

# Southwest Michigan

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## BEHAVIORAL HEALTH

### Southwest Michigan Behavioral Health Board Meeting

5250 Lovers Lane, Portage, MI 49002

Dial-in: 1-844-655-0022

Access Code: 738 811 844

November 8, 2019

9:30 am to 11:30 am

Draft: 11/7/19

1. Welcome Guests/Public Comment
2. Agenda Review and Adoption (d) (pg.1)
3. Michael McShane, Financial Interest Disclosure and Conflict of Interest Handling (P. Morey)
4. Consent Agenda
  - a. October 11, 2019 SWMBH Board Meeting Minutes (d) (pg.3)
  - b. Customer Service Advisory Committee Nominations (d) (pg.8)
  - c. Annual Financial Interest Disclosure with no new disclosures:  
Nancy Johnson (P. Morey)
5. Operations Committee
  - Operations Committee Minutes September 18, 2019 (d) (pg.9)
6. **Ends Metrics Updates \*motion required**  
*Is the Data Relevant and Compelling? Is the Executive Officer in Compliance? Does the Ends need Revision?*
  - a. \*Fulfillment of Contractual Obligations: 2019 Health Services Advisory Group (HSAG) Performance Measurement Validation Review (d) (J. Gardner) (pg.12)
  - b. \*Fulfillment of Contractual Obligations: Customer Service, Grievance & Appeals and Health Services Advisory Group (HSAG) Correction Action Plan (d) (S. Ameter) (pg.20)
  - c. \*Fulfillment of Contractual Obligations: Fiscal Year 2019 Performance Improvement Project-Health Services Advisory Group (HSAG) Review (d) (M. Kean) (pg.21)
7. **Board Actions to be Considered**
  - a. Fiscal Year 2020 Program Integrity Compliance Plan (d) (P. Morey) (pg.26)
  - b. BEL-010 RE 501 (c) (3) Representation Policy Revisions (d) (S. Barnes) (pg.54)
  - c. 2020-2021 Ends Metrics (d) (J. Gardner) (p.55)
  - d. 2020 SWMBH Board Meetings Calendar (d) (pg.63)
8. **Board Policy Review**  
*Is the Board in Compliance? Does the Policy Need Revision?*
  - BG-003 Unity of Control (d) (pg.64)
9. **Executive Limitations Review**  
*Is the Executive Officer in Compliance with this Policy? Does the Policy Need Revision?*
  - EO003 Emergency Executive Officer Succession (d) (pg.65)

**10. Board Education**

- a. Fiscal Year 2019 Contract Vendor Summary (d) (T. Dawson) (pg.68)
- b. MDHHS Autism Audit Results (d) (R. Freitag) (pg.72)

**11. Communication and Counsel to the Board**

- a. Consolidated Fiscal year 2019 Year to Date Financial Statements 9/30/19 (d) (T. Dawson) (pg.77)
- b. Fiscal Year 2020 Funding (d) (T. Dawson) (pg.85)
- c. Michigan Municipal Risk Management Authority (MMRMA) Renewal & Rebate (d) (T. Dawson) (pg.86)
- d. Auditor Procurement (T. Dawson)
- e. Cass Woodlands Authority Update (B. Casemore)
- f. Autism Spectrum Disorder Analysis (d) (M. Keen) (pg.87)
- g. Opioid Health Homes (J. Smith)
- h. MI Health Link Beneficiary Feedback (d) (B. Casemore) (pg.105)
- i. New SWMBH CIO (B. Casemore)
- j. Board Member Attendance Roster (d) (pg.113)
- k. MDHHS 298 Announcement (d) (pg.114)
- l. Michigan Consortium for Healthcare Excellence Annual Members Meeting (d) (B. Casemore) (pg.115)
- m. State Targeted Response Grant Audit Results (d) (B. Casemore) (pg.126)
- n. Community Mental Health Association of Michigan – How to be a successful Advocate (d) (pg.128)
- o. House Health and Human Services Appropriations Sub-Committee Testimony (d) (pg.129)

**12. Closed Session (as requested by Executive Officer)**

- EO-002 Monitoring Executive Performance

**13. Return to Open Session**

**14. Public Comment**

**15. Adjournment**

**Next SWMBH Board Meeting  
December 13, 2019  
10:00 am - 11:30 am  
SWMBH  
5250 Lovers Lane, Portage, MI 49002**

**SWMBH Holiday Luncheon  
December 13, 2019  
11:45 am - 1:30 pm  
Bravo! Restaurant & Café  
5402 Portage Rd., Portage, MI 49002**

# *Southwest Michigan*

## BEHAVIORAL HEALTH

### Draft Board Meeting Minutes

October 11, 2019

9:30 am-11:00 am

SWMBH, 5250 Lovers Lane, Suite 200, Portage, MI 49002

Draft: 10/15/19

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**Members Present:** Tom Schmelzer, Edward Meny, Susan Barnes, Robert Nelson, Moses Walker, Patrick Garrett

**Absent:** Angie Price

**Guests:** Bradley Casemore, Executive Officer, SWMBH; Anne Wickham, Chief Administrative Officer, SWMBH; Rhea Freitag, Behavioral Health Waiver & Clinical Quality Manager, SWMBH; Garyl Guidry, Senior Financial Analyst, SWMBH; Michelle Jorgboyan, Senior Operations Specialist and Rights Advisor, SWMBH; Jon Houtz, Pines Behavioral Health Alternate; Susan Germann, Pines Behavioral Health; Ric Compton, Riverwood; Brad Sysol, Summit Pointe; Kris Kirsch, St. Joseph CMH; Debra Hess, VanBuren CMH; Richard Thiemkey, Barry County CMHA; Patricia Guenther, KCMHSAS Alternate; Nancy Johnson, Riverwood Alternate; Jeff Patton, ISK; Michael McShane, Woodlands; Carl Doerschler and Jill Ingersoll, Rose Street Advisors

#### **Welcome Guests**

Tom Schmelzer called the meeting to order at 9:30 am and welcomed the group.

#### **Public Comment**

None

#### **Agenda Review and Adoption**

Motion Edward Meny moved to accept the agenda.

Second Patrick Garrett

Motion Carried

#### **Consent Agenda**

Motion Patrick Garrett moved to approve the 9-13-19 SWMBH Board Meeting Minutes.

