MSHN

Mid-State Health Network

# MSHN Board Newsletter - February 2020


## From the Chief Executive Officer's Desk

Joseph Sedlock
Chief Executive Officer

A few months ago, I provided a short reference to the potential for the federal government to convert the Medicaid program to a block grant program. On January 30, 2020, the federal Centers for Medicare and Medicaid Services (CMS) issued guidance to States on applying for waivers to convert state Medicaid programs to block grants or per capita caps. The 56 page State Medicaid Director letter (SMD #20-001) is available at this link.

CMS has named this initiative "*Healthy Adult Opportunity*." The National Council for Community Behavioral Healthcare ("The National Council") (along with a number of other national healthcare-focused experts) has publicly stated that this initiative could lead to the loss of Medicaid coverage and the construction of bureaucratic and regulatory barriers to citizens receiving life-saving care. The National Council has stated that it firmly opposes funding mechanisms such as these that "would shift costs onto states and beneficiaries, restrict access to care, and increase the number of uninsured and under-insured individuals."

The National Council's president and CEO, Chuck Ingoglia, issued the following statement in response:

"Medicaid provides 1 in 5 Americans with an important safety net by granting access to health care for some of the most vulnerable people in our nation. The administration's block grant proposal would shred that safety net and put people at risk by capping the amount of money states spend on Medicaid. In addition, the troublesome proposal unveiled today is tragically flawed because it will undermine the health and welfare of vulnerable populations, including individuals with behavioral health and substance use disorders, who depend on Medicaid.

"The proposed guidance could potentially result in higher co-pays for medications and services, imposition of premiums, work requirements or other requirements that would limit participation in the program. We don't need more barriers preventing access to health care or financial pressure on the program that will undoubtedly result in lowering services for everyone.

"Although we are deeply concerned about the onerous CMS guidance outlined today, it's important to remember the proposal won't result in immediate changes to the program. Medicaid continues to operate as usual. It's also important to remember that the proposed block grant program, if approved, would be optional – no state would be obligated to implement the program.

"In practical terms, this policy proposal faces enormous hurdles in Congress and the courts. However, the National Council will work diligently to keep our members apprised of discussions over this dramatic policy change and urge Congress to preserve Medicaid for the millions of people who rely on the program."

Mid-State Health Network (MSHN) urges you to oppose the conversion of these public programs to block grants for the reasons stated here. MSHN urges our stakeholders to contact CMS and your congressional representative(s) to express your opposition.

*Hon. Seema Verma, Administrator,*
*Centers for Medicare & Medicaid Services*
*Department of Health and Human Services*
*200 Independence Ave., SW*
*Washington, DC 20201*

For additional information contact Joe Sedlock at *Joseph.Sedlock@mistatehealthnetwork.org*.

## Organizational Updates

### Amanda Horgan, *MBA*

Deputy Director

**Staffing Update:**

**Welcome MSHN's New Team Member:** MSHN is pleased to announce Cassen Gates has accepted the Medicaid Event Verification/Internal Auditor position. He comes to us from List Psychological Services and has his master's in Clinical Mental Health Counseling. His start date was February 17, 2020. Please join us in welcoming Cassen to the MSHN Team.

**Now Hiring**: MSHN is currently seeking applications to fill the vacant Waiver Assistant position. Job description, requirements and application specifics are available from MSHN's website at: *https://midstatehealthnetwork.org/stakeholders-resources/about-us/Careers* .

**Mental Health Parity Compliance and State Reporting**

Michigan Department of Health and Human Services (MDHHS) recently requested a new report from the Pre-paid Inpatient Health Plans (PIHPs) to ensure compliance with the Mental Health Parity and Addictions Equity Act of 2008. Per the Center for Medicare and Medicaid Services
(CMS), states are required to apply the parity rules to Medicaid beneficiaries enrolled in managed care. The rules apply to all service provided to that beneficiary, whether managed by the Managed Care Organization (MCO) or managed by a PIHP. Essentially, the rule states there can be no more restrictive limitations on a mental health or substance use disorder than on the same classification of medical/surgical benefits.

