



Compliance Summary Report

October 2017 - September 2018

Prepared By: MSHN Compliance Officer – January 2019

Approved By: MSHN Compliance Committee – January 23, 2019
MSHN Board – March 05, 2019

Reviewed By: Regional Compliance Committee – January 25, 2019
Operations Council – February 11, 2019

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Monitoring and Auditing

Mid-State Health Network Internal Audits

The 2018 (calendar year) Mid-State Health Network monitoring and oversight review of the Community Mental Health Service Provider's (CMHSP) and the Substance Use Disorder Service Providers (SUDSP) included a review of the Delegated Managed Care (DMC) Functions as well as the Program Specific Requirements to ensure compliance with federal and state requirements. Additionally, MSHN implemented regional monitoring for Fiscal Intermediaries and Inpatient providers.

CMHSP Delegated Managed Care Reviews

CMHSP Interim Year Reviews - New Standards

The delegated managed care functions review includes twenty-five (25) new standards in the areas of Customer Service (1 standard), Grievance and Appeals (4 standards), Person-Centered Planning (14 standards), and Home and Community Based Services Implementation (6 standards). The interim review consisted of a desk review of the CMHSP Participant to review implementation of the approved 2017 Corrective Action Plan (as applicable), an Autism chart review (as applicable), New Standards for 2018, and Home and Community Based Services Site Reviews. The HCBS site reviews did not have a score value. Standards were reviewed as compliant or non-compliant.

The program specific review includes ten (10) standards specific to Autism. Autism chart reviews were conducted for CMHSPs that had findings related to Autism in 2017. This included 9 of the 12 MSHN CMHSPs. This focus of this section is to ensure compliance with the Michigan Department of Health & Human Services (MDHHS) Autism Requirements.

Compliance percent is calculated as the number of standards correct over total number of standards reviewed (based on the number of participating CMHSPs).

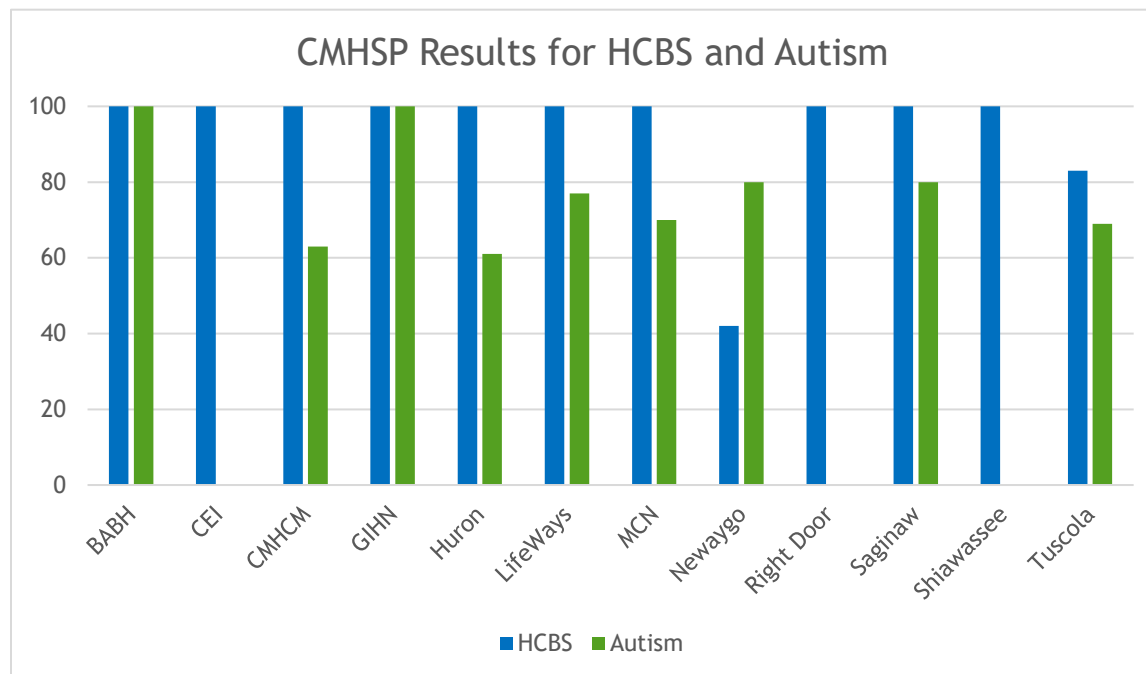
Status:

- 12 of 12 CMHSP Interim site visits completed by MSHN staff
- 10 of 12 Corrective Action Plan's received from the CMHSP's
- 10 of 12 Corrective Action Plan's reviewed and approved by MSHN staff

NOTE: 2 CMHSPs have not submitted their corrective action plans as they were not due at the time this report was completed.

Results:

New Standards	2018 Results
Information and Customer Service	100%
Grievance and Appeals	100%
Person Centered Planning (PCP)	100%
Home and Community Based Services Implementation (HCBS)	95%
Autism Benefit/ABA	80%



Note: All CMHSPs scored 100% compliance in the areas of Information/CS, Grievance/Appeals and PCP
 Note: CEI, Right Door and Shiawassee did not have a review completed for FY18 as they had no findings around Autism during the FY17 review

CMHSP Noteworthy Strengths

- BABHA has proven to be a leader in the region with regards to the HCBS rule. It is apparent that planning efforts began long before the HCBS Federal Rule requirements and are ongoing. PCPs are meaningful and fully incorporate the spirit of HCBS.
- SCCMHA is providing ongoing efforts to keep their provider network well informed of all HCBS information. Additional tools and guidance provided to the SCCMHA network are clearly well thought out and informative.
- CMHCM has adjusted to significant program growth over a short period of time. Program leaders are knowledgeable, skilled, dedicated, and responsive. A specific program strength is internal BCBA oversight and monitoring of the ABA requirements and ABA program plans. There is evidence in the EMR that staff are reviewing billing entries with a critical eye to ensure accuracy with each entry. There is evidence of ongoing provider follow up in an effort to improve program monitoring, including bi-annual ABA provider

meetings, monitoring of Observation and Direction ratios, and 6 months ABA assessment tracking documents.

- Home and Community Based Services - CEI has dedicated Residential Coordinators/Supervisor for HCBS. CEI provides ongoing monitoring via QCSRR and HCBS team and offers Provider/Family trainings.
- GIHN has identified two highly skilled/trained Supports Coordinators and has invested in multiple training opportunities for the entire GIHN autism team demonstrating support for professional enhancement and our consumer network. In addition, GIHN has implemented processes that assist the provider network with documenting and tracking methods of ensuring consumers' preferences, wants, and needs are prioritized.

CMHSP Opportunities

- As the regional HCBS action plan is implemented, CMHSPs may benefit from ensuring there are policies and procedures restricting conflicts of interest between the person determining eligibility and the person creating the PCP.
- CMHSPs should implement regular review processes related to HCBS, provisional credentialing procedures, and review/revise policies and procedures to ensure proper steps for health and safety related issues.
- CMHSP may benefit from developing a monthly monitoring system with increased ABA provider oversight, make every effort to increase ABA provider contracts, develop system to monitor/verify staff credentialing and actual service delivery. Include language related to a back-up plan for staff consistency, add clinical justification when the hours recommended vary from the hours of service scheduled/delivered.

