

Board Newsletter – October 2019

From the CEO's Desk

Joseph Sedlock
Chief Executive Officer

There are a number of federal bills that affect behavioral healthcare, and the individuals in our country that are living with behavioral health conditions, under consideration by Congress. Your advocacy as Mid-State Health Network Board Members and stakeholders makes a difference! Here are several of the most important bills under consideration. Following that list are links to contact your elected representatives in Congress.

- **Mental Health Professionals Workforce Shortage Loan Repayment Act** (HR 2431,); Reps. John Katko (D-NY) Grace Napolitano (D-CA); S 2500, Sen. Kamala Harris (D-CA). The bill would amend the PHS Act to authorize loan repayments for mental health professionals to relieve workforce shortages, and for other purposes.
- **Certified Community Behavioral Health Centers (CCBHCs)**; expansion grants were funded through November 21, 2019, under the continuing resolution recently signed by the President. The program needs to keep getting funded through the entirety of FY 2020, as do all current behavioral health programs, including not only services, but also workforce growth, Medicaid/Medicare, justice/behavioral health interface, insurance/parity and legal issues.
- **The Medicaid Re-entry Act** (HR 1329; Reps. Paul Tonko (D-NY), Michael Turner (R-OH)). The measure allows states to begin or restart benefits for Medicaid-eligible individuals for addiction treatment up to 30 days *before* release from jail or prison. The provisions apply equally to individuals with mental disorders and intellectual/developmental disabilities.
- **Mental Health Services for Students Act** (HR 1109; Rep. Grace Napolitano (D-CA); S 1122, Sen Tina Smith (D-MN)). The bill would add funds and expand the scope of the Project AWARE State Educational Agency Grant Program to provide access to more comprehensive school-based mental health services and supports, including universal evidence-based screening of children for potential emotional disorders, comprehensive staff development, for comprehensive training for families/caregivers to improve health and academic outcomes for children with, or at risk for, mental disorders.
- **Overdose Prevention and Patient Safety Act (House); Protecting Jessica Grubb's Legacy Act (Senate) SUBSTANCE USE TREATMENT RECORD PRIVACY.** (HR 2062; Reps. Earl Blumenauer (D-OR), Markwayne Mullin (R-OK); S 1012 Sens. Joe Manchin (D-WV), Shelley Moore Capito (R-WV). The bipartisan bill would modify the federal statute requiring explicit patient consent before sharing substance use treatment records to align with Part 2 patient privacy protections permitting the medical community to use substance use disorder treatment records in the same manner as all other medical records. The legislation incorporates language to safeguard against unauthorized invasion of patient privacy and discriminatory activity.
- **Mainstreaming Addiction Treatment Act;** (HR 2482; Rep. Paul Tonko (D-NY); S 2074, Sen. Margaret Hassan (D-NH)). The bill would increase access to buprenorphine treatment within our communities by eliminating separate registration requirement for dispensing narcotic drugs in schedule III, IV, or V (such as buprenorphine) for maintenance or detoxification treatment.

To find your member of Congress and express your views about these legislative initiatives, please visit:

[United States House of Representatives](#)

[United States Senate](#)

If you would like more information, please contact Joe at Joseph.Sedlock@midstatehealthnetwork.org.

Organizational Updates

Amanda Horgan, MBA
Deputy Director

Staffing Updates:

Welcome to MSHN's New Team Member

MSHN is pleased to announce that Alexes Booth will fill the vacant Waiver Assistant position. Alexes comes to us from Big Brother Big Sisters of America and begins her employment with MSHN on October 21, 2019.

As depicted below, MSHN exceeds national and state averages on 11 of the 12 measures.

Please join us in welcoming Alexes to the MSHN Team!

Posted Positions

MSHN is still looking for qualified candidates to fill the **Technology Project Manager** position.

More recently, positions for a **Waiver Coordinator** and **Waiver Assistant** have been posted as a result of new requirements of the Serious and Emotional Disturbance Waiver (SEDW) and Children's Waiver Program (CWP), effective October 1, 2019.

MSHN Job Postings available Online:
<https://midstatehealthnetwork.org/stakeholders-resources/about-us/Careers>

Interested candidates may apply via email to:
Amanda.Horgan@midstatehealthnetwork.org

MSHN Continues to Exceed State and National Averages on its Priority Measures Portfolio

In 2016, MSHN selected a portfolio approach to performance measurement to ensure a well-balanced set of measures that aligned with the region's strategic aims.

