From the Chief Executive Officer's Desk

Joseph Sedlock

In May 2023, the Mid-State Health Network Board of Directors adopted a resolution strongly opposing the four Michigan Department of Health and Human Services (MDHHS) identified structural models for implementation to comply with federal conflict free access and planning regulations. The key reasons are listed in the resolution at this link.

Oversimplified, conflict free access and planning is a process that comes from federal law and works to ensure that there is no conflict between the developer of a person's service plan and the provider of the services authorized in that service plan. Conflict is when there is a chance that the provider agency might gain financially from developing the plan and providing the services in the plan. The goal of the models under consideration is to use safeguards (in this case modification to the structure of the entire public behavioral health system) to reduce the chances that there could be a problem with arrangements in services that involve undue financial gain for the provider agency.

MDHHS has announced listening sessions for individuals and families receiving services and supports from the public behavioral health system for August 1 and August 9. By the time this article is released, advanced registration for these events, which is required, will have closed.

A MDHHS decision on the model(s) to be implemented was expected by the end of July. Given the scheduling of these beneficiary listening sessions, it is likely that a decision will be announced in the fall.

It is important that readers make their positions known to those involved in making these decisions. Please send your comments, supporting or opposing, or your recommendations for strategies to consider to the following email address: Mdhhs-ConflictFreeAccess@michigan.gov.

For further information or questions, please contact Joe at Joseph.Sedlock@midstatehealthnetwork.org

Organizational Updates

Amanda Ittner, MBA
Deputy Director

MSHN Website Redesign Coming Soon

Mid-State Health Network's website has been operating with the current visual design architecture since 2014. As the site has expanded with new information, such as COVID-19 related policies and updates, new health home initiatives, data dashboard information and provider resources and publications, the navigation has become increasingly complicated and difficult for the user to find the right resource.

MSHN's website audience is designed for three specific target groups; 1) individuals served, 2) network providers, and 3) community/public. An internal team has been organized and is working with the website designers to develop a more user-friendly experience and modern design.

The website currently receives over 6,000 views by approximately 1,600 users, per month. The top pages viewed include the Home Page and the Provider Directory, indicating most utilization is related to Provider Directory Searches. The Provider Directory includes all Community Mental Health Organizations, including their network providers, as well as the region's Substance Use Disorder Providers. The goal of the redesign within the Provider Directory is to ensure individuals served are aware of their provider choices, understand the services offered and connect them to the most appropriate provider in an efficient and searchable process.

The MSHN Website Workgroup would appreciate your feedback and experiences with the website to help inform the redesign. To provide feedback, please email info@midstatehealthnetwork.org.

For further information or questions, please contact Amanda at Amanda.Ittner@midstatehealthnetwork.org

Information Technology

Steve Grulke
Chief Information Officer

The Mid-State Health Network (MSHN) Information Technology (IT) team worked on several reporting improvements over the past several months. A new report for monitoring the need for a Behavioral Health Treatment and Episode Data Set (BH-TEDS) 'S' record was completed. This is a Michigan Department of Health and Human Services (MDHHS) requirement for substance use disorder (SUD) consumers when they are in continuous treatment for over one year. A report that is used to confirm the voided claims for the Office of the Inspector General refunds was enhanced to allow for selection by consumer or Community Mental Health Service Provider (CMHSP) and specific time frames. The SUD Residential Readmission Follow-up report was published to the MSHN website. The learning collaborative's baseline data dashboard for participating providers was completed along with several Autism data reports. Many more reports for priority measures for MSHN and Certified Community Behavioral Health Clinics (CCBHCs) were enhanced to include additional measurement criteria, to preserve drill down data and to include longitudinal versions. The encounter submission error report was sent to the CMHSPs for the first time as well. The missing BH-TEDS data reports from MDHHS were split and sent to the CMHSPs along with the Medicaid redetermination reports.

