MSHN
Mid-State Health Network
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Board Newsletter - June 2020

From the Chief Executive Officer's Desk

Joseph Sedlock

This article will cover content in two key areas: Health equity and MSHN Internal Operations In-Office Re-engagement.

Health Equity

Current in the social discourse and upcoming explicit metrics in our contract with MDHHS call for our health care system, and in particular our public behavioral health system, to address health disparities. So much is being written and said about health equity and health disparities, and addressing both are keys to the overall health of our region, state and nation, that a short discussion of these issues would help with understanding.

Health equity is achieved when every person has the opportunity to "attain his or her full health potential" and no one is "disadvantaged from achieving this potential because of social position or other socially determined circumstances." Health inequities are reflected in differences in length of life; quality of life; rates of disease, disability, and death; severity of disease; and access to treatment (CDC).

Health equity is achieved by eliminating health disparities and achieving optimal health for all. Health disparities are preventable differences in the burden of disease, injury, violence, or in opportunities to achieve optimal health experienced by social disadvantaged racial, ethnic or other groups in the population (CDC).

In her Executive Order (2020-55) creating the Michigan Coronavirus Task Force on Racial Disparities, Governor Whitmer cited that 40% of COVID-19 related deaths have occurred among Michigan African American people, who make up about 13.6% of Michigan's population. The task force will recommend actions to immediately address such disparities and the historical and systemic inequities that underlie them.

Mid-State Health Network's (MSHNs) population health activities are also addressing health equity, health disparities and social determinants of health. The leader of that work in our organization is Skye Pletcher, Director of Utilization and Care Management. Ms. Pletcher recently completed the 2019 National Council's Addressing Health Disparities Leadership Program. She is recognized within the region, and across the state, as a leader in this area. MSHN Stakeholders will be hearing more about our work in these critical healthcare areas in the coming months.

MSHN Internal Operations

Mid-State Health Network is finalizing a "COVID-19 Preparedness and Response Plan" (required under Executive Order 2020-97). A related policy that will be presented for mshn board consideration in July, 2020. MSHN internal operations were converted to 100% remote on March 16 and continue on that status. The remote work arrangement has been largely effective (but perhaps not easy) and all MSHN responsibilities are being effectively carried out.

Mid-State Health Network internal operations will continue to be performed and conducted via away from office (remote) work arrangements for an indeterminate period, for all employee classifications unless specific operational or business requirements mandate that a specific employee or group of employees be deployed for in-person work at either the MSHN office location(s) or at provider or community-based site(s).

Mid-State Health Network internal operations will be *considered* for return to office arrangements when the State of Michigan and/or appropriate public health officials declare that broad social distancing *and* broad PPE use requirements are no longer ordered to slow/contain the spread of the COVID-19 virus.

The MSHN COVID-19 Preparedness and Response Plan provides a great level of detail, guidance and policies to our workforce members. The purpose of all elements is the protection and promotion of the health and safety of our communities, our employees and their families, our providers, their employees and the beneficiaries and families they directly serve and support.

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

Organizational Updates

Amanda Ittner, *MBA*

Deputy Director

MSHN internal operations continue to be effective and mostly uninterrupted while being 100% remote. Our staff have been innovative in converting many in-person services and functions to video operations via meetings, compliance reviews and event verifications, to name a few. We are also pleased to announce that all our staff are safe and healthy with no new reports of illness among our employees or their families.

As our Leadership team continues to migrate the ever changing COVID-19 landscape to provide our Community Mental Health Service Program (CMHSP) Participants and our Substance Use Disorder (SUD) Provider Network with the latest federal and state guidance, we've received multiple requests to develop in-region guidance to encourage standardization where possible. In cooperation with our provider network, and led by my office and our Chief Medical Director, MSHN staff and Leadership developed the following resources that have been posted to our COVID-19 webpage, located at https://midstatehealthnetwork.org/provider-network-resources/provider-resources-1/coronavirus-covid-19. Our Frequently Asked Questions document is updated almost daily with guidance to questions received from our corona virus email; coronavirus@midstatehealthnetwork.org.

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.

MSHN FAQ Document – 5.29.20
MSHN Guidance for SUD Reopening - 5.29.20
MSHN Guidance for Network Reopening - 5.18.20
MSHN Residential Homes - Crisis Plan for COVID-19
MSHN Issues Parameters for Direct Support Professional Enhanced Compensation during COVID-19 5.12.20
MSHN Summary of Paycheck Protection Program and Health Care Enhancement Act - 4.30.20
Added PPP Loan Forgiveness Resources - 5.22.20
MSHN Summary of CARES ACT - Payroll & Tax Benefits to Small Business - Released 4.6.20
MSHN Summary of CARES ACT - Program Funding Opportunities During COVID-19

Our consumer resources page has also expanded to offer more resources to the individuals. A sample below can be found on the MSHN website at https://midstatehealthnetwork.org/consumers-resources/customer-services/covid-19-what-consumers-need-know.

