MSHN

Mid-State Health Network

Board Newsletter - August 2019

From the CEO's Desk

Joseph Sedlock
Chief Executive Officer

Threats to our public behavioral health system take many forms and are nothing new to us in Michigan. Regulations continue to be promulgated that can move our focus from care, services and supports for the individuals, families and communities we are here to serve to compliance and recordkeeping. Fiscal uncertainties caused by shifting rate-setting factors and unsettled (and usually decreasing) legislative appropriations, significant changes to the responsibilities of PIHPs and our CMHSP Participants under proposed new federal waiver authority that affect costs and potentially quality, privatization efforts, 298-related pilots, instability in staffing across the workforce in key areas, and so many other factors consume much of our professional energy at both the staff and board levels.

Remaining vigilant and completely engaged in these kinds of things is extremely important. And we will continue to be deeply involved in them. These are not our mission.

Our mission is to focus on the individuals, families and communities we support. I don't think we get up in the morning excited about a meeting to counter external threats or to come into compliance with a new regulation or mandate. What we do wake up excited about is our work to ensure the best quality, most effective services and supports to our neighbors that require specialty behavioral health supports and substance use disorder prevention, treatment and recovery services.

At our recent board development day, our board members reiterated that they'd like to be reminded more often of our mission statement. We've recently printed the mission and vision statements on the board member name plates so that these foundational statements face them at every board meeting. We've also included mission/vision statements on many internal and regional meeting agendas, and will be looking for more ways to publish – and remind ourselves and our partners – what our mission and vision is:

*"The **mission** of Mid-State Health Network is to ensure access to high quality, locally-delivered, effective and accountable public behavioral health and substance use disorder services provided by its participating members."*

*"The **vision** of Mid-State Health Network is to continually improve the health of our communities through the provision of premiere behavioral healthcare and leadership. Mid-State Health Network organizes and empowers a network of publicly-funded community partnerships essential to ensure quality of life while efficiently and effectively addressing the complex needs of the most vulnerable citizens in our region."*

For further information, please contact Joe at Joseph.Sedlock@midstatehealthnetwork.org.

Organizational Updates

Amanda Horgan, MBA
Deputy Director

Admission & Benefit Standardization Workgroup Update

MSHN created an ad hoc time-limited cross-functional team, Regional Admission and Benefit Standardization Workgroup (ABSW), to make recommendations to MSHN and its participating CMHSPs with regard to standardizing across the region, to include:

- Clinical eligibility and medical necessity criteria;
- Policies and procedures relating to the admission, continuing stay, and discharge of individuals whose eligibility was determined for services/supports; and
- Prioritization and partnering with the individual in selection of those services once admitted.

The ABSW, in preparation for the development of standardized Level of Care (LOC) criteria, reviewed numerous sources of data, including but not limited to other PIHPs' LOC Guidelines; standardized assessments (LOCUS, CAFAS, PECFAS); authorization limits and utilization data. Ultimately, the region determined the best starting point to be MSHN's fiscal year 2018 utilization data. MSHN contracted with TBD Solutions, Inc. to conduct an analysis on the utilization data and provide our region with a set of LOC Guidelines for both the *Severe and Persistent Mentally Ill (SPMI)* and *Severe Emotionally Disturbed (SED) populations*.

The guidelines were reviewed and approved by the ABSW for final presentation and approved by the Operations Council in August. The Utilization Management Committee will use these guidelines to identify outliers for the region's targeted reviews. Outliers require further review in order to lend meaning to patterns of service use as well as enhance regional standardization assurances. The guidelines can be accessed by clicking on the below links.

Links to Level of Care (LOC) Guidelines for:

- *Severe and Persistent Mentally Ill (SPMI)*
- *Severe Emotionally Disturbed (SED)*

For further information, please contact Amanda at Amanda.Horgan@midstatehealthnetwork.org.

Information Technology

Forest Goodrich

Chief Information Officer

Michigan Health Information Network (MiHIN) offers a health information exchange process throughout Michigan and represents Michigan in interstate exchange activities. MiHIN sends/receives health information through an exchange process that they name "use cases." Each type of data received by healthcare providers is considered a use case. For example: MSHN has been receiving Admission Discharge and Transfer records through MiHIN since 2015.

MiHIN has established a Use Case Agreement (UCE) where they charge regions by the number of consumers served in the region. What this means is that with every new use case that MSHN would like to participate, MSHN would receive an accompanying cost. Because the region is large geographically and with the number of person we serve, it becomes far too costly to participate in an exchange based upon this model.