Mid-State Health Network (MSHN) PIHP is in a great position to demonstrate our efforts towards regional compliance. In January, our Community Mental Health Service Programs (CMHSPs) completed training to utilize MCG Indicia (the electronic health record integrated software) to review acute care medical necessity, screenings and authorizations. MCG is a nationally recognized software tool that was purchased by the PIHPs to provide level of care (LOC) guidelines to support standardization of service across the state and within our PIHPs. For adults with mental illness, PIHPs use the Level of Care Utilization System (LOCUS) to support authorization processes and the Preschool and Early Childhood Functional Assessment Scale (PECFAS) and Child and Adolescent Functional Assessment Scale (CAFAS) to support children with serious emotional disturbance.
In addition, the CMHSPs are preparing to implement the region-wide LOC guidelines effective April 2020 in an effort to standardize admission and benefit service provisions.

Please contact Amanda at *Amanda.Horgan@midstatehealthnetwork.org* for additional information

## Information Technology

### Forest Goodrich

Chief Information Officer

Mid-State Health Network (MSHN) staff and Community Mental Health Service Program (CMHSP) technology staff worked together to perform analysis on a data set of Healthy Michigan consumers that were identified by the Michigan Department of Health and Human Services (MDHHS) as being non-exempt from the work rules requirements. The analysis was relative to the number of persons that received mental health and/or substance use services and MDHHS indicated that they were required to meet the work rules requirements for reporting. There were some persons that should have been exempted, but the majority met the requirements to report work hours. Outreach is being done to make sure consumers report their work history or that they complete the exemption status forms.

MSHN technology staff participated in and supported several training activities related to the Parity requirements being implemented in Michigan. These requirements are specific to Acute Care services. The training was relative to integrating the parity software (MCG's Indicia product) and CMHSP electronic medical record systems (PCE Systems and Streamline). This training was successful and all 12 CMHSPs participated in this process.

As MSHN continues to work with Michigan Health Information Network (MiHIN) and Great Lakes Health Connect (GLHC), it is important to note two key events that happened: 1) GLHC merged with MiHIN forming a major health information exchange entity that is very active in the MSHN region. 2) MSHN has been working diligently with MiHIN to implement a software application called "MIDIGATE." This product is MiHIN's way of credentialing organizations and making health information exchange data available without doing any data translation.

Please contact Forest at *Forest.Goodrich@midstatehealthnetwork.org* for additional information.

## Finance

### Leslie Thomas, *MBA, CPA*

Chief Financial Officer

MSHN's Finance Department is gearing up for 2019 fiscal year-end reporting. There are numerous interim fiscal reports submitted to the Michigan Department of Health and Human Services (MDHHS) throughout the year. The interim reports provide the anticipated fiscal picture to MDHHS and allows for budget planning on their end. The reports also identify whether a Pre-paid Inpatient Health Plan (PIHP) will operate above current fiscal year (FY) revenue and prior FY savings. Any PIHP with operating expenses above the previously mentioned revenue sources must use dollars from their Internal Service Fund (ISF), if

available, to cover up to 7.5% (maximum allowable based on revenue) of the cost overrun. Spending in excess of all revenue sources and depletion of ISF places a PIHP in the MDHHS risk corridor which is deemed an unfavorable fiscal position.

MDHHS fiscal year-end reports include the following:

- Financial Status Report (FSR): Contains MSHN's revenue and expense information for Medicaid, Healthy Michigan Plan (HMP), Block Grant, and Public Act (PA) 2 as well as Community Mental Health Service Program (CMHSP) Medicaid and HMP data. In addition, this report identifies Medicaid and HMP savings and the ISF amount. Medicaid and HMP savings are generated when the PIHP and CMHSP's expenses are less than the available revenue for the FY. CMHSPs are not contractually allowed to generate savings therefore Medicaid and HMP funds not spent on medically necessary services must be returned to the PIHP. MSHN outlines this process in a Cost Settlement policy.
- Utilization Net Cost (UNC) Reports: These reports contain number of cases, units, and dollar amounts spent by fund source (Medicaid/HMP) and service category. MSHN reports Substance Use Disorder (SUD) services and also aggregates CMHSP data for submission to MDHHS. UNC reports data are a key factor in MDHHS rate setting which ultimately determines subsequent fiscal year revenue to the PIHP.