All twelve (12) measures have been reviewed through MSHN's regional councils and committees, along with initiatives to improve performance.



MSHN Priority Measures Portfolio (July 2019)

The Cardiovascular Screening metric was selected as MSHN's Michigan Department of Health & Human Services (MDHHS) mandated Performance Improvement Project as another way to improve our region's performance with improved coordination of care.

For the full report, contact Amanda at Amanda.Horgan@midstatehealthnetwork.org

Information Technology

Forest Goodrich

Chief Information Officer

Mid-State Health Network has been processing and providing the Admission Discharge and Transfer (ADT) data feeds to the CMHSPs for several years. This information is useful for immediately knowing when a person has an emergency room visit or hospital stay.

We process and distribute approximately 950 ADT messages per day throughout the region. We actively manage about 55,000 consumers using this process with Michigan Health Information Network (MiHIN).

We are currently working to get the ADT information into our managed care information system (REMI) so that it is readily available to substance use disorder providers when treating individuals. Michigan Department of Health and Human Services (MDHHS) has also committed to having a technology workgroup that MSHN, CEI, CMHCM and Lifeways are participating in that will help develop the technical specifications for exchanging ADTs from CMHSPs to MiHIN and other health exchanges. This process has been identified in the MDHHS contract as needing to be operationalized within the next fiscal year.

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 2019 projections indicate the Region will maintain a fully funded Internal Service Fund (ISF). 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.

During September's Board of Directors meeting, MSHN's FY 2019 amended budget and FY 2020 original budget were approved. The Board approved the budget based on FY 19 rates with small adjustments for Serious Emotional Disturbance (SED) waiver and Children's Waiver programs. Both waivers were previously reimbursed by Medicaid directly to Community Mental Health Service Programs (CMHSP) and will now be included in MSHN's capitation payments and be available Statewide.

MSHN's anticipated financial position for FY 20 is presently projected to be sufficient to cover budgeted expenses. Finance staff will continue monitoring actual revenue received as part of standard operations and may present an amendment to the Board mid-Fiscal Year.

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.

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

Behavioral Health

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

Mid-State Health Network Adds New Oversight Responsibilities

The Michigan Department of Health and Human Services (MDHHS) submitted an 1115 Behavioral Health Demonstration Waiver and a state plan amendment to the Centers for Medicare & Medicaid Services (CMS) for approval to establish a 1915(i) HCBS benefit as well as consolidate management of the 1915(c) waivers. The waivers covered under the 1915(c) ("C-waiver") include the Habilitation Supports Waiver (HSW), the Children's Waiver Program (CWP), and the Children with Serious Emotional Disturbance Waiver (SEDW). The 1915(i) is a State Plan Amendment ("iSPA"), that replaces the 1915(b)(3) waiver. The HSW eligibility review process has been under Mid-State Health Network (MSHN) since 2014 but now expands to include ongoing monthly eligibility and recertification reviews as will the CWP, SEDW, and the iSPA.

The 1115 Behavioral Health Demonstration Waiver seeks broader flexibility to better align the specialty services structure and to consolidate multiple programs, streamline payment systems, and allow the expansion of certain services and program objectives for very vulnerable populations. Since 1998, Michigan's multiple C-waivers have not fully been a part of the traditional managed care payment structure. Also, the C-waivers have included enrollment caps and eligibility requirements based on institutional levels of care. The 1115 waiver's objective is to advance the use of needs-based eligibility criteria and to finance these programs under a single managed care arrangement.

On September 27, 2019, CMS approved for October 1, 2019 implementation, the MDHHS 1115 Behavioral Health Demonstration Waiver. This places MSHN into a position of reviewing monthly eligibility for individuals on the HSW, CWP, SEDW, and the iSPA. The Autism Benefit eligibility review is also included as a process for which MSHN is responsible but is implemented under the MDHHS Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) State Plan benefit. Collectively, the number of persons covered by these benefits total approximately 18,100.