Regional Monitoring

MSHN and CMHSPs have implemented regional monitoring for Fiscal Intermediary and Inpatient Hospital Unit providers, including both Recipient Rights and Consumer Record review components. This was a strategic priority for MSHN to support the provider network by ensuring management systems are effective and efficient. During FY18, data collected will be considered baseline data.

Fiscal Intermediary (FI)

The FI review team completed 4 of 4 site reviews. Of those, the 4 reports have been finalized and sent to providers requiring corrective action. Four corrective action plans were submitted and approved.

Sections	Stuart Wilson CPA, PC	BHT&D Gusco	GT Independence	Community Living Network	Regional Compliance
Pre-Audit-General	100%	100%	96%	100%	99%
Pre-Audit Staff Training	58%	NA	45%	64%	55%
Participant File Review	89%	0%	100%	100%	72%
Staff File Review	69%	NA	91%	93%	84%
QI and Performance Improvement	50%	75%	100%	100%	81%
Policies and Procedure	100%	100%	97%	100%	99%
Financial	80%	0%	100%	100%	70%
Overall Compliance Score	72%	60%	76%	86%	

Notable Strengths

- Fiscal Intermediaries reviewed had electronic documentation systems that allowed all staff to easily access files.
- Review teams were asked to provide feedback related to the regional monitoring experience and indicated that it seemed to be more efficient for CMHSP staff and for Fiscal Intermediary staff.
- Fiscal Intermediary staff noted that the process of streamlining requirements and monitoring regionally is significantly helpful to their day to day tasks and support the regional efforts.

Opportunities for Improvement

- Fiscal Intermediaries and CMHSPs should work together to streamline processes to ensure compliance with the regional contract.
- While many CMHSPs maintain the function of providing training to staff of participants, FIs are responsible for tracking training to ensure compliance. This has not been fully implemented in FY18.
- Reviewers indicated that since most of the FI's have electronic file documentation that the teams consider desk reviews in the future to reduce administrative burden.

Recommendations

- CMHSPs review the contractual Statement of Work with FIs prior to contract execution along with the training requirements outlined on the MSHN Regional Training Grid.

Inpatient Hospital Unit (IPHU) Regional Monitoring

In 2018, in accordance with the Michigan Department of Health and Human Services (MDHHS) Network Management and Efficiency policy, Mid-State Health Network (MSHN) and the 12 regional Community Mental Health Service Providers (CMHSPs) implemented a standardized Recipient Rights and Consumer Record monitoring plan that included oversight of both Consumer Records and Recipient Rights. In addition, a standardized contract for inpatient psychiatric services was developed. This contract has been dispersed to the regional IPHUs and several have agreed to the terms while others have responded with requested/desired amendments.

The IPHU review teams completed 9 onsite reviews during the 2018 calendar year. Of the 9 reviews, 8 final reports have been sent and 1 report will be sent pending the finalized Recipient Rights review submission. Additionally, 5 corrective action plans were approved during 2018 while 2 are due in January 2019. There were 2 reviews which resulted in no required corrective action.

Recipient Rights Monitoring Results

IPHU	Hospital Responsibilities	Rights Office Operations	Unit/ Hospital Operations	Education and Training	Rights Advisory Committee	Seclusion/ Restraint	Appeals	Policy
Cedar Creek	100%	100%	100%	100%	100%	100%	100%	81%
Healthsource	83%	88%	100%	60%	100%	67%	100%	N/A
Henry Ford/Allegiance Health	83%	100%	94%	100%	100%	100%	100%	N/A
Hillsdale Hospital	100%	100%	100%	100%	100%	100%	100%	N/A
McLaren Bay Regional	100%	100%	100%	100%	100%	100%	100%	N/A
Memorial Healthcare	100%	100%	100%	100%	86%	100%	100%	87%
Mid-MI Med Center - Midland	100%	100%	100%	75%	100%	100%	100%	N/A
Mid-MI Med Center - Gratiot	100%	100%	100%	80%	100%	100%	100%	N/A
Sparrow	100%	100%	94%	100%	0%	100%	67%	0%
Regional Outcomes	96%	97%	99%	91%	87%	96%	96%	56%

Noteworthy Strengths

- IPHUs were consistently clean, organized and comfortable. Consideration for consumer comfort was obvious on each unit as evidenced by privacy features, around-the-clock cleaning and maintenance, décor, color selections, etc.
- IPHU Recipient Rights team members were clearly present personnel on the units as evidenced by the internal team dialogue observed during reviews, familiarity on the unit with staff and consumers, strong, professional relationships with the CMHSP Recipient Rights Officers
- IPHU Recipient Rights representatives often participated in daily safety meetings facilitated by hospital leadership.

Opportunities for Improvement

- Staff training requirements were a common finding and/or area of confusion. Ensuring IPHUs have an approved means of documenting and maintaining records will be beneficial.
- Ensuring the policy/procedure reviews occur in a timely manner and that, on an annual basis, the reviewer selects at least 5 policies for review.

- Development and use of a standardized Rights Officer poster, usable throughout the State, is recommended by the regional RR Officers to ensure all elements and information is available to consumers, if/when needed.

Consumer Record Monitoring Results

IPHU	Assessment & Diagnostic Data Outcomes	Psychiatric Evaluation	Treatment Plan	Service Delivery Consistent with Plan	Medication	Discharge and/or Transfer
Cedar Creek	100%	98%	97%	100%	97%	100%
Healthsource	96%	90%	79%	100%	91%	100%
Henry Ford/Allegiance Health	88%	93%	57%	87%	67%	60%
Hillsdale Hospital	100%	95%	89%	100%	100%	100%
McLaren Bay Regional	100%	100%	100%	100%	100%	100%
Memorial Healthcare	100%	100%	100%	100%	100%	86%
Mid-MI Med Center - Midland	100%	100%	100%	100%	100%	100%
Mid-MI Med Center - Gratiot	100%	100%	87.5%	96%	96%	75%
Sparrow	95%	100%	69%	81%	67%	82%
Regional Outcomes	98%	97%	87%	96%	91%	89%

Noteworthy Strengths

- IPHUs consistently demonstrated timely responses to admissions as evidenced by consistent compliance with the 24-hour Psychiatric and Health & Physical evaluation oversight outcomes.
- IPHUs consistently ensured consumers had the mandated follow-up after discharge appointment scheduled within 7-days and documented appointment date, time, location in consumer's discharge packet.
- IPHUs consistently demonstrated high-functioning, interdisciplinary teams as evidenced by their interactions throughout the review, team meeting case notes, mutual understanding and respect of roles and responsibility

Opportunities for Improvement

- Treatment planning - IPHUs may benefit from a training that includes education on the expectations for treatment plans, i.e. SMART criteria, progress measurement, and individualizing plans of service.
- Enhanced documentation of the CMHSP and IPHU collaborations is relevant to discharge planning.

- Increased utilization of evidence-based programming within the individual and group therapy sessions

Recommendations

- Ongoing communication between the PIHP, CMHSPs, and IPHUs to ensure collaborative partnerships, mutual understanding, and effective / efficient services that best meet consumer service needs.
- Identify and communicate best practices that are occurring based on internal data but not necessarily reflected in the reviews at this current time, i.e. CMHSP role in discharge planning.

