpart D.
 - iv. Contractor must submit a Risk Mitigation Plan in a format required by the State, to address any risk identified in the MDHHS TPL Dashboard within 30 days of a State request. This requirement does not become effective until Contractor has received two quarterly MDHHS TPL dashboards.
 - v. Contractor must report third party collections through encounter data submissions, and in aggregate, as required by the State.
 - vi. Contractor must provide third party recovery data to MDHHS in the electronic format prescribed by the State.
 - vii. Contractor must collect any payments available from other health insurers including Medicare and private health insurance for services provided to its members in accordance with Section 1902(a)(25) of the Social Security Act and 42 CFR 433 Subpart D and the Michigan Mental Health Code and Public Health Code as applicable.
 - viii. The State will provide Contractor with all known third party resources for its beneficiaries. This information is available real-time within CHAMPS or through Eligibility Inquiry and Response file 270 requests. The State will provide the most recent data to Contractor on the daily Enrollment/Eligibility 834 HIPAA

file. The State will provide Contractor with a full history of known third party resources for beneficiaries through a secure file transfer process.

- ix. If Contractor denies a claim due to third party resources (other insurance), Contractor must provide the other insurance carrier ID, if known, to the billing provider.
 - x. When a beneficiary is also enrolled in Medicare, Medicare will be the primary payer. Contractor must make the beneficiary whole by paying or otherwise covering all Medicare cost-sharing amounts incurred by the beneficiary such as coinsurance, co-pays and deductible whether Contractor authorized the service or not.
 - xi. If the State enters into a Coordination of Benefits Agreement (CBA) with Medicare for FFS, and if Contractor is responsible for coordination of benefits for individuals dually eligible for Medicaid and Medicare, the State requires Contractor to enter into a CBA with Medicare and participate in the automated claims crossover process.
 - xii. Contractor must respond within 30 days of subrogation notification pursuant to MCL 400.106(10).
 - xiii. Contractor must cooperate with TPL subrogation best practices including, but not limited to:
 - 1) Providing the State with most recent contact information of Contractor's assigned TPL staff including staffname(s), fax and telephone numbers.
 - 2) Informing the State, in writing, within 14 Days of vacancy or staffing change of assigned TPL staff.
 - 3) Reporting TPL quarterly subrogation activities to the State on a template developed by the State.
 - xiv. Contractor is prohibited from recovering loss directly from the beneficiary.
4. Confidentiality
- a. Contractor must maintain the confidentiality, security and integrity of beneficiary information that is used in connection with the performance of this Contract to the extent and under the conditions specified in HIPAA, the Michigan Mental Health Code (PA 258 of 1974, as amended), the Michigan Public Health Code (PA 368 of 1978 as amended), and 42 CFR Part 2.
 - b. All beneficiary information, medical records, data and data elements collected, maintained, or used in the administration of this Contract must be protected by Contractor from unauthorized disclosure.
 - c. Contractor must provide safeguards that restrict the use or disclosure of information concerning beneficiaries to purposes directly connected with its administration of the Contract.
 - d. Contractor must have written policies and procedures for maintaining the confidentiality of data, including medical records, client information, and appointment records.
5. Advance Directives Compliance
- In accordance with 42 CFR 422.128 and 42 CFR 438.3(j), Contractor must maintain written policies and procedures for advance directives. Contractor must provide adult beneficiaries with written information on advance directive policies and a description of applicable State law and their rights under applicable laws. This information must be continuously updated to reflect any changes in State law as soon as possible but no later than 90 days after it becomes effective. Contractor must inform individuals that grievances concerning noncompliance with the advance directive requirements may be filed with Customer Service. This must include prohibiting Contractor from conditioning

the provision of care based on whether or not the individual has executed an advance directive.

6. Pro-Children Act

Contractor must comply with Public Law 103-227, also known as the Pro-Children Act of 1994, 20 USC 6081 et seq, which requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted by and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by federal programs either directly or through State or local governments, by federal grant, contract, loan or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; service providers whose sole source of applicable federal funds is Medicare or Medicaid; or facilities where Women, Infants, and Children (WIC) coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity. Contractor must assure that this language will be included in any sub-awards that contain provisions for children's services.

Contractor must assure, in addition to compliance with Public Law 103-227, any service or activity funded in whole or in part through this Contract will be delivered in a smoke-free facility or environment. Smoking will not be permitted anywhere in the facility, or those parts of the facility under the control of Contractor. If activities or services are delivered in residential facilities or in facilities or areas that are not under the control of Contractor (e.g., a mall, residential facilities or private residence, restaurant or private work site), the activities or services must be smoke free.

7. Hatch Political Activity Act and Intergovernmental Personnel Act

Contractor must comply with the Hatch Political Activity Act, 5 USC 1501-1508, and 7321-7326, and the Intergovernmental Personnel Act of 1970, as amended by Title VI of the Civil Service Reform Act, Public Law 95-454, 42 USC 4728 - 4763. Federal funds cannot be used for partisan political purposes of any kind by any person or organization involved in the administration of federally assisted programs.

8. Limited English Proficiency

- a. Contractor must comply with the Office of Civil Rights Policy Guidance on the Title VI Prohibition Against Discrimination as it affects persons with Limited English Proficiency, 45 CFR 92.201 and Section 1557 of the Patient Protection and Affordable Care Act. Contractor is expected to take reasonable steps to provide meaningful access to each individual beneficiary with limited English Proficiency, such as language assistance services, including but not limited to, services oral and written translation. This includes interpretation services for deaf, hard of hearing and deaf/blind populations in accordance with The MICHIGAN DEPARTMENT OF CIVIL RIGHTS DIVISION ON DEAF, DEAF BLIND AND HARD OF HEARING QUALIFIED INTERPRETER – GENERAL RULES (By authority conferred on the division on deaf and hard of hearing by Section 8a of the deaf persons' interpreters act, 1982 PA 204, MCL 393.508a, Section 9 of the division on deafness act, 1937 PA 72, MCL 408.209, and ERO 1996-2, MCL 445.2001, ERO 2003-1, MCL 445.2011, and ERO 2008-4, MCL 445.2025.)
- b. Contractor must comply with all applicable federal requirements in Title VI of the Civil Rights Act of 1964; Title IX of the Education Amendments of 1972 (regarding education programs and activities, as amended); the Age Discrimination Act of 1975; the Rehabilitation Act of 1973, as amended; the Americans with Disabilities Act of

1990, as amended; and Section 1557 of the Patient Protection and Affordable Care Act.

9. Health Insurance Portability and Accountability Act (HIPAA) and 42 CFR PART 2
 - a. To the extent that State and Contractor are HIPAA Covered Entities and/or Programs under 42 CFR Part 2, each agrees that it will comply with HIPAA's Privacy Rule, Security Rule, Transaction and Code Set Rule and Breach Notification Rule and 42 CFR Part 2 (as now existing and as may be later amended) with respect to all Protected Health Information and substance use disorder treatment information that it generates, receives, maintains, uses, discloses or transmits in the performance of its functions pursuant to this Agreement. To the extent that Contractor determines that it is a HIPAA Business Associate of the State and/or a Qualified Service Organization of the State, then the State and Contractor will enter into a HIPAA Business Associate Agreement and a Qualified Service Organization Agreement that complies with applicable laws and is in a form acceptable to both the State and Contractor.
 - i. Contractor must not share any protected health data and information provided by the State that falls within HIPAA requirements except as permitted or required by applicable law or to a network provider/subcontractor as appropriate under this agreement.
 - ii. Contractor must ensure that any network provider/subcontractor will have the same obligations as Contractor not to share any protected health data and information from the State that falls under HIPAA requirements in the terms and conditions of the subcontract.
 - iii. Contractor must only use the protected health data and information for the purposes of this Contract.
 - iv. Contractor must have written policies and procedures addressing the use of protected health data and information that falls under the HIPAA requirements. The policies and procedures must meet all applicable federal and State requirements including the HIPAA regulations. These policies and procedures must include restricting access to the protected health data and information by Contractor's employees.
 - v. Contractor must have a policy and procedure to immediately report to the State any suspected or confirmed unauthorized use or disclosure of protected health data and information that falls under the HIPAA requirements of which Contractor becomes aware. Contractor must work with the State to mitigate the breach and will provide assurances to the State of corrective actions to prevent further unauthorized uses or disclosures.
 - vi. Failure to comply with any of these Contractual requirements may result in the termination of this Contract in accordance with Section 24 Termination for Cause in the Standard Contract Terms. In accordance with HIPAA requirements, Contractor is liable for any claim, loss or damage relating to unauthorized use or disclosure of protected health data and information by Contractor received from the State or any other source.
 - vii. Contractor must enter into a business associate agreement.
 - viii. All recipient information, medical records, data and data elements collected, maintained, or used in the administration of this Contract must be protected by Contractor from unauthorized disclosure as required by State and federal regulations. Contractor must provide safeguards that restrict the use or disclosure of information concerning recipients to purposes directly connected with its administration of the contract.
 - ix. Contractor must have written policies and procedures for maintaining the confidentiality of all protected information.

10. Ethical Conduct

State administration of this Contract is subject to the State of Michigan State Ethics Act: Act 196 of 1973, "Standards of Conduct for Public Officers and Employees. Act 196 of 1973 prescribes standards of conduct for public officers and employees." The State administration of this Contract is subject to the State of Michigan Governor's Executive Order No: 2001-03, "Procurement of Goods and Services from Vendors."

11. Conflict of Interest

Contractor and the State are subject to the federal and State conflict of interest statutes and regulations that apply to Contractor under this Contract, including Section 1902(a)(4)(C) and (D) of the Social Security Act: 41 U.S.C. Chapter 21 (formerly Section 27 of the Office of Federal Procurement Policy Act (41 U.S.C. 423): 18 U.S.C. 207): 18 U.S.C. 208: 42 CFR 438.58: 45 CFR Part 92: 45 CFR Part 74: 1978 PA 566: and MCL 330.1222.

12. Human Subject Research

Contractor must comply with Protection of Human Subjects Act, 45 CFR, Part 46, subpart A, Sections 46.101-124 and HIPAA. Contractor must, prior to the initiation of the research, submit Institutional Review Board (IRB) application material for all research involving human subjects, which is conducted in programs sponsored by the State or in programs which receive funding from or through the State of Michigan, to the State's IRB for review and approval, or the IRB application and approval materials for acceptance of the review of another IRB. All such research must be approved by a federally assured IRB, but the State's IRB can only accept the review and approval of another institution's IRB under a formally approved interdepartmental agreement. The manner of the review will be agreed upon between the State's IRB Chairperson and Contractor's IRB Chairperson or Executive Officer(s).

13. Fiscal Soundness of the Risk-Based Contractor

Federal regulations require that the risk-based Contractor maintain a fiscally solvent operation and the State has the right to evaluate the ability of Contractor to bear the risk of potential financial losses, or to perform services based on determinations of payable amounts under the Contract.

14. Medicaid Policy

Contractor must comply with provisions of Medicaid policy developed under the formal policy consultation process, as established by the Medical Assistance Program.

15. Service Requirements

- a. Contractor must limit Medicaid and MICHild services to those that are medically necessary and appropriate, and that conform to accepted standards of care.
- b. Contractor must operate the provision of their Medicaid services consistent with the applicable sections of the Social Security Act, the Code of Federal Regulations (CFR), the CMS/HCFA State Medicaid & State Operations Manuals, Michigan's Medicaid State Plan, and the Michigan Medicaid Provider Manual: Mental Health-Substance Use Disorder Section.
- c. Contractor must provide covered State plan or 1915(c) services (for beneficiaries enrolled in the Michigan Medicaid Managed Specialty Services and Supports Program) in sufficient amount, duration and scope to reasonably achieve the purpose of the service.
- d. Consistent with 42 CFR 440.210 and 42 CFR 440.220, services to recipients must not be reduced arbitrarily.
- e. Criteria for medical necessity and utilization control procedures that are consistent with the medical necessity criteria/service selection guidelines specified by the State and based on practice standards may be used to place appropriate limits on a service (42 CFR 440.230).

16. Home and Community Based Setting (HCBS) Transition Implementation

- a. In order to ensure compliance with the HCBS rule Contractor must complete the following: administer the assessment process for new and existing providers, review and analyze data collected from the assessment, notify providers of a need for corrective action (if required), develop a corrective action plan, ensure corrective action is implemented and monitor ongoing compliance. Contractor will develop a process to ensure settings are surveyed with a frequency identified by the State. Contractor will provide the State with its proposal to address those settings that do not comply with the required HCBS assessment process, including timelines. Contractor will provide updated reports to the State specifying assessment activities taken and required remediation or validation activities as identified by the State.
- b. Contractor must ensure that all new providers of HCBS services complete the HCBS Comprehensive Assessment. Contractor may provide provisional approval to the new provider as long as the setting does not qualify for heightened scrutiny. When a setting qualifies for heightened scrutiny, Contractor must communicate this to the HCBS Transition team, who will determine the required next steps, that must include an individualized consultation.
 - i. Contractor must ensure that provisionally approved providers and beneficiaries receive the comprehensive HCBS assessment within 90 days of the beneficiaries' IPOS. Contractors must ensure providers complete this assessment and subsequent remediation/validation processes in order to be eligible for HCBS funding.
- c. Contractor must ensure that all HCBS final rule requirements are met, as described in the Michigan Medicaid Provider Manual.
- d. Contractor must not enter into new contracts with new providers of services covered by the Federal HCBS Rule (42 CFR Parts 430,431, 435, 436, 440, 441 and 447) unless the provider has obtained provisional approval status through completion of the HCBS New Provider Application, demonstrating that the provider does not require heightened scrutiny. Provisional approval allows a new provider or an existing provider with a new setting, service, or licensee to provide services to HCBS participants pending the full assessment process. Providers and participants will receive the comprehensive HCBS assessment during the first assessment cycle occurring 90 days post provisional approval. Providers will complete the HCBS assessment and cooperate with Contractor to demonstrate 100% compliance with the Federal HCBS rule and State requirements as promulgated by the MDHHS and documented in the Michigan Statewide Transition Plan. Failure to complete the provisional approval process and the ongoing compliance assessments will result in the exclusion from participating in Medicaid or Healthy Michigan Plan funded HCBS services. Contractor must monitor their provider panel annually for ongoing compliance with the HCBS rule and implement a system to remove providers from the regions network due to failure to meet requirements of the rule. Contractor must maintain documentation of this annual review and/or removal from its provider network. Contractor must make all HCBS provider network status collected data available to the State and, upon request, to CMS.
- e. Contractor shall conduct a physical assessment of the setting annually and the comprehensive assessments at least once every two years to ensure that the setting remains home and community based.
- f. Please reference the Home and Community Based Setting (HCBS) Monitoring Requirements Technical Advisory which is located on the MDHHS Policy and Practice Guidelines website, <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/mentalhealth/practiceguidelines> for further detail on these

requirements.

17. Electronic Visit Verification (EVV)

In accordance with Section 12006(a) of the 21st Century Cures Act, Contractor must implement EVV for all Medicaid Personal Care Services (PCS) that requires an in-home visit by a provider. This applies to PCS provided under Sections 1905(a)(24), 1915(c), 1915(i), 1915(j), 1915(k), and Section 1115; and HHCS provided under 1905(a)(7) of the Social Security Act or a waiver.

18. Application Programming Interface (API)

In accordance with 42 CFR 438.242(b)(5), Contractor must implement an Application Programming Interface (API) as specified in 42 CFR 431.60 (beneficiary access to and exchange of data) as if such requirements applied directly to the Contractor.

19. Methadone

Pursuant to 2023 PA 119 Section 965 and any properly promulgated successor guidance issued, Contractor shall maintain a bundled rate at not less than \$19.00 per unit for the administration and services of methadone (procedure code H0020).

20. Waskul Settlement Agreement

Contractor must comply with all terms and conditions of the Waskul Settlement Agreement once it is approved, and all contingencies have been met.

21. Programs or Activities No Longer Authorized by Law

Should any part of the scope of work under this Contract relate to a State program that is no longer authorized by law (e.g., which has been vacated by a court of law, or for which CMS has withdrawn federal authority, or which is the subject of a legislative repeal), Contractor must do no work on that part after the effective date of the loss of program authority. The State will adjust capitation rates to remove costs that are specific to any program or activity that is no longer authorized by law. If Contractor works on a program or activity no longer authorized by law after the date the legal authority for the work ends, Contractor will not be paid for that work. If the state paid Contractor in advance to work on a no-longer-authorized program or activity and under the terms of this Contract the work was to be performed after the date the legal authority ended, the payment for that work should be returned to the State. However, if Contractor worked on a program or activity prior to the date legal authority ended for that program or activity, and the State included the cost of performing that work in its payments to Contractor, Contractor may keep the payment for that work even if the payment was made after the date the program or activity lost legal authority.

S. Program Integrity

The State, MDHHS-Office of Inspector General (OIG) is responsible for overseeing the program integrity activities of Contractor and all subcontracted entities/network providers consistent with this Contract and the requirements under 42 CFR 438.608.

1. General:

- a. To the extent consistent with applicable Federal and State law, including, but not limited to 42 CFR Part 2, HIPAA, and the Michigan Mental Health Code, Contractor must disclose protected health information to MDHHS-OIG or the Department of Attorney General upon their written request, without first obtaining authorization from the beneficiary to disclose such information.
- b. Contractor must have administrative and management arrangements or procedures for compliance with 42 CFR 438.608. Such arrangements or procedures must identify program integrity compliance activities that will be delegated per 42 CFR 438.230 and how Contractor will monitor those activities.
- c. Contractor that makes or receives annual payments under this Contract of at least \$5,000,000 to a provider, must make provision for written policies for all employees of the entity, and of any contractor or agent of the entity, that provide detailed

information about the False Claims Act and other Federal and State laws described in Section 1902(a)(68) of the Act, including information about rights of employees to be protected as whistleblowers.

- d. Contractor must require all contracted providers that make or receive annual payments under this Contract of at least \$5,000,000 to agree to comply with Section 6032 of the Deficit Reduction Act (DRA) of 2005.
- e. Contractor must have written documentation of internal controls and policies and procedures in place that are designed to prevent, detect, and report known or suspected Fraud, Waste, and Abuse activities. The arrangements or procedures must include the following:
 - i. Contractor must have a program integrity compliance program as defined in 42 CFR 438.608. The program integrity compliance program and plan must include, at a minimum, all of the following elements:
 - 1) Written policies, procedures, and standards of conduct that articulate Contractor's commitment to comply with all applicable Fraud, Waste, and Abuse requirements and standards under this Contract, and all applicable Federal and State requirements.
 - a) Standards of Conduct – Contractor must have written standards of conduct that clearly state the Contractor's commitment to comply with all applicable statutory, regulatory and Medicaid program requirements. The standards of conduct must be written in an easy-to-read format and distributed to all employees. All employees must be required to certify that they have read, understand, and agree to comply with the standards.
 - b) Written Compliance Policies and Procedures – Contractor must have comprehensive written compliance policies and procedures, developed under the direction of the compliance officer and Compliance Committee, which direct the operation of the compliance program. The written compliance policies and procedures must include, at a minimum, the following elements:
 - i) Duties and responsibilities of the compliance officer and Compliance Committees.
 - ii) How and when employees will be trained.
 - iii) Procedures for how employee reports of noncompliance will be handled.
 - iv) Guidelines on how the compliance department/officer will interact with other individuals and departments (e.g., human resources, legal counsel, etc.).
 - v) Duties and responsibilities of management in promoting compliance among employees and responding to reports of non-compliance.
 - vi) Ensuring that prospective employees receive appropriate background screening and agree to abide by the Contractor's code of conduct.
 - vii) Conducting periodic reviews, at least annually, of the code of conduct and the compliance policies and procedures.
 - viii) Procedures for the monitoring of compliance in Contractor and subcontractor/network provider systems and processes.
 - ix) Procedures for the monitoring of potential Fraud, Waste, and Abuse in provider billings and beneficiary utilization.
 - x) Procedures for performing an investigation of targets selected

- for audit, including triage and review processes.
- x) Reporting confidentiality and non-retaliation policy.
 - xii) Information about the False Claims Act and other Federal and State laws described in section 1902(a)(68) of the Act, including information about rights of employees to be protected as whistleblowers.
 - xiii) Written policies and procedures pertaining to cooperation in investigations or prosecutions.
 - xiv) The prohibition of any managed care entity (MCE) employee also being employed or contracted with one of their subcontractors, network providers, or providers.
- 2) The designation of a compliance officer who is responsible for developing and implementing policies, procedures, and practices designed to ensure compliance with the requirements of the contract and who reports directly to the chief executive officer (CEO) and the Board of Directors.
- a) Contractor must designate a compliance officer whose primary responsibility is to oversee the implementation and maintenance of the compliance program. The CEO, chief financial officer (CFO), and chief operating officer (COO), or any other individuals operating in these roles, may not operate in the capacity of the compliance officer.
 - b) The compliance officer must have adequate authority and independence within the Contractor's organizational structure in order to make reports directly to the board of directors and/or to senior management concerning actual or potential cases of non-compliance.
 - c) The compliance officer must also report directly to corporate governance on the effectiveness and other operational aspects of the compliance program.
 - d) The compliance officer's responsibilities must encompass a broad range of duties including, but not limited to, the investigation of alleged misconduct, the development of policies and rules, training officers, directors, and staff, maintaining the compliance reporting mechanism and closely coordinating with the internal audit function of the Contractor.
- 3) Maintenance of a Regulatory Compliance Committee comprised of individuals from the Board of Directors and senior management charged with overseeing the Contractor's compliance program and its compliance with requirements under the Contract.
- a) Contractor must establish a Regulatory Compliance Committee that will advise the compliance officer and assists in the maintenance of the compliance program.
 - b) The compliance officer will remain duty-bound to report on and correct alleged fraud and other misconduct.
 - c) The compliance officer must chair the Regulatory Compliance Committee.
 - d) The Regulatory Compliance Committee must meet no less than quarterly.
- 4) A system for annual training and education for the compliance officer, Contractor's senior management, and Contractor's employees regarding fraud, waste and abuse, and the federal and State standards and requirements under this Contract. While the compliance officer may provide training to Contractor's employees, "effective" training for the compliance

officer means it cannot be conducted by the compliance officer to himself/herself.

- a) Formal Training Programs – Contractor must provide general compliance training to all employees, officers, managers, supervisors, board members and long-term temporary employees that effectively communicates the requirements of the compliance program, including the company’s code of conduct and applicable Medicaid statutory, regulatory, and contractual requirements.
 - i) Contractor must also determine under what circumstances it may be appropriate to train nonemployee agents and contractors.
 - ii) Employees, officers, managers, supervisors, and Board members must be required to attend compliance training sessions and to sign certifications that they have completed the appropriate sessions.
 - iii) The initial compliance training for new employees must occur within 90 days of the date of hire.
 - iv) Contractor must provide annual refresher compliance training that highlights compliance program changes or other new developments. The refresher training should re-emphasize Medicaid statutory, regulatory, and contractual requirements and the Contractor’s code of conduct.
 - b) Informal On-going Compliance Training – Contractor must employ additional, less formal means for communicating its compliance message such as posters, newsletters, and Intranet communications. The compliance officer must be responsible for the content of the compliance messages and materials distributed to employees and managers.
- 5) Effective lines of communication between the compliance officer and the Contractor’s employees.
- a) Hotline or Other System for Reporting Suspected Noncompliance – Contractor must have mechanisms in place for employees and others to report suspected or actual acts of non-compliance.
 - i) In order to encourage communications, confidentiality and non-retaliation policies must be developed and distributed to all employees.
 - ii) Contractor must use e-mails, newsletters, suggestion boxes, and other forms of information exchange to maintain open lines of communication.
 - iii) A separate mechanism, such as a toll-free hotline, must be employed to permit anonymous reporting of non-compliance.
 - iv) Matters reported through the hotline or other communication sources that suggest substantial violations of compliance policies or health care program statutes and regulations must be documented and investigated promptly to determine their veracity.
 - v) Contractor must create an environment in which employees feel free to report concerns or incidents of wrongdoing without fear of retaliation or retribution, when making a good faith report of non-compliance.
 - b) Routine Communication and Access to the compliance officer –

Contractor must have a general “open door” policy for employee access to the compliance officer and the Compliance Department staff. Staff must be advised that the compliance officer’s duties include answering routine questions regarding compliance or ethics issues.

- i) The compliance officer must establish, implement, and maintain processes to inform the Contractor’s employees of procedure changes, regulatory changes, and contractual changes.
- 6) Enforcement of standards through well-publicized disciplinary guidelines.
- a) Consistent Enforcement of Disciplinary Policies – Contractor must maintain written policies that apply appropriate disciplinary sanctions on those officers, managers, supervisors, and employees who fail to comply with the applicable statutory and Medicaid program requirements, and with the Contractor’s written standards of conduct. These policies must include not only sanctions for actual noncompliance, but also for failure to detect non-compliance when routine observation or due diligence should have provided adequate clues or put one on notice. In addition, sanctions should be imposed for failure to report actual or suspected non-compliance.
 - i) The policies must specify that certain violations, such as intentional misconduct or retaliating against an employee who reports a violation, carry more stringent disciplinary sanctions.
 - ii) In all cases, disciplinary action must be applied on a case-by-case basis and in a consistent manner.
 - iii) Contractor may identify a list of factors that will be considered before disciplinary action will be imposed. Such factors may include degree of intent, amount of financial harm to the company or the government or whether the wrongdoing was a single incident or lasted over a long period of time.
 - b) Employment of, and Contracting with, Ineligible Persons – Contractor must have written policies and procedures requiring a reasonable and prudent background investigation to determine whether prospective employees and prospective non- employee subcontractors/network providers or agents were ever criminally convicted, suspended, debarred, or excluded from participation in a federal program.
 - i) Contractor must also conduct periodic reviews of current employees and/or subcontractors/network providers and agents to determine whether any have been suspended or debarred or are under criminal investigation or indictment. If an employee or non-employee agent or subcontractor/network provider is found to be ineligible, Contractor must have a written policy requiring the removal of the employee from direct responsibility for, or involvement with, the Medicaid program, or for the termination of the subcontract/network providers, as appropriate.
- 7) Establishment and implementation, and ongoing maintenance of procedures and a system with dedicated staff for routine internal monitoring and auditing of compliance risks, prompt response to compliance issues as they are raised, investigation of potential compliance problems as identified in the course of self-evaluation and audits, correction of such problems promptly and thoroughly (or coordination of suspected criminal acts with law enforcement agencies) to reduce the potential for recurrence, and ongoing compliance with requirements under the Contract.

- a) Auditing – Contractor must have a comprehensive internal audit system to ensure that the Contractor is in compliance with the range of contractual and other MDHHS requirements in critical operations areas. The internal auditors must be independent from the section/department under audit. The auditors must be competent to identify potential issues within the critical review areas and must have access to existing audit resources, relevant personnel, and all relevant operational areas. Written reports must be provided to the compliance officer, the Compliance Committee and appropriate senior management. The reports must contain findings, recommendations and proposed corrective actions that are discussed with the compliance officer and senior management.
 - i) Contactor must ensure that regular, periodic evaluations of its compliance program occur to determine the program’s overall effectiveness. This periodic evaluation of program effectiveness may be performed internally, either by the compliance officer or other internal source - or by an external organization. These periodic evaluations must be performed at least annually, or more frequently, as appropriate.
- b) Monitoring – Contactor must maintain a system to actively monitor compliance in all operational areas. Contractor must have a means of following up on recommendations and corrective action plans resulting from either an internal compliance audit or MDHHS review to ensure timely implementation and evaluation.
 - i) Contractor must have a Questionnaire that includes questions regarding whether any exiting employee observed any violations of the compliance program, including the code of conduct, as well as any violations of applicable statutes, regulations, and Medicaid program requirements during the employee’s tenure with the Contractor. The Compliance Department must review any positive responses to questions regarding compliance violations.
- ii. Provision for prompt notification to MDHHS when it receives information about changes in an Enrollee’s circumstances that may affect the Enrollee’s eligibility, including but not limited to:
 - 1) Changes in the Enrollee’s residence.
 - 2) The death of an Enrollee.
- iii. Provision for notification to MDHHS-OIG when it receives information about a change in a network provider’s circumstances that may affect the network provider’s eligibility to participate in the managed care program, including the termination for cause of the provider agreement with the Contractor.
- iv. Provision for a method to verify, by sampling or other methods, whether services that have been represented to have been delivered by network providers were received by Enrollees and the application of such verification processes on a regular basis.
 - 1) Contractor must have methods for identification, investigation, and referral of suspected Fraud cases (42 CFR § 455.13, 455.14, 455.21).
 - a) Contractor must respond to all MDHHS-OIG audit referrals with Contractor’s initial findings report within the timeframe designated in the MDHHS-OIG referral. Initial findings means prior to the provider receiving a final notice with appeal rights.
 - 2) Contractor may request a one-time extension in writing (email) to MDHHS-

OIG no less than two (2) business days prior to the due date, if the Contractor is unable to provide the requested information within the designated timeframe. The request must include a status update and estimated date of completion.

- 3) Contractor must have adequate staffing and resources to investigate unusual incidents and develop and implement corrective action plans to assist the Contractor in preventing and detecting potential Fraud, Waste, and Abuse activities.
 - a) Special Investigations Unit – The Contractor must operate a distinct Fraud, Waste, and Abuse Unit, Special Investigations Unit (SIU).
 - i) The investigators in the unit must detect and investigate Fraud, Waste, and Abuse by its Michigan Medicaid Enrollees and providers. It must be separate from the Contractor’s utilization review and quality of care functions. The unit can either be a part of the Contractor’s corporate structure or operate under contract with the Contractor.
 - ii) On a yearly basis, the Contractor’s SIU must conduct program integrity training to improve information sharing between departments within the Contractor, such as Provider Credentialing, Payment Integrity, Customer Service, Human Resources, and the General Counsel, and to enhance referrals to the SIU regarding Fraud, Waste, and Abuse within the Contractor’s Medicaid program.
 1. The yearly training must include a component specific to Michigan Medicaid and the Contractor’s approach to address current Fraud, Waste and Abuse within the program.
 - iii) Data Mining Activities – Contractor must have surveillance and utilization control programs and procedures (42 CFR § 456.3, 456.4, 456.23) to safeguard the Medicaid funds against unnecessary or inappropriate use of Medicaid services and against improper payments. Data Mining must be performed at least annually. Methods may include, but are not limited to statistical models, complex algorithms, and pattern recognition programs to detect possible fraudulent or abusive practices. The Contractor must report all data mining activities performed (including all program integrity cases opened as a result) within the previous quarter to MDHHS-OIG. See Quarterly Submissions section of this Contract for the method and timing of such reporting.
 - iv) Preliminary Investigations – Contractor must promptly perform a preliminary investigation of all incidents of suspected Fraud, Waste, and Abuse. The Contractor must report all program integrity cases opened within the reporting period to MDHHS-OIG (see Quarterly Submissions section of this Contract for the method and timing of such reporting). All confirmed or suspected provider Fraud must immediately be reported to MDHHS-OIG (see Reporting Fraud, Waste, or Abuse section of this Contract).
 - v) Audit Requirements – Contractor must conduct risk-based auditing and monitoring activities of provider transactions,

including, but not limited to, claim payments, vendor contracts, credentialing activities and Quality of Care/Quality of Service concerns that indicate potential Fraud, Waste, or Abuse. These audits should include a retrospective medical and coding review on the relevant claims.

- vi) Prepayment Review – If the Contractor subjects a provider to prepayment review or any review requiring the provider to submit documentation to support a claim prior to the Contractor considering it for payment, as a result of suspected Fraud, Waste and/or Abuse, the Contractor must notify MDHHS-OIG in accordance with the Quarterly Reporting requirements of this Contract for the method and timing of such reporting.
 - v. Provision for written policies for all employees of the Contactor, and of any contractor or agent, that provide detailed information about the False Claims Act and other Federal and State laws described in section 1902(a)(68) of the Act, including information about rights of employees to be protected as whistleblowers.
 - 1) Contractor must include in any employee handbook a description of the laws and the rights of employees to be protected as whistleblowers.
 - vi. Provisions for internal monitoring and auditing of compliance risks. Audits must include post payment reviews of paid claims to verify that services were billed appropriately (e.g., correct procedure codes, modifiers, quantities). Acceptable audit methodology examples include:
 - 1) Record review, including statistically valid random sampling and extrapolation to identify and recover overpayments made to providers.
 - 2) Beneficiary interviews to confirm services rendered.
 - 3) Provider self-audit protocols.
 - 4) The frequency and quantity of audits performed should be dependent on the number of fraud, waste, and abuse complaints received, as well as high risk activities identified through data mining and analysis of paid claims.
 - vii. Provisions for Contractor's prompt response to detected offenses and for the development of corrective action plans. "Prompt Response" is defined in this Contract as action taken within 15 business days of receipt and identification by Contractor of the information regarding a potential compliance problem.
 - viii. Dissemination of the contact information (addresses and toll-free telephone numbers) for reporting fraud, waste, or abuse by network provider/subcontractors of Contractor to both Contractor and the MDHHS-OIG. Dissemination of this information must be made to all Contractors network providers/subcontractors and members annually. Contractor must indicate that reporting of fraud, waste or abuse may be made anonymously.
2. Once all applicable appeal periods have been exhausted, Contractor must adjust all associated encounter claims identified as part of their Program Integrity activities within 45 days. Failure to comply may result in a gross adjustment for the determined overpayment amount to be taken from Contractor.
- a. Contractor must resolve outstanding encounter corrections in the timeframe designated in any authorization granted by MDHHS-OIG.
 - b. All adjustments must be performed regardless of recovery from the Subcontractor and/or Network Provider.
3. Biannual meetings will be held between MDHHS-OIG and all Contractor Compliance Officers to train and discuss fraud, waste, and abuse.
4. Subcontracted Entities and Network Providers
- a. Contractor must include program integrity compliance provisions and guidelines in all contracts with subcontracted entities and network providers.

- b. If program integrity compliance activities are delegated to subcontractors as outlined in 42 CFR 438.230, the subcontract must contain the following:
 - i. Designation of a compliance officer.
 - ii. Submission to Contractor of quarterly reports detailing program integrity compliance activities.
 - iii. Assistance and guidance by Contractor with audits and investigations, upon request of the subcontracted entity.
 - iv. Provisions for routine internal monitoring of program integrity compliance activities.
 - v. Prompt response to potential offenses and implementation of corrective action plans.
 - vi. Prompt reporting of fraud, waste, and abuse to Contractor.
 - vii. Implementation of training procedures regarding fraud, waste, and abuse for the subcontracted entities' employees at all levels.
 - c. Annually, Contractor must submit a list of their subcontracted entities and network providers using the template created by MDHHS-OIG.
 - i. Contractor must maintain a list that contains all facility locations where services are provided, or business is conducted. This list must contain Billing Provider NPI numbers assigned to the entity, what services the entity is contracted to provide, and provider email address(es).
5. Investigations
- a. Contractor must investigate program integrity compliance complaints to determine whether a potential credible allegation of fraud exists. If a potential credible allegation of fraud exists, Contractor must refer the matter to MDHHS-OIG (see Reporting of Fraud, Waste, or Abuse) and pause any recoupment/recovery in connection with the potential credible allegation of fraud until receiving further instruction from MDHHS-OIG.
 - b. To the extent consistent with applicable law, including but not limited to 42 CFR Part 2, HIPAA, and the Michigan Mental Health Code, Contractor must cooperate fully in any investigation or prosecution by any duly authorized government agency, including but not limited to: MDHHS-OIG or the Department of Attorney General, whether administrative, civil, or criminal. Such cooperation shall include providing, upon request, information, access to records, and access to schedule interviews with designated Contractor employees and consultants, including but not limited to those with expertise in the administration of the program and/or in medical or pharmaceutical questions or in any matter related to the investigation or prosecution. Contractor must follow the procedures and examples contained within processes and associated guidance provided by MDHHS-OIG.
 - i. Contractor must maintain written policies and procedures pertaining to cooperation in investigations or prosecutions.
6. Reporting Fraud, Waste, or Abuse
- a. Upon receipt of allegations involving fraud, waste, or abuse regardless of entity (i.e., Contractor, employee, subcontracted entity and/or network providers, provider, or member), Contractor must perform a preliminary investigation.
 - b. Questions regarding whether suspicions should be classified as fraud, waste, or abuse should be presented to MDHHS-OIG for clarification prior to making the referral.
 - c. Upon completion of the preliminary investigation, if Contractor determines a potential credible allegation of fraud exists, and an overpayment of \$5,000 or greater is identified (cases under this amount shall not be referred to OIG), Contractor must:
 - i. Promptly refer the matter to MDHHS-OIG and Attorney General-Health Care Fraud Division (AG-HCFD). These referrals must be made using the MDHHS-OIG Fraud Referral Form. The form must be completed in its entirety, as well as follow the procedures and examples contained within the MDHHS-OIG guidance document.
 - ii. Share referral via secure File Transfer Process (sFTP) using Contractor's applicable

MDHHS-OIG/AG-HCFD sFTP areas.

- iii. Cooperate in presenting the fraud referral to the OIG and AG-HCFD at an agreed upon time and location.
 - iv. Defend their potential credible allegation of fraud in any appeal should the referral result in a suspension issued by MDHHS-OIG. After reporting a potential credible allegation of fraud, Contractor shall not take any of the following actions unless otherwise instructed by OIG:
 - 1) Contact the subject of the referral about any matters related to the referral.
 - 2) Enter into or attempt to negotiate any settlement or agreement regarding the referral with the subject of the referral; or
 - 3) Accept any monetary or other thing of valuable consideration offered by the subject of the referral in connection with the findings/overpayment.
 - d. Upon making a referral, the Contractor must immediately cease all efforts to take adverse action against or collect overpayments from the referred provider until authorized by MDHHS-OIG.
 - e. If a draft/potential referral is declined prior to Contractor sending a final potential credible allegation of Fraud, Contractor must follow MDHHS-OIG reporting procedures.
 - f. If the State successfully prosecutes and makes a recovery based on a Contractor referral where the Contractor has sustained a documented loss, the State shall not be obligated to repay any monies recovered to the Contractor. Unless otherwise directed by the State, the correction of associated encounter claims is not required.
 - g. Contractor must refer all potential Enrollee Fraud, Waste or Abuse that the Contractor identifies to MDHHS via the local MDHHS office or through <https://www.michigan.gov/fraud> (File a Complaint - Medicaid Complaint Form). In addition, the Contractor must report all of Fraud, Waste and Abuse referrals made to MDHHS on their quarterly submission described in the Quarterly Submissions of this Contract.
 - h. Contractor must report all suspicion of waste or abuse on the Quarterly Submission described in the Quarterly Submissions section of this Contract.
 - i. Documents containing protected health information or protected personal information must be submitted in a manner that is compliant with applicable Federal and State privacy rules and regulations, including but not limited to HIPAA.
7. Overpayments
- Contractor must report identified and/or recovered overpayments due to fraud, waste, or abuse to MDHHS-OIG.
- a. If Contractor identifies an overpayment involving potential fraud prior to identification by MDHHS-OIG, Contractor refers the findings to MDHHS-OIG and waits for further instruction from MDHHS-OIG prior to recovering the overpayment.
 - b. If Contractor identifies an overpayment involving waste or abuse prior to identification by MDHHS-OIG, Contractor must void or correct applicable encounters, should recover the overpayment, and must report the overpayment on its quarterly submission (see Quarterly Submissions section of this Contract).
 - c. If a subcontractor/network provider identifies an overpayment, they must agree to:
 - i. Notify Contractor, in writing, of the reason for the overpayment and the date the overpayment was identified.
 - ii. Return the overpayment to Contractor within 60 calendar days of the date the overpayment was identified.
 - d. Contractor shall include a provision in all contracts with subcontractors and/or network providers giving Contractor the right to recover overpayments directly from providers for the post payment evaluations initiated and performed by the Contractor. These overpayment provisions do not apply to any amount of a recovery to be retained under

False Claims Act cases or through other investigations.

- i. Contractor must specify:
 - 1) The retention policies for the treatment of recoveries of all overpayments from the Contractor and/or Subcontractors to provider, including specifically the retention policies for the treatment of recoveries of overpayments due to fraud, waste, or abuse.
 - 2) The process, timeframes, and documentation required for reporting the recovery of all overpayments.
 - 3) The process, timeframes, and documentation required for payment of recoveries of overpayments to the state in situations where the Contractor and/or Subcontractor is not permitted to retain some or all recoveries of overpayments.
8. Contractor must send all program integrity notifications and reports to the MDHHS-OIG sFTP. The Contractor must follow the procedures and examples contained within the MDHHS-OIG submission forms and accompanying guidance documents. See Schedule E for the listing of notification forms and reports and their respective due dates.
9. Quarterly Submissions
 - a. Contractor must provide information on program integrity compliance activities performed quarterly using the template provided by the MDHHS-OIG. Data mining activities must be performed at least annually; monthly or quarterly application is considered the best practice standard. Program integrity compliance activities must be included.
 - b. All program integrity activities performed each quarter must be reported to MDHHS-OIG according to Schedule E, Reporting Requirements.
 - c. Contractor must provide MDHHS-OIG with documentation to support that these program integrity compliance activities were performed by its subcontractors in its quarterly submission to the MDHHS-OIG.
 - d. Contractor must include any improper payments identified and amounts adjusted in encounter data and/or overpayments recovered by Contractor during the course of its program integrity activities. It is understood that identified overpayment recoveries may span multiple reporting periods. This report also includes a list of the individual encounters corrected. To ensure accuracy of reported adjustments, Contractor must:
 - i. Purchase at minimum one (1) license for MDHHS-OIG's case management software. This license will be utilized to upload report submissions to the case management system and to check the completeness and accuracy of report submissions.
 - ii. For medical equipment, supplies, or prescription provided, adjust any encounter for an enrollee to zero dollars paid. If the encounter with a dollar amount cannot be adjusted to zero dollars paid, then the encounters with dollars paid must be voided and resubmitted with zero dollars paid.
 - iii. Specify if overpayment amounts were determined via sample and extrapolation or claim-based review. In instances where extrapolation occurs, Contractor may elect to correct claims, and thus encounters, as they see fit.
 - iv. Specify encounters unavailable for adjustment in CHAMPS due to the encounter aging out or any other issue.
 - 1) These encounters must be identified by Contractor and reported to MDHHS-OIG. MDHHS-OIG will record a gross adjustment to be taken out of Contractor's next capitation payment.
 - v. Report only corrected encounters associated with post payment evaluations that resulted in a determined overpayment amount.
10. Pursuant to 42 CFR § 438.608(d)(3), on an annual basis, Contractor must submit to MDHHS-OIG, in a format determined by MDHHS-OIG, an annual Program Integrity Report containing

details of the improper payments identified, overpayments recovered, and costs avoided for the program integrity activities conducted by the Contractor for the preceding year. The report also must address the Contractor's plan of activities for the current and upcoming fiscal year. The report must include all provider and service-specific program integrity activities. The report must include an attestation confirming compliance with the requirements found in 42 CFR § 438.608 and 42 CFR § 438.610.

- a. Pursuant to 42 CFR § 438.606, the annual Program Integrity Report must be certified by either the Contractor's chief executive officer; chief financial officer; or an individual who reports directly to the chief executive officer or chief financial officer with delegated authority to sign for the chief executive officer or chief financial officer so that the chief executive officer or chief financial officer is ultimately responsible for the certification. The certification must attest that, based on best information, knowledge and belief, the information specified is accurate, complete, and truthful.
11. Any excluded individuals and entities discovered in the screening described in the Contractor Ownership and Control Interest section of this Contract, including the provider applications and credentialing documentation, must be reported to the federal HHS-OIG and MDHHS-OIG, in a format determined by MDHHS-OIG, within 20 Business Days of discovery.
 12. Contractor must submit to MDHHS-OIG, in a format determined by MDHHS-OIG, a Quarterly Provider Prepayment Review Placement Log for providers placed on prepayment review as a result of a program integrity activity.
 13. Provider Manual and Bulletins – Contractor must issue Provider Manual and Bulletins or other means of provider communication to the providers of medical, behavioral, dental and any other services covered under this Contract. The manual and bulletins must serve as a source of information to providers regarding Medicaid covered services, policies and procedures, statutes, regulations, and special requirements to ensure all Contract requirements are being met. The Contractor may distribute the provider manual electronically (e.g., via its website) as long as providers are notified about how to obtain the electronic copy and how to request a hard copy at no charge to the provider. Should these items be captured within the subcontract/agreements, that would also meet contractual requirements.
 - a. Contractor's Provider Manual must provide all of its providers with, at a minimum, the following information:
 - i. Description of the Michigan Medicaid managed care program and covered populations.
 - ii. Scope of Benefits.
 - iii. Covered Services.
 - iv. Emergency services responsibilities.
 - v. Grievance/appeal procedures for both Enrollee and provider.
 - vi. Medical necessity standards and clinical practice guidelines.
 - vii. Contractor's policies and procedures including, at a minimum, the following information:
 - 1) Policies regarding provider enrollment and participation.
 - 2) Policies detailing coverage and limits for all covered services.
 - 3) Policies and instructions for billing and reimbursement for all covered services.
 - 4) Policies regarding record retention.
 - 5) Policies regarding Fraud, Waste and Abuse.
 - 6) Policies and instructions regarding how to verify beneficiary eligibility.
 - viii. Primary care physician responsibilities.
 - ix. Requirements regarding background checks.
 - x. Other subcontractors'/network providers' responsibilities.
 - xi. Prior authorization and referral procedures.

- xii. Claims submission protocols and standards, including instructions and all information necessary for a clean claim.
 - xiii. Medical records standards.
 - xiv. Payment policies.
 - xv. Enrollee rights and responsibilities.
 - xvi. Self-reporting mechanisms and polices.
 - b. Contractor must review its Provider Manual, Bulletins and all provider policies and procedures at least annually to ensure that Contractor's current practices and Contract requirements are reflected in the written policies and procedures.
 - c. Contractor must submit Provider Manual, Bulletin and or other means of provider communications to MDHHS-OIG upon request.
- 14. Subcontractor and/or Network Provider Agreements – Contractor must submit its subcontractor and/or network provider agreements to MDHHS-OIG upon request.
- 15. MDHHS-OIG Sanctions
 - a. When MDHHS-OIG sanctions (suspends and/or terminates from the Medicaid Program) providers, including for a credible allegation of fraud under 42 CFR 455.23, Contractor must, at minimum, apply the same sanction to the provider upon receipt of written notification of the sanction from MDHHS-OIG. Contractor may pursue additional measures/remedies independent of the State. If MDHHS OIG lifts a sanction, Contractor may elect to do the same.
- 16. MDHHS-OIG Onsite Reviews
 - a. MDHHS-OIG may conduct onsite reviews of Contractor and/or its subcontracted entities/network providers.
 - b. To the extent consistent with applicable law, including, but not limited to 42 CFR Part 2, HIPAA, and the Michigan Mental Health Code, Contractor is required to comply with MDHHS-OIG's requests for documentation and information related to program integrity and compliance.
- 17. Contractor Ownership and Control Interest
 - a. According to 42 CFR 438.610 Prohibited affiliations, Contractor may not knowingly have a relationship of the type described in paragraph (c) of this Section with the following:
 - i. An individual or entity that is debarred, suspended, or otherwise excluded from participating in procurement activities under the Federal Acquisition Regulation (FAR) or from participating in non-procurement activities under regulations issued under Executive Order No. 12549 or under guidelines implementing Executive Order No. 12549.
 - ii. An individual or entity who is an affiliate, as defined in the FAR at 48 CFR 2.101, of a person described in paragraph (a)(i) of this Section.
 - b. Contractor may not knowingly have a relationship with an individual or entity that is excluded from participation in any Federal health care program under section 1128 or 1128A of the act.
 - c. The relationships described in paragraph (a) of this Section, are as follows:
 - i. A director, officer, or partner of Contractor.
 - ii. A subcontractor and/or network provider of Contractor, as governed by 42 CFR 438.230.
 - iii. A person with beneficial ownership of five percent (5%) or more of Contractor's equity.
 - iv. A subcontractor and/or network provider or person with an employment, consulting, or other arrangement with Contractor for the provision of items and/or services that are significant and material to Contractor's obligations under its Contract with the State.
 - d. Contractor must agree and certify it does not employ or contract, directly or indirectly, with:

- i. Any individual or entity excluded from Medicaid or other federal health care program participation under Sections 1128 (42 U.S.C. § 1320a-7) or 1128A (42 U.S.C. § 1320a) of the Social Security Act for the provision of health care, utilization review, medical social work or administrative services or who could be excluded under Section 1128(b)(8) of the Social Security Act as being controlled by a sanctioned individual.
 - ii. Any individual or entity discharged or suspended from doing business with Michigan Medicaid; or
 - iii. Any entity that has a contractual relationship (direct or indirect) with an individual convicted of certain crimes as described in Section 1128(b)(8) of the Social Security Act.
 - e. Contractor must provide written disclosure of any director, officer, partner, managing employee, person with beneficial ownership of more than 5% of the Contractor's equity, network provider, subcontractor, or person with employment, consulting, or any other contractual agreement who is (or is affiliated with a person/ entity that is) debarred, suspended, or otherwise excluded from participating in procurement activities under the FAR or from participating in non-procurement activities under regulations issued under Executive Order No. 12549 or under guidelines implementing such order; and any individual or entity that is excluded from participation in any Federal health care program under section 1128 or 1128A of the Act.
 - f. If MDHHS learns that the Contractor has a prohibited relationship as described above and provided by FAR, Executive Order No. 12549, or under section 1128 or 1128A of the Act, MDHHS may continue an existing agreement with the Contractor unless CMS directs otherwise. MDHHS may not renew or otherwise extend the duration of an existing agreement with the Contractor unless CMS provides to MDHHS and to Congress a written statement describing compelling reasons that exist for renewing or extending the agreement despite prohibited affiliations.
 - g. MDHHS may refuse to enter into or renew a contract with the Contractor if any person who has an ownership or control interest in the Contractor, or who is an Agent or managing employee of the Contractor, has been convicted of a criminal offense related to that person's involvement in any program established under Medicare, Medicaid, or the Title XX Services Program. Additionally, MDHHS may refuse to enter into or may terminate the Contract if it determines that the Contractor did not fully and accurately make any disclosure required under this section of the contract.
 - h. Contractor must comply with the Federal regulations to obtain, maintain, disclose, and furnish required information about ownership and control interests, business transactions, and criminal convictions as specified in 42 CFR 455.104-106. In addition, Contractor must ensure that any and all contracts, agreements, purchase orders, or leases to obtain space, supplies, equipment, or services provided under the Medicaid agreement require compliance with 42 CFR §455.104-106.
 - i. Pursuant to 42 CFR 455.104: the State will review ownership and control disclosures submitted by Contractor and any of Contractor's subcontractors and/or network providers. Contractor is required to identify and report whether an individual or entity with an ownership or control interest in the disclosing entity is related to another individual with an ownership or control interest in the disclosing entity as a spouse, parent, child, or sibling and/or whether the individual or entity with an ownership or control interest in any subcontractor in which the disclosing entity has a five percent (5%) or more interest is related to another individual with ownership or control interest as a spouse, parent, child, or sibling. Contractor is also required to identify the name of any other disclosing entity in which an owner of the disclosing entity has an ownership or control interest.
18. Network Provider Medicaid Enrollment – Pursuant to 42 CFR § 438.602(b)(1), all network

providers of the Contractor must enroll with the Michigan Medicaid Program.

- a. The State will screen and enroll, and periodically revalidate all enrolled Medicaid providers.
- b. Contractor must require all applicable network providers are enrolled in the Michigan Medicaid Program via the State's Medicaid Management Information System.
 - i. Contractor may execute network provider agreements, pending the outcome of screening, enrollment, and revalidation, of up to 120 days but must terminate a network provider immediately upon notification from the State that the network provider cannot be enrolled or the expiration of one 120-day period without enrollment of the provider, and notify affected enrollees.
- c. Contractor must verify and monitor its network providers' Medicaid enrollment.
- d. Exclusions Monitoring:
 - i. At the time of provider enrollment or re-enrollment in Contractor's provider network, and whenever there is a change in ownership or control of the provider entity, Contractor must search the following databases to ensure that the provider entity, and any individuals with ownership or control interests in the provider entity (direct or indirect ownership of five percent (5%) or more or a managing employee), have not been excluded from participating in federal health care programs.
 - 1) Office of Inspector General's (OIG) exclusions database, which can be found at <https://exclusions.oig.hhs.gov/>. This list includes parties excluded from federal programs and may also be referenced as the "excluded parties lists" (EPLS).
 - 2) The State of Michigan Sanctioned Provider list, which can be found at the following internet address: <https://www.michigan.gov/mdhhs/doing-business/providers/providers/billingreimbursement/list-of-sanctioned-providers> .
 - 3) System for Award Management (SAM) information can be found in this contract under the Federal Provisions Addendum.
 - ii. Contractor must search the OIG exclusions database and the State of Michigan Sanctioned Provider list monthly to capture exclusions and reinstatements that have occurred since the last search, or at any time providers submit new disclosure information.
 - iii. Contractor must notify the MDHHS OIG immediately using the approved OIG reporting form and process if search results indicate that any of their network's provider entities, or individuals or entities with ownership or control interests in a provider entity are on the OIG exclusions database. Contractor must also provide notification to MDHHS OIG if it has taken any administrative action that limits a provider's participation in the Medicaid program.

T. Fiscal Audits and Compliance Examinations

1. Required Audit and Compliance Examination`

Contractor must submit to the State, a Financial Statement Audit and a Compliance Examination as described below. Contractor must also submit a Corrective Action Plan for any audit or examination findings that impact State-funded programs, and the management letter (if issued) with a response.
2. Financial Statement Audit
Contractor must submit to the State a Financial Statement Audit prepared in accordance with generally accepted auditing standards (GAAS).
3. Compliance Examination
Contractor must submit a contract end date (September 30) Compliance Examination conducted in accordance with the American Institute of CPA's (AICPA's) Statements on Standards for Attestation Engagements (SSAE) 18 Attestation Standards – Clarification and

Recodification AT-C Section 205, and the MDHHS Appeal Process for Compliance Examination Decisions Guidelines which can be found on the MDHHS website:

<https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/mentalhealth/practiceguidelines>.

4. Due Date and Where to Send

The required Financial Statement Audit, Compliance Examination, and any other required submissions (i.e. Corrective Action Plan and management letter with a response) must be submitted to the State within 30 days after receipt of the practitioner's reports, but no later than June 30 following the Contract year end by e-mail to MDHHS-AuditReports@michigan.gov. The required materials must be assembled as one document in a PDF file compatible with Adobe Acrobat (read only). The subject line must state Contractor name and fiscal year end. The State reserves the right to request a hard copy of the materials if for any reason the electronic submission process is not successful.

5. Penalty

If Contractor does not submit the required Financial Statement Audit, Compliance Examination, and applicable Corrective Action Plans by the due date and an extension has not been approved by the State, the State may withhold from the current funding an amount equal to 5% of the audit year's funding (not to exceed \$200,000) until the required filing is received by the State. The State may retain the amount withheld if Contractor is more than 120 days delinquent in meeting the filing requirements and an extension has not been approved by the State. This is a contract enforcement mechanism and not a sanction per Sec 232b of the Mental Health Code.

6. Management Decisions

The State will issue a management decision on findings, comments, and questioned costs contained in Contractor Financial Statement Audit and Compliance Examination Report. The management decision relating to the Financial Statement Audit will be issued within six months after the receipt of a complete and final reporting package. The management decision relating to the Compliance Examination will be issued within eight months after the receipt of a complete and final reporting package. The management decision will include whether or not the finding or comment is sustained; the reasons for the decision, and the expected Contractor action to repay disallowed costs, make financial adjustments, or take other action. Prior to issuing the management decision, the State may request additional information or documentation from Contractor, including a request for practitioner verification or documentation, as a way of mitigating disallowed costs. The appeal process available to Contractor relating to the State management decisions on Compliance Examination findings, comments, and disallowed costs can be found on the MDHHS website: <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/mentalhealth/practiceguidelines>.

7. Other Audits

The State or federal agencies may also conduct or arrange for additional audits to meet their needs.

8. Reviews and Audits

- a. The State and federal agencies may conduct reviews and audits of Contractor regarding performance under this Contract. The State will make good faith efforts to coordinate reviews and audits to minimize duplication of effort by Contractor and independent auditors conducting audits and compliance examinations.
- b. These reviews and audits will focus on Contractor compliance with State and federal laws, rules, regulations, policies, and waiver provisions, in addition to Contract provisions and Contractor policy and procedure.
- c. The State reviews and audits will be conducted according to the following protocols, except when conditions appear to be severe and warrant deviation or when State or

federal laws supersede these protocols.

i. State Reviews

- 1) As used in this Section, a review is an examination or inspection by the State or its agent, of policies and practices, in an effort to verify compliance with requirements of this Contract.
- 2) The State will schedule onsite reviews at mutually acceptable start dates to the extent possible, with the exception of those reviews for which advance announcement is prohibited by rule or federal regulation, or when the deputy director for the Health Care Administration determines that there is demonstrated threat to consumer health and welfare or substantial threats to access to care.
- 3) Except as precluded in Standard Contract Terms 31. Disclosure of Litigation, or Other Proceeding above, the protocol and/or instrument to be used to review Contractor, or a detailed agenda if no protocol exists, will be provided to Contractor at least 30 days prior to the review.
- 4) At the conclusion of the review, the State will conduct an exit conference with Contractor. The purpose of the exit conference is to allow the State to present the preliminary findings and recommendations.
- 5) Following the exit conference, the State will generate a report within 45 days identifying the findings and recommendations that require a response by Contractor.
 - a) Contractor will have 30 days to provide a Correction Action Plan (CAP) for achieving compliance. Contractor may also present new information to the State that demonstrates it was in compliance with the questioned provisions at the time of the review. (New information can be provided anytime between the exit conference and the CAP). When access or care to individuals is a serious issue, Contractor may be given a much shorter period to initiate corrective actions, and this condition may be established, in writing, as part of the exit conference identified in (d) above. If, during a State on-site visit, the site review team member identified an issue that places a participant in imminent risk to health or welfare, the site review team would invoke an immediate review and response by Contractor, which must be completed in seven calendar days.
 - b) The State will review the CAP, seek clarifying or additional information from Contractor as needed, and issue an approval of the CAP within 30 days of having required information from Contractor. The State will take steps to monitor Contractor's implementation of the CAP as part of performance monitoring.
 - c) The State will protect the confidentiality of the records, data and knowledge collected for or by individuals or committees assigned a peer review function in planning the process of review and in preparing the review or audit report for public release.
- 6) State follow-up will be conducted to ensure that remediation of out-of-compliance issues occur within 90 days after the CAP is approved by the State.

ii. State Audits

- 1) The State and/or federal agencies may inspect and audit any financial records of the entity or its network provider/subcontractors. As used in this Section, an audit is an examination of Contractor's and its contract service

providers' financial records, policies, contracts, and financial management practices, conducted by the MDHHS Bureau of Audit, or its agent, or by a federal agency or its agent, to verify Contractor's compliance with legal and contractual requirements.

- 2) The State will schedule State audits at mutually acceptable start dates to the extent possible. The State will provide Contractor with a list of documents to be audited at least 30 days prior to the date of the audit. An entrance meeting will be conducted with Contractor to review the nature and scope of the audit.
- 3) State audits of Contractor will generally supplement the independent auditor's Compliance Examination and may include one or more of the following objectives (the State may, however, modify its audit objectives as deemed necessary):
 - a) to assess Contractor's effectiveness and efficiency in complying with the Contract and establishing and implementing specific policies and procedures as required by the Contract; and
 - b) to assess Contractor's effectiveness and efficiency in reporting their financial activity to the State in accordance with Contractual requirements: applicable federal, State, and local statutory requirements; Medicaid regulations; and applicable accounting standards; and
 - c) to determine the State's share of costs in accordance with applicable State requirements and agreements, and any balance due to/from Contractor.
- 4) To accomplish the above listed audit objectives, State auditors will review Contractor's documentation, interview Contractor staff members, and perform other audit procedures as deemed necessary. The audit report and appeal process can be found on the MDHHS website:
<https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/mentalhealth/practiceguidelines>.

9. Financial Management System

- a. Contractor must maintain all pertinent financial and accounting records and evidence pertaining to this Contract based on financial and statistical records that can be verified by qualified auditors. Contractor must comply with generally accepted accounting principles (GAAP) for government units when preparing financial statements. Contractor and their network providers/subcontractors must use the principles and standards of 2 CFR 200 Subpart E for determining all costs related to the management and provision of MMSSSP services reported on the financial status report. The accounting and financial systems established by Contractor must be a double entry system having the capability to identify application of funds to specific funding streams participating in service costs for individuals.
- b. The accounting system must be capable of reporting the use of these specific fund sources by major population groups. In addition, cost accounting methodology used by Contractor must ensure consistent treatment of costs across different funding sources and assure proper allocation to costs to the appropriate source. Contractor must comply with the Standard Cost Allocation (SCA) methodology established by MDHHS when assigning the fund source and ensure subcontractors comply with SCA methodology.
- c. Contractor must maintain adequate internal control systems. An annual independent audit must evaluate and report on the adequacy of the accounting system and internal control systems.

1.1 Transition

- A. See Section 26 Transition Responsibilities of the Standard Contract Terms.
- B. If this Contract is canceled or expires and is not renewed, the following will take effect:
 - 1. Within 45 days following the end date of this Contract, Contractor must provide interim financial, performance, and other reports as required.
 - 2. Within two years following the end date of this Contract, Contractor must provide final financial, performance, and other reports as required.
 - 3. Payment for any and all valid claims for services rendered to covered beneficiaries prior to the effective end date are the responsibility of Contractor.
 - 4. The portion of all Medicaid Internal Service Fund (ISF), Medicaid Savings, and any other reserves, and related interest, held by Contractor that were funded with the State's funds are owed to the State within 90 days, less amounts needed to cover outstanding claims or liabilities, unless otherwise directed in writing by the State.
 - 5. Reconciliation of equipment with a value exceeding \$5,000, purchased by Contractor or its provider network with funds provided under this Contract, since January 1, 2015, will occur as part of settlement of this Contract. Contractor must submit, to the State, an inventory of equipment meeting the above specifications within 45 days of the end date. The inventory listing must identify the current value and proportion of Medicaid funds used to purchase each item, and whether or not the equipment is required by Contractor as part of continued service provision to the continuing service population. The State will provide written notice within 90 days or less of any needed settlements concerning the portion of funds ending. If Contractor disposes of the equipment, the appropriate portion of the value must be returned to the State (or used to offset costs in the final financial report).
 - 6. All financial, administrative, and clinical records under Contractor's responsibility must be retained according to the retention schedules in place by the Department of Technology, Management and Budget's (DTMB) General Schedule #20 at: https://www.michigan.gov/dtmb/-/media/Project/Websites/dtmb/Services/Records-Management/RMS_GS20.pdf?rev=9df833feb31e40c9a7438d5c4ef711f1&hash=DC32AC21A9F07F49855DB2B2550D7E10 unless these records are transferred to a successor organization or Contractor is directed otherwise in writing by the State.

1.2 Specific Standards

A. IT Policies, Standards and Procedures (PSP)

All services and products provided as a result of this contract must comply with all applicable State IT policies and standards. Contractor is required to review all applicable links provided below and ensure compliance.

Public IT Policies, Standards and Procedures (PSP):

[DTMB - IT Policies, Standards & Procedures \(michigan.gov\)](#)

B. Acceptable Use Policy

To the extent that Contractor has access to the State's computer system, Contractor must comply with the State's Acceptable Use Policy, see [1340.00.130.02 Acceptable Use of Information Technology \(michigan.gov\)](#). All Contractor Personnel will be required, in writing, to agree to the State's Acceptable Use Policy before accessing the State's system. The State reserves the right to terminate Contractor's access to the State's system if a violation occurs.

C. SOM Digital Standards

All software items provided by Contractor must adhere to the State of Michigan Application/Site Standards which can be found at www.michigan.gov/standards.

D. ADA Compliance

The State is required to comply with the Americans with Disabilities Act of 1990 (ADA) and has

adopted standards and procedures regarding accessibility requirements for websites and software applications. All websites, applications, software, and associated content and documentation provided by Contractor as part of the Solution must comply with Level AA of the World Wide Web Consortium (W3C) Web Content Accessibility Guidelines (WCAG) 2.0.

1.3 Hosting

Contractor must maintain and operate a backup and disaster recovery plan to achieve a Recovery Point Objective (RPO) (maximum amount of potential data loss in the event of a disaster) of 24 hours, and a Recovery Time Objective (RTO) (maximum period of time to fully restore the Hosted Services in the case of a disaster) of 24 hours.

2. Staffing, Organizational Structure, Governing Body, and Subcontractors

2.1. Contractor Representative

Contractor must appoint individuals, specifically assigned to State of Michigan accounts, that will respond to State inquiries regarding the Contract Activities, answering questions related to ordering and delivery, etc. (the "Contractor Representative").

2.2. Customer Service Toll-Free Number

Contractor must specify its toll-free number for the State to make contact with Contractor Representative. Contractor Representative must be available for calls during the hours of 8:00 a.m. to 5:00 p.m. EST.

2.3. Work Hours

Contractor must provide Contract Activities during the State's normal working hours Monday – Friday, 8:00 a.m. to 5:00 p.m. EST, and possible night and weekend hours depending on the requirements of the project.

2.4. Key Personnel

- A. Contractor must appoint individuals who will be directly responsible for the day-to-day operations of the Contract ("Key Personnel"). Key Personnel must be specifically assigned to the State account, be knowledgeable on the contractual requirements, and respond to State inquiries within 48 hours.
- B. Administrative Personnel Requirements
 1. Contractor must employ or contract with sufficient administrative staff to comply with all program standards and applicable Mental Health Code requirements. At a minimum, Contractor must specifically staff positions listed below:
 - a. Executive director/chief executive officer.
 - b. Medical director.
 - c. Quality improvement director.
 - d. Chief financial officer.
 - e. Chief information officer.
 - f. Compliance officer.
 - g. Grievance and appeals coordinator.
 - h. Special Investigations unit (SIU) manager/liaison
 2. Contractor must ensure all staff have appropriate training, education, experience, appropriate licensure and liability insurance coverage to fulfill the requirements of the position.
 - a. Contractor must assure that all Contract employees receive annual training in recipient rights protection. Contractor must forward any recipient rights complaints filed against a Contract employee to MDHHS-Office of Recipient Rights (ORR) for review and possible investigation.
 3. Resumes for all staff listed above must be provided to the State upon request. Resumes

must include detailed, chronological work experience.

C. Executive Personnel

1. Contractor must inform the State, in writing, within seven (7) days of vacancies or staffing changes for the staff listed above.
2. Contractor must fill vacancies for the staff listed above with qualified persons within six (6) months of the vacancy unless an extension is granted by the State.

2.5. Criminal Background Checks

A. Contractor (or network provider/subcontractor), in accordance with the general purposes and objectives of this Contract, must ensure that each direct-hire or contractually employed individual health care staff and/or practitioner meets all background checks, applicable licensing, scope of practice, contractual, and Medicaid Provider Manual (MPM) requirements.

B. Contractor must:

1. Conduct a search that reveals information substantially similar to information found on an Internet Criminal History Access Tool (ICHAT) check and a national and state sex offender registry check for each new employee, subcontractor, subcontractor employee, or volunteer (including students and interns) who works under this Contract.
 - a. ICHAT: <https://apps.michigan.gov/>
 - b. Michigan Public Sex Offender Registry: <https://mspsor.com/>
 - c. National Sex Offender Registry: <https://www.nsopw.gov/>
2. Conduct a Central Registry (CR) check for each new employee, subcontractor, subcontractor employee, or volunteer (including students and interns) who under this Contract works directly with children.
 - a. Central Registry: https://www.michigan.gov/mdhhs/0,5885,7-339-73971_7119_50648_48330-180331--,00.html
3. Require each new employee, subcontractor, subcontractor employee, or volunteer (including students and interns) who works under this Contract, works directly with enrollees, or who has access to enrollee information to notify Contractor in writing of criminal convictions (felony or misdemeanor), pending felony charges, or placement on the CR as a perpetrator, at hire or within ten (10) days of the event after hiring.
4. Use information from the Medicaid Provider Manual (General Information for Providers; Section 6 – Denial of Enrollment, Termination and Suspension; Item 6.1 – Termination or Denial of Enrollment) and the Social Security Act (Subsection 1128(a)(b)), to determine whether to prohibit any employee, subcontractor, subcontractor employee, or volunteer (including students and interns) from performing work directly with enrollees or accessing enrollee information related to enrollees under this Contract, based on the results of a positive ICHAT response, reported criminal felony conviction, or perpetrator identification.
5. Use information from the Medicaid Provider Manual (General Information for Providers; Section 6 – Denial of Enrollment, Termination and Suspension; Item 6.1 – Termination or Denial of Enrollment) and the Social Security Act (Subsection 1128(a)(b)), to determine whether to prohibit any employee, subcontractor, subcontractor employee or volunteer (including students and interns) from performing work directly with children under this Contract, based on the results of a positive CR response or reported perpetrator identification.

2.6. Organizational Chart/Contractor Organizational Structure

Contractor must provide annually a current organizational chart that lists staff members and subcontractors, by name and title. (see Schedule E for submission information). Contractor must maintain an administrative and organizational structure that supports a high quality, comprehensive managed care program inclusive of all behavioral health specialty services. Contractor's

management approach and organizational structure must ensure effective linkages between administrative areas including provider network service, customer service, service area network development, quality improvement and utilization review, grievance/complaint review, financial management and health information systems. Effective linkages are determined by outcomes that reflect coordinated management.

2.7. Use of Subcontractors

- A. Contractor must be able to demonstrate compliance with all contract activities set forth in this Contract either directly or through formal delegation of a specified contract activity to a subcontractor through a written subcontract agreement as specified in 42 CFR 438.230.
- B. In accordance with 42 CFR 434.6 and 42 CFR 438.230 the term “subcontract(s)” includes contractual agreements between Contractor and any other entity, including a provider, that performs any function or service for Contractor related to securing or fulfilling Contractor’s required contract activities and obligations under the terms of the Contract. The term does not include network provider agreements that are limited in scope to the provision of covered services to enrollees (i.e., the actual delivery of clinical care). Examples of subcontractor classifications include but are not limited to:
 1. Engaging in provider network development
 2. Health Benefit Managers (HBMs) – entities that arrange for the provision of health services covered under this Contract.
 3. Administrative Subcontractors – entities that perform administrative functions required by this Contract such as claims payment, delegated credentialing, and utilization management.
- C. All subcontracts must be in writing and incorporate the terms and conditions contained in this Contract. Contractor must comply with all subcontract requirements specified in 42 CFR 438.230 and comply with federal and state laws, Medicaid regulations, and sub regulatory guidance.
- D. All subcontracts, if using Medicaid funds, must fulfill the requirements of 42 CFR 434.6. All subcontracts are subject to review by the State at its discretion.
- E. Contractor shall be held fully liable and retain full responsibility for the performance and completion of all Contract requirements regardless of whether Contractor performs the work or subcontracts for services. Contractor (and subcontractors, as applicable) must monitor the performance of all subcontractors on an ongoing basis. This includes conducting formal reviews consistent with industry standards. Both Contractor and subcontractor must take corrective action on any identified deficiencies or areas of improvement.
- F. Contractor must obtain the approval of MDHHS before subcontracting any portion of the Contract requirements and must submit the subcontractor agreement and delegation grid to MDHHS annually, any time there is a material change, or upon request.
- G. Contractor must fulfill the requirements of 42 CFR 438.230 by ensuring there is a written agreement that specifies the activities and report responsibilities delegated to Subcontractors and provides for revoking delegation or imposing other sanctions if the Subcontractor’s performance is inadequate, see the MDHHS Policies and Practice Guidelines <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/mentalhealth/practiceguidelines> for a model agreement. All agreements are subject to review by the State at its discretion.
 1. If Contractor determines revocation of a delegation to a subcontractor is appropriate, Contractor must provide notice of such action to MDHHS ten (10) business days in advance of issuing such notice to the subcontractor.
 2. If Contractor identifies deficiencies or areas for improvement, Contractor and the Subcontractor must take corrective action, including when appropriate, revoking delegation or imposing other sanctions if the Subcontractor’s performance is

inadequate. Contractor must provide:

- a. Quarterly report to MDHHS of all subcontractor noncompliance and/or areas of subcontractor performance that were below standards or expectations of this Contract. This notice must include name of subcontractor and delegated functions; a brief description of specific non-compliance or performance deficiency; what action Contractor took to resolve the concerns; including specific monitoring is being completed by Contractor; whether the concern has been resolved; and if not fully resolved what actions are occurring or planned to resolve the issue.
 - b. Any information or documentation related to subcontractor deficiency, inadequacy, or non-compliance to MDHHS upon request. Responsive information to such request by MDHHS must be produced to MDHHS within ten (10) business days.
- H. Contractor must develop, maintain, and submit policies and procedures addressing auditing and monitoring subcontractors' performance, data, and data submission, including evaluation of prospective subcontractors' abilities prior to contracting with the subcontractor to perform services, collection of performance and financial data to monitor performance on an ongoing basis and conducting formal, periodic, and random reviews. Contractor must incorporate all subcontractors' data into Contractor's performance and financial data for a comprehensive evaluation and identify subcontractor improvement areas.
- I. Fiscal Viability of Subcontractors.
Contractor must maintain a system to evaluate and monitor the financial viability of all subcontractors and risk bearing provider groups, including but not limited to CMHSPs. At least annually, Contractor must make documentation of its review available to MDHHS upon request. MDHHS reserves the right to review these documents during Contactor site visits.
- J. Delegation of Network Development.
When Contractor delegates network development responsibilities to a subcontractor including a CMHSP, the subcontracts must address the following, in accordance with 42 CFR 438.230:
1. Duty to treat and accept referrals
 2. Prior authorization requirements
 3. Access standards and treatment timelines
 4. Relationship with other providers
 5. Reporting requirements and time frames
 6. Quality Assurance/Quality Improvement (QA/QI) Systems
 7. Payment arrangements (including coordination of benefits) and solvency requirements.
 8. Financing conditions consistent with this Contract
 9. Compliance with Office of Civil Rights Policy Guidance on Title VI "Language Assistance to Persons with Limited English Proficiency"
 10. Early and Periodic Screening, Diagnostic and Treatment (EPSDT) requirements
 11. Requirement to comply with the "Quality Assessment and Performance Improvement Programs for Specialty Prepaid Health Plans", which can be found on the MDHHS website: <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/mentalhealth/practiceguidelines> and require the subcontractor to cooperate with Contractor's quality improvement and utilization review activities
 12. Provisions for the immediate transfer of recipients to a different provider if their health or safety is in jeopardy.
 13. Network providers right to discuss treatment options with a recipient that may not reflect Contractor's position or may not be covered by Contractor.
 14. Network providers right to advocate on behalf of the recipient in any grievance or utilization review process, or individual authorization process to obtain necessary health care services.

15. Requirement to meet accessibility standards, both as established in Medicaid policy, and this Contract.
- K. In accordance with 42 CFR 422.216, Contractor must establish payment rates for plan covered items and services that apply to deemed providers. Contractor may vary payment rates for providers in accordance with 42 CFR 422.4(a)(3).
1. Providers must be reimbursed on a fee-for-service basis.
 2. Contractor must make information on its payment rates available to providers that furnish services that may be covered under Contractor's private fee-for-service plan.
 3. Contractor must pay for services of noncontract providers in accordance with 42 CFR 422.100(b)(2).
- L. In accordance with 42 CFR 422.208, any physician incentive plan operated by a Contractor, or its subcontractor, must meet the following requirements:
1. Contractor makes no specific payment, directly or indirectly, to a physician or physician group as an inducement to reduce or limit medically necessary services furnished to any particular enrollee. Indirect payments may include offerings of monetary value (such as stock options or waivers of debt) measured in the present or future.
 2. If the physician incentive plan places a physician or physician group at substantial financial risk (as determined in this Section) for services that the physician or physician group does not furnish itself, Contractor must assure that all physicians and physician groups at substantial financial risk have either aggregate or per-patient stop-loss protection in accordance with this Section.
 - a. For all physician incentive plans, Contractor must provide to CMS, and to any Medicaid beneficiary, the information specified in 42 CFR 422.210.
 - b. Contractor must provide a copy of specific contract language used for incentive, bonus, withhold or sanction provisions (including sub-capitations) to the State at least 30 days prior to the subcontract effective date. The State reserves the right to require an amendment of the subcontract if the provisions appear to jeopardize individuals' access to services. The State will provide notice of approval or disapproval of proposed contract language within 25 days of receipt.
- M. In accordance with 42 CFR 447.325, Contractor may pay the customary charges of the provider but must not pay more than the prevailing charges in the locality for comparable services under comparable circumstances.
- N. Contractor, and its subcontractors, as applicable, must retain, as applicable, beneficiary grievance and appeal records in accordance with 42 CFR 438.416, base data in 42 CFR 438.5(c), MLR reports in 42 CFR 438.8(k), and the data, information, and documentation specified in 42 CFR 438.604, 438.606, 438.608, and 438.610 for a period of no less than 10 years.
- O. In accordance with 42 CFR 438.230(c), all subcontracts must allow the State, CMS, the HHS Inspector General, the Comptroller General, or their designees to have the right to audit, evaluate, and inspect any books, records, contracts, computer, or other electronic systems of the subcontractor, or of the subcontractor's contractor, that pertain to any aspect of services and activities performed, or determination of amounts payable under this Contract with the State. The subcontractor must make available, for purposes of an audit, evaluation, or inspection under this Contract, its premises, physical facilities, equipment, books, records, contracts, computer or other electronic systems relating to its Medicaid beneficiaries. The right to audit under this Contract will exist through 10 years from the final date of the Contract period or from the date of completion of any audit, whichever is later.
- P. Accreditation of Network Providers
Contractor (and its subcontractors, as applicable) may enter into network provider agreements for treatment services provided through outpatient, Methadone, sub-acute detoxification and residential providers only with providers accredited by one of the

following accrediting bodies: The Joint Commission (TJC formerly JCAHO); Commission on Accreditation of Rehabilitation Facilities (CARF); the American Osteopathic Association (AOA); Council on Accreditation of Services for Families and Children (COA); National Committee on Quality Assurance (NCQA), or Accreditation Association for Ambulatory Health Care (AAAHC). Contractor, or its subcontractor, must determine compliance through review of original correspondence from accreditation bodies to providers. Accreditation is not needed in order to provide access management system (AMS) services, whether these services are operated by a Contractor or through an agreement with Contractor or for the provision of broker/generalist case management services. Accreditation is required for AMS providers that also provide treatment services and for case management providers that either also provide treatment services or provide therapeutic case management. Accreditation is not required for peer recovery and recovery support services when these are provided through a prevention license.

3. Project Management

3.1. Reporting

A. Release of Report Data

1. Written Approval

Contractor must obtain the State's written approval prior to publishing or making formal public presentations of statistical or analytical material based on its beneficiaries other than as required by this Contract, statute or regulations. The State is the owner of all data made available by the State to Contractor or its agents, network providers/subcontractors or representatives under the Contract.

2. Acceptable Use of State Data

Contractor must not use the State's data for any purpose other than providing the Services to beneficiaries covered by Contractor under any Contract or Program, nor will any part of the State's data be disclosed, sold, assigned, leased or otherwise disposed of to the general public or to specific third parties or commercially exploited by or on behalf of Contractor. No employees of Contractor, other than those on a strictly need-to-know basis, have access to the State's data, except as provided by law.

3. Acceptable Use of Personally Identifiable Data

a. Contractor must not possess or assert any lien or other right against the State's data. Without limiting the generality of this Section, Contractor must only use personally identifiable information as strictly necessary to provide the Services to beneficiaries covered by Contractor under any Contract or Program and must disclose the information only to its employees on a strict need-to-know basis.

b. Contractor must always comply with all laws and regulations applicable to the personally identifiable information.

4. Acceptable Use of Contractor Data

The State is the owner of all State-specific data under the Contract. The State may use the data provided by Contractor for any purpose. The State will not possess or assert any lien or other right against Contractor's data. Without limiting the generality of this Section, the State may use personally identifiable information only as strictly necessary to utilize the Services and must disclose the information only to its employees on a strict need-to-know basis, except as provided by law. Other material developed and provided to the State remains the State's sole and exclusive property.

B. Uniform Data and Reporting

1. To measure Contractor's accomplishments in the areas of access to care, utilization, service outcomes, recipient satisfaction, and to provide sufficient information to track

expenditures and calculate future capitation rates, Contractor must provide the State with uniform data and information as specified by the State as previously agreed, and such additional or different reporting requirements (with the exemption of those changes required by federal or state law and/or regulations) as the parties may agree upon from time to time. Any changes in the reporting requirements, required by state and federal law, will be communicated to Contractor at least 90 days before they are effective unless state or federal law requires otherwise. Both parties must agree to other changes, beyond routine modifications, to the data reporting requirements.

2. Contractor's timeliness in submitting required reports and their accuracy will be monitored by the State and will be considered by the State in measuring the performance of Contractor. Regulations promulgated pursuant to the Balance Budget Act of 1997 (BBA) require that the CEO or designee certify the accuracy of the data.
3. Contractor must cooperate with the State in carrying out validation of data provided by Contractor by making available recipient records and a sample of its data and data collection protocols. Contractor must certify that the data they submit are accurate, complete and truthful. An annual certification from, and signed by, the chief executive officer or the chief financial officer, or a designee who reports directly to either must be submitted annually. The certification must attest to the accuracy, completeness, and truthfulness of the information in each of the sets of data in this Section.
4. The State and Contractor agree to use the Encounter Data Integrity Group (EDIT) for the development of instructions with costing related to procedure codes, and the assignment of Medicaid and non-Medicaid costs. The recommendations from the EDIT group have been incorporated into Schedule E (see Mental Health and Substance Use Disorder Reporting Requirements website at: <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/reporting>).
5. Encounter Data Reporting
In order to assess quality of care, determine utilization patterns and access to care for various health care services, affirm capitation rate calculations and estimates, Contractor must submit encounter data containing detail for each recipient encounter reflecting all services provided by Contractor. Encounter records must be submitted monthly via electronic media in the HIPAA-compliant format specified by the State. Encounter level records must have a common identifier that will allow linkage between the State's and Contractor's health information systems.
6. Encounter Data Reporting Requirements
 - a. Due dates: Encounter data are due within 30 days following adjudication of the claim for the service provided, or in the case of a Contractor whose business practices do not include claims payment, within 30 days following the end of the month in which services were delivered. It is expected that encounter data reported will reflect services for which providers were paid (paid claims), third party reimbursed, and/or any services provided directly by Contractor. Submit the encounter data for an individual on any claims adjudicated, regardless of whether there are still other claims outstanding for the individual for the month in which service was provided. In order that the State can use the encounter data for its federal and State reporting, it must have the count of units of service provided to each consumer during the fiscal year. Therefore, the encounter data for the fiscal year must be reconciled within 90 days of the end of the fiscal year. Claims for the fiscal year that are not yet adjudicated by the end of that period, should be reported as encounters with a monetary amount of "0." Once claims have been adjudicated, a replacement encounter must be submitted.
 - b. Who to Report: Contractor must report the encounter data for all mental health and developmental disabilities (MH/DD) Medicaid beneficiaries in its entire service

area for all services provided under the State's benefit plans. Contractor must report the encounter data for all substance use disorder Medicaid beneficiaries in its service area. Encounter data is collected and reported for every beneficiary for which a claim was adjudicated, or service rendered during the month by Contractor (directly or via contract) regardless of payment source or funding stream. Contractor's and CMHSPs that contract with another Contractor or CMHSP to provide mental health services should include that consumer in the encounter data set. In those cases, Contractor or CMHSP that provides the service via a contract should not report the consumer in this data set. Likewise, Contractor or CMHSPs that contract directly with a MHP, or subcontract via another entity that contracts with a MHP to provide the Medicaid mental health outpatient benefit, should not report the consumer in this data set.

- c. The Health Insurance Portability and Accountability Act (HIPAA) mandates that all consumer level data reported after October 16, 2002, must be compliant with the transaction standards.
 - i. A summary of the relevant requirements is:
 1. Encounter data (service use) is to be submitted electronically on a Health Care Claim form 837, version 5010.
 2. The encounter requires a small set of specific demographic data: gender, diagnosis, Medicaid number, race, and social security number, and name of the consumer.
 3. Information about the encounter such as provider name and identification number, place of service, and amount paid for the service is required.
 4. The 837 includes a "header" and "trailer" that allows it to be uploaded to the CHAMPS system.
 5. Every behavioral health encounter record must have a corresponding Behavioral Health Registry record reported prior to the submission of the Encounter. Failure to report a registry record prior to submitting an encounter for a consumer receiving services will result in the encounter being rejected by the CHAMPS system.
- d. The information on HIPAA contained in this Contract relates only to the data that the State is requiring for its own monitoring and/or reporting purposes and does not address all aspects of the HIPAA transaction standards with which Contractor must comply for other business partners (e.g., providers submitting claims, or third-party payers). Further information is available at: <https://www.michigan.gov/mdhhs/doing-business/providers/hipaa>.
- e. Data that is uploaded to CHAMPS must follow the HIPAA-prescribed formats for encounter data. The 837/5010 includes header and trailer information that identifies the sender and receiver and the type of information being submitted. If data does not follow the formats, entire files could be rejected by the electronic system.
- f. HIPAA also requires that procedure codes, revenue codes and modifiers approved by the CMS be used for reporting encounters. Those codes are found in the most recent edition of the Current Procedural Terminology (CPT) Manual, published by the American Medical Association, the Health Care Financing Administration Common Procedure Coding System (HCPCS), the National Drug Codes (NDC), the Code on Dental Procedures and Nomenclature (CDPN), the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), ICD-10 and the Michigan Uniform Billing Manual. The procedure codes in these coding systems require standard units that must be used in reporting on the 837/5010.

- g. The State has produced a code list of covered Medicaid specialty and HSW, CWP and SEDW supports and services names (as found in the Medicaid Provider Manual) and the CPT or HCPCS codes/service definition/units as soon as the majority of mental health services have been assigned CPT or HCPCS codes. This code list is available on the MDHHS web site:
<https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/reporting>
- h. Stored encounter data will be subject to regular and ongoing quality checks as developed by the State. The State will give Contractor a minimum of 60 days' notice prior to the implementation of new quality data edits; however, the State may implement informational edits without 60 days' notice. When encounter corrections are needed, the encounters are to be voided and replaced. The original encounter record number (Claim Number) is to be included when encounter records are voided and resubmitted.
- i. The following elements reported on the 837/5010 encounter format will be used by the State for Federal and State reporting, Contract Management, and Actuarial Services. The items with an ** are required by HIPAA, and when they are absent will result in rejection of a file. Items with an ** must have 100% of values recorded within the acceptable range of values. Failure to meet accuracy standards on these items may result in Contract action. Refer to HIPAA 837 transaction implementation guides for exact location of the elements. Contractor must consult the HIPAA implementation guides, and clarification documents (on MDHHS's web site) for additional elements required of all 837/5010 encounter formats. The Supplemental Instructions contain field formats and specific instructions on how to submit encounter level data.
 - ii. **1. a. PIHP Plan Identification Number (PIHPID or PIHP CA Function ID)
 The State-assigned 7-digit payer identification number must be used to identify Contractor with all data transactions.
 - iii. 1.b. CMHSP Plan Identification Number (CMHID)
 The State-assigned 7-digit payer identification number must be used to identify the CMHSP with all mental health and/or developmental disabilities transactions.
 - iv. **2. Identification Code/Subscriber Primary Identifier (see the details in the submitter's manual)
 Ten-digit Medicaid number must be entered for a Medicaid or MICHild beneficiary. If the consumer is not a beneficiary, enter the nine-digit Social Security number. If consumer has neither a Medicaid number nor a Social Security number, enter the unique identification number assigned by the CMHSP or CONID.
 - v. **3. Identification Code/Other Subscriber Primary Identifier (please see the details in the submitter's manual)
 Enter the consumer's unique identification number (CONID) assigned by the CMHSP regardless of whether it has been used above.
 - vi. **4. Date of birth
 Enter the date of birth of the beneficiary/consumer.
 - vii. **5. Diagnosis
 Enter the ICD-10 primary diagnosis of the consumer.
 - viii. **6. EPSDT
 Enter the specified code indicating the child was referred for specialty services by the EPSDT screening.
 - ix. **7. Encounter Data Identifier
 Enter specified code indicating this file is an encounter file.

- x. ****8. Line Counter Assigned Number**
A number that uniquely identifies each of up to 50 service lines per claim.
- xi. ****9. Procedure Code**
Enter procedure code from code list for service/support provided. The code list is located on the MDHHS web site. Do not use procedure codes that are not on the code list.
- xii. ***10. Procedure Modifier Code**
Enter modifier as required for Habilitation Supports Waiver services provided to beneficiaries; for Autism Benefit services under EPSDT; for Community Living Supports and Personal Care levels of need; for Nursing Home Monitoring; and for evidence-based practices. See Costing per Code List.
- xiii. ***11. Monetary Amount:**
Enter the charge amount, paid amount, adjustment amount (if applicable), and adjustment code in claim information and service lines. (See <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/reporting>). Click on Instructions for Reporting Financial Information – 837 Encounters; then click Instructions for Reporting Financial Information)
- xiv. ****12. Quantity of Service**
Enter the number of units of service provided according to the unit code type. Only whole numbers should be reported.
- xxiv. **Place of Service Code**
Enter the specified code for where the service was provided, such as an office, inpatient hospital, etc. (See PIHP/CMHSP Encounter Reporting Costing Per Code and Code Chart at <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/reporting>.)
- xxv. **Diagnosis Code Pointer**
Points to the diagnosis code at the claim level that is relevant to the service.
- xxvi. ****15. Date Time Period**
Enter date of service provided (how this is reported depends on whether the Professional, or the Institutional format is used).
- xxvii. ****16. Billing Provider Name**
Enter the name of the Billing Provider for all encounters. (See Instructions for Reporting Financial Information – 837 Encounters; Instructions for Reporting Financial Information at <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/reporting>.) If the Billing Provider is a specialized licensed residential facility, also report the LARA license facility number (See Instructions for Reporting Specialized Residential Facility Details at <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/reporting> Click on Instructions for Reporting Financial Information – 837 Encounters; LARA License Reporting).
- xxviii. ****17. Rendering Provider Name**
Enter the name of the Rendering Provider when different from the Billing Provider (See Instructions for Reporting Financial Information – 837 Encounters; Instructions for Reporting Financial Information at <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/reporting>.)
- xxix. **18. Facility Location of the Specialized Residential Facility**
In instances in which the specialized licensed residential facility is not the Billing Provider, report the name, address, NPI (if applicable) and LARA license of the facility in the Facility Location (2310C loop). (See Instructions for Reporting Financial Information – 837 Encounters; LARA Licensing Reporting at

<https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/reporting.>)

- xxx. **19. *Provider National Provider Identifier (NPI), Employer Identification Number (EIN) or Social Security Number (SSN)* Enter the appropriate identification number for the Billing Provider, and as applicable, the Rendering Provider. (See Instructions for Reporting Financial Information – 837 Encounters; Instructions for Reporting Financial Information at <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/reporting.>)

7. Reporting Requirements for Behavioral Health Treatment Episode Data Set (BH-TEDS)

- a. Technical specifications, including file formats, error descriptions, edit/error criteria, and explanatory materials on record submission are located on MDHHS's website at: <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/reporting.>)
- b. Reporting covered by these specifications includes the following:
- i. BH-TEDS Start Records (due monthly)
 - ii. BH-TEDS Discharge/Update/End Records (due monthly)
 - iii. BH-TEDS Crisis Event Q record (due monthly)
- c. Basis of Data Reporting
- The basis for data reporting policies for Michigan behavioral health includes:
- i. Federal funding awarded to Michigan through the Combined SABG/MHBG Behavioral Health federal block grant.
 - ii. SAMHSA's Behavioral Health Services Information Systems (BHSIS) award agreement administered through Eagle Technologies, Inc that awards the State a contracted amount of funding if the data meet minimum timeliness, completeness and accuracy standards.
 - iii. Legislative boilerplate annual reporting and semi-annual updates
- d. Policies and Requirements Regarding Data
- BH TEDS Data reporting will encompass Behavioral Health services provided to persons supported in whole or in part with MDHHS-administered funds.
- i. Policy:
Reporting is required for all persons whose services are paid in whole or in part with State administered funds regardless of the type of co-pay or shared funding arrangement made for these services.
 - ii. For purposes of State reporting, an admission, or start, is defined as the formal acceptance of a client into behavioral health services. An admission or start has occurred if and only if the person begins receiving behavioral health services.
 - 1) Data definitions, coding and instructions issued by the State apply as written. Where a conflict or difference exists between the State definitions and information developed by Contractor or locally contracted data system consultants, the State definitions are to be used.
 - 2) All SUD data collected and recorded on BH-TEDS must be reported using the proper Michigan Department of Licensing and Regulatory Affairs (LARA) substance use disorder services site license number. LARA license numbers are the primary basis for recording and reporting data to the State at the program level.
 - 3) There must be a unique person identifier number assigned to each individual. It must be 11 characters in length, and alphanumeric. This same number must be used to report data for BH-TEDS and encounters for the individual within Contractor's service region. It is recommended that a method be established by Contractor and funded programs to

ensure that each individual is assigned the same identification number regardless of how many times he/she enters services in any program in the service area, and that the client number be assigned to only one individual.

- 4) Any changes or corrections made on Contractor on forms or records submitted by the program must be made on the corresponding forms and appropriate records maintained by the program. Each Contractor and its programs must establish a process for making necessary edits and corrections to ensure identical records. Contractor is responsible for making sure records at the State level are also corrected via submission of change records in data uploads.
- 5) Contractor must make corrections to all records that are submitted but fail to pass the error checking routine. All records that receive an error code are placed in an error master file and are not included in the analytical database. Unless acted upon, they remain in the error file and are not removed by the State.
- 6) Contractor is responsible for generating each month's data upload to the State consistent with established protocols and procedures. Monthly data uploads must be received by the State via the DEG no later than the last day of the following month.
- 7) Contractor must communicate data collection, recording and reporting requirements to local providers as part of the contractual documentation. Contractor may not add to or modify any of the above to conflict with or substantively affect State policy and expectations as contained herein.
- 8) Statements of the State's policy, clarifications, modifications, or additional requirements may be necessary and warranted. Documentation will be forwarded accordingly.

e. Method for submission

BH-TEDS data are to be submitted in a fixed length format, per the file specifications.

f. Due dates

BH TEDS data are due monthly. Contractor is responsible for generating each month's data upload to the State consistent with established protocols and procedures. Monthly data uploads must be received by the State via the DEG no later than the last day of the following month.

g. Who to report

Contractor must report BH-TEDS data for all individuals with mental health, intellectual/developmental disabilities, and substance use disorders who receive services funded in whole or in part with the State's administered funding. If Contractor is participating in the Medicare/Medicaid integration project, Contractor must not report BH-TEDS records for beneficiaries for whom Contractor's financial responsibility is to a non-contracted provider during the 180-day continuity of care.

8. Coordination of Benefits information is required based on current CMS managed care rules and MDHHS encounter reporting specifications.

C. Ad Hoc Reporting

Notwithstanding the provisions of 3.1.B.1., the State may request from Contractor, on an ad hoc basis, reporting to ascertain compliance with provisions of this agreement. These requests will allow a minimum of 30 days for preparation and submission unless a different time frame is agreed to by all parties.

D. Reports and Annual Appropriation Boilerplate Requirements

Contractor must submit timely reports on annual appropriation boilerplate requirements.

E. Medical Loss Ratio (MLR) Reporting Requirements

The MLR is a measure of the percentage of premium dollars that each Contractor spends on clinical services and quality improvement activities. For each reporting year, MDHHS will require each Contractor to submit an MLR report that includes at least the total incurred claims, expenditures on quality improving activities, expenditures on fraud prevention activities, non-claims costs, premium revenue, taxes and fees, and expenditure allocation methodologies. MDHHS will ensure Contractors are properly identifying and classifying costs across these categories.

1. Contractor must submit a consolidated MLR report to the State for each reporting year as directed by MDHHS and in accordance with 42 CFR 438.8, medical loss ratio standards, and all other regulatory guidance as issued by CMS.
2. Contractor must use the reporting tool provided by MDHHS for MLR reporting requirements and follow the state's reporting instructions for completing the requested information.
 - a. Technical specifications, including file formats, and explanatory materials are located on the MDHHS website at: <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/reporting>
3. The MLR reporting replaces Contractor obligation to complete an administrative cost report. The MLR report must provide sufficient administrative cost reporting to meet the actuarial needs. In addition to information required above this will include non-benefit costs in the following categories:
 - a. Administrative costs.
 - b. Taxes, licensing and regulatory fees, and other assessments and fees.
 - c. Contribution to reserves, risk margin, and cost of capital.
 - d. Other material non-benefit costs.
4. In accordance with 42 CFR 438.8, each PIHP expense must be included under only one type of expense, unless a portion of the expense fits under the definition of, or criteria for, one type of expense and the remainder fits into a different type of expense, in which case the expense must be pro-rated between types of expenses. Expenditures that benefit multiple contracts or populations, or contracts other than those being reported, must be reported on pro rata basis. Expense allocation must be based on a generally accepted accounting method that is expected to yield the most accurate results. Shared expenses, including expenses under the terms of a management contract, must be apportioned pro rata to the contract incurring the expense. Expenses that relate solely to the operation of a reporting entity, such as personnel costs associated with the adjusting and paying of claims, must be borne solely by the reporting entity and are not to be apportioned to the other entities.
5. The credibility adjustment is added to the reported MLR calculation before calculating any remittances. Contractor may not add a credibility adjustment to a calculated MLR if the MLR reporting year experience is fully credible. If Contractor experience is non-credible, it is presumed to meet or exceed the MLR calculation standards.
6. Contractor must aggregate data for all Medicaid eligibility groups covered under the Contract with the State unless the State requires separate reporting and a separate MLR calculation for specific populations.
7. MLR must be equal to or higher than 85 percent and the MLR must be calculated and reported for each MLR reporting year by Contractor.
8. Contractor is not required to make a remittance if it does not meet the minimum MLR standard of 85 percent or higher.
9. Contractor must require any subcontractor providing claims adjudication activities to provide all underlying data associated with MLR reporting to Contractor within 180 days of the end of the MLR reporting year or within 30 days of being requested by

Contractor, whichever comes sooner, regardless of current contractual limitations, to calculate and validate the accuracy of MLR reporting.

10. In any instance where the State makes a retroactive change to the capitation payments for a MLR reporting year where the MLR report has already been submitted to the State, Contractor must re-calculate the MLR for all MLR reporting years affected by the change. In any instance where the State makes a retroactive change to the capitation payments for a MLR reporting year where the MLR report has already been submitted to the State, Contractor must submit a new MLR report meeting the applicable requirements.
11. Contractor must attest to the accuracy of the calculation of the MLR in accordance with the MLR standards when submitting required MLR reports.

F. Finance Planning, Reporting and Settlement

1. The final expenditure report must reflect incurred, but not paid claims. Contractor must provide financial reportson forms and formats specified by the State. Forms and instructions are posted to the State website at: <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/reporting> (See Financial Planning, Reporting and Settlement Section of Schedule E).
2. Contractor must comply with:
 - a. Governmental Accounting Standards Board (GASB) standards for Generally Accepted Accounting Principles
 - b. Audit and Accounting Guide: State and Local Governments, current edition, by AICPA
 - c. 2 CFR 200 Subpart E

G. Public Health Reporting

PA 368 of 1978 requires that health professionals comply with specified reporting requirements for communicable diseaseand other health indicators. Contractor must ensure compliance with all such reporting requirements through its provider contracts.

H. Annual Provider Survey Reporting

In compliance with MDHHS policy bulletin MSA 21-39 (and any properly promulgated successor guidance issued) establishing annual cost reporting requirements for behavioral health service providers contracted with Contractor and/or CMHSPs, Contractor must support the data collection process by providing to MDHHS the contact information for all of their network providers (regardless of whether such network providers contract directly with Contractor or directly with a subcontractor, including a CMSHP). This information is due to MDHHS annually upon request. Contractor must ensure all network providers comply with the MDHHS cost reporting survey process and MDHHS cost reporting policy.

4. Internal Service Fund (ISF)

The establishment of an ISF is a method to secure funds as part of the overall strategy for covering the contractor's total risk exposure while assuring that the majority of Contractor's Medicaid/Healthy Michigan Plan capitated funds are directed towards consumer services rather than risk reserves. Requirements for an ISF are below:

- A. Contractor must establish an ISF.
- B. The defined purpose of the ISF is to allow the Contractor to reserve and use Medicaid/Healthy Michigan capitated funds to pay Contractor's liabilities in excess of 100% of risk corridor annual operating budget as described in Section 7, Risk Corridor. Contractor may not use funds in the ISF to pay liabilities incurred in previous years.
- C. The ISF cannot be funded more than 7.5 % of the annual operating budget in any given year. The maximum limit on the ISF fund balance reflects contractors' total risk liability (100% of cost overruns between 100-105% of revenue and 50% of cost overruns between 105% - 110 % = 7.5%). The ISF balance cannot be less than \$0.
- D. The ISF must only be used for the defined purpose and must not be used to finance any

activities or costs other than ISF eligible expenses. The ISF may only be used for ISF eligible expenses after the Medicaid/Healthy Michigan Plan surplus is exhausted in accordance with Section B (5) (a) Expenditures for MMSSSP and the Flint 1115 Waiver.

- E. All Medicaid programs subject to the shared risk corridor requirements must be charged their proper share of the ISF charges. Such charges must be allocated to the various programs/cost categories based on the relative proportion of the total contractual obligation, actual historical cost experience, or reasonable historical cost assumptions. If actual historical cost experiences or reasonable historical cost assumptions are used, they must cover, at a minimum, the most recent two years in which the books are closed.
- F. A set of self-balancing accounts must be maintained for the ISF in compliance with generally accepted accounting principles (GAAP).
- G. The amount of funds paid to the ISF will be determined in compliance with reserve requirements as defined by GAAP and applicable federal and State financing provisions contained in the State/Contractor Contract.
- H. Contractor must establish a policy and procedure for increasing payments to the ISF in the event that it becomes inadequate to cover future losses and related expenses.
- I. Payments to the ISF must be based on either actuarial principles, actual historical cost experiences, or reasonable historical cost assumptions, pursuant to the provisions of 2 CFR 200 sub part E. If actual historical cost experiences or reasonable historical cost assumptions are utilized, they must cover, at a minimum, the most recent two years in which the books have been closed.
- J. The contractor may not reflect an ISF that exceeds 7.5% on any of Contractor's reporting requirements contained in this contract. If the Department determines that the ISF is over-funded, the ISF must be reduced within one fiscal year through the abatement of current charges. If such abatements are inadequate to reduce the ISF to the appropriate level, it must be reduced through refunds in accordance with 2 CFR 200 Subpart E Cost Principles.
- K. Upon Contract cancelation or expiration, any funds remaining in the ISF, and all of the related claims and liabilities must be transferred to the new contractor that encompasses the existing Contractor's service area. When existing Contractor's geographic service area overlaps more than one new contractor service area, the State will provide the percentage allocation to each new contractor.

5. Authorizing Document

The appropriate authorizing document for services will be this Contract.

6. Contractor Risk Management Strategy

A. Risk Management Strategy

Each Contractor must define the components of its risk management strategy that is consistent with general accounting principles as well as federal and State regulations.

B. Contractor Assurance of Financial Risk Protection

1. Contractor must provide, to the State, upon request, documentation that demonstrates financial risk protections sufficient to cover Contractor's determination of risk. Contractor must update this documentation any time there is a change in the information.
2. Contractor may use one or a combination of measures to assure financial risk protection, including pledged assets, reinsurance, and creation of an ISF. The use of an ISF must be consistent with the requirements of Section 4 of the State/Contractor Contract with the State.
3. Contractor must submit a specific written Risk Management Strategy to the Department (see Schedule E). The Risk Management strategy will identify the amount

of reserves, insurance and other revenues to be used by Contractor to assure that its risk commitment is met. Whenever General Funds are included as one of the listed revenue sources, the State may disapprove the list of revenue sources, in whole or in part, after review of the information provided and a meeting with Contractor. Such a meeting will be convened within 45 days after submission of the risk management strategy. If disapproval is not provided within 60 days following this meeting, the use of General Funds will be considered to be allowed. Such disapproval will be provided in writing to Contractor within 60 days of the first meeting between the State and Contractor. Should circumstances change, Contractor may submit a revision to its Risk Management Strategy at any time. The State will provide a response to this revision, when it changes Contractor's intent to utilize General Funds to meet its risk commitment, within 30 days of submission.

7. Risk Corridor

The shared risk arrangements must cover all MMSSSP Programs. The risk corridor is administered across all services, with no separation for mental health and substance use disorder funding.

- A. Contractor must retain unexpended risk-corridor-related funds between 95% and 100% of said funds. Contractor must retain 50% of unexpended risk-corridor related funds between 90% and 95% of said funds. Contractor must return unexpended risk-corridor-related funds to the MDHHS between 0% and 90% of said funds and 50% of the amount between 90% and 95%.
- B. Contractor may retain funds as noted above, except as specified in Section 1.1. B. Transition.
- C. Contractor must be financially responsible for liabilities incurred above the risk corridor-related operating budget between 100% and 105% of said funds contracted.
- D. Contractor will be responsible for 50% of the financial liabilities above the risk corridor-related operating budget between 105% and 110% of said funds contracted.
- E. Contractor will not be financially responsible for liabilities incurred above the risk corridor-related operating budget over 110% of said funds contracted.
- F. The risk corridor is calculated on an annual basis. The only expenditures counted in calculating the risk corridor are those incurred for services delivered in, or other allowable activities performed attributable to, the applicable year for which the risk corridor is being calculated. The only revenue counted in calculating the risk corridor is revenue paid to Contractor for the applicable year for which the risk corridor is being calculated.
- G. Contractor's transfer of funds to the ISF shall be treated as an expenditure by Contractor for purposes of calculating unexpended risk-corridor-related funds.
- H. The assumption of a shared-risk arrangement between Contractor and the State will not permit Contractor to overspend its total operating budget for any fiscal year.
- I. Contractor must not pass on, charge, or in any manner shift financial liabilities to Medicaid beneficiaries resulting from Contractor financial debt, loss and/or insolvency.
- J. Contractor's financial responsibility for liabilities for costs between 100% and 110% must first be paid from Contractor's surplus before utilization of Internal Service Fund (ISF) for risk funding or insurance for cost over-runs. The ISF balance must be tracked by Medicaid and Healthy Michigan funds contributed. Each portion of the ISF must retain its character as Medicaid and Healthy Michigan Funds but may be used for risk financing across the Medicaid and Healthy Michigan programs. Medicaid ISF amounts may be used for Medicaid or Healthy Michigan cost over runs into the risk corridor and Healthy Michigan ISF amounts may be used for Medicaid or Healthy Michigan cost over runs into the risk corridor.
- K. If Contractor's liability exceeds the amount available from ISF and insurance, then other funding available to Contractor may be utilized in accordance with the terms of Contractor's Risk Management Strategy.
- L. General Restrictions

Use of funds held in the ISF must be restricted to the following:

1. Contractor must restrict the use of the ISF to the defined purpose specified in Section 4, Internal Service Fund. No expenses from this fund will be match able-only the payments to the ISF will be match able. No other expenses may be paid from the ISF.
2. Contractor may invest ISF funds in accordance with statutes regarding investments (e.g., Mental Health Code 330.1205, Sec. 205(g)), provided that Contractor does not use ISF funds in a manner inconsistent with the purpose of the ISF set out in Section 4 of the State/Contractor Contract with the State.)The earnings from the investment of ISF funds must be used to fund the risk reserve requirements of the ISF in accordance with Section 4 of the contract.
3. The ISF may not loan or advance funds to any departments, agencies, governmental funds, or other entities in accordance with 2 CFR 200 Subpart E.
4. Funds paid to the ISF must not be used to meet federal cost sharing or used to match federal or State funds pursuant to 2 CFR 200 Subpart E.
5. State funds paid to the ISF must retain its character as State funds in accordance with the Mental Health Code and must not be used as local funds.

M. General Accounting Standards

The ISF must be established and accounted for in compliance with the following standards:

1. Generally accepted accounting principles (GAAP).
2. GASB Statement No. 10, Accounting and Financial Reporting for Risk Financing and Related Insurance Issues, or other current standards.
3. 2 CFR 200 Subpart E, Cost Principles, or other current standards.
4. Other financing provisions contained in the State/Contractor Contract.
5. The financial requirements set forth in the 1115 and 1915 (i) Waiver.

N. Financing

The State will immediately notify Contractor of modifications in funding commitments in this Contract under the following conditions:

1. Action by the Michigan State Legislature or by the Center for Medicare and Medicaid Services that removes any State funding for, or authority to provide for, specified services.
2. Action by the Governor pursuant to the Constitution 1963, Article 5, Section 20 that removes the State's funding for specified services or that reduces the State's funding level below that required to maintain services on a statewide basis.
3. A formal directive by the Governor, or the Michigan Department of Technology, Management and Budget (DTMB) on behalf of the Governor, requiring a reduction in expenditures.

8. Payment Terms

A. Contract Financing

1. Contractor must accept transfers of all reserve accounts and related liabilities accumulated by Contractor that formerly operated within the current Contractor's geographic service area. Contractor must accept transfer of all liabilities accumulated by Contractor that formerly operated within Contractor's geographic service area that were incurred and paid on behalf of the new Contractor as start-up costs.
2. Local Obligation
 - a. Contractor must provide to the State, for deposit into a separate contingency account, local funds as authorized in the State Appropriations Act. These funds must not include either State funds received by a CMHSP for services provided to non-Medicaid recipients or the State matching portion of the Medicaid capitation payments made to a CMHSP or an affiliation of CMHSPs. The amount of local funds and payment schedule is included in Schedule G. In the event Contractor is unable to provide the required local obligation, Contractor must notify the State's Program

Manager immediately.

- b. Local financial obligations exclude grants or gifts received by the county, Contractor, or subcontractors, from an individual or agency contracting to provide services to Contractor.
 - i. An exception may be made, where Contractor can demonstrate that such funds constitute a transfer of grants or gifts made for the purposes of financing mental health services and are not made possible by Contractor payments to the network provider/subcontractor that are claimed as matchable expenses for the purpose of state financing.
- c. The following are potential revenue sources for the local obligation:
 - i. Appropriations of general county funds to Contractor by the County Board of Commissioners.
 - ii. Appropriations of funds to Contractor or its network provider/subcontractor by cities or townships.
 - iii. Funds raised by fee-for-service subcontractors and/or network providers as part of the network provider's/subcontractor's contractual obligation, the intent of which is to satisfy and meet the local match obligation of Contractor, as reflected in this Contract.
 - iv. Grants, bequests, donations, gifts from local non-governmental sources, charitable institutions, or individuals.
 - 1) gifts that specify the use of the funds for any particular individual identified by name or relationship may not be used as local match funds.
 - v. Funds of participating CMHSPs from the Community Mental Health Special Fund Account, consistent with Section 226a of the Michigan Mental Health Code.
 - 1) Federal Supplemental Security Income (SSI) does not qualify for use under Section 226a of the Michigan Mental Health Code.
 - vi. Interest earned on funds deposited or invested by or on behalf of Contractor, except as otherwise restricted by 2 CFR 200 Subpart E.
 - 1) Interest earned on the State's funds by subcontractors and/or network providers as specified in its contracts with Contractor may not be used as local obligation.
 - vii. Other Revenues for Mental Health Services - As long as the source of revenue is not federal or State funds, revenues from other county departments/funds (such as childcare funds) or revenues from public or private school districts for Contractor mental health services.
- 3. As per 42 CFR 438.608(c)(3) the Contractor and any subcontractor must report to the State within 60 calendar days when it has identified the capitation payments or other payments in excess of amounts specified in the contract.

B. State Funding

The State's funding includes MMSSSP and the Flint 1115 Waiver. The financing in this Contract is always contingent on the annual Appropriation Act. CMHSPs within a PIHP may, but are not required to, use General Funds to provide services not covered under MMSSSP or underwrite a portion of the cost of covered services to these beneficiaries. The State reserves the right to disallow such use of General Funds if it believes that the CMHSP was not appropriately assigning costs in order to maximize the savings allowed within the risk corridors. Specific financial detail regarding the State funding is provided in Schedules G and H. As per 42 CFR 438.608(c)(3), the Contractor and any subcontractors must report

to the state within 60 calendar days when it has identified capitation payments or other payments in excess of amounts specified in the Contract.

1. Medicaid Payments

The State will provide to Contractor both the State and federal share of Medicaid funds as a capitated payment based upon a per eligible per month (PEPM) methodology. The State will provide access to an electronic copy of the names of the Medicaid eligible people for whom a capitation payment is made. A PEPM payment is determined for each of the populations covered by this Contract, which includes services for people with a developmental disability, a mental illness or emotional disturbance, and people with a substance use disorder as reflected in this Contract. PEPM payment is made to Contractor for all beneficiaries in its service area, not just those with the above-named diagnoses. The actual number of Medicaid beneficiaries will be determined monthly, and Contractor will be notified of the beneficiaries in their service area when the payment is made.

a. Medicaid Rate Calculation

The Medicaid Rate Calculation is based on the actuarial documentation letter from the State's contracted Medicaid Actuarial Services Vendor. The State's contracted Medicaid Actuarial Services Vendor letter documents the calculation rate methodology and provides the required certification regarding actuarial soundness as required by the Balanced Budget Act Rules effective August 13, 2002. The chart of rates and factors contained in the actuarial documentation is included in Schedule H.

b. Medicaid Payments

The State will provide Contractor with managed care payments each month for the Medicaid covered specialty services listed under the Benefit Plan (BP). When applicable, additional payments may be scheduled (e.g., retro-rate implementation and up to six months retro eligibility). HIPAA compliant 834 and 820 transactions will provide eligibility and remittance information. Monthly payment will include:

i. Base Rates for each Benefit Plan (BHMA, BHMA-MHP, BHHMP, BHHMP-MHP, HSW-MC**, SED-MC, CWP-MC)

**For HSW beneficiaries of a PIHP that includes the county of financial responsibility (COFR), referred to as the "responsible PIHP", but whose county of residence is in another PIHP, referred to as the "residential PIHP", the HSW capitation payment will be paid to the COFR within the "responsible PIHP" based on the multiplicative factor for the "residential PIHP".

ii. Recovery of payments previously made for beneficiaries prior to MDHHS notification of death.

iii. Recovery of payments previously made for beneficiaries, who upon retrospective review, did not meet all the Benefit Plan enrollment requirements.

Contractor must be able to receive and transmit HIPAA compliant files, such as:

- i. 834 – Eligibility
- ii. 820 – Payment/Remittance Advice
- iii. 837 – Encounter

c. Medicaid State Plan Payments

The capitation payment excludes individuals enrolled in a Program for All Inclusive Care (PACE) organization, individuals incarcerated, and individuals with a Medicaid deductible.

d. Savings and Reinvestment

Provisions regarding the Medicaid, Healthy Michigan Plan, and the Flint 1115 Waiver savings and Contractor reinvestment strategy are included in the following Section e. It should be noted that only a PIHP may earn and retain Medicaid/Healthy Michigan Plan savings. CMHSPs may not earn or retain Medicaid/Healthy Michigan Plan savings. Note that these provisions may be limited or canceled per Schedule A, Statement of Work, Section 1.1 Transition and may be modified by actions stemming from Schedule A, General Requirements, Section 1.D Civil Monetary Sanctions, Contract Remedies.

e. Medicaid Savings

Consistent with Section 7 (“Risk Corridor”) of the contract, Contractor may retain unexpended Medicaid Capitation funds up to 7.5% of the Medicaid/Healthy Michigan Plan pre-payment authorization. The Contractor may not retain any unexpended Medicaid Capitation funds in excess of that 7.5%. The unexpended and retained funds described in this paragraph are hereafter referred to as “Medicaid Savings funds.” These Medicaid saving funds may only be used on Medicaid service expenditures made within one (1) year of the end of the Contract year in which the Medicaid savings fund were realized. Any Medicaid savings funds not spent consistent with the previous sentence must be returned to the state within 60 days of the end of the contract year settlement process.

2. Habilitation Supports Waiver (HSW) Payments

a. The 1915(c) HSW capitation payment will be made to Contractor based on HSW beneficiaries who have enrolled through the State enrollment process and have met the following requirements:

- i. Has a developmental disability as defined by Michigan law.
- ii. Is Medicaid eligible as defined in the CMS approved waiver.
- iii. Is residing in a community setting.
- iv. Otherwise eligible for Intermediate Care Facilities for individuals with Intellectual Disability (ICF/IID) level of care services.

b. Beneficiaries enrolled in the HSW Program may not be enrolled simultaneously in any other 1915(c) waiver programs, such as the Children’s Waiver Program (CWP) and Serious Emotional Disturbance Waiver (SEDW). The capitation payment excludes individuals who reside, for an entire month, in any of the following: ICF/IID, Nursing Home, Child Caring Institution (CCI), or who are incarcerated. HSW capitation payments exclude individuals who are enrolled in a PACE organization. The HSW capitation payment will be scheduled and/or adjusted to occur monthly. When applicable, additional payments may be scheduled.

c. Encounters for provision of services authorized in the CMS approved waiver must contain the appropriate modifier to be recognized as valid HSW encounters. Encounters must be processed and submitted on time, as defined in Section O. Provider Services, 7. Claims Management System and the Reporting Requirements (see Schedule E), in order to assure timely HSW service verification.

3. The Children’s Waiver Program (CWP) Payments

a. The 1915(c) CWP capitation payment will be made to Contractor based on CWP beneficiaries who have enrolled through the State’s enrollment process and have met the following requirements:

- i. Has a developmental disability as defined by Michigan law.
- ii. Is Medicaid eligible as defined in the CMS approved waiver.
- iii. Is residing in a community setting.

- iv. eligible for Intermediate Care Facilities for individuals with Intellectual Disability (ICF/IID) level of care services
 - b. Beneficiaries enrolled in the CWP may not be enrolled simultaneously in any other 1915(c) waiver programs, such as the Habilitation Supports Waiver (HSW) and Serious Emotional Disturbance Waiver (SEDW). The capitation payment excludes individuals who reside, for an entire month, in any of the following: ICF/IID, Nursing Home, Child Caring Institution (CCI), or who are incarcerated. CWP capitation payments exclude individuals who are enrolled in a PACE organization. The CWP capitation payment will be scheduled and/or adjusted to occur monthly. When applicable, additional payments may be scheduled.
 - c. Encounters must be processed and submitted on time, as defined in Section O. Provider Services, 7. Claims Management System and the Reporting Requirements in order to assure timely CWP service verification.
- 4. Serious Emotional Disturbance Waiver Payments
 - a. The SEDW capitation payment will be made to Contractor based on SEDW beneficiaries who have enrolled through the MDHHS enrollment process. Beneficiaries enrolled in the SEDW may not be enrolled simultaneously in any other 1915(c) waiver programs, such as the Children's Waiver Program (CWP) and HSW. The capitation payment excludes individuals who reside, for an entire month, in any of the following: ICF/IID, Nursing Home, Child Caring Institution (CCI), or who are incarcerated. The SEDW capitation payment will be scheduled and/or adjusted to occur monthly. When applicable, additional payments may be scheduled.
 - b. Encounters must be processed and submitted on time, as defined in Section O. Provider Services, 7. Claims Management System and the Reporting Requirements in order to assure timely SEDW service verification.
- 5. Expenditures for MMSSSP and the Flint 1115 Waiver.
 - a. Contractor may expend any funds received for MMSSSP. All funds must be spent on Medicaid beneficiaries for Medicaid services. Surplus funding in either Medicaid or Healthy Michigan may be utilized to cover a funding deficit in either program. If a deficit still exists, the Medicaid or Healthy Michigan Plan risk reserve may be utilized. Medicaid or HMP risk reserve can fund a deficit in either program. The surplus funds must be used before the ISF can be utilized.
 - b. While there is flexibility in month-to-month expenditures and service utilization related to the different funding sources in MMSSSP, Contractor must submit encounter data on service utilization - with transaction code modifiers that identify the service for each specific MMSSSP program. The encounter data (including cost information) will serve as the basis for future MMSSSP capitated rate development.
- 6. Capitated Payments and Other Pooled Funding Arrangements

Medicaid funds may be utilized for the implementation of, or continuing participation in, locally established multi- agency pooled funding arrangements developed to address the needs of beneficiaries served through multiple public systems. Medicaid funds supplied or expensed to such pooled funding arrangements must reflect the expected cost of covered Medicaid services for Medicaid beneficiaries participating in or referred to the multi-agency arrangement or project. Medicaid funds cannot be used to supplant or replace the service or funding obligation of other public programs.
- 7. SUDHH Payments

The State will provide a monthly case rate to Contractor based on the number of SUDHH beneficiaries with at least one SUDHH service during a calendar month. Contractor will reimburse the SUDHHP for delivering health home services. Depending

on the current services provided by the SUDHH Contractor can negotiate a rate with the HHP while following the requirements in the approved SPA, MSA Bulletin and the SUDHH Handbook.

8. BHH Payments

The State will provide a monthly case rate to Contractor based on the number of BHH beneficiaries with at least one BHH service during a calendar month. Contractor will reimburse the HHP for delivering health home services. Depending on the current services provided by the HHP, Contractor can negotiate a rate with the HHP for value-based payment (VBP) while following the requirements in the approved SPA, policy, and the BHH Handbook.

9. Premium Pay Hourly Wage Increase for Direct Care Workers (DCW)

- a. Based on current year appropriations, MDHHS has implemented a wage increase for direct care workers, to be included on an ongoing basis. This applies to MDHHS programs and service codes as identified in MSA L Letters. The L Letters can be found on the MDHHS website : <https://www.michigan.gov/mdhhs/doing-business/providers/providers/medicaid/communicationtraining/173142> Contractor must implement the hourly wage increase, with MDHHS providing increased capitation rates to cover the actual cost of these mandatory pay increases. Contractor must disperse these funds to eligible contracted providers employing individuals that qualify for the increase.
- b. As this is a base wage increase, Contractor must ensure that the full amount of funds appropriated for a direct care worker wage increase is provided to direct care workers through sustained increased wages. Agencies will be provided with a per-hour amount to cover additional costs related to implementing the increase.
- c. DCW wage increase funding will be a component of monthly capitation payments made to Contractor. Contractor is responsible for maintaining a record of DCW wage increase payments and is subject to the risk corridor cost settlement procedures outlined in Schedule A Subsection 7 Risk Corridor of this contract.
- d. All wage increase payments are subject to audit and potential recoupment. Providers must retain documentation that demonstrates the distribution of payments to eligible staff.

10. MDHHS Incentive Payment

- a. The MDHHS Incentive Payment (DHIP) has been established to support program initiatives as specified in the MDHHS Medicaid Quality Strategy, including ensuring high quality and high levels of access to care. For the PIHPs to be eligible for an incentive payment, the child must meet the following requirements:
 - i. To receive the MDHHS Incentive Payment, the child must meet the following eligibility criteria:
 - 1) Have a Serious Emotional Disturbance as defined by Michigan Law.
 - 2) Eligible for Medicaid.
 - 3) Between the ages of 0 to 18.
 - 4) Be served in the MDHHS Foster Care System or Child Protective Services (Risk Categories I and II)
 - 5) Meet one of the following criteria:
 - a) Service Criteria 1: At least one of the following services was provided in the eligible month:
 1. H2021 – Wraparound Services
 2. H0036 – Home Based Services
 3. H2033 - Multi-Systemic Therapy (MST) for juveniles
 - b) Service Criteria 2: Two or more state plan behavioral health services covered under the 1115 Demonstration Waiver,

excluding one-time assessments, were provided in the eligible month.

- ii. Incentive Payments: The incentive payment will occur quarterly. Each incentive payment will be determined by comparing the PIHP's identified eligible children with the encounter data submitted. Valid encounters must be submitted within 90 days of the provision of the service regardless of the claim adjudication status in order to assure timely incentive payment verification. Once the incentive payment has taken place there will not be any opportunities for submission of eligible children for a quarterly payment already completed.
- iii. Quarterly incentive payments will occur as follows:
 - 1) April: Based on eligible children and the supporting encounter data submitted for October 1 – December 31.
 - 2) July: Based on eligible children and the supporting encounter data submitted for January 1 – March 31.
 - 3) October: Based on eligible children and the supporting encounter data submitted for April 1 – June 30.
 - 4) January: Based on eligible children and the supporting encounter data submitted for July 1 –September 30.
- iv. The State will provide access to an electronic copy of the names of those individuals eligible for incentive payments, which incentive payment amount they are to receive, and the COFR.
- v. Contractor shall complete and submit the annual report for each CMHSP in their Region. The annual report must outline how MDHHS incentive funding was utilized and how these payments directly impact mental health services for children involved in child welfare. The Contractor must also include the total amount of annual MDHHS incentive funding they received and total amount and percentage passed down to CMHSPs. If the amount was less than 85% of the total amount received, Contractor must submit a written explanation at the same time as the aggregated annual report.

11. CCBHC Payments

Per the requirements of the CMS CCBHC Demonstration, Contractor will receive from the State the equivalent of the CMS-approved PPS-1 rate for each Medicaid CCBHC-eligible service day. A portion of this PPS rate is included in the overall capitation rate, and the remainder provided in a supplemental payment. The CCBHC supplemental payment will be made to Contractor based on CCBHC beneficiaries who have been enrolled through the MDHHS WSA/CHAMPS enrollment process. One component of this supplemental payment reflects that estimated difference between the PPS rate and the amount included in the capitation rates based on anticipated utilization of CCBHC services for Medicaid beneficiaries. The State will also incorporate an amount for CCBHC administration in this supplemental payment based on projected total CCBHC demonstration costs. The State and Contractor will reconcile to the number of daily visits delivered by the CCBHC to ensure the full PPS payment can be provided to the CCBHC. Contingent on the availability of State General Funds or other grant funding, the State will provide Contractor with an annual payment and/or prospective payments based on anticipated utilization to offset the costs of non-Medicaid CCBHC services. Contractor's financial liability to the CCBHC's non-Medicaid individuals served is limited to the State General Funds and/or other grant funds earmarked for services to a CCBHC eligible population. To the extent that modifications to the CCBHC Handbook conflict with this contract, the contract language shall govern.

12. Recovery Incentives Pilot Payments

The State must retroactively reimburse the Contractors participating in this pilot based on the quantity of claims for contingency management received in the preceding calendar month. These reimbursements will be disbursed outside of the standard capitation rate and shall be provided as gross adjustments in CHAMPS.

C. Reserved

D. Contractor Performance Bonus

Contract withholds and the Performance Bonus Incentive Program have been established to support program initiatives as specified in the MDHHS Medicaid Quality Strategy. Awards will be made to Contractors according to criteria established by the State. Criteria for Performance Bonus awards will include, but is not limited to, assessment of performance in quality of care, access to care and administrative functions. Each year, the State will establish and communicate to Contractor the criteria and standards to be used for the performance bonus awards.

1. Withhold Arrangements

- a. The State will withhold 0.2% of BHMA, BHMA-MHP, capitation payments to Contractor. The withheld funds will be issued to Contractor in the following amounts within 60 days of when the required report is received by the State:
 - i. 0.03% for timely submission of the Projection Financial Status Report – Medicaid
 - ii. 0.03% for timely submission of the Interim Financial Status Report – Medicaid
 - iii. 0.04% for timely submission of the Final Medicaid Contract Reconciliation and Cash Settlement
 - iv. 0.04% for timely submission of the Encounter Quality Initiative
 - v. 0.03% for timely submission of encounters (defined in Schedule E)
 - vi. 0.03% for timely resolution of corrective action plans. Scoring metric will be available on the MDHHS reporting requirements website located at <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/reporting>.

b. Performance Bonus Incentive Pool (PBIP)

i. Withhold and Metrics

The State will withhold 0.75% of BHMA, BHMA-MHP, BHHMP, BHHMP-MHP, HSW-MC, CWP-MC, and SEDW-MC payments for the purpose of establishing a PBIP. Distribution of funds from the PBIP is contingent on Contractor's results from the joint metrics, the narrative report, and Contractor-only metrics available on the MDHHS reporting requirements website located at <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/reporting>.

ii. Assessment and Distribution

PBIP funding awarded to Contractor will be treated as restricted local funding. Restricted local funding must be utilized for the benefit of the public behavioral health system. The 0.75% PBIP withhold will be distributed as follows:

- 1) Contractor-only Pay for Performance Measure(s): 45%
- 2) Contractor Narrative Reports: 25%
- 3) MHP/Contractor Joint Metrics: 30%
- 4) The State will distribute earned funds by April 30 of each year.

c. Opioid Health Home (OHH) Benefit

The State will withhold 5% of monthly case rate payments to Contractor for potential pay for performance (P4P) award payments for OHHPs meeting or

exceeding performance benchmarks. This withhold is outside of the actuarial equivalent monthly case rate. The methodology for determining P4P payment, including the metrics, specifications, and distribution is cited in the OHH Handbook, which can be found at the following website:

<https://www.michigan.gov/mdhhs/assistance-programs/medicaid/opioid-health-home>.

If awarded, the State will distribute P4P payments to Contractor within one (1) year of the end of the performance year. Contractor must distribute P4P monies to OHHPs that meet the quality improvement benchmarks in accordance with the distribution methodology cited in the OHH Handbook. OHH P4P funding awarded to Contractor will be treated as restricted local funding. Restricted local funding must be utilized for the benefit of the public behavioral health system.

d. Behavioral Health Home (BHH) Benefit

The State will withhold 5% of monthly case rate payments to Contractor for potential pay for performance (P4P) award payments for BHHPs meeting or exceeding performance benchmarks. This withhold is outside of the actuarial equivalent monthly case rate. The methodology for determining P4P payment, including the metrics, specifications, and distribution is cited in the BHH Handbook, which can be found at the following website:

<https://www.michigan.gov/mdhhs/assistance-programs/medicaid/behavioral-health-home>.

If awarded, the State will distribute P4P payments to Contractor within one (1) year of the end of the performance year. Contractor must distribute pay for performance monies to BHHPs that meet the quality improvement benchmarks in accordance with the distribution methodology cited in the BHH Handbook. BHH P4P funding awarded to Contractor will be treated as restricted local funding. Restricted local funding must be utilized for the benefit of the public behavioral health system.

e. Certified Community Behavioral Health Center (CCBHC) Demonstration Quality Bonus Payment (QBP)

The State will withhold 5% of the CCBHC benefit plan capitation payments for potential CCBHC QBP award payments for CCBHCs that meet or exceed defined QBP measures and benchmarks. This withhold is outside of the actuarial equivalent PPS-1 rate payment. The methodology for determining QBP payment, including the metrics, specifications, and distribution is cited in the CCBHC Handbook, which can be found at the following website:

<https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/ccbhc>.

QBP funding awarded to Contractor will be treated as restricted local funding. Restricted local funding must be utilized for the benefit of the public behavioral health system.

SCHEDULE B- HIPAA BUSINESS ASSOCIATE AGREEMENT

Contract No. MA 240000001086

Prepaid Inpatient Health Plan (PIHP)

HIPAA BUSINESS ASSOCIATE AGREEMENT

The parties to this Business Associate Agreement (“Agreement”) are the Michigan Department of Health and Human Services and **Region 10**.

RECITALS

- A. Under this Agreement, the Business Associate will collect or receive certain information on the Covered Entity’s behalf, some of which may constitute Protected Health Information (“PHI”). In consideration of the receipt of PHI, the Business Associate agrees to protect the privacy and security of the information as set forth in this Agreement.
- B. Covered Entity and the Business Associate intend to protect the privacy and provide for the security of PHI collected or received by the Business Associate under the Agreement in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 (“HIPAA”) and the HIPAA Rules, as amended.
- C. The HIPAA Rules require the Covered Entity to enter into an agreement containing specific requirements with the Business Associate before the Business Associate’s receipt of PHI.

AGREEMENT

1. Definitions.

a. The following terms used in this Agreement have the same meaning as those terms in the HIPAA Rules: Breach; Data Aggregation; Designated Record Set; Disclosure; Health Care Obligations; Individual; Minimum Necessary; Notice of Privacy Practices; Protected Health Information; Required by Law; Secretary; Security Incident; Security Measures, Subcontractor; Unsecured Protected Health Information, and Use.

b. “Business Associate” has the same meaning as the term “business associate” at 45 CFR 160.103 and regarding this Agreement means **Region 10**.

c. “Covered Entity” has the same meaning as the term “covered entity” at 45 CFR 160.103

and regarding this Agreement means the Michigan Department of Health and Human Services.

d. "HIPAA Rules" means the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Part 160 and Part 164.

2. Obligations of Business Associate.

Business Associate agrees to:

a. use and disclose PHI only as permitted or required by this Agreement or as required by law.

b. implement and use appropriate safeguards, and comply with Subpart C of 45 CFR 164 regarding electronic protected health information, to prevent use or disclosure of PHI other than as provided in this Agreement. Business Associate must maintain, and provide a copy to the Covered Entity within 10 days of a request from the Covered Entity, a comprehensive written information privacy and security program that includes security measures that reasonably and appropriately protect the confidentiality, integrity, and availability of PHI relative to the size and complexity of the Business Associate's operations and the nature and the scope of its activities.

c. report to the Covered Entity within 24 hours of any use or disclosure of PHI not provided for by the Agreement of which it becomes aware, including breaches of Unsecured Protected Health Information as required by 45 CFR 164.410, and any Security Incident of which it becomes aware. If the Business Associate is responsible for any unauthorized use or disclosure of PHI, it must promptly act as required by applicable federal and State laws and regulations. Covered Entity and the Business Associate will cooperate in investigating whether a breach has occurred, to decide how to provide breach notifications to individuals, the federal Health and Human Services' Office for Civil Rights, and potentially the media.

d. ensure, according to 45 CFR 164.502(e)(1)(ii) and 164.308(b)(2), if applicable, that any subcontractors that create, receive, maintain, or transmit PHI on behalf of the Business Associate agree to the same restrictions, conditions, and requirements that apply to the Business Associate regarding such information. Each subcontractor must sign an agreement with the Business Associate containing substantially the same provisions as this Agreement and further identifying the Covered Entity as a third party beneficiary of the agreement with the subcontractor. Business Associate must implement and maintain sanctions against subcontractors that violate such restrictions and conditions and must mitigate the effects of any such violation.

e. make available PHI in a Designated Record Set to the Covered Entity within 10 days of a request from the Covered Entity to satisfy the Covered Entity's obligations under 45 CFR 164.524.

f. within ten days of a request from the Covered Entity, amend PHI in a Designated Record Set under, 45 § 164.526. If any individual requests an amendment of PHI directly from the Business Associate or its agents or subcontractors, the Business Associate must notify the Covered Entity in writing within ten days of the request and amend the information within twenty days of the request. Any denial of amendment of PHI maintained by the Business Associate or its agents or subcontractors is the responsibility of the Business Associate. § 164.526.

g. maintain, and within ten days of a request from the Covered Entity make available, the information required to provide an accounting of disclosures to enable the Covered Entity to fulfill its obligations under 45 CFR § 164.528. Business Associate is not required to provide an accounting to the Covered Entity of disclosures: (i) to carry out treatment, payment or health care operations, as set forth in 45 CFR § 164.506; (ii) to individuals of PHI about them as set forth in 45 CFR § 164.502; (iii) under an authorization as provided in 45 CFR § 164.508; (iv) to persons involved in the individual's care or other notification purposes as set forth in 45 CFR § 164.510; (v) for national security or intelligence purposes as set forth in 45 CFR § 164.512(k)(2); (vi) to correctional institutions or law enforcement officials as set forth in 45 CFR § 164.512(k)(5); (vii) as part of a limited data set according to 45 CFR 164.514(e); or (viii) that occurred before the compliance date for the Covered Entity. Business Associate agrees to implement a process that allows for an accounting to be collected and maintained by the Business Associate and its agents or subcontractors for at least six years before the request, but not before the compliance date of the Privacy Rule. At a minimum, such information must include: (i) the date of disclosure; (ii) the name of the entity or person who received PHI and, if known, the address of the entity or person; (iii) a brief description of PHI disclosed; and (iv) a brief statement of purpose of the disclosure that reasonably informs the individual of the basis for the disclosure or a copy of the written request for disclosure. If the request for an accounting is delivered directly to the Business Associate or its agents or subcontractors, the Business Associate must, within ten days of the receipt of the request, forward it to the Covered Entity in writing.

h. to the extent the Business Associate is to carry out one or more of the Covered Entity's obligations under Subpart E of 45 CFR Part 164, comply with the requirements of Subpart E that apply to the Covered Entity when performing those obligations.

i. make its internal practices, books, and records relating to the Business Associate's use and disclosure of PHI available to the Secretary for purposes of determining compliance with the HIPAA Rules. Business Associate must concurrently provide to the Covered Entity a copy of any PHI that the Business Associate provides to the Secretary.

j. retain all PHI throughout the term of the Agreement and for a period of six years from the date of creation or the date when it last was in effect, whichever is later, or as required by law. This obligation survives the termination of the Agreement.

k. implement policies and procedures for the final disposition of PHI and the hardware and equipment on which it is stored, including but not limited to, removal of PHI before re-use.

l. within ten days of a written request by the Covered Entity, the Business Associate and its agents or subcontractors must allow the Covered Entity to conduct a reasonable inspection of the facilities, systems, books, records, agreements, policies and procedures relating to the use or disclosure of PHI under this Agreement. Business Associate and the Covered Entity will mutually agree in advance upon the scope, timing and location of such an inspection. Covered Entity must protect the confidentiality of all confidential and proprietary information of the Business Associate to which the Covered Entity has access during the course of such inspection. Covered Entity and the Business Associate will execute a nondisclosure agreement, if requested by the other party. The fact that the Covered Entity inspects, or fails to inspect, or has the right to inspect, the Business Associate's facilities, systems, books, records, agreements, policies and procedures does not relieve the Business Associate of its responsibility to comply with this Agreement. Covered Entity's (i) failure

to detect or (ii) detection, but failure to notify Associate or require Associate's remediation of any unsatisfactory practices, does not constitute acceptance of such practice or a waiver of the Covered Entity's enforcement rights under this Agreement.

3. Permitted Uses and Disclosures by the Business Associate.

a. Business Associate may use or disclose PHI:

(1) for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate; provided, however, either (A) the disclosures are required by law, or (B) the Business Associate obtains reasonable assurances from the person to whom the information is disclosed that the information will remain confidential and used or further disclosed only as required by law or for the purposes for which it was disclosed to the person, and the person notifies the Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached;

(2) as required by law.

(3) for Data Aggregation services relating to the health care operations of the Covered Entity;

(4) to de-identify, consistent with 45 CFR 164.514(a) – (c), PHI it receives from the Covered Entity. If the Business Associates de-identifies the PHI it receives from the Covered Entity, the Business Associate may use the de-identified information for any purpose not prohibited by the HIPAA Rules; and

b. Business Associate agrees to make uses and disclosures and requests for PHI consistent with the Covered Entity's minimum necessary policies and procedures.

c. Business Associate may not use or disclose PHI in a manner that would violate Subpart E of 45 CFR Part 164 if done by the Covered Entity except for the specific uses and disclosures described above in 3(a)(i) and (iii).

4. Covered Entity's Obligations

Covered entity agrees to:

- a. use its Security Measures to reasonably and appropriately maintain and ensure the confidentiality, integrity, and availability of PHI transmitted to the Business Associate under this Agreement until the PHI is received by the Business Associate.
- b. provide the Business Associate with a copy of its Notice of Privacy Practices and must notify the Business Associate of any limitations in the Notice of Privacy Practices of the Covered Entity under 45 CFR 164.520 to the extent that such limitation may affect the Business Associate's use or disclosure of PHI.
- c. notify the Business Associate of any changes in, or revocation of, the permission by an individual to use or disclose the individual's PHI to the extent that such changes may affect the Business Associate's use or disclosure of PHI.
- d. notify the Business Associate of any restriction on the use or disclosure of PHI that the Covered Entity has agreed to or is required to abide by under 45 CFR 164.522 to the extent that such restriction may affect the Business Associate's use or disclosure of PHI.

5. Term. This Agreement continues in effect until terminated or is replaced with a new agreement between the parties containing provisions meeting the requirements of the HIPAA Rules, whichever first occurs.

6. Termination.

a. Material Breach. In addition to any other provisions in the Agreement regarding breach, a breach by the Business Associate of any provision of this Agreement, as determined by the Covered Entity, constitutes a material breach of the Agreement and provides grounds for the Covered Entity to terminate this Agreement for cause. Termination for cause is subject to 6.b.:

(1) Default. If the Business Associate refuses or fails to timely perform any of the provisions of this Agreement, the Covered Entity may notify the Business Associate in writing of the non-performance, and if not corrected within thirty days, the Covered Entity may immediately terminate the Agreement. The Business Associate must continue performance of the Agreement to the extent it is not terminated.

(2) Business Associate's Duties. Notwithstanding termination of the Agreement, and subject to any directions from the Covered Entity, the Business Associate must protect and preserve property in the possession of the Business Associate in which the Covered Entity has an interest.

(3) Erroneous Termination for Default. If the Covered Entity terminates this Agreement under Section 6(a) and after such termination it is determined, for any reason, that the Business Associate was not in default, then such termination will be treated as a termination for convenience, and the rights and obligations of the parties will be the same as if the Agreement had been terminated for convenience.

b. Reasonable Steps to Cure Breach. If the Covered Entity knows of a pattern of activity or practice of the Business Associate that constitutes a material breach or violation of the Business Associate's obligations under the provisions of this Agreement or another arrangement and does not terminate this Agreement under Section 6(a), then the Covered Entity must notify the Business Associate of the pattern of activity or practice. The Business Associate must then take reasonable steps to cure such breach or end such violation, as applicable. If the Business Associate's efforts to cure such breach or end such violation are unsuccessful, the Covered Entity may either (i) terminate this Agreement, if feasible or (ii) report the Business Associate's breach or violation to the Secretary.

c. Effect of Termination. After termination of this Agreement for any reason, the Business Associate, with respect to PHI it received from the Covered Entity, or created, maintained, or received by the Business Associate on behalf of the Covered Entity, must:

(1) retain only that PHI which is necessary for the Business Associate to continue its proper management and administration or to carry out its legal responsibilities;

(2) return to the Covered Entity (or, if agreed to by the Covered Entity in writing, destroy) the remaining PHI that the Business Associate still maintains in any form;

(3) continue to use appropriate safeguards and comply with Subpart C of 45 CFR Part 164 with respect to electronic protected health information to prevent use or disclosure of the

PHI, other than as provided for in this Section, for as long as the Business Associate retains the PHI;

(4) not use or disclose the PHI retained by the Business Associate other than for the purposes for which such PHI was retained and subject to the same conditions set out at Section 3(a)(1) which applied before termination; and

(5) return to the Covered Entity (or, if agreed to by the Covered Entity in writing, destroy) the PHI retained by the Business Associate when it is no longer needed by the Business Associate for its proper management and administration or to carry out its legal responsibilities.

7. No Waiver of Immunity. The parties do not intend to waive any of the immunities, rights, benefits, protection, or other provisions of the Michigan Governmental Immunity Act, MCL 691.1401, *et seq.*, the Federal Tort Claims Act, 28 U.S.C. 2671 *et seq.*, or the common law.

8. Data Ownership. The Business Associate has no ownership rights in the PHI. The covered entity retains all ownership rights of the PHI.

9. Disclaimer. The Covered Entity makes no warranty or representation that compliance by the Business Associate with this Agreement, HIPAA, or the HIPAA Rules will be adequate or satisfactory for the Business Associate's own purposes. The Business Associate is solely responsible for all decisions made by the Business Associate regarding the safeguarding of PHI.

10. Certification. If the Covered Entity determines an examination is necessary to comply with the Covered Entity's legal obligations under HIPAA relating to certification of its security practices, the Covered Entity or its authorized agents or contractors, may, at the Covered Entity's expense, examine the Business Associate's facilities, systems, procedures and records as may be necessary for such agents or contractors to certify to the Covered Entity the extent to which the Business Associate's security safeguards comply with HIPAA, the HIPAA Rules or this Agreement.

11. Amendment. The parties acknowledge that state and federal laws relating to data security and privacy are rapidly evolving and that amendment of this Agreement may be required to provide for procedures to ensure compliance with such developments. The parties specifically agree to take such action as is necessary to implement the standards and requirements of HIPAA and the HIPAA Rules. Upon the request of either party, the other party agrees to promptly enter into negotiations concerning the terms of an amendment to this Agreement embodying written assurances consistent with the standards and requirements of HIPAA and the HIPAA Rules. Either party may terminate the Agreement upon thirty days written notice if (i) one party does not promptly enter into negotiations to amend this Agreement when requested by the other party or (ii) the Business Associate does not enter into an amendment to this Agreement providing assurances regarding the safeguarding of PHI that the Covered Entity, in its sole discretion, deems sufficient to satisfy the standards and requirements of HIPAA or the HIPAA Rules.

12. Assistance in Litigation or Administrative Proceedings. Business Associate must make itself, and any subcontractors, employees or agents assisting the Business Associate in the performance of its obligations under this Agreement, available to the Covered Entity, at no cost to the Covered Entity, to testify as witnesses, or otherwise, if litigation or administrative proceedings are commenced against the Covered Entity, its directors, officers or employees, departments, agencies, or divisions based upon a claimed violation of HIPAA or the HIPAA Rules or other laws relating to the Business Associate's or its subcontractors use or disclosure of PHI under this Agreement, except where the

Business Associate or its subcontractor, employee or agent is a named adverse party.

13. No Third Party Beneficiaries. Nothing express or implied in this Agreement is intended to confer upon any person other than the Covered Entity, the Business Associate and their respective successors or assigns, any rights, remedies, obligations or liabilities whatsoever.

14. Interpretation and Order of Precedence. Any ambiguity in this Agreement must be interpreted to permit compliance with the HIPAA Rules. Where the provisions of this Agreement differ from those mandated by the HIPAA Rules, but are nonetheless permitted by the HIPAA Rules, the provisions of this Agreement control.

15. Effective Date. This Agreement is effective upon receipt of the last approval necessary and the affixing of the last signature required.

16. Survival of Certain Agreement Terms. Notwithstanding any contrary provision in this Agreement, the Business Associate's obligations under Section 6(d) and record retention laws ("Effect of Termination") and Section 12 ("No Third Party Beneficiaries") survive termination of this Agreement and are enforceable by the Covered Entity.

17. Representatives and Notice.

a. Representatives. The individuals listed below are designated as the parties' respective representatives for purposes of this Agreement. Either party may from time to time designate in writing new or substitute representatives.

b. Notices. All required notices must be in writing and must be hand delivered or given by certified or registered mail to the representatives at the addresses set forth below or sent via email to the Privacy Security Mailbox at MDHHSPrivacySecurity@michigan.gov.

Covered Entity Representative:

James Bowen
Privacy and Security Manager
MDHHS Compliance Office
333 South Grand Ave, 4th Floor
Lansing, MI 48933
(517) 284-1018

Business Associate Representative:

Name:
Title:
Department:
Address:
Phone:
Email:

Name:
Title:
Department:
Address:
Phone:
Email:

Any notice given to a party under this Agreement shall be deemed effective, if addressed to such party, upon: (i) delivery, if hand delivered; or (ii) the third Business Day after being sent by certified or registered mail.

Business Associate

[INSERT NAME]

By: _____

Date: _____

Print Name: Jim Johnson

Title: Chief Executive Officer

Covered Entity

[INSERT NAME]

By: _____

Date: _____

Print Name: Kristen Jordan

Title: Director, Bureau of Specialty Behavioral Health Services

Covered Entity

[INSERT NAME]

By: _____

Date: _____

Print Name: Tony Weber

Title: Chief Compliance Officer

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SCHEDULE C- DEFINITIONS / EXPLANATION OF TERMS

Contract No. MA 24000001086 Prepaid Inpatient Health Plan (PIHP)

The terms used in this Contract will be construed and interpreted as defined below unless the Contract otherwise expressly requires a different construction and interpretation.

Abuse: As defined in 42 CFR 455.2, provider practices that are inconsistent with sound fiscal, business, or medical practices and result in an unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary or that fail to meet the professionally recognized standards for health care.

Actuarial Soundness: As defined in 42 CFR, (a) Actuarially sound capitation rates are projected to provide for all reasonable, appropriate, and attainable costs that are required under the terms of the contract and for the operation of the MCO, PIHP, or PAHP for the time period and the population covered under the terms of the contract, and such capitation rates are developed in accordance with the requirements in paragraph (b) of this Section.

(b) *CMS review and approval of actuarially sound capitation rates.* Capitation rates for MCOs, PIHPs, and PAHPs must be reviewed and approved by CMS as actuarially sound. To be approved by CMS, capitation rates must:

- (1) Have been developed in accordance with standards specified in 42 CFR 438.5 and generally accepted actuarial principles and practices. Any proposed differences among capitation rates according to covered populations must be based on valid rate development standards and not based on the rate of Federal financial participation associated with the covered populations.
- (2) Be appropriate for the populations to be covered and the services to be furnished under the contract.
- (3) Be adequate to meet the requirements on MCOs, PIHPs, and PAHPs in 42 CFR 438.206, 438.207, and 438.208.
- (4) Be specific to payments for each rate cell under the contract.
- (5) Payments from any rate cell must not cross-subsidize or be cross-subsidized by payments for any other rate cell.
- (6) Be certified by an actuary as meeting the applicable requirements of this part, including that the rates have been developed in accordance with the requirements specified in 42 CFR 438.3(c)(1)(ii) and (e).
- (7) Meet any applicable special contract provisions as specified in 42 CFR 438.6.
- (8) Be provided to CMS in a format and within a timeframe that meets requirements in 42 CFR 438.7.
- (9) Be developed in such a way that the MCO, PIHP, or PAHP would reasonably achieve a medical loss ratio standard, as calculated under 42 CFR 438.8, of at least 85 percent for the rate year. The capitation rates may be developed in such a way that the MCO, PIHP, or PAHP would reasonably achieve a medical loss ratio standard greater than 85 percent, as calculated under 42 CFR 438.8, as long as the capitation rates are adequate for reasonable, appropriate, and attainable non-benefit costs.

Appropriations Act: An act to make appropriations, to the State, for each fiscal year, and to provide for the expenditure of the appropriation.

Behavioral Health – Healthy Michigan Plan (HMP), Medicaid Health Plan (MHP) Unenrolled (BHHMP): This plan covers Medicaid mental health and substance use disorder services managed by Contractor for Healthy Michigan (HMP) recipients who have a specialty level of need and are not

enrolled in a Medicaid Health Plan (Fee For Service- FFS).

Behavioral Health – Healthy Michigan Plan, MHP Enrolled (BHHMP-MHP): This plan covers Medicaid mental health and substance use disorder services managed by Contractor for Healthy Michigan (HMP) recipients who have a specialty level of need and are enrolled in a Medicaid Health Plan for Managed Care (MC).

Behavioral Health – Medicaid, MHP Unenrolled (BHMA): This plan covers Medicaid mental health and substance use disorder services managed by Contractor for MA recipients who have a specialty level of need and are not enrolled in a Medicaid Health Plan (Fee For Service - FFS).

Behavioral Health – Medicaid, MHP Enrolled (BHMA-MHP): This plan covers Medicaid mental health and substance use disorder services managed by Contractor for MA recipients who have a specialty level of need and are enrolled in a Medicaid Health Plan for Managed Care (MC).

Capitated Payments: Is a fixed amount of money per beneficiary per month paid in advance to Contractor for the delivery of behavioral health care services.

Capitation Rate: The fixed per person monthly rate payable to Contractor by the State for each Medicaid eligible person covered by the 1115 Demonstration Waiver Program, regardless of whether or not the individual who is eligible for Medicaid receives covered specialty services and supports during the month. There is a separate, fixed per person monthly rate payable for each eligible person covered by the Healthy Michigan Program.

Clean Claim: As defined in 42 CFR 447.45 Timely Claims Payment, b, a clean claim is one that can be processed without obtaining additional information from the provider of the service or a third party. It does not include a claim from a provider who is under investigation for fraud or abuse, or a claim under review for medical necessity.

Community Mental Health Services Program (CMHSP): A CMHSP is a program that contracts with the State to provide comprehensive behavioral health services in specific geographic service areas, regardless of an individual's ability to pay. (Michigan Mental Health Code 330.1100a, 330.1206). A CMHSP is considered a "network provider" under this Contract when directly engaged in the delivery, ordering, or referring of covered services to a beneficiary, and is considered a "Subcontractor" under this Agreement when providing a function or service on behalf of Contractor related, directly or indirectly, to the performance of Contractor's obligations to the State under this Contract.

CMHSP Contractual Staff: CMHSP contractual staff are not W-2 employees of the CMHSP, but they also do not have a network provider agreement. The following provides guidance regarding whether these contractual staff can be considered "employees" for purposes of reporting, or whether the CMHSP is required to have a network provider agreement with the contractual staff. To determine if a provider without a network provider agreement can be considered an employee of the CMHSP for purposes of the standard cost allocation methodology, EQI reporting, and MLR reporting, the provider must:

1. Use the CMHSP NPI number for billing/encounter submission, and
2. Perform work under the control and direction of the CMHSP, i.e., what will be done and how it will be done.

Relationships where the provider does not use the CMHSP NPI number, or the CMHSP has the right to control and direct only the result of the provider's work (i.e., not what will be done and how it will be done) would be indicative of a network provider relationship.

CMHSP Employee: A CMHSP employee is a person employed by the CMHSP receiving a salary or

wage and a W-2 for tax purposes, and where the work performed by the person is under the control of the CMHSP (i.e., how, and where the work is done).

Critical Incident: Critical Incidents are defined as the following events: Suicide; Non-suicide death; Arrest of Consumer; Emergency Medical Treatment due to injury or Medication Error: Type of injury will include a subcategory for reporting injuries that resulted from the use of physical management; Hospitalization due to Injury or Medication Error: Hospitalization due to injury related to the use of physical management.

Delegation: an agreement between Contractor and an individual, provider, CMHSP or other organization to perform certain functions that otherwise would be the responsibility of Contractor to perform. Contractor oversees and is accountable for any functions or responsibilities that are delegated to other entities whether the functions are provided by Contractor or other entities.

Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT): As defined in 42 CFR 440.40(b).

Emergency Intervention Services: Emergency services needed to evaluate or stabilize an emergency medical condition furnished by a provider certified as qualified by MDHHS. Emergency Intervention Services are provided to a person suffering from an acute problem of disturbed thought, behavior, mood, or social relationship that requires immediate intervention as defined by the person or the person's family or social unit. These include ICSS services as defined in the Medicaid Provider Manual.

Excluded: Individuals or entities that have been excluded from participating in the Medicare, Medicaid, or any other Federal health care programs. Bases for exclusion include convictions for program related fraud, patient abuse, licensing board actions, and/or default on Health Education Assistance loans.

Fraud: As defined in 42 CFR 455.2, the intentional deception or misinterpretation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or another person. It includes any act that constitutes fraud under any applicable federal or State Law.

Flint 1115 Demonstration Waiver: The benefit describes Targeted Case Management (TCM) services provided to pregnant women and children up to age 21 with household income up to and including 400% of the federal poverty level (FPL) who were served by the Flint water system on or between April 1, 2014, and the date the water is deemed safe by the appropriate authorities. Pregnant women will remain eligible throughout their pregnancy and will receive two months of post-partum coverage. Once eligibility has been established for a child, including those children born to pregnant women, the child will remain eligible until age 21 as long as other eligibility requirements are met. TCM services assist individuals in gaining access to appropriate medical, educational, social, and/or other services. TCM services include assessments, planning, linkage, advocacy, coordination, referral, monitoring, and follow-up activities.

Health Care Professional: Includes any of the following: physician, podiatrist, optometrist, chiropractor, psychologist, dentist, physician assistant, physical or occupational therapist, therapist assistant, speech-language pathologist, audiologist, registered or practical nurse (including nurse practitioner, clinical nurse specialist, certified registered nurse anesthetist, and certified nurse midwife), registered/certified social worker, registered respiratory therapist, and certified respiratory therapy technician (this list is not all inclusive).

Health Insurance Portability and Accountability Act of 1996 (HIPAA): Public Law 104-191 of 1996 to improve the Medicare program under Title XVIII of the Social Security Act, the Medicaid program under Title XIX of the Social Security Act, and the efficiency and effectiveness of the health care

system, by encouraging the development of a health information system through the establishment of standards and requirements for the electronic transmission of certain health information.

Healthy Michigan Plan (HMP): Is a category of eligibility authorized under the Patient Protection and Affordable Care Act and Michigan PA 107 of 2013.

Healthy Michigan Plan Beneficiary: An individual who has met the eligibility requirements for enrollment in HMP and has been issued a Medicaid card.

Intellectual/Developmental Disability: As defined in MCL 330.1100a(25) of the Michigan Mental Health Code.

Institution for Mental Disease (IMD) Services: Means a hospital, nursing facility, or other institution of more than 16 beds, that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including medical attention, nursing care, and related services.” (SSA §1905(i).).

Intensive Crisis Stabilization Services (ICSS): Structured treatment and support activities provided by an intensive crisis stabilization team that are designed to promptly address a crisis situation in order to avert a psychiatric admission or other out of home placement or to maintain a beneficiary in their home or present living arrangement who has recently returned from a psychiatric hospitalization or other out of home placement.

Limited English Proficiency (LEP): Means being limited in ability or unable to speak, read and/or write the English language well enough to understand and be understood without the aid of an interpreter.

Managed Care Administration: An administrative cost category to which non-encounterable costs of Contractor or subcontractor must be assigned. Managed care administration are administrative costs to fulfill the obligations of the Contract to organize, arrange, and coordinate clinical service delivery. Non-exhaustive examples include eligibility and coverage verification, utilization management, network development, contracted network provider training, claims processing, activities to improve health care quality, and fraud prevention activities. Costs defined as shared managed care administration must be excluded from the unit cost and the independent rate model.

Maternity Outpatient Medical Services (MOMS): A health coverage program operated by the State.

Medical Loss Ratio (MLR): Is the proportion of premium revenues spent on clinical services and quality improvements. The Affordable Care Act establishes minimum MLR standards and requires issuers to provide rebates when the MLRs are lower than the applicable MLR standard. Contractor must maintain an MLR of 85% or higher or provide rebates.

Medicaid Managed Specialty Services and Supports Program (MMSSSP): This includes the following: 1115 Behavioral Health Demonstration Waiver and the 1915(c) Habilitation Supports Waiver, Children’s Waiver Program (CWP), Serious Emotional Disturbance (SED), the MIChild program, MOMS program, and the 1115 Healthy Michigan Plan.

MIChild: A health care program for low-income, uninsured children under age 19 administered by MDHHS. Beneficiaries receive a comprehensive package of health care benefits including vision, dental, and mental health services.

Network Provider Agreement: An agreement between Contractor and a provider or between

Contractor's subcontractor and a provider that describes the conditions under which the provider agrees to furnish covered services to Contractor's enrolled beneficiaries. Agreements with providers that include additional functions or services beyond the provision of covered services to beneficiaries are not network provider agreements and shall be considered subcontracts for the purposes of this Contract.

Network Provider: Any provider, group of providers, or entity that has a provider agreement with Contractor or Contractor's subcontractor, including a CMHSP, and receives Medicaid funding directly or indirectly to order, refer or render covered services as a result. A network provider is not a subcontractor by virtue of the network provider agreement, unless the network provider is responsible for services other than those that could be covered in a network provider agreement related to the delivery, ordering, or referring of covered services to a beneficiary.

Per Eligible Per Month (PEPM): A fixed monthly rate per Medicaid eligible person payable to Contractor by the State for provision of Medicaid services defined within this Contract.

Post-stabilization Care Services: As defined in 42 CFR 438.114(a), covered services related to an emergency medical condition that are provided after a beneficiary is stabilized in order to maintain the stabilized condition, or, under the circumstances described in 42 CFR 438.114(e) to improve or resolve the beneficiary's condition.

Prepaid Inpatient Health Plan (PIHP): A PIHP is an organization as defined in 42 CFR Part 438 and meets the requirements of MCL 330.1204b.

Provider: An individual or entity engaged in the delivery, ordering, or referring of services.

Regional Entity: An entity established by a combination of community mental health services programs under Section 204b of the Michigan Mental Health Code, A 258 of 1974 as amended.

Risk Mitigation Plan: For the purposes of Third-Party Liability, a Risk Mitigation Plan is a document that will be provided by the Medicaid Health Plan outlining the actions the Medicaid Health Plan will take to address risks identified by the State. Risks are issues that will affect a Medicaid Health Plan's ability to meet the minimum TPL requirements required by this Contract, federal, or state law in order to reduce the likelihood of an adverse state or federal TPL audit finding.

Sentinel Event: Is an "unexpected occurrence" involving death (not due to the natural course of a health condition) or serious physical or psychological injury, or risk thereof. Serious injury specifically includes permanent loss of limb or function. The phrase "or risk thereof" includes any process variation for which recurrence would carry a significant chance of a serious adverse outcome (JCAHO, 1998). Any injury or death that occurs from the use of any behavior intervention is considered a sentinel event.

Serious Emotional Disturbance (SED): As defined in Section 330.1100c of the Michigan Mental Health Code

Serious Mental Illness (SMI): As defined in MCL 330.1100d(3) of the Michigan Mental Health Code.

Subcontract: An agreement entered into by Contractor with any other individual, provider, CMHSP, or other organization who agrees to perform any function or service on behalf of Contractor related to securing or fulfilling Contractor's required contract activities and obligations under the terms of this Contract when the intent of such an agreement is to delegate the responsibility for any major service or group of services required by this Contract. Examples of delegated activities include but are not limited to overseeing quality management and assessing performance measurement and improvement,

developing or maintaining a compliance program, managing staff qualifications and training, overseeing a utilization management program, assuring compliance with access standards, maintaining information technology systems, overseeing finance system and procedures, providing customer service, upholding enrollee rights and protections, managing the enrollee or provider grievance process, engaging in provider network selection and management, performing credentialing functions, managing the appeals process, making ownership and control disclosures, and other general management functions undertaken on behalf of Contractor related to fulfilling the Contract requirements. Agreements limited in scope to the provision of covered services to enrollees are not subcontracts and shall be considered network provider agreements for purposes of this Contract.

Subcontractor: An individual, provider, CMHSP, or other organization that provides any function or service on behalf of Contractor related to securing or fulfilling Contractor’s obligations under this Contract. Subcontractor does not include a network provider, unless the network provider is responsible for services other than those that could be covered in a network provider agreement related only to the provision of covered services to beneficiaries.

Substance Use Disorder (SUD): As defined in MCL 330.1100d(11) of the Michigan Mental Health Code.

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SCHEDULE D- RESERVED

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SCHEDULE E- CONTRACTOR FINANCIAL REPORTING REQUIREMENTS

**Contract No. MA 24000001086
Prepaid Inpatient Health Plan (PIHP)**

FINANCIAL PLANNING, REPORTING AND SETTLEMENT

Contractor must provide the following financial reports to the State as listed below.

Mental Health and Substance Use Disorder (Non-Medicaid) Reporting Requirements, which includes forms, instructions, and other essential resources, are located on the MDHHS website at:

<https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/reporting>

| Due Date | Report Title | Report Period | Reporting Mailbox |
|--------------|--|--|--|
| January 15 | DHHS Incentive Payment Template Report | Annually October 1 to September 30 | MDHHS-BCCHPS-Reporting@michigan.gov |
| February 28 | SUD – Legislative Report/Section 904 | Annually October 1 to September 30 | MDHHS-BHDDA-Contracts-MGMT@michigan.gov |
| February 28 | PIHP Medicaid FSR Bundle - MA, HMP | Final (Use tab in FSR Bundle) October 1 to September 30 | MDHHS-BHDDA-Contracts-MGMT@michigan.gov |
| February 28 | Encounter Quality Initiative Report (EQI) including Attestation to accuracy, completeness, and truthfulness of claims and payment data | Annually October 1 to September 30 | QMPMeasures@michigan.gov |
| February 28 | PIHP Executive Compensation Reporting for Section 904(2) | Annually October 1 to September 30 | MDHHS-BHDDA-Contracts-MGMT@michigan.gov |
| May 31 | Mid-Year Status Report | Mid-Year October 1 to March 31 | MDHHS-BHDDA-Contracts-MGMT@michigan.gov |
| May 31 | Encounter Quality Initiative Report (EQI) | Four months October to January | QMPMeasures@michigan.gov |
| June 30 | Medical Loss Ratio | Annually October 1 to September 30 | MDHHS-BHDDA-Contracts-MGMT@michigan.gov |
| June 30 | SUD – Audit Report | Annually October 1 to September 30 (Due 9 months after close of fiscal year) | MDHHS-AuditReports@michigan.gov |
| August 15 | PIHP Medicaid FSR Bundle MA, HMP | Projection (Use tab in FSR Bundle) October 1 to September 30 | MDHHS-BHDDA-Contracts-MGMT@michigan.gov |
| September 30 | Encounter Quality Initiative Report (EQI) | Eight Months October to May | QMPMeasures@michigan.gov |
| October 1 | Medicaid YEC Accrual | Final October 1 to September 30 | MDHHS-BHDDA-Contracts-MGMT@michigan.gov |

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| Due Date | Report Title | Report Period | Reporting Mailbox |
|--------------------------|---|--|--|
| November 10 | PIHP Medicaid FSR Bundle MA, HMP | Interim (Use tab in FSR Bundle) October 1 to September 30 - Interim | MDHHS-BHDDA-Contracts-MGMT@michigan.gov |
| December 3 | Risk Management Strategy | Annually To cover the current fiscal year | MDHHS-BHDDA-Contracts-MGMT@michigan.gov |
| December 31 | Medicaid Services Verification Report | Annually October 1 to September 30 | Contractor's MDHHS-OIG sFTP Area and/or Case Management System |
| 30 Days after receipt | Annual Audit Report, Management Letter, and CMHSP Response to the Management Letter. | Annually October 1 to September 30 | MDHHS-AuditReports@michigan.gov |
| 30 Days after receipt | Compliance exam and plan of correction | Annually October 1 to September 30 | MDHHS-AuditReports@michigan.gov |

SCHEDULE E- CONTRACTOR NON-FINANCIAL REPORTING REQUIREMENTS

**Contract No. MA 24000001086
Prepaid Inpatient Health Plan (PIHP)**

NON-FINANCIAL REPORTING REQUIREMENTS SCHEDULE

Contractor must provide the following reports to the State as listed below.

Mental Health and Substance Use Disorder (Non-Medicaid) Reporting Requirements, which includes forms, instructions, and other essential resources, are located on the MDHHS website at: <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/reporting>

| Due Date | Report Title | Report Period | Reporting Mailbox |
|-------------|--|--|--|
| January 15 | Annual Program Integrity Report | October 1 through September 30 of the previous fiscal year | Contractor's MDHHS-OIG sFTP Area and/or Case Management System |
| January 27 | Managed Care Program Annual Report (MCPAR) | October 1 through September 30 prior fiscal year | Submit through: DCH-File Transfer |
| February 15 | Member Grievances | Feb 15 for 1Q data | Submit through: DCH-File Transfer |
| February 15 | Service Authorization Denials | Feb 15 for 1Q data | Submit through: DCH-File Transfer |
| February 15 | Member Appeals | Feb 15 for 1Q data | Submit through: DCH-File Transfer |
| February 15 | Program Integrity Activities | October 1 to December 31 | Contractor's MDHHS-OIG sFTP Area and/or Case Management System |
| February 28 | Quality Assessment Performance Improvement Program (QAPIP) | October 1 to September 30 | Submit through: DCH-File Transfer |
| March 15 | Annual Compliance Program Report | October 1 of prior fiscal year to current | Contractor's MDHHS-OIG sFTP Area and/or Case Management System |
| April 30 | Network Adequacy Report | October 1 to September 30 of previous fiscal year | MDHHS-BHDDA-Contracts-MGMT@michigan.gov |
| March 31 | Performance Indicators | October 1 to December 31 | QMPMeasures@michigan.gov |
| May 15 | Provider Credentialing | May 15 for 1Q and 2Q data | Submit through: DCH-File Transfer |
| May 15 | Member Grievances | May 15 for 1Q and 2Q data | Submit through: DCH-File Transfer |
| May 15 | Member Appeals | May 15 for 1Q and 2Q data | Submit through: DCH-File Transfer |
| May 15 | Service Authorization Denials | May 15 for 1Q and 2Q data | Submit through: DCH-File Transfer |

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| Due Date | Report Title | Report Period | Reporting Mailbox |
|--------------|---|--|--|
| May 15 | Program Integrity Activities | January 1 to March 31 | Contractor's MDHHS-OIG sFTP Area and/or Case Management System |
| June 30 | Performance Indicators | January 1 to March 31 | QMPMeasures@michigan.gov |
| July 31 | PBIP Narrative on "Outcome Measurement to address social determinants of health" | Previous Fiscal Year | MDHHS-BHDDA-Contracts-MGMT@michigan.gov |
| August 15 | Member Grievances | Aug 15 for 1Q, 2Q & 3Q data | Submit through: DCH-File Transfer |
| August 15 | Member Appeals | Aug 15 for 1Q, 2Q & 3Q data | Submit through: DCH-File Transfer |
| August 15 | Service Authorization Denials | Aug 15 for 1Q, 2Q & 3Q data | Submit through: DCH-File Transfer |
| August 15 | Program Integrity Activities | April 1 to June 30 | Contractor's MDHHS-OIG sFTP Area and/or Case Management System |
| September 1 | Conflict of Interest Attestation/Provider Screening Information Collection Tool (PSICT) | Upcoming New Fiscal Year | Submit through DCH File Transfer to: MDHHS-Managed Care System Support and Operations Notify Kim Heinicke at HeinickeK@michigan.gov |
| September 30 | Performance Indicators | April 1 to June 30 | QMPMeasures@michigan.gov |
| October 30 | Intensive Crisis Stabilization Services (ICSS) for Children Annual Data Report | October 1 to September 30 | MDHHS-BCCHPS-Reporting@michigan.gov |
| November 15 | Provider Credentialing | Nov 15 for 1Q, 2Q, 3Q & 4Q data | Submit through: DCH-File Transfer |
| November 15 | Performance Bonus Incentive Narrative on "Increased participation in patient-centered medical homes characteristics." | October 1 to September 30 See all PBIP requirements at: https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/reporting | MDHHS-BHDDA-Contracts-MGMT@michigan.gov |
| November 15 | Member Grievances | Nov 15 for 1Q, 2Q, 3Q & 4Q data | Submit through: DCH-File Transfer |
| November 15 | Member Appeals | Nov 15 for 1Q, 2Q, 3Q & 4Q data | Submit through: DCH-File Transfer |
| November 15 | Service Authorization Denials | Nov 15 for 1Q, 2Q, 3Q & 4Q data | Submit through: DCH-File Transfer |
| November 15 | Program Integrity Activities | July 1 to September 30 | Contractor's MDHHS-OIG sFTP Area and/or Case Management System |
| November 15 | Subcontracted Entities and Network Providers List | Annually Current Fiscal Year | Contractor's MDHHS OIG sFTP Area |
| November 15 | PIHP Current Organizational Chart | Annually Current Fiscal Year | MDHHS-BHDDA-Contracts-MGMT@michigan.gov |

| Due Date | Report Title | Report Period | Reporting Mailbox |
|---|---|---|---|
| December 31 | Performance Indicators | July 1 to September 30 | QMPMeasures@michigan.gov |
| Monthly | All Behavioral Health Treatment Episode Data Set (BH- TEDS) | October 1 to September 30 Due last day of each month. See resources at: https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/reporting | Submit via DEG at: https://milogintp.michigan.gov |
| Monthly (minimum 12 submissions per year) | All Encounter Reporting via HIPAA 837 Standard Transactions | October 1 to September 30 See resources at: https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/reporting | Submit via DEG at: https://milogintp.michigan.gov |
| Monthly* | Consumer-Level Data 1. Quality Improvement | October 1 to September 30. See resources at: https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/reporting | MDHHS-BHDDA-Contracts-MGMT@michigan.gov |
| Monthly | Critical Incidents | As identified in the Critical Incident Reporting and Event Notification Requirements https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/mentalhealth/practiceguidelines | Submit through the Customer Relationship Management (CRM) System |
| Monthly | Crisis and Access Service Information updated in the BH CRM for MH and SUD per MCL 330.1206 | Current and Ongoing | Update through the Customer Relationship Management (CRM) System For Technical Difficulties: mdhhs-bh-crm@michigan.gov |
| On Request | Provider Network Stability Plan Report | October 1 to September 30 | MDHHS-BHDDA-Contracts-MGMT@michigan.gov |

*Reports required if Contractor is participating in pilot and/or optional programs.

NOTE: To submit via Data Exchange Gateway (DEG) to the State/MIS Operations Client Admission and Discharge client records must be sent electronically to:

Michigan Department of Health and Human Services
Michigan Department of Technology, Management & Budget
Data Exchange Gateway (DEG)
For admissions: use c:/4823 4823@dchbull
For discharges: use c:/4824 4824@dchbull

Behavioral Health-Treatment Episode Data Set (BH-TEDS) collection/recording and reporting requirements including technical specifications, file formats, error descriptions, edit/error criteria, and explanatory materials on record submission are located on MDHHS's website at: <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/reporting>

The PIHP Policies and Practice Guidelines are located on the MDHHS website at <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/mentalhealth/practiceguidelines>

SCHEDULE E- CONTRACTOR OPTIONAL BENEFIT PROGRAM REPORTING REQUIREMENTS

Contract No. MA 240000001086
Prepaid Inpatient Health Plan (PIHP)

Optional Benefit Program Reporting Requirements

Contractor must provide the following reports to the State as listed below.

| Optional Benefit Program | Link to Program Handbook with reporting requirements |
|--|---|
| Substance Use Disorder Health Home (SUDHH) | https://www.michigan.gov/mdhhs/assistance-programs/medicaid/opioid-health-home/provider-resources |
| Behavioral Health Home (BHH) | https://www.michigan.gov/mdhhs/assistance-programs/medicaid/behavioral-health-home/provider-resources |
| Certified Community Behavioral Health Clinic (CCBHC) | https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/ccbhc |

SCHEDULE F- MEDICAID MENTAL HEALTH AND SUBSTANCE USE DISORDER PAYMENT RESPONSIBILITY GRID

Contract No. MA 240000001086
Prepaid Inpatient Health Plan (PIHP)

Medicaid Mental Health and Substance Use Disorder Payment Responsibility Grid

Contractor must utilize the Medicaid Mental Health and Substance Use Disorder Payment Responsibility Grid located in the link below:
<https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/mentalhealth/practiceguidelines>

SCHEDULE G- LOCAL FUNDING OBLIGATION SCHEDULE

Contract No. MA 24000001086 Prepaid Inpatient Health Plan (PIHP)

Schedule G - Local Funding Obligation Schedule
Pursuant to PA-0121 of 2024

| Counties (CMHSP)/Pre-paid Inpatient Health Plan Regional Entity | FY25 CMHSP Local Funding Amount | | | | Oct - Sept Total |
|--|---------------------------------|----------------|----------------|----------------|---------------------|
| | Payment Due Dates | | | | |
| | 11/16/2024 | 02/15/2025 | 05/17/2025 | 08/16/2025 | |
| | Oct - Dec | Jan - Mar | Apr - Jun | Jul - Sept | |
| Baraga, Houghton, Keweenaw, Ontonagon (Copper Country) | \$18,918 | \$18,918 | \$18,918 | \$18,918 | \$75,672 |
| Gogebic | 9,715 | 9,715 | 9,715 | 9,715 | 38,860 |
| Chippewa, Mackinac, Schoolcraft (Hiawatha) | 23,957 | 23,957 | 23,957 | 23,957 | 95,828 |
| Menominee, Dickinson, Iron (Northpointe) | 18,951 | 18,951 | 18,951 | 18,951 | 75,804 |
| Alger, Delta, Luce, Marquette (Pathways) | 56,948 | 56,948 | 56,948 | 56,948 | 227,792 |
| Region 1 - Northcare Network Total | 128,489 | 128,489 | 128,489 | 128,489 | 513,956 |
| Oscoda, Ogemaw, Iosco (AuSable) | 14,787 | 14,787 | 14,787 | 14,787 | 59,148 |
| Manistee-Benzie (Centa Wellness) | 24,948 | 24,948 | 24,948 | 24,948 | 99,792 |
| Antrim, Charlevoix, Cheboygan, Emmet, Kalkaska, Otsego (North Country) | 42,472 | 42,472 | 42,472 | 42,472 | 169,888 |
| Alcona, Alpena, Montmorency, Presque Isle (Northeast) | 24,642 | 24,642 | 24,642 | 24,642 | 98,568 |
| Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon, Wexford (Northern Lakes) | 56,642 | 56,642 | 56,642 | 56,642 | 226,568 |
| Region 2 - Northern MI Regional Entity Total | 163,491 | 163,491 | 163,491 | 163,491 | 653,964 |
| Allegan | 24,723 | 24,723 | 24,723 | 24,723 | 98,892 |
| Kent (Network 180) | 100,385 | 100,385 | 100,385 | 100,385 | 401,540 |
| Muskegon (Health West) | 58,233 | 58,233 | 58,233 | 58,233 | 232,932 |
| Ottawa | 47,163 | 47,163 | 47,163 | 47,163 | 188,652 |
| Lake-Mason-Oceana (West MI) | 21,383 | 21,383 | 21,383 | 21,383 | 85,532 |
| Region 3 - Lakeshore Regional Entity Total | 251,887 | 251,887 | 251,887 | 251,887 | 1,007,548 |
| Barry | 6,129 | 6,129 | 6,129 | 6,129 | 24,516 |
| Berrien | 37,886 | 37,886 | 37,886 | 37,886 | 151,544 |
| Kalamazoo (Integrated Services of Kalamazoo) | 76,277 | 76,277 | 76,277 | 76,277 | 305,108 |
| Branch (Pines) | 10,884 | 10,884 | 10,884 | 10,884 | 43,536 |
| St. Joseph | 16,134 | 16,134 | 16,134 | 16,134 | 64,536 |
| Calhoun (Summit Pointe) | 33,038 | 33,038 | 33,038 | 33,038 | 132,152 |
| Van Buren | 21,510 | 21,510 | 21,510 | 21,510 | 86,040 |
| Cass (Woodlands) | 11,272 | 11,272 | 11,272 | 11,272 | 45,088 |
| Region 4 - Southwest MI Behavioral Health Total | 213,130 | 213,130 | 213,130 | 213,130 | 852,520 |
| Bay, Arenac (Bay-Arenac) | 53,717 | 53,717 | 53,717 | 53,717 | 214,868 |
| Clinton, Eaton, Ingham (C-E-I) | 85,564 | 85,564 | 85,564 | 85,564 | 342,256 |
| Clare, Gladwin, Isabella, Mecosta, Midland, Osceola (CMH for Central MI) | 83,340 | 83,340 | 83,340 | 83,340 | 333,360 |
| Gratiot | 12,612 | 12,612 | 12,612 | 12,612 | 50,448 |
| Huron | 16,633 | 16,633 | 16,633 | 16,633 | 66,532 |
| Ionia (The Right Door for Hope, Recovery & Wellness) | 20,013 | 20,013 | 20,013 | 20,013 | 80,052 |
| Jackson, Hillsdale (Lifeways) | 41,994 | 41,994 | 41,994 | 41,994 | 167,976 |
| Montcalm (Montclam Care Network) | 9,355 | 9,355 | 9,355 | 9,355 | 37,420 |
| Newaygo | 12,267 | 12,267 | 12,267 | 12,267 | 49,068 |
| Saginaw | 50,218 | 50,218 | 50,218 | 50,218 | 200,872 |

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| | | | | | |
|--|--------------------|--------------------|--------------------|--------------------|--------------------|
| Shiawassee (Shiawassee Health & Wellness) | 16,134 | 16,134 | 16,134 | 16,134 | 64,536 |
| Tuscola | 27,866 | 27,866 | 27,866 | 27,866 | 111,464 |
| Region 5 - Mid-State Health Network Total | 429,713 | 429,713 | 429,713 | 429,713 | 1,718,852 |
| Lenawee | 15,040 | 15,040 | 15,040 | 15,040 | 60,160 |
| Livingston | 24,755 | 24,755 | 24,755 | 24,755 | 99,020 |
| Monroe | 47,687 | 47,687 | 47,687 | 47,687 | 190,748 |
| Washtenaw | 67,983 | 67,983 | 67,983 | 67,983 | 271,932 |
| Region 6 - CMH Partnership of SE MI Total | 155,465 | 155,465 | 155,465 | 155,465 | 621,860 |
| Detroit-Wayne Integrated Health Network | 497,616 | 497,616 | 497,616 | 497,616 | 1,990,464 |
| Region 7- Detroit Wayne Total | 497,616 | 497,616 | 497,616 | 497,616 | 1,990,464 |
| Oakland Community Health Network | 234,226 | 234,226 | 234,226 | 234,226 | 936,904 |
| Region 8 - Oakland Total | 234,226 | 234,226 | 234,226 | 234,226 | 936,904 |
| Macomb | 176,403 | 176,403 | 176,403 | 176,403 | 705,612 |
| Region 9 - Macomb Total | 176,403 | 176,403 | 176,403 | 176,403 | 705,612 |
| Genesee | 127,495 | 127,495 | 127,495 | 127,495 | 509,980 |
| Lapeer | 21,035 | 21,035 | 21,035 | 21,035 | 84,140 |
| Sanilac | 21,988 | 21,988 | 21,988 | 21,988 | 87,952 |
| St. Clair | 64,962 | 64,962 | 64,962 | 64,962 | 259,848 |
| Region 10 Total | 235,480 | 235,480 | 235,480 | 235,480 | 941,920 |
| Grand Total | \$2,485,900 | \$2,485,900 | \$2,485,900 | \$2,485,900 | \$9,943,600 |

SCHEDULE H- BEHAVIORAL HEALTH CAPITATION RATE CERTIFICATION

**Contract No. MA 24000001086
Prepaid Inpatient Health Plan (PIHP)**

The Medicaid PEPM rates effective October 1 is included as follows. The actual number of Medicaid beneficiaries will be determined monthly, and Contractor will be notified of the beneficiaries in their service area via the pre-payment process.

Attachments to Schedule H: Behavioral Health Capitation Rate Certification include:

- a. The schedule will be added via an amendment once available.

Exhibit B

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MICHIGAN

| | | |
|--------------------------------|---|----------------------|
| Derek Waskul, <i>et al.</i> , |) | |
| |) | |
| Plaintiffs, |) | |
| v. |) | Case No. 16-cv-10936 |
| |) | |
| Washtenaw County Community |) | |
| Mental Health, <i>et al.</i> , |) | |
| |) | |
| Defendants. |) | |

SETTLEMENT AGREEMENT

This Settlement Agreement is entered into by Defendants Michigan Department of Health and Human Services and Elizabeth Hertel, in her official capacity as Director of the Michigan Department of Health and Human Services (hereafter collectively referred to as “DHHS”); and Plaintiffs Derek Waskul (guardian Cynthia Waskul), Cory Schneider (guardians Martha Schneider and Wendy Schneider), Kevin Wiesner (guardian Patrick Wiesner), Hannah Ernst (guardian Susan Ernst), and Washtenaw Association for Community Advocacy (“WACA”) (hereafter “Plaintiffs”).

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WITNESSETH:

WHEREAS, on March 15, 2016, and February 11, 2019, Plaintiffs filed their Complaint and Amended Complaint, respectively, in the captioned proceeding (the “Action”) in the United States District Court for the Eastern District of Michigan, and

WHEREAS, the Complaint and Amended Complaint allege a number of violations of state and federal law arising out of the operation of the Habilitation Supports Waiver in Washtenaw County, Michigan, and

WHEREAS, DHHS denies these claims, and,

WHEREAS, the Parties mutually desire to resolve Plaintiffs’ claims against DHHS without the need for further litigation, and without any admission of liability by any party.

NOW, THEREFORE, the Parties hereby enter into this Settlement Agreement to compromise, settle, and resolve all of the claims asserted by Plaintiffs against DHHS on the following terms and conditions:

A. Retention of Jurisdiction; Enforcement; Interim Payments to Plaintiffs Waskul, Wiesner, Schneider, and Ernst

- 1) This Settlement Agreement is subject to approval by the Court, and the terms hereof shall be incorporated in the order of approval.
 - a) The Plaintiffs shall file a Motion for Approval, which may include requests for related relief against WCCMH and CMHPSM, no later than 30 days after execution hereof.
 - b) DHHS shall join in the request for approval but need not join in Plaintiffs' specific arguments or the request for additional relief and may file its own papers in support of approval. The Parties shall coordinate their filings to the extent feasible.
 - c) If the Court does not approve the Settlement Agreement, the Parties shall work in good faith to make modifications to address the Court's concerns, *provided* that no Party is obligated to agree to anything not already agreed-to herein.

d) If the Parties are unable to obtain approval from the Court despite good faith efforts, this Settlement Agreement shall become null and void.

2) ***Stay of Action:***

a) The Parties shall further request that the Action as a whole be stayed pending the Court's approval of this Settlement Agreement, which stay shall continue as between Plaintiffs and DHHS (except as set forth in Section A(4) below) until the Sunset Date set out in Section E(6) below.

b) Following the Merger Date set forth in Section G(1) below, the provisions of Section G shall govern as between the Plaintiffs and DHHS, but Plaintiffs shall be free to seek the lifting of the stay vis-à-vis WCCMH and CMHPSM, so that Plaintiffs may pursue their claims against those Defendants.

3) The Court's order of approval shall specify that the Court retains jurisdiction of this Action for purposes of enforcing this

Settlement Agreement until the Sunset Date described in Section E.

- 4) Enforcement of this Settlement Agreement shall be sought by motion in this Action (to which the stay in Section A(2)(a) shall not apply) and shall be subject to the following procedures:
 - a) No less than 30 days prior to filing any motion related to enforcement of this Settlement Agreement, the moving Party shall notify the non-moving Party of the alleged noncompliance and request a meeting for the purpose of attempting to resolve the alleged noncompliance.
 - b) If the Parties fail to resolve the allegation of noncompliance raised in the informal consultation described in Section A(4)(a), either Party may file a motion with the Court seeking a judicial determination on the issue.
 - c) Motions relating to alleged noncompliance will not seek to hold DHHS in criminal contempt of court.
 - d) Motions relating to alleged noncompliance will not seek to hold DHHS in civil contempt of court except based on

an allegation of DHHS's willful noncompliance with a previous order of enforcement on the same subject matter. If Plaintiffs do bring a motion to hold DHHS in civil contempt of court under the limitations in this Section A(4)(d), the Court may only hold DHHS in civil contempt of court if the Court makes a finding of DHHS's willful noncompliance with a previous order of enforcement on the same subject matter. Nothing in this Section A(4)(d) shall preclude Plaintiffs from seeking attorneys' fees and costs on a motion to enforce, whether under 42 U.S.C. § 1988 or otherwise.

- e) For so long as the Minimum Fee Schedule Provisions hereof are in effect, Plaintiffs shall not bring enforcement actions against DHHS alleging that Plaintiffs' IPOSs need to be "costed out" to create an HSW SD CLS and/or HSW SD OHSS budget, or that a budget created in accordance with Sections C(2) and C(3) is not sufficient to implement the IPOS.

f) During any time for which DHHS is required by this Settlement Agreement to place the contents of Attachment C in the Medicaid Provider Manual, any enforcement actions brought by Plaintiffs against DHHS related to “costing out” of an HSW SD CLS and/or HSW SD OHSS budget, or the sufficiency of such budget to implement the IPOS, are limited to whether DHHS complied with the requirements in this Settlement Agreement to place the contents of Attachment C in the Medicaid Provider Manual. For the avoidance of doubt, Plaintiffs’ forbearance of enforcement directly against DHHS in this Section A(4)(f) shall not limit the right of Plaintiffs to seek enforcement of Attachment C, including without limitation the costing out and sufficiency provisions thereof, against WCCMH or CMHPSM.

5) As soon as practicable after execution of this Settlement Agreement, but no later than 60 days after such execution, and without regard to any of the Contingencies set forth in Section D, DHHS shall cause Plaintiffs Derek Waskul, Kevin

Wiesner, Cory Schneider, and Hannah Ernst to have available going forward, through their Fiscal Intermediaries, funding for their HSW SD CLS and HSW SD OHSS budgets (including such changes in authorized hours as may be effected from time to time) at \$31 per hour for HSW SD CLS and \$21.70 per hour for HSW SD OHSS.

- a) Such funding shall be revocable only in the circumstances described in Sections E(2) and E(5) below or if the Court does not approve this Settlement Agreement, and the funding shall in any event not be subject to recoupment on any basis other than for hours not yet expended.
- b) The interim payments shall be treated as made in partial settlement of disputed claims in this Action and are separate and apart from any other terms of this Settlement Agreement.

B. Definitions

- 1) The Action: Case No. 2:16-cv-10936-PDB-EAS in the United States District Court for the Eastern District of Michigan.

- 2) “Amendment,” or “amend,” in the context of amendments to the contract between DHHS and CMHPSM, includes: (1) amending an existing contract during a fiscal year to include the relevant terms, or (2) executing a new contract or contract renewal in advance of a new fiscal year that includes the relevant terms.
- 3) The Centers for Medicare & Medicaid Services (“CMS”): the agency within the U.S. Department of Health and Human Services that administers the Medicaid program.
- 4) “CLS” means the Community Living Supports service.
- 5) “CLS Self-Determination Minimum Fee Schedule” refers to the minimum fee schedule described herein for HSW SD CLS.
- 6) “CMHSP” is a Community Mental Health Services Program, as that term is defined in M.C.L. 330.1100a(18).
- 7) The Defendants: DHHS (as defined in the preamble); Community Mental Health Partnership of Southeast Michigan (“CMHPSM”); and Washtenaw County Community Mental Health (“WCCMH”).
- 8) The Plaintiffs: as set forth in the preamble.

- 9) The Parties: the Plaintiffs and DHHS. Only the Plaintiffs and DHHS are parties to this Settlement Agreement.
- 10) Habilitation Supports Waiver (“HSW”): the Medicaid program of home-and-community-based services administered by DHHS pursuant to Section 1915(c) of the Social Security Act, the terms of which are in a waiver document filed with and approved by CMS.
 - a) The current Habilitation Supports Waiver expires on September 30, 2024. The terms “Habilitation Supports Waiver” and “HSW” in this Settlement Agreement encompass any renewals or modifications of the current waiver in effect before the Sunset Date (as defined in Section E(6)) unless DHHS demonstrates, on a fact-based motion that shall, as appropriate, be subject to discovery in aid of its resolution, that such renewal or modification fundamentally changes the overall concept of Self-Determination CLS services that are the subject matter of the Action.

b) DHHS represents that, as of the date this Settlement Agreement is executed, no such fundamental change is contemplated.

- 11) Prepaid Inpatient Health Plans (“PIHPs”): the Prepaid Inpatient Health Plans responsible for managing and paying claims for HSW services and other services pursuant to a managed care contract with DHHS. There are 10 Prepaid Inpatient Health Plans: Community Mental Health Partnership of Southeast Michigan; Detroit Wayne Integrated Health Network; Lakeshore Regional Entity; Macomb County Mental Health Services; Mid-State Health Network; NorthCare Network; Northern Michigan Regional Entity; Oakland Community Health Network; Region 10 PIHP; and Southwest Michigan Behavioral Health.
- 12) HSW Self-Determination Community Living Supports (“HSW SD CLS”): Community Living Supports covered through and defined by the Habilitation Supports Waiver document filed with and approved by CMS and provided via a self-determination arrangement. This term does not include CLS that is

not covered through the Habilitation Supports Waiver, nor does it include CLS covered through the Habilitation Supports Waiver provided via any arrangement other than a self-determination arrangement (for example, an agency arrangement).

- 13) HSW Self-Determination Overnight Health and Safety Supports (“HSW SD OHSS”). Overnight Health and Safety Supports covered through and defined by the Habilitation Supports Waiver document filed with and approved by CMS and provided via a self-determination arrangement. This term does not include OHSS that is not covered through the Habilitation Supports Waiver, nor does it include OHSS covered through the Habilitation Supports Waiver provided via any arrangement other than a self-determination arrangement (for example, an agency arrangement).
- 14) “IPOS” means the Individual Plan of Service.
- 15) The “Minimum Fee Schedule Provisions” of this Settlement Agreement are Sections C(2), C(3), C(5), C(6), and C(10) below.

- 16) “OHSS Self-Determination Minimum Fee Schedule” refers to the minimum fee schedule described herein for HSW SD OHSS.
- 17) “Policy,” when referring to DHHS, means the Medicaid Provider Manual.
- 18) “Self Determination” includes both (1) participant direction of services as described in Appendix E of the HSW, and (2) “self direction” as that term is used in DHHS’s Self-Direction Technical Requirements.

C. Terms

- 1) The Minimum Fee Schedule Provisions are subject to the Contingencies described in Section D(1). DHHS is not required to implement the Minimum Fee Schedule Provisions unless and until all such Contingencies are satisfied.
- 2) Subject to the contingencies described in Section D(1), DHHS shall amend its contract with CMHPSM so that:
 - a) For each HSW SD CLS participant, the self-determination budget created jointly by CMHSPM (or a subcontractor to which CMHPSM delegates this function) and the

participant pursuant to Appendix E of the HSW shall provide for no less than the amounts set forth in the CLS Self-Determination Minimum Fee Schedule (Table 1) below (as adjusted pursuant to Section C(10)) for each authorized unit of HSW SD CLS in the participant’s IPOS.

| Table 1 | |
|---------------------------|--------------------------------------|
| Service code | Unit (.25 hour) rate per participant |
| H2015 | \$7.75 |
| H2015UN (2 participants) | \$3.87 |
| H2015UP (3 participants) | \$2.59 |
| H2015UQ (4 participants) | \$1.94 |
| H2015UR (5 participants) | \$1.56 |
| H2015US (6+ participants) | \$1.10 |

This means, for example, that if an IPOS provides that the HSW SD CLS participant will receive 100 units per month of one-on-one HSW SD CLS (Service Code H2015, with a unit being a 15-minute increment), the funding in the associated budget for that HSW SD CLS must be equal to or greater than \$775/month (100 units x \$7.75 minimum rate). For the avoidance of doubt, it is

understood and agreed that if an IPOS specifies 2-on-1 (or greater) CLS staffing in certain circumstances, then the budget shall be calculated, and CMHPSM shall pay, separately at the 1-on-1 rate for each staffer associated with the multiple staffing.

- b) CMHPSM shall reimburse to the fiscal intermediary the amount determined by the approved budget (which shall be at least the amount determined by the CLS and OHSS Self-Determination Minimum Fee Schedules) for HSW SD CLS and HSW SD OHSS units, respectively, actually performed during the term of the IPOS. Nothing in this Section C(2)(b) shall prohibit CMHPSM from advancing funds to the fiscal intermediary in anticipation of such actual performance.
- 3) Subject to the contingencies in Section D(1), DHHS shall amend its contract with CMHPSM to require that a minimum fee schedule (the “OHSS Self-Determination Minimum Fee Schedule”) likewise apply to self-directed HSW SD OHSS

services, with the table entries for OHSS in effect from time to time being 70% of those for HSW SD CLS then in effect.

- 4) DHHS shall amend the Medicaid Provider Manual to reflect the content of Attachment A, titled “Costs Included in Community Living Supports Code H2015,” to the extent DHHS determines that it does not already do so.
- 5) Subject to the contingencies in Section D(1), and subject to the adjustments set forth in Section C(10) below, the CLS and OHSS Self-Determination Minimum Fee Schedules and the associated funding for each of them described in Sections C(2), C(3), and C(6), shall be the totality of the funding provided to cover all costs for the HSW SD CLS participant’s HSW SD CLS and HSW SD OHSS (*e.g.*, staff wages, transportation, employer costs, training, and activity fees).
- 6) Subject to the contingencies in Section D(1), DHHS shall increase the actuarially sound capitation rates for CMHPSM to account for the CLS and OHSS Self-Determination Minimum Fee Schedules.

- a) The amount of this capitation rate increase will be at the sole discretion of DHHS, but it will be subject to CMS's annual approval of the amended capitation rates as actuarially sound, as required by federal Medicaid law.
 - b) The requirements of this Section C(6) will be deemed satisfied when CMS approves, as actuarially sound, the capitation rates applicable to CMHPSM.
 - c) In addition, DHHS shall ensure that the actuary employed by or under contract with DHHS to certify annual capitation rates also certifies, at least annually, that the HSW CLS rate cell(s) of DHHS's capitation matrix for CMHPSM are not cross-subsidized by any other rate cell and are "actuarially sound," as that term is defined in 42 C.F. R. § 438.4.
- 7) Subject to the Contingencies described in Section D(2), DHHS shall amend its contract with CMHPSM to require CMHPSM to offer new and existing beneficiaries who receive CLS services under the HSW (other than those previously terminated from self-determination) the choice to self-determine CLS

services. To the extent the Contingencies described in Section D(2) have not been met by September 30, 2025 with respect to this Section C(7), DHHS shall promptly commence, and diligently pursue to completion, the process of adopting such provision as Policy.

- 8) DHHS shall instruct the Michigan Office of Administrative Hearings and Rules (“MOAHR”) that it is DHHS policy that, after the participant has exhausted the participant’s internal appeal to the PIHP/CMHSP consistent with 42 C.F.R. §§ 438.402, 438.408(f):
 - a) Administrative Law Judges (“ALJs”) in Medicaid Fair Hearings have the authority in hearings challenging the CLS and/or OHSS portions of an HSW SD CLS participant’s self-determination budget:
 - i) To review HSW SD CLS participants’ assertions that an insufficient number of units of HSW SD CLS or HSW SD OHSS was authorized and issue orders, as specified in Sections C(8)(b) and C(8)(c) below. For the avoidance of doubt, this includes an assertion by

the HSW SD CLS participant regarding the proper allocation between HSW SD CLS and HSW SD OHSS, as those services are defined in the Medicaid Provider Manual; and

ii) To review the budget attached to an HSW SD CLS participant's IPOS and issue orders, as specified in Sections C(8)(b) and C(8)(c) below.

b) When reviewing the CLS and/or OHSS portions of an HSW SD CLS recipient's self-determination budget, or the number of units of HSW SD CLS or HSW SD OHSS that have been authorized, ALJs have authority to issue an order, if appropriate based on the proofs presented on the record at the hearing, to:

i) reverse the determination and require a specific budget or authorization as described in paragraph (c)(i) below, *or*

ii) reverse the determination and remand to the PIHP/CMHPSM for further evidence or assessment as described in paragraph (c)(ii) below, *or*

iii) affirm the determination as described in paragraph (c)(iii) below.

c) Specifically,

i) If the ALJ concludes that the proofs presented on the record at the hearing establish that the PIHP/CMHSP's decision with respect to the HSW SD CLS and/or HSW SD OHSS portions of an HSW SD CLS participant's self-determination budget and/or the number of authorized units of HSW SD CLS or HSW SD OHSS was inconsistent with medical necessity as set forth in the Medicaid Provider Manual *and* that such proofs establish that a specific budget level or authorization requested by the participant is: (1) medically necessary, (2) otherwise consistent with state and federal law and policy, and (3) necessary to implement the IPOS, then the ALJ shall reverse the determination and direct entry of the specific budget level or number of authorized units of HSW SD CLS or HSW SD OHSS requested by the participant.

- ii) If the ALJ concludes that the proofs presented on the record at the hearing establish that the PIHP/CMHSP's decision with respect to the CLS and/or OHSS portions of an HSW SD CLS participant's self-determination budget and/or the number of authorized units of HSW SD CLS or HSW SD OHSS was inconsistent with medical necessity as set forth in the Medicaid Provider Manual but that such proofs do not establish that a specific budget level or number of authorized units is (1) medically necessary, (2) otherwise consistent with state or federal law and policy, and (3) necessary to implement the IPOS, then the ALJ shall reverse the determination and remand to the PIHP/CMHSP for reconsideration based on the ALJ's findings and order, specifying to the extent reasonably possible the parameters of such reconsideration.
- iii) If the ALJ concludes that the proofs presented on the record at the hearing do not establish that the PIHP/

CMHSP's decision was inconsistent with medical necessity as set forth in the Medicaid Provider Manual or otherwise inconsistent with state or federal law or policy, then the ALJ shall uphold the determination.

- d) ALJs in Medicaid Fair Hearings have the authority to review PIHPs'/CMHSPs' decisions to terminate a self-determination arrangement.
 - i) In such a Medicaid Fair Hearing, if the ALJ determines that the evidence presented on the record at the hearing does not establish that there was good cause to terminate the self-determination arrangement, then the ALJ will reverse the PIHP/CMHSP's decision to terminate the self-determination arrangement and direct the continuation of such arrangement, rather than remand to the PIHP/CMHSP for reconsideration.
 - ii) This Section C(8)(d) shall be implemented as Policy notwithstanding any provision of existing DHHS Policy or guidance stating that termination of self-

determination is not the subject of a Medicaid Fair Hearing.

- e) DHHS shall supply to counsel for Plaintiffs a copy of the instruction to MOAHR required by this Section C(8).
- f) Notwithstanding such instruction to MOAHR, DHHS may reserve to itself, as opposed to the ALJ, the final decision as to the authorized budget, the service authorization level, or the termination of self-determination arrangements, *provided, however*, that the ultimate determination be made within the timeframe for “final administrative action” as set forth in 42 C.F.R. § 431.244(f).
- 9) DHHS shall:
 - a) Amend the Medicaid Provider Manual to reflect the content of Attachment B, to the extent DHHS determines that it does not already do so.
 - b) Amend the Medicaid Provider Manual to require that PIHPs (or CMHSPs acting on their behalf) discuss with the HSW SD CLS participant during the person-centered planning process various components of CLS, such as

transportation, activities, staff wages, employer costs, training time, and similar topics, as well as, if relevant, the amount, scope, and frequency of each such component that may be medically necessary for the participant, as defined by Attachment B.

- c) Amend the Medicaid Provider Manual to require that PIHPs (or CMHSPs acting on their behalf) ensure that the fiscal intermediary does not make a final determination on the amount, scope, or duration of services and that the PIHP (or its CMHSP subcontractor) does not delegate any aspect of creating the budget to fiscal intermediary personnel.
- d) Amend the Medicaid Provider Manual to require a PIHP (or a CMHSP acting on a PIHP's behalf) to notify in writing any HSW SD CLS participant whose self-determination arrangement is at risk of termination that such risk exists.
 - i) The notice shall specify in such detail as is reasonably practicable the issues that have led to the risk of

termination, and shall provide opportunities for meaningful problem solving that involve the HSW SD CLS participant.

- ii) If, notwithstanding the problem-solving efforts, the PIHP (or the CMHSP as its subcontractor) believes that termination is necessary, then it shall issue an **Advance Action Notice**, with appeal rights consistent with those provided in 42 C.F.R. § 438.400 *et seq.*

- e) Subject to the Contingencies described in Section D(2), amend the Contract with CMHPSM to add a new sentence to paragraph 1(Q) (General Requirements in Schedule A – Statement of Work) to read: “c. The Contractor shall comply with any decision issued by an Administrative Law Judge in a Medicaid Fair Hearing.”

- f) Subject to the Contingencies described in Section D(2), amend the contract with CMHPSM to require that, when CMHPSM reduces an HSW SD CLS participant’s self-termination budget at an annual renewal or otherwise,

CMHPSM provide, in writing, a specific justification for the reduction, which shall explain why CMHPSM believes the participant does not need the same amount, duration, and scope of HSW services that the participant was previously assessed to need. To the extent the Contingencies described in Section D(2) have not been met by September 30, 2025 with respect to this Section C(9)(f), DHHS shall promptly commence, and diligently pursue to completion, the process of adopting such provision as Policy. For the avoidance of doubt:

- i) A budget reduction or termination during the term of an IPOS shall be treated as a “reduction, suspension, or termination” for purposes of internal appeal and Fair Hearing rules (including advance Adverse Benefit Determination notice and continuation of benefits, when applicable), and
- ii) A budget reduction or termination at annual renewal shall be treated as a denial of a requested service, but CMHPSM shall, in the absence of exigent

circumstances, provide the written justification required by this Section C(9)(f) as soon as practicable and, in any event, no later than 14 days before the PCP meeting for the renewal.

g) Subject to the Contingencies described in Section D(2), amend the contract with CMHPSM to require that, when WCCMH does not approve, or approves a limited authorization of, a request for inclusion in the IPOS of: (i) a service, or (ii) one or more specific aspects of the amount, scope, or duration of a service, CMHPSM shall ensure that:

- i) the item is listed in a separate section of the IPOS titled “Requests Not Approved,” and
- ii) WCCMH provides an adverse benefit determination that briefly but concretely sets forth its reasoning for not approving the request.

This Section C(9)(g) shall apply regardless of whether the non-approval or limited approval takes place during the person-centered planning process or after its

conclusion. To the extent the Contingencies described in Section D(2) have not been met by September 30, 2025 with respect to this Section C(9)(g), DHHS shall promptly commence, and diligently pursue to completion, the process of adopting such provision as Policy.

- 10) Effective for the rates applicable to SFY 2026 (beginning October 1, 2025) and thereafter, the rates in the CLS Self-Determination Minimum Fee Schedule in each fiscal year, if the CLS Self-Determination Minimum Fee Schedule is in effect as required herein, shall be the rate set forth in Table 1 (the “Base Rates”) adjusted by the cumulative percentage change in the nationwide Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W) for the period beginning March 31, 2024 and ending on the March 31 preceding the start of the fiscal year in question (that is, the rates for SFY 2027 shall be the Base Rates adjusted by the percentage change in the CPI-W from March 31, 2024 to March 31, 2026), *provided, however,* that the rates in the CLS Self-

Determination Minimum Fee Schedule in any fiscal year, shall not be less than the Base Rates set forth in Table 1. For example:

- If the CPI-W increases by 3 percent from March 31, 2024 to March 31, 2025, the rates applicable for SFY 2026 shall be the Base Rates increased by 3 percent.
- If the CPI-W decreases by 3 percent from March 31, 2024 to March 31, 2025, the rates applicable for SFY 2026 shall be the Base Rates without any adjustment.
- If the CPI-W increases by 5 percent from March 31, 2024 to March 31, 2026, the rates applicable for SFY 2027 shall be the Base Rates increased by 5 percent.

11) ***Providing Non-Binding Guidance***

- a) DHHS shall provide to PIHPs and CMHSPs non-binding guidance containing examples illustrating the operation of the contract and Policy amendments effected hereby that DHHS, in its sole discretion, deems appropriate.

- b) If Attachment C takes effect, then no later than 90 days after it does so, DHHS shall provide to PIHPs and CMH-SPs non-binding guidance containing examples illustrating the operation of Attachment C that DHHS, in its sole discretion, deems appropriate.
- c) DHHS shall consult with counsel for Plaintiffs concerning such non-binding guidance, but the form and content thereof remain in DHHS's sole discretion.

D. Contingencies

- 1) DHHS is required to implement the Minimum Fee Schedule Provisions only if each of the contingencies in Sections D(1)(a) through D(1)(e) below has been met:
 - a) The Michigan legislature appropriates sufficient funds to pay for capitation rate increases to implement the CLS and OHSS Self-Determination Minimum Fee Schedules for HSW SD CLS and HSW SD OHSS, respectively, for all PIHPs statewide. For the avoidance of doubt, this Settlement Agreement only requires DHHS to implement the CLS and OHSS Self-Determination Minimum Fee

Schedules for CMHPSM, if the contingencies in Section D(1) are satisfied, because the Plaintiffs in this Action are served only by CMHPSM and not by any other PIHPs. But DHHS has determined it will not implement the CLS and OHSS Self-Determination Minimum Fee Schedules for CMHPSM unless DHHS is able to implement them consistently statewide. Accordingly, the Minimum Fee Schedule Provisions of this Settlement Agreement are contingent on DHHS securing necessary funding and approvals for statewide implementation.

- b) CMHPSM executes a contract amendment agreeing to the Minimum Fee Schedule Provisions.
- c) CMS approves the contract amendment and capitation rate increases to account for the CLS and OHSS Self-Determination Minimum Fee Schedules for all PIHPs statewide.
- d) CMS approves any amendments to Michigan's Section 1115 demonstration waivers and Michigan's Section 1915(c) Habilitation Supports Waiver that CMS deems

necessary to implement the CLS and OHSS Self-Determination Minimum Fee Schedules for all PIHPs statewide.

e) CMS issues any other approvals that CMS deems necessary for implementation of the CLS and OHSS Self-Determination Minimum Fee Schedules for all PIHPs statewide, including directed payment approval (*see* 42 C.F.R. § 438.6(c)), if CMS determines that any such approvals are necessary to implement the CLS and OHSS Self-Determination Minimum Fee Schedules for all PIHPs statewide.

2) DHHS's requirements to amend its contract with CMHPSM with respect to the non-Minimum Fee Schedule Provisions of this Settlement Agreement are contingent on CMHPSM signing a contract amendment(s) containing the relevant provisions and CMS approving the contract amendment(s).

3) DHHS shall request from the Michigan legislature that an appropriation to fund the CLS and OHSS Self-Determination Minimum Fee Schedules be included in the ongoing and base

part of DHHS's budget, rather than included as a one-time appropriation.

- 4) DHHS will provide Plaintiffs an opportunity to comment on DHHS's draft applications to CMS for approval of any applicable state plan amendments, waiver amendments, or state-directed payments required to implement this Settlement Agreement, and DHHS will consider Plaintiffs' comments.

E. Effective Dates; Failure of CLS and OHSS Self-Determination Minimum Fee Schedules to Take Effect; Sunset; Consequences of Failure to Take Effect or Sunset

- 1) All provisions of this Settlement Agreement except the Minimum Fee Schedule Provisions shall become effective 30 days after the Court approves this Settlement Agreement, and all provisions of this Settlement Agreement shall remain in effect thereafter until the Sunset Date described in Section E(6) below, at which point all provisions of this Settlement Agreement shall no longer be enforceable and the obligations herein shall cease to exist, except for the provisions of Section G.
 - a) It is understood that some of the Terms in this Settlement Agreement (for example, contract amendments and

Medicaid Provider Manual modifications) will take DHHS more than 30 days to complete after Court approval. Accordingly, DHHS will not be deemed in violation of this Settlement Agreement so long as it continues to make diligent, good faith efforts to finalize what is required to implement these Terms.

- 2) On the date 10 calendar days after Director Hertel or her successor certifies to Plaintiffs and the Court that all of the Contingencies in Section D(1) have been met:
 - (a) the Minimum Fee Schedule Provisions of this Settlement Agreement shall become operative, and
 - (b) the interim funding for Plaintiffs Derek Waskul, Kevin Wiesner, Cory Schneider, and Hannah Ernst set forth in Section A(5) above shall be terminated and shall be supplanted by such Minimum Fee Schedule Provisions.
- 3) Recognizing that the interim financial relief hereunder will not extend to persons other than the four named individual Plaintiffs, DHHS shall make good faith efforts to satisfy the Contingencies set forth in Section D(1) as promptly as

reasonably practicable given the nature of the Contingencies. If any such Contingencies set forth in Section D(1) have not been met within eighteen (18) months of the date of execution of this Settlement Agreement (the “Drop Dead Date”), and there has not by that time been express written consent of all Parties to an extension of the Drop Dead Date, then the Minimum Fee Schedule Provisions of this Settlement Agreement shall not come into effect. Notwithstanding this Section E(3), if the only uncompleted Contingencies as of the Drop Dead Date are PIHP contract amendments, CMS approvals thereof, and/or CMS approvals of the new capitated rates, then the Drop Dead Date shall be deemed extended by six months as to those uncompleted amendments and approvals only.

- 4) If the Minimum Fee Schedule Provisions of this Settlement Agreement have not come into effect by the date that is 30 days before the Drop Dead Date, DHHS shall at that time begin, and shall complete by 120 days after the Drop Dead Date or, if applicable, the extended Drop Dead Date, the process for making amendments to the Medicaid Provider

Manual that are necessary to reflect the contents of Attachment C.

- 5) Sixty (60) days after the Drop Dead Date, or, if applicable, the extended Drop Dead Date, the obligation of DHHS to make the payments to or on behalf of the individual Plaintiffs as described in Section A(5) above shall expire.
- 6) On September 30, 2029 (“Sunset Date”), all provisions of this Settlement Agreement shall expire, except for Section G.
 - a) In anticipation of such expiration, DHHS shall begin no later than April 1, 2029, and shall complete before June 30, 2029, the process for making amendments to the Medicaid Provider Manual to reflect the content of Attachment C.
 - b) Any motion to enforce DHHS’s obligation to promulgate the amendments described in the foregoing Section E(6)(a) shall not be subject to the informal consultation obligations of Section A(4) above and shall be filed before the Sunset Date. Such motion shall remain within the

Court's jurisdiction, including after the Sunset Date as described in Section E(6)(c)(i) below.

- c) Upon the Sunset Date, excepting only Section G below and Section E(6)(b) above, all provisions of this Settlement Agreement shall no longer be enforceable against DHHS and the obligations of DHHS herein shall cease to exist.
 - i) Upon the later of the Sunset Date or, if a motion is filed pursuant to Section E(6)(b) above then 90 days after the entry of a court order that fully adjudicates such a motion, the Action may, upon motion, be dismissed as against DHHS.
 - ii) Such dismissal as against DHHS shall be with prejudice as to any claims accruing prior to the Sunset Date and without prejudice as to any claims accruing thereafter.
 - iii) Upon such dismissal, the Court's continuing jurisdiction over this Settlement Agreement shall cease.

iv) Neither such dismissal, nor the expiration of DHHS's obligations under this Settlement Agreement, shall by itself effect the modification or vacatur of any Policies, guidance, or other actions implemented by DHHS pursuant hereto, but such Policies, guidance, or other actions shall upon such expiration and dismissal be subject to ordinary regulatory processes of amendment, vacatur, or modification.

F. Attorneys' Fees and Costs

- 1) Attorneys' fees and costs for Plaintiffs' counsel will be negotiated separate and apart from this Settlement Agreement.
- 2) If the Parties cannot agree on attorneys' fees and costs, Plaintiffs may file a motion for attorneys' fees and costs, and DHHS may oppose the motion or the amount of the fees and costs sought.
- 3) Plaintiffs reserve the right to move for attorneys' fees and costs for work performed after this Settlement Agreement is executed, and DHHS reserves the right to oppose such a motion or the amount of the fees and costs sought.

G. Merger of Claims into Settlement Agreement

- 1) Thirty-one (31) days after the date the Court approves this Settlement Agreement (the “Merger Date”), but effective as of the date of such approval, all claims that Plaintiffs brought or could have brought against DHHS in this Action shall be extinguished as separate claims and shall merge into this Settlement Agreement.
- 2) From and after the Merger Date, Plaintiffs shall have no further recourse against DHHS in respect of such merged and extinguished claims except pursuant to the terms hereof.
- 3) The claims compromised, settled, and resolved by this Settlement Agreement, and merged into and extinguished by this Settlement Agreement pursuant to paragraph (1) above, include all claims that were raised in the Complaint or Amended Complaint, and all claims that could have been raised in the Complaint or Amended Complaint, on behalf of all Plaintiffs. As of the Merger Date, in consideration of the commitments contained herein, and the benefits provided or to be provided hereunder, this Settlement Agreement shall

fully resolve, extinguish, and finally and forever bar, and the Plaintiffs hereby give up, all claims described in this Section G.

- 4) The extinguishment of such claims, and/or their merger into this Settlement Agreement, shall be limited to DHHS and shall not preclude claims against any other person or entity, including without limitation WCCMH and/or CMHPSM.
- 5) Nothing herein shall preclude a Plaintiff from asserting in a Fair Hearing that the authorized CLS units are insufficient to meet that Plaintiff's needs.
- 6) Nothing herein shall prevent Plaintiffs from continuing to prosecute the Action against either or both CMHPSM or WCCMH, and nothing herein shall limit the relief Plaintiffs may seek against those Defendants.
- 7) Nothing herein shall preclude a Plaintiff from asserting claims against DHHS that accrue after the Sunset Date in a new lawsuit.

H. Miscellaneous

- 1) This Settlement Agreement may not be changed or amended except by written agreement of the Parties.
- 2) By entering into and complying with this Settlement Agreement, no party makes any concession as to the merits of the case, or of the opposing Party's claims or defenses.
- 3) This Settlement Agreement is a compromise of disputed claims and is not to be construed as an admission of liability on the part of DHHS.

Agreed to on this 1st day of December, 2023.

[Signatures follow]

/s/ Stephanie M. Service

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| <p>/s/ <u>Meghan Hodge-Groen</u> Meghan Hodge-Groen Senior Deputy Director, Behavioral and Physical Health and Aging Services Administration Michigan Department of Health and Human Services 333 South Grand Avenue P.O. Box 30195 Lansing, MI 48909</p> | <p>/s/ <u>Nicholas Gable</u> Nicholas A. Gable (P79069) Kyle Williams (P77227) DISABILITY RIGHTS MICHIGAN <i>Attorneys for Plaintiffs</i> 4095 Legacy Pkwy Lansing, MI 48911-4264 (517) 487-1755 ngable@drmich.org kwilliams@drmich.org</p> |

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**ATTACHMENT A:
COMMUNITY LIVING SUPPORTS CODE H2015**

Community Living Supports (CLS) are defined as services that “facilitate an individual’s independence, productivity, and promote community inclusion and participation,” including:

- Assisting, reminding, observing, guiding or training the participant with: meal preparation; laundry; routine, seasonal, and heavy household care and maintenance; Activities of Daily Living (ADLs), such as bathing, eating, dressing, personal hygiene; and shopping for food and other necessities of daily living.
- Assisting, supporting, and/or training the participant with: money management; non-medical care (not requiring nurse or physician intervention); socialization and relationship building; transportation (excluding to and from medical appointments that are the responsibility of Medicaid through MDHHS or health plan) from the participant’s residence to community activities, among community activities, and from community activities back to the participant’s residence; leisure choice and participation in regular community activities; attendance at medical appointments; and acquiring goods and services other than those listed under shopping.
- Reminding, observing, and/or monitoring of medication administration.

See Habilitation Supports Waiver.

Whether a service may be covered as CLS depends on whether it is described in the above definition and is determined through the person-centered planning process to “facilitate an individual’s independence, productivity, and promote community inclusion and participation,” for the particular individual. This basic coverage criteria are fleshed out in the “medical necessity criteria” (see Attachment B), which include services and supports:

- Necessary for screening and assessing the presence of a mental illness, developmental disability or substance use disorder; and/or
- Required to identify and evaluate a mental illness, developmental disability or substance use disorder; and/or
- Intended to treat, ameliorate, diminish or stabilize the symptoms of mental illness, developmental disability or substance use disorder; and/or
- Expected to arrest or delay the progression of a mental illness, developmental disability, or substance use disorder; and/or
- Designed to assist the beneficiary to attain or maintain a sufficient level of functioning in order to achieve his goals of community inclusion and participation, independence, recovery, or productivity.

Costs that may be covered for self-determination CLS (and thus are reimbursed through the CLS unit rate) include, but are not limited to, the following, *if* they are: (1) not already covered by another Medicaid service provided to the participant, (2) medically necessary for a particular CLS participant, as set forth in Attachment B, and (3) related to the participant’s IPOS goals of facilitating independence and productivity or of promoting community inclusion and participation:

- CLS staff compensation (wages, benefits, payroll taxes) for time spent on any activities covered by CLS, including CLS staff time spent on delivering CLS services in the participant's residence, required training, planning meetings, supervision, travel with the participant, and attendance at community activities with the participant.
- Transportation (*i.e.*, mileage) to and from community activities (*not* to and from medical appointments, so long as the transportation costs for those appointments are covered by the State Plan).
- Fees and other charges for a community activity for a CLS participant and for the CLS worker to accompany the participant in the community activity, including, for example, gym fee, movie ticket, theme park admission, meal at a restaurant, fee for bowling, fee for horseback riding.
- Membership fees for organizations that support the identified CLS objectives.

Costs for the following are not covered as CLS under any circumstances:

- Room and board
- Fiscal intermediary services
- Purchase or rental of a vehicle
- In-home entertainment subscription
- Any payments to spouses or parents of minor children or to a legal guardian. Note, however, that payments to a non-guardian parent of an adult, or to a spouse of a legal guardian, *are* permitted so long as they are for work actually performed by that individual.

**ATTACHMENT B
MEDICAL NECESSITY CRITERIA**

This Attachment B is intended to resolve areas where disputes have arisen.

The specific definition of medical necessity and the criteria for determining it are set forth in the current version (in effect on December 1, 2023) of Section 2.5 of the Behavioral Health and Intellectual and Developmental Disability Supports and Services chapter of the Medicaid Provider Manual and include supports, services, and treatments that are:

- Necessary for screening and assessing the presence of a mental illness, developmental disability, or substance use disorder; and/or
- Required to identify and evaluate a mental illness, developmental disability, or substance use disorder; and/or
- Intended to treat, ameliorate, diminish, or stabilize the symptoms of mental illness, developmental disability, or substance use disorder; and/or
- Expected to arrest or delay the progression of a mental illness, developmental disability, or substance use disorder; and/or
- Designed to assist the beneficiary to attain or maintain a sufficient level of functioning in order to achieve his goals of community inclusion and participation, independence, recovery, or productivity.

Medical necessity determinations are made in the person-centered planning process by a combination of assessments by professional(s), with input from the individual and their support system. Medical necessity determinations are made in terms of amount, scope, and duration. The determination of whether a given activity is medically necessary, and whether an alternative would accomplish the same goals, is inherently and always must be a determination specific to the individual.

If a particular activity, put in the IPOS through the person-centered planning process, meets the above definition of medical necessity and the definition of CLS in Attachment A, then it is part of the “scope” of the CLS services. UM will not replace the person-centered planning process. For example, UM review may not remove or change the participant’s goals. It may provide for less costly alternatives that accomplish the same goals.

This does not prohibit a supervisor from changing a goal that the case manager agreed to at the person-centered planning meeting, provided the person-centered planning meeting is re-opened.

ATTACHMENT C

**PERSON-CENTERED PLANNING, COSTING OUT, AND
PREPARING THE IPOS AND THE BUDGET RELATED TO
COMMUNITY LIVING SUPPORTS**

Costing Out Procedures

- (1) In accordance with Appendix E of the HSW, both the IPOS and the individual budget are developed in conjunction with one another through the person-centered planning process.
 - (a) The Home and Community Based Services Rule (42 C.F.R. Part 441, Subpart G), Appendix D-1 of the HSW, Michigan Mental Health Code, and Michigan Medicaid Provider Manual provisions implementing Appendix D-1 of the HSW, govern the person-centered-planning process.
 - (b) Both the participant and the PIHP/CMHSP must agree, during the person-centered planning process, to the amounts in the individual budget before the budget is authorized for the participant's use.
 - (c) If the person-centered planning process does not result in an agreed budget, the PIHP/CMHSP shall set the budget and, pending resolution through any internal appeal and Fair Hearing that the participant may pursue, the budget shall be set equal to the immediately preceding budget.
- (2) The IPOS must set forth, in detail and with specificity, the amount, scope, and duration (see Attachments A and B) of the recipient's CLS services. The activities and tasks constituting the "scope" of the services, for example, should be set forth in enough detail for their anticipated individual and cumulative costs to be ascertained.
- (3) The amount of the recipient's CLS budget is determined by costing out the medically necessary services and supports set forth in the IPOS. Specifically:
 - (a) The staff wage component of the budget shall:
 - (i) Consist of staff wages in an amount sufficient to provide the medically necessary services identified in the beneficiary's IPOS but that shall not exceed the staff wage necessary to do so, multiplied by the number of authorized units that staff member is expected to fill; and
 - (ii) Include Worker's Compensation, Unemployment Insurance, and taxes.
 - (b) Considerations for determining an appropriate staff wage may include, but are not limited to, CLS staff wages charged by self-determination providers in the community for similarly-situated CLS recipients; staff wages for the CLS recipient's self-determination providers for other services; staff wages the CLS recipient has previously paid to CLS self-determination staff; staff wages requested by CLS self-determination staff the CLS recipient wishes to hire; staff wages requested by CLS self-determination staff that have responded to job advertisements posted by the CLS recipient; and the CLS recipient's efforts to locate staff at any given staff wage.

- (c) The anticipated costs of the activities and tasks determined to be part of the CLS services' "scope" (as set forth in Attachments A and B) shall be costed out separately.
 - (d) The recipient's anticipated transportation costs related to the CLS activities and tasks in the IPOS are likewise costed out separately, it being understood that staff transportation cost does not include home-to-workplace or workplace-to-home transportation time or expense for the staff member.
- (4) The CLS budget must be sufficient to implement the IPOS.

Exhibit C

Michigan Certified Community Behavioral Health Clinic (CCBHC) Handbook

Version 2.0

**Michigan Department of Health and Human Services
Behavioral and Physical Health and Aging Services Administration**

Effective October 2024

The purpose of this Handbook is to provide Medicaid program policy, clinical and financial operations, and systems/IT guidance to the providers participating in Michigan’s CMS CCBHC Demonstration.

Note: The information included in this Handbook is subject to change.

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Contents

- Preface..... 4
- 1. Introduction to the Certified Community Behavioral Health Clinic (CCBHC) Demonstration 5
 - 1.A. Background of CCBHCs in Michigan 5
 - 1.B. CMS Demonstration and SAMHSA CCBHC Grants 5
 - 1.C. The CCBHC Model..... 6
 - 1.D. Eligibility 7
- 2. PIHP and CCBHC Requirements 8
 - 2.A. CCBHC General Requirements 8
 - 2.B. PIHP Requirements 8
 - 2.C. CCBHC Requirements 15
- 3. Designated Collaborating Organization (DCO) Requirements 34
 - 3.A. DCO Overview..... 34
 - 3.B. General DCO Requirements..... 34
 - 3.C. Expectations for State-sanctioned Crisis Providers as DCOs 38
 - 3.D. Expectations for DCO Relationships between CCBHCs..... 39
 - 3.E. Adding New DCO Relationships 39
 - 3.F. Termination of DCO Relationships..... 39
- 4. CCBHC Recipient Enrollment, Assignment, and Disenrollment 39
 - 4.A. Person served Identification, Enrollment, and Assignment..... 40
 - 4.B. MDHHS Identification and PIHP Assignment of CCBHC-Eligible Medicaid Persons Served..... 40
 - 4.C. MDHHS Identification and PIHP Assignment of CCBHC-Eligible Non-Medicaid Recipients 41
 - 4.D. Persons Served Consent 42
 - 4.E. CCBHC Recipient Disenrollment 43
 - 4.F. CCBHC Recipient Transfer 43
 - 4.G. CCBHC Transfer Process..... 44
- 5. CCBHC Payment..... 44
 - 5.A. General Provisions for CCBHC Payment 44
 - 5.B. CCBHC Prospective Payment System Methodology..... 45
 - 5.C. CCBHC Payment Operations..... 45
 - 5.D. Quality Bonus Payments (QBP) 50
- 6. CCBHC and Health Information Technology 51
 - 6.A. MDHHS Behavioral Health Customer Relationship Management (CRM) Database 51
 - 6.B. Waiver Support Application (WSA) 51
 - 6.C. CareConnect 360 (CC360)..... 52
 - 6.D. File Transfer Service (FTS) 52
- 7. CCBHC Monitoring and Evaluation..... 53
 - 7.A. CCBHC Monitoring & Evaluation Requirements 53
 - 7.B. Additional Monitoring Requirements 56
 - 7.C. Evaluation Requirements..... 56
- 8. MI CCBHC Certification Criteria—Program Requirements..... 56
 - 8.A. Program Requirement #1: Staffing 56
 - 8.B. Program Requirement #2: Availability and Accessibility of Services 64
 - 8.C. Program Requirement #3: Care Coordination 70
 - 8.D. Program Requirement #4: Scope of Services..... 79
 - 8.E. Program Requirement #5: Quality and Other Reporting 99

RECEIVED by MCCOC 12/10/2024 9:08:40 AM

8.F. Program Requirement #6: Organizational Authority, Governance, and Accreditation..... 101
Appendix A: CCBHC Demonstration Service Encounter Codes 104
Appendix B: List of CCBHC-eligible ICD-10 Diagnosis Codes 108
Appendix C: MI CCBHC Funds Flow Schematic 109
Appendix D: Encounter Reporting Example..... 110
Appendix E: Metric Guidance..... 112
Appendix F: Quality Bonus Payment Measures, Measure Stewards, and Benchmarks 125
Appendix G: Dual FQHC and CCBHC Guidance..... 127
Appendix H: CCBHC Reporting Requirements 130

Preface

The Michigan Department of Health & Human Services (MDHHS) Behavioral and Physical Health and Aging Services Administration (BPHASA) created the Certified Community Behavioral Health (CCBHC) Demonstration Handbook to provide Medicaid policy and billing guidance for providers participating in Michigan's CCBHC Demonstration. Most broadly, this handbook provides detailed instructions that to assist providers in meeting certification, policy, and billing requirements while participating in the CCBHC Demonstration. The handbook also provides links to additional information where necessary.

MDHHS requires that all providers participating in CCBHC Demonstration be familiarized with all Medicaid policies and procedures prior to rendering services to persons served. This includes policies and procedure currently in effect in addition to those issued in the future.

While it is the intent of MDHHS to keep this handbook as updated as possible, the information provided throughout is subject to change. All current and future policies and procedures will be maintained on the MDHHS CCBHC website listed below. Finally, this handbook must not be construed as policy for the CCBHC Demonstration.

The handbook will be maintained on the CCBHC website here: www.michigan.gov/ccbhc

1. Introduction to the Certified Community Behavioral Health Clinic (CCBHC) Demonstration

1.A. Background of CCBHCs in Michigan

In 2016, MDHHS applied to the Centers for Medicare & Medicaid Services (CMS) to become a CCBHC Demonstration state under Section 223 of the federal Protecting Access to Medicare Act of 2014 (PAMA). That request was approved on August 5, 2020, when the federal CARES Act of 2020 authorized two additional states—Michigan and Kentucky—to join the demonstration. As a result, MDHHS was approved for a two-year demonstration with a start date of October 1, 2021. The Bipartisan Safer Communities Act of 2022 extended eligibility to participate in the demonstration for an additional four years. CMS requires a state to implement the demonstration in at least two sites – one rural and one urban. In February 2023, states participating in the Section 223 PAMA Act of 2014, were permitted to expand the opportunity for eligible providers to join the demonstration. CCBHC Demonstration Sites are selected by the state in accordance with federal requirements, including the attainment of state based CCBHC certification, and available funding.

The CMS CCBHC Demonstration requires states and their certified sites to provide a robust set of coordinated, integrated, and comprehensive services to all persons with any mental illness or substance use disorder (SUD) diagnosis. Moreover, the demonstration requires and emphasizes 24/7/365 crisis response services (e.g., mobile crisis services). Other critical elements include, but are not limited to, strong accountability in terms of financial and quality metric reporting; formal coordination with primary and other care settings to provide intensive care management and transitions; linkage to social services, criminal justice/law enforcement, and educational systems; and an emphasis on providing services to veterans and active-duty service members.

To account for these requirements, the state must create a Prospective Payment System (PPS) reimbursement structure that finances CCBHC services at an enhanced payment rate to properly cover costs and offer greater financial predictability and viability. The PPS is integral to sustaining expanded services, investments in the technological and social determinants of care and serving all eligible Michiganders regardless of insurance or ability to pay.

MDHHS operationalizes the demonstration through CCBHC sites and the relevant Prepaid Inpatient Health Plans (PIHPs), by utilizing a collaborative and interdisciplinary team-based model of care to ensure the totality of one's needs – physical, behavioral, and/or social, are met. At the end of the demonstration, MDHHS will evaluate the program's impact and assess the potential to continue or expand the initiative under federal authority.

1.B. CMS Demonstration and SAMHSA CCBHC Grants

Two federal programs contain the “CCBHC” name – the CMS CCBHC Demonstration and the Substance Abuse and Mental Health Services Administration (SAMHSA) CCBHC Grants. These are two distinct opportunities with different funding sources and state oversight responsibilities.

1.B.1. SAMHSA Grants

SAMHSA CCBHC Grants are available to community treatment providers in every state. Qualified applicants must meet the requirements of a CCBHC within four months of receiving the grant. Clinics self-attest that they meet the baseline CCBHC criteria, and the state authority (MDHHS) has no direct involvement in the oversight or implementation of these grants.

1.B.2. The CMS CCBHC Demonstration

The CMS CCBHC Demonstration is operationalized by the State and uses a Prospective Payment System (PPS) rate for qualifying encounters provided to Medicaid persons served. Moreover, the State is responsible for overseeing the demonstration program, including clinic certification, payment, and compliance with federal reporting requirements.

Existing SAMHSA CCBHC grantees can participate in the CMS CCBHC Demonstration and continue to use SAMHSA CCBHC grant funds provided they meet the requirements of both federal programs.

1.C. The CCBHC Model

CCBHCs are designed to provide a comprehensive range of mental health and SUD services and serve as a safety net behavioral health service provider. In return, CCBHCs receive an enhanced Medicaid reimbursement rate based on their anticipated costs of expanding services to meet the needs of these complex populations. CCBHCs are non-profit organizations or units of a local government behavioral health authority. Unlike traditional service organizations that operate differently in each state or community, CCBHCs are required to meet established and standardized criteria related to care coordination, crisis response and service delivery, and to be evaluated by a common set of quality measures. Furthermore, CCBHCs establish a sustainable payment model that differs from the traditional system funded by time-limited grants that only support pockets of innovation for specific populations. Early experiences demonstrate that CCBHCs have shown tremendous progress in building a comprehensive, robust behavioral health system that can meet the treatment demand.

1.C.1. Expanded Service Array

In accordance with PAMA, CMS requires CCBHCs, directly or through designated collaborating organizations, to provide a set of nine (9) comprehensive core services to address the complex and myriad needs of persons with mental health or SUD diagnoses services. This full array of services must be made available to all persons served and represent a service array necessary to facilitate access, stabilize crises, address complex mental illness and addiction, and emphasize physical/behavioral health integration. These services include the following:

1. Crisis mental health services, including 24-hour mobile crisis teams, emergency crisis intervention services, and crisis stabilization.
2. Screening, assessment, and diagnosis, including risk assessment.
3. Patient-centered treatment planning or similar processes, including risk assessment and crisis planning.
4. Outpatient mental health and substance use services.
5. Outpatient clinic primary care screening and monitoring of key health indicators and health risk.
6. Targeted case management.
7. Psychiatric rehabilitation services.
8. Peer support and counselor services and family supports.
9. Intensive, community-based mental health care for members of the armed forces and veterans, particularly those members and veterans located in rural areas.

1.C.2. Expanded Access to Services

CCBHC program requirements stipulate that CCBHCs cannot refuse service to any person based on either ability to pay or residence, expanding the population eligible for the robust service array. Any fees or payments required by the clinic for such services will be reduced or waived to ensure appropriate accessibility and availability. Additionally, CCBHCs must follow standards intended to make services more available and accessible, including expanding service hours, utilizing telehealth, engaging in prompt intake and assessment processes, offering 24/7 crisis interventions, and following person and family-centered treatment planning and service provision.

1.C.3. Improved Care Coordination and Integrated Care

Care coordination is central to the CCBHC model. CCBHCs are required to build a comprehensive partnership network of health and social service providers, formalized through care coordination partnerships.

1.C.4. Expanded Person-Centered Treatment

Expansion of person-centered, family-centered, trauma-informed, and recovery-oriented care that integrates physical and behavioral health care to serve the “whole person”.

1.C.5. Expanded Data Collection and Quality Reporting

CCBHCs are required to collect, report, and track a robust set of encounter, outcome, and quality data that includes persons served characteristics, staffing, access to services, use of services, screening, prevention, and treatment, care coordination, other processes of care, costs, and individual outcomes. Data will also be captured to measure the effectiveness of the demonstration and inform planning for potential future expansion of the CCBHC model statewide.

1.D. Eligibility

1.D.1. CCBHC Site Eligibility

Per CMS directive, states have the flexibility to determine which behavioral health providers can participate in the CCBHC Demonstration. Sites must meet all requirements as outlined in the below sections of the handbook and be certified by MDHHS to be designated as a CCBHC demonstration site. Certified CCBHC Demonstration sites are located on the [MDHHS CCBHC webpage](#).

Eligible sites must fall into one of the categories outlined in Section 2.C.12., Organizational Governance.

1.D.2. CCBHC Recipient Eligibility

Any person with a mental health or SUD ICD-10 diagnosis code as cited in Appendix B of this handbook is eligible for CCBHC services. The mental health or SUD diagnosis does not need to be the primary diagnosis. Individuals with a dual diagnosis of intellectual disability/developmental disability are eligible for CCBHC services. Eligibility review Must align with assessment and diagnosis requirements (see 8.D.4.1 for more on requirements) and take place as frequently as specified or as clinically appropriate following the person-centered planning process and must be medically necessary.

For those with Medicaid, eligible Medicaid persons served include those enrolled in Medicaid (MA), Healthy Michigan Plan (MA-HMP), Freedom to Work (MA-FTW), MICHild Program (MA- MICHILD), Full Fee-for-Service Healthy Kids-Expansion (HK-

EXP), and Integrated Care – MI Health Link (ICO-MC). Medicaid persons served cannot be enrolled in the PACE or Brain Injury Services Benefit Plans concurrently with CCBHC.

Medicaid persons served eligible for CCBHC are eligible for all Medicaid covered services. However, payment for duplicative services on the same day is prohibited. The CCBHC must choose which medically necessary Medicaid covered service best meets the person's needs.

1.D.3. Residency

CCBHCs must serve all individuals regardless of residency or ability to pay. CCBHCs may define service catchment areas for targeted outreach that correspond directly to the required annual needs assessment (See Program Requirements, criteria 8.A.1.) For individuals residing out of state or out of the United States, CCBHCs are responsible for providing, at a minimum, crisis response, evaluation, and stabilization services. If an individual residing outside the state or country intends on remaining in the service area temporarily and could benefit from ongoing care, the CCBHC Must provide those services and consider the individual to be non-Medicaid for purposes of the demonstration. CCBHCs must have protocols developed for coordinating care across state lines.

2. PIHP and CCBHC Requirements

2.A. CCBHC General Requirements

PIHPs must adhere to the CCBHC contractual and policy requirements with MDHHS. CCBHCs must meet the requirements indicated in CCBHC certification. PIHPs and CCBHCs must adhere to the requirements of all Medicaid statutes, policies, procedures, rules, and regulations, and the CCBHC Handbook.

MDHHS acknowledges PIHPs have both the responsibility to oversee the CCBHC program and may (1) have affiliated Community Mental Health Service Providers (CMHSPs) certified as CCBHCs or (2) be a standalone PIHP/CMHSP certified as a CCBHC. To preserve program integrity and mitigate conflict of interest risk across PIHPs and CCBHCs (CMHSPs and independent providers operating as CCBHCs), MDHHS has developed requirements described in Section 2.B.7 PIHP and CCBHC Conflicts of Interest Safeguards.

2.B. PIHP Requirements

PIHPs share responsibility with MDHHS for ensuring continued access to CCBHC services. PIHPs are responsible for meeting minimum requirements, distributing payment, facilitating CCBHC outreach and assignment, monitoring, reporting on CCBHC measures, and coordinating care for all populations served by the CCBHC sites in their region (regardless of payor).

2.B.1. Minimum Requirements

- PIHPs must be a regional entity as defined in Michigan's Mental Health Code (330.1204b) or organized as one of the three standalone CMHSPs (i.e., Macomb, Oakland, and Wayne Counties).
- PIHPs must contract or develop a Memorandum of Understanding with all CCBHCs in their region and ensure access to CCBHC services for their enrollees.

- PIHP contracts with CCBHCs must permit subcontracting agreements with DCOs and credentialing of DCO entities and/or practitioners.
- PIHP contracts with CCBHCs must reflect the CCBHC scope of services and ensure compensation for CCBHC services equates to clinic-specific PPS-1 rates. Contracts must not limit the CCBHC's ability to serve all populations with behavioral health needs per CCBHC eligibility requirements.
- PIHPs must understand the CCBHC certification process and certification requirements.
- PIHPs must support providers who meet certification criteria and standards and cannot create access barriers to eligible persons seeking CCBHC covered services.
- PIHPs must distribute data requests from MDHHS to CCBHCs for data collection.
- PIHPs must validate data by reviewing for completion and evaluating for reasonability and accuracy of completed data requests. PIHPs should evaluate data and information reported by CCBHCs within known context and communicate any discrepancies identified with the CCBHCs prior to submission to MDHHS. This includes but is not limited to quality metrics, cost reports, level of care (LOC) data, reconciliation templates, and ad-hoc requests by MDHHS.
- MDHHS recommends that PIHPs provide training and technical assistance on certification requirements, including helping other potential CCBHC sites in preparing to meet CCBHC requirements.
- PIHPs must utilize Michigan claims and encounter data for the CCBHC population.
- MDHHS recommends that PIHPs provide support to CCBHCs related to Health Information Technology (HIT), including the Waiver Support Application (WSA), CareConnect360(CC360), the PIHP Electronic Health Record (EHR), and Health Information Exchanges (HIEs).
- PIHPs must work with CCBHCs to establish a timeline to meet MDHHS reporting deadlines.
- PIHPs must provide access to CCBHC services through providers certified as a CCBHC.
- PIHPs must panel CCBHCs to provide substance use disorder (SUD) services or assist the CCBHC to develop a DCO agreement with a SUD provider already on the PIHP panel.
- PIHPs must honor intake, access, screening, and authorization for CCBHC services completed by a CCBHC demonstration provider when an individual seeks services at a CCBHC (i.e., calling the CCBHC directly or walk-ins).
 - Individuals who present at a CCBHC for services should, at the time of first contact, receive preliminary screening from the CCBHC and risk assessment to determine acuity of needs, as described in Section - Timeliness for New CCBHC Recipients of the CCBHC Demonstration Handbook. PIHP must pay the CCBHC the full PPS rate for this first encounter.
 - Established CCBHC recipients should obtain timely access to services as specified in Section – 8.B.9.3 Timely Access to Outpatient Services of the CCBHC Demonstration Handbook.
 - PIHPs must work with CCBHCs who conduct a warm handoff to the PIHP during instances when a CCBHC is required to refer individuals to the PIHP access center. CCBHCs must refer individuals with the following needs to the PIHP access center:

- Individuals who require a service that is at a higher level of care than the nine core CCBHC services offered at the CCBHC or their contracted DCO, including substance use disorder (SUD) services.
- Individuals seeking access to services a CCBHC does not provide.
- Individuals seeking access to services offered through the 1915(c) waivers (Habilitation Supports Waiver, Children's Waiver Program, Waiver for Children with Serious Emotional Disturbances) or 1915(i) services.
- PIHPs cannot require any prior authorizations or additional screening requirements beyond those noted above before an individual can access CCBHC services.
- PIHP utilization management of CCBHC services is limited to retrospective review of approved/rendered services to confirm that the care was medically necessary.
 - PIHPs cannot delegate retrospective reviews for CCBHC services to a CCBHC or CMHSP.

2.B.2. CCBHC Enrollment and Assignment

- Use the WSA for CCBHC assignment activities. This includes maintaining an updated list of eligible individuals and sharing with CCBHCs for outreach, assignment management, and report generation.
- Utilize the WSA to upload information on CCBHC recipients for the non-Medicaid population by CCBHC.
- Verify diagnostic criteria for CCBHC recipients who are not automatically identified and enrolled (such as walk-ins) and non-Medicaid recipients is entered into WSA. PIHPs should work with the CCBHCs to confirm diagnostic eligibility, particularly for non-Medicaid individuals, and may establish other review processes to verify diagnosis for all populations.
- Review consent document when uploaded by a CCBHC before assigning an individual to a CCBHC.
- Require and monitor that the CCBHC has policies and procedures in place to ensure attempts to collect the MDHHS-5515 consent form have taken place before requesting assignment of a CCBHC recipient to a CCBHC in the WSA. Services can be provided before the consent is obtained or if a CCBHC recipient denies signing the 5515 consents. The CCBHC consents must be updated annually for individuals served. Other consent forms can be used if held to more stringent requirements under federal law.
- No additional orientation or consent is required to receive CCBHC services.

2.B.3. CCBHC Coordination and Outreach

- Maintain a network of providers that support the CCBHC to service all Michiganders with a mental illness or SUD.
- Develop and maintain working relationships with primary and specialty care providers such as Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), inpatient hospitals, crisis services providers, and SUD providers.
- Assist CCBHC with outreach to eligible CCBHC recipients, if requested by CCBHC.
- Coordinate crisis and other referral services with the Michigan Crisis and Access Line (MiCAL), when available in PIHP region.
- Coordinate services when eligible individuals utilize the PIHP's centralized access system, including assigning them to a CCBHC of their choice.
- PIHPs are encouraged to engage in regional care coordination agreement between themselves, the CCBHCs in their region, and residential/withdrawal

management health facilities. Agreements must outline the responsibilities of each party, including timelines and expectations for coordination, and will be reviewed and updated as appropriate throughout the year.

2.B.4. CCBHC Payments

- PIHPs are responsible for reimbursing CCBHCs at the site-specific PPS-1 rate for each valid CCBHC service encounter (note: the PPS-1 payment may only be paid once per day per Medicaid individual regardless of the number of CCBHC service encounters reported for a given day) in accordance with the CCBHC Payment section of the policy and this Handbook (Section 5). PIHPs must reimburse CCBHCs in a timely manner.
- PIHPs will submit encounters to MDHHS in accordance with Section [5.C.1](#) of this Handbook.
- PIHPs will distribute general fund (GF) and quality bonus payments (QBPs) to CCBHCs as described in Section 5.C and 5.D of this Handbook.

2.B.5. Reporting

For a detailed list of reporting requirements, please navigate to [Appendix H](#) of this handbook.

2.B.5.1. Metric Reporting

2.B.5.1.1. *Clinic-Reported Quality Metric Reporting (See Section 7.A.4.1 for details)*

- PIHPs must work closely with CCBHCs to ensure the CCBHC can successfully collect required clinic-reported quality measures.
- On a quarterly basis, the PIHP will review clinic-reported metric templates for completeness and reasonability.
- PIHPs will work with CCBHCs to remedy data collection issues to ensure accuracy of metric reporting.
- Annually, the PIHP will submit the final demonstration year clinic-reported measures to MDHHS.

2.B.5.1.2. *State-Reported Quality Metric Reporting*

- PIHPs will share quarterly state-reported quality metric data with CCBHCs for ongoing performance monitoring. Data is updated in CC360 on a quarterly basis.
- PIHPs will review updated measure information for accuracy/consistency with PIHP data.
- PIHPs will share final data from the end of year update of metrics in CC360 upload for clinics to complete the state-reported metrics sheets of the reporting template (MI-CCBHC-Data-Demonstration-Templates (FY25).xlsx). PIHPs will submit end of year templates to MDHHS.

2.B.5.1.3. *Access Data Reporting*

- PIHPs will collect and report access data quarterly to include, by CCBHC, the number of individuals requesting services and the

number of individuals receiving their first service.

- Submission of the I-SERV and I-SERV(Supplemental) tab of the ‘CCBHC Data Demonstration Template’ meets this requirement.

2.B.5.2. Cost Reporting

- PIHPs must review, validate, and submit CCBHC Office of Management and Budget (OMB) Cost Reports annually.
 - PIHPs must provide support to CCBHCs completing their cost reports, including providing encounter information for daily visit calculation.
 - PIHPs must review cost reports for accuracy and sustainability. PIHPs must provide feedback to the site related to the cost report and technical assistance, as needed.
- CCBHCs and PIHPs must complete and submit reconciliation templates quarterly. The templates are due to the MDHHS actuarial mailbox (gmpmeasures@michigan.gov) on the Friday that falls 7 weeks after the end of the reporting quarter. To better align reconciled numbers with what is stored in the MDHHS data warehouse, each CCBHC/PIHP must report the encounter submission cut-off date they used in the supplied fillable date field of the template. **Note:** Receipt of quarterly reporting is to assist with monitoring reconciliation throughout the year. Submission does not impact reconciliation throughout the year, the final reconciliation takes place at the end of the year utilizing the FSR.

| Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 (year-end) |
|------------------|-------------------|------------------|----------------------|
| Oct. 1 - Dec. 31 | Oct. 1 - March 31 | Oct. 1 - June 30 | Oct. 1- Sept. 30 |

2.B.5.3. Grievance Monitoring and Reporting

- PIHPs must monitor, collect, and report grievance, appeal, service authorization denials, and Fair Hearing information, with details, by CCBHCs, to MDHHS (MDHHS will specifically monitor this activity as it relates to CCBHC services related to certification criteria requiring CCBHCs to provide CCBHC services to all eligible populations regardless of severity, ability to pay, or county of origin). PIHPs are not responsible for recipient rights reporting.

2.B.5.4. Placeholder for Compliance Exam and Audit Review

PIHPs will incorporate CCBHC into current compliance examinations and audit review processes.

2.B.5.5. Other Reporting

- PIHPs must submit other MDHHS-required reports such as Financial Status Reports (FSRs) pursuant to MDHHS-defined instructions and timelines.

PIHPs send required reports to MDHHS-CCBHC@michigan.gov or through the File Transfer Service (FTS) (except for those with submissions processes already defined

[e.g., FSR)].

2.B.6. Oversight

- Monitor CCBHC performance and lead quality improvement efforts. PIHPs are not responsible for overseeing and monitoring any certification corrective action plan; however, MDHHS will share CCBHC corrective action plans with the PIHP and the PIHP may be asked to assist the CCBHC in meeting goals where appropriate.
- Establish a continuous quality improvement program and collect and report on data that permits an evaluation of increased coordination of care and chronic disease management on clinical outcomes, experience of care outcomes, and quality of care outcomes at the population level.
- Compliance with other State and/or Federal reporting requirements.

2.B.6.1. Encounter Reporting Oversight

PIHPs must establish procedures to monitor compliance with CCBHC encounter reporting requirements.

- T1040 identification: PIHPs will review CCBHC-eligible service encounters, as listed in Appendix A of the CCBHC Handbook, with CCBHCs to troubleshoot T1040 submissions.
- TF Modifier: PIHPs will ensure that all CCBHC services to individuals who meet the CCBHC reporting definition of Mild-to-Moderate are submitted with the TF modifier on the T1040. PIHPs must be able to translate this information into daily visits for reporting on the quarterly reconciliation template.
- DCOs: PIHPs will develop a system for monitoring service encounters submitted by CCBHCs for services provided by a Designated Collaborating Organization (DCO).
- Service Locations: PIHPs will monitor the service location on encounters submitted with a T1040 to ensure they were provided at a certified location. The actual place of service should be indicated on the service line of the claim/encounter in accordance with the current Behavioral Health Code and Provider Qualifications document. The T1040 should be coded with place of service 11.
- HSW Overlap: PIHPs will ensure that individuals are enrolled in the Habilitation Supports Waiver (HSW) when appropriate. PIHPs will verify that CCBHCs do not bill overlapping HSW/CCBHC codes with a T1040 for individuals enrolled in the HSW benefit plan (see section 4.B.5. for CCBHC and HSW enrollment and Appendix A for overlapping services)
- Duplication: PIHPs will ensure that two encounters aren't submitted for the same service on the same day (i.e., DCO directly to PIHP and by the CCBHC to the PIHP).

