Treatment Breakout Session

SUD Quarterly Provider Meeting

6/19/2020

AGENDA

- Financial Eligibility & Block Grant- Leslie Thomas & Skye Pletcher
- Premium Pay (Residential and Withdrawal Management)- Leslie Thomas
- FY21 MDOC Implementation – Cammie Myers
- Statewide Assessment Tool Update- Jan Maino
- Recovery Housing & Outpatient Providers – TECC Form & QAPI Program Specific tool guidance- Sherrie Donnelly
- Recovery Self-Assessment, Sentinel Events, Access to Treatment/Performance Indicators – Sandy Gettel

Financial Eligibility & Block Grant

- Federal Substance Abuse Prevention & Treatment Block Grant (SAPTBG) Funds are available to subsidize the cost of services for individuals who have no insurance or are underinsured
- SAPTBG can also be used at PIHP's discretion to fund services that are not funded by Medicaid or HMP (examples: transportation assistance, recovery housing)
- Subject to availability of funds each year
- Important to ensure SAPTBG funds are reserved for individuals who are not eligible for any other funding in order to assist people who otherwise would not be able to access services
  - Assisting individuals in applying for Medicaid/HMP whenever possible allows SAPTBG to be spread further to assist more people

Financial Eligibility & Block Grant

Per MSHN SUD Provider Manual providers are required to:

- Determine a client's Medicaid/HMP eligibility at the time of admission
- Verify Medicaid/HMP eligibility each month the person is in services
  - Changes in Coverage
  - Third Party Insurance
- If a person does not have active Medicaid/HMP coverage or Third Party Insurance, providers are responsible for determining if the person is eligible for Block Grant Funding and uploading completed Income Eligibility and Fee Agreement form to client chart in REMI.
  - MSHN SUD Income Eligibility & Fees Policy
  - MSHN SUD Income Eligibility & Fees Procedure

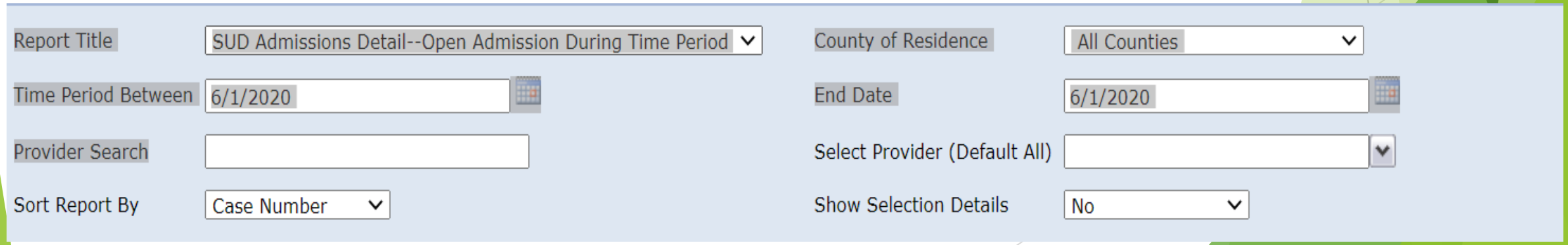
Financial Eligibility & Block Grant

- If a person does not have Medicaid/HMP at admission or they lose Medicaid/HMP coverage during treatment, they must apply/re-apply within 30 days
- SUD Providers should document all attempts made to assist the individual in applying for Medicaid/HMP coverage (progress notes, case management notes)
- MSHN reserves the right to discontinue SAPTBG funding for an individual if s/he will not participate in activities to attempt to secure Medicaid/HMP health insurance benefits
  - Last resort only when multiple attempts have been made to assist an individual with applying for benefits and s/he is not responsive or refuses to participate
  - Discretion of the PIHP; providers should consult with MSHN prior to discharging any individuals for this reason

Financial Eligibility & Block Grant

Tracking Eligibility in REMI

1. REMI Home Screen > Select “Reports and Downloads”
2. Select “PCE Standard Reports”
3. Select “SUD Admissions Detail”
4. Select “SUD Admissions Detail- Open Admissions During Time Period”
5. Use the current date for both start and end date of report
6. Report will display primary funding source at admission and primary funding source as of date report was generated for each individual



Financial Eligibility & Block Grant

Generate report each month & send list of clients to each counselor or case manager

Reach out to client & offer appt to assist with applying for benefits

Assist client with online application. Can be billed as case management

Financial Eligibility & Block Grant

Best Practice Example: Victory Clinical Services

- MSHN reviewed all clients open to VCS during month of May
  - 42% of individuals had no insurance when they entered treatment
  - As of May, only 8% of open clients had no insurance

- Kimberly Kile, Regional Director Victory Clinical Services
  - Best practices for tracking eligibility and ensuring follow-up

Financial Eligibility & Block Grant

Next Steps……..