Second Edward Meny

Motion Carried

Brad Casemore reminded the Board that each year SWMBH updates their Financial Interest Disclosure and Conflict of Interest Statements. Brad Casemore noted, for the record, no new disclosures for the following people; Kathy-Sue Vette, Edward Meny, Moses Walker, Patricia Guenther, Patrick Garrett, Robert Nelson, Susan Barnes, Tom Schmelzer, and Jon Houtz, so no Board action is necessary as Conflicts of Interest Waivers are evergreen unless there is a new financial interest disclosed.

## **Board Education**

### **SWMBH Retirement Program Updates**

Carl Doerschler, of Rose Street Advisors, reported as documented. Discussion followed.

## **Operations Committee**

### **Operations Committee Minutes August 28, 2019**

Debbie Hess reported as documented. Tom Schmelzer asked for comments or questions. Minutes accepted.

### **Operations Committee Report**

Debbie Hess reported as documented. Tom Schmelzer stated that he, as the Board Chair, appreciates the time and effort of the Operations Committee and trusts their hard work. Report accepted.

## **Ends Metrics**

### **Year to Date Regional Habilitation Supports Waiver Slots**

Rhea Freitag reported as documented. Discussion followed.

Motion Edward Meny moved that the data is relevant and compelling. The Executive Officer is in compliance and the policy does not need revision.

Second Moses Walker

Motion Carried

## **Board Actions to be Considered**

### **Fiscal Year 2020 Budget Draft**

Brad Casemore reported as documented, noting the budget is for the first quarter of fiscal year 2020 due to the State budget and rate setting delays. Discussion followed.

Motion Susan Barnes moved to approve the SWMBH Regional fiscal year 2020 budget Column H, as presented for the period October 1, 2019 through January 10, 2020. A fiscal year 2020 revised budget shall be presented to the Board for approval no later than January 10, 2020.

Second Patrick Garrett

Motion Carried

### **Michigan Consortium for Healthcare Excellence (MCHE) Membership**

Brad Casemore reviewed a brief history of MCHE and noted Board Policy BEL-010 Regional Entity 501(c)3 Representation states in II.4. "The SWMBH Board will evaluate on at least an annual basis in October of each year whether SWMBH will continue to hold a membership interest in MCHE..." and recommend that SWMBH continue to hold a membership interest in MCHE, and that the Board state such via a formal motion.

Motion Edward Meny moved to continue SWMBH membership in MCHE.



Second Patrick Garrett  
Motion Carried

**Holiday Gathering – Bravo! December 13, 2019**

Brad Casemore reminded the Board of their annual holiday gathering in December and the Board members agreed to the luncheon on December 13, 2019 at Bravo! Restaurant & Café.

**Board Policy Review**

**EO-001 Executive Role & Job Description**

Tom Schmelzer reviewed the policy.

Motion Robert Nelson moved that the Board is in compliance and the policy does not need any revision.

Second Edward Meny

Motion Carried

**EO-002 Monitoring Executive Performance**

Tom Schmelzer reviewed the policy.

Motion Edward Meny moved that the Board is in compliance and the policy does not need any revision.

Second Susan Barnes

Motion Carried

**Executive Limitations Review**

**BEL-010 501 (c) (3) Representation**

Susan Barnes reviewed the policy

Motion Susan Barnes moved that the Executive Officer is in compliance but the policy needs revision in section 3 and section 6. SWMBH management will revise the policy as recommended and will bring the revised policy to the November 8, 2019 Board meeting for approval.

Second Edward Meny

Motion Carried

**BEL-008 Communication and Counsel**

Patrick Garrett reviewed the policy.

Motion Patrick Garrett moved that the Executive Officer is in compliance and the policy does not need any revision.

Second Susan Barnes

Motion Carried

## **Board Education**

### **Fiscal Year 2020 State Budget highlights**

Brad Casemore noted the document included in the packet and stated that, due to changes at the State level, some of the highlights are now outdated.

## **Communication and Counsel to the Board**

### **Consolidated Fiscal Year 2019 Year to Date Financial Statements**

Brad Casemore reported as documented noting remarkable favorable changes this year as compared to the same time period last year. Discussion followed.

### **Fiscal Year 2020 Additional Habilitation Supports Waiver**

Rhea reported as documented noting the increase in revenue that SWMBH will receive due to being awarded the additional slots. Discussion followed and Edward Meny requested additional education on the Habilitation Supports Waiver process including revenue and expense calculations.

### **Opioid Health Homes (OHH)**

Brad Casemore shared that the State approached SWMBH, Integrated Services of Kalamazoo (ISK), and Summit Pointe regarding starting Opioid Health Homes. Regional meetings are taking place to develop a proposal to submit to the State soon. The State would like OHH implemented State-wide by Fiscal Year 2021.

### **Board Member Attendance Roster**

Anne Wickham reported as documented.

### **2020 Economic Forecast**

Anne Wickham noted the article as an FYI for the Board.

### **CMS Medicaid Article**

Anne Wickham noted the article as an FYI for the Board.

### **Rep. Mary Whiteford Behavioral Health Hearings**

Anne Wickham highlighted upcoming hearings and noted October 30<sup>th</sup> and November 6<sup>th</sup> as hearings were public input is taken and encouraged the Board to attend.

### **Waiver Information**

Anne Wickham reviewed the Behavioral Health 1915i State Plan Benefit and timeframes for transition of eligibility determination of this benefit.

**Pending Behavioral Health Legislation**

Anne Wickham noted the article as an FYI for the Board.

**November Board Executive Officer Evaluation**

Anne Wickham noted this evaluation for the next Board meeting.

**November Board EO-003 Emergency Executive Officer Succession**

Anne Wickham noted this policy for the next Board meeting and inquired if the policy had been assigned to a Board Member. Tom Schmelzer stated that the policy was assigned.

**Public Comment**

Edward Meny inquired about Mike Kenny missing in attendance at the last few SWMBH Board meetings. Anne Wickham said she would connect with Mike Kenny to see how he is doing. Tom Schmelzer stated that he was attending the Community Mental Health Association of Michigan Fall Conference and will give a report to the Board at the November 8, 2019 meeting.

