From the Chief Executive Officer's Desk

Joseph Sedlock

Mid-State Health Network has been hosting several nationally prominent leaders in a series of lectures on achieving health equities. Dr. Camara Jones led a lecture on "When Systems Damage People: Anti-Racism Lessons for Battling the Opioid Epidemic." Her talk is available at this link. Dr. Haner Hernandez led a lecture titled "Building Health Equity: A Social Justice Approach to the Opioid Epidemic in Hispanic Communities." His talk is available at this link. I encourage you to take these in when you have the time.

Most recently, Dr. Donald Warne led a region-wide lecture on "Culturally Based Approaches to Addiction and Recovery in Indigenous Communities." While his talk is not yet available for your review, Dr. Warne made a statement during his talk that caught my attention. Dr. Warne was discussing the importance of people in public systems working with Indigenous Peoples. He made the statement (to the effect of) "if you don't know who we are or where we are, how can you work with us."

I'm sharing with you, the reader, a list of federally recognized Tribal Nations in Michigan and encouraging that you join me in learning more about the Indigenous Peoples in each tribal community – especially tribes located in your area and especially this region of the State. Links to the tribal nation's official site are provided to make it easier for you to learn more. Please note that the County listed as "Location of Tribe" is in parentheses.

Bay Mills Indian Community
(Chippewa)

Grand Traverse Band of Ottawa & Chippewas Indians
Antrim, Benzie, Charlevoix, Grand Traverse, (Leelanau), Manistee

Gun Lake Band/Match-E-Be-Nash-She-Wish Band of Pottawatomi
(Allegan), Barry, Kalamazoo, Kent, Ottawa

Hannahville Indian Community
Delta, (Menominee)

Huron Potawatomi/Nottawaseppi Huron Band of Potawatomi
Allegan, Barry, Branch, (Calhoun), Kalamazoo, Kent, Ottawa

Keweenaw Bay Indian Community
(Baraga), Gogebic, Ontonagon

Lac Vieux Desert Band of Lake Superior Chippewa Indians
(Gogebic)

Little River Band of Ottawa Indians
Kent, Lake, (Manistee), Mason, Muskegon, Newaygo, Oceana, Ottawa, Wexford

Little Traverse Bay Bands of Odawa Indians
Alcona, Alger, Alpena, Antrim, Benzie, Charlevoix, Cheboygan, Chippewa, Crawford, Delta, (Emmet), Grand Traverse, Iosco, Kalkaska, Leelanau, Luce, Mackinac, Manistee, Missaukee, Montmorency, Ogemaw, Otsego, Presque Isle, Roscommon, Schoolcraft, Wexford

Pokagon Band of Potawatomi Indians
In Michigan, Allegan, Berrien, (Cass), Van Buren and in Indiana; Elkhart, Kosciusko, LaPorte, Marshall, St. Joseph, Starke

Saginaw Chippewa Indian Tribe
Arenac, (Isabella), Missaukee, Clare, Midland, Mecosta, Osceola, Gladwin, Montcalm, Gratiot

Sault Ste. Marie Tribe of Chippewa Indians

Alger, (Chippewa), Delta, Luce, Mackinac, Marquette, Schoolcraft

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

Organizational Updates

Amanda Ittner, MBA
Deputy Director

Federal Public Health Emergency Ends – Michigan Department of Health and Human Services (MDHHS) Policy Changes

May 11, 2023, ended the national emergency and public health emergency (PHE) declarations, related to the COVID-19 pandemic. These emergency declarations had been in place since early 2020 and gave the federal government flexibility to waive or modify certain requirements in a range of areas, including in the Medicare, Medicaid, and CHIP programs. In addition, Congress also enacted legislation—including the Families First Coronavirus Response Act (FFCRA), the Coronavirus Aid, Relief, and Economic Security (CARES) Act, the American Rescue Plan Act (ARPA), the Inflation Reduction Act (IRA), and the Consolidated Appropriations Act, 2023 (CAA) that provided additional flexibilities tied to one or more of these emergency declarations, and as such they too are set to expire.

