

MSHN Board Newsletter - April 2020



From the Chief Executive Officer's Desk

Joseph Sedlock
Chief Executive Officer

A few weeks ago, I started making some notes for this article. Notes on resilience, connectedness and hope. They were just a few scattered thoughts to include (or not) when the time came.

And then the world changed. The ways we live and work and connect - changed. Communities changed. Companies changed. Healthcare changed. Every. Single. Thing. Changed.

All of a sudden, Mid-State Health Network, along with our Community Mental Health Services Programs (CMHSPs), our substance abuse prevention partners, and our substance use disorder (SUD) treatment providers – not to mention the people we serve and support, their families, employers and circles of support – were confronted with new and more complex challenges than at any time in our history. We've been forced to make difficult decisions, work in new ways, work with new tools, live and work under frightening circumstances amid a whole new level of uncertainty, fear and ambiguity – along with the need to protect our own health and safety and that of our own families.

I didn't know it at the time I started making these little notes that the few weeks that have passed and the many weeks ahead would call on each of our staff, our CMHSP and provider partners, the people we support, the communities we are engaged with – and every citizen of our state, nation and world – to find and practice resiliency. To find and practice new methods for delivering services. To find and practice new ways of getting and staying connected. To find and practice all of this while keeping our distance from one another.

Meanwhile, many of our colleagues, family, friends and strangers must be physically present at clinic sites, hospitals, emergency rooms, residential treatment settings, specialized residential homes, withdrawal management programs, psychiatric emergency venues, and many other places to provide services and supports – at potentially great risk to them and to the individuals receiving services.

Resiliency is toughness; the capacity to quickly adapt to and quickly recover from difficulties.

In the past few weeks, I have witnessed and am so grateful for the resiliency shown by so many people. The entire behavioral health workforce has adapted quickly, has demonstrated commitment to the people we serve and support (and to their families and communities). While the methods for service and support provision have changed, the MSHN region is operational and capable of delivering all required services.

I am so proud of and grateful to every single member of our workforce, at MSHN and across the region, for stepping up to these challenges mostly unprepared, for remaining committed, for figuring difficult things out, for setting aside fear and uncertainty, for persevering. For remaining resilient.

Questions or comments may be emailed to Joe Sedlock at Joseph.Sedlock@mistatehealthnetwork.org.

Organizational Updates

Amanda Ittner, MBA
Deputy Director

CoronaVirus, COVID-19, Executive Orders, Personal Protective Equipment..

What else can MSHN say about our activities in March? From our first meeting with our Regional Medical Director, Dr. Alavi on March 11, 2020, to discuss our continued operations plan to now meeting virtually to obtain clarification on Executive Orders and available personal protective equipment (PPE).

As our Leadership team provides their departmental updates in this newsletter, there has been significant work behind the scenes to move our agency in a new state of business. I join Joe Sedlock in expressing how extremely proud we are of our MSHN team, and how they immediately pulled our resources together, and continue today, to support our providers, their fellow employees and, most importantly, to ensure the individuals served by our network have essential supports and services.

Over the last month, MSHN's focus has been on the immediate COVID logistics planning. Below is a high-level update and summary of the activities and communications occurring across our network.

External Communications:

- MSHN conducts weekly phone meetings with Community Mental Health Service Program (CMHSP) CEOs for in-region discussion, status updates and guidance development;
- Regional CMHSP Medical Directors (RMD)s meet weekly;
- Providers Receive Constant Contact Special Release(s);
- Webinars are being conducted to discuss updates and provide Question & Answer platform with Substance Abuse Prevention and Treatment (SAPT) Providers;
- Development of COVID Website Resources, to include:
 - Public page updated daily to include the Centers for Disease Control and Prevention (CDC), State, Substance Abuse and Mental Health Services Administration (SAMHSA) resources, Michigan Department of Health and Human Services (MDHHS) bulletins, Frequently Asked Questions (FAQ), and Provider Updates;

- Consumer page including resources and safety information as well as offering the MyStrength application (provided by Saginaw County Community Mental Health Authority);
- CMHSP secure page for in-region guidance, to include:
 - Status of supplies, reporting COVID Tier status and provider status.
- Receiving and responding to request/information from MIHAN (Michigan Health Alert Network);
- MDHHS phone meetings with PIHPs, CMHSPs and RMDs twice weekly. to include:
 - Defined essential services for Behavioral Health;
 - Guidance with telehealth services, PPE supply and limits, and critical services;
 - Discussed the 1135 Waiver & Appendix K – to be submitted to the Center for Medicaid Service (CMS) by the first week of April;
 - Received updates on appropriations/bills regarding Direct Care Worker and Provider Network Stabilization;
 - As Michigan declared a disaster state, grants are now available for counseling, resilience and recovery for communities;
 - Discussed workforce's stability concerns due to COVID illness and the new unemployment benefit;
 - Capacity overflow concerns in hospitals; and in physical and behavioral Health facilities.