**Adjournment**

Motion Susan Barnes moved to adjourn at 10:30am

Second Robert Nelson

Motion Carried



Principal Office: 5250 Lovers Lane, Portage, MI 49002  
Phone: 800-676-0423

Date: November 1, 2019

**Agenda Item**

**Southwest Michigan Behavioral Health Customer Advisory Committee  
Recommendation for Membership**

It is the recommendation of the Southwest Michigan Behavioral Health Executive Officer that the following individuals be appointed to a two-year term ending September 30, 2021

Name	County
Sandra Bell	Cass
Jaclyn Blatson	Van Buren

# Southwest Michigan

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## BEHAVIORAL HEALTH

### Operations Committee Meeting Minutes Meeting: September 18, 2019 9:00am-2:00pm

**Members Present** – Debbie Hess, Sue Germann, Jeannie Goodrich, Jane Konyndyk, and Bradley Casemore

**Members Present via conference call** – Richard Thiemkey, Ric Compton, Kathy Sheffield

**Guests** – Tracy Dawson, Chief Financial Officer, SWMBH; Mita Todd, Chief Compliance and Privacy Officer, SWMBH; Anne Wickham, Chief Administrative Officer, SWMBH; Moira Kean, Director of Clinical Quality, SWMBH; Michelle Jorgboyan, Senior Operations Specialist, SWMBH; Kim Rychener, Summit Pointe; Brad Sysol, Summit Pointe, Pat Davis, KCMHSAS

**Guests present via conference call** – Roger Pierce, Riverwood Center; Robin Wilber, Pines BH; Kelly Jenkins, BCCMHA; David Ballmer, Summit Pointe; Jill Brindley, SJCMHSAS; Tina Boyer, VBCMHA, Pete Murphy, Riverwood Center; Joe Reed, SJCMHSAS; Ed Sova, KCMHSAS; Jason Villafta, Summit Pointe; Judy Lehman, Woodlands; Kylene Gray, VanBuren CMHA

**Call to Order** – Debbie Hess began the meeting at 9:02 am.

**Review and approve agenda** – Agenda approved with additions of a question about Prescreens.

**Review and approve minutes from 8/28/19 Operations Committee Meeting** – Minutes were approved by the Committee.

**Fiscal Year 2019 YTD Financials** – Tracy Dawson reported that due to the early Operations Committee meeting financials are not ready yet. Brad Casemore reminded the CMHSPs to keep working the expense side and SWMBH will continue to work the revenue side.

**DHHS Cost Adjustor Memo for Children's Waiver and Serious Emotional disturbance Waiver** – Tracy Dawson reported as documented and asked that CMHSPs make sure that relevant CMH staff who participated in these programs see the memo and take action to receive the additional General Funds. SWMBH has requested clarifications on codes.

**FY20 Budget** – Tracy Dawson reported as documented and reviewed the format that will be submitted to the Board. Tracy also reviewed encounter data report from Tableau and reminded CMHSPs that the report is sent out monthly for their review.

**Public Policy Environment** – Brad Casemore updated the CMHSPs on hosting Senator Shirkey at a recent Branch County play entitled Next to Normal. Other public policy updates included:

- o Rep. Mary Whiteford, Chair of the State's Appropriations Committee is hosting a series of meetings regarding Behavioral Health topics
- o 10/25/19 Box Lunch Event cancelled
- o Licensing And Regulatory Affairs (LARA) and HB 4325 email shared and discussed

- Substance Use Disorder Oversight Policy Board (SUDOPB) Public Hearing on 9/9/19 was well attended and the Regional PA2 Budget was approved

**Regional MI Health Link Meeting** – Brad Casemore announced that the meeting is postponed until late winter/early spring of 2020. Discussion followed.

**Opioid Health Homes (OHH)** – Brad Casemore stated a 10/9/19 meeting from 1-3pm is scheduled. Ongoing meetings together and independently to continue.

**Cass Woodlands Authority Status** – Brad Casemore summarized recent contacts with Cass County officials.

**Lakeshore Regional Entity Update** – Brad Casemore summarized recent legal and official proceedings scheduled. Discussion followed.

**Managed Care Functional Review – Provider Network Management** – Anne Wickham presented the report that was reviewed last month and asked for any concerns from CMHSPs. No concerns were noted, so implementation will begin soon.

**Substance Use Disorder (SUD) Behavioral Health Treatment Episode Data Set (BH TEDS) Statement of Work (SOW)** – Anne Wickham reported as documented. Data Exchange Workgroup also reviewed the SOW. Anne asked for clarity, understanding and buy in from CMHSPs regarding submissions and processes before SOW is signed. Discussion followed. Ed Sova of KCMHSAS and Jeannie Goodrich of Summit Pointe verbally agreed they were committed to moving forward.

**MCG Update** – Moira reported that the contract amendment is complete. Statewide, we will use iudicia rather than Careweb QI PIHPs are starting to look at report options, and user roles within the app. Streamline didn't know about MCG until Gale Hackworth called Katie Morrow about it last week. Katie called into the parity meeting yesterday because MCG was presenting. PCE has been involved since the start.

**Fiscal Year 2020 SWMBH and CMH Contract Version 2** – Brad Casemore summarized the following contract items:

- The State and SWMBH are discussing FY19 PBIP data and submissions
- DUA for Care Connect 360 received and going out to CMHSPs soon
- FY20 DHHS and PIHP Amendment 1 complete
- FY20 DHHS and PIHP Amendment 2 will have Global Appraisal of Individual's Needs (GAIN) language. Office of Inspector General (OIG) through Behavioral Health and Developmental Disabilities Administration (BHDDA) are proposing additional administrative requirements.
- Michigan Department of Corrections (MDOC) Substance Use Disorder (SUD) language in negotiations
- SWMBH and CMHSP contracts out for signature

**2020-2021 Ends Metrics** – Jonathan Gardner reported as documented. Discussion followed. Suggested revisions were incorporated into document and will be emailed to the Operations Committee for review at next meeting. All edits and revisions to be submitted to Jonathan and a final document to be presented to the SWMBH Board at their November 8th meeting.

