

Mid-State Health Network

Board of Directors Meeting ~ March 7, 2023 ~ 5:00 p.m.

Board Meeting Agenda

THIS MEETING WILL BE HELD AT A PHYSICAL LOCATION WITH APPROPRIATE SOCIAL DISTANCING AND/OR MASKING REQUIREMENTS

MyMichigan Medical Center
Wilcox Room
300 E. Warwick Drive
Alma, MI 48801

MEMBERS OF THE PUBLIC AND OTHERS UNABLE TO ATTEND IN PERSON CAN PARTICIPATE IN THIS MEETING VIA ZOOM

Zoom Link: <https://zoom.us/j/3797965720>

1. Call to Order
2. Roll Call
3. **ACTION ITEM:** Approval of the Agenda
Motion to Approve the Agenda of the March 7, 2023 Meeting of the MSHN Board of Directors
4. Public Comment (3 minutes per speaker)
5. Equity Upstream Presentation (Page 6)
6. **ACTION ITEM:** FY2022 Board Self-Assessment (Page 14)
MOTION to receive and file the FY2022 Board Self-Assessment report
7. **ACTION ITEM:** Continuation of the Regional Provider Staffing Crisis Stabilization Program through September 30, 2023. (Page 18)
MOTION to designate up to an additional \$3M for a total of \$8M (eight million dollars) of FY23 MSHN resources for the purpose of stabilizing and assisting eligible provider organizations contracted within the region in addressing workforce/staffing crises pursuant to regional guidelines established by MSHN, through September 30, 2023.
8. **ACTION ITEM:** Reschedule May 2023 Board Meeting (Page 20)
Motion to reschedule the May Board Strategic Planning Work Session (to begin at 10:30 am) and Board Meeting (to begin at 5:00 pm) to May 9, 2023.
9. Chief Executive Officer's Report (Page 21)
10. Deputy Director's Report (Page 51)
11. Chief Financial Officer's Report

Financial Statements Review for Period Ended January 31, 2023 (Page 54)

ACTION ITEM: Receive and File the Preliminary Statement of Net Position and Statement of Activities for the Period ended January 31, 2023, as presented.



OUR MISSION:

To ensure access to high-quality, locally-delivered, effective and accountable public behavioral health and substance use disorder services provided by its participating members

OUR VISION:

To continually improve the health of our communities through the provision of premiere behavioral healthcare & leadership. MSHN organizes and empowers a network of publicly funded community partnerships essential to ensure quality of life while efficiently, and effectively addressing the complex needs of the region's most vulnerable citizens.

Board of Directors Meeting Materials:

Click [HERE](#)

or visit MSHN's website at:
<https://midstatehealthnetwork.org/stakeholders-resources/board-councils/board-of-directors/fy2023-meetings>

Upcoming FY23 Board Meetings

Board Meetings convene at 5:00pm unless otherwise noted

March 7, 2023

MyMichigan Medical Center
300 E. Warwick Drive
Alma, MI 48801

May 2, 2023

MyMichigan Medical Center
300 E. Warwick Drive
Alma, MI 48801

July 11, 2023

Comfort Inn & Suites and Conference Center
2424 S. Mission St
Mt. Pleasant, MI 48858

Policies and Procedures

Click [HERE](#) or Visit

<https://midstatehealthnetwork.org/provider-network-resources/provider-requirements/policies-procedures/policies>

12. **ACTION ITEM:** Contracts for Consideration/Approval (Page 61)

The MSHN Board of Directors Approve and Authorizes the Chief Executive Officer to Sign and Fully Execute the FY 2023 Contracts, as Presented on the FY 2023 Contract Listing

13. Executive Committee Report

14. Chairperson's Report

15. **ACTION ITEM:** Consent Agenda

Motion to Approve the documents on the Consent Agenda

- 15.1 Approval Board Meeting Minutes 01/10/23 (Page 63)
- 15.2 Receive Board Executive Committee Minutes 02/17/23 (Page 68)
- 15.3 Receive Policy Committee Minutes 02/14/23 (Page 70)
- 15.4 Receive Operations Council Key Decisions 01/23/23 (Page 72)
- 15.5 Approve the following policies:
 - 15.5.1 Appointed Member Compensation (Page 75)
 - 15.5.2 Behavior Treatment Plans (Page 77)
 - 15.5.3 Consumer Satisfaction Survey (Page 79)
 - 15.5.4 Critical Incident (Page 81)
 - 15.5.5 Critical Incident-SUD Only (Page 85)
 - 15.5.6 External Quality Review (Page 89)
 - 15.5.7 Medicaid Event Verification (Page 91)
 - 15.5.8 Michigan Mission Based Performance Indicator System (MMBPIS) (Page 94)
 - 15.5.9 Monitoring and Oversight (Page 97)
 - 15.5.10 Performance Improvement (Page 100)
 - 15.5.11 Quality Management (Page 102)
 - 15.5.12 Regional Provider Monitoring and Oversight (Page 104)
 - 15.5.13 Research (Page 109)
 - 15.5.14 Sentinel Events (Page 111)

16. Other Business

17. Public Comment (3 minutes per speaker)

18. Adjourn

FY23 MSHN Board Roster

Last Name	First Name	Email 1	Email 2	Phone 1	Phone 2	Appointing CMHSP	Term Expiration
Bohner	Brad	bbohner@tds.net		517.294.0009		LifeWays	2025
Brehler	Joe	jbrehler@sprynet.com		517.882.7491	517.230.5911	CEI	2025
Cadwallender	Bruce	bcadwall@umich.edu		517.703.4223		Shia Health & Wellness	2024
Vacant	Vacant					Saginaw County CMH	2023
DeLaat	Ken	kend@nearnorthnow.com		231.414.4173		Newaygo County MH	2023
Griesing	David	davidgriesing@yahoo.com		989.823.2687		TBHS	2024
Grimshaw	Dan	midstatetitlesvcs@mstsinc.com		989.823.3391	989.823.2653	TBHS	2023
Hicks	Tina	tmhicks64@gmail.com		989.576.4169		GIHN	2024
Johansen	John	j.m.johansen6@gmail.com		616.754.5375	616.835.5118	MCN	2024
Ladd	Jeanne	stixladd@hotmail.com		989.634.5691		Shia Health & Wellness	2024
McFarland	Pat	pjmcfarland52@gmail.com		989.225.2961		BABHA	2023
McPeek-McFadden	Deb	deb2mcmail@yahoo.com		616.794.0752	616.343.9096	The Right Door	2024
Vacant	Vacant					CEI	2025
Nyland	Gretchen	gretchen7080@gmail.com		616.761.3572		The Right Door	2025
O'Boyle	Irene	irene.oboyle@cmich.edu		989.763.2880		GIHN	2026
Peasley	Kurt	peasleyhardware@gmail.com		989.560.7402	989.268.5202	MCN	2024
Phillips	Joe	joe44phillips@hotmail.com		989.386.9866	989.329.1928	CMH for Central	2023
Raquepaw	Tracey	tl.raquepaw@icloud.com	raquepaw@michigan.gov	989.737.0971		Saginaw County CMH	2025
Ryder	Tom	tomryder51@yahoo.com		989.860.8095		BABHA	2025
Scanlon	Kerin	kscanlon@tm.net		502.594.2325		CMH for Central	2025
Swartzendruber	Richard	rswartzn@gmail.com		989.269.2928	989.315.1739	HBH	2023
Twing	Susan	set352@hotmail.com		231.335.9590		Newaygo County MH	2025
Wiltse	Beverly	beviltse@gmail.com		989.326.1052		HBH	2023
Woods	Ed	ejw1755@yahoo.com		517.392.8457		LifeWays	2024

Administration:

Sedlock	Joe	joseph.sedlock@midstatehealthnetwork.org		517.657.3036		
Ittner	Amanda	amanda.ittner@midstatehealthnetwork.org		517.253.7551		
Thomas	Leslie	leslie.thomas@midstatehealthnetwork.org		517.253.7546		
Kletke	Sherry	sheryl.kletke@midstatehealthnetwork.org		517.253.8203		

ACRONYMS – Following is a list of commonly used acronyms you may read or hear referenced in a MSHN Board Meeting:

ACA: Affordable Care Act	CON: Certificate of Need (Commission) – State	HB: House Bill
ACT: Assertive Community Treatment	CPA: Certified Public Accountant	HCBS: Home and Community Based Services
ARPA: American Rescue Plan Act (COVID-Related)	CQS: – Comprehensive Quality Strategy	HIPAA: Health Insurance Portability and Accountability Act
ASAM: American Society of Addiction Medicine	CRU: Crisis Residential Unit	HITECH: Health Information Technology for Economic and Clinical Health Act
ASAM CONTINUUM: Standardized assessment for adults with SUD needs	CS: Customer Service	HMP: Healthy Michigan Program
ASD: Autism Spectrum Disorder	CSAP: Center for Substance Abuse Prevention (federal agency/SAMHSA)	HMO: Health Maintenance Organization
BBA: Balanced Budget Act	CSAT: Center for Substance Abuse Treatment (federal agency/SAMHSA)	HRA: Hospital Rate Adjuster
BH: Behavioral Health	CW: Children’s Waiver	HSAG: Health Services Advisory Group (contracted by state to conduct External Quality Review)
BHH: Behavioral Health Home	DAB: Disabled and Blind	HSW: Habilitation Supports Waiver
BPHASA – Behavioral and Physical Health and Aging Services Administration	DEA: Drug Enforcement Agency	ICD-10: International Classification of Diseases – 10 th Edition
BH-TEDS: Behavioral Health – Treatment Episode Data Set	DMC: Delegated Managed Care (site visits/reviews)	ICO: Integrated Care Organization (a health plan contracted under the Medicaid/Medicare Dual eligible pilot project)
CC360: CareConnect 360	DRM: Disability Rights Michigan	I/DD: Intellectual/Developmental Disabilities
CCBHC: Certified Community Behavioral Health Center	DSM-5: Diagnostic and Statistical Manual of Mental Disorders, 5 th Edition	IDDT: Integrated Dual Diagnosis Treatment
CAC: Certified Addictions Counselor Consumer Advisory Council	EBP: Evidence-Based Practices	IOP: Intensive Outpatient Treatment
CEO: Chief Executive Officer	EEO: Equal Employment Opportunity	ISF: Internal Service Fund
CFO: Chief Financial Officer	EMDR: Eye Movement & Desensitization Reprocessing therapy	IT/IS: Information Technology/Information Systems
CIO: Chief Information Officer	EPSDT: Early and Periodic Screening, Diagnosis and Treatment	KPI: Key Performance Indicator
CCO: Chief Compliance Officer Chief Clinical Officer	EQI: Encounter Quality Initiative	LBSW: Licensed Baccalaureate Social Worker
CFR: Code of Federal Regulations	EQR: External Quality Review (federally mandated review of PIHPs to ensure compliance with BBA standards)	LEP: Limited English Proficiency
CFAP: Conflict Free Access and Planning (Replacing CFCM)	FC: Finance Council	LLMSW: Limited Licensed Masters Social Worker
CFCM: Conflict Free Case Management	FI: Fiscal Intermediary	LMSW: Licensed Masters Social Worker
CLS: Community Living Services	FOIA: Freedom of Information Act	LLPC: Limited Licensed Professional Counselor
CMH or CMHSP: Community Mental Health Service Program	FSR: Financial Status Report	LPC: Licensed Professional Counselor
CMHA: Community Mental Health Authority	FTE: Full-time Equivalent	LOCUS: Level of Care Utilization System
CMHAM: Community Mental Health Association of Michigan	FQHC: Federally Qualified Health Centers	LTSS: Long Term Supports and Services
CMS: Centers for Medicare and Medicaid Services (federal)	FY: Fiscal Year (for MDHHS/CMHSP runs from October 1 through September 30)	MAHP: Michigan Association of Health Plans (Trade association for Michigan Medicaid Health Plans)
COC: Continuum of Care	GAIN: Global Appraisal of Individual Needs assessment for adolescents with SUD needs.	MAT: Medication Assisted Treatment (see MOUD)
COD: Co-occurring Disorder	GF/GP: General Fund/General Purpose (state funding)	MCBAP: Michigan Certification Board for Addiction Professionals

ACRONYMS - Following is a list of commonly used acronyms you may read or hear referenced in a MSHN Board Meeting:

MCO: Managed Care Organization	OTP: Opioid Treatment Provider (formerly methadone clinic)	RR: Recipient Rights
MDHHS: Michigan Department of Health and Human Services	PA: Public Act	RRA: Recipient Rights Advisor
MDOC: Michigan Department of Corrections	PA2: Liquor Tax act (funding source for some MSHN funded services)	RRO: Recipient Rights Office/Recipient Rights Officer
MEV: Medicaid Event Verification	PAC: Political Action Committee	SAMHSA: Substance Abuse and Mental Health Services Administration (federal)
MHP: Medicaid Health Plan	PASARR: Pre-Admission Screening and Resident Review	SAPT: Substance Abuse Prevention and Treatment (when it includes an “R”, means “Recovery”)
MI: Mental Illness Motivational Interviewing	PCP: Person-Centered Planning Primary Care Physician	SARF: Screening, Assessment, Referral and Follow-up
MiHIA: Michigan Health Improvement Alliance	PEP: Performance Enhancement Plan	SCA: Standard Cost Allocation
MiHIN: Michigan Health Information Network	PFS: Partnership for Success	SDA: State Disability Assistance
MLR: Medical Loss Ratio	PEO: Professional Employer Organization	SED: Serious Emotional Disturbance
MMBPIS: Michigan Mission Based Performance Indicator System	PEPM: Per Eligible Per Month (Medicaid funding formula)	SB: Senate Bill
MOUD: Medication for Opioid Use Disorder (a sub-set of MAT)	PI: Performance Indicator	SIM: State Innovation Model
MP&A (MPAS): Michigan Protection and Advocacy Service	PIP: Performance Improvement Project	SIS: Supports Intensity Scale
MPCA: Michigan Primary Care Association (Trade association for FQHC’s)	PIHP: Prepaid Inpatient Health Plan	SMI: Serious Mental Illness
MPHI: Michigan Public Health Institute	PMV: Performance Measure Validation	SPMI: Severe & Persistent Mental Illness
MRS: Michigan Rehabilitation Services	PN: Prevention Network	SSDI: Social Security Disability Insurance
NACBHDD: National Association of County Behavioral Health and Developmental Disabilities Directors	Project ASSERT: Alcohol and Substance abuse Services and Educating providers to Refer patients to Treatment	SSI: Supplemental Security Income (Social Security)
NAMI: National Association of Mental Illness	PS: Protective Services	SSN: Social Security Number
NASMHPD: National Association of State Mental Health Program Directors	PTSD: Post-Traumatic Stress Disorder	SUD: Substance Use Disorder
NCQA: National Committee for Quality Assurance	QAPIP: Quality Assessment and Performance Improvement Program	SUD OPB: Substance Use Disorder Regional Oversight Policy Board
NCMW: National Council for Mental Wellbeing	QAPI: - Quality Assessment Performance Improvement	SUGE: Bureau of Substance Use, Gambling and Epidemiology
NMRE: Northern Michigan Regional Entity (PIHP Region 2)	QHP: Qualified Health Plan	TANF: Temporary Assistance to Needy Families
OC: Operations Council	QM/QA/QI: Quality Management/Assurance/Improvement	UR/UM: Utilization Review or Utilization Management
OHCA: Organized Health Care Arrangement	QRT: Quick Response Team	VA: Veterans Administration
OIG: Office of Inspector General	RCAC: Regional Consumer Advisory Council	WM: Withdrawal Management (formerly “detox”)
OMT: Opioid Maintenance Treatment - Methadone	REMI: MSHN’s Regional Electronic Medical Information software	WSA: Waiver Support Application
OP: Outpatient	RES: Residential Treatment Services	YTD: Year to Date
	RFI: Request for Information	ZTS: Zenith Technology Systems (MSHN Analytics and Risk Management Software)
	RFP: Request for Proposal	
	RFQ: Request for Quote	

Equity Upstream

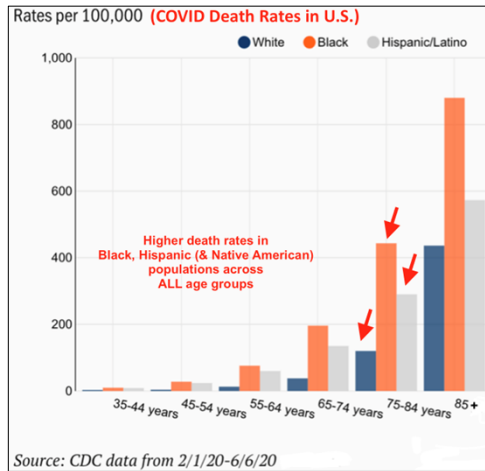
A Virtual Lecture Series & Learning Collaborative to Reduce Disparities in Opioid Overdose Deaths

Dani Meier, PhD, MSW, MA
March 7, 2023



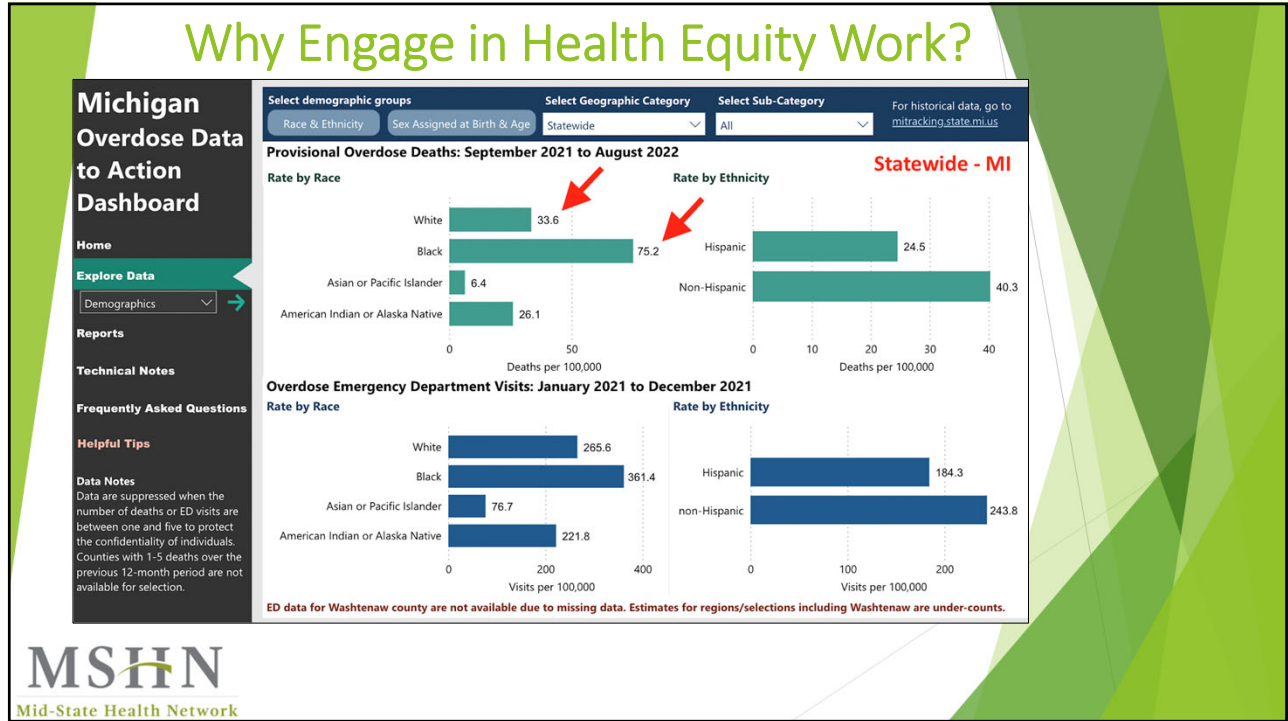
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Why Engage in Health Equity Work?



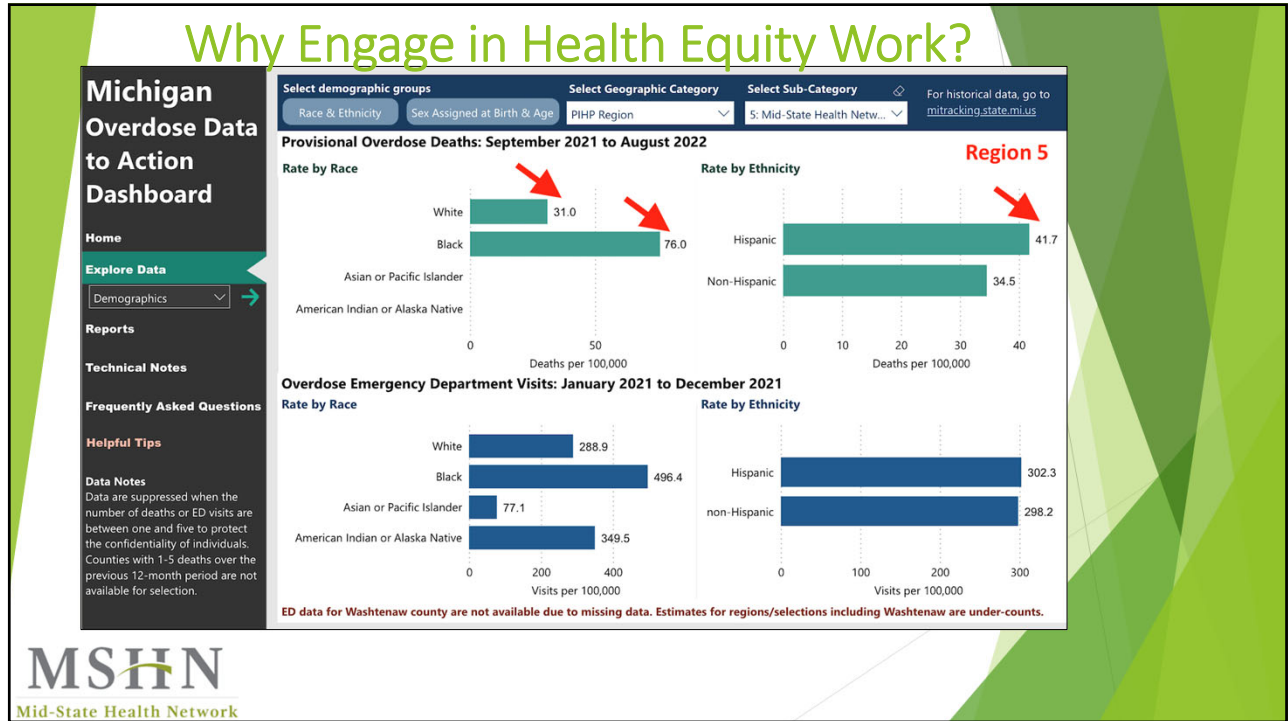
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Why Engage in Health Equity Work?



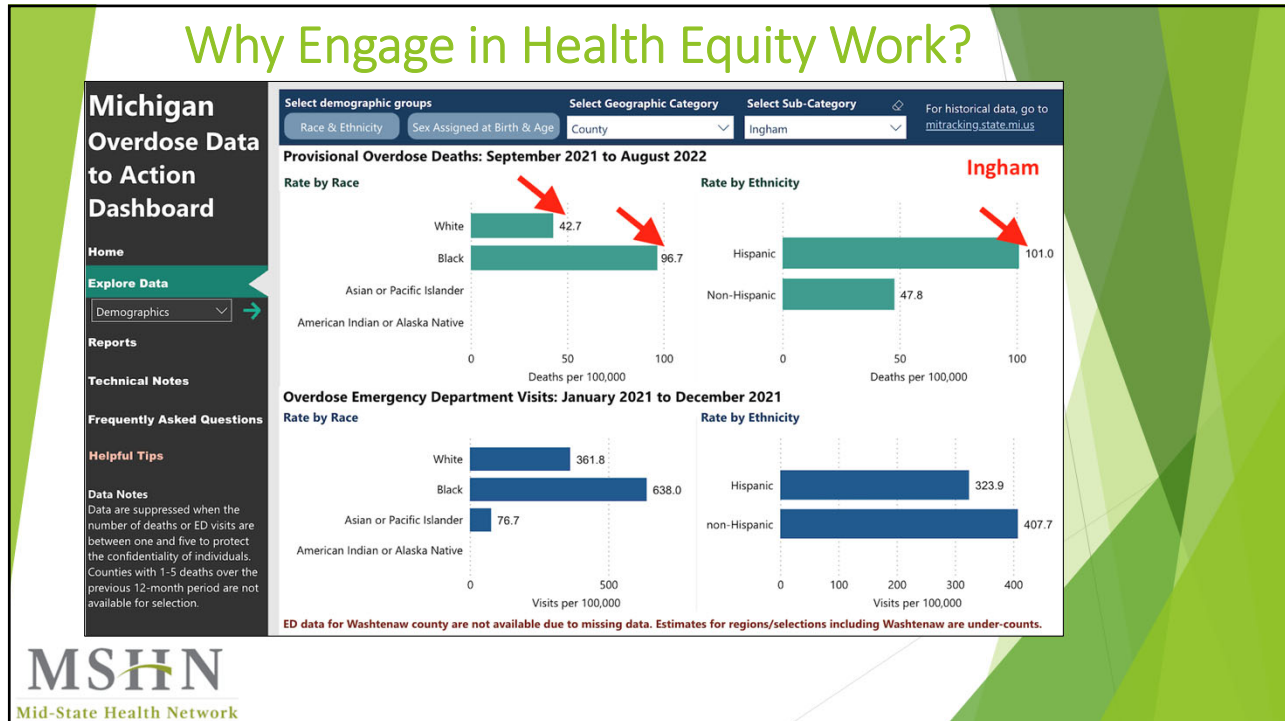
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Why Engage in Health Equity Work?



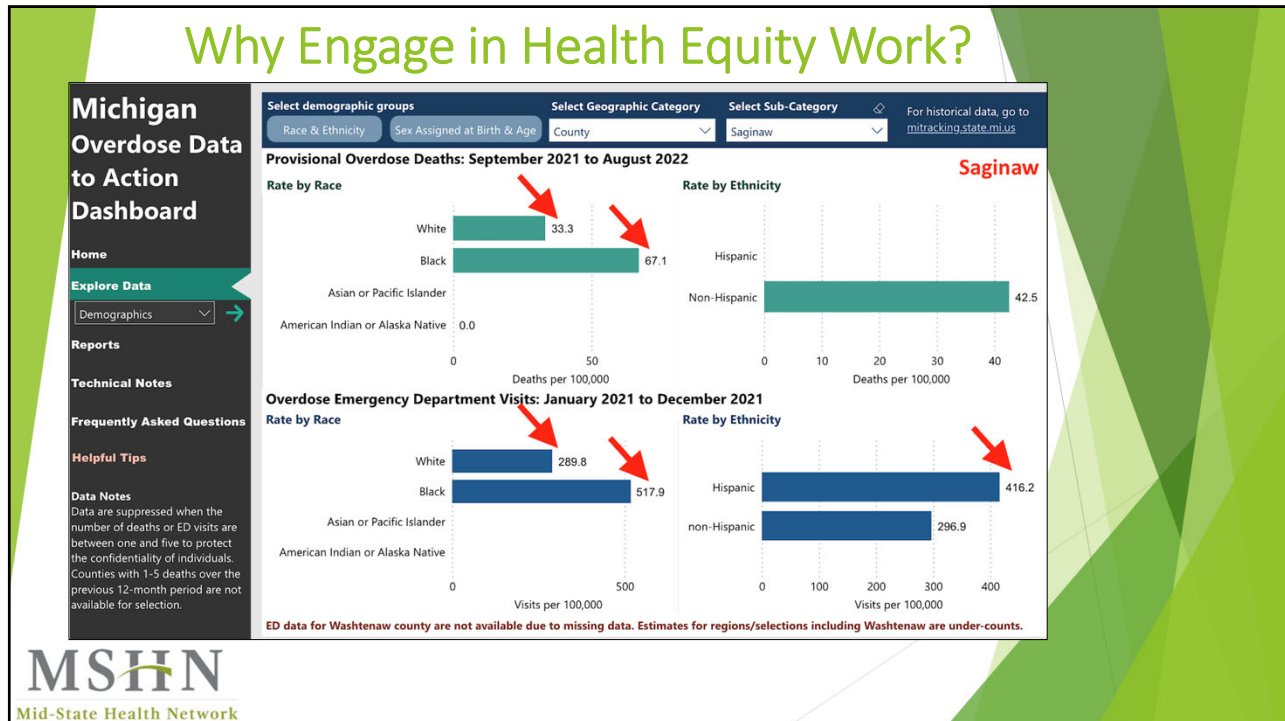
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Why Engage in Health Equity Work?

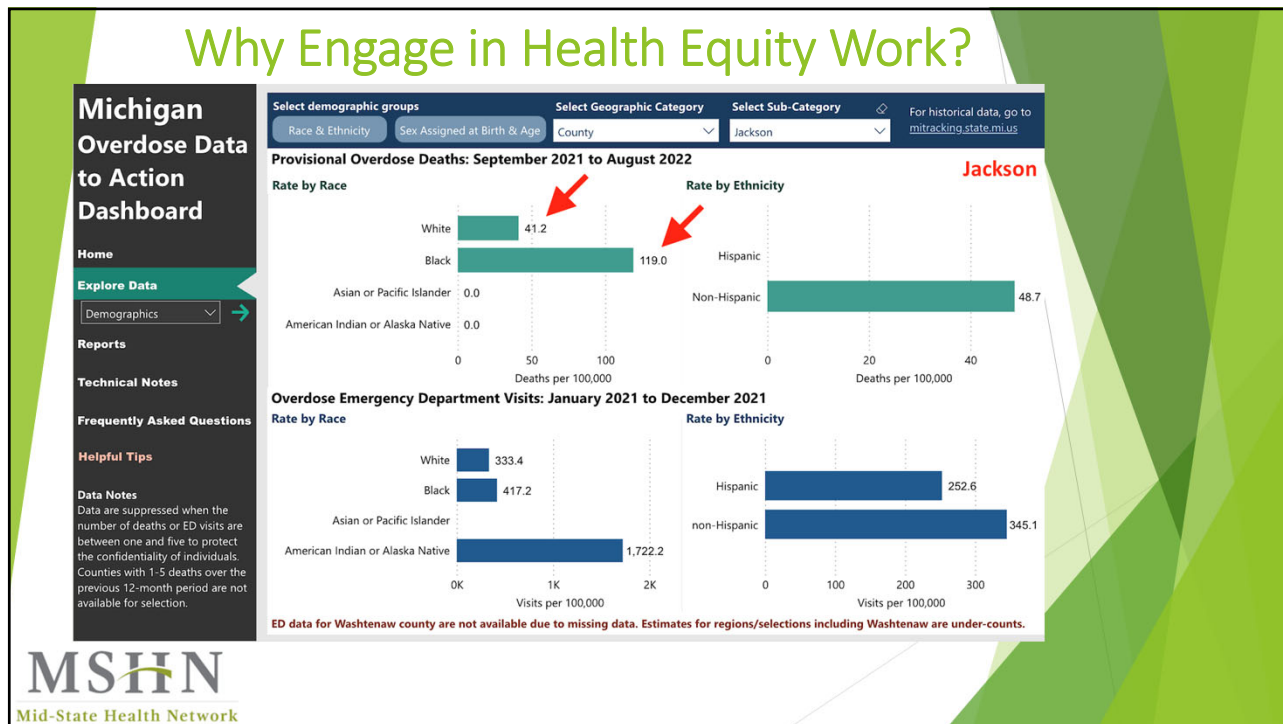


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Why Engage in Health Equity Work?



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7

MSHN's Health Equity Commitments

MSHN's Mission:

- ▶ “To ensure access to high-quality ... public behavioral health and substance use disorder services.”
- ▶ This mission applies to all Region 5 residents.

MSHN's Strategic Priority for Better Equity:

- ▶ “To ensure all persons have the same opportunities to be healthy, especially those who belong to socially disadvantaged or historically marginalized groups.”

MSHN's Strategic Priority to Reduce Overdose Deaths:

- ▶ “To identify regional strategies for the prevention and treatment of substance use disorders and for reducing overdose deaths.

MSHN
Mid-State Health Network

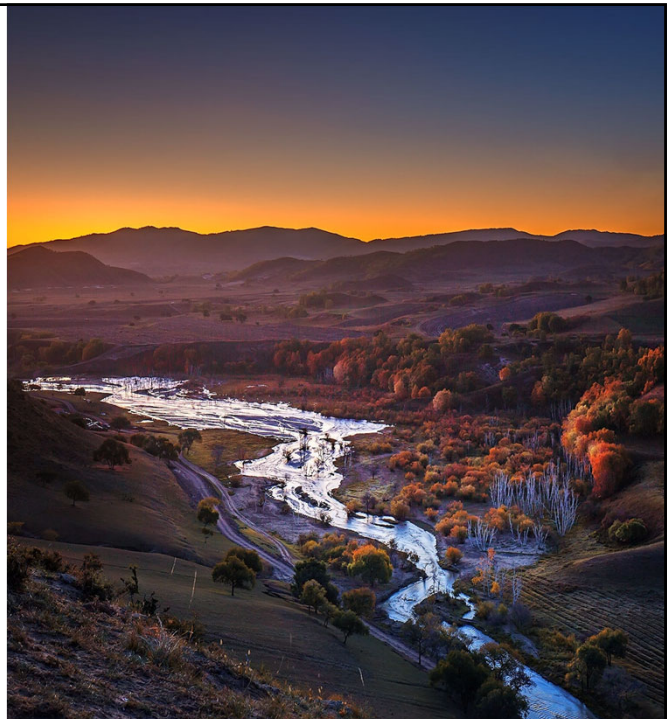
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MSHN's Health Equity Activities

- ▶ Embedded equity goals in FY21-23 SUD & FY22-24 MSHN strategic plans
- ▶ Networked/partnered w. local & national stakeholders/experts: [Vital Strategies](#), [SAMHSA](#), [NIDA](#), [OMH](#), [CDC](#), [OMH](#), [MOTF](#), [MOAC](#), [MDCR](#), [MPCA](#), [MPHI](#), etc.
- ▶ Presented on health disparities to provider networks, health departments, OPB, WSS, etc.
- ▶ Established REACH (external) advisory & IDEA (internal) workgroups
- ▶ Offered voluntary MDCR implicit bias training (≈ 50% of staff)
- ▶ Conducted organizational assessment of MSHN
- ▶ Organized All-staff DEI training
- ▶ Spring 2023: Launching Equity Upstream lecture series & learning collaborative

"Equity Upstream" Underlying Premises

- ▶ **Equity Upstream** references the parable in which someone travels upstream to solve a problem that keeps manifesting downriver.
- ▶ **Downstream**, racial & ethnic disparities in overdose deaths are rising. Using more Narcan is a downstream solution.
- ▶ **Going upstream**: Can improve understanding of the background structural barriers, social determinants of health, intergenerational trauma and systemic bias.



