MSHN
Mid-State Health Network

Provider Meeting General Session (All Providers)

September 23, 2021
12 PM - 1 PM

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Regional Updates

September 2021

Welcome - CEO Updates	Joe Sedlock, Chief Executive Officer
Staffing Updates	Amanda Ittner, Deputy Director
Grants - SOR & COVID	Heather English, Grant Coordinator
Workforce MDHHS Workgroup	Dani Meier, Chief Clinical Officer
Provider Meeting Feedback	Dani Meier

Followup: *joseph.sedlock@midstatehealthnetwork.org*

CEO Updates:

- **Welcome and thank you all for making the time to meet today.**
- **Moment of Silence to Honor Jill Worden's memory.**
- **MSHN is grateful for all that our provider partners are doing to address needs of beneficiaries especially during pandemic.**

  - MSHN will continue its provider financial stabilization initiative through FY 2022. Please communicate directly with Leslie Thomas, MSHN CFO, for any needs and we will work with you to address them if we possibly can. Current regional guidance is on the Coronavirus page of the MSHN website.
  - MSHN will continue the Direct Care Worker Premium Pay program for staff providing specified service codes through FY22. SUD Providers should complete the form published by MSHN to obtain resources to support improved hourly wages for qualifying individuals. Regional guidance is currently being updated to reflect recently passed legislation upgrading the hourly rate to $2.35 plus 12% employer costs. Regional guidance is posted on the Coronavirus page of the MSHN website.
  - We are maintaining all COVID guidance documents on our website for both current and historical reference purposes. When materials are posted, they are posted with a revision date and most items are flagged as "new" – even within the documents - as applicable. We know there's a lot of information and appreciate providers using the documents and guidance we are providing. If there are any questions about our documents or postings to this (or any) section of our website, please contact our office.

CEO Updates:

MSHN is grateful and thanks all provider partners for working with MSHN to absorb significant block grant reductions at the start of this fiscal year.

- Appears the MSHN regional strategy will meet the goals we had set.
- MSHN regrets that this reduction had to be implemented and appreciates all our providers have done to address the needs of individuals served under block grant.

MSHN's FY 22 budget was approved by the MSHN board on 09/14/2021, including FY 22 contracts that were recommended for approval.

- As a part of our FY 22 budget, MSHN proposed and the MSHN Board approved a 4% regional provider rate increase for a number of REMI billable service codes effective 10/01/2021.
- Due to limited block grant resources, services funded by block grant only (case management, childcare, recovery housing, residential room and board, transportation) will not be changing. Please refer to the provider fee schedule report that will accompany the FY2022 contract for codes and rates specific to your agency.
- Increases will be reflected in fee-for-service contracts that are being released this week and next week.

CEO Updates:

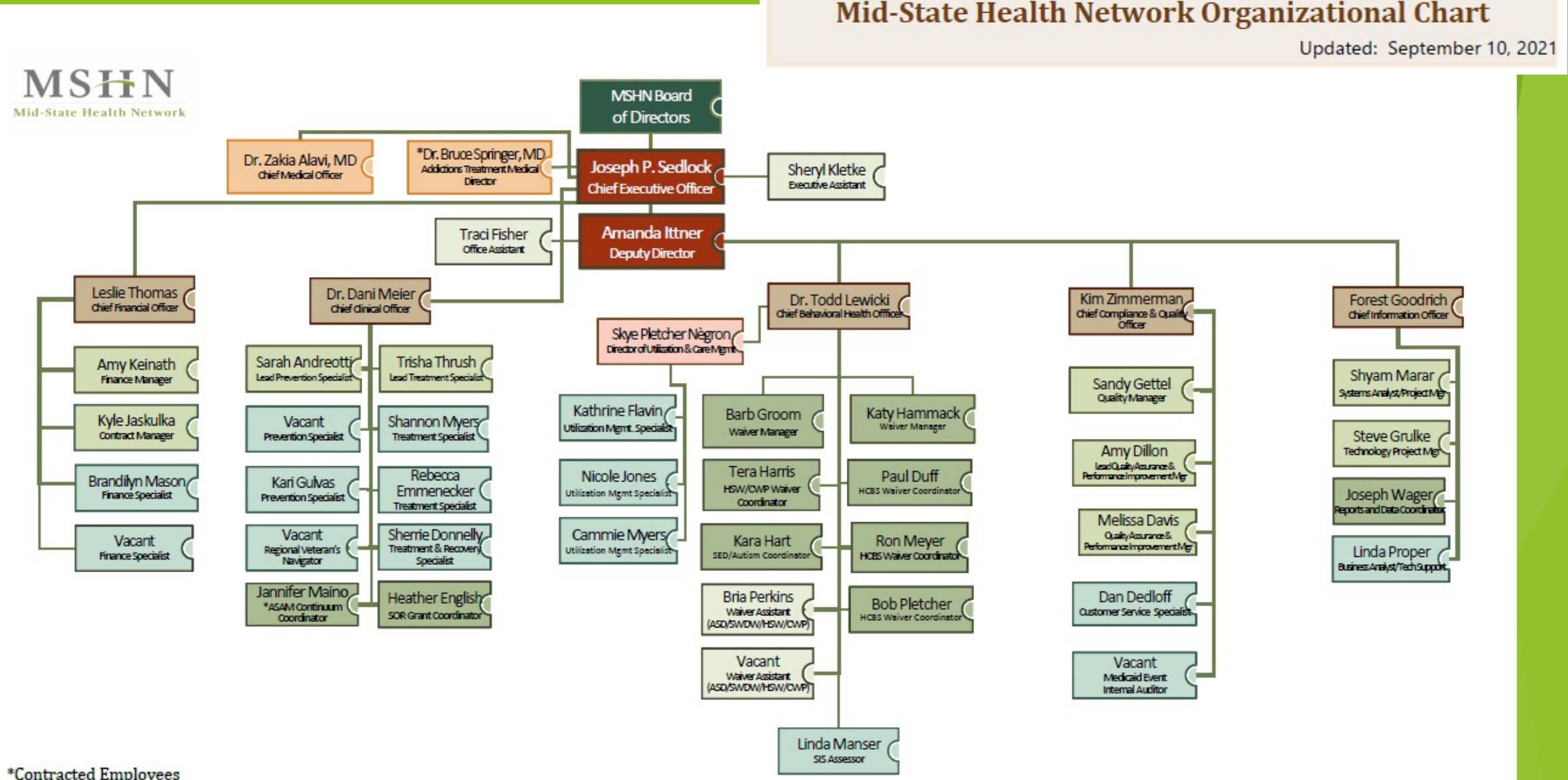
System redesign dialog is ongoing and in MSHN's view is a serious threat to beneficiaries, communities, providers, CMHSPs and PIHPs. There are many different points of view on the current proposals in the House and Senate. Both intend to eliminate PIHPs.

MSHN advocates strongly that the public system remain public. The connections of MSHN with our providers and communities matter! Our partnerships make our outcomes happen. These connections will be lost if either set of proposals becomes law and cannot be replicated in either of the models proposed.

- MSHN appreciates your views may be aligned with ours or may differ. MSHN asks you to support the public behavioral health system remaining public; that you communicate that financial integration does not equate to integrated healthcare.
- It is notable that SUD services are not a prominent feature of the dialog. In MSHN's view, the impact to beneficiaries of the SUD system -- and its providers -- would be significant.
- While we would appreciate supportive statements, it is important that you express your views to legislators and others.

Once again, we value our partnerships with you in service to individuals, families and communities in our region. THANK YOU.

Staffing Updates:

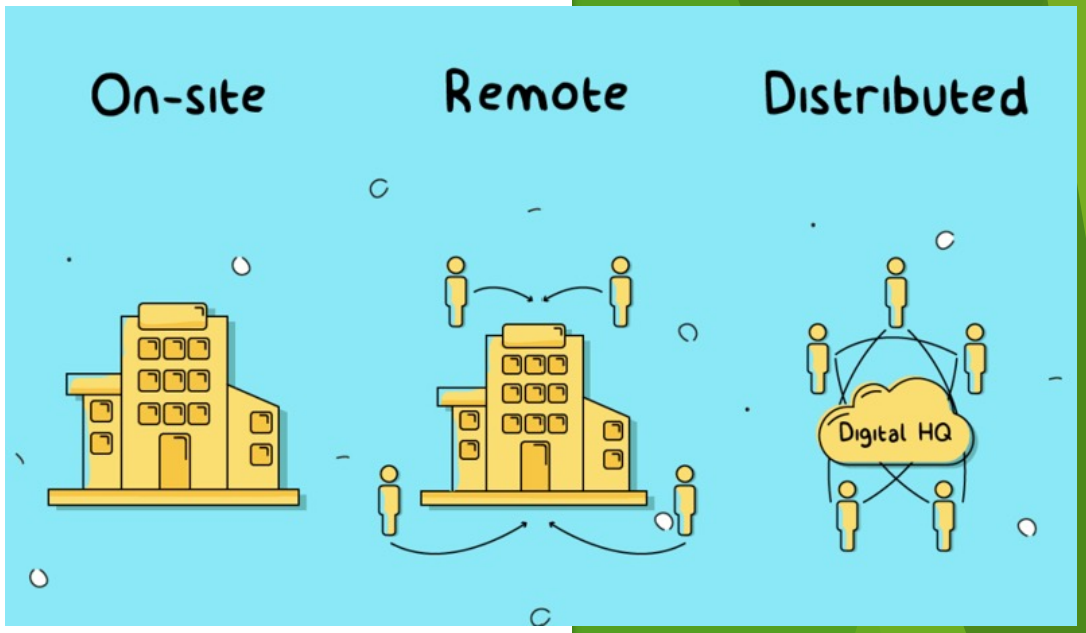


Followup: *amanda.ittner@midstatehealthnetwork.org*

MSHN Staffing Updates

- Director Of Provider Network Management Systems position was eliminated and responsibilities assigned to other areas.
- Contract Management is now under Finance
  - Contract Manager will handle organizational credentialing and contracts as current process
- Quality Review/Site Reviews under Compliance Department
  - Amy Dillon assigned as Lead for reviews, communication, point for questions, etc.
- Chief Compliance and Quality Officer will now be communicating any non-compliance concerns
- Sarah Andreotti, promoted to Lead Prevention Specialist
- Vacant Positions
  - Veterans Navigator
  - Medicaid Event/Internal Auditor

MSHN Workforce Survey



CMHSP/SUD Provider Network REMOTE Survey

Mid-State Health Network would like your input.