MSHN also started our review of current contracts and along with that comes a review of what is planned for the upcoming year. The IT department is planning to enhance the security of our entire environment. A penetration test was completed several months ago and many inconsistencies have been corrected and many improvements have been made including adding two-factor authentication (2FA) to a few systems. 2FA requires a person to know something (a password) and to have something (a key code accessed via a text message or an email or an application). This way, just finding out someone's password is not enough to gain access to this system. 2FA was already in place for our Office 365 and Box environments for some time now, and it was just started as a pilot with the Utilization Management group in the managed care data system. We are planning to add 2FA to Windows on the employee laptops next year.

For further information or questions, please contact Steve at Steve.Grulke@midstatehealthnetwork.org

Finance

Leslie Thomas, MBA, CPA
Chief Financial Officer

MSHN's Finance Team is actively engaged in several activities related to Fiscal Year (FY) 2024.

MSHN received draft capitation rates from Michigan Department of Health and Human Services (MDHHS) in July. Capitation information allows Finance to project the Region's anticipated revenue by Community Mental Health Service Participant and Substance Use Disorder. In conjunction with calculating revenue, expense information is also collected and those two components are used to develop a complete FY 2024 budget. Unfortunately, because the rates are in draft format, they are subject to change. In addition, the draft rates do not include key items such as geographic factors and projected enrollment updates. These two items are key when making accurate projections:

- Geographic Factors – MDHHS' actuarial contractor assigns a number to each Prepaid Inpatient Health Plan (PIHP) based on expenses, urban or rural status, and other financial information. The numbers usually range from .97 – 1.2 for example. PIHPs with a number less than 1 will receive a reduction in base capitation and vice versa for those with numbers greater than 1.
- Enrollment – MDHHS acknowledges there will be a reduction in the number of eligibles for Medicaid and Healthy Michigan. As you know, the Region's revenue is derived from eligibles not individuals served. Having projections in this area is key to calculating accurate revenue.

In addition to the Substance Use Disorder (SUD) contracts discussed in June's Newsletter, MSHN also works with the Community Mental Health Service Providers (CMHSPs) on the following regional contracts:

- Medicaid Subcontracting Agreement – Contract between MSHN and the CMHSPs for all disbursed payments. In addition to standard boiler plate language, the contract includes a funding exhibit (anticipated revenues) and CMHSP reporting requirements.
- Applied Behavioral Analysis (ABA) – CMHSPs use this contract template for their work with Autism Service Providers.
- Inpatient – CMHSPs use this contract template with hospitals for individuals receiving Mental Health Inpatient care.
- Financial Management Services (FMS) – The purpose of FMS Providers is to manage an individual budget

and make payments as authorized by the person served for individuals assisting in their care. An FMS provider may also render a variety of supportive services that assist the person in self-directing their care.

For further information or questions, please contact Leslie at Leslie.Thomas@midstatehealthnetwork.org

Behavioral Health

Todd Lewicki, PhD, LMSW, MBA
Chief Behavioral Health Officer

MichiCANS Soft Launch

Introduction

In June 2023, Mid-State Health Network (MSHN) and one of its partner Community Mental Health Service Programs (CMHSPs), Community Mental Health for Central Michigan (CMHCM), were selected to be a participation site for the soft launch of the Michigan Child and Adolescent Needs and Strengths (MichiCANS) instrument. This participation is recognized as a commitment to the use of the MichiCANS tools to be used along with assessment tools currently being used by CMHSPs in the state of Michigan. Michigan currently uses the Preschool and Early Childhood Functional Assessment Scale (PECFAS), the Child Adolescent Functional Assessment Scale (CAFAS), and the Devereux Early Childhood Assessment (DECA), to be replaced by the MichiCANS in October 2024. The MichiCANS is a variation of the CANS tool, created by the John Praed Foundation, for youth ages six through twenty. The MichiCANS is a multiple-purpose integration tool intended to be the product of an assessment process and has been built on six key principles (John Praed Foundation, 2023):[1]

1. Each item in the tool is relevant to service or treatment planning.
2. Each item is on a four-level rating system that converts into an action level.
3. The rating describes the child/youth, not the child/youth in services.
4. Cultural factors and developmental issues are considered prior to establishing the action levels.
5. The ratings are not focused on the cause of the issues, but what they are.
6. The tool is contemporary to the child/youth's current situation by using a 30-day window for the ratings.