MSHN has worked with MiHIN to understand the financial impact that this has on us and that it is much more manageable for MSHN to have a fixed cost agreement with no additional charges and allows MSHN to pursue new use case data. The cost-sharing model is based on percentage of population served compared with other regions. This offers MSHN's region the opportunity to have multiple use case exchanges and for the Community Mental Health Service Providers (CMHSPs) to leverage this information in their processes whenever they are ready.

By developing this arrangement, MSHN can receive the Medication Reconciliation records, Provider Registry, Provider Quality Measures, Immunization Registry, Death Certificates, and Consent Management.

MiHIN is also providing their data viewer tool called "MIDIGATE" so that the CMHSPs can immediately use any transactions and leverage it to do reconciliation and testing work as the CMHSPs transition the data into its electronic medical records.

All of this health information will assist in clinical processes throughout the region, especially with integrated care efforts and performance incentive measure activities. This agreement will be presented to Operations Council for review and will be presented to the MSHN Board.

For additional information, please contact Forest at Forest.Goodrich@midstatehealthnetwork.org.

Finance

Leslie Thomas, MBA, CPA

Chief Financial Officer

MSHN's Fiscal Year (FY) end 2018 financial position resulted in a fully funded Internal Service Fund (ISF) totaling more than $40 million. MDHHS allows PIHPs to retain up to 7.5% of the current year's revenue for its ISF and an additional 7.5% in savings. FY 2019 projections indicate the ISF will remain fully funded. MSHN

has not received MDHHS rate information for FY 2020 however finance staff are gathering internal and CMHSP expense information in order to expedite the final budget presentation processes for September's board meeting.

Beginning FY 2018, MDHHS requires PIHPs calculate Medical Loss Ratio (MLR), a mandate specifying insurance companies spend at least 85% of its revenue on direct services. MSHN exceeded the 85% threshold with a 98% MLR calculation.

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.

Roslund Prestage & Company recently completed MSHN's FY 2018 Compliance Examination. The report will be presented to MSHN's Board of Directors in November 2019.

For further information, please contact Leslie at Leslie.Thomas@midstatehealthnetwork.org.

Behavioral Health

Dr. Todd Lewicki, PhD, LMSW, MBA

Chief Behavioral Health Officer

Clubhouse Engagement Equals Successes and Gains

Clubhouse programs are community-based and organized to support adults living with a serious mental illness who wish to participate in a structured and supportive system with staff and peers. The focus is to work on access to opportunities for preferred living, learning, working, and socialization. The aim is to help facilitate recovery from mental illness, including; increasing formal and informal decision-making opportunities, meaningful social connectedness, work, recreation, and quality of life. Clubhouses provide an opportunity for individual involvement and ownership in all areas of clubhouse operation. The model is embedded in the principles of psychiatric rehabilitation and carries with it a broad context aimed at individual empowerment through participation.

Since early fiscal year 2019, the Mid-State Health Network (MSHN) region has participated in the Michigan Department of Health and Human Services (MDHHS) grant called Clubhouse Engagement. Clubhouse Engagement is for individuals with a Medicaid Spenddown. A Spenddown situation is where the Medicaid beneficiary has met all Medicaid eligibility criteria, except has excess income. The amount in excess is called the spenddown amount and in order to qualify for Medicaid during the month, the individual must incur medical bills equal to the spenddown amount, then Medicaid will pay expenses above that amount. This has been an issue for spenddown individuals wanting to participate in clubhouse services. The Clubhouse Engagement grant has helped fill the gap by using these grant funds to cover clubhouse services.

From November 1, 2018 through June 30, 2019, an average of 309 individuals were served out of the clubhouses (a total of 6 clubhouses) that included individuals on Medicaid Spenddown. Since November 2018, clubhouse services have been growing by 9.5% on average with 4.1% of the overall population total being those individuals with spenddown. This has totaled $52,976.32 in support or an average of $1,394.11 per-individual support per quarter. MSHN will be able to continue the Clubhouse Engagement grant implementation through fiscal year (FY) 2020. This means that the Clubhouse services will be available to more individuals on a spenddown. Successes to date include individuals obtaining a job, increased social contact, reduced symptoms, reduced need for inpatient care, increased success with recovery goals, improved sobriety, as well as feeling included and important to others. These successes are at the very heart of psychiatric rehabilitation and recovery which are making a difference in the lives of many.