Mid-State Health Network would like your input into our post-COVID planning for future staff operations. This survey requests your feedback about what has worked well, or not so well, during the pandemic while our staff operated in a virtual environment and your preferences as a regional partner for our staff to either continue an all-remote, partial remote/office based (hybrid) or full return to pre-pandemic onsite work arrangement. Thank you in advance for your participation.

OK

Followup: *amanda.ittner@midstatehealthnetwork.org*

MSHN Workforce Survey Coming Soon

- MSHN will be sending out a survey via survey monkey email as well as a link in the next constant contact
- Obtaining input on MSHN staff conducting business via remote, virtual/on-site (hybrid) or pre-pandemic operations
- MSHN will utilize provider input to develop our future strategy regarding workforce operations
- Feedback is anonymous
- Result will be shared with the network

Grant Updates

- SOR Spending – Reminder: Sept. 29 last day to spend

- COVID Mitigation – There will be limited funding made available to support reducing the spread of COVID and identifying positive cases.
  - TX: Provide onsite COVID-19 testing (not vacccines)
  - TX: Install temporary structures & retrofit facilities to support COVID-19 testing and COVID-19 mitigation
  - TX & PX: Develop & implement strategies to address consumer hesitancy around testing
  - TX & PX: Promote behaviors that prevent the spread of COVID-19 and other infectious diseases

More details to follow re: COVID mitigation funds upon receipt from MDHHS.

Followup: *heather.english@midstatehealthnetwork.org*

BHDDA Workforce Strategy Group

MSHN recognizes the dire workforce shortages impacting our field. We're participating in the BHDDA Workforce Strategy Group that's looking at:

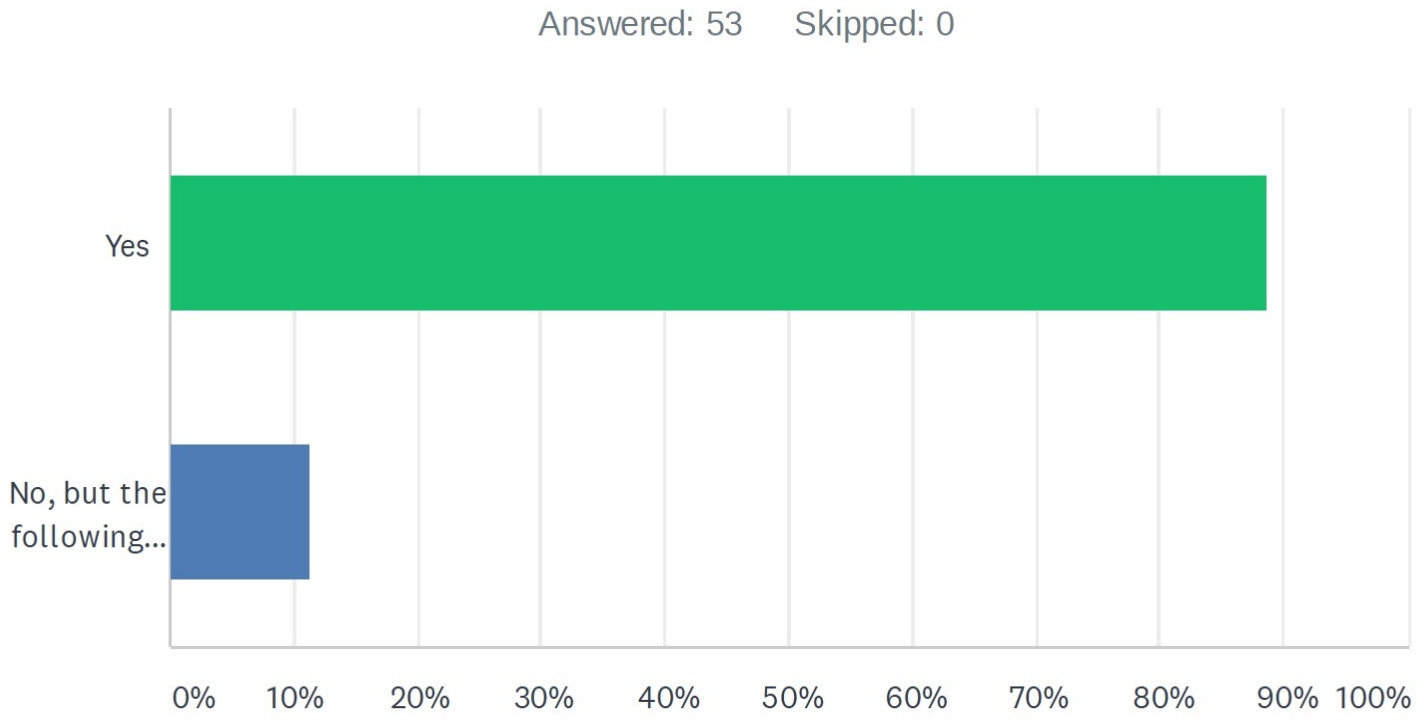
- Increased wages
- Tuition Reimbursement and/or Loan Forgiveness
- Benefit Improvements (Medical Insurance, childcare, etc.)
- Career pathway certainty
- Longevity/retention bonuses
- Support for DEI in hiring and retention
- *Develop tracks for high school career-tech programs (suggestion from the Provider Meeting & forwarded to the BHDDA Workgroup)*

If you have other ideas, please them send to

Dani.Meier@midstatehealthnetwork.org

Provider Meeting Survey - Results

Do you find the provider meeting to be valuable and a good use of your time?

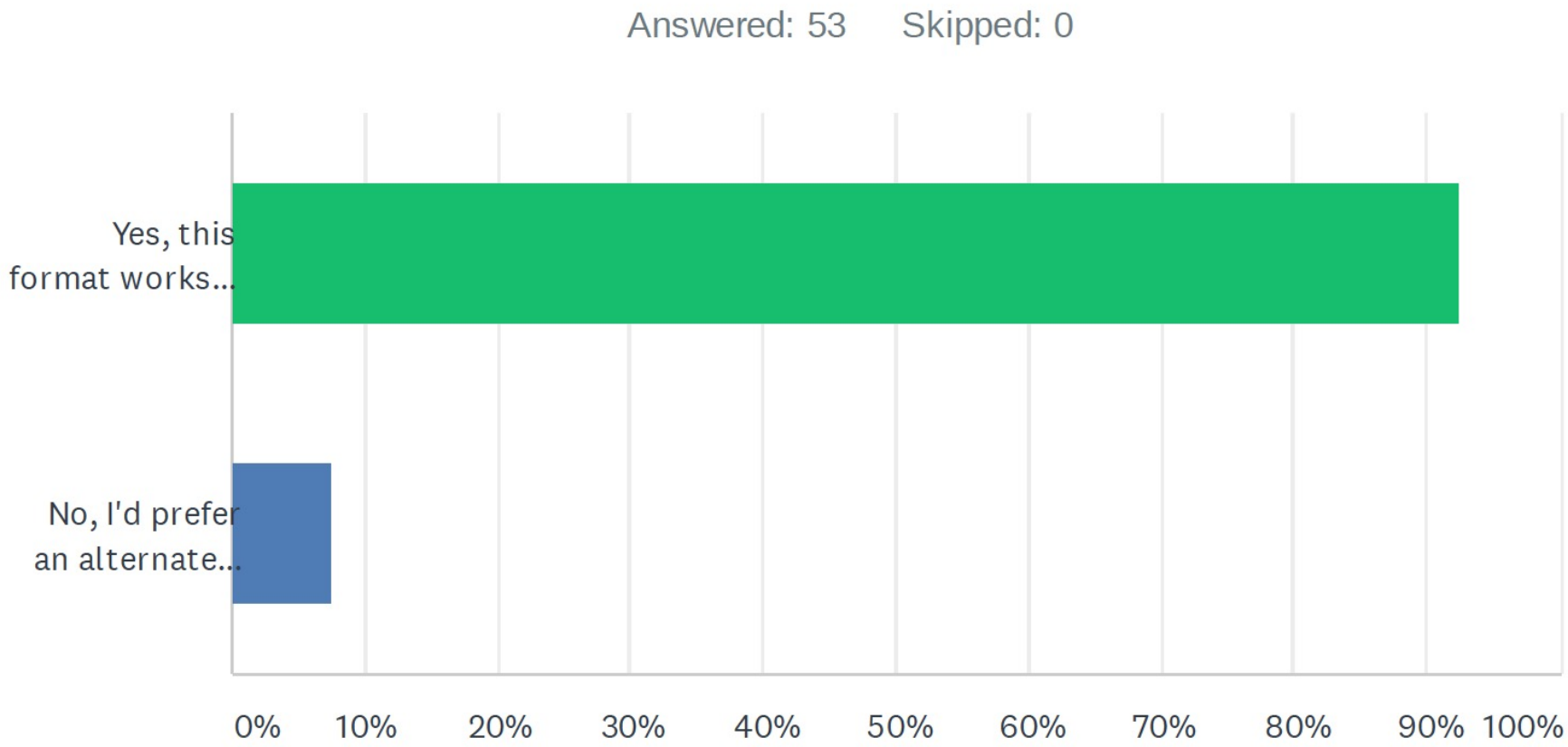


Sample Comment: "Some discussions are broad & it's unclear where to go for more detailed info."

