

# Network Adequacy Assessment - 2024

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# NETWORK ADEQUACY ASSESSMENT



## Federal:

The Code of Federal Regulations at 42 CFR Parts 438.68 and 457.1218 charges states holding managed care contracts with the development and implementation of network adequacy standards. Furthermore, 42 CFR 438.68(b)(iii) indicates that standards pertinent to behavioral health must be developed for the adult and pediatric populations.

### 42 CFR Further Requires:

- Pre-paid Inpatient Health Plan (PIHP) maintains a network of providers that is sufficient in number, mix, and geographic distribution to meet the needs of the anticipated number of enrollees in the service area.
- The expected utilization of services, taking into consideration the characteristics and health care needs of specific Medicaid populations represented in the PIHP.
- Offers an appropriate range of preventative, primary care and specialty services that is adequate for the anticipated number of enrollees in the service area.

# NETWORK ADEQUACY ASSESSMENT

Michigan's specialty behavioral health standards reflect time/distance standards and Medicaid enrollee-to-provider ratios for services congruent with community need and statewide strategic priorities.

NEW FY24 (Informational Only)  
ICSS, Respite, PSP & YPS

Service	Population	Time/Distance	Provider To Enrollee Ratio
Assertive Community Treatment – H0039	Adult		✓
Crisis Residential Programs - H0018	Adult/Children	✓	✓
Opioid Treatment Programs/SUD MAT Methadone – H0020	Adult	✓	✓
Psychosocial Rehabilitation Programs (Clubhouses) - H2030	Adult	✓	✓
Inpatient Psychiatric Services - 0100, 0114, 0124, 0134, 0154	Adult/Children	✓	
Home-Based Services – H0036, H2033	Children	✓	✓
Wraparound – H2021, H2022	Children	✓	✓
Intensive Crisis Stabilization Services for Children (Mobile Response with Two Person Team) – H2011HT	Children		✓
Respite Services – T1005, H0045, S5151	Children		✓
Parent Support Partner Services S5111-WP	Children	✓	✓
Youth Peer Support Services H0038-WT	Children	✓	✓

Service	CEAU	Rural	Micro	Metro	Large Metro
Inpatient Psychiatric <sup>2</sup>	155 minutes/140 miles	90 minutes/75 miles	100 minutes/75 miles	70 minutes/45 miles	30 minutes/15 miles
All Other Services	118 minutes/105 miles	75 minutes/60 miles	70 minutes/53 miles	45 minutes/30 miles	20 minutes/10 miles

### Medicaid Enrollee-to-Provider Ratio Standards for Select Services

#### Adult Standards

Service	Standard
Assertive Community Treatment	30,000:1 (Medicaid Enrollee to Provider Ratio)
Psychosocial Rehabilitation (Clubhouses)	45,000:1 (Medicaid Enrollee to Provider Ratio)
Opioid Treatment Programs <sup>3</sup>	35,000:1 (Medicaid Enrollee to Provider Ratio)
Crisis Residential	16 beds per 500,000 Total Population

#### Pediatric Standards

Service	Standard
Home-Based	2,000:1 (Medicaid Enrollee to Provider Ratio)
Wraparound	5,000:1 (Medicaid Enrollee to Provider Ratio)
Crisis Residential	8-12 beds per 500,000 Total Population
Intensive Crisis Stabilization Services	FY24 Data Collected as Informational Only
Respite Services	FY24 Data Collected as Informational Only
Parent Support Partners	FY24 Data Collected as Informational Only
Youth Peer Supports	FY24 Data Collected as Informational Only

# Michigan Specialty Behavioral Health Standards

# Michigan Specialty Behavioral Health Standards

Michigan Department of Health and Human Services (MDHHS) Required Regional Specific Plans per 438.68(b)(3)

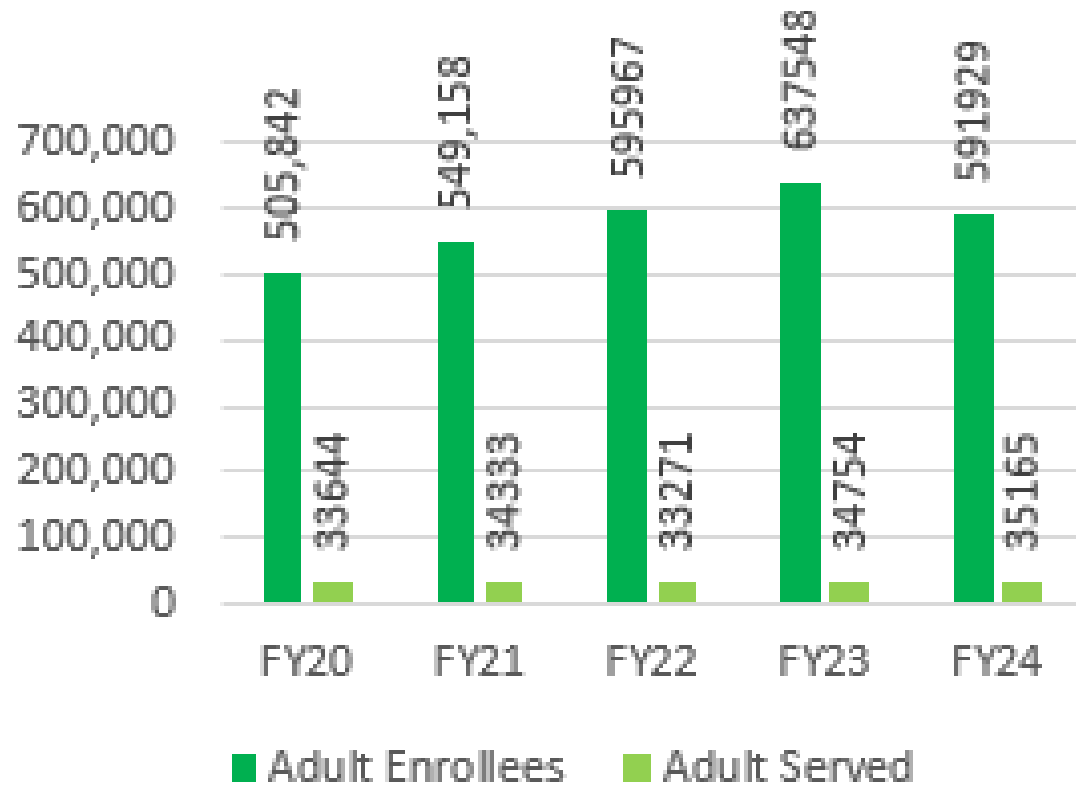
- ▶ MDHHS requires each PIHP to submit plans on how the standards will be effectuated by region.
- ▶ PIHPs must consider at least the following parameters for their plans:
  - ▶ 1) Maximum time and distance (FY24 MDHHS will calculate)
  - ▶ 2) Timely appointments
  - ▶ 3) Language, Cultural competence, and Physical accessibility

