Mid-State Health Network

October 2018 Newsletter

From the CEO's Desk

Joseph Sedlock
Chief Executive Officer

I have provided information to the MSHN Board of Directors via my written reports over the past several months on the Federal, State and Regional responses to the opioid epidemic. This article will attempt to focus more on the State level. Dr. Debra Pinals, the Medical Director for the MDHHS Behavioral Health and Forensic Programs, gave an excellent presentation on this topic at the Statewide Substance Use Disorder Conference on September 18, 2018. Much of the content for this article is drawn from her presentation.

The number of opioid deaths increased 174% between 2011 and 2016 (the most recent date for which data is available). This roughly equates to the death of nearly five people per day in our State. In 2016 there were 32,473 people in SUD treatment for opioids or heroin.

The State of Michigan, and MSHN, is using a three-pronged approach to the opioid crisis.

The first tier focuses on Prevention, including promoting awareness and reduction of demand (the state is also addressing reduction in supply). Some of the activities associated with prevention activities include efforts to reduce opioid prescriptions, increasing drug "take back" programs and multimedia campaigns.

The second tier is Early Intervention, which includes identifying co-occurring conditions and risk of addiction and overdose. Some of the activities associated with early intervention are programs aimed at increasing coping skills, monitoring and adjusting prescription dosing, care coordination and collaboration and increasing programs for screening, brief intervention and referral to treatment (primarily in primary care settings).

The third tier is Treatment, including increased treatment services and emergency services. Some of the activities included in this tier include expanded access to medication-assisted treatment (MAT), increased availability of overdose rescue services (including Naloxone), and expanded recovery support services.

In 2017, Medicaid funded $58M on substance use disorder services; in 2017, that figure was about $80M, about half of which was spent to treat opioid related addictions.

There are many interdepartmental initiatives at the State level to coordinate the response of the State. Monthly coordination occurs between all administrations at MDHHS and the Michigan State Police, Department of Licensing and Regulatory Affairs, the Governor's Office and others.

Mid-State Health Network is involved in every tier of the state plan to address the opioid epidemic. We have partnered with MDHHS and with a large number of providers in our region to ensure that our citizens have access to the prevention, early intervention and treatment services they need. We have instituted a very robust Naloxone distribution system in our region, which is managed by MSHN staff. We have committed millions of dollars to ensuring that our system is responsive and responsible.

One accomplishment worthy of special mention is the establishment of a MAT-inclusive policy under the leadership of MSHN Chief Clinical Officer Dr. Dani Meier, which has now been adopted statewide. Medication-Assisted Treatment (MAT) is a standard of care that is broadly recognized as an essential pillar in any comprehensive approach to the national opioid addiction and overdose epidemic. This policy, now an MDHHS contract requirement, seeks to ensure that no consumer is denied access to or pressured to reject the full service array of evidence-based and potentially life-saving treatment options, including MAT, that are determined to be medically necessary for the individualized needs of that consumer. If a provider does not have capacity to work with a person receiving MAT, either because of their abstinence-based philosophy or some other issue, the provider is required to work with the consumer to participate in treatment at another provider that can provide ancillary services (counseling, case management, recovery supports, recovery housing) while the client pursues his or her chosen recovery pathway.

In the last two years, MSHN has doubled the number of MAT treatment provider sites in the MSHN region.

Please visit the State's "Stop Overdoses" website at www.michigan.gov/stopoverdoses for more information and resources.

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

FY19 Performance Bonus Joint Metrics for the Integration of Behavioral Health and Physical Health Services

In an effort to ensure collaboration and integration between Medicaid Health Plans (MHPs) and Pre-paid Inpatient Health Plans (PIHPs), the Michigan Department of Health and Human Services (MDHHS) developed the following joint expectations for both entities.

