

# Mid-State Health Network

## Board of Directors Meeting ~ March 5, 2024 ~ 5:00 p.m.

### Board Meeting Agenda

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

MEMBERS OF THE PUBLIC AND OTHERS UNABLE TO ATTEND IN PERSON CAN PARTICIPATE IN THIS MEETING VIA TELECONFERENCE  
Teleconference: (Call) 1.312.626.6799; Meeting ID: 3797965720

1. Call to Order
2. Roll Call
3. **ACTION ITEM:** Approval of the Agenda

#### **Motion to Approve the Agenda of the March 5, 2024 Meeting of the MSHN Board of Directors**

4. Public Comment (3 minutes per speaker)
5. **ACTION ITEM:** MSHN FY2024 Compliance Plan Update and FY 2023 Annual Compliance Report for Approval (Page 6)

#### **Motion to acknowledge receipt of and approve the FY2024 MSHN Corporate Compliance Plan and approve the FY2023 Compliance Report**

6. Chief Executive Officer's Report (Page 69)
7. Deputy Director's Report (Page 96)
8. Chief Financial Officer's Report

Financial Statements Review for Period Ended January 31, 2024 (Page 118)

#### **ACTION ITEM: Receive and File the Preliminary Statement of Net Position and Statement of Activities for the Period ended January 31, 2024, as presented**

9. **ACTION ITEM:** Contracts for Consideration/Approval (Page 128)

#### **The MSHN Board of Directors Approve and Authorizes the Chief Executive Officer to Sign and Fully Execute the FY 2024 Contracts, as Presented on the FY 2024 Contract Listing**

10. Executive Committee Report
11. Chairperson's Report
12. **ACTION ITEM:** Consent Agenda

#### **Motion to Approve the documents on the Consent Agenda**

- 12.1 Approval Board Meeting Minutes 01/30/2024 (Page 130)
- 12.2 Receive SUD Oversight Policy Board Meeting Minutes 12/20/2023 (Page 135)
- 12.3 Receive Board Executive Committee Minutes 02/16/2024 (Page 139)



#### 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.

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#### **Board of Directors Meeting Materials:**

Click [HERE](#)

or visit MSHN's website at:  
<https://midstatehealthnetwork.org/stakeholders-resources/board-councils/board-of-directors/fy2024-meetings>

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#### **Upcoming FY24 Board Meetings**

(Tentative until Board Approval)

Board Meetings convene at 5:00pm unless otherwise noted

#### **May 7, 2024**

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

#### **July 2, 2024**

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

#### **September 10, 2024**

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

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#### **Policies and Procedures**

Click [HERE](#) or Visit

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

- 12.4 Receive Policy Committee Minutes 02/06/2024 (Page 141)
- 12.5 Receive Operations Council Key Decisions 01/22/2024 (Page 143)
- 12.6 Approve the following policies:
  - 12.6.1 Credentialing/Recredentialing (Page 145)
  - 12.6.2 Disclosure of Ownership, Control, and Criminal Convictions (Page 149)
  - 12.6.3 Fiscal Year Contract Monitoring (Page 151)
  - 12.6.4 Provider Directory (Page 154)
  - 12.6.5 Provider Network Management (Page 156)
  - 12.6.6 Provider Network Reciprocity (Page 160)
  - 12.6.7 Substance Use Disorder Direct Service Provider Procurement (Page 162)
  - 12.6.8 1915(i) SPA (Page 164)
- 13. Other Business
- 14. Public Comment (3 minutes per speaker)
- 15. Adjourn

## FY24 MSHN Board Roster

Last Name	First Name	Email 1	Email 2	Phone 1	Phone 2	Appointing CMHSP	Term Expiration
Bohner	Brad	<a href="mailto:bbohner@tds.net">bbohner@tds.net</a>		517.294.0009		LifeWays	2025
Brehler	Joe	<a href="mailto:jbrehler@sprynet.com">jbrehler@sprynet.com</a>		517.230.5911		CEI	2025
Brodeur	Greg	<a href="mailto:brodeurgreg@gmail.com">brodeurgreg@gmail.com</a>		989.413.0621		Shia Health & Wellness	2024
DeLaat	Ken	<a href="mailto:kend@nearnorthnow.com">kend@nearnorthnow.com</a>		231.414.4173		Newaygo County MH	2026
Gibb	Bruce	<a href="mailto:brucegibb@gmail.com">brucegibb@gmail.com</a>		989.975.0156		HBH	2026
Griesing	David	<a href="mailto:davidgriesing@yahoo.com">davidgriesing@yahoo.com</a>		989.823.2687		TBHS	2024
Grimshaw	Dan	<a href="mailto:midstatetitlesvcs@mstsinc.com">midstatetitlesvcs@mstsinc.com</a>		989.823.3391	989.823.2653	TBHS	2026
Hicks	Tina	<a href="mailto:tmhicksmshn64@gmail.com">tmhicksmshn64@gmail.com</a>		989.576.4169		GIHN	2027
Johansen	John	<a href="mailto:j.m.johansen6@gmail.com">j.m.johansen6@gmail.com</a>		616.754.5375	616.835.5118	MCN	2024
Ladd	Jeanne	<a href="mailto:stixladd@hotmail.com">stixladd@hotmail.com</a>		989.634.5691		Shia Health & Wellness	2024
McFarland	Pat	<a href="mailto:pjmcfarland52@gmail.com">pjmcfarland52@gmail.com</a>		989.225.2961		BABHA	2026
McPeck-McFadden	Deb	<a href="mailto:deb2mcmail@yahoo.com">deb2mcmail@yahoo.com</a>		616.794.0752	616.343.9096	The Right Door	2024
Nyland	Gretchen	<a href="mailto:gretchen7080@gmail.com">gretchen7080@gmail.com</a>		616.761.3572		The Right Door	2025
O'Boyle	Irene	<a href="mailto:irene.oboyle@cmich.edu">irene.oboyle@cmich.edu</a>		989.763.2880		GIHN	2026
Palmer	Paul	<a href="mailto:ppalmer471@ymail.com">ppalmer471@ymail.com</a>		517.256.7944		CEI	2025
Pawlak	Bob	<a href="mailto:bopav@aol.com">bopav@aol.com</a>		989.233.7320		BABHA	2025
Peasley	Kurt	<a href="mailto:peasleyhardware@gmail.com">peasleyhardware@gmail.com</a>		989.560.7402	989.268.5202	MCN	2024
Phillips	Joe	<a href="mailto:joe44phillips@hotmail.com">joe44phillips@hotmail.com</a>		989.386.9866	989.329.1928	CMH for Central	2026
Raquepaw	Tracey	<a href="mailto:tl.raquepaw@icloud.com">tl.raquepaw@icloud.com</a>	<a href="mailto:raquepawt@michigan.gov">raquepawt@michigan.gov</a>	989.737.0971		Saginaw County CMH	2025
Scanlon	Kerin	<a href="mailto:kscanlon@tm.net">kscanlon@tm.net</a>		502.594.2325		CMH for Central	2025
Swartzendruber	Richard	<a href="mailto:rswartzn@gmail.com">rswartzn@gmail.com</a>		989.269.2928	989.315.1739	HBH	2026
Twing	Susan	<a href="mailto:set352@hotmail.com">set352@hotmail.com</a>		231.335.9590		Newaygo County MH	2025
Williams	Joanie	<a href="mailto:jkwms1@gmail.com">jkwms1@gmail.com</a>		989.860.6230		Saginaw County CMH	2026
Woods	Ed	<a href="mailto:ejw1755@yahoo.com">ejw1755@yahoo.com</a>		517.392.8457		LifeWays	2024

**Administration:**

Sedlock	Joe	<a href="mailto:joseph.sedlock@midstatehealthnetwork.org">joseph.sedlock@midstatehealthnetwork.org</a>		517.657.3036	989.529.9405		
Ittner	Amanda	<a href="mailto:amanda.ittner@midstatehealthnetwork.org">amanda.ittner@midstatehealthnetwork.org</a>		517.253.7551	989.670.8147		
Thomas	Leslie	<a href="mailto:leslie.thomas@midstatehealthnetwork.org">leslie.thomas@midstatehealthnetwork.org</a>		517.253.7546	989.293.8365		
Kletke	Sherry	<a href="mailto:sheryl.kletke@midstatehealthnetwork.org">sheryl.kletke@midstatehealthnetwork.org</a>		517.253.8203	517.285.5320		

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

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

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

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

## Background

To comply with the PIHP/MDHHS Services Contract, specifically as it relates to the General Requirement Section: Program Integrity, which includes the following:

The Contractor must have a program integrity compliance program as defined in 42 CFR 438.608. The program integrity compliance program must include the following:

- i. Written policies and procedures that describe how the Contractor will comply with federal and State fraud, waste and abuse standards, and well publicized disciplinary standards for failure to comply.
- ii. The designation of a compliance officer who reports directly to the Chief Executive Officer and the Board of Directors, and a compliance committee, accountable to the senior management or Board of Directors, with effective lines of communication to the Contractor's employees.
- iii. Effective training and education for the compliance officer, senior management, and the Contractor's employees regarding fraud, waste and abuse, and the federal and State standards and requirements under this Contract. While the compliance officer may provide training to Contractor employees, "effective" training for the compliance officer means it cannot be conducted by the compliance officer himself/herself.
- iv. Provisions for internal monitoring and auditing. Audits must include post payment reviews of paid claims to verify that services were billed appropriately (e.g., correct procedure codes, modifiers, quantities, etc.). Acceptable audit methodology examples include:
  1. Record review, including statistically valid random sampling and extrapolation to identify and recover overpayments made to providers
  2. Beneficiary interviews to confirm services rendered
  3. Provider self-audit protocols
  4. The frequency and quantity of audits performed should be dependent on the number of fraud, waste and abuse complaints received as well as high risk activities identified through data mining and analysis of paid claims
- v. Provisions for the Contractor's prompt response to detected offenses and for the development of corrective action plans. "Prompt response" is defined as action taken within 15 business days of receipt by the Contractor of the information regarding a potential compliance problem.

The 2024 Corporate Compliance Plan and 2023 Annual Compliance Summary report was reviewed by the MSHN Compliance Committee, Regional Compliance Committee and the Operations Council with recommendation for approval to the MSHN Board of Directors. The attached Summary of Recommended Changes to the 2024 Corporate Compliance Plan provides an overview of the recommended revisions to the plan. In addition, the Corporate Compliance Plan as proposed is in compliance with and supports the MSHN Policy: General Management - Compliance and Program Integrity.

### Recommended Motion:

The MSHN Board approves and acknowledges receipt of the 2024 Corporate Compliance Plan and the 2023 Annual Compliance Summary Report.

## Summary of Changes: Compliance Plan 2024

*The following changes were made to be in compliance with contract changes to the program integrity section of the MDHHS/PIHP Contract.*

- I. Overview/Mission Statement
  - *No Changes*
- II. Value Statement
  - *No Changes*
- III. Scope of Plan
  - *Moved some information to section X111. under disciplinary guidelines*
- IV. Definitions
  - *No Changes*
- V. Compliance Program
  - A. Plan
    - *No substantial changes*
  - B. Policies and Procedures
    - *Added information on what elements the policies and procedures minimally need to include*
- VI. Structure of the Compliance Program
  - A. General Structure
    - *No Changes*
  - B. Compliance Officer
    - *Added having the authority to report to the Board and Senior Management*
  - C. Regional Compliance Committee
    - *No Changes*
  - D. MSHN Corporate Compliance Committee
    - *Changes meeting schedule to every other month*
- VII. Compliance Standards
  - A. Conduct and Ethical Guidelines Standards
    - *Added that the standards of conduct will be distributed to all employees and be required to certify that they have read, understand, and agree to comply with the standards.*

- B. Legal & Regulatory Standards
  - *No Changes*
- C. Environmental Standards
  - *No Changes*
- D. Workplace Conduct Standards
  - *No Changes*
- E. Contractual Relationships
  - *No Changes*
- F. Purchasing and Supplies
  - *No Changes*
- G. Marketing Standards
  - *No Changes*
- H. Financial Systems Reliability and Integrity
  - *No Changes*
- I. Information Systems Reliability and Integrity
  - *No Changes*
- J. Confidentiality and Privacy
  - *No Changes*

VIII. Areas of Focus

- *Changes made to attachment C*

IX. Training

- A. MSHN Employee Training
  - *Added that training is to be completed within 90 days of hire*
  - *Added that training is to be focused on Medicaid statutory, regulatory, and contractual requirements and the Contractor's code of conduct.*
- B. Provider Network Training
  - *No Changes*

X. Communication

- *Added allowing for anonymous reporting*

XI. Monitoring and Auditing

- *Added the compliance program will be evaluated, no less than annually, for overall effectiveness*
- *Under Additional Internal Monitoring and Auditing added that there will be a questionnaire for exiting employee regarding any observed violations of the compliance program*
- *Added a Data Mining Activities section to include utilizing statistical models, complex algorithms, and pattern recognition programs to detect possible*



*fraudulent or abusive practices*

XII. Reporting and Investigation

- *Changed language to state MSHN will have a distinct unit that has adequate staffing and resources to investigate incidents and develop and implement corrective action plans to assist in preventing and detecting potential fraud, waste and abuse activities.*
  - A. Reporting of Suspected Violations or Misconduct
    - *Added only reporting for an overpayment of \$5,000 or greater to the OIG and the Office of Inspector General and the Attorney General – Health Care Fraud Division*
    - *Added that the MSHN Compliance Officer and provider network member staff will present the fraud referral case to the OIG and the AG-HCFU.*
    - *Added that the MSHN Compliance Officer will defend potential credible allegation of fraud in any appeal should the referral result in suspension issued by the MDHHS OIG.*
  - *Added that MSHN will cease all efforts to take adverse action against or collect overpayments from the provider until authorized by the MDHHS OIG and follow the*
  - B. Process for Investigation
    - *Added that the investigation process and outcome will be documented and will be reported on the OIG Quarterly Program Integrity Report.*
    - *Removed the information what is included on the template*

XIII. Corrective Action/Prevention/Disciplinary Guidelines

- *Added disciplinary guidelines to this section*
- *Added that in all cases, disciplinary action must be applied on a case-by-case basis and in a consistent manner*
- *Moved failure by Board Members to adhere to the requirements in the Compliance Plan will be addressed in accordance with the MSHN By-Laws from a previous section to this section*

XIV. Submission of Program Integrity Activities/Report

- *Added that The PIHP will submit to MDHHS-OIG an annual Program Integrity Report containing details of the improper payments identified, overpayments recovered, and costs avoided for the program integrity activities conducted by the Contractor for the preceding year. The report will also address the plan of activities for the current and upcoming fiscal year and all provider and service-specific program integrity activities.*

XV. Communication of Requirements

- *This is a new section that includes The PIHP will issue a contract, Provider Manual, Bulletins, and/or other means of communication to the provider network regarding services covered under contract. This communication will serve as a source of information for providers regarding Medicaid covered services, policies and procedures, statutes, regulations, and special requirements.*

XVI. References and Supporting Documents

- *Updated links*

Attachments:

- A. List of MSHN Compliance Policies/Procedures
  - *Updated link*
- B. MSHN Compliance Organizational Chart
  - *No Changes*
- C. MSHN Areas of Focus
  - *Removed Waiver/Appendix K Extension*
  - *Removed Telehealth Requirements*
  - *Removed Waivers*
- D. MSHN Compliance Violation Reporting Posting
  - *Updated contacts*



# CORPORATE COMPLIANCE PLAN 202~~3~~4

Mid-State Health Network, Corporate Compliance Committee: ~~August 10, 2022~~ December 13, 2023  
Mid-State Health Network, Regional Compliance Committee: ~~August 19, 2022~~ December 15, 2023  
Mid-State Health Network, Operations Council Approved: ~~September 19, 2022~~ January 22, 2024  
Mid-State Health Network PIHP Board Adopted: ~~November 01, 2022~~

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XIII. Corrective Action/~~and~~ Prevention/Disciplinary Guidelines

XIV. Submission of Program Integrity Activities/Report

XV. Communication of Requirements

~~XIII-XVI~~.References and Supporting Documents

Attachments:

- A. List of MSHN Compliance Policies/Procedures
- B. MSHN Compliance Organizational Chart
- C. MSHN Areas of Focus
- D. MSHN Compliance Violation Reporting Posting

## I. OVERVIEW/MISSION STATEMENT

Mid-State Health Network (MSHN) is a regional entity, which was formed pursuant to 1974 P.A. 258, as amended, MCL §330.1204b, as a public governmental entity separate from the CMHSP Participants that established it. The CMHSP Participants formed Mid-State Health Network to serve as the prepaid inpatient health plan (“PIHP”) for the twenty-one counties designated by the Michigan Department of Health and Human Services as Region 5, that includes services for behavioral health and substance use disorders. The CMHSP Participants include Bay-Arenac Behavioral Health, Clinton-Eaton-Ingham Community Mental Health Authority, Community Mental Health for Central Michigan, Gratiot Integrated Health Network, Huron County Community Mental Health Authority, LifeWays Community Mental Health Authority, Montcalm Care Network, Newaygo County Community Mental Health Authority, The Right Door for Hope, Recovery and Wellness (formerly Ionia County CMH), Saginaw County Community Mental Health Authority, Shiawassee Health and Wellness and Tuscola Behavioral Health Systems. In addition, MSHN also manages a network of substance use treatment, recovery, and prevention providers.

The mission of Mid-State Health Network is to ensure access to high-quality, locally delivered, effective and accountable public behavioral health and substance use disorder services provided by its participating members.

## II. VALUE STATEMENT

MSHN and its provider network are committed to consumers, employees, contractual providers, and the community to ensure business is conducted with integrity, in compliance with the requirements of applicable laws, regulations, contractual obligations, and sound business practices, and with the highest standards of excellence. MSHN has adopted a compliance model that provides for prevention, detection, investigation, and remediation.

## III. SCOPE OF PLAN

The MSHN Compliance Plan encompasses the activities (operational and administrative) of all MSHN board members, employees, and contractual providers. It is the expectation the Provider Network will follow the standards identified in the MSHN Compliance Plan or develop their own Compliance Plan that minimally meets the standards identified in the MSHN Compliance Plan and in accordance with the Code of Federal Regulations, Title 42, Part 438.608: Program Integrity Requirements.

All MSHN board members, employees and contractual providers are required to comply with all applicable laws, rules and regulations including those not specifically addressed in this Compliance Plan.

~~Failure by MSHN staff to adhere to the requirements in the Compliance Plan could result in disciplinary action, up to and including termination of employment.~~

~~Failure by the Provider Network to adhere to the standards within MSHN's Compliance Plan could result in remediation and contract sanctions, up to termination.~~

~~Failure by Board Members to adhere to the requirements in the Compliance Plan will be addressed in accordance with the MSHN By Laws.~~

## IV. DEFINITIONS

These terms have the following meaning throughout this Compliance Plan.

1. Abuse: Practices that are inconsistent with sound fiscal, business or medical practices and result in an unnecessary cost to the payor, or in reimbursement for services that are not medically necessary or failure to meet professionally recognized standards for healthcare.
2. Behavioral Health: Refers to individuals with a Mental Health, Intellectual Developmental Disability and/or Substance Use Disorder or children with Serious Emotional Disturbances.
3. CMHSP Participant: Refers to one of the Community Mental Health Services Program (CMHSP) participants in the Mid-State Health Network region.
4. Fraud: An intentional deception or misrepresentation by a person could result in unauthorized benefit to him/herself or some other person. Includes any act that constitutes fraud under applicable Federal or State laws.
5. Subcontractors: Refers to an individual or organization that is directly under contract with a CMHSP or Substance Use Provider to provide services and/or supports.
6. Contractual Provider: Refers to an individual or organization under contract with the MSHN Pre-Paid Inpatient Health Plan (PIHP) to provide administrative type services including CMHSP participants who hold retained functions contracts.
7. Employee: Refers to an individual who is employed by the MSHN PIHP.
8. 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.
9. Staff: Refers to an individual directly employed and/or contracted with a Community Mental Health Service Provider and/or Behavioral Health Provider.
10. Waste: Overutilization of services, or other practices that result in unnecessary costs. Generally, considered not caused by criminally negligent actions, but rather the misuse of resources

## V. COMPLIANCE PROGRAM

### ~~A. Compliance Policies~~

~~While the Compliance Plan provides the framework of the Compliance Program, the Compliance Policies provide more specific guidance. Refer to Attachment A for a list of the Policy and Procedure categories that are part of the Compliance Program.~~

~~Refer to Attachment A for a list of the Policy and Procedure categories that are part of the Compliance Program.~~

### B.A. Compliance Plan

The Compliance Plan is prepared as a good-faith effort to summarize MSHN's rules, policies and procedures. To the extent that the Plan conflicts with, or misstates any applicable law or regulation,

the law takes precedence.

The purpose of the Compliance Plan is to provide the framework for MSHN to comply with applicable laws, regulations and program requirements. The overall key principles of the Compliance Plan are to:

- Minimize organizational risk and improve compliance with billing requirements of Medicaid, and all other applicable federal health programs.
- Maintain adequate internal controls (paying special attention to identified areas of risk).
- Reduce the possibility of misconduct and violations through prevention and early detection.
- Being proactive in Compliance to reduce exposure to civil and criminal sanctions.
- Encourage the highest level of ethical and legal behavior from all employees, contractual providers, and board members.
- Educate employees, contractual providers, board members and stakeholders of their responsibilities and obligations to comply with applicable local, state, and federal laws and regulations.
- Promote a clear commitment to compliance by taking actions and showing good faith efforts to uphold such laws, regulations, and standards.

The following elements have been identified by the Medicaid Alliance for Program Safeguards and the Office of Inspector General as being essential to an effective compliance program for Managed Care Organizations and Prepaid (Inpatient) Health Plans (PIHP):

- Standards of Conduct, Policies and Procedures – the organization must have written policies, procedures, and standards of conduct that articulate the organization’s commitment to comply with all applicable statutory, regulatory and Medicaid requirements. ~~Federal and State standards, laws and regulations.~~
- *High level oversight and delegation of authority* – the PIHP must designate a Compliance Officer and a Compliance Committee.
- *Training* – the PIHP must provide for effective training and education for the Board of Directors, Compliance Officer, and the organization’s employees. The PIHP must assure adequate training is provided through the provider network. Training should be provided at hire and annually thereafter.
- *Communication* - Effective lines of communication must be established between the Compliance Officer and the organization’s employees.
- *Monitoring and auditing* – The organization must take reasonable steps to achieve compliance with defined standards by utilizing reasonably designed monitoring and auditing systems and practices.
- *Enforcement and disciplinary mechanisms* – Standards must be enforced through well-publicized disciplinary guidelines.
- Corrective actions and prevention – After an offense (*non-compliance*) has been detected, the organization must take reasonable steps to respond appropriately and promptly to the offense and to develop corrective action initiatives and performance improvement. This includes follow-up monitoring and review to ensure the performance improvement plan is effective.

## **B. Compliance Policies and Procedures**

While the Compliance Plan provides the framework of the Compliance Program, the Compliance Policies and Procedures provide more specific guidance.

Written policies and procedures which direct the operation of the compliance program, include, at a minimum, the following elements:

- Duties and responsibilities of the compliance officer and Compliance Committees.
- How and when employees will be trained.
- How employee reports of noncompliance will be handled.
- Guidelines on how the compliance department will interact with the internal audit department.
- Guidelines on how the compliance department will interact with the legal department.
- Guidelines on how the compliance department will interact with the Human Resources department.
- Duties and responsibilities of management in promoting compliance among employees and responding to reports of non-compliance.
- Ensuring that prospective employees receive appropriate background screening and agree to abide by the Contractor's code of conduct.
- Conducting periodic reviews, at least annually, of the code of conduct and the compliance policies and procedures.
- Monitoring of compliance in Contractor and Subcontractor/Network Provider systems and processes.
- Monitoring of potential Fraud, Waste and Abuse in provider billings and beneficiary utilization.
- Performing an investigation of targets selected for audit, including triage and review processes.
- Confidentiality and non-retaliation.
- Appropriate disciplinary action for non-compliance with applicable statutory and Medicaid program requirements as well as failure to report actual or suspected non-compliance.
- Reasonable and prudent background background investigations for current employees and employees of subcontractors/network providers.

Refer to **Attachment A** for a list of the Policy and Procedure categories that are part of the Compliance Program.

## VI. STRUCTURE OF THE COMPLIANCE PROGRAM

### A. General Structure

- *MSHN Board of Directors*: MSHN's Board of Directors is responsible for the review and approval of the Compliance Plan and Policies, review of the Annual Compliance Report, and review of matters related to the Compliance Program. The MSHN Board of Directors has the highest level of responsibility for the oversight of the Compliance Program. The Executive Committee of the Board shall review reports annually from the MSHN Compliance Officer (CO)
- *MSHN Corporate Compliance Committee*: The Corporate Compliance Committee provides guidance, supervision, and coordination for compliance efforts at MSHN. MSHN's Corporate Compliance Committee (CCC) is comprised of the ~~MSHN~~ Chief Executive Officer, Deputy Director, Chief Information Officer, Chief Finance Officer, and the Chief Compliance and Quality Officer. The Medical Director and Compliance Counsel will be ad-hoc members of the CCC. In addition, Ex-officio members may be asked to attend as non-voting members to provide consultation on specific areas of expertise.
- *Compliance Officer*: The MSHN Compliance Officer has primary responsibility for ensuring that MSHN maintains a successful Compliance Program. In particular, the Compliance Officer oversees the implementation and effectiveness of the Compliance Plan and

2023~~4~~ Compliance  
Plan



Compliance Policies, serves as the Chair of the Regional Compliance Committee and MSHN Corporate Compliance Committee, provides consultative support to the provider network and has responsibility for the day-to-day operations of the compliance program.

- *Regional Compliance Committee*: The Compliance Committee advises on matters involving compliance with contractual requirements and all related Federal and State laws and regulations, inclusive of the Office of Inspector General guidelines and the 42 CFR 438.608. The committee is comprised of the MSHN Chief Compliance and Quality Officer and the compliance officers of each CMHSP Participant.
- *Operations Council*: The Operations Council reviews reports concerning compliance matters as identified by the Regional Compliance Committee and reported by the MSHN Chief Executive Officer. The Operations Council shall be comprised of the Chief Executive Officers or Executive Directors of each CMHSP Participant and the MSHN Chief Executive Officer.
- See **Attachment B** – MSHN Compliance Process/Governance

## **B. MSHN Compliance Officer**

MSHN designates the Chief Compliance and Quality Officer as the PIHP Compliance Officer, who will be given sufficient authority and control to oversee and monitor the Compliance Program related Policies and Procedures, including but not limited to the following:

- Oversight of internal (PIHP Audits) and external provider network audits (MDHHS Audit and EQR Audit) and monitoring activities outlined in the compliance plan.
- Directs and is accountable for the implementation and enforcement of the Compliance Plan.
- Serves as chair of the MSHN's Corporate Compliance Committee and Regional Compliance Committee
- Provides leadership to MSHN compliance activity and consultative support to CMHSP Participants/SUD Providers.
- Responsible for oversight of MSHN efforts to maintain compliance with federal and state regulations and contractual obligations.
- Serves as the Privacy Officer for MSHN.
- Ensures that effective systems are in place by which actual or suspected compliance violations are reported in a timely manner to appropriate governing bodies.
- Reviews all reports of actual or suspected compliance violations received by MSHN from any source and ensures that effective investigation and/or other action is taken.
- Completes investigations referred by, and under the direction of, the Office of Inspector General
- Monitors changes in federal and state health care laws and regulations applicable to MSHN operations and disseminate to the region.
- Works collaboratively with other MSHN employees and CMHSP Participants/SUD Providers to ensure that auditing and monitoring protocols are designed to detect and deter potential compliance violations.
- Coordinates compliance training and education efforts for all MSHN staff and Board Members
- Ensures that performance improvement plans are adequate to ensure compliance and assures effective implementation of corrective action occurs to reduce risk of future occurrences.

- Authority and independence to make reports directly to the board of directors and/or senior management concerning actual or potential cases of non-compliance.
- Prepares and submits the quarterly Office of Inspector General program integrity report
- Prepares and delivers an annual compliance report to the MSHN Board covering the fiscal year, including:
  - A summary of trends in the frequency, nature and severity of substantiated compliance violations;
  - A review of any changes to the Compliance Plan or program; and
  - An objective assessment of the effectiveness of the Compliance Plan and Program.

The authority given to the MSHN Compliance Officer will include the ability to review all documents and other information relevant to compliance activities, including, but not limited to, consumer records, billing records, employee records, and contracts and obligations of MSHN.

Each MSHN CMHSP Participant/SUD Provider shall designate a Compliance Officer who has the authority to perform the duties listed for the MSHN Compliance Officer at their respective organization, as appropriate.

### C. Regional Compliance Committee

The MSHN Regional Compliance Committee will consist of the MSHN Chief Compliance and Quality Officer, and the CMHSP Participants' Compliance Officers appointed by MSHN CMHSP Participant's. The Committee will meet at regular intervals and shall be responsible for the following:

- Advising the MSHN Compliance Officer and assisting with the development, implementation, operation, and distribution of the Compliance Plan and supporting MSHN policies and procedures.
- Reviewing and recommending changes/revisions to the Compliance Plan and related policies and procedures and developing new policies and procedures as needed.
- Evaluating the effectiveness of the Compliance Plan.
- Determining the appropriate strategy/approach to promote compliance with the Compliance Plan and detect potential violations and areas of risk as well as areas of focus.
- Recommending and monitoring the development of internal systems and controls to carry out the Compliance Plan and supporting policies as part of daily operations.
- Reviewing compliance related audit results and corrective action plans, making recommendations when appropriate.

### D. MSHN Corporate Compliance Committee

The MSHN Corporate Compliance Committee meets every other month ~~quarterly~~ and its responsibilities include:

- Reviewing the Compliance Plan and related policies to ensure they adequately address legal requirements and address identified risk areas
- Assisting the CO with developing policies and procedures to promote compliance with the Compliance Plan
- Analyze the effectiveness of the compliance program and make recommendations accordingly
- Assisting the CO in identifying potential risk areas and violations
- Advising and assisting the CO with compliance initiatives
- Receiving, interpreting, and acting upon reports and recommendations from the CO

- Providing a forum for the discussion of compliance related issues

## VII. COMPLIANCE STANDARDS

MSHN will ensure the development of written policies and procedures, standards, and documentation of practices that govern the PIHP's efforts to identify risk and areas of vulnerabilities and are in compliance with federal regulations and state contract requirements.

### A. Standards of Conduct and Ethical Guidelines

MSHN and its Provider Network are committed to conducting the delivery of services and business operations in an honest and lawful manner and consistent with its Vision, Mission, and Values. As such, MSHN minimally establishes the following Standards of Conduct to clearly delineate the philosophy and values concerning compliance with the laws, regulations, contractual obligations, government guidelines and ethical standards applicable to the delivery of behavioral health care. The standards of conduct will be distributed to all employees and all employees will be required to certify that they have read, understand, and agree to comply with the standards.

- Provide through its Provider Network, high quality services consistent with MSHN Vision, Mission, and Values;
- Dedicated to ensuring that equality in voice and governance exists, and that the benefit to the citizens meets Medicaid standards while being provided in ways that reflect the needs and resources of the communities in which each CMHSP Participants/SUD Providers operate;
- Shared operating structure, using a committee-based system that creates many venues, allowing voices from across the region to be heard;
- MSHN operations are for service to the CMHSP Participants/SUD Providers in achieving high levels of regulatory compliance, quality of service, and fiscal integrity;
- MSHN exists to serve in the best interest of and to the benefit of all CMHSP Participants/SUD Providers and their consumers;
- Foster each CMHSP Participants/SUD Providers integration activities and locally driven work.
- Conduct business in an honest, legal and competent manner to prevent fraud, abuse and waste;
- Perform all duties in good faith and refrain from knowingly participating in illegal activities;
- Report any actual or suspected violation of the Compliance Plan, Standards of Conduct, MSHN policies or procedures, contract requirements, state and federal regulations or other conduct that is known or suspected to be illegal;
- Provide accurate information to federal, state, and local authorities and regulatory agencies when applicable;
- Promote confidentiality and safeguard all confidential information according to policy;
- Practice ethical behavior regarding relationships with consumers, payers, and other health care providers;
- Protect through its Provider Network, the integrity of clinical decision-making, basing care on identified medical necessity;
- Seek to continually maintain and improve work-related knowledge, skills, and competence; and
- Actively support a safe work environment, free from harassment of any kind.

These Standards of Conduct provide guidance for MSHN Board members and employees, as well as the provider network in performing daily activities within appropriate ethical and legal

standards and establish a workplace culture that promotes prevention, detection, and resolution of instances of conduct that do not conform with applicable laws and regulations. While the above standards are expected to be a framework for compliance, the issues addressed are not exhaustive. Therefore, MSHN Board Members, employees and its provider network staff are responsible for conducting themselves ethically in all aspects of business avoiding even the appearance of impropriety and in accordance with established policies and procedures.

## **B. Legal and Regulatory Standards**

It is the policy of MSHN to ensure compliance with all state and federal regulatory agency standards and applicable laws and regulations including, but not limited to, the following:

### State/Federal Laws and Rules

- Michigan Mental Health Code, Public Health Code and Administrative Rules
- Requirements as identified in the MDHHS contract
- Requirements as identified by the Office of Inspector General
- Technical Assistance Advisories, as required
- Medicaid State Plan
- Waiver Applications
- Medical Services Administration (MSA) Policy Bulletins
- Michigan Whistleblowers Act, Act 469 of 1980
- Home and Community Based Final Rules

### Federal Medicaid Law, Regulations and Related Items

- Social Security Act of 1964 (Medicare and Medicaid)
- Balanced Budget Act of 1997
- Deficit Reduction Act/Medicaid Integrity Program of 2005
- Anti-kickback Statute
- Code of Federal Regulations
- 42 CFR Part 2 Confidentiality of Alcohol and Drug Use Patient Records
- State Operations Manual
- Letters to State Medicaid Directors
- Technical Assistance Tools
- Quality Improvement Systems for Managed Care (QISMC)
- Guide to Encounter Data Systems
- Office of Management and Budget (OMB) Circulars
- Government Accounting Standards Board (GASB)
- Affordable Care Act

### Other Relevant Legislation

- Health Insurance Portability and Accountability Act of 1996 (HIPAA)
- False Claim Act (Federal and Michigan)
- Provisions from Public Act 368 of 1978 – revised – Article 6 Substance Abuse
- Office of Inspector General Annual Work Plan
- Stark Law
- HITECH Act
- American with Disabilities Act of 1990

## **C. Environmental Standards**

MSHN shall maintain a hazard-free environment in compliance with all environmental laws and regulations. MSHN shall operate with the necessary security systems, permits, approvals and controls. Maintenance of a safe environment is the responsibility of all employees and contractual providers. In order to maintain a safe environment, MSHN shall enforce policies and

procedures (as needed) designed to protect consumers, employees, staff, providers, visitors, the environment, and the community.

#### **D. Workplace Standards of Conduct**

In order to safeguard the ethical and legal workplace standards of conduct, MSHN shall enforce policies and procedures, per the MSHN Personnel Manual, that address employee behaviors and activities within the workplace setting, including but not limited to the following:

1. Confidentiality: MSHN is committed to protect the privacy of its consumers. MSHN Board members, employees, and contractual providers are to comply with the Michigan Mental Health Code, Section, 330.1748, Code of Federal Regulations (CFR), Title 42 and all other privacy laws as specified under the Confidentiality section of this document.
2. Drug and Alcohol: MSHN is committed to maintain its property and to provide a drug-free work environment that is both safe for our employees and visitors, as well as conducive to efficient and productive work standards.
3. Harassment: MSHN is committed to maintaining a work environment free of harassment for Board members, employees, and contractual providers. MSHN will not tolerate harassment based on sex, race, color, religion, national origin, disability, citizenship, chronological age, sexual orientation, union activity, or any other condition, which adversely affects their work environment.
4. Conflict of Interest: MSHN Board members, employees, and contractual providers shall avoid any action that conflicts with the interest of the organization. All Board members, employees, and contractual providers must disclose any potential conflict of interest situations that may arise or exist in accordance with established policies and procedures.
5. Reporting Suspected Fraud: MSHN Board, employees, and contractual providers shall report any suspected or actual “fraud, abuse or waste” of any funds, including Medicaid funds, to the organization.
6. Solicitation and Acceptance of Gifts: MSHN Board members, employees and contractual providers shall not solicit gifts, gratuities or favors. MSHN Board members, employees and contractual providers will not accept gifts worth more than \$25, gratuities or favors of any kind from any individual, consumer, or organization doing business or seeking to do business with MSHN.
7. Workplace Bullying: MSHN defines bullying as “repeated” inappropriate behavior, either direct or indirect, whether verbal, physical, or otherwise, conducted by one or more persons against another or others, at the place of work and/or during the course of employment. Such behavior violates MSHN Code of Ethics, which clearly states that all employees will be treated with dignity and respect.
8. Workplace Violence and Weapons: MSHN takes violence and threats of violence extremely seriously. Any act or threat of violence by or against any employee, customer, supplier, partner, or visitor is strictly prohibited.
9. Political Contributions: MSHN shall not use agency funds or resources to contribute to political campaigns or activities of any political party.

#### **E. Contractual Relationships**

MSHN shall ensure that all contractual arrangements with providers are structured in accordance with federal and state laws and regulations and are in the best interest of the organization and the consumers served. In order to ethically and legally meet all standards, MSHN will strictly adhere to the following:

1. MSHN and its Provider Network shall not pay or accept payment of any tangible or intangible kind for referrals. Consumer referrals and intakes will be accepted based on the consumer's needs, eligibility, and the ability to provide the services needed. No organization, or employee, covered by this plan who is acting on behalf of the organization is permitted to solicit or receive anything of value, directly or indirectly, in exchange for the referral of consumers. Similarly, when making consumer referrals to another healthcare provider, MSHN and the Provider Network will not take into account the volume or value of referrals that the provider has made (or may make).
2. The Provider Network shall not enter into financial arrangements with physicians that are designed to provide inappropriate remuneration to the organization in return for the physician's ability to provide services to federal health care program beneficiaries at MSHN.
3. MSHN does not enter into contractual relationships with individuals or agents/agencies that have been convicted of a criminal offense related to health care or that are listed by a federal agency as debarred, excluded, or otherwise ineligible for participation in federal health care programs. Reasonable and prudent background investigations will be completed prior to entering into contractual relationships with all individuals and agents/agencies.
4. MSHN and its contractual providers, as well as the Provider Network and its contractors, are responsible for properly conducting credentialing and re-credentialing in accordance with State Policy and the MSHN policies and procedures. The Provider Network and contractual providers are responsible for reporting suspected fraud, abuse and licensing violations to MSHN as soon as suspected.
5. The Provider Network and its contractors shall be responsible, and held accountable, to provide accurate and truthful information in connection with treatment of consumers, documentation of services, and submission of claims.

#### **F. Purchasing and Supplies**

MSHN shall ensure that all rental, lease, and purchasing agreements are structured in accordance with applicable federal and state self-referral and anti-kickback regulations as well as federal guidelines regarding tax-exempt organizations. All agreements must be commensurate with the fair market value for equipment or space.

All contractor and supplier arrangements shall be managed in a fair and reasonable manner, consistent with all applicable laws and good business practices. Subcontractors, suppliers, and vendors shall be selected based on objective criteria including quality, technical excellence, price, delivery, and adherence to schedules, services and maintenance of adequate sources of supply.

#### **G. Marketing**

Marketing and advertising practices are defined as those activities used by MSHN to educate the public, provide information to the community, increase awareness of services, and recruit employees or contractual providers. MSHN will present only truthful, fully informative and non-deceptive information in any materials or announcements.

The federal Anti-Kickback Statute (section 1128B[b] of the Social Security Act) makes it a felony, punishable by criminal penalties, to offer, pay, solicit, or receive "remuneration" as an inducement to generate business compensated by Medicare or Medicaid programs.

#### **H. Financial Systems Reliability and Integrity**

MSHN shall ensure integrity of all financial transactions. Transactions shall be executed in accordance with established policies and procedures and with federal and state law and

recorded in conformity with generally accepted accounting principles or any other applicable criteria.

MSHN shall develop internal controls and obtain an annual independent audit of financial records and annual compliance examination; shall ensure that reimbursement for services billed is accurate, appropriate, and based on complete claims documentation; and shall maintain accountability of assets. The Federal Civil False Claims Act prohibits the knowing submission of false or fraudulent claims for payment to the federal or state government, the knowing use of a false record or statement to obtain payment on a false or fraudulent claim, or a conspiracy to defraud the federal or state government by having a false or fraudulent claim allowed or paid.

In accord with the 42 USC 139a(a); Section 1902(a) of the Social Security Act (AKA the Deficit Reduction Act of 2005) MSHN's fiscal processes shall monitor contractual providers of Medicaid services to assure appropriate documentation is available as needed to support claims payments and cost reimbursements.

#### **I. Information Systems Reliability and Integrity**

The MSHN Chief Information Officer shall serve as the Security Officer and shall ensure the reliability and integrity of the information systems utilized to support the effectiveness of the MSHN compliance program, including but not limited to the following:

- Maintaining security, assuring integrity, and protecting consumer confidentiality.
- Controlling access to computerized data.
- Assuring reliability, validity and accuracy of data.
- Following procedures that assure confidentiality of electronic information pursuant to HIPAA, the Michigan Mental Health Code and other applicable laws and regulations.

#### **J. Confidentiality and Privacy**

The MSHN Chief Compliance and Quality Officer serves as the Privacy Officer. MSHN is committed to protecting the privacy of its consumers and shall strictly govern the disclosure of any information to anyone other than those authorized in compliance with applicable privacy laws, regulations and contractual requirements. To ensure that all consumer information remains confidential, employees and contractual providers are required to comply with all confidentiality policies and procedures in effect, specifically to include the HIPAA Privacy Regulations, the Michigan Mental Health Code (PA 258 of 1974, as amended), the Michigan Public Health Code (PA 368 of 1978 as amended), and 42 C.F.R. Part 2, 45 C.F.R. Part 160 & 164 as outlined below:

- MSHN will follow the HIPAA requirements, as well as all applicable federal and state requirements, for the use of protected health data and information.
- MSHN will immediately report to the MDHHS any suspected or confirmed unauthorized use or disclosure of protected health data and information that falls under the HIPAA requirements.
- Any breach of protected health information shall result in notification of the affected individuals as well as the HHS Secretary and the media in cases where the breach affects more than 500 individuals.
- Privacy Notice - MSHN will have a notice of privacy practices.
- Authorization - If protected mental health information is shared to an entity outside of MSHN for any purpose other than coordination of care, treatment, or payment of services, a signed authorization will be obtained from the consumer prior to sharing information. If substance use treatment information is being shared, for any purpose, to an entity outside of MSHN, a signed authorization, by the consumer, will be obtained. The Michigan Behavioral Health Consent Form will be utilized for obtaining authorizations.