Response: MSHN will ensure we have an identified point of contact for follow up (as we have here with email addresses provided on slides here)

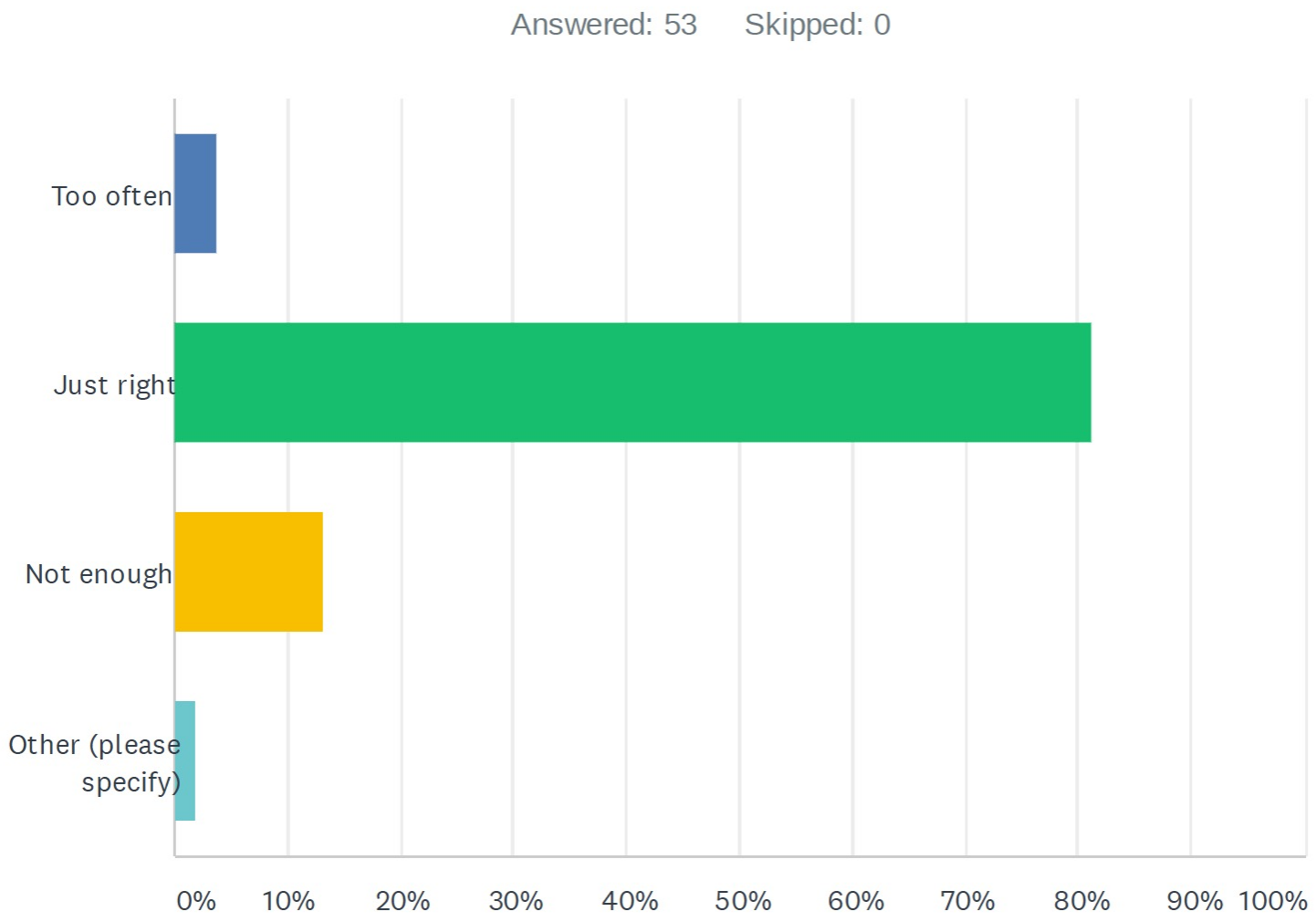
Provider Meeting Survey - Format

The format of the provider meeting is usually a plenary session, followed by breakout sessions. Do you like this format?



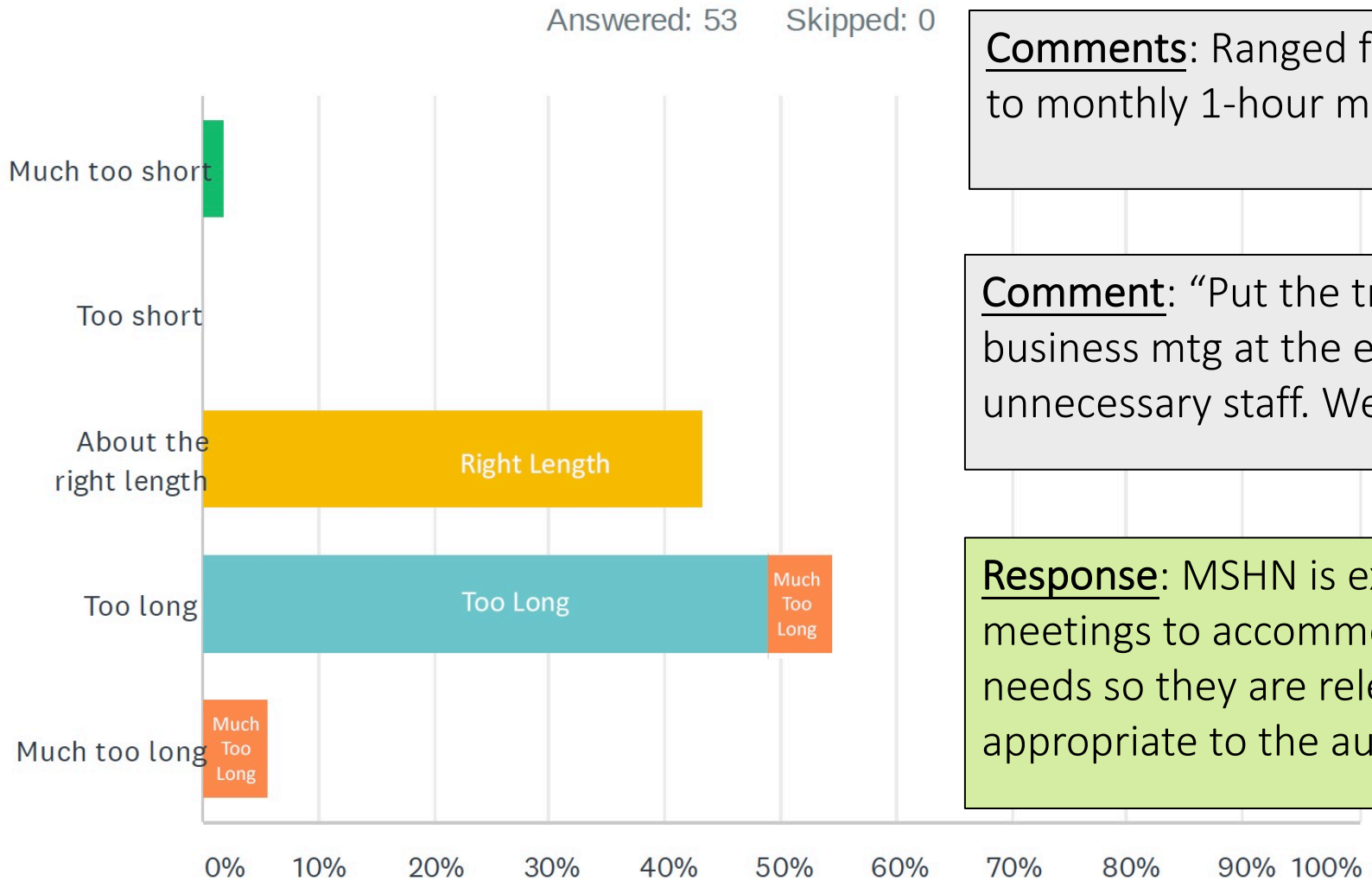
Provider Meeting Survey - Frequency

The provider meetings are held every three months. Is this too often or not often enough?



Provider Meeting Survey – Duration

Each provider meeting is typically 3 hours long and is held virtually. Does this offer sufficient time? Do you find it too long or too short?



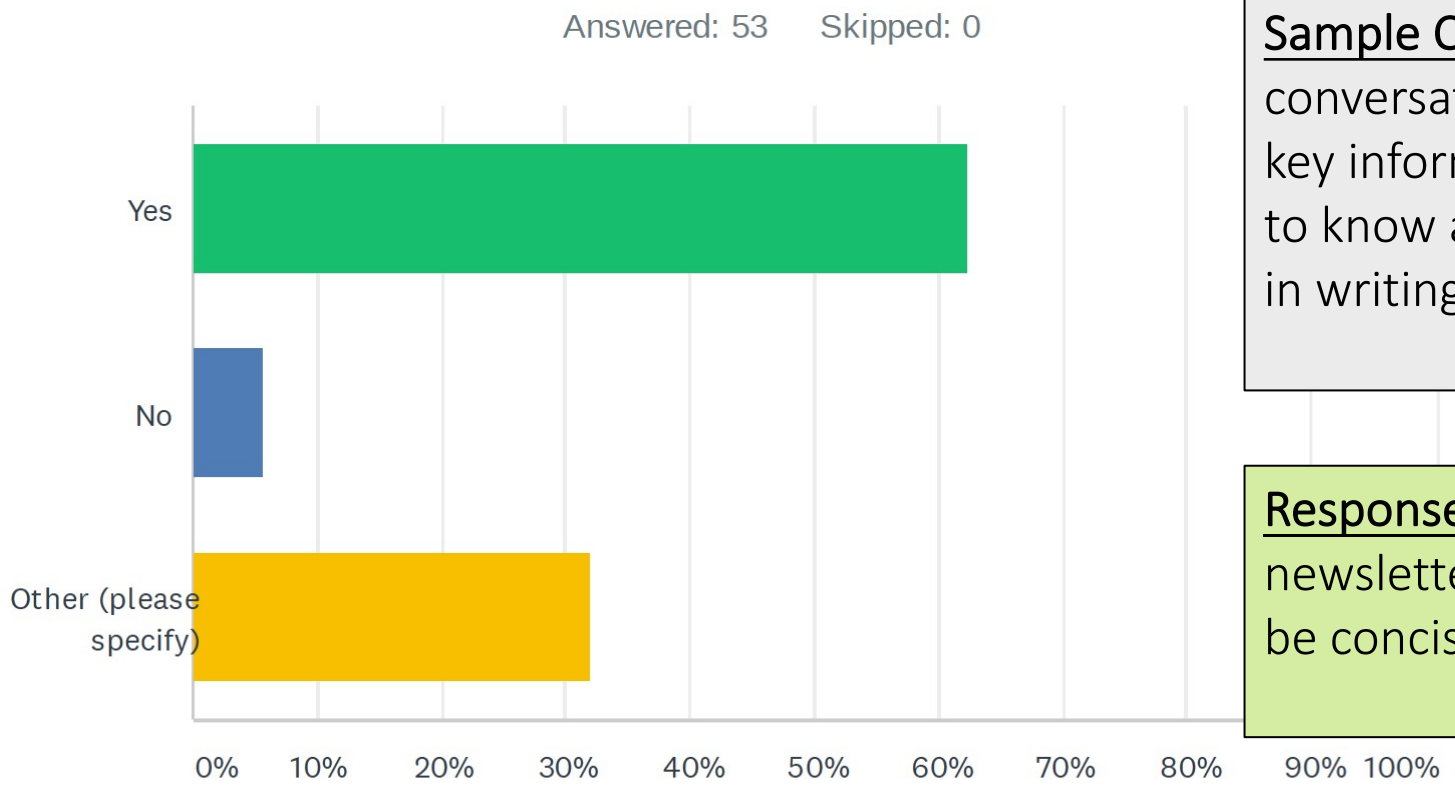
Comments: Ranged from "too long" to "switch to monthly 1-hour meetings."

Comment: "Put the training & CEU's up front & business mtg at the end so we can release unnecessary staff. We bring staff for trainings."

Response: MSHN is exploring ways to restructure meetings to accommodate various participants' needs so they are relevant and time allotted is appropriate to the audience.

