



STATE OF MICHIGAN PROCUREMENT

Department of Health and Human Services

235 South Grand Ave., Suite 1201, Lansing, MI 48933

Grand Tower Building, Suite 1201, P.O. Box 30037, Lansing, MI 48909

CONTRACT CHANGE NOTICE

Change Notice Number 5

to

Contract Number MA 20000002098

CONTRACTOR	Mid-State Health Network
	530 West Ionia Street, Suite F.
	Lansing, Mi 48933
	Joseph Sedlock
	517-253-7525
	Joseph.sedlock@midstatehealthnetwork.org
	CV0054910

STATE	Program Manager	Jeff Wieferich	MDHHS
		517-335-0499	
	wieferichj@michigan.gov		
	Contract Administrator	Nathaniel Oliver	MDHHS
517-241-0084			
olivern@michigan.gov			

CONTRACT SUMMARY				
DESCRIPTION: Prepaid Inpatient Health Plan (PIHP)				
INITIAL EFFECTIVE DATE	INITIAL EXPIRATION DATE	INITIAL AVAILABLE OPTIONS	EXPIRATION DATE BEFORE CHANGE(S) NOTED BELOW	
October 1, 2020	September 30, 2021	Seven, one-year	September 30, 2022	
PAYMENT TERMS		DELIVERY TIMEFRAME		
Net 45		As Needed		
ALTERNATE PAYMENT OPTIONS			EXTENDED PURCHASING	
<input type="checkbox"/> P-card <input type="checkbox"/> Payment Request (PRC) <input type="checkbox"/> Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	
MINIMUM DELIVERY REQUIREMENTS				
N/A				
DESCRIPTION OF CHANGE NOTICE				
OPTION	LENGTH OF OPTION	EXTENSION	LENGTH OF EXTENSION	REVISED EXP. DATE
<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	N/A
CURRENT VALUE		VALUE OF CHANGE NOTICE	ESTIMATED AGGREGATE CONTRACT VALUE	
\$1,161,182,564.00		\$44,639,674.00	\$1,205,822,238.00	
DESCRIPTION: Effective upon MDHHS signature, this amendment increases the total contract value, revises the Standard Terms and Schedule A, adds Schedule G and amends Schedule H. The Contract Administrator for the State is changed to Nathaniel Oliver.				

FOR THE CONTRACTOR:

Mid-State Health Network
Company Name

Authorized Agent Signature

Joseph Sedlock
Authorized Agent (Print or Type)

Date

FOR THE STATE:

Signature

Christine H. Sanches, Director,
Bureau of Grants and Purchasing
Name & Title

Michigan Department of Health and Human
Services
Agency

Date

1. Standard Contract Terms, Section 3. Contract Administrator is hereby deleted and replaced with:
3. **Contract Administrator.** The Contract Administrator for each party is the only person authorized to modify any terms of this Contract, and approve and execute any change under this Contract (each a "Contract Administrator"):

State:	Contractor
Nathaniel Oliver 235 S. Grand Avenue, Suite 1201 Lansing, MI 48933 OliverN@michigan.gov 517-241-0084	Joseph Sedlock 530 West Ionia Street, Suite F Lansing, MI 48933 Joseph.sedlock@midstatehealthnetwork.org 517-253-7525

