



## *From the CEO's Desk*

**Joseph Sedlock**  
Chief Executive Officer

### **Eight Dimensions of Wellness**

#### **Social Wellness**

In previous newsletters, we have provided an overview and focused on emotional and social wellness. In this article, we are concluding our series on the eight dimensions of wellness. [SAMHSA's Wellness Initiative](#) suggests several practical ways we can improve our wellness in each dimension. Balance is particularly important for persons working on achieving or maintaining recovery:



**EMOTIONAL**-*Coping effectively with life and creating satisfying relationships*

- Be aware of and listen to your feelings
- Express your feelings to people you trust

**FINANCIAL**-*Satisfaction with current and future financial situations*

- Be thoughtful and creative about your budgeting and spending
- As needed, meet with financial professionals who provide free or low-cost services for guidance

**SOCIAL**-Developing a sense of connection, belonging, a well-developed support system

- Make at least one social connection per day by calling, e-mailing, or visiting someone
- Get active in a support group

**SPIRITUAL**-Expanding our sense of purpose and meaning in life

- Make time for practices that enhance your sense of connection to self, nature, and others
- Take time to discover what values, principles, and beliefs are most important to you

**OCCUPATIONAL**-Personal satisfaction and enrichment derived through one's work

- Work toward a career in a field you are passionate about or a volunteer activity that has meaning for you
- Communicate with your supervisor regularly and get support when needed

**PHYSICAL**-Recognizing the need for physical activity, diet, sleep, and nutrition

- Take the stairs instead of the elevator; replace driving with walking or bicycling when possible
- Get enough sleep-your body needs it to rejuvenate and stay well!

**INTELLECTUAL**-Recognizing creative abilities and finding ways to expand knowledge and skills

- Research a topic that interests you and share what you learned with others
- Find creative outlets that stimulate your mind and sense of curiosity

**ENVIRONMENTAL**-Good health by occupying pleasant, stimulating environments that support well-being

- Appreciate nature and the beauty that surrounds you
- Seek out music and other experiences that have a calming effect on your well-being

*This content was extracted from "What Individuals In Recovery Need to Know About Wellness," Substance Abuse and Mental Health Services Administration (SAMHSA). 2016. (SMA-16-4950).*

Please contact Joe Sedlock with questions or concerns related to the above information and/or MSHN Administration at [joseph.sedlock@midstatehealthnetwork.org](mailto:joseph.sedlock@midstatehealthnetwork.org).

## Organizational Updates

Amanda Horgan  
Deputy Director

### Medicaid Managed Care Rule Website

Mid-State Health Network continues to participate in the state-wide workgroup that has been charged with reviewing the new Medicaid Managed Care Rules. The Michigan Department of Health and Human Services (MDHHS) has recently assigned representation to the workgroup to assist in providing clarification of state level implementation plans. The workgroup has reviewed and assessed standards effective in 2016 (FY16/FY17) and 2017 (FY18); 2018 (FY19) and 2019 (FY20) standards will be assessed next. To help our provider network system and key stakeholders understand the upcoming changes, a website containing the Workgroup's Work Plan (assessment and analysis of impacts to Michigan system, with

recommendations and dates) and other general resources has been created and available for viewing at the following link: <https://sites.google.com/view/mhipfinalrule>



## MDHHS FY2017 Performance Bonus

### Integration of Behavioral Health and Physical Health Services

In an effort to ensure collaboration and integration between Medicaid Health Plans (MHPs) and Pre-Paid Inpatient Health Plans (PIHPs), the Michigan Department of Health and Human Services has developed the following joint expectations for both entities for Fiscal Year 2017:

**Continuation of Implementation of Joint Care Management Processes:** PIHPs to collaborate with Medicaid Health Plans for ongoing care coordination plan development and integration of services. MSHN has approximately forty (40) care plans developed to date with the eight (8) Medicaid Health Plans in our region.

**Follow-up After Hospitalization for Mental Illness:** PIHPs to monitor and ensure set standards are met for follow-up care for members after hospitalization. MSHN utilizes our data analytics system called ICDP (Integrated Care Delivery Platform) to track this measure regionally. In addition, Community Mental Health Service Programs (CMHSPs) have access to their respective data to monitor progress to the standard.

Please contact Amanda Horgan with questions or concerns related to MSHN Organization and/or the above information at [Amanda.horgan@midstatehealthnetwork.org](mailto:Amanda.horgan@midstatehealthnetwork.org).

## Information Technology

Forest Goodrich  
Chief Information Officer

### System Updates & Planning Efforts

The Managed Care Information System evaluation process is complete and findings will be developed and presented next month. This project will provide a big improvement in streamlining operations and information availability at MSHN.