- MSHN will continue to monitor utilization of SAPTBG at each provider agency for remainder of FY20
- Total # of individuals with SAPTBG as primary funding should decrease as providers perform monthly eligibility verifications and assist with applying for Medicaid/HMP
- Beginning in FY21 MSHN may consider additional monthly reporting requirement for providers who have a significantly higher portion of individuals with SAPTBG primary funding compared to regional averages
    - Accountability for performing monthly eligibility verifications and reporting on steps taken to assist individuals in applying for Medicaid/HMP benefits

Premium Pay (Residential and Withdrawal Management)

Leslie Thomas

MSHN Chief Financial Officer

Direct Care Worker (DCW) Wage Increase $2

Mid-State Health Network (MSHN) is making a region-wide payment adjustment based on a State-wide mandate to compensate SUD workforce members that provide direct services and supports to individuals with substance use disorders in licensed residential settings, as follows:

Effective April 1 and continuing through June 30, 2020

- Wage adjustment of $2/hour (two dollars per hour)
- 12% admin load to cover taxes, fringes and administrative costs
- Eligible SUD-specific Service Codes;
  - H0010 (SUD Withdrawal Management)
  - H0012 (SUD Withdrawal Management)
  - H0018 (SUD Residential Treatment)
  - H0019 (SUD Residential Treatment

DCW Continued

- Must calculate a cost estimate based on your current personnel roster of staff delivering **in-person** services
- Request increased financial support from MSHN using the “MSHN Direct Care Worker - wage passthrough” form
- Must pass the per diem adjustment directly to direct service staff (personnel) in the form of a temporary compensation increase
- MSHN will perform an audit against payroll records to confirm that the direct care worker adjustment was received
- Request for funds must be offset by any other state and federal funds
- The financial support provided by MSHN under this temporary program is intended exclusively to provide additional compensation for workers providing “**hands on”/direct services** and supports to individuals in residential settings. We stress that this is temporary and may not be renewed when the program expires on 6.30.2020. In addition, cost settlement for over and under payments will occur before 9.30.2020.

FY21 MDOC Implementation

Cammie Myers

MSHN Utilization Management Specialist

MSHN and Michigan Department of Corrections (MDOC)

- As of April 1, 2020, MSHN will be responsible for all ***medically necessary, community-based substance use disorder treatment*** for individuals under MDOC supervision once those individuals are no longer incarcerated
  - This excluded individuals referred by or in services though Community Corrections-PA511 funded (i.e. local District Court probation)
- Starting October 1, 2020, all MSHN SUD treatment contracts will include the MDOC population.
- Most likely MSHN providers are already serving this population and providing updates to agents as part of general care coordination.

Priority Populations (4/1/2020)

- These updates were already placed into the REMI system as part of the BH-TEDS (admissions)
- The Code of Federal Regulations and the Michigan Public Health Code define the first four priority population clients. The fifth population is established by MDHHS due to its high-risk nature. The priority populations are identified as follows and in the order of importance:
  - 1.Pregnant injecting drug user.
  - 2.Pregnant.
  - 3.Injecting drug user.
  - 4.Parent at risk of losing their child(ren) due to substance use.
  - 5.Individual under supervision of MDOC AND referred by MDOC OR individual being released directly from a MDOC facility without supervision AND referred by MDOC. Excludes individuals referred by court and services through local community corrections (PA 511 funded) systems.
  - 6.All others.

Referral Process

- Outpatient (OP)/Intensive Outpatient (IOP)/Medication Assisted Treatment (MAT)/Withdrawal Management (WM)
  - Supervising agents will securely send the referral forms directly to one of the providers
    - Referral forms include the MDOC Form # CFJ 306 and the MDHHS 5515
  - The clients are able to contact the providers directly as long as the referral form is sent to the receiving provider
  - In order for supervising agents to receive any communication about the results of the referral, a completed release of information (MDHHS 5515 form) needs to be sent with the referral documents

Referral Process

- Residential Services
  - Supervising agents will securely send the referral forms directly to the MSHN Utilization Management (UM) Department using the email: MDOCreferrals@midstatehealthnetwork.org
    - Referral forms include the MDOC Form #CFJ 306 and the MDHHS 5515
  - Within 3 business days, the MSHN UM Department will provide a determination to the supervising agent (as long as a complete release is submitted)
  - The client can then call the UM Department (844-405-3095) to be transferred to an appropriate MDOC/MSHN provider
- OP providers can refer directly to residential without getting a prior approval from MSHN if that is what is recommended after a full biopsychosocial assessment
- Residential providers receiving these referrals should make every effort to obtain the original assessment that generates the referral to prevent the need for clients to complete another assessment