2. Schedule A, Statement of Work
Section 1. General Requirements, E. Access and Availability, 7. Access Standards, letter a. is hereby deleted and replaced in its entirety with the following:
 - a. The Contractor must ensure timely access to supports and services in accordance with the Access Standards (https://www.michigan.gov/documents/mdhhs/Access_Standards_702741_7.pdf) which can be found on the MDHHS website (https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868_4900---,00.html) and the following timeliness standards, and report its performance on the standards in accordance with Schedule E of this Contract.
3. Schedule A, Statement of Work
Section 1. General Requirements, E. Access and Availability, 8. Person Centered Planning, letter a. is hereby deleted and replaced in its entirety with the following:
 - a. The Michigan Mental Health Code, MCL 330.1712, establishes the right for all individuals to have an Individual Plan of Service (IPS) developed through a person-centered planning process. The Contractor must implement person-centered planning in accordance with the MDHHS Person-Centered Planning Policy (https://www.michigan.gov/documents/mdhhs/Person-Centered_Planning_Practice_Guideline_702780_7.pdf) which can be found on the MDHHS website: https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868_4900---,00.html.
4. Schedule A, Statement of Work
Section 1. General Requirements, E. Access and Availability, 9. Cultural Competence, letter c. is hereby deleted and replaced in its entirety with the following:
 - c. The Contractor must participate in the State's efforts to promote the delivery of services in a culturally competent manner to all beneficiaries, including those with limited English proficiency and diverse cultural, and ethnic backgrounds, and those who are Deaf, Hard of Hearing and Deaf and Blind Treatment will be modified to effectively serve individuals who are deaf, hard

of hearing and deaf and blind as determined by their language skills and preferences.

5. Schedule A, Statement of Work

Section 1. General Requirements, E. Access and Availability, 19. Persons Associated with the Corrections System, letter b. Referrals Screening and Assessment, i. is hereby deleted and replaced in its entirety with the following:

- i. Effective FY2020, individuals under MDOC supervision are considered a priority population for assessment and admission for substance use disorder treatment services due to the public safety needs related to their MDOC involvement. The Contractor must ensure timely access to supports and services in accordance with this Contract. The Code of Federal Regulations and the Michigan Public Health Code define the first four priority population clients. The fifth population is established by MDHHS due to its high-risk nature. The priority populations are identified as follows and in the order of importance:
 1. Pregnant injecting drug user.
 2. Pregnant.
 3. Injecting drug user.
 4. Parent at risk of losing their child(ren) due to substance use.
 5. Individual under supervision of MDOC AND referred by MDOC OR individual being released directly from a MDOC facility without supervision AND referred by MDOC. Excludes individuals referred by court and services through local community corrections (PA 511 funded) systems.
 6. All others.

6. Schedule A, Statement of Work

Section 1. General Requirements, K. Quality Improvement and Program Development, 2. Quality Assessment/Performance Improvement Program and Standards, letter a. is hereby deleted and replaced in its entirety with the following:

- a. The Contractor must have a fully operational QAPIP in place that meets the conditions specified in the Quality Assessment and Performance Improvement Program Technical Requirement (https://www.michigan.gov/documents/mdhhs/QA_and_PIP__for_Specialty_Prepaid_Inpatient_Health_Plans_702782_7.pdf) which can be found on the MDHHS website: https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868_4900---,00.html.

7. Schedule A, Statement of Work

Section 1. General Requirements, L. Grievance and Appeals Process for Beneficiaries, 1. Grievance and Appeals Policies and Procedures, letter a. is hereby deleted and replaced in its entirety with the following:

- a. Contractor must establish and maintain an internal process for the resolution of Grievances and Appeals from beneficiaries. The Appeal and Grievance Resolution Processes Technical Requirement (<https://www.michigan.gov/documents/mdhhs/Appeal-and-Grievance->

Resolution-Processes-Technical-Requirement_704451_7.pdf) can be found on the MDHHS website: https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868_4900---,00.html

8. Schedule A, Statement of Work

Section 1. General Requirements, L. Grievance and Appeals Process for Beneficiaries, 1. Grievance and Appeals Policies and Procedures, letter c, vi., 3. is hereby deleted and replaced in its entirety with the following:

3. Resolve the Grievance as expeditiously as the beneficiary's health condition requires and not later than the date the extension expires.

9. Schedule A, Statement of Work

Section 1. General Requirements, L. Grievance and Appeals Process for Beneficiaries, 5. Contractor Decisions Subject to Appeal, letters g. is hereby deleted and replaced in its entirety with the following:

- g. For expedited service authorization decisions, within the timeframes specified in § 438.210(d)(2).