The MichiCANS focuses on supporting planning and decision-making in level of care considerations and is inclusive of the child/youth's and parents/caregiver's needs and strengths. For each child/youth, it facilitates opportunities toward quality improvement as well as monitors the outcome of services. The MichiCANS' strength is that it aims to enable the linkage between the assessment process and the design of person-centered service plans while integrating the application of evidence-based practices.

Timeline for Implementation

The MichiCANS soft launch is an opportunity for MSHN and CMHCM to begin the process of transitioning over in the eventual statewide use of this instrument, approximately one year early. This helps commence now the process of learning, mastery, and appropriate application of the instrument to address improvements to and enhance the outcomes in services to children and youth within the region. The soft launch covers preparation activities from June to December 2023. This involves integration into the electronic medical record (EMR) and orientation and training on the use of the MichiCANS tool. In January 2024, use of the MichiCANS Screener and Comprehensive tools will be used for access and intake. This phase will involve discussions on the implementation process, any need for modifications, and skill development in the use of the tool, through September 2024. Then, at the start of fiscal year 2025 (October 2024), the MichiCANS is anticipated to be launched statewide for all Pre-Paid Inpatient Health Plans (PIHPs) and CMHSPs. MSHN and CMHCM are fortunate and enthusiastic to begin the early, in-advance use of the MichiCANS which will undoubtedly assist the region in working out any issues of implementation ahead of the full launch, thereby making this time spent in the soft launch phase a very effective and efficient use of effort toward addressing responsive and evidence-based services to children and youth.

[1] **References:**
John Praed Foundation. (2023). *Michigan child and adolescent needs & strengths: MichiCANS comprehensive ages 6 through 20 reference guide.*

For any questions, comments or concerns related to the above, please contact Todd or Skye at Todd.Lewicki@midstatehealthnetwork.org or Skye.Pletcher@midstatehealthnetwork.org

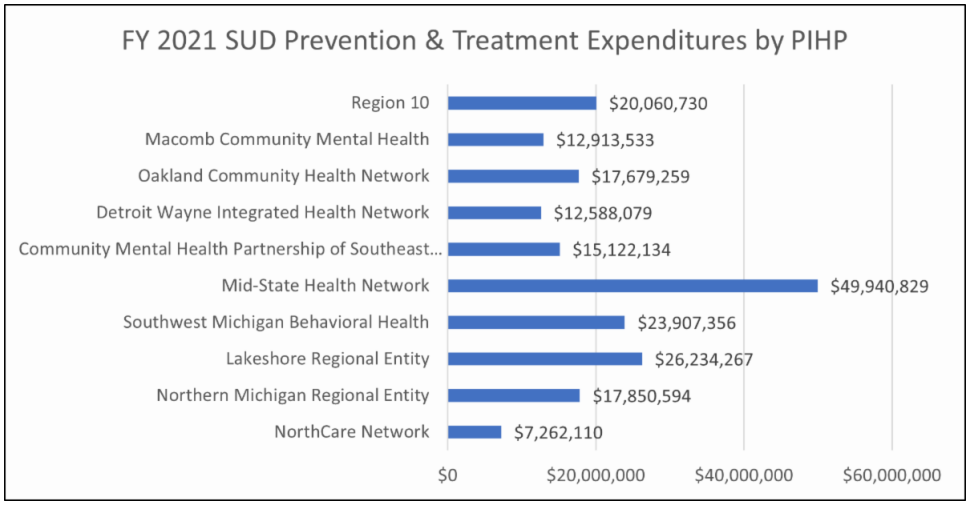
Utilization Management & Care Coordination