Residential Required Reporting Items

- If an individual referred for residential does not appear for or is determined not to meet medical necessity for that level of care, the Supervising Agent will be notified within one business day.
- Individuals participating in residential services may not be given unsupervised day passes, furloughs, etc. without consultation with the Supervising Agent.
- Leaves for any non-emergent medical procedures should be reviewed/coordinated with the supervising agent.
- If an individual leaves an off-site supervised therapeutic activity without proper leave to do so, the provider must notify the Supervising Agent by the end of the day on which the event occurred.
- Residential providers may require individuals to submit to drug screening when returning from off-property activities and any other time there is a suspicion of use. Positive drug screen results and drug screen refusals MUST be reported to the Supervising Agent.
- Additional reporting for residential providers:
  - Death of an individual under MDOC supervision
  - Relocation of an individual's placement for more than 24 hours
  - The provider must immediately and no more than one hour from awareness of the occurrence, notify the MDOC Supervising Agent of any serious sentinel event by or upon an individual under MDOC supervision while on the treatment premises or while on authorized leaves.
  - The provider must notify the MDOC Supervising Agent of any criminal activity involving an MDOC supervised individual within one hour of learning of the activity

Residential Reporting Requirements

- Provider will complete monthly progress reports on each MDOC supervised individual on the template supplied by MDOC. Provider will ensure it is sent via encrypted/secured email to the Supervising Agent by the 5th day of the following month.
- The provider must not terminate any MDOC referred individual from treatment for violation of program rules and regulations without prior notification to the individual's Supervising Agent, except in extreme circumstances.
- The provider must collaborate with MDOC for any non-emergency removal of the MDOC referred individual and allow the MDOC time to develop a transportation plan and a supervision plan prior to removal
- Provider will ensure a recovery/discharge plan is completed and sent to the Supervising Agent within five (5) business days of discharge. The plan must include the individual's acknowledgement of the plan and the aftercare referral information.

Reporting Requirements for All Levels of Care

- Provider will complete monthly progress reports on each MDOC supervised individual on the template supplied by MDOC. Provider will ensure it is sent via encrypted/secured email to the Supervising Agent by the 5th day of the following month.
- MSHN/Provider will not honor Supervising Agent requests or proscriptions for level or duration of care, services, or supports and will base admission and treatment decisions only on medical necessity criteria and professional assessment factors.
- In the case of MDOC individuals, assessments should include consideration of the individual's presenting symptoms and substance use/abuse history prior to and during incarceration and consideration of their SUD treatment while incarcerated.
- All MDOC referred individuals will be provided with an assessment. If the individual does not meet medical necessity for any SUD services, the provider will give information regarding community resources such as AA/NA or other support groups.
- The provider agrees to inform the Supervising Agent when Medication Assisted Treatment (MAT) is being used at their own agency. If the medication type changes, the provider must inform the Supervising Agent

MSHN MDOC Implementation Contact

- For any clarification or support needs regarding the MDOC process, please contact:
  - Cammie Myers, UM Specialist
  - 517-657-3013
  - Cammie.myers@midstatehealthnetwork.org
  - Or the Utilization Management Department at 844-405-3095

Statewide Assessment Tool Update

Jan Maino

MSHN Assessment Coordinator

Standardized SUD Assessment Update

Requirements for the 1115 Waiver

DSM Diagnosis

ASAM LOC output

Standardized – Research

Timeline

Collaboration

SUD Directors

Provider Alliance

MDHHS/OROSC

SUD Assessment Comparison
(Yellow/Key requirements/MDHHS)

	Cloud-based assessment	Auto-scored reports	Electronic Report	Fully-editable narrative summaries	Pen/paper administration	DSM-5/ICD-10 diagnoses (SUD and MH)	ASAM Criteria Output	Integrated re-assessment function	Validated for Adolescent	Screening	Assessment (treatment planning, placement)	Substance Use	Mental/emotional/psychological Health (Axis I)	Physical Health Screening	Crime/Violence	Environment, employment, family, social	Risk of recidivism (re-arrest)	Strengths	Is training or certification required?	Flat user fee for unlimited online assessments	Fee per online assessment?	Fee description	Comments
GAIN I-Core (Global Appraisal of Individual Needs) http://gaincc.org/	☑	☑	☑	☑	☑	☑	☑		☑		☑	☑	☑	☑	☑	☑	☑		☑	☑		Annual user/$178. License fees are $100 per PIHP	Certification required beyond training. Research based.
SASSI (Substance Abuse Subtle Screening Inventory) https://www.sassionline.com/sassi_online_faq.pdf	☑	☑			☑	☑				☑		☑							☑		☑	$12.50-$6.50 each	screener, not a BPS, 10 minute administration
ASI-MV (Addiction Severity Index-Multimedia Version) https://www.hazelden.org/web/public/asimv_main.page	☑	☑		☑	☑	☑					☑	☑	☑								☑	$8.00 each	BHI-MV (Behavioral Health Index-Multimedia Version)/CHAT (Comprehensive Health Assessment for Teens)
SAGE-SR (Screening/Assessment/Guidance/Evaluationhttps://telesage.com/sage/	☑	☑				☑				☑	☑	☑	☑							☑	☑	$125/year per clinician + $5.00 each	This is a self-report tool/SUD LITE- more focus on mental health
LOCI-3 http://www.evinceassessment.com/					☑		☑	☑				☑									☑	$72.50/25 or $2.90 ea.	Not an assessment: "means of guiding assessment and summarizing findings from evaluation interviews, assessment instruments, personal history, and data from the clinical records."
NetSCID-5 (Structured Clinical Interview for Axis I diagnosis)	☑	☑				☑				☑	☑	☑								☑		user | discounts available	Although it's been around since 1996, they do not know ASAM. 60-90 minutes
MATE 2.1 for SUD, MH & Crime https://www.mateinfo.eu/ **MANUAL:** https://www.mateinfo.eu/mateinfo/pubs/MATE-en%202.1%20Manual%20and%20Protocol-D.pdf					☑	☑						☑	☑	☑		☑							60 minutes admin. DSM- IV, cannot find updated version
ASAM Continuum https://www.asamcontinuum.org/about/	☑	☑	☑			☑	☑	☑			☑	☑	☑	☑	☑	☑	☑		☑	☑		$34/user/mos. unlimited - Initial integration fee of $4000 ~ Waived if >25 users/instance	8 hour training + 2-day ASAM Criteria Training. Clinically based. MUST be integrated with an EHR or billing system. HIPPA and 42CFR compliant. 18 and up. 60-90 minutes. Ability to integrate auto generated Tx plan. Full ASI incorporated.
Co-Triage (ASAM Continuum brief screener) https://www.asamcontinuum.org/about/	☑	☑					☑			☑		☑	☑	☑		☑	☑			☑			20 questions; 10 minutes; integrated with Continuum