Substance Use Disorder Service Provider (SUDSP) Delegated Managed Care Functions

The full review consisted of an on-site visit to the SUDSP to conduct consumer chart reviews, review and validate process requirements, review new standards added since previous audit, analyze performance and encounter data, interview staff, and monitor FY17 desk-audit corrective action plans as applicable.

SUDSP Treatment Quality Assurance

MSHN has completed 21 full SUDSP treatment provider reviews and 16 interim reviews in 2018. Note, many providers may have more than one licensed site. The number of charts reviewed during each onsite visit is a 5% sample, with a minimum of two (2) and maximum of eight (8) for each licensed site.

Compliance percent is calculated as the number of standards correct over total number of standards (based on the number of participating SUDSPs (21 full reviews completed at time of report).

Note: Full reviews are completed for half the providers one year and the other half the following year. Providers reviewed also provide different services with different standards, making it not possible to compare results from year to year.

Delegated Managed Care Results

Delegated Managed Care Functions	# of Standards in each Section	2018 Results
Access and Eligibility	4	94%
Information and Customer Service	19	96%
Enrollee Rights and Protections	14	98%
Grievance and Appeals	17	90%
Quality and Compliance	12	99%
Individualized Treatment & Recovery Planning & Documentation	14	91%
Coordination of Care	6	90%

Provider Staff Credentialing	16	88%
Sub-Recipient Financial Review	7	69%

Program Specific Results

SUDSP Program Specific	# of Standards in each Section	2018 Results
ASAM	3	88%
Residential	7	78%
Case Management	3	87%
Peer Recovery Support Services	2	79%
Women's Specialty Services	14	83%
Medication Assisted Programs	7	87%
Recovery Residences	14	81%

Consumer Chart Review Results

SUDSP Chart Reviews	# of Standards in each Section	2018 Results
Screening, Admission, Assessment	8	86%
Treatment/Recovery Planning	11	78%
Progress Notes	4	86%
Coordination of Care	3	78%
Discharge/Continuity of Care	3	76%
Residential	3	91%
Medication Assisted Treatment	15	89%
Women's Designated/Women's Enhanced	9	85%
Recovery Housing	6	71%

SUDSP Treatment Training

The QAPI team identifies regional training needs as well as provider specific technical assistance needs and makes referrals as appropriate to the clinical team. Regional trainings are conducted during the quarterly SUDSP meetings and other venues and included topics such as:

- Residential Provider Webinar- Core services, Life Skill services, and Milieu/Environment services
- Treatment Planning, Coordination of Care, Medical Necessity Standards

- Provider Qualification and Credentialing Requirements
- Treatment Planning and ASAM Level of Care
- Gambling Disorder Grant Requirements
- Legalization of Marijuana
- Motivational Interviewing (Basic)*
- Motivational Interviewing (Advanced)*
- Trauma Informed Treatment Services*
- Trauma Informed Systems of Care*
- ASAM-Basic 2 Day Training*
- Acupuncture Training*

*Sponsored by MSHN

SUDSP Treatment Noteworthy Strengths

- GIHN progress notes detailed excellent clinical practices with the use of motivational interviewing that allowed consumers to transition from pre-contemplative stages of readiness for change to action stages of readiness. In addition, the progress notes detailed empathetic, trauma-competent services in which clinicians were able to utilize a variety of interventions chosen on individual basis and best suited for the individuals receiving care.
- Sisters of Sobriety demonstrated excellent coordination of care practices that surpass expectations and requirements of recovery residence providers. In addition, this provider did an excellent job resolving access barriers and advocating for consumer preferences.
- Saginaw Odyssey House encourages staff to participate in trainings to promote staff development and offer regular in-service opportunities during staff meetings.
- During the Medicaid Event Verification (MEV) review, Victory Clinic, Catholic Charities, and List Psychological were noted to have excellent service time data entry into REMI.
- CEI provides excellent professional enhancement opportunities as demonstrated through their coordination with Dr. Mark Louis to support person-centered treatment planning enhancement.
- Cristo Rey Community Center successfully advocated on behalf of a consumer using evidence-based research on drug/alcohol testing which resulted in reunification of the family.
- Mid-Michigan Recovery Services successfully implemented gender-preference awareness practices into their programming after evaluating past experiences and recognizing areas for growth.

SUDSP Treatment Opportunities

- Regional coordination of care practices should be enhanced to ensure that the provider network has a clear understanding of physician coordination expectations and requirements along with care coordination between providers within and external to the SUD Network.
- Treatment and recovery planning practices should be enhanced to ensure all regulations are met but more importantly, to ensure the consumers have a unique, user-friendly, individualized tool to support their recovery goals.
- Provide technical assistance to residential providers regarding the expectations surrounding Level of Care services directly related to the following: Documentation of

Core, Life Skills, Milieu Hours, Provision of Service Hours, Treatment Plan(s) and Review Documentation in accordance with requirement changes.

- Provide technical assistance to recovery residences regarding screening and application requirements.
- Provide technical assistance to medication assistant treatment providers regarding expectations regarding pseudo-addiction rule out expectations.
- Provider record sharing could be enhanced for effective continuum of care service(s), i.e. sharing assessments, treatment plans, discharge plans. At times, plans reflect the same goals/objectives despite documentation that consumer 'Successfully Completed' with a previous provider or when advancing to lower levels of care.
- While providers show improvement in the areas of staff training and credentialing, missing documentation and/or verifications were still identified. Providers may want to consider checklists and possible implementation of annual credential checks to ensure completion. The QAPI team has provided example checklists to providers during site reviews.
- Policies and procedures did not always reflect the FY18 MDHHS Grievance and Appeal timeframes and new requirements.

Mid-State Health Network Quality Assurance & Performance Improvement Next Steps

The scope of the 2019 work plan includes:

- Full reviews for SUDSPs who received full review in 2017;
- Full reviews for all CMHSPs including Home and Community Based Provider Site Reviews
- Corrective Action Plan Compliance follow-up of full reviews completed in 2018 for SUDSP;
- Continued improvement of the review process by enhancing the quality of services evaluation to data-driven outcomes;
- REMI Audit Module implementation

Medicaid Event Verification (MEV) Site Reviews

MSHN conducts oversight of the Medicaid claims/encounters submitted within the region by completing either an onsite review or a desk review of the provider networks policy and procedures and the claims/encounters submitted for services provided for all 12 of the CMHSPs and for all substance use disorder treatment providers who provide services using Medicaid funding.

The attributes tested during the Medicaid Event Verification review include: A.) The code is allowable service code under the contract, B.) Beneficiary is eligible on the date of service, C.) Service is included in the beneficiary's individual plan of service, D.) Documentation of the service date and time matches the claim date and time of the service, E.) Services were provided by a qualified individual and documentation of the service provided falls within the scope of the service code billed, F.) Amount billed and paid does not exceed contractually agreed upon amount, and G.) Modifiers are used in accordance with the HCPCS guidelines.

The CMHSP site reviews are completed bi-annually (twice a year) for all twelve CMHSPs. The table below includes the score per CMHSP for all attributes reviewed.