Provider Meeting Survey – Plenary Content

Do you find the plenary session content relevant and helpful to you? Is he general information in the plenary helpful in that venue or would you prefer it in writing via email or our weekly SUD Newsletter?

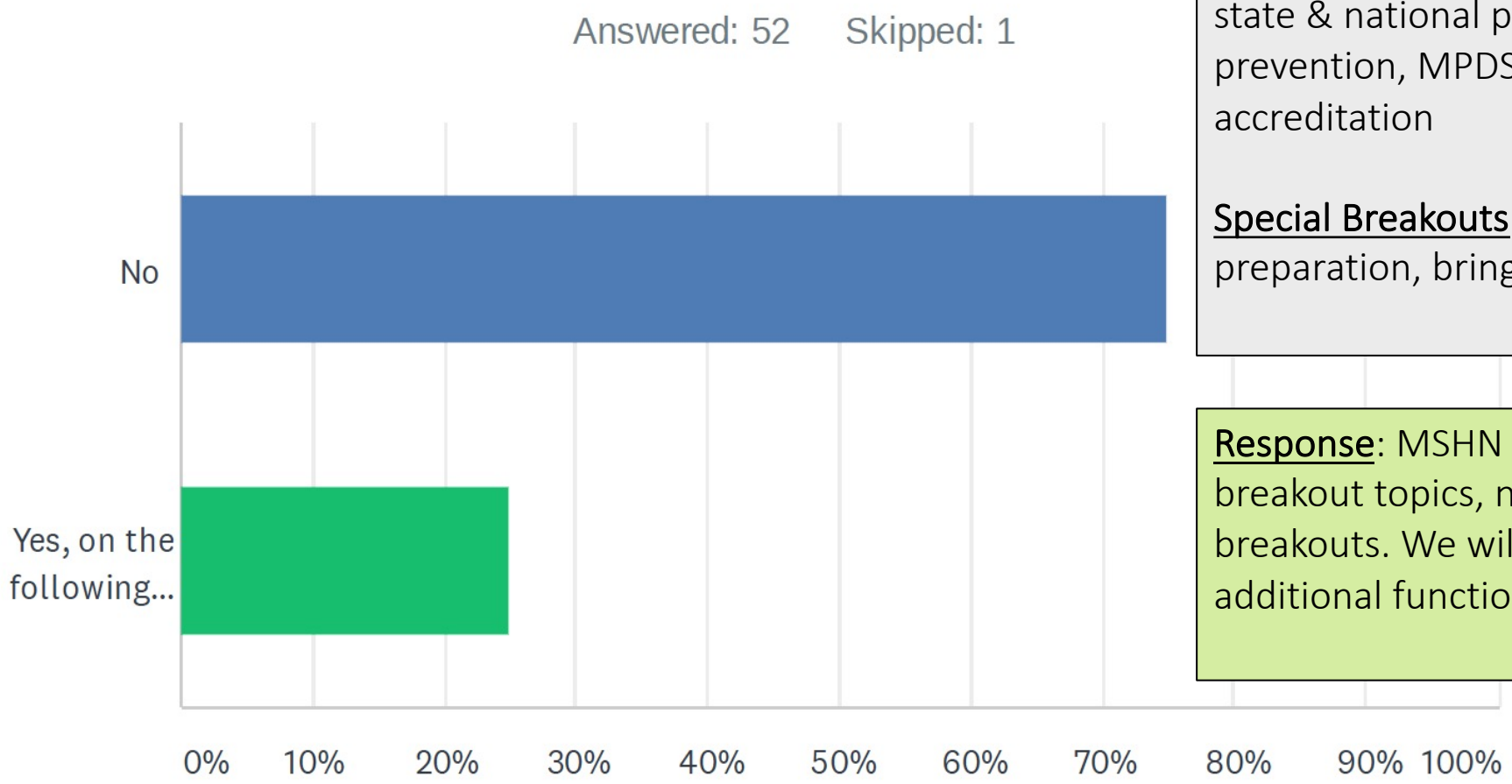


Sample Comment: "Nice to hear the conversation regarding some of the info, but key information that you want all providers to know and understand is necessary to have in writing as well."

Response: MSHN will continue to use email, newsletters and meetings and will strike to be concise.

Provider Meeting Survey - Trainings

Would you like more breakouts and/or trainings? If so, which topics would you request?



Topics Requested: Trauma, EBPs, drug trends, state & national policies, ASAM Continuum, prevention, MPDS, telemed, value of CARF accreditation

Special Breakouts: REMI, Finance Dept, audit preparation, bring in expert speakers

Response: MSHN will work on expanding breakout topics, not necessarily adding more breakouts. We will also develop breakouts for additional functional areas.

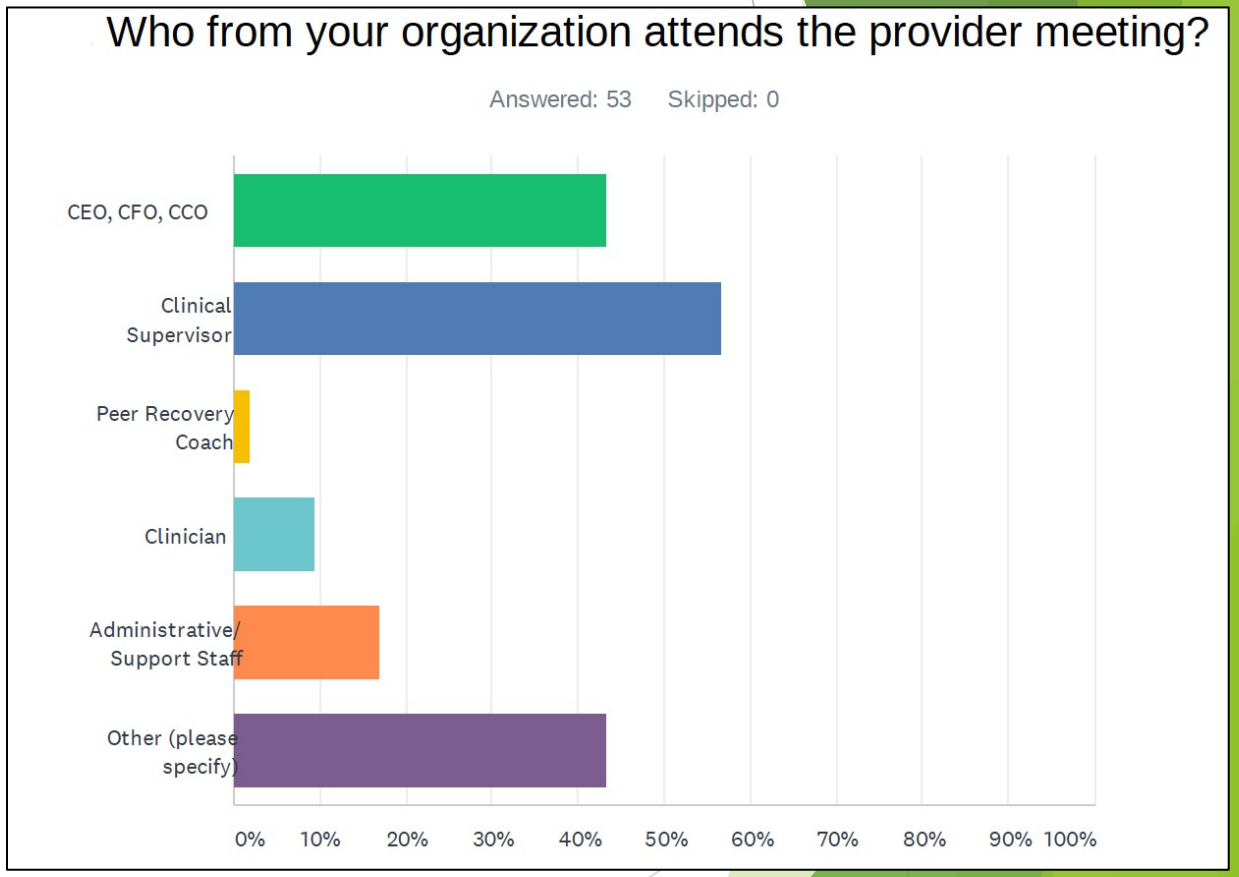
A Sample of Comments

- “MSHN staff does nice job!”
- “Meetings are efficient & well planned. A great use of our time.”
- “Constant Contact:
  - Emails are wonderful. Always provide relevant information.”
  - “Really appreciate weekly newsletters. Very valuable & well put together.”
  - “The newsletter is too much!”
- “Prefer in person. Long for connection to colleagues.”
- “Request more discussion about relevant legislation & policy.”
- ”Seek provider input on direction & needs of the field.”
- “Report out less & have more collaboration.”
- “Kari, Sarah and Heather Rock!!!”

MSHN will distill and review all comments and incorporate suggestions to inform planning for future provider meetings.

Things for us to Consider:

- Provider meetings draw mixed audiences with staff in multiple roles & departments.
- This presents challenges to making content & time spent relevant for all attendees.
- MSHN has multiple distinct functional groups based on LOC or program area:
  - WSS
  - Residential
  - PX
  - MAT
  - Recovery
  - OPT (pending)
- We will explore additional cohort groups: CEOs/Directors, finance staff, etc.
- Please use email below for additional thoughts about Provider Meeting improvements.



Followup: *dani.meier@midstatehealthnetwork.org*

Thank you!

- Thanks to those who attended the Provider Meeting.
- Apologies to those who couldn't attend due to the meeting being "full." We are looking into why the Zoom participant capacity excluded some who tried to attend.
- Thank you to those who participated in the survey.
- Thanks in advance for any additional feedback you send us.

- Please continue at 1:15 PM for Prevention & Treatment breakouts.

- Stay safe & thanks for all you do to support our region's most vulnerable citizens.

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Prevention Breakout

September 23, 2021

- Prevention Team Changes
- MPDS
- Reminders & Updates
- FY22 COVID Block Grant Funds

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Prevention Team Updates

- Sarah- Arenac, Bay, Clinton, Eaton, Ingham, Gratiot, Hillsdale, Jackson, Midland, Saginaw

- Kari- Clare, Gladwin, Huron, Isabella, Ionia, Mecosta, Montcalm, Newaygo, Osceola, Shiawassee, Tuscola

MPDS

- Program Name Field- “OTHER” should not be used
  - Use one of the drop-down options or contact us for help
- A few tips if you are not sure which program to choose, or think your program is not listed
  - Think very generally! Many times, a community event is part of the coalition activities and be listed as Community Based Process- Coalition.
  - Any kind of coalition meeting or activity can be listed under Community Based Process- Coalition. This can be used for not only your prevention coalition activities, but *any* coalitions such as community health, Great Start, school health, faith-based coalitions, etc.