# Overview

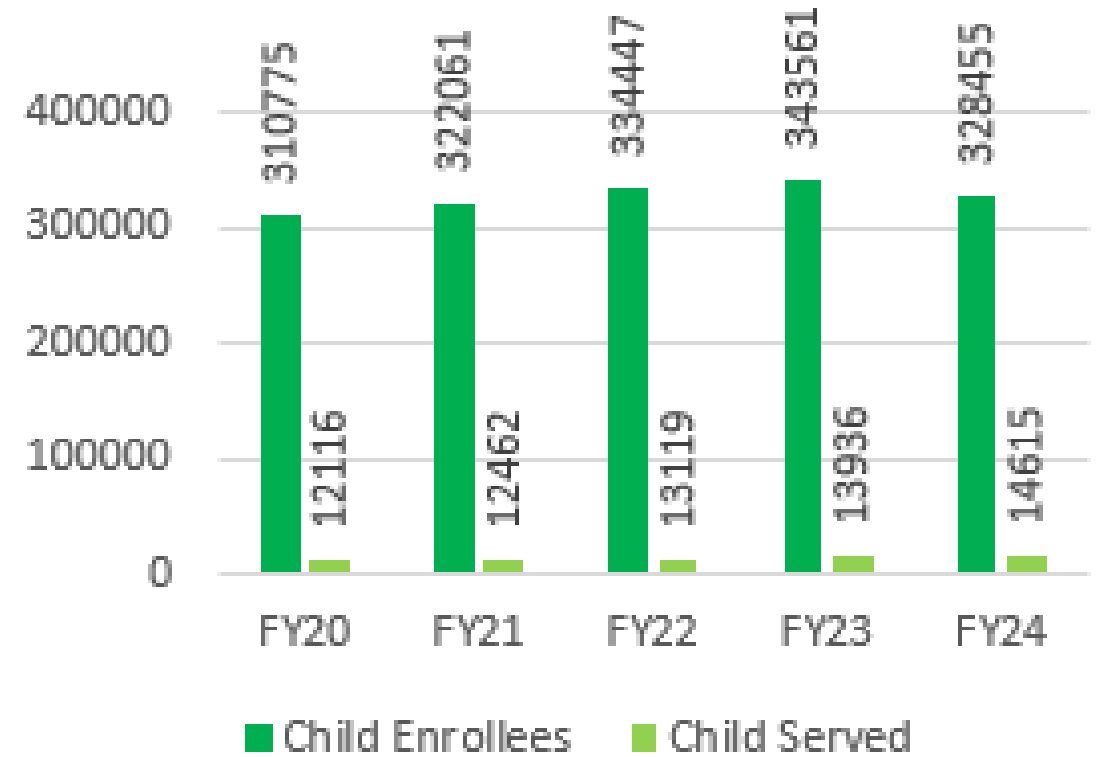


- MSHN completed the Network Adequacy Assessment (NAA) utilizing Fiscal Year 2024 data.
- Information outside of encounters, was reported directly by Community Mental Health Service Programs (CMHSPs) and/or MSHN Leadership.
- Any gaps found within the assessment have a related Recommendation for implementation throughout FY25.
- NAA is reviewed by MSHN's Councils, Committees, Operations Council and Board of Directors.
- NAA reporting template results is required to be submitted to MDHHS by April 30, 2025.