1. Implementation of Joint Care Management Processes: MSHN continues to meet monthly with the MHPs to develop care plans for those identified in the joint risk stratification.
2. Follow-Up After Hospitalization for Mental Illness within 30 Days: MSHN has been monitoring this measure for a few years and continues to demonstrate high performance.
3. Plan All-Cause Readmission (PRC): MSHN identified this measure as a priority in 2016 and began initiatives for performance improvement. In FY19, MDHHS is including this measure only as a review and validation of data. MSHN will work with MDHHS to identify any discrepancies.
4. Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence: This measure is also informational for FY19. Validation of this measure will continue throughout FY19. In addition, MSHN is developing an action plan to collaborate with the hospitals for identification and to assure reporting of encounters occur as part of the follow-up.

Welcome to MSHN's Newest Team Member

MSHN is pleased to announce that we have filled the roll of Quality Manager. Sandy Gettel started on August 20, 2018, and brings years of experience, having previously worked at Bay Arenac Behavioral Health. Please join us in welcoming Sandy to the MSHN team!

New Contractual Positions

MSHN recently announced and is seeking to fill (3) three contractual positions due to increased requirements related to state allotted substance use disorder (SUD) grant funds. The grant funds, approved by MSHN's Board of Directors in September, provide funding and require a designated lead to ensure monitoring and use of appropriate allocations. If the positions can't be filled contractually, we will consider employing directly. Qualified candidates should send their letter of interest and resume to Amanda.Horgan@midstatehealthnetwork.org.

- Global Assessment of Individual Need (GAIN) Implementation Coordinator: The coordinator will be responsible for implementation of the GAIN regional workplan, including coordination and communication between the State of Michigan's Office of Recovery Oriented Systems of Care (OROSC), MSHN and the Substance Use Disorder provider network, and serve as the front-line GAIN local trainer for MSHN providers. The coordinator will provide ongoing monitoring of GAIN training, implementation and fidelity checks, development of budgets and timelines associated with GAIN trainings, as well as recruit and support cadre of local trainers and serve as the GAIN point of contact for the MSHN region.
- Grant Coordinator**:** The coordinator will be responsible for implementation of grant objectives through project management of designated MSHN grants. In collaboration with subcontractors, the coordinator will ensure compliance with regulatory, funding and policy requirements, and will support the preparation, design and monitoring of new MSHN grants.
- State Opioid Response (SOR) Coordinator: The coordinator will be responsible for implementation of the SOR grant objectives through project management of MSHN SOR prevention and treatment subcontracts, to ensure compliance with regulatory, funding and policy requirements of the SOR grants.

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 finishing up fiscal year 2018 data submissions to the Michigan Department of Health and Human Services (MDHHS), and are in good standing with volume and timeliness of reporting.

Technology changes that we have been working on and are in place for fiscal y ear 2019 are:

1. BH-TEDS (Behavioral Health Treatment Episode Data Set)revisions in REMI (MSHN's Managed Care Information System);
2. A gambling disorder screening and assessment process for SUD Providers;
3. Performance indicator aggregation and reporting in REMI;
4. An audit module tool for site reviews in REMI

Coming Soon:

1. Enhancements to our website, including mobile view and machine-readable versions;
2. Dynamic reporting for manager and teams using Power BI (Microsoft business intelligence reporting tool, designed to simplify querying and graphing large datasets).

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 MSHN's Compliance examination in August 2018. The report was due to the State of Michigan Treasury division on June 30th, 2018. The completion of MSHN's Compliance examination is contingent on final versions being submitted by the Community Mental Health Service Program (CMHSP) participants. One CMHSP submitted their report to MSHN in August 2018 which resulted in MSHN not meeting the original due date. Requests for extensions were approved by the State.

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 has been awarded numerous block grants for Fiscal Year 2019 from the Michigan Department of Health and Human Services (MDHHS). Most of the block grant funds are targeted to address the Opioid crisis.

Finance staff continue its efforts with REMI, MSHN's Managed Care Information System (MCIS), 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. Finance staff will participate in future provider training including demonstrations during quarterly SUD provider meetings as well as developing supplemental help documentation.