We continue to expand our health information exchange processes as we work with the CMSHP participants and Michigan Health Information Network (MiHIN) to build on foundational techniques that can be used repeatedly for several different datasets requiring an exchange process. (ADT, Consent, Labs, Discharge summaries.) Securing this information during transmission remains a high priority.



Final submissions for encounter reporting and BH-TEDS reporting for fiscal year 2016 is coming to an end as the cutoff is December 31, 2016. We expect an increase in service volume and number of persons served this year due to an increase in

substance use disorder (SUD) and some growth in Healthy Michigan. It appears that we will meet all of the contractual reporting requirements for the Michigan Department of Health and Human Services (MDHHS).

The Supports Intensity Scale (SIS) tool, used to assist with the measurement of level of functioning for intellectually/developmentally disabled persons (iDD), is in the planning and design phase for integration into Community Mental Health Service Program (CMHSP) electronic medical records (EMRs). Currently, it is a stand-alone web application sponsored by MDHHS.

We are developing a work plan for expanding the Inpatient Denial Tracking System and to make it available for use in other regions.

Please contact Forest Goodrich with questions or concerns related to MSHN Information Technology at [forest.goodrich@midstatehealthnetwork.org](mailto:forest.goodrich@midstatehealthnetwork.org) or 517.253.7549.

## *Finance News*

**Leslie Thomas**  
**Chief Financial Officer**

### **Departmental Updates**

The Finance Department is currently preparing for year-end reporting to MDHHS and the Fiscal Year 2016 financial audit. We are also developing numerous reports for presentation to MSHN's Operations and Finance Councils. The intent of the new reports is to provide more useful information for decision making purposes. It also enhances accountability for the information being reported to and by MSHN on an interim basis.



MSHN continues to work with certain Substance Abuse Prevention and Treatment (SAPT) providers in assessing their fiscal payment arrangements. Numerous efforts have been made to resolve provider concerns as it relates to contract changes and to also provide technical assistance needed in order to reach certain utilization and spending targets.

Please contact Leslie Thomas with questions or concerns related to MSHN Finance at [leslie.thomas@midstatehealthnetwork.org](mailto:leslie.thomas@midstatehealthnetwork.org).

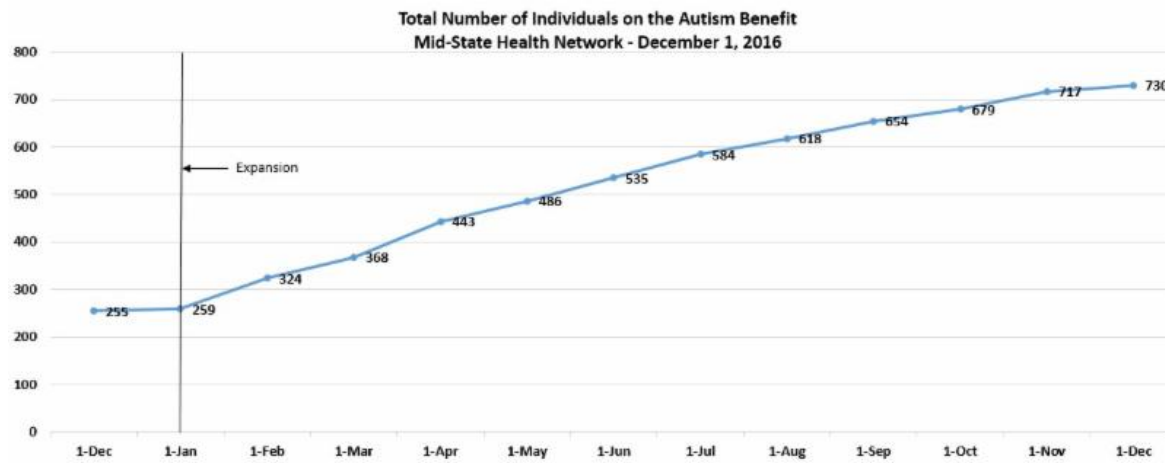
## *Utilization Management*

**Dr. Todd Lewicki, PhD, LMSW**  
**Utilization Management & Waiver Director**

### **Looking Back at 2016 and Moving Forward with ABA Services**

As of we move toward 2017, Mid-State Health Network (MSHN) continues to see a steady increase of children, adolescents, and young adults on the autism spectrum accessing services and supports that were previously unavailable to them. The Michigan Behavioral Health Treatment (BHT) benefit - including Applied Behavior Analysis (ABA) went into effect January 1, 2016, expanding services to include those

up through the age of 21. We are actively serving over 740 individuals and their families. At this time last year there were 255 children on the benefit. MSHN, along with its 12 Community Mental Health Service Providers (CMHSPs), are continuing to work hard to increase provider network capacity in our region in order to ensure that all receive the supports and services they need and as soon as possible. In collaboration with the Michigan Department of Health and Human Services (MDHHS) Autism Program, MSHN is continues to providing quality trainings to clinicians providing treatment to these individuals and their families.