MH Enrollees vs. Served - Adult

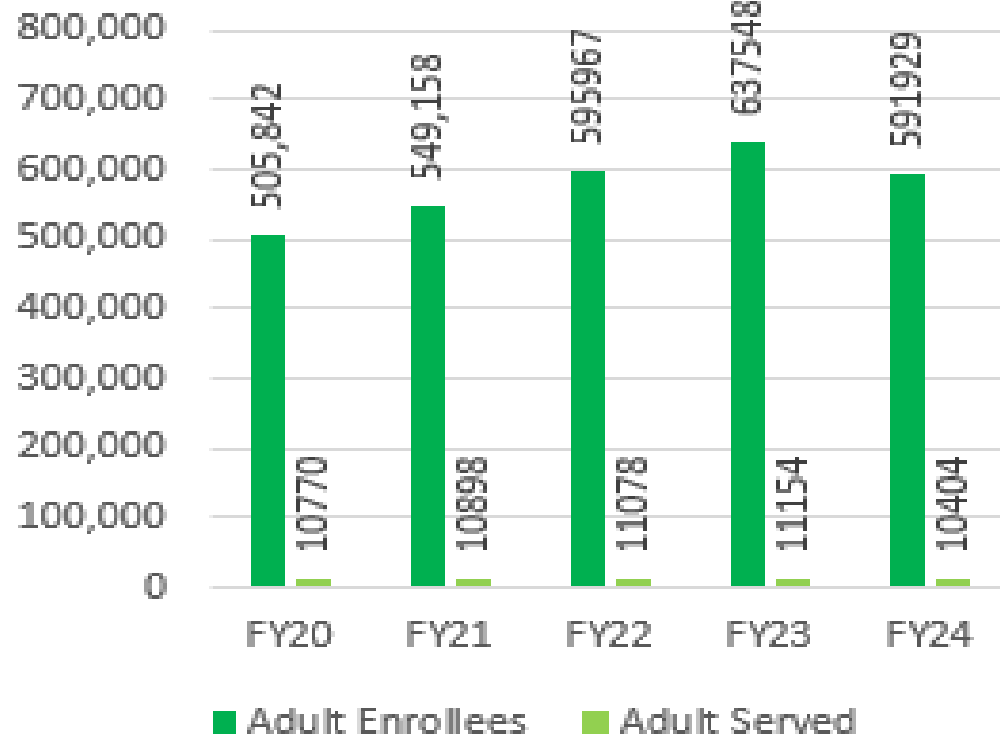


MH Enrollees vs. Served - Child

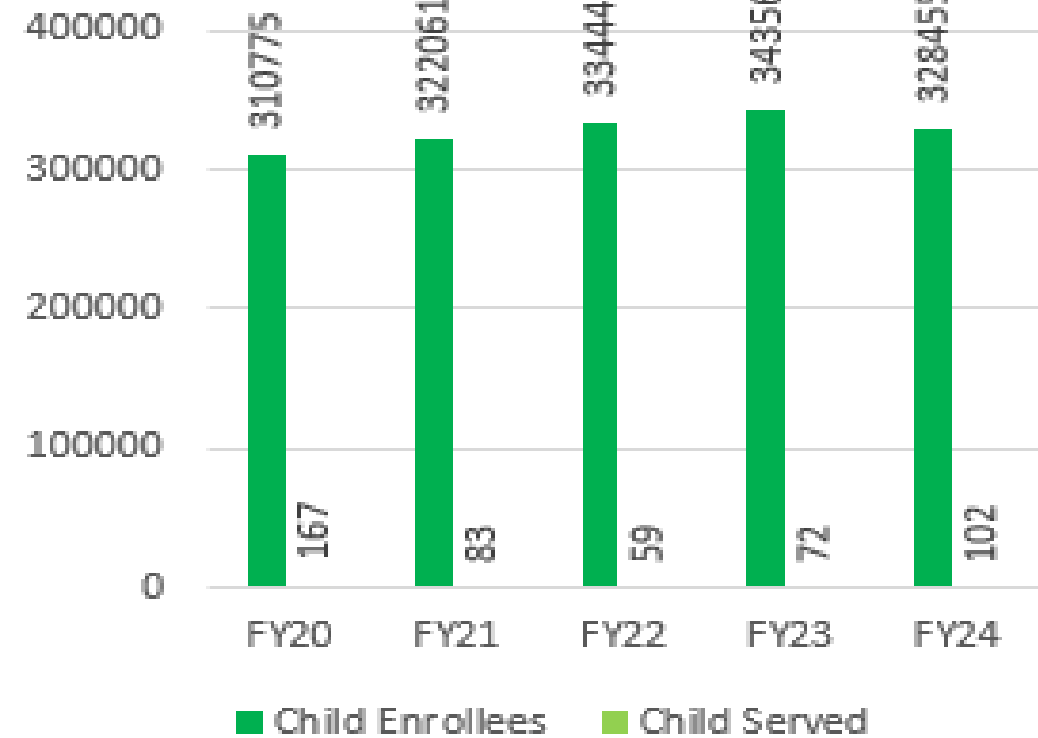


# Individuals Enrolled and Served

SUD Enrollees vs. Served - Adult



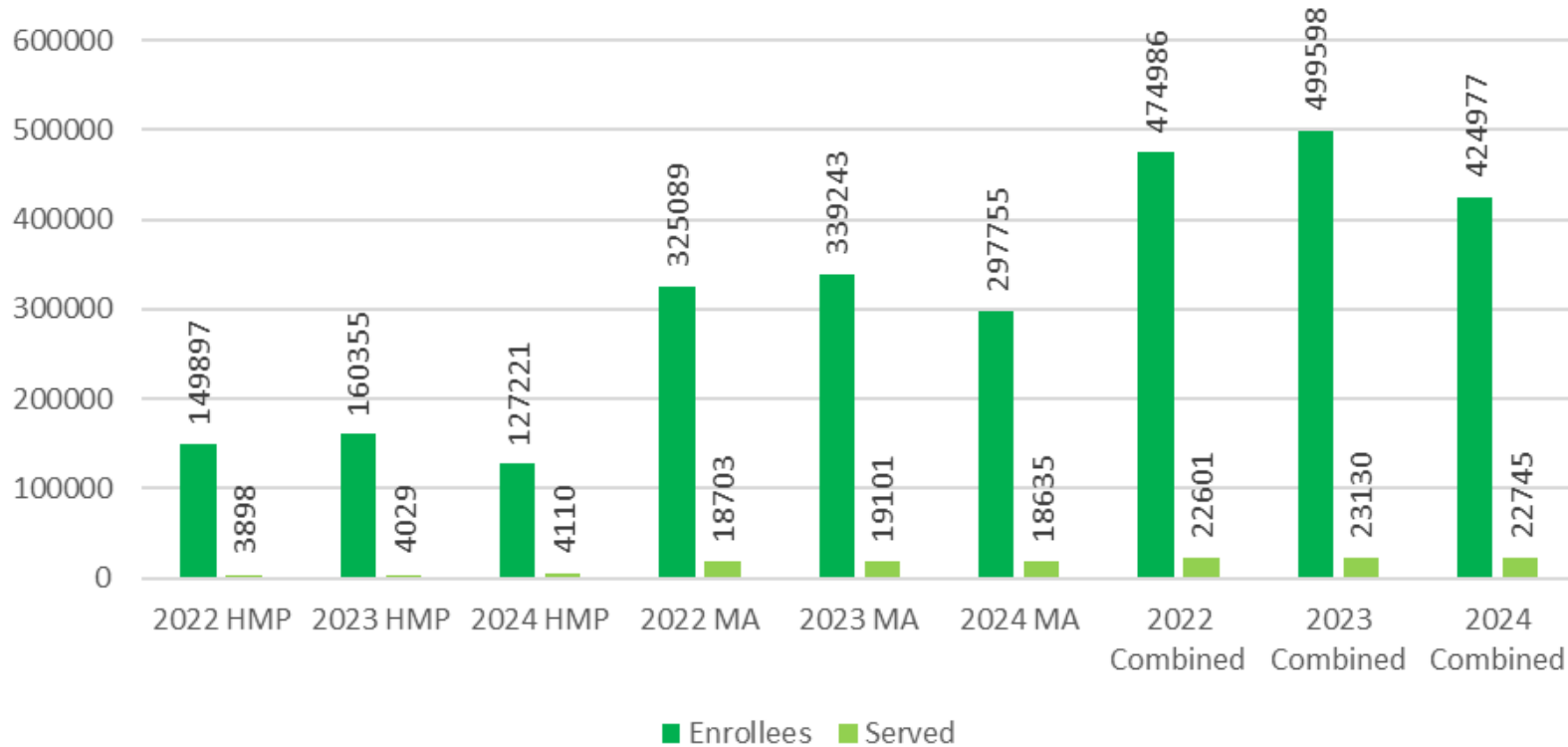
SUD Enrollees vs. Served - Child



# Individuals Enrolled and Served



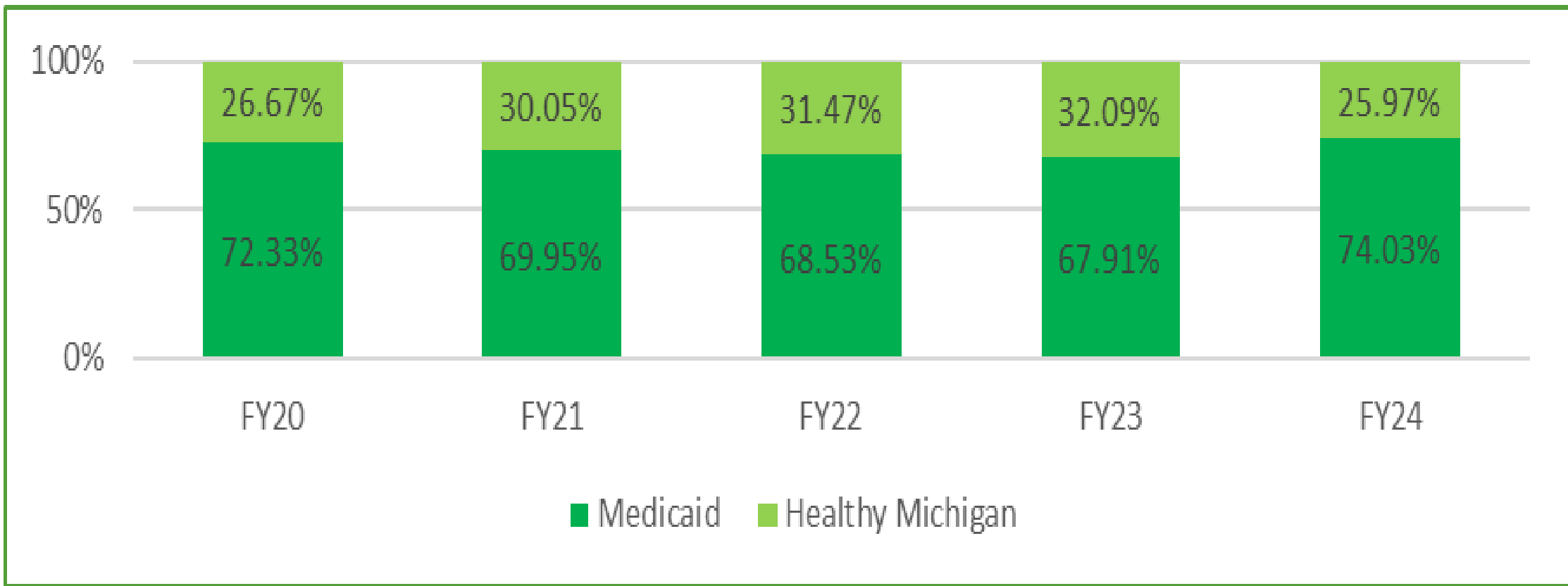
Average Enrollees and Individuals Served , FY22-FY24