**New MMBPIS Standards** – Jonathan Gardner reported as documented. Discussion followed.

**October SWMBH Board Agenda** – Brad Casemore noted that a draft Board agenda is included in the packet for review.

**October 1, 2, 3 for call regarding FY20 Budget** – Brad Casemore stated that 2 conference calls will be scheduled (30 minutes each) to review final FY20 Budget.

**Prescreens** – Sue Germann asked if others were doing prescreens or courtesy prescreens for those with Primary coverage of Medicare or Commercial. There was unanimous agreement that no one does this and that the primary payer determines medical necessity which can't be overruled by Medical prescreener. Discussion included possible need to educate ER's regarding this subject.

**CMHSP Topic** – Discussion of Beacon and Hope contracts and requested Increases.

**Adjourned** – Meeting adjourned at 1:00pm

## Board Ends Metric Updates – November 8, 2019

### Health Service Advisory Group (HSAG) Performance Measure Validation Audit Results

<p><b>2019 HSAG Performance Measure Validation Audit Passed with (95% of Measures evaluated receiving a score of "Met")</b></p> <p>Metric Measurement Period: (1/1/19 - 6/30/19)</p> <p>Board Report Date: September 13, 2019</p> <p>Measurement:  <u>Number of Critical Measures that achieved "Met" (37)</u>  Total number of Critical Measures Evaluated (37)</p>	<p><b>Metric Achieved</b></p> <p>37/37 Standards Evaluated received a designation of; Met, Accepted or Reportable, which is 100% compliance.</p>
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#### Overall Results:

Scoring Category	Performance Results
<b>Accepted</b>	3/3 – 100% Data Integration, Data Control and Performance Indicator Documentation Elements Evaluated were " <i>Accepted</i> " and met full compliance standards.
<b>Reportable</b>	12/12 – 100% of Performance Indicators Evaluated were " <i>Reportable</i> " and compliant with the State's specifications and the percentage reported.
<b>Met</b>	13/13 – 100% Data Integration and Control Elements Evaluated " <i>Met</i> " full compliance standards.
<b>Met</b>	9/9 – 100% Numerator and Denominator Elements Evaluated s full compliance Standards.

**37/37 or 100%** Of Total Elements Evaluated received a designation score of "Met", "Reportable", or "Accepted".

This meets *successful completion of our 2019 Board Ends Metric*, which indicates: **95% of Elements Evaluated/Measured, shall receive a score of "Met"**.

#### Proposed Motion:

The data presented is Relevant and Compelling, the Executive Officer is in Compliance and the Ends needs no further Revision.



# 2019 Health Services Advisory Group (HSAG) Performance Measure Validation Review Summary Report

November 8, 2019

The following report represents a Summary of finding during the Health Services Advisory Group (HSAG) Performance Measure Validation Audit that took place on July 23, 2019 at Southwest Michigan Behavioral Health.

## Overall Results:

Scoring Category	Performance Results
<b>Accepted</b>	3/3 – 100% Data Integration, Data Control and Performance Indicator Documentation Elements Evaluated were “ <i>Accepted</i> ” and met full compliance standards.
<b>Reportable</b>	12/12 – 100% of Performance Indicators Evaluated were “ <i>Reportable</i> ” and compliant with the State’s specifications and the percentage reported.
<b>Met</b>	13/13 – 100% Data Integration and Control Elements Evaluated “ <i>Met</i> ” full compliance standards.
<b>Met</b>	9/9 – 100% Numerator and Denominator Elements Evaluated s full compliance Standards.

**37/37 or 100%** Of Total Elements Evaluated received a designation score of “Met”, “Reportable”, or “Accepted”.

This meets *successful completion of our 2019 Board Ends Metric*, which indicates: **95% of Elements Evaluated/Measured, shall receive a score of “Met”.**

### Data Integration, Control and Performance Indicator Elements Evaluated:

Standard	Scoring Criteria "Acceptable or "Not Acceptable"	Recommendation
1). Data Integration	Acceptable – 100%	Full Compliance
2). Data Control	Acceptable – 100%	Full Compliance
3). Performance Indicator Documentation	Acceptable – 100%	Full Compliance

### Performance Indicator Specific Evaluation:

Performance Indicator	Key Review Findings	Indicator Designation
#1 The percentage of Medicaid beneficiaries receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours.	The calculation process was in accordance with MDHHS Codebook specifications.	R
#2 The percentage of new Medicaid beneficiaries during the quarter receiving a face-to-face assessment with a professional within 14 calendar days of a non-emergency request for service.	The calculation process was in accordance with MDHHS Codebook specifications.	R
#3 The percentage of new Medicaid beneficiaries during the quarter starting any needed on-going service within 14 days of a non-emergent face-to-face assessment with a	The calculation process was in accordance with MDHHS Codebook specifications.	R
#4a The percentage of discharges from a psychiatric inpatient unit during the quarter that were seen for follow-up care within 7 days.	The calculation process was in accordance with MDHHS Codebook specifications.	R

#4b	The percentage of discharges from a substance abuse detox unit during the quarter that were seen for follow-up care within 7 days.	<p>The calculation process was in accordance with MDHHS Codebook specifications.</p> <p>However, for the current reporting period, the PIHP erroneously reported no detox SUD discharges for this indicator, which was due to a field logic breakdown. The PIHP corrected this issue and plans to resubmit the newly calculated rate to the State.</p> <p>However, since the data were not available at the time of the audit, HSAG assigned an NR audit designation for this indicator.</p>	R
#5	The percent of Medicaid recipients having received PIHP managed services.	MDHHS calculated this indicator in compliance with MDHHS Codebook specifications.	R
#6	The percent of Habilitation Supports Waiver (HSW) enrollees during the quarter with encounters in data warehouse who are receiving at least one HSW service per month that is not supports coordination.	MDHHS calculated this indicator in compliance with MDHHS Codebook specifications.	R

Performance Indicator		Key Review Findings	Indicator Designation
#8	The percent of (a) adults with mental illness, the percent of (b) adults with developmental disabilities, and the percent of (c) adults dually diagnosed with mental illness/developmental disabilities served by the CMHSPs and PIHPs who are employed competitively.	MDHHS calculated this indicator in compliance with MDHHS Codebook specifications.	R
#9	The percent of (a) adults with mental illness, the percent of (b) adults with developmental disabilities, and the percent of (c) adults dually diagnosed with mental illness/developmental disabilities served by the CMHSPs and PIHPs who earned minimum wage or more from any employment activities.	MDHHS calculated this indicator in compliance with MDHHS Codebook specifications.	R