## Home & Community Based Services Transition Efforts Advance

Mid-State Health Network (MSHN) has been working with the Michigan Department of Health and Human Services (MDHHS) and the Developmental Disabilities Institute (DDI) at Wayne State University to facilitate Michigan's Statewide Transition Plan to bring Medicaid waivers into compliance with the new Home and Community Based Services (HCBS) final rule. The purpose of this rule is to make sure that the services individuals receive give people the opportunity for independence in making life decisions, allow them to fully participate in community life, and to ensure that individuals' rights are respected. We are currently in what is called "Phase 2" of the survey process. Phase 1 individuals were surveyed late this summer and the remainder of the surveys (Phase 2) must be completed by January 31, 2017. As we receive further guidance and clarification from MDHHS, MSHN will work cooperatively with the Community Mental Health Service Programs (CMHSPs) and their provider network to notify those that are out of compliance, develop remediation plans, facilitate transition planning for those who cannot come into compliance, as well as the ongoing monitoring of compliance. Further information and educational materials can be found at the [MDHHS HCBS Transition website](#) as well as [DDI website on HCBS Transition activity](#).

Please contact Dr. Todd Lewicki with questions or concerns related to MSHN Utilization Management at [todd.lewicki@midstatehealthnetwork.org](mailto:todd.lewicki@midstatehealthnetwork.org).



## Treatment & Prevention

Dr. Dani Meier, PhD, LMSW  
Chief Clinical Officer



## Second Chances and Saving Lives

In an overdose situation, opioids-heroin or prescription pain killers-tell the part of the brain that controls breathing to slow or shut down, thus causing respiratory failure. In effect, the overdosing individual can suffocate to death. Tens of thousands of American citizens die this way every year, in numbers that now exceed both car accidents and gun deaths.

Naloxone, the overdose reversal drug, is a critical tool in our arsenal for combating the mounting opioid epidemic in our state (and our country). In the hands of first responders-EMTs, firefighters law enforcement-this overdose antidote can be administered to an individual who has overdosed and is near death. The naloxone almost instantly displaces the toxic opioids from the opiate receptors in the brain, thus allowing neural signals for normal breathing to resume. It has saved countless lives, offering those individuals a second chance. And sparing their loved ones a tragic loss. It has saved sons and daughters, fathers and mothers, adults and even children.

By the time this newsletter is sent, MSHN will have delivered over 650 naloxone (brand name Narcan) nasal inhaler kits to our CMHSP partners. Some of these kits will be distributed to law enforcement while others will be housed on-site at CMHs for use with their own consumers or for distribution to concerned helpers, family and friends of those at-risk for overdose.

In a recovery-oriented system of care, addiction is seen as a chronic disease that must be treated with compassion and understanding, with awareness that it may take months or perhaps years for recovery to take hold and sustain over a lifetime. Moreover, the brain science of addiction acknowledges that relapses are common, even in the wake of an overdose. But each overdose that's reversed offers that individual a window of opportunity to literally breathe another day and to consider engagement in treatment, that critical step forward towards recovery, safety and reclaiming one's life.



Please contact Dr. Dani Meier with questions or concerns related to MSHN Clinical/Treatment and Prevention at [dani.meier@midstatehealthnetwork.org](mailto:dani.meier@midstatehealthnetwork.org).

## Provider Network Updates

Carolyn T. Watters, MA

Director of Provider Network Management Services

### Regional Inpatient Workgroup

MSHN, through the Operations Council, has established a temporary workgroup to focus on regional standardization as it related to inpatient contracts. The workgroup will be comprised of a cross-function team representing all CMHSP's. The output of this workgroup supports MSHN's responsibility to promote maximum value, efficiency and effectiveness. Provider network responsibilities include the development of a single contract template and a single provider performance monitoring template.



### **Psychiatric Inpatient Advocacy**

MSHN was awarded a Health Innovation Grant to support state-wide expansion of the psychiatric inpatient denial data collection efforts. Our objective is to obtain baseline data from all 46 CMHSP's for the number of consumers denied inpatient access across the state and to provide state-wide data to the Certificate of Need Commission. With the grant funds, MSHN has identified a vendor to assist with the database enhancements and technical support. Click [HERE](#) to access the latest regional report for the period of March 1, 2016 through December 5, 2016.