There are numerous other fiscal reports due to MDHHS, however the two aforementioned are the best indicators of a PIHP's financial picture.

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

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## Behavioral Health

### Dr. Todd Lewicki, *PhD, LMSW, MBA*

Chief Behavioral Health Officer

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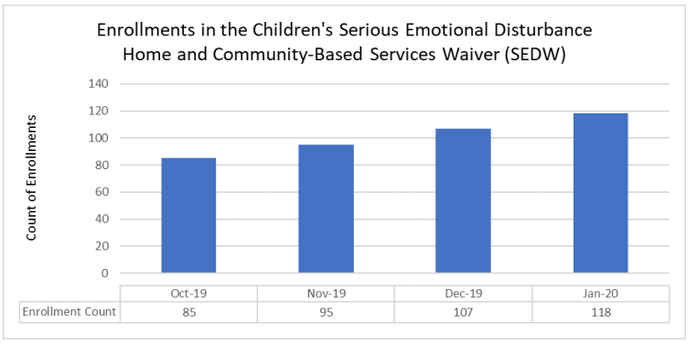
### Mid-State Health Network Sees Results from SEDW Availability

*Todd Lewicki & Barb Groom, LLP, Waiver Coordinator*

The Michigan Department of Health and Human Services (MDHHS) was approved for an 1115 Behavioral Health Demonstration Waiver and a state plan amendment from the Centers for Medicare & Medicaid Services (CMS). The 1115 Behavioral Health Demonstration Waiver adds broader flexibility to better align the specialty services structure and to consolidate multiple programs, advance the use of needs-based eligibility criteria, and to finance these programs under a single managed care arrangement.

The Children's Serious Emotional Disturbance Home and Community-Based Services Waiver (SEDW) program falls under this 1115 Behavioral Health Demonstration Waiver and oversight of it became the responsibility of Mid-State Health Network (MSHN) on October 1, 2019. The SEDW is administered by MSHN's Community Mental Health Service Programs (CMHSPs) in partnership with key community agencies. The SEDW program allows MSHN to fund necessary home and community-based services for children aged up to 21 who are experiencing a severe emotional disturbance who would otherwise meet the criteria for admission to a state inpatient psychiatric hospital and would be at risk of hospitalization without these waiver services. The Wraparound Facilitator is a key staff in the successful implementation of the plan of service, assisting the child and family in identifying and organizing the child and family team, developing the plan of service and coordinating the services and supports. The Wraparound Facilitator then oversees supports and service delivery, including the health and safety of the child, regular contact with the child and family, as well as oversight by the community team.

MSHN has been tracking regional enrollment trends since it began oversight of the benefit in October. Thus far, as seen in the graph to the right, there has been an overall rise in new SEDW enrollments of 39%.On average, this has meant an 11.5% monthly increase in new enrollments over the last four months.




Of the 12 MSHN CMHSPs, there were 7 that had at least one child/family on the SEDW.

Since October 1, 2019, the expansion of the SEDW to MSHN oversight has led to 33 new waivers being used and 1 additional MSHN CMHSP providing SEDW services to children and families in need. Additionally, there are currently 9 cases pending which indicates they are in the process of SEDW enrollment.

For additional information, please contact Todd at *Todd.Lewicki@midstatehealthnetwork.org* or Barb at *Barb.Groom@midstatehealthnetwork.org*.

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## Utilization Management & Integrated Care

### Skye Pletcher Negrón, *LPC, CAADC*

Director of Utilization and Care Management

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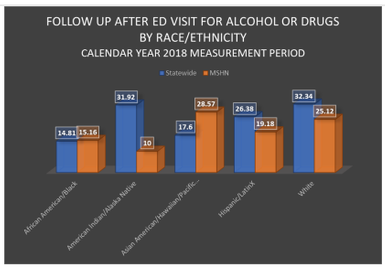
### Promoting Health Equity for Individuals and Families

The Robert Wood Johnson Foundation provides the following definition of health equity: "Health equity means that everyone has a fair and just opportunity to be as healthy as possible (2017)." Unfortunately,

there are often fewer opportunities and resources for better health among groups that have been historically marginalized, including people of color, people living in poverty, people with physical or mental disabilities, LGBTQ (lesbian, gay, bisexual, and transgender) persons, and women. These differences that exist in terms of access to opportunities and resources for people to experience better health are known as health disparities. For an organization to advance health equity, it must first understand the health disparities that exist for the population it serves.