As of March,  
Average Enrollees  
= 388,614

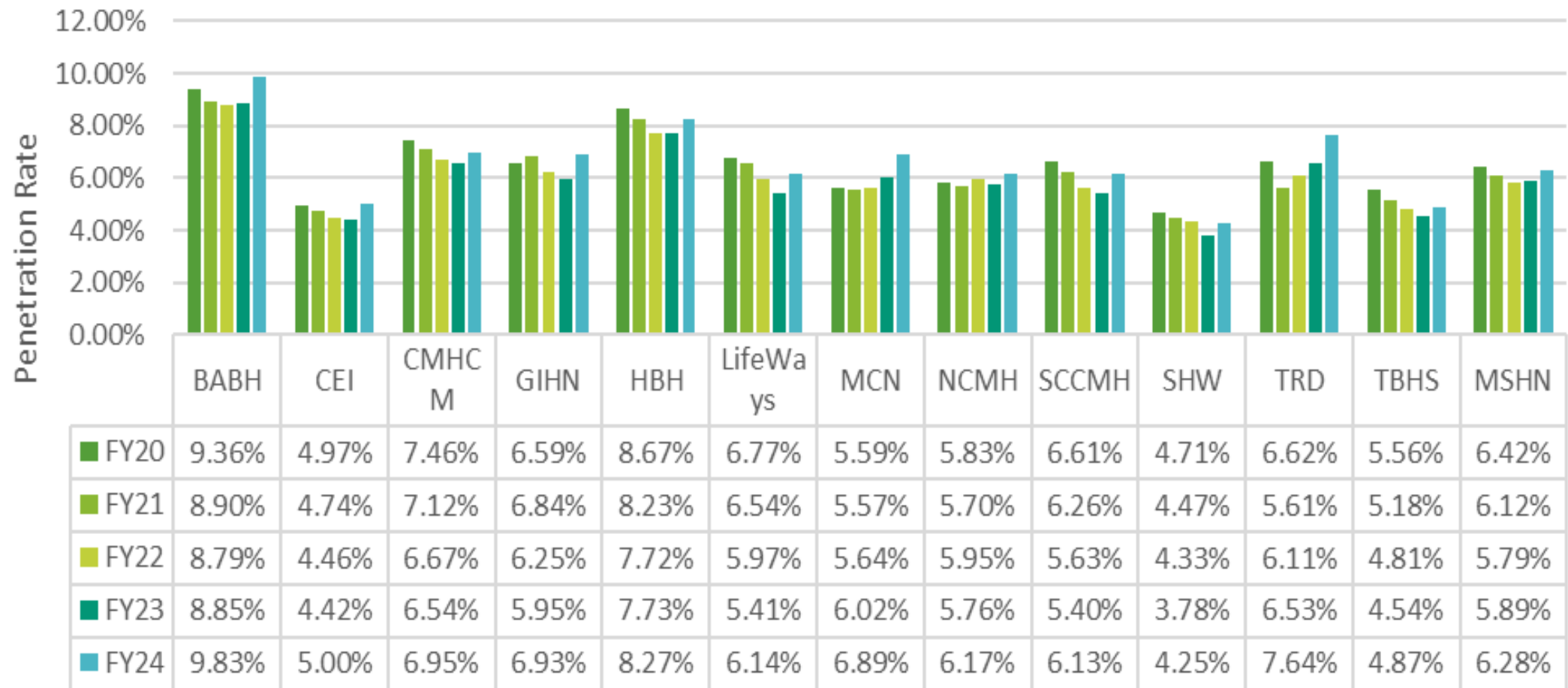
As of June 2024, MSHN has  
seen a decline in Medicaid and  
Healthy Michigan, with 116,701  
individuals losing coverage.