MPDS

- FY21 Closeout
  - Same as previous years- please see instructions emailed on 9/20/21
  - Closely follow instructions to ensure proper and efficient closeout
  - Closeout must be completed by October 31, 2021.
- FY22
  - In Group Notes section, list which of the MSHN Strategic Plan Goals you are addressing- Underage Drinking, Tobacco, Marijuana, Opiates or Older Adults
  - Also continue listing delivery type- Virtual, Hybrid or Face-to-Face
- MPDS Questions?

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Reminders and Updates

- Reports Due
  - End of Year Reports
  - Training/MSHN Meetings Report
  - DYTUR- YTA Report due this week
- FY22 Contracts
  - Approved at BOD meeting last week
  - Contracts will be sent from Kyle/Contracts Department soon
- FY22 SOR Funding- we do not expect any OEND funds for coalitions in FY22
- Prevention Conference- Kim Thalison
- Regional Collaboration Projects- Barry Schmidt

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FY22 COVID Block Grant Funds

- Funding began April 2021, but we did not receive information until August, so unspent FY21 funds will roll over to FY23. Funding will run from 10/1/21-9/30/22 and from 10/1/22 -3/31/23
- Specific funding to reach out to new groups such as Boys and Girls Clubs, Big Brothers Big Sisters, after-school groups and athletes
- Media Campaign- Would like to run similar to our current web-based gambling campaign. As campaigns must be approved prior to use, we would like to hold workgroup of providers around the region to choose pre-approved campaign.

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American Rescue Plan Act Funds

- More information to come on ARPA funds
- Should be less prescriptive than COVID BG to allow for EBPs of the community's choosing
- Cities/Municipalities also receive this funding- may be a collaborative opportunity

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Thanks for your attention.
For questions,
please reach out:

sarah.andreotti@midstatehealthnetwork.org

kari.gulvas@midstatehealthnetwork.org

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Provider Meeting
Treatment Breakout Session

September 23, 2021

Provider Meeting

Delegated Managed Care Tool Changes

Section 1: Access and Eligibility

Overview of changes:

- **Standard 1.4 Revised Language for Clarification**
  - **FY21** Initial/provisional eligibility and level of care determination made by conducting a professional screening.
  - **FY22** Level of Care Determination resulting in a provisional eligibility determination and ASAM level of care recommendation.

Section 5: Compliance

- **Overview of changes:**
- **Standard 5.4 Revised Language for Clarification**
  - **FY21** The Provider has a process to identify all sentinel events, completing a root cause analysis.
  - **FY22** The Provider has a process to identify all sentinel events (within 3 business days of the incident), beginning with a root cause analysis (within 2 business days of the identification of the sentinel event) and reporting to MSHN within the required timeframes.

Section 6: Quality

Overview of Changes:

- **Standard 6.1 Revised Language for Clarification**
- **FY21-** - The Provider maintains a consumer satisfaction process that demonstrates progress toward continual improvement and is in accordance with MSHN's consumer satisfaction policy.
- **FY22-** The Provider maintains a process for evaluating consumer experiences, identifying sources of dissatisfaction, taking specific action as needed, outlining systemic actions steps, monitoring for effectiveness and communicating results.

Section 6: Quality

Overview of Changes:

- **Standard 6.2 Revised Language for Clarification**
  - **FY21-** The Provider has a process to identify, review, analyze, and report adverse events within the required time frames to external entities as required.
    - Sentinel events,
    - Critical Events,
    - Events requiring immediate notification and review risk and critical incidents as defined by MSHN.
  - **FY22-** The Provider has a process to identify, review, analyze, and report adverse events within the required time frames to external entities as required.
    - Sentinel events,
    - Critical Events,
    - Events requiring immediate notification as defined by MSHN.

Section 6: Quality

Overview of Changes:

- **Standard 6.3 Revised Language for Clarification**
- **FY 21-** The Provider has a process to identify all sentinel events and complete a root cause analysis.
- **FY22-** The Provider has a process to identify all sentinel events (within 3 business days of the incident), beginning a root cause analysis (within 2 business days of the identification of the sentinel event).

Section 6: Quality

Overview of Changes:

- **Standard 6.4 Revised Language for Clarification**
- **FY21-** The provider has a process for documenting in the record performance indicators as identified in the contract. This includes coordination with follow up providers when applicable.
- **FY22-** Michigan Mission Based Performance Indicator System (MMBPIS)- The Provider completes accurate documentation in REMI consistent with the MMBPIS requirements.

Section 6: Quality

Overview of Changes:

- **Standard 6.7 Removed Standard, Created Trauma Informed Care Section (11) to replicate CMH DMC TIC review.**
  - **6.7- <u>Trauma Informed Care:</u>** Provider has in place a trauma-informed system for all ages
    - Adoption of trauma informed culture
    - Engagement in organizational self-assessment of trauma informed care,
    - Adoption of approaches that prevent and address secondary trauma of staff,
    - Screening for trauma exposure and related symptoms for each population,
    - Trauma-specific assessment for each population, VI. Trauma-specific services for each population using evidence-based practice(s) (EBPs); or evidence informed practice(s) are provided in addition to EBPs.

Section 7: Individual Treatment, Recovery Planning, Documentation Standards

- **Overview of Changes:**
- **Standard 7.1 Revised Language for Clarification**
- **FY21-** The initial step in developing an individualized treatment and recovery plan involves the completion of a biopsychosocial assessment. From this assessment the needs and strengths of the client are identified, and it is this information that assists the counselor and client in establishing the goals and objectives that will be focused on in treatment. The identified strengths can be used to help meet treatment goals based on the client's individual needs.
- **FY22-** Provider has policies/procedures in place to ensure that the individual needs of each client and their unique strengths are included in the treatment/recovery plan.

Section 7: Individual Treatment, Recovery Planning, Documentation Standards

Overview of Changes:

- **Standard 7.13 Revised language in standard for clarification.**
- **FY21 -** MSHN-contracted SUD treatment providers are expected to adopt a MAT-inclusive treatment philosophy in which:
  - 1) the provider demonstrates willingness to serve all eligible treatment-seeking individuals, including those who are using MAT as part of their individual recovery plan at any stage of treatment or level of care, and without precondition or pressure to adopt an accelerated tapering schedule and/or a mandated period of abstinence,
  - 2) the provider develops policies that prohibit disparaging, delegitimizing, and/or stigmatizing of MAT either with individual clients or in the public domain.

Section 7: Individual Treatment, Recovery Planning, Documentation Standards

- **Overview of Changes:**
- **Standard 7.13 Revised language in standard for clarification.**
- **FY22-** Provider promotes a MAT-inclusive treatment philosophy as evidenced by policies and procedures that ensure:
  - All persons who are eligible to receive treatment are served including those who use MAT as part of their recovery plan;
  - There is no precondition or pressure to adopt an accelerated tapering schedule and/or a mandated period of abstinence as a condition of receiving treatment;
  - Disparaging, delegitimizing, and/or stigmatizing of MAT is prohibited with individual clients or in the public domain.
    - Revised language in standard for clarification.

Section 8: Coordination of Care

Overview of changes:

- **Standard 8.1 Revised language in standard for clarification.**
- **FY21-** Care coordination services include duties associated with:
  - Transferring Clients
  - Accepting/Sending/Denying Referrals
  - Treatment Planning for Individual/Family
  - Discharge Planning
- **FY22-** Provider has policies and procedures in place to ensure effective care coordination is occurring including duties associated with transferring clients

Section 8: Coordination of Care

Overview of Changes:

- **Section 8 New standards previously included in 7.1.**
- **8.2-** Provider has policies and procedures in place to ensure effective care coordination Is occurring services including duties associated with accepting/Sending/Denying Referrals.
- **8.3-** Provider has policies and procedures in place to ensure effective care coordination Is occurring services including duties associated with Treatment Planning for Individual/Family.

Section 8: Coordination of Care

Overview of Changes:

- **Section 8 New standards previously included in 7.1.**
- **8.4-** Provider has policies and procedures in place to ensure effective care coordination Is occurring services includ~~i~~ng duties associated with exchanging pertinent information with other providers involved in the person's care (with signed consent).
- **8.5-** Provider has policies and procedures in place to ensure effective care coordination Is occurring services including duties associated with Discharge Planning.

Section 11: Trauma Informed Care

Overview of Changes:

- **Section 11 New standards replacing 6.17. New Section.**
- **11.1-**The CMHSP has written and approved policies and procedures for implementation of a trauma-informed culture.
- **11.2-** Implementation of an organizational self-assessment every three years.
- **11.3-** Adoption of approaches and procedures to prevent and address secondary/vicarious trauma

Section 11: Trauma Informed Care

Overview of Changes:

- **Section 11 New standards replacing 6.17, New Section.**
- **11.4-** Use of population and age-specific trauma-informed screen and assessment tool
- **11.5-** Use of trauma-informed evidence-based practice(s) (EBPs) for treatment and recovery services including procedures to address building trust, safety, collaboration, empowerment, resilience and recovery.
- **11.6-** Collaboration with community organizations to support development of a trauma informed community that promotes behavioral health and reduces likelihood of mental illness and substance use disorders.

2022 Credentialing File Review Tool

2022 Credentialing File Review Tool Initial Credentialing

- **Updated title of section** from Initial Application to Initial Credentialing as this section reviews the entire initial credentialing process, not just the application. Clarification added to directions section.
- **Complete Application Section:** Added language “And file includes” as resume is acceptable form of education/work history.
- **Primary Source Verification Section:** Criminal Background Check- Added reference to “MSHN Compliance Excluded Provider Policy", Education- Added allowable verifications of Education as examples.

2022 Credentialing File Review Tool Re-Credentialing

- **Updated title of section** by removing the completion date, expiration date language. This is outlined throughout the past few years of updates made to this tool and has been a point of confusion for provider when preparing for audits.
- **Complete application section:** Removed education, work experience, etc. from the description as it is no necessary to collect this information at re-credentialing – primary focus is ensuring attestations. Clarification added to Directions section.