Two Tracks

Lecture Series:

- To deepen understanding of systemic barriers & structural challenges to eliminating health disparities in substance use disorder (SUD) access & service delivery.
- To gain insight into strategies to expand penetration, access, and sustained engagement for affected populations.

Learning Collaborative:

- To engage a cohort of providers in a pilot to apply their community-specific data, knowledge & best practices to reduce health disparities in overdose deaths.
- To strengthen participating agencies' capacity to improve health outcomes for underserved populations impacted by the opioid epidemic.
- To create a model for regional & statewide action.

Spring 2023 Lectures

FOCUS: To illuminate the landscape of health disparities in the SUD realm with an overview of baseline disparity data, etc. and to contextualize what's known re: WHY these disparities exist (systemic racism, implicit bias, access issues, mistrust of the medical system, etc.).

- ▶ April 26, 2023 - Camara Jones, MD, MPH, PhD
- ▶ May 9, 2023 - Haner Hernandez, PhD, CPS (ATTC)
- ▶ May 24, 2023 - Donald Warne, MD, MPH (Indigenous Health Policy, JHU)
- ▶ June 7, 2023 - Larke Huang, PhD (Office of Behavioral Health Equity, SAMHSA)

Fall Lecture Series - TBD
(Focus on Evidence-Based Practices)

Learning Collaborative

The Learning Collaborative (LC) will include a cohort of SUD providers, each with their own Action Team engaged in shared learning w. the lecture series & each other to build knowledge & to implement targeted interventions to reduce disparities in overdose deaths and to improve health outcomes for all clients.

Targeted Cohort Participants:

- SUD prevention, treatment & recovery providers
- Community Mental Health agencies (CMHSPs) that do SUD TX
- FQHCs
- Law Enforcement

Defining Success

1. Regional Learning Collaborative (LC) cohort Action Teams
2. Data-informed agency goals for improvement, e.g., increased penetration & retention in SUD treatment in BIPOC communities, improved follow-up after SUD-related emergency room episodes, etc.
3. LC members' internal endorsement of Action Plan (e.g., Board approval)
4. Implementation of agency interventions and/or improvement to policy & practices to reduce overdose death disparities
5. Evidence of declining disparities
6. Creation of a model for broad regional & statewide change

Questions?



FY2022 Board of Directors Self-Assessment Report

Background

As part of the annual process, the MSHN Board of Directors complete a Self-Assessment Performance Evaluation. An annual Board evaluation gives everyone a chance to exercise responsibility for self-review and to re-affirm the public trust and ownership in Mid-State Health Network (MSHN). Such evaluations prohibit shortcomings that might otherwise go undetected. By completing such an assessment, the Board is accepting responsibility for accountability, self-regulation and advancement of Mid-State Health Network's mission. Evaluating performance produces opportunities for improvement and often re-energizes the Board through the knowledge that it is performing well.

Recommended Motion:

Motion to receive and file the FY2022 MSHN Board of Directors Self-Assessment report.

March 7, 2023

MSHN Board of Directors Annual Self-Evaluation: Trending Report (FY17-FY22)		Yes						No						Needs Improvement						Unsure					
		16/17	17/18	18/19	19/20	20/21	21/22	16/17	17/18	18/19	19/20	20/21	21/22	16/17	17/18	18/19	19/20	20/21	21/22	16/17	17/18	18/19	19/20	20/21	21/22
Mission, Vision and Strategic Direction	1. The Board participates in strategic planning	80%	88%	93%	95%	86%	95%	0%	0%	0%	0%	0%	0%	13%	12%	7%	5%	5%	0%	7%	0%	0%	0%	9%	5%
	2. The Board has a clear sense of needs and priorities for the region	67%	59%	77%	82%	71%	89%	7%	1%	0%	5%	5%	0%	13%	35%	23%	5%	14%	11%	7%	1%	0%	8%	10%	0%
	3. MSHN has a clear sense of direction	87%	59%	92%	86%	86%	100%	0%	1%	0%	0%	0%	0%	0%	29%	8%	5%	5%	0%	13%	1%	0%	9%	9%	0%
	4. The Board is advised on national, state and local trends for their effect on behavioral health services	73%	88%	93%	100%	90%	84%	7%	0%	0%	0%	0%	0%	13%	12%	7%	0%	10%	5%	0%	0%	0%	0%	0%	11%
	5. The Board is presented with information about the strengths and weaknesses of MSHN	73%	80%	85%	86%	85%	74%	0%	0%	0%	0%	0%	0%	13%	18%	15%	14%	5%	5%	13%	1%	0%	0%	10%	21%
	6. The Board receives adequate information, analysis, plans, proposals and background materials that enable decision making	80%	71%	100%	86%	95%	89%	0%	1%	0%	0%	0%	0%	20%	24%	0%	9%	5%	0%	0%	0%	0%	5%	0%	11%
	7. MSHN's strategic priorities are clear, specific and measurable	80%	88%	69%	73%	86%	74%	7%	0%	0%	0%	5%	0%	7%	12%	7%	9%	5%	10%	7%	0%	24%	19%	4%	16%
	8. The Board evaluates progress of opportunities for improvement that are identified	87%	88%	69%	77%	67%	74%	0%	0%	0%	5%	5%	5%	0%	12%	0%	5%	19%	16%	13%	0%	0%	13%	9%	5%
Comments: 1)This area is strength for MSHN. 2)We are a Board that is very dedicated to what our Mission is and are committed to our strategic Direction. 3)I feel the Board is an active part of the Strategic Direction of MSHN which is set based on community need and state requirements. 4)Measurement of treatment success is sometimes based on less than ideal statistical significance. Therapy continues to be ever-changing and is far from being an exact science. Substance abuse issues with respect to youth does not get the focus it needs. 5)We make excellent progress in this area. 6)I believe Joe is guiding our board along the road ,letting us be aware of what the state wants to do to our system and replacing it with pvt. management. This directly interferes with our mission and vision. 7)The board is focused on all of these and kept well informed by the CEO of the progress. I appreciate the timeliness of receiving the board packets so I can read them ro prepare for board meeting which is important for me as a board member.																									
CEO/Board Roles & Responsibilities	10. The Board asks "What" and "Why" and Expects the CEO to provide the "How"	93%	80%	93%	86%	90%	100%	7%	0%	0%	5%	5%	0%	0%	18%	7%	9%	5%	0%	0%	1%	0%	0%	0%	0%
	11. There is a mutual respect and open discussion between the Board and the CEO	100%	65%	93%	100%	100%	100%	7%	1%	0%	0%	0%	0%	0%	29%	7%	0%	0%	0%	0%	0%	0%	0%	0%	0%
	12. Board communication to staff and providers is channeled through the CEO	100%	88%	93%	91%	86%	90%	0%	0%	0%	0%	0%	0%	0%	0%	7%	0%	0%	5%	0%	12%	0%	9%	14%	5%
	13. Revisions to all policies are reviewed and approved by the Board	93%	94%	93%	100%	95%	95%	0%	0%	0%	0%	0%	5%	0%	0%	0%	0%	0%	0%	7%	6%	7%	0%	5%	0%
	14. The Board receives timely and accurate communication	73%	71%	79%	86%	95%	100%	7%	12%	0%	0%	0%	0%	13%	6%	21%	9%	5%	0%	7%	11%	0%	1%	0%	0%
Comments: 1)very pleased with the information flow. 2)We have a CEO who listens and responds in a timely manner. If the Board asks he delivers. 3)CEO and Board have an open channel of communication which is transparent and timely. 4)Mutual respect and open this is always evident. 5)We finally found our groove. 6)We are lucky to have a CEO who can guide our decisions by providing us the information required to do so. 7)I have a good understanding of them.																									
Resource Utilization & Risk Management	16. Board members are advised of key laws, rules and regulations and the implications for MSHN	94%	94%	69%	91%	100%	100%	0%	0%	0%	0%	0%	0%	0%	0%	31%	9%	0%	0%	6%	6%	0%	0%	0%	0%
	17. The Board has established policies, by-laws and operating agreements to reduce the risk of liability for the Board and MSHN	100%	81%	100%	91%	90%	89%	0%	0%	0%	0%	0%	0%	0%	19%	0%	0%	0%	0%	0%	0%	0%	9%	10%	11%
	18. Annually, or more often, the Board establishes priorities for the use of resources	81%	87%	93%	77%	95%	79%	0%	6%	0%	9%	5%	0%	13%	6%	7%	9%	0%	10%	6%	0%	0%	5%	0%	11%
	19. The Board receives routine financial reports including investment and risk management strategies	94%	87%	100%	100%	100%	95%	0%	0%	0%	0%	0%	0%	0%	13%	0%	0%	0%	5%	6%	0%	0%	0%	0%	0%
	20. The Board has an approved compliance plan and receives routine updates of compliance monitoring activities	94%	100%	93%	91%	95%	94%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	6%	0%	7%	9%	5%	6%
	21. The Board receives regular reports of external quality review, audits and other monitoring activities inclusive of planned corrective action	94%	100%	93%	95%	95%	94%	0%	0%	7%	0%	0%	6%	0%	0%	0%	0%	0%	0%	6%	0%	0%	5%	5%	0%
Comments: 1)A strength of MSHN. 2)We have an excellent staff who updates every Board Meeting on these areas. 3)The Board is kept apprised of resources and risk management on a continuous basis. 4)We are very strong in this area. 5)Information is given to board on routine basis.																									

MSHN Board of Directors Annual Self-Evaluation: Trending Report (FY17-FY22)		Yes						No						Needs Improvement						Unsure					
		16/17	17/18	18/19	19/20	20/21	21/22	16/17	17/18	18/19	19/20	20/21	21/22	16/17	17/18	18/19	19/20	20/21	21/22	16/17	17/18	18/19	19/20	20/21	21/22
Public Trust	23. The public has opportunities to address concerns to the Board	88%	94%	100%	95%	100%	95%	0%	0%	0%	0%	0%	0%	6%	6%	0%	5%	0%	0%	6%	0%	0%	0%	0%	5%
	24. Public requests for action/change are addressed as appropriate	75%	93%	77%	68%	81%	89%	0%	0%	0%	0%	5%	0%	6%	0%	0%	0%	0%	0%	19%	6%	23%	32%	14%	11%
	25. Board members provide information and support Board positions with the media, key local/state decision makers and legislators	69%	47%	62%	59%	71%	68%	6%	6%	16%	5%	0%	5%	6%	12%	0%	9%	10%	0%	19%	35%	16%	27%	19%	27%
	26. The Board reviews customer satisfaction feedback and evaluates concerns	67%	73%	93%	59%	57%	79%	6%	0%	0%	0%	5%	5%	6%	0%	0%	14%	19%	5%	19%	27%	7%	27%	19%	11%
Comments: 1)While the Board provides opportunity for public comments it is not used very often other than by board members. 2)We are very open to public input. I wish the public would take more advantage of our willingness to listen and respond to concerns. 3)MSHN and the Board are transparent with public and responsive to needs. 4)Not really sure if the “public” has much understanding of the Complexities of such an expansive organization. 5)The public receives notification of board meetings ,time given to public in the board meetings.																									
Boardmanship	28. Members refrain from intruding on administrative issues that are the responsibility of the Mid- State Health Network CEO/staff except to monitor results and prohibit methods that conflict with policy	56%	53%	62%	77%	90%	100%	0%	0%	0%	0%	5%	0%	38%	41%	28%	18%	5%	0%	6%	6%	10%	5%	0%	0%
	29. Members do not exercise authority apart from the authorization of the full Board	88%	70%	77%	64%	95%	95%	6%	0%	0%	0%	5%	5%	0%	18%	8%	5%	0%	0%	6%	12%	8%	32%	0%	0%
	30. Members serve the best interest of Mid-State Health Network rather than personal or other professional interests	75%	60%	93%	77%	90%	95%	0%	6%	7%	0%	0%	0%	6%	22%	0%	18%	5%	0%	19%	12%	0%	5%	5%	5%
	31. Members are respectful of one another	88%	94%	100%	100%	95%	100%	0%	0%	0%	0%	0%	0%	12%	6%	0%	0%	5%	0%	0%	0%	0%	0%	0%	0%
	32. I am satisfied with the personal contribution I make to the Board	88%	100%	69%	55%	67%	79%	0%	0%	7%	5%	0%	0%	15%	0%	14%	32%	33%	21%	0%	0%	0%	8%	0%	0%
Comments: 1)appreciate the respectful attitudes, (but occasionally some board members can be somewhat abrupt. 2)Our Board has good inter personal relationships and are excellent in all areas of this area. 3)Even though opinions sometimes differ, the board presents a unified position publicly and keeps consumers at the heart of decisions. 4)We have a diverse board who aren't afraid to make comments on any specific topic.																									
Board Evaluation of Support Staff	34. I am satisfied that meetings are set up efficiently and in a timely manner	94%	88%	100%	100%	100%	100%	0%	0%	0%	0%	0%	0%	0%	6%	0%	0%	0%	0%	6%	6%	0%	0%	0%	0%
	35. I am satisfied that Board Packets are sent in a timely and complete manner and copies are made accessible	100%	82%	100%	86%	95%	100%	0%	0%	0%	9%	0%	0%	0%	18%	0%	5%	0%	0%	0%	0%	0%	0%	5%	0%
	36. Responsiveness to information requested is adequate, of good quality and timely	94%	94%	100%	100%	100%	100%	0%	6%	0%	0%	0%	0%	6%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
	37. Board member requests are handled in a polite, friendly and professional manner	100%	88%	100%	100%	95%	100%	0%	6%	0%	0%	0%	0%	0%	6%	0%	0%	0%	0%	0%	0%	0%	0%	5%	0%
	38. Board meeting minutes are accurate and presented in a timely manner	88%	88%	100%	100%	95%	100%	0%	0%	0%	0%	0%	0%	12%	12%	0%	0%	5%	0%	0%	0%	0%	0%	0%	0%
Comments: 1)super staff that come to meetings very prepared. 2)This area is handled in an excellent manner. Well done. 3)Once again excellent performance in this area. 4)Staff go above and beyond to keep board informed, are helpful and follow through on items requested. 5) Staff seemed very sincere and motivated in their efforts to keep us informed of all materials. 6)Outstanding board packets! 7)Can't see any area to improve. extremely satisfied. 8)Great.																									

MSHN Board of Directors Annual Self-Evaluation: Trending Report (FY17-FY22)	Yes						No						Needs Improvement						Unsure					
	16/17	17/18	18/19	19/20	20/21	21/22	16/17	17/18	18/19	19/20	20/21	21/22	16/17	17/18	18/19	19/20	20/21	21/22	16/17	17/18	18/19	19/20	20/21	21/22

Visioning	<p>40. My dream for Mid-State Health Network is: 1)constant improvement of recipients quality of care. 2)to remain an exemplar of a fiscally sound and effective PIHP. 3)To keep doing the great job we do. 4)explore housing needs for individuals living at home and whose care givers are aging and may not continue to care for them, or have passed away. 5)That we will be here another year to provide outstanding services. 6)To continue to function as possibly the best Health Network in the state. 7)Continue managing resources in a way which serves consumers and is responsible. 8)We will be able to develop adequate short term residential type services to help consumers have a safe environment to address the changes they need to make. 9)Continue to lead the state in PIHP activities. 10)continue with the high quality of care that is given to our most vulnerable by providing policies and making each accountable. To continue to have the high quality of staff we have. 11)to continue. 12)To maintain individual community mental health and avoid private takeover. 13)To continue with the great leadership Mid-State has. 14)Provide the best care to Michigan residents by assisting and funding local CMH programs and providing SUD services.</p>
	<p>41. My greatest concern for Mid-State Health Network is: 1)not sharing CEO/CHM minutes. 2)Ongoing threats from the legislative branch of government. 3)Get in the way of the CMHs. 4)Mental health becoming private. We need to remain public. 5)becoming top heavy. 6)That our system will be left in tact by the state. 7)Political response to reality of what is rather than what special interest groups that have an agenda try to get uninformed politicians to pursue. 8)The bureaucracy will someday overwhelm us. 9)Threats from health plans. 10)The state to turn our agency into pvt. ownership without our input. 11)Private takeover. 12)Changes from the State.</p>
	<p>42. With respect to Mid-State Health Network, I am proudest of: 1)Our financial stability and the programs we develop to serve our consumers. 2)Limited financial drain. 3)Our concern and advocacy for customer. 4)caring attitudes. 5)Our staff and the work that they do. 6)Our outstanding staff and Board members. 7)The open communication between CEO, staff and Board which results in an informed Board and served consumers. 8)The sincerity of staff in trying to make a difference in peoples lives. 9)Our leadership in the state. 10)all the staff/board members at Mid-State who have made us the best of the regions. 11)the agency & the role it plays. 12)our ability to work together and share resources and information with all of the CMHs involved. 13)Everyone. 14)Our people!</p>
	<p>43. I feel that Mid-State Health Network's greatest opportunity for improvement is: 1)field care quality. 2)Pushing back on MDHHS demands for growing service demands without providing resources. 3)It could be a leader in innovation. 4)Continued collaboration for our consumers of our public health systems. 5)To continue our dedication to excellence and watching carefully the needs of those we serve and their quality of life. 6)Continue to seek ways in which access to services is the same for all consumers. 7)Provide regional residential safety net services for both adults and youth.. 8)Keep learning and leading. 9)continue to hold out to fill vacancies with well qualified individuals. 10)Continue working together providing the best services possible.</p>
	<p>44. Other recommendations/feedback: 1)I am pretty new to the board so I have much to learn. I appreciate all the help and input from the administrative staff. 2)Just that I am proud to be a member of this group. 3)Congratulations to Joe and his staff.</p>

**REGIONAL PROVIDER STAFFING CRISIS STABILIZATION PROGRAM
PROPOSAL FOR CONTINUATION OF INITIATIVE THROUGH SEPTEMBER 30, 2023**

SUMMARY

Background

The Mid-State Health Network (MSHN) Board of Directors originally approved this program for implementation in March 2022. In its proposal, MSHN requested authorization for up to \$13M to support in-region behavioral health providers in their efforts to address staff recruitment, attraction, commitment to employment (and related onboarding costs), existing or new workforce retention strategies, temporary staffing costs, and other innovations intended to stabilize staffing. In approving this initiative, the MSHN Board authorized a bold program to aid providers and asked for a report on use of funds at the conclusion of the initiative.

Following is a **final FY 22** report through 02/13/2023, on the use of funds under the approved Regional Provider Staffing Crisis Stabilization Program. Note that \$13M was approved by the MSHN Board. In summary \$13.18M has been disbursed, ~\$6.00M was drawn from regional savings (\$13M approved grant) and \$7.17M was distributed through existing PEPM funding. (Note that this funding support was exclusively for our network providers and MSHN staff were not included).

Applicant Incentives Totals		SUMMARY INFORMATION					
		Funding Entity	Provider Count	Total Req	Total App	Regional Grant	Existing PEPM/Other Funding
Attraction/Signing	1,502,986.13						
Referral	274,908.15	MSHN	19	1,586,054.16	1,519,553.16	-	1,519,553.16
Temp Comp Adjustment	226,522.90	Bay-Arenac	10	2,683,971.19	1,586,921.19	1,474,993.00	111,928.19
Onboarding	375,994.86	CEI	15	562,417.70	562,687.70	278.00	562,409.70
Recruitment	745,882.72	Central	18	4,049,468.62	4,049,468.62	3,973,643.55	75,825.07
Other	36,240.30	Gratiot	-	-	-	-	-
		Huron	1	38,459.50	38,459.50	38,459.50	-
		TRD	-	-	-	-	-
Retention Incentive Totals		Lifeways	-	-	-	-	-
Retention	7,642,446.36	Montcalm	4	229,779.42	229,778.72	175,178.72	54,600.00
Temp Comp Adjustment	864,993.71	Newaygo	1	-	-	-	-
Onboarding	1,079,461.02	Saginaw	26	4,371,881.30	4,371,881.30	-	4,371,881.30
Shift Differential	216,770.31	Shiawassee	3	539,807.48	539,807.48	342,351.48	197,456.00
Overtime/Other Prem	734,750.30	Tuscola	14	539,644.99	282,759.60	-	282,759.60
Temp Staffing	146,093.75						
Other	754,433.85	Total	111	14,601,484.36	13,181,317.27	6,004,904.25	7,176,413.02

The majority of behavioral health providers in Region 5 continue experiencing unprecedented impacts on staffing due to the COVID-19 pandemic and other national and state workforce dynamics.

Mid-State Health Network (MSHN) proposes to expand this initiative from \$5M approved through March 31, 2023 to \$8M through September 30, 2023 in regional savings to continue to support all in-region behavioral health providers (including substance use disorder prevention, treatment, and recovery providers) in their efforts to address staff recruitment, attraction, (and related onboarding costs), compensation adjustments, existing workforce retention strategies, temporary staffing costs, and other staffing stabilization crises they face. Resources are intended for funding creative, provider specific solutions that the provider has assessed as having the potential to improve stabilization of their workforce applicants and employees that provide or administer Medicaid-Manual beneficiary supports and services. Support is intended exclusively for the MSHN regional provider network.

Following is an **interim FY 23 report** through 02/13/2023, on the use of funds under the approved Regional Provider Staffing Crisis Stabilization Program. Note that \$5M was approved by the MSHN Board through March 31, 2023. Although \$8.92M has been disbursed, more than 50% of those payments were covered with existing PEPM funding and did not utilize any portion of the \$5M approved grant. Currently \$4.10M in payments were drawn from the approved \$5M regional savings grant. (Note that this funding support was exclusively for our network providers and MSHN staff were not included).

Applicant Incentives Totals		SUMMARY INFORMATION					
		Funding Entity	Provider Count	Total Req	Total App	Regional Grant	Existing PEPM/Other Funding
Attraction/Signing	941,677.75						
Referral	185,432.55	MSHN	15	1,231,600.36	1,064,348.05	-	1,064,348.05
Temp Comp Adjustment	115,211.56	Bay-Arenac	8	1,180,889.00	953,475.50	953,475.50	-
Onboarding	629,017.95	CEI	-	-	-	-	-
Recruitment	414,451.91	Central	12	3,066,246.12	3,066,246.12	3,008,907.04	57,339.08
Other	71,566.25	Gratiot	-	-	-	-	-
		Huron	-	-	-	-	-
Retention Incentive Totals		TRD	-	-	-	-	-
Retention	4,203,676.20	Lifeways	-	-	-	-	-
Temp Comp Adjustment	559,203.48	Montcalm	2	139,418.12	139,418.12	139,418.12	-
Onboarding	136,348.26	Newaygo	-	-	-	-	-
Shift Differential	298,495.30	Saginaw	26	3,696,138.87	3,696,138.87	-	3,696,138.87
Overtime/Other Prem	643,814.91	Shiawassee	-	-	-	-	-
Temp Staffing	321,406.20	Tuscola	-	-	-	-	-
Other	793,990.15	Total	63	9,314,292.47	8,919,626.66	4,101,800.66	4,817,826.00

MSHN considers this initiative an extension of the provider stabilization initiative and as such has determined that it is within the provider stabilization parameters established by the MDHHS and is allowable, if implemented correctly and with fidelity to regional parameters/guidelines.

MSHN, in collaboration with our CMHSP Participants, have developed and published on the MSHN website [regional eligibility criteria and other program parameters](#).

The MSHN Operations Council supports and recommends the adoption of this proposal. MSHN administration concurs and recommends continuation for another six months, with another review of provider stabilization status at that time, noting that MSHN may bring another extension proposal for Board consideration.

Recommended Motion:

Motion to designate up to an additional \$3M for a total of \$8 million (eight million dollars) of FY 23 MSHN resources for the purpose of stabilizing and assisting eligible provider organizations contracted within the region in addressing workforce/staffing crises pursuant to regional guidelines established by MSHN, through September 30, 2023.

J. Sedlock, February 13, 2023

RECOMMENDATION TO CHANGE MAY STRATEGIC PLANNING

AND BOARD MEETING DATE

Background

NatCon 2023 (the annual national conference of the National Council for Mental Wellbeing) is being held in Los Angeles on May 1 and May 2, 2023.

The MSHN Board Strategic Planning and Board meeting is scheduled from 10:30 a.m. to 7:00 p.m. on May 2.

If the Board chooses to keep the current date:

- MSHN senior staff participating in the board strategic planning day would not be able to attend the national conference.
- Chairperson Woods is a National Council board member and must be at the conference and would therefore be absent from the board strategic planning work session and board meeting.
- MSHN would not be able to offer two board members the opportunity to attend NatCon 2023 on MSHN scholarship.

The Executive Committee considered these factors and recommends that the board act to change the May strategic planning and board meeting to May 9, 2023 from 10:30 to 7:00 p.m. at the same location (MyMichigan Medical Center, Alma)

Recommended Motion:

Motion to reschedule the May Board Strategic Planning Work Session (to begin at 10:30 am) and Board Meeting (to begin at 5:00 pm) to May 9, 2023.

[Executive Committee; February 17, 2023]

**REPORT OF THE MSHN CHIEF EXECUTIVE OFFICER
TO THE MSHN BOARD OF DIRECTORS
January/February 2023**

Community Mental Health
Member Authorities

- Bay Arenac Behavioral Health
 - ⋮
 - CMH of Clinton.Eaton.Ingham Counties
 - ⋮
 - CMH for Central Michigan
 - ⋮
 - Gratiot Integrated Health Network
 - ⋮
 - Huron Behavioral Health
 - ⋮
 - The Right Door for Hope, Recovery and Wellness (Ionia County)
 - ⋮
 - LifeWays CMH
 - ⋮
 - Montcalm Care Center
 - ⋮
 - Newaygo County Mental Health Center
 - ⋮
 - Saginaw County CMH
 - ⋮
 - Shiawassee Health and Wellness
 - ⋮
 - Tuscola Behavioral Health Systems
- FY 2022 Board Officers
- Ed Woods
Chairperson
 - Irene O'Boyle
Vice-Chairperson
 - Kurt Peasley
Secretary

Michigan State University Mass Shooting:

Our Michigan State University community was terrorized and traumatized by a shooter who killed three students and wounded five others. There aren't enough words to convey the horror experienced by tens of thousands of students or the surrounding community.

We stand #SpartanStrong with the students, staff, faculty, and community in healing from the terror and trauma.

The Community Mental Health Authority for Clinton-Eaton-Ingham Counties (CEI-CMH) has delivered crisis intervention supports and services to the university and local community at the East Lansing Public Library and other locations. Also, in collaboration with the MSU College of Education, CEI-CMH is delivering mental health supports and services to more than 3,000 students and 400 faculty and staff.

CEI-CMH Chief Executive Officer Sara Lurie reported that she "can't say enough about our CMH network. Jumping immediately in to help us meet the need were LifeWays CMH, Livingston CMH, Barry County CMH, the Right Door for Hope, Recovery and Wellness, Central Michigan CMH, and HealthWest CMH. I am so touched by the generosity of our staff, fellow CMHSPs and MSHN."

This quick, supportive, and effective response to this tragic event shows the value of the public behavioral health system. The COMMUNITY mental health system. We should be very proud of our partners.

The MSU shooting came just 15 months after the mass shooting at Oxford High School. Some of the students at MSU have now survived two mass shootings in their young lives.

We thought we'd have more time, and while we never want another tragic shooting, we should prepare. Mid-State Health Network is developing a "Regional Catastrophic Crisis Response Plan" so that MSHN is in a stronger position to assist our regional partners and the communities we are here to serve. Expect to hear more on this as we develop this plan in collaboration with our providers and CMH partners.

National Suicide and Crisis Lifeline:



The "988" National Suicide and Crisis Lifeline" is now live nationwide. Toolkits and other [information is available at this link](#). Increased marketing activities in Michigan are scheduled to take place winter/spring 2023.

CARF Re-Accredits Saginaw County Community Mental Health Authority:

Congratulations to our Saginaw CMH partners on their three-year reaccreditation!

PIHP/REGIONAL MATTERS

1. Regional Provider Staffing Crisis Stabilization Update:

Many providers continue to apply for and benefit from [regional provider staffing crisis stabilization funding](#). My previous reports have offered a brief history and funding status. As you know, the program was continued through March 31, 2023 by board action at its September 2022 board meeting. MSHN administration is recommending that this support to our regional providers be continued through 09/30/2023 (the remainder of this fiscal year). Please see the related Final FY 22 and an up-to-date FY 23 report showing how these funds have been utilized. For FY 22, the region provided over \$13M in provider staffing crisis stabilization funding. Fiscal year 23 the region has provided almost \$9M for these initiatives.

Meanwhile, our [Direct Care Worker wage support](#) and [general provider stabilization](#) support programs continue through at least 09/30/2023.

2. MSHN Appeal of Michigan Department of Health and Human Services (MDHHS) Regional Site Review Citation on the use of Ranges in Person-Centered Plans:

During a 2020 MSHN/MDHHS Site review involving the Children's Waiver, the Severe Emotional Disturbance Waiver, and the Habilitation Supports Waiver Programs, MDHHS provided technical assistance around amount, scope, and duration in person-centered plans of service. MDHHS stated that it will expect the specific amounts of services to be identified in the plan of service rather than the use of ranges or "up to" language and that if the use of ranges continued, the region would be found out of compliance during the 2022 site review. The rationale provided by MDHHS at the time was that the Medicaid Provider Manual (MPM) does not define "amount" as plural but rather singular. In the MSHN reading of the MPM, we find no such language, nor do we find any other applicable regulatory language which prohibits the use of ranges in estimating the volume of services persons are to receive under their individualized person-centered plan.

Our service delivery system has used ranges (or "up to" language) to address the varying needs of individuals at different points during the period covered by the plan in order to facilitate and respond to clinical peaks and valleys that the individual experiences over time. An example is that "Joe will receive up to 15 units of XX service monthly, to be delivered by ABC CMH." Medical necessity guides the delivery of all services at the point of service (not just during the planning cycle). MSHN, as a region, did not implement the requirement to eliminate ranges in 2020. Note, however, that some of the CMHSPs in our region did do so.

MDHHS did cite MSHN for use of service ranges in the person-centered plans of service, and flagged it as a repeat citation, in 2022. MSHN attempted to appeal the citations. MDHHS provided an appeal procedure which does not pertain to MDHHS Site Review Citations. MSHN directly appealed to the Director with responsibility for site reviews and requested that the MDHHS cite the federal, state, or contractual regulations it relies upon in prohibiting use of ranges and requesting a meeting to discuss.

Various MSHN-initiated communications to MDHHS occurring over many months have pointed out the unnecessary administrative and legal burdens of prohibiting use of ranges (especially when we are losing so many workforce members for reason of "too much paperwork"). A few examples:

- Under-delivering services (i.e., providing less than the specified number/amount of services) is cause for:
 - Reconvening the entire planning team to insert the correct (or actual) number of services with all of the pre-planning and planning requirements OR
 - Issuing an adverse action notice
- Over-delivering services (i.e., providing more than the specified number/amount of services) is cause for:
 - Reconvening the entire planning team to insert the correct (or actual) number of services with all of the pre-planning and planning requirements OR
 - Findings that the provider did not deliver services according to the plan of service.
- Reconvening planning teams, including persons served and if applicable their guardians and supporters, for a technical change to an amount of something is NOT person-centered.
- Further, the only cited regulation (MPM, Section 1.7, Definition of terms) was as follows: “The number of units (e.g., 25 15-minute units of community living supports) of service identified in the individual plan of service or treatment plan to be provided.” In our view, a range IS a number of units between x and y, a minimum and maximum.
- MSHN has also made the point that parity regulations may apply to prevent MDHHS from prohibiting use of ranges in plans of service. An example: “Joe will receive physical therapy between 60 and 90 minutes for up to 12 weeks to alleviate pain association with [insert condition].” Ranges are common in healthcare.

The MSHN Regional Operations Council has supported MSHNs ongoing appeals to MDHHS. MSHN has repeatedly requested that MDHHS cite properly promulgated regulations on which it relies to prohibit use of ranges. Until today, February 21, the Department only cited the Medicaid Provider Manual. MDHHS issued what it stated is their “final determination” on the MSHN appeal. The memo included additional citations of federal and state regulations – none of which address the issue of use of service ranges (or “up to” language).

MSHN is in consultation with its regional partners and our health law attorney on our options in this matter. MSHN intends to continue to appeal.

3. Equity, Health Disparities, Diversity, and Inclusion Work:

Consistent with the commitments of the MSHN board in establishing a “better equity” strategic priority, MSHN administration has been actively working on our policies, procedures, and processes to be better in diversity, equity, and inclusion (DEI) *internal* to our organization and simultaneously working with collaborators, allies, provider, stakeholder, and other partners to frame being better at achieving health equity in the *external* environment in which we work.

At tonight’s board meeting, members heard a presentation from Dr. Dani Meier, our Chief Clinical Officer, kicking off a set of regional dialogs intended to result in strategies that work to reduce and/or eliminate health disparities and to save lives.

I wanted to provide a little more context and background on our DEI and health equity work by providing the highlights below. Dr. Dani Meier, our Chief Clinical Officer, and Ms. Skye Pletcher, our Director of Utilization and Care Management, are the primary lead persons for our organization in these efforts.

- Developed 2021-2023 SUD Strategic Plan that included MSHN’s first explicit and intentional focus on health disparities, racism, police brutality, etc.
- Elevated *better equity* to a strategic priority along with better care, better health, better value and better provider systems in MSHN’s 2022-23 Strategic Plan.

- Engaged in trainings, webinars, research around health equity, health disparities, to get up to speed and stay current on state of research, current trends, etc.
- Networked and partnered with DEI/Equity organizations as potential partners ([Vital Strategies](#), [Reframe Health & Justice](#), [Just Health Collective](#), [MDCR](#), and Dr. Meier (MSHN Chief Clinical Officer) was appointed to Michigan Opioid Task Forces Racial Equity Work Group
- Primarily through Dr. Meier, offered presentations on health disparities, implicit bias, etc. to providers & community partners (SUD provider meetings, OPB, MIHEN Annual Conference, Ingham Health Dept., Regional Consumer Advisory Council, Michigan Primary Care Association, Women’s Specialty Services workgroup, and more.
- MSHN has established (circa December/January 2022) an external REACH Workgroup (Regional Equity Advisory Committee for Health) with diverse non-employee stakeholders from across the region.
- Conducted baseline implicit bias training and conducted a related organizational assessment both led by the Michigan Department of Civil Rights.
- MSHN has established an internal workgroup known as IDEA: Inclusion, Diversity, Equity, and Accessibility. This workgroup is made up of 17-20 MSHN staff members charged with making recommendations for internal process, policy, procedure or protocol changes that will result in increased diversity, improved equity, and broader inclusion in our internal organizational environment.
- MSHN provided an all-staff Health Equity/DEI-focused in-service at our December 2022 all staff meeting.
- And again, we are launching the “Equity Upstream” effort that you heard about at tonight’s board meeting.