# AVERAGE Monthly Individuals Enrolled and Served

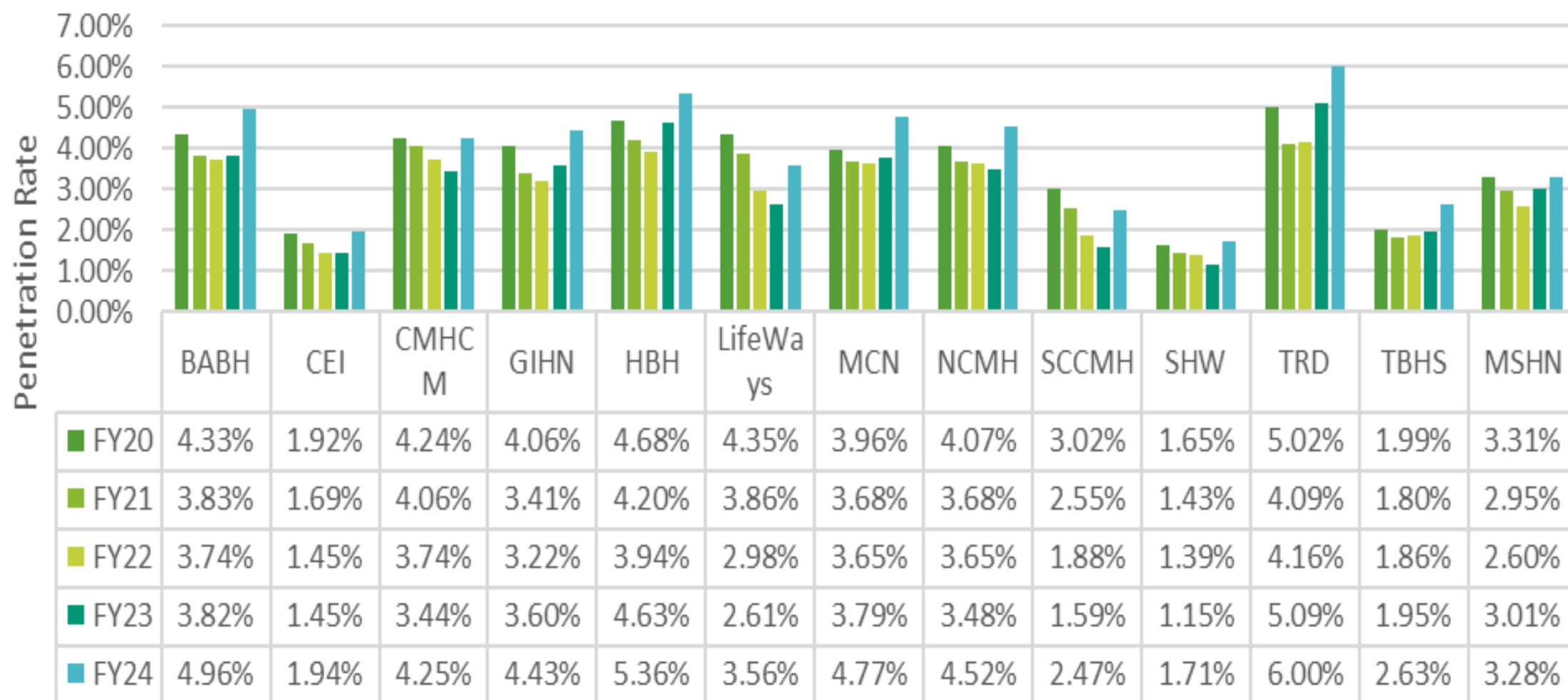


# Proportion of Medicaid and Healthy Michigan - Enrollment

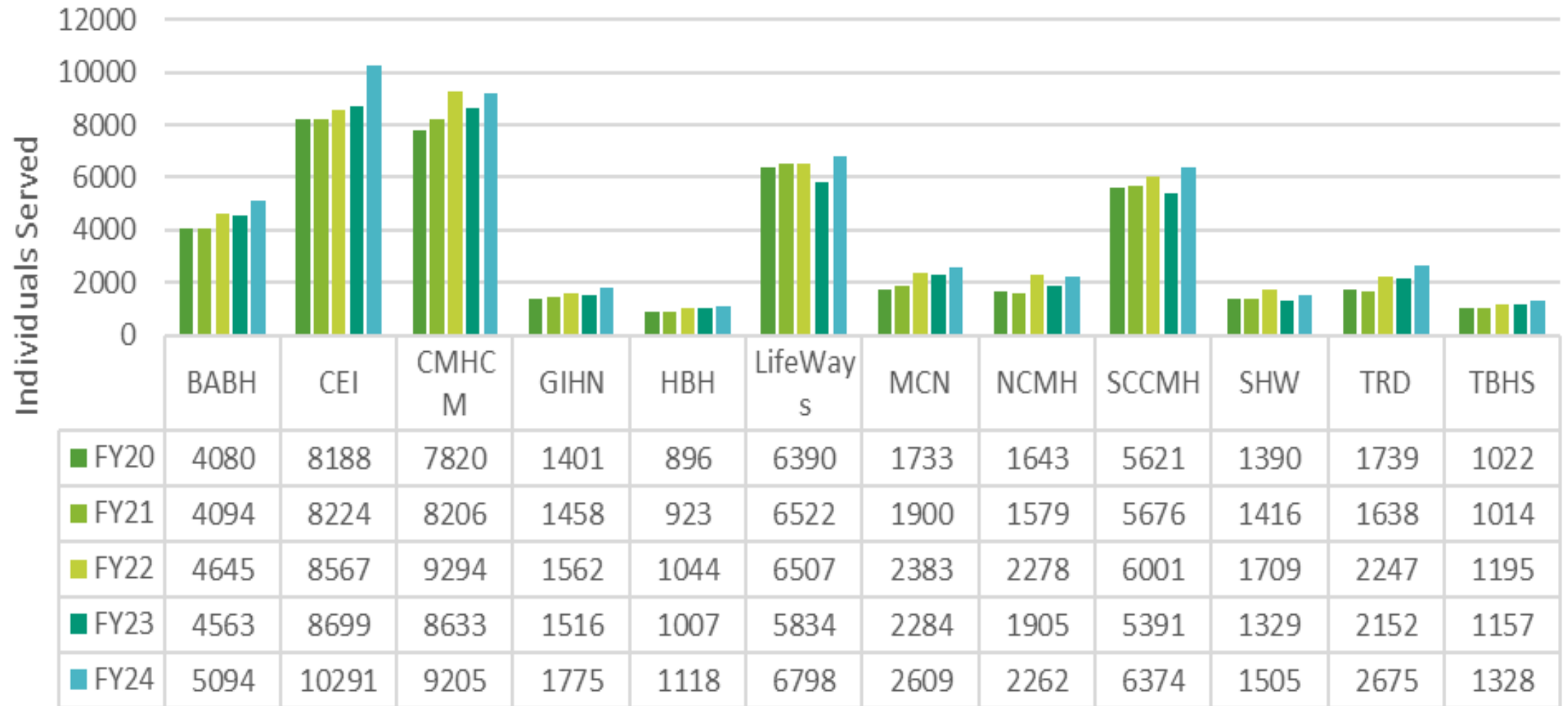
## Medicaid Penetration Rates



## Healthy Michigan Penetration Rates



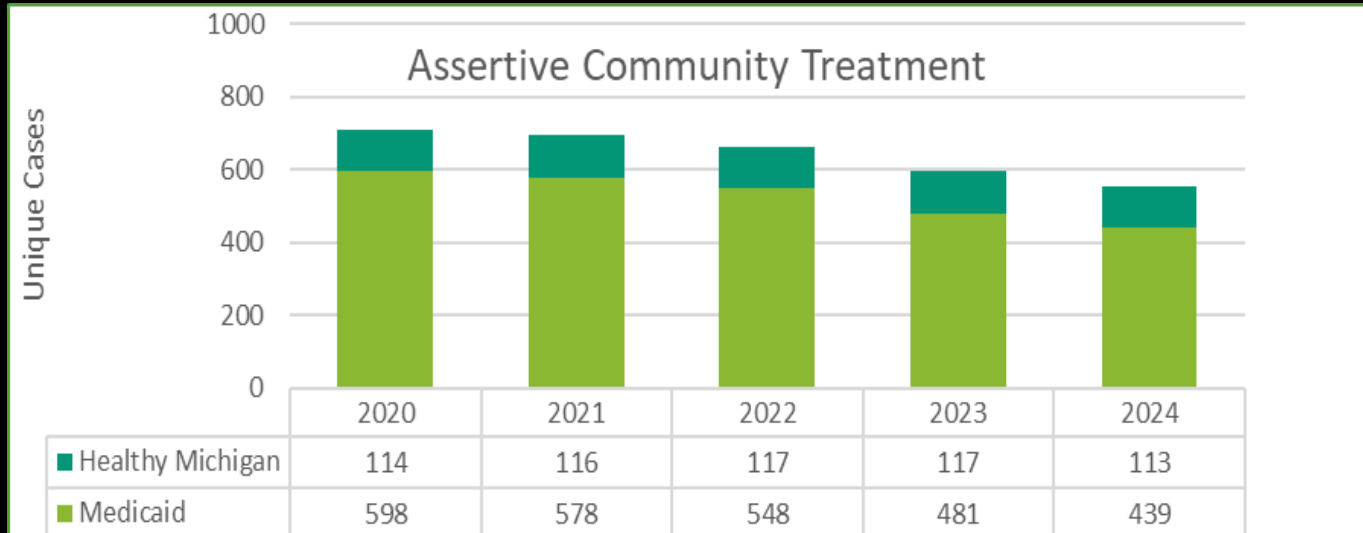
## Unique Individuals Served



# Medicaid to Enrollee Provider Ratio: ACT



- ▶ **Assertive Community Treatment (ACT)**: MDHHS has established an adequacy standard for ACT programs (30,000:1 Medicaid Enrollee to Provider Ratio).
- ▶ **MSHN's FY24 Ratio**: 591,929 Total Medicaid Enrollees to 8 providers however, MSHN has 13 teams. In order to meet the requirement, MSHN would need to have a total of 20 teams in-region.
- ▶ **Using FY24 Average enrollees per month of 424,977**, MSHN's requirement would be 14 teams.
- ▶ **As of March 2025**, MSHN's Average Enrollees = 383,614, therefore, future planning wouldn't require any expansion as MSHN's current provider capacity of 8 with 13 teams would be sufficient.



Note: BABH and TBHS are currently not operational due to staffing vacancies

# Medicaid to Enrollee Provider Ratio

- ▶ **Clubhouse Psychosocial Rehab:** MDHHS has established an adequacy standard for Clubhouse programs (45,000:1 Medicaid Enrollee to Provider Ratio) which requires 12.6 clubhouse programs in the region, based on the number of adult enrollees. Currently, 6 CMHSPs have accredited clubhouse programs, with one CMH providing 2 in their catchment area.
- ▶ **MSHN’s FY24 Ratio:** 328,455 Adult MH Medicaid Enrollees to 7 Providers.
- ▶ **As of March 2025,** MSHN’s Average Adult MH Enrollees = 237,256 therefore, future planning would only require 5.3.

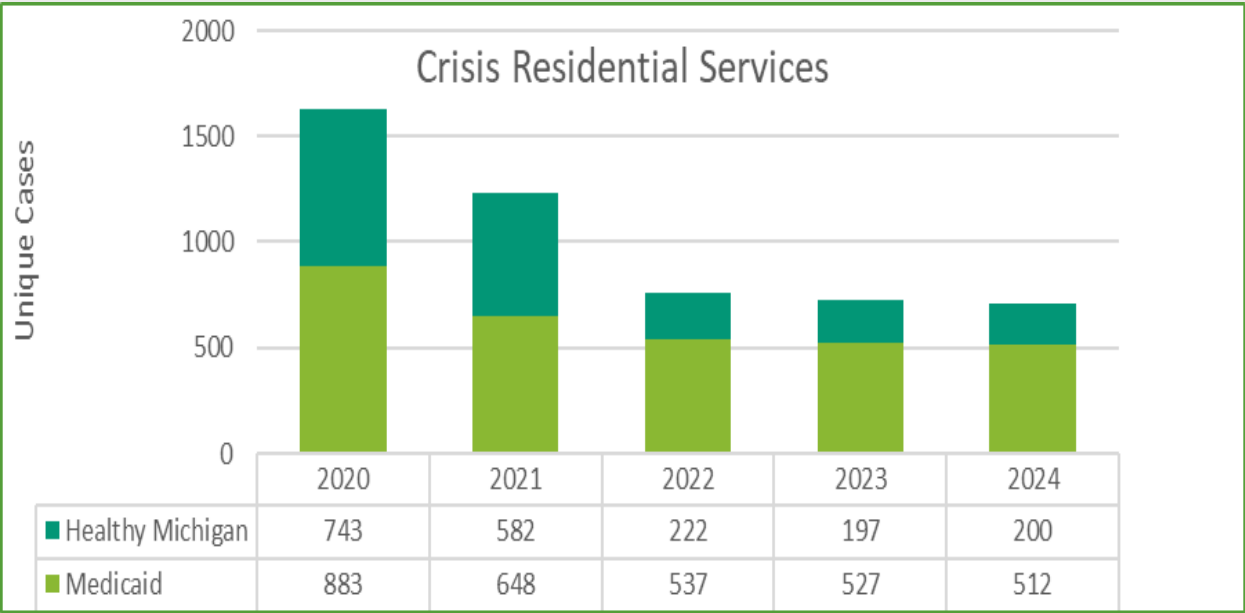


Alternatively, ten of the twelve CMHSPs offer Drop-In Center activity with four CMHSPs offering both. For those CMHSPs without a clubhouse program six drop-in centers are offered.