Skye Pletcher-Negrón, LPC, CAADC
Director of Utilization and Care Management

SUD Service Utilization & Cost: Statewide Comparison

Each year, the Michigan Department of Health and Human Services (MDHHS) publishes a comprehensive report to the Michigan legislature on the performance of Community Mental Health Service Providers (CMHSPs) and Prepaid Inpatient Health Plans (PIHPs). The report contains detailed service utilization and cost information, demographic information for persons served, and performance outcome data. The report also provides valuable insights regarding similarities and differences in the way specialty behavioral health and substance use services are paid for and delivered among different PIHP regions. The FY 2021 report (the most recent data available) highlights MSHN's outstanding statewide leadership in delivering high-quality Substance Use Prevention & Treatment Services, including:

- MSHN spent a total of $49,940,829 on Substance Use Prevention & Treatment Services in FY 2021, *nearly twice the amount spent by any other PIHP in the state*.
- MSHN spending on Substance Use Prevention & Treatment Services accounted for 24% of all substance use disorder (SUD) expenditures statewide in FY 2021.
- MSHN served the most individuals in each service category statewide.



Type of Service	Unduplicated Persons Served by MSHN	% of All Persons Served Statewide
Outpatient	10,862	37%
Detoxification	1,598	20%
Residential	3,215	24%

The full version of the FY 2021 legislative report is available on the MDHHS website:Per Section 904(1) of PA 87 of 2021 | Report on CMHSPs, PIHPs, and Regional Entities.

Contact Skye with questions, comments or concerns related to the above and/or MSHN Utilization Management and Care Coordination at Skye.Pletcher@midstatehealthnetwork.org

Substance Use Disorder Policy, Strategy and Equity

Dr. Dani Meier, PhD, LMSW, MA
Chief Clinical Officer

Bystanders' Role in Intervening in Medical Emergencies

The overdose-reversal medication naloxone (often referred by the brand-name, Narcan) has been identified as a critical tool in mitigating the seemingly intractable opioid overdose epidemic in the U.S. Usually professional first responders administer the medication, but often it falls to untrained bystanders who play a crucial role in intervening when there's been an overdose. In medical emergencies generally—interventions with Narcan, performing cardiopulmonary resuscitation (CPR), or administering first aid—the bystander must quickly assess the situation and initiate an intervention in a high-stress setting.

Bystander intervention can be the determining factor between life and death, but according to a 2016 study published in *Prehospital Emergency Care*, emergency medical services (EMS) providers report bystander assistance in only 11% of medical emergencies. Bystanders often hesitate to get involved due to a host of reasons that include fear of causing more harm, lack of knowledge about proper interventions, the belief that someone else will step in, or concerns about potential social or legal consequences. That same study found that bystanders were more likely to intervene when the patient was male and if the patient was older. Context also matters: bystanders were more likely to intervene in urban areas compared to rural areas, and the lowest likelihood of bystander intervention occurred on a street or a highway. The nature of the injury is part of the context as well: bystanders were most likely to intervene when the patient had cardiac distress or chest pain, followed by an allergic reaction, smoke inhalation and respiration arrest/distress (the latter of which could include an overdose but wasn't mentioned in the study). A traumatic injury was the most commonly recorded known event, and it was also associated with a relatively high level of bystander intervention as opposed to a sexual assault which had the lowest incidence of bystander intervention (the rape and murder of Kitty Genovese in 1964, in fact, gave rise to the phrase "bystander effect," wherein individuals are less likely to offer help in the presence of others).

With increased attention to the opioid overdose epidemic in the last decade, it's hard to imagine a study today of bystander interventions that did *not* reference use of Narcan which is often administered by nonprofessional bystanders. Last month's article by Caitlin McCaffick in *Biomedical Psychology* did just that. It focused specifically on the research gap in how a crisis impacts the ability of bystanders to accurately follow naloxone administration instructions. Though it's a relatively simple procedure, administration of Narcan takes place in a highly stressful

context and McCaffick's study fleshed out the efficacy of different instructional delivery methods for bystanders in a stressful environment like an overdose. Even with the explicit and simple written directions that come with a Narcan kit, those of us untrained to respond in a moment of crisis may experience cognitive disconnects that interrupt learning in that critical moment.