Over the past year, MSHN staff have been engaging in data analysis activities with the Michigan Department of Health and Human Services (MDHHS) to better understand disparities that exist for certain quality health measures. One area where significant disparities exist statewide (including the MSHN region) is in the area of follow-up care a person receives after they have been to the emergency room due to a concern with alcohol and/or drug use. Statewide, MDHHS found that the follow-up rate for the African American/black population was significantly lower than the rate for the white population, with a difference of 17.53 percentage points. Statewide follow-up rates were also considerably lower for the Asian American/Native Hawaiian and Other Pacific Islander population (by 14.69 percentage points) and the Hispanic/Latino population (by 5.96 percentage points).




The table on the left shows the percentage of individuals who received a follow-up appointment within thirty (30) days after visiting the emergency room for concerns related to alcohol and/or drugs.

Shown are the statewide rate of follow-up and the MSHN regional rate of follow-up or each racial/ethnic group.

MSHN will work closely with its Community Mental Health Service Programs (CMHSPs) and Substance Use Disorder Service Providers (SUDSPs) throughout fiscal year (FY) 2020 to improve overall rates of follow-up for all individuals and eliminate disparities among different racial/ethnic groups by analyzing county-level data and developing intervention strategies specific to each local community.

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

## Treatment and Prevention

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

We know that compared to the rest of the world, the United States relies too heavily on prisons and jails, incarcerating U.S. citizens at 698 per 100,000 Americans. Even more striking, if viewed as stand-alone independent countries, 23 U.S. states would have the highest incarceration rate in the world. Michigan, at 651 per 100,000, is below the national incarceration rate but remains higher than all other countries, including Russia, China, Venezuela, Afghanistan, Turkey, and Iran. The high financial and human costs of mass incarceration in the U.S. has prompted reform efforts, particularly for nonviolent offenders and those who struggle with mental health and substance abuse.

Jails, in particular, offer an opportunity for the provision of drug and alcohol treatment, including medication-assisted treatment (MAT), considered the gold standard for treatment of Opioid Use Disorder (OUD). Recognizing the life-saving potential of MAT for individuals with OUD, Substance Abuse and Mental Health Services Administration (SAMHSA) grants have allowed the expansion of jail-based MAT services which MSHN has embraced. The Michigan Department of Health and Human Services (MDHHS) recently offered MSHN an additional $550,000 in funding for State Opioid Response (SOR) jail work in FY20. Utilization of this funding is possible in sites located within Clinton, Ingham, Eaton, Saginaw, Bay, Clare, and Newaygo counties.

As with all grants, MSHN staff remain cognizant of sustainability after grants expire. The Social Security Act Section 1905(a) prohibits Federal Financial Participation for medical care or services for any individual who is an inmate of a public institution, resulting in termination of Medicaid benefits for incarcerated Michiganders. While the grants can pay for treatment services provided to incarcerated Michigan citizens, once those grants expire, those in need of substance use disorder (SUD) treatment services while in jail will be unable to access Medicaid or Healthy Michigan funds. This creates a burden on the budgets of local county jails. There have been indications from MDHHS that the law which suspends or terminates Medicaid benefits for incarcerated individuals may be changed, but that's unlikely to happen any time soon, This is prompting Pre-paid Inpatient Health Plans (PIHPs) and their local and state partners to get creative in sustaining jail-based services.

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

## Provider Network

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

### Reciprocity Activity Report

Mid-State Health Network (MSHN) and its Community Mental Health Service Programs (CMHSPs) recognize that the provider system benefits from reciprocity policies and procedures that create efficiencies for both the funding organizations and the service providers. The MSHN region functions as a

highly delegated model, including provider network management. As a result, MSHN and its CMHSPs continuously look for opportunities to standardize requirements that impact the provider system and/or accept the work of another appropriately authorized organization (PIHP or CMHSP) to avoid duplication. The following are highlights which demonstrate MSHNs ongoing commitment to implementing systems for achieving reciprocity, often through standardization:

*General Standards*

- Several regional policies and procedures have been established which addresses standardization as it relates to provider network activities.
- Provider feedback on system efficiencies is considered. MSHN lead has presented reciprocity efforts to the Provider Alliance Committee/Workgroup, and enlisted provider participation in statewide and regional efforts.