- MSHN will perform any necessary internal risk analysis or assessments to ensure compliance.
- Physical and electronic safeguards shall be in place for MSHN employees and premises, including, but not limited to, door locks, unique logins and secure passwords, firewall and virus protection, disaster recovery mechanisms, and secure email.
- Business Associate Agreement – MSHN will obtain assurances with all Business Associates that protected health care information shared with them, will be protected and appropriately safeguarded consistent with all applicable State and Federal laws and requirements.
- Qualified Service Organization Agreement (QSOA) - Third-party service providers must become qualified to service Part 2 Programs. This is achieved through the entity entering into a written agreement with the Part 2 Program in which it acknowledges that it is bound by the Part 2 confidentiality regulations and agrees to resist in judicial proceedings any efforts to obtain unauthorized access to patient identifying information related to substance use disorder diagnosis, treatment, or referral for treatment that may come into its possession.

## VIII. AREAS OF FOCUS

The MSHN Compliance Officer under the direction of the MSHN Board of Directors, MSHN Corporate Compliance Committee and the MSHN Regional Compliance Committee, will identify strategic areas of focus developed from a risk analysis that will guide the direction of MSHN compliance activities (**Attachment C**).

## IX. TRAINING

### A. MSHN Employees and Board Members

All MSHN Employees and Board members shall receive a copy of the MSHN Compliance Plan and training on the MSHN Compliance Plan, Compliance Policies, ~~and~~ Standards of Conduct and applicable Medicaid statutory, regulatory, and contractual requirements. Additional training may be required for employees involved in specific areas of risk or as new regulations are issued. Records shall be maintained on all formal training and educational activities and staff are required to sign certifications that they have completed the appropriate training. The Compliance Officer must receive training by an entity other than himself/~~herself~~/herself.

~~Training is considered a condition of employment and failure to comply will result in disciplinary action up to and including termination.~~

Training will be provided upon hire for new employees within 90 days of the date of hire and during orientation for new BoardMembers. All current staff and Board Members will receive annual training that re-emphasizes Medicaid statutory, regulatory, and contractual requirements and the Contractor's code of conduct. ~~In addition, annual training will be provided to promote information sharing between departments and to enhance referrals regarding fraud, waste and abuse.~~

The Compliance Officer will provide ongoing information and education on matters related to health care fraud and abuse as disseminated by the Office of Inspector General, Department of Health and Human Services or other regulatory bodies.

It is the responsibility of MSHN staff to obtain training in order to maintain licensure and certifications that are specific to their job responsibilities.



Training is considered a condition of employment and failure to comply will result in disciplinary action up to and including termination.

## **B. MSHN Provider Network**

The MSHN Provider Network Committee will review and recommend a Regional Training Requirement to assure and provide consistent training requirements throughout the provider network. MSHN will monitor the provider network to ensure adherence to the identified training requirements. Where viable, MSHN will offer related compliance training and educational materials to the Provider Network. The Regional Training Requirements are available on MSHN's website.

## **X. COMMUNICATION**

Open lines of communication between the MSHN Compliance Officer, the CMHSP Participant/SUD Provider Compliance Officer(s) and CMHSP Participant/SUD Provider staff within the region are essential to the successful implementation of the Compliance Plan and the reduction of any potential for fraud or abuse. Methods for maintaining open lines of communication may include, but not be limited to the following:

- There shall be access to the MSHN Compliance Officer for clarification on specific standards, policies, procedures, or other compliance related questions that may arise on a day-to-day basis.
- Access to a dedicated toll-free compliance line that allows for anonymous reporting.
- Utilization of interpreter as needed/requested.
- Information will be shared regarding the results of internal and external audits, reviews, and site visits, utilization data, performance and quality data, and other information that may facilitate understanding of regulations, and the importance of compliance.
- Information may be communicated through a variety of methods such as formal trainings, e-mails, newsletters, intranet resource pages, or other methods identified that facilitate access to compliance related information as a preventative means to reduce the potential for fraud and abuse.
- Compliance contact information shall be available to stakeholders through a variety of methods such as the MSHN & CMHSP Participants/SUD Provider customer service handbook, websites, posters, and/or other methods (or processes) identified consistent with standards associated with MSHN Policies.

## **XI. MONITORING AND AUDITING**

Monitoring and auditing of MSHN's operations is key to ensuring compliance and adherence to policies and procedures and contractual requirements. Monitoring and auditing can also identify areas of potential risk and those areas where additional education and training is required. Results of the below activities will be communicated through the appropriate council/committee and summarized results will be provided to the Operations Council, MSHN Corporate Compliance Committee, MSHN Regional Compliance Committee and MSHN Board of Directors through the Annual Compliance Report.

The compliance program will be evaluated, no less than annually, for overall effectiveness.

MSHN shall assure the provision and adequacy of the following monitoring and auditing activities:

### Financial and Billing Integrity

- An independent audit of financial records each year;

- An independent compliance examination in accordance with the MDHHS guidelines (if applicable);
- Contractual providers have signed contracts and adhere to the contract requirements;
- Fiscal Monitoring reviews for all SUD providers
- Explanation of benefits (annually to 5% of the consumers receiving services)
- Medicaid Event Verification ~~Site~~-Reviews

#### Information Systems Reliability and Integrity

- MSHN Information System employees and Provider Network staff monitor the reliability and integrity of the information system and data;
- Assure appropriate security and system backup and recovery processes are in place to address loss of information and that provide sufficient disaster recovery plans; and
- MSHN employees and Provider Network staff are trained on use of information systems and provided access based on role and job function.

#### Clinical/Quality of Care

- Performance indicators are monitored and reviewed in an effort to continually improve timeliness and access to services;
- MSHN employees are evaluated in writing on their performance and are provided with detailed job descriptions;
- MSHN employees are hired through a detailed pre-employment screening and hiring process and complete a comprehensive orientation program;
- Assuring qualification and competency of organizational and practitioner credentialing and privileging directly operated by or under sub-contract with the Provider Network;

#### Consumer Rights and Protections

- Rights complaints and issues are reviewed and investigations are completed as required;
- MSHN shall ensure that the Provider Network has a designated individual (Recipient Rights Officer or Advisor) and that the responsibilities of the Recipient Rights Office are completed in accordance with state and federal requirements.
- Risk events and incident reports are completed, reported and follow up action is taken as needed
- A root cause analysis is completed on each sentinel event reported as defined in MDHHS contract.

#### Environmental Risks

- Comprehensive maintenance reviews of facilities and; equipment, ~~and vehicles~~ are completed as required;
- ~~Emergency drills are conducted and evaluated on a regular basis;~~
- Accommodations are provided in accordance with the Americans with Disabilities Act (ADA);
- Privacy reviews of facility/office are completed;
- Ensure appropriate environmental licensures; and
- Initial and ongoing education on health, safety, and emergency issues are provided.

#### Quality and Utilization Reviews

- Review of delegated managed care functions (as identified in the MSHN/CMHSP Medicaid Subcontract);
- Review of SUD Provider Network in accordance with contracted functions
- Review of adherence and compliance with Quality Assessment and Performance Improvement Program (QAPIP) Plan; and
- Review of adherence and compliance with the Utilization Management (UM) Plan.

#### Additional Internal Monitoring and Auditing Activities

- Assessment of initial capacity and competency to perform delegated PIHP functions;

- Consumer Satisfaction Surveys;
- Review of MSHN contracts for administrative services;
- Contract Expense Monitoring;
- Monitor capacity and demand for services in the PIHP region through the Assuring Network Adequacy Report
- Review of Policies and Procedures for any needed revisions or development of new ones
- Questionnaires to poll staff and the provider network regarding compliance matters including effectiveness of training/education and related policies and procedures
- Questionnaire for exiting employee regarding any observed violations of the compliance program, including the code of conduct, was well as violations of applicable statutes, regulations, and Medicaid program requirements.
- ~~Exit interviews with departing staff (Issues related to Compliance)~~

Additional External Monitoring and Auditing Activities:

- External Quality Reviews
- CMS Site Visits
- MDHHS Site Visits
- Accreditation Surveys

Data Mining Activities:

- ~~Utilize statistical models, complex algorithms, and pattern recognition programs to detect possible fraudulent or abusive practices.~~

## XII. REPORTING AND INVESTIGATIONS

~~MSHN and its Provider Network shall follow established disciplinary guidelines for their respective employees who have failed to comply with the standards of conduct, policies, and procedures, federal and state law, or otherwise engage in wrongdoing. The guidelines shall be consistently enforced at all levels of the organization.~~

MSHN will have a distinct unit that has adequate staffing and resources to investigate incidents and develop and implement corrective action plans to assist in preventing and detecting potential fraud, waste and abuse activities.

### A. Reporting of Suspected Violations and/or Misconduct

MSHN shall maintain a reporting system that provides a clear process and guidelines for reporting potential offenses or issues.

MSHN board members, employees, contractual providers, consumers, and others are to report suspected violations or misconduct to the MSHN Compliance Officer or the appropriate CMHSP Participant/SUD Provider Compliance Officer and/or designee as outlined below. Suspected violations or misconduct may be reported by phone/voicemail, email, in person, or in writing (mail delivery). See **Attachment D** for contact information.

MSHN employees, consumers, contractual providers, and CMHSP Participant/SUD Provider staff who make good faith reports of violations of federal or state law are protected by state and federal whistleblower statutes, which includes protections from disciplinary actions such as demotions, suspension, threats, harassment or other discriminatory actions against the employee by the employer.

### Violations Involving Suspected Fraud, Waste or Abuse:

- MSHN board members, employees, contractual providers and the provider network will report all suspected fraud and abuse to the MSHN Compliance Officer. The report will be submitted in writing utilizing the Office of Inspector General (OIG) Fraud Referral Form ~~(Attachment E)~~.
- The MSHN Compliance Officer will complete a preliminary investigation, as needed, to

2023~~4~~ Compliance  
Plan

- determine if a suspicion of fraud exists.
- If there is suspicion of fraud, and an overpayment of \$5,000 or greater is identified, the MSHN Compliance Officer will report the suspected fraud and abuse to the MDHHS Office of Inspector General and the Attorney General – Health Care Fraud Division (AG-HCFU) using the OIG Fraud ReferralForm.
- The MSHN Compliance Officer will inform the appropriate provider network member when a report is made to the MDHHS Office of Inspector General.
- MSHN Compliance Officer and provider network member staff will present the fraud referral case to the OIG and the AG-HCFU.
- MSHN Compliance Officer will defend potential credible allegation of fraud in any appeal should the referral result in suspension issued by the MDHHS OIG.
- MSHN will cease all efforts to take adverse action against or collect overpayments from the provider until authorized by the MDHHS OIG and follow the guidance/direction provided by the MDHHS Office of InspectorGeneral regarding investigation and/or other required follow up.
- MSHN and the provider network will cooperate fully with investigations involving the MDHHS Office of Inspector General and/or the Department of Attorney General and adhere to any subsequent legal action that may result from such investigation.

**Suspected Violations (NOT Involving Fraud, Waste, or Abuse) and/or Misconduct:**

- MSHN employees will report all suspected violations or misconduct (not involving suspected fraud or abuse) directly to the MSHN Compliance Officer for investigation. If the suspected violation involves the MSHN Compliance Officer, the report will be made to the MSHN Chief Executive Officer. Information provided shall at a minimum include the following:
  - Provider Information, if applicable (Name, Address, Phone Number, NPI Number, Email)
  - Complainant Information (Name, Address, Phone Number, NPI number [if applicable], Medicaid ID # [if applicable], Email)
  - Consumer Information, if applicable (Name, Address, Phone Number, Email)
  - Summary of the violation and/or misconduct
  - Date(s) of the violation and/or misconduct
  - Supporting documentation, if any (i.e. claims data, audit findings, etc.)
  - Action, if any, taken prior to submitting the violation
- Any suspected violations regarding the MSHN Chief Executive Officer will be reported to the MSHN Compliance Officer and/or the MSHN Board Chairperson/Executive Committee for investigation.
- CMHSP Participant/SUD Provider staff with firsthand knowledge of activities or omissions that may violate applicable laws and regulations (not involving suspected fraud or abuse) are required to report such wrongdoing to the MSHN Compliance Officer or to the CMHSP Participant/SUD Provider Compliance Officer. The CMHSP Participant/SUD Provider Compliance Officer will review reported violations to determine the need to report to the MSHN Compliance Officer. The review will be based on but not limited to: external party involvement, Medicaid recipient services, practices and/or system-wide process applicability.
- The Provider Network (CEO)/Executive Director(ED) and/or designee, shall inform, in writing, the MSHN Chief Executive Officer (CEO) of any material notice to, inquiry from, or investigation by any Federal, State, or local human services, fiscal, regulatory, investigatory (excluding Recipient Rights related to non-PIHP activities), prosecutory, judicial, or law enforcement agency or protection and/or advocacy organization regarding

the rights, safety, or care of a recipient of Medicaid services. The Provider Network CEO/ED shall inform, in writing, the MSHN CEO immediately of any subsequent findings, recommendations, and results of such notices, inquiries, or investigations.

- Reports of suspected violations or misconduct may be made on a confidential basis to the extent possible.

## B. Process for Investigation

All reports involving suspected fraud, waste and abuse will follow the guidance/direction of the MDHHS Office of Inspector General for any required investigation.

All reports of suspected wrongdoing, not involving fraud or abuse, shall be investigated promptly following the process outlined in the MSHN Compliance Investigation Procedure. "Prompt response" is defined as action taken within 15 business days of receipt by the PIHP of the information regarding a potential compliance problem.

The investigation process and outcome will be documented and will be reported on the [OIG Quarterly Program Integrity Report](#). ~~include at a minimum the following (as identified on the required OIG report template):~~

- ~~• Date of Complaint~~
- ~~• Consumer Name (if applicable)~~
- ~~• Provider Name (if applicable)~~
- ~~• Source of the Complaint/Activity (Identify how the report was received such as phone, hotline, anonymous, etc)~~
- ~~• Activity Type (audit, complaint, referral, etc.)~~
- ~~• Medicaid ID# (if applicable)~~
- ~~• Target of Activity (indicate whether the report involves a provider, consumer, etc.)~~
- ~~• Provider Type (Group home, Facility, etc.)~~
- ~~• Time Period Covered (enter a date range that the activity occurred)~~
- ~~• Summary of the Complaint/Activity~~
- ~~• Codes Involved in Complaint/Activity (If Applicable)~~
- ~~• Total Amount Paid Relating to Activity (If Applicable)~~
- ~~• Overpayment Identified (If Applicable)~~
- ~~• Date the Initial Review was Completed (for determining if further action is needed such as reporting to OIG)~~
- ~~• Was Potential Fraud Identified (Yes or No)~~
- ~~• Date Referred to MDHHS OIG (If Applicable)~~
- ~~• Date Final Notice sent to Provider (If Applicable for matters of overpayment, etc.)~~
- ~~• Total Overpayment Amount Identified (If Applicable)~~
- ~~• Total Number of Paid Claims Related to Overpayment (If Applicable)~~
- ~~• Total Collection Amount (If Applicable)~~
- ~~• Date the Complaint was Resolved~~
- ~~• Summary of the Findings~~

In conducting the investigation, judgment shall be exercised, and consideration shall be given to the scope and materiality consistent with the nature of the concern. Each investigation must be carefully documented to include a report describing the disclosures, the investigative process, the conclusions reached and the recommended corrective action, when such is necessary. No one involved in the process of receiving and investigating reports shall communicate any information about a report or investigation, including the fact that a report has been received or an investigation is ongoing, to anyone within MSHN who is

not involved in the investigation process or to anyone outside of MSHN without the prior approval of the MSHN Compliance Officer. All MSHN employees, Provider Network staff and subcontractors are expected to cooperate fully with investigation efforts.

The MSHN Compliance Officer and the CMHSP Participant/SUD Provider Compliance Officers must report any conflict of interest that may exist when investigating a report of suspected wrongdoing or misconduct. If a conflict of interest does exist, the MSHN Compliance Officer will be responsible for securing an appropriate source to complete the investigation, which may include utilizing the MSHN Compliance Officer, one of the Provider Network Compliance Officers or an external source if necessary.

### **XIII. Corrective Actions/~~and~~ Prevention/Disciplinary Guidelines**

Where an internal investigation substantiates a reported violation, corrective action will be initiated as identified within MSHN policies and procedures and the MSHN subcontracts with the CMHSP Participant/SUD Providers including, as appropriate, making prompt restitution of any overpayment amounts, notifying the appropriate governmental agency, the provision of a corrective action plan from the designated Provider Network member (as necessary) including follow-up monitoring of adequate implementation, and implementing system changes to prevent a similar violation from recurring in the future.

Corrective Action Plans should minimally include the following description:

- How the issue(s) identified will be immediately corrected, or the reason why it cannot be immediately corrected.
- Steps taken to prevent further occurrences
- Process for monitoring to ensure implementation and effectiveness of corrective action plan

In all cases, disciplinary action must be applied on a case-by-case basis and in a consistent manner.

Depending on the seriousness of the offense, the resulting action for MSHN staff could include additional training, written reprimand, suspension or termination of employment. The resulting action for the provider network would also depend on the seriousness of the offense and could include additional training, letter of contract non-compliance and termination of contract. Failure by Board Members to adhere to the requirements in the Compliance Plan will be addressed in accordance with the MSHN By-Laws.

### **XIV. Submission of Program Integrity Activities/Report**

The PIHP, and the provider network will log and track all program integrity activities performed. The provider network will utilize the MDHHS OIG Quarterly ~~Managed Care~~-Program Integrity Report template to report quarterly to the PIHP. The PIHP will report the program integrity activities to the MDHHS Office of Inspector General, on a quarterly basis, using the provided template.

The PIHP will submit to MDHHS-OIG an annual Program Integrity Report containing details of the improper payments identified, overpayments recovered, and costs avoided for the program integrity activities conducted by the Contractor for the preceding year. The report will also address the plan of activities for the current and upcoming fiscal year and all provider and service-specific program integrity activities.

~~The program integrity activities will include, but limited to, the following:~~

- ~~• Tips/Grievances received~~
- ~~• Data mining/Algorithms~~
- ~~• Audits~~

- ~~Overpayments~~
- ~~Provider dis-enrollments~~
- ~~Contract terminations~~

## XV. Communication of Requirements

The PIHP will issue a contract, Provider Manual, Bulletins, and/or other means of communication to the provider network regarding services covered under contract. This communication will serve as a source of information for providers regarding Medicaid covered services, policies and procedures, statutes, regulations, and special requirements.

The communication will provide all Providers with, at a minimum, the following information:

- Description of the Michigan Medicaid managed care program and covered populations;
- Scope of Benefits;
- Covered Services;
- Emergency services responsibilities;
- Grievance/appeal procedures for both Enrollee and Provider;
- Medical necessity standards and clinical practice guidelines;
- Policies and procedures including, at a minimum, the following information:
  - Policies regarding provider enrollment and participation;
  - Policies detailing coverage and limits for all covered services;
  - Policies and instructions for billing and reimbursement for all covered services;
  - Policies regarding record retention;
  - Policies regarding Fraud, Waste and Abuse;
  - Policies and instructions regarding how to verify beneficiary eligibility;
- Primary Care Physician responsibilities;
- Requirements regarding background checks;
- Other Subcontractors'/Network Providers' responsibilities;
- Prior authorization and referral procedures;
- Claims submission protocols and standards, including instructions and all information necessary for a clean claim;
- Medical records standards;
- Payment policies;
- Enrollee rights and responsibilities.
- Self-reporting mechanisms and polices.

The Provider Manual, Bulletins and all Provider policies and procedures will be reviewed at least annually to ensure that current practices and contract requirements are reflected in the written policies and procedures.

## XV.XVI. References, Legal Authority and Supporting Documents

1. Guidelines for Constructing a Compliance Program for Medicaid Managed Care Organizations and Prepaid Health Plans, Medicaid Alliance for Program Safeguards, May 2002  
<https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/FraudAbuseforProfs/Downloads/mccomplan.pdf>
2. Anti-kickback Statute (section 1128B[b] of the Social Security Act)  
[http://www.ssa.gov/OP\\_Home/ssact/title11/1128B.htm](http://www.ssa.gov/OP_Home/ssact/title11/1128B.htm)  
<https://oig.hhs.gov/compliance/safe-harbor-regulations>  
<https://oig.hhs.gov/compliance/physician-education/fraud-abuse-laws/>
3. False Claims Act  
<https://oig.hhs.gov/fraud>  
<http://www.legislature.mi.gov>  
<https://www.justice.gov/civil/false-claims-act>
- 2.4. 42 USC 139a(a); Section 1902(a) of the Social Security Act (AKA the Deficit Reduction Act of 2005)  
<http://www.cms.hhs.gov/deficitreductionact><https://www.cms.gov/regulations-and-guidance/legislation/deficitreductionact/downloads/guide.pdf>
5. Michigan Mental Health Code  
[http://www.legislature.mi.gov/\(S\(alilhmd3eeaucuk5s0ey4hu\)\)/mileg.aspx?page=GetObject&objectname=mcl-Act-258-of-1974](http://www.legislature.mi.gov/(S(alilhmd3eeaucuk5s0ey4hu))/mileg.aspx?page=GetObject&objectname=mcl-Act-258-of-1974)
- 3-6. Department of Health and Human Services, Office of Inspector General  
<https://oig.hhs.gov>
- 4-7. Michigan Public Health Code  
<http://www.legislature.mi.gov/documents/mcl/pdf/mcl-act-368-of-1978.pdf>
- 5-8. Code of Federal Regulations (Title 42, Part 2 and Title 45, Part 160 & 164)  
<http://www.ecfr.gov/cgi-bin/ECFR?page=browse>



## ATTACHMENT A

MSHN's Policies and Procedures can be found at the following link:

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

### **Policy and Procedure Categories Include:**

**Compliance**

**Customer Service**

**Finance**

**General Management**

**Human Resources**

**Information Technology**

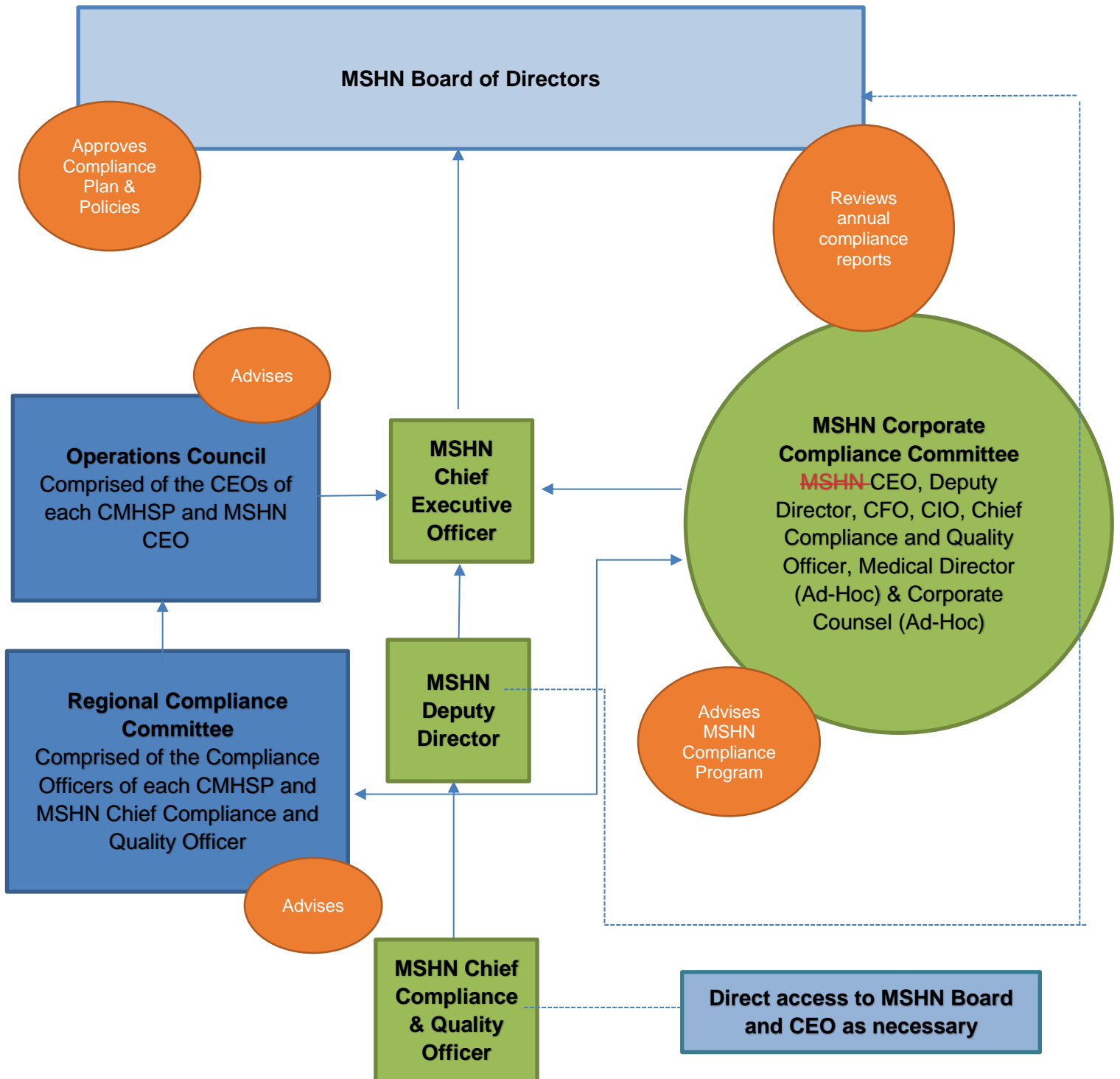
**Provider Network**

**Quality**

**Service Delivery System**

**Utilization Management**

## Mid-State Health Network Compliance Process/Governance



## ATTACHMENT C

MSHN Compliance Officer in coordination with the MSHN Corporate Compliance Committee and the Regional Compliance Committee shall focus its efforts on overseeing compliance in the below key areas as identified and prioritized:

Area of Focus	Task
Credentialing and Provider Qualifications	<del>Develop-Implement</del> processes and monitoring to ensure compliance with state contract requirements
Remote Work Environment	Review process for Home Office/Off Site Office security and privacy of protected health information to ensure compliance with established standards.
Compliance Training Requirements	Develop/review training to promote compliance with state and federal requirements
<del>Waiver/Appendix K Extension</del>	<del>Monitor for Compliance with requirements after termination of PHE and related waiver exemptions</del>
<del>Telehealth Requirements</del>	<del>Monitor for compliance with rules outlined during the state of emergency and those continued past the state of emergency</del>
HCBS Planning and implementation of changes	Review capacity, changes in waiver requirements and implementation to meet compliance
<del>Children's Waiver (CW) and Serious Emotional Disturbance (SED) Waivers Certification Process for B3 Services</del>	<del>Review capacity, changes in waiver certification requirements and implementation to meet compliance</del>
OHH, BHH, CCBHC, 1915i	Ensure new initiatives and PIHP responsibilities meet expected criteria and compliance with requirements.

## ATTACHMENT D

# MID-STATE HEALTH NETWORK

## COMPLIANCE OFFICER CONTACT INFORMATION

PIHP Compliance Officer:  
Mid-State Health Network

Kim Zimmerman, 517-657-3018,  
[kim.zimmerman@midstatehealthnetwork.org](mailto:kim.zimmerman@midstatehealthnetwork.org)

CMHSP Compliance Officers (or designee):

Bay Arenac Behavioral Health,  
[2214, kamon@babha.org](mailto:kamon@babha.org)

CMH for Central Michigan,  
Clinton, Eaton, Ingham CMH,  
Griiot County CMH,  
Huron Behavioral Health,  
The Right Door,  
LifeWays CMH,  
Montcalm Care Network

Newaygo CMH,  
Saginaw County CMH,

[Douglas, 989-797-3506 amydouglas@sccmha.org](mailto:amydouglas@sccmha.org)

Shiawassee County CMH,  
[Hoffman, 989-723-0757, vhoffman@shiabewell.org](mailto:vhoffman@shiabewell.org)

Tuscola Behavioral Health Systems  
[sebeals@tbhs.net](mailto:sebeals@tbhs.net) [Julie Majeske, 989-673-6191, jmajeske@tbhs.net](mailto:jmajeske@tbhs.net)

[Janis Pinter, 989-895-2760, jpinter@babha.org](mailto:jpinter@babha.org) [Karen Amon, 989-895-](mailto:karenamon@babha.org)

[Kara Laferty, 989.772.5938, klaftery@cmhcm.org](mailto:klaftery@cmhcm.org)

Jessica Scutt, 517.237.7115, [compliance@ceicmh.org](mailto:compliance@ceicmh.org)

Pam Fachting, 989.466.4143, [pfachting@qihn-mi.gov](mailto:pfachting@qihn-mi.gov)

Levi Zagorski, 989.269.9293, [levi@huroncmh.org](mailto:levi@huroncmh.org)

Susan Richards, 616.527.1790, [srichards@rightdoor.org](mailto:srichards@rightdoor.org)

Ken Berger, 517.789.2526, [ken.berger@LifeWayscmh.org](mailto:ken.berger@LifeWayscmh.org)

Sally Culey, 989.831.7523, [sculey@montcalmcare.net](mailto:sculey@montcalmcare.net)

Andrea Fletcher, 231.689.7542, [afletcher@newaygocmh.org](mailto:afletcher@newaygocmh.org)

[Richard Garpiel, 989.797.3539, Rmgarpiel@sccmha.org](mailto:Rmgarpiel@sccmha.org) [AmyLou](mailto:AmyLou)

[Dirk Love, 989.723.0762, dlove@shiabewell.org](mailto:dlove@shiabewell.org) [Vickey](mailto:Vickey)

[Sharon Beals, 989-673-6191,](mailto:SharonBeals@tbhs.net)

A complete listing of SUD Providers, with contact information, is located on the MSHN website at the following link:  
<https://midstatehealthnetwork.org/provider-network-resources/provider-information/directory>

MSHN Compliance Line: 1-844-793-1288

MDHHS Medicaid Fraud Hotline: 1.855.MI.FRAUD (643.7283)

HHS/OIG Hotline: 1.800.HHS.TIPS (447.8477)



# Annual Compliance Summary Report

October 2022 - September 2023

Prepared By: MSHN Compliance Officer – January 2024  
Approved By: MSHN Compliance Committee – February 14, 2024  
Reviewed By: Regional Compliance Committee – February 16, 2024  
Operations Council –  
MSHN Board –

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# Introduction

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The Compliance Summary Report provides an overview of the activities performed during Fiscal Year 2023 as part of the Compliance Program and identified within the Compliance Plan. Those 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.

Each section includes an overview of the activity, summary of the results, trends, and analysis of the data and recommendations for areas of quality improvement.

## Recommendations for FY2024

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The recommendations include focus areas from the MSHN Compliance Plan and tasks/activities related to MSHN's strategic plan objectives that are supported by findings and outcomes identified during internal site reviews inclusive of the Delegated Managed Care (DMC) Interim review and the Medicaid Event Verification (MEV) review, external site reviews inclusive of the Health Services Advisory Group (HSAG) and the Michigan Department of Health and Human Services (MDHHS) reviews, contractual requirements and issues identified through the Customer Service and Compliance System.

**Note:** If there is already an established process in place for monitoring and oversight where a deficiency was noted, there was not a recommendation made to avoid any duplication of efforts.

**Area of Risk:** Compliance with established Customer Service standards.

**Recommendation:** Implement quality improvement initiatives based on data from the quarterly Appeal and Grievance Regional Analysis Report.

**Recommendation:** Develop a process to gather data related to limited English proficiency (LEP) from local county analysis for the prevalence of non-English languages and monitor compliance with LEP standards.

**Lead Staff:** Dan Dedloff, Customer Service and Rights Manager

**Area of Risk:** Compliance with established Compliance and Program Integrity related standards.

**Recommendation:** Identify additional region wide data mining activities to detect possible deficiencies and/or non-compliance with established standards.

**Recommendation:** Utilize communication means such as newsletters, emails, website, etc. to provide updates and education to providers.

**Recommendation:** Research options and implement a new process for tracking compliance investigations and documentation.

**Recommendation:** Update Compliance related policies and procedures and MSHN Compliance Plan to ensure compliance with new program integrity contract language.

**Recommendation:** Develop processes to track new OIG data requirements such as cost avoidance, recoupments, etc.

*Recommendation:* Develop training opportunities to promote compliance with state and federal requirements.

*Lead Staff:* Kim Zimmerman, Chief Compliance and Quality Officer

*Area of Risk:* Delegated Managed Care Site Reviews

*Recommendation:* Review standards that have ongoing lower compliance scores to determine if region wide quality improvement efforts are needed as well as provider education.

*Lead Staff:* Amy Dillon, Compliance Administrator

*Area of Risk:* Compliance with external quality review requirements (Health Services Advisory Group-Performance Measure Validation review).

*Recommendation:* MSHN will complete the proposed corrective action to review all abnormal disposition completed dates and times as part of its validation check.

*Recommendation:* MSHN will continue its efforts to meet with CMHSPs and provide further training when errors occur.

*Recommendation:* MSHN will employ additional enhancements to the PIHP's validation process to ensure appropriate categorization of compliant cases and capture of exceptions.

*Recommendation:* MSHN will perform additional validation checks to ensure appropriate ongoing services are captured for compliant cases for future reporting.

*Lead Staff:* Sandy Gettel, Quality Manager & Steve Grulke, Chief Information Officer

*Area of Risk:* Compliance with external quality review requirements (Health Services Advisory Group-Performance Improvement Project review).

*Recommendation:* MSHN should ensure that it follows the approved PIP methodology to calculate and report the remeasurement data accurately in next year's submission.

*Recommendation:* MSHN should revisit its causal/barrier analysis at least annually to ensure that the barriers identified continue to be barriers, and to identify if any new barriers exist that require the development of interventions.

*Recommendation:* MSHN should have an evaluation process to determine the effectiveness of each intervention. Decisions to continue, revise, or discontinue an intervention must be data driven.

*Lead Staff:* Sandy Gettel, Quality Manager

The following recommendations were identified for FY2023 and are being continued for FY2024. There has been progress made, but the recommendations have not been fully implemented.

*Area of Risk:* MSHN staff and provider network training/education on compliance regulations and rules.

*Recommendation:* Develop a compliance webpage on MSHN's website providing current information on healthcare rules and regulations, education on current trends of non-



compliance as identified through internal and external site reviews and identification of trainings on compliance related activities. The webpage will be updated as new information is available, including links to information regarding high-risk areas such as the Deficit Reduction Act (DRA). Staff will also receive monthly compliance related education via email. The email will also include links to the compliance webpage.

*Status:* The webpage has not been completed. There have been discussions during the Regional Compliance Committee regarding the information that should be included on the webpage. The webpage will be completed during this fiscal year.

*Lead Staff:* Kim Zimmerman, Chief Compliance and Quality Officer

*Area of Risk:* Compliance with Person Centered Planning standards defined in the MDHHS Person-Centered Planning (PCP) Practice Guideline, Delegated Managed Care site review and the MDHHS waiver site review.

*Recommendation:* PCP toolkit/training resource will be updated on a quarterly basis and made available to the provider network.

*Status:* This task was put on hold this past year as a workgroup that included members from CMHSPs, PIIHPs, MDHHS and TBD worked on developing guidance documents for person centered planning. The Chief Compliance and Quality Officer and Chief Behavioral Health Officer participated in the workgroup. The information developed by the workgroup will be utilized and made available to the provider network.

*Recommendation:* MSHN will provide templates, formats and/or guidelines as identified through semi-annual review by CLC and QJC.

*Status:* The Clinical Leadership Committee and Quality Improvement Council have been consulted regarding MSHN providing templates, format, guidelines, etc. regarding PCP. Both groups were receptive to having options provided, but do not want any documents to be required. This will be reviewed again this year with CLC and QJC and options will be presented.

*Lead Staff:* Kim Zimmerman, Chief Compliance and Quality Officer

## Status on FY2023 Recommendations

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The following is a status update on the FY2023 areas of risk and progress made toward the recommendations. These recommendations are considered complete.

*Area of Risk:* Credentialing and Provider Qualifications

*Recommendation:* Increase monitoring on compliance with state contract requirements and MSHNs policies and procedures for credentialing and provider qualifications.

*Status:* MSHN implemented a Credentialing and recredentialing monitoring report procedure which included increased monitoring of provider activities. In addition to continued monitoring of credentialing and qualifications during regularly scheduled Delegated Managed Care (DMC) reviews conducted throughout calendar year 2023.

*Area of Risk:* Compliance with program integrity activities as defined by the Office of Inspector General (OIG).

*Recommendation:* Research options and determine feasibility for the completion of a compliance risk assessment region wide.

*Status:* An effectiveness review of the MSHN compliance program was completed using the Department of Justice guidance and template. The MSHN Compliance Committee members reviewed and provided feedback. Next steps will be developed once MDHHS has released more information related to conflict free access and planning.

*Area of Risk:* Delegated Managed Care Site Reviews

*Recommendation:* 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.

*Status:* MSHN worked internally and externally to provide best practices, training, and shared information to address any region wide deficiencies identified during the Delegated Managed Care Site reviews. In addition, MSHN conducted interim DMC reviews to ensure compliance with areas that were identified as non-compliant. MSHN will continue this process ongoing as areas for improvement are identified.

*Area of Risk:* Compliance with external quality review requirements (Health Services Advisory Group-Performance Measure Validation review).

*Recommendation:* Ensure that all CMHSPs are identifying case exceptions using the methodology outlined in the MDHHS Codebook for each performance indicator.

*Status:* MSHN implemented a targeted response including primary source verification prior to submitting the performance indicator data to review the effectiveness of the validation put in place. The Health Services Advisory Group Performance Measure Validation review included a review of documentation to validate reporting. The review found that while there were not enough errors to warrant a finding, weaknesses were identified that MSHN will continue to address.

*Recommendation:* Mid-State Health Network and the CMHSPs should employ additional enhancements to their BH-TEDS validation process to ensure that there are no discrepant data entered.

*Status:* MSHN and MDHHS have implemented processes, including additional validations, to ensure that there is no discrepant data. HSAG did not find any discrepant data during the FY23 review.

*Recommendation:* Ensure that programming codes for all delegated CMHSPs do not identify no-show appointments as a compliant record for the performance indicator.

*Status:* MSHN implemented a targeted response including an increase in the sample size for primary source verification for the CMHSPs that demonstrated errors during the PMV review. A sample was reviewed prior to submission to MDHHS. The programming changes effectively addressed the accuracy of the data.

*Area of Risk:* Compliance with established Customer Service standards.

*Recommendation:* Enhance quality assurance (QA) processes for Medicaid appeal and grievance notice letters to beneficiaries. MSHN will enhance QA processes through the inclusion of the

MSHN Customer Service & Rights Manager in the MSHN Delegated Managed Care reviews. The Customer Service & Rights Manager will complete the primary source verification of Appeal and Grievance notice letters to ensure the letters include the required components and meet a high standard of professionalism.

*Status:* The MSHN Customer Service and Rights Manager completed primary source verification reviews for FY2023 as part of the delegated managed care reviews. In addition, the appeal and grievance notice letters were revised to ensure compliance with state standards.

*Recommendation:* The 2022 HSAG Compliance Review recommended enhance quality assurance (QA) processes for Medicaid appeal and grievance notice letters to beneficiaries. MSHN will enhance QA processes through the inclusion of the MSHN Customer Service & Rights Manager in the MSHN Delegated Managed Care reviews. The Customer Service & Rights Manager will complete the primary source verification of Appeal and Grievance notice letters to ensure the letters include the required components and meet a high standard of professionalism.

*Status:* The MSHN Customer Service & Rights Manager completed primary source verification reviews for FY2023 of appeal and grievance notice letters. In addition, training and technical assistance has been provided. MSHN will continue this process to ensure adherence to requirements.

*Recommendation:* Quality improvement initiatives will continue to be explored during the Customer Service Committee for the quarterly Appeal and Grievance Regional Analysis Report and a process for root cause analysis will be established to support the implementation of Plans of Correction (POC) for any out-of-compliance providers.

*Status:* The Customer Service Committee reviews the quarterly Michigan Department of Health and Human Services (MDHHS) Appeal and Grievance Analysis Report to identify any trends or areas of concern. A Plans of Correction (POC) process has been established to address any provider(s) who are found to be out-of-compliance for the Appeal and/or Grievance timeliness standards. MSHN will review the POC for root cause and determine if the steps identified within the POC address the cause for not meeting the timeliness standard.

*Recommendation:* Regional LEP practices will be reviewed for improvement by conducting a feasibility study to collect information from CMHSPs and SUD providers regarding cultural competency requests and through a local county analysis for non-English language prevalence to ensure compliance with LEP requirements.

*Status:* The MSHN Customer Service Committee explored the development of a process to add data points that capture culturally competency service requests, but it was determined that the current practices in place that ensure staff are required to be properly trained, that requests are included within the planning process/documents, and cultural competency is identified on the provider directory and provider applications was sufficient. Additionally, the MSHN Customer Service Committee has reviewed the MDHHS PIHP Contract Cultural Competence requirements to ensure current the provider LEP policies and procedures meet the process and practices to ensure compliance with LEP requirements. Ongoing analysis will be completed in the FY24 to ensure each provider has an effective methodology to assess any prevalent non-English language(s) spoken by individuals likely to be served in their county/CMHSP service area.

*Recommendation:* 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 and Provider Practices within MSHN's provider network.

*Status:* MSHN Customer Service, in collaboration with MSHN treatment and behavioral health staff, identified the need to improve the Adverse Benefit Determination (ABD) process for MSHN's provider network. A sub workgroup was formed through the Customer Service Committee and workgroup members collaborated in the development of an ABD Regional Technical Guide. The regional technical guide was created to aid staff in understanding the Medicaid Adverse Benefit Determination process and to improve the quality of Adverse Benefit Determination Notices provided to individuals served throughout the region.

*Area of Risk:* Compliance with established Compliance related standards.

*Recommendation:* Identify region-wide data mining activities to detect possible deficiencies and/or non-compliance with established standards.

*Status:* MSHN completed two data mining activities during FY2023. One of the data mining activities will continue into FY2024. Additional data mining activities will be explored for FY2024 through discussion internally, regionally, as well as with other PIHPs and the Office of Inspector General.

*Recommendation:* Utilize the Constant Contact for compliance related updates for SUD providers.

*Status:* The Constant Contact has been utilized for updates related to compliance, quality, customer service and delegated managed care site reviews. This will continue to be a source of communication for the SUD provider network for these areas.