2.B.7. PIHP and CCBHC Conflicts of Interest Safeguards

The requirements in this section are intended to mitigate conflicts of interest between PIHPs and CCBHCs and ensure individuals experience no barriers in obtaining access to CCBHC services.

MDHHS will develop an audit process to conduct oversight of the requirements described in this section.

2.B.7.1. Staffing

- PIHPs must conduct oversight of CCBHCs (as described in Section 2.B. PIHP Requirements of the CCBHC Demonstration Handbook Version 2.0 and the CCBHC Demonstration Section of the PIHP Contract) and may not delegate these oversight functions to a CMHSP or CCBHC.
- For PIHPs with one or more affiliated CMHSPs that are CCBHCs, CCBHC oversight and utilization management functions must be conducted by PIHP staff (or CMHSP staff when the function is delegated) and supervisors who are separate from staff and supervisors delivering services to individuals.
- PIHPs and CCBHCs must have separate and distinct staff leads for communication purposes with MDHHS.

2.B.7.2. Guardrails for PIHP Referrals and Assignments to CCBHCs

- PIHPs must not require individuals to be referred to a PIHP “access center” before obtaining CCBHC services.
- In the event that an individual presents at the PIHP access center and the PIHP is referring the individual to a CCBHC, PIHPs must seek to identify that the CCBHC is best positioned to serve an individual according to the factors described below.
- PIHPs must take into account the following factors when referring/assigning an individual to a CCBHC:
 - **Choice:** If the individual served has expressed choice/preference for a specific CCBHC then the PIHP must honor that choice to the maximum extent possible.
 - **Existing Provider Relationship:** PIHPs must take into account whether the individual has an existing relationship with a CCBHC and give preference to that provider when making a referral unless there is a specific cause not to do so.
 - **Geographic Location:** PIHPs must take into account the individual’s geographic location to ensure reasonable accessibility to the CCBHC.
 - **Acuity:** PIHPs must ensure that there are no preferential referrals to CCBHCs based on an individuals’ acuity; individuals of all acuity levels should be distributed across CCBHCs qualified to serve them.
 - **Capacity:** PIHPs must ensure they refer/assign individuals to CCBHCs that have capacity to serve new individuals in a timely manner.

2.B.7.3. Implementation Plan

- All PIHPs that have certified CCBHCs in their region must submit an implementation plan that details how PIHPs will meet the requirements outlined in the following sections:
 - Access, authorization, and utilization management (2.B.1)
 - Staffing (2.B.7.1)
 - Guardrails for PIHP Referrals and Assignments to CCBHCs (2.B.7.2)
- PIHPs must develop this plan with input from all CCBHCs in their region.
- PIHPs must submit the implementation plan annually, within 60 days after the start of the fiscal year or when changes occur that impact the plan.
- PIHPs must use the template developed by MDHHS.
- The implementation plan must be submitted to MDHHS at MDHHS-

CCBHC@michigan.gov and approved in order for the PIHP to be in compliance with PIHP contract requirements. MDHHS will review and provide an outcome of the plan within 30 days of receipt of the template.

2.C. CCBHC Requirements

The State's minimum requirements and expectations for CCBHCs are listed below. CCBHCs are also required to meet all CCBHC program requirements outlined in Section V: Certification Criteria.

2.C.1. Minimum Requirements

- Must be enrolled in the Michigan Medicaid program and in compliance with all applicable program policies.
- Must be certified by the State of Michigan.
- Must adhere to all federal and state laws regarding Section 223 of the federal Protecting Access to Medicare Act of 2014 (PAMA), including the capacity to perform all CCBHC required services specified by CMS.
- If a CCBHC is also a CMHSP, it must maintain full CMHSP Certification as required by the Michigan Mental Health Code MCL 330.1232a and Administrative Rule R 330.2701, which states in part that, as a condition of state funding, a single overall certification is required for each community mental health services program.
- Participate in state sponsored activities designed to support CCBHC's in transforming service delivery. This includes a **mandatory** MDHHS-hosted CCBHC orientation for providers and clinical support staff before the program is implemented.
- Recommend CCBHC person served assignment to PIHPs.
- Participate in ongoing technical assistance (including but not limited to trainings and webinars).
- Participate in ongoing staff and/or entity specific assistance (including but not limited to audits, site visits, trainings, etc., provided by State and/or State contractual staff).
- Support CCBHC team participation in all related activities and trainings, including coverage of travel costs associated with attending CCBHC activities.
- Adhere to all applicable privacy, consent, and data security statutes.
- Enhance person served access to behavioral and physical health care.
- Possess the capacity to electronically report to the State and/or its contracted affiliates information regarding service provision and outcome measures.
- Practice in accordance with accepted standards and guidelines and comply with all applicable policies published in the Michigan Medicaid Provider Manual.
- If working with a DCO, the CCBHC must ensure the DCO meets the standards and requirements outlined in the CCBHC handbook.
- Utilize the WSA to develop a participant roster, review relevant reports, recommend individual assignment to CCBHC, and view data for assigned persons served.
- Attest to diagnostic criteria for walk-ins and non-Medicaid persons served.
- Utilize HIT systems to analyze health data spanning different settings of care for care coordination purposes among Medicaid persons served. Coordinate with PIHP for collecting and sharing member-level information regarding health care utilization and medications with CCBHCs.
- CCBHCs must accept any individual who seeks services.

- Individuals who present at a CCBHC for services should at the time of first contact, whether that contact is in person, by telephone, or using other remote communication, receive preliminary screening from the CCBHC and risk assessment to determine acuity of needs.
- Established CCBHC recipients should obtain timely access to services as specified in Section 8.B.9.3. Timely Access to Outpatient Services of this handbook.
- Based on the results of CCBHC screening and risk assessment to determine acuity of needs, CCBHCs must refer individuals with the following needs to the PIHP access center:
 - Individuals who require a service that is at a higher level of care than the nine core CCBHC services offered at the CCBHC or their contracted DCO described in in Section 1.C.1. Expanded Service Array.
 - Individuals seeking access to services a CCBHC does not provide.
 - Individuals seeking access to services offered through the 1915(c) waivers (Habilitation Supports Waiver, Children's Waiver Program, Waiver for Children with Serious Emotional Disturbances) or 1915(i) services.
- For individuals who must be referred to a PIHP access center, CCBHCs must conduct a warm handoff to the PIHP, including:
 - Assisting the individual with contacting the PIHP access center (e.g., CCBHC to call PIHP Access Center on behalf or with the individual), and
 - Sharing results of completed screening and/or risk assessments with the PIHPs, with the individual's consent.

2.C.2. MI CCBHC Certification Requirements

2.C.2.1. Certification Overview

Potential CCBHCs must complete the MDHHS certification process to become a CCBHC under the CMS CCBHC Demonstration. Certification is required to bill the T1040 code and to receive the PPS-1 payment. MDHHS will document and monitor CCBHC certification through the MDHHS **BH** Customer Relationship Management (CRM) database. Potential CCBHCs must provide justification of meeting CCBHC criteria and upload supporting documentation verifying that standards have been met. Certifications are valid for three years; however, recertification may be necessary when SAMHSA CCBHC criteria updates require revisions to CCBHC certification requirements.

Prior to the demonstration start date, it is the expectation that the site will be able to attest and successfully evidence all components of the CCBHC Model including the required Evidence Based Practices (EBPs). The CCBHC must be in full compliance with the full array of CCBHC services by the first day of the CCBHC Demonstration start date.

During the demonstration, a Corrective Action Plan (CAP) may be provided to support a CCBHC site that does not fully meet all program requirements. CAPs are term-limited and the CCBHC must provide MDHHS with a plan for meeting the full certification requirements to maintain certification. If the site is unable to meet all criteria, they are subject to decertification. The CCBHC, along with the PIHP, will receive a notification of decertification 90 days in advance and will have the opportunity to appeal the decision. CCBHCs can receive the PPS payment during the implementation and monitoring of the

CAP.

MDHHS CCBHC Team will conduct site visits to each certified CCBHC during the demonstration period to verify that program requirements are being met and implemented in practice. MDHHS staff will review documentation and client records and offer feedback on CCBHC practices. Specified levels related to certification during the recertification process can be found in 2.C.2.2.3. Specific components of a CCBHC site visit are identified in section 2.C.2.2.6.

2.C.2.1.1. Rural and Frontier Certification Considerations

Rural and Frontier CCBHCs (as defined by the U.S. Census Bureau data and identified within the CCBHC community needs assessment) are provided the opportunity to meet staffing and DCOs requirements as outlined below. These considerations are unique to Rural and Frontier CCBHCs and are provided to assist with barriers associated with service delivery related to time/distance and federal ratio standards.

- Rural/Frontier sites will have until the end of the first demonstration year to comply with all staffing requirements.
- Rural/Frontier sites may develop a DCO agreement with another CCBHC demonstration site to meet CCBHC certification criteria.
- Rural/Frontier sites are encouraged to utilize telehealth/telemedicine services where clinically appropriate and applicable.

2.C.2.1.2. Dual CCBHC and FQHC Requirements

Federally Qualified Health Centers (FQHCs) that become CCBHCs must determine which program each service should be billed to using the guidance in Appendix G of this handbook to ensure duplicative billing does not occur. Ultimately, the CCBHC is responsible to bill the correct program and understand which costs and daily visits are attributable to each program. Regardless of the CCBHC's choice, the CCBHC cost report must still be reconciled to an audited financial statement.

FQHCs must develop a CCBHC specific NPI for CCBHC service encounter submission. The NPI must be submitted to the MDHHS CCBHC mailbox.

2.C.2.2. Certification Application

2.C.2.2.1. The Behavioral Health (BH) Customer Relationship Management System (CRM) Account Access

To complete the CCBHC initial application or recertification process, the potential or current CCBHC must have an organizational account in the MDHHS BH CRM. Each organizational account is permitted to have several staff who are assigned to the account and each staff is considered a CCBHC Certification Coordinator in the CRM. These staff will receive alerts and communication about the CCBHC certification, have necessary permissions for completing the

application and submitting documentation, and have the ability to submit the completed application for MDHHS approval.

Requests for MDHHS BH CRM accounts must be sent to mdhhs-ccbhc@michigan.gov and include the staff name(s), email, phone number, and site name and address. Potential and current CCBHCs are responsible for requesting and ensuring CRM access for appropriate staff, as well as alerting MDHHS of any staff changes that may require changing or revoking system access. Prior to initial certification and recertification, MDHHS will attempt to verify that user accounts and access privileges are accurate; however, it is the responsibility of the CCBHC to maintain access for initial application and recertification purposes.

2.C.2.2.2. Application Process

CCBHC CRM users assigned the role of CCBHC Certification Coordinator will receive notification that the CCBHC initial application or recertification process is open and ready to complete. Each assigned user will have access to the open application and may enter data and upload documents in any format (Word, PDF, Excel, etc.). For each program requirement, an explanation must be written in the space provided which supports how the potential or current CCBHC meets the given criteria. If no explanation is given in the space provided, the CRM user will receive a system error during the final submission process.

Documents providing further evidence such as policies, procedures, etc., must be uploaded to correspond with each program requirement standard. If a potential or current CCBHC uploads a specific document that applies to multiple standards, the document must be uploaded in each standard area. For example, if an entity is using a staffing plan as evidence for Standard 1.a.2 Staffing Plan and 1.b.2 Staffing Requirements/Accreditation, then the staffing plan document must be uploaded in both standards. All documents uploaded must be titled with the name of the document and the standard number (i.e.: ABC Mental Health Staffing Plan 1.a.2). Additionally, when submitting policies, processes, or other written evidence, the areas of the document that demonstrate compliance must be highlighted to streamline the review process.

Once the initial or recertification application is submitted, the MDHHS CCBHC Team will begin the review process. This process includes multiple MDHHS CCBHC staff reviewing the written explanations, verifying and examining the documentation submitted as evidence, and scoring each criteria utilizing a standardized scoring metric. During this review period, MDHHS may reach out to applicants to complete any missing information, request clarification, or ask for additional documentation to be submitted via email or through the CRM. All representatives with CCBHC Certification Coordinator permission in the CRM will receive an email notification regarding MDHHS CCBHC Team communications.

The potential or current CCBHC can check in on the MDHHS CCBHC Team review process at any time by reviewing the application in the CRM.

2.C.3. Certification Levels

2.C.3.1. Initial Certification

During the initial certification process, a provider must submit their CCBHC certification application to MDHHS for review via the BH CRM. Once the MDHHS CCBHC Team has completed its review of the application, the MDHHS CCBHC Team will determine whether or not the provider meets CCBHC certification criteria and can enter the demonstration. Providers must achieve full certification status to be considered certified under Michigan's CCBHC Demonstration.

2.C.3.2. Full Certification

To be awarded full certification status, a potential CCBHC must meet or exceed all standards during the initial certification application process as scored with a standardized rubric. Additionally, it is expected that the CCBHC will be in compliance with the full array of CCBHC services by the first day of the CCBHC Demonstration start date.

CCBHCs are expected to participate in state sponsored activities designed to support CCBHCs in transforming service delivery. This includes a **mandatory** CCBHC orientation for providers and clinical staff before the CCBHC Demonstration is implemented. CCBHCs must also participate in ongoing staff and entity specific assistance (including but not limited to audits, site visits, trainings, etc.) provided by the MDHHS CCBHC Team. CCBHC leadership staff must be committed to supporting their CCBHC's team's participation in all related assistance and trainings, including coverage of travel costs associated with occasionally attending CCBHC activities.

Prior to the demonstration start date, the site must be able to attest and successfully evidence all components of the CCBHC certification criteria including the required Evidence Based Practices (EBPs), leadership, staffing, trainings, and other certifications and accreditations as appropriate.

A potential CCBHC who does not meet or exceed all standards during the initial certification application process as scored with a standardized rubric is not eligible to join the CCBHC Demonstration.

2.C.3.3. Recertification

CCBHCs must submit a recertification application to MDHHS via the BH CRM. The MDHHS CCBHC Team will use a standardized scoring rubric to review each application and will assign a certification level. CCBHCs will receive one of the following certification levels:

- Full Certification
- Full Certification with a Corrective Action Plan
- Provisional Certification with a Corrective Action
- Decertification

- 2.C.3.3.1. Full Certification
If the CCHBC meets or exceeds all certification criteria standards during the recertification application process as well as demonstrates successful implementation of all service delivery criteria, they will be awarded Full Certification.

CCBHC sites with identified application deficiencies will be categorized as follows:

- 2.C.3.3.2. Full Certification with a Corrective Action Plan (CAP)
If the CCHBC meets or exceeds all criteria standards during the recertification application process but all service delivery criteria have not been successfully implemented, the CCBHC will be awarded Full Certification with a Corrective Action Plan.

Following the recertification application review, the MDHHS CCBHC team will generate a report within 45 days identifying the findings and recommendations that require a response by the CCBHC site. The CCBHC site will have 15 calendar days to submit a Corrective Action Plan (CAP) for achieving compliance, which must include a reasonable timeframe for implementation/completion. The CCBHC site may also present new information to MDHHS that potentially demonstrates prior compliance with the identified CCBHC criteria. The MDHHS CCBHC Team will review the CAP, seek clarifying or additional information from the CCBHC site as needed, and issue a response within 15 calendar days of receipt. The MDHHS CCBHC team will take steps to monitor the CCBHC site's implementation of the CAP as part of performance monitoring. Please note that new information and updates can be provided anytime during the CAP process.

Follow-up will be conducted by the MDHHS CCBHC Team to ensure that all compliance issues are remediated within 90 days after the CAP is approved by the MDHHS CCBHC team. Following the identified timeframe, if the CCBHC site still fails to meet compliance standards as outlined in the CCBHC Handbook and the CAP, then the site will be moved to provisional certification status.

However, if deficiencies are resolved, and criteria has been met by the CCBHC at the conclusion of the CAP process, the certification level will remain as Full Certification.

- 2.C.3.3.3. Provisional Certification with a Corrective Action Plan (CAP)
If the CCHBC does not meet or exceed all CCBHC criteria standards during the recertification application process as scored with a standardized rubric, the CCBHC will be moved to Provisional Certification with a Corrective Action Plan.

Following the recertification application review, the MDHHS CCBHC team will generate a report within 45 days identifying the findings and recommendations that require a response by the CCBHC site. The CCBHC site will have 15 calendar days to submit a CAP for achieving

compliance which must include an implementation plan not to exceed six (6) months in duration. The CCBHC site may also present new information to MDHHS that potentially demonstrates prior compliance with the identified deficient CCBHC criteria.

The MDHHS CCBHC team will review the CAP, seek clarifying or additional information from the CCBHC site as needed, and issue a response within 15 calendar days of receipt. The MDHHS CCBHC team will take steps to monitor the CCBHC site's implementation of the CAP as part of performance monitoring. Please note that new information and updates can be provided anytime during the CAP process.

Follow-up will be conducted by the MDHHS CCBHC Team to ensure that all compliance issues are remediated after the CAP is approved by the MDHHS CCBHC team, with the MDHHS CCBHC team conducting quarterly check-ins over 6 months. Following the identified timeframe, if the CCBHC site still fails to meet compliance standards as outlined in the CCBHC Handbook and the CAP, provisional certification will continue with an additional six (6) months of monitoring with quarterly check-ins required. After 12 months of support with the identified CAP(s), if the site is not able to achieve full certification, then formal notification of decertification will be sent to the CCBHC and the PIHP. If the CCBHC disagrees with the decertification determination, they may appeal. Requests for reconsideration must be sent to the CCBHC shared email address at MDHHS-CCBHC@michigan.gov within 14 business days from the date of MDHHS decertification notice. Requests should detail reasons why the CCBHC disagrees with the determination and include supporting documentation. The MDHHS CCBHC Team will review the request and provide written response affirming, reversing, or modifying the determination.

However, if deficiencies are resolved, and criteria has been met by the CCBHC at the conclusion of the CAP process, the certification level will be updated accordingly by the MDHHS CCBHC Team.

When access or care to persons served is a serious issue, the CCBHC site may be given a much shorter period to initiate corrective action, and this condition may be established, in writing, as part of the MDHHS CCBHC Team findings. If an MDHHS CCBHC team member identifies an issue that places a person served in imminent risk to health or welfare, the MDHHS CCBHC team has the right to require an immediate review and response by the CCBHC site, which must be completed within seven (7) calendar days.

2.C.3.3.4.

Decertification (Certification Level)

If a CCHBC does not meet most criteria standards, and/or is unable to demonstrate successful implementation and maintenance of the full array of CCBHC services during the recertification application process, the MDHHS CCBHC Team will move to decertify a CCBHC for non-compliance with CCBHC requirements.

For additional information related to the Decertification process please see CCBHC Decertification section 2.C.3.3.10.

2.C.3.3.5.

Certification Expiration

The CCBHC Certification will expire three (3) years after receiving certified status unless updates to the SAMHSA criteria requires a revision to implement new certification criteria. After the first certification cycle, the CRM system will automatically send out notification at least 120 days before the CCBHC certification application is due. As the recertification date approaches, monthly reminders will be sent for the first two months and biweekly reminders for the last two months. If the application has not been submitted during this time, the CCBHC certification will be considered discontinued/expired and the CCBHC will no longer participate in the demonstration. CCBHCs with expired certifications (notwithstanding provisional certification) will not be able to receive PPS-1 payment for CCBHC services. CCBHCs must plan accordingly and work with MDHHS and their PIHP to obtain any needed technical assistance to ensure continuation of certification. CCBHCs with expired certifications may reapply for certification when the next application period reopens.

2.C.3.3.6.

Certification Changes

To keep CCBHC certification documentation accurate and to ensure ongoing compliance with requirements, CCBHCs must notify PIHPs and the MDHHS CCBHC Team within seven (7) days of any significant change in policy or practice that would impact a clinic's ability to meet certification and/or state budgeting. Examples include a change in ability (long or short term; permanent or temporary) to provide any of the 9 CCBHC core services, any annual changes, or updates to DCO agreements, or significant changes in the ability to serve the defined populations in a timely manner. Failure to notify the MDHHS CCBHC Team of changes to the clinic that impacts CCBHC fidelity and full-service delivery may result in an immediate six-month Corrective Action Plan.

Specific situations requiring notification include, but are not limited to:

- Potential CCBHC recipients eligible for the nine (9) core required CCBHC services, regardless of payer, being turned away for any reason,
- Closing or opening a service delivery site, including starting or ending a DCO arrangement,
- Staff changes limiting the ability to provide services as required (for example – 24/7 mobile crisis response),
- Change in capacity to implement required evidence-based practices.

2.C.3.3.7.

Corrective Action Plan (CAP)

At any time during the demonstration period (including the recertification process), if a site is found to be out of compliance with CCBHC required criteria, the MDHHS CCBHC Team will issue a Corrective Action Plan (CAP). The CAP allows the MDHHS CCBHC Team the ability to provide additional

support in bringing the CCBHC site into compliance. Each site has the commitment and support from MDHHS as they develop and implement their plan to meet certification requirements.

Once informed of non-compliance, a CCBHC site will have 15 calendar days from the date of MDHHS notice to submit a CAP for achieving compliance, which must include a reasonable timeframe for implementation/completion. The CCBHC site may also present new information to the MDHHS CCBHC Team that potentially demonstrates prior compliance with the identified CCBHC criteria.

The MDHHS CCBHC team will review the CAP, seek clarifying or additional information from the CCBHC site as needed, and issue a response within 15 calendar days of receipt. The MDHHS CCBHC team will take steps to monitor the CCBHC site's implementation of the CAP as part of performance monitoring. Please note that new information and updates can be provided by the site anytime during the CAP process.

Follow-up will be conducted by the MDHHS CCBHC Team to ensure that all compliance issues are remediated within 90 days after the CAP is approved by the MDHHS CCBHC team, with the MDHHS CCBHC team conducting quarterly check-ins. Following the identified timeframe, if the CCBHC site still fails to meet compliance standards as outlined in the CCBHC Handbook and the CAP, then the site will be moved to provisional certification status and required to provide a new and/or enhanced 90-day CAP, with successful implementation and completion of the CAP(s) not to exceed six (6) months.

After six (6) months, if the CCBHC site still fails to meet compliance standards as outlined in the CCBHC Handbook and CAP(s), then provisional certification will continue and an additional six (6) months of monitoring with quarterly check-ins will be required. After 12 months of support with the identified CAP(s), if the site is not able to achieve full certification, then formal notification of decertification will be sent to the CCBHC and the PIHP. If the CCBHC disagrees with the decertification determination, they may appeal. Requests for reconsideration must be sent to the CCBHC shared email address at MDHHS-CCBHC@michigan.gov within 14 business days from the date of MDHHS decertification notice. Requests should detail reasons why the CCBHC disagrees with the determination and include supporting documentation. The MDHHS CCBHC Team will review the request and provide written response affirming, reversing, or modifying the determination.

However, if deficiencies are resolved, and criteria has been met by the CCBHC at the conclusion of the CAP process, the certification level will be updated accordingly by the MDHHS CCBHC Team.

When access or care to persons served is a serious issue, the CCBHC site may be given a much shorter period to initiate corrective action, and this condition may be established, in writing, as part of the MDHHS CCBHC Team findings. If an MDHHS CCBHC team member identifies an issue that places a person served in imminent risk to health or welfare, the MDHHS CCBHC team has the right to require an immediate review and response by

the CCBHC site, which must be completed within seven (7) calendar days.

2.C.3.3.8. On-Site Reviews

With the extension of the demonstration, the MDHHS CCBHC Team will conduct site visits to each certified CCBHC minimally every three (3) years during the demonstration period to verify that program requirements are being met and implemented in practice. Site reviews will be scheduled between recertification application periods. Site visits may also be initiated earlier at the discretion of MDHHS. The site review may be in person or virtual. MDHHS staff will review documentation and client records and offer feedback on CCBHC practices. PIHPs will be permitted to accompany MDHHS onsite and will receive the full final report.

Site visits can take place in a condensed format or via the CRM database as a part of the recertification process. A site visit may be scheduled in an effort to support the CCBHC site and provide guidance at any time during the demonstration period. Expectations for all site visits will be provided to the site in advance to aid in preparation for the visit.

Following the site visit, the MDHHS CCBHC team will generate a report within 45 days detailing the site review findings and identifying any corrective action needed. Information regarding CAPs can be found under Corrective Action Plan in 2.C.2.2.5 Certification Changes.

Deficiencies related to meeting CCBHC service delivery criteria found during a site visit resulting in corrective action can impact the CCBHC's certification level. More information on certification levels related to corrective action can be found in 2.C.2.2.3 CCBHC Assigning Certification Levels.

When access or care to persons served is a serious issue, the CCBHC site may be given a much shorter period to initiate corrective action, and this condition may be established, in writing, as part of the MDHHS findings. If an MDHHS CCBHC team member identifies an issue that places a person served in imminent risk to health or welfare, the MDHHS CCBHC team has the right to require an immediate review and response by the CCBHC site, which must be completed within seven (7) calendar days.

2.C.3.3.9. Accreditation and Certification

MDHHS encourages each site to pursue and achieve accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF) or The Joint Commission (TJC) to enhance service delivery quality and streamline the certification process. The programs listed below under the corresponding accreditation body will be used in the certification review process. If a site has obtained accreditation in any of the programs below, MDHHS may waive certain CCBHC certification standards (outlined in the CRM).

Accreditation from CARF should include any combination of the following standards from the 2023 and 2024 CARF behavioral health accreditation manual:

- Substance Use Disorders/Addictions
- Mental Health
- Family Services
- Integrated SUD/Mental Health
- Integrated IDD/Mental Health
- Comprehensive Care
- CCBHC

Accreditation from TJC should include any combination of the following standards from the 2023 and 2024 TJC behavioral health accreditation manual:

- Comprehensive Behavioral Health Services to Children, Youth, and Adults
- CCBHC

Sites who achieve a 3-year CARF or TJC award in one of the programs listed above, may be permitted to use accreditation to meet specific CCBHC certification requirements. Accreditation award time frames will be monitored by MDHHS. A crosswalk to outline CCBHC criteria that can be waived during the certification/recertification process based on accreditation, will be provided.

All sites choosing to use accreditation to aid in meeting CCBHC certification standards will be required to upload CARF or TJC survey results in the CRM with the pertinent CCBHC certification standard. Follow up items listed within the survey results will be subject to review during MDHHS site visits. Additionally, accreditation expiration dates will be monitored by MDHHS. Should a site decide to not continue with an accreditation award they must notify MDHHS 30 days prior to the award expiration date. If accreditation expires without renewal the CCBHC site will be required to provide evidence to meet each standard waived during the certification process.

2.C.3.3.10.

CCBHC Decertification

Failure to abide by all terms of the CCBHC policy and requirements may result in disciplinary action, including moving a CCBHC provider to the fullest extent, decertification and terminating privileges as a CCBHC provider.

Reasons for decertification include:

- Failure to provide MDHHS with requested documentation demonstrating CCBHC requirements are met,
- Failure to correct identified deficiencies in meeting CCBHC certification requirements,
- Persons served complaints related to non-compliance with CCBHC policies or not meeting CCBHC certification criteria,
- Failure to maintain required licensures and certifications as

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applicable,

- Non-compliance with rate setting, including rebasing,
- Misrepresentation of data.

The MDHHS CCBHC team will give CCBHCs and PIHPs 90 days written notice of the intent to decertify. CCBHCs may either accept the decertification or respond with a detailed corrective action plan (CAP) to address the identified reasons for decertification within 15 calendar days from the date of MDHHS decertification notice. which must include an implementation plan not to exceed six (6) months in duration. If MDHHS approves the corrective action plan, the CCBHC will be moved to provisional status.

The MDHHS CCBHC team will take steps to monitor the CCBHC site's implementation of the CAP as part of performance monitoring. Please note that new information and updates can be provided anytime during the CAP process.

Follow-up will be conducted by the MDHHS CCBHC Team to ensure that all compliance issues are remediated within six (6) months after the CAP is approved by the MDHHS CCBHC team. Following the identified timeframe, if the CCBHC site has not met compliance standards as outlined in the CCBHC Handbook and the CAP, the decertification process will continue with a formal final notification being sent to the CCBHC and PIHP.

When access or care to persons served is a serious issue, the CCBHC site may be given a much shorter period to initiate corrective action, and this condition may be established, in writing, as part of the MDHHS CCBHC Team findings. If an MDHHS CCBHC team member identifies an issue that places a person served in imminent risk to health or welfare, the MDHHS CCBHC team has the right to require an immediate review and response by the CCBHC site, which must be completed within seven (7) calendar days.

The MDHHS CCBHC Team can also deny the CCBHC's proposed corrective action plan, with formal notice of decertification subsequently being provided to the CCBHC and PIHP.

If a CCBHC disagrees with the decertification determination, they may appeal. Requests for reconsideration must be sent to the CCBHC shared email address at MDHHS-CCBHC@michigan.gov within 14 business days from the MDHHS decertification notice. Requests should detail reasons why the CCBHC disagrees with the determination and include supporting documentation. The MDHHS CCBHC Team will review the request and provide written response affirming, reversing, or modifying the determination.

If a CCBHC's status is terminated by MDHHS or if the certification lapses with no provisional status issued by MDHHS, the provider must submit a plan to MDHHS outlining how the clinic will transition persons served to appropriate care. CCBHCs who are decertified can

no longer receive the PPS rate. MDHHS will recoup any PPS payments made after the decertification date.

2.C.4. Medicaid Requirements

Unless otherwise specified or detailed in the CCBHC Program Requirements section of this handbook, CCBHCs must comply with all Medicaid laws, regulations, and policies when providing services to CCBHC recipients. Services must be provided in accordance with the Michigan Medicaid Provider Manual. Additionally, CCBHCs must follow the Mental Health Code when applicable. CCBHC Medicaid persons served must be included in all required Medicaid reporting, including MMBPIS, Critical Incidents, and performance incentive measures for all programs that apply to each person served. CCBHC services do not need to be tracked and/or reported for Service Authorizations. If an individual is receiving both CCBHC and non-CCBHC services, all service authorization requirements for non-CCBHC services apply.

2.C.5. Behavioral Health Treatment Episode Data Set (BH-TEDS)

BH-TEDS data must be collected for all CCBHC recipients receiving services at a CCBHC Demonstration site per current BH-TEDS reporting requirements. Every CCBHC recipient is required to have an active BH-TEDS episode during the time they are receiving any CCBHC services.

The type of BH-TEDS records needed for treatment episodes depends on the provider reported in the record. Follow the instructions below to report integrated treatment episodes. Integrated treatment occurs when an individual receives mental health (MH) and substance use (SU) treatment managed by a single entity under an integrated treatment plan.

- For providers that have a LARA ID, but not CMHSP ID, use the LARA ID as the State Provider ID and A-S-D records.
- For providers that have a CMHSP ID, but no LARA ID, use the CMHSP ID as the State Provider ID and M-U-E records.
- For providers that have both a LARA ID and a CMHSP ID, the provider decides which ID to use.
 - If the admission is based on ASAM criteria, admit under the LARA ID and use A-S-D records.
 - If the primary treatment admission criteria is MH, admit under the CMHSP ID and report M-U-E records.

BH-TEDS records must be submitted by the CCBHC even if the individual's county of origin is out of the service area following the most recent BH-TEDS Coding Instructions posted here: <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/reporting>.

| State Provider ID | Service Type | Required BH-TEDS Records | Encounter Reporting Type |
|-------------------|--|--|--|
| CMHSP ID | Mental Health/Integrated Mental Health and SUD | <ul style="list-style-type: none"> • M and E • Annual U for episodes open longer than 1 year | Encounters submitted with mental health Member ID Type (Type 89) |

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| | | | |
|---------|---|--|--|
| LARA ID | SUD/Substance Use Integrated with Mental Health | <ul style="list-style-type: none"> • A and D • Annual S for episodes open longer than 1 year | Encounters submitted with SUD Member ID Type (Type 88) |
|---------|---|--|--|

2.C.6. Community Outreach and Education

PIHPs and CCBHCs will provide information about the CCBHC benefits to all potential enrollees through community referrals, peer support specialist/recovery coach networks, other providers, courts, health departments, law enforcement, schools, and other community-based settings. MDHHS will work with PIHPs and CCBHCs to strategically provide these settings with informational brochures, posters, and other outreach materials to facilitate awareness and engagement of the CCBHC Demonstration. CCBHCs and PIHPs will work together to delineate responsibilities regarding community outreach and partnership development.

CCBHCs must ensure that all individuals receiving CCBHC crisis services, either directly or through a state-sanctioned crisis provider acting as a DCO, are provided with information about CCBHC services and offered a follow up appointment at a CCBHC following the resolution of the crisis event.

2.C.7. Staffing

CCBHCs are responsible for maintaining an appropriate staff (both clinical and non-clinical) that meets standards of the state governing body and accreditation authorities. Staff are hired to meet the needs of the community as identified in a comprehensive needs assessment. CCBHC staff will follow an annual training plan which must address, among other requirements, cultural competence (including implicit bias training); person-centered and family-centered, recovery-oriented, evidence-based, and trauma-informed care; and primary care/behavioral health integration. The training plan must also address training for DCO staff providing services to CCBHC persons served. CCBHCs are also able to provide translation and interpretation services to those recipients with limited English proficiency.

To effectuate the staffing requirements, MDHHS will require CCBHCs to utilize a collaborative and interdisciplinary team-based model of care to ensure the totality of one’s needs – physical, behavioral, and/or social – are met through the provision of CCBHC services.

2.C.8. Availability and Accessibility

The CCBHC must provide a functional, safe, clean, and welcoming environment for persons served and staff and are subject to all state standards for provision. Services are delivered at times and in locations that meet the needs of the population to be served, offering transportation, mobile in-home services, and telehealth/telemedicine when appropriate to guarantee access (See Chapter 8: Program Requirements, 8.B.1-8 B.4). Recipients are to be served regardless of ability to pay, insurance, or place of residence. Although there is technically no limit on the amount or duration of services offered, the amount, scope, and duration of services are determined through a person-centered planning process based on service eligibility and medical necessity criteria. The CCBHC must also meet the standards for timeliness for screening, assessment, referral, service initiation, and

crisis interventions as listed in Program Requirement #2 (Appendix F, 13B).

2.C.9. County of Financial Responsibility (COFR)

County of Financial Responsibility (COFR) agreements between clinics, who are both CCBHCs, should not occur for CCBHC eligible services regardless of the individual's county of residence. A COFR agreement is only applicable if they are receiving other services not covered under CCBHCs eligible service codes listed in the CCBHC Handbook's . If an individual is receiving other services not listed in Appendix A, a COFR agreement as outlined in Michigan Mental Health Code (Section 330.1302) should be in place for non-CCBHC services. It is recommended that CCBHCs assist during the person-centered planning process with connecting individuals to providers near their residing county and can meet their needs. COFR agreements should still be honored for non-CCBHC services rendered.

2.C.10. Care Coordination

The CCBHC must provide care coordination across a spectrum of health services, including access to high-quality physical health (both acute and chronic) and behavioral health care, as well as social services, housing, educational systems, and employment opportunities as necessary to facilitate wellness and recovery of the whole person. These activities are carried out in accordance with HIPAA and other confidentiality standards, as well as the recipient's needs and preferences. Care coordination partnerships must be in place with the facilities and community service providers as listed in Program Requirement #3.

CCBHCs must have health IT system capable of being used for population health management and quality improvement. The use of Health Information Technology (HIT) to facilitate optimal care coordination and care management is essential. As such, MDHHS expects HIT to bolster each of the CCBHC services. Utilization of MDHHS systems such as CC360 and the WSA are encouraged to coordinate care for CCBHC persons served.

CCBHCs will also be required to coordinate crisis and other referral services with the Michigan Crisis and Access Line (MiCAL).

2.C.11. Scope of Service and Evidence Based Practices

CCBHCs must directly provide the 9 core services, unless otherwise utilizing DCOs for reasons outlined in Chapter 3 of this handbook. Crisis services may be provided by the state- sanctioned crisis system. All services, including those provided directly or via DCOs, must be person and family-centered, recovery-oriented, and respectful of the recipient's needs, preferences, and values, with both persons served involvement and self-direction of services. Services to children and youth must be family-centered, youth guided, and developmentally appropriate. CCBHCs must also be equipped to meet the additional needs of transition age youth.

Additionally, CCBHCs must be equipped to serve military service members and their families and/or connect them to appropriate behavioral health services. The Walking with Warriors Veteran Navigator program, administered through the PIHPs and several CMHSPs was created to connect Veterans and their families to federal, state, and local resources to ease issues regarding mental health, substance use, housing, and other common issues that impact Veterans to support healthier lifestyles, lower stigma and reduce suicidal ideation. CCBHCs should work with their PIHP to coordinate Veteran's services with the PIHP Veteran

Navigator. Together, regions should determine a staffing strategy that maximizes resources to best fit the needs of Veterans and military family members in the community. In some instances, this will likely mean the CCBHC will need to utilize their own resources and directly hire a Veteran Navigator to provide needed services.

To promote efficiencies and better outcomes reflective of behavioral health needs, MDHHS will require the provision of select evidence-based practices (EBPs) listed below. MDHHS also recommends that CCBHCs implement other EBPs that will best support persons served by CCBHCs and may be asked by MDHHS to participate in pilot programs to expand EBPs throughout the demonstration. CCBHCs must implement all required EBPs—either directly or through a DCO. CCBHCs must follow the EBP approval process as outlined in the Medicaid Provider Manual. CCBHCs will be responsible for ensuring that EBP practice requirements are met, including Network Adequacy, and services are delivered by professional staff with appropriate training and credentials. CCBHCs are responsible for establishing a process to monitor model fidelity with the Michigan Fidelity Assistance Support Team (MIFAST) reviews. A request for EBP fidelity exception(s) must be approved by the Community Practices and Innovation Section (CPI) and communicated to the CCBHC team. Exceptions will be subject to additional oversight and direction from CPI. For questions about EBP approval applications or fidelity exception(s), please email MDHHS-CPI-Section@michigan.gov.

2.C.11.1. Required EBPs:

- “Air Traffic Control” Crisis Model with MiCAL
- Assertive Community Treatment (ACT)
- Cognitive Behavioral Therapy (CBT)
- Dialectical Behavior Therapy (DBT)
- Infant Mental Health
- Integrated Dual Disorder Treatment (IDDT)
- Motivational Interviewing (MI) for adults, children, and youth
- Medication Assisted Treatment (MAT)
- Parent Management Training – Oregon (PMTO) and/or Parenting through Change (PTC)
- Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
- Zero Suicide

2.C.11.2. Recommended EBPs:

- An EBP of the CCBHC’s choice addressing trauma in adult populations
- An EBP of the CCBHC’s choice addressing needs of transition age youth (such as the Transition to Independence Process [TIP] model)
- An EBP of the CCBHC’s choice to addressing older adult population (such as Wellness Initiative for Senior Education or Wellness Recovery Action Plan)
- An EBP of the CCBHC’s choice addressing chronic disease management
- Dialectical Behavior Therapy for Adolescents (DBT-A)
- Permanent Supportive Housing
- Supported Employment (IPS model) Please contact [MDHHS-CPI-](mailto:MDHHS-CPI-Section@michigan.gov)

Section@michigan.gov for criteria and steps to be recognized as providing fidelity- measured Individual Placement and Support model services.

2.C.12. Quality and Reporting

For a detailed list of reporting requirements, please navigate to [Appendix H](#) of this handbook. Both CCBHCs and MDHHS are required to report on cost and quality measures. Please see Section 7: CCBHC Evaluation and Monitoring for more information on quality measure reporting.

2.C.12.1. Reporting DCO Information

Collection of some of the data and quality measures that are the responsibility of the CCBHC may require access to data from DCOs and it is the responsibility of the CCBHC to arrange for access to such data as legally permissible upon creation of the relationship with DCOs and to ensure adequate consent as appropriate and that releases of information are obtained for each affected recipient.

2.C.12.2. Data Collection

CCBHCs must collect, report, and track encounter, outcome, and quality data, including but not limited to data capturing:

- CCBHC recipient characteristics
- Staffing
- Access to services
- Use of services
- Screening, prevention, and treatment
- Care coordination
- Other processes of care
- Costs
- CCBHC recipient outcome

CCBHCs will report this data to MDHHS in response to ad hoc requests needed to support the success of the demonstration. A minimum of 30 days' notice will be given to respond to these requests. (See 7.B Additional Monitoring Requirements.)

2.C.12.3. Continuous Quality Improvement (CQI) Plan

CCBHCs must use the data outlined in 2.C.11.2 to develop, implement, and maintain a continuous quality improvement (CQI) plan for clinical services and clinical management. This plan must address suicide, hospital readmissions, and other events as specified by the state. (See certification criteria 8.E.2. Continuous Quality Improvement (CQI) Plan.)

2.C.12.4. Metric Reporting

CCBHCs must collect and report on CCBHC-reported performance metrics identified in Section 7.A.1- CCBHC Reported Measures. Data are required to be reported for all CCBHC enrollees annually unless data constraints exist (e.g., the metric is specific to only the Medicaid-enrolled population).

2.C.12.5. Staffing and Expense Survey

CCBHCs must participate in the Behavioral Health (BH) Provider Staffing

and Expense Survey to collect staffing, wages, and other compensation, and provider expense information from contracted behavioral health providers. Survey instructions and resources can be found following this link: [Reporting Requirements \(michigan.gov\)](#) under Policy 21-39 Reporting Requirements.

2.C.12.6. Supplemental Cost Reporting for non-CMHSPs

CCBHCs who are not CMHSPs must submit a Supplemental Cost Report and audited financial statements each year with their annual CCBHC Cost Report submission. The Supplemental Cost Report collects additional information about organizational funding sources and expenses for CCBHCs that do not complete Financial Status Reports (FSRs).

2.C.12.7. Placeholder for Compliance Examination and Audit Reviews

2.C.12.7.1. CCBHCs will incorporate CCBHC into current compliance examinations and audit review processes.

2.C.13. Organizational Governance

The CCBHC must meet one of the following criteria:

1. A non-profit organization, exempt from tax under Section 501(c)(3) of the United States Internal Revenue Code,
2. A part of a local government behavioral health authority (which includes all forms of CMHSPs). If a CCBHC is also a CMHSP, it must maintain full CMHSP Certification as required by the Michigan Mental Health Code MCL 330.1232a and Administrative Rule R 330.2701, which states in part that, as a condition of state funding, a single overall certification is required for each community mental health services program.
3. An organization operated under the authority of the Indian Health Service, an Indian tribe, or tribal organization pursuant to a contract, grant, cooperative agreement, or compact with the Indian Health Service pursuant to the Indian Self-Determination Act (25 U.S.C. 450 et seq.).
4. An urban Indian organization pursuant to a grant or contract with the Indian Health Service under Title V of the Indian HealthCare Improvement Act (25 U.S.C. 1601 et seq.).

Board members are to be a representative of those served by the CCBHC and must incorporate meaningful participation from adult persons served, individuals in recovery, and families. CCBHCs must also adhere to all applicable state policy, accreditation, certification, and/or licensing requirements.

2.C.14. Training and Technical Assistance

CCBHC's are expected to participate in state sponsored activities designed to support CCBHC's in transforming service delivery. This includes a **mandatory** CCBHC orientation for providers and clinical support staff before the program is implemented. Additionally, CCBHCs must participate in ongoing staff and/or entity specific assistance (including but not limited to audits, site visits, trainings, etc., provided by State and/or State contractual staff). CCBHC leadership staff must support CCBHC team participation in all related activities and trainings, including coverage of travel costs associated with attending CCBHC activities.

2.C.15. Information Sharing and Retention

Some of the data and quality measures that are the responsibility of the CCBHC may require access to data from PIHP/DCOs and it is the responsibility of the CCBHC to arrange for access to such data as legally permissible upon creation of

the relationship with PIHPs/DCOs and to ensure adequate consent as appropriate.

Additionally, in accordance with 42 CFR 438.3(h) and 42 CFR 438.230(c), the PIHP, State, CMS, Office of Inspector General, the Comptroller General, and their designees may, at any time, inspect and audit any records or documents of the CCBHC, and/or its subcontractors, and may, at any time, inspect the premises, physical facilities, and equipment where Medicaid-related activities or work is conducted. The right to audit under this section exists for 10 years from the final date of the contract period or from the date of the completion of any audit, whichever is later.

2.C.16. New Service Delivery Locations

Additions of new clinic locations and/or service delivery sites, including DCOs, require approval from MDHHS. Per PAMA Section 223, no payment shall be made under the demonstration program to satellite facilities of CCBHCs if such facilities were established after April 1, 2014.

Requests must be sent to PIHPs and mdhhs-ccbhc@michigan.gov. MDHHS will respond to the request once all supporting documentation is received for new service delivery sites, including DCOs, within 60 days. CCBHC services delivered by a DCO prior to MDHHS approval should not be submitted with a T1040 and are not eligible for reimbursement at the PPS rate. The CCBHC is responsible for providing MDHHS with the signed DCO agreement prior to the initiation of services.

2.C.17. Identification of Persons served with Mild-to-Moderate Behavioral Health Needs

CCBHC services provided to recipients with Mild-to-Moderate (M/M) mental health needs must be identified on the encounter by adding the TF modifier to the T1040. This identification is necessary for budget monitoring and rate setting purposes related to funding these services with supplemental funds.

Identification is only required for persons served with Mild-to-Moderate mental health needs. Recipients with a primary diagnosis of substance use disorder (SUD) or an Intellectual/Developmental Disability (I/DD) will not be considered Mild-to-Moderate for this purpose unless their primary diagnosis becomes a mental health one.

Persons served with mental illness can have a diagnosis/illness identified to be either a Mild-to-Moderate condition, severe mental illness (SMI) and/or a serious emotional disturbance (SED) based on assessment. For a diagnosis of SED, please refer to the Technical Requirement for Infants, Toddlers, Children, Youth, and Young Adults with Serious Emotional Disturbance (SED) and Intellectual and/or Developmental Disabilities (I/DD), which can be found on the MDHHS website at [Policies & Practice Guidelines \(michigan.gov\)](#). CCBHCs will use the Michigan Child and Adolescent Needs and Strengths Tool (MichiCANS) ratings and LOCUS scores to determine which category of mental health severity an individual may be assigned to: Mild-to-Moderate or SED/SMI.

Persons served are not permanently assigned to one category or another. The clinical severity of recipients changes over time along with their LOCUS scores and MichiCANS ratings, either getting better or getting worse, therefore causing a change in category assignment. A clinical re-evaluation using the MichiCANS and

LOCUS must be conducted to demonstrate a change in category of the SMI/SED or M/M designation, the level of clinical need, medically necessary services, and/or the person-centered plan. These changes must be documented in the EHR.

The definition of Mild-to-Moderate (M/M) does not dictate/and or limit which clinical services may be provided and should not be used for clinical decision making. Services are to be determined based on person centered planning, medical necessity, and clinically appropriateness.

2.C.17.1. Thresholds

Children with Mental Illness

- Recommendation Non-Emergency: Mild/Moderate Needs using the MichiCANS Screener Decision Support Model for the appropriate age range.

Adults with Mental Illness:

- LOCUS level of care identified; 10-16 score would be identified as Mild-to-Moderate intensity.

2.C.17.2. Encounter Reporting and Validation

The modifier TF must be added to the T1040 when submitting encounters for M/M individuals. MDHHS will use LOCUS data collected with BH-TEDS records available to us in the data warehouse and MichiCANS data available in CC360 to review encounters using the TF modifier for reasonability. If a significant discrepancy is identified, MDHHS will work with the PIHPs and CCBHCs to validate reported TF modifiers using EMR documentation.

3. Designated Collaborating Organization (DCO) Requirements

3.A. DCO Overview

A DCO is an entity that is not under the direct supervision of the CCBHC but is engaged in a formal relationship with the CCBHC and delivers services under the same requirements as the CCBHC. Persons receiving CCBHC services from DCO personnel under the contract are considered CCBHC recipients. DCOs must meet CCBHC requirements for scope of services and must be appropriately credentialed. DCO-provided services must be provided in a manner aligned with the requirements of Section 2402(a) of the Affordable Care Act, titled "Removal of Barriers to Providing Home and Community-Based Services." Under this section, services must reflect person- and family-centered, recovery-oriented care; be respectful of the recipient's needs, preferences, and values; and ensure person served involvement and self-direction of services. Services for children and youth must be family-centered, youth-guided, and developmentally appropriate. DCOs may be private, for-profit organizations.

In Michigan, CCBHCs may utilize DCOs to increase capacity to provide core services and respond to fluctuating service demands. The CCBHC's community needs assessment must clearly articulate the need for a DCO relationship, and the CCBHC will adapt their staffing plan to illustrate how DCOs will be used to meet service demands.

3.B. General DCO Requirements

3.B.1. Eligibility to Utilize DCOs

CCBHCs are permitted to enter into a formal relationship and utilize a DCO to meet the nine (9) core services based on capacity needs and as identified within the CCBHC's community needs assessment. Upon request to add a DCO, a CCBHC should be prepared to translate service gaps identified in the needs assessment to justify a new DCO arrangement. DCO agreements should be reevaluated minimally at recertification and when there are changes to the CCBHC's submitted certification application.

CCBHCs can enter into DCO agreements with other CCBHCs participating in the demonstration for the purpose of meeting requirements associated with Evidence Based Practices or use of the state-sanctioned crisis provider (See Section 3.D).

Formal agreements between the CCBHC and DCO must be submitted to MDHHS during the certification process or as soon as an agreement is executed. MDHHS and the PIHPs must review DCO agreements to ensure they meet the requirements as outlined in Section 3.B.3, monitor for duplicate payment and collect encounter and quality data.

3.B.2. DCO Agreement Requirements

A formal relationship between a CCBHC and a DCO is evidenced by a contract, Memorandum of Agreement (MOA), Memorandum of Understanding (MOU), or such other formal written arrangements describing the parties' mutual expectations and establishing accountability for services to be provided and funding to be sought and utilized. This includes payment for DCO services. The CCBHC maintains financial and clinical responsibility for services provided by the DCO (see section 3.C. below). CCBHCs are required to submit all DCO agreements to MDHHS for approval (see Section 3.E of this handbook) prior to DCO executing service delivery.

MDHHS strongly recommends that DCO agreements are developed as a written attachment or an addendum to a comprehensive Medicaid services contract. Agreements must include the following components:

- References to specific DCO requirements,
- Rate of purchased service and corresponding Appendix A service codes,
- Data sharing expectations and methodology for collecting required metric information (HIE),
- Evidence that key DCO personnel have completed a basic CCBHC training and understand the goals of the model, responsibilities of a DCO, and service and billing requirements (**Also include in CCBHC site training plans),
- Expectations around EBP delivery and monitoring, if DCO is providing CCBHC-required EBP, including evidence that the DCO meets EBP fidelity at the time the agreement is executed,
- Payment terms, including enhanced payments for added DCO requirements and expectations and defined share of quality bonus payments (QBPs) (if applicable),
- Method and frequency for sharing CCBHC policy and handbook updates.

3.B.3. 51% Requirement

Per the 2023 SAMHSA CCBHC Certification Criteria, the CCBHC itself must provide the majority (51% or more) of service encounters rather than through DCOs. Service encounters are identified using the T1040 code. Crisis services, as identified in Appendix

A of this Handbook, are excluded from the calculation. Service encounter totals must include all non-crisis CCBHC services for all payers, including private payers and non-Medicaid.

CCBHCs will attest to meeting this requirement at certification, and the proportion of services will be verified using encounter reporting at year end. Verification will occur 90 days following year-end to allow for encounter submission run-off. CCBHCs must also provide evidence of the current CCBHC vs. DCO service distribution when requesting the addition of a new DCO agreement. PIHPs will assist with monitoring throughout the year to support compliance with this requirement.

CCBHCs who fail to meet the 51% majority of services requirement for the full demonstration year will be issued a CAP to bring the CCBHC into compliance in a reasonable timeframe. More information on CAPs can be found under Corrective Action Plan in 2.C.2.2.5 Certification Changes.

3.B.4. Designated DCO Lead Role

The CCBHC must have a designated DCO Lead to ensure all DCO requirements are being met as outlined in Chapter 3 of the CCBHC handbook. The DCO Lead can be a new or existing CCBHC team member and have other responsibilities or roles within the organization. The following oversight must be provided by the CCBHC through a DCO Lead:

- DCO follow through with service delivery as it relates to an individual's referral needs, person-centered planning, care coordination in adherence of the current treatment plan,
- Ensure documentation is available to the clinical team, when a shared EHR is not available,
- Contract monitoring,
- CCBHC training adherence,
- Maintain active and open lines of communication between the CCBHC and the DCO as provider.

The DCO Lead will act as the contact liaison between the CCBHC and the DCO provider and will be able to respond to questions about existing DCO relationships.

3.B.5. Care Coordination and HIE

The CCBHC must also be involved in care coordination activities with DCOs, including improving health information exchange (HIE) to facilitate coordination and care transfers across organizations, and arranging access to data necessary for metric reporting. The CCBHC must clearly identify processes in place in the contract for exchanging CCBHC persons served health information and how DCO data collection is reflected in CCBHC required reporting, if not utilizing a shared health IT system.

CCBHCs and DCOs may choose to share health records and IT systems, but it is not required. If not utilizing a shared IT system, the CCBHC must clearly identify processes in place for exchanging health information and maximizing care coordination. CCBHCs must also outline plans to collect data for Clinic-Reported Quality measures and incorporate into quarterly and annual metric reporting. As outlined in Section 8.D.7.3, CCBHCs and DCOs must develop a two-year plan to further effectuate HIE and improve

care coordination between parties. The HIE should support data sharing related to billing and payment, quality measures, service activity and methods to support care coordination and clinical/quality monitoring. In addition, it should build upon current exchange technology which supports ADTs to support transitions and timely follow up care.

3.B.6. DCO Adherence to CCBHC Criteria

As the direct contracting agency, CCBHCs are responsible for informing DCOs of any program changes and must share the current version of the CCBHC handbook, as updated. Prior to requesting a DCO, CCBHCs must develop a plan for ensuring DCOs receive up to date information regarding their responsibilities and role within the CCBHC demonstration. CCBHCs must be able to demonstrate that appropriate DCO staff have received training on DCO requirements and the role of a DCO within the CCBHC demonstration (See Section 8.A.6.1). The PIHPs should help effectuate these activities to the extent it is proper and efficient but the CCBHCs are ultimately responsible for DCO compliance with CCBHC criteria.

CCBHCs are responsible for ensuring the DCO complies with the following requirements:

- The DCO must have the necessary certifications, licenses and/or enrollments to provide the services,
- The staff providing CCBHC services within the DCO must have the proper licensure for the service provided,
- The DCO meets CCBHC cultural competency and training requirements,
- The DCO must follow all federal, state and CCBHC requirements for confidentiality and data privacy,
- The DCO must follow the grievance procedures of the CCBHC (see Section 8.D.1.3. Member Appeals and Grievance Procedures),
- The DCO must ensure all service recipients have access to a statutorily mandated Recipient Rights Office and a Recipient Rights Complaint Process (See Section 8.D.1.4),
- The DCO must follow the sliding fee scale of the CCBHC,
- The DCO must follow the CCBHC requirements for person and family-centered, recovery- oriented care, being respectful of the individual person's needs, preferences, and values, and ensuring involvement by the person being served and self-direction of services received. Services for children and youth are family-centered, youth-guided, and developmentally appropriate,
- People seeking services must have freedom of choice of providers,
- The DCO must engage in efforts to enhance health information exchange (HIE) to facilitate coordination between the DCO and the CCBHC (see Section 3.B.5).
- The CCBHC and the DCO must have safeguards in place to ensure that the DCO does not receive a duplicate payment for services that are included in the CCBHC's PPS rate.

3.B.7. CCBHC Service Delivery Oversight

CCBHCs must oversee clinical service delivery at the DCO to ensure services are provided at the same standard as the CCBHC. To this end, CCBHCs must:

- Ensure DCO meets quality standards and evidence-based practice guidelines to fidelity,
- Coordinate care for individuals served by a DCO, including obtaining the MDHHS 5515 consent form and following HIPAA requirements.

- Ensure DCO licensure and credentialing are accurate and monitor for Fraud, Waste, and Abuse (FWA),
- Immediately notify MDHHS if DCO service delivery is non-compliant, disrupted, or terminated.

3.B.8. Financial Responsibilities

Payment for DCO services is included within the scope of the CCBHC PPS, and DCO encounters will be treated as CCBHC encounters for purposes of the PPS. Costs associated with DCO contracts included in the CCBHC Cost Report must correspond correctly to DCO contracts. Payment will be provided directly to the DCO from the CCBHC based on agreed upon contractual service rates. These rates must be reflective of fair market value and must take into account the costs of meeting the additional requirements of being a DCO. Since DCOs are required to capture data for metric reporting, CCBHCs may share a portion of the Quality Bonus Payment (QBP) to DCOs.

CCBHCs are responsible for billing all CCBHC services rendered under contract by a DCO, including third party collections. Financial and payment processes must follow the Payment Section of the [CCBHC Demonstration policy](#) and this Handbook. CCBHCs must collect and submit DCO encounters to MDHHS as well as ensure persons served at a DCO are included in quality data reporting.

Financial arrangements are required for DCO partnerships, except for DCO agreements between a CCBHC and a state-sanctioned crisis provider.

3.B.9. Encounter Reporting

Encounters for services delivered by DCOs must be submitted to MDHHS with identifying DCO information, using loop 2310C or 2420C. Loop 2420C contains information about the rendering, referring, or attending provider on the service line level. This field is required when the location of the service is different than that carried in loop 2010AA Billing Provider or loop 2310C Service Facility Location (claim level). See Appendix D for an example.

3.C. **Expectations for State-sanctioned Crisis Providers as DCOs**

CCBHCs who are not Community Mental Health Services Providers (CMHSPs) must utilize existing state-sanctioned crisis providers to ensure appropriate coverage across a CCBHC's service area and to avoid duplication of crisis services. In Michigan, State-Sanctioned Crisis providers are CMHSPs or contracted crisis providers acting on their behalf, who are statutorily required to provide crisis services (MHC 330.1206, R 330.2005, R 330.2006, R 330.2012, R.330.2810, R.330.8214).

CCBHCs must establish non-financial DCO agreements with the CMHSP in their service area for the provision of state sanctioned crisis services. The agreement should clearly describe coordination expectations, including processes for data sharing and metric reporting, and include confirmation that the CMHSP will provide crisis services to anyone referred by the CCBHC regardless of insurance or ability to pay. The agreement should also include a plan to collaboratively manage the demand for crisis services in the event a CMHSP cannot meet their mandated crisis service requirements. CCBHCs should work closely with the CMHSP to understand the capacity of their crisis continuum of care and may develop complementary crisis service teams to support the CMHSP in meeting the needs of the community. If the CMHSP contracts with external providers rather than providing crisis services directly, the agreement must clearly specify

expectations for coordination between all parties.

CCBHC crisis services that are not provided by a state sanctioned CMHSP must be provided by the CCBHC directly, or through a financial DCO agreement. CCBHCs must have the internal capacity to provide immediate crisis stabilization services in walk-in situations as well as provide crisis services to active service recipients if needed as a component of the treatment package. CCBHCs may engage in financial DCO agreements to provide extended access to Behavioral Health Urgent Care services.

CCBHCs who are also the CMHSP state-sanctioned crisis provider must meet all CCBHC criteria for crisis services as outlined in Section 8.D.3 of this Handbook. As the state-sanctioned crisis provider, CCBHCs who are CMHSPs must offer the full array of crisis services to all individuals in their services area, and detail coordination expectations with other CCBHCs in the service area regarding crisis care via DCO agreements.

3.D. Expectations for DCO Relationships between CCBHCs

CCBHCs can enter into DCO agreements with other CCBHCs participating in the demonstration for the purpose of meeting requirements associated with Evidence Based Practices or for Crisis Services, provided the CCBHC is the state-sanctioned crisis provider. Purchased services must be delivered directly by the CCBHC acting as a DCO. CCBHCs cannot enter into DCO agreements with other CCBHCs who have not implemented Evidence Based Practices to fidelity or who have active CCBHC Corrective Action Plans related to the proposed DCO services.

CCBHCs engaging in DCO relationships with other CCBHCs must follow all requirements as outlined in 3.B.

3.E. Adding New DCO Relationships

Adding new DCO relationships after initial certification requires updates to the CCBHC Certification and approval by MDHHS. Currently, only MDHHS is authorized to make changes to certification documents in the CRM after certification is closed. CCBHCs must submit a request and all supporting documentation to MDHHS as soon as possible as outlined in Section 2.C.15 New Service Delivery Locations. The addition of a new DCO must be directly related to capacity or identified as a need in the CCBHC community needs assessment submitted at certification. The CCBHC will complete a new attestation ensuring that they are continuing to provide the majority of CCBHC encounters at 51% or more. MDHHS will provide receipt of confirmation when certification documentation updates have been made in the CRM for CCBHC review. PIHPs are not responsible for monitoring certification updates but CCBHCs must inform PIHPs of new DCO relationships.

3.F. Termination of DCO Relationships

CCBHCs must provide written notice to the PIHP and MDHHS, or at least 30 calendar days prior to a DCO relationship termination. Additionally, CCBHCs must inform MDHHS and the PIHP of a transition plan to include service continuity for all individuals served by the DCO and how capacity of services provided by the DCO will continue at the CCBHC.

4. CCBHC Recipient Enrollment, Assignment, and Disenrollment

4.A. Person served Identification, Enrollment, and Assignment

Any individual with a qualifying [behavioral health diagnosis](#) is eligible to receive CCBHC services. Eligible CCBHC recipients are identified using a multifaceted approach for both Medicaid persons served and non-Medicaid persons. Eligibility and assignment are tracked using the WSA. MDHHS reserves the right to review and verify all enrollments and assignments.

CCBHC Recipient Status Defined:

| CCBHC Status | Definition |
|--------------------------|---|
| Eligible | Medicaid or non-Medicaid person who is eligible for CCBHC services. These individuals are not yet assigned to a CCBHC in WSA. |
| Assigned | Medicaid or non-Medicaid CCBHC recipient assigned to a CCBHC in WSA. |
| Enrolled | Medicaid person served who is enrolled in the CCBHC benefit plan in CHAMPS. |
| CCBHC Recommended | Medicaid or non-Medicaid eligible recipient recommended by a CCBHC for assignment by the PIHP. |
| Disenrolled | Medicaid or non-Medicaid recipient disenrolled from CCBHC. |

The processes below delineate the approach for Medicaid persons served and non-Medicaid persons, respectively:

4.B. MDHHS Identification and PIHP Assignment of CCBHC-Eligible Medicaid Persons Served

4.B.1. MDHHS Identification/Enrollment of CCBHC-Eligible Persons Served

MDHHS uses administrative claims data from the MDHHS Data Warehouse to identify CCBHC- eligible Medicaid persons served in counties with a CCBHC Demonstration Site based on having a primary or secondary mental health and/or SUD diagnosis within the last 18 months. All Medicaid persons served eligible for CCBHC are automatically enrolled in the CCBHC benefit plan in Michigan’s Medicaid Management Information System (MMIS), known as the Community Health Automated Medicaid Processing System (CHAMPS). The initial list will be loaded into the WSA near the demonstration start date and continuously updated to reflect the most recent 18 months of administrative data and to account for any changes in eligibility requirements.

Persons served will remain enrolled in the CCBHC benefit plan in perpetuity if they continue to meet eligibility requirements.

4.B.2. PIHP Assignment of CCBHC-Enrolled Persons Served

Utilizing the WSA, MDHHS’s Data Warehouse will provide PIHPs a list of CCBHC-eligible Medicaid persons served for their respective PIHP region, via the WSA. PIHPs must work with CCBHCs to assign persons served to the pertinent CCBHC within the WSA as they initiate services. The assignment may include an attestation that the Consent to Share Behavioral Health Information for Care Coordination Purposes (MDHHS-5515) or other approved consent form (if held to more stringent requirements under federal law) has been signed by the CCBHC-eligible Medicaid person served.

4.B.3. CCBHC Recommendation of CCBHC-Eligible Medicaid Persons Served

For Medicaid persons served not identified as eligible or enrolled into the CCBHC Benefit Plan by MDHHS's Data Warehouse, CCBHCs are permitted to recommend eligible persons served for enrollment into the CCBHC benefit plan to the PIHP via the WSA. CCBHC providers must provide documentation that indicates a potential CCBHC enrollee meets eligibility for the CCBHC benefit, including diagnostic verification. The completion of the Consent to Share Behavioral Health Information for Care Coordination Purposes (MDHHS-5515) or other approved consent form (if held to more stringent requirements under federal law) should be used when appropriate. The PIHP must review and process all recommended enrollments in the WSA. The PIHP is responsible for verifying eligibility criteria but cannot deny enrollment of an individual with a qualifying diagnosis. Once processed by the PIHP, the person served is assigned to the recommending CCBHC in the WSA and the record is sent to CHAMPS, which enrolls the person served in the CCBHC Benefit Plan. MDHHS reserves the right to review and verify all enrollments and assignments.

4.B.4. CCBHC Assignment and Enrollment for 1915(i) Services

Medicaid persons served who are receiving **only** CCBHC services do not have to complete the eligibility determination and enrollment process in the WSA for 1915(i) services. If the person served is receiving CCBHC services **and** 1915(i) services (not offered under CCBHC), then they should be enrolled in both programs in the WSA. For example, an individual receiving CCBHC prevention services (service code H0025) and 1915(i) community living support services (service code H2016) should be enrolled in both programs in the WSA. Functionality has been built into the WSA to alert users who input cases where individuals are enrolled in another waiver. The warning does not prevent the user from adding the case but rather helps the user consider the appropriate funding sources prior to enrollment.

4.B.5. CCBHC Assignment and Enrollment for HSW Services

Individuals whose level of care meets enrollment requirements for the Habilitation Supports Waiver (HSW), must be assessed for enrollment into the HSW and medical necessity criteria must be used in determining the amount, scope, and duration of services and supports offered on the waiver. Since CCBHCs must serve anyone with a behavioral health diagnosis, even if the individual has a primary I/DD diagnosis it is likely that persons served may be enrolled into the CCBHC benefit plan and the HSW benefit plan simultaneously. CCBHCs cannot receive PPS-1 payment for overlapping services offered on both programs. See Appendix A for more information and a list of overlapping service encounter codes. Functionality has been built into the WSA to alert users who input cases where individuals are enrolled in another waiver to determine eligibility and the appropriate funding source. CCBHC and HSW share an overlapping service set, and persons served should be assigned to a CCBHC only if they are receiving CCBHC services outside the scope of the overlapping service set.

4.C. MDHHS Identification and PIHP Assignment of CCBHC-Eligible Non-Medicaid Recipients**4.C.1. MDHHS Identification of CCBHC-Eligible Non-Medicaid Recipients**

Unlike "eligible" Medicaid persons served, non-Medicaid recipients will not be

assigned to the CCBHC benefit plan in CHAMPS (since they do not have Medicaid). Rather, the WSA will be leveraged to track the non-Medicaid CCBHC recipients primarily with a unique PIHP Consumer ID (CONID). A list of eligible non-Medicaid recipients **will not** be loaded in the WSA (like the eligible Medicaid population) and will require the CCBHCs and PIHPs to identify and enroll eligible non-Medicaid recipients, when applicable. The CCBHCs must still submit the pertinent encounter codes for these enrollees to the PIHPs and the PIHPs must submit these “look-alike encounters” to MDHHS via CHAMPS per the existing process for submitting claim/encounter information for non-Medicaid persons.

4.C.2. CCBHC Requesting Assignment of CCBHC-Eligible Non-Medicaid Recipients

For non-Medicaid recipients, CCBHCs are permitted to add and recommend eligible recipients to the PIHP for assignment via the WSA. CCBHC providers must provide documentation that indicates a potential CCBHC recipient meets eligibility for the CCBHC benefit, including diagnostic verification and the completion and attestation of the Consent to Share Behavioral Health Information for Care Coordination Purposes (MDHHS-5515) or other approved consent form (if held to more stringent requirements under federal law).

PIHPs may develop procedures to review and verify eligibility criteria for recommended assignments as appropriate for their region. The WSA can be used to meet this requirement. The PIHP must review/verify eligibility criteria for non-Medicaid individuals and process all recommended assignments in the WSA. After verification, the PIHP must provide the recipient with a PIHP CONID (if they do not already have one in the PIHP’s region) within the WSA. Once processed by the PIHP, the person served is assigned to the requesting CCBHC in the WSA. MDHHS reserves the right to review and verify all non-Medicaid CCBHC-eligible assignments.

Please note, CCBHC services should be provided to an eligible recipient before being assigned to a CCBHC in the WSA. However, as soon as appropriate, the CCBHC and PIHP shall assign the person into the CCBHC via the WSA.

4.D. **Persons Served Consent**

CCBHC recipients should provide a signed Consent to Share Behavioral Health Information for Care Coordination Purposes form prior to assignment in the WSA. The MDHHS-5515 form should be used but other consent forms are permitted if held to more stringent requirements under federal law. The consent form must be collected and stored in the recipient’s health record (with attestation in the WSA when there is information related to the diagnosis and treatment of SUD disorders). The MDHHS-5515 can be found on the MDHHS website at <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/behavioral/consent/michigan-behavioral-health-standard-consent-form>. The form should also be available at the designated CCBHC office and on the PIHP’s website. CCBHCs are responsible for verifying receipt of the signed consent form and cannot request assignment of an individual in the WSA by the PIHP before receipt of the MDHHS-5515 consent, unless the CCBHC recipient denies signing consent. All documents must be maintained in compliance with MDHHS record-keeping requirements.

PIHPs should develop regional policies for verifying and monitoring person served consents, which may include uploading materials to the WSA for review. Policies should also outline processes for consent denials and regular attempts are made to obtain a MDHHS-5515 consent. All CCBHC services must be provided even if a MDHHS-5515 consent is not obtained.

4.E. CCBHC Recipient Disenrollment

PIHPs are permitted to disenroll recipients from the CCBHC utilizing the WSA. CCBHCs are permitted to recommend recipient disenrollment to the PIHP via the WSA. Since anyone with a mental health or SUD diagnosis is eligible for CCBHC services, CCBHC recipients can only be disenrolled for the following reasons:

- Administrative Dismissal
- Assigned in Error
- Person served is Unresponsive
- Deceased*
- Hospice
- Moved
- Voluntary Disenrollment

(*PLEASE NOTE: In most cases non-Medicaid recipients will be disenrolled by PIHPs or recommended-disenrolled by CCBHCs. If Medicaid individuals are enrolled in the CCBHC benefit plan in CHAMPS and are disenrolled in the WSA, they will subsequently be disenrolled from the CCBHC benefit plan in CHAMPS. Medicaid and non-Medicaid recipients can be manually disenrolled by the PIHP or automatically disenrolled by MDHHS using death records found in CHAMPS or BH-TEDS records, respectively. If recipients are disenrolled but later re-engage in services, a new case will need to be recommended for assignment as the previously disenrolled case status cannot be modified. Please see the WSA user manual for disenrollment/recommended-disenrollment instructions.)

CCBHC Disenrollment Reasons Defined:

| CCBHC Disenrollment Reason | Definition |
|--------------------------------------|---|
| Administrative Dismissal | CCBHC recipient is unable to continue participating in services due to inability to follow agency rules, violence toward staff, etc. |
| Assigned in Error | CCBHC recipient was assigned to the wrong CCBHC. |
| Person served is Unresponsive | CCBHC recipient stopped participating in services for a minimum of 90 days, CCBHC is unable to contact the recipient. |
| Deceased | CCBHC recipient is deceased. |
| Hospice | CCBHC recipient enrolled in hospice services. |
| Moved | CCBHC recipient moved out of state or moved into a non-CCBHC county and is no longer receiving services. |
| Voluntary Disenrollment | CCBHC recipient voluntarily disenrolled from services or no longer needs CCBHC services. Recipient’s case is closed for Mental Health or SUD services with the CCBHC. |

4.F. CCBHC Recipient Transfer

While the CCBHC recipient’s individualized plan of care will be utilized to determine the appropriate setting and CCBHC provider of care, recipients will have the ability to change

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CCBHC providers to the extent feasible within the CCBHC network. To maximize continuity of care and the patient-provider relationship, MDHHS expects recipients to establish a lasting relationship with their chosen CCBHC provider. However, if a recipient decides to transfer to a different CCBHC, they should notify their current CCBHC provider immediately if they intend to do so. The current and future CCBHC providers must discuss the timing of the transfer and communicate transition options to the recipient.

4.G. CCBHC Transfer Process

A person served who is assigned to a CCBHC can be transferred to another CCBHC via the WSA within the same PIHP region or to a different PIHP region. CCBHCs are permitted to recommend a transfer to the PIHP via the WSA. The transfer recommendation will automatically be moved to the PIHP work queue as an “Enrolled (Transfer Recommended)” case status. The PIHP will review the CCBHC transfer recommendation and approve, send back for more information, or deny the transfer. PIHPs can also initiate a transfer without receiving a CCBHC recommendation.

The “new” PIHP region will receive the transfer request and either approve, send back the request for more information, or deny the transfer. If the transfer is denied, the person served will remain in “Enrolled” status. The existing CCBHC site/PIHP will discuss next steps and possibly disenroll the individual from the CCBHC if they are no longer receiving services.

After the transfer is complete, the previous CCBHC will have access to the information obtained while the person served was enrolled in their service. This includes information stored within the WSA:

- Documents
 - Care Plan
 - MDHHS 5515 Consent to Share Behavioral Health Information
- Enrollment History
- Transfer History

Non-Medicaid transfers in the WSA should not follow the outlined transfer process above due to inconsistent PIHP CONIDs and tracking. The transferring PIHP should disenroll the case and notify the new PIHP.

Detailed information on the transfer process can be found in the Waiver Support Application under the training tab.

5. CCBHC Payment

5.A. General Provisions for CCBHC Payment

MDHHS will utilize the Certified Community Behavioral Health Clinic (CCBHC) Prospective Payment System 1 (PPS-1) methodology in which CCBHC Demonstration Sites receive a daily clinic-specific rate for providing approved CCBHC services to eligible individuals, including Medicaid persons served and non-Medicaid individuals with a mental health and/or SUD diagnosis. For Medicaid persons served receiving CCBHC services, MDHHS will operationalize the PPS-1 payment through their contracted PIHPs, specifically those PIHPs that have CCBHC Demonstration Sites within their service areas. PIHPs will reimburse CCBHC Demonstration Sites at clinic-specific PPS-1 rate or their actuarial equivalent. The processes for PPS-1 payment for Medicaid persons served and non-Medicaid CCBHC recipients is further delineated in the sections below. Finally, MDHHS will provide Quality Based Payments (QBPs) that will reward CCBHC Demonstration Sites

based on attainment of CMS-defined quality metrics in a given performance year specifically reflective of the Medicaid persons served receiving CCBHC services.

5.B. CCBHC Prospective Payment System Methodology

MDHHS utilizes the prospective payment system 1 (PPS-1) methodology in which CCBHCs receive a daily clinic-specific rate based on the average expected daily cost to deliver core CCBHC services. MDHHS will utilize the prospective payment system 1 (PPS-1) methodology in which CCBHCs receive a daily clinic-specific rate based on the average expected daily cost to deliver core CCBHC services.

The PPS rate methodology and rebasing will follow applicable federal requirements. Given the different timelines of sites joining the demonstration, rate rebasing methodology may differ amongst CCBHC sites. Rate development details will be documented in relevant draft and finalized rate materials shared with demonstration participants.

The PPS-1 rates for current demonstration year can be found on the CCBHC Demonstration website or in the rate letter. Future PPS rates will be based on review of cost reports and updated on both the CCBHC Demonstration website and in the dispersed rate letters. All PPS-1 rates are subject to final approval from CMS.

5.C. CCBHC Payment Operations

5.C.1. General Provisions for Encounter Reporting

5.C.1.1. *Required CCBHC Service Encounter Codes*

The T1040 code is the dedicated CCBHC demonstration encounter code and is used solely to identify CCBHC service encounters. CCBHCs must submit valid CCBHC encounter codes reflecting qualifying services (as cited in Appendix A) with a corresponding T1040 code to the PIHP. In turn, PIHPs will submit all encounters to MDHHS via CHAMPS.

Encounter reporting systems must have the capacity to report at least two service lines and at least two diagnoses. The combination of the T1040 code, the CCBHC Encounter Code, and a qualifying diagnosis must be submitted for the services to be recognized as a CCBHC service. Omitting either the T1040 code or the CCBHC Encounter Code will preclude payment at the PPS-1 rate. Additionally, if a T1040 code is submitted without a valid CCBHC service, the encounter will be rejected with the CHAMPS Error Code of 20906. If a valid CCBHC Service Code is reported without a T1040 code, the encounter will be accepted but will not be able to be identified as a CCBHC encounter.

Multiple T1040 codes can be submitted on a given day, although the CCBHC is only eligible for reimbursement of one PPS-1 rate per individual per day. Since the CCBHC service array is a blend of Mental Health and SSUD services, a PIHP may need to submit encounters using both MH and SUD provider identification numbers.

5.C.1.1.A Encounter Code Set

Qualifying CCBHC encounter codes can be found in [Appendix A](#) of this handbook. Unless otherwise specified, all potential modifiers can be used with CCBHC encounter codes. Although changes to the

code list cannot be made during a given demonstration year, additional service codes may be considered for use in future demonstration years provided they fit within the required CCBHC service array.

- 5.C.1.2. *Required CCBHC Modifier for Mild-to-Moderate Populations*
The use of modifier “TF” must be submitted in conjunction with the T1040 code to solely identify CCBHC services provided to the Mild-to-Moderate population. CCBHCs are required to utilize the Michigan Child and Adolescent Needs and Strengths Tool (MichiCANS) and Level of Care Utilization System (LOCUS) assessments to identify individuals ages 7 And up receiving CCBHC services with Mild-to-Moderate behavioral health needs for reporting and rate setting purposes (refer to section 8.D.4.1.4 for mental health level of care (LOC) determination requirements).

- 5.C.1.3. *Reporting Detail of CCBHC Service Encounter Codes*
For Medicaid persons served, the CCBHC must submit the encounter with the persons served Medicaid ID; for non-Medicaid recipients, the CCBHC must submit the encounter with the PIHP’s CONID assigned to the recipient. In turn, PIHPs must submit all CCBHC service encounters to MDHHS via CHAMPS consistent with the requirements of this section.

All CCBHC service encounters, whether provided directly or through a DCO, must be submitted to the PIHP with the CCBHC as the Billing National Provider Identifier Number (NPI). For CCBHC services provided through a DCO, the DCO’s NPI number must be reported in the Service Facility Location loop (See Appendix D). Note: If the DCO is not eligible for an NPI, please contact mdhhs-ccbhc@michigan.gov.

With the exception of encounters submitted for the SUD Block Grant, PIHPs may determine what amount should be reported for the T1040 Claim Charge Amount and the Payment Amount. SUD Block Grant encounters must be reported as \$0. Charge and Payment amounts reported on the individual CCBHC service lines should align with historical reporting, with the Charge amount representing estimated actual costs and Payment Amount representing historically paid amounts. Reporting encounters in this way allows for the identification of CCBHC services while retaining consistency with reporting methodology of previous years and of non-CCBHC services. There is no expectation that the sum of the charged or paid amounts will equal the PPS rate.

See Example of encounter reporting in Appendix D. In this example, the CCBHC is reporting \$0.00 on the T1040 line.

- 5.C.1.4. *Timely and Complete CCBHC Service Encounter Code Submission*
CCBHCs and PIHPs must submit timely and complete CCBHC service encounters in accordance with federal managed care rules and state requirements. CCBHCs must submit encounters to the PIHP within 30 days following the month in which CCBHC services are adjudicated. The PIHPs must validate encounters to ensure the inclusion of appropriate details, including any third party or other applicable payments. The PIHPs must

submit validated encounters to MDHHS within 90 days following the month in which CCBHC services are adjudicated.

5.C.1.5. *Documenting ICD-10-CM “Z-Codes”*

Applicable ICD-10-CM Z diagnosis codes should be submitted, as applicable, with the CCBHC encounters to document social determinants of health. Please note that any Z- Codes should be secondary to the mental health and/or SUD diagnosis. The pertinent list is as follows:

- [Z55](#) Problems related to education and literacy
- [Z56](#) Problems related to employment and unemployment
- [Z57](#) Occupational exposure to risk factors
- [Z59](#) Problems related to housing and economic circumstances
- [Z60](#) Problems related to social environment
- [Z62](#) Problems related to upbringing
- [Z63](#) Other problems related to primary support group, including family circumstances
- [Z64](#) Problems related to certain psychosocial circumstances
- [Z65](#) Problems related to other psychosocial circumstances

5.C.1.6. *Encounter Submission*

The PIHP will use the File Transfer Service (FTS) to submit and retrieve encounter related files electronically with MDHHS. Refer to Section 6: Health Information Technology, of this handbook for additional information relating to FTS.

The PIHP will submit 837 HIPAA Encounter Files through the FTS to MDHHS, and to recognize files that MDHHS returns to your billing agent “mailbox”. When submitting CCBHC encounters, you will use Class ID/file number 5476 for encounter files. After submission, you will receive a response in the mailbox via a 999- acknowledgment file. The 999 file does not mean that all encounters submitted were accepted. Once the 5476 file is processed by MDHHS, you will receive a 4950 file, also known as the Encounter Transaction Results Report (ETRR), which will provide details on accepted and rejected encounters.

CCBHCs are encouraged to review the “Electronic Submissions Manual” (ESM) for additional information and instructions relating to submitting data electronically and the FTS. The ESM can be found at www.michigan.gov/tradingpartners >> HIPAA - Companion Guides >> Electronic Submissions Manual.

The MDHHS Encounter Team will handle all electronic questions related to Encounter file submission and FTS issues for CCBHC organizations. Questions or issues can be directed to the following email addresses: MDHSEncounterData@michigan.gov.

5.C.2. CCBHC Payment Operations for Medicaid Persons served

MDHHS will operationalize the CCBHC payment for Medicaid persons served through the PIHPs by integrating the CCBHC PPS-1 payment into the PIHP

capitation rates for qualifying CCBHC services (see Appendix A for a list of CCBHC-eligible services). In turn, MDHHS will require the PIHP to reimburse the CCBHC at the clinic-specific PPS-1 rate or its actuarial equivalent for qualifying CCBHC services (daily visits).

5.C.2.1. PIHP CCBHC Capitation Payment

MDHHS will integrate the CCBHC PPS-1 payment into the PIHP capitation rates for CCBHC-eligible services (see [Appendix A](#)). Because CCBHC services reflect services traditionally provided through the PIHP delivery system, a portion of the CCBHC payment is comprised by the PIHP's "base" capitation. To make whole the PPS-1 rate, MDHHS will prospectively provide PIHPs a "supplemental" CCBHC capitation payment. The supplemental CCBHC capitation payment reflects the difference between the PPS-1 rate and the amount in the PIHP's base capitation based on anticipated utilization of CCBHC services for Medicaid persons served enrolled in the CCBHC benefit plan. MDHHS will also provide an amount for PIHP CCBHC administration and the Quality Based Payment in the supplemental CCBHC capitation payment. The supplemental CCBHC payment is considered non-risk and will be reconciled annually as cited in 5.C.2.1.1. The base CCBHC payment, which reflects the payment that would normally be made to the PIHPs regardless of the CCBHC Demonstration, will be at risk per current policy.

5.C.2.1.1. *Annual Reconciliation of Supplemental CCBHC Payments*

On an annual basis, MDHHS will reconcile with the PIHPs the supplemental costs and payments based on actual PPS-1 eligible CCBHC service utilization (which equals CCBHC daily visits * PPS-1 rate). To assist in the reconciliation process, MDHHS has created a new module in the Milliman DRIVE Tool for PIHPs to run reports on CCBHC enrollment, issued payments, and adjudicated encounters. MDHHS and the PIHPs will be able to query this data by CCBHC site, distinct service(s) rendered, demographics, Medicaid vs. non-Medicaid, and generate monitoring reports to view actual versus real utilization/costs of CCBHC services.

5.C.2.2. PIHPs to CCBHCs: CCBHC Payment to CCBHC Demonstration Sites

MDHHS requires the PIHP to reimburse a CCBHC at its clinic-specific PPS-1 rate for each qualifying CCBHC service (Note: the PPS-1 payment may only be paid once per day per person served/recipient regardless of the number of CCBHC services provided on a given day). CCBHCs must submit to the PIHP valid CCBHC Encounter Codes cited in Appendix A of the CCBHC Handbook with a corresponding T1040 service encounter code.

5.C.2.3. PIHP Payment Schedule for Medicaid Persons Served

The enrollment file for enrollments processed each month in the Waiver Support Application (WSA) will be sent to CHAMPS on the 26th of the month for processing. CHAMPS will send the enrollment to the PIHP on the 5093 Waiver Enrollment File on the last day of each month. For illustrative purposes, the July 26th WSA enrollment file and 5093 would include:

- Enrollment for newly enrolled persons served added to CCBHC effective August 1.

- Retroactive enrollment for persons served enrolled effective February 1, March 1, April 1, May 1, June 1, or July 1 since June 26.

Payment for CCBHC enrolled Medicaid persons served will be sent on the 5093 Wavier Enrollment File and will be made on the second pay cycle (the Thursday after the 2nd Wednesday of the month). The payment will be included with any other scheduled payments associated with the PIHP's tax identification number.

5.C.3. CCBHC Payment Operations for Non-Medicaid CCBHC Recipients

Contingent on available funding, MDHHS will provide payment via the PIHPs to offset the eligible portion of the cost of CCBHCs providing CCBHC services to the non-Medicaid CCBHC recipients. CCBHCs and the PIHPs must ensure all third-party and other applicable revenue sources are exhausted by a CCBHC for a CCBHC-eligible service for a non-Medicaid CCBHC recipient.

CCBHCs throughout the country have leveraged multiple funding mechanisms to cover the unreimbursed costs of serving the non-Medicaid population. To the extent possible, MDHHS will provide funding to the PIHPs to reimburse the CCBHCs for non-Medicaid CCBHC services, but PIHPs and CCBHCs should leverage existing grant funds, third party collections, and other available local funds.

5.C.3.1. CCBHC General Fund Distribution

General fund dollars, if available, will be distributed to support non-Medicaid service expenses. Funds will be dispersed prior to the end of the demonstration year.

Available funds will be divided proportionally based on the number of non-Medicaid daily visits provided by each CCBHC during the first 6 months of the demonstration year (October 1 – March 31). Encounter data reported on the Milliman CCBHC DRIVE Dashboard corresponding to the July 3 data export will be used to determine the distribution amounts.

PIHPs will distribute funds as specified by MDHHS by the end of the demonstration year. CCBHCs will not be expected to cost settle if they do not need the full amount to cover non-Medicaid expenses.

5.C.4. Third-Party Reimbursement/Coordination of Benefits

For all CCBHC services (daily visits), whether provided directly or through a DCO, CCBHCs must first bill any applicable third-party payors, including Medicare, prior to submitting the encounter to the PIHP for CCBHC PPS-1 payment. As outlined in the CCBHC cost reporting instructions, clinic-specific PPS rates are composed of all costs and visits for CCBHC services covered under a state's CCBHC scope of services. Costs for providing CCBHC services are calculated regardless of payer, but the PPS rate is only paid for Medicaid-eligible beneficiaries. In addition, for non-Medicaid CCBHC daily visits, CCBHCs must first use all applicable federal or state grant funding (including but not limited to SAMHSA CCBHC Expansion grant funding) and maximize collection of all other applicable revenue sources such as sliding fee scale payments. For commercial persons served, CCBHCs must bill their negotiated rates with insurance companies, and Medicare rates for their Medicare persons served, however, payment for dually eligible patients must follow section 4.1a of the CCBHC PPS Technical Guidance. For these populations, CCBHCs may*

not bill Medicaid nor include in the calculation of the CCBHC PPS rate and must follow CCBHC SAMHSA Criteria section 2.D: No Refusal of Services due to Inability to Pay.

CCBHCs will report all applicable third-party payment/COB/other revenue used for CCBHC services (daily visits) to the PIHP. The PIHP will apply this funding against CCBHC service costs (eligible daily visits * PPS-1 rate) via CCBHC encounters submitted for both the Medicaid and non-Medicaid CCBHC recipients.

- For *Medicaid persons served*, the PIHP will utilize Medicaid capitation to reimburse the balance of CCBHC service costs less the third-party/COB payments.
- For *non-Medicaid recipients*, the PIHP will, to the extent available, utilize dedicated state funds to reimburse the balance of CCBHC service costs less the third-party/COB/other grant and/or revenue source funds.

(*Note: there are cases where certain third-party payors may not allow the CCBHC to bill on behalf of a DCO; in this case, the DCO must provide any payment received from the third-party payor to the CCBHC.)

- 5.C.5. Reporting Expectations If Services Supported by Another Medicaid Program
CCBHCs are encouraged to maintain and expand current service arrangements with other Medicaid providers (e.g. Medicaid Health Plan). If CCBHC services are billed to another non-PIHP Medicaid MCO, the CCBHC is required to report any received reimbursement as an offset to the PPS payment received by the PIHP.

5.D. Quality Bonus Payments (QBP)

MDHHS affords a QBP for CCBHCs meeting benchmarks for the quality metrics defined by SAMHSA. To receive a QBP, a CCBHC must achieve or exceed the threshold for each QBP-eligible measure as specified below. Award methodology is subject to change annually to align with program priorities. The QBP is only pertinent to Medicaid CCBHC costs and persons served, it is based on 5% of the total CCBHC Medicaid Demonstration Year Costs.

- 5.D.1. QBP Measures, Measure Stewards, and Benchmarks
Please reference Appendix F – Quality Bonus Payment Measures, Measure Stewards, and Benchmarks.

5.D.2. QBP Distribution Methodology

- 5.D.2.1. *Assessment and Distribution*
CCBHC QBP performance will be evaluated and awarded at the CCBHC site level. QBP funding awarded to CCBHCs will be treated as restricted local funding. Restricted local funding must be utilized for the benefit of the public behavioral health system.

CCBHCs must meet the minimum numerator and denominator requirements (N=5, D=30) for the calculation of a QBP measure for it to be included in the determination and eligible for the award. If performance benchmarks are met, MDHHS will provide the QBP payment to the PIHP for distribution to the awarded CCBHC(s). CCBHCs are eligible to receive 5% of the clinic's annual

Medicaid costs (defined as the reported Medicaid daily visits x demonstration year PPS rate). Each measure is weighted, and the portion of the QBP awarded for each measure is listed in Appendix F. For measures with sub-measures, CCBHCs must meet the benchmark for each sub-measure in order to receive payment related to the overall measure.

If a CCBHC does not meet benchmarks for QBP measures, the potential distribution amount will be added to a redistribution pool.

5.D.2.2. *Timelines*

MDHHS will distribute QBP payments to the PIHPs within one year of the end of the calendar measurement year (CY). CCBHCs are afforded an opportunity, prior to the final award distribution, to dispute results and engage in a consultation period to validate. During the measurement year (MY), MDHHS will identify baseline values for the performance metrics to be measured against during the subsequent payment years. Final clinic reported measures are to be submitted to MDHHS by June 30th of each year, or 6 months after the end of the calendar year.

5.D.3. QBP Technical Specifications

The two technical specification documents encompassing the CCBHC quality measures are as follows:

- Quality Measures for Behavioral Health Clinics Technical Specifications and Resource Manual (samhsa.gov)
- CMS Medicaid Core Set Technical Specifications and Resource Manual: Adult and Child Health Care Quality Measures

6. CCBHC and Health Information Technology

6.A. MDHHS Behavioral Health Customer Relationship Management (CRM) Database

The MDHHS Behavioral Health (BH) CRM is the platform in which MiCAL and other MDHHS business processes are housed. The BH CRM is a customized technological platform designed to automate and simplify procedures related to the regulatory relationship between MDHHS and its customers (PIHPs, CMHSPs, CCBHCs, SUD entities, Michiganders, etc.). The BH CRM will house the CCBHC certification process for the demonstration. Each CCBHC will have an account and will complete all certification processes using the BH CRM including submitting the CCBHC application and pertinent documents and completing the on-site review process.

Please contact the MiCAL/CRM inbox if you need support at mdhhs-bh-crm@michigan.gov.

6.B. Waiver Support Application (WSA)

The Waiver Support Application (WSA) is the assignment, maintenance, and management tool for the CCBHC demonstration. The WSA will be used by PIHPs to identify and assign eligible CCBHC recipients to a relevant CCBHC. The CCBHC will be permitted to recommend assignment of a recipient to a CCBHC. WSA will be used for the following:

- Identify eligible CCBHC Medicaid persons served,
- Assign eligible Medicaid and Non-Medicaid CCBHC recipients to a CCBHC,

- Recommend eligible recipients for CCBHC assignment,
- Verify clinical criteria and signed consent to share behavioral health information,
- View person served demographics and chronic condition counts,
- Communicate between the PIHP and CCBHC using comments,
- Upload and share documents,
- Review reports and develop a CCBHC recipient roster.

An initial batch of eligible Medicaid CCBHC recipients will be added to the WSA, per region. PIHPs will have access to all eligible Medicaid recipients that reside in their region for CCBHC assignment. Every night thereafter, individuals with a qualifying diagnosis will be uploaded to WSA from MDHHS's Data Warehouse.

Users must request access to WSA through MILogin. Please see the WSA User Manual for instructions. Training materials will be housed under the training tab in WSA.

Users will access the WSA through MILogin (<https://milogintp.michigan.gov>)

6.C. CareConnect 360 (CC360)

CareConnect360 (CC360) will help HIT-supported care coordination activities for the CCBHC Demonstration. Broadly, it is a statewide care management web portal that provides a comprehensive view of individuals in multiple health care programs and settings based on paid Medicaid claims and encounters. This will allow the PIHP and CCBHCs with access to CC360 the ability to analyze health data spanning different settings of care for people with Medicaid. In turn, this will afford CCBHCs a more robust snapshot of a person served and allow smoother transitions of care. It will also allow the PIHP to make better and faster decisions for the betterment of the person served. Quarterly integrated measure performance results are provided in CC360 and are based on state and/or national specifications. CCBHCs who do not have access to CC360 should coordinate closely with their PIHP to share appropriate information, performance measure data, and facilitate transitions in and out of the CCBHC. Providers will only have access to individuals that are established as patients of record within their practice. Finally, with appropriate consent, CC360 facilitates the sharing of cross-system information, including behavioral health, physical health, and social support services.

Users will access the CC360 through MILogin. (<https://milogintp.michigan.gov>)

6.D. File Transfer Service (FTS)

Michigan's data-submission portal is the File Transfer Service (FTS); however, it has previously been referred to as the Data Exchange Gateway (DEG). Some documents may still reference the (DEG); be aware that a reference to the DEG portal is a reference to the FTS. Billing agents will use the FTS to submit and retrieve files electronically with MDHHS. MDHHS has established an internet connection to the FTS, which is a Secure Sockets Layer (SSL) connection. This connection is independent of the platform used to transmit data. Every billing agent receives a "mailbox", which is where their files are stored and maintained. Billing agents can access this mailbox to send and retrieve files.

CCBHCs are encouraged to review the "Electronic Submissions Manual" (ESM) for additional information and instructions relating to the FTS. The ESM can be found at www.michigan.gov/tradingpartners >> HIPAA - Companion Guides >> Electronic Submissions Manual

Users will access the FTS through MILogin (<https://milogintp.michigan.gov>)

7. CCBHC Monitoring and Evaluation

7.A. CCBHC Monitoring & Evaluation Requirements

CMS has defined reporting requirements and guidance for the CCBHC Demonstration described below. There are two broad sets of requirements – CCBHC reported measures and state reported measures. A state reported measure is calculated by the state for each CCBHC, usually relying on administrative data. A CCBHC reported measures are calculated by the CCBHC and sent to the state. The measures are not aggregated by the state. To the extent necessary to fulfill these requirements, providers must agree to share all CCBHC clinical and cost data with MDHHS. It is the goal of MDHHS to utilize administrative data as much as possible to avoid administrative burden on providers. The data will be reported annually by MDHHS to CMS within 12 months of the end of the Demonstration Year. CCBHCs must report measures to MDHHS within 6 months of the end of the Demonstration Year.

The CCBHC core measures and other federal requirements are laid out below:

7.A.1. CCBHC Reported Measures

| Measure Name and Designated Abbreviation | Steward | Required Measure or State Added |
|---|--------------------------|---------------------------------|
| Time to Services (I-SERV)* | SAMHSA | Required |
| Depression Remission at Six Months (DEP-REM-6) * | MN Community Measurement | Required |
| Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling (ASC) | NCQA | Required |
| Screening for Clinical Depression and Follow-Up Plan (CDF-CH and CDF-AD) | CMS | Required |
| Screening for Social Drivers of Health (SDOH) | CMS | Required |
| Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention (TSC) | NCQA | State Added |
| Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA) (SRA-C) * | Mathematica | State Added |
| Adult Major Depressive Disorder: Suicide Risk Assessment (SRA) (SRA-A) * | Mathematica | State Added |

*Denotes a measure that is also a quality bonus payment measure

7.A.2. State Reported Measures

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| Measure Name and Designated Abbreviation | Steward | Required Measure or State Added |
|--|---------|---------------------------------|
| Patient Experience of Care Survey | SAMHSA | Required |
| Youth/Family Experience of Care Survey | SAMHSA | Required |
| Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA-AD) | CMS | Required |
| Follow-Up After Hospitalization for Mental Illness, (FUH-CH) (FUH-AD)* | NCQA | Required |
| Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-AD)* | NCQA | Required |
| Follow-Up After Emergency Department Visit for Mental Illness (FUM-CH and FUM-AD) | NCQA | Required |
| Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA-CH and FUA-AD) | NCQA | Required |
| Plan All-Cause Readmissions Rate (PCR-AD)* | NCQA | Required |
| Follow-Up Care for Children Prescribed Attention-Deficit Hyperactivity Disorder (ADHD) Medication (ADD-CH) | NCQA | Required |
| Antidepressant Medication Management (AMM-BH) | NCQA | Required |
| Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD) | CMS | Required |
| Hemoglobin A1c Control for Patients with Diabetes (HBD-AD)* | NCQA | Required |
| Child and Adolescent Well-Care Visits (WCV-CH) | NCQA | State Added |

*Denotes a measure that is also a quality bonus payment measure

7.A.3. CCBHC Metric Specifications

The two technical specification documents encompassing the CCBHC quality measures are as follows:

- [Quality Measures for Behavioral Health Clinics Technical Specifications and Resource Manual \(samhsa.gov\)](#)
- CMS Medicaid Core Set Technical Specifications and Resource Manual: [Adult and Child Health Care Quality Measures](#)

7.A.4. Reporting Requirements

CCBHC-reported measures will be compiled by the CCBHC using the MI- CCBHC Data Demonstration Templates (FY25).XLSX file. In addition to the federal template requirements, CCBHCs must complete the I-SERV (supplemental) tab and the patient experience survey tabs (PEC, YFEC, URS-Tables 9 URS-Table 11, URS-Table 11a). CCBHCs are responsible for completing the “Case Load Characteristics” sheet and the reporting sheets for the clinic-reported measures (blue colored tabs).

7.A.4.1. Quarterly Reporting

CCBHCs must complete the clinic-reported measures on the MI-CCBHC Data Demonstration Templates (FY25).xlsx template quarterly. Templates should be sent to PIHPs by the end of the month following the measurement period. For example, for the quarter ending June 30th, templates are due July 31st. PIHPs will work with CCBHCs to remedy data collection issues to

ensure accuracy of metric reporting.

The PIHP’s review should include, but is not limited to, the following:

- Verify the template has been completed,
- Compare against previous quarter/year or to regional or state averages,
- Verify counts (i.e., the numerator is smaller than the denominator),
- Review calculations (i.e., no zeros or broken formulas).

PIHPs will also make the quarterly templates available to MDHHS or external evaluators purposes of monitoring and evaluation planning. At minimum, the second quarter data of a clinic’s initial demonstration year will be sent to MDHHS as a trial submission to ensure clinics can acquire the appropriate data and are prepared to complete the annual reporting.

7.A.4.2. Annual Reporting

Year-end clinic reported measures will be calculated based on a measurement period of January 1 through December 31. PIHPs should work with the CCBHCs in their region to collect, validate, and submit the final clinic-reported templates to MDHHS within 6 months of the end of the calendar year (June 30). Final templates for all measures must be submitted by the PIHP and sent via email to mdhhs-ccbhc@michigan.gov.

PIHPs will share final data from the end of year metric upload in CC360 to assist the CCBHC in completing the *state-reported metrics sheet* of the reporting template (MI-CCBHC-Data-Demonstration-Templates (FY25).xlsx).

7.A.4.2.1. Measurement Periods

Measure specifications may include measurement periods based on the CCBHC demonstration year or calendar year. Michigan’s demonstration years follow the State Fiscal Year reporting structure, beginning October 1st, and ending September 30th. The CCBHC demonstration transition to calendar reporting will begin January 1, 2025.

| Demonstration Year (DY) | Time Period |
|--------------------------------------|--------------------------------------|
| DY1 | October 1, 2021 – September 30, 2022 |
| DY2 | October 1, 2022 – September 30, 2023 |
| DY3 | October 1, 2023 – September 30, 2024 |
| DY4 (Transition to calendar year) | January 1, 2025 – December 31, 2025 |
| DY5 | January 1, 2026 – December 31, 2026 |
| DY6 | January 1, 2027 – December 31, 2027 |

7.A.5. Defining Eligible CCBHC Population

Per CMS guidance and the technical specifications listed above, the eligible population for the clinic-reported measures includes all CCBHC recipients (Medicaid and non-Medicaid) served by a CCBHC provider (including those served at DCOs). The denominator-eligible population for each measure includes CCBHC recipients who satisfy the measure- specific eligibility criteria that may

include requirements such as age and continuous enrollment. Specification details will indicate the population that must be included in each measure and the reporting unit for the measure (e.g. recipients or visits).

State reported measures are calculated using administrative claims data for persons served with full Medicaid coverage and will use the presence of a T1040 service code to identify the CCBHC population.

Rejected encounters are excluded, and continuous enrollment measure requirements are met based on Medicaid continuous enrollment rather than CCBHC continuous enrollment. Individuals are attributed to the CCBHC with the highest share of service delivery (i.e. submitted the highest number of T1040s for an individual). In the event where multiple CCBHCs have submitted the same number of T1040s for a given individual, the individual's outcomes will be attributed to the clinic that submitted the most recent T1040.

CCBHC-reported measures will be calculated using data collected in the local Electronic Health Record (EHR) and may be generated using an EHR-developed reporting module.

CCBHCs should assign CCBHC service recipients according to EHR requirements for inclusion in the reporting modules (e.g. assignment to CCBHC program or insurance type). It is the responsibility of the CCBHC to ensure that all eligible CCBHC service recipients are assigned and included in the calculation. CCBHCs should cross-reference WSA clinic assignment to CCBHC service assignment in their EHR. To the extent possible, attribution to clinics for individuals served at multiple CCBHCs should be accurately reflected in the WSA, as one CCBHC must be considered "lead" in WSA assignment, service coordination, and service delivery.

7.B. Additional Monitoring Requirements

7.B.1. CCBHC Ad Hoc Reporting

CCBHCs must collect, report, and track encounter, outcome, and quality data, including but not limited to data capturing CCBHC recipient characteristics, Staffing, Access to Services, Use of Services, Screening, prevention, and treatment, Care Coordination, other processes of care, CCBHC recipient outcomes, and costs. Data collection is required for both direct CCBHC services and those provided by DCOs. A minimum of 30 days' notice will be given to respond to these requests.

7.C. Evaluation Requirements

CCBHCs and PIHPs must work with MDHHS and contracted evaluation partners to develop and implement a rigorous evaluation of the CCBHC demonstration. CCBHCs and PIHPs will participate in stakeholder groups and respond to requests for information as needed.

8. MI CCBHC Certification Criteria—Program Requirements

8.A. Program Requirement #1: Staffing

8.A.1. General Staffing Requirements

8.A.1.1.1. CCBHC Community Needs Assessment

As part of the process leading to certification, the CCBHC site will conduct an assessment of the needs for the target population within their identified service area. This CCBHC community needs assessment will guide how the site will meet certification criteria and implement CCBHC core services, service delivery and treatment across the lifespan.

After certification each site must complete the Needs Assessment Template to evidence a thorough CCBHC Community Needs Assessment (requirements outlined below) that reflects the treatment and recovery needs of those who reside in the service area across the lifespan including children, youth and families by the end of the fiscal year in which certification was achieved.

CCBHC community needs assessment is required to be completed every 3 years, however CCBHCs should review and update/amend their needs assessment annually to ensure service delivery has addressed identified gaps and underserved individuals in their community.

CCBHCs must incorporate the following components into their CCBHC community needs assessment for consistency:

- A description of the population served, including demographic information, geographic descriptions, economic data, and estimates of the types and extent of significant health and social problems. CCBHCs should consider the expanded population eligible for CCBHC services.
- A description of the physical boundaries and size of the service area, including identification of sites where services are delivered by the CCBHC, including through DCOs.
- Include cultural, linguistic and treatment needs of the service population.
- Include the behavioral health service landscape for all eligible CCBHC service recipients, regardless of insurance or ability to pay.
- A thorough description of the crisis services available in the service area, which should inform how the CCBHC will sustain and operate a behavioral health urgent care, including how the site will meet staffing needs to operate.
- Identify the underserved population in their community and how the site will engage this population in service delivery.
- A description of the human service systems serving the population.
- Estimates of the types and extent of mental health-related problems, including social indicator data, characteristics of caseloads of mental health-related agencies, and observations by service agencies.
- An assessment of existing services dealing with the estimated mental health-related programs, including an evaluation of the degree to which the services match the estimated problems, including workforce shortages.
- Explanation to support additional care coordination partnerships and evidence-based practices being delivered outside of the required practices listed in this handbook.
- A projection of the type and amount of mental health services required to adequately serve the comprehensive mental health needs of the client population, including a description of the methods and data used to project need.

8.A.2. Staffing Plan

The CCBHC must ensure that staffing numbers (both clinical and non-clinical) are appropriate for serving the CCBHC recipient population in terms of size and composition and providing the types of services the CCBHC is required to and proposes to offer. The staffing must consider the following at minimum:

- The staffing plan should correspond to the population needs identified in the annual needs assessment.
- Staffing plans can consider both CCBHC and DCO capacity.
- CCBHCs providing intensive outpatient services for veterans must also meet the requirements described in Handbook Section 8.D.11 (SAMHSA Criteria 4.K).

CCBHCs must complete the MDHHS provided Staffing Plan Template at initial application/certification and update the template at each recertification. The Staffing Plan Template can be found on the CCBHC website at www.michigan.gov/ccbhc.

A written staffing plan must correspond to the needs identified in the CCBHC community needs assessment. If a CCBHC plans to utilize DCOs, the staffing plan must include DCO capacity and describe how DCO staff will assist in meeting CCBHC service requirements. MDHHS has developed a required staffing plan template (see section 8.A.1.2.) to assist in identifying staff needs informed by the CCBHC community needs assessment and the CCBHC's ability to meet staffing program requirements.

8.A.3. Management

The Chief Executive Officer (CEO) of the CCBHC maintains a fully staffed management team as appropriate for the size and needs of the clinic as determined by the current needs assessment and staffing plan. The management team will include, at a minimum, CEO or Executive Director/Project Director and a Medical Director.

CMHSPs automatically meet management requirements per compliance with the Michigan Mental Health Code 330.1230 and 330.1231.

8.A.3.1. Provisions relative to the Medical Director include:

- The Medical Director must be a psychiatrist and will ensure the medical component of care and the integration of behavioral health (including addictions) and primary care are facilitated. The Medical Director does not have to be a full-time employee of the CCBHC. Depending on the size of the CCBHC, the CEO/Executive Director/Project Director and the Medical Director positions can be held by the same person.
- If a CCBHC is unable, after reasonable and consistent efforts to employ or contract with a psychiatrist as Medical Director because of a Health Resources and Services Administration (HRSA)-defined and documented behavioral health professional shortage, the CCBHC may request a waiver from MDHHS to utilize alternative providers. The waiver will be time-limited and the CCBHC must continue to pursue hiring or contracting with a

psychiatrist for the Medical Director position.

- In this situation, SAMHSA recommends that psychiatric consultation will be obtained on the medical component of care and the integration of behavioral health and primary care, and a medically trained behavioral health care provider with appropriate education and licensure with prescriptive authority in psychopharmacology who can prescribe and manage medications independently pursuant to state law will serve as the Medical Director.

8.A.4. Liability/Malpractice Insurance

The CCBHC must maintain liability/malpractice insurance adequate for the staffing and scope of services provided. CCBHCs are responsible for verifying DCOs also maintain appropriate liability/malpractice insurance. Please note that CMHSPs automatically meet liability/malpractice insurance requirement per compliance with CMHSP Certification R330.2808 Fiscal Management.

8.A.5. Licensure and Credentialing of Providers

8.A.5.1. Licensure and Credentialing

All CCBHC providers who furnish services directly, and any Designated Collaborating Organization (DCO) providers that furnish services under arrangement with the CCBHC, must be legally authorized in accordance with federal, state, and local laws, and act only within the scope of their respective state licenses, certifications, or registrations and in accordance with all applicable laws and regulations, including any applicable state Medicaid billing regulations or policies. Pursuant to the requirements of the statute (PAMA § 223 (a)(2)(A)), CCBHC providers must have and maintain all necessary state-required licenses, certifications, or other credentialing, with providers working toward licensure, and appropriate supervision in accordance with applicable state law.

- PIHPs are ultimately responsible for maintaining credentialing files and ensuring that each provider, directly or contractually employed, meets all applicable licensing, scope of practice, contractual, and Medicaid Provider Manual (MPM) requirements. MDHHS' provider credentialing requirements may be found at the following website: [Policies & Practice Guidelines \(michigan.gov\)](#)
- Consistent with existing CMHSP contractual requirements, CCBHCs must have written credentialing policies and procedures for ensuring that all providers rendering services to individuals are appropriately credentialed within the state and are qualified to perform their services. Credentialing shall take place every three (3) years.
- CCBHCs who are working with DCOs that are not current network providers for which credentialing is currently not overseen by the PIHPs must demonstrate that appropriate credentialing and licensure is maintained at all DCOs. CCBHCs must verify and monitor supervision requirements for providers working toward licensure. Credentialing information must be sent to the PIHP.
- CCBHCs must ensure that DCOs residing and providing services in bordering states meet all applicable licensing and certification requirements within their state.
- Provider credentialing documentation will be collected in the maintained in the Uniform Credentialing Section of the MDHHS CRM, currently under

development.

8.A.6. Staffing Requirements and Qualifications

The CCBHC staffing plan template must meet the requirements of the state behavioral health authority and any accreditation standards required by the state and must include clinical professionals and certified peer staff. In accordance with the staffing plan, the CCBHC must complete the required staffing plan template provided by MDHHS and submit the template in the CRM during initial application/certification and/or recertification. The CCBHC must maintain a core staff comprised of employed and as needed, contracted staff, as appropriate to the needs of CCBHC persons served as stated in the recipient's treatment plan. Unless otherwise specified, staff must meet the MDHHS PIHP/CMHSP Provider Qualifications as described for CCBHC services [Reporting Requirements \(michigan.gov\)](https://www.michigan.gov).

Required staffing disciplines include:

- Medically trained providers/practitioners, either employed or available through formal arrangement, who can prescribe and manage medications independently under state law, including buprenorphine and other medications used to treat opioid and alcohol use disorders.
 - This would not include methadone, unless the CCBHC is also an Opioid Treatment Program (OTP). If the CCBHC does not have the ability to prescribe methadone for the treatment of opioid use, the CCBHC must develop a care coordination partnership or a referral process with an OTP to ensure access to methadone for all persons served.
 - MDHHS requires CCBHC service providers/practitioners that can prescribe medications used to treat Opioid Use Disorders (OUDs) register as a provider on the SAMHSA National Registry found at [Facility Registration - FindTreatment.gov](https://www.samhsa.gov)
- Child Mental Health Professional (CMHP)
 - CCBHCs must have CMHPs with expertise in addressing trauma.
- Mental Health Professional (MHP)
 - CCBHCs must have MHPs with expertise in addressing trauma.
 - The approved licensures for disciplines identified as a Mental Health Professional include the full, limited, and temporary limited categories.
- Qualified Mental Health Professional (QMHP)
 - CCBHCs must have QMHPs with expertise in addressing trauma.
- Health Care Professional
 - CCBHCs must have health care professionals available, either directly or through contractual arrangements, that have been trained to work with individuals across the lifespan.
- Substance Abuse Treatment Specialist (SATS)
- Substance Abuse Treatment Practitioner (SATP)
 - CCBHCs must ensure that SATP, when providing substance abuse treatment services, are supervised by a SATS, who is a

- certified clinical supervisor (CCS) or who has a registered development plan (Development Plan – Supervisor [DP-S]) to obtain the supervisory credential.
 - CCBHC sites that employ only SATS fully credentialed staff and no SATP are considered to have met the SATP requirement.
- Peers
 - To ensure the CCBHC meets certification requirements, peer staff must be fully trained and/or certified according to their role. Training and Certification requirements can be found in the Behavioral Health and Intellectual and Developmental Disability Supports and Services chapter of the Medicaid Provider Manual, as well as the MDHHS websites noted below.
 - Certified Peer Support Specialist (CPSS)
 - [Peer Recovery Information \(michigan.gov\)](https://www.michigan.gov/peer-recovery)
 - Certified Peer Recovery Coach (CPRC)
 - [Peer Recovery Information \(michigan.gov\)](https://www.michigan.gov/peer-recovery)
 - Parent Support Partner (PSP)
 - [Children, Youth and Families \(michigan.gov\)](https://www.michigan.gov/children-youth-families)
 - Youth Peer Support Partner (YPSP)
 - [Children, Youth and Families \(michigan.gov\)](https://www.michigan.gov/children-youth-families)
- Recommended Staffing Disciplines:
 - Community Health Worker
 - Veteran Navigator
 - Care Coordinator
 - SOAR Navigator
 - Medical Billing Staff
 - Health Information Technology Specialist

It is preferred that the CCHBC directly staffs the required positions; however, MDHHS recognizes that some staffing types (including credentialed SUD specialists) may be part of the DCO network. The CCBHC must include DCO staffing in their staffing plan and show evidence that they can meet credentialing and training requirements. Recognizing professional shortages exist for many behavioral health providers, MDHHS will allow the following:

- Some services can be provided by contract, part-time, or as needed.
- In CCBHC organizations comprised of multiple clinics, providers may be shared among clinics.
- CCBHCs may utilize telehealth/telemedicine and online services to alleviate shortages. (Handbook Section 8.B.5 and/or SAMHSA Criteria 2.a.5)
- CCBHCs may utilize providers working toward licensure, provided they are working under the requisite supervision.
- CCBHCs designated as Rural or Frontier, see section 2.C.2.1.1 for staffing certification considerations.

8.A.7. Cultural Competence and Other Training

8.A.7.1. Training Plan

The CCBHC must have a training plan, for all employed and contract staff,

and for providers at DCOs who have contact with CCBHC persons served or their families, which satisfies and includes requirements of the state behavioral health authority and any accreditation standards on training which may be required by the state. The training must address:

- Cultural competence (including Implicit/Unconscious Bias)
- Person-centered and family-centered care
- Recovery-oriented, evidence-based, and trauma-informed care
- Primary care/behavioral health integration
- Risk assessment, suicide prevention and suicide response
- Collaborating with families and peers
- Military and veteran culture and care
- Older adult culture and care
- Overdose prevention and response training with specific attention paid to Naloxone intervention
- Co-occurring Mental Health and SUD
- CCBHC Informational Training (provided to DCO partners)
- Recipient Rights
- Limited English Proficiency
- Corporate Compliance

Recommended Training

- LGBTQIA+
- Diversity Equity and Inclusion
- Social Determinants of Health
- Crisis Response Training

Training shall be aligned with the National Standards for Culturally and Linguistically Appropriate Services (CLAS) to advance health equity, improve quality of services, and eliminate disparities. Cultural competency training should reflect the diversity within the population being served, as defined by the annual needs assessment. Per Section 3.3.3I of the CMHSP Contract, CMHSPs must also use the community needs assessment to demonstrate an ongoing commitment to linguistic and cultural competence that ensures access and meaningful participation for all people in the service area.

CCBHC sites that choose to utilize a DCO to meet certification criteria are **required** to provide a CCBHC informational session with each DCO provider to introduce them to the CCBHC model and requirements at least once every three years. This session is provided by the CCBHC and should include topics such as CCBHC Demonstration background and structure, review of most current CCBHC Handbook, six CCBHC principles, nine core CCBHC services, and CCBHC measures. This training is required for all staff including but not limited to the DCO financial leadership, clinical leadership, administration, and service delivery staff.

8.A.7.2. Training Timelines, Settings, and Reciprocity

Training, including training on the clinic's continuity plan, must occur at orientation and annually thereafter. If necessary, trainings may be provided on-line. CCBHCs should accept staff training provided by other entities to meet their training requirements when the staff's previous training is substantially like their own training and staff member completion of such

training can be verified.

8.A.7.3. Skills/Competence

The CCBHC will assess the skills and competence of each professional furnishing services and, as necessary, provides in-service training and education programs. The CCBHC has written policies and procedures describing its method(s) of assessing competency and maintains a written accounting of the in-service training provided during the previous 12 months.

8.A.7.4. Training Documentation

The CCBHC documents in the staff personnel records indicate that the training and demonstration of competency are successfully completed. Verification of training documentation will take place at CCBHC certification site visits and should be demonstrated via the certification application.

8.A.7.5. Trainer Qualifications

Professionals who are providing staff training must be qualified as evidenced by their education, training, and experience.

8.A.8. Linguistic Competence and Confidentiality of Patient Documentation

8.A.8.1. Access for individuals with Limited English Proficiency (LEP)

If the CCBHC serves individuals with Limited English Proficiency (LEP) or with language- based disabilities, the CCBHC takes reasonable steps to provide meaningful access to their services. If the individual is unable to read or understand any of the CCBHC program written materials, every effort shall be made to explain them to him or her in a language he or she understands.

Please note that CMHSPs meet this requirement, due to contractual requirements requiring CMHSP compliance with the Office of Civil Rights Policy Guidance on the Title VI Prohibition Against Discrimination as it Affects Persons with Limited English Proficiency.

8.A.8.2. Interpretation/Translation Services are Appropriate and Timely

Interpretation/translation service(s) are provided that are appropriate and timely for the size/needs of the LEP CCBHC person served population (e.g., bilingual providers, onsite interpreters, language telephone line). To the extent interpreters are used, such translation service providers are trained to function in a medical and, preferably, a behavioral health setting. The cost of interpretation/translation services are the responsibility of the CCBHC and should not be billed to the person served.

8.A.8.3. Auxiliary Aids

Auxiliary aids and services are readily available, Americans with Disabilities Act (ADA) compliant, and responsive to the needs of individuals with disabilities (e.g., sign language interpreters, teletypewriter (TTY) lines, large print for low vision/blind individuals).

8.A.8.4. Document Availability

Documents or messages vital to a individual's ability to access CCBHC services (for example, registration forms, sliding scale fee discount schedule, after-hours coverage, signage) are available online and paper format for

persons served in languages common in the community served, taking account of literacy levels and the need for alternative formats (for individuals with disabilities). Such materials are provided in a timely manner at intake. The requisite languages will be informed by the needs assessment prepared prior to certification, and as updated. All materials shall be made available in the languages appropriate to the individuals served within the CCBHC catchment area, and written materials must consider literacy limitations and appropriate reading levels.

8.A.8.5. Confidentiality/Privacy

The CCBHC's policies have explicit provisions for ensuring all employees, affiliated providers, and interpreters understand and adhere to confidentiality and privacy requirements applicable to the service provider, including but not limited to the requirements of Health Insurance Portability and Accountability Act (HIPAA) (Pub. L. No. 104-191, 110 Stat. 1936 (1996)), 42 CFR Part 2, and other federal and state laws, including patient privacy requirements specific to the care of minors. The HIPAA Privacy Rule allows routine – and often critical – communications between health care providers and a CCBHC recipient's family and friends, so long as the individual consents or does not object. If a person served is amenable and has the capacity to make health care decisions, health care providers may communicate with an individual's family and friends.

8.B. Program Requirement #2: Availability and Accessibility of Services

8.B.1. CCBHC Environment

The CCBHC provides a safe, functional, clean, and welcoming environment, for person served and staff, conducive to the provision of services identified in program requirement.

- The CCBHC must comply with all relevant federal, state, and local laws and regulations regarding client and staff safety, facility cleanliness, and accessibilities. The CCBHC is responsible for overseeing the environmental conditions of contracted DCOs and guaranteeing these regulations are met.
- The CCBHC environment must align with the standards of trauma informed care (https://www.michigan.gov/documents/mdhhs/Trauma-Policy_704460_7.pdf associated PIHP requirements).

8.B.2. CCBHC Hours

The CCBHC provides outpatient clinical services during times that ensure accessibility and meet the needs of the person served population to be served, including some nights and weekend hours. The annual needs assessment, along with direct individual feedback in the form of satisfaction surveys, focus groups, or advisory councils, should directly inform CCBHC service hours. The needs assessment must consider availability and accessibility for all eligible individuals, not just those currently being served.

8.B.3. CCBHC Location

The CCBHC provides services at locations that ensure accessibility and meet the needs of the population being served. The annual needs assessment, along with direct individual feedback in the form of satisfaction surveys, focus groups, or advisory councils, will be reviewed to determine appropriateness of service site locations. The needs assessment must consider availability and accessibility for all

eligible individuals, not just those currently being served. For office or site-based mental health services, the individual's primary service providers (e.g., case manager, psychiatrist, primary therapist, etc.) must be within 30 miles or 30 minutes of the individual's residence in Urban areas, and within 60 miles or 60 minutes in Rural areas. ("Primary provider" excludes community inpatient, state inpatient, partial hospitalization, extended observation beds and any still existing day programs.) This requirement aligns with existing CMHSP Access Standards. However, services should never be limited due to an individual's residency.

Additions of new clinic locations require approval from MDHHS. Per PAMA Section 223, no payment shall be made under the demonstration program to satellite facilities of CCBHCs if such facilities were established after April 1, 2014. The definition of a satellite facility under the Section 223 Demonstration Program for CCBHCs can be found at: <https://www.samhsa.gov/sites/default/files/section-223-satellite-facility.pdf>.

8.B.4. Transportation

To the extent possible within the state Medicaid program or other funding or programs, the CCBHC provides transportation or transportation vouchers for person served.

8.B.5. In-Home/Telehealth Services

To the extent possible within the state Medicaid program and as allowed by state law, CCBHCs utilize mobile in-home, telehealth/telemedicine, and online treatment services to ensure individuals have access to all required services.

- CCBHCs are responsible for following existing state standards and requirements for reporting telehealth encounters.
- [Telemedicine Database](#) can be found at this link.
- Services to individuals within incarceration facilities are not eligible for CCBHC reimbursement.

8.B.6. Outreach and Engagement

The CCBHC engages in outreach and engagement activities to assist persons served and families to access benefits, and formal or informal services to address behavioral health conditions and needs.

- Additional attention must be paid to outreach and engagement activities targeting individuals with new service access under the CCBHC, including those without Medicaid and with mild/moderate levels of behavioral health needs.
- Informed and included in the community needs assessment, the CCBHC conducts retention activities to support inclusion and access for underserved individuals and populations. This includes individuals and populations who do not have adequate access to resources or care.
- CCBHCs must monitor outreach and engagement activities closely to ensure that efforts are effectively expanding access to CCBHC services.
- MDHHS will promote CCHBC activities statewide and will provide marketing materials to CCBHC sites.

8.B.7. Court Ordered Requirements

Services are subject to all state standards for the provision of both voluntary and

court-ordered services.

8.B.8. Continuity of Operations

CCBHCs have in place a continuity of operations/disaster plan. The continuity of operations/disaster plan must align with any requirements to be established for overall CMHSP certification as well as CMS emergency preparedness standards. Staff must be made aware of the disaster plan and be trained on their relative roles and responsibilities in executing the disaster plan.

8.B.9. Requirements for Timely Access to Services and Initial and Comprehensive Evaluation for New Individuals

8.B.9.1. Timeliness for New CCBHC Recipients

All new CCBHC recipients requesting or being referred for behavioral health services will, at the time of first contact, receive a preliminary screening and risk assessment to determine acuity of needs. That screening may occur telephonically. The preliminary screening will be followed by (1) an initial evaluation, and (2) a comprehensive person- centered and family-centered diagnostic and treatment planning evaluation, with the components of each specified in program requirement #4. Each evaluation builds upon what came before it.

- If the screening identifies an emergency/crisis need, appropriate action is taken immediately, including any necessary subsequent outpatient follow- up.
 - If screening includes pre-admission screening for psychiatric inpatient care, the disposition should be completed in three (3) hours.
- If the screening identifies an urgent need, clinical services are provided, and the initial evaluation completed within one business day of the time the request is made.
 - Face-to-face meetings with professionals are preferred, however telehealth visits can occur if standards and reporting requirements are met as specified in requirement Handbook Section 8.B.5 (SAMHSA Criteria 2.a.5)
- If the screening identifies routine needs, services will be initiated within 14 calendar days.
 - Services must include initial assessment/evaluation and can include services in the service array outside of assessment and evaluation.
 - Face-to-face meetings with professionals are preferred, however telehealth visits can occur if standards and reporting requirements are met as specified in Handbook Section 8.B.5.
- For those presenting with emergency or urgent needs, the initial evaluation may be conducted telephonically or by telehealth/telemedicine, but an in- person evaluation is preferred. If the initial evaluation is conducted telephonically, once the emergency is resolved the person served should be seen in person at the next subsequent encounter and the initial evaluation

reviewed. Same day and open access scheduling is encouraged.

- “New” CCBHC service recipients are recipients who are requesting services from the CCBHC for the very first time or have not received services from the CCBHC during the previous 6 months.

8.B.9.2. Person/Family-Centered Planning

The comprehensive person-centered and family-centered diagnostic and treatment planning evaluation is updated by the treatment team, in agreement with and endorsed by the person served and in consultation with the primary care provider (if any), when changes in the individual’s status, responses to treatment, or goal achievement have occurred.

- The Michigan Mental Health Code establishes the right for all recipients to have an Individual Plan of Service (IPOS) developed through a person-centered planning process (Section 712, added 1996). CCBHCs shall implement person-centered planning in accordance with the MDHHS Bureau of Specialty Behavioral Health Services Person-Centered Planning Policy, which can be found on the MDHHS website at [Policies & Practice Guidelines \(michigan.gov\)](https://www.michigan.gov/Policies-Practice-Guidelines)
- The comprehensive treatment plan should be updated. To support person centered treatment, the extent to which an IPOS is updated will be determined by the needs and desires of the individual. A comprehensive IPOS update must be completed based on individual need or on program parameters set forth within the Medicaid Provider Manual. Specifically, an update would occur no less frequently than every 90 days for more severe and no less than 180 days for appropriate Mild-to-Moderate individuals. The comprehensive treatment plan must be updated by the treatment team, in agreement with and endorsed by the CCBHC recipient no less than annually.
 - CCBHCs must develop clear protocols for transitioning a CCBHC recipient with mild/moderate needs to a higher level of care without a major disruption in the individual’s treatment experience. Without such protocols, treatment plans for all CCBHC recipients must be updated every 90 days.

8.B.9.3. Timely Access to Outpatient Services

Outpatient clinical services for established CCBHC recipients seeking an appointment for routine needs must be provided within 14 calendar days of the requested date for service.

- A CCBHC recipient is considered “established” if they have been receiving ongoing CCBHC services and have a case start date in the WSA on or after October 1, 2021.
- If a CCBHC recipient requests an appointment for routine needs for a date beyond 14 calendar days from the request, the individual’s preferences must be followed, and a note must be made in the record.
- If an established CCBHC recipient identifies an emergency/crisis

need, appropriate action is taken immediately, including any necessary subsequent outpatient follow-up.

- If screening includes pre-admission screening for psychiatric inpatient care, the disposition should be completed in three hours.
- If an established CCBHC recipient identifies an urgent need, clinical services are provided, and the initial evaluation completed within one business day of the time the request is made.
 - Face-to-face meetings with professionals are preferred, however telehealth visits can occur if standards and reporting requirements are met as specified in Handbook Section 9.B.5.

8.B.10. Access to Crisis Management Services

8.B.10.1. Crisis Service Availability

The CCBHC provides crisis management services that are available and accessible 24- hours a day and delivered within three hours. Crisis management services are outlined in section 4.C (8.B.10), and must include 24-hour mobile crisis teams, emergency crisis intervention services, and crisis stabilization.

8.B.10.2. Crisis Continuum

The methods for providing a continuum of crisis prevention, response, and postvention services are clearly described in the policies and procedures of the CCBHC and are available to the public. Policies and procedures must clearly describe that crisis services are available to everyone, regardless of ability to pay, insurance, and county of residency.

8.B.10.3. Education on Crisis Services/Advanced Directives

Individuals who are served by the CCBHC are educated about crisis management services and Psychiatric Advanced Directives and how to access crisis services, including suicide or crisis hotlines and warmlines, at the time of the initial evaluation. This includes individuals with LEP or disabilities (i.e., CCBHC provides instructions on how to access services in the appropriate methods, language(s), and literacy levels in accordance with program requirement #1).

8.B.10.4. Crisis Coordination with Emergency Departments (EDs)

In accordance with the care coordination requirements of program requirement #3, CCBHCs maintain a working relationship with local Emergency Departments (EDs). Protocols are established for CCBHC staff to address the needs of CCBHC persons served in psychiatric crisis who go to affiliated emergency departments.

8.B.10.5. Protocols Following Crisis

Protocols, including involvement of law enforcement, are in place to reduce delays for initiating services during and following a psychiatric crisis. Protocols and policies should clearly outline procedures for initiating services during and following a psychiatric crisis, including exactly when and how to include law enforcement.

8.B.10.6. Crisis Planning

Following a psychiatric emergency or crisis involving a person receiving CCBHC services, in conjunction with the person served, the CCBHC creates, maintains, and follows a crisis plan to prevent and de-escalate future crisis situations, with the goal of preventing future crises for the person receiving services and their family. Individuals who are served by the CCBHC must be educated on how to access crisis services, including the 988 Suicide & Crisis Lifeline, and overdose prevention if risk is indicated. Risk should be assessed during initial evaluation and engagement of services.

8.B.11. No Refusal of Services Due to Inability to Pay8.B.11.1. Ability to Pay

The CCBHC must ensure no individuals are denied behavioral health care services, including, but not limited to, crisis management services, because of an individual's ability to pay for such services (PAMA § 223 (a)(2)(B)). CCBHCs using a waitlist for the non-Medicaid population violate SAMHSA's certification criteria and will be issued corrective action immediately to avoid decertification from the CCBHC Demonstration. Any fees or payments required by the clinic for such services will be reduced or waived to enable the clinic to fulfill the assurance above.

The CCBHC will have in place policies or procedures for verifying ability to pay including specifications for when and how to reduce or waive fees (see Handbook Section 8.B.11.2 regarding Sliding Fee requirements.)

The CCBHC is responsible for ensuring that the DCO's written policies and procedures also guarantee that no individual is denied services because of ability to pay.

CCBHCs must follow requirements outlined in Chapter 8 of Michigan's Mental Health Code – Financial Liability for Behavioral Health Services (R 330.8005, R 330.8239, R 330.8240, R 330.8242, and R 330.8279) to determine ability to pay.

8.B.11.2. Sliding Fee Discount Schedule8.B.11.2.1. Policy

CCBHC must have policies and procedures describing eligibility for and implementation of the sliding fee discount schedule. The CCBHC must extend this policy, including the requirements and posting parameters cited below, to any DCOs in their formal written agreement.

8.B.11.2.2. Requirements

The fee schedules, to the extent relevant, conform to state statutory or administrative requirements or to federal statutory or administrative requirements that may be applicable to existing clinics; absent applicable state or federal requirements, the schedule is based on locally prevailing rates or charges and includes reasonable costs of operation.

CCBHCs must follow requirements outlined in Chapter 8 of Michigan's Mental Health Code – Financial Liability for Behavioral Health Services (R 330.8005, R 330.8239, R 330.8240, R 330.8242, and R 330.8279).

8.B.11.2.3. Posting

The CCBHC has a published sliding fee discount schedule(s) that includes all services the CCBHC proposes to offer pursuant to these criteria. Such fee schedule will be included on the CCBHC website, posted in the CCBHC waiting room and readily accessible to persons served and families. The sliding fee discount schedule is communicated in languages/formats appropriate for individuals seeking services who have LEP or disabilities.

8.B.12. Provision of Services Regardless of Residence

8.B.12.1. Place of Residence

The CCBHC ensures no individual is denied behavioral health care services, including but not limited to crisis management services, because of place of residence or homelessness or lack of a permanent address.

8.B.12.2. Protocols for Individuals out of Area

CCBHCs have protocols addressing the needs of person served who do not live close to a CCBHC or within the CCBHC catchment area as established by the CCBHC's annual needs assessment. CCBHCs are responsible for providing, at a minimum, crisis response, evaluation, and stabilization services regardless of place of residence. The required protocols should address management of the individual's on-going treatment needs beyond that. Protocols may provide for agreements with clinics in other localities, allowing CCBHCs to refer and track individuals seeking non-crisis services to the CCBHC or other clinic serving the recipient's county of residence. For distant persons served within the CCBHC's catchment area, CCBHCs should consider use of telehealth/telemedicine to the extent practicable. In no circumstances (and in accordance with PAMA § 223 (a)(2)(B)), may any individual be refused services because of place of residence.

8.C. Program Requirement #3: Care Coordination

8.C.1. General Requirements of Care Coordination

8.C.1.1. Care Coordination

CCBHCs must coordinate care across the spectrum of health services, including access to high-quality physical health (both acute and chronic) and behavioral health care, as well as social services, housing, educational systems, and employment opportunities as necessary to facilitate wellness and recovery of the whole person. The benefits of a care coordination are achieved primarily through referrals and through the exchange of health information and information about the individual's needs and preferences (where information exchange is contemplated in the agreement and consented to by the person served).

Care coordination activities include, but are not limited to:

- Organization of all aspects of a person's served care.
- Management of all integrated primary and specialty medical services, behavioral health services, physical health services, and social, educational, vocational, housing, and community services.
- Information sharing between providers, patient, authorized representative(s), and family.
- Resource management and advocacy.
- Maintaining person served contact, with an emphasis on in-person contact (although telephonic contact may be used for lower-risk persons served who require less frequent face-to-face contact).
- Appointment making assistance, including coordinating transportation.
- Development and implementation of care plan.
- Medication adherence and monitoring.
- Referral tracking.
- Use of facility liaisons.
- Use of patient care team huddles (short, daily meetings where the care team can discuss schedules, address care coordination needs, and problem solve).
- Use of case conferences.
- Tracking of test results.
- Requiring discharge summaries.
- Providing patient and family activation and education.
- Providing patient-centered training (e.g., diabetes education, nutrition education, etc.).
- Connection of person served to resources (e.g., smoking cessation, SUD treatment, nutritional counseling, obesity reduction and prevention, disease-specific education, etc.)
- Connection of individuals to peer run drop-in centers for Medicaid and non-Medicaid CCBHC individuals regardless of their ability to pay or county of residence.

8.C.1.2. Coordination with Medicaid Health Plans and Integrated Care Organizations
The PIHP and CCBHC must work with Medicaid Health Plans (MHPs) and Integrated Care Organizations (ICOs) to coordinate services for eligible persons served who wish to receive CCBHC Demonstration services. MDHHS will require the PIHP and health plans to confer to optimize community-based referrals and informational materials regarding the CCBHC demonstration to eligible recipients. Health Plans are contractually obligated to provide a certain level of care coordination and care management services to their persons served. To minimize confusion and maximize patient outcomes, bi-directional communication between the CCBHC and health plan is essential. MDHHS expects the CCBHC to take the lead in the provision of care management, spanning health and social supports. At the same time, health plan coordination in terms of supporting outreach/assignment, facilitating access to recipient resources, and maintaining updated information in CC360 and other Health Information Exchange technology will be critical to the success of the CCBHC and the individual's health status.

8.C.1.3. Care Coordination as a CCBHC Activity (not a service)

Care coordination is regarded as an activity in the CCBHC model, not a service. An encounter consisting solely of care coordination activities would not be eligible for payment under the CCBHC prospective payment system (PPS). However, administrative costs associated with care coordination should be tracked and included as CCBHC costs on the annual CCBHC cost reports.

8.C.1.4. Care Coordination and Duplicative Services

At times, care coordination activities may overlap with components of service delivery that are eligible for reimbursement. CCBHCs should incorporate care coordination activities into such services as appropriate and submit claims accordingly. For example, if an individual's person-centered treatment plan includes Targeted Case Management (TCM) services, care coordination activities can be billed as part of TCM.

CCBHC service recipients may have complex needs and be eligible for different service programs other than CCBHC, which may include reimbursement options for care coordination. To avoid duplication, these codes should not be billed on the same day as CCBHC services. Care management is distinct from care coordination. Service codes denoting care management programs such as the collaborative care model (99402) or complex chronic care management services (99487) can be billed independently for CCBHC individuals.

8.C.1.5. CCBHC Recipient Receiving Services at Multiple CCBHC Locations

CCBHC recipients are permitted to receive CCBHC eligible services at multiple CCBHC locations. In this scenario, one CCBHC must become the lead for CCBHC care coordination activities and are responsible for assigning the person in the WSA. Additionally, the lead CCBHC must coordinate CCBHC services among all CCBHCs to avoid service duplication and to monitor the individual's treatment plan. If the CCBHC lead changes, the current CCBHC lead should transfer the individual to the new CCBHC using the transfer process outlined in section 4.G. The prospective payment will be provided to the lead CCBHC's PIHP (where the recipient is assigned), but all CCBHCs providing services to the individual should continue to submit encounters to the PIHP in which they are contracted with. Reconciliation between the CCBHC and the PIHP will ensure that each CCBHC receives the full PPS rate for each daily visit, regardless of where the individual is assigned. Reconciliation between MDHHS and the PIHP will ensure that the PIHP can sufficiently reconcile with the CCBHCs to the PPS rate.

8.C.1.6. Coordination with Medicaid Health Homes

CCBHC Medicaid persons served are permitted to be enrolled in the CCBHC and one of Michigan's Health Home benefit plans. Health Home benefit plans include, Behavioral Health Home (HHBH), MI Care Team (HHMICare), and Opioid Health Home (HHO). To receive payment for both services and to avoid duplication, the Health Home care team must be responsible for and provide care coordination services to the person served. The Health Home care team is responsible for providing the 6 required Health Home services and coordinating care with the CCBHC. The person served will be assigned to both benefit plans in the WSA and CHAMPS.

The staffing time for CCBHC and Medicaid Health Home must be distinct. Health Home costs and expenses cannot be included in the CCBHC cost report.

8.C.2. Confidentiality/Privacy

The CCBHC maintains the necessary documentation to satisfy the requirements of HIPAA (Pub.L. No. 104-191, 110 Stat. 1936 (1996)), 42 CFR Part 2, Sections 330.1748 and 330.1750 of PA 258 of 1974 (Mental Health Code), and other federal and state privacy laws, including patient privacy requirements specific to the care of minors. The HIPAA Privacy Rule and the Mental Health Code, sec. 748 allows routine – and often critical – communications between health care providers and a CCBHC recipient’s family and friends. Health care providers may always listen to an individual’s family and friends. If an individual consents and has the capacity to make health care decisions, health care providers may communicate protected health care information to a CCBHC recipient’s family and friends. Given this, the CCBHC ensures person served preferences, and those of families of children and youth and families of adults, for shared information are adequately documented in clinical records, consistent with the philosophy of person and family-centered care.

Necessary consent for release of information should be obtained from CCBHC service recipients for all care coordination relationships. The MDHHS-5515 Consent to Share Behavioral Health and SUD Information form should be utilized if possible. Alternate consents can be used if held to more stringent requirements under federal law. Consents must be collected and stored in the recipient’s health record with attestation in the WSA.

If CCBHCs are unable, after reasonable attempts, to obtain consent for any care coordination activity specified in program requirement #3, such attempts must be documented and revisited periodically. If a consent for the exchange of information cannot be obtained by a potential CCBHC recipient accessing CCBHC services at a DCO, they are still entitled to CCBHC services and be enrolled as a CCBHC recipient. However, the CCBHC is responsible for ensuring that information exchanged is restricted to the appropriate regulations.

8.C.3. Referral and Follow-Up

Consistent with requirements of privacy, confidentiality, and individual preference and need, the CCBHC assists individuals and families of children and youth, referred to external providers or resources, in obtaining an appointment and confirms the appointment was kept. CCBHCs are expected to remain involved throughout the referral process to ensure the recipient was successfully connected to external supports or resources. They are expected to work collaboratively with the external providers to relay needs and preferences. CCBHCs should have the ability to track successful referral and follow-up rates for performance monitoring and quality improvement activities.

8.C.4. Person Served Preferences

Care coordination activities are carried out in keeping with the individual’s preferences and needs for care and, to the extent possible and in accordance with the individual’s expressed preferences, with the family/caregiver and other supports identified by the person served. To ascertain in advance the individual preferences in the event of psychiatric or SUD crisis, CCBHCs develop a crisis plan with each person served. Examples of crisis plans may include a Psychiatric Advanced

Directive or Wellness Recovery Action Plan. CCBHCs may identify their own crisis planning process.

8.C.5. Medication Management

Appropriate care coordination requires the CCBHC to make and document reasonable attempts to determine any medications prescribed by other providers for CCBHC persons served. The state Prescription Drug Monitoring Program, known as the Michigan Automated Prescription System (MAPS), should be consulted before prescribing controlled substances in accordance with Michigan's Opioid Laws. MAPS can be found following this link: [MI Automated Prescription System \(MAPS\) \(michigan.gov\)](https://mi.automatedprescription.com). The CCBHC should provide such information to other providers not affiliated with the CCBHC to the extent necessary for safe and quality care.

8.C.6. Freedom of Choice

Nothing about a CCBHC's agreements for care coordination should limit a person's freedom to choose their provider with the CCBHC or its DCOs. CCBHCs must assist persons receiving services and families to access benefits, including Medicaid, and enroll into programs or supports that may be beneficial to the person served.

8.C.7. Care Coordination and Other Health IT Systems

8.C.7.1. Health IT System

The CCBHC establishes or maintains a health information technology (IT) system that includes, but is not limited to, electronic health records. The health IT system has the capability to capture structured information in person served records (including demographic information, diagnoses, and medication lists), provide clinical decision support, and electronically transmit prescriptions to the pharmacy. To the extent possible, the CCBHC will use the health IT system to report on data and quality measures as required by Handbook Section 8.E (SAMHSA Criteria 5). Utilization of MDHHS systems such as CC360 and the WSA are encouraged to coordinate care for CCBHC recipients.

8.C.7.2. Population Health

The CCBHC uses its existing or newly established health IT system to conduct activities such as population health management, quality improvement, reducing disparities, and for research and outreach.

8.C.7.3. New Health IT Systems

If the CCBHC is establishing a health IT system, the system will have the capability to capture structured information in the health IT system (including demographic information, problem lists, and medication lists). CCBHCs establishing a health IT system will adopt a product certified to meet requirements in 8.C.7.1, to send and receive the full common data set for all summary of care records and be certified to support capabilities including transitions of care and privacy and security. CCBHCs establishing health IT systems will adopt a health IT system that is certified to meet the current "Patient List Creation" criterion (45 CFR §170.314(a)(14)) established by the Office of the National Coordinator (ONC) for ONC's Health IT Certification Program. Clinics can check if they meet this requirement by following this link: [CHPL Search \(healthit.gov\)](https://healthit.gov).

8.C.7.4. DCOs Privacy/Confidentiality

The CCBHC will work with DCOs to ensure all steps are taken, including obtaining person served consent, to comply with privacy and confidentiality requirements, including but not limited to those of HIPAA (Pub. L. No. 104-191, 110 Stat. 1936 (1996)), 42 CFR Part 2, and other federal and state laws, including patient privacy requirements specific to the care of minors. DCOs should also use the MDHHS-5515 Consent form or other consent form if held to more stringent requirements under federal law.

8.C.7.5. Health Information Exchange Plan

Whether a CCBHC has an existing health IT system or is establishing a new health IT system, the CCBHC will develop a plan to be produced within the two-year demonstration program time frame to focus on ways to improve care coordination between the CCBHC and all DCOs using a health IT system.

This plan shall include information on how the CCBHC can support electronic health information exchange (HIE) to improve care transition to and from the CCBHC using the health IT system they have in place or are implementing for transitions of care. The plan should include timelines and expected milestones for systems integration with each DCO partner. Plans will detail how the integrated systems will be used to enhance care coordination and improve CCBHC recipient outcomes above and beyond allowing DCO access to the CCBHC's health records. Improvements in Health IT are an allowable CCBHC cost and should be included on the CCBHC cost report.

8.C.8. Care Coordination Partnerships8.C.8.1. Health Care Services Coordination

The CCBHC has a partnership establishing care coordination expectations with Federally Qualified Health Centers (FQHCs) (and, as applicable, Rural Health Clinics (RHCs)) to provide health care services, to the extent the services are not provided directly through the CCBHC. For persons served who are served by other primary care providers, including but not limited to FQHC Look-Alikes and Community Health Centers, the CCBHC has established protocols to ensure adequate care coordination. These partnerships should be supported by a formal, signed agreement detailing the roles of each party. If the partnering entity is unable to enter into a formal written agreement, the CCBHC may work with the partner to develop unsigned joint protocols that describe procedures for working together and roles in care coordination.

If a partnership cannot be established with a FQHC or RHC within the time frame of the demonstration project, the CCBHC will provide justification and establish contingency plans with other providers offering similar services (e.g., primary care, preventive services, other medical care services). CCBHCs are expected to work toward formal written contracts with entities with which they coordinate care if they are not established at the beginning of the demonstration project.

8.C.8.1.1. Inpatient Service Coordination

The CCBHC has care coordination partnerships establishing care coordination expectations with programs that can provide inpatient psychiatric treatment, OTP services, medical withdrawal management facilities and ambulatory medical withdrawal management providers for SUD, and residential programs to provide those services for people receiving CCBHC services, if any exist within the CCBHC service area. If an OTP does not exist within the CCBHCs service area, the CCBHC should refer to their established OTP partner to provide Methadone and coordination of this service, as needed. If an OTP exists in the CCBHC catchment area, a written care coordination agreement is required. The CCBHC can track when persons served are admitted to facilities providing the services listed above, as well as when they are discharged, unless there is a formal transfer of care to a non-CCBHC entity. The CCBHC will make and document reasonable attempts to contact all people receiving CCBHC services who are discharged from these settings within 24 hours of discharge. For people receiving CCBHC services being discharged from such facilities who are at risk for suicide or overdose, the care coordination protocols between these facilities and the CCBHC must include a requirement to coordinate consent and follow-up services with the person receiving services within 24 hours of discharge and continues until the person is linked to services. The CCBHC has established protocols and procedures for transitioning individuals from EDs, inpatient psychiatric, withdrawal management, and residential settings to a safe community setting. This includes transfer of medical records of services received (e.g., prescriptions), active follow-up after discharge and, as appropriate, a plan for prevention and safety, and provision for peer services.

CCBHCs are expected to work toward formal written contracts with entities they coordinate care with if they are not established at the beginning of the demonstration project. Written contracts established through the region can be used to meet this requirement, however the CCBHC is responsible for ensuring care coordination expectations are met.

For persons served with private insurance, CCBHCs are expected to coordinate care with the private insurer where possible.

8.C.8.1.2. Inpatient Follow-Up

The CCBHC has a partnership establishing care coordination expectations with inpatient acute-care hospitals, including emergency departments, hospital outpatient clinics, urgent care centers, residential crisis settings, medical withdrawal management inpatient facilities and ambulatory withdrawal management providers, in the area served by the CCBHC, to address the needs of CCBHC persons served within 24 hours of discharge from any listed facility above. This includes procedures and services, such as peers or community health workers, to help transition individuals from the ED or hospital to CCBHC care and shorten time lag between assessment and treatment. The partnership is such that the CCBHC can track when their persons served are admitted to facilities providing the services listed above, as well as when they are discharged, unless there is a formal transfer of care to another entity. The partnership also

provides for transfer of medical records of services received (e.g., prescriptions) and active follow-up after discharge.

8.C.8.2. Community Services Coordination

The CCBHC must have a written partnership establishing care coordination expectations with a variety of community or regional services, supports, and providers. Written partnerships must be in place with:

- Schools
- Child Welfare Agencies
- Indian Health Service or other tribal programs
- Juvenile and Adult criminal justice agencies and facilities (including drug, jail, mental health, veterans, and other specialty courts)
- Homeless shelters/housing services
- Employment services
- Services for older adults, including aging and disability resource centers)
- Specialty providers of medications for treatment of opioid or alcohol dependence
- End of life/palliative care
- Other social and human services (e.g., domestic violence centers, pastoral services, grief counseling, Affordable Care Act navigators, food, and transportation programs), depending on the needs of the population identified in the annual needs assessment.

If multiple community service agencies are present in the CCBHC catchment area, written partnerships should be prioritized in the most critical areas, and the CCBHC should work on increasing the number of agreements partnerships with other organizations throughout the demonstration period.

8.C.8.3. VA Coordination

The CCBHC has a written partnership establishing care coordination expectations with the nearest Department of Veterans Affairs' medical center, independent clinic, drop-in center, or other facility of the Department. To the extent multiple Department facilities of different types are located nearby, the CCBHC should explore care coordination partnerships with facilities of each type.

If a care coordination written partnerships cannot be developed at the start of the demonstration, CCBHCs should continue to make, and document attempts to formalize written partnerships with veteran's facilities throughout the demonstration period.

8.C.8.4. MiCAL Coordination

In accordance with Michigan Public Act 12 of 2020 (MCL 330.1165) and with consideration of best practice standards outlined in SAMHSA's National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit, MDHHS will require care coordination protocols between MiCAL and the CCBHCs for Michiganders needing CCBHC services, including the activation of real-time face-to-face crisis services (e.g., crisis stabilization, mobile crisis, etc.). Care

Coordination protocols will be streamlined to ensure the person in need receives the quickest and most direct support, as appropriate. MDHHS requires the protocols to include, at a minimum, the following:

- Receive crisis alerts from CCBHCs for individuals who are within the service area County of the CCBHC and likely to go into crisis. MiCAL staff will use the crisis alert guidance to prospectively plan for providing support to the individual. MiCAL staff will also provide follow up reports to the CCBHC for any support provided to the individual including a safety plan if one was developed. (Please note that each 42 CFR Part 2 covered entity is responsible for ensuring that any information they share with MiCAL meets 42 CFR Part 2 requirements.)
- Provide daily activity reports to PIHPs/CCBHCs for callers who:
 - Call in on the CCBHC crisis/access line while it is forwarded to MiCAL and share relevant information, including but not limited to, protected health information for purposes of care coordination.
 - Call, chat, or text MiCAL or the National Suicide Prevention Lifeline (NSPL), report they receive services from a CCBHC, and would like information on the support provided by MiCAL to be shared with a CCBHC.
 - Call, chat, or text MiCAL or the NSPL, receive services from a CCBHC as determined by Active Care Relationship and/or Admission-Discharge-Transfer (ADT) data and do not specifically prohibit information being shared with a CCBHC.
 - Share an individual's information with relevant parties as necessary to trigger face to face crisis interventions in crisis situations.
 - Provide afterhours or emergency crisis coverage for PIHPs/CMHSPs through the forwarding of CCBHC phone lines or other mediums of crisis inquiry.
 - Receive in real time all necessary crisis service information from the PIHPs/CMHSPs to directly trigger the provision of face-to-face crisis services, including, but not limited to, the afterhours on call process, preadmission screening process, mobile crisis, and other crisis stabilization services.
 - Receive in real time all necessary service information from the PIHPs/CMHSPs to facilitate warm handoffs and referrals from MiCAL to the PIHPs/CMHSPs in the most efficient and effective manner for the person in need.
 - Sites will complete and submit a MiCAL attestation form to the CRM during the certification process. This form can be found on the MDHHS CCBHC Demonstration website. CCBHCs must communicate any changes to the CCBHC demonstration team.

8.C.9. Treatment Team, Treatment Planning, and Care Coordination

- 8.C.9.1. Person/Family-Centered Treatment Planning and Care Coordination
The CCBHC treatment team must include the person served, the family/caregiver of children served, the adult individuals 's family to the extent the person served does not object, and any other person the recipient

chooses. All treatment planning and care coordination activities must be person-centered, and family centered.

8.C.9.2. Interdisciplinary Team

As appropriate for the individual's needs, the CCBHC must designate an interdisciplinary treatment team that is responsible, with the person served and/or family/caregiver, for directing, coordinating, and managing care and services for the individual. The interdisciplinary team must be composed of individuals who work together to coordinate the medical, psychosocial, emotional, therapeutic, and recovery support needs of CCBHC persons served, including, as appropriate, traditional approaches to care for individuals who may be American Indian or Alaska Native.

CCBHCs should utilize a collaborative care model to provide an interdisciplinary team – based set of services to ensure the totality of one's needs – physical, behavioral, and/or social – are met through the provision of CCBHC services. CCBHCs can adopt or define their own collaborative care model.

8.D. Program Requirement #4: Scope of Services

8.D.1. General Service Provisions

8.D.1.1. Required Services

CCBHCs are responsible for the provision of all care specified in PAMA, including, as more explicitly provided, and more clearly defined below in Handbook Sections 8.D.2. – 8.D.11. (SAMHSA Criteria 4.B through 4.K):

1. Crisis mental health services, including 24-hour mobile crisis teams, emergency crisis intervention services, and crisis stabilization.
2. Screening, assessment, and diagnosis, including risk assessment.
3. Patient-centered treatment planning or similar processes, including risk assessment and crisis planning.
4. Outpatient men
5. Outpatient clinic primary care screening and monitoring of key health indicators and health risk.
6. Targeted case management.
7. Psychiatric rehabilitation services.
8. Peer support and counselor services and family supports.
9. Intensive, community-based mental health care for members of the armed forces and veterans, particularly those members and veterans located in rural areas.

Each of these services must be directly provided by the CCBHC. Use of a DCO may be considered, if needed, to meet capacity supported through the community needs assessment. Whether directly supplied by the CCBHC or DCO, the CCBHC is ultimately clinically and financially responsible for all care provided.

8.D.1.1.1. Place of Service

CCBHCs are not restricted in the locations in which they provide CCBHC services. Discretion should be exercised when meeting

persons served outside the four walls of the clinic to maintain confidentiality, safety, accountability, and professionalism.

8.D.1.1.2. Services to Incarcerated Individuals

CCBHCs should work closely with local justice systems, specifically courts and local jails. CCBHC services provided to incarcerated individuals should be considered non-Medicaid encounters and alternate funding should be used accordingly. Care coordination specifics should be outlined in care coordination agreements, as required in 8.C.8. and should facilitate the transition to outpatient care in CCBHCs upon release.

8.D.1.1.3. Services in Schools

CCBHCs can provide CCBHC services to children in a school setting. CCBHCs must enter into an agreement with the school to provide services at no cost to the school or family. CCBHCs must follow all requirements for CCBHC service delivery, including care coordination and data collection. Services should not duplicate or replace the existing School Services Program (see Medicaid Provider Manual for more information) or other existing school-based initiatives. Care Coordination expectations should be outlined in agreements with the schools to ensure coordinated care and prevent duplication of services. Agreements between the CCBHCs and schools should detail the responsibilities of both parties in a manner that maximizes resources and best meets the needs of the community.

8.D.1.2. Freedom to Choose

The CCBHC ensures all CCBHC services, if not available directly through the CCBHC, are provided through a DCO, consistent with the persons served freedom to choose providers within the CCBHC and its DCOs. This requirement does not preclude the use of referrals outside the CCBHC or DCO if a needed specialty service is unavailable through the CCBHC or DCO entities.

8.D.1.3. Member Appeals, Grievances, and Service Authorization Denial Procedures

CCBHC enrollees have rights that are protected by Michigan's Mental Health Code (Chapters 7 and 7A) and many other Federal and State Laws. All enrollees have the right to a fair and efficient process for resolving disputes and complaints regarding their services and supports. With either CCBHC or DCO services, persons served will have access to existing standardized appeals, grievance, and service authorization denial procedures, which satisfy at minimum, the requirements of Medicaid and others that may be mandated by appropriate accrediting entities. If a CCBHC is a non-CMHSP entity, the CCBHC must have a clear process in place with the CMHSP in their service area that guides a CCBHC recipient through the appeal, grievance, and service authorization denial procedure process for both Medicaid and non-Medicaid persons served. This process may be a demonstrated in a written agreement or Memorandum of Understanding between the non-CMHSP CCBHC and local CMHSP authority. CCBHCs should have the agreement executed within 90 days of the start of the demonstration.

- All CCBHC recipients will have access to the same services and

supports, regardless of their level of need, residence, insurance, or eligibility for Medicaid.

- All CCBHC recipients will receive written notice of their rights and a written explanation of the local grievance and appeals processes.
- All CCBHCs will have clear written descriptions and mechanisms to address DCO grievances and complaints, and an appeal system to resolve disputes.
- All CCBHCs will maintain documented records of each grievance and/or appeal. At a minimum, the record shall contain:
 1. A general description of the reason for the grievance and/or appeal;
 2. The date received;
 3. The date of each review and/or review meeting;
 4. The resolution at each level of the grievance and/or appeal, as applicable;
 5. The date of resolution at each level, if applicable;
 6. The name of the enrollee for whom the grievance and/or appeal was filed.
- In some situations, an individual may be receiving services at a CCBHC in one PIHP region and non-CCBHC services from a provider in a different PIHP region. Grievances and appeals must follow the individual, with the grievance and appeal responsibilities remaining with the provider in which the grievance/appeal occurred. The CCBHC will assist with ensuring the individual has access to the appropriate grievance/appeal process.
- Responsibilities may change with the evolution of the demonstration and must follow all policies and practices put in place by MDHHS.

8.D.1.3.1. Non-Medicaid Enrollees

The MDHHS/CMHSP Managed Mental Health Supports and Services Contract: *Attachment C.6.3.2.1 CMHSP Local Dispute Resolution Process* focuses on providing operational guidance regarding grievance, local appeal, and service denial systems for non-Medicaid enrollees and should be consulted for the most current and detailed information. The document can be found on the MDHHS website at [Community Mental Health Services](#) under CMHSP Contracts. Select the most recent year's GF/CMHSP Contract, then search for the C6.3.2.1 Attachment (CMHSP Local Dispute Resolution Process) within the contract.

8.D.1.3.2. Medicaid Enrollees

The MDHHS Policy & Practice Guideline entitled *Appeal and Grievance Resolution Processes Technical Requirement* provides guidance regarding grievances and appeals for Medicaid enrollees and should be consulted for the most current and detailed information and process to follow. The document can be found on the MDHHS website at [Policies & Practice Guidelines \(michigan.gov\)](#).

8.D.1.3.3. Reporting Appeals, Grievances, and Service Authorization Denial Procedure

PIHPs are responsible for compiling and submitting all appeals,

grievances, and service authorization denials to MDHHS for Medicaid persons served on a quarterly basis. CMHSP CCBHCs will be responsible for directly submitting any non-Medicaid appeals, grievances, and service authorization denials directly to MDHHS on a quarterly basis. CCBHCs will use existing appeals and grievance tracking management systems for both Medicaid and non-Medicaid persons served as stated in the CMHSP contract. Medicaid Reports should be submitted to MDHHS by the PIHP as specified in Schedule E of the PIHP contract or by the 15th of the second month following the end of each quarter via the MDHHS FTP site. Non-Medicaid reports should be submitted to MDHHS by the CMHSP CCBHC by the 15th of the second month following the end of each quarter via the CCBHC mailbox.

8.D.1.3.4. Grievances and Appeals for MI Health Link Members

Persons served enrolled with a MI Health Link (MHL) health plan are entitled to all grievance and appeal opportunities available to persons enrolled in both Medicare and Medicaid. Behavioral health grievance and appeals are managed by the PIHP. Please direct members to the PIHP handbooks for more information about how to file grievance and appeals.

The MI Health Link Ombudsman is available to help members understand which processes to follow to handle a problem. They are not connected with MDHHS or any insurance company. Services are free and available Monday through Friday, 8am -5pm by calling 1-888-746-6456.

If more than one appeal or grievance is pursued by a MHL member at the same time, the outcome that is most favorable to the member shall be adopted and honored by the CCBHC.

8.D.1.3.5. Mediation

Both Medicaid and non-Medicaid CCBHC service recipients have a right to mediation. A recipient or recipient's representative can request mediation at any time when there is a dispute related to service planning or the services, supports provided by a CCBHC or DCO. See [Public Act 55 of 2020](#).

8.D.1.4. Recipient Rights

All CCBHC service recipients have rights that are protected by Michigan's Mental Health Code (Chapters 7 and 7A). Service recipients must have access to a statutorily mandated Recipient Rights Office and a Recipient Rights Complaint Process that investigates complaints and provides remedial action as specified in the Mental Health Code.

8.D.1.4.1. Requirements for non-CMHSPs

CCBHCs who are not also Community Mental Health Service Programs (CMHSPs) are required to establish a written formal relationship with the CMHSP with jurisdiction over their service area for Recipient Rights complaints. Agreements can be in the form of a contract or a Memorandum of Understanding and must ensure that the CMHSP provides or coordinates

the protection of recipient rights for all CCBHC service recipients at the CCBHC.

8.D.1.4.2. Designated Collaborating Organizations (DCOs)

CCBHCs are responsible for providing rights protection for individuals served at DCOs. CCBHCs that are non-CMHSPs must ensure that individuals receiving services at DCOs are properly informed and made aware of the Recipient Rights office at their local CMHSP. CCBHCs will include recipients served by DCOs in all quality reporting measures, as applicable.

8.D.1.4.3. Record of Alleged Violations

CCBHCs must keep records of all reports of rights violation allegations, outcome information including substantiations and any remedial action taken, and be able to identify if an individual was receiving CCBHC services at the time of the complaint. Non-CMHSPs may keep their own records or work with their partnering CMHSP to identify complaints specific to their CCBHC.

8.D.1.4.4. DCO Mandatory Criteria

The entities with which the CCBHC coordinates care and all DCOs, taken in conjunction with the CCBHC itself, must satisfy the mandatory aspects of these criteria.

8.D.2. Requirements for Person Centered and Family Centered Care

8.D.2.1. Person/Family Centered Care

The CCBHC ensures all CCBHC services, including those supplied by its DCOs, are provided in a manner aligned with the requirements of Section 2402(a) of the Affordable Care Act, reflecting person and family-centered, recovery-oriented care, being respectful of the individual persons served needs, preferences, and values, and ensuring both persons served involvement and self-direction of services received. Services for children and youth are family centered, youth-guided, and developmentally appropriate.

8.D.2.2. Cultural Needs

Person-centered and family-centered care includes care is responsive to the race, ethnicity, sexual orientation, and gender identity of persons served which recognizes the cultural and other needs of the individual. This includes but is not limited to services for people served who are American Indian or Alaska Native (AI/AN), for whom access to traditional approaches or medicines may be part of CCBHC services. For persons served who are AI/AN, these services may be provided either directly or by formal arrangement with tribal providers.

8.D.3. Crisis Behavioral Health Services

8.D.3.1. Crisis Behavioral Health Services

The CCBHC will provide robust and timely crisis behavioral health services. General requirements include:

- Whether provided directly by the CCBHC or by a “state-sanctioned” alternative acting as a DCO, available services must include the following:
 - 24-hour mobile crisis teams,
 - Emergency crisis intervention services, and

- Crisis stabilization.
- Michigan’s “state-sanctioned” crisis system model is under development. CCBHCs must partner with existing crisis providers covering their service area and avoid duplication of crisis services.
- Police departments do not represent an existing state-sanctioned, certified, or licensed system or network for the provision of crisis behavioral health services. Reliance on police does not constitute a robust crisis behavioral health service. The CCBHC shall specify the role of law enforcement during a crisis situation.
- Services provided must include suicide crisis prevention and intervention and services capable of addressing crises related to substance use, intoxication, and overdose, including ambulatory, and withdrawal management and support following a non-fatal overdose.
- The CCBHC or DCOs should offer developmentally appropriate, sensitive de-escalation support and connections to ongoing care.
- CCBHCs or DCOs shall specifically focus on the application of trauma-informed approaches during crisis.
- Crisis services are available to individuals of any level of acuity, whether individuals present on their own, with a concerned person, such as a family member, or with a human service worker and/or law enforcement in accordance with state and local laws.
- A crisis situation is defined by the individual or the individual’s family.
- CCBHCs are responsible for monitoring services provided by crisis DCOs to ensure they meet the requirements defined below. Expectations should be detailed in DCO agreements.
- All crisis stabilization services are ideally available 24 hours per day 7 days a week. Stabilization services may also follow psychiatric hospitalization events to prevent readmission. CCBHCs or DCOs should coordinate treatment to higher levels of care when appropriate.
- All crisis services and hours of availability are to be communicated with service recipients, posted publicly on the CCBHC website, and shared widely with the community.

8.D.3.2. Emergency Crisis Intervention Services

Crisis intervention services are unscheduled activities that are provided in response to a crisis situation. Crisis intervention services include crisis response, availability of a crisis line, assessment, referral, and direct therapy. The array of services provided by the CCBHC or through the state-sanctioned crisis provider include.

8.D.3.2.1. Phone/Text Services:

1. 988/MiCAL

CCBHCs should advertise the 988 crisis line and warmline numbers to provide telephone/chat support to those who do not need face to face intervention.

- CCBHC’s are required to have an agreement with MiCAL, the Michigan 988 Crisis Call Center, that outlines the procedure for tracking and response to referrals and crisis care follow up.

- Centralized calls to MiCAL can also connect directly to the CCBHC. MiCAL can be used to conduct a warm handoff to the CCBHC.

2. Crisis Phone Line

CCBHCs will operate a telephone line that is answered 24 hours a day for assessing crisis situations.

- This phone line must be answered by someone who can immediately dispatch face-to-face crisis services (including telehealth or mobile crisis response). Answering services that require clinicians to be paged and return calls to the answering service are not permitted.
- This phone number should be made widely available in the community.
- CCBHCs cannot use answering machines to answer phone calls during or after business hours, automated messages referring callers to the emergency room or an urgent care or use non-clinical staff to answer phone calls if staff do not also have access to a clinician if needed.

8.D.3.2.2. Face to Face Services

1. 24-hour Mobile Crisis Response

Mobile crisis services represent community-based support where people in crises are, either at home or a location in the community within their service area. Mobile crisis teams must be available 24 hours per day, seven days a week to respond to adults, children, youth, and their families. Mobile crisis services are expected to arrive within one hour (two hours for rural settings) from the time of dispatch, with the overall response time not to exceed three hours. CCBHCs are responsible for tracking response time for each mobile crisis response activity (see metric requirements for I-SERV Supplemental).

- Telehealth/telemedicine may be used to provide crisis care to individuals when remote travel distances make the 2-hour response time unachievable, but the ability to provide an in-person response must be available when it is necessary to assure safety.
- Technology may be used to provide crisis care to individuals in the interim during travel time.

At a minimum, mobile crisis teams must incorporate:

- A clinician capable of assessing the needs of the individual, regardless of population.
- Community response, not restricted to select locations within the region or days/times; and
- Warm hand-offs and coordination with other service locations, including ongoing treatment at CCBHCs.

Mobile crisis response should include the following components:

- Assessment
- Crisis de-escalation

- Planning
- Crisis and safety plan development
- Brief therapy
- Referral

CCBHCs Mobile crisis response for children should follow the standards for Intensive Crisis Stabilization Services (ICSS) for children as outlined in Section 9: Intensive Crisis Stabilization Services of the Behavioral Health and Intellectual and Developmental Disability Chapter of the Michigan Medicaid Provider Manual, with the added requirement of 24/7 availability. Mobile crisis providers must be enrolled with MDHHS, and should meet the requirements for team, response timeliness, etc.

CCBHCs can propose alternate models of mobile crisis response that meet the needs of their community, particularly in rural settings.

2. Crisis Receiving/Stabilization Services – Behavioral Health Urgent Care (BHUC)

Crisis receiving/stabilization services must at a minimum include urgent care/walk in mental health and SUD services for voluntary individuals who have acute needs that cannot wait for routine appointments. Stabilization services should be voluntary and very short term, always providing less than 23 hours of care.

Walk in hours should be determined via the community needs assessment and posted publicly. It is not the expectation that the CCBHC provide care in a crisis receiving/stabilization setting to those who need a higher level of care but should facilitate the transition to a higher level of care when appropriate. No referrals are necessary for urgent care services.

At time of certification, CCBHCs must provide urgent care/walk in services that identify the immediate needs, de-escalate the crisis, and connect an individual to a safe and least-restrictive setting for ongoing care. At the end of the first demonstration year, the CCBHC must implement and meet the following requirements for a BHUC:

- Physical Space
BHUCs can operate at a physical location or operate as partially or fully virtual. A BHUC can also be co-located with a Crisis Stabilization Unit (CSU), provided the urgent care services are provided in an unlocked area, or co-located with a physical health urgent care.

If a BHUC operates at a physical location, the BHUC must be housed in an unlocked, outpatient section of the facility. Private assessment rooms and exam rooms should be available, in sufficient numbers to provide services in a timely manner. BHUCs should have a shared waiting room with natural light and trauma informed spaces. If possible, children's waiting rooms should be separate from adults.

- Staffing
CCBHCs can share staffing resources between the BHUC and other service programs, if staff is available to meet demand as needed.

BHUC staffing requirements include:
 - Nursing staff
 - Behavioral Health Clinicians
 - Prescriber (may be available virtually)
 - Peer Support/Recovery Coaches (optional but encouraged)

- Service Delivery
Access/Triage/Assessment
 - BHUC mandatory triage will determine if an individual is appropriate for services at an urgent care or needs to be transitioned elsewhere. Triage includes a physical health screen for basic medical needs and should screen out people for whom it is apparent that they have acute physical health needs that require immediate attention or a higher level of care such as psychiatric hospitalization. Preadmission screening for hospitalization can take place at the BHUC.
 - Life threatening conditions should be transferred to the emergency department.
 - If a higher level of care is determined, the CCBHC should facilitate the transition to the higher level of care.
 - Assessment touching all life domains including social determinants focused on the precipitating events for the crisis with a disposition with a level of care determination for immediate stabilization needs and ongoing service needs.
 - Psychiatric Assessment as needed.

- 3. Stabilization Services
Stabilization services should be voluntary and short term. All services should maximize involvement of natural supports and be delivered in a developmentally appropriate, culturally competent manner. Services should include:
 - Peer/Recovery coaching.
 - Medication management, including injections/medications for psychiatric conditions.
 - Crisis counseling.
 - Crisis stabilization planning.

- 4. Facilitated Transitions
 - If higher level of care needs are identified, the CCBHC will coordinate the transition, including transportation if necessary.
 - If another source of care is not identified, CCBHCs must provide a next day appointment at the CCBHC.

- If another source of care is identified, CCBHC provides a warm handoff to the care provider and care coordination to ensure ongoing services are offered.

8.D.3.3. Medical Withdrawal Management Requirements

The revised American Society of Addiction Medicine (ASAM) criteria list five levels of Withdrawal Management for Adults. As part of Handbook Section 8.D.3.1 (SAMHSA Criteria 4.c.1), it is required that CCBHCs have services for the first four levels readily available and accessible to people experiencing a crisis at the time of the crisis. The four levels include:

- 1-WM: Mild withdrawal with daily or less than daily outpatient supervision; likely to complete withdrawal management and to continue treatment or recovery. The CCBHC or a DCO must directly provide 1-WM.
- 2-WM: Moderate withdrawal with all-day withdrawal management support and supervision; at night, has supportive family or living situation, likely to complete withdrawal management. The CCBHC is encouraged to directly provide 2-WM. While the CCBHC must have the 2-WM level of ambulatory withdrawal management available and accessible to eligible individuals, it is not a requirement that this service be provided directly, although it is encouraged.
- 3.2-WM: Moderate withdrawal but needs 24-hour support to complete withdrawal management and increase likelihood of continuing treatment or recovery. May be provided directly by the CCBHC or through a referral with a care coordination partner. CCBHCs may utilize existing PIHP network providers.
- 3.7-WM: Severe withdrawal and needs 24-hour nursing care and physician visits as necessary; unlikely to complete withdrawal management without medical, or nursing monitoring. May be provided directly by the CCBHC or through a referral with a care coordination partner. CCBHCs may utilize existing PIHP network providers.

8.D.4. Screening, Assessment, and Diagnosis

8.D.4.1. Screening, Assessment, and Diagnosis Services

The CCBHC must be equipped to provide all 9 core services and may consider the use of a DCO provider to address capacity needs supported and identified in the clinic's community needs assessment. The CCBHC provides screening, assessment, and diagnosis, including risk assessment and for behavioral health conditions, it is recommended that the CCBHC provides initial screening, assessment, and diagnosis for behavioral health conditions directly. In the event specialized services outside the expertise of the CCBHC are required for purposes of screening, assessment, or diagnosis (e.g., neurological testing, developmental testing, and assessment, eating disorders), the CCBHC provides or refers them through formal relationships with other providers, or where necessary and appropriate, through use of telehealth/telemedicine services.

8.D.4.1.1. Evaluation Timeframe

Screening, assessment, and diagnosis are conducted in a time frame responsive to the individual's needs and are of sufficient scope to

assess the need for all services required to be provided by CCBHCs.

8.D.4.1.2. Evaluation Components

The initial evaluation (including information gathered as part of the preliminary screening and risk assessment), as required in program requirement #2, includes, at a minimum, (1) preliminary diagnoses; (2) the source of referral; (3) the reason for seeking care, as stated by the person served or other people who are significantly involved; (4) identification of the persons served immediate clinical care needs related to the diagnosis for mental and SUD disorders; (5) a list of current prescriptions and over-the counter medications, herbal remedies, dietary supplements, and the use of any alcohol and/or other drugs the person receiving services may be taking; (6) an assessment of whether the person served is a risk to self or to others, including suicide risk factors; (7) an assessment of whether the person served has other concerns for their safety; (8) assessment of need for medical care (with referral and follow-up as required); and (9) a determination of whether the person presently is or ever has been a member of the U.S. Armed Services. As needed, releases of information are obtained.

Required evaluation components may be updated throughout the demonstration depending on age, specific behavioral health needs, and intensity of needs.

8.D.4.1.3. Specific Substance Use Disorder (SUD) Assessment Requirements

To align with the requirements outlined in the Medicaid 1115 Demonstration Waiver for Substance Use Disorder (SUD) Services, CCBHCs and DCOs who provide/deliver SUD services must utilize the specified assessment tools – the ASAM Continuum Assessment for adults and the GAIN for adolescents. CCBHCs should coordinate with PIHPs to have CCBHC staff enrolled in upcoming training cohorts as available.

8.D.4.1.4. Mental Health Level of Care Determination Requirements

CCBHCs should follow existing Medicaid requirements for determining level of care, including the use of specific assessments for specific populations (Devereux Early Childhood Assessment (DECA), MichiCANS, LOCUS, ASAM, etc.)). Level of care assessments should not be used as the sole instrument for determining the need for supports and services, unless otherwise specified in Medicaid policy. More guidance on the use of the newly developed MichiCANS screening tool is outlined below and can be found on the [MichiCANS website](#) and CCBHCs must follow the MichiCANS policy effective October 1, 2024.

All CCBHCs are required to use the MichiCANS tools and DECA tools for all CCBHC service recipients under age 21. All tools are required for all service recipients, regardless of insurance type. The MichiCANS tools consists of the MichiCANS Screener and MichiCANS Comprehensive.

The MichiCANS Screener will be the required tool at the point of access for all infants, toddlers, children, youth, and young adults ages birth through 20 (day prior to 21st birthday).

A MichiCANS Comprehensive will be used at the CCBHC's initial evaluation (see criteria 8.B.9.1. for additional requirements) with children, youth, and young adults ages birth through 20, to provide recommendations for levels of care and elevate treatment planning for IPOS goals. The MichiCANS Comprehensive will be completed at intake, annually, and at the time of exit. In addition, providers will update specific targeted domains within the tool when there is a notable change in the child/youth's life and/or the need for treatment plan updates.

MDHHS will also require the use of the DECA at Initial Evaluation and treatment planning, based on the results of the MichiCANS screener, for infants, toddlers, and children ages 1 month through 5 (day prior to 6th birthday) who have (1) an SED or (2) an SED and I/DD.

The following tools should be used for the age groups noted below:

- DECA for Infants 1 month through 18 months
- DECA for Toddlers (DECA-T) 18 through 36 months
- DECA Clinical (DECA-C) 2 years through 5 years

8.D.4.2. Diagnostic and Treatment Planning Evaluations

8.D.4.2.1. General Overview

A comprehensive person-centered and family-centered diagnostic and treatment planning evaluation is completed within 60 days by a licensed behavioral health professional who, in conjunction with the person served, are members of the treatment team, performing within their state's scope of practice. Information gathered as part of the preliminary screening and initial evaluation may be considered a part of the comprehensive evaluation. This requirement that the comprehensive evaluation be completed within 60 calendar days does not preclude either the initiation or completion of the comprehensive evaluation or the provision of treatment during the intervening 60-day period.

8.D.4.2.2. Components of Diagnostic and Treatment Planning Evaluation

Although a comprehensive diagnostic and treatment planning evaluation is required for all CCBHC persons served, the extent of the evaluation will depend on the individual and standards required by both MDHHS and applicable accreditation bodies. As part of certification, CCBHCs should demonstrate the following components are included:

- (1) Reasons for seeking services at the CCBHC, including information regarding onset of symptoms, severity of symptoms, and circumstances leading to the recipient's presentation to the CCBHC;
- (2) A psychosocial evaluation including housing, vocational and educational status, family/caregiver and social support, legal issues, and insurance status;

- (3) Behavioral health history (including trauma history and previous therapeutic interventions and hospitalizations);
- (4) A diagnostic assessment, including current mental status, mental health (including depression screening) and SUD disorders (including tobacco, alcohol, and other drugs);
- (5) Assessment of imminent risk (including suicide risk, danger to self or others, urgent or critical medical conditions, other immediate risks including threats from another person);
- (6) Basic competency/cognitive impairment screening (including the recipient's ability to understand and participate in their own care);
- (7) A drug profile including the recipient's prescriptions, over-the-counter medications, herbal remedies, and other treatments or substances that could affect drug therapy, as well as information on drug allergies;
- (8) A description of attitudes and behaviors, including cultural and environmental factors, that may affect the persons served treatment plan;
- (9) The recipient's strengths, goals, and other factors to be considered in recovery planning;
- (10) Pregnancy and parenting status;
- (11) Assessment of need for other services required by the statute (i.e., peer and family/caregiver support services, targeted case management, psychiatric rehabilitation services, LEP or linguistic services);
- (12) Assessment of the social service needs of the person served, with necessary referrals made to social services and, for pediatric persons served, to child welfare agencies as appropriate; and
- (13) Depending on whether the CCBHC directly provides primary care screening and monitoring of key health indicators and health risk pursuant to (SAMHSA criteria 4.G), either:
 - (a) an assessment of need for a physical exam or further evaluation by appropriate health care professionals, including the persons served primary care provider (with appropriate referral and follow-up), or
 - (b) a basic physical assessment as required by (SAMHSA criteria 4.G). All remaining necessary releases of information are obtained by this point.

8.D.4.3. Screening and Assessment

8.D.4.3.1. Overview and CCBHC Indicators

Screening and assessment by the CCBHC related to behavioral health include those for which the CCBHC will be accountable pursuant to required CMS reporting metric criteria. The CCBHC will not take non-inclusion of a specific metric as a reason not to provide clinically indicated behavioral health screening or assessment and the state may elect to require specific other screening and monitoring to be provided by the CCBHCs beyond those listed in Section 7: Monitoring and Evaluation, of this handbook.

8.D.4.3.2. Standardized Screening and Assessment Tools

The CCBHC uses standardized and validated screening and

assessment tools and, where appropriate, brief motivational interviewing techniques.

8.D.4.3.3. Culturally and Linguistically Appropriate Screening Tools
The CCBHC uses culturally and linguistically appropriate screening tools, and tools/approaches that accommodate disabilities (e.g., hearing disability, cognitive limitations), when appropriate.

8.D.4.3.4. SUD Brief Intervention and Referral
If screening identifies unsafe substance use including problematic alcohol or other substance use, the CCBHC conducts a brief intervention and the recipient is provided or referred for a full assessment and treatment, if applicable.

8.D.5. Person-Centered and Family-Centered Treatment Planning

8.D.5.1. Treatment Planning Services
The CCBHC must be equipped to provide all 9 core services and may consider the use of a DCO provider to meet capacity needs identified and supported in the community needs assessment. The CCBHC directly provides person-centered and family-centered treatment planning or similar processes, including but not limited to risk assessment and crisis planning. Person-centered and family-centered treatment planning satisfies the requirements of 8.D.5.2. below and is aligned with the requirements of Section 2402(a) of the Affordable Care Act, including person served involvement and self-direction.

8.D.5.2. Person/Family Centered Planning
An individualized plan integrating prevention, medical and behavioral health needs and service delivery is developed by the CCBHC in collaboration with and endorsed by the person served, the individual's family to the extent the person served so wishes, or family/caregivers of youth and children, and is coordinated with staff or programs necessary to carry out the plan.

8.D.5.2.1. Assessments inform Plan
The CCBHC uses person served assessments to inform the treatment plan and services provided.

8.D.5.2.2. Treatment Plan Includes Needs, Strengths, Preferences
Treatment planning includes needs, strengths, abilities, preferences, and goals, expressed in a manner capturing the recipient's words or ideas and, when appropriate, those of the recipient's family/caregiver.

8.D.5.2.3. Comprehensive Treatment Plan
The treatment plan is comprehensive, addressing all services required, with provision for monitoring of progress towards goals. The treatment plan is built upon a shared decision-making approach.

8.D.5.2.4. Consultation Sought During Treatment Planning
Where appropriate, consultation is sought during treatment planning about special emphasis problems, including for treatment planning purposes (e.g., trauma, eating disorders).

8.D.5.2.5. Advanced Wishes
The treatment plan documents the person served advance wishes related to treatment and crisis management and, if the person served does not wish to share their preferences, that decision is documented.

8.D.5.2.6. State Standards for Treatment Planning
CCBHCs must meet all additional requirements for person-centered planning and the development and monitoring of an Individual Plan of Service, as described in the Michigan Mental Health Code, the Medicaid Provider Manual, and person-centered planning guidance.

8.D.6. Outpatient Mental Health and Substance Use Services

8.D.6.1. Outpatient Services
The CCBHC must provide outpatient mental health and SUD services—directly but may consider the use of a DCO agreement to meet capacity needs supported and identified in the clinic’s community needs assessment. Services should be evidence-based or best practice and consistent with needs identified within the treatment plan. When the assessment and/or treatment plan indicates the need for a specialized service that is outside the expertise of the CCBHC (e.g., eating disorders, specialized medications for SUDs) the CCBHC will coordinate appropriate services through a DCO or referral. CCBHCs are not required to refer recipients to the PIHP for screening or referral of services unless an assessment and/or treatment plan indicates the need for a level of care or service that is outside the expertise or licensure of the CCBHC or DCO. Telehealth/telemedicine services may be utilized when necessary and appropriate.

8.D.6.2. CCBHCs and SUD Services
CCBHCs must provide outpatient SUD services, including SUD primary services and Integrated Dual Diagnosis Treatment. Appropriate services must be offered to anyone diagnosed with a SUD. Services must be delivered by the CCBHC or a DCO. PIHPs cannot prohibit a CCBHC from delivering required SUD services and must panel a CCBHC or assist the CCBHC to secure a DCO agreement with a paneled SUD provider.

SUD treatment and services must be provided as described in the American Society for Addiction Medicine Levels 1 and 2.1 and include treatment of tobacco use disorders. When recipients are engaged in high-risk substance use, CCBHCs are encouraged to utilize harm reduction strategies to promote safety and/or reduce use.

8.D.6.3. Evidence Based Practices
The CCBHC must offer, either directly or through a DCO, a minimum set of evidence- based practices as defined by the state.

CCBHCs will be responsible for ensuring that EBPs are provided by professional staff with appropriate training and credentials and establish a process for monitoring model fidelity with Michigan Fidelity Assistance Support Team (MIFAST) reviews.

MDHHS is committed to supporting the ongoing expansion of evidence-based practices via staff training and fidelity monitoring. The Community Based Practices & Innovation (CPI) Section is located in the of Division of Adult Home and Community-Based Services and oversees many of the Medicaid specialty behavioral health services and supports for adults, as well as programmatic functions and oversight for adult mental health block grant projects.

MIFAST visits are required to be scheduled within three months for the first available appointment following the approval and implementation of Assertive Community Treatment (ACT), Dialectical Behavior Therapy (DBT), and Integrated Dual Disorder Treatment (IDDT). MIFAST visits are required for ACT, DBT, and IDDT to ensure fidelity is met for intensity and required components. MIFAST teams are available for previously listed required CCBHC EBP's for the adult population. MIFAST team visits are prioritized and scheduled as capacity is available. Questions about MIFAST reviews can be directed to MDHHS-MIFAST@michigan.gov.

EBPs for children, youth, and families are overseen by the Bureau of Children's Coordinated Health Policy & Supports who offer ongoing training for TF-CBT, PMTO/PTC, and MI for children and adolescents.

For statewide consistently the CCBHCs must use one of the following tools listed below when providing SBIRT services.

Alcohol Use

NIDA Single Question Alcohol Screen
NIAAA Youth Alcohol Screen
AUDIT-C
AUDIT
USAUDIT

Illicit and Prescription Drug Misuse

NIDA Single Question Drug Screen
DAST-10
ASSIST
ASSIST-FC
Single Question on Drug Use

Additional Screening Tools

S2BI
BSTAD
CRAFFT
GAIN-SS

- 8.D.6.3.1. Required EBPs
- "Air Traffic Control" Crisis Model with MiCAL
 - Assertive Community Treatment (ACT)
 - Cognitive Behavioral Therapy (CBT)
 - Dialectical Behavior Therapy (DBT)
 - Infant Mental Health
 - Integrated Dual Disorder Treatment (IDDT)

- Motivational Interviewing (MI) for adults, children, and youth
- Medication Assisted Treatment (MAT)
- Parent Management Training – Oregon (PMTO) and/or Parenting through Change (PTC)
- Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
- Zero Suicide

8.D.6.3.2. Recommended EBPs

- An EBP of the CCBHC's choice addressing trauma in adult populations
- An EBP of the CCBHC's choice addressing needs of transition age youth (such as the Transition to Independence Process [TIP] model)
- An EBP of the CCBHC's choice to addressing older adult population (such as Wellness Initiative for Senior Education or Wellness Recovery Action Plan)
- An EBP of the CCBHC's choice addressing chronic disease management
- Dialectical Behavior Therapy for Adolescents (DBT-A)
- Permanent Supportive Housing
- Supported Employment (IPS model) Please contact MDHHS-CPI-Section@michigan.gov for criteria and steps to be recognized as providing fidelity-measured Individual Placement and Support model services.

8.D.6.4. Treatment Appropriate for Phase of Life

Treatments are provided that are appropriate for the recipient's phase of life and development, specifically considering what is appropriate for children, adolescents, transition age youth, and older adults, as distinct groups for whom life stage and functioning may affect treatment.

Specifically, when treating children and adolescents, CCHBCs provide evidenced-based services that are developmentally appropriate, youth guided, and family/caregiver driven with respect to children and adolescents.

When treating older adults, the individual's desires, and functioning are considered, and appropriate evidence-based treatments are provided. When treating individuals with developmental or other cognitive disabilities, level of functioning is considered, and appropriate evidence-based treatments are provided. These treatments are delivered by staff with specific training in treating the segment of the population being served.

8.D.6.5. Family Driven/Youth Guided

Children and adolescents are treated using a family/caregiver-driven, youth guided and developmentally appropriate approach that comprehensively addresses family/caregiver, school, medical, mental health, substance abuse, psychosocial, and environmental issues.

8.D.7. Outpatient Clinic Primary Care Screening and Monitoring

The CCBHC must be equipped to provide all 9 core services and may consider the use of a DCO providers to address capacity needs supported and identified in the clinic's community needs assessment. The CCBHC is responsible for outpatient clinic primary care screening and monitoring of key health indicators and health risk. Whether directly provided by the CCBHC or through a DCO, the CCBHC is responsible for ensuring these services are received in a timely fashion. Required primary care screening and monitoring of key health indicators and health risk provided by the CCBHC include those for which the CCBHC will be accountable pursuant to Program Requirement #5: Quality and Other Reporting and the metrics listed in Section 8.E of this handbook. The CCBHC should not take non-inclusion of a specific metric Section 8.E of this handbook as a reason not to provide clinically indicated primary care screening and monitoring and the state may elect to require specific other screening and monitoring to be provided by the CCBHCs. The CCBHC ensures children receive age-appropriate screening and preventive interventions including, where appropriate, assessment of learning disabilities, and older adults receive age-appropriate screening and preventive interventions. Prevention is a key component of primary care services provided by the CCBHC. Nothing in these criteria prevents a CCBHC from providing other primary care services. The Medical Director establishes protocols that conform to screening recommendations with scores of A and B, of the United States Preventive Services Task Force Recommendations (these recommendations specify for which populations screening is appropriate) for the following conditions:

- HIV and viral hepatitis
- Primary care screening pursuant to CCBHC Program Requirement #5 Quality and Other Reporting
- The Medical Director can select a Social Determinants of Health (SDOH) screening tool from the four (4) recommended tools below:
 - Accountable Health Communities Health Related Social Needs Screening Tool,
 - The Protocol for Responding to and Assessing Patients' Risks and Experiences Tool,
 - WellRx Questionnaire, or
 - American Academy of Family Physicians Screening Tool

8.D.8. Targeted Case Management Services

The CCBHC must be equipped to provide all 9 core services directly and may consider the use of a DCO provider to address capacity needs supported or identified in the clinic's community needs assessment. The CCBHC is responsible for high quality targeted case management services that will assist individuals in sustaining recovery, and gaining access to needed medical, social, legal, educational, and other services and supports. CCBHCs will follow all requirements for targeted case management as defined in the Medicaid Provider Manual and will follow any policy guidance intended to standardize and/or improve case management services.. Targeted case management should include supports for persons deemed at high risk of suicide or overdose, particularly during times of transitions such as from an Emergency Department or psychiatric hospitalization. CCBHC targeted case management should also be accessible during other critical periods, such as homelessness or transitions to the community from jails or prisons.

8.D.9. Psychiatric Rehabilitation Services

The CCBHC must be equipped to provide all 9 core services and may consider the use of a DCO provider to address capacity needs supported or identified in the clinic's community needs assessment. The CCBHC is responsible for evidence-based and other psychiatric rehabilitation services for both mental health and substance use disorders. Services must include supported employment programs designed to provide those receiving services with on-going support to obtain and maintain competitive, integrated employment (e.g., evidence-based supported employment, customized employment programs, or employment supports run in coordination with Vocational Rehabilitation or Career One-Stop services). Other psychiatric rehabilitation services that might be considered include:

- Medication education;
- Self-management; training in personal care skills; dietary and wellness education
- Individual and family/caregiver psychoeducation;
- Community integration services;
- Recovery support services including Illness Management & Recovery;
- Find and maintain stable housing.

8.D.10. Peer Supports, Peer Counseling, and Family/Caregiver Supports

The CCBHC must be equipped to provide all 9 core services directly and may consider the use of a DCO provider to address capacity needs supported or identified in the clinic's community needs assessment. The CCBHC is responsible for peer specialists and recovery coaches, peer counseling, and family/caregiver supports. CCBHCs are required to offer, either directly or through DCOs, peer services that serve all populations including peer support specialists, recovery coaches, parents support partners, and youth peer support partners. Peer services that also might be considered include peer-run drop-in centers, peer crisis support services, peer bridge services to assist individuals transitioning between residential or inpatient settings to the community, peer trauma support, peer support for older adults, and other peer recovery services. Potential family/caregiver support services that might be considered include family/caregiver psychoeducation and parent training.

8.D.11. Intensive, Community-Based Mental Health Care for Members of the Armed Forces and Veterans

The CCBHC must be equipped to provide all 9 core services directly and may consider the use of a DCO provider to address capacity needs supported or identified in the clinic's community needs assessment. The CCBHC is responsible for intensive, community-based behavioral health care for certain members of the U.S. Armed Forces and veterans, particularly those Armed Forces members located 50 miles or more (or one hour's drive time) from a Military Treatment Facility (MTF) and veterans living 40 miles or more (driving distance) from a VA medical facility, or as otherwise required by federal law. Care provided to veterans is required to be consistent with minimum clinical mental health guidelines promulgated by the Veterans Health Administration (VHA), including clinical guidelines contained in the Uniform Mental Health Services Handbook of such Administration.

8.D.11.1. Identification of Military/Veterans and Connection to Care

All individuals inquiring about CCBHC services must be asked whether they have ever served in the US military. BH-TEDS is required for all CCBHC recipients and meets the requirements for asking about military background and connections to veterans' resources.

8.D.11.1.1. Serving Current Military Personnel

Active-Duty military personnel must use their servicing Military Treatment Facility (MTF). CCBHCs should contact the individual's MTF Primary Care Manager for care coordination and referral for services.

Military personnel who are Active Duty and Active Reserve (Guard/Reserve) and reside more than 50 miles from a military hospital or clinic must use TRICARE PRIME Remote and use the network Primary Care Manager or authorized TRICARE provider as the Primary Care Manager. CCBHCs should contact the Primary Care Manager for care coordination and referral for services.

Members of the Selected Reserves who are not on Active Duty are eligible for TRICARE Reserve Select and can see any TRICARE-authorized provider, network, or non-network. CCBHCs should help facilitate this transition to services.

8.D.11.1.2. Serving Veterans

If the individual is not enrolled in the VHA, the CCBHC should assist in the application process for VHA services. The CCBHC will continue to provide CCBHC services throughout the duration of the application process even prior to application approval. Veterans who decline or are ineligible for VHA services are to be served by the CCBHC in a manner consistent with guidelines outlined in the VHA Uniform Mental Health Services Handbook.

8.D.11.2. Integrating Care for Veterans

CCBHCs must ensure there is integration or coordination between the care of SUD and other mental health conditions for those veterans who experience both and for the integration or coordination between care for behavioral health conditions and other components of health care for all veterans.

8.D.11.3. Principal Behavioral Health Provider for Veterans

Every veteran seen for behavioral health services is assigned a Principal Behavioral Health Provider (PBHP). The PBHP is noted in the medical record and known to the veteran and can be tracked for reporting purposes. The PBHP is responsible for:

- Maintaining regular contact with the veteran as clinically indicated.
- Ensuring a psychiatrist regularly reviews and reconciles the veteran's psychiatric medications.
- Working with the veteran and the veteran's family, when appropriate, to develop a person-centered, recovery-oriented treatment plan.
- Implementing the treatment plan, tracking, and documenting progress.

- Revising the treatment plan when necessary.
- Ensuring the veteran understands their treatment plan and addresses concerns about care. If veteran is at risk of losing decision making ability, the PBHP is responsible for discussing future treatment (see VHA Handbook 1004.2).
- Ensuring the treatment plan reflects the veteran's goals and preferences for care, and that consent is provided for treatment.

8.D.11.4. Recovery-Based Veterans' Services

Behavioral health services for veterans are recovery-oriented, and include additional recovery principles of privacy, security, and honor. Care for veterans must conform to that definition and to those principles to satisfy the statutory requirement that care for veterans adheres to guidelines promulgated by the VHA.

8.D.11.5. Cultural Competence- Veterans' Culture

All veteran behavioral health care is provided with cultural competence, and staff will receive specific training on military and veteran's culture. Specifically, any staff who is not a veteran must have training about military and veterans' culture to be able to understand the unique experiences and contributions of those who have served their country. As described in staffing requirements, all staff should receive cultural competency training on issues of race, ethnicity, age, sexual orientation, and gender identity.

8.D.11.6. Treatment Plan for Veterans

In keeping with the general criteria governing CCBHCs, there must be a behavioral health treatment plan for all veterans receiving behavioral health services which meets the following criteria:

- The treatment plan includes the veteran's diagnosis or diagnoses and documents consideration of each type of evidence-based intervention for each diagnosis.
- The treatment plan includes approaches to monitoring the outcomes (therapeutic benefits and adverse effects) of care, and milestones for reevaluation of interventions and of the plan itself.
- As appropriate, the plan considers interventions intended to reduce/manage symptoms, improve functioning, and prevent relapses or recurrences of episodes of illness.
- The plan is recovery oriented, attentive to the veteran's values and preferences, and evidence-based regarding what constitutes effective and safe treatments.
- The treatment plan is developed with input from the veteran, and when the veteran consents, appropriate family members. The veteran's verbal consent to the treatment plan is required pursuant to VHA Handbook 1004.1.

8.E. Program Requirement #5: Quality and Other Reporting

8.E.1. Data Collection, Reporting, and Tracking

8.E.1.1. Data Collection and Reporting Capacity

The CCBHC has the capacity to collect, report, and track encounter,

outcome, and quality data, including but not limited to data capturing: (1) person served characteristics, (2) staffing; (3) access to services; (4) use of services; (5) screening, prevention, and treatment; (6) care coordination; (7) other processes of care; (8) costs; and (9) person served outcomes.

8.E.1.2. Annual Data Reporting

Reporting is annual and data is required to be reported for all CCBHC persons served, or where data constraints exist (for example, the measure is calculated from claims), for all Medicaid enrollees in the CCBHCs. (See Appendix H for all data reporting requirements.)

8.E.1.3. DCOs and Data Reporting

Although most data reporting requirements will be the responsibility of the PIHPs or MDHHS, some data may relate to services CCBHC recipients receive through DCOs. Collection of this data is the responsibility of the CCBHC. The CCBHC should arrange for access to data in DCO agreements and is responsible for ensuring adequate consent and releases of information are obtained for each affected CCBHC recipient.

8.E.1.4. State Encounter Reporting

MDHHS will provide federal demonstration evaluators with CCBHC-level Medicaid claims or encounter data annually.

8.E.1.5. Annual Cost Reporting

CCBHCs annually submit a cost report with supporting data within four months after the end of each demonstration year to the PIHP. The PIHP will review the submission for completeness and submit the report and any additional clarifying information within five months after the end of each demonstration year (February 28) to MDHHS. The timelines should reflect other cost reporting timelines required by MDHHS. The CCBHC Cost Report template OMB #0398-1148 CMS-10398 (#43) dated March 7, 2024, will be used through the remainder of the demonstration.

8.E.2. Continuous Quality Improvement (CQI) Plan

8.E.2.1. Annual CQI Plan

The CCBHC develops, implements, and maintains an effective, CCBHC-wide data-driven continuous quality improvement (CQI) plan for clinical services and clinical management. The CQI projects are clearly defined, implemented, and evaluated annually. The number and scope of distinct CQI projects conducted annually are based on the needs of the CCBHC's population and reflect the scope, complexity, and past performance of the CCBHC's services and operations. The CCBHC-wide CQI plan addresses priorities for improved quality of care and client safety and requires all improvement activities be evaluated for effectiveness. The CQI plan focuses on indicators related to improved behavioral and physical health outcomes and takes actions to demonstrate improvement in CCBHC performance. The CCBHC documents each CQI project implemented, the reasons for the projects, and the measurable progress achieved by the projects. The CQI plan includes an explicit focus on populations experiencing health disparities (including racial and ethnic groups and sexual and gender minorities) and address how the

CCBHC will use disaggregated data from the quality measures and, as available, other data to track and improve outcomes for populations facing health disparities. One or more professional staff are designated as responsible for operating the CQI program.

8.E.2.2. CQI Plan Requirements

Although the CQI plan is to be developed by the CCBHC and reviewed and approved by the state during certification, specific events are expected to be addressed as part of the CQI plan, including: (1) CCBHC recipient suicide deaths or suicide attempts; (2) fatal and non-fatal overdoses; (3) all-cause mortality among people receiving CCBHC services; (4) CCBHC persons served 30 day hospital readmissions for psychiatric or substance use reasons; and (5) such other events the state or applicable accreditation bodies may deem appropriate for examination and remediation as part of a CQI plan.

8.F. Program Requirement #6: Organizational Authority, Governance, and Accreditation

8.F.1. General Requirements of Organizational Authority and Finances

8.F.1.1. Organizational Authority

The CCBHC maintains documentation establishing the CCBHC conforms to at least one of the following statutorily established criteria:

- Is a non-profit organization, exempt from tax under Section 501(c)(3) of the United States Internal Revenue Code
- Is part of a local government behavioral health authority.
- Is operated under the authority of the Indian Health Service, an Indian tribe, or tribal organization pursuant to a contract, grant, cooperative agreement, or compact with the Indian Health Service pursuant to the Indian Self- Determination Act (25 U.S.C. 450 et seq.).
- Is an urban Indian organization pursuant to a grant or contract with the Indian Health Service under Title V of the Indian Health Care Improvement Act (25 U.S.C. 1601 et seq.).

8.F.1.2. IHS Agreements

To the extent CCBHCs are not operated under the authority of the Indian Health Service, an Indian tribe, or tribal or urban Indian organization, states, based upon the population the prospective CCBHC may serve, should require CCBHCs to reach out to such entities within their geographic service area and enter arrangements with those entities to assist in the provision of services to American Indian/Alaskan Native (AI/AN) persons and to inform the provision of services to those individuals. To the extent the CCBHC and such entities jointly provide services, the CCBHC and those collaborating entities shall satisfy the requirements of these criteria.

8.F.1.3. Independent Audit

An independent financial audit is performed annually to meet initial certification requirements and for the duration of the demonstration in accordance with federal audit requirements, and, where indicated, a corrective action plan is submitted addressing all findings, questioned costs,

reportable conditions, and material weakness cited in the Audit Report.

8.F.2. Governance

8.F.2.1. Board Representation

As a group, the CCBHC's board members are representative of the individuals being served by the CCBHC in terms of demographic factors such as geographic area, race, ethnicity, sex, gender identity, disability, age, and sexual orientation, and in terms of types of disorders. The CCBHC will incorporate meaningful participation by adult persons served with mental illness, adults recovering from SUDs, and family members of CCBHC persons served, either through 51 percent of the board being families, persons served, and/or people in recovery from behavioral health conditions, or through a substantial portion of the governing board members meeting this criteria and other specifically described methods for persons served, people in recovery and family members to provide meaningful input to the board about the CCBHC's policies, processes, and services.

8.F.2.2. Board Composition Plan

The CCBHC will describe how it meets this requirement or develop a transition plan with timelines appropriate to its governing board size and target population to meet this requirement.

8.F.2.3. Alternative to Board Requirement

To the extent the CCBHC is comprised of a governmental or tribal entity or a subsidiary or part of a larger corporate organization that cannot meet these requirements for board membership, the state will specify the reasons why the CCBHC cannot meet these requirements and the CCBHC will have or develop an advisory structure and other specifically described methods for persons served, persons in recovery, and family members to provide meaningful input to the board about the CCBHC's policies, processes, and services.

8.F.2.3.1. Advisory Group Requirements

As an alternative to the board membership requirement, any organization selected for this demonstration project may establish and implement other means of enhancing its governing body's ability to ensure that the CCBHC is responsive to the needs of its persons served, families, and communities. Efforts to ensure responsiveness will focus on the full range of individuals, services provided, geographic areas covered, types of disorders, and levels of care provided. The state will determine if this alternative approach is acceptable and, if it is not, will require that additional or different mechanisms be established to assure that the board is responsive to the needs of CCBHC persons served and families. Each organization will make available the results of their efforts in terms of outcomes and resulting changes.

8.F.2.4. Board Member Expertise and Interests

Members of the governing or advisory boards will be representative of the communities in which the CCBHC's service area is located and will be selected for their expertise in health services, community affairs, local

government, finance and banking, legal affairs, trade unions, faith communities, commercial and industrial concerns, or social service agencies within the communities served. No more than one half (50 percent) of the governing board members may derive more than 10 percent of their annual income from the health care industry.

8.F.2.5. MDHHS Verification

MDHHS, directly or through the PIHPs, will determine what processes will be used to verify that these governance criteria are being met.

8.F.3. Accreditation

8.F.3.1. Accreditation and Licensing

CCBHCs will adhere to any applicable state accreditation, certification, and/or licensing requirements.

8.F.3.2. State Accreditation Requirements

States are encouraged to require accreditation of the CCBHCs by an appropriate nationally recognized organization (e.g., the Joint Commission, the Commission on Accreditation of Rehabilitation Facilities [CARF], the Council on Accreditation [COA], the Accreditation Association for Ambulatory Health Care [AAAHC]). Accreditation does not mean “deemed” status will be granted, nor does it guarantee CCBHC certification.

Appendix A: CCBHC Demonstration Service Encounter Codes

CMS issued a dedicated 223 CCBHC Demonstration encounter billing. MDHHS will utilize the T1040 code in conjunction with one of the CCBHC service encounter codes cited in the tables below. The table below is Michigan’s Scope of Services and Activities list which identifies the services that trigger the PPS rate along with how they align with the each of the nine required CCBHC services. The requirements for each service category below can be found in Section 8 of this handbook (MI CCBHC Certification Criteria – Program Requirements).

CCBHC encounters must be submitted with the T1040 code in addition to one of the proceeding service encounter codes to be counted as a CCBHC Demonstration service. To be counted as an eligible CCBHC Demonstration service, CCBHC Mild-to-Moderate encounters must be submitted with the TF modifier, T1040 code, and one of the proceeding service encounter codes. Encounters must be submitted for all services, regardless of Medicaid benefits (see Section 5.C.1.).

CCBHC services provided via telemedicine should follow the BPHASA coding requirements and BPHASA Telemedicine Database. These materials can be found hyperlinked at the top of the BPHASA Reporting Requirements website at [Reporting Requirements \(michigan.gov\)](https://www.michigan.gov/bphasa). CCBHC services utilizing modifiers should follow code sets and guidance cited on the BPHASA Mental Health & Substance Use Disorder Reporting Requirements website at [Reporting Requirements \(michigan.gov\)](https://www.michigan.gov/bphasa). Once on the site, the applicable materials can be found by clicking the “Encounter Data Integrity Team (EDIT)” ribbon. Unless otherwise specified, all potential modifiers can be used with CCBHC encounter codes.

Note: HSW overlapping services are identified °
Code included in multiple service categories *
Code covers outpatient day camp respite only and excludes overnight room and board costs ^

CCBHC Encounter Identifier

| Code | Description |
|-------|--|
| T1040 | Certified community behavioral health clinic services, per diem |
| TF | Certified community behavioral health clinic Mild-to-Moderate modifier |

Service Category: Crisis Services

| Code | Description |
|-------|--|
| 90839 | Psychotherapy for crisis, first 60 minutes |
| 90840 | Psychotherapy for crisis; each additional 30 minutes (list separately in addition to code for primary service) |
| H2011 | Crisis intervention service, per 15 minutes |
| S9484 | Crisis intervention mental health services, per hour |
| T1023 | Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project, or treatment protocol, per encounter |

Service Category: Screening, Assessment, and Diagnosis, including Risk Assessment

| Code | Description |
|-------|---|
| 90791 | Psychiatric diagnostic evaluation |
| 90792 | Psychiatric diagnostic evaluation with medical services |
| 96105 | Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, (e.g., by Boston diagnostic aphasia examination) with interpretation and report, per hour |
| 96110 | Developmental screening |
| 96112 | Developmental test administration by qualified health care professional with interpretation and report, first 60 minutes |

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| Code | Description |
|---------|---|
| 96113 | Developmental test administration by qualified health care professional with interpretation and report, additional 30 minutes |
| 96116 | Neurobehavioral status examination by qualified health care professional with interpretation and report, first 60 minutes |
| 96121 | Neurobehavioral status examination by qualified health care professional with interpretation and report, additional 60 minutes |
| 96127 | Brief emotional or behavioral assessment |
| 96130 | Psychological testing evaluation by qualified health care professional, first 60 minutes |
| 96131 | Psychological testing evaluation by qualified health care professional, additional 60 minutes |
| 96132 | Neuropsychological testing evaluation by qualified health care professional, first 60 minutes |
| 96133 | Neuropsychological testing evaluation by qualified health care professional, additional 60 minutes |
| 96136 | Psychological or neuropsychological test administration and scoring by qualified health care professional, first 30 minutes |
| 96137 | Psychological or neuropsychological test administration and scoring by qualified health care professional, additional 30 minutes |
| 96138 | Psychological or neuropsychological test administration and scoring by technician, first 30 minutes |
| 96139 | Psychological or neuropsychological test administration and scoring by technician, additional 30 minutes |
| 96146 | Psychological or neuropsychological test administration and scoring by single standardized instrument via electronic platform with automated result |
| H0001 | Alcohol and/or drug assessment |
| H0002 | Behavioral health screening to determine eligibility for admission to treatment program |
| H0031 | Mental health assessment, by non-physician |
| H2000 * | Comprehensive multidisciplinary evaluation |
| 90887 * | Explanation of psychiatric, medical examinations, procedures, and data to other than patient |
| 90785 | Interactive complexity (list separately in addition to the code for primary procedure) |

Service Category: Treatment Planning

| Code | Description |
|---------|--|
| H0032 | Mental health service plan development by non-physician |
| 90887 * | Explanation of psychiatric, medical examinations, procedures, and data to other than patient |
| H2000 * | Comprehensive multidisciplinary evaluation |
| T1007 | Alcohol and/or substance abuse services, treatment plan development or modification |

Service Category: Outpatient Mental Health and Substance Use Services

| Code | Description |
|-------|---------------------------|
| 90832 | Psychotherapy, 30 minutes |
| 90833 | Psychotherapy, 30 minutes |
| 90834 | Psychotherapy, 45 minutes |
| 90836 | Psychotherapy, 45 minutes |

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| Code | Description |
|---------|---|
| 90837 | Psychotherapy, 60 minutes |
| 90838 | Psychotherapy, 60 minutes |
| 90846 | Family psychotherapy, 50 minutes |
| 90847 | Family psychotherapy including patient, 50 minutes |
| 90849 | Multiple-family group psychotherapy |
| 90853 | Group psychotherapy (other than of a multiple-family group) |
| 96372 | Medication Administration, therapeutic, prophylactic, or diagnostic injection (specify substance or drug), subcutaneous or intramuscular |
| 99202 | New patient office or other outpatient visit, typically 20 minutes |
| 99203 | New patient office or other outpatient visit, typically 30 minutes |
| 99204 | New patient office or other outpatient visit, typically 45 minutes |
| 99205 | New patient office or other outpatient visit, typically 60 minutes |
| 99211 | Established patient office or other outpatient visit, typically 5 minutes |
| 99212 | Established patient office or other outpatient visit, typically 10 minutes |
| 99213 | Established patient office or other outpatient visit, typically 15 minutes |
| 99214 | Established patient office or other outpatient, visit typically 25 minutes |
| 99215 | Established patient office or other outpatient, visit typically 40 minutes |
| 99341 | New patient home visit, typically 20 minutes |
| 99342 | New patient home visit, typically 30 minutes |
| 99343 | New patient home visit, typically 45 minutes |
| 99344 | New patient home visit, typically 60 minutes |
| 99345 | New patient home visit, typically 75 minutes |
| 99347 | Established patient home visit, typically 15 minutes |
| 99348 | Established patient home visit, typically 25 minutes |
| 99349 | Established patient home visit, typically 40 minutes |
| 99350 | Established patient home visit, typically 60 minutes |
| 99506 | Medication Administration, home visit for intramuscular injections |
| H0004 | Behavioral health counseling and therapy, per 15 minutes (SUD) |
| H0005 | Alcohol and/or drug services; group counseling by a clinician |
| H0014 | Alcohol and/or drug services; ambulatory detoxification ASAM WM-1 |
| H0015 | Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education |
| H0022 | Alcohol and/or drug intervention service (planned facilitation) |
| H0025v | Behavioral health prevention education service (delivery of services with target population to affect knowledge, attitude and/or behavior) |
| H0033 | Oral medication administration, direct observation (Use for Buprenorphine or Suboxone administration and/or service – provision of the drug), per encounter. |
| H0034 | Medication training and support, per 15 minutes |
| H0036 | Community psychiatric supportive treatment, face-to-face, per 15 minutes |
| H0039 * | Assertive community treatment, face-to-face, per 15 minutes |
| H0050 | Alcohol and/or drug services, brief intervention, per 15 minutes |

| Code | Description |
|-------|--|
| H2035 | Alcohol and/or drug treatment program, per hour |
| H2036 | Alcohol and/or drug treatment program, per diem |
| H2010 | Comprehensive medication services, per 15 minutes |
| H2019 | Therapeutic behavioral services, per 15 minutes (DBT) |
| H2021 | Community-based wrap-around services, per 15 minutes |
| J2315 | Injection, naltrexone, depot form, 1mg, per encounter |
| T1027 | Family training and counseling for child development, per 15 minutes |
| Q9991 | Injection, buprenorphine extended release (Sublocade), less than or equal to 100 mg, per encounter |
| Q9992 | Injection, buprenorphine extended release (Sublocade), greater than 100 mg, per encounter |

Service Category: Outpatient Clinic Primary Care Screening and Monitoring

| Code | Description |
|---------|------------------------------------|
| T1001 * | Nursing assessments, per encounter |
| T1002 * | RN services, up to 15 minutes |

Service Category: Targeted Case Management

| Code | Description |
|-------|---|
| T1017 | Targeted case management, each 15 minutes |

Service Category: Psychiatric Rehabilitation

| Code | Description |
|---------|---|
| G0176 * | Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more) |
| G0177 * | Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more) |
| H2023 ° | Supported employment, per 15 minutes |
| H2025 ° | Job coaching, ongoing support to maintain employment, per 15 minutes |
| H2030 | Mental health clubhouse services, per 15 minutes |
| H0039 * | Assertive community treatment, face-to-face, per 15 minutes |
| T2038 | Housing assistance, community transition, per service |

Service Category: Recovery Coach/Peer/Family Support

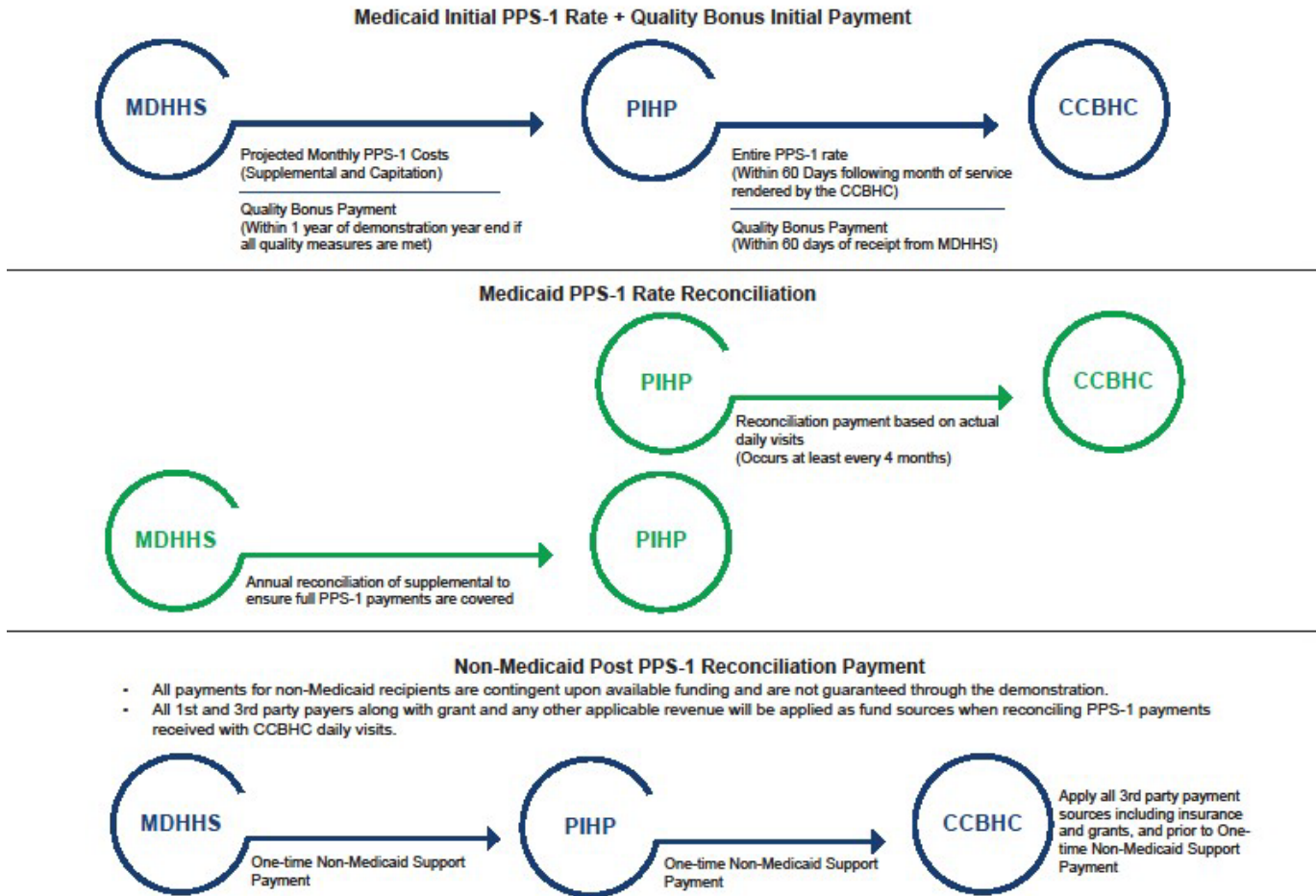
| Code | Description |
|----------|---|
| H0038 | Self-help/peer services, per 15 minutes |
| H0045 °^ | Respite care services, not in the home, per diem |
| H2014 ° | Skills training and development, per 15 minutes |
| H2027 | Psychoeducational service, per 15 minutes |
| S5110 | Home care training, family; per 15 minutes |
| S5111 ° | Home care training, family; per session |
| T1005 ° | Respite care services, up to 15 minutes |
| T1012 | Alcohol and/or substance abuse services, skills development |

Appendix B: List of CCBHC-eligible ICD-10 Diagnosis Codes

- Any individual with a mental health and/or SUD diagnosis, including:
 - Any mental health disorder, including all codes in the following ranges:
 - [F01-F09](#): Mental disorders due to known physiological conditions
 - [F20-F29](#): Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders
 - [F30-F39](#): Mood [affective] disorders
 - [F40-F48](#): Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders
 - [F50-F59](#): Behavioral syndromes associated with physiological disturbances and physical factors
 - [F60-F69](#): Disorders of adult personality and behavior
 - [F90-F98](#): Behavioral and emotional disorders with onset usually occurring in childhood and adolescence
 - [F99-F99](#): Unspecified mental disorder
 - Any SUD, including all codes in the following ranges:
 - [F10-F19](#): Mental and behavioral disorders due to psychoactive substance use

Appendix C: MI CCBHC Funds Flow Schematic

Michigan Certified Community Behavioral Health Center Medicaid and Non-Medicaid Funds Flow Schematic



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Appendix D: Encounter Reporting Example

In this example, an individual received two eligible CCBHC services – H0031 and 99202 – on a given day. The Procedure Code T1040 is used as flag to indicate a CCBHC enrollees receiving CCBHC services. In this example, no payments are associated with the T1040. Payments to the CCBHC are shown on actual services H0031 and 99202 but reflect historical fee structures rather than the PPS-1 rate.

| L o o p | Claim | Notes |
|----------------------------|---|---|
| 2 3 0 0: | CLM*A37YH556*40***11:B:1*Y *A*Y*I *P~ | Total Claim Charge Amount - CLM02 |
| 2 3 2 0: | AMT*D*25~ | Total Payment Amount - AMT02 |
| 2 3 3 0 B : | NM1*PR*2*Payer Name*****PI*11122333~ | Payer ID – NM109 - Must match 2430 SVD01 |
| 2 4 0 0: | Line 1 SV1*HC:T1040*0*UN*1*11**1 :2:3**N ~ | Line Item Charge Amount - SV102 |
| 2 4 3 0: | SVD*11122333*0*HC:T1040**3 ~ | Service Line Paid Amount - SVD02; Payer ID – SVD01 Must match 2330B NM109 |
| 2 4 3 0: | CAS*OA*93*0~ | Line Adjustment Amount - CAS03, Other Adjustment – CAS01 |
| 2 4 3 0: | DTP*573*D8*20130203~ | Remittance Date |
| 2 4 0 0: | Line 2 SV1*HC:H0031*20*UN*1*11** 1:2:3** N~ | Line Item Charge Amount - SV102 |
| 2 4 3 0: | SVD*11122333*15*HC:H0031** 3~ | Service Line Paid Amount - SVD02; Payer ID – SVD01 Must match 2330B NM109 |
| 2 4 3 0: | CAS*OA*93*5~ | Line Adjustment Amount - CAS03, Other Adjustment – CAS01 |
| 2 4 3 0: | DTP*573*D8*20130203~ | Remittance Date |

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Appendix E: Metric Guidance

CCBHC Clinic-Reported Measures

CMS has defined reporting requirements and guidance for the CCBHC Demonstration. CCBHCs are responsible for the collection and reporting of 9 measures as described below.

Eligible Population for Measurement:

Per CMS guidance, the eligible population for these measures includes all CCBHC recipients served by a CCBHC provider. The denominator-eligible population for each measure includes CCBHC recipients who satisfy the measure-specific eligibility criteria that may include requirements such as age and continuous enrollment. Broadly, CCBHC recipients have received an eligible CCBHC service with a corresponding T1040. See Section 7.A.3. for more information.

EHR reporting modules will set the population for measure calculation based upon assignment to CCBHC “programs” or “insurance types”. It is the responsibility of the CCBHC to ensure that all eligible CCBHC service recipients are appropriately assigned and included in the calculation. This should include both Medicaid and non-Medicaid participants. CCBHCs may wish to cross-reference T1040 encounter reporting and WSA clinic assignment to correctly assign as many CCBHC service recipients as possible.

CCBHC QBP Benchmarks and Targets

State-calculated measures use the T1040 attribution methodology described above. Quality Bonus Payment (QBP) benchmarks are derived from data reported by Michigan CCBHC demonstration sites in DY1 and DY2 and must be met to receiving a QBP award (See Section 5.D.1: QBP Measures, Measure Stewards, and Benchmarks.)

MDHHS will share demonstration targets for non-QBP measures from as data from previous demonstration years is collected, reported, and averaged throughout the demonstration. These targets can provide a point of reference for performance and guide CCBHCs as they set goals.

Stratification by Payer Type

To the extent possible, CCBHCs should report on the entire recipient population (every insurer) for each CCBHC-reported measure. Rates should be provided for the following mutually exclusive categories:

- Individuals who are Medicaid only
- Individuals who are dually eligible for Medicare and Medicaid
- All remaining individuals (“Other”), including uninsured, commercially insured, and those with Medicaid coverage that does NOT cover CCBHC services (for example, Medicaid for family planning services only).

CCBHC Template

CCBHCs should complete the MI CCBHC Data Demonstration Templates (FY25) (xlsx file) for each clinic-reported measure. Section E of each template provides cells that indicate whether different types of individuals are in the denominator (e.g., Medicaid, Title XIX-eligible CHIP population, commercially insured). That is to help the national evaluators understand the population makeup in the denominator; there does not need to be some of each insurance type. In Section E of each template, note any deviation from the technical specifications related to the calculation of the

measure or population included in the denominator. That information is to be provided overall, for ethnicity and race, and for each payer type (Medicaid, Dual, Other).

1. Time to Services (I-SERV)

| Name: I-SERV | | Steward: SAMHSA | ***Quality Bonus Payment Metric |
|---|--|-----------------|---|
| Description/Sub-Measures | | | QBP Benchmark |
| 1.A | Average Number of Days until Initial Evaluation for New Clients | | Rate is greater than or equal to the 25th percentile of the CCBHC demonstration site average at year end. |
| 1.B | Average Number of Days until Initial Clinical Service for New Clients | | |
| 1.C | Average Number of Hours until Provision of Crisis Services following a first Crisis Episode Contact. | | |
| 1.c.1 | Average Number of Hours until Provision of Crisis Services following a <u>mobile Crisis</u> Episode Contact. | | (NA) |
| 1.c.2 | Average Number of Hours until Provision of Crisis Services following an <u>Urgent Care</u> Crisis Episode Contact. | | (NA) |
| 1.c.3 | Average Number of Hours until Provision of Crisis Services following any other Crisis Episode Contacts | | (NA) |
| Stratification | | | |
| <ul style="list-style-type: none"> • <u>Age</u>: Child (0-11 years), adolescent (12-17 years of age), adult (18 years of age and older) • <u>Payer</u>: Medicaid only or Other (including those dually eligible for Medicare and Medicaid) • <u>Ethnicity</u>: A member of which of the following ethnic groups: Not Hispanic or Latino, Hispanic or Latino, or Unknown • <u>Race</u>: A member of which of the following racial groups: White or Caucasian, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian or Pacific Islander, more than one race, or Unknown | | | |
| Additional Guidance: | | | |
| <ul style="list-style-type: none"> • To align with other Michigan Reporting requirements, CCBHCs should deviate from the specifications as written and use <u>calendar days</u> to calculate the I-SERV measures. • Reporting for children age 0-11 is a Michigan requirement, not a demonstration requirement. Although CCHBCs are required to report I-SERV measures for the 0-11 population, only rates for age 12+ will be included in federal reporting and quality bonus payment calculations. • CCBHCs must report the number Exclusions on the I-SERV (MI Supplemental) tab of the metric reporting template, including: <ul style="list-style-type: none"> • Number of Eligible New Clients presenting with routine needs that did not receive an Initial Evaluation. • Number of Eligible New Clients presenting with emergency needs that did not receive Crisis Services. • Evaluation and Crisis Services include those provided by either a CCBHC or DCO | | | |

2. Depression Remission at 6 months (DEP-REM-6)

| Name: DEP-REM-6 | | Steward: MN Community Measurement | ***Quality Bonus Payment Metric |
|--|---|-----------------------------------|---------------------------------|
| 2. | Percentage of clients (12 years of age or older) with Major Depression or Dysthymia who reach Remission Six Months (+/- 60 days) after an Index Event Date. | | |
| Stratification | | | |
| <ul style="list-style-type: none"> • <u>Age</u>: Adolescent (12-17 years of age), adult (18 years of age and older) | | | |

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| | | |
|--|--|--|
| Name: DEP-REM-6 | Steward: MN Community Measurement | ***Quality Bonus Payment Metric |
| <ul style="list-style-type: none"> • <u>Payer</u>: Medicaid only or Other (including those dually eligible for Medicare and Medicaid) • <u>Ethnicity</u>: A member of which of the following ethnic groups: Not Hispanic or Latino, Hispanic or Latino, or Unknown • <u>Race</u>: A member of which of the following racial groups: White or Caucasian, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian or Pacific Islander, more than one race, or Unknown | | |
| Additional Guidance: <ul style="list-style-type: none"> • DEP-REM-6 is an adaptation of DEP-REM-12, which has been discontinued for FY25. The Measure Assessment period for each client remains at 14 months (12 months +/- 60 days) to accommodate both 6- and 12-month measures. • Although the tool has not been validated, the PHQ-9M is a modification of the PHQ-9 that is widely used. The APA recommends using the PHQ-9M for adolescents ages 11 to 17 to assess symptom severity. | | |

3. Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling (ASC)

| | |
|--|---|
| Name: ASC | Steward: NCQA |
| Description/Sub-Measures | |
| 3.A | Percentage of clients aged 18 years and older who were screened for unhealthy alcohol use using a Systematic Screening Method at least once within the last 12 months |
| 3.B | Percentage of clients aged 18 years and older who were identified as unhealthy alcohol users (in sub measure 3A) who received Brief Counseling |
| Stratification <ul style="list-style-type: none"> • <u>Payer</u>: Medicaid only or Other (including those dually eligible for Medicare and Medicaid) • <u>Ethnicity</u>: A member of which of the following ethnic groups: Not Hispanic or Latino, Hispanic or Latino, or Unknown • <u>Race</u>: A member of which of the following racial groups: White or Caucasian, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian or Pacific Islander, More than one race, or Unknown | |
| Additional Guidance: <ul style="list-style-type: none"> • For purposes of this measure, one of the following systematic methods to assess unhealthy alcohol use must be utilized. Systematic screening methods and thresholds for defining unhealthy alcohol use include: <ul style="list-style-type: none"> • AUDIT Screening Instrument (score ≥ 8) • AUDIT-C Screening Instrument (score ≥4 for men; score ≥3 for women) • Single Question Screening - How many times in the past year have you had 5 (for men) or 4 (for women and all adults older than 65 years) or more drinks in a day? (response ≥2) • Brief counseling for unhealthy alcohol use refers to one or more counseling sessions, a minimum of 5–15 minutes, which may include feedback on alcohol use and harms, identification of high-risk situations for drinking and coping strategies, increased motivation, and the development of a personal plan to reduce drinking. | |

4. Screening for Social Drivers of Health (SDOH)

| | |
|---------------------------------|---------------------|
| Name: SDOH | Steward: CMS |
| Description/Sub-Measures | |

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| | |
|--|---------------------|
| Name: SDOH | Steward: CMS |
| 4. Percentage of clients (18 years of age or older) screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety. | |
| Stratification | |
| <ul style="list-style-type: none"> • <u>Payer</u>: Medicaid only or Other (including those dually eligible for Medicare and Medicaid) • <u>Ethnicity</u>: A member of which of the following ethnic groups: Not Hispanic or Latino, Hispanic or Latino, or Unknown • <u>Race</u>: A member of which of the following racial groups: White or Caucasian, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian or Pacific Islander, More than one race, or Unknown | |
| Additional Guidance: | |
| <ul style="list-style-type: none"> • Although this measure is currently limited to adults for reporting, CCBHCs are encouraged to use a validated SDOH screening tool for children as well. • CCBHCs must use a standardized screening tool. Information collected as part of other screening and assessment do not meet this requirement, however CCBHCs should work to align questions to maximize efficiency and reduce burden on persons served. • CCBHCs can screen for SDOH more frequently than once a year. • Sites have the option to select a SDOH screener from the SAMHSA approved screeners: <ul style="list-style-type: none"> • PRAPARE • Well Rx • Accountable Health Communities • AAFP Social Needs Screening Tool • Sites should use additional tools to assist the provider in asking the questions to the client. Sites still should be submitting Z codes associated with the SDOH items discussed from the screener. The state will review SDOH Z codes bi-annually and identify regional needs based on information submitted from each site. • CCBHCs are expected to follow up on social needs identified | |

5. Screening for Depression and Follow-Up Plan: Age 18 and Older (CDF-AD)

6. Screening for Depression and Follow-Up Plan: Age 12 to 17 (CDF-CH)

| | |
|--|----------------------|
| Name: CDF-AD / CDF- CH | Steward: NCQA |
| Description/Sub-Measures | |
| 5. Percentage of clients aged 18+ screened for clinical depression on the date of the encounter using an age-appropriate standardized depression screening tool, and if positive, a follow- up plan is documented on the date of the positive screen. | |
| 6. Percentage of clients aged 12-17 for clinical depression on the date of the encounter using an age-appropriate standardized depression screening tool, and if positive, a follow- up plan is documented on the date of the positive screen. | |
| Stratification | |
| <ul style="list-style-type: none"> • <u>Payer</u>: Medicaid only or Other (including those dually eligible for Medicare and Medicaid) • <u>Ethnicity</u>: A member of which of the following ethnic groups: Not Hispanic or Latino, Hispanic or Latino, or Unknown • <u>Race</u>: A member of which of the following racial groups: White or Caucasian, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian or Pacific Islander, More than one race, or Unknown | |
| Additional Guidance: | |
| <ul style="list-style-type: none"> • This measure requires administration of a standardized instrument at each encounter if a diagnosis does not already exist. Screening instruments can be brief and can be administered at any point within 14 days prior to the encounter. <ul style="list-style-type: none"> ○ For example: if a client who is not diagnosed with depression or bipolar disorder is | |

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| | |
|--|----------------------|
| Name: CDF-AD / CDF- CH | Steward: NCQA |
| <p>screened on Day 1, is seen by a provider on Day 1, and the screening is negative for depression on Day 1, subsequent visits for the next 14 days do not trigger a screening requirement. However, a visit on Day 15 would require a screening. See technical specifications for more examples.</p> <ul style="list-style-type: none"> The date of encounter and screening must occur on the same date of service; if a recipient has more than one encounter during the measurement year, the recipient should be counted in the numerator and denominator only once based on the most recent encounter. The depression screening tool must have been appropriately normalized and validated for the population in which it is being utilized, and the name of the tool must be documented in the medical record. | |

7. Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention (TSC)

| | |
|--|---|
| Name: TSC | Steward: NCQA |
| Description/Sub-Measures | |
| 7.A | Percentage of clients aged 18 years and older who were screened for Tobacco Use one or more times within the Measurement Year |
| 7.B | Percentage of clients aged 18 years and older who were identified as a tobacco user during the Measurement Year in sub-measure 1 and who received a Tobacco Cessation Intervention during the Measurement Year or in the six months prior to the Measurement Year |
| Stratification | |
| <ul style="list-style-type: none"> <u>Payer</u>: Medicaid only or Other (including those dually eligible for Medicare and Medicaid) <u>Ethnicity</u>: A member of which of the following ethnic groups: Not Hispanic or Latino, Hispanic or Latino, or Unknown <u>Race</u>: A member of which of the following racial groups: White or Caucasian, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian or Pacific Islander, More than one race, or Unknown | |
| Additional Guidance: | |
| <ul style="list-style-type: none"> The tobacco use measure includes “any type of tobacco,” including e-cigarette use. Type of screening for tobacco use is not specified. The tobacco use measure includes “any type of tobacco,” including e-cigarette use. Type of screening for tobacco use is not specified. Tobacco cessation interventions can include brief counseling (3 minutes or less) and/or pharmacotherapy. Referrals to outside interventions cannot replace a brief intervention by the CCBHC. | |

8. Adult Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA-A)

9. Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA-BH-C)

| | | |
|---------------------------------|--|--|
| Name: SRA-A/ SRA-BH-C | Steward: Mathematica | ***Quality Bonus Payment Metric |
| Description/Sub-Measures | | QBP Benchmark |
| 8. | Percentage of recipients aged 18 years and older with a diagnosis of major depressive disorder (MDD) with a suicide risk assessment completed during the visit in which a new diagnosis or recurrent episode was identified. | 73% |

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| | | |
|--|--|--|
| Name: SRA-A/ SRA-BH-C | Steward: Mathematica | ***Quality Bonus Payment Metric |
| 9. | The percentage of recipient visits for those recipients aged 6 through 17 years with a diagnosis of Major Depressive Disorder (MDD) with an assessment for suicide risk. | 57% |
| Stratification | | |
| <ul style="list-style-type: none"> • Payer: Medicaid only or Other (including those dually eligible for Medicare and Medicaid) • Ethnicity: A member of which of the following ethnic groups: Not Hispanic or Latino, Hispanic or Latino, or Unknown • Race: A member of which of the following racial groups: White or Caucasian, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian or Pacific Islander, More than one race, or Unknown | | |
| Additional Guidance: | | |
| <ul style="list-style-type: none"> • A suicide risk assessment should be performed at every visit for Major Depressive Disorder during the measurement period. The assessment can include: • Specific inquiry about suicidal thoughts, intent, plans, means, and behaviors • Identification of specific psychiatric symptoms (e.g., psychosis, severe anxiety, substance use) or general medical conditions that may increase the likelihood of acting on suicidal ideas • Assessment of past and, particularly, recent suicidal behavior • The Columbia-Suicide Severity Rating Scale is a recommended tool but is not required. | | |

10. Patient Experience of Care Survey (PEC)

| | |
|--|--|
| Name: PEC | Steward: SAMHSA |
| Description/Sub-Measures | |
| 10. | Annual completion and submission of Mental Health Statistics Improvement Program (MHSIP) Adult Recipient Experience of Care Survey, identifying results separately for BHCs and comparison clinics and oversampling those clinics. |
| Additional Guidance: | |
| <ul style="list-style-type: none"> • The MHSIP survey should be the basis of the survey distributed. • Clinics should oversample, with a goal of distribution 300 surveys to adults. • CCBHCs with non-CCBHC populations must be able to identify CCBHC service recipients. • Respondents must have had a CCBHC service during the demonstration year. • If a clinic wishes to use an adaptation of the MHSIP, the clinic must request approval from MDHHS and ensure the questions can be translated into the survey domains of the MHSIP surveys. | |

11. Youth/Family Experience of Care Survey (Y/FEC)

| | |
|--|--|
| Name: Y/FEC | Steward: SAMHSA |
| Description/Sub-Measures | |
| 11. | Annual completion and submission of the Youth Services Survey for Families (YSS-F), identifying results separately for BHCs and comparison clinics and oversampling those clinics. |
| Additional Guidance: | |
| <ul style="list-style-type: none"> • The YSS-F survey should be the basis of the survey distributed. • Clinics should oversample, with a goal of distributing 300 surveys to youth/parents or guardians. • Respondents must have had a CCBHC service during the demonstration year. • If a clinic wishes to use an adaptation of the YSS-F, the clinic must request approval from MDHHS and ensure the questions can be translated into the survey domains of the YSS-F surveys. | |

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CCBHC State-Reported Measures

States participating in the CCBHC demonstration are responsible for the collection and reporting of 15 additional measures as described below. States use administrative encounter data from Medicaid populations to calculate the measures.

CCBHC Population Definition

The CCBHC population is defined as Medicaid persons served who had a CCBHC service. CCBHC service is defined as an encounter with procedure code T1040. Rejected encounters are excluded. The Medicaid person served ID must be in the encounter submitted.

Continuous enrollment measure requirements are met based on Medicaid continuous enrollment rather than CCBHC continuous enrollment.

CCBHC Attribution

All CCBHC service recipients will be attributed to a single CCBHC for state-reported metric reporting. Individuals are attributed to the CCBHC with the highest share of service delivery (i.e. submitted the highest number of T1040s for an individual). In the event that more than one CCBHC submitted the same number of T1040 service codes, the individual is attributed to clinic that provided the most recent service. The population for Housing Status (HOU) includes all individuals receiving CCBHC services.

CCBHC QBP Benchmarks and Targets

State-calculated measures use the T1040 attribution methodology described above. Quality Bonus Payment (QBP) benchmarks are derived from data reported by Michigan CCBHC demonstration sites in DY1 and DY2 and must be met to receiving a QBP award (See Section 5.D.1: QBP Measures, Measure Stewards, and Benchmarks.)

MDHHS will share demonstration targets for non-QBP measures from as data from previous demonstration years is collected, reported, and averaged throughout the demonstration. These targets can provide a point of reference for performance and guide CCBHCs as they set goals.

12. Follow-up Care for Children Prescribed ADHD Medication (ADD-CH)

| | |
|--|---|
| Name: ADD-CH | Steward: NCQA |
| Description/Sub-Measures | |
| 12.A | Initiation Phase: Percentage of children ages 6 to 12 as of the Index Prescription Start Date (IPSD) with an ambulatory prescription dispensed for ADHD medication who had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase. |
| 12.B | Continuation and Maintenance (C&M) Phase: Percentage of children 6 to 12 years old as of the IPSD with an ambulatory prescription dispensed for ADHD medication who remained on the medication for at least 210 days and, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation |
| Stratification | |
| <ul style="list-style-type: none"> • <u>Payer</u>: Medicaid only or Other (including those dually eligible for Medicare and Medicaid) • <u>Ethnicity</u>: A member of which of the following ethnic groups: Not Hispanic or Latino, Hispanic or Latino, or Unknown | |

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| | |
|--|----------------------|
| Name: ADD-CH | Steward: NCQA |
| <ul style="list-style-type: none"> Race: A member of which of the following racial groups: White or Caucasian, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian or Pacific Islander, More than one race, or Unknown | |
| Additional Guidance: <ul style="list-style-type: none"> Age to include recipients aged 6 years as of 10 months before the measurement year begins to age 12 as of 2 months after the measurement year begins Technical specifications must be used to obtain both the numerator and the denominator. CMS Core Set Measures specifications can be found at: Child Core Set | |

13. Antidepressant Medication Management (AMM-AD)

| | |
|--|---|
| Name: AMM-AD | Steward: NCQA |
| Description/Sub-Measures | |
| 13.A | Effective Acute Phase Treatment: Percentage of persons served who remained on an antidepressant medication for at least 84 days (12 weeks). |
| 13.B | Effective Continuation Phase Treatment: Percentage of persons served who remained on an antidepressant medication for at least 180 days (6 months). |
| Stratification <ul style="list-style-type: none"> Payer: Medicaid only or Other (including those dually eligible for Medicare and Medicaid) Ethnicity: A member of which of the following ethnic groups: Not Hispanic or Latino, Hispanic or Latino, or Unknown Race: A member of which of the following racial groups: White or Caucasian, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian or Pacific Islander, More than one race, or Unknown | |
| Additional Guidance: <ul style="list-style-type: none"> Technical specifications must be used to obtain both the numerator and the denominator. CMS Core Set Measures specifications can be found at: Adult Core Set | |

14. Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (adult) (FUA-AD)

15. Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (child/adolescent) FUA-CH)

| | |
|---------------------------------|---|
| Name: FUA-AD/FUA-CH | Steward: NCQA |
| Description/Sub-Measures | |
| 14.A | Percentage of emergency department (ED) visits for clients ages 18 years and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, for which there was follow-up within 30 days of the ED visit (31 days total). |
| 14.B | Percentage of emergency department (ED) visits for clients ages 18 years and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, for which there was follow-up within 7 days of the ED visit (8 days total). |
| 15.A | Percentage of emergency department (ED) visits for clients ages 13 to 17 years with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, for which there was follow-up within 30 days of the ED visit (31 days total). |

| | |
|--|----------------------|
| Name: FUA-AD/FUA-CH | Steward: NCQA |
| 15.B Percentage of emergency department (ED) visits for clients ages 13 to 17 years with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, for which there was follow-up within 7 days of the ED visit (8 days total). | |
| Stratification <ul style="list-style-type: none"> • <u>Payer</u>: Medicaid only or Other (including those dually eligible for Medicare and Medicaid) • <u>Ethnicity</u>: A member of which of the following ethnic groups: Not Hispanic or Latino, Hispanic or Latino, or Unknown • <u>Race</u>: A member of which of the following racial groups: White or Caucasian, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian or Pacific Islander, More than one race, or Unknown | |
| Additional Guidance: <ul style="list-style-type: none"> • Technical specifications must be used to obtain both the numerator and the denominator. CMS Core Set Measures specifications can be found at: Adult Core Set and Child Core Set | |

16. Follow-Up After Hospitalization for Mental Illness, ages 18+ (adult) (FUH-AD)

17. Follow-Up After Hospitalization for Mental Illness, ages 6 to 17 (child/adolescent) (FUH-CH)

| | | |
|--|---|---------------------------------------|
| Name: FUH-AD/FUH-CH | Steward: NCQA | **Quality Bonus Payment Metric |
| Description/Sub-Measures | | QBP Benchmark |
| 16.A | Percentage of discharges for clients age 18 and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider within 30 days. | 75% |
| 16.B | Percentage of discharges for clients age 18 and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider within 7 days. | 48% |
| 17.A | Percentage of discharges for clients ages 6 to 17 who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider within 30 days. | 88% |
| 17.B | Percentage of discharges for clients ages 6 to 17 who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider within 7 days. | 60% |
| Stratification <ul style="list-style-type: none"> • <u>Payer</u>: Medicaid only or Other (including those dually eligible for Medicare and Medicaid) • <u>Ethnicity</u>: A member of which of the following ethnic groups: Not Hispanic or Latino, Hispanic or Latino, or Unknown • <u>Race</u>: A member of which of the following racial groups: White or Caucasian, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian or Pacific Islander, More than one race, or Unknown | | |
| Additional Guidance: <ul style="list-style-type: none"> • Technical specifications must be used to obtain both the numerator and the denominator. CMS Core Set Measures specifications can be found at: Adult Core Set and Child Core Set | | |

18. Follow-Up After Emergency Department Visit for Mental Illness (Adult) (FUM-AD)

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19. Follow-Up After Emergency Department Visit for Mental Illness (Child) (FUM-CH)

| | | |
|--|--|----------------------|
| Name: FUM-AD/FUM-CH | | Steward: NCQA |
| Description/Sub-Measures | | |
| 18.A | Percentage of discharges for clients age 18 and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider within <u>30 days</u> of the ED visit (31 total days). | |
| 18.B | Percentage of discharges for clients age 18 and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider within <u>7 days</u> of the ED visit (8 total days). | |
| 19.A | Percentage of emergency department (ED) visits for clients ages 6 to 17 with a principal diagnosis of mental illness or intentional self-harm and who had a follow-up visit for mental illness within <u>30 days</u> of the ED visit (31 total days). | |
| 19.B | Percentage of emergency department (ED) visits for clients ages 6 to 17 with a principal diagnosis of mental illness or intentional self-harm and who had a follow-up visit for mental illness within <u>7 days</u> of the ED visit (8 total days). | |
| Stratification | | |
| <ul style="list-style-type: none"> • Payer: Medicaid only or Other (including those dually eligible for Medicare and Medicaid) • Ethnicity: A member of which of the following ethnic groups: Not Hispanic or Latino, Hispanic or Latino, or Unknown • Race: A member of which of the following racial groups: White or Caucasian, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian or Pacific Islander, More than one race, or Unknown | | |
| Additional Guidance: | | |
| <ul style="list-style-type: none"> • Technical specifications must be used to obtain both the numerator and the denominator. CMS Core Set Measures specifications can be found at: Adult Core Set and Child Core Set | | |

20. Hemoglobin A1C Control for Patients with Diabetes (HBD-AD)

| | | | |
|--|--|----------------------|---|
| Name: HBD-AD | | Steward: NCQA | **Quality Bonus Payment Metric |
| Description/Sub-Measures | | | QBP Benchmark |
| 20.A | Percentage of clients ages 18 to 75 with diabetes (type 1 and type 2) whose hemoglobin A1c (HbA1c) was controlled during the measurement year: HbA1c control (<8.0%). | | Rate is greater than or equal to the 25th percentile of the CCBHC demonstration site average at year end. |
| 20.B | Percentage of clients ages 18 to 75 with diabetes (type 1 and type 2) whose hemoglobin A1c (HbA1c) was poorly controlled during the measurement year: HbA1c control (>9.0%). | | |
| Stratification | | | |
| <ul style="list-style-type: none"> • Payer: Medicaid only or Other (including those dually eligible for Medicare and Medicaid) • Ethnicity: A member of which of the following ethnic groups: Not Hispanic or Latino, Hispanic or Latino, or Unknown • Race: A member of which of the following racial groups: White or Caucasian, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian or Pacific Islander, More than one race, or Unknown | | | |
| Additional Guidance: | | | |
| <ul style="list-style-type: none"> • Technical specifications must be used to obtain both the numerator and the denominator. CMS | | | |

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| | | |
|--|----------------------|---------------------------------------|
| Name: HBD-AD | Steward: NCQA | **Quality Bonus Payment Metric |
| Core Set Measures specifications can be found at: Adult Core Set | | |

21. Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-AD)

| Name: IET-AD | Steward: NCQA | **Quality Bonus Payment Metric |
|--|--|---------------------------------------|
| Description/Sub-Measures | | QBP Benchmark |
| 21.A | Initiation of SUD Treatment: The percentage of new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visit, or medication treatment within 14 days. | 41% |
| 21.B | Engagement of SUD Treatment: The percentage of new SUD episodes that have evidence of treatment engagement within 34 days of initiation | 14% |
| Stratification | | |
| <ul style="list-style-type: none"> <u>Payer</u>: Medicaid only or Other (including those dually eligible for Medicare and Medicaid) <u>Ethnicity</u>: A member of which of the following ethnic groups: Not Hispanic or Latino, Hispanic or Latino, or Unknown <u>Race</u>: A member of which of the following racial groups: White or Caucasian, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian or Pacific Islander, More than one race, or Unknown | | |
| Additional Guidance: | | |
| <ul style="list-style-type: none"> Reference Technical Specifications for Core Set Measures- Adult Core Set | | |

22. Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD)

| Name: OUD-AD | Steward: CMS |
|--|--|
| Description/Sub-Measures | |
| 22.A | Percentage of Medicaid clients ages 18 to 64 with an opioid use disorder (OUD) who filled a prescription for or were administered or dispensed an FDA-approved medication for the disorder during the measurement year (any medication). |
| 22.B | Percentage of Medicaid clients ages 18 to 64 with an opioid use disorder (OUD) who filled a prescription for or were administered or dispensed buprenorphine for the disorder during the measurement year. |
| 22.C | Percentage of Medicaid clients ages 18 to 64 with an opioid use disorder (OUD) who filled a prescription for or were administered or dispensed <u>oral naltrexone</u> for the disorder during the measurement year. |
| 22.D | Percentage of Medicaid clients ages 18 to 64 with an opioid use disorder (OUD) who filled a prescription for or were administered or dispensed <u>long-acting, injectable naltrexone</u> for the disorder during the measurement year. |
| 22.E | Percentage of Medicaid clients ages 18 to 64 with an opioid use disorder (OUD) who filled a prescription for or were administered or dispensed <u>methadone</u> for the disorder during the measurement year. |
| Stratification | |
| <ul style="list-style-type: none"> <u>Payer</u>: Medicaid only or Other (including those dually eligible for Medicare and Medicaid) | |

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| | |
|--|---------------------|
| Name: OUD-AD | Steward: CMS |
| <ul style="list-style-type: none"> • <u>Ethnicity</u>: A member of which of the following ethnic groups: Not Hispanic or Latino, Hispanic or Latino, or Unknown • <u>Race</u>: A member of which of the following racial groups: White or Caucasian, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian or Pacific Islander, More than one race, or Unknown | |
| Additional Guidance: <ul style="list-style-type: none"> • Technical specifications must be used to obtain both the numerator and the denominator. CMS Core Set Measures specifications can be found at: Adult Core Set | |

23. Plan All Cause Readmission (PCR-AD)

| | | |
|--|----------------------|---------------------------------------|
| Name: PCR-AD | Steward: NCQA | **Quality Bonus Payment Metric |
| Description/Sub-Measures | | QBP Benchmark |
| 23. For clients ages 18 to 64, the number of acute inpatient and observation stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission - Observed Readmission Rate (Count of Observed 30-Day Readmissions/ Count of Index Hospital Stays) | | 10% |
| Stratification <ul style="list-style-type: none"> • <u>Payer</u>: Medicaid only or Other (including those dually eligible for Medicare and Medicaid) • <u>Ethnicity</u>: A member of which of the following ethnic groups: Not Hispanic or Latino, Hispanic or Latino, or Unknown • <u>Race</u>: A member of which of the following racial groups: White or Caucasian, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian or Pacific Islander, More than one race, or Unknown | | |
| Additional Guidance: <ul style="list-style-type: none"> • Data are reported in the following categories: <ul style="list-style-type: none"> ○ Count of Index Hospital Stays (HIS) ○ Count of Observed 30-day Readmissions ○ Count of Expected 30-Day Readmissions • Reference Technical Specifications for Core Set Measures- Adult Core Set | | |

24. Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA-AD)

| | |
|--|----------------------|
| Name: SAA-AD | Steward: NCQA |
| Description/Sub-Measures | |
| 24. Percentage of clients ages 18 and older during the measurement year with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80 percent of their treatment period. | |
| Stratification <ul style="list-style-type: none"> • <u>Payer</u>: Medicaid only or Other (including those dually eligible for Medicare and Medicaid) • <u>Ethnicity</u>: A member of which of the following ethnic groups: Not Hispanic or Latino, Hispanic or Latino, or Unknown • <u>Race</u>: A member of which of the following racial groups: White or Caucasian, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian or Pacific Islander, More than one race, or Unknown | |

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| | |
|--|----------------------|
| Name: SAA-AD | Steward: NCQA |
| Additional Guidance: | |
| <ul style="list-style-type: none"> Technical specifications must be used to obtain both the numerator and the denominator. CMS Core Set Measures specifications can be found at: Adult Core Set | |

25. Child and Adolescent Well-Care Visits (WCV-CH)

| | |
|--|---|
| Name: WCV-CH | Steward: NCQA |
| Description/Sub-Measures | |
| 25. | Percentage of children ages 3 to 21 who had at least one comprehensive well-care visit with a primary care practitioner (PCP) or an obstetrician/gynecologist (OB/GYN) during the measurement year. |
| Stratification | |
| <ul style="list-style-type: none"> <u>Age</u>: Ages 3 to 11 years, Ages 12-17 years, Ages 18-21 years <u>Payer</u>: Medicaid only or Other (including those dually eligible for Medicare and Medicaid) <u>Ethnicity</u>: A member of which of the following ethnic groups: Not Hispanic or Latino, Hispanic or Latino, or Unknown <u>Race</u>: A member of which of the following racial groups: White or Caucasian, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian or Pacific Islander, More than one race, or Unknown | |
| Additional Guidance: | |
| <ul style="list-style-type: none"> Michigan Demonstration specific measure Technical specifications must be used to obtain both the numerator and the denominator. CMS Core Set Measures specifications can be found at: Child Core Set | |

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Appendix F: Quality Bonus Payment Measures, Measure Stewards, and Benchmarks

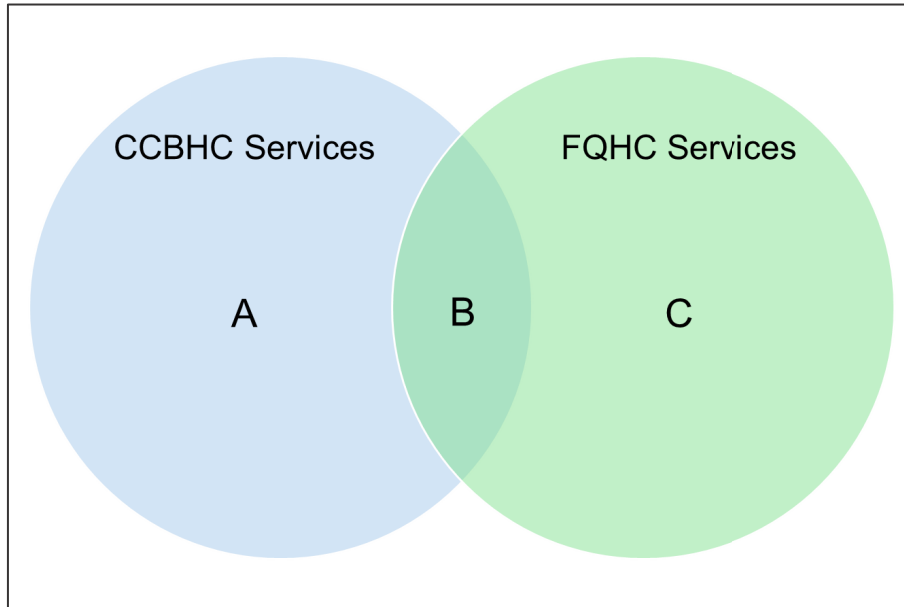
| QBP | Measure Name | Steward | Benchmark | Award Methodology |
|-----|--|-----------------------------|---|---------------------|
| 1. | HBD-AD: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control for Patients with Diabetes | NCQA | Rate is greater than or equal to the 25 th percentile of the CCBHC demonstration site average at year end for each sub-measure. HbA1c controlled HbA1c poorly controlled | 10% of Eligible QBP |
| 2. | DEP-REM-6: Depression Remission at 6 months | MN Community Measurement | Rate is greater than or equal to the 25 th percentile of the CCBHC demonstration site average at year end. | 5% of Eligible QBP |
| 3. | I-SERV: Time to Services | SAMHSA | Rate is greater than or equal to the 25 th percentile of the CCBHC demonstration site average at year end for each sub-measure: Time to Evaluation Time to Clinical Service Time to Crisis Response | 15% of Eligible QBP |
| 4. | FUH-AD: Follow-Up After Hospitalization for Mental Illness, ages 18+ | NCQA | 30 day: 75% 7 day: 48% | 15% of Eligible QBP |

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| QBP | Measure Name | Steward | Benchmark | Award Methodology |
|-----|--|-------------|------------------------------------|---------------------|
| 5. | FUH-CH: Follow-Up After Hospitalization for Mental Illness, ages 6 to 17 | NCQA | 30 day: 88% 7 day: 60% | 15% of Eligible QBP |
| 6. | IET-AD: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment | NCQA | Initiation: 41% Engagement: 14% | 10% of Eligible QBP |
| 7. | PCR-AD: Plan All-Cause Readmissions Rate | NCQA | 10% | 10% of Eligible QBP |
| 8. | SRA-A: Adult Major Depressive Disorder: Suicide Risk Assessment | Mathematica | 73% | 10% of Eligible QBP |
| 9. | SRA-C: Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment | Mathematica | 57% | 10% of Eligible QBP |

Appendix G: Dual FQHC and CCBHC Guidance

To assist in reporting, FQHC providers that become certified CCBHCs must develop a new NPI number specifically for CCBHC service reporting. Additionally, dual FQHC and CCBHC sites must determine which program each service should be billed to using the guidance below to ensure duplicative billing does not occur.



