



# Provider Network Adequacy Assessment 2017

# Provider Network Adequacy Requirements

- ▶ In establishing and maintaining the network, the PIHP considers: anticipated Medicaid enrollment, expected utilization, numbers and types of providers required, number of network providers who are not accepting new beneficiaries, geographic location of providers and beneficiaries, distance, travel time, and transportation availability, including physical access for beneficiaries with disabilities (438.206(b)(1)(i-v)).
- ▶ PIHPs must assure the full array of specialty services and supports is available and that it maintains adequate provider network capacity to serve the region's Medicaid beneficiaries (42 CFR 438.207).
- ▶ New Managed Care Rule stipulates that the state must establish, network adequacy standards including time and distance standards for behavioral health providers (mental health, SUD, LTSS) (42 CFR 438.68) – *effective FY19*.

# MSHN Network Adequacy Assessment

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

# 2016 Recommendations & 2017 Results

## Recommendations

- ▶ Continue to support provider network capacity to **offer key evidence based programs**, such as recovery and trauma informed programming, including ROSC.
- ▶ **Determine next steps relative to inpatient admission refusals and additional regional crisis response/ inpatient alternative capacity options**, particularly for individuals with intellectual and developmental disabilities (such as Autism) exhibiting behavioral challenges.
- ▶ Continue to **monitor and expand regional autism service capacity** and utilization to ensure sufficient network capacity to meet consumer demand, particularly for the expansion of eligible consumers from age 6 to age 21.
- ▶ Continue to **assess and address the integration** of mental health, substance use disorder and physical health care.

## Results

- ▶ Regional Recovery-Oriented System of Care plan developed; focuses on holistic and integrated services beyond symptom reduction, that is person-driven, trauma informed and culturally responsive, ensures continuity of care, and incorporates evidence and strength based practices.
- ▶ Advocacy efforts led to state-wide review of inpatient admission barriers including state-wide denial data collection, state-wide stakeholder workgroups to address inpatient issues, and approval to develop a Public Bed Registry.
- ▶ Many CMHSPs expanded autism services to address expansion and meet consumer needs. Through monitoring activities, ensure compliance with service provider credentialing standards.
- ▶ Several examples of integration demonstrated through monitoring including onsite wellness programs, community based exercise opportunities, and clinical interventions including trauma-based yoga. Increased funding for Project Assert. Eleven CMHSPs hold SUD licensure.

# 2016 Recommendations & 2017 Results

## Recommendations

- ▶ Once the system changes expected as a consequence of the HCBS Final Rule are more understood, **develop a plan of action to alter provider capacity for residential, employment and other community living related services**, as necessary at a population (versus individual) level.
- ▶ Continue to **address reciprocity between CMHSP Participants** relative to requirements applied to sub-contracted service providers.
- ▶ Continue to **address network capacity for detox services and medication assisted treatment**, including availability of Methadone, Vivitrol, and Suboxone at all MAT locations; Continue to address CMHSPs becoming Narcan kit distribution sites.

## Results

- ▶ Evaluating provider network compliance; letters of non-compliance and corrective action plans sent; identifying providers under heightened-scrutiny; provisional provider application process under development.
- ▶ Standardized Inpatient and Fiscal Intermediary Contract; establishing regional monitoring activities.
- ▶ Four existing providers added Suboxone assisted treatment in Newaygo, Gladwin, Midland, Ionia, and Isabella counties; two existing providers added Vivitrol assisted treatment in Ingham and Hillsdale counties. All CMHSPs are Narcan distribution sites. MSHN sponsored Narcan administration training.

# 2016 Recommendations & 2017 Results

## Recommendations

- ▶ Evaluate the status of compliance with the enhanced requirements for **trauma informed and sensitive treatment**, including any changes that may be needed in provider network specializations.
- ▶ Address delays in completion of **Support Intensity Scale (SIS) assessments** for individuals with developmental disabilities.
- ▶ Continue to monitor the demand for and adequacy of its **capacity to serve veterans**.

## Results

- ▶ Addition of trauma-informed care monitoring resulting in 98.6% compliance; trauma informed care trainings offered throughout the region. SUD providers completing TIC agency self-assessment.
- ▶ Additional assessor authorized to conduct surveys; anticipate adding 2-3 more assessors to ensure regional compliance.
- ▶ Added a Veteran Navigator, a grant-funded position that is charged by MDHHS with identifying resources for Veteran and Military Families; assists CMHSP's with making appropriate referrals, coordinating care, and providing follow up.

# 2017 Assessment Recommendations

- ▶ Continue to seek guidance from MDHHS regarding provider **qualifications for Medicaid Expansion program (HMP) services** for beneficiaries with SUD who need services which are not provided by SUD licensed programs.
- ▶ Continue to support provider network capacity to offer **key evidence based programs**, such as recovery and trauma informed programming, including ROSC.
- ▶ Determine next steps relative to **inpatient admission refusals and additional regional crisis response/ inpatient alternative capacity** options, particularly for individuals with intellectual and developmental disabilities (such as Autism) exhibiting behavioral challenges.
- ▶ Continue to monitor and **expand regional autism service capacity and utilization** to ensure sufficient network capacity to meet consumer demand.
- ▶ Continue to assess and address the **integration of mental health, substance use disorder and physical health care**.
- ▶ Once the system changes expected as a consequence of the **HCBS Final Rule** are more understood, develop a regional plan of action if necessary to alter provider capacity for residential, employment and other community living related services, at the network level.

# 2017 Assessment Recommendations

- ▶ Continue to **address reciprocity between CMHSP Participants** relative to requirements applied to sub-contracted service providers.
- ▶ Continue to **address network capacity for detox services and medication assisted treatment**, including availability of Methadone, Vivitrol, and Suboxone at all MAT locations; Continue to support CMHSPs and SUD providers as Narcan kit distribution sites.
- ▶ Continue to discuss opportunities if any for **regional action to address CMHSP identified issues with services for children**.
- ▶ Continue to monitor the demand for and adequacy of its **capacity to serve veterans**.
- ▶ Continue to monitor legislative change and financial resources for the **implementation of PA 200** for those with substance use disorders.
- ▶ Evaluation the status of compliance with the enhanced requirements for **trauma informed and sensitive treatment**, including any changes that may be needed in provider network specializations.
- ▶ Continue to **monitor capacity to complete Support Intensity Scale (SIS) assessments** for individuals with developmental disabilities.



# Next Steps

- ▶ Identify strategic priorities and incorporate in the strategic planning process.
- ▶ Develop an action plan with referral to MSHN councils/committees for action as appropriate.
- ▶ Recommended Motion:  

The MSHN Board receives and files the 2017 Network Adequacy Assessment, acknowledges receipt of said assessment and supports the recommendations contained therein.