Just as CPR training has become widely offered for non-medical audiences, broad public health campaigns to expand Americans' knowledge of other life-saving interventions—from use of Narcan to Mental Health First Aid (which trains individuals to respond when someone's having a mental health crisis)—would empower bystanders to respond effectively in a crisis moment and to save lives.

Contact Dani with questions, comments or concerns related to the above and/or MSHN SUD Treatment and Prevention at Dani.Meier@midstatehealthnetwork.org

Substance Use Disorder Providers and Operations

Dr. Trisha Thrush, PhD, LMSW
Director of SUD Services and Operations

Kaiser Family Foundation Analysis of the Evolving Federal Policies for Substance Use Disorder Treatment for the Opioid Epidemic

The Kaiser Family Foundation has released a new analysis that *Examines Rapidly Evolving Federal Policies for Substance Use Disorder Treatment for the Opioid Epidemic*. A new analysis finds that 24 percent more buprenorphine, a medication to treat opioid use disorder, was dispensed in 2022 than in 2019, the year before the pandemic brought a surge of opioid overdose deaths – and a focus on how to expand access and treatment. This upward trend in buprenorphine distribution, already in motion before the pandemic, continued throughout the COVID public health crisis, suggesting continued improvements in access to treatment even as the pandemic raised other barriers to health care. However, it is unclear whether these steps to improve access to buprenorphine are reaching people with high needs, including communities of color. The analysis examined five key federal

policies governing substance use disorder treatment, the changes they have undergone during the pandemic, and the implications for access and treatment for opioid use disorder. Data shows a steep increase in opioid overdose deaths during the pandemic, primarily driven by the synthetic opioid fentanyl. The key findings include:

- Policy changes during the pandemic increased access to care by making it possible to initiate buprenorphine treatment via telehealth, without an in-person visit. Although federal officials have considered ending that flexibility, it has been extended temporarily in response to public concerns over the likely impact on access to treatment.
- Late last year, federal legislation removed the additional barriers to buprenorphine prescribing for OUD treatment, the X-waiver, opening the doors to a substantial increase in authorized providers. But research indicates that many prescribers still may not prescribe buprenorphine and substantial disparities in access to treatment may remain.
- A temporary pandemic-era policy has allowed opioid treatment programs to provide some patients with up to 28 days of take-home doses of methadone, a change that may become permanent under a proposed rule. This shift was designed to ease the burden for patients and increase access to treatment for those living farther from treatment centers.
- Recent FDA approval of over-the-counter naloxone – a nasal spray to reverse opioid overdose – allows the life-saving drug to be purchased without a prescription, though its roughly $50 price may remain a barrier. Accessibility of fentanyl test strips, which can help users determine if drugs have been mixed with fentanyl, remains limited, though federal funds can now be used to pay for them under certain grant programs.
- As of June 2023, 14 states have submitted Section 1115 waivers seeking exemption from federal law that prohibits the use of federal Medicaid dollars for health care services for inmates, including opioid use disorder treatment. Nearly two-thirds of prison inmates have a substance use disorder, and their risk of opioid overdose after being released is 10 times higher compared to the general public.

Though new and proposed federal policies have the potential to increase access to care, ongoing challenges, such as behavioral health workforce shortages, low prescribing of buprenorphine by providers, and treatment gaps by race/ethnicity, could limit the effectiveness of new federal strategies.

The full analysis is available here.