MDHHS issued many COVID-19 response Medicaid policy bulletins and L letters which changed existing policy and processes under the guidance of the federal PHE. They have been reviewing these policies to determine the impact of the end of the federal PHE. MSHN has been reviewing the related guidance as it applies to our network providers and posting them to our website at: https://midstatehealthnetwork.org/provider-network-resources/provider-resources-1/coronavirus-covid-19-unwind-phase.

Providers can also go to the PHE policy crosswalk table webpage to see which policy bulletins or L letters may impact their provider type.

Links have been provided below for policy changes that took place on or after May 12, 2023.

- **Children's Home Based and Outpatient during COVID pandemic MDHHS Memo**, ***May 24, 2023***
- **Update on Telemedicine Policy for Wraparound Services Post-PHE,** ***May 18, 2023***
- **Impact of the End of Public Health Emergency on MSA 20-58**, ***May 15, 2023***
- MMP 22-10: **Telemedicine Policy Post-COVID-19 Public Health Emergency**, ***Effective May 12, 2023***
- Rounding Rules for Behavioral Health Services after COVID-19 Crisis, **MDHHS memo dated 3.15.23**, ***Effective May 12, 2023***
- MMP 23-20: **Reversal of Temporary COVID-19 Relaxation of Face-to-Face Requirement Policies and Update to Face-to-Face and In Person Definitions**, ***Effective May 12, 2023***

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 performance measures and reporting improvements over the past several months. In addition to establishing and continuously evolving a Certified Community Behavioral Health Center (CCBHC)-specific version of the Priority Measures Report, longitudinal data for both CCBHC and the original Priority Measures Report is being collected and graphed for trends. On April 1st of this year, Michigan Department of Health and Human Services (MDHHS) discontinued Waiver Support Application (WSA) support for the Autism Benefit Waiver. The IT team has worked with the Autism Waiver team to establish an in-house data input system and warehouse in order to maintain the most helpful aspects of the now-defunct MDHHS system in the WSA. Within the Inclusion, Diversity, Equity, and Access (IDEA) workgroup, the MSHN internal Diversity, Equity and Inclusion (DEI) workgroup, Dr Dani. Meier and his team have organized a Learning Collaborative of SUD providers in conjunction with the Equity Upstream Lecture Series. The IT team has been using data from calendar years 2019 and 2022 to lay a groundwork baseline of quantitative admission, service, and discharge reason data for each race/ethnicity served for Learning Collaborative members as a means to begin measuring change over the course of the Equity Upstream project and subsequent implementation thereof. Lastly, the IT team has worked extensively with both the Quality Improvement (QI) team and Zenith Technology Services to adapt to, and append,current and future systems affected by the FY2023 MDHHS changes to race and ethnicity data in both Behavioral Health Treatment and Episode Data Set (BH-TEDS) and the 834 eligibility files.

MDHHS created a report called Dangling Admissions. This is a list of BH-TEDS admission records that are not closed at MDHHS where there is no corresponding services or encounters reported within a specified time. This MDHHS report was specific to the SUD residential consumer group. At the beginning, MSHN had over 800 records in this situation. Many of these were the result of the conversion from the previous computer system used by MSHN, called NetSmart. MDHHS gave the option to automatically close these, but that would have left things not matching between the state system and our system, and would have still left our system thinking that the consumer was open to a provider and level of service that was not correct. Several staff chipped in to assist with getting these closed. In the end several cases needed additional work in order to gather the necessary data to get the case closed as accurately as possible. The current status is that there are less than 15 remaining. The staff at MDHHS recognized the significance of this work by sending a congratulations email. MDHHS is planning a version of this report for other population subgroups in the future, most likely later this year.

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

Finance

Leslie Thomas, MBA, CPA
Chief Financial Officer

As stated in prior newsletter articles, MSHN's Finance Team now includes contracts. As such, contract reviews are an involved process that generally begins mid-fiscal year for the upcoming fiscal year. Contracts are reviewed by every MSHN department to ensure language aligns with the Michigan Department of Health and Human Services (MDHHS) requirements and other applicable federal and state standards. Once the internal assessment process is complete, updated Behavioral Health contract language is shared with the Operations Council for Community Mental Health Service Participants (CMHSPs) and Substance Use Disorder (SUD) modifications and are communicated during September's SUD Provider Meeting.