One of the key accomplishments of our internal “IDEA” Workgroup so far has been the development of a set of organizational statements, our core values, and our commitments for use in guiding this work and for use in communicating where we stand with the external environment. These statements have recently been delivered to me and I am working through our internal vetting process. My intention is to bring these important public statements to the MSHN Board in either May or July with the recommendation of MSHN Leadership for adoption.

I want to express my gratitude to the MSHN Board for your visionary leadership in establishing a “better equity” strategic priority and my gratitude and admiration to Dr. Meier, Ms. Pletcher, our internal IDEA Workgroup (and all of our staff) and our external REACH group for taking on the big and sometimes difficult challenges associated with being better in these spaces so that our employees, communities we serve, families and individuals we support, receive the benefit of a better world and a better, more equitable and inclusive healthcare delivery system.

STATE OF MICHIGAN/STATEWIDE ACTIVITIES

4. MDHHS Launches County-Level Substance Use Vulnerability Index:

From MDHHS Press Release, 01/18/23: The Michigan Department of Health and Human Services (MDHHS) has launched a new tool, the [Michigan Substance Use Vulnerability Index \(MI-SUVI\)](#), to help stakeholders target efforts to address substance use issues specifically facing their communities.

Previously, overdose mortality data alone was relied on to identify areas with higher substance use. This method does not consider a community’s access to resources, the impact of nonfatal overdoses or social

determinants of health. MI-SUVI uses data on access to services, social vulnerability and substance use burden. Together, these data create a county-level vulnerability score or index. The index shows areas that are more vulnerable to adverse substance use outcomes.

“We know substance use disorder programming is most effective when it is community-focused and data-driven,” said Dr. Natasha Bagdasarian, MDHHS Chief Medical Executive. “However, measuring the community impact of substance use is complicated, and no single indicator reflects its true impact. MI-SUVI is an innovative tool for communities to address the opioid crisis and other substance use disorder issues they specifically face. With the disbursement of opioid settlement funds across Michigan, we foresee the index playing a vital role in facilitating community conversations and developing targeted efforts to assist vulnerable individuals.”

Michigan will receive about \$800 million over 18 years, as a part of the \$26 billion [nationwide settlement with the three largest pharmaceutical distributors](#). According to a [joint statement](#) from Gov. Gretchen Whitmer and Attorney General Dana Nessel, 50% of the settlement amount will be sent directly to county and local governments.

MI-SUVI provides an overview, county scorecards and the ability to compare data points. Sub-county level information will be added later, allowing counties to tailor work and resources even further. MI-SUVI was developed by consulting with subject matter experts, individuals with lived experience and community organizations working to address substance use disorder and overdoses.

According to MI-SUVI, Michigan’s most vulnerable counties are currently Oscoda, Wayne, Clare, Schoolcraft and Oceana. While not all of these counties have the highest fatal overdose rates in the state, some counties may have fewer resources and higher social vulnerability, meaning they are more susceptible to adverse outcomes linked with substance use. MI-SUVI information allows programs to tailor the work done in each county, prioritizing highly vulnerable counties.

“As the Luce-Mackinac-Alger-Schoolcraft (LMAS) District Health Department continues to address the opioid crisis, the availability of the Michigan Substance Use Vulnerability Index will assist us in moving our harm reduction and Eastern Upper Peninsula Opioid Response Consortium work forward and addressing gaps and vulnerabilities to bolster our efforts,” said Nick Derusha, director and health officer of the LMAS District Health Department.

For more information about MI-SUVI, visit Michigan.gov/OpioidsData.

5. **Opioid Health Homes and NEW Substance Use Disorder Health Homes:**

MSHN’s regional Opioid Health Home (OHH) began October 1, 2022 with Victory Clinical Services (Saginaw) as our first health home partner. In the coming months, MSHN will be expanding our OHHs to other parts of the region. The State is initiating a broader “Substance Use Disorder Health Home” in the coming year or two.

As of 02/23/2023 there are one hundred eleven (111) people enrolled in the Region 5 Opioid Health Home. This enrollment exceeds uptake expectations and is a very positive indicator.

6. Behavioral Health Home Coming to the MSHN region, Spring 2023:

[Behavioral Health Homes \(BHH\)](#), will provide comprehensive care management and coordination services to Medicaid beneficiaries with a serious mental illness or serious emotional disturbance. For enrolled beneficiaries, the BHH will function as the central point of contact for directing patient-centered care across the broader health care system. The model will also elevate the role and importance of Peer Support Specialists and Community Health Workers to foster direct empathy and raise overall health and wellness. In doing so, this will attend to a beneficiary's complete health and social needs. Participation is voluntary and enrolled beneficiaries may opt-out at any time.

The MSHN region is scheduled to begin BHH(s) in Spring 2023. Our initial in-region partners will be CMH for Central Michigan, Montcalm Care Network, Newaygo County CMH, Saginaw County CMH, and Shiawassee Health and Wellness. Deputy Director Amanda Ittner is MSHN's lead executive for this initiative.

7. Michigan Legislation Tracking:

Please see the attached Michigan legislation tracking report. This report is prepared by Sherry Kletke, MSHN Executive Support Specialist, and is used to monitor legislative initiatives in our state that directly affect our industry.

8. Michigan Service Delivery Transformation Update:

Please see the attached update on the status of these many initiatives directly related to service delivery transformation initiatives. Also note that MSHN is directly involved in these initiatives.

9. Michigan Behavioral Health Crisis System Update:

Please see the attached update on the status of these many initiatives directly related to improvements in Michigan's Behavioral Health Crisis System. Also note that MSHN is directly involved in these initiatives.

FEDERAL/NATIONAL ACTIVITIES

10. National Survey on Drug Use and Health Report Released:

SAMHSA has "released the results of its annual *National Survey on Drug Use and Health (NSDUH)*, which shows how people living in America reported about their experience with mental health conditions, substance use, and pursuit of treatment in 2021. The 2021 report includes selected estimates by race, ethnicity, and age group. It is the most comprehensive report on substance use and mental health indicators that SAMHSA has released to date. Key findings from the [2021 NSDUH include:](#)

Drug Use and Substance Use Disorder

- Among people aged 12 or older in 2021, 61.2 million people (or 21.9 percent of the population) used illicit drugs in the past year. The most commonly used illicit drug was marijuana, which 52.5 million people used. Nearly 2 in 5 young adults 18 to 25 used illicit drugs in the past year; 1 in 3 young adults 18 to 25 used marijuana in the past year.

- 9.2 million people 12 and older misused opioids in the past year.
- 46.3 million people aged 12 or older (or 16.5 percent of the population) met the applicable DSM-5 criteria for having a substance use disorder in the past year, including 29.5 million people who were classified as having an alcohol use disorder and 24 million people who were classified as having a drug use disorder.
 - The percentage of people who were classified as having a past year substance use disorder, including alcohol use and/or drug use disorder, was highest among young adults aged 18 to 25 compared to youth and adults 26 and older.
- In 2021, 94% of people aged 12 or older with a substance use disorder did not receive any treatment. Nearly all people with a substance use disorder who did not get treatment at a specialty facility did not think they needed treatment.

Major Depressive Episodes (MDE) Among Adolescents

- In 2021, 1 in 5 adolescents had a major depressive episode in the past year. Of these, nearly 75 percent had symptoms consistent with severe impairment, which caused severe problems with their ability to do chores at home, do well at work or school, get along with their family, or have a social life.
 - The prevalence of past year MDE among Black and Asian adolescents was lower compared to adolescents from most other racial/ethnic groups.
 - More than half of youth with an MDE did not receive treatment in the past year.

Mental Illness among Adults

- Nearly 1 in 4 adults 18 and older, and 1 in 3 among adults aged 18 to 25, had a mental illness in the past year.
- Adults with serious mental illness had higher rates of treatment compared to those with any mental illness. Despite having the highest rate of serious mental illness, people aged 18 to 25 had the lowest rate of treatment in comparison to adults in other age groups.
- White and Multiracial adults were more likely to receive mental health services in the past year than Black, Hispanic or Latino, or Asian adults.

Co-Occurring Substance Use Disorder with Any Mental Illness

- 13.5 percent of young adults aged 18 to 25 had both a substance use disorder and any mental illness in the past year.
- Nearly 1 in 3 adults had either a substance use disorder or any mental illness in the past year, and 46 percent of young adults 18-25 had either a substance use disorder or any mental illness.
- The percentage of adults aged 18 or older who met criteria for both a mental illness and a substance use disorder in the past year was higher among Multiracial adults than among White, Black, Hispanic or Latino, or Asian adults. Asian adults were less likely to have had both AMI and a substance use disorder in the past year compared with adults in most other racial or ethnic groups.

Serious Thoughts of Suicide, Suicide Plans, and Suicide Attempts

- 12.3 million adults aged 18 or older had serious thoughts of suicide in the past year, 3.5 million made suicide plans, and 1.7 million attempted suicide.
- Hispanic or Latino adults were more likely than White or Asian adults to have attempted suicide in the past year, and Black adults were more likely than Asian adults to have attempted suicide in the past year.

Recovery

- 7 in 10 (72.2 percent or 20.9 million) adults who ever had a substance use problem considered themselves to be recovering or in recovery.
- 2 in 3 (66.5 percent or 38.8 million) adults who ever had a mental health issue considered themselves to be recovering or in recovery.”

11. Mental Health America “State of Mental Health” Michigan Rankings:

Mental Health America has released its [2023 “State of Mental Health”](#) report. The report is difficult to summarize in part because the state rankings are aggregates of many sub-rankings. Nonetheless, here are some Michigan ranking highlights:

- **Adult Ranking:** 11th (States that are ranked 1-13 have lower prevalence of mental illness and higher rates of access to care for adults. States that are ranked 39-51 indicate that adults have a higher prevalence of mental illness and lower rates of access to care).
- **Youth Ranking:** 35th (States that are ranked 1-13 have lower prevalence of mental illness and higher rates of access to care for youth. States that are ranked 39-51 indicate that youth have a higher prevalence of mental illness and lower rates of access to care).
- **Prevalence:** 25th (A ranking 1-13 for Prevalence indicates a lower prevalence of mental health and substance use issues compared to states that ranked 39-51).
- **Access to Care:** 20th (The Access Ranking indicates how much access to mental health care exists within a state. The access measures include access to insurance, access to treatment, quality and cost of insurance, access to special education, and workforce availability. A high Access Ranking (1-13) indicates that a state provides relatively more access to insurance and mental health treatment).
- **Overall Ranking:** 17th (An overall ranking 1-13 indicates lower prevalence of mental illness and higher rates of access to care. An overall ranking 39-51 indicates higher prevalence of mental illness and lower rates of access to care).

12. NACBHDD Analysis of Recently Enacted Laws Affecting Behavioral Health:

The passage of the 2023 Omnibus, together with the Safer Communities Act and other legislation passed this year, represents a high-water mark for behavioral health. Like most things created by committee and compromise, both bills are large and unwieldy, with numerous faults.

Behavioral Health provisions in the Safer Communities Act:

- Expands CCBHC Medicaid demonstration program nationwide.
- Provides \$150 million to support implementation of 9-8-8.
- Directs Medicaid to issue updated guidance, technical assistance, and state planning grants.
- Requires CMS to provide guidance to states on how they can access behavioral health services through telehealth under Medicaid and CHIP.
- Provides \$80 million in grants to support pediatric primary care providers to rapidly access mental health specialists’ expertise in guiding the treatment of their patients.

- Provides \$60 million over 5 years for training in mental health for primary care clinicians who treat children and youth.
- Provides \$120 million over 4 years to train community members in mental health awareness training.
- Provides \$240 million for school-based mental health under Project AWARE with a \$28 million set-aside for grants to support trauma care in school settings.

Behavioral Health provisions in the Omnibus bill:

- **State-level Parity Enforcement:** \$50 million over 5 years, starting in 2024. (Sec. 1331).
- **Infant and Early Childhood Mental Health:** Authorizes \$50 million in technical assistance grants per year. (Sec. 1402).
- **School-based Mental Health:** HHS to issue best-practices report for school-based intervention teams and provide grants for school-based health centers. (Sec. 1401).
- **Community-based Mental Health:** Reauthorizes the Community Mental Health Services Block Grant at \$858 million per year (Sec. 1141), and SAMHSA funding for children with serious emotional disturbances to \$125 million per year (Sec. 1411).
- **Mental Health Workforce:** Reauthorizes HHS training grants (Sec. 1311) and creates a \$13 million per year Peer-supported Mental Health Services grant program (Sec. 1151).
- **Integrated Primary and Behavioral Health Care:** Updates SAMHSA's Integration Incentive Grants program (Sec. 1301).
- **Crisis Continuum of Care and Coordination:** Establishes a Behavioral Health Crisis Coordinating Office at SAMHSA (Sec. 1101); (b) directs HHS to publish best practices for a crisis response continuum of care (Sec. 1102); and (c) authorizes \$10 million per year for a pilot to divert crisis responses from law enforcement to mobile crisis teams (Sec. 1122).
- **Mental Health Innovation:** Creates a National Mental Health and Substance Use Policy Laboratory (Sec. 1121).
- **Serious Mental Illness:** Authorizes \$9 million per year for the Assertive Community Treatment Grant Program and \$22 million per year for assisted outpatient treatment (Sec. 1123). Directs HHS to study costs of serious mental illness re: health, homelessness, justice system. (Sec. 1124).
- **Telehealth:** Extends the telehealth flexibilities for COVID-19 through December 31, 2024.
- **MFT/LPC services.** Establishes Medicare coverage for services provided by marriage and family therapists and licensed professionals counselors beginning on January 1, 2024.
- **Psychiatric residencies.** Creates 100-200 new medical residency positions dedicated to psychiatry or psychiatric subspecialties.
- **Mobile crisis services.** Increases payments for mobile crisis response by 50 percent beginning January 1, 2024, and enables peers and other auxiliaries to deliver crisis and integration services.
- **Partial hospitalization and IOP coverage.** Changes Medicare's partial hospitalization benefit to provide coverage of intensive outpatient services, effective on January 1, 2024.

13. New Treatment Locator Released by SAMHSA:

SAMHSA has announced the [newly improved Find Treatment.Gov site](#). Built to be the most comprehensive resource for persons seeking treatment for mental and substance use disorders, the site offers the ability to:


- Search for treatment from multiple sources such as certified substance use and mental health treatment facilities, opioid treatment programs, buprenorphine practitioners, and health care centers
- Access an interactive map and search filters to tailor treatment options

- Search for a facility by entering address, city, state, zip code or facility name
- Download printer-friendly search results including facility location (i.e., phone number, address, website, etc.)”

14. Expanded Access to Medications for Opioid Use Disorders:

SAMHSA has “recognized provisions included in the 2023 Consolidated Appropriations Act that will significantly expand access to medication for opioid use disorder. The act amended the Controlled Substances Act to eliminate the requirement for qualified practitioners to first obtain a special waiver to prescribe medications such as buprenorphine for the treatment of opioid use disorder. This ends a decades-long requirement, originally put in place through the Drug Abuse Treatment Act (DATA) of 2000. With the new law, the patient limits associated with this special waiver also no longer apply. The removal of the federal requirement for practitioners to obtain a waiver will make it easier for qualified practitioners to prescribe buprenorphine. With the elimination of the special waiver, SAMHSA strongly encourages all eligible practitioners, as permissible under state law, to screen each patient for OUD and offer access to buprenorphine. Additionally, all persons who obtain or renew a controlled substances license from the DEA will be required to receive eight hours of training on SUD, with certain exceptions. Given the urgency of the nation’s overdose crisis, the importance of having medical professionals equipped with such training cannot be overstated.”

Submitted by:


Joseph P. Sedlock, MSA
Chief Executive Officer
Finalized: 02/23/23

Attachments:

- MSHN Michigan Legislative Tracking Summary
- MDHHS Service Delivery Transformation Update
- MDHHS Michigan Behavioral Health Crisis System Update



Compiled and tracked by Sherry Kletke

Below is a list of Legislative Bills MSHN is currently tracking and their status as of February 17, 2023:

BILL #	TITLE/INTRODUCER/DESCRIPTION	STATUS
SB 28	Mental Health (Anthony) Expands definition of restraint.	Introduced (1/18/2023; To Health Policy Committee)

Service Delivery Transformation Section



February 2023 Update

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Service Delivery Transformation Section Overview

The Service Delivery Transformation Section is responsible for overarching strategic program policy development, implementation, and oversight for integrated health projects within Michigan’s public behavioral health system. This includes behavioral health integration initiatives, Medicaid Health Homes, Certified Community Behavioral Health Clinics, SAMHSA integration cooperative agreements, and health integration technology initiatives to facilitate optimal care coordination and integration. Staff in this section collaborate with internal and external partners and provide training and technical support to the public behavioral health system and participants of integrated health projects. Lastly, this section focuses on quality-based payment for providers involved in behavioral health integration initiatives and oversees CCBHC Demonstration certification.

Our Team

Lindsey Naeyaert – Section Manager
naeyaertl@michigan.gov

- Leads programmatic, policy, and implementation of integrated health projects within section

Amy Kanouse – Behavioral Health Program Specialist
kanousea@michigan.gov

- CCBHC Demonstration
- Emergency Grants to Address Mental Health and Substance Use During COVID-19

Kelsey Schell – Health Home Analyst
schellk1@michigan.gov

- Opioid Health Home
- Substance Use Disorder Health Home

TBD – Behavioral Health Innovation Specialist

- Behavioral Health Home
- PIPBHC Grant
- Azara Integration

TBD – CCBHC Certification Specialist

- CCBHC Certification and Monitoring

TBD – CCBHC Analyst

- CCBHC Programmatic Support

Opioid Health Home

Opioid Health Home Overview

- Medicaid Health Homes are an optional State Plan Amendment under Section 1945 of the Social Security Act.
- Michigan's OHH is comprised of primary care and specialty behavioral health providers, thereby bridging the historically two distinct delivery systems for optimal care integration.
- Michigan's OHH is predicated on multi-disciplinary team-based care comprised of behavioral health professionals, addiction specialists, primary care providers, nurse care managers, and peer recovery coaches/community health workers.
- As of October 1, 2022, OHH services are available to eligible beneficiaries in 76 Michigan counties. Service areas include PIHP region 1, 2, 4, 5, 6, 7, 8, 9, and 10.

Current Activities

- As of February 1, 2023, 3,023 beneficiaries are enrolled in OHH services.
- With the OHH expansion, LE's have continued to expand OHH services with new Health Home Partners (HHPs). There are currently 38 Health Home Partners (HHP) contracted to provide services to OHH beneficiaries. Four HHPs are contracting with multiple LEs.
- MDHHS continues to collaborate with many state agencies to ensure OHH beneficiaries have wraparound support services through their recovery journey.

Substance Use Disorder Health Home

Substance Use Disorder Health Home Overview

- The Substance Use Disorder Health Homes is an optional opportunity under the SUD Block Grant Supplemental.
- The Substance Use Disorder Health Homes is designed as a look a-like health home comprised of primary care and specialty behavioral health providers, with a similar structure to the current operational Opioid Health Home (OHH).
- With the same structure as the OHH, the Substance Use Disorder Health Home is predicated on multi-disciplinary team-based care comprised of behavioral health professionals, addiction specialists, primary care providers, nurse care managers, and peer recovery coaches/community health workers.

Current Activities

- Four PIHPs (2, 7, 8, 9) are using available funds to operate the Substance User Disorder Health Home with their SUD HH beneficiaries.
- Two (4, 6) PIHPs will be Substance User Disorder Health Home funds as a staffing grant to assist providers in meeting capacity to become an OHH partner within the next fiscal year.

Behavioral Health Home

Behavioral Health Home Overview

- Medicaid Health Homes are an optional State Plan Benefit authorized under section 1945 of the US Social Security Act.
- Behavioral Health Homes provide comprehensive care management and coordination services to Medicaid beneficiaries with select serious mental illness or serious emotional disturbance by attending to a beneficiary's complete health and social needs.
- Providers are required to utilize a multidisciplinary care team comprised of physical and behavioral health expertise to holistically serve enrolled beneficiaries.
- Behavioral Health Home services are available to beneficiaries in 42 Michigan counties including PIHP regions 1 (upper peninsula), 2 (northern lower Michigan), 6 (Southeast Michigan), 7 (Wayne County), and 8 (Oakland County).

Current Activities

- As of February 1, 2023, there are 2,112 people enrolled:
 - Age range: 6-85 years old
 - Race: 25% African American, 69% Caucasian, 2% or less American Indian, Hispanic, Native Hawaiian and Other Pacific Islander
- Resources, including the BHH policy, directory, and handbook, are available on the Michigan Behavioral Health Home website. [Behavioral Health Home \(michigan.gov\)](https://www.michigan.gov/bhh)
- MDHHS staff will be working to expand the BHH into PIHP Region 5, Mid-State Health Network. Anticipated start date is May 1, 2023.

Promoting Integration of Physical and Behavioral Health Care Grant

Promoting Integration of Physical and Behavioral Health Care (PIPBHC) Overview

- PIPBHC is a five-year Substance Abuse and Mental Health Services (SAMHSA) grant that seeks to improve the overall wellness and physical health status for adults with SMI or children with an SED. Integrated services must be provided between a community mental health center (CMH) and a federally qualified health center (FQHC).
- Grantees must promote and offer integrated care services related to screening, diagnosis, prevention, and treatment of mental health and substance use disorders along with co-occurring physical health conditions and chronic diseases.
- MDHHS partnered with providers in three counties:
 - Barry County: Cherry Health and Barry County Community Mental Health to increase BH services
 - Saginaw County: Saginaw County Community Mental Health and Great Lakes Bay Health Centers
 - Shiawassee County: Shiawassee County Community Mental Health and Great Lakes Bay Health Centers to increase primary care

Current Activities

- Grantees are currently working toward integrating their EHR system to Azara DRVS to share patient data between the CMH and FQHC. This effort should improve care coordination and integration efforts between the physical health and behavioral health providers.
- PIPBHC sites are focused on sustainability and the ways in which integrated care can continue after the end of the grant. The sites are also currently working on completing the annual PIPBHC Integration Self-Assessment Survey to determine how each agency views the current level of integration.

Certified Community Behavioral Health Clinic Demonstration

Certified Community Behavioral Health Clinic Demonstration Overview

- MI has been approved as a Certified Community Behavioral Health Clinic (CCBHC) Demonstration state by CMS. The demonstration launched in October 2021 with a planned implementation period of two years. The Safer Communities Act was signed with provisions for CCBHC Demonstration expansion, extending MI's demonstration until October 2027. 13 sites, including 10 CMHSPs and 3 non-profit behavioral health providers, are participating in the demonstration. The CCBHC model increases access to a comprehensive array of behavioral health services by serving all individuals with a behavioral health diagnosis, regardless of insurance or ability to pay.
- CCBHCs are required to provide nine core services: crisis mental health services, including 24/7 mobile crisis response; screening, assessment, and diagnosis, including risk assessment; patient-centered treatment planning; outpatient mental health and substance use services; outpatient clinic primary care screening and monitoring of key health indicators and health risk; targeted case management; psychiatric rehabilitation services; peer support and counselor services and family supports; and intensive, community-based mental health care for members of the armed forces and veterans.
- CCBHCs must adhere to a rigorous set of certification standards and meet requirements for staffing, governance, care coordination practice, integration of physical and behavioral health care, health technology, and quality metric reporting.
- The CCBHC funding structure, which utilizes a prospective payment system, reflects the actual anticipated costs of expanding service lines and serving a broader population. Individual PPS rates are set for each CCBHC clinic and will address historical financial barriers, supporting sustainability of the model. MDHHS will operationalize the payment via the current PIHP network.

Current Activities

- The CCBHC Demonstration wrapped up its first year. As of February 1, 2023, 53,664 Medicaid beneficiaries and 9,859 individuals without Medicaid are assigned in the WSA to the 13 demonstration CCBHC sites. The CCBHC team is working on finalizing Year 1 data, including determining daily visits and reviewing services delivered during the year. Preliminary data has identified 53,887 unique individuals receiving CCBHC services during FY22, 77% of whom were Medicaid beneficiaries. Approximately 30% served were children and young adults, age 0-21, and 70 were adults age 21+.
- MDHHS was awarded a two-year grant from the Michigan Health Endowment Fund to conduct an evaluation of the CCBHC Demonstration. MDHHS will partner with evaluators at the Center for Healthcare Research Transformation at the University of Michigan on the evaluation, which is intended to help measure the impact of

the demonstration- particularly efforts to expand access to behavioral health services for underserved populations. Work to develop a comprehensive evaluation plan will begin in early 2023.

- Training and technical assistance is ongoing. The February session of the CCBHC learning collaborative will focus on Zero Suicide initiatives. MDHHS is also sponsoring the training of two Community Health Workers (CHWs) at each CCBHC demonstration site in FY23 and has open spots remaining.
- The MDHHS CCBHC Implementation Team is working to finalize financial reporting requirements for the initial demonstration year and continuing to address additional operational issues that arise as the demonstration moves forward. Work is ongoing to validate reported numbers of daily visits and preliminary metrics.
- Certification site visits are being planned for Spring of 2023. Site visits are a requirement every two years to maintain certification as a CCBHC. MDHHS is awaiting guidance from SAMHSA in regard to final updates in the certification criteria implementation timeline.

MDHHS Staff Update – Service Delivery Transformation Section

- All three positions are on track to be filled by February 21st, 2023.
-

Questions or Comments

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Michigan Behavioral Health Crisis System

February 2023 Update

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MI Behavioral Health Crisis System Overview

Michigan Department of Health and Human Services (MDHHS), in partnership with stakeholders across the state, is in the process of developing a crisis services system for all Michiganders; following the [Substance Abuse and Mental Health Services Administration \(SAMHSA\) model](#). We envision a day when everyone across our state has someone to call, someone to respond, and a safe place to go for crisis care.

Michigan House CARES Task Force and the Michigan Psychiatric Admissions Discussion evolved into [Michigan Psychiatric Care Improvement Project](#) (MPCIP), which is now called Michigan Behavioral Health Crisis System (MI BH Crisis System).

Two-part Crisis System

1. Public service for anyone, anytime, anywhere: Michigan Crisis and Access Line (MiCAL) per PA 12 of 2020, Mobile Crisis, and Crisis Receiving and Stabilization Facilities.
2. More intensive crisis services that are fully integrated with ongoing treatment both at payer and provider level for people with more significant behavioral health and/or substance use disorder issues through Community Mental Health Service Programs.

Opportunities for Improvement

1. Increase recovery and resiliency focus throughout entire crisis system.
2. Expand array of crisis services.
3. Utilize data driven needs assessment and performance measures.
4. Equitable services across the state.
5. Integrated and coordinated crisis and access system – all partners.
6. Standardization and alignment of definitions, regulations, and billing codes.

988/MiCAL Implementation

The MiCAL, 988, Peer Warmline, and Frontline Strong sections of this report are combined because MiCAL (staffed by Common Ground) answers the calls, texts, and chats to these lines statewide.

Michigan Crisis and Access Line (MiCAL) Overview

- Legislated through PA 12 of 2020 and PA 166 of 2020.
- Based on SAMHSA's Model: One statewide line which links to local services tailored to meet regional and cultural needs and is responsible for answering Michigan 988 calls. MiCAL will provide a clear access point to the varied and sometimes confusing array of behavioral health services in Michigan.
- Supports all Michiganders with behavioral health and substance use disorder needs and locates care, regardless of severity level or payer type. Warm hand-offs and follow-ups, crisis resolution and/or referral, safety assessments, 24/7 warm line, and information or referral offered.
- MiCAL will not replace CMHSP crisis lines. It will not prescreen individuals. MiCAL will not directly refer people to psychiatric hospitals or other residential treatment. This will be done through PIHPs, CMHSPs, Emergency Departments, Mobile Crisis Teams, and Crisis Stabilization Units.
- Piloted in Upper Peninsula and Oakland April 2021; Operational Statewide October 2022.

988 Overview

- **988 went live on July 16, 2022**, as the new three digit dialing code for the National Suicide Prevention Lifeline. It is not a new crisis line. It is managed by Vibrant at the Federal Level.
- **988 Expanded Purpose:** With the addition of 988, the Lifeline is expanding crisis coverage for all behavioral health, emotional, and substance use crises in addition to people feeling suicidal.
- **988 Implementation Plan:** Michigan's Official 988 Implementation Plan was submitted to Vibrant and SAMHSA on January 21, 2022. It was developed by a cross sector stakeholder group through a Vibrant funded planning process.
- **Michigan Coverage:** As of June 1, 2022, Michigan has active statewide coverage for all 988 calls originating from Michigan counties through MiCAL. Seven counties have primary coverage through Network 180, Gryphon Place, or Macomb CMH.
- **988 Chat and Text:** MiCAL will also be responsible for answering 988 chats and texts.
- Vibrant is contracting with federally funded back up centers to answer call, chat, and text overflow.
- **988 Statewide Metrics:** December 2022
 - Total Calls Received: 6,466
 - Average Speed of Answer: 25 Seconds
 - Answer Rate: 90%
 - Involuntary Emergency Interventions: 15
 - Total Calls Received & Average Speed of Answer were pulled from Vibrant's State Report
 - The Answer Rate was calculated using the Total Calls Answered as reported by the centers divided by the Total Calls Received as reported by the center. Due to the data discrepancies between Vibrant's and centers' data, Michigan will rely on the 988 Center's total calls received when reporting the answer rate.

Current Activities for 988/MiCAL

- MDHHS received a 2 year SAMHSA 988 Implementation grant mid-April 2022. Key focus areas are (1) adequate statewide coverage, (2) common practices for centers, (3) stakeholder engagement/marketing, (4) stable diversified funding, and (5) 911/988 collaboration.
- **MiCAL Rollout:** MiCAL will rollout statewide in two phases.
 - **Phase 1 FY 22:** January 2022 - MiCAL rolled out statewide one region at a time, providing coverage for 988 and crisis and distress support through the MiCAL number. It will not provide additional regions with CMHSP crisis after hours coverage at this time. MiCAL is rolling out care coordination protocols with publicly funded crisis and access services (CMHSPs, PIHPs, state demo CCBHCs, and CMHSP contract providers).
 - Coordination is in place with services in all PIHP geographic regions as of October 31, 2022. [Map of the Prepaid Inpatient Health Plans \(michigan.gov\)](https://michigan.gov/prepaid).
 - **Phase 2 FY 23:** CMHSP After Hours Crisis Coverage. Afterhours coverage services are currently provided as a pilot in the Upper Peninsula. MiCAL is beginning to plan for Phase 2 FY 23 CMHSP After Hours Crisis Coverage. MiCAL will provide afterhours crisis coverage for CMHSPs who currently contract with a third party for afterhours crisis coverage.
 - Rollout will occur one CMHSP at a time and will start with regions that volunteer participation beginning in January 2023. Afterhours Process Improvement meetings occurred throughout September and October 2022 to gather CMHSP and PIHP feedback and recommendations.
- MiCAL integration with OpenBeds/MiCARE is in progress.
- A considerable change that was made to our original project timeline was postponing our in-state answering of 988 chat and text until early FY 24. The decision to postpone in-state coverage was discussed in depth and the

choice was made to postpone this activity until the MiCAL platform can integrate with the universal platform to allow MiCAL staff access to MiCAL customer relationship management (CRM) technology functionality when answering chats and texts.

- **There have been 89,101 MiCAL encounters since go-live on April 19, 2021 (this includes MiCAL number, NSPL, and CMHSP afterhours calls). See attached metrics for more details.**
- **988 Center Practices:** Operations workgroup meetings with current 988 centers are focused on developing common practices around Imminent Risk, Active Rescues and Follow Up.
 - Michigan's 988 workgroup finalized Michigan's Center Protocol document, which has incorporated Vibrant's requirements and standards and will be utilized and adopted by all of Michigan's 988 call centers as the framework for expected operations.
 - January's meeting discussion focused on updating Vibrant's policy on imminent risk and added one protocol about supervisory reviews on emergency interventions. All protocols are finalized and currently are up to date per Vibrant's requirements.
- **911/988 Collaboration:** State level 911/988 workgroup is meeting at least monthly to develop collaborative practices, with the initial focus on coordinated active rescues.
 - Michigan's 988/911 workgroup finalized the Involuntary Emergency Intervention Workflow. The workflow was created to standardize the way in which staff at all centers are expected to be trained and handle 988 involuntary emergency intervention processes. It will also be shared with 911 centers as an informational tool.
 - The 988/911 workgroup is currently working on creating a diversion plan that includes best practices to consider for instances where 911 receives calls that should be diverted to 988.
- **Public Relations:** 988 Implementation had initially focused on ensuring that there is adequate staffing and coordination with 911 and other crisis service providers before openly marketing the 988 number. This was a rollout approach that was recommended by SAMHSA and Vibrant. Targeted marketing will begin early 2023.
 - MDHHS developed a website to share with its stakeholders: [988 Suicide & Crisis Lifeline and Michigan Crisis & Access Line](#), as well as a [MiCAL/988 Quick Facts document](#) for reference.
 - MDHHS has been providing presentations to key stakeholder groups. Presentations include but aren't limited to: Michigan Suicide Prevention Commission, Governor's Diversion Council, Michigan NAMI, TYSP-Emergency Department Community of Practice, Tribal Nations Behavioral Health Meeting, and attending the Blue Cross Blue Shield of MI Healthy Safety Net Symposium.
 - Starting in January 2023 marketing efforts for 988 in Michigan have officially gone live! Prior to 2023 we had asked stakeholders to hold off on any and all 988 marketing and advertising efforts in Michigan. Now we are encouraging all Stakeholders to feel free to openly publish, share, advertise, and market 988 and 988 relevant information through their designated communication channels. MDHHS would like to ensure that 988 in Michigan is accessible to all Michiganders, especially those who may be at a statistically heightened risk for a behavioral health crisis. Thus, MDHHS is currently actively partnering with Michigan Stakeholders to identify public awareness activities that specifically focus on targeting and reaching high-risk or underserved populations. Through our trusted Stakeholders we will also be focusing on how best to utilize existing trusted channels to assist in reaching all Michiganders in order to help spread information and awareness about 988, who can utilize it, and what other resources exist.
- **Stakeholder Participation:** As of January 2023, partners can openly advertise 988 and utilize SAMHSA's promotional materials. At this time, partners can freely and actively advertise and market the 988 number We are asking stakeholders to continue replacing the former NSPL number (the 800 number) with 988 and to maintain an active partner with us in identifying and notifying us of places where the 800 number needs to be replaced.
 - We had our first kick off stakeholder meeting November 10th. The intention for the meeting was to provide an overview of SAMHSA and Vibrant's marketing recommendations, discuss Michigan's current

and future approach to marketing 988, and provide a space to collaboratively work together to develop a comprehensive public awareness/marketing plan that utilizes existing communication channels that target people most at risk for a behavioral health crisis.