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

Utilization Management & Integrated Care

Skye Pletcher Negrón, LPC, CAADC

Director of Utilization and Care Management

During FY19, Michigan Department of Health and Human Services (MDHHS) introduced two new integrated health shared performance metrics for Medicaid Health Plans (MHPs) and Pre-Paid Inpatient Health Plans (PIHPs):

1. Follow Up After Emergency Department Visit for Alcohol and Other Drug Dependence

(FUA): Individuals age 13 and older with an emergency department (ED) visit for alcohol and/or other drug dependence that had a follow-up visit within 30 days;
2. Plan All-Cause Readmission (PCR): Individuals age 18 and older with a recent hospital admission (physical health OR behavioral health) that did not have a hospital readmission within 30 days of discharge.

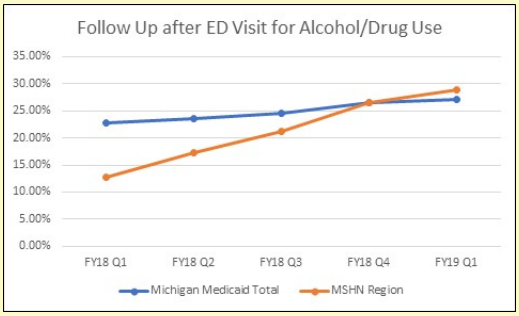
These shared metrics were included in the FY19 MDHHS/PIHP Contract as informational only (there is no set performance target at this time). Activities this year have focused on collaborative work between MDHHS, PIHPs, and MHPs to review performance data and gain a better understanding of factors that could contribute to improved outcomes in these areas for individuals we serve. Since MSHN already monitors PCR as part of our measurement portfolio and has strong performance on this metric, many of our efforts this year have been aimed at developing strategies to improve our performance on FUA. When MDHHS first shared baseline performance data related to this measure, MSHN's performance was the lowest in the state among PIHPs:

CY17 PIHP Region	NUM	DEN	RATE
REGION 1	232	599	38.73%
REGION 2	231	695	33.24%
REGION 3	545	2,172	25.09%
REGION 4	421	1,490	28.26%
REGION 5 (MSHN)	304	2,441	12.45%
REGION 6	265	1,124	23.58%
REGION 7	871	4,608	18.90%
REGION 8	288	1,356	21.24%
REGION 9	327	1,038	31.50%
REGION 10	357	1,521	23.47%
All 10 Regions Combined	3,841	17,044	22.54%

Over the last year, MSHN convened an internal task force and developed a regional work plan with input from MSHN's councils, committees, and substance use disorder (SUD) provider network. Efforts to improve performance in this area include:

- Data validation activities to ensure all follow-up services are being accurately reported;
- Increased peer recovery coaches in (emergency departments (EDs) through Project ASSERT
- Information packets about how to access SUD services which will be distributed in all EDs in the MSHN region
- Educating the SUD provider network about standards for following up with referrals from EDs

As a result of these efforts, MSHN's performance on this measure more than doubled from FY17 to FY18 and continues to increase in FY19, now surpassing the statewide average performance:



MSHN looks forward to continued implementation of these efforts in FY20 with our Community Mental Health Service Provider and Substance Use Disorder Service Provider partners with the shared goal of improving follow-up services for individuals who are often at their most vulnerable when struggling with a substance use concern.

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

Treatment and Prevention

Dr. Dani Meier, PhD, LMSW
Chief Clinical Officer

Gambling Disorder Prevalence Study Concluded:

Between October 2018 and June 2019, SUD treatment providers across out 21 counties screened thousands of Region 5 consumers entering SUD treatment for the possibility of a co-occurring gambling disorder (GD). In that same period, Region 5 prevention providers screened over a thousand middle school and high school youth for GD from a dozen Region 5 counties. Thanks to the efforts of those providers and the data that we were able to aggregate and analyze with our Gambling Disorder (GD) expert from Wayne State University, we are able to share the following results from our prevalence study.

Over an 8 month period, MSHN SUD treatment providers screened 8,360 SUD consumers for a gambling disorder at admission. Of those, only 260 consumers, 3.3%, had a positive score on the three-question Gambling Disorder screen. Of those, 229 were then administered the GD 9-question assessment. Of those 229 consumers, 107 consumers—1.8% of all SUD consumers screened—received a provisional diagnosis of a gambling disorder.

MSHN SUD prevention providers administered a youth version of the GD screen to 1,416 youth and, of those, over 19% scored in the at-risk category. Ingham and Midland counties saw the highest rates of at-risk youth,

29.7% and 27.6% respectively, but all 12 counties surveyed had youth who were at elevated risk for GD. This finding is consistent with national studies of youth risk for GD.

