Mid-State Health Network

June 2018 Newsletter

From the CEO's Desk

Joseph Sedlock
Chief Executive Officer

The National Conference occurred the last week of April, and was attended by two MSHN board members and two MSHN staff members among thousands of others from across the country. One of the keynote speakers was Elinore McCance-Katz, MD, PhD, the Assistant Secretary for Mental Health and Substance Use. Marijuana use, for medical purposes, has already been approved in Michigan. Dr. McCance-Katz raised a national alarm over increased use of marijuana in the US, particularly among children, adolescents and pregnant women. The following article[1] provides a great summary of Dr. McCance-Katz' remarks.

"For too many years, we have simply heard a message from an industry that makes... billions of dollars ... about how safe this drug is. I'm here to tell you this is not a safe drug," McCance-Katz said during a town hall event at "NatCon18," the National Council for Behavioral Health's annual conference. "Americans have a right to know that and we should be telling them that," she continued.

"Thirty states and the District of Columbia currently have laws that legalize marijuana in some form," according to Governing magazine. McCance-Katz said the greatest number of "new initiates" to marijuana use are teenagers, which is especially concerning because their brains have not yet fully developed.

She cited numerous association studies linking marijuana use to a host of adverse outcomes: behavioral problems, early-onset psychosis, poor school performance, and low birthweight deliveries, among others, although those studies could not determine a cause-and-effect relationship.

"And while tobacco and alcohol rates have declined among pregnant women in recent years, illicit drugs -- mainly marijuana but also opioids -- have increased from 78,000 women in 2015 to 111,000 in 2016," she said. McCance-Katz sought to counter recent news reports that suggest marijuana legalization may have driven down use of opioids. On the contrary, "marijuana use was associated with substantially increased risk of addiction and overdose for opioids," she said, citing research from Mark Olfson, MD, MPH, and colleagues in the American Journal of Psychiatry.

State/Regional Updates:

Meanwhile, in Michigan...there is a ballot initiative to legalize marijuana. According to Gongwer, a Capital daily newsletter, House Speaker Pro Tem Lee Chatfield is discussing gathering the votes needed to pass marijuana legalization rather than await citizen action on the petition initiative. He reports that this will allow greater ability to legislatively amend the citizens' initiative if passed by the legislature rather than going to public vote as amendments would only need a legislative majority rather than three-quarters support if voters enact the measure. There is some speculation that this is also politically motivated in that republicans are concerned that having marijuana on the ballot may bring out more voters that are likely to vote democrat (e.g. college students) and threaten loss of republican majority seats.

At the regional level...The Michigan Profile for Healthy Youth (MiPHY), is an online student health survey offered by the Michigan Departments of Education and Health and Human Services to support local and regional needs assessment. The MiPHY provides student results on health risk behaviors including substance use, violence, physical activity, nutrition, sexual behavior, and emotional health in grades 7, 9, and 11. The survey also measures risk and protective factors most predictive of alcohol, tobacco, and other drug use and violence.

MiPHY results for our region on the measure of "percentage of students who reported smoking marijuana once or twice a week to be a moderate or great risk" shows more accepting attitudes about marijuana, especially since 2008 (when medical marijuana was legalized in Michigan).

- For MSHN region middle school students, the trend is from 80.4% in 2008; 75.7% in 2010; 70.5% in 2012; 63.7% in 2014; and 62.6% in 2016.
- For MSHN high school students, the trend in perceived risk of marijuana went from 74.2% in 2008 to 68.8% in 2010; 65.1% in 2012; 49.9% in 2014 to 47% in 2016.

The higher the perceived risk of use, the less likely that youth are to use. For our region, perception of risk is going down, which correlates to increased likelihood of use. The science does not support the perception that marijuana use is low risk.