- In December, MDHHS hosted a series of breakout sessions with Michigan stakeholders to engage in more in-depth conversations around tailoring support and resources to all Michiganders, especially those who are considered to be high-risk or underserved populations. The meetings were immensely informative and enlightening in outlining individual community needs regarding marketing 988 in Michigan. Based on stakeholder feedback bi-monthly stakeholder breakout sessions will be continued moving forward.

Current Activities for Michigan Peer Warmline and Frontline Strong Together

- Michigan Peer Warmline is operated under MiCAL by Common Ground. It is statewide. It operates 10 am to 2 am 7 days per week.
- Michigan Peer Warmline is refining data gathered during the call, i.e. reason for the call and services provided to compile a dashboard.
- **There have been 67,705 Warmline encounters since go-live at the end of April 2021. See Warmline Report for details.**
- Frontline Strong First Responder Crisis support project called Frontline Strong Together in partnership with Wayne State is operated under MiCAL by Common Ground and is available statewide 24/7. Frontline Strong Together is a crisis line specifically for first responders (police, EMS, fire, dispatch, and corrections) to provide free, confidential support and effective resources.
- Common Ground has hired a Project Manager who brings a wealth of first responder, training, and crisis line experience. Frontline Strong Together went live in August 2022.
- Specialty first responder-specific resources have been incorporated into the Customer Relationship Management System to provide readily available resources to those calling in.
- The Project Manager has set up an office at the All for Oxford Resiliency Center once a week to reach out and serve as a resource to first responders.
- Frontline Strong Together is currently working on expanding visibility, including marketing, QR codes for easy access, and outreach to relevant stakeholder groups to increase awareness of the number.
- **There have been 68 Frontline Strong Together encounters since go-live mid-August 2022.**

Crisis Stabilization Units

Overview

Michigan Public Act (PA) [402 of 2020](#) added Chapter 9A (Crisis Stabilization Units) to the Mental Health Code, which requires the Michigan Department of Health and Human Services (MDHHS) to develop, implement, and oversee a certification process for CSUs (certification is in lieu of licensure). CSUs are meant to provide a short-term alternative to emergency department and psychiatric inpatient admission for people who can be stabilized through treatment and recovery coaching within 72 hours.

To encourage participation and creation of CSUs, MI Legislature has designated funding in the FY 2023 budget to account for at least 9 CSUs. To develop a model and certification criteria for CSUs in Michigan, MDHHS engaged Public Sector Consultants (PSC) to convene and facilitate an advisory group of stakeholders. The stakeholder workgroup reviewed models from other states and Michigan to make recommendations around a model that will best fit the behavioral health needs of all Michiganders.

Michigan Model developed by 12/1. MDHHS is developing draft certification rules for adult CSUs and will solicit feedback in fall of 2022, with goals of finalizing the criteria during Q1 of 2023. The certification criteria for children CSUs will be developed during FY 2023, with an implementation date in FY 2024.

Current Activities

- **CSU Certification Rules** workgroup was developed including potential CSU sites and a series of meetings were held to discuss key issues and areas of concern throughout December 2022 and January 2023.
 - Based on feedback from the workgroup, the Draft CSU Certification standards are being finalized to share with stakeholders for their feedback.
 - Once the rules workgroup is supportive and comfortable with the rules, we will begin the administrative rules process. We aim to start the administrative rules process in Spring 2023.
 - The CSU Certification Rules workgroup will also assist MDHHS in addressing all feedback we receive during the Administration rules process.
- A survey was issued in late September to acute and psychiatric hospitals as well as CMHSPs to assess the existence of any walk-in urgent care or crisis care behavioral health services similar to a CSU, such as an EMPATH unit and a psychiatric emergency room. This survey also assessed entities' interest in providing CSU services.
- MDHHS issued a CSU Pilot Readiness Application to those who expressed interest in learning more as a potential participant (via the survey).
 - In early January 2023 we received 8 applications that are currently being reviewed.
 - Once the list of participating sites is finalized, we will be sending out formal approvals. This will occur during the second or third week in February.
 - Monthly Learning Cohort meetings with pilot sites will begin March 2023 (tentatively).
- MDHHS will operate a CSU Community of Practice Pilot which will result in a Best Practice Implementation Handbook and pilot entities receiving CSU certification. Participants are recruited through the CSU survey.
- The Michigan Model has been tailored to include Children and Families. It has been shared for public feedback. Listening sessions with people with lived experience for child/ family specific feedback will occur in early 2023.

Adult Mobile Crisis Intervention Services

Overview

- Mobile crisis services are one of the three major components that SAMHSA recommends as part of a public crisis services system.
- MDHHS goal is to eventually expand mobile crisis across the state for all populations.
- MDHHS has contracted with PSC/HMA to develop recommendations to expand mobile crisis for adults in Michigan, with special attention on strategies for rural areas.
- Per Diversion Fund legislation MDHHS will pursue the advanced Medicaid match and ensure that the model meets requirements.
- There is coordination with the Bureau of Children's Coordinated Health Policy and Supports (BCCHPS) and their intensive mobile crisis stabilization services.

Current Activities

- Multiple areas of MDHHS are working on the expansion of mobile crisis services: Diversion Council, BCCHPS, and Bureau of Specialty Behavioral Health Services.
- Internal meetings are occurring to ensure that models for children/families and adults stay aligned whenever possible.

- PA 162 and 163 of 2021 set up a Diversion Fund and pilot program for mobile crisis. MDHHS is coordinating around implementation plans internally, prior to stakeholder involvement.
- Public Sector Consultants has pulled together legislative and funding requirements, recommendations from Wayne State Center for Behavioral Health Justice (CBHJ), and other best practices to develop a draft model for adults. This model will be altered over the next couple of years based on stakeholder feedback from Diversion Fund pilots, CCBHC discussions, and feedback from people with lived experience.
- MDHHS is in the process of hiring staff to initiate an RFP process for mobile crisis intervention through the Diversion Fund and develop the application for the Medicaid mobile crisis enhanced match.

MI-SMART (Medical Clearance Protocol)

Overview

- Standardized communication tool between EDs, CMHSPs, and Psychiatric Hospitals to rule out physical conditions when someone in the Emergency Department (ED) is having a behavioral health emergency and to determine when the person is physically stable enough to transfer if psychiatric hospital care is needed.
- Broad cross-sector implementation workgroup.
- Implementation is voluntary for now.
- **Target Date: Soft rollout has started as of August 15, 2020.**
- www.mpcip.org/mpcip/mi-smart-psychiatric-medical-clearance/

Current Activities

- As of 1/19/23: Adopted/accepted by 55 Emergency Departments, 27 Psychiatric Hospitals, and 16 CMHSPs.
 - Over 25 facilities are pursuing the implementing of MI-SMART at their facility, including McLaren Bay Region and Helen Newberry Joy Hospital.
 - We are excited to welcome Trinity Health Grand Haven as our newest MI-SMART user!
- Education of key stakeholders statewide; supporting early implementation sites; performance metric development.
- Targeted outreach to specific psychiatric hospitals and CMHSPs in geographic areas of ED adoption.
- MHA sent communication to members from their small and rural hospitals informing them about the MI-SMART Form. They were sent a link which they can fill out if they are interested in learning more about how to implement the MI-SMART Medical Clearance Process at their facility.
- MHA and MDHHS co-signed a letter encouraging the use of the MI-SMART Medical Clearance Process. This letter was signed by MDHHS Chief Medical Executive Dr. Natasha Bagdasarian and MHA Executive Vice President Laura Appel. MHA distributed the letter to their members in August.
- Provided a presentation on the MI-SMART Medical Clearance Process at the MHA Small and Rural Hospital Council meeting in September.
- Drafted a letter to send to PIHPs/CMSHPs aiming to work regionally to increase adoption of the MI-SMART Form.
- Partnered with LARA to develop a crosswalk that outlines regulatory practices that MI-SMART can help meet.
- Transitioning Medical Clearance Workgroup to an Advisory Group.
- High COVID numbers in Emergency Departments are impeding progress.

Psychiatric Bed Treatment Registry

Overview

- Legislated through PA 658 of 2018, PA12 of 2020, PA 166 of 2020.

- Electronic service registry housing psychiatric beds, crisis residential services, and substance use disorder residential services.
- The Psychiatric Bed Registry is housed in the MiCARE/OpenBeds platform, which is Michigan's behavioral health registry/referral platform, operated and funded by LARA.
- MiCARE will eventually house all private and public Behavioral Health Services and will have a public facing portal.
- The Psychiatric Bed Registry Advisory Group's purpose is supporting the successful rollout and maximization of the OpenBeds platform to meet Michigan's needs. The Psychiatric Bed Registry has transitioned to meet on an as needed basis.
- LARA is rolling out MiCARE regionally.
- Target audience: Psychiatric Hospitals, Emergency Departments, CMHSP staff, PIHP staff.
 - Public and broader stakeholder access through MiCAL.
 - Broad cross-sector Advisory Workgroup.

Current Activities

- LARA is in the process of rolling out MiCARE statewide one PIHP region at a time. The focus is on substance use disorders treatment services. They have held meetings to continue the rollout process for providers in the remaining PIHP regions. They will reach out shortly to CMHSPs to bring them on as searchers. Please watch for emails.
- All inpatient psychiatric facilities received communication from LARA and MDHHS notifying them that the goal deadline to complete the onboarding into MiCARE (OpenBeds®) was extended. MDHHS has been, and will continue, contacting and working with psychiatric facilities. With the support from LARA, all facilities will be fully onboarded into MiCARE/OpenBeds within the coming months. MDHHS will begin ensuring psychiatric facilities' bed availability is regularly updated.
- Psychiatric hospitals are being encouraged to onboard as they are able. There are 58 facilities. Nearly two-third of all psychiatric hospital have been fully onboarded into MiCARE (OpenBeds) and almost all have begun the onboarding process.
- MDHHS and LARA, in partnership with Bamboo Health, hosted a demonstration of the OpenBeds platform for all bed searchers in September. This allowed those who have not had a chance to attend a demonstration the opportunity to learn more about the OpenBeds platform. A recording of the demonstration is available at <https://mpcip.org/mpcip/micare/>.
- Over the past few months, MDHHS has conducted a series of small group listening sessions with representatives from Psychiatric Hospitals, Community Mental Health Services Programs, and Emergency Departments. The goal is to understand partner requirements so that MDHHS could provide technical assistance and support to facilities utilizing OpenBeds and to develop usage protocols for MiCARE. In doing so, MDHHS would like to gain an understanding of how to implement the platform in the most optimal and cost neutral way. MDHHS most recently met representatives from Emergency Departments in October. MDHHS will continue to meet individually with stakeholders to gain feedback. If you are interested in providing feedback, please contact us at mpcip-support@mphi.org.
- All Emergency Departments received communication from LARA notifying them of the MiCARE/OpenBeds rollout. Facilities were encouraged to work with Bamboo Health's OpenBeds® team to onboard their Emergency Department in the network.
- Psychiatric Bed Advisory Workgroup is providing feedback on tailoring MiCARE to Michigan, i.e., bed categorization, acuity, the rollout, and referral process.

Crisis Response Training Program

Overview

The Wayne State School of Social Work's crisis response credentialing program aims to support the development and expansion of a workforce with skills to work within Michigan's Behavioral Health Crisis Services. The project will offer cutting-edge education and training to individuals who have direct practice experience working within mental health settings and college students enrolled in a professional program aimed at becoming a mental health professional. The credentialing program will provide education and skill-building courses that enhance crisis assessment and practice techniques necessary to intervene in behavioral health crises, performing skills-based support when engaging as a first responder.

WSU School of Social Work will develop the training modules and university credit courses around performing rapid clinical assessments, de-escalation, providing contextual diagnosis, and effectively interacting with other first responders and family members within the community. WSU School of Social Work will also manage the project's data collection and performance measurement, which will serve as the routine progress monitoring for the project.

Current Activities

- Contract formalized. Egrams objectives, budget, budget narrative completed and submitted (12/16/22).
- Formation of Advisory Board. Consultants with various expertise selection; formalization of consultation contract underway.
- Faculty Expertise. WSU SSW is negotiating with a nationally renowned scholar on crisis response. Hopeful that the contract will be finalized the week of 12/19.
- Exploration of Peer training. Meeting set with Pam Werner for January.

Intensive Crisis Stabilization Services for Children - Bureau of Children's Coordinated Health Policy and Supports

Overview

The Bureau of Children's Coordinated Health Policy and Supports is leading and responsible for Kids' Intensive Mobile Crisis Stabilization Services. Intensive Crisis Stabilization Services (ICSS) for Children is a current Medicaid service in the Medicaid Provider Manual. MDHHS identified ICSS for Children as a key service in the MI Kids Now Service Array, and MDHHS will work towards expanding and ensuring access to this service on a statewide basis.

MDHHS established a new grant program to provide up to \$200,000 to each Community Mental Health Service Program (CMHSP) to expand ICSS for Children. MDHHS awarded grants to 18 CMHSPs in fiscal year 2023, and MDHHS will provide ongoing funding opportunities in fiscal years 2024 and 2025. MDHHS launched the first cohort on January 1, 2023 and established a learning community to support grantees in implementation and encourage peer-to-peer sharing of best practices.

As part of this grant program, CMHSPs will expand ICSS for Children to address crisis situations for young people who are experiencing emotional symptoms, behaviors, or traumatic circumstances that have compromised or impacted their ability to function within their family, living situation, school/childcare, or community. The awarding of these grants will allow CMHSP to develop staffing at the local level and increase access. Increased utilization will also help inform the development of Medicaid rates through the Prepaid Inpatient Health Plans (PIHPs) to allow for sustainable provision of these services. This program will allow CMHSPs to test different models (e.g., rural service delivery, 24/7

coverage, collaboration with other child-serving systems, etc.) using flexible General Fund dollars, and “lessons learned” will be integrated into Medicaid policy as permissible under federal law and regulations.

Current Activities

- MDHHS is developing a widescale outreach plan to ensure children and families are aware of ICSS services available to them.
- MDHHS is collaborating with the Association for Children’s Mental Health and Michigan State University to develop a survey to gain feedback from youth and families regarding their ICSS experience. This survey will be distributed to youth and families following every deployment of a mobile response team.

MDHHS - Crisis Services & Stabilization Section Updates

The MDHHS Behavioral Health (BH) Customer Relationship Management (CRM) System

The Crisis Services and Stabilization Section is tasked with ownership of the BH CRM from a technical and development perspective. We work with MDHHS business owners to design and implement processes into the system (i.e., MiCAL, Customer Inquiries, CMHSP Certification, ASAM Level of Care, and Critical Incidents). We act as a liaison between our MDHHS colleagues and the application developers and provide training and technical support to MDHHS and partners (CMHSPs, PIHPs, MiCAL, SUD entities, CCBHCs, etc.).

Many of you may be familiar with this system or have heard of it by one of various names, such as the BHDDA CRM or MiCAL CRM. As we continue to move forward with the rollout of MDHHS BPHASA business processes, we want to clear up any confusion and announce that this system is to be formally named the MDHHS Behavioral Health Customer Relationship Management System (BH CRM). Effective immediately, please ensure all communications align with the name change.

Additionally, we have updated the shared team email address to encompass all facets of the BH CRM rather than solely MiCAL. **The newly updated email address is MDHHS-BH-CRM@michigan.gov.** Any emails that are sent to the former address (MDHHS-BHDDA-MiCAL@michigan.gov) will be routed to this new address.

Questions or Comments

Community Mental Health Association of Michigan distributes this document to its’ members.
To be added to the distribution list for this update - please contact MPCIP-support@mphi.org

MiCARE/Openbeds platform questions - contact Haley Winans, Specialist, LARA, WinansH@michigan.gov
988 or MiCAL questions, feedback, or complaints - [contact us here](#).

Krista Hausermann, LMSW, CAADC
Crisis Services and Stabilization Section Manager,
Bureau of Specialty Behavioral Services,
Behavioral & Physical Health & Aging Services Administration
HausermannK@Michigan.gov



Time frame is April 19, 2021 to December 31, 2022 as indicated * MiCAL also includes CMHSP, First Responder, ER/ Hospital (ED) and 988 calls except as noted **

Metrics for MiCAL, December 2022

Offered 8496

Answered 7881

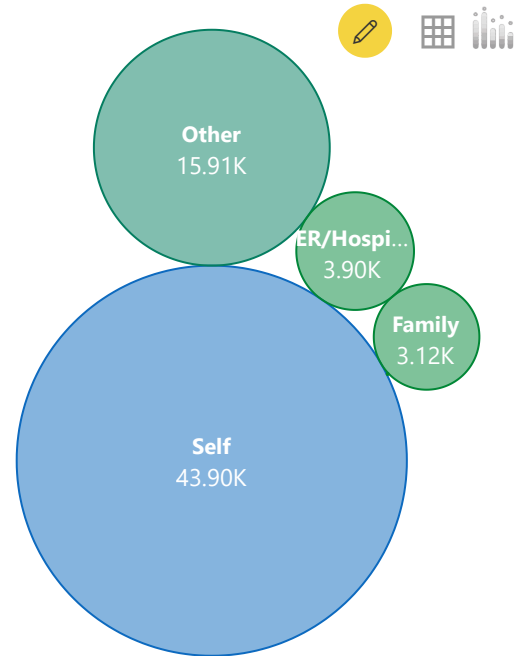
Answer Rate 93%

Avg. Speed of Answer (H:M:S) 00:00:16

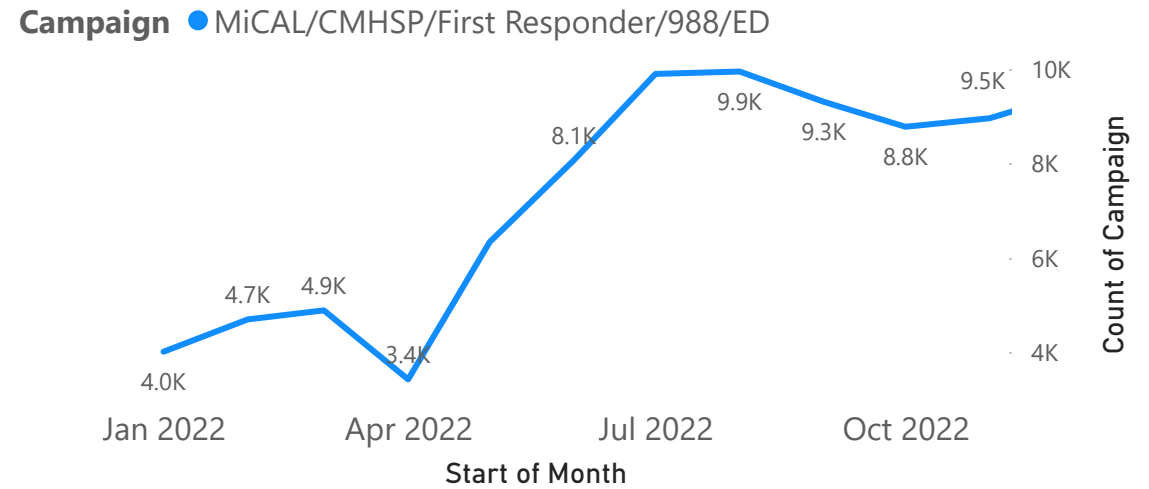
Avg. Talk Time 00:09:33

Goal (80% Answered in 30 Seconds) 91%

MiCAL Caller Type*

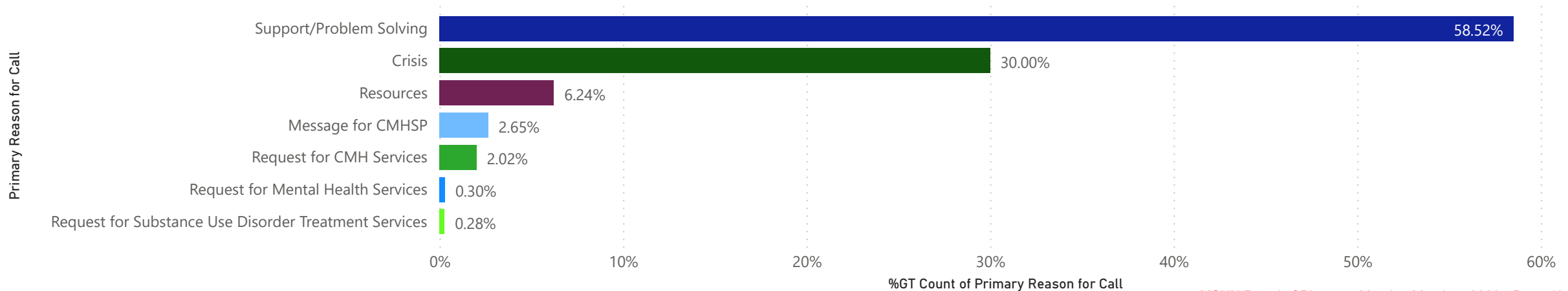


Call Volume Trends*



Campaign Name**	Inbound	Outbound	Total
988	44580		44580
MiCAL/CMHSP/First Responder/ED	53742	14007	67749

Reason for MiCAL Calls in Last 90 Days (from October 2, 2022 to December 31, 2022)

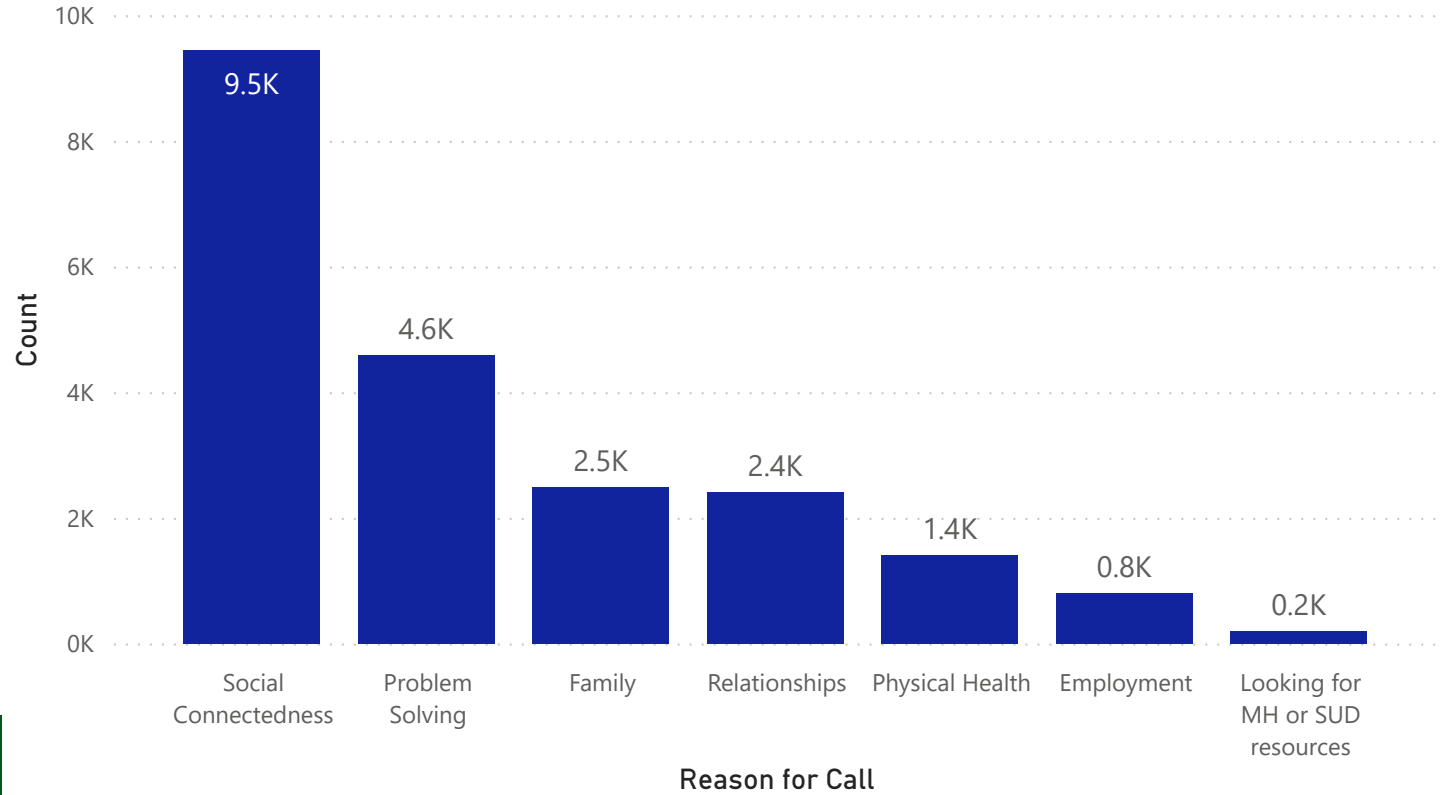
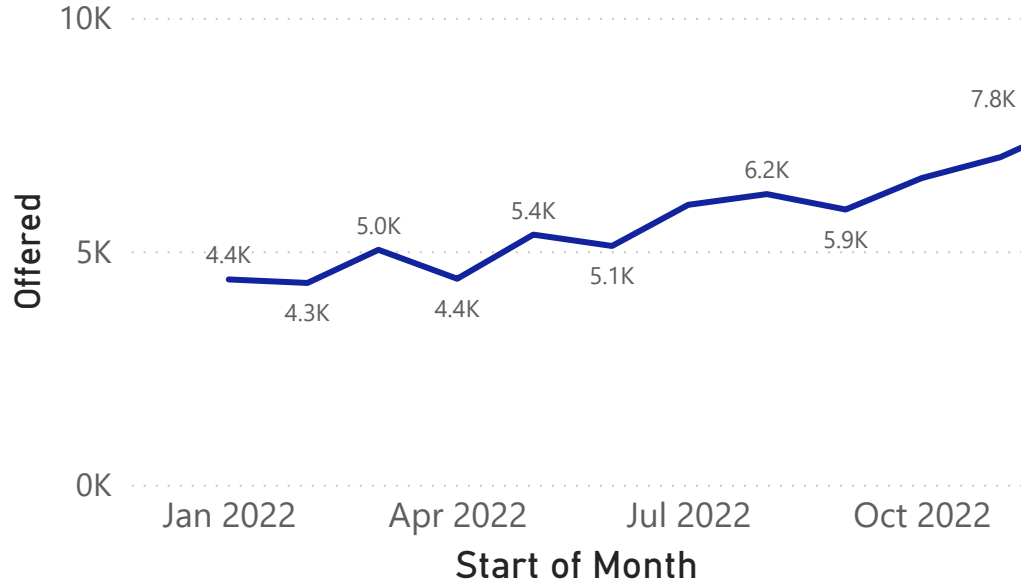


Michigan Warm Line Report - Caller names and phone numbers are not connected to this data. Call reasons are documented anonymously.

Call Volume Trends, January 1 to December 31, 2022

Frequency of Reason(s)* for Calls in Last 90 Days (October 2 to December 31, 2022)

Campaign ● Peer Warm Line



Call Volume, January 1, 2022 to December 31, 2022

Campaign Name	Offered
Peer Warm Line	68087

Call Volume, April 19, 2021 to December 31, 2022

Campaign Name	Offered
Peer Warm Line	99129

*Warm Line Calls Can Be Documented with More Than 1 Reason

Metrics for Warm Line, December 2022

Avg. Time in Queue (H:M:S) 00:00:53

Avg. Talk Time 00:13:36

Community Mental Health
Member Authorities

Bay Arenac
Behavioral Health

.

CMH of
Clinton, Eaton, Ingham
Counties

.

CMH for Central Michigan

.

Gratiot Integrated Health
Network

.

Huron Behavioral Health

.

The Right Door for Hope,
Recovery and Wellness (Ionia
County)

.

LifeWays CMH

.

Montcalm Care Center

.

Newaygo County
Mental Health Center

.

Saginaw County CMH

.

Shiawassee Health and
Wellness

.

Tuscola Behavioral
Health Systems

Board Officers

Ed Woods
Chairperson

Irene O'Boyle
Vice-Chairperson

Kurt Peasley
Secretary

REPORT OF THE MSHN DEPUTY DIRECTOR to the Board of Directors January/February

MSHN Staffing Update

MSHN is pleased to announce we have filled our last vacant posted position. Stacey Lehmann will be joining MSHN as the Utilization Management Specialist, effective March 13, 2023. Stacey comes to MSHN with years of experience working for Berrien County Community Mental Health.

Performance Bonus Incentive Report FY22

As indicated in my last Board report, MSHN submitted the annual report on the joint metrics and activities related to integration of behavioral health and physical health. MDHHS has reviewed the report and provided the consultative draft for our regions metric performance and results of the bonus dollars earned for the region. MSHN earned a total of \$5,436,711 in local funds with only \$253,713 unearned.

- Identification of beneficiaries who may be eligible for services through the Veteran's Administration – 100%
- Increased data sharing with other providers – 100%
- Initiation, Engagement and Treatment (IET) of Alcohol and Other Drug Dependence – 100%
- Increased participation in patient-centered medical homes – 100%
- Implementation of Joint Care Management Processes – 100%
- Follow-up after Hospitalization (FUH) within 30 days – 100%
- Follow-up after Hospitalization (FUH) within 30 days stratified by race/ethnicity – 78%
 - Significantly lower FUH rate for African American/Black but showed improvement from FY21 to FY22
- Follow-up after (FUA) Emergency Department visit for Alcohol and Other Drug Dependency within 30 days stratified by race/ethnicity – 56%
 - Significantly lower FUH rate for African American/Black and Hispanic but showed improvement from FY21 to FY22
 - Disparity increased from FY21 to FY22 for Hispanic

The race/ethnicity metrics were new for FY22. MSHN has been working with the network to identify the disparities in FUH and FUA. In addition, MSHN has targeted initiatives to reduce the follow up disparities identified in the region. The Value Based Pilot contracts included on the Board's contract listing for approval includes use of peer recovery coaches trained in Project ASSERT embedded in hospital emergency departments to ensure follow up and connection to services after FUA.

Increased Services to Veterans – FY22 Report

Another initiative of MSHN and the region is to increase supports and services to veterans. MSHN provided services to about 48,000 individuals from April 2022 through September 2022. Of those admitted during that period about 2% identified a veteran status and of those about 38% reported being connected to service. MSHN has been allocated funding for, and has employed, a Veteran Navigator for the region. The position has been working with local Veteran's Administration to provide information related to available services. MSHN has also been working with the provider network to ensure identification of veteran status in the region. The goals are to increase outreach and connection to appropriate services. During this same

reporting period, 179 individuals had contact with the Veteran Navigator. The most common requests for assistance are programs to address homelessness, referral to a Veteran Service Officer (VSO) to file a claim related to benefits, and financial assistance programs. Veterans may also be receiving assistance through alternate resources in the community such as a county veteran service officer.

For more information related to MSHN's VA initiatives, see the link below ***Veterans Semi-Annual Report FY22***.

Annual Compliance Summary Report FY22

The Compliance Summary Report provides an overview of the activities performed during Fiscal Year 2022 as part of the Compliance Program and identified within the Compliance Plan. Activities include monitoring and oversight of the provider network completed as part of the internal site reviews, site reviews of the PIHP completed by external agencies; customer service complaints; compliance investigations and compliance related training and review. The Board of Directors are responsible for reviewing the annual compliance report. The report has been reviewed by the MSHN Compliance Committee, the Regional Compliance Committee and Operations Council. As part of the review of findings, initiatives related to improvement or risk area are identified for implementation in FY23. A summary of those initiatives are below.

- Increase monitoring on compliance with state contract requirements and MSHNs policies and procedures for credentialing and provider qualifications
- Review standards that have a decrease from the previous year compliance score with appropriate councils/committees and MSHN content experts to determine if region wide quality improvement efforts are needed
- Enhance quality assurance (QA) processes for Medicaid appeal and grievance notice letters to beneficiaries
- Technical support and training will be explored, in collaboration with MSHN treatment and behavioral health staff, focused on improving the quality of services for the Customer Service areas of Access to Treatment
- Monitor for compliance with rules outlined during the state of emergency and those continued past the state of emergency

The annual report also includes information related to compliance investigations. The total number of compliance investigations in FY2022 was 28, with the majority of the compliance referrals coming from the network staff and MSHN staff. Of those reported, about 70% were suspected fraud, abuse, waste and credentialing/appropriate qualifications. Of those reported, 9 were referred to the Office of Inspector General and 1 referred to the Office of Civil Rights.

For more details, including a status on last year's recommendations, the full report has been provided via the below link, ***Annual Compliance Summary Report FY22***.

Regional Council Advisory Council (RCAC)

The Consumer Advisory Council is the primary source of consumer input to the MSHN Board of Directors related to the development and implementation of behavioral health specialty services and supports for the region. The Consumer Advisory Council includes representatives from all twelve (12) Community Mental Health Services Program (CMHSP) Participants of the region and meets every other month. They advise MSHN on a multitude of programs, initiatives, strategic priorities, satisfaction and provide a valuable perspective to the improvement opportunities and quality services within the region. During the February meeting, RCAC reviewed the results of the council survey which included positive feedback and demonstrated members felt the RCAC is going well. Comments included the following:

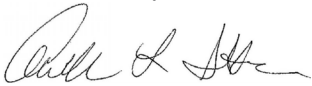
- Preference for more presentations on MSHN initiatives as an opportunity to provide more input versus data as the main focus.
- Increased advocacy from the group.

- Strengths noted leadership, listening skills, a well-connected group of consumers, open discussion of issues or concerns, a diverse group, and information presented by well-informed people.
- Improvement opportunities noted staying on topic, more consumer involvement and meeting in person.

In addition, the RCAC received a presentation from MSHN to begin the process to develop and discuss strategic planning for FY24-25. The RCAC will continue the strategic planning dialogue at their April meeting and plan to provide feedback to the Board of Directors for consideration.