# Medicaid to Enrollee Provider Ratio

- Crisis Residential Services: MDHHS has established an adequacy standard (16 adult beds per 500,000 total population and 8-12 pediatric beds per 500,000 total population). MSHN total population = 1,643,130 (2024 census), so the standard for MSHN is 53 adult beds and 26 pediatric beds (min 8 bed).
- MSHN has an inventory of 16 contracted crisis residential providers, with a total of 88 beds. Of those in-region 18 beds are designated pediatric.
- As a result, MSHN considers its adult capacity to be compliant with the published standard but **under the standard for pediatric beds**.

Added 2 providers to the network in FY2024



Beacon Sandhurst closed in early 2025, contributing to the current regional deficit for adolescent/youth crisis residential services.



# Medicaid to Enrollee Provider Ratio - Children Services

- ▶ Homebased Services: MDHHS has an established adequacy standard (2,000:1 Medicaid Enrollee to Provider Ratio). Home-Based services were verified through provider enrollment information to ensure compliance with educational standards of licensure and Full Time Equivalent (FTE) designations.
- ▶ MSHN complies with the published standard reporting 164.33 FTEs Homebased therapists and staff for FY24.
- ▶ MSHN's FY24 Ratio: 328,455 Total Children Medicaid Enrollees to 164.33, which just meets the required ratio of 164.23 FTEs.
- ▶ As of March 2025, MSHN's Average Children Enrollees = 146,358, therefore, future planning would only require 73.12 FTE's.



# Medicaid to Enrollee Provider Ratio - Children Services



- ▶ **Wraparound:** MDHHS has an established adequacy standard (5,000:1 Enrollee to Provider Ratio).
- ▶ **MSHN's FY24 Ratio:** 328,455 Total Children Medicaid Enrollees to 46.8 FTEs, which DOES NOT meet the required 65.69 FTEs.
- ▶ FY24 Average Children Medicaid Enrollees ratio of 156,101, only requires 31.22 FTEs, indicating MSHN is in compliance with the average.
- ▶ As of March 2025, MSHN's Average Children Enrollees = 146,358, requiring only 29.27 FTEs to meet the standard, indicating future compliance with the standard.



# Substance Use Disorder (SUD) Access to Service - Adolescents

Adolescents served by American Society of Addiction Medicine (ASAM) Level

Fiscal Year	ASAM Level	Unduplicated Individuals
2021	1.0 Outpatient	37
2021	3.5 Clinically-Managed High Intensity Residential	23
2022	1.0 Outpatient	25
2022	3.5 Clinically-Managed High Intensity Residential	14
2023	1.0 Outpatient	48
2023	3.5 Clinically-Managed High Intensity Residential	11
2024	1.0 Outpatient	77
2024	3.5 Clinically-Managed High Intensity Residential	13

Count of adolescents served

Fiscal Year	Unduplicated Individuals
2021	50
2022	34
2023	59
2024	88

# Access to Service - Adolescents

County	Outpatient				Residential				Withdrawal Mgt.	
	0.5	1.0	2.1	2.5	3.1	3.3	3.5	3.7	3.2	3.7
Arenac										
Bay	X	X*								
Clare		X*								
Clinton		X								
Eaton		X*	X							
Gladwin		X*								
Gratiot										
Hillsdale										
Huron	X	X*								
Ingham		X*								
Ionia		X								
Isabella		X*								
Jackson	X	X	X							
Mecosta										
Midland		X*								
Montcalm		X*	X							
Newaygo	X	X								
Osceola										
Saginaw	X	X*								
Shiawassee		X*								
Tuscola	X	X	X							
Out of Network	X	X*	X	X	X		X			

\*OP Program offer MAT (Suboxone/Vivitrol)

# SUD Access to Service - Adults

## Adults served by ASAM Level

ASAM Level	Unduplicated Individuals			
	FY 2021	FY 2022	FY 2023	FY 2024
1.0 Outpatient	4375	3926	3908	2763
1.0 Outpatient: Medication Assisted Treatment	3737	3505	3301	2816
2.1 Intensive Outpatient	434	408	469	331
2.5 Partial Hospitalization	43	33	50	36
3.1 Clinically Managed Low Intensity Residential	573	598	611	479
3.2 Clinically Managed Withdrawal Management	51	50	64	57
3.3 Clinically Managed Population Specific	7	3	2	2
3.5 Clinically Managed High Intensity Residential	2535	2442	2617	2029
3.7 Medically Monitored Residential	29	24	17	11
3.7 Medically Monitored Withdrawal Management	167	149	175	133

## Adult Single Case Agreements

Fiscal Year	Count of SCA's
2021	8
2022	21
2023	95
2024	39

County	Outpatient				Residential				Withdrawal Mgt.		OTP	Women's Specialty Services	Recovery Housing	CCBHC-DCO	SUD - Health Home
	0.5	1.0	2.1	2.5	3.1	3.3	3.5	3.7	3.2	3.7	Level 1	D or E	III or IV	<b>1.0</b>	
Arenac	X	X*													
Bay	X	X*	X									D & E			X
Clare	X	X													
Clinton		X												X	
Eaton	X	X*	X									D		X	
Gladwin	X	X*													
Gratiot		X													
Hillsdale		X*					X					D		X	
Huron	X	X*													
Ingham	X	X*	X		X		X		X	X	X	E	X	X	X
Ionia		X*										D		X*	
Isabella	X	X*	X								X				X
Jackson	X	X*	X				X			X	X	E		X	X
Mecosta	X	X													
Midland	X	X*					X						X		
Montcalm		X*	X									D	X		
Newaygo	X	X*	X									D			
Osceola															
Saginaw	X	X*	X		X		X		X	X	X	D & E	X	X	X
Shiawassee		X*										E			
Tuscola	X	X*	X									D			
Out of Network	X	X*	X	X	X	X	X	X	X	X	X	D	X		X
*OP Program offer MAT (Suboxone/Vivitrol) D = Designated WSS Program E = Enhanced WSS Program															

# Access to Service - Adults

# Medicaid to Enrollee Provider Ratio - SUD Opioid Treatment Programs (OTP) and Office Based Opioid Treatment Programs (OBOT)

- ▶ OTPs are certified by SAMHSA under 42 CFR Part 8.11. MDHHS has an established adequacy standard (35,000:1 Medicaid Enrollee to Provider ratio). MSHN currently contracts with five (5) OTPs in the region that meet this definition.
- ▶ MSHN contracts with four (4) Medication for Opioid Use Disorder (MOUD) providers out of its geographic region for services to in-region residents. MSHN has an additional sixteen (16) contracted OBOT provider locations in region that have physicians who can prescribe naltrexone and/or buprenorphine.
- ▶ MSHN's Ratio: 591,929 Total Medicaid Enrollees to 21 providers, which is just slightly over the required 20 providers.