SUD contracts include the following provider types:

- Treatment – Includes activities guided by Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) and listed in the MDHHS code chart.
- Prevention – Providers render prevention activities approved for funding by MSHN's Oversight Policy Board (OPB). Activities are recommended by MSHN's Prevention Team in conjunction with recommendations from each of the twenty-one county Coalitions.
- Recovery – Recovery House providers are subject to requirements in this contract type.

SUD Provider Manual - The purpose of the manual is to offer information and technical assistance regarding the requirements associated with provider contracted role(s). This manual is a referenced attachment to provider contracts for MSHN services and may be revised accordingly in response to changes in contract requirements and/or MSHN policies and procedures. MSHN will notify providers of effective changes.

In addition, MDHHS contract changes received throughout the fiscal year are assigned to MSHN staff members for action. In some instances, significant changes may be added mid-fiscal year via contract amendments.

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

Behavioral Health

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

MSHN 1915i State Plan Amendment (SPA) Implementation

Introduction

Following the Centers for Medicare and Medicaid Services' (CMS') guidance, Michigan transitioned all specialty behavioral health services and supports previously covered under 1915(b)(3) authority to a 1115 Behavioral Health Demonstration and 1915(i) Home and Community-Based Services (HCBS) State Plan benefit effective October 1, 2019. Michigan developed the HCBS benefit to meet the specific needs of its behavioral health and developmental disabilities priority populations that were previously served through the Managed Specialty Services & Supports 1915(b1)(b3) waiver authorities within Federal guidelines. Through the benefit, individuals have access to the following eleven (11) services: Community Living Supports, Enhanced Pharmacy, Environmental Modifications, Family Support & Training, Fiscal Intermediary, Housing Assistance, Respite Care, Skill-Building Assistance, Specialized Medical Equipment & Supplies (formerly known as Assistive Technology), Supported/Integrated Employment, and Vehicle Modification (formerly known as Assistive Technology).

1915(i)SPA enrollment is managed using the Waiver Support Application (WSA) system. The process involves enrollment into the WSA, enabling CMHSPs to enter all required information regarding eligible beneficiaries and submit cases to the Pre-Paid Inpatient Health Plan (PIHP) queue for review and approval. Approved cases are then sent to the Michigan Department of Health and Human Services (MDHHS) for final review and approval, after which a case is fully opened and enrolled. As of 5/31/2023, the total number of open cases in the WSA for all of Mid-State Health Network (MSHN) was 1,445 individuals.