For more information related to the activities of the Consumer Advisor Council see MSHN's website: <https://midstatehealthnetwork.org/stakeholders-resources/board-councils/councils-committees/consumer-advisory-council>

Submitted by:



Amanda L. Ittner
Finalized: 2.23.23

Links to Reports:

- [Annual Compliance Summary Report FY22](#)
- [Veterans Semi-Annual Report FY22](#)

Background:

In accordance with the MSHN Board of Directors to review financials, at a minimum quarterly, the Preliminary Statement of Net Position and Statement of Activities for the Period Ending January 31, 2023, have been provided and presented for review and discussion.

Recommended Motion:

The MSHN Board of Directors receives and files the Preliminary Statement of Net Position and Statement of Activities for the Period Ending January 31, 2023, as presented.

**Mid-State Health Network
Statement of Activities
As of January 31, 2023**

		Columns Identifiers						
		A	B	C	D	E (C - D)		F (C / B)
Rows Numbers			Budget Annual	Actual Year-to-Date	Budget Year-to-Date	Budget Difference	Actual % of Budget	
			FY23 Original Bdgt		FY23 Original Bdgt			
1	Revenue:							
2	Grant and Other Funding		\$ 922,984	52,085	307,661	(255,577)	5.64 %	1a
3	Medicaid Use of Carry Forward		\$ 53,948,483	49,888,938	17,982,828	31,906,111	92.48%	1b
4	Medicaid Capitation		721,884,729	254,827,203	240,628,243	14,198,959	35.30%	1c
5	Local Contribution		2,345,532	437,937	781,844	(343,907)	18.67%	1d
6	Interest Income		20,000	101,002	6,667	94,336	505.01%	1e
7	Change in Market Value		0	80,631	0	80,631	0.00%	
8	Non Capitated Revenue		20,453,988	4,147,804	6,817,996	(2,670,192)	20.28%	1f
9	Total Revenue		799,575,716	309,535,600	266,525,239	43,010,361	38.71 %	
10	Expenses:							
11	PIHP Administration Expense:							
12	Compensation and Benefits		7,316,803	2,014,924	2,438,935	(424,012)	27.54 %	
13	Consulting Services		205,000	18,985	68,333	(49,348)	9.26 %	
14	Contracted Services		109,100	25,936	36,367	(10,430)	23.77 %	
15	Other Contractual Agreements		439,350	113,356	146,450	(33,095)	25.80 %	
16	Board Member Per Diems		18,060	5,110	6,020	(910)	28.29 %	
17	Meeting and Conference Expense		219,425	39,462	73,141	(33,679)	17.98 %	
18	Liability Insurance		36,705	25,179	12,235	12,944	68.60 %	
19	Facility Costs		140,526	58,288	46,842	11,446	41.48 %	
20	Supplies		283,475	141,181	94,492	46,690	49.80 %	
21	Depreciation		50,397	16,799	16,799	0	33.33 %	
22	Other Expenses		960,400	428,023	320,133	107,889	44.57 %	
23	Subtotal PIHP Administration Expenses		9,779,241	2,887,243	3,259,747	(372,505)	29.52 %	2a
24	CMHSP and Tax Expense:							
25	CMHSP Participant Agreements		654,532,545	226,797,667	218,177,515	8,620,152	34.65 %	1b,1c
26	SUD Provider Agreements		59,158,728	19,765,635	19,719,576	46,060	33.41 %	1c,1f
27	Benefits Stabilization		1,846,461	3,537,663	615,487	2,922,176	191.59 %	1b
28	Tax - Local Section 928		2,345,532	437,937	781,844	(343,907)	18.67 %	1d
29	Taxes- IPA/HRA		24,482,263	7,138,490	8,160,755	(1,022,265)	29.16 %	2b
30	Subtotal CMHSP and Tax Expenses		742,365,529	257,677,392	247,455,177	10,222,216	34.71 %	
31	Total Expenses		752,144,770	260,564,635	250,714,924	9,849,711	34.64 %	
32	Excess of Revenues over Expenditures		\$ 47,430,946	\$ 48,970,965	\$ 15,810,315			

Mid-State Health Network
Preliminary Statement of Net Position by Fund
As of January 31, 2023

		Column Identifiers			
		A	B	C	D B + C
Row Numbers		Behavioral Health Operating	Medicaid Risk Reserve	Total Proprietary Funds	
1	Assets				
2	Cash and Short-term Investments				
3	Chase Checking Account	51,828,102	0	51,828,102	1a
4	Chase MM Savings	63,311,736	0	63,311,736	1b
5	Savings ISF Account	0	19,341,893	19,341,893	1c
6	Savings PA2 Account	7,455,839	0	7,455,839	1b
7	Investment ISF Account	0	31,350,450	31,350,450	
8	Total Cash and Short-term Investments	\$ 122,595,677	\$ 50,692,343	\$ 173,288,020	
9	Accounts Receivable				
10	Due from MDHHS	15,636,988	0	15,636,988	2a
11	Due from CMHSP Participants	5,018,406	0	5,018,406	2b
12	Due from CMHSP - Non-Service Related	6,300	0	6,300	2c
13	Due from Other Governments	485,845	0	485,845	2d
14	Due from Miscellaneous	287,004	0	287,004	2e
15	Due from Other Funds	0	1,086,200	1,086,200	2f
16	Total Accounts Receivable	21,434,543	1,086,200	22,520,743	
17	Prepaid Expenses				
18	Prepaid Expense Rent	4,529	0	4,529	2g
19	Prepaid Expense Other	15,085	0	15,085	2h
20	Total Prepaid Expenses	19,614	0	19,614	
21	Fixed Assets				
22	Fixed Assets - Computers	189,180	0	189,180	2i
23	Accumulated Depreciation - Computers	(189,180)	0	(189,180)	
24	Fixed Assets - Vehicles	251,983	0	251,983	
25	Accumulated Depreciation - Vehicles	(142,790)	0	(142,790)	
26	Lease Assets	203,309	0	203,309	
27	Accumulated Amortization - Lease Asset	(85,150)	0	(85,150)	2j
28	Total Fixed Assets, Net	227,352	0	227,352	
29	Total Assets	\$ 144,277,186	\$ 51,778,543	\$ 196,055,729	
30					
31	Liabilities and Net Position				
32	Liabilities				
33	Accounts Payable	\$ 12,259,138	\$ 0	\$ 12,259,138	1a
34	Current Obligations (Due To Partners)				
35	Due to State	53,128,712	0	53,128,712	3a
36	Other Payable	4,084,416	0	4,084,416	3b
37	Due to State HRA Accrual	4,884,059	0	4,884,059	1a, 3c
38	Due to State-IPA Tax	661,465	0	661,465	3d
39	Due to State Local Obligation	50,218	0	50,218	3e
40	Due to CMHSP Participants	2,477,777	0	2,477,777	3f
41	Due to other funds	1,086,200	0	1,086,200	3g
42	Accrued PR Expense Wages	217,029	0	217,029	3h
43	Accrued Benefits PTO Payable	388,590	0	388,590	3i
44	Accrued Benefits Other	18,236	0	18,236	3j
45	Total Current Obligations (Due To Partners)	66,996,702	0	66,996,702	
46	Lease Liability	114,464	0	114,464	2j
47	Deferred Revenue	7,274,923	0	7,274,923	1b 1c 2b 3b
48	Total Liabilities	86,645,227	0	86,645,227	
49	Net Position				
50	Unrestricted	57,631,959	0	57,631,959	3k
51	Restricted for Risk Management	0	51,778,543	51,778,543	1b
52	Total Net Position	57,631,959	51,778,543	109,410,502	
53	Total Liabilities and Net Position	\$ 144,277,186	\$ 51,778,543	\$ 196,055,729	

**Mid-State Health Network
Notes to Financial Statements
For the Four-Month Period Ended,
January 31, 2023**

Please note: The Preliminary Statement of Net Position contains Fiscal Year (FY) 2022 cost settlement figures between the PIHP and Michigan Department of Health Human Services (MDHHS) as well as each Community Mental Health Service Program (CMHSP) Participants. CMHSP cost settlement figures were extracted from MSHN’s Interim Financial Status Report (FSR) submitted to MDHHS in November 2022 and from final CMHSP FSRs on file during Financial Statement completion. CMHSP cost settlement activity is generally finalized during May following the fiscal year end.

Preliminary Statement of Net Position:

1. Cash and Short-Term Investments
 - a) The Cash Chase Checking and Chase Money Market Savings accounts is the cash available for operations. A portion of cash available for operations will be used to cover accounts payable and taxes.
 - b) The Savings Internal Service Fund (ISF) and Investment ISF reflect designated accounts to hold the Medicaid ISF funds separate from all other funding per the MDHHS contract. MSHN holds more than \$31M in the investment account which is about 62% of the available ISF balance. The remaining ISF dollars are available to cover any catastrophic events exceeding general savings.
 - c) The Savings PA2 account holds PA2 funds and is also offset by the Deferred Revenue liability account.
2. Accounts Receivable
 - a) Approximately 60% of the balance in Due from MDHHS represents an amount owed to MSHN for FY 2022 Performance Bonus Incentive Pool (PBIP) and other withholds. In addition, another 31% is due for October through January HRA payments. Lastly, the remaining amounts in this account stems from Block Grant and other various grants funds owed to MSHN.
 - b) Due from CMHSP Participants reflects FY 2022 projected cost settlement activity.

CMHSP	Cost Settlement	Payments/Offsets	Total
CEI	19,335,014.82	16,434,763.00	2,900,251.82
The Right Door	505,009.48	459,830.00	45,179.48
Montcalm	1,244,299.97	520,492.00	723,807.97
Newaygo	81,818.70	598,589.00	(516,770.30)
Saginaw	9,098,734.57	7,733,924.00	1,364,810.57
Tuscola	1,093,985.42	592,859.00	501,126.42
Total	31,358,862.96	26,340,457.00	5,018,405.96

- c) Due from CMHSP – The balance represents amounts owed by two CMHSPs for MSHN’s performance of Supports Intensity Scale (SIS) assessments.
- d) The balance held in Due from Other Governments represents the amounts owed for FY 23 Q1 PA2 billings. Please note: In December 2022 Michigan’s Governor signed into law an estimated \$25M increase for liquor tax funding. MSHN’s portion of the funding totals an increase of \$576k available for treatment and prevention activities.
- e) Approximately 50% of the balance in Due from Miscellaneous represents amounts owed from providers for Medicaid Event Verification (MEV) findings. The remaining amount represents advances made to Substance Use Disorder (SUD) providers to cover operations and other outstanding miscellaneous items.

- f) Due from other funds is the account used to manage anticipated ISF transfers. MSHN can retain up to 7.5 % of current FY revenue to manage risk. This amount is in addition to the allowable 7.5% for savings generated when Medicaid and Healthy Michigan revenue exceed expenses.
- g) Prepaid Expense Rent balance consists of security deposits for three MSHN office suites.
- h) Prepaid Expense Other relates to Relias training paid for MSHN and SUD provider network staff and MSHN's video conferencing platform Zoom.
- i) Total Fixed Assets represents the value of MSHN's capital assets net of accumulated depreciation.
- j) Lease assets category is now displayed as an asset and liability based on a new Governmental Accounting Standards Board (GASB) requirement. The lease assets figure represents FY 2022 – 2025 contract amounts for MSHN's office space.

3. Liabilities

- a) MSHN estimates FY 2022 and FY 2021 lapses totaling \$32.8 M and \$19.1 M to MDHHS, respectively. The lapse amount indicates we have a fully funded FY 2022 ISF, and that savings will fall within the second tier (above 5%). Per contractual guidelines MDHHS receives half of every dollar generated beyond this threshold until the PIHP's total savings reach the 7.5% maximum. Further, MSHN owes MDHHS an FY 2020 lapse amount totaling \$1.2 M based on Compliance Examination adjustments.
- b) This amount is related to SUD provider payment estimates and is needed to offset the timing of payments.
- c) The HRA (Hospital Rate Adjustor) is a pass-through account for dollars sent from MDHHS to cover supplemental payments made to psychiatric hospitals. HRA payments are intended to incentivize hospitals to have available psychiatric beds as needed. Total HRA payments are calculated based on the number of inpatient hospital services reported.
- d) Due to State - IPA Tax contains funds held for tax payments associated with MDHHS Per Eligible Per Month (PEPM) funds. Insurance Plan Assessment taxes are applied to Medicaid and Healthy Michigan eligibles.
- e) Local Match has a payment scheduled for February 2023. The negative balance illustrates one CMHSP made an advanced payment.
- f) Due to CMHSPs shows FY 2022 projected cost settlement amounts.

CMHSP	Cost Settlement	Payments/Offsets	Total
Bay	1,618,207.83	1,198,112.00	420,095.83
Central	2,223,335.75	1,264,405.00	958,930.75
Gratiot	164,086.60	180,584.00	(16,497.40)
Huron	1,246,649.11	1,091,330.00	155,319.11
Lifeways	2,409,993.70	2,048,495.00	361,498.70
Shiawassee	1,340,788.71	742,359.00	598,429.71
Total	9,003,061.70	6,525,285.00	2,477,776.70

- g) Due to Other Funds is the liability transaction related to Statement of Net Position item 2f.
- h) Accrued payroll expense wages represent expense incurred in January and paid in February.
- i) Accrued Benefits PTO (Paid Time Off) payable is the required liability account set up to reflect paid time off balances for employees.
- j) Accrued Benefits Other represents retirement benefits expense incurred in January and paid in February.
- k) The Unrestricted Net Position represents the difference between total assets, total liabilities, and the restricted for risk management figure.

Statement of Activities – Column F now calculates the actual revenue and expenses compared to the full year budget. Revenue accounts whose Column F percent is less than 33.33% translates to MSHN receiving less revenue than anticipated/budgeted. Expense accounts with Column F amounts greater than 33.33% shows MSHN’s spending is trending higher than expected.

1. Revenue

- a) This account tracks SIS revenue earned from CMHSPs, Veterans Navigator (VN) activity and other small grants. Actual revenue is lower than budget since and stems from unearned Certified Community Behavioral Health Centers (CCBHC) grants from MDHHS to cover non-Medicaid individuals.
- b) Medicaid Use of Carry Forward represents FY 2022 savings. Medicaid savings is generated when prior year revenue exceeds expenses for the same period. A small portion of Medicaid Savings is sent to the CMHSPs as funding delegated for SUD activities which include access, prevention, and customer services. FY 2022 Medicaid Carry Forward must be used as the first revenue source for FY 2023. In addition, the large budget variance results from a cash flow payment issued to one CMHSP to cover their provider staffing stabilization approvals.
- c) Medicaid Capitation – Actual is trending higher than the amount budgeted as there is still a moratorium on Medicaid disenrollments. MDHHS announced it will begin enrollee recertifications in April 2023 with the full process is slated for completion within 14 months. MSHN will monitor funding trends related to disenrollments and take necessary action to ensure the region’s financial stability including a potential budget amendment later this fiscal year if indicated. Medicaid Capitation dollars are disbursed to CMHSPs based on per eligible per month (PEPM) payment files and paid to SUD providers based on service delivery.
- d) Local Contribution is flow-through dollars from CMHSPs to MDHHS. Typically, revenue equals the expense side of this activity under Tax Local Section 928. Local Contributions were scheduled to reduce over the next few fiscal years until completely phased out. FY 2023 amounts owed were nearly \$800 k less than FY 2022.
- e) Interest income is earned from investments and changes in principle for investments purchased at discounts or premiums. Interest income is trending significantly higher than budget amounts as MSHN’s investment portfolio has grown. The “change in market value” account records activity related to market fluctuations. Other amounts recorded in interest are those earned from the PA2 and General Savings accounts.
- f) This account tracks non-capitated revenue for SUD services which include Community Grant and PA2 funds. The variance may decrease over time however unspent PA2 dollars remain in the deferred revenue account and Block Grant is received based on actual expenses incurred and billed to MDHHS.

2. Expense

- a) Total PIHP Administration Expense is under budget. The line items with the largest dollar variances are Compensation and Benefits and Other Expenses. Compensation expense will increase in the coming months as all but one vacant position has been filled. Other Expense balance is higher than budget because MiHIN’s (technology provider – data exchange) entire FY 23 invoice was paid in October.
- b) IPA/HRA actual tax expenses are lower than the budget amount. IPA estimates are impacted by variability in the number of Medicaid and Healthy Michigan eligibles. HRA figures will also vary throughout the fiscal year based on inpatient psychiatric utilization and contribute to the variance. (Please see Statement of Net Position 3c and 3d).

MID-STATE HEALTH NETWORK
SCHEDULE OF INTERNAL SERVICE FUND INVESTMENTS
As of January 31, 2023

DESCRIPTION	CUSIP	TRADE DATE	SETTLEMENT DATE	MATURITY DATE	CALLABLE	AMOUNT DISBURSED	PRINCIPAL	AVERAGE ANNUAL YIELD TO MATURITY	Change in market value	Chase Savings Interest	Interest - Accrued	Total Chase Balance
UNITED STATES TREASURY BILL	912796k57	8.2.21	8.3.21	7.14.22		2,998,706.25	3,000,000.00					
UNITED STATES TREASURY BILL	912796k57	8.2.21	8.3.21	7.14.22			(3,000,000.00)					
UNITED STATES TREASURY BILL	91282CDR9	1.19.22	1.20.22	12.1.23		1,992,391.23	1,996,007.10		(67,413.34)		1,284.53	
UNITED STATES TREASURY BILL	912796X53	7.8.22	7.11.22	6.15.23		9,740,570.83	9,740,570.83		91,975.67			
UNITED STATES TREASURY BILL	912796XQ7	1.11.23	1.12.23	7.13.23		19,531,956.67	19,531,956.67		56,068.33			
JP MORGAN INVESTMENTS							31,268,534.60		80,630.66		1,284.53	31,350,449.79
JP MORGAN CHASE SAVINGS							19,120,124.14	0.050%		221,769.09		19,341,893.23
							<u>\$ 50,388,658.74</u>		<u>\$ 80,630.66</u>	<u>\$ 221,769.09</u>	<u>\$ 1,284.53</u>	<u>\$ 50,692,343.02</u>

U.S. Treasury Bills – Treasury Bills, or T-Bills, are sold in terms ranging from a few days to 52 weeks. T-Bills are short-term debt issued and backed by the full faith and credit of the United States government. T-Bills are typically sold at a discount from the par amount (par amount is also called face value). You can hold a T-Bill until it matures or sell it prior to maturity. When a T-Bill matures, you are paid the par amount. Assuming the T-Bill is held to maturity, the difference between the par amount at maturity and the original cost is the amount of interest earned. **Source: U.S Treasury Direct**

U.S. Agencies – An agency security is a low-risk debt obligation that is issued by a U.S. government-sponsored enterprise (GSE). A Government-Sponsored Enterprise (GSE) bond is an agency bond issued by such agencies as Federal National Mortgage Association (Fannie Mae), Federal Home Loan Mortgage (Freddie Mac), Federal Farm Credit Banks Funding Corporation, and the Federal Home Loan Bank. Unlike Treasury securities, government agency bonds are not expressly backed by the full faith and credit of the U.S. government, but they do carry an implied backing due to the continuing ties between the agencies and the U.S. government. Most agency securities pay a semi-annual fixed coupon. **Source: Investopedia**

Chase does not generate statements in months when no investment activity occurs. In these instances, a position report provided by Chase is used to determine the investment principal. In addition, the change in market value is derived from the difference in market value and cost.

Background

In accordance with the MSHN Operating Agreement, Article VI, Contracts that state the following:

The Entity Board must approve the execution of any contract exceeding \$25,000 in value. This includes any contract involving the acquisition, ownership, custody, operation, maintenance, lease, or sale of real or personal property and the disposition, division or distribution of property acquired through execution of the contract.

Therefore, MSHN presents the attached FY23 Contract Listing for Board approval and authorization of the Chief Executive Officer to sign.

Recommended Motion:

The MSHN Board authorizes its Chief Executive Officer to sign and fully execute the contracts as presented and listed on the FY23 contract listing.

MID-STATE HEALTH NETWORK					
FISCAL YEAR 2023 NEW AND RENEWING CONTRACTS					
March 2023					
PROVIDERS			CURRENT FY23 COST	FY23 TOTAL COST	FY23
CONTRACTING ENTITY	COST REIMBURSEMENT PROJECTS/PROGRAM DESCRIPTION	CONTRACT TERM	REIMBURSEMENT CONTRACT AMOUNT	REIMBURSEMENT CONTRACT AMOUNT	INCREASE/ (DECREASE)
PIHP ADMINISTRATIVE FUNCTION CONTRACTS					
MacDonald Garber Broadcasting	Tobacco Media Campaign	3.1.23 - 9.30.23	100,000	104,000	4,000
Wakely Consulting Group	FY23 Internal Service Fund Analysis	3.1.23 - 3.1.26	-	30,000	30,000
Family Health Psychiatric & Counseling Center	Crisis Residential Unit	1.1.23 - 9.30.23	-	260,000	260,000
			\$ 100,000	\$ 394,000	\$ 294,000
SUD PROVIDERS			CURRENT FY23 COST	FY23 TOTAL COST	FY23
CONTRACTING ENTITY	COST REIMBURSEMENT PROJECTS/PROGRAM DESCRIPTION	CONTRACT TERM	REIMBURSEMENT CONTRACT AMOUNT	REIMBURSEMENT CONTRACT AMOUNT	INCREASE/ (DECREASE)
Wellness, Inx	Value-Based Pilot for Project ASSERT Activities	4.1.23 - 9.30.23	339,239	359,239	20,000
Wedgwood Christian Services	Value-Based Pilot for Project ASSERT Activities	4.1.23 - 9.30.23	80,683	100,683	20,000
Cristo Rey Counseling Services	Value-Based Pilot for Project ASSERT Activities	4.1.23 - 9.30.23	219,376	239,376	20,000
Ten16 Recovery Network	Value-Based Pilot for Project ASSERT Activities	4.1.23 - 9.30.23	680,325	700,325	20,000
			\$ 1,319,623	\$ 1,399,623	\$ 80,000

Mid-State Health Network (MSHN) Board of Directors Meeting
Tuesday, January 10, 2023
Comfort Inn and Suites Hotel & Conference Center
Meeting Minutes

1. Call to Order

Chairperson Ed Woods called this meeting of the Mid-State Health Network Board of Directors to order at 5:00 p.m. Mr. Ed Woods asked for a moment of silence in respect for Mr. Woods' brother, Jim and Mr. John Johansen's wife, Gerri who have recently passed away. Mr. John Johansen wished to express thanks to MSHN staff and those board members who sent their condolences.

2. Roll Call

Secretary Kurt Peasley provided the roll call for Board Members in attendance.

Board Member(s) Present: Brad Bohner (LifeWays) – joined at 5:09 p.m., Joe Brehler (CEI), Ken DeLaat (Newaygo), David Griesing (Tuscola), Dan Grimshaw (Tuscola), John Johansen (Montcalm), Jeanne Ladd (Shiawassee), Pat McFarland (Bay-Arenac), Deb McPeek-McFadden (Ionia), Gretchen Nyland (Ionia), Kurt Peasley (Montcalm), Joe Phillips (CMH for Central Michigan), Tracey Raquepaw (Saginaw), Tom Ryder (Bay-Arenac), Kerin Scanlon (CMH for Central Michigan), Richard Swartzendruber (Huron), Susan Twing (Newaygo), and Ed Woods (LifeWays)

Board Member(s) Remote: Tina Hicks (Gratiot) – joined at 5:02 p.m., Irene O'Boyle (Gratiot) – joined at 5:05 p.m.

Board Member(s) Absent: Bruce Cadwallender (Shiawassee), Mike Cierzniewski (Saginaw), Ken Mitchell (CEI), and Beverly Wiltse (Huron)

Staff Member(s) Present: Joseph Sedlock (Chief Executive Officer), Amanda Ittner (Deputy Director), Leslie Thomas (Chief Financial Officer), Kim Zimmerman (Chief Compliance and Quality Officer), and Sherry Kletke (Executive Support Specialist)

Staff Member(s) Remote: None

Public Present: Mr. Bryan Krogman; Chief Executive Officer at Community Mental Health Association of Central Michigan

3. Approval of Agenda for January 10, 2023

Board approval was requested for the Agenda of the January 10, 2023, Regular Business Meeting.

MOTION BY DEB McPEEK-McFADDEN, SUPPORTED BY JEANNE LADD, FOR APPROVAL OF THE AGENDA OF THE JANUARY 10, 2023, REGULAR BUSINESS MEETING, AS PRESENTED. MOTION CARRIED: 17-0.

4. Public Comment

An opportunity for public comment was provided. There was no public comment.

5. FY2023 Quality Assessment and Performance Improvement Program (QAPIP) and the FY2022 Annual Effectiveness Evaluation

Ms. Kim Zimmerman presented an overview of the FY2023 QAPIP and the FY2022 Annual Effectiveness Evaluation included within board meeting packets and recommended for board approval. 14-day question on page 8-breakdown per CMHSP is in full report.

MOTION BY DAVID GRIESING, SUPPORTED BY DEB McPEEK-McFADDEN, FOR APPROVAL OF THE QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT PROGRAM (QAPIP) FOR OCTOBER 1, 2022 TO SEPTEMBER 30, 2023 AND THE ANNUAL EFFECTIVENESS AND EVALUATION REPORT FOR OCTOBER 1, 2021 TO SEPTEMBER 30, 2022. MOTION CARRIED: 18-0.

6. Chief Executive Officer's Report

Mr. Joseph Sedlock wished to acknowledge Mr. Bryan Krogman as the Chief Executive Officer of Community Mental Health of Central Michigan who was present this evening. Mr. Krogman wished to express his thanks to the Board. Mr. Sedlock discussed several items from within his written report to the Board highlighting the following:

- PIHP/Regional Matters
 - Employee Holidays
 - Internal Structure Adjustments
 - Strategic Planning will take place on Tuesday, May 2nd, 2023. Plan on a full day prior to the Board meeting already scheduled that evening.
- State of Michigan/Statewide Activities
 - Opioid Health Homes and NEW Substance Use Disorder Health Homes
 - Behavioral Health Home Coming to the MSHN region Spring 2023
- Federal/National Activities
 - New Updates for 42CFR2 (Confidentiality of SUD Patient Records)

7. Deputy Director's Report

Ms. Amanda Ittner discussed several items in her written report to the board, highlighting the following:

- COVID Update
- MSHN Staffing Update
- Health Insurance Update
- Crisis Residential Development
- Performance Bonus Incentive Report FY22
- Population Health and Integrated Care Measurement Portfolio

8. Chief Financial Officer's Report

Ms. Leslie Thomas provided an overview of the financial reports included within board meeting packets for the period ended November 30, 2022.

MOTION BY KURT PEASLEY, SUPPORTED BY TRACEY RAQUEPAW, TO RECEIVE AND FILE THE PRELIMINARY STATEMENT OF NET POSITION AND PRELIMINARY STATEMENT OF ACTIVITIES FOR THE PERIOD ENDING NOVEMBER 30, 2022, AS PRESENTED. MOTION CARRIED: 18-0.

9. Contracts for Consideration/Approval

Ms. Leslie Thomas provided an overview of the FY2023 contract listing provided in the meeting packet and expressed her apologies for the total row placed between section 3 and 4 stating that the total row was in error and should not appear. Ms. Thomas requested the board authorize MSHN's CEO to sign and fully execute the contracts listed on the FY2023 contract listing with the deletion of the total row between section 3 and 4 of the contract listing.

MOTION BY KEN DeLAAT, SUPPORTED BY SUSAN TWING, TO AUTHORIZE THE CHIEF EXECUTIVE OFFICER TO SIGN AND FULLY EXECUTE THE CONTRACTS AS PRESENTED WITH THE REMOVAL OF THE TOTAL ROW BETWEEN SECTION 3 AND 4 ON THE FY23 CONTRACT LISTING. MOTION CARRIED: 18-0.

10. Executive Committee Report

Ms. Irene O'Boyle announced the FY2022 Board Self-Evaluation will be emailed to members in the next couple of weeks. The Board Self-Evaluation is conducted annually. Ms. Sherry Kletke will send the survey to members by email through Survey Monkey. Members will be given two weeks to complete the survey. Results of the survey will be available at the February Executive Committee Meeting and presented to the full board at the March Board of Directors meeting. Ms. O'Boyle encouraged all Board members to participate by completing the evaluation in the timeframe offered.

11. Chairpersons Report

Mr. Ed Woods reported MSHN has received recent resignation notice of board members Mr. Ken Mitchell and Mr. Mike Cierzniewski.

13. Approval of Consent Agenda

Board approval was requested for items on the consent agenda as listed in the motion below, and as presented.

MOTION BY RICHARD SWARTZENDRUBER, SUPPORTED BY BRAD BOHNER, TO APPROVE THE FOLLOWING DOCUMENTS ON THE CONSENT AGENDA: APPROVE MINUTES OF THE NOVEMBER 1, 2022 BOARD OF DIRECTORS MEETING; RECEIVE SUBSTANCE USE DISORDER OVERSIGHT POLICY BOARD MINUTES OF OCTOBER 19, 2022; RECEIVE BOARD EXECUTIVE COMMITTEE MEETING MINUTES OF DECEMBER 16, 2022; RECEIVE OPERATIONS COUNCIL KEY DECISIONS OF NOVEMBER 21, 2022 AND DECEMBER 19, 2022. MOTION CARRIED: 18-0.

13. Other Business**14. Public Comment**

An opportunity for public comment was provided. There was no public comment.

15. CEO Performance Evaluation

Mr. Joseph Sedlock was recognized and requested the board consider this personnel matter in closed session.

MOTION BY GRETCHEN NYLAND, SUPPORTED BY DAVID GRIESING TO ENTER CLOSED EXECUTIVE SESSION TO CONSIDER THE CEO PERFORMANCE APPRAISAL. ROLL CALL VOTING IN FAVOR: BRAD BOHNER, JOE BREHLER, KEN DeLAAT, DAVID GRIESING, DAN GRIMSHAW, JOHN JOHANSEN, JEANNE LADD, DEB McPEEK-McFADDEN, PAT McFARLAND, GRETCHEN NYLAND, KURT PEASLEY, JOE PHILLIPS, TRACEY RAQUEPAW, TOM RYDER, KERIN SCANLON, RICHARD SWARTZENDRUBER, SUSAN TWING, AND ED WOODS. VOTING IN OPPOSITION: NONE. MOTION CARRIED.

Point of Order was raised by Dan Grimshaw indicating that board members present by remote means cannot participate in a closed board session except to present information. Board parliamentarian John Johansen agreed.

MOTION BY GRETCHEN NYLAND, SUPPORTED BY DAVID GRIESING TO WITHDRAW MOTION TO ENTER INTO CLOSED EXECUTIVE SESSION TO CONSIDER THE CEO PERFORMANCE APPRAISAL. ROLL CALL VOTING IN FAVOR: BRAD BOHNER, JOE BREHLER, KEN DeLAAT, DAVID GRIESING, DAN GRIMSHAW, JOHN JOHANSEN, JEANNE LADD, DEB McPEEK-McFADDEN, PAT McFARLAND, GRETCHEN NYLAND, KURT PEASLEY, JOE PHILLIPS, TRACEY RAQUEPAW, TOM RYDER, KERIN SCANLON, RICHARD SWARTZENDRUBER, SUSAN TWING, AND ED WOODS. VOTING IN OPPOSITION: NONE. MOTION CARRIED.

MOTION BY DEB McPEEK-McFADDEN, SUPPORTED BY BRAD BOHNER, TO ENTER INTO CLOSED EXECUTIVE SESSION TO INCLUDE REMOTELY PARTICIPATING BOARD MEMBER IRENE O'BOYLE AS REPORTER FOR THE CEO PERFORMANCE REVIEW AND EXCUSE ALL OTHERS. VOTING IN FAVOR: BRAD BOHNER, JOE BREHLER, KEN DeLAAT, DAVID GRIESING, DAN GRIMSHAW, JOHN JOHANSEN, JEANNE LADD, DEB McPEEK-McFADDEN, PAT McFARLAND, GRETCHEN NYLAND, KURT PEASLEY, JOE PHILLIPS, TRACEY RAQUEPAW, TOM RYDER, KERIN SCANLON, RICHARD SWARTZENDRUBER, SUSAN TWING, AND ED WOODS. VOTING IN OPPOSITION: NONE. MOTION CARRIED.

The Board met in closed session for approximately 30 minutes.

MOTION BY DEB McPEEK-McFADDEN, SUPPORTED BY DAVID GRIESING, TO ADJOURN THE CLOSED SESSION AND RECONVENE THE BOARD OF DIRECTORS REGULAR BUSINESS MEETING. VOTING IN FAVOR: BRAD BOHNER, JOE BREHLER, KEN DeLAAT, DAVID GRIESING, DAN GRIMSHAW, JOHN JOHANSEN, JEANNE LADD, DEB McPEEK-McFADDEN, PAT McFARLAND, GRETCHEN NYLAND, KURT PEASLEY, JOE PHILLIPS, TRACEY RAQUEPAW, TOM RYDER, KERIN SCANLON, RICHARD SWARTZENDRUBER, SUSAN TWING, AND ED WOODS. VOTING IN OPPOSITION: NONE. MOTION CARRIED.

MOTION BY BRAD BOHNER, SUPPORTED BY KURT PEASLEY, TO RECEIVE AND FILE THE 2022 MSHN CHIEF EXECUTIVE OFFICER PERFORMANCE EVALUATION RESULTS. MOTION CARRIED.

16. Adjournment

The MSHN Board of Directors Regular Business Meeting adjourned at 6:50 p.m.

Mid-State Health Network Board of Directors Executive Committee Meeting Agenda

Friday, February 17, 2023 - 9:00 a.m.