# Timeliness to Service

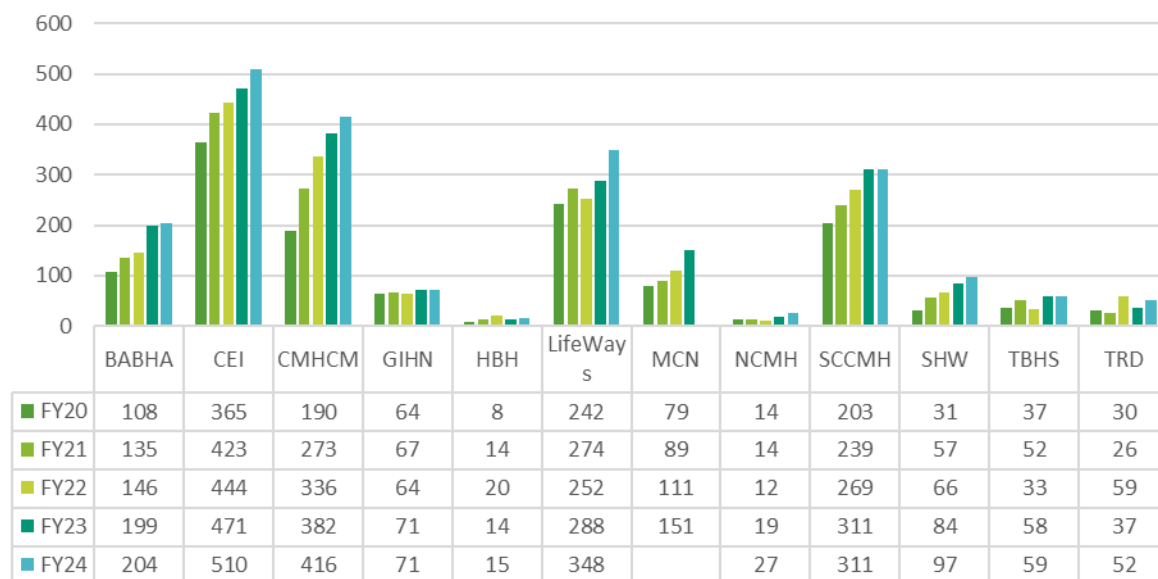
Table 8: State Performance Indicators for Access Timeliness and Inpatient Follow-Up

	Population	MSHN Performance Rate FY21	MSHN Performance Rate FY22	MSHN Performance Rate FY23	MSHN Performance Rate FY24
The percentage of all Medicaid adult and children beneficiaries receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours. (Standard: 95%)	MI-Children	99.58%	97.69%	98.52%	98.73%
	MI-Adults	99.22%	98.96%	98.89%	99.44%
The percentage of new persons receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergent request for service. (Standard: NA)	MI-Children	69.31%	64.26%	59.91%	65.28%
	MI-Adults	63.69%	61.42%	62.76%	66.47%
	DD-Children	65.30%	57.77%	44.54%	50.11%
	DD-Adults	72.74%	67.77%	57.52%	65.99%
	Total	67.39%	62.29%	60.72%	64.97%
The percentage of new <u>persons</u> during the quarter starting any medically necessary on-going covered service within 14 days of completing a non-emergent biopsychosocial assessment (Standard: NA).	MI-Children	68.29%	59.24%	58.83%	60.17%
	MI-Adults	72.62%	64.01%	62.17%	65.49%
	DD-Children	78.33%	73.26%	80.64%	80.52%
	DD-Adults	68.01%	65.58%	62.56%	66.46%
	Total	71.34%	63.08%	62.45%	65.00%
The percentage of new <u>persons</u> during <u>quarter receiving</u> a face-to-face service for treatment or supports within 14 calendar days of non-emergent <u>request</u> for services. (SUD Only) (Standard: NA)	Medicaid SUD	83.34%	75.49%	73.66%	73.33%
The percentage of discharges from psychiatric inpatient unit/substance use disorder detox unit seen for follow-up care within 7 days. (Standard: ≥95%)	Children	98.90%	97.44%	97.79%	97.82%
	Adults	97.02%	96.17%	95.76%	96.14%
	Medicaid SUD	96.68%	97.18%	97.46%	93.98%
The percentage of readmissions to an inpatient psychiatric unit within 30 days of discharge. (Standard: <15%)	Children	7.97%	5.50%	8.72%	8.38%
	Adults	12.62%	10.08%	12.36%	11.48%



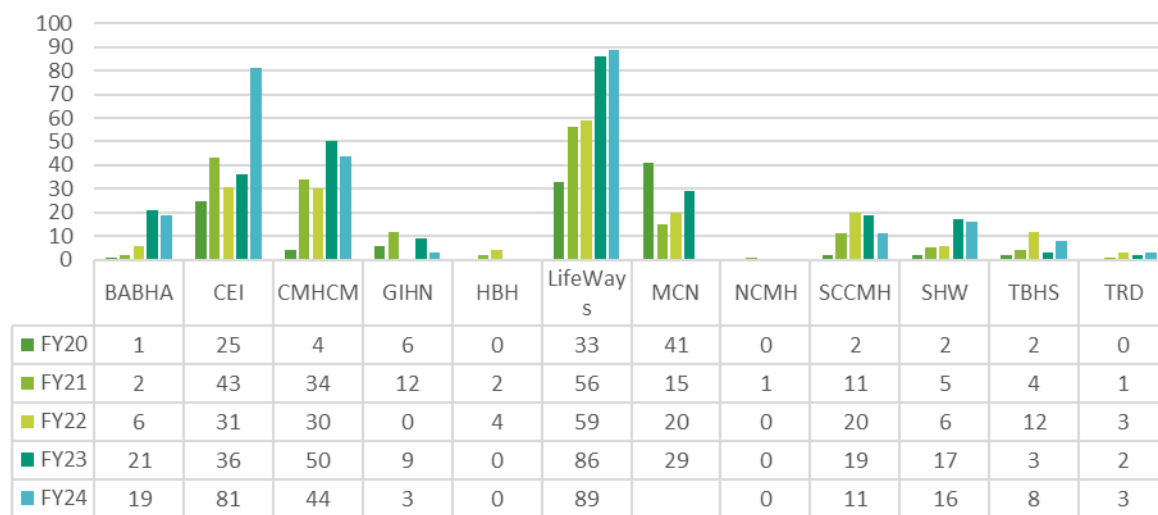
# Timeliness to Service

Autism Benefit Enrollees



2021  
expansion  
to age 21

Plan of Service (wait >90 days)



The region has 63 Applied Behavioral Analysis (ABA) provider contracts (22 shared providers and 41 single CMHSP contracts).

# Time and Distance Standards -NEW UPDATES IN FY24

## FY 2023 Standards

### Time and Distance Standards for Inpatient Psychiatric Services

#### Adults

Service	Frontier	Rural	Urban
Inpatient Psychiatric	150 minutes/125 miles	90 minutes/60 miles	30 minutes/30 miles
All Other Select Services	90 minutes/90 miles	60 minutes/60 miles	30 minutes/30 miles

#### Pediatrics

Service	Frontier	Rural	Urban
Inpatient Psychiatric	330 minutes/355 miles	120 minutes/125 miles	60 minutes/60 miles
All Other Select Services	90 minutes/90 miles	60 minutes/60 miles	30 minutes/30 miles

FY 2024 - MDHHS will calculate based on Provider Directory Listings

<u>Service</u>	<u>CEAU</u>	<u>Rural</u>	<u>Micro</u>	<u>Metro</u>	<u>Large Metro</u>
<b>Inpatient Psychiatric<sup>2</sup></b>	<b>155 minutes/140 miles</b>	<b>90 minutes/75 miles</b>	<b>100 minutes/75 miles</b>	<b>70 minutes/45 miles</b>	<b>30 minutes/15 miles</b>
<b>All Other Services</b>	<b>118 minutes/105 miles</b>	<b>75 minutes/60 miles</b>	<b>70 minutes/53 miles</b>	<b>45 minutes/30 miles</b>	<b>20 minutes/10 miles</b>