#10	The percentage of readmissions of MI and DD children and adults during the quarter to an inpatient psychiatric unit within 30 days of discharge.	The calculation process was in accordance with MDHHS Codebook specifications.	R
#13	The percent of adults with developmental disabilities served, who live in a private residence alone, with spouse, or non-relative(s).	MDHHS calculated this indicator in compliance with MDHHS Codebook specifications.	R
#14	The percent of adults with serious mental illness served, who live in a private residence alone, with spouse, or non-relative(s).	MDHHS calculated this indicator in compliance with MDHHS Codebook specifications.	R

### Data Integration and Control Elements Evaluated:

Data Integration and Control Element	Met	Not Met	N/A	Comments
<b>Accuracy of data transfers to assigned performance indicator data repository</b>				
The PIHP accurately and completely processes transfer data from the transaction files (e.g., membership, provider, encounter/claims) into the performance indicator data repository used to keep the data until the calculations of the performance indicators have been completed and validated.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Samples of data from performance indicator data repository are complete and accurate.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Accuracy of file consolidations, extracts, and derivations</b>				
The PIHP's processes to consolidate diversified files and to extract required information from the performance indicator data repository are appropriate.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Actual results of file consolidations or extracts are consistent with those that should have resulted according to documented algorithms or specifications.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Procedures for coordinating the activities of multiple subcontractors ensure the accurate, timely, and complete integration of data into the performance indicator database.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Computer program reports or documentation reflect vendor coordination activities, and no data necessary for performance indicator reporting are lost or inappropriately modified during transfer.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Data Integration and Control Element	Met	Not Met	N/A	Comments
<b>If the PIHP uses a performance indicator data repository, its structure and format facilitates any required programming necessary to calculate and report required performance indicators.</b>				
The performance indicator data repository's design, program flow charts, and source code enables analyses and reports.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper linkage mechanisms are employed to join data from all necessary sources (e.g., identifying a member with a given disease/condition).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Assurance of effective management of report production and of the reporting software.</b>				
Documentation governing the production process, including PIHP production activity logs and the PIHP staff review of report runs, is adequate.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Prescribed data cutoff dates are followed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The PIHP retains copies of files or databases used for performance indicator reporting in case results need to be reproduced.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The reporting software program is properly documented with respect to every aspect of the performance indicator data repository, including building, maintaining, managing, testing, and report production.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The PIHP's processes and documentation comply with the PIHP standards associated with reporting program specifications, code review, and testing.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Denominator and Numerator Validation Findings:

Denominator Validation Findings for Southwest Michigan Behavioral Health				
Audit Element	Met	Not Met	N/A	Comments
For each of the performance indicators, all members of the relevant populations identified in the specifications are included in the population from which the denominator is produced.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate programming logic or source code exists to appropriately identify all relevant members of the specified denominator population for each of the performance indicators.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



### Denominator Validation Findings for Southwest Michigan Behavioral Health

Audit Element	Met	Not Met	N/A	Comments
The PIHP correctly calculates member months and member years if applicable to the performance indicator.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Member month and member year calculations were not applicable to the indicators under the scope of the audit.
The PIHP properly evaluates the completeness and accuracy of any codes used to identify medical events, such as diagnoses, procedures, or prescriptions, and these codes are appropriately identified and applied as specified in each performance indicator.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If any time parameters are required by the specifications for the performance indicator, they are followed (e.g., cutoff dates for data collection, counting 30 calendar days after discharge from a hospital, etc.).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exclusion criteria included in the performance indicator specifications are followed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Systems or methods used by the PIHP to estimate populations when they cannot be accurately or completely counted (e.g., newborns) are valid.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Population estimates were not applicable to the indicators under the scope of the audit.

Audit Element	Met	Not Met	N/A	Comments
The PIHP uses the appropriate data, including linked data from separate data sets, to identify the entire at-risk population.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Qualifying medical events (such as diagnoses, procedures, prescriptions, etc.) are properly identified and confirmed for inclusion in terms of time and services.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The PIHP avoids or eliminates all double-counted members or numerator events.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Any nonstandard codes used in determining the numerator are mapped to a standard coding scheme in a manner that is consistent, complete, and reproducible, as evidenced by a review of the programming logic or a demonstration of the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Only standard codes were used or reported by the PIHP.
If any time parameters are required by the specifications for the performance indicator, they are followed (i.e., the indicator event occurred during the time period specified or defined in the specifications).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Recommendations for Improvement:

HSAG recommends that **Southwest Michigan Behavioral Health** and the CMHSPs employ an over-read or validation process to compare the original BH-TEDS record in the CMHSPs' documentation to the data entered into the PIHP's system after these data are manually entered, to account for any missing data that may have been captured during the initial assessment but not entered into the PIHP's system or if any data were keyed incorrectly. HSAG also recommends that the PIHP and the CMHSPs clearly define the processes for entering the data into the PIHP's EMR and perform additional data quality and completeness checks beyond the state-specified requirements before the data are submitted to the State.