CMHSP Results

	A	B	C	D	E	F	G
BABHA	100%	100%	100%	99.78%	99.68%	100%	97.34%
CEI	100%	100%	98.57%	89.97%	93.36%	100%	99.36%
CMHCM	100%	100%	99.72%	94.09%	93.14%	100%	99.31%
Gratiot	100%	100%	100%	99.42%	100%	100%	100%
Huron	100%	100%	100%	99.47%	99.65%	100%	100%
Lifeways	100%	100%	100%	94.15%	97.38%	99.36%	99.89%
Montcalm	100%	100%	99.41%	96.47%	98.24%	100%	100%
Newaygo	100%	100%	100%	89.53%	97.82%	99.51%	97.56%
Saginaw	100%	100%	100%	99.10%	99.41%	100%	99.51%
Shiawassee	100%	100%	99.74%	99.67%	95.21%	100%	98.34%
The Right Door	100%	100%	99.53%	99.29%	99.53%	100%	99.61%
Tuscola	100%	100%	100%	99.23%	99.15%	100%	100%
MSHN Average	100%	100%	99.75%	96.68%	97.71%	99.91%	99.24%

The Substance Use Disorder site reviews are completed annually. The FY2018 review included 37 providers, inclusive of 64 different service locations. The table below includes the score for all SUD providers combined for each attribute reviewed.

SUD Results

	A	B	C	D	E	F	G
SUD Providers	100%	99.28%	88.84%	92.37%	96.67%	99.94%	96.90%

The CMHSP and SUD Providers are required to submit a plan of correction for each finding during the site review. For the FY2018 site reviews, twelve CMHSPs completed plans of correction and sixty SUD Provider locations were placed on a plan of correction resulting from their review.

Monitoring and Auditing

Mid-State Health Network External Audits

MDHHS Habilitation Supports Waiver Site Visit Report: July 18th - August 27th

The Michigan Department of Health and Human Services (MDHHS) conducted an on-site review for our region from July 18, 2018 through August 27, 2018. The purpose of the review was to provide monitoring on the service delivery requirements of the 1915 (c) waivers that include the Habilitation Supports Waiver (HSW), the Waiver for Children with Serious Emotional Disturbance (SEDW), the Children's Waiver Program (CWP) and the Wraparound Fidelity review.

Note: The SEDW, CWP and Wraparound Fidelity review is the responsibility of the CMHSPs and therefore not included in the MSHN summary report.

The 2018 site review included the review of administrative procedures, beneficiary files, staff records and home visits.

Total Cases Reviewed (76)
Total Licensed Staff Records Reviewed (184)
Total Non-Licensed Staff Records Reviewed (1,124)
Total Home Visits (7)

Summary of the findings:

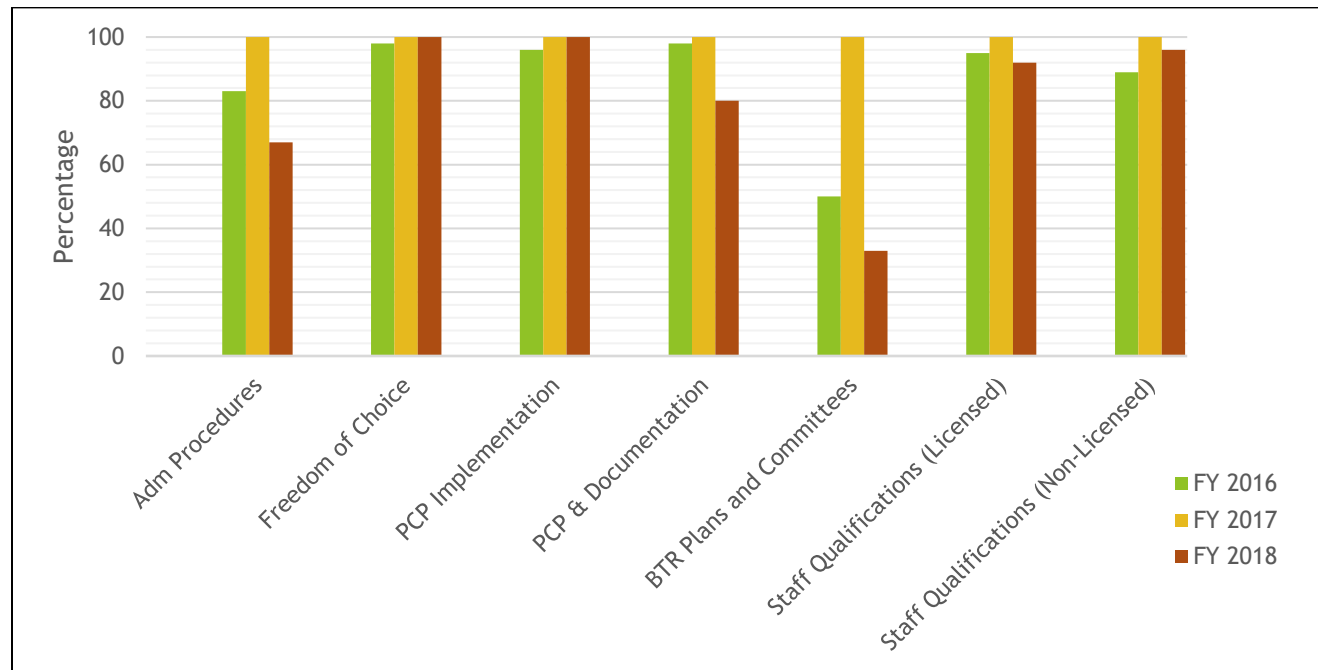
- A. Administrative Procedures (5 elements): 67%
- B. Freedom of Choice (2 Elements): 100%
- C. Implementation of Person-Centered Planning (7 Elements): 100%
- D. Plan of Service and Documentation Requirements (3 Elements): 80%
- E. Behavior Treatment Plans and Review Committees (2 Elements): 33%
- F. Staff Qualifications (Licensed) (2 Elements): 92%
- F.1. Staff Qualifications (Non-Licensed) (2 Elements): 96%
- G. Residential Home Visits/Training/Interviews (7 homes): 29%
- H. Non-Residential Home Visit (2): 50%

Note: The percentages were calculated by dividing the total number of charts that received a score of "yes" (full compliance) by the total number of charts reviewed.

Next Steps:

MSHN was required to submit a plan of correction to MDHHS for all elements that received less than "full compliance." During the FY2018 site review, MSHN was found to have repeat citations (from the FY2016 review) for eight standards. MSHN will be monitoring the repeat citations to ensure full compliance during the next review.

Comparison of Results for Full Review (FY2016), Follow Up Review (FY2017) & Full Review (FY2018):



Note: FY2017 was a follow up review only for the plans of correction from the previous year.

MDHHS Substance Use Site Review Report: July 11th & 18th

The Michigan Department of Health and Human Services (MDHHS) completed an on-site review at Mid-State Health Network (MSHN) on July 11th and 18th, 2018. The purpose of the review was to determine compliance with the Substance Use Agreement with the Centers for Medicare and Medicaid services. MDHHS reviewed compliance with established standards as well as provide opportunities for quality improvement. The review was completed as a desk audit, as well as an on-site review. The desk audit consisted of the review of supporting documentation to show compliance with each of the identified standards. The on-site review consisted of follow up on any standards that needed clarification from the desk audit as well as discussion with MSHN staff on our process and procedures for providing oversight and monitoring for the provider network.

MSHN was determined to be in full compliance with thirteen out of thirteen standards.