*Recommendation:* Work with the OIG to close all open referral cases submitted prior to FY2022 Q4.

*Status:* MSHN's Compliance Officer has worked with the OIG liaison to close all open referrals with the exception of one case from FY2020. This is a complex case that is being coordinated with the OIG and MDHHS.

*Recommendation:* Streamline compliance documentation and tracking for efficiency and ease of reporting.

*Status:* Revisions have been made to the compliance documentation for efficiencies and quality improvement. There are going to be additional reporting requirements added by the OIG for FY2024. Currently, there is a method of tracking all cases and documentation, but a more automated process is still being explored. This will continue to be worked on, but no longer needs to be a recommendation.

*Recommendation:* Create standardized templates related to confidentiality and privacy notices.

*Status:* MSHN has a standardized privacy notice that is reviewed annually. In addition, a new procedure for member rights requests is being developed to include access to protected health information, right to amend protected health information, accounting of disclosures and documentation of request for disclosures. With the addition of the new procedure outlining

requirements for access to protected health information, standardized templates are not needed.

*Area of Risk:* Security/Privacy of Remote Work Environments

*Recommendation:* Review process for Home Office/Off Site Office security and privacy of protected health information to ensure compliance with established standards, policies, and procedures.

*Status:* MSHN developed a structured and detailed process including policies, procedure, and remote work agreements to ensure that home office/off site office security is prioritized and followed. In addition, MSHN has implemented regular monthly cyber training for staff and continues to provide annual Compliance training for staff. MSHN, through Providence, completed a scan of remote environments and the result of this was to update the settings on browsers to not allow stored passwords. MSHN also implemented new requirements regarding access using public internet and VPN use for out of USA access.

*Area of Risk:* Adherence to telehealth rules

*Recommendation:* Monitor for compliance with rules outlined during the state of emergency and those continued past the state of emergency.

*Status:* MSHN has updated policies and contract language to adhere to telehealth rules set forth by Medicaid requirements. MSHN completed monitoring of telehealth modifiers and location of services for providers in network via the Medicaid Event Verification review. MSHN will continue to monitor appropriate use of telehealth codes and documentation of consumer choice for telehealth services.

*Area of Risk:* Compliance with Person Centered Planning standards defined in the MDHHS Person-Centered Planning (PCP) Practice Guideline, Delegated Managed Care site review and the MDHHS waiver site review.

*Recommendation:* Implement action required as a result of the MSHN appeal of FY2022 MDHHS Waiver Site Review finding disallowing use of ranges for service provision within the person-centered plan.

*Status:* MSHN and MDHHS continue to have a different interpretation of the requirements around the use of ranges for service provision within the PCP. MSHN has taken the position that the use of ranges is not prohibited based on the Medicaid Provider Manual, and when used appropriately, support medical necessity and the principles of PCP. MDHHS did not approve the corrective action plan related to this site review finding and denied the appeal submitted by MSHN. MSHN continues to take the position that the use of ranges is not required and will address this again as needed.

# Monitoring and Auditing

## Mid-State Health Network Internal Site Reviews

The following is a snapshot of the site review results for both the Community Mental Health Service Providers (CMHSP) and the Substance Use Disorder (SUD) Providers. For complete information, please see the Delegated Managed Care Quality Assurance Review Summary Report Fiscal Year 2023.

### CMHSP Provider Delegated Function Reviews

During Fiscal Year 2023, nine (9) of the twelve (12) CMHSPs received a full delegated managed care (DMC) review and three (3) of the twelve (12) had an interim review completed. The full review includes a review of programs, policies, procedures, and a sample of case files and charts and the interim review consists of ensuring that the approved corrective action plans from the previous review have been implemented effectively and review of any new standards due to contractual or regulatory changes.

### Delegated Managed Care Review Tool Results

Includes review of 199 standards. The focus of this section is to ensure compliance with requirements. Overall compliance for this was 94.82%.

*Note: The full reviews were completed during FY2023 Q2-Q4*

*Note: All percentages are rounded to the nearest percent.*

#### DMC Tool

DMC Standards	# Of Standards	2022 Results	2023Results
Information Customer Service	12	100%	97%
Enrollee Rights and Protections	9	100%	100%
24/7/365 Access	18	94%	88%
Provider Network Sub-Contract Providers	14	100%	100%
Service Authorization and UM	7	100%	99%
Grievance and Appeals	19	99%	96%
Person Centered Planning	30	99%	90%
Coordination of Care/Integration	6	100%	96%
Behavior Treatment Plan Review Committee	21	72%	94%
Consumer Involvement	3	100%	100%
Provider Staff Credentialing	22	97%	93%
Compliance	7	100%	99%
Ensuring Health and Welfare	16	93%	97%
Information Technology	9	100%	100%
Trauma Informed Care	6	100%	99%

The following identifies additional information regarding the standard(s) that fell below 90% compliance.

#### *24/7/365 Access: 88% Compliance*

This includes the review of eighteen (18) standards. Of those, nine (9) standards did not reach 90% compliance. Evidence for standards in the DMC includes policies, procedures, and other source documentation to show compliance. Findings identified could be related to any of those sources.

- Standard 3.7: Initial/provisional eligibility and level of care determination is made by conducting a professional screening. This had an 89% compliance score. Of the nine (9) CMHs reviewed, eight (8) were fully compliant and one (1) was fully non-complaint.
- Standard 3.8: Short term plan is developed; warm handoff (linking via direct connection) to services for which individuals have been screened and eligible to receive. This had an 83% compliance score. Of the nine CMHs reviewed, seven (7) were fully compliant, one (1) was identified as partially compliant and one (1) was identified as fully non-compliant.
- Standard 3.9: Access staff facilitate the admission of individuals who appear to require detox services; ensure the health and safety of all individuals. This had a 72% compliance score. Of the nine (9) CMHs reviewed, five (5) were found fully compliant, three (3) partially compliant, and one (1) fully non-compliant.
- Standard 3.10: Required demographics, and clinical/functional information is documented in PIHP Managed Care information system. This had a 61% compliance score. Of the nine (9) CMHs reviewed, four (4) were fully compliant, three (3) were partially compliant, and two (2) were fully non-compliant.
- Standard 3.11: Referrals to SUD care providers are appropriate based on screening. This had an 61% compliance score. Of the nine (9) CMHs reviewed, four (4) were fully compliant, three (3) were partially compliant, and two (2) were fully non-compliant.
- Standard 3.12: Access staff follow up with individuals who made contact within two business days to ensure services needs have been met or to reengage if referral connection have not been met. This had an 83% compliance score. Of the nine (9) CMHs reviewed in this fiscal year timeframe, seven (7) were fully compliant, one (1) was partially compliant and one (1) was fully non-compliant.
- Standard 3.14: CMHSP access system works with receiving providers to ensure service priority expectations for sub populations: pregnant injecting drug users, pregnant, other substance use disorder, injecting drug user, parents at risk of losing children, individuals under MDOC supervision. This had a 61% compliance score. Of the nine (9) CMHs reviewed, four (4) were found to be fully compliant while three (3) were partially compliant and two (2) were fully non-compliant.
- Standard 3.17: State standards are met for timely access to care and services taking into account the urgency of need. This had an 83% compliance score. Of the nine (9) CMHs reviewed, seven (7) were fully compliant, one (1) was partially compliant, and one (1) was fully non-compliant.

### Clinical Chart Review Results

Includes review of seventy-eight (78) standards. The focus of this section is to ensure compliance with requirements. MSHN reviews 5-8 charts for each CMH. Overall compliance for this timeframe is 93.47%.

*Clinical Chart Review Tool*

Clinical Chart Standards	# Of Standards	2022 Results	2023 Results
Intake/Assessment	13	97%	97%
Pre-Planning	10	85%	91%
PCP/IPOS	21	96%	94%
Documentation	2	100%	100%
Customer Service	5	99%	97%
Delivery and Evaluation	3	92%	80%
Program Specific Service Delivery	17	93%	93%
Discharge/Transfers	4	100%	80%
Integrated Physical/Mental Health Care	3	95%	97%

The following identifies additional information regarding the standard(s) that fell below 90% compliance.

*Delivery and Evaluation: 80% Compliance*

This section consists of three (3) standards. Of those, two standards did not meet 90% compliance.

- Standard 6.1: Are services being delivered consistent with plan in terms of amount scope and duration? This had a 70% compliance score. Of the sixty-nine (69) charts reviewed in this fiscal year timeframe, thirty-six charts were found to be fully compliant and twenty-two (22) were found to be partially compliant. Nine (9) charts were determined to have been non-complaint. Two (2) charts were scored as not applicable.
- Standard 6.: Are periodic reviews occurring according to time frames established in plan and as warranted by clinical changes and needs? This had an 80% compliance score. Of the sixty-nine (69) charts reviewed in this fiscal year timeframe, fifty-two charts were found to be fully complaint with this standard. Eighteen (18) charts were identified as having findings which included eight (8) being fully non-compliant, and ten (10) partially complaint.

*Discharge and Transfers Section: 80% Compliance*

The discharge and transfers section consists of four (4) standards. None of the four (4) standards reached a score of 90% compliance. Overall, for this section, of the sixty-nine (69) charts reviewed in the fiscal year timeframe, thirteen (13) charts were identified as being applicable to at least one (1) standard in this section and fifty-six (56) charts were identified as not applicable to this section.

- Standard 8.1: For closed cases, was the discharge summary/transfer completed in a timely manner (consistent with CMHSP policy)? This had a 77% compliance score. Ten (10) of the thirteen (13) charts reviewed were fully complaint. Three (3) charts were identified as fully non-compliant with this standard.
- Standard 8.2: Does the discharge/transfer documentation include a statement of the reason for discharge and individuals' status/condition at time of discharge? This had an 88% compliance score. Eleven (11) of the thirteen (13) charts reviewed were found to be fully compliant. There were two (2) charts that had findings for this standard, one (1) that was partially compliant and one (1) that was fully non-compliant.
- Standard 8.3: Does the discharge record include a plan for re-admission to services if necessary? This had an 83% compliance score. Of the eleven (11) charts reviewed for this standard, two were identified as fully non-compliant.



- Standard 8.4: Does the documentation include recommendations, referrals, and follow-up contacts? This had a 73% compliance score. Of the eleven (11) charts reviewed for this standard, four (4) charts were identified as having findings; two (2) charts were fully non-compliant and two (2) were partially non-compliant.

## SUDSP Treatment Provider Delegated Function Reviews

During FY2023, both full and interim reviews were completed. The interim reviews consist of any new standards and ensure implementation of approved corrective action plans from the previous year’s review. Interim reviews do not receive a score. Full reviews consist of chart reviews, validation of process requirements, staff files, policies, and procedures. Reviews by provider are inclusive of all provider sites. For providers that are outside of the MSHN region, MSHN honors the monitoring and auditing conducted by the PIHP in the region the providers are located.

Scores are shared quarterly and annually with MSHN departments to assist those departments in identifying training opportunities for our provider network.

The QAPI team conducted eleven (11) full reviews and 6 (six) interim reviews from October 1, 2022 - September 30, 2023.

### Delegated Functions Tool Results

The Delegated Functions Review tool includes a review of 116 standards. Overall compliance during this timeframe for full reviews is 93%.

*Note: All percentages are rounded to the nearest percent.*

#### FY32 SUD Delegated Functions Scores

Delegated Functions	# Of Standards	2022 Results	2023 Results
<b>Standards</b>			
Access and Eligibility	4	90%	84%
Information and Customer Service	17	99%	96%
Enrollee Rights and Protections	14	99%	95%
Grievance and Appeals	17	94%	93%
Compliance	11	100%	95%
Quality	4	88%	86%
Individualized Treatment & Recovery Planning & Documentation	14	86%	88%
Coordination of Care	8	81%	83%
Provider Staff Credentialing	22	81%	94%
IT Compliance/IT Management	1	100%	100%
Trauma Informed Care	6	74%	93%

The following identifies additional information regarding the standard(s) that fell below 90% compliance.

The Delegated Functions review is largely focused on policy and procedure language. While a provider may be able to show compliance with the standard in chart reviews or other file reviews, MSHN has placed additional requirements that providers must also have a policy and/or procedure for the standards. Based on this, it should not be assumed that if there are findings in this section that providers are not compliant with the process.

*Access and Eligibility: 84% Compliance*

- Eleven (11) providers were reviewed for compliance with the four (4) standards in this section. Three (3) of the four (4) standards scored under 90% compliance. Findings in this section were primarily partial findings and related to specific language from the standards not included in the provider policies.

*Quality: 86% Compliance*

- There are five (5) standards in this section. Three (3) of the standards scored under 90% compliance. Those were related primarily to specific language from the standards not included in the provider policies or procedures related to critical incidents and sentinel events. It should be noted that these specific standards were applicable only to seven (7) of the eleven (11) providers reviewed in this fiscal year timeframe as they are specific to residential and withdrawal management services.

*Individualized Treatment and Recovery Planning and Documentation: 88% Compliance*

- There are three (3) standards in this section. Two (2) of the three (3) standards scored under 80%. These findings were related to policies and procedures not including the screening of dependent children for fetal alcohol spectrum disorder (FASD) and education on FASD.

*Coordination of Care: 83% Compliance*

- There are four (4) standards in this section and two of those scored under 90% compliance. The standards that were under 90% were related to policies and procedures including language that included specific communicable disease language and specific language related to provider coordination with the Michigan Department of Corrections supervising agents related to client care when applicable.

## Clinical Chart Review Results

The SUDSP treatment chart review tool includes a total of fifty-one (51) standards. Overall compliance during this timeframe for full reviews is 68%.

Table 10: SUD Program Specific Scores

SUDSP Chart Reviews	# Of Standards	2022 Results	2023 Results
Screening, Admission, Assessment	5	78%	73%
Treatment/Recovery Planning	10	75%	72%
Progress Notes	4	78%	69%
Coordination of Care	4	60%	59%
Discharge/Continuity of Care	3	81%	64%
Residential	4	86%	64%
Medication Assisted Treatment	15	65%	54%
Women’s Designated/Women’s Enhanced	2	81%	68%
Recovery Housing	4	74%	59%

The following identifies additional information regarding the standard(s) that fell below 90% compliance.

For full reviews, MSHN reviews four (4) charts, unless there is a rare occasion that the provider does not have four (4) consumers enrolled in services to review at which point, MSHN reviews at least two (2) files. For interim reviews, MSHN reviews two (2) charts specific to the findings identified in the previous full review. These scores are inclusive of both full and interim scores. There were sixty-six (66) charts reviewed in this fiscal year timeframe.

Findings are often organization specific, meaning that oftentimes the findings identified by standard are in all charts reviewed for that provider making the issue a system issue. However, there are occasions where one chart may have a finding, but the others are compliant, which may be an employee specific issue that requires additional training or sometimes could be an issue of the employee not documenting clearly that it was completed. Providers are required to submit corrective action for all findings identified in each chart.

*Screening, Admission, Assessment: 73% Compliance*

- There are five (5) standards in this section, four (4) of which scored under 90% compliance. It should be noted that most findings were partial findings, meaning that at least one element of the standard was not met. The findings included issues with establishing the correct ASAM level of care, screening for HIV/Aids, STD/Is, TB, Hepatitis, and trauma, and unclear or lack of detail for the individual’s presenting problem.

*Treatment Planning and Recovery: 72% Compliance*

- There are ten (10) standards in this section and of those, only one standard reached 90% or higher compliance. Areas that scored low include the following: appropriate amount scope and duration in the treatment/recovery plan; timeliness of treatment plan development; plans addressing needs and issues identified in the assessment or clear documentation of why it is not being addressed; individualized plans being in the clients words, and clear intervention strategies identified; goals and objectives are created using SMART criteria, frequency of periodic reviews; progress reviews include all elements required; case management services

are clearly identified and documented; and an evidence-based practice is used and documented in the record for trauma.

*Progress Notes: 69% Compliance*

- This section includes four (4) standards, of which only one reached 90% compliance or higher. Findings in this section were related to progress notes identifying which goals and objectives were addressed in session and the progress or lack of progress toward meeting those goals; services not provided as specified in the plan, and evidence that children are screened for FASD and referral is made when applicable.

*Coordination of Care: 59% Compliance*

- There are four (4) standards in this section and none of those standards reached 90% compliance or higher. Regionally, coordination of care has been identified as an issue for several years. These findings include lack of evidence of coordination of care with primary care physicians, other external entities such as legal, child welfare, behavioral health, other providers when transitioning from one level of care to another, and evidence of appropriate referrals and documented follow-up.

*Discharge/Continuity of Care: 64% Compliance*

- There are three (3) standards in this section. Two of the standards were scored and did not meet 90% compliance, the other standard was not scored as it was not applicable to any of the charts reviewed. Findings include discharge summaries not including all continuum of care detail including next provider contact information, date/time of intake appt, etc. Additionally, consumers discharge is not always fully summarized including status at time of discharge, prognosis, stage of change, met and unmet needs and goals, summary of services received and participation.

*Residential: 64% Compliance*

- There were five (5) residential files for three (3) providers reviewed in the fiscal year timeframe. This section includes a total of four (4) standards, two (2) of which were not applicable. Of the two standards that were scored, one reached 100% compliance and the other, related to assuring consumers entering residential treatment are tested for TB and results are known in five (5) days, was 80% compliant.

*Medication Assisted Treatment: 54% Compliance*

- There were three (3) providers reviewed and a total of eleven (11) charts for this section, four of which were methadone specific. This section includes fifteen (15) standards. Of those, four (4) standards were fully compliant, ten (10) standards were under 90% compliant, and one (1) standard was not applicable to any of the charts reviewed. Findings in this section were related to documentation of full medical exams prior to initial methadone or suboxone dose; informed consent for pregnant women and all women, documented random toxicology tests, copies of prescription labels, pharmacy receipts, or printouts in chart; documented review of MAPS included in client file, coordination of care with prescribing physician, all alcohol and illicit drug use is addressed in treatment; documentation that client was informed of emergency procedures to be followed when there is an adverse reaction, overdose or withdrawal (methadone only); documentation of client signed consent to contact other OTPs within 200 miles to monitor enrollments at other methadone programs; and evidence that daily attendance at the clinic is occurring for methadone dosing including Sundays and holidays if criteria for take home medication are not met.

#### *Women's Designated/Enhanced: 68% Compliance*

- There are two (2) standards reviewed in this section. Twenty-four (24) of the sixty-six (66) charts applied to this section. One (1) standard scored over 90% compliance and the other, related to a needs assessment for each dependent child, was 48% compliant.

#### *Recovery Housing: 59% Compliance*

- There are four (4) standards included in this section. This section applied to two (2) providers and included a review of four (4) charts. Of the four (4) standards, one (1) was fully compliant and three (3) were 75% compliant. Findings included: resident charts not fully documenting emergency contacts, standard demographics, releases of information, or signed acknowledgement of rules (3 pts out of 4 pts possible); chart includes completed screen and application (6 pts out of 8 pts possible); service plan includes amount scope and duration, efforts to achieve independent living arrangements (6 pts out of 8 possible).

### Medicaid Event Verification (MEV) Site Reviews

MSHN conducts oversight of the Medicaid claims/encounters submitted within the region by completing either an onsite review or a desk review of the provider networks policy and procedures and the claims/encounters submitted for services provided for all twelve (12) of the CMHSPs and for all substance use disorder treatment providers who provide services using Medicaid funding.

The attributes tested during the Medicaid Event Verification review include A.) The code is allowable service code under the contract, B.) Beneficiary is eligible on the date of service, C.) Service is included in the beneficiary's individual plan of service, D.) Documentation of the service date and time matches the claim date and time of the service, E.) Services were provided by a qualified individual and documentation of the service provided falls within the scope of the service code billed, F.) Amount billed does not exceed contractually agreed upon amount, G.) Amount paid does not exceed contractually agreed upon amount, and H.) Modifiers are used in accordance with the HCPCS guidelines.

The following is a summary of the MEV Annual report. For complete information, please see the Medicaid Services Verification Methodology Report for Fiscal Year 2023.

The CMHSP reviews are completed bi-annually (twice a year) for all twelve (12) CMHSPs. The table below includes the score per CMHSP for all attributes reviewed.

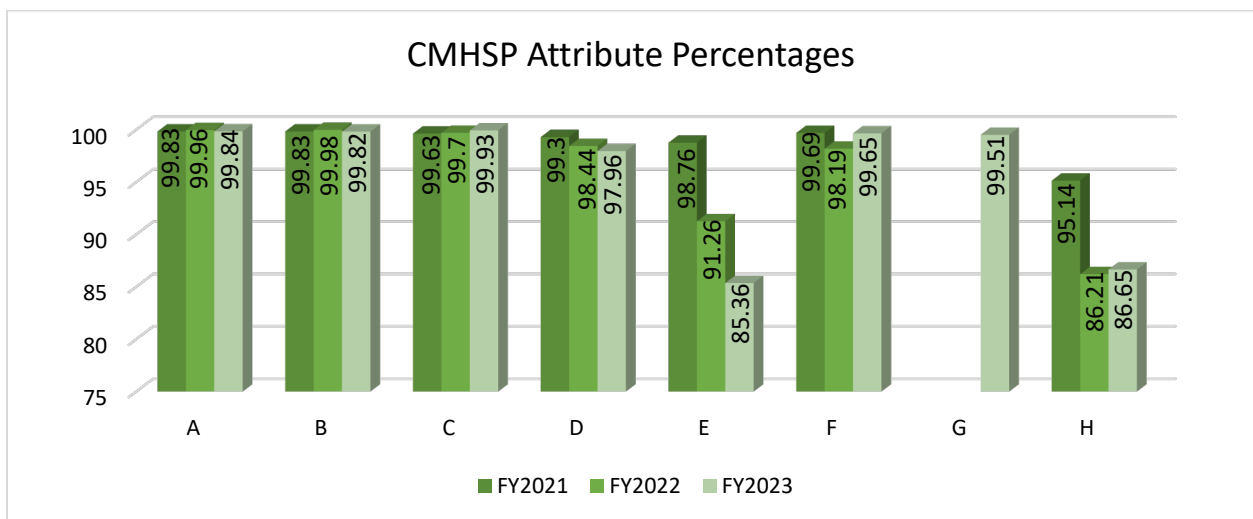
Data presented in the below chart is relative to the twelve (12) CMHSP's for the full fiscal year, October 1, 2022 - September 30, 2023.

## CMHSP

	A	B	C	D	E	F	G	H
<b>BABHA</b>	100%	100%	100%	97%	80%	100%	100%	97%
<b>CEI</b>	100%	100%	100%	99%	84%	100%	100%	58%
<b>CMHCM</b>	100%	100%	100%	98%	91%	100%	100%	86%
<b>Gratiot</b>	100%	100%	100%	99%	88%	100	100%	95%
<b>Huron</b>	100%	100%	100%	98%	83%	100%	100%	97%
<b>Lifeways</b>	100%	98%	100%	97%	81%	100%	99%	75%
<b>Montcalm</b>	100%	100%	100%	97%	88%	100%	100%	97%
<b>Newaygo</b>	99%	100%	100%	97%	86%	99%	100%	83%
<b>Saginaw</b>	100%	100%	100%	98%	78%	100%	97%	86%
<b>Shiawassee</b>	99%	100%	100%	96%	90%	100%	94%	99%
<b>The Right Door</b>	100%	100%	100%	99%	85%	100%	100%	89%
<b>Tuscola</b>	100%	100%	100%	99%	93%	100%	99%	95%
<b>MSHN Average</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>98%</b>	<b>85%</b>	<b>100%</b>	<b>100%</b>	<b>97%</b>

Note: CMHSP reviews are completed twice during the fiscal year. The percentages displayed are an average of the scores for both reviews. Percentages have been rounded to the nearest percent.

The following chart provides a comparison from FY2021 through FY2023 for the attributes tested:



Note: In FY21 and FY22, there were 7 (A-G) attributes tested compared to 8 (A-H) in FY23 (see differences listed below). For analyzation purposes, FY21/FY22 data for the former attribute G.) Modifiers are used in accordance with the HCPCS guidelines is included under attribute H.

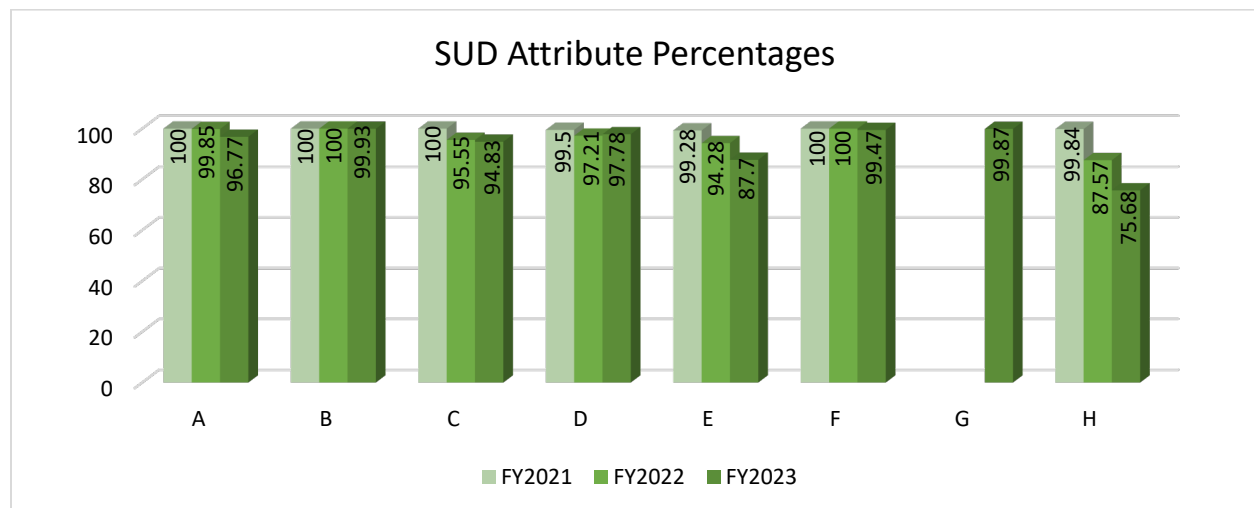
The Substance Use Disorder site reviews are completed annually. The data presented in the below chart is relative to the twenty-six (26) SUD treatment providers reviewed for the full fiscal year, October 1, 2022 - September 30, 2023.

The chart below includes the score for all SUD providers combined for each attribute reviewed.

SUD		A	B	C	D	E	F	G	H
SUD Providers		97%	100%	95%	98%	88%	100%	100%	76%

Note: Percentages have been rounded to the nearest percent.

The following chart provides a comparison from FY2021 through FY2023 for the attributes tested:



Note: The above chart does not include the same SUD providers from year to year but is representative of the region.

Note: In FY21 and FY22, there were 7 (A-G) attributes tested compared to 8 (A-H) in FY23 (see differences listed below). For analyzation purposes, FY21/FY22 data for the former attribute G.) Modifiers are used in accordance with the HCPCS guidelines is included under attribute H.

Note: The above chart does not include the same SUD providers from year to year but is representative of the region.

## Results/Trends

Based on the MEV review for FY2023, all 12 CMHSPs were placed on a new plan of correction and of the twenty-six (26) substance use disorder treatment providers reviewed, twenty-three (23) were placed on a new plan of correction. In addition, all CMHSPs and substance use disorder treatment providers who were placed on a plan of correction during FY2022, were removed from those plans during FY2023.

The overall findings included a total dollar amount of invalid claims identified for CMHSP's direct and contractual services of \$757,573.20 and \$94,784.51 for substance use disorder treatment providers. All invalid claims were corrected based on MSHN's established process.

*Note: Many of the invalid claims were corrected by submitting additional documentation and by resubmitting claims with correct modifiers, dates, times, etc. These claims, units and dollars are included in the summary of disallowed amounts as they were original findings that documentation did not support during the review.*

Regionally the CMHSPs have shown a slight decline for the following attributes when comparing FY2022 to FY2023:

1. A. The code is allowable service code under the contract
2. B. Beneficiary is eligible on the date of service
3. D. Documentation of the service date and time matches the claim date and time of the service
4. E. Services were provided by a qualified individual and documentation of the service provided falls within the scope of the service code billed

It should be noted that 3 of the 4 attribute scores (A, B, D) remained in the high nineties and decreased less than a percentage from FY2022. The remaining score (attribute E) saw a decline of less than 6%.

Alternatively, the CMHSPs have shown slight improvements from FY2022 to FY2023 for the following attributes:

1. C: Service is included in the beneficiary's individual plan of service
2. F: Amount billed does not exceed contractually agreed upon amount
3. G: Amount paid does not exceed contractually agreed upon amount
4. H: Modifiers are used in accordance with the HCPCS guidelines

These improvements may be attributed to an increased focus on improving the quality of documentation, improved staff trainings, ongoing monitoring and oversight, and increased education and technical assistance provided by the Medicaid Event Internal Auditor during the review process. In addition, MSHN has safeguards in place to guard against duplicate and incomplete claims being submitted.

Regionally the SUD providers did not show significant improvements from FY2022 to FY2023. However, the SUD provider scores were already at a high level and most of the scores remained in the mid-high nineties. The attributes that had slight improvements from FY2022 to FY2023 were:

1. C: Service is included in the beneficiary's individual plan of service
2. D: Documentation of the service date and time matches the claim date and time of the service

This may be attributed to continued training and technical assistance provided by MSHN to the providers as part of the MEV site reviews. The SUD provider network is also improving their understanding of the required supporting documentation to show compliance with the attributes.

## Monitoring and Auditing

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# Mid-State Health Network External Site Reviews

### MDHHS Waiver Site Reviews

The Michigan Department of Health and Human Services (MDHHS) conducted a 90-day follow up review for our region February 2023. The purpose of the review was to ensure implementation of corrective action from the 2022 review related to the service delivery requirements of the 1915 (c) waivers that



include the Habilitation Supports Waiver (HSW), the Waiver for Children with Serious Emotional Disturbance (SEDW) and the Children's Waiver Program (CWP).

MDHHS accepted all follow-up documentation except for the area of amount, scope, and duration.

MDHHS will conduct reviews every other year. MSHN is scheduled for review in June 2024 which will include a review of 1915(i).

### MDHHS Substance Use Disorder Site Review

In 2022, MSHN received full compliance on all standards reviewed by the Michigan Department of Health and Human Services (MDHHS) for compliance with the Substance Use Agreement with the Centers for Medicare and Medicaid services. Therefore, no follow-up review was necessary in 2023. MSHN anticipates a full review to be conducted by MDHHS in FY24. The dates have not yet been determined.

### MDHHS- Health Services Advisory Group (HSAG): Performance Measurement Validation (PMV) Site Review

Validation of performance measures is one of three mandatory external quality review (EQR) activities required by the Balanced Budget Act of 1997 (BBA). State Medicaid agencies must ensure that performance measures reported by their managed care organizations (MCOs) are validated. Health Services Advisory Group, Inc. (HSAG), the EQRO for the Michigan Department of Health and Human Services (MDHHS), Behavioral Health and Developmental Disabilities Administration, conducted the validation activities for the prepaid inpatient health plans (PIHPs) that provided mental health and substance abuse services to Medicaid-eligible recipients. The purpose of performance measure validation (PMV) is to assess the accuracy of performance indicators reported by PIHPs and to determine the extent to which performance indicators reported by the PIHPs follow state specifications and reporting requirements.

HSAG completed MSHN's review remotely on June 17, 2023.

For this review, HSAG validated a set of performance indicators that were developed and selected by the Michigan Department of Health and Human Services (MDHHS). The review consisted of interviews, system demonstrations, review of data output files, primary source verification, observation of data processing and review of data reports.

Compliance was assessed through a review of the following:

- Information Systems Capabilities Assessment Tool (ISCAT)
- Source Code (programming language) for performance indicators
- Performance Indicator reports
- Supporting documentation
- Evaluation of system compliance

The following is a summary of the PMV site review report. For complete information, please see the Health Services Advisory Group Validation of Performance Measures State Fiscal Year 2023.

### Results/Trends

MSHN received a status of "Reportable" indicating the performance indicators were compliant with the State's specifications and the rate can be reported.

- The Data Integration and Control- Thirteen Standards: 100%
- Denominator Validation - Seven Standards (2 NA): 100%
- Numerator Validation - Five Standards: 100%
- Performance Measures- Thirteen Measures Fully Validated: 100%

## Recommendations

Among the recommendations from this review were the following:

- HSAG recommends that Mid-State Health Network complete the proposed corrective action to review all abnormal disposition completed dates and times as part of its validation check.
- HSAG recommends that Mid-State Health Network continue its efforts to meet with CMHSPs and provide further training when errors occur.
- HSAG recommends that Mid-State Health Network and CMHSPs employ additional enhancements to the PIHP's validation process to ensure appropriate categorization of compliant cases and capture of exceptions.
- HSAG recommends that Mid-State Health Network and the CMHSPs performance additional validation checks to ensure appropriate ongoing services are captured for compliant cases for future reporting.

MSHN has received full compliance (100%) for all elements reviewed from the first review in FY2014 through the current review in FY2023. No corrective action is required to be submitted to HSAG.

## MDHHS- Health Services Advisory Group (HSAG): Compliance Monitoring Review

According to federal requirements located within the Code of Federal Regulations (CFR), 42 CFR §438.358, the state, its agent that is not a Medicaid prepaid inpatient health plan (PIHP), or an external quality review organization (EQRO) must conduct a review to determine a Medicaid PIHP's compliance with the standards set forth in 42 CFR §438–Managed Care Subpart D and the quality assessment and performance improvement requirements described in 42 CFR §438.330. To comply with the federal requirements, the Michigan Department of Health and Human Services (MDHHS), Behavioral Health and Developmental Disabilities Administration (BHDDA) contracted with Health Services Advisory Group, Inc. (HSAG), as its EQRO to conduct compliance monitoring reviews of the PIHPs.

The Compliance Site Review is conducted over a period of three (3) years. HSAG conducted a review of the first 6 standards for year one in FY2021. The remaining seven (7) standards were reviewed in FY2022. In FY2023, Year 3, HSAG conducted a focused review on those standards that received a “not met” the previous two years resulting in a corrective action plan.

During State Fiscal Year (SFY) 2023, HSAG completed a desk audit on August 25, 2023.

MSHN demonstrated that 23 of 24 elements had been remediated indicating that necessary policies, procedures, and initiatives were implemented to demonstrate compliance with the requirements under review. The element that was not remediated, Health Information Systems- Application Programming Interface (API), was noted as not meeting all of the requirements. However, MSHN was given the opportunity to provide a work plan to implement the API.

HSAG has indicated that a review for implementation and compliance will be conducted during FY2025.

## MDHHS- Health Services Advisory Group (HSAG): Performance Improvement Project (PIP)

MDHHS requires that the PIHP conduct and submit a Performance Improvement Project (PIP) annually to meet the requirements of the Balanced Budget Act of 1997 (BBA), Public Law 105-33. According to the BBA, the quality of health care delivered to Medicaid consumers in PIHPs must be tracked, analyzed, and reported annually. PIPs provide a structured method of assessing and improving the processes, and thereby the outcomes, of care for the population that a PIHP serves. By assessing PIPs,

HSAG assesses each PIHP's "strengths and weaknesses with respect to the quality, timeliness, and access to health care services furnished to Medicaid recipients," according to the Code of Federal Regulations (CFR) at 42 CFR 438.364(a)(2).

MSHN's Performance Improvement Project for 2022 through 2025 is: *Improving the rate of new persons who have received a medically necessary ongoing covered service within 14 days of completing a biopsychosocial assessment and reducing or eliminating the racial or ethnic disparities between the black/African American population and the white population without a decline in performance for the white population.*

The baseline data for 01/01/2021 through 12/31/2021 was 65.04% for the percentage of new persons who are Black/African- American and have received a medically necessary ongoing covered service within 14 days of completing a biopsychosocial assessment.

The baseline data for 01/01/2021 through 12/31/2021 was 69.49% for the percentage of new persons who are White and have received a medically necessary ongoing covered service within 14 days of completing a biopsychosocial assessment.

## Results/Trends

MSHN received a status of "Met" indicating High confidence in reported PIP results.

HSAG reviewed the PIP for 9 evaluation elements. MSHN received 100% for all elements.

- Percentage Score of Evaluation Elements Met: 100%
- Percentage Score of Critical Elements Met: 100%

Based on recommendations from HSAG, MSHN will address the following:

- MSHN should ensure that it follows the approved PIP methodology to calculate and report the remeasurement data accurately in next year's submission.
- Mid-State Health Network should revisit its causal/barrier analysis at least annually to ensure that the barriers identified continue to be barriers, and to identify if any new barriers exist that require the development of interventions.
- Mid-State Health Network should have an evaluation process to determine the effectiveness of each intervention. Decisions to continue, revise, or discontinue an intervention must be data driven.
- Mid-State Health Network should seek technical assistance from HSAG throughout the PIP process to address any questions or concerns.

## Customer Service/Compliance Reporting

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### Customer Service Contacts

The total number of Customer Services contacts received in FY2023 was 155, an increase of 32.5% from FY2022. By comparison, there were 117 contacts in FY2022.

### Customer Service Originator of Contact

Originator	Number	Percentage*
Advocate	3	2%
Authorized representative	1	1%
CMHSP	31	21%
Family Member	1	1%
Guardian	4	3%
MDHHS	35	23%
Other	13	8%
Parent of a minor	8	5%
Self/Consumer	41	26%
SUDSP	17	11%

(\*the percentage indicates the originator category number compared to the total number of contacts  
Note: Numbers are rounded up, so the sum of the percentages equals slightly more than 100)

### Customer Service Inquiry Category

Category	Number	Percentage*
Access to Treatment	41	26%
Appeal	7	5%
Authorization	1	1%
Complaint/Dissatisfaction	22	14%
Consumer Discharge	5	3%
General Assistance	41	26%
Interaction with Provider or Plan	1	1%
LEP Assistance	4	3%
Member Handbook	1	1%
Notification Letter	2	1%
Provider Practices	23	15%
Provider Staff Concern	2	1%
Recipient Rights Assistance	2	1%

(\*the percentage indicates the originator category number compared to the total number of contacts  
Note: Numbers are rounded up, so the sum of the percentages equals slightly more than 100%)

### Conclusion/Resolution Type

Type of Resolution	Number	Percentage*
No follow-up required	63	41%
Resolution pending	2	1%
Resolved	1	1%
Resolved in favor of consumer	6	4%
Resolved in favor of provider	25	16%
Resolved through follow up actions	58	37%

(\*the percentage indicates the originator category number compared to the total number of contacts  
Note: Numbers are rounded up, so the sum of the percentages equals slightly more than 100%)

## Results/Trends

The following trends/changes were noted during FY2023:

- Overall Customer Service contacts increased by 32.5% in FY2023 (155) from FY2022 (117)
- Consumer contacts requiring follow-up action decreased from 77% (n=90) in FY2022 to 48% (n=75) of overall contacts in FY2023.
- The highest number of consumer-based customer service complaints originated from Consumers themselves (26%/n=41) and MDHHS (23%/n=35).
- The highest number of non-consumer customer service contacts originated from CMHSP staff (21%/n=31)
- The highest consumer complaint categories involved complaints addressing Access to Treatment (26%/n=41) and Provider Practices (15%/n=23). Access to Treatment was a 16% increase in FY23 (41) over FY22 (35). Provider practices saw a 39% decrease in FY23 (23) over FY22 (34).
- The highest non-consumer contact category involved requests for General Assistance (26%/n=41)

As part of MDHHS' State monitoring activities, PIHPs are required to submit Grievance reporting information using the state developed reporting template. Report data submissions are on a quarterly basis, and the final report covers FY23 Q1-Q4.

FY23 MDHHS Grievance Reporting Results (Q1-Q4)							
Grievance Category	Number of Cases Closed	Number of Cases Per 100 Members	Number of Cases Substantiated	Number of Cases Substantiated Per 100 Members	Number of Interventions	Number of Cases Resolved within 90 Calendar Days	Average Number of Days for Resolution*
QUALITY OF CARE	46	0.12	30	0.08	77	44	42
ACCESS AND AVAILABILITY	34	0.09	27	0.07	70	30	33
INTERACTION WITH PROVIDER OR PLAN	49	0.13	33	0.09	102	46	32
MEMBER RIGHTS	2	0.01	1	0.00	3	2	12
TRANSPORTATION	0	0.00	0	0.00	0	0	#DIV/0!
ABUSE, NEGLECT, OR EXPLOITATION	1	0.00	1	0.00	1	1	78
FINANCIAL OR BILLING MATTERS	3	0.01	2	0.01	4	3	18
SAFETY/RISK MANAGEMENT	1	0.00	0	0.00	1	1	0
SERVICE ENVIRONMENT	11	0.03	8	0.02	22	11	44
OTHER	11	0.03	9	0.02	14	11	12
<b>Total</b>	<b>238</b>	<b>0.42</b>	<b>111</b>	<b>0.29</b>	<b>294</b>	<b>149</b>	<b>N/A</b>

\*Field will display "#DIV/0!" if there are no reported cases per category.

As part of MDHHS' State monitoring activities, PIHPs are required to submit Appeals reporting information using the state developed reporting template. Report data submissions are on a quarterly basis and the report covers FY23 Q1-Q4.

FY23 MDHHS Appeals Reporting Results (Q1-Q4)							
Grievance Category	Number of Cases Closed	Number of Cases Per 100 Members	Number of Cases Substantiated	Number of Cases Substantiated Per 100 Members	Number of Interventions	Number of Cases Resolved within 90 Calendar Days	Average Number of Days for Resolution*
QUALITY OF CARE	35	0.09	33	0	2	0	100%
ACCESS AND AVAILABILITY	0	0.00	0	0	0	0	#DIV/0!
INTERACTION WITH PROVIDER OR PLAN	2	0.01	2	0	0	0	100%
MEMBER RIGHTS	1	0.00	1	0	0	0	100%
TRANSPORTATION	5	0.01	5	0	0	0	100%
ABUSE, NEGLECT, OR EXPLOITATION	30	0.08	28	1	1	0	97%
FINANCIAL OR BILLING MATTERS	0	0.00	0	0	0	0	#DIV/0!
SAFETY/RISK MANAGEMENT	16	0.04	16	0	0	0	100%
SERVICE ENVIRONMENT	268	0.70	260	7	1	0	97%
OTHER							
<b>Total</b>	<b>357</b>	<b>0.93</b>	<b>325</b>	<b>8</b>	<b>4</b>	<b>0</b>	<b>N/A</b>
*Field will display "#DIV/0!" if there are no reported cases per category.							
						Count	Percentage
Appeals						357	
Appeals Upheld						76	21%
Appeals Overturned						270	76%
Appeals Partially Upheld/Overturned						11	3%

For FY2023, the grievance and appeal data were reviewed through the Regional Customer Service Committee (CSC) to identify trends and potential quality improvement efforts. The quarterly MDHHS grievance and appeal data will continue to be reviewed through the CSC.