10. Schedule A, Statement of Work

Section 1. General Requirements, L. Grievance and Appeals Process for Beneficiaries, 5. Contractor Decisions Subject to Appeal, letter h. is hereby deleted and replaced in its entirety with the following:

- h. Contractor must continue the beneficiary's benefits if all the following conditions apply:
 - i. The beneficiary files the request for an Appeal timely in accordance with 438.402(c)(1)(ii) and (c)(2)(ii)
 - ii. The Appeal involves the termination, suspension, or reduction of a previously authorized services
 - iii. The services were ordered by an authorized Provider
 - iv. The period covered by the original authorization has not expired; and the beneficiary timely files for continuation of benefits, meaning on or before the later of the following:
 - a. Within 10 days of the Contractor's mailing the Adverse Benefit determination notice
 - b. The intended effective date of the Contractor's proposed Adverse Benefit determination notice

11. Schedule A, Statement of Work

Section 1. General Requirements, L. Grievance and Appeals Process for Beneficiaries, 5. Contractor Decisions Subject to Appeal, letter i. is hereby deleted and replaced in its entirety with the following:

- i. If the Contractor continues or reinstates the beneficiary's benefits while the Appeal or State Fair Hearing is pending, the benefits must be continued until one of the following occurs:
 - i. The beneficiary withdraws the Appeal or request for State Fair Hearing.

- ii. The beneficiary fails to request a State Fair Hearing and continuation of benefits within 10 days after the Contractor mails an adverse resolution to the beneficiary's Appeal.
- iii. A State Fair Hearing decision adverse to the beneficiary is made.
- iv. The authorization expires or authorization service limits are met.

12. Schedule A, Statement of Work

Section 1. General Requirements, L. Grievance and Appeals Process for Beneficiaries, 5. Contractor Decisions Subject to Appeal, letter j. is hereby deleted and replaced in its entirety with the following:

- j. If the Contractor or State Fair Hearing Officer reverse a decision to deny, limit or delay services, that were not furnished while the Appeal was pending, the Contractor must authorize or provide the disputed services promptly, and as expeditiously as the beneficiary's health condition requires but no later than 72 hours from the date it receives notice reversing the determination.

13. Schedule A, Statement of Work

Section 1. General Requirements, L. Grievance and Appeals Process for Beneficiaries, 5. Contractor Decisions Subject to Appeal, letter k. is hereby deleted and replaced in its entirety with the following:

- k. If the Contractor or State Fair Hearing Officer reverse a decision to deny authorization of services, and the beneficiary received the disputed services while the Appeal was pending, the Contractor must pay for those services.

14. Schedule A, Statement of Work

Section 1. General Requirements, M. Beneficiary Services, 2. Written Materials, letter b. Additional Information Requirements, i. the following statement is hereby added:

- i. In mental health settings, Video Remote Interpreting (VRI) is to be used only in emergency situations, extenuating circumstances, or during a state or national Emergency as a temporary solution until they can secure a qualified interpreter and in accordance with R 393.5055 VRI standards, usage, limitations, educational, legal, medical, mental health standards.

15. Schedule A, Statement of Work

Section 1. General Requirements, Q. Observation of State and Federal Laws, 8. Limited English Proficiency, letter a. is hereby deleted and replaced in its entirety with the following:

- a. The Contractor must comply with the Office of Civil Rights Policy Guidance on the Title VI Prohibition Against Discrimination as it affects persons with Limited English Proficiency, 45 CFR 92.201 and Section 1557 of the Patient Protection and Affordable Care Act. The Contractor is expected to take reasonable steps to provide meaningful access to each individual beneficiary with limited English Proficiency, such as language assistance services,

including but not limited to, services oral and written translation. This includes interpretation services for deaf, hard of hearing and deaf/blind populations in accordance with The MICHIGAN DEPARTMENT OF CIVIL RIGHTS DIVISION ON DEAF AND HARD OF HEARING QUALIFIED INTERPRETER – GENERAL RULES (By authority conferred on the division on deaf and hard of hearing by section 8a of the deaf persons’ interpreters act, 1982 PA 204, MCL 393.508a, section 9 of the division on deafness act, 1937 PA 72, MCL 408.209, and ERO 1996-2, MCL 445.2001, ERO 2003-1, MCL 445.2011, and ERO 2008-4, MCL 445.2025.)