*Provider/Program Monitoring & Provider Contracting*

- Statewide Efforts: developed and implemented a statewide plan to address Licensed Psychiatric Hospital/Unit (LPH/U) provider monitoring. Recently, the group has developed a statewide plan to address Specialized Residential provider monitoring, including a standardized performance monitoring standards. *Future plans* include the development of a formal statewide plan and standardized tools to address Substance Use Disorder (SUD) providers and Autism providers.
- Within the Region: MSHN and the CMHSPs have been developing regional provider performance monitoring systems, reducing to a single audit. Intra-regional efforts include: Fiscal Intermediary, LPH/U, Autism, and Specialized Residential. MSHN and its CMHSPs have developed standardized contract templates, including boilerplate and statement of work.

*Training/Continuing Education*

- Statewide Efforts: the PIHP CEOs developed a training reciprocity workgroup charged with developing a systems where reciprocity could be achieved relative to training. This workgroup collaborated with the existing State Training Guidelines Workgroup and MDHHS to utilize existing training guidelines and *improvingMIpratices* as a platform for documenting trainings that have been deemed as reciprocal.
- Within the Region: MSHN and its CMHSPs developed regional training requirements by rendering provider role (e.g. direct care staff, medical staff, etc.) and support the statewide efforts through intraregional implementation.

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

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## Quality, Compliance & Customer Service

Kim Zimmerman, *MBA-HC, LBSW, CHC*
Director of Quality, Compliance and Customer Service

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### Quality Assessment and Performance Improvement Program

The Michigan Department of Health and Human Services (MDHHS) requires each Pre-paid Inpatient Health Plan (PIHP) to have a Quality Assessment and Performance Improvement Program that meets the standards outlined in the Medicaid Managed Specialty Supports and Services Contract, Attachment P7.9.1: Quality Assessment and Performance Improvement Programs for Specialty Pre-paid Inpatient Health Plans. Mid-State Health Network (MSHN) as the PIHP is responsible for ensuring that the responsibilities of the Quality Management Program are outlined in the Quality Assessment and Performance Improvement Plan (QAPIP). The scope of MSHN's QAPIP program is inclusive of all Community Mental Health Service Programs (CMHSPs), the Substance Use Disorder (SUD) Providers and their respective provider networks.

Michigan standards state that the PIHP must have a written description of its QAPIP which specifies 1) an adequate organizational structure which allows for clear and appropriate administration and evaluation of the QAPIP; 2) the components and activities of the QAPIP; 3) the role for recipients of service in the QAPIP; and 4) the mechanisms or procedures to be used for adopting and communicating process and outcome improvement

The QAPIP must be accountable to a Governing Body that is a PIHP Board of Directors. Responsibilities of the Governing Body for monitoring, evaluating, and making improvements to care include:

1. Oversight of the QAPIP: There is documentation that the Governing Body has reviewed and approved the overall QAPIP and an annual Quality Improvement (QI) plan.
2. QAPIP Progress Reports: The Governing Body routinely receives written reports from the QAPIP describing performance improvement projects, the actions taken and the results of those actions.
3. Annual QAPIP Review: The Governing Body formally reviews on a periodic basis (but no less frequently than annually) a written report on the operation, implementation and effectiveness of the QAPIP. This includes ensuring effective systems exists for monitoring, evaluating and improving quality of care.
4. The Governing Body submits the written annual report to MDHHS upon request. The report will include a list of the members of the Governing Body.

The QAPIP is reviewed annually against any changes in PIHP/MDHHS contract and changes/additions to MSHN's internal policies/procedures and practices. The QAPIP is reviewed and approved by the Quality Improvement Council (QIC), MSHN Leadership, Operations Council and MSHN's Board of Directors.

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

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