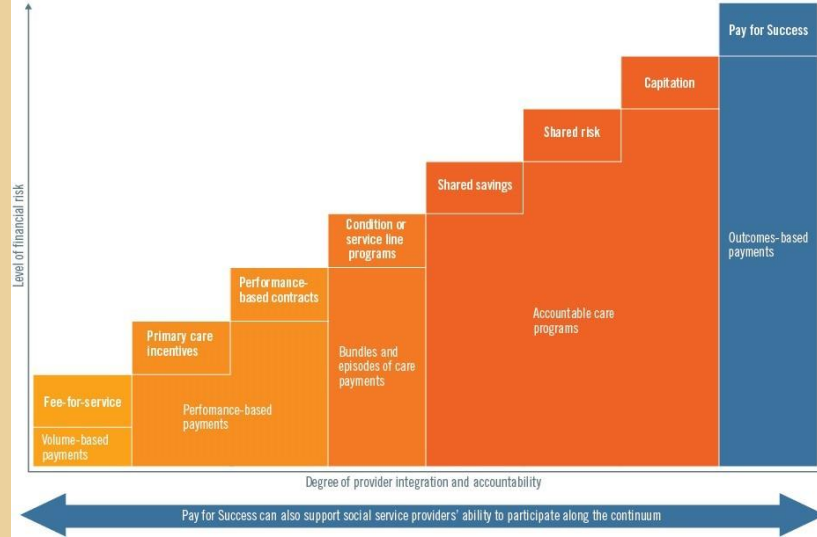
For further information, please contact Todd at Todd.Lewicki@midstatehealthnetwork.org.

Utilization Management & Integrated Care

Skye Pletcher Negrón, LPC, CAADC
Director of Utilization and Care Management

Value-Based Payments in Behavioral Health

As healthcare payers and providers seek to achieve the quadruple aim-better care, better value, better health, and better provider systems-there is an increased understanding that payment reform in the healthcare system is crucial in order to move the needle toward higher quality health outcomes. In a traditional fee-for-service healthcare payment model providers earn more revenue based on seeing more patients (volume-based). In value-based payment (VBP) arrangements providers have the opportunity to earn incentives by providing high-quality care. The following infographic depicts a variety of payment models along a continuum of financial risk and provider accountability:



Infographic Credit: Center for Health Care Strategies, Inc (SOURCE)

The Community Mental Health Association of Michigan (CMHAM) partnered with the National Council for Behavioral Health to offer a year-long Michigan-specific Practice Transformation Academy for the purpose of training Michigan behavioral health payer and provider organizations to develop the competencies needed to deliver value-based care and prepare for alternative payment arrangements. Prepaid Inpatient Health Plans (PIHP) and Community Mental Health Service Providers (CMHSPs) had the opportunity to apply to the academy as a single-organization team or to partner with a provider organization and participate as a payer-provider team. Over the course of the academy, which runs from June 2019- July 2020, teams will receive training and coaching from national and state experts in the areas of health care financing and contracting, quality improvement, and VBP methodologies. Each team will design a unique VBP pilot project for implementation with a specific population incorporating measurable quality outcomes. The skills and expertise gained through participation in the academy will support MSHN and its CMHSP partners in addressing regional objectives of developing methodologies to incentivize providers in order to improve health and quality outcomes (FY19-20 MSHN Strategic Plan). Congratulations to the following organizations from the MSHN region which were selected for participation in this academy:

- LifeWays CMH with Provider Partner Segue, Inc.
- Saginaw County Community Mental Health Authority
- Shiawassee Health & Wellness
- MSHN with SUD Provider Partner Ten16 Recovery Network

Additionally, MSHN has been engaged in a VBP pilot project with 2 Substance Use Disorder Service Providers (SUDSPs) since FY17 aimed at increasing care coordination for individuals with high-risk SUD, behavioral health, and physical health needs. The pilot was designed to follow four phases of implementation with financial incentives for provider participation at each phase, from planning, infrastructure development and information gathering, to full implementation of the clinical model:



The pilot project moved into the third phase (pay for performing) at the end of FY19 with the implementation of specific performance metrics. MSHN will monitor performance on the identified metrics during FY20 in order to develop incentive payment methodology related to performance. Providers will have the opportunity to earn performance incentive payments in phases 3 and 4 of the pilot (pay for performing and pay for success).