MSHN advocates for public policy around the legalization of any illicit substance, including marijuana, be based on science. We encourage you to educate yourself on these issues and offer the following public resources:

- Healthy and Productive Michigan, at *http://healthyandproductivemi.org/*
- National Institute on Drug Abuse: *https://www.drugabuse.gov/publications/research-reports/marijuana/letter-director*
- Mobilizing Michigan, at *http://cvcoalition.org/mobilizing-michigan/highlights/*
- Substance Abuse and Mental Health Administration (SAMHSA), at *https://www.samhsa.gov/atod/marijuana*

*Acknowledgements to **Jill Worden, Lead Treatment Specialist**, for contributing to the above articles.*

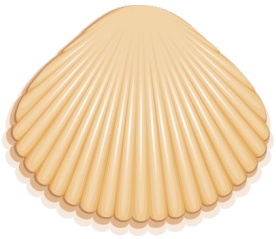
[1] Firth, Shannon. SAMHSA Head Stands Firm on Marijuana's Dangers, MedPage Today, April 25, 2018

Please contact Joe with questions or concerns related to the above information and/or MSHN Administration at Joseph.Sedlock@midstatehealthnetwork.org.

Organizational Updates

Amanda Horgan

Deputy Director



Regional Admission & Benefit Standardization Workgroup

Our region continues to strive towards consistency, standardization and cost effectiveness through the newly formed Regional Admission and Benefit Standardization Workgroup. The purpose of the workgroup is to standardize, across the MSHN region, clinical eligibility and medical necessity criteria, policies and procedures relating to the admission, continuing say, and discharge of individuals to be or actually admitted for services/supports and the prioritization of services once admitted. This work will also address the costs of services, variances between the Community Mental Health Service Program (CMHSP) participants, and pathways to achieve potential cost savings or containment.

The workgroup will consist of regional representation, with each CMHSP appointing a member from their clinical, utilization management or finance area. The kickoff meeting will be held in June, so look forward to more updates as this work progresses.

Welcome to MSHN's New Team Members

MSHN is pleased to announce that we have filled the roll of the Veteran Navigator and the Supports Intensity Scale Assessor.

- Michael Scott joined MSHN on April 30, 2018, as the Veteran Navigator, filling the role that was previously contracted with The Right Door for Hope, Recovery and Wellness. Michael comes to us with years of experience working with veterans through the Ingham County Veterans Treatment Court.
- Linda Manser joined MSHN on June 4, 2018, as the Supports Intensity Scale Assessor. This position was created to assist our region to ensure compliance with the required number of assessments due every three (3) years. Currently, MSHN assessors are located within the CMHSPs, but due to the lack of availability and increased demand, it was necessary to fill an additional role at MSHN. Linda comes to us with years of experience working as a SIS Assessor for Cardinal Innovations Healthcare in North Carolina.

Please join us in welcoming the newest members to the MSHN team!

Please contact Amanda with questions or concerns related to MSHN organization and/or the above information at Amanda.Horgan@midstatehealthnetwork.org.

Information Technology

Forest Goodrich

Chief Information Officer

We are making progress with the following health information exchange activities:

1. Several SUD providers are now using the batch claims submission process in REMI (MSHN's Managed Care Information System);
2. Community Mental Health Service Programs (CMHSP) staff are using the Provider Directory upload feature in REMI;
3. Negotiations continue with Sheridan Hospital to join an exchange so that key information can be made available in Montcalm; and
4. We negotiated a reasonable statement of work from MiHIN (Michigan Health Information Network) regarding the medication reconciliation information from participating provider organizations.

Each of these efforts benefit the region, and how we standardize the processes used to exchange information. We are excited about the success in these areas.

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

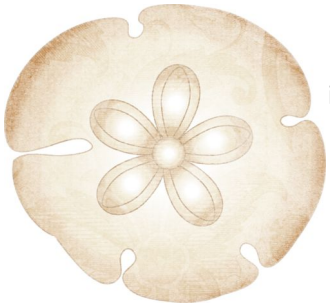
Chief Financial Officer

Roslund Prestage & Company (RPC) completed on-site work for MSHN's Compliance examination during May 2018. The report is due to the State of Michigan Treasury Division on June 30th, 2018. The certified public accounting (CPA) firm is also in the process of finalizing the Fiscal Year (FY) 2017 Single Audit. MSHN's internal finance team continues its sub-recipient monitoring through the site visit process for any provider rendering Substance Use Disorder (SUD) services. The monitoring includes enhanced oversight of fiscal policies, procedures and business practices.