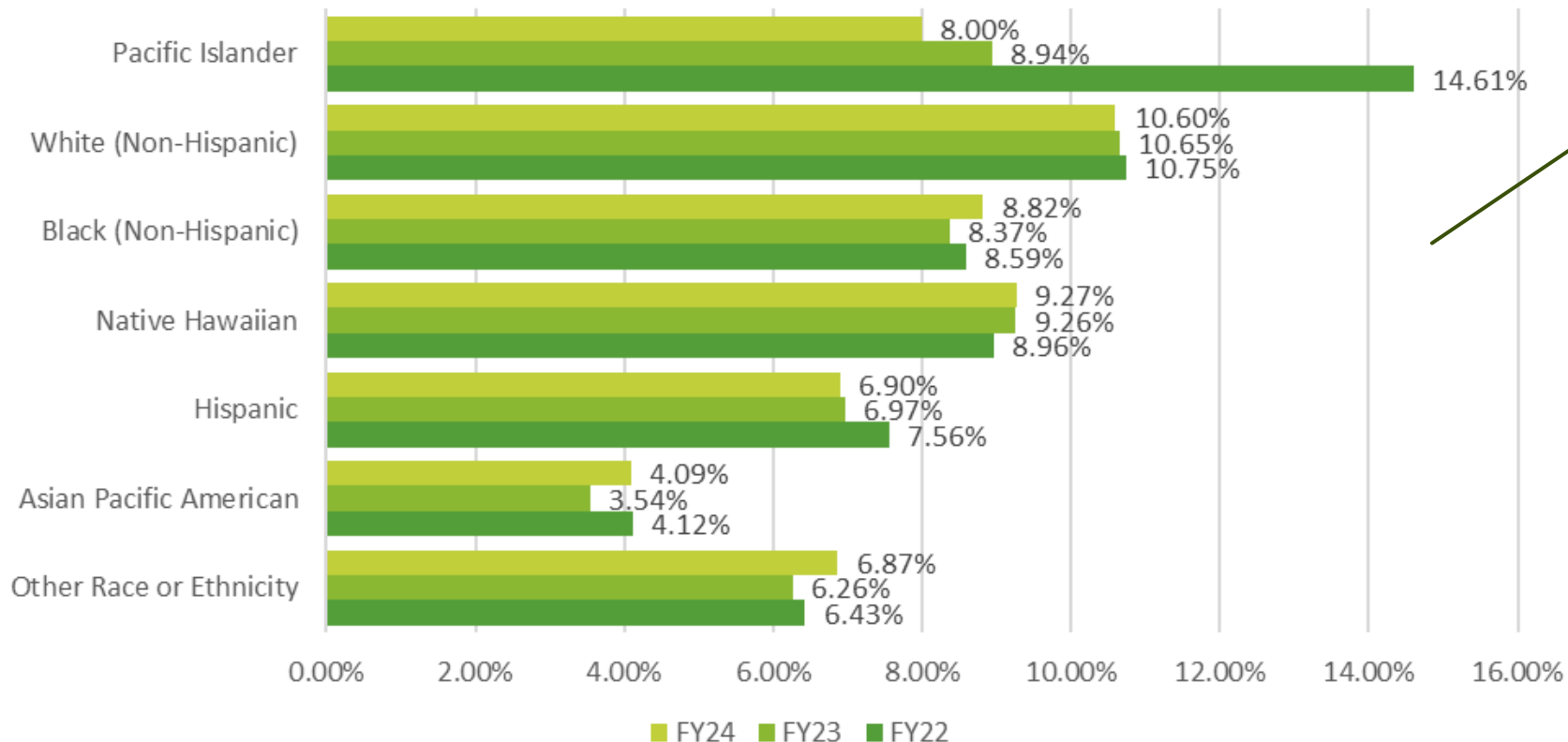
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Newaygo  
Osceola  
Saginaw  
Shiawassee  
Tuscola

Rural  
Metro  
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## County Designations as assigned by MDHHS

# Sufficiency of Mix of Providers: Cultural Competence

MSHN Regional Penetration Rate by Race/Ethnicity



FY24, out of 1,445 provider listings in the region's Provider Directory, 97.9% indicated Cultural Competency training which is an increase from 90.9% reported in FY23.

# Sufficiency of Mix of Providers: Accommodations

- ▶ All CMHSP Participants offer services in locations with physical access for Medicaid beneficiaries with disabilities . ***Out of 1,430 provider listings in the region's Provider Directory, 94.33% (up from 94.07% in FY23) indicated accommodations in accordance with the American Disabilities Act.*** Delivery of services in home settings as well as telemedicine can offset barriers to physical access where present.
- ▶ The majority of the CMHSPs and SUD providers in the region ***are CARF accredited, which requires specific accommodations and accessibility*** evaluations or plans to ensure services are readily available to individuals with special needs.
- ▶ ***Interpreters and translators are available at each CMHSP for persons with Limited English Proficiency*** (individuals who cannot speak, write, read, or understand the English language at a level that permits them to interact effectively with health care providers).

# Sufficiency of Mix of Providers: Accommodations

No county has more than 5% non-English speaking individuals

COUNTY	Languages Spoken									
	Arabic	Bengali	English	Spanish	French	Haitian Creole	Russian	Swahili	Vietnamese	Chinese
Arenac			99.80%	0.18%			0.02%			
Bay	0.01%		99.90%	0.12%						
Clare	0.02%		99.79%	0.13%			0.08%			
Clinton	0.20%	0.01%	99.25%	0.56%	0.01%		0.01%		0.01%	0.02%
Eaton	0.16%		97.96%	1.70%	0.06%	0.09%		0.11%	0.02%	0.01%
Gladwin	0.01%		99.53%	0.46%						
Gratiot			99.58%	0.44%						
Hillsdale	0.01%	0.01%	99.75%	0.28%						
Huron	0.03%		99.70%	0.27%			0.01%			0.01%
Ingham	0.77%		97.39%	1.28%	0.06%	0.08%	0.05%	0.48%	0.04%	0.03%
Ionia	0.02%		99.60%	0.40%	0.01%			0.01%		
Isabella	0.02%	0.01%	99.64%	0.37%						0.02%
Jackson	0.01%	0.01%	99.56%	0.42%					0.03%	0.01%
Mecosta	0.01%	0.01%	99.77%	0.20%						0.02%
Midland	0.01%	0.01%	99.59%	0.40%			0.02%		0.01%	
Montcalm			99.62%	0.36%	0.03%	0.02%				
Newaygo	0.01%		99.17%	0.84%		0.01%	0.01%			0.01%
Osceola	0.01%		99.79%	0.20%						0.01%
Saginaw	0.02%		99.52%	0.48%					0.01%	0.01%
Shiawassee		0.01%	99.90%	0.08%	0.01%					0.01%
Tuscola			99.62%	0.38%						

# FY24 Expansions:

- ▶ Certified Community Behavioral Health Clinics (CCBHCs) – 19,871 beneficiaries (up from 13,577 in FY23)
  - ▶ Community Mental Health Authority of Clinton, Eaton and Ingham Counties
  - ▶ The Right Door for Hope, Recovery and Wellness (Ionia County)
  - ▶ Saginaw County Community Mental Health
  - ▶ LifeWays (Hillsdale, Jackson Counties)
  
- ▶ Opioid Health Home (OHH) - 398 beneficiaries (up from 179 in FY23)
  - ▶ Victory Clinical Services in Saginaw County
  - ▶ Victory Clinical Services – Lansing
  - ▶ Victory Clinical Services – Jackson
  - ▶ Recovery Pathways – Bay City/Essexville
  - ▶ Recovery Pathways – Shiawassee (FY25)
  - ▶ MidMichigan Community Health – Roscommon (serving northern MSHN region)
  - ▶ Isabella Citizens for Health - Isabella
  - ▶ LifeWays (FY25) – Jackson/Hillsdale
  - ▶ Sacred Heart (FY25) – Bay City/Saginaw
  
- ▶ Behavioral Health Home (BHH) - 338 in FY24 vs 566 beneficiaries in FY25
  - ▶ CMH for Central MI
  - ▶ Saginaw CMH Authority
  - ▶ Montcalm Care Network
  - ▶ Newaygo CMH
  - ▶ Shiawassee Health & Wellness
  - ▶ Gratiot Integrated Health Network

# Assessment Results



- ▶ Expand **Children Services** by increasing Provider Capacity:
  - ▶ Autism
  - ▶ Crisis Residential
  - ▶ Inpatient Psychiatric
  - ▶ Substance Use Disorder
- ▶ MSHN will continue to work with in-region and participate in state-wide efforts to address the workforce shortage and increase timelines to services.
- ▶ Continue to expand the number of Certified Community Behavioral Health Clinics (CCBHCs), Behavioral Health Homes (BHH), and Opioid Health Homes (OHH) in the region.
- ▶ MSHN will continue to evaluate, coordinate, and implement changes specific to the new ASAM Criteria 4th edition and ensure training opportunities for the network.