Summary of Findings:

(Scoring: 2 = Full Compliance (100%); 1 = Partial Compliance (50%); 0 = Non-Compliance (0%))

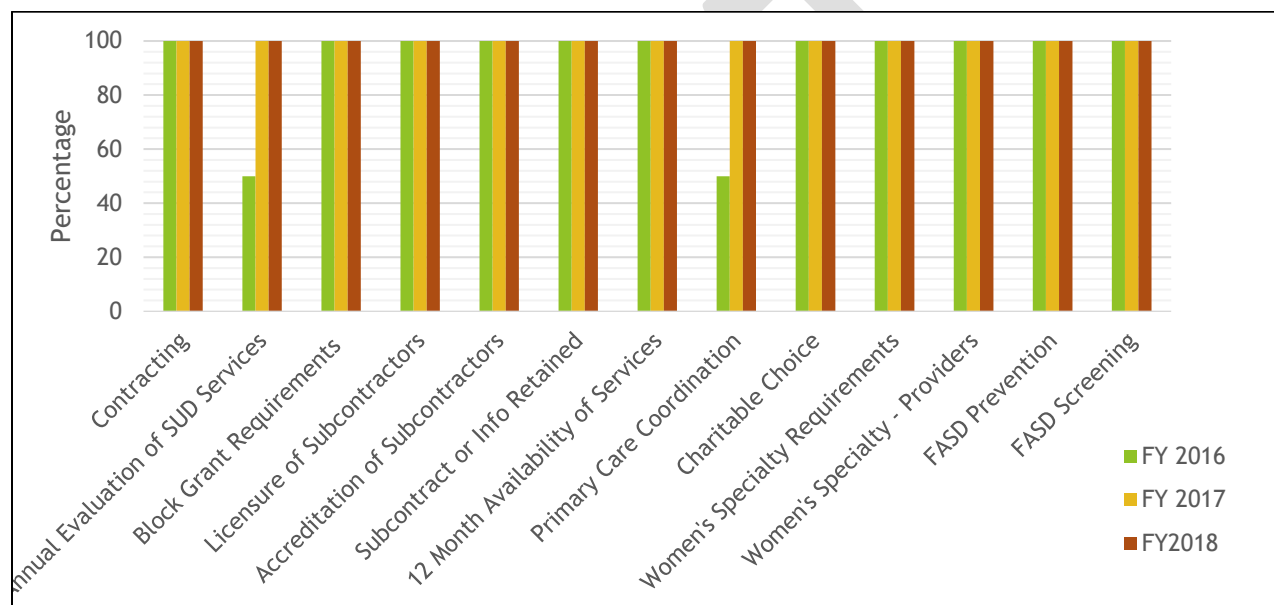
1. Contracting - 2
2. Annual Evaluation of SUD Services - 2
3. Selected Specific Block Grant Requirements Applicable to PIHPs - 2
4. Licensure of Subcontractors - 2
5. Accreditation of Subcontractors - 2
6. Subcontractor Information to be Retained at the PIHP - 2
7. 12- Month Availability of Services - 2

8. Primary Care Coordination - 2
9. Charitable Choice - 2
10. Women's Specialty Services Federal Requirements - 2
11. Women's Specialty Services Requirements Regarding Providers - 2
12. Fetal Alcohol Spectrum Disorders (FASD) Prevention Activities - 2
13. Fetal Alcohol Spectrum Disorders (FASD) Screening - 2

Next Steps:

MSHN received a status of full compliance with all required standards. No further action is required.

Comparison of Results for Full Review (FY2016), Follow Up Review (FY2017) & Full Review (FY2018):



MDHHS Autism Site Visit:

The Michigan Department of Health and Human Services did not complete an Autism review during FY2018. A full review will be completed during FY2019.

MDHHS - Health Services Advisory Group (HSAG) - Performance Measurement Validation (PMV) Report: July 17th

Validation of performance measures is one of three mandatory external quality review (EQR) activities required by the Balanced Budget Act of 1997 (BBA). State Medicaid agencies must ensure that performance measures reported by their managed care organizations (MCOs) are validated. Health Services Advisory Group, Inc. (HSAG), the EQRO for the Michigan Department of Health and Human Services (MDHHS), Behavioral Health and Developmental Disabilities Administration, conducted the validation activities for the prepaid inpatient health plans (PIHPs) that provided mental health and substance abuse services to Medicaid-eligible recipients. The purpose of performance measure validation (PMV) is to assess the accuracy of performance indicators reported by PIHPs and to determine the extent to which

performance indicators reported by the PIHPs follow state specifications and reporting requirements.

HSAG completed MSHN's review onsite on July 17, 2018.

Data Collection and Analysis:

For this review, HSAG validated a set of performance indicators that were developed and selected by the Michigan Department of Health and Human Services (MDHHS). This review was completed as a desk audit and an on-site review. To conduct the on-site review, HSAG collected information using several methods including interviews, system demonstrations, review of data output files, primary source verification, observation of data processing and review of data reports.

Summary of Findings:

Performance Indicators (12 Elements): **100%**

Compliance was assessed through a review of the following:

- Information Systems Capabilities Assessment Tool (ISCAT)
- Source Code (programming language) for performance indicators
- Performance Indicator reports
- Supporting documentation
- Evaluation of system compliance

Data Integration, Data Control and Performance Indicator Documentation (13 Elements): **100%**

Denominator Validation Findings (7 Elements): **100%**

Numerator Validation of Findings (5 Elements): **100%**

Strengths:

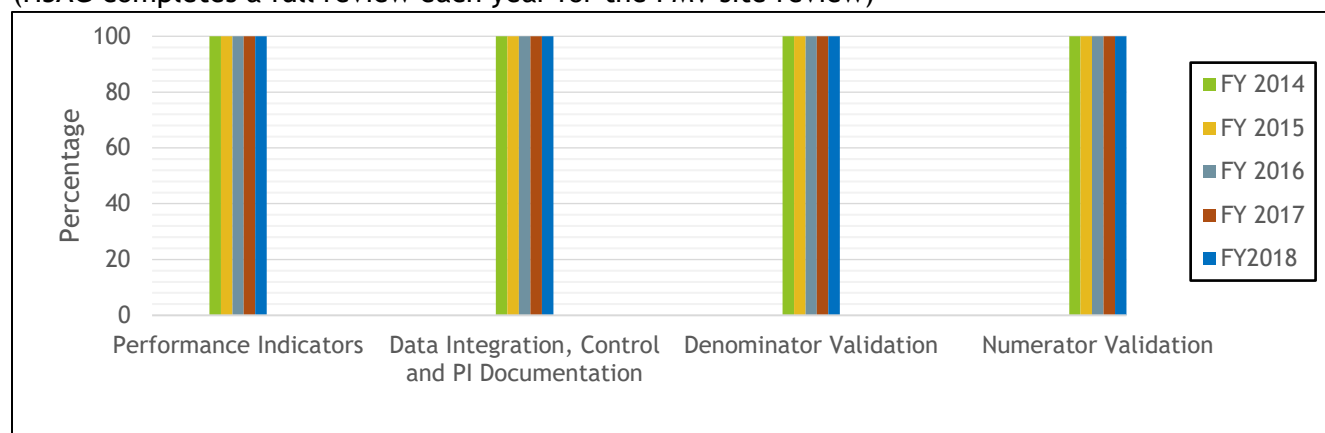
HSAG noted that MSHN was very well prepared for this site review and that MSHN continues to demonstrate appropriate oversight processes for all CMHSPs. MSHN has created a standard template document to ensure that all CMHSPs have the same understanding of how to report performance indicators and lessen the error threshold. MSHN demonstrated that eligibility effective dates, termination dates, historical eligibility spans, and identification of dual (Medicare/Medicaid) members were identified appropriately.