Goals

Required:

- DSM Diagnosis
- ASAM LOC output
- Standardized

Preferences:

- Single Statewide Assessment
- Validated for adolescents and adults
- Electronic
- Efficient Training Process

Comparison *

- **ASAM Continuum**
  - DSM: SUD only; MH symptom inventory included though clinician must add known or suspected diagnosis in free text area.
  - ASAM LOC decision
  - Validated for adults, possible use with adolescents (not validated)
  - Time: ~ 60-90 minutes
  - Electronic, cloud based, software requires API to EHR or billing system ($$ varies)
  - User Fee: $403/annually
  - Training: 2-day ASAM Criteria + 1-day Continuum
  - Clinical “feel”
- **GAIN I-Core**
  - DSM: MH + SUD (modifiable)
  - ASAM Criteria & Dimensions summary output, clinician determines LOC
  - Validated for adolescents ↑
  - Time: ~ 75-90 minutes
  - Electronic, cloud based, stand alone software (Plus $100/PIHP host/annually)
  - User Fee: $168 annually
  - Training: 8 hours web-based + ~ 3 assessments; coaching optional
  - Research “feel”

*Both tools are **standardized**, **cloud-based**, and a complete **biopsychosocial**; **Consumer strengths** are considered in LOC but not specifically noted, clinician must add manually; Tested and normed for **cultural competency**; Neither meet **accreditation** standards completely.

Recovery Housing & Outpatient Providers: TECC Form & QAPI Program Specific Tool Guidance

Sherrie Donnelly

MSHN Recovery Specialist

Quality Improvement

Sentinel Events
Consumer Satisfaction
Recovery Measures

Sandy Gettel
Quality Manager

Purpose

- To ensure a safe environment for the individuals we serve.
- To identify areas for system improvement
- To be in compliance with the Michigan Department of Health and Human Services Medicaid Managed Specialty Supports and Services Contract.

Who is responsible for reporting critical/sentinel events?

MSHN delegates responsibility to its Substance Use Disorder Providers,
with oversight and monitoring by MSHN, for collecting, analyzing, and reporting all critical(reviewable) incidents for those
who reside in a 24 hour specialized substance use residential setting.

What incidents should be reviewed?

All incidents should be reviewed to determine if the incident meets the criteria and definition for a sentinel event and if they are related to the practice of care.

The outcome of the review should result in a classification of

a) sentinel event or

b) non-sentinel event

The following events are considered critical and are required to be reviewed to determine if they are sentinel events.

- death of a recipient
- serious illness requiring admission to hospital
- accident resulting in injury to recipient requiring emergency room visit or hospital admission
- behavioral episode
- arrest and/or conviction
- medication error

Definition-Sentinel Event

Sentinel Event is an “unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase, ‘or the risk thereof,’ includes any process variation for which recurrence would carry a significant chance of a serious adverse outcome.” (JCAHO 1998)

- The Provider Network must report all sentinel events to the MSHN Quality Manager within required timeframes as specified by incident.(secure method)
- The Provider Network must review incidents to determine if it is a sentinel event within three (3) business days of the occurrence of the incident.
- MSHN will submit all sentinel events to MDHHS as required.