Consumer COVID Resources

Evidence-based meditations and other free mental health resources through **headspace.com/MI** - 5.3.20
Stay Home, Stay Well Initiative - 5.3.20
Family Well-Being Guide - 4.30.20
Supporting Peers Resources - 4.21.20
Cell Phone Assistance - 4.10.20
Medicaid Eligibility & Deductibles Hold - 4.6.20
Stop the Spread of Germs - 3.27.20
For further information related to MSHN's COVID planning, contact Amanda at amanda.ittner@midstatehealthnetwork.org

Information Technology
Forest Goodrich
Chief Information Officer

MDHHS made a request for Mid-State Health Network and the CMHSPs to spend some time analyzing some potential reasons for missing LOCUS results on BH-TEDS records submitted for persons served. MDHHS is attempting to use this information for all regions. Each CMHSP submitted results and we concluded the following: majority of missing LOCUS were due to crisis only services, out of county financial arrangements, screening only services. The information was submitted to MDHHS for their review. After reviewing the results, MDHHS will provide a new dataset based upon our feedback and exclude the persons where we do not collect BH-TEDS for valid reasons. An updated findings and results will be reported back next month.

All requested materials were submitted to Health Services Advisory Group for its upcoming desk audit and MSHN staff and CMHSP staff are ready for the review this month.

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 Team has been working diligently to support its Community Mental Health Services Programs (CMHSPs) and Substance Abuse Prevention and Treatment (SAPT) providers. MSHN has developed regional guidance based on MDHHS and Governor issued mandates related the following:

- Direct Care Worker (DCW) Wage Increases – Prior to Governor Whitmer's mandate, MSHN developed guidance to CMHSPs to fund a $2 per hour increase for DCW workers providing in person residential services and fund an additional 15% to cover administrative items such as taxes. The funding was initially limited to April 17 – May 31, 2020. In addition, MSHN also moved forward with funding SAPT Residential and Withdrawal Management programs in the same manner as CMHSP DCW guidance. MSHN also allowed reimbursement for any Personal Protection Equipment (PPE) purchased in the identified settings. Once the Governor's order for DCW was issued, MSHN updated regional guidance as follows:
  - The funding period changed to April 1 – June 30, 2020
  - The administrative percent was reduced to 12%
  - The codes were expanded as outlined to include certain respite and skill building activities
- SAPT Provider Network Fiscal Assistance – MSHN issued over $1 M to its SAPT network during April and May 2020 to ensure continued operations and stabilize the network for the provision of ongoing consumer service needs. Granting of funds were contingent on completion of a cash advance request form, reasonableness determination of the amount requested, and continuation of rendering medically necessary services.

In addition to the funding measures above, MDHHS and Center for Medicare & Medicaid Services (CMS) relaxed rules associated with telehealth service delivery during the COVID-19 pandemic. Typical telehealth services require two-way communication consisting of audio and video between the clinician and consumer. The relaxed rules allow audio only telehealth which means a simple phone call to a consumer is acceptable for service delivery. The relaxed standards have allowed clinicians, peers, and consumers to safely engage in treatment.

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

Behavioral Health
Dr. Todd Lewicki, *PhD, LMSW, MBA*
Chief Behavioral Health Officer

Telehealth is a form of telecommunication whose purpose is to connect an individual with a health care professional that is in a different location. This is a real-time (synchronous), interactive process that allows for the delivery of behavioral health and/or substance use disorder treatment services through telecommunications equipment. On March 18th and 19th, 2020 the Michigan Department of Health and Human Services (MDHHS) was quick to provide guidance related to relaxing certain face to face service requirements while still supporting ongoing service contact with individuals served. The temporary policy changes were due to the transmission dangers presented by actual face to face contact during the COVID-19 (cornoavrius disease-2019) pandemic. The health and welfare of individuals and providers needed to be safely and effectively addressed, especially because a great number of individuals in services are also at greater risk due to possessing multiple health issues (i.e. diabetes, heart disease, congenital issues, etc).

