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|  | **Michigan Occupational Therapy Association (MiOTA)**124 West Allegan, Suite 1900Lansing, MI 48933P. 517-267-3918 F. 517.484-4442Email: office@miota.org |

Dear XXXXX;

On April 1, 2014, the President signed the Protecting Access to Medicare Act (PAMA) into law, which included a provision authorizing a two part **Certified Community Behavioral Health Clinic (CCBHC) Demonstration program**. The law allowed for a $1.1 billion investment in community based mental health services for Medicaid recipients – the largest of its kind for several generations - over the course of the demonstration.

In October of 2015, SAMHSA and CMS announced that 24 states have been awarded one-year CCBHC Planning Grants. **Michigan was one of the states awarded a planning grant.** Recipients will be required to certify community behavioral health clinics, solicit input from stakeholders, establish prospective payment systems for demonstration reimbursable services, and prepare an application to participate in the demonstration program. Eight of these states will then be selected as demonstration sites for enhanced federal matching funds based on payment via a Prospective Payment System (PPS) for Medicaid services during the CCBHC two year Demonstration.

The ultimate Demonstration application will be submitted to SAMHSA by each State Planning recipient by October of 2016 in order to be considered to participate in the CCBHC demonstration program. CCBHC Implementation will begin in January of 2017.

Occupational therapists were listed among the suggested staffing for CCBHCs under section 1.b.2 of the SAMHSA CCBHC criteria[[1]](#endnote-1). MiOTA strongly recommends that occupational therapy practitioners be a required part of the CCBHC interdisciplinary team. Occupational therapy practitioners have an essential role to play in the full arc of services provision: evaluation, the development of a plan of care, and the implementation of many of the other services required by Congress.

## **Occupational Therapy, which has its roots in psychiatry, is an essential addition to the state CCBHC initiative because OT Practioners:**

1. Are trained to assess cognitive and functional impairments and risk;
2. Help span the boundary between the behavioral and medical fields—a key objective of the CCBHC initiative;
3. Can assess functional cognition, which is the way an individual utilizes and integrates his/her thinking and processing skills to accomplish everyday activities.  The OT practitioner can advise adjustments to the care plan if an individual’s cognitive deficits reduce their capacity to understand their diagnosis, effectively participate in care planning, take medication, attend routine appointments, or successfully engage in interventions (especially the many modalities rooted in cognitive behavioral therapy);
4. Help people across the lifespan with serious mental illness develop day-to-day independent living skills and improve their functional capacity

As your constituent, I urge you to ask DHHS to include occupational therapists as **required staff** for the Michigan CCBHCs. Even better, urge DHHS to have occupational therapists on the planning committee for this grant. To date, there has been little transparency in the process, and the essential practitioners are not sure where we stand.

For more information please contact the MiOTA Office at office@miota.org or 517-267-3918.

Sincerely,

1. <http://www.samhsa.gov/sites/default/files/programs_campaigns/ccbhc-criteria.pdf> [↑](#endnote-ref-1)