Internal Communications:

- All MSHN staff are working remote until further notice;
- Video accounts available for all staff to hold department meetings;
- Weekly video departmental and leadership meeting; and bi-weekly all staff meetings conducted;
- Reviewing and implementing the **NEW Families First Coronavirus Response Act (FFCRA)**, that was effective April 1, 2020. The FFCRA requires employers to provide **Emergency Family & Medical Leave (EFMLA) and Emergency Paid Sick Leave (EPSLA)**;
- Announced the new Employee Assistant Program (EAP) effective April 1, as another free resource for MSHN staff;
- MSHN Health Insurance Plans are offering telehealth to employees during this time

While MSHN continues to address new orders and guidance, we realize that current contract requirements during this time period may see a decrease in performance. MDHHS has acknowledged they will address non-compliance during this time by either waiver or extension of due dates.

Again, we appreciate the support that has come from MDHHS, MSHN's Executive Committee, CMHSPs, SAPT Providers and our local communities during this unprecedented time.

COVID-19 Links:

- **Submit COVID related questions to:**
coronavirus@midstatehealthnetwork.org
- **For COVID resources & MSHN updates:**
<https://midstatehealthnetwork.org/provider-network-resources/provider-resources-1/coronavirus-covid-19>
- **For COVID consumers resources:**
<https://midstatehealthnetwork.org/consumers-resources/customer-services/covid-19-what-consumers-need-know>

For further information or questions related to MSHN's COVID planning, contact Amanda at amanda.ittner@midstatehealthnetwork.org

Information Technology

Forest Goodrich

Chief Information Officer

Mid-State Health Network staff and Community Mental Health Service Program (CMHSP) technology staff have spent most of their time focusing on technology solutions that assist with working from remote locations, virtual meetings and telehealth and telephonic visits. This was a rapid implementation effort by all. Electronic medical records systems needed to be revised to support the changes in billing and reporting for these types of activities.

Health Services Advisory Group, which is the external quality review organization hired by MDHHS to monitor PIHP performance, has requested materials for its upcoming desk audit; MSHN staff and CMHSP staff are busy completing and providing this information.

Please contact Forest with questions or concerns related to MSHN Information Technology and/or the above information at forest.goodrich@midstatehealthnetwork.org

Finance

Leslie Thomas, MBA, CPA

Chief Financial Officer

MSHN's Finance Staff Department consists of four team members including myself. The other staff include a Financial Manager, Financial Specialist, and Claims Processor. Finance is responsible for critical functions such as ensuring payments to Community Mental Health Service Programs (CMHSPs) and Substance Abuse Prevention and Treatment (SAPT) providers, fiscal reviews, claims adjudication/approval, and Michigan Department of Health and Human Services (MDHHS) reporting. The critical functions mentioned are considered normal operational items and mandated items such as MSHN's Fiscal Audit and Compliance Examination are occurring simultaneously.

In addition to our normal operational functions listed above, we have increased technical assistance to Substance Abuse Prevention and Treatment Providers (SAPT) and CMHSPs as needed, made efforts to ensure non-service vendors are paid, and provided additional fiscal assistance to our SAPT network to ensure continuity of services for those individuals in need. Technical assistance is being provided verbally and through MSHN's Frequently Asked Questions (FAQ) documents on the website. Further, many hours are spent on evaluating SAPT fiscal requests to ensure MSHN maintains appropriate stewardship of all funds, including those rendered through our MDHHS contract.

There are numerous other fiscal reports due to MDHHS, however the two aforementioned are the best indicators of a PIHP's financial picture.

Please contact Leslie at Leslie.Thomas@midstatehealthnetwork.org for more information.

Behavioral Health

Dr. Todd Lewicki, PhD, LMSW, MBA

Chief Behavioral Health Officer

The public mental health system serves people who are among the most vulnerable of Michigan's citizens. Primary health conditions and disabilities are complicated by co-occurring disabilities and chronic disease, usually requiring frequent and ongoing intervention and monitoring by health care professionals. In this frightening time of the COVID-19 pandemic, one such example addressing care needs and safety is the applied behavior analysis (ABA) services provided to children and adolescents who are on the autism spectrum, along with their families. As the outbreak of coronavirus occurred, State of Michigan Governor Whitmer acted quickly to ensure the public safety by enacting a "Stay Home, Stay Safe" order. That included the definition of what services were to be essential to the community. While ABA is essential, this public health emergency presents a danger to vulnerable individuals who still need community mental health services.