Members Present: Ed Woods, Chairperson; Irene O’Boyle, Vice-Chairperson; Kurt Peasley, Secretary; Pat McFarland, At Large Member; David Griesing, At Large Member

Other Board Members: Ken DeLaat

Staff Present: Amanda Ittner; Deputy Director; Joseph Sedlock, Chief Executive Officer

1. **Call to order:** This meeting was called to order by Chairperson Woods at 9:00 a.m.
2. **Approval of Agenda:** Motion by K. Peasley supported by I. O’Boyle to approve the agenda for the February 17, 2023 meeting of the MSHN Board Executive Committee as presented. Motion carried.
3. **Guest MSHN Board Member Comments:** None

4. **Administration Matters**

- 4.1 **MSHN Annual Regional Litigation Report:** A. Ittner displayed and summarized the MDHHS-required annual litigation report for FY 22. The report summarizes legal actions initiated against regional providers, CMHSPs, or MSHN. Many actions have been resolved while several remain open and pending. MSHN is not a party in any litigation.
- 4.2 **US Public Health Emergency Declaration Status and COVID-Related Updates:** A. Ittner reported that the United States Public Health Emergency will end on May 11, 2023. Ms. Ittner reported that the state will begin active re-enrollments for all Medicaid and Healthy Michigan covered individuals beginning in June and concluding 13 months later (July 2024). MDHHS has sent notices to beneficiaries (and will be sending them monthly) to prompt individuals to begin the reenrollment. Beneficiaries who are no longer eligible for Medicaid or Healthy Michigan will be assisted in enrolling in health insurance through the Marketplace. MDHHS is reviewing and revising policies put in place during the pandemic for continuation or rescission. Committee question whether the end of the public health emergency will affect MSHN Board meeting locations. Board meeting locations will remain the same for the remainder of the year with capacity for social distancing.
- 4.3 **Other (if any):** None

5. **Board Matters**

- 5.1 **March 2023 Draft Board Meeting Agenda:** J. Sedlock presented the draft board meeting agenda for input by the Executive Committee. Mr. Sedlock is adding a board education presentation on some upcoming health equity activities. The Executive Committee had no other changes to the March 7, 2023 Board meeting agenda.
- 5.2 **Board Self-Evaluation Results:** I. O’Boyle summarized board self-evaluation results. Overall results are very positive and mostly consistent over the last several years. The summary report will be provided to the full board within the March board meeting packet. The Executive Committee requests that J. Sedlock pass on to staff the gratitude and recognition of the board for staff contributions to the board’s effectiveness.
- 5.3 **May Board Meeting Date Conflict (National Council Conference):** J. Sedlock pointed out that the May board strategic planning day (and board meeting) currently scheduled for May 2, 2023 as an all day event conflicts with the National Council for Mental Wellbeing Annual Conference (Nat Con).

This conflict will mean that Chairperson Woods would not be able to attend the MSHN event due to his board role at NatCon, and would also mean that MSHN would not offer attendance sponsorships to two MSHN board members. J. Sedlock recommended that the board take action at the March meeting to schedule the May MSHN Board strategic planning sessions and board meeting for the following week, Tuesday, May 9. MSHN administration has confirmed that the same venue is available on the proposed alternate date. The Executive Committee concurs. MSHN administration will prepare a board motion summary to include in the board meeting packet.

- 5.4 Other (if any): Compensation for Board Members (Policy Committee): I. O’Boyle reported that the Policy Committee held a meeting and reviewed the appointed member compensation policy. A member brought up the fact that the per diem has not changed since inception of MSHN in 2014. Policy Committee wanted to ask if the Executive Committee would consider board action to increase the per diem amount. A. Ittner covered PIHP per diem information. More information is in the process of being gathered (County Commissions). The Executive Committee refers the matter back to the Policy Committee for a recommendation after Ms. Ittner gathers and presents the requested comparison information.

6. Other

6.1 Any other business to come before the Executive Committee

6.2 Next scheduled Executive Committee Meeting: 04/21/2023, 9:00 a.m.

7. **Guest MSHN Board Member Comments:** K. DeLaat expressed gratitude to I. O’Boyle for her work on the board self-evaluation and to Sherry Kletke for attention to the details.

8. **Adjourn:** This meeting of the MSHN Board of Directors Executive Committee was adjourned at 9:42 a.m.

MID-STATE HEALTH NETWORK
BOARD POLICY COMMITTEE MEETING MINUTES
TUESDAY, FEBRUARY 14, 2023 (VIDEO CONFERENCE)

Members Present: Irene O’Boyle, Kurt Peasley, John Johansen, Jeanne Ladd, David Griesing-joined at 11:03 a.m.

Staff Present: Amanda Ittner (Deputy Director); Sherry Kletke (Executive Assistant)

1. CALL TO ORDER

Mr. John Johansen called the Board Policy Committee meeting to order at 11:00 a.m.

2. APPROVAL OF THE AGENDA

MOTION by Kurt Peasley, supported by Irene O’Boyle, to approve the February 14, 2023, Board Policy Committee Meeting Agenda, as presented. Motion Carried: 4-0.

3. POLICIES UNDER DISCUSSION

There were no policies under discussion.

4. POLICIES UNDER BIENNIAL REVIEW

Mr. John Johansen invited Ms. Amanda Ittner to inform members on the revisions made to the policies being presented under biennial review listed below. Ms. Ittner provided an overview of the substantive changes within the policies. Mr. John Johansen brought to attention the current Per Diem Reimbursement rate was established in 2014 and requested Executive Committee members sitting on the Policy Committee raise the request to review the current Per Diem reimbursement rate at the upcoming Executive Committee meeting. Mr. David Griesing raised the question that the Appointed Member Compensation Policy states when attendance at MSHN committees to which a Board member has been appointed requires travel outside of the Board member’s county of residence, the Board member can receive mileage reimbursement. The Policy Committee recommended this sentence be removed from the policy.

MOTION by David Griesing, supported by Kurt Peasley to remove the mileage reimbursement sentence for a member having to travel outside of the Board member’s county of residence from the Appointed Member Compensation Policy. Motion carried: 5-0.

Ms. Jeanne Ladd raised the question if all acronyms should be included in definitions regardless if they are also spelled out in the body of a policy. The committee requests MSHN Administration review the policy for policy and procedure development to incorporate acronyms in a separate section of policies and bring the policy to this committee for review.

CHAPTER: FINANCE

1. APPOINTED MEMBER COMPENSATION

Board Policy Committee February 14, 2023: Minutes are Considered Draft until Board Approved

CHAPTER: QUALITY

1. BEHAVIOR TREATMENT PLANS
2. CONSUMER SATISFACTION SURVEY
3. CRITICAL INCIDENT
4. CRITICAL INCIDENT-SUD ONLY
5. EXTERNAL QUALITY REVIEW
6. MEDICAID EVENT VERIFICATION
7. MICHIGAN MISSION BASED PERFORMANCE INDICATOR SYSTEM (MMBPIS)
8. MONITORING AND OVERSIGHT
9. PERFORMANCE IMPROVEMENT
10. QUALITY MANAGEMENT
11. REGIONAL PROVIDER MONITORING AND OVERSIGHT
12. RESEARCH
13. SENTINEL EVENTS

MOTION by David Griesing, supported by Jeanne Ladd, to approve and recommend the policies under biennial review as presented. Motion carried: 5-0.

5. NEW BUSINESS

There was no new business.

6. ADJOURN

Mr. John Johansen adjourned the Board Policy Committee Meeting at 11:25 a.m.

*Meeting Minutes respectfully submitted by:
MSHN Executive Support Specialist*

REGIONAL OPERATIONS COUNCIL/CEO MEETING

Key Decisions and Required Action

Date: January 23, 2023

Members Present: Carol Mills; Tracey Dore; Tammy Warner; Kerry Possehn; Michelle Stillwagon; Brian Krogman; Sandy Lindsey; Sara Lurie; Lindsey Hull; Sharon Beals; Maribeth Leonard

Members Absent: Chris Pinter

MSHN Staff Present: Joseph Sedlock; Amanda Ittner; for applicable area: Leslie Thomas, Todd Lewicki

Agenda Item		Action Required			
Consent Agenda	No discussion items				
	Approved	By Who	N/A	By When	N/A
Crisis Residential Unit (CRU) Update	T. Lewicki gave an update on the CRU RFP, Board approved contract, North Shores unable to find a facility and agreement to end the arrangement. MSHN then proceeded with Family Health for a location in Gratiot County, Board approval obtained in January. TBD Solutions will be working with MSHN and Family Health for implementation, including Licensing. The contract will be reviewed by Family Health and CLC through end of September, 2023 with a unit rate to be determined upon readiness for service. June estimated start date of service. No risk to the CMHs in the contract and only liability for direct referrals from CMH. Recommend having LARA at the start to review renovations/layout to ensure in compliance with the requirements.				
	Discussion Only	By Who	N/A	By When	N/A
HSW Slot Analysis	T. Lewicki reviewed the HSW analysis and recommendation. MSHN will confirm the 95% slot use requirement is part of CMS and if not, could request state to reduce the % and/or transfer up to 100 slots back to the State. MDHHS scrutiny seems to have increased. Question regarding age of HSW participants.				
	MSHN will follow up with MDHHS regarding 95% and the age group of HSW participants.	By Who	T. Lewicki	By When	2.13.23
Ongoing Appeal of MDHHS Site Review Citation re: Ranges in Person-Centered Plans	J. Sedlock discussed the response to the appeal and requested support from the CEO's to continue pursuing this appeal. MSHN will follow up with MDHHS indicating "unless they site a specific source, our region will not be able to comply". MSHN reviewed the risk related to this stance. MDHHS could sanction our region and we could assess the sanction at that time if we wish to pursue.				
	MSHN will secure an opinion from Compliance Law firm to support the appeal and Joe will move forward with MDHHS	By Who	J. Sedlock	By When	2.13.23

Agenda Item	Action Required				
<p>Earnings by MSHN from OHH, BHH, CCBHC Initiatives</p>	<p>L. Thomas reviewed the local funding language in the operating agreement as well as the limited resources for the PIHP to cover any cost overruns related to MSHN’s cost as the lead entity for health homes (OHH and BHH) CCBHC we are allowed to cover with traditional Medicaid. Operations Council is willing to open the discussion and review of the operating agreement in regards to the local funds. Target is to have final drafts prepared by June. CMHs to be able to take to their board in July/August and MSHN to board in September.</p>				
	MSHN will develop revised language in the operating agreement and present financial projections.	By Who	J. Sedlock L. Thomas	By When	2.28.23
<p>Guardianship Payments</p>	<p>Newaygo only doing it for the public guardians only. Discussion regarding: Only those individuals being served by the CMH; what defines the “public”. Saginaw pays the public guardians, already have a contract, they will split across all, if a new one comes in through the year they won’t receive any. \$83 maximum</p>				
	Discussion only.	By Who		By When	
<p>Standard Cost Allocation</p>	<p>B. Krogman reviewed his concerns with the SCA, CMHAM paper/recommendations and our regional Finance Council discussion. Wanted to hear how our CMHs are approaching this. J. Sedlock indicated the PIHP contract negotiations had been working on this for about 18m. At which point, MDHHS said sign or not. The SCA language is currently in the PIHP contract. MDHHS was looking for some CMHs that didn’t want to use the Milliman tool. Milliman was seeking individuals who are not using the template if they would participate in a workgroup. MSHN requesting that CMHs sign an attestation that they are following the SCA to the best of their ability.</p>				
	Discussion only	By Who	N/A	By When	N/A
<p>Planning for the 2024-2-25 Strategic Plan Process</p>	<p>J. Sedlock reviewed the planning timeline for FY24-25 strategic plan. Ask CMHs to start thinking about top priorities, top challenges, initiatives, expansion of HHs, being more proactive in countering arguments, Group determined no facilitator needed. MSHN will lay out a list of threats and opportunities. Children services, Foster Care, Crisis Services (stabilization units), Workforce, Pooled Staff,</p>				
	Discussion and preparation for March meeting	By Who	CMHs	By When	2.28.23
<p>Improving Access for Children in the Child Welfare System (Foster Care, Juvenile Justice)</p>	<p>J. Sedlock discussed if there was an option for a public proposal. S. Lindsey was appointed to a new taskforce and will send out the link to the website that includes a report regarding where the state is going with Foster Care, CCI, and all local detention centers.</p>				

Agenda Item	Action Required				
	Discussion and preparation for March meeting Sandy will send Joe the link to send out to the group	By Who	CMHs	By When	2.28.23
BCBS Autism Benefit Coordination	S. Lindsey discussed BCBS waitlist is 12m into ABA services, until recently Saginaw was able to obtain a bridging document that would allow retroactive billing. Have others run into this and are they assuming the risk? Saginaw will follow up again with Mary Ludtke.				
	Discussion only	By Who	N/A	By When	N/A
State Hospital Waiting Pool	L.Hull discussed with Dr. Mellos the concern regarding the waiting pool. Request our region do more advocacy regarding how the state determines placement Our region sent a letter to Dr. Mellos regarding the discharge of individuals with circumstances included. The meeting was more focused on judicial placement.				
	MSHN/Region will look for opportunities to discuss these issues with MDHHS	By Who	Ongoing	By When	N/A

POLICIES AND PROCEDURE MANUAL

Chapter:	Finance		
Title:	Appointed Member Compensation		
Policy <input checked="" type="checkbox"/> Procedure <input type="checkbox"/> Page: 1 of 2	Review Cycle: Biennial Author: Chief Financial Officer	Adopted Date: 02.04.2014 Review Date: 03.01.2022 Revision Eff. Date:	Related Policies: Travel

Purpose:

To establish mechanisms regarding all per diem payments and expense reimbursements made to Board members and others including appointed consumer representatives for Mid-State Health Network (MSHN) related work.

Policy:

- A. The amount of compensation paid to Board member and non-Board members (as defined by the Operating Agreement) shall be established by the Board through this policy.
- B. Board members shall not receive more than one per diem per day regardless of the number of meetings attended. No Board member will be compensated by MSHN if also compensated by a CMHSP for the same meeting.
- C. Board members shall receive a per diem of \$70 for Board meetings, Standing Committees, and Ad Hoc Committee meetings. In order for Board members to be eligible to receive per diem compensation for these meetings, they must be appointed to such a committee by the Executive Committee of the Board of Directors or Board Chairperson, as per the by-laws of the organization. The minutes for each meeting shall provide documentation that the Board members did in fact participate in the meeting for which he/she is being compensated. Participation can be in person, by phone or by video conference. For Board members who attend in-person, a folder containing travel and attendance information will be available to be turned in at the end of meeting to the Executive Support Specialist.
- D. Board members shall be eligible to receive a per diem for ad hoc Board work sessions as called by the Board Chairperson and for attendance at MSHN committees (made up of representatives from the Board of Directors, consumers, Board members of the Affiliation CMHSPs, advocates, staff, labor, and/or other stakeholders) when the Board members have been appointed to these committees by the Executive Committee or the Board Chairperson. An attendance sheet will provide documentation of attendance. ~~When attendance at MSHN committees to which a Board member has been appointed requires travel outside of the Board member's county of residence, the Board member can receive mileage reimbursement for travel to the meeting.~~ The reimbursement will be at the rate as established by the Board for all MSHN employees and paid in accordance with MSHN Travel Policy.
- E. Board members, representing MSHN are eligible to receive a per diem and reimbursement for all conference related expenditures (conference registration, lodging, meals, and travel) for up to two statewide Community Mental Health Association of Michigan (CMHAM) conferences and one National Conference per year. These conferences must be those (typically held in the winter, spring, and fall of each year) during which a CMHAM Member Assembly or Executive Board meeting is held. Reimbursement will be paid in accordance with MSHN Travel Policy.
- F. Attendance at other events in support of MSHN, such as: community dialogues, educational offerings, town hall meetings, retirement / recognition events, and program visits are not eligible for per diem compensation.

- G. There shall be no monthly or yearly cap on the number of meetings for which Board members may receive compensation.
- H. Non-Board members and/or alternates who are appointed to participate as members of a Board Committee shall be paid the same per diem, as Board members, for meetings and Board meetings attended. Non-Board appointed members shall not receive more than one per diem per day.
- I. Consumer representatives, volunteers, and ad hoc members as deemed appropriate by MSHN's Chief Executive Officer (CEO) approved to participate on MSHN council and committees to represent the consumer voice, shall be paid the same per diem as board members.
- J. Board members and appointees to committees of the Board of Mid-State Health Network who are paid on a per diem basis are considered employees of Mid-State Health Network for income tax withholding purposes only, per Internal Revenue Code (IRC) 3401 (c) and the regulations there under, and not for any other purpose, including but not limited to conflict of interest.

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:

Attendance: Board meeting attendance eligible for a per diem includes in person, by phone and via electronic medium.

CMHAM: Community Mental Health Association of Michigan (formerly MACMHB)

CMHSP: Community Mental Health Service Program

MSHN: Mid-State Health Network

References/Legal Authority:

IRC 3401 (c) and the regulations there under

Change Log:

Date of Change	Description of Change	Responsible Party
02.04.2014	New policy	Chief Financial Officer
11.06.2015	Policy update	Chief Financial Officer
05.24.2017	Policy update	Chief Financial Officer
03.2018	Policy update	Chief Financial Officer
03.2019	Policy update	Chief Financial Officer
01.2021	Biennial Review	Chief Financial Officer
01.2022	Addition of Consumer Representatives	Chief Financial Officer

POLICIES AND PROCEDURE MANUAL

Chapter:	Quality		
Title:	Behavior Treatment Plan Review Committees		
Policy: <input checked="" type="checkbox"/>	Review Cycle: Annually Biennial	Adopted Date: 12.08.2020	Related Policies: Quality Management
Procedure: <input type="checkbox"/>	Author: Chief Compliance Officer, Quality Improvement Council	Review Date: 01.12.2021	
Page: 1 of 2		Revision Eff. Date:	

Procedure:

The purpose of this policy is to guide Mid-State Health Network (MSHN) in monitoring the delegated function of Behavior Treatment Plan (BTP) Review Committees to the CMHSP Participants in accordance with the Michigan Department of Health and Human Services (MDHHS) Medicaid Managed Specialty Supports and Services Contract.

Policy:

MSHN through delegated functions to the CMHSP participants ~~and -retained functions by the PIHP,~~ will adhere to the [Technical Requirement for guidelines of the Standards for Behavior Treatment Plans Review Committees](#).

Each CMHSP Participant shall have a Behavior Treatment Plan (BTP) Committee to review and approve or disapprove any plan that proposes to use restrictive or intrusive interventions in accordance with the Standards.

Evaluation of the BTP Committee’s effectiveness by stakeholders, individuals who have a plan, family members and advocates shall occur annually as part of the PIHP’s Quality Assessment and Performance Improvement Program (QAPIP), or the CMHSP’s Quality Improvement Program (QIP).

- A. Data on the use of the intrusive and restrictive techniques, [and emergency interventions](#) will be:
1. Evaluated by the PIHP’s QAPIP and the CMHSP’s QIP
 2. Available for review by the PIHP and MDHHS

Applies to:

- All Mid-State Health Network Staff
- Selected MSHN Staff, as follows:
- MSHN’s CMHSP Participant’s: Policy Only Policy and Procedure
- Other: Sub-contract Providers

Definitions:

Aversive Techniques: Those techniques that require the deliberate infliction of unpleasant stimulation (stimuli which would be unpleasant and may often generate physical painful responses in the average person or would have a specific unpleasant effect on a particular person) by staff to a recipient to achieve the management and/or control of the target behavior. Examples of such techniques include electric shock, foul odors, loud noises, mouthwash, water mist or other noxious substance to consequence behavior or to accomplish a negative association with target behavior. Note: Clinical techniques and practices established in the peer reviewed literature that are prescribed in the behavior treatment plan and that are voluntary and self-administered (e.g., exposure therapy for anxiety, taking a prescription medication to help quit smoking) are not considered aversive for purposes of this technical requirement. Otherwise, use of aversive techniques is prohibited. **Disclaimer:** It is the policy of the Pre- Paid Inpatient Health Plan (PIHP) that aversive interventions are prohibited by any direct or contract provider employee.

BTP: Behavior Treatment Plan

BTPRC: Behavior Treatment Plan Review Committee

CMHSP: Community Mental Health Service Provider

Intrusive Techniques: Those techniques that encroach upon the bodily integrity or the personal space of the individual for the purpose of achieving management or control, of a seriously aggressive, self-injurious or other behavior that places the individual or others at risk of physical harm. Examples of such techniques include the use of a medication or drug when it is used to manage or control an individual's behavior or restrict the individual's freedom of movement and is not a standard treatment or dosage for the individual's condition. Use of intrusive techniques as defined here requires the review and approval by the Committee.

MSHN: Mid-State Health Network

MSHN-CO: Mid-State Health Network Compliance Officer

MDHHS: Michigan Department of Health and Human Services

QAPIP: Quality Assessment and Performance Improvement Program

QIC: Quality Improvement Council

QIP: Quality Improvement Program

Other Techniques: Those techniques that are insufficiently documented in the established literature, or evidence-based practices, related to behavior management. "Insufficient" means that in the best judgment of the BTPRC, there are too few references in commonly available literature.

Restrictive Techniques: Those techniques which, when implemented, will result in the limitation of the individual's rights as specified in the Michigan Mental Health Code (MMHC) and the federal Balanced Budget Act. Examples of such techniques are limiting or prohibiting communication with others when that communication would be harmful to the individual; prohibiting unlimited access to food when that access would be harmful to the individual (excluding restrictions for weight control or medical purposes); using the Craig (or veiled) bed, or any other limitation of the freedom of movement of an individual. Use of restrictive techniques requires the review and approval of the Committee.

Other Related Materials:

[MSHN Behavior Treatment Project Description](#)

[MDHHS Behavior Treatment Plans Review Committee FAQs](#)

References/Legal Authority:

1. Michigan Department of Health and Human Services [Quality Assessment and Performance Improvement Programs Technical Requirement](#)
2. Michigan Mental Health Code
3. Michigan Department of Health and Human Services [Technical Requirement for Standards for Behavior Treatment Plans Review Committees](#)
4. Mid-State Health Network QAPIP Plan

Monitoring and Review Completed by:

This policy shall be reviewed annually by the MSHN Quality Manager in collaboration with CMHSP Participants. Compliance with this policy shall be ensured through the following: minimum of annual monitoring of CMHSP Participants, review of data and submitted reports, and/or on-site visits. External monitoring by MDHHS and/or accreditation bodies may also occur.

Change Log:

Date of Change	Description of Change	Responsible Party
07.01.2014	New Policy	Chief Compliance Officer
04.2016	Annual Review	Director of Compliance, Customer Service & Quality
03.2017	Annual Review	Director of Compliance, Customer Service & Quality
03.2018	Annual Review	Director of Compliance, Customer Service & Quality
03.2019	Annual Review	Quality Manager
10.2020	Biannual Biennial Review	Quality Manager
10.2022	Biannual Biennial Review	Quality Manager

POLICIES AND PROCEDURE MANUAL

Chapter:	Quality		
Title:	<u>Assessment of Member Experiences Consumer Satisfaction Surveys</u>		
Policy: <input checked="" type="checkbox"/>	Review Cycle: Biennial	Adopted Date: 04.07.2015	Related Policies:
Procedure: <input type="checkbox"/>	Author: Chief Compliance Officer, Quality Improvement Council	Review Date: 01.12.2021	
Page: 1 of 2		<u>Revision Eff. Date:</u>	

Purpose

To ensure Mid-State Health Network (MSHN) and its Provider Network ~~utilize members experience of care to assess the quality, availability and accessibility of care for all individuals served as~~ emply with the Satisfaction Survey process and requirements as set forth in the Michigan Department of Health and Human Services (MDHHS), Medicaid Contract. Specialty Supports and Services Contract.

Policy

MSHN shall ensure an assessment of the perception of services for~~satisfaction surveys of~~ persons receiving treatment are conducted by the Provider Network at least once a year.

A. The assessment may be qualitative or quantitative and include a consumer satisfaction survey or focus Consumers group.

A.B. The assessment shall be representative of all individuals served and include - may be active consumers who have been in services for at least 3 months or consumers discharged up to 12 months prior to their participation in the survey.

- Assessments Surveys/surveys may be conducted by mail, electronic, telephone, or face-to-face.
- Assessments/surveys Surveys will be conducted in accordance with the forms and timelines established in the MDHHS contract reporting requirements. ~~regarding consumer satisfaction surveys.~~
- The assessment shall address the quality, availability, and the accessibility of care. Consumer satisfaction surveys shall incorporating questions that address the “welcoming” nature of the agency and its services.

B.C. Assessment/s Survey results will be aggregated and reviewed for continuous quality improvement by the Provider Network.

- The Provider Network will address individual sources of dissatisfaction for resolution and quality improvement.
- Regional survey results will be aggregated and reviewed by the Quality Improvement Council, ~~the SUD Provider Advisory Committee, and~~ the Regional Consumer Advisory Council, and other relevant MSHN committees/councils for determining appropriate systemic action initiatives and areas for quality improvement.
- MSHN will compile findings and results of the assessments of care client satisfaction surveys and related improvement initiatives for all providers and make findings and results, by provider, available to the public.

C.D. MSHN shall monitor improvement and compliance with assessment/surveys satisfaction surveys through reporting progress and outcomes to the MSHN Quality Improvement Council, ~~SUD Provider Advisory Council,~~ the SUD Provider Network meeting, Regional Consumer Advisory Council, other relevant committees/councils, and Operations Council and the Board of Directors.

Applies to:

- All Mid-State Health Network Staff
- Selected MSHN Staff, as follows:
- MSHN CMHSP Participant’s : Policy Only ~~Policy~~
-

and Procedure

Other: Sub-contract Providers

Definitions:

CMHSP: Community Mental Health Service Programs

MDHHS: Michigan Department of Health and Human Services

MSHN: Mid-State Health Network

SUD: Substance Use Disorder

Provider Network: ~~Refers to MSHN CMHSP Participants and SUD providers directly under contract with the MSHN PIHP to provide/arrange for behavioral health services and/or supports. Services and supports may be provided through direct operations or through the subcontract arrangements. Refers to a CMHSP Participant and all Behavioral Health Providers that are directly under contract with the MSHN PIHP to provide services and/or supports through direct operations or through the CMHSP's subcontractors~~

Other Related Materials

N/A

References/Legal Authority

~~MDHHS/PIHP Medicaid Managed Specialty Supports and Services Contract~~

~~MDHHS Quality Assessment and Performance Improvement Program for Specialty Prepaid-Inpatient Health Plans Technical Requirement~~

Change Log:

Date of Change	Description of Change	Responsible Party
03.2015	New Policy	Chief Compliance Officer, Quality Improvement Council
03.2016	Annual Review	Quality, Compliance and Customer Svc Director
03.2017	Annual Review	Director of Compliance, Customer Service & Quality
03.2018	Annual Review	Director of Compliance, Customer Service & Quality
03.2019	Annual Review	Quality Manager
10.2020	Biennial Review	Quality Manager
<u>10.2022</u>	<u>Biennial Review</u>	<u>Quality Manager</u>

POLICIES AND PROCEDURE MANUAL

Chapter:	Quality		
Title:	Critical Incidents		
Policy: <input checked="" type="checkbox"/> Procedure: <input type="checkbox"/> Page: 1 of 3	Review Cycle: Biennial Author: Quality Improvement Council, Chief Compliance Officer	Adopted Date: 07.01.2014 Review Date: 01.12.2021 Revision Eff. Date: 01.05.16	Related Policies: Quality Management Policy Sentinel Event Policy

Purpose: To ensure that the Mid-State Health Network (MSHN) pre-paid inpatient health plan is in compliance with the Michigan Department of Health and Human Services (MDHHS)/[Pre-Paid Inpatient Health Plan \(PIHP\)Contract](#)~~Medicaid Managed Specialty Supports and Services Contract~~, and Critical Incident Reporting System.

Policy: MSHN delegates responsibility to its Community Mental Health Services Program (CMHSP) Participants, with oversight and monitoring by MSHN, for collecting, analyzing and reporting to MSHN all critical incidents that meet the criteria as specified in the MDHHS/[PIHP Contract](#). ~~Medicaid Specialty Supports and Services Contract.~~

- The CMHSP reports the critical incidents as required to MSHN for analysis and aggregation.
- Where a County of Financial Responsibility (COFR) agreement exist, the COFR shall report the critical incidents.
- ~~MSHN reports to the MDHHS, critical incident data as required and in accordance with the Medicaid Managed Specialty Supports and Services Contract.~~
 - ~~For the sake of Critical Incident reporting, a consumer is considered to be actively receiving service when any of the following occur:~~
 1. ~~A face to face intake has occurred, and the individual was deemed eligible for ongoing service, or~~
 2. ~~The CMHSP/PIHP has authorized the individual for ongoing service, either through a face to face assessment or a telephone screening, or~~
 3. ~~The individual has received a non-crisis, non-screening encounter~~
 - ~~The period during which the consumer is considered to be actively receiving services shall take place between the following begin date and end date, inclusively:~~
 1. ~~Begin Date: Actively receiving services begins when the decision is made to start providing ongoing non-emergent services. Specifically, the beginning date shall be the first date that any of the 3 conditions referenced above occurs.~~
 2. ~~End Date: When the consumer is formally discharged from services. The date the discharge takes effect shall be the end date. This should also be the date that is supplied to the consumer when the consumer is notified that services are terminated.~~
- The CMHSP is responsible for ensuring a process is in place to recommend and implement ~~corrective action plans and~~ quality improvement processes in an effort to prevent the reoccurrence of critical incidents.
- ~~MSHN reports to the MDHHS, critical incident data as required and in accordance with the Medicaid Contract~~
- Oversight and monitoring will be conducted by MSHN through the review of reports and analysis by the Quality Improvement Council and provider network monitoring desk audit and site reviews.

Critical incidents are defined as:

1. **Suicide** for any individual actively receiving services at the time of death, and any who have

received emergency services within 30 days prior to death.

Once it has been determined whether a death was suicide, the suicide must be reported within 30 days after the end of the month in which the death was determined.

If 90 calendar days have elapsed without a determination of cause of death, the PIHP must submit a “best judgment” determination of whether the death was a suicide. In this event, the timeframe described in “a” above shall be followed, with the submission due within 30 days after the end of the month in which this “best judgment” determination occurred.

- A. **Non-suicide death** for individuals who were actively receiving services and were living in a specialized Residential (per Administrative Rule R330.1801-09) or a child-caring institution or
- B. Receiving any of the following:
 - Community Living supports,
 - Supports Coordination,
 - Targeted Case management
 - ACT
 - Home-Based
 - Wrap-Around
 - Habilitation Supports Waiver (HSW)
 - Serious Emotional Disturbance (SED)
 - Waiver Child Waiver Services (CWS)

If reporting is delayed because the PIHP is determining whether the death was due to suicide, the submission is due within 30 days after the end of the month in which the PIHP determined the death was not due to suicide

2. **Emergency Medical Treatment due to Injury or Medication Error** for people who at the time of the event were actively receiving services and were
 - A. Living in a 24-hour Specialized Residential setting (per the Administrative Rule R330.1801-09) or in a Child-Caring Institution, or
 - B. Receiving any of the following:
 - Habilitation Supports Waiver (HSW) Services or
 - Serious Emotional Disturbance (SED) Waiver Services or
 - Child Waiver Program (CWP) Services.
3. **Hospitalization due to Injury or Medication Errors:** by consumers who at the time of the event were actively receiving services and met any one of the following two conditions:
 - A. Living in a 24-hour Specialized Residential setting (per the Administrative Rule R330.1801-09) or in a Child-Caring Institution, or
 - B. Receiving any of the following:
 - Habilitation Supports Waiver (HSW) Services or
 - Serious Emotional Disturbance (SED) Waiver Services or
 - Child Waiver Program (CWP) Services Receiving any of the following Habilitation Supports Waiver Services, SED Waiver Services or Child Waiver Services.
 - Habilitation Supports Waiver Services, SED Waiver Services or Child Waiver Services.
4. **Arrests:** of consumers who, at the time of their arrest were actively receiving services and met any one of the following two conditions:
 - A. Living in a 24-hour Specialized Residential setting (per the Administrative Rule R330.1801-09) or in a Child-Caring Institution, or

- B. Receiving any of the following:
 - o Habilitation Supports Waiver (HSW) Services or
 - o Serious Emotional Disturbance (SED) Waiver Services or
 - o Child Waiver Program (CWP) Services Receiving any of the following Habilitation Supports Waiver Services, SED Waiver Services or Child Waiver Services.

5. Unexpected Deaths—:who at the time of their deaths were receiving specialty supports and services, are subject to additional review and must include:

- A. Screens of individual deaths with standard information (e.g., coroner’s report, death certificate)
- B. Involvement of medical personnel in the mortality reviews
- C. Documentation of the mortality review process, findings, and recommendations
- D. Use of mortality information to address quality of care
- E. Aggregation of mortality data over time to identify possible trends.

6. Death-State Operated Service Discharge—:a written report of any death of an individual (Medicaid) who was discharged from a State operated service within the previous 12 months shall be submitted to MDHHS within 60 days after the month in which the death occurred.

7. Event Notification—: Any death that occurs as a result of suspected staff member action or inaction or any death that is the subject of a recipient rights, licensing, or police investigation shall be submitted electronically, within 48 hours, of either the death, or the PIHPs receipt of notification of the death, or the PIHPs receipt of notification that a rights, licensing, and/or police investigation has commenced.

The following information is to be included in the submission:

- a. Name of beneficiary
- b. Beneficiary ID number (Medicaid, MiChild)
- c. Consumer I (CONID) if there is no beneficiary ID number.
- d. Date, time, and place of death (if a licensed foster care facility, include the license number.)
- e. Preliminary cause of death
- f. Contact person’s name and Email address.

Applies to:

- Screens of individual deaths with standard information (e.g., coroner’s report, death certificate)
- Involvement of medical personnel in the mortality reviews
- Documentation of the mortality review process, findings, and recommendations
- Use of mortality information to address quality of care
- 5. Aggregation of mortality data over time to identify possible trends.

- 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:

- ACT: Assertive Community Treatment
- CMHSP: Community Mental Health Service Programs
- COFR: County of Financial Responsibility
- CWP: Children’s Waiver Program
- CWS: Children’s Waiver Services
- HSW: Habilitation Supports Waiver
- MSHN: Mid-State Health Network
- MDHHS: Michigan Department of Health and Human Services

PIHP: Pre-Paid Inpatient Health Plan

SED: Serious Emotional Disturbance

Unexpected Deaths: Deaths that resulted from suicide, homicide, an undiagnosed condition, were accidental, or were suspicious for possible abuse or neglect.