## Activities Implemented in FY2023

The following activities were implemented during FY2023.

- Information was collected from providers regarding cultural competency requests (CCR). A CCR reporting process was developed and an initial FY23 Q1-2 report received. Providers reported that cultural competency requests are honored through existing processes and requested reconsideration on adding CCR reporting. MSHN suspended the CCR reporting while a review is completed to determine if the current practices were sufficient to meet access standard requirements.
- Regional guidance was developed to assist providers in analyzing their counties to determine non-English language prevalence to ensure compliance with LEP requirements.

- The quarterly Appeal and Grievance Regional Analysis Report was utilized to evaluate the quarterly MDHHS Grievance and Appeal data for trends and quality improvement across the region.
- The MSHN Customer Service Committee formed a sub-workgroup to develop an Adverse Benefit Determination (ABD) focused Frequently Asked Questions (FAQ) document to provide technical support to the CMHSP and SUDSP provider network within the region on ABD best practices.
- The MSHN Customer Service Committee reviewed, revised, and facilitated the publication of 13 local versions of the FY23 MSHN Guide to Services Handbook. Additionally, the 13 local versions were translated into Spanish for electronic distribution to CMHSP and SUDSP providers throughout the MSHN region.
- MSHN Customer Services continued to work in collaboration with the MSHN staff to provide technical assistance to improve the quality of services through providers within MSHN’s SUDSP network.
- Ongoing technical support and training to the provider network in areas of customer service, grievance and appeals and recipient rights.

## Recommendations for FY2024

Based upon FY23 Customer Service data, the following is being recommended:

- The review of FY23 Customer Service data did not identify systemic issues but identified issues at the individual provider level requiring technical assistance. Quality improvement initiatives will occur during the Customer Service Committee utilizing the quarterly Appeal and Grievance Regional Analysis Report to support provider compliance.
- Regional LEP practices will be enhanced to gather LEP information from local county analysis for non-English language prevalence to ensure compliance with LEP requirements.

## Compliance Reporting

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### Compliance Investigations

The total number of compliance investigations completed by the MSHN Compliance Officer in FY2023 was 26. By comparison, there were 28 completed in FY2022. This resulted in a decrease of 7.14% in FY2023 from FY2022.

#### Compliance Investigations:

*(The percentage indicates the percent the originator represents of the total complaints.)*

<b><i>Originator:</i></b>	<b><i>Number:</i></b>	<b><i>Percent:</i></b>
SUD Provider Staff	3	11.54%
CMHSP Staff	4	15.38%
MSHN Staff	8	30.77%
Office of Inspector General (OIG)	9	32.62%
Advocate	1	3.85%
Community/Stakeholder	1	3.85%

**Type of Compliance Investigation:**

*(The percentage indicates the percent the type represents of the total complaints.)*

<u>Category:</u>	<u>Number:</u>	<u>Percent:</u>
Fraud/Abuse/Waste	10	38.46%
Treatment/Services	4	15.38%
Duplicate Claims	2	7.69%
Over Payment for Services	3	11.54%
Credentialing/Qualifications	4	15.38%
Licensure	2	7.69%
Violation of ADA requirements	1	3.85%

**Conclusion/Resolution:**

*(The percentage indicates the percent the resolution represents of the total complaints.)*

<u>Type of Resolution:</u>	<u>Number:</u>	<u>Percent:</u>
CMHSP	5	19.23%
SUD Provider	11	42.31%
OIG	8	30.77%
Advocate	1	3.85%
Pending	1	3.85%

**Referrals to/from Outside Regulatory Bodies: (based on contractual requirements)**

*(The percentage indicates the percent the referral represents of the total complaints.)*

<u>Agency:</u>	<u>Number:</u>	<u>Percent:</u>
OIG	8	30.77%

## Office of Inspector General Quarterly Report for FY2023

Beginning Fiscal Year 2019, the PIHPs were required to track and report program integrity activities performed within the region. The program activities must include, but not limited to, the following activities: data mining, analysis of paid claims, audits performed, overpayments collected, identification of fraud, waste and abuse, provider dis-enrollments and contract terminations.

FY2023 Q1: 46 activities were reported

FY2023 Q2: 47 activities were reported

FY2023 Q3: 65 activities were reported

FY2023 Q4: 62 activities were reported

Most of the activities reported were a result of local and region wide Medicaid Event Verification activities, clinical record reviews and internal audits. The activities reported included inappropriate credentials/training, lack of supporting documentation, wrong use of modifiers, billing for incorrect dates and times, incorrect service codes and overpayment.

The total amount of overpayments that were adjusted as a result of the QIG quarter report activities was \$840,144.31. While this was identified as an overpayment, many of the encounters could be corrected and resubmitted after the claims were voided which may have resulted in a lower recoupment/cost settled amount for FY2023.



## Data Mining Activities

Data mining is a process for finding anomalies, patterns and correlations within data sets. During FY2023, MSHN completed the following data mining activities.

- 1) Death Data Report (Q1, Q2, Q3, and Q4)
  - a. This report compares the death list from Care Connect 360 to service data from MSHN's information management system. There should be no instance where a service is provided to a recipient after the date of death.
- 2) Comparison for telehealth, face-to-face and overall encounters (Q1 and Q2)
  - a. The report reviews data that compares the current month encounters with the average of all previous month's encounters with the fiscal year. The report is based on encounters that have been accepted by MDHHS.

## Results/Trends

The following are the data mining activities and results for FY2023 Q1.

- 1) Death Data Report  
Results: It was concluded that there were no instances where a service was provided after the date of death.
- 2) Comparison for telehealth, face-to-face and overall encounters  
Results: The comparison did not show any significant variance when compared to the average of previous months' encounters.

The following are the data mining activities and results for FY2023 Q2.

- 1) Death Data Report  
Results: There were 2 (two) services, involving 2 (two) beneficiaries, reported past the identified date of death. The errors were corrected.
- 2) Comparison for telehealth, face-to-face and overall encounters  
Results: The comparison did not show any significant variance when compared to the average of previous months' encounters.

The following are the data mining activities and results for FY2023 Q3.

- 1) Death Data Report  
Results: There were 2 (two) instances, involving 2 (two) beneficiaries, that had a service provided after the identified date of death. After investigation, it was determined that both of these instances were for payments made to the Fiscal Intermediary and were acceptable. No corrections were needed.

The following are the data mining activities and results for FY2023 Q4.

- 1) Death Data Report  
Results: There were 3 (three) instances, involving 3 (three) beneficiaries, that had a service provided after the identified date of death. These errors were corrected.

## Subpoena(s)

MSHN received 4 (four) subpoenas during FY2023 requesting records. No action was needed regarding these requests as MSHN was not in possession of any requested records. MSHN was not named as a defendant in any of the subpoenas.

## Notification of Breach(s):

During FY2023, within the MSHN region, there were 6 (six) instances reported to MSHN involving a breach of protected health information. Out of the instances, 4 (four) were reported from CMHSPs and 2 (two) were reported from MSHN staff. In all situations, MSHNs breach policy and procedure was followed to remediate the situation and lessen the probability for future reoccurrence.

## Results/Trends

While there were fluctuations in numbers and percentages from the previous year, there were no discernible trends identified that warrant systemic changes. However potential quality improvement efforts will be discussed with the MSHN Compliance Committee and the Regional Compliance Committee.

### Compliance investigations:

- There was a slight decrease in the total number of compliance issues reported during FY2023
- Suspected Fraud/Waste/Abuse continues to be the highest reported category at 38.46%.
- Twenty-five (25) investigations were completed and achieved a closed status.
- One (1) investigation is still pending closure by the OIG.

### OIG quarterly report:

- FY2023 had a slight decrease in the number of reported activities from FY2022.
- The largest number of findings reported include the following:
  - Lack of documentation to support the claims submitted
  - Use of incorrect modifiers or lack of modifiers

### Subpoenas:

- There was a slight increase in the number of subpoenas received during FY2023, but the increase was not notable.
- Only one subpoena involved a consumer that was served within the region, but no records were provided based on the timeframe requested.
- The number of subpoenas received cannot be influenced by any actions by MSHN.

### Breaches:

- There was a slight increase in the number of privacy breaches from FY2022 to FY2023.
- In all instances, the cases were remediated following MSHN's breach notification policy.

## Activities Implemented in FY2023

The following activities were implemented during FY2023.

- Data Mining Activities included:
  - Death Audit Compared to Encounters (Q1, Q2, Q3, and Q4)
  - Comparison for telehealth, face-to-face and overall encounters (Q1 and Q2)
- Revised processes, and provided education, related to revised OIG referral process, quarterly OIG report, adverse action forms and annual provider list
- Reviewed region wide compliance training for updates
- Completed an effectiveness review of the MSHN compliance program
- Provide ongoing education, and ensure compliance with, updates to state and federal policies and regulations
- Recommended changes to the Delegated Managed Care site review standards and process
- Revised compliance investigation process and documentation to align with new requirements from the OIG
- Revised compliance policies and procedures to align with new contract program integrity requirements and HSAG Compliance site review findings

- Coordinated with the PIHP Compliance Officers and representatives from MDHHS related to need to streamline and revise HSAG standards related to the Compliance site review
- Revised region wide privacy notice and standardized processes for providing protected health information

## Recommendations for FY2024

The following are recommendations for improvements in FY2024.

- Identify additional region wide data mining activities to detect possible deficiencies and/or non-compliance with established standards
- Utilize the Constant Contact, emails, and other communication means for compliance related updates for providers
- Research options, and implement a new process for tracking compliance investigations and documentation
- Update Compliance related policies and procedures and MSHN Compliance Plan to ensure compliance with new program integrity contract language
- Develop processes to track new OIG data requirements such as cost avoidance, recoupments, etc.

## Compliance Training/Review

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### Internal

#### MSHN Compliance Committee

- Review Compliance Plan
- Review Compliance Policies and Procedures
- Review Annual Compliance Summary Report

#### MSHN Regional Compliance Committee

- Review Compliance Plan
- Review Compliance Policies and Procedures
- Review Annual Compliance Summary Report

#### MSHN Operations Council

- Review Compliance Plan
- Review Compliance Policies and Procedures
- Review Annual Compliance Summary Report

#### MSHN Staff and Leadership

- Receive Compliance Training as part of new hire orientation
- Compliance Training for ongoing staff training through Relias
- Review Compliance Plan
- Review Compliance Policies and Procedures

#### Board of Directors

- Review and approve Compliance Plan
- Review and approve Compliance Policies
- Review and approve Annual Compliance Summary Report

### External

MSHN Compliance Plan and Compliance Line Available on Website- Compliance calls are received through the Compliance Line, the main line of MSHN or through the direct line to the Chief Compliance and Quality Officer.

MSHN Customer Service Line Available on Website - Customer Service calls are received through the Customer Services Line, the main line of MSHN or through the direct line to the Customer Services and Rights Specialist.

MSHN Contact information and reporting process located in Consumer Member Handbook “Guide to Services.”

## References

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The following documents were used in the completion of the Compliance Summary Report and can be found in their entirety on Mid-State Health Networks website at: <https://midstatehealthnetwork.org/>

1. Delegated Managed Care and Program Specific Site Review Summary Report 2023
2. Medicaid Services Verification Methodology Report for Fiscal Year 2023
3. Health Services Advisory Group State Fiscal Year 2023 Validation of Performance Measures Report
4. Health Services Advisory Group State Fiscal Year 2023 Compliance Report
5. Health Services Advisory Group 2022-2023 PIP Validation Report

**REPORT OF THE MSHN CHIEF EXECUTIVE OFFICER  
TO THE MSHN BOARD OF DIRECTORS  
January/February 2024**

**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 2024 Board Officers**

- Ed Woods  
Chairperson
- Irene O'Boyle  
Vice-Chairperson
- Deb McPeck-McFadden  
Secretary

Congratulations to Sherrie Donnelly, MSHN Treatment and Recovery Specialist, for coauthoring a recent article to be published in the American Journal of Drug and Alcohol Abuse. Sherrie served on an expert advisory panel and contributed to the article, "Implementing Contingency Management into Rural Recovery Housing: Recommendations of a Professional Advisory Expert Panel."

**PIHP/REGIONAL MATTERS**

**1. Michigan Consortium for Healthcare Excellence (MCHE) Data Visualization Portfolio:**

The Mid-State Health Network board is a member of the Michigan Consortium for Health Care Excellence (MCHE), and I am the board's appointed representative on the MCHE Board. Nine of Michigan's ten Prepaid Inpatient Health Plans (PIHPs) are members. MCHE recently commissioned work to better portray the benefits of the public behavioral health system, PIHPs in particular. Attached to this board report is the first data visualization focused primarily on minimal administrative costs, care coordination, ease of access, community engagement and reinvestment, innovation, behavioral health homes, and several "myths versus facts" of interest to many stakeholders. This is the first document among several future planned releases highlighting PIHP and public behavioral health system accomplishments. I'd like to acknowledge Deputy Director Amanda Ittner for her role leading the steering committee that guided this first effort.

**2. Conflict Free Access and Planning (CFAP) Update:**

As readers are aware, the field awaits design decision announcements from the Michigan Department of Health and Human Services (MDHHS) flowing from its responsibility to shape the Michigan public behavioral health system to comply with federal conflict free access and planning regulations. Background on this has been provided in previous board reports. Recall that there are four foundational assumptions:

- 1) Systems use Existing Structures: MSHN interprets this to mean that the existing Prepaid Inpatient Health Plan (PIHP) managed care structures and Community Mental Health Service Provider (CMHSP) service delivery structures will be maintained, and that new structures may not be needed to meet compliance.
- 2) Structural mitigation is required. Long relied upon and advocated for as appropriate safeguards, MDHHS has determined procedural safeguards (such as separation of duties, independent facilitation, and similar policy safeguards) are insufficient to meet the federal rule requirements. Structural mitigation in this context, in our view, means identifying roles/responsibilities that must be shifted between PIHPs and CMHSPs to meet rule requirements. This may result in role delineation by MDHHS, may result in modified (including prohibited/allowed delegation arrangements) contractual requirements to implement some additional safeguards in self-

- determination/independent facilitation, access, denials, grievances/appeals, and other impacts.
- 3) Statewide Approaches Reduce Disparity: MDHHS has stated that it is ideal to implement statewide approaches whenever possible.
  - 4) Exceptions must be carefully considered: MDHHS must define and consider exceptions to the statewide structural mitigation approach for regions with limited willing/able providers.

It may be helpful to understand, by way of an example, the rationale behind the federal rule and the potential approaches that could be applied. This example is not intended to infer that SUD services will be included in the MDHHS design decisions, but illustrates only an access-type example.

Note that MSHN uses a “no wrong door” access system for Substance Use Disorder (SUD) services. This means that beneficiaries can contact ANY SUD provider and request help. While this was created to ensure the least number of barriers to access, it has also created unintended consequences. For example, there were a total of 3,094 SUD access screenings (called Level of Care [LOC] Determinations) completed in REMI during FY 23 Q4. (REMI is the name of MSHN’s managed care information system – Regional Electronic Medical Information). The following table summarizes the dispositions of Level of Care Determinations performed during FY 23 Q4:

Eligible - Referred to another SUD Provider	149
Eligible- Assessment Scheduled with this Provider	2,812
Eligible- Consumer Refused Services	30
Disposition left Blank	47
Not Eligible	56

Of the 3,094 Level of Care Determinations completed during FY 23 Q4 in which the person met eligibility criteria to receive SUD treatment services, 149 individuals (4.8%) were referred to a different SUD provider than the one who performed the screening.

One key reason for the federal conflict free rule is to address conflicts of interest in self-referral. In this short study, the high percentage of SUD providers referring individuals to their own programs continues to raise concerns about conflict-free access and whether or not individuals are being provided with an appropriate array of treatment options to meet their needs. The MSHN Utilization Management Team has been discussing options for a prior approval process for residential services and recovery housing to help mitigate these conditions for those levels of care.

### 3. MSHN Prevention Media Campaigns:

MSHN’s SUD Prevention Team has implemented the following media campaigns. MDHHS approval is required:

- Submitted media request to MDHHS for streaming TV commercial media campaign for problem gambling aimed at Older Adults. Campaign was approved and began in mid-December to run until the end of FY24.
- Submitted media request to MDHHS for streaming TV commercial media campaign with an anti-stigma/recovery message. Campaign was approved and began the first week of December to run through the end of February with COVID-BG funding.

#### 4. **Regional Equity Upstream Learning Collaborative:**

Dr. Dani Meier, Chief Clinical Officer, is leading eight regional SUD providers in a learning collaborative aimed at improving equity (decreasing/eliminating health disparities) in our SUD treatment services. Between November 2023 and January 2024, MSHN's learning collaborative partners conducted 15 focus groups with a total of 106 persons. Approximately 92% of those persons represented identified as people of color and/or individuals identifying with groups that historically face discrimination. While much detail evolves in a focus group format, the following general themes were identified. According to Dr. Meier, "the learning collaborative partners are committed to translating knowledge into action to improve access and quality of care for all populations by reducing disparities in SUD health outcomes."

##### **Negative Experiences of Health Care**

1. Perceived bias/poor care due to skin-color/appearance/dress /Medicaid insurance
2. Poor treatment manifested in feeling disrespected, dismissed, not listened to & assumptions by medical staff of being "drug-seeking"
3. Recovery goal of "choosing new friends/new community" to enhance recovery conflicts with cultural/ethnic practices & sense of belonging in communities of color with strong community bonds
4. Not "fitting in" in treatment settings, recovery groups, etc. due to their race, culture, age, background or other differences that may be barriers to sense of belonging

##### **Barriers**

1. Lack of understanding of the SUD system, what services are available, etc.
2. Insurance issues, inconsistent coverage, few doctors who accept Medicaid
3. Long wait times
4. Limited options for transportation
5. Legal issues in the past may preclude access to some providers
6. Daily dosing conflicts with work
7. Language barriers (no translation services)
8. Fears of Child Protective Services (CPS) involvement, potential loss of children, legal ramifications on work, school, etc.

##### **Stigma**

1. Clients' own shame, guilt, embarrassment
2. Community bias against SUD, lack of understanding
3. Churches biased against SUD care ("just pray")
4. Some churches host 12-step groups but hostile to MAT/MOUD
5. Family members misunderstand addiction as a disease, expectation to "just stop," go cold turkey
6. Feeling shunned by family, church, workplace

##### **Positive Influences**

1. Desire to have a healthy pregnancy
2. Desire to end CPS involvement
3. Feeling welcomed, supported & not judged by staff

4. Acceptance of multiple pathways to recovery especially not stigmatizing MAT/MOUD as “not really recovery”
5. Seeing people like themselves in care facilities (same race or ethnicity)

**5. COVID Un-Wind Update; Regional Revenue Impact:**

The Mid-State Health Network region has experienced a cumulative reduction of over 55,000 in the number of eligibles in the MSHN region for the period July 2023 through January 2024. This has a direct impact on regional revenues. MSHN projects an additional reduction of 29,123 eligibles through June 2024, further impacting revenues.

All PIHPs are experiencing similar impacts. The FY 24 rates developed by MDHHS and their actuary Milliman were based on significantly lower disenrollment rates. MSHN is joining all PIHPs in presenting a statewide impact statement to MDHHS and is requesting expedited rate adjustments for the current year. Please contact me or Leslie Thomas, Chief Financial Officer, for any additional information you are interested in.

**6. Regional Crisis Residential Unit “Healthy Transitions” to Open Soon:**

The MSHN Board approved an initiative to develop a regional crisis residential unit almost two years ago. Since that time, there have been many barriers and problems that required creative problem solving and significant persistence. Dr. Todd Lewicki, MSHN’s Chief Behavioral Health Officer, and other members of the MSHN team have led this process for the benefit of beneficiaries in our region (and beyond).

MSHN is pleased to announce that the Healthy Transitions site, which is located at 317 East Warwick in Alma (directly across from MyMichigan Medical Center, 300 East Warwick, Alma) will be opening very soon. The provider, Family Health Psychiatric and Counseling Center (FHPCC), has invited the MSHN Board to tour the facility and hear a brief presentation at 4:30 p.m. on the day of the board meeting. My office has sent a notification to the board to hold this time and our encouragement that board members attend. We will also alert our board when the grand opening date is officially set.

## **STATE OF MICHIGAN/STATEWIDE ACTIVITIES**

**7. MDHHS Comprehensive Quality Strategy (2023-2026):**

MDHHS has published its [Comprehensive Quality Strategy for 2023-2026](#) (approved October 2023). “Michigan’s 2023-2026 Comprehensive Quality Strategy (CQS) provides a summary of the work being done to assess and improve the quality of care and services provided and reimbursed by Michigan’s Medicaid managed care programs, in accordance with State and Federal laws and regulations which follow the principles of quality measurement, monitoring, and improvement. The CQS provides the framework to accomplish the overarching goal of designing and implementing a coordinated and comprehensive system to proactively drive quality across all Michigan Medicaid managed care programs.”

Comprehensive Quality Strategy Goals:

- Goal #1: Ensure high quality and high levels of access to care.
- Goal #2: Strengthen person and family-centered approaches.



- Goal #3: Promote effective care coordination and communication of care among managed care programs, providers, and stakeholders (internal and external).
- Goal #4: Reduce racial and ethnic disparities in healthcare and health outcomes.
- Goal #5: Improve quality outcomes through value-based initiatives and payment reform.

In addition, Michigan is utilizing three foundational principles to guide implementation of the CQS to improve the quality of care and services. These principles are:

- A focus on health equity and decreasing racial and ethnic disparities;
- Addressing social determinants of health; and
- Using an integrated data-driven approach to identify quality improvement opportunities and improve outcomes.

## 8. Dual Eligible Special Needs Plans (D-SNPs):

Board members will recall a presentation by Dave Schneider, Health Management Associates, several meetings ago on this topic. Recall that dual eligibles are individuals who have Medicare and Medicaid coverage. Michigan will be procuring D-SNPs across the state in the near future. Meanwhile, the Kaiser Family Foundation (KFF) has published the result of research with a report entitled [10 Things to Know About Medicare Advantage Dual-Eligible Special Needs Plans \(D-SNPs\)](#). "Prior KFF research has described the complex landscape of coverage options available to dual-eligible individuals when enrolling in Medicare and Medicaid. In 2023, 5.2 million dual-eligible individuals were enrolled in a Medicare Advantage plan designed specifically for dual-eligible individuals, known as Dual-Eligible Special Needs Plans (D-SNPs). D-SNPs are required to provide greater coordination of Medicare and Medicaid benefits than other Medicare Advantage plans to improve coordination across programs and patient outcomes. D-SNPs typically provide benefits not otherwise available in traditional Medicare and generally do not charge a premium. This brief highlights 10 things to know about D-SNPs, including national and state enrollment trends, plan availability, insurer participation, benefits, and prior authorization rates and denials.

1. About 3 in 10 (29%) dual-eligible individuals enrolled in D-SNPs in 2021.
2. The share of dual-eligible individuals enrolled in D-SNPs varies by state, ranging from 5% (Nevada) to 58% (Hawaii) in 2021.
3. Within states, the share of dual-eligible individuals enrolled in a D-SNP varied across counties in 2021.
4. More than 9 in 10 dual-eligible individuals (92%) lived in a county that offered at least one D-SNP in 2022.
5. The average dual-eligible individual could choose from 10 D-SNPs in 2022.
6. About half (52%) of D-SNP enrollees were in UnitedHealthcare or Humana plans in 2023.
7. Every major insurer increased the number of D-SNP offerings between 2018 and 2024.
8. D-SNPs are more likely than other Medicare Advantage plans to offer some extra benefits such as over the counter benefits and meal benefits.
9. In 2021, dual-eligible individuals enrolled in a plan in a D-SNP-only contract were subject to one prior authorization request, on average.
10. Despite fewer prior authorizations in D-SNP-only plans compared to all Medicare Advantage plans, the rate of denials was twice as high."

## 9. Adult Foster Care Licensing Update:

Excerpted from Michigan Assisted Living Association (MALA): The Michigan Department of Licensing and Regulatory Affairs (LARA) has initiated the process for revising the adult foster care (AFC) licensing rules.

This revision will combine the AFC licensing rules into a single rule set for the different categories of AFC homes.

In its request for rulemaking, LARA includes the following statement:

“The current rule set will be rescinded and recodified into a single new rule set for licensing Adult Foster Care Facilities that will comport with today’s practice standards, harmonize them with current federal law and regulations, and to reflect the current organization of state licensing functions.”

LARA plans to obtain input from MALA and other stakeholders regarding the single rule set prior to holding the required public hearing. In the formal request for rulemaking, LARA provides an estimated time frame of 12 months to finalize the single rule set for the AFC licensing rules.

**10. FY 25 Governor’s Budget Recommendation: (Excerpted from CMH Association materials)**

Governor Whitmer presented her [FY 25 Executive Budget recommendations](#) earlier this month. The Community Mental Health Association has published its analysis of the budget. Please see Association communications for details. There is a long way to go in the FY 25 budget process, however, I’d like to highlight a few of the more directly impactful recommendations for our industry:

“The Executive Budget continues to invest in supports and services to residents with behavioral health needs. It includes additional funding to increase access to behavioral health services through direct program capacity enhancements, a managed care rate increase for behavioral health services, incentives to build a pipeline of qualified providers, and ongoing resource support for current tools used to support people experiencing behavioral health crises. Major investments include:

- \$193.3 million to expand Michigan’s Certified Community Behavioral Health Clinics (CCBHC) demonstration program (\$35.6 million general fund). Funds will be used to support new CCBHC sites and establish more sophisticated oversight and monitoring for the Medicaid CCBHC system.
- \$36.1 million to increase rates for behavioral health services provided through Medicaid health plans (\$10.2 million general fund). This proposal brings parity in reimbursement rates for behavioral health services paid through Medicaid health plan contracts to improve access to needed supports for Medicaid enrollees.
- \$8.3 million to establish Medicaid reimbursement for peer provided substance use disorder services (\$2.5 million general fund). Peer recovery specialists will be reimbursed for services provided in a hospital setting.
- \$7.3 million for the Michigan Crisis and Access Line (MiCAL) (\$8.3 million general fund) to ensure structural ongoing support for services currently provided to individuals experiencing behavioral health crises. Funding will ensure access to text and chat functionality, from a Michigan-based provider, 24 hours a day, seven days a week.
- \$4 million to enhance gambling prevention and treatment services (state restricted revenue). Funding will support residential gambling treatment, recovery support services, youth education and prevention services, research and evaluation, provider training, a media campaign, and the problem gambling hotline.

- \$3 million for behavioral health workforce supports (one-time, federal fund) to be allocated to Michigan’s public universities to fund scholarships and internship programs to attract and support people interested in training to become behavioral health providers.
- \$10 million to launch a new nurse incentive program to recruit and retain staff (one-time, general fund). This investment provides \$5 million to support nurses who work in state operated facilities and \$5 million to support nurses who work in non-state operated facilities. “

## FEDERAL/NATIONAL ACTIVITIES

### **11. Federal SUD Confidentiality regulations:**

The Substance Abuse and Mental Health Services Administration (SAMHSA) and the Health and Human Services (HHS) Office for Civil Rights (OCR) have “finalized modifications to the Confidentiality of Substance Use Disorder (SUD) Patient Records regulations at 42 CFR part 2 (“Part 2”), which protect the privacy of patients’ SUD treatment records. Specifically, the final rule increases coordination among providers treating patients for SUDs, strengthens confidentiality protections through civil enforcement, and enhances integration of behavioral health information with other medical records to improve patient health outcomes.” The National Council also reports that “In accordance with the bipartisan CARES Act, the final rule helps to bring Part 2 into alignment with the Health Insurance Portability and Accountability Act (HIPAA). The final rule permits use and disclosure of Part 2 records from a single patient consent for all future uses and disclosures for treatment, payment, and health care operations. The rule also aligns Part 2 patient notice requirements with requirements under HIPAA, permits redisclosure of Part 2 records by HIPAA covered entities and business associates in accordance with HIPAA, with certain exceptions, and establishes HHS enforcement authority, inclusive of penalties for Part 2 violations.” The [final rule is available at this link](#). Also read [To read a fact sheet from the federal government here](#).

### **12. Social Determinants of Health – Health and Housing:**

Health Affairs notes that “the [February 2024 issue is devoted to exploring the complex relationship between housing and health](#). Coauthors open the issue with an overview that explores how neighborhoods affect health and health inequities and discusses policies that promote equity, which is followed by an overview discussing how homelessness affects health and how the health sector can respond.”

### **13. Adolescent Access to Behavioral Health Care:**

The Kaiser Family Foundation (KFF) has published an informational piece entitled *Roughly 1 in 5 Adolescents Report Experiencing Symptoms of Anxiety or Depression: Although Some Are Getting Mental Health Care, Many Teenagers Say They Are Not Receiving the Therapy They Need*.

- Data from the recently released Teen National Health Interview Survey from July 2021 to December 2022, reveals that 21% of adolescents ages 12-17 report experiencing symptoms of anxiety in the past two weeks, and 17% said they had symptoms of depression.
- Female adolescents were more than twice as likely as their male peers to report feelings of anxiety (31% vs. 12%) and depression (25% vs. 10%) during the survey period. Rates were highest among LGBT+ adolescents, with 43% reporting symptoms of anxiety and 37% saying they had symptoms of depression.

- While some teens are getting mental health care, a significant share say they are not receiving the therapy they need due to costs, fear of what others will think, and/or not knowing how to get help.
- The analysis also examines data on the rates of adolescent drug overdoses, suicide and self-harm, by race/ethnicity and sex. It also examines access to therapy and the share of adolescents who report negative experiences, such as bullying.

Among the other key takeaways from KFF's analysis:

- Although some adolescents received mental health care, 20% reported not receiving the mental health therapy they needed because of cost, fear of what others would think, and/or because they didn't know how to get help. This lack of needed therapy or counseling was more pronounced among female (32%) and LGBT+ adolescents (38%).
- Deaths due to drug overdose among adolescents have more than doubled in recent years -- fueled by the rise of the synthetic opioid fentanyl -- increasing from 253 deaths in 2018 to 722 deaths in 2022. The largest increases in these overdose deaths were among Hispanic and Black adolescents.
- Ninety-two percent of adolescents reported at least two hours of weekday screen time not associated with schoolwork. Research has found that social media use may be associated with poor well-being among youth, with a higher risk of depression for female adolescents.
- Many adolescents reported enduring negative experiences such as bullying (34%), emotional abuse by a parent (17%), and neighborhood violence (15%) in 2021 and 2022, all of which can influence mental health."

#### **14. SAMHSA Final Rule on Medications for Treatment of Opioid Use Disorder:**

Excerpted from the National Council release: SAMHSA has issued its [final rule](#) to permanently allow Opioid Treatment Programs (OTPs) to prescribe buprenorphine through telehealth without an in-person visit, if the provider determines adequate evaluation can be done through an audio-visual telehealth platform. The National Council submitted comment on this proposal last year and below are highlights in the rule as finalized.

- Expands the definition of "qualifying practitioner" to "a health care professional who is appropriately licensed by a State to prescribe and/or dispense medications for opioid use disorders and, as a result, is authorized to practice within an OTP.."
- Allows more flexibility to offer clients take-home doses of methadone, up to seven days for people who have been in treatment for at least two weeks and up to 14 doses for people who have been in treatment for at least 15 days.
- Removes the requirement for people to have had an addiction to opioids for at least one year prior to admission to an OTP for medications for the treatment of opioid use disorder.

SAMHSA recognized a) the many pathways to expanding treatment and finalized its proposal to facilitate delivery of comprehensive services in mobile units and b) the role that language plays in perpetuating stigma and made updates accordingly and is committed to taking steps to use person-centered and inclusive language.

The effective date of this final rule is April 2, 2024, and the compliance date is April 2, 2026. Please note that this final rule does not apply more broadly to prescribing outside of OTPs and the National Council expects the Drug Enforcement Administration to issue final regulations relating to virtual prescribing for controlled substances later this year.

**15. Federal Poverty Level Standards Updated:**

On January 24, the Centers for Medicare and Medicaid Services (CMS) released updated 2024 Federal Poverty Level Standards. The [update can be found at this link](#). Federal poverty level standards are used in many income eligibility programs at the federal and state level, and are also used in regional sliding fee schedules.

**16. Medicaid: What to watch in 2024**

The Kaiser Family Foundation (KFF) has published an issue brief entitled [Medicaid: What to Watch in 2024](#). "As the start of 2024, many issues are at play that will affect Medicaid coverage, financing, and access. Medicaid may not be a major issue in the presidential election, but debate about repeal and replace of the Affordable Care Act (ACA), Medicaid work requirements, and federal financing for Medicaid could emerge as national election issues. In addition, as a major source of coverage, Medicaid may underpin larger 2024 election issues. At the same time, many states have seen revenues decline recently, which could increase pressure to reduce spending in Medicaid and other programs. This issue brief provides context for these Medicaid issues and highlights key issues to watch in the year ahead.

Unwinding of the Continuous Enrollment Provision

The unwinding of the continuous enrollment provision will be the dominant Medicaid policy issue in 2024. [Policies](#) put in place to pause Medicaid disenrollments during the pandemic ended on March 31, 2023. At the start of the unwinding period, in April 2023, Medicaid enrollment peaked at 94.5 million, an increase of 23 million or 32 percent from before the pandemic. As of the end of January 2024, states have reported renewal outcomes for half of all enrollees, including 34% (32.1 million) who have had their coverage renewed and 17% (16.2 million) who have been disenrolled. The share of disenrollments occurring for procedural or paperwork reasons remains high in many states, and amid growing concern over loss of Medicaid coverage for children. Overall, the Medicaid enrollment has declined by nearly 10% across states since the start of unwinding in each state, with rates ranging from 32% in Idaho to 1% in Maine.

Medicaid Coverage and Access Expansions

At the start of state legislative sessions, several non-expansion states may consider proposals to adopt the ACA Medicaid expansion. While some states may be debating expansion, former President Trump announced he would renew efforts to replace the ACA if elected, which could result in reduced Medicaid coverage and financing.

Other state and federal policies may expand coverage for certain groups. In addition to policies to expand coverage, there is likely to be a continued effort to help ensure access to services in Medicaid.

Social Determinants of Health and Re-Entry

States and the Administration are implementing strategies to leverage Medicaid to address social determinants of health (SDOH). To expand opportunities for states to use Medicaid to address health-related social needs (HRSN) such as housing instability and nutrition insecurity, CMS announced new flexibilities available to states through managed care and through Section 1115 demonstration waivers. New CMS guidance accompanies the Administration's release of the US Playbook to Address Social Determinants of Health.

### Workforce Challenges in Long Term Services and Supports and Behavioral Health

Federal and state governments are responding to increased workforce shortages and unmet needs among people who use long-term services and supports (LTSS). Lack of an adequate workforce to meet increasing demands for mental health and substance use disorder services is likely to persist in 2024. States are working to expand Medicaid access to behavioral health services through efforts to build out the behavioral health continuum of care, integrate physical health and behavioral health services, implement mobile crisis services, and expand behavioral health services in schools. However, access depends on the availability of a mix of services and the capacity of the behavioral health workforce.

### Medicaid Financing

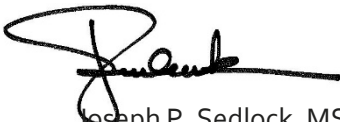
Slowing state revenue growth could have implications for Medicaid policy and spending. Consequently, economic factors that affect state revenues including inflation, supply chain issues, labor force participation rates, and changes in the stock market have fiscal implications for states. As state legislatures develop FY 2025 budgets, they face declining revenues and the expiration of pandemic-era supports from the federal government, that could limit Medicaid investments or prompt proposals to cut Medicaid spending to help maintain balanced budgets.

### What to Watch

The issues identified in this policy watch could have major implications for Medicaid coverage, financing, and access. As these issues play out, the following key questions will be at the forefront:

- Who will win the presidency and control Congress, which will have major implications for Medicaid policy going forward?
- How will the Medicaid unwinding affect Medicaid enrollment and changes in coverage, including increases in the number of people who are uninsured?
- Will states adopt Medicaid coverage expansions in 2024, including Medicaid expansion or multi-year continuous eligibility for children?
- How many states will advance new initiatives to use Medicaid to address health-related social needs or facilitate transitions from incarceration in 2024?
- How will federal and state efforts to address workforce shortages for LTSS and behavioral health evolve in 2024?
- How will state fiscal conditions and broader economic factors affect Medicaid spending as well as state and federal Medicaid policy?"