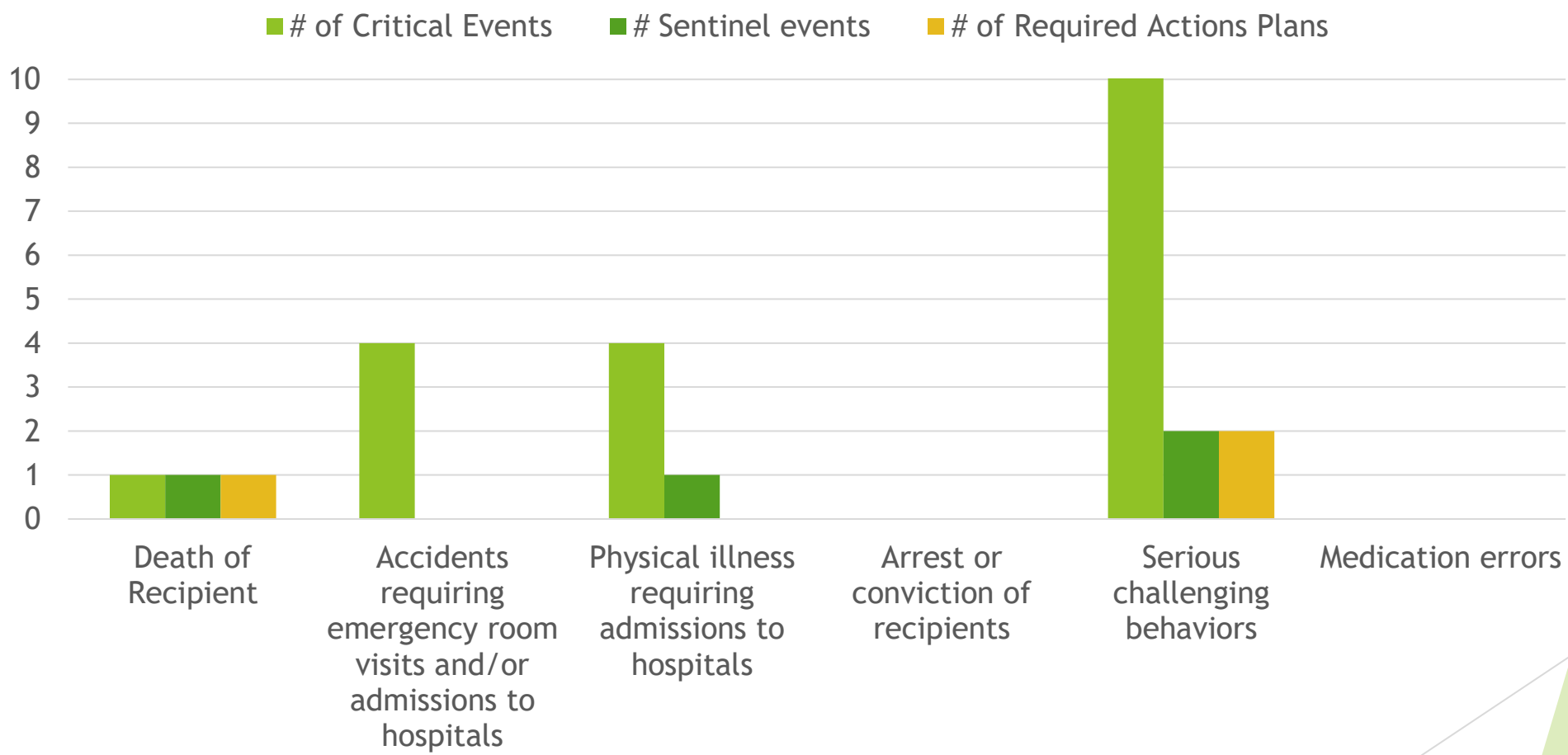
Definition- Root Cause Analysis

An "appropriate response" to a sentinel event *"includes a thorough and credible root cause analysis, implementation of improvements to reduce risk and monitoring of the effectiveness of those improvements(JCAHO)."*Or investigation (per CMS and MDHHS contractual requirement)