16. Schedule A, Statement of Work

Section 1. General Requirements, Q. Observation of State and Federal Laws, 15. Service Requirements, letter c. is hereby deleted and replaced in its entirety with the following:

15. Service Requirements

- c. The Contractor must provide covered State plan or 1915(c) services (for beneficiaries enrolled in the Michigan Medicaid Managed Specialty Services and Supports Program) in sufficient amount, duration and scope to reasonably achieve the purpose of the service.

17. Schedule A, Statement of Work

Section 8. Payment Terms, B. State Funding, 9. Temporary Hourly Wage Increase for Direct Care Workers in Response to COVID-19 Pandemic and State of Emergency, is hereby deleted and replaced in its entirety with the following:

9. Temporary Hourly Wage Increase for Direct Care Workers in Response to COVID-19 Pandemic and State of Emergency

The Contractor must implement the temporary hourly wage increase, referred to as Premium Pay, provisions of MSA L-20-67

https://www.michigan.gov/documents/mdhhs/L_20-67-

[Premium_Pay_706313_7.pdf](https://www.michigan.gov/documents/mdhhs/L_20-67-Premium_Pay_706313_7.pdf) dated October 28, 2020. BHDDA published

“Additional Guidance on Premium Pay Increase” May 22, 2020 which can be

found at the following link: <https://www.michigan.gov/mdhhs/0,5885,7-339-71545-524138--,00.html>.

MDHHS will provide increased capitation rates or provide sufficient funding if capitation rates cannot be appropriately adjusted due to COVID-19 specific federal regulations during the Premium Pay period to cover the actual cost of mandatory premium pay increases. The Contractor must disperse these funds to eligible contracted providers employing individuals that qualify for the increase.

18. Schedule A, Statement of Work

Section 8. Payment Terms, B. State Funding 10. MDHHS Incentive Payment is hereby added:

10. MDHHS Incentive Payment

For the PIHPs to be eligible for an incentive payment the child must meet the following requirements:

- a. To receive the MDHHS Incentive Payment, the child must meet the following eligibility criteria:

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- i. Have a Serious Emotional Disturbance as defined by Michigan Law
 - ii. Eligible for Medicaid
 - iii. Be between the ages of 0 to 18
 - iv. Be served in the MDHHS Foster Care System or Child Protective Services (Risk Categories I & II)
 - v. Meet one of the following criteria:
 1. Service Criteria 1: At least one of the following services was provided in the eligible month:
 - a. H2021 – Wraparound Services
 - b. H0036 – Home Based Services
 - c. H2033 Multi-systemic therapy (MST) for juveniles
 2. Service Criteria 2: Two or more state plan behavioral health services covered under the 1115 demonstration Waiver, excluding one-time assessments, were provided in the eligible month.
- b. Incentive Payments: The incentive payment will occur quarterly. Each incentive payment will be determined by comparing the PIHP's identified eligible children with the encounter data submitted. Valid encounters must be submitted within 90 days of the provision of the service regardless of the claim adjudication status in order to assure timely incentive payment verification. Once the incentive payment has taken place there will not be any opportunities for submission of eligible children for a quarterly payment already completed.
 - c. Quarterly incentive payments will occur as follows:
 - i. April: Based on eligible children and the supporting encounter data submitted for October 1 – December 31.
 - ii. July: Based on eligible children and the supporting encounter data submitted for January 1 – March 31.
 - iii. October: Based on eligible children and the supporting encounter data submitted for April 1 – June 30.
 - iv. January: Based on eligible children and the supporting encounter data submitted for July 1 –September 30.
 - d. The State will provide access to an electronic copy of the names of those individuals eligible for incentive payments, which incentive payment amount they are to receive, and the COFR.
 - e. PIHPS are expected to provide a one-page annual narrative report by each CMHSP in their Region summarizing how the MDHHS incentive payment is directly supporting mental health services for children involved in child welfare. This report will be due at the same time as the CAFAS/PECFAS annual reporting for the MDHHS Incentive. The PIHP shall also include the total amount of annual MDHHS DHIP incentive funding they received and total amount and percentage that

they passed down to CMHSPs. If the amount was less than 85% of the total amount received, please provide an explanation.