To facilitate face to face encounters through telehealth, the Behavioral Health and Developmental Disabilities Administration (BHDDA) established a COVID-19 encounter code chart defining which services could be provided through the COVID-19 face to face guidance. As a result, BHDDA opened a total of 249 codes that could be used via the telehealth method. This was a 62% increase in services now available through telehealth. While encounter data relating to the timeframe of March 2020 forward is still being processed, it will likely show that the behavioral health and substance use disorder treatment systems were able to quickly react and respond by quickly and safely reengaging major portions of the community. Engagement is a central feature to building trust and connecting in therapeutically meaningful ways. While further analysis remains to be completed, anecdotal evidence thus far supports advocating for the continuance (i.e. post-pandemic) of many service codes through telehealth. There are many positive examples from individuals that have received services as delivered through telehealth, including direct comments about liking the option to use telehealth, wanting to see it continue (i.e. choice), sharing more information, to psychiatric appointments reaching 100% show rates. These examples are encouraging, positive, and require further review as there is now growing proof that telehealth should be made more widely available even as the COVID-19 pandemic eases at some point in the future.

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

On April 1, 2020 Mid-State Health Network (MSHN) assumed responsibility for managing medically necessary community-based substance use disorder treatment services for individuals under the supervision of the Michigan Department of Corrections (MDOC). With any significant change involving multiple systems of care, it would be typical to encounter some challenges along the way, but nobody could have foreseen that our region and nation would be in the midst of the COVID-19 pandemic on April 1st when the transition of responsibility from MDOC to the Pre-Paid Inpatient Health Plans (PIHPs) occurred. This presented a whole new set of unanticipated challenges such as conducting large-scale stakeholder meetings and new provider orientations over teleconferencing platforms rather than in-person. The MSHN-MDOC implementation team took these challenges in-stride and have done tremendous work to ensure a successful transition of these responsibilities. Highlights of the project implementation are noted below:

- Successfully completed onboarding, orientation, and training activities with 8 new MDOC service providers between March and May
- Hosted 6 informational meetings throughout the region with MDOC probation and parole agents in order to enhance collaboration and provide education and support about the new referral process
- The MSHN UM department processes 15-20 referrals on average each week, providing extensive coordination involving the referring MDOC agents, individuals seeking services, and MDOC treatment providers

MSHN would like to recognize the hard work of the MSHN-MDOC implementation team under the leadership of Cammie Myers. MSHN will continue to work with SUD providers and MDOC probation and parole agents throughout the region to strengthen coordination of care and ensure that individuals referred by MDOC have access to the services and supports they need.

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

Treatment and Prevention

Dr. Dani Meier, *PhD, LMSW*
Chief Clinical Officer

Health Disparities Exposed

Most of us in the health care field are aware that social determinants of health like socioeconomic status, race and ethnicity, education, and housing impact health outcomes and result in significant health disparities. The COVID-19 pandemic has highlighted the severity of health disparities in the U.S. with African American communities disproportionately impacted by the pandemic.

Last month the Kaiser Family Foundation reported, for example, that in the District of Columbia, African-Americans make up 45% of the total population, but accounted for 59% of deaths. In Illinois, groups of color accounted for 48% of confirmed cases and 56% of deaths, while only making up 39% of the state's population. Here in Michigan, where African-Americans make up 14% of the total state population, they accounted for 33% of confirmed cases and 41% of deaths.

These health trends are replicated in the domain of substance abuse treatment as well. The CDC estimates that from 2014 to 2016 opioid overdose deaths increased by 45.8% for whites but 83.9% for African Americans. Although white and rural communities have reported alarming overdose rates, African American communities in urban and suburban communities have seen a steady growth of overdoses over a longer period. In particular, the opioid epidemic has disproportionately affected African-American communities, who are more likely than whites to be uninsured or underinsured and unable to enter and stay in opioid use disorder (OUD) treatment.

Long wait times to enter SUD treatment are the most commonly cited barrier to engagement and retention in treatment, and most studies show that African American clients wait more days to enter SUD treatment than non-Hispanic white clients. Retention in treatment is the single best predictor of reduced post-treatment relapse yet national studies show that treatment programs that provide care to minority populations used fewer approaches to maintain client retention.

As MSHN develops it's FY21-23 SUD strategic plan, we are committed to developing strategies to address health disparities and improve cultural competence across our region.

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

Provider Network

Carolyn Tiffany, *MA*
Director of Provider Network Management Systems

Disclosure of Ownership, Controlling Interest, and Criminal Convictions

MSHN is contractually responsible for monitoring ownership and control interests within its provider network and disclosing criminal convictions of any staff member, director, or manager of MSHN, any individual with beneficial ownership of five percent or more, or an individual with an employment, consulting, or other arrangement with MSHN who has been convicted of a criminal offense described under sections 1128(a) and 1128(b)(1), (2), or (3) of the Act, or that have had civil money penalties or assessments imposed under section 1128A of the Act. (See 42 CFR 1001.1001(a)(1)).