MDHHS has increased Medicaid and Healthy MI funding for Fiscal Year 2019 by more than $13.3 million net of taxes. MSHN projects a significant portion of the increase will be used as savings to cover regional Healthy MI cost overruns. MSHN will also continue its regional analysis to identify factors impacting Healthy MI expenses. Our overall goal is 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.

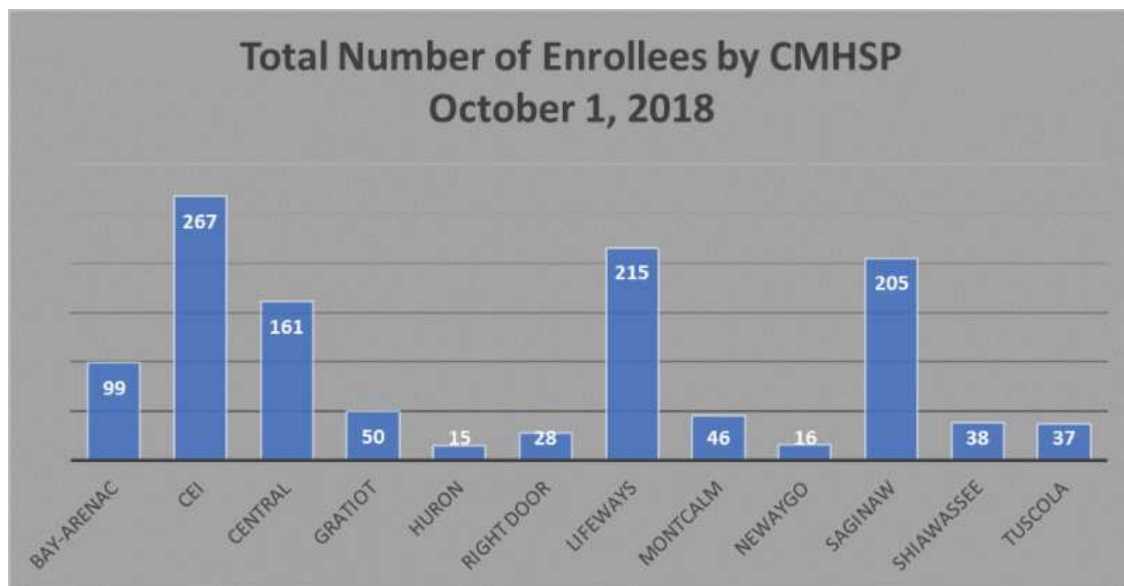
Behavioral Health

Dr. Todd Lewicki, PhD, LMSW

Chief Behavioral Health Officer

Autism Benefit Fiscal Year 2018 Activity

Mid-State Health Network's (MSHN) autism benefit enrollment numbers continue to climb at a steady rate, increasing to 1,178 in September 2018, a 5.7% increase over the previous quarter (June 2018=1,115). For fiscal year (FY) 2018, there was an overall 24% increase in enrollments, starting the year at 953 enrollments and ending at 1,178. The continued increase is despite disenrollments in each month. The most common reasons for disenrollment continue to be "Not Interested" or "Voluntary Disenrollment," comprising 51% of all disenrollments between the two categories. Overall, there was an average of 33 disenrollments per month and a median of 30, indicating greater stability in disenrollments from month to month.



Weekly, applied behavioral analysis (ABA) hours dropped down to 15.2 hours per week after a summer surge when school was not in session. MSHN Community Mental Health Services Programs (CMSHPs) and providers went to great lengths to increase treatment intensity when medically necessary over the summer months to ensure that ABA was not being used to supplant educational supports. MSHN has worked hard to execute ABA contracts with six providers new to the region this quarter, bringing the total regional ABA provider network to forty (40) executed contracts. The age of individuals served in the region has increased above 9 years for the first time since the benefit expansion in 2016. While this may be an indication of the stabilization of the benefit population, only 2% (7) have aged off of the autism benefit for FY18. MSHN also provided multiple trainings to their CMHSP and contract partners this quarter with exceptional attendance and participation, including: Quality Behavioral Solutions, PEAK Relational Training System, Essential Life Skills, and Family Guidance Trainings.