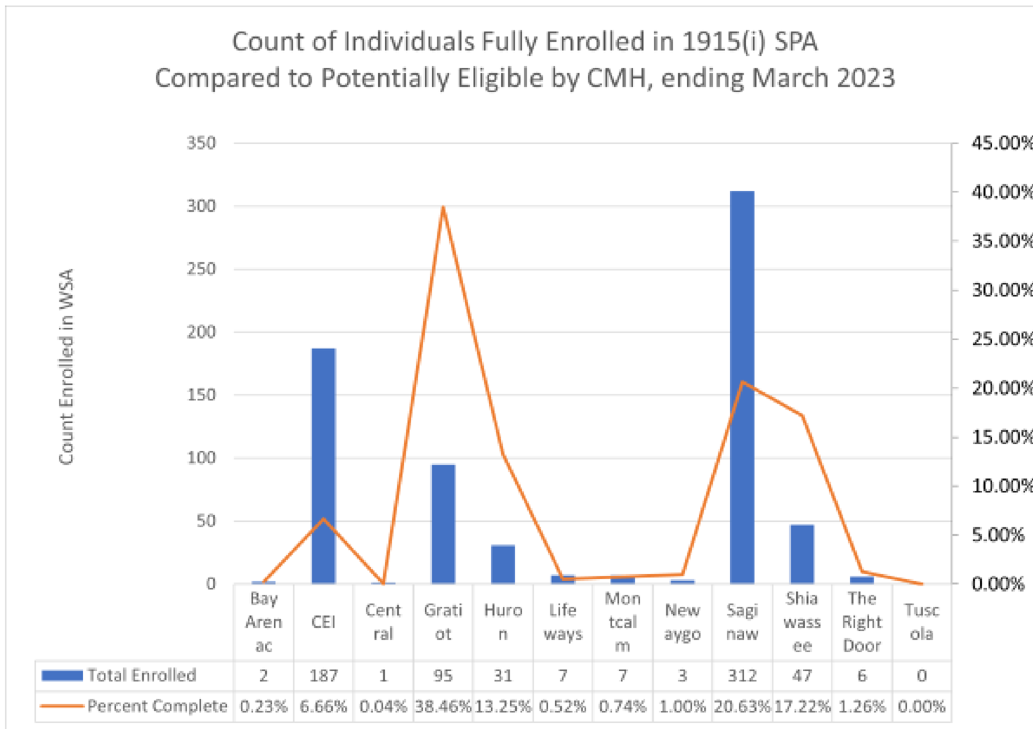
The benefit's eligibility criteria and service array have some overlap with multiple other waiver and benefit programs, and a list of "potential enrollees" requires Community Mental Health Service Providers (CMHSPs) to review and determine eligibility on an individual basis and proceed with WSA enrollment only for those determined to be both eligible and interested in the 1915(i) service. The original estimate for the MSHN region included approximately 19,000 individuals that were potentially eligible. This list was narrowed to include only those who have received a 1915(i)SPA service most recently and who are not receiving that service via another waiver or benefit program. This resulted in a more accurate enrollment estimate (i.e., the "likely enrollees"). This regional estimate of likely enrollees was 5,984 individuals in April 2023, as calculated by MSHN. MDHHS completed a similar estimate and calculated the total for the MSHN region to be 6,122. The variance is likely due to differences in the date the data was pulled and the movement of eligible individuals on and off the 1915(i) SPA benefit.

Regional Progress

Enrollment is a primary focus for MSHN and full compliance with MDHHS and CMS' requirements for the benefit, including that individuals will be enrolled and approved by both MSHN and MDHHS. MSHN is required to identify and approve 100% of all eligible enrollees from the potential enrollee group by 9/30/2023. With 7 months into fiscal year 2023 (FY23), based on the MSHN estimate of 5,984 likely enrollees, the number of open cases in early May

2023 should have been completed at 58% of the total likely enrollees, or 3,470 open cases. The current regional progress is at approximately 24% of eligible individuals being enrolled (i.e., 1,445 current enrollees). It is important to note that the number of eligible individuals fluctuates daily due to various, legitimate reasons; the total of potential eligible individuals is never static.

CMHSPs have reported on their efforts to streamline processes for identifying eligible individuals, including potential modifications to their EMR systems' current functions, and MSHN continues to work with them, other PIHP leads, and MDHHS to improve processes and timely enrollment via the WSA. As of 6/1/2023, MSHN should be 66% complete with enrollments but shows a gap of 42%. MSHN will continue to work to close this enrollment gap by exploring and instituting solutions over the next four months and will attain 100% enrollment by 10/1/2023 to begin the formal MDHHS approval process.



	Bay Arenac	CEI	Central	Gratiot	Huron	Lifeways	Montcalm	Newaygo	Saginaw	Shiawassee	The Right Door	Tuscola
Total Enrolled	2	187	1	95	31	7	7	3	312	47	6	0
Percent Complete	0.23%	6.66%	0.04%	38.46%	13.25%	0.52%	0.74%	1.00%	20.63%	17.22%	1.26%	0.00%

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

Opioid Health Home Success Stories & Testimonials

Opioid Health Homes (OHHs) provide an integrated approach to substance use treatment through comprehensive care management and coordination of services. When someone enrolls in an OHH program, they work closely with an interdisciplinary care team of providers to address physical, mental health, substance use, recovery, and social service needs. The care team helps to identify the services someone needs within the OHH as well as programs in the community that are specific to all of the individual's healthcare needs.

