**MODEL PROPOSAL TEMPLATE**

**SECTION 298 INITIATIVE**

The Section 298 Initiative is a statewide effort to improve the coordination of physical health services and behavioral health services and supports. The Michigan Department of Health and Human Services (MDHHS) launched this initiative in response to legislative language in the Fiscal Year 2017 approved budget. The language, known as Section 298, calls upon MDHHS to form a workgroup “to make recommendations regarding the most effective financing model and policies for behavioral health services and supports in order to improve the coordination of behavioral health and physical health for individuals with mental illnesses, intellectual and developmental disabilities, and substance use disorders.”

Under Section 298, MDHHS and a workgroup of stakeholders must produce a report with recommendations for the Michigan Legislature. Last summer, MDHHS convened the 298 Facilitation Workgroup to gather feedback from the public and develop recommendations for the report. MDHHS and the 298 Facilitation Workgroup submitted [the interim report](http://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_76181---,00.html) to the Michigan Legislature on January 13, 2017. The interim report focuses on recommendations for potential policy changes. The final report, which will be submitted by March 15, 2017, will incorporate policy recommendations from the interim report as well as additional recommendations on models, pilots, and benchmarks for implementation.

**Model Proposal Submission Process**

The model proposal solicitation process is the next phase of the Section 298 Initiative. This process is designed to provide an opportunity for interested stakeholders to propose possible models for improving the coordination of physical health and behavioral health services and supports. Proposed models should be inclusive of both financing and services and supports delivery. MDHHS will accept model proposals submitted to [MDHHS-298@michigan.gov](mailto:MDHHS-298@michigan.gov) using this template from January 13, 2017 to February 3, 2017 at 5:00 p.m. Model proposals received in a format other than this template or received after February 3rd will not be evaluated by MDHHS and the 298 Facilitation Workgroup. MDHHS may contact model submitters for clarification and/or additional information regarding model submissions if needed. The model proposal solicitation is not a request for proposal which will result in a direct contract or other formal engagement of the submitter(s). This process is a request for information which will contribute to the development of the Section 298 Final Report for the Michigan legislature.

**Model Development Considerations**

A proposed model must provide adequate information for MDHHS and the 298 Facilitation Workgroup to evaluate important key considerations, including (but not limited to):

* How physical health and behavioral health services and supports would be financed in the model including both payer and service provider level financing/payment mechanisms;
* How physical health and behavioral health services and supports would be delivered in the model including the types of service providers which would be involved and mechanisms used for effective coordination;
* How the model would deliver services and supports in keeping with core values (for example, self-determination, choice, inclusion, and equity) and recommendations made by the Workgroup in the interim 298 report;
* How, if enacted, the model would facilitate a transition which ensures the highest degree of continuity of care for consumers and minimizes disruption of services and supports;
* How the effectiveness of the model, in terms of consumer outcomes, service delivery integration, efficiency, and financial value, would be measured to monitor model implementation if enacted.

MDHHS and the Workgroup have designed this template to gather knowledge and perspectives about a proposed model in a manner which addresses these considerations. The template’s questions are structured to collect a thorough set of information needed to appropriately evaluate the characteristics of a model. However, MDHHS and the Workgroup recognize that model submitters may not be able to comprehensively answer every question. In such cases, model submitters can specify the limitation(s) of an answer and/or indicate where further model development is needed. While the template does not have a specific character or page limitation, the 298 Facilitation Workgroup encourages submitters to exercise brevity in developing a proposal. (Submitters should ensure sufficient information is included to address template questions while limiting unessential narrative and elaborate terminology.) If supplemental visual or graphical elements are used to convey concepts that are contained in the model, they may be attached to the template and referenced appropriately.

**Model Evaluation**

Models received as part of this process will be evaluated using the core values and pertinent policy recommendations made in the Section 298 Interim Report, and the considerations above. (Models that include components which are counter to the core values and recommendations made in the interim 298 report will not be evaluated favorably.) The Workgroup’s evaluation will result in documenting perceived strengths and challenges of all models submitted to include in the Section 298 Final Report. If the workgroup receives similar models from multiple submitters, the models may be evaluated and included in the final report on an amalgamated basis. Simultaneous to workgroup evaluation, a public engagement process will be opened to collect strengths and possible challenges from a wide audience of stakeholders as an input to MDHHS and the Workgroup’s evaluation, as well as the final report.