Contact Trisha with questions, comments or concerns related to the above and/or MSHN SUD Treatment and Prevention at Trisha.Thrush@midstatehealthnetwork.org

Quality, Compliance & Customer Service

Kim Zimmerman, MBA-HC, LBSW, CHC
Chief Compliance and Quality Officer

The Inspector General Act of 1978 (Public Law 95-452), as amended, requires the Inspector General report semiannually to the head of the Department and the Congress on the activities of the office during the previous six (6) month period.

The Health and Human Services - Office of Inspector General's (HHS-OIG) Semiannual Report is intended to keep the Secretary and the Congress fully and currently informed of the significant findings, including risks, problems, deficiencies, and investigative outcomes, among other activities.

The Spring 2023 Semiannual Report to Congress (SAR), October 1, 2022 through March 31, 2023, describes $200.1 million in expected audit recoveries and $892.3 million in expected investigative recoveries as a result of OIG audits and investigations conducted during the first six (6) months of fiscal year (FY) 2023.

During this reporting period, there were 345 criminal enforcement actions and 324 civil actions against individuals or entities. The civil actions included assessing monetary penalties and excluding 1,365 individuals and entities from participating in federal health care programs.

Additional highlights of the SAR content include the following:

- COVID-19
  - OIG has advanced four goals with respect to Health and Human Services (HHS) COVID-19 response and recovery: (1) protect people; (2) protect funds; (3) protect infrastructure; and (4) promote the effectiveness of HHS programs, now and into the future. These four goals will continue to drive OIG's strategic planning and mission execution in relation to COVID-19 past the end of the public emergency.
- Criminal and Civil Enforcement Activities Related to Medicare and Medicaid (Michigan Case)
  - On January 30, 2023, Francisco Patino, M.D., was sentenced to 16.5 years in prison for his role in a health care fraud scheme that resulted in more than $250 million in false and fraudulent claims being submitted to Medicare, Medicaid, and other health insurance programs. Patino exploited patients suffering from addiction by administering unnecessary injections, illegally distributed more than 6.6 million doses of medically unnecessary opioids, and engaged in money laundering. Patino played a critical role in developing and implementing a "shots-for-pills" protocol at several pain clinics, whereby patients were required to receive unnecessary back injections in exchange for prescriptions for high doses of medically unnecessary and addictive opioids. In September 2021, Patino was convicted at trial in the Eastern District of Michigan of conspiracy to commit health care fraud and wire fraud, health care fraud, conspiracy to defraud the United States and pay and receive health care kickbacks, conspiracy to commit money laundering, and money laundering.

At the local level, MSHN completes investigations and audits, including potential fraud, in compliance with the

Program Integrity requirements in the contract with the Michigan Department of Health and Human Services (MDHHS). The outcome of these activities are reported quarterly to the MDHHS Office of Inspector General and become part of the State's Program Integrity Report.

MSHN's Program Integrity Report submitted for Fiscal Year 2022 included a combined 210 new activities that were initiated region wide. The included activity types were overpayment, audit, complaint and referral, and data mining.

Out of the 210 activities, 129 were identified as having an overpayment in the amount of $645,663.17. The summary of the findings included inappropriate credentials/training, lack of documentation to support the claim, incorrect date and time, lack of training evidence, and using the wrong modifiers, among other issues. These 210 activities require a plan of correction and voiding of the identified claims/encounters. In addition, the overpayments will be recouped, but the provider agency can resubmit corrected claims with supporting documentation as appropriate, therefore potentially reducing the final amount of overpayments and recoupment.

The trends established from these activities are reviewed locally with MSHN's Compliance Committee and the Regional Compliance Committee. Identification of systemic improvements, such as development of trainings, streamlining review processes, and standardization are considered as part of the review process.

Additional information on compliance can be found on MSHN's website at the following link: https://midstatehealthnetwork.org/stakeholders-resources/quality-compliance.

Contact Kim with any questions, comments or concerns related to MSHN Quality, Compliance and Customer Service at Kim.Zimmerman@midstatehealthnetwork.org

Our Mission:

To ensure access to high-quality, locally-delivered, effective and accountable public behavioral health & 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.

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