Additionally, in order to comply with 42 CFR 438.610, MSHN may not have a "relationship" with:

- An individual or entity that is debarred, suspended, or otherwise excluded from participating in procurement activities under the Federal Acquisition Regulation or from participating in non-procurement activities under regulations issued under Executive Order No. 12549 or guidelines implementing Executive Order No. 12549;
- An individual or entity who is an "affiliate", as defined in the Federal Acquisition Regulation at 48 CFR 2.101, of a person described in the immediately preceding subsection 1(a).
- Any individual or entity that is excluded from participation in any Federal health care program under section 1128 or 1128A of the Social Security Act.

A "relationship" means someone who the PIHP interacts with in any of the following capacities:

- A director, officer, or partner of MSHN;
- A subcontractor of MSHN;
- A person with beneficial ownership of five (5) percent or more of MSHNs equity; or
- A network provider or person with an employment, consulting or other arrangement for the provision of items and services which are significant and material to the Board's obligations under MSHNs Contract.

The disclosure statement ensures MSHNs compliance with the contractual and Federal regulations to obtain, maintain, disclose, and furnish required information about ownership and control interests, business transactions, and criminal convictions as specified in 42 C.F.R. §455.104-106. Common questions that arise when completing the form:

Do I have to provide my social security number? 42 CFR § 455.104 requires names, address, DOB, and Social Security numbers in the case of an individual.

How will my information be kept confidential and secure? MSHN maintains policies and practices that protect the confidentiality of personal information, including Social Security numbers, obtained from its providers and associates in the course of its regular business functions. MSHN is committed to protecting information about its providers and associates, especially the confidential nature of their personal information. Access to this, and other confidential documentation, is limited to MSHN staff who need to access information in order to perform their duties, relative to monitoring disclosures.

What does MSHN do with the information it obtains through disclosure statements? MSHN is required to ensure it does not have a 'relationship' with an 'excluded' individual and must search the Office of Inspector General's (OIG) exclusions database to ensure that the provider entity, and any individuals with ownership or control interests in the provider entity (direct or indirect ownership of five percent or more or a managing employee), have not been excluded from participating in federal health care programs. MSHN must search the OIG exclusions database monthly to capture exclusions and reinstatements that have occurred since the last search, or at any time new disclosure information is provided.

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

Medicaid Event Verification Site Reviews During COVID-19

Mid-State Health Network (MSHN) began completing Medicaid Event Verification (MEV) reviews during Fiscal Year (FY) 2016 as required within the Medicaid Managed Specialty Supports and Services Program contract between MSHN and the Michigan Department of Health and Human Services (MDHHS). Prior to this time, the completion of MEV reviews was a delegated function to the Community Mental Health Service Participants (CMHSP).

The MEV site reviews are completed for all CMHSPs and Substance Use Disorder (SUD) Providers on an annual basis. The review process involves a desk audit that consists of a review of select policies, protocols, and related documents as well as an on-site review that involves a review of claim/encounter data, validation of process requirements and a review and analysis of any trends within the provider network.

MSHN utilizes a statistically sound sampling methodology in accordance with federal DHHS OIG standards for verification of claims/encounters. The sample size consists of a nonduplicated sample of 5% of the beneficiaries served within the previous two quarters but will not exceed a maximum of 50 and a minimum of 20 beneficiaries. The claims/encounters chosen for review will have a maximum of 50 claims/encounters for each beneficiary included in the random sample.

Due to the Stay Home, Stay Safe Executive Order , along with social distancing protocols, brought about by the COVID-19 pandemic, changes to the MEV site review process were required to meet the needs of MSHN's provider network and to maintain the safety of staff. Beginning in mid-March, and continuing indefinitely, all MEV site reviews are being completed remotely as desk audits only. The elements being verified during an MEV review necessitates access to numerous documents making it necessary to have access to the clinical file for each beneficiary. For providers who do not utilize an electronic medical record, which includes numerous SUD providers, those reviews are being postponed until such time that it is deemed appropriate and safe to complete on-site reviews.

It may also become necessary to reduce the number of site reviews completed for our SUD provider network due to ongoing requirements around social distancing. The MDHHS Medicaid Services Verification Technical Requirement does not define the SUD Providers as a major provider in that they are not paid via a sub-capitation arrangement nor do they represent more than 25% of the PIHP claims/encounters in unit volume or dollar value. This distinction will allow for MSHN to complete a single site review inclusive of a random sample of beneficiaries from all SUD Providers who have not had an MEV review completed yet for FY2020.

MSHN will continue to monitor the requirements and safety needs related to completing the MEV site reviews and will make changes to the process accordingly to ensure proper oversight and monitoring of services.

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

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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.