Submitted by:



Joseph P. Sedlock, MSA  
Chief Executive Officer  
Finalized: 02/22/2024

### Attachments:

- MSHN Michigan Legislative Tracking Summary
- MCHE Visualization Portfolio (December 2023)



Compiled and tracked by Sherry Kletke

Below is a list of Legislative Bills MSHN is currently tracking and their status as of February 20, 2024:

BILL #	TITLE/INTRODUCER/DESCRIPTION	STATUS
HB 4131	Health Insurers (Liberati) Modifies coverage for health care services provided through telemedicine.	Committee Hearing in Senate Health Policy Committee (2/7/2024)
HB 4169	Occupational Therapists (Rogers) Enacts occupational therapy licensure compact.	Reported in House (10/12/2023; With substitute H-1; By Health Policy Committee)
HB 4170	Occupational Therapists (Wozniak) Modifies licensure process for occupational therapists to incorporate occupational therapy licensure compact.	Reported in House (10/12/2023; With substitute H-1; By Health Policy Committee)
HB 4213	Telemedicine (Morse) Provides definition of distant site for a telemedicine visit.	Committee Hearing in Senate Health Policy Committee (2/7/2024)
HB 4498	Disabilities Discrimination (Bierlein) Requires pre-suit notice of civil actions under the persons with disabilities civil rights act and provides an opportunity to comply.	Introduced (5/2/2023; To Judiciary Committee)
HB 4523	Mental Health Court (Hope) Modifies violent offender eligibility for mental health court.	Reported in Senate (2/15/2024; S-1 substitute adopted; By Civil Rights, Judiciary and Public Safety Committee)
HB 4524	Drug Treatment Courts (Andrews) Modifies termination procedure for drug treatment courts.	Reported in Senate (2/15/2024; By Civil Rights, Judiciary and Public Safety Committee)
HB 4525	Drug Treatment Court (Filler) Modifies violent offender eligibility for drug treatment court.	Reported in Senate (2/15/2024; S-1 substitute adopted; By Civil Rights, Judiciary and Public Safety Committee)
HB 4576	Behavioral Health Services (VanderWall) Provides specialty integrated plan for in behavioral health services.	Introduced (5/16/2023; To Health Policy Committee)
HB 4577	Mental Health (VanderWall) Provides updates regarding the transition from specialty prepaid inpatient health plans to specialty integration plans.	Introduced (5/16/2023; To Health Policy Committee)
HB 4690	Substance Abuse (Coffia) Modifies notice of a defendant's right to secular substance abuse disorder treatment.	Committee Hearing in House Judiciary Committee (6/21/2023)
HB 4693	Open Meetings (Fitzgerald) Allows nonelected and noncompensated public bodies to meet remotely.	Introduced (5/30/2023; To Local Government and Municipal Finance Committee)

BILL #	TITLE/INTRODUCER/DESCRIPTION	STATUS
HB 4707	Health Insurers (Brabec) Modifies coverage for intermediate and outpatient care for substance use disorder.	Advanced to Third Reading in House (10/24/2023)
HB 4745	Mental Health (BeGole) Expands petition for access to assisted outpatient treatment to additional health providers.	Introduced (6/14/2023; To Health Policy Committee)
HB 4746	Mental Health (Steele) Provides outpatient treatment for misdemeanor offenders with mental health issues.	Introduced (6/14/2023; To Health Policy Committee)
HB 4747	Mental Health (Kuhn) Expands hospital evaluations for assisted outpatient treatment.	Introduced (6/14/2023; To Health Policy Committee)
HB 4748	Mental Health (Tisdell) Allows use of mediation as a first step in dispute resolution.	Introduced (6/14/2023; To Health Policy Committee)
HB 4749	Community Mental Health (Harris) Provides community mental health oversight of competency exams for defendants charged with misdemeanors.	Introduced (6/14/2023; To Health Policy Committee)
HB 4769	Gender Neutral References (Coffia) Makes certain references in the mental health code gender neutral.	Introduced (6/15/2023; To Government Operations Committee)
HB 4817	Open Meetings (Carter, B.) Modifies procedures for electronic meetings of public bodies.	Introduced (6/15/2023; To Local Government and Municipal Finance Committee)
HB 4841	Adult Foster Care (Young) Provides for enhanced standards on adult foster care facilities.	Committee Hearing in House Families, Children and Seniors Committee (9/19/2023)
HB 5077	Naloxone (VanderWall) Provides distribution of naloxone under the administration of opioid antagonist act to any individual.	Committee Hearing in House Health Policy Behavioral Health Subcommittee (10/26/2023)
HB 5078	Controlled Substances (Rheingans) Provides distribution of opioid antagonists by employees and agents of agencies under the administration of opioid antagonists act.	Committee Hearing in House Health Policy Behavioral Health Subcommittee (10/26/2023)
HB 5087	Liquor Licenses (Markkanen) Provides on-premises liquor license for certain veteran-based community organizations and eliminates local population restrictions.	Introduced (10/4/2023; To Regulatory Reform Committee)
HB 5114	Mental Health Professionals (Rheingans) Expands definition of mental health professional to include physician assistants, certified nurse practitioners, and clinical nurse specialists-	Committee Hearing in House Health Policy Behavioral Health Subcommittee (1/25/2024)



BILL #	TITLE/INTRODUCER/DESCRIPTION	STATUS
	certified, and allows them to perform certain examinations.	
HB 5128	Controlled Substances (Skaggs) Modifies crime of manufacturing, delivering, or possession of with intent to deliver heroin or fentanyl to reflect changes in sentencing guidelines.	Introduced (10/12/2023; To Criminal Justice Committee)
HB 5129	Controlled Substances (Wilson) Allows probation for certain major controlled substances offenses.	Introduced (10/12/2023; To Criminal Justice Committee)
HB 5130	Controlled Substances (Filler) Amends sentencing guidelines for delivering, manufacturing, or possessing with intent to deliver heroin or fentanyl.	Introduced (10/12/2023; To Criminal Justice Committee)
HB 5184	Social Workers (Brabec) Modifies social work licensure requirements and includes licensure for licensed clinical social workers.	Committee Hearing in House Health Policy Behavioral Health Subcommittee (11/9/2023)
HB 5185	Social Workers (Edwards) Modifies social work licensure requirements and includes licensure for licensed clinical social workers.	Committee Hearing in House Health Policy Behavioral Health Subcommittee (11/9/2023)
HB 5276	Mental Health (Conlin) Establishes office of mental health within the Michigan department of military and veterans affairs.	Introduced (10/26/2023; To Military, Veterans and Homeland Security Committee)
HB 5277	Mental Health (Morse) Establishes office of mental health within the Michigan veterans affairs agency.	Introduced (10/26/2023; To Military, Veterans and Homeland Security Committee)
HB 5278	Mental Health (Bezotte) Establishes veteran service officer mental health training program.	Introduced (10/26/2023; To Military, Veterans and Homeland Security Committee)
HB 5279	Mental Health (Brabec) Establishes office of mental health peer mentorship program within the Michigan department of military and veterans affairs.	Introduced (10/26/2023; To Military, Veterans and Homeland Security Committee)
HB 5280	Mental Health (Bruck) Establishes Michigan azimuth bridge program for transitioning military service members' mental health.	Introduced (10/26/2023; To Military, Veterans and Homeland Security Committee)
HB 5343	Mental Health Professionals (Arbit) Requires insurance providers to panel a mental health provider within a certain time period of application process.	Committee Hearing in House Health Policy Committee (2/6/2024)

BILL #	TITLE/INTRODUCER/DESCRIPTION	STATUS
HB 5344	Health Benefits (Brabec) Requires nonprofit health care corporation to panel a mental health provider within a certain time period of the application process.	Committee Hearing in House Health Policy Committee (2/6/2024)
HB 5345	Mental Health Parity (Arbit) Provides mental health parity and addiction equity compliance.	Committee Hearing in House Health Policy Committee (2/6/2024)
HB 5346	Mental Health Parity (Coffia) Requires certain annual reports of health insurers relating to mental health parity.	Committee Hearing in House Health Policy Committee (2/6/2024)
HB 5347	Health Insurers (Mentzer) Requires certain annual reports of nonprofit health care corporations.	Committee Hearing in House Health Policy Committee (2/6/2024)
HB 5371	Behavioral Health Clinics (Brabec) Provides certification and funding for certified community behavioral health clinics.	Committee Hearing in House Health Policy Committee (2/6/2024)
HB 5372	Behavioral Health Clinics (Green) Provides certification for certified community behavioral health clinics.	Committee Hearing in House Health Policy Committee (2/6/2024)
SB 27	Health Insurance (Anthony) Provides equitable coverage for behavioral health and substance use disorder treatment.	Committee Hearing in House Insurance and Financial Services Committee (11/9/2023--Canceled)
SB 28	Mental Health (Anthony) Expands definition of restraint.	Introduced (1/18/2023; To Health Policy Committee)
SB 57	Drug Paraphernalia (Chang) Prohibits sale of nitrous oxide devices.	Committee Hearing in House Health Policy Committee (2/6/2024)
SB 58	Drug Paraphernalia (Bellino) Prohibits sale of nitrous oxide devices.	Committee Hearing in House Health Policy Committee (2/6/2024)
SB 227	Child Protection (Lauwers) Modifies emergency safety intervention in a children's therapeutic group home.	Defeated in House (1/17/2024; 52-52; Bill earlier returned from the Senate as requested and earlier vote to pass reconsidered with floor substitute H-1 adopted.)
SB 399	Mental Health (Bellino) Modifies competitive grant program.	Introduced (6/21/2023; To Appropriations Committee)
SB 499	Controlled Substances (Irwin) Exempts conduct associated with entheogenic plants and fungi from criminal penalties in certain circumstances.	Introduced (9/14/2023; To Regulatory Affairs Committee)
SB 540	Veterans (Hertel, K.) Creates Michigan veterans coalition grant program.	Introduced (10/3/2023; To Veterans and Emergency Services Committee)

BILL #	TITLE/INTRODUCER/DESCRIPTION	STATUS
SB 541	Veterans (Hauck) Creates Michigan veterans coalition fund.	Introduced (10/3/2023; To Veterans and Emergency Services Committee)
SB 542	Controlled Substances (Hertel, K.) Allows choice of formulation, dosage, and route of administration for opioid antagonists by certain persons and governmental entities if department of health and human services distributes opioid antagonists free of charge.	Introduced (10/3/2023; To Health Policy Committee)
SB 546	Liquor Licenses (Hauck) Modifies license to sell alcoholic liquor for consumption on the premises of a certain conference centers.	Introduced (10/3/2023; To Regulatory Affairs Committee)
SB 574	Veteran Benefits (Singh) Creates Tricare premium reimbursement program.	Introduced (10/10/2023; To Appropriations Committee)
SB 641	Open Meetings (McBroom) Revises provisions of open meetings act relating to virtual attendance and participation of members of public bodies at public meetings.	Introduced (11/7/2023; To Oversight Committee)
SB 647	Tobacco Products (Shink) Eliminates preemption of local ordinances pertaining to the sale of tobacco products or the licensure of distributors.	Introduced (11/9/2023; To Regulatory Affairs Committee)
SB 648	Tobacco Products (Chang) Creates excise tax on e-cigarettes and certain other tobacco products.	Introduced (11/9/2023; To Regulatory Affairs Committee)
SB 649	Tobacco Products (Cherry) Prohibits advertising for sale, displaying for sale, marketing, or selling a nicotine or tobacco product that has characterizing flavor.	Introduced (11/9/2023; To Regulatory Affairs Committee)
SB 650	Tobacco (Cherry) Revises reference to 1915 PA 31 in the age of majority act of 1971.	Introduced (11/9/2023; To Regulatory Affairs Committee)
SB 651	Tobacco Products (Singh) Requires license to sell a nicotine or tobacco product at retail.	Introduced (11/9/2023; To Regulatory Affairs Committee)
SB 652	Tobacco (Singh) Revises reference to 1915 PA 31 in the age of majority act of 1971.	Introduced (11/9/2023; To Regulatory Affairs Committee)
SB 653	Tobacco (Cavanagh) Revises reference to 1915 PA 31 in the age of majority act of 1971.	Introduced (11/9/2023; To Regulatory Affairs Committee)
SB 654	Youth Tobacco Act (Wojno) Sunsets criminal penalties and civil sanctions for minors that purchase, possess, or use	Introduced (11/9/2023; To Regulatory Affairs Committee)

BILL #	TITLE/INTRODUCER/DESCRIPTION	STATUS
	tobacco products, vapor products, or alternative nicotine products.	
SB 695	Adult Foster Care (Singh) Modifies definitions and licensing provisions under adult foster care facility licensing act.	Committee Hearing in Senate Oversight Committee (2/7/2024)
HCR 5	Psychological Trauma (Conlin) A concurrent resolution to urge the United States Congress, Department of Defense, and Department of Veterans Affairs to prioritize research and investment in non-technology treatment options for servicemembers and veterans who have psychological trauma as a result of military service.	Passed in Senate (9/7/2023; Voice Vote)



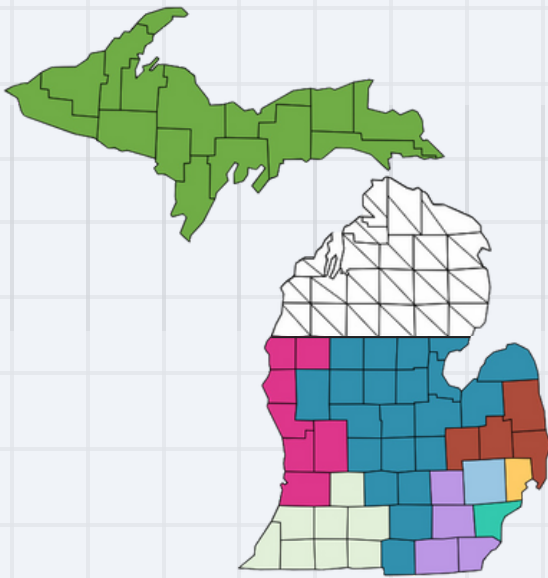
# **MCHE VISUALIZATION PORTFOLIO**


# MICHIGAN CONSORTIUM

## FOR

# HEALTHCARE EXCELLENCE

The Michigan Consortium for Healthcare Excellence (MCHE) is the primary association representing nine of the ten Michigan Prepaid Inpatient Health Plans (PIHPs). Their mission is to improve the health and welfare of the state's youth, adults, families, and others associated with behavioral health and related issues through the promotion of prevention, treatment, and recovery services provided in local communities.



<b>REGION 1</b>	<b>NORTHCARE NETWORK</b>	<b>REGION 7</b>	<b>DETROIT WAYNE INTEGRATED HEALTH NETWORK</b>
<b>REGION 3</b>	<b>LAKESHORE REGIONAL ENTITY</b>	<b>REGION 8</b>	<b>OAKLAND COMMUNITY HEALTH NETWORK</b>
<b>REGION 4</b>	<b>SOUTHWEST MICHIGAN BEHAVIORAL HEALTH</b>	<b>REGION 9</b>	<b>MACOMB COUNTY</b>
<b>REGION 5</b>	<b>MID-STATE HEALTH NETWORK</b>	<b>REGION 10</b>	<b>REGION 10 PIHP</b>
<b>REGION 6</b>	<b>COMMUNITY MENTAL HEALTH PARTNERSHIP FOR SOUTHWEST MICHIGAN</b>		<b>NOT REPRESENTED BY MCHE</b>

# BENEFITS OF PUBLIC BEHAVIORAL HEALTH

1

## MINIMAL ADMINISTRATIVE COSTS

Managing taxpayer resources means keeping administrative costs low, including CEO and executive compensation, to maximize the amount of money available for services. PIHPs focus on effectively managing administrative dollars for functions such as quality, technology, human resources, etc.

2

## CARE COORDINATION

People served are at the center of care and coordination of services. In addition to years of experience coordinating behavioral health and physical care needs, PIHPs understand social determinants of health, such as food security, housing, safety, employment, and transportation.

3

## EASE OF ACCESS

Many services are delivered in the community where people live, learn, and work, including in homes, schools, local providers, jails, etc. PIHPs and their provider networks have long-standing partnerships with law enforcement, child welfare, other social services, and local hospitals to better care for individuals. These key partnerships ensure that people have the best opportunities to seek and receive needed supports for behavioral health.

4

## RE-INVESTMENT & COMMUNITY ENGAGEMENT

PIHPs are directed by a board of engaged community members, composed of representatives from people served and family members, county commissioners, legislators, and community stakeholders. Since PIHPs are not focused on profits, money is reinvested into services in local communities at their board's direction.

5

## INNOVATION

PIHPs are dedicated to ensuring that people who are eligible receive the necessary supports and services. This has led to the adoption of innovative programs like Certified Community Behavioral Health Clinics, behavioral health and opioid health homes, mental health and drug courts, police co-responders, jail diversion, crisis services, infant mental health, and school and veteran navigators.

6

## EFFECTIVE MANAGEMENT OF TAXPAYER RESOURCES

Each year, PIHPs receive money to provide crucial local services for people who need them. When there are increased demands for services, it comes from those allocated funds. PIHPs focus on funding effective services while maximizing resources for services to regional residents for their recovery and support. Budgets and spending is transparent and information is available for public review.

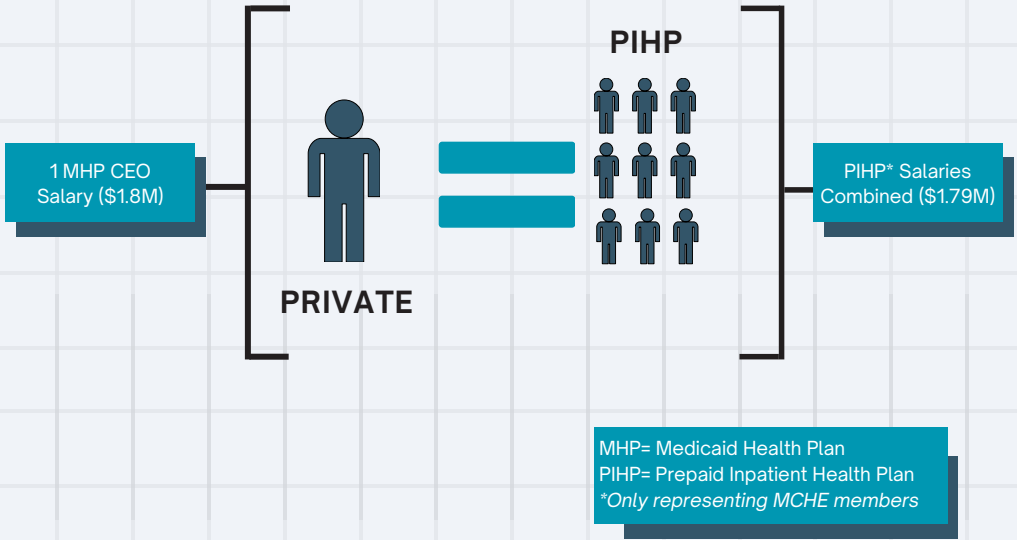
7

## PERSON CENTERED

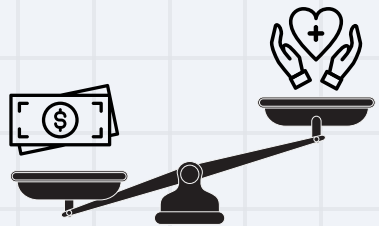
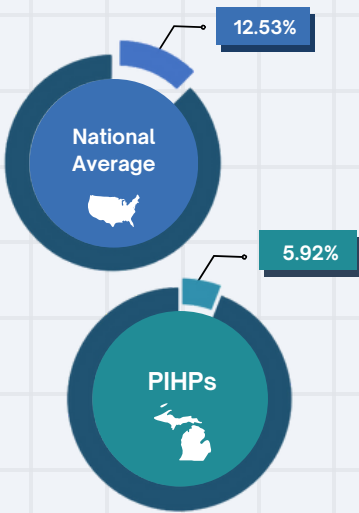
People receiving services, as well as their families and allies, directly participate in the development of their care plan. This allows the creation of an individualized care plan that reflects the needs and preferences of each person served.

# MINIMAL ADMINISTRATIVE COSTS

## COST OF PRIVATIZATION: SALARY COMPARISON



## ADMINISTRATIVE PERCENTAGES



Lower Costs = More Services

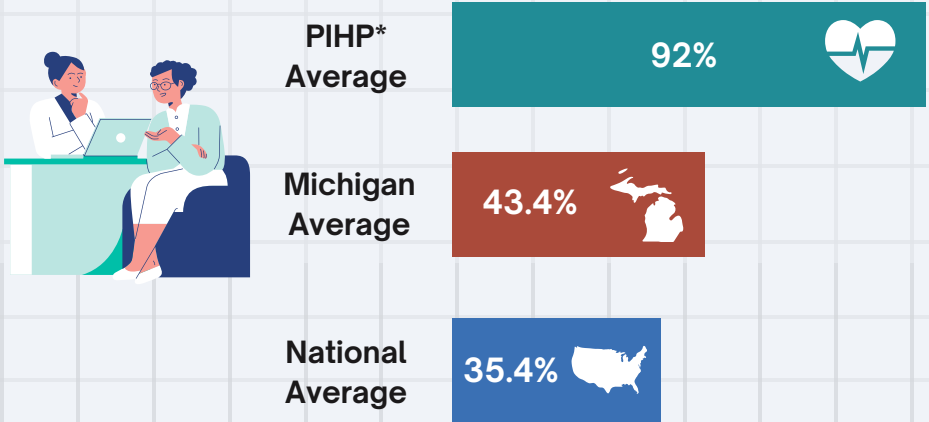
### SOURCES

1. 2021 990 Schedule J
2. PIHP FY21 Executive Salary Report
3. PIHP Info: 904 Reports for FY18, 19, 20, 21
4. Health Plan National Average: National Association of Insurance Commissioners 2020 Annual Report
5. Detroit Free Press 2021 Article, Blue Cross CEO earned \$11.5M cash in 2020 during COVID-19, a moderate dip from 2019

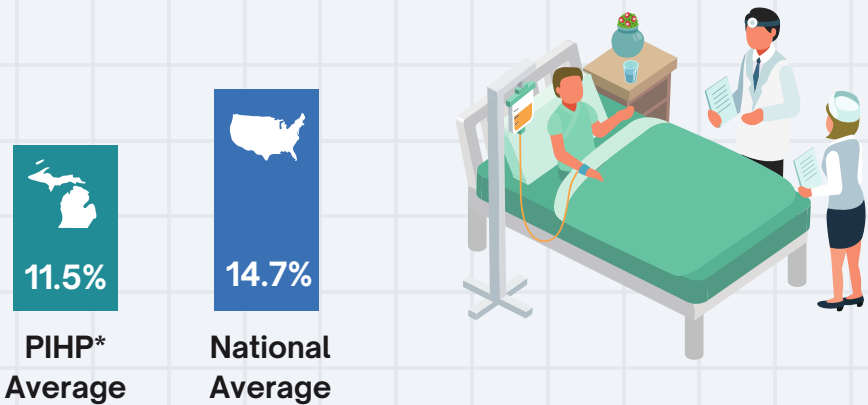


# CARE COORDINATION

## ADULTS RECEIVING FOLLOW-UP CARE WITHIN 7 DAYS OF DISCHARGE FROM PSYCHIATRIC UNIT



## ADULTS READMITTED TO AN INPATIENT PSYCHIATRIC UNIT WITHIN 30 DAYS OF DISCHARGE

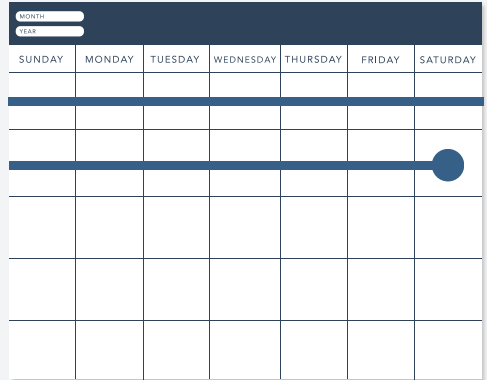
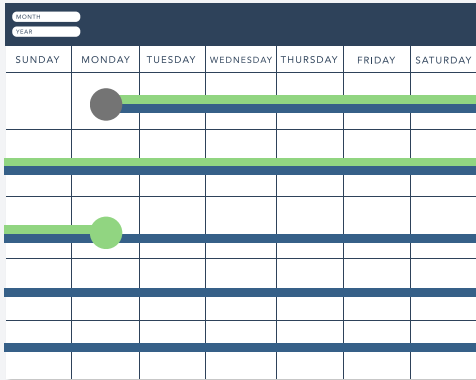
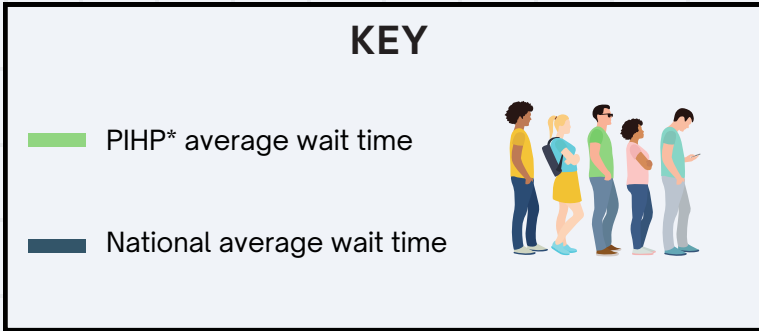



### SOURCES


1. MDHHS Performance Indicators FY23 - Q2 Report
  2. CMS's 2020 Impact of Hospital Readmissions Initiatives on Vulnerable Populations Report
  3. Medicaid Adult Health Care Quality Measures 2022 Adult Core Data Set
- \*Prepaid Inpatient Health Plan (PIHP)

# EASE OF ACCESS

## AVERAGE WAIT TIMES TO START ONGOING BEHAVIORAL HEALTH SERVICES



 Less than 14 Days

 48 Days

### SOURCES

1. MDHHS Performance Indicators FY23 - Q2 Report
  2. BH-TEDS
  3. National Council for Wellbeing - 2016 COHC Impact Report
- \*Prepaid Inpatient Health Plan (PIHP)

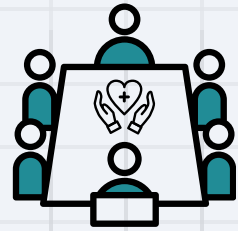
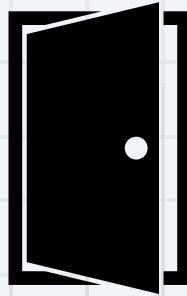
# RE-INVESTMENT & COMMUNITY ENGAGEMENT

## PIHP BOARD MEETINGS VS MHP BOARD MEETINGS

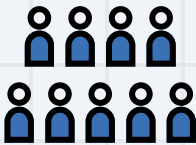
Prepaid Inpatient Health Plans (PIHPs) are governmental organizations that have local stakeholders on their boards and strive for transparency. People served, their families, and other community members comprise the board and do not receive compensation outside of a small stipend. All board meetings are open to the public, including the approval of budgets.



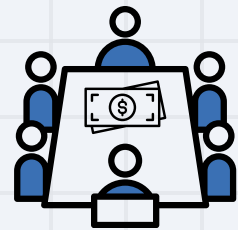
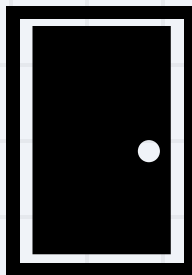
33% of Board Members are Required to be Primary and Secondary Consumers



For-profit Medicaid Health Plans are governed by boards of directors who are compensated business leaders and shareholders. Unlike PIHPs, their board meetings are closed to the public and their finances are not transparent to the people they serve.



0% of Board Members are Required to be Community Members

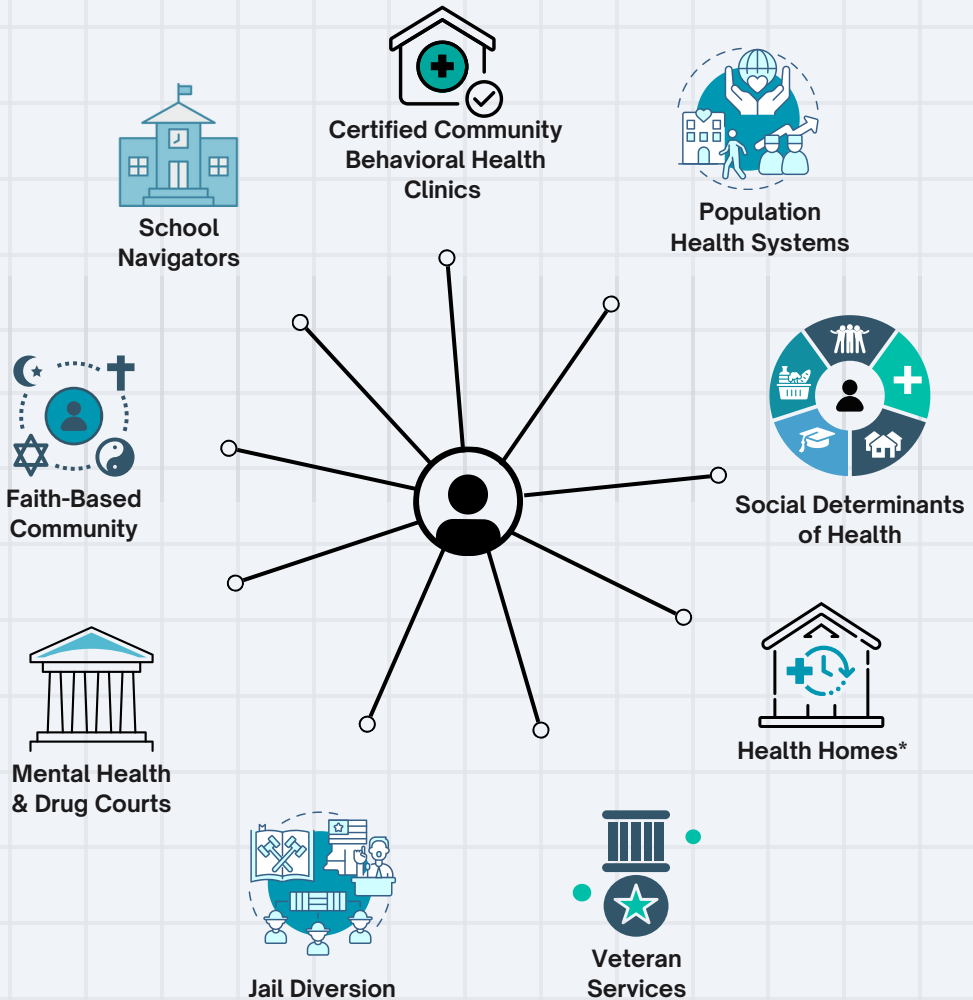


### SOURCES

1. Michigan Mental Health Code

# INNOVATION

## PREPAID INPATIENT HEALTH PLANS (PIHPS) HAVE STRONG COMMUNITY CONNECTIONS



### SOURCES

\*Opioid health homes, behavioral health homes, and substance use disorder health homes

# BEHAVIORAL HEALTH HOMES

## WHAT ARE BEHAVIORAL HEALTH HOMES?

An intensive care management program for Medicaid beneficiaries who have more intense needs and chronic health conditions. Health Homes address barriers to care such as the social determinants of health (e.g., housing, transportation, food assistance, employment assistance, etc) and provide enhanced access to service and supports and care coordination.



**Comprehensive Care Management and Care Coordination**



**Multidisciplinary team of primary care behavioral health, nurse care manager, and peer support providers**



**Referral to Community and Social Support Systems**



# MYTH VS FACT

## MYTH

In 2018, nine of Michigan's ten Prepaid Inpatient Health Plans (PIHPs) had structural deficits of nearly \$93M.



## FACT

In 2018, the structural deficit for PIHPs was \$68M.

For 2018-2021, PIHPs were required to return \$143M to the State of Michigan.

## MYTH

If Medicaid Health Plans (MHPs) were awarded behavioral health contracts, they would be required to contract with Community Mental Health Services Programs (CMHSPs).



## FACT

If public behavioral health is privatized, MHPs will only contract with community behavioral health entities if required by legislation.

CMHSPs are sometimes the only mental health provider in the community.

Health plans choose lesser-cost options when allowed; some of which are disconnected from local communities where people live.

## MYTH

Medicaid Health Plans (MHPs) can meet the needs of a unique population.



## FACT

MHPs made it clear they will only provide contractually obligated services.

The public behavioral health system connects people with services they need, including housing, jail services, transportation, and food security.

## SOURCES

1. Health Plan National Average: National Association of Insurance Commissioners 2021 Annual Report
2. State of Michigan Report for Section 904 FY21

# MYTH VS FACT

## MYTH

Michigan's Medicaid Health Plans (MHPs) have streamlined and coordinated physical health care.



## FACT

Health plans focus on physical health while PIHPs assist people with social determinants of health in addition to behavioral and physical health coordination.

People receiving public behavioral health system services are included in the development of their care plans.

## MYTH

Prepaid Inpatient Health Plans (PIHPs) are wasting taxpayers' money.



## FACT

People served and their families are represented on PIHPs Boards of Directors.

People provide input via annual needs assessments, Consumer Advisory, Recipient Rights Committees, etc.

Average PIHP CEO's salary is under \$200,00 while one MHP CEO salary is over \$1M annually.

## MYTH

The current behavioral health system is broken.



## FACT

Growing demands of the current public behavioral health system need a boost in funding to keep pace with inflation.

Private insurance companies may not cover the full array of behavioral health services even with the Mental Health parity laws enacted by Congress.

**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
- Deb McPeek-McFadden  
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 the Waiver Assistant position, due to a recent vacancy. Leah Hietala will be joining MSHN on March 4, 2024. Leah comes to MSHN with years of experience working in quality and compliance within the healthcare industry and has her Master of Healthcare Administration. This position supports the Home and Community Based Services department.

**Performance Bonus Incentive Award FY24**

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. Michigan Department of Health and Human Services (MDHHS) has reviewed the report and provided the consultative draft for our region's metric performance and results of the bonus dollars earned for the region. MSHN earned a total of \$5,521,205 in local funds with only \$211,646 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 – 80%
  - Lower FUH rate for African American/Black population with no change in disparity from CY22-CY21
- Follow-up after (FUA) Emergency Department visit for Alcohol and Other Drug Dependency within 30 days stratified by race/ethnicity – 67%
  - Lower FUH rate for African American/Black population but showed improvement in reducing the disparity from CY22-CY21
  - Reduced the disparity from CY22-CY21 for Hispanic population

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 includes use of peer recovery coaches trained in Project ASSERT (Alcohol and Substance Use Services, Education, and Referral to Treatment) embedded in hospital emergency departments to ensure follow up and connection to services after FUA. Under the direction of Skye Pletcher, Chief Population Health Officer, MSHN reviews the performance bonus measures quarterly and reports status throughout the region for individual Community Mental Health Service Program (CMHSP) improvement efforts. The regional data is also discussed with the MSHN Regional Equity Advisory Committee for Health (REACH). REACH members provide guidance and recommendations to MSHN, including identification of barriers faced by members of historically marginalized demographic groups and potential strategies to reduce/eliminate health disparities.



For the full report, see the link below: ***Performance Bonus Incentive Report FY23 – Consultation Draft and the Integrated Health Report FY23Q4.***

**Balanced Scorecard FY24 Measures Available**

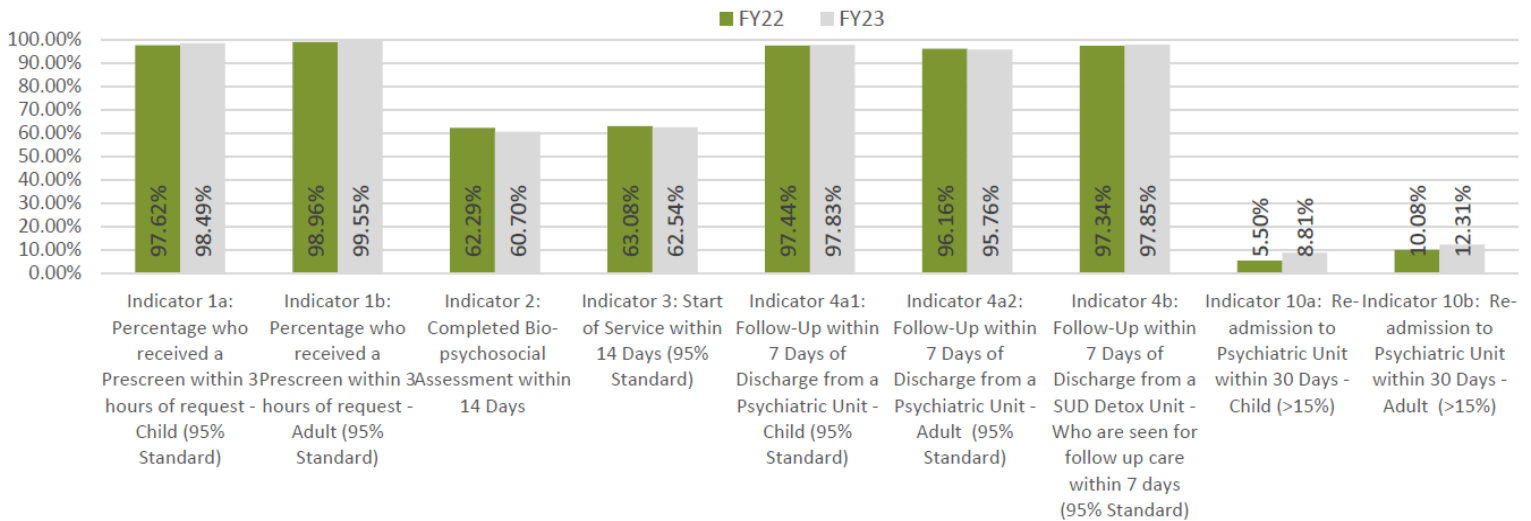
MSHN Leadership and the CMHSPs have developed and finalized the key performance indicators for FY24. The balanced scorecard is utilized by our region, categorized by council and committee groups. The measures are selected to support the strategic objectives included in MSHN’s FY24-FY25 Strategic Plan and specified requirements in the Michigan Department of Health and Human Services/Prepaid Inpatient Health Plan (MDHHS/PIHP) contract. The report includes Key Performance Indicators (KPIs) in all areas of the strategic priorities that include; Better Health, Better Care, Better Value, Better Provider Systems and Better Equity. In addition, there are new tabs to monitor the specific measures related to the Opioid Health Home and Behavioral Health Home.

For the full report, see the attached ***FY24 Balanced Scorecard Report.***

**Michigan Mission Based Performance Indicator System (MMBPIS)**

The most recently finalized MMBPIS PIHP Final Report FY23Q3 indicates that MSHN demonstrated performance above the State of Michigan for eight of the twelve indicators, performing in the top five for six of the twelve indicators. This is an increase from the previous quarter where MSHN performed above the State of Michigan and in the top five for seven of the twelve indicators. The report linked below provides more details related to each measure reported to MDHHS. In addition, barriers and interventions by CMHSPs are monitored and updated to ensure continuous improvement.

Figure 1. MSHN MMBPIS Cumulative Annual Performance Rate Comparison



For the full report, see the link below: ***Michigan Mission Based Performance Indicator System (MMBPIS) FY23 Performance Summary.***

**Substance Use Oversight Intergovernmental Agreement Update**

MSHN Substance Use Disorder (SUD) Oversight Policy Board (OPB) recently approved revisions to the SUD Intergovernmental Agreement. The agreement includes the roles and responsibilities of the SUD OPB, including the revenue distribution for the liquor tax funds from the twenty-one (21) counties with the MSHN region. In March, MSHN administration will be distributing the agreement to the county commissions for their approval, signature

and return. MSHN has offered our willingness to attend county meetings to explain the purpose of the agreement. The agreement is effective for three (3) years upon execution.

Submitted by:



Amanda L. Ittner

Finalized: 2.23.24

**Attachments:**

*FY24 Balanced Scorecard*

**Links to Reports:**

[Performance Bonus Incentive Report FY23 – Consultation Draft](#)

[Integrated Health Report FY23Q4](#)

[Michigan Mission Based Performance Indicator System \(MMBPIS\) FY23 Performance Summary](#)

**MSHN FY24- Board of Directors and Operations Council - Balanced Scorecard**

Key Performance Areas	Key Performance Indicators	Aligns with	Actual Value (%) as of December 2023	Target Value	Performance Level	Target Ranges		
BETTER HEALTH	Adherence to Antipsychotics for Individuals with Schizophrenia (SAA-AD) MSHN Ages 19-64	MDHHS PIHP Contract: Performance Bonus Measure	72%	Baseline year to set benchmark and target		TBD	TBD	TBD
	Percent of individuals who receive follow up care within 30 days after an emergency department visit for alcohol or drug use. (FUA)	MSHN Strategic Plan FY19-20; MDHHS/PIHP Contract, Integrated Health Performance Bonus Requirements		100%		>=28%	24%-27%	<=23%
	Increase network capacity for Medication Assisted Treatment	CONTINUE TO ADDRESS NETWORK CAPACITY FOR MEDICATION ASSISTED TREATMENT, INCLUDING AVAILABILITY OF METHADONE, VIVOTROL, AND SUBOXONE AT ALL MAT LOCATIONS. -	27 MAT sites	Increase MAT locations by 5% over FY20 (22)		>5%	No change	<5%
	The percentage of discharges for children who were hospitalized for treatment of selected mental illness or intentional self harm diagnosis and who had a follow up visit with a mental health provider within 30 days of discharge.(FUH)	HEDIS-NCQA		70%		>=70%	0	<70%
BETTER CARE	The percentage of Intensive Crisis Stabilization Service calls deployed in a timely manner.	Aligns with annual MDHHS reporting process and improving children/adolescent timely access to care.	91%	>=95%		95-100%	90-94%	<90%
	Engagement of AOD Treatment-Percentage who initiated treatment and who had 2 or more additional AOD services or medication treatment within 34 days of the initiation visit.	Aligns with best practices for assisting individuals to initiate services and engage in continuation of care.	Engagement: 29.75% (1-1-2023 thru 12-31-2023)	Above Michigan 2020 levels; E: 12.5% (2016)		Increase over National levels	No change from National levels	Drop below National levels
	Integrate MiCANS Assessment Tool into REMI (MDHHS soft start 10/1/2024)	MSHN ensures a consistent service array (benefit) across the region and improves access to specialty behavioral health and substance use disorder services in the region	0%	100%		75%	50%	25%
	Continuum of Care - Consumers moving from inpatient psychiatric hospitalization will show in next LOC within 7 days, and 2 additional appts within 30 days of first step-down visit. (Quarterly)	MSHN and its CMHSP participants will explore clinical process standardization, especially in the areas of access, emergency services, pre-admission screening, crisis response and inpatient stay management and discharge planning.	I: 38.12%; E: 20.46%	Increase over FY 2019 (I: 38.85%; E: 19.21%)		increase over 2019	No change from 2019 levels	Below 2019 levels
	The number of acute inpatient stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days. (Plan All Cause Readmissions)	MSHN Strategic Plan FY19-FY20, MSHN UM Plan; Measurement Portfolio NQF 1768	12.8%	<=15%		<=15%	16-25%	>25%
MSHN Administrative Budget Performance actual to budget (%)	MSHN Administrative Budget Performance actual to budget (%)	MSHN's board approved budget	97%	≥ 90%		≥ 90%	> 85% and < 90%	≤ 85% or >100%
	MSHN reserves (ISF)	RESERVE'S TARGET SUFFICIENT TO MEET FISCAL RISK RELATED TO DELIVERY OF MEDICALLY NECESSARY SERVICES AND TO COVER ITS MDHHS CONTRACTUAL LIABILITY.		7.5%		> 6%	≥ 5% and < 6%	< 5%
	Develop and implement Provider Incentives (VBP, ER FU, Integration)	MSHN will develop methodologies, within established rules, to incentivize providers to cooperate with the PIHP to improve health or other mutually agreeable outcomes.	3	2		2	1	0

**MSHN FY24- Board of Directors and Operations Council - Balanced Scorecard**

Key Performance Areas	Key Performance Indicators	Aligns with	Actual Value (%) as of December 2023	Target Value	Performance Level	Target Ranges		
						Green	Yellow	Red
BETTER VALUE	MSHN's Habilitation Supports Waiver slot utilization will demonstrate a consistent minimum or greater performance of 95% HSW slot utilization. (FYTD)	The MDHHS requirement of 95% slot utilization or greater.	94%	95% or greater	Yellow	95-100%	90-94%	<90%
	Consistent regional service benefit is achieved as demonstrated by the percent of outliers to level of care benefit packages	MSHN Strategic Plan FY21-22, Federal Parity Requirements		<= 5%	Grey	<=5%	6%-10%	>=11%
	Continuum of Care - Consumers moving from inpatient psychiatric hospitalization will show in next LOC within 7 days, and 2 additional appts within 30 days of first step-down visit. (Quarterly)	MSHN and its CMHSP participants will explore clinical process standardization, especially in the areas of access, emergency services, pre-admission screening, crisis response and inpatient stay management and discharge planning		Increase over FY 2019 (I: 38.85%; E: 19.21%)	Grey	increase over 2019	No change from 2019 levels	Below 2019 levels
	Reduction in number of visits to the emergency room for individuals in care coordination plans between the PIHP and MHP	MSHN Strategic Plan FY19-FY20, MDHHS/PIHP Contract, Integrated Health Performance Bonus Requirements		100%	Grey	>=75%	50%-74%	<50%
BETTER PROVIDER SYSTEMS	Percentage of consumers indicating satisfaction with LTSS (Annual Comprehensive Total)	NCI-Satisfaction Section		TBD	Grey	80%	75%-80%	75%
	Managed Care Information Systems (REMI) Enhancements	Patient Portal, BTPR, Critical incidents, EVV, etc.		4	Grey	3	2	1
	Providers demonstrate increased compliance with the MDHHS/MSHN Credentialing and Staff Qualification requirements. (SUD Network and CMHSP Network)	QAIP Goal; HSAG and MDHHS reviews		90%	Grey	>90%	70-89%	<70%
	Improve data availability (Foster Care/child Welfare, SDOH, Employment & Housing, Autism Reporting, etc.)	MSHN FY24-25 Strategic Plan - MSHN will increase regional use of information technology data systems to support population health management.		100%	Grey	75%	50%	25%
BETTER EQUITY	The disparity between the white population and at least one minority who initiated treatment (AOD) within 14 calendar days will be reduced. (IET-Initiation disparity)	MDHHS PIHP Contract: Performance Bonus Incentive Program		TBD	Grey	TBD	TBD	TBD
	The disparity between the white population and at least one minority group who engaged in treatment (AOD or MAT) within 34 calendar days will be reduced. (IET-Engagement disparity)	MDHHS PIHP Contract: Performance Bonus Incentive Program		TBD	Grey	TBD	TBD	TBD
	Will obtain/maintain no statistical significance in the rate of racial/ethnic disparities between the white and minority adults and children who receive follow-up care within 30 days following a psychiatric hospitalization (FUH)	MDHHS PIHP Contract: Performance Bonus Incentive Program		0	Grey	0	1	2
	PIP 1 - The racial disparities between the black/African American population and the white population will be reduced or eliminated without a decline in performance for the white population. (Yes=The disparity is not statistically lower than the White population and the index rate did not decrease)	EQR-PIP#1 Strategic Plan		Yes	Grey	Yes	No change	No

## MSHN FY24 - Opioid Health Home - Balanced Scorecard

Key Performance Areas	Key Performance Indicators	Aligns with	Actual Value (%) as of December 2023	Performance Level	Target Ranges		
<i>Please Note: * Indicates Pay for Performance Measure</i>							
BETTER CARE	Initiation of Alcohol and Other Drug Dependence Treatment within 14 days (IET 14)*	CMS Health Home Core Set (2023)					
BETTER CARE	Engagement of Alcohol and Other Drug Dependence Treatment within 34 days (IET 34)*	CMS Health Home Core Set (2023)					
BETTER CARE	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence within 7 days (FUA 7)*	CMS Health Home Core Set (2023)					
BETTER CARE	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence within 30 days (FUA 30)*	CMS Health Home Core Set (2023)					
BETTER CARE	Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries*	CMS					
BETTER HEALTH	Controlling High Blood Pressure (CBP)	CMS Health Home Core Set (2023)					
BETTER HEALTH	Screening for Depression and Follow-Up Plan (CDF)	CMS Health Home Core Set (2023)					
BETTER HEALTH	Colorectal Cancer Screening (COL)	CMS Health Home Core Set (2023)					
BETTER CARE	Follow-Up After Hospitalization for Mental Illness within 7 days (FUH 7)	CMS Health Home Core Set (2023)					
BETTER CARE	Follow-Up After Hospitalization for Mental Illness within 30 days (FUH 30)	CMS Health Home Core Set (2023)					
BETTER CARE	Follow-Up After Emergency Department Visit for Mental Illness within 7 days (FUM 7)	CMS Health Home Core Set (2023)					
BETTER CARE	Follow-Up After Emergency Department Visit for Mental Illness within 30 days (FUM 30)	CMS Health Home Core Set (2023)					
BETTER HEALTH	Use of Pharmacotherapy for Opioid Use Disorder (OUD)	CMS Health Home Core Set (2023)					
BETTER CARE	Plan All-Cause Readmission Rate (PCR)	CMS Health Home Core Set (2023)					
BETTER HEALTH	Prevention Quality Indicator: Chronic Conditions Composite (PQI 92)	CMS Health Home Core Set (2023)					
BETTER EQUITY	Admission to a Facility from the Community (AIF)	CMS Health Home Core Set (2023)					
BETTER CARE	Inpatient Utilization (IU)	CMS Health Home Core Set (2023)					