Mid-State Health Network (MSHN), through guidance from the Michigan Department of Health and Human Services, further defined opportunities and options to ensure that ABA services would be able to continue, which involved the use of telepractice for many services. It was also determined that face-to-face services should be reserved for those cases where the safety of an individual or another, due to severe, challenging, and unsafe behavior superseded or outweighed the risk of COVID-19 infection. Many persons with Autism Spectrum Disorder (ASD) are already medically fragile and the severe shortage of personal protective equipment further enhances risk of infection for individuals, families, and workers. Thus, through use of technology and thoughtful planning, an essential service to a vulnerable group has been able to continue. This is one example among many concerted efforts occurring in the MSHN system.

For additional information, please contact Todd at Todd.Lewicki@midstatehealthnetwork.org.

Utilization Management & Integrated Care

Skye Pletcher Negrón, LPC, CAADC

Director of Utilization and Care Management

Utilization and Care Management Updates:

Ensuring individuals have access to the services and supports they need is more critical than ever in the midst of the current COVID-19 pandemic. The primary focus of utilization management for both Substance Use Disorder (SUD) and Community Mental Health Service Programs (CMHSPs) operations at this time is preventing and minimizing disruptions in services for consumers. It has been inspiring to see how quickly and efficiently our CMHSPs and SUD Service Providers (SUDSPs) have responded in the face of significant challenges to ensure individuals continue to receive the services and supports they need. Our region's coordinated response in the face of crisis is truly a credit to the strong, collaborative relationships we have built as regional partners, and our shared commitment to the individuals we serve. Activities within the region to ensure availability and continuation of services include:

- Supporting providers & programs in transitioning all possible services to telehealth;
- Providing education and support to contracted providers around documenting and submitting claims for telehealth services as new guidance is received from Center for Medicare & Medicaid Services (CMS) and Michigan Department of Health & Human Services (MDHHS);
- Ensuring authorizations for services continue to be processed at each CMHSP so there are no delays or disruptions;
- Tracking service availability and provider restrictions/closures related to COVID-19 challenges such as admissions holds or delays at hospital and residential facilities, provider staffing shortages, etc.;
- Internal MSHN SUD utilization management functions remain fully operational with all UM specialists working remotely to process authorizations and provide telephone support to the SUD provider network and individuals seeking services.

Additionally, MSHN continues to participate in monthly care management meetings with the Medicaid Health Plans in our region to coordinate services for individuals with high-risk medical and behavioral health conditions. The primary focus of these meetings recently has been developing creative solutions to meet people's healthcare needs in their homes as much as possible during the COVID-19 outbreak. Innovative care management strategies include:

- Medication delivery by mail or drop off to the front door;
- Health worker and behavioral health worker visits by telephone or from a safe social distance at the front door of the home ;
- Phone calls and mailed materials to educate individuals about the importance of not going to the emergency room unless necessary to prevent possible exposure to illness and alleviate the burden on the hospital systems at this time. Medicaid Health Plans and many CMHSPs are offering nursing consultations by phone to assist individuals in determining if they should go to the emergency room or if there are alternatives to address their needs.

For additional information, please contact Skye at Skye.Pletcher@midstatehealthnetwork.org.

Treatment and Prevention

Dr. Dani Meier, PhD, LMSW

Chief Clinical Officer

Clinical Team Activities Amidst the COVID-19 Pandemic

The "Stay Home, Stay Safe" order has accelerated activities of the Clinical Team as we work with providers to adjust to the crisis we're facing in Michigan.

Given that schools are where the bulk of substance use disorder (SUD) prevention activities take place, school closures have hamstrung prevention providers across the state. Non-school venues, community groups, for example, are also banned precluding prevention providers from doing community presentations about the opioid crisis. Adapting creatively, Community Recovery Providers are now hosting Zoom support groups for people in recovery. The Prevention Team has been fielding questions from providers and has worked with the region's prevention providers on engaging in critical activities that are often pushed to the back burner due to other priorities. These include delving into county-level data to better understand local SUD trends. It also includes providers updating and validating their Michigan Prevention Data System (MPDS) reporting information. This often only gets done at year's end creating a massive amount of data to review and validate at the same time as school is back in session and school-based activities are ramping up. The prevention staff has been reviewing pre/post-test data, assisting providers in using evaluation data and needs assessment data to inform their annual plans, attending on-line training(s), producing video educational series to share on social media, and where possible, hosting zoom prevention education and community coalition meetings.