Next Step(s):

MSHN will continue to monitor performance and review areas for improvement. No corrective action is required to be submitted to HSAG for this review and HSAG did not identify any areas of improvement for MSHN.

Comparison of FY2014, FY2015, FY2016, FY2017 and FY2018 Results:

(HSAG completes a full review each year for the PMV site review)



MDHHS- Health Services Advisory Group - Compliance Monitoring Review:

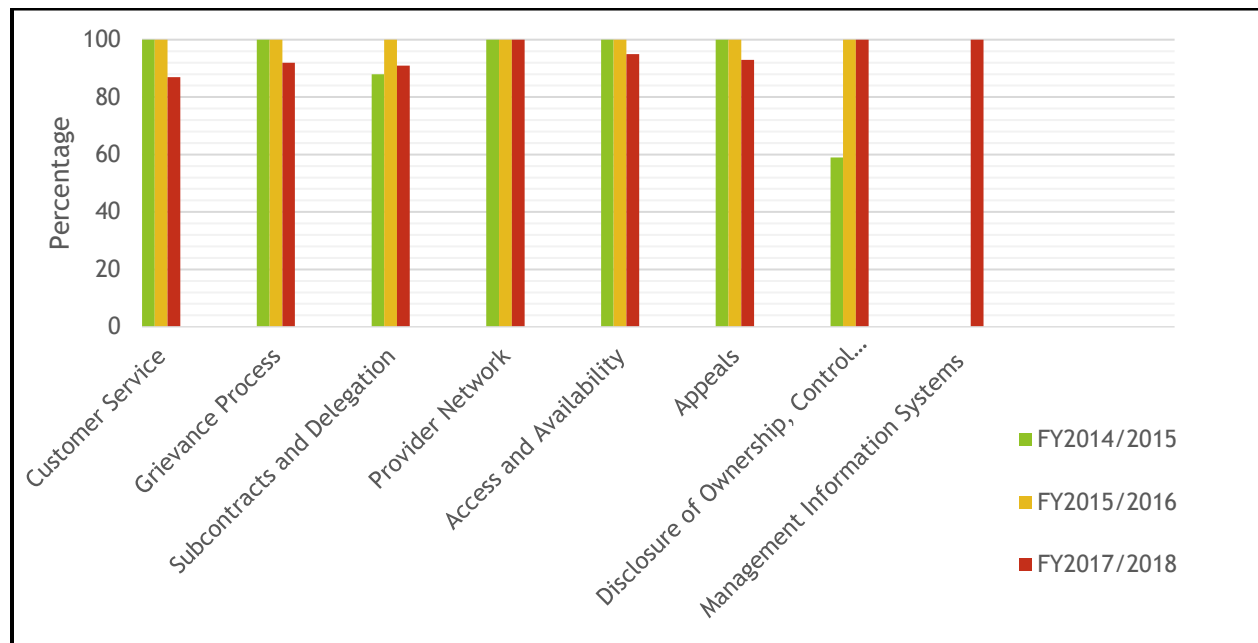
June 7th & 8th

According to federal requirements located within the Code of Federal Regulations (CFR), 42 CFR §438.358, the state, its agent that is not a Medicaid prepaid inpatient health plan (PIHP), or an external quality review organization (EQRO) must conduct a review to determine a Medicaid PIHP's compliance with the standards set forth in 42 CFR §438—Managed Care Subpart D and the quality assessment and performance improvement requirements described in 42 CFR §438.330. To comply with the federal requirements, the Michigan Department of Health and Human Services (MDHHS), Behavioral Health and Developmental Disabilities Administration (BHDDA) contracted with Health Services Advisory Group, Inc. (HSAG), as its EQRO to conduct compliance monitoring reviews of the PIHPs.

HSAG performed a desk review of MSHN's documents and completed an on-site review that included reviewing additional documents and case files and conducting interviews with key MSHN staff members. HSAG evaluated the degree to which MSHN complied with federal Medicaid managed care regulations and the associated MDHHS contract requirements in the following 8 of 17 performance categories:

- Standard VI—Customer Service (39 Elements)
- Standard VII—Grievance Process (26 Elements)
- Standard IX—Subcontracts and Delegation (11 Elements)
- Standard X—Provider Network (12 Elements)
- Standard XII—Access and Availability (19 Elements)
- Standard XIV—Appeals (54 Elements)
- Standard XV—Disclosure of Ownership, Control, and Criminal Convictions (14 Elements)
- Standard XVII—Management Information Systems (14 Elements) (New Standard for FY 2018)

Comparison of FY2014/2015, FY2015/2016, FY2016/2017 and FY2017/2018 Results:



Note: FY2015/2016 was a follow up review year (only Plans of Correction reviewed).

Note: There was no review completed during FY2016/2017

Note: Management Information Systems was a new standard for FY2017/2018

Note: The full review for FY2017/2018 had the following increase in the number of elements reviewed per standard from the full review for FY2014/2015:

- Customer Service: 26 elements (200% increase)
- Grievances: 10 (160% increase)
- Subcontracts and Delegation: 3 (38% increase)
- Appeals: 36 (200% increase)
- Disclosure of Ownership: 6 (75% increase)

The full review for FY2017/2018 had the following decrease in the number of elements reviewed per standard from the full review for FY2014/2015:

- Provider Network: 1 (7.7% decrease)
- Access and Availability: 1 (5% decrease)

The results included the following:

- MSHN achieved full compliance in 3 out of the 8 standards reviewed
- MSHN fully met 176 out of 189 elements reviewed
- The overall compliance score for all standards was 93%

Strengths:

The following were some of the identified strengths.

- Customer Service meeting minutes were thorough and documented collaborative discussions on topics such as educational materials, changes to federal and State requirements, updates to the customer handbook, policy, and reporting requirements.
- MSHN consistently acknowledged and resolved grievances in a timely manner.

- The Notice of Grievance Resolution letters included the appropriate content, including the results of the grievance process and the date the grievance process was concluded.
- Exhibit A of the subcontract between MSHN and CMHSPs clearly outlined managed care functions and whether they were retained by MSHN or delegated to the local CMHSPs.
- MSHN demonstrated strong performance related to access and availability and MSHNs aggregated rates were at or above the contractually required minimum performance standard of 95 percent for 14 of the 15 measures reviewed.
- MSHN demonstrated effective monitoring processes to ensure no staff member or provider was excluded from participating in Medicare, Medicaid, and other federal healthcare programs.
- Robust reports, including detailed utilization data, were being shared with the utilization management and quality improvement teams to assist them in process improvement efforts.

Next Step(s): MSHN is required to submit a plan of correction for the elements not found in full compliance. The plan of correction will be monitored by the appropriate councils, committees and workgroup.

