



Provider Network Adequacy Assessment 2018

Provider Network Adequacy Requirements

- ▶ In establishing and maintaining the network, the PIHP must ensure: availability of services, timely access, access to cultural considerations, accessibility considerations, and provider credentialing (42 CFR 438.206).
- ▶ PIHPs must assure the full array of specialty services and supports is available and that it maintains adequate provider network capacity to serve the region's Medicaid beneficiaries (42 CFR 438.207).
- ▶ BHDDA established network adequacy standards (42 CFR 438.68).

MSHN Network Adequacy Assessment

- ▶ MSHN updates its assessment of provider network adequacy on an annual basis to prospectively determine:
 - ▶ # of individuals expected to be in the **target population in its geographic area** for the upcoming year
 - ▶ # of individuals who are likely to **meet criteria for the service** benefit
 - ▶ **service needs** of those individuals
 - ▶ The **type and number of service providers necessary** to meet the need
 - ▶ How the above can reasonably be anticipated to **change over time**
- ▶ This assessment serves as a global document for provider network capacity determinations, intended to generate dialogue between the MSHN and the CMHSP participant regarding the composition and scope of local networks, and ensure that the region is meeting its obligations as a specialty Medicaid Health Plan.

2017 Recommendations & 2018 Results

Recommendations

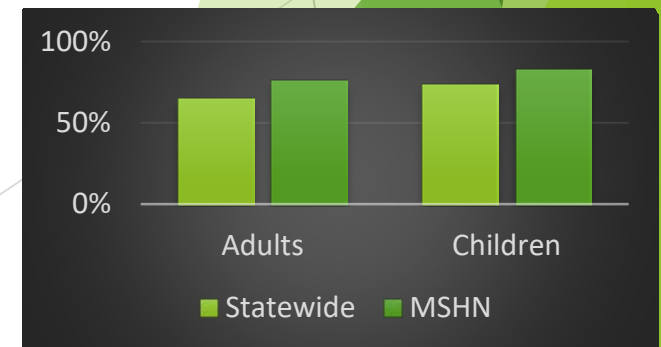
- ▶ Continue to **monitor and expand regional autism service capacity** and utilization to ensure sufficient network capacity to meet consumer demand.

- ▶ Continue to **assess and address the integration** of mental health, substance use disorder and physical health care.

Results

- ▶ Since July 2017, the CMHSPs have responded to needs by **establishing contracts** with an additional 16 autism providers; CMHSPs that direct operate programs have increased staff to meet demand

- ▶ Developed and approved a regional **Population Health and Integrated Care Plan** to integrate and coordinate related to population health activities and increase the overall health of the enrollees in the region.



2017 Recommendations & 2018 Results

Recommendations

- ▶ Continue to address **network capacity for detox services and medication assisted treatment, including availability of Methadone, Vivitrol, and Suboxone** at all MAT locations; Continue to support CMHSPs and SUD providers as Narcan kit distribution sites.
- ▶ Once the system changes expected as a consequence of the Home and Community Based Services (HCBS) Final Rule are more understood, develop a **regional plan of action if necessary to alter provider capacity for residential, employment and other community living related services**, at the network level.

Results

- ▶ Supporting existing providers to **expand outpatient programs around the region to include the availability of Suboxone and Vivitrol**. To further expand access, some providers are using telemedicine technology to eliminate transportation barriers.
- ▶ Provided training and **technical assistance opportunities on HCBS standards**; on-site assessment of compliance with providers and programs; plans of correction and remediation with providers and programs.

2017 Recommendations & 2018 Results

Recommendations

- ▶ Continue to monitor the demand for and adequacy of its **capacity to serve veterans**.
- ▶ Continue to monitor **capacity to complete Support Intensity Scale (SIS)** assessments for individuals with developmental disabilities.
- ▶ Continue to **address reciprocity between CMHSP Participants** relative to requirements applied to sub-contracted service providers.

Results

- ▶ Held **Military Cultural Competency trainings** for CMH and Substance Use Disorder providers to increase access and reduce the stigma associated with seeking help among the veteran population.
- ▶ **Additional assessors**, for total of eight (8), were brought on to fulfill need of approximately 2,160 assessments per year or 6,480 per 3-year cycle.
- ▶ Developed **regional contract for Inpatient Psychiatric services and Fiscal Intermediary Services**. Implemented first year of regional monitoring for both.

2018 Assessment Recommendations

- ▶ Continue offer **key evidence-based programs**, such as recovery and trauma informed programming, including Recovery Oriented Systems of Care (ROSC).
- ▶ Continue to **advocate for and participate in statewide planning relative to inpatient access**; assess for and develop alternative inpatient/crisis response options, particularly for individuals with intellectual and developmental disabilities
- ▶ **Address compliance and quality concerns as they relate to the provision of behavioral health treatment/applied behavior analysis services**, including streamlining and managing compliance and performance issues through targeted workgroup activities.
- ▶ Continue to **assess and address the integration** of mental health, substance use disorder and physical health care.
- ▶ Continue to monitor and address changes to provider network as a result of **the HCBS Final Rule** and **assisting providers in navigating heightened scrutiny and provisional approval** processes.

2018 Assessment Recommendations

- ▶ Evaluate **SUD residential and withdrawal management needs** in the region.
- ▶ Continue to **address network capacity for medication assisted treatment**, including availability of Methadone, Vivitrol, and Suboxone at all Medication Assisted Treatment (MAT) locations; Continue to support CMHSPs and SUD providers as **Narcan kit distribution** sites.
- ▶ Continue to discuss opportunities if any for regional action to address CMHSP identified **issues with services for children**.
- ▶ Continue to **support the Behavioral Health and Developmental Disabilities Administration (BHDDA) veterans and military member strategic plan**.
- ▶ Continue to **promote trauma informed care relative to SUD treatment** and offer SUD providers opportunities for trauma competence training.

2018 Assessment Recommendations

- ▶ Continue to **monitor Supports Intensity Scale (SIS) assessor capacity** to ensure compliance with assessment requirements for individuals with intellectual/developmental disabilities.
- ▶ **Seek further clarification from MDHHS regarding HCBS requirements for independent assessment**, including its relationship to conflict-free case management and the avoidance of conflicts of interest in person-centered planning.
- ▶ **Ensure the implementation of Intensive Crisis Stabilization Services** throughout the region in compliance with MDHHS modified Medicaid standards for children; support initiatives as identified by MDHHS data collected during FY18.
- ▶ **Assess adequacy of independent facilitation provider availability**; ensure the region is in compliance with independent facilitation services and address issues of availability and choice in the independent facilitator provider network.
- ▶ **Assess and monitor new MDHHS Network Adequacy standards** specific to Assertive Community Treatment (ACT), Clubhouses, Crisis Residential, Home-Based Services and Wraparound for children, and Opioid Treatment Programs.

Next Steps

- ▶ Many of the recommendations are included as MSHN strategic priorities.
- ▶ Develop an action plan with referral to MSHN councils/committees for action as appropriate.
- ▶ Recommended Motion:

The MSHN Board receives and files the 2018 Network Adequacy Assessment, acknowledges receipt of said assessment and supports the recommendations contained therein.