The Treatment Team has focused on the biggest COVID-19 driven adjustment for treatment providers, outpatient providers in particular: namely, the shift from face-to-face encounters to telemedicine. Federal and state restrictions on telemedicine have been changing day-to-day. These guidelines from the federal government and the Michigan Department of Health and Human Services are often in dense and technical language, so the Treatment Team has been active in distilling rule changes into presentations that address providers' questions and concerns. The release of the [Behavioral Health and Developmental Disabilities Administration \(BHDDA\) Communication 20-01](#), classifying all behavioral health services as essential to sustain and protect life, created further questions; particularly among providers who require some face-to-face contact such as withdrawal management/detox, residential, methadone daily dosing and recovery housing. Even in those settings, we've worked with providers to be creative in use of space and programming to accommodate social distancing. The Treatment Team is also working with the MSHN Michigan Department of Corrections (MDOC) Implementation Team to support onboarding of new MDOC providers, evaluating their policies and practices, and supporting existing providers to prepare for the new MDOC requirements which will be in effect for Fiscal Year (FY) 2021. Use of our Mobile Care Unit is also being differently deployed in the context of social distancing, which is a challenging given the space a large recreational vehicle (RV) offers.

Both teams are also engaged in "normal" activities as well since work in health care does not get put on hold for a pandemic. This is the time of year that both prevention and treatment teams are reviewing the FY21 contract and are assisting providers as they pull together annual plans for the next fiscal year. Meetings are being conducted via Zoom (*for MSHN, Zoom is a secure, encrypted, video conferencing software system*) in lieu of normal face-to-face meetings typically held on-site with providers. The State Targeted Response (STR) grants are also closing at the end of this month, and even as the last of those funds are dispersed to communities and providers, we are gearing up for the second round of State Opioid Response (SOR) grants.

The Clinical Team's "all hands on deck" approach to this crisis is making a difference!

For further information, please contact Dani at Dani.Meier@midstatehealthnetwork.org.

Provider Network

Carolyn Tiffany, MA

Director of Provider Network Management Systems

Provider Network Management functions continue, with consideration given that providers are focusing their efforts on the delivery of essential services. Provider performance monitoring efforts are being conducted via desk audits where possible or rescheduled for a later date when on-site audits are necessary.

We began the annual process for reviewing and revising contract language, work which spans several months. This includes substance use disorder (SUD) contracts, Medicaid subcontract, regionally standardized contracts, and associated manuals.

Staff continue to support the research and development of regional guidance as it pertains to provider network and COVID-19. Other projects include the development of trainings to support SUD providers, reporting portal, and further developing departmental standard operating procedures.

For further information, please contact Carolyn at Carolyn.Watters@midstatehealthnetwork.org.

Quality, Compliance and Customer Service

Kim Zimmerman, MBA-HC, LBSW, CHC

Director of Quality, Compliance and Customer Service

The Impact of COVID-19

During this unprecedented time of national emergency, the Behavioral Health System has had to adapt and learn to function in new and different ways. With the focus of our resources being on providing services to our clients, we find that other functions have been placed at a lower priority, not because they are not seen as beneficial, but because they are not essential services.

Our system has only begun to make changes to our business practices, so at this time, some of the impacts on responsibilities such as reporting and analyzing performance measures are not fully known. However, we have identified the following as potential issues that may negatively and positively affect the data we are required to collect and report to the Michigan Department of Health and Human Services (MDHHS).

Potential Negative Impacts:

- Many provider network staff are working remotely, and this impacts their ability to obtain and report some of the information that may be not be readily available to them.
- Based on the definition of essential services, some services, such as community-based living services, are required to be suspended temporarily during the stay home stay safe executive order in place by the Governor.
- There are numerous changes to allow for the submission of encounters using telehealth options. If those new codes are not reported appropriately then this can negatively impact the data reported. Since accurate encounter reporting affect the rates that PIHPs - and ultimately providers - are paid, this is a significant matter.
- Some providers are opting to temporarily reduce or limit services due to changes affecting the ability to provide face-to-face services.

Potential Positive Impacts:

- There is potential to show improvements regarding appointment no-show rates as the use of telehealth methods are being utilized, making it more convenient for beneficiaries to obtain services.

In addition, Customer Services is assisting consumers and families to help them better understand changes that have happened within our system as a result of social distancing, and when necessary, helping them navigate the appeal process with their local provider.

Quality, Compliance and Customer Service staff are continuing to support that the service requirements are being met, data is reported timely and appropriately, and consumer rights are being upheld; all while understanding that our system of care has changed, our processes need to be flexible, and our focus needs to be on assisting consumers, families and provider staff in navigating the changes.

For further information, please contact Kim at Kim.Zimmerman@midstatehealthnetwork.org

Mid-State Health Network (MSHN) exists to ensure access to high-quality, locally-delivered, effective and accountable public behavioral health and substance use disorder services provided by its participating members.