MDHHS - Health Services Advisory Group -Performance Improvement Project (PIP)
Report: Validation Year 1: 2017 - 2018

MDHHS requires that the PIHP conduct and submit a Performance Improvement Project (PIP) annually to meet the requirements of the Balanced Budget Act of 1997 (BBA), Public Law 105-33. According to the BBA, the quality of health care delivered to Medicaid consumers in PIHPs must be tracked, analyzed, and reported annually. PIPs provide a structured method of assessing and improving the processes, and thereby the outcomes, of care for the population that a PIHP serves. By assessing PIPs, HSAG assesses each PIHP's "strengths and weaknesses with respect to the quality, timeliness, and access to health care services furnished to Medicaid recipients," according to the Code of Federal Regulations (CFR) at 42 CFR 438.364(a)(2).

For State Fiscal Year (SFY) 2017-2018, MDHHS required PIHPs to conduct PIPs in accordance with 42 CFR §438.330(b)(1) and §438.330(d)(2)(i-iv).

Validation year 1 is the design stage which establishes the methodological framework for the PIP. The steps in this section include development of the study topic, question, population, indicators, sampling techniques, and data collection. To implement successful improvement strategies, a methodologically sound study design is necessary.

Study Indicator:

PIP Topic	Study Indicator
<i>Patients With Schizophrenia and Diabetes Who Had an HbA1c and LDL-C Test</i>	The percentage of members with schizophrenia and diabetes who had an HbA1c and LDL-C test during the measurement period.

2017 – 2018 Performance Improvement Project Validation Results for Mid-State Health Network:

Stage	Step		Percentage of Applicable Elements		
			<i>Met</i>	<i>Partially Met</i>	<i>Not Met</i>
Design	I.	Appropriate Study Topic	100% (2/2)	0% (0/2)	0% (0/2)
	II.	Clearly Defined, Answerable Study Question(s)	100% (1/1)	0% (0/1)	0% (0/1)
	III.	Correctly Identified Study Population	100% (1/1)	0% (0/1)	0% (0/1)
	IV.	Clearly Defined Study Indicator(s)	100% (2/2)	0% (0/2)	0% (0/2)
	V.	Valid Sampling Techniques (if sampling was used)	<i>Not Applicable</i>		
	VI.	Accurate/Complete Data Collection	100% (2/2)	0% (0/2)	0% (0/2)
Design Total			100% (8/8)	0% (0/8)	0% (0/8)
Percentage Score of Applicable Evaluation Elements <i>Met</i>			100% (8/8)	0% (0/8)	0% (0/8)

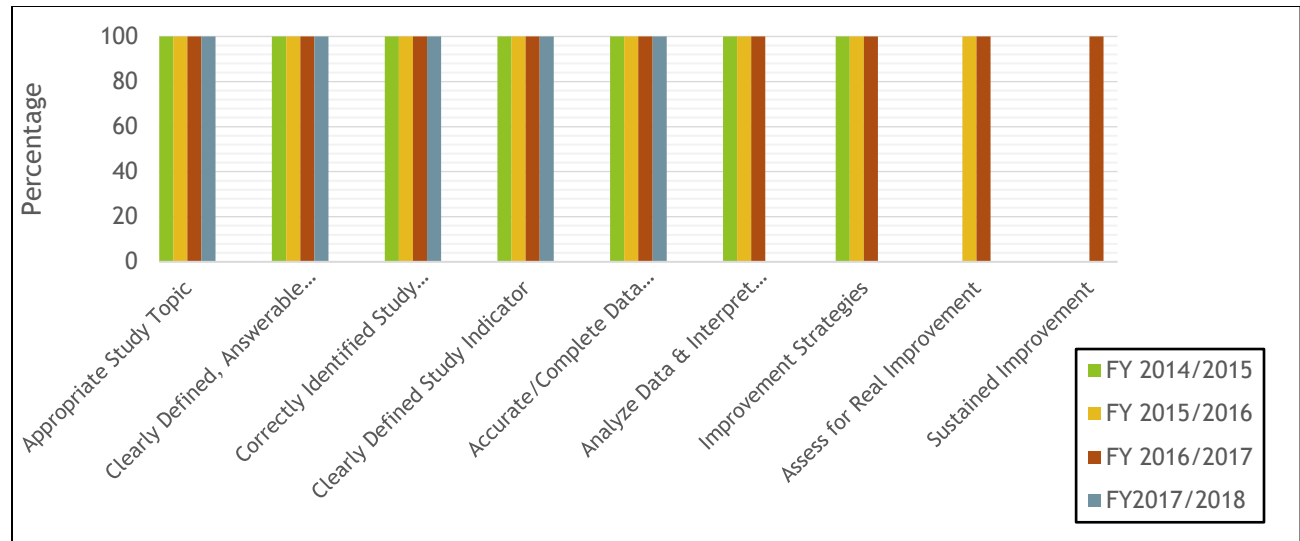
Strengths:

MSHN received an overall “Met” status for all applicable evaluation elements for the first six steps of the PIP process. MSHN designed a scientifically sound project supported by use of key research principles and the technical design was sufficient to measure outcomes, allowing for successful progression to the next stage of the PIP process.

Next Steps:

MSHN is not required to submit a plan of correction for the PIP. MSHN will progress to the implementation stage of the PIP for the upcoming year.

Comparison of FY2014/2015, FY2015/2016, FY2016/2017 and 2017/2018 Validation Results:



Note: Assessment for Real Improvement was not measured during FY2014/2015

Note: Sustained Improvement was not measured during FY2014/2015 and FY2015/2016

Note: For 2017/2018, only the first 5 measures were reviewed for year 1

Complaint/Compliance Reporting

Customer Services:

The total number of Customer Services Complaints in FY2018 was 151. By comparison, there were 200 complaints in FY2017. This resulted in a decrease of 24.5% in FY2018 from FY2017.

Total Customer Services Complaints: (151)

(the percentage indicates the percent the originator represents of the total complaints)

<i>Originator:</i>	<i>Number:</i>	<i>Percent:</i>
SUD Provider	65	43%
CMHSP	10	6%
Consumer/Guardian/Family	43	28%
MDHHS	15	10%
Advocate	4	3%
Authorized Representative	5	3%
Community Member	1	1%
Other	8	5%

Category of Complaint:*(the percentage indicates the percent the category represents of the total complaints)*

<u>Category:</u>	<u>Number:</u>	<u>Percent:</u>
Access to Treatment	13	9%
Appeal	11	7%
Complaint	8	5%
Consumer Discharge	10	7%
Form Request	9	6%
General Assistance	11	7%
Grievance	7	5%
Insurance Coverage	4	3%
Medicaid Fair Hearing	6	4%
Member Handbook	2	1%
Notification Letter Inquiry	1	1%
Performance Indicators	31	21%
Provider Practices	27	18%
Recipient Rights Assistance	8	5%
Sentinel Event	1	1%
SUD Satisfaction Survey	1	1%
Other	1	1%

Conclusion/Resolution:*(the percentage indicates the percent the resolution represents of the total complaints)*

<u>Type of Resolution:</u>	<u>Number:</u>	<u>Percent:</u>
Immediate Resolution without follow needed	90	60%
Resolved via Follow-up in favor of consumer	11	7%
Resolved via Follow-up in favor of provider	26	17%
Resolved via Follow-up through follow up actions	23	15%
Resolved via Follow-up with no provider involved	1	1%

Compliance

The total number of Compliance concerns/complaints in FY2018 was 24. By comparison, there were 16 concerns/complaints in FY2017. This resulted in an increase of 50% in FY2018 from FY2017.