The first OHH in the MSHN region was launched on October 1, 2022 in Saginaw County at Victory Clinical Services. Currently, there are over 180 individuals enrolled in the OHH. Recently, MSHN asked for feedback from individuals receiving services and staff members regarding their experience with the new OHH program. Here is what they had to say…..

Testimonials from individuals receiving OHH services:

I'm so happy to have the extra support.
I'm glad I'm here, it's helping me take care of myself instead of always taking care of everyone else.
I don't know what I would do if I didn't have OHH to help me with my recovery!

Success stories from OHH care team members:

Three clients since working with me have got a vehicle and job in less than a month and told me they wouldn't of did it without my help to guide them in the right direction to stay focused long enough to get it done.

<Name redacted> has got a vehicle, house, drivers license and job and now supervisor of his own crew. He managed to go from using seven days a week to almost nothing and been clean as far as I know since working with me. He is determined as ever since starting with OHH to get right and he's been doing it every time I see him. All he needed was the positive reinforcement and someone to call when he needed guidance from another person that went through it to explain how a sober person does things instead of what his addictive mindset tells him.

<Name redacted> now sees mental health provider.

<Name redacted> reaches out all the time for support and is working now and is in the midst of locating housing because she has gotten a voucher from Section 8.

<Name redacted> and <Name redacted> both have been able to complete the application for disability.

<Name redacted> has gotten on the waiting list for Section 8 housing.

Clearly, the Opioid Health Home at Victory Clinical Services in Saginaw is having a tremendous impact on improving the health and wellbeing of the individuals it serves. MSHN looks forward to engaging with additional health home partners and expanding the availability of OHH services to other parts of the region during FY24.

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

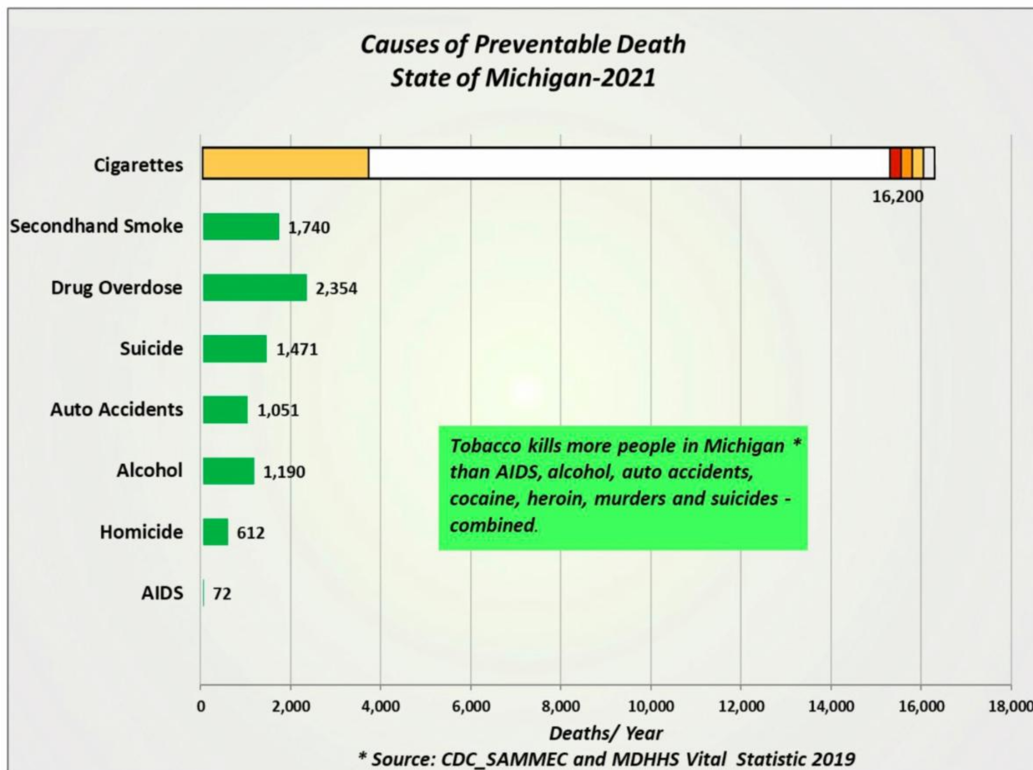
Substance Use Disorder Policy, Strategy and Equity