Program Specific Tool Changes

Section 1: ASAM

Overview of Changes:

- **Standard 1.1 Removed Standard**
  - 1.1 Provider has policies/procedures in place to ensure:
    - ASAM Criteria is used to determine level of care
    - All 6 Dimensions are completed with narrative based assessment(s) or progress note(s)
    - Individualized Treatment/Service plans align with the individual's ASAM LOC Determination
    - ASAM is used to fidelity in all situations

Section 4: Women's Specialty

Overview of Changes:

- **Standards 4.2 & 4.3 Revised language in standard for clarification, combined into one standard: 4.2.**
- **FY21 4.2** Gender-specific programming is implemented into treatment regimen.
- **FY21 4.3** Designated women's program shall include:
  - Accessibility
  - Assessment
  - Psychological Development
  - Abuse/Violence/Trauma
  - Family Orientation
  - Mental Health Issues
  - Physical Health Issues
  - Legal Issues
  - Sexuality/Intimacy/Exploitation
  - Survival Skills
  - Continuing Care/Recovery Support

Section 4: Women's Specialty

Overview of Changes:

- **Standard 4.2 Revised/combined standard for clarification.**
  - **FY22** Provider ensures that gender-specific program materials show evidence that provider offers the following:
    - Accessibility
    - Assessment
    - Psychological Development
    - Abuse/Violence/Trauma
    - Family Orientation
    - Mental Health Issues
    - Physical Health Issues
    - Legal Issues
    - Sexuality/Intimacy/Exploitation
    - Survival Skills
    - Continuing Care/Recovery Support

Section 4: Women's Specialty

Overview of Changes:

- **Standard 4.3 New standard**
- **4.3** There is a mechanism in place to demonstrate assessment of needs completed on each WSS consumer and each dependent child.

Section 5: Medication Assisted Treatment

Overview of Changes

- **Standard 5.3 Revised Language for Clarification**
- **FY21** Evidence the Opioid Treatment Program (OTP) can provide case management services, treatment for co-occurring disorders, peer recovery services, recovery support services internally or through referral(s).
- **FY22** Evidence the OTP can offer case management services, treatment for co-occurring disorders, peer recovery services, recovery support services internally or through referral(s).

Section 6: Recovery Residence

Overview of Changes:

- **Standard 6.4 Removed Standard**
- **6.4** A professional code of ethics agreement is signed by all management and staff, volunteers and peer support.

Chart Review Tool Changes

Section 1:
Screening, Admission, & Assessment

Overview of Changes:

- **Standard 1.1 Revised Language for Clarification**
- **FY21** At point of initial contact the following information is accurately documented in the REMI Level of Care Determination: provider collected the following:
  - Date of initial contact
  - Signature of staff person collecting information, follow up communication(s)
  - Presenting Issue
  - Priority Population Status
  - Eligibility Determination
  - ASAM Level of Care Determination

Section 1:
Screening, Admission, & Assessment

- **Overview of Changes:**
  - **Standard 1.1 Revised Language for Clarification**
  - **FY22** At point of initial contact the following information is accurately documented in the REMI Level of Care Determination:
    - Date of initial contact
    - Presenting Issue
    - Priority Population Status
    - Eligibility Determination
    - ASAM Level of Care Determination

Section 1:
Screening, Admission, & Assessment

Overview of Changes:

- **Standard 1.2 Revised Language for Clarification**
- **FY21** Provider obtains the following information:
  - Medical Information including:
    - Primary Care Provider Name, Address, Telephone
    - Date of Last Physical
    - Relevant Medical Information
  - Mental Health background & present issues
  - SUD History – Use & Treatment
  - Legal background and present issues
  - Emergency Contact
  - Financial Information (Block Grant Only)

Section 1:
Screening, Admission, & Assessment

- **Overview of Changes:**
- **Standard 1.2 Revised Language for Clarification**
- **FY22** For individuals who do not have Medicaid/Healthy Michigan Plan the consumer chart contains evidence of the following:
  - Financial Information.
  - Verification of Income.
  - Evidence the provider has offered to assist the consumer in applying for Medicaid/Healthy Michigan Plan.

Section 1:
Screening, Admission, & Assessment

- **Overview of Changes:**
- **Standard 1.5 Removed Standard**
- **1.5** Consumer strengths are documented. Examples of strengths might be a health support network, stable housing, a willingness to participate in counseling, etc.

Section 1:
Screening, Admission, & Assessment

- **Overview of Changes:**
- **Standard 1.6 Revised Language for Clarification**
- **FY21** The following circumstances should prompt a clinician to complete a screen to determine if there is a need for diagnostic referral: when prenatal alcohol exposure is known and other FAS characteristics are present, a child should be referred for a full FASD evaluation when substantial prenatal alcohol use by the mother (i.e., seven or more drinks per week, three or more drinks on multiple occasions, or both) has been confirmed. When substantial prenatal alcohol exposure is known, in the absence of any other positive criteria, (i.e. small size, facial abnormalities, or central nervous system problems), the client will be referred to the primary care physician for further assessment. When information regarding prenatal exposure is unknown, a child should be referred for a full FASD evaluation.
- **FY22** Children are screened for FASD and a referral is made when applicable.

Section 2: Individualized Treatment/Recovery Planning & Documentation

Overview of Changes:

- **Standard 2.3 Removed Standard**
- **2.3** Is there evidence of strength-based treatment and recovery planning.

Section 2: Individualized Treatment/Recovery Planning & Documentation

Overview of Changes:

- **Standard 2.5 Revised Standard for Clarification**
- **FY21** Treatment/Recovery plan includes the following:
  - 1. Matching goals to needs- needs from the assessment are reflected in the goals on the plan.
  - 2. Goals are in the client's words and are unique to the client- No standard or routine goals that are used by all clients.
  - 3. Measurable objectives- the ability to determine if and when the objective will be completed.
  - 4. Target dates for completion- The dates identified for completion of the goals and objectives are unique to the client and not just the routine dates put in for completion of the plan.
  - 5. Intervention strategies – the specific types of strategies that will be used in treatment group therapy, individual therapy, cognitive behavioral therapy, didactic groups, etc.
  - 6. Signatures – client, counselor, and involved individuals, or documentation as to why no signature.
  - 7. Recovery planning activities are taking place during the treatment episode.

Section 2: Individualized Treatment/Recovery Planning & Documentation

Overview of Changes:

- **Standard 2.5 Revised Standard for Clarification**
  - **FY22** Treatment/Recovery plan is individualized and includes the following:
    - 1. Goals are expressed in the client's words and are unique to the client- No standard or routine goals that are used by all clients.
    - 2. Intervention strategies – the specific types of strategies that will be used in treatment group therapy, individual therapy, cognitive behavioral therapy, didactic groups, etc.
    - 3. Signatures – client, counselor, and involved individuals, or documentation as to why no signature.

Section 2: Individualized Treatment/Recovery Planning & Documentation

Overview of Changes:

- **Standard 2.6 New Standard**
  - Goals and objectives are written using SMART criteria:
    - S- Specific,
    - M- Measurable
    - A- Attainable
    - R- Relevant
    - T- Time-bound

Section 4: Coordination of Care

Overview of Changes:

- **Standard 4.1 Revised Language for Clarification**
  - **FY21** There is evidence of primary care physician coordination of care efforts.
  - **FY22** The Provider obtains medical information including:
    - Primary Care Provider Name and Contact Information
    - Date of last appointment/physical
    - Relevant Medical Information
    - There is evidence of active care coordination efforts with identified primary care provider. If the consumer does not have a primary care provider there is evidence that a referral was offered.

Section 4: Coordination of Care

Overview of Changes:

- **Standard 4.3 Revised Language for Clarification**
- **FY21** There is evidence of effective coordination of care for any consumer currently or previously enrolled with external SUD provider and coordinating care efforts align with best practice guidelines.
- **FY22-**There is evidence of effective coordination between transitions from one provider or level of care to another. Evidence may include sharing of assessments, treatment plans, and discharge information that improves care and reduces redundancy for the person served.

Section 6: Residential

Overview of Changes:

- **Standard 6.3 Removed Standard**
- Chart reflects services provided in accordance with ASAM LOC Determination.
  - 3.1: 5 hours of core services and 5 hours of life skills per week.
  - 3.3: 12 hours of core services and 12 hours life skills per week.
  - 3.5 and 3.7: 20 hours of core services and 20 hours of life skills per week.

Section 7: Medication Assisted Treatment

Overview of Changes:

- **Standard 7.6 Removed Standard**
- If applicable, for enrolled individuals there must be a copy of the MDHHS registration card for Medical Marijuana issued in the individuals name in the chart.
  - Provider Note: Behavioral Health symptoms related to the issuance of medical marijuana card are identified in the assessment/progress notes and addressed within treatment plan.

Section 8: Women's Designated

Overview of Changes:

- **Standard 8.2 Revised Standard for Clarification**
  - **FY21** There is evidence of gender-specific service provision(s), including:
    - 1. Accessibility
    - 2. Assessment
    - 3. Psychological Development
    - 4. Abuse/Violence,
    - 5. Family Orientation
    - 6. Mental Health Issues
    - 7. Physical Health Issues
    - 8. Legal Issues
    - 9. Sexuality/Intimacy/Exploitation
    - 10. Survival Skills
    - 11. Continuing Care/Recovery Support

Section 8: Women's Designated

Overview of Changes:

- **Standard 8.2 Revised Standard for Clarification**
- **FY22-** There is evidence of gender-specific service provision(s)

Section 9: Recovery Housing

Overview of Changes:

- **Standard 9.5 Removed Standard**
- Documentation of recovery supports provided:
  - 12 Step groups
  - Recovery coaches
  - Case management
  - Employment
  - Volunteer opportunities

FY22 Modifier Changes

Amy Keinath and Shannon Myers

Modifiers With No Changes

Modifier	Changes	Provider Impact
HA	No changes	Modifier does not require authorization; submit on applicable claims with a rate variance to receive the higher reimbursement rate
HD	No changes	Modifier does not require authorization; submit on applicable claims with a rate variance to receive the higher reimbursement rate
HH	No changes	Modifier does not require authorization; submit on claims to indicate co-occurring service
QJ	No changes	Modifier does not require authorization; submit on claims to indicate services were provider to incarcerated individuals. Place of service may be 09 unless the service was performed using telehealth.

Discontinued Modifiers

Modifier	Changes	Provider Impact
GT	Discontinued	Use place of service 02 to indicate service performed using telehealth
HF	Discontinued	Do not use when submitting claims
TF	Discontinued	Refer to W5 modifier
TG	Discontinued	Refer to W7 modifier
TT	Discontinued	Refer to U modifiers
UB	Discontinued	Refer to W3 modifier

The GT Modifier can be used until the public health emergency is lifted, which is currently 12/31/2021. The date could be extended.