Total Compliance Concerns/Complaints: 24*(the percentage indicates the percent the originator represents of the total complaints)*

<u>Originator:</u>	<u>Number:</u>	<u>Percent:</u>
SUD Provider Staff	6	25%
CMHSP Staff	9	38%
MDHHS	2	8%
Probation Officer	1	4%
Office of Inspector General	4	17%
Other	2	8%

Type of Complaint:

(the percentage indicates the percent the type represents of the total complaints)

<u>Category:</u>	<u>Number:</u>	<u>Percent:</u>
Abuse	2	8%
Audit/Review	5	21%
Confidentiality	2	8%
Credentialing	2	8%
Federal Inquiry	1	4%
Fraud/Abuse/Waste	10	42%
Treatment/Services	1	4%
Coordination of Care	1	4%

Conclusion/Resolution:

(the percentage indicates the percent the resolution represents of the total complaints)

<u>Type of Resolution:</u>	<u>Number:</u>	<u>Percent:</u>
CMHSP	6	25%
SUD Provider	5	21%
MDHHS	2	8%
Probation Officer	1	4%
Office of Inspector General	4	17%
Other	2	8%
Pending Resolution	4	17%

Referrals to Outside Regulatory Bodies: (based on contractual requirements)

(the percentage indicates the percent the referral represents of the total complaints)

<u>Agency:</u>	<u>Number:</u>	<u>Percent:</u>
Office of Inspector General	6	25%

Subpoena's:

MSHN received three subpoenas during FY2018 requesting information for civil lawsuits. One request involved a provider issue and the other two involved consumer issues. MSHN was not the plaintiff nor the defendant in any of the cases.

Compliance Line:

Compliance calls are received through the Compliance Line, the main line of MSHN or through the direct line to the Director of Customer Services, Compliance and Quality.

Customer Services Line:

Customer Service calls are received through the Customer Services Line, the main line of MSHN or through the direct line to the Customer Services and Rights Specialist.

Training / Communication

Internal

MSHN Quality Improvement Council

Reviewed and Approved MSHN Compliance Plan on August 23, 2018
Compliance Policies

MSHN Operations Council

Reviewed and Approved MSHN Compliance Plan on September 17, 2018
Compliance Policies

MSHN Compliance Committee

Reviewed and Approved MSHN Compliance Plan on August 22, 2018
Compliance Policies

MSHN Staff

Received Compliance Training on November 9, 2017
Compliance Plan
Compliance Policies

Regional Compliance Committee

Reviewed and Approved MSHN Compliance Plan on August 29, 2018
Compliance Policies

Board of Directors

Received and approved MSHN Compliance Plan on January 8, 2019
Received Compliance Training on January 8, 2019

External

MSHN Compliance Plan and Compliance Line Available on Website

MSHN Customer Service Line Available on Website

MSHN Contact information located in Consumer Member Handbook “Guide to Services”

Summary

Notable Strengths/Trends/Areas of Improvement

During FY2018 there were several standards reviewed as part of MSHNs internal and external site reviews. When possible MSHN compares these standards to previous years to identify trends, strengths and areas of potential quality improvement.

The following are potential area of improvements that have been identified as a result of the FY2018 site reviews.

- Regional monitoring of Fiscal Intermediaries (FI) showed a low compliance percentage for staff training and identified inconsistency in compliance between all five FIs in meeting the required monitoring standards.

The following are strengths that have been identified as a result of the FY2018 site reviews.

- Inpatient hospital standardized recipient rights and consumer record monitoring showed an overall good understanding of Recipient Rights Operations including appeals.
- The Michigan Department of Health and Human Services (MDHHS) SUD site review demonstrated full compliance in all areas reviewed
- During the MEV site reviews, CMHSP Providers showed improvement in the attributes of C.) Service is included in the persons individualized plan of service, D) Documentation of the service date and time matches the claim date and time of the service and E.) Documentation of the service provided falls within the scope of the service code billed
- During the MEV site reviews, SUD Providers showed improvement in the attributes of B.) Beneficiary is eligible on the date of service and E.) Documentation of the service provided falls within the scope of the service code billed

The following are trends that have been identified as a result of the FY2018 site reviews.

- There is a continued upward trend of compliance regarding the MDHHS Habilitation Supports Waiver (HSW) site review in areas of Freedom of Choice and PCP Implementation
- The HSW site review continues to show good improvement in compliance with requirements for staff qualifications for non-licensed providers
- HSAG Performance Measure Validation Review (PMV) site review has been 100% in compliance with all standards reviewed since 2014 with notable strengths of being well prepared, good oversight of provider network and good relationships with our partners.
- HSAG Compliance Monitoring Site Review resulted in 100% compliance for the new standard of Management Information Systems and 100% compliance in the standards of Provider Network and Disclosure of Ownership, Control and Criminal Convictions
- HSAG PIP continued to demonstrate 100% compliance since FY2014/2015

Areas to Monitor

During the FY2018 MSHN internal and external site reviews, there were services and programs identified that had deficiencies that warrant further monitoring and oversight that include the following.

- Implementation of the Home and Community Based Service standards:
 - Review that agencies have policies and procedures that support implementation of the standards
 - Monitor the CMHSPs local level reviews for HCBS standards
- Autism Benefit and Implementation of Services
 - Monitor that verification and oversight of credentialing for ABA providers is occurring at the delegated level
- The DMC Site Reviews identified the following areas warranting additional monitoring:
 - Sub-Recipient Financial review had an average compliance score of 69% for all SUD Providers
 - SUD providers had a combined average of 79% of standards for Peer Recovery Support Services
 - Consumer chart reviews showed an average of 71% of standards for Recovery Housing
- MDHHS HSW site review showed a notable decrease in compliance on the standard of Behavior Treatment Review plans being developed according to the technical requirement, specifically the use of restrictive or intrusive techniques and a lack of evidence that provider staff were properly completing Critical Incident Reports to include corrective measures being taken to remedy and/or prevent reoccurrence
- Review and monitor of Customer Services' most frequently reported categories of complaints including access to treatment, appeals, provider practices and performance indicators
- The MEV site review identified a lack of documentation for per diem and 15-minute community living supports, personal care, and skill building among the CMHSP providers and a lack of documentation for the service being included in the beneficiary's individual plan of service for SUD Providers

Areas of Risk

MSHN's site review process for FY2018 identified areas where MSHN was at a higher risk of non-compliance with standards, state and federal rules, and contract requirements. These areas require monitoring, coordination of care, training and support for the provider network.

Those areas include the following:

- Credentialing staff who provide Autism Benefit Services
 - Ensure staff are properly credentialed to provide quality services that meet the need of consumer/family and to submit claims/encounters for reimbursement for services

- Reporting potential fraud, waste and abuse
 - Prompt reporting of suspected fraud to reduce potential ongoing submission of fraudulent claims and ensure that services are being provided to consumers as reported
- Peer Recovery Housing Services
 - Provide ongoing monitoring and technical assistance to ensure health, safety and proper treatment for consumers living in recovery housing and receiving services from peer recovery coaches
 - Provide assistance promoting adherence to the Recovery Housing Treatment Technical Advisory attached to the PIHP/MDHHS Contract
- Accurate reporting of claims and encounters from the provider network
 - FY2018 MEV findings included a total dollar amount of \$404,004.65 in invalid claims for the provider network based on a 5% sample of all claims submitted