MSHN recently earned and disbursed more than $3 million in performance bonus funds to its Community Mental Health Service Programs (CMHSPs) as part of the FY 2017 Performance Bonus Incentive Pool (PBIP) funding. MSHN earned 100% of all potential bonuses. MSHN did not retain

any of these funds because it is prohibited in our Operating Agreement. Funds earned in this process are restricted local funds and must be used for the benefit of the public behavioral health system.

Finance staff continue its efforts with the MSHN's Managed Care Information System, REMI, which went live on February 1, 2018. These efforts include participation in team meetings as well as providing technical assistance to SUD contractors and internal staff.



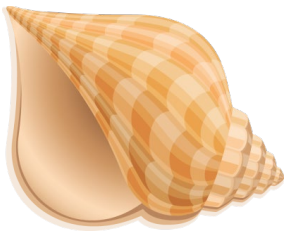
MDHHS has increased SUD Medicaid and Healthy MI funding for FY 2018. This increase is needed since MSHN covered nearly $4 million in SUD spending with savings for FY 2016 and project the same for FY 2017. There has also been an increase in the number of consumers receiving services which also drive costs. MSHN continues to work with certain Substance Abuse Prevention and Treatment (SAPT) providers in assessing their fiscal payment arrangements. Numerous efforts have been made to resolve provider concerns as it relates to contract changes and to also provide technical assistance needed in order to reach certain utilization and spending targets. MSHN has implemented several cost containment efforts related to SUD services to ensure consumers receive medically necessary services in the most fiscally responsible way.

Please contact Leslie with questions or concerns related to MSHN Finance and/or the above information at Leslie.Thomas@midstatehealthnetwork.org.

Utilization Management

Dr. Todd Lewicki, PhD, LMSW, Chief Behavioral Health Officer
Katy Hammack, M.Ed., Waiver Coordinator

Health and Safety in HCBS Transition



Mid-State Health Network (MSHN) has been participating in the Home and Community-Based Services (HCBS) Rule Transition planning and activities since 2014. The intent of the HCBS Final Rule is to make sure that individuals with disabilities have the opportunity for independence in making life decisions, to fully participate in community life, and to ensure that their individual rights are respected.

In order to be considered compliant with the HCBS Final Rule, any modification must be documented in the Individual Plan of Service (IPOS). Health or safety needs are the only acceptable justification for potentially limiting an individual's rights and freedoms. Examples include, among others, being able to have visitors at home at any time, having access to food, or to do laundry at any time. The Michigan Department of Health and Human Services (MDHHS) Behavioral Health and Developmental Disabilities Administration (BHDDA) Person-Centered Planning Policy states that the following requirements must be documented in the IPOS when a specific health or safety need warrants such a restriction:

- The specific and individualized assessed health or safety need;
- The positive interventions and supports used prior to any modifications or additions to the Person-Centered Plan (PCP) regarding health or safety needs;
- Documentation of less intrusive methods of meeting the needs, that have been tried, but were not successful;
- A clear description of the condition that is directly proportionate to the specific assessed health or safety need;
- A regular collection and review of data to measure the ongoing effectiveness of the modification;
- Established time limits for periodic reviews to determine if the modification is still necessary or can be terminated;
- Informed consent of the person to the proposed modification; and
- An assurance that the modification itself will not cause harm to he person.