Other Related Materials:

References/Legal Authority:

[MDHHS/PIHP Contract](#)~~Medicaid Managed Specialty Supports and Services Contract~~

MDHHS Quality Assessment and Performance Improvement Program for Specialty Prepaid Inpatient Health Plans Technical Requirement

[MDHHS Critical Incident Reporting and Event Notification Requirements](#)

Change Log:

Date of Change	Description of Change	Responsible Party
07.01.2014	New Policy	Chief Compliance Officer
05.12.2015	Added COFR clarification	Chief Compliance Officer
03.2017	Annual Review	Director of Compliance, Customer Service & Quality
03.2018	Annual Review	Director of Compliance, Customer Service & Quality
03.2019	Annual Review, added unexpected death review	Quality Manager
10.2020	Biennial Review	Quality Manager
10.2022	Biennial Review	Quality Manager

POLICIES AND PROCEDURE MANUAL

Chapter:	Quality		
Title:	Incident Review for Substance Use Disorder (SUD) Providers		
Policy: <input checked="" type="checkbox"/> Procedure: <input type="checkbox"/> Page: 1 of 3	Review Cycle: Biennial Author: Quality Manager	Adopted Date: 07.07.2020 Review Date: 01.12.2021 Revision Eff. Date:	Related Policies: Quality-Sentinel Events Policy

Purpose: To ensure that the Mid-State Health Network (MSHN) pre-paid inpatient health plan is in compliance with the Michigan Department of Health and Human Services (MDHHS), Medicaid Managed Specialty Supports and Services Contract, Substance Use Disorder Incident Review for Sentinel Event Reporting

Policy: MSHN delegates responsibility to its Substance Use Disorder Providers, with oversight and monitoring by MSHN, for collecting and analyzing all incidents that meet the criteria as specified in the MDHHS Sentinel Events Data Report and the SUD Provider Manual. The SUD Provider reviews at a minimum the following incidents for those who reside in a 24-hour specialized setting and ~~or~~ recovery housing.

- The provider reports the critical incidents as required to MSHN for analysis and aggregation.
- The provider is responsible for ensuring a process is in place to recommend and implement quality improvement processes in an effort to prevent the reoccurrence of critical incidents.
- MSHN reports to the MDHHS, critical incident data as required and in accordance with the Medicaid Contract
- Oversight and monitoring will be conducted by MSHN through the review of reports, analysis, and ~~provider network monitoring desk audit and site reviews.~~
- All incidents should be reviewed to determine if the incidents meet the criteria and definitions for a sentinel event and if they are related to practice of care. The outcome of this review is a classification of incidents as either a) sentinel events, or b) non-sentinel events.
- All -incidents should be reported to MSHN quarterly (January 15, April 15, July 15, October 15) as indicated in the reporting requirements. Additionally, deaths of recipients and all administrations of Narcan should be reported within 48 hours to MSHN.

Required Critical Incidents

- Death: That which is not by natural cause or does **not** occur as a natural outcome to a chronic condition (e.g. terminal illness) or old age. (24 hour residential and Recovery Housing)
- ~~Emergency Medical Treatment or Hospitalization due to Injury: Unexpected Deaths: Deaths that resulted from suicide, homicide, an undiagnosed condition, were accidental, or were suspicious for possible abuse or neglect.~~
- ~~Sentinel Event: An “unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase, ‘or risk thereof’ includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome.” (JCAHO, 1998)~~
- ~~24-hour Specialized Setting: Means substance abuse residential treatment programs.~~

- ~~Injury—Injury by accident resulting in—in a visit to an emergency room, [medi-center and urgent care clinic/center, and/or admissions to hospital. \(24 hour residential and Recovery Housing\)](#)~~
~~medi-center and urgent care clinic/center and/or admissions to hospital~~
- ~~Physical illness resulting in admission to a hospital: Does **not** include planned surgeries, whether inpatient or outpatient. It also does **not** include admissions directly related to the natural course of the person's chronic illness, or underlying condition. For example, hospitalization of an individual who has a known terminal illness in order to treat the conditions associated with the terminal illness is not a sentinel event. [\(24 hour residential and Recovery Housing\)](#)~~
- =====
~~Serious challenging behaviors: Behaviors not already addressed in a treatment plan and include significant (in excess of \$100) property damage, attempts at self-inflicted harm or harm to others, or unauthorized leaves of absence that result in death or loss of limb or function to the individual or risk thereof. All unauthorized leaves from residential treatment are not sentinel events in every instance) Serious physical harm is defined by the Administrative Rules for Mental Health (330.7001) as "physical damage suffered by a recipient that a physician or registered nurse determines caused or could have caused the death of a recipient, caused the impairment of his or her bodily functions, or caused the permanent disfigurement of a recipient."~~
- ~~Medication errors: Mean a) wrong medication; b) wrong dosage; c) double dosage; or d) missed dosage which resulted in death or loss of limb or function or the risk thereof. It does not include instances in which consumers have refused medication.~~
- ~~Serious challenging behaviors: Behaviors not already addressed in a treatment plan and include significant (in excess of \$100) property damage, attempts at self-inflicted harm or harm to others, or unauthorized leaves of absence that result in death or loss of limb or function to the individual or risk thereof. All unauthorized leaves from residential treatment are not sentinel events in every instance) Serious physical harm is defined by the Administrative Rules for Mental Health (330.7001) as "physical damage suffered by a recipient that a physician or registered nurse determines caused or could have caused the death of a recipient, caused the impairment of his or her bodily functions, or caused the permanent disfigurement of a recipient." [\(24 hour residential and Recovery Housing\)](#)~~
- ~~Arrest or conviction: The criminal activity could have occurred prior to the admission to the residential facility, however, the arrest has occurred during the admission. Probation violations and drug court sanctions for not complying with treatment do not need to be reported under this category. [\(24 hour residential only\)](#)~~
- ~~Administration of Narcan: MSHN required to be reported within 48 hours of occurrence. [\(24 hour residential and Recovery Housing\)](#)~~

- ~~death of a recipient~~
- ~~serious illness requiring admission to hospital~~
- ~~accident resulting in injury to recipient requiring emergency room visit or hospital admission~~
- ~~behavioral episode (serious challenging behavior)~~
- ~~arrest and/or conviction~~
- ~~medication error~~
- ~~administration of Narcan~~

~~All incidents should be reviewed to determine if the incidents meet the criteria and definitions for a sentinel event and if they are related to practice of care. The outcome of this review is a~~

~~classification of incidents as either a) sentinel events, or b) non-sentinel events.~~

~~All incidents should be reported to MSHN quarterly (January 15, April 15, July 15, October 15) as indicated in the reporting requirements. Additionally, deaths of recipients and all administrations of Narecan should be reported within 48 hours to MSHN.~~

~~Oversight and monitoring will be conducted by MSHN through the review of reports and analysis by the Quality Improvement Council/Provider Advisory Council and provider network monitoring desk audit and site reviews.~~

Event Notification

Deaths as a result of staff action or inaction, or subject to a recipient rights investigation, licensing, or police investigation requires additional information to be submitted to the Quality Manager at MSHN for reporting to MDHHS within 48 hours of the notification of an investigation occurring.

The additional information includes the following:

- a. Name of beneficiary
- b. Beneficiary ID number (Medicaid ID/MiChild ID)
- c. Consumer ID (COND) if there is no beneficiary ID number.
- d. Date, time and place of death (if a licensed foster care facility, include the license #)
- e. Preliminary cause of death
- f. Contact person's name and E-mail address.

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:

MDHHS: Michigan Department of Health and Human Services

MSHN: Mid-State Health Network

SUD: Substance Use Disorder

Unexpected Deaths: Deaths that resulted from suicide, homicide, an undiagnosed condition, were accidental, or were suspicious for possible abuse or neglect.

Sentinel Event: An "unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase, 'or risk thereof' includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome." (JCAHO, 1998)

24-hour Specialized Setting: Means substance abuse residential treatment programs.

~~Death: That which is not by natural cause or does not occur as a natural outcome to a chronic condition (e.g. terminal illness) or old age.~~

~~Unexpected Deaths: Deaths that resulted from suicide, homicide, an undiagnosed condition, were accidental, or were suspicious for possible abuse or neglect.~~

~~Sentinel Event: An "unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase, 'or risk thereof' includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome." (JCAHO, 1998)~~

~~24-hour Specialized Setting: Means substance abuse residential treatment programs.~~

~~Injury - Injury by accident resulting in in a visit to an emergency room, medi-center and urgent~~

~~care clinic/center and/or admissions to hospital~~

~~Physical illness resulting in admission to a hospital: Does not include planned surgeries, whether inpatient or outpatient. It also does not include admissions directly related to the natural course of the person's chronic illness, or underlying condition. For example, hospitalization of an individual who has a known terminal illness in order to treat the conditions associated with the terminal illness is not a sentinel event.~~

~~Serious challenging behaviors: Behaviors not already addressed in a treatment plan and include significant (in excess of \$100) property damage, attempts at self-inflicted harm or harm to others, or unauthorized leaves of absence that result in death or loss of limb or function to the individual or risk thereof. All unauthorized leaves from residential treatment are not sentinel events in every instance) Serious physical harm is defined by the Administrative Rules for Mental Health (330.7001) as "physical damage suffered by a recipient that a physician or registered nurse determines caused or could have caused the death of a recipient, caused the impairment of his or her bodily functions, or caused the permanent disfigurement of a recipient."~~

~~Medication errors: Mean a) wrong medication; b) wrong dosage; c) double dosage; or d) missed dosage which resulted in death or loss of limb or function or the risk thereof. It does not include instances in which consumers have refused medication.~~

Recovery Housing: Recovery housing provides a location where individuals in early recovery from a behavioral health disorder are given the time needed to rebuild their lives, while developing the necessary skills to embark on a life of recovery. This temporary arrangement will provide the individual with a safe and secure environment to begin the process of reintegration into society, and to build the necessary recovery capital to return to a more independent and functional life in the community. These residences provide varying degrees of support and structure. Participation is based on individual need and the ability to follow the requirements of the program. (Excerpt from the proposed Substance Use Disorder Benefit Package for the state of Michigan)

Other Related Materials:

MSHN Sentinel Event Policy
MSHN SUD Provider Manual

References/Legal Authority:

[MDHHS/PIHP Medicaid Managed Specialty Supports and Services Program Contract](#). [Medicaid Managed Specialty Supports and Services Program Contract](#)
SUD Non-Medicaid Reporting Instructions
MDHHS Sentinel Events Data Report
MDHHS Substance Use Disorder Benefit Package for the [State of Michigan](#)

Change Log:

Date of Change	Description of Change	Responsible Party
03.2020	New Policy to address incident review requirement	Quality Manager
10.2020	Biannual Biennial Review	Quality Manager
10.2022	Biannual ennial Review	Quality Manager

POLICIES AND PROCEDURE MANUAL

Chapter:	<u>Compliance</u>Quality		
Title:	External Quality Review		
Policy: <input checked="" type="checkbox"/>	Review Cycle: Biennial	Adopted Date: 09.02.2014	Related Policies: Compliance Program Integrity Compliance Reporting & Investigations Quality Management
Procedure: <input type="checkbox"/>	Author: Chief Compliance Officer, Quality Improvement Council (QIC)	Review Date: 11.02.2021	
Page: 1 of 2			

Purpose

To ensure Mid-State Health Network (MSHN) and its Provider Network participate and comply with the expectations of the External Quality Review process conducted and/or arranged by the Michigan Department of Health and Human Services

Policy

MSHN and its Provider Network shall participate in the External Quality Review (EQR) process arranged by the Michigan Department of Health and Human Services (MDHHS). MSHN and its Provider Network will strive to achieve full compliance of the standards as set forth in the State of Michigan/PIHP Contract.

MSHN shall address the findings of the external review through its Quality Assessment Performance Improvement Program (QAPIP). MSHN will develop and implement performance improvement goals, objectives, and activities in response to the external review findings as part of MSHN’s QAPIP through the Quality Improvement Council. A description of the performance improvement goals, objectives and activities developed and implemented in response to the external review findings will be included in QAPIP and provided to the MDHHS upon request.

MSHN staff will coordinate the EQR site review process and inform the Provider Network of applicable dates and timelines. MSHN staff will confirm provider network achievement of required EQR corrective action as a part of routine site reviews.

MSHN’s Provider Network will comply with any findings and related improvement goals as developed in the QAPIP.

Applies to:

- All Mid-State Health Network Staff
- Selected MSHN Staff, as follows:
- MSHN’s Affiliates: Policy Only Policy and Procedure
- X Other: Sub-contract Providers

Definitions:

EQR: External Quality Review

MDHHS: Michigan Department of Health and Human Services

MSHN: Mid-State Health Network

PIHP: Pre-paid Inpatient Health Plan

Provider Network: Refers to MSHN CMHSP Participants and SUD providers directly under contract with the MSHN PIHP to provide/arrange for behavioral health services and/or supports. Services and supports may be provided through direct operations or through the subcontract arrangements. Refers to a CMHSP Participant and all Behavioral Health Providers that are directly under contract with the MSHN PIHP to provide services and/or supports through direct operations or through the CMHSP’s subcontractors.

QAPIP: Quality Assessment Performance Improvement Program

Other Related Materials:

MDHHS – PIHP Contract

References/Legal Authority:

State of Michigan/PIHP Contract: Schedule A: Statement of Work Contract Activities: K. Quality Improvement and Program Development, 2.b.

Change Log:

Date of Change	Description of Change	Responsible Party
09.2014	New Policy	Chief Compliance Officer
08.2015	Update to MDHHS and add follow-up to EQR required corrective action	Chief Compliance Officer & Chief Executive Officer
08.2016	Annual Review	Director of Compliance, Customer Service and Quality
08.2017	Annual Review	Director of Compliance, Customer Service and Quality
08.2018	Annual Review	Director of Compliance, Customer Service and Quality
09.2019	Annual Review	Director of Compliance, Customer Service, & Quality
08.2021	Bi-Annual Review; Recommending moving to Quality Chapter	Chief Compliance and Quality Officer
10/2022	Annual -Biennial Review	Quality Manager

POLICIES AND PROCEDURE MANUAL

Chapter:	Quality		
Title:	Medicaid Event Verification		
Policy: <input checked="" type="checkbox"/> Procedure: <input type="checkbox"/> Page: 1 of 3	Review Cycle: Biennial Author: Medicaid Event Internal Auditor and Director of <u>Chief Compliance & Quality Officer Compliance, Customer Service and Quality</u>	Adopted Date: 01.05.2016 Review Date: 01.12.2021	Related Policies: Monitoring and Oversight

Purpose

To establish guidelines as the Pre-Paid Inpatient Health Plan (PIHP) for the development and implementation of the Mid-State Health Network (MSHN) process for conducting monitoring and oversight of the Medicaid, Healthy Michigan Plan and SUD Block Grant claims/encounters submitted within the Provider Network. To ensure compliance with federal and state regulations, and to establish standardized process for review of claims/encounters in accordance with the ~~submitted for Medicaid, Healthy Michigan Plan and SUD Block Grant recipients in accordance with the Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program Attachment – Medicaid Services Verification Technical requirements. Michigan Department of Health and Human Services (MDHHS) Behavioral Health and Developmental Disabilities Administration (BHDDA) Medicaid Verification Process.~~

Policy

MSHN shall create, implement and maintain a published process to monitor and evaluate its Provider Network to ensure compliance with federal and state regulations. This includes protocol for how monitoring and oversight of any claims/encounters provided to beneficiaries of Medicaid, Healthy Michigan and SUD Block Grant services will be completed.

- A. MSHN shall conduct a full monitoring and verification process on a selected sample of claims/encounters. The reviews will be completed as follows:
 - 1. CMHSPs bi-annually
 - 2. Substance Use Disorder providers annually
 - Full review biennially
 - Interim review during non–full review year
 - 2.3. Any provider (including subcontractors of the CMHSP and SUD providers) that represents more than 25% of MSHN claims/encounters in either unit volume or dollar value annually. The 25% of unit volume will be determined using the claims/encounters billed to MSHN with each submitted claim/encounter equaling 1 unit of claims/encounters.
 - 3.4. Any Provider that MSHN directly contracts with for services that are paid utilizing Medicaid, ~~or~~ Healthy Michigan Plan, or and Block Grant funding.
 - 4.5. Upon termination of a Provider contract with MSHN.

MSHN reserves the right to conduct further reviews of the Provider Network on an as needed basis.

- B. The claim/encounter review process may consist of the following components:
 - 1. Desk Audit: This component will consist of a pre-review of select policies, protocols, and documents and other resource material submitted by the Provider Network to the PIHP for review prior to the on-site visit. This may also include review of documentation to support submitted claims/encounters in lieu of an on-site visit.
 - 2. On-Site Audit: This component will consist of an on-site visit to the Provider Network to review and validate process requirements.
 - 3. Claim/Encounter Review: The PIHP shall pull a random sample of Medicaid, Healthy Michigan Plan and SUD Block Grant participants to complete verification of submitted claims/encounters.

4. Data Review and Analysis: This component includes analysis of the Provider Network.
- C. Overall responsibility for the claim/encounter verification and updating of the monitoring evaluation tool shall rest with the PIHP. The tool shall be reviewed on an annual basis to ensure functional utility; and updated as necessary due to changing regulations, new contract terms and operational feedback received.
- D. MSHN shall create its verification schedule at least 45 days in advance of its review.
- E. Following the review, MSHN shall develop a Medicaid Event Verification Report detailing the results of its verification review for the Provider. The Medicaid Event Verification report shall include the following:
 1. A summary detailing the PIHP’s overall review process and findings;
 2. Details pertaining to each claim/encounter reviewed
 3. “Findings” (if applicable) that will require corrective action for claims/encounters that are found not to be in substantial compliance with federal and state standards.
 4. “Recommendations” (If applicable) pertaining to any quality improvement or best practice suggestions. These do not require corrective action.
 5. All claims/encounters found to be invalid that will require correction either by resubmission or voiding.
 6. Recoupment of funds for any fee for service provider for any claims/encounters that are found to be invalid.

The PIHP shall submit the verification report to the Provider within thirty (30) days of the verification audit conclusion.

- F. Report summary findings of the MSHN Medicaid Event Verification audits shall be shared with MSHN Board of Directors, Corporate Compliance Committee, Operations Council, Quality Improvement Council, and other MSHN councils as appropriate.
- G. MSHN will report any suspected fraud or abuse discovered during the Medicaid Event Verification Process to MDHHS-Office of Inspector General as required.
- H. MSHN shall submit an annual report to MDHHS per the contract requirements, due December 31, covering the claims/encounter audit process.
 1. Cover letter on PIHP letterhead
 2. Description of the methodology used by the PIHP, including all required elements previously described.
 3. Summary of the results of the Medicaid event verification process performed, including: population of the providers, number of providers tested, number of providers put on corrective action plans, number of providers on corrective action for repeat/continuing issues, number of providers taken off of corrective action plans, population of claims/encounters tested (units and dollar value), claims/encounters tested (units and dollar value), and invalid claims/encounters identified (units and dollar value).
- I. MSHN will maintain all documentation supporting the verification process as required by state and federal regulation.

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:

BHDDA: Behavioral Health and Developmental Disabilities Administration

Covered Service: Any service defined by the Michigan Department of Health and Human Services as required service in the Medicaid Specialty Supports and Services benefit

CMHSP: Community Mental Health Service Program

CPT Code: Current Procedural Terminology Code (CPT) is a medical code set that is used to report medical, surgical, and diagnostic procedures and services to entities such as physicians, health insurance companies and accreditation organizations.

Documentation: Documentation may be written or electronic and will correlate the service to the plan. Clinical documentation must identify the consumer and provider, must identify the service provided, date and time of the service. Administrative records might include monthly occupancy reports, shift notes, medication logs, personal care and community living support logs, assessments, or other records.

Finding: A federal or state standard found out of compliance. A finding requires a corrective action to ensure compliance with federal and state guidelines.

HCPCS: Healthcare Common Procedure Coding System: set of health care procedure codes based on the American Medical Associations Current Procedural Terminology (CPT)

MDHHS: Michigan Department of Health and Human Services

MSHN: Mid-State Health Network

PIHP: Prepaid Inpatient Health Plan

Provider Network: refers to a CMHSP Participant and all Behavioral Health Providers that are directly under contract with the MSHN PIHP to provide services and/or supports through direct operations or through the CMHSP’s subcontractors

Random Sample: A computer generated selection of events by provider and HCPCS, Revenue, or CPT Code or Code Category. The auditor then randomly picks the events to review from the list of events

Recommendation: A quality improvement suggestion that is meant to guide quality improvement discussion and change. A recommendation does not require corrective action.

Record Review: A method of audit includes administrative review of the consumer record.

Subcontractors: Refers to an individual or organization that is directly under contract with the CMHSP to provide service or supports

Other Related Materials

MSHN Medicaid Event Verification Procedure

References/Legal Authority

- Medicaid Managed Specialty Supports and Services Concurrent Contract
- [Michigan Department of Health and Human Services \(MDHHS\) Behavioral Health and Developmental Disabilities Administration \(BHDDA\) Medicaid Verification Process](#)
- ~~[Medicaid Services Verification Technical Requirements](#)~~
- [MDHHS Behavioral Code Charts and Provider Qualifications](#)

Change Log:

Date of Change	Description of Change	Responsible Party
12.2015	New Policy	Director of Compliance, CS & Quality
03.2017	Annual Review	Director of Compliance, CS & Quality
03.2018	Annual Review	Director of Compliance, CS & Quality
03.2019	Annual Review, removed monthly review of reports of claims and encounters	Quality Manager
10.2020	Biennial Review	Quality Manager
08.2022	Biennial Review	Chief Compliance & Quality Officer

POLICIES AND PROCEDURE MANUAL

Chapter:	Quality		
Title:	Michigan Mission Based Performance Indicator System		
Policy: <input checked="" type="checkbox"/> Procedure: <input type="checkbox"/> Page: 1 of 3	Review Cycle: Biennial Author: Chief Compliance Officer	Adopted Date: 09.02.2014 Review Date: 11.10.2020	Related Policies: Quality Management Required Reporting

Purpose

To ensure Mid-State Health Network (MSHN) through its Provider Network is monitoring performance in the areas of access, efficiency, and outcomes through standardized performance indicators in accordance with the Michigan Department of Health and Human Services’s (MDHHS) established measures. To identify causal factors that may interfere with the provision of care, and implement a quality improvement program to improve the healthcare received by those individuals served. ~~clearly delineate the dimensions of quality that must be addressed by the Public Mental Health System (inclusive of Substance Use Disorder Programs) as reflected in the Mission statement, in Delivering the Promise, and in the needs and concerns expressed by consumers and the citizens of Michigan. Those domains are Access, Efficiency, and Outcomes.~~

~~A. To develop a statewide aggregate status report, to address issues of public accountability for the public mental health system, to provide a data-based mechanism, and to assist the Michigan Department of Health and Human Services (MDHHS) in the management of Pre-Paid Inpatient Health Plan (PIHP) contracts that impact the quality of the service delivery system statewide.~~

~~B. To the extent possible, facilitate the development and implementation of local quality improvement systems, link with existing healthcare planning efforts, and establish a foundation for future quality improvement monitoring within a managed health care system for consumers of public mental health services in the state of Michigan. (Medicaid Managed Specialty Supports and Services Contract: Attachment P7.7.1.1)~~

Policy

~~A. MSHN is responsible for meeting the standards established by MDHHS for access, efficiency and outcomes, through an effective performance monitoring and quality improvement program.~~

~~B. MSHN will report/submit to MDHHS, all data, as required, in accordance with the MDHHS/PIHP Contract and the Michigan Mission Based Performance Indicator System (MMBPIS) Codebook.~~

~~A.C. The Provider Network is responsible for The Provider Network will collect and report accurate data collecting and reporting to Mid-State Health Network (MSHN) for all performance indicators as specified by MSHN and MDHHS, in the MDHHS Medicaid Specialty Supports and Services Contract.~~

~~B. MSHN will The Provider Network reports the performance indicator data as required to MSHN for analysis. MSHN then reports to the MDHHS the performance indicator data as required and in accordance with the Medicaid Managed Specialty Supports and Services Contract.~~

~~D. MSHN provide a regional will provide a summary report/analysis demonstrating the performance of the to each Provider Network, participant following the submission of the Michigan Mission Based Performance Indicator System (MMBPIS) to MDHHS.~~

~~E. All Provider Network participants who exhibit performance below the standard for an indicator during the reporting quarter will be subject to an improvement plan.~~

~~E.F. The Provider Network is responsible for ensuring a process is in place to implement corrective action plans and quality improvement processes to improve the access, efficiency, and outcomes of services provided by the Provider Network participant as monitored through the performance indicator system. It is an expectation that the Provider Network manage their subcontractors to ensure compliance and to provide evidence of the reported data.~~

~~D.G. Noncompliance with the above indicators and related improvement plans will be addressed per~~

the contract provisions.

E.H. Oversight and monitoring will be conducted by MSHN through the review of reports and analysis by the Quality Improvement Council and provider network monitoring desk audit and site reviews.

F.I. The Performance Indicators as defined by MDHHS:

1. Access:

1. The percent of all Medicaid adults and children beneficiaries that receive a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three (3) hours*.
2. The percentage of new persons during the quarter receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service. (MI Adults, MI Children, IDD Adults, IDD Children) *
2. (b) The percentage of new person during the quarter receiving a face to face service for treatment or supports within the 14 calendar days of anon-emergency request for service for persons with Substance use Disorders (Persons approved for SUD services) **
3. The percentage of new persons during the quarter starting any medically necessary on-going covered service within 14 days of completing a non-emergent biopsychosocial assessment. (MI Adults, MI Children, IDD Adults, IDD Children).
4. (a) The percent of discharges from psychiatric inpatient unit who are seen for follow-up care within seven (7) days (All children and all adults (MI, IDD)).
(b) The percent of discharges from a substance use disorder detox unit who are seen for follow-up care within seven (7) days (All Medicaid SUD*).
5. The percent of Medicaid recipients having received PIHP managed services (MI adults/MI children/IDD Adults/IDD children, and SUD).**

2. Adequacy/Appropriateness:

6. The percent of Habilitation Supports Waiver (HSW) enrollees during the quarter with encounters in data warehouse who are receiving at least one (1) HSW service per month that is not support coordination. **

3. Efficiency:

7. The percent of total expenditures spent on managed care administrative function for PIHPs. **

4. Outcomes:

8. The percent of adults with mental illness, the percent of adults with an intellectual developmental disabilitys, and the percent of dual MI/IDD adults served by the CMHSP who are in competitive employment. **
9. The percent of adults with mental illness, the percent of adults with an intellectual developmental disabilitys, and the percent of dual MI/DD adults served by the CMHSP who earn minimum wage or more from employment activities (competitive, supported employment, or sheltered workshop). **
10. The percent of MI and IDD children and adults readmitted to an inpatient psychiatric unit within thirty (30) days of discharge.
11. The annual number of substantiated recipient rights complaints per thousand Medicaid beneficiaries with MI and DD served in the categories of Abuse I and II and Neglect I and II.
12. The percent of adults with an intellectual developmental disabilitys served who live in a private residence alone or with spouse or non-relative(s). **
13. The percent of adults with serious mental illness served who live in a private residence alone or with spouse or non-relative(s). **
14. Percentage of children with an intellectual developmental disabilitys (not including children in the Children Waiver Program) in the quarter who receive at least one service each month other than Case Management and Respite. **

* Calculated by the PIHP from REMI.

** MDHHS Calculates. The PIHP does not submit data through this process.

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:

CMHSP: Community Mental Health Service Plan
IDD: Intellectual Developmental Disability
HSW: Habilitation Supports Waiver
MDHHS: Michigan Department of Health and Human Services
MI: Mental Illness
MSHN: Mid-State Health Network
PIHP: Prepaid Inpatient Health Plan
MMBPIS: Michigan Mission Based Performance Indicator System

Definitions (cont.)

Provider Network: refers to a CMHSP Participant and Substance use Treatment Providers ~~all Behavioral Health Providers~~ that are directly under contract with the MSHN PIHP to provide services and/or supports through direct operations or through CMHSP subcontractors.
REMI: Regional Electronic Medical Information (MSHN's Managed Care Information System)
SUD: Substance Use Disorder

Other Related Materials

~~The MMBPIS Description of Project Study~~
~~The MMBPIS Detail Data Collection Instructions~~

References/Legal Authority

Medicaid ~~Managed Specialty Supports and Services~~ Contract, ~~Attachment P7.9.1 and P.7.7.1.~~ MDHHS FY20_PIHP_MMBPISPI_Code Book

Change Log:

Date of Change	Description of Change	Responsible Party
09.2014	New Policy	Chief Compliance Officer
11.2015	Annual review and update to MDHHS	Director of Compliance, Customer Service and Quality Improvement
08.2016	Annual Review	Director of Compliance, Customer Service and Quality Improvement
03.2017	Annual Review	Director of Compliance, Customer Service and Quality
03.2018	Annual Review	Director of Compliance, Customer Service and Quality
03.2019	Annual Review	Director of Compliance, Customer Service and Quality
04.2020	Deleted Indicator 2 and 3. Replaced with new Indicators 2, 2a, and 3.	Director of Compliance, Customer Service and Quality
<u>10.2022</u>	<u>Biannual Review</u>	<u>Quality Manager</u>

Chapter:	Quality		
Title:	Monitoring and Oversight		
Policy: <input checked="" type="checkbox"/> Procedure: <input type="checkbox"/> Page: 1 of 3	Review Cycle: Biennial Author: Chief Compliance Officer Quality Improvement Council	Adopted Date: 11.04.2014 Review Date: 01.12.2021 Revision Eff. Date:	Related Policies: Quality Management

Purpose

To establish guidelines, as the Pre-Paid Inpatient Health Plan (PIHP), for the development and implementation of the Mid-State Health Network (MSHN) process for conducting, monitoring and oversight of its CMHSP and SUDSP Provider Network. To ensure compliance with federal and state regulations, and to establish standardized processes for conducting review of all delegated managed care functions.

Policy

MSHN shall create, implement and maintain a published process to monitor and evaluate its provider network to ensure compliance with federal and state regulations. This includes protocols for how monitoring and oversight of any entity to which it has delegated a managed care administrative function and protocols to ensure the delegated provider is appropriately managing its charged responsibilities.

- A. MSHN shall conduct a full monitoring and evaluation process of each CMHSP Participant and Substance Use Disorder (SUD) Service Provider, at a minimum once every two years. This process will consist of utilizing uniform standards and measures to assess compliance with federal and state regulations, and PIHP contractual requirements. During the interim year, the review process will focus on any elements of the previous year’s findings in which compliance standards were considered to be partially or not fully met. All delegated functions will be reviewed prior to delegation occurring and every other year thereafter.
- B. The contract and delegation monitoring and evaluation process may consist of the following components:
 - 1. On-Site Audit: This component will consist of an on-site visit to the CMHSP Participant/SUDSP Participant to review and validate process requirements. This component may include staff interviews.
 - ~~1-2. Desk Audit:~~ This component will ~~consist of a pre review of select policies, protocols, documents and other resource materials submitted by the CMHSP Participant/SUDSP to the PIHP for review prior to an on-site visit.~~ include all elements of an on-site audit conducted remotely using MSHN secure file-sharing site.
 - ~~2. On-Site Audit:~~ This component will consist of an on-site visit to the CMHSP Participant/SUDSP Participant to review and validate process requirements. This component may include staff interviews.
 - 3. Consumer Chart Review: The PIHP shall pull a random sample ~~(of consumer records to ensure compliance with specific program requirements, Person-Centered Planning requirements, enrollee rights, and and documentation requirements,~~ additionally, the PIHP shall pull a sample of consumer records to conduct primary source verification of reported data.-
 - 4. Data Review and Analysis: This component includes analysis of CMHSP Participant/SUDSP performance and encounter data trends, and compliance with data reporting requirements.
- C. Consumer charts and other information/data that will be reviewed by the PIHP will include the time period from the date of the last ~~site~~ review to current (or the prior 12 months). The PIHP does reserve the right to request information/data prior to the last 12 months as deemed necessary.
- D. Overall responsibility for the contract monitoring evaluation process and updating of the monitoring evaluation tools shall rest with the PIHP. The tools shall be reviewed on an annual basis by the Quality Improvement Council to ensure their functional utility; and updated as necessary due to changing regulations, new contract terms and operational feedback received.
- E. MSHN shall create its monitoring schedule at least ninety (90) days in advance of its review.

- F. Following the review, MSHN shall develop a Contract Monitoring & Evaluation Report detailing the results of its monitoring review for each CMHSP Participant/SUDSP. The monitoring report shall include the following:
- A summary report detailing the PIHP’s overall review process and findings;
 - Detailed findings pertaining to each standard audited/reviewed;
 - Quality Improvement (QI) recommendations; and
 - “Recommendations” (if applicable) pertaining to any finding that requires remedial action.
 - Sanctions as defined in the PIHP contract with the CMHSP Participant/SUDSP.

The PIHP shall submit the monitoring report to the CMHSP Participant/SUDSP within thirty (30) days of the monitoring review conclusion.

~~G.~~ The CMHSP Participant/SUDSP shall submit ~~a remediation plan/action/quality improvement plan~~ within thirty

~~G.~~ (30) days of the monitoring review report date, for any item not meeting the compliance standard. This plan shall include:

1. A detailed action plan which ~~includes individual and systemic remediation to improve and monitor addresses steps to be taken to assess and improve~~ performance
2. Measurement criteria (i.e. how will the PIHP/Provider know the ~~remediation was effective/objective/outcome will be achieved~~)
3. Timeframes and responsible individual for completing each ~~remediation improvement~~ plan.

When access to care to individuals is a serious issue, the CMHSP Participant/SUDSP may be given a shorter period to initiate corrective actions, and this condition may be established, in writing, as part of the exit conference. If, during a MSHN ~~on-site visit~~ review, the ~~site~~ review team identifies an issue that places a consumer in imminent risk to health or welfare, the ~~site~~ review team would invoke an immediate review and response by the CMHSP Participant/SUDSP, which must be completed within seven (7) calendar days. Evidence of the review and appropriate action taken will be required to be submitted to MSHN at the time of completion. A follow up review may be conducted to ensure remediation of issues identified as out of compliance within 90 days of the approve plan of correction.

Quality Improvement Plans not submitted within the required time frame will be reported to the MSHN Chief Executive Officer and the CMHSP Participant’s /SUDSP’s Chief Executive Officer/Executive Director for resolution and submission.