Residential Modifier Changes

Modifier	Changes	Provider Impact
TF	Discontinued	Refer to W5 modifier
TG	Discontinued	Refer to W7 modifier
UB	Discontinued	Refer to W3 modifier
W1	New Modifier (ASAM 3.1)	Authorize and submit claims for H0018 using the new modifier
W3	Replaces UB (ASAM 3.3)	Authorize and submit claims for H0019 using the new modifier
W5	Replaces TF (ASAM 3.5)	Authorize and submit claims for H0019 using the new modifier
W7	Replaces TG (ASAM 3.7)	Authorize and submit claims for H0019 using the new modifier

Residential Modifier Changes

- NEW- The H0018 will now require a W1 modifier with the authorization for the service code. Instead of requesting an H0018 an H0018 W1 will be requested.
- The new modifiers will need to be requested on the authorization with the H0018 and H0019 beginning 10/1/2021. H0019 residential codes will continue to have the modifier requested on the authorization based on the level of care that is medically necessary.
- As with all other services, documentation should support the service being billed.

Residential Modifier Changes

- Residential authorizations that will overlap the 10/1/2021 effective date of the changes will need to be split into two separate authorizations. The two-part authorizations will be available in September. The first one will be effective through 9/30/2021 and will have the old modifiers. The second one will be needed for the new modifiers for service dates 10/1/2021 forward. The combined requests of the authorizations should follow the typical pattern for days requested for an initial authorization or reauthorization.

Group and Peer Group Modifier Changes

Modifier	Changes	Provider Impact
TT	Discontinued	Refer to U modifiers
UN	New group modifier	Modifier does not require authorization; submit on claims for 90853, H0005, H0038, or T1012 when 2 individuals participated in group
UP	New group modifier	Modifier does not require authorization; submit on claims for 90853, H0005, H0038, or T1012 when 3 individuals participated in group
UQ	New group modifier	Modifier does not require authorization; submit on claims for 90853, H0005, H0038, or T1012 when 4 individuals participated in group
UR	New group modifier	Modifier does not require authorization; submit on claims for 90853, H0005, H0038, or T1012 when 5 individuals participated in group
US	New group modifier	Modifier does not require authorization; submit on claims for 90853, H0005, H0038, or T1012 when 6 or more individuals participated in group

Treatment And Peer Groups

- When the group is billed, it will need to have the correct modifier attached on the claim to identify how many people attended the group. The modifier used should be for all people in attendance regardless of the pay source.
- If people arrive to the group late or leave early, please only count them if they reach the threshold to bill the service. The number of people in group should be based on how many people attended the service long enough to bill it.
- Please ensure that all group notes starting 10/1/2021 have a place to document how many people attended the group. The group notes will be used for audit purposes to ensure the correct modifier was attached to the claim.
- As with all other services, documentation should support the service being billed.

Treatment Groups

- The group bundle will still be available for selection on the authorization.

Peer Groups

- The group modifier will no longer be available on an authorization. Currently authorizations for group H0038 and T1012 services require they are authorized with a TT modifier.
- Authorization for the H0038 and T1012 will need to account for both the requested individual and group services being requested. The authorization threshold will be updated to combine both individual and group together.
- When the group is billed, it will need to have the correct modifier attached on the claim to identify how many people attended the group.

Peer Groups

- Peer service authorizations that will overlap the 10/1/2021 effective date will need to be split into two separate authorizations. The two-part authorizations will be available in September. The first one will be effective through 9/30/2021 and will have the old modifiers. The second one will be needed for the combined H0038 and T1012 service codes that are needed for service dates 10/1/2021 forward. The combined requests of the authorizations should follow the typical pattern for days requested for an initial authorization or reauthorization

Follow up:
Amy.Keinath@midstatehealthnetwork.org

Statewide SUD Assessment Update: ASAM Continuum & GAIN

Trisha Thrush, Lead Treatment Specialist

Statewide SUD Assessment Update

- As of 10-1-2021, the only biopsychosocial assessments recognized by the State of Michigan is the ASAM Continuum for adults (18 y.o. and up) and the GAIN I Core for adolescents.
- **ASAM Continuum**
  - 19 trainings for ASAM Continuum during July thru September 2021.
  - After verification of completion of training from CMHAM, MSHN sends trainees an email with information about how to access ASAM Continuum through REMI.
  - REMI has resources in the Help menu for ASAM Continuum:
    - *User Manual*: ASAM Continuum Interface
    - *Video Clip:* Asam Continuum Interface – PCE Training Video
  - PIHPs are working with OROSC to identify and articulate the ASAM Continuum training process for new hires and untrained staff after 10-1-2021.
    - Will likely include the 4-hour self-paced portion of training and a 4 hour training video. More to come!

Statewide SUD Assessment Update

- **GAIN I Core**
  - Implementation required by 10-1-2021. No extensions.
  - For providers who support adolescents to be in compliance, staff need to have attended a training and be working towards certification.
  - Training for GAIN I Core will be possible through two venues to achieve certification:
    - Jan Maino – MSHN GAIN Trainer
    - Chestnut Health Systems – virtual training coordinated by CMHAM
  - GAIN Training will be reimbursed at the set amount of $75 per hour utilizing the Training Reimbursement form provided with your contract.
    - Forms can be sent to Trisha Thrush at trisha.thrush@midstatehealthnetwork.org

Mid-State Health Network
FY21 Recovery Self Assessment-R(RSA-R) Annual Report

Sandy Gettel, Quality Manager

Introduction

- The Recovery Self Assessment –Revised (RSA-R) is a self-reflective tool designed to identify strengths and target areas of improvement as agencies and systems strive to offer recovery- oriented care.
- The RSA-R gauges the degree to which CMHSP and SUD Providers implement recovery-oriented practices.
- MSHN administered the Administrators Version and the Provider Version in FY21.
  - Recovery Self Assessment Revised-RSA-R Administrators Version -Chief Executive Officers, and Administrators. Excludes-Administrators who provide direct services to persons in recovery
  - Recovery Self Assessment Revised-RSA-R Providers Version -All staff who provide direct services to individuals who are adults and experience a mental illness and/or substance use disorder.

(Davidson, L., Tondora, J., O'Connell, M. J., Lawless, M. S., & Rowe, M.) (2009).

Implementation

The implementation plan was developed in coordination with MSHN Quality Improvement Council (QIC), MSHN Treatment Team, and MSHN Provider Advisory Council (PAC). Feedback from the participants of the Provider Meeting, and the Regional Consumer Advisory Council (RCAC)

- Distribution Method: Electronic assessment form via Survey Monkey, paper form upon request
- Distribution Period: RSA-R Administrators and Providers - May 1, 2021 through June 2021
- Scoring: 5-point Likert scale that ranges from 1 = “strongly disagree” to 5 = “strongly agree.” A score of 3.50 and above indicates satisfaction or agreement with the statement. The “not applicable” and “do not know” responses were removed from the analysis.

Respondents

- Total is the number of respondents. Each respondent was allowed to choose all that applied. Those with gray font do not apply to the SATPs.

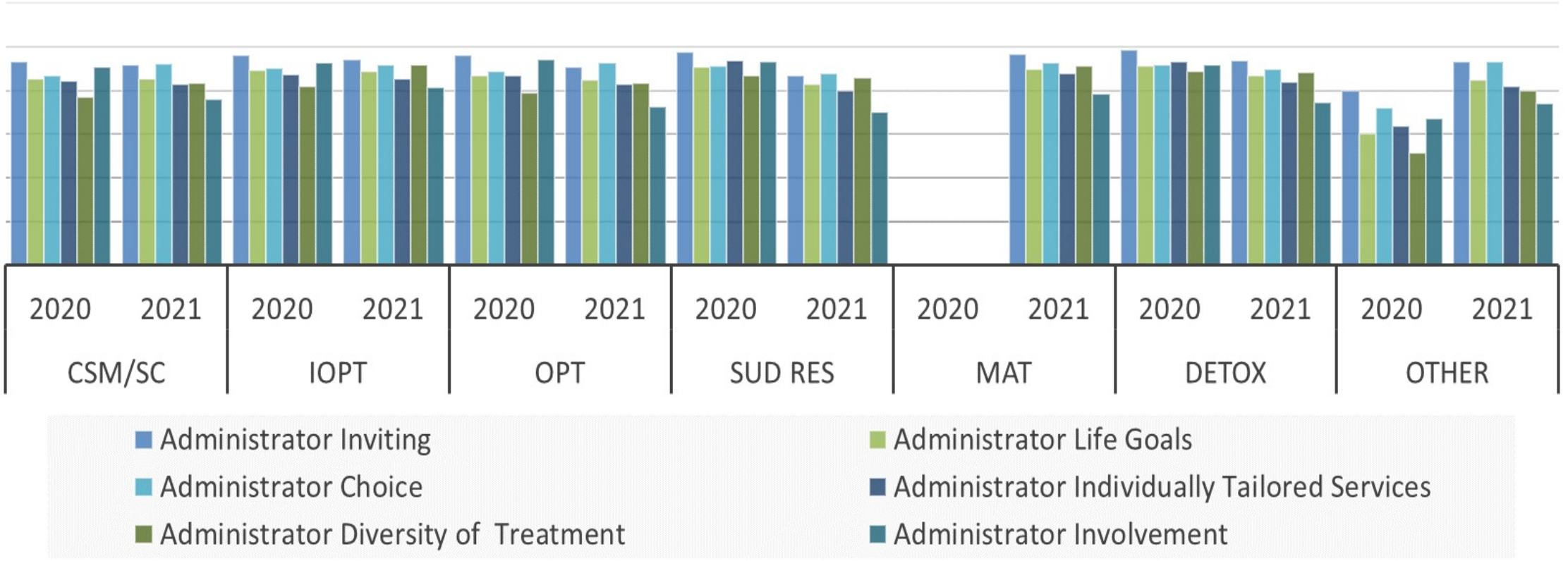
	Providers	Administrators
MSHN Total	426	123
Clubhouse	14	12
Case-management/ Supports Coordination	150	73
Intensive Outpatient	11	7
Outpatient	142	72
Substance Use Residential	26	16
Detox	6	9
Assertive Community Treatment	29	20
Vocational	22	22
MAT	7	8
Other	102	32