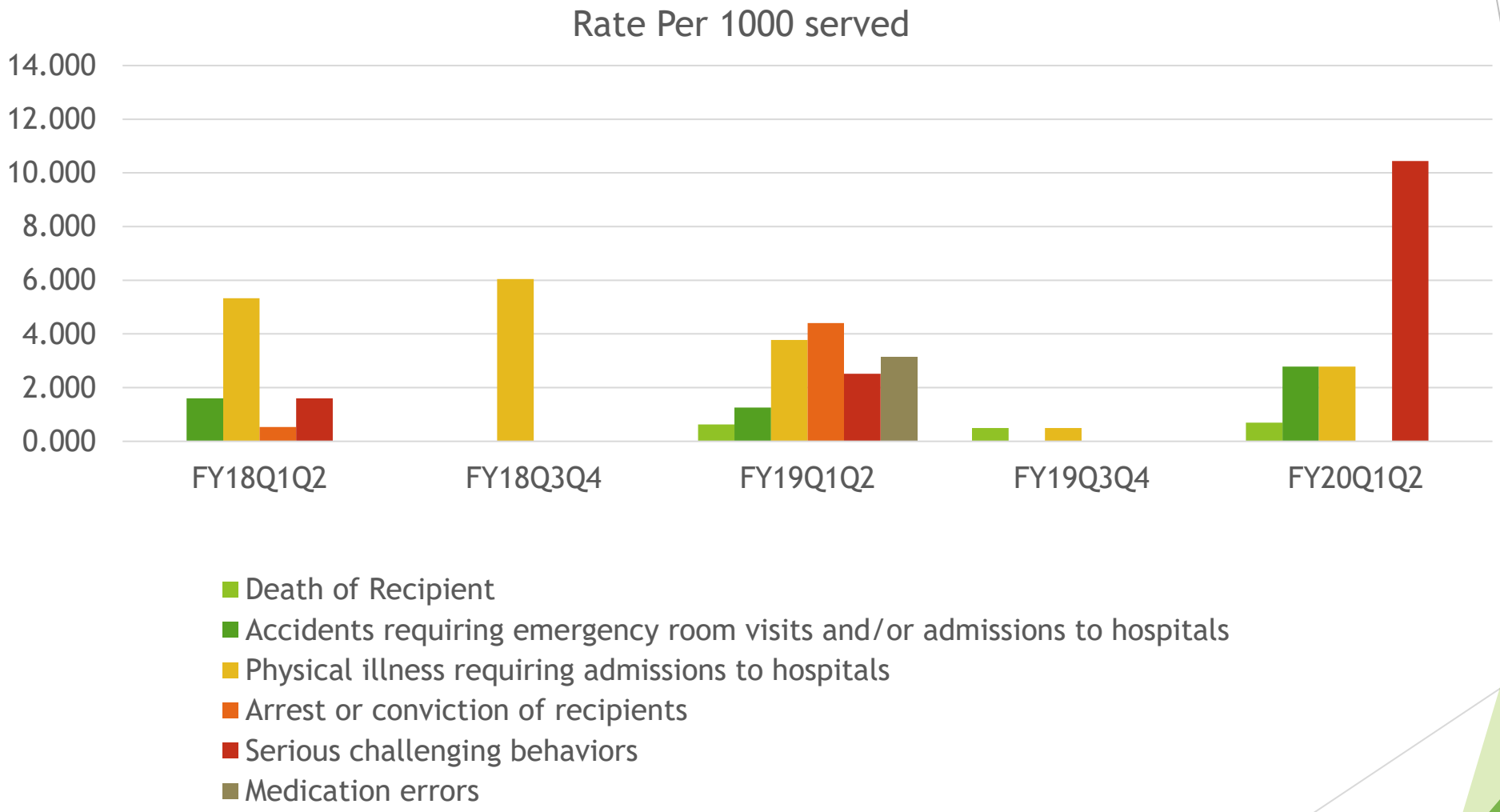
Root Cause Analysis is "*a process for identifying the basic or causal factors that underlie variation in performance, including the occurrence or possible occurrence of a sentinel event. A root cause analysis focuses primarily on systems and processes, not individual performance."* (JCAHO)

- The Provider Network must commence a root cause analysis within two (2) subsequent business days of the identification of a sentinel event.
- Persons involved in the review of sentinel events must have the appropriate credentials to review the scope of care.