Resources:
MDHHS BHDDA Update on Person-Centered Planning Guideline Changes
MDHHS BHDDA Person-Centered Policy (eff. June 5, 2017)

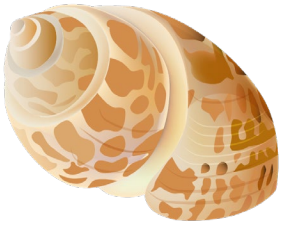
Please contact Todd with questions or concerns related to MSHN Utilization Management and/or the above information at Todd.Lewicki@midstatehealthnetwork.org

Treatment & Prevention

Dr. Dani Meier, PhD, MSW
Chief Clinical Officer

Challenging Stigma and Supporting Client's Families
In much of the clinical work MSHN supports, the focus is on the individual: the teenager we hope has been impacted by preventive messaging to reject cigarettes. Or the adult whose treatment has moved from withdrawal management (detox) to residential to outpatient programs.

Another component of our work is nurturing the families and natural supports of those we serve directly. Just as our clients face the challenges of stigma, for example, so do their families. Stigma may result in a family member being too embarrassed to seek help for a loved one struggling with addiction. Stigma may also block a family member from feeling compassion for their loved one because they've become convinced that addiction is a moral failing, something that (like depression or anxiety) people should just "stop doing" or "get over." Families often experience repeated traumas as a result of the suffering they witness in their loved ones, trauma that goes under the radar because of fear and shame about how society may judge them.



MSHN staff, MSHN providers and community partners, MSHN Board members - all of us can be part of reshaping the narrative about addiction and mental illness so that those most vulnerable in our communities and their families (our neighbors and fellow citizens) get the support they so badly need.

Please contact Dani with questions or concerns related to MSHN Clinical Operations and/or the above information at Dani.Meier@midstatehealthnetwork.org.

Provider Network

Carolyn T. Watters, MA

Director of Provider Network Management Systems

Network Expansion

One of the recommendations from the annual network adequacy assessment includes network development/expansion of Medication Assisted Treatment (MAT) services to ensure Methadone, Vivitrol, and Suboxone are regionally available. The MSHN treatment specialists have been working to support providers in building and/or expanding services across the region. While MSHN continued contracts with several MAT providers when it began managing the substance use disorder network in 2015, there has been substantial development, in particular, making Vivitrol and Suboxone available. As a Prepaid Inpatient Health Plan (PIHP), MSHN is not responsible for covering the pharmacy costs for the medication administration; however, we are responsible for reimbursing providers for ancillary services such as therapy, case management, and peer recovery supports that are an integral part of MAT. The list below outlines the regional development/expansion of MAT services to date and those in progress.

Medication Assisted Treatment expansion to date:

- Victory Clinical Services (Lansing, Saginaw, Jackson): Suboxone/Sublocade, Vivitrol
- Cherry Health (Grand Rapids, Muskegon): Methadone
- Arbor Circle (Newaygo): Suboxone
- Recovery Pathways (Gladwin, Midland, Mt. Pleasant, Essexville/Bay, Corunna): Suboxone/Sublocade, Vivitrol
- List Psychological Services (Caro): Suboxone
- DOT Caring Centers (Saginaw, Owosso): Suboxone
- Hillsdale Jail/McCullough Vargas and Associates (MVA) Jail-Based Services (Hillsdale): Vivitrol
- Recovery Pathways Jail-Based services (Shiawassee, Gladwin, Isabella, Bay): Vivitrol
- Recovery Pathways/Sacred Heart/BABHA Jail-Based services (Bay): Vivitrol
- Eaton Behavioral Health/Eaton County Jail Jail-Based Services (Charlotte): Suboxone, Vivitrol, (allow methadone continuation)

Medication Assisted Treatment expansion in progress:

- Holy Cross (All sites): Suboxone, Vivitrol, Telemedicine
- Red Cedar (Lansing): Vivitrol and Suboxone
- Michigan Therapeutic Consultants (Lansing and Mt. Pleasant): Vivitrol and Suboxone
- Wedgewood Christian Services (Montcalm, Ionia): Suboxone, Vivitrol
- Recovery Pathways (All sites): Telemedicine
- Eaton Behavioral Health (Charlotte): Suboxone

Other areas of network expansion include the development of new contracts with North Kent Guidance (Belding, MI) and Wedgwood Christian Services (Ionia, MI) to expand outpatient and intensive outpatient service availability to those in Ionia County, thus providing more choice to consumers. We anticipate both providers being fully established yet this month. In addition, McCullough Vargas and Associates has been awarded a contract to provide residential services to adult males. They currently serve adult females. We continue to evaluate access to services around the region to ensure regional sufficiency.