## Board Ends Metric Updates – November 8, 2019

### Health Service Advisory Group (HSAG) External Quality Review Corrective Action Plan

<p><b>SWMBH will ensure the following Customer Service and Grievance and Appeals contractual requirements and HSAG corrective actions are achieved at 100% compliance:</b></p> <p>Metric Measurement Period: (1/1/19 – 6/1/19) Board Report Date: (July 12, 2019)</p> <ul style="list-style-type: none"> <li>a. Ensure the CMHSP local provider directories are using the link to SWMBH's, are available in a machine-readable format, and are updated monthly and within 30 days of receiving updated information. (By: March 31, 2019)</li> <li>b. SWMBH must ensure all notice of grievance resolution letters include the results of the grievance process and the date the grievance process was concluded. (By: March 31, 2019)</li> <li>c. SWMBH to ensure its delegates provide resolution letters in a manner and format that may be easily understood by enrollees with limited English proficiency and limited reading proficiency. (By: May 31, 2019)</li> </ul>	<p style="text-align: center;"><b>COMPLETED</b></p> <ul style="list-style-type: none"> <li>a. This item has been added to the CMHSP annual site review tool. During each review, SWMBH reviewers verify the CMHSP has a direct link to SWMBH's electronic provider directory. This operating procedure is documented in SWMBH Operating Policy 2.08 and the requirement can be found in 42 CFR 438.410 (h).</li> <li>b. SWMBH has successfully implemented the state mandated resolution letter template. Use of the template should mandate inclusion of the date it was resolved. Training was provided on August 23rd that addressed and provided language that can and should be used for the inclusion of the resolution of the grievance. This will be reviewed at the CMH annual reviews. The completion of this metric was delayed, as the result of conflicting language in the FY 19 DHHS/PIHP Contract.</li> <li>c. SWMBH has implemented the State mandated resolution letter template. A training was held on August 23rd addressing the use of the plain and easily understood language for consumers. Examples were provided to the CMHs for use with the letters. SWMBH will review this for each CMHSP during annual audits.</li> </ul>
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**Proposed Motion:**

The data presented is Relevant and Compelling, the Executive Officer is in Compliance and the Ends needs no further Revision.



## 2. Findings

### Validation Findings

HSAG's validation evaluated the technical methods of the PIP (i.e., the study design). Based on its technical review, HSAG determined the overall methodological validity of the PIP. Table 2-1 summarizes the PIP validated during the review period with an overall validation status of *Met*, *Partially Met*, or *Not Met*. In addition, Table 2-1 displays the percentage score of evaluation elements that received a *Met* score, as well as the percentage score of critical elements that received a *Met* score. Critical elements are those within the validation tool that HSAG has identified as essential for producing a valid and reliable PIP. All critical elements must receive a *Met* score for a PIP to receive an overall *Met* validation status. A resubmission is a PIHP's updates to the previously submitted PIP with corrected/additional documentation.

Table 2-1 illustrates the validation scores for both the initial submission and resubmission.

**Table 2-1—2018–2019 PIP Validation Results for Southwest Michigan Behavioral Health**

Name of Project	Type of Annual Review <sup>1</sup>	Percentage Score of Evaluation Elements <i>Met</i> <sup>2</sup>	Percentage Score of Critical Elements <i>Met</i> <sup>3</sup>	Overall Validation Status <sup>4</sup>
<b><i>Improving Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using An Antipsychotic Medication</i></b>	Submission	93%	100%	<i>Met</i>
	Resubmission	100%	100%	<i>Met</i>

<sup>1</sup> **Type of Review**—Designates the PIP review as an annual submission, or resubmission. A resubmission means the PIHP was required to resubmit the PIP with updated documentation because it did not meet HSAG's validation criteria to receive an overall *Met* validation status.

<sup>2</sup> **Percentage Score of Evaluation Elements *Met***—The percentage score is calculated by dividing the total elements *Met* (critical and non-critical) by the sum of the total elements of all categories (*Met*, *Partially Met*, and *Not Met*).

<sup>3</sup> **Percentage Score of Critical Elements *Met***—The percentage score of critical elements *Met* is calculated by dividing the total critical elements *Met* by the sum of the critical elements *Met*, *Partially Met*, and *Not Met*.

<sup>4</sup> **Overall Validation Status**—Populated from the PIP Validation Tool and based on the percentage scores.

Table 2-2 displays the validation results for **Southwest Michigan Behavioral Health's** PIP evaluated during 2018–2019. This table illustrates the PIHP's overall application of the PIP process and success in implementing the PIP. Each step is composed of individual evaluation elements scored as *Met*, *Partially Met*, or *Not Met*. Elements receiving a *Met* score have satisfied the necessary technical requirements for a specific element. The validation results presented in Table 2-2 show the percentage of applicable evaluation elements that received each score by step. Additionally, HSAG calculated a score for each stage and an overall score across all steps.

Table 2-2—Performance Improvement Project Validation Results for Southwest Michigan Behavioral Health

Stage	Step		Percentage of Applicable Elements		
			Met	Partially Met	Not Met
Design	I.	Appropriate Study Topic	100% (2/2)	0% (0/2)	0% (0/2)
	II.	Clearly Defined, Answerable Study Question(s)	100% (1/1)	0% (0/1)	0% (0/1)
	III.	Correctly Identified Study Population	100% (1/1)	0% (0/1)	0% (0/1)
	IV.	Clearly Defined Study Indicator(s)	100% (1/1)	0% (0/1)	0% (0/1)
	V.	Valid Sampling Techniques (if sampling was used)	Not Applicable		
	VI.	Accurate/Complete Data Collection	100% (3/3)	0% (0/3)	0% (0/3)
Design Total			100% (8/8)	0% (0/8)	0% (0/8)
Implementation	VII.	Sufficient Data Analysis and Interpretation	100% (3/3)	0% (0/3)	0% (0/3)
	VIII.	Appropriate Improvement Strategies	100% (1/1)	0% (0/1)	0% (0/1)
Implementation Total			100% (4/4)	0% (0/4)	0% (0/4)
Outcomes	IX.	Real Improvement Achieved	Not Assessed		
	X.	Sustained Improvement Achieved	Not Assessed		
Outcomes Total			Not Assessed		
Percentage Score of Applicable Evaluation Elements Met			100% (12/12)		

**Southwest Michigan Behavioral Health** submitted the Design and Implementation stages of the PIP for this year's validation. Overall, 100 percent of all applicable evaluation elements received a score of *Met*.



## Design

**Southwest Michigan Behavioral Health** designed a scientifically sound project supported by the use of key research principles, meeting all requirements in the Design stage. The technical design of the PIP was sufficient to measure and monitor PIP outcomes. **Southwest Michigan Behavioral Health** indicated that it plans to include its entire eligible population in this PIP.

## Implementation

In the Implementation stage, **Southwest Michigan Behavioral Health** accurately calculated and interpreted the baseline results for the study indicator. **Southwest Michigan Behavioral Health** used appropriate quality improvement tools to conduct a casual/barrier analysis; however, the PTHP has not progressed to implementing interventions that have the potential to have a positive impact on the study indicator outcomes.

## Outcomes

Baseline performance was reported for the study indicator for this validation cycle. For the next annual validation, study indicator outcomes will be assessed by comparing **Southwest Michigan Behavioral Health's** Remeasurement 1 results to the baseline measurement.