## MSHN FY24 - Community Certified Behavioral Health Clinic - Balanced Scorecard

Key Performance Areas	Key Performance Indicators	Aligns with	CCBHC Program	Actual Value (%) as of December 2023	Target Value	Performance Level	Target Ranges		
BETTER CARE	Follow-Up After Hospitalization for Mental Illness-7 Days (FUH - Adults) MSHN Ages 18-64.	CMS Adult Core Set (2023)	Michigan CCBHC Program	Not Available	58.0%		>58%		<58%
			CEI		58.0%		>58%		<58%
			Lifeways		58.0%		>58%		<58%
			The Right Door		58.0%		>58%		<58%
			SCCMHA		58.0%		>58%		<58%
BETTER CARE	Follow-Up After Hospitalization for Mental Illness-30 days (FUH - Adults) MSHN Ages 18-64.	CMS Adult Core Set (2023)	Michigan CCBHC Program		58.0%		>58%		<58%
			CEI		58.0%		>58%		<58%
			Lifeways		58.0%		>58%		<58%
			The Right Door		58.0%		>58%		<58%
			SCCMHA		58.0%		>58%		<58%
BETTER CARE	Follow-Up After Hospitalization for Mental Illness-7 days (FUH-Child/Adolescents) MSHN. Ages 6-17.	CMS Child Core Set (2023)	Michigan CCBHC Program	70.0%					
			CEI	70.0%		>70%		<70%	
			Lifeways	70.0%		>70%		<70%	
			The Right Door	70.0%		>70%		<70%	
			SCCMHA	70.0%		>70%		<70%	
BETTER CARE	Follow-Up After Hospitalization for Mental Illness 30 days (FUH-Child/Adolescents) MSHN. Ages 6-17.	CMS Child Core Set (2023)	Michigan CCBHC Program	70.0%		>70%		<70%	
			CEI	70.0%		>70%		<70%	
			Lifeways	70.0%		>70%		<70%	
			The Right Door	70.0%		>70%		<70%	
			SCCMHA	70.0%		>70%		<70%	
Better Health	Adherence to Antipsychotics for Individuals with Schizophrenia (SAA-AD) MSHN Ages 19-64	CMS Adult Core Set (2023)	Michigan CCBHC Program	58.5%		>58.5%		<58.5%	
			CEI	58.5%		>58.5%		<58.5%	
			Lifeways	58.5%		>58.5%		<58.5%	
			The Right Door	58.5%		>58.5%		<58.5%	
			SCCMHA	58.5%		>58.5%		<58.5%	
Better Care	Initiation of Alcohol and Other Drug Dependence Treatment MSHN. Ages 13+	CMS Adult Core Set (2023)	Michigan CCBHC Program	I -25%		>25%		<25%	
			CEI	I -25%		>25%		<25%	
			Lifeways	I -25%		>25%		<25%	
			The Right Door	I -25%		>25%		<25%	
			SCCMHA	I -25%		>25%		<25%	
Better Care	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA-Child) MSHN Ages 6-17.	SAMHSA Metrics and Quality Measures (2016)	Michigan CCBHC Program	83.14%	23.9%		>12.5%		<12.5%
			CEI		23.9%				
			Lifeways	82.80%	23.9%				
			SCCMHA	39.53%	23.9%				
Better Care	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA-Adults) MSHN Ages 18+	SAMHSA Metrics and Quality	Michigan CCBHC Program	Not Available	12.5%				
			CEI	75.68%	12.5%		>23.9%		<23.9%
			Lifeways		12.5%		>23.9%		<23.9%

## MSHN FY24 - Community Certified Behavioral Health Clinic - Balanced Scorecard

Key Performance Areas	Key Performance Indicators	Aligns with	CCBHC Program	Actual Value (%) as of December 2023	Target Value	Performance Level	Target Ranges					
							>23.9%		<23.9%			
	(SMA Adults) Month 7 Ages 18+	Measures (2016)	The Right Door	69.62%	12.5%		>23.9%		<23.9%			
			SCCMHA	72.58%	12.5%							
<i>Please note: the QBP is only pertinent to Medicaid CCBHC costs and beneficiaries</i>												
BETTER CARE	Follow-Up After Emergency Department Visit for Mental Illness (FUM-7) Initiation. Ages 6+	CMS Adult Core Set (2023)	Michigan CCBHC Program	Not Available								
			CEI							>previous	no change	<previous
			Lifeways							>previous	no change	<previous
			The Right Door							>previous	no change	<previous
BETTER CARE	Follow-Up After Emergency Department Visit for Mental Illness (FUM-30) Engagement. Ages 6+	CMS Adult Core Set (2023)	SCCMHA									
			CEI	>previous	no change	<previous						
			Lifeways	>previous	no change	<previous						
			The Right Door	>previous	no change	<previous						
BETTER CARE	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA-7) Ages 13+	CMS Adult Core Set (2023)	SCCMHA									
			CEI	>previous	no change	<previous						
			Lifeways	>previous	no change	<previous						
			The Right Door	>previous	no change	<previous						
BETTER CARE	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA-30) Ages 13+	CMS Adult Core Set (2023)	SCCMHA									
			CEI	>previous	no change	<previous						
			Lifeways	>previous	no change	<previous						
			The Right Door	>previous	no change	<previous						
BETTER HEALTH	Plan All-Cause Readmission Rate (PCR-AD)^ Ages 18+	CMS Adult Core Set (2023)	SCCMHA									
			CEI	>previous	no change	<previous						
			Lifeways	>previous	no change	<previous						
			The Right Door	>previous	no change	<previous						
BETTER CARE	Diabetes Screening for People with Schizophrenia or Bipolar Disorder who Are Using Antipsychotic Medications (SSD-AD)^ Ages 18-64.	CMS Adult Core Set (2023)	SCCMHA									
			CEI	>previous	no change	<previous						
			Lifeways	>previous	no change	<previous						
			The Right Door	>previous	no change	<previous						
BETTER CARE	Follow-up care for children prescribed ADHD medication. Initiation Phase (ADD-CH)^ Ages 6-12.	CMS Child Core Set (2021)	SCCMHA									
			CEI	>previous	no change	<previous						
			Lifeways	>previous	no change	<previous						
			The Right Door	>previous	no change	<previous						
	Follow-up care for children prescribed ADHD medication. C & M	CMS Child Core Set	CEI				>previous	no change	<previous			

## MSHN FY24 - Community Certified Behavioral Health Clinic - Balanced Scorecard

Key Performance Areas	Key Performance Indicators	Aligns with	CCBHC Program	Actual Value (%) as of December 2023	Target Value	Performance Level	Target Ranges		
BETTER CARE	Follow-up care for children prescribed ADHD medication: C & M Phase (ADD-CH)^ Ages 6-12.	CMS Child Core Set (2021)	Lifeways				>previous	no change	<previous
			The Right Door				>previous	no change	<previous
			SCCMHA				>previous	no change	<previous
BETTER HEALTH	Antidepressant Medication Management Acute Phase (AMM-AD) ^ Ages 18+.	CMS Adult Core Set (2023)	Michigan CCBHC Program						
			CEI				>previous	no change	<previous
			Lifeways				>previous	no change	<previous
			The Right Door				>previous	no change	<previous
BETTER HEALTH	Antidepressant Medication Management Cont. Phase (AMM-AD) ^ Ages 18+.	CMS Adult Core Set (2023)	SCCMHA				>previous	no change	<previous
			Michigan CCBHC Program						
			CEI				>previous	no change	<previous
			Lifeways				>previous	no change	<previous
BETTER HEALTH	Engagement of Alcohol and Other Drug Dependence Treatment MSHN. Ages 13+.	CMS Adult Core Set (2023)	The Right Door				>previous	no change	<previous
			SCCMHA				>previous	no change	<previous
			Michigan CCBHC Program						
			CEI				>previous	no change	<previous
BETTER CARE	Time to Initial Evaluation (I-EVAL): Percent of consumers with an initial evaluation within 10 Business Days. Total (all ages)	SAMHSA Metrics and Quality Measures (2016)	Michigan CCBHC Program	Not Available					
			CEI	61%	Increase		>previous	no change	<previous
			Lifeways	81%	Increase		>previous	no change	<previous
			The Right Door	82%	Increase		>previous	no change	<previous
BETTER CARE	Time to Initial Evaluation (I-EVAL): Mean Number of Days until Initial Evaluaton	SAMHSA Metrics and Quality Measures (2016)	SCCMHA	67%	Increase		>previous	no change	<previous
			Michigan CCBHC Program	Not Available					
			CEI	6	>=10 days		>previous	no change	<previous
			Lifeways	6	>=10 days		>previous	no change	<previous
BETTER CARE	Preventive Care and Screening: Adult Body Mass Index (BMI) Screening and Follow-Up (BMI-SF)	SAMHSA Metrics and Quality Measures (2016)	The Right Door	7	>=10 days		>previous	no change	<previous
			SCCMHA	13	>=10 days		>previous	no change	<previous
			Michigan CCBHC Program	Not Available					
			CEI	4%	Increase		>previous	no change	<previous
BETTER CARE	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC-CH)^ ages 3-17	CMS Child Core Set (2023)	Lifeways				>previous	no change	<previous
			The Right Door	51%	Increase		>previous	no change	<previous
			SCCMHA	57%	Increase		>previous	no change	<previous
			Michigan CCBHC Program	Not Available					
BETTER CARE	Preventive Care & Screening: Tobacco Use: Screening &	SAMHSA Metrics	CEI	9%	Increase		>previous	no change	<previous



## MSHN FY24 - Community Certified Behavioral Health Clinic - Balanced Scorecard

Key Performance Areas	Key Performance Indicators	Aligns with	CCBHC Program	Actual Value (%) as of December 2023	Target Value	Performance Level	Target Ranges		
BETTER HEALTH	Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention (TSC) Ages 18 +	and Quality Measures (2016)	Lifeways		Increase		>previous	no change	<previous
			The Right Door	36%	Increase		>previous	no change	<previous
			SCCMHA	41%	Increase		>previous	no change	<previous
BETTER HEALTH	Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling (ASC) Ages 18 +	SAMHSA Metrics and Quality Measures (2016)	Michigan CCBHC Program	Not Available					
			CEI	9%	Increase		>previous	no change	<previous
			Lifeways	3%	Increase		>previous	no change	<previous
			The Right Door	68%	Increase		>previous	no change	<previous
BETTER CARE	Screening for Depression and Follow-Up Plan: Age 12+ (CDF-AD)	CMS Adult Core Set (2023)	Michigan CCBHC Program	Not Available					
			CEI	2%	Increase		>previous	no change	<previous
			Lifeways		Increase		>previous	no change	<previous
			The Right Door	37%	Increase		>previous	no change	<previous
BETTER CARE	Depression Remission at Twelve Months (DEP-REM-12) Ages 12+	SAMHSA Metrics and Quality Measures (2016)	Michigan CCBHC Program	Not Available					
			CEI	1%	Increase		>previous	no change	<previous
			Lifeways		Increase		>previous	no change	<previous
			The Right Door	3%	Increase		>previous	no change	<previous
BETTER PROVIDER SYSTEM	Patient Experience fo Care Survey (PEC) Ages 18+	SAMHSA Metrics and Quality Measures (2016)	Michigan CCBHC Program	Not Available					
			CEI	NA	TBD				
			Lifeways		TBD				
			The Right Door	NA	TBD				
BETTER PROVIDER SYSTEM	Youth/Family Experience fo Care Survey (Y/FEC) Ages	SAMHSA Metrics and Quality Measures (2016)	Michigan CCBHC Program						
			CEI	NA	TBD				
			Lifeways		TBD				
			The Right Door	NA	TBD				
BETTER PROVIDER SYSTEM	Youth/Family Experience fo Care Survey (Y/FEC) Ages	SAMHSA Metrics and Quality Measures (2016)	SCCMHA	NA	TBD				

## MSHN FY24 - Behavioral Health Home - Balanced Scorecard

Key Performance Areas	Key Performance Indicators	Aligns with	Actual Value (%) as of December 2023	Performance Level	Target Ranges		
	<i>Please Note: * Indicates Pay for Performance Measure</i>						
BETTER HEALTH	Controlling High Blood Pressure (CBP)*	CMS Health Home Core Set (2023)	TBD				
BETTER VALUE	Reduction in Ambulatory Care: Emergency Department (ED) Visits (AMB)*	CMS Health Home Core Set (2023)	TBD				
BETTER CARE	Access to Preventive/Ambulatory Health Services (AAP)*	HEDIS NCQA	TBD				
BETTER HEALTH	Screening for Depression and Follow-Up Plan (CDF)	CMS Health Home Core Set (2023)	TBD				
BETTER HEALTH	Colorectal Cancer Screening (COL)	CMS Health Home Core Set (2023)	TBD				
BETTER CARE	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence within 7 days (FUA 7)	CMS Health Home Core Set (2023)	TBD				
BETTER CARE	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence within 30 days (FUA 30)	CMS Health Home Core Set (2023)	TBD				
BETTER CARE	Follow-Up After Hospitalization for Mental Illness within 7 days (FUH 7)	CMS Health Home Core Set (2023)	TBD				
BETTER CARE	Follow-Up After Hospitalization for Mental Illness within 30 days (FUH 30)	CMS Health Home Core Set (2023)	TBD				
BETTER CARE	Follow-Up After Emergency Department Visit for Mental Illness within 7 days (FUM 7)	CMS Health Home Core Set (2023)	TBD				
BETTER CARE	Follow-Up After Emergency Department Visit for Mental Illness within 30 days (FUM 30)	CMS Health Home Core Set (2023)	TBD				
BETTER CARE	Initiation of Alcohol and Other Drug Dependence Treatment within 14 days (IET 14)	CMS Health Home Core Set (2023)	TBD				
BETTER CARE	Engagement of Alcohol and Other Drug Dependence Treatment within 34 days (IET 34)	CMS Health Home Core Set (2023)	TBD				
BETTER HEALTH	Use of Pharmacotherapy for Opioid Use Disorder (OUD)	CMS Health Home Core Set (2023)	TBD				

## MSHN FY24 - Behavioral Health Home - Balanced Scorecard

Key Performance Areas	Key Performance Indicators	Aligns with	Actual Value (%) as of December 2023	Performance Level	Target Ranges		
BETTER CARE	Plan All-Cause Readmission Rate (PCR)	CMS Health Home Core Set (2023)	TBD				
BETTER HEALTH	Prevention Quality Indicator: Chronic Conditions Composite (PQI 92)	CMS Health Home Core Set (2023)	TBD				
BETTER EQUITY	Admission to a Facility from the Community (AIF)	CMS Health Home Core Set (2023)	TBD				
BETTER HEALTH	Inpatient Utilization (IU)	CMS Health Home Core Set (2023)	TBD				

## MSHN FY24 - Quality Improvement Council - Scorecard

Key Performance Areas	Key Performance Indicators	Aligns with	Actual Value (%) as of December 2023	Target Value	Performance Level	Target Ranges		
BETTER CARE	Percent of all Medicaid Children beneficiaries receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours	MMBPIS FY24 Codebook Indicator 1	Not Available	95%		95%	94%	<94%
BETTER CARE	Percent of all Medicaid Adult beneficiaries receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours.	MMBPIS FY24 Codebook Indicator 1	Not Available	95%		95%	94%	<94%
BETTER CARE	The percentage of new persons during the quarter receiving a completed biopsychosocial assessment within 14 calendar days of a non emergency request for service.	MMBPIS FY24 Codebook Indicator 2	Not Available	62.30%		>62.3%		<62.3%
BETTER CARE	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.	MMBPIS FY24 Codebook Indicator 3	Not Available	72.90%		>72.9%		<72.90%
BETTER CARE	Percent of child discharges from a psychiatric inpatient unit who are seen for follow-up care within seven days	MMBPIS FY24 Codebook Indicator 4a	Not Available	95%		95%	94%	<94%
BETTER CARE	Percent of adult discharges from a psychiatric inpatient unit who are seen for follow-up care within seven days	MMBPIS FY24 Codebook Indicator 4a	Not Available	>=95%		95%	94%	<94%
BETTER HEALTH	Percent of MI and DD children readmitted to an inpatient psychiatric unit within 30 days of discharge	MMBPIS FY24 Codebook Indicator 10	Not Available	<=15%		<=15%	>=15.1%	>=16%
BETTER HEALTH	Percent of MI and DD adults readmitted to an inpatient psychiatric unit within 30 days of discharge	MMBPIS FY24 Codebook Indicator 10	Not Available	<=15%		<=15%	>=15.1%	>=16%
BETTER PROVIDER SYSTEM	Percentage of adults indicating satisfaction with SUD services. (Annual Comprehensive Total)	SAMSHA 2005 MHSIP	NA	>=80%		80%	75%-80%	75%
BETTER PROVIDER SYSTEM	Percentage of children/families indicating satisfaction with mental health services (Annual Comprehensive Total)	SAMSHA 2005 YSS	NA	>=80%		80%	75%-80%	75%
BETTER PROVIDER SYSTEM	Percentage of adults indicating satisfaction with mental health services (Annual Comprehensive Total)	SAMSHA 2005 MHSIP	NA	>=80%		80%	75%-80%	75%
BETTER PROVIDER SYSTEM	Percentage of consumers indicating satisfaction with LTSS (Annual Comprehensive Total)	NCI-Satisfaction Section	NA	TBD		80%	75%-80%	75%
BETTER EQUITY	PIP 1 - The racial disparities between the black/African American population and the white population will be reduced or eliminated without a decline in performance for the white population. (Yes=The disparity is not statistically lower than the White population and the index rate did not decrease)	EQR-PIP#1 Strategic Plan	Not Available	Yes		Yes	No change	No

### MSHN FY24 - Quality Improvement Council - Scorecard

Key Performance Areas	Key Performance Indicators	Aligns with	Actual Value (%) as of December 2023	Target Value	Performance Level	Target Ranges		
<b>BETTER EQUITY</b>	PIP 2 - The racial or ethnic disparity between the black/African American minority penetration rate and the index (white) penetration rate will be reduced or eliminated. (Yes=The disparity is not statistically lower than the white population group)	Strategic Plan	Not Available	Yes		Yes	No change	No
<b>BETTER HEALTH</b>	The rate of critical incidents, per 1000 persons served, will demonstrate a decrease from previous measurement period. (CMHSP) (excluding deaths) Cumulative YTD	MSHN QAPIP	Not Available	FY23 8.56		Decrease	No change	Increase
<b>BETTER HEALTH</b>	The rate, per 1000 persons served, of Unexpected Deaths will demonstrate a decrease from previous measurement period. (CMHSP) Cumulative YTD	MSHN QAPIP	Not Available	FY23 1.047		Decrease	No change	Increase
<b>BETTER HEALTH</b>	The percent of emergency intervention per person served will demonstrate a decrease from previous measurement period.	MSHN QAPIP	0.77%	Decrease previous quarter.		Decrease	No change	Increase

**MSHN FY24 - Customer Service Committee - Scorecard**

Key Performance Areas	Key Performance Indicators	Aligns with	Actual Value (%) as of December 2023	Target Value	Performance Level	Target Ranges		
						Green	Yellow	Red
<b>BETTER CARE</b>	The percentage (rate per 100) of Medicaid appeals which are resolved in compliance with state and federal timeliness standards including the written disposition letter (30 calendar days) of a standard request for appeal.	MDHHS PIHP Contract: Appeal and Grievance Resolution Processes Technical Requirement		95%		95%	91%-94%	90%
<b>BETTER CARE</b>	The percentage (rate per 100) of Medicaid grievances are resolved with a written disposition sent to the consumer within 90 calendar days of the request for a grievance.	MDHHS PIHP Contract: Appeal and Grievance Resolution Processes Technical Requirement		95%		95%	91%-94%	90%

**MSHN FY24 - Regional Compliance Committee - Scorecard**

Key Performance Areas	Key Performance Indicators	Aligns with	Actual Value (%) as of December 2023	Target Value	Performance Level	Target Ranges		
<b>BETTER CARE</b>	Medicaid Event Verification review demonstrates improvement of previous year results with the use of modifiers in accordance with the HCPCS guidelines. CMHSP	MSHN QAPIP		Increase over 2023		Increase	No change	Decrease
<b>BETTER CARE</b>	Medicaid Event Verification review demonstrates improvement of previous year results with the use of modifiers in accordance with the HCPCS guidelines. SUD	MSHN QAPIP		Increase over 2023		Increase	No change	Decrease

**MSHN FY24- Clinical Leadership Committee - Balanced Scorecard**

Key Performance Areas	Key Performance Indicators	Aligns with	Actual Value (%) as of December 2023	Target Value	Performance Level	Target Ranges		
<b>BETTER HEALTH</b>	The percentage of members 18–64 years of age with schizophrenia or schizoaffective disorder and cardiovascular disease, who had an LDL-C test during the measurement year. (Rolling 12 months)	Aligns with strategic plan goal improve population health and integrated care activities.	Report being built by MSHN IT	Set benchmark and determine target				
<b>BETTER HEALTH</b>	Adherence to Antipsychotics for Individuals with Schizophrenia (SAA-AD) MSHN Ages 19-64	MDHHS PIHP Contract: Performance Bonus Measure	72.2%	Baseline year to set benchmark and target				
<b>BETTER CARE</b>	The percentage of Intensive Crisis Stabilization Service calls deployed in a timely manner.	Aligns with annual MDHHS reporting process and improving children/adolescent timely access to care.	90.90%	>=95%		95-100%	90-94%	<90%
<b>BETTER VALUE</b>	MSHN's Habilitation Supports Waiver slot utilization will demonstrate a consistent minimum or greater performance of 95% HSW slot utilization. (FYTD)	The MDHHS requirement of 95% slot utilization or greater.	93.6%	95% or greater		95-100%	90-94%	<90%
<b>BETTER CARE</b>	Behavior Treatment Plan standards met vs. standards assessed from the delegated managed care reviews. (Quarterly)	MDHHS Technical Requirement for Behavior Treatment Plans.	94.0%	95% or greater		95-100%	90-94%	<90%
<b>BETTER CARE</b>	Percent of individuals eligible for autism benefit enrolled within 90 days with a current active IPOS. (Quarterly)	Monthly autism benefit reporting on timeliness.	87.0%	95%		95-100%	90-94%	<90%
<b>BETTER CARE</b>	Percent of individuals enrolled in the 1915(i) State Plan Amendment. (Quarterly)	MDHHS enrollment of persons eligible for the 1915(i) SPA benefit and HCBS Rule.	100.0%	>=95%		95-100%	90-94%	<90%
<b>BETTER CARE</b>	Continuum of Care - Consumers moving from inpatient psychiatric hospitalization will show in next LOC within 7 days, and 2 additional appts within 30 days of first step-down visit. (Quarterly)	MSHN and its CMHSP participants will explore clinical process standardization, especially in the areas of access, emergency services, pre-admission screening, crisis response and inpatient stay management and discharge planning.	I: 38.12%; E: 20.46%	Increase over FY 2019 (I: 38.85%; E: 19.21%)		increase over 2019	No change from 2019 levels	Below 2019 levels
<b>BETTER PROVIDER SYSTEM</b>	MSHN Crisis Residential will be ready for full operation by 4/30/2024. (Cumulative Quarterly).	Aligns with strategic plan to increase access to acute care. Also aligns with MDHHS requirements for network adequacy.	59.0%	25% growth per quarter		25% or greater growth	15%-24% growth	<15% growth



**MSHN FY24 - Clinical SUD - Balanced Scorecard**

Key Performance Areas	Key Performance Indicators	Aligns with	Actual Value (%) as of December 2023	Target Value	Performance Level	Target Ranges		
BETTER HEALTH	Expand SUD stigma reduction community activities.	MSHN WILL SUPPORT AND EXPAND SUD-RELATED STIGMA REDUCTION EFFORTS THROUGH COMMUNITY EDUCATION	51 activities FY24-Q1	144		>=144	<144 and >72	<=72
BETTER HEALTH	Increase network capacity for Medication Assisted Treatment	CONTINUE TO ADDRESS NETWORK CAPACITY FOR MEDICATION ASSISTED TREATMENT, INCLUDING AVAILABILITY OF METHADONE, VIVOTROL, AND SUBOXONE AT ALL MAT LOCATIONS. -	27 MAT sites	Increase MAT locations by 5% over FY20 (22)		>5%	No change	<5%
BETTER CARE	Increase percentage of individuals moving from residential level(s) of care who transition to a lower level of care within timeline of initiation (14 days) and engagement (2 or more services within 30 days subsequent to initiation).	Aligns with best practices for assisting individuals to initiate services and engage in continuation of care.	Initiation: 71.77% Engagement: 44.06% (11-1-2022 thru 10-31-2023)	Increase over MSHN 2020 levels Initiation: 36.81% ; Engagement: 22.30%		Increase over 2020 levels	No change from 2020 levels	Drop below 2020 levels
BETTER CARE	Engagement of MAT Treatment. The percentage of patients who initiated treatment and who had two or more additional services with a diagnosis of OUD within 30 days of the initiation visit.	Aligns with best practices for assisting individuals to initiate services and engage in continuation of care.	Initiation: 86.80% Engagement: 47.49% (1-1-2023 thru 12-31-2023)	Increase over MSHN 2020 levels (I: 88.69%; E: 54.67%)		Increase over 2020 levels	No change from 2020 levels	Drop below 2020 levels
BETTER CARE	Initiation of AOD Treatment. Percentage who initiated treatment within 14 days of the diagnosis. (Inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, medication treatment).	Aligns with best practices for assisting individuals to initiate services and engage in continuation of care.	Initiation: 47.74% (1-1-2023 thru 12-31-2023)	Above Michigan 2020 levels; I: 40.8%		Increase over National levels	No change from National levels	Drop below National levels
BETTER CARE	Engagement of AOD Treatment-Percentage who initiated treatment and who had 2 or more additional AOD services or medication treatment within 34 days of the initiation visit.	Aligns with best practices for assisting individuals to initiate services and engage in continuation of care.	Engagement: 29.75% (1-1-2023 thru 12-31-2023)	Above Michigan 2020 levels; E: 12.5% (2016)		Increase over National levels	No change from National levels	Drop below National levels
BETTER EQUITY	The disparity between the white population and at least one minority who initiated treatment (AOD) within 14 calendar days will be reduced. (IET-Initiation disparity)	MDHHS PIHP Contract: Performance Bonus Incentive Program	Not Available	TBD		TBD	TBD	TBD
BETTER EQUITY	The disparity between the white population and at least one minority group who engaged in treatment (AOD or MAT) within 34 calendar days will be reduced. (IET-Engagement disparity)	MDHHS PIHP Contract: Performance Bonus Incentive Program	Not Available	TBD		TBD	TBD	TBD
BETTER CARE	Percent of discharges from a substance abuse withdrawal management unit who are seen for follow up care within seven days.	MDHHS PIHP Contract: Michigan Mission Based Performance Indicator System Indicator 4b	Not Available	95%		95%	94%	<94%
BETTER CARE	The percentage of individuals identified as a priority population who have been screened and referred for services within the required timeframe.	MDHHS PIHP Contract: Access Standards.	34%	>42%		>42%	41-35%	<35%
BETTER CARE	The percentage of new persons during the quarter receiving a face-to-face service for treatment or supports within 14 calendar days of a non-emergency request for service for persons with substance use disorders (SUD). (MMBPIS Indicator 2e)	MDHHS PIHP Contract: Michigan Mission Based Performance Indicator System Indicator 2e	Not Available	>75.5%		>75.5%		<75.5%

## MSHN FY24 Information Technology Council - Balanced Scorecard

Key Performance Areas	Key Performance Indicators	Aligns with	Actual Value (%) as of December 2023	Target Value	Performance Level	Target Ranges		
BETTER VALUE	Unique consumers submitted monthly	Contractual Reporting Oversight	90.7%	85%		86.0%	85.0%	84.0%
BETTER VALUE	Encounters submitted monthly	Contractual Reporting Oversight	91.3%	85%		86.0%	85.0%	84.0%
BETTER VALUE	BH-TEDS submitted monthly	Contractual Reporting Oversight	91.2%	85%		86.0%	85.0%	84.0%
BETTER VALUE	Percentage of encounters with BH-TEDS	Contractual Reporting Oversight	98.5%	95%		95.0%	94.0%	90.0%
BETTER CARE	Integrate MiCANS Assessment Tool into REMI (MDHHS soft start 10/1/2024)	MSHN ensures a consistent service array (benefit) across the region and improves access to specialty behavioral health and substance use disorder services in the region	0.00%	100%		75%	50%	25%
BETTER HEALTH	Increase use cases with MiHIN (e-consents)	MSHN FY24-25 Strategic Plan - MSHN will pursue e-consent management opportunities to improve care coordination between behavioral health, physical health, and SUD systems of care.	1	2		2	1	0
BETTER HEALTH	Increase health information exchange/record sets OHH and BHH attribution files to ZTS, etc.)	MSHN will improve and standardize processes for exchange of data between MSHN and MHPs; CMHSPs and MSHN. Using REMI, ICDP and CC360 as well as PCP, Hospitals, MHPs.	1	2		2	1	0
BETTER PROVIDER SYSTEM	Managed Care Information Systems (REMI) Enhancements	Patient Portal, BTPR, Critical incidents, EVV, etc.	2	4		3	2	1
BETTER PROVIDER SYSTEM	Improve data use and quality (Race/Ethnicity Stratification, Measure Repository, Predictive Modeling, etc.)	MSHN FY24-25 Strategic Plan - Increase overall efficiencies and effectiveness by streamlining and standardizing business tasks and processes as appropriate.	20%	100%		75%	50%	25%
BETTER PROVIDER SYSTEM	Improve data availability (Foster Care/child Welfare, SDoH, Employment & Housing, Autism Reporting, etc.)	MSHN FY24-25 Strategic Plan - MSHN will increase regional use of information technology data systems to support	33%	100%		75%	50%	25%
BETTER PROVIDER SYSTEM	Research change management system applications for use in areas such as contracts, policies, MDHHS guidance, etc.	MSHN FY24-25 Strategic Plan - Provider systems are fragile and stressed due to the magnitude and frequency of change.	0%	100%		75%	50%	25%

**MSHN FY24 - Integrated Care - Balanced Scorecard**

Key Performance Areas	Key Performance Indicators	Aligns with	Actual Value (%) as of December 2023	Target Value	Performance Level	Target Ranges		
						Green	Yellow	Red
<b>BETTER HEALTH</b>	Percent of individuals who receive follow up care within 30 days after an emergency department visit for alcohol or drug use. (FUA)	MSHN Strategic Plan FY19-20; MDHHS/PIHP Contract, Integrated Health Performance Bonus Requirements		100%		>=28%	24%-27%	<=23%
<b>BETTER HEALTH</b>	Will obtain/maintain no statistical significance in the rate of racial/ethnic disparities for follow-up care within 30 days following an emergency department visit for alcohol or drug use. (FUA)	MDHHS/PIHP Contracted, Integrated Health Performance Bonus Requirements		0		0	1	2
<b>BETTER CARE</b>	The percentage of discharges for children who were hospitalized for treatment of selected mental illness or intentional self harm diagnosis and who had a follow up visit with a mental health provider within 30 days of discharge.(FUH)	HEDIS-NCQA	Not Available	70%		>=70%		<70%
<b>BETTER CARE</b>	The percentage of discharges for adults who were hospitalized for treatment of selected mental illness or intentional self harm diagnosis and who had a follow up visit with a mental health provider within 30 days of discharge.(FUH)	HEDIS-NCQA	Not Available	58%		>=58%		<58%
<b>BETTER EQUITY</b>	Will obtain/maintain no statistical significance in the rate of racial/ethnic disparities between the white and minority adults and children who receive follow-up care within 30 days following a psychiatric hospitalization (FUH)	MDHHS PIHP Contract: Performance Bonus Incentive Program	Not Available	0		0	1	2
<b>BETTER EQUITY</b>	Review and research BH-TEDS Housing Data - develop outcomes related to Housing			TBD		TBD	TBD	TBD
<b>BETTER EQUITY</b>	Review and research BH-TEDS Employment Data - develop outcomes related to Employment			TBD		TBD	TBD	TBD
<b>BETTER CARE</b>	Percent of care coordination cases that were closed due to successful coordination.	MSHN Strategic Plan FY19-FY20, MDHHS/PIHP Contract, Integrated Health Performance Bonus Requirements		100%		>=50%	25%-49%	<25%
<b>BETTER VALUE</b>	Reduction in number of visits to the emergency room for individuals in care coordination plans between the PIHP and MHP	MSHN Strategic Plan FY19-FY20, MDHHS/PIHP Contract, Integrated Health Performance Bonus Requirements		100.0%		>=75%	50%-74%	<50%

## MSHN FY24 - Finance Council - Balanced Scorecard

Key Performance Areas	Key Performance Indicators	Aligns with	Actual Value (%) as of December 2023	Target Value	Performance Level	Target Ranges		
BETTER VALUE	MSHN reserves (ISF)	RESERVE'S TARGET SUFFICIENT TO MEET FISCAL RISK RELATED TO DELIVERY OF MEDICALLY NECESSARY SERVICES AND TO COVER ITS MDHHS CONTRACTUAL LIABILITY.		7.5%		> 6%	≥ 5% and 6%	< 5%
BETTER VALUE	Regional Financial Audits indicate unqualified opinion	MSHN WILL REVIEW CMHSP FINANCIAL AUDITS AND COMPLIANCE EXAMINATIONS TO IDENTIFY SIGNIFICANT DEFICIENCIES THAT IMPACT THE REGION.		100%		> 92%	< 92% and > 85%	≤ 85%
BETTER VALUE	No noted significant findings related to regional Compliance Examinations	MSHN WILL REVIEW CMHSP FINANCIAL AUDITS AND COMPLIANCE EXAMINATIONS TO IDENTIFY SIGNIFICANT DEFICIENCIES THAT IMPACT THE REGION.		100%		> 92%	< 92% and > 85%	≤ 85%
BETTER VALUE	MSHN Administrative Budget Performance actual to budget (%)	MSHN's board approved budget	96.90%	≥ 90%		≥ 90%	> 85% and < 90%	≤ 85% or >100%
BETTER VALUE	Medical Loss Ratio is within CMS Guidelines	MSHN WILL MAINTAIN A FISCAL DASHBOARD TO REPORT FINANCE COUNCIL'S AGREED UPON METRICS.		85%		≥ 90%	> 85% and < 90%	≤ 85%
BETTER VALUE	Regional revenue is sufficient to meet expenditures (Savings estimate report)	MSHN WILL MONITOR TRENDS IN RATE SETTING TO ENSURE ANTICIPATED REVENUE ARE SUFFICIENT TO MEET BUDGETED EXPENDITURES.		100%		<100%	> 100% and <105%	>105%
BETTER VALUE	Develop and implement Provider Incentives (VBP, ER FU, Integration)	MSHN will develop methodologies, within established rules, to incentivize providers to cooperate with the PIHP to improve health or other mutually agreeable outcomes.	3	2		2	1	0

## MSHN FY24 - Utilization Management Committee - Balanced Scorecard

Key Performance Areas	Key Performance Indicators	Aligns with	Actual Value (%) as of December 2023	Target Value	Performance Level	Target Ranges		
BETTER CARE	Percent of acute service cases reviewed that met medical necessity criteria as defined by MCG behavioral health guidelines.	MSHN Strategic Plan FY19-FY20, MSHN UM Plan		100%		96-100%	94-95%	<93%
BETTER CARE	Percentage of individuals served who are receiving services consistent with the amount, scope, and duration authorized in their person centered plan	MSHN Strategic Plan FY19-FY20, MDHHS State Transition Plan; MDHHS Site Review Findings 2019-2020		100%		100%	90%-99%	<90%
BETTER CARE	The number of acute inpatient stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days. (Plan All Cause Readmissions)	MSHN Strategic Plan FY19-FY20, MSHN UM Plan; Measurement Portfolio NQF 1768	12.82%	<=15%		<=15%	16-25%	>25%
BETTER VALUE	Service Authorizations Denials Report demonstrates 90% or greater compliance with timeframe requirements for service authorization decisions and ABD notices	MSHN QAPIP Plan		> 90%		>90%	89-80%	<80%
BETTER VALUE	Consistent regional service benefit is achieved as demonstrated by the percent of outliers to level of care benefit packages	MSHN Strategic Plan FY21-22, Federal Parity Requirements		<= 5%		<=5%	6%-10%	>=11%

**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, 2024, 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, 2024, as presented.

**Mid-State Health Network  
Statement of Activities  
As of January 31, 2024**

		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 Year-to-Date	Budget Difference	Actual % of Budget	
		FY24 Original Bdgt		FY24 Original Bdgt				
		33.33%						
<b>1</b>	Revenue:							
<b>2</b>	Grant and Other Funding	\$ 371,985	61,529	123,995	(62,466)	16.54 %		1a
<b>3</b>	Medicaid Use of Carry Forward	\$ 6,930,100	4,725,283	2,310,033	2,415,250	68.18%		1b
<b>4</b>	Medicaid Capitation	836,629,761	268,629,720	278,876,587	(10,246,867)	32.11%		1c
<b>5</b>	Local Contribution	1,550,876	437,937	516,959	(79,022)	28.24%		1d
<b>6</b>	Interest Income	1,300,000	1,448,101	433,333	1,014,768	111.39%		1e
<b>7</b>	Non Capitated Revenue	21,631,638	4,390,435	7,210,546	(2,820,111)	20.30%		1f
<b>8</b>	<b>Total Revenue</b>	<b>868,414,360</b>	<b>279,693,005</b>	<b>289,471,453</b>	<b>(9,778,448)</b>	<b>32.21 %</b>		
<b>9</b>	Expenses:							
<b>10</b>	PIHP Administration Expense:							
<b>11</b>	Compensation and Benefits	8,053,276	2,345,421	2,684,426	(339,005)	29.12 %		
<b>12</b>	Consulting Services	212,800	42,181	70,933	(28,752)	19.82 %		
<b>13</b>	Contracted Services	131,550	29,506	43,850	(14,344)	22.43 %		
<b>14</b>	Other Contractual Agreements	427,000	107,066	142,333	(35,267)	25.07 %		
<b>15</b>	Board Member Per Diems	18,900	4,620	6,300	(1,680)	24.44 %		
<b>16</b>	Meeting and Conference Expense	229,275	38,390	76,425	(38,035)	16.74 %		
<b>17</b>	Liability Insurance	32,500	24,944	10,833	14,111	76.75 %		
<b>18</b>	Facility Costs	158,254	58,179	52,752	5,428	36.76 %		
<b>19</b>	Supplies	353,575	76,383	117,858	(41,476)	21.60 %		
<b>20</b>	Other Expenses	992,000	467,728	330,667	137,061	47.15 %		
<b>21</b>	<b>Subtotal PIHP Administration Expenses</b>	<b>10,609,130</b>	<b>3,194,418</b>	<b>3,536,377</b>	<b>(341,959)</b>	<b>30.11 %</b>		2a
<b>22</b>	CMHSP and Tax Expense:							
<b>23</b>	CMHSP Participant Agreements	774,358,597	242,232,866	258,119,532	(15,886,667)	31.28 %		1b,1c,2b
<b>24</b>	SUD Provider Agreements	72,537,438	21,337,482	24,179,146	(2,841,664)	29.42 %		1c,1f,2c
<b>25</b>	Benefits Stabilization	1,401,000	467,000	467,000	0	33.33 %		1b
<b>26</b>	Tax - Local Section 928	1,550,876	437,937	516,959	(79,021)	28.24 %		1d
<b>27</b>	Taxes- IPA/HRA	24,055,503	7,348,473	8,018,501	(670,028)	30.55 %		2d
<b>28</b>	<b>Subtotal CMHSP and Tax Expenses</b>	<b>873,903,414</b>	<b>271,823,758</b>	<b>291,301,138</b>	<b>(19,477,380)</b>	<b>31.10 %</b>		
<b>29</b>	<b>Total Expenses</b>	<b>884,512,544</b>	<b>275,018,176</b>	<b>294,837,515</b>	<b>(19,819,339)</b>	<b>31.09 %</b>		
<b>30</b>	Excess of Revenues over Expenditures	\$ (16,098,184)	\$ 4,674,829	\$ (5,366,062)				

**Mid-State Health Network**  
**Preliminary Statement of Net Position by Fund**  
**As of January 31, 2024**

Column Identifiers			
A	B	C	D B + C

Row Numbers		Behavioral Health Operating	Medicaid Risk Reserve	Total Proprietary Funds	
1	<b>Assets</b>				
2	<b>Cash and Short-term Investments</b>				
3	Chase Checking Account	11,656,714	0	11,656,714	1a
4	Chase MM Savings	28,350,401	0	28,350,401	
5	Savings ISF Account	0	7,683,823	7,683,823	1b
6	Savings PA2 Account	4,014,326	0	4,014,326	1c
7	Investment PA2 Account	3,499,349	0	3,499,349	1c
8	Investment ISF Account	0	45,796,940	45,796,940	1b
9	<b>Total Cash and Short-term Investments</b>	<b>\$ 47,520,790</b>	<b>\$ 53,480,763</b>	<b>\$ 101,001,553</b>	
10	<b>Accounts Receivable</b>				
11	Due from MDHHS	35,969,161	0	35,969,161	2a
12	Due from CMHSP Participants	2,647,276	0	2,647,276	2b
13	Due from Other Governments	357,884	0	357,884	2c
14	Due from Miscellaneous	407,425	0	407,425	2d
15	Due from Other Funds	0	3,242,570	3,242,570	2e
16	<b>Total Accounts Receivable</b>	<b>39,381,746</b>	<b>3,242,570</b>	<b>42,624,316</b>	
17	<b>Prepaid Expenses</b>				
18	Prepaid Expense Rent	4,529	0	4,529	2f
19	Prepaid Expense Other	197	0	197	2g
20	<b>Total Prepaid Expenses</b>	<b>4,726</b>	<b>0</b>	<b>4,726</b>	
21	<b>Fixed Assets</b>				
22	Fixed Assets - Computers	189,180	0	189,180	2h
23	Accumulated Depreciation - Computers	(189,180)	0	(189,180)	
24	Lease Assets	203,309	0	203,309	2i
25	Accumulated Amortization - Lease Asset	(140,322)	0	(140,322)	
26	<b>Total Fixed Assets, Net</b>	<b>62,987</b>	<b>0</b>	<b>62,987</b>	
27	<b>Total Assets</b>	<b>\$ 86,970,249</b>	<b>\$ 56,723,333</b>	<b>\$ 143,693,582</b>	
28					
29	<b>Liabilities and Net Position</b>				
30	<b>Liabilities</b>				
31	Accounts Payable	\$ 8,470,354	\$ 0	\$ 8,470,354	1a
32	Current Obligations (Due To Partners)				
33	Due to State	33,831,196	0	33,831,196	3a
34	Other Payable	4,720,642	0	4,720,642	3b
35	Due to Hospitals (HRA)	5,207,459	0	5,207,459	1a, 3c
36	Due to State-IPA Tax	437,845	0	437,845	3d
37	Due to State Local Obligation	50,218	0	50,218	3e
38	Due to CMHSP Participants	11,227,475	0	11,227,475	3f
39	Due to other funds	3,242,570	0	3,242,570	3g
40	Accrued PR Expense Wages	230,695	0	230,695	3h
41	Accrued Benefits PTO Payable	453,466	0	453,466	3i
42	Accrued Benefits Other	62,423	0	62,423	3j
43	<b>Total Current Obligations (Due To Partners)</b>	<b>59,463,989</b>	<b>0</b>	<b>59,463,989</b>	
44	Lease Liability	65,345	0	65,345	2i
45	Deferred Revenue	6,445,074	0	6,445,074	1b 1c 2c
46	<b>Total Liabilities</b>	<b>74,444,762</b>	<b>0</b>	<b>74,444,762</b>	
47	<b>Net Position</b>				
48	Unrestricted	12,525,487	0	12,525,487	3k
49	Restricted for Risk Management	0	56,723,333	56,723,333	1b
50	<b>Total Net Position</b>	<b>12,525,487</b>	<b>56,723,333</b>	<b>69,248,820</b>	
51	<b>Total Liabilities and Net Position</b>	<b>\$ 86,970,249</b>	<b>\$ 56,723,333</b>	<b>\$ 143,693,582</b>	



**Mid-State Health Network  
Notes to Financial Statements  
For the Four-Month Period Ended,  
January 31, 2024**

**Please note: The Preliminary Statement of Net Position contains Fiscal Year (FY) 2023 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 the final MDHHS Financial Status (FSR) Report.**

**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. In November 2023, MSHN liquidated its \$55 M savings investment and utilized those funds for preliminary cost settlement payments to CMHSPs.
  - 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 \$45.8 M in the investment account which is about 86% of the available ISF balance. The remaining portion is held in a savings account and available for immediate use if needed. Internal Service Funds are used to cover the Region’s risk exposure. In the event current Fiscal Year revenue is spent and all prior year savings are exhausted, PIHPs can transfer ISF dollars and use for remaining costs. MSHN has had a fully funded ISF which is 7.5% of Medicaid Revenue for the last several Fiscal Years.
  - c) The Savings PA2 account holds PA2 funds and is also offset by the Deferred Revenue liability account and investments exceeding \$3.5 M.
2. Accounts Receivable
  - a) More than 56% of the balance results from Certified Community Behavioral Health Centers’ (CCBHC) supplemental funding which covers all mild to moderate recipients. Supplemental funding also covers a portion of the Prospective Payment System (PPS-1) for individuals with Severe Mental Impairments (SMI)/Severe Emotional Disturbance (SED)/Substance Use Disorder (SUD). In addition, revenue withholds contribute to 25% of the balance along with 15% of October through January’s Hospital Rate Adjuster (HRA) payments. Lastly, the remaining balance stems from miscellaneous items.
  - b) Due from CMHSP Participants reflects FY 2023 projected cost settlement activity. MSHN cost settles with its CMHSPs for 85% of the balance due by either party. Final cost settlements generally occur in May after the fiscal year ends and once Compliance Examinations are complete.