Home and Community-Based Services Rule Transition Efforts Continue

Mid-State Health Network (MSHN) continues to work on the three major areas (C-Waiver, B3-Waiver, and provisional approval requests) relating to the Home and Community-Based Services (HCBS) Rule transition. The Michigan Department of Health and Human Service (MDHHS) recently submitted a letter to clarify the timeline to assuring compliance with the HCBS Rule. MDHHS intends to keep the original March 17, 2019 date for most HCBS settings despite the Centers for Medicare and Medicaid Services (CMS) issuing a due date of March 17, 2022. However, in its commitment to ensuring full compliance, MDHHS will allow providers a reasonable period of time to remediate identified issues provided the corrective action plan is underway before March 17, 2019. Without HCBS Rule compliance, providers cannot continue to accept Medicaid funds for services. Current MSHN efforts relating to compliance of all providers includes:

- Continuing to assess residential and non-residential settings for compliance;
- Implementing remedial strategy for non-compliant settings;

- Identifying settings that will require Heightened Scrutiny;
- Collecting evidence from settings that meet Heightened Scrutiny;
- Reviewing and submitting evidence for Heightened Scrutiny to CMS for review;
- Notifying settings of the CMS Heightened Scrutiny decision;
- Transitioning individuals from settings that cannot meet the federal HCBS requirement to compliant settings; and
- Conducting ongoing monitoring of residential and non-residential settings for compliance.

MSHN is continuing to work through the remediation evidence of 448 C-waiver corrective plans, 943 B3-Waiver cases, and 30-40 provisional approval requests. Each of these represents one person and a provider, creating a complex and individualized need to assure each person's right to autonomy, freedom, and inclusion, and is consistent with the HCBS Rule. This task continues to require the effort of many MSHN, CMHSP, provider staff as well as stakeholders in moving toward full compliance.

Please address questions or concerns related to Behavioral Health or the above information to Todd at Todd.Lewicki@midstatehealthnetwork.org.

Utilization Management

Skye Pletcher, LPC, CAADC

Director of Utilization and Care Management

Population Health & Integrated Care

The topic of integration of physical and behavioral health services remains at the center of almost any conversation about healthcare; certainly here in Michigan as well as nationwide. As an organization, MSHN has demonstrated considerable foresight and leadership in our implementation of population health and integrated care strategies over the last few years. Recently, the PIHP (Prepaid Inpatient Health Plan)/MHP (Medicaid Health Plan) statewide workgroup finalized a protocol to ensure that persons with a diagnosis of schizophrenia or bipolar disorder who are prescribed an antipsychotic medication receive a diabetes screening at least once during the calendar year. MSHN has long recognized the importance of this particular health issue for our population and had clinical protocols and tracking mechanisms in place to support this measure prior to it becoming a contractual performance requirement. As a result of targeted efforts in this area, our region surpassed the state performance target during FY17 and continues to trend upward.

MSHN Regional Performance Diabetes Screening		
Date Range	State Target	Achieved Target
10.01.2016-09.30.2017	82.6%	84.5%
FY18 YTD (as of 06.30.2018)	82.6%	87.1%

Next steps for MSHN in the area of population health and integrated care include:

- Continued monthly coordination with the MHPs for highest risk members;
- Collaboration with Dr. Alavi (MSHN's Medical Director) and regional medical directors to develop additional clinical protocols to support population health performance measures; and
- Evaluating integrated care strategies for individuals with substance use disorders such as increasing the use of physical health data by SUD treatment providers.

Please address questions or concerns related to MSHN Utilization Management or the above information to Skye at Skye.Pletcher@midstatehealthnetwork.org.