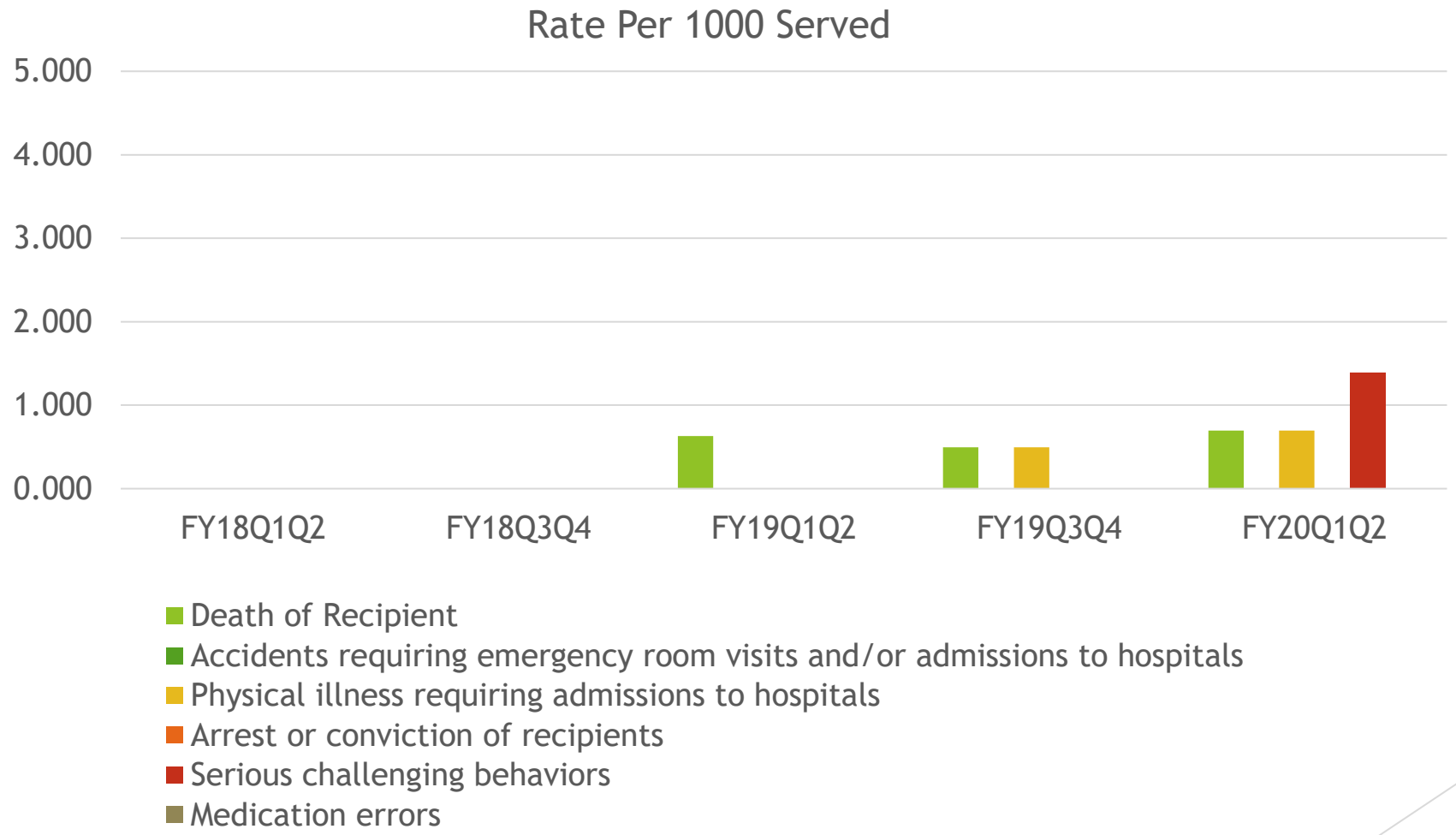
SUD Critical Events FY20Q1Q2



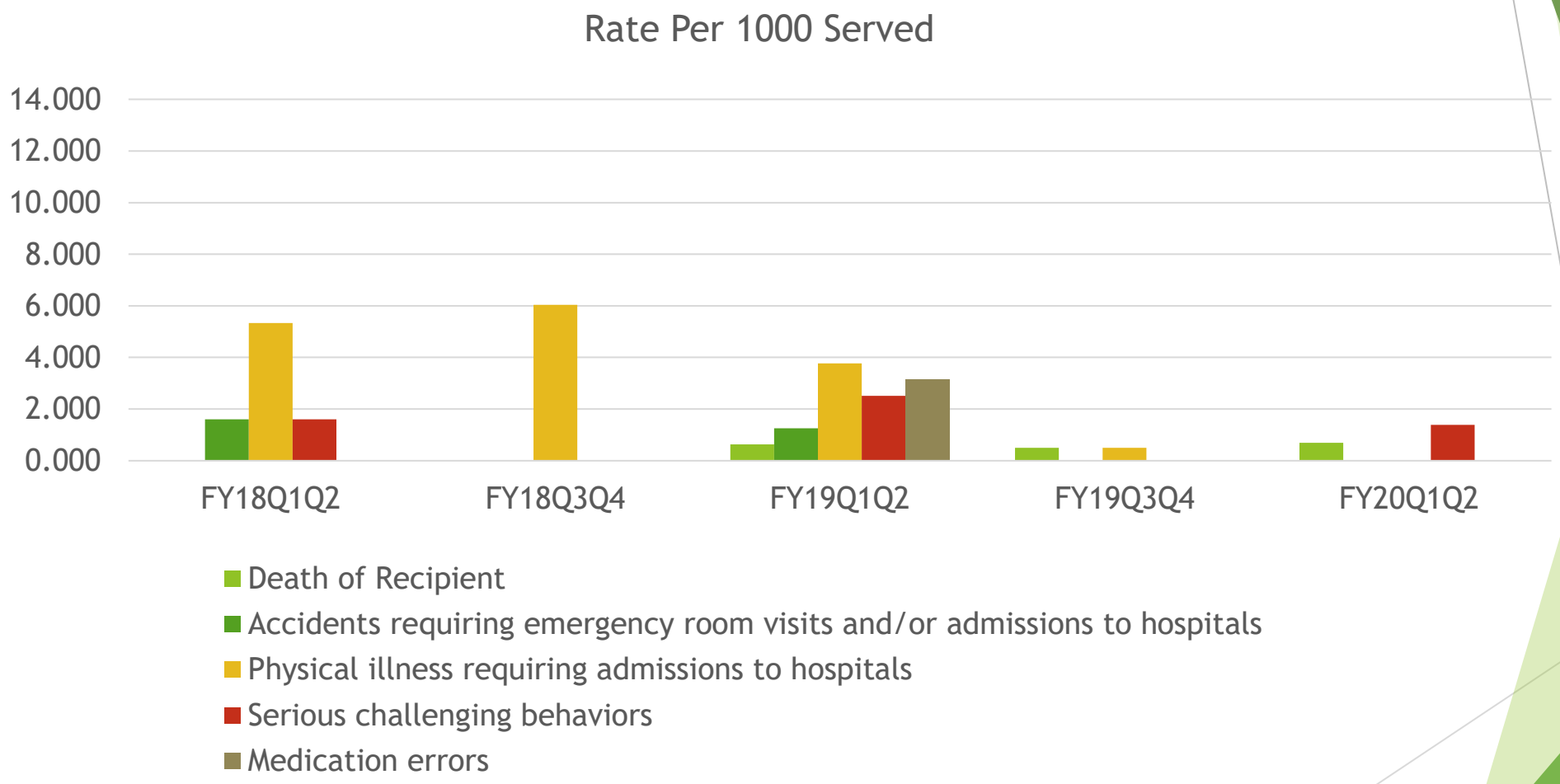
Incidents Reviewed



Sentinel Events



Plan of Action



Causal Factors/Interventions

Conclusion

Increase in incidents reviewed

- Accidents requiring emergency medical treatment
- Serious Challenging Behaviors

Next Steps

Increase data completeness and accuracy

Provide training on definitions and root cause analysis process

Review incidents during the delegated review process.

Data reported and analyzed quarterly identifying trends and areas of improvement

Consumer Satisfaction Survey FY20

- Materials and Preparation- Located in your provider folder

  Reports/Consumer Satisfaction/Instructions

- Distribution-July1-July31

  Options include the following:

  - Mail Surveys
  - Phone Surveys (completed by someone other than the primary treatment provider)
  - Electronic
  - Hand Delivered

- Data Entry Instructions
  - Individual consumer responses in excel workbook

Consumer Satisfaction Survey FY20 Continued.

- Submission-

  Due Date is August 28th

  - Submit FY2020 SUD Consumer Satisfaction Survey Reporting Template to the following location in Box: Reports/2020/Consumer Satisfaction Survey

- Data Analysis-Completed by September 17th.
  - MSHN to identify any regional trends including areas that the region is performing well and any growth areas that may benefit from improvement efforts.

- Interventions-
  - Feedback received from the SUD Provider Meeting, Provider Advisory Council, and internal MSHN Staff.
  - Interventions identified and implementation plan developed for regional improvement.

Recovery Assessment Scale (RAS) vs. Recovery Self Assessment (RSA-R) FY21 Persons in Recovery

	RAS	RSA
Tool	24 Questions	36 Questions
Distribution Method	Interactive-informs the treatment planning process. Face to Face/Electronic/Paper upon request	Administered as a questionnaire or survey Electronic/Paper upon request
Frequency	Admission and Annual or upon Discharge (whatever occurs first)	Admission and Discharge
Domains	Personal Confidence and Hope (9 questions) Willingness to Ask for Help (3 questions) Goals and Success Orientation (5 questions) Reliance on Others (4 questions) Not Dominated by Symptoms (3 questions)	Life Goals (11 questions) Involvement (7 questions) Diversity of Treatment Options (7 questions) Choice (5 questions) Individually Tailored Services (4 questions)