Please contact Carolyn with questions or concerns related to MSHN Provider Network Management, and/or the above information, at Carolyn.watters@midstatehealthnetwork.org.

Quality, Compliance & Customer Service

Kim Zimmerman

Director of Quality, Compliance and Customer Service

New Program Integrity Requirements

Substantial changes to the program integrity requirements were included as part of Amendment #2 to the Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program FY 18 contract.

For a compliance program to be considered in full compliance with the 42 CFR 438.608, the Prepaid Inpatient Health Plan (PIHP) must ensure the following:

- Arrangements or procedures that identify any activities that will be delegated and how the PIHP will monitor those activities.
- Written policies for all employees and contractors providing detailed information about the False Claims Act and other Federal and State laws described in section 1902(a)(68) of the Act.
- Program integrity administrative and management arrangements or procedures, including a mandatory compliance program that includes:
    - Written policies and procedures that describe how the PIHP will comply with Federal and State directives, with effective lines of communication to the PIHP's employees.
    - Effective training and education for the compliance officer, senior management, and the PIHP's employees.

- Provisions for internal monitoring and auditing to include post payment reviews of paid claims to verify that services were billed appropriately. 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.
- Prompt response (action taken within 15 business days) to detected offenses and for the development of corrective action plans.
- Subcontracted entities shall have:
    - designation of a compliance officer;
    - submission to the PIHP of quarterly reports detailing program integrity activities;
    - assistance and guidance by the PIHP with audits and investigations, upon request of the subcontracted entity;
    - provisions for routine internal monitoring;
    - proper prompt response to potential offenses and implementation of corrective actions plans;
    - appropriate and prompt reporting of fraud, waste and abuse to the PIHP; and
    - implementation of training procedures regarding fraud, waste and abuse for the subcontracted entities' employees at all levels.
    - prompt reporting of suspected fraud, waste or abuse to the Michigan Department of Health and Human Services (MDHHS) Office of Inspector General (OIG)

New requirements effective FY19 include:

- Attendance at tri-annual meetings between MDHHS-OIG and all PIHP Compliance Officers to train and discuss fraud, waste and abuse.
- When overpayments involving potential fraud are identified, the PIHP must receive written consent from MDHHS-OIG prior to recovering the overpayment.
- Provide information on program integrity activities performed quarterly to MDHHS-OIG including, but not limited to:
    - Tips/grievances received;
    - Data mining and analysis of paid claims, including audits performed based on the results;
    - Audits performed;
    - Overpayments collected;
    - Identification and investigation of fraud, waste and abuse (as these terms are defined in the "Definitions" section of this contract;
    - Corrective action plans implemented;
    - Provider disenrollments; and
    - Contract terminations

The new requirements that pose the biggest change for the PIHP, and increased time and resources, include basing the frequency and quantity of audits performed on the number of fraud, waste and abuse complaints received and high-risk activities identified through data mining and analysis of paid claims. The PIHP's current process for completion of Medicaid Event Verification is based on a set sample size, and not based on complaints and high-risk activities. An additional change is the investigation requirement to take action within fifteen (15) business days regarding any detected offenses and for the development of correctiv e action plans. Previously there was no set timeframe for this process. Lastly, and perhaps the biggest change to the PIHP current process, is the quarterly reporting of program integrity activities. Previously, MDHHS only required annual reporting and included fewer elements in the reporting process.

A quarterly meeting has been established among all the PIHP Compliance Officers, hosted and facilitated by MSHN, where compliance related information is shared, concerns are discussed, standardization of processes and practices is considered and adherence to the new program integrity requirements are reviewed.

Please contact Kim with questions or concerns related to MSHN Quality, Compliance or Customer Service 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.