Treatment & Prevention

Dr. Dani Meier, PhD, MSW

Chief Clinical Officer

Tackling a Hidden Addiction: Gambling Disorder

Michigan has over a half century's experience of substance use disorder (SUD) prevention and treatment programming, but awareness and interventions for behavioral addictions like gambling are less developed. Pathological gambling was first added to the Diagnostic Statistical Manual (DSM-III) in 1980 as an anxiety-related compulsive disorder. Over 20 years of research into the neuroscience of addiction, however, led to 2013's DSM-V reclassifying "gambling disorder" (GD) as an addictive disorder.

Data is limited regarding GD prevalence in Michigan, but research tells us that gambling disorder is often co-occurring with other behavioral issues including substance use disorders, depression, anxiety and PTSD. This research indicates a strong need to identify individuals in substance abuse and mental health treatment who have gambling problems, and to provide them with appropriate interventions. Of all addictions, gambling addiction has the highest rate of suicide.

There is growing consensus that disordered gambling is an issue that requires more awareness, training and intervention.

In response to this growing concern about gambling addiction and a Michigan Department of Health and Human Services (MDHHS) Request for Proposal (RFP) released in July, MSHN responded with an initiative for FY19 in which we examine prevalence of gambling disorder with those currently in SUD treatment, as well as prevalence in youth going through SUD prevention activities. The data generated by this investigative work will inform GD prevention and treatment programming in 2020 and beyond, not just in our SUD provider network, but expanding eventually to our Community Mental Health Service Program (CMHSP) provider network as well. MSHN is partnering with a Wayne State University GD content expert for data analysis and strategic planning for FY20 and beyond.

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

Regional Autism Operations: Compliance, Performance Improvement & Standardization

Over the past year, Community Mental Health Service Programs (CMHSPs) have expanded autism service capacity to meet the growing needs of the consumers and communities it serves. While CMHSPs have been successful in increasing BHT/ABA provider capacity, it is clear that some quality issues remain, particularly around timeliness of start of services, staff credentialing, and service documentation supported by the consumers plan of service.

The MSHN Operations Council has created an ad hoc, temporary, Regional Autism Operations Workgroup to address standardization, across the MSHN region, including provider network procurement/contracting, provider performance monitoring and performance improvement, and staff credentialing. The Workgroup is expected to make recommendations to improve the effectiveness and efficiency of autism services across the region as well as:

- Identify best practices for Autism service delivery;

- Develop a single set of Autism provider performance standards;
- Develop a single, regional Autism provider performance monitoring (site review) template (inclusive of recipient rights review standards/criteria);
- Develop a single Autism provider contract template to be used for all subcontracted Autism providers;
- Develop any necessary recommended policies, procedures, forms, templates or other tools necessary to achieve regional consistency and standardization of operations;
- Coordinate with any MDHHS efforts related to reduced administrative cost in the Autism program;
- Identify current issues and recommend solutions to Operations Council to reduce administrative burden of Autism service responsibilities, resulting in advocacy efforts at the department level; and
- As appropriate, review related state and federal policy/contract language and recommend regional response to Operations Council for public comment;

The workgroup, made up of 12 CMHSP participant staff and 2 MSHN staff representing autism service delivery, provider contracting, and provider monitoring, is expected to achieve its goals in time for fiscal year 2020 contracting.

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

External Quality Reviews

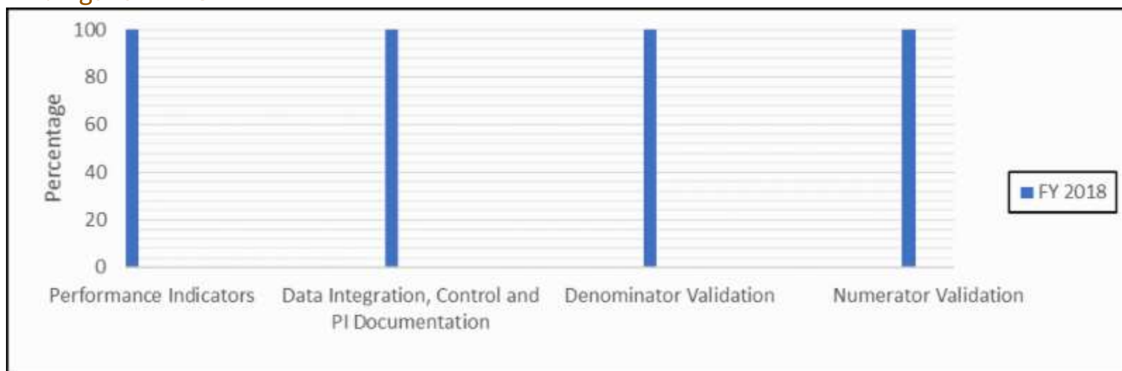
The Centers for Medicare & Medicaid Services (CMS) requires Michigan Department of Health and Human Services (MDHHS), through their contracts with Prepaid Inpatient Health Plans (PIHPs), measure and report on performance to assess the quality and appropriateness of care and services provided to members. There are three mandatory external quality reviews completed under contract by the Health Services Advisory Group (HSAG).