19. Schedule A, Statement of Work

Section 8. Payment Terms, B. State Funding 11. CMS Certified Community Behavioral Health Clinic Demonstration is hereby added:

11. CMS Certified Community Behavioral Health Clinic (CCBHC) Demonstration

Effective October 1, 2021, contractors with certified CCBHC Demonstration Sites in their regions will execute the PIHP duties and responsibilities as cited and required by the MDHHS CCBHC Policy and the MDHHS MI CCBHC Demonstration Handbook to implement the CMS CCBHC Demonstration in accordance with Section 223 of the Protecting Access to Medicare Act of 2014.

a. Per the CCBHC Policy and MI CCBHC Demonstration Handbook, key PIHP responsibilities and duties include, but are not limited to, the following:

- i. CCBHC Oversight and Support
- ii. CCBHC Enrollment and Assignment
- iii. CCBHC Coordination and Outreach
- iv. CCBHC Payment
- v. CCBHC Reporting
- vi. CCBHC Grievance Monitoring

b. PIHPs must comply with the CCBHC Demonstration Policy and the most current version of the corresponding MI CCBHC Demonstration Handbook, as authorized by the policy. MDHHS may modify the MI CCBHC Demonstration Handbook as needed in accordance with the following parameters:

- i. For minor changes (e.g., formatting, style, organization, grammar, etc.) or technical modifications that do not substantively alter CCBHC operations, MDHHS will draft and send an updated draft version of the MI CCBHC Demonstration Handbook with proposed changes to the PIHPs for notice and review. Upon receiving the proposed changes, the PIHPs will have up to 15 days to provide feedback. PIHPs will, as part of its review, notify and seek feedback from its contracted CCBHCs on the proposed Handbook updates. A majority of the PIHPs may waive the 15-day feedback period to allow the new version of the MI CCBHC Demonstration Handbook to take effect sooner.
- ii. For all other changes, MDHHS will draft and send an updated draft version of the MI CCBHC Demonstration Handbook with proposed changes to the PIHPs for notice and review. Upon receiving the proposed changes, the PIHPs will have up to 30 days to provide feedback. PIHPs will, as part of its review, notify and seek feedback from its contracted CCBHCs on the proposed Handbook updates. A two-thirds majority of the PIHPs may waive the 30-day feedback period to allow the new version of the MI CCBHC Demonstration Handbook to take effect sooner.

20. Schedule A, Statement of Work

Section 8. Payment Terms, D. Contractor Performance Bonus, letter b. Assessment and Distribution, ii. is hereby deleted and replaced in its entirety with the following:

- ii. **Assessment and Distribution**
 PBIP funding awarded to the Contractor will be treated as restricted local funding. Restricted local funding must be utilized for the benefit of the public behavioral health system. The 0.75% PBIP withhold will be distributed as follows:
 - a. Contractor-only Pay for Performance Measure(s): 45%
 - b. Contractor Narrative Reports: 25%
 - c. MHP/Contractor Joint Metrics: 30%
 - d. The State will distribute earned funds by April 30 of each year.

21. Schedule A, Statement of Work

Section 8. Payment Terms, D. Contractor Performance Bonus, letter c. OHH Benefit, the following statement is hereby added:

OHH Pay for Performance funding awarded to the Contractor will be treated as restricted local funding. Restricted local funding must be utilized for the benefit of the public behavioral health system.

22. Schedule A, Statement of Work

Section 8. Payment Terms, D. Contractor Performance Bonus, letter d. BHH Benefit, the following statements are hereby added:

BHH Pay for Performance funding awarded to the Contractor will be treated as restricted local funding. Restricted local funding must be utilized for the benefit of the public behavioral health system.