CMHSP	Cost Settlement	Payments/Offsets	Total
CEI	2,647,276.42	-	2,647,276.42

- c) The balance held in Due from Other Governments represents FY 2024 Quarter 1 PA 2 payments from MSHN’s 21 counties.
- d) Approximately 64% 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.
- e) 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.

- f) Prepaid Expense Rent balance consists of security deposits for MSHN office suites.
- g) Prepaid Expense Other contains a small balance for MSHN and SUD provider network staffs' Relias training.
- h) Total Fixed Assets - Computers represent the value of MSHN's capital asset net of accumulated depreciation. This item was not included in November's Financials but has been added back since the asset is still in use.
- i) The 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 \$13.5 M and \$19.1 M to MDHHS, respectively. The lapse amounts indicate the ISF was fully funded for both fiscal years, and that savings fell 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) HRA 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) Due to State Local Obligations has a balance resulting from an advance payment from one CMHSP. MSHN submits the quarterly payment to MDHHS by the due date and then collects from the CMHSPs for their portion.
- f) Due to CMHSP represents FY 23 projected cost settlement figures. During November each fiscal year, MSHN cost settles with its CMHSPs for 85% of the balance due by either party. Final cost settlements generally occur in May after the fiscal year ends and once Compliance Examinations are complete.

CMHSP	Cost Settlement	Payments/Offsets	Total
Bay	7,428,699.10	6,614,369.00	814,330.10
Central	14,979,384.41	12,386,582.00	2,592,802.41
Gratiot	2,453,015.16	1,833,708.00	619,307.16
Huron	2,936,060.62	2,496,867.00	439,193.62
The Right Door	1,607,050.74	1,368,268.00	238,782.74
Lifeways	17,496,773.51	11,824,327.00	5,672,446.51
Montcalm	557,227.93	1,034,911.00	(477,683.07)
Newaygo	524,827.15	408,072.00	116,755.15
Saginaw	14,480,279.78	13,311,362.00	1,168,917.78
Shiawassee	2,027,128.35	1,714,055.00	313,073.35
Tuscola	31,598.55	302,049.00	(270,450.45)
<b>Total</b>	<b>64,522,045.30</b>	<b>53,294,570.00</b>	<b>11,227,475.30</b>

- g) Due to Other Funds is the liability transaction related to Statement of Net Position item 2e.
- h) Accrued payroll expense wages represent expenses 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 benefit expenses 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.

**Preliminary Statement of Activities – Column F now calculates the actual revenue and expenses compared to the full year’s original budget. Revenue accounts whose Column F percent is less than 33.33% translate 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 Veterans Navigator (VN) activity and other small grants. The variance is expected to lessen over time as CMHSP Clubhouse Grant payments are received.
- b) During the January 2024 Board Meeting, MSHN reported there would be no Medicaid Savings based on Interim MDHHS reporting. As the region finalizes its FY 23 fiscal reporting, expenditures were less than recently anticipated. Based on this new development, the region is estimating a \$4.75 M savings carry forward. Medicaid Savings are generated when the 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 2023 Medicaid Carry Forward must be used as the first revenue source for FY 2024.
- c) Medicaid Capitation –This variance may continue throughout the fiscal year as MDHHS continues disenrollments from those previously eligible for Medicaid during the Public Health Emergency (PHE). In addition, MDHHS estimated the number of enrollees for rate setting processes based on the PHE ending its continuous enrollment provision. Unfortunately, MDHHS projected enrollees were substantially higher than actual eligibles and as such, FY 24 revenue is trending under budgeted figures. 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. In addition, Certified Community Behavioral Health Clinics (CCBHC) supplemental revenue is included in this figure at the full year projection and will be cost settled after September 2024. Medicaid Capitation payment files are calculated and disbursed to CMHSPs based on a per eligible per month (PEPM) methodology 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 2024 amounts owed will be the same as FY 2023.
- e) Interest income is earned from investments and changes in principle for investments purchased at discounts or premiums. Interest income is currently trending higher than budget amounts. The variance will likely grow throughout the fiscal year since MSHN’s General Savings investment was sold to cover amounts owed to CMHSPs. Please Note: The “change in market value” account activity has been removed for the FY 24 statements as MSHN’s US treasury investments may be recorded at costs since they are held to maturity and the maturity date occurs within one year of purchase.
- f) This account tracks non-capitated revenue for SUD services which include Community Grant and PA2 funds. There is a large variance in this account because the budget amount represents the full MDHHS allocation amount regardless of planned spending. COVID dollars are the most unspent of Block Grants because of strict parameters regarding use of these funds.

2. Expense

- a) Total PIHP Administration Expense is slightly under budget. The line items with the largest dollar variances are Compensation and Benefits and Other Expenses. Other Expense balance is higher than budgeted because MiHIN’s (technology provider – data exchange) entire FY 24 invoice was paid in October.

- b) CMHSP participant Agreement expenses are under budget and correlates directly to Medicaid Capitation. MSHN funds CMHSPs based on per eligible per month (PEPM) payment file. The file contains CMHSP county codes which designate where the payments should be sent. MSHN sends the full payment less taxes and affiliation fees which support PIHP operations.
- c) SUD provider payments are less than anticipated and paid based on need. (Please see Statement of Activities 1c and 1f.)
- d) 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, 2024

DESCRIPTION	CUSIP	TRADE DATE	SETTLEMENT DATE	MATURITY DATE	CALLABLE	AMOUNT DISBURSED	PRINCIPAL	AVERAGE ANNUAL YIELD TO MATURITY	Chase Savings Interest	Total Chase Balance
UNITED STATES TREASURY BILL	91282CDR9	1.19.22	1.20.22	12.1.23		1,992,391.23	2,000,000.00			
UNITED STATES TREASURY BILL	91282CDR9						(2,000,000.00)			
UNITED STATES TREASURY BILL	912797FU6	6.14.23	6.15.23	12.14.23		9,746,615.56	10,000,000.00			
UNITED STATES TREASURY BILL	912797FU6						(10,000,000.00)			
UNITED STATES TREASURY BILL	912797GC5	7.12.23	7.13.23	1.11.24		19,476,648.89	20,000,000.00			
UNITED STATES TREASURY BILL	912797GM3	8.14.23	8.15.23	2.8.24		13,999,344.96	13,999,344.96			
UNITED STATES TREASURY BILL	912797JM0	12.12.23	12.14.23	4.9.24		9,833,206.75	9,833,206.75			
UNITED STATES TREASURY BILL	912797JQ1	12.29.23	1.2.24	4.30.24		1,966,250.28	1,966,250.28			
UNITED STATES TREASURY BILL	912797HF7	1.9.24	1.11.24	4.11.24		19,998,137.44	19,998,137.44			
JP MORGAN INVESTMENTS							45,796,939.43			45,796,939.43
JP MORGAN CHASE SAVINGS							7,442,547.70	0.010%	241,275.39	7,683,823.09
							<u>\$ 53,239,487.13</u>		<u>\$ 241,275.39</u>	<u>\$ 53,480,762.52</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.

MID-STATE HEALTH NETWORK  
 SCHEDULE OF PA2 SAVINGS INVESTMENTS  
 As of January 31, 2024

DESCRIPTION	CUSIP	TRADE DATE	SETTLEMENT DATE	MATURITY DATE	CALLABLE	AMOUNT DISBURSED	PRINCIPAL	AVERAGE ANNUAL YIELD TO MATURITY	Chase Savings Interest	Total Chase Balance
UNITED STATES TREASURY BILL	912797GG6	4.18.23	4.19.23	8.15.23		3,443,453.42	3,500,000.00			
UNITED STATES TREASURY BILL	912797GG6	4.18.23	4.19.23	8.15.23			(3,500,000.00)			
UNITED STATES TREASURY BILL	912797GM3	8.14.23	8.15.23	2.8.24		3,499,349.00	3,499,349.00			
JP MORGAN INVESTMENTS							3,499,349.00			3,499,349.00
JP MORGAN CHASE SAVINGS							4,011,672.68	0.010%	2,653.24	4,014,325.92
							<u>\$ 7,511,021.68</u>		<u>\$ 2,653.24</u>	<u>\$ 7,513,674.92</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 FY24 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 FY24 contract listing.



MID-STATE HEALTH NETWORK					
FISCAL YEAR 2024 NEW AND RENEWING CONTRACTS					
March 2024					
CONTRACTING ENTITY	PROVIDERS COST REIMBURSEMENT PROJECTS/PROGRAM DESCRIPTION	CONTRACT TERM	CURRENT FY24 COST REIMBURSEMENT CONTRACT AMOUNT	FY24 TOTAL COST REIMBURSEMENT CONTRACT AMOUNT	FY24 INCREASE/ (DECREASE)
<b>PIHP ADMINISTRATIVE FUNCTION CONTRACTS</b>					
Hazelton Publishing	Training Facilitator Guides and Workbooks to support the attendees at the May 7-8, 2024 training (Covington) - SOR	3.1.24 - 9.29.24	-	85,000	85,000
			\$ -	\$ 85,000	\$ 85,000
CONTRACTING ENTITY	SUD PROVIDERS COST REIMBURSEMENT SOR PROJECTS/PROGRAM DESCRIPTION	CONTRACT TERM	CURRENT FY24 SOR COST REIMBURSEMENT CONTRACT AMOUNT	TOTAL FY24 SOR COST REIMBURSEMENT CONTRACT AMOUNT	FY24 SOR INCREASE/ (DECREASE)
<b>CONTRACTS LISTED IN THIS SECTION ARE ALL SOR GRANT FUNDED PROGRAMS</b>					
Home of New Vision	2000 fentanyl test strips, 2000 xyalzine test strips, 1920 sharps disposal containers of various sizes, 10 pairs puncture-proof gloves (Jackson)	3.1.24 - 9.29.24	229,750	236,794	7,044
			\$ 229,750	\$ 236,794	\$ 7,044
CONTRACTING ENTITY	SUD PROVIDERS COST REIMBURSEMENT PROJECTS/PROGRAM DESCRIPTION	CONTRACT TERM	CURRENT FY24 COST REIMBURSEMENT CONTRACT AMOUNT	FY24 TOTAL COST REIMBURSEMENT CONTRACT AMOUNT	FY24 INCREASE/ (DECREASE)
Home of New Vision	Staffing supports for Jackson Harm Reduction (PA2)	2.1.24 - 9.30.24	-	46,461	46,461
			\$ -	\$ 46,461	\$ 46,461
CONTRACTING ENTITY	CONTRACT SERVICE DESCRIPTION (Revenue Contract)	CONTRACT TERM	FY24 CURRENT CONTRACT AMOUNT	FY24 TOTAL CONTRACT AMOUNT	FY24 INCREASE/ (DECREASE)
Michigan Department of Health & Human Services (EGrAMS)	Gambling Disorder Prevention Project	10.1.23 - 9.30.24	146,660	189,074	42,414
	Medicaid Managed Specialty Supports and Services Program(s), the Healthy Michigan Program and Substance Use Disorder Community Grant Programs (FY24) - Amendment #2	10.1.23 - 9.30.24	-	-	-
			\$ 146,660	\$ 189,074	\$ 42,414

Mid-State Health Network (MSHN) Board of Directors Meeting  
Tuesday, January 30, 2024  
**Comfort Inn & Suites and 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 5:01 p.m. Mr. Woods also requested a moment of silence in respect to the passing of his sister on November 11, 2023. Mr. Woods welcomed new members Greg Brodeur appointed from Shiawassee Health and Wellness and Bruce Gibb appointed from Huron Behavioral Health. Mr. Woods recognized Ms. Skye Pletcher and invited her to introduce MSHN newest staff members, Ms. Carly Wormmeester and Ms. Avery Truex. Mr. Woods also welcomed Ms. Kim Zimmerman to introduce herself.

**2. Roll Call**

Secretary Deb McPeek-McFadden provided the roll call for Board Members in attendance.

**Board Member(s) Present:** Brad Bohner (LifeWays), Joe Brehler (CEI), Greg Brodeur (Shiawassee), Ken DeLaat (Newaygo), Bruce Gibb (Huron), David Griesing (Tuscola), Tina Hicks (Gratiot), John Johansen (Montcalm), Deb McPeek-McFadden (Ionia), Gretchen Nyland (Ionia), Paul Palmer (CEI), Bob Pawlak (Bay-Arenac), Joe Phillips (CMH for Central Michigan)-arrived at 5:12 p.m., Kerin Scanlon (CMH for Central Michigan), Richard Swartzendruber (Huron), and Ed Woods (LifeWays)

**Board Member(s) Remote:** Jeanne Ladd (Shiawassee), Irene O’Boyle (Gratiot), Kurt Peasley (Montcalm), and Susan Twing (Newaygo)

**Board Member(s) Absent:** Dan Grimshaw (Tuscola), Pat McFarland (Bay-Arenac), Tracey Raquepaw (Saginaw), and Joanie Williams (Saginaw)

**Staff Member(s) Present:** Joseph Sedlock (Chief Executive Officer), Amanda Ittner (Deputy Director), Leslie Thomas (Chief Financial Officer), Sherry Kletke (Executive Support Specialist), Kim Zimmerman (Chief Compliance and Quality Officer), Skye Pletcher (Chief Population Health Officer), Avery Truex (Integrated Healthcare Assistant), and Carly Wormmeester (Complex Care Coordinator)

### 3. Approval of Agenda for January 30, 2024

Board approval was requested for the Agenda of the January 30, 2024, Regular Business Meeting.

**MOTION BY GRETCHEN NYLAND, SUPPORTED BY JOHN JOHANSEN, FOR APPROVAL OF THE AGENDA OF JANUARY 30, 2024, REGULAR BUSINESS MEETING, AS PRESENTED. MOTION CARRIED: 15-0.**

### 4. Public Comment

Mr. Joe Sedlock announced that board member Joanie Williams was in a car accident earlier today and her car was totaled, and she received a broken limb.

### 5. FY2024 Quality Assessment and Performance Improvement Program (QAPIP) and the FY2023 Annual Effectiveness Evaluation

Ms. Kim Zimmerman presented an overview of the FY2024 QAPIP and the FY2023 Annual Effectiveness Evaluation report included within board meeting packet and recommend for board approval.

**MOTION BY KEN DeLAAT, SUPPORTED BY DAVID GRIESING, FOR APPROVAL OF THE QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT PROGRAM (QAPIP) FOR OCTOBER 1, 2023 TO SEPTEMBER 30, 2024 AND THE ANNUAL EFFECTIVENESS AND EVALUATION REPORT FOR OCTOBER 1, 2022 TO SEPTEMBER 30, 2023. MOTION CARRIED: 16-0.**

### 6. Chief Executive Officer's Report

Mr. Joseph Sedlock discussed several items from within his written report to the Board highlighting the following:

- PIHP/Regional Matters
  - Autism Enrollment – Regional Growth
  - Conflict Free Access and Planning
  - Bylaws Review
  - MDHHS/MSHN Contract-Office of Inspector General (OIG)-Related Expansion
- State of Michigan/Statewide Activities
- Federal/National Activities
  - Social Determinants of Health
  - Board Members will receive or may have already received a letter from MSHN's Auditing Firm, Roslund Prestage & Company

## 7. Deputy Director's Report

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

- Performance Bonus Incentive Report FY2023
- Balanced Scorecard FY2023
- 2023 Annual Member Perception of Care Report

## 8. Chief Financial Officer's Report

### A. Financial Statements Review for Period Ended September 30, 2023

Ms. Leslie Thomas provided an overview of the financial statements included within board meeting packet for the period ended September 30, 2023.

**MOTION BY TINA HICKS, SUPPORTED BY DAVID GRIESING, TO RECEIVE AND FILE THE PRELIMINARY STATEMENT OF NET POSITION AND PRELIMINARY STATEMENT OF ACTIVITIES FOR THE PERIOD ENDED SEPTEMBER 30, 2023, AS PRESENTED. MOTION CARRIED: 16-0.**

### B. Financial Statements Review for Period Ended November 30, 2023

Ms. Leslie Thomas provided an overview of the financial statements included within board meeting packet for the period ended November 30, 2023.

A board member requested interest rate information on MSHN Investment accounts also be provided on the reports similar to the posting of the interest rate for the savings account. MSHN Administration will include the interest rate for the investment accounts in addition to the savings account on future reports.

**MOTION BY TINA HICKS, SUPPORTED BY PAUL PALMER, TO RECEIVE AND FILE THE PRELIMINARY STATEMENT OF NET POSITION AND STATEMENT OF ACTIVITIES FOR THE PERIOD ENDED NOVEMBER 30, 2023, AS PRESENTED. MOTION CARRIED: 16-0.**

## 9. Contracts for Consideration/Approval

Ms. Leslie Thomas provided an overview of the FY2024 contract listing provided in the meeting packet and requested the board authorize MSHN's CEO to sign and fully execute the contracts listed on the FY2024 contract listing.

**MOTION BY DAVID GRIESING, SUPPORTED BY TINA HICKS, TO AUTHORIZE THE CHIEF EXECUTIVE OFFICER TO SIGN AND FULLY EXECUTE THE CONTRACTS AS PRESENTED AND LISTED ON THE FY24 CONTRACT LISTING. MOTION CARRIED: 16-0.**

## 10. Executive Committee Report

Mr. Ed Woods informed board members the Executive Committee met on December 15, 2023, and reviewed the January board meeting agenda and the Chief Executive Officer

(CEO) Performance Review results and the CEO Employment Contract, both which will be addressed later in this meeting.

Mr. Woods recognized Ms. Irene O’Boyle as the chair of the Board Self Evaluation process. Ms. O’Boyle informed members the FY2023 Board Self-Evaluation will be emailed to members by Thursday, February 1, 2024, through Survey Monkey. Members will be given two weeks to complete the survey. The results of the survey will be available at the April Executive Committee Meeting and presented to the full board at the May Board of Directors Meeting. Ms. O’Boyle encouraged all board members to participate by completing the evaluation in the timeframe offered.

Mr. Woods expressed his appreciation to Ms. O’Boyle for taking on the role of the CEO Performance Evaluation and Board Self-Evaluation Chair.

### 11. Chairperson’s Report

Mr. Ed Woods announced that MSHN will sponsor one board member to attend NatCon 2024. Any member interested, please contact MSHN administration as soon as possible as the date is drawing near and there is limited hotel room availability.

Mr. Woods informed members of a personal condition he wanted the board to be aware of.

### 12. 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 PAUL PALMER, TO APPROVE THE FOLLOWING DOCUMENTS ON THE CONSENT AGENDA: APPROVE MINUTES OF THE NOVEMBER 7, 2023 BOARD OF DIRECTORS MEETING; RECEIVE SUBSTANCE USE DISORDER OVERSIGHT POLICY BOARD MINUTES OF OCTOBER 18, 2023; RECEIVE BOARD EXECUTIVE COMMITTEE MEETING MINUTES OF DECEMBER 15, 2023; RECEIVE OPERATIONS COUNCIL KEY DECISIONS OF NOVEMBER 20, 2023 AND DECEMBER 18, 2023. MOTION CARRIED: 16-0.**

### 13. Other Business

There was no other business.

### 14. Public Comment

Mr. John Johansen reminded board members of the Board Member Conduct policy.

### 15. Chief Executive Officer Performance Evaluation

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

**MOTION BY TINA HICKS, SUPPORTED BY BRAD BOHNER, TO ENTER INTO CLOSED EXECUTIVE SESSION TO CONSIDER THE 2023 CEO PERFORMANCE APPRAISAL. ROLL CALL VOTING IN FAVOR: BRAD BOHNER, JOE BREHLER, GREG BRODEUR, KEN DeLAAT, BRUCE GIBB, DAVID GRIESING, TINA HICKS, JOHN JOHANSEN, DEB McPEEK-McFADDEN, GRETCHEN NYLAND, PAUL PALMER, BOB PAWLAK, JOE PHILLIPS, KERIN SCANLON, RICH SWARTZENDRUBER, ED WOODS. VOTING IN OPPOSITION: NONE. MOTION CARRIED: 16-0**

Mr. Greg Brodeur asked Mr. Sedlock if he had any opposition to those members present by remote means to be excused. Mr. Sedlock granted permission to allow remote members to remain connected to the meeting.

Closed session commenced.

**MOTION BY JOHN JOHANSEN, SUPPORTED BY TINA HICKS, TO ADJOURN THE CLOSED SESSION AND RECONVENE THE BOARD OF DIRECTORS REGULAR BUSINESS MEETING. VOTING IN FAVOR: BRAD BOHNER, JOE BREHLER, GREG BRODEUR, KEN DeLAAT, BRUCE GIBB, DAVID GRIESING, TINA HICKS, JOHN JOHANSEN, DEB McPEEK-McFADDEN, GRETCHEN NYLAND, PAUL PALMER, BOB PAWLAK, JOE PHILLIPS, KERIN SCANLON, RICH SWARTZENDRUBER, ED WOODS. VOTING IN OPPOSITION: NONE. MOTION CARRIED: 16-0**

#### **15. Chief Executive Officer Performance Evaluation**

**MOTION BY TINA HICKS, SUPPORTED BY BRAD BOHNER, TO RECEIVE AND FILE THE 2023 MSHN CHIEF EXECUTIVE OFFICER PERFORMANCE EVALUATION RESULTS. MOTION CARRIED.**

#### **16. Chief Executive Officer Employment Contract**

**MOTION BY DEB McPEEK-McFADDEN, SUPPORTED BY PAUL PALMER, TO RENEW, EXTEND AND APPROVE THE TERMS OF THE MSHN CHIEF EXECUTIVE OFFICER EMPLOYMENT CONTRACT THROUGH JANUARY 31, 2027. MOTION CARRIED: 16-0.**

#### **17. Adjournment**

The MSHN Board of Directors Regular Business Meeting adjourned at 7:03 p.m.

**Mid-State Health Network SUD Oversight Policy Advisory Board**

Wednesday, December 20, 2023, 4:00 p.m.

CMH Association of Michigan (CMHAM)

507 S. Grand Ave  
Lansing, MI 48933

**Meeting Minutes**

**1. Call to Order**

Chairperson Steve Glaser called the MSHN SUD Regional Oversight Policy Board (OPB) of Directors Organizational Meeting to order at 4:00 p.m. Mr. Glaser extended a warm welcome to new members: Simar Pawar, alternate for Ingham County; Lori Burke, appointment from Shiawassee County; and Charlene Hemminger, appointment from Ionia County. Ms. Vicky Schultz was recognized for her 9 years of service on the OPB and Ms. Deb Thalison for her 9 years of service on the OPB. Both have served since the board was established in 2014.

**Board Member(s) Present:** Lisa Ashley (Gladwin), Irene Cahill (Ingham), Steve Glaser (Midland), Charlean Hemminger (Ionia), John Hunter (Tuscola), Bryan Kolk (Newaygo), John Kroneck (Montcalm), Vicky Schultz (Shiawassee), Kim Thalison (Eaton), Dwight Washington (Clinton), Ed Woods (Jackson), Lori Burke (Shiawassee-replacement effective 1/1/2024)

**Board Member(s) Remote:** George Gilmore (Clare)

**Board Member(s) Absent:** Nichole Badour (Grapeland), Bruce Caswell (Hillsdale), Christina Harrington (Saginaw), Robert Luce (Arenac), Jim Moreno (Isabella), Joe Murphy (Huron), Justin Peters (Bay), Jerrilynn Strong (Mecosta), David Turner (Osceola)

**Alternate Members Present:** Linda Howard (Mecosta)

**Alternate Members Remote:** Simar Pawar (Ingham)

**Staff Members Present:** Amanda Ittner (Deputy Director), Leslie Thomas (Chief Financial Officer), Dr. Dani Meier (Chief Clinical Officer); Sherry Kletke (Executive Support Specialist), Joseph Sedlock (Chief Executive Officer), Dr. Trisha Thrush (Director of Substance Use Disorder Services and Operations); Skye Pletcher (Chief Population Health Officer), Evan Godfrey (SUD Care Navigator)

**Staff Members Remote:** Sarah Andreotti (SUD Prevention Administrator), Sarah Surna (Prevention Specialist), Kate Flavin (Treatment Specialist), Kari Gulvas (Prevention Specialist)

**2. Roll Call**

Secretary Dwight Washington provided the Roll Call for Board Attendance and informed the Board Chair, Steve Gleason, that a quorum was present for Board meeting business.

**3. Approval of Agenda for December 20, 2023**

Board approval was requested for the Agenda of the December 20, 2023 Regular Business Meeting, as presented.

**MOTION BY BRYAN KOLK, SUPPORTED BY JOHN HUNTER FOR APPROVAL OF THE DECEMBER 20, 2023 REGULAR BUSINESS MEETING AGENDA, AS PRESENTED. MOTION CARRIED: 11-0.**

**4. Approval of Minutes from the October 18, 2023 Regular Business Meetings**

Board approval was requested for the draft meeting minutes of the October 18, 2023 Regular Business Meetings.

**MOTION BY JOHN KRONECK, SUPPORTED BY BRYAN KOLK, FOR APPROVAL OF THE MINUTES OF THE OCTOBER 18, 2023 MEETING, AS PRESENTED. MOTION CARRIED: 11-0.**

**5. Public Comment**

There was no public comment.

**6. Board Chair Report**

Chairperson Steve Glaser again welcomed the new members recognized earlier in the meeting.

**7. Deputy Director Report**

Ms. Amanda Ittner provided an overview of the written report included in the board meeting packet, and available on the MSHN website, highlighting:

**Regional Matters:**

- Substance Use Disorder (SUD) Oversight Policy Board (OPB) Intergovernmental Agreement
- MSHN Board Intergovernmental Agreement Board Attendance
- SUD Oversight Policy Board Bylaws
- MSHN SUD Care Navigator Update



## 8. Chief Financial Officer Report

Leslie Thomas provided an overview of the financial reports included in board meeting packets:

- FY2024 PA2 Funding and Expenditures by County
- FY2024 PA2 Use of Funds by County and Provider
- FY2024 Substance Use Disorder (SUD) Financial Summary Report as of October 2023

## 9. FY24 Substance Use Disorder PA2 Contract Listing

Leslie Thomas provided an overview and information on the FY24 Substance Use Disorder (SUD) PA2 Contract Listing as provided in the packet.

**MOTION BY JOHN HUNTER, SUPPORTED BY VICKY SCHULTZ, FOR APPROVAL OF THE FY24 SUBSTANCE USE DISORDER (SUD) PA2 CONTRACT LISTING, AS PRESENTED. MOTION CARRIED: 11-0.**

## 10. SUD Operating Update

Dr. Dani Meier provided an overview of the written SUD Operations Report included in the board meeting packet, highlighting the below.

- Adverse Childhood Experiences Study (ACES) Event on November 30, 2023 with Dr. Robert Anda
- SUD Strategic Plan for FY24-26 was re-submitted to MDHHS and MSHN is awaiting final approval
- State Opioid Response (SOR) Funding
- University of Michigan study of medically monitored substance use treatment using psychedelics

Board members asked to see an annual county report for FY2023. Annual reports will be provided at the next meeting scheduled on February 21, 2024.

## 11. Other Business

There was no other business.

## 12. Public Comment

Ms. Vicky Schultz wanted to thank everyone and expressed appreciation to everyone on the board that she has had the opportunity to serve alongside during her time on the board.

## 13. Board Member Comment

Chairperson Steve Glaser extended appreciation and thanks to MSHN staff for all the work they do. Mr. Glaser also wished everyone the best for the holiday and a prosperous new year.

BOARD APPROVED FEBRUARY 21, 2024

**14. Adjournment**

Chairperson Steve Glaser adjourned the MSHN SUD Oversight Policy Advisory Board Meeting at 4:29 p.m.

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

## Mid-State Health Network Board of Directors Executive Committee Meeting Minutes

Friday, February 16, 2024 - 9:00 a.m.

Committee Members Present: Ed Woods, Chairperson; Irene O’Boyle, Vice Chairperson; Deb McPeek-McFadden, Secretary; Kurt Peasley, Member at Large; David Griesing, Member at Large

Other Board Members Present: Ken DeLaat

Staff Present: Joe Sedlock, Chief Executive Officer

1. **Call to order:** Chairman Woods called this meeting of the MSHN Board Executive Committee to order at 9:00 a.m.
2. **Approval of Agenda:** Motion by D. Griesing Supported by K. Peasley to approve the agenda for the 02/16/2024 Executive Committee. Motion Carried.
3. **Guest MSHN Board Member Comments:** None
4. **Board Matters**
  - 4.1 **March 5, 2024 Draft Board Meeting Agenda:** Agenda Reviewed; no recommended changes. The Committee noted that the agenda is draft until approved at the meeting by the full board. Mr. Sedlock notified the committee that he will be on a scheduled vacation at the March 5 board meeting and his responsibilities will be covered by Deputy Director Amanda Ittner.
  - 4.2 **Regional Crisis Residential Unit – Proposed Visit by Governing Board Members:** The MSHN regional crisis residential unit, Healthy Transitions, 317 E. Warwick, Suite B, Alma, is offering board members a tour and Q&A session. The committee determined that administration will determine if a tour can be arranged for May (when the risk of bad weather is lower, but the potential for consumers in residence is higher) or to arrange a tour at 4:30 on the date of the board meeting. Mr. Sedlock will consult with staff and determine the best options for the program. If before the March board meeting, MSHN administration will send a separate alert to the full board inviting participation in the tour.
  - 4.3 **Board Self-Evaluation Update:** 15 of 24 responses received to date. There have been some “bugs” in outgoing communications from Survey Monkey. Sherry Kletke will send a final reminder and link to the full board asking anyone who hasn’t yet completed the survey to do so within the next week or so. After the survey closes, results will be compiled and made available to the Executive Committee in April for review and for full board (along with any Executive Committee recommendations) at the May 2024 board meeting.
  - 4.4 **MSHN Board Member Sponsorship – NatCon24:** Mr. Sedlock advised the Executive Committee that David Griesing will be sponsored for attendance at the National Council conference in St. Louis in April.
  - 4.5 **Other (if any):** Discussion of CMHAM Executive Board comments focused on PIHP/CMHSP roles and responsibilities.
5. **Administration Matters**
  - 5.1 **Annual Litigation Report:** J. Sedlock displayed and reviewed the annual litigation report. MSHN monitors the claims to ascertain any settlement implications and any service concerns MSHN may need to address. In prior years, MSHN has been required to report this annually to MDHHS, but MDHHS has changed the requirement to report each claim as it is received. MSHN will inform the Executive Committee at the next meeting after the reported claim.

6. **Other**

6.1 Any other business to come before the Executive Committee: None

6.2 Next scheduled Executive Committee Meeting: 04/19/2024, 9:00 a.m.

7. **Guest MSHN Board Member Comments:** None

8. **Adjourn:** This meeting was adjourned at 9:38 a.m.

MID-STATE HEALTH NETWORK  
BOARD POLICY COMMITTEE MEETING MINUTES  
TUESDAY, FEBRUARY 6, 2024 (VIDEO CONFERENCE)

**Members Present:** John Johansen, Irene O’Boyle, Kurt Peasley, David Griesing, Jeanne Ladd

**Staff Present:** Amanda Ittner, (Deputy Director); Sherry Kletke (Executive Support Specialist)

**1. CALL TO ORDER**

Mr. John Johansen called the Board Policy Committee meeting to order at 10:00 a.m.

**2. APPROVAL OF THE AGENDA**

**MOTION** by David Griesing, supported by Kurt Peasley, to approve the February 6, 2024, Board Policy Committee Meeting Agenda as presented. Motion Carried: 5-0.

**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 of the revisions made to the policies under biennial review for the Provider Network chapter as listed below. Ms. Ittner provided an overview of the changes within the policies to include the recommendation from the committee to add acronym definitions prior to policies being presented to the full board at the March 2024 meeting and to clarify providers are licensed or certified as necessary to operate in the State of Michigan in the Credentialing/Recredentialing policy.

**CHAPTER: PROVIDER NETWORK**

1. CREDENTIALING/RECREREDENTIALING
2. DISCLOSURE OF OWNERSHIP, CONTROL, AND CRIMINAL CONVICTIONS
3. FISCAL YEAR CONTRACT MONITORING
4. PROVIDER DIRECTORY
5. PROVIDER NETWORK MANAGEMENT
6. PROVIDER NETWORK RECIPROCITY
7. SUBSTANCE USE DISORDER DIRECT SERVICE PROCUREMENT

**MOTION** by Kurt Peasley, supported by Irene O’Boyle, to approve and recommend the policies under biennial review to have acronyms defined in all policies where needed and to clarify State of Michigan in the Credentialing/Recredentialing policy before policies are presented at the March 2024 board meeting. Motion carried: 5-0.

Board Policy Committee February 6, 2024: Minutes are Considered Draft until Board Approved

**5. NEW POLICY FOR REVIEW**

Mr. John Johansen invited Ms. Amanda Ittner to discuss the new policy under the Service Delivery chapter as listed below.

**CHAPTER: SERVICE DELIVERY**

1. 1915(i) SPA

**MOTION** by David Griesing, supported by Jeanne Ladd, to approve and recommend the new policy under the Service Delivery chapter as presented. Motion carried: 5-0.

**6. NEW BUSINESS**

Members recommended the Board of Directors Chair, Mr. Edward Woods, announce a reminder of the Board Member Conduct policy at the beginning of board meetings.

Members recommended MSHN staff review each policy to include the definitions of acronyms used prior to presenting to the policy committee.

**7. ADJOURN**

Mr. John Johansen adjourned the Board Policy Committee Meeting at 10:12 a.m.

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

Board Policy Committee February 6, 2024: Minutes are Considered Draft until Board Approved

**REGIONAL OPERATIONS COUNCIL/CEO MEETING**

Key Decisions and Required Action

Date: 01/22/2024

**Members Present:** Lindsey Hull; Maribeth Leonard; Carol Mills; Julie Majeske; Tammy Warner; Kerry Possehn; Michelle Stillwagon; Bryan Krogman; Sandy Lindsey; Sara Lurie

**Members Absent:** Chris Pinter; Tracey Dore

**MSHN Staff Present:** Joseph Sedlock; Amanda Ittner; for specific topics below, Kim Zimmerman and Leslie Thomas

Agenda Item		Action Required			
<b>CONSENT AGENDA</b>	No discussion.				
	Items received.	By Who	N/A	By When	N/A
<b>FY2024 COMPLIANCE PLAN</b>	Kim reviewed the changes to the FY24 Compliance Plan. MSHN included changes as required by the OIG per the MDHHS contract. Discussed the additional OIG requirements.				
	Approved as presented. Next step MSHN Board of Directors approval.	By Who	K. Zimmerman	By When	1.30.24
<b>REGIONAL SPECIALIZED RESIDENTIAL AND SIP RATE INVENTORY</b>	J. Sedlock reviewed the rate inventory as he hoped to have the spreadsheet ready. The information didn't come in very standardized, so it didn't allow for comparison and reporting. The objective was to try to evaluate cost containment strategies by reviewing cost information. The service use analysis will be substituted and will be ready for review in February/March as prepared by Finance.				
	Review the service use analysis in February/March	By Who	J. Sedlock	By When	3.1.24
<b>CBHO UPDATE (SIS REPLACEMENT ASSESSMENT WORKGROUP AND ASD)</b>	T. Lewicki reviewed the update for the SIS replacement workgroup, status and updates. The assessment most likely to be recommended from the workgroup will be the FASI (or the WHODAS 2.0). T. Lewicki also updated the group on a request that came to MSHN to participate in their PROJECT TEAM regarding both adult and children with Autism. Discussed interest from the CMHSPs to participate.				
	Discussion and update only. Todd will send out further information with a request if interested in participation.	By Who	N/A	By When	N/A
<b>BUDGET/CASH FLOW</b>	Tammy brought up a concern regarding cash flow for MCN. MSHN sends all the capitation dollars received minus admin/taxes. The revenue received is less than expected and less than needed due to budgets. The CFO's and CMHAM have been discussing the decline which is more than expected with the disenrollments. MCN is running a deficit and may need to request an advance. Discussed the moving from DAB to Plan First.				

Agenda Item	Action Required				
	The CFO group will review and discuss local follow-up. PIHP Directors have expressed the issue with MDHHS.				
	Discussion only	By Who	N/A	By When	N/A



## POLICIES AND PROCEDURE MANUAL

<b>Chapter:</b>	Provider Network Management		
<b>Title:</b>	Provider Network Credentialing/Recredentialing		
<b>Policy:</b> <input checked="" type="checkbox"/>	<b>Review Cycle:</b> Biennial	<b>Adopted Date:</b> 04.07.2015	<b>Related Policies:</b> Provider Network Management Service Provider Reciprocity Personnel Manual
<b>Procedure:</b> <input type="checkbox"/>	<b>Author:</b> Provider Network Mgmt. Committee, Chief Executive Officer	<b>Review Date:</b> <del>1209.182.2023</del>	
<b>Page:</b> 1 of 4			

### Purpose

In accordance with statutory and funding requirements, Mid-State Health Network (MSHN) is responsible to assure that providers (practitioners and organizations) within the region are appropriately qualified and competent to provide covered and authorized services. All professionals who provide clinical services within the MSHN network must be properly credentialed and recertified.

### Policy

MSHN seeks to ensure the competency and qualifications of the service delivery network in the provision of specialty services and supports covered services and programs. To achieve that goal, it is the policy of MSHN that specific credentialing and recertification activities shall occur and be documented to ensure that staff, regional network providers, and their subcontractors are operating within assigned roles and scope of authority in service delivery or business functions. MSHN shall adopt procedures that assure credentialing and recertification practices require providers and sub-contractors obtain and maintain proper credentials for their job position and responsibilities as required by statute, policies, and/or job description qualifications.

The policy, and related procedures, applies to Community Mental Health Service Participants (CMHSPs) and their network of providers and Substance Use Disorder Service Providers (SUDSPs) contracted directly with MSHN.

### Independent Practitioners

All credentialing/re-credentialing practices shall be conducted in accordance with the [Michigan Department of Health and Human Services \(MDHHS\) Credentialing and Recertification Process](#) and MSHN *Credentialing Independent Practitioners procedure*, and at a minimum, require:

- Initial credentialing upon hire or contracting,
- Re-credentialing at least every two years, and
- A process for ongoing monitoring and primary source verification of expired licenses, certifications, and other credentials.

Credentialing and recertification processes shall not discriminate against: (a) a health care professional solely on the basis of license, registration, or certification; or (b) a health care professional who serves high-risk populations or who specializes in the treatment of conditions that require costly treatment.

Credentialing and recertification processes must ensure that network providers residing and providing services in bordering states meet all applicable licensing and certification requirements within their state.