For questions and concerns related to MSHN Provider Network Management, please contact Carolyn Watters at [Carolyn.watters@midstatehealthnetwork.org](mailto:Carolyn.watters@midstatehealthnetwork.org).

## ***Quality, Compliance & Customer Service***

**Kim Zimmerman**

**Director of Quality, Compliance and Customer Service**

### **New Medicaid Initiatives: OIG FY2017 Work Plan**

Annually, the Department of Health and Human Services Office of Inspector General (OIG) publishes a Work Plan for the upcoming fiscal year that summarizes the new and ongoing OIG reviews and initiatives.

The OIG's Work Plan sets forth its initiatives and priorities for the 2017 federal fiscal year (FFY), which the OIG will pursue through audits, investigations, inspections, industry guidance (including advisory opinions) and enforcement actions (including actions to impose civil monetary penalties, assessments and administrative sanctions, such as exclusions). The 2017 OIG Work Plan includes the audits begun in years past that will continue into FFY2017 as well as new audits scheduled to begin in FFY2017.

There are many new initiatives and reviews included in the 2017 OIG Work Plan. Below highlights the new Medicaid Initiatives.

#### **States' Managed Care Organization (MCO) Medicaid Drug Claims**

A drug manufacturer must have a rebate agreement with CMS to have its outpatient drugs covered under Medicaid (Section 1927(a)(1) of the Social Security Act). The OIG will determine whether MCO capitation payments included reimbursement for drugs that are not covered under the Medicaid program.

#### **Data Brief on Fraud in Medicaid Personal Care Services**

The OIG will issue a data brief that provides an overview of personal care services (PCS) statistical data collected since 2012. The data brief will provide information on state and federal investigations, indictments, convictions and recoveries involving

fraud and patient abuse or neglect in Medicaid PCS.

### **Delivery System Reform Incentive Program**

Delivery system reform incentive payments are incentive payments made under section 1115 waivers to hospitals and other providers that develop programs or strategies to enhance access to healthcare, increase the quality and cost-effectiveness of care, and increase the health of patient and family served. The OIG review will ensure that select states adhered to applicable federal and state requirements when they made incentive payments to providers.

### **Accountable Care in Medicaid**

The OIG will review selected accountable care models in Medicaid for compliance with relevant State and Federal requirements.

### **Third-Party Liability Payment Collections in Medicaid**

The OIG will determine if states have taken action to ensure that Medicaid is the payer of last resort by identifying whether a third-party payer exists and if the state correctly reports the third-party liability to CMS.

### **Medicaid Overpayments, Reporting and Collections**

For OIG audits in which CMS concurred with recommendations to collect Medicaid overpayments from a state, the OIG will determine whether the overpayments have been recouped and properly reported to CMS.

### **Health-Care Related Taxes: Medicaid MCO Compliance with Hold-Harmless Requirement**

The OIG will determine if health-care-related tax programs for MCOs meet federal hold-harmless requirements in 42 CFR Sec. 433.68 by examining the tax programs in large states that tax MCOs.

### **Healthcare-Acquired Conditions - Medicaid MCOs**

The Affordable Care Act Sec. 2702, and implementing regulations at 42 CFR § 447.26 prohibit Federal payments for provider preventable conditions. Because the OIG found problems with states making fee-for-service payments associated with provider preventable conditions in prior reviews, the OIG is expanding its review now to managed care arrangements. The OIG will determine whether Medicaid MCOs have continued to make payments to providers for inpatient hospital services related to treating certain provider preventable conditions.

### **Overview of States' Risk Assessments for Medicaid-Only Provider Types**

Section 6402 of the Affordable Care Act requires enhanced screening for providers and suppliers seeking initial enrollment, reenrollment or revalidation in Medicare, Medicaid and CHIP according to risk. The OIG will review states' assignment of Medicaid-only providers to the federally designated risk categories of high, moderate, and limited and any challenges states face in screening Medicaid-only provider types.

Staying up-to-date on the current initiatives identified in the OIG Work Plan helps the Mid-State Health Network Region focus on the areas that are identified as priorities and help minimize our risk of being out of compliance with federal and state regulations and requirements.

For questions and concerns related to MSHN Quality, Compliance and Customer Service, please contact Kim Zimmerman at [kim.zimmerman@midstatehealthnetwork.org](mailto:kim.zimmerman@midstatehealthnetwork.org).





Mid-State Health Network (MSHN) exists to ensure access to high-quality, locally-delivered, fiscally responsible, and effective behavioral healthcare that promotes recovery and resiliency.

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