23. Schedule A, Statement of Work

Section 8. Payment Terms, D. Contractor Performance Bonus, letter e. is hereby added:

- e. **Certified Community Behavioral Health Center (CCBHC) Benefit**
 The State will provide a Quality Based Payment (QBP) to CCBHCs through a 5% withhold of the total CCBHC annual costs based on federally defined metrics to be disseminated in FY22. These payments are outside of the PPS-1 actuarial equivalent rate.

24. Schedule A, Statement of Work

Section 8. Payment Terms, D. Contractor Performance Bonus, 2. Contractor-only Pay for Performance Measures is hereby deleted and replaced in its entirety with the following:

2. Contractor-only Pay for Performance Measures

Measure	Description	Deliverables
P.1. PA 107 of 2013 Sec. 105d (18): Identification of beneficiaries who may be	a. Improve and maintain data quality on BH-TEDS military and veteran fields.	a. Due January 2022: • a resubmission of October 1 through March 31 of FY21 comparison of the total number

Measure	Description	Deliverables
<p>eligible for services through the Veteran's Administration (25 points).</p> <p>The State acknowledges that not all Veterans interacted with by the Veteran Navigator and on the VSN will have a CMHSP contact and thus will not have a BH-TEDS file.</p>	<p>b. Monitor and analyze data discrepancies between VSN and BH-TEDS data.</p>	<p>of individual veterans reported on BHTEDS and the VSN form.</p> <ul style="list-style-type: none"> • submission of April 1 through September 30 of FY21 comparison of the total number of individual veterans reported on BHTEDS and the VSN form. • Narrative comparison of the above time periods, identifying any areas needing improvement and actions to be taken to improve data quality. <p>b. The contractor must compare the total number of individual veterans reported on BHTEDS and the VSN during the October 1 through March 31 of FY22 and conduct a comparison. By July 1, the Contractor must submit a 1-2-page narrative report on findings and any actions taken to improve data quality. Timely submission constitutes metric achievement number of individual veterans reported on BHTEDS and the VSN during the October 1 through March 31 of FY22 and conduct a comparison. By July 1, the Contractor must submit a 1-2-page narrative report on findings and any actions taken to improve data quality. Timely submission constitutes metric achievement</p>
<p>P.2. PA 107 of 2013 Sec. 105d (18): Increased data sharing with other providers (25 points)</p>	<p>Send ADT messages for purposes of care coordination through health information exchange.</p>	<p>For multi-county PIHPs, two or more CMHSPs within a Contractor's service area, or the Contractor, will be submitting Admission Discharge and Transfer (ADT) messages to the Michigan Health Information Network (MiHIN) Electronic Data Interchange (EDI) Pipeline daily by the end of FY22. By July 31, the Contractor must submit, to the State, a report no longer than two pages listing CMHSPs sending ADT messages,</p>

Measure	Description	Deliverables
		and barriers for those who are not, along with remediation efforts and plans. In the event that MiHIN cannot accept or process Contractor's ADT submissions this will not constitute failure on Contractor's part.
P.3. Initiation, Engagement and Treatment (IET) of Alcohol and Other Drug Dependence (50 points)	The percentage of adolescents and adults with a new episode of alcohol or other drug (AOD) abuse or dependence who received the following: -Initiation of AOD Treatment: The percentage of beneficiaries who initiate treatment within 14 calendar days of the diagnosis. -Engagement of AOD Treatment: The percentage of beneficiaries who initiated treatment and who had two or more additional AOD services or Medication Assisted Treatment (MAT) within 34 calendar days of the initiation visit.	1. The points will be awarded based on contractor participation in IET measure data validation work with MDHHS. Contractor will submit an IET data validation response file by March 31 in accordance with instruction provided by MDHHS. Note: The State recognizes the Contractor does not have a full data set for analyses.
P.4. PA 107 of 2013 Sec. 105d (18): Increased participation in patient-centered medical homes (20% of total withhold)	Narrative report summarizing participation in patient-centered medical homes (or characteristics thereof). Points for Narrative Reports will be awarded on a pass/fail basis, with full credit awarded for submitted narrative reports, without regard to the substantive information provided. The State will provide consultation draft review response to the Contractor by January 15th. The Contractor will have until January 31st to reply to the State with information.	The Contractor must submit a narrative report of no more than 10 pages by November 15th summarizing prior FY efforts, activities, and achievements of the Contractor (and component CMHSPs if applicable) to increase participation in patient-centered medical homes. The specific information to be addressed in the narrative is below: 1. Comprehensive Care 2. Patient-Centered 3. Coordinated Care 4. Accessible Services 5. Quality & Safety