### Organizational Providers

For organizational providers included in its network, and in accordance with the *Credentialing Organizational Providers procedure*, MSHN and CMHSPs must:

- validate, and re-validate at least every two years, that the organizational provider is licensed or certified as necessary to operate in the State [of Michigan](#), and has not been excluded from Medicaid or Medicare participation.
- ensure that the contract with any organizational provider requires the organizational provider to credential and re-credential their directly employed and subcontract direct service providers in accordance with the MSHN credentialing/re-credentialing policies and procedures (which must conform to MDHHS's

credentialing process).

### **Monitoring and Oversight of Credentialing and Recredentialing Activities**

MSHN provider network credentialing and recredentialing process is delegated to the CMHSP Participants and Substance Use Disorder Service Providers (SUDSP) under contract with MSHN. Delegation includes compliance with the credentialing and recredentialing policies and procedures, conducting specific credentialing and recredentialing activities for applicable health care providers, and establishing and maintaining credentialing records.

All CMHSPs and SUDSPs under contract with MSHN providing Medicaid, Healthy Michigan, and Substance Use Disorder Community Grant Services shall have policies and procedures for credentialing and recredentialing that are updated as needed (not less than biennially), to meet MDHHS credentialing guidelines, MSHN policy, and any other pertinent regulatory requirements. Written credentialing policies and procedures must reflect the scope, criteria, timeliness, and process for credentialing and recredentialing organizational providers and individual practitioners. The policy must be approved by the governing body, and:

- A. Identify the administrative staff member and/or entity (e.g., credentialing committee) responsible for oversight and implementation of the process and delineate their role;
- B. Describe any use of participating providers or practitioners in making credentialing decisions;
- C. Describe the methodology to be used by [Prepaid Inpatient Health Plan \(PIHP\)](#) staff members or designees to provide documentation that each credentialing or re-credentialing file was complete and reviewed prior to presentation to the credentialing committee for evaluation;
- D. Describe how the findings of the Quality Assessment Performance Improvement Program (QAPIP) are incorporated into the re-credentialing process.
- E. Background checks;
- F. Suspension and revocation
- G. Monitoring of credentialing/recredentialing practices including the practices of organizational providers.

MSHN is responsible for the oversight of any delegated credentialing or recredentialing decisions within its service delivery network and shall review these practices in accordance with the MSHN delegated functions monitoring and oversight policy, procedure, and protocols. Compliance shall be assessed based on MSHN policies and standards in effect at the time of the credentialing or recredentialing decision. Credentialing and recredentialing records are subject to MSHN, state, and Federal audit.

MSHN retains the right to approve the credentialing decisions of a CMHSP or SUDSP or require discontinuation of service by organization providers and/or independent practitioners without the proper credentialing status. Improper or insufficient credentialing practices by CMHSP or SUDSP may be cause for contractual sanction(s) by MSHN, requiring a corrective action plan, and could be cause for contract suspension or termination. In accordance with the Medicaid Event Verification Policy and Procedure, MSHN may recoup funds for any fee-for-service provider for any claims/encounters that are found to be invalid as a result of improper credentialing.

Administration of credentialing/recredentialing activities and oversight is the responsibility of the MSHN Deputy Director, under the direction of the Provider Credentialing Committee (PCC). The PCC charter details the membership and roles/responsibilities for credentialing activities.

### **Deemed Status**

Organizational Providers or Independent Practitioners may deliver healthcare services to more than one agency. MSHN, CMHSPs, or SUDSPs may recognize and accept credentialing activities conducted by any other agency in lieu of completing their own credentialing activities. In those instances where MSHN, CMHSPs, or SUDSPs choose to accept the credentialing decision of another agency, they must maintain copies of the credentialing documents including Primary Source Verification (PSV) and the credentialing decision in their administrative records.

MSHN and CMHSPs must utilize the MDHHS Universal Credentialing system as required by MDHHS when credentialing individuals and organizations.

**Notification Requirements and Appeal of Adverse Credentialing Decision:**

Organizational Providers and Independent Practitioners shall be notified, in writing, of all credentialing decisions, including credentialing status, effective date, and recredentialing due date. An organizational provider or independent practitioner that is denied credentialing or recredentialing shall be informed of the reasons for the adverse credentialing decision in writing, within 30 days of the decision, and shall have an appeal process that is available when credentialing or recredentialing is denied, suspended or terminated for any reason other than lack of need. The appeal process must be included as part of an adverse credentialing notification letter.

In instances of a conflict of interest, subcontracted providers responsible for credentialing and recredentialing Independent Practitioners may utilize the MSHN provider appeal process to ensure a neutral and fair appeal process is available.

If the reason for denial, suspension, or termination is egregious (serious threat to health safety of consumers or staff, represents a substantiated criminal activity, etc.) action shall be taken immediately. In the event of immediate suspension or termination MSHN, CMHSPs, and SUDSPs shall address coordination of care so as to prevent disruption of services.

**Record Retention**

All credentialing and recredentialing documentation must be retained for each credentialed provider and include:

- Initial credentialing and all subsequent recredentialing applications;
- Information gained through primary source verification; and
- Any other pertinent information used in determining whether or not the provider met credentialing and recredentialing standards

Records shall be retained in accordance with MSHN Record Retention Policy.

**Reporting Requirements**

CMHSP Participants and SUDSPs are responsible to report suspected fraud, abuse, and licensing violations to MSHN as soon as it is suspected. If a matter expected to lead to suspension or revocation, is known to be related to fraud, abuse, and/or a licensing violation, reporting shall be conducted in coordination with the MSHN Chief Compliance & Quality Officer and any regulatory/investigative agency involved. MSHN and the responsible CMHSP or SUDSP shall coordinate immediate verbal (phone) reporting to the Office of the Inspector General (OIG), Licensing and Regulatory Affairs (LARA) and the Division of Program Development, Consultation and Contracts, Behavioral & Physical Health and Aging Services Administration in MDHHS accordingly. Verbal notice shall be followed by written notice of the matter including any relevant supporting documentation. Information shall be submitted via e-mail in an encrypted format and by regular mail if requested. Once a matter has been turned over to the OIG further investigation should be suspended unless approval is granted by the OIG.

The Chief Compliance & Quality Officer shall maintain records of all credentialing activities reported to MDHHS or the OIG in accordance with MSHN compliance monitoring policies and procedures.

**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:**

[CFR: Code of Federal Regulations](#)

**Credentialing:** the administrative process for reviewing, verifying, and evaluating the qualifications and credentials to ensure individuals and organizations meet the necessary criteria to provide healthcare services.

**CMHSP:** Community Mental Health Services Program

**Independent Practitioner:** the administrative process for reviewing, verifying, and evaluating the qualifications and credentials to ensure individuals meet the necessary criteria to provide healthcare services.

**LARA:** Licensing and Regulatory Affairs

**MDHHS:** Michigan Department of Health & Human Services

**MSHN:** Mid-State Health Network: Prepaid Inpatient Health Plan under contract with the MDHHS to provide

managed behavioral health services to eligible individuals.

**OIG:** Office of Inspector General

**Organizational Providers:** An entity that directly employs and/or contracts with individuals to provide health care services. Examples of organizational providers include, but are not limited to, community mental health services programs (CMHSPs); hospitals; nursing homes; homes for the aged; psychiatric hospitals, units, and partial hospitalization programs; substance abuse programs; and home health agencies.

**PCC:** Provider Credentialing Committee

**PIHP:** [Prepaid Inpatient Health Plan](#)

**PSV:** Primary Source Verification

**QAPIP:** Quality Assessment Performance Improvement Program

**Re-credentialing:** the ongoing administrative process for updating, reviewing, verifying, and evaluating the qualifications and credentials to ensure individuals and organizations meet the necessary criteria to provide healthcare services.

**SUDSP:** Substance Use Disorder Service Provider (Treatment, Prevention, and Recovery)

**References/Legal Authority:**

MSHN Personnel Manual: Credentialing and Recredentialing

MDHHS Contract

MDHHS Credentialing & Re-credentialing Processes

MDHHS SUD Credentialing and Staff Qualification Requirements

MDHHS Medicaid Provider Manual

Public Act 282 of 202

42 [Code of Federal Regulations \(CFR\)](#) 438.214

42 CFR 438.12

**Attachments:**

**Change Log:**

<b>Date of Change</b>	<b>Description of Change</b>	<b>Responsible Party</b>
03.2015	New policy	PNMC
07.2015	Address compliance requirements with MDHHS Contract attachment– P7.1.1 in accordance with MSHN’s	Director of Provider Network Mgmt.
09.2016	Annual Review; Registered Dietitian added to list of professionals requiring credentialing	Director of Provider Network Mgmt.
09.2018	Annual Review	Director of Provider Network Mgmt.
08.2017	Annual Review; update responsible staff title	Director of Provider Network Mgmt.
09.2019	Annual Review – revisions, moved ‘A Word About Professional Licensure’ to LIP Procedure	Director of Provider Network Management Systems
11.2021	Biennial Review – Changed titles as necessary; Removed attachment references to MDHHS contract	Contract Manager
01.2023	Revised and updated language in accordance with MDHHS Credentialing and Recredentialing Processes revision 03/24/23.	Compliance Administrator/Deputy Director
12.2023	<del>Biennial</del> Annual Review	Contract Manager

## POLICIES AND PROCEDURE MANUAL

<b>Chapter:</b>	Provider Network Management		
<b>Title:</b>	Disclosure of Ownership, Control, and Criminal Convictions		
<b>Policy:</b> <input checked="" type="checkbox"/> <b>Procedure:</b> <input type="checkbox"/> <b>Page:</b> 1 of 2	<b>Review Cycle:</b> Biennial  <b>Author:</b> Director of Provider Network Management Systems	<b>Adopted Date:</b> 01.05.2016  <b>Review Date:</b> <a href="#">1203.1804.2023</a>  <b>Revision Eff. Date:</b>	<b>Related Policies:</b> Provider Network Management Provider Credentialing and Re-Credentialing Quality Monitoring and Oversight

### Purpose

Federal regulations require [Prepaid Inpatient Health Plans \(PIHPs\)](#) to disclose information about individuals with ownership or control interests in the PIHP. These regulations also require the PIHP to identify and report any additional ownership or control interests for those individuals in other entities, as well as identify when any of the individuals with ownership or control interests have spousal, parent-child, or sibling relationships with each other.

### Policy

Mid-State Health Network (MSHN) and Community Mental Health Service Providers (CMHSP) shall comply with the federal regulations to obtain, maintain, disclose, and furnish required information about ownership and control interests, business transactions, and criminal convictions as specified in 42 [Code of Federal Regulations \(CFR\)](#) §455 Subpart B. In addition, MSHN shall ensure that any and all contracts, agreements, purchase orders, or leases to obtain spaces, supplies, equipment, or services provided under the Medicaid agreement require compliance with 42 CFR §455.104-106.

MSHN shall develop procedures to address the following:

- disclosure statement requirements;
- when disclosures are obtained;
- monitoring provider networks;
- reporting with regard to criminal offense;
- delegation and oversight

### 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

[CFR: Code of Federal Regulations](#)

[CMHSP: Community Mental Health Services Program](#)

[MDHHS BHDDA: Michigan Department of Health and Human Services, Behavioral Health and Developmental Disabilities Administration](#)

[MSHN: Mid-State Health Network](#)

[PIHP: Prepaid Inpatient Health Plan](#)

### References/Legal Authority

42CFR §455 Subpart B

42CFR §455.104-106

The Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program(s)  
Social Security Act, Sections 1128(a) and 1128(b)(1)(2), or (3)

**Attachments**



MSHN Ownership  
and Disclosure Form

**Change Log**

<u>Date of Change</u>	<u>Description of Change</u>	<u>Responsible Party</u>
07.2015	New policy	Director of Provider Network Management Svcs
11.2017	Annual Review, No Revisions	Director of Provider Network Management Svcs
10. 2018	Annual Review, No Revisions	Director of Provider Network Management Svcs
09.2019	Annual Review, No Revisions	Director of Provider Network Management
11.2021	Biennial Review – No Changes	Contract Manager
12.2023	Biennial Review	Contract Manager

POLICIES AND PROCEDURE MANUAL

<b>Chapter:</b>	<b>Provider Network Management</b>		
<b>Title:</b>	<b>Fiscal Year Contract Monitoring (Amounts vs. Expenses)</b>		
<b>Policy:</b> <input checked="" type="checkbox"/>	<b>Review Cycle:</b> Biennial	<b>Adopted Date:</b> 09.01.2020	<b>Related Policies:</b> Procurement Administrative & Retained PIHP Function Contract Monitoring and Oversight
<b>Procedure:</b> <input type="checkbox"/>	<b>Author:</b> Contract Manager/Finance Manager	<b>Review Date:</b> <del>12.03.01.2023</del>	
<b>Page:</b> 1 of 3			

**Purpose**

The purpose of this policy is to outline general guidelines for administrative contracts for the purposes of approval, execution, and expense monitoring.

**Policy**

All contracts and agreements that need to be executed by the [Mid-State Health Network \(MSHN\) Chief Executive Officer \(CEO\)](#) shall be routed through the Contract Manager for review, tracking, and to obtain CEO signature. In accordance with the *Protocol for Use of Signature Stamp*, the Contract Manager is authorized to sign contracts or agreements using the CEO signature under specific conditions – See Attachment A.

Contract listings shall only come from the Assigned Leadership member to the Contract Manager in accordance with the Administrative Contract Monitoring Procedure.

[Business Associate Agreements/Qualified Service Organization Agreements \(BAAs/QSOAs\)](#) issued to vendors where no formal contract or agreement is established shall be reissued to the vendor and updated at least every three years. Vendor issued BAA/QSOAs shall be reviewed and approved by the MSHN Privacy Officer and Security Officer to ensure all requirements are met.

Contract Maximum expense monitoring report shall be issued to Leadership on a bi-monthly basis and shall identify contracts that have a balance of less than 25% remaining.

**Applies to:**

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

**Definitions:**

**Agreements:** Non-financial arrangements such as Data Use Agreements, Medicaid Health Plan Agreements.

**Business Associate Agreement (BAA):** The most common agreement between a Covered Entity and its third-party service provider is the BAA. BAA is more common terminology to healthcare providers than the term QSOA simply because a vast majority of Covered Entities do not qualify as Part 2 Programs, and therefore, Covered Entities are using BAAs much more frequently than QSOAs. There are certain [required elements of a BAA](#) such as 1) establish permitted and required uses and disclosures of PHI by the Business Associate; 2) provide that the Business Associate will not use or further disclose the information other than as permitted by the BAA or as otherwise required by law; and 3) require the Business Associate to implement appropriate safeguards to prevent unauthorized use or disclosure of PHI.

[CFR: Code of Federal Regulations](#)

Qualified Service Organization (QSO): Third-party service providers must become qualified to service Part 2 Programs. This is achieved through the entity entering into a written agreement with the Part 2 Program in which it acknowledges that it is bound by the [Part 2 confidentiality regulations](#) and agrees to resist in judicial proceedings any efforts to obtain unauthorized access to patient identifying information related to substance use disorder diagnosis, treatment, or referral for treatment that may come into its possession

QSOA: Qualified Service Organization Agreement

MSHN: Mid-State Health Network

CEO: Chief Executive Officer

**References/Legal Authority:**

Health Insurance Portability and Accountability Act and 42 [Code of Federal Regulations \(CFR\)](#) PART 2 MDHHS Contract, Provider Procurement

**Change Log**

<b>Date of Change</b>	<b>Description of Change</b>	<b>Responsible Party</b>
6.2020	New Policy	Contract Manager/Finance Manager
11.2021	Biennial Review – Updated titles as necessary	Contract Manager
<u>12.2023</u>	<u>Policy Update</u> <del>Biennial Review</del>	<u>Contract Manager</u>



Attachment A

**Protocol for Use of Signature Stamp**

Adopted: July 08, 2019

Reviewed: December 1, 2023

Purpose: The purpose of providing a signature stamp and/or electronic image of signature is to expedite approved contract processing time, reduce supply consumption, and enhance efficiency.

The signature stamp or electronic image of signature belonging to the Chief Executive Officer may be used by the MSHN Contracts Manager under the following conditions:

- The signature may be applied electronically or via stamp on all contracts approved by the Mid-State Health Network Board of Directors.
  - A log of stamp/image use (Date, Contract (or Document) Name) is to be maintained by the contract manager and must be provided on request.
- Contracts that are within the signature authority of the CEO but not on a board approval list must be presented for manual signature and the stamp/image may NOT be used.
- The signature or image may NOT be applied to non-contract documents, letters, emails, checks, bills, any banking instrument, or any other agreement not specifically authorized in this protocol.
- When not in use, the signature stamp must be kept in a secure location inaccessible to others.
- Appropriate steps should be taken to safeguard the electronic image of signature. Specifically, the image should only be applied to PDFs of documents authorized for signature and never distributed as part of a non-PDF document.

\_\_\_\_\_  
Contract Manager

\_\_\_\_\_  
Chief Executive Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**POLICIES AND PROCEDURE MANUAL**

<b>Chapter:</b>	<b>Provider Network Management</b>		
<b>Title:</b>	<b>Provider Network Directory – Information Requirements</b>		
<b>Policy:</b> <input checked="" type="checkbox"/>	<b>Review Cycle:</b> Biennial	<b>Adopted Date:</b> 07.10.2018	<b>Related Policies:</b>
<b>Procedure:</b> <input type="checkbox"/>	<b>Author:</b> Director of Provider Network Management Systems	<b>Review Date:</b> <del>1203.1804.2023</del>	
<b>Page:</b> 1 of 2		<b>Revision Eff. Date:</b>	

**Purpose**

Mid-State Health Network (MSHN) and the Community Mental Health Service Provider (CMHSP) Participants shall maintain a current directory of its provider network and comply with the requirements of the Medicaid Managed Care Rule, 438.10(h) Information Requirements – Information for Potential Enrollees – Provider Directory.

**Policy**

1. MSHN and the CMHSPs shall make available the following information for potential enrollees in paper form upon request and electronic form:
  - a. The provider’s name as well as any group affiliation.
  - b. Street address(es).
  - c. Telephone number(s).
  - d. Website URL, as appropriate.
  - e. Specialty, as appropriate.
  - f. Whether the provider will accept new enrollees.
  - g. The provider’s cultural and linguistic capabilities, including languages (including American Sign Language) offered by the provider or a skilled medical interpreter at the provider’s office, and whether the provider has completed cultural competence training.
  - h. Whether the provider’s office/facility has accommodations for people with physical disabilities, including offices, exam room(s) and equipment.
2. The provider directory must include the information in paragraph (1) of this section for each of the following provider types:
  - a. Physicians, including specialists;
  - b. Hospitals;
  - c. Pharmacies;
  - d. Behavioral health providers; and
  - e. [Long Term Services and Supports \(LTSS\)](#) providers, as appropriate.
3. Information included in a paper provider directory must be updated at least monthly and electronic provider directories must be updated no later than thirty (30) calendar days after MSHN receives updated provider information.
4. Provider directories must be made available on the MSHN’s website in a machine-readable file and format.
5. Each CMHSP shall designate staff member(s) responsible for supporting Information Requirements and the related Provider Network Directory – Information Requirements procedure.

**Applies to:**

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

**Definitions:**

CMHSP: Community Mental Health Service Programs

LTSS: Long Term Services and Supports

MSHN: Mid-State Health Network

URL: Uniform Resource Locator; the generic term for all types of names and addresses that refer to objects on the World Wide Web

**Other Related Materials:**

N/A

**References/Legal Authority:**

- Medicaid Managed Specialty Supports and Services Concurrent 1915 (b)/(c) Waiver Program
- Managed Care Rule, 438.10(h) Information Requirements – Information for Potential Enrollees – Provider Directory, effective 7.1.17

**Change Log:**

<b>Date of Change</b>	<b>Description of Change</b>	<b>Responsible Party</b>
04.2018	New Policy	Director of Provider Network Mgmt. Systems
09.2018	Annual Review	Director of Provider Network Mgmt. Systems
9.2019	Annual Review – no change	Director of Provider Network Management
11.2021	Biennial Review – No Changes	Contract Manager
12.2023	Biennial Review	Contract Manager

## POLICIES AND PROCEDURES MANUAL

<b>Chapter:</b>	<b>Provider Network Management</b>		
<b>Section:</b>	<b>Provider Network Management</b>		
<b>Policy:</b> <input checked="" type="checkbox"/> <b>Procedure:</b> <input type="checkbox"/> <b>Page:</b> 1 of 4	<b>Review Cycle:</b> Biennial  <b>Author:</b> Provider Network Management Committee	<b>Adopted Date:</b> 12.03.2013  <b>Review Date:</b> <del>12.03.1804.2023</del>	<b>Related Policies:</b> SUD Direct Service Provider Procurement MSHN Procurement Policy

### Purpose

To establish guidelines for the development and management of the Mid-State Health Network (MSHN) provider network and [Community Mental Health Service Program \(CMHSP\)](#) Service Delivery System; to establish standardized systems and processes for the provider network and contract management administration and oversight across MSHN.

### Policy

#### A. Network Monitoring and Oversight

1. MSHN shall execute a standard written agreement with each CMHSP Participant/Substance Use Disorder Service Provider (SUDSP) to establish CMHSP Participant/SUDSP responsibilities and ensure compliance with all applicable federal and state standards and requirements including those of the Balanced Budget Act (BBA), Medicaid Provider Manual and the Medicaid Specialty Services and Supports Contract.
2. MSHN will monitor CMHSP Participants/SUDSPs at least annually in order to assure the safety, protection, and welfare of consumers/service recipients and to assure compliance with MSHN Policies and all applicable laws and contractual obligations. Such monitoring shall include, but not be limited to, Medicaid claims verification, provider training and credentialing, clinical documentation review, utilization management, and the review of customer services, person-centered planning, and quality assurance activities. Annually, MSHN will additionally conduct formal Risk Assessment for each SUDSP provider, which summarizes risk information not fully captured in the site review process. Risk level will be considered during the following times:
  - A. Organizational provider recredentialing (biennially) and will be used to determine ongoing participation in the network.
  - B. When SUDSP seeks contract expansion (i.e., new site or new services).
  - C. When SUDSP requests additional cost reimbursement funding (lesser of 50% increase in annual allocation or total cost reimbursement over \$100,000 at the discretion of the MSHN Chief Financial Officer).
3. CMHSP Participants/SUDSPs unable to demonstrate acceptable performance shall be required to provide corrective action including but not limited to additional [Prepaid Inpatient Health Plan \(PIHP\)](#) oversight and interventions, and may be subject to sanctions imposed by MSHN.

#### B. Network Adequacy/Sufficiency

1. MSHN shall ensure an adequate and sufficient network of providers through a variety of mechanisms including, but not limited to, the development of a comprehensive list of all providers in the region, regular reviews of access and availability data, review of annual CMHSP Community Needs Assessments and Demand for Services data, review of utilization reports, and solicitation of stakeholder input.
2. Each CMHSP Participant shall conduct a local assessment of community need consistent with the MDHHS Guidelines for Community Needs Assessment. This assessment shall aid in informing decisions related to the sufficiency and adequacy of the provider network to address local needs and priorities. The assessment shall also determine whether services are available in accordance with MDHHS and Medicaid Provider Manual requirements.

3. Annually MSHN shall evaluate the needed and actual capacity of its provider network via a review of available data sources. MSHN shall consider, at a minimum, anticipated Medicaid enrollment, expected utilization, and required numbers and types of providers, number of network providers not accepting new beneficiaries, geographic location of providers and beneficiaries, the distance, travel time, and the availability of transportation including physical access for beneficiaries with disabilities. MSHN shall also consider the availability of local inpatient beds, crisis capacity, local alternatives to residential care, and regional alternatives to segregated day service in its decisions about network capacity and sufficiency. Consumer satisfaction with the existing service array shall also be reviewed and considered in this annual assessment. On an annual basis, MSHN shall forward its Network Adequacy Assessment upon completion to [Michigan Department of Health and Human Services \(MDHHS\)](#) based on the department's requirements.
  4. Based on this analysis MSHN may redistribute resources per the Operating Agreement where necessary to ensure timely access and necessary service array to address consumer demands. MSHN will explore economies of scale in purchasing, rate setting, regional capacity development and other efficiencies. MSHN shall also annually produce a plan from its evaluation findings and shall develop recommendations for network development.
- C. MSHN shall monitor and maintain a network of appropriate providers that is sufficient to provide adequate access to all services covered under the contract for all eligible persons including those with limited English proficiency or physical or mental disabilities. MSHN will ensure that network providers provide physical access, reasonable accommodations, and accessible equipment for Medicaid enrollees with physical or mental disabilities.
- D. CMHSP Service Delivery System
1. Development and management of the CMHSP Service Delivery System are functions delegated by the PIHP to the CMHSP Participants. Contracts executed between CMHSPs and subcontractors shall be consistent in terms of provider expectations, though documents may differ among CMHSPs. CMHSP Participants shall develop mechanisms for sharing application materials, provider monitoring/auditing reports, and provider training and credentialing when contracting with common providers in the region.
  2. MSHN shall require each CMHSP Participant to have written policies and procedures and to maintain evidence of compliance with network development standards that meet state and federal requirements. This includes:
    - i. Public, fair, and open processes for provider selection, provider qualification programs or other similar valid processes taking place on a regular or reoccurring basis.
    - ii. Consumer input in CMHSP provider selection processes where feasible, that includes new program development or service array expansion to meet local needs where indicated.
    - iii. Provider orientation and training for specific service delivery needs that meet requirements and conforms with applicable best practices, and methods to identify new workforce training needs.
    - iv. Verification of provider qualifications and credentials required for service delivery responsibilities.
    - v. An assigned individual at each CMHSP who is responsible to maintain compliance and consistency with standards and requirements in this area.
    - vi. Compliance with State and Federal Procurement Guidelines.
  3. Each CMHSP Participant shall assign staff to carry out the network development and management functions delegated by the PIHP in a manner consistent with the standards and requirements established by MDHHS, the BBA and MSHN.

E. SUDSP Service Delivery System

1. Development and management of the SUDSP service delivery system is a retained function of the PIHP. MSHN impanels SUDSPs in accordance with the MSHN [Substance Use Disorder \(SUD\) Direct Service Provider Procurement Policy](#). Contracts executed between MSHN and SUDSPs shall be consistent in terms of provider expectations, though documents may differ among SUDSPs.
2. MSHN shall require each SUDSP to have written policies and procedures and to maintain evidence of compliance with network development standards that meet state and federal requirement. This includes:
  - i. Provider orientation and training for specific service delivery needs that meet requirements and conform with applicable best practices, and methods to identify new workforce training needs.
  - ii. Verification of provider qualifications and credentials required for service delivery responsibilities.
  - iii. An assigned individual who is responsible to maintain compliance and consistency with standards and requirements in this area.
  - iv. Compliance with State and Federal Procurement Guidelines.

F. Provider Qualifications and Credentialing

1. MSHN shall ensure that CMHSP Participants/SUDSP comply with all MDHHS guidelines and federal regulations related to credentialing, re-credentialing, and primary source verification of professional staff, as well as the qualifying of non-credentialed staff, and in accordance with MSHN policies and procedures. MSHN will monitor CMHSP/SUDSP credentialing and qualifying activities at least annually to ensure compliance with these standards.

G. Conflict of Interest

1. All CMHSP Participants/SUDSPs will consistently function with integrity, in compliance with requirements of all applicable laws, utilizing sound business practices, and with the highest standards of excellence.

H. Payment Liability

1. MSHN shall ensure that CMHSP Participants/SUDSPs comply with enrollee rights related to payment liability. Written agreements shall ensure that beneficiaries are not held liable when the PIHP does not pay the health care provider furnishing services under the contract.

**Applies to:**

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

**Definitions/Acronyms:**

[BBA: Balanced Budget Act](#)

[CMHSP: Community Mental Health Service Programs](#)

[MDHHS: Michigan Department Health and Human Services](#)

[MSHN: Mid-State Health Network, ~~the Prepaid Inpatient Health Plan~~](#)

[OFPP: Office of Federal Procurement Policy](#)

[PIHP: Prepaid Inpatient Health Plan](#)

[PNMC: Provider Network Management Committee](#)

[SUD: Substance Use Disorder](#)

[SUDSP: Substance Use Disorder Service Provider](#)

**Related Procedures**

N/A

**Monitoring and Review Completed By:**

This policy shall be reviewed ~~biennially~~ ~~annually~~ by the MSHN ~~Chief Financial Officer~~ ~~Director of Provider Network Management~~ in collaboration with CMHSP Participants ([PNMC](#)). Compliance with this policy shall be ensured through any of the following: Annual monitoring of CMHSP Participants (i.e. delegated managed care), review of data and submitted reports, and/or on-site visits. External monitoring by MDHHS and/or accreditation bodies may also occur.

**References/Legal Authority**

- BBA 438.214(b)(2) Provider Selection
- Medicaid Managed Specialty Supports and Services Concurrent 1915(b)(c) Waiver Program (which includes the Credentialing/Re-Credentialing policy)
- Medicaid Provider Manual
- Federal Procurement Guidelines (The Office of Federal Procurement Policy (OFPP) - Office of Management and Budget)
- MSHN Procurement Policy
- MSHN SUD Direct Service Provider Procurement Policy
- Provider Risk Assessment Profile

**Change Log:**

<b>Date of Change</b>	<b>Description of Change</b>	<b>Responsible Party</b>
12.03.2013	New Policy	Provider Network Mgmt Committee
12.2014	Annual Review	Provider Network Mgmt Committee
03.2016	Annual Review and Revisions	Provider Network Mgmt Committee
08.24.2017	Annual Review and Revisions	Provider Network Mgmt Committee
09.2018	Annual Review, No Revisions	Provider Network Mgmt Committee
09.2019	Annual Review	Director of Provider Network Management
03.2020	Risk Assessment for SUDSPs	Director of Provider Network Management
12.2021	Added annual requirement to forward NAA to MDHHS	Provider Network Mgmt Committee
12.2023	<del>Biennial Review</del> <a href="#">Policy Update</a>	Provider Network Mgmt Committee

## POLICIES AND PROCEDURES MANUAL

<b>Chapter:</b>	<b>Provider Network Management</b>		
<b>Title:</b>	<b>Service Provider Reciprocity</b>		
<b>Policy:</b> <input checked="" type="checkbox"/> <b>Procedure:</b> <input type="checkbox"/> <b>Page:</b> 1 of 2	<b>Review Cycle:</b> Biennial  <b>Author:</b> MSHN Provider Network Management Committee	<b>Adopted Date:</b> 01.06.2015  <b>Review Date:</b> <del>1203.1801.2023</del>  <b>Revision Eff. Date:</b>	<b>Related Policies:</b> Provider Network Management

**Purpose**

To provide a framework for the [Mid-State Health Network \(MSHN\)](#) commitment to service providers in all key aspects of provider network management and relations, which seeks to promote reasonable levels of reciprocity and efficiencies wherever feasible to reduce duplication of resources and expedite provider related processes in accordance with the MDHHS/PIHP Specialty Mental Health and Substance Use Disorder Services and Supports Network Management Reciprocity & Efficiency Policy.

**Policy**

It is the policy of MSHN that [Community Mental Health Service Program \(CMHSP\)](#) Participants will promote and facilitate reciprocity and efficiencies in the development of processes for service delivery providers for mental health and substance use disorder services.

- A. MSHN will provide regional leadership in the development of region-wide common practices, documents and processes wherever feasible.
- B. Each CMHSP Participant will have demonstrated reciprocity practices that facilitate provider efficiency and/or expedition of provider consideration relative to credentialing, monitoring and training.
- C. MSHN CMHSP Participants will readily share and accept documents and records within MSHN and with other [Prepaid Inpatient Health Plans \(PIHPs\)](#) in order to engender provider reciprocity, including provider contracting/procurement, provider monitoring, credentialing and recredentialing records, transcripts and/or training protocols/curriculums.
- D. CMHSP Participants of MSHN will seek to promote both simplification and readily available access for service providers regarding needed information, reporting conditions and overall communications.
- E. While it is understood that each CMHSP Participant may have unique approaches or procedures, common policies and simplification efforts to support common provider experience across the region will be pursued.
- F. MSHN CMHSP Participants will support the ability of partner training/continuing education leaders, whenever feasible to 1) collaborate on resources, 2) share teaching curriculums/protocols, 3) facilitate mutual programs, 4) share mutual training resources, and 5) allow for attendance access upon request in MSHN CMHSP Participant programs on a reciprocal basis.
- G. CMHSP Participants will implement regionally approved reciprocity protocols including standard contract templates and regional monitoring standards.
- H. This policy applies to all CMHSP Participants who are involved in provider processes in the MSHN region.

**Applies to:**

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



**Definitions:**

CMHSP: Community Mental Health Service Program Participant

MDHHS: [Michigan Department of Health and Human Services](#)

MSHN: Mid-State Health Network

PIHP: Pre-Paid Inpatient Health Plan

PNMC: Provider Network Management Committee

**Other Related Materials:**

N/A

**References/Legal Authority:**

MDHHS PIHP Specialty Mental Health and Substance Use Disorder Services and Supports Network Management Reciprocity & Efficiency Policy

**Change Log:**

<b>Date of Change</b>	<b>Description of Change</b>	<b>Responsible Party</b>
11.22.2014	New policy	G. Reed
01.2016	Annual Review	Provider Network Management Committee
09.28.2016	Annual Review	Provider Network Management Committee
08.2017	Annual Review; updated legal reference, expanded on activities for which reciprocity shall be pursued	Director, Provider Network Mgmt. Systems
09.2018	Annual Review	Director, Provider Network Mgmt. Systems
09.2019	Annual Review – added use of regionally approved protocols/templates	Directory Provider Network Mangement
11.2021	Biennial Review – No Changes	Contract Manager
<u>12.2023</u>	<u>Biennial Review</u>	<u>Provider Network Management Committee</u>

## POLICIES AND PROCEDURE MANUAL

<b>Chapter:</b>	<b>Provider Network Management</b>		
<b>Title:</b>	<b>Substance Use Disorder Service Provider Procurement</b>		
<b>Policy:</b> <input checked="" type="checkbox"/>	<b>Review Cycle:</b> Biennial	<b>Adopted Date:</b> 01.06.2016	<b>Related Policies:</b> Provider Network Management Provider Network Credentialing and Re-credentialing Policy
<b>Procedure:</b> <input type="checkbox"/>	<b>Author:</b> Chief Financial Officer, Contract Manager	<b>Review Date:</b> <del>1209.183.2023</del>	
<b>Page:</b> 1 of 2			

### Purpose

This policy is intended to provide guidance to Mid-State Health Network (MSHN) staff involved with Substance Use Disorder (SUD) provider network panel procurement and contracting.

### Policy

It is MSHN's objective to acquire needed services and supports at fair and economical prices, with appropriate attention to quality of care and maintenance of existing-care relationships and service networks currently used by service recipients.

MSHN maintains a managed open Substance Use Disorder provider panel of organizational providers and/or provider network entities that are:

- Qualified: with appropriate credentials, license(s), accreditation, quality review, and meet pre- contract and ongoing site review standard(s),
- Willing: to accept contract terms, price and performance expectations, oversight activities, etc.
- Able: with a history of providing same or like services at a satisfactory level; qualified staff; satisfied fund sources,
- Competent: with administrative, clinical, billing, financial and other systems to support/produce desired outcomes,
- Needed: there exists in the MSHN region or parts of the region a documented need for the services/supports offered by the provider and sufficient projected beneficiary/service volume to justify empaneling a provider, and
- On file with MSHN after having submitted a completed Provider Network Application and Ownership & Controlling Interested Disclosure Statement.

MSHN conducts a periodic assessment of its provider network adequacy to identify underserved locales and underserved populations within the MSHN Region. As a result of the assessment, MSHN may, in its sole discretion, using any legitimate means including by way of competitive or non-competitive solicitation, empanel Licensed Independent Practitioners or any other provider(s) or vendor(s) to provide specialized services or to improve access to services in underserved areas thus increasing consumer choice. MSHN shall notify eligible network providers when new or existing expansion service opportunities exist. Notification may include constant contact, provider targeted emails, website posting, and meeting notes confirming verbal statements.

MSHN may, at its sole discretion, periodically review, revise, renew or update its provider network. MSHN may use a formal Request for Proposals (RFP) for provider services in circumstances where gaps exist, expansion is desirable, or service capacity is low, or for any other reason in the interests of MSHN. MSHN, in its sole discretion, may restrict or otherwise limit the number of providers that can participate in its provider network in any portion of or for all of its region. Factors that are considered in these circumstances include, but are not limited to, level(s) of utilization of the same or similar services in the geographic or sub-geographic area to be served, consumer choice considerations, quality, cost, pricing, provider saturation, other market factors or other programmatic considerations. For some market factors, such as but not limited to service cost comparison, a periodic Request for Quote (RFQ) process, annual planning process, or similar processes may be utilized when MSHN would like to obtain new or updated information.

**MSHN’s procurement processes shall reflect applicable State and local laws and regulations, provided that the procurements conform to applicable Federal law and the standards identified in 45 Code of Federal Regulations (CFR) 92.36.Applies to:**

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

**Definitions:**

**CFR: Code of Federal Regulations**

**Managed Open Provider Panel:** Status by which MSHN, in its sole discretion, may contract with a qualified, willing, able, and competent provider or provider entity without going through a formal RFP process, depending upon the needs of the region or a specific sub-geographical part of the region, service demand, service utilization and other market and programmatic factors identified in this policy.

**MSHN: Mid-State Health Network**

**Request for Proposal (RFP):** A solicitation, often made through a bidding process, by an agency or company interested in procurement of a commodity, service or valuable asset, to potential suppliers to submit business proposals.

**Request for Quote (RFQ):** A solicitation in which an agency or company seeks outside providers or vendors to provide a cost quote for the completion of a particular project, service, or program. An RFQ is more likely to occur in situations where products and services are standardized, since this allows the soliciting agency to compare the different bids easily.

**SUDSP: Substance Use Disorder Service Provider:** Agency that provides prevention, early intervention, outpatient, withdrawal management, residential, recovery housing, or medication assisted treatment services.

**MSHN: Mid-State Health Network**

**Other Related Materials:**

**Procurement through Request for Proposal Procedure** Procurement Technical Requirements

**References/Legal Authority:**

**2 CFR 200;Support D; Sections 318 through 326**

**Change Log:**

<b><u>Date of Change</u></b>	<b><u>Description of Change</u></b>	<b><u>Responsible Party</u></b>
11.2015	New Policy	Director of Provider Network Mgmt. Systems
08.2017	Annual Review/Update Language	Director of Provider Network Mgmt. Systems
10.2018	Annual Review	Director of Provider Network Management
01.2020	Annual Review	Director of Provider Network Management
09.2020	Review to included Needed Requirement	Chief Executive Officer
11.2021	Biennial Review – Removed attachment reference to MDHHS contract	Contract Manager
06.2022	Policy Update	Contract Manager, Chief Financial Officer
12.2023	Biennial Review	Contract Manager, Chief Financial Officer

## POLICIES AND PROCEDURES MANUAL

<b>Chapter:</b>	<b>Service Delivery System</b>		
<b>Title:</b>	<b>1915(i) State Plan Amendment Policy</b>		
<b>Policy:</b> <input checked="" type="checkbox"/>	<b>Review Cycle:</b>	<b>Adopted Date:</b>	<b>Related Policies:</b>
<b>Procedure:</b> <input type="checkbox"/>	<b>Author: Chief Behavioral Health Officer</b>	<b>Review Date:</b>	
<b>Page:</b>			

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### **Purpose**

This policy sets forth the guidelines and expectations for Mid-State Health Network’s (MSHN) administration of the 1915(i) State Plan Amendment (SPA) program to provide eligible Medicaid beneficiaries additional home and community based (HCBS) services.

### **Policy**

MSHN shall administer the 1915(i) SPA program in accordance with the Prepaid Inpatient Health Plan (PIHP) contract and the Michigan Medicaid Provider Manual (MMPM). The 1915(i) SPA benefit is available to beneficiaries with a severe emotional disturbance (SED), serious mental illness (SMI), and/or intellectual/developmental disability (IDD) who are currently residing in a Home and Community Based Services (HCBS) setting and who meet certain needs-based criteria.

### **Eligibility**

The 1915(i) SPA benefit is available to beneficiaries with a SED, SMI, and/or IDD who are currently residing in an HCBS setting and who meet the needs-based criteria for the 1915(i) SPA benefit. Certain 1915(i) SPA services are State Plan Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services when delivered to individuals ages birth-21 years. Other service benefits/authorities with overlapping service arrays that take precedence based on eligibility include Certified Community Behavioral Health Clinic (CCBHC) services, and the 1915(c) Waivers (i.e. Children’s Waiver, Serious Emotional Disturbance Waiver, and Habilitation Supports Waiver).

### **Needs-Based Criteria**

1. Have a substantial functional limitation in one or more of the following areas of major life activity:
  - a. Self-care
  - b. Communication
  - c. Learning
  - d. Mobility
  - e. Self-direction
  - f. Capacity for independent living
  - g. Economic self-sufficiency; and
  
2. Without 1915(i) SPA services, the beneficiary is at risk of not increasing or maintaining a sufficient level of functioning to achieve their individual goals of independence, recovery, productivity, and/or community inclusion and participation.

Eligible 1915(i) SPA beneficiaries must be enrolled in the Waiver Support Application (WSA) by following the necessary enrollment process which entails review and approval by the PIHP and Michigan Department of Health and Human Services (MDHHS) designees. The enrollment process is intended to verify that eligibility determinations were made in alignment with the 1915(i) SPA requirements.

MSHN shall establish and maintain adequate procedures to assure effective administration of the program across the region, including:

- Enrollment and recertification procedure
- Disenrollment and transfer procedure

**Applies to:**

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

**Definitions**

- CCBHC: Certified Community Behavioral Health Clinic
- CMHSP: Community Mental Health Service Provider
- CWP: Children’s Waiver Program
- EPSDT: Early and Periodic Screening, Diagnosis and Treatment
- HCBS: Home and Community Based Services
- HSW: Habitation Supports Waiver
- IDD: Intellectual and/or Developmental Disability
- MDHHS: Michigan Department of Health and Human Services
- MMPM: Michigan Medicaid Provider Manual
- MSHN: Mid-State Health Network
- PIHP: Prepaid Inpatient Health Plan
- SED: Serious Emotional Disturbance
- SEDW: Serious Emotional Disturbance Waiver
- SMI: Serious Mental Illness
- SPA: State Plan Amendment
- WSA: Waiver Support Application

**Other Related Materials**

**References/Legal Authority**

- MDHHS, Medicaid Provider Manual; Section 17 – Behavioral Health 1915(i) Home and Community-Based Services (HCBS) State Plan Amendment
- MDHHS – PIHP Contract
- Michigan Mental Health Code

**Change Log:**

<u>Date Of Change</u>	<u>Description of Change</u>	<u>Responsible Party</u>
11/9/2023	New policy	MSHN State Plan Coordinator