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

Smoking Tobacco & Smoking-Related Deaths: Leading cause of Preventable Deaths in the U.S. & Michigan

In our field, we consistently focus on public health crises ranging from rising suicide rates to opioid/fentanyl overdoses and alcohol misuse. According to the Centers for Disease Control and Prevention (CDC), however, the leading cause of substance-use-related deaths is still tobacco. Smoking tobacco and smoking-related deaths remain the leading cause of preventable deaths in the United States accounting for more than 480,000 deaths every year. That works out to about one in five deaths in the country.

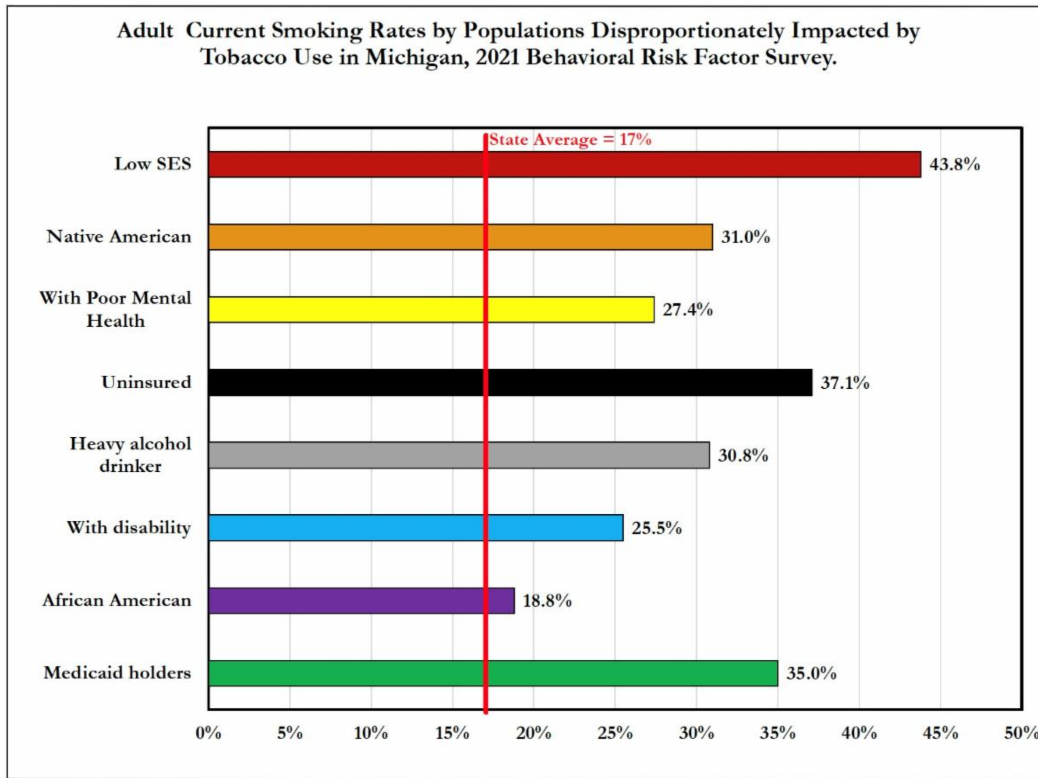
In Michigan, the Department of Health and Human Services (MDHHS) reports a similar trend with smoking being the single greatest cause of preventable death in the state. In 2019, tobacco caused roughly 16,200 deaths in Michigan, which comprised around 22 percent of all deaths in the state, greater than the national average. That exceeds deaths in Michigan caused by heroin, cocaine, homicides, suicides, alcohol, auto accidents, and AIDS *combined*.



