MSHN
Mid-State Health Network

POLICIES AND PROCEDURE MANUAL

Chapter:	**Population Health**		
Title:	**Health Home Care Plan Monitoring Procedure**		
Policy: ☐ **Procedure:** ☒ **Page:** 1 of 3	**Review Cycle:** Biennial **Author:** Chief Population Health Officer	**Adopted Date: 09.10.2024** **Review Date:**	**Related Policies:**

Purpose

The purpose of this procedure is to outline the process that will be used by Mid-State Health Network (MSHN) and its regional Health Home Partners (HHP) to ensure effective implementation and monitoring of person-centered care plans for all beneficiaries enrolled in Opioid Health Home (OHH) and Behavioral Health Home (BHH) initiatives.

Procedure

1. Requirements - Within 90 days of enrollment, the health home care team must work with the beneficiary to develop and complete a health home care plan. Care plans must include all required components as outlined in the Michigan Department of Health and Human Services (MDHHS) Behavioral Health Home Handbook or MDHHS Opioid Health Home Handbook.

   As the Lead Entity, MSHN will perform periodic reviews of health home care plans to ensure they are developed within the required 90-day timeframe, include all necessary components as outlined in the MDHHS Health Home Handbook, and are reviewed and revised at least annually or more frequently based on the beneficiary's progress and changing needs. The care plan review process is intended to be collaborative and an opportunity for MSHN to provide consultative feedback to HHPs.

2. Frequency - The frequency of care plan reviews will be quarterly for the first 12 months that a provider is operating as a HHP to allow timely opportunities for feedback and technical assistance to new HHPs.

   The frequency of care plan reviews will be reduced to twice annually for HHPs that demonstrate a history of successful care plan implementation during the first 12 months of operation. Evidence of successful care plan implementation is demonstrated by timely development of care plans for new beneficiaries, timely revisions and updates to care plans based on beneficiary's needs (annually, at minimum), and coordination with other providers/entities involved in the beneficiary's care.

3. Case Selection Methodology– Reviews will be performed on a sample of cases based on 20% of the total beneficiary enrollment at the HHP site location with a minimum of 3 cases/maximum of 10 cases. Cases must have been open a minimum of 90 days to allow time for care plans to be created for newly enrolled beneficiaries. Alternate cases may be selected if a case has previously been reviewed in the last 12 months.

4. Documents Reviewed - MSHN Integrated Health staff will review the following documents when a case is selected:
   a. Assessment – must include the following components:
      i. Behavioral health care needs;

ii. Physical health care needs including primary and specialty medical services;
iii. Beneficiary readiness to change;
iv. Social, educational, vocational, housing, transportation and community resource needs

b. MDHHS-5515 Behavioral Health Consent Form
c. Care Plan

5. Submission - Each HHP must select one of the following options for providing documentation to MSHN:
    a. The HHP will upload all required documents (assessment, MDHHS-5515 Behavioral Health Consent Form, and Care Plan) to the Waiver Support Application for all enrolled beneficiaries. Documents must be uploaded within 90 days after the HHP recommends the beneficiary for enrollment; -OR-
    b. The HHP will provide MSHN Integrated Health Staff with auditor login credentials to the HHP's Electronic Medical Record (EMR) system. MSHN Integrated Health Staff will log in to the HHP EMR to review the necessary clinical documents when performing care plan reviews. This option has the added benefit of reducing administrative burden for HHP staff while ensuring that MSHN is able to perform required monitoring and oversight functions as the health home lead entity. If a beneficiary chooses to transfer to a different health home, the current HHP will be required to upload the assessment, MDHHS-5515 Behavioral Health Consent Form, and the care plan to the Waiver Support Application in order to facilitate a smooth transition of care to the new health home.

6. Review Summary - On a quarterly basis MSHN will provide the HHP with a summary of all cases reviewed during that quarter and any recommendations, if applicable. Recommendations will focus on quality and process improvement efforts to ensure the HHP meets and maintains requirements as outlined in the Michigan Department of Health and Human Services (MDHHS) Behavioral Health Home Handbook or MDHHS Opioid Health Home Handbook. HHPs are not required to submit corrective action plans to MSHN in response to care plan monitoring reviews, however during subsequent care plan monitoring reviews MSHN will check for evidence that previous recommendations have been addressed and incorporated.

Applies to:
☒ All Mid-State Health Network Staff
☐ Selected MSHN Staff, as follows:
☒ MSHN's CMHSP Participants: ☐ Policy Only ☒ Policy and Procedure
☒ Other: Sub-contract Providers

Definitions:
BHH: The Behavioral Health Home is a service model that provides comprehensive care management and coordination services to Medicaid beneficiaries with a serious mental illness or serious emotional disturbance.
CMHSP: Community Mental Health Service Program
EMR: Electronic Medical Record

HHP: Home Health Partners provide comprehensive care management, care coordination, health promotion, comprehensive transitional care and follow-up, individual and family support, and referral to community social services to Medicaid beneficiaries with serious and complex chronic conditions.
MDHHS: Michigan Department of Health and Human Services
MSHN: Mid-State Health Network
OHH: The Opioid Health Home is a service model that provides comprehensive care management and coordination services to Medicaid beneficiaries with Opioid Use Disorder.
PIHP: Prepaid Inpatient Health Plan

References/Legal Authority:
MDHHS BHH Handbook
MDHHS OHH Handbook

Change Log:

Date of Change	Description of Change	Responsible Party
11.2023	New Procedure	Chief Population Health Officer