As a result of these analyses, MSHN does not see a strong need to invest limited resources in promoting widespread gambling disorder training for its treatment provider network. Presuming the 1.8% rate reflects GD prevalence across our region's SUD treatment population, MSHN treatment providers will nonetheless continue to screen for GD to capture the few hundred SUD consumers who will indeed have a provisional diagnosis of GD and therefore need to be referred to the GD helpline for treatment. If it becomes clear over time that a particular county is seeing a disproportionate number of clients with a GD diagnosis, we may do some targeted trainings to treat gambling addiction. To address the elevated risk for gambling problems in Region 5 youth, MSHN will be focusing on prevention, namely, adopting and training providers on the "Stacked Deck" curriculum, the leading evidence-based gambling prevention program.

MSHN is grateful to its participating treatment and prevention providers for identifying where gambling disorder risk is at elevated risk for Region 5 citizens, for continuing to screen and refer those with an identified gambling disorder diagnosis for treatment, and for youth prevention efforts that will be forthcoming in FY20.

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

Provider Network

Carolyn T. Watters, MA
Director of Provider Network Management Systems

Training Reciprocity - Direct Support Professionals

This year, the PIHP CEOs signed a memorandum of agreement to adopt the Training Reciprocity Implementation Guide for Direct Support Professionals developed by the PIHP Reciprocity Workgroup, in concert with the Statewide Training Guidelines Workgroup (STGW), and agree to honor the credentialing decisions of the other PIHPs related to training of Direct Support Professionals. The goal and purpose of reciprocity is to achieve statewide consistency in the application of workforce training, to provide for reciprocal recognition of training-related credentialing, to reduce duplication of effort across the system, to increase workforce availability, portability and mobility, and to comply with the terms of the MDHHS Reciprocity Policy.

This effort has garnered support from the Community Mental Health Association (CMHA) and the Provider Alliance. Additionally, the Michigan Consortium for Healthcare Excellence (MCHE), in association with CMHA and STGW, are sponsoring implementation kick-off trainings around the state to support the staff responsible for training coordination with the implementation at the local-level. Within the MSHN region, we have begun regional planning with the CMHSP's Training Coordinators and will work to review and vet trainings to ensure they meet the reciprocity requirements.

This initiative would not be possible without the support from the aforementioned groups and the commitment to continuously support the systems that have been developed. For more information, please contact Amy Dillon, Quality Assurance and Performance Improvement Manager, who will be leading the implementation effort within the MSHN region.

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

Quality & Compliance Update

Kim Zimmerman
Director of Quality, Compliance and Customer Service

Medicaid Event Verification

Mid-State Health Network (MSHN) has been completing Medicaid Event Verifications (MEV) as required within the Medicaid Managed Specialty Supports and Services Program contract between MSHN and the Michigan Department of Health and Human Services (MDHHS) since Fiscal Year (FY) 2016. Prior to FY2016, this function was delegated to the Community Mental Health Service Participants (CMHSP), but starting in FY2016, MDHHS required this to be a function directly carried out by the Pre-Paid Inpatient Health Plans (PIHPs).

MSHN developed a procedure, that is reviewed annually, for the completion the MEV site reviews and follows the MEV Technical Requirement that is part of the PIHP contract with MDHHS. 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.

The review process is standardized to ensure compliance with state and federal regulations as well as allows MSHN to see patterns of compliance and non-compliance within the region.

The MEV results for FY2018 showed an average score of 99.04% for all the attributes tested for the CMHSPs and an average score of 96.28% for the SUD providers.
One of the attributes that showed the biggest improvement from FY2017 to FY2018 was ensuring that the service provided is included in the person's individualized plan of service.

For those attributes that do not meet the identified standard, a plan of correction is required by the provider with follow up monitoring for implementation and effectiveness completed by MSHN staff.

MSHN has made improvements to the MEV process during FY2019 that included revising the sampling methodology to allow samples to be pulled more efficiently through MSHN's managed care information system and adding the review of claims/encounters submitted for services using block grant funding for SUD providers in addition to Medicaid and Healthy Michigan funded services.

MSHN is in the fourth year of this review process and improvements are being identified as a result of the reviews and the plans of correction that have been required. The MEV reviews are now required to be submitted to the Office of Inspector General (OIG) as part of the new contract requirements for Program Integrity that includes a quarterly report of all program integrity activities. The OIG also has reviewed MSHN's MEV process and has determined that it is a good example of using a data mining technique to identify areas of risk to review.

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.