Tobacco is not an equal opportunity killer, however. Smoking-related illness and mortality disproportionately impacts individuals who are lower-income and have less education. Per the CDC, Americans on Medicaid smoke at a higher rate than other adults, and Medicaid recipients are two-thirds more likely to smoke compared with those who have commercial health insurance. They are also more likely to have a smoking-related illness and subsequently experience smoking-related deaths. In Michigan too, the highest prevalence of smoking is found among those living below the poverty line per MDHHS.

A lack of education about health risks contributes to higher levels of smoking in lower-income populations, but the tobacco industry compounds the problem with its long history of targeted marketing aimed at low-income communities, youth, women, members of the military, racial & ethnic minorities, LGBTQ individuals, and individuals

living with mental health conditions or other disabilities. These tactics include, for example, placing more advertising in predominantly Black neighborhoods and in publications that are popular with Black audiences, including sponsoring events such as jazz and hip-hop festivals. For example, a 2011 review concluded that *Ebony* magazine was almost 10 times more likely than *People* magazine to contain an advertisement for menthol cigarettes. Though Black and White people smoke at a similar rate, they are more likely to die from a tobacco-related disease than White people. Indigenous Americans and Alaska Natives smoke at higher rates than all other racial and ethnic groups, with 21.9 percent reporting that they have smoked every day or some days.



Smoking prevention efforts—including by many prevention providers in our region—have helped reduce the overall smoking rate in the U.S. Youth smoking, for example, has now dropped to a record low of 6 percent, but vaping (also popularized via targeted advertising) continues to rise. In Region 5, the 2022 MiPHY survey showed that only 1.39% of 7th, 9th and 11th grade respondents had used tobacco products in the last 30 days. On the other hand, 14.14% of them had used a vape/Electronic Nicotine Device (ENDS) in the last 30 days. Some view vapes through a harm reduction lens as the lesser of two evils, but its longterm health impacts are also toxic.

Like the opioid overdose crisis, addressing the impact of smoking-related deaths demands broader social change and efforts to address structural inequalities that help create and sustain healthier communities which have historically been neglected or targeted. We need comprehensive approaces encompassing legislation, innovative prevention and treatment strategies (like Contingency Management), and community initiatives to address underlying social and economic inequalities responsible for the problem.

THE NEXT 50 YEARS

IF WE COULD HELP EVERY SMOKER TO QUIT SMOKING AND KEEP YOUNG PEOPLE FROM STARTING IN THE FIRST PLACE, THE RESULTS WOULD BE STAGGERING.

1/2 MILLION PREMATURE DEATHS could be prevented every year.

AT LEAST $130 BILLION in direct medical costs for adults could be saved every year.

AT LEAST 88 MILLION AMERICANS who continue to be exposed to the dangerous chemicals in secondhand smoke could breathe freely.

5.6 MILLION CHILDREN alive today who ultimately will die early because of smoking could live to a normal life expectancy.

MORE THAN 16 MILLION PEOPLE already have at least one disease from smoking. We could prevent that number from growing more.

1 OUT OF 3 CANCER DEATHS in this country could be prevented.

AT LEAST $156 BILLION in losses to our economy—caused when people get sick and die early from smoking—could be prevented.

CDC

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

NEW Medications Coming to Support Individuals with SUD!

New Opioid Overdose Reversal Nasal Spray Receives FDA Approval

The US Food and Drug Administration (FDA) has approved a new opioid overdose reversal nasal spray for patients at least 12 years of age. The medication, called Opvee, was developed by Opiant Pharmaceuticals, a global pharmaceutical company that was acquired by Indivior in March.

Opvee contains nalmefene, an opioid receptor antagonist that reverses remifentail-induced respiratory depression within 2.5 to 5 minutes, with full recovery of respiratory drive as early as 5 minutes after administration. The duration of action of nalmefene is as long as most opioids, including fentanyl. Opvee is the first nalmefene hydrochloride nasal spray to gain FDA approval for healthcare and community use.

Indivior said in a news release that Opvee is slated to be made available by prescription in the fourth quarter of 2023. (Addiction Professionals, 2023).

FDA Clears New Buprenorphine Option to Treat OUD

The FDA has also given its approval for Brixadi, a new extended-release injection for subcutaneous use to treat moderate-to-severe opioid use disorder (OUD).