3. MHP/Contractor Joint Metrics (30% of total withhold)
Joint Metrics for the Integration of Behavioral Health and Physical Health Services

To ensure collaboration and integration between Medicaid Health Plans (MHPs) and the Contractor, the State has developed the following joint expectations for both entities. There are 100 points possible for this initiative. The reporting process for these metrics is identified in the grid below. Care coordination activities are to be conducted in accordance with applicable State and federal privacy rules.

Category	Description	Deliverables
J.1. Implementation of Joint Care Management Processes (35 points)	Collaboration between entities for the ongoing coordination and integration of services.	Each MHP and Contractor will continue to document joint care plans in CC360 for beneficiaries with appropriate severity/risk, who have been identified as receiving services from both entities. Risk stratification criteria is determined in writing by the Contractor-MHP Collaboration Work Group in consultation with the State.
J.2 Follow-up After Hospitalization (FUH) for Mental Illness within 30 Days using HEDIS descriptions (40 points)	The percentage of discharges for beneficiaries six years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with mental health practitioner within 30 Days.	<p>1. The Contractor must meet set standards for follow-up within 30 Days for each rate (ages 6-17 and ages 18 and older. The Contractor will be measured against an adult minimum standard of 58% and a child minimum standard of 70%. Measurement period will be calendar year 2021.</p> <p>2. Data will be stratified by race/ethnicity and provided to plans. The Contractor will be incentivized to reduce the disparity between the index population and at least one minority group. Measurement period for addressing racial/ethnic disparities will be a comparison of calendar year 2020 with Calendar year 2021.</p> <p>The points will be awarded based on MHP/Contractor combination performance measure rates. The total potential points will be the same regardless of the number of MHP/Contractor combinations for a given entity. See MDHHS BHDDA reporting requirement website for measure specifications (query, eligible population, and additional details) and health equity scoring methodology, at https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_38765---,00.html</p>

<p>J3. Follow-Up After (FUA) Emergency Department Visit for Alcohol and Other Drug Dependence (25 points)</p>	<p>Beneficiaries 13 years and older with an Emergency Department (ED) visit for alcohol and other drug dependence that had a follow-up visit within 30 days.</p>	<p>1. The Contractor must meet set standards for follow-up within 30 Days. The Contractor will be measured against a minimum standard of 27%. Measurement period will be calendar year 2021.</p> <p>2. Data will be stratified by the State by race/ethnicity and provided to plans. The Contractor will be incentivized to reduce the disparity between the index population and at least one minority group. Measurement period for addressing racial/ethnic disparities will be a comparison of calendar year 2020 with calendar year 2021.</p> <p>The points will be awarded based on MHP/Contractor combination performance measure rates.</p> <p>The total potential points will be the same regardless of the number of MHP/Contractor combinations for a given entity.</p> <p>See MDHHS BHDDA reporting requirement website for measure specifications (query, eligible population, and additional details) and health equity scoring methodology, at https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_38765---,00.html</p>
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25. Local Funding Source Obligation FY22 Schedule G is hereby added, and SFY2021 March, 2021 to September, 2021 Behavioral Health Rate Certification and SFY2022 Behavioral Health Capitated Rate Certification are hereby added to Schedule H as follows.