1. Access to Primary Care: 80% or more of individuals receiving services at the identified SUD provider agencies will have seen a PCP within the last 12 months;
2. Reduction in ER Utilization: ED use will decrease by at least 15% for consumers involved in treatment at the identified SUD provider agencies;
3. Trauma-Informed Care: 90% of individuals who screen positive for trauma at assessment will have a trauma-related goal on their treatment plan or documentation that the client was offered and deferred.

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

Treatment and Prevention

Dr. Dani Meier, PhD, LMSW
Chief Clinical Officer

Gender-Responsive, Trauma-Focused Training Brought to Region 5

Broad public awareness of trauma arose primarily during the 20th century in relation to men returning from wars in Europe and Asia. Nomenclature like "shell shock" and "battle fatigue" were followed by the term

Post-Traumatic Stress Disorder (PTSD) after the Vietnam War. That diagnosis was formally recognized by the APA in the Diagnostic and Statistical Manual (DSM-III) in 1980. The wars in Iraq and Afghanistan saw a significant rise in PTSD diagnoses, which contributed to the suicide rate for 18 to 34-year-old veterans rising by almost 80% from 2005 to 2016. It wasn't till 2013, moreover, that women were allowed to serve in combat positions, so discussions of PTSD were still largely focused on men.

It's not a surprise therefore that our field was late in acknowledging--much less understanding and addressing--women's trauma and how that trauma intersects with addiction, recovery and mental health. It took pioneers to forge that path, and thanks to a State-Targeted Response (STR) grant from MDHHS and SAMHSA, MSHN was able to bring one of those pioneers to Lansing to train 200 professionals from across our region's SUD and CMH networks.

Dr. Stephanie Covington is an internationally renowned speaker and trainer. Last month, she presented in Lansing on gender-responsive and trauma-informed programming. She traced how developers of trauma-based treatment attempted to make their programs more "relevant" to women (starting in the 1980s) by simply changing the pronouns in existing curricula from "he" to "she." This was common despite an awareness of gender differences permeating even popular culture with books like *"Men are from Mars, Women are from Venus."*

The training alerted attendees to the high correlation between mental health, addiction and histories of trauma. Women report a higher number of adverse childhood experiences (ACEs) and girls and women report trauma and abuse that's usually perpetrated by someone they trust, a family member or an intimate partner. Women have been disproportionately impacted by the opioid epidemic, for example, because women are more likely to utilize the health care system than men and thus have historically been prescribed medications at a higher rate than men. Women represent a 400% increase in opioid-related deaths compared to a 237% increase for men.

The good news is that gender-responsive training is tailoring treatment to the unique needs of women and men struggling with addictions. And thanks to trainings like this one, our CMH and SUD provider networks continue to evolve in becoming more gender-responsive and more trauma-competent in working with our region's most vulnerable citizens.

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

Provider Network

Carolyn T. Watters, MA

Director of Provider Network Management Systems

Supporting Better Provider Systems

As part of the MSHN Strategic Plan, MSHN created forums for the Provider Network to discuss workforce concerns including but not limited to wellness/self-care, trauma (including secondary trauma and compassion fatigue), workforce safety, attraction and retention of a well-qualified workforce.

The Occumetrics survey was administered to the Substance Use Disorder (SUD) and Community Mental Health Service Participant (CMHSP) Provider Network in June of 2019 (note: two CMHSP's opted out). The survey assessed workplace wellbeing as it relates to 10 dimensions: Job Role, Interpersonal Relationships, Colleague Support, Supervisor Support, Control/Autonomy, Distributive Justice, Work Engagement, Work Demands, Organizational Change, and Emotional Exhaustion. A total of 283 SUD provider employees and 1626 CMHSP employees (including subcontract providers) completed the survey, in part or whole. Subsequently, in July, Mental Health America of Franklin County conducted several focus group forums around the region to delve into the survey results. A total of 37 SUD provider employees and 84 CMHSP employees (including subcontract providers) participated in the focus groups.

Next Steps: MSHN will evaluate the results and feedback received through the various forums and develop regional priorities as part of strategic action planning relative to *Better Provider Systems*.