## Analysis of Results

Table 2-3 displays outcomes data for **Southwest Michigan Behavioral Health's** *Improving Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication* PIP. **Southwest Michigan Behavioral Health** reported baseline data for one study indicator.

Table 2-3—Performance Improvement Project Outcomes for Southwest Michigan Behavioral Health

Study Indicator Results				
Study Indicator	Baseline (1/1/2018–12/1/2018)	Remeasurement 1 (1/1/2019–12/31/2019)	Remeasurement 2 (1/1/2020–12/31/2020)	Sustained Improvement
The proportion of members with schizophrenia or bipolar disorder taking an antipsychotic medication who are screened for diabetes.	76.6%			

For the baseline measurement period, **Southwest Michigan Behavioral Health** reported that 76.6 percent of consumers with schizophrenia or bipolar disorder taking an antipsychotic medication were screened for diabetes. The Remeasurement 1 goal was set at 80.0 percent.

## Barriers/Interventions

The identification and prioritization of barriers through causal/barrier analysis and the selection of appropriate active interventions to address these barriers are necessary steps to improve outcomes. The PIHP's choice of interventions, combination of intervention types, and sequence of implementing the interventions are essential to the PIHP's overall success in achieving the desired outcomes for the PIP.

**Southwest Michigan Behavioral Health** used a fishbone diagram to determine and prioritize barriers. From this tool, **Southwest Michigan Behavioral Health** determined the following top barriers:

- Community Mental Health (CMH) physical health providers' IT systems are not integrated.
- CMHs lack protocol to ensure screenings.
- Plan members do not always understand the importance of getting treatment for diabetes.
- No statewide policy is in place for Medicaid Health Plans (MHPs) to coordinate with PIHPs on SSD.

To address these barriers, **Southwest Michigan Behavioral Health** initiated the following interventions:

- In the absence of integration, **Southwest Michigan Behavioral Health** will send regular enrollee lists of individuals without screening to CMH physical health providers
- CMHs will put protocols for screenings in place.
- **Southwest Michigan Behavioral Health** will provide educational materials to the CMH's clinicians about how to bill for diabetes as well as how to provide information to members about the importance of getting treatment for diabetes.
- A regional policy will be implemented.
- **Southwest Michigan Behavioral Health** is lobbying at the state level to make SSD a joint metric.



### 3. Conclusions and Recommendations

#### Conclusions

The PIP received an overall *Met* validation status, with *Met* scores for 100 percent of critical evaluation elements and 100 percent overall for evaluation elements across all activities completed and validated. **Southwest Michigan Behavioral Health**'s performance on this PIP suggests a thorough application of the PIP Design stage (Steps I through VI) and Implementation stage (Steps VII through VIII). The PIP included only baseline results for this validation cycle and had not progressed to the Outcomes stage.

#### Recommendations

As the PIP progresses, HSAG recommends the following:

- **Southwest Michigan Behavioral Health** should address all General Comments documented in the PIP Validation Tool in the next annual submission. General Comments are associated with *Met* validation scores. If not addressed, the evaluation element may be scored down accordingly.
- **Southwest Michigan Behavioral Health** should ensure that it follows the approved PIP methodology to calculate and report Remeasurement 1 data accurately in next year's annual submission.
- To impact the Remeasurement 1 study indicator rate, **Southwest Michigan Behavioral Health** should complete a causal/barrier analysis to identify barriers to desired outcomes and implement interventions to address those barriers timely. Interventions implemented late in the Remeasurement 1 study period will not have enough time to impact the study indicator rate.
- **Southwest Michigan Behavioral Health** should document the process and steps used to determine barriers to improvement and attach completed QI tools, meeting minutes, and/or data analysis results used for the causal/barrier analysis.
- **Southwest Michigan Behavioral Health** should implement active, innovative interventions with the potential to directly impact study indicator outcomes.
- **Southwest Michigan Behavioral Health** should have a process in place for evaluating the performance of each PIP intervention and its impact on the study indicators and allow continual refinement of improvement strategies. The evaluation process should be ongoing and cyclical.
- **Southwest Michigan Behavioral Health** should reference the PIP Completion Instructions annually to ensure that all requirements for each completed step have been addressed.

# **Southwest Michigan Behavioral Health CORPORATE COMPLIANCE PLAN**

Approved by SWMBH Board of Directors

~~10/11/2019~~

11/8/19

**Mila C. Todd**  
**SWMBH Chief Compliance Officer**

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## ORGANIZATIONAL STRUCTURE

Southwest Michigan Behavioral Health (SWMBH) serves as both the Medicaid Prepaid Inpatient Health Plan (PIHP) and Coordinating Agency (effective no later than 10/1/14) for the following eight county region:

Barry County:	Barry County Community Mental Health Authority;
Berrien County:	Berrien Mental Health Authority d/b/a Riverwood Center;
Branch County:	Branch County Community Mental Health Authority, d/b/a Pines Behavioral Health Services;
Calhoun County:	Calhoun County Community Mental Health Authority, d/b/a Summit Pointe;
Cass County:	Cass County Community Mental Health Authority d/b/a Woodlands Behavioral Healthcare Network;
Kalamazoo County:	Kalamazoo Community Mental Health and Substance Abuse Services;
St. Joseph County:	Community Mental Health and Substance Abuse Services of St. Joseph County;
Van Buren County:	Van Buren Community Mental Health Authority

The Participant community mental health authorities have elected to configure SWMBH under the Michigan Mental Health Code Section 3301.1204b. It is also a selected participant Region for the Medicare-Medicaid Eligibles (MME) Demonstration effective July 1, 2014.

- **SWMBH as the PIHP**

SWMBH serves as the Medicaid Prepaid Inpatient Health Plan (PIHP) for the region with authority and accountability for operations and fulfillment of applicable federal and state statutory, regulatory and contractual obligations related to the applicable waiver(s) and MDIHS contract(s). The role of SWMBH as the PIHP is defined in federal statute, specifically 42 CFR 438 and the MDIHS/PIHP Contract.