**MODEL PROPOSAL TEMPLATE**

**Section I: Model Name and Contact Information**

Name of Model: Click here to enter text.

Name of Submitting Organization: Click here to enter text.

Main Contact for Submitting Organization: Click here to enter text.

Email Address for Main Contact: Click here to enter text.

Model Partner Organization(s): Click here to enter text.

**Section II: Model Description**

Please provide an overview of the proposed model below. Include in your description: (1) what types of services and supports (expressed categorically, rather than an exhaustive list) would be offered in the proposed model, (2) which types of organizations would be involved in providing, coordinating, and paying for those services (3) how the model would support service delivery in keeping with the core values and recommendations included in the interim 298 report, (4) how the model would be financed including both payer and service provider level financing/payment mechanisms , and (5) how a competent, public body would be engaged in managing the model.

Click here to enter text.

Which populations would be affected by the implementation of the model? Would any populations be excluded from the model?

Click here to enter text.

Which services and supports would be incorporated in implementation of the model? How would services and supports be affected?

Click here to enter text.

How will individuals choose whether to receive services and supports under this model, in addition to by whom and where services are provided? Would individuals have the ability to choose the entity which coordinates their care and their care coordinator/manager?

Click here to enter text.

**Section III: Coordination of Physical Health and Behavioral Health Services and Supports**

How would the model enhance the coordination of physical health and behavioral health services and supports for individuals?

Click here to enter text.

How would the model promote greater collaboration amongst providers, service agencies, and payers at the service delivery level?

Click here to enter text.

How would the model improve the availability, accessibility, and uniformity of services (including medications1) and supports?

Click here to enter text.

1 Please consider section 4 of the interim Section 298 report for background information regarding the current medication access and financing (carve out) approach.

How would the model strengthen the workforce in order to support the delivery of high-quality services and supports? How would the model affect current efforts to recruit, train, and retain clinicians, direct care staff, and other key personnel (e.g. certified peer support specialists, recovery coaches, community health workers, peer mentors, youth peer support, parent support partners etc.)?

Click here to enter text.

**Section IV: Rights, Protections, and Service Continuity**

How would the model empower individuals to make decisions about service delivery? How would the model promote the use of person-centered planning, self-determination, and choice as core values of service delivery?

Click here to enter text.

Would this model affect the administration of complaints, grievances, and appeals?

Click here to enter text.

How would the model support continued access for individuals to current services, supports, and providers?

Click here to enter text.

**Section V: Governance**

How would governance function within the model? How would the model promote transparency and accountability for the delivery of publicly-funded services and supports?

Click here to enter text.

How would individuals, family members, and other community members be engaged in decision-making on the delivery of publicly-funded services and supports?

Click here to enter text.

**Section VI: Financing and Reimbursement**

What changes would need to be made to financing mechanisms for payers in order to implement the model?

Click here to enter text.

What changes would need to be made to provider reimbursement in order to implement the model?

Click here to enter text.

Would incentives (at a payer and/or service provider level) be used under the model? If so, how would the incentives be designed?

Click here to enter text.

**Section VII: Quality Measurement**

How would the quality of service delivery be measured and continuously improved under the model?

Click here to enter text.

Define “success” for the model? How will the model’s success be measured? What types of benchmarks would be appropriate for evaluating the model?

Click here to enter text.

**Section VIII: Pilots and Other Considerations**

Could the model be piloted? If so, how would you propose a pilot?

Click here to enter text.

Could this model be implemented statewide (i.e. is the model is replicable in different communities)? If so, how would you propose statewide implementation?

Click here to enter text.

(Optional) Are you aware of any changes that would need to be made to statutes, regulations, policies, or waivers in order to implement the model?

Click here to enter text.

(Optional) Are you aware of any other states or communities which have implemented this model?

Click here to enter text.