The medication is available in 2 formulations: (1) a weekly injection for patients who have started treatment with a single dose of a transmucosal buprenorphine product; or (2) who are already being treated with buprenorphine and a monthly injection for patients already being treated with buprenorphine.

Brixadi is approved at varying doses for both its weekly and monthly formulations, with lower doses that the FDA says may be appropriate for patients who cannot tolerate higher doses of extended-release buprenorphine products currently available. Weekly doses of Brixadi are 8 mg, 16 mg, 24 mg, and 32 mg. Monthly doses are 64 mg, 96 mg, and 128 mg.

Brixadi will be available through a Risk Evaluation and Mitigation Strategy program and administered only by providers in a healthcare setting. (Addiction Professional, 2023).

For questions related to these evidence-based practices, or feedback on additional training opportunities, please contact Trisha Thrush at Trisha.Thrush@midstatehealthnetwork.org.

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

Michigan Department of Health and Human Services Quality Reviews

Mid-State Health Network (MSHN) is subject to annual reviews by the Michigan Department of Health and Human Services (MDHHS) – Bureau of Specialty Behavioral Health Services. These reviews include: 1915 (c) Home and Community Based (HCBS) Waivers, Substance Use Disorder (SUD); and the Quality Assessment and Performance Improvement Program (QAPIP) Review.

1915 (c) HCBS Waivers Review/SUD Review
MDHHS completed a 90-day follow up site review from March 1, 2023, through April 5, 2023. The intent was to review the implementation status and effectiveness of the corrective action plans that resulted from the full review completed from June 13, 2022, through July 29, 2022. The review included the Children's Waiver Program (CWP), Habilitation Supports Waiver (HSW), and Waiver for Children with Serious Emotional Disturbance (SEDW). The review consisted of looking at credentialing documents, waiver certifications, assessments, person-centered plans, home modifications, behavioral treatment plans, etc. for the identified beneficiaries. Many of the findings that required remediation involved not meeting the standards related to implementation and documentation requirements for person-centered plans and staff qualifications.

The 90-day follow up review concluded that the action taken by MSHN, and the Community Mental Health Service Participants (CMHSPs) were effective in correcting most of the findings noted during the initial site review. However, there continues to be two findings related to the identification of amount, scope and duration of service within the plan of service that are still being addressed. MSHN continues to advocate for the resolution of these two findings in accordance with the requirements and best practices.

The review of the SUD standards resulted in full compliance during the site review and no corrective action or a 90-day follow up was required.

QAPIP Review

The QAPIP review consists of the completion of a checklist to ensure the Pre-Paid Inpatient Health Plans (PIHP) activities are in accordance with the Michigan Department of Health and Human Services (MDHHS) QAPIP Technical Requirement. MDHHS began requiring the PIHPs to submit the QAPIP and annual evaluation for review beginning in Fiscal Year 2021. Per Title 42 of the Code of Federal Regulations (CFR) §438.330(e), a State must review, at least annually, the impact and effectiveness of the quality assessment and performance improvement program (QAPIP) of each PIHP.

The QAPIP is held accountable to the Mid-State Health Network Board of Directors. The responsibilities of the MSHN Board includes monitoring, evaluating, and making improvements to care through oversight and approval of the QAPIP annually as well as routinely receiving and reviewing written progress reports.

Those primary activities reviewed include the following:

- Performance Measures
- Performance Improvement Projects (PIPs)
- Critical Incidents, Sentinel Events, Unexpected Deaths, and Risk Event Management
- Behavioral Treatment Review
- Member Experience with Services
- Practice Guidelines
- Credentialing and Re-Credentialing
- Verification of Services
- Utilization Management
- Provider Network
- Long-Term Services and Supports (LTSS)

The 2023 QAPIP review by MDHHS indicated that MSHN's QAPIP included the standards identified within the MDHHS QAPIP Technical Requirement and that no follow up action was required. This was the second year that MDHHS stated that there were no concerns identified and that MSHN's QAPIP was well written.

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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