- H. MSHN will review the remedial action/quality improvement plan, seek clarifying or additional information from the CMHSP Participant/SUDSP as needed, and issue a response within 15 days of receiving required information from the CMHSP Participant/SUDSP. MSHN will take steps to monitor the CMHSP Participant’s/SUDSP’s implementation of the remedial action/quality improvement plan as part of performance monitoring.
1. If additional information is required, the Provider will have 7 days to respond and provide any additional information requested to MSHN. If the response requires additional follow up MSHN will have 7 days to review and respond to the Provider.
 2. It is the expectation that all corrective actions will be fully implemented within 30 days of their approval by MSHN. In special circumstances MSHN may approve an extension for the implementation to occur.
 3. Any identified health and/or safety issue will need to be corrected immediately and will require submission of evidence that the issue has been corrected within 7 days of the ~~site~~ review.
- I. If the provider and review team cannot reach mutual agreement on a finding or on required corrective action, the provider may submit an appeal of finding and conflict resolution per the MSHN provider appeal procedure. NOTE: Recommendations do not qualify under the appeal and resolution process as they are recommendations only and do not require a corrective action plan. After a review, the MSHN provider appeal committee shall submit to the provider a determination of the appeal and copy the review team. The review team shall adjust and reissue the monitoring report as an outcome of either an informal or formal appeal that changes the report results.
- J. ~~Report~~ summary findings on PIHP monitoring activities shall be shared with the MSHN

Applies to:

- All Mid-State Health Network Staff
- Selected MSHN Staff, as follows:
 - MSHN’s CMHSP Participants: Policy Only Policy and Procedure
 - Other: SUD Providers

Definitions:

CMHSP: Community Mental Health Service Program

Finding: A federal or state standard found out of compliance. A finding requires corrective action to ensure compliance with federal and state guidelines.

MSHN: Mid-State Health Network

MDHHS: Michigan Department of Health and Human Services

PIHP: Prepaid Inpatient Health Plan

Provider Network: Refers to ~~MSHN’s~~ [CMHSP Participants and SUD providers directly under contact with the MSHN PIHP to provide/arrange for behavioral health services and /or supports. Services and supports may be provided through direct operations or through the subcontract arrangements. and all Behavioral Health Providers that are directly under contract with the MSHN PIHP to provide services and/or supports through direct operations or through CMHSP subcontractors.](#)

QI: Quality Improvement Recommendation: A quality improvement suggestion that is meant to guide quality improvement discussion and change. A recommendation does not require a corrective action.

SUDSP: Substance Use Disorder Service Provider

Other Related Materials:

MSHN Corporate Compliance Plan

References/Legal Authority:

1. The Code of Federal Regulations (CFR)
2. PIHP managed care administrative delegations made to the CMHSP
3. PIHP/CMHSP contract
4. PIHP/SUD Provider contract
5. PIHP policies, standards and protocols, including both MDHHS and PIHP ‘practice guidelines.
6. Medicaid Provider Manual
7. SUDSP Provider Manual
8. Medicaid [/PIHP contract Managed Specialty Supports and Services Concurrent Contract](#)
9. Federal Procurement Guidelines (The Office of Federal Procurement Policy (OFPP)-Office of Management and Budget

Date of Change	Description of Change	Responsible Party
08.18.2014	New Policy	Chief Compliance Officer
11.2015	Annual Review	Director of Compliance, Customer Services & Quality
03.2017	Annual Review	Director of Compliance, Customer Service & Quality
03.2018	Annual Review	Director of Compliance, Customer Service and Quality
03.2019	Annual Review	Quality Manager
10.2020	Biennial Review	Quality Manager
10.2022	Biennial Review	Quality Manager

POLICIES AND PROCEDURE MANUAL

Chapter:	Quality		
Title:	Performance Improvement		
Policy: <input checked="" type="checkbox"/> Procedure: <input type="checkbox"/> Page: 1 of 2	Review Cycle: Biennial Author: Chief Compliance Officer, Quality Improvement Council	Adopted Date: 04.07.15 Review Date: 01.12.2021 Revision Eff. Date:	Related Policies:

Purpose

To ensure Mid-State Health Network (MSHN) and its Provider Network ~~develop~~ comply with the performance improvement projects, consistent with healthcare quality standards and Michigan Department of Health and Human Services expectations, to improve the health outcomes of those individuals served within the MSHN region. ~~requirements as set forth in the Michigan Department of Health and Human Services (MDHHS), Medicaid Specialty Supports and Services Contract.~~

Policy

MSHN shall ensure region-wide performance improvement projects (PIP) are conducted in accordance with the following:

- Projects must address both clinical and non-clinical aspects of care.
 - Clinical areas would include, but not limited to, high-volume services, high-risk services, and continuity and coordination of care
 - Non-clinical areas would include, but not be limited to, appeals, grievances and trends and patterns of substantiated Recipient Rights complaints; and access to, and availability of, services.
- Topics will be selected in a manner which takes into account the prevalence of a condition among, or need for a specific service by, MSHN’s consumers; consumer demographic characteristics and health risks; and the interest of consumers in the aspect of service to be addressed.
- PIPs may be directed at state or MSHN-established aspects of care.
- MSHN will engage in at least two projects during the waiver renewal period.
- MSHN-established PIPs will be developed in collaboration with the ~~by the~~ Quality Improvement Council.
- State directed PIPs will be conducted in accordance with state requirements and timelines.
- Regional performance improvement project results will be aggregated and reviewed by the Quality Improvement Council, the Regional Consumer Advisory Council, ~~and~~ the Medical Directors Committee when relevant, and other relevant committee/councils for determining appropriate initiatives and areas for continuous quality improvement.

MSHN shall monitor Provider Network compliance with the regional performance improvement projects through reporting progress and outcomes to the MSHN Quality Improvement Council, Provider Advisory Council, ~~Regional Consumer Advisory Council,~~ Operations Council, the Medical Directors when relevant, and the Board of Directors.

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:

CMHSP: Community Mental Health Service Programs

MDHHS: Michigan Department of Health and Human Services

MSHN: Mid-State Health Network

PIHP: Prepaid Inpatient Health Plan

Definitions (cont.)

PIP: Performance Improvement Project

Provider Network: ~~refers to MSHN CMHSP Participants and SUD providers directly under contract with the MSHN PIHP to provide/arrange for behavioral health services and/or supports. Services and supports may be provided through direct operations or through the subcontract arrangements. Refers to a CMHSP Participant and all Behavioral Health Providers that are directly under contract with the MSHN PIHP to provide services and/or supports through direct operations or through the CMHSP's subcontractors~~

Other Related Materials

N/A

References/Legal Authority

Medicaid Managed Specialty Supports and Services contract, MDHHS Quality Assessment and Performance Improvement Technical Guideline

Change Log:

<u>Date of Change</u>	<u>Description of Change</u>	<u>Responsible Party</u>
03.2015	New Policy	Chief Compliance Officer
03.2016	Annual Review	Quality, Compliance & Customer Svc Director
03.2017	Annual Review	Director of Compliance, Customer Service and Quality
03.2018	Annual Review	Director of Compliance, Customer Service and Quality
03.2019	Annual Review added PAC and Medical Directors as relevant for committees to review	Quality Manager
10.2020	Biennial Review	Quality Manager
10.2022	Biennial Review	Quality Manager

POLICIES AND PROCEDURES MANUAL

Chapter:	Quality		
Title:	Quality Management		
Policy: <input checked="" type="checkbox"/> Procedure: <input type="checkbox"/> Page: 1 of 2	Review Cycle: Biennial Author: QI Council and Chief Compliance Officer	Adopted Date: 11.22.2013 Review Date: 01.12.2021 Revision Eff. Date:	Related Policies: General Management

Purpose

The Quality Management (QM) system of Mid-State Health Network (MSHN) is designed to monitor, evaluate, and improve the [access, outcomes, efficacy](#), efficiency, and appropriateness of the services provided to consumers, and the administrative functions supporting that care.

Policy

MSHN shall develop, implement and maintain a QM system which includes processes for monitoring and oversight of its provider network. The QM system shall conform to the requirements reflected in the Balanced Budget Act of 1997 and the Medicaid Specialty Supports and Services contract.

The following QM functions are retained by MSHN or delegated to Community Mental Health Service Program (CMHSP) Participants and the Substance Use Disorder (SUD) Provider Network as delineated below:

- A. **Quality Assessment Performance Improvement Program (QAPIP) Plan and Report:** MSHN retains responsibility for developing, maintaining, and evaluating the annual QAPIP Plan and Report in collaboration with the CMHSP Participants. The report shall include analysis of critical incidents, risk events and sentinel events, and shall facilitate quality improvement processes. Responsibility for implementation of the QAPIP is delegated to the CMHSP Participants and the SUD Provider Network, including local analysis of risk events, critical incidents, sentinel events, and events requiring immediate notification, with oversight by MSHN.
- B. **Standard Setting:** MSHN retains responsibility for establishing quality standards in collaboration with CMHSP Participants. Responsibility for implementing processes for meeting those standards is delegated to the CMHSP participants and SUD Provider Network with oversight and monitoring by MSHN.
- C. **Regulatory and Corporate Compliance:** MSHN shall comply with 42 CFR Program Integrity Requirements, including designating a MSHN Compliance Officer. Responsibility for establishing processes to achieve compliance consistent with the MSHN Corporate Compliance Plan is delegated to the CMHSP participants and the SUD Provider Network, with oversight and monitoring by MSHN.
- D. **Performance Assessments and Conducting Quality Reviews:** MSHN retains responsibility for assessing the performance of its provider network, including conducting reviews of performance according to established standards.
- E. **External Reviews:** MSHN retains responsibility, in collaboration with the CMHSP ~~Participants, for~~ [Participants, for](#) managing outside entity review processes, including, but not limited to, external quality review.
- F. **Research:** Responsibility for assuring compliance with state and federal rules, laws and guidelines regarding conducting research consistent with MSHN policy is delegated to the CMHSP participants. MSHN retains the responsibility for assuring capacity to reach compliance within the region.
- G. **Provider Education and Training:** Responsibility for providing training to providers is delegated to the CMHSP participants, with oversight and monitoring by MSHN. Assurances for uniformity and reciprocity shall be established in MSHN provider network policies and procedures.
- H. **Practice Guidelines:** Responsibility for the adoption, development, implementation, and continuous monitoring and evaluation of practices guidelines is delegated to the CMHSP participants, with oversight and monitoring by MSHN.

Applies to:

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

Definitions:

CARE: Commission on Accreditation of Rehabilitation Facilities

Corporate Compliance: This sort of compliance is required in the PIHP contract with MDHHS and is intended to prevent, monitor and remediate instances of abuse and fraud of public funds.

CMHSP: Community Mental Health Service Program

Critical Incidents: Specific events requiring analysis and reporting to MDHHS. These events include suicides, non-suicide deaths, emergency medical treatment or hospitalizations due to injury or medication error, and arrests of consumers. The population on which these events must be reported differs slightly by type of event (MDHHS Contract, Attachment.). Physical management and/or involvement of law enforcement, permitted for intervention in emergencies only, are considered critical events..

Joint Commission: A national organization that accredits healthcare and behavioral health.

Risk Events: Additional events that put individuals, in the same population categories as the critical events above, at risk of harm. These events minimally include actions taken by consumers that cause harm to themselves or to others, and two or more unscheduled admissions to a medical hospital, not due to planned surgery or the natural course of a chronic illness, within a 12-month period (MDHHS Contract). These events require analysis. Reporting to MDHHS occurs upon MDHHS request.

MSHN: Mid- State Health Network

MDHHS: Michigan Department of Health and Human Services

PIHP: Prepaid Inpatient Health Plan

Provider Network: [Refers to MSHN CMHSP Participants and SUD providers directly under contract with the MSHN PIHP to provide/arrange for behavioral health services and/or supports. Services and supports may be provided through direct operations or through the subcontract arrangements](#)

SUD: Substance Use Disorder

SUD Provider Network: Refers to Substance Use Disorder Providers that are directly under contract with the MSHN PIHP to provide services and/or supports.

QAPIP: Quality Assessment and Performance Improvement Program

QIC: Quality Improvement Council

QM: Quality Management

Sentinel Events: Unexpected occurrences involving death, serious psychological or physical injury (specifically loss of limb or function) or the risk thereof. This includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome. Such events are called sentinel because they signal the need for immediate investigation and response (CARF; Joint Commission.). Also included is injury or death that occurs as a result of the use of a behavioral intervention (MDHHS Contract.). Sentinel Events require root cause analysis and reporting to MDHHS and accrediting entities in accordance with established procedures.

References/Legal Authority:

1. BBA 438.240: Quality Assessment and Performance Improvement Program
2. [MDHHS/PIHP contract, Michigan Medicaid Managed Special Supports and Service Contact](#)
3. MDHHS Quality Assessment and Performance Improvement Program Technical Requirement
4. Mid-State Health Network QAPIP Plan
5. Mid-State Health Network Compliance Plan

Change Log:

Date of Change	Description of Change	Responsible Party
12.03.2013	New policy	QIC
01.06.2016	Annual review, format consistency	Director of Compliance, CS & Quality
03.2017	Annual Review	Director of Compliance, CS & Quality
03.2018	Annual Review	Director of Compliance, CS and Quality
03.2019	Annual Review, added risk events and immediate notification	Quality Manager
10.2020	Biennial Review	Quality Manager
10/2022	Biennial Review	Quality Manager

POLICY AND PROCEDURE MANUAL

Chapter:	Quality		
Title:	Regional Provider Monitoring and Oversight		
Policy: <input checked="" type="checkbox"/>	Review Cycle: Biennial	Adopted Date: 11.07.2017	Related Policies: Quality Management
Procedure: <input type="checkbox"/> Page: 1 of 5	Author: Director of Provider Network Management Systems Chief Compliance Officer	Review Date: 11.10.2020	

Purpose

To establish guidelines for Mid-State Health Network and Community Mental Health Service Program (CMHSP) participants when conducting regional monitoring and oversight of its provider network when regional provider performance monitoring has been implemented (e.g. ~~Financial Fiscal Management Intermediary Services (FMS), Licensed Psychiatric Inpatient Hospitals/Units (LPH), Applied Behavior Analysis (ABA)/Autism BA, etc.~~), or when statewide reciprocity arrangements between PIHPs have been enacted pursuant to contractual MDHHS Reciprocity & Efficiency Policy, and to ensure compliance with federal and state regulations, and contractual obligations and to establish standardized, regional processes.

Policy

MSHN on behalf of the CMHSP participants shall create, implement, and maintain a published process to monitor and evaluate its provider network to ensure compliance with federal and state regulations and contractual requirements as it applies to collective services designated by the Operations Council. This includes protocols for monitoring and oversight and protocols to ensure regional reviewers are appropriately managing its charged responsibilities.

- A. MSHN, on behalf of its CMHSP’s, shall ~~conduct~~ coordinate a full monitoring and evaluation process of contracted providers once every two (2) years. This process will consist of utilizing uniform standards and measures to assess compliance with federal and state regulations, and regional contractual requirements. An interim year review will focus on any elements of the previous year’s findings in which compliance standards were determined to be partially or not fully met and new standards effective since the previous full review.
 1. Regionally approved provider performance monitoring standards and protocols shall be exclusively used.
 2. Statewide approved provider performance monitoring standards and protocols shall be exclusively used and shall supersede any regionally developed/approved performance standards and protocols.
 3. CMHSPs may prefer to facilitate reviews and should work with the assigned MSHN Lead to coordinate. Coordinated review teams will determine task responsibilities based on content expertise and other mitigating factors.

- B. The monitoring and evaluation process may consist of the following components:
 1. **Desk Audit:** This component will consist of a ~~pre~~ review of select policies, protocols, chart documentation, staff files, documents and other resource materials submitted by the provider to the designated secure web-based document management system for ~~site~~ review team access and review ~~prior to an on-site visit.~~
 2. **On-Site Audit:** This component will consist of an on-site visit to the provider, if site-based services are provided or site-based records access is required, to review and validate process requirements. This component may include staff interviews. This function will typically be the responsibility of a MSHN-coordinated site review team on behalf of the CMHSP Participants holding the contract responsibility.
 3. **Consumer File Review:** Prior to the visit, MSHN shall extract a random 5% sample of consumer record identifiers to ensure compliance with specific program requirements. The random sample will include a sample of consumers from all CMHSP’s who contract

with the provider. The sample will include at least one (1) record from each of the regional CMHSPs who hold a contract with the provider. Sample sizes will be no less than two (2) and no more than (12). This function will typically be completed by a MSHN-coordinated site review team on behalf of the contracted CMHSPs. Note: The review team has the right to request additional files should there be justification to do so. As long as if each contracting CMHSP is represented in the record review, the review team may complete less reviews than the original sample identified.

4. Personnel File Review: This component includes analysis of the personnel records of employees assigned to the selected consumers. On-site review will typically be completed by a MSHN-coordinated site review team on behalf of the CMHSP Participants holding the contract responsibility.

- i. For ~~Fiscal Intermediary~~FMS audits, a minimum of ten (10) and a maximum of twenty-five (25) employee personnel files shall be reviewed which will include a sample of all employee types including aide level.
- ii. For ~~inpatient LPH unit~~ reviews, an audit of personnel credentialing records may be waived upon verification of current accreditation and review of credentialing policies and procedures demonstrate compliance with ~~Department of Community Health and Human Services~~ Behavioral Health and Developmental Disabilities Administration Credentialing and Re-credentialing Processes.
- iii. For Autism audits, personnel file review includes actively employed (current) staff engaged with the client.

5. Recipient Rights Specific Review: For the Recipient Rights portions of the review(s), applicable to LPH and Autism, the following information is relevant:

- i. ~~IPHU~~ Rights reviews occur, onsite, no less than every 365-days
- ii. ~~IPHU~~ Policy reviews are to occur no less than every 3-years and are conducted by the CMHSP Rights Officers

6. Consumer and personnel records and other information/data that will be reviewed will include the time period from the date of the last site review to current (or the prior 24 months). The designated review team does reserve the right to request information/data prior to the last 24 months as deemed necessary.

7. Overall responsibility for regional monitoring and evaluation process and updating of the monitoring evaluation tools shall rest with the MSHN Quality Assurance and Performance Improvement (QAPI) Manager, CMHSPs, in concert with the Provider Network Management Committee (PNMC) and/or designees. Annually, monitoring tools shall be reviewed to ensure functional utility and updated as necessary due to changing regulations, contract terms and operational feedback. ~~Edits will be submitted to the MSHN Quality Improvement Council for review and feedback.~~ In the case of statewide provider performance monitoring protocols, suggestions for edits/updates shall be submitted through the standing statewide PIHP process.

a. MSHN Regional Recipient Rights Staff shall have an opportunity to review and provide recommended alterations/updates to any related source materials, e.g. regional IPHU-LPH standardized contract.

- i. PNMC and MSHN Regional Rights Officer Committee will be responsible for sharing information.

8. Site review teams shall consist of a sufficient number of CMHSP representatives to ensure an efficient and effective review with minimal disruption to provider operations. CMHSP representatives will be identified on a voluntary basis.

a. CMHSP staffing/support should efficiently cover all review responsibilities and

- account for time, content expertise, review-related tasks. MSHN support is available as needed and requested. If CMHSP volunteers are not identified, the QAPI manager shall recruit a team representative(s) through direct contact with the CMHSP [or via Operations Council requests](#).
- b. At least one of the CMHSP representatives shall be from the CMHSP within which the provider's primary service site (or administrative site) is located unless an alternate plan was agreed upon.
 - c. A recipient rights staff from the CMHSP within which the provider's primary service site is located shall be a part of the site review team and shall conduct the Recipient Rights Review on behalf of the region.
 - i. Only the recipient rights staff can review rights-related standards.
 - ii. Only the recipient rights staff have authority to approve submitted rights-related corrective action.
 - iii. The Rights Staff oversee all matters related to Rights and will ensure the information is shared with the review team, including the Lead, for purpose of carrying out reciprocity plan in which multiple elements / functions are reviewed for compliance during one (1) general review of a unit.
 - d. MSHN's QAPI manager will be responsible for coordinating a uniform and consistent review process in the region. This includes coordinated communications between MSHN, the CMHSPs and MSHN councils and committees, as necessary.
9. Annually, the MSHN QAPI manager, in concert with CMHSP review teams and, if applicable, other PIHPs, shall create its annual monitoring schedule, based on the calendar year, and notify providers at least ninety (90) days in advance of the scheduled review. Special considerations may include:
- Ensuring coordination with other PIHPs to support regional monitoring and reciprocity.
 - Avoiding the months of January through April for reviews of [Financial Management Services providers](#), ~~seal~~ ~~Intermediaries~~.
10. Following the on-site review, the review team lead, shall develop a Contract Monitoring & Evaluation Report detailing the results of its monitoring review. The monitoring report shall include the following:
- i. A summary report detailing the overall review process and findings;
 - ii. Detailed findings pertaining to each standard audited/reviewed;
 - iii. Quality Improvement (QI) recommendations; and
 - iv. Corrective Actions (if applicable) pertaining to any finding that requires remedial action.
11. The review team lead shall submit the monitoring report to the provider within thirty (30) days of the conclusion of the review. Final reports and related documents will be uploaded to applicable file sharing protocol sites (e.g. Box, [Teams-Groupsite](#)) for contracting CMHSP's within the MSHN region to access.
12. MSHN review team(s) will adhere to all MDHHS guidance, including but not limited to, timeliness requirements.
13. The provider shall submit a corrective action plan within thirty (30) days of the monitoring review report date, for any item not meeting the compliance standard. The provider may also present information that demonstrates compliance with the

- standard(s) at the time of the review. The MSHN QAPI Manager, in consultation with the CMHSP Participants holding the contract responsibility shall determine if the new information results in a change to the final report/score. The corrective action plan shall include:
- i. A detailed action plan which addresses steps to be taken to assess and improve performance;
 - ii. Measurement criteria (i.e. how will the review team know the objective/outcome will be achieved); and
 - iii. Timeframes for completing each improvement plan.
14. If, during an on-site visit, the site review team member identifies an issue(s) that places a consumer in imminent risk to health, safety or welfare, both the MSHN and CMHSP representatives will initiate coordinated action in a manner consistent with federal, state and ethical requirements based on the severity of the issue(s).
 15. Corrective Action Plans not submitted within the required time frame will be reported to the MSHN [Director of Provider Network](#) [Chief Compliance and Quality Officer](#) and the Provider Network Director of the CMHSP Participants holding the contract responsibility for resolution submission.
 16. The review team will review the corrective action plan and issue a response within thirty (30) days of receiving required information from the provider. The Corrective Action Plan shall be provided, as applicable, to other PIHPs and to the contracting CMHSPs within the MSHN region through identified FTP sites.
 17. The MSHN QAPI Manager and CMHSP representatives will take steps to monitor the providers implementation of the corrective action plan as part of performance monitoring, with an interim year follow up review. Monitoring activities will include review team member's organizations or other CMHSPs in the region. Based on the severity of the issue(s) requiring a corrective action, a focused review will be conducted, at a timeframe determined by the review team, to ensure remediation.
 18. If the provider and review team cannot reach mutual agreement on a finding or on required corrective action, the provider may submit an appeal of finding and conflict resolution to the CMHSP Participants holding the contract responsibility. NOTE: Recommendations do not qualify under the appeal and resolution process as they are recommendations only and do not require a corrective action plan. A final determination will be coordinated by the review team and forwarded to the provider in accordance with provider appeal procedures. The review team shall adjust and reissue the monitoring report as an outcome of either an informal or formal appeal that changes the report results.
 19. Report summary findings on provider monitoring activities shall be shared with the contracting CMHSP's, Provider Network Management Committee, and other MSHN councils or committees as appropriate.

Applies to:

- All Mid-State Health Network Staff
- Selected MSHN Staff, as follows: QAPI, Provider Network, Compliance
- MSHN's Participants: Policy Only Policy and Procedure
- Other: Subcontracted Providers

Definitions:

CMHSP: Community Mental Health Service Program

FMSI: Fiscal [Management Services Intermediary services](#) that assist the adult beneficiary, or a representative identified in the beneficiary’s individual plan of services manage and distribute funds contained in the individual budget.

LPH: [Licensed Psychiatric Hospital](#)

MSHN: Mid-State Health Network, Region 5 Pre-Paid Inpatient Health Plan

PIHP: Prepaid Inpatient Health Plan

PNMC: Provider Network Management Committee

Provider Network: [Refers to MSHN CMHSP Participants and SUD providers directly under contract with the MSHN PIHP to provide/arrange for behavioral health services and /or supports. Services and supports may be provided through direct operations or through the subcontract Refers arrangements. to a CMHSP Participant and all Behavioral Health Providers that are directly under contract with the MSHN PIHP to provide services and/or supports through direct operations or through CMHSP subcontractors.](#)

QAPI Manager: MSHN’s Quality Assurance and Performance Improvement Manager

QI: [Quality Improvement](#)

Review Team: [shall consist of a sufficient number of CMHSP representatives to ensure an efficient and effective review with minimal disruption to provider operations](#)

Other Related Materials:

1. Regional Monitoring Tools
2. MSHN Provider Appeals Procedure

References/Legal Authority:

[1. The Code of Federal Regulations \(CFRs\)](#)

~~[2. CMHSP/Provider regional contract](#)~~

~~[3. PIHP managed care administrative delegations made to the CMHSP](#)~~

~~[4. PIHP/CMHSP contract](#)~~

~~[5. PIHP policies, standards and protocols, including both MDHHS and PIHP ‘practice guidelines.](#)~~

~~[6. Medicaid Provider Manual](#)~~

~~[7. MDHHS/PIHP Contract \[medicaid Managed Specialty Supports and Services Concurrent 1915\\(b\\)\\(c\\) Waiver Program Contract \\(which includes attachment P7.3.1.1\\)\]\(#\)](#)~~

~~[8. MDHHS Reciprocity \[Guidelines Standards\]\(#\)](#)~~

~~[9. MDHHS \[Self Determination Implementation Self-Directed Services\]\(#\) Technical Advisory](#)~~

~~[8.—](#)~~

~~[9.— MDHHS \[Self Determination Policy and Practice Guideline\]\(#\)](#)~~

~~[10. MDHHS \[Fiscal Intermediary Technical Requirement\]\(#\)](#)~~

Change Log

Date of Change	Description of Change	Responsible Party
08.2017	New Policy	Director Provider Network Management
03.2018	Annual Review	Director of Compliance, Customer Service and Quality
03.2019	Annual Review	Director of Compliance, Customer Service and Quality
06.2020	Updated to include current practice for oversight including addition of Recipient Rights specific review language	Director of Compliance, Customer Service and Quality
11.2022	Biennial Review – References, acronyms and definitions updated	Quality Manager

POLICIES AND PROCEDURE MANUAL

Chapter:	Quality		
Title:	Research		
Policy: <input type="checkbox"/> Procedure: <input type="checkbox"/> Page: 1 of 2	Review Cycle: Biennial Author: Chief Compliance Officer, Quality Improvement Council	Adopted Date: 09.02.2014 Review Date: 01.12.2021 Revision Eff. Date: 11.2015	Related Policies: Quality Management

Purpose:

To protect the rights and well-being of human subjects of research conducted by Mid-State Health Network (MSHN) and/or its provider network and to ensure compliance with the Protection of Human Subjects Act, 45 CFR, Part 46 and the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

Policy:

Prior to initiation of research by MSHN and/or its provider network MSHN will submit Institutional Review Board (IRB) application material for all research involving human subjects that is conducted in programs sponsored by the Michigan Department of Health and Human Services (MDHHS) or in programs that receive funding from or through the State of Michigan. The application and approval material will be submitted to the MDHHS’s IRB for review and approval or for acceptance of the review by another IRB. All such research must be approved by a federally assured IRB, but the MDHHS’s IRB can only accept the review and approval of another institution’s IRB under a formally approved interdepartmental agreement. The manner of the review will be agreed upon between the MDHHS’s IRB Chairperson and the Contractor’s IRB Chairperson or Executive Officer(s).

Research initiated prior to MSHN contracting shall be acceptable provided, upon request, the responsible CMHSP can provide evidence of appropriate MDHHS IRB or alternative review.

All research and related projects shall be conducted in such a manner as to ensure the rights, benefits, and privileges guaranteed bylaw.

All research involving MSHN consumers must be reviewed and approved by a MSHN or MSHN Contractor Research Review Committee before involvement of MSHN subjects in the project. Externally funded projects involving the use of MSHN consumers are to be approved by a MSHN Research Review Board. MSHN acknowledges that grant application time frames may require submission prior to MSHN review; however, approval by the MSHN Research Review Board is required prior to acceptance and implementation of the grant award.

The Research Review Board shall include minimally:

1. A Senior officer of MSHN or its contractors
2. A senior clinician with expertise with the identified population
3. A recipient rights officer
4. A medical director for medically related research

The Research Review Board is responsible for reviewing proposed research projects involving human subjects before submission to the MDHHS’s IRB for approval of the research project to ensure that:

1. The rights and welfare of the subjects are ~~protected;~~protected.
2. Written informed consent is obtained from each subject using appropriate ~~methods;~~methods.
3. The risks and potential benefits are disclosed to participating ~~subjects;and~~subjects; and
4. Review completed (IRB) application material

MSHN may request additional expertise when necessary for adequate review by the Research Review Board. The research review board shall maintain a written record of all research proposals and publication submissions and report at least annually to the MSHN Operations Council.

Applies to

All Mid-State Health Network Staff Selected MSHN Staff, as follows:
MSHN’s CMHSP ~~Participants~~-Participants: Policy Only Policy
and Procedure Other: Sub-contract Providers

Definitions

HIPAA: Health Insurance Portability & Accountability Act.

Human subject (as defined by 45 CFR, Part 46.102) means a living individual about whom an investigator (whether professional or student) conducting research obtains

- (1) Data through intervention or interaction with the individual, or
- (2) Identifiable private information.

IRB: Institutional Review Board reviews, approves, and monitors research that directly or indirectly involves living persons, their issues or personal information, in order to protect the rights of the participants.

MSHN: Mid-State Health Network

MDHHS: Michigan Department of Health & Human Service

Provider Network: Refers to a Community Mental Health Services Program (CMHSP) Participant and a Substance Abuse Provider that is directly under contract with the MSHN PIHP to provide services and/or supports through direct operations or through the CMHSP’s and CA’s subcontractors.

Research Review Board: A body of appointed MSHN or MSHN contractor staff with the knowledge and experience required to function as an IRB.

Research: (as defined by 45 CFR, Part 46.102) means a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge. Activities which meet this definition constitute research for purposes of this policy, whether or not they are conducted or supported under a program which is considered research for other purposes. For example, some demonstration and service programs may include research activities.

Other Related Materials

N/A

References/Legal Authority

45 CFR 46: Human Subjects Research

Medicaid ~~Managed Specialty Supports and Services~~-Contract

MDHHS Quality Assessment and Performance Improvement Program for Specialty Prepaid Inpatient Health Plans Technical Requirement

Change Log:

Date of Change	Description of Change	Responsible Party
09.2014	New Policy	Chief Compliance Officer
08.2015	Update to MDHHS and to include accommodation to research prior to	Deputy Director, Chief Executive Officer
08.2016	Annual Review	Director of Compliance, Customer Service and Quality Improvement
03.2017	Annual Review	Director of Compliance, Customer Service and Quality
03.2018	Annual Review	Director of Compliance, Customer Service and Quality
03.2019	Annual Review	Quality Manager
10.2020	Biannual Review	Quality Manager
<u>10.2022</u>	<u>Biannual Review</u>	<u>Quality Manager</u>

POLICIES AND PROCEDURE MANUAL

Chapter:	Quality		
Title:	Sentinel Events		
Policy: <input checked="" type="checkbox"/>	Review Cycle: Biennial	Adopted Date: 07.07.2020	Related Policies: Critical Incident Policy Incident Review for Substance Use Providers Policy
Procedure: <input type="checkbox"/> Page: 1 of 2	Author: Quality Improvement Council, Quality Manager	Review Date: 01.12.2021	

Purpose: To ensure that the Mid-State Health Network (MSHN) pre-paid inpatient health plan is in compliance with the Michigan Department of Health and Human Services (MDHHS), Medicaid Managed Specialty Supports and Services Contract, Quality Assessment and Performance Improvement Plan related to Sentinel Event Reporting.

Policy: MSHN delegates responsibility to its Provider Network, with oversight and monitoring by MSHN, for collecting, analyzing and reporting to MSHN all incidents that meet the criteria as specified in the MDHHS ~~Medicaid Specialty Supports and Services~~ Contract for sentinel events.

- The Provider Network must review critical incidents to determine if it is a sentinel event within three (3) business days of the occurrence/notification-of the incident.
- The Provider Network must commence a root cause analysis within two (2) subsequent business days of the identification of a sentinel event.
- Persons involved in the review of sentinel events must have the appropriate credentials to review the scope of care.
- Based on the outcome of the root cause analysis or investigation, the provider must ensure that a plan of
 - action is developed and implemented to prevent further occurrence of the sentinel event. The plan must identify who is responsible for implementing the plan, and how implementation will be monitored. Alternatively, the provider may prepare a rationale for not pursuing a preventive plan.
- The Provider Network must report all sentinel events to ~~the~~ MSHN through MSHN's Regional Electronic Medical Record Information (REMI) system Quality Manager within the required timeframes as specified by incident.
- ~~The Quality Manager will notify the appropriate MSHN Staff of the event.~~
- ~~A~~ The root cause analysis shall be completed for each sentinel event and could be completed and be available upon request.
- The Provider Network will have a standard for the timeframe of the completion of the root cause analysis.
- MSHN will submit all sentinel events to MDHHS as required.

Applies to:

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

Definitions:

- CMHSP: Community Mental Health Service Programs
- MDHHS: Michigan Department of Health and Human Services
- MSHN: Mid-State Health Network
- PIHP: Prepaid Inpatient Health Plan
- Provider Network: Refers to a CMHSP Participant and SUD Treatment and Recovery Providers (ie. all Behavioral Health Providers) that are directly under contract with the MSHN PIHP to provide services and/or supports through direct operations or through the CMHSP's subcontractors.

Sentinel Events: Is an “unexpected occurrence” involving death (not due to the natural course of a health condition) or serious physical or psychological injury or risk thereof. Serious injury specifically includes permanent loss of limb or function. The phrase “or risk thereof” includes any process variation for which recurrence would carry a significant chance of a serious adverse outcome. (JCAHO, 1998) Any injury or death that occurs from the use of any behavior intervention is considered a sentinel event. (Medicaid Managed Specialty Supports and Services Program Contract)

Root Cause Analysis: A root cause analysis (JCAHO) or investigation (per CMS approval and MDHHS contractual requirement) is "a process for identifying the basic or causal factors that underlie variation in performance, including the occurrence or possible occurrence of a sentinel event. A root cause analysis focuses primarily on systems and processes, not individual performance." (JCAHO, 1998)

Other Related Materials:

N/A

References/Legal Authority:

Medicaid ~~Managed Specialty Supports and Services~~ Contract
 MDHHS Quality Assessment and Performance Improvement Program for Specialty Prepaid
 Inpatient Health Plans Technical Requirement

Change Log:

Date of Change	Description of Change	Responsible Party
03.2020	New Policy-Sentinel Event Reporting Requirements	Quality Manager
10.2020	Biennial Review	Quality Manager
<u>10.2022</u>	<u>Biennial Review</u>	<u>Quality Manager</u>