An FQHC should follow the guidance below when providing a CCBHC and/or FQHC service to an individual on the same day.

A=CCBHC services that do not overlap with CCBHC services.

B=Overlapping CCBHC and FQHC services.

C=FQHC eligible services that do not overlap with CCBHC services.

1. A= The site receives the CCBHC PPS rate
2. C= The site receives the FQHC PPS rate
3. A+B= The site receives CCBHC PPS rate
4. B+C= The site receives the FQHC PPS rate
5. A+C = The site receives both the FQHC and CCBHC PPS rate
6. B = The site receives the higher of the two PPS rates
 - a. The provider must decide which PPS rate is higher
7. A+B+C = The site receives both the FQHC and CCBHC PPS rate

Overlapping FQHC/CCBHC Service Codes (“B” in Venn Diagram)*Service Category: Crisis Services*

| Code | Description |
|-------|---|
| 90839 | Psychotherapy for crisis, first 60 minutes |
| H2011 | Crisis intervention service, per 15 minutes |

Service Category: Screening, Assessment, and Diagnosis, including Risk Assessment

| Code | Description |
|--------|---|
| 90791 | Psychiatric diagnostic evaluation |
| 90792 | Psychiatric diagnostic evaluation with medical services |
| 96105 | Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, (e.g., by Boston diagnostic aphasia examination) with interpretation and report, per hour |
| 96110 | Developmental screening |
| 96112 | Developmental test administration by qualified health care professional with interpretation and report, first 60 minutes |
| 96116 | Neurobehavioral status examination by qualified health care professional with interpretation and report, first 60 minutes |
| 96127 | Brief emotional or behavioral assessment |
| 96130 | Psychological testing evaluation by qualified health care professional, first 60 minutes |
| 96132 | Neuropsychological testing evaluation by qualified health care professional, first 60 minutes |
| 96136 | Psychological or neuropsychological test administration and scoring by qualified health care professional, first 30 minutes |
| 96138 | Psychological or neuropsychological test administration and scoring by technician, first 30 minutes |
| 96146 | Psychological or neuropsychological test administration and scoring by single standardized instrument via electronic platform with automated result |
| H0001 | Alcohol and/or drug assessment |
| H0002 | Behavioral health screening to determine eligibility for admission to treatment program |
| H0031 | Mental health assessment, by non-physician |
| 90887* | Explanation of psychiatric, medical examinations, procedures, and data to other than patient |

Service Category: Outpatient Mental Health and Substance Use Services

| Code | Description |
|-------|--|
| 90832 | Psychotherapy, 30 minutes |
| 90834 | Psychotherapy, 45 minutes |
| 90837 | Psychotherapy, 60 minutes |
| 90847 | Family psychotherapy including patient, 50 minutes |
| 90853 | Group psychotherapy (other than of a multiple-family group) |
| 99202 | New patient office or other outpatient visit, typically 20 minutes |
| 99203 | New patient office or other outpatient visit, typically 30 minutes |
| 99204 | New patient office or other outpatient visit, typically 45 minutes |

| | |
|--------------|--|
| 99205 | New patient office or other outpatient visit, typically 60 minutes |
| 99212 | Established patient office or other outpatient visit, typically 10 minutes |
| 99213 | Established patient office or other outpatient visit, typically 15 minutes |
| 99214 | Established patient office or other outpatient, visit typically 25 minutes |
| 99215 | Established patient office or other outpatient, visit typically 40 minutes |
| 99341 | New patient home visit, typically 20 minutes |
| 99342 | New patient home visit, typically 30 minutes |
| 99344 | New patient home visit, typically 60 minutes |
| 99345 | New patient home visit, typically 75 minutes |
| 99347 | Established patient home visit, typically 15 minutes |
| 99348 | Established patient home visit, typically 25 minutes |
| 99349 | Established patient home visit, typically 40 minutes |
| 99350 | Established patient home visit, typically 60 minutes |
| H0004 | Behavioral health counseling and therapy, per 15 minutes (SUD) |
| H0005 | Alcohol and/or drug services; group counseling by a clinician |

Appendix H: CCBHC Reporting Requirements

Note: The following reporting requirements and designated due dates are for certified CCBHC Demonstration clinics during and/or after their initial year of entering the demonstration. In addition, CCBHCs will be required to respond to any MDHHS ad hoc data requests needed to support the success of the demonstration (a minimum of 30 days’ notice will be given to respond to such requests). PIHPs and CMHSPs must follow all other reporting requirements as detailed in contract with MDHHS (e.g. FSR, EQI, Compliance Exam Reports, etc.).

In the table below, the “Report” column includes a link to the relevant handbook section.

| Report | Description | Submission Instructions | Deadline |
|---|---|--|--|
| Quarterly Metric Template for Clinic-Reported Measures <i>Handbook Section 7. A.4.1.</i> | <p>All CCBHCs must complete the clinic-reported measures on the MI-CCBHC Data Demonstration Templates (FY25).xlsx template quarterly and send to the PIHPs.</p> <p>CCBHCs must complete the I-SERV (supplemental) tab, and the patient experience survey tabs (PEC, YFEC, URS-Tables 9 URS-Table 11, URS-Table 11a). CCBHCs are responsible for completing the “Case Load Characteristics” sheet and the reporting sheets for the clinic-reported measures (blue colored tabs).</p> | <p>PIHP must review reports each quarter and make available to MDHHS or external evaluators, when needed or requested.</p> <p>PIHP reviews the following:</p> <ul style="list-style-type: none"> • Verify the template has been completed, • Compare against previous quarter/year or to regional or state averages, • Verify counts (i.e., the numerator is smaller than the denominator), • Review calculations (i.e., no zeros or broken formulas). | <p>CCBHCs complete and send to PIHP by the end of the month following the quarter. For example, for the quarter ending June 30th, templates are due to PIHP July 31st.</p> <p>PIHP must submit the second quarter template of a clinic’s initial demonstration year to MDHHS as a trial submission of data collection</p> |
| Reconciliation Templates (Quarterly and Year-End) <i>Handbook Section 2. B.5.1</i> | <p>All CCBHCs and PIHPs must complete and submit reconciliation templates quarterly.</p> <p>Each CCBHC/PIHP must report the encounter submission cut-off date they used in the supplied fillable date field of the template.</p> <p>Note: Receipt of quarterly reporting is to assist with monitoring reconciliation throughout the year. Submission does not impact reconciliation throughout the year, the final reconciliation takes place at the end of the year utilizing the FSR.</p> | <p>PIHP must complete template with input from CCBHC.</p> <p>PIHPS must submit templates to MDHHS.</p> | <p>The templates are due to the MDHHS actuarial mailbox (gmpmeasures@michigan.gov) on the Friday that falls 7 weeks after the end of the reporting quarter.</p> <p>Quarter 1 (Oct – Dec):</p> <ul style="list-style-type: none"> • Due: February 15 <p>Quarter 2 (Oct – Mar):</p> <ul style="list-style-type: none"> • Due: May 13 <p>Quarter 3 (Oct – Jun):</p> <ul style="list-style-type: none"> • Due: August 12 <p>Quarter 4 (Oct – Sep):</p> <ul style="list-style-type: none"> • Due: December 30 |
| Quarterly Member Grievances, Members Appeals, and Service | <p>For Medicaid persons served, PIHPs are responsible for compiling and submitting all appeals, grievances, and service authorization denials, to</p> | <p>Medicaid reports should be submitted as outlined in Schedule E of the PIHP/MDHHS contract through the DCH- File</p> | <p>Quarterly, or on the 15th of the second month following the end of each quarter.</p> |

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|--|---|---|---|
| <p>Authorization Denials</p> <p>Handbook Section 8. D. 1.3.3.</p> | <p>MDHHS on a quarterly basis as demonstrated in the PIHP contract.</p> <p>For non-Medicaid persons served, CMHSP CCBHCs must collect and submit all appeals, grievances, and service authorization denials directly to MDHHS on a quarterly basis (including those reported from contracted non-CMHSP CCBHCS).</p> | <p>Transfer and notify ParsonsA@michigan.gov.</p> <p>Non-Medicaid reports should be submitted directly to the CCBHC mailbox at mdhhs-ccbhc@michigan.gov by CMHSP CCBHCs.</p> | |
| <p>Cost Reports</p> | <p>All CCBHCs must submit a cost report within four months after the end of each demonstration year.</p> <p>The cost report may be used to determine the clinic-specific PPS-1 rate and to annually report demonstration costs.</p> <p>The template and instructions can be found here:</p> <p>CCBHC Cost Report</p> <p>CCBHC Cost Report Instructions</p> | <p>CCBHCs complete cost reporting template and send to the PIHPs.</p> <p>PIHPs must review, validate, and submit CCBHC cost reports annually.</p> <ul style="list-style-type: none"> • PIHPs must provide supports to CCBHCs completing their cost reports, including providing encounter information for daily visit calculation. • PIHPs must review cost reports for accuracy and sustainability. • PIHPs must provide feedback to the site related to the cost report and technical assistance, as needed. | <p>PIHPs must submit cost reporting template to the CCBHC mailbox (MDHHS) by February 28th (four months after end of demonstration year)</p> |
| <p>Supplemental Cost Report and Audited Financial Statements</p> <p>Handbook Section 2. C.11.6.</p> | <p>*Non-CMHSPs Only</p> <p>Non-CMHSP CCBHCs must submit a Supplemental Cost Report and audited financial statement each year with their annual CCBHC Cost Report submission.</p> <p>The Supplemental Cost Report collects additional information about organizational funding sources and expenses for CCBHCs that do not complete the Financial Status Reports (FSRs) required by CMHSPs.</p> | <p>Non-CMHSP CCBHCs must submit report and audited financial statement directly to the CCBHC mailbox (mdhhs-ccbhc@michigan.gov).</p> | <p>Non-CMHSP CCBHCs must submit report and audited financial statement by February 28th (four months after end of demonstration year).</p> |

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| | | | |
|---|---|---|--|
| <p>Behavioral Health Provider Staffing and Expense Survey</p> <p><i>Handbook Section 2. C.11.5.</i></p> | <p>All CCBHCs must participate in the Behavioral Health Provider Staffing and Expense Survey to collect staffing, wages, and other compensation, and provider expense information from contracted behavioral health providers.</p> <p>Survey instructions and resources can be found here: Reporting Requirements (michigan.gov) under Policy 21-39 Reporting Requirements.</p> | <p>All CCBHCs can email survey templates to the CCBHC mailbox (MDHHS).</p> | <p>Due: March 15</p> |
| <p>Annual Metric Reporting – Clinic and State Measures</p> <p><i>Handbook Section 7. A.4.2.</i></p> | <p>PIHPs should work with all CCBHCs in their region to collect, validate, and submit the final clinic-reported measures to MDHHS.</p> <p>PIHPs will share final data from the end of year metric upload in CC360 to assist the CCBHC in completing the state-reported metrics sheet in the following template: MI-CCBHC Data Demonstration Templates (FY25).xlsx template.</p> <p>Demonstration Year 4 (DY4) transitions the measurement period to calendar year (January – December).</p> | <p>Year-end final templates must be submitted by the PIHP to MDHHS via the CCBHC mailbox.</p> | <p>Due to MDHHS within 6 months of the end of the calendar year, or by June 30th.</p> |

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Exhibit D

MILLIMAN REPORT

State Fiscal Year 2025 Behavioral Health Capitation Rate Certification

October 1, 2024 through September 30, 2025

September 23, 2024

Jeremy Cunningham, FSA, MAAA, Principal and Consulting Actuary
Teresa Wilder, FSA, MAAA, Senior Consulting Actuary
John Belanger, FSA, MAAA, Senior Consulting Actuary
Spencer Keating, ASA, MAAA, Consulting Actuary

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Table of Contents

| | | |
|---|--|----------|
| INTRODUCTION AND EXECUTIVE SUMMARY | | 3 |
| 1. | BACKGROUND | 3 |
| 2. | SUMMARY OF CAPITATION RATES | 5 |
| 3. | FISCAL IMPACT ESTIMATE | 6 |
| 4. | CCBHC SUPPLEMENTAL FISCAL IMPACT ESTIMATE | 8 |
| SECTION I. MEDICAID MANAGED CARE RATES | | 9 |
| 1. | GENERAL INFORMATION | 9 |
| | A. Rate Development Standards | 9 |
| | i. Rate ranges | 9 |
| | ii. Annual basis | 9 |
| | iii. Required elements | 9 |
| | iv. Differences among capitation rates | 11 |
| | v. Cross-subsidization of rate cell payment | 11 |
| | vi. Effective dates | 11 |
| | vii. Medical loss ratio | 11 |
| | viii. Capitation rate ranges | 12 |
| | ix. State’s responsibility with rate ranges | 12 |
| | x. Generally accepted actuarial practices and principles | 12 |
| | xi. Rate certification for effective time periods | 12 |
| | xii. Direct and indirect impacts of COVID-19 and the unwinding of the PHE | 12 |
| | xiii. Procedures for rate certification and amendment | 12 |
| | B. Appropriate Documentation | 13 |
| | i. Certification type | 13 |
| | ii. Documentation of required elements | 13 |
| | iii. Medical loss ratio | 13 |
| | iv. Assumptions and adjustments | 13 |
| | v. Capitation rate ranges | 13 |
| | vi. Index | 13 |
| | vii. Compliance with 42 C.F.R. § 438.4(b)(1) | 13 |
| | viii. FMAP | 14 |
| | ix. Comparison to final certified rates in the previous rate certification | 14 |

| | | | |
|----|-----|---|----|
| | x. | Known amendments | 14 |
| | xi. | COVID-19 Approach | 14 |
| 2. | | DATA | 15 |
| | A. | Rate Development Standards | 15 |
| | B. | Appropriate Documentation | 15 |
| | | i. Requested data | 15 |
| | | ii. Data used to develop the capitation rates | 15 |
| | | iii. Data adjustments | 18 |
| 3. | | PROJECTED BENEFIT COST AND TRENDS | 25 |
| | A. | Rate Development Standards | 25 |
| | | i. Final capitation rate compliance | 25 |
| | | ii. Benefit cost trend assumptions | 25 |
| | | iii. In lieu of service and setting | 25 |
| | | iv. In lieu of services excluding IMD short term stays | 26 |
| | | v. Benefit expenses associated with members residing in an IMD | 26 |
| | B. | Appropriate Documentation | 26 |
| | | i. Projected Benefit Costs | 26 |
| | | ii. Development of Projected Benefit Costs | 26 |
| | | iii. Mental Health Parity and Addiction Equity Act Service Adjustment | 34 |
| | | iv. In Lieu of Services | 34 |
| | | v. Retrospective Eligibility Periods | 34 |
| | | vi. Impact of Material Changes | 35 |
| | | vii. Documentation of Material Changes | 36 |
| 4. | | SPECIAL CONTRACT PROVISIONS RELATED TO PAYMENT | 37 |
| | A. | Incentive Arrangements | 37 |
| | | i. Rate Development Standards | 37 |
| | | ii. Appropriate Documentation | 37 |
| | B. | Withhold Arrangements | 37 |
| | | i. Rate Development Standards | 37 |
| | | ii. Appropriate Documentation | 37 |
| | C. | Risk Sharing Mechanisms | 38 |
| | | i. Rate Development Standards | 38 |
| | | ii. Appropriate Documentation | 38 |
| | D. | State Directed Payments | 40 |
| | | i. Rate Development Standards | 40 |

| | | |
|----|---|-----------|
| | ii. Appropriate Documentation | 41 |
| E. | Pass-Through Payments | 44 |
| | i. Rate Development Standards | 44 |
| | ii. Appropriate Documentation | 44 |
| 5. | PROJECTED NON-BENEFIT COSTS | 45 |
| A. | Rate Development Standards | 45 |
| | i. Overview | 45 |
| | i. PMPM versus percentage | 45 |
| | ii. Basis for variation in assumptions | 45 |
| B. | Appropriate Documentation | 45 |
| | i. Development of non-benefit costs | 45 |
| | ii. Non-benefit costs, by cost category | 47 |
| | iii. Historical non-benefit cost data | 47 |
| 6. | RISK ADJUSTMENT | 48 |
| A. | Rate Development Standards | 48 |
| | i. Overview | 48 |
| | ii. Risk adjustment model | 48 |
| B. | Appropriate Documentation | 48 |
| | i. Prospective risk adjustment | 48 |
| | ii. Retrospective risk adjustment | 48 |
| | iii. Changes to risk adjustment model since last rating period | 49 |
| 7. | ACUITY ADJUSTMENTS | 50 |
| A. | Rate Development Standards | 50 |
| | i. Overview | 50 |
| B. | Appropriate Documentation | 50 |
| | i. Description | 50 |
| | SECTION II. MEDICAID MANAGED CARE RATES WITH LONG-TERM SERVICES AND SUPPORTS | 51 |
| 1. | MANAGED LONG-TERM SERVICES AND SUPPORTS | 51 |
| A. | Completion of Section 1 | 51 |
| B. | Rate Development Standards | 51 |
| | i. Approach | 51 |
| C. | Appropriate Documentation | 51 |
| | i. Considerations | 51 |
| | ii. Projected Non-Benefit Cost | 52 |
| | iii. Experience and Assumptions | 52 |
| | SECTION III. NEW ADULT GROUP CAPITATION RATES | 53 |
| 1. | DATA | 53 |

| | | |
|------|--|-----------|
| A. | Data Used in Certification | 53 |
| B. | Description of Emerging Data | 53 |
| i. | New data available for rate setting | 53 |
| ii. | Monitoring of experience | 53 |
| iii. | Actual Experience vs. Prior Assumptions | 53 |
| iv. | Adjustment to current rates | 53 |
| 2. | PROJECTED BENEFIT COSTS | 53 |
| A. | Description of Projected Benefit Cost Issues | 53 |
| i. | For states that covered the new adult group in previous rating periods | 53 |
| B. | Other Material Changes or Adjustments to Benefit Costs | 54 |
| 3. | PROJECTED NON-BENEFIT COSTS | 54 |
| A. | Description of Issues | 54 |
| i. | Changes in data sources, assumptions, or methodologies | 54 |
| ii. | Assumption changes for previous rating periods | 54 |
| B. | Assumption Differences Relative to Other Medicaid Populations | 54 |
| 4. | FINAL CERTIFIED RATES OR RATE RANGES | 54 |
| A. | CMS Requests | 54 |
| i. | Comparison to Previous Certification | 54 |
| ii. | Description of Other Material Changes to the Capitation Rates | 54 |
| 5. | RISK MITIGATION STRATEGIES | 54 |
| A. | Description of Risk Mitigation Strategy | 54 |
| B. | Changes to Risk Mitigation Strategy Relative to Prior Years | 55 |
| | LIMITATIONS | 56 |
| | APPENDIX 1: ACTUARIAL CERTIFICATION | |
| | APPENDIX 2: RETROSPECTIVE COST MODELS | |
| | APPENDIX 3: PROSPECTIVE COST MODELS | |
| | APPENDIX 4: BENEFIT EXPENSE AND ADMIN BY POPULATION AND BENEFIT SUMMARY | |
| | APPENDIX 5: SUMMARY OF CAPITATION RATE COMPONENTS | |
| | APPENDIX 6: ADJUSTMENT FACTOR IMPACT | |
| | APPENDIX 7: TREND DEVELOPMENT | |
| | APPENDIX 8: CCBHC SUPPLEMENTAL EXPENDITURE DEVELOPMENT | |
| | APPENDIX 9: CCBHC PERCENTAGE OF CAPITATION RATES EXCLUDING HRA | |
| | APPENDIX 10: CCBHC FEE SCHEDULE | |
| | REFERENCE A: COUNTY TO REGION CROSSWALK | |
| | REFERENCE B: COVERED SERVICE LISTING | |
| | REFERENCE C: DIAGNOSIS CODE LISTING | |
| | REFERENCE D: CCBHC NPI LISTING | |

Introduction and Executive Summary

1. BACKGROUND

Milliman, Inc. (Milliman) has been retained by the State of Michigan, Department of Health and Human Services (MDHHS) to provide actuarial and consulting services related to the development of capitation rates for its behavioral health managed care program. The rates being certified in this report include the populations covered by the Michigan 1115 Behavioral Health Demonstration Waiver. The rates being certified as actuarially sound are to be effective October 1, 2024. These rates will be in effect for 12 months through September 30, 2025.

This letter provides documentation for the development of the actuarially sound capitation rates. It also includes the required actuarial certification in Appendix 1.

To facilitate review, this document has been organized in the same manner as the 2024-2025 Medicaid Managed Care Rate Development Guide, released by the Centers for Medicare and Medicaid Services in January 2024 (CMS guide). Section II of the CMS guide is applicable to this certification as the covered services include long-term services and supports for individuals with intellectual and developmental disabilities (I/DD). Section III of the CMS guide is only applicable to the HMP population in this certification.

In developing the capitation rates and supporting documentation herein, we have applied the three principles of the regulation outlined in the CMS guide:

- The capitation rates are reasonable and comply with all applicable laws (statutes and regulations) for Medicaid managed care.
- The rate development process complies with all applicable laws (statutes and regulations) for the Medicaid program, including but not limited to eligibility, benefits, financing, any applicable waiver or demonstration requirements, and program integrity.
- The documentation is sufficient to demonstrate that the rate development process meets the requirements of 42 C.F.R. § 438 and generally accepted actuarial principles and practices.

We acknowledge the unique nature of the COVID-19 public health emergency (PHE) and the resumption of redeterminations and terminations of coverage associated with the continuous eligibility expiration effective July 2023. The capitation rates account for changes in the projected enrollment due to the public health emergency as enrollment has increased materially from March 2020 to July 2023, and then decreased materially from August 2023 to July 2024. Projected enrollment is expected to remain flat following July 2024, as MDHHS is expected to have completed the twelve-month process for redetermining all individuals previously enrolled. Additional funding has been included for acuity changes due to the anticipation that lower acuity members included within the SFY 2023 base experience will be disenrolled from the program prior to the rating period, leaving a higher level of average acuity for remaining members than reflected in the base period. Additional details relating to the development of the acuity adjustment are documented in Section 2.B.iii.d.

MDHHS operates a statewide behavioral health managed care program for the disabled, aged, and blind (DAB); Temporary Assistance for Needy Families (TANF); and Healthy Michigan Plan (HMP) populations. This program and rate certification also include the development of capitation rates for three 1915(c) waiver populations:

- Children's Waiver Program (CWP)
- Habilitation Supports Waiver (HSW)
- Serious Emotional Disturbance (SED) Waiver

Additionally, effective October 1, 2021, MDHHS began its Certified Community Behavioral Health Clinics (CCBHC) Demonstration Program under Section 223 of the Protecting Access to Medicare Act (PAMA). The demonstration remains active for the rates pertaining to this certification. Ten Community Mental Health Service Programs (CMHSPs) and three non-profit behavioral health entities (CCBHC Cohort 1) have participated in the CCBHC Demonstration since its onset in state fiscal year (SFY) 2022 and span eight of the ten geographic regions. In SFY 2024, an additional twelve CMHSPs and five non-profit behavioral health entities (CCBHC Cohort 2) entered the CCBHC Demonstration.

Finally, two more non-profit behavioral health entities and one CMHSP (CCBHC Cohort 3) entered the demonstration in SFY 2025. More information about MDHHS's CCBHC Demonstration Program can be found on the [MDHHS website](#).

Services provided under the behavioral health managed care program include treatment for people with serious mental illness (SMI), SED, substance use disorder (SUD), and I/DD. Mental health services include state plan and Early Periodic Screening, Diagnosis, and Treatment (EPSDT) services, 1915(i) Waiver services, and 1915(c) Waiver services. All substance abuse services are covered under the state plan. CCBHC Demonstration Program services reflect a subset of the mental health and SUD services included in this statewide rate certification.

This report contains the supporting materials and documentation for the development of the actuarially sound capitation rates for the ten regional prepaid inpatient health plan (PIHP) contracts during the twelve-month period, October 1, 2024 through September 30, 2025.

Appendix 1 contains the actuarial certification regarding the capitation rates illustrated in Appendix 5. The actuarial certification indicates that the rates developed on a statewide basis are actuarially sound as defined in Federal Regulation 438.4(a).

Appendices 2 and 3 provide the retrospective and prospective rate development models at the rate cell level, respectively.

Appendix 4 provides the projected SFY 2025 DAB, TANF, and HMP population benefit expense and administrative costs for mental health and substance abuse, with further stratification of mental health services to separate state plan services, 1915 (i) services, and autism services.

Appendix 5 provides the certified capitation rates to be effective during SFY 2025 for the DAB, TANF, and HMP populations. We have separately developed capitation rates for those enrolled in a Medicaid health plan (MHP) and receiving physical health services through the Comprehensive Health Care Program (CHCP) and those not enrolled in a MHP and receiving physical health services through the state's fee-for-service (FFS) program. Capitation rates paid to the PIHPs are calculated by multiplying the base rate for each age and gender rate cell by an entity specific factor reflecting both a risk factor adjustment and a corresponding PIHP area factor. The methodology and assumptions used to develop the entity specific factors can be found in a separate report entitled *SFY 2025 Behavioral Health Entity Specific Factor Development*.

Appendix 5 also provides the certified SFY 2025 capitation rates for the 1915(c) Waiver programs, including the CWP, HSW, and SED Waiver populations. For individuals enrolled in a 1915(c) Waiver program, MDHHS pays two capitation rates: one for the DAB, TANF, or HMP population state plan, EPSDT, and 1915(i) Waiver services and another for the 1915(c) Waiver specific services.

Appendix 6 provides the impact of each incremental adjustment (illustrated using projected expenditures) to the SFY 2023 base data at the population level made in the development of the capitation rates.

Appendix 7 provides the development of the trend assumptions used for the SFY 2025 capitation rates and includes a summary of the Federal Reserve Economic Data utilized.

Appendix 8A documents the rate calculations used to develop PPS-1 rates and projected CCBHC supplemental expenditures for the thirteen CCBHCs that have been participating in the CCBHC Demonstration since SFY 2022 (Cohort 1).

Appendix 8B documents the rate calculations used to develop PPS-1 rates and projected CCBHC supplemental expenditures for the seventeen CCBHCs that have been participating in the CCBHC Demonstration since SFY 2024 (Cohort 2).

Appendix 8C documents the rate calculations used to develop PPS-1 rates and projected CCBHC supplemental expenditures for the three CCBHCs entering the CCBHC Demonstration in SFY 2025 (Cohort 3).

Appendix 9 provides the percentage of the SFY 2025 capitation rates comprised of qualifying CCBHC Demonstration Program services by rate cell.

Appendix 10 provides the SFY 2025 CCBHC fee schedule used to determine CCBHC Demonstration Program expenditures included within the capitation rates. The methodology and assumptions used to develop the CCBHC fee schedule can be found in a separate report entitled *SFY 2025 CCBHC Fee Schedule Development Report*.

2. SUMMARY OF CAPITATION RATES

Figures 1A and 1B provide a comparison of the SFY 2025 per member per month (PMPM) capitation rates relative to the amended SFY 2024 capitation rates for the covered populations. Please note the CCBHC Demonstration Program supplemental capitation rates are not included within these base capitation rates and are separately illustrated below. The amended SFY 2024 capitation rates referenced in this report were documented in the rate certification entitled *SFY 2024 Behavioral Health Capitation Rate Certification – Rate Amendment* dated March 27, 2024. The rates noted in Figure 1A reflect base claims costs plus amounts for administrative load including amounts related to the Insurance Provider Assessment (IPA). Figure 1B reflects a comparison of estimated capitation rates inclusive of the Hospital Reimbursement Adjustment (HRA), which is paid to the PIHPs using a separate payment term (i.e., outside of the capitation rates) based on actual utilization. The composite rates illustrated for both SFY 2025 and amended SFY 2024 are calculated based on an estimate of projected SFY 2025 enrollment.

FIGURE 1A: CAPITATION RATE COMPARISON (EXCLUDING HRA)

| | SFY 2024 AMENDED CAPITATION RATES | SFY 2025 FINAL CAPITATION RATES | INCREASE/DECREASE |
|--|--------------------------------------|------------------------------------|-------------------|
| Specialty Services | | | |
| DAB – Enrolled | \$ 385.68 | \$ 433.31 | 12.3% |
| DAB – Unenrolled | 376.69 | 402.54 | 6.9% |
| HMP – Enrolled | 46.32 | 57.36 | 23.8% |
| HMP – Unenrolled | 37.71 | 43.98 | 16.6% |
| TANF – Enrolled | 38.94 | 45.70 | 17.4% |
| TANF – Unenrolled | 23.78 | 28.62 | 20.4% |
| 1915(c) Waiver | | | |
| Children's Waiver Program | 3,316.80 | 3,235.08 | (2.5%) |
| Habilitative Supports Waiver | 7,103.94 | 7,519.13 | 5.8% |
| Serious Emotional Disturbances | 1,964.28 | 679.29 | (65.4%) |
| Composite Base Capitation Rates | \$ 129.71 | \$ 143.95 | 11.0% |

FIGURE 1B: CAPITATION RATE PMPM COMPARISON (INCLUDING HRA)

| | SFY 2024 AMENDED CAPITATION RATES | SFY 2025 FINAL CAPITATION RATES | INCREASE/DECREASE |
|--|--------------------------------------|------------------------------------|-------------------|
| Specialty Services | | | |
| DAB – Enrolled | \$ 404.57 | \$ 461.88 | 14..2% |
| DAB – Unenrolled | 392.91 | 425.41 | 8.3% |
| HMP – Enrolled | 56.02 | 71.49 | 27.6% |
| HMP – Unenrolled | 43.88 | 54.90 | 25.1% |
| TANF – Enrolled | 40.61 | 48.32 | 19.0% |
| TANF – Unenrolled | 24.56 | 29.94 | 21.9% |
| 1915(c) Waiver | | | |
| Children's Waiver Program | 3,316.80 | 3,235.08 | (2.5%) |
| Habilitative Supports Waiver | 7,103.94 | 7,519.13 | 5.8% |
| Serious Emotional Disturbances | 1,964.28 | 679.29 | (65.4%) |
| Composite Base Capitation Rates | \$ 136.58 | \$ 154.16 | 12.9% |

3. FISCAL IMPACT ESTIMATE

The estimated fiscal impact of the SFY 2025 capitation rates documented in this report, excluding the CCBHC supplemental payments, represents an approximate \$410.9 million increase to aggregate expenditures, based on the change in rates noted in Figure 1A. These amounts are on a state and federal expenditure basis using the projected monthly enrollment for SFY 2025.

Figures 2A and 2B provide the development of estimated total expenditures, as well as federal only and state only expenditures, based on the amended SFY 2024 capitation rates and the SFY 2025 capitation rates illustrated in Figures 1A and 1B. The federal expenditures illustrated in Figures 2A and 2B are based on the SFY 2025 FMAP of 65.13% for non-HMP populations and the 90.00% FMAP for the HMP population. Please note we have not reflected the enhanced CHIP FMAP for MICHild and CCBHC Program services in these figures. As shown in these figures, we have included \$297.8 million in projected HRA funding for SFY 2025, which is a \$97.6 million increase from the prior rate certification (shown in Figures 2A and 2B). This reflects an increase in the HRA per diem rate to support MDHHS' anticipated transition to inpatient tiered rates and a projected increase in hospital utilization. Please note that actual HRA payments for SFY 2025 use a separate payment term based on a uniform per diem increase made based on actual utilization.

FIGURE 2A: COMPARISON OF PROJECTED CAPITATION RATE EXPENDITURES - VALUES IN \$ MILLIONS (EXCLUDING HRA)

| RATE CATEGORY | SFY 2024 AMENDED CAPITATION RATES | SFY 2025 FINAL CAPITATION RATES | INCREASE/DECREASE |
|-----------------|--------------------------------------|------------------------------------|-------------------|
| DAB | | | |
| Mental Health | \$ 1,989.5 | \$ 2,143.6 | \$ 154.2 |
| Substance Abuse | 38.6 | 43.1 | 4.5 |
| Autism | 157.7 | 201.3 | 43.6 |
| HMP | | | |
| Mental Health | \$ 259.2 | \$ 315.0 | \$ 55.8 |
| Substance Abuse | 119.3 | 149.3 | 30.0 |
| Autism | 0.4 | 0.5 | 0.1 |
| TANF | | | |
| Mental Health | \$ 356.7 | \$ 392.2 | \$ 35.5 |
| Substance Abuse | 43.0 | 46.4 | 3.4 |

| | | | |
|----------------------------------|-------------------|-------------------|-----------------|
| Autism | 137.4 | 193.7 | 56.3 |
| 1915(c) Waiver | | | |
| Children's Waiver Program | \$ 22.7 | \$ 22.1 | (\$ 0.6) |
| Habilitative Supports Waiver | 624.0 | 660.5 | 36.5 |
| Serious Emotional Disturbances | 12.8 | 4.4 | (8.4) |
| Total State & Federal | \$ 3,761.3 | \$ 4,172.2 | \$ 410.9 |
| Total State Only | \$ 1,217.3 | \$ 1,339.2 | \$ 121.9 |
| Total Federal Only | \$ 2,544.0 | \$ 2,832.9 | \$ 289.0 |

Notes:

[1] Values have been rounded to the nearest tenth of a million dollars.

[2] Values exclude HRA.

[3] The amended SFY 2024 and SFY 2025 capitation rate expenditure projections both were developed using projected average monthly SFY 2025 enrollment by rate cell, which include assumptions made for disenrollments occurring due to the continuous eligibility expiration. These values will change in recognition of actual enrollment.

FIGURE 2B: COMPARISON OF PROJECTED CAPITATION RATE EXPENDITURES - VALUES IN \$ MILLIONS (INCLUDING HRA)

| RATE CATEGORY | SFY 2024 AMENDED CAPITATION RATES | SFY 2025 FINAL CAPITATION RATES | INCREASE/DECREASE |
|----------------------------------|-----------------------------------|---------------------------------|-------------------|
| DAB | | | |
| Mental Health | \$ 2,090.2 | \$ 2,290.7 | \$ 200.5 |
| Substance Abuse | 38.6 | 43.1 | 4.5 |
| Autism | 157.7 | 201.3 | 43.6 |
| HMP | | | |
| Mental Health | \$ 336.1 | \$ 430.3 | \$ 94.1 |
| Substance Abuse | 119.3 | 149.3 | 30.0 |
| Autism | 0.4 | 0.5 | 0.1 |
| TANF | | | |
| Mental Health | \$ 379.2 | \$ 427.7 | \$ 48.5 |
| Substance Abuse | 43.0 | 46.4 | 3.4 |
| Autism | 137.4 | 193.7 | 56.3 |
| 1915(c) Waiver | | | |
| Children's Waiver Program | \$ 22.7 | \$ 22.1 | (\$ 0.6) |
| Habilitative Supports Waiver | 624.0 | 660.5 | 36.5 |
| Serious Emotional Disturbances | 12.8 | 4.4 | (8.4) |
| Total State & Federal | \$ 3,961.5 | \$ 4,469.9 | \$ 508.5 |
| Total State Only | \$ 1,268.0 | \$ 1,414.4 | \$ 146.4 |
| Total Federal Only | \$ 2,693.5 | \$ 3,055.5 | \$ 362.1 |

Notes:

[1] Values have been rounded to the nearest tenth of a million dollars.

[2] Values include HRA.

[3] The amended SFY 2024 and SFY 2025 capitation rate expenditure projections both were developed using projected average monthly SFY 2025 enrollment by rate cell, which include assumptions made for disenrollments occurring due to the continuous eligibility expiration. These values will change in recognition of actual enrollment.

4. CCBHC SUPPLEMENTAL FISCAL IMPACT ESTIMATE

MDHHS has selected the certified clinic-specific prospective payment system (PPS) daily rate (PPS-1) methodology for its Section 223 CCBHC Demonstration Program. Consistent with SFY 2024, we have built the CCBHC PPS-1 rates into the managed care program using Option 2 of the CCBHC Demonstration Guidance.¹ Our approach includes the following components:

- Incorporates the CCBHC services into the base capitation rates at the CCBHC fee schedule;
- Wraparound CCBHC supplemental capitation payments made outside of the risk-based contract on a monthly basis to the PIHPs; and,
- A reconciliation process is performed to ensure that actual funding owed to the CCBHC (daily visits multiplied by PPS-1 rate) is equal to the funding received through the base capitation and supplemental payments. Any variance resulting from the reconciliation will be paid to the CCBHC from the PIHPs, and to the PIHPs from MDHHS.

The wraparound CCBHC supplemental capitation rates account for the following CCBHC expenditures:

- 100% of the difference between the CCBHC cost per daily visit reflected in the SFY 2025 base capitation rates and the projected SFY 2025 PPS-1 rate for Medicaid SMI/SED/SUD beneficiary daily visits;
- 100% of the projected SFY 2025 PPS-1 rate for Medicaid mild-to-moderate (LOCUS Assessment score of less than or equal to 16 in an individual's most recent assessment or a CAFAS score less than 50) beneficiary daily visits;
- A PIHP administrative load of 1% of PPS-1 expenditures; and,
- 100% of projected SFY 2025 quality bonus payments, which reflect a 5% increase to PPS-1 expenditures.

Figure 3 provides estimated SFY 2025 CCBHC supplemental expenditures and the development of the statewide SFY 2025 CCBHC supplemental capitation rate. Effective CCBHC supplemental capitation rates paid by MDHHS to the PIHPs reflect projected CCBHC supplemental funding aggregated at the PIHP level (reflecting CCBHCs in their region, as illustrated in Appendix 8) divided by projected SFY 2025 CCBHC enrollment for that PIHP.

FIGURE 3: SFY 2025 CCBHC SUPPLEMENTAL CAPITATION RATE DEVELOPMENT

| COMPONENT | DESCRIPTION | AMOUNT |
|---------------------------------|--|----------|
| A | Projected SFY 2025 CCBHC PPS-1 expenditures | \$ 645.3 |
| B | Projected SFY 2025 CCBHC expenditures included within base capitation | \$ 273.5 |
| C = A - B | Projected SFY 2025 CCBHC supplemental expenditures | \$ 371.8 |
| D = A / (100% - 1%) * 1% | SFY 2025 PIHP administrative loading (1%) | \$ 6.5 |
| E = A / (100% - 5%) * 5% | Projected SFY 2025 quality bonus payments (5%) | \$ 34.0 |
| F = C + E + D | Projected SFY 2025 CCBHC funding paid through supplemental capitation payments | \$ 412.3 |
| G | Projected SFY 2025 CCBHC member months | 7.5 |
| H = F / G | SFY 2025 CCBHC supplemental PMPM capitation rate | \$ 54.83 |

Note: All components leading to the development of the SFY 2025 CCBHC supplemental PMPM capitation rate are shown in millions.

¹ <https://www.medicaid.gov/medicaid/financial-management/downloads/section-223-ccbhc-pps-prop-updates-022024.pdf> (Page 51)

Section I. Medicaid managed care rates

1. GENERAL INFORMATION

This section provides information listed under the General Information section of the CMS guide, Section I.

The capitation rates provided under this certification are “actuarially sound” for purposes of 42 C.F.R. § 438.4(a), according to the following criteria:

- The capitation rates provide for all reasonable, appropriate, and attainable costs that are required under terms of the contract and for the operation of the managed care plan for the time period and population covered under the terms of the contract, and such capitation rates were developed in accordance with the requirements under 42 C.F.R. § 438.4(b).

To ensure compliance with generally accepted actuarial practices and regulatory requirements, we referred to published guidance from the American Academy of Actuaries (AAA), the Actuarial Standards Board (ASB), the Centers for Medicare and Medicaid Services (CMS), and federal regulations. Specifically, the following were referenced during the rate development:

- Actuarial standards of practice applicable to Medicaid managed care rate setting which have been enacted as of the capitation rate certification date, including: ASOP No. 1 (Introductory Actuarial Standard of Practice); ASOP No. 5 (Incurred Health and Disability Claims); ASOP No. 12 (Risk Classification); ASOP No. 23 (Data Quality); ASOP No. 25 (Credibility Procedures); ASOP No. 41 (Actuarial Communications); ASOP No. 45 (The Use of Health Status Based Risk Adjustment Methodologies); and ASOP No. 49 (Medicaid Managed Care Capitation Rate Development and Certification); and ASOP No. 56 (Modeling).
- Actuarial soundness and rate development requirements in the Medicaid and CHIP Managed Care Final Rule (CMS 2390-F) for the provisions effective for the SFY 2025 managed care program rating period.
- The most recent CMS Medicaid Managed Care Rate Development Guide.
- Throughout this document and consistent with the requirements under 42 C.F.R. § 438.4(a), the term “actuarially sound” will be defined as in ASOP No. 49:

“Medicaid capitation rates are “actuarially sound” if, for business for which the certification is being prepared and for the period covered by the certification, projected capitation rates and other revenue sources provide for all reasonable, appropriate, and attainable costs. For purposes of this definition, other revenue sources include, but are not limited to, expected reinsurance and governmental stop-loss cash flows, governmental risk-adjustment cash flows, and investment income. For purposes of this definition, costs include, but are not limited to, expected health benefits; health benefit settlement expenses; administrative expenses; the cost of capital, and government-mandated assessments, fees, and taxes.”²

A. Rate Development Standards

i. Rate ranges

All standards and documentation expectations outlined in this rate certification report are applicable for the certified capitation rates and there is no proposed rate range.

ii. Annual basis

The actuarial certification contained in this report is effective for the capitation rates for the twelve-month period from October 1, 2024, through September 30, 2025.

iii. Required elements

(a) Actuarial certification

The actuarial certification, signed by Jeremy Cunningham, FSA, MAAA, is in Appendix 1.

² <http://www.actuarialstandardsboard.org/asops/medicaid-managed-care-capitation-rate-development-and-certification/>

Mr. Cunningham meets the qualification standards established by the American Academy of Actuaries, follows the practice standards established by the Actuarial Standards Board, and certifies that the final rates meet the applicable standards in 42 C.F.R. §438 that are effective for the SFY 2025 managed care program rating period.

(b) Certified capitation rates for each rate cell

The certified capitation rates are illustrated in Appendix 5. Projected membership illustrated in Appendix 5 represents estimated average enrollment for the rating period. These rates represent the contracted capitation rates prior to application of separate factors for regional and risk adjustment.

(c) Program descriptions

(i) Managed Care program

The MDHHS operates a statewide behavioral health managed care program for the DAB, TANF, and HMP populations as well as the CWP, HSW, and SED 1915(c) Waiver populations.

- There are ten PIHPs included in the rate development. Reference A describes the regional allocation of county to each PIHP.
- Reference B provides a listing of the services provided by the PIHPs under the managed care program. Mental health and substance abuse services are provided to beneficiaries with serious mental illness, substance use disorders, intellectual and developmental disabilities, and serious emotional disturbances. Services covered under the DAB, TANF, and HMP population capitation rates include state plan, EPSDT, and 1915(i) Waiver services. They also reflect Autism services, including Applied Behavioral Analysis (ABA), provided to children under age 21 with an ASD diagnosis. CWP, HSW, and SED 1915(c) Waiver services are only provided to beneficiaries eligible for the corresponding waiver benefit. 1915(c) Waiver services were captured from the base encounter data by identifying the 1915(c) Waiver Medicaid eligibility periods and the corresponding qualifying waiver service codes defined in Reference B. We have also included a column for identification of qualifying CCBHC services in Reference B. CCBHC services are funded through the base DAB, TANF, and HMP population capitation rates and the CCBHC supplemental capitation rate.
- We are not aware of any value-added services being provided by the PIHPs outside of those covered under the contract. To the extent that these services are being provided, they are not included in the base experience used in the development of the certified capitation rates.
- The State of Michigan has operated this statewide mandatory managed care program since 1998.

(ii) Rating period

The actuarial certification contained in this report is effective for the twelve-month rating period, October 1, 2024, through September 30, 2025.

(iii) Covered populations

MDHHS's behavioral health benefit is available to beneficiaries covered by the Michigan 1115 Behavioral Health Demonstration Waiver. The Michigan 1115 Behavioral Health Demonstration Waiver includes Medicaid beneficiaries in three distinct populations:

- TANF, which includes the MICHild population;
- Disabled, Aged, and Blind; and,
- Health Michigan Population.

The 1915(c) Waiver populations are a subset of the DAB, TANF, or HMP populations that receive additional 1915(c) Waiver benefits. For these beneficiaries, PIHPs will receive both a DAB, TANF, or HMP population capitation payment and the corresponding 1915(c) Waiver payment.

The CCBHC population is a subset of the DAB, TANF, or HMP populations that receive CCBHC mental health or SUD services. For these beneficiaries eligible in participating CCBHC counties, PIHPs will receive both a DAB, TANF, or HMP population capitation payment and the corresponding CCBHC supplemental payment.

(iv) Eligibility criteria

The Medicaid eligibility file that Milliman receives from MDHHS's data administrator includes information regarding each of the benefit plans for which beneficiaries are eligible. This includes Medicaid behavioral health and HMP behavioral health for the MHP enrolled and MHP unenrolled populations as well as each of the 1915(c) Waiver programs covered under this certification. Individuals are considered eligible for the entire month if they have an eligible benefit plan in the eligibility file or received an eligible capitation payment during the month. We have included an exception for individuals who spend down their income and become eligible for Medicaid during the month. Only the portion of the month in which "spenddown" individuals become Medicaid eligible is considered eligible in the rate setting process. We have reviewed the SFY 2023 enrollment relative to the SFY 2023 capitation payment data and have included an adjustment to the capitation rates, illustrated in Appendix 5, to account for a lower number of capitation payments being made compared to those who were enrolled, referred to as the capitation payment to eligibility month ratio.

For the Medicaid benefit plans, we identified the DAB and TANF populations using the following program codes:

- DAB Program Codes: A, B, E, M, O, P, Q
- TANF Program Codes: C, L, N, T (MICHild), F (Flint)

(v) Special contract provisions

This rate certification report contains documentation of the following special contract provisions related to payment included within rate development.

- Withhold arrangements
- Risk mitigation arrangements
- Incentive programs
- Certain delivery system and provider payment initiatives

Please see Section I, item 4, Special Contract Provisions Related to Payment, for additional detail and documentation.

(vi) Retroactive adjustment to capitation rates

This rate certification report does not include a retroactive adjustment to the SFY 2025 capitation rates.

iv. Differences among capitation rates

Any proposed differences in the assumptions, methodologies, or factors used to develop capitation rates for covered populations are based on valid rate development standards that represent actual cost differences in providing covered services to the covered populations. Any differences in the assumptions, methodologies, or factors used to develop capitation rates do not vary with the rate of Federal Financial Participation (FFP) associated with the covered populations in a manner that increases federal costs.

v. Cross-subsidization of rate cell payment

The capitation rates were developed at the rate cell level and neither cross-subsidize nor are cross-subsidized by payments from any other rate cell.

vi. Effective dates

To the best of our knowledge, the assumptions used in the development of the certified SFY 2025 capitation rates are consistent with the effective dates of changes to the behavioral health managed care program.

vii. Medical loss ratio

Capitation rates were developed in such a way that the PIHPs would reasonably achieve a medical loss ratio, as calculated under 42 C.F.R § 438.8, of at least 85% for the rate year. MDHHS's contract with the PIHPs does not require remittance in the event a PIHP reports a medical loss ratio below 85%.

viii. Capitation rate ranges

This section is not applicable because a single set of capitation rates by rate cell was developed for the SFY 2025 rating period.

ix. State's responsibility with rate ranges

This section is not applicable because a single set of capitation rates by rate cell was developed for the SFY 2025 rating period.

x. Generally accepted actuarial practices and principles

(a) Reasonable, appropriate, and attainable

In our judgment, all adjustments to the capitation rates, or to any portion of the capitation rates, reflect reasonable, appropriate, and attainable costs, and have been included in the certification.

(b) Outside the rate setting process

There are no adjustments to the rates performed outside the rate setting process.

(c) Final contracted rates

The SFY 2025 capitation rates certified in this report represent the final contracted rates by rate cell prior to risk adjustment and regional adjustments.

xi. Rate certification for effective time periods

This actuarial certification is effective for the one-year rating period October 1, 2024, through September 30, 2025.

xii. Direct and indirect impacts of COVID-19 and the unwinding of the PHE

The capitation rate development accounts for direct and indirect impacts of COVID-19 and the continuous eligibility expiration, including the following key areas:

- **Projected enrollment** – in general, this is reflected by accounting for decreased projected enrollment and observed emerging utilization differences due to the restart of Medicaid eligibility redeterminations on July 1, 2023. We have included an acuity adjustment in the SFY 2025 capitation rates to reflect the impact of decreased enrollment in the Medicaid managed care program in Michigan. Additional details are provided later in this report.
- **Base data selection and adjustments** – SFY 2023 was selected as the base data period, as it represents the most recent period of available data.
- **Covered Services**
 - The behavioral health program does not cover services related to COVID-19 testing or vaccinations.
 - Worsened by the COVID-19 pandemic, direct care workers experienced increased shortage of availability to provide the covered services. Since SFY 2020, MDHHS has included increased reimbursement to direct care workers based on legislative appropriations to promote access and availability of these providers. The increased reimbursement level continues to be incorporated for the SFY 2025 rating period as documented in this certification report.
- **Risk corridor** – a risk corridor has historically been utilized and has continued during the pandemic, including in SFY 2025.

xiii. Procedures for rate certification and amendment

The state will comply with time limits regarding claims for Federal financial participation. In general, a new rate certification will be submitted when the rates change. The following exceptions are allowed per §438.7 of CMS 2390-F:

- A contract amendment that does not affect the rates.
- An increase or decrease of up to 1.5% in the capitation rate per rate cell.

- Risk adjustment, under a methodology described in the initial certification, changes the rates paid to the PIHPs.

In case 1 listed above, a contract amendment must still be submitted to CMS.

B. Appropriate Documentation

i. Certification type

This report is for the certification of capitation rates and not capitation rate ranges.

ii. Documentation of required elements

This report contains appropriate documentation of all elements described in the rate certification, including data used, assumptions made, and methods for analyzing data and developing assumptions and adjustments.

iii. Medical loss ratio

The SFY 2025 behavioral health capitation rates and associated assumptions have been developed in accordance with actuarial soundness and rate development requirements in the Medicaid and CHIP Managed Care Final Rule and consistent with the requirements under 42 CFR §438.4(a).

MDHHS's contract with the PIHPs establishes a minimum medical loss ratio (MLR) of 85.0% for the behavioral health managed care program limiting expenditures to those being used to provide health care services and quality improvement programs and initiatives for Medicaid managed care members. The capitation rates have been developed such that the PIHP would reasonably achieve a MLR of at least 85% by using actual managed care program data as the basis for developing the benefit expense component of the rates and by including non-benefit expense costs of less than 15%, which are assumed to be reasonable, appropriate, and attainable. The composite administrative load for both the HMP population and all other populations combined is approximately 7%, inclusive of risk margin and is assumed to be reasonable, appropriate, and attainable. Specific language regarding the MLR formula can be found in the contract between MDHHS and PIHPs.

We reviewed the medical loss ratio reports submitted to CMS and considered these past medical loss ratios when setting the actuarially sound capitation rates. We considered the historical medical loss ratios, capitation rate changes, and emerging benefit expense trends when developing the SFY 2025 capitation rates as required by 42 CFR §438.5(b)(5).

iv. Assumptions and adjustments

We attest for all assumptions and adjustments underlying the certified capitation rates which will be disclosed in this rate certification. The final certified rates reflect specific point estimates and do not represent rates that differ by PIHP prior to application of regional and risk adjustment factors.

v. Capitation rate ranges

This section is not applicable because a single set of capitation rates by rate cell was developed for the SFY 2025 rating period.

vi. Index

The index to this rate certification is the table of contents, found immediately after the title page. The index includes section numbers and related page numbers. Sections not relevant to this certification continue to be provided, with an explanation of why they are not applicable.

vii. Compliance with 42 C.F.R. § 438.4(b)(1)

The capitation rates for all populations were developed in a manner consistent with 42 CFR 43.4(b)(1), including that any differences in the assumptions, methodologies, or factors used to develop capitation rates for covered populations are based on valid rate development standards that represent actual cost differences in providing covered services to the covered populations, and that these differences do not vary with the rate of FFP associated with the covered populations in a manner that increases federal costs.

We also acknowledge that 42 CFR 438.4(b)(6) requires the actuary to certify compliance with the rate development requirements in 42 CFR 438, including compliance with these requirements related to differences in rates and rate development for different covered populations.

viii. FMAP

All populations, except for the HMP population, receive the regular state FMAP of 65.13% for SFY 2025. The FMAP for the HMP population is 90.00%. We did not develop a separate fiscal estimate in this certification report that reflects the impact of the MICHild population or the Section 223 CCBHC Demonstration, which both are subject to the enhanced CHIP FMAP of 75.59%.

ix. Comparison to final certified rates in the previous rate certification

The previous rate certification applied to the SFY 2024 capitation rates. We amended the SFY 2024 capitation rates in our March 27, 2024 rate certification correspondence to MDHHS. A comparison to the amended SFY 2024 certified rates by rate cell is provided in Appendix 5. The primary drivers behind the rate change include the following:

- updating the base data to reflect SFY 2023;
- prospective utilization and unit cost trend assumptions;
- adjustments for the CCBHC Demonstration, including three additional clinics and SFY 2023 base data;
- an incremental \$3.60 per hour DCW wage increase reflecting a 10% overtime hours assumption;
- a modification of the Methadone unit cost adjustment to reflect a minimum fee schedule of \$19 per day;
- a modification of the Applied Behavioral Analysis (ABA) unit cost adjustment to reflect an assumed fee schedule of \$66 per hour;
- adjustments to base data reflecting a 25% increase in unit cost for Private Duty Nursing (PDN);
- adjustments to service coverage, including new waiver services, consistent with changes in the recently submitted 1915(c) and 1915(i) waiver renewals;
- adjustments to base data to reflect population acuity changes resulting from the PHE ending; and
- updating projected enrollment, which reflects a significant decrease in enrollment from SFY 2023 to SFY 2025 due to the continuous eligibility expiration.

x. Known amendments

There are currently no known amendments to the SFY 2025 base capitation rates that are not accounted for in this rate certification.

xi. COVID-19 Approach

(a) Data used

For the base data summaries, SFY 2023 experience was utilized and summarized in Appendix 2.

(b) Direct and indirect impacts of COVID-19

We acknowledge the unique nature of the COVID-19 PHE and the resumption of redeterminations and terminations of coverage associated with the continuous eligibility expiration effective July 2023. The capitation rates account for changes in the projected enrollment due to the public health emergency as enrollment has increased materially from March 2020 to July 2023, and then decreased materially from August 2023 to July 2024. Projected enrollment is expected to remain flat following July 2024 as MDHHS is expected to have completed the twelve-month process for redetermining all individuals previously enrolled. Additional funding has been included for acuity changes due to the anticipation that lower acuity members included within the SFY 2023 base experience will be disenrolled from the program prior to the rating period, leaving a higher level of average acuity for remaining members than reflected in the base period. Additional details relating to the development of the acuity adjustment are documented in Section 2.B.iii.d.

(c) COVID-19 related costs not included in capitation rates

Given the behavioral health program does not include physical health services, it excludes COVID-19 testing, vaccine administration, and other COVID-19 related treatments.

(d) Risk mitigations strategies used

This program has historically, and continues to have, a risk corridor in place. No additional risk mitigation strategies have been incorporated into the program as a result of the COVID-19 pandemic.

2. DATA

This section provides information on the data used to develop the capitation rates. The base SFY 2023 experience data described in this section is illustrated in Appendix 2.

A. Rate Development Standards

In accordance with 42 C.F.R. §438.5(c), we have followed the rate development standards related to base data. The remainder of Section I, item 2 provides documentation of the data types, sources, validation process, material adjustments and other information relevant to the documentation standards required by CMS.

B. Appropriate Documentation**i. Requested data**

As the actuary contracted by MDHHS to provide consulting services and associated financial analyses for many aspects of the Michigan Medicaid program, Milliman intakes and summarizes eligibility and encounter claims data monthly from Optum, MDHHS's data administrator. As such, there is no separate data request from Milliman to the state specifically related to the base data for the capitation rate development. We also received the SFY 2023 Encounter Quality Initiative (EQI) reports from MDHHS that are submitted by each of the ten PIHPs and their contracted CMHSPs. The remainder of this section details the base data and validation processes utilized in the SFY 2025 capitation rate development. Additionally, Appendix 2 summarizes the unadjusted base utilization and expenditures for the services and populations covered in the behavioral health program.

ii. Data used to develop the capitation rates**(a) Description of the data****(i) Types of data**

The primary data sources used or referenced in the development of the state plan and 1915(i) behavioral health and 1915(c) Waiver capitation rates provided as well as CCBHC supplemental capitation payments are the following:

- Encounter data submitted as of August 3, 2024 by the PIHPs and incurred from October 1, 2019 through March 31, 2024;
- Historical Medicaid eligibility data;
- Historical capitation payments made by MDHHS to the PIHPs;
- SFY 2023 P3 EQI reports submitted by each CMHSP and PIHP; note that a SFY 2023 P3 EQI report was not submitted by Northern Lakes CMH;
- SFY 2023 financial status reports (FSR) submitted by each CMHSP and PIHP;
- Behavioral health treatment episode dataset (BH-TEDS) assessment data, which includes the level of care utilization system (LOCUS) assessment scores for adults in need of mental health services;
- SFY 2022 and 2023 CCBHC cost reports submitted by current CCBHCs (reflecting Demonstration Year (DY) 1 and 2) and SFY 2025 CCBHC Demonstration entrants (reflecting the SFY 2023 historical and anticipated cost of their CCBHC to fulfill the care model requirements);
- CCBHC supplemental data requests submitted by current CCBHCs;
- CCBHC beneficiary member months by county; and,
- SFY 2023 and SFY 2024 Behavioral Health Provider Staffing and Expense Survey Data.

The proposed DAB, TANF, HMP, HSW, SED, and CWP populations' behavioral health capitation rates for SFY 2025 utilize SFY 2023 encounter data to develop the base experience. The combined information from all data sources provides a comprehensive summary of the historical enrollment, capitation data, utilization, and the historical cost of the covered services for the populations eligible for the behavioral health managed care program.

(ii) Age of the data

The data serving as the base experience in the capitation rate development process was incurred during SFY 2023. The encounter data for the SFY 2023 base period reflects data adjudicated and submitted through the monthly encounter data warehousing process through August 3, 2024. We also utilized the August 2024 extract for the BH-TEDS assessment data.

The encounter data provided by MDHHS was also used in the capitation rate development for the following purposes:

- For the purposes of trend development, we reviewed encounter experience from April 2021 through September 2023, Federal Reserve Economic Data from January 2022 through January 2024, and SFY 2023 and SFY 2024 Behavioral Health Provider Staffing and Expense Survey Data.
- We observed encounter data incurred from October 2019 through March 2024 that was paid and submitted through the data warehousing process through August 3, 2024 to evaluate emerging experience.

(iii) Data sources

The historical claims and enrollment experience for the encounter data obtained through the encounter data warehousing process were provided to Milliman by MDHHS's data administrator. The sources of other data are noted in (i) and (ii) above.

(iv) Sub-capitation

The ten regional PIHPs contract with forty-six CMHSPs both to provide services directly and to contract with other network providers. The base data summaries include estimated utilization and expenditures from all services provided either by or through the CMHSPs. Additionally, the PIHP EQI reports separately identify utilization and cost information for all services provided by CMHSPs as well as those contracted through the CMHSP and performed by other network providers.

(v) COVID-19 public health emergency exceptions to base data requirement

MDHHS has not requested a base data requirement exception from CMS.

(b) Availability and quality of the data

(i) Steps taken to validate the data

The base experience used in the capitation rates relies on encounter data submitted to MDHHS by participating PIHPs. Managed care eligibility is maintained in the data warehouse by MDHHS. The actuary, the PIHPs, and MDHHS all play a role in validating the quality of data used in the development of the capitation rates. The PIHPs play the initial role, collecting and summarizing encounter data sent to the state. MDHHS works with the data warehouse managers on data quality and PIHP performance measurement. Additionally, we perform independent analysis of encounter data to evaluate the quality of the data being used in the rate development process.

PIHPs may contract with related parties to provide services. This commonly occurs as forty-three CMHSPs provide services for the seven regional PIHPs (three PIHPs are both CMHSPs and PIHPs). Beginning in SFY 2014, MDHHS expanded the required encounter data fields to include both the provider and actual cost information. Milliman, MDHHS, and the PIHPs are currently working together to improve the completeness of these fields so that we can further evaluate the base data for reasonability and appropriateness for services provided by related parties.

Below is a summary of measures specific to each quality area that are applied by MDHHS or the actuary.

Completeness

MDHHS reviews the submitted encounter data to evaluate the completeness of the data. A sample of measures focused on the completeness of the data include:

- Encounter data volume measures by population;
- NPI provider number usage without Medicaid / reporting provider numbers; and,
- Percentage of encounters that are submitted by a PIHP and accepted by the data warehouse.

As the actuary, we also summarize the encounter data to assess month to month completeness of the encounter data. We also compare EQI reported costs to the base encounter data for eligible populations via MDHHS's EQI process. The base encounter data is developed by merging the encounter data with the Medicaid eligibility file and limiting the experience to only individuals eligible for the managed care programs. To the extent that there are material differences between the EQI reported costs and the base encounter data, MDHHS works with the PIHPs to reconcile the differences.

We have included incurred but not paid (IBNP) claim liability estimates reported in the SFY 2023 EQI reports in the SFY 2023 base experience. We have not applied any additional claims completion to the SFY 2023 experience used in the development of the capitation rates and rate adjustments.

Accuracy

Checks for accuracy of the data begin with the PIHPs' internal auditing and review processes. MDHHS reviews the accuracy of the encounter data by reviewing the percentage of accepted encounters between the MDHHS encounter data files and the files submitted by the PIHPs. As the state actuary, we also review the encounter data to ensure each claim is related to a covered individual and a covered service. Claims utilized in the rate development process are those that have matching beneficiary IDs that are eligible for the noted service date.

We summarize the encounter data into an actuarial cost model format. Base period data summaries are created to ensure that the data for each service is consistent across the PIHPs and with prior historical periods. Stratification by rate cell facilitates this review, as it minimizes the impact of changes in population mix. This process identifies PIHP and service category combinations that may have unreasonable reported data.

Consistency of data across data sources

As historical encounter data is the primary source of information used in the development of capitation rates effective October 1, 2024, it is important to assess the consistency of the encounter data with other sources of information. The main source of comparison was the EQI reports. The encounter quality reports provide utilization and expenditure information for SFY 2023 for each service covered under the contract. We utilized these reports to validate the encounter data being utilized for rate development was appropriate and consistent between the two sources of information.

(ii) Actuary's assessment

As required by Actuarial Standard of Practice (ASOP) No. 23, Data Quality, we disclose that Milliman has relied upon certain data and information provided by MDHHS and their vendors, primarily the PIHPs. The values presented in this letter are dependent upon this reliance.

We found the encounter data to be of appropriate quality for purposes of developing actuarially sound capitation rates. The following actions were performed to ensure compliance with ASOP 23:

- Selected data that were both appropriate and sufficiently current for the intended purpose: we used data that reflected the covered population and services under the contract;
- Reviewed the data for reasonability, consistency, and comprehensiveness: documented in the certification report;
- Disclosed any known limitations of the data: documented in the certification report; and,
- Placed reliance on the data supplied by MDHHS and its vendors: documented in the certification report.

While there are areas for data improvement, as detailed in the *Data concerns* section below, we found the encounter data to be of appropriate quality for the purposes of developing the base experience data for the capitation rates, as well as specific adjustments for reimbursement and program changes that impact PIHP expenditures beyond the base experience period.

(iii) Data concerns

The cost information provided in the encounter data was not a reliable source of cost for the services provided, in particular for services reimbursed through non-FFS contracts. As noted above, we are working with MDHHS and the PIHPs to improve the cost information submitted on the encounter data.

We have adjusted the behavioral health encounter data to match the CMHSP and PIHP submitted EQI reports (described in section I.2.B.iii.d). Please note that a SFY 2023 EQI report was not submitted by Northern Lakes CMH. Therefore, their encounter data was adjusted using the PIHP-level EQI cost per unit of service. We do not have any concerns with the quality of the information for the purpose of base rate development.

(c) Appropriate data**(i) Use of encounter and fee-for-service data**

All populations and benefits included in this rate certification were included in the risk-based managed care delivery system in the SFY 2023 base experience period.

(ii) Use of managed care encounter data

Managed care encounter data adjusted to reflect the expenditures in the PIHP submitted EQI reports were utilized in the development of the capitation rates.

(d) Reliance on a data book

We did not rely on a data book.

iii. Data adjustments

The following sections describe any adjustments made to the base experience for data completion, reimbursement changes, and other program adjustments.

(a) Credibility adjustment

Based on our review of the SFY 2023 behavioral health encounter data and the EQI reports, we believe the combined data sources are an appropriate source of utilization and expenditures for the covered populations and are fully credible. No specific credibility adjustments were made to the submitted encounter data as we evaluated the data at a statewide level.

(b) Completion adjustment

The encounter data utilized to develop the SFY 2023 base data for capitation rates includes all data submitted to MDHHS through August 3, 2024. The emerging experience utilized for purposes of rate adjustments includes all data submitted to MDHHS through August 3, 2024. The EQI reports were submitted to MDHHS in March and reflect five months of runout from the end of the state fiscal year. We have included IBNP claim liability estimates reported in the EQI reports in the SFY 2023 base experience.

(c) Errors found in the data*Utilization Adjustment*

We modified the reported utilization to adjust for excessive utilization of services. The adjusted encounters were identified by a single recipient having multiple encounter lines for the same procedure and service date, with different internal control numbers and the cumulative units of the encounter lines exceeding a maximum amount as determined by MDHHS. If the encounter data submitted shows a recipient having the same procedure and service dates that exceed the units allowed, we consider the units in excess of the maximum as duplicate encounters and adjust the units on these encounter lines down to the maximum number of units allowed. This adjustment would also impact a single encounter if the utilization reported was above the maximum utilization possible for the service date window of the encounter.

(d) Program change adjustments

All program and reimbursement changes that have occurred in the Medicaid managed care program since October 1, 2022, the beginning of the base experience period used in the capitation rates, are described below.

The impact of these changes is reflected in the actuarial cost models in Appendix 2 and 3. The composite impact of these adjustments at the population level are illustrated in Appendix 6.

Encounter data financial statement adjustments

The encounter data was adjusted to reflect the financial reports prepared by the PIHPs for the comparable time periods. The financial reports utilized in the rate setting process were the corresponding EQI reports for each population group. These adjustments are illustrated at the rate cell and service category level in Appendix 2.

The EQI reports provide information regarding utilization and cost per unit of service for the Medicaid eligible population split between state plan, EPSDT, 1915(i), and 1915(c) waiver services. The following steps were used to adjust the encounter data to match the EQI reports:

1. Apply EQI report cost per unit to encounter data

The cost per unit of service was developed from the SFY 2023 EQI reports submitted by each PIHP. The EQI reports illustrate the incurred cost per unit of service by procedure code or revenue code for each covered service, split between population (DAB, TANF, HMP, HSW, SED, and CWP), funding source (MH, SUD, or CCBHC), PIHP, and CMHSP direct-run services versus contracted services. The encounter data was adjusted at the PIHP, population, funding source (i.e., mental health, SUD, or CCBHC), procedure code, and direct-run versus contracted grouping to reflect the reported cost per service amounts specific to the fiscal year. Please note that a SFY 2023 EQI report was not submitted by Northern Lakes CMH. Therefore, their encounter data was adjusted using the PIHP-level EQI cost per unit of service.

2. Calculate encounter expenditures by multiplying the EQI cost per unit by the encounter utilization.

Base encounter expenditures were developed by applying the EQI cost per unit from the previous step to the encounter utilization.

3. Summarize encounter and EQI report expenditures

Base encounter and EQI report expenditures and utilization for SFY 2023 were summarized at a level of detail consistent with the groupings used to assign cost per service (see step 1). Differences between base encounters and EQI report expenditures and utilization are adjusted to reconcile any differences.

4. Calculate the adjustment factor and apply it to utilization and expenditures

The expenditure adjustment factor is calculated as the EQI report expenditures divided by the encounter dollars for each respective PIHP at the same grouping level named in step 1. Another adjustment is made using the same logic for units. For instances where a grouping (as described above) from the EQI was not found in the encounter data, additional adjustments were made at the following level to ensure all EQI expenditures and units were included. The grouping was as follows:

- PIHP, population, procedure or revenue code, detailed category of service, and funding source;
- PIHP, population, detailed category of service, and funding source;
- PIHP, population, and detailed category of service; and
- PIHP and population.

We apply each respective adjustment factor to the corresponding utilization and expenditure fields on the encounter data. The overall impact of the adjustment to the base encounter data for mental health, SUD, and CCBHC in SFY 2023 was approximately an 8% increase. These adjustments are reflected by population in Appendix 6.

5. Add in other expenses reported within the EQI Reports

Additional expenditures that were incurred and reported in the EQI reports but did not apply to specific procedure or revenue codes were incorporated into all or groups of codes by PIHP to the already EQI adjusted encounter data. These expenses included IBNR, transportation costs, drop-in centers, and third-party liability (TPL). These expenditures were used to create additional adjustment factors by dividing the sum of the EQI adjusted expenditures and these additional expenses by the EQI adjusted expenditures.

Please note that transportation costs were added only to transportation procedure codes and IBNR was added in at a Local Psychiatric Hospital/IMD, Local Psychiatric Hospital/Acute Community, and All Other Non-Psychiatric Hospital level.

Jail Services Removal Adjustment

SFY 2023 P3 EQI reports included a QJ modifier for services provided to incarcerated individuals. Services provided to incarcerated individuals are not covered through Medicaid funding, thus were reported as non-Medicaid services on the EQI reports. EQI reports were limited to covered services, and encounter data were adjusted to reflect these services. Base encounter expenditures with a QJ modifier did not find a corresponding EQI cost per unit and were repriced to zero. Therefore, no explicit adjustment was developed for the removal of jail services.

Mild-to-Moderate Removal Adjustment

Historically, behavioral health services provided to individuals with mild-to-moderate mental health and/or SUD needs were covered under MDHHS' CHCP and FFS programs. However, starting in SFY 2022, CCBHCs provided services to all beneficiaries, including individuals with mild-to-moderate needs, as part of the MDHHS's CCBHC Demonstration Program. We have removed the service cost associated with mild-to-moderate Medicaid beneficiaries who are receiving services through the CCBHC Demonstration and included in the base data for the purposes of BH capitation rate development.

We identified the service cost associated with the mild-to-moderate Medicaid beneficiaries using the following logic:

- Medicaid beneficiaries aged eighteen years or older with a LOCUS assessment score of less than or equal to 16.
- Medicaid beneficiaries aged less than eighteen years and older than five years who were identified through CAFAS scores of less than 50 as mild-to-moderate in the CCBHC supplemental data requests received in July 2024.

The removal of the mild-to-moderate Medicaid beneficiaries' CCBHC service costs reduced the underlying EQI adjusted base experience by approximately \$64 million. Please note, the mild-to-moderate Medicaid CCBHC service costs are paid for through the CCBHC supplemental payments and CCBHC program year-end reconciliation.

Starting SFY 2024, CCBHC services provided to mild-to-moderate beneficiaries are being identified using procedure code T1040 with a TF modifier on the encounter.

IMD Adjustment

The base data has been adjusted to exclude services provided to individuals in an institution for mental disease (IMD) for stays longer than 15 days, consistent with the Medicaid and CHIP Managed Care Final Rule (CMS-2390-F). CMS-2390-F states that any services provided to a beneficiary in an IMD for a stay spanning greater than 15 days in a single month are not covered by Medicaid. The removal of these services resulted in a decrease of approximately \$27.3 million to the underlying base experience after adjusting the encounter data to match the utilization and expenditures in the SFY 2023 EQI report.

Methadone Unit Cost Adjustment

MDHHS has adjusted the reimbursement for the HCPCS H0020 for alcohol and/or drug services related to methadone administration and/or services (provision of the drug by a licensed program) to account for a change to a state directed minimum fee schedule of \$19 per unit based on legislatively appropriated language. We repriced the encounter data to match the unit cost above, when the reported unit cost was less than \$19 per unit (after adjusting the encounter data to match the utilization and expenditures in the SFY 2023 EQI report and trending unit cost to SFY 2025 at 4% per year). This adjustment increased projected revenue for SFY 2025 by approximately \$5.2 million.

Applied Behavioral Analysis (ABA) Unit Cost Adjustment

SB 747 mandates a reimbursement rate of \$66 per hour for behavioral health technicians performing ABA services to be utilized during rate setting. Based on discussions with MDHHS regarding this legislation, we repriced per unit reimbursement for HCPCS 97153 to the legislatively mandated hourly rate.

Since HCPCS 97153 is a DCW service and the \$66 per hour mandate reflects more than a \$4 increase above the SFY 2024 legislatively mandated reimbursement levels, the DCW wage adjustment was not applied above and beyond the \$66 per hour legislative mandate. This unit cost adjustment reduced projected funding for SFY 2025 by approximately \$0.8 million after adjusting the encounter data to match the utilization and expenditures in the SFY 2023 EQI report and trending unit cost to SFY 2025 at 4% per year.

Direct Care Wages (DCW) Adjustment

Effective October 1, 2024, MDHHS increased reimbursement for direct care wage (DCW) services from \$3.20 per hour to \$3.40 per hour for hazard pay in response to the COVID-19 pandemic with an additional 12% add-on related to employer related expenses. MDHHS also continues to allow for funding for all overtime hours. An assumption of 10% of overtime hours worked resulted in a blended DCW rate of \$3.60 per hour. Based on SFY 2023 experience and utilization trend, we determined that the \$3.60 per hour adjustment for DCW services would produce approximately a \$360.7 million increase in projected revenue for SFY 2025. Figure 4 below documents the time per unit assumptions used in the build-up of this adjustment. Appendix 3 documents the adjustment made to underlying base experience for the increased reimbursement amounts for DCW services. Since the base SFY 2023 experience includes approximately \$219 million related to DCW increases, this amount was deducted from the base experience to avoid duplication. SFY 2023 FSR Reports from the PIHPs did not separately state revenues and expenditures attributable to DCW. SFY 2023 DCW expenditures were approximated using an assumed hours per unit (including indirect and travel time) for each DCW service, EQI units, and a DCW rate of \$2.35 per hour that was in effect during SFY 2023. The services outlined in the bullets below were considered DCW services for purposes of this analysis. DCW increases for service code 97153 (ABA Adaptive Behavior Treatment) were omitted to align the funding in the rates with the mandated \$66 per hour reimbursement rate above.

- H2014 - Skill-building
- H2015 - Community Living Supports (15 minutes)
- H2016 - Community Living Supports (Daily)
- H2023 - Vocational Supports
- H2025 - Vocational Supports (Job Coaching)
- S5151 - Respite
- T1005 - Respite Care
- T1020 - Personal Care in Licensed Specialized Residential Setting
- T2015 - Out of Home Prevocational Services
- H0018 - Crisis Residential Services – SUD and Co-occurring SUD/MH
- H0019 - Crisis Residential Services – SUD
- H0010 - Withdrawal Management – SUD
- H0012 - Withdrawal Management – SUD
- H0014 - Withdrawal Management – SUD
- T2027 - Overnight Health and Safety Supports
- 97154 - ABA Group Adaptive Behavior Treatment
- 0373T - ABA Exposure Adaptive Behavior Treatment

FIGURE 4: TIME PER UNIT SUMMARY EXHIBIT

| SERVICE CODE | UNIT TYPE | DIRECT HOURS PER UNIT | DIRECT MINUTES | INDIRECT MINUTES | TRANSPORTATION MINUTES | ADDITIONAL TIME ADJUSTMENT | TOTAL ADJUSTED MINTUES PER UNIT | ASSUMED OVERTIME MINUTES PER UNIT |
|--------------|------------|-----------------------|----------------|------------------|------------------------|----------------------------|---------------------------------|-----------------------------------|
| 0373T | 15 Minutes | 0.5 | 30 | 7.5 | 3.2 | 13.70% | 46.28 | 4.63 |
| 97154 | 15 Minutes | 0.25 | 15 | 9 | 4.4 | 13.70% | 32.29 | 3.23 |
| H2014 | 15 minutes | 0.25 | 15 | 1.5 | 2.1 | 13.70% | 21.15 | 2.12 |
| H2015 | 15 Minutes | 0.25 | 15 | 1.5 | 1.1 | 13.70% | 20.01 | 2.01 |
| H2023 | 15 minutes | 0.25 | 15 | 25 | 7.9 | 13.70% | 54.46 | 5.45 |
| H2025 | 15 minutes | 0.25 | 15 | 25 | 7.9 | 13.70% | 54.46 | 5.45 |
| T1005 | 15 minutes | 0.25 | 15 | 1.5 | - | 13.70% | 18.76 | 1.88 |
| T2027 | 15 Minutes | 0.25 | 15 | 1.5 | - | 13.70% | 18.76 | 1.88 |
| T2015 | Per Hour | 1 | 60 | 6 | 8.9 | 13.70% | 85.16 | 8.52 |
| H0010 | Per Diem | 8 | 480 | - | - | 13.70% | 545.76 | 54.58 |
| H0012 | Per Diem | 8 | 480 | - | - | 13.70% | 545.76 | 54.58 |
| H0018MH | Per Diem | 12 | 720 | - | - | 13.70% | 818.64 | 81.87 |
| H0018SUD | Per Diem | 4 | 240 | - | - | 13.70% | 272.88 | 27.29 |
| H0019 | Per Diem | 4 | 240 | - | - | 13.70% | 272.88 | 27.29 |
| S5151 | Per Diem | 7 | 420 | - | - | 13.70% | 477.54 | 47.76 |
| H2016 | Per Diem | 6 | 360 | - | - | 13.70% | 409.32 | 40.94 |
| T1020 | Per Diem | 3 | 180 | - | - | 13.70% | 204.66 | 20.47 |

Private Duty Nursing (PDN) Unit Cost Increase Adjustment

Effective SFY 2025, private duty nursing services will receive a 25% legislatively mandated unit cost increase in addition to the 4% unit cost trend already being applied to HSW services. This adjustment increased projected funding for SFY 2025 by approximately \$1.7 million. The following services are private duty nursing (PDN) services and were included in the adjustment:

- S9123 – Private duty nursing, 21 years and over
- S9124 – Nursing care, in the home, by licensed practical nurse.

CCBHC Fee Schedule Adjustment

A CCBHC fee schedule was developed to provide transparency for at-risk expenditures of CCBHC Demonstration covered services in the base data. Prior to the CCBHC demonstration, the PIHPs were at risk for the total cost of care for behavioral health services for individuals with SMI, SED, SUD, and/or I/DD diagnoses. In SFY 2025, this risk continues to remain consistent for non-CCBHC services and CCBHC services provided outside the Section 223 Demonstration. Starting in SFY 2024, and continuing in SFY 2025, for CCBHC Demonstration services, PIHP risk is limited to utilization at a pre-defined cost given the state is funding the capitation rates for CCBHC program services at the CCBHC fee schedule. This fee schedule can be found in Appendix 10, with further detail being provided in the SFY 2025 CCBHC Fee Schedule Development Report.

As noted above, the selected base data period for the SFY 2025 capitation rates is SFY 2023, which is concurrent with DY 2 of Michigan's Section 223 CCBHC Demonstration. The base data includes CCBHC service expenditures provided to Medicaid SMI/SUD/SED beneficiaries for each CCBHC. Therefore, the encounters are repriced from the EQI unit cost calculated in the *Encounter data financial statement adjustment* section above to the CCBHC fee schedule unit cost.

The CCBHC fee schedule adjustment reprices all service utilization in the underlying base data that meet the following criteria:

- If the associated CCBHC is a CCBHC Cohort 1 site, the included service utilization must have a T1040 procedure code reported on the associated daily visit encounter. Additionally, we used the following criteria:
 - Must be from an active encounter;

- Must have been incurred during SFY 2023;
 - Must have a billing provider NPI of a CCBHC;
 - Must include a CCBHC procedure code;
 - Must not be a 1915(c) waiver encounter; and,
 - The claim originator must be the primary CMHSP or PIHP a CCBHC contracts with.
- For CCBHC Cohort 2 and 3 sites who have not previously reported CCBHC Demonstration utilization with a T1040 procedure code on the encounters in SFY 2023, we used the following criteria to identify covered services:
 - Must be from an active encounter;
 - Must have been incurred during SFY 2023;
 - Must have a billing provider NPI of a CCBHC;
 - Must include a CCBHC procedure code;
 - Must not be a 1915(c) waiver encounter;
 - Must be associated with a member that had a reported SMI/SED/SUD diagnosis during SFY 2022 or SFY 2023; and,
 - The claim originator must be the primary CMHSP or PIHP a CCBHC contracts with.

After repricing the CCBHC services to the CCBHC fee schedule, we calculated the variance between EQI repriced CCBHC services less the CCBHC fee schedule repriced amount. This repricing of CCBHC services reduced projected funding for SFY 2025 by approximately \$155.9 million after adjusting the encounter data to match the utilization and expenditures in the SFY 2023 EQI report and trending to SFY 2025 at 4% per year.

Acuity Adjustment for Decreased Enrollment from the Public Health Emergency (PHE) Ending

Enrollment for SFY 2025 has been projected by reviewing February 2020 and July 2024 enrollment levels and available disenrollment data after the end of the PHE. We completed historical enrollment, which reflected the majority of the anticipated months of enrollment decline and assumed stable enrollment for the remainder of SFY 2024 and 2025 (for months following August 2024). Given disenrolled members are lower cost than the existing population, an adjustment was made to the capitation rates to reflect the acuity difference between the SFY 2025 projected Medicaid eligible members compared to the SFY 2023 historical Medicaid eligible members. We reviewed historical experience of those who maintained eligibility as of May 2024 and the population as a whole and developed the relative acuity difference between the cohorts. This relative acuity difference was applied to the SFY 2025 projected benefit expense, which is illustrated in Appendix 3. The projected eligibility decreases are estimated to decrease PIHP expenditures by approximately \$474.7 million and the acuity adjustment increase projected expenditures by approximately \$305.7 million.

1915(c) Factor

The capitation rates were updated to reflect changes made as part of the 1915(c) and 1915(i) waiver renewals that go into effect on 10/1/2024. This factor distributes estimated budget impacts for changes to covered benefits or services related to addition and removal of various services covered by the 1915(c) waivers and transition of specific services from the 1915(c) waiver and 1915(i) to the state plan through the addition of a Targeted Case Management (TCM) state plan amendment (SPA) for Intensive Care Coordination with Wraparound (ICCW) and a Parent Support Partner (PSP) SPA. These budget impacts were informed by analysis completed for the SFY 2025 1915(c) waiver renewals. The budget impacts corresponding to the waiver renewal were updated to align with the more recent SFY 2023 EQI adjusted base data underlying the SFY 2025 capitation rate development. The service categories affected are summarized below, and the corresponding impacts on expenditures are illustrated in Figure 5.

- Overnight Health and Safety Support (OHSS) – Eligibility and coverage of OHSS services in the SED and CWP waivers was expanded. Based upon discussions with MDHHS, we estimated the number of SED and CWP Overnight Health and Safety Support unduplicated annual users to be 20% of unduplicated participants in the waivers.
- Enhanced Transportation was removed from the CWP service array.

- Wraparound services were removed from the SED service array and added to the state plan through a Targeted Case Management (TCM) state plan amendment (SPA) for Intensive Care Coordination with Wraparound (ICCW). In addition to budget neutral transition of Wraparound expenditures from the SED waiver to the TCM SPA, we assumed 20% growth in non-SED TANF eligibles seeking TCM/ICCW services.
- Parent Support Partner (PSP) services were removed from Family Support and Training for the SED and 1915(i) service arrays and are being transitioned to a PSP SPA.
- Home care training service was updated to remove a unit limit for providers at the bachelor's level. We estimate that the average cost per unit will increase by 0.7%.
- Equine Therapy was added to the array of services covered under Therapeutic Activities for the SED waiver and Specialty Therapy for the CWP waiver. We assumed unduplicated users to increase by 5% with no material change in the average cost per unit or units per unduplicated recipient.
- Children's Therapeutic Foster Care (CTFC) was renamed Children's Therapeutic Family Care, and the service was updated to a best practice model resulting in an IRM per diem rate of \$205.89 to be used for rate setting.
- Prevocational Services were removed from the HSW service array and are included in 1915(i) SPA as Skill Building.
- Goods and Services language in the HSW waiver was adjusted to remove language that indicated Goods and Services are required to replace services performed by a human. We estimate that this will result in an increase in the number of unduplicated participants of 25%. We expect that recipients will utilize 1 unit per year at an average cost per unit of \$1,600.
- Adaptive Clothing was added to Enhanced Medical Equipment and Supplies in the HSW service array. We estimated this will result in an increase in the number of unduplicated annual users by 100 and assumed that recipients will utilize 1 unit per year at an average cost per unit of \$1,000.

Budget impact dollars were distributed by rate cell proportional to the base data experience for that service and are summarized in Figure 5 below:

FIGURE 5: 1915(C) + SPA BUDGET IMPACTS

| RENEWAL APPLICATION CHANGE | SED | CWP | HSW | 1915(I) SPA | PSP SPA | TCM SPA | COMPOSITE |
|---|-----------------------|---------------------|-------------------|-----------------------|----------------------|----------------------|---------------------|
| Overnight Health and Safety | 1,300,000 | 2,800,000 | - | - | - | - | 4,100,000 |
| Enhanced Transportation | - | (2,000) | - | - | - | - | (2,000) |
| ICC/Wraparound | (7,653,000) | - | - | - | - | 11,253,000 | 3,600,000 |
| Family Home Care Training/PSP | (530,000) | - | - | (9,709,000) | 10,176,000 | - | (63,000) |
| Equine Therapy | 7,000 | 19,000 | - | - | - | - | 26,000 |
| Children's Therapeutic Family Care (CTFC) | 70,000 | - | - | - | - | - | 70,000 |
| Prevocational Services/1915(i) Skill Building | - | - | (234,000) | 234,000 | - | - | - |
| Goods and Services | - | - | 840,000 | - | - | - | 840,000 |
| Adaptive Clothing | - | - | 110,000 | - | - | - | 110,000 |
| Total | \$ (6,806,000) | \$ 2,817,000 | \$ 716,000 | \$ (9,475,000) | \$ 10,176,000 | \$ 11,253,000 | \$ 8,681,000 |

(e) Exclusion of payments or services from the data

Spend-down adjustment

In determining the appropriate encounter claims to include in the capitation rate setting process, we excluded services for the spend-down eligible population during the time period that they are not eligible for Medicaid. However, we included services for the spend-down eligible population after meeting their spend down amounts and becoming Medicaid eligible.

Fraud, waste, and abuse

We did not make any adjustments for fraud, waste, and abuse. Fraud recoveries by the PIHP should result in correcting warehouse encounters and impact EQI and FSR reporting by not allowing those expenses to be categorized as allowable Medicaid expenses.

3. PROJECTED BENEFIT COST AND TRENDS

This section provides information on the development of projected benefit costs in the capitation rates.

A. Rate Development Standards

i. Final capitation rate compliance

The final capitation rates are in compliance with 42 C.F.R. § 438.4(b)(6) and are only based on services outlined in 42 C.F.R. § 438.3(c)(1)(ii) and 438.3(e). Non state plan services provided by the PIHPs, except for approved in-lieu of services, have been excluded from the capitation rate development. PIHPs utilize institutions for mental disease (IMD), as an approved in-lieu of service.

ii. Benefit cost trend assumptions

Projected benefit cost trend assumptions are developed in accordance with generally accepted actuarial principles and practices. The primary data used to develop benefit cost trends is historical claims and enrollment from the covered populations. Additionally, consideration of other factors and data sources appropriate for benefit cost trend development is further documented in Section I, item 3.B.iii.

iii. In lieu of service and setting

The projected benefit costs include costs for in-lieu-of services for IMD only. Effective October 1, 2016, all services provided to a beneficiary in a month where the beneficiary exceeds 15 days in an IMD setting should be excluded from the capitation rates based on the publication of the Medicaid and Children's Health Insurance Program (CHIP) Managed Care Final Rule (CMS-2390-F, 81 FR 27498) on May 6, 2016 ("final rule"). Appendix 2 documents the adjustment made to the underlying base experience to remove all expenditures associated with IMD stays of greater than 15 days.

To develop this adjustment factor, we flagged recipient months where the beneficiary stayed more than 15 days in an IMD, and then removed all services (including non-IMD services) provided to the beneficiary in that month, as well as the corresponding membership from the base experience because capitation payments cannot be made for these months.

iv. In lieu of services excluding IMD short term stays

The behavioral health managed care program includes no ILOS other than short term stays in an IMD.

v. Benefit expenses associated with members residing in an IMD

For enrollees aged 21 to 64, the projected benefit costs do not include the costs associated with an IMD stay of more than 15 days, as well as other managed care plan costs delivered in a month when an enrollee has an IMD stay of more than 15 days. We have also excluded member months from the base rate development where an enrollee had an IMD stay of more than 15 days. Appendix 2 illustrates the adjustment to the base experience to remove all costs associated with an IMD stay of more than 15 days.

Figure 6 illustrates (a) the number of IMD enrollees, (b) the average length of stay, (c) the statewide cost per day, and (d) the total expenditures associated with IMDs facilities for each population. Please note that this figure reflects IMD costs associated with any length of stay, and the IMD experience included in the capitation rates is limited to individuals who stayed in an IMD less than 15 days in a month. The values below are reflective of utilization reported by the PIHPs in the SFY 2023 EQI reports.

FIGURE 6: SFY 2023 IMD EXPERIENCE AS IN LIEU OF SERVICE – ALL LENGTHS OF STAY

| POPULATION | ADMISSIONS | AVERAGE LENGTH OF STAY | STATEWIDE COST PER DAY | TOTAL DOLLAR IMPACT |
|------------|------------|------------------------|------------------------|---------------------|
| DAB | 6,635 | 12.8 | \$ 613.90 | \$ 52,244,244 |
| TANF | 4,871 | 9.8 | \$ 793.77 | \$ 37,758,996 |
| HMP | 7,658 | 10.3 | \$ 769.01 | \$ 60,605,749 |

(a) Costs associated with an IMD stay of more than 15 days

We have identified costs of approximately \$27.3 million associated with IMD stays of more than 15 days for beneficiaries aged 21 to 64. These expenditures include costs for services other than IMD that were incurred during the same month. These expenditures have been excluded from the base experience. This adjustment is illustrated in Appendix 2.

(b) Other costs for services during an IMD stay of more than 15 days

We have identified costs of approximately \$27.3 million associated with IMD stays of more than 15 days for beneficiaries aged 21 to 64. These expenditures include costs for services other than IMD that were incurred during the same month. These expenditures have been excluded from the base experience. This adjustment is illustrated in Appendix 2.

B. Appropriate Documentation

i. Projected Benefit Costs

This section provides documentation of the methodology utilized to develop the benefit cost component of the capitation rates at the rate cell level.

ii. Development of Projected Benefit Costs

(a) Description of the data, assumptions, and methodologies

This section of the report outlines the data, assumptions, and methodology used to project the benefit costs to the rating period. The baseline benefit costs were developed using the following steps:

Step 1: Create unadjusted cost model summaries by rate cell

The capitation rates were primarily developed from historical claims and enrollment data from the managed care enrolled populations and were summarized on a per member per month (PMPM) basis.

The data utilized to prepare the base period cost models consisted of SFY 2023 incurred encounter data that has been submitted by the PIHPs. The information is summarized in Appendix 2 and is stratified by capitation rate cell and by major category of service.

The experience utilized as the starting point in Appendix 2 reflects unadjusted summaries of the SFY 2023 base period data.

Step 2: Apply historical and other adjustments to base encounter data

As documented in the previous section, the base experience was adjusted for several items, including but not limited to the IMD adjustment and policy and program changes that occurred during SFY 2023. Appendix 2 illustrates all retrospective policy and program adjustments outlined in Section I, item 2.B.iii.(d) and applied to the SFY 2023 base experience.

Step 3: Adjust for prospective program and policy changes and trend to the rating period

Appendix 3 illustrates the prospective policy and program adjustments outlined in Section I, item 2.B.iii.(d) and included in the projected benefit expense. Appendix 3 also includes the trend adjustment factor by rate cell and service category. The adjusted PMPM values from the base experience period were trended forward from the midpoint of the base experience period (April 1, 2023) to the midpoint of the rating period (April 1, 2025).

The resulting PMPMs established the adjusted benefit expense by population and rate cell for the rating period.

Step 4: Regional adjustment factors

The capitation rates illustrated in Appendix 5 are on a statewide basis for each rate cell. Capitation rates paid to each of the PIHPs will be further adjusted by the region in which the payment is made. Regional adjustment factors were calculated at the program level and are applied to each population and benefit covered in this certification. The SFY 2025 area factors include consideration for the following factors:

- **Transportation factor** – applicable to all non-inpatient service expenditures;
- **Inpatient cost per day factor** – applicable to inpatient service expenditures;
- **DCW factor** – applicable to the expenditure increase resulting from the \$3.60 DCW per hour increase; and,
- **CCBHC factor** – applicable to all CCBHC service expenditures, including CCBHC services reflected in the CCBHC Demonstration as well as CCBHC services outside of the CCBHC Demonstration.

Please note that acuity differences of the covered population by PIHP within a given rate cell are reflected in the entity-specific risk adjustment factor development as documented in Section I, item 6. Figure 7 illustrates the corresponding area factor to be applied to all capitation rates illustrated in Appendix 5.

Transportation Factor

We categorized each of the counties in Michigan into either urban, rural, or frontier based on their population density. Counties are classified as urban if the population density in that county is greater than 200 people per square mile. Counties are classified as frontier if the population density in that county is less than or equal to 40. Counties are classified as rural if the population density in that county is greater than 40 and less than or equal to 200.³ Figure 7 illustrates the percentage of each PIHP that was identified as urban, rural, or frontier based on the counties that represent the PIHP catchment area.

The regional adjustment factors were developed based on the variation in service costs assumed by region. We developed provider payment rates for urban, rural, and frontier regions by varying transportation costs assumed using the top services covered under the behavioral health program and included in Appendix 1b of the SFY 2025 Behavioral Health Comparison Rate Development Report.

³ <https://www.senate.michigan.gov/sfa/Economics/MichiganPopulationByCounty.PDF>

⁴ Behavioral Health Comparison Rate Report SFY 2025 (michigan.gov)

Transportation costs included both the time spent by direct care staff traveling from one visit to another as well as the vehicle costs associated with any transportation. We determined whether either of these components was applicable at the procedure code level for the services that comprise the majority of non-inpatient costs.

Inpatient Cost per Day Factor

The inpatient cost per day factor was developed for each PIHP by comparing its respective SFY 2023 EQI-reported cost per day divided by the statewide average inpatient cost per day.

DCW Factor

The DCW factor is meant to distribute the \$3.60 per hour DCW funding increase included in the statewide capitation rates to regions proportional to the anticipated expenses attributable to the DCW policy. Due to DCW revenues and expenses not being separately stated in the SFY 2023 FSRs, we relied on SFY 2022 FSR information to develop the DCW factor. Based on our review of SFY 2022 FSR information, southeast PIHP regions received 44% of DCW funding in 2022 and recorded 56% of DCW expenditures. The DCW factor was developed aiming to better align the distribution of DCW revenues for southeast regions (regions 6, 7, 8, and 9) and non-southeast regions with the estimated expenses for SFY 2025.

CCBHC Factor

The CCBHC program changes (the mild-to-moderate removal and CCBHC fee schedule adjustments), discussed above, reduce overall expenditures in the base capitation data, which decreases the statewide composite capitation rates. Since not all regions have the same level of participation in the CCBHC Demonstration, the statewide capitation rate, which is dampened by the CCBHC program adjustments, needs adjusted to consider each region's CCBHC participation level and anticipated CCBHC supplemental funding.

Therefore, we developed a budget neutral CCBHC factor to increase capitation payments for regions with a lower CCBHC Demonstration participation level to a level which is consistent with what would have been received absent the CCBHC Demonstration. Regions will receive a factor greater than 1.0 if the proportion of CCBHC services covered under the CCBHC Demonstration for that region is less than the statewide proportion of CCBHC services covered under the CCBHC Demonstration. PIHPs receive CCBHC supplemental funding to cover the gap between the at-risk portion of the PPS-1 rate and the total PPS-1 rate owed to the CCBHC as part of the Demonstration.

Figure 7 illustrates the corresponding area factor to be applied to all capitation rates illustrated in Appendix 5.

FIGURE 7: REGIONAL FACTORS BY PIHP

| PIHP | URBAN | RURAL | FRONTIER | REGIONAL | IP | DCW | CCBHC | FINAL |
|------------|---------|--------|----------|----------|--------|--------|--------|--------|
| NorthCare | 0.00% | 0.00% | 100.00% | 1.0906 | 1.3363 | 0.7951 | 1.1380 | 1.0973 |
| NorthernMI | 18.51% | 55.48% | 26.01% | 1.0242 | 1.2027 | 0.7951 | 1.0687 | 1.0309 |
| Lakeshore | 85.66% | 13.39% | 0.95% | 0.9956 | 1.1025 | 0.7951 | 0.9715 | 0.9775 |
| Southwest | 49.09% | 50.91% | 0.00% | 0.9984 | 1.3003 | 0.7951 | 0.9525 | 0.9884 |
| Midstate | 45.04% | 53.04% | 1.91% | 1.0005 | 1.0884 | 0.7951 | 1.0033 | 0.9890 |
| Southeast | 87.93% | 12.07% | 0.00% | 0.9946 | 1.1029 | 1.2547 | 0.9833 | 1.0239 |
| Detroit | 100.00% | 0.00% | 0.00% | 0.9934 | 0.8400 | 1.2547 | 1.0126 | 1.0120 |
| Oakland | 100.00% | 0.00% | 0.00% | 0.9934 | 0.8144 | 1.2547 | 0.9955 | 1.0045 |
| Macomb | 100.00% | 0.00% | 0.00% | 0.9934 | 0.9201 | 1.2547 | 0.9820 | 1.0085 |
| Region10 | 81.28% | 18.72% | 0.00% | 0.9952 | 1.0815 | 0.7951 | 0.9761 | 0.9772 |
| Statewide | 75.38% | 19.83% | 4.79% | 1.0000 | 1.0000 | 1.0000 | 1.0000 | 1.0000 |

CCBHC supplemental payment development

CCBHC Demonstration guidance requires that CCBHCs participating in the Section 223 CCBHC Demonstration program receive their clinic-specific cost-based PPS-1 rate for each daily visit where CCBHC services are provided to a Medicaid beneficiary. Consistent with SFY 2024, we have built the CCBHC PPS-1 rates into the managed care program using Option 2 of the CCBHC Demonstration Guidance.⁵ Our approach includes the following components:

- Incorporates the CCBHC services into the base capitation rates at the CCBHC fee schedule;
- Wraparound CCBHC supplemental capitation payments made outside of the risk-based contract on a monthly basis to the PIHPs;
- A reconciliation process is performed to ensure that actual funding owed to the CCBHC (daily visits multiplied by PPS-1 rate) is equal to the funding received through the base capitation and supplemental payments. Any variance resulting from the reconciliation will be accounted for between the CCBHC from the PIHPs on a quarterly basis and between the PIHPs and MDHHS on an annual basis.

When developing the CCBHC supplemental payments, we considered the addition of CCBHC Cohort 3 entities that will enter the Demonstration in SFY 2025.

Appendix 8A documents the rate calculations used to develop PPS-1 rates and projected CCBHC supplemental expenditures for CCBHC Cohort 1.

Appendix 8B documents the rate calculations used to develop PPS-1 rates and projected CCBHC supplemental expenditures CCBHC Cohort 2.

Appendix 8C documents the rate calculations used to develop PPS-1 rates and projected CCBHC supplemental expenditures for CCBHC Cohort 3.

Appendix 9 provides the percentage of the SFY 2025 capitation rates comprised of qualifying at-risk CCBHC services by rate cell.

Appendix 10 provides the SFY 2025 CCBHC fee schedule used to determine CCBHC expenditures included within the capitation rates. The methodology and assumptions used to develop the CCBHC fee schedule can be found in a separate report entitled *SFY 2025 CCBHC Fee Schedule Development Report*.

SFY 2025 CCBHC PPS-1 Rates

SFY 2025 CCBHC PPS-1 rates were developed for Cohorts 1 and 3 using their SFY 2023 CCBHC cost report submission using the following calculation:

$$\text{SFY 2025 CCBHC PPS-1 Rate} = \text{SFY 2023 CCBHC Cost Per Daily Visit} * (100\% + \text{MEI } \%)$$

SFY 2025 CCBHC PPS-1 rates were developed for Cohort 2 using their SFY 2022 CCBHC cost report submission using the following calculation:

$$\text{SFY 2025 CCBHC PPS-1 Rate} = \text{SFY 2022 CCBHC Cost Per Daily Visit} * (100\% + \text{MEI } \%)$$

Note that the Medicare Economic Index (MEI) factor used in the SFY 2025 CCBHC PPS-1 rates for Cohorts 1 and 3 covered a different time period than the MEI factor used for Cohort 2. SFY 2023 CCBHC cost per daily visit amounts were trended to SFY 2025 using a blended MEI factor of 6.3% to develop SFY 2025 PPS-1 rates for Cohorts 1 and 3. This factor was developed using a base period of SFY 2023 and an end period of SFY 2025 in the CMS Office of the Actuary (OACT) CCBHC MEI calculation tool. SFY 2022 CCBHC cost per daily visit amounts were trended to SFY 2025 using a blended MEI factor of 10.8% to develop SFY 2025 PPS-1 rates for Cohort 2. This factor was developed using a base period of SFY 2022 and an end period of SFY 2025 in the CMS OACT CCBHC MEI calculation tool.

CCBHC cost per daily visit amounts were developed by dividing total PPS expenditures by total daily visits from each CCBHC cost report submission. Total daily visit and expenditure amounts were developed using information from direct-run, designated collaborating organization (DCO), and additional anticipated daily visits. The daily visit and expenditure amounts reported pertain to Medicaid SMI/SED/SUD, Medicaid mild-to-moderate, and non-Medicaid beneficiaries of CCBHC services.

Please note that, in accordance with CMS guidance, all cost reports used in SFY 2025 PPS-1 rate calculations were adjusted to use a 15% federal minimum rate (de minimis rate) for the indirect cost allocation, when the federal minimum rate option was selected. This resulted in an increased PPS-1 rate for clinics electing to use the 10% de minimis rate in their CCBHC cost report.

Projected CCBHC Cost Per Day Included Within Base Capitation

CCBHC daily visits are partially funded through base capitation payments for the SMI/SED/SUD population. The cost per daily visit funded through base capitation payments was developed for each site using the following calculation:

$$\begin{aligned} & \text{Projected SFY 2025 Cost Per Daily Visit Funded Through Base Capitation} \\ & = \text{Projected SFY 2025 CCBHC SMI/SED/SUD Base Capitation Expenditures} \\ & / \text{Projected SFY 2025 CCBHC SMI/SED/SUD Base Capitation Daily Visits} \end{aligned}$$

Projected SFY 2025 CCBHC SMI/SED/SUD base capitation expenditures were determined by identifying the CCBHC services provided to the SMI/SED/SUD population specific to each site in the underlying base data. The CCBHC services were then repriced using the SFY 2025 CCBHC Fee Schedule to determine the SMI/SED/SUD expenditures funded through base capitation.

Projected SFY 2025 CCBHC SMI/SED/SUD daily visits included in the underlying base data were identified by developing a list of daily visits unique by member, CCBHC, and service date after selecting the underlying base data to reflect CCBHC SMI/SED/SUD daily visits.

The criteria used to select the underlying base data for both SMI/SED/SUD expenditures and daily visits can be found in the CCBHC Fee Schedule Adjustment section of this report.

Projected SFY 2025 CCBHC Supplemental Service Expenditures

Projected SFY 2025 CCBHC supplemental service expenditures are comprised of both projected mild-to-moderate supplemental expenditures and projected SMI/SED/SUD supplemental expenditures. Projected SFY 2025 CCBHC mild-to-moderate supplemental service expenditures were developed using the following calculation:

$$\begin{aligned} & \text{Projected SFY 2025 CCBHC Mild-to-Moderate Supplemental Service Expenditures} \\ & = \text{SFY 2025 CCBHC PPS-1 Rate} * \text{Projected SFY 2025 Mild-to-Moderate Daily Visits} \end{aligned}$$

SFY 2025 mild-to-moderate daily visits for Cohort 1 and 2 were projected using the product of the total SFY 2025 projected daily visits multiplied by the CCBHC's SFY 2024 emerging mild-to-moderate daily visit percentage. The criteria used to identify mild-to-moderate daily visits in the underlying base data can be found in the *CCBHC Mild-to-Moderate Adjustment* section of this report. Because Cohort 3 sites assessment data for SFY 2024 was not available, we projected Cohort 3's mild-to-moderate daily visits using the product of the SFY 2025 projected daily visits multiplied by the statewide average mild-to-moderate daily visit percentage.

Projected SFY 2025 CCBHC SMI/SED/SUD supplemental service expenditures were developed from SFY 2023 cost report submissions for Cohorts 1 and 3, SFY 2022 cost report submissions for Cohort 2, and evaluation of the underlying base data using the following calculation:

$$\begin{aligned} & \text{Projected SFY 2025 CCBHC SMI/SED/SUD Supplemental Service Expenditures} \\ & = (\text{Projected SFY 2025 CCBHC PPS-1 Rate} - \text{Projected SFY 2025 CCBHC Cost Per Daily Visit Funded Through Base Capitation}) \\ & * \text{Projected SFY 2025 CCBHC SMI/SED/SUD Daily Visits} \end{aligned}$$

Projected SFY 2025 CCBHC SMI/SED/SUD daily visits were calculated using the same methodology used for mild-to-moderate daily visit projections, except the emerging SFY 2024 SMI/SED/SUD daily visit percentage was used instead of the mild-to-moderate daily visit percentage.

For all cohorts, projected daily visits for SFY 2025 were primarily based on emerging encounter data from SFY 2024. The daily visits for SFY 2024 were estimated using the same methodology previously described, with adjustments for seasonality. These figures were then trended forward by 0.9% to SFY 2025 using a midpoint-to-midpoint methodology. Additional anticipated daily visits from Cohorts 1 and 3, based on their SFY 2023 cost report submissions, were also included in SFY 2025 daily visit projections. These figures were adjusted to exclude the approximated non-Medicaid daily visits reported in the cost report.

However, anticipated daily visits from Cohort 2's SFY 2022 cost report were not included in SFY 2025 daily visit projections, as these visits are expected to be reflected in the emerging SFY 2024 encounter data.

After discussions with MDHHS, we have incorporated the following deviations from this methodology for specific CCBHC sites:

- **Washtenaw CMH** – Washtenaw's SFY 2023 encounter daily visits do not align with the reported daily visit information in the cost report and FSR. After discussions with MDHHS, we elected to use SFY 2023 FSR-reported Medicaid daily visits as the basis for projecting Washtenaw's SFY 2025 daily visits, rather than relying on the emerging SFY 2024 encounter data;
- **Arab Community Center for Economic and Social Services (ACCESS)** – ACCESS joined the CCBHC demonstration in SFY 2024, but the encounter data has shown significant monthly fluctuations in daily visits. After discussions with MDHHS, we have elected to use more recent emerging SFY 2024 data, which better reflects future experience, to inform the SFY 2025 daily visit projection, rather averaging the SFY 2024 emerging encounter data; and;
- **Cohort 3** – Cohort 3 CCBHC's will enter the demonstration on October 1, 2024; therefore, SFY 2023 and 2024 encounter data does not reflect any actual CCBHC daily visits. Consequently, we are relying on Cohort 3's SFY 2023 cost report submissions to project SFY 2025 daily visits.

Projected SFY 2025 CCBHC Funding to be Paid Through Supplemental Capitation Payments

The projected SFY 2025 CCBHC funding to be paid through supplemental capitation payments was developed using the following calculation:

Projected SFY 2025 CCBHC Funding to be Paid Through Supplemental Capitation Payments

*= 100% * (Projected SFY 2025 CCBHC Supplemental Service Expenditures + Projected SFY 2025 CCBHC Quality Bonus Payments)
+ Projected SFY 2025 CCBHC PIHP Administrative Loading Payments*

SFY 2025 CCBHC supplemental capitation payments also compensate the PIHP for administrative costs associated with the CCBHC program (1% of projected SFY 2025 PPS-1 expenditures).

SFY 2025 CCBHC Supplemental Capitation Rates

SFY 2025 CCBHC supplemental capitation payments will provide monthly compensation for projected CCBHC SFY 2025 supplemental expenditures, and were developed using the following calculation:

SFY 2025 CCBHC Supplemental Capitation Rates

*= Projected SFY 2025 CCBHC Funding to be Paid Through Supplemental Capitation Payments
/ Projected SFY 2025 CCBHC Supplemental Capitation Payments*

MDHHS identifies individuals who will receive CCBHC supplemental capitation payments by analyzing diagnostic information from administrative claims data and CCBHC/PIHP recommendations.

Projected SFY 2025 CCBHC Supplemental Capitation Payments were estimated based on completed historical CCBHC supplemental capitation data from SFY 2024. Additional payments were included to account for Van Buren County CMHSP becoming a CCBHC county.

SFY 2025 CCBHC Funding to be Paid Through Year-End Reconciliation

MDHHS requires a quarterly reconciliation between PIHPs and CCBHCs and an annual reconciliation between MDHHS and PIHPs to ensure that the combination of base and wraparound supplemental funding is equal to the CCBHC Demonstration program expenditures owed (i.e., PPS-1 rate multiplied by the actual daily visits). Supplemental expenditures will be reconciled to the extent that daily visit projections differ from actual experience.

(b) Material changes to the data, assumptions, and methodologies

All rate development data and material assumptions are documented in this rate certification report and the overall methodology utilized to develop the capitation rates is generally consistent with the prior years. SFY 2025 capitation rates include two new adjustments related to service changes resulting from Medicaid Waiver renewals and a 25% legislatively mandated unit cost increase to private duty nursing services.

(c) Overpayments to providers

We did not observe nor are we aware of any overpayments to providers.

Projected Benefit Cost Trends

This section discusses the data, assumptions, and methodologies used to develop the benefit cost trends, i.e., the annualized projected change in benefit costs from the historical base period (SFY 2023) to the SFY 2025 rating period of this certification. We evaluated prospective trend rates using historical experience for the behavioral health managed care program, as well as external data sources.

(d) Required elements

(i) Data

The primary data used to develop benefit cost trends is historical claims and encounters from the covered populations. Data used for trend development included over two years of cost and utilization experience, from SFY 2021 through the base experience data period (SFY 2023). Emerging SFY 2024 incurred encounter data was reviewed and considered when assessing actuarial soundness of the rates. Trend and its interaction with decreasing enrollment the acuity adjustment were carefully considered from various angles given the unique PHE disenrollment period leading up to the rating period. Members without continuous eligibility between February 2020 and September 2023 were omitted when analyzing historical methodology to help control for the bias the disenrolling population has on historical PMPMs.

External data sources that were referenced for evaluating trend rates developed from MDHHS data include:

- *Federal Reserve Economic Data from February 2023 through July 2024* accessed through the Federal Reserve Economic Data website. Trend development for the SFY 2025 capitation rates specifically utilizes data for the average hourly earnings of all employees in education and health services.
 - <https://fred.stlouisfed.org/series/CES6500000003>
- *Other sources:* We also reviewed internal sources that are not publicly available, such as the SFY 2023 and SFY 2024 Behavioral Health Provider Staffing and Expense Survey Data and historical experience from other programs and trends used by other Milliman actuaries.

(ii) Methodology

For internal MDHHS data, historical utilization and per member per month cost data was stratified by month, population, and category of service. The data was adjusted for completion and normalized for historical program and reimbursement changes. We developed trend rates to adjust the base experience data (midpoint of April 1, 2023) forward 24 months to the midpoint of the contract period, April 1, 2025. Rolling 12-month trends were calculated to identify changes in the underlying patterns over time, and annualized trends were utilized to smooth out significant fluctuations from year to year. Prospective trends are documented below in Figure 8.

Appendix 7 provides a summary of the PMPM trend analysis. PMPM trend includes two components: a utilization trend and a cost per service trend. Consistent with SFY 2024, the cost per service trend was developed and applied across all service categories. To get to utilization trend, cost per service trends were backed out of PMPM trends. If doing so resulted in a negative utilization trend, the utilization trend was set to a minimum of 0%. Cost Per Service trend was developed using an equal weighting blend of Federal Reserve Economic Data and SFY 2023/2024 Behavioral Health Provider Staffing and Expense Survey data.

In some cases, the experience reflected large trend increases or decreases. In general, we set best estimate trend rates at a composite level (state plan or 1915(i)) to smooth out trend variations within the service categories.

Historical trends should not be used in a simple formulaic manner to determine future trends; actuarial judgment is also required. We also referred to alternative sources, both publicly available and internal Milliman information. We also considered changing practice patterns, shifting population mix, and the impact of reimbursement changes on utilization in this specific population.

(iii) Comparisons

As noted above, we did not explicitly rely on the historical PIHP encounter data and EQI report trend projections due to anomalies observed in the historical trend data.

In addition to referencing external data sources and emerging experience in the encounter data, we also reviewed the utilization trends assumed in the SFY 2024 capitation rate development to determine if any adjustment to the trend assumption was appropriate for the SFY 2025 rating period.

Explicit adjustments were made outside of trend to reflect all recent or planned changes in reimbursement from the base period to the rating period.

(iv) Chosen trend rates

The trend rates selected are illustrated below in Section I.3.B.iii.(b), by population and service category. There were no outlier trends or negative prospective trend rates selected.

(e) Benefit cost trend components

Figure 8 illustrates the unit cost and utilization trends used to develop the projected capitation rates by population and service category. Separate utilization and cost per unit trend components were developed and illustrated in the cost models in Appendix 3. Furthermore, the 4.0% unit cost trend was developed using an equal weighting blend of the Federal Reserve Economic Data (FRED) for Average hourly earnings for health employees nationwide and the SFY 2023 and SFY 2024 Behavioral Health Provider Staffing and Expense Survey data. In the FRED, we looked at historical annualized trends from January 2021 to July 2023 as well as the annualized trend from July 2023 to January 2024 (most recent 6 months of FRED data), noting that the most recent six months of earnings trends are lower than those spanning back to January 2021. We utilized a 50/50 weighting of the resulting annualized FRED trends to determine a 3.9% FRED trend. This was then blended with a year-over-year trend of 4.2% from the SFY 2023 and SFY 2024 Behavioral Health Provider Staffing and Expense Survey Data trend to arrive at an average unit cost trend of 4.0% applied to SFY 2025 rate development.

FIGURE 8: ESTIMATED ANNUAL TREND RATES

| SERVICE CATEGORY | DAB | | HMP | | TANF | |
|--------------------------|-------------|-----------|-------------|-----------|-------------|-----------|
| | UTILIZATION | UNIT COST | UTILIZATION | UNIT COST | UTILIZATION | UNIT COST |
| Autism | 6.7% | 4.0% | 11.5% | 4.0% | 11.5% | 4.0% |
| Mental Health State Plan | 1.0% | 4.0% | 4.3% | 4.0% | 4.3% | 4.0% |
| Mental Health 1915(i) | 3.3% | 4.0% | 4.3% | 4.0% | 4.3% | 4.0% |
| Substance Abuse | 6.7% | 4.0% | 6.7% | 4.0% | 6.7% | 4.0% |
| | HSW | | SED | | CWP | |
| 1915(c) Waiver | 1.0% | 4.0% | 1.0% | 4.0% | 1.0% | 4.0% |

(f) Variation

(i) Medicaid populations

To limit the variation in benefit cost that is present across the Medicaid population, we developed trends by population and category of service. Trend variations between populations and service categories reflect observed variation in the underlying historical experience and actuarial judgement based on the sources listed in the section above.

(ii) Rate cells

We split out several populations by rate cell, to appropriately reflect the material difference in rate cell acuity.

(iii) Subsets of benefits within a category of services

We did not vary trend rates for subsets of benefit within a category of services.

(g) Material adjustments

We made explicit adjustments to the historical data analyzed for trends in an effort to normalize it for historical reimbursement adjustments and changing populations.

As noted above, we limited our PMPM (per member per month) trend analysis to members with continuous eligibility from February 2020 to September 2023 to extract underlying trend information. However, as noted above, anomalies were still present in the data, which contributed to unreasonable trend patterns.

As a result, we used actuarial judgment to adjust the trends derived from historical experience in cases where the resulting trends did not appear reasonably sustainable or were not within consensus parameters derived from other sources. For some rate cells and categories of services, raw model output was outside of a range of reasonable results. In these situations, we relied on the sources identified to develop prospective trend.

(h) Any other adjustments

(i) Impact of managed care

We did not adjust the trend rates to reflect a managed care impact on utilization or unit cost.

(ii) Trend changes other than utilization and cost

We did not adjust the benefit cost trend for changes other than utilization or unit cost.

iii. Mental Health Parity and Addiction Equity Act Service Adjustment

We have reviewed MDHHS's state plan benefits regarding compliance with the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) as required by 42 C.F.R. § 438.3(c)(1)(ii). Results of the analysis indicate full compliance with MHPAEA for financial requirements and both quantitative and non-quantitative treatment limits with no remediation needed that would constitute a program adjustment. Based on the final results, we have not made any rating adjustments to accommodate parity compliance.

iv. In Lieu of Services

(a) Categories of service that contain in lieu of services

Section 438.6(e) of the final rule clarifies that states can receive FFP and make a capitation payment on behalf of an enrollee that spends 15 days or less as a patient in an IMD in any given month if the conditions described in the final rule are met. As a result, during SFY 2025 rating period, the PIHPs may provide inpatient services in an IMD setting in lieu of providing that service in an inpatient acute community psychiatric hospital.

(b) Percentage of cost that in lieu of services represent

The SFY 2023 experience reflects that approximately 83.7% of combined cost for the DAB, TANF, and HMP populations in the inpatient category of service are provided to beneficiaries who spend 15 days or less in a given month in an IMD setting.

(c) Development of the projected benefit costs

Section I, item 3.A.vi describes the IMD in-lieu-of-service service costs for all lengths of stay using the state plan cost per day as opposed to the IMD in-lieu-of-service cost per day. Appendix 2 illustrates the adjustment to the base experience to remove all costs associated with an IMD stay of more than 15 days.

(d) 42 CFR §438.6(e) Compliance

The capitation rates developed in this certification comply with the requirements of 42 CFR §438.6(e). The data and assumptions utilized are described in Section 1, item 3.A.v.

v. Retrospective Eligibility Periods

(a) MCO responsibility

PIHPs are contractually obligated to provide services to all Medicaid eligible members, including during retrospective eligibility periods.

(b) Claims treatment

The encounter data and EQI reports submitted by the PIHPs included experience from a member's retrospective eligibility period.

(c) Enrollment treatment

The Medicaid eligibility data includes eligibility months for individuals during their retrospective eligibility period, allowing us to include beneficiary cost from the retrospective eligibility periods. Capitation payments will be made to members who become retroactively eligible for a given month for up to six months for all populations. Figure 9 illustrates an example of the methodology used to calculate the capitation payment to eligibility month ratios. The figures in Figure 9 are for illustrative purposes only.

FIGURE 9: CAPITATION PAYMENT TO ELIGIBILITY MONTH RATIO CALCULATION EXAMPLE – OCTOBER 2024

| POPULATION | MEMBERS ELIGIBLE AS OF 9/30/2024 | MEMBERS BECOMING ELIGIBLE DURING OR BEFORE MARCH 2025 | MEMBERS BECOMING ELIGIBLE AFTER 3/31/2025 | CAPITATION PAYMENT TO ELIGIBILITY MONTH RATIO |
|------------|----------------------------------|---|---|---|
| DAB | 930 | 68 | 2 | $(930 + 68) / 1,000 = 99.8\%$ |
| TANF | 900 | 95 | 5 | $(900 + 95) / 1,000 = 99.5\%$ |

Note: Figures illustrated in this figure are for illustrative purposes only and were not directly utilized in the development of the capitation rates.

Members eligible as of September 30, 2024 are those who entered the eligibility system before September 30 and are Medicaid eligible during October 2024. Members becoming retroactively eligible for October 2024 during or before March 2025 are those who entered the eligibility system at some point during the October 2023 to March 2024 timeframe who were retroactively eligible for Medicaid on or before October 2024. Members eligible after March 31, 2025 are those members who become retro-actively eligible for October 2024 after March 31, 2025. We estimated the number of eligibility months for which PIHPs will not receive a capitation payment by comparing the historical capitation payments made to the eligibility months by population and month.

(d) Adjustments

The encounter data and EQI reports submitted by the PIHPs included experience from a member's retrospective eligibility period. However, the PIHPs do not receive a capitation payment for all these Medicaid eligibility periods. Capitation rates are developed to include costs associated with these periods of eligibility by increasing the capitation PMPM to reflect the estimated percentage of eligibility months for which the PIHPs will not receive a capitation payment.

Figure 10 illustrates the estimated capitation payment to eligibility month ratio by population for the SFY 2023 and the SFY 2025 rating periods. We have increased the SFY 2025 capitation rates in Appendix 5 to include the capitation payment to eligibility month ratio. Lastly, we have modified the projected capitation payments used to develop the projected capitation expenditures to reflect the capitation payment to eligibility month ratio.

FIGURE 10: CAPITATION PAYMENT TO ELIGIBILITY MONTH RATIO COMPARISON

| POPULATION | SFY 2024 | | SFY 2025 | |
|------------|----------|------------|----------|------------|
| | ENROLLED | UNENROLLED | ENROLLED | UNENROLLED |
| DAB | 0.9995 | 0.9862 | 0.9998 | 0.9835 |
| TANF | 0.9998 | 0.9841 | 0.9997 | 0.9799 |
| HMP | 0.9998 | 0.9742 | 0.9996 | 0.9688 |
| HSW | 0.9997 | 0.9997 | 0.9997 | 0.9997 |
| SED | 1.0000 | 1.0000 | 1.0000 | 1.0000 |
| CWP | 0.9995 | 0.9995 | 0.9998 | 0.9998 |
| CCBHC | 1.0000 | 1.0000 | 1.0000 | 1.0000 |

vi. Impact of Material Changes

This section relates to material changes to covered benefits or services since the prior rate certification. The prior rate certification was for the SFY 2024 rating period.

(a) Change to covered benefits

Changes to covered benefits or services from the prior certification are limited to addition and removal of various services covered by the 1915(c) HSW, CWP, and SED waivers and transition of specific services from the 1915(c) waiver and 1915(i) to the state plan through the addition of a Targeted Case Management (TCM) state plan amendment (SPA) for Intensive Care Coordination with Wraparound (ICCW) and a Parent Support Partner (PSP) SPA. A full description of each of these changes is provided in Section 2.B.iii.(d) under *1915(c) factor*.

(b) Recoveries of overpayments

To the best of our knowledge, all information related to any payment recoveries not reflected in the base period encounter data was provided to us by the PIHPs in their EQI Report. We are accounting for these recoveries when we are repricing to the PIHP EQI report expenditure amounts.

(c) Change to payment requirements

Material changes to required provider payments have been described in program adjustments described in Section I, item 2.B.iii.(d) Program change adjustments.

(d) Change to waiver requirements

There were no material changes to waiver requirements or conditions.

(e) Change due to litigation

There were no material changes due to litigation.

vii. Documentation of Material Changes

Material changes to covered benefits and provider payments have been described in program adjustments described in Section I, item 2.B.iii Program Change Adjustments. This information includes the data, assumptions, and methodology used in developing the adjustment, estimated impact by population, and aggregate impact on the managed care program's benefit expense.

4. SPECIAL CONTRACT PROVISIONS RELATED TO PAYMENT

A. Incentive Arrangements

i. Rate Development Standards

This section provides documentation of the incentive payments corresponding to the behavioral health capitation rates covered under this certification.

Behavioral Health Demonstration 1115 Waiver

The budgeted SFY 2025 incentive payment amount is \$8,705,500. The incentive payments are made for children in foster care or in child protective services. Most of these children are enrolled in the under 21 rate cells. Based on the population that triggers an incentive payment, the aggregate payment made for the incentive arrangement is less than 105 percent of the capitation payments made for these rate cells.

Section 223 CCBHC Demonstration

MDHHS has implemented a 5% quality bonus incentive pool for its Section 223 CCBHC Demonstration. This incentive is included in the capitation rates in addition to the CC PPS-1 rate and is included in the CCBHC supplemental capitation rates. This amount will be withheld from the effective capitation payments made to the PIHPs and then distributed based on performance.

ii. Appropriate Documentation

Behavioral Health Demonstration 1115 Waiver

MDHHS has an incentive program to support increasing access to mental health services under the behavioral health managed care program for foster children and children in protective service with a serious emotional disturbance. MDHHS has created separate incentive payment criteria to reflect a range of service needs amongst the targeted population. The incentive payment amounts are intended to both increase access to services and provide PIHPs with funding to develop protocols for identifying children that are currently not being served.

Section 223 CCBHC Demonstration

MDHHS includes an incentive as permitted in the Section 223 CCBHC Demonstration for qualifying CCBHC services delivered by CCBHC providers to those with a mental health or SUD diagnosis. The incentive arrangement is further described in the CCBHC handbook found on MDHHS' website.

B. Withhold Arrangements

i. Rate Development Standards

This section provides documentation of the withhold arrangement in the behavioral health managed care program. The CCBHC supplemental capitation rates are not subject to these withhold arrangements, but the CCBHC service costs included within the base capitation will continue to be included in this withhold arrangement.

ii. Appropriate Documentation

(a) Description of the Withhold Arrangement

(i) Time period and purpose

The withhold arrangement is measured on a state fiscal year basis. The withhold measure evaluates quality-based performance by the PIHPs in delivery of services.

(ii) Enrollees, services, and providers covered

All Medicaid eligible enrollees, services and providers are covered under this arrangement.

(iii) Purpose of withhold arrangement

The purpose of this arrangement is to incentivize the PIHPs to submit their encounters and financial reporting information on a timely basis as well as improving access to care.

(iv) Description of total percentage withheld

Effective October 1, 2023, MDHHS amended the 0.2% withheld funds to include the following revised measures in the PIHP contract. This amendment aligns the certification report with the PIHP contract.

MDHHS (Department) shall withhold 0.2% of BHMA, BHMA-MHP, capitation payments to Contractor. The withheld funds will be issued to Contractor in the following amounts within 60 days of when the required report is received by the Department:

- 0.03% for timely submission of the Projection Financial Status Report – Medicaid
- 0.03% for timely submission of the Interim Financial Status Report – Medicaid
- 0.04% for timely submission of the Final Medicaid Contract Reconciliation and Cash Settlement
- 0.04% for timely submission of the Encounter Quality Initiative
- 0.03% for timely submission of encounters (defined in Schedule E)
- 0.03% for timely resolution of corrective action plans. Scoring metric will be available on the MDHHS reporting requirements website located at <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/reporting>.

In accordance with section 105d (18) of Public Act 107 of 2013, MDHHS shall also withhold 0.75% of payments to PIHPs for the purpose of establishing a performance bonus incentive pool (PBIP). The PBIP is further described at [Performance Bonus Incentive Pool \(michigan.gov\)](#).

(v) Estimate of percent to be returned

The calculations for the withhold payments in prior periods have been finalized by MDHHS. The amounts withheld for timely submission of data have been paid out in full to all PIHPs. The amounts withheld for the PBIP have been paid out in full to the PIHPs. Each PIHP received at least 90% of the withheld amount for the PBIP.

(vi) Reasonableness of withhold arrangement

Our review of the total withhold percentage of 0.95% of capitation revenue, indicates that it is reasonable within the context of the capitation rate development and the magnitude of the withhold does not have a detrimental impact on the PIHP's financial operating needs and capital reserves. Our interpretation of financial operating needs relates to cash flow needs for the PIHP to pay claims and administer benefits for its covered population. We evaluated the reasonableness of the withhold within this context by reviewing the PIHP's cash available to cover operating expenses, as well as the capitation rate payment mechanism utilized by MDHHS.

(vii) Effect on the capitation rates

The SFY 2025 certified capitation rates reflect the expectation that 100% of the withhold is reasonably achievable.

(b) Certification of capitation payments minus withhold

The SFY 2025 certified capitation rates reflect the expectation that 100% of the withhold is reasonably achievable, and the capitation rates are certified as actuarially sound.

C. Risk Sharing Mechanisms**i. Rate Development Standards**

This section provides information on the risk mitigation and related contractual provisions included in the contract.

ii. Appropriate Documentation**(a) Description of Risk-sharing Mechanism**

The base capitation rates, including the DAB, TANF, and HMP populations as well as the HSW, CWP, and SED 1915(c) waiver capitation rates, are covered under a risk corridor between MDHHS and the PIHPs. The CCBHC supplemental capitation rates are non-risk payments made for the Section 223 CCBHC Demonstration. The Medicaid CCBHC service expenditures included in the DAB, TANF, and HMP population capitation rates remain at risk and included within the risk corridor.

MDHHS is establishing a payment reconciliation process between MDHHS and the PIHPs coinciding with year-end reporting to support the supplemental payment reconciliation and to ensure that the CCBHCs receive the full PPS-1 rate for services.

A summary of the current risk corridor arrangement between the PIHPs and MDHHS is provided below. The risk corridor is administered across all services, with no separation for mental health and SUD funding. The risk corridors are a contractual item between MDHHS and the PIHPs.

(i) Risk sharing rationale

The risk sharing mechanisms in the behavioral health managed care program address potential claims volatility and other risk for PIHPs participating in the managed care program.

(ii) Risk sharing implementation

- The PIHP shall retain unexpended risk-corridor-related funds between 95% and 100% of said funds. The PIHP shall retain 50% of unexpended risk-corridor related funds between 90% and 95% of said funds. The PIHP shall return unexpended risk-corridor-related funds to MDHHS between 0% and 90% of said funds and 50% of the amount between 90% and 95%.
- The PIHP shall be financially responsible for liabilities incurred above the risk corridor-related operating budget between 100% and 105% of said funds contracted.
- The PIHP shall be responsible for 50% of the financial liabilities above the risk corridor-related operating budget between 105% and 110% of said funds contracted.
- The PIHP shall not be financially responsible for liabilities incurred above the risk corridor-related operating budget over 110% of said funds contracted.

The measurement period of the risk corridor is the state fiscal year. The corresponding incurred time period for this certification is SFY 2025. Figure 11 provides several examples of the risk corridor arrangement.

FIGURE 11: EXAMPLES OF THE RISK CORRIDOR ARRANGEMENT

| PIHP REVENUE | PIHP EXPENSES | INITIAL PIHP GAIN(LOSS) | MDHHS RISK CORRIDOR GAIN(LOSS) | FINAL PIHP GAIN(LOSS) |
|--------------|---------------|-------------------------|--------------------------------|-----------------------|
| \$ 100 | \$ 85 | \$ 15 | \$ 7.50 | \$ 7.50 |
| \$ 100 | \$ 91 | \$ 9 | \$ 2 | \$ 7 |
| \$ 100 | \$ 97 | \$ 3 | - | \$ 3 |
| \$ 100 | \$ 103 | (\$ 3) | - | (\$ 3) |
| \$ 100 | \$ 109 | (\$ 9) | (\$ 2) | (\$ 7) |
| \$ 100 | \$ 115 | (\$ 15) | (\$ 7.50) | (\$ 7.50) |

(iii) Impact on capitation rate development

The risk-sharing mechanisms incorporated in the behavioral health managed care program reduce the overall PIHP financial volatility and risk. The risk corridor was considered when developing the non-benefit expense load as discussed in Section I.5.B.ii.

(iv) Attestation of the use of generally accepted actuarial principles and practices

The SFY 2025 risk corridor arrangement was developed in accordance with generally accepted actuarial principles and practices.

(v) Attestation of pricing assumptions

The SFY 2025 risk corridor arrangement was developed consistent with the pricing assumptions used in the behavioral health capitation rate development.

(vi) Attestation of remittance/payment

The risk margin component of the behavioral health program in composite is approximately 0.75%, which is not expected to result in a remittance based on pricing assumptions used in the behavioral health capitation rates.

(b) Medical Loss Ratio**(i) Methodology**

MDHHS's contract with the PIHPs establishes a minimum medical loss ratio (MLR) of 85.0% for the behavioral health managed care program. The specific language regarding the MLR formula can be found in the contract between MDHHS and PIHPs.

(ii) Formula for Remittance/Payment

A remittance is not required for having a medical loss ratio above or below any pre-defined thresholds.

(iii) Financial consequences

Currently there are no financial consequences for having a medical loss ratio below a threshold. However, financial consequences may occur as part of the risk corridor.

(iv) Summary of reported MLR

Figure 12 provides a summary of the reported medical loss ratios for SFY 2023 as reported by the participating PIHPs that submitted MLR reports. The MLR was calculated separately for the HMP population and all other populations in the behavioral health managed care program.

FIGURE 12: HISTORICAL SFY 2023 FSR REPORTED ADJUSTED LOSS RATIO

| PIHP | HMP MLR | NON-HMP MLR | ALL POPULATIONS |
|---------------|---------|-------------|-----------------|
| NorthCare | 71.8% | 96.3% | 92.8% |
| Northern MI | 90.5% | 98.4% | 97.3% |
| Lakeshore | 79.4% | 93.2% | 91.2% |
| Southwest | 82.8% | 112.3% | 107.4% |
| Midstate | 78.0% | 105.6% | 101.1% |
| Southeast | 82.3% | 99.6% | 97.3% |
| Detroit-Wayne | 72.3% | 99.7% | 95.4% |
| Oakland | 68.7% | 103.2% | 98.4% |
| Macomb | 64.9% | 90.4% | 87.0% |
| Region 10 | 67.7% | 93.3% | 89.3% |
| All Regions | 75.5% | 100.1% | 96.3% |

(c) Reinsurance Requirements and Effect on Capitation Rates

The PIHPs do not have any State-mandated reinsurance requirements, which has resulted in no impact to the capitation rates.

D. State Directed Payments**i. Rate Development Standards****(a) Description of Managed Care Plan Requirements**

Consistent with guidance in 42 C.F.R. §438.6(c), the Michigan behavioral health managed care capitation rates reflect consideration of the following delivery system and provider payment initiatives:

- Hospital Reimbursement Adjustment (HRA) program, which will be documented in a pre-print by MDHHS to CMS under a control name yet to be determined.
- Direct care worker (DCW) wage increase, which will be documented in a pre-print by MDHHS to CMS under a control name yet to be determined.
- Methadone state directed minimum fee schedule, which has been filed under a state plan amendment and included as a requirement in the PIHP contract.

(b) Written Approval

MDHHS is awaiting approval for the SFY 2025 HRA pre-print and DCW pre-print. Additionally, Michigan is awaiting approval of the Methadone state plan amendment.

(c) Actuarial Standards

Payments for the state directed payments were developed in accordance with 42 C.F.R. § 438.4, the standards specified in § 438.5, and generally accepted actuarial principles and practices.

(d) How Payment Arrangement is Reflected in Managed Care Rates

- The HRA program is reflected as a separate payment term. Documentation related to the separate payment term is addressed in Section I, Item 4.D.ii(a)(iii). PMPM estimates related to the state directed payments are included in this rate certification in Appendix 5. To the extent the final state-directed PMPM payments by rate cell vary from the initial estimates or if the methodology changes, an amendment will be developed including a certification of the final capitation rates and all appropriate documentation.
- The DCW wage increase is reflected as a uniform cost per hour increase in reimbursement for specific DCW services. Additional documentation is addressed in Section I, Item 2.B.iii.(d).

The Methadone state directed minimum fee schedule is reflected through repricing of encounter data at a per unit reimbursement floor of \$19 for HCPCS H0020 for alcohol and/or drug services related to methadone administration and/or services (provision of the drug by a licensed program) based on legislatively appropriated language. Additional documentation is addressed in Section I, Item 2.B.iii.(d).

(e) Documentation of State Directed Payments

In accordance with 42 CFR § 438.7(b)(6), all state directed payments anticipated to be effective as of October 1, 2024 are documented in this rate certification.

ii.Appropriate Documentation

(a) Description of Delivery System and Provider Payment Initiatives

(i) Description of delivery system and provider payment Initiatives included in the capitation rates

The table below provides a description of each state directed payment included in the SFY 2025 behavioral health managed care program capitation rates.

Figure 13: Description of State Directed Payments

| Control Name of State Directed Payment | Type of Payment | Brief Description | Is the Payment Included as a Rate Adjustment or Separate Payment Term? |
|--|---------------------------|--|--|
| Hospital Reimbursement Adjustment | Uniform per diem increase | Uniform per diem increase to inpatient psychiatric hospital reimbursement | Separate payment term |
| Direct Care Worker | Uniform per hour increase | Uniform \$3.40 per hour wage increase for specific service codes associated with DCW services | Rate adjustment |
| Methadone SPA | Minimum fee schedule | Minimum cost per unit of \$19 for methadone services HCPCS H0020, consistent with Medicaid state plan rate | Rate adjustment |

(ii) Description of payment arrangement if incorporated as a rate adjustment

The following state-directed payments will be incorporated into the base capitation rates through a rate adjustment.

Figure 14: Effect of State Directed Payments

| Control Name of the State Directed Payment | Rate Cells Affected | Impact | Description of the Adjustment | Confirmation the Rates are Consistent with the Preprint |
|--|---------------------|-----------------|--|---|
| Direct Care Worker | All rate cells | \$360.7 million | Uniform \$3.40 per hour wage increase for specific DCW service codes | Consistent with anticipated preprint |
| Methadone SPA | All rate cells | \$5.2 million | Minimum cost per unit of \$19 for methadone services HCPCS H0020 | N/A; no preprint submission |

Direct Care Worker (DCW) Wage Adjustment. Effective October 1, 2024, MDHHS increased reimbursement for DCW services from \$3.20 per hour to \$3.40 per hour for hazard pay in response to the COVID-19 pandemic with an additional 12% add-on related to employer related expenses. MDHHS also continues to allow for funding for all overtime hours. An assumption of 10% of overtime hours worked resulted in a blended DCW rate of \$3.60 per hour. Based on SFY 2023 experience and utilization trend, we determined that the \$3.60 per hour adjustment for DCW services would produce approximately a \$360.7 million increase in projected revenue for SFY 2025. Figure 4 in Section I, Item 2.B.iii.(d) documents the time per unit assumptions used in the build-up of this adjustment. Appendix 3 documents the adjustment made to underlying base experience for the increased reimbursement amounts for DCW services.

Methadone Unit Cost Adjustment. MDHHS has adjusted the reimbursement for the HCPCS H0020 for alcohol and/or drug services related to methadone administration and/or services (provision of the drug by a licensed program) to account for a change to a state directed minimum fee schedule of \$19 per unit based on legislatively appropriated language. We repriced the encounter data to match the unit cost above, when the reported unit cost was less than \$19 per unit (after adjusting the encounter data to match the utilization and expenditures in the SFY 2023 EQI report and trending unit cost to SFY 2025 at 4% per year). This adjustment increased projected revenue for SFY 2025 by approximately \$5.2 million.

(iii) Description of payment arrangement if incorporated as a separate payment term

The following state-directed payment will be reflected through a separate payment term as described in Section I, Item 4.D.i.(b). The payment arrangements will be incorporated through a separate payment term in which the payments will be directed to eligible hospitals based on actual utilization.

Figure 15: Effect of State Directed Payments

| Control Name of the State Directed Payment | Rate Cells Affected | Impact | Description of the Adjustment | Confirmation the Rates are Consistent with the Preprint |
|--|---------------------|--|---|---|
| Hospital Reimbursement Adjustment | All rate cells | The impacts on a rate cell level for the HRA directed payment are shown in Appendix 5 and correspond to a total of \$297.8 million | Uniform per diem increase to inpatient psychiatric hospital reimbursement | Consistent with anticipated preprint |

Hospital reimbursement adjustment program. MDHHS maintains a hospital reimbursement adjustment (HRA) program, which increases funding to hospitals for inpatient psychiatric treatment. The goal of the HRA is to sustain community psychiatric inpatient capacity and remove Medicaid access barriers. It is incumbent that community inpatient psychiatric capacity be enough so that medically necessary inpatient services are readily available to Medicaid beneficiaries and the quality of services, as measured through hospital accreditation and compliance with PIHP contractual requirements, is adequate. In this regard, adequacy of payment for services

is a necessary component. The HRA provides a means to assist in assuring access and quality. As such, the purpose of these funds is to promote access as well as maintain quality. This HRA is independent of the local PIHP/Hospital rate setting process. These payments are supplemental to the current PIHP/Hospital current year rate. The HRA program has been in place since SFY 2010.

(b) Additional directed payments

There are not any additional directed payments in the program that are not addressed in this certification.

(c) Requirements regarding reimbursement rates

There are not any requirements regarding the reimbursement rates the plans must pay to any providers unless specifically specified in this certification as a directed payment or authorized under applicable law, regulation, or waiver.

E. Pass-Through Payments

i. Rate Development Standards

There are no pass-through payments reflected in the SFY 2025 capitation rates.

ii. Appropriate Documentation

There are no pass-through payments reflected in the SFY 2025 capitation rates.

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5. PROJECTED NON-BENEFIT COSTS

A. Rate Development Standards

i. Overview

In accordance with 42 CFR §438.5(e), the non-benefit component of the capitation rate includes reasonable, appropriate and attainable expenses related to PIHP operation of the behavioral health managed care program.

The remainder of Section I, item 5 provides documentation of the data, assumptions and methodology that we utilized to develop the non-benefit cost component of the capitation rate.

i. PMPM versus percentage

The non-benefit cost was developed as a percentage of the capitation rate for all populations except for the additional fixed administration amounts included for DAB and TANF populations.

An additional component of the non-benefit expense is the insurance provider assessment (IPA) that is applicable to insurance providers in the State of Michigan. The IPA is a PMPM rate of \$1.20 for the behavioral health managed care program to each covered member month throughout the state fiscal year. We have reflected the IPA PMPM for SFY 2025 in Appendix 5.

ii. Basis for variation in assumptions

Any assumption variation between covered populations is the result of program differences and is in no way based on the rate of federal financial participation associated with the population.

B. Appropriate Documentation

i. Development of non-benefit costs

(a) Description of the data, assumptions, and methodologies

The estimated benefit expenses were increased to reflect an administrative allowance, risk margin, and IPA amounts. We utilized the historical administrative allowance experience to develop the administrative allowance for SFY 2025. Figure 16 provides the total administration allowance, inclusive of risk margin, and the IPA amount for each population covered under the behavioral health managed care program. The administration allowance for the DAB and TANF population has been split into two components: a fixed per member per month payment and percentage of benefit cost. The fixed per member per month administration allowance was trended by 1.5% from SFY 2024 to SFY 2025 to reflect inflation expenses, such as a salary, benefits, and overhead. Variable administration amounts have not changed from SFY 2024. Also consistent with SFY 2024 we have included incentives, bonuses, withholds, and other settlements paid to providers in our non-benefit expense costs. These amounts represent other expenses, within the scope of PIHP contracts, which are not included in the benefit expense or other non-benefit expense amounts. These PMPMs are based on values from the SFY 2023 EQI reports.

FIGURE 16: SFY 2023 NON-BENEFIT EXPENSE LOADS

| POPULATION | VARIABLE | FIXED | INCENTIVES, BONUSES, WITHHOLDS, AND OTHER SETTLEMENTS PAID TO PROVIDERS | IPA |
|-------------------|----------|---------|--|---------|
| DAB – Enrolled | 5.00% | \$ 8.74 | \$ 0.83 | \$ 1.20 |
| DAB – Unenrolled | 5.00% | 8.74 | 0.76 | 1.20 |
| TANF – Enrolled | 5.00% | 1.06 | 0.09 | 1.20 |
| TANF – Unenrolled | 5.00% | 1.06 | 0.05 | 1.20 |
| HMP – Enrolled | 6.75% | - | 0.07 | 1.20 |
| HMP – Unenrolled | 6.75% | - | 0.05 | 1.20 |
| HSW | 5.00% | - | - | - |
| SED | 5.00% | - | - | - |
| CWP | 5.00% | - | - | - |

The composite administrative load for both the HMP population and all other populations combined is approximately 7%, inclusive of risk margin. The risk margin component of the behavioral health program in composite is approximately 0.75%.

Figure 17 compares the historical administration costs in SFY 2023 against the assumptions used in the SFY 2025 rate setting. The PIHPs do not separate administrative costs for the DAB, TANF, HSW, CWP, and SED populations in their reporting; therefore, we were unable to compare the historical experience to the assumptions used in the rates by population. However, on a program and statewide basis, we believe the non-benefit expense adjustments are appropriate for the functions required under the managed care PIHP contract.

FIGURE 17: ADMINISTRATIVE COSTS COMPARISON

| SFY 2023 EQI / FSR | PMPM | PERCENT OF REVENUE (LESS TAXES) |
|---------------------------------|-----------------|------------------------------------|
| Specialty Services | | |
| MH / DD / SA Admin | \$ 7.08 | 5.61% |
| Healthy Michigan | | |
| MH / DD / SA Admin | \$ 2.18 | 4.74% |
| SFY 2025 ADMIN ALLOWANCE | | |
| Specialty Services | | |
| MH / SA Admin | \$ 10.75 | 7.41% |
| HSW Admin | \$ 375.85 | 5.00% |
| SED Admin | \$ 33.97 | 5.00% |
| CWP Admin | \$ 161.73 | 5.00% |
| Composite | \$ 12.42 | 6.96% |
| Healthy Michigan | | |
| MH / DD / SA Admin | \$ 3.66 | 6.87% |

Section 223 CCBHC Demonstration

We have reviewed the CCBHC handbook developed by MDHHS that outlines the roles and responsibilities of the PIHPs and CCBHCs to operationalize the demonstration program and utilized this information to support the PIHP administrative percentage of 1.0% added to the SFY 2025 CCBHC PPS-1 rates.

Many of the PIHP responsibilities for the CCBHC Demonstration are currently being performed as part of the existing program. The following are some of the major new responsibilities included in the CCBHC Handbook:

- Provide information about CCBHC benefits to all potential enrollees (community referral, peer support specialist/recovery coach networks other providers, courts, health departments, law enforcement, schools, other community-based settings), including informational brochures, posters, outreach materials, identify and assign beneficiaries to the pertinent CCBHC site within Waiver Supports Application (WSA); includes verifying beneficiary consent to share information
- Review and process all CCBHC recommended potential enrollees; verify enrollment and attestation for eligibility
- Reimbursing CCBHC's at their PPS-1 rate for each valid CCBHC Medicaid daily visit in a timely manner
- PIHP-CCBHC quarterly reconciliation of actual to projected expense and utilization by CCBHC (may be separate reconciliations based on operational plan of PIHP)
- MDHHS-PIHP annual reconciliation of actual to projected expense and daily visits by CCBHC
- Reporting and distribution for quality bonus payments
- Additional contracting requirements related specifically to CCBHCs
- Establishing an infrastructure to support CCBHCs in care coordination and providing required services, including coordinated crisis services with the Michigan Crisis and Access Line (MiCAL), when available
- Additional trainings and technical assistance to support CCBHC delivery of services
- Distribution, review, validation, and submission of CCBHC data requests, quality metrics, level of care (LOC) data, and ad-hoc requests from MDHHS
- Monitor, collect, and report grievance, appeal, and fair hearing information as it relates to CCBHC services

We have reviewed the historical administrative expenditures reported in the EQI reports and have not included any increase to the variable administrative percentages based on this data.

(b) Material changes

There are no material changes to the methodology or assumptions used to develop projected non-benefit costs since the last certification.

(c) Other material adjustments

There are no other material adjustments applicable to the non-benefit cost component of the capitation rate.

ii. Non-benefit costs, by cost category

Administrative expenses have not been developed from the ground up (based on individual components). However, individual components were reviewed within PIHP administrative costs reported in the EQI reports.

The non-benefit costs were developed as a percentage of the capitation rate, except for the IPA, HRA, the fixed administrative PMPM component, and incentives, bonuses, withholds, and other settlements paid to providers.

iii. Historical non-benefit cost data

Historical non-benefit cost data from the EQI was analyzed and compared to the assumed non-benefit cost in Figure 17. These costs were examined to determine if there is material deviation from the assumptions used in the rates that would warrant further investigation and possible revision of the assumption.

6. RISK ADJUSTMENT

This section provides information on the risk adjustment, which is applied to the capitation rates as an entity-specific factor by population and benefit along with the area factors. The final entity-specific factors applied to the SFY 2025 capitation rates are documented in a separate report.

A. Rate Development Standards

i. Overview

In accordance with 42 CFR §438.5(g), we have followed the rate development standards related to budget-neutral risk adjustment for the Medicaid managed care program. The composite rates for the DAB, TANF, and HMP populations will be concurrently risk adjusted by PIHP to reflect estimated concurrent acuity differences in the underlying population enrolling with each PIHP. We have not applied concurrent risk adjustment for the 1915(c) Waiver populations given the relatively consistent service needs of the enrolled beneficiaries.

ii. Risk adjustment model

The DAB, TANF, and HMP populations are concurrently risk-adjusted using a state-calibrated penalized linear regression model that incorporates variables that were identified as having significant differences in beneficiary PMPM costs for each unique value of the variable. Risk adjustment is performed on a budget neutral basis for each of the defined populations, and the analysis uses generally accepted actuarial principles and practices.

B. Appropriate Documentation

i. Prospective risk adjustment

(a) Data and adjustments

The risk adjustment analysis will utilize SFY 2023 encounter data for the populations enrolled in managed care during SFY 2023 as the underlying data source populations. The full documentation of the results and methodology for the risk adjustment analysis is included in a separate report.

(b) Risk adjustment model

We have developed a penalized linear regression model for the purpose of risk adjustment. The methodology and factors included in this model are described in a separate report.

(c) Risk adjustment methodology

The MDHHS risk adjustment is designed to be cost neutral for each of the defined populations. Relative risk scores will be normalized to result in a composite risk score of 1.000 for each rate cell, across all PIHPs. The risk adjustment methodology uses generally accepted actuarial principles and practices.

(d) Magnitude of the adjustment

The final risk adjustment factors are documented in a separate report that accompanies the rate certification.

(e) Assessment of predictive value

There are many factors and assumptions that go into assessing the predictive value. We have chosen to illustrate the predictive value with an adjusted r-squared from the linear regression models. The adjusted r-squared varies by population, benefit, and regression model (BH-TEDS vs. No BH-TEDS). The predictive value of the model that was utilized for the SFY 2025 capitation rate development is approximately 41% for the DAB Mental Health benefit.

(f) Any concerns the actuary has with the risk adjustment process

Currently, we have no concerns with the risk adjustment process.

ii. Retrospective risk adjustment

Not applicable. The risk adjustment analysis will utilize a prospective methodology.

iii. Changes to risk adjustment model since last rating period

(a) Changes made since the last rating period

There have been no changes to the risk adjustment methodology since the last rating period.

(b) Budget neutrality

The risk adjustment is designed to be cost neutral for each population.

7. ACUITY ADJUSTMENTS

A. Rate Development Standards

i. Overview

An acuity adjustment was applied to the base capitation rates to account for substantive enrollment changes due to the continuous eligibility expiration. This adjustment is described within Section 2.

(a) Timing of acuity adjustments

The composite rates for DAB, TANF, and HMP populations will be prospectively adjusted to reflect estimated acuity differences in the underlying population disenrolling in the program.

B. Appropriate Documentation

i. Description

Starting July 2023, MDHHS ended the continuous eligibility policy and resumed redeterminations on the enrolled population. Over the course of the next 12 months, eligibility was reviewed, and we observed significant changes in the enrollment count. The members who were disenrolled exhibited a lower level of utilization of services on average compared to the retained population in the program. Documentation of the prospective acuity adjustment included in the SFY 2025 capitation rate development is discussed in Section 2.B.iii.(d), “Acuity Adjustment for Decreased Enrollment from the Public Health Emergency (PHE) Ending” adjustment.

(a) Uncertainty

Data utilized the capitation rate development reflected experience through July 2024, which accounts for the anticipated entirety of the 12-month PHE unwinding process. This has contributed to greater confidence in the enrollment projections, with the remaining greatest uncertainty attributed to the actual relative cost of members disenrolled from the program.

(b) Acuity adjustment model

We reviewed historical experience of SFY 2023 Medicaid eligible members who maintained eligibility as of May 2024 as well as the population as a whole and developed the relative acuity difference, measured by SFY 2023 PMPM cost, between the cohorts.

(c) Data utilized

Enrollment for SFY 2025 has been projected by reviewing February 2020 and July 2024 enrollment levels and available disenrollment data after the end of the PHE. Historical SFY 2023 PMPM cost data for the composite population as well as those who disenrolled as of May 2024 were reviewed in the development of the acuity adjustment.

(d) Potential interactions

We have assumed limited interaction with other rate development components and have not made an explicit adjustment. When developing our trend adjustment, we limited data to the “stayer” population, which removed the impact of significant enrollment swings for our trend analysis given only a small percentage of the population access behavioral health services.

(e) Frequency

We calculated the average relative acuity factor monthly based on actual members enrolled (and subsequently disenrolled). We intend to review the results with updated experience as more data becomes available.

(f) Application to capitation rates

We developed one adjustment factor for each population based on a review of relative PMPM cost. We applied the factor uniformly across all service categories with the total impact outlined in Appendix 6.

(g) Documentation

We developed the acuity factors in accordance with generally accepted actuarial principles and practices.

Section II. Medicaid Managed care rates with long-term services and supports

1. MANAGED LONG-TERM SERVICES AND SUPPORTS

This section provides additional information on the base data and methodologies used to develop the capitation rates for the managed long-term services and supports.

A. Completion of Section 1

This section provides additional information on the managed long-term services and supports, which are included as part of the services covered under the capitation rates documented in Section 1. We have followed the guidance from Section 1 regarding standards for rate development and CMS's expectation for appropriate documentation required in the rate certification when developing the MLTSS capitation rates.

B. Rate Development Standards

i. Approach

(a) Blended

The capitation rates for the DAB, TANF, and HMP populations vary by age, gender, geographic area, and the entity-specific risk for each benefit category and population. The entity-specific risk represents the service need of the individuals they cover under the program. The capitation rate structure was revised starting October 1, 2019, for the DAB, TANF, and HMP populations to separately rate for those enrolled in a Medicaid health plan versus those enrolled in the FFS program for physical health benefits.

The capitation rates for the CWP and SED 1915(c) Waiver populations are developed in composite, given the relatively small number of enrollees covered under each waiver.

(b) Non-Blended

The capitation rates for the HSW population vary by residential living arrangement, as documented in Section 1, item 3.B.iii.c.

C. Appropriate Documentation

i. Considerations

(a) Capitation Rate Structure

The capitation rates for the DAB, TANF, and HMP populations vary by age, gender, and area for each benefit category and population. The DAB, TANF, and HMP population capitation rates are adjusted by entity-specific risk factors that represent the service need of the individuals they cover under the program. The capitation rates for the HSW population vary by residential living arrangement, as documented in Section 1, item 3.B.iii.c. The capitation rate structure was revised starting October 1, 2019, for the DAB, TANF, and HMP populations to separately rate for those enrolled in a Medicaid health plan versus those enrolled in the FFS program for physical health benefits.

(b) Description of the data, assumptions, and methodologies

The methodology for developing the capitation rates for mental health, substance abuse, and 1915(c) Waiver capitation rates can be found in Section I.

(c) Other payment structures, incentives, or disincentives

We did not utilize any other payment structures, incentives, or disincentives in the development of the capitation rates.

(d) Managed care effect on utilization and unit costs of services

The beneficiaries covered under the behavioral health managed care program are all served in the community. The cost of care delivered in the community is significantly lower than the comparable cost of care delivered in an institutional setting.

(e) Managed care effect on care setting

The beneficiaries covered under the behavioral health managed care program are all served in the community. The providers of care work with the beneficiaries to provide the personal care and community living supports required to maintain living within the community.

ii. Projected Non-Benefit Cost

The non-benefit cost assumptions are discussed in Section I, item 5. The non-benefit costs vary by population and benefit type.

iii. Experience and Assumptions

Section I details the experience and assumptions employed for the MLTSS and non-MLTSS services included in the behavioral health managed care program.

Section III. New adult group capitation rates

MDHHS implemented the Affordable Care Act's Medicaid expansion on April 1, 2014. As of June 2024, approximately 705,000 individuals receive Medicaid behavioral health benefits through the PIHPs under MDHHS's expansion population, known as the Healthy Michigan Plan (HMP) population.

1. DATA

A. Data Used in Certification

We used SFY 2023 encounter data and PIHP submitted EQI reports to develop the HMP capitation rates for SFY 2025. This is consistent with information previously described in Section I.

B. Description of Emerging Data

i. New data available for rate setting

Although the SFY 2023 base experience represents a new set of base data, this only represents a new year of a similar data source.

ii. Monitoring of experience

We have continued to monitor emerging experience and used SFY 2023 experience for the SFY 2025 capitation rates. Adjustments described and documented in other sections of this report represent updates we are making to the base experience based on emerging experience.

iii. Actual Experience vs. Prior Assumptions

Actual experience was lower than the rate setting assumptions for the SFY 2024 rating period due to the PHE. We have rebased the capitation rates using SFY 2023 data to reflect more recent data for purposes of developing the SFY 2025 capitation rates, consistent with other populations.

iv. Adjustment to current rates

The actual SFY 2023 experience for mental health and substance abuse services was generally in alignment with rate setting assumptions for the SFY 2025 rating period. We are utilizing this as the base experience and are adjusting based on emerging experience for the SFY 2025 HMP population capitation rates.

2. PROJECTED BENEFIT COSTS

A. Description of Projected Benefit Cost Issues

Actual HMP experience is being utilized as the base experience for the SFY 2025 rating period, consistent with the rate setting process for SFY 2024. We continue to review the emerging experience as a reasonability check against the developed capitation rates.

Discussion of other assumption changes is provided in the next section.

i. For states that covered the new adult group in previous rating periods

(a) Data specific to the new adult group

There was no data specific to the new adult group utilized in the capitation rate development.

(b) Changes in data sources, assumptions, or methodologies

There were no changes to the data sources, assumptions, or methodologies used to develop projected benefit costs that were specific to the HMP population that was not previously outlined in this report.

(c) Assumption changes from previous rating periods

(i) Acuity adjustments

An explicit acuity adjustment was made for the HMP population, consistent with the DAB and TANF populations.

(ii) Adjustments for pent-up demand

Consistent with the SFY 2024 rate setting, an explicit pent-up demand adjustment was not made for the HMP population.

(iii) Adjustment for adverse selection

Consistent with the SFY 2024 rate setting, an explicit adverse selection adjustment was not made for the HMP population.

(iv) Adjustment for demographics

An explicit demographic adjustment was not made for the HMP population.

(v) Differences in provider reimbursement rates or provider networks

Consistent with the SFY 2024 rate setting, differences in provider reimbursement were not assumed or observed for the Medicaid Expansion population.

(vi) Other material adjustments

We have not made any other material adjustments from the SFY 2024 rate certification.

(vii) Benefit changes

There were not any benefit changes from the SFY 2024 rate certification.

B. Other Material Changes or Adjustments to Benefit Costs

We did not make any other adjustments in the HMP rate development process other than those previously outlined in the report.

3. PROJECTED NON-BENEFIT COSTS

A. Description of Issues

i. Changes in data sources, assumptions, or methodologies

The development of the non-benefit costs was discussed in Section I.5.b. We have not made any changes from the SFY 2024 certification.

ii. Assumption changes for previous rating periods

We have not made any assumption changes from the SFY 2024 certification.

B. Assumption Differences Relative to Other Medicaid Populations

Figure 16 provides the non-benefit expense assumptions for the HMP population and other populations administered by MDHHS. The non-benefit expense percentage loads utilized for the HMP population are consistent on a composite basis, with HMP and non-HMP populations having approximately a 7% administrative allowance. We have reviewed emerging experience and believe the non-benefit expense percentage loads are sufficient to cover reported administrative costs.

4. FINAL CERTIFIED RATES OR RATE RANGES

A. CMS Requests

i. Comparison to Previous Certification

Appendix 5 illustrates a comparison of the amended SFY 2024 and SFY 2025 capitation rates.

ii. Description of Other Material Changes to the Capitation Rates

All material changes to the Healthy Michigan rate development methodology are outlined in this report.

5. RISK MITIGATION STRATEGIES

A. Description of Risk Mitigation Strategy

The HMP population is included in the risk mitigation programs outlined in Section I.4 and Section I.6 consistently with all other populations. There are no risk mitigation strategies specific to the HMP population.

B. Changes to Risk Mitigation Strategy Relative to Prior Years

There are no risk mitigation strategies specific to the HMP population.

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Limitations

The information contained in this presentation has been prepared for the State of Michigan, Department of Health and Human Services and their consultants and advisors. It is our understanding that this letter may be utilized in a public document. To the extent that the information contained in this letter is provided to third parties, the letter should be distributed in its entirety. Any user of the data must possess a certain level of expertise in actuarial science and healthcare modeling so as not to misinterpret the data presented.

Milliman makes no representations or warranties regarding the contents of this letter to third parties. Likewise, third parties are instructed that they are to place no reliance upon this letter prepared for MDHHS by Milliman that would result in the creation of any duty or liability under any theory of law by Milliman or its employees to third parties.

Milliman has developed certain models for capitation rate development. We have reviewed the models, including their inputs, calculations, and outputs for consistency, reasonableness, and appropriateness to the intended purpose and in compliance with generally accepted actuarial practice and relevant actuarial standards of practice (ASOP).

The models rely on data and information as inputs to the models. We have relied upon certain data and information provided by MDHHS and its vendors for this purpose and accepted it without audit. To the extent that the data and information provided is not accurate, or is not complete, the values provided in this report may likewise be inaccurate or incomplete.

The models, including all inputs, calculations, and outputs may not be appropriate for any other purpose.

Differences between our projections and actual amounts depend on the extent to which future experience conforms to the assumptions made for this analysis. It is certain that actual experience will not conform exactly to the assumptions used in this analysis. Actual amounts will differ from projected amounts to the extent that actual experience deviates from expected experience.

Guidelines issued by the American Academy of Actuaries require actuaries to include their professional qualifications in all actuarial communications. The authors of this report are members of the American Academy of Actuaries and meet the qualification standards for performing the analyses in this report.

Appendix 1: Actuarial Certification

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State of Michigan
Department of Health and Human Services
Behavioral Health Risk Based Managed Care Program
Capitation Rates Effective October 1, 2024 through September 30, 2025
Actuarial Certification

I, Jeremy Cunningham, am a Principal and Consulting Actuary with the firm of Milliman, Inc. I am a Member of the American Academy of Actuaries and a Fellow of the Society of Actuaries. I meet the qualification standards established by the American Academy of Actuaries and have followed the standards of practice established by the Actuarial Standards Board. I have been employed by the State of Michigan and am generally familiar with the state-specific Medicaid program, eligibility rules, and benefit provisions.

The capitation rates provided with this certification are considered “actuarially sound” for purposes of 42 CFR 438.4(a), according to the following criteria:

- the capitation rates provide for all reasonable, appropriate, and attainable costs that are required under terms of the contract and for the operation of the PIHP for the time period and population covered under the terms of the contract, and such capitation rates were developed in accordance with the requirements under 42 CFR 438.4(b).

For the purposes of this certification and consistent with the requirements under 42 CFR 438.4(a), “actuarial soundness” is defined as in ASOP 49:

“Medicaid capitation rates are “actuarially sound” if, for business for which the certification is being prepared and for the period covered by the certification, projected capitation rates and other revenue sources provide for all reasonable, appropriate, and attainable costs. For purposes of this definition, other revenue sources include, but are not limited to, expected reinsurance and governmental stop-loss cash flows, governmental risk-adjustment cash flows, and investment income. For purposes of this definition, costs include, but are not limited to, expected health benefits; health benefit settlement expenses; administrative expenses; the cost of capital, and government-mandated assessments, fees, and taxes.”

The assumptions used in the development of the “actuarially sound” capitation rates have been documented in my correspondence with the State of Michigan. The “actuarially sound” capitation rates that are associated with this certification are effective for the rate period October 1, 2024 through September 30, 2025.

The capitation rates are considered actuarially sound after adjustment for the amount of the withhold not expected to be earned.

The “actuarially sound” capitation rates are based on a projection of future events. Actual experience may be expected to vary from the experience assumed in the rates.

In developing the “actuarially sound” capitation rates, I have relied upon data and information provided by the State. I have relied upon the State for audit of the data. However, I did review the data for reasonableness and consistency.

The capitation rates developed may not be appropriate for any specific PIHP. An individual PIHP will need to review the rates in relation to the benefits that it will be obligated to provide. The PIHP should evaluate the rates in the context of its own experience, expenses, capital and surplus, and profit requirements prior to agreeing to contract with the State. The PIHP may require rates above, equal to, or below the “actuarially sound” capitation rates that are associated with this certification.



Jeremy A. Cunningham, FSA
Member, American Academy of Actuaries

September 23, 2024

Date

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Appendix 2: Retrospective Cost Models

| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitalization Rate Development Appendix 2 - Retrospective Rate Development Model | | | | | | | | | | |
|---|--------------------------|---------------------------|--------------------------------|-----------------------------------|------------------|-----------------|-----------------|------------------|------------|-----------|
| Region: Statewide | SFY 2023 Base Experience | EQI Repricing Adjustments | Policy and Program Adjustments | Adjusted SFY 2023 Base Experience | | | | | | |
| Rate Cell: DAB - Enrolled - F - 19 - 20 | Utilization per 1,000 | Utilization Adjustment | Utilization Adjustment | Utilization per 1,000 | Cost per Service | Cost Adjustment | Cost Adjustment | Cost per Service | PMPM Cost | PMPM Cost |
| Member Months: 65,932 | | | | | | | | | | |
| Category of Service | Unit Type | | | | | | | | | |
| Mental Health State Plan | | | | | | | | | | |
| Additional Support Services | Units | 1,146.7 | \$ 30.35 | \$ 2.90 | | | | | | |
| Assessments and Testing (ACT) | Units | 397.6 | 103.23 | 3.42 | \$ 0.01 | \$ 0.48 | \$ (0.06) | 1,127.0 | \$ 35.46 | \$ 3.33 |
| Case Management / Treatment Planning | Procedures | 108.4 | 282.23 | 2.39 | 0.02 | (0.79) | (0.17) | 380.1 | 78.29 | 2.48 |
| Community Living Supports | Units | 2,732.8 | 102.27 | 23.29 | 0.07 | (0.23) | (0.16) | 1,053 | 236.01 | 2.07 |
| Crisis | Days | 2,283.8 | 73.30 | 13.95 | 0.21 | 0.88 | (1.53) | 2,595.5 | 113.18 | 24.48 |
| Evaluation and Management | Procedures | 90.1 | 517.05 | 3.88 | 0.12 | 0.88 | (0.25) | 2,318.2 | 70.24 | 13.57 |
| Inpatient | Procedures | 315.9 | 209.69 | 5.52 | 0.02 | 1.37 | (0.73) | 87.0 | 645.29 | 4.68 |
| Medication Administration | Days | 360.6 | 763.17 | 22.83 | 3.51 | (6.02) | (0.08) | 415.7 | 589.41 | 6.18 |
| Other | Procedures | 47.8 | 0.49 | 0.49 | 0.01 | (0.10) | (0.08) | 40.9 | 93.80 | 0.32 |
| Other Therapy | Procedures | 139.8 | 67.81 | 0.79 | 0.01 | (0.11) | (0.08) | 141.6 | 58.48 | 0.69 |
| Outpatient Services | Procedures | 186.3 | 76.01 | 1.18 | 0.01 | 0.30 | (0.03) | 187.9 | 95.17 | 1.49 |
| Prevention and Early Intervention | Procedures | 69.3 | 240.80 | 1.39 | 0.04 | 0.43 | (0.03) | 66.8 | 318.06 | 1.77 |
| Psychiatric diagnostic evaluation | Procedures | 2.7 | 395.60 | 0.09 | - | 0.11 | (0.26) | 2.7 | 879.12 | 0.20 |
| Psychotherapy | Procedures | 81.1 | 378.70 | 2.56 | 0.04 | 0.09 | (0.26) | 74.2 | 393.26 | 2.43 |
| Residential Services | Procedures | 472.8 | 164.20 | 6.47 | 0.28 | 0.66 | (1.27) | 400.5 | 183.97 | 6.14 |
| Subtotal Mental Health State Plan | Days | 20.8 | 450.43 | 0.78 | \$ 4.65 | \$ 0.47 | \$ (4.54) | 20.8 | 485.08 | \$ 91.09 |
| Mental Health 1915(i) | | | | | | | | | | |
| Additional Support Services | Units | 16,601.5 | \$ 5.99 | \$ 8.29 | \$ 0.07 | \$ (0.41) | \$ 0.00 | 16,741.7 | \$ 4.96 | \$ 6.92 |
| Community Living Supports | Days | 6,491.3 | 198.43 | 107.34 | 2.03 | (27.38) | (9.87) | 6,614.0 | 130.85 | 72.12 |
| Other | Units | 168.4 | 130.17 | 1.74 | 0.03 | (0.12) | (0.12) | 163.2 | 121.34 | 1.65 |
| Skill Building | Units | 5,285.3 | 3.04 | 2.22 | (0.03) | 0.07 | (0.36) | 4,928.3 | 4.33 | 1.76 |
| Vocational Supports | Units | 921.6 | 13.93 | 1.07 | 0.05 | (0.12) | (0.11) | 869.9 | 9.79 | 0.71 |
| Subtotal Mental Health 1915(i) | Units | | | \$ 120.86 | \$ 2.15 | \$ (27.99) | \$ (0.23) | | | \$ 83.18 |
| Autism | | | | | | | | | | |
| Assessments and Testing | Procedures | 0.2 | - | - | - | - | - | - | - | - |
| Autism Services | Units | 7,523.3 | 16.80 | 10.53 | 0.86 | (0.23) | \$ 0.00 | 8,137.8 | 16.46 | 11.16 |
| Subtotal Autism | Units | | | \$ 10.53 | \$ 0.86 | \$ (0.23) | \$ 0.00 | | | \$ 11.16 |
| Substance Abuse State Plan | | | | | | | | | | |
| Additional Support Services | Units | 23.7 | \$ 15.18 | \$ 0.03 | \$ 0.00 | \$ 0.05 | \$ (0.06) | (23.7) | \$ (10.12) | \$ 0.02 |
| Assessments and Testing | Units | 1.5 | 164.38 | 0.02 | - | 0.01 | - | 1.5 | 246.58 | 0.03 |
| Case Management / Treatment Planning | Procedures | 0.2 | - | - | - | - | - | - | - | - |
| Crisis | Procedures | - | - | - | - | - | - | - | - | - |
| Evaluation and Management | Procedures | - | - | - | - | - | - | - | - | - |
| Medication Administration | Procedures | - | - | - | - | - | - | - | - | - |
| Medication Assisted Treatment | Procedures | - | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - | - |
| Outpatient Services | Procedures | 11.1 | 118.71 | 0.11 | (0.01) | (0.01) | - | 10.1 | 106.82 | 0.09 |
| Prevention and Early Intervention | Procedures | 1.1 | 330.28 | 0.03 | - | (0.02) | - | 1.1 | 110.09 | 0.01 |
| Psychiatric diagnostic evaluation | Procedures | 0.4 | 333.33 | 0.01 | - | (0.01) | - | 0.4 | - | - |
| Residential Services | Days | 18.2 | 184.31 | 0.28 | 0.01 | - | (0.02) | 18.9 | 171.61 | 0.27 |
| Withdrawal Management | Days | 0.7 | 328.77 | 0.02 | - | - | - | 0.7 | 328.77 | 0.02 |
| Subtotal Substance Abuse State Plan | Days | | | \$ 0.50 | \$ 0.00 | \$ 0.02 | \$ (0.06) | | | \$ 0.44 |
| Children's Waiver Program | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Community Living Supports | Days | - | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - | - |
| Other Therapy | Procedures | - | - | - | - | - | - | - | - | - |
| Subtotal Children's Waiver Program | Procedures | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Community Living Supports | Days | - | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - | - |
| Skill Building | Units | - | - | - | - | - | - | - | - | - |
| Vocational Supports | Units | - | - | - | - | - | - | - | - | - |
| Subtotal Habilitative Supports Waiver | Units | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Case Management / Treatment Planning | Units | - | - | - | - | - | - | - | - | - |
| Community Living Supports | Days | - | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - | - |
| Other Therapy | Procedures | - | - | - | - | - | - | - | - | - |
| Subtotal Serious Emotional Disturbances | Procedures | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | |
| | | | | \$ 223.72 | | | | | | \$ 185.87 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitalization Rate Development Appendix 2 - Retrospective Rate Development Model | | | | | | | | | | | |
|---|--|--------------------------|---------------------------|--------------------------------|-----------------------------------|------------------|------------------------|------------------|-----------------------|------------------|------------------|
| Region: Statewide | Rate Call: DAB - Enrolled - F - 21 - 25 | SFY 2023 Base Experience | EQI Repricing Adjustments | Policy and Program Adjustments | Adjusted SFY 2023 Base Experience | | | | | | |
| Member Months: 97,336 | Category of Service | Utilization per 1,000 | Cost per Service | PMPM Cost | Utilization Adjustment | Cost Adjustment | Utilization Adjustment | Cost Adjustment | Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | |
| | Additional Support Services | 4,620.0 | \$ 17.71 | \$ 6.82 | | | | | 4,640.3 | \$ 17.61 | \$ 6.81 |
| | Assessments and Testing (ACT) | 633.9 | 83.51 | 4.94 | \$ (0.04) | \$ 0.18 | \$ (0.15) | \$ (0.02) | 598.0 | 98.13 | 4.89 |
| | Case Management / Treatment Planning | 144.2 | 280.40 | 3.13 | \$ (0.05) | 0.01 | (0.29) | 0.23 | 138.3 | 256.06 | 2.96 |
| | Crisis | 4,420.1 | 101.32 | 37.32 | (0.10) | 0.65 | (1.82) | 4.41 | 4,281.6 | 113.68 | 40.56 |
| | Evaluation and Management | 123.9 | 82.81 | 28.69 | (0.10) | 0.06 | (0.54) | 1.50 | 112.4 | 659.96 | 6.18 |
| | Inpatient | 462.2 | 214.20 | 5.16 | 0.06 | 0.06 | (0.98) | 1.72 | 410.6 | 264.47 | 9.05 |
| | Medication Administration | 549.5 | 766.34 | 35.09 | (0.08) | 3.04 | (3.82) | 0.07 | 537.3 | 576.03 | 25.79 |
| | Other | 109.1 | 95.69 | 0.87 | 0.02 | 0.01 | (0.07) | 0.08 | 102.8 | 105.03 | 0.90 |
| | Outpatient Services | 345.7 | 38.19 | 1.10 | (0.09) | 0.01 | (0.09) | 0.22 | 348.8 | 35.09 | 1.02 |
| | Prevention and Early Intervention | 110.2 | 276.66 | 2.54 | 0.03 | 0.11 | (0.09) | 0.10 | 106.3 | 256.26 | 2.27 |
| | Psychiatric diagnostic evaluation | 4.4 | 324.32 | 0.12 | 0.02 | 0.03 | (0.32) | 0.10 | 5.6 | 367.57 | 0.17 |
| | Psychotherapy | 103.7 | 386.57 | 3.34 | 0.11 | 0.39 | (1.06) | 0.39 | 97.2 | 398.93 | 3.23 |
| | Residential Services | 655.4 | 162.23 | 8.86 | 0.14 | 0.14 | (0.01) | 0.14 | 605.8 | 180.06 | 9.09 |
| | Subtotal Mental Health State Plan | 45.1 | 500.00 | 1.88 | (\$ 0.76) | \$ 4.65 | (\$ 9.33) | (\$ 2.81) | 48.2 | 467.66 | \$ 141.37 |
| Mental Health 1915(i) | | | | | | | | | | | |
| | Additional Support Services | 19,358.1 | \$ 5.81 | \$ 9.38 | \$ 0.28 | \$ 0.47 | \$ 0.00 | \$ 0.28 | 19,936.0 | \$ 5.37 | \$ 8.92 |
| | Community Living Supports | 10,883.5 | 183.65 | 166.55 | (26.71) | 1.62 | (0.05) | (17.55) | 10,978.5 | 135.28 | 123.76 |
| | Other | 228.8 | 121.67 | 2.32 | (0.37) | 0.10 | (0.03) | (0.81) | 238.7 | 103.07 | 2.05 |
| | Skill Building | 10,480.3 | 5.79 | 5.06 | 0.13 | 0.13 | (0.19) | (0.66) | 9,714.0 | 4.95 | 5.01 |
| | Vocational Supports | 2,693.1 | 12.40 | 2.89 | (0.26) | 0.13 | (0.19) | (0.66) | 2,545.0 | 12.87 | 2.73 |
| | Subtotal Mental Health 1915(i) | 45.1 | 500.00 | 1.88 | (\$ 0.76) | \$ 4.65 | (\$ 9.33) | (\$ 2.81) | 48.2 | 467.66 | \$ 141.37 |
| Autism | | | | | | | | | | | |
| | Assessments and Testing | - | - | - | - | - | - | - | - | - | - |
| | Autism Services | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Autism | - | - | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | - | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | | |
| | Additional Support Services | 153.7 | \$ 23.43 | \$ 0.30 | \$ 0.08 | \$ 0.00 | \$ 0.00 | \$ 0.00 | 153.7 | \$ 29.68 | \$ 0.38 |
| | Assessments and Testing | 12.2 | 98.36 | 0.10 | 0.01 | 0.00 | 0.00 | 0.00 | 12.2 | 108.20 | 0.11 |
| | Case Management / Treatment Planning | 3.0 | 120.40 | 0.03 | 0.01 | 0.00 | 0.00 | 0.00 | 3.0 | 160.54 | 0.04 |
| | Crisis | - | - | - | - | - | - | - | - | - | - |
| | Evaluation and Management | 3.8 | 94.24 | 0.03 | - | - | - | - | 3.8 | 94.24 | 0.03 |
| | Medication Administration | 0.9 | 17.71 | 0.25 | - | - | - | - | 169.4 | 17.71 | 0.25 |
| | Medication Assisted Treatment | 169.4 | 62.76 | 0.57 | - | - | - | - | 84.1 | 89.87 | 0.63 |
| | Other | 0.3 | - | - | - | - | - | - | - | - | - |
| | Outpatient Services | 109.0 | 62.76 | 0.57 | - | - | - | - | 102.9 | 174.86 | 1.50 |
| | Prevention and Early Intervention | 0.3 | - | - | - | - | - | - | 6.1 | 332.79 | 0.17 |
| | Psychiatric diagnostic evaluation | 0.1 | 179.52 | 1.54 | - | - | - | - | - | - | - |
| | Residential Services | 102.9 | 352.33 | 0.17 | - | - | - | - | - | - | - |
| | Withdrawal Management | 5.8 | - | - | - | - | - | - | - | - | - |
| | Subtotal Substance Abuse State Plan | 5.8 | \$ 2.99 | 0.17 | \$ 0.34 | (\$ 0.06) | (\$ 0.06) | (\$ 0.10) | 6.1 | 332.79 | \$ 3.11 |
| Children's Waiver Program | | | | | | | | | | | |
| | Additional Support Services | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | - | - | - | - | - | - | - | - | - | - |
| | Other | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Children's Waiver Program | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | |
| | Additional Support Services | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | - | - | - | - | - | - | - | - | - | - |
| | Other | - | - | - | - | - | - | - | - | - | - |
| | Skill Building | - | - | - | - | - | - | - | - | - | - |
| | Vocational Supports | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Habilitative Supports Waiver | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | |
| | Additional Support Services | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Case Management / Treatment Planning | - | - | - | - | - | - | - | - | - | - |
| | Community Living Supports | - | - | - | - | - | - | - | - | - | - |
| | Other | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Serious Emotional Disturbances | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | |
| | | | | \$ 338.61 | | | | | | | \$ 285.95 |

| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitalization Rate Development Appendix 2 - Retrospective Rate Development Model | | | | | | | | | | | |
|---|------------------------|--------------------------|---------------------------|--------------------------------|-----------------------------------|------------------|------------------------|-------------------|-----------------------|------------------|------------------|
| Region: Statewide | Member Months: 194,983 | SFY 2023 Base Experience | EQI Repricing Adjustments | Policy and Program Adjustments | Adjusted SFY 2023 Base Experience | | | | | | |
| Rate Cell: DAB - Enrolled - F - 26 - 39 | Category of Service | Utilization per 1,000 | Cost per Service | PMPM Cost | Utilization Adjustment | Cost Adjustment | Utilization Adjustment | Cost Adjustment | Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | |
| Additional Support Services | Units | 9,473.3 | \$ 13.12 | \$ 10.66 | | | | | | | \$ 9.42 |
| Assessments and Testing (ACT) | Units | 1,665.8 | 81.55 | 11.32 | \$ 0.61 | \$ 0.19 | \$ (2.04) | \$ 0.00 | 8,439.7 | \$ 13.39 | 12.52 |
| Case Management / Treatment Planning | Procedures | 215.5 | 232.80 | 4.18 | 0.12 | 1.74 | (0.66) | - | 1,586.3 | 94.71 | 4.30 |
| Community Living Supports | Units | 7,773.0 | 98.68 | 63.92 | 0.10 | 0.25 | (0.23) | - | 208.8 | 247.17 | 6.55 |
| Crisis | Days | 9,404.8 | 76.31 | 59.81 | 1.53 | 8.50 | (3.65) | (6.01) | 7,515.2 | 112.25 | 7.30 |
| Evaluation and Management | Procedures | 1,500.4 | 446.96 | 5.60 | 0.99 | 0.64 | (0.04) | - | 9,554.1 | 69.57 | 6.55 |
| Inpatient | Procedures | 756.9 | 205.46 | 12.96 | (0.01) | 1.44 | (0.48) | - | 137.2 | 572.93 | 14.17 |
| Medication Administration | Days | 6,786.6 | 703.12 | 39.76 | 0.31 | 2.69 | (1.79) | - | 6,705.5 | 253.61 | 31.52 |
| Other | Procedures | 251.3 | 106.02 | 2.22 | 0.05 | 4.62 | (0.19) | - | 6,694.4 | 565.08 | 2.06 |
| Outpatient Services | Procedures | 596.6 | 60.74 | 3.09 | 0.10 | (0.12) | (0.01) | - | 6,144.4 | 105.00 | 2.99 |
| Prevention and Early Intervention | Procedures | 175.6 | 211.19 | 3.02 | 0.29 | 0.49 | - | - | 192.1 | 241.80 | 3.87 |
| Psychiatric diagnostic evaluation | Procedures | 56.4 | 248.76 | 1.17 | (0.01) | 0.27 | (0.05) | - | 51.6 | 309.24 | 1.38 |
| Psychiatry | Procedures | 7.3 | 330.58 | 0.20 | 0.12 | (0.08) | - | - | 11.6 | 247.85 | 0.24 |
| Residential Services | Procedures | 131.5 | 373.35 | 4.09 | 0.14 | 0.20 | (0.31) | - | 126.0 | 392.38 | 4.12 |
| Subtotal Mental Health State Plan | Days | 937.7 | 166.11 | 12.98 | 0.75 | 1.47 | (1.51) | - | 882.8 | 186.09 | 13.69 |
| | Days | 65.4 | 459.00 | 2.50 | 0.05 | 0.03 | (0.09) | (0.14) | 64.3 | 438.50 | 2.35 |
| | | | | \$ 237.48 | \$ 9.76 | \$ 9.99 | \$ (16.21) | \$ (6.15) | | | \$ 234.87 |
| Mental Health 1915(I) | | | | | | | | | | | |
| Additional Support Services | Units | 21,753.2 | \$ 5.57 | \$ 10.10 | \$ 0.27 | \$ 0.76 | \$ 0.00 | \$ (1.33) | 22,334.7 | \$ 5.27 | \$ 9.80 |
| Community Living Supports | Days | 20,527.0 | 141.26 | 241.86 | 9.59 | (12.16) | (0.11) | (28.70) | 21,332.4 | 118.28 | 210.26 |
| Other | Procedures | 41.5 | 103.61 | 3.56 | 0.15 | (0.18) | - | - | 428.9 | 98.77 | 3.53 |
| Skill Building | Units | 62,732.0 | 4.32 | 23.61 | (0.45) | 1.61 | (0.21) | (4.14) | 60,978.4 | 4.06 | 20.62 |
| Subtotal Mental Health 1915(I) | Units | 12,610.4 | 8.32 | 8.74 | 0.69 | 1.93 | (0.07) | (2.04) | 13,505.0 | 7.42 | 8.32 |
| | | | | \$ 287.66 | \$ 10.24 | \$ (8.74) | \$ (0.39) | \$ (86.21) | | | \$ 252.56 |
| Autism | | | | | | | | | | | |
| Assessments and Testing | Procedures | - | - | - | - | - | - | - | - | - | - |
| Autism Services | Units | - | - | - | - | - | - | - | - | - | - |
| Subtotal Autism | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | | |
| Additional Support Services | Units | 305.7 | \$ 17.27 | \$ 0.44 | \$ 0.00 | \$ (0.02) | \$ 0.00 | \$ 0.00 | 305.7 | \$ 16.49 | \$ 0.42 |
| Assessments and Testing | Procedures | 95.0 | 44.20 | 0.35 | - | - | - | - | 95.0 | 0.35 | 0.35 |
| Case Management / Treatment Planning | Units | 6.5 | 128.83 | 0.07 | - | - | - | - | 6.5 | 128.83 | 0.07 |
| Crisis | Procedures | - | - | - | - | - | - | - | - | - | - |
| Evaluation and Management | Procedures | 34.7 | 89.89 | 0.26 | 0.01 | 0.01 | - | - | 34.7 | 93.34 | 0.27 |
| Medication Administration | Procedures | 1.7 | 69.77 | 0.01 | 0.01 | - | - | - | 3.4 | 69.77 | 0.02 |
| Medication Assisted Treatment | Procedures | 1,420.2 | 16.56 | 1.96 | 0.01 | 0.03 | - | - | 1,427.4 | 16.81 | 2.00 |
| Other | Procedures | 1.9 | - | - | - | - | - | - | - | - | - |
| Outpatient Services | Procedures | 260.6 | 70.92 | 1.54 | 0.05 | 0.12 | - | - | 269.0 | 76.27 | 1.71 |
| Prevention and Early Intervention | Procedures | 9.2 | 78.52 | 0.06 | - | 0.02 | - | - | 9.2 | 104.69 | 0.08 |
| Psychiatric diagnostic evaluation | Procedures | 0.4 | 279.07 | 0.01 | - | (0.01) | - | - | 0.4 | - | - |
| Residential Services | Days | 249.9 | 172.37 | 3.59 | 0.03 | 0.04 | - | (0.21) | 252.0 | 164.27 | 3.45 |
| Withdrawal Management | Days | 22.0 | 349.57 | 0.64 | 0.03 | 0.01 | - | (0.04) | 23.0 | 333.91 | 0.64 |
| Subtotal Substance Abuse State Plan | | | | \$ 8.93 | \$ 0.13 | \$ 0.20 | \$ 0.00 | \$ (0.25) | | | \$ 9.01 |
| Children's Waiver Program | | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Community Living Supports | Days | - | - | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - | - | - |
| Subtotal Children's Waiver Program | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Community Living Supports | Days | - | - | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - | - | - |
| Skill Building | Units | - | - | - | - | - | - | - | - | - | - |
| Vocational Supports | Units | - | - | - | - | - | - | - | - | - | - |
| Subtotal Habilitative Supports Waiver | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Case Management / Treatment Planning | Units | - | - | - | - | - | - | - | - | - | - |
| Community Living Supports | Days | - | - | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - | - | - |
| Subtotal Serious Emotional Disturbances | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | \$ 534.07 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 496.44 |

| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitalization Rate Development Appendix 2 - Retrospective Rate Development Model | | | | | | | | | |
|---|------------------------|--------------------------|---------------------------|--------------------------------|-----------------------------------|-----------------------|-----------------------|------------------|-----------------------|
| Region: Statewide | Member Months: 144,801 | SFY 2023 Base Experience | EQI Repricing Adjustments | Policy and Program Adjustments | Adjusted SFY 2023 Base Experience | PMPM Cost | Utilization per 1,000 | Cost per Service | PMPM Cost |
| Rate Cell: DAB - Enrolled - F - 40 - 49 | Category of Service | Unit Type | Utilization per 1,000 | Cost per Service | PMPM Cost | Utilization per 1,000 | Cost per Service | PMPM Cost | Utilization per 1,000 |
| Mental Health State Plan | | | | | | | | | |
| Additional Support Services | Units | | 7,061.5 | \$ 11.64 | \$ 6.85 | | | | |
| Assessments and Testing | Units | | 1,568.4 | 77.81 | 10.17 | | | | |
| Case Management / Treatment Planning | Procedures | | 181.2 | 201.94 | 3.05 | | | | |
| Community Living Supports | Units | | 5,218.1 | 91.60 | 39.83 | | | | |
| Crisis | Days | | 6,373.1 | 71.85 | 38.16 | | | | |
| Evaluation and Management | Procedures | | 123.6 | 414.70 | 4.27 | | | | |
| Inpatient | Procedures | | 188.33 | 12.27 | 0.31 | | | | |
| Medication Administration | Days | | 781.8 | 680.08 | 31.87 | | | | |
| Other | Procedures | | 564.1 | 60.77 | 3.60 | | | | |
| Outpatient Services | Procedures | | 228.5 | 109.77 | 0.15 | | | | |
| Prevention and Early Intervention | Procedures | | 345.6 | 92.37 | 2.66 | | | | |
| Psychiatric diagnostic evaluation | Procedures | | 14.3 | 404.21 | 0.48 | | | | |
| Psychiatry | Procedures | | 50.5 | 213.99 | 0.90 | | | | |
| Residential Services | Procedures | | 108.7 | 365.58 | 3.31 | | | | |
| Subtotal Mental Health State Plan | Days | | 47.7 | 424.89 | 1.69 | | | | |
| | | | | | \$ 168.65 | | | | \$ 170.13 |
| Mental Health 1915(i) | | | | | | | | | |
| Additional Support Services | Units | | 4,324.9 | \$ 5.47 | \$ 1.97 | | | | |
| Community Living Supports | Days | | 11,032.5 | 122.87 | 112.96 | | | | |
| Other | Procedures | | 116.5 | 102.27 | 1.01 | | | | |
| Skill Building | Units | | 23,556.5 | 4.42 | 8.87 | | | | |
| Vocational Supports | Units | | 5,945.3 | 10.03 | 4.97 | | | | |
| Subtotal Mental Health 1915(i) | | | | | \$ 129.56 | | | | \$ 115.70 |
| Autism | | | | | | | | | |
| Assessments and Testing | Procedures | | - | - | - | | | | |
| Autism Services | Units | | - | - | - | | | | |
| Subtotal Autism | | | | | \$ 0.00 | | | | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | |
| Additional Support Services | Units | | 452.7 | \$ 12.99 | \$ 0.49 | | | | |
| Assessments and Testing | Procedures | | 165.1 | 37.80 | 0.52 | | | | |
| Case Management / Treatment Planning | Units | | 10.2 | 117.19 | 0.10 | | | | |
| Crisis | Procedures | | 0.4 | - | - | | | | |
| Evaluation and Management | Procedures | | 65.2 | 79.12 | 0.43 | | | | |
| Medication Administration | Procedures | | 18.4 | 19.57 | 0.03 | | | | |
| Medication Assisted Treatment | Procedures | | 3,549.0 | 16.57 | 4.90 | | | | |
| Other | Procedures | | 1.4 | 85.11 | 0.01 | | | | |
| Outpatient Services | Procedures | | 487.5 | 70.39 | 2.86 | | | | |
| Prevention and Early Intervention | Procedures | | 11.2 | 96.51 | 0.09 | | | | |
| Psychiatric diagnostic evaluation | Procedures | | 0.3 | - | - | | | | |
| Residential Services | Days | | 339.2 | 178.30 | 5.04 | | | | |
| Withdrawal Management | Days | | 24.9 | 346.43 | 0.72 | | | | |
| Subtotal Substance Abuse State Plan | | | | | \$ 15.19 | | | | \$ 15.61 |
| Children's Waiver Program | | | | | | | | | |
| Additional Support Services | Units | | - | \$ 0.00 | \$ 0.00 | | | | |
| Community Living Supports | Days | | - | - | - | | | | |
| Other | Procedures | | - | - | - | | | | |
| Subtotal Children's Waiver Program | | | | | \$ 0.00 | | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | |
| Additional Support Services | Units | | - | \$ 0.00 | \$ 0.00 | | | | |
| Community Living Supports | Days | | - | - | - | | | | |
| Other | Procedures | | - | - | - | | | | |
| Skill Building | Units | | - | - | - | | | | |
| Vocational Supports | Units | | - | - | - | | | | |
| Subtotal Habilitative Supports Waiver | | | | | \$ 0.00 | | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | |
| Additional Support Services | Units | | - | \$ 0.00 | \$ 0.00 | | | | |
| Case Management / Treatment Planning | Units | | - | - | - | | | | |
| Community Living Supports | Days | | - | - | - | | | | |
| Other | Procedures | | - | - | - | | | | |
| Subtotal Serious Emotional Disturbances | | | | | \$ 0.00 | | | | \$ 0.00 |
| Total Medical Costs | | | | | \$ 313.42 | | | | \$ 304.81 |

| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitalization Rate Development Appendix 2 - Retrospective Rate Development Model | | | | | | | | | |
|---|------------------------|--------------------------|---------------------------|--------------------------------|-----------------------------------|------------------|-----------------------|------------------|-----------|
| Region: Statewide | Member Months: 488,761 | SFY 2023 Base Experience | EQI Repricing Adjustments | Policy and Program Adjustments | Adjusted SFY 2023 Base Experience | PMPM Cost | Utilization per 1,000 | Cost per Service | PMPM Cost |
| Rate Cell: DAB - Enrolled - F - 50 - 64 | Category of Service | Utilization per 1,000 | Utilization Adjustment | Utilization Adjustment | Utilization per 1,000 | Cost per Service | Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | |
| Additional Support Services | Units | 7,465.4 | \$ 13.34 | \$ 8.30 | | | | | |
| Assessments and Testing (ACT) | Units | 1,019.9 | 88.68 | 7.53 | | | | | |
| Case Management / Treatment Planning | Procedures | 138.8 | 169.45 | 1.96 | | | | | |
| Crisis | Units | 3,600.3 | 85.23 | 25.37 | | | | | |
| Evaluation and Management | Days | 601.9 | 70.86 | 3.00 | | | | | |
| Inpatient | Procedures | 345.2 | 430.44 | 2.22 | | | | | |
| Medication Administration | Procedures | 165.6 | 175.63 | 8.81 | | | | | |
| Other | Days | 1,180.9 | 731.79 | 21.05 | | | | | |
| Outpatient Services | Procedures | 67.8 | 99.58 | 1.27 | | | | | |
| Prevention and Early Intervention | Procedures | 570.1 | 130.43 | 1.80 | | | | | |
| Psychiatric diagnostic evaluation | Procedures | 21.3 | 635.76 | 0.32 | | | | | |
| Psychotherapy | Procedures | 21.3 | 309.58 | 0.63 | | | | | |
| Residential Services | Days | 21.3 | 446.12 | 0.79 | | | | | |
| Subtotal Mental Health State Plan | | | | | | | | | |
| | | | \$ 4.61 | \$ 6.93 | | | | | \$ 11.08 |
| Mental Health 1915(i) | | | | | | | | | |
| Additional Support Services | Units | 588.6 | \$ 5.91 | \$ 0.29 | | | | | |
| Community Living Supports | Days | 5,416.6 | 124.84 | 56.29 | | | | | |
| Other | Procedures | 24.6 | 116.88 | 0.24 | | | | | |
| Skill Building | Units | 6,679.9 | 4.94 | 2.53 | | | | | |
| Vocational Supports | Units | 1,180.9 | 11.99 | 1.18 | | | | | |
| Subtotal Mental Health 1915(i) | | | | | | | | | |
| | | | \$ 1.26 | \$ 8.97 | | | | | \$ 60.53 |
| Autism | | | | | | | | | |
| Assessments and Testing | Procedures | - | - | - | | | | | |
| Autism Services | Units | - | - | - | | | | | |
| Subtotal Autism | | | | | | | | | |
| | | | \$ 0.00 | \$ 0.00 | | | | | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | |
| Additional Support Services | Units | 316.5 | \$ 15.93 | \$ 0.42 | | | | | |
| Assessments and Testing | Procedures | 161.0 | 38.01 | 0.51 | | | | | |
| Case Management / Treatment Planning | Units | 5.9 | 122.87 | 0.06 | | | | | |
| Crisis | Procedures | 0.1 | - | - | | | | | |
| Evaluation and Management | Procedures | 49.6 | 77.40 | 0.32 | | | | | |
| Medication Administration | Procedures | 12.1 | 19.90 | 0.02 | | | | | |
| Medication Assisted Treatment | Procedures | 2,716.5 | 17.32 | 3.92 | | | | | |
| Other | Procedures | 0.4 | - | - | | | | | |
| Outpatient Services | Procedures | 385.2 | 72.28 | 2.32 | | | | | |
| Prevention and Early Intervention | Procedures | 5.6 | 151.35 | 0.07 | | | | | |
| Psychiatric diagnostic evaluation | Procedures | 0.3 | 363.64 | 0.01 | | | | | |
| Residential Services | Days | 264.2 | 174.89 | 3.85 | | | | | |
| Withdrawal Management | Days | 19.4 | 340.91 | 0.55 | | | | | |
| Subtotal Substance Abuse State Plan | | | | | | | | | |
| | | | \$ 0.16 | \$ 0.24 | | | | | \$ 12.05 |
| Children's Waiver Program | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | | | | | |
| Community Living Supports | Days | - | - | - | | | | | |
| Other | Procedures | - | - | - | | | | | |
| Subtotal Children's Waiver Program | | | | | | | | | |
| | | | \$ 0.00 | \$ 0.00 | | | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | | | | | |
| Community Living Supports | Days | - | - | - | | | | | |
| Other | Procedures | - | - | - | | | | | |
| Skill Building | Units | - | - | - | | | | | |
| Vocational Supports | Units | - | - | - | | | | | |
| Subtotal Habilitative Supports Waiver | | | | | | | | | |
| | | | \$ 0.00 | \$ 0.00 | | | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | | | | | |
| Case Management / Treatment Planning | Units | - | - | - | | | | | |
| Community Living Supports | Days | - | - | - | | | | | |
| Other | Procedures | - | - | - | | | | | |
| Other Therapy | Procedures | - | - | - | | | | | |
| Subtotal Serious Emotional Disturbances | | | | | | | | | |
| | | | \$ 0.00 | \$ 0.00 | | | | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | |
| | | | | | | | | | \$ 183.66 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitalization Rate Development Appendix 2 - Retrospective Rate Development Model | | | | | | | | | |
|---|--------------------------|---------------------------|--------------------------------|-----------------------------------|---------------------|--------------------------|---------------------------|--------------------------------|-----------------------------------|
| Region: Statewide | SFY 2023 Base Experience | EQI Repricing Adjustments | Policy and Program Adjustments | Adjusted SFY 2023 Base Experience | Unit Type | SFY 2023 Base Experience | EQI Repricing Adjustments | Policy and Program Adjustments | Adjusted SFY 2023 Base Experience |
| Member Months: 253,823 | Utilization per 1,000 | Utilization Adjustment | Utilization Adjustment | Utilization per 1,000 | Category of Service | Cost per Service | Cost Adjustment | Cost Adjustment | Cost per Service |
| | | | | | | PMPM Cost | | | PMPM Cost |
| Mental Health State Plan | | | | | | | | | |
| Additional Support Services | 3,568.3 | \$ 78.60 | \$ 23.49 | \$ 78.60 | Units | \$ 78.60 | \$ 23.49 | \$ 78.60 | \$ 23.49 |
| Assessments and Testing (ACT) | 15.8 | 90.91 | 0.12 | 90.91 | Units | 90.91 | 0.12 | 90.91 | 0.12 |
| Case Management / Treatment Planning | 253.7 | 280.63 | 5.51 | 280.63 | Procedures | 280.63 | 5.51 | 280.63 | 5.51 |
| Community Living Supports | 3,680.0 | 103.11 | 31.62 | 103.11 | Units | 103.11 | 31.62 | 103.11 | 31.62 |
| Crisis | 111.6 | 49.45 | 0.46 | 49.45 | Days | 49.45 | 0.46 | 49.45 | 0.46 |
| Evaluation and Management | 126.8 | 516.56 | 5.46 | 516.56 | Procedures | 516.56 | 5.46 | 516.56 | 5.46 |
| Inpatient | 418.4 | 216.57 | 7.55 | 216.57 | Procedures | 216.57 | 7.55 | 216.57 | 7.55 |
| Medication Administration | 342.1 | 878.82 | 25.05 | 878.82 | Days | 878.82 | 25.05 | 878.82 | 25.05 |
| Other | 7.6 | 94.61 | 0.06 | 94.61 | Procedures | 94.61 | 0.06 | 94.61 | 0.06 |
| Other Therapy | 48.2 | 89.66 | 0.36 | 89.66 | Procedures | 89.66 | 0.36 | 89.66 | 0.36 |
| Outpatient Services | 549.7 | 100.86 | 4.62 | 100.86 | Procedures | 100.86 | 4.62 | 100.86 | 4.62 |
| Prevention and Early Intervention | 86.8 | 302.94 | 2.19 | 302.94 | Procedures | 302.94 | 2.19 | 302.94 | 2.19 |
| Psychiatric diagnostic evaluation | 8.8 | 342.86 | 0.25 | 342.86 | Procedures | 342.86 | 0.25 | 342.86 | 0.25 |
| Psychotherapy | 126.5 | 368.98 | 3.89 | 368.98 | Procedures | 368.98 | 3.89 | 368.98 | 3.89 |
| Residential Services | 1,121.1 | 183.78 | 17.17 | 183.78 | Procedures | 183.78 | 17.17 | 183.78 | 17.17 |
| Subtotal Mental Health State Plan | 26.7 | 562.64 | 1.25 | 562.64 | Days | 562.64 | 1.25 | 562.64 | 1.25 |
| | | | | | | \$ 129.05 | \$ (0.75) | \$ (2.18) | \$ (0.13) |
| Mental Health 1915(i) | | | | | | | | | |
| Additional Support Services | 24,338.1 | \$ 5.36 | \$ 10.88 | \$ 5.36 | Units | \$ 5.36 | \$ 10.88 | \$ 5.36 | \$ 10.88 |
| Community Living Supports | 2,930.5 | 131.81 | 32.19 | 131.81 | Days | 131.81 | 32.19 | 131.81 | 32.19 |
| Other | 340.9 | 451.03 | 4.28 | 451.03 | Procedures | 451.03 | 4.28 | 451.03 | 4.28 |
| Skill Building | 48.4 | 38.90 | 0.16 | 38.90 | Units | 38.90 | 0.16 | 38.90 | 0.16 |
| Vocational Supports | 19.5 | 61.44 | 0.10 | 61.44 | Units | 61.44 | 0.10 | 61.44 | 0.10 |
| Subtotal Mental Health 1915(i) | | | | | | \$ 47.62 | \$ (0.55) | \$ (0.06) | \$ (0.19) |
| Autism | | | | | | | | | |
| Assessments and Testing | 1.5 | 317.88 | 0.04 | 317.88 | Procedures | 317.88 | 0.04 | 317.88 | 0.04 |
| Autism Services | 55,060.3 | 16.85 | 77.32 | 16.85 | Units | 16.85 | 77.32 | 16.85 | 77.32 |
| Subtotal Autism | | | | | | \$ 77.36 | \$ 0.98 | \$ 0.00 | \$ (0.11) |
| Substance Abuse State Plan | | | | | | | | | |
| Additional Support Services | 1.2 | \$ 0.00 | \$ 0.00 | \$ 0.00 | Units | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| Assessments and Testing | 1.0 | 126.32 | 0.01 | 126.32 | Procedures | 126.32 | 0.01 | 126.32 | 0.01 |
| Case Management / Treatment Planning | 0.3 | - | - | - | Units | - | - | - | - |
| Crisis | - | - | - | - | Procedures | - | - | - | - |
| Evaluation and Management | 0.1 | - | - | - | Procedures | - | - | - | - |
| Medication Administration | - | - | - | - | Procedures | - | - | - | - |
| Medication Assisted Treatment | - | - | - | - | Procedures | - | - | - | - |
| Other | - | - | - | - | Procedures | - | - | - | - |
| Outpatient Services | 7.9 | 106.33 | 0.07 | 106.33 | Procedures | 106.33 | 0.07 | 106.33 | 0.07 |
| Prevention and Early Intervention | 1.2 | 101.69 | 0.01 | 101.69 | Procedures | 101.69 | 0.01 | 101.69 | 0.01 |
| Psychiatric diagnostic evaluation | 1.2 | 101.69 | 0.01 | 101.69 | Procedures | 101.69 | 0.01 | 101.69 | 0.01 |
| Residential Services | 3.9 | 340.21 | 0.11 | 340.21 | Days | 340.21 | 0.11 | 340.21 | 0.11 |
| Withdrawal Management | - | - | - | - | Days | - | - | - | - |
| Subtotal Substance Abuse State Plan | | | | | | \$ 0.20 | \$ (0.05) | \$ 0.00 | \$ 0.15 |
| Children's Waiver Program | | | | | | | | | |
| Additional Support Services | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | Units | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| Community Living Supports | - | - | - | - | Days | - | - | - | - |
| Other | - | - | - | - | Procedures | - | - | - | - |
| Subtotal Children's Waiver Program | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | |
| Additional Support Services | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | Units | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| Community Living Supports | - | - | - | - | Days | - | - | - | - |
| Other | - | - | - | - | Procedures | - | - | - | - |
| Skill Building | - | - | - | - | Units | - | - | - | - |
| Vocational Supports | - | - | - | - | Units | - | - | - | - |
| Subtotal Habilitative Supports Waiver | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | |
| Additional Support Services | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | Units | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| Case Management / Treatment Planning | - | - | - | - | Units | - | - | - | - |
| Community Living Supports | - | - | - | - | Days | - | - | - | - |
| Other | - | - | - | - | Procedures | - | - | - | - |
| Other Therapy | - | - | - | - | Procedures | - | - | - | - |
| Subtotal Serious Emotional Disturbances | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| Total Medical Costs | | | | | | \$ 254.23 | \$ 0.00 | \$ 0.00 | \$ 252.46 |

| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitalization Rate Development Appendix 2 - Retrospective Rate Development Model | | | | | | | | | | |
|---|------------------------|--------------------------|---------------------------|--------------------------------|-----------------------------------|------------|-----------------------|------------------|-----------------|-----------------------------------|
| Region: Statewide | Member Months: 187,005 | SFY 2023 Base Experience | EQI Repricing Adjustments | Policy and Program Adjustments | Adjusted SFY 2023 Base Experience | Unit Type | Utilization per 1,000 | Cost per Service | PMPM Cost | Adjusted SFY 2023 Base Experience |
| Category of Service | | Utilization per 1,000 | Utilization Adjustment | Utilization Adjustment | Utilization per 1,000 | | | Cost per Service | PMPM Cost | Utilization per 1,000 |
| Mental Health State Plan | | | | | | | | | | |
| Additional Support Services | | 1,829.5 | \$ 0.10 | \$ (0.48) | 1,408.2 | Units | | \$ 12.78 | \$ 1.50 | |
| Assessive Community Treatment (ACT) | | 266.3 | 0.14 | (0.03) | 282.2 | Units | | 108.44 | 2.55 | |
| Assessments and Testing | | 18.9 | 0.02 | (0.03) | 18.5 | Procedures | | 266.67 | 0.41 | |
| Case Management / Treatment Planning | | 997.8 | 94.04 | 1.36 | 891.9 | Units | | 112.34 | 8.35 | |
| Community Living Supports | | 1,784.8 | 69.05 | 0.81 | 1,803.9 | Days | | 67.12 | 10.09 | |
| Crisis | | 8.3 | 0.05 | (0.03) | 8.9 | Procedures | | 485.39 | 0.36 | |
| Evaluation and Management | | 1,167.7 | 185.15 | 0.47 | 93.3 | Procedures | | 245.58 | 1.91 | |
| Inpatient | | 69.1 | 203.15 | 2.08 | 74.4 | Days | | 538.49 | 3.34 | |
| Medication Administration | | 41.2 | 133.98 | (0.04) | 40.3 | Procedures | | 122.08 | 0.41 | |
| Other | | 55.0 | 113.48 | (0.05) | 56.1 | Procedures | | 94.20 | 0.44 | |
| Other Therapy | | 1.4 | 255.32 | 0.01 | 1.4 | Procedures | | 595.74 | 0.07 | |
| Outpatient Services | | 3.2 | 485.98 | (0.01) | 3.2 | Procedures | | 448.60 | 0.12 | |
| Prevention and Early Intervention | | 10.1 | 414.20 | 0.01 | 9.6 | Procedures | | 426.78 | 0.34 | |
| Psychiatric diagnostic evaluation | | 81.7 | 176.28 | 0.31 | 72.8 | Procedures | | 227.95 | 1.38 | |
| Psychotherapy | | 1.0 | 375.00 | (0.15) | 1.0 | Procedures | | 375.00 | 0.03 | |
| Residential Services | | | | | | Days | | | | |
| Subtotal Mental Health State Plan | | | \$ 0.93 | \$ (2.33) | | | | | \$ 31.30 | |
| Mental Health 1915(i) | | | | | | | | | | |
| Additional Support Services | | 162.5 | \$ 0.07 | \$ 0.00 | 162.5 | Units | | \$ 5.91 | \$ 0.08 | |
| Community Living Supports | | 2,927.2 | 125.25 | 5.66 | 2,456.6 | Days | | 138.09 | 28.27 | |
| Other | | 13.5 | 88.63 | (0.01) | 14.9 | Procedures | | 80.59 | 0.10 | |
| Skill Building | | 1,373.7 | 3.15 | (0.05) | 1,257.3 | Units | | 4.01 | 0.42 | |
| Vocational Supports | | 115.4 | 18.72 | (0.02) | 115.4 | Units | | 13.52 | 0.13 | |
| Subtotal Mental Health 1915(i) | | | \$ 0.58 | \$ 5.62 | | | | | \$ 29.00 | |
| Autism | | | | | | | | | | |
| Assessments and Testing | | | | | | Procedures | | | | |
| Autism Services | | | | | | Units | | | | |
| Subtotal Autism | | | \$ 0.00 | \$ 0.00 | | | | | \$ 0.00 | |
| Substance Abuse State Plan | | | | | | | | | | |
| Additional Support Services | | 22.5 | \$ 10.99 | \$ 0.00 | 22.5 | Units | | \$ 37.30 | \$ 0.07 | |
| Assessments and Testing | | 7.6 | 31.70 | 0.04 | 7.6 | Procedures | | 31.70 | 0.02 | |
| Case Management / Treatment Planning | | 0.1 | - | - | - | Units | | - | - | |
| Crisis | | 2.6 | 46.69 | - | 2.6 | Procedures | | 46.69 | 0.01 | |
| Evaluation and Management | | 68.3 | 21.09 | - | 68.3 | Procedures | | 21.09 | 0.12 | |
| Medication Administration | | 14.3 | 58.95 | 0.02 | 16.3 | Procedures | | 73.66 | 0.10 | |
| Medication Assisted Treatment | | 0.8 | 144.58 | - | 0.8 | Procedures | | 144.58 | 0.01 | |
| Other | | 21.6 | 172.54 | - | 22.3 | Procedures | | - | - | |
| Outpatient Services | | 0.6 | 413.79 | 0.02 | 0.6 | Days | | 172.51 | 0.32 | |
| Prevention and Early Intervention | | | | - | | Days | | 413.79 | 0.02 | |
| Psychiatric diagnostic evaluation | | | | - | | Days | | | | |
| Residential Services | | | | - | | Days | | | | |
| Withdrawal Management | | | | - | | Days | | | | |
| Subtotal Substance Abuse State Plan | | | \$ 0.02 | \$ (0.02) | | | | | \$ 0.67 | |
| Children's Waiver Program | | | | | | | | | | |
| Additional Support Services | | | \$ 0.00 | \$ 0.00 | | Units | | \$ 0.00 | \$ 0.00 | |
| Community Living Supports | | | | | | Days | | | | |
| Other | | | | | | Procedures | | | | |
| Subtotal Children's Waiver Program | | | \$ 0.00 | \$ 0.00 | | | | | \$ 0.00 | |
| Habilitative Supports Waiver | | | | | | | | | | |
| Additional Support Services | | | \$ 0.00 | \$ 0.00 | | Units | | \$ 0.00 | \$ 0.00 | |
| Community Living Supports | | | | | | Days | | | | |
| Other | | | | | | Procedures | | | | |
| Skill Building | | | | | | Units | | | | |
| Vocational Supports | | | | | | Units | | | | |
| Subtotal Habilitative Supports Waiver | | | \$ 0.00 | \$ 0.00 | | | | | \$ 0.00 | |
| Serious Emotional Disturbances | | | | | | | | | | |
| Additional Support Services | | | \$ 0.00 | \$ 0.00 | | Units | | \$ 0.00 | \$ 0.00 | |
| Case Management / Treatment Planning | | | | | | Units | | | | |
| Community Living Supports | | | | | | Days | | | | |
| Other | | | | | | Procedures | | | | |
| Other Therapy | | | | | | Procedures | | | | |
| Subtotal Serious Emotional Disturbances | | | \$ 0.00 | \$ 0.00 | | | | | \$ 0.00 | |
| Total Medical Costs | | | | | | | | | \$ 60.97 | |

| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitalization Rate Development Appendix 2 - Retrospective Rate Development Model | | | | | | | | | | |
|---|--------------------------|---------------------------|--------------------------------|-----------------------------------|------------------|------------------|------------------|------------------|-----------|------------------|
| Region: Statewide | SFY 2023 Base Experience | EQI Repricing Adjustments | Policy and Program Adjustments | Adjusted SFY 2023 Base Experience | | | | | | |
| Rate Cell: DAB - Enrolled - M - 0 - 5 | Utilization per 1,000 | Utilization Adjustment | Utilization Adjustment | Utilization per 1,000 | Cost per Service | Cost per Service | Cost per Service | Cost per Service | PMPM Cost | |
| Member Months: 94,018 | | | | | | | | | | |
| Category of Service | Unit Type | | | | | | | | | |
| Mental Health State Plan | | | | | | | | | | |
| Additional Support Services | Units | 4,167.2 | \$ 81.26 | \$ 28.22 | \$ 0.63 | \$ (0.05) | \$ 0.00 | 4,260.2 | \$ 81.12 | \$ 28.80 |
| Assessments and Testing (ACT) | Units | 529.8 | 322.30 | 14.23 | 0.33 | 1.01 | - | 542.1 | 344.66 | 15.57 |
| Case Management / Treatment Planning | Units | 3,782.9 | 101.99 | 32.15 | 0.37 | 1.66 | - | 3,826.4 | 107.19 | 34.18 |
| Community Living Supports | Days | - | - | - | - | - | - | - | - | - |
| Crisis | Procedures | 3.6 | 739.50 | 0.22 | 0.01 | 0.25 | - | 3.7 | 1,544.24 | 0.48 |
| Evaluation and Management | Procedures | 57.4 | 211.00 | 1.01 | 0.06 | 0.27 | - | 60.9 | 264.26 | 1.34 |
| Inpatient | Days | - | - | - | - | - | - | - | - | - |
| Medication Administration | Procedures | 1.3 | 93.75 | 0.01 | - | - | - | 1.3 | 93.75 | 0.01 |
| Other | Procedures | 24.1 | 44.78 | 0.09 | (0.01) | - | - | 21.4 | 44.78 | 0.08 |
| Other Therapy | Procedures | 3,077.8 | 90.14 | 23.12 | 0.12 | 0.82 | - | 3,093.8 | 93.32 | 24.06 |
| Outpatient Services | Procedures | - | - | - | - | - | - | - | - | - |
| Prevention and Early Intervention | Procedures | 75.7 | 253.67 | 1.60 | 0.02 | 0.42 | - | 76.6 | 319.42 | 2.04 |
| Psychiatric diagnostic evaluation | Procedures | 88.5 | 378.52 | 2.79 | 0.24 | (0.21) | - | 96.1 | 352.28 | 2.82 |
| Psychotherapy | Procedures | 214.3 | 199.91 | 3.57 | 0.15 | (0.28) | - | 223.3 | 184.86 | 3.44 |
| Residential Services | Days | - | - | - | - | - | - | - | - | - |
| Subtotal Mental Health State Plan | | | | \$ 107.01 | \$ 1.92 | \$ 3.89 | \$ 0.00 | | | \$ 112.82 |
| Mental Health 1915(i) | | | | | | | | | | |
| Additional Support Services | Units | 21,208.8 | \$ 5.27 | \$ 9.31 | \$ 0.20 | \$ 0.03 | \$ (1.31) | 21,664.4 | \$ 4.56 | \$ 8.23 |
| Community Living Supports | Days | 1,188.7 | 115.69 | 11.45 | 0.13 | 0.73 | (1.84) | 1,202.2 | 104.51 | 10.47 |
| Other | Procedures | 296.9 | 128.94 | 3.18 | 0.16 | 0.15 | - | 311.6 | 134.31 | 3.49 |
| Skill Building | Units | 5.1 | 47.15 | 0.02 | - | - | - | 5.1 | 47.15 | 0.02 |
| Subtotal Mental Health 1915(i) | | | | \$ 23.96 | \$ 0.49 | \$ 0.91 | \$ (3.15) | | | \$ 22.21 |
| Autism | | | | | | | | | | |
| Assessments and Testing | Procedures | 2.0 | 235.29 | 0.04 | - | 0.02 | - | 2.0 | 352.94 | 0.06 |
| Autism Services | Units | 334,092.8 | 16.37 | 455.75 | 4.54 | 24.79 | (0.24) | 337,420.9 | 17.24 | 484.84 |
| Subtotal Autism | | | | \$ 455.79 | \$ 4.54 | \$ 24.81 | \$ (0.24) | | | \$ 484.90 |
| Substance Abuse State Plan | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Assessments and Testing | Units | - | - | - | - | - | - | - | - | - |
| Case Management / Treatment Planning | Units | - | - | - | - | - | - | - | - | - |
| Crisis | Procedures | - | - | - | - | - | - | - | - | - |
| Evaluation and Management | Procedures | - | - | - | - | - | - | - | - | - |
| Medication Administration | Procedures | - | - | - | - | - | - | - | - | - |
| Medication Assisted Treatment | Procedures | - | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - | - |
| Outpatient Services | Procedures | - | - | - | - | - | - | - | - | - |
| Prevention and Early Intervention | Procedures | - | - | - | - | - | - | - | - | - |
| Psychiatric diagnostic evaluation | Procedures | - | - | - | - | - | - | - | - | - |
| Residential Services | Days | - | - | - | - | - | - | - | - | - |
| Withdrawal Management | Days | - | - | - | - | - | - | - | - | - |
| Subtotal Substance Abuse State Plan | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Children's Waiver Program | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Community Living Supports | Days | - | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - | - |
| Subtotal Children's Waiver Program | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Community Living Supports | Days | - | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - | - |
| Skill Building | Units | - | - | - | - | - | - | - | - | - |
| Subtotal Habilitative Supports Waiver | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Case Management / Treatment Planning | Units | - | - | - | - | - | - | - | - | - |
| Community Living Supports | Days | - | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - | - |
| Subtotal Serious Emotional Disturbances | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | \$ 586.76 | | | | | | \$ 619.93 |

| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitalization Rate Development Appendix 2 - Retrospective Rate Development Model | | | | | | | | | | | |
|---|------------------------|--------------------------|---------------------------|--------------------------------|-----------------------------------|-------------------|------------------------|------------------|-----------------------|------------------|------------------|
| Region: Statewide | Member Months: 191,766 | SFY 2023 Base Experience | EQI Repricing Adjustments | Policy and Program Adjustments | Adjusted SFY 2023 Base Experience | | | | | | |
| Rate Cell: DAB - Enrolled - M - 21 - 25 | Category of Service | Utilization per 1,000 | Cost per Service | PMPM Cost | Utilization Adjustment | Cost Adjustment | Utilization Adjustment | Cost Adjustment | Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | |
| Additional Support Services | Units | 2,503.4 | \$ 13.13 | \$ 2.74 | | | | | | | |
| Assessments and Testing (ACT) | Units | 943.8 | 79.34 | 6.24 | | | | | | | |
| Assessments and Testing | Procedures | 174.2 | 303.07 | 4.40 | | | | | | | |
| Case Management / Treatment Planning | Units | 5,474.6 | 103.50 | 47.22 | | | | | | | |
| Community Living Supports | Days | 8,184.8 | 86.87 | 59.25 | | | | | | | |
| Crisis | Procedures | 132.5 | 437.40 | 0.04 | | | | | | | |
| Evaluation and Management | Procedures | 206.30 | 9.38 | 0.83 | | | | | | | |
| Inpatient | Days | 615.2 | 708.48 | 36.32 | | | | | | | |
| Medication Administration | Procedures | 189.6 | 107.59 | 1.70 | | | | | | | |
| Other | Procedures | 462.8 | 47.19 | 1.82 | | | | | | | |
| Other Therapy | Procedures | 236.5 | 119.74 | 2.36 | | | | | | | |
| Outpatient Services | Procedures | 23.8 | 227.18 | 0.45 | | | | | | | |
| Prevention and Early Intervention | Procedures | 95.3 | 385.47 | 3.06 | | | | | | | |
| Psychiatric diagnostic evaluation | Procedures | 457.2 | 155.65 | 5.93 | | | | | | | |
| Psychotherapy | Procedures | 44.0 | 354.63 | 1.30 | | | | | | | |
| Residential Services | Days | | | | | | | | | | |
| Subtotal Mental Health State Plan | | | | \$ 187.00 | \$ 7.02 | \$ (4.25) | \$ (10.56) | \$ (0.09) | 45.0 | 421.24 | \$ 173.78 |
| Mental Health 1915(f) | | | | | | | | | | | |
| Additional Support Services | Units | 24,592.9 | \$ 5.43 | \$ 11.13 | | | | | | | |
| Community Living Supports | Days | 15,383.5 | 177.41 | 227.51 | | | | | | | |
| Other | Procedures | 351.9 | 114.58 | 3.36 | | | | | | | |
| Skill Building | Units | 11,466.6 | 5.86 | 5.60 | | | | | | | |
| Vocational Supports | Units | 5,131.5 | 12.18 | 5.21 | | | | | | | |
| Subtotal Mental Health 1915(f) | | | | \$ 252.81 | \$ 4.39 | \$ (32.95) | \$ (0.15) | \$ (1.07) | 5,082.2 | 10.32 | \$ 197.42 |
| Autism | | | | | | | | | | | |
| Assessments and Testing | Procedures | | | | | | | | | | |
| Autism Services | Units | | | | | | | | | | |
| Subtotal Autism | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | | |
| Additional Support Services | Units | 86.4 | \$ 11.11 | \$ 0.08 | | | | | | | |
| Assessments and Testing | Procedures | 13.3 | 81.20 | 0.09 | | | | | | | |
| Case Management / Treatment Planning | Units | 1.8 | 133.33 | 0.02 | | | | | | | |
| Crisis | Procedures | | | | | | | | | | |
| Evaluation and Management | Procedures | 1.9 | 125.65 | 0.02 | | | | | | | |
| Medication Administration | Procedures | 39.9 | 30.61 | 0.01 | | | | | | | |
| Medication Assisted Treatment | Procedures | 28.6 | 16.78 | 0.04 | | | | | | | |
| Other | Procedures | 0.3 | | | | | | | | | |
| Outpatient Services | Procedures | 94.6 | 62.14 | 0.49 | | | | | | | |
| Prevention and Early Intervention | Procedures | 0.5 | 521.74 | 0.02 | | | | | | | |
| Psychiatric diagnostic evaluation | Procedures | 0.2 | | | | | | | | | |
| Residential Services | Days | 91.1 | 181.84 | 1.38 | | | | | | | |
| Withdrawal Management | Days | 7.3 | 312.76 | 0.19 | | | | | | | |
| Subtotal Substance Abuse State Plan | | | | \$ 2.34 | \$ 0.04 | \$ 0.02 | \$ 0.00 | \$ (0.01) | 7.3 | 296.30 | \$ 2.31 |
| Children's Waiver Program | | | | | | | | | | | |
| Additional Support Services | Units | | \$ 0.00 | \$ 0.00 | | | | | | | |
| Community Living Supports | Days | | | | | | | | | | |
| Other | Procedures | | | | | | | | | | |
| Subtotal Children's Waiver Program | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | |
| Additional Support Services | Units | | \$ 0.00 | \$ 0.00 | | | | | | | |
| Community Living Supports | Days | | | | | | | | | | |
| Other | Procedures | | | | | | | | | | |
| Skill Building | Units | | | | | | | | | | |
| Vocational Supports | Units | | | | | | | | | | |
| Subtotal Habilitative Supports Waiver | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | |
| Additional Support Services | Units | | \$ 0.00 | \$ 0.00 | | | | | | | |
| Case Management / Treatment Planning | Units | | | | | | | | | | |
| Community Living Supports | Days | | | | | | | | | | |
| Other | Procedures | | | | | | | | | | |
| Subtotal Serious Emotional Disturbances | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | \$ 442.15 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 373.51 |

| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitalization Rate Development Appendix 2 - Retrospective Rate Development Model | | | | | | | | | | |
|---|---|--------------------------|---------------------------|--------------------------------|-----------------------------------|------------------------|------------------|------------------------|------------------|-----------|
| Region: Statewide | Rate Cell: DAB - Enrolled - M - 26 - 39 | SFY 2023 Base Experience | EQI Repricing Adjustments | Policy and Program Adjustments | Adjusted SFY 2023 Base Experience | Member Months: 246,923 | Cost per Service | Utilization per 1,000 | Cost per Service | PMPM Cost |
| Category of Service | Unit Type | Utilization per 1,000 | Cost per Service | Utilization Adjustment | Cost Adjustment | Utilization Adjustment | Cost Adjustment | Utilization Adjustment | Cost Adjustment | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | |
| Additional Support Services | Units | 6,663.2 | \$ 12,998 | \$ 0.18 | \$ 0.83 | \$ (0.89) | \$ (0.00) | 6,007.0 | \$ 14.24 | \$ 7.13 |
| Assessments and Testing | Units | 2,616.7 | 85.80 | 0.34 | 2.31 | (1.48) | 0.00 | 2,457.2 | 97.08 | 19.88 |
| Case Management / Treatment Planning | Units | 2,590.0 | 259.48 | 0.12 | 0.14 | (0.27) | - | 2,520.0 | 266.15 | 5.59 |
| Crisis | Units | 8,565.5 | 99.37 | 1.73 | 9.90 | (4.06) | (8.71) | 8,284.1 | 113.71 | 78.50 |
| Evaluation and Management | Units | 13,138.1 | 79.84 | 1.61 | (0.02) | (0.06) | (6.71) | 13,371.1 | 72.00 | 80.23 |
| Inpatient | Units | 216.4 | 7.67 | (0.18) | 1.95 | (0.65) | - | 193.0 | 546.67 | 8.79 |
| Medication Administration | Units | 9,076.6 | 198.46 | 0.32 | (11.51) | (8.56) | - | 9,677.7 | 550.11 | 44.36 |
| Other | Units | 1,010.8 | 692.84 | 6.07 | (0.28) | (0.44) | - | 1,009.5 | 38.63 | 3.25 |
| Outpatient Services | Units | 517.9 | 101.73 | 0.24 | (0.55) | - | - | 177.2 | 228.24 | 3.37 |
| Prevention and Early Intervention | Units | 972.3 | 45.17 | 0.05 | 0.90 | - | - | 12.4 | 310.43 | 0.32 |
| Psychiatric diagnostic evaluation | Units | 12.8 | 261.89 | (0.01) | - | - | - | - | - | - |
| Residential Services | Units | 0.1 | - | - | - | - | - | - | - | - |
| Subtotal Mental Health State Plan | | 56.8 | 452.43 | \$ 11.06 | \$ 8.04 | \$ (19.94) | \$ (8.84) | 56.8 | 448.20 | \$ 286.74 |
| Mental Health 1915(i) | | | | | | | | | | |
| Additional Support Services | Units | 20,884.8 | \$ 5,548 | \$ 0.22 | \$ 1.06 | \$ 0.00 | \$ (1.30) | 21,366.9 | \$ 5.34 | \$ 9.51 |
| Community Living Supports | Units | 27,189.2 | 148.37 | 6.54 | (26.00) | (0.12) | (37.51) | 27,708.4 | 120.87 | 279.09 |
| Other | Units | 445.1 | 103.26 | 0.12 | (0.27) | (0.03) | - | 455.6 | 96.14 | 3.65 |
| Skill Building | Units | 81,920.8 | 4.99 | 0.81 | 3.94 | (0.13) | (5.74) | 79,437.5 | 4.32 | 28.59 |
| Subtotal Mental Health 1915(i) | | 19,311.4 | 8.37 | \$ 6.87 | \$ (19.64) | (0.26) | (2.96) | 20,099.9 | 7.46 | \$ 333.33 |
| Autism | | | | | | | | | | |
| Assessments and Testing | Units | - | - | - | - | - | - | - | - | - |
| Autism Services | Units | - | - | - | - | - | - | - | - | - |
| Subtotal Autism | | - | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | - | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | |
| Additional Support Services | Units | 343.6 | \$ 12.57 | \$ 0.00 | \$ 0.08 | \$ 0.00 | \$ 0.00 | 343.6 | \$ 15.36 | \$ 0.44 |
| Assessments and Testing | Units | 76.2 | 47.28 | - | 0.02 | - | - | 76.2 | 50.43 | 0.32 |
| Case Management / Treatment Planning | Units | 3.8 | 94.24 | - | 0.01 | - | - | 3.8 | 125.65 | 0.04 |
| Crisis | Units | 0.1 | - | - | - | - | - | - | - | - |
| Evaluation and Management | Units | 21.0 | 80.19 | 0.02 | - | - | - | 21.0 | 80.19 | 0.14 |
| Medication Administration | Units | 5.5 | 64.98 | 0.01 | - | - | - | 9.2 | 65.01 | 0.05 |
| Medication Assisted Treatment | Units | 789.8 | 16.41 | - | 0.02 | - | - | 797.1 | 16.71 | 1.11 |
| Other | Units | 1.1 | - | - | - | - | - | - | - | - |
| Outpatient Services | Units | 227.9 | 67.39 | - | 0.04 | (0.01) | - | 226.2 | 69.51 | 1.31 |
| Prevention and Early Intervention | Units | 4.7 | 128.48 | - | (0.01) | - | - | 4.7 | 102.78 | 0.04 |
| Psychiatric diagnostic evaluation | Units | 1.1 | 214.29 | 0.04 | (0.01) | - | (0.24) | 1.1 | 107.14 | 0.01 |
| Residential Services | Units | 286.0 | 175.38 | 0.12 | - | - | - | 288.7 | 170.40 | 4.10 |
| Skill Building | Units | 26.3 | 346.24 | 0.04 | 0.02 | - | (0.05) | 27.7 | 333.21 | 0.77 |
| Subtotal Substance Abuse State Plan | | - | - | \$ 0.11 | \$ 0.29 | \$ (0.01) | \$ (0.29) | - | - | \$ 6.33 |
| Children's Waiver Program | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Community Living Supports | Units | - | - | - | - | - | - | - | - | - |
| Other | Units | - | - | - | - | - | - | - | - | - |
| Subtotal Children's Waiver Program | | - | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | - | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Community Living Supports | Units | - | - | - | - | - | - | - | - | - |
| Other | Units | - | - | - | - | - | - | - | - | - |
| Skill Building | Units | - | - | - | - | - | - | - | - | - |
| Vocational Supports | Units | - | - | - | - | - | - | - | - | - |
| Subtotal Habilitative Supports Waiver | | - | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | - | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Case Management / Treatment Planning | Units | - | - | - | - | - | - | - | - | - |
| Community Living Supports | Units | - | - | - | - | - | - | - | - | - |
| Other | Units | - | - | - | - | - | - | - | - | - |
| Subtotal Serious Emotional Disturbances | | - | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | - | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | |
| | | | \$ 699.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 628.40 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitalization Rate Development Appendix 2 - Retrospective Rate Development Model | | | | | | | | | |
|---|--|--------------------------|---------------------------|--------------------------------|-----------------------------------|-----------------------|-----------------------|------------------|-----------------------|
| Region: Statewide | Member Months: 466,566 | SFY 2023 Base Experience | EQI Repricing Adjustments | Policy and Program Adjustments | Adjusted SFY 2023 Base Experience | PMPM Cost | Utilization per 1,000 | Cost per Service | PMPM Cost |
| Rate Cell: DAB - Enrolled - M - 50 - 64 | Category of Service | Unit Type | Utilization per 1,000 | Cost per Service | PMPM Cost | Utilization per 1,000 | Cost per Service | PMPM Cost | Utilization per 1,000 |
| Mental Health State Plan | Additional Support Services | Units | 7,231.7 | \$ 10.19 | \$ 6.14 | 6,395.4 | \$ 10.24 | \$ 5.46 | 6,395.4 |
| | Assessive Community Treatment (ACT) | Units | 1,136.3 | 82.05 | 7.77 | 1,129.0 | 91.19 | 8.58 | 1,129.0 |
| | Assessments and Testing | Procedures | 160.9 | 155.12 | 2.08 | 154.0 | 178.50 | 2.29 | 154.0 |
| | Case Management / Treatment Planning | Units | 3,251.5 | 87.13 | 23.61 | 2,954.1 | 109.15 | 26.87 | 2,954.1 |
| | Community Living Supports | Days | 4,014.0 | 65.59 | 21.94 | 4,059.7 | 71.47 | 24.18 | 4,059.7 |
| | Crisis | Procedures | 92.1 | 416.76 | 3.20 | 88.1 | 510.73 | 3.75 | 88.1 |
| | Evaluation and Management | Procedures | 494.1 | 173.16 | 7.13 | 429.0 | 210.64 | 7.53 | 429.0 |
| | Inpatient | Days | 382.2 | 702.65 | 22.38 | 374.5 | 554.31 | 17.30 | 374.5 |
| | Medication Administration | Procedures | 176.7 | 97.78 | 1.44 | 168.1 | 91.35 | 1.28 | 168.1 |
| | Other | Procedures | 177.5 | 91.93 | 1.36 | 182.8 | 82.08 | 1.25 | 182.8 |
| | Other Therapy | Procedures | 11.1 | 150.94 | 0.14 | 5.6 | 797.13 | 0.37 | 5.6 |
| | Outpatient Services | Procedures | 9.4 | 318.81 | 0.25 | 8.7 | 346.42 | 0.25 | 8.7 |
| | Prevention and Early Intervention | Procedures | 70.6 | 317.98 | 1.87 | 66.8 | 352.10 | 1.96 | 66.8 |
| | Psychiatric diagnostic evaluation | Procedures | 356.8 | 156.05 | 4.64 | 329.1 | 169.90 | 4.66 | 329.1 |
| | Psychotherapy | Procedures | 28.2 | 442.71 | 1.04 | 29.3 | 422.28 | 1.03 | 29.3 |
| | Residential Services | Days | 28.2 | 442.71 | 1.04 | 29.3 | 422.28 | 1.03 | 29.3 |
| | Subtotal Mental Health State Plan | | | | \$ 104.99 | | | | \$ 106.76 |
| Mental Health 1915(i) | Additional Support Services | Units | 1,039.6 | \$ 5.31 | \$ 0.46 | 1,039.6 | \$ 4.85 | \$ 0.42 | 1,039.6 |
| | Community Living Supports | Days | 6,423.3 | 145.19 | 77.74 | 6,493.9 | 133.29 | 72.13 | 6,493.9 |
| | Other | Procedures | 38.4 | 142.29 | 0.42 | 34.6 | 128.40 | 0.37 | 34.6 |
| | Skill Building | Units | 6,786.0 | 4.69 | 2.65 | 6,478.7 | 4.30 | 2.32 | 6,478.7 |
| | Vocational Supports | Units | 1,524.0 | 15.59 | 1.99 | 1,385.5 | 12.30 | 1.42 | 1,385.5 |
| | Subtotal Mental Health 1915(i) | | | | \$ 83.25 | | | | \$ 76.66 |
| Autism | Assessments and Testing | Procedures | - | - | - | - | - | - | - |
| | Autism Services | Units | - | - | - | - | - | - | - |
| | Subtotal Autism | | | | \$ 0.00 | | | | \$ 0.00 |
| Substance Abuse State Plan | Additional Support Services | Units | 7,100.0 | \$ 14.03 | \$ 0.83 | 7,100.0 | \$ 14.37 | \$ 0.85 | 7,100.0 |
| | Assessments and Testing | Procedures | 202.2 | 45.10 | 0.76 | 199.6 | 46.30 | 0.77 | 199.6 |
| | Case Management / Treatment Planning | Units | 7.8 | 123.71 | 0.08 | 7.8 | 123.71 | 0.08 | 7.8 |
| | Crisis | Procedures | 0.3 | 82.47 | 0.34 | 49.5 | 84.90 | 0.35 | 49.5 |
| | Evaluation and Management | Procedures | 49.5 | 39.36 | 0.07 | 33.5 | 32.21 | 0.09 | 33.5 |
| | Medication Administration | Procedures | 21.3 | 17.71 | 0.07 | 26,765.5 | 18.02 | 4.02 | 26,765.5 |
| | Medication Assisted Treatment | Procedures | 2,629.1 | 17.71 | 3.88 | 1.7 | 68.97 | 0.01 | 1.7 |
| | Other | Procedures | 1.7 | 68.97 | 0.01 | 655.5 | 69.56 | 3.80 | 655.5 |
| | Outpatient Services | Procedures | 635.9 | 67.36 | 3.57 | 8.0 | 120.45 | 0.08 | 8.0 |
| | Prevention and Early Intervention | Procedures | 8.0 | 120.45 | 0.08 | 1.6 | 76.92 | 0.01 | 1.6 |
| | Psychiatric diagnostic evaluation | Procedures | 1.6 | 153.85 | 0.02 | 596.0 | 177.60 | 8.82 | 596.0 |
| | Residential Services | Days | 592.6 | 181.22 | 8.95 | 65.0 | 326.97 | 1.77 | 65.0 |
| | Withdrawal Management | Days | 63.5 | 338.05 | 1.79 | 65.0 | 326.97 | 1.77 | 65.0 |
| | Subtotal Substance Abuse State Plan | | | | \$ 20.36 | | | | \$ 20.65 |
| Children's Waiver Program | Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 | - |
| | Community Living Supports | Days | - | - | - | - | - | - | - |
| | Other | Procedures | - | - | - | - | - | - | - |
| | Subtotal Children's Waiver Program | | | | \$ 0.00 | | | | \$ 0.00 |
| Habilitative Supports Waiver | Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 | - |
| | Community Living Supports | Days | - | - | - | - | - | - | - |
| | Other | Procedures | - | - | - | - | - | - | - |
| | Skill Building | Units | - | - | - | - | - | - | - |
| | Vocational Supports | Units | - | - | - | - | - | - | - |
| | Subtotal Habilitative Supports Waiver | | | | \$ 0.00 | | | | \$ 0.00 |
| Serious Emotional Disturbances | Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 | - |
| | Case Management / Treatment Planning | Units | - | - | - | - | - | - | - |
| | Community Living Supports | Days | - | - | - | - | - | - | - |
| | Other | Procedures | - | - | - | - | - | - | - |
| | Subtotal Serious Emotional Disturbances | | | | \$ 0.00 | | | | \$ 0.00 |
| Total Medical Costs | | | | | \$ 208.62 | | | | \$ 204.07 |

| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitalization Rate Development Appendix 2 - Retrospective Rate Development Model | | | | | | | | | |
|---|--------------------------|---------------------------|--------------------------------|-----------------------------------|---------------------|--------------------------|---------------------------|--------------------------------|-----------------------------------|
| Region: Statewide | SFY 2023 Base Experience | EQI Repricing Adjustments | Policy and Program Adjustments | Adjusted SFY 2023 Base Experience | Unit Type | SFY 2023 Base Experience | EQI Repricing Adjustments | Policy and Program Adjustments | Adjusted SFY 2023 Base Experience |
| Rate Cell: DAB - Enrolled - M - 6 - 18 | Utilization per 1,000 | Utilization Adjustment | Utilization Adjustment | Utilization per 1,000 | Category of Service | Cost per Service | Cost Adjustment | Cost Adjustment | Cost per Service |
| Member Months: 392,066 | PMPM Cost | Utilization Adjustment | Utilization Adjustment | PMPM Cost | | | | | PMPM Cost |
| Mental Health State Plan | | | | | | | | | |
| Additional Support Services | 3,460.3 | \$ 77.06 | \$ 222.22 | \$ 77.06 | Units | | | | \$ 77.06 |
| Assessments and Testing | 1.5 | 160.00 | 0.02 | 160.00 | Units | | | | 160.00 |
| Case Management / Treatment Planning | 390.3 | 291.18 | 9.47 | 291.18 | Procedures | | | | 291.18 |
| Crisis | 5,338.8 | 102.97 | 45.82 | 102.97 | Units | | | | 102.97 |
| Evaluation and Management | 185.2 | 84.87 | 1.31 | 84.87 | Days | | | | 84.87 |
| Inpatient | 98.7 | 497.21 | 4.09 | 497.21 | Procedures | | | | 497.21 |
| Medication Administration | 563.3 | 215.20 | 10.46 | 215.20 | Procedures | | | | 215.20 |
| Other | 186.3 | 892.25 | 13.85 | 892.25 | Days | | | | 892.25 |
| Outpatient Services | 10.0 | 84.42 | 0.07 | 84.42 | Procedures | | | | 84.42 |
| Prevention and Early Intervention | 70.2 | 71.85 | 0.42 | 71.85 | Procedures | | | | 71.85 |
| Psychiatric diagnostic evaluation | 1,273.2 | 97.36 | 10.33 | 97.36 | Procedures | | | | 97.36 |
| Residential Services | 35.6 | 313.22 | 0.93 | 313.22 | Procedures | | | | 313.22 |
| Subtotal Mental Health State Plan | 10.3 | 280.98 | 0.24 | 280.98 | Procedures | | | | 280.98 |
| Additional Support Services | 127.8 | 390.67 | 4.16 | 390.67 | Procedures | | | | 390.67 |
| Case Management / Treatment Planning | 1,018.9 | 181.85 | 15.44 | 181.85 | Procedures | | | | 181.85 |
| Crisis | 9.1 | 526.32 | 0.40 | 526.32 | Days | | | | 526.32 |
| Evaluation and Management | | | | | Days | | | | |
| Medication Administration | | | | | Days | | | | |
| Medication Assisted Treatment | | | | | Days | | | | |
| Outpatient Services | | | | | Days | | | | |
| Prevention and Early Intervention | | | | | Days | | | | |
| Psychiatric diagnostic evaluation | | | | | Days | | | | |
| Residential Services | | | | | Days | | | | |
| Withdrawal Management | | | | | Days | | | | |
| Subtotal Substance Abuse State Plan | | | | | Days | | | | |
| Assessments and Testing | 4.9 | 195.92 | 0.08 | 195.92 | Procedures | | | | 195.92 |
| Autism Services | 116,931.5 | 17.34 | 169.02 | 17.34 | Units | | | | 17.34 |
| Case Management / Treatment Planning | | | | | Units | | | | |
| Crisis | | | | | Units | | | | |
| Evaluation and Management | | | | | Units | | | | |
| Medication Administration | | | | | Units | | | | |
| Medication Assisted Treatment | | | | | Units | | | | |
| Outpatient Services | | | | | Units | | | | |
| Prevention and Early Intervention | | | | | Units | | | | |
| Psychiatric diagnostic evaluation | | | | | Units | | | | |
| Residential Services | | | | | Units | | | | |
| Withdrawal Management | | | | | Units | | | | |
| Subtotal Autism | | | | | Units | | | | |
| Additional Support Services | 9.6 | \$ 12.54 | \$ 0.01 | \$ 12.54 | Procedures | | | | \$ 12.54 |
| Assessments and Testing | 1.1 | 112.15 | 0.01 | 112.15 | Units | | | | 112.15 |
| Case Management / Treatment Planning | | | | | Units | | | | |
| Crisis | | | | | Units | | | | |
| Evaluation and Management | | | | | Units | | | | |
| Medication Administration | | | | | Units | | | | |
| Medication Assisted Treatment | | | | | Units | | | | |
| Outpatient Services | | | | | Units | | | | |
| Prevention and Early Intervention | | | | | Units | | | | |
| Psychiatric diagnostic evaluation | | | | | Units | | | | |
| Residential Services | | | | | Units | | | | |
| Withdrawal Management | | | | | Units | | | | |
| Subtotal Substance Abuse State Plan | | | | | Units | | | | |
| Additional Support Services | | | | | Units | | | | |
| Case Management / Treatment Planning | | | | | Units | | | | |
| Crisis | | | | | Units | | | | |
| Evaluation and Management | | | | | Units | | | | |
| Medication Administration | | | | | Units | | | | |
| Medication Assisted Treatment | | | | | Units | | | | |
| Outpatient Services | | | | | Units | | | | |
| Prevention and Early Intervention | | | | | Units | | | | |
| Psychiatric diagnostic evaluation | | | | | Units | | | | |
| Residential Services | | | | | Units | | | | |
| Withdrawal Management | | | | | Units | | | | |
| Subtotal Children's Waiver Program | | | | | Units | | | | |
| Additional Support Services | | | | | Units | | | | |
| Case Management / Treatment Planning | | | | | Units | | | | |
| Crisis | | | | | Units | | | | |
| Evaluation and Management | | | | | Units | | | | |
| Medication Administration | | | | | Units | | | | |
| Medication Assisted Treatment | | | | | Units | | | | |
| Outpatient Services | | | | | Units | | | | |
| Prevention and Early Intervention | | | | | Units | | | | |
| Psychiatric diagnostic evaluation | | | | | Units | | | | |
| Residential Services | | | | | Units | | | | |
| Withdrawal Management | | | | | Units | | | | |
| Subtotal Children's Waiver Program | | | | | Units | | | | |
| Additional Support Services | | | | | Units | | | | |
| Case Management / Treatment Planning | | | | | Units | | | | |
| Crisis | | | | | Units | | | | |
| Evaluation and Management | | | | | Units | | | | |
| Medication Administration | | | | | Units | | | | |
| Medication Assisted Treatment | | | | | Units | | | | |
| Outpatient Services | | | | | Units | | | | |
| Prevention and Early Intervention | | | | | Units | | | | |
| Psychiatric diagnostic evaluation | | | | | Units | | | | |
| Residential Services | | | | | Units | | | | |
| Withdrawal Management | | | | | Units | | | | |
| Subtotal Children's Waiver Program | | | | | Units | | | | |
| Additional Support Services | | | | | Units | | | | |
| Case Management / Treatment Planning | | | | | Units | | | | |
| Crisis | | | | | Units | | | | |
| Evaluation and Management | | | | | Units | | | | |
| Medication Administration | | | | | Units | | | | |
| Medication Assisted Treatment | | | | | Units | | | | |
| Outpatient Services | | | | | Units | | | | |
| Prevention and Early Intervention | | | | | Units | | | | |
| Psychiatric diagnostic evaluation | | | | | Units | | | | |
| Residential Services | | | | | Units | | | | |
| Withdrawal Management | | | | | Units | | | | |
| Subtotal Children's Waiver Program | | | | | Units | | | | |
| Additional Support Services | | | | | Units | | | | |
| Case Management / Treatment Planning | | | | | Units | | | | |
| Crisis | | | | | Units | | | | |
| Evaluation and Management | | | | | Units | | | | |
| Medication Administration | | | | | Units | | | | |
| Medication Assisted Treatment | | | | | Units | | | | |
| Outpatient Services | | | | | Units | | | | |
| Prevention and Early Intervention | | | | | Units | | | | |
| Psychiatric diagnostic evaluation | | | | | Units | | | | |
| Residential Services | | | | | Units | | | | |
| Withdrawal Management | | | | | Units | | | | |
| Subtotal Children's Waiver Program | | | | | Units | | | | |
| Additional Support Services | | | | | Units | | | | |
| Case Management / Treatment Planning | | | | | Units | | | | |
| Crisis | | | | | Units | | | | |
| Evaluation and Management | | | | | Units | | | | |
| Medication Administration | | | | | Units | | | | |
| Medication Assisted Treatment | | | | | Units | | | | |
| Outpatient Services | | | | | Units | | | | |
| Prevention and Early Intervention | | | | | Units | | | | |
| Psychiatric diagnostic evaluation | | | | | Units | | | | |
| Residential Services | | | | | Units | | | | |
| Withdrawal Management | | | | | Units | | | | |
| Subtotal Children's Waiver Program | | | | | Units | | | | |
| Additional Support Services | | | | | Units | | | | |
| Case Management / Treatment Planning | | | | | Units | | | | |
| Crisis | | | | | Units | | | | |
| Evaluation and Management | | | | | Units | | | | |
| Medication Administration | | | | | Units | | | | |
| Medication Assisted Treatment | | | | | Units | | | | |
| Outpatient Services | | | | | Units | | | | |
| Prevention and Early Intervention | | | | | Units | | | | |
| Psychiatric diagnostic evaluation | | | | | Units | | | | |
| Residential Services | | | | | Units | | | | |
| Withdrawal Management | | | | | Units | | | | |
| Subtotal Children's Waiver Program | | | | | Units | | | | |
| Additional Support Services | | | | | Units | | | | |
| Case Management / Treatment Planning | | | | | Units | | | | |
| Crisis | | | | | Units | | | | |
| Evaluation and Management | | | | | Units | | | | |
| Medication Administration | | | | | Units | | | | |
| Medication Assisted Treatment | | | | | Units | | | | |
| Outpatient Services | | | | | Units | | | | |
| Prevention and Early Intervention | | | | | Units | | | | |
| Psychiatric diagnostic evaluation | | | | | Units | | | | |
| Residential Services | | | | | Units | | | | |
| Withdrawal Management | | | | | Units | | | | |
| Subtotal Children's Waiver Program | | | | | Units | | | | |
| Additional Support Services | | | | | Units | | | | |
| Case Management / Treatment Planning | | | | | Units | | | | |
| Crisis | | | | | Units | | | | |
| Evaluation and Management | | | | | Units | | | | |
| Medication Administration | | | | | Units | | | | |
| Medication Assisted Treatment | | | | | Units | | | | |
| Outpatient Services | | | | | Units | | | | |
| Prevention and Early Intervention | | | | | Units | | | | |
| Psychiatric diagnostic evaluation | | | | | Units | | | | |
| Residential Services | | | | | Units | | | | |
| Withdrawal Management | | | | | Units | | | | |
| Subtotal Children's Waiver Program | | | | | Units | | | | |
| Additional Support Services | | | | | Units | | | | |
| Case Management / Treatment Planning | | | | | Units | | | | |
| Crisis | | | | | Units | | | | |
| Evaluation and Management | | | | | Units | | | | |
| Medication Administration | | | | | Units | | | | |
| Medication Assisted Treatment | | | | | Units | | | | |
| Outpatient Services | | | | | Units | | | | |
| Prevention and Early Intervention | | | | | Units | | | | |
| Psychiatric diagnostic evaluation | | | | | Units | | | | |
| Residential Services | | | | | Units | | | | |
| Withdrawal Management | | | | | Units | | | | |
| Subtotal Children's Waiver Program | | | | | Units | | | | |
| Additional Support Services | | | | | Units | | | | |
| Case Management / Treatment Planning | | | | | Units | | | | |
| Crisis | | | | | Units | | | | |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitalization Rate Development Appendix 2 - Retrospective Rate Development Model | | | | | | | | | | |
|---|--------------------------|---------------------------|--------------------------------|-----------------------------------|------------------|-----------------------|------------------|-----------------------|------------------|-----------------|
| Region: Statewide | SFY 2023 Base Experience | EQI Repricing Adjustments | Policy and Program Adjustments | Adjusted SFY 2023 Base Experience | PMPM Cost | Utilization per 1,000 | Cost per Service | Utilization per 1,000 | Cost per Service | PMPM Cost |
| Rate Cell: DAB - Enrolled - M - 65+ | Member Months: 127,151 | Utilization per 1,000 | Cost per Service | Utilization per 1,000 | Cost per Service | Utilization per 1,000 | Cost per Service | Utilization per 1,000 | Cost per Service | PMPM Cost |
| Category of Service | Unit Type | Utilization per 1,000 | Cost per Service | Utilization per 1,000 | Cost per Service | Utilization per 1,000 | Cost per Service | Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | |
| Additional Support Services | Units | 3,203.5 | \$ 9.70 | \$ (0.04) | \$ (0.06) | 2,587.4 | \$ 2.04 | 2,587.4 | \$ 9.42 | \$ 2.04 |
| Assessive Community Treatment (ACT) | Units | 354.1 | 105.40 | (0.01) | 0.26 | 309.7 | 115.47 | 309.7 | 115.47 | 2.98 |
| Assessments and Testing | Procedures | 27.7 | 243.04 | 0.04 | (0.02) | 27.7 | 234.36 | 27.7 | 234.36 | 0.54 |
| Case Management / Treatment Planning | Units | 1,221.3 | 96.39 | 0.36 | (0.02) | 1,146.6 | 105.27 | 1,146.6 | 105.27 | 10.44 |
| Community Living Supports | Days | 2,804.6 | 16.70 | 1.37 | 0.99 | 3,034.7 | 67.97 | 3,034.7 | 67.97 | 17.19 |
| Crisis | Procedures | 14.3 | 665.26 | 0.19 | (0.01) | 17.3 | 656.20 | 17.3 | 656.20 | 0.95 |
| Evaluation and Management | Procedures | 119.0 | 193.60 | 0.07 | 0.40 | 104.1 | 239.70 | 104.1 | 239.70 | 2.08 |
| Inpatient | Days | 40.0 | 278.86 | 0.03 | 0.84 | 41.3 | 522.88 | 41.3 | 522.88 | 1.80 |
| Medication Administration | Procedures | 82.4 | 117.98 | 0.07 | (0.05) | 86.5 | 111.03 | 86.5 | 111.03 | 0.80 |
| Other | Procedures | 88.6 | 104.27 | 0.04 | (0.12) | 93.2 | 88.82 | 93.2 | 88.82 | 0.69 |
| Other Therapy | Procedures | 1.8 | 201.12 | 0.01 | 0.09 | 2.4 | 652.72 | 2.4 | 652.72 | 0.13 |
| Outpatient Services | Procedures | - | - | - | - | - | - | - | - | - |
| Prevention and Early Intervention | Procedures | - | - | - | - | - | - | - | - | - |
| Psychiatric diagnostic evaluation | Procedures | 12.7 | 379.45 | - | 0.06 | 11.7 | 441.03 | 11.7 | 441.03 | 0.43 |
| Psychotherapy | Procedures | 49.0 | 164.15 | - | 0.22 | 40.9 | 228.63 | 40.9 | 228.63 | 0.78 |
| Residential Services | Days | 5.0 | 624.00 | 0.28 | (0.34) | 10.4 | 219.65 | 10.4 | 219.65 | 0.19 |
| Subtotal Mental Health State Plan | | | \$ 39.35 | \$ 2.41 | \$ 3.49 | | | | | \$ 41.04 |
| Mental Health 1915(i) | | | | | | | | | | |
| Additional Support Services | Units | 877.2 | \$ 5.47 | \$ 0.00 | \$ 0.00 | 877.2 | \$ 4.79 | 877.2 | \$ 4.79 | \$ 0.35 |
| Community Living Supports | Days | 4,306.3 | 116.68 | 2.65 | 6.60 | 4,578.6 | 121.21 | 4,578.6 | 121.21 | 46.25 |
| Other | Procedures | 29.9 | 80.21 | 0.03 | (0.04) | 34.4 | 66.26 | 34.4 | 66.26 | 1.19 |
| Skill Building | Units | 2,400.6 | 3.20 | (0.09) | 0.46 | 2,192.9 | 6.51 | 2,192.9 | 6.51 | 1.19 |
| Vocational Supports | Units | 455.3 | 46.18 | 0.02 | (0.53) | 330.0 | 21.45 | 330.0 | 21.45 | 0.59 |
| Subtotal Mental Health 1915(i) | | | \$ 45.37 | \$ 2.61 | \$ 6.51 | | | | | \$ 48.57 |
| Autism | | | | | | | | | | |
| Assessments and Testing | Procedures | - | - | - | - | - | - | - | - | - |
| Autism Services | Units | - | - | - | - | - | - | - | - | - |
| Subtotal Autism | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | | | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | |
| Additional Support Services | Units | 192.6 | \$ 19.31 | \$ 0.00 | \$ (0.04) | 192.6 | \$ 16.82 | 192.6 | \$ 16.82 | \$ 0.27 |
| Assessments and Testing | Procedures | 22.1 | 38.04 | - | - | 22.1 | 38.04 | 22.1 | 38.04 | 0.07 |
| Case Management / Treatment Planning | Units | 1.1 | 212.39 | 0.02 | - | 1.1 | 212.39 | 1.1 | 212.39 | 0.02 |
| Crisis | Procedures | - | - | - | - | - | - | - | - | - |
| Evaluation and Management | Procedures | 8.4 | 85.71 | - | 0.01 | 8.4 | 100.00 | 8.4 | 100.00 | 0.07 |
| Medication Administration | Procedures | - | - | - | - | - | - | - | - | - |
| Medication Assisted Treatment | Procedures | 212.4 | 20.90 | - | 0.01 | 212.4 | 21.46 | 212.4 | 21.46 | 0.38 |
| Other | Procedures | 0.2 | - | - | - | - | - | - | - | - |
| Outpatient Services | Procedures | 100.0 | 62.38 | 0.03 | (0.01) | 105.8 | 61.24 | 105.8 | 61.24 | 0.54 |
| Prevention and Early Intervention | Procedures | 3.7 | 195.65 | - | - | 3.7 | 195.65 | 3.7 | 195.65 | 0.06 |
| Psychiatric diagnostic evaluation | Procedures | - | - | - | - | - | - | - | - | - |
| Residential Services | Days | 68.1 | 174.58 | 0.01 | 0.02 | 68.7 | 167.59 | 68.7 | 167.59 | 0.96 |
| Withdrawal Management | Days | 7.7 | 372.09 | 0.01 | 0.01 | 8.1 | 372.21 | 8.1 | 372.21 | 0.25 |
| Subtotal Substance Abuse State Plan | | | \$ 2.64 | \$ 0.05 | \$ 0.00 | | | | | \$ 2.62 |
| Children's Waiver Program | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Community Living Supports | Days | - | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - | - |
| Subtotal Children's Waiver Program | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Community Living Supports | Days | - | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - | - |
| Skill Building | Units | - | - | - | - | - | - | - | - | - |
| Vocational Supports | Units | - | - | - | - | - | - | - | - | - |
| Subtotal Habilitative Supports Waiver | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Case Management / Treatment Planning | Units | - | - | - | - | - | - | - | - | - |
| Community Living Supports | Days | - | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - | - |
| Subtotal Serious Emotional Disturbances | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | | | \$ 0.00 |
| Total Medical Costs | | | \$ 87.36 | \$ 0.00 | \$ 0.00 | | | | | \$ 92.23 |

| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitalization Rate Development Appendix 2 - Retrospective Rate Development Model | | | | | | | | | | | | |
|---|--|------------|--|---|-----------------|--|--------------------|---|--------------------|---|---------------------|-----------------|
| Region: Statewide | Category of Service | Unit Type | SFY 2023 Base Experience Utilization per 1,000 | SFY 2023 Base Experience Cost per Service | PMPM Cost | EQI Repricing Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost |
| | Mental Health State Plan | | | | | | | | | | | |
| | Additional Support Services | Units | 931.8 | \$ 72.25 | \$ 5.61 | \$ 0.10 | \$ 0.57 | \$ 0.00 | \$ 0.00 | 948.4 | \$ 79.46 | \$ 6.28 |
| | Assessments and Testing (ACT) | Units | - | - | - | - | - | - | - | - | - | - |
| | Assessments and Testing | Procedures | 70.6 | 212.59 | 1.25 | 0.04 | 0.17 | - | - | 72.8 | 240.59 | 1.46 |
| | Case Management / Treatment Planning | Units | 1,703.4 | 102.01 | 14.48 | 0.49 | 0.10 | - | - | 1,761.0 | 102.69 | 15.07 |
| | Community Living Supports | Days | - | - | - | - | - | - | - | - | - | - |
| | Crisis | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Evaluation and Management | Procedures | 3.1 | 117.26 | 0.03 | - | 0.02 | - | - | 3.1 | 195.44 | 0.05 |
| | Inpatient | Days | - | - | - | - | - | - | - | - | - | - |
| | Medication Administration | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other Therapy | Procedures | 326.7 | 76.76 | 2.09 | 0.01 | 0.71 | - | - | 328.3 | 102.71 | 2.81 |
| | Outpatient Services | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Prevention and Early Intervention | Procedures | 52.9 | 387.76 | 1.71 | 0.02 | (0.25) | - | - | 53.5 | 331.71 | 1.48 |
| | Psychiatric diagnostic evaluation | Procedures | 29.1 | 304.74 | 0.74 | 0.08 | 0.14 | - | - | 32.3 | 356.77 | 0.96 |
| | Psychotherapy | Procedures | 45.3 | 167.07 | 0.63 | 0.02 | 0.07 | - | - | 46.7 | 185.05 | 0.72 |
| | Residential Services | Days | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Mental Health State Plan | | | | \$ 26.54 | \$ 0.76 | \$ 1.53 | \$ 0.00 | \$ 0.00 | | | \$ 26.83 |
| | Mental Health 1915(i) | | | | | | | | | | | |
| | Additional Support Services | Units | 16,301.5 | \$ 5.09 | \$ 6.92 | \$ 0.04 | \$ 0.12 | \$ 0.00 | \$ 0.00 | 16,395.7 | \$ 4.46 | \$ 6.10 |
| | Community Living Supports | Days | 774.5 | 138.43 | 8.88 | 0.09 | 0.24 | - | - | 786.3 | 120.87 | 7.92 |
| | Other | Procedures | 106.9 | 135.52 | 1.23 | 0.04 | (0.13) | - | - | 112.5 | 121.65 | 1.14 |
| | Skill Building | Units | - | - | - | - | - | - | - | - | - | - |
| | Vocational Supports | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Mental Health 1915(i) | | | | \$ 17.13 | \$ 0.17 | \$ 0.23 | \$ 0.00 | \$ (2.37) | | | \$ 15.16 |
| | Autism | | | | | | | | | | | |
| | Assessments and Testing | Procedures | 0.8 | 311.69 | 0.02 | - | - | - | - | 0.8 | 311.69 | 0.02 |
| | Autism Services | Units | 39,561.6 | 12.72 | 41.92 | 0.16 | 13.09 | - | (0.01) | 39,712.6 | 16.67 | 55.16 |
| | Subtotal Autism | | | | \$ 41.94 | \$ 0.16 | \$ 13.09 | \$ 0.00 | \$ (0.01) | | | \$ 55.18 |
| | Substance Abuse State Plan | | | | | | | | | | | |
| | Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Assessments and Testing | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Case Management / Treatment Planning | Units | - | - | - | - | - | - | - | - | - | - |
| | Crisis | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Evaluation and Management | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Medication Administration | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Medication Assisted Treatment | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Outpatient Services | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Prevention and Early Intervention | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Psychiatric diagnostic evaluation | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Residential Services | Days | - | - | - | - | - | - | - | - | - | - |
| | Withdrawal Management | Days | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Substance Abuse State Plan | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| | Children's Waiver Program | | | | | | | | | | | |
| | Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other Therapy | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Children's Waiver Program | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| | Habilitative Supports Waiver | | | | | | | | | | | |
| | Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Skill Building | Units | - | - | - | - | - | - | - | - | - | - |
| | Vocational Supports | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Habilitative Supports Waiver | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| | Serious Emotional Disturbances | | | | | | | | | | | |
| | Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Case Management / Treatment Planning | Units | - | - | - | - | - | - | - | - | - | - |
| | Community Living Supports | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other Therapy | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Serious Emotional Disturbances | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| | Total Medical Costs | | | | \$ 85.61 | | | | | | | \$ 99.17 |

| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitalization Rate Development Appendix 2 - Retrospective Rate Development Model | | | | | | | | | | | |
|---|-----------------------|--------------------------|---------------------------|--------------------------------|-----------------------------------|-------------------|------------------------|-------------------|-----------------------|------------------|------------------|
| Region: Statewide | Member Months: 24,087 | SFY 2023 Base Experience | EQI Repricing Adjustments | Policy and Program Adjustments | Adjusted SFY 2023 Base Experience | | | | | | |
| Rate Cell: DAB - Unenrolled - F - 19 - 20 | Category of Service | Utilization per 1,000 | Cost per Service | PMPM Cost | Utilization Adjustment | Cost Adjustment | Utilization Adjustment | Cost Adjustment | Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | |
| Additional Support Services | Units | 1,503.6 | \$ 15.48 | \$ 1.94 | \$ 0.00 | \$ 0.08 | \$ (0.84) | \$ 0.00 | 852.5 | \$ 16.61 | \$ 1.18 |
| Assessments and Testing (ACT) | Units | 392.7 | 63.26 | 2.07 | (0.03) | 0.56 | - | - | 387.0 | 80.62 | 2.60 |
| Assessments and Testing | Procedures | 7.0 | 279.90 | 1.65 | 0.05 | (0.14) | (0.07) | - | 69.9 | 255.87 | 1.49 |
| Case Management / Treatment Planning | Units | 3,073.4 | 101.40 | 25.97 | 0.59 | (2.08) | (1.58) | - | 2,956.2 | 115.73 | 28.51 |
| Community Living Supports | Days | 2,205.5 | 82.70 | 15.20 | 0.37 | (2.08) | (1.32) | - | 2,259.2 | 64.64 | 12.17 |
| Crisis | Procedures | 50.3 | 405.41 | 1.70 | (0.02) | 0.50 | (0.39) | - | 38.2 | 562.60 | 1.79 |
| Evaluation and Management | Procedures | 148.5 | 240.06 | 2.87 | 0.14 | 0.70 | (0.77) | - | 117.0 | 311.87 | 3.04 |
| Inpatient | Days | 119.6 | 527.89 | 5.26 | 0.83 | 0.01 | - | - | 138.4 | 528.75 | 6.10 |
| Medication Administration | Procedures | 20.4 | 199.71 | 0.34 | 0.24 | (0.30) | (0.02) | - | 33.7 | 92.72 | 0.26 |
| Other | Procedures | 100.6 | 56.04 | 0.47 | 0.01 | - | - | - | 102.8 | 56.04 | 0.48 |
| Other Therapy | Procedures | 168.9 | 78.16 | 1.10 | 0.01 | 0.20 | - | - | 170.4 | 207.01 | 2.94 |
| Outpatient Services | Procedures | 47.8 | 233.33 | 0.93 | - | - | - | - | 47.8 | 283.50 | 1.13 |
| Prevention and Early Intervention | Procedures | 5.0 | 313.25 | 0.13 | - | 0.20 | - | - | 5.0 | 313.25 | 0.13 |
| Psychiatric diagnostic evaluation | Procedures | 49.8 | 349.26 | 1.45 | 0.07 | 0.31 | (0.24) | - | 44.0 | 433.83 | 1.59 |
| Psychotherapy | Procedures | 222.7 | 158.97 | 2.95 | 0.13 | 0.63 | (0.90) | - | 164.6 | 204.91 | 2.81 |
| Residential Services | Days | 14.5 | 348.79 | 0.42 | - | 0.20 | - | - | 14.5 | 481.66 | 0.58 |
| Subtotal Mental Health State Plan | | | | \$ 64.55 | \$ 2.39 | \$ 6.03 | \$ (4.81) | \$ (0.04) | 14.5 | 481.66 | \$ 66.80 |
| Mental Health 1915(i) | | | | | | | | | | | |
| Additional Support Services | Units | 23,193.4 | \$ 5.76 | \$ 11.13 | \$ 0.08 | \$ 0.07 | \$ 0.00 | \$ (1.45) | 23,360.1 | \$ 5.05 | \$ 9.83 |
| Community Living Supports | Days | 6,957.2 | 184.87 | 105.55 | 3.21 | (29.96) | - | - | 7,059.5 | 117.58 | 69.17 |
| Other | Procedures | 317.4 | 120.25 | 3.18 | 0.03 | 0.27 | - | - | 320.3 | 130.36 | 3.48 |
| Skill Building | Units | 1,221.8 | 5.30 | 0.76 | (0.01) | (0.11) | - | - | 1,899.1 | 3.74 | 0.53 |
| Vocational Supports | Units | 501.8 | 10.28 | 0.43 | 0.01 | 0.13 | - | - | 513.5 | 10.75 | 0.46 |
| Subtotal Mental Health 1915(i) | | | | \$ 121.05 | \$ 3.32 | \$ (29.60) | \$ 0.00 | \$ (11.30) | | | \$ 83.47 |
| Autism | | | | | | | | | | | |
| Assessments and Testing | Procedures | - | - | 2.45 | - | 0.54 | - | - | - | - | 15.60 |
| Autism Services | Units | 2,296.2 | 12.79 | 2.45 | 0.01 | 0.54 | - | - | 2,307.6 | - | 3.00 |
| Subtotal Autism | | | | \$ 2.45 | \$ 0.01 | \$ 0.54 | \$ 0.00 | \$ 0.00 | | | \$ 3.00 |
| Substance Abuse State Plan | | | | | | | | | | | |
| Additional Support Services | Units | 7.0 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | 0.5 | \$ 0.00 | \$ 0.00 |
| Assessments and Testing | Procedures | 0.5 | 240.00 | 0.01 | - | - | - | - | - | 240.00 | 0.01 |
| Case Management / Treatment Planning | Units | 0.5 | - | - | - | - | - | - | - | - | - |
| Crisis | Procedures | - | - | - | - | - | - | - | - | - | - |
| Evaluation and Management | Procedures | - | - | - | - | - | - | - | - | - | - |
| Medication Administration | Procedures | - | - | - | - | - | - | - | - | - | - |
| Medication Assisted Treatment | Procedures | - | - | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - | - | - |
| Outpatient Services | Procedures | 8.5 | 70.84 | 0.05 | - | - | - | - | 8.5 | 70.84 | 0.05 |
| Prevention and Early Intervention | Procedures | - | - | - | - | - | - | - | - | - | - |
| Psychiatric diagnostic evaluation | Procedures | - | - | - | - | - | - | - | - | - | - |
| Residential Services | Days | 32.9 | 178.83 | 0.49 | - | 0.05 | - | (0.03) | 32.9 | 186.13 | 0.51 |
| Withdrawal Management | Days | 0.5 | 240.00 | 0.01 | - | - | - | - | 0.5 | 240.00 | 0.01 |
| Subtotal Substance Abuse State Plan | | | | \$ 0.56 | \$ 0.00 | \$ 0.05 | \$ 0.00 | \$ (0.03) | | | \$ 0.58 |
| Children's Waiver Program | | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Community Living Supports | Days | - | - | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - | - | - |
| Other Therapy | Procedures | - | - | - | - | - | - | - | - | - | - |
| Subtotal Children's Waiver Program | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Community Living Supports | Days | - | - | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - | - | - |
| Skill Building | Units | - | - | - | - | - | - | - | - | - | - |
| Vocational Supports | Units | - | - | - | - | - | - | - | - | - | - |
| Subtotal Habilitative Supports Waiver | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Case Management / Treatment Planning | Units | - | - | - | - | - | - | - | - | - | - |
| Community Living Supports | Days | - | - | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - | - | - |
| Other Therapy | Procedures | - | - | - | - | - | - | - | - | - | - |
| Subtotal Serious Emotional Disturbances | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | \$ 188.61 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 153.85 |

| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitalization Rate Development Appendix 2 - Retrospective Rate Development Model | | | | | | | | | | |
|---|-----------------------|--------------------------|---------------------------|--------------------------------|-----------------------------------|------------------|-----------------------|------------------|------------------|------------------|
| Region: Statewide | Member Months: 45,557 | SFY 2023 Base Experience | EQI Repricing Adjustments | Policy and Program Adjustments | Adjusted SFY 2023 Base Experience | Unit Type | Utilization per 1,000 | Cost per Service | PMPM Cost | PMPM Cost |
| Rate Cell: DAB - Unenrolled - F - 21 - 25 | Category of Service | Utilization per 1,000 | Utilization Adjustment | Utilization Adjustment | Utilization per 1,000 | | | | | |
| Mental Health State Plan | | | | | | | | | | |
| Additional Support Services | Units | 3,705.5 | \$ 13.86 | \$ 4.28 | | | | | | |
| Assessive Community Treatment (ACT) | Units | 810.7 | 81.12 | 5.48 | | | | | | |
| Assessments and Testing | Procedures | 179.3 | 337.41 | 5.04 | | | | | | |
| Case Management / Treatment Planning | Units | 6,626.0 | 107.73 | 56.79 | | | | | | |
| Community Living Supports | Days | 6,640.5 | 82.01 | 45.38 | | | | | | |
| Crisis | Procedures | 91.9 | 416.77 | 3.19 | | | | | | |
| Evaluation and Management | Procedures | 324.2 | 208.00 | 5.62 | | | | | | |
| Inpatient | Days | 141.1 | 282.45 | 3.32 | | | | | | |
| Medication Administration | Procedures | 67.3 | 115.99 | 0.85 | | | | | | |
| Other | Procedures | 369.5 | 32.48 | 1.00 | | | | | | |
| Other Therapy | Procedures | 158.3 | 125.06 | 1.65 | | | | | | |
| Outpatient Services | Procedures | 36.1 | 199.39 | 0.60 | | | | | | |
| Prevention and Early Intervention | Procedures | 3.7 | 327.87 | 0.10 | | | | | | |
| Psychiatric diagnostic evaluation | Procedures | 87.7 | 377.82 | 2.76 | | | | | | |
| Psychotherapy | Procedures | 423.9 | 166.16 | 5.87 | | | | | | |
| Residential Services | Days | 14.4 | 408.62 | 0.49 | | | | | | |
| Subtotal Mental Health State Plan | | | \$ 3.41 | \$ 8.13 | \$ (7.71) | \$ (0.03) | \$ 15.9 | \$ 385.88 | \$ 141.87 | |
| Mental Health 1915(i) | | | | | | | | | | |
| Additional Support Services | Units | 32,736.8 | \$ 5.67 | \$ 15.48 | | | | | | |
| Community Living Supports | Days | 17,789.1 | 163.72 | 242.70 | | | | | | |
| Other | Procedures | 537.2 | 104.31 | 4.67 | | | | | | |
| Skill Building | Units | 23,302.2 | 5.21 | 10.20 | | | | | | |
| Vocational Supports | Units | 4,341.6 | 15.12 | 5.47 | | | | | | |
| Subtotal Mental Health 1915(i) | | | \$ 3.16 | \$ (31.14) | \$ (0.04) | \$ (1.75) | 4,397.2 | 11.93 | \$ 216.61 | |
| Autism | | | | | | | | | | |
| Assessments and Testing | Procedures | - | - | - | | | | | | |
| Autism Services | Units | - | - | - | | | | | | |
| Subtotal Autism | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | |
| Substance Abuse State Plan | | | | | | | | | | |
| Additional Support Services | Units | 23.0 | \$ 10.42 | \$ 0.02 | | | | | | |
| Assessments and Testing | Procedures | 4.7 | 76.43 | 0.03 | | | | | | |
| Case Management / Treatment Planning | Units | 0.3 | - | - | | | | | | |
| Crisis | Procedures | - | - | - | | | | | | |
| Evaluation and Management | Procedures | 1.3 | 91.60 | 0.01 | | | | | | |
| Medication Administration | Procedures | - | - | - | | | | | | |
| Medication Assisted Treatment | Procedures | 105.5 | 21.62 | 0.19 | | | | | | |
| Other | Procedures | 0.3 | - | - | | | | | | |
| Outpatient Services | Procedures | 33.0 | 76.43 | 0.21 | | | | | | |
| Prevention and Early Intervention | Procedures | 0.3 | - | - | | | | | | |
| Psychiatric diagnostic evaluation | Procedures | - | - | - | | | | | | |
| Residential Services | Days | 32.2 | 171.48 | 0.46 | | | | | | |
| Withdrawal Management | Days | 0.8 | 303.80 | 0.02 | | | | | | |
| Subtotal Substance Abuse State Plan | | | \$ 0.01 | \$ 0.08 | \$ 0.00 | \$ (0.03) | 0.8 | 303.80 | \$ 1.00 | |
| Children's Waiver Program | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | | | | | | |
| Community Living Supports | Days | - | - | - | | | | | | |
| Other | Procedures | - | - | - | | | | | | |
| Subtotal Children's Waiver Program | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | |
| Habilitative Supports Waiver | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | | | | | | |
| Community Living Supports | Days | - | - | - | | | | | | |
| Other | Procedures | - | - | - | | | | | | |
| Skill Building | Units | - | - | - | | | | | | |
| Vocational Supports | Units | - | - | - | | | | | | |
| Subtotal Habilitative Supports Waiver | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | |
| Serious Emotional Disturbances | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | | | | | | |
| Case Management / Treatment Planning | Units | - | - | - | | | | | | |
| Community Living Supports | Days | - | - | - | | | | | | |
| Other | Procedures | - | - | - | | | | | | |
| Subtotal Serious Emotional Disturbances | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | |
| Total Medical Costs | | | | | | | | | | \$ 421.68 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitalization Rate Development Appendix 2 - Retrospective Rate Development Model | | | | | | | | | | | | | |
|---|------------------------|--|------------|---|--|------------------|---|--|--|---|--|---|------------------|
| Region: Statewide | Member Months: 128,111 | Category of Service | Unit Type | SFY 2023 Base Experience Utilization per 1,000 | SFY 2023 Base Experience Cost per Service | PMPM Cost | EQI Repricing Adjustments Utilization Adjustment | EQI Repricing Adjustments Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Policy and Program Adjustments Cost Adjustment | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Adjusted SFY 2023 Base Experience Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | |
| | | Additional Support Services | Units | 10,186.1 | \$ 12.35 | \$ 10.48 | \$ 0.75 | \$ (1.65) | | \$ (0.88) | 10,059.7 | \$ 10.38 | \$ 8.70 |
| | | Assessive Community Treatment (ACT) | Units | 1,813.2 | 88.68 | 13.40 | 0.19 | 1.18 | | (0.62) | 1,755.1 | 96.75 | 14.15 |
| | | Assessments and Testing | Procedures | 247.1 | 229.70 | 4.73 | 0.08 | (0.19) | | (0.19) | 241.4 | 245.62 | 4.94 |
| | | Case Management / Treatment Planning | Units | 9,464.1 | 101.46 | 80.02 | 1.72 | 7.03 | | (3.40) | 9,265.4 | 110.57 | 85.37 |
| | | Community Living Supports | Days | 9,995.8 | 81.01 | 67.48 | 0.92 | (2.50) | | (6.45) | 10,129.1 | 70.41 | 59.43 |
| | | Crisis | Procedures | 123.8 | 4.43 | 4.43 | 0.19 | 0.85 | | (0.39) | 118.2 | 515.56 | 5.08 |
| | | Evaluation and Management | Procedures | 590.7 | 194.22 | 9.56 | 4.29 | 14.85 | | (1.73) | 495.5 | 298.11 | 12.31 |
| | | Inpatient | Days | 497.1 | 271.51 | 11.26 | 1.91 | 14.85 | | (4.23) | 395.1 | 722.51 | 23.79 |
| | | Medication Administration | Procedures | 210.9 | 99.60 | 1.75 | 0.07 | 0.16 | | (0.16) | 197.6 | 109.31 | 1.80 |
| | | Other | Procedures | 945.9 | 46.18 | 3.64 | 0.09 | 0.96 | | - | 969.3 | 47.29 | 3.82 |
| | | Other Therapy | Procedures | 90.4 | 143.38 | 1.08 | - | 0.96 | | - | 90.4 | 270.83 | 2.04 |
| | | Outpatient Services | Procedures | 59.4 | 193.97 | 0.96 | - | 0.18 | | (0.06) | 55.7 | 232.76 | 1.08 |
| | | Prevention and Early Intervention | Procedures | 5.3 | 314.61 | 0.14 | 0.17 | (0.09) | | 0.28 | 11.8 | 223.35 | 0.22 |
| | | Psychiatric diagnostic evaluation | Procedures | 108.9 | 360.20 | 3.27 | 0.07 | 0.54 | | (1.50) | 101.9 | 423.78 | 3.60 |
| | | Psychotherapy | Procedures | 656.6 | 158.08 | 8.65 | 0.61 | 158.08 | | (1.50) | 589.1 | 186.60 | 9.16 |
| | | Residential Services | Days | 95.3 | 398.07 | 3.16 | 0.11 | 0.24 | | (0.11) | 95.3 | 404.37 | 3.21 |
| | | Subtotal Mental Health State Plan | | | | \$ 224.01 | \$ 7.07 | \$ 27.85 | | \$ (13.59) | | | \$ 238.70 |
| Mental Health 1915(i) | | | | | | | | | | | | | |
| | | Additional Support Services | Units | 29,017.5 | \$ 5.58 | \$ 13.49 | \$ 0.14 | \$ 1.34 | | \$ 0.00 | 28,318.6 | \$ 5.37 | \$ 13.13 |
| | | Community Living Supports | Days | 27,552.5 | 139.25 | 322.09 | 6.45 | (19.46) | | (0.11) | 28,302.9 | 114.59 | 270.26 |
| | | Other | Units | 100,891.7 | 104.44 | 5.10 | 0.23 | (0.42) | | (0.22) | 63.5 | 96.23 | 4.92 |
| | | Skill Building | Units | 18,912.8 | 4.53 | 37.99 | 1.09 | 4.02 | | (0.38) | 19,910.5 | 4.18 | 34.15 |
| | | Subtotal Mental Health 1915(i) | | | 8.54 | \$ 382.14 | \$ 7.12 | \$ (13.40) | | \$ (0.71) | | 7.40 | \$ 334.73 |
| Autism | | | | | | | | | | | | | |
| | | Assessments and Testing | Procedures | - | - | - | - | - | | - | - | - | - |
| | | Autism Services | Units | - | - | - | - | - | | - | - | - | - |
| | | Subtotal Autism | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | | \$ 0.00 | | | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | | | | |
| | | Additional Support Services | Units | 250.7 | \$ 17.23 | \$ 0.36 | \$ 0.00 | \$ (0.06) | | \$ 0.00 | 250.7 | \$ 14.36 | \$ 0.30 |
| | | Assessments and Testing | Procedures | 23.1 | 67.42 | 0.13 | - | 0.02 | | - | 23.1 | 77.79 | 0.15 |
| | | Case Management / Treatment Planning | Units | 1.5 | 82.19 | 0.01 | - | - | | - | 1.5 | 82.19 | 0.01 |
| | | Crisis | Procedures | - | - | - | - | - | | - | - | - | - |
| | | Evaluation and Management | Procedures | 9.7 | 73.92 | 0.06 | 0.02 | 0.05 | | - | 9.7 | 135.52 | 0.11 |
| | | Medication Administration | Procedures | 14.1 | 25.46 | 0.03 | 0.02 | (0.02) | | - | 23.6 | 15.27 | 0.03 |
| | | Medication Assisted Treatment | Procedures | 85.9 | 19.56 | 0.14 | (0.01) | (0.01) | | - | 79.8 | 18.05 | 0.12 |
| | | Other | Procedures | 1.9 | - | - | - | - | | - | - | - | - |
| | | Outpatient Services | Procedures | 98.8 | 64.36 | 0.53 | (0.01) | 0.26 | | - | 97.0 | 96.53 | 0.78 |
| | | Prevention and Early Intervention | Procedures | 10.9 | 110.40 | 0.10 | - | (0.02) | | - | 10.9 | 88.32 | 0.08 |
| | | Psychiatric diagnostic evaluation | Procedures | 0.4 | - | - | - | - | | - | - | - | - |
| | | Residential Services | Days | 188.0 | 178.73 | 2.80 | 0.02 | 0.12 | | (0.01) | 188.7 | 176.19 | 2.77 |
| | | Withdrawal Management | Days | 11.2 | 341.64 | 0.32 | 0.01 | 0.01 | | (0.02) | 11.6 | 331.32 | 0.32 |
| | | Subtotal Substance Abuse State Plan | | | | \$ 4.48 | \$ 0.03 | \$ 0.35 | | \$ (0.01) | | | \$ 4.67 |
| Children's Waiver Program | | | | | | | | | | | | | |
| | | Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | | Community Living Supports | Days | - | - | - | - | - | | - | - | - | - |
| | | Other | Procedures | - | - | - | - | - | | - | - | - | - |
| | | Subtotal Children's Waiver Program | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | | |
| | | Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | | Community Living Supports | Days | - | - | - | - | - | | - | - | - | - |
| | | Other | Procedures | - | - | - | - | - | | - | - | - | - |
| | | Skill Building | Units | - | - | - | - | - | | - | - | - | - |
| | | Vocational Supports | Units | - | - | - | - | - | | - | - | - | - |
| | | Subtotal Habilitative Supports Waiver | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | | |
| | | Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | | Case Management / Treatment Planning | Units | - | - | - | - | - | | - | - | - | - |
| | | Community Living Supports | Days | - | - | - | - | - | | - | - | - | - |
| | | Other | Procedures | - | - | - | - | - | | - | - | - | - |
| | | Subtotal Serious Emotional Disturbances | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | | |
| | | | | | | \$ 620.63 | | | | | | | \$ 578.10 |

| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitalization Rate Development Appendix 2 - Retrospective Rate Development Model | | | | | | | | | | | |
|---|------------------------|--------------------------|---------------------------|--------------------------------|-----------------------------------|-------------------|------------------------|------------------|-----------------------|------------------|------------------|
| Region: Statewide | Member Months: 156,891 | SFY 2023 Base Experience | EQI Repricing Adjustments | Policy and Program Adjustments | Adjusted SFY 2023 Base Experience | | | | | | |
| Rate Cell: DAB - Unrec'd - F - 40 - 49 | Category of Service | Utilization per 1,000 | Cost per Service | PMPM Cost | Utilization Adjustment | Cost Adjustment | Utilization Adjustment | Cost Adjustment | Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | |
| Additional Support Services | Units | 9,448.9 | \$ 14.67 | \$ 11.55 | \$ (0.99) | \$ (0.73) | \$ 0.00 | \$ 0.00 | 9,286.2 | \$ 13.38 | \$ 10.30 |
| Assessive Community Treatment (ACT) | Units | 1,541.3 | 89.46 | 11.49 | 1.30 | (1.79) | - | - | 1,326.7 | 101.22 | 11.19 |
| Assessments and Testing | Procedures | 197.9 | 209.83 | 3.46 | 0.09 | (0.21) | - | - | 191.0 | 233.08 | 3.71 |
| Case Management / Treatment Planning | Units | 6,634.3 | 99.23 | 54.86 | 1.50 | (3.07) | - | - | 6,444.4 | 111.52 | 59.89 |
| Community Living Supports | Days | 10,191.1 | 77.82 | 66.09 | 0.56 | (0.19) | (6.51) | - | 10,274.4 | 70.00 | 59.93 |
| Crisis | Procedures | 86.4 | 446.09 | 3.21 | 0.06 | (0.14) | - | - | 84.2 | 518.76 | 3.64 |
| Evaluation and Management | Procedures | 597.3 | 185.64 | 9.24 | 0.32 | (1.93) | - | - | 493.2 | 293.67 | 12.07 |
| Inpatient | Days | 359.0 | 225.61 | 6.75 | 1.47 | (2.78) | - | - | 289.4 | 721.20 | 17.39 |
| Medication Administration | Procedures | 197.3 | 103.42 | 1.70 | 0.12 | (0.21) | - | - | 186.8 | 113.69 | 1.77 |
| Other | Procedures | 564.3 | 61.03 | 2.87 | 0.19 | - | - | - | 601.7 | 59.24 | 2.97 |
| Outpatient Services | Procedures | 39.5 | 243.22 | 0.80 | 0.01 | (0.12) | - | - | 33.1 | 286.75 | 0.79 |
| Prevention and Early Intervention | Procedures | 87.7 | 350.48 | 2.56 | 0.05 | (0.31) | - | - | 78.8 | 419.05 | 2.75 |
| Psychiatric diagnostic evaluation | Procedures | 620.3 | 148.96 | 7.70 | 0.32 | (1.36) | - | - | 536.5 | 195.03 | 8.72 |
| Psychotherapy | Procedures | 37.6 | 408.18 | 1.28 | 0.07 | (0.01) | (0.08) | - | 39.4 | 426.50 | 1.40 |
| Residential Services | Days | | | | | | | | | | |
| Subtotal Mental Health State Plan | | | | \$ 184.18 | \$ 5.41 | \$ (12.66) | \$ (6.59) | \$ (0.08) | | | \$ 197.63 |
| Mental Health 1915(I) | | | | | | | | | | | |
| Additional Support Services | Units | 6,781.5 | \$ 5.77 | \$ 3.26 | \$ 0.12 | \$ 0.00 | \$ (0.42) | - | 7,031.1 | \$ 5.34 | \$ 3.13 |
| Community Living Supports | Days | 18,164.8 | 123.02 | 186.22 | 4.37 | (0.08) | (22.09) | - | 18,593.2 | 109.29 | 169.25 |
| Other | Procedures | 1,171.8 | 104.64 | 1.55 | 0.06 | (0.03) | - | - | 184.6 | 102.69 | 1.58 |
| Skill Building | Units | 56,371.4 | 4.45 | 20.89 | 1.10 | (0.07) | (3.60) | - | 55,130.1 | 3.90 | 17.93 |
| Vocational Supports | Units | 10,527.2 | 9.70 | 8.33 | 0.65 | (1.76) | - | - | 10,364.3 | 8.17 | 7.00 |
| Subtotal Mental Health 1915(I) | | | | \$ 220.27 | \$ 4.81 | \$ (0.77) | \$ (27.87) | \$ (1.76) | | | \$ 196.95 |
| Autism | | | | | | | | | | | |
| Assessments and Testing | Procedures | - | - | - | - | - | - | - | - | - | - |
| Autism Services | Units | - | - | - | - | - | - | - | - | - | - |
| Subtotal Autism | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | | |
| Additional Support Services | Units | 253.1 | \$ 10.91 | \$ 0.23 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | 253.1 | \$ 13.75 | \$ 0.29 |
| Assessments and Testing | Procedures | 25.6 | 65.75 | 0.14 | 0.01 | - | - | - | 25.6 | 70.45 | 0.15 |
| Case Management / Treatment Planning | Units | 1.7 | 142.01 | 0.02 | - | - | - | - | 1.7 | 213.02 | 0.03 |
| Crisis | Procedures | - | - | - | - | - | - | - | - | - | - |
| Evaluation and Management | Procedures | 6.7 | 54.14 | 0.03 | 0.01 | - | - | - | 6.7 | 90.23 | 0.05 |
| Medication Administration | Procedures | 142.7 | 71.43 | 0.01 | 0.02 | - | - | - | 134.0 | 71.43 | 0.02 |
| Medication Assisted Treatment | Procedures | 0.9 | 27.76 | 0.33 | (0.02) | - | - | - | 0.9 | 29.55 | 0.33 |
| Other | Procedures | 0.9 | - | - | - | - | - | - | - | - | - |
| Outpatient Services | Procedures | 132.0 | 58.18 | 0.64 | 0.04 | (0.16) | - | - | 107.3 | 100.69 | 0.90 |
| Prevention and Early Intervention | Procedures | 2.8 | 127.21 | 0.03 | - | - | - | - | 2.8 | 84.81 | 0.02 |
| Psychiatric diagnostic evaluation | Procedures | 0.5 | 222.22 | 0.01 | - | - | - | - | 0.5 | 222.22 | 0.01 |
| Residential Services | Days | 178.7 | 180.00 | 2.68 | 0.02 | (0.07) | (0.15) | - | 180.0 | 174.67 | 2.62 |
| Withdrawal Management | Days | 15.3 | 329.41 | 0.42 | 0.01 | (0.03) | (0.03) | - | 15.7 | 329.50 | 0.43 |
| Subtotal Substance Abuse State Plan | | | | \$ 4.54 | \$ 0.06 | \$ (0.16) | \$ (0.16) | \$ (0.03) | | | \$ 4.85 |
| Children's Waiver Program | | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | - | \$ 0.00 | \$ 0.00 |
| Community Living Supports | Days | - | - | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - | - | - |
| Subtotal Children's Waiver Program | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | - | \$ 0.00 | \$ 0.00 |
| Community Living Supports | Days | - | - | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - | - | - |
| Skill Building | Units | - | - | - | - | - | - | - | - | - | - |
| Vocational Supports | Units | - | - | - | - | - | - | - | - | - | - |
| Subtotal Habilitative Supports Waiver | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | - | \$ 0.00 | \$ 0.00 |
| Case Management / Treatment Planning | Units | - | - | - | - | - | - | - | - | - | - |
| Community Living Supports | Days | - | - | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - | - | - |
| Subtotal Serious Emotional Disturbances | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | \$ 408.99 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 401.43 |

| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitalization Rate Development Appendix 2 - Retrospective Rate Development Model | | | | | | | | | | | |
|---|------------------------|--------------------------|---------------------------|--------------------------------|-----------------------------------|-----------------|------------------------|-----------------|-----------------------|------------------|-----------|
| Region: Statewide | Member Months: 486,933 | SFY 2023 Base Experience | EQI Repricing Adjustments | Policy and Program Adjustments | Adjusted SFY 2023 Base Experience | | | | | | |
| Rate Cell: DAB - Unenrolled - F - 50 - 64 | Category of Service | Utilization per 1,000 | Cost per Service | PMPM Cost | Utilization Adjustment | Cost Adjustment | Utilization Adjustment | Cost Adjustment | Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | |
| Additional Support Services | Units | 9,808.1 | \$ 12.12 | \$ 9.91 | | | | | 8,620.4 | \$ 11.33 | \$ 8.14 |
| Assessments and Testing (ACT) | Units | 1,200.9 | 81.84 | 8.19 | | | | | 1,187.7 | 91.64 | 9.07 |
| Case Management / Treatment Planning | Procedures | 141.3 | 224.99 | 2.85 | | | | | 139.2 | 226.71 | 2.63 |
| Crisis | Units | 8,656.7 | 93.86 | 36.42 | | | | | 4,431.3 | 109.05 | 40.27 |
| Evaluation and Management | Procedures | 41.9 | 435.11 | 57.96 | | | | | 8,716.5 | 71.81 | 52.16 |
| Inpatient | Procedures | 421.1 | 176.41 | 1.52 | | | | | 41.4 | 490.21 | 1.69 |
| Medication Administration | Days | 221.7 | 219.73 | 6.19 | | | | | 342.2 | 279.17 | 7.96 |
| Other | Procedures | 129.0 | 90.23 | 0.87 | | | | | 121.0 | 108.08 | 1.09 |
| Outpatient Services | Procedures | 270.4 | 132.23 | 2.98 | | | | | 279.5 | 112.05 | 2.61 |
| Prevention and Early Intervention | Procedures | 16.3 | 250.31 | 0.34 | | | | | 16.3 | 640.49 | 0.87 |
| Psychiatric diagnostic evaluation | Procedures | 23.3 | 247.42 | 0.48 | | | | | 21.3 | 314.90 | 0.56 |
| Residential Services | Procedures | 53.9 | 343.05 | 1.54 | | | | | 49.0 | 401.88 | 1.64 |
| Subtotal Mental Health State Plan | Days | 17.5 | 403.88 | 0.59 | \$ 4.19 | \$ 17.46 | \$ (9.11) | \$ (0.04) | 18.4 | 410.42 | \$ 145.59 |
| Mental Health 1915(i) | | | | | | | | | | | |
| Additional Support Services | Units | 1,414.8 | \$ 5.43 | \$ 0.64 | | | | | 1,437.0 | \$ 4.93 | \$ 0.59 |
| Community Living Supports | Days | 12,662.0 | 114.48 | 120.85 | | | | | 13,077.8 | 110.61 | 120.55 |
| Other | Procedures | 72.6 | 104.12 | 0.63 | | | | | 74.9 | 97.70 | 0.61 |
| Skill Building | Units | 25,607.0 | 4.41 | 9.40 | | | | | 24,708.0 | 4.16 | 8.36 |
| Vocational Supports | Units | 3,910.9 | 9.91 | 3.23 | | | | | 3,947.2 | 8.06 | 2.69 |
| Subtotal Mental Health 1915(i) | Days | | | | \$ 3.94 | \$ 12.00 | \$ (0.30) | \$ (17.43) | | | \$ 132.96 |
| Autism | | | | | | | | | | | |
| Assessments and Testing | Procedures | | | | | | | | | | |
| Autism Services | Units | | | | | | | | | | |
| Subtotal Autism | Units | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | | |
| Additional Support Services | Units | 124.9 | \$ 14.41 | \$ 0.15 | | | | | 124.9 | \$ 16.33 | \$ 0.17 |
| Assessments and Testing | Procedures | 9.4 | 76.27 | 0.06 | | | | | 9.4 | 88.98 | 0.07 |
| Case Management / Treatment Planning | Units | 0.7 | 184.62 | 0.01 | | | | | 0.7 | 369.23 | 0.02 |
| Crisis | Procedures | | | | | | | | | | |
| Evaluation and Management | Procedures | 2.9 | 83.62 | 0.02 | | | | | 2.9 | 83.62 | 0.02 |
| Medication Administration | Procedures | 3.7 | 32.88 | 0.01 | | | | | 7.3 | 32.88 | 0.02 |
| Medication Assisted Treatment | Procedures | 109.4 | 24.13 | 0.22 | | | | | 104.5 | 22.98 | 0.20 |
| Other | Procedures | 0.3 | | | | | | | | | |
| Outpatient Services | Procedures | 52.1 | 57.54 | 0.25 | | | | | 50.1 | 83.92 | 0.35 |
| Prevention and Early Intervention | Procedures | 4.8 | 126.05 | 0.05 | | | | | 4.8 | 100.84 | 0.04 |
| Psychiatric diagnostic evaluation | Procedures | 0.5 | 280.87 | 0.01 | | | | | 0.5 | | |
| Residential Services | Days | 109.6 | 179.55 | 1.64 | | | | | 110.3 | 175.19 | 1.61 |
| Skill Building | Days | 8.9 | 350.17 | 0.26 | | | | | 8.9 | 323.23 | 0.24 |
| Withdrawal Management | Days | | | | \$ 0.01 | \$ 0.17 | \$ (0.01) | \$ (0.11) | | | \$ 2.74 |
| Subtotal Substance Abuse State Plan | Days | | | | \$ 0.01 | \$ 0.17 | \$ (0.01) | \$ (0.11) | | | \$ 2.74 |
| Children's Waiver Program | | | | | | | | | | | |
| Additional Support Services | Units | | \$ 0.00 | \$ 0.00 | | | | | | \$ 0.00 | \$ 0.00 |
| Community Living Supports | Days | | | | | | | | | | |
| Other | Procedures | | | | | | | | | | |
| Subtotal Children's Waiver Program | Procedures | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | |
| Additional Support Services | Units | | \$ 0.00 | \$ 0.00 | | | | | | \$ 0.00 | \$ 0.00 |
| Community Living Supports | Days | | | | | | | | | | |
| Other | Procedures | | | | | | | | | | |
| Skill Building | Units | | | | | | | | | | |
| Vocational Supports | Units | | | | | | | | | | |
| Subtotal Habilitative Supports Waiver | Units | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | |
| Additional Support Services | Units | | \$ 0.00 | \$ 0.00 | | | | | | \$ 0.00 | \$ 0.00 |
| Case Management / Treatment Planning | Units | | | | | | | | | | |
| Community Living Supports | Days | | | | | | | | | | |
| Other | Procedures | | | | | | | | | | |
| Subtotal Serious Emotional Disturbances | Procedures | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | |
| | | | | | | | | | | | \$ 276.18 |

| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitalization Rate Development Appendix 2 - Retrospective Rate Development Model | | | | | | | | | |
|---|--------------------------|---------------------------|--------------------------------|-----------------------------------|---------------------|--------------------------|---------------------------|--------------------------------|-----------------------------------|
| Region: Statewide | SFY 2023 Base Experience | EQI Repricing Adjustments | Policy and Program Adjustments | Adjusted SFY 2023 Base Experience | Unit Type | SFY 2023 Base Experience | EQI Repricing Adjustments | Policy and Program Adjustments | Adjusted SFY 2023 Base Experience |
| Rate Call: DAB - Unrecalled - F - 6 - 18 | Utilization per 1,000 | Utilization Adjustment | Utilization Adjustment | Utilization per 1,000 | Category of Service | Cost per Service | Utilization Adjustment | Utilization Adjustment | Cost per Service |
| Member Months: 66,664 | PMPM Cost | Cost Adjustment | Cost Adjustment | PMPM Cost | | | Cost Adjustment | Cost Adjustment | PMPM Cost |
| Mental Health State Plan | | | | | | | | | |
| Additional Support Services | 4,286.0 | \$ 74.53 | \$ 26.82 | \$ 74.53 | Units | \$ 26.82 | | | \$ 27.77 |
| Assessments and Testing (ACT) | 5.2 | 115.83 | 0.05 | 115.83 | Units | 0.05 | | | 0.06 |
| Assessments and Testing | 134.5 | 244.41 | 2.74 | 244.41 | Procedures | 2.74 | | | 2.84 |
| Case Management / Treatment Planning | 3,242.2 | 105.82 | 28.59 | 105.82 | Units | 28.59 | | | 32.35 |
| Community Living Supports | 109.2 | 82.41 | 0.75 | 82.41 | Days | 0.75 | | | 0.63 |
| Crisis | 127.1 | 505.98 | 5.36 | 505.98 | Procedures | 5.36 | | | 9.26 |
| Evaluation and Management | 259.4 | 224.81 | 4.86 | 224.81 | Procedures | 4.86 | | | 6.41 |
| Inpatient | 366.9 | 645.30 | 19.73 | 645.30 | Days | 19.73 | | | 19.53 |
| Medication Administration | 2.8 | 173.91 | 0.04 | 173.91 | Procedures | 0.04 | | | 0.03 |
| Other | 33.8 | 117.30 | 0.33 | 117.30 | Procedures | 0.33 | | | 0.32 |
| Other Therapy | 159.7 | 130.01 | 1.73 | 130.01 | Procedures | 1.73 | | | 2.55 |
| Outpatient Services | 55.3 | 258.27 | 1.19 | 258.27 | Procedures | 1.19 | | | 1.21 |
| Prevention and Early Intervention | 102.3 | 419.88 | 3.58 | 419.88 | Procedures | 3.58 | | | 3.82 |
| Psychiatric diagnostic evaluation | 543.5 | 191.00 | 0.38 | 191.00 | Procedures | 0.38 | | | 9.38 |
| Psychotherapy | 32.0 | 539.33 | 1.44 | 539.33 | Days | 1.44 | | | 1.37 |
| Residential Services | | | | | | | | | |
| Subtotal Mental Health State Plan | | | \$ 105.66 | | | | \$ 8.73 | \$ (1.10) | \$ 117.53 |
| Mental Health 1915(i) | | | | | | | | | |
| Additional Support Services | 15,722.9 | \$ 5.37 | \$ 7.04 | \$ 5.37 | Units | \$ 7.04 | | | \$ 6.47 |
| Community Living Supports | 1,940.3 | 131.73 | 21.30 | 131.73 | Days | 21.30 | | | 19.33 |
| Other | 211.9 | 150.66 | 2.86 | 150.66 | Procedures | 2.86 | | | 2.28 |
| Skill Building | 74.3 | 14.69 | 0.09 | 14.69 | Units | 0.09 | | | 0.06 |
| Vocational Supports | 20.9 | 40.27 | 0.07 | 40.27 | Units | 0.07 | | | 0.05 |
| Subtotal Mental Health 1915(i) | | | \$ 31.16 | | | | \$ 0.59 | \$ (0.01) | \$ 28.17 |
| Autism | | | | | | | | | |
| Assessments and Testing | 0.2 | 3,529.41 | 0.05 | 3,529.41 | Procedures | 0.05 | | | 0.03 |
| Autism Services | 12,777.4 | 13.87 | 14.77 | 13.87 | Units | 14.77 | | | 19.36 |
| Subtotal Autism | | | \$ 14.82 | | | | \$ 0.24 | \$ (0.10) | \$ 19.39 |
| Substance Abuse State Plan | | | | | | | | | |
| Additional Support Services | 34.6 | \$ 10.40 | \$ 0.03 | \$ 10.40 | Units | \$ 0.03 | | | \$ 0.03 |
| Assessments and Testing | 1.6 | 154.84 | 0.02 | 154.84 | Procedures | 0.02 | | | 0.02 |
| Case Management / Treatment Planning | 0.5 | - | - | - | Units | - | | | - |
| Crisis | - | - | - | - | Procedures | - | | | - |
| Evaluation and Management | - | - | - | - | Procedures | - | | | - |
| Medication Administration | - | - | - | - | Procedures | - | | | - |
| Medication Assisted Treatment | - | - | - | - | Procedures | - | | | - |
| Other | - | - | - | - | Procedures | - | | | - |
| Outpatient Services | 12.9 | 65.02 | 0.07 | 65.02 | Procedures | 0.07 | | | 0.06 |
| Prevention and Early Intervention | - | - | - | - | Procedures | - | | | - |
| Psychiatric diagnostic evaluation | - | - | - | - | Procedures | - | | | - |
| Residential Services | 52.4 | 295.59 | 1.29 | 295.59 | Days | 1.29 | | | 0.86 |
| Withdrawal Management | 0.5 | 461.54 | 0.02 | 461.54 | Days | 0.02 | | | 0.02 |
| Subtotal Substance Abuse State Plan | | | \$ 1.43 | | | | \$ 0.01 | \$ (0.05) | \$ 0.99 |
| Children's Waiver Program | | | | | | | | | |
| Additional Support Services | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | Units | \$ 0.00 | | | \$ 0.00 |
| Community Living Supports | - | - | - | - | Days | - | | | - |
| Other | - | - | - | - | Procedures | - | | | - |
| Subtotal Children's Waiver Program | | | \$ 0.00 | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | |
| Additional Support Services | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | Units | \$ 0.00 | | | \$ 0.00 |
| Community Living Supports | - | - | - | - | Days | - | | | - |
| Other | - | - | - | - | Procedures | - | | | - |
| Skill Building | - | - | - | - | Units | - | | | - |
| Vocational Supports | - | - | - | - | Units | - | | | - |
| Subtotal Habilitative Supports Waiver | | | \$ 0.00 | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | |
| Additional Support Services | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | Units | \$ 0.00 | | | \$ 0.00 |
| Case Management / Treatment Planning | - | - | - | - | Units | - | | | - |
| Community Living Supports | - | - | - | - | Days | - | | | - |
| Other | - | - | - | - | Procedures | - | | | - |
| Other Therapy | - | - | - | - | Procedures | - | | | - |
| Subtotal Serious Emotional Disturbances | | | \$ 0.00 | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| Total Medical Costs | | | \$ 153.07 | | | | | | \$ 166.08 |

| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitalization Rate Development Appendix 2 - Retrospective Rate Development Model | | | | | | | | | | | |
|---|--------------------------|--------------------------|---------------------------|--------------------------------|-----------------------------------|-----------------|------------------------|-----------------|-----------------------|------------------|-----------------|
| Region: Statewide | Member Months: 1,043,222 | SFY 2023 Base Experience | EQI Repricing Adjustments | Policy and Program Adjustments | Adjusted SFY 2023 Base Experience | | | | | | |
| Rate Cell: DAB - Unenrolled - F - 65+ | Category of Service | Utilization per 1,000 | Cost per Service | PMPM Cost | Utilization Adjustment | Cost Adjustment | Utilization Adjustment | Cost Adjustment | Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | |
| Additional Support Services | Units | 2,196.7 | \$ 12.56 | \$ 2.30 | | | | | | | \$ 1.95 |
| Assessments and Testing (ACT) | Units | 284.0 | 74.79 | 1.77 | | | | | 1,988.9 | \$ 12.07 | 1.97 |
| Assessments and Testing | Procedures | 48.4 | 213.09 | 0.86 | | | | | 274.4 | 86.16 | 0.88 |
| Case Management / Treatment Planning | Units | 1,462.7 | 93.77 | 11.43 | | | | | 48.4 | 218.05 | 12.64 |
| Community Living Supports | Days | 3,765.4 | 85.92 | 26.96 | | | | | 1,385.9 | 109.44 | 22.41 |
| Crisis | Procedures | 7.5 | 560.75 | 0.35 | | | | | 3,839.4 | 70.04 | 0.39 |
| Evaluation and Management | Procedures | 1,110.8 | 168.91 | 1.56 | | | | | 7.5 | 624.83 | 0.39 |
| Inpatient | Days | 52.0 | 147.69 | 0.84 | | | | | 90.9 | 270.51 | 2.05 |
| Medication Administration | Procedures | 25.9 | 92.84 | 0.20 | | | | | 58.5 | 576.41 | 2.81 |
| Other | Procedures | 89.8 | 137.67 | 1.03 | | | | | 25.9 | 106.77 | 0.23 |
| Other Therapy | Procedures | 10.3 | 209.71 | 0.18 | | | | | 95.0 | 106.09 | 0.84 |
| Outpatient Services | Procedures | 0.8 | 160.00 | 0.01 | | | | | 10.9 | 463.66 | 0.42 |
| Prevention and Early Intervention | Procedures | | | | | | | | 0.8 | 160.00 | 0.01 |
| Psychiatric diagnostic evaluation | Procedures | 12.7 | 312.30 | 0.33 | | | | | 10.0 | 420.42 | 0.35 |
| Psychiatry | Procedures | 86.0 | 140.90 | 1.01 | | | | | 70.7 | 191.82 | 1.13 |
| Residential Services | Days | 2.4 | 406.78 | 0.08 | | | | | 2.4 | 406.78 | 0.08 |
| Subtotal Mental Health State Plan | | | | \$ 48.71 | | \$ 2.67 | | \$(2.10) | | | \$ 48.16 |
| Mental Health 1915(i) | | | | | | | | | | | |
| Additional Support Services | Units | 372.4 | \$ 4.83 | \$ 0.15 | | | | | 372.4 | \$ 4.83 | \$ 0.15 |
| Community Living Supports | Days | 4,242.2 | 118.66 | 41.93 | | | | | 4,343.4 | 124.80 | 45.17 |
| Other | Procedures | 18.3 | 91.80 | 0.14 | | | | | 19.6 | 91.88 | 0.15 |
| Skill Building | Units | 5,289.1 | 4.02 | 1.77 | | | | | 5,109.8 | 3.62 | 1.54 |
| Vocational Supports | Units | 284.6 | 10.54 | 0.25 | | | | | 285.9 | 8.11 | 0.20 |
| Subtotal Mental Health 1915(i) | | | | \$ 44.24 | | \$ 7.52 | | \$(0.02) | | | \$ 47.21 |
| Autism | | | | | | | | | | | |
| Assessments and Testing | Procedures | | | | | | | | | | |
| Autism Services | Units | | | | | | | | | | |
| Subtotal Autism | | | | \$ 0.00 | | \$ 0.00 | | \$ 0.00 | | | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | | |
| Additional Support Services | Units | 18.6 | \$ 19.38 | \$ 0.03 | | | | | 18.6 | \$ 19.38 | \$ 0.03 |
| Assessments and Testing | Procedures | 5.8 | 62.61 | 0.03 | | | | | 5.8 | 62.61 | 0.03 |
| Case Management / Treatment Planning | Units | 0.1 | | | | | | | | | |
| Crisis | Procedures | | | | | | | | | | |
| Evaluation and Management | Procedures | 1.7 | 70.59 | 0.01 | | | | | 1.7 | 70.59 | 0.01 |
| Medication Administration | Procedures | 0.3 | | | | | | | | | |
| Medication Assisted Treatment | Procedures | 80.4 | 25.37 | 0.17 | | | | | 80.4 | 26.87 | 0.18 |
| Other | Procedures | | | | | | | | | | |
| Outpatient Services | Procedures | 18.2 | 59.50 | 0.09 | | | | | 18.2 | 66.12 | 0.10 |
| Prevention and Early Intervention | Procedures | 0.5 | | | | | | | | | |
| Psychiatric diagnostic evaluation | Procedures | 0.1 | | | | | | | | | |
| Residential Services | Days | 17.0 | 183.96 | 0.26 | | | | | 17.0 | 183.96 | 0.26 |
| Withdrawal Management | Days | 1.4 | 345.32 | 0.04 | | | | | 1.4 | 345.32 | 0.04 |
| Subtotal Substance Abuse State Plan | | | | \$ 0.63 | | \$ 0.03 | | \$(0.01) | | | \$ 0.65 |
| Children's Waiver Program | | | | | | | | | | | |
| Additional Support Services | Units | | \$ 0.00 | \$ 0.00 | | | | | | \$ 0.00 | \$ 0.00 |
| Community Living Supports | Days | | | | | | | | | | |
| Other | Procedures | | | | | | | | | | |
| Other Therapy | Procedures | | | | | | | | | | |
| Subtotal Children's Waiver Program | | | | \$ 0.00 | | \$ 0.00 | | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | |
| Additional Support Services | Units | | \$ 0.00 | \$ 0.00 | | | | | | \$ 0.00 | \$ 0.00 |
| Community Living Supports | Days | | | | | | | | | | |
| Other | Procedures | | | | | | | | | | |
| Skill Building | Units | | | | | | | | | | |
| Vocational Supports | Units | | | | | | | | | | |
| Subtotal Habilitative Supports Waiver | | | | \$ 0.00 | | \$ 0.00 | | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | |
| Additional Support Services | Units | | \$ 0.00 | \$ 0.00 | | | | | | \$ 0.00 | \$ 0.00 |
| Case Management / Treatment Planning | Units | | | | | | | | | | |
| Community Living Supports | Days | | | | | | | | | | |
| Other | Procedures | | | | | | | | | | |
| Other Therapy | Procedures | | | | | | | | | | |
| Subtotal Serious Emotional Disturbances | | | | \$ 0.00 | | \$ 0.00 | | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | \$ 93.58 | | \$ 10.20 | | \$(2.11) | | | \$ 96.02 |

| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitalization Rate Development Appendix 2 - Retrospective Rate Development Model | | | | | | | | | |
|---|--------------------------|---------------------------|--------------------------------|-----------------------------------|------------------|------------------|------------------|------------------|------------------|
| Region: Statewide | SFY 2023 Base Experience | EQI Repricing Adjustments | Policy and Program Adjustments | Adjusted SFY 2023 Base Experience | | | | | |
| Rate Cell: DAB - Unrecalled - M - 0 - 5 | Utilization per 1,000 | Utilization Adjustment | Utilization Adjustment | Utilization per 1,000 | Cost per Service | Cost per Service | Cost per Service | Cost per Service | PMPM Cost |
| Member Months: 16,557 | | | | | | | | | |
| Category of Service | Unit Type | | | | | | | | |
| Mental Health State Plan | | | | | | | | | |
| Additional Support Services | Units | 1,230.0 | \$ 75.12 | \$ 7.70 | \$ 8.71 | | | | |
| Assessments and Testing (ACT) | Units | 196.6 | 278.35 | 4.56 | | | | | |
| Case Management / Treatment Planning | Units | 2,792.3 | 100.17 | 23.31 | | | | | |
| Community Living Supports | Days | 0.7 | 563.85 | 0.03 | | | | | |
| Crisis | Procedures | 23.3 | 242.27 | 0.47 | | | | | |
| Evaluation and Management | Days | - | - | - | | | | | |
| Inpatient | Procedures | 36.9 | 26.04 | 0.08 | | | | | |
| Medication Administration | Procedures | 857.5 | 71.79 | 5.13 | | | | | |
| Other | Procedures | 1.89 | - | - | | | | | |
| Other Therapy | Procedures | 0.02 | - | - | | | | | |
| Outpatient Services | Procedures | 0.01 | - | - | | | | | |
| Prevention and Early Intervention | Procedures | 49.2 | 161.14 | 0.66 | | | | | |
| Psychiatric diagnostic evaluation | Procedures | 41.4 | 339.21 | 1.17 | | | | | |
| Psychotherapy | Procedures | 66.0 | 252.88 | 1.39 | | | | | |
| Residential Services | Days | - | - | - | | | | | |
| Subtotal Mental Health State Plan | | | | \$ 44.50 | | | | | |
| Mental Health 1915(i) | | | | | | | | | |
| Additional Support Services | Units | 8,577.8 | \$ 5.68 | \$ 3.99 | \$ 3.25 | | | | |
| Community Living Supports | Days | 422.9 | 131.37 | 4.63 | | | | | |
| Other | Procedures | 102.2 | 164.43 | 1.40 | | | | | |
| Skill Building | Units | - | - | - | | | | | |
| Vocational Supports | Units | - | - | - | | | | | |
| Subtotal Mental Health 1915(i) | | | | \$ 10.02 | | | | | |
| Autism | | | | | | | | | |
| Assessments and Testing | Procedures | 0.7 | - | - | | | | | |
| Autism Services | Units | 96,188.2 | 15.78 | 126.49 | | | | | |
| Subtotal Autism | | | | \$ 126.49 | | | | | |
| Substance Abuse State Plan | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | | |
| Assessments and Testing | Units | - | - | - | | | | | |
| Case Management / Treatment Planning | Units | - | - | - | | | | | |
| Crisis | Procedures | - | - | - | | | | | |
| Evaluation and Management | Procedures | - | - | - | | | | | |
| Medication Administration | Procedures | - | - | - | | | | | |
| Medication Assisted Treatment | Procedures | - | - | - | | | | | |
| Other | Procedures | - | - | - | | | | | |
| Outpatient Services | Procedures | - | - | - | | | | | |
| Prevention and Early Intervention | Procedures | - | - | - | | | | | |
| Psychiatric diagnostic evaluation | Procedures | - | - | - | | | | | |
| Residential Services | Days | - | - | - | | | | | |
| Withdrawal Management | Days | - | - | - | | | | | |
| Subtotal Substance Abuse State Plan | | | | \$ 0.00 | | | | | |
| Children's Waiver Program | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | | |
| Community Living Supports | Days | - | - | - | | | | | |
| Other | Procedures | - | - | - | | | | | |
| Other Therapy | Procedures | - | - | - | | | | | |
| Subtotal Children's Waiver Program | | | | \$ 0.00 | | | | | |
| Habilitative Supports Waiver | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | | |
| Community Living Supports | Days | - | - | - | | | | | |
| Other | Procedures | - | - | - | | | | | |
| Skill Building | Units | - | - | - | | | | | |
| Vocational Supports | Units | - | - | - | | | | | |
| Subtotal Habilitative Supports Waiver | | | | \$ 0.00 | | | | | |
| Serious Emotional Disturbances | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | | |
| Case Management / Treatment Planning | Units | - | - | - | | | | | |
| Community Living Supports | Days | - | - | - | | | | | |
| Other | Procedures | - | - | - | | | | | |
| Other Therapy | Procedures | - | - | - | | | | | |
| Subtotal Serious Emotional Disturbances | | | | \$ 0.00 | | | | | |
| Total Medical Costs | | | | \$ 181.01 | | | | | \$ 202.60 |

| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitalization Rate Development Appendix 2 - Retrospective Rate Development Model | | | | | | | | | | | | | | |
|---|-----------------------|--------------------------|---------------------------|--------------------------------|-----------------------------------|-----------------------|---------------------|-----------|-----------------------|------------------|-----------|-----------------------|------------------|------------------|
| Region: Statewide | Member Months: 35,109 | SFY 2023 Base Experience | EQI Repricing Adjustments | Policy and Program Adjustments | Adjusted SFY 2023 Base Experience | Member Months: 35,109 | Category of Service | Unit Type | Utilization per 1,000 | Cost per Service | PMPM Cost | Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | | |
| Additional Support Services | | 1,881.3 | \$ 21.37 | \$ 3.35 | | | Units | | | | | | | |
| Assessments and Testing | | 67.6 | 63.90 | 0.36 | | | Units | | | | | 1,589.3 | \$ 14.20 | \$ 1.88 |
| Case Management / Treatment Planning | | 1,111.6 | 324.64 | 3.02 | | | Procedures | | | | | 50.7 | 94.66 | 0.40 |
| Crisis | | 4,365.3 | 104.49 | 4.53 | | | Units | | | | | 113.5 | 293.97 | 2.78 |
| Evaluation and Management | | 3,209.4 | 114.19 | 30.54 | | | Days | | | | | 4,336.6 | 117.02 | 42.29 |
| Inpatient | | 60.2 | 484.63 | 2.43 | | | Procedures | | | | | 58.7 | 613.50 | 3.00 |
| Outpatient Services | | 2,294.4 | 212.88 | 4.07 | | | Procedures | | | | | 216.5 | 291.05 | 5.25 |
| Other | | 127.6 | 619.85 | 6.59 | | | Days | | | | | 142.3 | 586.97 | 6.96 |
| Prevention and Early Intervention | | 47.5 | 108.68 | 0.43 | | | Procedures | | | | | 49.7 | 132.82 | 0.55 |
| Psychiatric diagnostic evaluation | | 465.4 | 29.91 | 1.16 | | | Procedures | | | | | 465.4 | 22.69 | 0.88 |
| Residential Services | | 1,399.9 | 97.78 | 1.14 | | | Procedures | | | | | 1,399.9 | 169.84 | 1.98 |
| Subtotal Mental Health State Plan | | | | | | | | | | | | | | |
| Additional Support Services | | 30,045.8 | \$ 5.53 | \$ 13.85 | | | Units | | | | | 30,783.4 | \$ 4.90 | \$ 12.56 |
| Community Living Supports | | 8,023.3 | 189.31 | 126.56 | | | Days | | | | | 8,119.9 | 128.68 | 87.07 |
| Other | | 4,659.7 | 104.23 | 4.08 | | | Procedures | | | | | 4,882 | 94.15 | 3.83 |
| Skill Building | | 11,827.2 | 4.81 | 4.74 | | | Units | | | | | 11,727.4 | 3.88 | 3.79 |
| Vocational Supports | | 1,140.6 | 12.84 | 1.22 | | | Units | | | | | 1,224.6 | 11.56 | 1.16 |
| Subtotal Mental Health 1915(I) | | | | | | | | | | | | | | |
| Assessments and Testing | | | | | | | Procedures | | | | | | | |
| Autism Services | | 12,724.6 | 13.55 | 14.37 | | | Units | | | | | 12,795.5 | 18.08 | 19.28 |
| Subtotal Autism | | | | | | | | | | | | | | |
| Additional Support Services | | 45.2 | \$ 13.28 | \$ 0.05 | | | Units | | | | | 45.2 | \$ 13.28 | \$ 0.05 |
| Assessments and Testing | | 6.2 | 136.36 | 0.07 | | | Procedures | | | | | 6.2 | 136.36 | 0.07 |
| Case Management / Treatment Planning | | 1.7 | 71.01 | 0.01 | | | Units | | | | | 1.7 | 71.01 | 0.01 |
| Crisis | | | | | | | Procedures | | | | | | | |
| Evaluation and Management | | 0.7 | 166.67 | 0.01 | | | Procedures | | | | | 0.7 | 166.67 | 0.01 |
| Medication Administration | | | | | | | Procedures | | | | | | | |
| Medication Assisted Treatment | | | | | | | Procedures | | | | | | | |
| Other | | | | | | | Procedures | | | | | | | |
| Outpatient Services | | 17.0 | 84.56 | 0.12 | | | Procedures | | | | | 14.2 | 76.11 | 0.09 |
| Prevention and Early Intervention | | 3.3 | 184.05 | 0.05 | | | Procedures | | | | | 3.3 | 110.43 | 0.03 |
| Psychiatric diagnostic evaluation | | 37.7 | 333.33 | 0.02 | | | Procedures | | | | | 37.7 | 166.67 | 0.01 |
| Residential Services | | 37.7 | 197.40 | 0.62 | | | Days | | | | | 37.7 | 194.22 | 0.61 |
| Withdrawal Management | | 1.5 | 413.79 | 0.05 | | | Days | | | | | 1.7 | 413.79 | 0.06 |
| Subtotal Substance Abuse State Plan | | | | | | | | | | | | | | |
| Additional Support Services | | | \$ 0.00 | \$ 0.00 | | | Units | | | | | | \$ 0.00 | \$ 0.00 |
| Community Living Supports | | | | | | | Days | | | | | | | |
| Other | | | | | | | Procedures | | | | | | | |
| Subtotal Children's Waiver Program | | | | | | | | | | | | | | |
| Additional Support Services | | | \$ 0.00 | \$ 0.00 | | | Units | | | | | | \$ 0.00 | \$ 0.00 |
| Community Living Supports | | | | | | | Days | | | | | | | |
| Other | | | | | | | Procedures | | | | | | | |
| Subtotal Habilitative Supports Waiver | | | | | | | | | | | | | | |
| Additional Support Services | | | \$ 0.00 | \$ 0.00 | | | Units | | | | | | \$ 0.00 | \$ 0.00 |
| Community Living Supports | | | | | | | Days | | | | | | | |
| Other | | | | | | | Procedures | | | | | | | |
| Skill Building | | | | | | | Units | | | | | | | |
| Vocational Supports | | | | | | | Units | | | | | | | |
| Subtotal Habilitative Supports Waiver | | | | | | | | | | | | | | |
| Additional Support Services | | | \$ 0.00 | \$ 0.00 | | | Units | | | | | | \$ 0.00 | \$ 0.00 |
| Case Management / Treatment Planning | | | | | | | Units | | | | | | | |
| Community Living Supports | | | | | | | Days | | | | | | | |
| Other | | | | | | | Procedures | | | | | | | |
| Other Therapy | | | | | | | Procedures | | | | | | | |
| Subtotal Serious Emotional Disturbances | | | | | | | | | | | | | | |
| Additional Support Services | | | \$ 0.00 | \$ 0.00 | | | Units | | | | | | \$ 0.00 | \$ 0.00 |
| Case Management / Treatment Planning | | | | | | | Units | | | | | | | |
| Community Living Supports | | | | | | | Days | | | | | | | |
| Other | | | | | | | Procedures | | | | | | | |
| Other Therapy | | | | | | | Procedures | | | | | | | |
| Subtotal Serious Emotional Disturbances | | | | | | | | | | | | | | |
| Total Medical Costs | | | | | | | | | | | | | | \$ 263.30 |

| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitalization Rate Development Appendix 2 - Retrospective Rate Development Model | | | | | | | | | | | |
|---|---|--------------------------|---------------------------|--------------------------------|-----------------------------------|-------------------|------------------------|------------------|-----------------------|------------------|------------------|
| Region: Statewide | Rate Call: DAB - Unrecalled - M - 21 - 25 | SFY 2023 Base Experience | EQI Repricing Adjustments | Policy and Program Adjustments | Adjusted SFY 2023 Base Experience | | | | | | |
| Member Months: 66,346 | Category of Service | Utilization per 1,000 | Cost per Service | PMPM Cost | Utilization Adjustment | Cost Adjustment | Utilization Adjustment | Cost Adjustment | Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | |
| Additional Support Services | Units | 2,605.5 | \$ 13.26 | \$ 2.88 | | | | | | | \$ 3.25 |
| Assessive Community Treatment (ACT) | Units | 513.6 | 88.09 | 4.77 | \$ 0.02 | \$ 0.52 | 2,469.8 | \$ 0.00 | 2,469.8 | \$ 15.79 | 3.94 |
| Assessments and Testing | Procedures | 205.1 | 284.98 | 3.87 | (0.02) | (0.41) | 4550 | (0.41) | 4550 | 103.92 | 4.96 |
| Case Management / Treatment Planning | Units | 7,659.9 | 106.56 | 68.02 | 0.10 | 0.12 | 2038 | (0.13) | 2038 | 292.04 | 71.70 |
| Community Living Supports | Days | 8,495.9 | 95.76 | 67.80 | 1.49 | 4.45 | 8,757.2 | (2.26) | 8,757.2 | 113.61 | 51.57 |
| Crisis | Procedures | 104.5 | 490.48 | 4.27 | 1.85 | (12.47) | 108.9 | (5.60) | 108.9 | 70.91 | 8.41 |
| Evaluation and Management | Procedures | 104.5 | 490.48 | 4.27 | 0.38 | 0.28 | 343.7 | (0.20) | 343.7 | 521.36 | 4.73 |
| Inpatient | Procedures | 179.8 | 199.39 | 6.31 | 0.29 | 0.70 | 108.9 | (0.89) | 108.9 | 293.67 | 8.41 |
| Medication Administration | Days | 311.1 | 347.53 | 9.01 | 1.27 | 5.07 | 275.9 | (2.29) | 275.9 | 568.05 | 13.06 |
| Other | Procedures | 117.5 | 114.42 | 1.12 | 0.15 | (0.16) | 123.8 | (0.09) | 123.8 | 98.91 | 1.02 |
| Outpatient Services | Procedures | 710.4 | 30.24 | 1.79 | 0.07 | 0.14 | 738.2 | - | 738.2 | 32.51 | 2.00 |
| Prevention and Early Intervention | Procedures | 343.1 | 80.10 | 2.29 | 0.02 | 1.27 | 346.1 | - | 346.1 | 124.14 | 3.58 |
| Psychiatric diagnostic evaluation | Procedures | 20.5 | 227.85 | 0.39 | 0.01 | (0.05) | 17.4 | (0.07) | 17.4 | 193.33 | 0.28 |
| Psychiatry | Procedures | 87.8 | 359.49 | 2.63 | 0.17 | 0.31 | 84.8 | (0.26) | 84.8 | 403.35 | 2.85 |
| Psychiatry diagnostic evaluation | Procedures | 315.2 | 136.32 | 3.58 | 0.65 | 0.86 | 325.7 | (0.53) | 325.7 | 168.00 | 4.56 |
| Residential Services | Days | 13.3 | 440.78 | 0.49 | - | 0.09 | 13.3 | (0.03) | 13.3 | 494.75 | 0.55 |
| Subtotal Mental Health State Plan | | | | \$ 179.22 | \$ 6.45 | \$ 3.73 | | \$ (7.31) | | | \$ 176.46 |
| Mental Health 1915(i) | | | | | | | | | | | |
| Additional Support Services | Units | 39,907.2 | \$ 5.76 | \$ 19.16 | \$ 0.30 | \$ 0.95 | 40,490.4 | \$(2.47) | 40,490.4 | \$ 5.31 | \$ 17.92 |
| Community Living Supports | Days | 22,954.1 | 163.12 | 310.87 | 6.20 | (39.16) | 23,308.0 | (34.87) | 23,308.0 | 125.01 | 242.81 |
| Other | Procedures | 7,274.4 | 110.99 | 6.70 | 0.26 | (0.50) | 752.5 | (0.02) | 752.5 | 103.01 | 6.46 |
| Skill Building | Units | 21,441.9 | 4.23 | 7.56 | (0.01) | 0.56 | 21,356.8 | (1.35) | 21,356.8 | 3.79 | 6.74 |
| Vocational Supports | Units | 9,031.4 | 9.54 | 7.18 | 0.92 | (1.68) | 9,408.8 | (0.12) | 9,408.8 | 8.60 | 6.74 |
| Subtotal Mental Health 1915(i) | | | | \$ 351.27 | \$ 7.17 | \$ (37.21) | | \$ (0.19) | | | \$ 40.37 |
| Autism | | | | | | | | | | | |
| Assessments and Testing | Procedures | - | - | - | - | - | - | - | - | - | - |
| Autism Services | Units | - | - | - | - | - | - | - | - | - | - |
| Subtotal Autism | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | | \$ 0.00 | | | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | | |
| Additional Support Services | Units | 29.1 | \$ 12.35 | \$ 0.03 | \$ 0.00 | \$ 0.00 | 29.1 | \$ 0.00 | 29.1 | \$ 12.35 | \$ 0.03 |
| Assessments and Testing | Procedures | 6.7 | 125.94 | 0.07 | - | - | 6.7 | - | 6.7 | 125.94 | 0.07 |
| Case Management / Treatment Planning | Units | 0.2 | - | - | - | - | - | - | - | - | - |
| Crisis | Procedures | - | - | - | - | - | - | - | - | - | - |
| Evaluation and Management | Procedures | 0.5 | - | - | - | - | - | - | - | - | - |
| Medication Administration | Procedures | 6.2 | 19.51 | 0.01 | 0.01 | - | 12.3 | - | 12.3 | 19.51 | 0.02 |
| Medication Assisted Treatment | Procedures | 26.2 | 18.35 | 0.04 | - | - | 26.2 | - | 26.2 | 18.35 | 0.04 |
| Other | Procedures | 0.7 | - | - | - | - | - | - | - | - | - |
| Outpatient Services | Procedures | 63.2 | 81.63 | 0.43 | (0.02) | 0.05 | 60.3 | - | 60.3 | 91.59 | 0.46 |
| Prevention and Early Intervention | Procedures | 0.2 | - | - | - | - | - | - | - | - | - |
| Psychiatric diagnostic evaluation | Procedures | 64.4 | 176.91 | 0.95 | - | (0.11) | 64.4 | (0.01) | 64.4 | 147.11 | 0.79 |
| Residential Services | Days | 4.2 | 399.05 | 0.14 | 0.01 | (0.01) | 4.5 | (0.01) | 4.5 | 345.90 | 0.13 |
| Withdrawal Management | Days | 4.2 | 399.05 | 0.14 | 0.01 | (0.01) | 4.5 | (0.01) | 4.5 | 345.90 | 0.13 |
| Subtotal Substance Abuse State Plan | | | | \$ 1.87 | \$ 0.01 | \$ (0.07) | | \$ (0.01) | | | \$ 1.54 |
| Children's Waiver Program | | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Community Living Supports | Days | - | - | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - | - | - |
| Subtotal Children's Waiver Program | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Community Living Supports | Days | - | - | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - | - | - |
| Skill Building | Units | - | - | - | - | - | - | - | - | - | - |
| Vocational Supports | Units | - | - | - | - | - | - | - | - | - | - |
| Subtotal Habilitative Supports Waiver | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Case Management / Treatment Planning | Units | - | - | - | - | - | - | - | - | - | - |
| Community Living Supports | Days | - | - | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - | - | - |
| Vocational Supports | Units | - | - | - | - | - | - | - | - | - | - |
| Subtotal Serious Emotional Disturbances | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | | \$ 0.00 | | | \$ 0.00 |
| Other Therapy | | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Case Management / Treatment Planning | Units | - | - | - | - | - | - | - | - | - | - |
| Community Living Supports | Days | - | - | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - | - | - |
| Subtotal Other Therapy | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | |
| | | | | \$ 532.16 | | | | | | | \$ 458.67 |

| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitalization Rate Development Appendix 2 - Retrospective Rate Development Model | | | | | | | | | |
|---|--|--------------------------|---------------------------|--------------------------------|-----------------------------------|------------------------|-----------------------|------------------------|-----------------|
| Region: Statewide | Member Months: 167,514 | SFY 2023 Base Experience | EQI Repricing Adjustments | Policy and Program Adjustments | Adjusted SFY 2023 Base Experience | PMPM Cost | Utilization per 1,000 | Cost per Service | PMPM Cost |
| Rate Cell: DAB - Unenrolled - M - 26 - 39 | Category of Service | Unit Type | Utilization per 1,000 | Cost per Service | PMPM Cost | Utilization Adjustment | Cost Adjustment | Utilization Adjustment | Cost Adjustment |
| Mental Health State Plan | Additional Support Services | Units | 7,845.0 | \$ 12.07 | \$ 7.99 | | | | |
| | Assessive Community Treatment (ACT) | Units | 2,432.5 | 104.43 | 21.17 | | | | |
| | Assessments and Testing | Procedures | 287.2 | 257.81 | 6.17 | | | | |
| | Case Management / Treatment Planning | Units | 10,653.4 | 102.76 | 91.23 | | | | |
| | Community Living Supports | Days | 15,055.9 | 75.14 | 94.28 | | | | |
| | Crisis | Procedures | 161.2 | 419.16 | 5.63 | | | | |
| | Evaluation and Management | Procedures | 161.2 | 193.27 | 10.89 | | | | |
| | Inpatient | Days | 624.7 | 315.78 | 16.44 | | | | |
| | Medication Administration | Procedures | 370.6 | 101.03 | 3.12 | | | | |
| | Other | Procedures | 1,013.9 | 50.77 | 4.29 | | | | |
| | Other Therapy | Procedures | 184.1 | 111.46 | 1.71 | | | | |
| | Outpatient Services | Procedures | 8.2 | 161.57 | 0.11 | | | | |
| | Prevention and Early Intervention | Procedures | 0.1 | - | - | | | | |
| | Psychiatric diagnostic evaluation | Procedures | 117.2 | 346.08 | 3.38 | | | | |
| | Psychotherapy | Procedures | 438.4 | 143.15 | 5.23 | | | | |
| | Residential Services | Days | 59.2 | 411.21 | 2.03 | | | | |
| | Subtotal Mental Health State Plan | | | | \$ 273.67 | | | | |
| Mental Health 1915(i) | Additional Support Services | Units | 29,247.6 | \$ 5.61 | \$ 13.68 | | | | |
| | Community Living Supports | Days | 35,396.3 | 139.19 | 410.57 | | | | |
| | Other | Procedures | 703.3 | 106.65 | 6.25 | | | | |
| | Skill Building | Units | 131,030.6 | 4.55 | 49.46 | | | | |
| | Vocational Supports | Units | 35,114.5 | 7.69 | 22.49 | | | | |
| | Subtotal Mental Health 1915(i) | | | | \$ 502.47 | | | | |
| Autism | Assessments and Testing | Procedures | - | - | - | | | | |
| | Autism Services | Units | - | - | - | | | | |
| | Subtotal Autism | | | | \$ 0.00 | | | | |
| Substance Abuse State Plan | Additional Support Services | Units | 322.7 | \$ 10.04 | \$ 0.27 | | | | |
| | Assessments and Testing | Procedures | 28.0 | 64.26 | 0.15 | | | | |
| | Case Management / Treatment Planning | Units | 0.7 | 171.43 | 0.01 | | | | |
| | Crisis | Procedures | - | - | - | | | | |
| | Evaluation and Management | Procedures | 4.8 | 75.00 | 0.03 | | | | |
| | Medication Administration | Procedures | - | - | - | | | | |
| | Medication Assisted Treatment | Procedures | 65.1 | 33.21 | 0.18 | | | | |
| | Other | Procedures | 1.0 | - | - | | | | |
| | Outpatient Services | Procedures | 101.7 | 66.06 | 0.56 | | | | |
| | Prevention and Early Intervention | Procedures | 5.9 | 163.54 | 0.08 | | | | |
| | Psychiatric diagnostic evaluation | Procedures | 0.9 | 139.53 | 0.01 | | | | |
| | Residential Services | Days | 230.2 | 179.87 | 3.45 | | | | |
| | Withdrawal Management | Days | 17.8 | 343.05 | 0.51 | | | | |
| | Subtotal Substance Abuse State Plan | | | | \$ 5.25 | | | | |
| Children's Waiver Program | Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | | | | |
| | Community Living Supports | Days | - | - | - | | | | |
| | Other | Procedures | - | - | - | | | | |
| | Subtotal Children's Waiver Program | | | | \$ 0.00 | | | | |
| Habilitative Supports Waiver | Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | | | | |
| | Community Living Supports | Days | - | - | - | | | | |
| | Other | Procedures | - | - | - | | | | |
| | Skill Building | Units | - | - | - | | | | |
| | Vocational Supports | Units | - | - | - | | | | |
| | Subtotal Habilitative Supports Waiver | | | | \$ 0.00 | | | | |
| Serious Emotional Disturbances | Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | | | | |
| | Case Management / Treatment Planning | Units | - | - | - | | | | |
| | Community Living Supports | Days | - | - | - | | | | |
| | Other | Procedures | - | - | - | | | | |
| | Subtotal Serious Emotional Disturbances | | | | \$ 0.00 | | | | |
| Total Medical Costs | | | | | \$ 781.39 | | | | |

| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitalization Rate Development Appendix 2 - Retrospective Rate Development Model | | | | | | | | | |
|---|------------------------|--------------------------|---------------------------|--------------------------------|-----------------------------------|------------------|-----------------------|------------------|------------------|
| Region: Statewide | Member Months: 144,959 | SFY 2023 Base Experience | EQI Repricing Adjustments | Policy and Program Adjustments | Adjusted SFY 2023 Base Experience | PMPM Cost | Utilization per 1,000 | Cost per Service | PMPM Cost |
| Rate Cell: DAB - Unenrolled - M - 40 - 49 | Category of Service | Utilization per 1,000 | Utilization Adjustment | Utilization Adjustment | Utilization per 1,000 | Cost per Service | Cost per Service | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | |
| Additional Support Services | Units | 14,660.1 | \$ 9.81 | \$ 11.98 | \$ 9.86 | \$ 11.11 | | | |
| Assessments and Testing (ACT) | Units | 3,083.1 | 89.60 | 23.02 | 3,088.9 | 97.61 | 24.72 | 3,088.9 | \$ 11.11 |
| Case Management / Treatment Planning | Procedures | 2,383.3 | 248.20 | 4.95 | 2,385.5 | 247.17 | 4.81 | 2,385.5 | 24.72 |
| Crisis | Units | 16,869.0 | 101.11 | 7.91 | 16,869.0 | 112.79 | 76.43 | 16,869.0 | 97.61 |
| Evaluation and Management | Procedures | 90.9 | 73.16 | 101.11 | 16,869.0 | 112.79 | 76.43 | 16,869.0 | 97.61 |
| Inpatient | Procedures | 475.30 | 3.60 | 0.82 | 476.12 | 3.60 | 0.82 | 476.12 | 101.09 |
| Medication Administration | Procedures | 696.9 | 184.92 | 10.74 | 696.9 | 184.92 | 10.74 | 696.9 | 4.28 |
| Other | Procedures | 509.9 | 224.03 | 9.52 | 509.9 | 224.03 | 9.52 | 509.9 | 291.29 |
| Outpatient Services | Procedures | 471.5 | 89.54 | 3.37 | 471.5 | 89.54 | 3.37 | 471.5 | 13.61 |
| Prevention and Early Intervention | Procedures | 382 | 204.40 | 0.65 | 382 | 204.40 | 0.65 | 382 | 38.7 |
| Psychiatric diagnostic evaluation | Procedures | 10.0 | 239.52 | 0.20 | 10.0 | 239.52 | 0.20 | 10.0 | 2.93 |
| Psychiatry | Procedures | 95.5 | 354.23 | 2.82 | 95.5 | 354.23 | 2.82 | 95.5 | 1.84 |
| Residential Services | Procedures | 419.0 | 144.93 | 5.06 | 419.0 | 144.93 | 5.06 | 419.0 | 0.22 |
| Subtotal Mental Health State Plan | Days | 40.2 | 372.86 | 1.25 | 40.2 | 372.86 | 1.25 | 40.2 | \$ 275.59 |
| Mental Health 1915(I) | | | | | | | | | |
| Additional Support Services | Units | 5,555.3 | \$ 6.20 | \$ 2.87 | \$ 6.05 | \$ 2.87 | | | |
| Community Living Supports | Days | 31,745.4 | 124.84 | 330.26 | 31,745.4 | 124.84 | 330.26 | 31,745.4 | \$ 3.05 |
| Other | Procedures | 281.5 | 126.20 | 2.86 | 281.5 | 126.20 | 2.86 | 281.5 | 295.78 |
| Skill Building | Units | 90,489.4 | 4.37 | 32.82 | 90,489.4 | 4.37 | 32.82 | 90,489.4 | 2.73 |
| Subtotal Mental Health 1915(I) | Units | 21,706.7 | 8.18 | 14.80 | 21,706.7 | 8.18 | 14.80 | 21,706.7 | 25.29 |
| Autism | | | | | | | | | |
| Assessments and Testing | Procedures | - | - | - | - | - | - | - | - |
| Autism Services | Units | - | - | - | - | - | - | - | - |
| Subtotal Autism | Units | - | - | - | - | - | - | - | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | |
| Additional Support Services | Units | 509.4 | \$ 17.43 | \$ 0.74 | \$ 15.31 | \$ 0.65 | | | |
| Assessments and Testing | Procedures | 20.0 | 77.88 | 0.13 | 20.0 | 77.88 | 0.13 | 20.0 | 89.87 |
| Case Management / Treatment Planning | Units | 1.7 | 137.93 | 0.02 | 1.7 | 137.93 | 0.02 | 1.7 | 206.90 |
| Crisis | Procedures | - | - | - | - | - | - | - | 0.03 |
| Evaluation and Management | Procedures | 6.0 | 60.40 | 0.02 | 6.0 | 60.40 | 0.02 | 6.0 | 0.05 |
| Medication Administration | Procedures | 9.9 | 24.37 | 0.01 | 9.9 | 24.37 | 0.01 | 9.9 | 16.24 |
| Medication Assisted Treatment | Procedures | 84.4 | 35.57 | 0.25 | 84.4 | 35.57 | 0.25 | 84.4 | 32.60 |
| Other | Procedures | 1.2 | 96.77 | 0.01 | 1.2 | 96.77 | 0.01 | 1.2 | 0.01 |
| Outpatient Services | Procedures | 114.6 | 65.99 | 0.63 | 114.6 | 65.99 | 0.63 | 114.6 | 101.04 |
| Prevention and Early Intervention | Procedures | 2.5 | 145.16 | 0.03 | 2.5 | 145.16 | 0.03 | 2.5 | 96.77 |
| Psychiatric diagnostic evaluation | Procedures | 0.5 | 240.00 | 0.01 | 0.5 | 240.00 | 0.01 | 0.5 | 480.00 |
| Residential Services | Procedures | 232.1 | 172.15 | 3.33 | 232.1 | 172.15 | 3.33 | 232.1 | 165.45 |
| Withdrawal Management | Days | 28.4 | 330.06 | 0.56 | 28.4 | 330.06 | 0.56 | 28.4 | 3.21 |
| Subtotal Substance Abuse State Plan | Days | 28.4 | 330.06 | 0.56 | 28.4 | 330.06 | 0.56 | 28.4 | \$ 59.93 |
| Children's Waiver Program | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | |
| Community Living Supports | Days | - | - | - | - | - | - | - | \$ 0.00 |
| Other | Procedures | - | - | - | - | - | - | - | - |
| Subtotal Children's Waiver Program | Procedures | - | - | - | - | - | - | - | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | |
| Community Living Supports | Days | - | - | - | - | - | - | - | \$ 0.00 |
| Other | Procedures | - | - | - | - | - | - | - | - |
| Skill Building | Units | - | - | - | - | - | - | - | - |
| Vocational Supports | Units | - | - | - | - | - | - | - | - |
| Subtotal Habilitative Supports Waiver | Units | - | - | - | - | - | - | - | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | |
| Case Management / Treatment Planning | Units | - | - | - | - | - | - | - | \$ 0.00 |
| Community Living Supports | Days | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - |
| Subtotal Serious Emotional Disturbances | Procedures | - | - | - | - | - | - | - | \$ 0.00 |
| Total Medical Costs | | | | | | | | | |
| | | | | | | | | | \$ 644.37 |

| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitalization Rate Development Appendix 2 - Retrospective Rate Development Model | | | | | | | | | | | | |
|---|------------------------|--------------------------|---------------------------|--------------------------------|-----------------------------------|------------------------|------------------------|-------------------|-----------------------|-----------------------|------------------|-----------|
| Region: Statewide | Member Months: 371,320 | SFY 2023 Base Experience | EQI Repricing Adjustments | Policy and Program Adjustments | Adjusted SFY 2023 Base Experience | Member Months: 371,320 | Utilization per 1,000 | Cost per Service | PMPM Cost | Utilization per 1,000 | Cost per Service | PMPM Cost |
| Category of Service | Unit Type | Utilization per 1,000 | Cost per Service | PMPM Cost | Utilization Adjustment | Cost Adjustment | Utilization Adjustment | Cost Adjustment | Utilization per 1,000 | Cost per Service | PMPM Cost | |
| Mental Health State Plan | | | | | | | | | | | | |
| Additional Support Services | Units | 16,781.7 | \$ 9.52 | \$ 13.32 | \$ 0.27 | \$ 0.27 | \$ 0.27 | \$ 0.00 | 15,118.6 | \$ 9.74 | \$ 12.27 | |
| Assessive Community Treatment (ACT) | Units | 2,047.9 | 87.48 | 14.93 | 0.69 | 0.69 | (0.64) | (0.06) | 2,054.8 | 98.76 | 16.91 | |
| Assessments and Testing | Procedures | 191.5 | 239.36 | 3.82 | 0.12 | 0.12 | (0.16) | (0.04) | 189.5 | 241.27 | 3.81 | |
| Case Management / Treatment Planning | Units | 6,165.1 | 98.28 | 50.49 | 1.31 | 6.61 | (3.72) | (0.02) | 5,870.8 | 111.79 | 54.69 | |
| Community Living Supports | Days | 16,104.9 | 74.23 | 99.62 | 0.09 | 1.68 | (0.02) | (10.56) | 16,373.3 | 71.25 | 97.22 | |
| Crisis | Procedures | 57.7 | 438.67 | 2.11 | 0.09 | 0.32 | (0.14) | (0.05) | 56.4 | 506.83 | 2.38 | |
| Evaluation and Management | Procedures | 486.6 | 180.26 | 7.31 | 0.22 | 3.49 | (0.54) | (0.05) | 398.8 | 285.28 | 9.48 | |
| Inpatient | Days | 260.8 | 217.18 | 4.72 | 0.80 | 8.91 | (1.57) | (0.06) | 218.3 | 707.08 | 12.86 | |
| Medication Administration | Procedures | 244.6 | 94.69 | 1.93 | 0.14 | 0.28 | (0.26) | (0.02) | 229.4 | 109.34 | 2.09 | |
| Other | Procedures | 645.6 | 57.81 | 3.11 | 0.16 | (0.14) | - | - | 678.8 | 55.33 | 3.13 | |
| Outpatient Services | Procedures | 16.9 | 234.74 | 0.33 | 0.01 | 0.58 | (0.04) | (0.05) | 17.4 | 635.21 | 0.92 | |
| Prevention and Early Intervention | Procedures | 7.6 | 251.64 | 0.16 | - | (0.04) | - | - | 5.3 | 160.00 | 0.07 | |
| Psychiatric diagnostic evaluation | Procedures | 56.9 | 331.40 | 1.57 | 0.25 | 0.34 | (0.16) | (0.05) | 51.8 | 410.20 | 1.77 | |
| Psychotherapy | Procedures | 272.9 | 145.55 | 3.31 | 0.04 | 0.94 | (0.50) | (0.04) | 252.3 | 190.26 | 4.00 | |
| Residential Services | Days | 32.1 | 389.27 | 1.04 | 0.04 | 0.09 | (0.01) | (0.07) | 33.0 | 396.60 | 1.09 | |
| Subtotal Mental Health State Plan | | | \$ 207.77 | | \$ 5.80 | \$ 30.11 | \$ (10.36) | \$ (0.63) | | | \$ 222.69 | |
| Mental Health 1915(i) | | | | | | | | | | | | |
| Additional Support Services | Units | 3,793.1 | \$ 5.50 | \$ 1.74 | \$ 0.02 | \$ 0.15 | \$ 0.00 | \$ (0.24) | 3,836.7 | \$ 5.22 | \$ 1.67 | |
| Community Living Supports | Days | 23,513.0 | 119.22 | 233.63 | 7.28 | 23.53 | (0.05) | (27.75) | 24,243.7 | 117.14 | 236.65 | |
| Other | Procedures | 143.5 | 130.46 | 1.56 | 0.05 | (0.19) | (0.01) | (0.01) | 144.2 | 144.97 | 1.41 | |
| Skill Building | Units | 47,263.6 | 4.26 | 16.79 | (0.58) | 1.74 | (0.08) | (2.99) | 45,405.7 | 3.93 | 14.88 | |
| Vocational Supports | Units | 10,168.4 | 9.05 | 7.68 | 0.65 | 0.47 | (0.32) | (1.66) | 10,626.2 | 7.70 | 6.82 | |
| Subtotal Mental Health 1915(i) | | | \$ 261.40 | | \$ 7.43 | \$ 25.70 | \$ (0.46) | \$ (32.64) | | | \$ 261.43 | |
| Autism | | | | | | | | | | | | |
| Assessments and Testing | Procedures | - | - | - | - | - | - | - | - | - | - | - |
| Autism Services | Units | - | - | - | - | - | - | - | - | - | - | - |
| Subtotal Autism | | | \$ 0.00 | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 | |
| Substance Abuse State Plan | | | | | | | | | | | | |
| Additional Support Services | Units | 4,711.1 | \$ 12.74 | \$ 0.50 | \$ 0.00 | \$ 0.05 | \$ (0.04) | \$ 0.00 | 4,334.4 | \$ 14.12 | \$ 0.51 | |
| Assessments and Testing | Procedures | 29.8 | 68.55 | 0.17 | - | 0.02 | - | - | 29.8 | 76.61 | 0.19 | |
| Case Management / Treatment Planning | Units | 1.5 | 157.89 | 0.02 | - | - | - | - | 1.5 | 157.89 | 0.02 | |
| Crisis | Procedures | - | - | - | - | - | - | - | - | - | - | |
| Evaluation and Management | Procedures | 4.5 | 80.72 | 0.03 | 0.01 | 0.01 | - | - | 4.5 | 107.62 | 0.04 | |
| Medication Administration | Procedures | 5.5 | 21.86 | 0.01 | 0.01 | 0.01 | - | - | 11.0 | 21.86 | 0.02 | |
| Medication Assisted Treatment | Procedures | 93.1 | 23.20 | 0.18 | - | 0.01 | - | - | 93.1 | 24.49 | 0.19 | |
| Other | Procedures | 0.8 | - | - | - | - | - | - | - | - | - | |
| Outpatient Services | Procedures | 140.0 | 60.01 | 0.70 | - | 0.15 | (0.01) | - | 138.0 | 73.06 | 0.84 | |
| Prevention and Early Intervention | Procedures | 4.5 | 134.53 | 0.05 | - | - | - | - | 4.5 | 134.53 | 0.05 | |
| Psychiatric diagnostic evaluation | Procedures | 1.1 | 112.15 | 0.01 | - | - | - | - | 1.1 | 112.15 | 0.01 | |
| Residential Services | Days | 290.5 | 177.21 | 4.29 | 0.02 | 0.10 | (0.01) | (0.25) | 291.2 | 171.03 | 4.15 | |
| Withdrawal Management | Days | 19.9 | 331.99 | 0.55 | 0.01 | 0.01 | (0.03) | (0.03) | 20.2 | 320.16 | 0.54 | |
| Subtotal Substance Abuse State Plan | | | \$ 6.51 | | \$ 0.04 | \$ 0.35 | \$ (0.06) | \$ (0.28) | | | \$ 6.56 | |
| Children's Waiver Program | | | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 | |
| Community Living Supports | Days | - | - | - | - | - | - | - | - | - | - | |
| Other | Procedures | - | - | - | - | - | - | - | - | - | - | |
| Subtotal Children's Waiver Program | | | \$ 0.00 | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 | |
| Habilitative Supports Waiver | | | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 | |
| Community Living Supports | Days | - | - | - | - | - | - | - | - | - | - | |
| Other | Procedures | - | - | - | - | - | - | - | - | - | - | |
| Skill Building | Units | - | - | - | - | - | - | - | - | - | - | |
| Vocational Supports | Units | - | - | - | - | - | - | - | - | - | - | |
| Subtotal Habilitative Supports Waiver | | | \$ 0.00 | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 | |
| Serious Emotional Disturbances | | | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 | |
| Case Management / Treatment Planning | Units | - | - | - | - | - | - | - | - | - | - | |
| Community Living Supports | Days | - | - | - | - | - | - | - | - | - | - | |
| Other | Procedures | - | - | - | - | - | - | - | - | - | - | |
| Subtotal Serious Emotional Disturbances | | | \$ 0.00 | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 | |
| Total Medical Costs | | | | | | | | | | | | |
| | | | \$ 475.68 | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 490.68 | |

| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitalization Rate Development Appendix 2 - Retrospective Rate Development Model | | | | | | | | | |
|---|--------------------------|---------------------------|--------------------------------|-----------------------------------|------------------|------------------|------------------|------------------|------------------|
| Region: Statewide | SFY 2023 Base Experience | EQI Repricing Adjustments | Policy and Program Adjustments | Adjusted SFY 2023 Base Experience | | | | | |
| Rate Cell: DAB - Unenrolled - M - 6 - 18 | Utilization per 1,000 | Utilization Adjustment | Utilization Adjustment | Utilization per 1,000 | Cost per Service | Cost per Service | Cost per Service | Cost per Service | PMPM Cost |
| Member Months: 97,407 | | | | | | | | | |
| Category of Service | Unit Type | | | | | | | | |
| Mental Health State Plan | | | | | | | | | |
| Additional Support Services | Units | 4,119.5 | \$ 89.97 | \$ 24.02 | | | | | \$ 25.80 |
| Assessive Community Treatment (ACT) | Units | 9.0 | 83.33 | 0.07 | | | | | 0.09 |
| Assessments and Testing | Procedures | 183.9 | 284.46 | 4.36 | | | | | 4.56 |
| Case Management / Treatment Planning | Units | 4,814.7 | 105.85 | 42.47 | | | | | 47.34 |
| Community Living Supports | Days | 303.7 | 128.43 | 3.25 | | | | | 1.85 |
| Crisis | Procedures | 1,104.4 | 527.27 | 4.85 | | | | | 9.28 |
| Evaluation and Management | Procedures | 360.6 | 221.97 | 6.67 | | | | | 9.13 |
| Inpatient | Days | 150.5 | 620.96 | 7.79 | | | | | 8.23 |
| Medication Administration | Procedures | 7.2 | 67.13 | 0.04 | | | | | 0.07 |
| Other | Procedures | 72.0 | 55.04 | 0.33 | | | | | 0.32 |
| Other Therapy | Procedures | 481.6 | 95.94 | 3.85 | | | | | 5.22 |
| Outpatient Services | Procedures | 13.7 | 263.35 | 0.30 | | | | | 0.36 |
| Prevention and Early Intervention | Procedures | 0.6 | 580.65 | 0.03 | | | | | 0.01 |
| Psychiatric diagnostic evaluation | Procedures | 1,110.0 | 380.54 | 3.52 | | | | | 4.19 |
| Psychotherapy | Procedures | 607.5 | 158.82 | 8.04 | | | | | 10.01 |
| Residential Services | Days | 10.5 | 538.68 | 0.47 | | | | | 0.43 |
| Subtotal Mental Health State Plan | | | \$ 110.06 | | | | | | \$ 126.89 |
| Mental Health 1915(i) | | | | | | | | | |
| Additional Support Services | Units | 31,417.4 | \$ 5.44 | \$ 14.24 | | | | | \$ 12.93 |
| Community Living Supports | Days | 3,109.4 | 160.43 | 41.57 | | | | | 30.85 |
| Other | Procedures | 381.0 | 150.54 | 4.78 | | | | | 6.74 |
| Skill Building | Units | 58.8 | 36.55 | 0.17 | | | | | 0.09 |
| Vocational Supports | Units | 39.5 | 63.60 | 0.21 | | | | | 0.19 |
| Subtotal Mental Health 1915(i) | | | \$ 60.97 | | | | | | \$ 46.76 |
| Autism | | | | | | | | | |
| Assessments and Testing | Procedures | 0.3 | 480.00 | 0.01 | | | | | 0.01 |
| Autism Services | Units | 33,635.7 | 15.16 | 42.49 | | | | | 53.81 |
| Subtotal Autism | | | \$ 42.50 | | | | | | \$ 53.82 |
| Substance Abuse State Plan | | | | | | | | | |
| Additional Support Services | Units | 5.9 | \$ 0.00 | \$ 0.00 | | | | | \$ 0.00 |
| Assessments and Testing | Procedures | 1.6 | 150.00 | 0.02 | | | | | 0.03 |
| Case Management / Treatment Planning | Units | 0.9 | 141.18 | 0.01 | | | | | 0.01 |
| Crisis | Procedures | - | - | - | | | | | - |
| Evaluation and Management | Procedures | - | - | - | | | | | - |
| Medication Administration | Procedures | - | - | - | | | | | - |
| Medication Assisted Treatment | Procedures | - | - | - | | | | | - |
| Other | Procedures | - | - | - | | | | | - |
| Outpatient Services | Procedures | 7.0 | 102.56 | 0.06 | | | | | 0.07 |
| Prevention and Early Intervention | Procedures | 1.4 | 88.24 | 0.01 | | | | | 0.01 |
| Psychiatric diagnostic evaluation | Procedures | 0.1 | - | - | | | | | - |
| Residential Services | Days | 19.7 | 322.68 | 0.53 | | | | | 0.37 |
| Withdrawal Management | Days | - | - | - | | | | | - |
| Subtotal Substance Abuse State Plan | | | \$ 0.63 | | | | | | \$ 0.49 |
| Children's Waiver Program | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | | | | | \$ 0.00 |
| Community Living Supports | Days | - | - | - | | | | | - |
| Other | Procedures | - | - | - | | | | | - |
| Subtotal Children's Waiver Program | | | \$ 0.00 | | | | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | | | | | \$ 0.00 |
| Community Living Supports | Days | - | - | - | | | | | - |
| Other | Procedures | - | - | - | | | | | - |
| Skill Building | Units | - | - | - | | | | | - |
| Vocational Supports | Units | - | - | - | | | | | - |
| Subtotal Habilitative Supports Waiver | | | \$ 0.00 | | | | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | | | | | \$ 0.00 |
| Case Management / Treatment Planning | Units | - | - | - | | | | | - |
| Community Living Supports | Days | - | - | - | | | | | - |
| Other | Procedures | - | - | - | | | | | - |
| Subtotal Serious Emotional Disturbances | | | \$ 0.00 | | | | | | \$ 0.00 |
| Total Medical Costs | | | \$ 214.16 | | | | | | \$ 229.96 |

| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitalization Rate Development Appendix 2 - Retrospective Rate Development Model | | | | | | | | | | | |
|---|------------------------|--------------------------|---------------------------|--------------------------------|-----------------------------------|-----------------|------------------------|-------------------|-----------------------|------------------|------------------|
| Region: Statewide | Member Months: 667,725 | SFY 2023 Base Experience | EQI Repricing Adjustments | Policy and Program Adjustments | Adjusted SFY 2023 Base Experience | | | | | | |
| Rate Cell: DAB - Unenrolled - M - 65+ | Category of Service | Utilization per 1,000 | Cost per Service | PMPM Cost | Utilization Adjustment | Cost Adjustment | Utilization Adjustment | Cost Adjustment | Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | |
| Additional Support Services | Units | 3,965.6 | \$ 10.50 | \$ 3.47 | \$ 0.06 | \$ 0.09 | \$ (0.34) | \$ 0.00 | 3,645.6 | \$ 10.80 | \$ 3.28 |
| Assessive Community Treatment (ACT) | Units | 448.9 | 88.22 | 3.30 | 0.06 | 0.03 | (0.06) | 0.00 | 448.9 | 89.02 | 3.33 |
| Assessments and Testing | Procedures | 78.5 | 204.74 | 1.34 | 0.03 | 0.08 | (0.04) | - | 78.5 | 217.06 | 1.41 |
| Case Management / Treatment Planning | Units | 2,014.0 | 95.16 | 15.97 | 0.55 | 2.42 | (0.85) | - | 1,976.1 | 109.85 | 18.09 |
| Community Living Supports | Days | 6,442.8 | 79.31 | 42.58 | 1.00 | (0.20) | (0.42) | - | 6,594.1 | 71.21 | 39.13 |
| Crisis | Procedures | 12.9 | 400.31 | 0.43 | 0.03 | 0.11 | (0.03) | - | 12.9 | 502.72 | 0.54 |
| Evaluation and Management | Procedures | 133.1 | 168.61 | 1.87 | 0.07 | 0.90 | (0.33) | - | 114.6 | 262.85 | 2.51 |
| Inpatient | Days | 73.0 | 159.39 | 0.87 | 0.16 | 2.78 | (0.04) | - | 85.1 | 551.48 | 3.91 |
| Medication Administration | Procedures | 51.5 | 83.82 | 0.36 | 0.02 | 0.09 | (0.04) | - | 48.7 | 106.00 | 0.43 |
| Other | Procedures | 159.3 | 69.29 | 0.92 | 0.07 | (0.04) | - | - | 171.4 | 66.50 | 0.95 |
| Other Therapy | Procedures | 6.6 | 181.54 | 0.10 | - | 0.32 | - | - | 6.6 | 762.48 | 0.42 |
| Outpatient Services | Procedures | - | - | - | - | - | - | - | - | - | - |
| Prevention and Early Intervention | Procedures | - | - | - | - | - | - | - | - | - | - |
| Psychiatric diagnostic evaluation | Procedures | 15.3 | 305.88 | 0.39 | 0.01 | 0.12 | (0.04) | - | 14.1 | 407.93 | 0.48 |
| Psychotherapy | Procedures | 58.6 | 129.08 | 0.63 | 0.02 | 0.25 | (0.12) | - | 49.3 | 189.97 | 0.78 |
| Residential Services | Days | 5.2 | 369.94 | 0.16 | - | 0.02 | (0.01) | - | 5.2 | 393.06 | 0.17 |
| Subtotal Mental Health State Plan | | | | \$ 72.49 | \$ 2.08 | \$ 6.97 | \$ (1.85) | \$ (4.26) | | | \$ 75.43 |
| Mental Health 1915(i) | | | | | | | | | | | |
| Additional Support Services | Units | 404.1 | \$ 6.24 | \$ 0.21 | \$ 0.00 | \$ 0.02 | \$ 0.00 | \$ (0.03) | 404.1 | \$ 5.94 | \$ 0.20 |
| Community Living Supports | Days | 8,204.6 | 119.63 | 82.00 | 2.28 | 13.15 | - | - | 8,432.7 | 124.70 | 87.63 |
| Other | Procedures | 32.7 | 124.69 | 0.34 | 0.04 | (0.07) | - | - | 36.6 | 101.72 | 0.31 |
| Skill Building | Units | 7,866.9 | 4.43 | 2.85 | (0.19) | 0.50 | (0.54) | - | 7,472.5 | 4.37 | 2.72 |
| Vocational Supports | Units | 1,040.3 | 9.34 | 0.81 | 0.03 | 0.28 | (0.17) | - | 976.1 | 8.24 | 0.67 |
| Subtotal Mental Health 1915(i) | | | | \$ 86.31 | \$ 2.16 | \$ 13.66 | \$ (0.08) | \$ (10.54) | | | \$ 91.53 |
| Autism | | | | | | | | | | | |
| Assessments and Testing | Procedures | - | - | - | - | - | - | - | - | - | - |
| Autism Services | Units | - | - | - | - | - | - | - | - | - | - |
| Subtotal Autism | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | | |
| Additional Support Services | Units | 182.2 | \$ 11.20 | \$ 0.17 | \$ 0.00 | \$ 0.04 | \$ (0.02) | \$ 0.00 | 160.8 | \$ 14.18 | \$ 0.19 |
| Assessments and Testing | Procedures | 25.2 | 57.05 | 0.12 | - | 0.01 | - | - | 25.2 | 61.81 | 0.13 |
| Case Management / Treatment Planning | Units | 0.3 | - | - | - | - | - | - | - | - | - |
| Crisis | Procedures | - | - | - | - | - | - | - | - | - | - |
| Evaluation and Management | Procedures | 4.2 | 86.75 | 0.03 | 0.01 | 0.01 | - | - | 4.2 | 115.66 | 0.04 |
| Medication Administration | Procedures | 3.0 | 40.68 | 0.01 | 0.01 | - | - | - | 5.9 | 40.68 | 0.02 |
| Medication Assisted Treatment | Procedures | 157.6 | 24.37 | 0.32 | 0.01 | - | - | - | 162.5 | 24.37 | 0.33 |
| Other | Procedures | 0.1 | - | - | - | - | - | - | - | - | - |
| Outpatient Services | Procedures | 112.4 | 58.74 | 0.55 | 0.04 | 0.06 | (0.01) | - | 118.5 | 64.82 | 0.64 |
| Prevention and Early Intervention | Procedures | 1.2 | 104.35 | 0.01 | - | - | - | - | 1.2 | 104.35 | 0.01 |
| Psychiatric diagnostic evaluation | Procedures | 0.5 | 222.22 | 0.01 | - | (0.01) | - | - | 0.5 | - | - |
| Residential Services | Days | 107.4 | 186.63 | 1.67 | 0.01 | 0.07 | (0.10) | - | 108.0 | 183.30 | 1.65 |
| Withdrawal Management | Days | 8.0 | 315.00 | 0.21 | - | 0.02 | (0.01) | - | 8.0 | 330.00 | 0.22 |
| Subtotal Substance Abuse State Plan | | | | \$ 3.10 | \$ 0.07 | \$ 0.20 | \$ (0.03) | \$ (0.11) | | | \$ 3.23 |
| Children's Waiver Program | | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Community Living Supports | Days | - | - | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - | - | - |
| Subtotal Children's Waiver Program | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Community Living Supports | Days | - | - | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - | - | - |
| Skill Building | Units | - | - | - | - | - | - | - | - | - | - |
| Vocational Supports | Units | - | - | - | - | - | - | - | - | - | - |
| Subtotal Habilitative Supports Waiver | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Case Management / Treatment Planning | Units | - | - | - | - | - | - | - | - | - | - |
| Community Living Supports | Days | - | - | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - | - | - |
| Subtotal Serious Emotional Disturbances | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | \$ 161.90 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 170.19 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitalization Rate Development Appendix 2 - Retrospective Rate Development Model | | | | | | | | | | | |
|---|------------------------|--------------------------|---------------------------|--------------------------------|-----------------------------------|-----------------|------------------------|-----------------|-----------------------|------------------|-----------------|
| Region: Statewide | Member Months: 177,320 | SFY 2023 Base Experience | EQI Repricing Adjustments | Policy and Program Adjustments | Adjusted SFY 2023 Base Experience | | | | | | |
| Rate Cell: HMP - Enrolled - F - 19 - 20 | Category of Service | Utilization per 1,000 | Cost per Service | PMPM Cost | Utilization Adjustment | Cost Adjustment | Utilization Adjustment | Cost Adjustment | Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | |
| Additional Support Services | Units | 173.0 | \$ 22.88 | \$ 0.33 | | | | | | | |
| Assessive Community Treatment (ACT) | Units | 72.8 | 72.55 | 0.44 | | | | | 167.8 | \$ 19.31 | \$ 0.27 |
| Assessments and Testing | Procedures | 33.3 | 188.20 | 0.55 | | | | | 72.8 | 89.04 | 0.54 |
| Case Management / Treatment Planning | Units | 370.8 | 97.72 | 3.02 | | | | | 29.1 | 181.69 | 0.44 |
| Community Living Supports | Days | 15.3 | 54.94 | 0.07 | | | | | 338.9 | 107.99 | 3.05 |
| Crisis | Procedures | 43.0 | 462.83 | 1.66 | | | | | 15.3 | 62.79 | 0.08 |
| Evaluation and Management | Procedures | 82.4 | 212.54 | 1.46 | | | | | 45.1 | 566.61 | 2.13 |
| Inpatient | Days | 137.7 | 774.62 | 8.89 | | | | | 66.1 | 261.58 | 1.44 |
| Medication Administration | Procedures | 9.4 | 114.77 | 0.09 | | | | | 151.4 | 725.47 | 9.15 |
| Other | Procedures | 9.9 | 303.64 | 0.25 | | | | | 9.4 | 114.77 | 0.09 |
| Other Therapy | Procedures | 5.7 | 105.63 | 0.05 | | | | | 9.9 | 170.04 | 0.14 |
| Outpatient Services | Procedures | 41.1 | 274.59 | 0.94 | | | | | 5.7 | 105.63 | 0.05 |
| Prevention and Early Intervention | Procedures | 0.7 | 176.47 | 0.01 | | | | | 38.9 | 354.85 | 1.15 |
| Psychiatric diagnostic evaluation | Procedures | 35.1 | 400.46 | 1.17 | | | | | 0.7 | 352.94 | 0.02 |
| Psychotherapy | Procedures | 217.4 | 189.91 | 3.44 | | | | | 31.2 | 435.17 | 1.13 |
| Residential Services | Days | 11.4 | 377.62 | 0.36 | | | | | 194.6 | 201.62 | 3.27 |
| Subtotal Mental Health State Plan | | | | | | | | | 11.4 | 451.05 | 0.43 |
| | | | | | | | | | | | \$ 23.38 |
| Mental Health 1915(i) | | | | | | | | | | | |
| Additional Support Services | Units | 248.5 | \$ 4.83 | \$ 0.10 | | | | | | | |
| Community Living Supports | Days | 108.6 | 169.14 | 1.53 | | | | | 248.5 | \$ 4.83 | \$ 0.10 |
| Other | Procedures | 8.8 | 146.79 | 0.12 | | | | | 109.3 | 150.47 | 1.37 |
| Skill Building | Units | 342.9 | 5.60 | 0.16 | | | | | 10.6 | 135.47 | 0.12 |
| Vocational Supports | Units | 64.2 | 28.05 | 0.15 | | | | | 342.9 | 4.90 | 0.14 |
| Subtotal Mental Health 1915(i) | | | | | | | | | 35.6 | 25.69 | 0.12 |
| | | | | | | | | | | | \$ 1.85 |
| Autism | | | | | | | | | | | |
| Assessments and Testing | Procedures | - | - | - | | | | | - | - | - |
| Autism Services | Units | 50.2 | 16.73 | 0.07 | | | | | 50.2 | 16.73 | 0.07 |
| Subtotal Autism | | | | | | | | | | | \$ 0.07 |
| Substance Abuse State Plan | | | | | | | | | | | |
| Additional Support Services | Units | 7.9 | \$ 15.15 | \$ 0.01 | | | | | | | |
| Assessments and Testing | Procedures | 4.7 | 75.95 | 0.03 | | | | | 7.9 | \$ 15.15 | \$ 0.01 |
| Case Management / Treatment Planning | Units | 0.5 | - | - | | | | | 4.7 | 75.95 | 0.03 |
| Crisis | Procedures | - | - | - | | | | | - | - | - |
| Evaluation and Management | Procedures | 0.5 | - | - | | | | | - | - | - |
| Medication Administration | Procedures | - | - | - | | | | | - | - | - |
| Medication Assisted Treatment | Procedures | 20.6 | 17.50 | 0.03 | | | | | 20.6 | 17.50 | 0.03 |
| Other | Procedures | - | - | - | | | | | - | - | - |
| Outpatient Services | Procedures | 15.3 | 70.63 | 0.09 | | | | | 13.6 | 79.47 | 0.09 |
| Prevention and Early Intervention | Procedures | 0.7 | - | - | | | | | - | - | - |
| Psychiatric diagnostic evaluation | Procedures | 0.1 | - | - | | | | | - | - | - |
| Residential Services | Days | 11.9 | 181.36 | 0.18 | | | | | 11.9 | 181.36 | 0.18 |
| Withdrawal Management | Days | 0.6 | 393.44 | 0.02 | | | | | 0.6 | 393.44 | 0.02 |
| Subtotal Substance Abuse State Plan | | | | | | | | | | | \$ 0.36 |
| Children's Waiver Program | | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | | | | | - | \$ 0.00 | \$ 0.00 |
| Community Living Supports | Days | - | - | - | | | | | - | - | - |
| Other | Procedures | - | - | - | | | | | - | - | - |
| Other Therapy | Procedures | - | - | - | | | | | - | - | - |
| Subtotal Children's Waiver Program | | | | | | | | | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | | | | | - | \$ 0.00 | \$ 0.00 |
| Community Living Supports | Days | - | - | - | | | | | - | - | - |
| Other | Procedures | - | - | - | | | | | - | - | - |
| Skill Building | Units | - | - | - | | | | | - | - | - |
| Vocational Supports | Units | - | - | - | | | | | - | - | - |
| Subtotal Habilitative Supports Waiver | | | | | | | | | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | | | | | - | \$ 0.00 | \$ 0.00 |
| Case Management / Treatment Planning | Units | - | - | - | | | | | - | - | - |
| Community Living Supports | Days | - | - | - | | | | | - | - | - |
| Other | Procedures | - | - | - | | | | | - | - | - |
| Other Therapy | Procedures | - | - | - | | | | | - | - | - |
| Subtotal Serious Emotional Disturbances | | | | | | | | | | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | \$ 25.66 |

| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitalization Rate Development Appendix 2 - Retrospective Rate Development Model | | | | | | | | | | |
|---|---|--------------------------|---------------------------|--------------------------------|-----------------------------------|------------------|------------------------|------------------|-----------------------|------------------|
| Region: Statewide | Rate Cell: HMP - Enrolled - F - 21 - 25 | SFY 2023 Base Experience | EQI Repricing Adjustments | Policy and Program Adjustments | Adjusted SFY 2023 Base Experience | | | | | |
| Member Months: 721,804 | Category of Service | Utilization per 1,000 | Cost per Service | PMPM Cost | Utilization Adjustment | Cost Adjustment | Utilization Adjustment | Cost Adjustment | Utilization per 1,000 | Cost per Service |
| | Unit Type | | | | | | | | | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | |
| Additional Support Services | Units | 207.8 | \$ 25.99 | \$ 0.45 | \$ (0.03) | \$ 0.00 | \$ (0.03) | \$ 0.00 | 194.0 | \$ 24.13 |
| Assessive Community Treatment (ACT) | Units | 66.6 | 72.07 | 0.40 | 0.04 | - | 0.04 | - | 63.3 | 79.66 |
| Assessments and Testing | Procedures | 31.5 | 163.71 | 0.43 | 0.01 | 0.01 | 0.06 | - | 27.9 | 168.04 |
| Case Management / Treatment Planning | Units | 388.2 | 92.43 | 2.99 | 0.04 | - | 0.36 | - | 351.8 | 104.71 |
| Community Living Supports | Days | 40.4 | 86.18 | 0.29 | - | - | (0.07) | - | 40.4 | 59.44 |
| Crisis | Procedures | 37.7 | 458.72 | 1.44 | 0.08 | 0.08 | (0.12) | - | 36.6 | 540.69 |
| Evaluation and Management | Procedures | 86.5 | 206.78 | 1.49 | (0.04) | (0.04) | (0.27) | - | 68.5 | 257.59 |
| Inpatient | Days | 131.1 | 750.86 | 8.20 | 0.67 | 0.67 | (0.41) | - | 133.5 | 713.98 |
| Medication Administration | Procedures | 10.9 | 176.80 | 0.16 | - | - | - | - | 9.9 | 108.65 |
| Other | Procedures | 0.4 | 631.58 | 0.02 | - | - | (0.03) | - | 10.9 | 143.65 |
| Other Therapy | Procedures | 0.4 | 631.58 | 0.02 | - | - | - | - | 0.4 | 631.58 |
| Outpatient Services | Procedures | 46.8 | 292.12 | 1.14 | 0.02 | 0.02 | 0.09 | - | 46.4 | 315.38 |
| Prevention and Early Intervention | Procedures | 0.8 | 315.79 | 0.02 | 0.32 | 0.32 | (0.29) | - | 12.9 | 46.44 |
| Psychiatric diagnostic evaluation | Procedures | 32.4 | 378.13 | 1.02 | (0.01) | (0.01) | 0.08 | - | 27.0 | 413.64 |
| Psychotherapy | Procedures | 214.6 | 176.70 | 3.16 | 0.13 | 0.13 | (0.69) | - | 176.6 | 195.73 |
| Residential Services | Days | 9.9 | 435.92 | 0.36 | 0.01 | 0.01 | (0.01) | - | 9.9 | 472.25 |
| Subtotal Mental Health State Plan | | | \$ 21.67 | | \$ 1.23 | \$ 0.62 | \$ (2.24) | \$ (0.04) | | \$ 21.24 |
| Mental Health 1915(i) | | | | | | | | | | |
| Additional Support Services | Units | 67.6 | \$ 7.10 | \$ 0.04 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | 67.6 | \$ 7.10 |
| Community Living Supports | Days | 71.4 | 203.18 | 1.31 | - | - | (0.08) | - | 77.4 | 176.81 |
| Other | Procedures | 0.7 | 164.38 | 0.01 | - | - | 0.07 | - | 0.7 | 164.38 |
| Skill Building | Units | 134.7 | 4.46 | 0.05 | - | - | 0.03 | - | 80.8 | 7.43 |
| Vocational Supports | Units | 33.6 | 75.00 | 0.21 | - | - | (0.01) | - | 32.0 | 67.50 |
| Subtotal Mental Health 1915(i) | | | \$ 1.62 | | \$ 0.00 | \$ (0.09) | \$ (0.03) | \$ (0.11) | | \$ 1.42 |
| Autism | | | | | | | | | | |
| Assessments and Testing | Procedures | - | - | - | - | - | - | - | - | - |
| Autism Services | Units | - | - | - | - | - | - | - | - | - |
| Subtotal Autism | | | \$ 0.00 | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | |
| Additional Support Services | Units | 86.3 | \$ 12.24 | \$ 0.09 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | 88.3 | \$ 12.24 |
| Assessments and Testing | Procedures | 12.4 | 77.48 | 0.08 | 0.01 | 0.01 | - | - | 12.4 | 87.17 |
| Case Management / Treatment Planning | Units | 1.9 | 127.66 | 0.02 | - | - | - | - | 1.9 | 191.49 |
| Crisis | Procedures | - | - | - | - | - | - | - | - | - |
| Evaluation and Management | Procedures | 3.9 | 92.54 | 0.03 | - | - | - | - | 3.9 | 92.54 |
| Medication Administration | Procedures | 0.7 | 15.58 | 0.12 | - | - | - | - | 92.5 | 15.58 |
| Medication Assisted Treatment | Procedures | 92.5 | 15.58 | 0.12 | - | - | - | - | 92.5 | 15.58 |
| Other | Procedures | 0.2 | - | - | - | - | - | - | - | - |
| Outpatient Services | Procedures | 82.0 | 76.13 | 0.52 | 0.03 | 0.03 | - | - | 86.7 | 87.21 |
| Prevention and Early Intervention | Procedures | 0.9 | 136.36 | 0.01 | - | - | - | - | 0.9 | 136.36 |
| Psychiatric diagnostic evaluation | Procedures | 0.1 | - | - | - | - | - | - | - | - |
| Residential Services | Days | 70.8 | 176.30 | 1.04 | 0.01 | 0.01 | - | - | 71.5 | 167.90 |
| Withdrawal Management | Days | 5.1 | 373.54 | 0.16 | - | - | - | - | 5.1 | 350.19 |
| Subtotal Substance Abuse State Plan | | | \$ 2.07 | | \$ 0.04 | \$ 0.11 | \$ 0.00 | \$ (0.07) | | \$ 2.15 |
| Children's Waiver Program | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 |
| Community Living Supports | Days | - | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - | - |
| Subtotal Children's Waiver Program | | | \$ 0.00 | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 |
| Community Living Supports | Days | - | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - | - |
| Skill Building | Units | - | - | - | - | - | - | - | - | - |
| Vocational Supports | Units | - | - | - | - | - | - | - | - | - |
| Subtotal Habilitative Supports Waiver | | | \$ 0.00 | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 |
| Case Management / Treatment Planning | Units | - | - | - | - | - | - | - | - | - |
| Community Living Supports | Days | - | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - | - |
| Subtotal Serious Emotional Disturbances | | | \$ 0.00 | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | \$ 0.00 |
| Total Medical Costs | | | \$ 25.36 | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | \$ 24.81 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitalization Rate Development Appendix 2 - Retrospective Rate Development Model | | | | | | | | | |
|---|---|--------------------------|--------------------------------|---------------------------|------------------------|-----------------|------------------------|-----------------------------------|------------------|
| Region: Statewide | Rate Call: HMP - Enclosed - F - 26 - 39 | SFY 2023 Base Experience | Policy and Program Adjustments | EQI Repricing Adjustments | Utilization Adjustment | Cost Adjustment | Utilization Adjustment | Adjusted SFY 2023 Base Experience | PMPM Cost |
| Member Months: 1,613,525 | Category of Service | Utilization per 1,000 | Cost per Service | PMPM Cost | Utilization Adjustment | Cost Adjustment | Utilization Adjustment | Utilization per 1,000 | Cost per Service |
| Mental Health State Plan | | | | | | | | | |
| Additional Support Services | Units | 386.7 | \$ 18.31 | \$ 0.59 | | | | | \$ 20.38 |
| Assessments and Testing (ACT) | Units | 72.7 | 102.30 | 0.62 | | | | 347.4 | \$ 71.6 |
| Case Management / Treatment Planning | Procedures | 43.4 | 146.61 | 0.53 | | | | 39.3 | 105.65 |
| Crisis | Units | 506.3 | 87.94 | 3.71 | | | | 449.0 | 155.76 |
| Evaluation and Management | Days | 24.9 | 67.44 | 0.14 | | | | 24.9 | 102.64 |
| Inpatient | Procedures | 39.1 | 481.35 | 1.57 | | | | 38.9 | 57.81 |
| Medication Administration | Procedures | 116.0 | 196.60 | 1.90 | | | | 90.3 | 543.07 |
| Other | Days | 152.1 | 102.47 | 0.18 | | | | 147.0 | 245.77 |
| Outpatient Services | Procedures | 22.9 | 382.98 | 0.03 | | | | 22.9 | 141.61 |
| Prevention and Early Intervention | Procedures | 38.0 | 305.99 | 0.97 | | | | 37.3 | 384.00 |
| Psychiatric diagnostic evaluation | Procedures | 0.5 | 280.87 | 0.01 | | | | 0.9 | 318.84 |
| Psychiatry | Procedures | 37.3 | 366.85 | 1.14 | | | | 31.7 | 391.30 |
| Residential Services | Procedures | 227.1 | 175.41 | 3.32 | | | | 188.8 | 408.45 |
| Subtotal Mental Health State Plan | Days | 15.1 | 406.37 | 0.51 | \$ 1.16 | \$ 1.17 | \$ (3.21) | 14.5 | 195.11 |
| | | | | | | | | | 464.41 |
| | | | | | | | | | \$ 24.24 |
| Mental Health 1915(i) | | | | | | | | | |
| Additional Support Services | Units | 10.2 | \$ 11.78 | \$ 0.01 | | | | 10.2 | \$ 11.78 |
| Community Living Supports | Days | 63.0 | 180.98 | 0.95 | | | | 62.3 | 175.20 |
| Other | Procedures | 0.9 | 266.67 | 0.02 | | | | 0.9 | 266.67 |
| Skill Building | Units | 101.1 | 3.93 | 0.05 | | | | 80.9 | 7.42 |
| Vocational Supports | Units | 88.2 | 46.27 | 0.34 | | | | 80.4 | 40.30 |
| Subtotal Mental Health 1915(i) | | | | | \$ (0.01) | \$ 0.06 | \$ (0.04) | | \$ 1.26 |
| Autism | | | | | | | | | |
| Assessments and Testing | Procedures | - | - | - | | | | - | - |
| Autism Services | Units | - | - | - | | | | - | - |
| Subtotal Autism | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | |
| Additional Support Services | Units | 262.1 | \$ 15.11 | \$ 0.33 | | | | 254.1 | \$ 16.53 |
| Assessments and Testing | Procedures | 89.6 | 45.53 | 0.34 | | | | 89.6 | 46.86 |
| Case Management / Treatment Planning | Units | 8.1 | 118.37 | 0.08 | | | | 8.1 | 133.17 |
| Crisis | Procedures | 0.1 | - | - | | | | - | - |
| Evaluation and Management | Procedures | 42.1 | 82.74 | 0.29 | | | | 42.1 | 82.74 |
| Medication Administration | Procedures | 8.2 | 29.16 | 0.02 | | | | 16.5 | 29.16 |
| Medication Assisted Treatment | Procedures | 1,706.6 | 16.52 | 2.35 | | | | 1,728.4 | 16.59 |
| Other | Procedures | 1.8 | - | - | | | | - | - |
| Outpatient Services | Procedures | 350.2 | 76.42 | 2.23 | | | | 345.5 | 81.63 |
| Prevention and Early Intervention | Procedures | 5.9 | 101.69 | 0.05 | | | | 5.9 | 81.36 |
| Psychiatric diagnostic evaluation | Procedures | 0.6 | 196.72 | 0.01 | | | | 0.6 | 196.72 |
| Residential Services | Days | 227.5 | 175.63 | 3.33 | | | | 230.9 | 170.43 |
| Withdrawal Management | Days | 25.3 | 356.29 | 0.75 | | | | 26.3 | 342.60 |
| Subtotal Substance Abuse State Plan | | | | | \$ 0.10 | \$ 0.31 | \$ (0.01) | | \$ 9.94 |
| Children's Waiver Program | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | | | | - | \$ 0.00 |
| Community Living Supports | Days | - | - | - | | | | - | - |
| Other | Procedures | - | - | - | | | | - | - |
| Subtotal Children's Waiver Program | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | | | | - | \$ 0.00 |
| Community Living Supports | Days | - | - | - | | | | - | - |
| Other | Procedures | - | - | - | | | | - | - |
| Skill Building | Units | - | - | - | | | | - | - |
| Vocational Supports | Units | - | - | - | | | | - | - |
| Subtotal Habilitative Supports Waiver | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | | | | - | \$ 0.00 |
| Case Management / Treatment Planning | Units | - | - | - | | | | - | - |
| Community Living Supports | Days | - | - | - | | | | - | - |
| Other | Procedures | - | - | - | | | | - | - |
| Subtotal Serious Emotional Disturbances | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | |
| | | | | | | | | | \$ 36.32 |
| | | | | | | | | | \$ 35.44 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitalization Rate Development Appendix 2 - Retrospective Rate Development Model | | | | | | | | | | | | | | |
|---|---|------------------------|---------------------|------------|--|---------------------|-----------|--|--------------------|---|--------------------|---|---------------------|-----------|
| Region: Statewide | Rate Cell: HMP - Enrolled - F - 40 - 49 | Member Months: 866,304 | Category of Service | Unit Type | SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | EQI Repricing Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 478.8 | \$ 17.11 | \$ 0.68 | \$ 0.02 | \$ 0.01 | \$ (0.06) | \$ 0.00 | 448.8 | \$ 17.38 | \$ 0.65 |
| | Assessments and Testing (ACT) | | | Units | 67.8 | 86.70 | 0.49 | 0.03 | 0.06 | (0.03) | 0.00 | 67.8 | 97.32 | 0.55 |
| | Case Management / Treatment Planning | | | Units | 43.0 | 139.50 | 0.50 | 0.01 | 0.04 | (0.05) | 0.00 | 39.6 | 151.63 | 0.50 |
| | Community Living Supports | | | Days | 617.7 | 85.67 | 4.41 | 0.06 | 0.68 | (0.46) | 0.00 | 561.7 | 100.19 | 4.69 |
| | Crisis | | | Units | 19.1 | 144.43 | 0.23 | - | (0.10) | - | (0.01) | 19.1 | 75.35 | 0.12 |
| | Evaluation and Management | | | Procedures | 31.6 | 463.14 | 1.22 | 0.11 | 0.37 | (0.06) | 0.00 | 32.9 | 521.42 | 1.43 |
| | Inpatient | | | Procedures | 137.3 | 188.76 | 2.16 | (0.03) | 0.01 | (0.36) | 0.00 | 112.5 | 228.21 | 2.14 |
| | Medication Administration | | | Procedures | 126.4 | 782.59 | 8.24 | 1.00 | (0.80) | (0.81) | 0.00 | 129.3 | 708.34 | 7.63 |
| | Other | | | Procedures | 21.2 | 102.08 | 0.18 | 0.01 | (0.01) | (0.02) | 0.00 | 20.0 | 108.11 | 0.18 |
| | Outpatient Services | | | Procedures | 24.5 | 122.25 | 0.25 | (0.01) | 0.02 | - | 0.00 | 23.6 | 112.05 | 0.22 |
| | Prevention and Early Intervention | | | Procedures | 0.2 | 666.67 | 0.01 | - | - | - | 0.00 | 0.2 | 666.67 | 0.01 |
| | Psychiatric diagnostic evaluation | | | Procedures | 21.0 | 308.28 | 0.54 | 0.06 | 0.08 | (0.02) | 0.00 | 22.6 | 350.75 | 0.66 |
| | Residential Services | | | Procedures | 0.0 | - | - | - | - | - | 0.00 | - | - | - |
| | Subtotal Mental Health State Plan | | | Days | 220.8 | 168.50 | 3.10 | 0.14 | 0.34 | (0.58) | 0.00 | 189.4 | 190.04 | 3.00 |
| | Subtotal Mental Health State Plan | | | Days | 12.4 | 476.11 | 0.49 | 0.05 | (0.02) | 0.00 | (0.03) | 13.6 | 432.04 | 0.49 |
| | Subtotal Mental Health State Plan | | | | | | \$ 23.53 | \$ 1.44 | \$ 0.87 | \$ (2.54) | \$ (0.04) | | | \$ 23.26 |
| Mental Health 1915(i) | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 14.6 | \$ 8.25 | \$ 0.01 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | 14.6 | \$ 8.25 | \$ 0.01 |
| | Community Living Supports | | | Days | 70.1 | 130.16 | 0.76 | (0.01) | (0.05) | - | 0.00 | 69.2 | 112.80 | 0.65 |
| | Other | | | Units | 0.2 | - | - | - | - | - | - | - | - | - |
| | Skill Building | | | Units | 103.0 | 6.99 | 0.06 | - | (0.01) | (0.01) | 0.00 | 103.0 | 4.66 | 0.04 |
| | Subtotal Mental Health 1915(i) | | | Units | 232.3 | 26.34 | 0.51 | \$ (0.01) | \$ (0.10) | \$ (0.01) | \$ (0.09) | 227.8 | 22.66 | 0.43 |
| | Subtotal Mental Health 1915(i) | | | | | | \$ 1.34 | \$ (0.01) | \$ (0.10) | \$ (0.01) | \$ (0.09) | | | \$ 1.13 |
| Autism | | | | | | | | | | | | | | |
| | Assessments and Testing | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Autism Services | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Autism | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 370.7 | \$ 13.92 | \$ 0.43 | \$ 0.00 | \$ 0.06 | \$ 0.00 | \$ 0.00 | 370.7 | \$ 15.86 | \$ 0.49 |
| | Assessments and Testing | | | Procedures | 100.4 | 44.21 | 0.37 | - | 0.01 | - | 0.00 | 100.4 | 0.38 | 0.38 |
| | Case Management / Treatment Planning | | | Units | 9.3 | 116.38 | 0.09 | - | 0.01 | - | 0.00 | 9.3 | 129.31 | 0.10 |
| | Crisis | | | Procedures | 0.1 | - | - | - | - | - | - | - | - | - |
| | Evaluation and Management | | | Procedures | 47.3 | 83.81 | 0.33 | 0.02 | 0.01 | - | 0.00 | 47.3 | 86.35 | 0.34 |
| | Medication Administration | | | Procedures | 7.5 | 32.09 | 0.02 | 0.02 | (0.01) | - | 0.00 | 15.0 | 24.06 | 0.03 |
| | Medication Assisted Treatment | | | Procedures | 2,261.8 | 16.82 | 3.17 | 0.02 | 0.01 | - | 0.00 | 2,276.0 | 16.87 | 3.20 |
| | Other | | | Procedures | 1.7 | - | - | - | - | - | - | - | - | - |
| | Outpatient Services | | | Procedures | 417.1 | 74.23 | 2.58 | (0.01) | 0.23 | (0.03) | 0.00 | 410.6 | 80.96 | 2.77 |
| | Prevention and Early Intervention | | | Procedures | 5.0 | 144.29 | 0.06 | - | (0.02) | - | 0.00 | 5.0 | 96.19 | 0.04 |
| | Psychiatric diagnostic evaluation | | | Procedures | 0.6 | 214.29 | 0.01 | - | - | - | 0.00 | 0.6 | 214.29 | 0.01 |
| | Residential Services | | | Days | 259.0 | 175.57 | 3.79 | 0.05 | 0.11 | - | (0.22) | 262.5 | 170.54 | 3.73 |
| | Withdrawal Management | | | Days | 25.3 | 351.13 | 0.74 | 0.01 | 0.02 | - | (0.04) | 25.6 | 341.79 | 0.73 |
| | Subtotal Substance Abuse State Plan | | | | | | \$ 11.59 | \$ 0.09 | \$ 0.43 | \$ (0.03) | \$ (0.26) | | | \$ 11.82 |
| Children's Waiver Program | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Children's Waiver Program | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Vocational Supports | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Habilitative Supports Waiver | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Serious Emotional Disturbances | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | | | |
| | | | | | | | \$ 36.46 | | | | | | | \$ 36.21 |

| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitalization Rate Development Appendix 2 - Retrospective Rate Development Model | | | | | | | | | | | | | |
|---|--------------------------|--|-----------|---|--|-----------------|---|--|--|---|--|---|-----------------|
| Region: Statewide | Member Months: 1,242,089 | Category of Service | Unit Type | SFY 2023 Base Experience Utilization per 1,000 | SFY 2023 Base Experience Cost per Service | PMPM Cost | EQI Repricing Adjustments Utilization Adjustment | EQI Repricing Adjustments Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Policy and Program Adjustments Cost Adjustment | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Adjusted SFY 2023 Base Experience Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | |
| | | Additional Support Services | Units | 386.3 | \$ 15.53 | \$ 0.50 | \$ 0.05 | \$ 0.00 | \$ (0.07) | \$ 0.00 | 370.8 | \$ 15.86 | \$ 0.49 |
| | | Assessments and Testing (ACT) | Units | 56.2 | 106.69 | 0.50 | 0.01 | \$ 0.00 | (0.02) | \$ 0.00 | 55.1 | 108.85 | 0.50 |
| | | Case Management / Treatment Planning | Units | 32.0 | 146.11 | 0.39 | 0.01 | \$ 0.00 | (0.04) | \$ 0.00 | 29.6 | 154.21 | 0.38 |
| | | Community Living Supports | Units | 486.5 | 83.86 | 3.40 | 0.05 | (0.36) | (0.03) | \$ 0.00 | 442.2 | 97.97 | 3.61 |
| | | Crisis | Units | 37.0 | 77.82 | 0.24 | 0.02 | (0.02) | (0.06) | \$ 0.00 | 40.1 | 77.82 | 0.26 |
| | | Evaluation and Management | Units | 16.3 | 487.38 | 0.66 | 0.07 | (0.03) | (0.06) | \$ 0.00 | 16.5 | 552.73 | 0.76 |
| | | Inpatient | Units | 102.0 | 178.88 | 1.52 | (0.03) | (0.30) | (0.23) | \$ 0.00 | 84.5 | 218.62 | 1.54 |
| | | Medication Administration | Units | 70.3 | 777.22 | 4.55 | 0.01 | (0.48) | (0.02) | \$ 0.00 | 71.2 | 726.61 | 4.31 |
| | | Other | Units | 13.2 | 109.09 | 0.12 | 0.01 | (0.03) | (0.02) | \$ 0.00 | 12.1 | 119.01 | 0.12 |
| | | Outpatient Services | Units | 17.1 | 133.65 | 0.19 | 0.03 | (0.02) | (0.01) | \$ 0.00 | 17.1 | 112.54 | 0.16 |
| | | Prevention and Early Intervention | Units | 0.5 | 734.69 | 0.03 | 0.03 | (0.01) | (0.01) | \$ 0.00 | 0.8 | 439.02 | 0.03 |
| | | Psychiatric diagnostic evaluation | Units | 23.3 | 355.21 | 0.69 | (0.01) | 0.07 | (0.08) | \$ 0.00 | 20.3 | 396.65 | 0.67 |
| | | Psychiatry | Units | 175.6 | 174.96 | 2.56 | 0.15 | (0.45) | (0.05) | \$ 0.00 | 155.0 | 196.65 | 2.54 |
| | | Residential Services | Units | 9.7 | 397.10 | 0.32 | 0.02 | (0.01) | (0.01) | \$ 0.00 | 10.0 | 421.26 | 0.35 |
| | | Subtotal Mental Health State Plan | | | | \$ 16.03 | \$ 0.91 | \$ 1.00 | \$ (1.78) | \$ (0.02) | 10.0 | \$ 16.11 | |
| Mental Health 1915(i) | | | | | | | | | | | | | |
| | | Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | | Community Living Supports | Units | 85.4 | 112.43 | 0.80 | 0.05 | (0.15) | - | (0.07) | 90.7 | 123.00 | 0.93 |
| | | Other | Units | 63.1 | 7.61 | 0.04 | 0.02 | (0.02) | - | - | 94.6 | 5.08 | 0.04 |
| | | Skill Building | Units | 167.3 | 23.67 | 0.33 | 0.01 | (0.02) | (0.05) | (0.02) | 147.1 | 23.67 | 0.29 |
| | | Subtotal Mental Health 1915(i) | | | | \$ 1.17 | \$ 0.08 | \$ 0.15 | \$ (0.05) | \$ (0.09) | | \$ 1.26 | |
| Autism | | | | | | | | | | | | | |
| | | Assessments and Testing | Units | - | - | - | - | - | - | - | - | - | - |
| | | Autism Services | Units | - | - | - | - | - | - | - | - | - | - |
| | | Subtotal Autism | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | \$ 0.00 | |
| Substance Abuse State Plan | | | | | | | | | | | | | |
| | | Additional Support Services | Units | 153.5 | \$ 14.07 | \$ 0.18 | \$ 0.00 | \$ 0.05 | \$ 0.00 | \$ 0.00 | 153.5 | \$ 17.98 | \$ 0.23 |
| | | Assessments and Testing | Units | 58.8 | 42.89 | 0.21 | - | - | - | - | 58.8 | 42.89 | 0.21 |
| | | Case Management / Treatment Planning | Units | 3.9 | 124.03 | 0.04 | - | - | - | - | 3.9 | 124.03 | 0.04 |
| | | Crisis | Units | 0.0 | - | - | - | - | - | - | - | - | - |
| | | Evaluation and Management | Units | 21.1 | 85.51 | 0.15 | 0.02 | (0.01) | - | - | 21.1 | 85.51 | 0.15 |
| | | Medication Administration | Units | 7.3 | 33.10 | 0.02 | 0.02 | (0.01) | - | - | 14.5 | 24.83 | 0.03 |
| | | Medication Assisted Treatment | Units | 1,094.8 | 17.21 | 1.57 | 0.02 | 0.01 | - | - | 1,108.7 | 17.32 | 1.60 |
| | | Other | Units | 0.3 | - | - | - | - | - | - | - | - | - |
| | | Outpatient Services | Units | 199.9 | 76.23 | 1.27 | 0.01 | - | (0.02) | \$ 0.00 | 198.4 | 82.27 | 1.36 |
| | | Prevention and Early Intervention | Units | 1.8 | 137.14 | 0.02 | - | (0.01) | - | - | 1.8 | 68.57 | 0.01 |
| | | Psychiatric diagnostic evaluation | Units | 0.3 | - | - | - | - | - | - | - | - | - |
| | | Residential Services | Units | 132.0 | 179.06 | 1.97 | 0.03 | (0.05) | - | (0.12) | 134.0 | 172.80 | 1.93 |
| | | Withdrawal Management | Units | 13.1 | 366.41 | 0.40 | 0.01 | (0.01) | - | (0.02) | 13.4 | 339.54 | 0.38 |
| | | Subtotal Substance Abuse State Plan | | | | \$ 5.83 | \$ 0.09 | \$ 0.18 | \$ (0.02) | \$ (0.14) | | \$ 5.94 | |
| Children's Waiver Program | | | | | | | | | | | | | |
| | | Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | | Community Living Supports | Units | - | - | - | - | - | - | - | - | - | - |
| | | Other | Units | - | - | - | - | - | - | - | - | - | - |
| | | Subtotal Children's Waiver Program | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | \$ 0.00 | |
| Habilitative Supports Waiver | | | | | | | | | | | | | |
| | | Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | | Community Living Supports | Units | - | - | - | - | - | - | - | - | - | - |
| | | Other | Units | - | - | - | - | - | - | - | - | - | - |
| | | Skill Building | Units | - | - | - | - | - | - | - | - | - | - |
| | | Vocational Supports | Units | - | - | - | - | - | - | - | - | - | - |
| | | Subtotal Habilitative Supports Waiver | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | \$ 0.00 | |
| Serious Emotional Disturbances | | | | | | | | | | | | | |
| | | Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | | Case Management / Treatment Planning | Units | - | - | - | - | - | - | - | - | - | - |
| | | Community Living Supports | Units | - | - | - | - | - | - | - | - | - | - |
| | | Other | Units | - | - | - | - | - | - | - | - | - | - |
| | | Subtotal Serious Emotional Disturbances | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | \$ 0.00 | |
| Total Medical Costs | | | | | | | | | | | | | |
| | | | | | | \$ 23.03 | | | | | | | \$ 23.31 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitalization Rate Development Appendix 2 - Retrospective Rate Development Model | | | | | | | | | |
|---|--|--------------------------|---------------------------|--------------------------------|-----------------------------------|------------------|-----------------------|------------------|-----------------|
| Region: Statewide | Rate Cells: HMP - Enrolled - M - 19 - 20 | SFY 2023 Base Experience | EQI Repricing Adjustments | Policy and Program Adjustments | Adjusted SFY 2023 Base Experience | PMPM Cost | Utilization per 1,000 | Cost per Service | PMPM Cost |
| Member Months: 184,303 | Category of Service | Utilization per 1,000 | Utilization Adjustment | Utilization Adjustment | Utilization per 1,000 | Cost per Service | Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | |
| Additional Support Services | Units | 331.5 | \$ 24.62 | \$ 0.68 | | | | | |
| Assessments and Testing (ACT) | Units | 46.8 | 94.97 | 0.37 | | | | | |
| Assessments and Testing | Procedures | 28.9 | 178.51 | 0.40 | | | | | |
| Case Management / Treatment Planning | Units | 316.1 | 99.83 | 2.83 | | | | | |
| Community Living Supports | Days | 39.0 | 49.23 | 0.16 | | | | | |
| Crisis | Procedures | 28.8 | 482.66 | 1.16 | | | | | |
| Evaluation and Management | Procedures | 66.7 | 206.99 | 1.15 | | | | | |
| Inpatient | Days | 144.3 | 758.53 | 9.12 | | | | | |
| Medication Administration | Procedures | 16.2 | 111.46 | (0.01) | | | | | |
| Other | Procedures | 7.3 | 164.61 | 0.10 | | | | | |
| Other Therapy | Procedures | 1.6 | 76.92 | 0.01 | | | | | |
| Outpatient Services | Procedures | 13.4 | 348.99 | 0.39 | | | | | |
| Prevention and Early Intervention | Procedures | 0.5 | 230.77 | 0.01 | | | | | |
| Psychiatric diagnostic evaluation | Procedures | 27.6 | 412.89 | 0.95 | | | | | |
| Psychotherapy | Procedures | 100.1 | 167.77 | 1.40 | | | | | |
| Residential Services | Days | 4.3 | 334.88 | 0.12 | | | | | |
| Subtotal Mental Health State Plan | | | \$ 18.80 | \$ 0.30 | | | | | \$ 19.32 |
| Mental Health 1915(i) | | | | | | | | | |
| Additional Support Services | Units | 186.7 | \$ 5.14 | \$ 0.08 | | | | | |
| Community Living Supports | Days | 187.3 | 171.10 | 2.87 | | | | | |
| Other | Procedures | 3.9 | 61.38 | 0.01 | | | | | |
| Skill Building | Units | 153.5 | 9.36 | 0.12 | | | | | |
| Vocational Supports | Units | 107.2 | 30.21 | 0.27 | | | | | |
| Subtotal Mental Health 1915(i) | | | \$ 3.16 | \$ 0.05 | | | | | \$ 2.94 |
| Autism | | | | | | | | | |
| Assessments and Testing | Procedures | - | - | - | | | | | |
| Autism Services | Units | 399.5 | 22.23 | 0.74 | | | | | |
| Subtotal Autism | | | \$ 0.74 | \$ (0.05) | | | | | \$ 0.67 |
| Substance Abuse State Plan | | | | | | | | | |
| Additional Support Services | Units | 22.7 | \$ 10.58 | \$ 0.02 | | | | | |
| Assessments and Testing | Procedures | 5.6 | 128.57 | 0.06 | | | | | |
| Case Management / Treatment Planning | Units | 1.4 | 167.83 | 0.02 | | | | | |
| Crisis | Procedures | - | - | - | | | | | |
| Evaluation and Management | Procedures | 1.8 | 65.93 | 0.01 | | | | | |
| Medication Administration | Procedures | 6.6 | 18.24 | 0.01 | | | | | |
| Medication Assisted Treatment | Procedures | 8.3 | 14.41 | (0.01) | | | | | |
| Other | Procedures | 0.6 | - | - | | | | | |
| Outpatient Services | Procedures | 48.2 | 72.23 | 0.29 | | | | | |
| Prevention and Early Intervention | Procedures | 0.9 | 141.18 | 0.01 | | | | | |
| Psychiatric diagnostic evaluation | Procedures | 24.4 | 181.82 | 0.37 | | | | | |
| Residential Services | Days | 1.6 | 384.62 | 0.05 | | | | | |
| Withdrawal Management | Days | - | - | - | | | | | |
| Subtotal Substance Abuse State Plan | | | \$ 0.85 | \$ 0.03 | | | | | \$ 0.89 |
| Children's Waiver Program | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | | | | | |
| Community Living Supports | Days | - | - | - | | | | | |
| Other | Procedures | - | - | - | | | | | |
| Subtotal Children's Waiver Program | | | \$ 0.00 | \$ 0.00 | | | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | | | | | |
| Community Living Supports | Days | - | - | - | | | | | |
| Other | Procedures | - | - | - | | | | | |
| Skill Building | Units | - | - | - | | | | | |
| Vocational Supports | Units | - | - | - | | | | | |
| Subtotal Habilitative Supports Waiver | | | \$ 0.00 | \$ 0.00 | | | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | | | | | |
| Case Management / Treatment Planning | Units | - | - | - | | | | | |
| Community Living Supports | Days | - | - | - | | | | | |
| Other | Procedures | - | - | - | | | | | |
| Other Therapy | Procedures | - | - | - | | | | | |
| Subtotal Serious Emotional Disturbances | | | \$ 0.00 | \$ 0.00 | | | | | \$ 0.00 |
| Total Medical Costs | | | \$ 23.55 | \$ 0.00 | | | | | \$ 23.82 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitalization Rate Development Appendix 2 - Retrospective Rate Development Model | | | | | | | | | | | | | | |
|---|------------------------|--------------------------|---------------------------|--------------------------------|-----------------------------------|------------------------|---------------------|------------|-----------------------|-----------|------------------|-----------------------|------------------|-----------------|
| Region: Statewide | Member Months: 940,749 | SFY 2023 Base Experience | EQI Repricing Adjustments | Policy and Program Adjustments | Adjusted SFY 2023 Base Experience | Member Months: 940,749 | Category of Service | Unit Type | Utilization per 1,000 | PMPM Cost | Cost per Service | Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | | |
| Additional Support Services | | 432.3 | \$ 10.55 | \$ 0.38 | | | | Units | | | | | | \$ 0.43 |
| Assessments and Testing (ACT) | | 76.3 | 102.30 | 0.65 | | | | Units | | | | | | 0.69 |
| Case Management / Treatment Planning | | 58.7 | 130.75 | 0.64 | | | | Units | | | | | | 0.64 |
| Community Living Supports | | 580.2 | 85.43 | 4.13 | | | | Days | | | | | | 4.49 |
| Crisis | | 43.4 | 69.09 | 0.25 | | | | Units | | | | | | 0.23 |
| Evaluation and Management | | 44.1 | 473.79 | 1.74 | | | | Procedures | | | | | | 2.07 |
| Inpatient | | 124.0 | 184.85 | 1.91 | | | | Days | | | | | | 2.01 |
| Medication Administration | | 169.0 | 753.24 | 10.61 | | | | Procedures | | | | | | 10.40 |
| Other | | 24.3 | 133.61 | 0.27 | | | | Procedures | | | | | | 0.27 |
| Outpatient Services | | 0.2 | 1,000.00 | 0.02 | | | | Procedures | | | | | | 0.21 |
| Prevention and Early Intervention | | 8.5 | 296.12 | 0.21 | | | | Procedures | | | | | | 0.22 |
| Psychiatric diagnostic evaluation | | 0.0 | | | | | | Procedures | | | | | | |
| Residential Services | | 161.0 | 378.91 | 1.15 | | | | Procedures | | | | | | 1.16 |
| Subtotal Mental Health State Plan | | 14.0 | 429.49 | 0.50 | | | | Days | | | | | | 0.52 |
| | | | | | | | | | | | | | | \$ 25.61 |
| Mental Health 1915(i) | | | | | | | | | | | | | | |
| Additional Support Services | | | \$ 0.00 | \$ 0.00 | | | | Units | | | | | | \$ 0.00 |
| Community Living Supports | | 83.4 | 192.85 | 1.34 | | | | Days | | | | | | 1.30 |
| Other | | 0.6 | | | | | | Procedures | | | | | | |
| Skill Building | | 219.3 | 4.40 | 0.08 | | | | Units | | | | | | 0.07 |
| Subtotal Mental Health 1915(i) | | 84.3 | 66.90 | 0.47 | | | | Units | | | | | | 0.34 |
| | | | | | | | | | | | | | | \$ 1.71 |
| Autism | | | | | | | | | | | | | | |
| Assessments and Testing | | | | | | | | Procedures | | | | | | |
| Autism Services | | | | | | | | Units | | | | | | |
| Subtotal Autism | | | | | | | | | | | | | | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | | | | | |
| Additional Support Services | | 896.2 | \$ 11.38 | \$ 0.85 | | | | Units | | | | | | \$ 0.99 |
| Assessments and Testing | | 181.2 | 47.03 | 0.71 | | | | Procedures | | | | | | 0.74 |
| Case Management / Treatment Planning | | 14.1 | 119.40 | 0.14 | | | | Units | | | | | | 0.15 |
| Crisis | | 0.2 | | | | | | Procedures | | | | | | |
| Evaluation and Management | | 66.3 | 83.28 | 0.46 | | | | Procedures | | | | | | 0.47 |
| Medication Administration | | 26.4 | 27.27 | 0.06 | | | | Procedures | | | | | | 0.09 |
| Medication Assisted Treatment | | 3,088.9 | 16.47 | 4.24 | | | | Procedures | | | | | | 4.26 |
| Other | | 2.9 | 41.67 | 0.01 | | | | Procedures | | | | | | 0.01 |
| Outpatient Services | | 769.8 | 68.90 | 4.42 | | | | Procedures | | | | | | 4.79 |
| Prevention and Early Intervention | | 7.6 | 94.36 | 0.06 | | | | Procedures | | | | | | 0.04 |
| Psychiatric diagnostic evaluation | | 1.4 | 251.75 | 0.03 | | | | Procedures | | | | | | 0.03 |
| Residential Services | | 620.6 | 177.12 | 9.16 | | | | Days | | | | | | 9.02 |
| Withdrawal Management | | 70.5 | 355.80 | 2.09 | | | | Days | | | | | | 2.07 |
| Subtotal Substance Abuse State Plan | | | | | | | | | | | | | | \$ 22.66 |
| Children's Waiver Program | | | | | | | | | | | | | | |
| Additional Support Services | | | \$ 0.00 | \$ 0.00 | | | | Units | | | | | | \$ 0.00 |
| Community Living Supports | | | | | | | | Days | | | | | | |
| Other | | | | | | | | Procedures | | | | | | |
| Subtotal Children's Waiver Program | | | | | | | | | | | | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | | | |
| Additional Support Services | | | \$ 0.00 | \$ 0.00 | | | | Units | | | | | | \$ 0.00 |
| Community Living Supports | | | | | | | | Days | | | | | | |
| Other | | | | | | | | Procedures | | | | | | |
| Skill Building | | | | | | | | Units | | | | | | |
| Vocational Supports | | | | | | | | Units | | | | | | |
| Subtotal Habilitative Supports Waiver | | | | | | | | | | | | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | | | |
| Additional Support Services | | | \$ 0.00 | \$ 0.00 | | | | Units | | | | | | \$ 0.00 |
| Case Management / Treatment Planning | | | | | | | | Units | | | | | | |
| Community Living Supports | | | | | | | | Days | | | | | | |
| Other | | | | | | | | Procedures | | | | | | |
| Other Therapy | | | | | | | | Procedures | | | | | | |
| Subtotal Serious Emotional Disturbances | | | | | | | | | | | | | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | | | \$ 49.98 |

| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitalization Rate Development Appendix 2 - Retrospective Rate Development Model | | | | | | | | | |
|---|--|--------------------------|---------------------------|--------------------------------|-----------------------------------|-----------------------|-----------------------|------------------|-----------------------|
| Region: Statewide | Member Months: 1,185,555 | SFY 2023 Base Experience | EQI Repricing Adjustments | Policy and Program Adjustments | Adjusted SFY 2023 Base Experience | PMPM Cost | Utilization per 1,000 | Cost per Service | PMPM Cost |
| Rate Cell: HMP - Enclosed - M - 50 - 64 | Category of Service | Unit Type | Utilization per 1,000 | Cost per Service | PMPM Cost | Utilization per 1,000 | Cost per Service | PMPM Cost | Utilization per 1,000 |
| Mental Health State Plan | Additional Support Services | Units | 384.6 | \$ 17.47 | \$ 0.66 | | | | |
| | Assessments and Testing | Units | 70.8 | 93.27 | 0.55 | | | | |
| | Case Management / Treatment Planning | Units | 511.1 | 127.97 | 0.49 | | | | |
| | Community Living Supports | Days | 38.0 | 82.88 | 3.53 | | | | |
| | Crisis | Procedures | 25.4 | 37.94 | 0.12 | | | | |
| | Evaluation and Management | Procedures | 85.8 | 458.99 | 0.87 | | | | |
| | Inpatient | Days | 101.8 | 773.39 | 1.24 | | | | |
| | Medication Administration | Procedures | 18.8 | 107.22 | 0.12 | | | | |
| | Other | Procedures | 18.8 | 140.50 | 0.22 | | | | |
| | Other Therapy | Procedures | 0.5 | 480.00 | 0.02 | | | | |
| | Outpatient Services | Procedures | 4.9 | 316.43 | 0.13 | | | | |
| | Prevention and Early Intervention | Procedures | 25.4 | 345.43 | 0.73 | | | | |
| | Psychiatric diagnostic evaluation | Procedures | 118.5 | 165.08 | 1.63 | | | | |
| | Psychotherapy | Procedures | 15.6 | 431.88 | 0.56 | | | | |
| | Residential Services | Days | | | | | | | |
| | Subtotal Mental Health State Plan | | | | \$ 17.43 | | | | |
| Mental Health 1915(i) | Additional Support Services | Units | 1.2 | \$ 193.55 | \$ 0.02 | | | | |
| | Community Living Supports | Days | 91.8 | 155.57 | 1.19 | | | | |
| | Other | Procedures | 0.3 | - | - | | | | |
| | Skill Building | Units | 183.9 | 6.56 | 0.10 | | | | |
| | Vocational Supports | Units | 173.7 | 29.01 | 0.42 | | | | |
| | Subtotal Mental Health 1915(i) | | | | \$ 1.73 | | | | |
| Autism | Assessments and Testing | Procedures | - | - | - | | | | |
| | Autism Services | Units | - | - | - | | | | |
| | Subtotal Autism | | | | \$ 0.00 | | | | |
| Substance Abuse State Plan | Additional Support Services | Units | 642.7 | \$ 11.20 | \$ 0.60 | | | | |
| | Assessments and Testing | Procedures | 112.3 | 49.17 | 0.46 | | | | |
| | Case Management / Treatment Planning | Units | 6.6 | 109.59 | 0.06 | | | | |
| | Crisis | Procedures | 0.1 | - | - | | | | |
| | Evaluation and Management | Procedures | 27.8 | 82.07 | 0.19 | | | | |
| | Medication Administration | Procedures | 14.7 | 24.56 | 0.03 | | | | |
| | Medication Assisted Treatment | Procedures | 1,251.9 | 16.87 | 1.76 | | | | |
| | Other | Procedures | 1.0 | - | - | | | | |
| | Outpatient Services | Procedures | 538.5 | 68.41 | 3.07 | | | | |
| | Prevention and Early Intervention | Procedures | 5.1 | 141.45 | 0.06 | | | | |
| | Psychiatric diagnostic evaluation | Procedures | 1.0 | 250.00 | 0.02 | | | | |
| | Residential Services | Days | 457.5 | 174.68 | 6.66 | | | | |
| | Withdrawal Management | Days | 44.5 | 342.32 | 1.27 | | | | |
| | Subtotal Substance Abuse State Plan | | | | \$ 14.16 | | | | |
| Children's Waiver Program | Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | | | | |
| | Community Living Supports | Days | - | - | - | | | | |
| | Other | Procedures | - | - | - | | | | |
| | Subtotal Children's Waiver Program | | | | \$ 0.00 | | | | |
| Habilitative Supports Waiver | Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | | | | |
| | Community Living Supports | Days | - | - | - | | | | |
| | Other | Procedures | - | - | - | | | | |
| | Skill Building | Units | - | - | - | | | | |
| | Vocational Supports | Units | - | - | - | | | | |
| | Subtotal Habilitative Supports Waiver | | | | \$ 0.00 | | | | |
| Serious Emotional Disturbances | Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | | | | |
| | Case Management / Treatment Planning | Units | - | - | - | | | | |
| | Community Living Supports | Days | - | - | - | | | | |
| | Other | Procedures | - | - | - | | | | |
| | Subtotal Serious Emotional Disturbances | | | | \$ 0.00 | | | | |
| Total Medical Costs | | | | | \$ 33.34 | | | | |

| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitalization Rate Development Appendix 2 - Retrospective Rate Development Model | | | | | | | | | | | | | | |
|---|--|-----------------------|---------------------|------------|--|---|-----------------|--|---|---|--|---|--|-----------------|
| Region: Statewide | Rate Cell: HMP - Unenrolled - F - 19 - 20 | Member Months: 46,934 | Category of Service | Unit Type | SFY 2023 Base Experience Utilization per 1,000 | SFY 2023 Base Experience Cost per Service | PMPM Cost | EQI Repricing Adjustments Utilization Adjustment | EQI Repricing Adjustments Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Policy and Program Adjustments Cost Adjustment | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Adjusted SFY 2023 Base Experience Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 707.7 | \$ 11.70 | \$ 0.69 | \$ 0.01 | \$ 0.07 | \$ 0.00 | \$ 0.00 | 718.0 | \$ 12.87 | \$ 0.77 |
| | Assessive Community Treatment (ACT) | | | Units | 16.1 | 67.00 | 0.09 | - | 0.01 | - | - | 16.1 | 74.44 | 0.10 |
| | Assessments and Testing | | | Procedures | 32.0 | 189.00 | 0.53 | - | 0.03 | (0.05) | - | 28.9 | 211.47 | 0.51 |
| | Case Management / Treatment Planning | | | Units | 662.2 | 92.60 | 5.11 | (0.01) | 0.84 | (0.21) | - | 633.7 | 108.51 | 5.73 |
| | Community Living Supports | | | Days | 179.0 | 12.74 | 0.19 | - | 0.21 | (0.06) | (0.04) | 179.0 | 24.14 | 0.36 |
| | Crisis | | | Procedures | 42.7 | 472.13 | 1.68 | 0.06 | 0.41 | (0.06) | - | 42.7 | 587.35 | 2.09 |
| | Evaluation and Management | | | Procedures | 75.2 | 194.76 | 0.38 | (0.02) | 1.85 | (0.26) | - | 57.9 | 273.48 | 2.09 |
| | Inpatient | | | Days | 164.4 | 626.28 | 8.58 | 0.41 | 1.85 | - | - | 172.3 | 755.14 | 10.84 |
| | Medication Administration | | | Procedures | 10.5 | 125.95 | 0.11 | - | (0.01) | - | - | 10.5 | 114.50 | 0.10 |
| | Other | | | Procedures | 15.9 | 166.56 | 0.22 | - | (0.05) | - | - | 15.9 | 128.71 | 0.17 |
| | Other Therapy | | | Procedures | 7.2 | 33.52 | 0.02 | - | 0.01 | - | - | 7.2 | 50.28 | 0.03 |
| | Outpatient Services | | | Procedures | 30.9 | 283.13 | 0.73 | - | (0.11) | - | - | 30.9 | 240.47 | 0.62 |
| | Prevention and Early Intervention | | | Procedures | 0.3 | 461.54 | 0.01 | - | - | - | - | 0.3 | 461.54 | 0.01 |
| | Psychiatric diagnostic evaluation | | | Procedures | 42.4 | 421.30 | 1.49 | (0.02) | 0.05 | (0.17) | - | 37.0 | 437.48 | 1.35 |
| | Psychotherapy | | | Procedures | 174.1 | 178.50 | 2.59 | 0.37 | 0.34 | (0.82) | - | 143.9 | 206.85 | 2.48 |
| | Residential Services | | | Days | 15.9 | 545.11 | 0.72 | - | (0.01) | - | (0.04) | 15.9 | 507.26 | 0.67 |
| | Subtotal Mental Health State Plan | | | | | | \$ 23.98 | \$ 0.80 | \$ 4.02 | \$(1.57) | \$(0.08) | | | \$ 27.15 |
| Mental Health 1915(i) | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 630.0 | \$ 5.14 | \$ 0.27 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | 630.0 | \$ 4.38 | \$ 0.23 |
| | Community Living Supports | | | Days | 472.2 | 153.74 | 6.05 | 0.02 | 2.31 | - | (0.74) | 473.8 | 193.50 | 7.64 |
| | Other | | | Procedures | 12.5 | 86.19 | 0.09 | - | - | - | - | 12.5 | 86.19 | 0.09 |
| | Skill Building | | | Units | 46.1 | 7.49 | 0.03 | (0.07) | (0.07) | - | (0.07) | 46.1 | 7.49 | 0.03 |
| | Vocational Supports | | | Units | 293.4 | 50.72 | 1.24 | (0.05) | 2.24 | \$ 0.00 | \$(0.85) | 276.6 | 44.65 | \$ 0.92 |
| | Subtotal Mental Health 1915(i) | | | | | | \$ 7.66 | \$ 0.05 | \$ 2.24 | \$ 0.00 | \$(0.85) | | | \$ 9.02 |
| Autism | | | | | | | | | | | | | | |
| | Assessments and Testing | | | Procedures | - | - | 0.66 | - | (0.01) | - | - | 484.0 | - | 16.12 |
| | Autism Services | | | Units | 484.0 | 16.36 | 0.66 | \$ 0.00 | \$(0.01) | \$ 0.00 | \$ 0.00 | 484.0 | - | 0.65 |
| | Subtotal Autism | | | | | | \$ 0.66 | \$ 0.00 | \$(0.01) | \$ 0.00 | \$ 0.00 | | | \$ 0.65 |
| Substance Abuse State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 10.7 | \$ 11.17 | \$ 0.01 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | 10.7 | \$ 11.17 | \$ 0.01 |
| | Assessments and Testing | | | Procedures | 1.5 | 156.86 | 0.02 | - | - | - | - | 1.5 | 156.86 | 0.02 |
| | Case Management / Treatment Planning | | | Units | 1.0 | 116.50 | 0.01 | - | - | - | - | 1.0 | 116.50 | 0.01 |
| | Crisis | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Evaluation and Management | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Medication Administration | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Medication Assisted Treatment | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Outpatient Services | | | Procedures | 24.8 | 24.19 | 0.05 | 0.01 | (0.02) | - | - | 29.8 | 16.13 | 0.04 |
| | Prevention and Early Intervention | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Psychiatric diagnostic evaluation | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Residential Services | | | Procedures | 19.7 | 188.93 | 0.31 | - | 0.02 | - | (0.02) | 19.7 | 188.93 | 0.31 |
| | Withdrawal Management | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Substance Abuse State Plan | | | | | | \$ 0.40 | \$ 0.01 | \$ 0.00 | \$ 0.00 | \$(0.02) | | | \$ 0.39 |
| Children's Waiver Program | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Children's Waiver Program | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Vocational Supports | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Habilitative Supports Waiver | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Serious Emotional Disturbances | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | | | |
| | | | | | | | \$ 32.72 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 37.21 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitalization Rate Development Appendix 2 - Retrospective Rate Development Model | | | | | | | | | | |
|---|--|--------------------------|---------------------------|--------------------------------|-----------------------------------|------------------|------------------------|------------------|-----------------------|------------------|
| Region: Statewide | Rate Cells: HMP - Unenrolled - F - 26 - 39 | SFY 2023 Base Experience | EQI Repricing Adjustments | Policy and Program Adjustments | Adjusted SFY 2023 Base Experience | | | | | |
| Member Months: 477,967 | Category of Service | Utilization per 1,000 | Cost per Service | PMPM Cost | Utilization Adjustment | Cost Adjustment | Utilization Adjustment | Cost Adjustment | Utilization per 1,000 | Cost per Service |
| | Unit Type | | | | | | | | | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | |
| Additional Support Services | Units | 94.4 | \$ 19.07 | \$ 0.15 | \$ 0.01 | \$ 0.05 | \$ (0.01) | \$ 0.00 | 94.4 | \$ 25.43 |
| Assessive Community Treatment (ACT) | Units | 39.0 | 92.38 | 0.30 | 0.02 | (0.05) | - | - | 41.6 | 77.94 |
| Assessments and Testing | Procedures | 22.3 | 166.67 | 0.31 | 0.01 | 0.01 | (0.05) | (0.12) | 19.4 | 172.84 |
| Case Management / Treatment Planning | Units | 215.6 | 94.05 | 1.69 | 0.01 | 0.22 | (0.22) | - | 188.8 | 108.03 |
| Community Living Supports | Days | 27.9 | 34.36 | 0.08 | - | 0.07 | - | (0.02) | 27.9 | 55.83 |
| Crisis | Procedures | 22.1 | 455.28 | 0.84 | 0.10 | 0.14 | (0.04) | - | 23.7 | 526.14 |
| Evaluation and Management | Procedures | 49.6 | 174.05 | 0.72 | (0.02) | 0.30 | (0.02) | - | 33.8 | 280.64 |
| Inpatient | Days | 111.1 | 602.97 | 5.68 | 0.35 | 0.93 | (0.61) | - | 105.9 | 708.35 |
| Medication Administration | Procedures | 8.8 | 95.02 | 0.07 | - | 0.01 | (0.01) | - | 7.6 | 110.82 |
| Other | Procedures | 7.8 | 122.61 | 0.08 | - | (0.01) | - | - | 7.8 | 107.28 |
| Other Therapy | Procedures | 0.0 | - | - | - | - | - | - | - | - |
| Outpatient Services | Procedures | 15.4 | 288.50 | 0.37 | 0.02 | 0.02 | (0.02) | - | 15.4 | 304.09 |
| Prevention and Early Intervention | Procedures | 0.2 | 521.74 | 0.01 | - | - | - | - | 0.2 | 521.74 |
| Psychiatric diagnostic evaluation | Procedures | 23.6 | 366.10 | 0.72 | (0.01) | 0.11 | (0.10) | - | 20.0 | 432.22 |
| Psychotherapy | Procedures | 88.5 | 157.34 | 1.16 | 0.07 | 0.29 | (0.35) | - | 67.1 | 209.18 |
| Residential Services | Days | 4.5 | 456.38 | 0.17 | 0.03 | (0.03) | (0.02) | (0.01) | 4.7 | 355.18 |
| Subtotal Mental Health State Plan | | | \$ 12.25 | | \$ 0.59 | \$ 2.06 | \$ (1.64) | \$ (0.03) | | \$ 13.23 |
| Mental Health 1915(i) | | | | | | | | | | |
| Additional Support Services | Units | 70.3 | \$ 6.83 | \$ 0.04 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ (0.01) | 70.3 | \$ 5.12 |
| Community Living Supports | Days | 119.9 | 131.17 | 1.30 | - | (0.05) | (0.01) | (0.12) | 118.0 | 113.86 |
| Other | Procedures | 2.2 | 108.60 | 0.02 | - | - | - | (0.03) | 2.2 | 108.60 |
| Skill Building | Units | 512.2 | 4.45 | 0.19 | - | 0.01 | (0.01) | (0.03) | 512.2 | 3.98 |
| Vocational Supports | Units | 36.6 | 26.21 | 0.08 | - | 0.02 | (0.01) | (0.01) | 32.1 | 29.95 |
| Subtotal Mental Health 1915(i) | | | \$ 1.83 | | \$ 0.00 | \$ (0.02) | \$ (0.02) | \$ (0.17) | | \$ 1.42 |
| Autism | | | | | | | | | | |
| Assessments and Testing | Procedures | - | - | - | - | - | - | - | - | - |
| Autism Services | Units | - | - | - | - | - | - | - | - | - |
| Subtotal Autism | | | \$ 0.00 | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | |
| Additional Support Services | Units | 90.5 | \$ 13.26 | \$ 0.10 | \$ 0.00 | \$ 0.05 | \$ 0.00 | \$ 0.00 | 90.5 | \$ 19.88 |
| Assessments and Testing | Procedures | 19.7 | 79.15 | 0.13 | - | 0.01 | - | - | 19.7 | 85.24 |
| Case Management / Treatment Planning | Units | 3.0 | 119.60 | 0.03 | - | - | - | - | 3.0 | 119.60 |
| Crisis | Procedures | 0.0 | - | - | - | - | - | - | - | - |
| Evaluation and Management | Procedures | 8.0 | 89.66 | 0.06 | - | 0.01 | - | - | 8.0 | 104.61 |
| Medication Administration | Procedures | 1.4 | - | - | - | - | - | - | - | - |
| Medication Assisted Treatment | Procedures | 305.1 | 15.73 | 0.40 | - | 0.01 | - | - | 305.1 | 16.12 |
| Other | Procedures | 0.6 | - | - | - | - | - | - | - | - |
| Outpatient Services | Procedures | 89.8 | 73.51 | 0.55 | - | 0.06 | - | - | 89.8 | 81.53 |
| Prevention and Early Intervention | Procedures | 2.5 | 95.62 | 0.02 | - | - | - | - | 2.5 | 95.62 |
| Psychiatric diagnostic evaluation | Procedures | 0.5 | 250.00 | 0.01 | - | - | - | - | 0.5 | 250.00 |
| Residential Services | Days | 101.6 | 177.24 | 1.50 | 0.02 | 0.06 | (0.09) | (0.01) | 102.9 | 173.74 |
| Withdrawal Management | Days | 5.9 | 345.76 | 0.17 | 0.01 | 0.01 | (0.01) | (0.01) | 6.3 | 345.60 |
| Subtotal Substance Abuse State Plan | | | \$ 2.97 | | \$ 0.03 | \$ 0.21 | \$ 0.00 | \$ (0.10) | | \$ 3.11 |
| Children's Waiver Program | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 |
| Community Living Supports | Days | - | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - | - |
| Subtotal Children's Waiver Program | | | \$ 0.00 | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 |
| Community Living Supports | Days | - | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - | - |
| Skill Building | Units | - | - | - | - | - | - | - | - | - |
| Vocational Supports | Units | - | - | - | - | - | - | - | - | - |
| Subtotal Habilitative Supports Waiver | | | \$ 0.00 | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 |
| Case Management / Treatment Planning | Units | - | - | - | - | - | - | - | - | - |
| Community Living Supports | Days | - | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - | - |
| Subtotal Serious Emotional Disturbances | | | \$ 0.00 | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | \$ 0.00 |
| Total Medical Costs | | | \$ 16.85 | | \$ 0.60 | \$ 2.27 | \$ (1.64) | \$ (0.13) | | \$ 17.76 |

| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitalization Rate Development Appendix 2 - Retrospective Rate Development Model | | | | | | | | | |
|---|---|--------------------------|---------------------------|--------------------------------|-----------------------------------|-----------------------|-----------------------|------------------|-----------------------|
| Region: Statewide | Member Months: 217,307 | SFY 2023 Base Experience | EQI Repricing Adjustments | Policy and Program Adjustments | Adjusted SFY 2023 Base Experience | PMPM Cost | Utilization per 1,000 | Cost per Service | PMPM Cost |
| Rate Cell: HMP - Unenrolled - F - 40 - 49 | Category of Service | Unit Type | Utilization per 1,000 | Cost per Service | PMPM Cost | Utilization per 1,000 | Cost per Service | PMPM Cost | Utilization per 1,000 |
| Mental Health State Plan | Additional Support Services | Units | 88.3 | \$ 47.57 | \$ 0.35 | | | | |
| | Assessments and Testing (ACT) | Units | 38.4 | 176.52 | 0.58 | | | | |
| | Case Management / Treatment Planning | Units | 25.5 | 174.39 | 0.37 | | | | |
| | Community Living Supports | Units | 289.6 | 94.05 | 2.27 | | | | |
| | Crisis | Days | 65.1 | 55.29 | 0.30 | | | | |
| | Evaluation and Management | Procedures | 18.0 | 520.00 | 0.78 | | | | |
| | Inpatient | Procedures | 63.7 | 180.93 | 0.86 | | | | |
| | Medication Administration | Days | 100.8 | 591.78 | 4.87 | | | | |
| | Other | Procedures | 9.7 | 86.96 | 0.07 | | | | |
| | Other Therapy | Procedures | 17.1 | 105.51 | 0.15 | | | | |
| | Outpatient Services | Procedures | 0.3 | 428.57 | 0.01 | | | | |
| | Prevention and Early Intervention | Procedures | 15.3 | 235.29 | 0.30 | | | | |
| | Psychiatric diagnostic evaluation | Procedures | 0.1 | - | - | | | | |
| | Psychotherapy | Procedures | 22.0 | 365.79 | 0.67 | | | | |
| | Residential Services | Procedures | 88.9 | 160.72 | 1.19 | | | | |
| | Subtotal Mental Health State Plan | Days | 6.4 | 374.41 | 0.20 | | | | |
| | | | | | \$ 13.17 | | | | |
| Mental Health 1915(i) | Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | | | | |
| | Community Living Supports | Days | 177.2 | 92.77 | 1.37 | | | | |
| | Other | Procedures | 11.9 | 248.70 | 0.04 | | | | |
| | Skill Building | Units | 291.0 | 6.19 | 0.15 | | | | |
| | Vocational Supports | Units | 111.8 | 285.10 | 0.23 | | | | |
| | Subtotal Mental Health 1915(i) | | | | \$ 1.81 | | | | |
| Autism | Assessments and Testing | Procedures | - | - | - | | | | |
| | Autism Services | Units | - | - | - | | | | |
| | Subtotal Autism | | | | \$ 0.00 | | | | |
| Substance Abuse State Plan | Additional Support Services | Units | 93.1 | \$ 11.60 | \$ 0.09 | | | | |
| | Assessments and Testing | Procedures | 31.6 | 53.18 | 0.14 | | | | |
| | Case Management / Treatment Planning | Units | 3.6 | 100.28 | 0.03 | | | | |
| | Crisis | Procedures | - | - | - | | | | |
| | Evaluation and Management | Procedures | 13.4 | 80.84 | 0.09 | | | | |
| | Medication Administration | Procedures | 0.2 | - | - | | | | |
| | Medication Assisted Treatment | Procedures | 563.0 | 16.20 | 0.76 | | | | |
| | Other | Procedures | 0.4 | - | - | | | | |
| | Outpatient Services | Procedures | 106.8 | 67.42 | 0.60 | | | | |
| | Prevention and Early Intervention | Procedures | 3.0 | 157.89 | 0.04 | | | | |
| | Psychiatric diagnostic evaluation | Procedures | 0.4 | 307.69 | 0.01 | | | | |
| | Residential Services | Days | 119.7 | 174.41 | 1.74 | | | | |
| | Withdrawal Management | Days | 7.0 | 379.31 | 0.22 | | | | |
| | Subtotal Substance Abuse State Plan | | | | \$ 3.72 | | | | |
| Children's Waiver Program | Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | | | | |
| | Community Living Supports | Days | - | - | - | | | | |
| | Other | Procedures | - | - | - | | | | |
| | Other Therapy | Procedures | - | - | - | | | | |
| | Subtotal Children's Waiver Program | | | | \$ 0.00 | | | | |
| Habilitative Supports Waiver | Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | | | | |
| | Community Living Supports | Days | - | - | - | | | | |
| | Other | Procedures | - | - | - | | | | |
| | Skill Building | Units | - | - | - | | | | |
| | Vocational Supports | Units | - | - | - | | | | |
| | Subtotal Habilitative Supports Waiver | | | | \$ 0.00 | | | | |
| Serious Emotional Disturbances | Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | | | | |
| | Case Management / Treatment Planning | Units | - | - | - | | | | |
| | Community Living Supports | Days | - | - | - | | | | |
| | Other | Procedures | - | - | - | | | | |
| | Other Therapy | Procedures | - | - | - | | | | |
| | Subtotal Serious Emotional Disturbances | | | | \$ 0.00 | | | | |
| Total Medical Costs | | | | | \$ 18.70 | | | | \$ 20.21 |

| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitalization Rate Development Appendix 2 - Retrospective Rate Development Model | | | | | | | | | | | | | |
|---|------------------------|---|------------|--|---|-----------------|--|---|---|--|---|--|-----------------|
| Region: Statewide | Member Months: 436,661 | Category of Service | Unit Type | SFY 2023 Base Experience Utilization per 1,000 | SFY 2023 Base Experience Cost per Service | PMPM Cost | EQI Repricing Adjustments Utilization Adjustment | EQI Repricing Adjustments Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Policy and Program Adjustments Cost Adjustment | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Adjusted SFY 2023 Base Experience Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | |
| | | Additional Support Services | Units | 352.9 | \$ 15.30 | \$ 0.45 | \$ 0.19 | \$ (0.24) | \$ (0.01) | \$ 0.00 | 484.0 | \$ 9.47 | \$ 0.39 |
| | | Assessments and Testing | Units | 54.9 | 59.07 | 0.27 | - | 0.01 | - | - | 54.9 | 61.26 | 0.28 |
| | | Case Management / Treatment Planning | Units | 21.3 | 163.23 | 0.29 | 0.01 | 0.02 | (0.03) | (0.03) | 19.9 | 175.31 | 0.29 |
| | | Crisis | Days | 315.4 | 84.85 | 2.23 | 0.07 | 0.28 | (0.21) | (0.02) | 295.6 | 96.22 | 2.37 |
| | | Inpatient | Procedures | 11.3 | 86.79 | 0.35 | 0.02 | (0.16) | - | - | 51.2 | 44.57 | 0.19 |
| | | Outpatient Services | Procedures | 11.3 | 499.56 | 0.47 | 0.04 | 0.05 | (0.02) | (0.02) | 11.8 | 550.55 | 0.54 |
| | | Residential Services | Days | 75.0 | 174.09 | 0.85 | (0.01) | 0.30 | (0.17) | - | 46.2 | 252.06 | 0.97 |
| | | Other | Procedures | 6.0 | 542.47 | 3.39 | 0.12 | 1.18 | (0.74) | - | 61.3 | 773.50 | 3.95 |
| | | Other Therapy | Procedures | 10.1 | 130.18 | 0.11 | 0.01 | - | - | - | 7.0 | 120.86 | 0.07 |
| | | Prevention and Early Intervention | Procedures | 12.2 | 354.10 | 0.36 | 0.06 | 0.04 | (0.01) | - | 10.1 | 130.18 | 0.11 |
| | | Psychiatric diagnostic evaluation | Procedures | 16.6 | 331.93 | 0.46 | (0.01) | 0.10 | (0.06) | - | 13.9 | 388.77 | 0.45 |
| | | Residential Services | Procedures | 98.6 | 147.31 | 1.21 | 0.04 | 0.40 | (0.27) | - | 14.1 | 417.02 | 0.49 |
| | | Subtotal Mental Health State Plan | Days | 4.2 | 371.43 | 0.13 | 0.01 | 0.04 | (0.01) | (0.01) | 4.5 | 451.33 | 0.17 |
| | | | | | | \$ 10.63 | \$ 0.55 | \$ 2.02 | \$ (1.52) | \$ (0.03) | | | \$ 11.65 |
| Mental Health 1915(i) | | | | | | | | | | | | | |
| | | Additional Support Services | Units | 26.7 | \$ 4.50 | \$ 0.01 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | 26.7 | \$ 4.50 | \$ 0.01 |
| | | Community Living Supports | Days | 75.7 | 152.22 | 0.96 | 0.26 | 0.07 | - | (0.09) | 96.2 | 149.72 | 1.20 |
| | | Other | Procedures | 0.4 | 0.4 | 0.04 | 0.07 | (0.08) | - | - | 175.2 | 2.06 | 0.03 |
| | | Skill Building | Units | 63.7 | 7.54 | 0.04 | 0.08 | (0.11) | - | (0.01) | 205.9 | 11.07 | 0.19 |
| | | Vocational Supports | Units | 152.8 | 18.07 | 0.23 | 0.41 | (0.12) | - | (0.10) | | | |
| | | Subtotal Mental Health 1915(i) | | | | \$ 1.24 | \$ 0.41 | \$ (0.12) | \$ 0.00 | \$ (0.10) | | | \$ 1.43 |
| Autism | | | | | | | | | | | | | |
| | | Assessments and Testing | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | Autism Services | Units | - | - | - | - | - | - | - | - | - | - |
| | | Subtotal Autism | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | | | | |
| | | Additional Support Services | Units | 36.7 | \$ 16.35 | \$ 0.05 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | 36.7 | \$ 16.35 | \$ 0.05 |
| | | Assessments and Testing | Procedures | 12.3 | 58.63 | 0.06 | 0.01 | 0.01 | - | - | 12.3 | 68.40 | 0.07 |
| | | Case Management / Treatment Planning | Units | 1.0 | 115.38 | 0.01 | - | - | - | - | 1.0 | 115.38 | 0.01 |
| | | Crisis | Procedures | 0.0 | - | - | - | - | - | - | - | - | - |
| | | Evaluation and Management | Procedures | 3.6 | 99.17 | 0.03 | - | - | - | - | 3.6 | 99.17 | 0.03 |
| | | Medication Administration | Procedures | 1.9 | - | - | - | - | - | - | - | - | - |
| | | Medication Assisted Treatment | Procedures | 142.5 | 16.84 | 0.20 | - | 0.01 | - | - | 142.5 | 17.68 | 0.21 |
| | | Other | Procedures | 0.1 | - | - | - | - | - | - | - | - | - |
| | | Outpatient Services | Procedures | 49.5 | 63.00 | 0.26 | - | 0.04 | - | - | 49.5 | 72.70 | 0.30 |
| | | Prevention and Early Intervention | Procedures | 0.8 | 155.84 | 0.01 | - | - | - | - | 0.8 | 155.84 | 0.01 |
| | | Psychiatric diagnostic evaluation | Procedures | 0.1 | - | - | - | - | - | - | - | - | - |
| | | Residential Services | Days | 57.6 | 179.26 | 0.86 | 0.01 | 0.04 | - | (0.05) | 58.2 | 177.20 | 0.86 |
| | | Withdrawal Management | Days | 4.5 | 348.21 | 0.13 | - | (0.01) | - | (0.01) | 4.5 | 294.64 | 0.11 |
| | | Subtotal Substance Abuse State Plan | | | | \$ 1.61 | \$ 0.01 | \$ 0.09 | \$ 0.00 | \$ (0.06) | | | \$ 1.65 |
| Children's Waiver Program | | | | | | | | | | | | | |
| | | Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | | Community Living Supports | Days | - | - | - | - | - | - | - | - | - | - |
| | | Other | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | Subtotal Children's Waiver Program | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | | |
| | | Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | | Community Living Supports | Days | - | - | - | - | - | - | - | - | - | - |
| | | Other | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | Skill Building | Units | - | - | - | - | - | - | - | - | - | - |
| | | Vocational Supports | Units | - | - | - | - | - | - | - | - | - | - |
| | | Subtotal Habilitative Supports Waiver | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | | |
| | | Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | | Case Management / Treatment Planning | Units | - | - | - | - | - | - | - | - | - | - |
| | | Community Living Supports | Days | - | - | - | - | - | - | - | - | - | - |
| | | Other | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | Subtotal Serious Emotional Disturbances | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | | |
| | | | | | | \$ 13.48 | | | | | | | \$ 14.73 |

| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitalization Rate Development Appendix 2 - Retrospective Rate Development Model | | | | | | | | | | | |
|---|-----------------------|--------------------------|---------------------------|--------------------------------|-----------------------------------|-----------------|------------------------|-----------------|-----------------------|------------------|----------------|
| Region: Statewide | Member Months: 48,176 | SFY 2023 Base Experience | EQI Repricing Adjustments | Policy and Program Adjustments | Adjusted SFY 2023 Base Experience | | | | | | |
| Category of Service | Unit Type | Utilization per 1,000 | Cost per Service | PMPM Cost | Utilization Adjustment | Cost Adjustment | Utilization Adjustment | Cost Adjustment | Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | |
| Additional Support Services | Units | 111.0 | \$ 72.43 | \$ 0.67 | | | | | | | |
| Assessive Community Treatment (ACT) | Units | 120.1 | 76.96 | 0.77 | | | | | | | |
| Assessments and Testing | Procedures | 37.9 | 189.68 | 0.63 | | | | | | | |
| Case Management / Treatment Planning | Units | 675.0 | 95.11 | 5.35 | | | | | | | |
| Community Living Supports | Days | 217.5 | 38.63 | 0.70 | | | | | | | |
| Crisis | Procedures | 38.6 | 515.93 | 1.66 | | | | | | | |
| Evaluation and Management | Procedures | 204.24 | 204.24 | 1.31 | | | | | | | |
| Inpatient | Days | 233.2 | 572.85 | 11.13 | | | | | | | |
| Medication Administration | Procedures | 27.2 | 88.40 | 0.20 | | | | | | | |
| Other | Procedures | 28.9 | 74.77 | 0.18 | | | | | | | |
| Other Therapy | Procedures | 12.5 | 57.83 | 0.06 | | | | | | | |
| Outpatient Services | Procedures | 5.5 | 284.67 | 0.13 | | | | | | | |
| Prevention and Early Intervention | Procedures | 40.6 | 401.97 | 1.36 | | | | | | | |
| Psychiatric diagnostic evaluation | Procedures | 81.5 | 173.85 | 1.18 | | | | | | | |
| Psychotherapy | Procedures | 7.7 | 512.95 | 0.33 | | | | | | | |
| Residential Services | Days | | | | | | | | | | |
| Subtotal Mental Health State Plan | | | | \$25.66 | | | | | | | |
| Mental Health 1915(i) | | | | | | | | | | | |
| Additional Support Services | Units | 1,232.9 | \$ 4.87 | \$ 0.50 | | | | | | | |
| Community Living Supports | Days | 612.5 | 197.95 | 10.12 | | | | | | | |
| Other | Procedures | 27.9 | 77.42 | 0.18 | | | | | | | |
| Skill Building | Units | 294.4 | 4.68 | 0.12 | | | | | | | |
| Vocational Supports | Units | 141.5 | 26.29 | 0.31 | | | | | | | |
| Subtotal Mental Health 1915(i) | | | | \$11.23 | | | | | | | |
| Autism | | | | | | | | | | | |
| Assessments and Testing | Procedures | | | | | | | | | | |
| Autism Services | Units | 734.2 | 15.20 | 0.93 | | | | | | | |
| Subtotal Autism | | | | \$0.93 | | | | | | | |
| Substance Abuse State Plan | | | | | | | | | | | |
| Additional Support Services | Units | 136.5 | \$ 9.67 | \$ 0.11 | | | | | | | |
| Assessments and Testing | Procedures | 10.7 | 67.23 | 0.06 | | | | | | | |
| Case Management / Treatment Planning | Units | 0.8 | | | | | | | | | |
| Crisis | Procedures | | | | | | | | | | |
| Evaluation and Management | Procedures | | | | | | | | | | |
| Medication Administration | Procedures | 0.3 | | | | | | | | | |
| Medication Assisted Treatment | Procedures | | | | | | | | | | |
| Other | Procedures | | | | | | | | | | |
| Outpatient Services | Procedures | 82.2 | 58.39 | 0.40 | | | | | | | |
| Prevention and Early Intervention | Procedures | 1.3 | 288.00 | 0.03 | | | | | | | |
| Psychiatric diagnostic evaluation | Procedures | 1.0 | 240.00 | 0.02 | | | | | | | |
| Residential Services | Days | 52.3 | 155.99 | 0.68 | | | | | | | |
| Withdrawal Management | Days | 1.0 | 360.00 | 0.03 | | | | | | | |
| Subtotal Substance Abuse State Plan | | | | \$1.33 | | | | | | | |
| Children's Waiver Program | | | | | | | | | | | |
| Additional Support Services | Units | | \$ 0.00 | \$ 0.00 | | | | | | | |
| Community Living Supports | Days | | | | | | | | | | |
| Other | Procedures | | | | | | | | | | |
| Subtotal Children's Waiver Program | | | | \$0.00 | | | | | | | |
| Habilitative Supports Waiver | | | | | | | | | | | |
| Additional Support Services | Units | | \$ 0.00 | \$ 0.00 | | | | | | | |
| Community Living Supports | Days | | | | | | | | | | |
| Other | Procedures | | | | | | | | | | |
| Skill Building | Units | | | | | | | | | | |
| Vocational Supports | Units | | | | | | | | | | |
| Subtotal Habilitative Supports Waiver | | | | \$0.00 | | | | | | | |
| Serious Emotional Disturbances | | | | | | | | | | | |
| Additional Support Services | Units | | \$ 0.00 | \$ 0.00 | | | | | | | |
| Case Management / Treatment Planning | Units | | | | | | | | | | |
| Community Living Supports | Days | | | | | | | | | | |
| Other | Procedures | | | | | | | | | | |
| Subtotal Serious Emotional Disturbances | | | | \$0.00 | | | | | | | |
| Total Medical Costs | | | | \$39.15 | | | | | | | \$42.87 |

| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitalization Rate Development Appendix 2 - Retrospective Rate Development Model | | | | | | | | | | | |
|---|------------------------|--------------------------|---------------------------|--------------------------------|-----------------------------------|-----------------|------------------------|------------------|-----------------------|------------------|-----------------|
| Region: Statewide | Member Months: 472,783 | SFY 2023 Base Experience | EQI Repricing Adjustments | Policy and Program Adjustments | Adjusted SFY 2023 Base Experience | PMPM Cost | Utilization per 1,000 | Cost per Service | PMPM Cost | | |
| Category of Service | Unit Type | Utilization per 1,000 | Cost per Service | PMPM Cost | Utilization Adjustment | Cost Adjustment | Utilization Adjustment | Cost Adjustment | Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | |
| Additional Support Services | Units | 185.1 | \$ 20.74 | \$ 0.32 | | | | | | | \$ 0.32 |
| Assessments and Testing (ACT) | Units | 93.5 | 116.78 | 0.91 | | | | | | | 119.41 |
| Case Management / Treatment Planning | Units | 42.6 | 174.81 | 0.82 | | | | | | | 174.82 |
| Community Living Supports | Units | 364.9 | 93.74 | 2.85 | | | | | | | 105.04 |
| Crisis | Days | 111.5 | 43.04 | 0.40 | | | | | | | 44.09 |
| Evaluation and Management | Procedures | 41.1 | 478.37 | 1.64 | | | | | | | 550.01 |
| Inpatient | Procedures | 71.7 | 189.17 | 1.13 | | | | | | | 1.92 |
| Medication Administration | Procedures | 233.3 | 645.95 | 12.56 | | | | | | | 13.72 |
| Other | Procedures | 30.5 | 102.43 | 0.26 | | | | | | | 0.30 |
| Outpatient Services | Procedures | 17.1 | 161.12 | 0.23 | | | | | | | 0.17 |
| Prevention and Early Intervention | Procedures | 8.6 | 292.00 | 0.21 | | | | | | | 0.25 |
| Psychiatric diagnostic evaluation | Procedures | 43.4 | 378.54 | 1.37 | | | | | | | 1.37 |
| Residential Services | Days | 95.1 | 157.73 | 1.25 | | | | | | | 1.31 |
| Subtotal Mental Health State Plan | | 14.4 | 416.96 | 0.50 | | | | | | | 0.56 |
| | | | | \$ 24.25 | | | | | | | \$ 25.80 |
| Mental Health 1915(i) | | | | | | | | | | | |
| Additional Support Services | Units | 90.9 | \$ 5.28 | \$ 0.04 | | | | | | | \$ 0.03 |
| Community Living Supports | Units | 297.5 | 177.60 | 4.40 | | | | | | | 4.14 |
| Other | Procedures | 3.7 | 161.73 | 0.05 | | | | | | | 0.05 |
| Skill Building | Units | 877.4 | 4.51 | 0.33 | | | | | | | 0.34 |
| Vocational Supports | Units | 115.4 | 19.76 | 0.19 | | | | | | | 0.22 |
| Subtotal Mental Health 1915(i) | | | | \$ 5.01 | | | | | | | \$ 4.78 |
| Autism | | | | | | | | | | | |
| Assessments and Testing | Procedures | - | - | - | | | | | | | - |
| Autism Services | Units | - | - | - | | | | | | | - |
| Subtotal Autism | | | | \$ 0.00 | | | | | | | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | | |
| Additional Support Services | Units | 368.0 | \$ 13.37 | \$ 0.41 | | | | | | | \$ 0.46 |
| Assessments and Testing | Procedures | 62.4 | 84.63 | 0.44 | | | | | | | 0.47 |
| Case Management / Treatment Planning | Units | 8.8 | 123.29 | 0.09 | | | | | | | 0.09 |
| Crisis | Procedures | 0.0 | - | - | | | | | | | - |
| Evaluation and Management | Procedures | 22.3 | 86.14 | 0.16 | | | | | | | 0.18 |
| Medication Administration | Procedures | 8.2 | 29.38 | 0.02 | | | | | | | 0.03 |
| Medication Assisted Treatment | Procedures | 633.1 | 17.25 | 0.91 | | | | | | | 0.92 |
| Other | Procedures | 2.9 | 41.81 | 0.01 | | | | | | | 0.01 |
| Outpatient Services | Procedures | 291.7 | 68.29 | 1.66 | | | | | | | 1.80 |
| Prevention and Early Intervention | Procedures | 5.5 | 152.45 | 0.07 | | | | | | | 0.05 |
| Psychiatric diagnostic evaluation | Procedures | 1.2 | 295.08 | 0.03 | | | | | | | 0.03 |
| Residential Services | Days | 350.1 | 177.19 | 5.17 | | | | | | | 4.88 |
| Withdrawal Management | Days | 24.1 | 363.33 | 0.73 | | | | | | | 0.70 |
| Subtotal Substance Abuse State Plan | | | | \$ 9.70 | | | | | | | \$ 9.62 |
| Children's Waiver Program | | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | | | | | | | \$ 0.00 |
| Community Living Supports | Procedures | - | - | - | | | | | | | - |
| Other | Procedures | - | - | - | | | | | | | - |
| Subtotal Children's Waiver Program | | | | \$ 0.00 | | | | | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | | | | | | | \$ 0.00 |
| Community Living Supports | Procedures | - | - | - | | | | | | | - |
| Other | Procedures | - | - | - | | | | | | | - |
| Skill Building | Units | - | - | - | | | | | | | - |
| Vocational Supports | Units | - | - | - | | | | | | | - |
| Subtotal Habilitative Supports Waiver | | | | \$ 0.00 | | | | | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | | | | | | | \$ 0.00 |
| Case Management / Treatment Planning | Units | - | - | - | | | | | | | - |
| Community Living Supports | Procedures | - | - | - | | | | | | | - |
| Other | Procedures | - | - | - | | | | | | | - |
| Subtotal Serious Emotional Disturbances | | | | \$ 0.00 | | | | | | | \$ 0.00 |
| Total Medical Costs | | | | \$ 38.96 | | | | | | | \$ 40.20 |

| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitalization Rate Development Appendix 2 - Retrospective Rate Development Model | | | | | | | | | | |
|---|------------------------|--------------------------|---------------------------|--------------------------------|-----------------------------------|-----------------------|------------------|-----------------------|------------------|-----------------|
| Region: Statewide | Member Months: 199,405 | SFY 2023 Base Experience | EQI Repricing Adjustments | Policy and Program Adjustments | Adjusted SFY 2023 Base Experience | PMPM Cost | Cost per Service | Utilization per 1,000 | Cost per Service | PMPM Cost |
| Rate Cells: HMP - Unenrolled - M - 40 - 49 | Category of Service | Unit Type | Utilization per 1,000 | Cost per Service | PMPM Cost | Utilization per 1,000 | Cost per Service | Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | |
| Additional Support Services | Units | 537.8 | \$ 20.53 | \$ 0.15 | \$ 0.32 | 596.2 | \$ 14.09 | 596.2 | \$ 14.09 | \$ 0.70 |
| Assessments and Testing (ACT) | Units | 109.3 | 97.72 | 0.13 | 0.19 | 122.8 | 116.29 | 122.8 | 116.29 | 1.19 |
| Case Management / Treatment Planning | Units | 44.5 | 161.91 | 0.01 | 0.01 | 39.3 | 164.97 | 39.3 | 164.97 | 0.54 |
| Community Living Supports | Units | 400.1 | 90.57 | 0.03 | 0.49 | 348.5 | 107.44 | 348.5 | 107.44 | 3.12 |
| Crisis | Units | 25.8 | 83.85 | - | 0.01 | 25.8 | 79.19 | 25.8 | 79.19 | 0.17 |
| Evaluation and Management | Units | 40.5 | 500.74 | 0.12 | 0.20 | 40.5 | 560.00 | 40.5 | 560.00 | 1.89 |
| Inpatient | Units | 71.3 | 185.26 | 0.02 | 0.34 | 55.7 | 258.53 | 55.7 | 258.53 | 1.20 |
| Outpatient | Units | 202.4 | 635.04 | 0.83 | 1.16 | 198.6 | 705.14 | 129.9 | 121.12 | 11.67 |
| Procedures | Units | 18.6 | 83.87 | 0.04 | 0.04 | 10.7 | 112.04 | 10.7 | 112.04 | 0.10 |
| Other | Units | 10.7 | 188.07 | - | (0.05) | - | - | - | - | - |
| Other Therapy | Units | 0.1 | - | - | - | - | - | - | - | - |
| Outpatient Services | Units | 7.5 | 207.45 | - | 0.03 | 5.8 | 269.90 | 5.8 | 269.90 | 0.13 |
| Prevention and Early Intervention | Units | 41.0 | 383.04 | 0.05 | 0.11 | 37.3 | 418.45 | 37.3 | 418.45 | 1.30 |
| Psychiatric diagnostic evaluation | Units | 106.9 | 154.94 | 0.02 | 0.31 | 79.8 | 201.58 | 79.8 | 201.58 | 1.34 |
| Procedures | Units | 16.2 | 437.31 | 0.02 | 0.07 | 16.7 | 458.78 | 16.7 | 458.78 | 0.64 |
| Residential Services | Units | - | - | - | - | - | - | - | - | - |
| Subtotal Mental Health State Plan | | | \$ 22.80 | \$ 1.34 | \$ 2.59 | | | | | \$ 24.12 |
| Mental Health 1915(f) | | | | | | | | | | |
| Additional Support Services | Units | 0.6 | \$ 400.00 | \$ 0.00 | \$ 0.00 | 0.6 | \$ 400.00 | 0.6 | \$ 400.00 | \$ 0.02 |
| Community Living Supports | Units | 70.5 | 245.00 | (0.01) | 0.13 | 70.0 | 239.86 | 70.0 | 239.86 | 1.40 |
| Other | Units | 1.6 | 153.85 | - | - | 1.6 | 153.85 | 1.6 | 153.85 | 0.02 |
| Skill Building | Units | 83.9 | 4.29 | - | - | 83.9 | 4.29 | 83.9 | 4.29 | 0.03 |
| Vocational Supports | Units | 44.3 | 86.70 | - | (0.05) | 42.9 | 67.12 | 42.9 | 67.12 | 0.24 |
| Subtotal Mental Health 1915(f) | | | \$ 1.83 | \$ (0.01) | \$ 0.08 | | | | | \$ 1.71 |
| Autism | | | | | | | | | | |
| Assessments and Testing | Units | - | - | - | - | - | - | - | - | - |
| Autism Services | Units | - | - | - | - | - | - | - | - | - |
| Subtotal Autism | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | | | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | |
| Additional Support Services | Units | 477.0 | \$ 11.07 | \$ 0.00 | \$ 0.03 | 477.0 | \$ 11.82 | 477.0 | \$ 11.82 | \$ 0.47 |
| Assessments and Testing | Units | 64.0 | 84.34 | (0.01) | 0.04 | 62.6 | 92.00 | 62.6 | 92.00 | 0.48 |
| Case Management / Treatment Planning | Units | 8.6 | 126.32 | (0.01) | 0.02 | 7.6 | 157.89 | 7.6 | 157.89 | 0.10 |
| Crisis | Units | 21.4 | 89.89 | - | 0.02 | 21.4 | 101.12 | 21.4 | 101.12 | 0.18 |
| Evaluation and Management | Units | 21.1 | 22.73 | 0.04 | (0.03) | 42.2 | 14.20 | 42.2 | 14.20 | 0.05 |
| Medication Administration | Units | 738.2 | 18.53 | - | 1.14 | 738.2 | 18.21 | 738.2 | 18.21 | 1.12 |
| Medication Assisted Treatment | Units | 2.8 | 43.32 | - | (0.02) | 2.8 | 43.32 | 2.8 | 43.32 | 0.01 |
| Other | Units | 366.6 | 62.53 | (0.01) | 0.30 | 360.8 | 72.51 | 360.8 | 72.51 | 2.18 |
| Outpatient Services | Units | 5.7 | 125.87 | - | (0.02) | 5.7 | 83.92 | 5.7 | 83.92 | 0.04 |
| Prevention and Early Intervention | Units | 1.2 | 300.00 | - | - | 1.2 | 300.00 | 1.2 | 300.00 | 0.03 |
| Psychiatric diagnostic evaluation | Units | 422.8 | 180.81 | 0.08 | 0.18 | 428.1 | 175.20 | 428.1 | 175.20 | 6.25 |
| Residential Services | Units | 35.5 | 382.51 | 0.03 | (0.03) | 36.4 | 352.84 | 36.4 | 352.84 | 1.07 |
| Withdrawal Management | Units | - | - | - | - | - | - | - | - | - |
| Subtotal Substance Abuse State Plan | | | \$ 11.83 | \$ 0.12 | \$ 0.49 | | | | | \$ 11.99 |
| Children's Waiver Program | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Community Living Supports | Units | - | - | - | - | - | - | - | - | - |
| Other | Units | - | - | - | - | - | - | - | - | - |
| Subtotal Children's Waiver Program | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Community Living Supports | Units | - | - | - | - | - | - | - | - | - |
| Other | Units | - | - | - | - | - | - | - | - | - |
| Skill Building | Units | - | - | - | - | - | - | - | - | - |
| Vocational Supports | Units | - | - | - | - | - | - | - | - | - |
| Subtotal Habilitative Supports Waiver | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Case Management / Treatment Planning | Units | - | - | - | - | - | - | - | - | - |
| Community Living Supports | Units | - | - | - | - | - | - | - | - | - |
| Other | Units | - | - | - | - | - | - | - | - | - |
| Subtotal Serious Emotional Disturbances | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | | | \$ 0.00 |
| Total Medical Costs | | | \$ 36.46 | \$ 0.00 | \$ 0.00 | | | | | \$ 37.81 |

| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitalization Rate Development Appendix 2 - Retrospective Rate Development Model | | | | | | | | | |
|---|--------------------------|---------------------------|--------------------------------|-----------------------------------|------------------|-----------------|-----------------|------------------|-------------|
| Region: Statewide | SFY 2023 Base Experience | EQI Repricing Adjustments | Policy and Program Adjustments | Adjusted SFY 2023 Base Experience | | | | | |
| Rate Cell: HSW - Composite | Utilization per 1,000 | Utilization Adjustment | Utilization Adjustment | Utilization per 1,000 | Cost per Service | Cost Adjustment | Cost Adjustment | Cost per Service | PMPM Cost |
| Member Months: 86,363 | | | | | | | | | |
| Category of Service | Unit Type | | | | | | | | |
| Mental Health State Plan | | | | | | | | | |
| Additional Support Services | Units | \$ 0.00 | \$ 0.00 | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| Assertive Community Treatment (ACT) | Units | - | - | - | - | - | - | - | - |
| Assessments and Testing | Procedures | - | - | - | - | - | - | - | - |
| Case Management / Treatment Planning | Units | - | - | - | - | - | - | - | - |
| Community Living Supports | Days | - | - | - | - | - | - | - | - |
| Crisis | Procedures | - | - | - | - | - | - | - | - |
| Evaluation and Management | Procedures | - | - | - | - | - | - | - | - |
| Inpatient | Days | - | - | - | - | - | - | - | - |
| Medication Administration | Procedures | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - |
| Other Therapy | Procedures | - | - | - | - | - | - | - | - |
| Outpatient Services | Procedures | - | - | - | - | - | - | - | - |
| Prevention and Early Intervention | Procedures | - | - | - | - | - | - | - | - |
| Psychiatric diagnostic evaluation | Procedures | - | - | - | - | - | - | - | - |
| Psychotherapy | Procedures | - | - | - | - | - | - | - | - |
| Residential Services | Procedures | - | - | - | - | - | - | - | - |
| Subtotal Mental Health State Plan | Days | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| Mental Health 1915(i) | | | | | | | | | |
| Additional Support Services | Units | \$ 0.00 | \$ 0.00 | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| Community Living Supports | Days | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - |
| Skill Building | Units | - | - | - | - | - | - | - | - |
| Vocational Supports | Units | - | - | - | - | - | - | - | - |
| Subtotal Mental Health 1915(i) | Units | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| Autism | | | | | | | | | |
| Assessments and Testing | Procedures | - | - | - | - | - | - | - | - |
| Autism Services | Units | - | - | - | - | - | - | - | - |
| Subtotal Autism | Units | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | |
| Additional Support Services | Units | \$ 0.00 | \$ 0.00 | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| Assessments and Testing | Procedures | - | - | - | - | - | - | - | - |
| Case Management / Treatment Planning | Units | - | - | - | - | - | - | - | - |
| Crisis | Procedures | - | - | - | - | - | - | - | - |
| Evaluation and Management | Procedures | - | - | - | - | - | - | - | - |
| Medication Administration | Procedures | - | - | - | - | - | - | - | - |
| Medication Assisted Treatment | Procedures | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - |
| Outpatient Services | Procedures | - | - | - | - | - | - | - | - |
| Prevention and Early Intervention | Procedures | - | - | - | - | - | - | - | - |
| Psychiatric diagnostic evaluation | Procedures | - | - | - | - | - | - | - | - |
| Residential Services | Procedures | - | - | - | - | - | - | - | - |
| Withdrawal Management | Days | - | - | - | - | - | - | - | - |
| Subtotal Substance Abuse State Plan | Days | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| Children's Waiver Program | | | | | | | | | |
| Additional Support Services | Units | \$ 0.00 | \$ 0.00 | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| Community Living Supports | Days | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - |
| Other Therapy | Procedures | - | - | - | - | - | - | - | - |
| Subtotal Children's Waiver Program | Procedures | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | |
| Additional Support Services | Units | \$ 5.52 | \$ 2.06 | \$ 2.76 | \$ 66.37 | \$ 2.76 | \$ (6.94) | \$ 5.02 | \$ 62.25 |
| Community Living Supports | Days | 129.17 | 177.81 | 86.16 | 5,439.35 | (6.13) | (680.57) | 1,155.00 | 5,022.64 |
| Other | Procedures | 114.66 | 5.97 | (6.13) | 41.94 | (6.13) | - | 41.78 | 99.99 |
| Skill Building | Units | 4,389.2 | 38.57 | 8.81 | 176.38 | 8.81 | (37.39) | 3.71 | 186.37 |
| Vocational Supports | Units | 4.28 | 1.31 | 1.00 | 32.37 | 1.00 | (6.44) | 9.66 | 28.24 |
| Subtotal Habilitative Supports Waiver | Units | \$ 5,756.41 | \$ 225.72 | \$ 92.60 | \$ 5,756.41 | \$ (733.34) | \$ (733.34) | \$ 5,341.28 | \$ 5,341.28 |
| Serious Emotional Disturbances | | | | | | | | | |
| Additional Support Services | Units | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| Case Management / Treatment Planning | Units | - | - | - | - | - | - | - | - |
| Community Living Supports | Days | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - |
| Other Therapy | Procedures | - | - | - | - | - | - | - | - |
| Subtotal Serious Emotional Disturbances | Procedures | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| Total Medical Costs | | | | | | | | | |
| | | | | | \$ 5,756.41 | | | \$ 5,341.28 | \$ 5,341.28 |

| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitalization Rate Development Appendix 2 - Retrospective Rate Development Model | | | | | | | | | | | | | |
|---|-----------------------------|----------------------|---|------------|--|---|-------------|--|--------------------|---|---|--|-------------|
| Region: Statewide | Rate Cells: SED - Composite | Member Months: 5,677 | Category of Service | Unit Type | SFY 2023 Base Experience Utilization per 1,000 | SFY 2023 Base Experience Cost per Service | PMPM Cost | EQI Repricing Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Adjusted SFY 2023 Base Experience Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | |
| | | | Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | | | Assertive Community Treatment (ACT) | Units | - | - | - | - | - | - | - | - | - |
| | | | Assessments and Testing | Procedures | - | - | - | - | - | - | - | - | - |
| | | | Case Management / Treatment Planning | Units | - | - | - | - | - | - | - | - | - |
| | | | Community Living Supports | Days | - | - | - | - | - | - | - | - | - |
| | | | Crisis | Procedures | - | - | - | - | - | - | - | - | - |
| | | | Evaluation and Management | Procedures | - | - | - | - | - | - | - | - | - |
| | | | Inpatient | Days | - | - | - | - | - | - | - | - | - |
| | | | Medication Administration | Procedures | - | - | - | - | - | - | - | - | - |
| | | | Other | Procedures | - | - | - | - | - | - | - | - | - |
| | | | Other Therapy | Procedures | - | - | - | - | - | - | - | - | - |
| | | | Outpatient Services | Procedures | - | - | - | - | - | - | - | - | - |
| | | | Prevention and Early Intervention | Procedures | - | - | - | - | - | - | - | - | - |
| | | | Psychiatric diagnostic evaluation | Procedures | - | - | - | - | - | - | - | - | - |
| | | | Psychotherapy | Procedures | - | - | - | - | - | - | - | - | - |
| | | | Residential Services | Procedures | - | - | - | - | - | - | - | - | - |
| | | | Subtotal Mental Health State Plan | Days | - | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | - | \$ 0.00 |
| Mental Health 1915(i) | | | | | | | | | | | | | |
| | | | Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | | | Community Living Supports | Days | - | - | - | - | - | - | - | - | - |
| | | | Other | Procedures | - | - | - | - | - | - | - | - | - |
| | | | Skill Building | Units | - | - | - | - | - | - | - | - | - |
| | | | Vocational Supports | Units | - | - | - | - | - | - | - | - | - |
| | | | Subtotal Mental Health 1915(i) | Units | - | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | - | \$ 0.00 |
| Autism | | | | | | | | | | | | | |
| | | | Assessments and Testing | Procedures | - | - | - | - | - | - | - | - | - |
| | | | Autism Services | Units | - | - | - | - | - | - | - | - | - |
| | | | Subtotal Autism | Units | - | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | - | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | | | | |
| | | | Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | | | Assessments and Testing | Procedures | - | - | - | - | - | - | - | - | - |
| | | | Case Management / Treatment Planning | Units | - | - | - | - | - | - | - | - | - |
| | | | Crisis | Procedures | - | - | - | - | - | - | - | - | - |
| | | | Evaluation and Management | Procedures | - | - | - | - | - | - | - | - | - |
| | | | Medication Administration | Procedures | - | - | - | - | - | - | - | - | - |
| | | | Medication Assisted Treatment | Procedures | - | - | - | - | - | - | - | - | - |
| | | | Other | Procedures | - | - | - | - | - | - | - | - | - |
| | | | Outpatient Services | Procedures | - | - | - | - | - | - | - | - | - |
| | | | Prevention and Early Intervention | Procedures | - | - | - | - | - | - | - | - | - |
| | | | Psychiatric diagnostic evaluation | Procedures | - | - | - | - | - | - | - | - | - |
| | | | Residential Services | Procedures | - | - | - | - | - | - | - | - | - |
| | | | Withdrawal Management | Days | - | - | - | - | - | - | - | - | - |
| | | | Subtotal Substance Abuse State Plan | Days | - | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | - | \$ 0.00 |
| Children's Waiver Program | | | | | | | | | | | | | |
| | | | Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | | | Community Living Supports | Days | - | - | - | - | - | - | - | - | - |
| | | | Other | Procedures | - | - | - | - | - | - | - | - | - |
| | | | Other Therapy | Procedures | - | - | - | - | - | - | - | - | - |
| | | | Subtotal Children's Waiver Program | Procedures | - | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | - | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | | |
| | | | Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | | | Community Living Supports | Days | - | - | - | - | - | - | - | - | - |
| | | | Other | Procedures | - | - | - | - | - | - | - | - | - |
| | | | Skill Building | Units | - | - | - | - | - | - | - | - | - |
| | | | Vocational Supports | Units | - | - | - | - | - | - | - | - | - |
| | | | Subtotal Habilitative Supports Waiver | Units | - | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | - | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | | |
| | | | Additional Support Services | Units | 255,105.2 | \$ 7.31 | \$ 155.38 | \$ 32.49 | \$(24.47) | \$ 0.00 | 308,447.7 | \$ 5.59 | \$ 143.66 |
| | | | Case Management / Treatment Planning | Units | 22,514.0 | 426.84 | 800.83 | 28.22 | 236.35 | \$ 0.00 | 23,307.4 | 548.53 | 1,065.40 |
| | | | Community Living Supports | Days | 11,695.8 | 122.71 | 1,334 | (2.01) | 13.34 | -(19.78) | 11,503.3 | 1,155.99 | 111.19 |
| | | | Other | Procedures | 4,455.9 | 199.61 | 74.12 | (7.08) | 10.34 | - | 4,030.2 | 230.40 | 77.38 |
| | | | Other Therapy | Procedures | 3,549.1 | 82.91 | 24.52 | 0.22 | 0.16 | - | 3,580.9 | 83.44 | 24.90 |
| | | | Subtotal Serious Emotional Disturbances | Procedures | - | - | \$ 1,174.49 | \$ 81.84 | \$ 235.72 | \$ 0.00 | - | \$ 1,422.53 | \$ 1,422.53 |
| Total Medical Costs | | | | | | | | | | | | | |
| | | | | | | | \$ 1,174.49 | | | | | | \$ 1,422.53 |

| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitalization Rate Development Appendix 2 - Retrospective Rate Development Model | | | | | | | | | | | | |
|---|--|--------------------------|--|---------------------|-----------------|--|--------------------|---|--------------------|---|---------------------|-----------------|
| Region: Statewide | Rate Cell: TANF - Enrolled - F - 0 - 5 | Member Months: 1,731,036 | SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | EQI Repricing Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost |
| Category of Service | Unit Type | | | | | | | | | | | |
| Mental Health State Plan | | | | | | | | | | | | |
| Additional Support Services | Units | | 269.5 | \$ 77.49 | \$ 1.74 | \$ 0.09 | \$ 0.06 | \$ 0.00 | \$ 0.00 | 283.4 | \$ 80.03 | \$ 1.89 |
| Assessments and Testing (ACT) | Units | | 45.3 | 248.90 | 0.94 | 0.04 | 0.10 | - | - | 47.3 | 274.29 | 1.08 |
| Case Management / Treatment Planning | Units | | 175.8 | 96.27 | 1.41 | 0.07 | 0.04 | - | - | 184.5 | 98.87 | 1.52 |
| Community Living Supports | Days | | - | - | - | - | - | - | - | - | - | - |
| Crisis | Procedures | | 0.3 | 461.54 | 0.01 | - | 0.01 | - | - | 0.3 | 923.08 | 0.02 |
| Evaluation and Management | Procedures | | 1.5 | 246.58 | 0.03 | - | 0.01 | - | - | 1.5 | 328.77 | 0.04 |
| Inpatient | Days | | - | - | - | - | - | - | - | - | - | - |
| Medication Administration | Procedures | | - | - | - | - | - | - | - | - | - | - |
| Other | Procedures | | 2.0 | 61.54 | 0.01 | - | (0.01) | - | - | 2.0 | - | - |
| Other Therapy | Procedures | | 71.0 | 91.31 | 0.54 | - | 0.02 | - | - | 71.0 | 94.69 | 0.56 |
| Outpatient Services | Procedures | | - | - | - | - | - | - | - | - | - | - |
| Prevention and Early Intervention | Procedures | | 9.0 | 227.42 | 0.17 | 0.01 | 0.05 | - | - | 9.0 | 294.31 | 0.22 |
| Psychiatric diagnostic evaluation | Procedures | | 9.5 | 391.58 | 0.31 | 0.01 | (0.03) | - | - | 9.8 | 354.74 | 0.29 |
| Psychotherapy | Procedures | | 14.7 | 188.14 | 0.23 | - | 0.02 | - | - | 14.7 | 204.50 | 0.25 |
| Residential Services | Days | | - | - | - | - | - | - | - | - | - | - |
| Subtotal Mental Health State Plan | | | | | \$ 5.39 | \$ 0.21 | \$ 0.27 | \$ 0.00 | \$ 0.00 | | | \$ 5.87 |
| Mental Health 1915(i) | | | | | | | | | | | | |
| Additional Support Services | Units | | 391.0 | \$ 5.22 | \$ 0.17 | \$ 0.01 | \$ 0.01 | \$ 0.00 | \$ (0.03) | 414.0 | \$ 4.64 | \$ 0.16 |
| Community Living Supports | Days | | 20.2 | 118.87 | 0.20 | 0.03 | 0.01 | - | (0.03) | 23.2 | 103.36 | 0.20 |
| Other | Procedures | | 8.8 | 149.83 | 0.11 | 0.01 | - | - | - | 9.6 | 162.33 | 0.13 |
| Skill Building | Units | | 1.2 | - | - | - | - | - | - | - | - | - |
| Vocational Supports | Units | | - | - | - | - | - | - | - | - | - | - |
| Subtotal Mental Health 1915(i) | | | | | \$ 0.48 | \$ 0.05 | \$ 0.02 | \$ 0.00 | \$ (0.06) | | | \$ 0.49 |
| Autism | | | | | | | | | | | | |
| Assessments and Testing | Procedures | | 0.1 | - | - | - | - | - | - | - | - | - |
| Autism Services | Units | | 8,848.6 | 16.76 | 12.36 | (0.05) | 0.75 | \$ 0.00 | \$ 0.00 | 8,812.8 | 17.78 | 13.06 |
| Subtotal Autism | | | | | \$ 12.36 | \$ (0.05) | \$ 0.75 | \$ 0.00 | \$ 0.00 | | | \$ 13.06 |
| Substance Abuse State Plan | | | | | | | | | | | | |
| Additional Support Services | Units | | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Assessments and Testing | Procedures | | - | - | - | - | - | - | - | - | - | - |
| Case Management / Treatment Planning | Units | | - | - | - | - | - | - | - | - | - | - |
| Crisis | Procedures | | - | - | - | - | - | - | - | - | - | - |
| Evaluation and Management | Procedures | | - | - | - | - | - | - | - | - | - | - |
| Medication Administration | Procedures | | - | - | - | - | - | - | - | - | - | - |
| Medication Assisted Treatment | Procedures | | - | - | - | - | - | - | - | - | - | - |
| Other | Procedures | | - | - | - | - | - | - | - | - | - | - |
| Outpatient Services | Procedures | | - | - | - | - | - | - | - | - | - | - |
| Prevention and Early Intervention | Procedures | | - | - | - | - | - | - | - | - | - | - |
| Psychiatric diagnostic evaluation | Procedures | | - | - | - | - | - | - | - | - | - | - |
| Residential Services | Days | | - | - | - | - | - | - | - | - | - | - |
| Withdrawal Management | Days | | - | - | - | - | - | - | - | - | - | - |
| Subtotal Substance Abuse State Plan | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Children's Waiver Program | | | | | | | | | | | | |
| Additional Support Services | Units | | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Community Living Supports | Days | | - | - | - | - | - | - | - | - | - | - |
| Other | Procedures | | - | - | - | - | - | - | - | - | - | - |
| Other Therapy | Procedures | | - | - | - | - | - | - | - | - | - | - |
| Subtotal Children's Waiver Program | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | |
| Additional Support Services | Units | | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Community Living Supports | Days | | - | - | - | - | - | - | - | - | - | - |
| Other | Procedures | | - | - | - | - | - | - | - | - | - | - |
| Skill Building | Units | | - | - | - | - | - | - | - | - | - | - |
| Vocational Supports | Units | | - | - | - | - | - | - | - | - | - | - |
| Subtotal Habilitative Supports Waiver | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | |
| Additional Support Services | Units | | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Case Management / Treatment Planning | Units | | - | - | - | - | - | - | - | - | - | - |
| Community Living Supports | Days | | - | - | - | - | - | - | - | - | - | - |
| Other | Procedures | | - | - | - | - | - | - | - | - | - | - |
| Other Therapy | Procedures | | - | - | - | - | - | - | - | - | - | - |
| Subtotal Serious Emotional Disturbances | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | | \$ 18.23 | | | | | | | \$ 19.42 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitalization Rate Development Appendix 2 - Retrospective Rate Development Model | | | | | | | | | | | | | | |
|---|--|------------------------|---------------------|------------|--|---------------------|-----------------|--|--------------------|---|--------------------|---|---------------------|-----------------|
| Region: Statewide | Rate Cell: TANF - Enrolled - F - 19 - 20 | Member Months: 266,590 | Category of Service | Unit Type | SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | EQI Repricing Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 125.1 | \$ 85.21 | \$ 0.68 | \$ 0.03 | \$ 0.05 | \$ (0.03) | \$ 0.00 | 125.1 | \$ 70.00 | \$ 0.73 |
| | Assessive Community Treatment (ACT) | | | Units | 28.1 | 72.62 | 0.17 | 0.07 | 0.01 | - | - | 39.7 | 75.64 | 0.25 |
| | Assessments and Testing | | | Procedures | 32.1 | 194.70 | 0.52 | 0.03 | 0.02 | (0.07) | - | 29.6 | 202.84 | 0.50 |
| | Case Management / Treatment Planning | | | Units | 347.7 | 91.46 | 2.85 | 0.09 | 0.52 | (0.27) | - | 324.1 | 110.72 | 2.99 |
| | Community Living Supports | | | Days | 30.3 | 19.81 | 0.05 | - | 0.03 | - | (0.01) | 30.3 | 27.73 | 0.07 |
| | Crisis | | | Procedures | 31.5 | 476.80 | 1.25 | 0.12 | 0.39 | (0.12) | - | 31.5 | 625.56 | 1.64 |
| | Evaluation and Management | | | Procedures | 63.5 | 202.30 | 1.07 | - | 0.38 | (0.20) | - | 51.6 | 290.64 | 1.25 |
| | Inpatient | | | Days | 102.3 | 751.83 | 6.41 | 2.08 | (0.92) | - | - | 135.5 | 670.36 | 7.57 |
| | Medication Administration | | | Procedures | 7.2 | 116.67 | 0.07 | 0.01 | 0.01 | - | - | 8.2 | 116.65 | 0.08 |
| | Other | | | Procedures | 7.9 | 151.52 | 0.10 | 0.01 | (0.02) | - | - | 8.7 | 124.00 | 0.09 |
| | Other Therapy | | | Procedures | 0.8 | 740.74 | 0.05 | - | (0.01) | - | - | 0.8 | 592.59 | 0.04 |
| | Outpatient Services | | | Procedures | 27.9 | 313.87 | 0.73 | 0.04 | 0.03 | (0.02) | - | 28.7 | 326.47 | 0.78 |
| | Prevention and Early Intervention | | | Procedures | 2.7 | 496.24 | 0.11 | 0.01 | - | (0.16) | - | 2.9 | 496.55 | 0.12 |
| | Psychiatric diagnostic evaluation | | | Procedures | 30.7 | 382.56 | 0.98 | 0.04 | 0.06 | (0.36) | - | 27.0 | 409.19 | 0.92 |
| | Psychotherapy | | | Procedures | 171.6 | 178.29 | 2.55 | 0.12 | 0.13 | - | - | 155.5 | 188.32 | 2.44 |
| | Residential Services | | | Days | 8.8 | 462.59 | 0.34 | 0.16 | (0.07) | - | (0.02) | 13.0 | 379.34 | 0.41 |
| | Subtotal Mental Health State Plan | | | | | \$ 17.73 | \$ 1.33 | \$ 2.81 | \$ 0.60 | \$ (1.23) | \$ (0.03) | | | \$ 19.88 |
| Mental Health 1915(i) | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 404.5 | \$ 5.34 | \$ 0.18 | \$ 0.07 | \$ (0.06) | \$ 0.00 | \$ (0.02) | 561.8 | \$ 3.63 | \$ 0.17 |
| | Community Living Supports | | | Days | 58.5 | 164.05 | 0.80 | 0.05 | 0.13 | - | (0.12) | 62.2 | 165.97 | 0.86 |
| | Other | | | Procedures | 1.9 | 129.73 | 0.02 | 0.01 | (0.01) | - | - | 2.8 | 86.33 | 0.02 |
| | Skill Building | | | Units | 181.6 | 8.59 | 0.13 | - | 0.01 | - | (0.02) | 181.6 | 7.93 | 0.12 |
| | Vocational Supports | | | Units | 36.9 | 65.02 | 0.20 | - | - | - | (0.04) | 36.9 | 52.02 | 0.16 |
| | Subtotal Mental Health 1915(i) | | | | | \$ 1.33 | \$ 1.33 | \$ 0.13 | \$ 0.07 | \$ 0.00 | \$ (0.20) | | | \$ 1.33 |
| Autism | | | | | | | | | | | | | | |
| | Assessments and Testing | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Autism Services | | | Units | 84.4 | 15.65 | 0.11 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | 84.4 | 15.65 | 0.11 |
| | Subtotal Autism | | | | | \$ 0.11 | \$ 0.11 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.11 |
| Substance Abuse State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 14.4 | \$ 8.35 | \$ 0.01 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | 14.4 | \$ 8.35 | \$ 0.01 |
| | Assessments and Testing | | | Procedures | 2.1 | 115.94 | 0.02 | - | - | - | - | 2.1 | 115.94 | 0.02 |
| | Case Management / Treatment Planning | | | Units | 0.8 | 142.86 | 0.01 | - | 0.01 | - | - | 0.8 | 285.71 | 0.02 |
| | Crisis | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Evaluation and Management | | | Procedures | 0.4 | - | - | - | - | - | - | - | - | - |
| | Medication Administration | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Medication Assisted Treatment | | | Procedures | 10.5 | 11.40 | 0.01 | - | - | - | - | 10.5 | 11.40 | 0.01 |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Outpatient Services | | | Procedures | 15.0 | 72.05 | 0.09 | - | 0.01 | - | - | 15.0 | 80.05 | 0.10 |
| | Prevention and Early Intervention | | | Procedures | 0.6 | 203.39 | 0.01 | - | - | - | - | 0.6 | 203.39 | 0.01 |
| | Psychiatric diagnostic evaluation | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Residential Services | | | Days | 3.9 | 186.05 | 0.06 | - | - | - | - | 3.9 | 186.05 | 0.06 |
| | Withdrawal Management | | | Days | 1.2 | 393.44 | 0.04 | - | - | - | - | 1.2 | 393.44 | 0.04 |
| | Subtotal Substance Abuse State Plan | | | | | \$ 0.25 | \$ 0.25 | \$ 0.00 | \$ 0.02 | \$ 0.00 | \$ 0.00 | | | \$ 0.27 |
| Children's Waiver Program | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Children's Waiver Program | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Vocational Supports | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Habilitative Supports Waiver | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Serious Emotional Disturbances | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Subtotal Medical Costs | | | | | | | | | | | | | | |
| | | | | | | \$ 19.42 | \$ 19.42 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 21.59 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitalization Rate Development Appendix 2 - Retrospective Rate Development Model | | | | | | | | | | | |
|---|--|--------------------------|---------------------------|--------------------------------|-----------------------------------|-----------------|------------------------|------------------|-----------------------|------------------|-----------------|
| Region: Statewide | Rate Cell: TANF - Enrolled - F - 21 - 25 | SFY 2023 Base Experience | EQI Repricing Adjustments | Policy and Program Adjustments | Adjusted SFY 2023 Base Experience | | | | | | |
| Member Months: 465,074 | Category of Service | Utilization per 1,000 | Cost per Service | PMPM Cost | Utilization Adjustment | Cost Adjustment | Utilization Adjustment | Cost Adjustment | Utilization per 1,000 | Cost per Service | |
| | Unit Type | | | | | | | | | PMPM Cost | |
| Mental Health State Plan | | | | | | | | | | | |
| Additional Support Services | Units | 175.5 | \$ 76.57 | \$ 1.12 | \$ 0.00 | \$ 0.22 | \$ 0.00 | \$ 0.00 | 161.4 | \$ 92.93 | \$ 1.25 |
| Assessive Community Treatment (ACT) | Units | 17.6 | 109.03 | 0.16 | - | 0.01 | - | - | 17.6 | 115.84 | 0.17 |
| Assessments and Testing | Procedures | 38.2 | 186.04 | 0.51 | 0.02 | 0.11 | 0.08 | - | 34.6 | 194.16 | 0.56 |
| Case Management / Treatment Planning | Units | 362.1 | 89.82 | 2.71 | 0.11 | 0.50 | 0.31 | - | 335.4 | 107.71 | 3.01 |
| Community Living Supports | Days | 0.8 | - | - | - | - | - | - | - | - | - |
| Crisis | Procedures | 34.6 | 436.99 | 1.26 | 0.12 | 0.40 | 0.09 | - | 35.4 | 572.56 | 1.69 |
| Evaluation and Management | Procedures | 63.6 | 207.45 | 1.10 | 0.02 | 0.37 | 0.25 | - | 50.3 | 295.65 | 1.24 |
| Inpatient | Days | 96.0 | 767.42 | 6.14 | 1.34 | 0.61 | 0.32 | - | 112.0 | 702.04 | 6.55 |
| Medication Administration | Procedures | 7.2 | 99.59 | 0.06 | 0.01 | - | - | - | 8.4 | 99.53 | 0.07 |
| Other | Procedures | 8.5 | 170.01 | 0.12 | 0.01 | 0.03 | - | - | 9.2 | 130.72 | 0.10 |
| Other Therapy | Procedures | 0.1 | - | - | - | - | - | - | - | - | - |
| Outpatient Services | Procedures | 24.5 | 323.27 | 0.66 | 0.04 | 0.07 | 0.05 | - | 24.1 | 358.06 | 0.72 |
| Prevention and Early Intervention | Procedures | 7.9 | 428.03 | 0.28 | 0.07 | 0.09 | 0.09 | - | 9.8 | 538.23 | 0.44 |
| Psychiatric diagnostic evaluation | Procedures | 38.1 | 384.25 | 1.22 | 0.05 | 0.07 | 0.19 | - | 33.7 | 409.13 | 1.15 |
| Psychotherapy | Procedures | 161.5 | 169.43 | 2.28 | 0.16 | 0.21 | 0.55 | - | 133.9 | 188.26 | 2.10 |
| Residential Services | Days | 5.6 | 450.00 | 0.21 | 0.01 | 0.07 | - | - | 5.9 | 551.96 | 0.27 |
| Subtotal Mental Health State Plan | | | \$ 17.83 | | \$ 1.96 | \$ 1.48 | \$ (1.93) | \$ (0.02) | | | \$ 19.32 |
| Mental Health 1915(i) | | | | | | | | | | | |
| Additional Support Services | Units | 39.8 | \$ 9.04 | \$ 0.03 | \$ 0.04 | \$ (0.05) | \$ 0.00 | \$ 0.00 | 92.9 | \$ 2.58 | \$ 0.02 |
| Community Living Supports | Days | 28.8 | 49.35 | 0.11 | 0.65 | 2.97 | - | - | 184.8 | 221.40 | 3.41 |
| Other | Procedures | 1.0 | 118.81 | 0.01 | - | - | - | - | 1.0 | 118.81 | 0.01 |
| Skill Building | Units | 5.5 | - | - | - | - | - | - | - | - | - |
| Subtotal Mental Health 1915(i) | | | 118.74 | | \$ 0.69 | \$ 2.89 | \$ 0.00 | \$ (0.03) | 17.2 | 76.83 | 0.11 |
| Autism | | | | | | | | | | | |
| Assessments and Testing | Procedures | - | - | - | - | - | - | - | - | - | - |
| Autism Services | Units | - | - | - | - | - | - | - | - | - | - |
| Subtotal Autism | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | | |
| Additional Support Services | Units | 81.4 | \$ 16.22 | \$ 0.11 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | 81.4 | \$ 16.22 | \$ 0.11 |
| Assessments and Testing | Procedures | 20.0 | 90.00 | 0.15 | - | - | - | - | 20.0 | 90.00 | 0.15 |
| Case Management / Treatment Planning | Units | 3.0 | 120.81 | 0.03 | - | 0.01 | - | - | 3.0 | 161.07 | 0.04 |
| Crisis | Procedures | 0.2 | - | - | - | - | - | - | - | - | - |
| Evaluation and Management | Procedures | 7.6 | 79.47 | 0.05 | - | - | - | - | 7.6 | 79.47 | 0.05 |
| Medication Administration | Procedures | 0.4 | - | - | - | - | - | - | - | - | - |
| Medication Assisted Treatment | Procedures | 260.9 | 15.64 | 0.34 | - | - | - | - | 260.9 | 15.64 | 0.34 |
| Other | Procedures | 0.5 | - | - | - | - | - | - | - | - | - |
| Outpatient Services | Procedures | 109.3 | 84.51 | 0.77 | - | 0.04 | - | - | 109.3 | 88.90 | 0.81 |
| Prevention and Early Intervention | Procedures | 2.7 | 88.89 | 0.02 | - | 0.01 | - | - | 2.7 | 44.44 | 0.01 |
| Psychiatric diagnostic evaluation | Procedures | 0.3 | 444.44 | 0.01 | - | - | - | - | 0.3 | 444.44 | 0.01 |
| Residential Services | Days | 78.5 | 175.80 | 1.15 | 0.05 | 0.07 | - | - | 81.9 | 175.80 | 1.20 |
| Withdrawal Management | Days | 6.1 | 355.85 | 0.18 | 0.01 | 0.02 | - | - | 6.4 | 374.41 | 0.20 |
| Subtotal Substance Abuse State Plan | | | \$ 2.81 | | \$ 0.06 | \$ 0.13 | \$ 0.00 | \$ (0.08) | | | \$ 2.92 |
| Children's Waiver Program | | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Community Living Supports | Days | - | - | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - | - | - |
| Subtotal Children's Waiver Program | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Community Living Supports | Days | - | - | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - | - | - |
| Skill Building | Units | - | - | - | - | - | - | - | - | - | - |
| Vocational Supports | Units | - | - | - | - | - | - | - | - | - | - |
| Subtotal Habilitative Supports Waiver | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Case Management / Treatment Planning | Units | - | - | - | - | - | - | - | - | - | - |
| Community Living Supports | Days | - | - | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - | - | - |
| Subtotal Serious Emotional Disturbances | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | \$ 25.79 |

| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitalization Rate Development Appendix 2 - Retrospective Rate Development Model | | | | | | | | | | |
|---|---|---------------------------|--------------------------------|-----------------------------------|-----------|-----------------------|------------------|-----------------------|------------------|-----------------|
| Region: Statewide | SFY 2023 Base Experience | EQI Repricing Adjustments | Policy and Program Adjustments | Adjusted SFY 2023 Base Experience | PMPM Cost | Utilization per 1,000 | Cost per Service | Utilization per 1,000 | Cost per Service | PMPM Cost |
| Member Months: 1,802,892 | Category of Service | Unit Type | Utilization per 1,000 | Cost per Service | PMPM Cost | Utilization per 1,000 | Cost per Service | Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | Additional Support Services | Units | 148.9 | \$ 44.33 | \$ 0.55 | 140.8 | \$ 51.15 | 140.8 | \$ 51.15 | \$ 0.60 |
| | Assessments and Testing (ACT) | Units | 39.0 | 64.67 | 0.21 | 42.7 | 67.48 | 42.7 | 67.48 | 0.24 |
| | Case Management / Treatment Planning | Units | 44.9 | 141.52 | 0.53 | 42.4 | 175.47 | 42.4 | 175.47 | 0.62 |
| | Community Living Supports | Days | 453.0 | 82.65 | 3.12 | 426.8 | 102.90 | 426.8 | 102.90 | 3.66 |
| | Crisis | Units | 4.0 | 30.00 | 0.01 | 4.0 | 30.00 | 4.0 | 30.00 | 0.01 |
| | Evaluation and Management | Procedures | 28.8 | 454.01 | 1.09 | 29.3 | 560.78 | 29.3 | 560.78 | 1.42 |
| | Inpatient | Days | 96.2 | 190.87 | 1.53 | 78.0 | 272.45 | 78.0 | 272.45 | 1.77 |
| | Medication Administration | Procedures | 90.2 | 762.31 | 5.73 | 105.0 | 700.57 | 105.0 | 700.57 | 6.13 |
| | Other | Procedures | 11.1 | 108.11 | 0.10 | 12.2 | 108.11 | 12.2 | 108.11 | 0.11 |
| | Other Therapy | Procedures | 13.3 | 135.75 | 0.15 | 14.1 | 127.30 | 14.1 | 127.30 | 0.15 |
| | Outpatient Services | Procedures | 0.0 | - | - | - | - | - | - | - |
| | Prevention and Early Intervention | Procedures | 25.2 | 280.95 | 0.59 | 23.9 | 311.04 | 23.9 | 311.04 | 0.62 |
| | Psychiatric diagnostic evaluation | Procedures | 1.4 | 340.43 | 0.04 | 9.2 | 104.69 | 9.2 | 104.69 | 0.08 |
| | Psychotherapy | Procedures | 35.4 | 373.20 | 1.10 | 31.8 | 403.39 | 31.8 | 403.39 | 1.07 |
| | Residential Services | Procedures | 193.9 | 172.04 | 2.78 | 170.2 | 186.14 | 170.2 | 186.14 | 2.64 |
| | Subtotal Mental Health State Plan | Days | 5.4 | 441.99 | 0.20 | 5.7 | 505.26 | 5.7 | 505.26 | 0.24 |
| | | | | | | | | | | \$ 19.36 |
| Mental Health 1915(i) | Additional Support Services | Units | 6.2 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | Days | 16.7 | 100.78 | 0.14 | 50.0 | 115.18 | 50.0 | 115.18 | 0.48 |
| | Other | Procedures | 0.6 | 203.39 | 0.01 | 0.6 | 203.39 | 0.6 | 203.39 | 0.01 |
| | Skill Building | Units | 8.8 | - | - | - | - | - | - | - |
| | Vocational Supports | Units | 37.2 | 45.17 | 0.14 | 37.2 | 35.49 | 37.2 | 35.49 | 0.11 |
| | Subtotal Mental Health 1915(i) | | | | | | | | | \$ 0.60 |
| Autism | Assessments and Testing | Procedures | - | - | - | - | - | - | - | - |
| | Autism Services | Units | - | - | - | - | - | - | - | - |
| | Subtotal Autism | | | | | | | | | \$ 0.00 |
| Substance Abuse State Plan | Additional Support Services | Units | 231.5 | \$ 16.58 | \$ 0.32 | 231.5 | \$ 16.58 | 231.5 | \$ 16.58 | \$ 0.32 |
| | Assessments and Testing | Procedures | 101.2 | 42.68 | 0.36 | 98.4 | 43.89 | 98.4 | 43.89 | 0.36 |
| | Case Management / Treatment Planning | Units | 8.8 | 109.34 | 0.08 | 8.8 | 123.01 | 8.8 | 123.01 | 0.09 |
| | Crisis | Procedures | 0.1 | - | - | - | - | - | - | - |
| | Evaluation and Management | Procedures | 44.9 | 82.91 | 0.31 | 44.9 | 88.25 | 44.9 | 88.25 | 0.33 |
| | Medication Administration | Procedures | 5.8 | 20.80 | 0.01 | 11.5 | 20.80 | 11.5 | 20.80 | 0.02 |
| | Medication Assisted Treatment | Procedures | 2,097.3 | 16.59 | 2.90 | 2,111.7 | 16.76 | 2,111.7 | 16.76 | 2.95 |
| | Other | Procedures | 2.3 | - | - | - | - | - | - | - |
| | Outpatient Services | Procedures | 315.6 | 80.99 | 2.13 | 314.1 | 87.11 | 314.1 | 87.11 | 2.28 |
| | Prevention and Early Intervention | Procedures | 5.7 | 84.96 | 0.04 | 5.7 | 63.72 | 5.7 | 63.72 | 0.03 |
| | Psychiatric diagnostic evaluation | Procedures | 0.5 | 266.67 | 0.01 | 0.5 | 266.67 | 0.5 | 266.67 | 0.01 |
| | Residential Services | Days | 164.5 | 179.48 | 2.46 | 171.9 | 176.67 | 171.9 | 176.67 | 2.53 |
| | Withdrawal Management | Days | 17.1 | 364.49 | 0.52 | 18.1 | 351.19 | 18.1 | 351.19 | 0.53 |
| | Subtotal Substance Abuse State Plan | | | | | | | | | \$ 9.43 |
| Children's Waiver Program | Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | Days | - | - | - | - | - | - | - | - |
| | Other | Procedures | - | - | - | - | - | - | - | - |
| | Other Therapy | Procedures | - | - | - | - | - | - | - | - |
| | Subtotal Children's Waiver Program | | | | | | | | | \$ 0.00 |
| Habilitative Supports Waiver | Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | Days | - | - | - | - | - | - | - | - |
| | Other | Procedures | - | - | - | - | - | - | - | - |
| | Skill Building | Units | - | - | - | - | - | - | - | - |
| | Vocational Supports | Units | - | - | - | - | - | - | - | - |
| | Subtotal Habilitative Supports Waiver | | | | | | | | | \$ 0.00 |
| Serious Emotional Disturbances | Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Case Management / Treatment Planning | Units | - | - | - | - | - | - | - | - |
| | Community Living Supports | Days | - | - | - | - | - | - | - | - |
| | Other | Procedures | - | - | - | - | - | - | - | - |
| | Other Therapy | Procedures | - | - | - | - | - | - | - | - |
| | Subtotal Serious Emotional Disturbances | | | | | | | | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | \$ 27.16 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitalization Rate Development Appendix 2 - Retrospective Rate Development Model | | | | | | | | | | | | |
|---|--|------------------------|---|--|-----------|---|--|--|---|--|---|-----------------|
| Region: Statewide | Rate Cell: TANF - Enrolled - F - 40 - 49 | Member Months: 595,372 | SFY 2023 Base Experience Utilization per 1,000 | SFY 2023 Base Experience Cost per Service | PMPM Cost | EQI Repricing Adjustments Utilization Adjustment | EQI Repricing Adjustments Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Policy and Program Adjustments Cost Adjustment | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Adjusted SFY 2023 Base Experience Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | |
| Additional Support Services | Units | 147.6 | \$ 36.59 | \$ 0.45 | | \$ 0.01 | \$ 0.00 | \$ (0.05) | \$ 0.00 | 134.5 | \$ 36.59 | \$ 0.41 |
| Assessments and Testing | Units | 28.4 | 113.64 | 0.25 | | 0.02 | 0.03 | (0.08) | 0.00 | 20.1 | 131.61 | 0.22 |
| Case Management / Treatment Planning | Units | 40.3 | 139.85 | 0.47 | | 0.03 | 0.12 | (0.05) | 0.00 | 38.6 | 177.16 | 0.57 |
| Community Living Supports | Units | 522.8 | 80.80 | 3.52 | | 0.16 | 0.84 | (0.37) | 0.00 | 491.6 | 101.31 | 4.15 |
| Crisis | Units | 6.8 | 35.14 | 0.02 | | - | 0.03 | - | (0.01) | 6.8 | 70.28 | 0.04 |
| Evaluation and Management | Units | 22.2 | 491.67 | 0.91 | | 0.08 | 0.23 | (0.06) | 0.00 | 22.7 | 613.22 | 1.16 |
| Inpatient | Units | 115.8 | 181.43 | 1.75 | | 0.04 | 0.54 | (0.31) | 0.00 | 97.9 | 247.62 | 2.02 |
| Medication Administration | Units | 66.2 | 755.17 | 4.29 | | 1.08 | (0.29) | (0.23) | 0.00 | 81.7 | 712.54 | 4.85 |
| Other | Units | 17.5 | 150.94 | 0.22 | | 0.01 | (0.02) | (0.01) | 0.00 | 10.6 | 101.89 | 0.09 |
| Outpatient Services | Units | 0.5 | 888.89 | 0.04 | | 0.05 | (0.07) | - | 0.00 | 19.1 | 106.92 | 0.17 |
| Prevention and Early Intervention | Units | 16.6 | 311.78 | 0.43 | | 0.04 | 0.04 | (0.01) | 0.00 | 17.7 | 311.86 | 0.46 |
| Psychiatric diagnostic evaluation | Units | 29.9 | 365.58 | 0.91 | | - | 0.03 | (0.12) | 0.00 | 26.9 | 410.10 | 0.92 |
| Psychiatry | Units | 194.7 | 176.87 | 2.87 | | 0.16 | 0.13 | (0.45) | 0.00 | 175.0 | 185.79 | 2.71 |
| Residential Services | Units | 5.8 | 375.00 | 0.18 | | - | 0.11 | (0.01) | (0.02) | 5.4 | 573.53 | 0.26 |
| Subtotal Mental Health State Plan | Days | | | \$ 16.42 | | \$ 1.73 | \$ 1.69 | \$ (1.75) | \$ (0.03) | | | \$ 18.06 |
| Mental Health 1915(i) | | | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Community Living Supports | Units | 24.9 | 144.52 | 0.30 | | - | 0.04 | - | 0.00 | 24.9 | 144.52 | 0.30 |
| Other | Units | 0.4 | 285.71 | 0.01 | | - | - | - | 0.00 | 0.4 | 285.71 | 0.01 |
| Skill Building | Units | 132.3 | - | - | | - | (0.14) | - | 0.00 | - | - | - |
| Subtotal Mental Health 1915(i) | Units | 218.0 | 24.78 | \$ 0.45 | | \$ 0.06 | \$ (0.14) | \$ (0.02) | \$ (0.07) | 237.3 | 14.16 | \$ 0.28 |
| Autism | | | | | | | | | | | | |
| Assessments and Testing | Units | - | - | - | | - | - | - | - | - | - | - |
| Autism Services | Units | - | - | - | | - | - | - | - | - | - | - |
| Subtotal Autism | Units | - | - | \$ 0.00 | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | - | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | | | |
| Additional Support Services | Units | 241.1 | \$ 14.43 | \$ 0.29 | | \$ 0.00 | \$ 0.01 | \$ 0.00 | \$ 0.00 | 241.1 | \$ 14.93 | \$ 0.30 |
| Assessments and Testing | Units | 104.3 | 36.82 | 0.32 | | (0.01) | 0.01 | - | 0.00 | 101.0 | 38.01 | 0.32 |
| Case Management / Treatment Planning | Units | 7.6 | 110.82 | 0.07 | | - | 0.01 | - | 0.00 | 7.6 | 126.65 | 0.08 |
| Crisis | Units | 0.0 | - | - | | - | 0.02 | - | 0.00 | - | - | - |
| Evaluation and Management | Units | 48.3 | 81.94 | 0.33 | | 0.01 | 0.02 | - | 0.00 | 48.3 | 86.90 | 0.35 |
| Medication Administration | Units | 5.3 | 22.56 | 0.01 | | 0.01 | 0.01 | - | 0.00 | 10.6 | 22.56 | 0.02 |
| Medication Assisted Treatment | Units | 2,295.6 | 16.57 | 3.17 | | 0.03 | 0.01 | - | 0.00 | 2,317.3 | 16.62 | 3.21 |
| Other | Units | 3.3 | 36.04 | 0.01 | | - | 0.01 | - | 0.00 | 3.3 | 36.04 | 0.01 |
| Outpatient Services | Units | 323.5 | 78.27 | 2.11 | | 0.01 | 0.20 | (0.01) | 0.00 | 323.5 | 85.69 | 2.31 |
| Prevention and Early Intervention | Units | 5.2 | 91.60 | 0.04 | | - | 0.04 | - | 0.00 | 5.2 | 91.60 | 0.04 |
| Psychiatric diagnostic evaluation | Units | 0.4 | 285.71 | 0.01 | | 0.07 | 0.14 | - | 0.00 | 0.4 | 285.71 | 0.01 |
| Residential Services | Units | 154.3 | 175.80 | 2.26 | | 0.02 | 0.01 | - | (0.14) | 159.1 | 175.79 | 2.33 |
| Withdrawal Management | Units | 15.0 | 368.49 | 0.46 | | 0.02 | 0.01 | - | (0.03) | 15.6 | 353.17 | 0.46 |
| Subtotal Substance Abuse State Plan | Days | | | \$ 9.08 | | \$ 0.15 | \$ 0.41 | \$ (0.01) | \$ (0.17) | | | \$ 9.44 |
| Children's Waiver Program | | | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Community Living Supports | Units | - | - | - | | - | - | - | 0.00 | - | - | - |
| Other | Units | - | - | - | | - | - | - | 0.00 | - | - | - |
| Subtotal Children's Waiver Program | Units | - | - | \$ 0.00 | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | - | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Community Living Supports | Units | - | - | - | | - | - | - | 0.00 | - | - | - |
| Other | Units | - | - | - | | - | - | - | 0.00 | - | - | - |
| Skill Building | Units | - | - | - | | - | - | - | 0.00 | - | - | - |
| Vocational Supports | Units | - | - | - | | - | - | - | 0.00 | - | - | - |
| Subtotal Habilitative Supports Waiver | Units | - | - | \$ 0.00 | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | - | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Case Management / Treatment Planning | Units | - | - | - | | - | - | - | 0.00 | - | - | - |
| Community Living Supports | Units | - | - | - | | - | - | - | 0.00 | - | - | - |
| Other | Units | - | - | - | | - | - | - | 0.00 | - | - | - |
| Subtotal Serious Emotional Disturbances | Units | - | - | \$ 0.00 | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | - | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | |
| | | | | \$ 26.26 | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 28.09 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitalization Rate Development Appendix 2 - Retrospective Rate Development Model | | | | | | | | | |
|---|--|------------------------|--------------------------|---------------------------|--------------------------------|-----------------------------------|------------------------|-----------------------|-----------------|
| Region: Statewide | Rate Cell: TANF - Enrolled - F - 50 - 64 | Member Months: 157,177 | SFY 2023 Base Experience | EQI Repricing Adjustments | Policy and Program Adjustments | Adjusted SFY 2023 Base Experience | Cost per Service | Utilization per 1,000 | PMPM Cost |
| Category of Service | Unit Type | Utilization per 1,000 | Cost per Service | PMPM Cost | Utilization Adjustment | Cost Adjustment | Utilization Adjustment | Cost Adjustment | PMPM Cost |
| Mental Health State Plan | | | | | | | | | |
| Additional Support Services | Units | 499.9 | \$ 6.72 | \$ 0.28 | | | | | |
| Assessments and Testing (ACT) | Units | 74.9 | 36.65 | 0.23 | | | | | |
| Assessments and Testing | Procedures | 32.5 | 129.43 | 0.35 | | | | | |
| Case Management / Treatment Planning | Units | 486.6 | 75.70 | 3.07 | | | | | |
| Community Living Supports | Days | | | | | | | | |
| Crisis | Procedures | 15.7 | 452.40 | 0.59 | | | | | |
| Evaluation and Management | Procedures | 96.3 | 170.85 | 1.40 | | | | | |
| Inpatient | Days | 55.1 | 789.10 | 3.62 | | | | | |
| Medication Administration | Procedures | 9.2 | 77.92 | 0.06 | | | | | |
| Other | Procedures | 14.7 | 147.34 | 0.18 | | | | | |
| Other Therapy | Procedures | 0.5 | 782.61 | 0.03 | | | | | |
| Outpatient Services | Procedures | 12.5 | 335.46 | 0.35 | | | | | |
| Prevention and Early Intervention | Procedures | | | | | | | | |
| Psychiatric diagnostic evaluation | Procedures | 22.6 | 313.27 | 0.59 | | | | | |
| Psychotherapy | Procedures | 140.9 | 165.27 | 1.94 | | | | | |
| Residential Services | Days | 5.0 | 483.87 | 0.20 | | | | | |
| Subtotal Mental Health State Plan | | | | \$ 12.89 | | | | | \$ 16.48 |
| Mental Health 1915(i) | | | | | | | | | |
| Additional Support Services | Units | | \$ 0.00 | \$ 0.00 | | | | | |
| Community Living Supports | Days | 25.1 | 186.31 | 0.39 | | | | | |
| Other | Procedures | 0.3 | 387.10 | 0.01 | | | | | |
| Skill Building | Units | | | | | | | | |
| Vocational Supports | Units | 25.0 | 57.60 | 0.12 | | | | | |
| Subtotal Mental Health 1915(i) | | | | \$ 0.52 | | | | | \$ 0.36 |
| Autism | | | | | | | | | |
| Assessments and Testing | Procedures | | | | | | | | |
| Autism Services | Units | | | | | | | | |
| Subtotal Autism | | | | \$ 0.00 | | | | | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | |
| Additional Support Services | Units | 183.8 | \$ 15.01 | \$ 0.23 | | | | | |
| Assessments and Testing | Procedures | 58.0 | 41.42 | 0.20 | | | | | |
| Case Management / Treatment Planning | Units | 2.2 | 108.60 | 0.02 | | | | | |
| Crisis | Procedures | | | | | | | | |
| Evaluation and Management | Procedures | 16.7 | 78.95 | 0.11 | | | | | |
| Medication Administration | Procedures | 6.0 | 19.90 | 0.01 | | | | | |
| Medication Assisted Treatment | Procedures | 874.9 | 17.42 | 1.27 | | | | | |
| Other | Procedures | 0.4 | | | | | | | |
| Outpatient Services | Procedures | 160.4 | 88.27 | 1.18 | | | | | |
| Prevention and Early Intervention | Procedures | 3.3 | 146.34 | 0.04 | | | | | |
| Psychiatric diagnostic evaluation | Procedures | | | | | | | | |
| Residential Services | Days | 73.8 | 182.24 | 1.12 | | | | | |
| Withdrawal Management | Days | 8.1 | 341.16 | 0.23 | | | | | |
| Subtotal Substance Abuse State Plan | | | | \$ 4.41 | | | | | \$ 4.65 |
| Children's Waiver Program | | | | | | | | | |
| Additional Support Services | Units | | \$ 0.00 | \$ 0.00 | | | | | |
| Community Living Supports | Days | | | | | | | | |
| Other | Procedures | | | | | | | | |
| Other Therapy | Procedures | | | | | | | | |
| Subtotal Children's Waiver Program | | | | \$ 0.00 | | | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | |
| Additional Support Services | Units | | \$ 0.00 | \$ 0.00 | | | | | |
| Community Living Supports | Days | | | | | | | | |
| Other | Procedures | | | | | | | | |
| Skill Building | Units | | | | | | | | |
| Vocational Supports | Units | | | | | | | | |
| Subtotal Habilitative Supports Waiver | | | | \$ 0.00 | | | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | |
| Additional Support Services | Units | | \$ 0.00 | \$ 0.00 | | | | | |
| Case Management / Treatment Planning | Units | | | | | | | | |
| Community Living Supports | Days | | | | | | | | |
| Other | Procedures | | | | | | | | |
| Other Therapy | Procedures | | | | | | | | |
| Subtotal Serious Emotional Disturbances | | | | \$ 0.00 | | | | | \$ 0.00 |
| Total Medical Costs | | | | \$ 17.82 | | | | | \$ 21.49 |

| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitalization Rate Development Appendix 2 - Retrospective Rate Development Model | | | | | | | | | | | | | | |
|---|--|--------------------------|---------------------|------------|--|---|-----------|--|---|---|--|---|--|-----------------|
| Region: Statewide | Rate Cell: TANF - Enrolled - F - 6 - 18 | Member Months: 3,414,315 | Category of Service | Unit Type | SFY 2023 Base Experience Utilization per 1,000 | SFY 2023 Base Experience Cost per Service | PMPM Cost | EQI Repricing Adjustments Utilization Adjustment | EQI Repricing Adjustments Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Policy and Program Adjustments Cost Adjustment | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Adjusted SFY 2023 Base Experience Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 629.0 | \$ 74.52 | \$ 3.90 | \$ 0.19 | \$ 0.09 | \$ (0.04) | \$ (0.04) | 652.1 | \$ 76.18 | \$ 4.14 |
| | Assessments and Testing (ACT) | | | Units | 1.4 | 84.51 | 0.01 | - | - | - | - | 1.4 | 84.51 | 0.01 |
| | Assessments and Testing | | | Procedures | 45.5 | 210.80 | 0.80 | 0.04 | 0.04 | (0.05) | (0.05) | 45.0 | 221.48 | 0.83 |
| | Case Management / Treatment Planning | | | Units | 409.3 | 100.56 | 3.43 | 0.15 | 0.27 | (0.14) | (0.14) | 410.5 | 108.45 | 3.71 |
| | Community Living Supports | | | Days | 2.7 | 44.78 | 0.01 | - | - | - | - | 2.7 | 44.78 | 0.01 |
| | Crisis | | | Procedures | 35.1 | 499.29 | 1.46 | 0.04 | 0.53 | (0.02) | (0.02) | 35.6 | 678.10 | 2.01 |
| | Evaluation and Management | | | Procedures | 68.7 | 220.25 | 1.26 | - | 0.31 | - | - | 65.4 | 277.15 | 1.51 |
| | Inpatient | | | Days | 799.20 | 799.20 | 5.32 | 0.59 | (0.44) | - | - | 88.7 | 739.69 | 5.47 |
| | Medication Administration | | | Procedures | 0.9 | 141.18 | 0.01 | - | - | - | - | 0.9 | 141.18 | 0.01 |
| | Other | | | Procedures | 3.5 | 204.55 | 0.06 | - | (0.02) | - | - | 3.5 | 136.36 | 0.04 |
| | Other Therapy | | | Procedures | 19.9 | 114.69 | 0.19 | 0.01 | (0.01) | - | - | 20.9 | 108.93 | 0.19 |
| | Outpatient Services | | | Procedures | 35.3 | 316.06 | 0.93 | 0.03 | - | - | - | 36.5 | 316.05 | 0.96 |
| | Prevention and Early Intervention | | | Procedures | 6.5 | 222.91 | 0.12 | - | 0.01 | - | - | 6.5 | 241.49 | 0.13 |
| | Psychiatric diagnostic evaluation | | | Procedures | 36.2 | 380.79 | 1.15 | 0.04 | 0.09 | (0.04) | (0.04) | 36.2 | 410.60 | 1.24 |
| | Psychotherapy | | | Procedures | 281.1 | 184.85 | 4.33 | 0.25 | 184.85 | (0.20) | (0.20) | 284.3 | 192.87 | 4.57 |
| | Residential Services | | | Days | 8.9 | 565.66 | 0.42 | 0.02 | (0.01) | - | - | 9.3 | 527.33 | 0.41 |
| | Subtotal Mental Health State Plan | | | | | \$ 23.40 | | \$ 1.36 | \$ 1.05 | \$ (0.55) | \$ (0.02) | | | \$ 25.24 |
| Mental Health 1915(i) | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 589.0 | \$ 5.91 | \$ 0.29 | \$ 0.01 | \$ 0.00 | \$ 0.00 | \$ 0.00 | 609.3 | \$ 5.12 | \$ 0.26 |
| | Community Living Supports | | | Days | 86.0 | 107.43 | 0.77 | 0.15 | 0.01 | - | - | 102.8 | 92.24 | 0.79 |
| | Other | | | Procedures | 23.7 | 192.24 | 0.58 | 0.04 | (0.04) | - | - | 26.2 | 173.91 | 0.38 |
| | Skill Building | | | Units | 8.5 | 28.27 | 0.02 | - | (0.01) | - | - | 8.5 | 14.13 | 0.01 |
| | Vocational Supports | | | Units | 4.0 | 60.00 | 0.02 | - | - | - | - | 4.0 | 60.00 | 0.02 |
| | Subtotal Mental Health 1915(i) | | | | | \$ 1.48 | | \$ 0.20 | \$ (0.04) | \$ (0.18) | | | | \$ 1.46 |
| Autism | | | | | | | | | | | | | | |
| | Assessments and Testing | | | Procedures | 0.0 | - | - | - | - | - | - | - | - | - |
| | Autism Services | | | Units | 1,681.6 | 16.92 | 2.23 | 0.03 | (0.02) | - | - | 1,602.8 | 16.77 | 2.24 |
| | Subtotal Autism | | | | | \$ 2.23 | | \$ 0.03 | \$ (0.02) | \$ 0.00 | \$ 0.00 | | | \$ 2.24 |
| Substance Abuse State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 0.9 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Assessments and Testing | | | Procedures | 0.6 | 214.29 | 0.01 | - | - | - | - | 0.6 | 214.29 | 0.01 |
| | Case Management / Treatment Planning | | | Units | 0.1 | - | - | - | - | - | - | - | - | - |
| | Crisis | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Evaluation and Management | | | Procedures | 0.1 | - | - | - | - | - | - | - | - | - |
| | Medication Administration | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Medication Assisted Treatment | | | Procedures | 0.0 | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Outpatient Services | | | Procedures | 3.0 | 118.81 | 0.03 | - | - | - | - | 3.0 | 118.81 | 0.03 |
| | Prevention and Early Intervention | | | Procedures | 1.5 | 81.63 | 0.01 | - | - | - | - | 1.5 | 81.63 | 0.01 |
| | Psychiatric diagnostic evaluation | | | Procedures | 0.0 | - | - | - | - | - | - | - | - | - |
| | Residential Services | | | Days | 4.6 | 315.79 | 0.12 | - | (0.04) | - | - | 4.6 | 210.53 | 0.08 |
| | Withdrawal Management | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Substance Abuse State Plan | | | | | \$ 0.17 | | \$ 0.00 | \$ (0.04) | \$ 0.00 | \$ 0.00 | | | \$ 0.13 |
| Children's Waiver Program | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Children's Waiver Program | | | | | \$ 0.00 | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Vocational Supports | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Habilitative Supports Waiver | | | | | \$ 0.00 | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Serious Emotional Disturbances | | | | | \$ 0.00 | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | | | |
| | | | | | | \$ 27.28 | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 29.07 |

| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitalization Rate Development Appendix 2 - Retrospective Rate Development Model | | | | | | | | | | | |
|---|--|---|--|----------------|---|-----------------|--|-----------------|--|---|----------------|
| Region: Statewide | Rate Cells: TANF - Enrolled - F - 65+ | SFY 2023 Base Experience Utilization per 1,000 | SFY 2023 Base Experience Cost per Service | PMPM Cost | EQI Repricing Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Adjusted SFY 2023 Base Experience Cost per Service | PMPM Cost |
| Member Months: 960 | Category of Service | Unit Type | | | | | | | | | |
| | Mental Health State Plan | | | | | | | | | | |
| | Additional Support Services | Units | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| | Assertive Community Treatment (ACT) | Units | - | - | - | - | - | - | - | - | - |
| | Assessments and Testing | Procedures | - | - | - | - | - | - | - | - | - |
| | Case Management / Treatment Planning | Units | - | - | - | - | - | - | - | - | - |
| | Community Living Supports | Days | - | - | - | - | - | - | - | - | - |
| | Crisis | Procedures | - | - | - | - | - | - | - | - | - |
| | Evaluation and Management | Procedures | - | - | - | - | - | - | - | - | - |
| | Inpatient | Days | - | - | - | - | - | - | - | - | - |
| | Medication Administration | Procedures | - | - | - | - | - | - | - | - | - |
| | Other | Procedures | - | - | - | - | - | - | - | - | - |
| | Other Therapy | Procedures | - | - | - | - | - | - | - | - | - |
| | Outpatient Services | Procedures | - | - | - | - | - | - | - | - | - |
| | Prevention and Early Intervention | Procedures | - | - | - | - | - | - | - | - | - |
| | Psychiatric diagnostic evaluation | Procedures | - | - | - | - | - | - | - | - | - |
| | Psychotherapy | Procedures | - | - | - | - | - | - | - | - | - |
| | Residential Services | Procedures | - | - | - | - | - | - | - | - | - |
| | Subtotal Mental Health State Plan | Days | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| | Mental Health 1915(i) | | | | | | | | | | |
| | Additional Support Services | Units | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | Days | - | - | - | - | - | - | - | - | - |
| | Other | Procedures | - | - | - | - | - | - | - | - | - |
| | Skill Building | Units | - | - | - | - | - | - | - | - | - |
| | Vocational Supports | Units | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| | Subtotal Mental Health 1915(i) | Units | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| | Autism | | | | | | | | | | |
| | Assessments and Testing | Procedures | - | - | - | - | - | - | - | - | - |
| | Autism Services | Units | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| | Subtotal Autism | Units | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| | Substance Abuse State Plan | | | | | | | | | | |
| | Additional Support Services | Units | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| | Assessments and Testing | Units | - | - | - | - | - | - | - | - | - |
| | Case Management / Treatment Planning | Units | - | - | - | - | - | - | - | - | - |
| | Crisis | Procedures | - | - | - | - | - | - | - | - | - |
| | Evaluation and Management | Procedures | - | - | - | - | - | - | - | - | - |
| | Medication Administration | Procedures | - | - | - | - | - | - | - | - | - |
| | Medication Assisted Treatment | Procedures | - | - | - | - | - | - | - | - | - |
| | Other | Procedures | - | - | - | - | - | - | - | - | - |
| | Outpatient Services | Procedures | - | - | - | - | - | - | - | - | - |
| | Prevention and Early Intervention | Procedures | - | - | - | - | - | - | - | - | - |
| | Psychiatric diagnostic evaluation | Procedures | - | - | - | - | - | - | - | - | - |
| | Residential Services | Procedures | - | - | - | - | - | - | - | - | - |
| | Withdrawal Management | Days | - | - | - | - | - | - | - | - | - |
| | Subtotal Substance Abuse State Plan | Days | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| | Children's Waiver Program | | | | | | | | | | |
| | Additional Support Services | Units | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | Days | - | - | - | - | - | - | - | - | - |
| | Other | Procedures | - | - | - | - | - | - | - | - | - |
| | Other Therapy | Procedures | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| | Subtotal Children's Waiver Program | Units | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| | Habilitative Supports Waiver | | | | | | | | | | |
| | Additional Support Services | Units | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | Days | - | - | - | - | - | - | - | - | - |
| | Other | Procedures | - | - | - | - | - | - | - | - | - |
| | Skill Building | Units | - | - | - | - | - | - | - | - | - |
| | Vocational Supports | Units | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| | Subtotal Habilitative Supports Waiver | Units | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| | Serious Emotional Disturbances | | | | | | | | | | |
| | Additional Support Services | Units | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| | Case Management / Treatment Planning | Units | - | - | - | - | - | - | - | - | - |
| | Community Living Supports | Days | - | - | - | - | - | - | - | - | - |
| | Other | Procedures | - | - | - | - | - | - | - | - | - |
| | Other Therapy | Procedures | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| | Subtotal Serious Emotional Disturbances | Procedures | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| | Total Medical Costs | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |

| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitalization Rate Development Appendix 2 - Retrospective Rate Development Model | | | | | | | | | | | | |
|---|--|--------------------------|---|------------------|-----------------|---|-----------------|--|-----------------|--|------------------|-----------------|
| Region: Statewide | Rate Cell: TANF - Enrolled - M - 0 - 5 | Member Months: 1,788,210 | SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | EQI Repricing Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | |
| | Additional Support Services | | 390.1 | \$ 75.06 | \$ 2.44 | | | | | | | |
| | Assessments and Testing | | - | - | - | \$ 0.15 | \$ 0.09 | \$ 0.00 | \$ 0.00 | 414.1 | \$ 77.67 | \$ 2.68 |
| | Case Management / Treatment Planning | | 107.0 | 285.68 | 2.28 | 0.09 | 0.24 | - | - | 111.2 | 281.58 | 2.61 |
| | Community Living Supports | | 450.7 | 96.12 | 3.61 | 0.21 | 0.07 | - | - | 476.9 | 97.88 | 3.89 |
| | Crisis | | 0.6 | 562.50 | 0.03 | - | - | - | - | 0.6 | 937.50 | 0.05 |
| | Evaluation and Management | | 5.3 | 228.57 | 0.10 | - | 0.04 | - | - | 5.3 | 320.00 | 0.14 |
| | Inpatient | | 0.1 | - | - | - | - | - | - | - | - | - |
| | Medication Administration | | - | - | - | - | - | - | - | - | - | - |
| | Other | | 3.0 | 40.13 | 0.01 | - | (0.01) | - | - | 3.0 | - | - |
| | Outpatient Services | | 215.4 | 93.03 | 1.67 | (0.01) | 0.05 | - | - | 214.1 | 95.83 | 1.71 |
| | Prevention and Early Intervention | | 12.4 | 242.13 | 0.25 | 0.01 | 0.09 | - | - | 12.9 | 325.83 | 0.35 |
| | Psychiatric diagnostic evaluation | | 20.5 | 385.78 | 0.66 | 0.03 | (0.04) | - | - | 21.5 | 363.47 | 0.65 |
| | Psychotherapy | | 21.4 | 185.48 | 0.33 | 0.02 | - | - | - | 22.6 | 185.51 | 0.35 |
| | Residential Services | | 0.1 | - | - | \$ 0.50 | \$ 0.55 | \$ 0.00 | \$ 0.00 | - | - | \$ 12.43 |
| | Subtotal Mental Health State Plan | | | | \$ 11.38 | | | | | | | |
| Mental Health 1915(i) | | | | | | | | | | | | |
| | Additional Support Services | | 621.7 | \$ 5.02 | \$ 0.26 | \$ 0.01 | \$ 0.02 | \$ 0.00 | \$ (0.04) | 645.6 | \$ 4.65 | \$ 0.25 |
| | Community Living Supports | | 26.9 | 124.46 | 0.31 | 0.08 | 0.01 | - | (0.06) | 37.6 | 108.51 | 0.34 |
| | Other | | 23.3 | 142.57 | 0.30 | 0.02 | 0.03 | - | - | 26.9 | 155.96 | 0.35 |
| | Skill Building | | 1.3 | - | - | - | - | - | - | - | - | - |
| | Vocational Supports | | - | - | - | \$ 0.11 | \$ 0.06 | \$ 0.00 | \$ (0.10) | - | - | \$ 0.94 |
| | Subtotal Mental Health 1915(i) | | | | \$ 0.87 | | | | | | | |
| Autism | | | | | | | | | | | | |
| | Assessments and Testing | | 0.3 | 413.79 | 0.01 | - | 1.56 | - | - | 0.3 | 413.79 | 0.01 |
| | Autism Services | | 26,592.8 | 16.89 | 37.43 | 0.01 | 1.56 | \$ 0.00 | (0.01) | 26,599.9 | 17.59 | 38.98 |
| | Subtotal Autism | | | | \$ 37.43 | | | | | | | \$ 38.99 |
| Substance Abuse State Plan | | | | | | | | | | | | |
| | Additional Support Services | | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Assessments and Testing | | - | - | - | - | - | - | - | - | - | - |
| | Case Management / Treatment Planning | | - | - | - | - | - | - | - | - | - | - |
| | Crisis | | - | - | - | - | - | - | - | - | - | - |
| | Evaluation and Management | | - | - | - | - | - | - | - | - | - | - |
| | Medication Administration | | - | - | - | - | - | - | - | - | - | - |
| | Medication Assisted Treatment | | - | - | - | - | - | - | - | - | - | - |
| | Other | | - | - | - | - | - | - | - | - | - | - |
| | Outpatient Services | | - | - | - | - | - | - | - | - | - | - |
| | Prevention and Early Intervention | | - | - | - | - | - | - | - | - | - | - |
| | Psychiatric diagnostic evaluation | | - | - | - | - | - | - | - | - | - | - |
| | Residential Services | | - | - | - | - | - | - | - | - | - | - |
| | Withdrawal Management | | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Substance Abuse State Plan | | | | \$ 0.00 | | | | | | | \$ 0.00 |
| Children's Waiver Program | | | | | | | | | | | | |
| | Additional Support Services | | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | - | - | - | - | - | - | - | - | - | - |
| | Other | | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Children's Waiver Program | | | | \$ 0.00 | | | | | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | |
| | Additional Support Services | | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | - | - | - | - | - | - | - | - | - | - |
| | Other | | - | - | - | - | - | - | - | - | - | - |
| | Skill Building | | - | - | - | - | - | - | - | - | - | - |
| | Vocational Supports | | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Habilitative Supports Waiver | | | | \$ 0.00 | | | | | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | |
| | Additional Support Services | | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Case Management / Treatment Planning | | - | - | - | - | - | - | - | - | - | - |
| | Community Living Supports | | - | - | - | - | - | - | - | - | - | - |
| | Other | | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Serious Emotional Disturbances | | | | \$ 0.00 | | | | | | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | |
| | | | | | \$ 49.68 | | | | | | | \$ 52.36 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 2 - Retrospective Rate Development Model | | | | | | | | | |
|---|--|------------------------|--------------------------|---------------------------|--------------------------------|-----------------------------------|------------------|-----------------------|-----------------|
| Region: Statewide | Rate Cell: TANF - Enrolled - M - 19 - 20 | Member Months: 222,367 | SFY 2023 Base Experience | EQI Repricing Adjustments | Policy and Program Adjustments | Adjusted SFY 2023 Base Experience | Cost per Service | PMPM Cost | PMPM Cost |
| Category of Service | Unit Type | Utilization per 1,000 | Cost per Service | Utilization Adjustment | Cost Adjustment | Utilization per 1,000 | Cost per Service | Utilization per 1,000 | PMPM Cost |
| Mental Health State Plan | | | | | | | | | |
| Additional Support Services | Units | 252.2 | \$ 7.61 | \$ 0.07 | \$ (0.01) | 346.8 | \$ 9.00 | 346.8 | \$ 9.00 |
| Assessments and Testing (ACT) | Units | 39.0 | 107.69 | 0.01 | - | 40.1 | 116.68 | 40.1 | 116.68 |
| Assessments and Testing | Procedures | 24.4 | 201.72 | 0.07 | (0.06) | 25.0 | 206.57 | 25.0 | 206.57 |
| Case Management / Treatment Planning | Units | 303.8 | 92.04 | 0.12 | (0.25) | 286.8 | 107.94 | 286.8 | 107.94 |
| Community Living Supports | Days | 42.1 | 99.79 | 0.03 | (0.03) | 45.7 | 60.39 | 45.7 | 60.39 |
| Crisis | Procedures | 26.3 | 465.75 | 0.12 | (0.04) | 28.3 | 618.21 | 28.3 | 618.21 |
| Evaluation and Management | Procedures | 45.1 | 196.85 | - | (0.13) | 37.2 | 280.72 | 37.2 | 280.72 |
| Inpatient | Days | 128.7 | 757.40 | 2.01 | (0.01) | 160.5 | 727.48 | 160.5 | 727.48 |
| Medication Administration | Procedures | 16.9 | 99.47 | - | (0.01) | 15.7 | 107.14 | 15.7 | 107.14 |
| Other | Procedures | 16.6 | 129.96 | 0.01 | (0.02) | 17.5 | 116.31 | 17.5 | 116.31 |
| Other Therapy | Procedures | 0.3 | - | - | - | - | - | - | - |
| Outpatient Services | Procedures | 9.5 | 315.79 | - | - | 9.5 | 328.42 | 9.5 | 328.42 |
| Prevention and Early Intervention | Procedures | - | - | - | - | - | - | - | - |
| Psychiatric diagnostic evaluation | Procedures | 21.6 | 371.53 | 0.04 | (0.11) | 19.4 | 402.48 | 19.4 | 402.48 |
| Psychotherapy | Procedures | 80.5 | 166.92 | 0.06 | (0.34) | 60.4 | 190.76 | 60.4 | 190.76 |
| Residential Services | Days | 11.8 | 345.18 | 0.01 | (0.03) | 12.2 | 493.02 | 12.2 | 493.02 |
| Subtotal Mental Health State Plan | | | \$ 16.18 | \$ 2.55 | \$ (0.95) | | | | \$ 18.63 |
| Mental Health 1915(i) | | | | | | | | | |
| Additional Support Services | Units | 269.2 | \$ 4.90 | \$ 0.00 | \$ 0.00 | 269.2 | \$ 4.90 | 269.2 | \$ 4.90 |
| Community Living Supports | Days | 114.8 | 226.75 | 0.42 | (0.64) | 137.1 | 151.46 | 137.1 | 151.46 |
| Other | Procedures | 4.4 | 108.35 | 0.01 | - | 5.5 | 151.62 | 5.5 | 151.62 |
| Skill Building | Units | 169.8 | - | - | (0.03) | 86.3 | 47.29 | 86.3 | 47.29 |
| Vocational Supports | Units | 101.5 | 23.64 | - | (0.08) | - | - | - | - |
| Subtotal Mental Health 1915(i) | | | \$ 2.52 | \$ 0.43 | \$ (0.03) | | | | \$ 2.25 |
| Autism | | | | | | | | | |
| Assessments and Testing | Procedures | - | - | - | - | - | - | - | - |
| Autism Services | Units | 259.0 | 14.83 | - | - | 259.0 | 15.75 | 259.0 | 15.75 |
| Subtotal Autism | | | \$ 0.32 | \$ 0.00 | \$ 0.00 | | | | \$ 0.34 |
| Substance Abuse State Plan | | | | | | | | | |
| Additional Support Services | Units | 12.0 | \$ 10.02 | \$ 0.00 | \$ 0.00 | 12.0 | \$ 10.02 | 12.0 | \$ 10.02 |
| Assessments and Testing | Procedures | 6.9 | 121.56 | - | - | 6.9 | 121.56 | 6.9 | 121.56 |
| Case Management / Treatment Planning | Units | 1.2 | 104.35 | - | - | 1.2 | 104.35 | 1.2 | 104.35 |
| Crisis | Procedures | - | - | - | - | - | - | - | - |
| Evaluation and Management | Procedures | 2.3 | 105.73 | 0.01 | - | 2.3 | 158.59 | 2.3 | 158.59 |
| Medication Administration | Procedures | 0.1 | - | - | - | - | - | - | - |
| Medication Assisted Treatment | Procedures | 35.0 | 20.56 | - | - | 35.0 | 20.56 | 35.0 | 20.56 |
| Other | Procedures | 0.1 | - | - | - | - | - | - | - |
| Outpatient Services | Procedures | 38.9 | 83.40 | 0.07 | - | 38.9 | 105.02 | 38.9 | 105.02 |
| Prevention and Early Intervention | Procedures | 0.8 | 157.89 | - | - | 0.8 | 157.89 | 0.8 | 157.89 |
| Psychiatric diagnostic evaluation | Procedures | 0.1 | - | - | - | - | - | - | - |
| Residential Services | Days | 18.2 | 184.72 | 0.03 | (0.02) | 20.1 | 190.67 | 20.1 | 190.67 |
| Withdrawal Management | Days | 2.5 | 330.71 | - | - | 2.5 | 330.71 | 2.5 | 330.71 |
| Subtotal Substance Abuse State Plan | | | \$ 0.80 | \$ 0.03 | \$ (0.02) | | | | \$ 0.92 |
| Children's Waiver Program | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | - | \$ 0.00 |
| Community Living Supports | Days | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - |
| Other Therapy | Procedures | - | - | - | - | - | - | - | - |
| Subtotal Children's Waiver Program | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | - | \$ 0.00 |
| Community Living Supports | Days | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - |
| Skill Building | Units | - | - | - | - | - | - | - | - |
| Vocational Supports | Units | - | - | - | - | - | - | - | - |
| Subtotal Habilitative Supports Waiver | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | - | \$ 0.00 |
| Case Management / Treatment Planning | Units | - | - | - | - | - | - | - | - |
| Community Living Supports | Days | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - |
| Other Therapy | Procedures | - | - | - | - | - | - | - | - |
| Subtotal Serious Emotional Disturbances | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | | \$ 0.00 |
| Total Medical Costs | | | \$ 19.82 | \$ 0.00 | \$ 0.00 | | | | \$ 22.14 |

| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitalization Rate Development Appendix 2 - Retrospective Rate Development Model | | | | | | | | | | | | | | |
|---|--|-----------------------|---------------------|-----------|--|---|-----------------|--|---|---|--|---|--|-----------------|
| Region: Statewide | Rate Cell: TANF - Enrolled - M - 21 - 25 | Member Months: 87,303 | Category of Service | Unit Type | SFY 2023 Base Experience Utilization per 1,000 | SFY 2023 Base Experience Cost per Service | PMPM Cost | EQI Repricing Adjustments Utilization Adjustment | EQI Repricing Adjustments Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Policy and Program Adjustments Cost Adjustment | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Adjusted SFY 2023 Base Experience Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 211.7 | \$ 16.44 | \$ 0.29 | \$ 0.65 | \$ 0.58 | \$ (0.02) | \$ 0.00 | 671.5 | \$ 26.80 | \$ 1.50 |
| | Assessments and Testing | | | Units | 100.0 | 95.97 | 0.80 | - | 0.11 | (0.24) | - | 70.0 | 114.82 | 0.67 |
| | Case Management / Treatment Planning | | | Units | 24.2 | 188.74 | 0.32 | 0.03 | 0.05 | (0.06) | - | 21.9 | 186.13 | 0.34 |
| | Community Living Supports | | | Units | 285.0 | 88.41 | 2.10 | 0.09 | 0.45 | (0.28) | - | 259.3 | 105.24 | 2.36 |
| | Crisis | | | Units | 35.3 | 78.12 | 0.23 | - | 0.05 | - | (0.03) | 35.3 | 84.91 | 0.25 |
| | Evaluation and Management | | | Units | 32.2 | 417.91 | 1.12 | 0.16 | 0.43 | (0.09) | - | 34.2 | 568.92 | 1.62 |
| | Inpatient | | | Units | 44.7 | 206.85 | 0.77 | (0.01) | 0.31 | (0.15) | - | 35.4 | 311.95 | 0.92 |
| | Medication Administration | | | Units | 135.1 | 749.56 | 8.44 | 1.31 | (0.83) | (0.03) | - | 11.2 | 128.69 | 7.73 |
| | Other | | | Units | 7.0 | 136.95 | 0.08 | 0.01 | - | - | - | 7.0 | 136.95 | 0.08 |
| | Outpatient Services | | | Units | 4.7 | 359.74 | 0.14 | - | - | - | - | 4.7 | 359.74 | 0.14 |
| | Prevention and Early Intervention | | | Units | 27.9 | 404.30 | 0.94 | 0.03 | 0.05 | (0.15) | - | 24.6 | 428.57 | 0.88 |
| | Psychiatric diagnostic evaluation | | | Units | 80.0 | 166.50 | 1.11 | 0.04 | 0.06 | (0.14) | - | 72.1 | 176.50 | 1.06 |
| | Residential Services | | | Units | 4.0 | 421.05 | 0.14 | - | 0.03 | - | (0.01) | 4.0 | 481.20 | 0.16 |
| | Subtotal Mental Health State Plan | | | | | \$ 16.62 | \$ 16.62 | \$ 2.31 | \$ 1.29 | \$ (2.35) | \$ (0.04) | | | \$ 17.83 |
| Mental Health 1915(i) | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 248.1 | \$ 5.32 | \$ 0.11 | \$ 0.01 | \$ 0.01 | \$ 0.00 | \$ (0.02) | 270.7 | \$ 4.88 | \$ 0.11 |
| | Community Living Supports | | | Units | 142.1 | 180.66 | 2.14 | 0.31 | 0.92 | - | (0.37) | 162.7 | 221.24 | 3.00 |
| | Other | | | Units | 0.3 | - | - | - | - | - | - | - | - | - |
| | Skill Building | | | Units | 81.4 | 54.57 | 0.37 | - | (0.15) | - | (0.05) | 81.4 | 25.07 | 0.17 |
| | Subtotal Mental Health 1915(i) | | | | | \$ 2.62 | \$ 2.62 | \$ 0.32 | \$ 0.78 | \$ 0.00 | \$ (0.44) | | | \$ 3.28 |
| Autism | | | | | | | | | | | | | | |
| | Assessments and Testing | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Autism Services | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Autism | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 66.3 | \$ 7.03 | \$ 0.04 | \$ 0.00 | \$ 0.01 | \$ 0.00 | \$ 0.00 | 68.3 | \$ 8.78 | \$ 0.05 |
| | Assessments and Testing | | | Units | 18.0 | 86.62 | 0.13 | - | 0.02 | - | - | 18.0 | 99.94 | 0.15 |
| | Case Management / Treatment Planning | | | Units | 3.4 | 107.14 | 0.03 | - | - | - | - | 3.4 | 107.14 | 0.03 |
| | Crisis | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Evaluation and Management | | | Units | 3.3 | 72.73 | 0.02 | - | - | - | - | 3.3 | 72.73 | 0.02 |
| | Medication Administration | | | Units | 0.7 | 14.73 | 0.12 | - | - | - | - | 0.7 | 14.73 | 0.12 |
| | Medication Assisted Treatment | | | Units | 97.7 | - | - | - | - | - | - | 97.7 | - | - |
| | Other | | | Units | 0.1 | - | - | (0.02) | 0.04 | (0.03) | - | 129.8 | 72.12 | 0.78 |
| | Outpatient Services | | | Units | 138.6 | 68.42 | 0.79 | - | - | - | - | - | - | - |
| | Prevention and Early Intervention | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Psychiatric diagnostic evaluation | | | Units | 60.6 | 192.02 | 0.97 | 0.01 | 0.04 | - | (0.06) | 61.2 | 188.11 | 0.96 |
| | Residential Services | | | Units | 6.9 | 366.81 | 0.21 | 0.01 | 0.02 | - | (0.01) | 7.2 | 383.33 | 0.23 |
| | Withdrawal Management | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Substance Abuse State Plan | | | | | | \$ 2.31 | \$ 0.00 | \$ 0.13 | \$ (0.03) | \$ (0.07) | | | \$ 2.34 |
| Children's Waiver Program | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Children's Waiver Program | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Vocational Supports | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Habilitative Supports Waiver | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Community Living Supports | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Serious Emotional Disturbances | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | | | |
| | | | | | | | \$ 21.55 | | | | | | | \$ 23.45 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitalization Rate Development Appendix 2 - Retrospective Rate Development Model | | | | | | | | | | | |
|---|--|--------------------------|---------------------------|--------------------------------|-----------------------------------|-----------------|--------------------------|---------------------------|--------------------------------|-----------------------------------|-----------------|
| Region: Statewide | Rate Cell: TANF - Enrolled - M - 26 - 39 | SFY 2023 Base Experience | EQI Repricing Adjustments | Policy and Program Adjustments | Adjusted SFY 2023 Base Experience | Unit Type | SFY 2023 Base Experience | EQI Repricing Adjustments | Policy and Program Adjustments | Adjusted SFY 2023 Base Experience | |
| Member Months: 433,165 | Category of Service | Utilization per 1,000 | Cost per Service | PMPM Cost | Utilization Adjustment | Cost Adjustment | Utilization Adjustment | Cost Adjustment | Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | |
| Additional Support Services | Units | 48.3 | \$ 34.78 | \$ 0.14 | | \$ 0.01 | \$ 0.04 | \$ (0.01) | 48.3 | \$ 44.71 | \$ 0.18 |
| Assessments and Testing (ACT) | Units | 21.6 | 94.40 | 0.17 | | - | 0.03 | - | 21.6 | 111.06 | 0.20 |
| Case Management / Treatment Planning | Units | 30.5 | 153.29 | 0.39 | | 0.02 | 0.04 | (0.06) | 27.4 | 170.80 | 0.39 |
| Community Living Supports | Days | 278.2 | 88.42 | 2.05 | | 0.11 | 0.33 | (0.24) | 260.6 | 103.62 | 2.25 |
| Crisis | Procedures | 23.3 | 473.82 | 0.82 | | 0.07 | 0.24 | (0.07) | 23.3 | 597.42 | 1.16 |
| Evaluation and Management | Procedures | 62.1 | 197.07 | 1.02 | | 0.02 | 0.35 | (0.21) | 50.5 | 280.17 | 1.18 |
| Inpatient | Days | 77.2 | 772.14 | 4.87 | | 1.04 | (0.33) | (0.19) | 90.5 | 728.36 | 5.49 |
| Medication Administration | Procedures | 16.4 | 109.76 | 0.15 | | 0.01 | (0.01) | (0.01) | 16.4 | 109.76 | 0.15 |
| Other | Procedures | 11.4 | 146.85 | 0.14 | | - | (0.03) | - | 11.4 | 115.38 | 0.11 |
| Other Therapy | Procedures | 0.1 | - | - | | - | - | - | - | - | - |
| Outpatient Services | Procedures | 7.7 | 344.20 | 0.22 | | - | - | - | 7.7 | 344.20 | 0.22 |
| Prevention and Early Intervention | Procedures | 0.1 | - | - | | - | - | - | - | - | - |
| Psychiatric diagnostic evaluation | Procedures | 27.4 | 412.13 | 0.94 | | 0.03 | 0.08 | (0.14) | 24.2 | 451.80 | 0.91 |
| Psychotherapy | Procedures | 110.7 | 176.65 | 1.63 | | 0.11 | 0.10 | (0.36) | 93.8 | 189.44 | 1.48 |
| Residential Services | Days | 2.9 | 453.61 | 0.11 | | - | 0.03 | - | 2.9 | 536.08 | 0.13 |
| Subtotal Mental Health State Plan | | | \$ 12.85 | | | \$ 1.42 | \$ 0.88 | \$ (1.29) | \$ (0.01) | | \$ 13.85 |
| Mental Health 1915(i) | | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Community Living Supports | Days | 2.8 | 43.32 | 0.01 | | - | - | - | 2.8 | 43.32 | 0.01 |
| Other | Units | 0.1 | - | - | | - | - | - | - | - | - |
| Skill Building | Units | 63.9 | 3.76 | 0.02 | | - | 0.06 | - | 63.9 | 3.76 | 0.02 |
| Subtotal Mental Health 1915(i) | | | \$ 0.15 | | | \$ 0.00 | \$ 0.06 | \$ 0.00 | \$ (0.04) | | \$ 0.17 |
| Autism | | | | | | | | | | | |
| Assessments and Testing | Procedures | - | - | - | | - | - | - | - | - | - |
| Autism Services | Units | - | - | - | | - | - | - | - | - | - |
| Subtotal Autism | | | \$ 0.00 | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | | |
| Additional Support Services | Units | 154.5 | \$ 13.98 | \$ 0.18 | | \$ 0.00 | \$ 0.01 | \$ 0.00 | 154.5 | \$ 14.76 | \$ 0.19 |
| Assessments and Testing | Procedures | 98.2 | 48.86 | 0.40 | | (0.01) | 0.03 | - | 98.2 | 52.52 | 0.43 |
| Case Management / Treatment Planning | Units | 12.9 | 111.89 | 0.12 | | - | 0.03 | - | 11.8 | 142.37 | 0.14 |
| Crisis | Procedures | 0.2 | - | - | | - | - | - | - | - | - |
| Evaluation and Management | Procedures | 43.6 | 82.57 | 0.30 | | 0.01 | 0.02 | - | 43.6 | 88.07 | 0.32 |
| Medication Administration | Procedures | 6.1 | 19.77 | 0.01 | | 0.01 | (0.01) | - | 12.1 | 9.88 | 0.01 |
| Medication Assisted Treatment | Procedures | 2,118.2 | 16.94 | 2.99 | | 0.02 | 0.04 | - | 2,132.4 | 17.16 | 3.05 |
| Other | Procedures | 2.8 | - | - | | - | - | - | - | - | - |
| Outpatient Services | Procedures | 328.2 | 76.42 | 2.09 | | (0.02) | 0.29 | (0.02) | 321.9 | 87.23 | 2.34 |
| Prevention and Early Intervention | Procedures | 4.6 | 52.52 | 0.02 | | - | - | - | 4.6 | 52.52 | 0.02 |
| Psychiatric diagnostic evaluation | Procedures | 0.5 | 255.32 | 0.01 | | - | - | - | 0.5 | 255.32 | 0.01 |
| Residential Services | Days | 179.2 | 183.47 | 2.74 | | 0.07 | 0.17 | - | 183.8 | 183.47 | 2.81 |
| Withdrawal Management | Days | 24.4 | 374.54 | 0.76 | | 0.04 | 0.03 | (0.05) | 25.6 | 365.20 | 0.78 |
| Subtotal Substance Abuse State Plan | | | \$ 9.82 | | | \$ 0.11 | \$ 0.61 | \$ (0.02) | \$ (0.22) | | \$ 10.10 |
| Children's Waiver Program | | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Community Living Supports | Days | - | - | - | | - | - | - | - | - | - |
| Other | Procedures | - | - | - | | - | - | - | - | - | - |
| Subtotal Children's Waiver Program | | | \$ 0.00 | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Community Living Supports | Days | - | - | - | | - | - | - | - | - | - |
| Other | Procedures | - | - | - | | - | - | - | - | - | - |
| Skill Building | Units | - | - | - | | - | - | - | - | - | - |
| Vocational Supports | Units | - | - | - | | - | - | - | - | - | - |
| Subtotal Habilitative Supports Waiver | | | \$ 0.00 | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Case Management / Treatment Planning | Units | - | - | - | | - | - | - | - | - | - |
| Community Living Supports | Days | - | - | - | | - | - | - | - | - | - |
| Other | Procedures | - | - | - | | - | - | - | - | - | - |
| Subtotal Serious Emotional Disturbances | | | \$ 0.00 | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | |
| | | | \$ 22.82 | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | | \$ 24.12 | |

| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitalization Rate Development Appendix 2 - Retrospective Rate Development Model | | | | | | | | | |
|---|--------------------------|---------------------------|--------------------------------|-----------------------------------|------------------|------------------|------------------|------------------|-----------|
| Region: Statewide | SFY 2023 Base Experience | EQI Repricing Adjustments | Policy and Program Adjustments | Adjusted SFY 2023 Base Experience | | | | | |
| Rate Cells: TANF - Enrolled - M - 40 - 49 | Utilization per 1,000 | Utilization Adjustment | Utilization Adjustment | Utilization per 1,000 | Cost per Service | Cost per Service | Cost per Service | Cost per Service | PMPM Cost |
| Member Months: 262,506 | | | | | | | | | |
| Category of Service | Unit Type | PMPM Cost | Cost Adjustment | Cost Adjustment | Cost Adjustment | Cost Adjustment | Cost Adjustment | Cost Adjustment | PMPM Cost |
| Mental Health State Plan | | | | | | | | | |
| Additional Support Services | Units | \$ 26.84 | \$ 0.01 | \$ 0.03 | \$ 0.00 | \$ 0.00 | \$ 0.00 | 80.5 | \$ 31.31 |
| Assessments and Testing (ACT) | Units | 69.60 | 0.05 | 0.10 | (0.13) | (0.13) | (0.13) | 32.8 | 106.23 |
| Case Management / Treatment Planning | Units | 148.43 | 0.02 | 0.05 | (0.03) | (0.03) | (0.03) | 25.9 | 171.63 |
| Community Living Supports | Days | 82.36 | 0.10 | 0.38 | (0.16) | (0.16) | (0.16) | 278.3 | 98.75 |
| Crisis | Units | 3.4 | - | - | - | - | - | - | - |
| Evaluation and Management | Procedures | 439.98 | 0.02 | 0.09 | (0.02) | (0.02) | (0.02) | 18.3 | 499.18 |
| Inpatient | Procedures | 16.9 | 0.07 | 0.27 | (0.14) | (0.14) | (0.14) | 59.4 | 264.56 |
| Medication Administration | Days | 66.8 | 0.04 | 0.34 | (0.16) | (0.16) | (0.16) | 58.4 | 727.15 |
| Other | Procedures | 49.8 | 0.07 | 0.27 | (0.01) | (0.01) | (0.01) | 7.0 | 103.60 |
| Outpatient Services | Procedures | 10.0 | 0.01 | (0.01) | - | - | - | 11.1 | 97.04 |
| Prevention and Early Intervention | Procedures | 0.6 | - | - | - | - | - | 0.6 | 1,125.00 |
| Psychiatric diagnostic evaluation | Procedures | 6.9 | 0.01 | 0.01 | - | - | - | 7.3 | 311.05 |
| Psychiatry | Procedures | 294.80 | - | - | (0.07) | (0.07) | (0.07) | 19.4 | 433.66 |
| Residential Services | Procedures | 402.76 | 0.04 | 0.05 | (0.21) | (0.21) | (0.21) | 94.4 | 180.45 |
| Subtotal Mental Health State Plan | Days | 579.15 | \$ 1.22 | \$ 0.68 | \$ (0.93) | \$ (0.93) | \$ (0.93) | 7.3 | 397.24 |
| | | | | | | | | | \$ 11.53 |
| Mental Health 1915(i) | | | | | | | | | |
| Additional Support Services | Units | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 |
| Community Living Supports | Days | 203.88 | - | (0.01) | - | - | - | 4.1 | 145.63 |
| Other | Procedures | 0.07 | - | - | - | - | - | - | 0.05 |
| Skill Building | Units | 2.37 | 0.01 | - | (0.03) | (0.03) | (0.03) | 101.4 | 2.37 |
| Vocational Supports | Units | 44.47 | - | 0.02 | (0.01) | (0.01) | (0.01) | 8.1 | 59.26 |
| Subtotal Mental Health 1915(i) | | | \$ 0.01 | \$ 0.01 | \$ (0.03) | \$ (0.03) | \$ (0.03) | | \$ 0.11 |
| Autism | | | | | | | | | |
| Assessments and Testing | Procedures | - | - | - | - | - | - | - | - |
| Autism Services | Units | - | - | - | - | - | - | - | - |
| Subtotal Autism | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | |
| Additional Support Services | Units | \$ 0.24 | \$ 0.00 | \$ (0.02) | \$ 0.00 | \$ 0.00 | \$ 0.00 | 213.4 | \$ 12.37 |
| Assessments and Testing | Procedures | 40.97 | (0.01) | 0.01 | - | - | - | 111.3 | 42.05 |
| Case Management / Treatment Planning | Units | 107.76 | - | 0.01 | - | - | - | 12.3 | 117.55 |
| Crisis | Procedures | 0.0 | - | - | - | - | - | - | - |
| Evaluation and Management | Procedures | 80.07 | 0.02 | 0.02 | - | - | - | 48.0 | 85.07 |
| Medication Administration | Procedures | 21.24 | 0.01 | (0.01) | - | - | - | 11.3 | 10.62 |
| Medication Assisted Treatment | Procedures | 16.28 | 0.02 | 0.01 | - | - | - | 2,608.6 | 16.33 |
| Other | Procedures | - | - | - | - | - | - | - | - |
| Outpatient Services | Procedures | 72.90 | 0.01 | 0.13 | - | - | - | 378.6 | 77.02 |
| Prevention and Early Intervention | Procedures | 3.3 | - | - | - | - | - | 3.3 | 73.39 |
| Psychiatric diagnostic evaluation | Procedures | 235.29 | 0.01 | - | - | - | - | 0.5 | 235.29 |
| Residential Services | Days | 184.66 | 0.10 | 0.14 | - | - | - | 178.1 | 183.31 |
| Withdrawal Management | Days | 373.83 | 0.03 | 0.01 | (0.04) | (0.04) | (0.04) | 23.4 | 358.51 |
| Subtotal Substance Abuse State Plan | | | \$ 0.16 | \$ 0.30 | \$ 0.00 | \$ (0.20) | \$ (0.20) | | \$ 10.51 |
| Children's Waiver Program | | | | | | | | | |
| Additional Support Services | Units | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 |
| Community Living Supports | Days | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - |
| Other Therapy | Procedures | - | - | - | - | - | - | - | - |
| Subtotal Children's Waiver Program | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | |
| Additional Support Services | Units | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 |
| Community Living Supports | Days | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - |
| Skill Building | Units | - | - | - | - | - | - | - | - |
| Vocational Supports | Units | - | - | - | - | - | - | - | - |
| Subtotal Habilitative Supports Waiver | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | |
| Additional Support Services | Units | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 |
| Case Management / Treatment Planning | Units | - | - | - | - | - | - | - | - |
| Community Living Supports | Days | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - |
| Other Therapy | Procedures | - | - | - | - | - | - | - | - |
| Subtotal Serious Emotional Disturbances | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | |
| | | \$ 20.96 | | | | | | | \$ 22.15 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitalization Rate Development Appendix 2 - Retrospective Rate Development Model | | | | | | | | | | | | | | |
|---|--|------------------------|---------------------|------------|--|---------------------|-----------|--|--------------------|---|--------------------|---|---------------------|-----------|
| Region: Statewide | Rate Cell: TANF - Enrolled - M - 50 - 64 | Member Months: 135,357 | Category of Service | Unit Type | SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | EQI Repricing Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 14.1 | \$ 25.53 | \$ 0.03 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | 14.1 | \$ 25.53 | \$ 0.03 |
| | Assessments and Testing | | | Units | 48.2 | 121.95 | 0.50 | - | (0.03) | (0.01) | - | 48.2 | 114.48 | 0.46 |
| | Case Management / Treatment Planning | | | Units | 235.1 | 171.20 | 0.72 | 0.04 | 0.03 | (0.02) | - | 19.1 | 170.08 | 0.27 |
| | Crisis | | | Units | 4.1 | 79.11 | 1.55 | 0.08 | 0.40 | (0.10) | - | 232.1 | 98.79 | 1.93 |
| | Evaluation and Management | | | Units | 5.4 | 88.24 | 0.03 | 1.68 | 0.07 | - | (0.17) | 232.6 | 83.08 | 1.61 |
| | Inpatient | | | Units | 4.1 | 399.26 | 0.18 | 0.01 | 0.10 | (0.01) | - | 5.4 | 621.07 | 0.28 |
| | Medication Administration | | | Units | 22.0 | 167.22 | 0.63 | 0.02 | 0.19 | (0.19) | - | 39.5 | 224.98 | 0.74 |
| | Other | | | Units | 4.9 | 780.35 | 1.43 | 0.16 | (0.11) | (0.01) | - | 21.5 | 719.00 | 1.29 |
| | Outpatient Services | | | Units | 4.6 | 182.21 | 0.07 | - | (0.02) | - | - | 4.6 | 130.15 | 0.05 |
| | Prevention and Early Intervention | | | Units | 1.3 | 270.68 | 0.03 | - | - | - | - | 1.3 | 270.68 | 0.03 |
| | Psychiatric diagnostic evaluation | | | Units | 11.1 | 379.06 | 0.35 | 0.02 | 0.02 | (0.03) | - | 11.4 | 400.00 | 0.38 |
| | Residential Services | | | Units | 70.4 | 173.89 | 1.02 | 0.04 | 0.14 | (0.20) | - | 58.0 | 202.86 | 0.98 |
| | Subtotal Mental Health State Plan | | | Units | 5.4 | 576.71 | 0.26 | \$ 2.05 | \$ 0.85 | \$ (0.67) | \$ (0.02) | 5.4 | 665.43 | \$ 8.39 |
| Mental Health 1915(i) | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Units | 4.4 | 108.35 | 0.04 | 2.28 | 3.19 | - | (0.46) | 256.9 | 235.85 | 5.05 |
| | Other | | | Units | 0.3 | - | - | - | - | - | - | - | - | - |
| | Skill Building | | | Units | 27.5 | 39.30 | 0.09 | - | 0.01 | - | (0.02) | 27.5 | 34.93 | 0.06 |
| | Subtotal Mental Health 1915(i) | | | Units | - | \$ 0.13 | \$ 0.13 | \$ 2.28 | \$ 3.20 | \$ 0.00 | \$ (0.48) | - | \$ 5.13 | \$ 5.13 |
| Autism | | | | | | | | | | | | | | |
| | Assessments and Testing | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Autism Services | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Autism | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 147.0 | \$ 14.69 | \$ 0.18 | \$ 0.00 | \$ (0.01) | \$ 0.00 | \$ 0.00 | 147.0 | \$ 13.88 | \$ 0.17 |
| | Assessments and Testing | | | Units | 37.5 | 48.00 | 0.15 | (0.01) | - | - | - | 35.0 | 48.00 | 0.14 |
| | Case Management / Treatment Planning | | | Units | 3.3 | 107.78 | 0.03 | - | - | - | - | 3.3 | 107.78 | 0.03 |
| | Crisis | | | Units | 0.2 | - | - | - | - | - | - | - | - | - |
| | Evaluation and Management | | | Units | 12.9 | 84.05 | 0.09 | - | - | - | - | 12.9 | 84.05 | 0.09 |
| | Medication Administration | | | Units | 758.6 | 17.40 | 1.10 | 0.01 | 0.01 | - | - | 765.5 | 17.56 | 1.12 |
| | Medication Assisted Treatment | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Outpatient Services | | | Units | 127.0 | 75.57 | 0.80 | - | 0.04 | - | - | 127.0 | 79.35 | 0.84 |
| | Prevention and Early Intervention | | | Units | 0.3 | 84.51 | 0.01 | - | - | - | - | 1.4 | 84.51 | 0.01 |
| | Psychiatric diagnostic evaluation | | | Units | 98.8 | 157.96 | 1.30 | 0.03 | 0.08 | - | (0.08) | 101.0 | 157.96 | 1.33 |
| | Residential Services | | | Units | 6.4 | 357.37 | 0.19 | 0.01 | 0.01 | - | (0.01) | 6.7 | 357.14 | 0.20 |
| | Withdrawal Management | | | Units | - | - | - | 0.04 | 0.13 | \$ 0.00 | \$ (0.09) | - | \$ 3.93 | \$ 3.93 |
| | Subtotal Substance Abuse State Plan | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Children's Waiver Program | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Children's Waiver Program | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Vocational Supports | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Habilitative Supports Waiver | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Community Living Supports | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Serious Emotional Disturbances | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | | | |
| | | | | Units | - | \$ 10.33 | \$ 10.33 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 17.45 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitalization Rate Development Appendix 2 - Retrospective Rate Development Model | | | | | | | | | | | | |
|---|--|--------------------------|---|--|----------------|---|--|--|---|--|---|-----------------|
| Region: Statewide | Rate Class: TANF - Enrolled - M - 6 - 18 | Member Months: 3,450,396 | SFY 2023 Base Experience Utilization per 1,000 | SFY 2023 Base Experience Cost per Service | PMPM Cost | EQI Repricing Adjustments Utilization Adjustment | EQI Repricing Adjustments Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Policy and Program Adjustments Cost Adjustment | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Adjusted SFY 2023 Base Experience Cost per Service | PMPM Cost |
| Category of Service | Unit Type | | | | | | | | | | | |
| Mental Health State Plan | | | | | | | | | | | | |
| Additional Support Services | Units | 696.1 | \$ 73.27 | \$ 4.25 | \$ 0.23 | \$ 0.06 | \$ (0.04) | \$ 0.00 | \$ (0.01) | 727.2 | \$ 74.26 | \$ 4.50 |
| Assessive Community Treatment (ACT) | Units | 0.6 | 196.72 | 0.01 | - | - | - | - | - | 0.6 | 196.72 | 0.01 |
| Assessments and Testing | Procedures | 62.1 | 233.97 | 1.21 | 0.05 | 0.06 | (0.04) | - | (0.08) | 62.6 | 245.49 | 1.28 |
| Case Management / Treatment Planning | Units | 605.5 | 97.11 | 4.90 | 0.21 | 0.37 | (0.11) | - | (0.24) | 617.9 | 104.29 | 5.37 |
| Community Living Supports | Days | 3.0 | 161.07 | 0.04 | 0.03 | 0.29 | (0.02) | - | (0.01) | 3.0 | 161.07 | 0.04 |
| Crisis | Procedures | 20.9 | 487.57 | 0.85 | 0.03 | 0.36 | (0.06) | - | (0.01) | 21.2 | 651.87 | 1.15 |
| Evaluation and Management | Procedures | 76.2 | 216.48 | 1.41 | - | - | - | - | - | 74.8 | 274.22 | 1.71 |
| Inpatient | Days | 37.8 | 801.06 | 2.52 | 0.30 | (0.24) | - | - | - | 42.2 | 732.95 | 2.58 |
| Medication Administration | Procedures | 1.1 | 105.26 | 0.01 | - | - | - | - | - | 1.1 | 105.26 | 0.01 |
| Other | Procedures | 5.9 | 81.77 | 0.04 | - | - | - | - | - | 5.9 | 81.33 | 0.03 |
| Other Therapy | Procedures | 75.3 | 97.20 | 0.61 | 0.01 | (0.01) | - | - | - | 76.5 | 98.77 | 0.63 |
| Outpatient Services | Procedures | 14.1 | 316.01 | 0.37 | 0.01 | 0.01 | - | - | - | 14.4 | 324.32 | 0.39 |
| Prevention and Early Intervention | Procedures | 6.1 | 235.29 | 0.12 | - | - | - | - | - | 6.1 | 254.90 | 0.13 |
| Psychiatric diagnostic evaluation | Procedures | 34.7 | 384.19 | 1.11 | 0.03 | 0.07 | (0.03) | - | (0.13) | 34.7 | 408.42 | 1.18 |
| Psychiatry | Procedures | 228.8 | 180.43 | 3.44 | 0.19 | 1.11 | (0.13) | - | (0.01) | 232.8 | 186.10 | 3.61 |
| Residential Services | Days | 2.4 | 561.70 | 0.11 | 0.01 | (0.01) | - | - | - | 2.6 | 468.75 | 0.10 |
| Subtotal Mental Health State Plan | | | | \$ 21.00 | \$ 1.07 | \$ 1.09 | \$ (0.43) | \$ (0.01) | \$ (0.01) | | | \$ 22.72 |
| Mental Health 1915(i) | | | | | | | | | | | | |
| Additional Support Services | Units | 1,184.0 | \$ 5.27 | \$ 0.52 | \$ 0.02 | \$ 0.03 | \$ 0.00 | \$ 0.00 | \$ (0.08) | 1,229.5 | \$ 4.78 | \$ 0.49 |
| Community Living Supports | Days | 143.2 | 127.39 | 1.52 | 0.27 | (0.11) | - | - | (0.24) | 168.6 | 102.49 | 1.44 |
| Other | Procedures | 40.2 | 170.19 | 0.57 | 0.04 | (0.02) | - | - | - | 43.0 | 164.61 | 0.59 |
| Skill Building | Units | 62.2 | 3.86 | 0.02 | 0.02 | (0.01) | - | - | (0.01) | 124.4 | 1.93 | 0.02 |
| Vocational Supports | Units | 4.2 | 28.71 | 0.01 | - | - | - | - | - | 4.2 | 28.71 | 0.01 |
| Subtotal Mental Health 1915(i) | | | | \$ 2.64 | \$ 0.35 | \$ (0.11) | \$ 0.00 | \$ (0.33) | \$ (0.01) | | | \$ 2.55 |
| Autism | | | | | | | | | | | | |
| Assessments and Testing | Procedures | 0.2 | - | - | - | - | - | - | - | - | - | - |
| Autism Services | Units | 6,073.0 | 16.97 | 8.59 | 0.19 | 0.01 | \$ 0.00 | \$ (0.01) | \$ (0.01) | 6,207.3 | 16.97 | 8.78 |
| Subtotal Autism | | | | \$ 8.59 | \$ 0.19 | \$ 0.01 | \$ 0.00 | \$ (0.01) | \$ (0.01) | | | \$ 8.78 |
| Substance Abuse State Plan | | | | | | | | | | | | |
| Additional Support Services | Units | 2.5 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Assessments and Testing | Procedures | 0.7 | 171.43 | 0.01 | - | - | - | - | - | 0.7 | 171.43 | 0.01 |
| Case Management / Treatment Planning | Units | 0.1 | - | - | - | - | - | - | - | - | - | - |
| Crisis | Procedures | - | - | - | - | - | - | - | - | - | - | - |
| Evaluation and Management | Procedures | 0.1 | - | - | - | - | - | - | - | - | - | - |
| Medication Administration | Procedures | 0.0 | - | - | - | - | - | - | - | - | - | - |
| Medication Assisted Treatment | Procedures | - | - | - | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - | - | - | - |
| Outpatient Services | Procedures | 6.2 | 96.46 | 0.05 | - | - | - | - | - | 6.2 | 96.46 | 0.05 |
| Prevention and Early Intervention | Procedures | 0.3 | - | - | - | - | - | - | - | - | - | - |
| Psychiatric diagnostic evaluation | Procedures | 0.3 | - | - | - | - | - | - | - | - | - | - |
| Residential Services | Days | 5.9 | 306.64 | 0.15 | - | (0.04) | - | - | (0.01) | 5.9 | 204.43 | 0.10 |
| Withdrawal Management | Days | 0.0 | - | - | - | - | - | - | - | - | - | - |
| Subtotal Substance Abuse State Plan | | | | \$ 0.21 | \$ 0.00 | \$ (0.04) | \$ 0.00 | \$ (0.01) | \$ (0.01) | | | \$ 0.16 |
| Children's Waiver Program | | | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Community Living Supports | Days | - | - | - | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - | - | - | - |
| Other Therapy | Procedures | - | - | - | - | - | - | - | - | - | - | - |
| Subtotal Children's Waiver Program | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Community Living Supports | Days | - | - | - | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - | - | - | - |
| Skill Building | Units | - | - | - | - | - | - | - | - | - | - | - |
| Vocational Supports | Units | - | - | - | - | - | - | - | - | - | - | - |
| Subtotal Habilitative Supports Waiver | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Case Management / Treatment Planning | Units | - | - | - | - | - | - | - | - | - | - | - |
| Community Living Supports | Days | - | - | - | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - | - | - | - |
| Other Therapy | Procedures | - | - | - | - | - | - | - | - | - | - | - |
| Subtotal Serious Emotional Disturbances | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | \$ 32.44 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 34.21 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitalization Rate Development Appendix 2 - Retrospective Rate Development Model | | | | | | | | | | | | | | |
|---|--|----------------------|---------------------|------------|-----------------------|---|----------------|--|-----------------|---|-----------------|---|------------------|----------------|
| Region: Statewide | Rate Cell: TANF - Enrolled - M - 65+ | Member Months: 2,025 | Category of Service | Unit Type | Utilization per 1,000 | SFY 2023 Base Experience Cost per Service | PMPM Cost | EQI Repricing Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | | \$ 0.00 | \$ 0.00 | | - | \$ 0.00 | \$ 0.00 |
| | Assertive Community Treatment (ACT) | | | Units | - | \$ 0.00 | \$ 0.00 | | \$ 0.00 | \$ 0.00 | | - | \$ 0.00 | \$ 0.00 |
| | Assessments and Testing | | | Procedures | 5.9 | 161.89 | 0.08 | | | | | 5.9 | 161.89 | 0.08 |
| | Case Management / Treatment Planning | | | Units | 17.7 | 121.76 | 0.18 | (0.04) | | | | 17.7 | 94.70 | 0.14 |
| | Community Living Supports | | | Days | - | - | - | | | | | - | - | - |
| | Crisis | | | Procedures | - | - | - | | | | | - | - | - |
| | Evaluation and Management | | | Procedures | - | - | - | | | | | - | - | - |
| | Inpatient | | | Days | - | - | - | | | | | - | - | - |
| | Medication Administration | | | Procedures | 17.8 | 141.73 | 0.21 | (0.01) | | | | 17.8 | 134.98 | 0.20 |
| | Other | | | Procedures | - | - | - | | | | | - | - | - |
| | Other Therapy | | | Procedures | - | - | - | | | | | - | - | - |
| | Outpatient Services | | | Procedures | - | - | - | | | | | - | - | - |
| | Prevention and Early Intervention | | | Procedures | - | - | - | | | | | - | - | - |
| | Psychiatric diagnostic evaluation | | | Procedures | - | - | - | | | | | - | - | - |
| | Psychotherapy | | | Procedures | - | - | - | | | | | - | - | - |
| | Residential Services | | | Procedures | - | - | - | | | | | - | - | - |
| | Subtotal Mental Health State Plan | | | Days | - | - | \$ 0.47 | \$ (0.05) | | \$ 0.00 | | - | - | \$ 0.42 |
| Mental Health 1915(i) | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | | \$ 0.00 | \$ 0.00 | | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | | | | | - | - | - |
| | Other | | | Procedures | - | - | - | | | | | - | - | - |
| | Skill Building | | | Units | - | - | - | | | | | - | - | - |
| | Subtotal Mental Health 1915(i) | | | Units | - | - | \$ 0.00 | \$ 0.00 | | \$ 0.00 | | - | - | \$ 0.00 |
| Autism | | | | | | | | | | | | | | |
| | Assessments and Testing | | | Procedures | - | - | - | | | | | - | - | - |
| | Autism Services | | | Units | - | - | - | | | | | - | - | - |
| | Subtotal Autism | | | Units | - | - | \$ 0.00 | \$ 0.00 | | \$ 0.00 | | - | - | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | | \$ 0.00 | \$ 0.00 | | - | \$ 0.00 | \$ 0.00 |
| | Assessments and Testing | | | Procedures | - | - | - | | | | | - | - | - |
| | Case Management / Treatment Planning | | | Units | - | - | - | | | | | - | - | - |
| | Crisis | | | Procedures | - | - | - | | | | | - | - | - |
| | Evaluation and Management | | | Procedures | - | - | - | | | | | - | - | - |
| | Medication Administration | | | Procedures | - | - | - | | | | | - | - | - |
| | Medication Assisted Treatment | | | Procedures | - | - | - | | | | | - | - | - |
| | Other | | | Procedures | - | - | - | | | | | - | - | - |
| | Outpatient Services | | | Procedures | - | - | - | | | | | - | - | - |
| | Prevention and Early Intervention | | | Procedures | - | - | - | | | | | - | - | - |
| | Psychiatric diagnostic evaluation | | | Procedures | - | - | - | | | | | - | - | - |
| | Residential Services | | | Days | 367.4 | 162.00 | 4.96 | 0.58 | | | | 367.4 | 170.49 | 5.22 |
| | Withdrawal Management | | | Days | 11.9 | 212.66 | 0.21 | - | | | | 11.9 | 202.53 | 0.20 |
| | Subtotal Substance Abuse State Plan | | | Days | - | - | \$ 5.17 | \$ 0.56 | | \$ 0.00 | | - | - | \$ 5.42 |
| Children's Waiver Program | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | | \$ 0.00 | \$ 0.00 | | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | | | | | - | - | - |
| | Other | | | Procedures | - | - | - | | | | | - | - | - |
| | Subtotal Children's Waiver Program | | | Procedures | - | - | \$ 0.00 | \$ 0.00 | | \$ 0.00 | | - | - | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | | \$ 0.00 | \$ 0.00 | | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | | | | | - | - | - |
| | Other | | | Procedures | - | - | - | | | | | - | - | - |
| | Skill Building | | | Units | - | - | - | | | | | - | - | - |
| | Subtotal Habilitative Supports Waiver | | | Units | - | - | \$ 0.00 | \$ 0.00 | | \$ 0.00 | | - | - | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | | \$ 0.00 | \$ 0.00 | | - | \$ 0.00 | \$ 0.00 |
| | Case Management / Treatment Planning | | | Units | - | - | - | | | | | - | - | - |
| | Community Living Supports | | | Days | - | - | - | | | | | - | - | - |
| | Other | | | Procedures | - | - | - | | | | | - | - | - |
| | Subtotal Serious Emotional Disturbances | | | Procedures | - | - | \$ 0.00 | \$ 0.00 | | \$ 0.00 | | - | - | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | | | |
| | | | | | | | \$ 5.64 | | | | | | | \$ 5.84 |

| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitalization Rate Development Appendix 2 - Retrospective Rate Development Model | | | | | | | | | | | |
|---|---|--------------------------|---------------------------|--------------------------------|-----------------------------------|------------------|------------------------|------------------|-----------------------|------------------|----------------|
| Region: Statewide | Rate Cells: TANF - Unenrolled - F - 0 - 5 | SFY 2023 Base Experience | EQI Repricing Adjustments | Policy and Program Adjustments | Adjusted SFY 2023 Base Experience | | | | | | |
| Member Months: 328,375 | Category of Service | Utilization per 1,000 | Cost per Service | PMPM Cost | Utilization Adjustment | Cost Adjustment | Utilization Adjustment | Cost Adjustment | Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | |
| Additional Support Services | Units | 157.1 | \$ 72.55 | \$ 0.95 | \$ 0.04 | \$ (0.05) | \$ 0.00 | \$ 0.00 | 163.8 | \$ 68.88 | \$ 0.94 |
| Assertive Community Treatment (ACT) | Units | 14.2 | 220.03 | 0.26 | 0.02 | 0.02 | - | - | 153 | 235.76 | 0.30 |
| Assessments and Testing | Units | 107.6 | 93.72 | 0.84 | 0.02 | - | - | - | 110.1 | 93.72 | 0.86 |
| Case Management / Treatment Planning | Days | 0.2 | - | - | - | - | - | - | - | - | - |
| Community Living Supports | Procedures | 0.2 | - | - | - | - | - | - | - | - | - |
| Crisis | Procedures | 1.5 | 328.77 | 0.04 | - | 0.01 | - | - | 1.5 | 410.96 | 0.05 |
| Evaluation and Management | Days | - | - | - | - | - | - | - | - | - | - |
| Inpatient | Procedures | 0.1 | - | - | - | - | - | - | - | - | - |
| Medication Administration | Procedures | 0.1 | - | - | - | - | - | - | - | - | - |
| Other | Procedures | 25.9 | 92.77 | 0.20 | - | 0.03 | - | - | 25.9 | 106.69 | 0.23 |
| Other Therapy | Procedures | 6.1 | 237.23 | 0.12 | 0.01 | 0.01 | - | - | 6.1 | 257.00 | 0.13 |
| Outpatient Services | Procedures | 4.4 | 410.02 | 0.15 | 0.01 | (0.02) | - | - | 4.4 | 355.35 | 0.13 |
| Prevention and Early Intervention | Procedures | 8.0 | 179.10 | 0.12 | 0.01 | 0.01 | - | - | 8.7 | 192.88 | 0.14 |
| Psychiatric diagnostic evaluation | Procedures | - | - | - | - | - | - | - | - | - | - |
| Psychiatry | Procedures | - | - | - | - | - | - | - | - | - | - |
| Residential Services | Days | - | - | - | - | - | - | - | - | - | - |
| Subtotal Mental Health State Plan | | | | \$ 2.68 | \$ 0.09 | \$ 0.01 | \$ 0.00 | \$ 0.00 | | | \$ 2.78 |
| Mental Health 1915(i) | | | | | | | | | | | |
| Additional Support Services | Units | 300.1 | \$ 5.20 | \$ 0.13 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ (0.02) | 300.1 | \$ 4.40 | \$ 0.11 |
| Community Living Supports | Days | 4.9 | 162.16 | 0.08 | 0.02 | (0.01) | - | - | 7.4 | 129.73 | 0.08 |
| Other | Procedures | 4.2 | 169.81 | 0.06 | - | - | - | - | 4.2 | 141.51 | 0.05 |
| Skill Building | Units | 0.3 | - | - | - | - | - | - | - | - | - |
| Subtotal Mental Health 1915(i) | | | | \$ 0.27 | \$ 0.02 | \$ (0.01) | \$ 0.00 | \$ (0.04) | | | \$ 0.24 |
| Autism | | | | | | | | | | | |
| Assessments and Testing | Procedures | 0.0 | - | - | - | - | - | - | - | - | - |
| Autism Services | Units | 2,987.0 | 11.65 | 2.90 | 0.06 | 1.27 | - | - | 3,048.8 | 16.65 | 4.23 |
| Subtotal Autism | | | | \$ 2.90 | \$ 0.06 | \$ 1.27 | \$ 0.00 | \$ 0.00 | | | \$ 4.23 |
| Substance Abuse State Plan | | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Assessments and Testing | Units | - | - | - | - | - | - | - | - | - | - |
| Case Management / Treatment Planning | Units | - | - | - | - | - | - | - | - | - | - |
| Crisis | Procedures | - | - | - | - | - | - | - | - | - | - |
| Evaluation and Management | Procedures | - | - | - | - | - | - | - | - | - | - |
| Medication Administration | Procedures | - | - | - | - | - | - | - | - | - | - |
| Medication Assisted Treatment | Procedures | - | - | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - | - | - |
| Outpatient Services | Procedures | - | - | - | - | - | - | - | - | - | - |
| Prevention and Early Intervention | Procedures | - | - | - | - | - | - | - | - | - | - |
| Psychiatric diagnostic evaluation | Procedures | - | - | - | - | - | - | - | - | - | - |
| Residential Services | Days | - | - | - | - | - | - | - | - | - | - |
| Withdrawal Management | Days | - | - | - | - | - | - | - | - | - | - |
| Subtotal Substance Abuse State Plan | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Children's Waiver Program | | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Community Living Supports | Days | - | - | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - | - | - |
| Subtotal Children's Waiver Program | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Community Living Supports | Days | - | - | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - | - | - |
| Skill Building | Units | - | - | - | - | - | - | - | - | - | - |
| Subtotal Habilitative Supports Waiver | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Case Management / Treatment Planning | Units | - | - | - | - | - | - | - | - | - | - |
| Community Living Supports | Days | - | - | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - | - | - |
| Subtotal Serious Emotional Disturbances | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | \$ 5.85 | | | | | | | \$ 7.25 |

| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitalization Rate Development Appendix 2 - Retrospective Rate Development Model | | | | | | | | | |
|---|--|--------------------------|---------------------------|--------------------------------|-----------------------------------|-----------------------|-----------------------|------------------|-----------------------|
| Region: Statewide | Rate Cells: TANF - Unenrolled - F - 19 - 20 | SFY 2023 Base Experience | EQI Repricing Adjustments | Policy and Program Adjustments | Adjusted SFY 2023 Base Experience | PMPM Cost | Utilization per 1,000 | Cost per Service | PMPM Cost |
| Member Months: 72,648 | Category of Service | Unit Type | Utilization per 1,000 | Cost per Service | PMPM Cost | Utilization per 1,000 | Cost per Service | PMPM Cost | Utilization per 1,000 |
| Mental Health State Plan | Additional Support Services | Units | 93.5 | \$ 50.06 | \$ 0.39 | | | | |
| | Assessments and Testing | Units | 12.1 | 199.00 | 0.20 | | | | |
| | Case Management / Treatment Planning | Units | 238.8 | 88.93 | 1.77 | | | | |
| | Community Living Supports | Days | 37.8 | 6.34 | 0.02 | | | | |
| | Crisis | Procedures | 12.1 | 597.01 | 0.60 | | | | |
| | Evaluation and Management | Procedures | 35.8 | 190.85 | 0.57 | | | | |
| | Inpatient | Days | 40.6 | 490.28 | 1.66 | | | | |
| | Medication Administration | Procedures | 6.0 | 100.84 | 0.05 | | | | |
| | Other | Procedures | 9.6 | 100.21 | 0.08 | | | | |
| | Other Therapy | Procedures | 0.7 | - | - | | | | |
| | Outpatient Services | Procedures | 10.7 | 167.60 | 0.15 | | | | |
| | Prevention and Early Intervention | Procedures | - | - | - | | | | |
| | Psychiatric diagnostic evaluation | Procedures | 17.0 | 366.84 | 0.52 | | | | |
| | Psychotherapy | Procedures | 86.7 | 161.90 | 1.17 | | | | |
| | Residential Services | Days | 3.6 | 561.98 | 0.17 | | | | |
| | Subtotal Mental Health State Plan | | | | \$ 7.35 | | | | |
| | Additional Support Services | Units | 181.3 | \$ 3.97 | \$ 0.06 | | | | |
| | Community Living Supports | Days | 73.7 | 109.14 | 0.87 | | | | |
| | Other | Procedures | 2.8 | 128.11 | 0.03 | | | | |
| | Skill Building | Units | 33.7 | 7.12 | 0.02 | | | | |
| | Vocational Supports | Units | 16.0 | 67.42 | 0.09 | | | | |
| | Subtotal Mental Health 1915(I) | | | | \$ 0.87 | | | | |
| Autism | Assessments and Testing | Procedures | - | - | - | | | | |
| | Autism Services | Units | 53.5 | 15.70 | 0.07 | | | | |
| | Subtotal Autism | | | | \$ 0.07 | | | | |
| Substance Abuse State Plan | Additional Support Services | Units | 2.5 | \$ 0.00 | \$ 0.00 | | | | |
| | Assessments and Testing | Units | 1.5 | 161.07 | 0.02 | | | | |
| | Case Management / Treatment Planning | Units | 0.6 | 214.29 | 0.01 | | | | |
| | Crisis | Procedures | - | - | - | | | | |
| | Evaluation and Management | Procedures | 0.5 | - | - | | | | |
| | Medication Administration | Procedures | - | - | - | | | | |
| | Medication Assisted Treatment | Procedures | - | - | - | | | | |
| | Other | Procedures | - | - | - | | | | |
| | Outpatient Services | Procedures | 1.7 | - | - | | | | |
| | Prevention and Early Intervention | Procedures | 11.6 | 83.04 | 0.03 | | | | |
| | Psychiatric diagnostic evaluation | Procedures | 1.0 | 242.42 | 0.02 | | | | |
| | Residential Services | Procedures | - | - | - | | | | |
| | Withdrawal Management | Days | 8.8 | 178.29 | 0.13 | | | | |
| | Subtotal Substance Abuse State Plan | | | | \$ 0.26 | | | | |
| Children's Waiver Program | Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | | | | |
| | Community Living Supports | Days | - | - | - | | | | |
| | Other | Procedures | - | - | - | | | | |
| | Subtotal Children's Waiver Program | | | | \$ 0.00 | | | | |
| Habilitative Supports Waiver | Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | | | | |
| | Community Living Supports | Days | - | - | - | | | | |
| | Other | Procedures | - | - | - | | | | |
| | Skill Building | Units | - | - | - | | | | |
| | Vocational Supports | Units | - | - | - | | | | |
| | Subtotal Habilitative Supports Waiver | | | | \$ 0.00 | | | | |
| Serious Emotional Disturbances | Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | | | | |
| | Case Management / Treatment Planning | Units | - | - | - | | | | |
| | Community Living Supports | Days | - | - | - | | | | |
| | Other | Procedures | - | - | - | | | | |
| | Other Therapy | Procedures | - | - | - | | | | |
| | Subtotal Serious Emotional Disturbances | | | | \$ 0.00 | | | | |
| Total Medical Costs | | | | | \$ 8.55 | | | | |
| | | | | | | | | | \$ 11.34 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitalization Rate Development Appendix 2 - Retrospective Rate Development Model | | | | | | | | | | |
|---|---|--------------------------|---------------------------|--------------------------------|-----------------------------------|------------------------|------------------|-----------------------|------------------|-----------|
| Region: Statewide | Rate Cell: TANF - Unenrolled - F-21 -25 | SFY 2023 Base Experience | EQI Repricing Adjustments | Policy and Program Adjustments | Adjusted SFY 2023 Base Experience | Member Months: 137,325 | Cost per Service | Utilization per 1,000 | Cost per Service | PMPM Cost |
| Category of Service | Unit Type | Utilization per 1,000 | Utilization Adjustment | Utilization Adjustment | Utilization per 1,000 | Cost Adjustment | Cost Adjustment | Cost Adjustment | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | |
| Additional Support Services | Units | 114.1 | \$ 77.81 | \$ 0.74 | | | | | | |
| Assessments and Testing (ACT) | Units | 1.0 | 125.00 | 0.01 | | | | | | |
| Assessments and Testing | Procedures | 15.6 | 153.45 | 0.20 | | | | | | |
| Case Management / Treatment Planning | Units | 118.2 | 100.48 | 0.99 | | | | | | |
| Community Living Supports | Days | | | | | | | | | |
| Crisis | Procedures | 12.7 | 464.09 | 0.49 | | | | | | |
| Evaluation and Management | Procedures | 24.1 | 223.88 | 0.45 | | | | | | |
| Inpatient | Days | 42.5 | 454.91 | 1.61 | | | | | | |
| Medication Administration | Procedures | 1.6 | 76.43 | 0.01 | | | | | | |
| Other | Procedures | 2.9 | 125.00 | 0.03 | | | | | | |
| Other Therapy | Procedures | | | | | | | | | |
| Outpatient Services | Procedures | 5.8 | 332.76 | 0.16 | | | | | | |
| Prevention and Early Intervention | Procedures | 2.3 | 317.18 | 0.06 | | | | | | |
| Psychiatric diagnostic evaluation | Procedures | 17.1 | 413.31 | 0.59 | | | | | | |
| Psychotherapy | Procedures | 69.3 | 154.11 | 0.89 | | | | | | |
| Residential Services | Days | 3.0 | 202.02 | 0.05 | | | | | | |
| Subtotal Mental Health State Plan | | | \$ 6.28 | | | | | | | |
| Mental Health 1915(i) | | | | | | | | | | |
| Additional Support Services | Units | | \$ 0.00 | \$ 0.00 | | | | | | |
| Community Living Supports | Days | 5.7 | 211.27 | 0.10 | | | | | | |
| Other | Procedures | 0.3 | | | | | | | | |
| Skill Building | Units | 0.6 | | | | | | | | |
| Subtotal Mental Health 1915(i) | | | \$ 0.14 | | | | | | | |
| Autism | | | | | | | | | | |
| Assessments and Testing | Procedures | | | | | | | | | |
| Autism Services | Units | | | | | | | | | |
| Subtotal Autism | | | \$ 0.00 | | | | | | | |
| Substance Abuse State Plan | | | | | | | | | | |
| Additional Support Services | Units | 80.3 | \$ 10.46 | \$ 0.07 | | | | | | |
| Assessments and Testing | Procedures | 7.3 | 98.09 | 0.06 | | | | | | |
| Case Management / Treatment Planning | Units | 1.5 | 81.63 | 0.01 | | | | | | |
| Crisis | Procedures | | | | | | | | | |
| Evaluation and Management | Procedures | 0.6 | 196.72 | 0.01 | | | | | | |
| Medication Administration | Procedures | 1.1 | 17.28 | 0.02 | | | | | | |
| Medication Assisted Treatment | Procedures | 13.9 | | | | | | | | |
| Other | Procedures | 0.4 | | | | | | | | |
| Outpatient Services | Procedures | 47.5 | 55.64 | 0.22 | | | | | | |
| Prevention and Early Intervention | Procedures | 3.2 | 38.10 | 0.01 | | | | | | |
| Psychiatric diagnostic evaluation | Procedures | | | | | | | | | |
| Residential Services | Days | 52.1 | 163.59 | 0.71 | | | | | | |
| Withdrawal Management | Days | 1.8 | 391.30 | 0.06 | | | | | | |
| Subtotal Substance Abuse State Plan | | | \$ 1.17 | | | | | | | |
| Children's Waiver Program | | | | | | | | | | |
| Additional Support Services | Units | | \$ 0.00 | \$ 0.00 | | | | | | |
| Community Living Supports | Days | | | | | | | | | |
| Other | Procedures | | | | | | | | | |
| Subtotal Children's Waiver Program | | | \$ 0.00 | | | | | | | |
| Habilitative Supports Waiver | | | | | | | | | | |
| Additional Support Services | Units | | \$ 0.00 | \$ 0.00 | | | | | | |
| Community Living Supports | Days | | | | | | | | | |
| Other | Procedures | | | | | | | | | |
| Skill Building | Units | | | | | | | | | |
| Subtotal Habilitative Supports Waiver | | | \$ 0.00 | | | | | | | |
| Serious Emotional Disturbances | | | | | | | | | | |
| Additional Support Services | Units | | \$ 0.00 | \$ 0.00 | | | | | | |
| Case Management / Treatment Planning | Units | | | | | | | | | |
| Community Living Supports | Days | | | | | | | | | |
| Other | Procedures | | | | | | | | | |
| Subtotal Serious Emotional Disturbances | | | \$ 0.00 | | | | | | | |
| Total Medical Costs | | | \$ 7.59 | | | | | | | |

| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitalization Rate Development Appendix 2 - Retrospective Rate Development Model | | | | | | | | | | |
|---|--|--------------------------|---------------------------|--------------------------------|-----------------------------------|-----------------|------------------------|------------------|-----------------------|------------------|
| Region: Statewide | Rate Cell: TANF - Unenrolled - F - 26 - 39 | SFY 2023 Base Experience | EQI Repricing Adjustments | Policy and Program Adjustments | Adjusted SFY 2023 Base Experience | | | | | |
| Member Months: 395,564 | Category of Service | Utilization per 1,000 | Cost per Service | PMPM Cost | Utilization Adjustment | Cost Adjustment | Utilization Adjustment | Cost Adjustment | Utilization per 1,000 | Cost per Service |
| | Unit Type | | | | | | | | | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | |
| Additional Support Services | Units | 43.6 | \$ 49.59 | \$ 0.18 | \$ 0.00 | \$ 0.01 | \$ 0.00 | \$ 0.00 | 43.6 | \$ 52.34 |
| Assessments and Testing (ACT) | Units | 37.3 | 54.77 | 0.17 | 0.03 | - | (0.01) | - | 41.6 | 54.77 |
| Case Management / Treatment Planning | Units | 21.8 | 148.97 | 0.27 | 0.02 | - | (0.04) | - | 20.1 | 184.71 |
| Crisis | Days | 209.8 | 84.10 | 1.47 | 2.98 | 1.02 | (0.19) | (0.40) | 194.1 | 103.89 |
| Evaluation and Management | Procedures | 12.4 | 444.80 | 0.46 | 0.07 | 0.10 | (0.01) | - | 797.9 | 55.50 |
| Inpatient | Procedures | 41.9 | 180.47 | 0.63 | (0.01) | 0.31 | (0.16) | - | 14.0 | 530.29 |
| Medication Administration | Days | 46.4 | 639.07 | 2.47 | 0.54 | 0.39 | (0.02) | - | 28.6 | 310.60 |
| Other | Procedures | 9.0 | 67.04 | 0.05 | - | 0.02 | (0.02) | - | 53.5 | 726.46 |
| Other Therapy | Procedures | 7.0 | 102.27 | 0.06 | 0.01 | (0.01) | - | - | 5.4 | 111.73 |
| Outpatient Services | Procedures | 9.4 | 318.13 | 0.25 | 0.04 | - | (0.01) | - | 8.2 | 87.70 |
| Prevention and Early Intervention | Procedures | 0.0 | - | - | - | - | - | - | 10.6 | 318.18 |
| Psychiatric diagnostic evaluation | Procedures | 18.7 | 366.56 | 0.57 | 0.01 | 0.10 | (0.09) | - | 16.0 | 441.40 |
| Residential Services | Procedures | 79.8 | 154.98 | 1.03 | 0.04 | 0.20 | (0.22) | - | 65.8 | 191.46 |
| Subtotal Mental Health State Plan | Days | 2.6 | 409.09 | 0.09 | \$ 3.81 | \$ 2.57 | \$ (0.94) | \$ (0.01) | 2.6 | 590.91 |
| | | | | | | | | | | \$ 12.82 |
| Mental Health 1915(i) | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 |
| Community Living Supports | Days | 33.5 | 107.49 | 0.30 | 6.98 | 5.19 | - | (1.04) | 812.7 | 168.77 |
| Other | Procedures | 1.7 | 70.59 | 0.01 | - | (0.01) | - | - | 1.7 | - |
| Skill Building | Units | 4.2 | 56.67 | 0.02 | - | - | - | (0.01) | 4.2 | 28.44 |
| Subtotal Mental Health 1915(i) | Units | 4.2 | 56.67 | 0.03 | \$ 6.98 | \$ 5.18 | \$ 0.00 | \$ (1.05) | 4.2 | 28.44 |
| | | | | | | | | | | \$ 11.44 |
| Autism | | | | | | | | | | |
| Assessments and Testing | Procedures | - | - | - | - | - | - | - | - | - |
| Autism Services | Units | - | - | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | - |
| Subtotal Autism | Units | - | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | |
| Additional Support Services | Units | 105.3 | \$ 13.67 | \$ 0.12 | \$ 0.00 | \$ 0.01 | \$ 0.00 | \$ 0.00 | 105.3 | \$ 14.81 |
| Assessments and Testing | Procedures | 27.6 | 60.78 | 0.14 | - | - | - | - | 27.6 | 60.78 |
| Case Management / Treatment Planning | Units | 3.2 | 113.21 | 0.03 | - | - | - | - | 3.2 | 113.21 |
| Crisis | Procedures | - | - | - | - | - | - | - | - | - |
| Evaluation and Management | Procedures | 9.2 | 78.09 | 0.06 | - | 0.01 | - | - | 9.2 | 91.11 |
| Medication Administration | Procedures | 0.3 | - | - | - | - | - | - | - | - |
| Medication Assisted Treatment | Procedures | 358.8 | 17.39 | 0.52 | - | 0.02 | - | - | 358.8 | 18.06 |
| Other | Procedures | 0.6 | - | - | - | - | - | - | - | - |
| Outpatient Services | Procedures | 86.3 | 73.69 | 0.53 | 0.01 | 0.06 | - | - | 87.9 | 81.87 |
| Prevention and Early Intervention | Procedures | 2.6 | 90.91 | 0.02 | - | (0.01) | - | - | 2.6 | 45.45 |
| Psychiatric diagnostic evaluation | Procedures | 0.2 | 500.00 | 0.01 | - | - | - | - | 0.2 | 500.00 |
| Residential Services | Days | 73.8 | 172.40 | 1.06 | 0.03 | 0.06 | - | (0.06) | 75.9 | 172.40 |
| Withdrawal Management | Days | 4.6 | 369.23 | 0.14 | 0.01 | - | - | (0.01) | 4.9 | 344.26 |
| Subtotal Substance Abuse State Plan | Days | 4.6 | 369.23 | 0.14 | \$ 0.05 | \$ 0.15 | \$ 0.00 | \$ (0.07) | 4.9 | 344.26 |
| | | | | | | | | | | \$ 2.76 |
| Children's Waiver Program | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 |
| Community Living Supports | Days | - | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - | - |
| Subtotal Children's Waiver Program | Procedures | - | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 |
| Community Living Supports | Days | - | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - | - |
| Skill Building | Units | - | - | - | - | - | - | - | - | - |
| Vocational Supports | Units | - | - | - | - | - | - | - | - | - |
| Subtotal Habilitative Supports Waiver | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 |
| Case Management / Treatment Planning | Units | - | - | - | - | - | - | - | - | - |
| Community Living Supports | Days | - | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - | - |
| Subtotal Serious Emotional Disturbances | Procedures | - | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 |
| | | | | | | | | | | \$ 27.02 |
| Total Medical Costs | | | | | | | | | | |
| | | | | | | | | | | \$ 10.75 |

| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitalization Rate Development Appendix 2 - Retrospective Rate Development Model | | | | | | | | | | | | |
|---|---|--------------------------|---------------------------|--------------------------------|-----------------------------------|-----------------|------------------------|-----------------|-----------------------|------------------|-----------|-----------------|
| Region: Statewide | Rate Cells: TANF - Unemployed - F - 40 - 49 | SFY 2023 Base Experience | EQI Repricing Adjustments | Policy and Program Adjustments | Adjusted SFY 2023 Base Experience | | | | | | | |
| Member Months: 145,382 | Category of Service | Utilization per 1,000 | Cost per Service | PMPM Cost | Utilization Adjustment | Cost Adjustment | Utilization Adjustment | Cost Adjustment | Utilization per 1,000 | Cost per Service | PMPM Cost | |
| Mental Health State Plan | | | | | | | | | | | | |
| Additional Support Services | Units | 246.6 | \$ 18.49 | \$ 0.38 | | | | | | | | |
| Assessive Community Treatment (ACT) | Units | 4.00 | 105.05 | 0.35 | | | | | | | | |
| Assessments and Testing | Procedures | 23.8 | 151.45 | 0.30 | | | | | | | | |
| Case Management / Treatment Planning | Units | 356.2 | 81.19 | 2.41 | | | | | | | | |
| Community Living Supports | Days | 2.5 | 48.39 | 0.01 | | | | | | | | |
| Crisis | Procedures | 10.2 | 468.75 | 0.40 | | | | | | | | |
| Evaluation and Management | Procedures | 73.3 | 162.07 | 0.89 | | | | | | | | |
| Inpatient | Days | 54.2 | 494.18 | 2.23 | | | | | | | | |
| Medication Administration | Procedures | 9.7 | 73.92 | 0.06 | | | | | | | | |
| Other | Procedures | 12.1 | 158.29 | 0.16 | | | | | | | | |
| Other Therapy | Procedures | - | - | - | | | | | | | | |
| Outpatient Services | Procedures | 11.6 | 352.94 | 0.34 | | | | | | | | |
| Prevention and Early Intervention | Procedures | 18.0 | 333.52 | 0.50 | | | | | | | | |
| Psychiatric diagnostic evaluation | Procedures | 103.3 | 150.96 | 1.30 | | | | | | | | |
| Psychotherapy | Procedures | - | - | - | | | | | | | | |
| Residential Services | Days | 1.6 | 535.03 | 0.07 | | | | | | | | |
| Subtotal Mental Health State Plan | | | | \$ 9.50 | | \$ 0.91 | | \$ 2.94 | | \$ (1.33) | | \$ 12.01 |
| Mental Health 1915(i) | | | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | | | | | | | | |
| Community Living Supports | Days | 36.5 | 49.34 | 0.15 | | | | | | | | |
| Other | Procedures | 0.3 | - | - | | | | | | | | |
| Skill Building | Units | - | - | - | | | | | | | | |
| Subtotal Mental Health 1915(i) | | | | \$ 0.20 | | \$ 0.01 | | \$ 0.05 | | \$ 0.00 | | \$ 0.18 |
| Autism | | | | | | | | | | | | |
| Assessments and Testing | Procedures | - | - | - | | | | | | | | |
| Autism Services | Units | - | - | - | | | | | | | | |
| Subtotal Autism | | | | \$ 0.00 | | \$ 0.00 | | \$ 0.00 | | \$ 0.00 | | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | | | |
| Additional Support Services | Units | 85.4 | \$ 12.64 | \$ 0.09 | | | | | | | | |
| Assessments and Testing | Procedures | 32.7 | 47.72 | 0.13 | | | | | | | | |
| Case Management / Treatment Planning | Units | 2.2 | 107.62 | 0.02 | | | | | | | | |
| Crisis | Procedures | - | - | - | | | | | | | | |
| Evaluation and Management | Procedures | 11.6 | 82.47 | 0.08 | | | | | | | | |
| Medication Administration | Procedures | 1.0 | - | - | | | | | | | | |
| Medication Assisted Treatment | Procedures | 499.3 | 15.38 | 0.64 | | | | | | | | |
| Other | Procedures | 0.6 | - | - | | | | | | | | |
| Outpatient Services | Procedures | 90.6 | 63.61 | 0.48 | | | | | | | | |
| Prevention and Early Intervention | Procedures | 3.2 | 111.80 | 0.03 | | | | | | | | |
| Psychiatric diagnostic evaluation | Procedures | 0.3 | 727.27 | 0.02 | | | | | | | | |
| Residential Services | Days | 78.5 | 183.44 | 1.20 | | | | | | | | |
| Withdrawal Management | Days | 6.0 | 378.11 | 0.19 | | | | | | | | |
| Subtotal Substance Abuse State Plan | | | | \$ 2.88 | | \$ 0.00 | | \$ 0.12 | | \$ 0.00 | | \$ 2.92 |
| Children's Waiver Program | | | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | | | | | | | | |
| Community Living Supports | Days | - | - | - | | | | | | | | |
| Other | Procedures | - | - | - | | | | | | | | |
| Subtotal Children's Waiver Program | | | | \$ 0.00 | | \$ 0.00 | | \$ 0.00 | | \$ 0.00 | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | | | | | | | | |
| Community Living Supports | Days | - | - | - | | | | | | | | |
| Other | Procedures | - | - | - | | | | | | | | |
| Skill Building | Units | - | - | - | | | | | | | | |
| Subtotal Habilitative Supports Waiver | | | | \$ 0.00 | | \$ 0.00 | | \$ 0.00 | | \$ 0.00 | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | | | | | | | | |
| Case Management / Treatment Planning | Units | - | - | - | | | | | | | | |
| Community Living Supports | Days | - | - | - | | | | | | | | |
| Other | Procedures | - | - | - | | | | | | | | |
| Subtotal Serious Emotional Disturbances | | | | \$ 0.00 | | \$ 0.00 | | \$ 0.00 | | \$ 0.00 | | \$ 0.00 |
| Total Medical Costs | | | | \$ 12.58 | | \$ 0.00 | | \$ 0.00 | | \$ 0.00 | | \$ 15.11 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitalization Rate Development Appendix 2 - Retrospective Rate Development Model | | | | | | | | | | | |
|---|---|--------------------------|---------------------------|--------------------------------|-----------------------------------|------------------|------------------------|------------------|-----------------------|------------------|-----------------|
| Region: Statewide | Rate Cells: TANF - Unenrolled - F - 50 - 64 | SFY 2023 Base Experience | EQI Repricing Adjustments | Policy and Program Adjustments | Adjusted SFY 2023 Base Experience | | | | | | |
| Member Months: 44,227 | Category of Service | Utilization per 1,000 | Cost per Service | PMPM Cost | Utilization Adjustment | Cost Adjustment | Utilization Adjustment | Cost Adjustment | Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | |
| Additional Support Services | Units | 630.3 | \$ 19.61 | \$ 1.03 | | | | | | | |
| Assessments and Testing (ACT) | Units | 310.4 | 96.26 | 2.49 | | | | | | | |
| Assessments and Testing | Procedures | 28.6 | 142.04 | 0.35 | | | | | | | |
| Case Management / Treatment Planning | Units | 492.7 | 76.23 | 3.13 | | | | | | | |
| Community Living Supports | Days | | | | | | | | | | |
| Crisis | Procedures | 3.8 | 568.42 | 0.18 | | | | | | | |
| Evaluation and Management | Procedures | 105.0 | 148.57 | 1.30 | | | | | | | |
| Inpatient | Days | 50.7 | 269.61 | 1.14 | | | | | | | |
| Medication Administration | Procedures | 10.9 | 77.42 | 0.07 | | | | | | | |
| Other | Procedures | 16.8 | 99.88 | 0.14 | | | | | | | |
| Other Therapy | Procedures | | | | | | | | | | |
| Outpatient Services | Procedures | 1.6 | 368.10 | 0.05 | | | | | | | |
| Prevention and Early Intervention | Procedures | | | | | | | | | | |
| Psychiatric diagnostic evaluation | Procedures | 19.3 | 286.60 | 0.46 | | | | | | | |
| Psychotherapy | Procedures | 133.2 | 138.72 | 1.54 | | | | | | | |
| Residential Services | Days | | | | | | | | | | |
| Subtotal Mental Health State Plan | | | | \$ 11.88 | | \$ 5.36 | | \$ 0.00 | | | \$ 15.74 |
| Mental Health 1915(i) | | | | | | | | | | | |
| Additional Support Services | Units | | \$ 0.00 | \$ 0.00 | | | | | | | |
| Community Living Supports | Days | 68.4 | 94.76 | 0.54 | | | | | | | |
| Other | Procedures | | | | | | | | | | |
| Skill Building | Units | | | | | | | | | | |
| Subtotal Mental Health 1915(i) | | | | \$ 0.55 | | \$ (0.12) | | \$ 0.00 | | | \$ 0.36 |
| Autism | | | | | | | | | | | |
| Assessments and Testing | Procedures | | | | | | | | | | |
| Autism Services | Units | | | | | | | | | | |
| Subtotal Autism | | | | \$ 0.00 | | \$ 0.00 | | \$ 0.00 | | | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | | |
| Additional Support Services | Units | 2.9 | \$ 0.00 | \$ 0.00 | | | | | | | |
| Assessments and Testing | Procedures | 17.6 | 54.42 | 0.08 | | | | | | | |
| Case Management / Treatment Planning | Units | 0.8 | 148.15 | 0.01 | | | | | | | |
| Crisis | Procedures | | | | | | | | | | |
| Evaluation and Management | Procedures | 1.6 | 73.62 | 0.01 | | | | | | | |
| Medication Administration | Procedures | | | | | | | | | | |
| Medication Assisted Treatment | Procedures | 176.1 | 19.08 | 0.28 | | | | | | | |
| Other | Procedures | | | | | | | | | | |
| Outpatient Services | Procedures | 27.1 | 75.19 | 0.17 | | | | | | | |
| Prevention and Early Intervention | Procedures | 0.5 | 222.22 | 0.01 | | | | | | | |
| Psychiatric diagnostic evaluation | Procedures | | | | | | | | | | |
| Residential Services | Days | 6.0 | 180.90 | 0.09 | | | | | | | |
| Withdrawal Management | Days | | | | | | | | | | |
| Subtotal Substance Abuse State Plan | | | | \$ 0.65 | | \$ 0.17 | | \$ (0.01) | | | \$ 0.81 |
| Children's Waiver Program | | | | | | | | | | | |
| Additional Support Services | Units | | \$ 0.00 | \$ 0.00 | | | | | | | |
| Community Living Supports | Days | | | | | | | | | | |
| Other | Procedures | | | | | | | | | | |
| Other Therapy | Procedures | | | | | | | | | | |
| Subtotal Children's Waiver Program | | | | \$ 0.00 | | \$ 0.00 | | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | |
| Additional Support Services | Units | | \$ 0.00 | \$ 0.00 | | | | | | | |
| Community Living Supports | Days | | | | | | | | | | |
| Other | Procedures | | | | | | | | | | |
| Skill Building | Units | | | | | | | | | | |
| Vocational Supports | Units | | | | | | | | | | |
| Subtotal Habilitative Supports Waiver | | | | \$ 0.00 | | \$ 0.00 | | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | |
| Additional Support Services | Units | | \$ 0.00 | \$ 0.00 | | | | | | | |
| Case Management / Treatment Planning | Units | | | | | | | | | | |
| Community Living Supports | Days | | | | | | | | | | |
| Other | Procedures | | | | | | | | | | |
| Other Therapy | Procedures | | | | | | | | | | |
| Subtotal Serious Emotional Disturbances | | | | \$ 0.00 | | \$ 0.00 | | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | \$ 13.08 | | \$ 5.36 | | \$ (0.01) | | | \$ 16.91 |

| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitalization Rate Development Appendix 2 - Retrospective Rate Development Model | | | | | | | | | | | |
|---|--|--------------------------|---------------------------|--------------------------------|-----------------------------------|-----------------|------------------------|-----------------|-----------------------|------------------|-----------------|
| Region: Statewide | Rate Cells: TANF - Unenrolled - F - 6 - 18 | SFY 2023 Base Experience | EQI Repricing Adjustments | Policy and Program Adjustments | Adjusted SFY 2023 Base Experience | | | | | | |
| Member Months: 777,241 | Category of Service | Utilization per 1,000 | Cost per Service | PMPM Cost | Utilization Adjustment | Cost Adjustment | Utilization Adjustment | Cost Adjustment | Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | |
| Additional Support Services | Units | 495.2 | \$ 73.66 | \$ 3.04 | | | | | | | |
| Assessments and Testing (ACT) | Units | 2.6 | 91.95 | 0.02 | | | | | | | |
| Assessments and Testing | Procedures | 26.5 | 189.32 | 0.44 | | | | | | | |
| Case Management / Treatment Planning | Units | 280.8 | 102.56 | 2.40 | | | | | | | |
| Community Living Supports | Days | 5.5 | 43.40 | 0.01 | | | | | | | |
| Crisis | Procedures | 20.8 | 571.98 | 0.89 | | | | | | | |
| Evaluation and Management | Procedures | 42.2 | 210.38 | 0.74 | | | | | | | |
| Inpatient | Days | 53.5 | 434.82 | 1.84 | | | | | | | |
| Medication Administration | Procedures | 0.7 | - | - | | | | | | | |
| Other | Procedures | 3.4 | 250.75 | 0.07 | | | | | | | |
| Other Therapy | Procedures | 8.4 | 71.68 | 0.05 | | | | | | | |
| Outpatient Services | Procedures | 12.5 | 269.45 | 0.28 | | | | | | | |
| Prevention and Early Intervention | Procedures | 2.2 | 267.86 | 0.05 | | | | | | | |
| Psychiatric diagnostic evaluation | Procedures | 26.3 | 382.69 | 0.84 | | | | | | | |
| Psychotherapy | Procedures | 177.3 | 169.86 | 2.51 | | | | | | | |
| Residential Services | Days | 3.7 | 585.37 | 0.18 | | | | | | | |
| Subtotal Mental Health State Plan | | | | \$ 13.57 | | | | | | | |
| Mental Health 1915(i) | | | | | | | | | | | |
| Additional Support Services | Units | 644.8 | \$ 5.58 | \$ 0.30 | | | | | | | |
| Community Living Supports | Days | 73.1 | 121.54 | 0.74 | | | | | | | |
| Other | Procedures | 16.1 | 179.33 | 0.24 | | | | | | | |
| Skill Building | Units | 11.0 | 21.78 | 0.02 | | | | | | | |
| Vocational Supports | Units | 1.8 | 67.42 | 0.01 | | | | | | | |
| Subtotal Mental Health 1915(i) | | | | \$ 1.31 | | | | | | | |
| Autism | | | | | | | | | | | |
| Assessments and Testing | Procedures | - | - | - | | | | | | | |
| Autism Services | Units | 592.1 | 12.97 | 0.64 | | | | | | | |
| Subtotal Autism | | | | \$ 0.64 | | | | | | | |
| Substance Abuse State Plan | | | | | | | | | | | |
| Additional Support Services | Units | 0.8 | \$ 0.00 | \$ 0.00 | | | | | | | |
| Assessments and Testing | Units | 0.5 | 250.00 | 0.01 | | | | | | | |
| Case Management / Treatment Planning | Units | 0.1 | - | - | | | | | | | |
| Crisis | Procedures | - | - | - | | | | | | | |
| Evaluation and Management | Procedures | 0.0 | - | - | | | | | | | |
| Medication Administration | Procedures | - | - | - | | | | | | | |
| Medication Assisted Treatment | Procedures | - | - | - | | | | | | | |
| Other | Procedures | - | - | - | | | | | | | |
| Outpatient Services | Procedures | 1.9 | 64.17 | 0.01 | | | | | | | |
| Prevention and Early Intervention | Procedures | 1.8 | 134.08 | 0.02 | | | | | | | |
| Psychiatric diagnostic evaluation | Procedures | 6.5 | 314.81 | 0.17 | | | | | | | |
| Residential Services | Days | 0.0 | - | - | | | | | | | |
| Withdrawal Management | Days | 0.0 | - | - | | | | | | | |
| Subtotal Substance Abuse State Plan | | | | \$ 0.21 | | | | | | | |
| Children's Waiver Program | | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | | | | | | | |
| Community Living Supports | Days | - | - | - | | | | | | | |
| Other | Procedures | - | - | - | | | | | | | |
| Subtotal Children's Waiver Program | | | | \$ 0.00 | | | | | | | |
| Habilitative Supports Waiver | | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | | | | | | | |
| Community Living Supports | Days | - | - | - | | | | | | | |
| Other | Procedures | - | - | - | | | | | | | |
| Skill Building | Units | - | - | - | | | | | | | |
| Vocational Supports | Units | - | - | - | | | | | | | |
| Subtotal Habilitative Supports Waiver | | | | \$ 0.00 | | | | | | | |
| Serious Emotional Disturbances | | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | | | | | | | |
| Case Management / Treatment Planning | Units | - | - | - | | | | | | | |
| Community Living Supports | Days | - | - | - | | | | | | | |
| Other | Procedures | - | - | - | | | | | | | |
| Subtotal Serious Emotional Disturbances | | | | \$ 0.00 | | | | | | | |
| Total Medical Costs | | | | \$ 15.73 | | | | | | | \$ 19.18 |

| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitalization Rate Development Appendix 2 - Retrospective Rate Development Model | | | | | | | | | | | |
|---|----------------------|--------------------------|---------------------------|--------------------------------|-----------------------------------|-----------------|------------------------|-----------------|-----------------------|------------------|-----------------|
| Region: Statewide | Member Months: 2,829 | SFY 2023 Base Experience | EQI Repricing Adjustments | Policy and Program Adjustments | Adjusted SFY 2023 Base Experience | | | | | | |
| Rate Cells: TANF - Unenrolled - F - 65+ | Category of Service | Utilization per 1,000 | Cost per Service | PMPM Cost | Utilization Adjustment | Cost Adjustment | Utilization Adjustment | Cost Adjustment | Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Assertive Community Treatment (ACT) | Units | 25.5 | 202.75 | 0.43 | - | (0.14) | - | - | 37.9 | 158.39 | 0.50 |
| Assessments and Testing | Units | 340.8 | 62.33 | 1.77 | - | 0.80 | - | - | 388.9 | 87.01 | 2.82 |
| Case Management / Treatment Planning | Days | - | - | - | - | - | - | - | - | - | - |
| Community Living Supports | Units | - | - | - | - | - | - | - | - | - | - |
| Crisis | Procedures | 4.2 | 424.53 | 0.15 | - | 0.06 | - | - | 5.9 | 545.45 | 0.27 |
| Evaluation and Management | Procedures | 76.3 | 226.36 | 1.44 | - | (1.51) | - | - | 186.1 | 128.98 | 2.00 |
| Inpatient | Days | 106.0 | 62.25 | 0.55 | - | 0.18 | - | - | 140.7 | 590.92 | 6.93 |
| Medication Administration | Procedures | 4.2 | 28.30 | 0.01 | - | 0.01 | - | - | 8.5 | 28.30 | 0.02 |
| Other | Procedures | 80.6 | 56.59 | 0.38 | - | (0.28) | - | - | 154.8 | 34.88 | 0.45 |
| Other Therapy | Procedures | - | - | - | - | - | - | - | - | - | - |
| Outpatient Services | Procedures | - | - | - | - | - | - | - | - | - | - |
| Prevention and Early Intervention | Procedures | - | - | - | - | - | - | - | - | - | - |
| Psychiatric diagnostic evaluation | Procedures | 17.0 | 389.15 | 0.55 | - | 0.03 | - | - | 17.9 | 617.10 | 0.92 |
| Psychotherapy | Procedures | 17.0 | 127.38 | 0.18 | - | 0.01 | - | - | 17.9 | 167.60 | 0.25 |
| Residential Services | Days | - | - | - | - | - | - | - | - | - | - |
| Subtotal Mental Health State Plan | | | | \$ 5.46 | | \$ 5.53 | | | | | \$ 14.16 |
| Mental Health 1915(i) | | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Community Living Supports | Days | - | - | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - | - | - |
| Skill Building | Units | - | - | - | - | - | - | - | - | - | - |
| Subtotal Mental Health 1915(i) | | | | \$ 0.00 | | \$ 0.00 | | | | | \$ 0.00 |
| Autism | | | | | | | | | | | |
| Assessments and Testing | Procedures | - | - | - | - | - | - | - | - | - | - |
| Autism Services | Units | - | - | - | - | - | - | - | - | - | - |
| Subtotal Autism | | | | \$ 0.00 | | \$ 0.00 | | | | | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Assessments and Testing | Units | - | - | - | - | - | - | - | - | - | - |
| Case Management / Treatment Planning | Units | - | - | - | - | - | - | - | - | - | - |
| Crisis | Procedures | - | - | - | - | - | - | - | - | - | - |
| Evaluation and Management | Procedures | - | - | - | - | - | - | - | - | - | - |
| Medication Administration | Procedures | - | - | - | - | - | - | - | - | - | - |
| Medication Assisted Treatment | Procedures | - | - | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - | - | - |
| Outpatient Services | Procedures | - | - | - | - | - | - | - | - | - | - |
| Prevention and Early Intervention | Procedures | - | - | - | - | - | - | - | - | - | - |
| Psychiatric diagnostic evaluation | Procedures | - | - | - | - | - | - | - | - | - | - |
| Residential Services | Days | - | - | - | - | - | - | - | - | - | - |
| Withdrawal Management | Days | - | - | - | - | - | - | - | - | - | - |
| Subtotal Substance Abuse State Plan | | | | \$ 0.00 | | \$ 0.00 | | | | | \$ 0.00 |
| Children's Waiver Program | | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Community Living Supports | Days | - | - | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - | - | - |
| Subtotal Children's Waiver Program | | | | \$ 0.00 | | \$ 0.00 | | | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Community Living Supports | Days | - | - | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - | - | - |
| Skill Building | Units | - | - | - | - | - | - | - | - | - | - |
| Subtotal Habilitative Supports Waiver | | | | \$ 0.00 | | \$ 0.00 | | | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Case Management / Treatment Planning | Units | - | - | - | - | - | - | - | - | - | - |
| Community Living Supports | Days | - | - | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - | - | - |
| Subtotal Serious Emotional Disturbances | | | | \$ 0.00 | | \$ 0.00 | | | | | \$ 0.00 |
| Total Medical Costs | | | | \$ 5.46 | | \$ 5.53 | | | | | \$ 14.16 |

| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitalization Rate Development Appendix 2 - Retrospective Rate Development Model | | | | | | | | | | | | |
|---|--|------------------------|---|------------------|-----------------|---|-----------------|--|------------------|--|------------------|-----------------|
| Region: Statewide | Rate Cells: TANF - Unenrolled - M - 0 - 5 | Member Months: 342,679 | SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | EQI Repricing Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | |
| | Additional Support Services | | 202.8 | \$ 72.19 | \$ 1.22 | | | | | | | |
| | Assessments and Testing | | 287 | 254.29 | 0.63 | | | | | | | |
| | Case Management / Treatment Planning | | 225.0 | 96.55 | 1.81 | | | | | | | |
| | Community Living Supports | | | | | | | | | | | |
| | Crisis | | 0.3 | 375.00 | 0.01 | | | | | | | |
| | Evaluation and Management | | 3.2 | 223.60 | 0.06 | | | | | | | |
| | Inpatient | | | | | | | | | | | |
| | Medication Administration | | | | | | | | | | | |
| | Other | | 0.2 | | | | | | | | | |
| | Other Therapy | | 56.1 | 70.64 | 0.33 | | | | | | | |
| | Outpatient Services | | | | | | | | | | | |
| | Prevention and Early Intervention | | 5.0 | 215.57 | 0.09 | | | | | | | |
| | Psychiatric diagnostic evaluation | | 10.9 | 352.62 | 0.32 | | | | | | | |
| | Psychotherapy | | 17.3 | 145.66 | 0.21 | | | | | | | |
| | Residential Services | | | | | | | | | | | |
| | Subtotal Mental Health State Plan | | | | \$ 4.68 | | \$ 0.17 | | \$ 0.00 | | | \$ 5.35 |
| Mental Health 1915(i) | | | | | | | | | | | | |
| | Additional Support Services | | 889.0 | \$ 5.26 | \$ 0.39 | | | | | | | |
| | Community Living Supports | | 41.3 | 104.55 | 0.36 | | | | | | | |
| | Other | | 12.4 | 145.16 | 0.15 | | | | | | | |
| | Skill Building | | 3.8 | 31.75 | 0.01 | | | | | | | |
| | Subtotal Mental Health 1915(i) | | | | \$ 0.91 | | \$ 0.08 | | \$ (0.14) | | | \$ 0.98 |
| Autism | | | | | | | | | | | | |
| | Assessments and Testing | | | | | | | | | | | |
| | Autism Services | | 8,318.0 | 15.29 | 10.60 | | | | | | | |
| | Subtotal Autism | | | | \$ 10.60 | | \$ 0.05 | | \$ (0.01) | | | \$ 13.01 |
| Substance Abuse State Plan | | | | | | | | | | | | |
| | Additional Support Services | | | \$ 0.00 | \$ 0.00 | | | | | | | |
| | Assessments and Testing | | | | | | | | | | | |
| | Case Management / Treatment Planning | | | | | | | | | | | |
| | Crisis | | | | | | | | | | | |
| | Evaluation and Management | | | | | | | | | | | |
| | Medication Administration | | | | | | | | | | | |
| | Medication Assisted Treatment | | | | | | | | | | | |
| | Other | | | | | | | | | | | |
| | Outpatient Services | | | | | | | | | | | |
| | Prevention and Early Intervention | | | | | | | | | | | |
| | Psychiatric diagnostic evaluation | | | | | | | | | | | |
| | Residential Services | | | | | | | | | | | |
| | Withdrawal Management | | | | | | | | | | | |
| | Subtotal Substance Abuse State Plan | | | | \$ 0.00 | | \$ 0.00 | | \$ 0.00 | | | \$ 0.00 |
| Children's Waiver Program | | | | | | | | | | | | |
| | Additional Support Services | | | \$ 0.00 | \$ 0.00 | | | | | | | |
| | Community Living Supports | | | | | | | | | | | |
| | Other | | | | | | | | | | | |
| | Subtotal Children's Waiver Program | | | | \$ 0.00 | | \$ 0.00 | | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | |
| | Additional Support Services | | | \$ 0.00 | \$ 0.00 | | | | | | | |
| | Community Living Supports | | | | | | | | | | | |
| | Other | | | | | | | | | | | |
| | Skill Building | | | | | | | | | | | |
| | Vocational Supports | | | | | | | | | | | |
| | Subtotal Habilitative Supports Waiver | | | | \$ 0.00 | | \$ 0.00 | | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | |
| | Additional Support Services | | | \$ 0.00 | \$ 0.00 | | | | | | | |
| | Case Management / Treatment Planning | | | | | | | | | | | |
| | Community Living Supports | | | | | | | | | | | |
| | Other | | | | | | | | | | | |
| | Other Therapy | | | | | | | | | | | |
| | Subtotal Serious Emotional Disturbances | | | | \$ 0.00 | | \$ 0.00 | | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | |
| | | | | | \$ 16.19 | | \$ 0.00 | | \$ 0.00 | | | \$ 19.34 |

| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitalization Rate Development Appendix 2 - Retrospective Rate Development Model | | | | | | | | | | | | | | | | |
|---|--|--------------------------|---------------------------|--------------------------------|-----------------------------------|-----------------------|---------------------|------------|-----------------------|------------------|-----------------|------------------------|------------------|-----------------------|------------------|-----------|
| Region: Statewide | Rate Cell: TANF - Unenrolled - M - 19 - 20 | SFY 2023 Base Experience | EQI Repricing Adjustments | Policy and Program Adjustments | Adjusted SFY 2023 Base Experience | Member Months: 62,562 | Category of Service | Unit Type | Utilization per 1,000 | Cost per Service | PMPM Cost | Utilization Adjustment | Cost Adjustment | Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | | | | |
| | Additional Support Services | 19.2 | \$ 43.77 | \$ 0.07 | \$ 0.04 | \$ 0.00 | \$ 0.00 | Units | 19.2 | \$ 43.77 | \$ 0.07 | \$ 0.00 | \$ 0.00 | 19.2 | \$ 43.77 | \$ 0.07 |
| | Assessive Community Treatment (ACT) | 55.0 | 69.78 | 0.32 | 0.18 | - | - | Units | 55.0 | 69.78 | 0.32 | - | - | 55.0 | 69.78 | 0.32 |
| | Assessments and Testing | 13.6 | 202.64 | 0.23 | 0.05 | 0.02 | 0.03 | Procedures | 13.6 | 202.64 | 0.23 | (0.03) | (0.02) | 13.0 | 248.66 | 0.27 |
| | Case Management / Treatment Planning | 216.2 | 92.70 | 1.87 | 0.19 | 0.06 | 0.01 | Units | 216.2 | 92.70 | 1.87 | (0.02) | (0.04) | 221.4 | 103.00 | 1.90 |
| | Community Living Supports | 145.8 | 50.21 | 0.61 | 0.21 | 0.01 | 0.01 | Days | 145.8 | 50.21 | 0.61 | (0.01) | (0.01) | 148.2 | 28.97 | 0.37 |
| | Crisis | 7.3 | 526.75 | 0.32 | 0.09 | 0.03 | 0.03 | Procedures | 7.3 | 526.75 | 0.32 | (0.01) | (0.01) | 7.8 | 665.81 | 0.43 |
| | Evaluation and Management | 25.3 | 189.57 | 0.40 | 0.23 | 0.01 | 0.01 | Procedures | 25.3 | 189.57 | 0.40 | (0.01) | (0.06) | 20.9 | 321.69 | 0.56 |
| | Inpatient | 43.0 | 614.38 | 2.20 | 0.32 | 0.35 | 0.07 | Days | 43.0 | 614.38 | 2.20 | - | - | 49.8 | 691.43 | 2.87 |
| | Medication Administration | 8.3 | 101.82 | 0.07 | 0.02 | - | - | Procedures | 8.3 | 101.82 | 0.07 | - | - | 8.3 | 130.91 | 0.09 |
| | Other | 3.5 | 34.78 | 0.01 | 0.01 | - | - | Procedures | 3.5 | 34.78 | 0.01 | - | - | 3.5 | 69.57 | 0.02 |
| | Other Therapy | 4.6 | 78.26 | 0.03 | 0.02 | - | - | Procedures | 4.6 | 78.26 | 0.03 | - | - | 4.6 | 78.26 | 0.03 |
| | Outpatient Services | 3.3 | 478.53 | 0.13 | (0.05) | - | - | Procedures | 3.3 | 478.53 | 0.13 | - | - | 3.3 | 294.48 | 0.08 |
| | Prevention and Early Intervention | 9.6 | 375.39 | 0.30 | 0.09 | 0.04 | 0.05 | Procedures | 9.6 | 375.39 | 0.30 | (0.05) | (0.05) | 8.6 | 500.58 | 0.36 |
| | Psychiatric diagnostic evaluation | 60.0 | 163.89 | 0.82 | 0.03 | 0.02 | 0.03 | Procedures | 60.0 | 163.89 | 0.82 | (0.05) | (0.05) | 59.3 | 169.95 | 0.84 |
| | Psychotherapy | 6.5 | 349.69 | 0.19 | 0.18 | - | - | Days | 6.5 | 349.69 | 0.19 | (0.22) | (0.02) | 6.5 | 644.17 | 0.35 |
| | Residential Services | | | | | | | | | | | | | | | |
| | Subtotal Mental Health State Plan | | | \$ 7.37 | \$ 1.17 | \$ 0.52 | \$ 0.00 | | | | \$ 7.37 | \$ (0.22) | \$ (0.06) | | \$ 6.78 | |
| Mental Health 1915(i) | | | | | | | | | | | | | | | | |
| | Additional Support Services | 256.7 | \$ 6.54 | \$ 0.14 | \$ 0.05 | \$ 0.00 | \$ 0.00 | Units | 256.7 | \$ 6.54 | \$ 0.14 | \$ 0.00 | \$ 0.00 | 256.7 | \$ 7.95 | \$ 0.17 |
| | Community Living Supports | 333.8 | 167.55 | 4.66 | 0.81 | 0.28 | 0.28 | Days | 333.8 | 167.55 | 4.66 | - | - | 353.8 | 175.35 | 5.17 |
| | Other | 5.8 | 480.00 | 0.23 | 0.06 | 0.01 | 0.01 | Procedures | 5.8 | 480.00 | 0.23 | - | - | 6.0 | 360.00 | 0.18 |
| | Skill Building | 4,189.6 | 0.66 | 0.23 | 0.03 | 0.24 | 0.24 | Units | 4,189.6 | 0.66 | 0.23 | - | - | 26,776.9 | 0.34 | 1.20 |
| | Vocational Supports | 970.2 | 5.07 | 0.41 | 0.20 | 0.24 | 0.24 | Units | 970.2 | 5.07 | 0.41 | - | - | 1,538.1 | 3.31 | 0.68 |
| | Subtotal Mental Health 1915(i) | | | \$ 5.67 | \$ 0.97 | \$ 1.77 | \$ 0.00 | | | | \$ 5.67 | \$ 0.00 | \$ (1.01) | | \$ 7.40 | |
| Autism | | | | | | | | | | | | | | | | |
| | Assessments and Testing | - | - | - | - | - | - | Procedures | - | - | - | - | - | - | - | - |
| | Autism Services | 217.3 | 13.80 | 0.25 | 0.07 | 0.00 | 0.00 | Units | 217.3 | 13.80 | 0.25 | - | - | 217.3 | 17.67 | 0.32 |
| | Subtotal Autism | | | \$ 0.25 | \$ 0.07 | \$ 0.00 | \$ 0.00 | | | | \$ 0.25 | \$ 0.00 | \$ 0.00 | | \$ 0.32 | |
| Substance Abuse State Plan | | | | | | | | | | | | | | | | |
| | Additional Support Services | 5.9 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | Units | 5.9 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Assessments and Testing | 2.5 | 144.58 | 0.03 | 0.01 | - | - | Procedures | 2.5 | 144.58 | 0.03 | - | - | 2.5 | 192.77 | 0.04 |
| | Case Management / Treatment Planning | 0.4 | 342.86 | 0.01 | - | - | - | Units | 0.4 | 342.86 | 0.01 | - | - | 0.4 | 342.86 | 0.01 |
| | Crisis | - | - | - | - | - | - | Procedures | - | - | - | - | - | - | - | - |
| | Evaluation and Management | 0.4 | - | - | - | - | - | Procedures | 0.4 | - | - | - | - | - | - | - |
| | Medication Administration | 0.2 | - | - | - | - | - | Procedures | 0.2 | - | - | - | - | - | - | - |
| | Medication Assisted Treatment | 0.2 | - | - | - | - | - | Procedures | 0.2 | - | - | - | - | - | - | - |
| | Other | 14.6 | 90.53 | 0.11 | 0.02 | - | - | Procedures | 14.6 | 90.53 | 0.11 | - | - | 14.6 | 107.00 | 0.13 |
| | Outpatient Services | 0.2 | - | - | - | - | - | Procedures | 0.2 | - | - | - | - | - | - | - |
| | Prevention and Early Intervention | 0.2 | - | - | - | - | - | Procedures | 0.2 | - | - | - | - | - | - | - |
| | Psychiatric diagnostic evaluation | 19.8 | 188.26 | 0.31 | 0.03 | 0.01 | 0.01 | Days | 19.8 | 188.26 | 0.31 | - | - | 20.4 | 194.12 | 0.33 |
| | Residential Services | - | - | - | - | - | - | Days | - | - | - | - | - | - | - | - |
| | Withdrawal Management | - | - | - | - | - | - | Days | - | - | - | - | - | - | - | - |
| | Subtotal Substance Abuse State Plan | | | \$ 0.46 | \$ 0.06 | \$ 0.01 | \$ 0.00 | | | | \$ 0.46 | \$ 0.00 | \$ (0.02) | | \$ 0.51 | |
| Children's Waiver Program | | | | | | | | | | | | | | | | |
| | Additional Support Services | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | - | - | - | - | - | - | Days | - | - | - | - | - | - | - | - |
| | Other | - | - | - | - | - | - | Procedures | - | - | - | - | - | - | - | - |
| | Subtotal Children's Waiver Program | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | | \$ 0.00 | |
| Habilitative Supports Waiver | | | | | | | | | | | | | | | | |
| | Additional Support Services | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | - | - | - | - | - | - | Days | - | - | - | - | - | - | - | - |
| | Other | - | - | - | - | - | - | Procedures | - | - | - | - | - | - | - | - |
| | Skill Building | - | - | - | - | - | - | Units | - | - | - | - | - | - | - | - |
| | Vocational Supports | - | - | - | - | - | - | Units | - | - | - | - | - | - | - | - |
| | Subtotal Habilitative Supports Waiver | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | | \$ 0.00 | |
| Serious Emotional Disturbances | | | | | | | | | | | | | | | | |
| | Additional Support Services | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Case Management / Treatment Planning | - | - | - | - | - | - | Days | - | - | - | - | - | - | - | - |
| | Community Living Supports | - | - | - | - | - | - | Procedures | - | - | - | - | - | - | - | - |
| | Other | - | - | - | - | - | - | Procedures | - | - | - | - | - | - | - | - |
| | Subtotal Serious Emotional Disturbances | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | | \$ 0.00 | |
| Total Medical Costs | | | | | | | | | | | | | | | | |
| | | | | \$ 13.75 | \$ 1.17 | \$ 7.37 | \$ 0.00 | | | | \$ 13.75 | \$ 0.00 | \$ 0.00 | | \$ 17.01 | |

| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitalization Rate Development Appendix 2 - Retrospective Rate Development Model | | | | | | | | | |
|---|--|-----------------------|--------------------------|---------------------------|--------------------------------|-----------------------------------|------------------------|-----------------------|-----------------|
| Region: Statewide | Rate Cell: TANF - Unenrolled - M - 21 - 25 | Member Months: 27,535 | SFY 2023 Base Experience | EQI Repricing Adjustments | Policy and Program Adjustments | Adjusted SFY 2023 Base Experience | Cost per Service | Utilization per 1,000 | PMPM Cost |
| Category of Service | Unit Type | Utilization per 1,000 | Cost per Service | PMPM Cost | Utilization Adjustment | Cost Adjustment | Utilization Adjustment | Cost Adjustment | PMPM Cost |
| Mental Health State Plan | | | | | | | | | |
| Additional Support Services | Units | 22.5 | \$ 10.67 | \$ 0.02 | \$ 0.00 | \$ 0.00 | 22.5 | \$ 0.00 | \$ 10.67 |
| Assessive Community Treatment (ACT) | Units | 10.5 | 45.63 | 0.04 | - | - | 10.5 | - | 136.88 |
| Assessments and Testing | Procedures | 17.9 | 181.31 | 0.27 | (0.05) | (0.05) | 15.2 | - | 197.11 |
| Case Management / Treatment Planning | Units | 247.4 | 102.35 | 2.11 | (0.20) | (0.20) | 228.6 | - | 111.28 |
| Community Living Supports | Days | 51.4 | 133.02 | 0.57 | - | (0.03) | 52.3 | - | 61.93 |
| Crisis | Procedures | 27.5 | 437.00 | 1.00 | - | - | 26.4 | - | 505.31 |
| Evaluation and Management | Procedures | 33.6 | 225.27 | 0.63 | (0.16) | (0.16) | 24.0 | - | 400.50 |
| Inpatient | Days | 44.5 | 537.23 | 1.99 | 0.32 | 0.32 | 51.6 | - | 709.30 |
| Medication Administration | Procedures | 7.8 | 122.45 | 0.08 | (0.02) | (0.02) | 5.9 | - | 204.08 |
| Other | Procedures | 62.8 | 15.30 | 0.08 | - | - | 62.8 | - | 51.63 |
| Other Therapy | Procedures | - | - | - | - | - | - | - | - |
| Outpatient Services | Procedures | 6.1 | 373.77 | 0.19 | - | - | 6.1 | - | 216.39 |
| Prevention and Early Intervention | Procedures | - | - | - | - | - | - | - | - |
| Psychiatric diagnostic evaluation | Procedures | 21.4 | 449.65 | 0.80 | (0.06) | (0.06) | 22.7 | - | 428.57 |
| Psychotherapy | Procedures | 62.8 | 145.32 | 0.76 | (0.11) | (0.11) | 63.6 | - | 149.08 |
| Residential Services | Days | 12.6 | 341.77 | 0.36 | 0.49 | 0.49 | 13.0 | - | 748.27 |
| Subtotal Mental Health State Plan | | | \$ 8.90 | \$ 0.72 | \$(0.76) | \$(0.08) | | | \$ 10.63 |
| Mental Health 1915(i) | | | | | | | | | |
| Additional Support Services | Units | 122.9 | \$ 4.88 | \$ 0.05 | \$ 0.00 | \$ 0.00 | 122.9 | \$ 0.00 | \$ 3.91 |
| Community Living Supports | Days | 313.3 | 165.83 | 4.33 | 0.22 | (0.63) | 324.9 | - | 150.68 |
| Other | Procedures | 3.5 | 137.34 | 0.04 | - | - | 3.5 | - | 68.77 |
| Skill Building | Units | - | - | - | - | - | - | - | - |
| Subtotal Mental Health 1915(i) | | | \$ 4.50 | \$ 0.16 | \$ 0.00 | \$(0.65) | | | \$ 4.20 |
| Autism | | | | | | | | | |
| Assessments and Testing | Procedures | - | - | - | - | - | - | - | - |
| Autism Services | Units | - | - | - | - | - | - | - | - |
| Subtotal Autism | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | |
| Additional Support Services | Units | 181.3 | \$ 6.62 | \$ 0.10 | \$ 0.00 | \$ 0.00 | 181.3 | \$ 0.00 | \$ 6.62 |
| Assessments and Testing | Procedures | 7.0 | 120.52 | 0.07 | 0.01 | - | 7.0 | - | 137.73 |
| Case Management / Treatment Planning | Units | 1.3 | 91.60 | 0.01 | - | - | 1.3 | - | 91.60 |
| Crisis | Procedures | - | - | - | - | - | - | - | - |
| Evaluation and Management | Procedures | 3.1 | 196.72 | 0.05 | 0.03 | - | 3.1 | - | 314.75 |
| Medication Administration | Procedures | 10.0 | 11.98 | 0.01 | (0.01) | - | 30.1 | - | 7.98 |
| Medication Assisted Treatment | Procedures | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - |
| Outpatient Services | Procedures | 144.3 | 40.76 | 0.49 | - | - | 147.2 | - | 35.87 |
| Prevention and Early Intervention | Procedures | - | - | - | - | - | - | - | - |
| Psychiatric diagnostic evaluation | Procedures | - | - | - | - | - | - | - | - |
| Residential Services | Days | 95.4 | 165.97 | 1.32 | - | (0.08) | 96.2 | - | 159.73 |
| Withdrawal Management | Days | 0.9 | 413.79 | 0.03 | - | - | 0.9 | - | 413.79 |
| Subtotal Substance Abuse State Plan | | | \$ 2.08 | \$ 0.04 | \$ 0.00 | \$(0.08) | | | \$ 2.04 |
| Children's Waiver Program | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Community Living Supports | Days | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - |
| Subtotal Children's Waiver Program | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Community Living Supports | Days | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - |
| Skill Building | Units | - | - | - | - | - | - | - | - |
| Vocational Supports | Units | - | - | - | - | - | - | - | - |
| Subtotal Habilitative Supports Waiver | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Case Management / Treatment Planning | Units | - | - | - | - | - | - | - | - |
| Community Living Supports | Days | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - |
| Subtotal Serious Emotional Disturbances | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | \$ 15.48 | \$ 0.00 | \$ 0.00 | \$(0.00) | | | \$ 16.87 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitalization Rate Development Appendix 2 - Retrospective Rate Development Model | | | | | | | | | | | | |
|---|--|------------------------|---------------------|------------|--|---------------------|----------------|--|---|---|---------------------|-----------------|
| Region: Statewide | Rate Category: TANF - Unemployed - M - 26 - 39 | Member Months: 105,893 | Category of Service | Unit Type | SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | EQI Repricing Adjustments Utilization Adjustment | Policy and Program Adjustments Utilization Adjustment | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 55.3 | \$ 32.56 | \$ 0.15 | \$ 0.00 | \$ 0.00 | \$ 0.07 | \$ 0.00 | \$ 0.22 |
| | Assessments and Testing | | | Units | 16.1 | 82.04 | 0.11 | - | - | 0.03 | - | 0.14 |
| | Case Management / Treatment Planning | | | Units | 18.1 | 165.47 | 0.25 | 0.01 | (0.03) | 0.04 | (0.17) | 0.27 |
| | Community Living Supports | | | Days | 131.2 | 99.67 | 1.09 | 0.03 | (0.17) | 0.21 | - | 1.16 |
| | Crisis | | | Procedures | 16.8 | 536.67 | 0.75 | - | (0.06) | - | - | 0.87 |
| | Evaluation and Management | | | Procedures | 31.8 | 211.06 | 0.56 | - | (0.15) | 0.22 | - | 0.63 |
| | Inpatient | | | Days | 77.3 | 534.09 | 3.44 | 0.53 | (0.18) | 1.64 | - | 5.43 |
| | Medication Administration | | | Procedures | 9.4 | 114.77 | 0.09 | - | (0.01) | - | - | 0.09 |
| | Other | | | Procedures | 4.5 | 264.90 | 0.10 | - | (0.06) | - | - | 0.04 |
| | Other Therapy | | | Procedures | - | - | - | - | - | - | - | - |
| | Outpatient Services | | | Procedures | 4.2 | 229.12 | 0.08 | - | - | 0.06 | - | 0.14 |
| | Prevention and Early Intervention | | | Procedures | 19.9 | 379.14 | 0.63 | - | (0.13) | - | - | 0.56 |
| | Psychiatric diagnostic evaluation | | | Procedures | 59.0 | 186.99 | 0.92 | 0.06 | (0.20) | 0.01 | 189.37 | 0.79 |
| | Residential Services | | | Days | 6.2 | 443.02 | 0.23 | - | 0.06 | 0.06 | 520.06 | 0.27 |
| | Subtotal Mental Health State Plan | | | | | \$ 8.40 | | \$ 0.70 | \$ (0.93) | \$ (0.02) | | \$ 10.61 |
| Mental Health 1915(i) | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | 0.6 | 210.53 | 0.01 | - | - | - | 0.6 | 210.53 |
| | Other | | | Procedures | - | - | - | - | - | - | - | 0.01 |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - |
| | Subtotal Mental Health 1915(i) | | | | 8.5 | 42.35 | 0.03 | \$ 0.00 | \$ 0.06 | \$ (0.02) | 98.82 | 0.07 |
| | Subtotal Mental Health 1915(i) | | | | | \$ 0.04 | | \$ 0.00 | \$ 0.06 | \$ (0.02) | | \$ 0.08 |
| Autism | | | | | | | | | | | | |
| | Assessments and Testing | | | Procedures | - | - | - | - | - | - | - | - |
| | Autism Services | | | Units | - | - | - | - | - | - | - | - |
| | Subtotal Autism | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 67.1 | \$ 10.73 | \$ 0.06 | \$ 0.00 | \$ 0.00 | \$ 0.02 | \$ 0.00 | \$ 0.08 |
| | Assessments and Testing | | | Procedures | 52.4 | 52.72 | 0.23 | - | - | 0.03 | - | 0.26 |
| | Case Management / Treatment Planning | | | Units | 3.9 | 155.04 | 0.05 | - | - | 0.01 | - | 0.06 |
| | Crisis | | | Procedures | - | - | - | - | - | - | - | - |
| | Evaluation and Management | | | Procedures | 16.3 | 66.18 | 0.09 | - | - | 0.06 | - | 0.15 |
| | Medication Administration | | | Procedures | 4.0 | 30.23 | 0.01 | 0.01 | (0.01) | - | - | 0.01 |
| | Medication Assisted Treatment | | | Procedures | 561.7 | 16.02 | 0.75 | - | - | 0.07 | - | 0.82 |
| | Other | | | Procedures | 0.3 | - | - | - | - | - | - | - |
| | Outpatient Services | | | Procedures | 133.8 | 74.42 | 0.83 | (0.05) | (0.01) | 0.17 | - | 0.94 |
| | Prevention and Early Intervention | | | Procedures | 5.4 | 66.18 | 0.03 | - | - | - | - | 0.03 |
| | Psychiatric diagnostic evaluation | | | Procedures | - | - | - | - | - | - | - | - |
| | Residential Services | | | Days | 108.7 | 172.25 | 1.56 | 0.04 | - | 0.08 | - | 1.59 |
| | Withdrawal Management | | | Days | 13.2 | 365.02 | 0.40 | 0.01 | (0.02) | 0.02 | 364.99 | 0.41 |
| | Subtotal Substance Abuse State Plan | | | | | \$ 4.01 | | \$ 0.01 | \$ (0.11) | \$ (0.02) | | \$ 4.35 |
| Children's Waiver Program | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - |
| | Subtotal Children's Waiver Program | | | | | \$ 0.00 | | \$ 0.00 | \$ 0.00 | \$ 0.00 | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - |
| | Vocational Supports | | | Units | - | - | - | - | - | - | - | - |
| | Subtotal Habilitative Supports Waiver | | | | | \$ 0.00 | | \$ 0.00 | \$ 0.00 | \$ 0.00 | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - |
| | Subtotal Serious Emotional Disturbances | | | | | \$ 0.00 | | \$ 0.00 | \$ 0.00 | \$ 0.00 | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | |
| | | | | | | \$ 12.45 | | \$ 0.00 | \$ 0.00 | \$ 0.00 | | \$ 15.04 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitalization Rate Development Appendix 2 - Retrospective Rate Development Model | | | | | | | | | | | |
|---|--|--------------------------|---------------------------|--------------------------------|-----------------------------------|-----------------|------------------------|-----------------|-----------------------|------------------|-----------------|
| Region: Statewide | Rate Cell: TANF - Unenrolled - M -40 -49 | SFY 2023 Base Experience | EQI Repricing Adjustments | Policy and Program Adjustments | Adjusted SFY 2023 Base Experience | | | | | | |
| Member Months: 76,973 | Category of Service | Utilization per 1,000 | Cost per Service | PMPM Cost | Utilization Adjustment | Cost Adjustment | Utilization Adjustment | Cost Adjustment | Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | |
| Additional Support Services | Units | 262.5 | \$ 15.08 | \$ 0.33 | | | | | | | |
| Assessments and Testing (ACT) | Units | 17.3 | 90.17 | 0.13 | | | | | | | |
| Assessments and Testing | Procedures | 18.3 | 157.46 | 0.24 | | | | | | | |
| Case Management / Treatment Planning | Units | 177.0 | 82.03 | 1.21 | | | | | | | |
| Community Living Supports | Days | | | | | | | | | | |
| Crisis | Procedures | 14.9 | 499.33 | 0.62 | | | | | | | |
| Evaluation and Management | Procedures | 33.7 | 188.78 | 0.53 | | | | | | | |
| Inpatient | Days | 63.7 | 544.77 | 2.89 | | | | | | | |
| Medication Administration | Procedures | 10.3 | 151.02 | 0.13 | | | | | | | |
| Other | Procedures | 4.4 | 109.09 | 0.04 | | | | | | | |
| Other Therapy | Procedures | | | | | | | | | | |
| Outpatient Services | Procedures | 0.9 | 423.53 | 0.03 | | | | | | | |
| Prevention and Early Intervention | Procedures | | | | | | | | | | |
| Psychiatric diagnostic evaluation | Procedures | 17.3 | 347.42 | 0.50 | | | | | | | |
| Psychotherapy | Procedures | 66.7 | 140.31 | 0.78 | | | | | | | |
| Residential Services | Days | 4.9 | 342.16 | 0.14 | | | | | | | |
| Subtotal Mental Health State Plan | | | | \$ 7.57 | | | | | | | |
| Mental Health 1915(i) | | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | | | | | | | |
| Community Living Supports | Days | 4.4 | 381.82 | 0.14 | | | | | | | |
| Other | Procedures | | | | | | | | | | |
| Skill Building | Units | | | | | | | | | | |
| Subtotal Mental Health 1915(i) | | | | \$ 0.15 | | | | | | | |
| Autism | | | | | | | | | | | |
| Assessments and Testing | Procedures | | | | | | | | | | |
| Autism Services | Units | | | | | | | | | | |
| Subtotal Autism | | | | \$ 0.00 | | | | | | | |
| Substance Abuse State Plan | | | | | | | | | | | |
| Additional Support Services | Units | 32.2 | \$ 29.78 | \$ 0.08 | | | | | | | |
| Assessments and Testing | Procedures | 27.8 | 56.18 | 0.13 | | | | | | | |
| Case Management / Treatment Planning | Units | 4.3 | 111.89 | 0.04 | | | | | | | |
| Crisis | Procedures | | | | | | | | | | |
| Evaluation and Management | Procedures | 9.8 | 97.76 | 0.08 | | | | | | | |
| Medication Administration | Procedures | 0.3 | | | | | | | | | |
| Medication Assisted Treatment | Procedures | 636.0 | 19.06 | 1.01 | | | | | | | |
| Other | Procedures | | | | | | | | | | |
| Outpatient Services | Procedures | | | | | | | | | | |
| Prevention and Early Intervention | Procedures | 118.2 | 73.11 | 0.72 | | | | | | | |
| Psychiatric diagnostic evaluation | Procedures | 6.6 | 18.18 | 0.01 | | | | | | | |
| Residential Services | Procedures | 0.2 | | | | | | | | | |
| Skill Building | Days | 98.5 | 187.54 | 1.54 | | | | | | | |
| Withdrawal Management | Days | 7.3 | 329.67 | 0.20 | | | | | | | |
| Subtotal Substance Abuse State Plan | | | | \$ 3.81 | | | | | | | |
| Children's Waiver Program | | | | | | | | | | | |
| Additional Support Services | Units | | \$ 0.00 | \$ 0.00 | | | | | | | |
| Community Living Supports | Days | | | | | | | | | | |
| Other | Procedures | | | | | | | | | | |
| Subtotal Children's Waiver Program | | | | \$ 0.00 | | | | | | | |
| Habilitative Supports Waiver | | | | | | | | | | | |
| Additional Support Services | Units | | \$ 0.00 | \$ 0.00 | | | | | | | |
| Community Living Supports | Days | | | | | | | | | | |
| Other | Procedures | | | | | | | | | | |
| Skill Building | Units | | | | | | | | | | |
| Subtotal Habilitative Supports Waiver | | | | \$ 0.00 | | | | | | | |
| Serious Emotional Disturbances | | | | | | | | | | | |
| Additional Support Services | Units | | \$ 0.00 | \$ 0.00 | | | | | | | |
| Case Management / Treatment Planning | Units | | | | | | | | | | |
| Community Living Supports | Days | | | | | | | | | | |
| Other | Procedures | | | | | | | | | | |
| Subtotal Serious Emotional Disturbances | | | | \$ 0.00 | | | | | | | |
| Total Medical Costs | | | | \$ 11.53 | | | | | | | \$ 12.68 |

| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitalization Rate Development Appendix 2 - Retrospective Rate Development Model | | | | | | | | | | | | |
|---|--|-----------------------|---------------------|------------|--|---|----------------|--|---|---|--|----------------|
| Region: Statewide | Rate Cell: TANF - Unenrolled - M - 50 - 64 | Member Months: 36,984 | Category of Service | Unit Type | SFY 2023 Base Experience Utilization per 1,000 | SFY 2023 Base Experience Cost per Service | PMPM Cost | EQI Repricing Adjustments Utilization Adjustment | Policy and Program Adjustments Utilization Adjustment | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Adjusted SFY 2023 Base Experience Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 136.9 | \$ 14.90 | \$ 0.17 | \$ 0.02 | \$ 0.07 | \$ 0.00 | \$ 0.00 | \$ 0.26 |
| | Assessments and Testing | | | Units | - | 18.2 | - | - | - | 153.0 | - | - |
| | Case Management / Treatment Planning | | | Procedures | 300.8 | 125.48 | 1.85 | 0.02 | (0.02) | 18.2 | 158.50 | 0.24 |
| | Community Living Supports | | | Units | 5.5 | 73.81 | 1.85 | 0.29 | (0.09) | 333.3 | 91.45 | 2.54 |
| | Crisis | | | Procedures | 5.2 | 462.43 | 0.20 | 0.01 | - | 5.5 | 660.55 | 0.30 |
| | Evaluation and Management | | | Procedures | 38.3 | 172.37 | 0.55 | (0.02) | (0.09) | 30.6 | 293.83 | 0.75 |
| | Inpatient | | | Days | 10.1 | 715.71 | 0.60 | 0.01 | - | 10.2 | 832.84 | 0.71 |
| | Medication Administration | | | Procedures | 12.3 | 38.93 | 0.04 | 0.05 | (0.05) | (3.1) | (155.84) | 0.04 |
| | Other | | | Procedures | 5.8 | 82.19 | 0.04 | - | - | 5.8 | 226.03 | 0.11 |
| | Other Therapy | | | Procedures | - | - | - | - | - | - | - | - |
| | Outpatient Services | | | Procedures | 2.6 | 415.38 | 0.09 | - | - | 2.6 | 415.38 | 0.09 |
| | Prevention and Early Intervention | | | Procedures | 10.1 | 334.00 | 0.28 | - | (0.02) | 9.3 | 372.59 | 0.29 |
| | Psychiatric diagnostic evaluation | | | Procedures | 65.5 | 135.49 | 0.74 | 0.01 | (0.10) | 57.6 | 195.94 | 0.94 |
| | Psychotherapy | | | Procedures | 2.0 | 492.31 | 0.08 | - | - | 2.0 | 492.31 | 0.08 |
| | Residential Services | | | Days | - | - | - | - | - | - | - | - |
| | Subtotal Mental Health State Plan | | | | | \$ 4.83 | | \$ 0.34 | \$ 1.56 | \$ (0.01) | | \$ 6.35 |
| Mental Health 1915(i) | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | 6.2 | 272.73 | 0.14 | - | - | 6.2 | 389.61 | 0.20 |
| | Other | | | Procedures | - | - | - | - | - | - | - | - |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - |
| | Vocational Supports | | | Units | - | - | - | - | - | - | - | - |
| | Subtotal Mental Health 1915(i) | | | | | \$ 0.14 | | \$ 0.00 | \$ 0.08 | \$ (0.02) | | \$ 0.20 |
| Autism | | | | | | | | | | | | |
| | Assessments and Testing | | | Procedures | - | - | - | - | - | - | - | - |
| | Autism Services | | | Units | - | - | - | - | - | - | - | - |
| | Subtotal Autism | | | | | \$ 0.00 | | \$ 0.00 | \$ 0.00 | \$ 0.00 | | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 152.7 | \$ 18.86 | \$ 0.24 | \$ 0.00 | \$ (0.02) | 152.7 | \$ 17.29 | \$ 0.22 |
| | Assessments and Testing | | | Procedures | 14.6 | 73.97 | 0.09 | - | - | 14.6 | 73.97 | 0.09 |
| | Case Management / Treatment Planning | | | Units | 1.6 | 152.87 | 0.02 | - | 0.01 | 1.6 | 229.30 | 0.03 |
| | Crisis | | | Procedures | - | - | - | - | - | - | - | - |
| | Evaluation and Management | | | Procedures | 2.3 | 105.73 | 0.02 | - | - | 2.3 | 105.73 | 0.02 |
| | Medication Administration | | | Procedures | 2.9 | - | - | - | - | - | - | - |
| | Medication Assisted Treatment | | | Procedures | 131.1 | 7.32 | 0.08 | - | - | 131.1 | 8.24 | 0.09 |
| | Other | | | Procedures | - | - | - | - | - | - | - | - |
| | Outpatient Services | | | Procedures | 99.6 | 72.28 | 0.60 | - | - | 99.6 | 140.95 | 1.17 |
| | Prevention and Early Intervention | | | Procedures | 2.9 | 246.58 | 0.06 | - | (0.02) | 2.9 | 164.38 | 0.04 |
| | Psychiatric diagnostic evaluation | | | Procedures | 0.3 | 750.00 | 0.02 | - | - | 0.3 | 1,500.00 | 0.04 |
| | Residential Services | | | Days | 85.0 | 180.68 | 1.28 | 0.10 | (0.07) | 91.7 | 145.34 | 1.11 |
| | Withdrawal Management | | | Days | 8.8 | 356.16 | 0.26 | - | (0.02) | 8.8 | 342.47 | 0.25 |
| | Subtotal Substance Abuse State Plan | | | | | \$ 2.87 | | \$ 0.10 | \$ 0.36 | \$ (0.09) | | \$ 3.06 |
| Children's Waiver Program | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - |
| | Subtotal Children's Waiver Program | | | | | \$ 0.00 | | \$ 0.00 | \$ 0.00 | \$ 0.00 | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - |
| | Vocational Supports | | | Units | - | - | - | - | - | - | - | - |
| | Subtotal Habilitative Supports Waiver | | | | | \$ 0.00 | | \$ 0.00 | \$ 0.00 | \$ 0.00 | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - |
| | Subtotal Serious Emotional Disturbances | | | | | \$ 0.00 | | \$ 0.00 | \$ 0.00 | \$ 0.00 | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | |
| | | | | | | | \$ 7.64 | | | | | \$ 9.61 |

| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitalization Rate Development Appendix 2 - Retrospective Rate Development Model | | | | | | | | | | | | |
|---|---|----------------------|---|------------------|----------------|---|-----------------|--|-----------------|--|------------------|----------------|
| Region: Statewide | Rate Cells: TANF - Unenrolled - M - 65+ | Member Months: 4,965 | SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | EQI Repricing Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | |
| Additional Support Services | Units | | 91.9 | \$ 7.83 | \$ 0.06 | | | | | | | |
| Assertive Community Treatment (ACT) | Units | | - | - | - | \$ 0.02 | \$ 0.00 | \$ 0.00 | \$ 0.00 | 122.6 | \$ 7.83 | \$ 0.08 |
| Assessments and Testing | Procedures | | 4.8 | 124.22 | 0.05 | - | 0.02 | - | - | 4.8 | 173.91 | 0.07 |
| Case Management / Treatment Planning | Units | | 107.2 | 130.97 | 1.17 | 0.01 | (0.09) | (0.04) | - | 104.5 | 120.63 | 1.05 |
| Community Living Supports | Days | | - | - | - | - | - | - | - | - | - | - |
| Crisis | Procedures | | - | - | - | - | - | - | - | - | - | - |
| Evaluation and Management | Procedures | | 45.9 | 151.57 | 0.58 | - | 0.28 | - | - | 45.9 | 224.74 | 0.86 |
| Inpatient | Days | | 12.1 | 109.27 | 0.11 | - | 0.60 | - | - | 12.1 | 705.30 | 0.71 |
| Medication Administration | Procedures | | - | - | - | - | - | - | - | - | - | - |
| Other | Procedures | | 9.7 | 235.78 | 0.19 | - | (0.10) | - | - | 9.7 | 111.69 | 0.09 |
| Other Therapy | Procedures | | - | - | - | - | - | - | - | - | - | - |
| Outpatient Services | Procedures | | - | - | - | - | - | - | - | - | - | - |
| Prevention and Early Intervention | Procedures | | - | - | - | - | - | - | - | - | - | - |
| Psychiatric diagnostic evaluation | Procedures | | 12.1 | 327.81 | 0.33 | - | 0.14 | (0.04) | - | 10.6 | 485.88 | 0.43 |
| Psychotherapy | Procedures | | 84.6 | 80.86 | 0.57 | 0.02 | 0.94 | - | - | 87.6 | 209.68 | 1.53 |
| Residential Services | Days | | - | - | - | - | - | - | - | - | - | - |
| Subtotal Mental Health State Plan | | | | | \$ 3.06 | \$ 0.05 | \$ 1.79 | \$ (0.08) | \$ 0.00 | | | \$ 4.82 |
| Mental Health 1915(i) | | | | | | | | | | | | |
| Additional Support Services | Units | | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Community Living Supports | Days | | - | - | - | - | - | - | - | - | - | - |
| Other | Procedures | | - | - | - | - | - | - | - | - | - | - |
| Skill Building | Units | | - | - | - | - | - | - | - | - | - | - |
| Subtotal Mental Health 1915(i) | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Autism | | | | | | | | | | | | |
| Assessments and Testing | Procedures | | - | - | - | - | - | - | - | - | - | - |
| Autism Services | Units | | - | - | - | - | - | - | - | - | - | - |
| Subtotal Autism | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | | | |
| Additional Support Services | Units | | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Assessments and Testing | Procedures | | - | - | - | - | - | - | - | - | - | - |
| Case Management / Treatment Planning | Units | | - | - | - | - | - | - | - | - | - | - |
| Crisis | Procedures | | - | - | - | - | - | - | - | - | - | - |
| Evaluation and Management | Procedures | | - | - | - | - | - | - | - | - | - | - |
| Medication Administration | Procedures | | - | - | - | - | - | - | - | - | - | - |
| Medication Assisted Treatment | Procedures | | - | - | - | - | - | - | - | - | - | - |
| Other | Procedures | | - | - | - | - | - | - | - | - | - | - |
| Outpatient Services | Procedures | | 7.3 | 82.76 | 0.05 | - | 0.01 | - | - | 7.3 | 99.31 | 0.06 |
| Prevention and Early Intervention | Procedures | | - | - | - | - | - | - | - | - | - | - |
| Psychiatric diagnostic evaluation | Procedures | | - | - | - | - | - | - | - | - | - | - |
| Residential Services | Days | | - | - | - | - | - | - | - | - | - | - |
| Withdrawal Management | Days | | - | - | - | - | - | - | - | - | - | - |
| Subtotal Substance Abuse State Plan | | | | | \$ 0.05 | \$ 0.00 | \$ 0.01 | \$ 0.00 | \$ 0.00 | | | \$ 0.06 |
| Children's Waiver Program | | | | | | | | | | | | |
| Additional Support Services | Units | | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Community Living Supports | Days | | - | - | - | - | - | - | - | - | - | - |
| Other | Procedures | | - | - | - | - | - | - | - | - | - | - |
| Subtotal Children's Waiver Program | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | |
| Additional Support Services | Units | | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Community Living Supports | Days | | - | - | - | - | - | - | - | - | - | - |
| Other | Procedures | | - | - | - | - | - | - | - | - | - | - |
| Skill Building | Units | | - | - | - | - | - | - | - | - | - | - |
| Subtotal Habilitative Supports Waiver | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | |
| Additional Support Services | Units | | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Case Management / Treatment Planning | Units | | - | - | - | - | - | - | - | - | - | - |
| Community Living Supports | Days | | - | - | - | - | - | - | - | - | - | - |
| Other | Procedures | | - | - | - | - | - | - | - | - | - | - |
| Subtotal Serious Emotional Disturbances | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | | \$ 3.11 | | | | | | | \$ 4.88 |

Appendix 3: Prospective Cost Models

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | | | | |
|---|--|----------------------|---------------------|------------|---|---------------------|--------------------|--|--------------------|---|--------------------|--|---------------------|--------------------|
| Region: Statewide | Rate Call: CMP - Composite | Member Months: 6,835 | Category of Service | Unit Type | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Assertive Community Treatment (ACT) | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Assessments and Testing | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Crisis | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Evaluation and Management | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Inpatient | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Medication Administration | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other Therapy | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Outpatient Services | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Prevention and Early Intervention | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Psychiatric diagnostic evaluation | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Psychotherapy | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Residential Services | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Mental Health State Plan | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Mental Health 1915(i) | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Mental Health 1915(i) | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Autism | | | | | | | | | | | | | | |
| | Assessments and Testing | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Autism Services | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Autism | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Assessments and Testing | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Crisis | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Evaluation and Management | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Medication Administration | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Medication Assisted Treatment | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Outpatient Services | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Prevention and Early Intervention | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Psychiatric diagnostic evaluation | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Residential Services | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Withdrawal Management | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Substance Abuse State Plan | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Children's Waiver Program | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 976,196.2 | \$ 4.30 | \$ 349,977 | \$ 6.76 | \$ 29.32 | \$ 0.00 | \$ 92.58 | 995,052.3 | \$ 5.77 | \$ 478.63 |
| | Community Living Supports | | | Days | 124,387.2 | 98.23 | 1,018,191 | 19,677 | 85.32 | 409,666 | 407,866 | 176,836.3 | 131.69 | 1,940.70 |
| | Other | | | Procedures | 8,652.0 | 149.55 | 1,110,321 | 2.13 | 9.24 | (0.35) | - | 8,994.8 | 161.88 | 121.34 |
| | Other Therapy | | | Procedures | 10,415.7 | 552.84 | 479,900 | 9.27 | 40.21 | 2.78 | - | 10,678.3 | 598.03 | 532.16 |
| | Subtotal Children's Waiver Program | | | | | \$ 1,958.38 | \$ 164.09 | \$ 37.83 | \$ 164.09 | \$ 412.09 | \$ 500.44 | | | \$ 3,072.83 |
| Habilitative Supports Waiver | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Habilitative Supports Waiver | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other Therapy | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Serious Emotional Disturbances | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | | | |
| | | | | | | \$ 1,958.38 | \$ 1,958.38 | | | | | | | \$ 3,072.83 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | | | | |
|---|--|-----------------------|---------------------|------------|---|------------------|------------------|--|-----------------|---|------------------|--|------------------|------------------|
| Region: Statewide | Rate Call: DAB - Enrolled - F - 0 - 5 | Member Months: 61,195 | Category of Service | Unit Type | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 4,268.0 | \$ 86.15 | \$ 30.64 | \$ 0.59 | \$ 2.57 | \$ 2.86 | \$ (5.07) | 4,748.5 | \$ 79.83 | \$ 31.59 |
| | Assessive Community Treatment (ACT) | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Assessments and Testing | | | Procedures | 292.2 | 331.47 | 8.07 | 0.16 | 0.68 | 0.75 | 0.02 | 325.1 | 357.32 | 9.68 |
| | Case Management / Treatment Planning | | | Days | 2,283.9 | 108.08 | 20.57 | 0.40 | 1.72 | 3.23 | (1.76) | 2,687.0 | 107.90 | 24.16 |
| | Community Living Supports | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Crisis | | | Procedures | 2.4 | 846.47 | 0.17 | - | 0.01 | 0.02 | (0.04) | 2.7 | 713.75 | 0.16 |
| | Evaluation and Management | | | Procedures | 30.0 | 300.00 | 0.75 | 0.01 | 0.06 | 0.07 | (0.18) | 33.2 | 256.63 | 0.71 |
| | Inpatient | | | Days | 3.6 | 768.80 | 0.23 | - | 0.02 | 0.02 | - | 3.9 | 830.77 | 0.27 |
| | Medication Administration | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | 6.3 | 57.51 | 0.03 | - | - | - | - | - | - | - |
| | Other Therapy | | | Procedures | 1,076.4 | 94.76 | 8.50 | 0.16 | 0.71 | 0.79 | - | 1,196.7 | 101.88 | 10.16 |
| | Outpatient Services | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Prevention and Early Intervention | | | Procedures | 78.0 | 381.54 | 2.48 | 0.05 | 0.21 | 0.23 | (0.07) | 86.8 | 400.88 | 2.90 |
| | Psychiatric diagnostic evaluation | | | Procedures | 60.2 | 355.11 | 1.78 | 0.03 | 0.15 | 0.17 | (0.35) | 66.9 | 319.23 | 1.78 |
| | Psychotherapy | | | Procedures | 193.1 | 201.33 | 3.24 | 0.06 | 0.27 | 0.30 | (1.35) | 214.6 | 140.93 | 2.52 |
| | Residential Services | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Mental Health State Plan | | | | | | \$ 76.46 | \$ 1.46 | \$ 6.40 | \$ 11.19 | \$ (6.80) | | | \$ 86.71 |
| Mental Health 1915(i) | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 12,169.0 | \$ 4.54 | \$ 4.60 | \$ 0.31 | \$ 0.40 | \$ 0.45 | \$ 1.37 | 14,179.5 | \$ 6.03 | \$ 7.13 |
| | Community Living Supports | | | Days | 918.0 | 93.59 | 6.38 | 0.43 | 0.56 | 0.62 | 2.12 | 952.7 | 127.35 | 10.11 |
| | Other | | | Procedures | 195.5 | 130.16 | 2.12 | 0.14 | 0.19 | (2.45) | - | (17.5) | - | - |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Vocational Supports | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Mental Health 1915(i) | | | | | | \$ 13.10 | \$ 0.88 | \$ 1.15 | \$ (1.38) | \$ 3.49 | | | \$ 17.24 |
| Autism | | | | | | | | | | | | | | |
| | Assessments and Testing | | | Procedures | 1.1 | 321.43 | 0.03 | - | - | - | - | 1.1 | 321.43 | 0.03 |
| | Autism Services | | | Units | 147,000.5 | 17.32 | 212.13 | 29.38 | 19.85 | 22.10 | (4.18) | 182,674.8 | 18.35 | 279.28 |
| | Subtotal Autism | | | | | | \$ 212.16 | \$ 29.38 | \$ 19.85 | \$ 22.10 | \$ (4.18) | | | \$ 279.31 |
| Substance Abuse State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Assessments and Testing | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Crisis | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Evaluation and Management | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Medication Administration | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Medication Assisted Treatment | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Outpatient Services | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Prevention and Early Intervention | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Psychiatric diagnostic evaluation | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Residential Services | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Withdrawal Management | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Substance Abuse State Plan | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Children's Waiver Program | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Children's Waiver Program | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Vocational Supports | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Habilitative Supports Waiver | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Serious Emotional Disturbances | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | | | |
| | | | | | | | \$ 301.72 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 383.26 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | | | | |
|---|--|-----------------------|---------------------|------------|--|------------------|-----------|---|-----------------|--|------------------|---|------------------|------------------|
| Region: Statewide | Rate Call: DAB - Enrolled - F - 19 - 20 | Member Months: 40,853 | Category of Service | Unit Type | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 1,127.0 | \$ 35.35 | \$ 3.32 | \$ 0.06 | \$ 0.28 | \$ 0.31 | \$ (1.45) | 1,252.6 | \$ 24.14 | \$ 2.52 |
| | Assessive Community Treatment (ACT) | | | Units | 380.1 | 78.29 | 2.48 | 0.05 | 0.21 | 0.23 | (0.57) | 423.0 | 66.08 | 2.40 |
| | Assessments and Testing | | | Procedures | 105.3 | 236.01 | 2.07 | 0.04 | 0.17 | 0.19 | (0.14) | 116.9 | 239.10 | 2.33 |
| | Case Management / Treatment Planning | | | Days | 2,595.5 | 113.18 | 24.48 | 0.47 | 2.05 | 2.28 | (5.18) | 2,887.1 | 100.17 | 24.10 |
| | Community Living Supports | | | Units | 2,318.2 | 70.24 | 13.57 | 0.26 | 1.14 | 1.27 | (0.99) | 2,579.6 | 87.92 | 18.90 |
| | Crisis | | | Procedures | 87.0 | 645.29 | 4.68 | 0.09 | 0.39 | 0.44 | (0.99) | 96.9 | 570.96 | 4.61 |
| | Evaluation and Management | | | Procedures | 275.3 | 269.41 | 6.18 | 0.12 | 0.52 | 0.58 | (0.74) | 306.5 | 260.79 | 6.66 |
| | Inpatient | | | Days | 4,157 | 589.12 | 20.41 | 0.39 | 1.71 | 1.90 | - | 462.4 | 633.49 | 24.41 |
| | Medication Administration | | | Procedures | 40.9 | 96.73 | 0.33 | 0.01 | 0.03 | 0.03 | (0.06) | 45.9 | 88.89 | 0.34 |
| | Other | | | Procedures | 141.6 | 58.48 | 0.69 | 0.01 | 0.06 | 0.14 | - | 418.6 | 60.20 | 2.10 |
| | Other Therapy | | | Procedures | 187.9 | 95.17 | 1.49 | 0.03 | 0.12 | 0.16 | (1.07) | 209.3 | 102.05 | 1.78 |
| | Outpatient Services | | | Procedures | 66.8 | 316.26 | 1.76 | 0.03 | 0.15 | 0.02 | - | 74.0 | 167.05 | 1.03 |
| | Prevention and Early Intervention | | | Procedures | 2.7 | 879.12 | 0.20 | - | 0.02 | 0.02 | - | 3.0 | 960.00 | 0.24 |
| | Psychiatric diagnostic evaluation | | | Procedures | 74.2 | 393.26 | 2.43 | 0.05 | 0.20 | 0.23 | (0.07) | 82.7 | 412.14 | 2.84 |
| | Psychotherapy | | | Procedures | 400.5 | 183.97 | 6.14 | 0.12 | 0.51 | 0.57 | (1.89) | 445.5 | 146.80 | 5.45 |
| | Residential Services | | | Days | 20.8 | 485.08 | 0.84 | 0.02 | 0.07 | 0.08 | (0.09) | 23.3 | 567.74 | 1.10 |
| | Subtotal Mental Health State Plan | | | | | \$ 91.07 | | \$ 1.75 | \$ 7.63 | \$ 9.77 | \$ (8.41) | | | \$ 100.81 |
| Mental Health 1915(i) | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 16,741.7 | \$ 4.96 | \$ 6.92 | \$ 0.47 | \$ 0.61 | \$ 0.68 | \$ 1.95 | 19,523.9 | \$ 6.53 | \$ 10.63 |
| | Community Living Supports | | | Days | 6,614.0 | 130.85 | 72.12 | 4.89 | 6.33 | 7.05 | 18.64 | 7,709.0 | 169.72 | 109.03 |
| | Other | | | Procedures | 163.2 | 121.34 | 1.55 | 0.11 | 0.15 | (1.11) | (0.01) | 64.3 | 147.46 | 0.79 |
| | Skill Building | | | Units | 4,928.3 | 4.33 | 1.76 | 0.12 | 0.12 | 0.17 | 0.29 | 5,731.3 | 5.26 | 2.52 |
| | Vocational Supports | | | Units | 689.9 | 9.79 | 0.71 | 0.05 | 0.06 | 0.07 | 0.26 | 1,017.0 | 13.57 | 1.19 |
| | Subtotal Mental Health 1915(i) | | | | | \$ 83.18 | | \$ 5.84 | \$ 7.31 | \$ 6.86 | \$ 21.13 | | | \$ 124.12 |
| Autism | | | | | | | | | | | | | | |
| | Assessments and Testing | | | Procedures | - | 16.46 | - | - | 1.04 | 1.16 | - | - | - | - |
| | Autism Services | | | Units | 8,137.8 | 11.16 | 11.16 | 1.55 | 1.04 | 1.16 | (1.01) | 10,113.9 | 16.49 | 13.90 |
| | Subtotal Autism | | | | | \$ 11.16 | | \$ 1.55 | \$ 1.04 | \$ 1.16 | \$ (1.01) | | | \$ 13.90 |
| Substance Abuse State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | (23.7) | \$ (10.12) | \$ 0.02 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ (0.01) | (23.7) | \$ (6.06) | \$ 0.01 |
| | Assessments and Testing | | | Units | 1.5 | 246.58 | 0.03 | - | - | - | - | 1.5 | 246.58 | 0.03 |
| | Case Management / Treatment Planning | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Crisis | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Evaluation and Management | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Medication Administration | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Medication Assisted Treatment | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Outpatient Services | | | Procedures | 10.1 | 106.82 | 0.09 | 0.01 | 0.01 | 0.01 | - | 12.4 | 116.50 | 0.12 |
| | Prevention and Early Intervention | | | Procedures | 1.1 | 110.09 | 0.01 | - | - | - | - | 1.1 | 110.09 | 0.01 |
| | Psychiatric diagnostic evaluation | | | Procedures | 0.4 | - | - | - | - | - | - | - | - | - |
| | Residential Services | | | Days | 18.9 | 171.61 | 0.27 | 0.04 | 0.03 | 0.03 | 0.03 | 23.8 | 201.94 | 0.40 |
| | Withdrawal Management | | | Days | 0.7 | 328.77 | 0.02 | - | - | - | - | 0.7 | 328.77 | 0.02 |
| | Subtotal Substance Abuse State Plan | | | | | \$ 0.44 | | \$ 0.05 | \$ 0.04 | \$ 0.04 | \$ 0.02 | | | \$ 0.59 |
| Children's Waiver Program | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Children's Waiver Program | | | | | \$ 0.00 | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Vocational Supports | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Habilitative Supports Waiver | | | | | \$ 0.00 | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Serious Emotional Disturbances | | | | | \$ 0.00 | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | | | |
| | | | | | | \$ 185.85 | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 239.42 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | | | | |
|---|--|-----------------------|---------------------|------------|--|------------------|-----------|---|-----------------|--|-----------------|---|------------------|-----------|
| Region: Statewide | Rate Call: DAB - Enrolled - F - 21 - 25 | Member Months: 71,601 | Category of Service | Unit Type | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 4,640.3 | \$ 17.59 | \$ 6.80 | \$ 0.13 | \$ 0.57 | \$ 0.63 | \$(2.52) | 5,158.9 | \$ 13.05 | \$ 5.61 |
| | Assessive Community Treatment (ACT) | | | Units | 596.0 | 98.13 | 4.89 | 0.09 | 0.41 | 0.46 | (0.77) | 665.2 | 91.64 | 5.08 |
| | Assessments and Testing | | | Procedures | 138.3 | 285.19 | 2.94 | 0.06 | 0.25 | 0.27 | (0.17) | 153.8 | 261.43 | 3.35 |
| | Case Management / Treatment Planning | | | Units | 4,281.6 | 113.68 | 40.56 | 0.78 | 3.40 | 3.78 | (7.98) | 4,762.9 | 102.14 | 40.54 |
| | Community Living Supports | | | Days | 4,143.1 | 71.98 | 24.85 | 0.48 | 2.08 | 2.32 | (4.88) | 4,609.9 | 90.09 | 34.61 |
| | Crisis | | | Procedures | 112.4 | 659.96 | 6.18 | 0.12 | 0.52 | 0.58 | (1.21) | 125.1 | 593.76 | 6.19 |
| | Evaluation and Management | | | Procedures | 112.4 | 264.47 | 9.05 | 0.17 | 0.76 | 0.84 | (1.22) | 456.5 | 252.37 | 9.60 |
| | Inpatient | | | Days | 410.6 | 576.26 | 25.80 | 0.50 | 2.16 | 2.41 | (2.22) | 597.9 | 619.61 | 30.87 |
| | Medication Administration | | | Procedures | 537.3 | 57.26 | 102.8 | 0.02 | 0.08 | 0.08 | (0.22) | 114.3 | 90.32 | 0.86 |
| | Other | | | Procedures | 348.8 | 35.09 | 1.02 | 0.02 | 0.09 | 0.83 | 0.01 | 639.5 | 36.97 | 1.97 |
| | Outpatient Services | | | Procedures | 144.7 | 143.44 | 1.73 | 0.04 | 0.15 | 0.16 | (0.53) | 118.1 | 154.64 | 2.07 |
| | Prevention and Early Intervention | | | Procedures | 106.3 | 255.13 | 2.26 | 0.19 | 0.01 | 0.02 | (0.02) | 6.2 | 220.57 | 2.17 |
| | Psychiatric diagnostic evaluation | | | Procedures | 5.6 | 345.95 | 0.16 | - | 0.06 | 0.30 | (0.02) | 108.0 | 365.38 | 0.19 |
| | Psychotherapy | | | Procedures | 97.2 | 398.93 | 3.23 | 0.27 | 0.76 | 0.85 | (2.40) | 674.5 | 426.71 | 3.84 |
| | Residential Services | | | Days | 605.8 | 180.06 | 9.09 | 0.18 | 0.18 | 0.18 | (0.20) | 53.9 | 547.78 | 8.48 |
| | Subtotal Mental Health State Plan | | | | 48.2 | 467.66 | \$ 141.34 | \$ 2.72 | \$ 11.86 | \$ 13.92 | \$(11.95) | | | \$ 157.89 |
| Mental Health 1915(i) | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 19,936.0 | \$ 5.37 | \$ 8.92 | \$ 0.61 | \$ 0.78 | \$ 0.87 | \$ 2.29 | 23,243.7 | \$ 6.95 | \$ 13.47 |
| | Community Living Supports | | | Days | 10,978.5 | 135.28 | 123.76 | 8.40 | 10.86 | 12.09 | 33.14 | 12,796.1 | 176.54 | 188.25 |
| | Other | | | Procedures | 238.7 | 103.07 | 2.05 | 0.14 | 0.38 | (0.59) | (0.01) | 193.3 | 113.63 | 1.83 |
| | Skill Building | | | Units | 9,714.0 | 4.95 | 4.01 | 0.27 | 0.35 | 0.39 | 0.50 | 11,312.8 | 5.86 | 5.52 |
| | Vocational Supports | | | Units | 2,945.0 | 12.67 | 2.73 | 0.19 | 0.24 | 0.27 | 0.76 | 2,973.9 | 16.91 | 4.19 |
| | Subtotal Mental Health 1915(i) | | | | | | \$ 141.47 | \$ 9.61 | \$ 12.41 | \$ 13.09 | \$ 36.68 | | | \$ 213.26 |
| Autism | | | | | | | | | | | | | | |
| | Assessments and Testing | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Autism Services | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Autism | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 153.7 | \$ 29.68 | \$ 0.38 | \$ 0.05 | \$ 0.04 | \$ 0.04 | \$(0.18) | 190.0 | \$ 20.84 | \$ 0.33 |
| | Assessments and Testing | | | Procedures | 12.2 | 108.20 | 0.11 | 0.02 | 0.01 | 0.01 | (0.01) | 15.5 | 108.18 | 0.14 |
| | Case Management / Treatment Planning | | | Units | 3.0 | 160.54 | 0.04 | 0.01 | - | - | (0.01) | 3.7 | 128.34 | 0.04 |
| | Crisis | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Evaluation and Management | | | Procedures | 3.8 | 94.24 | 0.03 | - | - | - | - | 3.8 | 94.24 | 0.03 |
| | Medication Administration | | | Procedures | 169.4 | 17.71 | 0.25 | 0.04 | 0.02 | 0.03 | 0.02 | 216.8 | 19.92 | 0.36 |
| | Medication Assisted Treatment | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | 84.1 | 91.30 | 0.64 | 0.09 | 0.06 | 0.07 | (0.08) | 105.2 | 89.02 | 0.78 |
| | Outpatient Services | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Prevention and Early Intervention | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Psychiatric diagnostic evaluation | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Residential Services | | | Days | 102.9 | 176.02 | 1.51 | 0.21 | 0.14 | 0.16 | 0.18 | 128.2 | 205.99 | 2.20 |
| | Withdrawal Management | | | Days | 6.1 | 332.79 | 0.17 | 0.02 | 0.02 | 0.02 | 0.02 | 7.6 | 396.30 | 0.25 |
| | Subtotal Substance Abuse State Plan | | | | | | \$ 3.13 | \$ 0.44 | \$ 0.29 | \$ 0.33 | \$(0.06) | | | \$ 4.13 |
| Children's Waiver Program | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Children's Waiver Program | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Vocational Supports | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Habilitative Supports Waiver | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Serious Emotional Disturbances | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | | | |
| | | | | | | | \$ 285.94 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 375.28 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | | | | |
|---|--|------------------------|---------------------|------------|--|------------------|------------------|---|-----------------|--|-------------------|---|------------------|------------------|
| Region: Statewide | Rate Call: DAB - Enrolled - F - 26 - 39 | Member Months: 163,508 | Category of Service | Unit Type | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 8,438.7 | \$ 13.39 | \$ 9,942 | \$ 0.18 | \$ 0.79 | \$ 0.88 | \$ (2.53) | 9,389.4 | \$ 11.17 | \$ 8,74 |
| | Assessments and Testing | | | Units | 1,896.3 | 94.71 | 12,52 | 0.24 | 1.05 | 1.17 | (2.70) | 1,764.9 | 83.49 | 12,28 |
| | Case Management / Treatment Planning | | | Units | 208.8 | 246.60 | 4,29 | 0.08 | 0.36 | 0.40 | (0.35) | 232.1 | 247.11 | 4,78 |
| | Community Living Supports | | | Days | 7,515.2 | 112.25 | 70,30 | 1.36 | 5.89 | 6.56 | (13.19) | 8,361.9 | 101.78 | 70,92 |
| | Crisis | | | Procedures | 9,554.1 | 69.56 | 55,38 | 1.07 | 4.64 | 5.17 | 10.87 | 10,630.7 | 87.07 | 77,13 |
| | Evaluation and Management | | | Procedures | 137.2 | 572.93 | 6,55 | 0.13 | 0.55 | 0.61 | (1.13) | 152.7 | 527.34 | 6,71 |
| | Inpatient | | | Days | 669.4 | 253.61 | 14,17 | 0.27 | 1.19 | 1.32 | (1.60) | 745.7 | 247.01 | 15,35 |
| | Medication Administration | | | Procedures | 2,354 | 105.00 | 2,06 | 0.04 | 2.64 | 2.94 | - | 2,617.7 | 607.61 | 37,71 |
| | Other | | | Procedures | 6,144 | 58.40 | 2,89 | 0.06 | 0.25 | 0.68 | 0.01 | 7,665.5 | 62.47 | 3,99 |
| | Other Therapy | | | Procedures | 192.1 | 241.80 | 3,87 | 0.07 | 0.32 | 0.36 | (0.46) | 261.7 | 91.70 | 2,00 |
| | Outpatient Services | | | Procedures | 53.6 | 309.24 | 1,38 | 0.03 | 0.12 | 0.13 | (0.49) | 213.4 | 259.79 | 4,62 |
| | Prevention and Early Intervention | | | Procedures | 11.6 | 247.85 | 0,24 | - | 0.02 | 0.02 | - | 59.8 | 234.94 | 1,17 |
| | Psychiatric diagnostic evaluation | | | Procedures | 126.0 | 392.38 | 4,12 | 0.08 | 0.35 | 0.28 | (0.15) | 12.6 | 266.88 | 0,28 |
| | Psychotherapy | | | Procedures | 882.8 | 186.09 | 13,69 | 0.26 | 1.15 | 1.38 | (0.15) | 140.1 | 409.51 | 4,78 |
| | Residential Services | | | Days | 64.3 | 438.50 | 2,35 | 0.05 | 0.20 | 0.22 | (0.26) | 982.1 | 151.52 | 12,40 |
| | Subtotal Mental Health State Plan | | | | | | \$ 234,85 | \$ 4.53 | \$ 19,69 | \$ 22.31 | \$ (15.44) | 71.7 | 515.48 | \$ 265,94 |
| Mental Health 1915(i) | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 22,334.7 | \$ 5.27 | \$ 9,80 | \$ 0.66 | \$ 0.86 | \$ 0.96 | \$ 2.50 | 26,026.7 | \$ 6.81 | \$ 14,78 |
| | Community Living Supports | | | Days | 21,332.4 | 118.27 | 2,10,25 | 14,26 | 18,46 | 20,55 | 54,23 | 24,864.3 | 153.35 | 317,75 |
| | Other | | | Procedures | 438.9 | 98.77 | 3,63 | 0.24 | 0.31 | (0.08) | 4,02 | 450.8 | 107.02 | 4,02 |
| | Skill Building | | | Units | 60,876.4 | 4.06 | 20,82 | 1.61 | 6.13 | 2.02 | 6.13 | 71,092.1 | 5.40 | 31,98 |
| | Vocational Supports | | | Units | 13,505.0 | 7.42 | 8,35 | 0.57 | 0.73 | 0.82 | 3.86 | 15,753.1 | 10.92 | 14,33 |
| | Subtotal Mental Health 1915(i) | | | | | | \$ 252,55 | \$ 17.13 | \$ 22.17 | \$ 24.29 | \$ 66.72 | | | \$ 382,86 |
| Autism | | | | | | | | | | | | | | |
| | Assessments and Testing | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Autism Services | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Autism | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 305.7 | \$ 16.49 | \$ 0,42 | \$ 0.06 | \$ 0.04 | \$ 0.04 | \$ (0.01) | 378.5 | \$ 17.44 | \$ 0,55 |
| | Assessments and Testing | | | Units | 96.0 | 44.20 | 0,35 | 0.05 | 0.03 | 0.04 | (0.01) | 119.5 | 46.21 | 0,46 |
| | Case Management / Treatment Planning | | | Units | 6.5 | 128.83 | 0,07 | 0.01 | 0.01 | 0.01 | (0.02) | 8.4 | 114.56 | 0,08 |
| | Crisis | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Evaluation and Management | | | Procedures | 34.7 | 93.34 | 0,27 | 0.04 | 0.03 | 0.03 | (0.03) | 43.7 | 93.34 | 0,34 |
| | Medication Administration | | | Procedures | 3.4 | 69.77 | 0,02 | - | - | - | - | 3.4 | 69.77 | 0,02 |
| | Medication Assisted Treatment | | | Procedures | 1,427.4 | 16.81 | 2,00 | 0.28 | 0.19 | 0.21 | 0.37 | 1,777.2 | 20.59 | 3,05 |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Outpatient Services | | | Procedures | 269.0 | 76.27 | 1,71 | 0.24 | 0.16 | 0.18 | (0.21) | 335.1 | 74.48 | 2,08 |
| | Prevention and Early Intervention | | | Procedures | 9.2 | 104.69 | 0,08 | 0.01 | 0.01 | 0.01 | - | 11.5 | 115.18 | 0,11 |
| | Psychiatric diagnostic evaluation | | | Procedures | 0.4 | - | - | - | - | - | - | - | - | - |
| | Residential Services | | | Days | 252.0 | 164.75 | 3,46 | 0.48 | 0.32 | 0.36 | 0.42 | 313.2 | 193.10 | 5,04 |
| | Withdrawal Management | | | Days | 23.0 | 328.70 | 0,63 | 0.09 | 0.06 | 0.07 | 0.08 | 28.8 | 386.96 | 0,93 |
| | Subtotal Substance Abuse State Plan | | | | | | \$ 9,01 | \$ 1.26 | \$ 0.85 | \$ 0.95 | \$ 0.59 | | | \$ 12,66 |
| Children's Waiver Program | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0,00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0,00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Children's Waiver Program | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0,00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0,00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Vocational Supports | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Habilitative Supports Waiver | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0,00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0,00 |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Serious Emotional Disturbances | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | | | |
| | | | | | | | \$ 496,41 | | | | | | | \$ 661,46 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | |
|---|------------------------|--|------------------|----------------|---|------------------|--|------------------|---|------------------|------------------|
| Region: Statewide | Member Months: 373,665 | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | |
| Additional Support Services | 6,727.9 | \$ 13.11 | \$ 7.35 | \$ 0.14 | \$ 0.62 | \$ (1.89) | \$ 0.69 | \$ (1.89) | 7,487.6 | \$ 11.07 | \$ 6.91 |
| Assessive Community Treatment (ACT) | 983.7 | 93.44 | 7.66 | 0.15 | 0.64 | (1.47) | 0.71 | (1.47) | 1,094.2 | 84.34 | 7.69 |
| Assessments and Testing | 131.0 | 186.86 | 2.04 | 0.04 | 0.17 | (0.18) | 0.19 | (0.18) | 1,458.0 | 186.03 | 2.26 |
| Case Management / Treatment Planning | 3,286.2 | 107.50 | 29.44 | 0.57 | 2.47 | (6.35) | 2.75 | (6.35) | 3,656.8 | 94.77 | 28.88 |
| Community Living Supports | 3,625.7 | 72.85 | 22.01 | 1.84 | 2.47 | (4.32) | 2.05 | (4.32) | 4,034.2 | 30.65 | 30.65 |
| Crisis | 56.0 | 535.33 | 2.50 | 0.05 | 0.21 | (0.39) | 0.23 | (0.39) | 62.3 | 500.64 | 2.60 |
| Evaluation and Management | 528.8 | 210.80 | 9.29 | 0.18 | 0.78 | (0.42) | 0.87 | (0.42) | 588.6 | 218.14 | 10.70 |
| Inpatient | 346.8 | 554.99 | 16.04 | 0.31 | 1.34 | (0.21) | 1.50 | (0.21) | 386.0 | 596.64 | 19.19 |
| Medication Administration | 148.2 | 93.91 | 1.16 | 0.02 | 0.10 | (0.11) | 0.11 | (0.11) | 164.8 | 85.90 | 1.18 |
| Other | 171.1 | 117.11 | 1.67 | 0.03 | 0.14 | (0.21) | 0.17 | (0.21) | 191.6 | 125.88 | 2.01 |
| Outpatient Services | 7.9 | 726.36 | 0.48 | 0.01 | 0.04 | - | 0.04 | - | 8.8 | 780.82 | 0.57 |
| Prevention and Early Intervention | 22.9 | 283.34 | 0.54 | 0.01 | 0.05 | (0.12) | 0.05 | (0.12) | 25.4 | 250.30 | 0.53 |
| Psychiatric diagnostic evaluation | 63.3 | 365.99 | 1.93 | 0.04 | 0.16 | (0.18) | 0.18 | (0.18) | 70.5 | 405.16 | 2.38 |
| Psychiatry | 513.2 | 176.31 | 7.54 | 0.15 | 0.63 | (2.11) | 0.70 | (2.11) | 571.0 | 145.21 | 6.91 |
| Residential Services | 21.5 | 451.67 | 0.81 | 0.02 | 0.07 | (0.09) | 0.08 | (0.09) | 24.2 | 531.02 | 1.07 |
| Subtotal Mental Health State Plan | | | \$ 110.46 | \$ 2.15 | \$ 9.26 | \$ (6.66) | \$ 10.32 | \$ (6.66) | | | \$ 123.53 |
| Mental Health 1915(i) | | | | | | | | | | | |
| Additional Support Services | 588.6 | \$ 5.71 | \$ 0.28 | \$ 0.02 | \$ 0.02 | \$ 0.07 | \$ 0.03 | \$ 0.07 | 693.7 | \$ 7.27 | \$ 0.42 |
| Community Living Supports | 5,537.4 | 129.48 | 59.75 | 4.05 | 5.24 | 12.51 | 5.84 | 12.51 | 6,454.0 | 162.49 | 87.39 |
| Other | 26.7 | 98.17 | 0.21 | 0.01 | 0.62 | - | 0.01 | - | 28.1 | 106.72 | 0.25 |
| Skill Building | 6,283.9 | 3.89 | 2.06 | 0.14 | 0.18 | 0.61 | 0.20 | 0.61 | 7,321.0 | 5.23 | 3.19 |
| Vocational Supports | 1,180.9 | 10.67 | 1.07 | 0.07 | 0.09 | 0.49 | 0.10 | 0.49 | 1,368.5 | 15.96 | 1.82 |
| Subtotal Mental Health 1915(i) | | | \$ 63.37 | \$ 4.29 | \$ 5.55 | \$ 6.18 | \$ 6.18 | \$ 13.68 | | | \$ 93.07 |
| Autism | | | | | | | | | | | |
| Assessments and Testing | - | - | - | - | - | - | - | - | - | - | - |
| Autism Services | - | - | - | - | - | - | - | - | - | - | - |
| Subtotal Autism | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | | |
| Additional Support Services | 316.5 | \$ 16.68 | \$ 0.44 | \$ 0.06 | \$ 0.04 | \$ (0.04) | \$ 0.05 | \$ (0.04) | 395.6 | \$ 16.68 | \$ 0.55 |
| Assessments and Testing | 157.9 | 38.77 | 0.51 | 0.07 | 0.05 | (0.01) | 0.05 | (0.01) | 195.0 | 41.23 | 0.67 |
| Case Management / Treatment Planning | 5.9 | 122.87 | 0.06 | 0.01 | 0.01 | (0.01) | 0.01 | (0.01) | 7.8 | 122.92 | 0.08 |
| Crisis | - | - | - | - | - | - | - | - | - | - | - |
| Evaluation and Management | 49.6 | 77.40 | 0.32 | 0.04 | 0.03 | (0.01) | 0.03 | (0.01) | 60.5 | 81.38 | 0.41 |
| Medication Administration | 18.1 | 19.90 | 0.03 | - | - | - | - | - | 18.1 | 19.90 | 0.03 |
| Medication Assisted Treatment | 2,772.0 | 17.62 | 4.07 | 0.56 | 0.38 | 0.62 | 0.42 | 0.62 | 3,439.4 | 21.11 | 6.05 |
| Other | - | - | - | - | - | - | - | - | - | - | - |
| Outpatient Services | 395.2 | 73.19 | 2.41 | 0.33 | 0.23 | (0.14) | 0.25 | (0.14) | 490.3 | 75.39 | 3.08 |
| Prevention and Early Intervention | 5.6 | 129.73 | 0.06 | 0.01 | 0.01 | (0.01) | 0.01 | (0.01) | 7.4 | 129.73 | 0.08 |
| Psychiatric diagnostic evaluation | 0.3 | 363.64 | 0.01 | - | - | (0.01) | - | (0.01) | 0.3 | - | - |
| Residential Services | 265.5 | 170.37 | 3.77 | 0.52 | 0.35 | 0.45 | 0.39 | 0.45 | 329.6 | 199.49 | 5.48 |
| Withdrawal Management | 20.1 | 323.03 | 0.54 | 0.07 | 0.05 | 0.07 | 0.06 | 0.07 | 24.9 | 380.88 | 0.79 |
| Subtotal Substance Abuse State Plan | | | \$ 12.22 | \$ 1.87 | \$ 1.15 | \$ 0.91 | \$ 1.27 | \$ 0.91 | | | \$ 17.22 |
| Children's Waiver Program | | | | | | | | | | | |
| Additional Support Services | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Community Living Supports | - | - | - | - | - | - | - | - | - | - | - |
| Other | - | - | - | - | - | - | - | - | - | - | - |
| Subtotal Children's Waiver Program | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | |
| Additional Support Services | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Community Living Supports | - | - | - | - | - | - | - | - | - | - | - |
| Other | - | - | - | - | - | - | - | - | - | - | - |
| Skill Building | - | - | - | - | - | - | - | - | - | - | - |
| Vocational Supports | - | - | - | - | - | - | - | - | - | - | - |
| Subtotal Habilitative Supports Waiver | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | |
| Additional Support Services | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Case Management / Treatment Planning | - | - | - | - | - | - | - | - | - | - | - |
| Community Living Supports | - | - | - | - | - | - | - | - | - | - | - |
| Other | - | - | - | - | - | - | - | - | - | - | - |
| Subtotal Serious Emotional Disturbances | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | \$ 186.05 | | | | | | | | \$ 233.82 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | | | | |
|---|--|------------------------|---------------------|------------|--|------------------|------------------|---|-----------------|--|-------------------|---|------------------|------------------|
| Region: Statewide | Rate Call: DAB - Enrolled - F - 6 - 18 | Member Months: 226,611 | Category of Service | Unit Type | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 3,684.1 | \$ 78.89 | \$ 24,222 | \$ 0.47 | \$ 2.03 | \$ 2.26 | \$ (4.83) | 4,099.3 | \$ 70.69 | \$ 24.15 |
| | Assessive Community Treatment (ACT) | | | Units | 15.8 | 83.33 | 0.11 | - | 0.01 | 0.01 | (0.01) | 17.3 | 83.33 | 0.12 |
| | Assessments and Testing | | | Procedures | 253.2 | 289.64 | 5.69 | 0.11 | 0.48 | 0.53 | (0.15) | 281.7 | 283.70 | 6.66 |
| | Case Management / Treatment Planning | | | Units | 3,735.8 | 112.39 | 34.99 | 0.68 | 2.93 | 10.21 | (8.28) | 4,898.5 | 98.29 | 40.53 |
| | Community Living Supports | | | Days | 111.6 | 60.20 | 0.56 | 0.01 | 0.05 | 0.05 | 0.11 | 123.6 | 75.74 | 0.78 |
| | Crisis | | | Procedures | 128.2 | 750.53 | 8.02 | 0.75 | 0.67 | 0.15 | (2.93) | 142.6 | 560.37 | 6.66 |
| | Evaluation and Management | | | Procedures | 408.7 | 259.64 | 8.80 | 0.17 | 0.74 | 0.82 | (1.34) | 452.5 | 243.73 | 9.19 |
| | Inpatient | | | Days | 362.9 | 601.42 | 18.19 | 0.35 | 1.52 | 1.70 | (0.02) | 403.8 | 646.59 | 21.76 |
| | Medication Administration | | | Procedures | 7.6 | 126.15 | 0.08 | - | 0.01 | 0.01 | (0.02) | 8.6 | 112.15 | 0.08 |
| | Other | | | Procedures | 50.9 | 73.14 | 0.31 | 0.01 | 0.03 | 0.04 | 0.04 | 81.05 | 74.18 | 5.01 |
| | Other Therapy | | | Procedures | 554.5 | 108.43 | 5.01 | 0.10 | 0.42 | 0.47 | - | 617.5 | 116.59 | 6.00 |
| | Outpatient Services | | | Procedures | 83.6 | 301.51 | 2.10 | 0.04 | 0.18 | 0.20 | (0.11) | 93.1 | 310.53 | 2.41 |
| | Prevention and Early Intervention | | | Procedures | 8.8 | 301.71 | 0.22 | - | 0.02 | 0.02 | - | 9.6 | 326.70 | 0.26 |
| | Psychiatric diagnostic evaluation | | | Procedures | 1,26.8 | 384.11 | 4.06 | 0.08 | 0.34 | 0.38 | (0.37) | 1,41.2 | 381.56 | 4.49 |
| | Psychotherapy | | | Procedures | 1,140.7 | 185.46 | 17.63 | 0.34 | 1.48 | 1.64 | (6.34) | 1,268.8 | 139.50 | 14.75 |
| | Residential Services | | | Days | 29.4 | 448.52 | 1.10 | 0.02 | 0.09 | 0.10 | 0.12 | 32.6 | 525.74 | 1.43 |
| | Subtotal Mental Health State Plan | | | | | | \$ 131.09 | \$ 2.53 | \$ 11.00 | \$ 23.77 | \$ (24.11) | | | \$ 144.28 |
| Mental Health 1915(i) | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 24,718.4 | \$ 4.78 | \$ 9,885 | \$ 0.67 | \$ 0.86 | \$ 0.96 | \$ 2.79 | 28,808.8 | \$ 6.30 | \$ 15.13 |
| | Community Living Supports | | | Days | 2,972.4 | 110.01 | 27.25 | 1.85 | 2.39 | 2.66 | 8.76 | 3,484.3 | 148.63 | 42.91 |
| | Other | | | Procedures | 363.3 | 147.71 | 4.46 | 0.30 | 0.39 | (4.01) | (0.15) | 60.9 | 194.98 | 0.99 |
| | Skill Building | | | Units | 33.9 | 28.29 | 0.08 | 0.01 | 0.01 | 0.01 | 0.03 | 42.4 | 36.59 | 0.14 |
| | Vocational Supports | | | Units | 17.8 | 61.43 | 0.09 | 0.01 | 0.01 | 0.01 | (0.03) | 21.5 | 50.26 | 0.09 |
| | Subtotal Mental Health 1915(i) | | | | | | \$ 41.73 | \$ 2.84 | \$ 3.66 | \$ (0.37) | \$ 11.40 | | | \$ 98.26 |
| Autism | | | | | | | | | | | | | | |
| | Assessments and Testing | | | Procedures | 1.5 | 317.88 | 0.04 | 0.01 | - | - | - | 1.9 | 317.46 | 0.05 |
| | Autism Services | | | Units | 55,971.8 | 17.04 | 79.48 | 11.01 | 7.44 | 8.28 | (0.09) | 69,556.3 | 18.31 | 106.12 |
| | Subtotal Autism | | | | | | \$ 79.52 | \$ 11.02 | \$ 7.44 | \$ 8.28 | \$ (0.09) | | | \$ 106.17 |
| Substance Abuse State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 1.0 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Assessments and Testing | | | Units | - | 126.32 | 0.01 | - | - | - | - | 1.0 | 126.32 | 0.01 |
| | Case Management / Treatment Planning | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Crisis | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Evaluation and Management | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Medication Administration | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Medication Assisted Treatment | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Outpatient Services | | | Procedures | 7.9 | 106.33 | 0.07 | 0.01 | 0.01 | 0.01 | (0.01) | 10.2 | 106.30 | 0.09 |
| | Prevention and Early Intervention | | | Procedures | 1.2 | 101.69 | 0.01 | - | - | - | - | 1.2 | 101.69 | 0.01 |
| | Psychiatric diagnostic evaluation | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Residential Services | | | Days | 3.9 | 185.57 | 0.06 | 0.01 | 0.01 | 0.01 | - | 5.2 | 232.11 | 0.10 |
| | Withdrawal Management | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Substance Abuse State Plan | | | | | | \$ 0.15 | \$ 0.02 | \$ 0.02 | \$ 0.02 | \$ 0.00 | | | \$ 0.21 |
| Children's Waiver Program | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Children's Waiver Program | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Vocational Supports | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Habilitative Supports Waiver | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Serious Emotional Disturbances | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | | | |
| | | | | | | | \$ 252.49 | | | | | | | \$ 509.92 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | | | | |
|---|--|------------------------|---------------------|------------|--|------------------|----------------|---|------------------|--|------------------|---|------------------|-----------------|
| Region: Statewide | Rate Call: DAB - Enrolled - F - 65+ | Member Months: 156,379 | Category of Service | Unit Type | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 1,408.2 | \$ 12.78 | \$ 1.50 | \$ 0.03 | \$ 0.13 | \$ 0.14 | \$ (0.44) | 1,567.7 | \$ 10.41 | \$ 1.36 |
| | Assessive Community Treatment (ACT) | | | Units | 282.2 | 108.44 | 2.55 | 0.05 | 0.21 | 0.24 | (0.49) | 314.3 | 97.75 | 2.56 |
| | Assessments and Testing | | | Procedures | 18.5 | 280.16 | 0.40 | 0.01 | 0.03 | 0.04 | (0.03) | 20.8 | 260.12 | 0.45 |
| | Case Management / Treatment Planning | | | Days | 891.9 | 112.48 | 8.36 | 0.16 | 0.70 | 0.78 | (2.27) | 992.2 | 95.49 | 7.73 |
| | Community Living Supports | | | Units | 1,803.9 | 67.12 | 10.09 | 0.19 | 0.85 | 0.94 | 1.98 | 2,006.0 | 64.05 | 14.05 |
| | Crisis | | | Procedures | 8.9 | 485.39 | 0.36 | 0.03 | 0.03 | 0.03 | (0.07) | 9.9 | 436.80 | 0.36 |
| | Evaluation and Management | | | Procedures | 99.3 | 245.58 | 1.81 | 0.04 | 0.16 | 0.18 | (0.11) | 104.1 | 251.35 | 2.18 |
| | Inpatient | | | Days | 74.4 | 538.49 | 3.34 | 0.06 | 0.28 | 0.31 | (0.07) | 82.7 | 579.10 | 3.99 |
| | Medication Administration | | | Procedures | 40.3 | 122.08 | 0.41 | 0.01 | 0.03 | 0.04 | (0.04) | 45.2 | 111.48 | 0.42 |
| | Other | | | Procedures | 56.1 | 94.20 | 0.44 | 0.01 | 0.04 | 0.04 | - | 62.4 | 101.89 | 0.53 |
| | Other Therapy | | | Procedures | 1.4 | 595.74 | 0.07 | 0.01 | 0.01 | 0.01 | - | 1.6 | 670.81 | 0.09 |
| | Outpatient Services | | | Procedures | 3.2 | 448.60 | 0.12 | - | 0.01 | 0.01 | (0.11) | 3.5 | 103.45 | 0.03 |
| | Prevention and Early Intervention | | | Procedures | 9.6 | 426.78 | 0.34 | 0.03 | 0.03 | 0.03 | (0.05) | 10.7 | 404.49 | 0.36 |
| | Psychiatric diagnostic evaluation | | | Procedures | 72.8 | 227.35 | 1.38 | 0.01 | 0.12 | 0.13 | (0.56) | 81.3 | 162.38 | 1.10 |
| | Psychotherapy | | | Procedures | 1.0 | 375.00 | 0.03 | - | - | - | - | 1.0 | 375.00 | 0.03 |
| | Residential Services | | | Days | | | | | | | | | | |
| | Subtotal Mental Health State Plan | | | | 1.0 | \$ 31.30 | \$ 0.61 | \$ 2.63 | \$ (2.22) | \$ 2.92 | \$ (2.22) | 1.0 | \$ 375.00 | \$ 35.24 |
| Mental Health 1915(i) | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 162.5 | \$ 5.91 | \$ 0.08 | \$ 0.01 | \$ 0.01 | \$ 0.01 | \$ 0.02 | 203.2 | \$ 7.68 | \$ 0.13 |
| | Community Living Supports | | | Days | 2,456.6 | 138.09 | 28.27 | 1.92 | 2.48 | 2.76 | 5.74 | 2,863.3 | 172.54 | 41.17 |
| | Other | | | Procedures | 14.9 | 80.59 | 0.10 | 0.01 | 0.01 | 0.01 | - | 17.9 | 87.30 | 0.13 |
| | Skill Building | | | Units | 1,297.3 | 4.10 | 0.43 | 0.03 | 0.04 | 0.04 | 0.16 | 1,461.9 | 5.75 | 0.70 |
| | Vocational Supports | | | Units | 119.4 | 13.52 | 0.13 | 0.01 | 0.01 | 0.01 | 0.06 | 133.1 | 19.83 | 0.22 |
| | Subtotal Mental Health 1915(i) | | | | 1.0 | \$ 23.01 | \$ 1.96 | \$ 2.55 | \$ 5.98 | \$ 2.83 | \$ 5.98 | 1.0 | \$ 375.00 | \$ 42.35 |
| Autism | | | | | | | | | | | | | | |
| | Assessments and Testing | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Autism Services | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Autism | | | | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 22.5 | \$ 37.30 | \$ 0.07 | \$ 0.01 | \$ 0.01 | \$ 0.01 | \$ 0.00 | 29.0 | \$ 41.45 | \$ 0.10 |
| | Assessments and Testing | | | Procedures | 7.6 | 31.70 | 0.02 | - | - | - | - | 7.6 | 31.70 | 0.02 |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Crisis | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Evaluation and Management | | | Procedures | 2.6 | 46.69 | 0.01 | - | - | - | - | 2.6 | 46.69 | 0.01 |
| | Medication Administration | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Medication Assisted Treatment | | | Procedures | 68.3 | 21.09 | 0.12 | 0.02 | 0.01 | 0.01 | - | 85.4 | 22.50 | 0.16 |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Outpatient Services | | | Procedures | 16.3 | 73.66 | 0.10 | 0.01 | 0.01 | 0.01 | (0.02) | 19.6 | 67.52 | 0.11 |
| | Prevention and Early Intervention | | | Procedures | 0.8 | 144.58 | 0.01 | - | - | - | - | 0.8 | 144.58 | 0.01 |
| | Psychiatric diagnostic evaluation | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Residential Services | | | Days | 22.3 | 172.51 | 0.32 | 0.04 | 0.03 | 0.03 | 0.04 | 27.1 | 203.46 | 0.46 |
| | Withdrawal Management | | | Days | 0.6 | 413.79 | 0.02 | - | - | - | - | 0.6 | 413.79 | 0.02 |
| | Subtotal Substance Abuse State Plan | | | | 0.6 | \$ 0.87 | \$ 0.08 | \$ 0.06 | \$ 0.02 | \$ 0.06 | \$ 0.02 | 0.6 | \$ 413.79 | \$ 0.89 |
| Children's Waiver Program | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Children's Waiver Program | | | | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Vocational Supports | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Habilitative Supports Waiver | | | | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Serious Emotional Disturbances | | | | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | | | |
| | | | | | | \$ 60.98 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | \$ 78.48 | \$ 78.48 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | | | | |
|---|--|-----------------------|---------------------|------------|--|------------------|------------------|---|-----------------|--|------------------|---|------------------|------------------|
| Region: Statewide | Rate Call: DAB - Enrolled - M - 0 - 5 | Member Months: 81,598 | Category of Service | Unit Type | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 4,260.2 | \$ 81.12 | \$ 288.00 | \$ 0.56 | \$ 2.41 | \$ 2.69 | \$ (2.88) | 4,740.9 | \$ 79.93 | \$ 31.58 |
| | Assessive Community Treatment (ACT) | | | Units | 542.1 | 344.66 | 15.57 | 0.30 | 1.30 | 1.45 | - | 603.0 | 370.53 | 18.62 |
| | Assessments and Testing | | | Days | 3,826.4 | 107.19 | 34.18 | 0.66 | 2.86 | 5.75 | (2.39) | 4,544.0 | 108.43 | 41.06 |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Community Living Supports | | | Procedures | 3.7 | 1,576.41 | 0.49 | 0.01 | 0.04 | 0.05 | (0.30) | 4.2 | 830.55 | 0.29 |
| | Crisis | | | Procedures | 60.9 | 262.28 | 1.33 | 0.03 | 0.11 | 0.12 | (0.20) | 67.7 | 246.34 | 1.39 |
| | Evaluation and Management | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Inpatient | | | Procedures | 1.3 | 93.75 | 0.01 | - | - | - | (0.01) | 1.3 | - | - |
| | Medication Administration | | | Procedures | 21.4 | 44.78 | 0.08 | - | - | 3.89 | - | 1,064.0 | 44.89 | 3.98 |
| | Other | | | Procedures | 3,093.8 | 93.32 | 24.06 | 0.46 | 2.02 | 2.24 | - | 3,440.9 | 100.37 | 28.78 |
| | Other Therapy | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Outpatient Services | | | Procedures | 76.6 | 319.42 | 2.04 | 0.04 | 0.17 | 0.19 | (0.12) | 85.3 | 328.45 | 2.32 |
| | Prevention and Early Intervention | | | Procedures | 96.1 | 352.28 | 2.82 | 0.05 | 0.24 | 0.26 | (0.41) | 106.6 | 333.15 | 2.96 |
| | Psychiatric diagnostic evaluation | | | Procedures | 223.3 | 184.86 | 3.44 | 0.07 | 0.29 | 0.32 | (1.43) | 248.6 | 129.84 | 2.69 |
| | Psychotherapy | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Residential Services | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Mental Health State Plan | | | | | | \$ 112.82 | \$ 2.18 | \$ 9.45 | \$ 16.96 | \$ (7.74) | | | \$ 133.67 |
| Mental Health 1915(i) | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 21,664.4 | \$ 4.56 | \$ 8.23 | \$ 0.56 | \$ 0.72 | \$ 0.80 | \$ 2.46 | 25,244.4 | \$ 6.07 | \$ 12.77 |
| | Assessments and Testing | | | Days | 1,202.2 | 104.51 | 10.47 | 0.71 | 0.92 | 1.02 | \$ 3.47 | 1,400.8 | 142.12 | 16.59 |
| | Community Living Supports | | | Other | 311.8 | 134.31 | 3.49 | 0.24 | 0.31 | (3.59) | (0.01) | 17.9 | 336.76 | 0.50 |
| | Skill Building | | | Units | 5.1 | 23.56 | 0.01 | - | - | - | - | 5.1 | 23.56 | 0.01 |
| | Vocational Supports | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Mental Health 1915(i) | | | | | | \$ 22.20 | \$ 1.51 | \$ 1.95 | \$ (1.71) | \$ 5.92 | | | \$ 29.87 |
| Autism | | | | | | | | | | | | | | |
| | Assessments and Testing | | | Procedures | 2.0 | 352.94 | 0.06 | 0.01 | 0.01 | 0.01 | - | 2.7 | 397.06 | 0.09 |
| | Autism Services | | | Units | 337,420.9 | 17.24 | 484.83 | 67.15 | 45.39 | 50.51 | (1.41) | 419,307.2 | 18.50 | 646.46 |
| | Subtotal Autism | | | | | | \$ 484.89 | \$ 67.16 | \$ 45.39 | \$ 50.52 | \$ (1.41) | | | \$ 646.55 |
| Substance Abuse State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Assessments and Testing | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Crisis | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Evaluation and Management | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Medication Administration | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Medication Assisted Treatment | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Outpatient Services | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Prevention and Early Intervention | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Psychiatric diagnostic evaluation | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Residential Services | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Withdrawal Management | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Substance Abuse State Plan | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Children's Waiver Program | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Children's Waiver Program | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Vocational Supports | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Habilitative Supports Waiver | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Serious Emotional Disturbances | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | | | |
| | | | | | | | \$ 619.91 | | | | | | | \$ 810.09 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | | | | |
|---|--|-----------------------|---------------------|-----------|--|------------------|----------------|---|-----------------|--|-----------------|---|------------------|-----------------|
| Region: Statewide | Rate Call: DAB - Enrolled - M - 19 - 20 | Member Months: 55,910 | Category of Service | Unit Type | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | 1,525.3 | \$16.21 | \$2.06 | \$0.04 | \$0.17 | \$0.19 | \$ (0.79) | 1,695.5 | \$11.82 | \$1.67 | | | |
| | Assessive Community Treatment (ACT) | 187.1 | 125.08 | 1.95 | 0.04 | 0.16 | 0.18 | (0.60) | 208.2 | 98.72 | 1.73 | | | |
| | Assessments and Testing | 149.9 | 281.02 | 3.51 | 0.07 | 0.29 | 0.33 | (0.15) | 167.0 | 291.09 | 4.05 | | | |
| | Case Management / Treatment Planning | 3,532.2 | 111.74 | 32.89 | 0.64 | 2.76 | 3.07 | (6.57) | 3,930.7 | 100.11 | 32.79 | | | |
| | Community Living Supports | 3,405.7 | 68.85 | 19.54 | 0.38 | 1.64 | 1.82 | (3.83) | 3,789.1 | 86.17 | 27.21 | | | |
| | Crisis | 66.4 | 573.32 | 3.17 | 0.06 | 0.27 | 0.30 | (0.63) | 73.9 | 514.82 | 3.17 | | | |
| | Evaluation and Management | 311.6 | 266.52 | 6.92 | 0.13 | 0.58 | 0.65 | (1.05) | 346.7 | 250.25 | 7.23 | | | |
| | Inpatient | 436.5 | 590.25 | 21.47 | 0.41 | 1.80 | 2.00 | (0.11) | 485.5 | 634.74 | 25.68 | | | |
| | Medication Administration | 49.9 | 88.98 | 0.37 | 0.01 | 0.03 | 0.03 | (0.11) | 55.3 | 71.62 | 0.33 | | | |
| | Other | 205.5 | 51.38 | 0.88 | 0.02 | 0.07 | 0.13 | - | 590.9 | 52.80 | 2.60 | | | |
| | Outpatient Services | 375.8 | 112.72 | 3.53 | 0.07 | 0.30 | 0.33 | - | 418.4 | 121.33 | 4.23 | | | |
| | Prevention and Early Intervention | 13.7 | 323.14 | 0.37 | 0.01 | 0.03 | 0.03 | (0.04) | 15.2 | 315.17 | 0.40 | | | |
| | Psychiatric diagnostic evaluation | 73.8 | 385.31 | 2.37 | 0.05 | 0.20 | 0.22 | (0.02) | 82.2 | 411.58 | 2.82 | | | |
| | Psychotherapy | 355.1 | 174.73 | 5.17 | 0.10 | 0.43 | 0.48 | (1.50) | 394.9 | 142.21 | 4.68 | | | |
| | Residential Services | 21.1 | 403.98 | 0.71 | 0.01 | 0.05 | 0.07 | 0.08 | 23.5 | 475.50 | 2.41 | | | |
| | Subtotal Mental Health State Plan | | \$104.91 | | \$2.04 | \$8.79 | \$11.33 | \$(7.55) | | | \$118.52 | | | |
| Mental Health 1915(i) | | | | | | | | | | | | | | |
| | Additional Support Services | 16,092.9 | \$4.94 | \$6.62 | \$0.45 | \$0.58 | \$0.65 | \$1.86 | 18,767.0 | \$6.50 | \$10.16 | | | |
| | Community Living Supports | 8,517.7 | 134.81 | 95.69 | 6.49 | 8.40 | 9.35 | 24.40 | 9,927.7 | 174.46 | 144.33 | | | |
| | Other | 263.1 | 2.37 | 2.37 | 0.16 | 0.21 | (1.32) | (0.01) | 1.41 | 1.41 | 1.41 | | | |
| | Skill Building | 3,627.3 | 5.36 | 1.82 | 0.11 | 0.14 | 0.16 | 0.30 | 4,231.8 | 6.61 | 2.33 | | | |
| | Vocational Supports | 1,526.2 | 12.34 | 1.57 | 0.11 | 0.14 | 0.15 | 0.44 | 1,779.0 | 16.26 | 2.41 | | | |
| | Subtotal Mental Health 1915(i) | | \$107.87 | | \$7.32 | \$9.47 | \$8.99 | \$26.99 | | | \$160.64 | | | |
| Autism | | | | | | | | | | | | | | |
| | Assessments and Testing | - | - | - | - | - | - | - | - | - | - | - | - | - |
| | Autism Services | 17,175.8 | 17.10 | 24.48 | 3.39 | 2.29 | 2.55 | 1.35 | 21,343.5 | 19.15 | 34.06 | | | |
| | Subtotal Autism | | \$24.48 | | \$3.39 | \$2.29 | \$2.55 | \$1.35 | | | \$34.06 | | | |
| Substance Abuse State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | 29.4 | \$16.35 | \$0.04 | \$0.01 | \$0.00 | \$0.00 | \$(0.02) | 36.7 | \$9.81 | \$0.03 | | | |
| | Assessments and Testing | 9.0 | 66.82 | 0.05 | 0.01 | - | 0.01 | - | 12.6 | 66.83 | 0.07 | | | |
| | Case Management / Treatment Planning | 1.2 | 196.72 | 0.02 | - | - | - | (0.01) | 1.2 | 96.36 | 0.01 | | | |
| | Crisis | - | - | - | - | - | - | - | - | - | - | | | |
| | Evaluation and Management | 1.6 | 76.43 | 0.01 | - | - | - | - | 1.6 | 76.43 | 0.01 | | | |
| | Medication Administration | - | - | - | - | - | - | - | - | - | - | | | |
| | Medication Assisted Treatment | 33.5 | 7.17 | 0.02 | - | - | - | 0.04 | 33.5 | 21.51 | 0.06 | | | |
| | Other | - | - | - | - | - | - | - | - | - | - | | | |
| | Outpatient Services | 32.6 | 143.43 | 0.39 | 0.05 | 0.04 | 0.04 | (0.22) | 40.2 | 89.64 | 0.30 | | | |
| | Prevention and Early Intervention | 1.3 | 93.75 | 0.01 | - | - | - | - | 1.3 | 93.75 | 0.01 | | | |
| | Psychiatric diagnostic evaluation | 0.3 | 428.57 | 0.01 | - | - | - | - | 0.3 | 428.57 | 0.01 | | | |
| | Residential Services | 66.1 | 170.78 | 0.94 | 0.13 | 0.09 | 0.10 | 0.11 | 82.2 | 198.98 | 1.37 | | | |
| | Withdrawal Management | - | - | - | - | - | - | - | - | - | - | | | |
| | Subtotal Substance Abuse State Plan | | \$1.49 | | \$0.20 | \$0.13 | \$0.15 | \$(0.10) | | | \$1.87 | | | |
| Children's Waiver Program | | | | | | | | | | | | | | |
| | Additional Support Services | - | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | - | \$0.00 | \$0.00 | | | |
| | Community Living Supports | - | - | - | - | - | - | - | - | - | - | | | |
| | Other | - | - | - | - | - | - | - | - | - | - | | | |
| | Subtotal Children's Waiver Program | | \$0.00 | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | | \$0.00 | | | |
| Habilitative Supports Waiver | | | | | | | | | | | | | | |
| | Additional Support Services | - | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | - | \$0.00 | \$0.00 | | | |
| | Community Living Supports | - | - | - | - | - | - | - | - | - | - | | | |
| | Other | - | - | - | - | - | - | - | - | - | - | | | |
| | Skill Building | - | - | - | - | - | - | - | - | - | - | | | |
| | Vocational Supports | - | - | - | - | - | - | - | - | - | - | | | |
| | Subtotal Habilitative Supports Waiver | | \$0.00 | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | | \$0.00 | | | |
| Serious Emotional Disturbances | | | | | | | | | | | | | | |
| | Additional Support Services | - | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | - | \$0.00 | \$0.00 | | | |
| | Case Management / Treatment Planning | - | - | - | - | - | - | - | - | - | - | | | |
| | Community Living Supports | - | - | - | - | - | - | - | - | - | - | | | |
| | Other | - | - | - | - | - | - | - | - | - | - | | | |
| | Subtotal Serious Emotional Disturbances | | \$0.00 | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | | \$0.00 | | | |
| Total Medical Costs | | | | | | | | | | | | | | |
| | | | \$238.75 | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | | \$0.00 | | | \$316.09 |

| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | | |
|---|---|-----------------------|--|------------------|-----------|---|-----------------|--|------------------|---|------------------|------------------|
| Region: Statewide | Rate Call: DAB - Enrolled - M - 21 - 25 | Member Months: 95,932 | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | |
| Additional Support Services | Units | 2,346.0 | \$ 14.21 | \$ 2.78 | | \$ 0.05 | \$ 0.23 | \$ 0.26 | \$ (0.76) | 2,609.9 | \$ 11.77 | \$ 2.56 |
| Assessments and Testing (ACT) | Units | 877.2 | 90.29 | 6.60 | | 0.13 | 0.55 | 0.62 | (1.27) | 976.9 | 81.44 | 6.63 |
| Community Living Supports | Procedures | 172.2 | 284.25 | 4.08 | | 0.08 | 0.34 | 0.38 | (0.20) | 191.7 | 293.02 | 4.68 |
| Case Management / Treatment Planning | Units | 5,328.5 | 113.86 | 50.56 | | 0.95 | 4.24 | 4.72 | (9.28) | 5,929.3 | 103.66 | 51.22 |
| Crisis | Days | 8,390.9 | 70.35 | 49.13 | | 0.98 | 4.12 | 4.58 | 9.64 | 9,324.3 | 88.05 | 68.42 |
| Evaluation and Management | Procedures | 124.0 | 563.50 | 5.72 | | 0.11 | 0.48 | 0.53 | (1.03) | 137.9 | 505.62 | 5.81 |
| Inpatient | Days | 492.7 | 268.41 | 11.02 | | 0.92 | 2.28 | 2.54 | (1.42) | 548.1 | 257.47 | 11.76 |
| Medication Administration | Procedures | 601.5 | 542.88 | 27.21 | | 0.53 | 2.28 | 2.54 | (0.37) | 669.3 | 583.76 | 32.56 |
| Other | Procedures | 178.5 | 102.21 | 1.52 | | 0.13 | 0.15 | 1.11 | - | 198.4 | 87.69 | 1.45 |
| Outpatient Services | Procedures | 467.9 | 46.16 | 1.80 | | 0.03 | 0.15 | 1.11 | - | 764.3 | 48.52 | 3.09 |
| Prevention and Early Intervention | Procedures | 238.5 | 128.80 | 2.56 | | 0.05 | 0.21 | 0.24 | - | 265.5 | 138.29 | 3.06 |
| Psychiatric diagnostic evaluation | Procedures | 23.2 | 320.14 | 0.62 | | 0.01 | 0.05 | 0.06 | (0.27) | 25.9 | 218.10 | 0.47 |
| Psychotherapy | Procedures | 88.1 | 397.73 | 2.92 | | 0.06 | 0.24 | 0.27 | (0.05) | 98.1 | 420.97 | 3.44 |
| Residential Services | Procedures | 400.1 | 170.95 | 5.70 | | 0.11 | 0.48 | 0.53 | (1.51) | 445.1 | 143.17 | 5.31 |
| Subtotal Mental Health State Plan | Days | 45.0 | 418.57 | 1.57 | | 0.03 | 0.13 | 0.15 | 0.17 | 50.2 | 490.33 | 2.05 |
| | | | | | | \$ 3.36 | \$ 14.55 | \$ 17.16 | \$ (6.35) | | | \$ 202.51 |
| Mental Health 1915(i) | | | | | | | | | | | | |
| Additional Support Services | Units | 25,333.9 | \$ 4.97 | \$ 10.49 | | \$ 0.71 | \$ 0.92 | \$ 1.03 | \$ 2.84 | 28,536.1 | \$ 6.50 | \$ 15.99 |
| Community Living Supports | Days | 15,884.7 | 133.95 | 175.08 | | 11.88 | 15.37 | 17.11 | 43.79 | 18,281.8 | 172.78 | 263.23 |
| Other | Procedures | 969.6 | 105.74 | 3.23 | | 0.22 | 0.38 | (0.63) | (0.02) | 320.0 | 115.49 | 3.08 |
| Skill Building | Units | 10,137.4 | 5.03 | 4.25 | | 0.37 | 0.42 | 0.42 | 1.31 | 11,831.0 | 6.73 | 6.64 |
| Vocational Supports | Units | 5,062.2 | 10.32 | 4.57 | | 0.29 | 0.36 | 0.43 | 1.55 | 5,931.2 | 14.22 | 7.03 |
| Subtotal Mental Health 1915(i) | | | | | | \$ 13.40 | \$ 17.32 | \$ 18.36 | \$ 48.47 | | | \$ 235.97 |
| Autism | | | | | | | | | | | | |
| Assessments and Testing | Procedures | - | - | - | | - | - | - | - | - | - | - |
| Autism Services | Units | - | - | - | | - | - | - | - | - | - | - |
| Subtotal Autism | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | | | |
| Additional Support Services | Units | 86.4 | \$ 11.11 | \$ 0.08 | | \$ 0.01 | \$ 0.01 | \$ 0.01 | \$ 0.00 | 108.0 | \$ 12.22 | \$ 0.11 |
| Assessments and Testing | Procedures | 13.3 | 81.20 | 0.09 | | 0.01 | 0.01 | 0.01 | - | 16.3 | 88.56 | 0.12 |
| Case Management / Treatment Planning | Units | 1.8 | 133.33 | 0.02 | | - | - | - | - | 1.8 | 133.33 | 0.02 |
| Crisis | Procedures | - | - | - | | - | - | - | - | - | - | - |
| Evaluation and Management | Procedures | 1.9 | 125.65 | 0.02 | | - | - | - | - | 1.9 | 125.65 | 0.02 |
| Medication Administration | Procedures | 7.8 | 15.31 | 0.01 | | - | - | - | - | 7.8 | 15.31 | 0.01 |
| Medication Assisted Treatment | Procedures | 28.6 | 16.78 | 0.04 | | 0.01 | - | - | - | 35.8 | 16.78 | 0.05 |
| Other | Procedures | - | - | - | | - | - | - | - | - | - | - |
| Outpatient Services | Procedures | 96.6 | 59.66 | 0.48 | | 0.07 | 0.04 | 0.05 | - | 120.7 | 63.63 | 0.64 |
| Prevention and Early Intervention | Procedures | 0.5 | 260.87 | 0.01 | | - | - | - | - | 0.5 | 260.87 | 0.01 |
| Psychiatric diagnostic evaluation | Procedures | 92.4 | 177.94 | 1.37 | | 0.19 | 0.13 | 0.14 | 0.17 | 114.6 | 209.35 | 2.00 |
| Residential Services | Days | 7.3 | 312.76 | 0.19 | | 0.03 | 0.02 | 0.02 | 0.02 | 9.2 | 364.82 | 0.28 |
| Withdrawal Management | Days | - | - | - | | - | - | - | - | - | - | - |
| Subtotal Substance Abuse State Plan | | | | | | \$ 0.32 | \$ 0.21 | \$ 0.23 | \$ 0.19 | | | \$ 5.26 |
| Children's Waiver Program | | | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Community Living Supports | Days | - | - | - | | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | | - | - | - | - | - | - | - |
| Subtotal Children's Waiver Program | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Community Living Supports | Days | - | - | - | | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | | - | - | - | - | - | - | - |
| Skill Building | Units | - | - | - | | - | - | - | - | - | - | - |
| Vocational Supports | Units | - | - | - | | - | - | - | - | - | - | - |
| Subtotal Habilitative Supports Waiver | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Case Management / Treatment Planning | Units | - | - | - | | - | - | - | - | - | - | - |
| Community Living Supports | Days | - | - | - | | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | | - | - | - | - | - | - | - |
| Subtotal Serious Emotional Disturbances | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | \$ 501.74 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | | | | |
|---|---|------------------------|---------------------|------------|--|------------------|------------------|---|-----------------|--|-------------------|---|------------------|------------------|
| Region: Statewide | Rate Call: DAB - Enrolled - M - 26 - 39 | Member Months: 216,062 | Category of Service | Unit Type | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 6,007.0 | \$ 14.24 | \$ 7.13 | \$ 0.14 | \$ 0.60 | \$ 0.66 | \$ (2.33) | 6,681.0 | \$ 11.14 | \$ 6.20 |
| | Assessments and Testing | | | Units | 2,457.2 | 97.08 | 19.88 | 0.38 | 1.67 | 1.85 | (5.32) | 2,732.9 | 81.06 | 18.46 |
| | Case Management / Treatment Planning | | | Units | 252.0 | 286.15 | 5.59 | 0.11 | 0.47 | 0.52 | (0.33) | 280.5 | 272.13 | 6.36 |
| | Community Living Supports | | | Days | 13,371.1 | 72.00 | 8.28 | 1.52 | 6.58 | 7.32 | (15.30) | 9,216.9 | 102.37 | 78.63 |
| | Crisis | | | Units | 193.0 | 8.79 | 80.23 | 0.17 | 0.74 | 0.82 | (14.43) | 14,876.0 | 90.13 | 111.73 |
| | Evaluation and Management | | | Procedures | 546.67 | 8.79 | 8.79 | 0.32 | 1.40 | 1.56 | (2.12) | 214.7 | 508.11 | 9.09 |
| | Inpatient | | | Days | 797.5 | 251.28 | 16.70 | 0.86 | 3.72 | 4.14 | (10.76) | 887.3 | 241.54 | 17.86 |
| | Medication Administration | | | Days | 967.7 | 550.11 | 44.36 | 0.33 | 0.33 | 0.37 | (0.79) | 1,076.7 | 591.57 | 53.08 |
| | Other | | | Procedures | 494.3 | 94.93 | 3.91 | 0.08 | 0.33 | 0.37 | (0.79) | 551.2 | 84.91 | 3.90 |
| | Outpatient Services | | | Procedures | 1,009.5 | 38.63 | 3.25 | 0.06 | 0.27 | 0.77 | 0.02 | 1,267.3 | 41.38 | 4.37 |
| | Prevention and Early Intervention | | | Procedures | 177.2 | 228.24 | 3.37 | 0.07 | 0.28 | 0.31 | - | 197.2 | 245.28 | 4.03 |
| | Psychiatric diagnostic evaluation | | | Procedures | 12.4 | 320.13 | 0.33 | 0.01 | 0.03 | 0.03 | (0.12) | 13.9 | 242.25 | 0.28 |
| | Psychiatry | | | Procedures | 131.0 | 377.40 | 4.12 | 0.08 | 0.35 | 0.38 | (0.11) | 145.6 | 397.17 | 4.82 |
| | Residential Services | | | Procedures | 581.4 | 174.81 | 8.47 | 0.16 | 0.71 | 0.79 | (1.93) | 646.6 | 152.17 | 8.20 |
| | Subtotal Mental Health State Plan | | | Days | 56.8 | 448.20 | 2.12 | 0.04 | 0.18 | 0.20 | 0.23 | 63.2 | 526.03 | 2.77 |
| | | | | | | | \$ 286.76 | \$ 5.55 | \$ 24.05 | \$ 27.20 | \$ (13.78) | | | \$ 325.78 |
| Mental Health 1915(f) | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 21,368.9 | \$ 5.34 | \$ 9.51 | \$ 0.64 | \$ 0.63 | \$ 0.93 | \$ 2.44 | 24,894.4 | \$ 6.92 | \$ 14.35 |
| | Community Living Supports | | | Days | 27,708.4 | 120.87 | 279.07 | 18.93 | 24.50 | 27.27 | 70.87 | 32,295.2 | 156.31 | 420.66 |
| | Other | | | Procedures | 456.6 | 96.41 | 3.66 | 0.25 | 0.32 | (0.11) | (0.01) | 473.0 | 104.27 | 44.11 |
| | Skill Building | | | Units | 79,437.5 | 4.32 | 28.60 | 1.94 | 2.51 | 2.79 | (8.42) | 92,575.3 | 5.74 | 44.26 |
| | Vocational Supports | | | Units | 20,099.9 | 7.45 | 12.46 | 0.65 | 1.10 | 1.22 | 6.42 | 23,453.6 | 11.30 | 22.07 |
| | Subtotal Mental Health 1915(f) | | | | | | \$ 333.34 | \$ 22.61 | \$ 29.26 | \$ 32.10 | \$ 86.14 | | | \$ 505.45 |
| Autism | | | | | | | | | | | | | | |
| | Assessments and Testing | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Autism Services | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Autism | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 343.6 | \$ 15.36 | \$ 0.44 | \$ 0.06 | \$ 0.04 | \$ 0.05 | \$ (0.07) | 429.6 | \$ 14.53 | \$ 0.52 |
| | Assessments and Testing | | | Units | 76.2 | 48.85 | 0.31 | 0.04 | 0.03 | 0.03 | (0.01) | 93.4 | 51.42 | 0.40 |
| | Case Management / Treatment Planning | | | Procedures | 3.8 | 125.65 | 0.04 | - | - | - | (0.01) | 3.8 | 94.24 | 0.03 |
| | Crisis | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Evaluation and Management | | | Procedures | 21.0 | 80.19 | 0.14 | 0.02 | 0.01 | 0.01 | - | 25.4 | 84.91 | 0.18 |
| | Medication Administration | | | Procedures | 9.2 | 65.01 | 0.05 | 0.01 | - | - | - | 11.1 | 64.98 | 0.06 |
| | Medication Assisted Treatment | | | Procedures | 797.1 | 16.56 | 1.10 | 0.15 | 0.10 | 0.12 | 0.23 | 992.7 | 20.55 | 1.70 |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Outpatient Services | | | Procedures | 226.2 | 69.51 | 1.31 | 0.18 | 0.12 | 0.14 | (0.05) | 281.4 | 72.50 | 1.70 |
| | Prevention and Early Intervention | | | Procedures | 4.7 | 102.78 | 0.04 | 0.01 | - | - | - | 5.8 | 102.74 | 0.05 |
| | Psychiatric diagnostic evaluation | | | Procedures | 1.1 | 107.14 | 0.01 | - | - | - | 0.01 | 1.1 | 214.29 | 0.02 |
| | Residential Services | | | Days | 288.7 | 169.98 | 4.09 | 0.57 | 0.38 | 0.43 | 0.49 | 359.3 | 199.03 | 5.96 |
| | Withdrawal Management | | | Days | 27.7 | 333.21 | 0.77 | 0.11 | 0.07 | 0.08 | 0.09 | 34.6 | 388.78 | 1.12 |
| | Subtotal Substance Abuse State Plan | | | | | | \$ 8.30 | \$ 1.15 | \$ 0.75 | \$ 0.86 | \$ 0.68 | | | \$ 11.74 |
| Children's Waiver Program | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Children's Waiver Program | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Vocational Supports | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Habilitative Supports Waiver | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Serious Emotional Disturbances | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | | | |
| | | | | | | | \$ 628.40 | | | | | | | \$ 846.97 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | | | | |
|---|---|------------------------|---------------------|-----------|---|--|-----------|--|-----------------------------------|---|--|--|---|-----------|
| Region: Statewide | Rate Call: DAB - Enrolled - M - 40 - 49 | Member Months: 116,822 | Category of Service | Unit Type | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Adjusted SFY 2023 Base Experience Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Trend Adjustments Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Policy and Program Adjustments Cost Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | SFY 2025 Projected Benefit Expense Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | 7,555.5 | \$ 11.66 | \$ 7.35 | | \$ 0.14 | \$ 0.62 | \$ 0.69 | \$ (2.09) | 8,419.8 | \$ 9.56 | \$ 6.71 | | |
| | Assessments and Testing | 1,857.0 | 88.66 | 13.72 | | 0.27 | 1.15 | 1.28 | (2.35) | 2,066.8 | 81.69 | 14.07 | | |
| | Case Management / Treatment Planning | 214.5 | 227.18 | 4.06 | | 0.08 | 0.34 | 0.38 | (0.34) | 238.8 | 227.17 | 4.52 | | |
| | Community Living Supports | 5,497.9 | 70.86 | 59.79 | | 0.98 | 4.26 | 4.74 | (10.66) | 6,117.1 | 96.30 | 50.11 | | |
| | Crisis | 10,135.9 | 159.87 | 159.87 | | 1.16 | 5.02 | 5.58 | (0.89) | 11,277.0 | 88.73 | 7.44 | | |
| | Evaluation and Management | 159.4 | 524.78 | 6.87 | | 0.13 | 0.58 | 0.65 | (0.89) | 177.2 | 503.78 | 7.44 | | |
| | Inpatient | 700.7 | 233.24 | 13.62 | | 0.26 | 1.14 | 1.27 | (1.38) | 779.5 | 229.55 | 14.91 | | |
| | Medication Administration | 796.6 | 36.79 | 3.43 | | 0.71 | 3.08 | 3.43 | - | 886.3 | 595.88 | 44.01 | | |
| | Other | 447.1 | 92.87 | 3.46 | | 0.07 | 0.29 | 0.32 | (0.70) | 497.5 | 82.98 | 3.44 | | |
| | Outpatient Services | 607.6 | 54.51 | 2.76 | | 0.03 | 0.23 | 0.31 | 0.02 | 686.8 | 58.88 | 3.37 | | |
| | Prevention and Early Intervention | 74.0 | 215.76 | 1.33 | | 0.05 | 0.11 | 0.12 | - | 82.3 | 231.81 | 1.59 | | |
| | Psychiatric diagnostic evaluation | 23.4 | 133.22 | 0.26 | | 0.01 | 0.02 | 0.02 | (0.08) | 26.1 | 105.67 | 0.23 | | |
| | Psychiatry | 110.5 | 377.95 | 3.48 | | 0.07 | 0.29 | 0.32 | 0.01 | 122.9 | 407.26 | 4.17 | | |
| | Residential Services | 503.9 | 177.17 | 7.44 | | 0.14 | 0.62 | 0.69 | (1.90) | 560.1 | 149.75 | 6.99 | | |
| | Subtotal Mental Health State Plan | 51.0 | 472.57 | 2.01 | | 0.04 | 0.17 | 0.19 | \$ (6.39) | 56.9 | 554.85 | 2.63 | | \$ 247.57 |
| Mental Health 1915(i) | | | | | | | | | | | | | | |
| | Additional Support Services | 5,027.2 | \$ 4.89 | \$ 2.05 | | \$ 0.14 | \$ 0.18 | \$ 0.20 | \$ 0.56 | 5,861.0 | \$ 6.41 | \$ 3.13 | | |
| | Community Living Supports | 16,606.0 | 119.57 | 165.46 | | 11.23 | 14.52 | 16.17 | 38.33 | 19,355.9 | 152.33 | 245.71 | | |
| | Other | 123.8 | 100.95 | 1.03 | | 0.07 | 0.09 | 0.05 | (0.01) | 137.1 | 107.65 | 1.23 | | |
| | Skill Building | 39,261.8 | 3.74 | 12.24 | | 0.83 | 1.07 | 1.35 | 2.26 | 46,294.5 | 5.12 | 18.73 | | |
| | Vocational Supports | 7,480.2 | 6.95 | 5.98 | | 0.38 | 0.49 | 0.55 | 2.30 | 8,726.9 | 12.79 | 9.30 | | |
| | Subtotal Mental Health 1915(i) | | \$ 186.36 | \$ 16.35 | | \$ 12.65 | \$ 16.35 | \$ 18.32 | \$ 45.44 | | | \$ 279.12 | | |
| Autism | | | | | | | | | | | | | | |
| | Assessments and Testing | - | - | - | | - | - | - | - | - | - | - | | |
| | Autism Services | - | - | - | | - | - | - | - | - | - | - | | |
| | Subtotal Autism | | \$ 0.00 | \$ 0.00 | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 | | |
| Substance Abuse State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | 467.2 | \$ 19.78 | \$ 0.77 | | \$ 0.11 | \$ 0.07 | \$ 0.08 | \$ (0.24) | 582.4 | \$ 16.28 | \$ 0.79 | | |
| | Assessments and Testing | 140.7 | 48.62 | 0.57 | | 0.08 | 0.05 | 0.06 | 0.06 | 175.3 | 51.36 | 0.75 | | |
| | Case Management / Treatment Planning | 7.6 | 126.32 | 0.08 | | 0.01 | 0.01 | 0.01 | (0.01) | 9.5 | 126.32 | 0.10 | | |
| | Crisis | - | - | - | | - | - | - | - | - | - | - | | |
| | Evaluation and Management | 52.6 | 82.19 | 0.36 | | 0.05 | 0.03 | 0.04 | (0.01) | 65.7 | 86.84 | 0.47 | | |
| | Medication Administration | 20.7 | 23.19 | 0.04 | | 0.01 | 0.01 | 0.01 | 0.58 | 25.9 | 23.18 | 0.05 | | |
| | Medication Assisted Treatment | 2,748.4 | 17.07 | 3.91 | | 0.54 | 0.37 | 0.41 | - | 3,416.2 | 20.41 | 5.81 | | |
| | Other | - | - | - | | - | - | - | - | - | - | - | | |
| | Outpatient Services | 433.3 | 75.33 | 2.72 | | 0.38 | 0.25 | 0.28 | (0.16) | 538.4 | 77.33 | 3.47 | | |
| | Prevention and Early Intervention | 5.9 | 101.69 | 0.05 | | 0.01 | - | - | (0.01) | 7.1 | 84.75 | 0.05 | | |
| | Psychiatric diagnostic evaluation | 0.5 | 222.22 | 0.01 | | - | - | - | - | 0.5 | 222.22 | 0.01 | | |
| | Residential Services | 421.1 | 166.44 | 5.84 | | 0.81 | 0.55 | 0.61 | 0.70 | 523.4 | 195.10 | 8.51 | | |
| | Withdrawal Management | 38.4 | 334.20 | 1.07 | | 0.15 | 0.10 | 0.11 | 0.13 | 47.8 | 391.96 | 1.56 | | |
| | Subtotal Substance Abuse State Plan | | \$ 15.42 | \$ 1.43 | | \$ 2.15 | \$ 1.43 | \$ 1.60 | \$ 0.97 | | | \$ 21.57 | | |
| Children's Waiver Program | | | | | | | | | | | | | | |
| | Additional Support Services | - | \$ 0.00 | \$ 0.00 | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 | | |
| | Community Living Supports | - | - | - | | - | - | - | - | - | - | - | | |
| | Other | - | - | - | | - | - | - | - | - | - | - | | |
| | Other Therapy | - | - | - | | - | - | - | - | - | - | - | | |
| | Subtotal Children's Waiver Program | | \$ 0.00 | \$ 0.00 | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 | | |
| Habilitative Supports Waiver | | | | | | | | | | | | | | |
| | Additional Support Services | - | \$ 0.00 | \$ 0.00 | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 | | |
| | Community Living Supports | - | - | - | | - | - | - | - | - | - | - | | |
| | Other | - | - | - | | - | - | - | - | - | - | - | | |
| | Skill Building | - | - | - | | - | - | - | - | - | - | - | | |
| | Vocational Supports | - | - | - | | - | - | - | - | - | - | - | | |
| | Subtotal Habilitative Supports Waiver | | \$ 0.00 | \$ 0.00 | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 | | |
| Serious Emotional Disturbances | | | | | | | | | | | | | | |
| | Additional Support Services | - | \$ 0.00 | \$ 0.00 | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 | | |
| | Case Management / Treatment Planning | - | - | - | | - | - | - | - | - | - | - | | |
| | Community Living Supports | - | - | - | | - | - | - | - | - | - | - | | |
| | Other | - | - | - | | - | - | - | - | - | - | - | | |
| | Other Therapy | - | - | - | | - | - | - | - | - | - | - | | |
| | Subtotal Serious Emotional Disturbances | | \$ 0.00 | \$ 0.00 | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 | | |
| Total Medical Costs | | | | | | | | | | | | | | |
| | | | | \$ 415.69 | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 548.26 | | |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | | | | |
|---|---|------------------------|---------------------|------------|--|------------------|-----------|---|-----------------|--|-----------------|---|------------------|-----------|
| Region: Statewide | Rate Call: DAB - Enrolled - M - 50 - 64 | Member Months: 344,249 | Category of Service | Unit Type | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 6,395.4 | \$ 10.24 | \$ 5.46 | \$ 0.11 | \$ 0.46 | \$ 0.51 | \$ (1.39) | 7,121.6 | \$ 5.68 | \$ 5.15 |
| | Assessments and Testing | | | Units | 1,129.0 | 91.19 | 8.58 | 0.17 | \$ 0.04 | 0.80 | (1.80) | 1,256.7 | 80.88 | 8.47 |
| | Case Management / Treatment Planning | | | Units | 154.0 | 178.50 | 2.29 | 0.04 | 0.19 | 0.21 | (0.18) | 1,70.8 | 179.20 | 2.55 |
| | Community Living Supports | | | Days | 2,954.1 | 109.15 | 26.87 | 0.52 | 2.25 | 2.51 | (5.85) | 3,287.2 | 96.01 | 26.30 |
| | Crisis | | | Units | 4,059.7 | 71.47 | 24.18 | 0.07 | 2.03 | 2.26 | 4.75 | 4,518.1 | 89.48 | 33.69 |
| | Evaluation and Management | | | Procedures | 88.1 | 509.36 | 3.74 | 0.07 | 0.31 | 0.35 | (0.59) | 98.0 | 478.78 | 3.91 |
| | Inpatient | | | Procedures | 429.0 | 210.36 | 7.52 | 0.15 | 0.63 | 0.70 | (0.56) | 477.5 | 211.36 | 8.41 |
| | Medication Administration | | | Days | 374.5 | 554.31 | 17.30 | 0.33 | 1.45 | 1.61 | (0.26) | 416.5 | 596.08 | 20.69 |
| | Other | | | Procedures | 168.1 | 91.35 | 1.28 | 0.02 | 0.11 | 0.12 | (0.26) | 186.5 | 81.70 | 1.27 |
| | Outpatient Services | | | Procedures | 182.8 | 82.08 | 1.25 | 0.01 | 0.10 | 0.12 | 0.01 | 203.2 | 88.57 | 1.50 |
| | Prevention and Early Intervention | | | Procedures | 5.6 | 797.13 | 0.37 | 0.01 | 0.03 | 0.03 | (0.04) | 6.2 | 855.75 | 0.44 |
| | Psychiatric diagnostic evaluation | | | Procedures | 8.7 | 360.28 | 0.26 | - | 0.02 | 0.02 | (0.04) | 9.3 | 334.41 | 0.26 |
| | Psychology | | | Procedures | 66.8 | 350.30 | 1.95 | 0.04 | 0.16 | 0.18 | 0.09 | 74.3 | 390.64 | 2.42 |
| | Residential Services | | | Procedures | 329.1 | 169.90 | 4.66 | 0.09 | 0.39 | 0.43 | (1.20) | 365.9 | 143.33 | 4.37 |
| | Subtotal Mental Health State Plan | | | Days | 29.3 | 422.28 | 1.03 | 0.02 | 0.09 | 0.10 | 0.11 | 32.7 | 495.72 | 1.35 |
| | | | | | | | \$ 106.74 | \$ 2.06 | \$ 8.94 | \$ 9.95 | \$ (6.91) | | | \$ 120.78 |
| Mental Health 1915(i) | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 1,039.6 | \$ 4.73 | \$ 0.41 | \$ 0.03 | \$ 0.04 | \$ 0.04 | \$ 0.12 | 1,217.1 | \$ 6.31 | \$ 0.64 |
| | Community Living Supports | | | Days | 6,493.9 | 133.31 | 72.14 | 4.89 | 6.33 | 7.05 | (14.83) | 7,568.7 | 166.86 | 105.24 |
| | Other | | | Procedures | 34.6 | 131.87 | 0.38 | 0.03 | 0.03 | 0.03 | (0.01) | 40.0 | 137.86 | 0.46 |
| | Skill Building | | | Units | 6,478.7 | 4.30 | 1.82 | 0.16 | 0.20 | 0.23 | 0.62 | 7,567.8 | 5.60 | 3.53 |
| | Vocational Supports | | | Units | 1,385.5 | 12.30 | \$ 76.67 | \$ 5.21 | \$ 6.72 | \$ 7.49 | \$ 16.08 | 1,619.6 | 17.04 | \$ 2.30 |
| | Subtotal Mental Health 1915(i) | | | | | | \$ 76.67 | \$ 5.21 | \$ 6.72 | \$ 7.49 | \$ 16.08 | | | \$ 112.17 |
| Autism | | | | | | | | | | | | | | |
| | Assessments and Testing | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Autism Services | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Autism | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 710.0 | \$ 14.37 | \$ 0.85 | \$ 0.12 | \$ 0.08 | \$ 0.09 | \$ (0.08) | 885.4 | \$ 14.37 | \$ 1.06 |
| | Assessments and Testing | | | Procedures | 199.6 | 46.30 | 0.77 | 0.11 | 0.07 | 0.08 | (0.01) | 248.8 | 49.68 | 1.03 |
| | Case Management / Treatment Planning | | | Units | 7.8 | 123.71 | 0.08 | 0.01 | 0.01 | 0.01 | (0.01) | 9.7 | 123.71 | 0.10 |
| | Crisis | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Evaluation and Management | | | Procedures | 49.5 | 84.90 | 0.35 | 0.05 | 0.03 | 0.04 | (0.04) | 62.2 | 82.97 | 0.43 |
| | Medication Administration | | | Procedures | 33.5 | 32.21 | 0.09 | 0.01 | 0.01 | 0.01 | (0.01) | 41.0 | 35.14 | 0.12 |
| | Medication Assisted Treatment | | | Procedures | 2,676.5 | 18.02 | 4.02 | 0.56 | 0.38 | 0.42 | 0.48 | 3,329.0 | 21.12 | 5.86 |
| | Other | | | Procedures | 1.7 | 68.97 | 0.01 | - | - | - | - | 1.7 | 68.97 | 0.01 |
| | Outpatient Services | | | Procedures | 655.5 | 69.56 | 3.80 | 0.53 | 0.36 | 0.40 | (0.08) | 816.0 | 73.68 | 5.01 |
| | Prevention and Early Intervention | | | Procedures | 8.0 | 120.45 | 0.08 | 0.01 | 0.01 | 0.01 | (0.01) | 10.0 | 120.48 | 0.10 |
| | Psychiatric diagnostic evaluation | | | Procedures | 1.6 | 76.92 | 0.01 | - | - | - | - | 1.6 | 76.92 | 0.01 |
| | Residential Services | | | Days | 596.0 | 177.60 | 8.82 | 1.22 | 0.83 | 0.92 | 1.06 | 740.6 | 208.22 | 12.85 |
| | Withdrawal Management | | | Days | 65.0 | 328.82 | 1.78 | 0.25 | 0.17 | 0.19 | 0.22 | 81.0 | 386.57 | 2.61 |
| | Subtotal Substance Abuse State Plan | | | | | | \$ 20.66 | \$ 2.87 | \$ 1.95 | \$ 2.17 | \$ 1.54 | | | \$ 28.19 |
| Children's Waiver Program | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Children's Waiver Program | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Vocational Supports | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Habilitative Supports Waiver | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other Therapy | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Serious Emotional Disturbances | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | | | |
| | | | | | | | \$ 204.07 | | | | | | | \$ 262.14 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | | | | |
|---|--|------------------------|---------------------|------------|--|------------------|------------------|---|-----------------|--|-------------------|---|------------------|------------------|
| Region: Statewide | Rate Call: DAB - Enrolled - M - 6 - 18 | Member Months: 346,170 | Category of Service | Unit Type | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 3,572.4 | \$ 80.99 | \$ 24.11 | \$ 0.47 | \$ 2.02 | \$ 2.25 | \$ (3.85) | 3,975.4 | \$ 75.46 | \$ 25.00 |
| | Assessive Community Treatment (ACT) | | | Units | 1.5 | 160.00 | 0.22 | - | - | 0.90 | (0.16) | 1.5 | 160.00 | 0.02 |
| | Assessments and Testing | | | Procedures | 396.0 | 291.49 | 9.32 | 0.19 | 0.81 | 0.90 | (0.16) | 440.9 | 309.18 | 11.36 |
| | Case Management / Treatment Planning | | | Days | 5,416.7 | 110.99 | 50.10 | 0.97 | 4.20 | 11.93 | (10.53) | 6,811.5 | 98.84 | 56.67 |
| | Community Living Supports | | | Units | 195.1 | 58.42 | 0.95 | 0.02 | 0.08 | 0.09 | 0.19 | 217.7 | 73.31 | 1.33 |
| | Crisis | | | Procedures | 102.6 | 814.27 | 6.96 | 0.13 | 0.58 | 0.65 | (3.33) | 114.1 | 524.99 | 4.99 |
| | Evaluation and Management | | | Procedures | 572.1 | 257.77 | 12.29 | 0.24 | 1.03 | 1.15 | (1.84) | 636.8 | 242.51 | 12.87 |
| | Inpatient | | | Days | 195.0 | 595.05 | 9.67 | 0.19 | 0.81 | 0.90 | - | 217.0 | 639.85 | 11.57 |
| | Medication Administration | | | Procedures | 10.0 | 108.54 | 0.09 | - | 0.01 | 0.01 | (0.02) | 11.1 | 97.65 | 0.09 |
| | Other | | | Procedures | 71.8 | 55.14 | 0.33 | 0.01 | 0.03 | 0.91 | - | 1,577.9 | 55.37 | 7.28 |
| | Other Therapy | | | Procedures | 1,286.7 | 101.93 | 10.93 | 0.21 | 0.92 | 1.02 | - | 1,431.5 | 109.65 | 13.08 |
| | Outpatient Services | | | Procedures | 34.1 | 313.20 | 0.89 | 0.02 | 0.07 | 0.08 | (0.02) | 37.9 | 329.03 | 1.04 |
| | Prevention and Early Intervention | | | Procedures | 10.3 | 292.68 | 0.25 | - | 0.02 | 0.02 | (0.03) | 11.1 | 314.36 | 0.29 |
| | Psychiatric diagnostic evaluation | | | Procedures | 132.4 | 393.38 | 4.34 | 0.08 | 0.36 | 0.40 | (0.33) | 147.0 | 395.84 | 4.85 |
| | Psychotherapy | | | Procedures | 1,050.5 | 181.51 | 15.89 | 0.31 | 1.33 | 1.48 | (5.37) | 1,168.9 | 140.03 | 13.64 |
| | Residential Services | | | Days | 9.1 | 486.84 | 0.37 | 0.01 | 0.03 | 0.03 | 0.04 | 10.1 | 569.73 | 0.48 |
| | Subtotal Mental Health State Plan | | | | | | \$ 146.81 | \$ 2.85 | \$ 12.30 | \$ 27.82 | \$ (25.22) | | | \$ 164.56 |
| Mental Health 1915(i) | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 38,043.0 | \$ 4.67 | \$ 14.81 | \$ 1.00 | \$ 1.30 | \$ 1.45 | \$ 4.26 | 44,336.4 | \$ 6.18 | \$ 22.82 |
| | Community Living Supports | | | Days | 4,240.3 | 105.62 | 37.32 | 2.53 | 3.28 | 3.65 | 11.82 | 4,942.4 | 142.28 | 59.60 |
| | Other | | | Procedures | 533.1 | 143.85 | 6.39 | 0.43 | 0.56 | (5.95) | (0.17) | 72.6 | 208.32 | 1.26 |
| | Skill Building | | | Units | 93.7 | 17.56 | 0.14 | 0.01 | 0.01 | 0.01 | 0.04 | 109.3 | 23.05 | 0.21 |
| | Vocational Supports | | | Units | 34.1 | 35.21 | 0.10 | 0.01 | 0.01 | 0.01 | (0.04) | 40.9 | 26.41 | 0.09 |
| | Subtotal Mental Health 1915(i) | | | | | | \$ 58.76 | \$ 3.98 | \$ 5.16 | \$ (0.83) | \$ (15.91) | | | \$ 82.98 |
| Autism | | | | | | | | | | | | | | |
| | Assessments and Testing | | | Procedures | 4.9 | 220.41 | 0.09 | 0.01 | 0.01 | 0.01 | - | 6.0 | 240.40 | 0.12 |
| | Autism Services | | | Units | 119,153.3 | 17.48 | 173.61 | 24.05 | 16.25 | 18.09 | (1.01) | 148,075.1 | 18.72 | 230.99 |
| | Subtotal Autism | | | | | | \$ 173.70 | \$ 24.06 | \$ 16.26 | \$ 18.10 | \$ (1.01) | | | \$ 231.11 |
| Substance Abuse State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 9.6 | \$ 12.54 | \$ 0.01 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | 9.6 | \$ 12.54 | \$ 0.01 |
| | Assessments and Testing | | | Units | 1.1 | 112.15 | 0.01 | - | - | - | - | 1.1 | 112.15 | 0.01 |
| | Case Management / Treatment Planning | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Crisis | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Evaluation and Management | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Medication Administration | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Medication Assisted Treatment | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Outpatient Services | | | Procedures | 13.9 | 86.33 | 0.10 | 0.01 | 0.01 | 0.01 | - | 16.7 | 93.53 | 0.13 |
| | Prevention and Early Intervention | | | Procedures | 0.7 | 179.10 | 0.01 | - | - | - | - | 0.7 | 179.10 | 0.01 |
| | Psychiatric diagnostic evaluation | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Residential Services | | | Days | 9.2 | 169.38 | 0.13 | 0.02 | 0.01 | 0.01 | 0.02 | 11.3 | 201.06 | 0.19 |
| | Withdrawal Management | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Substance Abuse State Plan | | | | | | \$ 0.26 | \$ 0.03 | \$ 0.02 | \$ 0.02 | \$ 0.02 | | | \$ 0.35 |
| Children's Waiver Program | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Children's Waiver Program | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Vocational Supports | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Habilitative Supports Waiver | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Serious Emotional Disturbances | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Subtotal Medical Costs | | | | | | | | | | | | | | |
| | | | | | | | \$ 379.53 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 479.00 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | | | | |
|---|--|------------------------|---------------------|------------|--|------------------|------------------|---|-----------------|--|------------------|---|------------------|------------------|
| Region: Statewide | Rate Call: DAB - Enrolled - M - 65+ | Member Months: 107,065 | Category of Service | Unit Type | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 2,597.4 | \$ 9.47 | \$ 2.05 | \$ 0.04 | \$ 0.17 | \$ 0.19 | \$ (0.64) | 2,888.9 | \$ 7.52 | \$ 1.81 |
| | Assessive Community Treatment (ACT) | | | Units | 308.7 | 115.47 | 2.98 | 0.06 | 0.25 | 0.28 | (0.84) | 345.0 | 94.95 | 2.73 |
| | Assessments and Testing | | | Procedures | 27.7 | 238.70 | 0.95 | 0.01 | 0.05 | 0.05 | (0.05) | 30.7 | 238.67 | 0.61 |
| | Case Management / Treatment Planning | | | Units | 1,146.6 | 109.37 | 10.45 | 0.20 | 0.88 | 0.97 | (2.44) | 1,274.9 | 94.89 | 10.06 |
| | Community Living Supports | | | Days | 3,034.7 | 67.97 | 17.19 | 1.44 | 0.33 | 1.60 | 3.37 | 3,375.4 | 86.08 | 23.93 |
| | Crisis | | | Procedures | 17.3 | 651.27 | 0.84 | 0.02 | 0.08 | 0.09 | (0.26) | 19.4 | 539.53 | 0.87 |
| | Evaluation and Management | | | Procedures | 104.1 | 239.70 | 2.08 | 0.04 | 0.15 | 0.19 | (0.11) | 115.6 | 245.94 | 2.37 |
| | Inpatient | | | Days | 41.3 | 522.88 | 1.80 | 0.03 | 0.15 | 0.17 | (0.16) | 45.9 | 562.09 | 2.15 |
| | Medication Administration | | | Procedures | 86.5 | 109.65 | 0.79 | 0.07 | 0.07 | 0.07 | (0.16) | 96.3 | 98.43 | 0.79 |
| | Other | | | Procedures | 93.2 | 88.82 | 0.69 | 0.01 | 0.06 | 0.07 | - | 104.0 | 95.74 | 0.83 |
| | Other Therapy | | | Procedures | 2.4 | 652.72 | 0.13 | - | 0.01 | 0.01 | - | 2.6 | 700.39 | 0.15 |
| | Outpatient Services | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Prevention and Early Intervention | | | Procedures | 11.7 | 441.03 | 0.43 | 0.01 | - | - | (0.07) | 13.1 | 413.48 | 0.45 |
| | Psychiatric diagnostic evaluation | | | Procedures | 40.9 | 231.56 | 0.79 | 0.02 | 0.07 | 0.07 | (0.34) | 45.6 | 160.53 | 0.61 |
| | Psychotherapy | | | Procedures | 10.4 | 208.09 | 0.18 | - | 0.02 | 0.02 | 0.02 | 11.5 | 249.78 | 0.24 |
| | Residential Services | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Mental Health State Plan | | | | | | \$ 41,105 | \$ 0.79 | \$ 3.46 | \$ 3.82 | \$ (1.52) | | | \$ 47.60 |
| Mental Health 1915(i) | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 877.2 | \$ 4.79 | \$ 0.35 | \$ 0.02 | \$ 0.03 | \$ 0.03 | \$ 0.10 | 1,002.5 | \$ 0.10 | \$ 0.53 |
| | Community Living Supports | | | Days | 4,578.8 | 121.24 | 46.26 | 3.14 | 4.06 | 4.52 | 9.22 | 5,337.0 | 151.10 | 67.20 |
| | Other | | | Procedures | 34.4 | 66.26 | 0.19 | 0.01 | 0.02 | 0.19 | 0.02 | 39.8 | 72.29 | 0.24 |
| | Skill Building | | | Units | 2,192.9 | 6.51 | 1.19 | 0.08 | 0.10 | 0.12 | 0.45 | 2,561.4 | 9.09 | 1.94 |
| | Vocational Supports | | | Units | 330.0 | 21.45 | 0.69 | 0.04 | 0.05 | 0.06 | 0.17 | 365.9 | 26.30 | 0.91 |
| | Subtotal Mental Health 1915(i) | | | | | | \$ 48,58 | \$ 3.29 | \$ 4.26 | \$ 4.75 | \$ 9.94 | | | \$ 70.82 |
| Autism | | | | | | | | | | | | | | |
| | Assessments and Testing | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Autism Services | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Autism | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 192.6 | \$ 16.82 | \$ 0.27 | \$ 0.04 | \$ 0.03 | \$ 0.03 | \$ (0.16) | 242.6 | \$ 0.39 | \$ 0.21 |
| | Assessments and Testing | | | Procedures | 22.1 | 38.04 | 0.07 | 0.01 | 0.01 | 0.01 | - | 28.4 | 42.27 | 0.10 |
| | Case Management / Treatment Planning | | | Units | 1.1 | 212.39 | 0.02 | - | - | - | - | 1.1 | 212.39 | 0.02 |
| | Crisis | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Evaluation and Management | | | Procedures | 8.4 | 114.29 | 0.08 | 0.01 | 0.01 | 0.01 | (0.02) | 10.5 | 102.86 | 0.09 |
| | Medication Administration | | | Procedures | 212.4 | 21.46 | 0.38 | - | 0.04 | 0.04 | 0.03 | 262.8 | 24.66 | 0.54 |
| | Medication Assisted Treatment | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Outpatient Services | | | Procedures | 105.8 | 62.38 | 0.55 | 0.08 | 0.05 | 0.06 | (0.02) | 132.7 | 66.90 | 0.74 |
| | Prevention and Early Intervention | | | Procedures | 3.7 | 195.65 | 0.06 | 0.01 | 0.01 | 0.01 | (0.02) | 4.9 | 171.08 | 0.07 |
| | Psychiatric diagnostic evaluation | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Residential Services | | | Days | 68.7 | 167.59 | 0.86 | 0.13 | 0.09 | 0.10 | 0.12 | 85.2 | 197.16 | 1.40 |
| | Withdrawal Management | | | Days | 8.1 | 357.32 | 0.24 | 0.03 | 0.02 | 0.02 | 0.03 | 9.7 | 418.89 | 0.34 |
| | Subtotal Substance Abuse State Plan | | | | | | \$ 2,83 | \$ 0.36 | \$ 0.26 | \$ 0.28 | \$ (0.02) | | | \$ 5.51 |
| Children's Waiver Program | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Children's Waiver Program | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Vocational Supports | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Habilitative Supports Waiver | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Serious Emotional Disturbances | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | | | |
| | | | | | | | \$ 92,236 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 121.93 |

| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | | | | |
|---|--|-----------------------|---------------------|------------|---|------------------|----------------|--|-----------------|---|-----------------|--|------------------|------------------|
| Region: Statewide | Rate Call/DAB - Unenrolled - F - 19 - 20 | Member Months: 26,550 | Category of Service | Unit Type | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 852.5 | \$ 16.61 | \$ 1.18 | \$ 0.02 | \$ 0.10 | \$ 0.11 | \$ (0.13) | 946.5 | \$ 16.23 | \$ 1.28 |
| | Assessive Community Treatment (ACT) | | | Units | 387.0 | 80.62 | 2.60 | 0.02 | 0.22 | 0.24 | (0.57) | 430.1 | 70.86 | 2.54 |
| | Assessments and Testing | | | Procedures | 69.9 | 284.15 | 1.48 | 0.03 | 0.12 | 0.14 | (0.04) | 77.9 | 266.46 | 1.73 |
| | Case Management / Treatment Planning | | | Units | 2,956.2 | 64.64 | 28.51 | 0.55 | 2.39 | 2.66 | (3.31) | 3,289.0 | 112.37 | 30.80 |
| | Community Living Supports | | | Days | 38.2 | 12,117 | 12.17 | 0.24 | 1.02 | 1.14 | 2.39 | 2,515.4 | 80.91 | 16.96 |
| | Crisis | | | Procedures | 38.2 | 562.60 | 1.79 | 0.03 | 0.15 | 0.17 | (0.15) | 42.5 | 562.54 | 1.99 |
| | Evaluation and Management | | | Procedures | 117.0 | 311.87 | 3.04 | 0.06 | 0.25 | 0.28 | (0.32) | 130.1 | 305.42 | 3.31 |
| | Inpatient | | | Days | 138.4 | 527.88 | 6.09 | 0.12 | 0.51 | 0.57 | - | 154.1 | 567.57 | 7.29 |
| | Medication Administration | | | Procedures | 33.7 | 92.72 | 0.26 | - | 0.02 | 0.02 | (0.03) | 36.2 | 88.40 | 0.27 |
| | Other | | | Procedures | 102.8 | 56.04 | 0.48 | 0.01 | 0.04 | 0.50 | - | 212.0 | 58.31 | 1.03 |
| | Other Therapy | | | Procedures | 170.4 | 206.30 | 2.93 | 0.06 | 0.25 | 0.27 | - | 189.6 | 222.12 | 3.51 |
| | Outpatient Services | | | Procedures | 47.8 | 283.50 | 1.13 | 0.02 | 0.09 | 0.11 | (0.15) | 53.3 | 270.02 | 1.20 |
| | Prevention and Early Intervention | | | Procedures | 5.0 | 313.25 | 0.13 | - | 0.01 | 0.01 | - | 5.4 | 335.82 | 0.15 |
| | Psychiatric diagnostic evaluation | | | Procedures | 44.0 | 433.83 | 1.59 | 0.03 | 0.13 | 0.15 | (0.05) | 49.0 | 453.43 | 1.85 |
| | Psychotherapy | | | Procedures | 164.6 | 204.18 | 2.80 | 0.05 | 0.23 | 0.26 | (0.75) | 182.8 | 170.04 | 2.59 |
| | Residential Services | | | Days | 14.5 | 489.97 | 0.59 | 0.01 | 0.05 | 0.05 | 0.06 | 15.9 | 572.86 | 0.76 |
| | Subtotal Mental Health State Plan | | | | | \$ 66.77 | \$ 1.28 | \$ 5.58 | \$ 6.68 | \$ (3.05) | | 15.9 | \$ 77.26 | |
| Mental Health 1915(i) | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 23,360.1 | \$ 5.04 | \$ 9.82 | \$ 0.67 | \$ 0.86 | \$ 0.96 | \$ 2.74 | 27,237.6 | \$ 6.63 | \$ 15.05 |
| | Community Living Supports | | | Days | 7,059.5 | 117.56 | 69.16 | 4.69 | 6.07 | 6.76 | 18.20 | 8,228.3 | 152.96 | 104.88 |
| | Other | | | Procedures | 920.3 | 130.36 | 3.48 | 0.24 | 0.31 | (0.12) | (0.03) | 331.4 | 140.50 | 3.88 |
| | Skill Building | | | Units | 1,698.1 | 3.74 | 0.53 | 0.04 | 0.03 | 0.05 | 0.18 | 1,987.6 | 5.13 | 0.85 |
| | Vocational Supports | | | Units | 513.5 | 10.52 | 0.45 | 0.03 | 0.04 | 0.04 | 0.19 | 593.3 | 15.17 | 0.75 |
| | Subtotal Mental Health 1915(i) | | | | | \$ 83.44 | \$ 3.67 | \$ 7.33 | \$ 7.69 | \$ 21.28 | | 593.3 | \$ 125.41 | |
| Autism | | | | | | | | | | | | | | |
| | Assessments and Testing | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Autism Services | | | Units | 2,307.6 | 15.55 | 2.99 | 0.41 | 0.28 | 0.31 | 1.12 | 2,863.2 | 21.42 | 5.11 |
| | Subtotal Autism | | | | | \$ 2.99 | \$ 0.41 | \$ 0.28 | \$ 0.31 | \$ 1.12 | | 2,863.2 | \$ 5.11 | |
| Substance Abuse State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 0.5 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | 0.5 | \$ 0.00 | \$ 0.00 |
| | Assessments and Testing | | | Units | - | 240.00 | 0.01 | - | - | - | - | - | 240.00 | 0.01 |
| | Case Management / Treatment Planning | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Crisis | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Evaluation and Management | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Medication Administration | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Medication Assisted Treatment | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Outpatient Services | | | Procedures | 8.5 | 56.67 | 0.04 | 0.01 | - | - | - | 10.6 | 56.66 | 0.05 |
| | Prevention and Early Intervention | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Psychiatric diagnostic evaluation | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Residential Services | | | Days | 32.9 | 189.78 | 0.52 | 0.07 | 0.05 | 0.05 | 0.06 | 40.5 | 222.39 | 0.75 |
| | Withdrawal Management | | | Days | 0.5 | 240.00 | 0.01 | - | - | - | - | 0.5 | 240.00 | 0.01 |
| | Subtotal Substance Abuse State Plan | | | | | \$ 0.56 | \$ 0.08 | \$ 0.05 | \$ 0.05 | \$ 0.06 | | 0.5 | \$ 0.82 | |
| Children's Waiver Program | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Children's Waiver Program | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 | |
| Habilitative Supports Waiver | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Vocational Supports | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Habilitative Supports Waiver | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 | |
| Serious Emotional Disturbances | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Serious Emotional Disturbances | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 | |
| Subtotal Medical Costs | | | | | | | | | | | | | | |
| | | | | | | \$ 153.78 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | \$ 0.00 | \$ 208.60 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | | | | |
|---|--|-----------------------|---------------------|------------|--|------------------|------------------|---|-----------------|--|------------------|---|------------------|------------------|
| Region: Statewide | Rate Call/DAB - Unenrolled - F - 21 - 25 | Member Months: 35,801 | Category of Service | Unit Type | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 2,727.2 | \$ 11.70 | \$ 2.66 | \$ 0.05 | \$ 0.22 | \$ 0.25 | \$ (0.90) | 3,034.7 | \$ 9.02 | \$ 2.28 |
| | Assessive Community Treatment (ACT) | | | Units | 812.2 | 85.10 | 5.76 | 0.11 | 0.48 | 0.54 | (1.66) | 903.8 | 69.44 | 5.23 |
| | Assessments and Testing | | | Procedures | 179.3 | 324.02 | 4.84 | 0.09 | 0.41 | 0.45 | (0.28) | 199.3 | 331.84 | 5.51 |
| | Case Management / Treatment Planning | | | Units | 6,094.3 | 115.72 | 58.77 | 1.14 | 4.92 | 3.56 | 7.50 | 7,412.6 | 107.76 | 60.89 |
| | Community Living Supports | | | Days | 6,662.5 | 68.79 | 38.19 | 0.74 | 3.20 | 3.66 | (0.46) | 7,531.9 | 86.11 | 53.19 |
| | Crisis | | | Procedures | 91.6 | 450.85 | 3.44 | 0.07 | 0.29 | 0.32 | (0.46) | 101.9 | 430.84 | 3.66 |
| | Evaluation and Management | | | Procedures | 298.3 | 306.97 | 7.63 | 0.15 | 0.64 | 0.71 | (1.23) | 331.9 | 285.64 | 7.90 |
| | Inpatient | | | Days | 1,119.8 | 637.01 | 6.36 | 0.12 | 0.53 | 0.59 | - | 1,332.2 | 684.74 | 7.60 |
| | Medication Administration | | | Procedures | 66.2 | 108.73 | 0.60 | 0.01 | 0.05 | 0.06 | (0.20) | 74.0 | 84.38 | 0.52 |
| | Other | | | Procedures | 31.21 | 31.21 | 0.99 | 0.02 | 0.08 | 0.56 | - | 32.81 | 32.81 | 1.65 |
| | Other Therapy | | | Procedures | 159.3 | 158.97 | 2.11 | 0.04 | 0.18 | 0.20 | - | 177.4 | 171.14 | 2.53 |
| | Outpatient Services | | | Procedures | 24.1 | 249.27 | 0.50 | 0.01 | 0.04 | 0.05 | (0.19) | 27.0 | 182.49 | 0.41 |
| | Prevention and Early Intervention | | | Procedures | 4.0 | 287.99 | 0.09 | - | 0.01 | 0.01 | - | 4.5 | 294.64 | 0.11 |
| | Psychiatric diagnostic evaluation | | | Procedures | 84.2 | 417.73 | 2.93 | 0.06 | 0.25 | 0.27 | (0.15) | 93.7 | 430.54 | 3.36 |
| | Psychotherapy | | | Procedures | 418.9 | 186.22 | 6.50 | 0.13 | 0.54 | 0.61 | (1.39) | 466.6 | 164.35 | 6.39 |
| | Residential Services | | | Days | 15.9 | 385.88 | 0.51 | 0.01 | 0.04 | 0.05 | 0.06 | 17.7 | 453.47 | 0.67 |
| | Subtotal Mental Health State Plan | | | | | | \$ 141.88 | \$ 2.75 | \$ 11.88 | \$ 13.71 | \$ (6.32) | | | \$ 161.90 |
| Mental Health 1915(i) | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 33,180.9 | \$ 5.28 | \$ 14.59 | \$ 0.99 | \$ 1.28 | \$ 1.43 | \$ 3.88 | 38,684.5 | \$ 6.88 | \$ 22.17 |
| | Community Living Supports | | | Days | 18,000.2 | 124.32 | 186.48 | 12.85 | 16.37 | 18.22 | 51.14 | 20,970.9 | 162.93 | 284.86 |
| | Other | | | Procedures | 659.0 | 95.92 | 4.46 | 0.30 | 0.39 | (0.04) | (0.01) | 590.5 | 103.64 | 5.10 |
| | Skill Building | | | Units | 22,993.3 | 4.55 | 8.71 | 0.76 | 0.76 | 0.85 | 2.78 | 26,797.0 | 6.13 | 13.69 |
| | Vocational Supports | | | Units | 4,397.2 | 11.95 | 4.36 | 0.30 | 0.36 | 0.43 | 2.10 | 5,130.0 | 17.75 | 7.59 |
| | Subtotal Mental Health 1915(i) | | | | | | \$ 218.62 | \$ 14.83 | \$ 19.18 | \$ 20.89 | \$ 98.89 | | | \$ 333.41 |
| Autism | | | | | | | | | | | | | | |
| | Assessments and Testing | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Autism Services | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Autism | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 23.0 | \$ 10.42 | \$ 0.02 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.01 | 23.0 | \$ 15.63 | \$ 0.03 |
| | Assessments and Testing | | | Units | 4.7 | 101.91 | 0.04 | 0.01 | - | - | - | 5.9 | 101.87 | 0.05 |
| | Case Management / Treatment Planning | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Crisis | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Evaluation and Management | | | Procedures | 1.3 | 91.60 | 0.01 | - | - | - | - | 1.3 | 91.60 | 0.01 |
| | Medication Administration | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Medication Assisted Treatment | | | Procedures | 105.5 | 20.48 | 0.18 | 0.03 | 0.02 | 0.02 | 0.01 | 134.8 | 23.15 | 0.26 |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Outpatient Services | | | Procedures | 33.0 | 87.35 | 0.24 | 0.03 | 0.02 | 0.03 | - | 41.2 | 93.18 | 0.32 |
| | Prevention and Early Intervention | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Psychiatric diagnostic evaluation | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Residential Services | | | Days | 32.9 | 175.13 | 0.48 | 0.07 | 0.04 | 0.05 | 0.06 | 41.1 | 204.33 | 0.70 |
| | Withdrawal Management | | | Days | 0.8 | 303.80 | 0.02 | - | - | - | - | 0.8 | 303.80 | 0.02 |
| | Subtotal Substance Abuse State Plan | | | | | | \$ 0.99 | \$ 0.14 | \$ 0.08 | \$ 0.10 | \$ 0.08 | | | \$ 1.39 |
| Children's Waiver Program | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Children's Waiver Program | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Vocational Supports | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Habilitative Supports Waiver | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Serious Emotional Disturbances | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | | | |
| | | | | | | | \$ 361.49 | | | | | | | \$ 496.70 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | | | | |
|---|--|------------------------|---------------------|-------------------|--|------------------|------------------|---|-----------------|--|-------------------|---|------------------|------------------|
| Region: Statewide | Rate Call/DAB - Unenrolled - F - 26 - 39 | Member Months: 115,340 | Category of Service | Unit Type | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 10,053.7 | \$ 10.38 | \$ 8.70 | \$ 0.17 | \$ 0.73 | \$ 0.81 | \$ (1.68) | 11,192.9 | \$ 9.36 | \$ 8.73 |
| | Assessments and Testing | | | Units | 1,755.1 | 96.82 | 14.16 | 0.27 | 1.19 | 1.32 | (3.16) | 1,952.1 | 84.71 | 13.78 |
| | Case Management / Treatment Planning | | | Units | 241.4 | 245.62 | 4.94 | 0.10 | 0.41 | 0.46 | (0.22) | 288.7 | 254.10 | 5.69 |
| | Community Living Supports | | | Days | 9,265.4 | 110.58 | 85.38 | 1.65 | 7.15 | 7.96 | (13.18) | 10,308.3 | 103.56 | 88.96 |
| | Crisis | | | Units | 10,129.1 | 70.40 | 59.42 | 1.15 | 4.98 | 5.54 | (11.66) | 11,269.5 | 88.11 | 82.75 |
| | Evaluation and Management | | | Procedures | 118.2 | 515.56 | 5.08 | 0.10 | 0.43 | 0.47 | (0.77) | 131.5 | 484.53 | 5.31 |
| | Inpatient | | | Procedures | 495.5 | 298.11 | 12.31 | 0.24 | 1.03 | 1.15 | (1.98) | 551.5 | 277.44 | 12.75 |
| | Medication Administration | | | Days | 395.1 | 232.79 | 23.79 | 0.46 | 1.99 | 2.22 | (4.36) | 439.6 | 776.84 | 28.46 |
| | Other | | | Procedures | 197.6 | 109.31 | 1.80 | 0.15 | 0.75 | 0.78 | (0.45) | 219.6 | 92.91 | 1.70 |
| | Outpatient Services | | | Procedures | 969.3 | 47.29 | 3.82 | 0.07 | 0.32 | 0.32 | (0.02) | 1,184.9 | 50.74 | 5.01 |
| | Prevention and Early Intervention | | | Procedures | 55.7 | 230.60 | 2.04 | 0.04 | 0.17 | 0.19 | (0.67) | 100.6 | 291.11 | 2.44 |
| | Psychiatric diagnostic evaluation | | | Procedures | 11.8 | 223.35 | 1.07 | 0.02 | 0.09 | 0.10 | (0.17) | 61.9 | 118.22 | 0.61 |
| | Psychotherapy | | | Procedures | 101.9 | 422.60 | 3.59 | 0.07 | 0.34 | 0.34 | (0.17) | 113.6 | 436.34 | 4.13 |
| | Residential Services | | | Procedures | 589.1 | 186.81 | 9.17 | 0.18 | 0.77 | 0.85 | (2.64) | 655.2 | 152.56 | 8.33 |
| | Subtotal Mental Health State Plan | | | Days | 95.3 | 403.11 | \$ 238.69 | \$ 4.61 | \$ 20.00 | \$ 22.68 | \$ (12.89) | 106.0 | 473.30 | \$ 273.09 |
| Mental Health 1915(i) | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 29,318.6 | \$ 5.38 | \$ 13.14 | \$ 0.89 | \$ 1.15 | \$ 1.28 | \$ 3.46 | 34,160.4 | \$ 7.00 | \$ 19.92 |
| | Community Living Supports | | | Days | 28,302.9 | 114.59 | 270.27 | 18.34 | 23.72 | 26.41 | 73.10 | 32,989.2 | 149.81 | 411.84 |
| | Other | | | Procedures | 613.5 | 96.23 | 4.82 | 0.33 | 0.43 | 0.06 | (0.01) | 682.2 | 103.84 | 5.73 |
| | Skill Building | | | Units | 97,895.2 | 4.16 | 34.14 | 2.32 | 3.00 | 3.34 | 0.91 | 114,241.6 | 5.64 | 53.71 |
| | Subtotal Mental Health 1915(i) | | | Units | 19,910.3 | 7.40 | \$ 334.74 | \$ 22.71 | \$ 29.38 | \$ 32.29 | \$ 92.92 | 23,204.5 | 10.76 | \$ 512.04 |
| Autism | | | | | | | | | | | | | | |
| | Assessments and Testing | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Autism Services | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Autism | | | Units | - | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | - | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 250.7 | \$ 14.36 | \$ 0.30 | \$ 0.04 | \$ 0.03 | \$ 0.03 | \$ (0.01) | 309.2 | \$ 15.14 | \$ 0.39 |
| | Assessments and Testing | | | Units | 23.1 | 77.79 | 0.15 | 0.02 | 0.01 | 0.02 | (0.01) | 29.3 | 77.79 | 0.19 |
| | Case Management / Treatment Planning | | | Procedures | 1.5 | 82.19 | 0.01 | - | - | - | - | 1.5 | 82.19 | 0.01 |
| | Crisis | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Evaluation and Management | | | Procedures | 9.7 | 135.52 | 0.11 | 0.01 | 0.01 | 0.01 | (0.04) | 11.5 | 104.26 | 0.10 |
| | Medication Administration | | | Procedures | 23.6 | 15.27 | 0.03 | - | - | - | - | 23.6 | 15.27 | 0.03 |
| | Medication Assisted Treatment | | | Procedures | 79.8 | 19.56 | 0.13 | 0.02 | 0.01 | 0.01 | 0.03 | 98.2 | 24.45 | 0.20 |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Outpatient Services | | | Procedures | 97.0 | 96.53 | 0.78 | 0.11 | 0.07 | 0.08 | (0.05) | 120.6 | 98.52 | 0.99 |
| | Prevention and Early Intervention | | | Procedures | 10.9 | 88.32 | 0.08 | 0.01 | 0.01 | 0.01 | (0.01) | 13.6 | 88.30 | 0.10 |
| | Psychiatric diagnostic evaluation | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Residential Services | | | Days | 188.7 | 176.19 | 2.77 | 0.38 | 0.26 | 0.29 | 0.33 | 234.3 | 206.41 | 4.03 |
| | Withdrawal Management | | | Days | 11.6 | 331.32 | 0.32 | 0.04 | 0.03 | 0.03 | 0.04 | 14.1 | 390.66 | 0.46 |
| | Subtotal Substance Abuse State Plan | | | Days | 11.6 | 331.32 | \$ 4.86 | \$ 0.83 | \$ 0.43 | \$ 0.46 | \$ 0.28 | 14.1 | 390.66 | \$ 6.50 |
| Children's Waiver Program | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Children's Waiver Program | | | Procedures | - | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | - | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Habilitative Supports Waiver | | | Units | - | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | - | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Serious Emotional Disturbances | | | Procedures | - | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | - | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | | | |
| | | | | | | | \$ 578.11 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 791.63 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | | | | |
|---|--|------------------------|---------------------|------------|---|---------------------|-----------|--|--------------------|---|--------------------|--|---------------------|-----------|
| Region: Statewide | Rate Call/DAB - Unenrolled - F - 40 - 49 | Member Months: 134,330 | Category of Service | Unit Type | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 9,236.2 | \$ 13.37 | \$ 10.29 | \$ 0.20 | \$ 0.86 | \$ 0.96 | \$ (2.28) | 10,277.4 | \$ 11.71 | \$ 10.03 |
| | Assessments and Testing (ACT) | | | Units | 1,326.7 | 101.22 | 11.19 | 0.22 | 0.94 | 1.04 | (2.85) | 1,476.0 | 86.69 | 10.54 |
| | Case Management / Treatment Planning | | | Units | 191.0 | 233.08 | 3.71 | 0.07 | 0.31 | 0.35 | (0.19) | 212.6 | 239.85 | 4.25 |
| | Crisis | | | Days | 6,444.4 | 70.00 | 59.93 | 1.16 | 5.02 | 5.59 | (11.18) | 7,170.6 | 101.23 | 60.49 |
| | Evaluation and Management | | | Procedures | 84.2 | 518.76 | 3.64 | 0.07 | 0.34 | 0.37 | (0.49) | 11,431.6 | 87.61 | 83.46 |
| | Inpatient | | | Procedures | 493.2 | 293.42 | 12.06 | 0.23 | 1.01 | 1.13 | (1.75) | 93.7 | 495.73 | 3.87 |
| | Medication Administration | | | Days | 289.4 | 720.79 | 17.38 | 1.46 | 0.34 | 1.62 | (0.38) | 548.8 | 277.24 | 12.68 |
| | Other | | | Procedures | 186.8 | 113.69 | 1.77 | 0.03 | 0.15 | 0.17 | (0.38) | 322.0 | 775.20 | 20.80 |
| | Outpatient Services | | | Procedures | 601.7 | 59.24 | 2.97 | 0.06 | 0.30 | 0.39 | 0.01 | 692.8 | 100.42 | 1.74 |
| | Prevention and Early Intervention | | | Procedures | 39.9 | 333.50 | 1.11 | 0.02 | 0.09 | 0.10 | - | 44.3 | 357.89 | 3.68 |
| | Psychiatric diagnostic evaluation | | | Procedures | 33.1 | 290.38 | 0.80 | 0.02 | 0.07 | 0.07 | (0.28) | 36.8 | 221.86 | 0.68 |
| | Psychology | | | Procedures | 78.8 | 419.05 | 2.75 | 0.05 | 0.23 | 0.26 | (0.16) | 87.6 | 428.62 | 3.13 |
| | Residential Services | | | Procedures | 536.5 | 195.03 | 8.72 | 0.17 | 0.73 | 0.81 | (2.58) | 596.8 | 157.84 | 7.85 |
| | Subtotal Mental Health State Plan | | | Days | 39.4 | 423.46 | 1.39 | 0.03 | 0.12 | 0.13 | 0.15 | 43.9 | 497.27 | 1.82 |
| | | | | | | | \$ 197.61 | \$ 3.83 | \$ 16.57 | \$ 18.55 | \$ (10.22) | | | \$ 226.34 |
| Mental Health 1915(i) | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 7,031.1 | \$ 5.34 | \$ 3.13 | \$ 0.21 | \$ 0.27 | \$ 0.31 | \$ 0.79 | 8,199.2 | \$ 6.89 | \$ 4.71 |
| | Community Living Supports | | | Days | 18,583.2 | 109.29 | 169.24 | 11.48 | 14.96 | 16.54 | 41.76 | 21,659.9 | 140.65 | 263.88 |
| | Other | | | Procedures | 184.6 | 103.34 | 1.59 | 0.11 | 0.14 | 0.04 | - | 202.1 | 111.66 | 1.88 |
| | Skill Building | | | Units | 55,130.1 | 3.90 | 17.83 | 1.22 | 1.57 | 1.79 | 6.14 | 64,385.1 | 5.34 | 28.63 |
| | Vocational Supports | | | Units | 10,364.3 | 6.17 | 7.06 | 0.46 | 0.62 | 0.69 | 2.86 | 12,061.9 | 11.65 | 11.73 |
| | Subtotal Mental Health 1915(i) | | | | | | \$ 198.95 | \$ 13.50 | \$ 17.46 | \$ 19.37 | \$ 51.57 | | | \$ 300.85 |
| Autism | | | | | | | | | | | | | | |
| | Assessments and Testing | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Autism Services | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Autism | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 253.1 | \$ 13.75 | \$ 0.29 | \$ 0.04 | \$ 0.03 | \$ 0.03 | \$ (0.04) | 314.2 | \$ 13.37 | \$ 0.35 |
| | Assessments and Testing | | | Units | 25.6 | 70.45 | 0.15 | 0.02 | 0.01 | 0.02 | (0.01) | 32.4 | 70.46 | 0.19 |
| | Case Management / Treatment Planning | | | Units | 1.7 | 213.02 | 0.03 | - | - | - | (0.01) | 1.7 | 142.01 | 0.02 |
| | Crisis | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Evaluation and Management | | | Procedures | 6.7 | 90.23 | 0.05 | 0.01 | - | 0.01 | (0.01) | 9.3 | 77.34 | 0.06 |
| | Medication Administration | | | Procedures | 3.4 | 71.43 | 0.02 | - | - | 0.04 | 0.02 | 3.4 | 71.43 | 0.02 |
| | Medication Assisted Treatment | | | Procedures | 134.0 | 30.45 | 0.34 | 0.05 | 0.03 | 0.04 | 0.02 | 169.5 | 33.99 | 0.48 |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Outpatient Services | | | Procedures | 107.3 | 99.57 | 0.89 | 0.12 | 0.08 | 0.09 | (0.14) | 132.6 | 94.14 | 1.04 |
| | Prevention and Early Intervention | | | Procedures | 2.8 | 84.81 | 0.02 | - | - | - | - | 2.8 | 84.81 | 0.02 |
| | Psychiatric diagnostic evaluation | | | Procedures | 0.5 | 174.00 | 2.61 | 0.36 | 0.24 | 0.27 | 0.31 | 223.5 | 203.54 | 3.79 |
| | Residential Services | | | Days | 180.0 | - | - | 0.06 | 0.04 | 0.05 | 0.05 | 19.7 | 384.34 | 0.63 |
| | Withdrawal Management | | | Days | 15.7 | 329.50 | 0.43 | 0.06 | 0.04 | 0.05 | 0.17 | 19.7 | 384.34 | 0.63 |
| | Subtotal Substance Abuse State Plan | | | | | | \$ 4.83 | \$ 0.86 | \$ 0.43 | \$ 0.51 | \$ 0.17 | | | \$ 6.60 |
| Children's Waiver Program | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other Therapy | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Children's Waiver Program | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Vocational Supports | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Habilitative Supports Waiver | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other Therapy | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Serious Emotional Disturbances | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | | | |
| | | | | | | | \$ 401.39 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 533.79 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | | | |
|---|------------------------|---|------------|--|------------------|------------------|---|-----------------|--|------------------|---|------------------|------------------|
| Region: Statewide | Member Months: 433,294 | Category of Service | Unit Type | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | |
| | | Additional Support Services | Units | 8,620.4 | \$ 11.33 | \$ 8.14 | \$ 0.16 | \$ 0.68 | \$ 0.76 | \$ (1.93) | 9,584.7 | \$ 9.77 | \$ 7.81 |
| | | Assessments and Testing (ACT) | Units | 1,187.7 | 91.64 | 9.07 | 0.18 | 0.76 | 0.85 | (2.07) | 1,322.5 | 79.76 | 8.79 |
| | | Case Management / Treatment Planning | Units | 4,431.3 | 109.03 | 40.26 | 0.78 | 3.37 | 4.87 | (7.49) | 4,931.0 | 98.00 | 40.68 |
| | | Crisis | Units | 8,716.5 | 71.81 | 52.16 | 1.01 | 4.37 | 3.76 | 10.24 | 9,699.1 | 88.88 | 72.65 |
| | | Evaluation and Management | Procedures | 41.4 | 490.21 | 1.69 | 0.03 | 0.14 | 0.16 | (0.97) | 46.0 | 471.97 | 1.81 |
| | | Inpatient | Days | 342.2 | 279.52 | 7.87 | 0.15 | 0.67 | 0.74 | (0.97) | 380.4 | 270.05 | 8.56 |
| | | Medication Administration | Procedures | 179.7 | 707.93 | 10.60 | 0.89 | 0.99 | 0.99 | - | 199.9 | 761.37 | 12.68 |
| | | Other | Procedures | 121.0 | 109.07 | 1.10 | 0.02 | 0.09 | 0.10 | (0.23) | 134.2 | 96.56 | 1.08 |
| | | Outpatient Services | Procedures | 279.5 | 111.62 | 2.60 | 0.22 | 0.26 | 0.26 | - | 312.9 | 120.06 | 3.13 |
| | | Prevention and Early Intervention | Procedures | 16.3 | 647.85 | 0.88 | 0.05 | 0.07 | 0.08 | - | 18.2 | 694.21 | 1.05 |
| | | Psychiatric diagnostic evaluation | Procedures | 21.3 | 320.52 | 0.57 | 0.01 | 0.05 | 0.05 | (0.16) | 23.6 | 264.52 | 0.52 |
| | | Psychology | Procedures | 49.0 | 401.88 | 1.64 | 0.03 | 0.14 | 0.15 | (0.06) | 54.3 | 419.58 | 1.90 |
| | | Residential Services | Procedures | 345.2 | 197.11 | 5.67 | 0.11 | 0.47 | 0.53 | (1.79) | 384.2 | 155.88 | 4.99 |
| | | Subtotal Mental Health State Plan | Days | 18.4 | 416.94 | 0.64 | 0.01 | 0.05 | 0.06 | \$ (4.74) | 20.4 | 487.52 | 0.83 |
| | | | | | | \$ 145.63 | \$ 2.81 | \$ 12.19 | \$ 13.61 | \$ (4.74) | | | \$ 168.50 |
| Mental Health 1915(f) | | | | | | | | | | | | | |
| | | Additional Support Services | Units | 1,437.0 | \$ 4.84 | \$ 0.58 | \$ 0.04 | \$ 0.05 | \$ 0.06 | \$ 0.16 | 1,684.7 | \$ 6.34 | \$ 0.89 |
| | | Community Living Supports | Days | 13,077.8 | 110.62 | 120.56 | 8.18 | 10.58 | 11.78 | 28.32 | 15,243.0 | 141.25 | 179.42 |
| | | Other | Procedures | 74.9 | 97.70 | 0.81 | 0.04 | 0.95 | 0.04 | 0.04 | 84.8 | 104.76 | 0.74 |
| | | Skill Building | Units | 24,708.0 | 4.15 | 8.55 | 0.18 | 0.75 | 0.93 | 2.43 | 29,071.7 | 5.47 | 13.24 |
| | | Vocational Supports | Units | 3,947.2 | 6.09 | 2.66 | 0.16 | 0.23 | 0.26 | 0.95 | 4,600.1 | 11.16 | 4.29 |
| | | Subtotal Mental Health 1915(f) | | | | \$ 132.96 | \$ 9.02 | \$ 11.66 | \$ 13.07 | \$ 31.86 | | | \$ 198.57 |
| Autism | | | | | | | | | | | | | |
| | | Assessments and Testing | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | Autism Services | Units | - | - | - | - | - | - | - | - | - | - |
| | | Subtotal Autism | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | | | | |
| | | Additional Support Services | Units | 124.9 | \$ 16.33 | \$ 0.17 | \$ 0.02 | \$ 0.02 | \$ 0.02 | \$ (0.03) | 154.3 | \$ 15.56 | \$ 0.20 |
| | | Assessments and Testing | Units | 9.4 | 88.98 | 0.07 | 0.01 | 0.01 | 0.01 | (0.01) | 12.1 | 98.85 | 0.10 |
| | | Case Management / Treatment Planning | Procedures | 0.7 | 369.23 | 0.02 | - | - | - | - | 0.7 | 184.62 | 0.01 |
| | | Crisis | Procedures | 2.9 | 83.62 | 0.02 | - | - | - | - | 2.9 | 83.62 | 0.02 |
| | | Evaluation and Management | Procedures | 7.3 | 32.88 | 0.02 | - | - | - | - | 7.3 | 32.88 | 0.02 |
| | | Medication Administration | Procedures | 104.5 | 24.13 | 0.21 | 0.03 | 0.02 | 0.02 | 0.02 | 129.3 | 27.84 | 0.30 |
| | | Medication Assisted Treatment | Other | - | - | - | - | - | - | - | - | - | - |
| | | Other | Procedures | 50.1 | 86.31 | 0.36 | 0.05 | 0.03 | 0.04 | (0.12) | 62.6 | 69.05 | 0.36 |
| | | Outpatient Services | Procedures | 4.8 | 100.84 | 0.04 | 0.01 | - | - | - | 6.0 | 100.84 | 0.05 |
| | | Prevention and Early Intervention | Procedures | 0.5 | - | - | - | - | - | - | 0.5 | - | - |
| | | Psychiatric diagnostic evaluation | Days | 110.3 | 175.19 | 1.61 | 0.22 | 0.15 | 0.17 | 0.19 | 137.0 | 204.98 | 2.34 |
| | | Residential Services | Days | 8.9 | 323.23 | 0.24 | 0.03 | 0.02 | 0.03 | 0.03 | 11.1 | 377.02 | 0.35 |
| | | Withdrawal Management | Days | - | - | - | - | - | - | - | - | - | - |
| | | Subtotal Substance Abuse State Plan | | | | \$ 2.76 | \$ 0.37 | \$ 0.25 | \$ 0.29 | \$ 0.08 | | | \$ 8.75 |
| Children's Waiver Program | | | | | | | | | | | | | |
| | | Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | | Community Living Supports | Days | - | - | - | - | - | - | - | - | - | - |
| | | Other | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | Subtotal Children's Waiver Program | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | | |
| | | Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | | Community Living Supports | Days | - | - | - | - | - | - | - | - | - | - |
| | | Other | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | Skill Building | Units | - | - | - | - | - | - | - | - | - | - |
| | | Vocational Supports | Units | - | - | - | - | - | - | - | - | - | - |
| | | Subtotal Habilitative Supports Waiver | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | | |
| | | Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | | Case Management / Treatment Planning | Units | - | - | - | - | - | - | - | - | - | - |
| | | Community Living Supports | Days | - | - | - | - | - | - | - | - | - | - |
| | | Other | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | Subtotal Serious Emotional Disturbances | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | | |
| | | | | | | \$ 281.35 | | | | | | | \$ 371.82 |

| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | | | | |
|---|--|-----------------------|---------------------|------------|--|------------------|------------------|---|-----------------|--|-------------------|---|------------------|------------------|
| Region: Statewide | Rate Call: DAB - Unenrolled - F - 6 - 18 | Member Months: 61,325 | Category of Service | Unit Type | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 4,385.8 | \$ 75.95 | \$ 27.76 | \$ 0.54 | \$ 2.33 | \$ 2.59 | \$ (6.43) | 4,880.3 | \$ 65.87 | \$ 26.79 |
| | Assessive Community Treatment (ACT) | | | Units | 5.2 | 139.00 | 0.06 | - | 0.01 | 0.01 | (0.01) | 6.0 | 139.07 | 0.07 |
| | Assessments and Testing | | | Procedures | 137.5 | 247.89 | 2.84 | 0.05 | 0.24 | 0.27 | (0.08) | 153.0 | 260.44 | 3.32 |
| | Case Management / Treatment Planning | | | Units | 3,275.1 | 118.50 | 32.34 | 0.62 | 2.71 | 40.17 | (10.48) | 7,405.9 | 105.91 | 65.36 |
| | Community Living Supports | | | Days | 109.2 | 69.22 | 0.63 | 0.01 | 0.05 | 0.06 | 0.12 | 121.3 | 86.04 | 0.87 |
| | Crisis | | | Procedures | 132.8 | 837.59 | 9.27 | 0.18 | 0.78 | 0.86 | (3.93) | 147.7 | 581.68 | 7.16 |
| | Evaluation and Management | | | Procedures | 259.4 | 296.51 | 6.41 | 0.54 | 2.00 | 0.60 | (0.92) | 288.6 | 280.70 | 6.75 |
| | Inpatient | | | Days | 392.2 | 597.57 | 19.53 | 0.38 | 1.64 | 1.82 | (0.01) | 436.4 | 642.67 | 23.37 |
| | Medication Administration | | | Procedures | 4.8 | 74.53 | 0.03 | - | - | - | (0.01) | 4.8 | 49.69 | 0.02 |
| | Other | | | Procedures | 34.8 | 110.41 | 0.32 | 0.01 | 0.03 | 3.03 | - | 365.2 | 111.39 | 3.39 |
| | Outpatient Services | | | Procedures | 159.7 | 191.63 | 2.55 | 0.05 | 0.21 | 0.24 | - | 177.8 | 205.80 | 3.05 |
| | Prevention and Early Intervention | | | Procedures | 53.0 | 274.12 | 1.21 | 0.02 | 0.10 | 0.11 | (0.13) | 58.7 | 267.98 | 1.31 |
| | Psychiatric diagnostic evaluation | | | Procedures | 107.8 | 425.43 | 3.82 | 0.07 | 0.32 | 0.36 | (0.43) | 119.9 | 414.41 | 4.14 |
| | Psychotherapy | | | Procedures | 565.5 | 199.06 | 9.38 | 0.18 | 0.79 | 0.88 | (3.67) | 629.4 | 144.15 | 7.56 |
| | Residential Services | | | Days | 36.3 | 453.27 | 1.37 | 0.03 | 0.11 | - | 0.15 | 40.5 | 530.24 | 1.79 |
| | Subtotal Mental Health State Plan | | | | | | \$ 117.52 | \$ 2.26 | \$ 9.86 | \$ 51.13 | \$ (25.82) | | | \$ 154.95 |
| Mental Health 1915(i) | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 16,392.9 | \$ 4.74 | \$ 6.47 | \$ 0.44 | \$ 0.57 | \$ 0.63 | \$ 1.60 | 19,104.0 | \$ 6.10 | \$ 9.71 |
| | Community Living Supports | | | Days | 1,953.5 | 118.44 | 19.33 | 1.31 | 1.70 | 1.89 | (6.20) | 2,282.7 | 159.97 | 30.43 |
| | Other | | | Procedures | 229.6 | 122.82 | 2.26 | 0.15 | 0.20 | (1.38) | (0.13) | 100.6 | 131.28 | 1.10 |
| | Skill Building | | | Units | 48.4 | 14.69 | 0.06 | - | 0.01 | 0.01 | 0.02 | 56.4 | 21.27 | 0.10 |
| | Vocational Supports | | | Units | 20.9 | 28.76 | 0.05 | - | - | - | 0.03 | 20.9 | 46.02 | 0.06 |
| | Subtotal Mental Health 1915(i) | | | | | | \$ 28.17 | \$ 1.90 | \$ 2.48 | \$ 1.15 | \$ 7.72 | | | \$ 41.42 |
| Autism | | | | | | | | | | | | | | |
| | Assessments and Testing | | | Procedures | 0.2 | 2,117.65 | 0.03 | - | - | - | - | 0.2 | 2,117.65 | 0.03 |
| | Autism Services | | | Units | 12,985.0 | 17.89 | 19.36 | 2.68 | 1.81 | 2.02 | 3.41 | 16,137.3 | 21.77 | 28.28 |
| | Subtotal Autism | | | | | | \$ 19.39 | \$ 2.68 | \$ 1.81 | \$ 2.02 | \$ 3.41 | | | \$ 29.31 |
| Substance Abuse State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 34.6 | \$ 10.40 | \$ 0.03 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | 34.6 | \$ 10.40 | \$ 0.03 |
| | Assessments and Testing | | | Procedures | 1.6 | 154.84 | 0.02 | - | - | - | - | 1.6 | 154.84 | 0.02 |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Crisis | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Evaluation and Management | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Medication Administration | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Medication Assisted Treatment | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Outpatient Services | | | Procedures | 12.9 | 55.73 | 0.06 | 0.01 | - | 0.01 | - | 17.2 | 62.68 | 0.09 |
| | Prevention and Early Intervention | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Psychiatric diagnostic evaluation | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Residential Services | | | Days | 52.8 | 193.26 | 0.85 | 0.12 | 0.08 | 0.09 | 0.10 | 65.8 | 226.07 | 1.24 |
| | Withdrawal Management | | | Days | 0.5 | 692.31 | 0.03 | - | - | - | - | 0.5 | 692.31 | 0.03 |
| | Subtotal Substance Abuse State Plan | | | | | | \$ 0.99 | \$ 0.13 | \$ 0.09 | \$ 0.10 | \$ 0.10 | | | \$ 1.41 |
| Children's Waiver Program | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Children's Waiver Program | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Vocational Supports | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Habilitative Supports Waiver | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Serious Emotional Disturbances | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | | | |
| | | | | | | | \$ 166.07 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 227.09 |

| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | | | | |
|---|---|--------------------------|---------------------|-----------|--|------------------|-----------|---|-----------------|--|-----------------|---|------------------|-----------|
| Region: Statewide | Rate Call: DAB - Unenrolled - F - 65+ | Member Months: 1,005,099 | Category of Service | Unit Type | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 1,938.9 | \$ 12.07 | \$ 1.95 | \$ 0.04 | \$ 0.16 | \$ 0.18 | \$ (0.41) | 2,157.6 | \$ 10.68 | \$ 1.92 |
| | Assessments and Testing | | | Units | 274.4 | 85.72 | 1.96 | 0.04 | 0.16 | 0.18 | (0.28) | 305.2 | 81.00 | 2.06 |
| | Case Management / Treatment Planning | | | Units | 48.4 | 215.57 | 0.87 | 0.02 | 0.07 | 0.08 | (0.04) | 54.0 | 222.22 | 1.00 |
| | Crisis | | | Units | 1,395.9 | 109.44 | 12.64 | 0.24 | 1.06 | 1.18 | (2.34) | 1,541.6 | 98.48 | 12.78 |
| | Evaluation and Management | | | Units | 3,839.4 | 70.04 | 22.41 | 0.43 | 1.88 | 2.09 | 4.40 | 4,271.2 | 87.69 | 31.21 |
| | Inpatient | | | Units | 7.5 | 640.85 | 0.40 | 0.01 | 0.04 | 0.04 | (0.04) | 8.4 | 626.33 | 0.44 |
| | Outpatient Services | | | Units | 90.9 | 270.51 | 2.05 | 0.04 | 0.17 | 0.19 | (0.25) | 101.1 | 261.02 | 2.20 |
| | Other | | | Units | 58.5 | 576.41 | 2.81 | 0.05 | 0.24 | 0.26 | (0.05) | 65.0 | 620.79 | 3.36 |
| | Psychiatric diagnostic evaluation | | | Units | 25.9 | 102.13 | 0.22 | - | 0.02 | 0.02 | (0.05) | 28.2 | 88.36 | 0.21 |
| | Residential Services | | | Units | 95.0 | 106.09 | 0.84 | 0.02 | 0.03 | 0.08 | - | 106.3 | 114.00 | 1.01 |
| | Subtotal Mental Health State Plan | | | Units | 10.9 | 463.66 | 0.42 | 0.01 | 0.07 | 0.04 | - | 12.2 | 493.42 | 0.50 |
| | Assessments and Testing | | | Units | 0.8 | 160.00 | 0.01 | - | - | - | - | 0.8 | 160.00 | 0.01 |
| | Case Management / Treatment Planning | | | Units | 10.0 | 420.42 | 0.35 | 0.01 | 0.03 | 0.03 | (0.01) | 11.1 | 442.05 | 0.41 |
| | Crisis | | | Units | 70.7 | 191.82 | 1.13 | 0.02 | 0.09 | 0.11 | (0.31) | 78.8 | 158.34 | 1.04 |
| | Evaluation and Management | | | Units | 2.4 | 406.78 | 0.08 | - | 0.01 | 0.01 | 0.01 | 2.7 | 496.24 | 0.11 |
| | Subtotal Mental Health 1915(i) | | | Units | | | \$ 48.14 | \$ 0.93 | \$ 4.02 | \$ 4.49 | \$ 0.68 | | | \$ 58.26 |
| Mental Health 1915(i) | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 372.4 | \$ 4.83 | \$ 0.15 | \$ 0.01 | \$ 0.01 | \$ 0.01 | \$ 0.04 | 422.1 | \$ 6.26 | \$ 0.22 |
| | Community Living Supports | | | Units | 4,343.4 | 124.80 | 45.17 | 3.06 | 3.97 | 4.41 | 9.74 | 5,061.6 | 157.30 | 66.35 |
| | Other | | | Units | 19.6 | 91.88 | 0.15 | 0.01 | 0.01 | 0.01 | - | 22.2 | 97.30 | 0.18 |
| | Skill Building | | | Units | 5,108.8 | 3.62 | 1.54 | 0.10 | 0.14 | 0.15 | 0.48 | 5,939.3 | 4.87 | 2.41 |
| | Subtotal Mental Health 1915(ii) | | | Units | 2,953.9 | 6.11 | \$ 47.21 | \$ 3.19 | \$ 4.15 | \$ 4.60 | \$ 10.35 | 3,403.3 | 11.99 | \$ 69.50 |
| Autism | | | | | | | | | | | | | | |
| | Assessments and Testing | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Autism Services | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Autism | | | Units | - | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | - | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 18.6 | \$ 19.38 | \$ 0.03 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ (0.01) | 18.6 | \$ 12.92 | \$ 0.02 |
| | Assessments and Testing | | | Units | 5.8 | 62.61 | 0.03 | - | - | - | - | 5.8 | 62.61 | 0.03 |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Crisis | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Evaluation and Management | | | Units | 1.7 | 70.59 | 0.01 | - | - | - | - | 1.7 | 70.59 | 0.01 |
| | Medication Administration | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Medication Assisted Treatment | | | Units | 80.4 | 26.87 | 0.18 | 0.03 | 0.02 | 0.02 | - | 102.7 | 29.20 | 0.25 |
| | Other | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Outpatient Services | | | Units | 18.2 | 66.12 | 0.10 | 0.01 | 0.01 | 0.01 | - | 21.8 | 71.63 | 0.13 |
| | Prevention and Early Intervention | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Psychiatric diagnostic evaluation | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Residential Services | | | Units | 17.0 | 176.89 | 0.25 | 0.04 | 0.02 | 0.03 | 0.03 | 21.7 | 204.51 | 0.37 |
| | Withdrawal Management | | | Units | 1.4 | 345.32 | 0.04 | 0.01 | - | - | - | 1.7 | 344.83 | 0.05 |
| | Subtotal Substance Abuse State Plan | | | Units | | | \$ 0.64 | \$ 0.09 | \$ 0.05 | \$ 0.06 | \$ 0.02 | | | \$ 0.88 |
| Children's Waiver Program | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Children's Waiver Program | | | Units | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Vocational Supports | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Habilitative Supports Waiver | | | Units | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Community Living Supports | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Serious Emotional Disturbances | | | Units | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | | | |
| | | | | Units | | | \$ 95.99 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 128.62 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | | | | |
|---|--|-----------------------|---------------------|------------|---|------------------|------------------|--|-----------------|---|------------------|--|------------------|------------------|
| Region: Statewide | Rate Call: DAB - Unenrolled - M - 0 - 5 | Member Months: 12,984 | Category of Service | Unit Type | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 1,367.3 | \$ 76.44 | \$ 8.71 | \$ 0.17 | \$ 0.73 | \$ 0.81 | \$ (0.33) | 1,521.2 | \$ 79.60 | \$ 10.09 |
| | Assertive Community Treatment (ACT) | | | Units | 200.5 | 313.06 | 5.23 | 0.10 | 0.44 | 0.49 | (0.02) | 223.1 | 335.65 | 6.24 |
| | Assessments and Testing | | | Days | 2,841.4 | 105.45 | 24.97 | 0.48 | 2.09 | 5.54 | (1.88) | 3,526.5 | 106.17 | 31.20 |
| | Case Management / Treatment Planning | | | Units | 0.7 | 923.08 | 0.05 | 0.01 | 0.04 | 0.05 | (0.04) | 0.7 | 923.08 | 0.05 |
| | Community Living Supports | | | Procedures | 23.3 | 262.89 | 0.51 | - | - | - | - | 26.0 | 262.87 | 0.57 |
| | Crisis | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Evaluation and Management | | | Procedures | 36.9 | 6.51 | 0.02 | - | - | 1.67 | - | 3,114.7 | 6.51 | 1.69 |
| | Inpatient | | | Procedures | 860.8 | 98.14 | 7.04 | 0.14 | 0.59 | 0.66 | - | 958.6 | 105.52 | 8.43 |
| | Medication Administration | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | 48.9 | 218.88 | 0.91 | 0.02 | 0.08 | 0.09 | (0.01) | 55.9 | 233.91 | 1.09 |
| | Outpatient Services | | | Procedures | 45.6 | 326.03 | 1.24 | 0.03 | 0.10 | 0.12 | (0.02) | 50.8 | 344.95 | 1.46 |
| | Prevention and Early Intervention | | | Procedures | 66.4 | 270.96 | 1.50 | 0.02 | 0.13 | 0.14 | (1.13) | 74.0 | 106.71 | 0.67 |
| | Psychiatric diagnostic evaluation | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Psychotherapy | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Residential Services | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Mental Health State Plan | | | | | | \$ 50.18 | \$ 0.97 | \$ 4.20 | \$ 9.57 | \$ (3.43) | | | \$ 67.49 |
| Mental Health 1915(f) | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 8,876.7 | \$ 4.39 | \$ 3.25 | \$ 0.22 | \$ 0.29 | \$ 0.32 | \$ 0.98 | 10,354.0 | \$ 5.86 | \$ 5.06 |
| | Assessments and Testing | | | Days | 124.8 | 112.73 | 3.99 | 0.27 | 0.35 | 0.39 | 1.33 | 495.0 | 153.45 | 6.33 |
| | Community Living Supports | | | Procedures | 110.2 | 160.07 | 1.47 | 0.10 | 0.13 | (1.47) | (0.06) | 7.5 | 272.00 | 0.17 |
| | Other | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Skill Building | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Vocational Supports | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Mental Health 1915(f) | | | | | | \$ 8.71 | \$ 0.59 | \$ 0.77 | \$ (0.76) | \$ 2.25 | | | \$ 11.56 |
| Autism | | | | | | | | | | | | | | |
| | Assessments and Testing | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Autism Services | | | Units | 96,849.8 | 17.81 | 143.71 | 19.90 | 13.45 | 14.97 | (2.33) | 120,349.6 | 18.91 | 189.70 |
| | Subtotal Autism | | | | | | \$ 143.71 | \$ 19.90 | \$ 13.45 | \$ 14.97 | \$ (2.33) | | | \$ 189.70 |
| Substance Abuse State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Assessments and Testing | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Crisis | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Evaluation and Management | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Medication Administration | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Medication Assisted Treatment | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Outpatient Services | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Prevention and Early Intervention | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Psychiatric diagnostic evaluation | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Residential Services | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Withdrawal Management | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Substance Abuse State Plan | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Children's Waiver Program | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Children's Waiver Program | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Vocational Supports | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Habilitative Supports Waiver | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Serious Emotional Disturbances | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | | | |
| | | | | | | | \$ 202.60 | | | | | | | \$ 262.75 |

| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | | | | |
|---|---|-----------------------|---------------------|------------|--|------------------|-----------|---|-----------------|--|-----------------|---|------------------|-----------|
| Region: Statewide | Rate Call: DAB - Unenrolled - M - 19 - 20 | Member Months: 34,074 | Category of Service | Unit Type | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 1,589.3 | \$ 14.20 | \$ 1.88 | \$ 0.04 | \$ 0.16 | \$ 0.18 | \$ (0.33) | 1,775.3 | \$ 13.05 | \$ 1.93 |
| | Assessments and Testing | | | Units | 57.1 | 94.66 | 0.40 | 0.01 | 0.03 | 0.04 | (0.18) | 57.1 | 63.10 | 0.30 |
| | Case Management / Treatment Planning | | | Days | 113.5 | 293.97 | 2.78 | 0.05 | 0.23 | 0.26 | (0.10) | 126.1 | 306.35 | 3.22 |
| | Crisis | | | Units | 4,336.6 | 117.02 | 42.29 | 0.82 | 3.54 | 3.94 | (8.15) | 4,824.7 | 105.56 | 42.44 |
| | Evaluation and Management | | | Procedures | 3,214.7 | 69.99 | 18.75 | 0.36 | 1.57 | 1.75 | 3.68 | 3,576.4 | 87.61 | 26.11 |
| | Inpatient | | | Procedures | 58.7 | 613.50 | 3.00 | 0.06 | 0.28 | 0.28 | (0.59) | 65.3 | 551.05 | 3.00 |
| | Medication Administration | | | Days | 216.5 | 290.49 | 5.24 | 0.10 | 0.44 | 0.49 | (0.87) | 240.8 | 269.07 | 5.40 |
| | Other | | | Procedures | 142.3 | 586.97 | 6.86 | 0.13 | 0.58 | 0.65 | (0.10) | 158.2 | 630.94 | 8.32 |
| | Outpatient Services | | | Procedures | 48.7 | 132.82 | 0.55 | 0.01 | 0.05 | 0.05 | (0.10) | 55.1 | 121.94 | 0.56 |
| | Prevention and Early Intervention | | | Procedures | 465.4 | 22.95 | 0.89 | 0.02 | 0.42 | 0.42 | - | 465.4 | 24.16 | 1.40 |
| | Psychiatric diagnostic evaluation | | | Procedures | 139.9 | 170.69 | 1.99 | 0.04 | 0.17 | 0.19 | - | 156.1 | 183.76 | 2.39 |
| | Psychology | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Residential Services | | | Days | 85.0 | 429.03 | 3.04 | 0.07 | 0.25 | 0.28 | (0.18) | 94.5 | 437.91 | 3.45 |
| | Subtotal Mental Health State Plan | | | | 18.1 | 437.09 | \$ 92.31 | \$ 1.78 | \$ 7.72 | \$ 8.95 | \$ (6.33) | 20.0 | \$ 514.97 | \$ 102.43 |
| Mental Health 1915(i) | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 30,783.4 | \$ 4.89 | \$ 12.55 | \$ 0.85 | \$ 1.10 | \$ 1.23 | \$ 3.47 | 35,885.3 | \$ 6.42 | \$ 19.20 |
| | Community Living Supports | | | Days | 8,119.9 | 128.69 | 87.08 | 5.91 | 7.64 | 8.51 | 23.36 | 9,484.6 | 168.00 | 132.50 |
| | Other | | | Procedures | 488.2 | 94.15 | 3.93 | 0.26 | 0.34 | 0.04 | (0.01) | 526.4 | 101.67 | 5.46 |
| | Skill Building | | | Units | 11,727.4 | 3.87 | 3.78 | 0.33 | 0.26 | 0.37 | 0.74 | 13,662.0 | 4.81 | 5.46 |
| | Vocational Supports | | | Units | 1,224.8 | 11.66 | 1.19 | 0.08 | 0.10 | 0.12 | 0.12 | 1,430.6 | 13.50 | 1.61 |
| | Subtotal Mental Health 1915(i) | | | | - | - | \$ 108.43 | \$ 7.36 | \$ 9.51 | \$ 10.27 | \$ 27.68 | - | \$ 163.25 | |
| Autism | | | | | | | | | | | | | | |
| | Assessments and Testing | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Autism Services | | | Units | 12,795.5 | 18.08 | 19.28 | 2.67 | 1.80 | 2.01 | 1.12 | 15,901.4 | 20.28 | 26.88 |
| | Subtotal Autism | | | | - | - | \$ 19.28 | \$ 2.67 | \$ 1.80 | \$ 2.01 | \$ 1.12 | - | - | \$ 26.88 |
| Substance Abuse State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 45.2 | \$ 13.28 | \$ 0.05 | \$ 0.01 | \$ 0.00 | \$ 0.01 | \$ 0.00 | 63.2 | \$ 13.28 | \$ 0.07 |
| | Assessments and Testing | | | Units | 6.2 | 136.36 | 0.07 | 0.01 | 0.01 | 0.01 | - | 7.9 | 151.52 | 0.10 |
| | Case Management / Treatment Planning | | | Procedures | 1.7 | 71.01 | 0.01 | - | - | - | - | 1.7 | 71.01 | 0.01 |
| | Crisis | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Evaluation and Management | | | Procedures | 0.7 | 166.67 | 0.01 | - | - | - | - | 0.7 | 166.67 | 0.01 |
| | Medication Administration | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Medication Assisted Treatment | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Outpatient Services | | | Procedures | 14.2 | 76.11 | 0.09 | 0.01 | 0.01 | 0.01 | - | 17.3 | 83.04 | 0.12 |
| | Prevention and Early Intervention | | | Procedures | 3.3 | 110.43 | 0.03 | - | - | - | 0.01 | 3.3 | 147.24 | 0.04 |
| | Psychiatric diagnostic evaluation | | | Procedures | 0.7 | 166.67 | 0.01 | - | - | - | - | 0.7 | 166.67 | 0.01 |
| | Residential Services | | | Days | 37.7 | 194.22 | 0.61 | 0.08 | 0.06 | 0.06 | 0.07 | 46.3 | 227.88 | 0.88 |
| | Withdrawal Management | | | Days | 1.7 | 344.83 | 0.05 | 0.01 | - | 0.01 | 0.01 | 2.4 | 393.44 | 0.08 |
| | Subtotal Substance Abuse State Plan | | | | - | - | \$ 0.93 | \$ 0.12 | \$ 0.08 | \$ 0.10 | \$ 0.09 | - | - | \$ 1.32 |
| Children's Waiver Program | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Children's Waiver Program | | | | - | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | - | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Vocational Supports | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Habilitative Supports Waiver | | | | - | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | - | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other Therapy | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Serious Emotional Disturbances | | | | - | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | - | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | | | |
| | | | | | | | \$ 220.95 | | | | | | | \$ 293.88 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | | | | |
|---|--|-----------------------|---------------------|------------|---|------------------|-----------------|--|-----------------|---|------------------|--|------------------|------------------|
| Region: Statewide | Rate Call: DAB - Unenrolled - M - 21 - 25 | Member Months: 55,026 | Category of Service | Unit Type | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 2,469.8 | \$ 15.79 | \$ 3.25 | \$ 0.06 | \$ 0.27 | \$ 0.30 | \$ (1.25) | 2,743.4 | \$ 11.50 | \$ 2.63 |
| | Assessive Community Treatment (ACT) | | | Units | 455.0 | 103.92 | 3.94 | 0.08 | 0.33 | 0.37 | (0.65) | 506.9 | 96.34 | 4.07 |
| | Assessments and Testing | | | Procedures | 203.8 | 291.45 | 4.95 | 0.10 | 0.42 | 0.46 | (0.16) | 226.9 | 305.20 | 5.77 |
| | Case Management / Treatment Planning | | | Units | 7,573.2 | 113.61 | 71.70 | 1.39 | 6.01 | 6.89 | (10.45) | 8,426.6 | 107.29 | 75.34 |
| | Community Living Supports | | | Days | 8,726.5 | 70.91 | 51.57 | 1.00 | 4.32 | 4.61 | 10.12 | 9,709.7 | 88.76 | 71.82 |
| | Crisis | | | Procedures | 108.9 | 108.9 | 4.73 | 0.09 | 0.40 | 0.44 | (0.56) | 121.1 | 505.49 | 5.10 |
| | Evaluation and Management | | | Procedures | 343.7 | 293.67 | 8.41 | 0.16 | 0.70 | 0.78 | (1.25) | 382.1 | 276.40 | 8.80 |
| | Inpatient | | | Days | 275.9 | 568.05 | 13.06 | 0.25 | 1.09 | 1.22 | - | 306.9 | 610.67 | 15.62 |
| | Medication Administration | | | Procedures | 123.8 | 99.88 | 1.03 | 0.02 | 0.09 | 0.10 | (0.22) | 138.2 | 88.59 | 1.02 |
| | Other | | | Procedures | 738.2 | 32.51 | 2.00 | 0.04 | 0.17 | 0.14 | 0.01 | 1,173.7 | 34.35 | 3.36 |
| | Other Therapy | | | Procedures | 346.1 | 124.14 | 3.58 | 0.07 | 0.30 | 0.33 | - | 384.7 | 133.49 | 4.28 |
| | Outpatient Services | | | Procedures | 17.4 | 193.33 | 0.28 | 0.01 | 0.02 | 0.03 | (0.04) | 19.9 | 181.27 | 0.30 |
| | Prevention and Early Intervention | | | Procedures | 84.8 | 403.35 | 2.85 | - | 0.24 | 0.27 | - | 94.6 | 419.83 | 3.31 |
| | Psychiatric diagnostic evaluation | | | Procedures | 325.7 | 168.00 | 0.38 | 0.09 | 0.43 | 0.43 | (1.28) | 362.9 | 136.24 | 4.18 |
| | Psychotherapy | | | Procedures | 13.3 | 494.75 | 0.55 | 0.01 | 0.05 | 0.05 | 0.06 | 14.8 | 583.78 | 0.72 |
| | Residential Services | | | Days | | | | | | | | | | |
| | Subtotal Mental Health State Plan | | | | | \$ 176.46 | \$ 3.43 | \$ 14.79 | \$ 17.42 | \$ (6.78) | \$ 206.32 | | | |
| Mental Health 1915(i) | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 40,490.4 | \$ 5.31 | \$ 17.91 | \$ 1.22 | \$ 1.57 | \$ 1.75 | \$ 4.66 | 47,204.9 | \$ 6.89 | \$ 27.11 |
| | Community Living Supports | | | Days | 23,308.0 | 125.01 | 242.81 | 16.47 | 21.31 | 23.73 | 65.86 | 27,186.9 | 163.51 | 370.18 |
| | Other | | | Procedures | 752.5 | 103.01 | 6.46 | 0.44 | 0.57 | (0.32) | (0.03) | 766.5 | 111.47 | 7.12 |
| | Skill Building | | | Units | 21,356.8 | 3.79 | 6.74 | 0.46 | 0.59 | 0.66 | 2.91 | 24,903.8 | 5.04 | 10.46 |
| | Vocational Supports | | | Units | 9,408.8 | 6.58 | 6.73 | 0.29 | 0.62 | 0.66 | 2.94 | 10,974.6 | 12.01 | 16.96 |
| | Subtotal Mental Health 1915(i) | | | | | \$ 280.65 | \$ 19.05 | \$ 24.63 | \$ 26.48 | \$ 75.04 | \$ 425.85 | | | |
| Autism | | | | | | | | | | | | | | |
| | Assessments and Testing | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Autism Services | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Autism | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 29.1 | \$ 12.35 | \$ 0.03 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ (0.01) | 29.1 | \$ 8.24 | \$ 0.02 |
| | Assessments and Testing | | | Procedures | 6.7 | 125.94 | 0.07 | 0.01 | 0.01 | 0.01 | - | 8.6 | 139.86 | 0.10 |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Crisis | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Evaluation and Management | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Medication Administration | | | Procedures | 12.3 | 9.76 | 0.01 | - | - | - | - | 12.3 | 9.76 | 0.01 |
| | Medication Assisted Treatment | | | Procedures | 26.2 | 18.35 | 0.04 | - | - | - | - | 32.7 | 18.35 | 0.05 |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Outpatient Services | | | Procedures | 60.3 | 91.59 | 0.46 | 0.06 | 0.04 | 0.05 | - | 74.7 | 98.02 | 0.61 |
| | Prevention and Early Intervention | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Psychiatric diagnostic evaluation | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Residential Services | | | Days | 64.4 | 148.98 | 0.80 | 0.11 | 0.07 | 0.08 | 0.10 | 79.7 | 174.57 | 1.16 |
| | Withdrawal Management | | | Days | 4.5 | 345.90 | 0.13 | 0.02 | 0.01 | 0.01 | 0.02 | 5.6 | 410.81 | 0.19 |
| | Subtotal Substance Abuse State Plan | | | | | \$ 1.54 | \$ 0.21 | \$ 0.13 | \$ 0.15 | \$ 0.11 | \$ 2.14 | | | |
| Children's Waiver Program | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Children's Waiver Program | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Vocational Supports | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Habilitative Supports Waiver | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Serious Emotional Disturbances | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | | | |
| | | | | | | \$ 458.65 | | | | | | | | \$ 634.31 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | | | | |
|---|---|------------------------|---------------------|------------|--|------------------|-----------|---|-----------------|--|-----------------|---|------------------|-------------|
| Region: Statewide | Rate Call: DAB - Unenrolled - M - 26 - 39 | Member Months: 149,939 | Category of Service | Unit Type | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 7,726.3 | \$ 11.31 | \$ 7.28 | \$ 0.14 | \$ 0.61 | \$ 0.68 | \$ (1.95) | 8,586.5 | \$ 9.44 | \$ 6.76 |
| | Assessments and Testing | | | Units | 2,414.2 | 104.88 | 21.10 | 0.41 | 1.77 | 1.97 | (5.63) | 2,686.5 | 87.64 | 19.62 |
| | Case Management / Treatment Planning | | | Units | 284.9 | 289.50 | 6.16 | 0.12 | 0.52 | 0.57 | (0.18) | 316.8 | 272.37 | 7.19 |
| | Community Living Supports | | | Days | 10,402.4 | 73.61 | 93.23 | 1.88 | 8.15 | 9.08 | (15.48) | 11,573.9 | 104.67 | 100.95 |
| | Crisis | | | Procedures | 15,198.0 | 73.61 | 93.23 | 1.88 | 8.15 | 8.70 | (15.48) | 16,909.7 | 92.14 | 129.84 |
| | Evaluation and Management | | | Procedures | 155.7 | 471.56 | 6.12 | 0.51 | 0.12 | 0.57 | (0.67) | 173.3 | 460.47 | 6.65 |
| | Inpatient | | | Days | 564.4 | 302.55 | 14.23 | 0.27 | 1.19 | 2.74 | (2.27) | 627.9 | 281.91 | 14.75 |
| | Medication Administration | | | Procedures | 498.7 | 705.63 | 29.38 | 0.26 | 2.46 | 2.74 | (0.66) | 556.0 | 758.62 | 35.15 |
| | Other | | | Procedures | 351.6 | 108.54 | 3.18 | 0.06 | 0.34 | 0.30 | (0.66) | 391.4 | 96.58 | 3.15 |
| | Outpatient Services | | | Procedures | 1,028.1 | 47.39 | 4.06 | 0.08 | 0.34 | 0.82 | 0.03 | 1,256.0 | 50.92 | 5.33 |
| | Prevention and Early Intervention | | | Procedures | 184.1 | 228.79 | 3.51 | 0.07 | 0.29 | 0.33 | - | 205.1 | 245.76 | 4.20 |
| | Psychiatric diagnostic evaluation | | | Procedures | 5.9 | 323.23 | 0.16 | - | 0.01 | 0.01 | (0.04) | 6.3 | 266.24 | 0.14 |
| | Psychology | | | Procedures | 107.1 | 411.05 | 3.67 | 0.07 | 0.31 | 0.34 | (0.18) | 119.1 | 424.15 | 4.21 |
| | Residential Services | | | Procedures | 389.0 | 182.65 | 5.92 | 0.11 | 1.82 | 0.55 | (1.65) | 432.3 | 150.73 | 5.43 |
| | Subtotal Mental Health State Plan | | | Days | 59.2 | 425.39 | 2.10 | 0.04 | 0.18 | 0.20 | \$ (10.15) | 66.0 | 498.92 | 2.75 |
| | | | | | | | \$ 297.42 | \$ 5.74 | \$ 24.92 | \$ 28.19 | \$ (10.15) | | | \$ 346.12 |
| Mental Health 1915(i) | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 29,739.3 | \$ 5.42 | \$ 13.42 | \$ 0.91 | \$ 1.18 | \$ 1.31 | \$ 3.47 | 34,659.0 | \$ 7.03 | \$ 20.29 |
| | Community Living Supports | | | Days | 36,449.0 | 116.33 | 353.35 | 23.97 | 31.02 | 34.53 | 92.04 | 42,483.4 | 151.09 | 534.91 |
| | Other | | | Procedures | 740.4 | 95.46 | 5.89 | 0.40 | 0.82 | 0.13 | (0.01) | 807.0 | 103.05 | 6.93 |
| | Skill Building | | | Units | 128,593.9 | 4.02 | 43.89 | 2.94 | 3.81 | 4.24 | (4.18) | 151,038.6 | 5.45 | 68.56 |
| | Vocational Supports | | | Units | 38,005.0 | 7.23 | 22.91 | 1.95 | 2.01 | 2.24 | 11.59 | 44,289.6 | 10.92 | 40.30 |
| | Subtotal Mental Health 1915(i) | | | | | | \$ 438.96 | \$ 23.77 | \$ 38.54 | \$ 42.45 | \$ 121.27 | | | \$ 670.99 |
| Autism | | | | | | | | | | | | | | |
| | Assessments and Testing | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Autism Services | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Autism | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 322.7 | \$ 10.41 | \$ 0.28 | \$ 0.04 | \$ 0.03 | \$ 0.03 | \$ 0.00 | 403.3 | \$ 11.31 | \$ 0.38 |
| | Assessments and Testing | | | Units | 28.0 | 68.55 | 0.16 | 0.02 | 0.01 | 0.02 | - | 35.0 | 71.98 | 0.21 |
| | Case Management / Treatment Planning | | | Procedures | 0.7 | 171.43 | 0.01 | - | - | - | - | 0.7 | 171.43 | 0.01 |
| | Crisis | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Evaluation and Management | | | Procedures | 4.8 | 75.00 | 0.03 | - | - | - | - | 4.8 | 75.00 | 0.03 |
| | Medication Administration | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Medication Assisted Treatment | | | Procedures | 65.1 | 25.83 | 0.14 | 0.02 | 0.01 | 0.01 | 0.01 | 79.0 | 28.86 | 0.19 |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Outpatient Services | | | Procedures | 99.9 | 75.68 | 0.63 | 0.09 | 0.06 | 0.07 | (0.03) | 125.3 | 78.55 | 0.82 |
| | Prevention and Early Intervention | | | Procedures | 0.9 | 122.66 | 0.06 | 0.01 | 0.01 | 0.01 | (0.01) | 7.8 | 122.61 | 0.08 |
| | Psychiatric diagnostic evaluation | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Residential Services | | | Days | 228.8 | 175.67 | 3.35 | 0.46 | 0.31 | 0.35 | 0.40 | 284.2 | 205.65 | 4.87 |
| | Withdrawal Management | | | Days | 18.2 | 316.66 | 0.48 | 0.07 | 0.04 | 0.05 | 0.06 | 22.7 | 369.39 | 0.70 |
| | Subtotal Substance Abuse State Plan | | | | | | \$ 5.14 | \$ 0.71 | \$ 0.47 | \$ 0.54 | \$ 0.43 | | | \$ 7.29 |
| Children's Waiver Program | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other Therapy | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Children's Waiver Program | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Vocational Supports | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Habilitative Supports Waiver | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other Therapy | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Serious Emotional Disturbances | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | | | |
| | | | | | | | \$ 741.52 | | | | | | | \$ 1,024.40 |

| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | | | |
|---|-----------------------|--------------------------------------|------------|--|------------------|-----------|---|-----------------|--|-----------------|---|------------------|-----------|
| Region: Statewide | Member Months: 126230 | Category of Service | Unit Type | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | |
| | | Additional Support Services | Units | 13,522.0 | \$ 9.87 | \$ 11.12 | \$ 0.21 | \$ 0.93 | \$ 1.04 | (\$ 2.59) | 15,042.1 | \$ 8.54 | \$ 10.71 |
| | | Assessments and Testing | Units | 3,038.9 | 97.61 | 24.72 | 0.48 | 2.07 | 2.31 | (5.20) | 3,381.9 | 86.51 | 24.38 |
| | | Case Management / Treatment Planning | Units | 233.5 | 247.69 | 4.82 | 0.09 | 0.40 | 0.45 | (0.26) | 259.7 | 254.16 | 5.50 |
| | | Community Living Supports | Days | 8,131.8 | 70.08 | 76.43 | 1.48 | 6.40 | 7.13 | (14.64) | 9,047.9 | 101.86 | 76.80 |
| | | Crisis | Units | 17,310.2 | 87.4 | 101.09 | 1.95 | 8.47 | 9.43 | (19.84) | 19,288.8 | 87.72 | 140.78 |
| | | Evaluation and Management | Procedures | 87.4 | 587.91 | 4.28 | 0.08 | 0.36 | 0.40 | (0.86) | 97.2 | 526.14 | 4.26 |
| | | Inpatient | Days | 560.7 | 291.29 | 13.61 | 0.26 | 2.03 | 1.27 | (2.03) | 623.7 | 274.17 | 14.25 |
| | | Medication Administration | Days | 786.36 | 24.22 | 2.26 | 0.47 | 2.26 | 0.36 | (0.71) | 411.3 | 289.8 | 28.98 |
| | | Other | Procedures | 420.8 | 110.35 | 3.87 | 0.07 | 0.32 | 0.26 | (0.02) | 467.6 | 100.34 | 3.91 |
| | | Outpatient Services | Procedures | 492.8 | 71.35 | 2.93 | 0.06 | 0.25 | 0.35 | 0.02 | 561.7 | 77.12 | 3.61 |
| | | Prevention and Early Intervention | Procedures | 39.3 | 561.40 | 1.84 | 0.04 | 0.15 | 0.17 | - | 43.8 | 602.46 | 2.20 |
| | | Psychiatric diagnostic evaluation | Procedures | 10.0 | 283.47 | 0.22 | - | 0.02 | 0.02 | (0.04) | 10.9 | 241.54 | 0.22 |
| | | Residential Services | Procedures | 90.8 | 421.63 | 3.19 | 0.06 | 0.27 | 0.30 | (0.15) | 101.0 | 435.87 | 3.67 |
| | | Subtotal Mental Health State Plan | Days | 364.3 | 192.69 | 5.85 | 0.11 | 0.49 | 0.55 | (1.88) | 405.4 | 151.55 | 5.12 |
| | | | Days | 40.2 | 423.56 | 1.42 | 0.03 | 0.12 | 0.13 | 0.15 | 44.8 | 495.98 | 1.85 |
| | | | | | | | \$ 5.39 | \$ 23.42 | \$ 26.17 | \$ (6.35) | | | \$ 326.24 |
| Mental Health 1915(i) | | | | | | | | | | | | | |
| | | Additional Support Services | Units | 5,652.1 | \$ 6.48 | \$ 3.05 | \$ 0.21 | \$ 0.27 | \$ 0.30 | \$ 0.70 | 6,597.2 | \$ 8.24 | \$ 4.53 |
| | | Community Living Supports | Days | 32,847.0 | 108.72 | 295.78 | 20.07 | 25.96 | 28.90 | 69.62 | 38,052.1 | 138.86 | 440.33 |
| | | Other | Procedures | 200.0 | 113.70 | 2.75 | 0.19 | 0.24 | 0.19 | (0.01) | 330.1 | 122.14 | 3.38 |
| | | Skill Building | Units | 85,268.8 | 4.12 | 29.29 | 1.89 | 2.57 | 2.90 | 0.01 | 99,502.2 | 5.64 | 46.76 |
| | | Vocational Supports | Units | 23,041.3 | 7.10 | 13.64 | 0.93 | 1.20 | 1.33 | 3.96 | 26,699.0 | 10.30 | 23.06 |
| | | | | | | | \$ 23.39 | \$ 30.24 | \$ 33.62 | \$ 86.28 | | | \$ 516.04 |
| Autism | | | | | | | | | | | | | |
| | | Assessments and Testing | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | Autism Services | Units | - | - | - | - | - | - | - | - | - | - |
| | | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | | | | |
| | | Additional Support Services | Units | 508.4 | \$ 15.31 | \$ 0.65 | \$ 0.09 | \$ 0.06 | \$ 0.07 | (\$ 0.06) | 634.8 | \$ 15.31 | \$ 0.81 |
| | | Assessments and Testing | Units | 20.0 | 89.87 | 0.15 | 0.02 | 0.01 | 0.02 | (0.02) | 25.4 | 89.87 | 0.19 |
| | | Case Management / Treatment Planning | Procedures | 1.7 | 206.90 | 0.03 | - | - | - | - | 1.7 | 68.97 | 0.01 |
| | | Crisis | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | Evaluation and Management | Procedures | 6.0 | 100.67 | 0.05 | 0.01 | - | 0.01 | (0.01) | 8.3 | 86.33 | 0.06 |
| | | Medication Administration | Procedures | 14.8 | 16.24 | 0.02 | - | - | 0.02 | 0.01 | 14.8 | 16.24 | 0.02 |
| | | Medication Assisted Treatment | Procedures | 81.0 | 32.60 | 0.22 | 0.03 | 0.02 | 0.02 | 0.01 | 99.4 | 36.22 | 0.30 |
| | | Other | Procedures | 1.2 | 96.77 | 0.01 | - | - | - | - | 1.2 | 96.77 | 0.01 |
| | | Outpatient Services | Procedures | 116.4 | 100.01 | 0.97 | 0.13 | 0.09 | 0.10 | (0.40) | 144.0 | 74.17 | 0.89 |
| | | Prevention and Early Intervention | Procedures | 2.5 | 96.77 | 0.02 | - | - | - | - | 2.5 | 96.77 | 0.02 |
| | | Psychiatric diagnostic evaluation | Procedures | 0.5 | 480.00 | 0.02 | - | - | 0.33 | (0.01) | 0.5 | 240.00 | 0.01 |
| | | Residential Services | Days | 232.8 | 164.93 | 3.20 | 0.44 | 0.30 | 0.39 | 0.39 | 288.8 | 193.60 | 4.66 |
| | | Withdrawal Management | Days | 20.7 | 330.12 | 0.57 | 0.08 | 0.05 | 0.06 | 0.07 | 25.8 | 385.90 | 0.83 |
| | | | | | | | \$ 0.80 | \$ 0.55 | \$ 0.61 | \$ (0.04) | | | \$ 7.81 |
| Subtotal Substance Abuse State Plan | | | | | | | | | | | | | |
| | | Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | | Community Living Supports | Days | - | - | - | - | - | - | - | - | - | - |
| | | Other | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Subtotal Children's Waiver Program | | | | | | | | | | | | | |
| | | Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | | Community Living Supports | Days | - | - | - | - | - | - | - | - | - | - |
| | | Other | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Subtotal Habilitative Supports Waiver | | | | | | | | | | | | | |
| | | Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | | Community Living Supports | Days | - | - | - | - | - | - | - | - | - | - |
| | | Other | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | Skill Building | Units | - | - | - | - | - | - | - | - | - | - |
| | | Vocational Supports | Units | - | - | - | - | - | - | - | - | - | - |
| | | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Subtotal Emotional Disturbances | | | | | | | | | | | | | |
| | | Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | | Case Management / Treatment Planning | Units | - | - | - | - | - | - | - | - | - | - |
| | | Community Living Supports | Days | - | - | - | - | - | - | - | - | - | - |
| | | Other | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Subtotal Serious Emotional Disturbances | | | | | | | | | | | | | |
| | | Other Therapy | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | | |
| | | | | | | \$ 630.03 | | | | | | | \$ 652.09 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | | | | |
|---|---|------------------------|--|------------|--|------------------|------------------|---|-----------------|--|-------------------|---|------------------|------------------|
| Region: Statewide | Rate Call: DAB - Unenrolled - M - 50 - 64 | Member Months: 307,026 | Category of Service | Unit Type | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | | |
| | | | Additional Support Services | Units | 15,118.6 | \$ 9.74 | \$ 12,277 | \$ 0.24 | \$ 1.03 | \$ 1.14 | -\$ (3.31) | 16,819.0 | \$ 8.11 | \$ 11,377 |
| | | | Assessive Community Treatment (ACT) | Units | 2,054.8 | 98.76 | 16.91 | 0.33 | 1.42 | 1.58 | (4.06) | 2,286.9 | 84.90 | 16.18 |
| | | | Assessments and Testing | Procedures | 189.5 | 241.27 | 3.81 | 0.07 | 0.32 | 0.36 | (0.22) | 2,109.9 | 246.95 | 4.34 |
| | | | Case Management / Treatment Planning | Units | 5,870.8 | 111.79 | 54.69 | 1.06 | 4.58 | 5.10 | (10.58) | 6,532.1 | 100.76 | 54.85 |
| | | | Community Living Supports | Days | 16,373.3 | 71.26 | 97.23 | 1.88 | 8.15 | 9.07 | 19.08 | 18,217.2 | 88.20 | 135.41 |
| | | | Crisis | Procedures | 56.4 | 506.83 | 2.38 | 0.05 | 0.20 | 0.22 | (0.37) | 62.7 | 474.34 | 2.48 |
| | | | Evaluation and Management | Procedures | 398.8 | 285.28 | 9.48 | 0.18 | 0.79 | 0.88 | (1.41) | 443.4 | 268.50 | 9.92 |
| | | | Inpatient | Days | 2,183.3 | 707.08 | 12.86 | 1.08 | 1.20 | 1.20 | - | 2,429.9 | 760.44 | 15.39 |
| | | | Medication Administration | Procedures | 2,294.4 | 108.82 | 2.08 | 0.17 | 0.04 | 0.19 | (0.41) | 2,547.7 | 97.52 | 2.07 |
| | | | Other | Procedures | 678.8 | 55.16 | 3.12 | 0.06 | 0.34 | 0.02 | 0.02 | 765.8 | 59.55 | 3.80 |
| | | | Outpatient Services | Procedures | 17.4 | 635.21 | 0.92 | 0.08 | 0.09 | 0.09 | - | 19.5 | 684.48 | 1.11 |
| | | | Prevention and Early Intervention | Procedures | 5.3 | 160.00 | 0.07 | - | 0.01 | 0.01 | (0.02) | 6.0 | 140.00 | 0.07 |
| | | | Psychiatric diagnostic evaluation | Procedures | 51.8 | 410.20 | 1.77 | 0.03 | 0.15 | 0.17 | (0.09) | 57.6 | 422.70 | 2.03 |
| | | | Psychotherapy | Procedures | 252.3 | 190.26 | 4.00 | 0.34 | 0.34 | 0.37 | (1.25) | 280.7 | 151.36 | 3.54 |
| | | | Residential Services | Days | 33.0 | 400.24 | 1.10 | 0.02 | 0.09 | 0.10 | 0.12 | 36.6 | 469.11 | 1.43 |
| | | | Subtotal Mental Health State Plan | | | | \$ 222.69 | \$ 4.31 | \$ 18.67 | \$ 20.82 | -\$ (2.50) | | | \$ 263.99 |
| Mental Health 1915(i) | | | | | | | | | | | | | | |
| | | | Additional Support Services | Units | 3,836.7 | \$ 5.22 | \$ 1,677 | \$ 0.11 | \$ 0.15 | \$ 0.16 | \$ 0.44 | 4,457.0 | \$ 6.81 | \$ 2,553 |
| | | | Community Living Supports | Days | 24,243.7 | 117.14 | 236.65 | 16.06 | 20.77 | 23.13 | 52.49 | 28,258.5 | 148.25 | 349.10 |
| | | | Other | Procedures | 147.2 | 115.78 | 1.42 | 0.10 | 0.12 | 0.09 | (0.01) | 166.9 | 123.70 | 1.72 |
| | | | Skill Building | Units | 45,405.7 | 3.93 | 14.88 | 1.01 | 1.31 | 1.72 | 4.61 | 53,736.2 | 5.25 | 23.53 |
| | | | Vocational Supports | Units | 10,626.2 | 7.71 | 6.93 | 0.46 | 0.60 | 0.67 | 2.84 | 12,384.2 | 11.05 | 11.40 |
| | | | Subtotal Mental Health 1915(i) | | | | \$ 261.45 | \$ 17.74 | \$ 22.95 | \$ 25.77 | \$ 60.37 | | | \$ 386.28 |
| Autism | | | | | | | | | | | | | | |
| | | | Assessments and Testing | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | | Autism Services | Units | - | - | - | - | - | - | - | - | - | - |
| | | | Subtotal Autism | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | | | | | |
| | | | Additional Support Services | Units | 433.4 | \$ 14.12 | \$ 0.51 | \$ 0.07 | \$ 0.05 | \$ 0.05 | -\$ (0.06) | 535.4 | \$ 13.90 | \$ 0.62 |
| | | | Assessments and Testing | Procedures | 29.8 | 76.61 | 0.19 | 0.03 | 0.02 | 0.02 | - | 37.6 | 83.00 | 0.26 |
| | | | Case Management / Treatment Planning | Units | 1.5 | 157.89 | 0.02 | - | - | - | (0.01) | 1.5 | 78.95 | 0.01 |
| | | | Crisis | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | | Evaluation and Management | Procedures | 4.5 | 107.62 | 0.04 | 0.01 | - | - | (0.01) | 5.6 | 86.02 | 0.04 |
| | | | Medication Administration | Procedures | 11.0 | 21.86 | 0.02 | - | - | - | (0.01) | 11.0 | 21.86 | 0.02 |
| | | | Medication Assisted Treatment | Procedures | 93.1 | 24.49 | 0.19 | 0.03 | 0.02 | 0.02 | 0.02 | 117.6 | 28.57 | 0.28 |
| | | | Other | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | | Outpatient Services | Procedures | 138.0 | 73.06 | 0.84 | 0.12 | 0.08 | 0.09 | (0.10) | 172.5 | 71.67 | 1.03 |
| | | | Prevention and Early Intervention | Procedures | 4.5 | 134.53 | 0.05 | 0.01 | - | 0.01 | (0.01) | 6.2 | 115.38 | 0.06 |
| | | | Psychiatric diagnostic evaluation | Procedures | 1.1 | 112.15 | 0.01 | - | - | - | - | 1.1 | 112.15 | 0.01 |
| | | | Residential Services | Days | 291.2 | 171.44 | 4.16 | 0.58 | 0.39 | 0.43 | 0.50 | 361.9 | 200.95 | 6.06 |
| | | | Withdrawal Management | Days | 20.2 | 320.16 | 0.54 | 0.07 | 0.05 | 0.06 | 0.07 | 25.1 | 377.54 | 0.79 |
| | | | Subtotal Substance Abuse State Plan | | | | \$ 6.57 | \$ 0.92 | \$ 0.61 | \$ 0.66 | \$ 0.40 | | | \$ 8.18 |
| Children's Waiver Program | | | | | | | | | | | | | | |
| | | | Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | | | Community Living Supports | Days | - | - | - | - | - | - | - | - | - | - |
| | | | Other | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | | Subtotal Children's Waiver Program | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | | | |
| | | | Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | | | Community Living Supports | Days | - | - | - | - | - | - | - | - | - | - |
| | | | Other | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | | Skill Building | Units | - | - | - | - | - | - | - | - | - | - |
| | | | Vocational Supports | Units | - | - | - | - | - | - | - | - | - | - |
| | | | Subtotal Habilitative Supports Waiver | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | | | |
| | | | Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | | | Case Management / Treatment Planning | Units | - | - | - | - | - | - | - | - | - | - |
| | | | Community Living Supports | Days | - | - | - | - | - | - | - | - | - | - |
| | | | Other | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | | Subtotal Serious Emotional Disturbances | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | | | |
| | | | | | | | \$ 490.71 | | | | | | | \$ 661.45 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | | | | |
|---|--|-----------------------|---------------------|------------|--|------------------|----------------|---|-------------------|--|-------------------|---|------------------|------------------|
| Region: Statewide | Rate Call: DAB - Unenrolled - M - 6 - 18 | Member Months: 85,282 | Category of Service | Unit Type | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 4,225.8 | \$ 73.29 | \$ 25.81 | \$ 0.50 | \$ 2.16 | \$ 2.41 | \$ (4.21) | 4,702.3 | \$ 68.06 | \$ 26.67 |
| | Assessive Community Treatment (ACT) | | | Units | 9.0 | 120.00 | 0.09 | - | 0.01 | 0.01 | (0.03) | 10.0 | 96.00 | 0.08 |
| | Assessments and Testing | | | Procedures | 187.7 | 291.48 | 4.56 | 0.09 | 0.38 | 0.43 | (0.11) | 209.1 | 306.97 | 5.35 |
| | Case Management / Treatment Planning | | | Days | 4,912.2 | 115.62 | 47.33 | 0.91 | 3.97 | 43.22 | (14.48) | 9,492.3 | 102.34 | 80.95 |
| | Community Living Supports | | | Units | 306.5 | 72.44 | 1.85 | 0.04 | 0.15 | 0.17 | 0.36 | 341.3 | 90.37 | 2.57 |
| | Crisis | | | Procedures | 118.1 | 942.77 | 9.28 | 0.18 | 0.78 | 0.87 | (4.49) | 131.5 | 604.20 | 6.62 |
| | Evaluation and Management | | | Procedures | 365.5 | 299.79 | 9.13 | 0.18 | 0.78 | 0.85 | (1.57) | 406.7 | 276.18 | 9.36 |
| | Inpatient | | | Days | 160.4 | 615.71 | 8.23 | 0.16 | 0.69 | 0.77 | - | 178.5 | 662.07 | 9.85 |
| | Medication Administration | | | Procedures | 7.2 | 117.48 | 0.07 | - | 0.01 | 0.01 | (0.02) | 8.2 | 102.82 | 0.07 |
| | Other | | | Procedures | 76.3 | 50.32 | 0.32 | 0.01 | 0.03 | 0.01 | - | 1,497.6 | 50.56 | 6.31 |
| | Outpatient Services | | | Procedures | 477.8 | 131.10 | 5.22 | 0.10 | 0.44 | 0.49 | - | 531.8 | 141.02 | 6.25 |
| | Prevention and Early Intervention | | | Procedures | 13.7 | 316.02 | 0.36 | 0.01 | 0.03 | 0.03 | (0.02) | 15.2 | 323.90 | 0.41 |
| | Psychiatric diagnostic evaluation | | | Procedures | 0.6 | 193.55 | 0.01 | - | - | - | (0.53) | 130.1 | 193.55 | 0.01 |
| | Psychiatry | | | Procedures | 117.0 | 429.78 | 4.19 | 0.08 | 0.35 | 0.39 | (0.53) | 130.1 | 413.19 | 4.48 |
| | Psychotherapy | | | Procedures | 627.9 | 191.31 | 10.01 | 0.19 | 0.84 | 0.93 | (3.94) | 698.1 | 138.03 | 8.03 |
| | Residential Services | | | Days | 10.5 | 504.30 | 0.44 | 0.01 | 0.04 | 0.04 | 0.05 | 11.7 | 596.91 | 0.58 |
| | Subtotal Mental Health State Plan | | | | | \$ 126.90 | \$ 2.46 | \$ 10.65 | \$ (28.99) | \$ 56.57 | \$ (28.99) | | | \$ 167.59 |
| Mental Health 1915(i) | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 32,454.3 | \$ 4.78 | \$ 12.94 | \$ 0.88 | \$ 1.14 | \$ 1.26 | \$ 3.61 | 37,821.6 | \$ 6.29 | \$ 19.83 |
| | Community Living Supports | | | Days | 3,170.8 | 116.75 | 30.85 | 2.09 | 2.71 | 3.01 | 9.38 | 3,695.0 | 156.02 | 48.04 |
| | Other | | | Procedures | 412.1 | 138.01 | 4.74 | 0.32 | 0.42 | (3.32) | (0.21) | 151.3 | 154.67 | 1.95 |
| | Skill Building | | | Units | 46.7 | 25.30 | 0.09 | 0.01 | 0.01 | 0.01 | 0.03 | 52.2 | 34.51 | 0.15 |
| | Vocational Supports | | | Units | 56.4 | 31.90 | 0.15 | 0.01 | 0.01 | 0.01 | 0.02 | 64.0 | 37.53 | 0.20 |
| | Subtotal Mental Health 1915(i) | | | | | \$ 48.77 | \$ 3.31 | \$ 4.29 | \$ 12.83 | \$ 0.97 | \$ 12.83 | | | \$ 70.17 |
| Autism | | | | | | | | | | | | | | |
| | Assessments and Testing | | | Procedures | 0.3 | 480.00 | 0.01 | - | - | - | - | 0.3 | 480.00 | 0.01 |
| | Autism Services | | | Units | 34,435.3 | 18.75 | 53.81 | 7.45 | 5.04 | 5.61 | 2.48 | 42,792.9 | 20.86 | 74.39 |
| | Subtotal Autism | | | | | \$ 53.82 | \$ 7.45 | \$ 5.04 | \$ 2.48 | \$ 5.61 | \$ 2.48 | | | \$ 74.40 |
| Substance Abuse State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Assessments and Testing | | | Procedures | 1.6 | 225.00 | 0.03 | - | - | - | - | 1.6 | 225.00 | 0.03 |
| | Case Management / Treatment Planning | | | Units | 0.9 | 141.18 | 0.01 | - | - | - | - | 0.9 | 141.18 | 0.01 |
| | Crisis | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Evaluation and Management | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Medication Administration | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Medication Assisted Treatment | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Outpatient Services | | | Procedures | 7.0 | 119.66 | 0.07 | 0.01 | 0.01 | 0.01 | (0.02) | 9.0 | 106.31 | 0.08 |
| | Prevention and Early Intervention | | | Procedures | 1.4 | 88.24 | 0.01 | - | - | - | - | 1.4 | 88.24 | 0.01 |
| | Psychiatric diagnostic evaluation | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Residential Services | | | Days | 19.7 | 219.18 | 0.36 | 0.05 | 0.03 | 0.04 | - | 24.6 | 253.25 | 0.52 |
| | Withdrawal Management | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Substance Abuse State Plan | | | | | \$ 0.48 | \$ 0.06 | \$ 0.04 | \$ 0.02 | \$ 0.05 | \$ 0.02 | | | \$ 0.65 |
| Children's Waiver Program | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Children's Waiver Program | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Vocational Supports | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Habilitative Supports Waiver | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Serious Emotional Disturbances | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | | | |
| | | | | | | \$ 229.97 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 312.81 |

| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | |
|---|------------------------|--|------------------|------------------|---|-----------------|--|-----------------|---|------------------|------------------|
| Region: Statewide | Member Months: 621,952 | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | |
| Additional Support Services | | 3,645.6 | \$ 10.80 | \$ 3.28 | \$ 0.06 | \$ 0.27 | \$ 0.31 | \$ (0.86) | 4,056.8 | \$ 9.05 | \$ 9.06 |
| Assessive Community Treatment (ACT) | | 448.9 | 88.75 | 3.32 | 0.03 | 0.28 | 0.31 | (0.59) | 498.9 | 81.29 | 3.38 |
| Assessments and Testing | | 78.0 | 218.60 | 1.42 | 0.06 | 0.12 | 0.13 | (0.05) | 86.7 | 228.29 | 1.65 |
| Case Management / Treatment Planning | | 1,976.1 | 109.85 | 18.09 | 0.35 | 1.52 | 1.69 | (3.38) | 2,199.0 | 98.70 | 18.27 |
| Community Living Supports | | 6,594.1 | 71.21 | 39.13 | 0.76 | 3.28 | 3.65 | 7.68 | 7,337.3 | 88.13 | 54.50 |
| Crisis | | 12.9 | 502.72 | 0.54 | 0.01 | 0.21 | 0.05 | (0.35) | 14.3 | 477.65 | 0.57 |
| Evaluation and Management | | 114.6 | 261.80 | 2.50 | 0.05 | 0.21 | 0.23 | (0.35) | 127.4 | 248.63 | 2.64 |
| Inpatient | | 88.1 | 551.48 | 3.91 | 0.08 | 0.33 | 0.36 | (0.10) | 94.7 | 593.34 | 4.68 |
| Medication Administration | | 48.7 | 108.46 | 0.44 | 0.01 | 0.04 | 0.04 | (0.10) | 54.2 | 95.19 | 0.43 |
| Other | | 171.4 | 67.20 | 0.86 | 0.02 | 0.08 | 0.09 | 0.01 | 191.1 | 72.85 | 1.16 |
| Other Therapy | | 6.6 | 762.48 | 0.42 | 0.01 | 0.04 | 0.04 | - | 7.4 | 827.03 | 0.51 |
| Outpatient Services | | - | - | - | - | - | - | - | - | - | - |
| Prevention and Early Intervention | | 14.1 | 399.43 | 0.47 | - | - | - | - | - | - | - |
| Psychiatric diagnostic evaluation | | 49.3 | 189.97 | 0.78 | 0.01 | 0.06 | 0.07 | (0.03) | 15.6 | 407.17 | 0.53 |
| Psychotherapy | | 5.2 | 393.06 | 0.17 | - | 0.01 | 0.02 | (0.18) | 54.3 | 163.48 | 0.74 |
| Residential Services | | - | - | - | - | - | - | 0.02 | 5.8 | 455.17 | 0.22 |
| Subtotal Mental Health State Plan | | | | \$ 75.43 | \$ 1.46 | \$ 6.32 | \$ 7.03 | \$ 2.10 | | | \$ 92.34 |
| Mental Health 1915(i) | | | | | | | | | | | |
| Additional Support Services | | 404.1 | \$ 5.94 | \$ 0.20 | \$ 0.01 | \$ 0.02 | \$ 0.02 | \$ 0.05 | 464.7 | \$ 7.75 | \$ 0.30 |
| Community Living Supports | | 8,432.7 | 124.71 | 87.64 | 5.95 | 7.69 | 8.56 | 18.54 | 9,828.9 | 156.74 | 128.38 |
| Other | | 36.6 | 101.72 | 0.31 | 0.02 | 0.03 | 0.03 | 0.56 | 42.5 | 110.20 | 0.39 |
| Skill Building | | 7,472.5 | 4.37 | 2.72 | 0.18 | 0.24 | 0.32 | 0.96 | 8,846.2 | 6.00 | 4.42 |
| Vocational Supports | | 976.1 | 6.36 | 0.69 | 0.05 | 0.06 | 0.07 | 0.25 | 1,148.4 | 11.60 | 1.11 |
| Subtotal Mental Health 1915(i) | | | | \$ 91.55 | \$ 6.21 | \$ 8.04 | \$ 9.00 | \$ 19.80 | | | \$ 134.60 |
| Autism | | | | | | | | | | | |
| Assessments and Testing | | - | - | - | - | - | - | - | - | - | - |
| Autism Services | | - | - | - | - | - | - | - | - | - | - |
| Subtotal Autism | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | | |
| Additional Support Services | | 160.8 | \$ 14.18 | \$ 0.19 | \$ 0.03 | \$ 0.02 | \$ 0.02 | \$ (0.02) | 203.1 | \$ 14.18 | \$ 0.24 |
| Assessments and Testing | | 25.2 | 61.81 | 0.13 | 0.02 | 0.01 | 0.01 | - | 31.1 | 65.68 | 0.17 |
| Case Management / Treatment Planning | | - | - | - | - | - | - | - | - | - | - |
| Crisis | | - | - | - | - | - | - | - | - | - | - |
| Evaluation and Management | | 4.2 | 86.75 | 0.03 | - | - | - | (0.01) | 4.2 | 57.83 | 0.02 |
| Medication Administration | | 5.9 | 40.68 | 0.02 | - | - | - | - | 5.9 | 40.68 | 0.02 |
| Medication Assisted Treatment | | 162.5 | 24.37 | 0.33 | 0.05 | 0.03 | 0.03 | - | 201.9 | 26.16 | 0.44 |
| Other | | - | - | - | - | - | - | - | - | - | - |
| Outpatient Services | | 118.5 | 64.82 | 0.64 | 0.09 | 0.06 | 0.07 | (0.04) | 148.1 | 66.44 | 0.82 |
| Prevention and Early Intervention | | 1.2 | 104.35 | 0.01 | - | - | - | - | 1.2 | 104.35 | 0.01 |
| Psychiatric diagnostic evaluation | | 0.5 | - | - | - | - | - | - | - | - | - |
| Residential Services | | 108.0 | 183.30 | 1.65 | 0.23 | 0.15 | 0.17 | 0.20 | 134.2 | 214.59 | 2.40 |
| Withdrawal Management | | 8.0 | 330.00 | 0.22 | 0.03 | 0.02 | 0.02 | 0.03 | 9.8 | 391.04 | 0.32 |
| Subtotal Substance Abuse State Plan | | | | \$ 3.22 | \$ 0.45 | \$ 0.29 | \$ 0.32 | \$ 0.16 | | | \$ 4.44 |
| Children's Waiver Program | | | | | | | | | | | |
| Additional Support Services | | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Community Living Supports | | - | - | - | - | - | - | - | - | - | - |
| Other | | - | - | - | - | - | - | - | - | - | - |
| Subtotal Children's Waiver Program | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | |
| Additional Support Services | | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Community Living Supports | | - | - | - | - | - | - | - | - | - | - |
| Other | | - | - | - | - | - | - | - | - | - | - |
| Skill Building | | - | - | - | - | - | - | - | - | - | - |
| Vocational Supports | | - | - | - | - | - | - | - | - | - | - |
| Subtotal Habilitative Supports Waiver | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | |
| Additional Support Services | | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Case Management / Treatment Planning | | - | - | - | - | - | - | - | - | - | - |
| Community Living Supports | | - | - | - | - | - | - | - | - | - | - |
| Other | | - | - | - | - | - | - | - | - | - | - |
| Subtotal Serious Emotional Disturbances | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | \$ 170.20 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 231.38 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | | | | |
|---|--|------------------------|---------------------|------------|--|------------------|-----------------|---|-----------------|--|-----------------|---|------------------|-----------------|
| Region: Statewide | Rate Call: HMP - Enrolled - F - 19 - 20 | Member Months: 216,951 | Category of Service | Unit Type | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 167.8 | \$ 18.59 | \$ 0.26 | \$ 0.02 | \$ 0.02 | \$ 0.07 | \$ (0.08) | 225.9 | \$ 15.41 | \$ 0.29 |
| | Assessive Community Treatment (ACT) | | | Units | 72.8 | 89.04 | 0.54 | 0.05 | 0.05 | 0.15 | (0.13) | 99.7 | 79.41 | 0.66 |
| | Assessments and Testing | | | Procedures | 29.1 | 181.69 | 0.44 | 0.04 | 0.04 | 0.12 | (0.05) | 39.6 | 178.65 | 0.59 |
| | Case Management / Treatment Planning | | | Units | 338.9 | 108.35 | 3.06 | 0.27 | 0.27 | 0.85 | (0.69) | 463.0 | 97.46 | 3.76 |
| | Community Living Supports | | | Days | 15.3 | 62.79 | 0.08 | 0.01 | 0.01 | 0.02 | 0.02 | 21.0 | 79.92 | 0.14 |
| | Crisis | | | Procedures | 45.1 | 566.61 | 2.13 | 0.19 | 0.19 | 0.59 | (0.55) | 61.6 | 496.51 | 2.55 |
| | Evaluation and Management | | | Procedures | 66.1 | 259.76 | 1.43 | 0.13 | 0.13 | 0.40 | (0.15) | 90.5 | 257.12 | 1.94 |
| | Inpatient | | | Days | 151.4 | 726.26 | 9.16 | 0.80 | 0.80 | 2.53 | - | 206.4 | 773.95 | 13.31 |
| | Medication Administration | | | Procedures | 9.4 | 102.02 | 0.08 | 0.01 | 0.01 | 0.02 | (0.03) | 12.9 | 83.46 | 0.09 |
| | Other | | | Procedures | 9.9 | 170.04 | 0.14 | 0.01 | 0.01 | 0.04 | - | 13.4 | 178.97 | 0.20 |
| | Other Therapy | | | Procedures | 5.7 | 105.63 | 0.05 | - | - | 0.01 | - | 6.8 | 105.57 | 0.06 |
| | Outpatient Services | | | Procedures | 38.9 | 354.85 | 1.15 | 0.10 | 0.10 | 0.32 | (0.36) | 53.1 | 296.10 | 1.31 |
| | Prevention and Early Intervention | | | Procedures | 0.7 | 352.94 | 0.02 | - | - | 0.01 | - | 1.0 | 352.94 | 0.03 |
| | Psychiatric diagnostic evaluation | | | Procedures | 31.2 | 435.17 | 1.13 | 0.10 | 0.10 | 0.30 | (0.04) | 42.5 | 452.08 | 1.60 |
| | Psychotherapy | | | Procedures | 194.6 | 201.62 | 3.27 | 0.29 | 0.29 | 0.91 | (1.26) | 265.5 | 157.77 | 3.49 |
| | Residential Services | | | Days | 11.4 | 451.05 | 0.43 | 0.04 | 0.04 | 0.12 | 0.06 | 15.7 | 527.39 | 0.69 |
| | Subtotal Mental Health State Plan | | | | | \$ 23.37 | \$ 2.06 | \$ 2.08 | \$ 6.46 | \$ (3.26) | | | | \$ 30.71 |
| Mental Health 1915(i) | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 248.5 | \$ 4.83 | \$ 0.10 | \$ 0.01 | \$ 0.01 | \$ 0.03 | \$ 0.03 | 347.9 | \$ 6.21 | \$ 0.18 |
| | Community Living Supports | | | Days | 109.3 | 151.57 | 1.38 | 0.12 | 0.12 | 0.38 | 0.37 | 148.9 | 191.06 | 2.37 |
| | Other | | | Procedures | 10.6 | 135.47 | 0.12 | 0.01 | 0.01 | 0.03 | - | 14.2 | 143.97 | 0.17 |
| | Skill Building | | | Units | 342.8 | 4.90 | 0.14 | 0.01 | 0.01 | 0.04 | 0.05 | 465.4 | 6.45 | 0.25 |
| | Vocational Supports | | | Units | 55.6 | 25.69 | 0.12 | 0.01 | 0.01 | 0.03 | 0.02 | 74.2 | 30.75 | 0.19 |
| | Subtotal Mental Health 1915(i) | | | | | \$ 1.86 | \$ 0.16 | \$ 0.16 | \$ 0.51 | \$ 0.47 | | | | \$ 3.16 |
| Autism | | | | | | | | | | | | | | |
| | Assessments and Testing | | | Procedures | - | - | 0.06 | - | - | - | - | - | - | - |
| | Autism Services | | | Units | 50.2 | 14.34 | 0.06 | 0.02 | 0.02 | 0.02 | 0.01 | 83.7 | 17.21 | 0.12 |
| | Subtotal Autism | | | | | | \$ 0.06 | \$ 0.01 | \$ 0.02 | \$ 0.01 | | | | \$ 0.12 |
| Substance Abuse State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 7.9 | \$ 15.15 | \$ 0.01 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | 7.9 | \$ 15.15 | \$ 0.01 |
| | Assessments and Testing | | | Units | 4.7 | 75.95 | 0.03 | - | - | 0.01 | - | 6.3 | 75.95 | 0.04 |
| | Case Management / Treatment Planning | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Crisis | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Evaluation and Management | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Medication Administration | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Medication Assisted Treatment | | | Procedures | 20.6 | 17.50 | 0.03 | - | - | 0.01 | - | 27.4 | 17.50 | 0.04 |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Outpatient Services | | | Procedures | 13.6 | 79.47 | 0.09 | 0.01 | 0.01 | 0.03 | - | 19.6 | 85.58 | 0.14 |
| | Prevention and Early Intervention | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Psychiatric diagnostic evaluation | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Residential Services | | | Days | 11.9 | 181.36 | 0.18 | 0.02 | 0.02 | 0.05 | 0.02 | 16.5 | 210.40 | 0.29 |
| | Withdrawal Management | | | Days | 0.6 | 393.44 | 0.02 | - | - | 0.01 | - | 0.9 | 391.30 | 0.03 |
| | Subtotal Substance Abuse State Plan | | | | | \$ 0.36 | \$ 0.03 | \$ 0.03 | \$ 0.11 | \$ 0.02 | | | | \$ 0.55 |
| Children's Waiver Program | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Children's Waiver Program | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Vocational Supports | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Habilitative Supports Waiver | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Serious Emotional Disturbances | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | | | |
| | | | | | | | \$ 25.65 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | | \$ 34.54 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | | | | |
|---|--|------------------------|---------------------|------------|---|------------------|----------------|--|------------------|---|------------------|--|------------------|-----------------|
| Region: Statewide | Rate Call: HMP - Enrolled - F - 21 - 25 | Member Months: 466,159 | Category of Service | Unit Type | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 194.0 | \$ 24.13 | \$ 0.39 | \$ 0.03 | \$ 0.04 | \$ 0.11 | \$ (0.17) | 263.6 | \$ 18.21 | \$ 0.40 |
| | Assessive Community Treatment (ACT) | | | Units | 63.3 | 79.66 | 0.42 | 0.04 | 0.04 | 0.12 | (0.07) | 87.4 | 75.54 | 0.55 |
| | Assessments and Testing | | | Procedures | 27.9 | 163.73 | 0.38 | 0.03 | 0.03 | 0.11 | (0.04) | 38.1 | 160.59 | 0.51 |
| | Case Management / Treatment Planning | | | Days | 351.8 | 104.37 | 3.06 | 0.27 | 0.27 | 0.85 | (0.72) | 480.6 | 93.13 | 3.73 |
| | Community Living Supports | | | Units | 40.4 | 59.44 | 0.20 | 0.02 | 0.02 | 0.05 | 0.05 | 54.5 | 74.85 | 0.34 |
| | Crisis | | | Procedures | 36.6 | 540.69 | 1.65 | 0.15 | 0.15 | 0.46 | (0.32) | 50.2 | 500.00 | 2.09 |
| | Evaluation and Management | | | Procedures | 68.5 | 287.59 | 1.47 | 0.13 | 0.13 | 0.41 | (0.07) | 93.6 | 265.27 | 2.07 |
| | Inpatient | | | Days | 133.5 | 713.98 | 7.84 | 0.70 | 0.70 | 2.20 | - | 182.2 | 760.74 | 11.55 |
| | Medication Administration | | | Procedures | 9.9 | 108.65 | 0.09 | 0.01 | 0.01 | 0.03 | (0.03) | 14.4 | 91.92 | 0.11 |
| | Other | | | Procedures | 10.9 | 143.65 | 0.13 | 0.01 | 0.01 | 0.04 | - | 15.0 | 151.60 | 0.19 |
| | Other Therapy | | | Procedures | 0.4 | 631.58 | 0.02 | - | - | 0.01 | - | 0.6 | 631.58 | 0.03 |
| | Outpatient Services | | | Procedures | 46.4 | 315.38 | 1.22 | 0.11 | 0.11 | 0.34 | (0.22) | 63.5 | 294.62 | 1.56 |
| | Prevention and Early Intervention | | | Procedures | 12.9 | 37.15 | 0.04 | - | - | 0.01 | 0.01 | 16.2 | 37.15 | 0.05 |
| | Psychiatric diagnostic evaluation | | | Procedures | 27.0 | 413.64 | 0.93 | 0.08 | 0.08 | 0.26 | 0.01 | 36.8 | 443.00 | 1.36 |
| | Psychotherapy | | | Procedures | 176.6 | 195.73 | 2.88 | 0.25 | 0.25 | 0.80 | (0.88) | 240.9 | 164.85 | 3.31 |
| | Residential Services | | | Days | 9.9 | 460.14 | 0.38 | 0.03 | 0.03 | 0.11 | 0.05 | 13.6 | 530.97 | 0.60 |
| | Subtotal Mental Health State Plan | | | | | \$ 21.20 | \$ 1.86 | \$ 1.89 | \$ (2.41) | \$ 5.91 | \$ (2.41) | | | \$ 28.45 |
| Mental Health 1915(i) | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 67.6 | \$ 7.10 | \$ 0.04 | \$ 0.00 | \$ 0.00 | \$ 0.01 | \$ 0.01 | 84.5 | \$ 6.52 | \$ 0.06 |
| | Community Living Supports | | | Days | 71.4 | 176.81 | 1.14 | 0.10 | 0.10 | 0.32 | 0.20 | 105.9 | 210.82 | 1.86 |
| | Other | | | Procedures | 0.7 | 164.38 | 0.01 | - | - | 0.02 | (0.01) | 0.7 | 164.38 | 0.01 |
| | Skill Building | | | Units | 80.8 | 8.91 | 0.06 | 0.01 | 0.01 | 0.02 | (0.01) | 121.2 | 8.91 | 0.09 |
| | Vocational Supports | | | Units | 32.0 | 67.90 | 0.18 | 0.02 | 0.02 | 0.05 | (0.03) | 44.4 | 64.81 | 0.24 |
| | Subtotal Mental Health 1915(i) | | | | | \$ 1.43 | \$ 0.13 | \$ 0.13 | \$ 0.17 | \$ 0.40 | \$ 0.17 | | | \$ 2.26 |
| Autism | | | | | | | | | | | | | | |
| | Assessments and Testing | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Autism Services | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Autism | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 86.3 | \$ 10.88 | \$ 0.08 | \$ 0.01 | \$ 0.01 | \$ 0.02 | \$ (0.01) | 121.4 | \$ 10.88 | \$ 0.11 |
| | Assessments and Testing | | | Procedures | 12.4 | 87.17 | 0.09 | 0.01 | 0.01 | 0.03 | 0.03 | 17.9 | 93.85 | 0.14 |
| | Case Management / Treatment Planning | | | Units | 1.9 | 191.49 | 0.03 | - | - | 0.01 | (0.01) | 2.5 | 143.43 | 0.03 |
| | Crisis | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Evaluation and Management | | | Procedures | 3.9 | 92.54 | 0.03 | - | - | 0.01 | - | 5.2 | 92.49 | 0.04 |
| | Medication Administration | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Medication Assisted Treatment | | | Procedures | 92.5 | 15.58 | 0.12 | 0.02 | 0.01 | 0.03 | 0.04 | 131.0 | 20.16 | 0.22 |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Outpatient Services | | | Procedures | 86.7 | 85.82 | 0.62 | 0.09 | 0.06 | 0.18 | (0.17) | 124.4 | 75.22 | 0.78 |
| | Prevention and Early Intervention | | | Procedures | 0.9 | 136.36 | 0.01 | - | - | - | - | 0.9 | 136.36 | 0.01 |
| | Psychiatric diagnostic evaluation | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Residential Services | | | Days | 71.5 | 167.90 | 1.00 | 0.14 | 0.09 | 0.29 | 0.14 | 102.2 | 194.91 | 1.66 |
| | Withdrawal Management | | | Days | 5.1 | 350.19 | 0.15 | 0.02 | 0.01 | 0.04 | 0.02 | 7.2 | 400.00 | 0.24 |
| | Subtotal Substance Abuse State Plan | | | | | \$ 2.13 | \$ 0.29 | \$ 0.19 | \$ 0.61 | \$ 0.61 | \$ 0.01 | | | \$ 3.23 |
| Children's Waiver Program | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Children's Waiver Program | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Vocational Supports | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Habilitative Supports Waiver | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Serious Emotional Disturbances | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | | | |
| | | | | | | \$ 24.76 | | | | | | | | \$ 33.94 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | | | | |
|---|--|--------------------------|---------------------|------------|---|---------------------|-----------------|--|--------------------|---|--------------------|--|---------------------|-----------------|
| Region: Statewide | Rate Calc: HMP - Enrolled - F - 26 - 39 | Member Months: 1,121,118 | Category of Service | Unit Type | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 347.4 | \$ 20.38 | \$ 0.59 | \$ 0.05 | \$ 0.05 | \$ 0.16 | \$ (0.20) | 471.0 | \$ 16.56 | \$ 0.65 |
| | Assessive Community Treatment (ACT) | | | Units | 71.6 | 105.65 | 0.53 | 0.06 | 0.06 | 0.17 | (0.14) | 97.7 | 95.81 | 0.78 |
| | Assessments and Testing | | | Procedures | 38.3 | 155.76 | 0.61 | 0.04 | 0.05 | 0.14 | (0.06) | 53.2 | 153.50 | 0.68 |
| | Case Management / Treatment Planning | | | Units | 449.0 | 102.64 | 3.84 | 0.34 | 0.34 | 1.06 | (0.90) | 612.6 | 91.67 | 4.68 |
| | Community Living Supports | | | Days | 24.9 | 62.63 | 0.13 | 0.01 | 0.01 | 0.03 | (0.03) | 32.6 | 77.37 | 0.21 |
| | Crisis | | | Procedures | 38.9 | 543.07 | 1.76 | 0.15 | 0.15 | 0.49 | (0.33) | 53.0 | 504.62 | 2.23 |
| | Evaluation and Management | | | Procedures | 90.3 | 245.77 | 1.85 | 0.16 | 0.17 | 0.51 | (0.08) | 123.0 | 254.55 | 2.61 |
| | Inpatient | | | Days | 147.0 | 710.83 | 8.71 | 0.78 | 0.78 | 2.41 | - | 200.6 | 757.48 | 12.66 |
| | Medication Administration | | | Procedures | 19.9 | 108.49 | 0.18 | 0.02 | 0.02 | 0.05 | (0.05) | 27.7 | 95.48 | 0.22 |
| | Other | | | Procedures | 22.9 | 141.61 | 0.27 | 0.02 | 0.02 | 0.07 | - | 30.5 | 149.46 | 0.38 |
| | Other Therapy | | | Procedures | 1.3 | 288.00 | 0.03 | - | - | 0.01 | - | 1.7 | 287.43 | 0.04 |
| | Outpatient Services | | | Procedures | 37.3 | 322.06 | 1.00 | 0.09 | 0.09 | 0.28 | (0.25) | 51.1 | 284.43 | 1.21 |
| | Prevention and Early Intervention | | | Procedures | 0.9 | 391.30 | 0.03 | - | - | 0.01 | - | 1.2 | 390.24 | 0.04 |
| | Psychiatric diagnostic evaluation | | | Procedures | 31.7 | 408.45 | 1.08 | 0.10 | 0.10 | 0.30 | 0.02 | 43.5 | 441.58 | 1.60 |
| | Psychotherapy | | | Procedures | 188.8 | 195.11 | 3.07 | 0.27 | 0.27 | 0.85 | (0.96) | 257.7 | 162.97 | 3.50 |
| | Residential Services | | | Days | 14.5 | 456.12 | 0.55 | 0.05 | 0.05 | 0.15 | 0.07 | 19.7 | 529.14 | 0.87 |
| | Subtotal Mental Health State Plan | | | | | | \$ 24.23 | \$ 2.12 | \$ 2.17 | \$ 6.69 | \$ (2.85) | | | \$ 32.36 |
| Mental Health 1915(i) | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 10.2 | \$ 11.78 | \$ 0.01 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | 10.2 | \$ 11.78 | \$ 0.01 |
| | Community Living Supports | | | Days | 62.3 | 175.20 | 0.91 | 0.08 | 0.08 | 0.25 | 0.19 | 84.9 | 213.35 | 1.51 |
| | Other | | | Procedures | 0.9 | 266.67 | 0.02 | - | - | 0.01 | - | 1.4 | 266.67 | 0.03 |
| | Skill Building | | | Units | 80.9 | 7.42 | 0.05 | - | - | 0.01 | - | 97.1 | 7.42 | 0.06 |
| | Vocational Supports | | | Units | 80.4 | 40.30 | 0.27 | 0.02 | 0.02 | 0.07 | (0.04) | 107.2 | 36.06 | 0.34 |
| | Subtotal Mental Health 1915(i) | | | | | | \$ 1.26 | \$ 0.10 | \$ 0.10 | \$ 0.34 | \$ 0.15 | | | \$ 1.95 |
| Autism | | | | | | | | | | | | | | |
| | Assessments and Testing | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Autism Services | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Autism | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 254.1 | \$ 16.63 | \$ 0.35 | \$ 0.05 | \$ 0.03 | \$ 0.10 | \$ (0.04) | 363.1 | \$ 16.20 | \$ 0.49 |
| | Assessments and Testing | | | Procedures | 89.6 | 46.86 | 0.35 | 0.05 | 0.03 | 0.10 | (0.01) | 128.0 | 48.74 | 0.52 |
| | Case Management / Treatment Planning | | | Units | 8.1 | 118.37 | 0.08 | 0.01 | 0.01 | 0.02 | (0.01) | 11.2 | 118.39 | 0.11 |
| | Crisis | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Evaluation and Management | | | Procedures | 42.1 | 82.74 | 0.29 | 0.04 | 0.03 | 0.08 | (0.01) | 59.5 | 86.78 | 0.43 |
| | Medication Administration | | | Procedures | 16.5 | 21.87 | 0.03 | - | - | 0.01 | - | 22.0 | 21.87 | 0.04 |
| | Medication Assisted Treatment | | | Procedures | 1,728.4 | 16.59 | 2.39 | 0.33 | 0.22 | 0.69 | 0.48 | 2,466.1 | 20.00 | 4.11 |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Outpatient Services | | | Procedures | 345.5 | 81.63 | 2.35 | 0.32 | 0.22 | 0.68 | (0.23) | 492.5 | 81.38 | 3.34 |
| | Prevention and Early Intervention | | | Procedures | 5.9 | 61.02 | 0.03 | - | - | 0.01 | - | 7.9 | 60.99 | 0.04 |
| | Psychiatric diagnostic evaluation | | | Procedures | 0.6 | 196.72 | 0.01 | - | - | 0.6 | - | 0.6 | 196.72 | 0.01 |
| | Residential Services | | | Days | 230.9 | 169.91 | 3.27 | 0.45 | 0.31 | 0.95 | 0.46 | 329.8 | 197.93 | 5.44 |
| | Withdrawal Management | | | Days | 26.3 | 338.03 | 0.74 | 0.10 | 0.07 | 0.21 | 0.10 | 37.3 | 392.70 | 1.22 |
| | Subtotal Substance Abuse State Plan | | | | | | \$ 9.89 | \$ 1.35 | \$ 0.92 | \$ 2.85 | \$ 0.74 | | | \$ 15.75 |
| Children's Waiver Program | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Children's Waiver Program | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Vocational Supports | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Habilitative Supports Waiver | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other Therapy | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Serious Emotional Disturbances | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | | | |
| | | | | | | | \$ 35.38 | | | | | | | \$ 50.06 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | | | | |
|---|--|------------------------|---------------------|------------|--|------------------|-----------------|---|-----------------|--|------------------|---|------------------|-----------------|
| Region: Statewide | Rate Call: HMP - Enrolled - F - 40 - 49 | Member Months: 610,097 | Category of Service | Unit Type | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 448.8 | \$ 17.38 | \$ 0.65 | \$ 0.06 | \$ 0.06 | \$ 0.18 | \$ (0.26) | 614.5 | \$ 13.47 | \$ 0.69 |
| | Assessive Community Treatment (ACT) | | | Units | 67.8 | 95.55 | 0.54 | 0.05 | 0.05 | 0.15 | (0.16) | 92.9 | 81.34 | 0.63 |
| | Assessments and Testing | | | Procedures | 38.6 | 148.60 | 0.49 | 0.04 | 0.04 | 0.14 | (0.06) | 54.1 | 144.15 | 0.65 |
| | Case Management / Treatment Planning | | | Units | 561.7 | 100.19 | 4.69 | 0.41 | 0.41 | 1.30 | (1.05) | 766.5 | 90.33 | 5.77 |
| | Community Living Supports | | | Days | 19.1 | 75.35 | 0.12 | 0.01 | 0.01 | 0.03 | (0.03) | 25.5 | 94.19 | 0.20 |
| | Crisis | | | Procedures | 32.9 | 517.78 | 1.42 | 0.13 | 0.13 | 0.39 | (0.28) | 45.0 | 477.76 | 1.79 |
| | Evaluation and Management | | | Procedures | 112.5 | 228.21 | 2.14 | 0.19 | 0.19 | 0.59 | (0.05) | 153.6 | 239.14 | 3.06 |
| | Inpatient | | | Days | 129.3 | 708.34 | 7.63 | 0.67 | 0.68 | 2.11 | - | 176.4 | 754.59 | 11.09 |
| | Medication Administration | | | Procedures | 20.0 | 112.05 | 0.17 | 0.02 | 0.02 | 0.05 | (0.04) | 28.2 | 93.58 | 0.22 |
| | Other | | | Procedures | 23.6 | 112.05 | 0.22 | 0.02 | 0.02 | 0.06 | - | 32.1 | 119.51 | 0.32 |
| | Other Therapy | | | Procedures | 22.6 | 350.75 | 0.66 | - | - | - | - | 0.2 | 1,333.33 | 0.02 |
| | Outpatient Services | | | Procedures | 22.6 | 350.75 | 0.66 | 0.06 | 0.06 | 0.18 | (0.26) | 30.8 | 272.82 | 0.70 |
| | Prevention and Early Intervention | | | Procedures | 30.3 | 392.47 | 0.99 | 0.09 | 0.09 | 0.27 | 0.03 | 41.3 | 427.33 | 1.47 |
| | Psychiatric diagnostic evaluation | | | Procedures | 189.4 | 190.04 | 3.00 | 0.26 | 0.27 | 0.83 | (1.06) | 258.3 | 153.33 | 3.30 |
| | Psychotherapy | | | Procedures | 13.6 | 432.04 | 0.49 | 0.04 | 0.04 | 0.13 | 0.07 | 18.3 | 504.09 | 0.77 |
| | Residential Services | | | Days | | | | | | | | | | |
| | Subtotal Mental Health State Plan | | | | | | \$ 23.23 | \$ 2.05 | \$ 2.08 | \$ 6.41 | \$ (3.09) | | | \$ 30.68 |
| Mental Health 1915(i) | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 14.6 | \$ 8.25 | \$ 0.01 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | 14.6 | \$ 8.25 | \$ 0.01 |
| | Community Living Supports | | | Days | 69.2 | 111.06 | 0.64 | 0.06 | 0.06 | 0.18 | 0.12 | 95.1 | 133.78 | 1.06 |
| | Other | | | Procedures | | | | | | | | | | |
| | Skill Building | | | Units | 103.0 | 4.66 | 0.04 | - | - | 0.01 | 0.01 | 128.7 | 5.59 | 0.06 |
| | Vocational Supports | | | Units | 227.8 | 22.13 | 0.42 | 0.04 | 0.04 | 0.12 | (0.09) | 314.5 | 20.22 | 0.53 |
| | Subtotal Mental Health 1915(i) | | | | | | \$ 1.11 | \$ 0.10 | \$ 0.10 | \$ 0.31 | \$ 0.04 | | | \$ 1.66 |
| Autism | | | | | | | | | | | | | | |
| | Assessments and Testing | | | Procedures | | | | | | | | | | |
| | Autism Services | | | Units | | | | | | | | | | |
| | Subtotal Autism | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 370.7 | \$ 15.86 | \$ 0.49 | \$ 0.07 | \$ 0.05 | \$ 0.14 | \$ (0.19) | 529.6 | \$ 12.69 | \$ 0.56 |
| | Assessments and Testing | | | Procedures | 100.4 | 45.41 | 0.38 | 0.05 | 0.05 | 0.11 | (0.01) | 142.7 | 47.93 | 0.57 |
| | Case Management / Treatment Planning | | | Units | 9.3 | 116.38 | 0.09 | 0.01 | 0.01 | 0.03 | (0.01) | 13.4 | 116.42 | 0.13 |
| | Crisis | | | Procedures | | | | | | | | | | |
| | Evaluation and Management | | | Procedures | 47.3 | 86.35 | 0.34 | 0.05 | 0.03 | 0.10 | (0.02) | 68.1 | 88.11 | 0.50 |
| | Medication Administration | | | Procedures | 15.0 | 24.06 | 0.03 | - | - | 0.01 | 0.00 | 20.0 | 24.06 | 0.04 |
| | Medication Assisted Treatment | | | Procedures | 2,276.0 | 16.87 | 3.20 | 0.44 | 0.30 | 0.93 | 0.57 | 3,250.5 | 20.08 | 5.44 |
| | Other | | | Procedures | | | | | | | | | | |
| | Outpatient Services | | | Procedures | 410.6 | 80.96 | 2.77 | 0.38 | 0.26 | 0.80 | (0.34) | 585.5 | 79.32 | 3.87 |
| | Prevention and Early Intervention | | | Procedures | 5.0 | 96.19 | 0.04 | 0.01 | 0.01 | 0.01 | - | 7.5 | 96.13 | 0.06 |
| | Psychiatric diagnostic evaluation | | | Procedures | 0.6 | 214.29 | 0.01 | - | - | - | - | 0.6 | 214.29 | 0.01 |
| | Residential Services | | | Days | 262.5 | 170.08 | 3.72 | 0.52 | 0.35 | 1.08 | 0.52 | 375.4 | 197.90 | 6.19 |
| | Withdrawal Management | | | Days | 25.6 | 341.79 | 0.73 | 0.10 | 0.07 | 0.21 | 0.10 | 36.5 | 397.70 | 1.21 |
| | Subtotal Substance Abuse State Plan | | | | | | \$ 11.80 | \$ 1.83 | \$ 1.11 | \$ 3.42 | \$ 0.62 | | | \$ 18.58 |
| Children's Waiver Program | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | | | | | | | | | | |
| | Other | | | Procedures | | | | | | | | | | |
| | Subtotal Children's Waiver Program | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | | | | | | | | | | |
| | Other | | | Procedures | | | | | | | | | | |
| | Skill Building | | | Units | | | | | | | | | | |
| | Vocational Supports | | | Units | | | | | | | | | | |
| | Subtotal Habilitative Supports Waiver | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | \$ 0.00 | \$ 0.00 |
| | Case Management / Treatment Planning | | | Units | | | | | | | | | | |
| | Community Living Supports | | | Days | | | | | | | | | | |
| | Other | | | Procedures | | | | | | | | | | |
| | Subtotal Serious Emotional Disturbances | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Subtotal Medical Costs | | | | | | | | | | | | | | |
| | | | | | | | \$ 36.14 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 50.92 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | | | |
|---|------------------------|--|------------|---|--|-----------|--|-----------------------------------|---|--|--|---|-----------|
| Region: Statewide | Member Months: 912,410 | Category of Service | Unit Type | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Adjusted SFY 2023 Base Experience Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Trend Adjustments Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Policy and Program Adjustments Cost Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | SFY 2025 Projected Benefit Expense Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | |
| | | Additional Support Services | Units | 370.8 | \$ 15.86 | \$ 0.49 | \$ 0.04 | \$ 0.04 | \$ 0.14 | \$ (0.18) | 507.1 | \$ 12.54 | \$ 0.53 |
| | | Assessive Community Treatment (ACT) | Units | 55.1 | 106.68 | 0.49 | 0.04 | 0.04 | 0.14 | 0.13 | 75.4 | 92.34 | 0.58 |
| | | Assessments and Testing | Procedures | 29.6 | 154.21 | 0.38 | 0.03 | 0.03 | 0.11 | (0.04) | 40.5 | 151.26 | 0.51 |
| | | Case Management / Treatment Planning | Days | 442.2 | 97.97 | 3.61 | 0.32 | 0.32 | 1.00 | (0.82) | 603.9 | 88.03 | 4.43 |
| | | Community Living Supports | Units | 40.1 | 77.82 | 0.26 | 0.02 | 0.02 | 0.07 | 0.07 | 54.0 | 97.83 | 0.44 |
| | | Crisis | Procedures | 16.5 | 562.73 | 0.76 | 0.07 | 0.07 | 0.21 | (0.15) | 22.6 | 510.19 | 0.96 |
| | | Evaluation and Management | Procedures | 84.5 | 218.62 | 1.54 | 0.14 | 0.14 | 0.43 | (0.02) | 115.8 | 231.05 | 2.23 |
| | | Inpatient | Days | 71.2 | 726.61 | 4.31 | 0.38 | 0.39 | 1.19 | - | 97.1 | 774.79 | 6.27 |
| | | Medication Administration | Procedures | 12.1 | 119.01 | 0.12 | 0.01 | 0.01 | 0.03 | (0.03) | 16.1 | 104.15 | 0.14 |
| | | Other | Procedures | 17.1 | 112.54 | 0.16 | 0.01 | 0.01 | 0.04 | - | 22.4 | 117.91 | 0.22 |
| | | Other Therapy | Procedures | 13.8 | 338.64 | 0.39 | 0.03 | 0.03 | 0.11 | - | 1.1 | 440.37 | 0.04 |
| | | Outpatient Services | Procedures | 0.8 | 439.02 | 0.03 | - | - | 0.04 | - | 18.8 | 268.37 | 0.42 |
| | | Prevention and Early Intervention | Procedures | 20.3 | 402.57 | 0.68 | 0.06 | 0.06 | 0.19 | 0.02 | 27.7 | 437.23 | 1.01 |
| | | Psychiatric diagnostic evaluation | Procedures | 155.0 | 196.65 | 2.54 | 0.22 | 0.22 | 0.70 | (0.94) | 211.1 | 156.29 | 2.75 |
| | | Psychotherapy | Procedures | 10.0 | 421.26 | 0.35 | 0.03 | 0.03 | 0.10 | 0.05 | 13.7 | 491.59 | 0.56 |
| | | Residential Services | Days | | | | \$ 1.40 | \$ 1.42 | \$ 4.47 | \$ (2.31) | | | \$ 21.09 |
| | | Subtotal Mental Health State Plan | | | | \$ 16.11 | | | | | | | |
| Mental Health 1915(i) | | | | | | | | | | | | | |
| | | Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | | Community Living Supports | Days | 90.7 | 123.00 | 0.93 | 0.08 | 0.08 | 0.26 | - | 123.9 | 146.25 | 1.51 |
| | | Other | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | Skill Building | Units | 94.6 | 3.81 | 0.03 | 0.03 | 0.03 | 0.01 | - | 126.1 | 3.81 | 0.04 |
| | | Vocational Supports | Units | 147.1 | 24.48 | 0.50 | \$ 0.11 | \$ 0.11 | \$ 0.35 | (0.06) | 201.0 | 22.69 | 0.36 |
| | | Subtotal Mental Health 1915(i) | | | | \$ 1.26 | | | | | | | \$ 1.93 |
| Autism | | | | | | | | | | | | | |
| | | Assessments and Testing | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | Autism Services | Units | - | - | - | - | - | - | - | - | - | - |
| | | Subtotal Autism | | | | \$ 0.00 | | | | | | | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | | | | |
| | | Additional Support Services | Units | 153.5 | \$ 17.98 | \$ 0.23 | \$ 0.03 | \$ 0.02 | \$ 0.07 | \$ (0.10) | 220.2 | \$ 13.62 | \$ 0.25 |
| | | Assessments and Testing | Procedures | 58.8 | 42.89 | 0.21 | 0.03 | 0.02 | 0.06 | 0.06 | 83.9 | 46.75 | 0.32 |
| | | Case Management / Treatment Planning | Units | 3.9 | 124.03 | 0.04 | 0.01 | - | 0.01 | (0.01) | 5.8 | 103.27 | 0.05 |
| | | Crisis | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | Evaluation and Management | Procedures | 21.1 | 85.51 | 0.15 | 0.02 | 0.01 | 0.04 | - | 29.5 | 89.58 | 0.22 |
| | | Medication Administration | Procedures | 14.5 | 24.83 | 0.03 | - | - | 0.01 | - | 19.3 | 24.83 | 0.04 |
| | | Medication Assisted Treatment | Procedures | 1,108.7 | 17.21 | 1.59 | 0.22 | 0.15 | 0.46 | 0.29 | 1,582.9 | 20.54 | 2.71 |
| | | Other | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | Outpatient Services | Procedures | 198.4 | 82.27 | 1.36 | 0.19 | 0.13 | 0.39 | (0.12) | 283.0 | 82.70 | 1.95 |
| | | Prevention and Early Intervention | Procedures | 1.8 | 68.57 | 0.01 | - | - | - | - | 1.8 | 68.57 | 0.01 |
| | | Psychiatric diagnostic evaluation | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | Residential Services | Days | 134.0 | 172.80 | 1.93 | 0.27 | 0.18 | 0.56 | 0.27 | 191.7 | 200.97 | 3.21 |
| | | Withdrawal Management | Days | 13.4 | 339.54 | 0.38 | 0.05 | 0.04 | 0.11 | 0.05 | 19.1 | 396.23 | 0.63 |
| | | Subtotal Substance Abuse State Plan | | | | \$ 5.93 | \$ 0.82 | \$ 0.55 | \$ 1.71 | \$ 0.38 | | | \$ 6.39 |
| Children's Waiver Program | | | | | | | | | | | | | |
| | | Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | | Community Living Supports | Days | - | - | - | - | - | - | - | - | - | - |
| | | Other | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | Subtotal Children's Waiver Program | | | | \$ 0.00 | | | | | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | | |
| | | Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | | Community Living Supports | Days | - | - | - | - | - | - | - | - | - | - |
| | | Other | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | Skill Building | Units | - | - | - | - | - | - | - | - | - | - |
| | | Vocational Supports | Units | - | - | - | - | - | - | - | - | - | - |
| | | Subtotal Habilitative Supports Waiver | | | | \$ 0.00 | | | | | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | | |
| | | Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | | Case Management / Treatment Planning | Units | - | - | - | - | - | - | - | - | - | - |
| | | Community Living Supports | Days | - | - | - | - | - | - | - | - | - | - |
| | | Other | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | Subtotal Serious Emotional Disturbances | | | | \$ 0.00 | | | | | | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | | |
| | | | | | | \$ 23.30 | | | | | | | \$ 32.41 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | | | | |
|---|--|------------------------|---------------------|------------|--|------------------|----------------|---|-----------------|--|-----------------|---|------------------|-----------------|
| Region: Statewide | Rate Call: HMP - Enrolled - M - 21 - 25 | Member Months: 445,140 | Category of Service | Unit Type | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 194.1 | \$ 21.02 | \$ 0.34 | \$ 0.03 | \$ 0.03 | \$ 0.09 | \$ (0.16) | 262.7 | \$ 15.08 | \$ 0.33 |
| | Assessive Community Treatment (ACT) | | | Units | 110.2 | 92.98 | 0.85 | 0.07 | 0.04 | 0.24 | (0.30) | 150.4 | 75.02 | 0.94 |
| | Assessments and Testing | | | Procedures | 30.4 | 169.57 | 0.43 | 0.04 | 0.04 | 0.12 | (0.06) | 41.8 | 163.83 | 0.57 |
| | Case Management / Treatment Planning | | | Units | 396.7 | 103.03 | 3.32 | 0.29 | 0.29 | 0.92 | (0.81) | 527.6 | 91.43 | 4.02 |
| | Community Living Supports | | | Days | 52.0 | 55.43 | 0.24 | 0.02 | 0.02 | 0.07 | (0.07) | 71.5 | 70.54 | 0.42 |
| | Crisis | | | Procedures | 43.5 | 524.62 | 1.90 | 0.17 | 0.17 | 0.52 | (0.36) | 59.2 | 486.16 | 2.40 |
| | Evaluation and Management | | | Procedures | 70.2 | 232.45 | 1.36 | 0.12 | 0.12 | 0.38 | (0.06) | 96.0 | 239.95 | 1.92 |
| | Inpatient | | | Days | 197.9 | 693.86 | 11.44 | 1.00 | 1.00 | 3.17 | (0.07) | 270.0 | 739.19 | 16.63 |
| | Medication Administration | | | Procedures | 31.4 | 118.66 | 0.31 | 0.03 | 0.03 | 0.09 | (0.07) | 43.5 | 107.61 | 0.39 |
| | Other | | | Procedures | 18.1 | 126.11 | 0.19 | 0.02 | 0.02 | 0.05 | - | 24.7 | 135.81 | 0.28 |
| | Outpatient Services | | | Procedures | 3.1 | 311.69 | 0.08 | 0.01 | 0.01 | 0.02 | - | 4.2 | 339.62 | 0.12 |
| | Prevention and Early Intervention | | | Procedures | 17.0 | 339.02 | 0.48 | 0.04 | 0.04 | 0.13 | (0.08) | 23.0 | 318.12 | 0.61 |
| | Psychiatric diagnostic evaluation | | | Procedures | 29.6 | 389.06 | 0.96 | 0.08 | 0.09 | 0.27 | (0.57) | 40.4 | 415.74 | 1.40 |
| | Psychotherapy | | | Procedures | 107.2 | 188.11 | 1.68 | 0.15 | 0.15 | 0.46 | (0.07) | 146.1 | 153.61 | 1.87 |
| | Residential Services | | | Days | 13.4 | 449.44 | 0.50 | 0.04 | 0.04 | 0.14 | (2.33) | 18.2 | 522.03 | 0.79 |
| | Subtotal Mental Health State Plan | | | | | \$ 24.08 | \$ 2.11 | \$ 2.16 | \$ 6.67 | \$ (2.33) | | | | \$ 32.69 |
| Mental Health 1915(i) | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 88.6 | \$ 5.36 | \$ 0.04 | \$ 0.00 | \$ 0.00 | \$ 0.01 | \$ 0.01 | 112.0 | \$ 6.43 | \$ 0.06 |
| | Community Living Supports | | | Days | 168.9 | 135.70 | 1.91 | 0.17 | 0.17 | 0.53 | 0.39 | 230.8 | 164.82 | 3.17 |
| | Other | | | Procedures | 1.7 | 71.01 | 0.01 | - | - | 0.01 | 0.01 | 1.7 | 71.01 | 0.01 |
| | Skill Building | | | Units | 71.2 | 6.22 | 0.04 | 0.04 | 0.04 | 0.01 | 0.01 | 96.5 | 7.46 | 0.06 |
| | Vocational Supports | | | Units | 234.3 | 22.53 | \$ 2.44 | \$ 0.21 | \$ 0.21 | \$ 0.67 | \$ 0.42 | 319.6 | 24.41 | \$ 3.95 |
| | Subtotal Mental Health 1915(i) | | | | | \$ 2.44 | \$ 0.21 | \$ 0.21 | \$ 0.67 | \$ 0.42 | | | | \$ 3.95 |
| Autism | | | | | | | | | | | | | | |
| | Assessments and Testing | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Autism Services | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Autism | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 142.0 | \$ 14.37 | \$ 0.17 | \$ 0.02 | \$ 0.02 | \$ 0.05 | \$ (0.03) | 200.4 | \$ 13.77 | \$ 0.23 |
| | Assessments and Testing | | | Procedures | 17.3 | 104.11 | 0.15 | 0.02 | 0.01 | 0.04 | 0.22 | 24.2 | 109.05 | 0.22 |
| | Case Management / Treatment Planning | | | Units | 2.5 | 189.72 | 0.04 | - | - | 0.01 | (0.01) | 3.2 | 151.90 | 0.04 |
| | Crisis | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Evaluation and Management | | | Procedures | 4.9 | 97.17 | 0.01 | 0.01 | 0.01 | 0.01 | - | 7.4 | 97.17 | 0.06 |
| | Medication Administration | | | Procedures | 6.3 | 18.99 | 0.01 | - | - | 0.06 | 0.03 | 6.3 | 18.99 | 0.01 |
| | Medication Assisted Treatment | | | Procedures | 150.3 | 17.57 | 0.22 | 0.03 | 0.02 | 0.06 | 0.03 | 211.8 | 20.40 | 0.36 |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Outpatient Services | | | Procedures | 131.6 | 87.56 | 0.96 | 0.13 | 0.09 | 0.28 | (0.19) | 187.8 | 81.17 | 1.27 |
| | Prevention and Early Intervention | | | Procedures | 1.9 | 62.50 | 0.01 | - | - | 0.04 | 0.01 | 1.9 | 62.50 | 0.01 |
| | Psychiatric diagnostic evaluation | | | Procedures | 0.4 | 300.00 | 0.01 | - | - | 0.47 | 0.23 | 0.4 | 300.00 | 0.01 |
| | Residential Services | | | Days | 111.3 | 176.85 | 1.64 | 0.23 | 0.15 | 0.47 | 0.23 | 158.8 | 205.57 | 2.72 |
| | Withdrawal Management | | | Days | 8.6 | 350.06 | 0.25 | 0.03 | 0.02 | 0.07 | 0.03 | 12.0 | 400.00 | 0.40 |
| | Subtotal Substance Abuse State Plan | | | | | \$ 3.50 | \$ 0.47 | \$ 0.31 | \$ 0.99 | \$ 0.06 | | | | \$ 5.33 |
| Children's Waiver Program | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Children's Waiver Program | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Vocational Supports | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Habilitative Supports Waiver | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Serious Emotional Disturbances | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | | | |
| | | | | | | \$ 30.02 | | | | | | | | \$ 41.97 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | | | | |
|---|--|--------------------------|---------------------|------------|--|------------------|-----------------|---|-----------------|--|-----------------|---|------------------|-----------------|
| Region: Statewide | Rate Call: HMP - Enrolled - M - 26 - 39 | Member Months: 1,329,673 | Category of Service | Unit Type | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 345.2 | \$ 16.69 | \$ 0.48 | \$ 0.04 | \$ 0.04 | \$ 0.13 | \$ (0.18) | 467.5 | \$ 13.09 | \$ 0.51 |
| | Assessive Community Treatment (ACT) | | | Units | 136.8 | 93.89 | 1.07 | 0.09 | 0.10 | 0.30 | (0.31) | 186.6 | 80.39 | 1.25 |
| | Assessments and Testing | | | Procedures | 54.1 | 146.45 | 0.66 | 0.06 | 0.06 | 0.18 | (0.09) | 73.8 | 141.56 | 0.87 |
| | Case Management / Treatment Planning | | | Days | 508.0 | 102.99 | 4.36 | 0.38 | 0.39 | 0.08 | (1.06) | 693.3 | 91.39 | 5.28 |
| | Community Living Supports | | | Units | 52.1 | 69.10 | 0.30 | 0.03 | 0.03 | 0.08 | 0.08 | 71.2 | 87.64 | 0.52 |
| | Crisis | | | Procedures | 56.2 | 536.04 | 2.51 | 0.22 | 0.22 | 0.55 | (0.12) | 76.8 | 496.50 | 3.19 |
| | Evaluation and Management | | | Days | 102.3 | 234.65 | 2.00 | 0.18 | 0.18 | 0.70 | (0.12) | 139.6 | 239.81 | 2.79 |
| | Inpatient | | | Procedures | 245.1 | 702.05 | 14.34 | 1.28 | 1.28 | 0.97 | - | 334.5 | 747.96 | 20.85 |
| | Medication Administration | | | Procedures | 45.1 | 111.68 | 0.42 | 0.04 | 0.04 | 0.12 | (0.10) | 62.3 | 100.13 | 0.52 |
| | Other | | | Procedures | 26.2 | 110.13 | 0.24 | 0.02 | 0.02 | 0.07 | - | 36.0 | 116.80 | 0.35 |
| | Other Therapy | | | Procedures | 13.1 | 320.37 | 0.03 | 0.03 | 0.03 | 0.01 | (0.05) | 0.7 | 716.42 | 0.04 |
| | Outpatient Services | | | Procedures | 0.5 | 720.00 | 0.03 | - | - | 0.10 | - | 18.0 | 307.01 | 0.46 |
| | Prevention and Early Intervention | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Psychiatric diagnostic evaluation | | | Procedures | 38.4 | 415.63 | 1.33 | 0.12 | 0.12 | 0.37 | (0.03) | 52.6 | 436.16 | 1.91 |
| | Psychotherapy | | | Procedures | 147.1 | 186.86 | 2.29 | 0.20 | 0.20 | 0.63 | (0.79) | 200.4 | 151.53 | 2.53 |
| | Residential Services | | | Days | 19.0 | 447.71 | 0.71 | 0.06 | 0.06 | 0.20 | 0.10 | 26.0 | 521.54 | 1.13 |
| | Subtotal Mental Health State Plan | | | | | \$ 31.09 | \$ 2.73 | \$ 2.77 | \$ 8.62 | \$ (3.01) | | | | \$ 42.20 |
| Mental Health 1915(i) | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 31.0 | \$ 7.73 | \$ 0.02 | \$ 0.00 | \$ 0.00 | \$ 0.01 | \$ 0.01 | 46.6 | \$ 10.31 | \$ 0.04 |
| | Community Living Supports | | | Days | 142.8 | 155.49 | 1.85 | 0.16 | 0.17 | 0.51 | 0.35 | 194.5 | 187.58 | 3.04 |
| | Other | | | Procedures | 1.5 | 82.76 | 0.01 | 0.01 | 0.01 | 0.04 | 0.04 | 1.5 | 82.76 | 0.01 |
| | Skill Building | | | Units | 341.6 | 4.82 | 0.14 | 0.01 | 0.01 | 0.04 | 0.04 | 463.6 | 6.21 | 0.24 |
| | Vocational Supports | | | Units | 171.0 | 30.68 | 0.44 | 0.04 | 0.04 | 0.12 | (0.06) | 233.2 | 28.85 | 0.50 |
| | Subtotal Mental Health 1915(i) | | | | | \$ 2.46 | \$ 0.21 | \$ 0.22 | \$ 0.68 | \$ 0.34 | | | | \$ 3.91 |
| Autism | | | | | | | | | | | | | | |
| | Assessments and Testing | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Autism Services | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Autism | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 566.3 | \$ 14.83 | \$ 0.70 | \$ 0.10 | \$ 0.07 | \$ 0.20 | \$ (0.16) | 809.0 | \$ 13.50 | \$ 0.91 |
| | Assessments and Testing | | | Procedures | 144.1 | 53.30 | 0.64 | 0.09 | 0.06 | 0.19 | (0.01) | 207.1 | 56.20 | 0.97 |
| | Case Management / Treatment Planning | | | Units | 11.7 | 132.99 | 0.13 | 0.02 | 0.01 | 0.04 | (0.03) | 17.1 | 119.02 | 0.17 |
| | Crisis | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Evaluation and Management | | | Procedures | 57.9 | 89.09 | 0.43 | 0.06 | 0.04 | 0.12 | (0.02) | 82.2 | 92.00 | 0.63 |
| | Medication Administration | | | Procedures | 33.2 | 21.72 | 0.06 | 0.01 | 0.01 | 0.02 | 0.02 | 49.7 | 24.13 | 0.10 |
| | Medication Assisted Treatment | | | Procedures | 2,175.7 | 16.82 | 3.05 | 0.42 | 0.29 | 0.88 | 0.58 | 3,103.1 | 20.19 | 5.22 |
| | Other | | | Procedures | 1.9 | 62.83 | 0.01 | - | - | 1.9 | - | 1.9 | 62.83 | 0.01 |
| | Outpatient Services | | | Procedures | 631.4 | 77.73 | 4.09 | 0.57 | 0.38 | 1.18 | (0.37) | 901.6 | 77.86 | 5.85 |
| | Prevention and Early Intervention | | | Procedures | 7.8 | 77.42 | 0.05 | 0.01 | - | 0.01 | (0.01) | 10.9 | 66.36 | 0.06 |
| | Psychiatric diagnostic evaluation | | | Procedures | 1.1 | 210.53 | 0.02 | - | - | 0.01 | - | 1.7 | 210.53 | 0.03 |
| | Residential Services | | | Days | 522.5 | 174.56 | 7.60 | 1.05 | 0.71 | 2.20 | 1.06 | 745.9 | 203.03 | 12.62 |
| | Withdrawal Management | | | Days | 57.2 | 341.72 | 1.63 | 0.23 | 0.15 | 0.47 | 0.23 | 81.8 | 397.46 | 2.71 |
| | Subtotal Substance Abuse State Plan | | | | | \$ 18.41 | \$ 2.56 | \$ 1.72 | \$ 5.32 | \$ 1.27 | | | | \$ 25.28 |
| Children's Waiver Program | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Children's Waiver Program | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Vocational Supports | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Habilitative Supports Waiver | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Serious Emotional Disturbances | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | | | |
| | | | | | | \$ 51.96 | \$ 18.41 | \$ 2.56 | \$ 1.72 | \$ 5.32 | \$ 1.27 | | | \$ 75.39 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | | | | |
|---|--|------------------------|---------------------|------------|---|------------------|-----------|--|-----------------|---|-----------------|--|------------------|-----------|
| Region: Statewide | Rate Call: HMP - Enrolled - M - 40 - 49 | Member Months: 686,873 | Category of Service | Unit Type | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 398.2 | \$ 12.96 | \$ 0.43 | \$ 0.04 | \$ 0.04 | \$ 0.12 | \$ (0.18) | 546.3 | \$ 9.88 | \$ 0.45 |
| | Assessments and Testing | | | Units | 75.1 | 110.28 | 0.69 | 0.06 | 0.06 | 0.19 | (0.21) | 102.3 | 92.69 | 0.79 |
| | Case Management / Treatment Planning | | | Days | 542.2 | 139.46 | 0.64 | 0.06 | 0.06 | 0.18 | (0.09) | 75.7 | 134.71 | 0.85 |
| | Community Living Supports | | | Units | 43.4 | 99.37 | 4.49 | 0.39 | 0.39 | 1.24 | (1.07) | 739.1 | 88.49 | 5.45 |
| | Evaluation and Management | | | Procedures | 45.1 | 66.33 | 0.24 | 0.02 | 0.02 | 0.07 | 0.06 | 59.7 | 82.41 | 0.41 |
| | Inpatient | | | Procedures | 107.1 | 551.02 | 2.07 | 0.18 | 0.18 | 0.57 | (0.40) | 61.4 | 510.01 | 2.61 |
| | Medication Administration | | | Days | 176.2 | 708.29 | 10.40 | 0.91 | 0.93 | 2.88 | (0.10) | 146.5 | 231.75 | 2.83 |
| | Other | | | Procedures | 28.0 | 111.63 | 0.26 | 0.02 | 0.02 | 0.07 | (0.07) | 240.4 | 754.71 | 15.12 |
| | Outpatient Services | | | Procedures | 25.2 | 95.43 | 0.20 | 0.02 | 0.02 | 0.06 | - | 37.6 | 95.67 | 0.30 |
| | Prevention and Early Intervention | | | Procedures | 8.5 | 310.22 | 0.22 | 0.02 | 0.02 | 0.01 | - | 35.2 | 102.24 | 0.30 |
| | Psychiatric diagnostic evaluation | | | Procedures | 33.6 | 411.08 | 1.15 | 0.10 | 0.10 | 0.32 | (0.01) | 45.8 | 434.65 | 1.66 |
| | Residential Services | | | Days | 146.5 | 183.54 | 2.24 | 0.20 | 0.20 | 0.62 | (0.84) | 200.1 | 145.16 | 2.42 |
| | Subtotal Mental Health State Plan | | | | 15.1 | 405.57 | 0.51 | 0.04 | 0.05 | 7.09 | \$(2.87) | 20.4 | 476.00 | 0.81 |
| | | | | | | | \$ 25.57 | \$ 2.24 | \$ 2.29 | \$ 7.09 | \$(2.87) | | | \$ 34.32 |
| Mental Health 1915(i) | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | 90.2 | 172.91 | 1.30 | 0.11 | 0.12 | 0.36 | 0.22 | 122.8 | 206.12 | 2.11 |
| | Other | | | Procedures | 218.3 | 3.85 | 0.07 | 0.01 | 0.01 | 0.02 | 0.02 | 311.8 | 5.00 | 0.13 |
| | Skill Building | | | Units | 78.9 | 51.70 | 0.34 | 0.03 | 0.03 | 0.09 | (0.04) | 106.6 | 50.56 | 0.45 |
| | Subtotal Mental Health 1915(i) | | | | | | \$ 1.71 | \$ 0.15 | \$ 0.16 | \$ 0.47 | \$ 0.20 | | | \$ 2.69 |
| Autism | | | | | | | | | | | | | | |
| | Assessments and Testing | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Autism Services | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Autism | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 885.7 | \$ 13.28 | \$ 0.88 | \$ 0.14 | \$ 0.09 | \$ 0.28 | \$(0.12) | 1,265.2 | \$ 12.99 | \$ 1.37 |
| | Assessments and Testing | | | Procedures | 181.2 | 49.02 | 0.74 | 0.10 | 0.07 | 0.21 | (0.01) | 257.0 | 51.82 | 1.11 |
| | Case Management / Treatment Planning | | | Units | 13.1 | 137.72 | 0.15 | 0.02 | 0.01 | 0.04 | (0.03) | 18.3 | 124.59 | 0.19 |
| | Crisis | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Evaluation and Management | | | Procedures | 66.3 | 85.09 | 0.47 | 0.06 | 0.04 | 0.14 | (0.02) | 94.5 | 87.64 | 0.69 |
| | Medication Administration | | | Procedures | 48.4 | 22.31 | 0.09 | 0.01 | 0.01 | 0.03 | 0.84 | 69.9 | 24.03 | 0.14 |
| | Medication Assisted Treatment | | | Procedures | 3,096.2 | 16.55 | 4.27 | 0.59 | 0.40 | 1.24 | - | 4,423.1 | 19.91 | 7.34 |
| | Other | | | Procedures | 2.9 | 41.67 | 0.01 | - | - | - | - | 2.9 | 41.67 | 0.01 |
| | Outpatient Services | | | Procedures | 769.8 | 74.67 | 4.79 | 0.66 | 0.45 | 1.39 | (0.57) | 1,099.3 | 73.36 | 6.72 |
| | Prevention and Early Intervention | | | Procedures | 7.6 | 62.91 | 0.04 | 0.01 | 0.01 | 0.01 | (0.01) | 11.5 | 62.88 | 0.06 |
| | Psychiatric diagnostic evaluation | | | Procedures | 1.4 | 251.75 | 0.03 | - | - | 2.61 | 1.26 | 1.9 | 188.48 | 0.03 |
| | Residential Services | | | Days | 627.4 | 172.72 | 9.03 | 1.25 | 1.25 | 0.60 | 0.29 | 895.6 | 200.85 | 14.99 |
| | Withdrawal Management | | | Days | 72.9 | 339.33 | 2.06 | 0.29 | 0.19 | 0.60 | 0.29 | 104.3 | 394.56 | 3.43 |
| | Subtotal Substance Abuse State Plan | | | | | | \$ 22.86 | \$ 3.13 | \$ 2.10 | \$ 6.56 | \$ 1.63 | | | \$ 36.09 |
| Children's Waiver Program | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Children's Waiver Program | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Habilitative Supports Waiver | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Case Management / Treatment Planning | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Community Living Supports | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Serious Emotional Disturbances | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | | | |
| | | | | | | | \$ 49.94 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 73.09 |

| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | | |
|---|---|------------------------|---|------------------|----------------|--|-----------------|---|-----------------|--|------------------|-----------------|
| Region: Statewide | Rate Call: HMP - Enrolled - M - 50 - 64 | Member Months: 900,343 | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | |
| Additional Support Services | Units | 377.7 | \$ 14.30 | \$ 0.45 | \$ 0.04 | \$ 0.04 | \$ 0.04 | \$ 0.12 | \$ (0.12) | 512.0 | \$ 12.42 | \$ 0.53 |
| Assessments and Testing (ACT) | Units | 70.8 | 88.19 | 0.52 | 0.05 | 0.05 | 0.05 | 0.14 | (0.15) | 96.6 | 75.77 | 0.61 |
| Case Management / Treatment Planning | Units | 466.2 | 136.30 | 0.49 | 0.04 | 0.04 | 0.04 | 0.05 | (0.06) | 590.0 | 132.23 | 0.65 |
| Community Living Supports | Days | 38.0 | 97.81 | 3.80 | 0.33 | 0.33 | 0.33 | 1.05 | (0.87) | 635.5 | 87.80 | 0.33 |
| Evaluation and Management | Procedures | 26.1 | 546.29 | 1.19 | 0.02 | 0.02 | 0.02 | 0.05 | (0.05) | 51.9 | 76.26 | 0.33 |
| Inpatient | Days | 71.3 | 212.09 | 1.26 | 0.11 | 0.11 | 0.11 | 0.35 | (0.27) | 35.6 | 492.27 | 1.46 |
| Medication Administration | Procedures | 104.3 | 715.77 | 6.22 | 0.55 | 0.55 | 0.55 | 1.72 | (0.02) | 97.3 | 223.18 | 1.81 |
| Other | Procedures | 18.8 | 114.95 | 0.18 | 0.02 | 0.02 | 0.02 | 0.05 | (0.03) | 142.3 | 762.96 | 9.05 |
| Outpatient Services | Procedures | 0.5 | 480.00 | 0.02 | - | - | - | 0.01 | - | 26.1 | 124.14 | 0.27 |
| Prevention and Early Intervention | Procedures | 4.9 | 287.75 | 0.11 | 0.01 | 0.01 | 0.01 | 0.03 | - | 6.7 | 285.71 | 0.16 |
| Psychiatric diagnostic evaluation | Procedures | 22.9 | 402.97 | 0.77 | 0.07 | 0.07 | 0.07 | 0.21 | (0.49) | 31.3 | 429.80 | 1.12 |
| Residential Services | Days | 106.9 | 177.43 | 1.58 | 0.14 | 0.14 | 0.14 | 0.44 | (0.08) | 146.1 | 148.68 | 1.81 |
| Subtotal Mental Health State Plan | Days | 16.1 | 446.65 | 0.60 | 0.05 | 0.05 | 0.05 | 0.16 | \$(1.88) | 21.8 | 518.38 | \$ 23.56 |
| Mental Health 1915(i) | | | | | | | | | | | | |
| Additional Support Services | Units | 1.2 | \$ 193.55 | \$ 0.02 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.01 | \$ 0.00 | 1.9 | \$ 193.55 | \$ 0.03 |
| Community Living Supports | Procedures | 91.0 | 135.79 | 1.03 | 0.09 | 0.09 | 0.09 | 0.29 | 0.18 | 124.6 | 161.80 | 1.68 |
| Other | Units | 183.0 | 5.90 | 0.09 | 0.01 | 0.01 | 0.01 | 0.03 | (0.02) | 264.4 | 5.45 | 0.12 |
| Skill Building | Units | 128.2 | 31.62 | 0.34 | 0.03 | 0.03 | 0.03 | 0.09 | (0.03) | 173.5 | 31.82 | 0.46 |
| Subtotal Mental Health 1915(i) | Units | - | - | \$ 1.48 | \$ 0.13 | \$ 0.13 | \$ 0.13 | \$ 0.42 | \$ 0.13 | - | - | \$ 2.29 |
| Autism | | | | | | | | | | | | |
| Assessments and Testing | Procedures | - | - | - | - | - | - | - | - | - | - | - |
| Autism Services | Units | - | - | - | - | - | - | - | - | - | - | - |
| Subtotal Autism | Units | - | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | - | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | | | |
| Additional Support Services | Units | 642.7 | \$ 12.51 | \$ 0.67 | \$ 0.09 | \$ 0.06 | \$ 0.06 | \$ 0.19 | \$ (0.03) | 911.4 | \$ 12.90 | \$ 0.98 |
| Assessments and Testing | Units | 112.3 | 50.24 | 0.47 | 0.07 | 0.07 | 0.07 | 0.14 | (0.01) | 162.4 | 52.46 | 0.71 |
| Case Management / Treatment Planning | Procedures | 6.6 | 127.85 | 0.07 | 0.01 | 0.01 | 0.01 | 0.02 | (0.02) | 9.4 | 115.02 | 0.09 |
| Crisis | Procedures | - | - | - | - | - | - | - | - | - | - | - |
| Evaluation and Management | Procedures | 27.8 | 82.07 | 0.19 | 0.03 | 0.03 | 0.03 | 0.06 | (0.01) | 40.9 | 85.00 | 0.29 |
| Medication Administration | Procedures | 29.3 | 16.37 | 0.04 | 0.01 | 0.01 | 0.01 | 0.01 | (0.01) | 44.0 | 16.37 | 0.06 |
| Medication Assisted Treatment | Procedures | 1,259.0 | 16.97 | 1.78 | 0.25 | 0.25 | 0.25 | 0.52 | 0.34 | 1,803.6 | 20.36 | 3.06 |
| Other | Procedures | - | - | - | - | - | - | - | - | - | - | - |
| Outpatient Services | Procedures | 536.7 | 74.67 | 3.34 | 0.46 | 0.46 | 0.46 | 0.97 | (0.34) | 766.5 | 74.20 | 4.74 |
| Prevention and Early Intervention | Procedures | 5.1 | 117.88 | 0.05 | 0.01 | 0.01 | 0.01 | 0.02 | (0.01) | 8.1 | 117.94 | 0.08 |
| Psychiatric diagnostic evaluation | Procedures | 1.0 | 250.00 | 0.02 | - | - | - | 0.01 | - | 1.4 | 250.00 | 0.03 |
| Residential Services | Days | 463.7 | 171.84 | 6.64 | 0.92 | 0.92 | 0.92 | 1.92 | 0.92 | 662.0 | 199.75 | 11.02 |
| Withdrawal Management | Days | 45.6 | 331.80 | 1.26 | 0.17 | 0.17 | 0.17 | 0.36 | 0.17 | 64.7 | 385.54 | 2.08 |
| Subtotal Substance Abuse State Plan | Days | - | \$ 14.53 | \$ 2.02 | \$ 1.36 | \$ 1.36 | \$ 1.36 | \$ 4.22 | \$ 1.01 | - | - | \$ 23.14 |
| Children's Waiver Program | | | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Community Living Supports | Procedures | - | - | - | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - | - | - | - |
| Subtotal Children's Waiver Program | Procedures | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | - | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Community Living Supports | Procedures | - | - | - | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - | - | - | - |
| Skill Building | Units | - | - | - | - | - | - | - | - | - | - | - |
| Subtotal Habilitative Supports Waiver | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | - | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Case Management / Treatment Planning | Units | - | - | - | - | - | - | - | - | - | - | - |
| Community Living Supports | Procedures | - | - | - | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - | - | - | - |
| Subtotal Serious Emotional Disturbances | Procedures | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | - | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | |
| | | | | \$ 33.51 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 48.99 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | | | | |
|---|--|-----------------------|---------------------|------------|--|------------------|-----------------|---|-----------------|--|------------------|---|------------------|-----------------|
| Region: Statewide | Rate Call: HMP - Unenrolled - F - 19 - 20 | Member Months: 63,132 | Category of Service | Unit Type | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 718.0 | \$ 12.70 | \$ 0.76 | \$ 0.07 | \$ 0.07 | \$ 0.21 | \$ (0.57) | 982.5 | \$ 6.60 | \$ 0.54 |
| | Assessive Community Treatment (ACT) | | | Units | 16.1 | 74.44 | 0.10 | 0.01 | 0.01 | 0.03 | (0.02) | 22.6 | 69.12 | 0.13 |
| | Assessments and Testing | | | Procedures | 28.9 | 211.47 | 0.15 | 0.05 | 0.05 | 0.14 | (0.13) | 39.7 | 187.31 | 0.62 |
| | Case Management / Treatment Planning | | | Units | 633.7 | 108.51 | 5.73 | 0.50 | 0.50 | 1.59 | (2.11) | 864.8 | 86.30 | 6.22 |
| | Community Living Supports | | | Days | 179.0 | 23.47 | 0.35 | 0.03 | 0.03 | 0.10 | 0.10 | 245.4 | 29.82 | 0.61 |
| | Crisis | | | Procedures | 42.7 | 587.35 | 2.09 | 0.18 | 0.19 | 0.58 | (0.47) | 58.2 | 529.62 | 2.57 |
| | Evaluation and Management | | | Procedures | 57.9 | 273.48 | 1.32 | 0.12 | 0.12 | 0.37 | (0.25) | 79.4 | 253.84 | 1.68 |
| | Inpatient | | | Days | 172.3 | 755.83 | 10.85 | 0.95 | 0.97 | 3.00 | - | 235.0 | 805.38 | 15.77 |
| | Medication Administration | | | Procedures | 10.5 | 114.50 | 0.10 | 0.01 | 0.01 | 0.03 | (0.06) | 14.7 | 73.62 | 0.09 |
| | Other | | | Procedures | 15.9 | 128.71 | 0.17 | 0.02 | 0.02 | 0.05 | - | 22.4 | 139.41 | 0.26 |
| | Other Therapy | | | Procedures | 7.2 | 67.04 | 0.04 | - | - | 0.01 | - | 9.0 | 67.04 | 0.05 |
| | Outpatient Services | | | Procedures | 30.9 | 236.59 | 0.61 | 0.05 | 0.05 | 0.17 | (0.04) | 42.1 | 239.43 | 0.84 |
| | Prevention and Early Intervention | | | Procedures | 0.3 | 461.54 | 0.01 | - | - | 0.37 | (0.14) | 0.3 | 461.54 | 0.01 |
| | Psychiatric diagnostic evaluation | | | Procedures | 37.0 | 437.48 | 1.35 | 0.12 | 0.12 | 0.69 | (0.93) | 50.5 | 432.73 | 1.82 |
| | Psychotherapy | | | Procedures | 143.9 | 207.69 | 2.49 | 0.22 | 0.22 | 0.28 | (0.02) | 196.5 | 164.32 | 2.69 |
| | Residential Services | | | Days | 15.9 | 507.26 | 0.67 | 0.06 | 0.06 | 0.19 | 0.09 | 21.8 | 590.07 | 1.07 |
| | Subtotal Mental Health State Plan | | | | | \$ 27.15 | \$ 2.43 | \$ 2.39 | \$ 2.43 | \$ 7.53 | \$ (4.53) | | | \$ 34.97 |
| Mental Health 1915(f) | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 630.0 | \$ 4.57 | \$ 0.24 | \$ 0.02 | \$ 0.02 | \$ 0.07 | \$ 0.08 | 866.2 | \$ 5.96 | \$ 0.43 |
| | Assessments and Testing | | | Days | 473.8 | 193.50 | 7.64 | 0.67 | 0.68 | 2.11 | 1.62 | 646.2 | 236.21 | 12.72 |
| | Community Living Supports | | | Procedures | 12.5 | 86.19 | 0.09 | 0.01 | 0.01 | 0.03 | (0.01) | 18.1 | 92.82 | 0.14 |
| | Other | | | Units | 48.1 | 7.49 | 0.03 | - | - | 0.01 | (0.01) | 64.1 | 5.62 | 0.03 |
| | Skill Building | | | Units | 276.8 | 44.22 | 1.02 | 0.09 | 0.09 | 0.28 | (0.02) | 377.2 | 46.44 | 1.46 |
| | Vocational Supports | | | Units | | | | | | | | | | |
| | Subtotal Mental Health 1915(f) | | | | | \$ 9.02 | \$ 0.80 | \$ 0.79 | \$ 0.80 | \$ 2.50 | \$ 1.67 | | | \$ 14.78 |
| Autism | | | | | | | | | | | | | | |
| | Assessments and Testing | | | Procedures | - | - | 0.65 | - | - | - | - | - | - | - |
| | Autism Services | | | Units | 484.0 | 16.12 | 0.65 | 0.16 | 0.07 | 0.21 | 0.02 | 759.5 | 17.54 | 1.11 |
| | Subtotal Autism | | | | | | \$ 0.65 | \$ 0.16 | \$ 0.07 | \$ 0.21 | \$ 0.02 | | | \$ 1.11 |
| Substance Abuse State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 10.7 | \$ 11.17 | \$ 0.01 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | 10.7 | \$ 11.17 | \$ 0.01 |
| | Assessments and Testing | | | Units | 1.5 | 156.86 | 0.02 | - | - | 0.01 | - | 2.3 | 156.52 | 0.03 |
| | Case Management / Treatment Planning | | | Units | 1.0 | 116.50 | 0.01 | - | - | - | - | 1.0 | 116.50 | 0.01 |
| | Crisis | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Evaluation and Management | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Medication Administration | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Medication Assisted Treatment | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Outpatient Services | | | Procedures | 29.8 | 16.13 | 0.04 | 0.01 | 0.01 | 0.01 | - | 44.6 | 16.13 | 0.06 |
| | Prevention and Early Intervention | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Psychiatric diagnostic evaluation | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Residential Services | | | Days | 19.7 | 188.83 | 0.31 | 0.04 | 0.03 | 0.09 | 0.04 | 28.0 | 218.96 | 0.51 |
| | Withdrawal Management | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Substance Abuse State Plan | | | | | | \$ 0.39 | \$ 0.05 | \$ 0.03 | \$ 0.11 | \$ 0.04 | | | \$ 0.62 |
| Children's Waiver Program | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Children's Waiver Program | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Vocational Supports | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Habilitative Supports Waiver | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Serious Emotional Disturbances | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | | | |
| | | | | | | | \$ 37.21 | | | | | | | \$ 51.48 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | |
|---|------------------------|--|------------------|-----------|---|-----------------|--|-----------------|---|------------------|-----------|
| Region: Statewide | Member Months: 143,020 | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | |
| Additional Support Services | | 82.7 | \$ 30.49 | \$ 0.21 | \$ 0.02 | \$ 0.02 | \$ 0.06 | \$ (0.11) | 114.2 | \$ 21.02 | \$ 0.20 |
| Assessments and Testing (ACT) | | 19.9 | 114.69 | 0.19 | 0.02 | 0.02 | 0.05 | (0.08) | 27.2 | 86.24 | 0.20 |
| Case Management / Treatment Planning | | 227.8 | 193.55 | 2.20 | 0.02 | 0.02 | 0.07 | (0.02) | 22.3 | 193.55 | 0.36 |
| Community Living Supports | | 10.6 | 22.71 | 0.02 | 0.19 | 0.20 | 0.61 | (0.68) | 310.7 | 97.34 | 2.52 |
| Crisis | | 22.8 | 552.39 | 1.05 | - | - | 0.29 | 0.01 | 15.9 | 30.26 | 0.04 |
| Evaluation and Management | | 31.7 | 291.39 | 0.77 | 0.09 | 0.07 | 0.21 | (0.20) | 31.1 | 509.82 | 1.32 |
| Inpatient | | 86.0 | 722.62 | 5.18 | 0.07 | 0.46 | 0.02 | (0.05) | 43.2 | 296.95 | 1.07 |
| Medication Administration | | 8.1 | 132.68 | 0.09 | 0.45 | 0.01 | 0.02 | - | 117.2 | 769.70 | 7.52 |
| Other | | 12.5 | 115.02 | 0.12 | 0.01 | 0.01 | 0.03 | (0.03) | 10.9 | 110.60 | 0.10 |
| Outpatient Services | | 4.0 | 121.21 | 0.04 | - | - | 0.01 | - | 16.7 | 122.23 | 0.17 |
| Prevention and Early Intervention | | 16.4 | 381.42 | 0.52 | 0.05 | 0.05 | 0.14 | (0.18) | 5.0 | 121.21 | 0.05 |
| Psychiatric diagnostic evaluation | | 1.3 | 909.09 | 0.10 | 0.01 | 0.01 | 0.03 | (0.05) | 22.3 | 311.55 | 0.58 |
| Psychotherapy | | 21.7 | 436.06 | 0.79 | 0.07 | 0.07 | 0.22 | (0.05) | 1.9 | 972.97 | 0.15 |
| Residential Services | | 77.9 | 207.99 | 1.35 | 0.12 | 0.12 | 0.37 | (0.48) | 29.7 | 444.15 | 1.10 |
| Subtotal Mental Health State Plan | | 12.2 | 441.18 | 0.45 | \$ 1.17 | \$ 1.19 | \$ 3.67 | \$ (1.81) | 106.2 | 167.29 | 1.48 |
| Mental Health 1915(I) | | | | | | | | | 16.6 | 513.56 | \$ 17.57 |
| Additional Support Services | | 242.8 | \$ 6.42 | \$ 0.13 | \$ 0.01 | \$ 0.01 | \$ 0.04 | \$ 0.03 | 336.2 | \$ 7.85 | \$ 0.22 |
| Community Living Supports | | 121.7 | 160.78 | 1.63 | 0.14 | 0.15 | 0.45 | 0.44 | 165.7 | 203.50 | 2.81 |
| Other | | 6.5 | 93.02 | 0.05 | 0.02 | 0.02 | 0.02 | (0.20) | 9.0 | 99.02 | 0.07 |
| Skill Building | | 146.0 | 17.26 | 0.21 | 0.02 | 0.02 | 0.06 | (0.06) | 201.6 | 6.55 | 0.11 |
| Vocational Supports | | 87.5 | 43.91 | 0.32 | 0.03 | 0.03 | 0.09 | (0.06) | 120.3 | 40.91 | 0.41 |
| Subtotal Mental Health 1915(I) | | | | | \$ 0.20 | \$ 0.21 | \$ 0.66 | \$ 0.21 | | | \$ 3.62 |
| Autism | | | | | | | | | | | |
| Assessments and Testing | | - | - | - | - | - | - | - | - | - | - |
| Autism Services | | - | - | - | - | - | - | - | - | - | - |
| Subtotal Autism | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | | |
| Additional Support Services | | 89.5 | \$ 13.40 | \$ 0.10 | \$ 0.01 | \$ 0.01 | \$ 0.03 | \$ 0.00 | 125.4 | \$ 14.36 | \$ 0.15 |
| Assessments and Testing | | 7.2 | 99.45 | 0.06 | 0.01 | 0.01 | 0.02 | - | 10.9 | 110.50 | 0.10 |
| Case Management / Treatment Planning | | 2.4 | 150.00 | 0.03 | - | - | 0.01 | (0.01) | 3.2 | 112.50 | 0.03 |
| Crisis | | - | - | - | - | - | - | - | - | - | - |
| Evaluation and Management | | 0.6 | 206.90 | 0.01 | - | - | - | - | 0.6 | 206.90 | 0.01 |
| Medication Administration | | - | - | - | - | - | - | - | - | - | - |
| Medication Assisted Treatment | | 41.2 | 11.66 | 0.04 | 0.01 | 0.01 | 0.01 | 0.03 | 61.8 | 17.49 | 0.09 |
| Other | | - | - | - | - | - | - | - | - | - | - |
| Outpatient Services | | 53.7 | 66.99 | 0.30 | 0.04 | 0.03 | 0.09 | (0.03) | 77.0 | 66.99 | 0.43 |
| Prevention and Early Intervention | | 1.0 | 126.32 | 0.01 | - | - | - | - | 1.0 | 126.32 | 0.01 |
| Psychiatric diagnostic evaluation | | - | - | - | - | - | - | - | - | - | - |
| Residential Services | | 46.7 | 174.66 | 0.68 | 0.09 | 0.06 | 0.20 | - | 66.6 | 201.68 | 1.12 |
| Withdrawal Management | | 3.3 | 329.27 | 0.09 | 0.01 | 0.01 | 0.03 | 0.01 | 4.7 | 379.75 | 0.15 |
| Subtotal Substance Abuse State Plan | | | | | \$ 0.17 | \$ 0.12 | \$ 0.39 | \$ 0.09 | | | \$ 2.09 |
| Children's Waiver Program | | | | | | | | | | | |
| Additional Support Services | | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Community Living Supports | | - | - | - | - | - | - | - | - | - | - |
| Other | | - | - | - | - | - | - | - | - | - | - |
| Other Therapy | | - | - | - | - | - | - | - | - | - | - |
| Subtotal Children's Waiver Program | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | |
| Additional Support Services | | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Community Living Supports | | - | - | - | - | - | - | - | - | - | - |
| Other | | - | - | - | - | - | - | - | - | - | - |
| Skill Building | | - | - | - | - | - | - | - | - | - | - |
| Vocational Supports | | - | - | - | - | - | - | - | - | - | - |
| Subtotal Habilitative Supports Waiver | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | |
| Additional Support Services | | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Case Management / Treatment Planning | | - | - | - | - | - | - | - | - | - | - |
| Community Living Supports | | - | - | - | - | - | - | - | - | - | - |
| Other | | - | - | - | - | - | - | - | - | - | - |
| Other Therapy | | - | - | - | - | - | - | - | - | - | - |
| Subtotal Serious Emotional Disturbances | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | \$ 23.28 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | | | | |
|---|---|------------------------|---------------------|---|--|------------------|-----------|---|-----------------|--|-----------------|---|------------------|-----------|
| Region: Statewide | Rate Call: HMP - Unenrolled - F - 26 - 39 | Member Months: 278,735 | Category of Service | Unit Type | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 94.4 | \$ 24.16 | \$ 0.19 | \$ 0.02 | \$ 0.02 | \$ 0.05 | \$ (0.11) | 129.1 | \$ 15.80 | \$ 0.17 |
| | Assessments and Testing (ACT) | | | Units | 41.6 | 75.05 | 0.26 | 0.02 | 0.02 | 0.07 | (0.03) | 56.0 | 72.91 | 0.34 |
| | Case Management / Treatment Planning | | | Days | 188.8 | 172.84 | 0.28 | 0.02 | 0.02 | 0.08 | (0.04) | 26.4 | 163.76 | 0.36 |
| | Crisis | | | Units | 27.9 | 55.83 | 1.70 | 0.15 | 0.15 | 0.47 | (0.41) | 257.7 | 96.92 | 2.06 |
| | Evaluation and Management | | | Procedures | 23.7 | 526.14 | 1.04 | 0.09 | 0.09 | 0.04 | 0.04 | 38.7 | 71.34 | 0.23 |
| | Inpatient | | | Days | 33.8 | 280.64 | 0.79 | 0.07 | 0.07 | 0.29 | (0.17) | 32.4 | 496.45 | 1.34 |
| | Medication Administration | | | Procedures | 105.9 | 708.35 | 6.25 | 0.55 | 0.55 | 1.73 | (0.07) | 46.2 | 280.64 | 1.08 |
| | Other | | | Procedures | 7.6 | 126.65 | 0.08 | 0.01 | 0.01 | 0.02 | (0.02) | 144.5 | 754.83 | 9.09 |
| | Outpatient Services | | | Procedures | 7.8 | 107.28 | 0.07 | 0.01 | 0.01 | 0.02 | (0.02) | 11.2 | 117.96 | 0.11 |
| | Prevention and Early Intervention | | | Procedures | 15.4 | 296.30 | 0.38 | 0.03 | 0.03 | 0.11 | (0.09) | 21.1 | 262.11 | 0.46 |
| | Psychiatric diagnostic evaluation | | | Procedures | 0.2 | 521.74 | 0.01 | - | - | 0.20 | (0.05) | 0.2 | 521.74 | 0.01 |
| | Psychiatry | | | Procedures | 20.0 | 426.21 | 0.71 | 0.06 | 0.06 | 0.32 | (0.47) | 27.3 | 430.61 | 0.98 |
| | Residential Services | | | Days | 67.1 | 209.18 | 1.17 | 0.10 | 0.10 | 0.04 | 0.02 | 91.2 | 160.51 | 1.22 |
| | | | | Subtotal Mental Health State Plan | 4.7 | 380.55 | 0.15 | \$ 1.15 | \$ 1.16 | \$ 3.66 | \$ (1.40) | 6.3 | 437.40 | \$ 17.78 |
| Mental Health 1915(i) | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 70.3 | \$ 5.12 | \$ 0.03 | \$ 0.00 | \$ 0.00 | \$ 0.01 | \$ 0.01 | 93.7 | \$ 6.41 | \$ 0.05 |
| | Community Living Supports | | | Days | 118.0 | 113.88 | 1.12 | 0.10 | 0.10 | 0.31 | 0.27 | 161.2 | 141.42 | 1.90 |
| | Other | | | Procedures | 2.2 | 108.60 | 0.02 | 0.02 | 0.02 | 0.05 | 0.06 | 2.2 | 108.60 | 0.02 |
| | Skill Building | | | Units | 512.2 | 4.22 | 0.18 | 0.01 | 0.01 | 0.02 | (0.02) | 711.4 | 5.57 | 0.33 |
| | Vocational Supports | | | Units | 32.1 | 33.70 | 0.09 | 0.01 | 0.01 | 0.02 | (0.02) | 42.7 | 30.89 | 0.11 |
| | | | | Subtotal Mental Health 1915(i) | | | \$ 1.44 | \$ 0.13 | \$ 0.13 | \$ 0.39 | \$ 0.32 | | | \$ 2.41 |
| Autism | | | | | | | | | | | | | | |
| | Assessments and Testing | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Autism Services | | | Units | - | - | - | - | - | - | - | - | - | - |
| | | | | Subtotal Autism | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 90.5 | \$ 19.88 | \$ 0.15 | \$ 0.02 | \$ 0.01 | \$ 0.04 | \$ (0.06) | 126.7 | \$ 15.15 | \$ 0.16 |
| | Assessments and Testing | | | Units | 19.7 | 85.24 | 0.14 | 0.02 | 0.01 | 0.04 | (0.01) | 28.2 | 85.23 | 0.20 |
| | Case Management / Treatment Planning | | | Procedures | 3.0 | 119.60 | 0.03 | - | - | 0.01 | (0.01) | 4.0 | 88.78 | 0.03 |
| | Crisis | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Evaluation and Management | | | Procedures | 8.0 | 104.61 | 0.07 | 0.01 | 0.01 | 0.02 | - | 11.5 | 115.08 | 0.11 |
| | Medication Administration | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Medication Assisted Treatment | | | Procedures | 305.1 | 16.12 | 0.41 | 0.06 | 0.04 | 0.12 | 0.11 | 439.1 | 20.22 | 0.74 |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Outpatient Services | | | Procedures | 88.8 | 81.53 | 0.61 | 0.08 | 0.06 | 0.18 | (0.09) | 128.1 | 78.72 | 0.84 |
| | Prevention and Early Intervention | | | Procedures | 2.5 | 47.81 | 0.01 | - | - | - | - | 2.5 | 47.81 | 0.01 |
| | Psychiatric diagnostic evaluation | | | Procedures | 0.5 | 250.00 | 0.01 | - | - | - | - | 0.5 | 250.00 | 0.01 |
| | Residential Services | | | Days | 102.9 | 173.74 | 1.49 | 0.21 | 0.14 | 0.43 | 0.21 | 147.1 | 202.30 | 2.48 |
| | Withdrawal Management | | | Days | 6.3 | 326.40 | 0.17 | 0.02 | 0.02 | 0.05 | 0.02 | 8.8 | 380.95 | 0.28 |
| | | | | Subtotal Substance Abuse State Plan | | | \$ 3.09 | \$ 0.42 | \$ 0.29 | \$ 0.89 | \$ 0.17 | | | \$ 4.86 |
| Children's Waiver Program | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | | | Subtotal Children's Waiver Program | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Vocational Supports | | | Units | - | - | - | - | - | - | - | - | - | - |
| | | | | Subtotal Habilitative Supports Waiver | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | | | Subtotal Serious Emotional Disturbances | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | | | |
| | | | | | | | \$ 17.74 | | | | | | | \$ 25.05 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | | | | |
|---|---|------------------------|---------------------|------------|---|---------------------|-----------|--|--------------------|---|--------------------|--|---------------------|-----------|
| Region: Statewide | Rate Code: HMP - Unenrolled - F - 40 - 49 | Member Months: 131,220 | Category of Service | Unit Type | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 70.6 | \$ 45.87 | \$ 0.27 | \$ 0.02 | \$ 0.02 | \$ 0.07 | \$ (0.12) | 94.2 | \$ 33.12 | \$ 0.26 |
| | Assessments and Testing | | | Units | 40.8 | 147.09 | 0.50 | 0.04 | 0.04 | 0.14 | (0.30) | 55.5 | 90.86 | 0.42 |
| | Case Management / Treatment Planning | | | Units | 22.7 | 179.66 | 0.34 | 0.03 | 0.03 | 0.09 | (0.03) | 30.7 | 179.63 | 0.46 |
| | Community Living Supports | | | Days | 247.5 | 105.68 | 2.18 | 0.19 | 0.20 | 0.60 | (0.50) | 337.2 | 95.01 | 2.67 |
| | Crisis | | | Units | 65.1 | 62.66 | 0.34 | 0.03 | 0.03 | 0.09 | (0.09) | 88.1 | 79.01 | 0.58 |
| | Evaluation and Management | | | Procedures | 18.2 | 592.43 | 0.90 | 0.08 | 0.08 | 0.25 | (0.17) | 24.9 | 549.18 | 1.14 |
| | Inpatient | | | Days | 46.4 | 261.04 | 1.01 | 0.09 | 0.09 | 0.28 | (0.05) | 63.4 | 268.60 | 1.42 |
| | Medication Administration | | | Procedures | 101.0 | 737.97 | 6.21 | 0.56 | 0.56 | 1.72 | (0.04) | 137.9 | 786.71 | 9.04 |
| | Other | | | Procedures | 8.3 | 130.43 | 0.09 | 0.01 | 0.01 | 0.03 | (0.04) | 12.0 | 100.33 | 0.10 |
| | Outpatient Services | | | Procedures | 14.8 | 105.48 | 0.13 | 0.01 | 0.01 | 0.04 | - | 20.5 | 111.33 | 0.19 |
| | Prevention and Early Intervention | | | Procedures | 0.3 | 857.14 | 0.02 | - | - | 0.01 | - | 0.4 | 857.14 | 0.03 |
| | Psychiatric diagnostic evaluation | | | Procedures | 14.8 | 283.98 | 0.35 | 0.03 | 0.03 | 0.10 | (0.11) | 20.3 | 236.69 | 0.40 |
| | Psychology | | | Procedures | 19.4 | 421.49 | 0.68 | 0.06 | 0.06 | 0.19 | (0.01) | 26.5 | 444.11 | 0.98 |
| | Residential Services | | | Days | 62.7 | 212.37 | 1.11 | 0.10 | 0.10 | 0.31 | (0.34) | 85.9 | 178.83 | 1.28 |
| | Subtotal Mental Health State Plan | | | Days | 6.7 | 445.77 | 0.25 | 0.02 | 0.02 | 0.07 | (0.03) | 9.2 | 511.48 | 0.39 |
| | | | | | | | \$ 14.38 | \$ 1.26 | \$ 1.28 | \$ 3.99 | \$ (1.55) | | | \$ 19.36 |
| Mental Health 1915(i) | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | 175.9 | 122.78 | 1.80 | 0.16 | 0.16 | 0.50 | 0.36 | 240.4 | 148.74 | 2.98 |
| | Other | | | Procedures | 1.9 | 310.88 | 0.05 | 0.01 | 0.01 | 0.01 | 0.04 | 2.3 | 310.34 | 0.06 |
| | Skill Building | | | Units | 291.0 | 5.36 | 0.13 | 0.01 | 0.01 | 0.03 | 0.04 | 380.5 | 6.94 | 0.22 |
| | Vocational Supports | | | Units | 11.8 | 102.04 | 0.10 | 0.01 | 0.01 | 0.03 | (0.03) | 16.5 | 87.46 | 0.12 |
| | Subtotal Mental Health 1915(i) | | | | | | \$ 2.08 | \$ 0.18 | \$ 0.18 | \$ 0.57 | \$ 0.37 | | | \$ 3.38 |
| Autism | | | | | | | | | | | | | | |
| | Assessments and Testing | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Autism Services | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Autism | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 93.1 | \$ 12.89 | \$ 0.10 | \$ 0.01 | \$ 0.01 | \$ 0.03 | \$ (0.02) | 130.3 | \$ 11.97 | \$ 0.13 |
| | Assessments and Testing | | | Units | 31.6 | 56.98 | 0.15 | 0.02 | 0.01 | 0.04 | 0.22 | 44.2 | 59.69 | 0.22 |
| | Case Management / Treatment Planning | | | Units | 3.6 | 100.28 | 0.03 | - | - | 0.01 | (0.01) | 4.8 | 75.16 | 0.03 |
| | Crisis | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Evaluation and Management | | | Procedures | 13.4 | 89.82 | 0.10 | 0.01 | 0.01 | 0.03 | - | 18.7 | 96.26 | 0.15 |
| | Medication Administration | | | Procedures | 563.0 | 17.05 | 0.80 | 0.11 | 0.08 | 0.23 | 0.20 | 802.3 | 21.24 | 1.42 |
| | Medication Assisted Treatment | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | 103.2 | 77.88 | 0.67 | 0.09 | 0.06 | 0.19 | (0.08) | 146.4 | 76.23 | 0.93 |
| | Outpatient Services | | | Procedures | 3.0 | 78.95 | 0.02 | - | - | 0.01 | - | 4.6 | 78.95 | 0.03 |
| | Prevention and Early Intervention | | | Procedures | 0.4 | 307.69 | 0.01 | - | - | - | - | 0.4 | 307.69 | 0.01 |
| | Psychiatric diagnostic evaluation | | | Procedures | 121.1 | 165.48 | 1.67 | 0.23 | 0.16 | 0.48 | 0.23 | 172.6 | 192.60 | 2.77 |
| | Residential Services | | | Days | 7.3 | 329.67 | 0.20 | 0.03 | 0.03 | 0.06 | 0.03 | 10.6 | 386.36 | 0.34 |
| | Withdrawal Management | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Substance Abuse State Plan | | | | | | \$ 3.75 | \$ 0.50 | \$ 0.35 | \$ 1.08 | \$ 0.35 | | | \$ 6.03 |
| Children's Waiver Program | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Children's Waiver Program | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Vocational Supports | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Habilitative Supports Waiver | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Serious Emotional Disturbances | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | | | |
| | | | | | | | \$ 20.21 | \$ 2.26 | \$ 1.63 | \$ 5.65 | \$ 1.87 | | | \$ 28.77 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | | | | |
|---|---|------------------------|---------------------|------------|--|------------------|-----------|---|-----------------|--|-----------------|---|------------------|-----------|
| Region: Statewide | Rate Code: HMP - Unenrolled - F - 50 - 64 | Member Months: 181,170 | Category of Service | Unit Type | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 494.0 | \$ 9.47 | \$ 0.39 | \$ 0.03 | \$ 0.04 | \$ 0.11 | \$ (0.08) | 671.4 | \$ 8.76 | \$ 5.76 |
| | Assessments and Testing | | | Units | 54.9 | 61.26 | 0.28 | 0.02 | 0.03 | 0.08 | (0.02) | 74.4 | 62.87 | 0.39 |
| | Case Management / Treatment Planning | | | Days | 19.9 | 169.27 | 0.28 | 0.02 | 0.03 | 0.08 | (0.03) | 26.9 | 169.27 | 0.38 |
| | Crisis | | | Units | 295.6 | 96.22 | 2.37 | 0.21 | 0.21 | 0.66 | (0.43) | 404.1 | 88.69 | 3.02 |
| | Evaluation and Management | | | Procedures | 51.2 | 42.22 | 0.18 | 0.02 | 0.02 | 0.05 | 0.05 | 71.1 | 54.04 | 0.32 |
| | Inpatient | | | Procedures | 11.8 | 560.55 | 0.54 | 0.05 | 0.05 | 0.15 | (0.10) | 16.1 | 513.33 | 0.69 |
| | Medication Administration | | | Days | 46.2 | 252.06 | 0.87 | 0.08 | 0.09 | 0.27 | (0.02) | 62.8 | 265.44 | 1.39 |
| | Other | | | Procedures | 61.3 | 775.46 | 3.86 | 0.35 | 0.35 | 1.10 | (0.02) | 83.7 | 825.61 | 5.76 |
| | Outpatient Services | | | Procedures | 7.0 | 103.60 | 0.06 | 0.01 | 0.01 | 0.02 | (0.02) | 10.4 | 92.04 | 0.08 |
| | Prevention and Early Intervention | | | Procedures | 10.1 | 130.18 | 0.11 | 0.01 | 0.01 | 0.03 | - | 13.8 | 138.83 | 0.16 |
| | Psychiatric diagnostic evaluation | | | Procedures | 13.9 | 388.77 | 0.45 | 0.04 | 0.04 | 0.12 | (0.23) | 18.8 | 267.66 | 0.42 |
| | Residential Services | | | Procedures | 14.1 | 417.02 | 0.49 | 0.04 | 0.04 | 0.14 | (0.54) | 19.3 | 441.91 | 0.71 |
| | Subtotal Mental Health State Plan | | | Days | 79.8 | 205.94 | 1.37 | 0.12 | 0.12 | 0.05 | 0.02 | 109.0 | 159.68 | 1.45 |
| | | | | Units | 4.5 | 451.33 | 0.17 | 0.01 | 0.02 | 0.05 | 0.02 | 6.1 | 529.41 | 0.27 |
| | | | | | | | \$ 11.62 | \$ 1.01 | \$ 1.06 | \$ 3.24 | \$ (1.40) | | | \$ 15.53 |
| Mental Health 1915(i) | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 26.7 | \$ 4.50 | \$ 0.01 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | 26.7 | \$ 4.50 | \$ 0.01 |
| | Community Living Supports | | | Procedures | 96.2 | 150.97 | 1.21 | 0.11 | 0.11 | 0.33 | 0.19 | 131.2 | 178.42 | 1.95 |
| | Other | | | Units | 175.2 | 1.37 | 0.02 | - | - | 0.01 | 0.01 | 262.8 | 1.83 | 0.04 |
| | Skill Building | | | Units | 205.9 | 10.49 | 0.18 | 0.02 | 0.02 | 0.05 | (0.02) | 286.0 | 10.49 | 0.25 |
| | Subtotal Mental Health 1915(i) | | | | | | \$ 1.42 | \$ 0.13 | \$ 0.13 | \$ 0.39 | \$ 0.18 | | | \$ 2.25 |
| Autism | | | | | | | | | | | | | | |
| | Assessments and Testing | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Autism Services | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Autism | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 36.7 | \$ 16.35 | \$ 0.05 | \$ 0.01 | \$ 0.00 | \$ 0.02 | \$ 0.00 | 58.7 | \$ 16.35 | \$ 0.08 |
| | Assessments and Testing | | | Procedures | 12.3 | 68.40 | 0.07 | 0.01 | 0.01 | 0.02 | - | 17.5 | 75.26 | 0.11 |
| | Case Management / Treatment Planning | | | Units | 1.0 | 115.38 | 0.01 | - | - | - | - | 1.0 | 115.38 | 0.01 |
| | Crisis | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Evaluation and Management | | | Procedures | 3.6 | 99.17 | 0.03 | - | - | 0.01 | (0.01) | 4.8 | 74.38 | 0.03 |
| | Medication Administration | | | Procedures | 142.5 | 17.68 | 0.21 | 0.03 | 0.02 | 0.06 | 0.05 | 203.6 | 21.81 | 0.37 |
| | Medication Assisted Treatment | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | 49.5 | 72.70 | 0.30 | 0.04 | 0.03 | 0.09 | (0.03) | 71.0 | 72.70 | 0.43 |
| | Outpatient Services | | | Procedures | 0.8 | 155.84 | 0.01 | - | - | - | - | 0.8 | 155.84 | 0.01 |
| | Prevention and Early Intervention | | | Procedures | 58.2 | 177.20 | 0.86 | 0.12 | 0.08 | 0.25 | 0.12 | 83.3 | 206.00 | 1.43 |
| | Psychiatric diagnostic evaluation | | | Days | 4.5 | 294.64 | 0.11 | 0.02 | 0.01 | 0.03 | 0.02 | 6.5 | 349.69 | 0.19 |
| | Residential Services | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Withdrawal Management | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Substance Abuse State Plan | | | | | | \$ 1.65 | \$ 0.23 | \$ 0.15 | \$ 0.48 | \$ 0.15 | | | \$ 2.66 |
| Children's Waiver Program | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Children's Waiver Program | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Vocational Supports | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Habilitative Supports Waiver | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Community Living Supports | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Serious Emotional Disturbances | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | | | |
| | | | | | | | \$ 14.69 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 20.44 |

| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | | | | |
|---|--|-----------------------|---------------------|------------|---|------------------|-----------------|--|-----------------|---|------------------|--|------------------|-----------------|
| Region: Statewide | Rate Calc: HMP - Unenrolled - M - 19 - 20 | Member Months: 56,346 | Category of Service | Unit Type | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 104.4 | \$ 50.58 | \$ 0.44 | \$ 0.04 | \$ 0.04 | \$ 0.12 | \$ (0.08) | 142.3 | \$ 47.21 | \$ 0.56 |
| | Assessive Community Treatment (ACT) | | | Units | 98.8 | 133.48 | 1.11 | 0.10 | 0.10 | 0.31 | (0.31) | 136.7 | 115.04 | 1.31 |
| | Assessments and Testing | | | Procedures | 38.5 | 202.81 | 0.65 | 0.06 | 0.06 | 0.18 | (0.10) | 52.7 | 193.70 | 0.85 |
| | Case Management / Treatment Planning | | | Units | 627.1 | 106.21 | 5.55 | 0.49 | 0.50 | 1.54 | (1.36) | 856.4 | 94.16 | 6.72 |
| | Community Living Supports | | | Days | 217.5 | 55.74 | 1.01 | 0.09 | 0.09 | 0.28 | 0.27 | 297.1 | 70.28 | 1.74 |
| | Crisis | | | Procedures | 45.8 | 612.83 | 2.34 | 0.21 | 0.21 | 0.65 | (0.82) | 62.7 | 496.01 | 2.59 |
| | Evaluation and Management | | | Procedures | 62.3 | 263.97 | 1.37 | 0.12 | 0.12 | 0.38 | (0.12) | 85.0 | 263.97 | 1.87 |
| | Inpatient | | | Days | 237.3 | 725.54 | 14.35 | 1.26 | 1.28 | 3.97 | - | 323.8 | 772.97 | 20.86 |
| | Medication Administration | | | Procedures | 25.8 | 102.37 | 0.22 | 0.02 | 0.02 | 0.06 | (0.03) | 35.2 | 98.95 | 0.29 |
| | Other | | | Procedures | 28.9 | 83.07 | 0.20 | 0.02 | 0.02 | 0.05 | - | 39.0 | 89.23 | 0.29 |
| | Outpatient Services | | | Procedures | 12.5 | 67.47 | 0.07 | 0.01 | 0.01 | 0.02 | - | 17.8 | 74.20 | 0.11 |
| | Prevention and Early Intervention | | | Procedures | 10.5 | 148.01 | 0.13 | 0.01 | 0.01 | 0.03 | - | 13.8 | 156.75 | 0.18 |
| | Psychiatric diagnostic evaluation | | | Procedures | 39.1 | 429.56 | 1.40 | 0.12 | 0.12 | 0.39 | (0.08) | 53.4 | 438.53 | 1.95 |
| | Psychotherapy | | | Procedures | 62.8 | 225.44 | 1.18 | 0.10 | 0.11 | 0.33 | (0.45) | 85.7 | 177.83 | 1.27 |
| | Residential Services | | | Days | 7.7 | 512.95 | 0.33 | 0.03 | 0.03 | 0.09 | 0.05 | 10.5 | 603.99 | 0.53 |
| | Subtotal Mental Health State Plan | | | | | | \$ 30.35 | \$ 2.68 | \$ 2.72 | \$ 8.40 | \$ (3.03) | | | \$ 41.12 |
| Mental Health 1915(f) | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 2,169.8 | \$ 2.43 | \$ 0.44 | \$ 0.04 | \$ 0.04 | \$ 0.12 | \$ 0.16 | 2,958.9 | \$ 3.24 | \$ 0.80 |
| | Community Living Supports | | | Days | 621.4 | 176.51 | 9.14 | 0.82 | 0.82 | 2.53 | 1.94 | 847.8 | 215.58 | 15.23 |
| | Other | | | Procedures | 32.6 | 81.11 | 0.22 | 0.02 | 0.02 | 0.06 | 0.04 | 44.4 | 86.51 | 0.32 |
| | Skill Building | | | Units | 294.4 | 4.48 | 0.11 | 0.01 | 0.01 | 0.03 | 0.04 | 401.5 | 5.98 | 0.20 |
| | Vocational Supports | | | Units | 136.9 | 22.79 | 0.28 | 0.02 | 0.02 | 0.07 | 0.07 | 164.3 | 28.65 | 0.44 |
| | Subtotal Mental Health 1915(f) | | | | | | \$ 10.17 | \$ 0.89 | \$ 0.91 | \$ 2.81 | \$ 2.21 | | | \$ 16.99 |
| Autism | | | | | | | | | | | | | | |
| | Assessments and Testing | | | Procedures | - | - | 0.94 | - | - | - | - | - | - | - |
| | Autism Services | | | Units | 734.2 | 15.36 | 0.94 | 0.23 | 0.10 | 0.30 | 0.16 | 1,148.2 | 18.08 | 1.73 |
| | Subtotal Autism | | | | | | \$ 0.94 | \$ 0.23 | \$ 0.10 | \$ 0.30 | \$ 0.16 | | | \$ 1.73 |
| Substance Abuse State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 136.5 | \$ 10.55 | \$ 0.12 | \$ 0.02 | \$ 0.01 | \$ 0.04 | \$ 0.00 | 204.8 | \$ 11.14 | \$ 0.19 |
| | Assessments and Testing | | | Procedures | 10.7 | 67.23 | 0.06 | 0.01 | 0.01 | 0.02 | - | 16.1 | 74.67 | 0.10 |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Crisis | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Evaluation and Management | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Medication Administration | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Medication Assisted Treatment | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Outpatient Services | | | Procedures | 84.3 | 58.39 | 0.41 | 0.06 | 0.04 | 0.12 | - | 121.3 | 62.35 | 0.63 |
| | Prevention and Early Intervention | | | Procedures | 1.3 | 96.00 | 0.01 | - | - | - | 0.01 | 1.3 | 192.00 | 0.02 |
| | Psychiatric diagnostic evaluation | | | Procedures | 1.0 | 120.00 | 0.01 | - | - | - | - | 1.0 | 120.00 | 0.01 |
| | Residential Services | | | Days | 52.3 | 185.82 | 0.81 | 0.11 | 0.08 | 0.23 | 0.11 | 74.3 | 216.51 | 1.34 |
| | Withdrawal Management | | | Days | 1.0 | 360.00 | 0.03 | - | - | 0.01 | - | 1.3 | 360.90 | 0.04 |
| | Subtotal Substance Abuse State Plan | | | | | | \$ 1.45 | \$ 0.20 | \$ 0.14 | \$ 0.42 | \$ 0.12 | | | \$ 2.33 |
| Children's Waiver Program | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Children's Waiver Program | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Vocational Supports | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Habilitative Supports Waiver | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Serious Emotional Disturbances | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | | | |
| | | | | | | | \$ 42.91 | | | | | | | \$ 62.17 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | | | | |
|---|--|------------------------|---------------------|-----------------|---|------------------|----------------|--|------------------|---|-----------------|--|------------------|-----------------|
| Region: Statewide | Rate Call: HMP - Unenrolled - M - 21 - 25 | Member Months: 131,422 | Category of Service | Unit Type | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | 388.8 | \$ 13.58 | \$ 0.44 | \$ 0.04 | \$ 0.04 | \$ 0.04 | \$ 0.12 | \$ (0.18) | 530.2 | \$ 10.41 | \$ 0.46 | | |
| | Assessments and Testing | 172.6 | 100.14 | 1.44 | 0.13 | 0.13 | 0.13 | 0.40 | (0.62) | 236.1 | 75.23 | 1.48 | | |
| | Case Management / Treatment Planning | 393.8 | 212.07 | 0.58 | 0.05 | 0.05 | 0.05 | 0.16 | (0.07) | 44.7 | 206.71 | 0.77 | | |
| | Crisis | 35.5 | 109.10 | 3.58 | 0.31 | 0.31 | 0.31 | 0.99 | (0.91) | 536.8 | 95.91 | 4.29 | | |
| | Evaluation and Management | 169.4 | 82.50 | 1.58 | 0.14 | 0.14 | 0.14 | 0.44 | (0.29) | 314.2 | 104.26 | 2.10 | | |
| | Inpatient | 58.7 | 554.21 | 1.64 | 0.15 | 0.15 | 0.15 | 0.35 | (0.04) | 88.0 | 519.59 | 1.80 | | |
| | Medication Administration | 169.4 | 259.49 | 1.27 | 0.11 | 0.11 | 0.11 | 2.88 | - | 231.1 | 785.60 | 15.13 | | |
| | Other | 29.2 | 737.30 | 10.41 | 0.93 | 0.93 | 0.93 | 0.09 | (0.10) | 40.2 | 110.50 | 0.37 | | |
| | Outpatient Services | 27.3 | 131.42 | 0.32 | 0.02 | 0.02 | 0.02 | 0.06 | - | 37.3 | 103.00 | 0.32 | | |
| | Prevention and Early Intervention | 8.8 | 300.00 | 0.07 | 0.01 | 0.01 | 0.01 | 0.02 | - | 4.0 | 330.00 | 0.11 | | |
| | Psychiatric diagnostic evaluation | 67.9 | 440.17 | 1.26 | 0.11 | 0.11 | 0.11 | 0.35 | (0.06) | 46.9 | 452.98 | 1.77 | | |
| | Residential Services | 9.6 | 211.95 | 1.20 | 0.11 | 0.11 | 0.11 | 0.33 | (0.38) | 92.9 | 177.06 | 1.37 | | |
| | Subtotal Mental Health State Plan | | 461.06 | \$ 24.60 | \$ 2.16 | \$ 2.20 | \$ 6.81 | \$ 1.82 | \$ (2.23) | 13.0 | 534.97 | \$ 33.54 | | |
| Mental Health 1915(i) | | | | | | | | | | | | | | |
| | Additional Support Services | 138.4 | \$ 5.20 | \$ 0.06 | \$ 0.00 | \$ 0.00 | \$ 0.02 | \$ 0.02 | \$ 0.02 | 184.6 | \$ 7.15 | \$ 0.11 | | |
| | Community Living Supports | 406.2 | 168.69 | 5.72 | 0.50 | 0.50 | 1.56 | 1.08 | 1.08 | 553.9 | 203.44 | 9.39 | | |
| | Other | 4.7 | 103.23 | 0.04 | 0.01 | 0.01 | 0.01 | 0.04 | - | 5.8 | 103.27 | 0.05 | | |
| | Skill Building | 242.4 | 6.44 | 0.13 | 0.01 | 0.01 | 0.04 | 0.04 | 0.04 | 335.6 | 8.22 | 0.23 | | |
| | Vocational Supports | 378.9 | 19.64 | 0.62 | 0.05 | 0.05 | 0.17 | 0.21 | 0.21 | 513.3 | 25.95 | 1.11 | | |
| | Subtotal Mental Health 1915(i) | | \$ 6.57 | \$ 0.56 | \$ 0.59 | \$ 1.82 | \$ 1.35 | \$ 0.00 | \$ 0.00 | | \$ 0.00 | \$ 10.89 | | |
| Autism | | | | | | | | | | | | | | |
| | Assessments and Testing | - | - | - | - | - | - | - | - | - | - | - | - | - |
| | Autism Services | - | - | - | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Autism | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | \$ 0.00 | \$ 0.00 | | |
| Substance Abuse State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | 172.1 | \$ 10.46 | \$ 0.15 | \$ 0.02 | \$ 0.01 | \$ 0.04 | \$ 0.04 | \$ (0.03) | 240.9 | \$ 9.46 | \$ 0.19 | | |
| | Assessments and Testing | 12.0 | 130.11 | 0.13 | 0.02 | 0.01 | 0.04 | 0.01 | - | 17.5 | 136.99 | 0.20 | | |
| | Case Management / Treatment Planning | 2.3 | 102.56 | 0.02 | - | - | 0.01 | - | - | 3.5 | 102.56 | 0.03 | | |
| | Crisis | - | - | - | - | - | - | - | - | - | - | - | | |
| | Evaluation and Management | 1.6 | 74.07 | 0.01 | - | - | - | - | - | 1.6 | 74.07 | 0.01 | | |
| | Medication Administration | 36.5 | 23.00 | 0.07 | 0.01 | 0.01 | 0.02 | - | - | 52.2 | 25.30 | 0.11 | | |
| | Medication Assisted Treatment | - | - | - | - | - | - | - | - | - | - | - | | |
| | Other | 96.9 | 59.44 | 0.48 | 0.07 | 0.05 | 0.14 | 0.14 | (0.03) | 139.3 | 61.16 | 0.71 | | |
| | Outpatient Services | 2.2 | 53.57 | 0.01 | - | - | 0.01 | - | - | 2.2 | 53.57 | 0.01 | | |
| | Prevention and Early Intervention | 0.6 | 428.57 | 0.02 | - | - | 0.01 | - | - | 0.8 | 428.57 | 0.03 | | |
| | Psychiatric diagnostic evaluation | 109.3 | 171.27 | 1.56 | 0.22 | 0.15 | 0.45 | 0.22 | 0.22 | 156.2 | 199.69 | 2.60 | | |
| | Residential Services | 5.7 | 339.22 | 0.16 | 0.02 | 0.02 | 0.05 | 0.02 | 0.02 | 8.1 | 388.03 | 0.27 | | |
| | Withdrawal Management | - | - | - | - | - | - | - | - | - | - | - | | |
| | Subtotal Substance Abuse State Plan | | \$ 2.61 | \$ 0.36 | \$ 0.25 | \$ 0.76 | \$ 0.16 | \$ 0.00 | \$ 0.00 | | \$ 0.00 | \$ 4.16 | | |
| Children's Waiver Program | | | | | | | | | | | | | | |
| | Additional Support Services | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 | | |
| | Community Living Supports | - | - | - | - | - | - | - | - | - | - | - | | |
| | Other | - | - | - | - | - | - | - | - | - | - | - | | |
| | Subtotal Children's Waiver Program | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | \$ 0.00 | \$ 0.00 | | |
| Habilitative Supports Waiver | | | | | | | | | | | | | | |
| | Additional Support Services | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 | | |
| | Community Living Supports | - | - | - | - | - | - | - | - | - | - | - | | |
| | Other | - | - | - | - | - | - | - | - | - | - | - | | |
| | Skill Building | - | - | - | - | - | - | - | - | - | - | - | | |
| | Vocational Supports | - | - | - | - | - | - | - | - | - | - | - | | |
| | Subtotal Habilitative Supports Waiver | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | \$ 0.00 | \$ 0.00 | | |
| Serious Emotional Disturbances | | | | | | | | | | | | | | |
| | Additional Support Services | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 | | |
| | Case Management / Treatment Planning | - | - | - | - | - | - | - | - | - | - | - | | |
| | Community Living Supports | - | - | - | - | - | - | - | - | - | - | - | | |
| | Other | - | - | - | - | - | - | - | - | - | - | - | | |
| | Subtotal Serious Emotional Disturbances | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | \$ 0.00 | \$ 0.00 | | |
| Total Medical Costs | | | | | | | | | | | | | | |
| | | | | \$ 33.78 | | | | | | | | | | \$ 48.59 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | | | | |
|---|--|------------------------|---------------------|------------|---|------------------|----------------|--|-----------------|---|-----------------|--|------------------|-----------------|
| Region: Statewide | Rate Code: HMP - Unenrolled - M - 26 - 39 | Member Months: 313,566 | Category of Service | Unit Type | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 160.9 | \$ 20.11 | \$ 0.32 | \$ 0.03 | \$ 0.03 | \$ 0.09 | \$ (0.14) | 262.5 | \$ 15.08 | \$ 0.33 |
| | Assessive Community Treatment (ACT) | | | Units | 91.5 | 119.41 | 0.91 | 0.08 | 0.08 | 0.25 | (0.40) | 124.6 | 88.60 | 0.92 |
| | Assessments and Testing | | | Procedures | 36.4 | 174.82 | 0.53 | 0.05 | 0.05 | 0.15 | (0.07) | 50.1 | 170.03 | 0.71 |
| | Case Management / Treatment Planning | | | Units | 313.6 | 109.04 | 2.85 | 0.26 | 0.26 | 0.79 | (0.74) | 428.1 | 96.59 | 3.41 |
| | Community Living Supports | | | Days | 114.3 | 44.09 | 0.42 | 0.04 | 0.04 | 0.12 | 0.11 | 157.9 | 56.49 | 0.73 |
| | Crisis | | | Procedures | 41.9 | 560.01 | 1.92 | 0.17 | 0.17 | 0.53 | (0.34) | 57.2 | 514.35 | 2.45 |
| | Evaluation and Management | | | Procedures | 56.2 | 256.57 | 1.18 | 0.10 | 0.11 | 0.33 | (0.09) | 75.3 | 259.76 | 1.63 |
| | Inpatient | | | Days | 226.8 | 725.83 | 13.72 | 1.23 | 1.23 | 3.80 | (0.09) | 309.5 | 773.53 | 19.95 |
| | Medication Administration | | | Procedures | 29.3 | 122.91 | 0.30 | 0.03 | 0.03 | 0.08 | (0.09) | 40.0 | 104.92 | 0.35 |
| | Other | | | Procedures | 17.1 | 119.09 | 0.17 | 0.02 | 0.02 | 0.05 | - | 24.2 | 129.03 | 0.26 |
| | Other Therapy | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Outpatient Services | | | Procedures | 8.6 | 333.72 | 0.24 | 0.02 | 0.02 | 0.07 | (0.02) | 11.9 | 333.61 | 0.33 |
| | Prevention and Early Intervention | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Psychiatric diagnostic evaluation | | | Procedures | 37.4 | 442.66 | 1.38 | 0.12 | 0.12 | 0.38 | (0.09) | 51.0 | 449.76 | 1.91 |
| | Psychotherapy | | | Procedures | 76.8 | 203.02 | 1.30 | 0.12 | 0.12 | 0.36 | (0.57) | 104.6 | 151.41 | 1.32 |
| | Residential Services | | | Days | 15.3 | 432.79 | 0.55 | 0.05 | 0.05 | 0.15 | 0.07 | 20.8 | 501.92 | 0.87 |
| | Subtotal Mental Health State Plan | | | | | \$ 25.79 | \$ 2.27 | \$ 2.33 | \$ 7.15 | \$ (2.37) | | | | \$ 35.17 |
| Mental Health 1915(i) | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 90.9 | \$ 5.28 | \$ 0.04 | \$ 0.00 | \$ 0.00 | \$ 0.01 | \$ 0.01 | 113.6 | \$ 6.34 | \$ 0.06 |
| | Community Living Supports | | | Days | 298.1 | 167.77 | 4.14 | 0.37 | 0.37 | 1.15 | 0.79 | 404.1 | 202.21 | 6.81 |
| | Other | | | Procedures | 3.7 | 161.73 | 0.05 | 0.01 | 0.01 | 0.01 | (0.01) | 4.5 | 194.83 | 0.05 |
| | Skill Building | | | Units | 877.4 | 4.79 | 0.35 | 0.03 | 0.03 | 0.10 | 0.12 | 1,203.3 | 6.28 | 0.63 |
| | Vocational Supports | | | Units | 119.4 | 22.68 | 0.22 | 0.02 | 0.02 | 0.06 | (0.02) | 157.3 | 22.86 | 0.30 |
| | Subtotal Mental Health 1915(i) | | | | | \$ 4.80 | \$ 0.41 | \$ 0.42 | \$ 1.33 | \$ 0.89 | | | | \$ 7.85 |
| Autism | | | | | | | | | | | | | | |
| | Assessments and Testing | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Autism Services | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Autism | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 359.0 | \$ 15.04 | \$ 0.45 | \$ 0.06 | \$ 0.04 | \$ 0.13 | \$ (0.09) | 510.6 | \$ 13.87 | \$ 0.59 |
| | Assessments and Testing | | | Procedures | 61.0 | 92.50 | 0.47 | 0.06 | 0.04 | 0.14 | (0.01) | 86.9 | 96.65 | 0.70 |
| | Case Management / Treatment Planning | | | Units | 7.8 | 138.64 | 0.09 | 0.01 | 0.01 | 0.03 | (0.03) | 11.3 | 117.33 | 0.11 |
| | Crisis | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Evaluation and Management | | | Procedures | 22.3 | 96.90 | 0.18 | 0.02 | 0.02 | 0.05 | (0.02) | 31.0 | 96.90 | 0.25 |
| | Medication Administration | | | Procedures | 16.3 | 22.03 | 0.03 | - | 0.09 | 0.01 | 0.22 | 21.8 | 22.03 | 0.04 |
| | Medication Assisted Treatment | | | Procedures | 633.1 | 17.44 | 0.92 | 0.13 | 0.09 | 0.27 | 0.22 | 908.3 | 21.53 | 1.63 |
| | Other | | | Procedures | 2.9 | 41.81 | 0.01 | - | - | - | - | 2.9 | 41.81 | 0.01 |
| | Outpatient Services | | | Procedures | 281.2 | 76.82 | 1.80 | 0.25 | 0.17 | 0.52 | (0.26) | 401.5 | 74.13 | 2.48 |
| | Prevention and Early Intervention | | | Procedures | 5.5 | 108.89 | 0.05 | 0.01 | 0.01 | 0.01 | (0.01) | 7.7 | 93.39 | 0.06 |
| | Psychiatric diagnostic evaluation | | | Procedures | 1.2 | 295.08 | 0.03 | - | - | 1.41 | - | 1.6 | 294.48 | 0.04 |
| | Residential Services | | | Days | 354.2 | 165.33 | 4.88 | 0.68 | 0.46 | 1.41 | 0.68 | 505.9 | 192.37 | 8.11 |
| | Withdrawal Management | | | Days | 24.8 | 339.12 | 0.70 | 0.10 | 0.07 | 0.20 | 0.10 | 35.4 | 396.72 | 1.17 |
| | Subtotal Substance Abuse State Plan | | | | | \$ 9.61 | \$ 1.32 | \$ 0.90 | \$ 2.76 | \$ 0.58 | | | | \$ 15.19 |
| Children's Waiver Program | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Children's Waiver Program | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Vocational Supports | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Habilitative Supports Waiver | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Serious Emotional Disturbances | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | | | |
| | | | | | | \$ 40.20 | | | | | | | | \$ 58.21 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | | | | |
|---|--|------------------------|---------------------|-----------------|---|------------------|----------------|--|-----------------|---|------------------|--|------------------|-----------------|
| Region: Statewide | Rate Call: HMP - Unenrolled - M - 40 - 49 | Member Months: 144,763 | Category of Service | Unit Type | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | 596.2 | \$ 13.89 | \$ 0.69 | \$ 0.06 | \$ 0.06 | \$ 0.06 | \$ 0.06 | \$ 0.06 | \$ 0.19 | \$ (0.22) | 812.2 | \$ 11.52 | \$ 0.78 |
| | Assessive Community Treatment (ACT) | 122.8 | 116.29 | 1.19 | 0.10 | 0.10 | 0.11 | 0.11 | 0.11 | 0.33 | (0.51) | 167.2 | 87.58 | 1.22 |
| | Assessments and Testing | 38.3 | 168.02 | 0.55 | 0.05 | 0.05 | 0.05 | 0.05 | 0.05 | 0.15 | (0.08) | 53.6 | 161.31 | 0.72 |
| | Case Management / Treatment Planning | 348.5 | 107.79 | 3.13 | 0.27 | 0.27 | 0.28 | 0.28 | 0.27 | 0.87 | (0.79) | 475.4 | 94.91 | 3.76 |
| | Community Living Supports | 25.8 | 79.19 | 0.17 | 0.02 | 0.02 | 0.02 | 0.02 | 0.02 | 0.05 | 0.05 | 36.4 | 102.28 | 0.31 |
| | Crisis | 40.5 | 560.00 | 1.89 | 0.17 | 0.17 | 0.17 | 0.17 | 0.17 | 0.52 | (0.36) | 55.3 | 518.72 | 2.39 |
| | Evaluation and Management | 55.7 | 258.53 | 1.20 | 0.10 | 0.10 | 0.10 | 0.10 | 0.10 | 0.33 | (0.11) | 75.7 | 258.52 | 1.63 |
| | Inpatient | 198.6 | 705.14 | 11.67 | 1.03 | 1.03 | 1.04 | 1.04 | 1.04 | 3.23 | (0.04) | 271.1 | 751.16 | 16.97 |
| | Medication Administration | 12.9 | 130.43 | 0.01 | 0.01 | 0.01 | 0.01 | 0.01 | 0.01 | 0.04 | (0.04) | 17.5 | 109.84 | 0.16 |
| | Other | 10.7 | 112.04 | 0.10 | 0.01 | 0.01 | 0.01 | 0.01 | 0.01 | 0.03 | - | 15.0 | 120.08 | 0.15 |
| | Other Therapy | - | - | - | - | - | - | - | - | - | - | - | - | - |
| | Outpatient Services | 5.8 | 249.13 | 0.01 | 0.01 | 0.01 | 0.01 | 0.01 | 0.01 | 0.03 | (0.01) | 7.7 | 249.03 | 0.16 |
| | Prevention and Early Intervention | 37.3 | 415.24 | 1.29 | 0.11 | 0.11 | 0.12 | 0.12 | 0.11 | 0.36 | (0.08) | 50.9 | 424.70 | 1.80 |
| | Psychiatric diagnostic evaluation | 79.8 | 201.58 | 1.34 | 0.12 | 0.12 | 0.12 | 0.12 | 0.12 | 0.37 | (0.42) | 108.9 | 168.53 | 1.53 |
| | Psychotherapy | 16.7 | 451.61 | 0.63 | 0.06 | 0.06 | 0.06 | 0.06 | 0.06 | 0.18 | 0.09 | 23.1 | 529.41 | 1.02 |
| | Residential Services | - | - | - | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Mental Health State Plan | - | - | \$ 24.11 | \$ 2.12 | \$ 2.17 | \$ 2.12 | \$ 2.17 | \$ 2.12 | \$ 6.68 | \$ (2.48) | - | - | \$ 32.60 |
| Mental Health 1915(i) | | | | | | | | | | | | | | |
| | Additional Support Services | 0.6 | \$ 400.00 | \$ 0.02 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.01 | \$ 0.00 | 0.9 | \$ 400.00 | \$ 0.03 |
| | Community Living Supports | 70.0 | 239.86 | 1.40 | 0.12 | 0.12 | 0.13 | 0.13 | 0.12 | 0.39 | 0.34 | 95.6 | 298.90 | 2.38 |
| | Other | 1.6 | 153.86 | 0.02 | - | - | - | - | - | 0.01 | 0.01 | 2.3 | 153.85 | 0.03 |
| | Skill Building | 83.9 | 4.29 | 0.03 | 0.02 | 0.02 | 0.02 | 0.02 | 0.02 | 0.01 | 0.01 | 111.8 | 5.37 | 0.05 |
| | Vocational Supports | 42.9 | 67.12 | 0.24 | 0.14 | 0.14 | 0.15 | 0.15 | 0.14 | 0.07 | 0.03 | 59.0 | 77.29 | 0.36 |
| | Subtotal Mental Health 1915(i) | - | - | \$ 1.71 | \$ 0.14 | \$ 0.15 | \$ 0.14 | \$ 0.15 | \$ 0.14 | \$ 0.49 | \$ 0.38 | - | - | \$ 2.87 |
| Autism | | | | | | | | | | | | | | |
| | Assessments and Testing | - | - | - | - | - | - | - | - | - | - | - | - | - |
| | Autism Services | - | - | - | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Autism | - | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | - | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | 477.0 | \$ 11.57 | \$ 0.46 | \$ 0.06 | \$ 0.04 | \$ 0.06 | \$ 0.04 | \$ 0.06 | \$ 0.13 | \$ (0.08) | 674.1 | \$ 10.86 | \$ 0.61 |
| | Assessments and Testing | 62.6 | 92.00 | 0.48 | 0.07 | 0.05 | 0.05 | 0.05 | 0.05 | 0.14 | (0.01) | 90.0 | 97.33 | 0.73 |
| | Case Management / Treatment Planning | 7.6 | 157.89 | 0.10 | 0.01 | 0.01 | 0.01 | 0.01 | 0.01 | 0.03 | (0.03) | 10.6 | 135.34 | 0.12 |
| | Crisis | - | - | - | - | - | - | - | - | - | - | - | - | - |
| | Evaluation and Management | 21.4 | 101.12 | 0.18 | 0.02 | 0.02 | 0.02 | 0.02 | 0.02 | 0.05 | (0.02) | 29.7 | 101.11 | 0.25 |
| | Medication Administration | 42.2 | 14.20 | 0.05 | 0.01 | 0.01 | 0.01 | 0.01 | 0.01 | 0.01 | 0.17 | 59.1 | 14.20 | 0.07 |
| | Medication Assisted Treatment | 738.2 | 18.21 | 1.12 | 0.16 | 0.16 | 0.11 | 0.11 | 0.33 | 0.33 | 0.17 | 1,061.1 | 21.37 | 1.89 |
| | Other | 2.8 | 43.32 | 0.01 | - | - | - | - | - | - | - | 2.8 | 43.32 | 0.01 |
| | Outpatient Services | 360.8 | 72.51 | 2.18 | 0.30 | 0.20 | 0.20 | 0.20 | 0.63 | 0.63 | (0.32) | 514.7 | 69.71 | 2.99 |
| | Prevention and Early Intervention | 5.7 | 83.92 | 0.04 | 0.01 | 0.01 | 0.01 | 0.01 | 0.01 | 0.01 | - | 8.6 | 83.92 | 0.06 |
| | Psychiatric diagnostic evaluation | 1.2 | 200.00 | 0.02 | - | - | - | - | - | 0.01 | - | 1.8 | 200.00 | 0.03 |
| | Residential Services | 428.1 | 175.20 | 6.25 | 0.87 | 0.59 | 0.59 | 0.59 | 1.81 | 1.81 | 0.87 | 611.6 | 203.85 | 10.39 |
| | Withdrawal Management | 36.4 | 349.55 | 1.06 | 0.15 | 0.10 | 0.10 | 0.10 | 0.31 | 0.31 | 0.15 | 52.2 | 407.05 | 1.77 |
| | Subtotal Substance Abuse State Plan | - | - | \$ 11.95 | \$ 1.86 | \$ 1.12 | \$ 1.86 | \$ 1.12 | \$ 3.46 | \$ 0.73 | \$ 0.73 | - | - | \$ 18.92 |
| Children's Waiver Program | | | | | | | | | | | | | | |
| | Additional Support Services | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | - | - | - | - | - | - | - | - | - | - | - | - | - |
| | Other | - | - | - | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Children's Waiver Program | - | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | - | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | | | |
| | Additional Support Services | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | - | - | - | - | - | - | - | - | - | - | - | - | - |
| | Other | - | - | - | - | - | - | - | - | - | - | - | - | - |
| | Skill Building | - | - | - | - | - | - | - | - | - | - | - | - | - |
| | Vocational Supports | - | - | - | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Habilitative Supports Waiver | - | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | - | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | | | |
| | Additional Support Services | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Case Management / Treatment Planning | - | - | - | - | - | - | - | - | - | - | - | - | - |
| | Community Living Supports | - | - | - | - | - | - | - | - | - | - | - | - | - |
| | Other | - | - | - | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Serious Emotional Disturbances | - | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | - | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | | | |
| | | - | - | \$ 37.77 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | - | \$ 54.39 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | | | | |
|---|--|------------------------|---------------------|------------|---|---------------------|-----------------|--|--------------------|---|--------------------|--|---------------------|-----------------|
| Region: Statewide | Rate Code: HMP - Unenrolled - M - 50 - 64 | Member Months: 190,608 | Category of Service | Unit Type | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 156.1 | \$ 19.22 | \$ 0.25 | \$ 0.02 | \$ 0.02 | \$ 0.07 | \$ (0.08) | 212.2 | \$ 15.83 | \$ 0.28 |
| | Assessive Community Treatment (ACT) | | | Units | 81.2 | 104.99 | 0.71 | 0.06 | 0.06 | 0.20 | (0.22) | 110.9 | 87.67 | 0.81 |
| | Assessments and Testing | | | Procedures | 27.1 | 150.33 | 0.34 | 0.03 | 0.03 | 0.09 | (0.04) | 36.7 | 147.06 | 0.45 |
| | Case Management / Treatment Planning | | | Units | 309.2 | 100.12 | 2.58 | 0.23 | 0.23 | 0.71 | (0.60) | 421.9 | 88.60 | 3.15 |
| | Community Living Supports | | | Days | 123.6 | 62.15 | 0.64 | 0.06 | 0.06 | 0.18 | 0.17 | 169.9 | 78.39 | 1.11 |
| | Crisis | | | Procedures | 15.3 | 563.97 | 0.72 | 0.07 | 0.06 | 0.23 | (0.15) | 20.9 | 512.23 | 0.89 |
| | Evaluation and Management | | | Procedures | 40.8 | 247.12 | 0.84 | 0.08 | 0.08 | 0.20 | (0.03) | 55.4 | 257.95 | 1.19 |
| | Inpatient | | | Days | 71.1 | 777.95 | 4.61 | 0.40 | 0.41 | 1.28 | 0.02 | 97.0 | 828.70 | 6.70 |
| | Medication Administration | | | Procedures | 6.8 | 142.01 | 0.08 | 0.01 | 0.01 | 0.02 | (0.02) | 9.3 | 128.03 | 0.10 |
| | Other | | | Procedures | 9.7 | 124.22 | 0.10 | 0.01 | 0.01 | 0.03 | - | 13.5 | 133.14 | 0.15 |
| | Other Therapy | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Outpatient Services | | | Procedures | 3.8 | 286.47 | 0.09 | 0.01 | 0.01 | 0.02 | (0.01) | 5.0 | 286.28 | 0.12 |
| | Prevention and Early Intervention | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Psychiatric diagnostic evaluation | | | Procedures | 18.7 | 404.06 | 0.63 | 0.06 | 0.06 | 0.17 | (0.04) | 25.5 | 413.47 | 0.88 |
| | Psychotherapy | | | Procedures | 68.2 | 207.75 | 1.18 | 0.10 | 0.10 | 0.33 | (0.47) | 93.0 | 161.29 | 1.25 |
| | Residential Services | | | Days | 6.1 | 436.36 | 0.22 | 0.02 | 0.02 | 0.06 | 0.03 | 8.3 | 509.09 | 0.35 |
| | Subtotal Mental Health State Plan | | | | | | \$ 12.99 | \$ 1.14 | \$ 1.17 | \$ 3.59 | \$ (1.46) | | | \$ 17.43 |
| Mental Health 1915(i) | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | 190.0 | 187.62 | 2.97 | 0.26 | 0.27 | 0.82 | 0.52 | 259.0 | 224.21 | 4.84 |
| | Other | | | Procedures | 3.0 | 79.21 | 0.02 | 0.02 | 0.01 | 0.01 | 0.01 | 4.6 | 70.12 | 0.03 |
| | Skill Building | | | Units | 498.8 | 4.56 | 0.19 | 0.02 | 0.02 | 0.05 | 0.02 | 683.9 | 5.09 | 0.29 |
| | Vocational Supports | | | Units | 34.0 | 28.28 | 0.08 | 0.01 | 0.01 | 0.02 | (0.02) | 46.7 | 25.71 | 0.10 |
| | Subtotal Mental Health 1915(i) | | | | | | \$ 3.26 | \$ 0.29 | \$ 0.30 | \$ 0.90 | \$ 0.51 | | | \$ 5.26 |
| Autism | | | | | | | | | | | | | | |
| | Assessments and Testing | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Autism Services | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Autism | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 288.4 | \$ 16.65 | \$ 0.40 | \$ 0.06 | \$ 0.04 | \$ 0.12 | \$ (0.14) | 418.1 | \$ 13.78 | \$ 0.48 |
| | Assessments and Testing | | | Procedures | 30.7 | 86.11 | 0.22 | 0.03 | 0.02 | 0.06 | (0.01) | 43.2 | 88.89 | 0.32 |
| | Case Management / Treatment Planning | | | Units | 3.0 | 161.62 | 0.04 | 0.01 | - | 0.01 | (0.01) | 4.5 | 134.53 | 0.05 |
| | Crisis | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Evaluation and Management | | | Procedures | 6.8 | 106.35 | 0.06 | 0.01 | 0.01 | 0.02 | (0.01) | 10.2 | 106.30 | 0.09 |
| | Medication Administration | | | Procedures | 7.6 | 15.79 | 0.01 | - | - | 0.10 | 0.07 | 7.6 | 15.79 | 0.01 |
| | Medication Assisted Treatment | | | Procedures | 227.2 | 19.01 | 0.36 | 0.05 | 0.03 | 0.10 | 0.07 | 321.9 | 22.74 | 0.61 |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Outpatient Services | | | Procedures | 161.7 | 83.88 | 1.13 | 0.16 | 0.11 | 0.33 | (0.23) | 231.8 | 77.67 | 1.50 |
| | Prevention and Early Intervention | | | Procedures | 2.3 | 104.80 | 0.02 | - | - | 0.01 | - | 3.4 | 104.65 | 0.03 |
| | Psychiatric diagnostic evaluation | | | Procedures | 0.6 | 214.29 | 0.01 | - | - | - | - | 0.6 | 214.29 | 0.01 |
| | Residential Services | | | Days | 196.7 | 175.68 | 2.88 | 0.40 | 0.27 | 0.83 | 0.40 | 280.7 | 204.32 | 4.78 |
| | Withdrawal Management | | | Days | 18.5 | 349.89 | 0.54 | 0.07 | 0.05 | 0.16 | 0.07 | 26.4 | 404.39 | 0.89 |
| | Subtotal Substance Abuse State Plan | | | | | | \$ 5.67 | \$ 0.79 | \$ 0.55 | \$ 1.64 | \$ 0.14 | | | \$ 8.77 |
| Children's Waiver Program | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Children's Waiver Program | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Vocational Supports | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Habilitative Supports Waiver | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Serious Emotional Disturbances | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | | | |
| | | | | | | | \$ 21.92 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 31.46 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | | | | |
|---|--|-----------------------|---------------------|------------|---|--|-----------|--|-----------------------------------|---|--|--|---|-------------|
| Region: Statewide | Rate Call: HSW - Composite | Member Months: 87,860 | Category of Service | Unit Type | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Adjusted SFY 2023 Base Experience Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Trend Adjustments Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Policy and Program Adjustments Cost Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | SFY 2025 Projected Benefit Expense Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Assertive Community Treatment (ACT) | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Assessments and Testing | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Crisis | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Evaluation and Management | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Inpatient | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Medication Administration | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other Therapy | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Outpatient Services | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Prevention and Early Intervention | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Psychiatric diagnostic evaluation | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Psychotherapy | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Residential Services | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Mental Health State Plan | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Mental Health 1915(i) | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Vocational Supports | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| | Subtotal Mental Health 1915(i) | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Autism | | | | | | | | | | | | | | |
| | Assessments and Testing | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Autism Services | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Autism | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Assessments and Testing | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Crisis | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Evaluation and Management | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Medication Administration | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Medication Assisted Treatment | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Outpatient Services | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Prevention and Early Intervention | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Psychiatric diagnostic evaluation | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Residential Services | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Withdrawal Management | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Substance Abuse State Plan | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Children's Waiver Program | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other Therapy | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| | Subtotal Children's Waiver Program | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 148,742.1 | \$ 5.02 | \$ 62.25 | \$ 1.20 | \$ 5.22 | \$ 0.00 | \$ 14.86 | 151,609.4 | \$ 6.61 | \$ 83.53 |
| | Community Living Supports | | | Days | 521,834.2 | 115.50 | 5,022.64 | 97.03 | 420.85 | - | 1,151.51 | 531,915.3 | 150.97 | 6,692.03 |
| | Other | | | Procedures | 5,014.0 | 99.99 | 41.78 | 0.81 | 3.50 | 10.81 | - | 6,408.5 | 106.55 | 56.90 |
| | Skill Building | | | Units | 603,081.8 | 3.71 | 186.37 | 3.60 | 15.62 | - | 62.01 | 614,731.2 | 5.22 | 267.60 |
| | Vocational Supports | | | | | 9.66 | 28.24 | 0.55 | 2.37 | (2.67) | 12.78 | 32,440.3 | 15.27 | 41.27 |
| | Subtotal Habilitative Supports Waiver | | | | | \$ 5,341.28 | \$ 447.56 | \$ 103.19 | \$ 8.14 | \$ 1,241.16 | \$ 1,241.16 | | \$ 7,141.33 | \$ 7,141.33 |
| Serious Emotional Disturbances | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other Therapy | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| | Subtotal Serious Emotional Disturbances | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | | | |
| | | | | | | \$ 5,341.28 | | | | | | | | \$ 7,141.33 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | | | | |
|---|--|--------------------------|---------------------|------------|---|---------------------|-----------------|--|--------------------|---|--------------------|--|---------------------|-----------------|
| Region: Statewide | Rate Call: TANF - Enrolled - F - 0 - 5 | Member Months: 1,478,140 | Category of Service | Unit Type | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 283.4 | \$ 80.45 | \$ 1.90 | \$ 0.17 | \$ 0.17 | \$ 0.26 | \$ (0.32) | 347.6 | \$ 75.27 | \$ 2.18 |
| | Assertive Community Treatment (ACT) | | | Units | 47.3 | 271.75 | 1.07 | 0.09 | 0.10 | 0.15 | - | 57.9 | 292.48 | 1.41 |
| | Assessments and Testing | | | Days | 184.5 | 98.87 | 1.52 | 0.13 | 0.14 | 0.21 | (0.09) | 225.8 | 101.52 | 1.91 |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Community Living Supports | | | Procedures | 0.3 | 923.08 | 0.02 | - | - | - | (0.01) | 0.3 | 461.54 | 0.01 |
| | Crisis | | | Procedures | 1.5 | 328.77 | 0.04 | - | - | 0.01 | (0.01) | 1.8 | 262.30 | 0.04 |
| | Evaluation and Management | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Inpatient | | | Procedures | 2.0 | - | - | - | - | - | - | - | - | - |
| | Medication Administration | | | Procedures | 71.0 | 93.00 | 0.55 | 0.05 | 0.05 | 0.08 | - | 87.7 | 96.84 | 0.73 |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Outpatient Services | | | Procedures | 9.0 | 294.31 | 0.22 | 0.02 | 0.02 | 0.03 | (0.02) | 11.0 | 294.28 | 0.27 |
| | Prevention and Early Intervention | | | Procedures | 9.8 | 354.74 | 0.29 | 0.03 | 0.03 | 0.04 | (0.04) | 12.2 | 344.83 | 0.35 |
| | Psychiatric diagnostic evaluation | | | Procedures | 14.7 | 204.50 | 0.25 | 0.02 | 0.02 | 0.03 | (0.10) | 17.6 | 150.00 | 0.22 |
| | Psychotherapy | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Residential Services | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Mental Health State Plan | | | | | | \$ 5.86 | \$ 0.51 | \$ 0.53 | \$ 0.96 | \$ (0.59) | | | \$ 7.27 |
| Mental Health 1915(i) | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 414.0 | \$ 4.64 | \$ 0.16 | \$ 0.01 | \$ 0.01 | \$ 0.02 | \$ 0.05 | 491.7 | \$ 6.10 | \$ 0.25 |
| | Community Living Supports | | | Days | 23.2 | 98.19 | 0.19 | 0.02 | 0.02 | 0.03 | 0.07 | 29.3 | 135.02 | 0.33 |
| | Other | | | Procedures | 9.6 | 162.33 | 0.13 | 0.01 | 0.01 | (0.13) | - | 0.7 | 324.32 | 0.02 |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Vocational Supports | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Mental Health 1915(i) | | | | | | \$ 0.48 | \$ 0.04 | \$ 0.04 | \$ (0.08) | \$ 0.12 | | | \$ 0.60 |
| Autism | | | | | | | | | | | | | | |
| | Assessments and Testing | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Autism Services | | | Units | 8,612.8 | 17.77 | 13.05 | 3.18 | 1.33 | 2.05 | - | 12,344.7 | 19.06 | 19.61 |
| | Subtotal Autism | | | | | | \$ 13.05 | \$ 3.18 | \$ 1.33 | \$ 2.05 | \$ 0.00 | | | \$ 19.61 |
| Substance Abuse State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Assessments and Testing | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Case Management / Treatment Planning | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Crisis | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Evaluation and Management | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Medication Administration | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Medication Assisted Treatment | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Outpatient Services | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Prevention and Early Intervention | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Psychiatric diagnostic evaluation | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Residential Services | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Withdrawal Management | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Substance Abuse State Plan | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Children's Waiver Program | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Children's Waiver Program | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Vocational Supports | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Habilitative Supports Waiver | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Serious Emotional Disturbances | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | | | |
| | | | | | | | \$ 19.39 | | | | | | | \$ 27.48 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | | |
|---|--|------------------------|---|------------------|----------------|--|-----------------|---|-----------------|--|------------------|-----------------|
| Region: Statewide | Rate Calc: TANF - Enrolled - F - 19 - 20 | Member Months: 103,807 | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | |
| Additional Support Services | Units | 125.1 | \$ 70.00 | \$ 0.73 | \$ 0.06 | \$ 0.07 | \$ 0.00 | \$ 0.10 | \$ (0.14) | 152.6 | \$ 64.49 | \$ 0.82 |
| Assessments and Testing | Units | 38.7 | 75.64 | 0.25 | 0.02 | 0.02 | 0.03 | 0.03 | (0.08) | 47.6 | 60.52 | 0.24 |
| Case Management / Treatment Planning | Units | 324.1 | 110.72 | 2.99 | 0.04 | 0.05 | 0.07 | 0.07 | (0.07) | 36.0 | 200.22 | 0.60 |
| Crisis | Days | 30.3 | 27.73 | 0.07 | 0.01 | 0.01 | 0.01 | 0.01 | (0.01) | 38.9 | 98.32 | 3.25 |
| Evaluation and Management | Procedures | 31.5 | 625.56 | 1.64 | 0.14 | 0.15 | 0.23 | 0.23 | (0.36) | 38.6 | 36.98 | 0.12 |
| Inpatient | Days | 135.5 | 290.64 | 1.25 | 0.11 | 0.11 | 0.17 | 0.17 | (0.12) | 63.2 | 560.17 | 1.80 |
| Medication Administration | Procedures | 8.2 | 671.24 | 7.58 | 0.67 | 0.68 | 1.04 | 1.04 | - | 166.1 | 288.74 | 1.52 |
| Other | Procedures | 8.7 | 102.07 | 0.07 | 0.01 | 0.01 | 0.01 | 0.01 | (0.02) | 10.6 | 720.38 | 9.97 |
| Other Therapy | Procedures | 8.8 | 124.00 | 0.09 | 0.01 | 0.01 | 0.03 | 0.03 | - | 12.6 | 90.74 | 0.08 |
| Outpatient Services | Procedures | 28.7 | 592.59 | 0.04 | - | - | 0.01 | 0.01 | - | 1.0 | 133.55 | 0.14 |
| Prevention and Early Intervention | Procedures | 28.7 | 326.47 | 0.78 | 0.07 | 0.07 | 0.11 | 0.11 | (0.07) | 35.3 | 594.06 | 0.05 |
| Psychiatric diagnostic evaluation | Procedures | 2.9 | 496.55 | 0.12 | 0.01 | 0.01 | 0.02 | 0.02 | - | 3.6 | 326.44 | 0.96 |
| Psychotherapy | Procedures | 27.0 | 409.19 | 0.92 | 0.08 | 0.08 | 0.13 | 0.13 | (0.02) | 33.1 | 528.93 | 0.16 |
| Residential Services | Procedures | 155.5 | 188.32 | 2.44 | 0.21 | 0.22 | 0.34 | 0.34 | (0.83) | 190.5 | 430.90 | 1.19 |
| Subtotal Mental Health State Plan | Days | 13.0 | 370.08 | 0.40 | 0.04 | 0.04 | 0.06 | 0.06 | 0.05 | 16.2 | 436.77 | 0.59 |
| | | | | \$ 19.88 | \$ 1.74 | \$ 1.80 | \$ 2.77 | \$ (2.32) | | | | \$ 23.87 |
| Mental Health 1915(i) | | | | | | | | | | | | |
| Additional Support Services | Units | 561.8 | \$ 3.63 | \$ 0.17 | \$ 0.01 | \$ 0.01 | \$ 0.02 | \$ 0.02 | \$ 0.04 | 660.9 | \$ 4.54 | \$ 0.25 |
| Community Living Supports | Days | 62.2 | 165.97 | 0.86 | 0.08 | 0.08 | 0.12 | 0.12 | 0.24 | 76.6 | 216.08 | 1.38 |
| Other | Procedures | 2.8 | 86.33 | 0.02 | 0.01 | 0.01 | (0.01) | (0.01) | (0.01) | 1.4 | 86.33 | 0.07 |
| Skill Building | Units | 181.6 | 7.83 | 0.12 | 0.01 | 0.01 | 0.02 | 0.02 | (0.09) | 227.0 | 3.70 | 0.01 |
| Vocational Supports | Units | 36.9 | 52.02 | 0.16 | 0.01 | 0.01 | 0.02 | 0.02 | 0.02 | 43.6 | 60.23 | 0.22 |
| Subtotal Mental Health 1915(i) | Units | - | 15.65 | 0.11 | 0.03 | 0.01 | 0.02 | 0.02 | 0.01 | 122.7 | 17.61 | 0.18 |
| | | | | \$ 0.11 | \$ 0.03 | \$ 0.01 | \$ 0.02 | \$ 0.02 | \$ 0.01 | | | \$ 0.18 |
| Autism | | | | | | | | | | | | |
| Assessments and Testing | Procedures | - | - | - | - | - | - | - | - | - | - | - |
| Autism Services | Units | 84.4 | 15.65 | 0.11 | 0.03 | 0.01 | 0.02 | 0.02 | 0.01 | 122.7 | 17.61 | 0.18 |
| Subtotal Autism | Units | - | 15.65 | 0.11 | 0.03 | 0.01 | 0.02 | 0.02 | 0.01 | 122.7 | 17.61 | 0.18 |
| | | | | \$ 0.11 | \$ 0.03 | \$ 0.01 | \$ 0.02 | \$ 0.02 | \$ 0.01 | | | \$ 0.18 |
| Substance Abuse State Plan | | | | | | | | | | | | |
| Additional Support Services | Units | 14.4 | \$ 8.35 | \$ 0.01 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | 14.4 | \$ 8.35 | \$ 0.01 |
| Assessments and Testing | Units | 2.1 | 115.94 | 0.02 | - | - | - | - | - | 2.1 | 115.94 | 0.02 |
| Case Management / Treatment Planning | Procedures | 0.8 | 142.86 | 0.01 | - | - | - | - | (0.01) | 0.8 | - | - |
| Crisis | Procedures | - | - | - | - | - | - | - | - | - | - | - |
| Evaluation and Management | Procedures | - | - | - | - | - | - | - | - | - | - | - |
| Medication Administration | Procedures | - | - | - | - | - | - | - | - | - | - | - |
| Medication Assisted Treatment | Procedures | - | - | - | - | - | - | - | - | - | - | - |
| Other | Procedures | 10.5 | 11.40 | 0.01 | - | - | - | - | 0.01 | 10.5 | 22.79 | 0.02 |
| Outpatient Services | Procedures | - | - | - | - | - | - | - | - | - | - | - |
| Prevention and Early Intervention | Procedures | 15.0 | 80.05 | 0.10 | 0.01 | 0.01 | 0.01 | 0.01 | - | 18.0 | 86.71 | 0.13 |
| Psychiatric diagnostic evaluation | Procedures | 0.6 | 203.39 | 0.01 | - | - | - | - | - | 0.6 | 203.39 | 0.01 |
| Residential Services | Procedures | 3.9 | 186.05 | 0.06 | 0.01 | 0.01 | 0.01 | 0.01 | - | 5.2 | 232.56 | 0.10 |
| Withdrawal Management | Days | 1.2 | 393.44 | 0.04 | 0.01 | - | 0.01 | 0.01 | - | 1.8 | 393.44 | 0.06 |
| Subtotal Substance Abuse State Plan | Days | - | 0.26 | 0.02 | 0.03 | 0.02 | 0.03 | 0.03 | 0.01 | - | - | \$ 0.35 |
| | | | | \$ 0.26 | \$ 0.03 | \$ 0.02 | \$ 0.03 | \$ 0.03 | \$ 0.01 | | | \$ 0.35 |
| Children's Waiver Program | | | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Community Living Supports | Days | - | - | - | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - | - | - | - |
| Subtotal Children's Waiver Program | Procedures | - | - | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | - | - | \$ 0.00 |
| | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Community Living Supports | Days | - | - | - | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - | - | - | - |
| Skill Building | Units | - | - | - | - | - | - | - | - | - | - | - |
| Vocational Supports | Units | - | - | - | - | - | - | - | - | - | - | - |
| Subtotal Habilitative Supports Waiver | Units | - | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | - | - | \$ 0.00 |
| | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Case Management / Treatment Planning | Units | - | - | - | - | - | - | - | - | - | - | - |
| Community Living Supports | Days | - | - | - | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - | - | - | - |
| Subtotal Serious Emotional Disturbances | Procedures | - | - | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | - | - | \$ 0.00 |
| | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | \$ 21.58 | \$ 0.00 | \$ 0.00 | \$ 2.77 | \$ 0.00 | \$ 0.00 | | | \$ 26.33 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | | | | |
|---|--|------------------------|---------------------|------------|--|------------------|----------------|---|------------------|--|------------------|---|------------------|-----------------|
| Region: Statewide | Rate Calc: TANF - Enrolled - F - 21 - 25 | Member Months: 306,146 | Category of Service | Unit Type | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 161.4 | \$ 93.67 | \$ 1,26 | \$ 0.11 | \$ 0.11 | \$ 0.17 | \$ (0.17) | 197.3 | \$ 90.02 | \$ 1.48 |
| | Assessive Community Treatment (ACT) | | | Units | 17.6 | 109.03 | 0.16 | 0.01 | 0.01 | 0.02 | (0.04) | 20.9 | 91.82 | 0.16 |
| | Assessments and Testing | | | Procedures | 34.6 | 194.16 | 0.56 | 0.05 | 0.05 | 0.08 | (0.08) | 42.6 | 185.74 | 0.66 |
| | Case Management / Treatment Planning | | | Days | 335.4 | 107.71 | 3.01 | 0.26 | 0.27 | 0.41 | (0.58) | 410.0 | 98.63 | 3.37 |
| | Community Living Supports | | | Units | | | | | | | | | | |
| | Crisis | | | Procedures | 35.4 | 572.56 | 1.69 | 0.15 | 0.15 | 0.23 | (0.33) | 43.4 | 522.82 | 1.89 |
| | Evaluation and Management | | | Procedures | 50.3 | 295.65 | 1.24 | 0.11 | 0.11 | 0.17 | (0.11) | 61.7 | 295.67 | 1.52 |
| | Inpatient | | | Days | 112.0 | 703.11 | 6.56 | 0.58 | 0.59 | 0.90 | (0.90) | 137.2 | 754.70 | 8.63 |
| | Medication Administration | | | Procedures | 8.4 | 85.31 | 0.06 | 0.01 | 0.01 | 0.01 | (0.02) | 11.3 | 74.67 | 0.07 |
| | Other | | | Procedures | 9.2 | 130.72 | 0.10 | 0.01 | 0.01 | 0.03 | - | 12.9 | 140.08 | 0.15 |
| | Other Therapy | | | Procedures | | | | | | | | | | |
| | Outpatient Services | | | Procedures | 24.1 | 353.09 | 0.71 | 0.06 | 0.06 | 0.10 | (0.04) | 29.6 | 361.18 | 0.89 |
| | Prevention and Early Intervention | | | Procedures | 9.8 | 525.99 | 0.43 | 0.04 | 0.04 | 0.06 | (0.02) | 12.1 | 565.76 | 0.57 |
| | Psychiatric diagnostic evaluation | | | Procedures | 33.7 | 409.13 | 1.15 | 0.10 | 0.10 | 0.16 | (0.02) | 41.4 | 432.30 | 1.49 |
| | Psychotherapy | | | Procedures | 133.9 | 188.26 | 2.10 | 0.18 | 0.18 | 0.29 | (0.53) | 163.8 | 163.35 | 2.23 |
| | Residential Services | | | Days | 5.9 | 551.96 | 0.27 | 0.02 | 0.02 | 0.04 | 0.03 | 7.2 | 635.98 | 0.38 |
| | Subtotal Mental Health State Plan | | | | | \$ 19.30 | \$ 1.69 | \$ 1.72 | \$ (1.89) | \$ 2.67 | \$ (1.89) | | | \$ 23.49 |
| Mental Health 1915(i) | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 92.9 | \$ 2.58 | \$ 0.02 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | 92.9 | \$ 2.58 | \$ 0.02 |
| | Community Living Supports | | | Days | 184.8 | 222.05 | 3.42 | 0.30 | 0.31 | 0.47 | 0.63 | 226.4 | 271.87 | 5.13 |
| | Other | | | Procedures | 1.0 | 118.81 | 0.01 | - | - | (0.01) | - | - | - | - |
| | Skill Building | | | Units | | | | | | | | | | |
| | Vocational Supports | | | Units | 17.2 | 76.83 | 0.11 | 0.01 | 0.01 | 0.02 | (0.01) | 21.9 | 76.82 | 0.14 |
| | Subtotal Mental Health 1915(i) | | | | | \$ 3.56 | \$ 0.31 | \$ 0.32 | \$ 0.62 | \$ 0.48 | \$ 0.62 | | | \$ 5.29 |
| Autism | | | | | | | | | | | | | | |
| | Assessments and Testing | | | Procedures | | | | | | | | | | |
| | Autism Services | | | Units | | | | | | | | | | |
| | Subtotal Autism | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 81.4 | \$ 16.22 | \$ 0.11 | \$ 0.02 | \$ 0.01 | \$ 0.02 | \$ 0.00 | 111.0 | \$ 17.30 | \$ 0.16 |
| | Assessments and Testing | | | Procedures | 20.0 | 90.00 | 0.15 | 0.02 | 0.01 | 0.02 | (0.01) | 25.3 | 94.75 | 0.20 |
| | Case Management / Treatment Planning | | | Units | 3.0 | 120.81 | 0.03 | - | - | - | - | 3.0 | 80.54 | 0.02 |
| | Crisis | | | Procedures | | | | | | | | | | |
| | Evaluation and Management | | | Procedures | 7.6 | 79.47 | 0.05 | 0.01 | - | 0.01 | - | 10.6 | 79.47 | 0.07 |
| | Medication Administration | | | Procedures | | | | | | | | | | |
| | Medication Assisted Treatment | | | Procedures | 260.9 | 16.10 | 0.35 | 0.05 | 0.03 | 0.05 | 0.08 | 335.4 | 20.03 | 0.56 |
| | Other | | | Procedures | | | | | | | | | | |
| | Outpatient Services | | | Procedures | 109.3 | 88.90 | 0.81 | 0.11 | 0.08 | 0.12 | (0.04) | 140.4 | 92.31 | 1.08 |
| | Prevention and Early Intervention | | | Procedures | 2.7 | 44.44 | 0.01 | - | - | - | - | 2.7 | 44.44 | 0.01 |
| | Psychiatric diagnostic evaluation | | | Procedures | 0.3 | | | - | - | - | - | | | |
| | Residential Services | | | Days | 81.9 | 175.80 | 1.20 | 0.17 | 0.11 | 0.17 | 0.15 | 105.1 | 205.48 | 1.80 |
| | Withdrawal Management | | | Days | 6.4 | 355.69 | 0.19 | 0.03 | 0.02 | 0.03 | 0.02 | 8.4 | 412.81 | 0.29 |
| | Subtotal Substance Abuse State Plan | | | | | \$ 2.90 | \$ 0.41 | \$ 0.26 | \$ 0.42 | \$ 0.42 | \$ 0.20 | | | \$ 4.19 |
| Children's Waiver Program | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | | | | | | | | | | |
| | Other | | | Procedures | | | | | | | | | | |
| | Subtotal Children's Waiver Program | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | | | | | | | | | | |
| | Other | | | Procedures | | | | | | | | | | |
| | Skill Building | | | Units | | | | | | | | | | |
| | Vocational Supports | | | Units | | | | | | | | | | |
| | Subtotal Habilitative Supports Waiver | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | \$ 0.00 | \$ 0.00 |
| | Case Management / Treatment Planning | | | Units | | | | | | | | | | |
| | Community Living Supports | | | Days | | | | | | | | | | |
| | Other | | | Procedures | | | | | | | | | | |
| | Subtotal Serious Emotional Disturbances | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | | | |
| | | | | | | \$ 25.76 | | | | | | | | \$ 32.97 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | | | | |
|---|--|--------------------------|---------------------|------------|---|------------------|-----------|--|-----------------|---|-----------------|--|------------------|-----------|
| Region: Statewide | Rate Calc: TANF - Enrolled - F - 26 - 39 | Member Months: 1,537,336 | Category of Service | Unit Type | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 140.8 | \$ 51.15 | \$ 0.60 | \$ 0.05 | \$ 0.05 | \$ 0.08 | \$ (0.12) | 171.3 | \$ 46.24 | \$ 0.66 |
| | Assessments and Testing | | | Units | 42.7 | 67.48 | 0.24 | 0.02 | 0.02 | 0.03 | (0.02) | 51.6 | 67.48 | 0.29 |
| | Case Management / Treatment Planning | | | Units | 428.8 | 175.47 | 0.62 | 0.05 | 0.06 | 0.09 | (0.08) | 52.0 | 170.87 | 0.74 |
| | Community Living Supports | | | Days | 4.0 | 102.90 | 3.66 | 0.32 | 0.32 | 0.50 | (0.78) | 522.5 | 92.56 | 4.03 |
| | Crisis | | | Procedures | 29.3 | 30.00 | 0.01 | - | - | - | - | 4.0 | 30.00 | 0.01 |
| | Evaluation and Management | | | Procedures | 580.78 | 580.78 | 1.42 | 0.13 | 0.13 | 0.20 | (0.23) | 36.2 | 547.57 | 1.65 |
| | Inpatient | | | Procedures | 78.0 | 272.45 | 1.77 | 0.16 | 0.16 | 0.24 | (0.19) | 95.6 | 268.68 | 2.14 |
| | Medication Administration | | | Days | 105.0 | 700.57 | 6.13 | 0.54 | 0.55 | 0.84 | (0.19) | 128.6 | 751.87 | 8.06 |
| | Other | | | Procedures | 98.28 | 98.28 | 0.01 | 0.01 | 0.01 | 0.01 | (0.02) | 14.7 | 90.10 | 0.11 |
| | Outpatient Services | | | Procedures | 14.1 | 127.30 | 0.15 | 0.01 | 0.01 | 0.02 | - | 17.0 | 134.35 | 0.19 |
| | Prevention and Early Intervention | | | Procedures | 23.9 | 311.04 | 0.62 | 0.05 | 0.06 | 0.09 | (0.11) | 29.3 | 290.59 | 0.71 |
| | Psychiatric diagnostic evaluation | | | Procedures | 9.2 | 104.69 | 0.08 | 0.01 | 0.01 | 0.01 | (0.11) | 11.5 | 115.18 | 0.11 |
| | Psychiatry | | | Procedures | 31.8 | 403.39 | 1.07 | 0.09 | 0.10 | 0.15 | 0.02 | 39.0 | 440.34 | 1.43 |
| | Residential Services | | | Procedures | 170.2 | 186.14 | 2.64 | 0.23 | 0.23 | 0.36 | (0.74) | 208.2 | 157.33 | 2.73 |
| | Subtotal Mental Health State Plan | | | Days | 5.7 | 484.21 | 0.23 | 0.02 | 0.02 | 0.03 | (0.24) | 6.9 | 570.61 | 0.33 |
| | | | | | | | \$ 19.34 | \$ 1.69 | \$ 1.75 | \$ 2.65 | \$ (2.24) | | | \$ 23.19 |
| Mental Health 1915(i) | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | 50.0 | 115.18 | 0.48 | 0.04 | 0.04 | 0.07 | 0.10 | 61.5 | 142.51 | 0.73 |
| | Other | | | Procedures | 0.6 | 203.39 | 0.01 | - | - | - | - | 0.6 | 203.39 | 0.01 |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Vocational Supports | | | Units | 37.2 | 32.27 | 0.10 | 0.01 | 0.01 | 0.01 | 0.02 | 44.6 | 40.33 | 0.15 |
| | Subtotal Mental Health 1915(i) | | | | | | \$ 0.59 | \$ 0.05 | \$ 0.05 | \$ 0.08 | \$ 0.12 | | | \$ 0.89 |
| Autism | | | | | | | | | | | | | | |
| | Assessments and Testing | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Autism Services | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Autism | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 231.5 | \$ 16.58 | \$ 0.32 | \$ 0.04 | \$ 0.03 | \$ 0.05 | \$ (0.02) | 296.7 | \$ 16.99 | \$ 0.42 |
| | Assessments and Testing | | | Procedures | 98.4 | 43.89 | 0.36 | 0.05 | 0.03 | 0.05 | (0.01) | 125.8 | 46.80 | 0.48 |
| | Case Management / Treatment Planning | | | Units | 8.8 | 123.01 | 0.09 | 0.01 | 0.01 | 0.01 | (0.01) | 10.7 | 123.02 | 0.11 |
| | Crisis | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Evaluation and Management | | | Procedures | 44.9 | 88.25 | 0.33 | 0.05 | 0.03 | 0.05 | (0.02) | 58.5 | 90.30 | 0.44 |
| | Medication Administration | | | Procedures | 11.5 | 20.80 | 0.02 | - | - | - | - | 11.5 | 20.80 | 0.02 |
| | Medication Assisted Treatment | | | Procedures | 2,111.7 | 16.82 | 2.96 | 0.41 | 0.28 | 0.43 | 0.52 | 2,711.0 | 20.36 | 4.60 |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Outpatient Services | | | Procedures | 314.1 | 87.11 | 2.28 | 0.32 | 0.21 | 0.33 | (0.17) | 403.7 | 88.29 | 2.97 |
| | Prevention and Early Intervention | | | Procedures | 5.7 | 63.72 | 0.03 | - | - | - | - | 5.7 | 63.72 | 0.03 |
| | Psychiatric diagnostic evaluation | | | Procedures | 0.5 | 266.67 | 0.01 | 0.35 | 0.24 | 0.36 | (0.01) | 0.5 | - | - |
| | Residential Services | | | Days | 171.9 | 176.67 | 2.53 | 0.35 | 0.35 | 0.36 | 0.31 | 220.1 | 206.65 | 3.79 |
| | Withdrawal Management | | | Days | 18.1 | 351.19 | 0.53 | 0.07 | 0.05 | 0.08 | 0.07 | 23.2 | 413.08 | 0.80 |
| | Subtotal Substance Abuse State Plan | | | | | | \$ 9.46 | \$ 1.30 | \$ 0.86 | \$ 1.36 | \$ 0.66 | | | \$ 13.66 |
| Children's Waiver Program | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other Therapy | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Children's Waiver Program | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Vocational Supports | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Habilitative Supports Waiver | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other Therapy | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Serious Emotional Disturbances | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | | | |
| | | | | | | | \$ 29.39 | \$ 2.99 | \$ 2.00 | \$ 2.65 | \$ (2.24) | | | \$ 37.74 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | | | | |
|---|--|------------------------|---------------------|------------|---|------------------|----------------|--|-----------------|---|-----------------|--|------------------|-----------------|
| Region: Statewide | Rate Call: TANF - Enrolled - F - 40 - 49 | Member Months: 489,047 | Category of Service | Unit Type | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 134.5 | \$ 35.70 | \$ 0.40 | \$ 0.04 | \$ 0.04 | \$ 0.06 | \$ (0.11) | 168.1 | \$ 30.70 | \$ 0.43 |
| | Assessive Community Treatment (ACT) | | | Units | 20.1 | 131.61 | 0.22 | 0.02 | 0.02 | 0.03 | - | 24.6 | 141.35 | 0.29 |
| | Assessments and Testing | | | Procedures | 38.6 | 174.05 | 0.56 | 0.05 | 0.05 | 0.08 | (0.08) | 47.6 | 166.49 | 0.66 |
| | Case Management / Treatment Planning | | | Days | 491.6 | 101.31 | 4.15 | 0.36 | 0.37 | 0.57 | (0.85) | 601.7 | 91.73 | 4.60 |
| | Community Living Supports | | | Units | 6.8 | 87.85 | 0.05 | - | - | 0.01 | 0.01 | 8.2 | 102.44 | 0.07 |
| | Crisis | | | Procedures | 22.7 | 613.22 | 1.16 | 0.10 | 0.10 | 0.16 | (0.19) | 27.8 | 574.31 | 1.33 |
| | Evaluation and Management | | | Procedures | 97.9 | 246.40 | 2.01 | 0.18 | 0.18 | 0.28 | (0.10) | 120.3 | 254.39 | 2.55 |
| | Inpatient | | | Days | 81.7 | 712.54 | 8.85 | 0.43 | 0.43 | 0.67 | (0.10) | 100.2 | 764.00 | 6.38 |
| | Medication Administration | | | Procedures | 10.6 | 101.89 | 0.09 | 0.01 | 0.01 | 0.01 | (0.02) | 13.0 | 92.59 | 0.10 |
| | Other | | | Procedures | 19.1 | 106.92 | 0.17 | 0.02 | 0.02 | 0.02 | - | 23.6 | 117.10 | 0.23 |
| | Other Therapy | | | Procedures | 1.2 | 393.44 | 0.04 | - | - | - | - | 1.2 | 393.44 | 0.04 |
| | Outpatient Services | | | Procedures | 17.7 | 311.86 | 0.46 | 0.04 | 0.04 | 0.06 | (0.13) | 21.6 | 261.72 | 0.47 |
| | Prevention and Early Intervention | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Psychiatric diagnostic evaluation | | | Procedures | 26.9 | 410.10 | 0.92 | 0.08 | 0.08 | 0.13 | 0.03 | 33.1 | 450.09 | 1.24 |
| | Psychotherapy | | | Procedures | 175.0 | 185.79 | 2.71 | 0.24 | 0.24 | 0.37 | (0.82) | 214.4 | 153.33 | 2.74 |
| | Residential Services | | | Days | 5.4 | 595.59 | 0.27 | 0.02 | 0.02 | 0.04 | 0.03 | 6.7 | 685.71 | 0.38 |
| | Subtotal Mental Health State Plan | | | | | \$ 18.06 | \$ 1.59 | \$ 1.60 | \$ 2.49 | \$ (2.23) | | | | \$ 21.51 |
| Mental Health 1915(i) | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | 24.9 | 144.62 | 0.30 | 0.03 | 0.03 | 0.04 | - | 30.7 | 187.50 | 0.48 |
| | Other | | | Procedures | 0.4 | 285.71 | 0.01 | - | - | - | - | 0.4 | 285.71 | 0.01 |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Vocational Supports | | | Units | 237.3 | 13.65 | 0.27 | 0.02 | 0.02 | 0.04 | 0.06 | 290.1 | 16.96 | 0.41 |
| | Subtotal Mental Health 1915(i) | | | | | \$ 0.56 | \$ 0.05 | \$ 0.05 | \$ 0.08 | \$ 0.14 | | | | \$ 0.90 |
| Autism | | | | | | | | | | | | | | |
| | Assessments and Testing | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Autism Services | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Autism | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 241.1 | \$ 14.93 | \$ 0.30 | \$ 0.04 | \$ 0.03 | \$ 0.04 | \$ (0.03) | 305.4 | \$ 14.93 | \$ 0.38 |
| | Assessments and Testing | | | Procedures | 101.0 | 38.01 | 0.32 | 0.04 | 0.03 | 0.05 | - | 129.4 | 40.79 | 0.44 |
| | Case Management / Treatment Planning | | | Units | 7.6 | 126.65 | 0.08 | 0.01 | 0.01 | 0.01 | (0.01) | 9.5 | 126.58 | 0.10 |
| | Crisis | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Evaluation and Management | | | Procedures | 48.3 | 86.90 | 0.35 | 0.05 | 0.03 | 0.05 | (0.03) | 62.1 | 86.90 | 0.45 |
| | Medication Administration | | | Procedures | 10.6 | 22.56 | 0.02 | - | - | 0.46 | 0.58 | 10.6 | 22.56 | 0.02 |
| | Medication Assisted Treatment | | | Procedures | 2,317.3 | 16.62 | 3.21 | 0.44 | 0.30 | 0.46 | - | 2,967.0 | 20.18 | 4.99 |
| | Other | | | Procedures | 3.3 | 36.04 | 0.01 | - | - | - | - | 3.3 | 36.04 | 0.01 |
| | Outpatient Services | | | Procedures | 323.5 | 85.69 | 2.31 | 0.32 | 0.22 | 0.33 | (0.25) | 414.5 | 84.83 | 2.93 |
| | Prevention and Early Intervention | | | Procedures | 5.2 | 91.60 | 0.04 | 0.01 | 0.01 | 0.01 | - | 7.9 | 91.60 | 0.06 |
| | Psychiatric diagnostic evaluation | | | Procedures | 0.4 | 285.71 | 0.01 | - | - | - | - | 0.4 | - | - |
| | Residential Services | | | Days | 159.1 | 175.79 | 2.33 | 0.32 | 0.22 | 0.34 | 0.29 | 204.1 | 205.78 | 3.50 |
| | Withdrawal Management | | | Days | 15.6 | 363.17 | 0.46 | 0.06 | 0.04 | 0.07 | 0.06 | 20.1 | 412.97 | 0.69 |
| | Subtotal Substance Abuse State Plan | | | | | \$ 9.44 | \$ 1.29 | \$ 0.86 | \$ 1.36 | \$ 0.60 | | | | \$ 13.57 |
| Children's Waiver Program | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Children's Waiver Program | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Vocational Supports | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Habilitative Supports Waiver | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other Therapy | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Serious Emotional Disturbances | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | | | |
| | | | | | | \$ 28.08 | | | | | | | | \$ 35.98 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | | | | |
|---|--|------------------------|---------------------|------------|---|------------------|----------------|--|-----------------|---|-----------------|--|------------------|-----------------|
| Region: Statewide | Rate Calc: TANF - Enrolled - F - 50 - 64 | Member Months: 121,061 | Category of Service | Unit Type | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 678.5 | \$ 7.07 | \$ 0.40 | \$ 0.04 | \$ 0.04 | \$ 0.06 | \$ (0.06) | 848.1 | \$ 6.79 | \$ 0.48 |
| | Assessive Community Treatment (ACT) | | | Units | 101.0 | 32.10 | 0.27 | 0.02 | 0.02 | 0.04 | - | 123.4 | 34.04 | 0.35 |
| | Assessments and Testing | | | Procedures | 33.4 | 183.34 | 0.51 | 0.04 | 0.05 | 0.07 | (0.06) | 40.6 | 180.38 | 0.61 |
| | Case Management / Treatment Planning | | | Days | 470.8 | 99.92 | 3.92 | 0.34 | 0.35 | 0.54 | (0.97) | 576.5 | 87.01 | 4.18 |
| | Community Living Supports | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Crisis | | | Procedures | 15.7 | 562.08 | 0.72 | 0.06 | 0.06 | 0.10 | - | 19.1 | 501.83 | 0.80 |
| | Evaluation and Management | | | Procedures | 85.7 | 1.62 | 0.15 | 0.14 | 0.15 | 0.22 | 0.02 | 104.7 | 246.35 | 2.15 |
| | Inpatient | | | Days | 89.6 | 751.59 | 5.61 | 0.49 | 0.50 | 0.77 | (0.02) | 109.7 | 806.27 | 7.37 |
| | Medication Administration | | | Procedures | 10.8 | 77.92 | 0.07 | 0.01 | 0.01 | 0.02 | (0.02) | 13.9 | 69.26 | 0.08 |
| | Other | | | Procedures | 13.9 | 129.96 | 0.15 | 0.01 | 0.01 | 0.02 | - | 16.6 | 137.18 | 0.19 |
| | Outpatient Services | | | Procedures | 0.5 | 1,043.48 | 0.04 | - | - | 0.01 | - | 0.6 | 1,034.48 | 0.05 |
| | Prevention and Early Intervention | | | Procedures | 11.1 | 335.44 | 0.31 | 0.03 | 0.03 | 0.04 | (0.01) | 13.6 | 353.20 | 0.40 |
| | Psychiatric diagnostic evaluation | | | Procedures | 20.3 | 354.68 | 0.60 | 0.05 | 0.05 | 0.08 | 0.09 | 24.7 | 422.67 | 0.87 |
| | Psychotherapy | | | Procedures | 128.5 | 190.48 | 2.04 | 0.18 | 0.18 | 0.28 | (0.64) | 157.5 | 155.43 | 2.04 |
| | Residential Services | | | Days | 4.7 | 484.08 | 0.19 | 0.02 | 0.02 | 0.03 | 0.02 | 6.0 | 564.71 | 0.28 |
| | Subtotal Mental Health State Plan | | | | | \$ 16.45 | \$ 1.43 | \$ 1.47 | \$ 2.27 | \$ (1.77) | | | | \$ 19.85 |
| Mental Health 1915(i) | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | 25.1 | 128.98 | 0.27 | 0.02 | 0.02 | 0.04 | - | 30.7 | 175.90 | 0.45 |
| | Other | | | Procedures | 0.3 | - | - | - | - | - | - | - | - | - |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Vocational Supports | | | Units | 12.5 | 76.80 | 0.08 | 0.01 | 0.01 | 0.01 | 0.02 | 15.6 | 98.81 | 0.13 |
| | Subtotal Mental Health 1915(i) | | | | | \$ 0.35 | \$ 0.03 | \$ 0.03 | \$ 0.05 | \$ 0.12 | | | | \$ 0.58 |
| Autism | | | | | | | | | | | | | | |
| | Assessments and Testing | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Autism Services | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Autism | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 183.8 | \$ 19.58 | \$ 0.30 | \$ 0.04 | \$ 0.03 | \$ 0.04 | \$ (0.04) | 232.9 | \$ 19.07 | \$ 0.37 |
| | Assessments and Testing | | | Procedures | 52.2 | 41.41 | 0.18 | 0.02 | 0.02 | 0.03 | - | 66.7 | 45.01 | 0.25 |
| | Case Management / Treatment Planning | | | Units | 2.2 | 108.60 | 0.02 | - | - | - | - | 2.2 | 108.60 | 0.02 |
| | Crisis | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Evaluation and Management | | | Procedures | 16.7 | 78.95 | 0.11 | 0.02 | 0.01 | 0.02 | - | 22.8 | 84.21 | 0.16 |
| | Medication Administration | | | Procedures | 12.1 | 9.95 | 0.01 | - | - | 0.19 | - | 12.1 | 9.95 | 0.01 |
| | Medication Assisted Treatment | | | Procedures | 888.7 | 17.69 | 1.31 | 0.18 | 0.12 | 0.19 | 0.23 | 1,139.7 | 21.37 | 2.03 |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Outpatient Services | | | Procedures | 164.5 | 91.19 | 1.25 | 0.17 | 0.12 | 0.18 | (0.04) | 210.6 | 95.75 | 1.68 |
| | Prevention and Early Intervention | | | Procedures | 3.3 | 109.76 | 0.03 | - | - | - | - | 3.3 | 109.76 | 0.03 |
| | Psychiatric diagnostic evaluation | | | Procedures | 78.4 | 180.70 | 1.18 | 0.16 | 0.11 | 0.17 | 0.15 | 100.3 | 211.83 | 1.77 |
| | Residential Services | | | Days | 8.4 | 355.45 | 0.25 | 0.03 | 0.03 | 0.04 | 0.03 | 10.8 | 411.11 | 0.37 |
| | Withdrawal Management | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Substance Abuse State Plan | | | | | \$ 4.64 | \$ 0.82 | \$ 0.43 | \$ 0.67 | \$ 0.33 | | | | \$ 6.69 |
| Children's Waiver Program | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Children's Waiver Program | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Vocational Supports | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Habilitative Supports Waiver | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Serious Emotional Disturbances | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | | | |
| | | | | | | \$ 21.44 | | | | | | | | \$ 27.12 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | | | | |
|---|--|--------------------------|---------------------|------------|---|------------------|-----------------|--|-----------------|---|------------------|--|------------------|-----------------|
| Region: Statewide | Rate Call: TANF - Enrolled - F - 6 - 18 | Member Months: 2,971,666 | Category of Service | Unit Type | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 652.1 | \$ 76.18 | \$ 4.14 | \$ 0.36 | \$ 0.37 | \$ 0.57 | \$ (0.69) | 798.6 | \$ 71.37 | \$ 4.75 |
| | Assessive Community Treatment (ACT) | | | Units | 1.4 | 84.51 | 0.01 | - | - | - | - | 1.4 | 84.51 | 0.01 |
| | Assessments and Testing | | | Procedures | 45.0 | 221.48 | 0.83 | 0.07 | 0.07 | 0.11 | (0.06) | 54.7 | 223.68 | 1.02 |
| | Case Management / Treatment Planning | | | Days | 410.5 | 108.45 | 3.71 | 0.33 | 0.33 | 0.63 | (0.80) | 516.7 | 97.54 | 4.20 |
| | Community Living Supports | | | Units | 2.7 | 44.78 | 0.01 | - | - | - | - | 2.7 | 44.78 | 0.01 |
| | Crisis | | | Procedures | 35.6 | 678.10 | 2.01 | 0.18 | 0.18 | 0.28 | (0.58) | 43.7 | 568.29 | 2.07 |
| | Evaluation and Management | | | Procedures | 65.4 | 277.15 | 1.51 | 0.13 | 0.13 | 0.21 | (0.23) | 80.1 | 262.17 | 1.75 |
| | Inpatient | | | Days | 88.7 | 738.34 | 5.46 | 0.48 | 0.49 | 0.75 | - | 108.7 | 792.42 | 7.18 |
| | Medication Administration | | | Procedures | 0.9 | 141.18 | 0.01 | - | - | - | - | 0.9 | 141.18 | 0.01 |
| | Other | | | Procedures | 3.5 | 136.36 | 0.04 | - | - | 0.48 | 0.01 | 45.8 | 138.99 | 0.53 |
| | Other Therapy | | | Procedures | 20.9 | 108.93 | 0.19 | 0.02 | 0.02 | 0.03 | - | 26.4 | 118.00 | 0.26 |
| | Outpatient Services | | | Procedures | 36.5 | 316.05 | 0.96 | 0.08 | 0.09 | 0.13 | (0.03) | 44.4 | 332.28 | 1.23 |
| | Prevention and Early Intervention | | | Procedures | 6.5 | 241.49 | 0.13 | 0.01 | 0.01 | 0.02 | 0.01 | 8.0 | 256.60 | 0.17 |
| | Psychiatric diagnostic evaluation | | | Procedures | 36.2 | 410.60 | 1.24 | 0.11 | 0.11 | 0.17 | (0.13) | 44.4 | 405.22 | 1.50 |
| | Psychotherapy | | | Procedures | 284.3 | 193.29 | 4.58 | 0.40 | 0.41 | 0.63 | (1.66) | 348.3 | 150.22 | 4.36 |
| | Residential Services | | | Days | 9.3 | 527.33 | 0.41 | 0.04 | 0.04 | 0.06 | 0.05 | 11.6 | 620.16 | 0.60 |
| | Subtotal Mental Health State Plan | | | | | | \$ 25.24 | \$ 2.21 | \$ 2.25 | \$ 4.07 | \$ (4.12) | | | \$ 28.65 |
| Mental Health 1915(i) | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 609.3 | \$ 5.12 | \$ 0.26 | \$ 0.02 | \$ 0.02 | \$ 0.04 | \$ 0.06 | 749.9 | \$ 6.40 | \$ 0.40 |
| | Community Living Supports | | | Days | 102.8 | 92.24 | 0.79 | 0.07 | 0.07 | 0.11 | 0.27 | 126.2 | 124.57 | 1.31 |
| | Other | | | Procedures | 26.2 | 169.34 | 0.37 | 0.03 | 0.03 | (0.40) | (0.01) | 8.5 | 14.13 | 0.02 |
| | Skill Building | | | Units | 8.5 | 14.13 | 0.01 | - | - | - | - | 8.5 | 14.13 | 0.01 |
| | Vocational Supports | | | Units | 4.0 | 60.00 | 0.02 | - | - | - | - | 4.0 | 60.00 | 0.02 |
| | Subtotal Mental Health 1915(i) | | | | | | \$ 1.45 | \$ 0.12 | \$ 0.12 | \$ (0.29) | \$ 0.32 | | | \$ 1.76 |
| Autism | | | | | | | | | | | | | | |
| | Assessments and Testing | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Autism Services | | | Units | 1,602.8 | 16.77 | 2.24 | 0.55 | 0.23 | 0.35 | 0.04 | 2,246.8 | 18.21 | 3.41 |
| | Subtotal Autism | | | | | | \$ 2.24 | \$ 0.55 | \$ 0.23 | \$ 0.35 | \$ 0.04 | | | \$ 3.41 |
| Substance Abuse State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 0.6 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Assessments and Testing | | | Units | - | 214.29 | 0.01 | - | - | - | - | 0.6 | 214.29 | 0.01 |
| | Case Management / Treatment Planning | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Crisis | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Evaluation and Management | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Medication Administration | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Medication Assisted Treatment | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Outpatient Services | | | Procedures | 3.0 | 118.81 | 0.03 | - | - | - | - | 3.0 | 118.81 | 0.03 |
| | Prevention and Early Intervention | | | Procedures | 1.5 | 81.63 | 0.01 | - | - | - | - | 1.5 | 81.63 | 0.01 |
| | Psychiatric diagnostic evaluation | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Residential Services | | | Days | 4.6 | 210.53 | 0.08 | 0.01 | 0.01 | 0.01 | 0.01 | 5.7 | 252.63 | 0.12 |
| | Withdrawal Management | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Substance Abuse State Plan | | | | | | \$ 0.13 | \$ 0.01 | \$ 0.01 | \$ 0.01 | \$ 0.01 | | | \$ 0.17 |
| Children's Waiver Program | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Children's Waiver Program | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Vocational Supports | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Habilitative Supports Waiver | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Serious Emotional Disturbances | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | | | |
| | | | | | | | \$ 29.06 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 34.99 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health, Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | | | | |
|--|--|--------------------|---------------------|------------|---|---------------------|-----------|--|--------------------|---|--------------------|--|---------------------|-----------|
| Region: Statewide | Rate Call: TANF - Enrolled - F - 65+ | Member Months: 243 | Category of Service | Unit Type | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | Cost per Service | PMPM Cost |
| | Mental Health State Plan | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Assertive Community Treatment (ACT) | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Assessments and Testing | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Case Management / Treatment Planning | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Community Living Supports | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Crisis | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Evaluation and Management | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Inpatient | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Medication Administration | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other Therapy | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Outpatient Services | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Prevention and Early Intervention | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Psychiatric diagnostic evaluation | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Psychotherapy | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Residential Services | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Mental Health State Plan | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| | Mental Health 1915(i) | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Vocational Supports | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| | Subtotal Mental Health 1915(i) | | | | | | | | | | | | | |
| | Autism | | | | | | | | | | | | | |
| | Assessments and Testing | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Autism Services | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Autism | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| | Substance Abuse State Plan | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Assessments and Testing | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Crisis | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Evaluation and Management | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Medication Administration | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Medication Assisted Treatment | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Outpatient Services | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Prevention and Early Intervention | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Psychiatric diagnostic evaluation | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Residential Services | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Withdrawal Management | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Substance Abuse State Plan | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| | Children's Waiver Program | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other Therapy | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| | Subtotal Children's Waiver Program | | | | | | | | | | | | | |
| | Habilitative Supports Waiver | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Vocational Supports | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| | Subtotal Habilitative Supports Waiver | | | | | | | | | | | | | |
| | Serious Emotional Disturbances | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other Therapy | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| | Subtotal Serious Emotional Disturbances | | | | | | | | | | | | | |
| | Total Medical Costs | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | | | | |
|---|--|--------------------------|---------------------|------------|--|------------------|-----------------|---|-----------------|--|------------------|---|------------------|-----------------|
| Region: Statewide | Rate Calc: TANF - Enrolled - M - 0 - 5 | Member Months: 1,530,955 | Category of Service | Unit Type | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 414.1 | \$ 77.67 | \$ 2.68 | \$ 0.24 | \$ 0.24 | \$ 0.37 | \$ (0.33) | 508.3 | \$ 75.54 | \$ 3.20 |
| | Assessive Community Treatment (ACT) | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Assessments and Testing | | | Procedures | 111.2 | 281.56 | 2.61 | 0.23 | 0.23 | 0.36 | (0.01) | 136.4 | 300.95 | 3.42 |
| | Case Management / Treatment Planning | | | Units | 476.9 | 97.88 | 3.89 | 0.34 | 0.34 | 0.54 | (0.22) | 584.8 | 100.55 | 4.90 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Crisis | | | Procedures | 0.6 | 937.50 | 0.05 | - | - | 0.01 | (0.03) | 0.8 | 467.53 | 0.03 |
| | Evaluation and Management | | | Procedures | 5.3 | 320.00 | 0.14 | 0.01 | 0.01 | 0.02 | (0.03) | 6.4 | 282.13 | 0.15 |
| | Inpatient | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Medication Administration | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | 3.0 | 40.13 | 0.01 | - | - | 0.41 | - | 125.6 | 40.13 | 0.42 |
| | Other Therapy | | | Procedures | 214.1 | 95.83 | 1.71 | 0.15 | 0.15 | 0.24 | - | 263.0 | 102.67 | 2.25 |
| | Outpatient Services | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Prevention and Early Intervention | | | Procedures | 12.9 | 325.83 | 0.35 | 0.03 | 0.03 | 0.05 | (0.03) | 15.8 | 325.76 | 0.43 |
| | Psychiatric diagnostic evaluation | | | Procedures | 21.5 | 363.47 | 0.65 | 0.06 | 0.06 | 0.09 | (0.08) | 26.4 | 354.41 | 0.78 |
| | Psychotherapy | | | Procedures | 22.6 | 185.51 | 0.35 | 0.03 | 0.03 | 0.05 | (0.15) | 27.8 | 133.76 | 0.31 |
| | Residential Services | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Mental Health State Plan | | | | | | \$ 12.44 | \$ 1.09 | \$ 1.10 | \$ 2.14 | \$ (0.88) | | | \$ 15.89 |
| Mental Health 1915(i) | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 645.6 | \$ 4.65 | \$ 0.25 | \$ 0.02 | \$ 0.02 | \$ 0.03 | \$ 0.07 | 774.7 | \$ 6.04 | \$ 0.39 |
| | Community Living Supports | | | Days | 37.6 | 108.51 | 0.34 | 0.03 | 0.03 | 0.05 | 0.12 | 46.5 | 147.26 | 0.57 |
| | Other | | | Procedures | 26.9 | 155.96 | 0.35 | 0.03 | 0.03 | (0.36) | - | 1.5 | 388.61 | 0.05 |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Vocational Supports | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Mental Health 1915(i) | | | | | | \$ 0.94 | \$ 0.08 | \$ 0.08 | \$ (0.28) | \$ 0.19 | | | \$ 1.01 |
| Autism | | | | | | | | | | | | | | |
| | Assessments and Testing | | | Procedures | 0.3 | 413.79 | 0.01 | - | - | - | - | 0.3 | 413.79 | 0.01 |
| | Autism Services | | | Units | 26,599.9 | 17.58 | 38.97 | 9.49 | 3.98 | 6.14 | (0.98) | 37,268.5 | 18.55 | 57.60 |
| | Subtotal Autism | | | | | | \$ 38.98 | \$ 9.49 | \$ 3.98 | \$ 6.14 | \$ (0.98) | | | \$ 57.61 |
| Substance Abuse State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Assessments and Testing | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Crisis | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Evaluation and Management | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Medication Administration | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Medication Assisted Treatment | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Outpatient Services | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Prevention and Early Intervention | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Psychiatric diagnostic evaluation | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Residential Services | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Withdrawal Management | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Substance Abuse State Plan | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Children's Waiver Program | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other Therapy | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Children's Waiver Program | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Vocational Supports | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Habilitative Supports Waiver | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other Therapy | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Serious Emotional Disturbances | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | | | |
| | | | | | | | \$ 52.36 | | | | | | | \$ 74.51 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | | | | |
|---|--|-----------------------|---------------------|------------|---|--|----------------|--|-----------------------------------|---|--|--|---|-----------------|
| Region: Statewide | Rate Calc: TANF - Enrolled - M - 19 - 20 | Member Months: 52,661 | Category of Service | Unit Type | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Adjusted SFY 2023 Base Experience Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Trend Adjustments Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Policy and Program Adjustments Cost Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | SFY 2025 Projected Benefit Expense Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 346.8 | \$ 9.00 | \$ 0.26 | \$ 0.02 | \$ 0.02 | \$ 0.04 | \$ (0.09) | 426.9 | \$ 7.03 | \$ 0.25 |
| | Assessive Community Treatment (ACT) | | | Units | 40.1 | 113.69 | 0.38 | 0.03 | 0.03 | 0.05 | (0.20) | 486 | 71.68 | 0.29 |
| | Assessments and Testing | | | Procedures | 25.0 | 201.76 | 0.42 | 0.04 | 0.04 | 0.06 | (0.05) | 30.9 | 197.87 | 0.51 |
| | Case Management / Treatment Planning | | | Units | 286.8 | 107.52 | 2.57 | 0.23 | 0.23 | 0.35 | (0.62) | 351.6 | 94.21 | 2.76 |
| | Community Living Supports | | | Days | 45.7 | 63.02 | 1.46 | 0.02 | 0.02 | 0.03 | 0.05 | 55.2 | 78.23 | 0.36 |
| | Crisis | | | Procedures | 28.3 | 618.21 | 1.46 | 0.13 | 0.13 | 0.20 | (0.13) | 34.8 | 576.69 | 1.67 |
| | Evaluation and Management | | | Procedures | 37.2 | 283.95 | 0.88 | 0.08 | 0.08 | 0.12 | (0.13) | 45.6 | 270.82 | 1.03 |
| | Inpatient | | | Days | 160.5 | 727.48 | 9.73 | 0.85 | 0.87 | 1.34 | (0.03) | 196.6 | 780.59 | 12.79 |
| | Medication Administration | | | Procedures | 15.7 | 107.14 | 0.14 | 0.01 | 0.01 | 0.02 | (0.03) | 19.0 | 94.54 | 0.15 |
| | Other | | | Procedures | 17.5 | 116.31 | 0.17 | 0.02 | 0.02 | 0.25 | 0.01 | 45.4 | 124.23 | 0.47 |
| | Other Therapy | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Outpatient Services | | | Procedures | 9.5 | 328.42 | 0.26 | 0.02 | 0.02 | 0.04 | (0.06) | 11.7 | 287.43 | 0.28 |
| | Prevention and Early Intervention | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Psychiatric diagnostic evaluation | | | Procedures | 19.4 | 402.48 | 0.65 | 0.06 | 0.06 | 0.09 | (0.02) | 23.9 | 422.64 | 0.84 |
| | Psychotherapy | | | Procedures | 60.4 | 190.76 | 0.96 | 0.09 | 0.09 | 0.13 | (0.23) | 73.6 | 167.93 | 1.03 |
| | Residential Services | | | Days | 12.2 | 493.02 | 0.50 | 0.04 | 0.04 | 0.07 | 0.06 | 14.9 | 573.74 | 0.71 |
| | Subtotal Mental Health State Plan | | | | | \$ 18.62 | \$ 1.63 | \$ 1.66 | \$ 2.79 | \$ (1.56) | | | | \$ 23.14 |
| Mental Health 1915(i) | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 269.2 | \$ 5.35 | \$ 0.12 | \$ 0.01 | \$ 0.01 | \$ 0.02 | \$ 0.03 | 336.5 | \$ 6.78 | \$ 0.19 |
| | Community Living Supports | | | Days | 137.1 | 151.46 | 1.73 | 0.15 | 0.15 | 0.24 | 0.44 | 168.0 | 193.61 | 2.71 |
| | Other | | | Procedures | 5.5 | 151.62 | 0.07 | 0.01 | 0.01 | (0.06) | - | - | - | 0.01 |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Vocational Supports | | | Units | 86.3 | 45.90 | 0.33 | 0.03 | 0.03 | 0.05 | (0.13) | 107.2 | 34.70 | 0.31 |
| | Subtotal Mental Health 1915(i) | | | | | \$ 2.25 | \$ 0.20 | \$ 0.20 | \$ 0.23 | \$ 0.34 | | | | \$ 3.22 |
| Autism | | | | | | | | | | | | | | |
| | Assessments and Testing | | | Procedures | - | - | 0.34 | - | - | - | - | - | - | 0.56 |
| | Autism Services | | | Units | 259.0 | 15.75 | 0.34 | 0.08 | 0.08 | 0.05 | 0.06 | 358.0 | 16.77 | 0.56 |
| | Subtotal Autism | | | | | \$ 0.34 | \$ 0.03 | \$ 0.03 | \$ 0.05 | \$ 0.06 | | | | \$ 0.56 |
| Substance Abuse State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 12.0 | \$ 10.02 | \$ 0.01 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | 12.0 | \$ 10.02 | \$ 0.01 |
| | Assessments and Testing | | | Procedures | 6.9 | 121.56 | 0.07 | 0.01 | 0.01 | 0.01 | - | 8.9 | 135.14 | 0.10 |
| | Case Management / Treatment Planning | | | Units | 1.2 | 104.35 | 0.01 | - | - | - | - | 1.2 | 104.35 | 0.01 |
| | Crisis | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Evaluation and Management | | | Procedures | 2.3 | 158.59 | 0.03 | - | - | - | (0.01) | 2.3 | 105.73 | 0.02 |
| | Medication Administration | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Medication Assisted Treatment | | | Procedures | 35.0 | 20.56 | 0.06 | 0.01 | 0.01 | 0.01 | - | 46.7 | 23.13 | 0.09 |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Outpatient Services | | | Procedures | 38.9 | 105.02 | 0.34 | 0.05 | 0.03 | 0.05 | (0.09) | 50.3 | 90.69 | 0.38 |
| | Prevention and Early Intervention | | | Procedures | 0.8 | 157.89 | 0.01 | - | - | - | - | 0.8 | 157.89 | 0.01 |
| | Psychiatric diagnostic evaluation | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Residential Services | | | Days | 20.1 | 196.62 | 0.33 | 0.05 | 0.03 | 0.05 | 0.04 | 26.2 | 228.66 | 0.50 |
| | Withdrawal Management | | | Days | 2.5 | 330.71 | 0.07 | 0.01 | 0.01 | 0.01 | 0.01 | 3.3 | 403.67 | 0.11 |
| | Subtotal Substance Abuse State Plan | | | | | \$ 0.93 | \$ 0.13 | \$ 0.09 | \$ 0.13 | \$ (0.05) | | | | \$ 1.23 |
| Children's Waiver Program | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Children's Waiver Program | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Vocational Supports | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Habilitative Supports Waiver | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other Therapy | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Serious Emotional Disturbances | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | | | |
| | | | | | | \$ 22.14 | | | | | | | | \$ 28.15 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | | | | |
|---|--|-----------------------|---------------------|------------|--|------------------|-----------|---|-----------------|--|-----------------|---|------------------|-----------|
| Region: Statewide | Rate Call: TANF - Enrolled - M - 21 - 25 | Member Months: 26,337 | Category of Service | Unit Type | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 671.5 | \$ 26.80 | \$ 1.50 | \$ 0.13 | \$ 0.13 | \$ 0.21 | \$ (0.08) | 823.8 | \$ 27.53 | \$ 1.89 |
| | Assessments and Testing (ACT) | | | Units | 70.0 | 114.82 | 0.67 | 0.06 | 0.06 | 0.09 | (0.21) | 85.7 | 93.82 | 0.67 |
| | Case Management / Treatment Planning | | | Units | 21.9 | 191.61 | 0.35 | 0.03 | 0.03 | 0.05 | (0.02) | 26.9 | 196.06 | 0.44 |
| | Crisis | | | Days | 259.3 | 109.24 | 2.36 | 0.21 | 0.21 | 0.33 | (0.46) | 318.6 | 98.82 | 2.65 |
| | Evaluation and Management | | | Procedures | 35.3 | 84.91 | 0.25 | 0.02 | 0.02 | 0.03 | 0.05 | 42.4 | 104.72 | 0.37 |
| | Inpatient | | | Procedures | 34.2 | 568.92 | 1.62 | 0.14 | 0.14 | 0.22 | (0.21) | 41.8 | 548.85 | 1.91 |
| | Medication Administration | | | Days | 35.4 | 311.95 | 0.92 | 0.08 | 0.08 | 1.06 | (0.12) | 43.5 | 300.90 | 1.09 |
| | Other | | | Procedures | 137.0 | 676.88 | 7.73 | 0.69 | 0.69 | 0.02 | (0.01) | 167.9 | 726.19 | 10.16 |
| | Outpatient Services | | | Procedures | 11.2 | 117.96 | 0.11 | 0.01 | 0.01 | 0.01 | (0.01) | 14.2 | 117.98 | 0.14 |
| | Prevention and Early Intervention | | | Procedures | 7.0 | 136.95 | 0.08 | 0.01 | 0.01 | 0.01 | - | 8.8 | 150.68 | 0.11 |
| | Psychiatric diagnostic evaluation | | | Procedures | 4.7 | 385.44 | 0.15 | 0.01 | 0.01 | 0.02 | - | 5.6 | 407.14 | 0.19 |
| | Residential Services | | | Procedures | 24.6 | 428.57 | 0.88 | 0.08 | 0.08 | 0.12 | 0.01 | 30.2 | 464.29 | 1.17 |
| | Subtotal Mental Health State Plan | | | Days | 72.1 | 174.83 | 1.05 | 0.09 | 0.09 | 0.14 | (0.35) | 87.9 | 139.31 | 1.02 |
| | | | | Units | 4.0 | 481.20 | 0.16 | 0.01 | 0.01 | 0.02 | 0.02 | 4.7 | 556.96 | 0.22 |
| | | | | | | | \$ 17.83 | \$ 1.56 | \$ 1.57 | \$ 2.45 | \$ (1.38) | | | \$ 22.03 |
| Mental Health 1915(i) | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 270.7 | \$ 4.88 | \$ 0.11 | \$ 0.01 | \$ 0.01 | \$ 0.01 | \$ 0.03 | 319.9 | \$ 6.38 | \$ 0.17 |
| | Community Living Supports | | | Procedures | 162.7 | 221.24 | 3.00 | 0.26 | 0.27 | 0.41 | 0.73 | 199.1 | 281.52 | 4.67 |
| | Other | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Vocational Supports | | | Units | 81.4 | 26.55 | 0.18 | 0.02 | 0.02 | 0.02 | 0.05 | 99.5 | 34.99 | 0.29 |
| | Subtotal Mental Health 1915(i) | | | | | | \$ 3.29 | \$ 0.29 | \$ 0.30 | \$ 0.44 | \$ 0.81 | | | \$ 5.13 |
| Autism | | | | | | | | | | | | | | |
| | Assessments and Testing | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Autism Services | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Autism | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 66.3 | \$ 8.78 | \$ 0.05 | \$ 0.01 | \$ 0.00 | \$ 0.01 | \$ 0.00 | 95.7 | \$ 8.78 | \$ 0.07 |
| | Assessments and Testing | | | Units | 18.0 | 99.94 | 0.15 | 0.02 | 0.01 | 0.02 | - | 22.8 | 105.22 | 0.20 |
| | Case Management / Treatment Planning | | | Procedures | 3.4 | 107.14 | 0.03 | - | - | - | - | 3.4 | 107.14 | 0.03 |
| | Crisis | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Evaluation and Management | | | Procedures | 3.3 | 72.73 | 0.02 | - | - | - | - | 3.3 | 72.73 | 0.02 |
| | Medication Administration | | | Procedures | 97.7 | 14.73 | 0.12 | 0.02 | 0.01 | 0.02 | 0.04 | 130.3 | 19.34 | 0.21 |
| | Medication Assisted Treatment | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | 129.8 | 72.12 | 0.78 | 0.11 | 0.07 | 0.11 | (0.02) | 166.4 | 75.73 | 1.05 |
| | Outpatient Services | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Prevention and Early Intervention | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Psychiatric diagnostic evaluation | | | Days | 61.2 | 188.11 | 0.96 | 0.13 | 0.09 | 0.14 | 0.12 | 78.5 | 220.24 | 1.44 |
| | Residential Services | | | Days | 7.2 | 383.33 | 0.23 | 0.03 | 0.02 | 0.03 | 0.03 | 9.1 | 449.34 | 0.34 |
| | Withdrawal Management | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Substance Abuse State Plan | | | | | | \$ 2.34 | \$ 0.32 | \$ 0.20 | \$ 0.33 | \$ 0.17 | | | \$ 3.36 |
| Children's Waiver Program | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other Therapy | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Children's Waiver Program | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Vocational Supports | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Habilitative Supports Waiver | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other Therapy | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Serious Emotional Disturbances | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | | | |
| | | | | | | | \$ 23.46 | | | | | | | \$ 30.52 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | | | | |
|---|--|------------------------|---------------------|------------|---|------------------|-----------|--|-----------------|---|------------------|--|------------------|-----------------|
| Region: Statewide | Rate Calc: TANF - Enrolled - M - 26 - 39 | Member Months: 308,704 | Category of Service | Unit Type | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 48.3 | \$ 44.71 | \$ 0.18 | \$ 0.02 | \$ 0.02 | \$ 0.03 | \$ (0.07) | 61.7 | \$ 34.99 | \$ 0.18 |
| | Assessive Community Treatment (ACT) | | | Units | 21.6 | 111.06 | 0.20 | 0.02 | 0.02 | 0.03 | (0.05) | 27.0 | 97.74 | 0.22 |
| | Assessments and Testing | | | Procedures | 27.4 | 170.80 | 0.39 | 0.03 | 0.03 | 0.05 | (0.06) | 33.0 | 159.90 | 0.44 |
| | Case Management / Treatment Planning | | | Units | 260.6 | 103.62 | 2.25 | 0.20 | 0.20 | 0.31 | (0.36) | 319.6 | 97.61 | 2.60 |
| | Community Living Supports | | | Days | | | | | | | | | | |
| | Crisis | | | Procedures | 23.3 | 597.42 | 1.16 | 0.10 | 0.10 | 0.16 | (0.23) | 28.5 | 542.78 | 1.29 |
| | Evaluation and Management | | | Procedures | 50.5 | 280.17 | 1.18 | 0.10 | 0.11 | 0.16 | (0.14) | 61.7 | 274.32 | 1.41 |
| | Inpatient | | | Days | 90.5 | 728.36 | 5.49 | 0.48 | 0.48 | 0.76 | (0.04) | 110.9 | 781.39 | 7.22 |
| | Medication Administration | | | Procedures | 16.4 | 109.76 | 0.15 | 0.01 | 0.01 | 0.02 | (0.04) | 19.7 | 91.46 | 0.15 |
| | Other | | | Procedures | 11.4 | 115.38 | 0.11 | 0.01 | 0.01 | 0.02 | - | 14.6 | 123.63 | 0.15 |
| | Other Therapy | | | Procedures | | | | | | | | | | |
| | Outpatient Services | | | Procedures | 7.7 | 344.20 | 0.22 | 0.02 | 0.02 | 0.03 | (0.04) | 9.4 | 318.81 | 0.25 |
| | Prevention and Early Intervention | | | Procedures | | | | | | | | | | |
| | Psychiatric diagnostic evaluation | | | Procedures | 24.2 | 451.80 | 0.91 | 0.08 | 0.08 | 0.13 | (0.07) | 29.8 | 455.80 | 1.13 |
| | Psychotherapy | | | Procedures | 93.8 | 189.44 | 1.48 | 0.13 | 0.13 | 0.20 | (0.44) | 114.7 | 157.00 | 1.50 |
| | Residential Services | | | Days | 2.9 | 536.08 | 0.13 | 0.01 | 0.01 | 0.02 | 0.02 | 3.6 | 636.87 | 0.19 |
| | Subtotal Mental Health State Plan | | | | | \$ 13.85 | | \$ 1.21 | \$ 1.23 | \$ 1.92 | \$ (1.48) | | | \$ 16.73 |
| Mental Health 1915(i) | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Procedures | 2.8 | 43.32 | 0.01 | - | - | - | - | 2.8 | 43.32 | 0.01 |
| | Other | | | Procedures | | | | | | | | | | |
| | Skill Building | | | Units | 63.9 | 3.76 | 0.02 | - | - | - | 0.01 | 63.9 | 5.63 | 0.03 |
| | Vocational Supports | | | Units | 25.9 | 69.42 | 0.15 | 0.01 | 0.01 | 0.02 | (0.02) | 31.1 | 65.55 | 0.17 |
| | Subtotal Mental Health 1915(i) | | | | | \$ 0.18 | | \$ 0.01 | \$ 0.01 | \$ 0.02 | \$ (0.01) | | | \$ 0.21 |
| Autism | | | | | | | | | | | | | | |
| | Assessments and Testing | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Autism Services | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Autism | | | | | \$ 0.00 | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 154.5 | \$ 13.98 | \$ 0.18 | \$ 0.03 | \$ 0.02 | \$ 0.03 | \$ (0.03) | 206.0 | \$ 13.40 | \$ 0.23 |
| | Assessments and Testing | | | Procedures | 98.2 | 51.30 | 0.42 | 0.06 | 0.06 | 0.06 | (0.01) | 126.3 | 54.15 | 0.57 |
| | Case Management / Treatment Planning | | | Units | 11.8 | 142.37 | 0.14 | 0.02 | 0.01 | 0.02 | (0.03) | 15.2 | 126.57 | 0.16 |
| | Crisis | | | Procedures | | | | | | | | | | |
| | Evaluation and Management | | | Procedures | 43.6 | 85.32 | 0.31 | 0.04 | 0.03 | 0.05 | (0.01) | 56.3 | 89.58 | 0.42 |
| | Medication Administration | | | Procedures | 12.1 | 9.88 | 0.01 | - | - | 0.01 | - | 12.1 | 9.88 | 0.01 |
| | Medication Assisted Treatment | | | Procedures | 2,132.4 | 17.22 | 3.06 | 0.42 | 0.29 | 0.44 | 0.43 | 2,731.7 | 20.38 | 4.64 |
| | Other | | | Procedures | | | | | | | | | | |
| | Outpatient Services | | | Procedures | 321.9 | 87.23 | 2.34 | 0.32 | 0.22 | 0.34 | (0.33) | 412.7 | 84.04 | 2.89 |
| | Prevention and Early Intervention | | | Procedures | 4.6 | 52.52 | 0.02 | - | - | - | 4.6 | 52.52 | 0.02 | 0.02 |
| | Psychiatric diagnostic evaluation | | | Procedures | 0.5 | 255.32 | 0.01 | - | - | - | (0.01) | 0.5 | - | - |
| | Residential Services | | | Days | 183.8 | 183.47 | 2.81 | 0.39 | 0.26 | 0.41 | 0.35 | 236.1 | 214.48 | 4.22 |
| | Withdrawal Management | | | Days | 25.6 | 365.20 | 0.78 | 0.11 | 0.07 | 0.11 | 0.10 | 32.9 | 427.27 | 1.17 |
| | Subtotal Substance Abuse State Plan | | | | | \$ 10.08 | | \$ 1.39 | \$ 0.94 | \$ 1.46 | \$ 0.46 | | | \$ 14.33 |
| Children's Waiver Program | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Children's Waiver Program | | | | | \$ 0.00 | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Vocational Supports | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Habilitative Supports Waiver | | | | | \$ 0.00 | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Community Living Supports | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Serious Emotional Disturbances | | | | | \$ 0.00 | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | | | |
| | | | | | | \$ 24.11 | | \$ 2.60 | \$ 1.87 | \$ 3.38 | \$ 0.00 | | | \$ 31.27 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | | | | |
|---|--|------------------------|---------------------|------------|---|------------------|-----------|--|-----------------|---|-----------------|--|------------------|-----------------|
| Region: Statewide | Rate Calc: TANF - Enrolled - M - 40 - 49 | Member Months: 212,258 | Category of Service | Unit Type | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 80.5 | \$ 31.31 | \$ 0.21 | \$ 0.02 | \$ 0.02 | \$ 0.03 | \$ (0.04) | 99.7 | \$ 28.90 | \$ 0.24 |
| | Assessive Community Treatment (ACT) | | | Units | 32.8 | 102.56 | 0.28 | 0.02 | 0.03 | 0.04 | (0.02) | 39.8 | 105.58 | 0.35 |
| | Assessments and Testing | | | Procedures | 25.9 | 166.99 | 0.36 | 0.03 | 0.03 | 0.05 | (0.04) | 31.6 | 163.19 | 0.43 |
| | Case Management / Treatment Planning | | | Days | 278.3 | 98.75 | 2.29 | 0.20 | 0.20 | 0.32 | (0.47) | 341.5 | 88.61 | 2.55 |
| | Community Living Supports | | | Units | | | | | | | | | | |
| | Crisis | | | Procedures | 18.3 | 505.75 | 0.77 | 0.07 | 0.07 | 0.11 | (0.10) | 22.5 | 489.80 | 0.92 |
| | Evaluation and Management | | | Procedures | 59.4 | 264.56 | 1.31 | 0.12 | 0.12 | 0.18 | (0.16) | 73.0 | 257.98 | 1.57 |
| | Inpatient | | | Days | 58.4 | 725.09 | 3.53 | 0.31 | 0.32 | 0.49 | (0.02) | 71.7 | 778.68 | 4.65 |
| | Medication Administration | | | Procedures | 7.0 | 120.86 | 0.07 | 0.01 | 0.01 | 0.01 | (0.02) | 8.9 | 107.38 | 0.08 |
| | Other | | | Procedures | 11.1 | 97.04 | 0.09 | 0.01 | 0.01 | 0.01 | | 13.6 | 105.88 | 0.12 |
| | Other Therapy | | | Procedures | 0.6 | 1,125.00 | 0.06 | 0.01 | 0.01 | 0.01 | | 0.9 | 1,270.59 | 0.09 |
| | Outpatient Services | | | Procedures | 7.3 | 311.05 | 0.19 | 0.02 | 0.02 | 0.03 | | 9.3 | 336.93 | 0.26 |
| | Prevention and Early Intervention | | | Procedures | | | | | | | | | | |
| | Psychiatric diagnostic evaluation | | | Procedures | 19.4 | 427.47 | 0.69 | 0.06 | 0.06 | 0.10 | (0.04) | 23.9 | 437.55 | 0.87 |
| | Psychotherapy | | | Procedures | 94.4 | 180.45 | 1.42 | 0.13 | 0.13 | 0.20 | (0.42) | 116.4 | 150.54 | 1.46 |
| | Residential Services | | | Days | 7.3 | 397.24 | 0.24 | 0.02 | 0.02 | 0.03 | 0.03 | 8.8 | 465.75 | 0.34 |
| | Subtotal Mental Health State Plan | | | | | \$ 11.51 | | \$ 1.03 | | \$ 1.61 | | \$ (1.28) | | \$ 13.93 |
| Mental Health 1915(i) | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Procedures | 4.1 | 174.76 | 0.06 | 0.01 | 0.01 | 0.01 | 0.01 | 5.5 | 218.58 | 0.10 |
| | Other | | | Procedures | | | | | | | | | | |
| | Skill Building | | | Units | 101.4 | 2.37 | 0.02 | - | - | - | 0.01 | 101.4 | 3.55 | 0.03 |
| | Vocational Supports | | | Units | 8.1 | 59.28 | 0.04 | - | - | 0.01 | 0.01 | 10.1 | 58.23 | 0.05 |
| | Subtotal Mental Health 1915(i) | | | | | \$ 0.12 | | \$ 0.01 | | \$ 0.02 | | \$ 0.02 | | \$ 0.18 |
| Autism | | | | | | | | | | | | | | |
| | Assessments and Testing | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Autism Services | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Autism | | | | | \$ 0.00 | | \$ 0.00 | | \$ 0.00 | | \$ 0.00 | | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 213.4 | \$ 12.37 | \$ 0.22 | \$ 0.03 | \$ 0.02 | \$ 0.03 | \$ (0.03) | 271.6 | \$ 11.93 | \$ 0.27 |
| | Assessments and Testing | | | Procedures | 111.3 | 42.05 | 0.39 | 0.05 | 0.04 | 0.06 | 0.06 | 142.7 | 46.42 | 0.54 |
| | Case Management / Treatment Planning | | | Units | 12.3 | 117.55 | 0.12 | 0.02 | 0.01 | 0.02 | (0.01) | 16.3 | 117.58 | 0.16 |
| | Crisis | | | Procedures | | | | | | | | | | |
| | Evaluation and Management | | | Procedures | 48.0 | 82.57 | 0.33 | 0.05 | 0.03 | 0.05 | (0.01) | 62.5 | 86.41 | 0.45 |
| | Medication Administration | | | Procedures | 11.3 | 21.24 | 0.02 | - | - | 0.01 | 0.71 | 11.3 | 21.24 | 0.02 |
| | Medication Assisted Treatment | | | Procedures | 2,608.6 | 16.33 | 3.55 | 0.49 | 0.33 | 0.51 | 0.71 | 3,343.4 | 20.06 | 5.59 |
| | Other | | | Procedures | | | | | | | | | | |
| | Outpatient Services | | | Procedures | 378.6 | 77.02 | 2.43 | 0.34 | 0.23 | 0.35 | (0.05) | 486.1 | 81.47 | 3.30 |
| | Prevention and Early Intervention | | | Procedures | 3.3 | 73.39 | 0.02 | - | - | - | - | 3.3 | 73.39 | 0.02 |
| | Psychiatric diagnostic evaluation | | | Procedures | 0.5 | | | 0.38 | 0.25 | 0.39 | 0.34 | 228.5 | 214.30 | 4.08 |
| | Residential Services | | | Days | 178.1 | 183.31 | 2.72 | 0.10 | 0.07 | 0.10 | 0.09 | 30.1 | 422.31 | 1.06 |
| | Withdrawal Management | | | Days | 23.4 | 368.51 | 0.70 | 0.10 | 0.07 | 0.10 | 0.09 | 30.1 | 422.31 | 1.06 |
| | Subtotal Substance Abuse State Plan | | | | | \$ 10.50 | | \$ 1.46 | | \$ 1.51 | | \$ 1.04 | | \$ 15.49 |
| Children's Waiver Program | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Children's Waiver Program | | | | | \$ 0.00 | | \$ 0.00 | | \$ 0.00 | | \$ 0.00 | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Vocational Supports | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Habilitative Supports Waiver | | | | | \$ 0.00 | | \$ 0.00 | | \$ 0.00 | | \$ 0.00 | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Community Living Supports | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other Therapy | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Serious Emotional Disturbances | | | | | \$ 0.00 | | \$ 0.00 | | \$ 0.00 | | \$ 0.00 | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | | | |
| | | | | | | \$ 22.13 | | \$ 2.92 | | \$ 3.04 | | \$ 2.24 | | \$ 28.60 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | | | | |
|---|--|------------------------|--|------------|---|---------------------|-----------------|--|--------------------|---|--------------------|--|---------------------|-----------------|
| Region: Statewide | Rate Calc: TANF - Enrolled - M - 50 - 64 | Member Months: 102,327 | Category of Service | Unit Type | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | | |
| | | | Additional Support Services | Units | 14.1 | \$ 25.53 | \$ 0.03 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | 14.1 | \$ 25.53 | \$ 0.03 |
| | | | Assessive Community Treatment (ACT) | Units | 48.2 | 111.99 | 0.45 | 0.04 | 0.04 | 0.00 | 0.00 | 58.9 | 105.87 | 0.52 |
| | | | Assessments and Testing | Procedures | 19.1 | 163.78 | 0.26 | 0.02 | 0.02 | 0.00 | 0.00 | 23.5 | 163.75 | 0.32 |
| | | | Case Management / Treatment Planning | Units | 232.1 | 99.79 | 1.83 | 0.17 | 0.17 | 0.00 | 0.00 | 285.0 | 87.16 | 2.07 |
| | | | Community Living Supports | Days | 83.6 | 83.08 | 1.61 | 0.14 | 0.14 | 0.00 | 0.00 | 284.6 | 103.74 | 2.46 |
| | | | Crisis | Procedures | 5.4 | 621.07 | 0.28 | 0.02 | 0.02 | 0.00 | 0.00 | 6.6 | 584.47 | 0.32 |
| | | | Evaluation and Management | Procedures | 39.5 | 224.98 | 0.74 | 0.06 | 0.07 | 0.00 | 0.00 | 48.0 | 245.00 | 0.98 |
| | | | Inpatient | Days | 21.5 | 719.00 | 1.29 | 0.11 | 0.12 | 0.00 | 0.00 | 26.4 | 773.61 | 1.70 |
| | | | Medication Administration | Procedures | 3.9 | 123.08 | 0.04 | - | - | 0.00 | 0.00 | 4.9 | 122.95 | 0.05 |
| | | | Other | Procedures | 4.6 | 130.15 | 0.05 | - | - | 0.00 | 0.00 | 5.5 | 130.20 | 0.06 |
| | | | Other Therapy | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | | Outpatient Services | Procedures | 1.3 | 270.68 | 0.03 | - | - | 0.00 | 0.00 | 1.3 | 270.68 | 0.03 |
| | | | Prevention and Early Intervention | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | | Psychiatric diagnostic evaluation | Procedures | 11.4 | 389.47 | 0.37 | 0.03 | 0.03 | 0.00 | 0.00 | 13.9 | 406.93 | 0.47 |
| | | | Psychotherapy | Procedures | 58.0 | 204.93 | 0.99 | 0.09 | 0.09 | 0.00 | 0.00 | 71.4 | 149.50 | 0.89 |
| | | | Residential Services | Days | 5.4 | 665.43 | 0.30 | 0.03 | 0.03 | 0.00 | 0.00 | 6.7 | 791.60 | 0.44 |
| | | | Subtotal Mental Health State Plan | | | | \$ 8.37 | \$ 0.71 | \$ 0.74 | \$ 1.16 | \$ (0.64) | | | \$ 10.34 |
| Mental Health 1915(i) | | | | | | | | | | | | | | |
| | | | Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | | | Community Living Supports | Days | 256.9 | 235.86 | 5.05 | 0.44 | 0.45 | 0.00 | 0.00 | 314.9 | 288.05 | 7.56 |
| | | | Other | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | | Skill Building | Units | - | - | - | - | - | - | - | - | - | - |
| | | | Vocational Supports | Units | 27.5 | 34.93 | 0.08 | 0.01 | 0.01 | 0.00 | 0.00 | 34.4 | 38.43 | 0.11 |
| | | | Subtotal Mental Health 1915(i) | | | | \$ 5.13 | \$ 0.45 | \$ 0.46 | \$ 0.71 | \$ 0.92 | | | \$ 7.67 |
| Autism | | | | | | | | | | | | | | |
| | | | Assessments and Testing | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | | Autism Services | Units | - | - | - | - | - | - | - | - | - | - |
| | | | Subtotal Autism | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | | | | | |
| | | | Additional Support Services | Units | 147.0 | \$ 13.88 | \$ 0.17 | \$ 0.02 | \$ 0.02 | \$ 0.02 | \$ (0.03) | 181.6 | \$ 13.22 | \$ 0.20 |
| | | | Assessments and Testing | Procedures | 35.0 | 48.00 | 0.14 | 0.02 | 0.01 | 0.02 | 0.00 | 45.0 | 50.67 | 0.19 |
| | | | Case Management / Treatment Planning | Units | 3.3 | 107.78 | 0.03 | - | - | - | - | 3.3 | 107.78 | 0.03 |
| | | | Crisis | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | | Evaluation and Management | Procedures | 12.9 | 84.05 | 0.09 | 0.01 | 0.01 | 0.01 | 0.00 | 15.7 | 91.66 | 0.12 |
| | | | Medication Administration | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | | Medication Assisted Treatment | Procedures | 765.5 | 17.56 | 1.12 | 0.15 | 0.10 | 0.16 | 0.13 | 977.4 | 20.38 | 1.66 |
| | | | Other | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | | Outpatient Services | Procedures | 127.0 | 80.29 | 0.85 | 0.12 | 0.08 | 0.12 | 0.00 | 162.9 | 86.18 | 1.17 |
| | | | Prevention and Early Intervention | Procedures | 1.4 | 84.51 | 0.01 | - | - | - | - | 1.4 | 84.51 | 0.01 |
| | | | Psychiatric diagnostic evaluation | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | | Residential Services | Days | 101.0 | 157.96 | 1.33 | 0.18 | 0.12 | 0.19 | 0.16 | 129.2 | 183.97 | 1.98 |
| | | | Withdrawal Management | Days | 6.7 | 357.14 | 0.20 | 0.03 | 0.02 | 0.03 | 0.03 | 8.7 | 425.63 | 0.31 |
| | | | Subtotal Substance Abuse State Plan | | | | \$ 3.94 | \$ 0.53 | \$ 0.36 | \$ 0.55 | \$ 0.29 | | | \$ 5.67 |
| Children's Waiver Program | | | | | | | | | | | | | | |
| | | | Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | | | Community Living Supports | Days | - | - | - | - | - | - | - | - | - | - |
| | | | Other | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | | Subtotal Children's Waiver Program | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | | | |
| | | | Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | | | Community Living Supports | Days | - | - | - | - | - | - | - | - | - | - |
| | | | Other | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | | Skill Building | Units | - | - | - | - | - | - | - | - | - | - |
| | | | Vocational Supports | Units | - | - | - | - | - | - | - | - | - | - |
| | | | Subtotal Habilitative Supports Waiver | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | | | |
| | | | Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | | | Case Management / Treatment Planning | Units | - | - | - | - | - | - | - | - | - | - |
| | | | Community Living Supports | Days | - | - | - | - | - | - | - | - | - | - |
| | | | Other | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | | Subtotal Serious Emotional Disturbances | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | | | |
| | | | | | | | \$ 17.44 | | | | | | | \$ 23.68 |

| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | | | | |
|---|---|--------------------------|---------------------|------------|---|------------------|-----------------|--|-----------------|---|------------------|--|------------------|-----------------|
| Region: Statewide | Rate Calc: TANF - Enrolled - M - 6 - 18 | Member Months: 2,989,030 | Category of Service | Unit Type | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 727.2 | \$ 74.26 | \$ 4.50 | \$ 0.39 | \$ 0.40 | \$ 0.62 | \$ (0.56) | 890.4 | \$ 5.35 | \$ 5.35 |
| | Assessments and Testing | | | Units | 0.6 | 196.72 | 0.01 | - | - | - | (0.01) | 0.6 | - | - |
| | Case Management / Treatment Planning | | | Units | 62.6 | 245.49 | 1.28 | 0.11 | 0.11 | 0.18 | (0.06) | 76.8 | 253.29 | 1.62 |
| | Community Living Supports | | | Days | 617.9 | 104.29 | 5.37 | 0.47 | 0.48 | 0.90 | (1.02) | 775.5 | 95.94 | 6.20 |
| | Crisis | | | Units | 3.0 | 161.07 | 0.04 | - | - | 0.01 | 0.01 | 3.7 | 193.03 | 0.06 |
| | Evaluation and Management | | | Procedures | 21.2 | 651.87 | 1.15 | 0.10 | 0.10 | 0.16 | (0.31) | 26.0 | 554.70 | 1.20 |
| | Inpatient | | | Procedures | 74.8 | 272.62 | 1.70 | 0.15 | 0.15 | 0.23 | (0.25) | 91.6 | 259.50 | 1.98 |
| | Medication Administration | | | Days | 42.2 | 732.95 | 2.58 | 0.23 | 0.23 | 0.36 | - | 51.9 | 786.13 | 3.40 |
| | Other | | | Procedures | 1.1 | 105.26 | 0.01 | - | - | - | - | 1.1 | 105.26 | 0.01 |
| | Other Therapy | | | Procedures | 5.9 | 61.33 | 0.03 | - | - | 0.71 | - | 144.8 | 61.33 | 0.74 |
| | Outpatient Services | | | Procedures | 76.5 | 98.77 | 0.63 | 0.06 | 0.06 | 0.09 | (0.01) | 94.8 | 106.37 | 0.84 |
| | Prevention and Early Intervention | | | Procedures | 14.4 | 324.32 | 0.39 | 0.03 | 0.03 | 0.05 | (0.01) | 17.4 | 338.13 | 0.49 |
| | Psychiatric diagnostic evaluation | | | Procedures | 6.1 | 254.90 | 0.13 | 0.01 | 0.01 | 0.02 | (0.01) | 7.5 | 270.92 | 0.17 |
| | Psychotherapy | | | Procedures | 34.7 | 408.42 | 1.18 | 0.10 | 0.11 | 0.16 | (0.13) | 42.3 | 402.74 | 1.42 |
| | Residential Services | | | Procedures | 232.8 | 186.10 | 3.61 | 0.32 | 0.32 | 0.50 | (1.21) | 285.7 | 148.71 | 3.54 |
| | Subtotal Mental Health State Plan | | | Days | 2.6 | 515.63 | 0.11 | 0.01 | 0.01 | 0.02 | \$ (3.54) | 3.3 | 588.96 | \$ 27.18 |
| | Mental Health 1915(i) | | | | | | \$ 22.72 | \$ 1.98 | \$ 2.01 | \$ 4.01 | \$ (3.54) | | | |
| | Additional Support Services | | | Units | 1,228.5 | \$ 4.78 | \$ 0.49 | \$ 0.04 | \$ 0.04 | \$ 0.07 | \$ 0.13 | 1,505.5 | \$ 6.14 | \$ 0.77 |
| | Community Living Supports | | | Days | 168.6 | 101.77 | 1.43 | 0.13 | 0.13 | 0.20 | 0.48 | 207.5 | 137.05 | 2.37 |
| | Other | | | Units | 43.0 | 164.61 | 0.59 | 0.05 | 0.05 | (0.62) | (0.01) | 1.5 | 493.15 | 0.06 |
| | Skill Building | | | Units | 124.4 | 2.89 | 0.03 | - | - | - | 0.01 | 124.4 | 3.86 | 0.04 |
| | Vocational Supports | | | Units | 4.2 | 28.71 | 0.01 | - | - | - | - | 4.2 | 28.71 | 0.01 |
| | Subtotal Mental Health 1915(i) | | | | | | \$ 2.95 | \$ 0.22 | \$ 0.22 | \$ (0.39) | \$ 0.61 | | | \$ 3.25 |
| | Autism | | | | | | | | | | | | | |
| | Assessments and Testing | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Autism Services | | | Units | 6,207.3 | 16.95 | 8.77 | 2.13 | 0.90 | 1.38 | 0.18 | 8,691.6 | 18.45 | 13.36 |
| | Subtotal Autism | | | | | | \$ 8.77 | \$ 2.13 | \$ 0.90 | \$ 1.38 | \$ 0.18 | | | \$ 13.36 |
| | Substance Abuse State Plan | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Assessments and Testing | | | Units | 0.7 | 171.43 | 0.01 | - | - | - | - | 0.7 | 171.43 | 0.01 |
| | Case Management / Treatment Planning | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Crisis | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Evaluation and Management | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Medication Administration | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Medication Assisted Treatment | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Outpatient Services | | | Procedures | 6.2 | 96.46 | 0.05 | 0.01 | 0.01 | 0.01 | - | 8.7 | 96.44 | 0.07 |
| | Prevention and Early Intervention | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Psychiatric diagnostic evaluation | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Residential Services | | | Days | 5.9 | 204.43 | 0.10 | 0.01 | 0.01 | 0.01 | 0.01 | 7.0 | 238.64 | 0.14 |
| | Withdrawal Management | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Substance Abuse State Plan | | | | | | \$ 0.16 | \$ 0.02 | \$ 0.01 | \$ 0.02 | \$ 0.01 | | | \$ 0.22 |
| | Children's Waiver Program | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other Therapy | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Children's Waiver Program | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| | Habilitative Supports Waiver | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Vocational Supports | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Habilitative Supports Waiver | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| | Serious Emotional Disturbances | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other Therapy | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Serious Emotional Disturbances | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| | Total Medical Costs | | | | | | \$ 34.20 | | | | | | | \$ 44.01 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | | | | |
|---|--|--------------------|---------------------|------------|---|------------------|----------------|--|-----------------|---|------------------|--|------------------|----------------|
| Region: Statewide | Rate Call: TANF - Enrolled - M - 65+ | Member Months: 885 | Category of Service | Unit Type | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Assessive Community Treatment (ACT) | | | Units | 5.9 | 161.89 | 0.08 | 0.01 | 0.01 | 0.01 | - | 7.4 | 176.14 | 0.11 |
| | Case Management / Treatment Planning | | | Days | 17.7 | 94.70 | 0.14 | 0.01 | 0.01 | 0.02 | (0.01) | 21.5 | 94.71 | 0.17 |
| | Community Living Supports | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Crisis | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Evaluation and Management | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Inpatient | | | Days | 17.8 | 134.98 | 0.20 | 0.02 | 0.02 | 0.03 | (0.02) | 22.2 | 134.95 | 0.25 |
| | Medication Administration | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other Therapy | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Outpatient Services | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Prevention and Early Intervention | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Psychiatric diagnostic evaluation | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Psychotherapy | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Residential Services | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Residential Services | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Mental Health State Plan | | | | | | \$ 0.42 | \$ 0.04 | \$ 0.04 | \$ 0.06 | \$ (0.03) | | | \$ 0.53 |
| Mental Health 1915(i) | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Mental Health 1915(i) | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Autism | | | | | | | | | | | | | | |
| | Assessments and Testing | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Autism Services | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Autism | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Assessments and Testing | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Case Management / Treatment Planning | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Crisis | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Evaluation and Management | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Medication Administration | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Medication Assisted Treatment | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Outpatient Services | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Prevention and Early Intervention | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Psychiatric diagnostic evaluation | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Residential Services | | | Days | 367.4 | 170.82 | 5.23 | 0.72 | 0.49 | 0.75 | 0.66 | 470.7 | 200.14 | 7.85 |
| | Withdrawal Management | | | Days | 11.9 | 202.53 | 0.20 | 0.03 | 0.02 | 0.03 | 0.03 | 15.4 | 241.40 | 0.31 |
| | Subtotal Substance Abuse State Plan | | | | | | \$ 5.43 | \$ 0.75 | \$ 0.51 | \$ 0.76 | \$ 0.69 | | | \$ 6.16 |
| Children's Waiver Program | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Children's Waiver Program | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Habilitative Supports Waiver | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Serious Emotional Disturbances | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | | | |
| | | | | | | | \$ 5.85 | | | | | | | \$ 6.69 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | | | | |
|---|--|------------------------|---------------------|------------|---|---------------------|----------------|--|--------------------|---|--------------------|--|---------------------|-----------------|
| Region: Statewide | Rate Call: TANF - Unenrolled - F - 0 - 5 | Member Months: 274,944 | Category of Service | Unit Type | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 163.8 | \$ 68.88 | \$ 0.94 | \$ 0.08 | \$ 0.08 | \$ 0.13 | \$ 0.00 | 200.3 | \$ 73.67 | \$ 1.23 |
| | Assertive Community Treatment (ACT) | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Assessments and Testing | | | Procedures | 15.3 | 235.76 | 0.30 | 0.03 | 0.03 | 0.04 | - | 18.8 | 254.91 | 0.40 |
| | Case Management / Treatment Planning | | | Days | 110.1 | 93.72 | 0.86 | 0.08 | 0.08 | 0.12 | (0.05) | 135.7 | 96.37 | 1.09 |
| | Community Living Supports | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Crisis | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Evaluation and Management | | | Procedures | 1.5 | 410.96 | 0.05 | - | - | 0.01 | (0.01) | 1.8 | 342.86 | 0.05 |
| | Inpatient | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Medication Administration | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other Therapy | | | Procedures | 25.9 | 106.69 | 0.23 | 0.02 | 0.02 | 0.03 | - | 31.5 | 114.32 | 0.30 |
| | Outpatient Services | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Prevention and Early Intervention | | | Procedures | 6.1 | 257.00 | 0.13 | 0.01 | 0.01 | 0.02 | (0.02) | 7.5 | 240.96 | 0.15 |
| | Psychiatric diagnostic evaluation | | | Procedures | 4.4 | 355.35 | 0.13 | 0.01 | 0.01 | 0.02 | (0.02) | 5.4 | 333.33 | 0.15 |
| | Psychotherapy | | | Procedures | 8.7 | 179.10 | 0.13 | 0.01 | 0.01 | 0.02 | (0.05) | 10.7 | 134.33 | 0.12 |
| | Residential Services | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Mental Health State Plan | | | | | | \$ 2.77 | \$ 0.24 | \$ 0.24 | \$ 0.39 | \$ (0.15) | | | \$ 3.49 |
| Mental Health 1915(i) | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 300.1 | \$ 4.80 | \$ 0.12 | \$ 0.01 | \$ 0.01 | \$ 0.02 | \$ 0.04 | 375.2 | \$ 6.40 | \$ 0.20 |
| | Community Living Supports | | | Days | 7.4 | 145.95 | 0.09 | 0.01 | 0.01 | 0.01 | 0.03 | 9.0 | 199.12 | 0.15 |
| | Other | | | Procedures | 4.2 | 141.51 | 0.05 | - | - | (0.05) | - | - | - | - |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Vocational Supports | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Mental Health 1915(i) | | | | | | \$ 0.26 | \$ 0.02 | \$ 0.02 | \$ (0.02) | \$ 0.07 | | | \$ 0.35 |
| Autism | | | | | | | | | | | | | | |
| | Assessments and Testing | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Autism Services | | | Units | 3,048.8 | 16.65 | 4.23 | 1.03 | 0.43 | 0.67 | 1.71 | 4,274.0 | 22.66 | 8.07 |
| | Subtotal Autism | | | | | | \$ 4.23 | \$ 1.03 | \$ 0.43 | \$ 0.67 | \$ 1.71 | | | \$ 9.07 |
| Substance Abuse State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Assessments and Testing | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Crisis | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Evaluation and Management | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Medication Administration | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Medication Assisted Treatment | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Outpatient Services | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Prevention and Early Intervention | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Psychiatric diagnostic evaluation | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Residential Services | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Withdrawal Management | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Substance Abuse State Plan | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Children's Waiver Program | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Children's Waiver Program | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Vocational Supports | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Habilitative Supports Waiver | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Serious Emotional Disturbances | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | | | |
| | | | | | | | \$ 7.26 | | | | | | | \$ 11.91 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | | |
|---|--|-----------------------|---|------------------|----------------|--|-----------------|---|------------------|--|------------------|-----------------|
| Region: Statewide | Rate Call: TANF - Unenrolled - F - 19 - 20 | Member Months: 32,927 | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | |
| Additional Support Services | Units | 93.5 | \$ 53.91 | \$ 0.42 | \$ 0.04 | \$ 0.04 | \$ 0.04 | \$ 0.06 | \$ (0.19) | 115.8 | \$ 36.36 | \$ 0.37 |
| Assessments and Testing | Units | 10.3 | 245.85 | 0.21 | 0.02 | 0.02 | 0.02 | 0.03 | (0.03) | 12.7 | 236.41 | 0.25 |
| Case Management / Treatment Planning | Units | 210.5 | 104.33 | 1.83 | 0.16 | 0.16 | 0.16 | 0.25 | (0.39) | 257.7 | 93.62 | 2.01 |
| Community Living Supports | Days | 37.8 | 15.86 | 0.05 | - | - | - | 0.01 | 0.01 | 45.4 | 18.50 | 0.07 |
| Crisis | Procedures | 12.1 | 726.37 | 0.73 | 0.06 | 0.07 | 0.07 | 0.10 | (0.24) | 14.7 | 587.76 | 0.72 |
| Evaluation and Management | Procedures | 20.1 | 357.85 | 0.60 | 0.05 | 0.05 | 0.05 | 0.08 | - | 24.5 | 382.35 | 0.78 |
| Inpatient | Days | 52.9 | 708.15 | 3.12 | 0.27 | 0.27 | 0.27 | 0.43 | - | 64.7 | 760.08 | 4.10 |
| Medication Administration | Procedures | 6.0 | 100.84 | 0.05 | - | - | - | 0.01 | (0.02) | 7.1 | 67.23 | 0.04 |
| Other | Procedures | 9.6 | 100.21 | 0.08 | 0.01 | 0.01 | 0.01 | 0.01 | - | 12.0 | 110.18 | 0.11 |
| Other Therapy | Procedures | - | - | - | - | - | - | - | - | - | - | - |
| Outpatient Services | Procedures | 12.2 | 276.09 | 0.28 | 0.02 | 0.02 | 0.03 | 0.04 | (0.21) | 14.8 | 129.91 | 0.16 |
| Prevention and Early Intervention | Procedures | - | - | - | - | - | - | - | - | - | - | - |
| Psychiatric diagnostic evaluation | Procedures | 12.1 | 476.03 | 0.48 | 0.04 | 0.04 | 0.04 | 0.07 | (0.05) | 14.9 | 468.06 | 0.58 |
| Psychotherapy | Procedures | 67.5 | 211.71 | 1.19 | 0.10 | 0.10 | 0.11 | 0.16 | (0.32) | 82.2 | 181.04 | 1.24 |
| Residential Services | Days | 3.6 | 694.21 | 0.21 | 0.02 | 0.02 | 0.02 | 0.03 | 0.03 | 4.5 | 828.51 | 0.31 |
| Subtotal Mental Health State Plan | | | | \$ 9.25 | \$ 0.79 | \$ 0.83 | \$ 1.28 | \$ 1.28 | \$ (1.41) | | | \$ 10.74 |
| Mental Health 1915(i) | | | | | | | | | | | | |
| Additional Support Services | Units | 181.3 | \$ 3.97 | \$ 0.06 | \$ 0.01 | \$ 0.01 | \$ 0.01 | \$ 0.01 | \$ 0.02 | 241.8 | \$ 5.46 | \$ 0.11 |
| Community Living Supports | Days | 73.7 | 255.74 | 1.57 | 0.14 | 0.14 | 0.14 | 0.22 | 0.34 | 90.6 | 319.35 | 2.41 |
| Other | Procedures | 2.8 | 85.41 | 0.02 | - | - | - | - | - | 2.8 | 85.41 | 0.02 |
| Skill Building | Units | 33.7 | 21.36 | 0.06 | 0.01 | 0.01 | 0.01 | 0.01 | (0.06) | 44.9 | 8.01 | 0.03 |
| Vocational Supports | Units | 16.0 | 37.45 | 0.03 | - | - | - | 0.01 | 0.01 | 19.2 | 43.70 | 0.07 |
| Subtotal Mental Health 1915(i) | | | | \$ 1.76 | \$ 0.16 | \$ 0.16 | \$ 0.25 | \$ 0.25 | \$ 0.31 | | | \$ 2.64 |
| Autism | | | | | | | | | | | | |
| Assessments and Testing | Procedures | - | - | 0.07 | - | - | - | - | - | - | - | - |
| Autism Services | Units | 53.5 | 15.70 | 0.07 | 0.02 | 0.02 | 0.01 | 0.01 | 0.01 | 76.5 | 18.83 | 0.12 |
| Subtotal Autism | | | | \$ 0.07 | \$ 0.02 | \$ 0.01 | \$ 0.01 | \$ 0.01 | \$ 0.01 | | | \$ 0.12 |
| Substance Abuse State Plan | | | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Assessments and Testing | Units | 1.5 | 241.61 | 0.03 | - | - | - | - | - | 1.5 | 241.61 | 0.03 |
| Case Management / Treatment Planning | Procedures | - | - | - | - | - | - | - | - | - | - | - |
| Crisis | Procedures | - | - | - | - | - | - | - | - | - | - | - |
| Evaluation and Management | Procedures | - | - | - | - | - | - | - | - | - | - | - |
| Medication Administration | Procedures | - | - | - | - | - | - | - | - | - | - | - |
| Medication Assisted Treatment | Procedures | - | - | - | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - | - | - | - |
| Outpatient Services | Procedures | 10.1 | 118.58 | 0.10 | 0.01 | 0.01 | 0.01 | 0.01 | - | 12.1 | 128.50 | 0.13 |
| Prevention and Early Intervention | Procedures | 0.5 | - | - | - | - | - | - | - | - | - | - |
| Psychiatric diagnostic evaluation | Procedures | - | - | - | - | - | - | - | - | - | - | - |
| Residential Services | Days | 8.8 | 192.00 | 0.14 | 0.02 | 0.02 | 0.01 | 0.02 | 0.02 | 11.3 | 224.00 | 0.21 |
| Withdrawal Management | Days | - | - | - | - | - | - | - | - | - | - | - |
| Subtotal Substance Abuse State Plan | | | | \$ 0.27 | \$ 0.03 | \$ 0.02 | \$ 0.03 | \$ 0.03 | \$ 0.02 | | | \$ 0.37 |
| Children's Waiver Program | | | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Community Living Supports | Days | - | - | - | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - | - | - | - |
| Other Therapy | Procedures | - | - | - | - | - | - | - | - | - | - | - |
| Subtotal Children's Waiver Program | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Community Living Supports | Days | - | - | - | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - | - | - | - |
| Skill Building | Units | - | - | - | - | - | - | - | - | - | - | - |
| Vocational Supports | Units | - | - | - | - | - | - | - | - | - | - | - |
| Subtotal Habilitative Supports Waiver | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Case Management / Treatment Planning | Units | - | - | - | - | - | - | - | - | - | - | - |
| Community Living Supports | Days | - | - | - | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - | - | - | - |
| Other Therapy | Procedures | - | - | - | - | - | - | - | - | - | - | - |
| Subtotal Serious Emotional Disturbances | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | \$ 11.35 | | | | | | | | \$ 13.87 |

| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | | | | |
|---|--|------------------------|---------------------|------------|--|------------------|----------------|---|-----------------|--|------------------|---|------------------|-----------------|
| Region: Statewide | Rate Call: TANF - Unenrolled - F-21-25 | Member Months: 116,728 | Category of Service | Unit Type | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 89.5 | \$ 89.88 | \$ 0.67 | \$ 0.06 | \$ 0.06 | \$ 0.09 | \$ (0.14) | 109.5 | \$ 81.11 | \$ 0.74 |
| | Assessive Community Treatment (ACT) | | | Units | 1.0 | 125.00 | 0.01 | - | - | - | - | 1.0 | 125.00 | 0.01 |
| | Assessments and Testing | | | Procedures | 14.1 | 204.55 | 0.24 | 0.02 | 0.02 | 0.03 | (0.03) | 17.0 | 197.53 | 0.28 |
| | Case Management / Treatment Planning | | | Days | 111.1 | 110.21 | 1.02 | 0.09 | 0.09 | 0.14 | (0.17) | 136.1 | 103.16 | 1.17 |
| | Community Living Supports | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Crisis | | | Procedures | 12.4 | 628.53 | 0.65 | 0.06 | 0.06 | 0.09 | (0.11) | 15.3 | 588.39 | 0.75 |
| | Evaluation and Management | | | Procedures | 19.8 | 326.78 | 0.54 | 0.05 | 0.05 | 0.07 | (0.07) | 24.2 | 316.83 | 0.64 |
| | Inpatient | | | Days | 42.5 | 760.07 | 2.69 | 0.24 | 0.24 | 0.37 | - | 52.1 | 815.36 | 3.54 |
| | Medication Administration | | | Procedures | 1.6 | 76.43 | 0.01 | - | - | - | - | 1.6 | 76.43 | 0.01 |
| | Other | | | Procedures | 1.9 | 250.00 | 0.04 | - | - | 0.01 | - | 2.4 | 250.00 | 0.05 |
| | Other Therapy | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Outpatient Services | | | Procedures | 7.6 | 285.34 | 0.18 | 0.02 | 0.02 | 0.03 | (0.01) | 9.7 | 297.83 | 0.24 |
| | Prevention and Early Intervention | | | Procedures | 2.7 | 950.94 | 0.21 | 0.02 | 0.02 | 0.03 | (0.02) | 3.3 | 1,024.39 | 0.28 |
| | Psychiatric diagnostic evaluation | | | Procedures | 16.8 | 427.55 | 0.60 | 0.05 | 0.05 | 0.08 | (0.02) | 20.5 | 445.10 | 0.76 |
| | Psychotherapy | | | Procedures | 53.7 | 205.47 | 0.92 | 0.08 | 0.08 | 0.13 | (0.20) | 66.0 | 183.66 | 1.01 |
| | Residential Services | | | Days | 3.0 | 848.48 | 0.21 | 0.02 | 0.02 | 0.03 | 0.02 | 3.7 | 978.26 | 0.30 |
| | Subtotal Mental Health State Plan | | | | | \$ 7.99 | \$ 0.71 | \$ 0.71 | \$ 0.71 | \$ 1.10 | \$ (0.73) | | | \$ 8.78 |
| Mental Health 1915(i) | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | 359.5 | 215.28 | 6.45 | 0.57 | 0.58 | 0.89 | 1.17 | 440.9 | 262.90 | 9.66 |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Vocational Supports | | | Units | 9.7 | 49.48 | 0.04 | - | - | 0.01 | 0.02 | 12.1 | 69.25 | 0.07 |
| | Subtotal Mental Health 1915(i) | | | | | \$ 6.49 | \$ 0.58 | \$ 0.58 | \$ 0.58 | \$ 0.90 | \$ 1.19 | | | \$ 8.73 |
| Autism | | | | | | | | | | | | | | |
| | Assessments and Testing | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Autism Services | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Autism | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 80.3 | \$ 10.46 | \$ 0.07 | \$ 0.01 | \$ 0.01 | \$ 0.01 | \$ (0.01) | 103.2 | \$ 10.46 | \$ 0.09 |
| | Assessments and Testing | | | Procedures | 7.3 | 114.44 | 0.07 | 0.01 | 0.01 | 0.01 | - | 9.4 | 127.12 | 0.10 |
| | Case Management / Treatment Planning | | | Units | 1.5 | 81.63 | 0.01 | - | - | - | - | 1.5 | 81.63 | 0.01 |
| | Crisis | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Evaluation and Management | | | Procedures | 0.6 | 196.72 | 0.01 | - | - | - | - | 0.6 | 196.72 | 0.01 |
| | Medication Administration | | | Procedures | 13.9 | 25.92 | 0.03 | - | - | - | - | 13.9 | 25.92 | 0.03 |
| | Medication Assisted Treatment | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | 48.6 | 67.73 | 0.28 | 0.04 | 0.03 | 0.04 | - | 63.8 | 73.38 | 0.39 |
| | Outpatient Services | | | Procedures | 3.2 | - | - | - | - | - | - | - | - | - |
| | Prevention and Early Intervention | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Psychiatric diagnostic evaluation | | | Days | 52.8 | 156.79 | 0.69 | 0.10 | 0.06 | 0.10 | 0.09 | 68.1 | 183.21 | 1.04 |
| | Residential Services | | | Days | 1.8 | 391.30 | 0.06 | 0.01 | 0.01 | 0.01 | 0.01 | 2.5 | 489.80 | 0.10 |
| | Withdrawal Management | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Substance Abuse State Plan | | | | | \$ 1.22 | \$ 0.17 | \$ 0.17 | \$ 0.17 | \$ 0.17 | \$ 0.09 | | | \$ 1.77 |
| Children's Waiver Program | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Children's Waiver Program | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Vocational Supports | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Habilitative Supports Waiver | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Serious Emotional Disturbances | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | | | |
| | | | | | | \$ 15.70 | \$ 1.22 | \$ 1.22 | \$ 1.22 | \$ 1.22 | \$ 1.22 | | | \$ 21.28 |

| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | | | | |
|---|--|------------------------|--|------------|--|------------------|----------------|---|------------------|--|------------------|---|------------------|-----------------|
| Region: Statewide | Rate Call: TANF - Unenrolled - F-26 - 39 | Member Months: 323,617 | Category of Service | Unit Type | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | | |
| | | | Additional Support Services | Units | 43.6 | \$ 52.34 | \$ 0.19 | \$ 0.02 | \$ 0.02 | \$ 0.03 | \$ (0.04) | 550 | \$ 47.98 | \$ 0.22 |
| | | | Assessive Community Treatment (ACT) | Units | 41.6 | 51.89 | 0.18 | 0.02 | 0.02 | 0.03 | (0.04) | 532 | 47.38 | 0.21 |
| | | | Assessments and Testing | Procedures | 20.1 | 190.67 | 0.32 | 0.03 | 0.03 | 0.04 | (0.03) | 24.6 | 190.63 | 0.39 |
| | | | Case Management / Treatment Planning | Units | 194.1 | 103.89 | 1.68 | 0.15 | 0.15 | 0.23 | (0.32) | 237.9 | 96.32 | 1.89 |
| | | | Community Living Supports | Days | 797.9 | 55.50 | 3.69 | 0.33 | 0.33 | 0.51 | 0.80 | 977.3 | 66.37 | 5.65 |
| | | | Crisis | Procedures | 14.0 | 530.29 | 0.62 | 0.05 | 0.09 | 0.09 | (0.07) | 17.2 | 533.26 | 0.75 |
| | | | Evaluation and Management | Procedures | 28.6 | 310.60 | 0.74 | 0.07 | 0.07 | 0.10 | (0.05) | 35.2 | 317.41 | 0.93 |
| | | | Inpatient | Days | 53.5 | 726.46 | 3.24 | 0.28 | 0.29 | 0.45 | 0.29 | 65.6 | 779.51 | 4.26 |
| | | | Medication Administration | Procedures | 5.4 | 134.08 | 0.06 | 0.01 | 0.01 | 0.01 | (0.01) | 7.2 | 134.08 | 0.08 |
| | | | Other | Procedures | 8.2 | 73.08 | 0.05 | - | - | 0.01 | - | 9.9 | 73.10 | 0.06 |
| | | | Other Therapy | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | | Outpatient Services | Procedures | 10.6 | 318.18 | 0.28 | 0.02 | 0.02 | 0.04 | (0.07) | 12.8 | 271.45 | 0.29 |
| | | | Prevention and Early Intervention | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | | Psychiatric diagnostic evaluation | Procedures | 16.0 | 433.92 | 0.58 | 0.05 | 0.05 | 0.08 | (0.03) | 19.6 | 446.03 | 0.73 |
| | | | Psychotherapy | Procedures | 65.8 | 189.64 | 1.04 | 0.09 | 0.14 | 0.14 | (0.27) | 80.4 | 162.77 | 1.09 |
| | | | Residential Services | Days | 2.6 | 636.36 | 0.14 | 0.01 | 0.01 | 0.02 | 0.02 | 3.2 | 747.66 | 0.20 |
| | | | Subtotal Mental Health State Plan | | | \$ 12.81 | \$ 1.12 | \$ 1.15 | \$ (0.11) | \$ 1.76 | \$ (0.11) | | | \$ 16.75 |
| Mental Health 1915(i) | | | | | | | | | | | | | | |
| | | | Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | | | Community Living Supports | Days | 812.7 | 168.77 | 11.43 | 1.02 | 1.02 | 1.57 | 2.07 | 995.4 | 206.02 | 17.09 |
| | | | Other | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | | Skill Building | Units | 1.7 | - | - | - | - | - | - | - | - | - |
| | | | Subtotal Mental Health 1915(i) | | 4.2 | 56.67 | 0.02 | \$ 1.00 | \$ 1.02 | \$ 1.57 | \$ 2.07 | 4.2 | 56.67 | 0.02 |
| Autism | | | | | | | | | | | | | | |
| | | | Assessments and Testing | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | | Autism Services | Units | - | - | - | - | - | - | - | - | - | - |
| | | | Subtotal Autism | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | | | | | |
| | | | Additional Support Services | Units | 105.3 | \$ 14.81 | \$ 0.13 | \$ 0.02 | \$ 0.01 | \$ 0.02 | \$ 0.00 | 137.7 | \$ 15.68 | \$ 0.18 |
| | | | Assessments and Testing | Procedures | 27.6 | 60.78 | 0.14 | 0.02 | 0.01 | 0.02 | - | 35.5 | 64.15 | 0.19 |
| | | | Case Management / Treatment Planning | Units | 3.2 | 113.21 | 0.03 | - | - | - | (0.01) | 3.2 | 75.47 | 0.02 |
| | | | Crisis | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | | Evaluation and Management | Procedures | 9.2 | 91.11 | 0.07 | 0.01 | 0.01 | 0.01 | - | 11.9 | 101.27 | 0.10 |
| | | | Medication Administration | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | | Medication Assisted Treatment | Procedures | 358.8 | 18.06 | 0.54 | 0.07 | 0.05 | 0.08 | 0.14 | 458.5 | 23.03 | 0.88 |
| | | | Other | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | | Outpatient Services | Procedures | 87.9 | 83.24 | 0.61 | 0.08 | 0.06 | 0.09 | (0.05) | 112.5 | 84.30 | 0.79 |
| | | | Prevention and Early Intervention | Procedures | 2.6 | 45.45 | 0.01 | - | - | - | - | 2.6 | 45.45 | 0.01 |
| | | | Psychiatric diagnostic evaluation | Procedures | 0.2 | 500.00 | 0.01 | - | - | - | - | 0.2 | 500.00 | 0.01 |
| | | | Residential Services | Days | 75.9 | 170.82 | 1.08 | 0.15 | 0.10 | 0.16 | 0.13 | 97.7 | 199.08 | 1.62 |
| | | | Withdrawal Management | Days | 4.9 | 319.67 | 0.13 | 0.02 | 0.01 | 0.02 | 0.02 | 6.4 | 376.18 | 0.20 |
| | | | Subtotal Substance Abuse State Plan | | | \$ 2.75 | \$ 0.37 | \$ 0.25 | \$ 0.40 | \$ 0.23 | \$ 0.23 | | | \$ 4.00 |
| Children's Waiver Program | | | | | | | | | | | | | | |
| | | | Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | | | Community Living Supports | Days | - | - | - | - | - | - | - | - | - | - |
| | | | Other | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | | Subtotal Children's Waiver Program | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | | | |
| | | | Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | | | Community Living Supports | Days | - | - | - | - | - | - | - | - | - | - |
| | | | Other | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | | Skill Building | Units | - | - | - | - | - | - | - | - | - | - |
| | | | Subtotal Habilitative Supports Waiver | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | | | |
| | | | Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | | | Case Management / Treatment Planning | Units | - | - | - | - | - | - | - | - | - | - |
| | | | Community Living Supports | Days | - | - | - | - | - | - | - | - | - | - |
| | | | Other | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | | Subtotal Serious Emotional Disturbances | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | | | |
| | | | | | | \$ 27.01 | | | | | | | | \$ 37.86 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | | | | |
|---|--|------------------------|---------------------|------------|--|------------------|-----------|---|-----------------|--|-----------------|---|------------------|-----------|
| Region: Statewide | Rate Code: TANF - Unenrolled - F-40 - 49 | Member Months: 103,154 | Category of Service | Unit Type | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 123.3 | \$ 35.04 | \$ 0.36 | \$ 0.03 | \$ 0.03 | \$ 0.05 | \$ (0.06) | 150.7 | \$ 32.65 | \$ 0.41 |
| | Assessments and Testing (ACT) | | | Units | 36.6 | 124.76 | 0.38 | 0.03 | 0.03 | 0.05 | (0.05) | 44.2 | 119.35 | 0.44 |
| | Case Management / Treatment Planning | | | Days | 23.8 | 186.79 | 0.37 | 0.03 | 0.03 | 0.05 | (0.04) | 28.9 | 182.64 | 0.44 |
| | Crisis | | | Units | 328.1 | 100.58 | 2.75 | 0.24 | 0.24 | 0.38 | (0.59) | 402.1 | 90.43 | 3.03 |
| | Evaluation and Management | | | Procedures | 2.5 | 96.77 | 0.02 | - | - | - | 0.01 | 2.5 | 145.16 | 0.03 |
| | Inpatient | | | Procedures | 11.3 | 607.46 | 0.57 | 0.05 | 0.05 | 0.08 | (0.09) | 13.8 | 572.67 | 0.66 |
| | Medication Administration | | | Days | 60.0 | 272.14 | 1.36 | 0.12 | 0.12 | 0.19 | (0.15) | 73.6 | 267.25 | 1.64 |
| | Other | | | Procedures | 63.6 | 688.46 | 3.65 | 0.32 | 0.33 | 0.50 | (0.01) | 77.9 | 739.31 | 4.80 |
| | Outpatient Services | | | Procedures | 8.1 | 133.00 | 0.09 | 0.01 | 0.01 | 0.01 | (0.01) | 9.9 | 133.06 | 0.11 |
| | Prevention and Early Intervention | | | Procedures | 12.9 | 148.95 | 0.16 | 0.01 | 0.01 | 0.02 | - | 15.3 | 156.76 | 0.20 |
| | Psychiatric diagnostic evaluation | | | Procedures | 11.6 | 249.13 | 0.24 | 0.02 | 0.02 | 0.03 | (0.07) | 14.0 | 206.16 | 0.24 |
| | Residential Services | | | Procedures | 15.8 | 401.77 | 0.53 | 0.05 | 0.05 | 0.07 | (0.02) | 19.4 | 420.40 | 0.68 |
| | Subtotal Mental Health State Plan | | | Days | 1.8 | 603.35 | 0.09 | 0.01 | 0.13 | 0.01 | (0.35) | 106.4 | 175.99 | 1.56 |
| | | | | | | | \$ 12.02 | \$ 1.05 | \$ 1.07 | \$ 1.64 | \$ (1.41) | 2.2 | 712.33 | \$ 14.37 |
| Mental Health 1915(i) | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Procedures | 38.9 | 27.76 | 0.09 | 0.01 | 0.01 | 0.01 | 0.02 | 47.6 | 35.32 | 0.14 |
| | Other | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Vocational Supports | | | Units | 15.3 | 62.75 | 0.08 | 0.01 | 0.01 | 0.01 | (0.03) | 19.1 | 50.18 | 0.08 |
| | Subtotal Mental Health 1915(i) | | | | | | \$ 0.17 | \$ 0.02 | \$ 0.02 | \$ 0.02 | \$ (0.01) | 2.2 | 712.33 | \$ 0.22 |
| Autism | | | | | | | | | | | | | | |
| | Assessments and Testing | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Autism Services | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Autism | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | - | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 86.4 | \$ 12.64 | \$ 0.09 | \$ 0.01 | \$ 0.01 | \$ 0.01 | \$ (0.02) | 104.4 | \$ 11.49 | \$ 0.10 |
| | Assessments and Testing | | | Units | 32.7 | 44.05 | 0.12 | 0.02 | 0.01 | 0.02 | - | 43.6 | 46.80 | 0.17 |
| | Case Management / Treatment Planning | | | Procedures | 2.2 | 107.62 | 0.02 | - | - | - | - | 2.2 | 107.62 | 0.02 |
| | Crisis | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Evaluation and Management | | | Procedures | 11.6 | 92.78 | 0.09 | 0.01 | 0.01 | 0.01 | (0.02) | 14.2 | 84.33 | 0.10 |
| | Medication Administration | | | Procedures | 499.3 | 15.62 | 0.65 | 0.09 | 0.06 | 0.09 | 0.25 | 637.6 | 21.46 | 1.14 |
| | Medication Assisted Treatment | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | 83.0 | 78.07 | 0.54 | 0.07 | 0.05 | 0.08 | (0.04) | 106.1 | 79.20 | 0.70 |
| | Outpatient Services | | | Procedures | 3.2 | 74.53 | 0.02 | - | - | - | - | 3.2 | 74.53 | 0.02 |
| | Prevention and Early Intervention | | | Procedures | 0.3 | 727.27 | 0.02 | - | - | - | (0.02) | 0.3 | - | - |
| | Psychiatric diagnostic evaluation | | | Procedures | 80.5 | 174.50 | 1.17 | 0.16 | 0.11 | 0.17 | 0.15 | 103.2 | 204.75 | 1.76 |
| | Residential Services | | | Days | 6.4 | 340.16 | 0.18 | 0.02 | 0.02 | 0.03 | 0.02 | 8.1 | 399.51 | 0.27 |
| | Withdrawal Management | | | Days | - | - | - | 0.02 | 0.02 | 0.03 | 0.02 | - | - | - |
| | Subtotal Substance Abuse State Plan | | | | | | \$ 2.90 | \$ 0.36 | \$ 0.27 | \$ 0.41 | \$ 0.32 | - | - | \$ 4.28 |
| Children's Waiver Program | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other Therapy | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Children's Waiver Program | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | - | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Vocational Supports | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Habilitative Supports Waiver | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | - | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other Therapy | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Serious Emotional Disturbances | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | - | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | | | |
| | | | | | | | \$ 15.09 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | - | \$ 18.87 |

| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | | | | |
|---|--|-----------------------|---------------------|------------|---|--|-----------------|--|-----------------------------------|---|--|--|---|-----------------|
| Region: Statewide | Rate Call: TANF - Unenrolled - F-50 - 64 | Member Months: 26,462 | Category of Service | Unit Type | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Adjusted SFY 2023 Base Experience Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Trend Adjustments Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Policy and Program Adjustments Cost Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | SFY 2025 Projected Benefit Expense Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 569.1 | \$ 14.55 | \$ 0.69 | \$ 0.06 | \$ 0.06 | \$ 0.09 | \$ (0.14) | 692.8 | \$ 13.16 | \$ 0.76 |
| | Assessive Community Treatment (ACT) | | | Units | 306.7 | 92.74 | 2.37 | 0.21 | 0.21 | 0.33 | (0.96) | 376.5 | 66.84 | 2.16 |
| | Assessments and Testing | | | Procedures | 27.9 | 210.90 | 0.49 | 0.04 | 0.04 | 0.07 | (0.08) | 34.1 | 196.84 | 0.56 |
| | Case Management / Treatment Planning | | | Units | 426.6 | 105.20 | 3.74 | - | 0.33 | 0.51 | (0.69) | 522.4 | 96.93 | 4.22 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Crisis | | | Procedures | 4.0 | 748.13 | 0.25 | 0.02 | 0.02 | 0.04 | (0.07) | 5.0 | 627.77 | 0.26 |
| | Evaluation and Management | | | Procedures | 56.5 | 324.73 | 1.53 | 0.13 | 0.13 | 0.21 | (0.10) | 69.1 | 331.69 | 1.91 |
| | Inpatient | | | Days | 57.4 | 875.65 | 4.19 | 0.37 | 0.37 | 0.58 | (0.01) | 70.4 | 938.67 | 5.51 |
| | Medication Administration | | | Procedures | 9.3 | 90.32 | 0.07 | 0.01 | 0.01 | 0.01 | (0.01) | 12.0 | 90.30 | 0.09 |
| | Other | | | Procedures | 19.2 | 87.41 | 0.14 | 0.01 | 0.01 | 0.02 | - | 23.3 | 92.54 | 0.18 |
| | Other Therapy | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Outpatient Services | | | Procedures | 2.0 | 428.57 | 0.07 | 0.01 | 0.01 | 0.01 | (0.07) | 2.5 | 142.86 | 0.03 |
| | Prevention and Early Intervention | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Psychiatric diagnostic evaluation | | | Procedures | 15.5 | 387.35 | 0.50 | 0.04 | 0.04 | 0.07 | 0.02 | 18.9 | 425.40 | 0.67 |
| | Psychotherapy | | | Procedures | 96.9 | 206.83 | 1.67 | 0.15 | 0.15 | 0.23 | (0.51) | 118.9 | 170.51 | 1.69 |
| | Residential Services | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Mental Health State Plan | | | | | \$ 15.71 | \$ 15.71 | \$ 1.38 | \$ 1.38 | \$ 2.17 | \$ (2.61) | | | \$ 18.04 |
| Mental Health 1915(i) | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | 68.4 | 54.41 | 0.31 | 0.03 | 0.03 | 0.04 | 0.11 | 83.8 | 74.45 | 0.52 |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Vocational Supports | | | Units | 4.3 | 165.90 | 0.06 | 0.01 | 0.01 | 0.01 | 0.03 | 5.8 | 248.70 | 0.12 |
| | Subtotal Mental Health 1915(i) | | | | | \$ 0.37 | \$ 0.37 | \$ 0.04 | \$ 0.04 | \$ 0.05 | \$ 0.14 | | | \$ 0.64 |
| Autism | | | | | | | | | | | | | | |
| | Assessments and Testing | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Autism Services | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Autism | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Assessments and Testing | | | Procedures | 17.6 | 54.42 | 0.08 | 0.01 | 0.01 | 0.01 | - | 22.1 | 59.86 | 0.11 |
| | Case Management / Treatment Planning | | | Units | 0.8 | 148.15 | 0.01 | - | - | - | - | 0.8 | 148.15 | 0.01 |
| | Crisis | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Evaluation and Management | | | Procedures | 1.6 | 73.62 | 0.01 | - | - | - | - | 1.6 | 73.62 | 0.01 |
| | Medication Administration | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Medication Assisted Treatment | | | Procedures | 176.1 | 19.08 | 0.28 | 0.04 | 0.03 | 0.04 | - | 226.4 | 20.67 | 0.39 |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Outpatient Services | | | Procedures | 27.1 | 150.39 | 0.34 | 0.05 | 0.03 | 0.05 | (0.18) | 35.1 | 99.12 | 0.29 |
| | Prevention and Early Intervention | | | Procedures | 0.5 | - | - | - | - | - | - | - | - | - |
| | Psychiatric diagnostic evaluation | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Residential Services | | | Days | 6.0 | 201.01 | 0.10 | 0.01 | 0.01 | 0.01 | 0.01 | 7.2 | 234.64 | 0.14 |
| | Withdrawal Management | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Substance Abuse State Plan | | | | | \$ 0.82 | \$ 0.82 | \$ 0.11 | \$ 0.08 | \$ 0.11 | \$ (0.17) | | | \$ 0.95 |
| Children's Waiver Program | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Children's Waiver Program | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Vocational Supports | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Habilitative Supports Waiver | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other Therapy | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Serious Emotional Disturbances | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | | | |
| | | | | | | \$ 16.90 | \$ 16.90 | \$ 1.38 | \$ 1.38 | \$ 2.17 | \$ (2.61) | | | \$ 19.63 |

| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | | | | |
|---|---|------------------------|---------------------|------------|--|------------------|-----------------|---|-----------------|--|------------------|---|------------------|-----------------|
| Region: Statewide | Rate Call: TANF - Unenrolled - F - 6 - 18 | Member Months: 635,733 | Category of Service | Unit Type | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | | |
| | | | | Units | 516.4 | \$ 71.80 | \$ 3.09 | \$ 0.27 | \$ 0.28 | \$ 0.43 | \$ (0.60) | 633.4 | \$ 65.74 | \$ 3.47 |
| | | | | Units | 2.6 | 137.93 | 0.03 | - | - | - | (0.02) | 2.6 | 45.98 | 0.01 |
| | | | | Procedures | 26.5 | 212.91 | 0.47 | 0.04 | 0.04 | 0.07 | (0.04) | 32.7 | 212.91 | 0.58 |
| | | | | Days | 284.3 | 112.69 | 2.87 | 0.23 | 0.24 | 0.92 | (0.71) | 406.8 | 98.82 | 3.35 |
| | | | | Units | 5.5 | 43.40 | 0.02 | - | - | - | 0.01 | 5.5 | 65.10 | 0.03 |
| | | | | Procedures | 20.8 | 779.97 | 1.35 | 0.12 | 0.12 | 0.19 | (0.48) | 25.5 | 610.81 | 1.30 |
| | | | | Procedures | 39.4 | 301.83 | 0.89 | 0.09 | 0.09 | 0.14 | (0.15) | 48.5 | 287.01 | 1.16 |
| | | | | Days | 58.2 | 756.31 | 3.67 | 0.32 | 0.33 | 0.51 | - | 71.4 | 811.76 | 4.83 |
| | | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | | | Procedures | 3.4 | 143.28 | 0.04 | - | - | 0.29 | - | 27.6 | 143.27 | 0.33 |
| | | | | Procedures | 8.4 | 100.36 | 0.07 | 0.01 | 0.01 | 0.01 | - | 10.8 | 111.52 | 0.10 |
| | | | | Procedures | 12.5 | 288.69 | 0.30 | 0.03 | 0.03 | 0.04 | (0.02) | 15.4 | 296.49 | 0.38 |
| | | | | Procedures | 32.1 | 321.43 | 0.06 | 0.01 | 0.01 | 0.01 | - | 3.0 | 361.20 | 0.09 |
| | | | | Procedures | 25.7 | 429.40 | 0.92 | 0.08 | 0.08 | 0.13 | (0.11) | 31.6 | 417.99 | 1.10 |
| | | | | Procedures | 176.6 | 197.04 | 2.90 | 0.25 | 0.26 | 0.40 | (1.15) | 216.2 | 147.64 | 2.66 |
| | | | | Days | 3.7 | 552.85 | 0.17 | 0.02 | 0.02 | 0.02 | \$ (3.25) | 4.6 | 657.89 | 0.25 |
| | | | | | | | \$ 16.75 | \$ 1.47 | \$ 1.51 | \$ 3.16 | \$ (3.25) | | | \$ 19.64 |
| Mental Health 1915(i) | | | | | | | | | | | | | | |
| | | | | Units | 666.3 | \$ 5.04 | \$ 0.28 | \$ 0.02 | \$ 0.03 | \$ 0.04 | \$ 0.07 | 809.0 | \$ 6.53 | \$ 0.44 |
| | | | | Days | 87.9 | 121.54 | 0.89 | 0.08 | 0.08 | 0.12 | 0.28 | 107.6 | 161.68 | 1.45 |
| | | | | Procedures | 17.4 | 458.62 | 0.23 | 0.02 | 0.02 | (0.22) | (0.01) | 2.3 | 211.45 | 0.04 |
| | | | | Units | 11.0 | 21.76 | 0.02 | - | - | - | (0.01) | 11.0 | 10.89 | 0.01 |
| | | | | Units | 1.8 | 67.42 | 0.01 | - | - | - | (0.01) | 1.8 | - | - |
| | | | | | | | \$ 1.43 | \$ 0.12 | \$ 0.13 | \$ (0.06) | \$ 0.32 | | | \$ 1.94 |
| Autism | | | | | | | | | | | | | | |
| | | | | Procedures | - | - | 0.84 | - | 0.09 | - | - | - | - | - |
| | | | | Units | 638.3 | 15.79 | 0.84 | 0.20 | 0.20 | 0.13 | 0.25 | 889.1 | 20.38 | 1.51 |
| | | | | | | | \$ 0.84 | \$ 0.20 | \$ 0.09 | \$ 0.13 | \$ 0.25 | | | \$ 1.51 |
| Substance Abuse State Plan | | | | | | | | | | | | | | |
| | | | | Units | 0.5 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | | | | Units | - | 250.00 | 0.01 | - | - | - | - | 0.5 | 250.00 | 0.01 |
| | | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | | | Procedures | 1.9 | 64.17 | 0.01 | - | - | - | - | 1.9 | 64.17 | 0.01 |
| | | | | Procedures | 1.8 | 134.08 | 0.02 | - | - | - | - | 1.8 | 134.08 | 0.02 |
| | | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | | | Days | 6.5 | 166.67 | 0.09 | 0.01 | 0.01 | 0.01 | 0.01 | 7.9 | 196.97 | 0.13 |
| | | | | Days | - | - | - | - | - | - | - | - | - | - |
| | | | | | | | \$ 0.13 | \$ 0.01 | \$ 0.01 | \$ 0.01 | \$ 0.01 | | | \$ 0.17 |
| Children's Waiver Program | | | | | | | | | | | | | | |
| | | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | | | |
| | | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | | | | Days | - | - | - | - | - | - | - | - | - | - |
| | | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | | | Units | - | - | - | - | - | - | - | - | - | - |
| | | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | | | |
| | | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | | | | Days | - | - | - | - | - | - | - | - | - | - |
| | | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Subtotal Serious Emotional Disturbances | | | | | | | | | | | | | | |
| | | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | | | |
| | | | | | | | \$ 19.15 | | | | | | | \$ 23.26 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | | | | |
|---|--|--------------------|---------------------|------------|---|---------------------|-----------------|--|--------------------|---|--------------------|--|---------------------|-----------------|
| Region: Statewide | Rate Call: TANF - Unenrolled - F- 65+ | Member Months: 923 | Category of Service | Unit Type | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Assessive Community Treatment (ACT) | | | Units | 37.9 | 155.23 | 0.49 | 0.04 | 0.04 | 0.07 | - | 46.4 | 165.59 | 0.64 |
| | Assessments and Testing | | | Days | 388.9 | 87.32 | 2.83 | 0.25 | 0.25 | 0.39 | - | 476.9 | 93.61 | 3.72 |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Community Living Supports | | | Days | 5.9 | 525.25 | 0.26 | 0.02 | 0.02 | 0.04 | - | 7.3 | 558.14 | 0.34 |
| | Crisis | | | Procedures | 186.1 | 128.98 | 2.00 | 0.18 | 0.18 | 0.28 | - | 228.9 | 138.41 | 2.64 |
| | Evaluation and Management | | | Days | 140.7 | 590.07 | 6.82 | 0.61 | 0.62 | 0.95 | - | 172.5 | 633.19 | 9.10 |
| | Inpatient | | | Procedures | 8.5 | 28.30 | 0.02 | - | - | - | - | 8.5 | 28.30 | 0.02 |
| | Medication Administration | | | Other | 154.8 | 35.66 | 0.46 | 0.04 | 0.04 | 0.06 | - | 188.5 | 38.21 | 0.60 |
| | Other Therapy | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Outpatient Services | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Prevention and Early Intervention | | | Procedures | 17.9 | 617.10 | 0.92 | 0.08 | 0.08 | 0.13 | - | 22.0 | 660.90 | 1.21 |
| | Psychiatric diagnostic evaluation | | | Procedures | 17.9 | 167.60 | 0.25 | 0.02 | 0.02 | 0.03 | - | 21.5 | 178.77 | 0.32 |
| | Psychotherapy | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Residential Services | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Mental Health State Plan | | | | | \$ 14.15 | \$ 14.15 | \$ 1.24 | \$ 1.25 | \$ 1.95 | \$ 0.00 | | | \$ 18.59 |
| Mental Health 1915(i) | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Mental Health 1915(i) | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Autism | | | | | | | | | | | | | | |
| | Assessments and Testing | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Autism Services | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Autism | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Assessments and Testing | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Crisis | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Evaluation and Management | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Medication Administration | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Medication Assisted Treatment | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Outpatient Services | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Prevention and Early Intervention | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Psychiatric diagnostic evaluation | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Residential Services | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Withdrawal Management | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Substance Abuse State Plan | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Children's Waiver Program | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Children's Waiver Program | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Habilitative Supports Waiver | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Serious Emotional Disturbances | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | | | |
| | | | | | | \$ 14.15 | \$ 14.15 | \$ 1.24 | \$ 1.25 | \$ 1.95 | \$ 0.00 | | | \$ 18.59 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | | | |
|---|------------------------|--|------------|--|------------------|-----------------|---|-----------------|--|------------------|---|------------------|-----------------|
| Region: Statewide | Member Months: 292,479 | Category of Service | Unit Type | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | |
| | | Additional Support Services | Units | 209.4 | \$ 76.78 | \$ 1.34 | \$ 0.12 | \$ 0.12 | \$ 0.18 | \$ (0.17) | 256.3 | \$ 74.44 | \$ 1.59 |
| | | Assessments and Testing | Units | - | - | - | - | - | - | - | - | - | - |
| | | Case Management / Treatment Planning | Procedures | 30.7 | 281.71 | 0.72 | 0.06 | 0.06 | 0.10 | (0.01) | 37.5 | 297.68 | 0.93 |
| | | Community Living Supports | Days | 236.2 | 100.61 | 1.98 | 0.17 | 0.18 | 0.27 | (0.10) | 288.6 | 103.94 | 2.50 |
| | | Crisis | Procedures | 0.3 | 750.00 | 0.02 | - | - | - | - | 0.3 | 375.00 | 0.01 |
| | | Evaluation and Management | Procedures | 3.2 | 335.40 | 0.09 | 0.01 | 0.01 | 0.01 | (0.01) | 3.9 | 335.03 | 0.11 |
| | | Inpatient | Days | - | - | - | - | - | - | - | - | - | - |
| | | Medication Administration | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | Other | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | Outpatient Services | Procedures | 56.1 | 96.33 | 0.45 | 0.04 | 0.04 | 0.06 | - | 68.5 | 103.33 | 0.59 |
| | | Prevention and Early Intervention | Procedures | 5.0 | 263.47 | 0.11 | 0.01 | 0.01 | 0.02 | (0.04) | 6.4 | 206.90 | 0.11 |
| | | Psychiatric diagnostic evaluation | Procedures | 11.2 | 363.31 | 0.34 | 0.03 | 0.03 | 0.05 | (0.02) | 13.9 | 372.03 | 0.43 |
| | | Psychotherapy | Procedures | 18.1 | 198.68 | 0.30 | 0.03 | 0.03 | 0.04 | (0.15) | 22.4 | 134.23 | 0.25 |
| | | Residential Services | Days | - | - | - | - | - | - | - | - | - | - |
| | | Subtotal Mental Health State Plan | | | | \$ 5.35 | \$ 0.47 | \$ 0.48 | \$ 0.73 | \$ (0.51) | | | \$ 6.52 |
| Mental Health 1915(i) | | | | | | | | | | | | | |
| | | Additional Support Services | Units | 911.8 | \$ 4.87 | \$ 0.37 | \$ 0.03 | \$ 0.03 | \$ 0.05 | \$ 0.11 | 1,108.9 | \$ 6.38 | \$ 0.59 |
| | | Community Living Supports | Days | 48.2 | 109.52 | 0.44 | 0.04 | 0.04 | 0.06 | 0.15 | 59.2 | 148.05 | 0.73 |
| | | Other | Procedures | 13.2 | 145.12 | 0.16 | 0.01 | 0.01 | (0.13) | (0.01) | 3.3 | 145.02 | 0.04 |
| | | Skill Building | Units | 3.8 | 31.75 | 0.01 | - | - | - | - | 3.8 | 31.75 | 0.01 |
| | | Subtotal Mental Health 1915(i) | | | | \$ 0.98 | \$ 0.08 | \$ 0.08 | \$ (0.02) | \$ 0.25 | | | \$ 1.37 |
| Autism | | | | | | | | | | | | | |
| | | Assessments and Testing | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | Autism Services | Units | 8,357.2 | 18.70 | 13.02 | 3.17 | 1.33 | 2.05 | 0.03 | 11,707.8 | 20.09 | 19.60 |
| | | Subtotal Autism | | | | \$ 13.02 | \$ 3.17 | \$ 1.33 | \$ 2.05 | \$ 0.03 | | | \$ 19.60 |
| Substance Abuse State Plan | | | | | | | | | | | | | |
| | | Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | | Assessments and Testing | Units | - | - | - | - | - | - | - | - | - | - |
| | | Case Management / Treatment Planning | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | Crisis | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | Evaluation and Management | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | Medication Administration | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | Medication Assisted Treatment | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | Other | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | Outpatient Services | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | Prevention and Early Intervention | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | Psychiatric diagnostic evaluation | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | Residential Services | Days | - | - | - | - | - | - | - | - | - | - |
| | | Withdrawal Management | Days | - | - | - | - | - | - | - | - | - | - |
| | | Subtotal Substance Abuse State Plan | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Children's Waiver Program | | | | | | | | | | | | | |
| | | Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | | Community Living Supports | Days | - | - | - | - | - | - | - | - | - | - |
| | | Other | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | Subtotal Children's Waiver Program | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | | |
| | | Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | | Community Living Supports | Days | - | - | - | - | - | - | - | - | - | - |
| | | Other | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | Skill Building | Units | - | - | - | - | - | - | - | - | - | - |
| | | Subtotal Habilitative Supports Waiver | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | | |
| | | Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | | Case Management / Treatment Planning | Units | - | - | - | - | - | - | - | - | - | - |
| | | Community Living Supports | Days | - | - | - | - | - | - | - | - | - | - |
| | | Other | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | Subtotal Serious Emotional Disturbances | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | | |
| | | | | | | \$ 19.35 | | | | | | | \$ 27.49 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | | | | |
|---|--|-----------------------|---------------------|------------|---|------------------|-----------|--|-----------------|---|-----------------|--|------------------|-----------|
| Region: Statewide | Rate Calc: TANF - Unenrolled - M - 19 - 20 | Member Months: 13,176 | Category of Service | Unit Type | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 19.2 | \$ 62.53 | \$ 0.10 | \$ 0.01 | \$ 0.01 | \$ 0.01 | \$ 0.01 | 23.0 | \$ 46.90 | \$ 0.09 |
| | Assessments and Testing (ACT) | | | Units | 55.0 | 109.03 | 0.50 | 0.04 | 0.05 | 0.07 | (0.22) | 67.1 | 76.64 | 0.44 |
| | Case Management / Treatment Planning | | | Units | 13.0 | 248.66 | 0.27 | 0.02 | 0.02 | 0.04 | (0.02) | 15.9 | 248.59 | 0.33 |
| | Crisis | | | Days | 221.4 | 103.00 | 1.90 | 0.17 | 0.17 | 0.26 | (0.49) | 179.5 | 88.86 | 2.01 |
| | Evaluation and Management | | | Procedures | 148.2 | 30.78 | 0.38 | 0.03 | 0.03 | 0.05 | 0.08 | 179.4 | 38.14 | 0.57 |
| | Inpatient | | | Procedures | 7.8 | 650.32 | 0.42 | 0.04 | 0.04 | 0.06 | (0.04) | 9.6 | 650.00 | 0.52 |
| | Outpatient Services | | | Days | 20.9 | 327.43 | 0.57 | 0.05 | 0.05 | 0.08 | (0.09) | 25.7 | 308.77 | 0.66 |
| | Other | | | Procedures | 49.8 | 691.43 | 2.87 | 0.26 | 0.25 | 0.40 | - | 61.1 | 742.51 | 3.78 |
| | Other Therapy | | | Procedures | 8.3 | 130.91 | 0.09 | 0.01 | 0.01 | 0.01 | (0.04) | 10.1 | 95.24 | 0.08 |
| | Prevention and Early Intervention | | | Procedures | 4.6 | 78.26 | 0.03 | - | - | 0.10 | - | 20.7 | 69.57 | 0.12 |
| | Psychiatric diagnostic evaluation | | | Procedures | 3.3 | 294.48 | 0.08 | 0.01 | 0.01 | 0.01 | (0.01) | 4.1 | 294.12 | 0.10 |
| | Residential Services | | | Procedures | 8.6 | 500.58 | 0.36 | 0.03 | 0.03 | 0.05 | (0.02) | 10.6 | 511.85 | 0.45 |
| | Subtotal Mental Health State Plan | | | Days | 59.3 | 167.93 | 0.83 | 0.07 | 0.07 | 0.11 | (0.26) | 72.2 | 136.34 | 0.82 |
| | | | | Units | 6.5 | 644.17 | 0.35 | 0.03 | 0.03 | 0.05 | 0.04 | 8.0 | 749.06 | 0.50 |
| | | | | | | | \$ 8.77 | \$ 0.76 | \$ 0.78 | \$ 1.30 | \$ (1.11) | | | \$ 10.50 |
| Mental Health 1915(i) | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 256.7 | \$ 7.95 | \$ 0.17 | \$ 0.02 | \$ 0.02 | \$ 0.02 | \$ 0.04 | 317.1 | \$ 10.22 | \$ 0.27 |
| | Community Living Supports | | | Days | 353.8 | 175.69 | 5.18 | 0.45 | 0.46 | 0.71 | 1.15 | 433.0 | 220.31 | 7.95 |
| | Other | | | Procedures | 6.0 | 360.00 | 0.18 | 0.02 | 0.02 | (0.09) | 0.40 | 4.0 | 420.00 | 0.14 |
| | Skill Building | | | Units | 26,776.9 | 0.54 | 1.21 | 0.11 | 0.09 | 0.17 | 0.34 | 32,973.2 | 0.76 | 2.08 |
| | Vocational Supports | | | Units | 1,535.1 | 5.31 | 0.68 | 0.06 | 0.06 | 0.09 | 0.34 | 1,877.4 | 7.86 | 1.23 |
| | | | | | | | \$ 7.42 | \$ 0.66 | \$ 0.67 | \$ 0.91 | \$ 2.01 | | | \$ 11.67 |
| Autism | | | | | | | | | | | | | | |
| | Assessments and Testing | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Autism Services | | | Units | 217.3 | 18.22 | 0.33 | 0.08 | 0.03 | 0.05 | 0.10 | 302.9 | 23.37 | 0.59 |
| | | | | | | | \$ 0.33 | \$ 0.08 | \$ 0.03 | \$ 0.05 | \$ 0.10 | | | \$ 0.59 |
| Substance Abuse State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Assessments and Testing | | | Units | 2.5 | 192.77 | 0.04 | 0.01 | 0.01 | 0.01 | (0.01) | 3.7 | 192.51 | 0.06 |
| | Case Management / Treatment Planning | | | Procedures | 0.4 | 342.86 | 0.01 | - | - | - | - | 0.4 | - | - |
| | Crisis | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Evaluation and Management | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Medication Administration | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Medication Assisted Treatment | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Outpatient Services | | | Procedures | 14.6 | 107.00 | 0.13 | 0.02 | 0.01 | 0.02 | (0.03) | 19.1 | 94.39 | 0.15 |
| | Prevention and Early Intervention | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Psychiatric diagnostic evaluation | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Residential Services | | | Days | 20.4 | 200.00 | 0.34 | 0.05 | 0.03 | 0.05 | 0.04 | 26.4 | 231.82 | 0.51 |
| | Withdrawal Management | | | Days | - | - | - | - | - | - | - | - | - | - |
| | | | | | | | \$ 0.52 | \$ 0.08 | \$ 0.04 | \$ 0.08 | \$ 0.00 | | | \$ 0.72 |
| Subtotal Substance Abuse State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Subtotal Children's Waiver Program | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Subtotal Habilitative Supports Waiver | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Vocational Supports | | | Units | - | - | - | - | - | - | - | - | - | - |
| | | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Subtotal Serious Emotional Disturbances | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Subtotal Serious Emotional Disturbances | | | | | | | | | | | | | | |
| | Other Therapy | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | | | |
| | | | | | | | \$ 17.04 | | | | | | | \$ 23.48 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | | |
|---|--|-----------------------|---|------------------|----------------|--|-----------------|---|------------------|--|------------------|-----------------|
| Region: Statewide | Rate Call: TANF - Unenrolled - M - 21 - 25 | Member Months: 10,976 | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | |
| Additional Support Services | Units | 22.5 | \$ 10.67 | \$ 0.02 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.01 | 22.5 | \$ 16.01 | \$ 0.03 |
| Assessments and Testing (ACT) | Units | 10.5 | 136.88 | 0.12 | 0.01 | 0.01 | 0.01 | 0.02 | (0.01) | 13.2 | 136.88 | 0.15 |
| Case Management / Treatment Planning | Days | 228.6 | 204.99 | 2.12 | 0.02 | 0.02 | 0.02 | 0.04 | (0.03) | 18.7 | 196.61 | 0.31 |
| Community Living Supports | Units | 52.3 | 61.93 | 0.27 | 0.02 | 0.02 | 0.02 | 0.04 | (0.06) | 280.4 | 91.16 | 2.13 |
| Evaluation and Management | Procedures | 26.4 | 505.31 | 1.11 | 0.10 | 0.10 | 0.15 | 0.04 | 0.06 | 64.0 | 76.94 | 0.41 |
| Inpatient | Days | 51.6 | 709.30 | 3.05 | 0.07 | 0.07 | 0.11 | 0.11 | (0.17) | 32.3 | 497.83 | 1.34 |
| Medication Administration | Procedures | 5.9 | 204.08 | 0.10 | 0.01 | 0.01 | 0.01 | 0.01 | (0.01) | 63.3 | 354.74 | 0.87 |
| Other | Procedures | 62.8 | 51.63 | 0.27 | 0.02 | 0.02 | 0.04 | 0.04 | (0.01) | 7.1 | 203.97 | 0.12 |
| Outpatient Services | Procedures | 6.1 | 216.39 | 0.11 | - | - | - | - | - | 76.7 | 54.75 | 0.35 |
| Prevention and Early Intervention | Procedures | 22.7 | 428.57 | 0.81 | 0.07 | 0.07 | 0.11 | 0.11 | (0.02) | 7.2 | 198.72 | 0.12 |
| Psychiatric diagnostic evaluation | Procedures | 63.6 | 149.08 | 0.79 | 0.07 | 0.07 | 0.11 | 0.11 | (0.03) | 27.7 | 445.89 | 1.03 |
| Psychology | Procedures | 13.0 | 748.27 | 0.81 | 0.07 | 0.07 | 0.11 | 0.11 | (0.29) | 78.1 | 115.27 | 0.75 |
| Residential Services | Days | - | - | - | 0.07 | 0.07 | 0.11 | 0.11 | 0.10 | 15.9 | 876.57 | 1.16 |
| Subtotal Mental Health State Plan | | | \$ 10.63 | | \$ 0.93 | | \$ 0.93 | | \$ (1.17) | | | \$ 12.78 |
| Mental Health 1915(i) | | | | | | | | | | | | |
| Additional Support Services | Units | 122.9 | \$ 4.88 | \$ 0.05 | \$ 0.00 | \$ 0.00 | \$ 0.01 | \$ 0.01 | \$ 0.02 | 147.5 | \$ 6.51 | \$ 0.08 |
| Community Living Supports | Days | 324.9 | 150.31 | 4.07 | 0.36 | - | - | 0.56 | 1.25 | 398.4 | 198.81 | 6.60 |
| Other | Procedures | 3.5 | 68.77 | 0.02 | - | - | - | - | - | 3.5 | 68.77 | 0.02 |
| Skill Building | Units | 8.7 | 82.57 | 0.06 | - | - | - | 0.01 | 0.03 | 10.2 | 128.79 | 0.11 |
| Vocational Supports | Units | - | - | - | 0.06 | 0.06 | 0.11 | 0.11 | 0.10 | 15.9 | 876.57 | 1.16 |
| Subtotal Mental Health 1915(i) | | | \$ 4.20 | | \$ 0.36 | | \$ 0.37 | | \$ 1.30 | | | \$ 6.81 |
| Autism | | | | | | | | | | | | |
| Assessments and Testing | Procedures | - | - | - | - | - | - | - | - | - | - | - |
| Autism Services | Units | - | - | - | - | - | - | - | - | - | - | - |
| Subtotal Autism | | | \$ 0.00 | | \$ 0.00 | | \$ 0.00 | | \$ 0.00 | | | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | | | |
| Additional Support Services | Units | 181.3 | \$ 6.62 | \$ 0.10 | \$ 0.01 | \$ 0.01 | \$ 0.01 | \$ 0.01 | \$ 0.00 | 217.6 | \$ 7.17 | \$ 0.13 |
| Assessments and Testing | Procedures | 7.0 | 137.73 | 0.08 | 0.01 | 0.01 | 0.01 | 0.01 | - | 8.7 | 151.55 | 0.11 |
| Case Management / Treatment Planning | Units | 1.3 | 91.60 | 0.01 | - | - | - | - | - | 1.3 | 91.60 | 0.01 |
| Crisis | Procedures | - | - | - | - | - | - | - | - | - | - | - |
| Evaluation and Management | Procedures | 3.1 | 314.75 | 0.08 | 0.01 | 0.01 | 0.01 | 0.01 | (0.06) | 3.8 | 157.48 | 0.05 |
| Medication Administration | Procedures | 30.1 | 3.99 | 0.01 | - | - | - | - | - | 30.1 | 3.99 | 0.01 |
| Medication Assisted Treatment | Procedures | - | - | - | - | - | - | - | - | - | - | - |
| Other | Procedures | 147.2 | 35.87 | 0.44 | 0.06 | 0.06 | 0.06 | 0.06 | (0.03) | 187.3 | 36.51 | 0.57 |
| Outpatient Services | Procedures | - | - | - | - | - | - | - | - | - | - | - |
| Prevention and Early Intervention | Procedures | - | - | - | - | - | - | - | - | - | - | - |
| Psychiatric diagnostic evaluation | Procedures | 96.2 | 160.98 | 1.29 | 0.18 | 0.18 | 0.19 | 0.19 | - | 123.7 | 188.14 | 1.94 |
| Residential Services | Days | 0.9 | 413.79 | 0.03 | - | - | - | 0.01 | - | 1.2 | 413.79 | 0.04 |
| Withdrawal Management | Days | - | - | - | - | - | - | - | - | - | - | - |
| Subtotal Substance Abuse State Plan | | | \$ 2.04 | | \$ 0.27 | | \$ 0.19 | | \$ 0.29 | | | \$ 2.86 |
| Children's Waiver Program | | | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Community Living Supports | Days | - | - | - | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - | - | - | - |
| Subtotal Children's Waiver Program | | | \$ 0.00 | | \$ 0.00 | | \$ 0.00 | | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Community Living Supports | Days | - | - | - | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - | - | - | - |
| Skill Building | Units | - | - | - | - | - | - | - | - | - | - | - |
| Vocational Supports | Units | - | - | - | - | - | - | - | - | - | - | - |
| Subtotal Habilitative Supports Waiver | | | \$ 0.00 | | \$ 0.00 | | \$ 0.00 | | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Case Management / Treatment Planning | Units | - | - | - | - | - | - | - | - | - | - | - |
| Community Living Supports | Days | - | - | - | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - | - | - | - |
| Subtotal Serious Emotional Disturbances | | | \$ 0.00 | | \$ 0.00 | | \$ 0.00 | | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | |
| | | | \$ 16.87 | | \$ 1.30 | | \$ 1.30 | | \$ 1.30 | | | \$ 22.45 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | | |
|---|--|-----------------------|---------------------|------------|---|--|----------------|--|---|--|------------------|-----------------|
| Region: Statewide | Rate Calc: TANF - Unenrolled - M - 26 - 39 | Member Months: 75,961 | Category of Service | Unit Type | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Adjusted SFY 2023 Base Experience Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Policy and Program Adjustments Utilization Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 55.3 | \$ 47.75 | \$ 0.22 | \$ 0.02 | \$ 0.03 | 67.9 | \$ 22.99 | \$ 0.13 |
| | Assessive Community Treatment (ACT) | | | Units | 16.1 | 104.41 | 0.14 | 0.01 | 0.02 | 19.5 | 79.84 | 0.13 |
| | Assessments and Testing | | | Procedures | 16.7 | 194.24 | 0.27 | 0.02 | 0.04 | 20.4 | 176.56 | 0.30 |
| | Case Management / Treatment Planning | | | Days | 114.4 | 121.71 | 1.16 | 0.10 | 0.16 | 140.0 | 114.00 | 1.33 |
| | Community Living Supports | | | Units | - | - | - | - | - | - | - | - |
| | Crisis | | | Procedures | 17.0 | 607.42 | 0.86 | 0.08 | 0.12 | 20.9 | 576.80 | 1.01 |
| | Evaluation and Management | | | Procedures | 23.3 | 324.32 | 0.63 | 0.06 | 0.09 | 28.9 | 328.48 | 0.79 |
| | Inpatient | | | Days | 85.2 | 765.24 | 5.43 | 0.48 | 0.75 | 104.4 | 821.52 | 7.15 |
| | Medication Administration | | | Procedures | 8.4 | 129.19 | 0.09 | 0.01 | 0.01 | 10.2 | 129.16 | 0.11 |
| | Other | | | Procedures | 4.5 | 132.45 | 0.05 | - | 0.01 | 5.4 | 132.35 | 0.06 |
| | Other Therapy | | | Procedures | - | - | - | - | - | - | - | - |
| | Outpatient Services | | | Procedures | 4.2 | 400.95 | 0.14 | 0.01 | 0.02 | 5.1 | 424.36 | 0.18 |
| | Prevention and Early Intervention | | | Procedures | - | - | - | - | - | - | - | - |
| | Psychiatric diagnostic evaluation | | | Procedures | 15.8 | 424.51 | 0.56 | 0.05 | 0.08 | 19.5 | 449.23 | 0.73 |
| | Psychotherapy | | | Procedures | 50.1 | 189.37 | 0.79 | 0.07 | 0.11 | 61.5 | 148.37 | 0.76 |
| | Residential Services | | | Days | 6.2 | 520.06 | 0.27 | 0.02 | 0.04 | 7.6 | 599.21 | 0.38 |
| | Subtotal Mental Health State Plan | | | | | \$ 10.61 | \$ 0.93 | \$ 0.94 | \$ 1.48 | | | \$ 13.06 |
| Mental Health 1915(i) | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | 0.6 | 210.53 | 0.01 | - | - | 0.6 | 210.53 | 0.01 |
| | Other | | | Procedures | - | - | - | - | - | - | - | - |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - |
| | Vocational Supports | | | Units | 8.5 | 98.82 | 0.07 | 0.01 | 0.01 | 10.9 | 54.89 | 0.05 |
| | Subtotal Mental Health 1915(i) | | | | | \$ 0.08 | \$ 0.01 | \$ 0.01 | \$ 0.01 | | | \$ 0.06 |
| Autism | | | | | | | | | | | | |
| | Assessments and Testing | | | Procedures | - | - | - | - | - | - | - | - |
| | Autism Services | | | Units | - | - | - | - | - | - | - | - |
| | Subtotal Autism | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 67.1 | \$ 14.30 | \$ 0.08 | \$ 0.01 | \$ 0.01 | 83.9 | \$ 14.30 | \$ 0.10 |
| | Assessments and Testing | | | Procedures | 52.4 | 59.60 | 0.26 | 0.04 | 0.04 | 68.5 | 63.10 | 0.36 |
| | Case Management / Treatment Planning | | | Units | 3.9 | 186.05 | 0.06 | 0.01 | 0.01 | 5.2 | 162.79 | 0.07 |
| | Crisis | | | Procedures | - | - | - | - | - | - | - | - |
| | Evaluation and Management | | | Procedures | 16.3 | 110.29 | 0.15 | 0.02 | 0.02 | 20.7 | 98.69 | 0.17 |
| | Medication Administration | | | Procedures | 7.9 | 15.11 | 0.01 | - | - | 7.9 | 15.11 | 0.01 |
| | Medication Assisted Treatment | | | Procedures | 561.7 | 17.52 | 0.82 | 0.11 | 0.12 | 719.3 | 22.69 | 1.36 |
| | Other | | | Procedures | - | - | - | - | - | - | - | - |
| | Outpatient Services | | | Procedures | 124.2 | 90.85 | 0.94 | 0.13 | 0.14 | 159.8 | 86.35 | 1.15 |
| | Prevention and Early Intervention | | | Procedures | 5.4 | 66.18 | 0.03 | - | - | 5.4 | 66.18 | 0.03 |
| | Psychiatric diagnostic evaluation | | | Procedures | - | - | - | - | - | - | - | - |
| | Residential Services | | | Days | 111.5 | 171.17 | 1.59 | 0.22 | 0.23 | 143.0 | 200.53 | 2.39 |
| | Withdrawal Management | | | Days | 13.5 | 364.99 | 0.41 | 0.06 | 0.06 | 17.4 | 428.85 | 0.62 |
| | Subtotal Substance Abuse State Plan | | | | | \$ 4.35 | \$ 0.80 | \$ 0.41 | \$ 0.63 | | | \$ 6.26 |
| Children's Waiver Program | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - |
| | Other Therapy | | | Procedures | - | - | - | - | - | - | - | - |
| | Subtotal Children's Waiver Program | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - |
| | Vocational Supports | | | Units | - | - | - | - | - | - | - | - |
| | Subtotal Habilitative Supports Waiver | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - |
| | Other Therapy | | | Procedures | - | - | - | - | - | - | - | - |
| | Subtotal Serious Emotional Disturbances | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | |
| | | | | | | \$ 15.04 | | | | | | \$ 19.38 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | | | | |
|---|--|-----------------------|---------------------|------------|---|---------------------|-----------------|--|--------------------|---|--------------------|--|---------------------|-----------------|
| Region: Statewide | Rate Calc: TANF - Unenrolled - M -40 -49 | Member Months: 47,296 | Category of Service | Unit Type | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 79.6 | \$ 7.54 | \$ 0.05 | \$ 0.00 | \$ 0.00 | \$ 0.01 | \$ (0.01) | 95.5 | \$ 6.29 | \$ 0.05 |
| | Assertive Community Treatment (ACT) | | | Units | 8.0 | 195.49 | 0.13 | 0.01 | 0.01 | 0.02 | 0.00 | 9.8 | 207.74 | 0.17 |
| | Assessments and Testing | | | Procedures | 16.8 | 178.89 | 0.25 | 0.02 | 0.02 | 0.03 | (0.03) | 20.1 | 172.96 | 0.29 |
| | Case Management / Treatment Planning | | | Days | 158.0 | 98.74 | 1.30 | 0.11 | 0.12 | 0.18 | (0.23) | 193.2 | 91.91 | 1.48 |
| | Community Living Supports | | | Units | | | | | | | | | | |
| | Crisis | | | Procedures | 13.7 | 613.14 | 0.70 | 0.06 | 0.06 | 0.10 | (0.06) | 16.8 | 613.19 | 0.86 |
| | Evaluation and Management | | | Procedures | 21.0 | 348.90 | 0.61 | 0.05 | 0.05 | 0.08 | (0.09) | 25.5 | 330.06 | 0.70 |
| | Inpatient | | | Days | 70.7 | 668.46 | 3.88 | 0.34 | 0.35 | 0.53 | | 86.6 | 706.94 | 5.10 |
| | Medication Administration | | | Procedures | 10.3 | 116.17 | 0.10 | 0.01 | 0.01 | | | 12.4 | 125.81 | 0.13 |
| | Other | | | Procedures | 4.4 | 109.09 | 0.04 | | | 0.01 | | 5.5 | 109.09 | 0.05 |
| | Other Therapy | | | Procedures | | | | | | | | | | |
| | Outpatient Services | | | Procedures | 0.9 | 423.53 | 0.03 | | | | | 0.9 | 423.53 | 0.03 |
| | Prevention and Early Intervention | | | Procedures | | | | | | | | | | |
| | Psychiatric diagnostic evaluation | | | Procedures | 12.1 | 486.35 | 0.49 | 0.04 | 0.04 | 0.07 | (0.03) | 14.8 | 494.59 | 0.61 |
| | Psychotherapy | | | Procedures | 59.0 | 199.29 | 0.98 | 0.09 | 0.09 | 0.13 | (0.34) | 72.3 | 157.76 | 0.95 |
| | Residential Services | | | Days | 4.9 | 513.24 | 0.21 | 0.02 | 0.02 | 0.03 | 0.02 | 6.1 | 592.11 | 0.30 |
| | Subtotal Mental Health State Plan | | | | | | \$ 8.77 | \$ 0.75 | \$ 0.77 | \$ 1.20 | \$ (0.77) | | | \$ 10.72 |
| Mental Health 1915(i) | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | 4.4 | 272.73 | 0.10 | 0.01 | 0.01 | 0.01 | 0.04 | 5.3 | 386.36 | 0.17 |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Vocational Supports | | | Units | 3.4 | 141.59 | 0.04 | | | 0.01 | (0.02) | 4.2 | 84.91 | 0.03 |
| | Subtotal Mental Health 1915(i) | | | | | | \$ 0.14 | \$ 0.01 | \$ 0.01 | \$ 0.02 | \$ 0.02 | | | \$ 0.20 |
| Autism | | | | | | | | | | | | | | |
| | Assessments and Testing | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Autism Services | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Autism | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 32.2 | \$ 26.05 | \$ 0.07 | \$ 0.01 | \$ 0.01 | \$ 0.01 | \$ (0.01) | 41.5 | \$ 26.06 | \$ 0.09 |
| | Assessments and Testing | | | Procedures | 25.6 | 65.55 | 0.14 | 0.02 | 0.01 | 0.02 | 0.00 | 33.0 | 69.20 | 0.19 |
| | Case Management / Treatment Planning | | | Units | 4.3 | 139.86 | 0.05 | 0.01 | | 0.01 | (0.02) | 6.0 | 99.83 | 0.05 |
| | Crisis | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Evaluation and Management | | | Procedures | 8.6 | 111.76 | 0.08 | 0.01 | 0.01 | 0.01 | (0.01) | 10.7 | 111.73 | 0.10 |
| | Medication Administration | | | Procedures | | | | | | | | | | |
| | Medication Assisted Treatment | | | Procedures | 629.7 | 18.68 | 0.98 | 0.14 | 0.09 | 0.14 | 0.16 | 809.6 | 22.38 | 1.51 |
| | Other | | | Procedures | | | | | | | | | | |
| | Outpatient Services | | | Procedures | 113.3 | 83.70 | 0.79 | 0.11 | 0.07 | 0.11 | (0.01) | 144.8 | 88.67 | 1.07 |
| | Prevention and Early Intervention | | | Procedures | 6.6 | 18.18 | 0.01 | | | | | 6.6 | 18.18 | 0.01 |
| | Psychiatric diagnostic evaluation | | | Procedures | | | | | | | | | | |
| | Residential Services | | | Days | 101.1 | 169.73 | 1.43 | 0.20 | 0.13 | 0.21 | 0.18 | 130.1 | 198.32 | 2.15 |
| | Withdrawal Management | | | Days | 7.6 | 345.55 | 0.22 | 0.03 | 0.03 | 0.03 | 0.03 | 9.7 | 407.41 | 0.33 |
| | Subtotal Substance Abuse State Plan | | | | | | \$ 3.77 | \$ 0.53 | \$ 0.34 | \$ 0.54 | \$ 0.32 | | | \$ 5.50 |
| Children's Waiver Program | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Children's Waiver Program | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Skill Building | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Vocational Supports | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Habilitative Supports Waiver | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | | | |
| | Additional Support Services | | | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| | Case Management / Treatment Planning | | | Units | - | - | - | - | - | - | - | - | - | - |
| | Community Living Supports | | | Days | - | - | - | - | - | - | - | - | - | - |
| | Other | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Other Therapy | | | Procedures | - | - | - | - | - | - | - | - | - | - |
| | Subtotal Serious Emotional Disturbances | | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | | | |
| | | | | | | | \$ 12.68 | | | | | | | \$ 16.42 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | | |
|---|--|-----------------------|---|--|----------------|--|-----------------------------------|---|--|--|---|-----------------|
| Region: Statewide | Rate Call: TANF - Unenrolled - M - 50 - 64 | Member Months: 21,752 | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Adjusted SFY 2023 Base Experience Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Trend Adjustments Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Policy and Program Adjustments Cost Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | SFY 2025 Projected Benefit Expense Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | |
| Additional Support Services | Units | 153.0 | \$ 21.17 | \$ 0.27 | | \$ 0.02 | \$ 0.02 | \$ 0.04 | \$ (0.14) | 187.0 | \$ 13.47 | \$ 0.21 |
| Assessive Community Treatment (ACT) | Units | 18.2 | 151.90 | 0.23 | | 0.02 | 0.02 | 0.03 | (0.03) | 22.1 | 146.47 | 0.27 |
| Assessments and Testing | Days | 333.3 | 91.45 | 2.54 | | 0.22 | 0.23 | 0.35 | (0.48) | 408.1 | 84.10 | 2.86 |
| Case Management / Treatment Planning | Units | 5.5 | 638.53 | 0.29 | | 0.03 | 0.03 | 0.04 | (0.14) | 6.8 | 443.13 | 0.25 |
| Community Living Supports | Procedures | 30.6 | 293.83 | 0.75 | | 0.07 | 0.07 | 0.10 | (0.13) | 37.6 | 274.69 | 0.86 |
| Crisis | Days | 10.2 | 832.84 | 0.71 | | 0.06 | 0.06 | 0.10 | (0.01) | 12.5 | 889.95 | 0.93 |
| Evaluation and Management | Procedures | (3.1) | (155.84) | 0.04 | | - | - | 0.01 | (0.01) | (3.9) | (124.68) | 0.04 |
| Inpatient | Days | 5.8 | 226.03 | 0.11 | | 0.01 | 0.01 | 0.02 | - | 7.4 | 242.26 | 0.15 |
| Medication Administration | Procedures | 2.6 | 415.38 | 0.09 | | 0.01 | 0.01 | 0.01 | - | 3.2 | 452.83 | 0.12 |
| Other | Procedures | 9.3 | 359.74 | 0.28 | | 0.02 | 0.03 | 0.04 | 0.06 | 11.3 | 455.03 | 0.43 |
| Outpatient Services | Procedures | 57.6 | 195.94 | 0.94 | | 0.08 | 0.08 | 0.13 | (0.39) | 70.4 | 143.12 | 0.84 |
| Prevention and Early Intervention | Days | 2.0 | 492.31 | 0.08 | | 0.01 | 0.01 | 0.01 | 0.01 | 2.4 | 590.16 | 0.12 |
| Psychiatric diagnostic evaluation | Procedures | | | | | | | | | | | |
| Psychiatry | Days | | | | | | | | | | | |
| Residential Services | Days | | | | | | | | | | | |
| Subtotal Mental Health State Plan | | | \$ 6.33 | \$ 0.57 | \$ 0.88 | \$ 0.55 | \$ 0.57 | \$ 0.88 | \$ (1.25) | | | \$ 7.08 |
| Mental Health 1915(i) | | | | | | | | | | | | |
| Additional Support Services | Units | 6.2 | \$ 0.00 | \$ 0.00 | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Assessments and Testing | Days | | 389.61 | 0.20 | | 0.02 | 0.02 | 0.03 | 0.04 | 7.7 | 483.12 | 0.31 |
| Case Management / Treatment Planning | Procedures | | | | | | | | | | | |
| Community Living Supports | Units | | | | | | | | | | | |
| Crisis | Days | | | | | | | | | | | |
| Evaluation and Management | Procedures | | | | | | | | | | | |
| Medication Administration | Units | | | | | | | | | | | |
| Medication Assisted Treatment | Procedures | | | | | | | | | | | |
| Other | Units | | | | | | | | | | | |
| Outpatient Services | Procedures | | | | | | | | | | | |
| Prevention and Early Intervention | Days | | | | | | | | | | | |
| Psychiatric diagnostic evaluation | Procedures | | | | | | | | | | | |
| Residential Services | Days | | | | | | | | | | | |
| Withdrawal Management | Days | | | | | | | | | | | |
| Subtotal Substance Abuse State Plan | | | \$ 3.08 | \$ 0.42 | \$ 0.44 | \$ 0.42 | \$ 0.27 | \$ 0.44 | \$ (0.49) | | | \$ 3.72 |
| Children's Waiver Program | | | | | | | | | | | | |
| Additional Support Services | Units | | \$ 0.00 | \$ 0.00 | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Assessments and Testing | Days | | | | | | | | | | | |
| Case Management / Treatment Planning | Procedures | | | | | | | | | | | |
| Community Living Supports | Units | | | | | | | | | | | |
| Crisis | Days | | | | | | | | | | | |
| Evaluation and Management | Procedures | | | | | | | | | | | |
| Medication Administration | Units | | | | | | | | | | | |
| Medication Assisted Treatment | Procedures | | | | | | | | | | | |
| Other | Units | | | | | | | | | | | |
| Outpatient Services | Procedures | | | | | | | | | | | |
| Prevention and Early Intervention | Days | | | | | | | | | | | |
| Psychiatric diagnostic evaluation | Procedures | | | | | | | | | | | |
| Residential Services | Days | | | | | | | | | | | |
| Withdrawal Management | Days | | | | | | | | | | | |
| Subtotal Children's Waiver Program | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | |
| Additional Support Services | Units | | \$ 0.00 | \$ 0.00 | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Assessments and Testing | Days | | | | | | | | | | | |
| Case Management / Treatment Planning | Procedures | | | | | | | | | | | |
| Community Living Supports | Units | | | | | | | | | | | |
| Crisis | Days | | | | | | | | | | | |
| Evaluation and Management | Procedures | | | | | | | | | | | |
| Medication Administration | Units | | | | | | | | | | | |
| Medication Assisted Treatment | Procedures | | | | | | | | | | | |
| Other | Units | | | | | | | | | | | |
| Outpatient Services | Procedures | | | | | | | | | | | |
| Prevention and Early Intervention | Days | | | | | | | | | | | |
| Psychiatric diagnostic evaluation | Procedures | | | | | | | | | | | |
| Residential Services | Days | | | | | | | | | | | |
| Withdrawal Management | Days | | | | | | | | | | | |
| Subtotal Habilitative Supports Waiver | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | |
| Additional Support Services | Units | | \$ 0.00 | \$ 0.00 | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Assessments and Testing | Days | | | | | | | | | | | |
| Case Management / Treatment Planning | Procedures | | | | | | | | | | | |
| Community Living Supports | Units | | | | | | | | | | | |
| Crisis | Days | | | | | | | | | | | |
| Evaluation and Management | Procedures | | | | | | | | | | | |
| Medication Administration | Units | | | | | | | | | | | |
| Medication Assisted Treatment | Procedures | | | | | | | | | | | |
| Other | Units | | | | | | | | | | | |
| Outpatient Services | Procedures | | | | | | | | | | | |
| Prevention and Early Intervention | Days | | | | | | | | | | | |
| Psychiatric diagnostic evaluation | Procedures | | | | | | | | | | | |
| Residential Services | Days | | | | | | | | | | | |
| Withdrawal Management | Days | | | | | | | | | | | |
| Subtotal Serious Emotional Disturbances | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | \$ 9.61 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 11.11 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | | |
|---|---|------------------------|--|------------------|----------------|---|------------------|--|------------------|---|------------------|-----------------|
| Region: Statewide | Rate Call: TANF - Unenrolled - M - 6 - 18 | Member Months: 639,694 | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Cost Adjustment | Policy and Program Adjustments Utilization Adjustment | Cost Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | |
| Additional Support Services | Units | 444.1 | \$ 75.94 | \$ 2.81 | \$ 0.25 | \$ 0.25 | \$ 0.25 | \$ 0.39 | \$ (0.50) | 545.2 | \$ 70.43 | \$ 3.20 |
| Assessive Community Treatment (ACT) | Units | 2.4 | 49.18 | 0.01 | - | - | - | - | (0.01) | 2.4 | - | - |
| Assessments and Testing | Procedures | 30.8 | 241.40 | 0.62 | 0.05 | 0.06 | 0.09 | 0.70 | (0.03) | 37.8 | 250.93 | 0.79 |
| Case Management / Treatment Planning | Days | 404.6 | 110.03 | 3.71 | 0.33 | 0.33 | 0.70 | 0.01 | (0.89) | 516.9 | 97.03 | 4.18 |
| Community Living Supports | Units | 12.7 | 94.79 | 0.10 | 0.01 | 0.01 | 0.01 | 0.11 | 0.02 | 15.2 | 118.50 | 0.15 |
| Crisis | Procedures | 12.4 | 771.70 | 0.80 | 0.07 | 0.07 | 0.11 | 0.15 | (0.30) | 15.2 | 590.55 | 0.75 |
| Evaluation and Management | Procedures | 43.2 | 297.22 | 1.07 | 0.09 | 0.10 | 0.15 | 0.25 | (0.19) | 52.9 | 276.80 | 1.22 |
| Inpatient | Days | 27.8 | 768.35 | 1.78 | 0.16 | 0.16 | 0.25 | 0.25 | - | 34.2 | 824.56 | 2.35 |
| Medication Administration | Procedures | 1.0 | 126.32 | 0.01 | - | - | - | - | - | 1.0 | 126.32 | 0.01 |
| Other | Procedures | 3.5 | 104.35 | 0.03 | - | - | 0.43 | - | - | 52.9 | 104.35 | 0.46 |
| Other Therapy | Procedures | 23.4 | 123.08 | 0.24 | 0.02 | 0.02 | 0.03 | 0.03 | - | 28.3 | 131.54 | 0.31 |
| Outpatient Services | Procedures | 3.5 | 305.95 | 0.09 | 0.01 | 0.01 | 0.01 | 0.01 | (0.01) | 4.3 | 306.26 | 0.11 |
| Prevention and Early Intervention | Procedures | 3.5 | 305.95 | 0.09 | 0.01 | 0.01 | 0.01 | 0.01 | - | 4.3 | 306.26 | 0.11 |
| Psychiatric diagnostic evaluation | Procedures | 134.7 | 440.73 | 0.88 | 0.08 | 0.08 | 0.12 | 0.12 | (0.12) | 29.4 | 424.35 | 1.04 |
| Psychotherapy | Procedures | 2.22 | 197.80 | 0.01 | 0.19 | 0.19 | 0.31 | 0.31 | (0.87) | 165.0 | 149.08 | 2.05 |
| Residential Services | Days | 1.5 | 567.57 | 0.07 | 0.01 | 0.01 | 0.01 | 0.01 | 0.01 | 1.9 | 694.74 | 0.11 |
| Subtotal Mental Health State Plan | | | | \$ 14.53 | \$ 1.28 | \$ 1.31 | \$ 2.62 | \$ (0.01) | \$ (2.89) | | | \$ 16.85 |
| Mental Health 1915(f) | | | | | | | | | | | | |
| Additional Support Services | Units | 1,307.8 | \$ 4.95 | \$ 0.54 | \$ 0.05 | \$ 0.05 | \$ 0.08 | \$ 0.08 | \$ 0.15 | 1,622.6 | \$ 6.43 | \$ 0.87 |
| Assessments and Testing | Days | 196.3 | 120.41 | 1.97 | 0.17 | 0.18 | 0.27 | 0.27 | 0.63 | 2,402 | 160.88 | 3.22 |
| Community Living Supports | Procedures | 28.0 | 458.57 | 0.37 | 0.03 | 0.03 | (0.36) | (0.01) | - | 3.0 | 237.62 | 0.06 |
| Other | Units | 8.9 | 15.21 | 0.01 | - | - | - | - | - | 7.9 | 15.21 | 0.01 |
| Skill Building | Units | 8.1 | 29.56 | 0.02 | - | - | - | - | - | 8.1 | 29.56 | 0.02 |
| Vocational Supports | Units | - | - | - | - | - | - | - | - | - | - | - |
| Subtotal Mental Health 1915(f) | | | | \$ 2.91 | \$ 0.25 | \$ 0.26 | \$ (0.01) | \$ (0.01) | \$ 0.77 | | | \$ 4.18 |
| Autism | | | | | | | | | | | | |
| Assessments and Testing | Procedures | - | - | - | - | - | - | - | - | - | - | - |
| Autism Services | Units | 2,131.2 | 19.09 | 3.39 | 0.83 | 0.95 | 0.53 | 0.53 | 0.23 | 2,986.2 | 21.42 | 5.33 |
| Subtotal Autism | | | | \$ 3.39 | \$ 0.83 | \$ 0.95 | \$ 0.53 | \$ 0.53 | \$ 0.23 | | | \$ 5.33 |
| Substance Abuse State Plan | | | | | | | | | | | | |
| Additional Support Services | Units | 1.8 | \$ 67.42 | \$ 0.01 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ (0.01) | 1.8 | \$ 0.00 | \$ 0.00 |
| Assessments and Testing | Units | 0.8 | 144.58 | 0.01 | - | - | - | - | - | 0.8 | - | 0.01 |
| Case Management / Treatment Planning | Procedures | - | - | - | - | - | - | - | - | - | - | - |
| Crisis | Procedures | - | - | - | - | - | - | - | - | - | - | - |
| Evaluation and Management | Procedures | - | - | - | - | - | - | - | - | - | - | - |
| Medication Administration | Procedures | - | - | - | - | - | - | - | - | - | - | - |
| Medication Assisted Treatment | Procedures | - | - | - | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - | - | - | - |
| Outpatient Services | Procedures | 4.1 | 116.50 | 0.04 | 0.01 | 0.01 | 0.01 | 0.01 | - | 6.2 | 116.50 | 0.06 |
| Prevention and Early Intervention | Procedures | - | - | - | - | - | - | - | - | - | - | - |
| Psychiatric diagnostic evaluation | Procedures | - | - | - | - | - | - | - | - | - | - | - |
| Residential Services | Days | 8.5 | 197.18 | 0.14 | 0.02 | 0.01 | 0.02 | 0.02 | 0.02 | 11.0 | 230.14 | 0.21 |
| Withdrawal Management | Days | - | - | - | - | - | - | - | - | - | - | - |
| Subtotal Substance Abuse State Plan | | | | \$ 0.20 | \$ 0.03 | \$ 0.01 | \$ 0.03 | \$ 0.03 | \$ 0.01 | | | \$ 0.28 |
| Children's Waiver Program | | | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Community Living Supports | Days | - | - | - | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - | - | - | - |
| Subtotal Children's Waiver Program | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Community Living Supports | Days | - | - | - | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - | - | - | - |
| Skill Building | Units | - | - | - | - | - | - | - | - | - | - | - |
| Vocational Supports | Units | - | - | - | - | - | - | - | - | - | - | - |
| Subtotal Habilitative Supports Waiver | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | |
| Additional Support Services | Units | - | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | - | \$ 0.00 | \$ 0.00 |
| Case Management / Treatment Planning | Units | - | - | - | - | - | - | - | - | - | - | - |
| Community Living Supports | Days | - | - | - | - | - | - | - | - | - | - | - |
| Other | Procedures | - | - | - | - | - | - | - | - | - | - | - |
| Subtotal Serious Emotional Disturbances | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | |
| | | | | \$ 21.03 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 26.64 |

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 3 - Prospective Rate Development Model | | | | | | | | | | | | |
|---|--|----------------------|---------------------|------------|---|--|----------------|--|---|--|------------------|----------------|
| Region: Statewide | Rate Call: TANF - Unenrolled - M - 65+ | Member Months: 2,030 | Category of Service | Unit Type | Adjusted SFY 2023 Base Experience Utilization per 1,000 | Adjusted SFY 2023 Base Experience Cost per Service | PMPM Cost | Trend Adjustments Utilization Adjustment | Policy and Program Adjustments Utilization Adjustment | SFY 2025 Projected Benefit Expense Utilization per 1,000 | Cost per Service | PMPM Cost |
| Mental Health State Plan | | | | | | | | | | | | |
| | Additional Support Services | | | Units | 122.6 | \$ 8.81 | \$ 0.09 | \$ 0.01 | \$ 0.01 | 149.8 | \$ 16.82 | \$ 0.21 |
| | Assessive Community Treatment (ACT) | | | Units | 4.8 | 198.76 | 0.08 | 0.01 | 0.01 | 6.0 | 218.54 | 0.11 |
| | Assessments and Testing | | | Days | 104.5 | 120.63 | 1.05 | 0.09 | 0.14 | 127.3 | 129.11 | 1.37 |
| | Case Management / Treatment Planning | | | Units | | | | | | | | |
| | Community Living Supports | | | Procedures | | | | | | | | |
| | Crisis | | | Procedures | | | | | | | | |
| | Evaluation and Management | | | Procedures | 45.9 | 224.74 | 0.86 | 0.08 | 0.12 | 56.6 | 258.66 | 1.22 |
| | Inpatient | | | Days | 12.1 | 705.30 | 0.71 | 0.06 | 0.10 | 14.8 | 754.05 | 0.93 |
| | Medication Administration | | | Procedures | | | | | | | | |
| | Other | | | Procedures | 9.7 | 111.69 | 0.09 | 0.01 | 0.01 | 11.8 | 121.83 | 0.12 |
| | Outpatient Services | | | Procedures | | | | | | | | |
| | Prevention and Early Intervention | | | Procedures | | | | | | | | |
| | Psychiatric diagnostic evaluation | | | Procedures | 10.6 | 474.58 | 0.42 | 0.04 | 0.06 | 13.2 | 501.90 | 0.55 |
| | Psychotherapy | | | Procedures | 87.6 | 208.31 | 1.52 | 0.13 | 0.21 | 107.2 | 70.56 | 0.63 |
| | Residential Services | | | Days | | | | | | | | |
| | Subtotal Mental Health State Plan | | | | | \$ 4.82 | \$ 0.43 | \$ 0.44 | \$ 0.66 | | | \$ 5.14 |
| Mental Health 1915(i) | | | | | | | | | | | | |
| | Additional Support Services | | | Units | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | | | | | | | | |
| | Other | | | Procedures | | | | | | | | |
| | Skill Building | | | Units | | | | | | | | |
| | Subtotal Mental Health 1915(i) | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Autism | | | | | | | | | | | | |
| | Assessments and Testing | | | Procedures | | | | | | | | |
| | Autism Services | | | Units | | | | | | | | |
| | Subtotal Autism | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Substance Abuse State Plan | | | | | | | | | | | | |
| | Additional Support Services | | | Units | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | \$ 0.00 | \$ 0.00 |
| | Assessments and Testing | | | Units | | | | | | | | |
| | Case Management / Treatment Planning | | | Units | | | | | | | | |
| | Crisis | | | Procedures | | | | | | | | |
| | Evaluation and Management | | | Procedures | | | | | | | | |
| | Medication Administration | | | Procedures | | | | | | | | |
| | Medication Assisted Treatment | | | Procedures | | | | | | | | |
| | Other | | | Procedures | | | | | | | | |
| | Outpatient Services | | | Procedures | 7.3 | 99.31 | 0.06 | 0.01 | 0.01 | 9.7 | 111.69 | 0.09 |
| | Prevention and Early Intervention | | | Procedures | | | | | | | | |
| | Psychiatric diagnostic evaluation | | | Procedures | | | | | | | | |
| | Residential Services | | | Days | | | | | | | | |
| | Withdrawal Management | | | Days | | | | | | | | |
| | Subtotal Substance Abuse State Plan | | | | | \$ 0.06 | \$ 0.01 | \$ 0.01 | \$ 0.01 | | | \$ 0.09 |
| Children's Waiver Program | | | | | | | | | | | | |
| | Additional Support Services | | | Units | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | | | | | | | | |
| | Other | | | Procedures | | | | | | | | |
| | Subtotal Children's Waiver Program | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Habilitative Supports Waiver | | | | | | | | | | | | |
| | Additional Support Services | | | Units | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | \$ 0.00 | \$ 0.00 |
| | Community Living Supports | | | Days | | | | | | | | |
| | Other | | | Procedures | | | | | | | | |
| | Skill Building | | | Units | | | | | | | | |
| | Subtotal Habilitative Supports Waiver | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Serious Emotional Disturbances | | | | | | | | | | | | |
| | Additional Support Services | | | Units | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | \$ 0.00 | \$ 0.00 |
| | Case Management / Treatment Planning | | | Units | | | | | | | | |
| | Community Living Supports | | | Days | | | | | | | | |
| | Other | | | Procedures | | | | | | | | |
| | Subtotal Serious Emotional Disturbances | | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | | | \$ 0.00 |
| Total Medical Costs | | | | | | | | | | | | |
| | | | | | | \$ 4.88 | | | | | | \$ 5.23 |

Appendix 4: Benefit Expense and Admin by Population and Benefit Summary

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| DAB - Enrolled | State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix K - Benefit Expense and Admin Summary by Population and Benefit (B, P/M/M) | | | | | | | | | | Variable Administrative Costs (includes Incentives, Withholds, and Benefit Expenses) | | | | | | | | | | Fixed Administrative Costs (includes Incentives, Withholds, and Benefit Expenses) | | | | | | | | | |
|----------------------------------|---|---------------------------|----------------------------------|-------------------------------|----------------------|---------------------------|----------------------------------|-----------------|----------------------|---------------------------|---|------------------|-------------------------------|---------------------------|----------------------------------|----------------------------|----------------------|---------------------------|----------------------------------|-----------------|--|-------------------------------|----------------------------------|-----------------|----------------------------|----------------|-----------------|--|--|--|
| | Benefit Expense | | | Variable Administrative Costs | | | Fixed Administrative Costs | | | Benefit Expense | | | Variable Administrative Costs | | | Fixed Administrative Costs | | | Benefit Expense | | | Variable Administrative Costs | | | Fixed Administrative Costs | | | | | |
| | State Plan / 1115 | Mental Health 19150 | Substance Abuse State Plan | Total | State Plan / 1115 | Mental Health 19150 | Substance Abuse State Plan | Total | State Plan / 1115 | Mental Health 19150 | Substance Abuse State Plan | Total | State Plan / 1115 | Mental Health 19150 | Substance Abuse State Plan | Total | State Plan / 1115 | Mental Health 19150 | Substance Abuse State Plan | Total | State Plan / 1115 | Mental Health 19150 | Substance Abuse State Plan | Total | | | | | | |
| DAB - Enrolled - F - 0 - 5 | \$ 867.75 | \$ 17,225 | \$ 279,333 | \$ 0.00 | \$ 383.33 | \$ 0.00 | \$ 20,668 | \$ 2.17 | \$ 0.43 | \$ 6,637 | \$ 0.00 | \$ 8,577 | \$ 4.45 | \$ 1.83 | \$ 3.28 | \$ 0.01 | \$ 9.57 | \$ 2.17 | \$ 0.43 | \$ 6,637 | \$ 0.00 | \$ 8,577 | \$ 4.45 | \$ 1.83 | \$ 3.28 | \$ 0.01 | \$ 9.57 | | | |
| DAB - Enrolled - F - 6 - 18 | 144.27 | 59.24 | 106.17 | 0.20 | 309.88 | 7.63 | 3.21 | 5.78 | 0.01 | 16.81 | 0.00 | 16.81 | 4.45 | 1.83 | 3.28 | 0.01 | 9.57 | 4.45 | 1.83 | 3.28 | 0.01 | 9.57 | 4.45 | 1.83 | 3.28 | 0.01 | 9.57 | | | |
| DAB - Enrolled - F - 19 - 20 | 157.89 | 13,390 | 1,130 | 4.10 | 375.25 | 15.20 | 19.79 | 0.76 | 0.22 | 20,225 | 0.00 | 20,225 | 4.00 | 5.44 | 0.06 | 0.10 | 9.57 | 4.00 | 5.44 | 0.06 | 0.10 | 9.57 | 4.00 | 5.44 | 0.06 | 0.10 | 9.57 | | | |
| DAB - Enrolled - F - 21 - 25 | 265.94 | 382.64 | - | 12.63 | 661.41 | 8.20 | 20.44 | - | 0.67 | 35,311 | 0.00 | 35,311 | 3.85 | 5.54 | - | 0.18 | 9.57 | 3.85 | 5.54 | - | 0.18 | 9.57 | 3.85 | 5.54 | - | 0.18 | 9.57 | | | |
| DAB - Enrolled - F - 40 - 49 | 190.47 | 178.54 | - | 21.93 | 390.94 | 19.27 | 9.63 | - | 1.18 | 21,008 | 0.00 | 21,008 | 4.06 | 4.37 | - | 0.54 | 9.57 | 4.06 | 4.37 | - | 0.54 | 9.57 | 4.06 | 4.37 | - | 0.54 | 9.57 | | | |
| DAB - Enrolled - F - 50 - 64 | 153.22 | 73,848 | 1,026 | 10.26 | 718.88 | 20.07 | 24.98 | 0.05 | 4.84 | 4,300 | 0.00 | 4,300 | 3.16 | 3.16 | - | 0.11 | 9.57 | 3.16 | 3.16 | - | 0.11 | 9.57 | 3.16 | 3.16 | - | 0.11 | 9.57 | | | |
| DAB - Enrolled - M - 0 - 5 | 133.67 | 29,888 | 646.65 | - | 810.10 | 7.12 | 1.59 | 34.43 | - | 43,114 | 0.00 | 43,114 | 1.56 | 0.35 | 7.64 | 0.01 | 9.57 | 1.56 | 0.35 | 7.64 | 0.01 | 9.57 | 1.56 | 0.35 | 7.64 | 0.01 | 9.57 | | | |
| DAB - Enrolled - M - 6 - 18 | 164.51 | 83,000 | 231.11 | 0.36 | 478.88 | 8.82 | 12.41 | - | 0.02 | 25,271 | 0.00 | 25,271 | 3.28 | 1.66 | 4.62 | 0.01 | 9.57 | 3.28 | 1.66 | 4.62 | 0.01 | 9.57 | 3.28 | 1.66 | 4.62 | 0.01 | 9.57 | | | |
| DAB - Enrolled - M - 19 - 20 | 173.51 | 205,664 | 34,086 | 1.90 | 161.11 | 10.49 | 17.71 | 1.85 | 0.17 | 26,514 | 0.00 | 26,514 | 4.86 | 4.86 | 1.03 | 0.06 | 9.57 | 4.86 | 4.86 | 1.03 | 0.06 | 9.57 | 4.86 | 4.86 | 1.03 | 0.06 | 9.57 | | | |
| DAB - Enrolled - M - 21 - 25 | 329.75 | 505.45 | - | 11.77 | 846.97 | 17.55 | 26.90 | - | 0.63 | 45,058 | 0.00 | 45,058 | 3.73 | 5.71 | - | 0.13 | 9.57 | 3.73 | 5.71 | - | 0.13 | 9.57 | 3.73 | 5.71 | - | 0.13 | 9.57 | | | |
| DAB - Enrolled - M - 40 - 49 | 247.58 | 279.12 | - | 21.58 | 548.28 | 13.26 | 14.52 | - | 1.16 | 29,337 | 0.00 | 29,337 | 4.32 | 4.87 | - | 0.38 | 9.57 | 4.32 | 4.87 | - | 0.38 | 9.57 | 4.32 | 4.87 | - | 0.38 | 9.57 | | | |
| DAB - Enrolled - M - 50 - 64 | 120.80 | 112.18 | - | 29.14 | 292.12 | 6.59 | 9.12 | - | 0.59 | 14,330 | 0.00 | 14,330 | 4.41 | 4.10 | - | 1.06 | 9.57 | 4.41 | 4.10 | - | 1.06 | 9.57 | 4.41 | 4.10 | - | 1.06 | 9.57 | | | |
| Subtotal DAB - Enrolled | \$ 1,939.99 | \$ 161,771 | \$ 68,400 | \$ 10,775 | \$ 400,825 | \$ 4,644 | \$ 6,738 | \$ 3,687 | \$ 1,626 | \$ 21,160 | \$ 0.00 | \$ 21,160 | \$ 4,403 | \$ 3,305 | \$ 1,135 | \$ 0.94 | \$ 9,570 | \$ 4,403 | \$ 3,305 | \$ 1,135 | \$ 0.94 | \$ 9,570 | \$ 4,403 | \$ 3,305 | \$ 1,135 | \$ 0.94 | \$ 9,570 | | | |
| DAB - Unenrolled | \$ 3,242.95 | \$ 44,422 | \$ 88,200 | \$ 0.00 | \$ 1,222.92 | \$ 0.00 | \$ 2,146 | \$ 0.27 | \$ 8,885 | \$ 0.00 | \$ 2,146 | \$ 0.27 | \$ 2.14 | \$ 1.50 | \$ 5.56 | \$ 0.00 | \$ 9,570 | \$ 2.14 | \$ 1.50 | \$ 5.56 | \$ 0.00 | \$ 9,570 | \$ 2.14 | \$ 1.50 | \$ 5.56 | \$ 0.00 | \$ 9,570 | | | |
| DAB - Unenrolled - F - 0 - 5 | 1,129.29 | 15,242 | 1,129.29 | 0.00 | 2,146 | 0.00 | 4,422 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | | |
| DAB - Unenrolled - F - 19 - 20 | 77,229 | 125,411 | 5,112 | 1.42 | 480,766 | 8.68 | 17,888 | 0.28 | 0.08 | 26,664 | 0.00 | 26,664 | 3.09 | 6.38 | - | 0.03 | 9,570 | 3.09 | 6.38 | - | 0.03 | 9,570 | 3.09 | 6.38 | - | 0.03 | 9,570 | | | |
| DAB - Unenrolled - F - 21 - 25 | 161,911 | 333,443 | 5,112 | 6.52 | 791,664 | 14.55 | 22,727 | - | 0.38 | 42,174 | 0.00 | 42,174 | 3.28 | 6.14 | - | 0.08 | 9,570 | 3.28 | 6.14 | - | 0.08 | 9,570 | 3.28 | 6.14 | - | 0.08 | 9,570 | | | |
| DAB - Unenrolled - F - 40 - 49 | 169,454 | 198,577 | - | 3.76 | 371,778 | 9.15 | 10,711 | - | 0.20 | 20,006 | 0.00 | 20,006 | 4.33 | 5.07 | - | 0.10 | 9,570 | 4.33 | 5.07 | - | 0.10 | 9,570 | 4.33 | 5.07 | - | 0.10 | 9,570 | | | |
| DAB - Unenrolled - F - 50 - 64 | 58,300 | 69,553 | - | 0.90 | 128,773 | 3.30 | 3,933 | - | 0.05 | 7,288 | 0.00 | 7,288 | 4.30 | 5.13 | - | 0.07 | 9,570 | 4.30 | 5.13 | - | 0.07 | 9,570 | 4.30 | 5.13 | - | 0.07 | 9,570 | | | |
| DAB - Unenrolled - M - 0 - 5 | 61,448 | 111,555 | 189,770 | 0.57 | 262,773 | 3.35 | 3,933 | 0.03 | 10,335 | 2,222 | 0.42 | 6,886 | 2.22 | 0.42 | 6.86 | 0.00 | 9,570 | 2.22 | 0.42 | 6.86 | 0.00 | 9,570 | 2.22 | 0.42 | 6.86 | 0.00 | 9,570 | | | |
| DAB - Unenrolled - M - 6 - 18 | 102,630 | 163,255 | 26,888 | 1.53 | 293,922 | 5.57 | 8,979 | 1.48 | 0.07 | 15,877 | 0.00 | 15,877 | 3.31 | 5.28 | 0.87 | 0.04 | 9,570 | 3.31 | 5.28 | 0.87 | 0.04 | 9,570 | 3.31 | 5.28 | 0.87 | 0.04 | 9,570 | | | |
| DAB - Unenrolled - M - 19 - 20 | 208,300 | 428,833 | - | 2.18 | 634,311 | 11.02 | 22,744 | - | 0.12 | 33,888 | 0.00 | 33,888 | 3.09 | 6.38 | - | 0.03 | 9,570 | 3.09 | 6.38 | - | 0.03 | 9,570 | 3.09 | 6.38 | - | 0.03 | 9,570 | | | |
| DAB - Unenrolled - M - 21 - 25 | 346,111 | 671,000 | - | 7.30 | 1,024,441 | 19.38 | 35,655 | - | 0.39 | 54,422 | 0.00 | 54,422 | 3.21 | 6.22 | - | 0.07 | 9,570 | 3.21 | 6.22 | - | 0.07 | 9,570 | 3.21 | 6.22 | - | 0.07 | 9,570 | | | |
| DAB - Unenrolled - M - 40 - 49 | 263,888 | 388,228 | - | 9.17 | 661,433 | 14.10 | 20,773 | - | 0.49 | 35,332 | 0.00 | 35,332 | 3.79 | 5.68 | - | 0.13 | 9,570 | 3.79 | 5.68 | - | 0.13 | 9,570 | 3.79 | 5.68 | - | 0.13 | 9,570 | | | |
| DAB - Unenrolled - M - 50 - 64 | 92,333 | 134,559 | - | 4.47 | 231,339 | 5.06 | 7,358 | - | 0.24 | 12,655 | 0.00 | 12,655 | 4.40 | 5.53 | - | 0.16 | 9,570 | 4.40 | 5.53 | - | 0.16 | 9,570 | 4.40 | 5.53 | - | 0.16 | 9,570 | | | |
| Subtotal DAB - Unenrolled | \$ 147,710 | \$ 210,689 | \$ 3,488 | \$ 3,851 | \$ 365,448 | \$ 7,979 | \$ 13,368 | \$ 3,021 | \$ 1,133 | \$ 19,744 | \$ 0.00 | \$ 19,744 | \$ 4,403 | \$ 5,523 | \$ 0.14 | \$ 0.10 | \$ 9,570 | \$ 4,403 | \$ 5,523 | \$ 0.14 | \$ 0.10 | \$ 9,570 | \$ 4,403 | \$ 5,523 | \$ 0.14 | \$ 0.10 | \$ 9,570 | | | |
| HMP - Enrolled | \$ 3,071.1 | \$ 3,316 | \$ 0.12 | \$ 0.56 | \$ 134.55 | \$ 2.22 | \$ 0.23 | \$ 0.01 | \$ 0.04 | \$ 0.04 | \$ 0.04 | \$ 2.50 | \$ 0.06 | \$ 0.01 | \$ 0.00 | \$ 0.00 | \$ 0.07 | \$ 0.06 | \$ 0.01 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.01 | \$ 0.01 | \$ 0.07 | \$ 0.00 | \$ 0.00 | | | |
| HMP - Enrolled - F - 19 - 20 | 28,48 | 2,25 | - | 3.24 | 33,97 | 2.07 | 0.16 | - | 0.24 | 2,47 | 0.00 | 2,47 | 0.06 | 0.01 | - | 0.01 | 0.07 | 0.06 | 0.01 | - | 0.01 | 0.00 | 0.01 | 0.01 | 0.07 | 0.00 | 0.00 | | | |
| HMP - Enrolled - F - 21 - 25 | 32,37 | 1,98 | - | 15.79 | 50.14 | 2.35 | 0.14 | - | 1.14 | 3.03 | 0.05 | 3.03 | 0.05 | - | - | 0.02 | 0.07 | 0.05 | - | - | 0.02 | 0.00 | 0.01 | 0.02 | 0.07 | 0.00 | 0.00 | | | |
| HMP - Enrolled - F - 40 - 49 | 1,193 | 1,93 | - | 9.40 | 32.43 | 1.53 | 0.14 | - | 0.88 | 2.35 | 0.05 | 2.35 | 0.05 | - | - | 0.02 | 0.07 | 0.05 | - | - | 0.02 | 0.00 | 0.01 | 0.02 | 0.07 | 0.00 | 0.00 | | | |
| HMP - Enrolled - F - 50 - 64 | 26,49 | 4,82 | 1,20 | 1.40 | 33,91 | 1.92 | 0.35 | 0.09 | 0.10 | 2.46 | 0.06 | 0.01 | 0.06 | 0.01 | - | 0.01 | 0.07 | 0.06 | 0.01 | - | 0.01 | 0.00 | 0.01 | 0.07 | 0.00 | 0.00 | | | | |
| HMP - Enrolled - M - 21 - 25 | 32,69 | 3,96 | - | 5.38 | 42,03 | 2.36 | 0.29 | - | 0.39 | 3.04 | 0.05 | 3.04 | 0.05 | 0.01 | - | 0.01 | 0.07 | 0.05 | 0.01 | - | 0.01 | 0.00 | 0.01 | 0.07 | 0.00 | 0.00 | | | | |
| HMP - Enrolled - M - 40 - 49 | 32,61 | 2,86 | - | 18.93 | 58.19 | 2.34 | 0.27 | - | 1.37 | 3.54 | 0.03 | 3.54 | 0.03 | 0.01 | - | 0.01 | 0.05 | 0.03 | 0.01 | - | 0.01 | 0.00 | 0.01 | 0.05 | 0.00 | 0.00 | | | | |
| HMP - Enrolled - M - 50 - 64 | 23,56 | 2,30 | - | 23.13 | 48.89 | 1.70 | 0.17 | - | 1.68 | 3.55 | 0.04 | 3.55 | 0.04 | - | - | 0.03 | 0.07 | 0.04 | - | - | 0.03 | 0.00 | 0.01 | 0.05 | 0.00 | 0.00 | | | | |
| Subtotal HMP - Enrolled | \$ 31,200 | \$ 2,69 | \$ 0.04 | \$ 18.35 | \$ 52,28 | \$ 2,227 | \$ 0.19 | \$ 0.00 | \$ 1.33 | \$ 3,379 | \$ 0.00 | \$ 3,379 | \$ 0.05 | \$ 0.00 | \$ 0.00 | \$ 0.02 | \$ 0.07 | \$ 0.05 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.01 | \$ 0.01 | \$ 0.02 | \$ 0.07 | \$ 0.00 | \$ 0.00 | | | |
| HMP - Unenrolled | \$ 3,437 | \$ 14,79 | \$ 1.10 | \$ 0.63 | \$ 51.49 | \$ 2.53 | \$ 1.07 | \$ 0.08 | \$ 0.05 | \$ 3.73 | \$ 0.04 | \$ 3.73 | \$ 0.04 | \$ 0.01 | \$ 0.00 | \$ 0.00 | \$ 0.05 | \$ 0.04 | \$ 0.01 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.01 | \$ 0.01 | \$ 0.05 | \$ 0.00 | \$ 0.00 | | | |
| HMP - Unenrolled - F - 19 - 20 | 17,64 | 3,62 | - | 2.11 | 23,37 | 1.28 | 0.26 | - | 0.15 | 1.69 | 0.04 | 1.69 | 0.04 | 0.01 | - | 0.01 | 0.05 | 0.04 | 0.01 | - | 0.01 | 0.00 | 0.01 | 0.01 | 0.05 | 0.00 | 0.00 | | | |
| HMP - Unenrolled - F - 21 - 25 | 17,63 | 2,40 | - | 4.87 | 25.10 | 1.30 | 0.17 | - | 0.35 | 1.82 | 0.04 | 1.82 | 0.04</ | | | | | | | | | | | | | | | | | |

Appendix 5: Summary of Capitation Rate Components

| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Table 1: Behavioral Health Capitation Rates by Region, Plan Type, and Enrollment Status | | | | | | | | | | | | | | | | |
|---|-----------|---------------------------------|--------------------|--------------------------------|-------------------------------------|----------------------|----------------------------------|-------------------------------|--------------------------|--------------------|-------------------|---|---------------------------|-------------------|----------|-------|
| Region | Plan Type | Enrollment Status | Projected Exposure | Base Benefit Expense | Withholds, and Administrative Costs | Administrative Costs | Administrative Eligibility Ratio | Provider Insurance Assessment | Reimbursement Adjustment | Hospital Incentive | Quality Incentive | SPY 2024 April Amended Capitation Rates | SPY 2025 Capitation Rates | Percentage Change | | |
| DAB | Enrolled | DAB - Enrolled - F - 0 - 5 | 61,195 | \$33.33 | \$0.83 | \$8.74 | \$20.68 | \$0.08 | \$1.20 | \$28.57 | \$0.00 | \$300.77 | \$443.43 | 34.1% | | |
| | | DAB - Enrolled - F - 6 - 18 | 228,611 | 309.88 | 0.83 | 8.74 | 16.81 | 0.07 | 1.20 | 28.57 | - | 337.47 | 366.10 | 18.1% | | |
| | | DAB - Enrolled - F - 19 - 20 | 1,150,508 | 3,765.25 | 0.83 | 8.74 | 20.25 | 0.08 | 1.20 | 28.57 | - | 4,173.36 | 4,344.92 | 4.2% | | |
| | | DAB - Enrolled - F - 21 - 25 | 163,508 | 681.41 | 0.83 | 8.74 | 35.31 | 0.14 | 1.20 | 28.57 | - | 666.87 | 726.20 | 12.1% | | |
| | | DAB - Enrolled - F - 26 - 39 | 372,619 | 203.98 | 0.83 | 8.74 | 12.82 | 0.08 | 1.20 | 28.57 | - | 245.92 | 266.00 | 11.6% | | |
| | | DAB - Enrolled - F - 40 - 64 | 156,579 | 78.48 | 0.83 | 8.74 | 4.64 | 0.02 | 1.20 | 28.57 | - | 108.77 | 122.48 | 12.8% | | |
| | | DAB - Enrolled - M - 0 - 5 | 810.50 | 810.50 | 0.83 | 8.74 | 43.14 | 0.17 | 1.20 | 28.57 | - | 894.83 | 892.75 | -0.2% | | |
| | | DAB - Enrolled - M - 6 - 18 | 53,910 | 316.11 | 0.83 | 8.74 | 17.14 | 0.07 | 1.20 | 28.57 | - | 314.43 | 313.60 | -0.3% | | |
| | | DAB - Enrolled - M - 19 - 20 | 98,832 | 501.76 | 0.83 | 8.74 | 26.81 | 0.11 | 1.20 | 28.57 | - | 570.71 | 568.12 | -0.4% | | |
| | | DAB - Enrolled - M - 21 - 25 | 218,052 | 646.37 | 0.83 | 8.74 | 45.97 | 0.18 | 1.20 | 28.57 | - | 641.60 | 631.57 | -1.6% | | |
| | | DAB - Enrolled - M - 26 - 39 | 344,249 | 282.12 | 0.83 | 8.74 | 14.30 | 0.06 | 1.20 | 28.57 | - | 277.58 | 315.82 | 13.8% | | |
| | | DAB - Enrolled - M - 40 - 64 | 107,065 | 121.90 | 0.83 | 8.74 | 6.92 | 0.03 | 1.20 | 28.57 | - | 149.35 | 168.19 | 12.6% | | |
| | | Subtotal DAB - Enrolled | | | 2,577,839 | \$400.85 | \$0.83 | \$8.74 | \$21.00 | \$0.09 | \$1.20 | \$28.57 | \$0.00 | \$404.57 | \$461.88 | 14.2% |
| | | DAB | Unenrolled | DAB - Unenrolled - F - 0 - 5 | 10,665 | \$142.92 | 0.78 | \$8.74 | \$8.03 | \$2.89 | \$1.20 | \$29.97 | \$0.00 | \$112.49 | \$187.21 | 66.4% |
| | | | | DAB - Unenrolled - F - 6 - 18 | 26,550 | 208.66 | 0.78 | 8.74 | 11.49 | 0.35 | 1.20 | 29.97 | - | 233.95 | 257.37 | 10.4% |
| | | DAB - Unenrolled - F - 19 - 20 | 35,801 | 0.78 | 8.74 | 26.64 | 0.12 | 1.20 | 29.97 | - | 565.81 | 595.91 | 0.3% | | | |
| | | DAB - Unenrolled - F - 21 - 25 | 113,340 | 781.64 | 0.78 | 8.74 | 42.17 | 0.14 | 1.20 | 29.97 | - | 760.76 | 881.53 | 12.9% | | |
| | | DAB - Unenrolled - F - 26 - 39 | 423,294 | 371.78 | 0.78 | 8.74 | 20.06 | 0.72 | 1.20 | 29.97 | - | 413.74 | 432.14 | 4.4% | | |
| | | DAB - Unenrolled - F - 40 - 64 | 1,003,099 | 128.73 | 0.78 | 8.74 | 7.29 | 2.44 | 1.20 | 29.97 | - | 160.04 | 172.02 | 7.9% | | |
| | | DAB - Unenrolled - M - 0 - 5 | 83,292 | 312.00 | 0.78 | 8.74 | 16.98 | 0.69 | 1.20 | 29.97 | - | 238.86 | 308.02 | 27.8% | | |
| | | DAB - Unenrolled - M - 6 - 18 | 34,074 | 203.92 | 0.78 | 8.74 | 15.97 | 0.36 | 1.20 | 29.97 | - | 321.42 | 348.82 | 8.5% | | |
| | | DAB - Unenrolled - M - 19 - 20 | 53,026 | 634.31 | 0.78 | 8.74 | 33.88 | 0.19 | 1.20 | 29.97 | - | 678.97 | 713.13 | 5.0% | | |
| | | DAB - Unenrolled - M - 21 - 25 | 129,230 | 862.15 | 0.78 | 8.74 | 45.35 | 0.22 | 1.20 | 29.97 | - | 849.81 | 948.29 | 11.9% | | |
| | | DAB - Unenrolled - M - 26 - 39 | 307,026 | 681.43 | 0.78 | 8.74 | 35.32 | 1.65 | 1.20 | 29.97 | - | 700.12 | 742.17 | 6.0% | | |
| | | DAB - Unenrolled - M - 40 - 64 | 62,852 | 201.28 | 0.78 | 8.74 | 12.68 | 0.28 | 1.20 | 29.97 | - | 324.90 | 351.00 | 8.6% | | |
| Subtotal DAB - Unenrolled | | | 3,210,947 | \$360.46 | \$0.78 | \$8.74 | \$19.74 | \$0.82 | \$1.20 | \$29.97 | \$0.00 | \$392.51 | \$423.41 | 8.3% | | |
| HMP | Enrolled | HMP - Enrolled - F - 0 - 5 | 216,565 | \$34.92 | \$0.07 | \$0.00 | \$3.93 | \$0.01 | \$1.20 | \$14.13 | \$0.00 | \$468.07 | \$525.85 | 50.3% | | |
| | | HMP - Enrolled - F - 6 - 18 | 446,159 | 52.47 | 0.07 | 0.00 | 3.67 | 0.02 | 1.20 | 14.13 | - | 411.00 | 511.85 | 24.2% | | |
| | | HMP - Enrolled - F - 19 - 20 | 1,121,118 | 50.14 | 0.07 | 0.00 | 3.63 | 0.02 | 1.20 | 14.13 | - | 69.19 | 54.59 | -26.7% | | |
| | | HMP - Enrolled - F - 21 - 25 | 610,097 | 50.90 | 0.07 | 0.00 | 3.89 | 0.02 | 1.20 | 14.13 | - | 54.84 | 70.01 | 27.7% | | |
| | | HMP - Enrolled - F - 26 - 39 | 2,017,598 | 33.91 | 0.07 | 0.00 | 2.48 | 0.01 | 1.20 | 14.13 | - | 41.38 | 51.78 | 25.1% | | |
| | | HMP - Enrolled - M - 0 - 5 | 445,140 | 42.03 | 0.07 | 0.00 | 3.04 | 0.02 | 1.20 | 14.13 | - | 48.46 | 60.49 | 24.8% | | |
| | | HMP - Enrolled - M - 6 - 18 | 1,238,878 | 71.35 | 0.07 | 0.00 | 5.99 | 0.03 | 1.20 | 14.13 | - | 76.80 | 95.24 | 25.9% | | |
| | | HMP - Enrolled - M - 19 - 20 | 900,343 | 48.99 | 0.07 | 0.00 | 3.35 | 0.02 | 1.20 | 14.13 | - | 52.12 | 67.95 | 30.2% | | |
| | | Subtotal HMP - Enrolled | | | 6,880,527 | \$32.28 | \$0.07 | \$0.00 | \$3.79 | \$0.02 | \$1.20 | \$14.13 | \$0.00 | \$66.02 | \$71.49 | 27.6% |
| | | HMP | Unenrolled | HMP - Unenrolled - F - 0 - 5 | 63,132 | \$1.49 | \$0.05 | \$0.00 | \$3.73 | \$1.78 | \$1.20 | \$10.92 | \$0.00 | \$40.46 | \$69.17 | 71.0% |
| | | | | HMP - Unenrolled - F - 6 - 18 | 143,020 | 23.37 | 0.05 | 0.00 | 1.89 | 0.81 | 1.20 | 10.92 | - | 27.08 | 38.04 | 40.9% |
| | | | | HMP - Unenrolled - F - 19 - 20 | 1,121,118 | 28.83 | 0.05 | 0.00 | 2.09 | 1.00 | 1.20 | 10.92 | - | 33.53 | 44.09 | 31.5% |
| | | | | HMP - Unenrolled - F - 21 - 25 | 610,097 | 26.21 | 0.05 | 0.00 | 1.48 | 0.71 | 1.20 | 10.92 | - | 26.07 | 34.77 | 33.4% |
| | | | | HMP - Unenrolled - F - 26 - 39 | 2,017,598 | 16.11 | 0.05 | 0.00 | 4.50 | 2.15 | 1.20 | 10.92 | - | 51.65 | 80.93 | 56.7% |
| | | | | HMP - Unenrolled - M - 0 - 5 | 445,140 | 58.19 | 0.05 | 0.00 | 2.01 | 2.01 | 1.20 | 10.92 | - | 63.26 | 76.58 | 21.9% |
| | | HMP - Unenrolled - M - 6 - 18 | 1,144,763 | 54.40 | 0.05 | 0.00 | 3.94 | 1.88 | 1.20 | 10.92 | - | 57.24 | 72.39 | 26.9% | | |
| | | HMP - Unenrolled - M - 19 - 20 | 900,343 | 39.90 | 0.05 | 0.00 | 3.29 | 1.54 | 1.20 | 10.92 | - | 43.08 | 55.00 | 28.2% | | |
| | | HMP - Unenrolled - M - 21 - 25 | 1,834,242 | 39.86 | 0.05 | 0.00 | 2.60 | 1.34 | 1.20 | 10.92 | - | 49.00 | 64.90 | 26.1% | | |
| | | HMP - Unenrolled - M - 26 - 39 | 1,678,140 | 37.90 | 0.05 | 0.00 | 1.51 | 0.91 | 1.20 | 10.92 | - | 33.74 | 43.95 | 40.3% | | |
| | | HMP - Unenrolled - M - 40 - 64 | 2,071,650 | 36.00 | 0.05 | 0.00 | 1.91 | 0.91 | 1.20 | 10.92 | - | 37.85 | 41.89 | 10.7% | | |
| Subtotal HMP - Unenrolled | | | 13,942,624 | \$30.86 | \$0.05 | \$0.00 | \$2.60 | \$1.34 | \$1.20 | \$10.92 | \$0.00 | \$40.81 | \$48.32 | 19.0% | | |
| TANF | Enrolled | TANF - Enrolled - F - 0 - 5 | 1,678,140 | \$7.90 | \$0.09 | \$1.06 | \$1.51 | \$0.01 | \$1.20 | \$6.52 | \$0.00 | \$33.74 | \$33.85 | 0.3% | | |
| | | TANF - Enrolled - F - 6 - 18 | 2,071,650 | 36.00 | 0.09 | 1.06 | 1.91 | 0.01 | 1.20 | 2.62 | - | 37.85 | 41.89 | 10.7% | | |
| | | TANF - Enrolled - F - 19 - 20 | 10,807 | 26.32 | 0.09 | 1.06 | 1.45 | 0.01 | 1.20 | 2.62 | - | 35.27 | 32.75 | -7.1% | | |
| | | TANF - Enrolled - F - 21 - 25 | 306,146 | 33.04 | 0.09 | 1.06 | 1.80 | 0.01 | 1.20 | 2.62 | - | 31.09 | 38.82 | 28.1% | | |
| | | TANF - Enrolled - F - 26 - 39 | 4,899,047 | 36.00 | 0.09 | 1.06 | 1.95 | 0.01 | 1.20 | 2.62 | - | 37.54 | 42.93 | 14.4% | | |
| | | TANF - Enrolled - M - 0 - 5 | 121,061 | 27.19 | 0.09 | 1.06 | 1.49 | 0.01 | 1.20 | 2.62 | - | 26.18 | 33.66 | 28.8% | | |
| | | TANF - Enrolled - M - 6 - 18 | 1,530,250 | 74.53 | 0.09 | 1.06 | 3.99 | 0.02 | 1.20 | 2.62 | - | 69.98 | 83.91 | 30.2% | | |
| | | TANF - Enrolled - M - 19 - 20 | 2,988,030 | 46.05 | 0.09 | 1.06 | 2.38 | 0.01 | 1.20 | 2.62 | - | 45.26 | 51.42 | 13.8% | | |
| | | TANF - Enrolled - M - 21 - 25 | 58,661 | 28.13 | 0.09 | 1.06 | 1.54 | 0.01 | 1.20 | 2.62 | - | 31.37 | 34.65 | 10.9% | | |
| | | TANF - Enrolled - M - 26 - 39 | 309,734 | 31.32 | 0.09 | 1.06 | 1.71 | 0.01 | 1.20 | 2.62 | - | 37.26 | 38.01 | 2.0% | | |
| | | TANF - Enrolled - M - 40 - 64 | 212,258 | 29.54 | 0.09 | 1.06 | 1.61 | 0.01 | 1.20 | 2.62 | - | 30.74 | 38.13 | 17.8% | | |
| | | TANF - Enrolled - M - 50 - 64 | 102,327 | 24.72 | 0.09 | 1.06 | 1.32 | 0.01 | 1.20 | 2.62 | - | 27.39 | 34.04 | 23.9% | | |
| | | Subtotal TANF - Enrolled | | | 12,232,243 | \$44.11 | \$0.09 | \$1.06 | \$2.23 | \$0.01 | \$1.20 | \$2.62 | \$0.00 | \$40.81 | \$48.32 | 19.0% |
| | | TANF | Unenrolled | TANF - Unenrolled - F - 0 - 5 | 275,944 | \$11.91 | \$0.05 | \$1.06 | \$0.69 | \$0.26 | \$1.20 | \$1.32 | \$0.00 | \$12.36 | \$16.51 | 33.8% |
| | | | | TANF - Unenrolled - F - 6 - 18 | 635,733 | 23.30 | 0.05 | 1.06 | 1.29 | 0.53 | 1.20 | 1.32 | - | 26.54 | 28.75 | 8.3% |
| | | TANF - Unenrolled - F - 19 - 20 | 32,927 | 13.85 | 0.05 | 1.06 | 0.79 | 0.32 | 1.20 | 1.32 | - | 17.59 | 18.89 | 5.7% | | |
| | | TANF - Unenrolled - F - 21 - 25 | 1,150,508 | 37.86 | 0.05 | 1.06 | 2.05 | 0.86 | 1.20 | 1.32 | - | 25.53 | 31.92 | 15.9% | | |
| | | TANF - Unenrolled - F - 26 - 39 | 3,226,617 | 37.86 | 0.05 | 1.06 | 2.05 | 0.86 | 1.20 | 1.32 | - | 25.53 | 44.00 | 73.9% | | |
| | | TANF - Unenrolled - M - 0 - 5 | 103,154 | 18.92 | 0.05 | 1.06 | 0.43 | 0.20 | 1.20 | 1.32 | - | 21.51 | 24.04 | 11.8% | | |
| | | TANF - Unenrolled - M - 6 - 18 | 26,452 | 19.83 | 0.05 | 1.06 | 1.09 | 0.45 | 1.20 | 1.32 | - | 24.30 | 24.80 | 2.1% | | |
| | | TANF - Unenrolled - M - 19 - 20 | 299,479 | 27.50 | 0.05 | 1.06 | 1.50 | 0.62 | 1.20 | 1.32 | - | 25.48 | 33.25 | 30.9% | | |
| | | TANF - Unenrolled - M - 21 - 25 | 639,694 | 26.62 | 0.05 | 1.06 | 1.45 | 0.60 | 1.20 | 1.32 | - | 30.21 | 32.30 | 6.9% | | |
| | | TANF - Unenrolled - M - 26 - 39 | 1,037,616 | 22.82 | 0.05 | 1.06 | 1.24 | 0.91 | 1.20 | 1.32 | - | 39.97 | 27.90 | -30.2% | | |
| | | TANF - Unenrolled - M - 40 - 64 | 73,961 | 19.33 | 0.05 | 1.06 | 0.44 | 0.44 | 1.20 | 1.32 | - | 20.31 | 24.48 | 20.5% | | |
| | | TANF - Unenrolled - M - 50 - 64 | 47,296 | 16.46 | 0.05 | 1.06 | 0.92 | 0.38 | 1.20 | 1.32 | - | 17.02 | 21.39 | 25.7% | | |
| | | TANF - Unenrolled - M - 65+ | 2,030 | 5.23 | 0.05 | 1.06 | 0.34 | 0.14 | 1.20 | 1.32 | - | 7.93 | 9.34 | 17.8% | | |
| Subtotal TANF - Unenrolled | | | 2,615,842 | \$24.41 | \$0.05 | \$1.06 | \$1.34 | \$0.56 | \$1.20 | \$1.32 | \$0.00 | \$24.56 | \$29.94 | 21.9% | | |
| HSW | Other | HSW - Other | 483 | \$4,021.13 | \$0.00 | \$0.00 | \$211.63 | \$1.10 | \$0.00 | \$0.00 | \$0.00 | \$3,797.79 | \$4,233.86 | 11.8% | | |
| | | HSW - PRFH | 23,654 | 4,498.37 | - | - | 238.80 | 1.23 | - | - | - | 4,866.74 | | | | |

Appendix 6: Adjustment Factor Impact

| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Capitation Rate Impacts | | | | | | | | | | |
|---|---------------|--|------------------|----------|----------|----------|---------|--------|------------|-------|
| Adjustment | Type | Group | Composite Impact | | | | | | SED | Total |
| | | | DAB | TANF | HMP | HSW | CWP | SED | | |
| Base Data | | | \$ 1,975.4 | \$ 476.5 | \$ 423.4 | \$ 508.7 | \$ 12.7 | \$ 6.7 | \$ 3,403.3 | |
| EQI Repricing - Utilization | Retrospective | EQI - Utilization | 53.8 | 30.3 | 18.4 | 19.9 | 0.1 | 0.3 | 122.9 | |
| EQI Repricing - Unit Cost | Retrospective | EQI - Cost | 82.3 | 32.1 | 19.7 | 8.2 | 1.0 | 1.3 | 144.6 | |
| IMD Adjustment | Retrospective | Policy and Program Changes - Utilization | (13.5) | (1.7) | (12.0) | (0.0) | 0.0 | 0.0 | (27.3) | |
| Mild-to-Moderate Removal | Retrospective | Policy and Program Changes - Utilization | (34.7) | (10.7) | (18.5) | 0.0 | 0.0 | 0.0 | (64.0) | |
| DCW Removal | Retrospective | Policy and Program Changes - Cost | (140.8) | (5.1) | (6.6) | (64.8) | (1.5) | (0.2) | (219.0) | |
| Projected Base | | | (257.9) | (88.0) | (128.3) | (27.7) | 1.0 | 1.2 | (474.7) | |
| Trend Adjustment - Utilization | Prospective | Trend - Utilization | 87.9 | 58.2 | 30.5 | 9.1 | 0.3 | 0.2 | 186.0 | |
| Trend Adjustment - Unit Cost | Prospective | Trend - Cost | 144.0 | 40.4 | 26.8 | 39.3 | 1.1 | 0.8 | 252.5 | |
| Acuity Adjustment | Prospective | Policy and Program Changes - Utilization | 160.4 | 62.3 | 83.1 | 0.0 | 0.0 | 0.0 | 305.7 | |
| 1915(c) Waiver Adjustment | Prospective | Policy and Program Changes - Utilization | 10.6 | 1.4 | 0.0 | 0.7 | 2.8 | (6.8) | 8.7 | |
| Methadone Unit Cost | Prospective | Policy and Program Changes - Cost | 0.7 | 1.5 | 3.0 | 0.0 | 0.0 | 0.0 | 5.2 | |
| ABA Legislative Repricing (97153) | Prospective | Policy and Program Changes - Cost | (0.6) | (0.3) | 0.0 | 0.0 | 0.0 | 0.0 | (0.8) | |
| DCW Add Back | Prospective | Policy and Program Changes - Cost | 230.5 | 8.2 | 10.5 | 107.3 | 3.4 | 0.8 | 360.7 | |
| CCBHC Fee Schedule | Prospective | Policy and Program Changes - Cost | (91.1) | (38.2) | (28.5) | 0.0 | 0.0 | 0.0 | (155.9) | |
| Private Duty Nursing - Unit Cost | Prospective | Policy and Program Changes - Cost | 0.0 | 0.0 | 0.0 | 1.7 | 0.0 | 0.0 | 1.7 | |
| Fixed Admin | Add-On | | 50.6 | 15.7 | 0.0 | 0.0 | 0.0 | 0.0 | 66.3 | |
| Incentives, Withholds, Bonuses | Add-On | | 4.6 | 1.2 | 0.6 | 0.0 | 0.0 | 0.0 | 6.4 | |
| Variable Admin | Add-On | | 119.1 | 30.7 | 30.7 | 33.0 | 1.1 | 0.2 | 214.8 | |
| Cap to Elig Ratio | Add-On | | 21.5 | 1.6 | 2.3 | 0.2 | 0.0 | 0.0 | 25.6 | |
| IPA | Add-On | | 6.9 | 17.8 | 10.2 | 0.0 | 0.0 | 0.0 | 35.0 | |
| HRA | Add-On | | 147.1 | 35.5 | 115.2 | 0.0 | 0.0 | 0.0 | 297.8 | |
| Capitation Rate Expenditures | | | 2,556.6 | 689.4 | 582.3 | 660.6 | 22.1 | 4.4 | 4,495.5 | |

Note: Capitation Rate Expenditures are calculated using projected enrollment. They are for illustrative purposes only and should not be relied upon for budgetary purposes.

