

UNIFORM COMMUNITY MENTAL HEALTH SERVICES CREDENTIALING PROGRAM

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House Bill 5178 (H-4) as reported from committee
Sponsor: Rep. Hank Vaupel
1st Committee: Health Policy
2nd Committee: Ways and Means
Complete to 7-22-20

Analysis available at
<http://www.legislature.mi.gov>

BRIEF SUMMARY: House Bill 5178 would amend the Mental Health Code to require the Department of Health and Human Services (DHHS) to establish, maintain, and revise, as necessary, a uniform community mental health services credentialing program for state department or agency use.

FISCAL IMPACT: A preliminary fiscal analysis indicates that this bill would have a minimal one-time fiscal cost for the state to establish a uniform credentialing program and a negligible fiscal impact on an ongoing basis. The bill would have a negligible fiscal impact on local CMHSPs outside of any one-time training and transitional costs to move from their current credentialing program to the uniform credentialing program. It is likely that this program would be eligible for federal Medicaid administration funding, which reimburses the state for 50% of the total cost.

THE APPARENT PROBLEM:

The bipartisan House C.A.R.E.S. (Community, Access, Resources, Education and Safety) mental health task force, formed on July 12, 2017, met with stakeholders and the public and toured facilities between July and October 2017 and released its report on January 17, 2018. The report includes recommendations for improving care, developing methods of care, and enhancing care in Michigan's mental health system.

In its list of opportunities to enhance care, the report recommends the implementation of universal credentialing for Medicaid.¹ According to committee testimony, the idea of amending the Mental Health Code to provide for uniform credentialing for mental health services also arose during task force meetings.

THE CONTENT OF THE BILL:

The bill would require DHHS to establish, maintain, and revise, as necessary, a **uniform community mental health services credentialing program** for state department or agency use.

¹ HB 4330: <http://www.legislature.mi.gov/documents/2019-2020/billanalysis/House/pdf/2019-HLA-4330-1F808217.pdf>

The department's or agency's credentialing and recredentialing process would have to be compliant with national standards. In complying with this requirement, DHHS could consult with other state departments and agencies that are required to comply with the credentialing program.

Additionally, DHHS would have to ensure that the uniform credentialing program did all of the following:

- Created uniformity in Michigan to streamline the provision of community mental health (CMH) services by state departments and agencies and to enhance workforce development, training education, and service delivery.
- Eliminated hardship around the functioning and operating of CMH services provided by state departments and agencies to Michigan residents.
- Established a uniform credentialing requirement for individuals who provide CMH services through a state department or agency, by requiring providers of CMH services to make profiles as maintained by DHHS that contain information necessary for the CMH credentialing process, in adherence to national standards from specified accrediting bodies or a credible body approved by DHHS.
- Promoted policies that support adequate staffing and evidence-based skills or training.
- Complied with the national certification standards for CMH counselors and professionals.
- Met the needs of populations served by each state department or agency providing CMH services.

Within six months after the bill took effect and annually thereafter, DHHS would have to submit a report to the legislature describing its activities in effecting the goals listed above, including the establishment of, and any revisions to, the credentialing program.

A state department or agency providing CMH services to Michigan residents would have to comply with the credentialing program and utilize the provider information profile maintained by DHHS. Once the uniform credentialing program was certified as being in full force and effect by the DHHS director, the state departments and agencies falling under it would have to ensure compliance with it.

The bill would not apply to health plans contracted by the state to provide Medicaid services. These plans could use plan-specific processes and would not have to use the credentialing process established by DHHS.

Under the bill, the credentialing and recredentialing process would have to be conducted and documented for at least the following health professionals:

- Physicians.
- Physician's assistants.
- Psychologists.
- Licensed master's social workers, licensed bachelor's social workers, and social service technicians.
- A social worker granted a limited license.
- Licensed professional counselors.

- Nurse practitioners, registered nurses, and licensed practical nurses.
- Occupational therapists and occupational therapist assistants.
- Physical therapists and physical therapist assistants.
- Speech language pathologists.

DHHS could establish policy and promulgate rules to implement the bill.

Proposed MCL 330.206b

ARGUMENTS:

For:

Reportedly, uniform credentialing would remove administrative burdens and allow providers to spend more time with patients rather than completing repetitive paperwork.

In response to committee testimony, and following consultation with stakeholders, the H-1 substitute clarified that the bill's uniform credentialing requirements would apply to a broad swath of direct care workers, including physician's assistants, social workers, and other medical professionals.

Against:

No one testified or voted against the bill in House committee.

POSITIONS:

A representative of CMH Association of Michigan testified in support of the bill in concept. (12-5-19)

Michigan Association of Health Plans indicated support for the bill. (6-24-20)

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■ This analysis was prepared by nonpartisan House Fiscal Agency staff for use by House members in their deliberations, and does not constitute an official statement of legislative intent.