Scoring	Likert scale 1-5	Likert Scale 1-5
Observations	Shorter Recommended by the Regional Consumer Advisory Council in coordination with the Satisfaction Survey. Language indicates personal opinion about one's own abilities. etc. I have my own plan for how to stay or become well.	Additional questions provide more information related to staff performance. Many questions include language related to staff. For example, Staff encourage me to have hope and high expectations for myself and my recovery.

Recovery Assessment Scale (RAS) Domains

- Personal Confidence and Hope
- Willingness to Ask for Help
- Goal and Success Orientation
- Reliance on Others
- Not Dominated by Symptoms

Personal Confidence and Hope
Questions 7,8,9,10,11,12,13,14,21

- 6 Even when I don't care about myself, other people do.
- 7 Fear doesn't stop me from living the way I want
- 8 I can handle what happens in my life.
- 9 I like myself.
- 10 If people really knew me, they would like me.
- 11 I have an idea of who I want to become
- 12 Something good will eventually happen.
- 13 I'm hopeful about my future.
- 14 I continue to have new interest in my life
- 21 I can handle stress

Goal and Success Orientation
Questions 1,2,3,4,5

- 1 I have a desire to succeed.
- 2 I have my own plan for how to stay or become well.
- 3 I have goals in life that I want to reach.
- 4 I believe I can meet my current personal goals.
- 5 I have a purpose in Life.

Willingness to ask for help
Questions 18,19,20

- 18 I know when to ask for help.
- 19 I am willing to ask for help.
- 20 I ask for help, when I need it.

Reliance on others

Questions 6,22,23,24

- 6 Even when I don't care about myself, other people do.
- 22 I have people I can count on.
- 23 Even when I don't believe in myself, other people do.
- 24 It is important to have a variety of friends.

Not Dominated by Symptoms

Questions 15, 16, 17

- 15 Coping with my mental illness is no longer the main focus of my life.
- 16 My symptoms interfere less and less with my life.
- 17 My symptoms seem to be a problem for shorter periods of time each time they occur.

Next Steps

- Determine tool to use for measuring recovery
- Develop process for data collection
- Develop Implementation Plan

Thank You!

Questions???

MSHN Contact Information

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