The results are outlined in two reports: *SUD Providers* and *CMH Providers* which will be provided in the November board packet or may be accessed on the MSHN website by following: Provider Network -- Provider Information -- Satisfaction Surveys

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

Quality & Compliance Update

Kim Zimmerman

Director of Quality, Compliance and Customer Service

Celebrate National Corporate Compliance and Ethics Week, November 3-9, 2019

MSHN has developed a compliance program that demonstrates a commitment to consumers, employees, contractual providers, and the community to ensure that business is conducted with integrity, in compliance with the requirements of applicable laws, regulations, contractual obligations, and sound business practices, and with the highest standards of excellence.

MSHN's compliance model includes processes for prevention, detection, investigation and remediation of issues regarding non-compliance.

Having a comprehensive compliance program inclusive of program integrity activities including internal auditing is one of the best defenses to guard against fraud, waste and abuse.

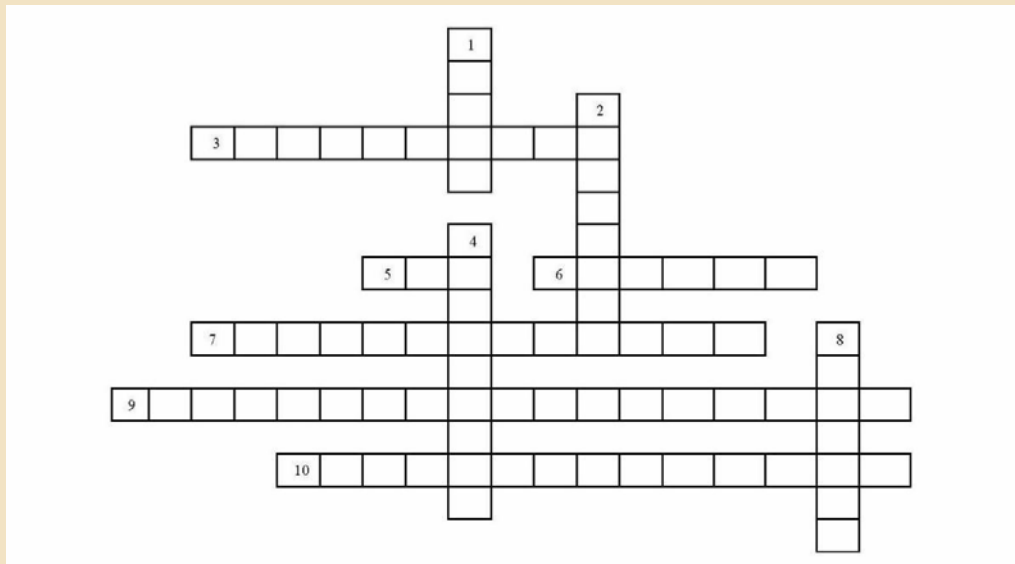
In Fiscal Year 2018, the Michigan Office of Inspector General (OIG) reported that for every dollar spent on fraud prevention, it resulted in \$38 of cost avoidance and savings for taxpayers and for every hour spent on an investigation, \$316 of receivables and disqualifications were established.

Also, in FY2018, the OIG Integrity Division performed program integrity oversight of Michigan Medicaid's 11 Managed Care Organizations (MCO). These MCOs performed a total of 8,944 provider audits and/or reviews, resulting in a total reduction of MCO encounter payments of \$42.1 million. The OIG has also announced, during a joint meeting of the Pre-Paid Inpatient Health Plan (PIHP) compliance officers and OIG representatives, that the OIG will begin review of the PIHP's compliance policies and procedures during Fiscal Year 2020 and will be completing on-site audits within the next three years.

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

In honor of Compliance Week, here is a cross word puzzle designed to test your knowledge of compliance.

MSHN CORPORATE COMPLIANCE CROSS WORD PUZZLE



ACROSS

3. Conforming to a rule i.e. policy, standard or law
5. Any information about an individual kept by an organization, including data that can be used to trace the person's identity
6. Moral principles and values that guide a person
7. Guideline of ethical practices that MSHN expects of its employees
9. Situation in which a person is in a position to derive personal benefit from decisions made in their official capacity
10. The policy that protects an employee who makes a "good faith" report of misconduct

DOWN

1. Law/Regulations to protect the privacy of health information
2. Misconduct must be immediately.....
4. All potential conflicts of interest need to be....
8. Unacceptable or improper behavior by an employee

WORD BANK:

*Compliance | Ethics | Non-Retaliation | Misconduct | HIPAA | Code of Conduct
Disclosed | PHI | Reported | Conflict of Interest*

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.