Appendix 7: Trend Development

| Month | Nationwide Health Employees | |
|---|-----------------------------|------------------------------------|
| | Average Hourly Earnings | Month over Month Percentage Change |
| 4/1/2021 | \$ 29.63 | 0.5% |
| 5/1/2021 | 29.75 | 0.4% |
| 6/1/2021 | 29.86 | 0.4% |
| 7/1/2021 | 30.01 | 0.5% |
| 8/1/2021 | 30.16 | 0.5% |
| 9/1/2021 | 30.56 | 1.3% |
| 10/1/2021 | 30.74 | 0.6% |
| 11/1/2021 | 30.85 | 0.4% |
| 12/1/2021 | 31.03 | 0.6% |
| 1/1/2022 | 31.27 | 0.8% |
| 2/1/2022 | 31.36 | 0.3% |
| 3/1/2022 | 31.45 | 0.3% |
| 4/1/2022 | 31.51 | 0.2% |
| 5/1/2022 | 31.67 | 0.5% |
| 6/1/2022 | 31.84 | 0.5% |
| 7/1/2022 | 32.04 | 0.6% |
| 8/1/2022 | 32.10 | 0.2% |
| 9/1/2022 | 32.12 | 0.1% |
| 10/1/2022 | 32.30 | 0.6% |
| 11/1/2022 | 32.45 | 0.5% |
| 12/1/2022 | 32.55 | 0.3% |
| 1/1/2023 | 32.65 | 0.3% |
| 2/1/2023 | 32.68 | 0.1% |
| 3/1/2023 | 32.89 | 0.6% |
| 4/1/2023 | 32.96 | 0.2% |
| 5/1/2023 | 33.04 | 0.2% |
| 6/1/2023 | 33.13 | 0.3% |
| 7/1/2023 | 33.24 | 0.3% |
| 8/1/2023 | 33.32 | 0.2% |
| 9/1/2023 | 33.48 | 0.5% |
| 10/1/2023 | 33.56 | 0.2% |
| 11/1/2023 | 33.58 | 0.1% |
| 12/1/2023 | 33.64 | 0.2% |
| 1/1/2024 | 33.76 | 0.4% |
| 2/1/2024 | 33.84 | 0.2% |
| 3/1/2024 | 33.83 | 0.0% |
| January 2022 - July 2023 Annualized Trend: | 4.6% | |
| July 2023 - January 2024 Annualized Trend: | 3.1% | |
| Blended Annualized Unit Cost Trend | 3.9% | |

Notes: Average Hourly Earnings are from Federal Reserve Economic Data - All Employees, Education and Health Services
 FRED Source - <https://fred.stlouisfed.org/series/CES650000003>
 Blended Annualized Unit Cost Trend is an equal weighting of the January 2022 - July 2023 Annualized Trend and July 2023 - January 2024 Annualized Trend

| Provider Modifier | Provider Grouping Description | Wages | | Year-over-Year Change |
|-------------------|----------------------------------|--------------|--------------|-----------------------|
| | | January 2023 | January 2024 | |
| AE | Dietician | \$ 27.12 | \$ 29.55 | 9.0% |
| AF | Specialty Physician | 170.83 | 137.15 | -19.7% |
| AG | Physician | 115.05 | 109.11 | -5.2% |
| AH | Clinical Psychologist | 39.85 | 36.47 | -8.5% |
| CO | Occupational Therapist Assistant | 24.57 | 27.16 | 10.5% |
| CQ | Physical Therapist Assistant | 29.12 | 29.83 | 2.4% |
| HM | Less Than Bachelor's Level | 16.17 | 16.83 | 4.7% |
| HN | Bachelor's Level | 22.98 | 23.78 | 3.5% |
| HO | Master's Level | 29.46 | 30.51 | 3.6% |
| HP | Doctoral Level | 45.29 | 54.61 | 20.6% |
| SA | Physician Assistant | 59.39 | 59.55 | 0.3% |
| TD | Registered Nurse | 35.00 | 36.24 | 3.5% |
| TE | Licensed Practical Nurse | 27.00 | 30.00 | 11.1% |
| WP | Trained Parent | 16.00 | 17.44 | 9.0% |
| WR | Independent Facilitator | 12.10 | 22.69 | 87.5% |
| WR | Peer Recovery Coach | 17.10 | 18.36 | 7.3% |
| WS | Caregiver | 17.60 | 18.36 | 4.3% |
| WT | Youth Peer Specialist | 16.73 | 17.45 | 4.3% |
| WU | DD Peer Mentor | 16.86 | 18.21 | 8.0% |
| Composite | | \$ 18.61 | \$ 19.39 | 4.2% |

| Benefit | Annual Trends | | |
|--------------|-----------------|-------------------|------------|
| | Unit Cost Trend | Utilization Trend | PMPM Trend |
| DAB-AUT | -4.0% | 6.7% | 11.0% |
| DAB-MHSP | 4.0% | 1.0% | 5.0% |
| DAB-1915(i) | 4.0% | 3.3% | 7.5% |
| DAB-SA | 4.0% | 6.7% | 11.0% |
| HMP-AUT | 4.0% | 11.5% | 16.0% |
| HMP-MHSP | 4.0% | 4.3% | 8.5% |
| HMP-1915(i) | 4.0% | 6.7% | 11.0% |
| HMP-SA | 4.0% | 11.5% | 16.0% |
| TANF-AUT | 4.0% | 4.3% | 8.5% |
| TANF-MHSP | 4.0% | 11.5% | 16.0% |
| TANF-1915(i) | 4.0% | 4.3% | 8.5% |
| TANF-SA | 4.0% | 6.7% | 11.0% |
| HSW | 4.0% | 1.0% | 5.0% |
| CWP | 4.0% | 1.0% | 5.0% |
| CWP | 4.0% | 1.0% | 5.0% |

Appendix 8: CCBHC Supplemental Expenditure Development

| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 8A - CCBHC Supplemental Expenditure Development - Cohort 1 | | | | | | | | | |
|---|---------------------------------|--|---|---|---|--|---|--|--|
| CCBHC | Included Within Base Capitation | PPS-1 Rate Development | | CCBHC Supplemental Cost per Day | | Daily Visits | | Projected SFY 2025 CCBHC Supplemental Funding to be Paid Through Supplemental Capitation [N] = 100% * ([J] + [M]) + [L] | Projected SFY 2025 CCBHC Supplemental Funding to be Paid Through Supplemental Capitation [N] = 100% * ([J] + [M]) + [L] |
| | | Projected SFY 2025 Composite Cost per Daily Visit [B] | Projected SFY 2025 PPS-1 Rate [C] = [B] * 106.3% | SFY 2025 CCBHC PPS-1 Rate [C] = [B] * 106.3% | SFY 2025 CCBHC PPS-1 Rate [C] = [B] * 106.3% | SFY 2025 Mild-to-Moderate [D] = [C] | SFY 2025 SMI/SED/SUD [E] = MAX([C], [A]) | | |
| Muskegon County CMH | PHHP | \$ 195.04 | \$ 435.17 | \$ 462.59 | \$ 462.59 | 15,378 | 42,268 | | |
| West Michigan CMH | Lakeshore | 157.82 | 304.41 | 323.59 | 323.59 | 7,585 | 31,702 | | |
| Kalamazoo County CMH | Southwest | 187.62 | 345.72 | 367.50 | 367.50 | 11,476 | 86,685 | | |
| St. Joseph CMH | Southwest | 156.05 | 343.02 | 364.63 | 364.63 | 10,842 | 23,471 | | |
| CEI CMH | Mid-State | 197.42 | 468.98 | 498.53 | 498.53 | 33,901 | 77,124 | | |
| Ionia CMH | Mid-State | 207.87 | 296.20 | 314.86 | 314.86 | 11,659 | 18,505 | | |
| Saginaw CMH | Mid-State | 223.88 | 305.46 | 324.70 | 324.70 | 9,622 | 82,679 | | |
| Washenaw CMH | Southeast | 181.95 | 426.62 | 453.50 | 453.50 | 18,029 | 45,542 | | |
| Macomb County CMH | Macomb | 218.16 | 340.73 | 340.73 | 340.73 | 122.57 | 97,827 | | |
| St. Clair CMH | Region 10 | 175.49 | 265.87 | 282.62 | 282.62 | 107.13 | 65,009 | | |
| CNS Healthcare | Oakland | 127.36 | 348.11 | 370.04 | 370.04 | 242.68 | 70,768 | | |
| Easter Seals | Oakland | 197.55 | 355.94 | 378.36 | 378.36 | 180.81 | 136,843 | | |
| The Guidance Center | Detroit | 222.25 | 447.31 | 475.49 | 475.49 | 253.23 | 55,669 | | |
| Composite | | \$ 192.08 | \$ 359.48 | \$ 382.13 | \$ 385.00 | 205,608 | 834,092 | | |
| CCBHC Supplemental Service Expenditures | | | | | | | | | |
| CCBHC | PHHP | Projected SFY 2025 Mild-to-Moderate | Projected SFY 2025 SMI/SED/SUD | Projected SFY 2025 Total | Projected SFY 2025 Mild-to-Moderate | Projected SFY 2025 SMI/SED/SUD | Projected SFY 2025 PPHP Admin (1%) | Projected SFY 2025 Quality Bonus (5%) | Projected SFY 2025 CCBHC Supplemental Funding to be Paid Through Supplemental Capitation |
| | | [H] = [C] * [F] | [I] = [E] * [G] | [J] = [H] + [I] | [K] = [C] * [F] + [G] | [L] = [K] / (100% - 1%) - [K] | [M] = [K] / (100% - 5%) - [K] | [N] = 100% * ([J] + [M]) + [L] | |
| Muskegon County CMH | Lakeshore | \$ 7,113,709 | \$ 11,308,803 | \$ 18,422,512 | \$ 26,666,463 | \$ 269,358 | \$ 1,403,498 | \$ 20,095,368 | |
| West Michigan CMH | Lakeshore | 2,454,430 | 5,255,241 | 7,709,671 | 12,712,880 | 128,413 | 669,099 | 8,507,183 | |
| Kalamazoo County CMH | Southwest | 4,217,430 | 15,592,898 | 19,810,328 | 36,074,168 | 364,386 | 1,898,640 | 22,073,354 | |
| St. Joseph CMH | Southwest | 3,953,318 | 4,895,581 | 8,848,899 | 12,511,549 | 126,379 | 658,503 | 9,633,781 | |
| CEI CMH | Mid-State | 16,900,666 | 23,222,808 | 40,123,474 | 55,349,293 | 559,084 | 2,913,121 | 43,595,679 | |
| Ionia CMH | Mid-State | 3,670,953 | 1,979,850 | 5,650,803 | 9,497,437 | 95,934 | 499,865 | 6,246,602 | |
| Saginaw CMH | Mid-State | 3,124,263 | 11,459,960 | 14,584,223 | 29,970,135 | 302,729 | 1,577,376 | 13,340,065 | |
| Washenaw CMH | Southeast | 8,176,152 | 12,366,930 | 20,543,082 | 28,829,449 | 291,207 | 1,517,339 | 22,351,628 | |
| Macomb County CMH | Macomb | 9,900,832 | 11,990,655 | 21,891,487 | 43,233,526 | 436,702 | 2,275,449 | 24,603,738 | |
| St. Clair CMH | Region 10 | 8,427,163 | 6,964,414 | 15,391,577 | 26,900,007 | 270,707 | 1,410,527 | 17,072,811 | |
| CNS Healthcare | Oakland | 1,452,037 | 17,173,978 | 18,626,015 | 27,639,028 | 279,182 | 1,454,686 | 20,359,883 | |
| Easter Seals | Oakland | 6,990,958 | 24,742,563 | 31,733,541 | 58,766,875 | 593,605 | 3,092,993 | 35,420,139 | |
| The Guidance Center | Detroit | 2,776,386 | 14,097,061 | 16,873,447 | 29,246,439 | 285,419 | 1,539,286 | 18,708,152 | |
| Composite | | \$ 79,158,397 | \$ 157,926,499 | \$ 237,084,896 | \$ 397,297,249 | \$ 4,013,105 | \$ 20,910,382 | \$ 262,008,383 | |

Notes:
1. SFY 2025 CCBHC PPS-1 rates were calculated by trending the expenditure amounts obtained through the 2023 CCBHC cost reports to SFY 2025 using a Medicare Economic Index (MEI) factor of 6.3%, which was developed using values and methodology obtained from the CMS Office of the Actuary (OACT) CCBHC MEI calculation tool.

2. SFY 2023 encounter data was filtered as follows in order to develop SFY 2023 proxy daily visit counts for each organization:
a. Included claim lines must be an active encounter submitted by a PHP.
b. Included claim lines must have been incurred during SFY 2023.
c. The claim lines must have a CCBHC as the billing provider NPI, a CCBHC service code, and a corresponding T1040 encounter code as defined in the CCBHC Handbook.
d. The claim originator of the claim line must be the primary CMHSP or PHP a given CCBHC contracts with.
e. Claim lines must not be for a 1915(c) waiver.
f. Claim lines associated with mid-to-moderate daily visits must have received a score of 16 or less on their most recent LOCUS assessment or have a CAFAS score of less than 50.
g. Any claim lines not assigned as mid-to-moderate were considered SMI/SED/SUD.
After limiting encounter data as explained above, proxy daily visit counts were established by obtaining a list of daily visits unique by beneficiary served, CCBHC name, and service date.

3. SFY 2023 CCBHC cost reports were altered to use a federal minimum rate of 15% to calculate indirect costs when the CCBHC elected to use the federal minimum rate on their cost report. This is in accordance with the April 22, 2024, final rule titled [Guidance for Federal Financial Assistance](#).

4. SFY 2023 proxy daily visit counts and emerging SFY 2024 daily visits were used in order to project to SFY 2025.

5. Supplemental capitation payments will fund 100% of CCBHC supplemental service expenditures, projected quality bonus pool expenditures, and PHP administration.

6. SFY 2025 supplemental funding paid through the reconciliation will be equal to each site's actual CCBHC supplemental funding owed (based on actual SFY 2025 daily visits) less what was paid to date.

| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix 8C - CCBHC Supplemental Expenditure Development - SFY 2025 Expansion Sites | | | | | | | | | |
|---|-----------|---|---|--|--|--|---|------------------------------------|------------------------------------|
| CCBHC Cost per Day Included Within Base Capitation | | PPS-1 Rate Development | | | CCBHC Supplemental Cost per Day | | Daily Visits | | |
| CCBHC | PIHP | Projected SFY 2025 Repriced to the CCBHC Fee Schedule [A] | SFY 2023 CCBHC Composite Cost per Daily Visit [B] | SFY 2025 CCBHC PPS-1 Rate [C] = [B] * 106.3% | SFY 2025 Mild-to-Moderate [D] = [C] | SFY 2025 SMI/SED/SUD [E] = MAX(0, [C] - [A]) | Projected SFY 2025 Mild-to-Moderate [F] | Projected SFY 2025 SMI/SED/SUD [G] | Projected SFY 2025 SMI/SED/SUD [G] |
| Van Buren CMH | Southwest | \$ 183.01 | \$ 323.33 | \$ 343.70 | \$ 343.70 | \$ 160.69 | 4,429 | 20,104 | 20,104 |
| Hegira Health | Detroit | 214.24 | 274.41 | 291.70 | 291.70 | 77.46 | 22,762 | 103,322 | 103,322 |
| Easter Seals | Macomb | 189.67 | 323.87 | 344.27 | 344.27 | 154.60 | 11,029 | 50,062 | 50,062 |
| Composite | | \$ 203.53 | \$ 294.35 | \$ 312.89 | \$ 312.90 | \$ 109.36 | 38,220 | 173,488 | 173,488 |
| CCBHC Supplemental Service Expenditures | | | | | | | | | |
| | | Projected SFY 2025 Mild-to-Moderate [H] = [C] * [F] | Projected SFY 2025 SMI/SED/SUD [I] = [E] * [G] | Projected SFY 2025 Total [J] = [H] + [I] | PPS-1 Expenditures [K] = [C] * ([F] + [G]) | Additional CCBHC Demonstration Compensation [L] = [K] / (100% - 1%) * [M] = [K] / (100% - 5%) - [N] = 100% * ([J] + [M]) + [L] | | | |
| CCBHC | PIHP | \$ 1,522,247 | \$ 3,230,512 | \$ 4,752,759 | \$ 8,431,992 | \$ 85,172 | \$ 443,789 | \$ 5,281,720 | \$ 5,281,720 |
| Van Buren CMH | Southwest | 6,639,675 | 8,003,322 | 14,642,997 | 36,778,703 | 371,502 | 1,935,721 | 16,950,220 | 16,950,220 |
| Hegira Health | Detroit | 3,796,954 | 7,739,585 | 11,536,539 | 21,031,799 | 212,442 | 1,106,937 | 12,855,918 | 12,855,918 |
| Easter Seals | Macomb | \$ 11,958,876 | \$ 18,973,419 | \$ 30,932,295 | \$ 66,242,494 | \$ 669,116 | \$ 3,486,447 | \$ 35,087,858 | \$ 35,087,858 |
| Composite | | | | | | | | | |

Notes:

- SFY 2025 CCBHC PPS-1 rates were calculated by trending the expenditure amounts obtained through the 2023 CCBHC cost reports to SFY 2025 using a Medicare Economic Index (MEI) factor of 6.3%, which was developed using values and methodology obtained from the CMS Office of the Actuary (OACT) CCBHC MEI calculation tool.
- SFY 2023 encounter data was filtered as follows in order to develop SFY 2023 proxy daily visit counts for each organization:
 - Included claim lines must be an active encounter submitted by a PIHP.
 - Included claim lines must have been incurred during SFY 2023.
 - The claim lines must have a CCBHC as the billing provider NPI, a CCBHC service code, and a corresponding (or prior) qualifying MH/SUD diagnosis as defined in the [CCBHC Handbook](#).
 - The claim originator of the claim line must be the primary CMHSP or PIHP a given CCBHC contracts with.
 - Claim lines must not be for a 1915(c) waiver.
 - Claim lines associated with mild-to-moderate daily visits must have received a score of 16 or less on their most recent LOCUS assessment or have a CAFAS score of less than 50.
 - Any claim lines not assigned as mild-to-moderate were considered SMI/SED/SUD.
- After limiting encounter data as explained above, proxy daily visit counts were established by obtaining a list of daily visits unique by beneficiary served, CCBHC name, and service date. SFY 2023 CCBHC cost reports were altered to use a federal minimum rate of 15% to calculate indirect costs when the CCBHC elected to use the federal minimum rate on their cost report. This is in accordance with the April 22, 2024, final rule titled [Guidance for Federal Financial Assistance](#).
- SFY 2023 proxy daily visit counts and emerging SFY 2024 daily visits were used in order to project to SFY 2025. Statewide averages were used to inform cohort 3 mild to moderate daily visit projections, due to a lack of emerging mild to moderate data.
- Supplemental capitation payments will fund 100% of CCBHC supplemental service expenditures, projected quality bonus pool expenditures, and PIHP administration. The OBP withheld from CCBHCs prior to MDHHS's year-end quality bonus process.
- SFY 2025 supplemental funding paid through the reconciliation will be equal to each site's actual CCBHC supplemental funding owed (based on actual SFY 2025 daily visits) less what was paid to date.

Appendix 9: CCBHC Percentage of Capitation Rates
Excluding HRA

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| State of Michigan, Department of Health and Human Services State Fiscal Year 2025 Behavioral Health Capitation Rate Development Appendix B - Percentage of SFY 2025 Capitation Rates Attributable to Predicted SFY 2025 | | | | | | |
|---|-----------------------------|--------------------------------------|---|-----------------|----------------------------------|-----------------|
| Region: Statewide | SFY 2025 Capitation Rate | Projected Exposure Enrollment (M) | Capitation Rates Attributable to Predicted SFY 2025 | Capitation Rate | Percentage of Capitation Rate | Capitation Rate |
| DAB - Enrolled | 6,1195 | 517,88 | \$ 16,94 | 10,64 | 0,0% | 10,64 |
| DAB - Enrolled - F - 0 - 5 | 40,853 | 263,38 | 3,953 | 12,8% | 12,8% | 12,8% |
| DAB - Enrolled - F - 6 - 18 | 71,601 | 406,35 | 38,79 | 9,5% | 9,5% | 9,5% |
| DAB - Enrolled - F - 19 - 20 | 122,319 | 422,87 | 47,15 | 11,2% | 11,2% | 11,2% |
| DAB - Enrolled - F - 21 - 25 | 373,665 | 257,52 | 34,24 | 13,3% | 13,3% | 13,3% |
| DAB - Enrolled - F - 50 - 64 | 156,379 | 83,91 | 9,14 | 9,7% | 9,7% | 9,7% |
| DAB - Enrolled - F - 65+ | 346,170 | 515,56 | 38,54 | 7,5% | 7,5% | 7,5% |
| DAB - Enrolled - M - 6 - 18 | 53,910 | 344,09 | 30,26 | 8,8% | 8,8% | 8,8% |
| DAB - Enrolled - M - 19 - 20 | 116,822 | 888,54 | 52,11 | 8,9% | 8,9% | 8,9% |
| DAB - Enrolled - M - 21 - 25 | 344,249 | 287,25 | 30,29 | 10,5% | 10,5% | 10,5% |
| DAB - Enrolled - M - 40 - 49 | 2,277,839 | \$ 433,31 | \$ 36,69 | 8,5% | 8,5% | 8,5% |
| DAB - Enrolled - M - 50 - 64 | 10,665 | \$ 164,34 | \$ 6,80 | 4,1% | 4,1% | 4,1% |
| DAB - Enrolled - M - 65+ | 61,325 | 254,45 | 32,51 | 12,8% | 12,8% | 12,8% |
| DAB - Unenrolled | 26,550 | 234,70 | 11,48 | 4,9% | 4,9% | 4,9% |
| DAB - Unenrolled - F - 0 - 5 | 115,240 | 858,96 | 52,77 | 6,1% | 6,1% | 6,1% |
| DAB - Unenrolled - F - 6 - 18 | 134,330 | 892,67 | 48,69 | 8,4% | 8,4% | 8,4% |
| DAB - Unenrolled - F - 19 - 20 | 433,294 | 649,27 | 35,98 | 8,7% | 8,7% | 8,7% |
| DAB - Unenrolled - F - 21 - 25 | 12,994 | 292,57 | 7,14 | 2,4% | 2,4% | 2,4% |
| DAB - Unenrolled - F - 50 - 64 | 83,292 | 346,15 | 37,83 | 10,9% | 10,9% | 10,9% |
| DAB - Unenrolled - F - 65+ | 45,025 | 600,26 | 39,20 | 5,2% | 5,2% | 5,2% |
| DAB - Unenrolled - M - 6 - 18 | 148,938 | 1,107,79 | 57,49 | 5,2% | 5,2% | 5,2% |
| DAB - Unenrolled - M - 19 - 20 | 129,230 | 83,42 | 61,53 | 6,7% | 6,7% | 6,7% |
| DAB - Unenrolled - M - 21 - 25 | 621,952 | 259,03 | 10,30 | 4,0% | 4,0% | 4,0% |
| DAB - Unenrolled - M - 40 - 49 | 3,210,927 | \$ 492,54 | \$ 25,89 | 6,4% | 6,4% | 6,4% |
| DAB - Unenrolled - M - 50 - 64 | 216,951 | \$ 338,33 | \$ 5,06 | 1,3% | 1,3% | 1,3% |
| DAB - Unenrolled - M - 65+ | 4,661,159 | 37,72 | 9,98 | 25,4% | 25,4% | 25,4% |
| DAB - Unenrolled - Other | 610,097 | 55,98 | 10,94 | 18,5% | 18,5% | 18,5% |
| DAB - Unenrolled - Total | 912,410 | 36,00 | 7,74 | 21,5% | 21,5% | 21,5% |
| DAB - Total | 4,011,44 | 34,90 | 3,41 | 20,3% | 20,3% | 20,3% |
| DAB - Enrolled - M - 26 - 39 | 1,329,678 | 82,11 | 11,78 | 14,3% | 14,3% | 14,3% |
| DAB - Enrolled - M - 40 - 49 | 606,873 | 79,72 | 9,65 | 12,1% | 12,1% | 12,1% |
| DAB - Enrolled - M - 50 - 64 | 6,809,327 | \$ 57,36 | \$ 13,39 | 16,4% | 16,4% | 16,4% |
| DAB - Enrolled - Total | 63,132 | \$ 69,25 | \$ 6,33 | 10,0% | 10,0% | 10,0% |
| DAB - Unenrolled - F - 19 - 20 | 143,020 | 27,12 | 6,33 | 23,3% | 23,3% | 23,3% |
| DAB - Unenrolled - F - 21 - 25 | 279,735 | 29,04 | 6,30 | 21,7% | 21,7% | 21,7% |
| DAB - Unenrolled - F - 26 - 39 | 181,170 | 23,35 | 7,75 | 32,6% | 32,6% | 32,6% |
| DAB - Unenrolled - F - 50 - 64 | 563,346 | 70,01 | 4,69 | 6,7% | 6,7% | 6,7% |
| DAB - Unenrolled - F - 65+ | 131,422 | 55,02 | 10,37 | 18,8% | 18,8% | 18,8% |
| DAB - Unenrolled - M - 21 - 25 | 144,763 | 61,47 | 8,51 | 13,8% | 13,8% | 13,8% |
| DAB - Unenrolled - M - 40 - 49 | 190,808 | 36,00 | 7,60 | 21,1% | 21,1% | 21,1% |
| DAB - Unenrolled - M - 50 - 64 | 1,634,202 | \$ 43,98 | \$ 7,60 | 17,5% | 17,5% | 17,5% |
| DAB - Unenrolled - Total | 1,479,140 | \$ 31,33 | \$ 1,05 | 3,4% | 3,4% | 3,4% |
| DAB - Total | 103,807 | 30,13 | 13,31 | 44,2% | 44,2% | 44,2% |
| DAB - Enrolled - F - 19 - 20 | 306,146 | 37,20 | 7,08 | 19,0% | 19,0% | 19,0% |
| DAB - Enrolled - F - 21 - 25 | 1,537,335 | 42,18 | 7,69 | 16,8% | 16,8% | 16,8% |
| DAB - Enrolled - F - 26 - 39 | 121,051 | 31,04 | 6,98 | 22,5% | 22,5% | 22,5% |
| DAB - Enrolled - F - 50 - 64 | 243 | 1,20 | - | 0,0% | 0,0% | 0,0% |
| DAB - Enrolled - F - 65+ | 2,869,035 | 48,80 | 6,95 | 14,2% | 14,2% | 14,2% |
| DAB - Enrolled - M - 6 - 18 | 52,661 | 32,03 | 16,35 | 51,0% | 51,0% | 51,0% |
| DAB - Enrolled - M - 19 - 20 | 28,337 | 34,61 | 12,34 | 35,7% | 35,7% | 35,7% |
| DAB - Enrolled - M - 21 - 25 | 212,258 | 33,51 | 4,59 | 13,7% | 13,7% | 13,7% |
| DAB - Enrolled - M - 40 - 49 | 102,327 | 27,42 | 3,40 | 12,4% | 12,4% | 12,4% |
| DAB - Enrolled - M - 50 - 64 | 12,232,243 | \$ 44,70 | \$ 5,84 | 12,9% | 12,9% | 12,9% |
| DAB - Enrolled - Total | 574,644 | \$ 115,19 | \$ 9,69 | 4,5% | 4,5% | 4,5% |
| DAB - Unenrolled - F - 6 - 18 | 655,733 | 27,43 | 5,99 | 21,8% | 21,8% | 21,8% |
| DAB - Unenrolled - F - 19 - 20 | 32,927 | 17,27 | 6,54 | 37,9% | 37,9% | 37,9% |
| DAB - Unenrolled - F - 21 - 25 | 130,475 | 43,38 | 5,17 | 7,8% | 7,8% | 7,8% |
| DAB - Unenrolled - F - 26 - 39 | 103,154 | 22,72 | 5,72 | 25,2% | 25,2% | 25,2% |
| DAB - Unenrolled - F - 40 - 49 | 26,452 | 23,48 | 10,59 | 45,1% | 45,1% | 45,1% |
| DAB - Unenrolled - F - 50 - 64 | 292,679 | 31,93 | 1,06 | 3,3% | 3,3% | 3,3% |
| DAB - Unenrolled - M - 0 - 5 | 639,694 | 30,98 | 5,66 | 17,9% | 17,9% | 17,9% |
| DAB - Unenrolled - M - 6 - 18 | 13,176 | 27,63 | 9,77 | 34,3% | 34,3% | 34,3% |
| DAB - Unenrolled - M - 19 - 20 | 73,951 | 23,16 | 3,48 | 15,0% | 15,0% | 15,0% |
| DAB - Unenrolled - M - 26 - 39 | 47,298 | 20,07 | 4,53 | 22,6% | 22,6% | 22,6% |
| DAB - Unenrolled - M - 40 - 49 | 2,103 | 8,02 | 5,32 | 87,1% | 87,1% | 87,1% |
| DAB - Unenrolled - M - 65+ | 2,615,842 | \$ 28,62 | \$ 4,23 | 14,8% | 14,8% | 14,8% |
| DAB - Unenrolled - Total | 483 | 4,233,96 | - | 0,0% | 0,0% | 0,0% |
| DAB - Total | 23,854 | 4,737,40 | - | 0,0% | 0,0% | 0,0% |
| DAB - Subtotal Residential | 42,725 | 7,933,21 | - | 0,0% | 0,0% | 0,0% |
| DAB - Subtotal Non-Residential | 87,880 | \$ 7,919,13 | \$ 0,00 | 0,0% | 0,0% | 0,0% |
| DAB - Total | 6,815 | \$ 3,045,08 | \$ 0,00 | 0,0% | 0,0% | 0,0% |
| DAB - SED | 6,512 | \$ 3,679,29 | \$ 0,00 | 0,0% | 0,0% | 0,0% |
| DAB - Other | 483 | 4,233,96 | - | 0,0% | 0,0% | 0,0% |
| DAB - PRFH | 23,854 | 4,737,40 | - | 0,0% | 0,0% | 0,0% |
| DAB - RSNW | 42,725 | 7,933,21 | - | 0,0% | 0,0% | 0,0% |
| DAB - Subtotal Residential | 87,880 | \$ 7,919,13 | \$ 0,00 | 0,0% | 0,0% | 0,0% |
| DAB - Subtotal Non-Residential | 6,815 | \$ 3,045,08 | \$ 0,00 | 0,0% | 0,0% | 0,0% |
| DAB - SED | 6,512 | \$ 3,679,29 | \$ 0,00 | 0,0% | 0,0% | 0,0% |
| DAB - Total | 94,695 | \$ 10,964,21 | \$ 0,00 | 0,0% | 0,0% | 0,0% |

Appendix 10: CCBHC Fee Schedule

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**State of Michigan Department of Health and Human Services
State Fiscal Year 2025 Behavioral Health Capitation Rate Development
Appendix 10 - CCBHC Fee Schedule - Statewide Average**

| Assumed Procedure Code | Rate Development Approach | Assumed Provider Modifier | Description | | | Total Rate |
|------------------------|---------------------------|---------------------------|-----------------------------------|--|-----------------|------------|
| | | | Service Category | Service Description | Reporting Units | |
| 90791 | Comparison rate buildup | HO - Master's Level | Psychiatric diagnostic evaluation | Psychiatric diagnostic evaluation (no medical services) - Master's Level | 90 minutes | 171.43 |
| 90791Y4 | Comparison rate buildup | HO - Master's Level | Psychiatric diagnostic evaluation | Psychiatric diagnostic evaluation (no medical services) - Master's Level - SAMHSA approved EBP for Co-occurring disorders | 90 minutes | 177.23 |
| 90792 | Comparison rate buildup | AF - Specialty Physician | Psychiatric diagnostic evaluation | Psychiatric diagnostic evaluation (with medical services) - Specialty Physician | 90 minutes | 889.46 |
| 90792Y4 | Comparison rate buildup | AF - Specialty Physician | Psychiatric diagnostic evaluation | Psychiatric diagnostic evaluation (with medical services) - Specialty Physician - SAMHSA approved EBP for Co-occurring disorders | 90 minutes | 914.11 |
| 90832 | Comparison rate buildup | HO - Master's Level | Psychotherapy | 30 minutes of psychotherapy - Master's Level | 30 minutes | 54.01 |
| 90832ST | Comparison rate buildup | HO - Master's Level | Psychotherapy | 30 minutes of psychotherapy - Master's Level - Related to trauma or injury | 30 minutes | 56.62 |
| 90832Y1 | Comparison rate buildup | HO - Master's Level | Psychotherapy | 30 minutes of psychotherapy - Master's Level - Prolonged Exposure Therapy (PET) | 30 minutes | 56.62 |
| 90832Y2 | Comparison rate buildup | HO - Master's Level | Psychotherapy | 30 minutes of psychotherapy - Master's Level - Dialectical Behavior Therapy (DBT) | 30 minutes | 58.64 |
| 90832Y4 | Comparison rate buildup | HO - Master's Level | Psychotherapy | 30 minutes of psychotherapy - Master's Level - SAMHSA approved EBP for Co-occurring disorders | 30 minutes | 56.62 |
| 90834 | Comparison rate buildup | HO - Master's Level | Psychotherapy | 45 minutes of psychotherapy - Master's Level | 45 minutes | 80.28 |
| 90834ST | Comparison rate buildup | HO - Master's Level | Psychotherapy | 45 minutes of psychotherapy - Master's Level - Related to trauma or injury | 45 minutes | 83.99 |
| 90834Y1 | Comparison rate buildup | HO - Master's Level | Psychotherapy | 45 minutes of psychotherapy - Master's Level - Prolonged Exposure Therapy (PET) | 45 minutes | 83.99 |
| 90834Y2 | Comparison rate buildup | HO - Master's Level | Psychotherapy | 45 minutes of psychotherapy - Master's Level - Dialectical Behavior Therapy (DBT) | 45 minutes | 86.99 |
| 90834Y3 | Comparison rate buildup | HO - Master's Level | Psychotherapy | 45 minutes of psychotherapy - Master's Level - Parent Management Training Oregon Model | 45 minutes | 86.99 |
| 90834Y4 | Comparison rate buildup | HO - Master's Level | Psychotherapy | 45 minutes of psychotherapy - Master's Level - SAMHSA approved EBP for Co-occurring disorders | 45 minutes | 83.99 |
| 90837 | Comparison rate buildup | HO - Master's Level | Psychotherapy | 60 minutes of psychotherapy - Master's Level | 60 minutes | 108.02 |
| 90837ST | Comparison rate buildup | HO - Master's Level | Psychotherapy | 60 minutes of psychotherapy - Master's Level - Related to trauma or injury | 60 minutes | 113.24 |
| 90837Y1 | Comparison rate buildup | HO - Master's Level | Psychotherapy | 60 minutes of psychotherapy - Master's Level - Prolonged Exposure Therapy (PET) | 60 minutes | 113.24 |
| 90837Y2 | Comparison rate buildup | HO - Master's Level | Psychotherapy | 60 minutes of psychotherapy - Master's Level - Dialectical Behavior Therapy (DBT) | 60 minutes | 117.29 |
| 90837Y4 | Comparison rate buildup | HO - Master's Level | Psychotherapy | 60 minutes of psychotherapy - Master's Level - SAMHSA approved EBP for Co-occurring disorders | 60 minutes | 113.24 |
| 90846 | Comparison rate buildup | HO - Master's Level | Psychotherapy | Family therapy, per session - Master's Level | 50 minutes | 90.02 |
| 90846ST | Comparison rate buildup | HO - Master's Level | Psychotherapy | Family therapy, per session - Master's Level - Related to trauma or injury | 50 minutes | 94.37 |
| 90846Y2 | Comparison rate buildup | HO - Master's Level | Psychotherapy | Family therapy, per session - Master's Level - Dialectical Behavior Therapy (DBT) | 50 minutes | 97.74 |
| 90846Y3 | Comparison rate buildup | HO - Master's Level | Psychotherapy | Family therapy, per session - Master's Level - Parent Management Training Oregon Model | 50 minutes | 97.74 |
| 90846Y4 | Comparison rate buildup | HO - Master's Level | Psychotherapy | Family therapy, per session - Master's Level - SAMHSA approved EBP for Co-occurring disorders | 50 minutes | 94.37 |
| 90847 | Comparison rate buildup | HO - Master's Level | Psychotherapy | Family psychotherapy (conjoint psychotherapy) - Master's Level | 50 minutes | 90.02 |
| 90847ST | Comparison rate buildup | HO - Master's Level | Psychotherapy | Family psychotherapy (conjoint psychotherapy) - Master's Level - Related to trauma or injury | 50 minutes | 94.37 |
| 90847Y2 | Comparison rate buildup | HO - Master's Level | Psychotherapy | Family psychotherapy (conjoint psychotherapy) - Master's Level - Dialectical Behavior Therapy (DBT) | 50 minutes | 97.74 |
| 90847Y3 | Comparison rate buildup | HO - Master's Level | Psychotherapy | Family psychotherapy (conjoint psychotherapy) - Master's Level - Parent Management Training Oregon Model | 50 minutes | 97.74 |
| 90847Y4 | Comparison rate buildup | HO - Master's Level | Psychotherapy | Family psychotherapy (conjoint psychotherapy) - Master's Level - SAMHSA approved EBP for Co-occurring disorders | 50 minutes | 94.37 |
| 90849 | Comparison rate buildup | HO - Master's Level | Psychotherapy | Family psycho-education - Master's Level | 90 minutes | 42.18 |
| 90849ST | Comparison rate buildup | HO - Master's Level | Psychotherapy | Family psycho-education - Master's Level - Related to trauma or injury | 90 minutes | 43.44 |
| 90849UN | Comparison rate buildup | HO - Master's Level | Psychotherapy | Family psycho-education - Master's Level - 2 patients served | 90 minutes | 42.18 |
| 90849UNST | Comparison rate buildup | HO - Master's Level | Psychotherapy | Family psycho-education - Master's Level - 2 patients served - Related to trauma or injury | 90 minutes | 43.44 |
| 90849UNY2 | Comparison rate buildup | HO - Master's Level | Psychotherapy | Family psycho-education - Master's Level - 2 patients served - Dialectical Behavior Therapy (DBT) | 90 minutes | 44.99 |
| 90849UNY3 | Comparison rate buildup | HO - Master's Level | Psychotherapy | Family psycho-education - Master's Level - 2 patients served - Parent Management Training Oregon Model | 90 minutes | 44.99 |
| 90849UNY4 | Comparison rate buildup | HO - Master's Level | Psychotherapy | Family psycho-education - Master's Level - 2 patients served - SAMHSA approved EBP for Co-occurring disorders | 90 minutes | 43.44 |
| 90849UP | Comparison rate buildup | HO - Master's Level | Psychotherapy | Family psycho-education - Master's Level - 3 patients served | 90 minutes | 42.18 |
| 90849UPST | Comparison rate buildup | HO - Master's Level | Psychotherapy | Family psycho-education - Master's Level - 3 patients served - Related to trauma or injury | 90 minutes | 43.44 |
| 90849UPY2 | Comparison rate buildup | HO - Master's Level | Psychotherapy | Family psycho-education - Master's Level - 3 patients served - Dialectical Behavior Therapy (DBT) | 90 minutes | 44.99 |
| 90849UPY3 | Comparison rate buildup | HO - Master's Level | Psychotherapy | Family psycho-education - Master's Level - 3 patients served - Parent Management Training Oregon Model | 90 minutes | 44.99 |
| 90849UPY4 | Comparison rate buildup | HO - Master's Level | Psychotherapy | Family psycho-education - Master's Level - 3 patients served - SAMHSA approved EBP for Co-occurring disorders | 90 minutes | 43.44 |
| 90849UQ | Comparison rate buildup | HO - Master's Level | Psychotherapy | Family psycho-education - Master's Level - 4 patients served | 90 minutes | 42.18 |
| 90849UQST | Comparison rate buildup | HO - Master's Level | Psychotherapy | Family psycho-education - Master's Level - 4 patients served - Related to trauma or injury | 90 minutes | 43.44 |
| 90849UQY2 | Comparison rate buildup | HO - Master's Level | Psychotherapy | Family psycho-education - Master's Level - 4 patients served - Dialectical Behavior Therapy (DBT) | 90 minutes | 44.99 |
| 90849UQY3 | Comparison rate buildup | HO - Master's Level | Psychotherapy | Family psycho-education - Master's Level - 4 patients served - Parent Management Training Oregon Model | 90 minutes | 44.99 |
| 90849UQY4 | Comparison rate buildup | HO - Master's Level | Psychotherapy | Family psycho-education - Master's Level - 4 patients served - SAMHSA approved EBP for Co-occurring disorders | 90 minutes | 43.44 |
| 90849UR | Comparison rate buildup | HO - Master's Level | Psychotherapy | Family psycho-education - Master's Level - 5 patients served | 90 minutes | 33.56 |
| 90849URST | Comparison rate buildup | HO - Master's Level | Psychotherapy | Family psycho-education - Master's Level - 5 patients served - Related to trauma or injury | 90 minutes | 34.52 |
| 90849URY2 | Comparison rate buildup | HO - Master's Level | Psychotherapy | Family psycho-education - Master's Level - 5 patients served - Dialectical Behavior Therapy (DBT) | 90 minutes | 35.75 |
| 90849URY3 | Comparison rate buildup | HO - Master's Level | Psychotherapy | Family psycho-education - Master's Level - 5 patients served - Parent Management Training Oregon Model | 90 minutes | 35.75 |

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**State of Michigan Department of Health and Human Services
State Fiscal Year 2025 Behavioral Health Capitation Rate Development
Appendix 10 - CCBHC Fee Schedule - Statewide Average**

| Assumed Procedure Code | Rate Development Approach | Assumed Provider Modifier | Description | | | Total Rate |
|------------------------|---------------------------|---------------------------|--------------------------------------|---|-----------------|------------|
| | | | Service Category | Service Description | Reporting Units | |
| 90849URY4 | Comparison rate buildup | HO - Master's Level | Psychotherapy | Family psycho-education - Master's Level - 5 patients served - SAMHSA approved EBP for Co-occurring disorders | 90 minutes | 34.52 |
| 90849US | Comparison rate buildup | HO - Master's Level | Psychotherapy | Family psycho-education - Master's Level - 6 or more patients served | 90 minutes | 23.83 |
| 90849USST | Comparison rate buildup | HO - Master's Level | Psychotherapy | Family psycho-education - Master's Level - 6 or more patients served - Related to trauma or injury | 90 minutes | 24.47 |
| 90849USY2 | Comparison rate buildup | HO - Master's Level | Psychotherapy | Family psycho-education - Master's Level - 6 or more patients served - Dialectical Behavior Therapy (DBT) | 90 minutes | 25.34 |
| 90849USY3 | Comparison rate buildup | HO - Master's Level | Psychotherapy | Family psycho-education - Master's Level - 6 or more patients served - Parent Management Training Oregon Model | 90 minutes | 25.34 |
| 90849USY4 | Comparison rate buildup | HO - Master's Level | Psychotherapy | Family psycho-education - Master's Level - 6 or more patients served - SAMHSA approved EBP for Co-occurring disorders | 90 minutes | 24.47 |
| 90849Y2 | Comparison rate buildup | HO - Master's Level | Psychotherapy | Family psycho-education - Master's Level - Dialectical Behavior Therapy (DBT) | 90 minutes | 44.99 |
| 90849Y3 | Comparison rate buildup | HO - Master's Level | Psychotherapy | Family psycho-education - Master's Level - Parent Management Training Oregon Model | 90 minutes | 44.99 |
| 90849Y4 | Comparison rate buildup | HO - Master's Level | Psychotherapy | Family psycho-education - Master's Level - SAMHSA approved EBP for Co-occurring disorders | 90 minutes | 43.44 |
| 90853UN | Comparison rate buildup | HO - Master's Level | Psychotherapy | Group therapy, adult or child, per session - Master's Level - 2 patients served | Encounter | 86.62 |
| 90853UNY2 | Comparison rate buildup | HO - Master's Level | Psychotherapy | Group therapy, adult or child, per session - Master's Level - 2 patients served - Dialectical Behavior Therapy (DBT) | Encounter | 92.98 |
| 90853UNY4 | Comparison rate buildup | HO - Master's Level | Psychotherapy | Group therapy, adult or child, per session - Master's Level - 2 patients served - SAMHSA approved EBP for Co-occurring disorders | Encounter | 89.77 |
| 90853UP | Comparison rate buildup | HO - Master's Level | Psychotherapy | Group therapy, adult or child, per session - Master's Level - 3 patients served | Encounter | 56.74 |
| 90853UPY2 | Comparison rate buildup | HO - Master's Level | Psychotherapy | Group therapy, adult or child, per session - Master's Level - 3 patients served - Dialectical Behavior Therapy (DBT) | Encounter | 60.65 |
| 90853UPY4 | Comparison rate buildup | HO - Master's Level | Psychotherapy | Group therapy, adult or child, per session - Master's Level - 3 patients served - SAMHSA approved EBP for Co-occurring disorders | Encounter | 58.56 |
| 90853UQ | Comparison rate buildup | HO - Master's Level | Psychotherapy | Group therapy, adult or child, per session - Master's Level - 4 patients served | Encounter | 42.18 |
| 90853UQY2 | Comparison rate buildup | HO - Master's Level | Psychotherapy | Group therapy, adult or child, per session - Master's Level - 4 patients served - Dialectical Behavior Therapy (DBT) | Encounter | 44.99 |
| 90853UQY4 | Comparison rate buildup | HO - Master's Level | Psychotherapy | Group therapy, adult or child, per session - Master's Level - 4 patients served - SAMHSA approved EBP for Co-occurring disorders | Encounter | 43.44 |
| 90853UR | Comparison rate buildup | HO - Master's Level | Psychotherapy | Group therapy, adult or child, per session - Master's Level - 5 patients served | Encounter | 33.56 |
| 90853URY2 | Comparison rate buildup | HO - Master's Level | Psychotherapy | Group therapy, adult or child, per session - Master's Level - 5 patients served - Dialectical Behavior Therapy (DBT) | Encounter | 35.75 |
| 90853URY4 | Comparison rate buildup | HO - Master's Level | Psychotherapy | Group therapy, adult or child, per session - Master's Level - 5 patients served - SAMHSA approved EBP for Co-occurring disorders | Encounter | 34.52 |
| 90853US | Comparison rate buildup | HO - Master's Level | Psychotherapy | Group therapy, adult or child, per session - Master's Level - 6 or more patients served | Encounter | 23.83 |
| 90853USY2 | Comparison rate buildup | HO - Master's Level | Psychotherapy | Group therapy, adult or child, per session - Master's Level - 6 or more patients served - Dialectical Behavior Therapy (DBT) | Encounter | 25.34 |
| 90853USY4 | Comparison rate buildup | HO - Master's Level | Psychotherapy | Group therapy, adult or child, per session - Master's Level - 6 or more patients served - SAMHSA approved EBP for Co-occurring disorders | Encounter | 24.47 |
| 96372 | Comparison rate buildup | TD - Registered Nurse | Medication Administration | Therapeutic, prophylactic, or diagnostic injection. Report using this procedure code only when provided as a separate service - Registered Nurse | Encounter | 45.72 |
| 96372Y4 | Comparison rate buildup | TD - Registered Nurse | Medication Administration | Therapeutic, prophylactic, or diagnostic injection. Report using this procedure code only when provided as a separate service - Registered Nurse - SAMHSA approved EBP for Co-occurring disorders | Encounter | 46.77 |
| 99205 | Comparison rate buildup | AG - Physician | Evaluation and Management | New Patient 60-74 Minutes - Physician | Encounter | 774.95 |
| 99205Y4 | Comparison rate buildup | AG - Physician | Evaluation and Management | New Patient 60-74 Minutes - Physician - SAMHSA approved EBP for Co-occurring disorders | Encounter | 803.97 |
| 99211 | Comparison rate buildup | TD - Registered Nurse | Evaluation and Management | Established Patient - Registered Nurse | Encounter | 11.88 |
| 99211Y4 | Comparison rate buildup | TD - Registered Nurse | Evaluation and Management | Established Patient - Registered Nurse - SAMHSA approved EBP for Co-occurring disorders | Encounter | 13.01 |
| 99213 | Comparison rate buildup | SA - Physician Assistant | Evaluation and Management | Established Patient 20-29 Minutes - Physician Assistant | Encounter | 157.70 |
| 99213Y4 | Comparison rate buildup | SA - Physician Assistant | Evaluation and Management | Established Patient 20-29 Minutes - Physician Assistant - SAMHSA approved EBP for Co-occurring disorders | Encounter | 162.67 |
| 99214 | Comparison rate buildup | SA - Physician Assistant | Evaluation and Management | Established Patient 30-39 Minutes - Physician Assistant | Encounter | 262.84 |
| 99214Y4 | Comparison rate buildup | SA - Physician Assistant | Evaluation and Management | Established Patient 30-39 Minutes - Physician Assistant - SAMHSA approved EBP for Co-occurring disorders | Encounter | 271.12 |
| 99215 | Comparison rate buildup | AF - Specialty Physician | Evaluation and Management | Established Patient 40-54 Minutes - Specialty Physician | Encounter | 580.66 |
| 99215Y4 | Comparison rate buildup | AF - Specialty Physician | Evaluation and Management | Established Patient 40-54 Minutes - Specialty Physician - SAMHSA approved EBP for Co-occurring disorders | Encounter | 601.95 |
| H0001 | Comparison rate buildup | HO - Master's Level | Assessments and Testing | Alcohol and/or drug assessment (done by provider) - Master's Level | Encounter | 183.96 |
| H0001Y4 | Comparison rate buildup | HO - Master's Level | Assessments and Testing | Alcohol and/or drug assessment (done by provider) - Master's Level - SAMHSA approved EBP for Co-occurring disorders | Encounter | 192.86 |
| H0002 | Comparison rate buildup | HO - Master's Level | Assessments and Testing | Brief screening to non-inpatient program - Master's Level | Encounter | 122.64 |
| H0031 | Comparison rate buildup | HN - Bachelor's Level | Assessments and Testing | Mental health assessment, by non-physician - Bachelor's Level | Encounter | 202.76 |
| H0032 | Comparison rate buildup | HO - Master's Level | Case Management / Treatment Planning | Mental health service plan development by non-physician - Master's Level | Encounter | 169.40 |
| H0032TS | Comparison rate buildup | HO - Master's Level | Case Management / Treatment Planning | Mental health service plan development by non-physician - Master's Level - Monitoring Treatment Plans | Encounter | 169.40 |
| H0032TSY4 | Comparison rate buildup | HO - Master's Level | Case Management / Treatment Planning | Mental health service plan development by non-physician - Master's Level - Monitoring Treatment Plans - SAMHSA approved EBP for Co-occurring disorders | Encounter | 177.09 |
| H0032Y4 | Comparison rate buildup | HO - Master's Level | Case Management / Treatment Planning | Mental health service plan development by non-physician - Master's Level - SAMHSA approved EBP for Co-occurring disorders | Encounter | 177.09 |
| H0036 | Comparison rate buildup | HO - Master's Level | Additional Support Services | Community psychiatric supportive treatment - Master's Level | 15 minutes | 58.79 |

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**State of Michigan Department of Health and Human Services
State Fiscal Year 2025 Behavioral Health Capitation Rate Development
Appendix 10 - CCBHC Fee Schedule - Statewide Average**

| Assumed Procedure Code | Rate Development Approach | Assumed Provider Modifier | Description | | | Total Rate |
|------------------------|---------------------------|---------------------------------|-------------------------------------|--|-----------------|------------|
| | | | Service Category | Service Description | Reporting Units | |
| H0036ST | Comparison rate buildup | HO - Master's Level | Additional Support Services | Community psychiatric supportive treatment - Master's Level - Related to trauma or injury | 15 minutes | 61.51 |
| H0036UN | Comparison rate buildup | HO - Master's Level | Additional Support Services | Community psychiatric supportive treatment - Master's Level - 2 patients served | 15 minutes | 28.00 |
| H0036UNST | Comparison rate buildup | HO - Master's Level | Additional Support Services | Community psychiatric supportive treatment - Master's Level - 2 patients served - Related to trauma or injury | 15 minutes | 28.97 |
| H0036UNY2 | Comparison rate buildup | HO - Master's Level | Additional Support Services | Community psychiatric supportive treatment - Master's Level - 2 patients served - Dialectical Behavior Therapy (DBT) | 15 minutes | 29.96 |
| H0036UNY3 | Comparison rate buildup | HO - Master's Level | Additional Support Services | Community psychiatric supportive treatment - Master's Level - 2 patients served - Parent Management Training Oregon Model | 15 minutes | 29.96 |
| H0036UNY4 | Comparison rate buildup | HO - Master's Level | Additional Support Services | Community psychiatric supportive treatment - Master's Level - 2 patients served - SAMHSA approved EBP for Co-occurring disorders | 15 minutes | 28.97 |
| H0036UP | Comparison rate buildup | HO - Master's Level | Additional Support Services | Community psychiatric supportive treatment - Master's Level - 3 patients served | 15 minutes | 18.36 |
| H0036UPST | Comparison rate buildup | HO - Master's Level | Additional Support Services | Community psychiatric supportive treatment - Master's Level - 3 patients served - Related to trauma or injury | 15 minutes | 18.92 |
| H0036UPY2 | Comparison rate buildup | HO - Master's Level | Additional Support Services | Community psychiatric supportive treatment - Master's Level - 3 patients served - Dialectical Behavior Therapy (DBT) | 15 minutes | 19.56 |
| H0036UPY3 | Comparison rate buildup | HO - Master's Level | Additional Support Services | Community psychiatric supportive treatment - Master's Level - 3 patients served - Parent Management Training Oregon Model | 15 minutes | 19.56 |
| H0036UPY4 | Comparison rate buildup | HO - Master's Level | Additional Support Services | Community psychiatric supportive treatment - Master's Level - 3 patients served - SAMHSA approved EBP for Co-occurring disorders | 15 minutes | 18.92 |
| H0036UQ | Comparison rate buildup | HO - Master's Level | Additional Support Services | Community psychiatric supportive treatment - Master's Level - 4 patients served | 15 minutes | 13.65 |
| H0036UQST | Comparison rate buildup | HO - Master's Level | Additional Support Services | Community psychiatric supportive treatment - Master's Level - 4 patients served - Related to trauma or injury | 15 minutes | 14.04 |
| H0036UQY2 | Comparison rate buildup | HO - Master's Level | Additional Support Services | Community psychiatric supportive treatment - Master's Level - 4 patients served - Dialectical Behavior Therapy (DBT) | 15 minutes | 14.52 |
| H0036UQY3 | Comparison rate buildup | HO - Master's Level | Additional Support Services | Community psychiatric supportive treatment - Master's Level - 4 patients served - Parent Management Training Oregon Model | 15 minutes | 14.52 |
| H0036UQY4 | Comparison rate buildup | HO - Master's Level | Additional Support Services | Community psychiatric supportive treatment - Master's Level - 4 patients served - SAMHSA approved EBP for Co-occurring disorders | 15 minutes | 14.04 |
| H0036UR | Comparison rate buildup | HO - Master's Level | Additional Support Services | Community psychiatric supportive treatment - Master's Level - 5 patients served | 15 minutes | 10.86 |
| H0036URST | Comparison rate buildup | HO - Master's Level | Additional Support Services | Community psychiatric supportive treatment - Master's Level - 5 patients served - Related to trauma or injury | 15 minutes | 11.16 |
| H0036URY2 | Comparison rate buildup | HO - Master's Level | Additional Support Services | Community psychiatric supportive treatment - Master's Level - 5 patients served - Dialectical Behavior Therapy (DBT) | 15 minutes | 11.54 |
| H0036URY3 | Comparison rate buildup | HO - Master's Level | Additional Support Services | Community psychiatric supportive treatment - Master's Level - 5 patients served - Parent Management Training Oregon Model | 15 minutes | 11.54 |
| H0036URY4 | Comparison rate buildup | HO - Master's Level | Additional Support Services | Community psychiatric supportive treatment - Master's Level - 5 patients served - SAMHSA approved EBP for Co-occurring disorders | 15 minutes | 11.16 |
| H0036US | Comparison rate buildup | HO - Master's Level | Additional Support Services | Community psychiatric supportive treatment - Master's Level - 6 or more patients served | 15 minutes | 7.71 |
| H0036USST | Comparison rate buildup | HO - Master's Level | Additional Support Services | Community psychiatric supportive treatment - Master's Level - 6 or more patients served - Related to trauma or injury | 15 minutes | 7.91 |
| H0036USY2 | Comparison rate buildup | HO - Master's Level | Additional Support Services | Community psychiatric supportive treatment - Master's Level - 6 or more patients served - Dialectical Behavior Therapy (DBT) | 15 minutes | 8.18 |
| H0036USY3 | Comparison rate buildup | HO - Master's Level | Additional Support Services | Community psychiatric supportive treatment - Master's Level - 6 or more patients served - Parent Management Training Oregon Model | 15 minutes | 8.18 |
| H0036USY4 | Comparison rate buildup | HO - Master's Level | Additional Support Services | Community psychiatric supportive treatment - Master's Level - 6 or more patients served - SAMHSA approved EBP for Co-occurring disorders | 15 minutes | 7.91 |
| H0036Y2 | Comparison rate buildup | HO - Master's Level | Additional Support Services | Community psychiatric supportive treatment - Master's Level - Dialectical Behavior Therapy (DBT) | 15 minutes | 63.62 |
| H0036Y3 | Comparison rate buildup | HO - Master's Level | Additional Support Services | Community psychiatric supportive treatment - Master's Level - Parent Management Training Oregon Model | 15 minutes | 63.62 |
| H0036Y4 | Comparison rate buildup | HO - Master's Level | Additional Support Services | Community psychiatric supportive treatment - Master's Level - SAMHSA approved EBP for Co-occurring disorders | 15 minutes | 61.51 |
| H0038 | Comparison rate buildup | WS - Certified Peer Specialist | Additional Support Services | Peer-specialist - Certified Peer Specialist | 15 minutes | 20.54 |
| H0038UN | Comparison rate buildup | WS - Certified Peer Specialist | Additional Support Services | Peer-specialist - Certified Peer Specialist - 2 patients served | 15 minutes | 20.54 |
| H0038UNY4 | Comparison rate buildup | WS - Certified Peer Specialist | Additional Support Services | Peer-specialist - Certified Peer Specialist - 2 patients served - SAMHSA approved EBP for Co-occurring disorders | 15 minutes | 21.50 |
| H0038UP | Comparison rate buildup | WS - Certified Peer Specialist | Additional Support Services | Peer-specialist - Certified Peer Specialist - 3 patients served | 15 minutes | 20.54 |
| H0038UPY4 | Comparison rate buildup | WS - Certified Peer Specialist | Additional Support Services | Peer-specialist - Certified Peer Specialist - 3 patients served - SAMHSA approved EBP for Co-occurring disorders | 15 minutes | 21.50 |
| H0038UQ | Comparison rate buildup | WS - Certified Peer Specialist | Additional Support Services | Peer-specialist - Certified Peer Specialist - 4 patients served | 15 minutes | 20.54 |
| H0038UQY4 | Comparison rate buildup | WS - Certified Peer Specialist | Additional Support Services | Peer-specialist - Certified Peer Specialist - 4 patients served - SAMHSA approved EBP for Co-occurring disorders | 15 minutes | 21.50 |
| H0038UR | Comparison rate buildup | WS - Certified Peer Specialist | Additional Support Services | Peer-specialist - Certified Peer Specialist - 5 patients served | 15 minutes | 20.54 |
| H0038URY4 | Comparison rate buildup | WS - Certified Peer Specialist | Additional Support Services | Peer-specialist - Certified Peer Specialist - 5 patients served - SAMHSA approved EBP for Co-occurring disorders | 15 minutes | 21.50 |
| H0038US | Comparison rate buildup | WS - Certified Peer Specialist | Additional Support Services | Peer-specialist - Certified Peer Specialist - 6 or more patients served | 15 minutes | 20.54 |
| H0038USY4 | Comparison rate buildup | WS - Certified Peer Specialist | Additional Support Services | Peer-specialist - Certified Peer Specialist - 6 or more patients served - SAMHSA approved EBP for Co-occurring disorders | 15 minutes | 21.50 |
| H0038Y4 | Comparison rate buildup | WS - Certified Peer Specialist | Additional Support Services | Peer-specialist - Certified Peer Specialist - SAMHSA approved EBP for Co-occurring disorders | 15 minutes | 21.50 |
| H0039 | Comparison rate buildup | N/A | Assertive Community Treatment (ACT) | ACT | 15 minutes | 72.45 |
| H0045 | Comparison rate buildup | HM - Less Than Bachelor's Level | Additional Support Services | Respite out-of-home | Per Diem | 333.65 |
| H0045UN | Comparison rate buildup | HM - Less Than Bachelor's Level | Additional Support Services | Respite out-of-home - 2 patients served | Per Diem | 165.01 |
| H0045UP | Comparison rate buildup | HM - Less Than Bachelor's Level | Additional Support Services | Respite out-of-home - 3 patients served | Per Diem | 109.60 |
| H0045UQ | Comparison rate buildup | HM - Less Than Bachelor's Level | Additional Support Services | Respite out-of-home - 4 patients served | Per Diem | 82.05 |
| H0045UR | Comparison rate buildup | HM - Less Than Bachelor's Level | Additional Support Services | Respite out-of-home - 5 patients served | Per Diem | 65.57 |

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**State of Michigan Department of Health and Human Services
State Fiscal Year 2025 Behavioral Health Capitation Rate Development
Appendix 10 - CCBHC Fee Schedule - Statewide Average**

| Assumed Procedure Code | Rate Development Approach | Assumed Provider Modifier | Description | | | Reporting Units | Total Rate |
|------------------------|---------------------------|---------------------------------|--------------------------------------|--|------------|-----------------|------------|
| | | | Service Category | Service Description | | | |
| H0045US | Comparison rate buildup | HM - Less Than Bachelor's Level | Additional Support Services | Respite out-of-home - 6 or more patients served | Per Diem | 46.78 | |
| H2014 | Comparison rate buildup | HM - Less Than Bachelor's Level | Skill Building | Skills training and development | 15 minutes | 14.81 | |
| H2014UN | Comparison rate buildup | HM - Less Than Bachelor's Level | Skill Building | Skills training and development - 2 patients served | 15 minutes | 7.07 | |
| H2014UNY4 | Comparison rate buildup | HM - Less Than Bachelor's Level | Skill Building | Skills training and development - 2 patients served - SAMHSA approved EBP for Co-occurring disorders | 15 minutes | 7.30 | |
| H2014UP | Comparison rate buildup | HM - Less Than Bachelor's Level | Skill Building | Skills training and development - 3 patients served | 15 minutes | 4.63 | |
| H2014UPY4 | Comparison rate buildup | HM - Less Than Bachelor's Level | Skill Building | Skills training and development - 3 patients served - SAMHSA approved EBP for Co-occurring disorders | 15 minutes | 4.77 | |
| H2014UQ | Comparison rate buildup | HM - Less Than Bachelor's Level | Skill Building | Skills training and development - 4 patients served | 15 minutes | 3.45 | |
| H2014UQY4 | Comparison rate buildup | HM - Less Than Bachelor's Level | Skill Building | Skills training and development - 4 patients served - SAMHSA approved EBP for Co-occurring disorders | 15 minutes | 3.54 | |
| H2014UR | Comparison rate buildup | HM - Less Than Bachelor's Level | Skill Building | Skills training and development - 5 patients served | 15 minutes | 2.74 | |
| H2014URY4 | Comparison rate buildup | HM - Less Than Bachelor's Level | Skill Building | Skills training and development - 5 patients served - SAMHSA approved EBP for Co-occurring disorders | 15 minutes | 2.82 | |
| H2014US | Comparison rate buildup | HM - Less Than Bachelor's Level | Skill Building | Skills training and development - 6 or more patients served | 15 minutes | 1.95 | |
| H2014USY4 | Comparison rate buildup | HM - Less Than Bachelor's Level | Skill Building | Skills training and development - 6 or more patients served - SAMHSA approved EBP for Co-occurring disorders | 15 minutes | 2.00 | |
| H2014Y4 | Comparison rate buildup | HM - Less Than Bachelor's Level | Skill Building | Skills training and development - SAMHSA approved EBP for Co-occurring disorders | 15 minutes | 15.48 | |
| H2019 | Comparison rate buildup | HO - Master's Level | Outpatient Services | Therapeutic Behavioral Services: Use for individual Dialectical Behavior Therapy (DBT) - Master's Level | 15 minutes | 32.45 | |
| H2019UN | Comparison rate buildup | HO - Master's Level | Outpatient Services | Therapeutic Behavioral Services: Use for individual Dialectical Behavior Therapy (DBT) - Master's Level - 2 patients served | 15 minutes | 15.24 | |
| H2019UNY4 | Comparison rate buildup | HO - Master's Level | Outpatient Services | Therapeutic Behavioral Services: Use for individual Dialectical Behavior Therapy (DBT) - Master's Level - 2 patients served - SAMHSA approved EBP for Co-occurring disorders | 15 minutes | 15.24 | |
| H2019UP | Comparison rate buildup | HO - Master's Level | Outpatient Services | Therapeutic Behavioral Services: Use for individual Dialectical Behavior Therapy (DBT) - Master's Level - 3 patients served | 15 minutes | 9.94 | |
| H2019UPY4 | Comparison rate buildup | HO - Master's Level | Outpatient Services | Therapeutic Behavioral Services: Use for individual Dialectical Behavior Therapy (DBT) - Master's Level - 3 patients served - SAMHSA approved EBP for Co-occurring disorders | 15 minutes | 9.94 | |
| H2019UQ | Comparison rate buildup | HO - Master's Level | Outpatient Services | Therapeutic Behavioral Services: Use for individual Dialectical Behavior Therapy (DBT) - Master's Level - 4 patients served | 15 minutes | 7.38 | |
| H2019UQY4 | Comparison rate buildup | HO - Master's Level | Outpatient Services | Therapeutic Behavioral Services: Use for individual Dialectical Behavior Therapy (DBT) - Master's Level - 4 patients served - SAMHSA approved EBP for Co-occurring disorders | 15 minutes | 7.38 | |
| H2019UR | Comparison rate buildup | HO - Master's Level | Outpatient Services | Therapeutic Behavioral Services: Use for individual Dialectical Behavior Therapy (DBT) - Master's Level - 5 patients served | 15 minutes | 5.86 | |
| H2019URY4 | Comparison rate buildup | HO - Master's Level | Outpatient Services | Therapeutic Behavioral Services: Use for individual Dialectical Behavior Therapy (DBT) - Master's Level - 5 patients served - SAMHSA approved EBP for Co-occurring disorders | 15 minutes | 5.86 | |
| H2019US | Comparison rate buildup | HO - Master's Level | Outpatient Services | Therapeutic Behavioral Services: Use for individual Dialectical Behavior Therapy (DBT) - Master's Level - 6 or more patients served | 15 minutes | 4.15 | |
| H2019USY4 | Comparison rate buildup | HO - Master's Level | Outpatient Services | Therapeutic Behavioral Services: Use for individual Dialectical Behavior Therapy (DBT) - Master's Level - 6 or more patients served - SAMHSA approved EBP for Co-occurring disorders | 15 minutes | 4.15 | |
| H2019Y4 | Comparison rate buildup | HO - Master's Level | Outpatient Services | Therapeutic Behavioral Services: Use for individual Dialectical Behavior Therapy (DBT) - Master's Level - SAMHSA approved EBP for Co-occurring disorders | 15 minutes | 32.45 | |
| H2021 | Comparison rate buildup | HN - Bachelor's Level | Case Management / Treatment Planning | Specialize Wraparound Facilitation - Bachelor's Level | 15 minutes | 84.53 | |
| H2023 | Comparison rate buildup | HM - Less Than Bachelor's Level | Vocational Supports | Supported employment - Less Than Bachelor's Level | 15 minutes | 39.53 | |
| H20231Y | Comparison rate buildup | HM - Less Than Bachelor's Level | Vocational Supports | Supported employment - Less Than Bachelor's Level - Career planning/discovery | 15 minutes | 39.53 | |
| H20232Y | Comparison rate buildup | HM - Less Than Bachelor's Level | Vocational Supports | Supported employment - Less Than Bachelor's Level - Job Development/placement | 15 minutes | 39.53 | |
| H20233Y | Comparison rate buildup | HM - Less Than Bachelor's Level | Vocational Supports | Supported employment - Less Than Bachelor's Level - Self employed | 15 minutes | 39.53 | |
| H20234Y | Comparison rate buildup | HM - Less Than Bachelor's Level | Vocational Supports | Supported employment - Less Than Bachelor's Level - Financial planning | 15 minutes | 39.53 | |
| H2023UN | Comparison rate buildup | HM - Less Than Bachelor's Level | Vocational Supports | Supported employment - Less Than Bachelor's Level - 2 patients served | 15 minutes | 18.89 | |
| H2023UP | Comparison rate buildup | HM - Less Than Bachelor's Level | Vocational Supports | Supported employment - Less Than Bachelor's Level - 3 patients served | 15 minutes | 12.40 | |
| H2023UQ | Comparison rate buildup | HM - Less Than Bachelor's Level | Vocational Supports | Supported employment - Less Than Bachelor's Level - 4 patients served | 15 minutes | 9.22 | |
| H2023UR | Comparison rate buildup | HM - Less Than Bachelor's Level | Vocational Supports | Supported employment - Less Than Bachelor's Level - 5 patients served | 15 minutes | 7.34 | |
| H2023US | Comparison rate buildup | HM - Less Than Bachelor's Level | Vocational Supports | Supported employment - Less Than Bachelor's Level - 6 or more patients served | 15 minutes | 5.22 | |
| H2023Y41Y | Comparison rate buildup | HM - Less Than Bachelor's Level | Vocational Supports | Supported employment - Less Than Bachelor's Level - SAMHSA approved EBP for Co-occurring disorders - Career planning/discovery | 15 minutes | 41.26 | |
| H2023Y42Y | Comparison rate buildup | HM - Less Than Bachelor's Level | Vocational Supports | Supported employment - Less Than Bachelor's Level - SAMHSA approved EBP for Co-occurring disorders - Job Development/placement | 15 minutes | 41.26 | |
| H2023Y43Y | Comparison rate buildup | HM - Less Than Bachelor's Level | Vocational Supports | Supported employment - Less Than Bachelor's Level - SAMHSA approved EBP for Co-occurring disorders - Self employed | 15 minutes | 41.26 | |
| H2023Y44Y | Comparison rate buildup | HM - Less Than Bachelor's Level | Vocational Supports | Supported employment - Less Than Bachelor's Level - SAMHSA approved EBP for Co-occurring disorders - Financial planning | 15 minutes | 41.26 | |
| H2023Y5 | Comparison rate buildup | HM - Less Than Bachelor's Level | Vocational Supports | Supported employment - Less Than Bachelor's Level - Individual placement support/EBP | 15 minutes | 41.26 | |
| H2030 | Comparison rate buildup | N/A | Additional Support Services | Mental Health Clubhouse | 15 Minutes | 4.42 | |
| H2030Y4 | Comparison rate buildup | N/A | Additional Support Services | Mental Health Clubhouse - SAMHSA approved EBP for Co-occurring disorders | 15 Minutes | 4.52 | |
| S5110 | Comparison rate buildup | HO - Master's Level | Other | Family psycho-education: skills workshop - Master's Level | 15 Minutes | 30.39 | |
| S5110UN | Comparison rate buildup | HO - Master's Level | Other | Family psycho-education: skills workshop - Master's Level - 2 patients served | 15 Minutes | 14.31 | |
| S5110UP | Comparison rate buildup | HO - Master's Level | Other | Family psycho-education: skills workshop - Master's Level - 3 patients served | 15 Minutes | 9.34 | |
| S5110UQ | Comparison rate buildup | HO - Master's Level | Other | Family psycho-education: skills workshop - Master's Level - 4 patients served | 15 Minutes | 6.93 | |
| S5110UR | Comparison rate buildup | HO - Master's Level | Other | Family psycho-education: skills workshop - Master's Level - 5 patients served | 15 Minutes | 5.51 | |
| S5110US | Comparison rate buildup | HO - Master's Level | Other | Family psycho-education: skills workshop - Master's Level - 6 or more patients served | 15 Minutes | 3.91 | |

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**State of Michigan Department of Health and Human Services
State Fiscal Year 2025 Behavioral Health Capitation Rate Development
Appendix 10 - CCBHC Fee Schedule - Statewide Average**

| Assumed Procedure Code | Rate Development Approach | Assumed Provider Modifier | Description | | | Total Rate |
|------------------------|----------------------------|---------------------------------|--------------------------------------|--|------------------------|------------|
| | | | Service Category | Service Description | Reporting Units | |
| S5111 | Comparison rate buildup | WP - Trained Parent | Other | Home care training, family per session - Trained Parent | Encounter | 100.13 |
| S5111ST | Comparison rate buildup | WP - Trained Parent | Other | Home care training, family per session - Trained Parent - Related to trauma or injury | Encounter | 105.23 |
| S5111UN | Comparison rate buildup | WP - Trained Parent | Other | Home care training, family per session - Trained Parent - 2 patients served | Encounter | 47.06 |
| S5111UNST | Comparison rate buildup | WP - Trained Parent | Other | Home care training, family per session - Trained Parent - 2 patients served - Related to trauma or injury | Encounter | 48.77 |
| S5111UNY2 | Comparison rate buildup | WP - Trained Parent | Other | Home care training, family per session - Trained Parent - 2 patients served - Dialectical Behavior Therapy (DBT) | Encounter | 50.30 |
| S5111UNY3 | Comparison rate buildup | WP - Trained Parent | Other | Home care training, family per session - Trained Parent - 2 patients served - Parent Management Training Oregon Model | Encounter | 50.30 |
| S5111UNY4 | Comparison rate buildup | WP - Trained Parent | Other | Home care training, family per session - Trained Parent - 2 patients served - SAMHSA approved EBP for Co-occurring disorders | Encounter | 48.77 |
| S5111UP | Comparison rate buildup | WP - Trained Parent | Other | Home care training, family per session - Trained Parent - 3 patients served | Encounter | 30.70 |
| S5111UPST | Comparison rate buildup | WP - Trained Parent | Other | Home care training, family per session - Trained Parent - 3 patients served - Related to trauma or injury | Encounter | 31.66 |
| S5111UPY2 | Comparison rate buildup | WP - Trained Parent | Other | Home care training, family per session - Trained Parent - 3 patients served - Dialectical Behavior Therapy (DBT) | Encounter | 32.65 |
| S5111UPY3 | Comparison rate buildup | WP - Trained Parent | Other | Home care training, family per session - Trained Parent - 3 patients served - Parent Management Training Oregon Model | Encounter | 32.65 |
| S5111UPY4 | Comparison rate buildup | WP - Trained Parent | Other | Home care training, family per session - Trained Parent - 3 patients served - SAMHSA approved EBP for Co-occurring disorders | Encounter | 31.66 |
| S5111UO | Comparison rate buildup | WP - Trained Parent | Other | Home care training, family per session - Trained Parent - 4 patients served | Encounter | 22.78 |
| S5111UOQST | Comparison rate buildup | WP - Trained Parent | Other | Home care training, family per session - Trained Parent - 4 patients served - Related to trauma or injury | Encounter | 23.42 |
| S5111UOQY2 | Comparison rate buildup | WP - Trained Parent | Other | Home care training, family per session - Trained Parent - 4 patients served - Dialectical Behavior Therapy (DBT) | Encounter | 24.15 |
| S5111UOQY3 | Comparison rate buildup | WP - Trained Parent | Other | Home care training, family per session - Trained Parent - 4 patients served - Parent Management Training Oregon Model | Encounter | 24.15 |
| S5111UOQY4 | Comparison rate buildup | WP - Trained Parent | Other | Home care training, family per session - Trained Parent - 4 patients served - SAMHSA approved EBP for Co-occurring disorders | Encounter | 23.42 |
| S5111UR | Comparison rate buildup | WP - Trained Parent | Other | Home care training, family per session - Trained Parent - 5 patients served | Encounter | 18.10 |
| S5111URST | Comparison rate buildup | WP - Trained Parent | Other | Home care training, family per session - Trained Parent - 5 patients served - Related to trauma or injury | Encounter | 18.58 |
| S5111URY2 | Comparison rate buildup | WP - Trained Parent | Other | Home care training, family per session - Trained Parent - 5 patients served - Dialectical Behavior Therapy (DBT) | Encounter | 19.16 |
| S5111URY3 | Comparison rate buildup | WP - Trained Parent | Other | Home care training, family per session - Trained Parent - 5 patients served - Parent Management Training Oregon Model | Encounter | 19.16 |
| S5111URY4 | Comparison rate buildup | WP - Trained Parent | Other | Home care training, family per session - Trained Parent - 5 patients served - SAMHSA approved EBP for Co-occurring disorders | Encounter | 18.58 |
| S5111US | Comparison rate buildup | WP - Trained Parent | Other | Home care training, family per session - Trained Parent - 6 or more patients served | Encounter | 12.83 |
| S5111USST | Comparison rate buildup | WP - Trained Parent | Other | Home care training, family per session - Trained Parent - 6 or more patients served - Related to trauma or injury | Encounter | 13.15 |
| S5111USY2 | Comparison rate buildup | WP - Trained Parent | Other | Home care training, family per session - Trained Parent - 6 or more patients served - Dialectical Behavior Therapy (DBT) | Encounter | 13.56 |
| S5111USY3 | Comparison rate buildup | WP - Trained Parent | Other | Home care training, family per session - Trained Parent - 6 or more patients served - Parent Management Training Oregon Model | Encounter | 13.56 |
| S5111USY4 | Comparison rate buildup | WP - Trained Parent | Other | Home care training, family per session - Trained Parent - 6 or more patients served - SAMHSA approved EBP for Co-occurring disorders | Encounter | 13.15 |
| S5111Y2 | Comparison rate buildup | WP - Trained Parent | Other | Home care training, family per session - Trained Parent - Dialectical Behavior Therapy (DBT) | Encounter | 108.56 |
| S5111Y3 | Comparison rate buildup | WP - Trained Parent | Other | Home care training, family per session - Trained Parent - Parent Management Training Oregon Model | Encounter | 108.56 |
| S5111Y4 | Comparison rate buildup | WP - Trained Parent | Other | Home care training, family per session - Trained Parent - SAMHSA approved EBP for Co-occurring disorders | Encounter | 105.23 |
| T1001 | Comparison rate buildup | TD - Registered Nurse | Assessments and Testing | Nursing/Nutrition Assessment - Registered Nurse | Encounter | 125.77 |
| T1002 | Comparison rate buildup | TD - Registered Nurse | Other | RN services - Registered Nurse - Related to trauma or injury | 15 minutes | 67.05 |
| T1002Y4 | Comparison rate buildup | TD - Registered Nurse | Other | RN services - Registered Nurse - SAMHSA approved EBP for Co-occurring disorders | 15 minutes | 70.75 |
| T1005 | Comparison rate buildup | HM - Less Than Bachelor's Level | Additional Support Services | Respite care services - Less Than Bachelor's Level | 15 minutes | 11.30 |
| T1005UN | Comparison rate buildup | HM - Less Than Bachelor's Level | Additional Support Services | Respite care services - Less Than Bachelor's Level - 2 patients served | 15 minutes | 5.38 |
| T1005UP | Comparison rate buildup | HM - Less Than Bachelor's Level | Additional Support Services | Respite care services - Less Than Bachelor's Level - 3 patients served | 15 minutes | 3.52 |
| T1005UO | Comparison rate buildup | HM - Less Than Bachelor's Level | Additional Support Services | Respite care services - Less Than Bachelor's Level - 4 patients served | 15 minutes | 2.62 |
| T1005UR | Comparison rate buildup | HM - Less Than Bachelor's Level | Additional Support Services | Respite care services - Less Than Bachelor's Level - 5 patients served | 15 minutes | 2.08 |
| T1005US | Comparison rate buildup | HM - Less Than Bachelor's Level | Additional Support Services | Respite care services - Less Than Bachelor's Level - 6 or more patients served | 15 minutes | 1.48 |
| T1017 | Comparison rate buildup | HN - Bachelor's Level | Case Management / Treatment Planning | Targeted Case management (face to face) & Supports Coordination - Bachelor's Level | 15 minutes | 64.89 |
| T1017Y4 | Comparison rate buildup | HN - Bachelor's Level | Case Management / Treatment Planning | Targeted Case management (face to face) & Supports Coordination - Bachelor's Level - SAMHSA approved EBP for Co-occurring disorders | 15 minutes | 67.96 |
| 90785 | CCBHC EQI unit cost review | N/A | Psychiatric diagnostic evaluation | Psychiatric diagnostic evaluation (no medical services) - LOCUS Assessment | Encounter | 229.24 |
| 90791WX | CCBHC EQI unit cost review | N/A | Psychiatric diagnostic evaluation | Psychiatric diagnostic evaluation (no medical services) - LOCUS Assessment | Encounter | 244.68 |
| 96113 | CCBHC EQI unit cost review | N/A | Assessments and Testing | Developmental test administration (each additional 30 minutes) | Each Additional 30 Min | 100.62 |
| 99203 | CCBHC EQI unit cost review | N/A | Evaluation and Management | New Patient 30-44 Minutes | Encounter | 220.80 |
| 99204 | CCBHC EQI unit cost review | N/A | Evaluation and Management | New Patient 45-59 Minutes | Encounter | 296.50 |
| 99212 | CCBHC EQI unit cost review | N/A | Evaluation and Management | Established Patient 10-19 Minutes | Encounter | 103.63 |
| H0004 | CCBHC EQI unit cost review | N/A | Outpatient Services | Behavioral health counseling and therapy | 15 Minutes | 125.20 |
| H0005US | CCBHC EQI unit cost review | N/A | Outpatient Services | Alcohol and/or drug services; group counseling by a clinician - 6 or more patients served | Encounter | 12.39 |

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**State of Michigan Department of Health and Human Services
State Fiscal Year 2025 Behavioral Health Capitation Rate Development
Appendix 10 - CCBHC Fee Schedule - Statewide Average**

| Assumed Procedure Code | Rate Development Approach | Assumed Provider Modifier | Description | | | Total Rate |
|------------------------|----------------------------|---------------------------|--------------------------------------|--|-----------------------------------|------------|
| | | | Service Category | Service Description | Reporting Units | |
| H0015 | CCBHC EQI unit cost review | N/A | Outpatient Services | Alcohol and/or drug services; intensive outpatient, 9-19 hours | Day | 131.14 |
| H0025 | CCBHC EQI unit cost review | N/A | Prevention and Early Intervention | Behavioral health prevention education service (delivery of services with target population to affect knowledge, attitude, and/or behavior) | Face to Face Contact | 249.90 |
| H0031WX | CCBHC EQI unit cost review | N/A | Assessments and Testing | Mental health assessment, by non-physician - LOCUS Assessment | Encounter | 55.87 |
| H0031WY | CCBHC EQI unit cost review | N/A | Assessments and Testing | Mental health assessment, by non-physician - SIS Face to Face Assessment | Encounter | 784.23 |
| H0050 | CCBHC EQI unit cost review | N/A | Prevention and Early Intervention | Outpatient alcohol/other drug treatment services (brief intervention) | 15 Minutes | 41.92 |
| H2000 | CCBHC EQI unit cost review | N/A | Case Management / Treatment Planning | Comprehensive multidisciplinary evaluation | Encounter | 79.63 |
| H2000TS | CCBHC EQI unit cost review | N/A | Case Management / Treatment Planning | Comprehensive multidisciplinary evaluation - Monitoring Treatment Plans | Encounter | 247.49 |
| H2011 | CCBHC EQI unit cost review | N/A | Crisis | Crisis intervention service | 15 Minutes | 169.62 |
| H2011HT | CCBHC EQI unit cost review | N/A | Crisis | Crisis intervention service - Mobile Crisis | 15 Minutes | 85.83 |
| T1017WX | CCBHC EQI unit cost review | N/A | Case Management / Treatment Planning | Targeted Case management (face to face) & Supports Coordination - LOCUS Assessment | 15 minutes | 124.85 |
| T1023 | CCBHC EQI unit cost review | N/A | Crisis | Screening for inpatient programs | Encounter | 534.77 |
| 90785Y1 | Total EQI unit cost review | N/A | Psychiatric diagnostic evaluation | Interactive Complexity | Encounter | 240.70 |
| 90785Y2 | Total EQI unit cost review | N/A | Psychiatric diagnostic evaluation | Interactive Complexity | Encounter | 240.70 |
| 90785Y4 | Total EQI unit cost review | N/A | Psychiatric diagnostic evaluation | Interactive Complexity | Encounter | 240.70 |
| 90792WX | Total EQI unit cost review | N/A | Psychiatric diagnostic evaluation | Psychiatric diagnostic evaluation (with medical services) | Encounter | 412.32 |
| 90833 | Total EQI unit cost review | N/A | Psychotherapy | 30 minutes add on psychotherapy | 30 Minutes | 150.21 |
| 90836 | Total EQI unit cost review | N/A | Psychotherapy | 45 minutes add on psychotherapy | 45 Minutes | 311.24 |
| 90838 | Total EQI unit cost review | N/A | Psychotherapy | 60 minutes add on psychotherapy | 60 Minutes | 417.84 |
| 90839 | Total EQI unit cost review | N/A | Crisis | Crisis Psychotherapy 60 Minutes | First 30-74 Min. | 134.48 |
| 90839ST | Total EQI unit cost review | N/A | Crisis | Crisis Psychotherapy 60 Minutes | First 30-74 Min. | 134.48 |
| 90839Y1 | Total EQI unit cost review | N/A | Crisis | Crisis Psychotherapy 60 Minutes | First 30-74 Min. | 141.21 |
| 90839Y2 | Total EQI unit cost review | N/A | Crisis | Crisis Psychotherapy 60 Minutes | First 30-74 Min. | 141.21 |
| 90839Y3 | Total EQI unit cost review | N/A | Crisis | Crisis Psychotherapy 60 Minutes | First 30-74 Min. | 141.21 |
| 90839Y4 | Total EQI unit cost review | N/A | Crisis | Crisis Psychotherapy 60 Minutes | First 30-74 Min. | 141.21 |
| 90840 | Total EQI unit cost review | N/A | Crisis | Crisis Psychotherapy add on 30 minutes | Each Additional 30 Minutes | 88.27 |
| 90840ST | Total EQI unit cost review | N/A | Crisis | Crisis Psychotherapy add on 30 minutes | Each Additional 30 Minutes | 88.27 |
| 90840Y1 | Total EQI unit cost review | N/A | Crisis | Crisis Psychotherapy add on 30 minutes | Each Additional 30 Minutes | 92.68 |
| 90840Y2 | Total EQI unit cost review | N/A | Crisis | Crisis Psychotherapy add on 30 minutes | Each Additional 30 Minutes | 92.68 |
| 90840Y3 | Total EQI unit cost review | N/A | Crisis | Crisis Psychotherapy add on 30 minutes | Each Additional 30 Minutes | 92.68 |
| 90840Y4 | Total EQI unit cost review | N/A | Crisis | Crisis Psychotherapy add on 30 minutes | Each Additional 30 Minutes | 92.68 |
| 90887 | Total EQI unit cost review | N/A | Assessments and Testing | Interpretation or explanation of results of psychiatric exams | Encounter | 150.35 |
| 96105 | Total EQI unit cost review | N/A | Assessments and Testing | Assessment of aphasia | Encounter | 270.55 |
| 96105WX | No EQI experience | N/A | Assessments and Testing | Assessment of aphasia | Encounter | - |
| 96110 | Total EQI unit cost review | N/A | Assessments and Testing | Developmental testing; limited | Encounter | 680.13 |
| 96110WX | Total EQI unit cost review | N/A | Assessments and Testing | Developmental testing; limited | Encounter | 696.95 |
| 96112 | Total EQI unit cost review | N/A | Assessments and Testing | Developmental test administration | First Hour | 431.69 |
| 96112WX | No EQI experience | N/A | Assessments and Testing | Developmental test administration | First Hour | - |
| 96113WX | No EQI experience | N/A | Assessments and Testing | Developmental test administration (each additional 30 minutes) | Each Additional 30 Minutes | - |
| 96116 | Total EQI unit cost review | N/A | Assessments and Testing | Neurobehavioral status exam | Per Hour | 507.03 |
| 96116WX | No EQI experience | N/A | Assessments and Testing | Neurobehavioral status exam | Per Hour | - |
| 96121 | Total EQI unit cost review | N/A | Assessments and Testing | Neurobehavioral status exam | Each Additional Hour | 247.56 |
| 96127 | Total EQI unit cost review | N/A | Assessments and Testing | Brief emotional/behavioral assessment with scoring and documentation, per standardized instrument | Encounter | 462.88 |
| 96127WX | No EQI experience | N/A | Assessments and Testing | Brief emotional/behavioral assessment with scoring and documentation, per standardized instrument | Encounter | - |
| 96130 | Total EQI unit cost review | N/A | Assessments and Testing | Psychological testing | First Hour | 190.39 |
| 96131 | Total EQI unit cost review | N/A | Assessments and Testing | Psychological testing | Each Additional Hour | 168.81 |
| 96132 | Total EQI unit cost review | N/A | Assessments and Testing | Neuropsychological testing | First Hour | 153.31 |
| 96133 | Total EQI unit cost review | N/A | Assessments and Testing | Neuropsychological testing | Each Additional Hour | 152.93 |
| 96136 | Total EQI unit cost review | N/A | Assessments and Testing | Psychological or neuropsychological testing | First 30 Minutes | 75.78 |
| 96137 | Total EQI unit cost review | N/A | Assessments and Testing | Psychological or neuropsychological testing | Each Additional 30 Minutes | 82.17 |
| 96138 | Total EQI unit cost review | N/A | Assessments and Testing | Psychological or neuropsychological test administration and scoring by technician, two or more tests | First 30 Minutes | 51.95 |
| 96139 | Total EQI unit cost review | N/A | Assessments and Testing | Psychological or neuropsychological test administration and scoring by technician, two or more tests | Each Additional 30 Minutes | 50.35 |
| 96146 | No EQI experience | N/A | Assessments and Testing | Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result | Encounter | - |
| 99202 | Total EQI unit cost review | N/A | Evaluation and Management | New Patient 15-29 Minutes | Encounter | 142.34 |
| 99202Y4 | Total EQI unit cost review | N/A | Evaluation and Management | New Patient 15-29 Minutes | Encounter | 149.45 |
| 99203Y4 | Total EQI unit cost review | N/A | Evaluation and Management | New Patient 30-44 Minutes | Encounter | 231.84 |
| 99204Y4 | Total EQI unit cost review | N/A | Evaluation and Management | New Patient 45-59 Minutes | Encounter | 311.33 |
| 99212Y4 | Total EQI unit cost review | N/A | Evaluation and Management | Established Patient 10-19 Minutes | Encounter | 108.81 |
| 99341 | No EQI experience | N/A | Evaluation and Management | Home Visit | Encounter | - |
| 99342 | Total EQI unit cost review | N/A | Evaluation and Management | Home Visit | Encounter | 173.15 |
| 99343 | No EQI experience | N/A | Evaluation and Management | Home Visit | Encounter | - |
| 99344 | Total EQI unit cost review | N/A | Evaluation and Management | Home Visit | Encounter | 296.52 |
| 99345 | No EQI experience | N/A | Evaluation and Management | Home Visit | Encounter | - |
| 99347 | Total EQI unit cost review | N/A | Evaluation and Management | Home Visit | Encounter | 132.46 |
| 99347Y4 | Total EQI unit cost review | N/A | Evaluation and Management | Home Visit | Encounter | 139.08 |
| 99348 | Total EQI unit cost review | N/A | Evaluation and Management | Home Visit | Encounter | 126.02 |
| 99349 | Total EQI unit cost review | N/A | Evaluation and Management | Home Visit | Encounter | 229.95 |
| 99350 | Total EQI unit cost review | N/A | Evaluation and Management | Home Visit | Encounter | 411.70 |
| 99506 | Total EQI unit cost review | N/A | Medication Administration | Home visit for intramuscular injection | Encounter | 125.35 |
| 99506Y4 | Total EQI unit cost review | N/A | Medication Administration | Home visit for intramuscular injection | Encounter | 131.62 |
| G0176 | Total EQI unit cost review | N/A | Other Therapy | Activity Therapy; Per Session (45 Mins or More) (Children's Waiver) | Encounter | 536.74 |
| G0177 | Total EQI unit cost review | N/A | Other | Family Psycho-Education | Encounter Session at least 45 min | 490.38 |
| G0177UN | Total EQI unit cost review | N/A | Other | Family Psycho-Education | Encounter Session at least 45 min | 245.19 |
| G0177UNY4 | Total EQI unit cost review | N/A | Other | Family Psycho-Education | Encounter Session at least 45 min | 257.45 |
| G0177UP | Total EQI unit cost review | N/A | Other | Family Psycho-Education | Encounter Session at least 45 min | 163.46 |
| G0177UPY4 | Total EQI unit cost review | N/A | Other | Family Psycho-Education | Encounter Session at least 45 min | 171.63 |
| G0177UQ | Total EQI unit cost review | N/A | Other | Family Psycho-Education | Encounter Session at least 45 min | 122.59 |
| G0177UQY4 | Total EQI unit cost review | N/A | Other | Family Psycho-Education | Encounter Session at least 45 min | 128.72 |
| G0177UR | Total EQI unit cost review | N/A | Other | Family Psycho-Education | Encounter Session at least 45 min | 98.08 |

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**State of Michigan Department of Health and Human Services
State Fiscal Year 2025 Behavioral Health Capitation Rate Development
Appendix 10 - CCBHC Fee Schedule - Statewide Average**

| Assumed Procedure Code | Rate Development Approach | Assumed Provider Modifier | Description | | | Total Rate |
|------------------------|----------------------------|---------------------------|--------------------------------------|---|-----------------------------------|------------|
| | | | Service Category | Service Description | Reporting Units | |
| G0177URY4 | Total EQI unit cost review | N/A | Other | Family Psycho-Education | Encounter Session at least 45 min | 102.98 |
| G0177US | Total EQI unit cost review | N/A | Other | Family Psycho-Education | Encounter Session at least 45 min | 81.73 |
| G0177USY4 | Total EQI unit cost review | N/A | Other | Family Psycho-Education | Encounter Session at least 45 min | 85.82 |
| G0177Y4 | Total EQI unit cost review | N/A | Other | Family Psycho-Education | Encounter Session at least 45 min | 514.90 |
| H0002WX | Total EQI unit cost review | N/A | Assessments and Testing | Brief screening to non-inpatient program | Encounter | 263.98 |
| H0004Y4 | Total EQI unit cost review | N/A | Outpatient Services | Behavioral health counseling and therapy | 15 Minutes | 26.46 |
| H0005UN | Total EQI unit cost review | N/A | Outpatient Services | Alcohol and/or drug services; group counseling by a clinician | Encounter | 247.56 |
| H0005UNY4 | Total EQI unit cost review | N/A | Outpatient Services | Alcohol and/or drug services; group counseling by a clinician | Encounter | 259.94 |
| H0005UP | Total EQI unit cost review | N/A | Outpatient Services | Alcohol and/or drug services; group counseling by a clinician | Encounter | 165.04 |
| H0005UPY4 | Total EQI unit cost review | N/A | Outpatient Services | Alcohol and/or drug services; group counseling by a clinician | Encounter | 173.29 |
| H0005UQ | Total EQI unit cost review | N/A | Outpatient Services | Alcohol and/or drug services; group counseling by a clinician | Encounter | 123.78 |
| H0005UQY4 | Total EQI unit cost review | N/A | Outpatient Services | Alcohol and/or drug services; group counseling by a clinician | Encounter | 129.97 |
| H0005UR | Total EQI unit cost review | N/A | Outpatient Services | Alcohol and/or drug services; group counseling by a clinician | Encounter | 99.02 |
| H0005URY4 | Total EQI unit cost review | N/A | Outpatient Services | Alcohol and/or drug services; group counseling by a clinician | Encounter | 103.98 |
| H0005USY4 | Total EQI unit cost review | N/A | Outpatient Services | Alcohol and/or drug services; group counseling by a clinician | Encounter | 86.65 |
| H0014 | No EQI experience | N/A | Withdrawal Management | Alcohol and/or drug services; withdrawal management; ambulatory | Day | - |
| H0015Y4 | Total EQI unit cost review | N/A | Outpatient Services | Alcohol and/or drug services; intensive outpatient, 9-19 hours | Day | 137.69 |
| H0022 | Total EQI unit cost review | N/A | Prevention and Early Intervention | Alcohol and/or drug services; Intervention Service (Early Intervention) | Encounter | 119.20 |
| H0022Y4 | Total EQI unit cost review | N/A | Prevention and Early Intervention | Alcohol and/or drug services; Intervention Service (Early Intervention) | Encounter | 125.16 |
| H0025Y4 | Total EQI unit cost review | N/A | Prevention and Early Intervention | Behavioral health prevention education service (delivery of services with target population to affect knowledge, attitude, and/or behavior) | Face to Face Contact | 262.40 |
| H0033 | Total EQI unit cost review | N/A | Medication Assisted Treatment | Oral medication administration, direct observation | Encounter | 12.26 |
| H0034 | Total EQI unit cost review | N/A | Other | Medication training and support | 15 Minutes | 729.32 |
| H0034Y4 | Total EQI unit cost review | N/A | Other | Medication training and support | 15 Minutes | 765.79 |
| H0050Y4 | Total EQI unit cost review | N/A | Prevention and Early Intervention | Outpatient alcohol/other drug treatment services (brief intervention) | 15 Minutes | 44.02 |
| H2010 | No EQI experience | N/A | Other | Medication Algorithm EBP | 15 minutes | - |
| H2011HTY4 | Total EQI unit cost review | N/A | Crisis | Crisis intervention service | 15 Minutes | 178.10 |
| H2011Y4 | Total EQI unit cost review | N/A | Crisis | Crisis intervention service | 15 Minutes | 178.10 |
| H2019UNWX | Total EQI unit cost review | N/A | Outpatient Services | Therapeutic Behavioral Services: Use for individual Dialectical Behavior Therapy (DBT) | 15 Minutes | 56.17 |
| H2019UPWX | Total EQI unit cost review | N/A | Outpatient Services | Therapeutic Behavioral Services: Use for individual Dialectical Behavior Therapy (DBT) | 15 Minutes | 37.44 |
| H2019QUWX | Total EQI unit cost review | N/A | Outpatient Services | Therapeutic Behavioral Services: Use for individual Dialectical Behavior Therapy (DBT) | 15 Minutes | 28.08 |
| H2019URWX | Total EQI unit cost review | N/A | Outpatient Services | Therapeutic Behavioral Services: Use for individual Dialectical Behavior Therapy (DBT) | 15 Minutes | 22.47 |
| H2019USWX | Total EQI unit cost review | N/A | Outpatient Services | Therapeutic Behavioral Services: Use for individual Dialectical Behavior Therapy (DBT) | 15 Minutes | 18.72 |
| H2019WX | Total EQI unit cost review | N/A | Outpatient Services | Therapeutic Behavioral Services: Use for individual Dialectical Behavior Therapy (DBT) | 15 Minutes | 112.33 |
| H2025 | Total EQI unit cost review | N/A | Vocational Supports | Job Coaching | 15 Minutes | 16.30 |
| H2025Y4 | Total EQI unit cost review | N/A | Vocational Supports | Job Coaching | 15 Minutes | 17.12 |
| H2027 | Total EQI unit cost review | N/A | Outpatient Services | Family Skills Training/Group for children of adults with mental illness/Didactics | 15 Minutes | 7.30 |
| H2027Y4 | Total EQI unit cost review | N/A | Outpatient Services | Family Skills Training/Group for children of adults with mental illness/Didactics | 15 Minutes | 7.66 |
| H2035 | Total EQI unit cost review | N/A | Outpatient Services | Outpatient alcohol/other drug treatment services, per hour | Hour | 104.13 |
| H2035Y4 | Total EQI unit cost review | N/A | Outpatient Services | Outpatient alcohol/other drug treatment services, per hour | Hour | 109.34 |
| H2036 | Total EQI unit cost review | N/A | Outpatient Services | Outpatient alcohol/other drug treatment services, per diem | Per Diem | 155.06 |
| H2036Y4 | Total EQI unit cost review | N/A | Outpatient Services | Outpatient alcohol/other drug treatment services, per diem | Per Diem | 162.81 |
| J2315 | No EQI experience | N/A | Medication Assisted Treatment | Injection, naltrexonem depot form, 1 mg | Encounter | - |
| Q9991 | No EQI experience | N/A | Medication Assisted Treatment | Injection, buprenorphine extended-release (Sublocade), less than or equal to 100 mg | Encounter | - |
| Q9992 | No EQI experience | N/A | Medication Assisted Treatment | Injection, buprenorphine extended-release (Sublocade), greater than 100 mg | Encounter | - |
| S9484 | Total EQI unit cost review | N/A | Crisis | Intensive Crisis intervention service | Hour | 222.91 |
| T1001WX | No EQI experience | N/A | Assessments and Testing | Nursing/Nutrition Assessment | Encounter | - |
| T1007 | Total EQI unit cost review | N/A | Case Management / Treatment Planning | Alcohol and/or substance abuse services, Treatment Plan development and/or modification | Encounter | 139.64 |
| T1007Y4 | Total EQI unit cost review | N/A | Case Management / Treatment Planning | Alcohol and/or substance abuse services, Treatment Plan development and/or modification | Encounter | 146.62 |
| T1012 | Total EQI unit cost review | N/A | Outpatient Services | Recovery Supports | Encounter | 58.42 |
| T1012UN | Total EQI unit cost review | N/A | Outpatient Services | Recovery Supports | Encounter | 29.21 |
| T1012UNY4 | Total EQI unit cost review | N/A | Outpatient Services | Recovery Supports | Encounter | 30.67 |
| T1012UP | Total EQI unit cost review | N/A | Outpatient Services | Recovery Supports | Encounter | 19.47 |
| T1012UPY4 | Total EQI unit cost review | N/A | Outpatient Services | Recovery Supports | Encounter | 20.45 |
| T1012UQ | Total EQI unit cost review | N/A | Outpatient Services | Recovery Supports | Encounter | 14.61 |
| T1012UQY4 | Total EQI unit cost review | N/A | Outpatient Services | Recovery Supports | Encounter | 15.34 |
| T1012UR | Total EQI unit cost review | N/A | Outpatient Services | Recovery Supports | Encounter | 11.68 |
| T1012URY4 | Total EQI unit cost review | N/A | Outpatient Services | Recovery Supports | Encounter | 12.27 |
| T1012US | Total EQI unit cost review | N/A | Outpatient Services | Recovery Supports | Encounter | 9.74 |
| T1012USY4 | Total EQI unit cost review | N/A | Outpatient Services | Recovery Supports | Encounter | 10.22 |
| T1012Y4 | Total EQI unit cost review | N/A | Outpatient Services | Recovery Supports | Encounter | 61.34 |
| T1023WX | Total EQI unit cost review | N/A | Crisis | Screening for inpatient programs | Encounter | 715.48 |
| T1027 | Total EQI unit cost review | N/A | Prevention and Early Intervention | Parent Education | 15 Minutes | 68.54 |
| T2038 | Total EQI unit cost review | N/A | Other | Community transition, waiver, per service | Service | 240.36 |
| T2038Y4 | Total EQI unit cost review | N/A | Other | Community transition, waiver, per service | Service | 252.38 |

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Reference A: County to Region Crosswalk

Reference B: Covered Service Listing

State of Michigan
Department of Health and Human Services
SFY 2025 Behavioral Health Capitation Rate Setting
Retrospective Rate Development Model

| Service Category | Utilization Type |
|---------------------------------------|------------------|
| Mental Health State Plan | |
| Additional Support Services | Units |
| Assertive Community Treatment (ACT) | Units |
| Assessments and Testing | Procedures |
| Case Management / Treatment Planning | Units |
| Community Living Supports | Days |
| Crisis | Procedures |
| Evaluation and Management | Procedures |
| Inpatient | Days |
| Medication Administration | Procedures |
| Other | Procedures |
| Other Therapy | Procedures |
| Outpatient Services | Procedures |
| Prevention and Early Intervention | Procedures |
| Psychiatric diagnostic evaluation | Procedures |
| Psychotherapy | Procedures |
| Residential Services | Days |
| Mental Health 1915(i) | |
| Additional Support Services | Units |
| Community Living Supports | Days |
| Other | Procedures |
| Skill Building | Units |
| Vocational Supports | Units |
| Autism | |
| Assessments and Testing | Procedures |
| Autism Services | Units |
| Substance Abuse State Plan | |
| Additional Support Services | Units |
| Assessments and Testing | Procedures |
| Case Management / Treatment Planning | Units |
| Crisis | Procedures |
| Evaluation and Management | Procedures |
| Medication Administration | Procedures |
| Medication Assisted Treatment | Procedures |
| Other | Procedures |
| Outpatient Services | Procedures |
| Prevention and Early Intervention | Procedures |
| Psychiatric diagnostic evaluation | Procedures |
| Residential Services | Days |
| Withdrawal Management | Days |
| Children's Waiver Program | |
| Additional Support Services | Units |
| Community Living Supports | Days |
| Other | Procedures |
| Other Therapy | Procedures |
| Habilitative Supports Waiver | |
| Additional Support Services | Units |
| Community Living Supports | Days |
| Other | Procedures |
| Skill Building | Units |
| Vocational Supports | Units |
| Serious Emotional Disturbances | |
| Additional Support Services | Units |
| Case Management / Treatment Planning | Units |
| Community Living Supports | Days |
| Other | Procedures |
| Other Therapy | Procedures |

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| MHC/CBHC Service Category | SUD Service Category | Service | MHC/CBHC Service Description | SUD Service Description | Mental Health | Substance Abuse | State Plan | 19150 | CCBHC |
|-----------------------------------|-----------------------------------|-----------|--|--|---------------|-----------------|------------|-------|-------|
| Inpatient | | 680100 | All inclusive room and board plus ancillaries and physician costs | | X | | X | | |
| Inpatient | | 680114 | All inclusive room and board plus ancillaries. Physician costs ARE NOT included in the per diem | | X | | X | | |
| Inpatient | | 680124 | All inclusive room and board plus ancillaries. Physician costs ARE NOT included in the per diem | | X | | X | | |
| Inpatient | | 680134 | All inclusive room and board plus ancillaries. Physician costs ARE NOT included in the per diem | | X | | X | | |
| Inpatient | | 680154 | All inclusive room and board plus ancillaries. Physician costs ARE NOT included in the per diem | | X | | X | | |
| Inpatient | | 730100 | All inclusive room and board plus ancillaries. Physician costs ARE NOT included in the per diem | | X | | X | | |
| Inpatient | | 730114 | All inclusive room and board plus ancillaries. Physician costs ARE NOT included in the per diem | | X | | X | | |
| Inpatient | | 730124 | All inclusive room and board plus ancillaries. Physician costs ARE NOT included in the per diem | | X | | X | | |
| Inpatient | | 730134 | All inclusive room and board plus ancillaries. Physician costs ARE NOT included in the per diem | | X | | X | | |
| Inpatient | | 730154 | All inclusive room and board plus ancillaries. Physician costs ARE NOT included in the per diem | | X | | X | | |
| Other Therapy | | 0370 | Anesthesia charges | | X | | X | | |
| Other Therapy | | 0710 | Recovery room charges | | X | | X | | |
| Other Therapy | | 0901 | ECT/ Facials charges | | X | | X | | |
| Outpatient Services | Outpatient Services | 0906 | Partial hospitalization-less intensive | Intensive Outpatient Services - Chemical Dependency | | X | X | | |
| Outpatient Services | Outpatient Services | 0912 | Partial hospitalization-more intensive | | | X | X | | |
| Outpatient Services | Residential Services | 0913 | | Residential treatment - chemical dependency | | X | X | | |
| Other Therapy | | 1002 | Anesthesia charges | | X | | X | | |
| Other Therapy | | 001040901 | Anesthesia charges | | X | | X | | |
| Assessments and Testing | | 0362T | Behavioral follow-up assessment (Functional Behavior Analysis)(FBA) | | X | | X | | |
| Autism Services | | 0373T | Exposure adaptive behavior treatment with protocol modification requiring two or more technicians for severe maladaptive behavior(s), face-to-face | | X | | X | | |
| Outpatient Services | | 80305 | | Drug test(s), presumptive, any number of drug classes, any number of devices or procedures (eg, immunoassay); capable of being read by direct optical observation only (eg, dipsticks, cups, cards, cartridges) includes sample validation when performed, per date of service. | | X | X | | |
| Outpatient Services | | 80306 | | Drug test(s), presumptive, any number of drug classes, any number of devices or procedures (eg, immunoassay); read by instrument assisted direct optical observation (eg, dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service. | | X | X | | |
| Outpatient Services | | 80307 | | Drug test(s), presumptive, any number of drug classes, any number of devices or procedures, by instrument chemistry analyzers (eg, utilizing immunoassay (eg, EIA, ELISA, EMIT, PPA, IA, KIMS, RIA), chromatography (eg, GC, HPLC), and mass spectrometry either with or without chromatography (eg, DART, DESI, GC-MS, GC-MS/MS, LC-MS, LC-MS/MS, LDTD, MALDI, TOF) includes sample validation when performed, per date of service. | | X | X | | |
| Psychiatric diagnostic evaluation | Psychiatric diagnostic evaluation | 90785 | Interactive Complexity | Interactive Complexity | X | | X | | X |
| Psychiatric diagnostic evaluation | Psychiatric diagnostic evaluation | 90785Y1 | Interactive Complexity - Prolonged Exposure Therapy (PET) | Interactive Complexity - Prolonged Exposure Therapy (PET) | X | | X | | X |
| Psychiatric diagnostic evaluation | Psychiatric diagnostic evaluation | 90785Y2 | Interactive Complexity - Dialectical Behavior Therapy (DBT) | Interactive Complexity - Dialectical Behavior Therapy (DBT) | X | | X | | X |
| Psychiatric diagnostic evaluation | Psychiatric diagnostic evaluation | 90785Y4 | Interactive Complexity - SAMHSA approved EBP for Co-occurring disorders | Interactive Complexity - SAMHSA approved EBP for Co-occurring disorders | X | | X | | X |
| Psychiatric diagnostic evaluation | Psychiatric diagnostic evaluation | 90791 | Psychiatric diagnostic evaluation (no medical services) - Service/items provided to a prisoner or patient in state or local custody | Psychiatric diagnostic evaluation (no medical services) | X | | X | | X |
| Psychiatric diagnostic evaluation | Psychiatric diagnostic evaluation | 90791QJ | Psychiatric diagnostic evaluation (no medical services) - LOCUS Assessment | Psychiatric diagnostic evaluation (no medical services) - LOCUS Assessment | X | | X | | X |
| Psychiatric diagnostic evaluation | Psychiatric diagnostic evaluation | 90791W X | Psychiatric diagnostic evaluation (no medical services) - SAMHSA approved EBP for Co-occurring disorders | Psychiatric diagnostic evaluation (no medical services) - SAMHSA approved EBP for Co-occurring disorders | X | | X | | X |
| Psychiatric diagnostic evaluation | Psychiatric diagnostic evaluation | 90791Y4 | Psychiatric diagnostic evaluation (with medical services) - Service/items provided to a prisoner or patient in state or local custody | Psychiatric diagnostic evaluation (with medical services) | X | | X | | X |
| Psychiatric diagnostic evaluation | Psychiatric diagnostic evaluation | 90792 | Psychiatric diagnostic evaluation (with medical services) - LOCUS Assessment | Psychiatric diagnostic evaluation (with medical services) - LOCUS Assessment | X | | X | | X |
| Psychiatric diagnostic evaluation | Psychiatric diagnostic evaluation | 90792QJ | Psychiatric diagnostic evaluation (with medical services) - SAMHSA approved EBP for Co-occurring disorders | Psychiatric diagnostic evaluation (with medical services) - SAMHSA approved EBP for Co-occurring disorders | X | | X | | X |
| Psychiatric diagnostic evaluation | Psychiatric diagnostic evaluation | 90792W X | Psychiatric diagnostic evaluation (with medical services) - SAMHSA approved EBP for Co-occurring disorders | Psychiatric diagnostic evaluation (with medical services) - SAMHSA approved EBP for Co-occurring disorders | X | | X | | X |
| Psychiatric diagnostic evaluation | Psychiatric diagnostic evaluation | 90792Y4 | 30 minutes of psychotherapy - Service/items provided to a prisoner or patient in state or local custody | 30 minutes of psychotherapy | X | | X | | X |
| Psychiatry | Outpatient Services | 90832QJ | 30 minutes of psychotherapy - Related to trauma or injury - Service/items provided to a prisoner or patient in state or local custody | 30 minutes of psychotherapy - Related to trauma or injury | X | | X | | X |
| Psychiatry | Outpatient Services | 90832T | 30 minutes of psychotherapy - Related to trauma or injury - Service/items provided to a prisoner or patient in state or local custody | 30 minutes of psychotherapy - Related to trauma or injury | X | | X | | X |
| Psychiatry | Outpatient Services | 90832TQJ | 30 minutes of psychotherapy - Prolonged Exposure Therapy (PET) | 30 minutes of psychotherapy - Prolonged Exposure Therapy (PET) | X | | X | | X |
| Psychiatry | Outpatient Services | 90832Y1 | 30 minutes of psychotherapy - Dialectical Behavior Therapy (DBT) | 30 minutes of psychotherapy - Dialectical Behavior Therapy (DBT) | X | | X | | X |
| Psychiatry | Outpatient Services | 90832Y2 | 30 minutes of psychotherapy - SAMHSA approved EBP for Co-occurring disorders | 30 minutes of psychotherapy - SAMHSA approved EBP for Co-occurring disorders | X | | X | | X |
| Psychiatry | Outpatient Services | 90832Y4 | 30 minutes add on psychotherapy - Service/items provided to a prisoner or patient in state or local custody | 30 minutes add on psychotherapy | X | | X | | X |
| Psychiatry | Outpatient Services | 90833QJ | 45 minutes of psychotherapy - Service/items provided to a prisoner or patient in state or local custody | 45 minutes of psychotherapy | X | | X | | X |
| Psychiatry | Outpatient Services | 90834 | 45 minutes of psychotherapy - Related to trauma or injury - Service/items provided to a prisoner or patient in state or local custody | 45 minutes of psychotherapy - Related to trauma or injury | X | | X | | X |
| Psychiatry | Outpatient Services | 90834QJ | 45 minutes of psychotherapy - Related to trauma or injury - Service/items provided to a prisoner or patient in state or local custody | 45 minutes of psychotherapy - Related to trauma or injury | X | | X | | X |
| Psychiatry | Outpatient Services | 90834T | 45 minutes of psychotherapy - Related to trauma or injury - Service/items provided to a prisoner or patient in state or local custody | 45 minutes of psychotherapy - Related to trauma or injury | X | | X | | X |
| Psychiatry | Outpatient Services | 90834TQJ | 45 minutes of psychotherapy - Prolonged Exposure Therapy (PET) | 45 minutes of psychotherapy - Prolonged Exposure Therapy (PET) | X | | X | | X |
| Psychiatry | Outpatient Services | 90834Y1 | 45 minutes of psychotherapy - Dialectical Behavior Therapy (DBT) | 45 minutes of psychotherapy - Dialectical Behavior Therapy (DBT) | X | | X | | X |
| Psychiatry | Outpatient Services | 90834Y2 | 45 minutes of psychotherapy - SAMHSA approved EBP for Co-occurring disorders | 45 minutes of psychotherapy - SAMHSA approved EBP for Co-occurring disorders | X | | X | | X |
| Psychiatry | Outpatient Services | 90834Y4 | 45 minutes add on psychotherapy - Service/items provided to a prisoner or patient in state or local custody | 45 minutes add on psychotherapy | X | | X | | X |
| Psychiatry | Outpatient Services | 90835QJ | 60 minutes of psychotherapy - Service/items provided to a prisoner or patient in state or local custody | 60 minutes of psychotherapy | X | | X | | X |
| Psychiatry | Outpatient Services | 90837 | 60 minutes of psychotherapy - Related to trauma or injury - Service/items provided to a prisoner or patient in state or local custody | 60 minutes of psychotherapy - Related to trauma or injury | X | | X | | X |
| Psychiatry | Outpatient Services | 90837QJ | 60 minutes of psychotherapy - Related to trauma or injury - Service/items provided to a prisoner or patient in state or local custody | 60 minutes of psychotherapy - Related to trauma or injury | X | | X | | X |
| Psychiatry | Outpatient Services | 90837T | 60 minutes of psychotherapy - Related to trauma or injury - Service/items provided to a prisoner or patient in state or local custody | 60 minutes of psychotherapy - Related to trauma or injury | X | | X | | X |
| Psychiatry | Outpatient Services | 90837TQJ | 60 minutes of psychotherapy - Prolonged Exposure Therapy (PET) | 60 minutes of psychotherapy - Prolonged Exposure Therapy (PET) | X | | X | | X |
| Psychiatry | Outpatient Services | 90837Y1 | 60 minutes of psychotherapy - Dialectical Behavior Therapy (DBT) | 60 minutes of psychotherapy - Dialectical Behavior Therapy (DBT) | X | | X | | X |
| Psychiatry | Outpatient Services | 90837Y2 | 60 minutes of psychotherapy - SAMHSA approved EBP for Co-occurring disorders | 60 minutes of psychotherapy - SAMHSA approved EBP for Co-occurring disorders | X | | X | | X |
| Psychiatry | Outpatient Services | 90837Y4 | 60 minutes add on psychotherapy - Service/items provided to a prisoner or patient in state or local custody | 60 minutes add on psychotherapy | X | | X | | X |
| Psychiatry | Outpatient Services | 90838QJ | 60 minutes add on psychotherapy - Service/items provided to a prisoner or patient in state or local custody | 60 minutes add on psychotherapy | X | | X | | X |
| Crisis | | 90839 | Crisis Psychotherapy 60 Minutes | | X | | X | | X |
| Crisis | | 90839QJ | Crisis Psychotherapy 60 Minutes - Related to trauma or injury | | X | | X | | X |
| Crisis | | 90839T | Crisis Psychotherapy 60 Minutes - Related to trauma or injury - Service/items provided to a prisoner or patient in state or local custody | | X | | X | | X |
| Crisis | | 90839TQJ | Crisis Psychotherapy 60 Minutes - Prolonged Exposure Therapy (PET) | | X | | X | | X |
| Crisis | | 90839Y1 | Crisis Psychotherapy 60 Minutes - Dialectical Behavior Therapy (DBT) | | X | | X | | X |
| Crisis | | 90839Y2 | Crisis Psychotherapy 60 Minutes - Parent Management Training Oregon Model | | X | | X | | X |
| Crisis | | 90839Y3 | Crisis Psychotherapy 60 Minutes - Parent Management Training Oregon Model | | X | | X | | X |
| Crisis | | 90839Y4 | Crisis Psychotherapy 60 Minutes - SAMHSA approved EBP for Co-occurring disorders | | X | | X | | X |
| Crisis | | 90840 | Crisis Psychotherapy add on 30 minutes | | X | | X | | X |
| Crisis | | 90840QJ | Crisis Psychotherapy add on 30 minutes - Service/items provided to a prisoner or patient in state or local custody | | X | | X | | X |
| Crisis | | 90840Y1 | Crisis Psychotherapy add on 30 minutes - Prolonged Exposure Therapy (PET) | | X | | X | | X |
| Crisis | | 90840Y2 | Crisis Psychotherapy add on 30 minutes - Dialectical Behavior Therapy (DBT) | | X | | X | | X |
| Crisis | | 90840Y3 | Crisis Psychotherapy add on 30 minutes - Parent Management Training Oregon Model | | X | | X | | X |
| Crisis | | 90840Y4 | Crisis Psychotherapy add on 30 minutes - SAMHSA approved EBP for Co-occurring disorders | | X | | X | | X |
| Psychiatry | Outpatient Services | 90846 | Family therapy, per session | Family therapy, per session | X | | X | | X |
| Psychiatry | Outpatient Services | 90846T | Family therapy, per session - Related to trauma or injury | Family therapy, per session - Related to trauma or injury | X | | X | | X |
| Psychiatry | Outpatient Services | 90846Y2 | Family therapy, per session - Dialectical Behavior Therapy (DBT) | Family therapy, per session - Dialectical Behavior Therapy (DBT) | X | | X | | X |
| Psychiatry | Outpatient Services | 90846Y3 | Family therapy, per session - Parent Management Training Oregon Model | Family therapy, per session - Parent Management Training Oregon Model | X | | X | | X |
| Psychiatry | Outpatient Services | 90846Y4 | Family therapy, per session - SAMHSA approved EBP for Co-occurring disorders | Family therapy, per session - SAMHSA approved EBP for Co-occurring disorders | X | | X | | X |
| Psychiatry | Outpatient Services | 90847 | Family psychotherapy (conjoint psychotherapy) | Family psychotherapy (conjoint psychotherapy) | X | | X | | X |
| Psychiatry | Outpatient Services | 90847T | Family psychotherapy (conjoint psychotherapy) - Related to trauma or injury | Family psychotherapy (conjoint psychotherapy) - Related to trauma or injury | X | | X | | X |
| Psychiatry | Outpatient Services | 90847Y2 | Family psychotherapy (conjoint psychotherapy) - Dialectical Behavior Therapy (DBT) | Family psychotherapy (conjoint psychotherapy) - Dialectical Behavior Therapy (DBT) | X | | X | | X |
| Psychiatry | Outpatient Services | 90847Y3 | Family psychotherapy (conjoint psychotherapy) - Parent Management Training Oregon Model | Family psychotherapy (conjoint psychotherapy) - Parent Management Training Oregon Model | X | | X | | X |
| Psychiatry | Outpatient Services | 90847Y4 | Family psychotherapy (conjoint psychotherapy) - SAMHSA approved EBP for Co-occurring disorders | Family psychotherapy (conjoint psychotherapy) - SAMHSA approved EBP for Co-occurring disorders | X | | X | | X |
| Psychiatry | Outpatient Services | 90849 | Family psycho-education | Family psycho-education | X | | X | | X |

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| MHC/CBHC Service Category | SUD Service Category | Service | MHC/CBHC Service Description | SUD Service Description | Mental Health | Substance Abuse | State Plan | 19150 | LCBHC |
|---------------------------|----------------------|-----------|--|--|---------------|-----------------|------------|-------|-------|
| Psychotherapy | Outpatient Services | 90849ST | Family psycho-education - Related to trauma or injury | Family psycho-education - Related to trauma or injury | X | X | X | X | X |
| Psychotherapy | Outpatient Services | 90849UN | Family psycho-education - 2 patients served | Family psycho-education - 2 patients served | X | X | X | X | X |
| Psychotherapy | Outpatient Services | 90849UNST | Family psycho-education - 2 patients served - Related to trauma or injury | Family psycho-education - 2 patients served - Related to trauma or injury | X | X | X | X | X |
| Psychotherapy | Outpatient Services | 90849UNY2 | Family psycho-education - 2 patients served - Dialectical Behavior Therapy (DBT) | Family psycho-education - 2 patients served - Dialectical Behavior Therapy (DBT) | X | X | X | X | X |
| Psychotherapy | Outpatient Services | 90849UNY3 | Family psycho-education - 2 patients served - Parent Management Training Oregon Model | Family psycho-education - 2 patients served - Parent Management Training Oregon Model | X | X | X | X | X |
| Psychotherapy | Outpatient Services | 90849UNY4 | Family psycho-education - 2 patients served - SAMHSA approved EBP for Co-occurring disorders | Family psycho-education - 2 patients served - SAMHSA approved EBP for Co-occurring disorders | X | X | X | X | X |
| Psychotherapy | Outpatient Services | 90849UP | Family psycho-education - 3 patients served | Family psycho-education - 3 patients served | X | X | X | X | X |
| Psychotherapy | Outpatient Services | 90849UPST | Family psycho-education - 3 patients served - Related to trauma or injury | Family psycho-education - 3 patients served - Related to trauma or injury | X | X | X | X | X |
| Psychotherapy | Outpatient Services | 90849UPY2 | Family psycho-education - 3 patients served - Dialectical Behavior Therapy (DBT) | Family psycho-education - 3 patients served - Dialectical Behavior Therapy (DBT) | X | X | X | X | X |
| Psychotherapy | Outpatient Services | 90849UPY3 | Family psycho-education - 3 patients served - Parent Management Training Oregon Model | Family psycho-education - 3 patients served - Parent Management Training Oregon Model | X | X | X | X | X |
| Psychotherapy | Outpatient Services | 90849UPY4 | Family psycho-education - 3 patients served - SAMHSA approved EBP for Co-occurring disorders | Family psycho-education - 3 patients served - SAMHSA approved EBP for Co-occurring disorders | X | X | X | X | X |
| Psychotherapy | Outpatient Services | 90849UQ | Family psycho-education - 4 patients served | Family psycho-education - 4 patients served | X | X | X | X | X |
| Psychotherapy | Outpatient Services | 90849UQST | Family psycho-education - 4 patients served - Related to trauma or injury | Family psycho-education - 4 patients served - Related to trauma or injury | X | X | X | X | X |
| Psychotherapy | Outpatient Services | 90849UQY2 | Family psycho-education - 4 patients served - Dialectical Behavior Therapy (DBT) | Family psycho-education - 4 patients served - Dialectical Behavior Therapy (DBT) | X | X | X | X | X |
| Psychotherapy | Outpatient Services | 90849UQY3 | Family psycho-education - 4 patients served - Parent Management Training Oregon Model | Family psycho-education - 4 patients served - Parent Management Training Oregon Model | X | X | X | X | X |
| Psychotherapy | Outpatient Services | 90849UQY4 | Family psycho-education - 4 patients served - SAMHSA approved EBP for Co-occurring disorders | Family psycho-education - 4 patients served - SAMHSA approved EBP for Co-occurring disorders | X | X | X | X | X |
| Psychotherapy | Outpatient Services | 90849UR | Family psycho-education - 5 patients served | Family psycho-education - 5 patients served | X | X | X | X | X |
| Psychotherapy | Outpatient Services | 90849URST | Family psycho-education - 5 patients served - Related to trauma or injury | Family psycho-education - 5 patients served - Related to trauma or injury | X | X | X | X | X |
| Psychotherapy | Outpatient Services | 90849URY2 | Family psycho-education - 5 patients served - Dialectical Behavior Therapy (DBT) | Family psycho-education - 5 patients served - Dialectical Behavior Therapy (DBT) | X | X | X | X | X |
| Psychotherapy | Outpatient Services | 90849URY3 | Family psycho-education - 5 patients served - Parent Management Training Oregon Model | Family psycho-education - 5 patients served - Parent Management Training Oregon Model | X | X | X | X | X |
| Psychotherapy | Outpatient Services | 90849URY4 | Family psycho-education - 5 patients served - SAMHSA approved EBP for Co-occurring disorders | Family psycho-education - 5 patients served - SAMHSA approved EBP for Co-occurring disorders | X | X | X | X | X |
| Psychotherapy | Outpatient Services | 90849US | Family psycho-education - 6 or more patients served - Related to trauma or injury | Family psycho-education - 6 or more patients served - Related to trauma or injury | X | X | X | X | X |
| Psychotherapy | Outpatient Services | 90849USST | Family psycho-education - 6 or more patients served - Dialectical Behavior Therapy (DBT) | Family psycho-education - 6 or more patients served - Dialectical Behavior Therapy (DBT) | X | X | X | X | X |
| Psychotherapy | Outpatient Services | 90849USY2 | Family psycho-education - 6 or more patients served - Parent Management Training Oregon Model | Family psycho-education - 6 or more patients served - Parent Management Training Oregon Model | X | X | X | X | X |
| Psychotherapy | Outpatient Services | 90849USY4 | Family psycho-education - 6 or more patients served - SAMHSA approved EBP for Co-occurring disorders | Family psycho-education - 6 or more patients served - SAMHSA approved EBP for Co-occurring disorders | X | X | X | X | X |
| Psychotherapy | Outpatient Services | 90849Y2 | Family psycho-education - Parent Management Training Oregon Model | Family psycho-education - Parent Management Training Oregon Model | X | X | X | X | X |
| Psychotherapy | Outpatient Services | 90849Y3 | Family psycho-education - SAMHSA approved EBP for Co-occurring disorders | Family psycho-education - SAMHSA approved EBP for Co-occurring disorders | X | X | X | X | X |
| Psychotherapy | Outpatient Services | 90849Y4 | Family psycho-education - SAMHSA approved EBP for Co-occurring disorders | Family psycho-education - SAMHSA approved EBP for Co-occurring disorders | X | X | X | X | X |
| Psychotherapy | Outpatient Services | 9085JUN | Group therapy, adult or child, per session - 2 patients served | Group therapy, adult or child, per session - 2 patients served | X | X | X | X | X |
| Psychotherapy | Outpatient Services | 9085JUNQJ | Group therapy, adult or child, per session - 2 patients served - Service/items provided to a prisoner or patient in state or local custody | Group therapy, adult or child, per session - 2 patients served - Service/items provided to a prisoner or patient in state or local custody | X | X | X | X | X |
| Psychotherapy | Outpatient Services | 9085JUNY2 | Group therapy, adult or child, per session - 2 patients served - Dialectical Behavior Therapy (DBT) | Group therapy, adult or child, per session - 2 patients served - Dialectical Behavior Therapy (DBT) | X | X | X | X | X |
| Psychotherapy | Outpatient Services | 9085JUNY4 | Group therapy, adult or child, per session - 2 patients served - SAMHSA approved EBP for Co-occurring disorders | Group therapy, adult or child, per session - 2 patients served - SAMHSA approved EBP for Co-occurring disorders | X | X | X | X | X |
| Psychotherapy | Outpatient Services | 9085JUP | Group therapy, adult or child, per session - 3 patients served | Group therapy, adult or child, per session - 3 patients served | X | X | X | X | X |
| Psychotherapy | Outpatient Services | 9085JUPQJ | Group therapy, adult or child, per session - 3 patients served - Service/items provided to a prisoner or patient in state or local custody | Group therapy, adult or child, per session - 3 patients served - Service/items provided to a prisoner or patient in state or local custody | X | X | X | X | X |
| Psychotherapy | Outpatient Services | 9085JUPY2 | Group therapy, adult or child, per session - 3 patients served - Dialectical Behavior Therapy (DBT) | Group therapy, adult or child, per session - 3 patients served - Dialectical Behavior Therapy (DBT) | X | X | X | X | X |
| Psychotherapy | Outpatient Services | 9085JUPY4 | Group therapy, adult or child, per session - 3 patients served - SAMHSA approved EBP for Co-occurring disorders | Group therapy, adult or child, per session - 3 patients served - SAMHSA approved EBP for Co-occurring disorders | X | X | X | X | X |
| Psychotherapy | Outpatient Services | 9085JUQ | Group therapy, adult or child, per session - 4 patients served | Group therapy, adult or child, per session - 4 patients served | X | X | X | X | X |
| Psychotherapy | Outpatient Services | 9085JUQJ | Group therapy, adult or child, per session - 4 patients served - Service/items provided to a prisoner or patient in state or local custody | Group therapy, adult or child, per session - 4 patients served - Service/items provided to a prisoner or patient in state or local custody | X | X | X | X | X |
| Psychotherapy | Outpatient Services | 9085JUQY2 | Group therapy, adult or child, per session - 4 patients served - Dialectical Behavior Therapy (DBT) | Group therapy, adult or child, per session - 4 patients served - Dialectical Behavior Therapy (DBT) | X | X | X | X | X |
| Psychotherapy | Outpatient Services | 9085JUQY4 | Group therapy, adult or child, per session - 4 patients served - SAMHSA approved EBP for Co-occurring disorders | Group therapy, adult or child, per session - 4 patients served - SAMHSA approved EBP for Co-occurring disorders | X | X | X | X | X |
| Psychotherapy | Outpatient Services | 9085JUR | Group therapy, adult or child, per session - 5 patients served | Group therapy, adult or child, per session - 5 patients served | X | X | X | X | X |
| Psychotherapy | Outpatient Services | 9085JURQJ | Group therapy, adult or child, per session - 5 patients served - Service/items provided to a prisoner or patient in state or local custody | Group therapy, adult or child, per session - 5 patients served - Service/items provided to a prisoner or patient in state or local custody | X | X | X | X | X |
| Psychotherapy | Outpatient Services | 9085JURY2 | Group therapy, adult or child, per session - 5 patients served - Dialectical Behavior Therapy (DBT) | Group therapy, adult or child, per session - 5 patients served - Dialectical Behavior Therapy (DBT) | X | X | X | X | X |
| Psychotherapy | Outpatient Services | 9085JURY4 | Group therapy, adult or child, per session - 5 patients served - SAMHSA approved EBP for Co-occurring disorders | Group therapy, adult or child, per session - 5 patients served - SAMHSA approved EBP for Co-occurring disorders | X | X | X | X | X |
| Psychotherapy | Outpatient Services | 9085JUS | Group therapy, adult or child, per session - 6 or more patients served | Group therapy, adult or child, per session - 6 or more patients served | X | X | X | X | X |
| Psychotherapy | Outpatient Services | 9085JUSQJ | Group therapy, adult or child, per session - 6 or more patients served - Service/items provided to a prisoner or patient in state or local custody | Group therapy, adult or child, per session - 6 or more patients served - Service/items provided to a prisoner or patient in state or local custody | X | X | X | X | X |
| Psychotherapy | Outpatient Services | 9085JUSY2 | Group therapy, adult or child, per session - 6 or more patients served - Dialectical Behavior Therapy (DBT) | Group therapy, adult or child, per session - 6 or more patients served - Dialectical Behavior Therapy (DBT) | X | X | X | X | X |
| Psychotherapy | Outpatient Services | 9085JUSY4 | Group therapy, adult or child, per session - 6 or more patients served - SAMHSA approved EBP for Co-occurring disorders | Group therapy, adult or child, per session - 6 or more patients served - SAMHSA approved EBP for Co-occurring disorders | X | X | X | X | X |
| Other | | 90863 | Pharmacological Management (SED Waiver) | | X | | | | |
| Other | | 90870 | Electroconvulsive Therapy | | X | | | | |
| Other | | 908709091 | Facility change | | X | | | | |
| Assessments and Testing | | 90887 | Interpretation or explanation of results of psychiatric exams | | X | | | | X |
| Other Therapy | | 92507 | Speech & language therapy, individual | | X | | | | |
| Other Therapy | | 92508 | Speech & language therapy, group | | X | | | | |
| Other Therapy | | 92521 | Evaluation of speech fluency | | X | | | | |
| Other Therapy | | 92522 | Evaluation of speech and sound production | | X | | | | |
| Other Therapy | | 92523 | Evaluation of speech sound production with evaluation of language comprehension and expression | | X | | | | |
| Other Therapy | | 92524 | Behavioral and qualitative analysis of voice resonance | | X | | | | |
| Other Therapy | | 92526 | Speech & language therapy, individual | | X | | | | |
| Other Therapy | | 92607 | Evaluation for prescription for speech-generating augmentative and alternative communication devices, face-to-face with patient, first hour | | X | | | | |
| Other Therapy | | 92608 | Add-on codes for 92607, each additional 30 minutes | | X | | | | |
| Other Therapy | | 92609 | Therapeutic services for the use of speech-generating device, including programming and modification | | X | | | | |
| Other Therapy | | 92610 | Speech & language evaluation | | X | | | | |
| Other | | 92626 | Evaluation of Auditory Rehabilitation Status; First Hour (Children's Waiver) | | X | | | | |
| Other | | 92627 | Evaluation of Auditory Rehabilitation Status; Each Additional 15 Minutes (Children's Waiver) | | X | | | | |
| Other | | 92630 | Auditory Rehabilitation Pre-Lingual Hearing Loss (Children's Waiver) | | X | | | | |
| Other | | 92633 | Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver) | | X | | | | |
| Assessments and Testing | | 96105 | Assessment of aphasia | | X | | | | X |
| Assessments and Testing | | 96105W X | Assessment of aphasia - LOCUS Assessment | | X | | | | X |
| Assessments and Testing | | 96110 | Developmental testing, limited - Service/items provided to a prisoner or patient in state or local custody | | X | | | | X |
| Assessments and Testing | | 96110QJ | Developmental testing, limited - LOCUS Assessment | | X | | | | X |
| Assessments and Testing | | 96110W X | Developmental test administration - Service/items provided to a prisoner or patient in state or local custody | | X | | | | X |
| Assessments and Testing | | 96110W X | Developmental test administration - LOCUS Assessment | | X | | | | X |
| Assessments and Testing | | 96112QJ | Developmental test administration (each additional 30 minutes) | | X | | | | X |
| Assessments and Testing | | 96112W X | Developmental test administration - LOCUS Assessment | | X | | | | X |
| Assessments and Testing | | 96113 | Developmental test administration (each additional 30 minutes) - Service/items provided to a prisoner or patient in state or local custody | | X | | | | X |
| Assessments and Testing | | 96113QJ | Developmental test administration (each additional 30 minutes) - LOCUS Assessment | | X | | | | X |
| Assessments and Testing | | 96113W X | Developmental test administration - Service/items provided to a prisoner or patient in state or local custody | | X | | | | X |
| Assessments and Testing | | 96116 | Neurobehavioral status exam - Psychologist | | X | | | | X |
| Assessments and Testing | | 96116W X | Neurobehavioral status exam - Psychologist - LOCUS Assessment | | X | | | | X |
| Assessments and Testing | | 96121 | Neurobehavioral status exam - Psychologist | | X | | | | X |
| Assessments and Testing | | 96127 | Brief emotional/behavioral assessment with scoring and documentation, per standardized instrument | | X | | | | X |
| Assessments and Testing | | 96127W X | Brief emotional/behavioral assessment with scoring and documentation, per standardized instrument - LOCUS Assessment | | X | | | | X |
| Assessments and Testing | | 96130 | Psychological testing | | X | | | | X |
| Assessments and Testing | | 96130QJ | Psychological testing - Service/items provided to a prisoner or patient in state or local custody | | X | | | | X |
| Assessments and Testing | | 96131 | Psychological testing | | X | | | | X |
| Assessments and Testing | | 96131QJ | Psychological testing - Service/items provided to a prisoner or patient in state or local custody | | X | | | | X |
| Assessments and Testing | | 96132 | Neuropsychological testing | | X | | | | X |
| Assessments and Testing | | 96133 | Neuropsychological testing | | X | | | | X |
| Assessments and Testing | | 96136 | Psychological or neuropsychological testing | | X | | | | X |
| Assessments and Testing | | 96136QJ | Psychological or neuropsychological testing - Service/items provided to a prisoner or patient in state or local custody | | X | | | | X |
| Assessments and Testing | | 96137 | Psychological or neuropsychological testing | | X | | | | X |
| Assessments and Testing | | 96137QJ | Psychological or neuropsychological testing - Service/items provided to a prisoner or patient in state or local custody | | X | | | | X |
| Assessments and Testing | | 96138 | Psychological or neuropsychological test administration and scoring by technician, two or more tests | | X | | | | X |
| Assessments and Testing | | 96139 | Psychological or neuropsychological test administration and scoring by technician, two or more tests | | X | | | | X |

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| MHC/CBHC Service Category | SUD Service Category | Service | MHC/CBHC Service Description | SUD Service Description | Mental Health | Substance Abuse | State Plan | 19150 | CCBHC |
|---------------------------|---------------------------|---------|---|---|---------------|-----------------|------------|-------|-------|
| Assessments and Testing | | 96148 | Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result | | X | | X | | X |
| Medication Administration | Medication Administration | 96372 | Therapeutic, prophylactic, or diagnostic injection. Report using this procedure code only when provided as a separate service | Therapeutic, prophylactic, or diagnostic injection. Report using this procedure code only when provided as a separate service | X | X | X | | X |
| Medication Administration | Medication Administration | 96372QJ | Therapeutic, prophylactic, or diagnostic injection. Report using this procedure code only when provided as a separate service - Service/items provided to a prisoner or patient in state or local custody | Therapeutic, prophylactic, or diagnostic injection. Report using this procedure code only when provided as a separate service - Service/items provided to a prisoner or patient in state or local custody | X | X | | | X |
| Medication Administration | Medication Administration | 96372Y4 | Therapeutic, prophylactic, or diagnostic injection. Report using this procedure code only when provided as a separate service - SAMHSA approved EBP for Co-occurring disorders | Therapeutic, prophylactic, or diagnostic injection. Report using this procedure code only when provided as a separate service - SAMHSA approved EBP for Co-occurring disorders | X | X | X | | X |
| Other Therapy | | 97110 | Therapeutic procedure, one or more areas | | X | | | | |
| Other Therapy | | 97112 | Neuromuscular reeducation of movement | | X | | | | |
| Other Therapy | | 97113 | Aquatic therapy with therapeutic exercises | | X | | | | |
| Other Therapy | | 97116 | Gait training (includes stair climbing) | | X | | | | |
| Other Therapy | | 97124 | Massage, including effleurage | | X | | | | |
| Other Therapy | | 97129 | Cognitive Skills Development | | X | | | | |
| Other Therapy | | 97130 | Cognitive Skills Development | | X | | | | |
| Other Therapy | | 97140 | Manual therapy techniques | | X | | | | |
| Other Therapy | | 97150 | Group, not session | | X | | | | |
| Assessments and Testing | | 97151 | Behavior identification assessment by a qualified provider face to face with the individual and caregiver(s); includes interpretation of results and development of the behavioral plan of care | | X | | X | | |
| Assessments and Testing | | 97151US | Behavior identification assessment by a qualified provider face to face with the individual and caregiver(s); includes interpretation of results and development of the behavioral plan of care - Autism | | X | | X | | |
| Autism Services | | 97153 | Adaptive behavior treatment by protocol, face to face with individual | | X | | X | | |
| Autism Services | | 97154UN | Group adaptive behavior treatment by protocol, two or more individuals - 2 patients served | | X | | X | | |
| Autism Services | | 97154UP | Group adaptive behavior treatment by protocol, two or more individuals - 3 patients served | | X | | X | | |
| Autism Services | | 97154UQ | Group adaptive behavior treatment by protocol, two or more individuals - 4 patients served | | X | | X | | |
| Autism Services | | 97154UR | Group adaptive behavior treatment by protocol, two or more individuals - 5 patients served | | X | | X | | |
| Autism Services | | 97154US | Group adaptive behavior treatment by protocol, two or more individuals - 6 or more patients served | | X | | X | | |
| Autism Services | | 97155 | Clinical observation & direction of adaptive behavior treatment with protocol modification | | X | | X | | |
| Autism Services | | 97156 | Family behavior treatment guidance administered by qualified professional | | X | | X | | |
| Autism Services | | 97157UN | Multiple family behavior treatment guidance administered by qualified professional. Unlimited, typically 90-105 minutes - 2 patients served | | X | | X | | |
| Autism Services | | 97157UP | Multiple family behavior treatment guidance administered by qualified professional. Unlimited, typically 90-105 minutes - 3 patients served | | X | | X | | |
| Autism Services | | 97157UQ | Multiple family behavior treatment guidance administered by qualified professional. Unlimited, typically 90-105 minutes - 4 patients served | | X | | X | | |
| Autism Services | | 97157UR | Multiple family behavior treatment guidance administered by qualified professional. Unlimited, typically 90-105 minutes - 5 patients served | | X | | X | | |
| Autism Services | | 97157US | Multiple family behavior treatment guidance administered by qualified professional. Unlimited, typically 90-105 minutes - 6 or more patients served | | X | | X | | |
| Autism Services | | 97158 | Adaptive behavior treatment social skills group | | X | | X | | |
| Autism Services | | 97158UN | Adaptive behavior treatment social skills group - 2 patients served | | X | | X | | |
| Autism Services | | 97158UP | Adaptive behavior treatment social skills group - 3 patients served | | X | | X | | |
| Autism Services | | 97158UQ | Adaptive behavior treatment social skills group - 4 patients served | | X | | X | | |
| Autism Services | | 97158UR | Adaptive behavior treatment social skills group - 5 patients served | | X | | X | | |
| Autism Services | | 97158US | Adaptive behavior treatment social skills group - 6 or more patients served | | X | | X | | |
| Other Therapy | | 97161 | PT evaluation/evaluation | | X | | X | | |
| Other Therapy | | 97161WX | PT evaluation/evaluation - LOCUS Assessment | | X | | X | | |
| Other Therapy | | 97162 | OT evaluation/evaluation | | X | | X | | |
| Other Therapy | | 97162WX | OT evaluation/evaluation - LOCUS Assessment | | X | | X | | |
| Other Therapy | | 97163 | OT evaluation/evaluation | | X | | X | | |
| Other Therapy | | 97163WX | OT evaluation/evaluation - LOCUS Assessment | | X | | X | | |
| Other Therapy | | 97164 | PT evaluation/evaluation | | X | | X | | |
| Other Therapy | | 97165 | OT evaluation/evaluation | | X | | X | | |
| Other Therapy | | 97165WX | OT evaluation/evaluation - LOCUS Assessment | | X | | X | | |
| Other Therapy | | 97166 | OT evaluation/evaluation | | X | | X | | |
| Other Therapy | | 97166WX | OT evaluation/evaluation - LOCUS Assessment | | X | | X | | |
| Other Therapy | | 97167 | OT evaluation/evaluation | | X | | X | | |
| Other Therapy | | 97167WX | OT evaluation/evaluation - LOCUS Assessment | | X | | X | | |
| Other Therapy | | 97168 | OT evaluation/evaluation | | X | | X | | |
| Other Therapy | | 97168WX | OT evaluation/evaluation - LOCUS Assessment | | X | | X | | |
| Other Therapy | | 97530 | Therapeutic activities, direct | | X | | X | | |
| Other Therapy | | 97530Y4 | Therapeutic activities, direct - SAMHSA approved EBP for Co-occurring disorders | | X | | X | | |
| Other Therapy | | 97533 | Sensory integrative techniques | | X | | X | | |
| Other Therapy | | 97535 | Self-care/home management training | | X | | X | | |
| Other Therapy | | 97537 | Community/recreation training | | X | | X | | |
| Other Therapy | | 97542 | Wheelchair management/propulsion training | | X | | X | | |
| Other Therapy | | 97750 | Physical performance training | | X | | X | | |
| Other Therapy | | 97755 | Assistive technology assessment | | X | | X | | |
| Other Therapy | | 97780 | Orthotic management and training initial encounter | | X | | X | | |
| Other Therapy | | 97781 | Prosthetic training upper and/or lower extremity(s) | | X | | X | | |
| Other Therapy | | 97783 | Orthotic management and training subsequent encounter | | X | | X | | |
| Assessments and Testing | | 97802 | Medical nutrition therapy, initial assessment and intervention | | X | | X | | |
| Assessments and Testing | | 97802WX | Medical nutrition therapy, initial assessment and intervention LOCUS Assessment | | X | | X | | |
| Assessments and Testing | | 97803 | Medical nutrition therapy, re-assessment and intervention, individual | | X | | X | | |
| Assessments and Testing | | 97803WX | Medical nutrition therapy, re-assessment and intervention, individual - LOCUS Assessment | | X | | X | | |
| Other Therapy | | 97804 | Nutrition Therapy-group | | X | | X | | |
| Other Therapy | | 97804UN | Nutrition Therapy-group - 2 patients served | | X | | X | | |
| Other Therapy | | 97804UP | Nutrition Therapy-group - 3 patients served | | X | | X | | |
| Other Therapy | | 97804UQ | Nutrition Therapy-group - 4 patients served | | X | | X | | |
| Other Therapy | | 97804UR | Nutrition Therapy-group - 5 patients served | | X | | X | | |
| Other Therapy | | 97804US | Nutrition Therapy-group - 6 or more patients served | | X | | X | | |
| Other | | 97810 | | Acupuncture, 1 or more needles, initial 15 minutes | | X | X | | |
| Other | | 97811 | | Acupuncture, 1 or more needles, each additional 15 minutes | | X | X | | |
| Other | | 98966 | Telephone Assessment and Management Service | | X | | X | | |
| Other | | 98967 | Telephone Assessment and Management Service | | X | | X | | |
| Other | | 98968 | Telephone Assessment and Management Service | | X | | X | | |
| Evaluation and Management | Evaluation and Management | 99202 | New Patient 15-29 Minutes | New Patient 15-29 Minutes | X | X | X | | |
| Evaluation and Management | Evaluation and Management | 99202QJ | New Patient 15-29 Minutes - Service/items provided to a prisoner or patient in state or local custody | New Patient 15-29 Minutes - Service/items provided to a prisoner or patient in state or local custody | X | X | X | | |
| Evaluation and Management | Evaluation and Management | 99202Y4 | New Patient 15-29 Minutes - SAMHSA approved EBP for Co-occurring disorders | New Patient 15-29 Minutes - SAMHSA approved EBP for Co-occurring disorders | X | X | X | | |
| Evaluation and Management | Evaluation and Management | 99203 | New Patient 30-44 Minutes | New Patient 30-44 Minutes | X | X | X | | |
| Evaluation and Management | Evaluation and Management | 99203QJ | New Patient 30-44 Minutes - Service/items provided to a prisoner or patient in state or local custody | New Patient 30-44 Minutes - Service/items provided to a prisoner or patient in state or local custody | X | X | X | | |
| Evaluation and Management | Evaluation and Management | 99203Y4 | New Patient 30-44 Minutes - SAMHSA approved EBP for Co-occurring disorders | New Patient 30-44 Minutes - SAMHSA approved EBP for Co-occurring disorders | X | X | X | | |
| Evaluation and Management | Evaluation and Management | 99204 | New Patient 45-59 Minutes | New Patient 45-59 Minutes | X | X | X | | |
| Evaluation and Management | Evaluation and Management | 99204QJ | New Patient 45-59 Minutes - Service/items provided to a prisoner or patient in state or local custody | New Patient 45-59 Minutes - Service/items provided to a prisoner or patient in state or local custody | X | X | X | | |
| Evaluation and Management | Evaluation and Management | 99204Y4 | New Patient 45-59 Minutes - SAMHSA approved EBP for Co-occurring disorders | New Patient 45-59 Minutes - SAMHSA approved EBP for Co-occurring disorders | X | X | X | | |
| Evaluation and Management | Evaluation and Management | 99205 | New Patient 60-74 Minutes | New Patient 60-74 Minutes | X | X | X | | |
| Evaluation and Management | Evaluation and Management | 99205QJ | New Patient 60-74 Minutes - Service/items provided to a prisoner or patient in state or local custody | New Patient 60-74 Minutes - Service/items provided to a prisoner or patient in state or local custody | X | X | X | | |
| Evaluation and Management | Evaluation and Management | 99205Y4 | New Patient 60-74 Minutes - SAMHSA approved EBP for Co-occurring disorders | New Patient 60-74 Minutes - SAMHSA approved EBP for Co-occurring disorders | X | X | X | | |
| Evaluation and Management | Evaluation and Management | 99211 | Established Patient | Established Patient | X | X | X | | |
| Evaluation and Management | Evaluation and Management | 99211QJ | Established Patient - Service/items provided to a prisoner or patient in state or local custody | Established Patient - Service/items provided to a prisoner or patient in state or local custody | X | X | X | | |
| Evaluation and Management | Evaluation and Management | 99211Y4 | Established Patient - SAMHSA approved EBP for Co-occurring disorders | Established Patient - SAMHSA approved EBP for Co-occurring disorders | X | X | X | | |
| Evaluation and Management | Evaluation and Management | 99212 | Established Patient 10-13 Minutes | Established Patient 10-13 Minutes | X | X | X | | |
| Evaluation and Management | Evaluation and Management | 99212QJ | Established Patient 10-13 Minutes - Service/items provided to a prisoner or patient in state or local custody | Established Patient 10-13 Minutes - Service/items provided to a prisoner or patient in state or local custody | X | X | X | | |
| Evaluation and Management | Evaluation and Management | 99212Y4 | Established Patient 10-13 Minutes - SAMHSA approved EBP for Co-occurring disorders | Established Patient 10-13 Minutes - SAMHSA approved EBP for Co-occurring disorders | X | X | X | | |
| Evaluation and Management | Evaluation and Management | 99213 | Established Patient 20-29 Minutes | Established Patient 20-29 Minutes | X | X | X | | |
| Evaluation and Management | Evaluation and Management | 99213QJ | Established Patient 20-29 Minutes - Service/items provided to a prisoner or patient in state or local custody | Established Patient 20-29 Minutes - Service/items provided to a prisoner or patient in state or local custody | X | X | X | | |
| Evaluation and Management | Evaluation and Management | 99213Y4 | Established Patient 20-29 Minutes - SAMHSA approved EBP for Co-occurring disorders | Established Patient 20-29 Minutes - SAMHSA approved EBP for Co-occurring disorders | X | X | X | | |
| Evaluation and Management | Evaluation and Management | 99214 | Established Patient 30-39 Minutes | Established Patient 30-39 Minutes | X | X | X | | |
| Evaluation and Management | Evaluation and Management | 99214QJ | Established Patient 30-39 Minutes - Service/items provided to a prisoner or patient in state or local custody | Established Patient 30-39 Minutes - Service/items provided to a prisoner or patient in state or local custody | X | X | X | | |
| Evaluation and Management | Evaluation and Management | 99214Y4 | Established Patient 30-39 Minutes - SAMHSA approved EBP for Co-occurring disorders | Established Patient 30-39 Minutes - SAMHSA approved EBP for Co-occurring disorders | X | X | X | | |
| Evaluation and Management | Evaluation and Management | 99215 | Established Patient 40-54 Minutes | Established Patient 40-54 Minutes | X | X | X | | |
| Evaluation and Management | Evaluation and Management | 99215QJ | Established Patient 40-54 Minutes - Service/items provided to a prisoner or patient in state or local custody | Established Patient 40-54 Minutes - Service/items provided to a prisoner or patient in state or local custody | X | X | X | | |
| Evaluation and Management | Evaluation and Management | 99215Y4 | Established Patient 40-54 Minutes - SAMHSA approved EBP for Co-occurring disorders | Established Patient 40-54 Minutes - SAMHSA approved EBP for Co-occurring disorders | X | X | X | | |
| Evaluation and Management | Evaluation and Management | 99221 | Initial hospital care-30 minutes | | X | | X | | |
| Evaluation and Management | Evaluation and Management | 99222 | Initial hospital care-50 minutes | | X | | X | | |
| Evaluation and Management | Evaluation and Management | 99223 | Initial hospital care-70 minutes | | X | | X | | |
| Evaluation and Management | Evaluation and Management | 99223Y4 | Initial hospital care-70 minutes - SAMHSA approved EBP for Co-occurring disorders | | X | | X | | |
| Evaluation and Management | Evaluation and Management | 99224 | Subsequent observation care - 15 minutes | | X | | X | | |
| Evaluation and Management | Evaluation and Management | 99225 | Subsequent observation care - 25 minutes | | X | | X | | |
| Evaluation and Management | Evaluation and Management | 99226 | Subsequent observation care - 35 minutes | | X | | X | | |
| Evaluation and Management | Evaluation and Management | 99231 | Subsequent hospital care-15 minutes | | X | | X | | |
| Evaluation and Management | Evaluation and Management | 99231Y4 | Subsequent hospital care-15 minutes - SAMHSA approved EBP for Co-occurring disorders | | X | | X | | |
| Evaluation and Management | Evaluation and Management | 99232 | Subsequent hospital care-25 minutes | | X | | X | | |

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| MHC/BHC Service Category | SUD Service Category | Service | MHC/BHC Service Description | SUD Service Description | Mental Health | Substance Abuse | State Plan | 19150 | CCBHC |
|-------------------------------|----------------------|-----------|---|---|---------------|-----------------|------------|-------|-------|
| Evaluation and Management | | 99232Y4 | Subsequent hospital care-25 minutes - SAMHSA approved EBP for Co-occurring disorders | | X | | X | | |
| Evaluation and Management | | 99233 | Subsequent hospital care-35 minutes | | X | | X | | |
| Evaluation and Management | | 99233Y4 | Subsequent hospital care-35 minutes - SAMHSA approved EBP for Co-occurring disorders | | X | | X | | |
| Evaluation and Management | | 99238 | Hospital Discharge Day Management | | X | | X | | |
| Evaluation and Management | | 99239 | Hospital Discharge Day Management | | X | | X | | |
| Evaluation and Management | | 99304 | Initial nursing facility care - 25 minutes | | X | | X | | |
| Evaluation and Management | | 99305 | Initial nursing facility care - 45 minutes | | X | | X | | |
| Evaluation and Management | | 99306 | Initial nursing facility care - 45 minutes | | X | | X | | |
| Evaluation and Management | | 99307 | Subsequent nursing facility care - 10 minutes | | X | | X | | |
| Evaluation and Management | | 99308 | Subsequent nursing facility care - 15 minutes | | X | | X | | |
| Evaluation and Management | | 99309 | Subsequent nursing facility care - 25 minutes | | X | | X | | |
| Evaluation and Management | | 99310 | Subsequent nursing facility care - 35 minutes | | X | | X | | |
| Evaluation and Management | | 99324 | Domiciliary Care, Rest Home, Assisted Living Visits - New Patient - 20 Minutes | | X | | X | | |
| Evaluation and Management | | 99325 | Domiciliary Care, Rest Home, Assisted Living Visits - New Patient - 30 Minutes | | X | | X | | |
| Evaluation and Management | | 99328 | Domiciliary Care, Rest Home, Assisted Living Visits - New Patient - 45 Minutes | | X | | X | | |
| Evaluation and Management | | 99327 | Domiciliary Care, Rest Home, Assisted Living Visits - New Patient - 60 Minutes | | X | | X | | |
| Evaluation and Management | | 99328 | Domiciliary Care, Rest Home, Assisted Living Visits - New Patient - 75 Minutes | | X | | X | | |
| Evaluation and Management | | 99334 | Domiciliary Care, Rest Home, Assisted Living Visits - Established Patient - 15 Minutes | | X | | X | | |
| Evaluation and Management | | 99335 | Domiciliary Care, Rest Home, Assisted Living Visits - Established Patient - 25 Minutes | | X | | X | | |
| Evaluation and Management | | 99336 | Domiciliary Care, Rest Home, Assisted Living Visits - Established Patient - 45 Minutes | | X | | X | | |
| Evaluation and Management | | 99337 | Domiciliary Care, Rest Home, Assisted Living Visits - Established Patient - 60 Minutes | | X | | X | | |
| Evaluation and Management | | 99341 | Home Visit - New Patient - 15 Minutes | | X | | X | | X |
| Evaluation and Management | | 99342 | Home Visit - New Patient - 30 Minutes | | X | | X | | X |
| Evaluation and Management | | 99343 | Home Visit - New Patient - 45 Minutes | | X | | X | | X |
| Evaluation and Management | | 99344 | Home Visit - New Patient - 60 Minutes | | X | | X | | X |
| Evaluation and Management | | 99345 | Home Visit - New Patient - 75 Minutes | | X | | X | | X |
| Evaluation and Management | | 99347 | Home Visit - Established Patient - 20 Minutes | | X | | X | | X |
| Evaluation and Management | | 99347Y4 | Home Visit - Established Patient - 20 Minutes - SAMHSA approved EBP for Co-occurring disorders | | X | | X | | X |
| Evaluation and Management | | 99348 | Home Visit - Established Patient - 30 Minutes | | X | | X | | X |
| Evaluation and Management | | 99349 | Home Visit - Established Patient - 40 Minutes | | X | | X | | X |
| Evaluation and Management | | 99350 | Home Visit - Established Patient - 60 Minutes | | X | | X | | X |
| Evaluation and Management | | 99354 | Prolonged EAM | | X | | X | | |
| Evaluation and Management | | 99355 | Prolonged EAM (Each additional 30 Minutes) | | X | | X | | |
| Evaluation and Management | | 99381 | Initial Comprehensive Preventive Medicine EAM - New Patient | | X | | X | | |
| Evaluation and Management | | 99382 | Initial New patient preventive medicine EAM - Age 1 through 4 years | | X | | X | | |
| Evaluation and Management | | 99383 | Initial New patient preventive medicine EAM - Age 5 through 11 years | | X | | X | | |
| Evaluation and Management | | 99384 | Initial New patient preventive medicine EAM - Age 12 through 17 years | | X | | X | | |
| Evaluation and Management | | 99385 | Initial Comprehensive Preventive Medicine EAM - Age 18-39 years | | X | | X | | |
| Evaluation and Management | | 99386 | Initial Comprehensive Preventive Medicine EAM - Age 40-64 years | | X | | X | | |
| Evaluation and Management | | 99387 | Initial New patient preventive medicine EAM - Age 65 years and older | | X | | X | | |
| Evaluation and Management | | 99391 | Established patient periodic preventive medicine examination - Under 1 year | | X | | X | | |
| Evaluation and Management | | 99392 | Established patient periodic preventive medicine examination - 1 through 4 years | | X | | X | | |
| Evaluation and Management | | 99393 | Established patient periodic preventive medicine examination - 5 through 11 years | | X | | X | | |
| Evaluation and Management | | 99394 | Established patient periodic preventive medicine examination - 12 through 17 years | | X | | X | | |
| Evaluation and Management | | 99395 | Established patient periodic preventive medicine examination - 18 through 39 years | | X | | X | | |
| Evaluation and Management | | 99396 | Established patient periodic preventive medicine examination - 40 through 64 years | | X | | X | | |
| Evaluation and Management | | 99397 | Established patient periodic preventive medicine examination - 65 years and older | | X | | X | | |
| Evaluation and Management | | 99415 | Prolonged Clinical Staff Service during EAM Service | | X | | X | | |
| Evaluation and Management | | 99416 | Prolonged Clinical Staff Service during EAM Service (Each Additional 30 Minutes) | | X | | X | | |
| Evaluation and Management | | 99417 | Prolonged EAM | | X | | X | | |
| Other | | 99441 | Telephone Evaluation and Management Service | | X | | X | | |
| Other | | 99442 | Telephone Evaluation and Management Service | | X | | X | | |
| Other | | 99443 | Telephone Evaluation and Management Service | | X | | X | | |
| Medication Administration | | 99506 | Home visit for intramuscular injection | | X | | X | | X |
| Medication Administration | | 99507Y4 | Home visit for intramuscular injection - SAMHSA approved EBP for Co-occurring disorders | | X | | X | | X |
| Other | | A0080 | Non-emergency transportation | | X | | X | | |
| Other | | A0090 | Non-emergency transportation | | X | | X | | |
| Other | | A0100 | Non-emergency transportation; taxi | Non-emergency transportation; taxi | X | X | X | | |
| Other | | A0110 | Non-emergency transportation and bus, intra- or interstate carrier | Non-emergency transportation and bus, intra- or interstate carrier | X | X | X | | |
| Other | | A0120 | Non-emergency transportation | | X | | X | | |
| Other | | A0120Y4 | Non-emergency transportation - SAMHSA approved EBP for Co-occurring disorders | | X | | X | | |
| Other | | A0130 | Non-emergency transportation | | X | | X | | |
| Other | | A0140 | Non-emergency transportation | | X | | X | | |
| Other | | A0425 | Ambulance Ground mileage | | X | | X | | |
| Other | | A0427 | Ambulance Service, Advanced Life Support, Emergency Transport | | X | | X | | |
| Other | | E1399 | DME, miscellaneous (single room air conditioner) | | X | | X | | |
| Other Therapy | | G0176 | Activity Therapy, Per Session (45 Mins or More) (Children's Waiver) | | X | | X | | X |
| Other | | G0177 | Family Psycho-Education - educational groups | | X | | X | | X |
| Other | | G0177UN | Family Psycho-Education - educational groups - 2 patients served | | X | | X | | X |
| Other | | G0177UNY4 | Family Psycho-Education - educational groups - 2 patients served - SAMHSA approved EBP for Co-occurring disorders | | X | | X | | X |
| Other | | G0177JP | Family Psycho-Education - educational groups - 3 patients served | | X | | X | | X |
| Other | | G0177JPY4 | Family Psycho-Education - educational groups - 3 patients served - SAMHSA approved EBP for Co-occurring disorders | | X | | X | | X |
| Other | | G0177JQ | Family Psycho-Education - educational groups - 4 patients served | | X | | X | | X |
| Other | | G0177JQY4 | Family Psycho-Education - educational groups - 4 patients served - SAMHSA approved EBP for Co-occurring disorders | | X | | X | | X |
| Other | | G0177JR | Family Psycho-Education - educational groups - 5 patients served | | X | | X | | X |
| Other | | G0177JRY4 | Family Psycho-Education - educational groups - 5 patients served - SAMHSA approved EBP for Co-occurring disorders | | X | | X | | X |
| Other | | G0177JS | Family Psycho-Education - educational groups - 6 or more patients served | | X | | X | | X |
| Other | | G0177JSY4 | Family Psycho-Education - educational groups - 6 or more patients served - SAMHSA approved EBP for Co-occurring disorders | | X | | X | | X |
| Other | | G0177Y4 | Family Psycho-Education - educational groups - SAMHSA approved EBP for Co-occurring disorders | | X | | X | | X |
| Other | Outpatient Services | G0469 | FGHC Visit New Patient (Med Review) | Social Work and psychological services | X | X | X | | |
| Other | | G0466 | FGHC Visit New Patient (Med Review) | | X | | | | |
| Other | | G0467 | FGHC Visit (Established Patient (Med Review) | | X | | | | |
| Other | | G0469 | FGHC visit, mental health, new patient | | X | | | | |
| Other | | G0470 | FGHC visit, mental health, established patient | | X | | | | |
| Medication Assisted Treatment | | G2067 | | Medication assisted treatment, methadone, weekly bundle | X | X | X | | |
| Medication Assisted Treatment | | G2068 | | Medication assisted treatment, Buprenorphine, weekly bundle | X | X | X | | |
| Medication Assisted Treatment | | G2073 | | Medication assisted treatment, Naltrexone, weekly bundle | X | X | X | | |
| Medication Assisted Treatment | | G2074 | | Medication assisted treatment, weekly bundle not including the drug | X | X | X | | |
| Medication Assisted Treatment | | G2076 | | Intake activities, including initial medical examination that is a complete, fully documented physical evaluation and initial assessment | X | X | X | | |
| Medication Assisted Treatment | | G2077 | | Periodic assessment - SAMHSA approved EBP for Co-occurring disorders | X | X | X | | |
| Medication Assisted Treatment | | G2077Y4 | | Periodic assessment - SAMHSA approved EBP for Co-occurring disorders | X | X | X | | |
| Medication Assisted Treatment | | G2078 | | Take-home supply of methadone | X | X | X | | |
| Medication Assisted Treatment | | G2079 | | Take-home supply of Buprenorphine | X | X | X | | |
| Medication Assisted Treatment | | G2080 | | Each additional 30 minutes of counseling in a week of medication assisted treatment | X | X | X | | |
| Other | | G2251 | | Brief Communication Technology-based Service, e.g. virtual check-in | X | | X | | |
| Assessments and Testing | | H0001 | | Alcohol and/or drug assessment (done by provider) | X | X | X | | X |
| Assessments and Testing | | H0001QJ | | Alcohol and/or drug assessment (done by provider) - Service/items provided to a prisoner or patient in state or local custody | X | X | X | | X |
| Assessments and Testing | | H0001Y4 | | Alcohol and/or drug assessment (done by provider) - SAMHSA approved EBP for Co-occurring disorders | X | X | X | | X |
| Assessments and Testing | | H0002 | | Brief screening to non-inpatient program - Service/items provided to a prisoner or patient in state or local custody | X | X | X | | X |
| Assessments and Testing | | H0002DJ | | Brief screening to non-inpatient program - LOCUS Assessment | X | X | X | | X |
| Assessments and Testing | | H0002WX | | Assessment | X | X | X | | X |
| Outpatient Services | | H0003 | | Laboratory analysis of specimens to detect presence of alcohol or drugs | X | X | X | | X |
| Outpatient Services | | H0004 | | Behavioral health counseling and therapy | X | X | X | | X |
| Outpatient Services | | H0004QJ | | Behavioral health counseling and therapy - Service/items provided to a prisoner or patient in state or local custody | X | X | X | | X |
| Outpatient Services | | H0004Y4 | | Behavioral health counseling and therapy - SAMHSA approved EBP for Co-occurring disorders | X | X | X | | X |
| Outpatient Services | | H0005JN | | Alcohol and/or drug services; group counseling by a clinician - 2 patients served | X | X | X | | X |
| Outpatient Services | | H0005JNJQ | | Alcohol and/or drug services; group counseling by a clinician - 2 patients served - Service/items provided to a prisoner or patient in state or local custody | X | X | X | | X |
| Outpatient Services | | H0005JNY4 | | Alcohol and/or drug services; group counseling by a clinician - 2 patients served - SAMHSA approved EBP for Co-occurring disorders | X | X | X | | X |
| Outpatient Services | | H0005JP | | Alcohol and/or drug services; group counseling by a clinician - 3 patients served | X | X | X | | X |
| Outpatient Services | | H0005JPQJ | | Alcohol and/or drug services; group counseling by a clinician - 3 patients served - Service/items provided to a prisoner or patient in state or local custody | X | X | X | | X |

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| MHCCHC Service Category | SUD Service Category | Service | MHCCHC Service Description | SUD Service Description | Mental Health | Substance Abuse | State Plan | 19150 | CCBHC |
|--------------------------------------|--------------------------------------|-------------|--|---|---------------|-----------------|------------|-------|-------|
| | Outpatient Services | H0005JUP4 | | Alcohol and/or drug services, group counseling by a clinician - 3 patients served - SAMHSA approved EBP for Co-occurring disorders | | X | X | | X |
| | Outpatient Services | H0005JQ | | Alcohol and/or drug services, group counseling by a clinician - 4 patients served | | X | X | | X |
| | Outpatient Services | H0005JQQJ | | Alcohol and/or drug services, group counseling by a clinician - 4 patients served - Service/Items provided to a prisoner or patient in state or local custody | | X | | | X |
| | Outpatient Services | H0005JQY4 | | Alcohol and/or drug services, group counseling by a clinician - 4 patients served - SAMHSA approved EBP for Co-occurring disorders | | X | X | | X |
| | Outpatient Services | H0005JR | | Alcohol and/or drug services, group counseling by a clinician - 5 patients served | | X | X | | X |
| | Outpatient Services | H0005JRQJ | | Alcohol and/or drug services, group counseling by a clinician - 5 patients served - Service/Items provided to a prisoner or patient in state or local custody | | X | | | X |
| | Outpatient Services | H0005JR4 | | Alcohol and/or drug services, group counseling by a clinician - 5 patients served - SAMHSA approved EBP for Co-occurring disorders | | X | X | | X |
| | Outpatient Services | H0005JS | | Alcohol and/or drug services, group counseling by a clinician - 6 or more patients served - SAMHSA approved EBP for Co-occurring disorders | | X | X | | X |
| | Outpatient Services | H0005JSQJ | | Alcohol and/or drug services, group counseling by a clinician - 6 or more patients served - Service/Items provided to a prisoner or patient in state or local custody | | X | | | X |
| | Outpatient Services | H0005JSY4 | | Alcohol and/or drug services, group counseling by a clinician - 6 or more patients served - SAMHSA approved EBP for Co-occurring disorders | | X | X | | X |
| | Case Management / Treatment Planning | H0006 | | Services provided to link clients to other essential medical, social and/or other services - SAMHSA approved EBP for Co-occurring disorders | | X | | | X |
| | Case Management / Treatment Planning | H0006QJ | | Services provided to link clients to other essential medical, social and/or other services - SAMHSA approved EBP for Co-occurring disorders | | X | | | X |
| | Case Management / Treatment Planning | H0006Y4 | | Services provided to link clients to other essential medical, social and/or other services - SAMHSA approved EBP for Co-occurring disorders | | X | | | X |
| | Withdrawal Management | H0010 | | Alcohol and/or drug services, medically monitored (ASAM Level III,7,D) - Physician | | X | X | | X |
| | Withdrawal Management | H0012 | | Alcohol and/or drug services, subacute detoxification (residential addiction program outpatient) | | X | X | | X |
| | Withdrawal Management | H0014 | | Alcohol and/or drug services, withdrawal management, ambulatory | | X | X | | X |
| | Outpatient Services | H0015 | | Alcohol and/or drug services, intensive outpatient, 9-19 hours | | X | X | | X |
| | Outpatient Services | H0015QJ | | Alcohol and/or drug services, intensive outpatient, 9-19 hours - Service/Items provided to a prisoner or patient in state or local custody | | X | | | X |
| | Outpatient Services | H0015Y4 | | Alcohol and/or drug services, intensive outpatient, 9-19 hours - SAMHSA approved EBP for Co-occurring disorders | | X | X | | X |
| Residential Services | Residential Services | H0018 | Alcohol and/or drug services, short term residential | | X | X | X | | X |
| | Residential Services | H0018W1 | | Alcohol and/or drug services, short term residential - ASAM 3.1 | | X | X | | X |
| | Residential Services | H0018W1Y4 | | Alcohol and/or drug services, short term residential - ASAM 3.1 - SAMHSA approved EBP for Co-occurring disorders | | X | X | | X |
| | Residential Services | H0018W3 | | Alcohol and/or drug services, short term residential - ASAM 3.3 | | X | X | | X |
| | Residential Services | H0018W3Y4 | | Alcohol and/or drug services, short term residential - ASAM 3.3 - SAMHSA approved EBP for Co-occurring disorders | | X | X | | X |
| | Residential Services | H0018W5 | | Alcohol and/or drug services, short term residential - ASAM 3.5 | | X | X | | X |
| | Residential Services | H0018W5Y4 | | Alcohol and/or drug services, short term residential - ASAM 3.5 - SAMHSA approved EBP for Co-occurring disorders | | X | X | | X |
| | Residential Services | H0018W7 | | Alcohol and/or drug services, short term residential - ASAM 3.7 | | X | X | | X |
| | Residential Services | H0018W7Y4 | | Alcohol and/or drug services, short term residential - ASAM 3.7 - SAMHSA approved EBP for Co-occurring disorders | | X | X | | X |
| Residential Services | Residential Services | H0018Y4 | Alcohol and/or drug services, short term residential - SAMHSA approved EBP for Co-occurring disorders | | X | X | X | | X |
| | Residential Services | H0019W1 | | Alcohol and/or drug services, long term residential - ASAM 3.1 | | X | X | | X |
| | Residential Services | H0019W1Y4 | | Alcohol and/or drug services, long term residential - ASAM 3.1 - SAMHSA approved EBP for Co-occurring disorders | | X | X | | X |
| | Residential Services | H0019W3 | | Alcohol and/or drug services, long term residential - ASAM 3.3 | | X | X | | X |
| | Residential Services | H0019W3Y4 | | Alcohol and/or drug services, long term residential - ASAM 3.3 - SAMHSA approved EBP for Co-occurring disorders | | X | X | | X |
| | Residential Services | H0019W5 | | Alcohol and/or drug services, long term residential - ASAM 3.5 | | X | X | | X |
| | Residential Services | H0019W5Y4 | | Alcohol and/or drug services, long term residential - ASAM 3.5 - SAMHSA approved EBP for Co-occurring disorders | | X | X | | X |
| | Residential Services | H0019W7 | | Alcohol and/or drug services, long term residential - ASAM 3.7 | | X | X | | X |
| | Residential Services | H0019W7Y4 | | Alcohol and/or drug services, long term residential - ASAM 3.7 - SAMHSA approved EBP for Co-occurring disorders | | X | X | | X |
| | Medication Assisted Treatment | H0020 | | Mental health service plan development by non-physician - SAMHSA approved EBP for Co-occurring disorders | | X | X | | X |
| | Prevention and Early Intervention | H0022 | | Alcohol and/or drug services, Intervention Service (Early Intervention) | | X | X | | X |
| | Prevention and Early Intervention | H0022Y4 | | Alcohol and/or drug services, Intervention Service (Early Intervention) - SAMHSA approved EBP for Co-occurring disorders | | X | X | | X |
| Additional Support Services | Prevention and Early Intervention | H0023 | Drop-in Center attendance | | X | X | X | | X |
| | Prevention and Early Intervention | H0025 | Behavioral health prevention education service (delivery of services with target population to affect knowledge, attitude, and/or behavior) | | X | | X | | X |
| | Prevention and Early Intervention | H0025Y4 | Behavioral health prevention education service (delivery of services with target population to affect knowledge, attitude, and/or behavior) - SAMHSA approved EBP for Co-occurring disorders | | X | | X | | X |
| Assessments and Testing | Assessments and Testing | H0031 | Mental health assessment, by non-physician | | X | X | X | | X |
| Assessments and Testing | Assessments and Testing | H0031QJ | Mental health assessment, by non-physician - Service/Items provided to a prisoner or patient in state or local custody | | X | | X | | X |
| Assessments and Testing | Assessments and Testing | H0031WX | Mental health assessment, by non-physician - LOCUS Assessment | | X | | X | | X |
| Assessments and Testing | Case Management / Treatment Planning | H0031WY | Mental health assessment, by non-physician - SIS Face to Face Assessment | | X | | X | | X |
| Case Management / Treatment Planning | Case Management / Treatment Planning | H0032 | Mental health service plan development by non-physician | | X | X | X | | X |
| Case Management / Treatment Planning | Case Management / Treatment Planning | H0032QJ | Mental health service plan development by non-physician - Service/Items provided to a prisoner or patient in state or local custody | | X | | X | | X |
| Case Management / Treatment Planning | Case Management / Treatment Planning | H0032TS | Mental health service plan development by non-physician - Monitoring Treatment Plans | | X | | X | | X |
| Case Management / Treatment Planning | Case Management / Treatment Planning | H0032TSQJ | Mental health service plan development by non-physician - Monitoring Treatment Plans - Service/Items provided to a prisoner or patient in state or local custody | | X | | X | | X |
| Case Management / Treatment Planning | Case Management / Treatment Planning | H0032TSY4 | Mental health service plan development by non-physician - Monitoring Treatment Plans - SAMHSA approved EBP for Co-occurring disorders | | X | | X | | X |
| Case Management / Treatment Planning | Case Management / Treatment Planning | H0032Y4 | Mental health service plan development by non-physician - SAMHSA approved EBP for Co-occurring disorders | | X | | X | | X |
| Other | Medication Assisted Treatment | H0033 | Medication training and support | | X | X | X | | X |
| Other | Other | H0034 | Medication training and support - SAMHSA approved EBP for Co-occurring disorders | | X | X | X | | X |
| Additional Support Services | Additional Support Services | H0036 | Community psychiatric supportive treatment | | X | X | X | | X |
| Additional Support Services | Additional Support Services | H0036QJ | Community psychiatric supportive treatment - Service/Items provided to a prisoner or patient in state or local custody | | X | | X | | X |
| Additional Support Services | Additional Support Services | H0036ST | Community psychiatric supportive treatment - Related to trauma or injury | | X | | X | | X |
| Additional Support Services | Additional Support Services | H0036STQJ | Community psychiatric supportive treatment - Related to trauma or injury - Service/Items provided to a prisoner or patient in state or local custody | | X | | X | | X |
| Additional Support Services | Additional Support Services | H0036UN | Community psychiatric supportive treatment - 2 patients served | | X | | X | | X |
| Additional Support Services | Additional Support Services | H0036UNQJ | Community psychiatric supportive treatment - 2 patients served - Service/Items provided to a prisoner or patient in state or local custody | | X | | X | | X |
| Additional Support Services | Additional Support Services | H0036UNST | Community psychiatric supportive treatment - 2 patients served - Related to trauma or injury | | X | | X | | X |
| Additional Support Services | Additional Support Services | H0036UNSTQJ | Community psychiatric supportive treatment - 2 patients served - Related to trauma or injury - Service/Items provided to a prisoner or patient in state or local custody | | X | | X | | X |
| Additional Support Services | Additional Support Services | H0036UNY2 | Community psychiatric supportive treatment - 2 patients served - Dialectical Behavior Therapy (DBT) | | X | | X | | X |
| Additional Support Services | Additional Support Services | H0036UNY3 | Community psychiatric supportive treatment - 2 patients served - Parent Management Training Oregon Model | | X | | X | | X |
| Additional Support Services | Additional Support Services | H0036UNY4 | Community psychiatric supportive treatment - 2 patients served - SAMHSA approved EBP for Co-occurring disorders | | X | | X | | X |
| Additional Support Services | Additional Support Services | H0036UP | Community psychiatric supportive treatment - 3 patients served | | X | | X | | X |
| Additional Support Services | Additional Support Services | H0036UPQJ | Community psychiatric supportive treatment - 3 patients served - Service/Items provided to a prisoner or patient in state or local custody | | X | | X | | X |
| Additional Support Services | Additional Support Services | H0036UPST | Community psychiatric supportive treatment - 3 patients served - Related to trauma or injury | | X | | X | | X |
| Additional Support Services | Additional Support Services | H0036UPSTQJ | Community psychiatric supportive treatment - 3 patients served - Related to trauma or injury - Service/Items provided to a prisoner or patient in state or local custody | | X | | X | | X |
| Additional Support Services | Additional Support Services | H0036UPY2 | Community psychiatric supportive treatment - 3 patients served - Dialectical Behavior Therapy (DBT) | | X | | X | | X |
| Additional Support Services | Additional Support Services | H0036UPY3 | Community psychiatric supportive treatment - 3 patients served - Parent Management Training Oregon Model | | X | | X | | X |
| Additional Support Services | Additional Support Services | H0036UPY4 | Community psychiatric supportive treatment - 3 patients served - SAMHSA approved EBP for Co-occurring disorders | | X | | X | | X |
| Additional Support Services | Additional Support Services | H0036UQ | Community psychiatric supportive treatment - 4 patients served | | X | | X | | X |
| Additional Support Services | Additional Support Services | H0036UQJ | Community psychiatric supportive treatment - 4 patients served - Service/Items provided to a prisoner or patient in state or local custody | | X | | X | | X |
| Additional Support Services | Additional Support Services | H0036UQST | Community psychiatric supportive treatment - 4 patients served - Related to trauma or injury | | X | | X | | X |
| Additional Support Services | Additional Support Services | H0036UQSTQJ | Community psychiatric supportive treatment - 4 patients served - Related to trauma or injury - Service/Items provided to a prisoner or patient in state or local custody | | X | | X | | X |
| Additional Support Services | Additional Support Services | H0036UQY2 | Community psychiatric supportive treatment - 4 patients served - Dialectical Behavior Therapy (DBT) | | X | | X | | X |
| Additional Support Services | Additional Support Services | H0036UQY3 | Community psychiatric supportive treatment - 4 patients served - Parent Management Training Oregon Model | | X | | X | | X |
| Additional Support Services | Additional Support Services | H0036UQY4 | Community psychiatric supportive treatment - 4 patients served - SAMHSA approved EBP for Co-occurring disorders | | X | | X | | X |
| Additional Support Services | Additional Support Services | H0036UR | Community psychiatric supportive treatment - 5 patients served | | X | | X | | X |
| Additional Support Services | Additional Support Services | H0036URQJ | Community psychiatric supportive treatment - 5 patients served - Service/Items provided to a prisoner or patient in state or local custody | | X | | X | | X |
| Additional Support Services | Additional Support Services | H0036URST | Community psychiatric supportive treatment - 5 patients served - Related to trauma or injury | | X | | X | | X |

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| MHC/CBHC Service Category | SUD Service Category | Service | MHC/CBHC Service Description | SUD Service Description | Mental Health | Substance Abuse | State Plan | 1915(i) | CCBHC |
|--------------------------------------|----------------------|--------------|--|-------------------------|---------------|-----------------|------------|---------|-------|
| Skill Building | | H2014VZ4 | Skills training and development - Out of Home Non-Vocational Habilitation - SAMHSA approved EBP for Co-occurring disorders | | X | | | X | |
| Skill Building | | H2014Y4 | Skills training and development - SAMHSA approved EBP for Co-occurring disorders | | X | | | X | X |
| Community Living Supports | | H2015 | Comprehensive Community Support Services | | X | | | X | |
| Community Living Supports | | H2015QJ | Comprehensive Community Support Services - Service/Items provided to a prisoner or patient in state or local custody | | X | | | | |
| Community Living Supports | | H2015QJUU | Comprehensive Community Support Services - Service/Items provided to a prisoner or patient in state or local custody - Overnight Health & Safety | | X | | | | |
| Community Living Supports | | H2015UJ | Comprehensive Community Support Services - Overnight Health & Safety | | X | | | X | |
| Community Living Supports | | H2015UJY4 | Comprehensive Community Support Services - Overnight Health & Safety - SAMHSA approved EBP for Co-occurring disorders | | X | | | X | |
| Community Living Supports | | H2015UN | Comprehensive Community Support Services - 2 patients served | | X | | | X | |
| Community Living Supports | | H2015UNQJ | Comprehensive Community Support Services - 2 patients served - Service/Items provided to a prisoner or patient in state or local custody | | X | | | | |
| Community Living Supports | | H2015UNQJUU | Comprehensive Community Support Services - 2 patients served - Service/Items provided to a prisoner or patient in state or local custody - Overnight Health & Safety | | X | | | | |
| Community Living Supports | | H2015UNUU | Comprehensive Community Support Services - 2 patients served - Overnight Health & Safety | | X | | | X | |
| Community Living Supports | | H2015UNUUJY4 | Comprehensive Community Support Services - 2 patients served - Overnight Health & Safety - SAMHSA approved EBP for Co-occurring disorders | | X | | | X | |
| Community Living Supports | | H2015UNY4 | Comprehensive Community Support Services - 2 patients served - SAMHSA approved EBP for Co-occurring disorders | | X | | | X | |
| Community Living Supports | | H2015UP | Comprehensive Community Support Services - 3 patients served | | X | | | X | |
| Community Living Supports | | H2015UPQJ | Comprehensive Community Support Services - 3 patients served - Service/Items provided to a prisoner or patient in state or local custody | | X | | | | |
| Community Living Supports | | H2015UPQJUU | Comprehensive Community Support Services - 3 patients served - Service/Items provided to a prisoner or patient in state or local custody - Overnight Health & Safety | | X | | | | |
| Community Living Supports | | H2015UPUU | Comprehensive Community Support Services - 3 patients served - Overnight Health & Safety | | X | | | X | |
| Community Living Supports | | H2015UPUUJY4 | Comprehensive Community Support Services - 3 patients served - Overnight Health & Safety - SAMHSA approved EBP for Co-occurring disorders | | X | | | X | |
| Community Living Supports | | H2015UPY4 | Comprehensive Community Support Services - 3 patients served - SAMHSA approved EBP for Co-occurring disorders | | X | | | X | |
| Community Living Supports | | H2015UQ | Comprehensive Community Support Services - 4 patients served | | X | | | X | |
| Community Living Supports | | H2015UQQJ | Comprehensive Community Support Services - 4 patients served - Service/Items provided to a prisoner or patient in state or local custody | | X | | | | |
| Community Living Supports | | H2015UQQJUU | Comprehensive Community Support Services - 4 patients served - Service/Items provided to a prisoner or patient in state or local custody - Overnight Health & Safety | | X | | | | |
| Community Living Supports | | H2015UQUJ | Comprehensive Community Support Services - 4 patients served - Overnight Health & Safety | | X | | | X | |
| Community Living Supports | | H2015UQUJY4 | Comprehensive Community Support Services - 4 patients served - Overnight Health & Safety - SAMHSA approved EBP for Co-occurring disorders | | X | | | X | |
| Community Living Supports | | H2015UQY4 | Comprehensive Community Support Services - 4 patients served - SAMHSA approved EBP for Co-occurring disorders | | X | | | X | |
| Community Living Supports | | H2015UR | Comprehensive Community Support Services - 5 patients served | | X | | | X | |
| Community Living Supports | | H2015UROJ | Comprehensive Community Support Services - 5 patients served - Service/Items provided to a prisoner or patient in state or local custody | | X | | | | |
| Community Living Supports | | H2015UROJUU | Comprehensive Community Support Services - 5 patients served - Service/Items provided to a prisoner or patient in state or local custody - Overnight Health & Safety | | X | | | | |
| Community Living Supports | | H2015URUU | Comprehensive Community Support Services - 5 patients served - Overnight Health & Safety | | X | | | X | |
| Community Living Supports | | H2015URUUJY4 | Comprehensive Community Support Services - 5 patients served - Overnight Health & Safety - SAMHSA approved EBP for Co-occurring disorders | | X | | | X | |
| Community Living Supports | | H2015URY4 | Comprehensive Community Support Services - 5 patients served - SAMHSA approved EBP for Co-occurring disorders | | X | | | X | |
| Community Living Supports | | H2015US | Comprehensive Community Support Services - 6 or more patients served | | X | | | X | |
| Community Living Supports | | H2015USQJ | Comprehensive Community Support Services - 6 or more patients served - Service/Items provided to a prisoner or patient in state or local custody | | X | | | | |
| Community Living Supports | | H2015USQJUU | Comprehensive Community Support Services - 6 or more patients served - Service/Items provided to a prisoner or patient in state or local custody - Overnight Health & Safety | | X | | | | |
| Community Living Supports | | H2015USUU | Comprehensive Community Support Services - 6 or more patients served - Overnight Health & Safety | | X | | | X | |
| Community Living Supports | | H2015USUUJY4 | Comprehensive Community Support Services - 6 or more patients served - Overnight Health & Safety - SAMHSA approved EBP for Co-occurring disorders | | X | | | X | |
| Community Living Supports | | H2015USY4 | Comprehensive Community Support Services - SAMHSA approved EBP for Co-occurring disorders | | X | | | X | |
| Community Living Supports | | H2015Y4 | Community Living Supports | | X | | | X | |
| Community Living Supports | | H2016 | Community Living Supports - Service/Items provided to a prisoner or patient in state or local custody | | X | | | X | |
| Outpatient Services | | H2019 | Therapeutic Behavioral Services: Use for individual Dialectical Behavior Therapy (DBT) | | X | | X | X | |
| Outpatient Services | | H2019UN | Therapeutic Behavioral Services: Use for individual Dialectical Behavior Therapy (DBT) - 2 patients served | | X | | X | X | |
| Outpatient Services | | H2019UNWX | Therapeutic Behavioral Services: Use for individual Dialectical Behavior Therapy (DBT) - 2 patients served - LOCUS Assessment | | X | | X | X | |
| Outpatient Services | | H2019UNY4 | Therapeutic Behavioral Services: Use for individual Dialectical Behavior Therapy (DBT) - 2 patients served - SAMHSA approved EBP for Co-occurring disorders | | X | | X | X | |
| Outpatient Services | | H2019UP | Therapeutic Behavioral Services: Use for individual Dialectical Behavior Therapy (DBT) - 3 patients served | | X | | X | X | |
| Outpatient Services | | H2019UPWX | Therapeutic Behavioral Services: Use for individual Dialectical Behavior Therapy (DBT) - 3 patients served - LOCUS Assessment | | X | | X | X | |
| Outpatient Services | | H2019UPY4 | Therapeutic Behavioral Services: Use for individual Dialectical Behavior Therapy (DBT) - 3 patients served - SAMHSA approved EBP for Co-occurring disorders | | X | | X | X | |
| Outpatient Services | | H2019UQ | Therapeutic Behavioral Services: Use for individual Dialectical Behavior Therapy (DBT) - 4 patients served | | X | | X | X | |
| Outpatient Services | | H2019UQWX | Therapeutic Behavioral Services: Use for individual Dialectical Behavior Therapy (DBT) - 4 patients served - LOCUS Assessment | | X | | X | X | |
| Outpatient Services | | H2019UQY4 | Therapeutic Behavioral Services: Use for individual Dialectical Behavior Therapy (DBT) - 4 patients served - SAMHSA approved EBP for Co-occurring disorders | | X | | X | X | |
| Outpatient Services | | H2019UR | Therapeutic Behavioral Services: Use for individual Dialectical Behavior Therapy (DBT) - 5 patients served | | X | | X | X | |
| Outpatient Services | | H2019URWX | Therapeutic Behavioral Services: Use for individual Dialectical Behavior Therapy (DBT) - 5 patients served - LOCUS Assessment | | X | | X | X | |
| Outpatient Services | | H2019URY4 | Therapeutic Behavioral Services: Use for individual Dialectical Behavior Therapy (DBT) - 5 patients served - SAMHSA approved EBP for Co-occurring disorders | | X | | X | X | |
| Outpatient Services | | H2019US | Therapeutic Behavioral Services: Use for individual Dialectical Behavior Therapy (DBT) - 6 or more patients served | | X | | X | X | |
| Outpatient Services | | H2019USWX | Therapeutic Behavioral Services: Use for individual Dialectical Behavior Therapy (DBT) - 6 or more patients served - LOCUS Assessment | | X | | X | X | |
| Outpatient Services | | H2019USY4 | Therapeutic Behavioral Services: Use for individual Dialectical Behavior Therapy (DBT) - 6 or more patients served - SAMHSA approved EBP for Co-occurring disorders | | X | | X | X | |
| Outpatient Services | | H2019UW | Therapeutic Behavioral Services: Use for individual Dialectical Behavior Therapy (DBT) - LOCUS Assessment | | X | | X | X | |
| Outpatient Services | | H2019Y4 | Therapeutic Behavioral Services: Use for individual Dialectical Behavior Therapy (DBT) - SAMHSA approved EBP for Co-occurring disorders | | X | | X | X | |
| Case Management / Treatment Planning | | H2021 | Specialize Wraparound Facilitation - Service/Items provided to a prisoner or patient in state or local custody | | X | | X | X | |
| Case Management / Treatment Planning | | H2021QJ | Specialize Wraparound Facilitation - Service/Items provided to a prisoner or patient in state or local custody | | X | | X | X | |
| Case Management / Treatment Planning | | H2022 | Community-based Wrap-Around services | | X | | | | |
| Case Management / Treatment Planning | | H2022QJ | Community-based Wrap-Around services - Service/Items provided to a prisoner or patient in state or local custody | | X | | | | |
| Case Management / Treatment Planning | | H2022UN | Community-based Wrap-Around services - 2 patients served | | X | | | | |
| Case Management / Treatment Planning | | H2022UNQJ | Community-based Wrap-Around services - 2 patients served - Service/Items provided to a prisoner or patient in state or local custody | | X | | | | |
| Case Management / Treatment Planning | | H2022UNY4 | Community-based Wrap-Around services - 2 patients served - SAMHSA approved EBP for Co-occurring disorders | | X | | | | |
| Case Management / Treatment Planning | | H2022UP | Community-based Wrap-Around services - 3 patients served | | X | | | | |
| Case Management / Treatment Planning | | H2022UPQJ | Community-based Wrap-Around services - 3 patients served - Service/Items provided to a prisoner or patient in state or local custody | | X | | | | |
| Case Management / Treatment Planning | | H2022UPY4 | Community-based Wrap-Around services - 3 patients served - SAMHSA approved EBP for Co-occurring disorders | | X | | | | |
| Case Management / Treatment Planning | | H2022UQ | Community-based Wrap-Around services - 4 patients served | | X | | | | |

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| MHC/BHC Service Category | SUD Service Category | Service | MHC/BHC Service Description | SUD Service Description | Mental Health | Substance Abuse | State Plan | 1915D | CCBHC |
|-------------------------------|-------------------------------|--------------|--|---|---------------|-----------------|------------|-------|-------|
| Vocational Supports | | H2023JQV53Y | Supported employment - 4 patients served - Individual placement support/EBP - Self employed | | X | | | X | X |
| Vocational Supports | | H2023JQV54Y | Supported employment - 4 patients served - Individual placement support/EBP - Financial planning | | X | | | X | X |
| Vocational Supports | | H2023JUR | Supported employment - 5 patients served - Career planning/discovery | | X | | | X | X |
| Vocational Supports | | H2023JUR1Y | Supported employment - 5 patients served - Career planning/discovery | | X | | | X | X |
| Vocational Supports | | H2023JUR2Y | Supported employment - 5 patients served - Job Development/Placement | | X | | | X | X |
| Vocational Supports | | H2023JUR3Y | Supported employment - 5 patients served - Self employed | | X | | | X | X |
| Vocational Supports | | H2023JUR4Y | Supported employment - 5 patients served - Financial planning | | X | | | X | X |
| Vocational Supports | | H2023JURQJ | Supported employment - 5 patients served - Service/Items provided to a prisoner or patient in state or local custody | | X | | | X | X |
| Vocational Supports | | H2023JURQJ1Y | Supported employment - 5 patients served - Service/Items provided to a prisoner or patient in state or local custody - Career planning/discovery | | X | | | | X |
| Vocational Supports | | H2023JURQJ2Y | Supported employment - 5 patients served - Service/Items provided to a prisoner or patient in state or local custody - Job Development/Placement | | X | | | | X |
| Vocational Supports | | H2023JURQJ3Y | Supported employment - 5 patients served - Service/Items provided to a prisoner or patient in state or local custody - Self employed | | X | | | | X |
| Vocational Supports | | H2023JURQJ4Y | Supported employment - 5 patients served - Financial planning | | X | | | | X |
| Vocational Supports | | H2023JUR4Y | Supported employment - 5 patients served - SAMHSA approved EBP for Co-occurring disorders | | X | | | X | X |
| Vocational Supports | | H2023JUR4Y1Y | Supported employment - 5 patients served - SAMHSA approved EBP for Co-occurring disorders - Career planning/discovery | | X | | | X | X |
| Vocational Supports | | H2023JUR4Y2Y | Supported employment - 5 patients served - SAMHSA approved EBP for Co-occurring disorders - Job Development/Placement | | X | | | X | X |
| Vocational Supports | | H2023JUR4Y3Y | Supported employment - 5 patients served - SAMHSA approved EBP for Co-occurring disorders - Self employed | | X | | | X | X |
| Vocational Supports | | H2023JUR4Y4Y | Supported employment - 5 patients served - Financial planning | | X | | | X | X |
| Vocational Supports | | H2023JUR5Y | Supported employment - 5 patients served - Individual placement support/EBP | | X | | | X | X |
| Vocational Supports | | H2023JUR5Y1Y | Supported employment - 5 patients served - Individual placement support/EBP - Career planning/discovery | | X | | | X | X |
| Vocational Supports | | H2023JUR5Y2Y | Supported employment - 5 patients served - Individual placement support/EBP - Job Development/Placement | | X | | | X | X |
| Vocational Supports | | H2023JUR5Y3Y | Supported employment - 5 patients served - Individual placement support/EBP - Self employed | | X | | | X | X |
| Vocational Supports | | H2023JUR5Y4Y | Supported employment - 5 patients served - Financial planning | | X | | | X | X |
| Vocational Supports | | H2023JUS | Supported employment - 6 or more patients served - Career planning/discovery | | X | | | X | X |
| Vocational Supports | | H2023JUS1Y | Supported employment - 6 or more patients served - Career planning/discovery | | X | | | X | X |
| Vocational Supports | | H2023JUS2Y | Supported employment - 6 or more patients served - Job Development/Placement | | X | | | X | X |
| Vocational Supports | | H2023JUS3Y | Supported employment - 6 or more patients served - Self employed | | X | | | X | X |
| Vocational Supports | | H2023JUS4Y | Supported employment - 6 or more patients served - Financial planning | | X | | | X | X |
| Vocational Supports | | H2023JUSQJ | Supported employment - 6 or more patients served - Service/Items provided to a prisoner or patient in state or local custody | | X | | | | X |
| Vocational Supports | | H2023JUSQJ1Y | Supported employment - 6 or more patients served - Service/Items provided to a prisoner or patient in state or local custody - Career planning/discovery | | X | | | | X |
| Vocational Supports | | H2023JUSQJ2Y | Supported employment - 6 or more patients served - Service/Items provided to a prisoner or patient in state or local custody - Job Development/Placement | | X | | | | X |
| Vocational Supports | | H2023JUSQJ3Y | Supported employment - 6 or more patients served - Service/Items provided to a prisoner or patient in state or local custody - Self employed | | X | | | | X |
| Vocational Supports | | H2023JUSQJ4Y | Supported employment - 6 or more patients served - Financial planning | | X | | | | X |
| Vocational Supports | | H2023JUS4Y | Supported employment - 6 or more patients served - SAMHSA approved EBP for Co-occurring disorders | | X | | | X | X |
| Vocational Supports | | H2023JUS4Y1Y | Supported employment - 6 or more patients served - SAMHSA approved EBP for Co-occurring disorders - Career planning/discovery | | X | | | X | X |
| Vocational Supports | | H2023JUS4Y2Y | Supported employment - 6 or more patients served - SAMHSA approved EBP for Co-occurring disorders - Job Development/Placement | | X | | | X | X |
| Vocational Supports | | H2023JUS4Y3Y | Supported employment - 6 or more patients served - SAMHSA approved EBP for Co-occurring disorders - Self employed | | X | | | X | X |
| Vocational Supports | | H2023JUS4Y4Y | Supported employment - 6 or more patients served - Financial planning | | X | | | X | X |
| Vocational Supports | | H2023JUS5Y | Supported employment - 6 or more patients served - Individual placement support/EBP | | X | | | X | X |
| Vocational Supports | | H2023JUS5Y1Y | Supported employment - 6 or more patients served - Individual placement support/EBP - Career planning/discovery | | X | | | X | X |
| Vocational Supports | | H2023JUS5Y2Y | Supported employment - 6 or more patients served - Individual placement support/EBP - Job Development/Placement | | X | | | X | X |
| Vocational Supports | | H2023JUS5Y3Y | Supported employment - 6 or more patients served - Individual placement support/EBP - Self employed | | X | | | X | X |
| Vocational Supports | | H2023JUS5Y4Y | Supported employment - 6 or more patients served - Financial planning | | X | | | X | X |
| Vocational Supports | | H2023Y4 | Supported employment - SAMHSA approved EBP for Co-occurring disorders | | X | | | X | X |
| Vocational Supports | | H2023Y41Y | Supported employment - SAMHSA approved EBP for Co-occurring disorders - Career planning/discovery | | X | | | X | X |
| Vocational Supports | | H2023Y42Y | Supported employment - SAMHSA approved EBP for Co-occurring disorders - Job Development/Placement | | X | | | X | X |
| Vocational Supports | | H2023Y43Y | Supported employment - SAMHSA approved EBP for Co-occurring disorders - Self employed | | X | | | X | X |
| Vocational Supports | | H2023Y44Y | Supported employment - SAMHSA approved EBP for Co-occurring disorders - Financial planning | | X | | | X | X |
| Vocational Supports | | H2023Y5 | Supported employment - Individual placement support/EBP | | X | | | X | X |
| Vocational Supports | | H2023Y51Y | Supported employment - Individual placement support/EBP - Career planning/discovery | | X | | | X | X |
| Vocational Supports | | H2023Y52Y | Supported employment - Individual placement support/EBP - Job Development/Placement | | X | | | X | X |
| Vocational Supports | | H2023Y53Y | Supported employment - Individual placement support/EBP - Self employed | | X | | | X | X |
| Vocational Supports | | H2023Y54Y | Supported employment - Individual placement support/EBP - Financial planning | | X | | | X | X |
| Vocational Supports | | H2625 | Job Coaching | | X | | | X | X |
| Vocational Supports | | H2625Y | Job Coaching - SAMHSA approved EBP for Co-occurring disorders | | X | | | X | X |
| Outpatient Services | Outpatient Services | H2027 | Family Skills Training/Group for children of adults with mental illness | Didactics | X | X | | X | X |
| Outpatient Services | Outpatient Services | H2027Y4 | Family Skills Training/Group for children of adults with mental illness - SAMHSA approved EBP for Co-occurring disorders | Didactics - SAMHSA approved EBP for Co-occurring disorders | X | X | | X | X |
| Additional Support Services | | H2030 | Mental Health Clubhouse | | X | | | X | X |
| Additional Support Services | | H2030Y4 | Mental Health Clubhouse - SAMHSA approved EBP for Co-occurring disorders | | X | | | X | X |
| Additional Support Services | | H2033 | Multi-systemic therapy (MST) for juveniles provided in home-based program | | X | | | X | |
| Additional Support Services | | H2033Y4 | Multi-systemic therapy (MST) for juveniles provided in home-based program - Service/Items provided to a prisoner or patient in state or local custody | | X | | | | |
| Outpatient Services | Residential Services | H2034 | | Alcohol/other drug halfway house services, per diem | | X | | | |
| Outpatient Services | Outpatient Services | H2035 | | Outpatient alcohol/other drug treatment services, per hour | | X | | X | X |
| Outpatient Services | Outpatient Services | H2035Y4 | | Outpatient alcohol/other drug treatment services, per hour - SAMHSA approved EBP for Co-occurring disorders | | X | | X | X |
| Outpatient Services | Outpatient Services | H2036 | | Outpatient alcohol/other drug treatment services, per diem | | X | | X | X |
| Outpatient Services | Outpatient Services | H2036Y4 | | Outpatient alcohol/other drug treatment services, per diem - SAMHSA approved EBP for Co-occurring disorders | | X | | X | X |
| Medication Assisted Treatment | Medication Assisted Treatment | J2315 | | Injection, buprenorphine depot form, 1 mg | | X | | X | X |
| Other | Other | K0736 | Repair/fix DME non-oxygen eq | | X | | | | |
| Other | Other | G3014 | Telemedicine Facility Fee | Telemedicine Facility Fee | X | X | | X | |
| Medication Assisted Treatment | Medication Assisted Treatment | Q9991 | | Injection, buprenorphine extended-release (Sublocade), less than or equal to 100 mg | | X | | X | X |
| Medication Assisted Treatment | Medication Assisted Treatment | Q9992 | | Injection, buprenorphine extended-release (Sublocade), greater than 100 mg | | X | | X | X |
| Other | Other | S0209 | Wheelchair van mileage | | X | | | X | X |
| Other | Other | S0215 | Non-Emergency Transportation Services | Non-Emergency Transportation Services | X | X | | X | X |
| Health Home | Health Home | S0280 | Behavioral Health Home | Behavioral Health Home - Opioid Health Home | X | | | X | X |
| Health Home | Health Home | S0280HG | | Behavioral Health Home - Opioid Health Home - Monitoring Treatment Plans | | X | | X | X |
| Health Home | Health Home | S0280GTG | | Behavioral Health Home - Monitoring Treatment Plans | X | | | X | X |
| Health Home | Health Home | S0280TST4 | | Behavioral Health Home - Monitoring Treatment Plans - SAMHSA approved EBP for Co-occurring disorders | X | | | X | X |
| Health Home | Health Home | S0280Y4 | | Behavioral Health Home - SAMHSA approved EBP for Co-occurring disorders | X | | | X | X |
| Other | Other | S8110 | Family psycho-education: skills workshop | | X | | | X | X |
| Other | Other | S8110UN | Family psycho-education: skills workshop - 2 patients served | | X | | | X | X |
| Other | Other | S8110UP | Family psycho-education: skills workshop - 3 patients served | | X | | | X | X |
| Other | Other | S8110UQ | Family psycho-education: skills workshop - 4 patients served | | X | | | X | X |
| Other | Other | S8110UR | Family psycho-education: skills workshop - 5 patients served | | X | | | X | X |
| Other | Other | S8110US | Family psycho-education: skills workshop - 6 or more patients served | | X | | | X | X |
| Other | Other | S8111 | Home care training, family per session | | X | | | X | X |
| Other | Other | S8111ST | Home care training, family per session - Related to trauma or injury | | X | | | X | X |
| Other | Other | S8111UN | Home care training, family per session - 2 patients served | | X | | | X | X |

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| MHC/CBHC Service Category | SUD Service Category | Service | MHC/CBHC Service Description | SUD Service Description | Mental Health | Substance Abuse | State Plan | 1915(i) | LCBHC |
|-----------------------------------|--------------------------------------|-----------|---|--|---------------|-----------------|------------|---------|-------|
| Other | | S5111UNST | Home care training, family per session - 2 patients served - Related to trauma or injury | | X | | | X | X |
| Other | | S5111UNY2 | Home care training, family per session - 2 patients served - Dialectical Behavior Therapy (DBT) | | X | | | X | X |
| Other | | S5111UNY3 | Home care training, family per session - 2 patients served - Parent Management Training Oregon Model | | X | | | X | X |
| Other | | S5111UNY4 | Home care training, family per session - 2 patients served - SAMHSA approved EBP for Co-occurring disorders | | X | | | X | X |
| Other | | S5111UP | Home care training, family per session - 3 patients served - Related to trauma or injury | | X | | | X | X |
| Other | | S5111UPST | Home care training, family per session - 3 patients served - Dialectical Behavior Therapy (DBT) | | X | | | X | X |
| Other | | S5111UPY2 | Home care training, family per session - 3 patients served - Parent Management Training Oregon Model | | X | | | X | X |
| Other | | S5111UPY3 | Home care training, family per session - 3 patients served - SAMHSA approved EBP for Co-occurring disorders | | X | | | X | X |
| Other | | S5111UPY4 | Home care training, family per session - 4 patients served - Related to trauma or injury | | X | | | X | X |
| Other | | S5111UQST | Home care training, family per session - 4 patients served - Dialectical Behavior Therapy (DBT) | | X | | | X | X |
| Other | | S5111UQY2 | Home care training, family per session - 4 patients served - Parent Management Training Oregon Model | | X | | | X | X |
| Other | | S5111UQY3 | Home care training, family per session - 4 patients served - SAMHSA approved EBP for Co-occurring disorders | | X | | | X | X |
| Other | | S5111UQY4 | Home care training, family per session - 5 patients served - Related to trauma or injury | | X | | | X | X |
| Other | | S5111URST | Home care training, family per session - 5 patients served - Dialectical Behavior Therapy (DBT) | | X | | | X | X |
| Other | | S5111URY2 | Home care training, family per session - 5 patients served - Parent Management Training Oregon Model | | X | | | X | X |
| Other | | S5111URY3 | Home care training, family per session - 5 patients served - SAMHSA approved EBP for Co-occurring disorders | | X | | | X | X |
| Other | | S5111URY4 | Home care training, family per session - 6 or more patients served | | X | | | X | X |
| Other | | S5111US | Home care training, family per session - 6 or more patients served - Related to trauma or injury | | X | | | X | X |
| Other | | S5111USST | Home care training, family per session - 6 or more patients served - Dialectical Behavior Therapy (DBT) | | X | | | X | X |
| Other | | S5111USY2 | Home care training, family per session - 6 or more patients served - Parent Management Training Oregon Model | | X | | | X | X |
| Other | | S5111USY3 | Home care training, family per session - 6 or more patients served - SAMHSA approved EBP for Co-occurring disorders | | X | | | X | X |
| Other | | S5111USY4 | Home care training, family per session - Dialectical Behavior Therapy (DBT) | | X | | | X | X |
| Other | | S5111Y2 | Home care training, family per session - Parent Management Training Oregon Model | | X | | | X | X |
| Other | | S5111Y3 | Home care training, family per session - SAMHSA approved EBP for Co-occurring disorders | | X | | | X | X |
| Additional Support Services | | S5111Y4 | Home Care Training, Non-Family, Per Session | | X | | | X | X |
| Additional Support Services | | S5116 | Foster care, adult, per diem | | X | | | | |
| Additional Support Services | | S5140 | Foster care, therapeutic child, per diem (use for CCI) | | X | | | | |
| Additional Support Services | | S5145 | Foster care by unskilled person, per 15 minutes (use also for "Family Friend" respite) | | X | | | | |
| Additional Support Services | | S5150 | Respite care in-home - 2 patients served | | X | | | X | X |
| Additional Support Services | | S5151 | Respite care in-home - 3 patients served | | X | | | X | X |
| Additional Support Services | | S5151UN | Respite care in-home - 4 patients served | | X | | | X | X |
| Additional Support Services | | S5151UP | Respite care in-home - 5 patients served | | X | | | X | X |
| Additional Support Services | | S5151UQ | Respite care in-home - 6 or more patients served | | X | | | X | X |
| Additional Support Services | | S5151UR | Emergency response system, installation and testing | | X | | | X | X |
| Community Living Supports | | S5160 | PERC Service fee, per month (excludes installation and testing) | | X | | | X | X |
| Community Living Supports | | S5161 | Home modifications, per service | | X | | | X | X |
| Other | | S5199 | Personal care item, NOS, assistive technology | | X | | | X | X |
| Other | | S5199Y4 | Personal care item, NOS, assistive technology - SAMHSA approved EBP for Co-occurring disorders | | X | | | X | X |
| Other Therapy | | S8990 | Physical or manipulative therapy performed for maintenance rather than restoration | | X | | | X | |
| Community Living Supports | | S9123 | Private duty nursing, habilitation supports waiver (individual nurse only) 21 years and over ONLY | | X | | | | |
| Community Living Supports | | S9123UN | Private duty nursing, habilitation supports waiver (individual nurse only) 21 years and over ONLY - 2 patients served | | X | | | | |
| Community Living Supports | | S9123UP | Private duty nursing, habilitation supports waiver (individual nurse only) 21 years and over ONLY - 3 patients served | | X | | | | |
| Community Living Supports | | S9123UQ | Private duty nursing, habilitation supports waiver (individual nurse only) 21 years and over ONLY - 4 patients served | | X | | | | |
| Community Living Supports | | S9123UR | Private duty nursing, habilitation supports waiver (individual nurse only) 21 years and over ONLY - 5 patients served | | X | | | | |
| Community Living Supports | | S9123US | Private duty nursing, habilitation supports waiver (individual nurse only) 21 years and over ONLY - 6 or more patients served | | X | | | | |
| Community Living Supports | | S9123US2 | Nursing care, in the home, by licensed practical nurse - 2 patients served | | X | | | | |
| Community Living Supports | | S9124 | Nursing care, in the home, by licensed practical nurse - 3 patients served | | X | | | | |
| Community Living Supports | | S9124UN | Nursing care, in the home, by licensed practical nurse - 4 patients served | | X | | | | |
| Community Living Supports | | S9124UP | Nursing care, in the home, by licensed practical nurse - 5 patients served | | X | | | | |
| Community Living Supports | | S9124UQ | Nursing care, in the home, by licensed practical nurse - 6 or more patients served | | X | | | | |
| Community Living Supports | | S9124UR | Nursing care, in the home, by licensed practical nurse - 2 patients served | | X | | | | |
| Community Living Supports | | S9124US | Nursing care, in the home, by licensed practical nurse - 3 patients served | | X | | | | |
| Community Living Supports | | S9124US2 | Nursing care, in the home, by licensed practical nurse - 4 patients served | | X | | | | |
| Other | | S9445 | PI education NOC nonphysician indiv per session - SAMHSA approved EBP for Co-occurring disorders | | X | | | X | X |
| Other | | S9445Y4 | PI education NOC nonphysician group, per session - 2 patients served - SAMHSA approved EBP for Co-occurring disorders | | X | | | X | X |
| Other | | S9446UN | PI education NOC nonphysician group, per session - 2 patients served | | X | | | X | X |
| Other | | S9446UNY4 | PI education NOC nonphysician group, per session - 3 patients served | | X | | | X | X |
| Other | | S9446UP | PI education NOC nonphysician group, per session - 3 patients served | | X | | | X | X |
| Other | | S9446UPY4 | PI education NOC nonphysician group, per session - 4 patients served | | X | | | X | X |
| Other | | S9446UQ | PI education NOC nonphysician group, per session - 4 patients served | | X | | | X | X |
| Other | | S9446UQY4 | PI education NOC nonphysician group, per session - 5 patients served | | X | | | X | X |
| Other | | S9446UR | PI education NOC nonphysician group, per session - 5 patients served | | X | | | X | X |
| Other | | S9446URY4 | PI education NOC nonphysician group, per session - 6 or more patients served | | X | | | X | X |
| Other | | S9446US | PI education NOC nonphysician group, per session - 6 or more patients served | | X | | | X | X |
| Other | | S9446USY4 | PI education NOC nonphysician group, per session - 6 or more patients served - SAMHSA approved EBP for Co-occurring disorders | | X | | | X | X |
| Other | | S9446Y4 | Nutritional counseling/dietitian visit - SAMHSA approved EBP for Co-occurring disorders | | X | | | X | X |
| Other | | S9470Y4 | Nutritional counseling/dietitian visit - SAMHSA approved EBP for Co-occurring disorders | | X | | | X | X |
| Prevention and Early Intervention | | S9492 | Infant Mental Health - SAMHSA approved EBP for Co-occurring disorders | | X | | | X | X |
| Prevention and Early Intervention | | S9492Y4 | Intensive Crisis Intervention service | | X | | | X | X |
| Residential Services | Residential Services | S9976 | Lodging, per diem, not otherwise specified - SAMHSA approved EBP for Co-occurring disorders | Lodging, per diem, not otherwise specified - SAMHSA approved EBP for Co-occurring disorders | X | X | | | X |
| Residential Services | Residential Services | S9976Y4 | Lodging, per diem, not otherwise specified - SAMHSA approved EBP for Co-occurring disorders | Lodging, per diem, not otherwise specified - SAMHSA approved EBP for Co-occurring disorders | X | X | | | X |
| Assessments and Testing | | T1001 | Nursing/Nutrition Assessment - Services/items provided to a prisoner or patient in state or local custody | | X | | | X | X |
| Assessments and Testing | | T1001QJ | Nursing/Nutrition Assessment - LOCUS Assessment | | X | | | X | X |
| Assessments and Testing | | T1001QX | RN services - Services/items provided to a prisoner or patient in state or local custody | | X | | | X | X |
| Other | | T1002 | RN services - SAMHSA approved EBP for Co-occurring disorders | | X | | | X | X |
| Other | | T1002QJ | Respite care services | | X | | | X | X |
| Additional Support Services | | T1005UN | Respite care services - 2 patients served | | X | | | X | X |
| Additional Support Services | | T1005UP | Respite care services - 3 patients served | | X | | | X | X |
| Additional Support Services | | T1005UQ | Respite care services - 4 patients served | | X | | | X | X |
| Additional Support Services | | T1005UR | Respite care services - 5 patients served | | X | | | X | X |
| Additional Support Services | | T1005US | Respite care services - 6 or more patients served | | X | | | X | X |
| | Case Management / Treatment Planning | T1007 | | Alcohol and/or substance abuse services, Treatment Plan development and/or modification | | X | | X | X |
| | Case Management / Treatment Planning | T1007QJ | | Alcohol and/or substance abuse services, Treatment Plan development and/or modification - SAMHSA approved EBP for Co-occurring disorders | | X | | X | X |
| | Case Management / Treatment Planning | T1007Y4 | | Alcohol and/or substance abuse services, Treatment Plan development and/or modification - SAMHSA approved EBP for Co-occurring disorders | | X | | X | X |
| Other | Outpatient Services | T1010 | | Care of children of the individual receiving alcohol and/or substance abuse services | | X | | X | X |
| Other | Outpatient Services | T1012 | | Recovery Supports | | X | | X | X |
| Outpatient Services | Outpatient Services | T1012QJ | | Recovery Supports - Services/items provided to a prisoner or patient in state or local custody | | X | | X | X |
| Outpatient Services | Outpatient Services | T1012UN | | Recovery Supports - 2 patients served | | X | | X | X |
| Outpatient Services | Outpatient Services | T1012UQ | | Recovery Supports - 3 patients served - Services/items provided to a prisoner or patient in state or local custody | | X | | X | X |
| Outpatient Services | Outpatient Services | T1012UR | | Recovery Supports - 4 patients served | | X | | X | X |
| Outpatient Services | Outpatient Services | T1012US | | Recovery Supports - 5 patients served - SAMHSA approved EBP for Co-occurring disorders | | X | | X | X |
| Outpatient Services | Outpatient Services | T1012UP | | Recovery Supports - 6 or more patients served | | X | | X | X |

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| MHC/BHC Service Category | SUD Service Category | Service | MHC/BHC Service Description | SUD Service Description | Mental Health | Substance Abuse | State Plan | 1915(i) | CCBHC |
|--------------------------------------|-------------------------------|-----------|---|---|---------------|-----------------|------------|---------|-------|
| | Outpatient Services | T1012UPOJ | | Recovery Supports - 3 patients served - Service/Items provided to a prisoner or patient in state or local custody | | X | | | X |
| | Outpatient Services | T1012UPY4 | | Recovery Supports - 3 patients served - SAMHSA approved EBP for Co-occurring disorders | | X | X | | X |
| | Outpatient Services | T1012UQ | | Recovery Supports - 4 patients served | | X | X | | X |
| | Outpatient Services | T1012UQQJ | | Recovery Supports - 4 patients served - Service/Items provided to a prisoner or patient in state or local custody | | X | | | X |
| | Outpatient Services | T1012UQY4 | | Recovery Supports - 4 patients served - SAMHSA approved EBP for Co-occurring disorders | | X | X | | X |
| | Outpatient Services | T1012UR | | Recovery Supports - 5 patients served | | X | X | | X |
| | Outpatient Services | T1012URJQ | | Recovery Supports - 5 patients served - Service/Items provided to a prisoner or patient in state or local custody | | X | X | | X |
| | Outpatient Services | T1012URY4 | | Recovery Supports - 5 patients served - SAMHSA approved EBP for Co-occurring disorders | | X | X | | X |
| | Outpatient Services | T1012US | | Recovery Supports - 6 or more patients served | | X | X | | X |
| | Outpatient Services | T1012USQJ | | Recovery Supports - 6 or more patients served - Service/Items provided to a prisoner or patient in state or local custody | | X | | | X |
| | Outpatient Services | T1012USY4 | | Recovery Supports - 6 or more patients served - SAMHSA approved EBP for Co-occurring disorders | | X | X | | X |
| | Outpatient Services | T1012Y4 | | Recovery Supports - SAMHSA approved EBP for Co-occurring disorders | | X | X | | X |
| Other | | T1015 | Family psycho-education, joining | | X | | | | X |
| Other | | T1015UN | Family psycho-education, joining - 2 patients served | | X | | | | X |
| Other | | T1015UNY4 | Family psycho-education, joining - 2 patients served - SAMHSA approved EBP for Co-occurring disorders | | X | | | | X |
| Other | | T1015UP | Family psycho-education, joining - 3 patients served | | X | | | | X |
| Other | | T1015UPY4 | Family psycho-education, joining - 3 patients served - SAMHSA approved EBP for Co-occurring disorders | | X | | | | X |
| Other | | T1015UQ | Family psycho-education, joining - 4 patients served | | X | | | | X |
| Other | | T1015UQY4 | Family psycho-education, joining - 4 patients served - SAMHSA approved EBP for Co-occurring disorders | | X | | | | X |
| Other | | T1015UR | Family psycho-education, joining - 5 patients served | | X | | | | X |
| Other | | T1015URY4 | Family psycho-education, joining - 5 patients served - SAMHSA approved EBP for Co-occurring disorders | | X | | | | X |
| Other | | T1015US | Family psycho-education, joining - 6 or more patients served | | X | | | | X |
| Other | | T1015USY4 | Family psycho-education, joining - 6 or more patients served - SAMHSA approved EBP for Co-occurring disorders | | X | | | | X |
| Other | | T1015Y4 | Family psycho-education, joining - SAMHSA approved EBP for Co-occurring disorders | | X | | | | X |
| Case Management / Treatment Planning | | T1017 | Targeted Case management (face to face) & Supports Coordination | | X | | X | | X |
| Case Management / Treatment Planning | | T1017QJ | Targeted Case management (face to face) & Supports Coordination - Service/Items provided to a prisoner or patient in state or local custody | | X | | | | X |
| Case Management / Treatment Planning | | T1017Y4 | Targeted Case management (face to face) & Supports Coordination - LOCUS Assessment | | X | | X | | X |
| Case Management / Treatment Planning | | T1017Y4 | Targeted Case management (face to face) & Supports Coordination - SAMHSA approved EBP for Co-occurring disorders | | X | | X | | X |
| Community Living Supports | | T1020 | Personal Care- Licensed Specialized Residential Services provided to a prisoner or patient in state or local custody | | X | | X | | X |
| Community Living Supports | | T1020QJ | Personal Care- Licensed Specialized Residential - Screening for inpatient program | | X | | X | | X |
| Crisis | | T1023 | Screening for inpatient program - Service/Items provided to a prisoner or patient in state or local custody | | X | | X | | X |
| Crisis | | T1023QJ | Screening for inpatient program - LOCUS Assessment | | X | | X | | X |
| Crisis | | T1023Y4 | Screening for inpatient program - LOCUS Assessment | | X | | X | | X |
| Prevention and Early Intervention | | T1027 | Parent Education | | X | | X | | X |
| Other | | T1999 | Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; identify product in "remarks" | | X | | X | | X |
| Other | Other | T2003 | Non-Emergency Transportation | Non-Emergency Transportation | X | X | X | | X |
| Vocational Supports | | T2015 | Habilitation, prevocational, waiver | | X | | | | X |
| Vocational Supports | | T2015UN | Habilitation, prevocational, waiver - 2 patients served | | X | | | | X |
| Vocational Supports | | T2015UNY4 | Habilitation, prevocational, waiver - 2 patients served - SAMHSA approved EBP for Co-occurring disorders | | X | | | | X |
| Vocational Supports | | T2015UP | Habilitation, prevocational, waiver - 3 patients served | | X | | | | X |
| Vocational Supports | | T2015UPY4 | Habilitation, prevocational, waiver - 3 patients served - SAMHSA approved EBP for Co-occurring disorders | | X | | | | X |
| Vocational Supports | | T2015UQ | Habilitation, prevocational, waiver - 4 patients served | | X | | | | X |
| Vocational Supports | | T2015UQY4 | Habilitation, prevocational, waiver - 4 patients served - SAMHSA approved EBP for Co-occurring disorders | | X | | | | X |
| Vocational Supports | | T2015UR | Habilitation, prevocational, waiver - 5 patients served | | X | | | | X |
| Vocational Supports | | T2015URY4 | Habilitation, prevocational, waiver - 5 patients served - SAMHSA approved EBP for Co-occurring disorders | | X | | | | X |
| Vocational Supports | | T2015US | Habilitation, prevocational, waiver - 6 or more patients served | | X | | | | X |
| Vocational Supports | | T2015USY4 | Habilitation, prevocational, waiver - 6 or more patients served - SAMHSA approved EBP for Co-occurring disorders | | X | | | | X |
| Vocational Supports | | T2015Y4 | Habilitation, prevocational, waiver - SAMHSA approved EBP for Co-occurring disorders | | X | | | | X |
| Prevention and Early Intervention | | T2024 | Children of adults with mental illness | | X | | X | | X |
| Other | | T2025 | Use for services performed by a fiscal intermediary | | X | | | | X |
| Community Living Supports | | T2027 | Overnight Health and Safety | | X | | | | X |
| Community Living Supports | | T2027UN | Overnight Health and Safety - 2 patients served | | X | | | | X |
| Community Living Supports | | T2027UP | Overnight Health and Safety - 3 patients served | | X | | | | X |
| Community Living Supports | | T2027UQ | Overnight Health and Safety - 4 patients served | | X | | | | X |
| Community Living Supports | | T2027UR | Overnight Health and Safety - 5 patients served | | X | | | | X |
| Community Living Supports | | T2027US | Overnight Health and Safety - 6 or more patients served | | X | | | | X |
| Other | | T2028 | Specialized supply, not otherwise specified, waiver (allergy control supplies) | | X | | | | X |
| Other | | T2029 | Specialized medical equipment, not otherwise specified, waiver (environmental safety & control devices) | | X | | | | X |
| Additional Support Services | | T2036 | Therapeutic, cognitive, personal, one, (inpatient - one session) | | X | | | | X |
| Other | | T2038 | Community transition, waiver, per service - SAMHSA approved EBP for Co-occurring disorders | | X | | | | X |
| Other | | T2038Y4 | Community transition, waiver, per service - SAMHSA approved EBP for Co-occurring disorders | | X | | | | X |
| Other | | T2039 | Van lift & wheelchair tie down system | | X | | | | X |
| Other | | T2069 | Supply, not otherwise specified | | X | | | | X |
| Other | | Q3014 | Telemedicine Facility Fee | Telemedicine Facility Fee | X | X | X | | X |
| | Medication Assisted Treatment | Q991 | | Injection, buprenorphine extended-release (Sublocade), less than or equal to 100 mg | | X | | | X |
| | Medication Assisted Treatment | Q992 | | Injection, buprenorphine extended-release (Sublocade), greater than 100 mg | | X | | | X |
| Inpatient | | 0144 | Private (detox) Psych Room and Board | | X | | | | X |
| Inpatient | | 0183 | Therapeutic Leave of Absence | | X | | | | X |
| Inpatient | | 0250 | Pharmacy - general classification, generic drugs, non-generic drugs, take home drugs, incident to other diagnostic services, non-prescription, and IV solutions | | X | | | | X |
| Inpatient | | 0251 | Pharmacy - general classification, generic drugs, non-generic drugs, take home drugs, incident to other diagnostic services, non-prescription, and IV solutions | | X | | | | X |
| Inpatient | | 0252 | Pharmacy - general classification, generic drugs, non-generic drugs, take home drugs, incident to other diagnostic services, non-prescription, and IV solutions | | X | | | | X |
| Inpatient | | 0253 | Pharmacy - general classification, generic drugs, non-generic drugs, take home drugs, incident to other diagnostic services, non-prescription, and IV solutions | | X | | | | X |
| Inpatient | | 0254 | Pharmacy - general classification, generic drugs, non-generic drugs, take home drugs, incident to other diagnostic services, non-prescription, and IV solutions | | X | | | | X |
| Inpatient | | 0257 | Pharmacy - general classification, generic drugs, non-generic drugs, take home drugs, incident to other diagnostic services, non-prescription, and IV solutions | | X | | | | X |
| Inpatient | | 0258 | Pharmacy - general classification, generic drugs, non-generic drugs, take home drugs, incident to other diagnostic services, non-prescription, and IV solutions | | X | | | | X |
| Inpatient | | 0270 | Medical surgical supplies & devices - general classification, non sterile supply, and sterile supply | | X | | | | X |
| Inpatient | | 0271 | Medical surgical supplies & devices - general classification, non sterile supply, and sterile supply | | X | | | | X |
| Inpatient | | 0272 | Medical surgical supplies & devices - general classification, non sterile supply, and sterile supply | | X | | | | X |
| Inpatient | | 0300 | Laboratory - general classification, chemistry, immunology, hematology, bacteriology & microbiology, and urology | | X | | | | X |
| Inpatient | | 0301 | Laboratory - general classification, chemistry, immunology, hematology, bacteriology & microbiology, and urology | | X | | | | X |
| Inpatient | | 0302 | Laboratory - general classification, chemistry, immunology, hematology, bacteriology & microbiology, and urology | | X | | | | X |
| Inpatient | | 0305 | Laboratory - general classification, chemistry, immunology, hematology, bacteriology & microbiology, and urology | | X | | | | X |
| Inpatient | | 0306 | Laboratory - general classification, chemistry, immunology, hematology, bacteriology & microbiology, and urology | | X | | | | X |
| Inpatient | | 0307 | Laboratory - general classification, chemistry, immunology, hematology, bacteriology & microbiology, and urology | | X | | | | X |
| Inpatient | | 0320 | Radiology - diagnostic - general classification | | X | | | | X |
| Inpatient | | 0410 | Respiratory Services - general classification | | X | | | | X |
| Inpatient | | 0420 | Physical Therapy - general classification, visit charge, hourly charge, group rate, evaluation or re-evaluation | | X | | | | X |
| Inpatient | | 0421 | Physical Therapy - general classification, visit charge, hourly charge, group rate, evaluation or re-evaluation | | X | | | | X |
| Inpatient | | 0422 | Physical Therapy - general classification, visit charge, hourly charge, group rate, evaluation or re-evaluation | | X | | | | X |
| Inpatient | | 0423 | Physical Therapy - general classification, visit charge, hourly charge, group rate, evaluation or re-evaluation | | X | | | | X |
| Inpatient | | 0424 | Physical Therapy - general classification, visit charge, hourly charge, group rate, evaluation or re-evaluation | | X | | | | X |
| Inpatient | | 0430 | Occupational Therapy - general classification, visit charge, hourly charge, group rate, evaluation, or re-evaluation | | X | | | | X |
| Inpatient | | 0431 | Occupational Therapy - general classification, visit charge, hourly charge, group rate, evaluation, or re-evaluation | | X | | | | X |
| Inpatient | | 0432 | Occupational Therapy - general classification, visit charge, hourly charge, group rate, evaluation, or re-evaluation | | X | | | | X |
| Inpatient | | 0433 | Occupational Therapy - general classification, visit charge, hourly charge, group rate, evaluation, or re-evaluation | | X | | | | X |
| Inpatient | | 0434 | Occupational Therapy - general classification, visit charge, hourly charge, group rate, evaluation, or re-evaluation | | X | | | | X |

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| MHC/BHC Service Category | SUD Service Category | Service | MHC/BHC Service Description | SUD Service Description | Mental Health | Substance Abuse | State Plan | 1915(i) | CCBHC |
|--------------------------|----------------------|---------|---|-------------------------|---------------|-----------------|------------|---------|-------|
| Inpatient | | 0440 | Speech-Language Pathology - general classification, visit charge, hourly charge, group rate, evaluation or re-evaluation | | X | | | | |
| Inpatient | | 0441 | Speech-Language Pathology - general classification, visit charge, hourly charge, group rate, evaluation or re-evaluation | | X | | | | |
| Inpatient | | 0442 | Speech-Language Pathology - general classification, visit charge, hourly charge, group rate, evaluation or re-evaluation | | X | | | | |
| Inpatient | | 0443 | Speech-Language Pathology - general classification, visit charge, hourly charge, group rate, evaluation or re-evaluation | | X | | | | |
| Inpatient | | 0444 | Speech-Language Pathology - general classification, visit charge, hourly charge, group rate, evaluation or re-evaluation | | X | | | | |
| Inpatient | | 0450 | Emergency Room - general classification | | X | | | | |
| Inpatient | | 0450 | Pulmonary Function - general classification | | X | | | | |
| Inpatient | | 0470 | Audiology - general classification, diagnostic, and treatment | | X | | | | |
| Inpatient | | 0471 | Audiology - general classification, diagnostic, and treatment | | X | | | | |
| Inpatient | | 0472 | Audiology - general classification, diagnostic, and treatment | | X | | | | |
| Inpatient | | 0610 | MRT - general classification and MRI brain | | X | | | | |
| Inpatient | | 0611 | MRT - general classification and MRI brain | | X | | | | |
| Inpatient | | 0636 | Pharmacy - Extension of 24 - charge requiring detailed coding | | X | | | | |
| Inpatient | | 0730 | EKG/ECG - general classification and holder monitor | | X | | | | |
| Inpatient | | 0731 | EKG/ECG - general classification and holder monitor | | X | | | | |
| Inpatient | | 0740 | EKG - general classification | | X | | | | |
| Outpatient Services | | 0752 | Outpatient extended observation beds (23 hour) | | X | | | | |
| Inpatient | | 0900 | Psychiatric/Psychological treatments/services - general classification, milieu therapy, play therapy, activity therapy, rehabilitation, individual therapy, group therapy, family therapy, bio feedback, testing, and other psychiatric/psychological service | | X | | | | |
| Inpatient | | 0902 | Psychiatric/Psychological treatments/services - general classification, milieu therapy, play therapy, activity therapy, rehabilitation, individual therapy, group therapy, family therapy, bio feedback, testing, and other psychiatric/psychological service | | X | | | | |
| Inpatient | | 0903 | Psychiatric/Psychological treatments/services - general classification, milieu therapy, play therapy, activity therapy, rehabilitation, individual therapy, group therapy, family therapy, bio feedback, testing, and other psychiatric/psychological service | | X | | | | |
| Inpatient | | 0904 | Psychiatric/Psychological treatments/services - general classification, milieu therapy, play therapy, activity therapy, rehabilitation, individual therapy, group therapy, family therapy, bio feedback, testing, and other psychiatric/psychological service | | X | | | | |
| Inpatient | | 0911 | Psychiatric/Psychological treatments/services - general classification, milieu therapy, play therapy, activity therapy, rehabilitation, individual therapy, group therapy, family therapy, bio feedback, testing, and other psychiatric/psychological service | | X | | | | |
| Inpatient | | 0914 | Psychiatric/Psychological treatments/services - general classification, milieu therapy, play therapy, activity therapy, rehabilitation, individual therapy, group therapy, family therapy, bio feedback, testing, and other psychiatric/psychological service | | X | | | | |
| Inpatient | | 0915 | Psychiatric/Psychological treatments/services - general classification, milieu therapy, play therapy, activity therapy, rehabilitation, individual therapy, group therapy, family therapy, bio feedback, testing, and other psychiatric/psychological service | | X | | | | |
| Inpatient | | 0916 | Psychiatric/Psychological treatments/services - general classification, milieu therapy, play therapy, activity therapy, rehabilitation, individual therapy, group therapy, family therapy, bio feedback, testing, and other psychiatric/psychological service | | X | | | | |
| Inpatient | | 0917 | Psychiatric/Psychological treatments/services - general classification, milieu therapy, play therapy, activity therapy, rehabilitation, individual therapy, group therapy, family therapy, bio feedback, testing, and other psychiatric/psychological service | | X | | | | |
| Inpatient | | 0918 | Psychiatric/Psychological treatments/services - general classification, milieu therapy, play therapy, activity therapy, rehabilitation, individual therapy, group therapy, family therapy, bio feedback, testing, and other psychiatric/psychological service | | X | | | | |
| Inpatient | | 0919 | Psychiatric/Psychological treatments/services - general classification, milieu therapy, play therapy, activity therapy, rehabilitation, individual therapy, group therapy, family therapy, bio feedback, testing, and other psychiatric/psychological service | | X | | | | |
| Inpatient | | 0925 | Other Diagnostic Services - osorbancy test | | X | | | | |
| Inpatient | | 0940 | Other Therapeutic Services - general classification, recreational therapy, and education/training | | X | | | | |
| Inpatient | | 0941 | Other Therapeutic Services - general classification, recreational therapy, and education/training | | X | | | | |
| Inpatient | | 0942 | Other Therapeutic Services - general classification, recreational therapy, and education/training | | X | | | | |

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State of Michigan, Department of Health and Human Services
 SFY 2025 Capitation Rate Setting
 SFY 2023 EQI Mental Health Covered Service Listing
 Waiver Services

| Service Category | Service | Service Description | HSW | SED | CWP |
|-----------------------------|---------|---|-----|-----|-----|
| Other | 90863 | Pharmacological Management (SED Waiver) | | X | X |
| Other | 92626 | Evaluation of Auditory Rehabilitation Status; First Hour (Children's Waiver) | | | X |
| Other | 92627 | Evaluation of Auditory Rehabilitation Status; Each Additional 15 Minutes (Children's Waiver) | | | X |
| Other | 92630 | Auditory Rehabilitation Pre-Lingual Hearing Loss (Children's Waiver) | | | X |
| Other | 92633 | Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver) | | | X |
| Other Therapy | 97124 | Massage, including effleurage | | | X |
| Other Therapy | 97530 | Therapeutic activities, direct | | | X |
| Other | 97761 | Prosthetic training upper and/or lower extremity(s) | | | X |
| Other | E1399 | DME, miscellaneous (single room air conditioner) | X | | X |
| Other Therapy | G0176 | Activity Therapy; Per Session (45 Mins or More) (Children's Waiver) | | X | X |
| Additional Support Services | H0045 | Respite out-of-home | X | | |
| Skill Building | H2014 | Skills training and development | X | | |
| Community Living Supports | H2015 | Comprehensive Community Support Services | X | X | X |
| Community Living Supports | H2016 | Community Living Supports | X | | |
| Vocational Supports | H2023 | Supported employment | X | | |
| Other | K0739 | Repair/svc DME non-oxygen eq | | | X |
| Other | S5111 | Home care training, family per session | X | X | X |
| Additional Support Services | S5116 | Home Care Training, Non-Family; Per Session | X | X | X |
| Additional Support Services | S5145 | Foster care, therapeutic child, per diem (use for CCI) | | X | |
| Additional Support Services | S5151 | Respite care in-home | X | | |
| Community Living Supports | S5160 | Emergency response system; installation and testing | X | | |
| Community Living Supports | S5161 | PERS Service fee, per month (excludes installation and testing). | X | | |
| Other | S5165 | Home modifications, per service. | X | | X |
| Other | S5199 | Personal care item, NOS. (assistive technology) | X | | X |
| Community Living Supports | S9123 | Private duty nursing, habilitation supports waiver (individual nurse only) 21 years and over ONLY | X | | |
| Community Living Supports | S9124 | Nursing care, in the home, by licensed practical nurse | X | | |
| Additional Support Services | T1005 | Respite care services | X | X | X |
| Other | T1999 | Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; identify product in "remarks" | X | | |
| Vocational Supports | T2015 | Habilitation, prevocational, waiver | X | | |
| Other | T2025 | Use for services performed by a fiscal intermediary. | X | X | X |
| Community Living Supports | T2027 | Overnight Health and Safety | X | X | X |
| Other | T2028 | Specialized supply, not otherwise specified, waiver (allergy control supplies) | X | | X |
| Other | T2029 | Specialized medical equipment, not otherwise specified, waiver. (environmental safety & control devices) | X | | X |
| Additional Support Services | T2036 | Therapeutic camping overnight.(one night = one session) | | X | |
| Other | T2039 | Van lifts & wheelchair tie down system | X | | X |
| Other | T5999 | Supply, not otherwise specified | X | | |

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Reference C: Diagnosis Code Listing

State of Michigan, Department of Health and Human Services
 State Fiscal Year 2025 Behavioral Health Capitation Rate Development
 Reference C - Serious Mental Illness (Adult) and Serious Emotional Disturbance (Children) Diagnosis Codes

| Diagnosis Code | Description of Diagnosis | Adult | Children |
|-----------------------|--|--------------|-----------------|
| F01 | Vascular dementia | Y | Y |
| F02 | Dementia in other diseases classified elsewhere | Y | Y |
| F03 | Unspecified dementia | Y | Y |
| F04 | Amnesic disorder due to known physiological condition | Y | Y |
| F05 | Delirium due to known physiological condition | Y | Y |
| F06 | Other mental disorders due to known physiological condition | Y | Y |
| F07 | Personality and behavioral disorders due to known physiological condition | Y | Y |
| F09 | Unspecified mental disorder due to known physiological condition | Y | Y |
| F20 | Schizophrenia | Y | Y |
| F21 | Schizotypal disorder | Y | Y |
| F22 | Delusional disorders | Y | Y |
| F23 | Brief psychotic disorder | Y | Y |
| F24 | Shared psychotic disorder | Y | Y |
| F25 | Schizoaffective disorders | Y | Y |
| F28 | Other psychotic disorder not due to a substance or known physiological condition | Y | Y |
| F29 | Unspecified psychosis not due to a substance or known physiological condition | Y | Y |
| F30 | Manic episode | Y | Y |
| F31 | Bipolar disorder | Y | Y |
| F32 | Depressive episode | Y | Y |
| F33 | Major depressive disorder, recurrent | Y | Y |
| F34 | Persistent mood [affective] disorders | Y | Y |
| F39 | Unspecified mood [affective] disorder | Y | Y |
| F40 | Phobic anxiety disorders | Y | Y |
| F41 | Other anxiety disorders | Y | Y |
| F42 | Obsessive-compulsive disorder | Y | Y |
| F43.0 | Acute Stress Reaction | Y | Y |
| F43.1 | Post-traumatic stress disorder (PTSD) | Y | Y |
| F43.8 | Other reactions to severe stress | Y | Y |
| F43.9 | Reaction to severe stress, unspecified | Y | Y |
| F44 | Dissociative and conversion disorders | Y | Y |
| F45 | Somatoform disorders | Y | Y |
| F48 | Other nonpsychotic mental disorders | Y | Y |
| F50 | Eating disorders | Y | Y |
| F51 | Sleep disorders not due to a substance or known physiological condition | Y | Y |
| F52 | Sexual dysfunction not due to a substance or known physiological condition | Y | Y |
| F53 | Mental and behavioral disorders associated with the puerperium, not elsewhere classified | Y | Y |
| F54 | Psychological and behavioral factors associated with disorders or diseases classified elsewhere | Y | Y |
| F55 | Abuse of non-psychoactive substances | Y | Y |
| F59 | Unspecified behavioral syndromes associated with physiological disturbances and physical factors | Y | Y |
| F60 | Specific personality disorders | Y | Y |
| F63 | Impulse disorders | Y | Y |
| F64 | Gender identity disorders | Y | Y |
| F65 | Paraphilias | Y | Y |
| F66 | Other sexual disorders | Y | Y |
| F68 | Other disorders of adult personality and behavior | Y | Y |
| F69 | Unspecified disorder of adult personality and behavior | Y | Y |
| F93 | Emotional disorders with onset specific to childhood | Y | Y |
| F94 | Disorders of social functioning with onset specific to childhood and adolescence | Y | Y |
| F95 | Tic disorder | Y | Y |
| F98 | Other behavioral and emotional disorders with onset usually occurring in childhood and adolescence | Y | Y |
| F99 | Mental disorder, not otherwise specified | Y | Y |
| F43.2 | Adjustment Disorders | N | Y |
| F90 | Attention-deficit hyperactivity disorders | N | Y |
| F91 | Conduct disorders | N | Y |

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State of Michigan, Department of Health and Human Services
State Fiscal Year 2025 Behavioral Health Capitation Rate Development
Reference C - Alcohol and Drug Abuse Diagnosis Codes

| <i>Diagnosis Code</i> | <i>Description of Diagnosis</i> | <i>Adults</i> | <i>Children</i> |
|-----------------------|---|---------------|-----------------|
| F10 | Alcohol related disorders | Y | Y |
| F11 | Opioid related disorders | Y | Y |
| F12 | Cannabis related disorders | Y | Y |
| F13 | Sedative, hypnotic, or anxiolytic related disorders | Y | Y |
| F14 | Cocaine related disorders | Y | Y |
| F15 | Other stimulant related disorders | Y | Y |
| F16 | Hallucinogen related disorders | Y | Y |
| F17 | Nicotine dependence | Y | Y |
| F18 | Inhalant related disorders | Y | Y |
| F19 | Other psychoactive substance related disorders | Y | Y |

State of Michigan, Department of Health and Human Services
 State Fiscal Year 2025 Behavioral Health Capitation Rate Development
 Reference C - Developmentally Disabled Diagnosis Codes

| Rx HCC Group | Diagnosis Code | Description of Diagnosis | Adult | Children |
|--------------|----------------|--|-------|----------|
| Mild | F70 | Mild intellectual disabilities | Y | Y |
| Moderate | F71 | Moderate intellectual disabilities | Y | Y |
| Severe | F72 | Severe intellectual disabilities | Y | Y |
| Severe | F73 | Profound intellectual disabilities | Y | Y |
| Mild | F78 | Other intellectual disabilities | Y | Y |
| Mild | F79 | Unspecified intellectual disabilities | Y | Y |
| Other | G31.84 | Mild cognitive impairment of uncertain or unknown etiology | Y | Y |
| Other | E75.23 | Krabbe disease | Y | Y |
| Other | E75.25 | Metachromatic leukodystrophy | Y | Y |
| Other | E75.29 | Other sphingolipidosis | Y | Y |
| Other | F80 | Specific developmental disorders of speech and language | Y | Y |
| Other | F81 | Specific developmental disorders of scholastic skills | Y | Y |
| Other | F82 | Specific developmental disorder of motor function | Y | Y |
| Other | F84.2 | Rett's syndrome | Y | Y |
| Other | F88 | Other disorders of psychological development | Y | Y |
| Other | F89 | Unspecified disorder of psychological development | Y | Y |
| Other | G40.9 | Epilepsy, unspecified | Y | Y |
| Other | G80.0 | Spastic quadriplegic cerebral palsy | Y | Y |
| Other | G80.9 | Cerebral palsy, unspecified | Y | Y |
| Other | Q87.1 | Congenital malformation syndromes predominantly associated with short stature | Y | Y |
| Other | Q90 | Down syndrome | Y | Y |
| Mild | Q91 | Trisomy 18 and Trisomy 13 | Y | Y |
| Mild | Q92 | Other trisomies and partial trisomies of the autosomes, not elsewhere classified | Y | Y |
| Mild | Q93 | Monosomies and deletions from the autosomes, not elsewhere classified | Y | Y |
| Mild | Q95.2 | Balanced autosomal rearrangement in abnormal individual | Y | Y |
| Mild | Q95.3 | Balanced sex/autosomal rearrangement in abnormal individual | Y | Y |
| Mild | Q99.2 | Fragile X chromosome | Y | Y |

State of Michigan, Department of Health and Human Services
State Fiscal Year 2025 Behavioral Health Capitation Rate Development
Reference C - Autism Diagnosis Codes

| Rx HCC Group | Diagnosis Code | Description of Diagnosis | Adult | Children |
|---------------------|-----------------------|---|--------------|-----------------|
| Other | F84.0 | Autistic disorder | Y | Y |
| Other | F84.3 | Other childhood disintegrative disorder | Y | Y |
| Other | F84.5 | Asperger's syndrome | Y | Y |
| Other | F84.8 | Other pervasive developmental disorders | Y | Y |
| Other | F84.9 | Pervasive developmental disorder, unspecified | Y | Y |

Reference D: CCBHC NPI Listing

**State of Michigan, Department of Health and Human Services
State Fiscal Year 2025 Behavioral Health Capitation Rate Development
Reference D - NPI Summary by CCBHC**

| CCBHC | NPI |
|--|------------|
| Muskegon County CMH | 1003914946 |
| West Michigan CMH | 1275646309 |
| Kalamazoo County CMH | 1710066253 |
| St. Joseph CMH | 1366438483 |
| CEI CMH | 1265483457 |
| Ionia CMH | 1760452122 |
| Saginaw CMH | 1689778953 |
| Washtenaw CMH | 1639132442 |
| Macomb County CMH | 1255385399 |
| St. Clair CMH | 1689783672 |
| CNS Healthcare - Oakland | 1770538068 |
| CNS Healthcare - Detroit | 1770538068 |
| Easter Seals - Oakland | 1376526616 |
| Easter Seals - Macomb | 1376526616 |
| The Guidance Center | 1609947027 |
| Monroe Community Mental Health Authority | 1245303890 |
| Elmhurst Home | 1366659906 |
| Arab Community Center for Economic and Social Services | 1619285772 |
| Community Mental Health of Ottawa County | 1619932381 |
| Network180 (Kent County CMH Authority) | 1134212442 |
| OnPoint (Allegan County CMH Services) | 1215989231 |
| LifeWays | 1063466274 |
| Sanilac Community Mental Health Authority | 1306854880 |
| Genesee Health System | 1043554348 |
| Lapeer County Community Mental Health Services | 1275585929 |
| Riverwood Center (Berrien Mental Health Authority) | 1033280763 |
| Pines Behavioral Health Services | 1861430381 |
| Summit Pointe | 1700833555 |
| Barry County CMH Authority | 1952357410 |
| Development Centers | 1326135047 |
| Southwest Counseling Solutions | 1386756153 |
| Van Buren CMH | 1003878554 |
| Hegira Health | 1184684979 |

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Exhibit E

REDACTED

From: Smith-Butterwick, Angela J. (DHHS) <SmithA8@michigan.gov>
Sent: Wednesday, November 27, 2024 10:23:49 AM
To: Megan Rooney <mrooney@northcarenetwork.org>; Sara Sircely <ssircely@northcarenetwork.org>
Cc: Bowen, Kelsey (DHHS) <BowenK8@michigan.gov>; Hawks, Belinda (DHHS) <HawksB@michigan.gov>
Subject: SUDHH

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Good morning-

I apologize that we didn't make this connection sooner, but without a signed Medicaid contract Northcare is not able to implement the SUDHH with Medicaid funds. You can continue with OHH activities and any billable services for those with AUD or StUD, but those SUDHH beneficiaries will have to be removed from the WSA. Please work with Kelsey to get the beneficiary list updated.

You can use your alcohol grant funds to support the care coordination for those with AUD, and ARPA or SUBG for both AUD and StUD to continue supporting those already enrolled.

Please let us know if you have any questions.

Angie and Kelsey

Angie Smith-Butterwick, MSW
Substance Use, Gambling and Epidemiology Section Manager
Bureau of Specialty Behavioral Health Services
Behavioral and Physical Health and Aging Services Administration
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TrueFiling Case Initiation - Summons and Complaint

Case Title:

NORTHCARE NETWORK MENTAL HEALTH

Case Type:

MZ

Case Description:

Other Damage Suits: All other claims not otherwise coded

Party 1 (Plaintiff)

Business: NorthCare Network Mental Health Care Ent **Phone:** (248) 727-1553**Address:** 1230 Wilson Street Ste 2500**City:** Marquette **State:** Michigan **Zip:** 49855

Attorney(s) for Party 1

Name: Christopher Ryan **Bar Number:** P74053 **(Lead Counsel)**

Party 2 (Defendant)

Business: State of Michigan **Phone:****Address:** 333 S. Grand Ave PO Box 30195**City:** Lansing **State:** Michigan **Zip:** 48909**Party is Pro Se**

Party 3 (Plaintiff)

Business: Northern Michigan Regional Entity **Phone:** (248) 727-1553**Address:** 1999 Walden Dr Ste 2500**City:** Gaylord **State:** Michigan **Zip:** 49735

Attorney(s) for Party 3

Name: Christopher Ryan **Bar Number:** P74053

Party 4 (Plaintiff)

Business: Region 10 PIHP **Phone:** (248) 727-1553

Address: 2186 Water Street Ste 2500

City: Port Huron **State:** Michigan **Zip:** 48060

Attorney(s) for Party 4

Name: Christopher Ryan **Bar Number:** P74053

Party 5 (Defendant)

Business: MI Dept of Health and Human Services **Phone:**

Address: 333 W Grand Ave PO Box 30195

City: Lansing **State:** Michigan **Zip:** 48909

Party is Pro Se

Party 6 (Plaintiff)

Name: Elizabeth Hertel **Phone:**

Address: 333 S. Grand Ave

City: PO Box 30195 **State:** Michigan **Zip:** 48909

Party is Pro Se

STATE OF MICHIGAN
COURT OF CLAIMS

Bundle Cover Sheet

| | | |
|---------------------|------------------|----------------------------------|
| Lower Court: | L Ct No.: | COC No.: TEMP-ESG0XVRC |
|---------------------|------------------|----------------------------------|

Case Title:
NORTHCARE NETWORK MENTAL HEALTH CARE ENT v. STATE OF MICHIGAN

| | |
|--------------------------|------------------------------------|
| Priority: NONE | Filing Option: File Only |
|--------------------------|------------------------------------|

Filer Information

| | |
|---|---|
| <u>Filer</u> Christopher Ryan 27777 Franklin Road Southfield, MI 48034-8222 cryan@taftlaw.com | <u>Attorney</u> Christopher Ryan, 74053(MI) 27777 Franklin Road Southfield, MI 48034-8222 cryan@taftlaw.com |
|---|---|

Filing Summary

| Filing Type | Filing Name | Fee |
|--|---|-----------------|
| Summons and Complaint | Summons and Complaint with Exhibits | \$150.00 |
| | eFiling System Fee: | \$25.00 |
| Motion (filed with another document requiring a fee) | Motion for Preliminary Injunction with Exhibits | \$0.00 |
| | NON-REFUNDABLE Automated Payment Service Fee: | \$5.25 |
| | Total: | \$180.25 |

Alternate Payment Reason: None

The document(s) listed above were electronically filed with the Michigan Court of Claims.

TEMP-ESG0XVRC-46125958

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