Comprehensive Summary

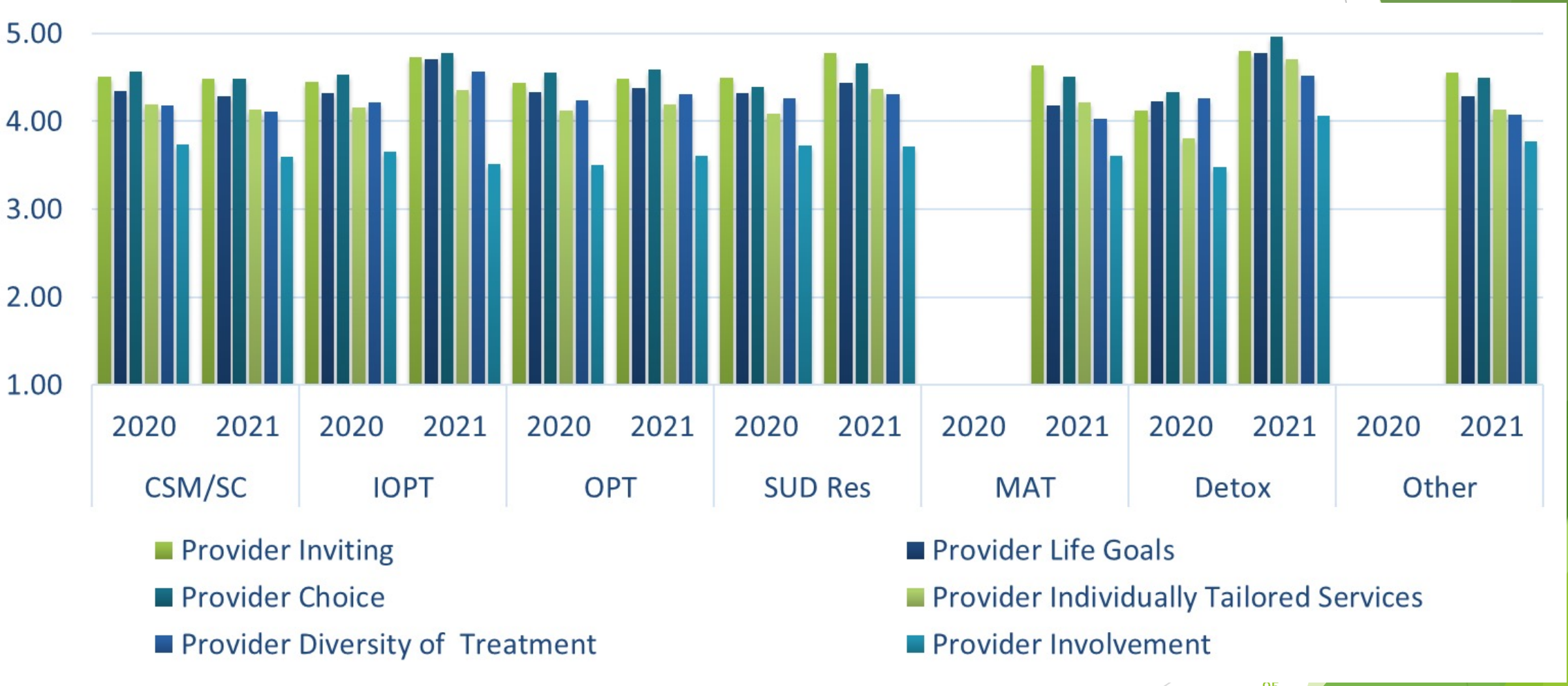
The MSHN Administrator and Providers Assessment demonstrated a comprehensive assessment score of 3.50 or above for the comprehensive total and subcategory total.

	Provider Version		Administrator Version	
	2020	2021	2020	2021
Comprehensive Score	4.27	4.27	4.25	4.24
Involvement - Subcategory	3.70	3.71	3.80	3.77
Individually Tailored Services - Subcategory	4.18	4.22	4.22	4.21
Diversity of Treatment - Subcategory	4.22	4.20	4.20	4.17
Life Goals Sub-Category	4.36	4.37	4.34	4.31
Choice - Subcategory	4.56	4.56	4.56	4.62
Inviting - Subcategory	4.52	4.56	4.67	4.59

RSA-R Administrator Comprehensive Score Program/Service Type



RSA-R Provider Comprehensive Score Program/Service Type



Conclusion

- All subcategories demonstrated a 3.50 or above indicating an overall satisfaction or agreement with the statements included in the subcategory. The subcategory that scored the lowest was “involvement”.

Three questions indicated disagreement or dissatisfaction with the statement in at least one of the assessments for MSHN.

25. I am encouraged to attend agency advisory boards and management meetings if I want. (Providers 3.43) (Administrators 3.89)

29. I am/can be involved with staff trainings and education program at this agency. (Administrators 3.27) (Providers 3.24)

36. Groups, meetings and other activities are scheduled in the evenings or on weekends so as not to conflict with other recovery-oriented activities such as employment or school. (Provider NA) (Administrators 3.49)

Conclusion continued

Programs who scored below 3.50 in the Involvement Subcategory

Question	Administrators	Providers
23. People in recovery are encouraged to help staff with the development of new groups, programs, or services.		• Case Management (3.47) • Intensive Outpatient Therapy (3.27) • Outpatient Therapy (3.44)
25. People in recovery are encouraged to attend agency advisory boards and management meetings.	• SUD Residential (2.80) • Mat (3.14) • Detox (3.14)	• SUD Residential (3.00) Detox (3.00) • Case Management (3.37) • Intensive Outpatient Therapy (2.89) • MAT (2.67) • Detox (3.00)
29. Persons in recovery are involved with facilitating staff trainings and education at this program.	• SUD Residential (3.07) • Detox (3.09) • Case Management (3.16) • Outpatient Therapy (3.01)	• Detox (3.33) • Case Management (3.14) • Outpatient Therapy (3.12) • Mat (3.33)
34. This agency provides structured educational activities to the community about mental illness and addictions.	• SUD Residential (3.33) • Detox (3.25)	

Recommendations / Next Steps

- The results will be reviewed further by the MSHN Quality Improvement Council, the SUD Provider Network, and the Regional Consumer Advisory Council considering the growth areas identified above.

- Areas of improvement will be targeted toward below average scores (based on the regional average of all scores) and priority areas as identified through said committees and councils.

- SUD Providers should review the data and identify action steps to address the scores below 3.50 for each service type.

Mid-State Health Network
FY21 Consumer Satisfaction Survey
Substance Abuse Treatment Provider Network

Sandy Gettel, MSHN Quality Manager

Introduction

- The survey was developed to assist MSHN and the SUD Providers in developing a better understanding of the strengths and weaknesses in the quality of services provided to the SUD population.
- The tool was distributed to adult and adolescent consumers who were served by SUD Treatment Providers within the MSHN provider network during a four-week period of time between June 1, 2021 and July 30, 2021.
- All items were rated using a 5-point Likert scale that ranged from 1 = “strongly disagree” to 5 = “strongly agree.” The response choices of “Not Applicable” were excluded from the calculations. A score of 3.50 indicates agreement with the statement or group of statements.

Thirty-one organizations submitted Consumer Satisfaction Survey results

Program	2020	2021
Case Management (CSM)	18	39
Outpatient (OPT)	520	671
Detox	25	10
Residential Substance Use Disorder (Res. SUD)	179	183
Medication Assisted Treatment (MAT)	80	796
Program not identified	287	441
MSHN Total Respondents	**1125**	**2140**

MSHN Comprehensive Total

Subscale	2015 Average	2016 Average	2017 Average	2018 Average	2020 Average	2021 Average
Comprehensive Survey Total	4.20	4.40	4.50	4.48	4.58	4.61
Cultural /Ethnic Background	4.50	4.59	4.61	4.60	4.66	4.68
Welcoming Environment	4.50	4.56	4.54	4.55	4.65	4.64
Treatment Planning/Progress Towards Goal	4.30	4.50	4.54	4.53	4.63	4.68
Information on Recipient Rights	4.38	4.49	4.49	4.47	4.56	4.57
Coordination of Care/Referrals to Other Resources	3.40	4.40	4.43	4.39	4.52	4.57
Appropriateness and Choice with Services	4.19	4.43	4.44	4.41	4.50	4.52

Green indicates top scores
Red indicates the lowest scores

Questions	2015	2016	2017	2018	2020	2021
10. I was involved in the development of my treatment plan and goals.	4.38	4.56	4.57	4.56	4.65	4.75
5. I was informed that information about my treatment is only given with my permission.	4.54	4.61	4.63	4.62	4.70	4.70
6. My cultural/ethnic background was respected.	4.5	4.59	4.61	4.60	4.66	4.68
11. My goals were addressed during treatment.	4.37	4.54	4.56	4.54	4.65	4.68
1. Staff was courteous and respectful.	4.55	4.57	4.54	4.56	4.68	4.66
13. I feel that I am better able to control my life as a result of treatment.	4.26	4.49	4.54	4.54	4.64	4.66
2. I would recommend this agency to others.	4.45	4.54	4.53	4.54	4.62	4.63
3. I was informed of my rights.	4.46	4.56	4.52	4.51	4.61	4.63
12. My goals were changed when needed to reflect my needs.	4.17	4.42	4.47	4.47	4.58	4.62
8. I received services that met my needs and addressed my goals.	4.32	4.53	4.54	4.52	4.59	4.60
15. My treatment plan includes skills and community supports to help me continue in my path to recovery and total wellness.	3.59	4.43	4.46	4.42	4.55	4.60
7. I was given information about the different treatment options available that would be appropriate to meet my needs.	4.25	4.41	4.43	4.41	4.50	4.53
14. Staff assisted in connecting me with further services and/or community resources.	3.20	4.37	4.40	4.36	4.48	4.53
9. I was given a choice as to what provider to seek treatment from.	4.01	4.36	4.35	4.29	4.40	4.43
4. I know how to contact my recipient rights advisor.	4.15	4.30	4.33	4.27	4.36	4.39

Summary

- MSHN demonstrated improvement in the total comprehensive score. All scores were above 3.50, indicating agreement.
- The subscale that scored the highest was Cultural and Ethnic Background, and Treatment Planning /Progress Toward Goals.
- The subscales that illustrated the most improvement were Coordination of Care/Referrals to Other Resources, and Treatment Planning and Progress Toward Goals.
- The subscale that scored the lowest was Appropriateness and Choice of Service, however, the score was an improvement over FY20.
- The lowest scoring questions, as indicated below, ranged from 4.39-4.60 on a scale from 1-5 with 5 being strongly agree.

15. My treatment plan includes skills and community supports to help me continue in my path to recovery and total wellness.
7. I was given information about the different treatment options available that would be appropriate to meet my needs.
14. Staff assisted in connecting me with further services and/or community resources.
9. I was given a choice as to what provider to seek treatment from.
4. I know how to contact my recipient rights advisor.
8. I received services that met my needs and addressed my goals.

Recommendations/Next Steps

- Discuss the use of the MSHN satisfaction survey for all SUD Treatment providers.
- MSHN will be review the survey results with regional committees/councils to identify any additional areas for feedback that should be included in the next survey.
- Each provider should review individual organizational data to determine if any action is needed. Action items should be focused on areas that exhibit a score below 3.50 or have decreased from previous review.
- In the absence of areas not meeting the expectation of agreement (3.50) with the statements, the organization should review the lowest scoring questions and for growth opportunities.

Thank you for all your work and efforts!

Followup: sandy.gettel@midstatehealthnetwork.org