Validation of Performance Measures:

One of the reviews is the Validation of Performance Measures (PMV) and this assesses the accuracy of performance indicators reported by PIHPs and determines the extent to which performance indicators reported by the PIHPs follow state specifications and reporting requirements.

The PMV site review looks at performance indicators, assessed through a review of information systems capabilities assessment tool (ISCAT), source code (programming language), performance indicator reports, supporting documentation and evaluation of system compliance. The review also looks at data integration, data control, performance indicator primary source verification, denominator validation findings and numerator validation findings.

Findings for FY18:



MSHN received 100% compliance in all areas reviewed.

Performance Improvement Project:
Another external quality review that is completed is the Performance Improvement Project (PIP). MDHHS requires that the PIHP conduct and submit performance improvement projects annually to meet the requirements of the Balanced Budget Act of 1997 (BBA), Public Law 105-33. According to the BBA, the quality of health care delivered to Medicaid enrollees in PIHPs must be tracked, analyzed, and reported annually. PIPs provide a structured method of assessing and improving the processes, and thereby the outcomes, of care for the population that a PIHP serves.

For this year's 2017-2018 validation, MSHN chose: *Patients with Schizophrenia and Diabetes Who Had an HbA1c and LDL-C Test*.

This is a HEDIS Measure and a measure that can be coordinated among the members primary care physician and health plans.

MSHN was evaluated by HSAG for year one and received an overall Met validation status with Met scores for 100 percent of critical evaluation elements and 100 percent overall for evaluation elements across all activities completed and validated.

Compliance Monitoring Review

The third external quality review is the Compliance Monitoring review. According to federal requirements located within the Code of Federal Regulations (CFR), 42 CFR §438.358, the state, its agent that is not a Medicaid prepaid inpatient health plan (PIHP), or an external quality review organization (EQRO) must conduct a review to determine a Medicaid PIHP's compliance with the standards set forth in 42 CFR §438-Managed Care Subpart D and the quality assessment and performance improvement requirements described in 42 CFR §438.330.

HSAG evaluated the degree to which MSHN complied with federal Medicaid managed care regulations and the associated MDHHS contract requirements in the following eight performance categories:

Summary of 2017-2018 Compliance Monitoring Review Results:

Standard	Total # of Applicable Elements	Number of Elements			Total Compliance Score
		Met	*Not Met*	*N/A*	
Standard VI—Customer Service	39	34	5	0	**87%**
Standard VII—Grievance Process	26	24	2	0	**92%**
Standard IX—Subcontracts and Delegation	11	10	1	0	**91%**
Standard X—Provider Network	12	12	0	1	**100%**
Standard XII—Access and Availability	19	18	1	0	**95%**
Standard XIV—Appeals	54	50	4	0	**93%**
Standard XV—Disclosure of Ownership, Control, and Criminal Convictions	14	14	0	0	**100%**
Standard XVII—Management Information Systems	12	12	0	2	**100%**
Total Compliance Score	**187**	**174**	**13**	**3**	**93%**

MSHN received an overall score of 93% in full compliance, meeting 174 out of 187 elements.

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.

STAY CONNECTED