SWMBH is the contracting entity for Medicaid contracts with MDIHS and Medicare behavioral health contracts with the Integrated Care Organizations (ICO), Aetna Better Health of Michigan and Meridian Health Plan. Contracts include Medicaid 1915(b)(c) 1915(b)(e) Specialty Supports and Services 1115 Demonstration Waiver, 1915(e)(i) Waiver Programs, the Healthy Michigan Program, the Flint 1115 Waiver, Substance Use Disorder Community Grant Programs, and/or other(s).

- **SWMBH as the Coordinating Agency**

Beyond a Medicaid role, SWMBH also serves as the Coordinating Agency (CA) for member counties with authority and accountability for operations and fulfillment of applicable federal and state statutory, regulatory and contractual obligations related to that role and its contracts. SWMBH, as a designated CA, manages SAPT Block Grant funds, other federal/state non-Medicaid SUD funds, and PA2 liquor tax funds.



## SWMBH: MISSION, VISION AND VALUES

### Philosophy:

*"Quality and Excellence through pPartnerships."*

### Mission:

*"SWMBH strives to be Michigan's pre-eminent benefits manager and integrative healthcare partner, assuring regional health status improvements, quality, value, trust, and CMHSP participant success."*

The MISSION of SWMBH is to provide a community-based, integrated specialty care system for individuals and families with mental health, developmental disabilities, and substance abuse needs that empowers people to succeed. We ensure all persons receiving our services have access to the highest quality care available.

### Vision:

*"An optimal quality of life in the community for everyone."*

The Vision of SWMBH is to ensure persons with specialty care needs reside in their own community, have a quality and healthy lifestyle, and are fully accepted.

### Values:

- Customer Driven
- Person-Centered
- Recovery Oriented
- Evidenced-Based
- Integrated Care
- Trust
- Integrity
- Transparency
- Inclusive
- Accessibility
- Acceptability
- Impact
- Value
- Culturally- Competent & Diverse Workforce
- High Quality Services
- Regulatory Compliance

## OVERVIEW

This Corporate Compliance Plan documents SWMBH's approach to assuring that federal and state regulatory and contractual obligations related to compliance of the Prepaid Inpatient Health Plan (PIHP) are fulfilled.

The SWMBH Corporate Compliance Plan addresses SWMBH's regulatory compliance obligations as a Prepaid Inpatient Health Plan (PIHP) and how, where it has obligations, it will oversee the PIHP functions it delegates to the Participant Community Mental Health Service Providers (CMHSP). SWMBH's Corporate Compliance Program is designed to further SWMBH's commitment to comply with applicable laws, promote quality performance throughout the SWMBH region, and maintain a working environment for all SWMBH personnel that promotes honesty, integrity and high ethical standards. SWMBH's Corporate Compliance Program is an integral part of SWMBH's mission, and all SWMBH personnel, Participant CMHSPs and contracted and sub-contracted Providers are expected to support the Corporate Compliance Program. SWMBH's Compliance Plan is comprised of the following principal elements as outlined in the Federal Sentencing Guidelines:

- 1) The development and distribution of written standards of conduct, as well as written policies and procedures, that articulate promote-SWMBH's commitment to compliance with all applicable contract standards and all applicable Federal and State requirements, and that address specific areas of potential fraud;
- 2) The designation of a Chief Compliance Officer and other appropriate bodies, (e.g., a Corporate Compliance Committee), charged with the responsibility and authority of operating and monitoring the compliance program;
- 3) The development and implementation of regular, effective education and training programs for all affected employees;
- 4) The development of effective lines of communication between the Chief Compliance Officer and all employees, including a hotline to receive complaints and the adoption of procedures to protect the anonymity of complainants and to protect callers from retaliation;
- 5) The use of audits or other risk evaluation techniques to monitor compliance and assist in the reduction of identified problem areas within delivered services, claims processing and managed care functions;
- 6) The development of disciplinary mechanisms to consistently enforce standards and the development of policies addressing dealings with sanctioned and other specified individuals; and
- 7) The development of policies to respond to detected offenses, to initiate corrective action to prevent similar offenses, and to report to Government authorities when appropriate.

SWMBH's Corporate Compliance Program is committed to the following:

- Minimizing organizational risk and improving compliance with the service provision, documentation, and billing requirements of Medicaid and Medicare;
- Maintaining adequate internal controls throughout the region and provider network;
- Encouraging the highest level of ethical and legal behavior from all employees and providers;
- Educating employees, contract providers, board members, and stakeholders on their responsibilities and obligations to comply with applicable local, state, and federal laws; and
- Providing oversight and monitoring functions.

There are numerous laws that affect the regulatory compliance of SWMBH and its provider network; however, in formalizing the PIHP's compliance program, the legal basis of the SWMBH compliance program centers around four key laws and statutes:

- **The Affordable Care Act (2010)** This Act requires the PIHP to have a written and operable compliance program capable of preventing, identifying, reporting, and ameliorating fraud, waste and abuse across the PIHP's provider network. All programs funded by the PIHP including CMHSPs, sub-contracted provider organizations and practitioners, board members and others involved in rendering PIHP covered services fall under the purview and scope of SWMBH's compliance program.
- **The Federal False Claims Act** This Act applies when a company or person knowingly presents (or causes to be presented) to the Federal government (or any entity on its behalf) a false or fraudulent claim for payment; knowingly uses (or causes to be used) a false record or statement to get a claim paid; conspires with others to get a false or fraudulent claim paid; or knowingly uses (or causes to be used) a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the Federal government (or its designated entity).
- **The Michigan False Claims Act** This Act prohibits fraud in the obtaining of benefits or payments in conjunction with the MI Medical assistance program; prohibits kickbacks or bribes in connection with the program; prohibits conspiracies in obtaining benefits or payments; and authorizes the MI Attorney General to investigate alleged violations of this Act.
- **The Anti-Kickback Statute** This Act prohibits the offer, solicitation, payment or receipt of remuneration, in cash or in kind, in return for or to induce a referral for any service paid for or supported by the Federal government or for any good or service paid for in connection with consumer service delivery.

There are numerous Federal and State regulations that affect the SWMBH compliance program. Some of these laws not referenced above include but are not limited to:

- The Balanced Budget Act of 1997
- The Deficit Reduction Act of 2005

- Social Security Act of 1964 (Medicare & Medicaid)
- Privacy and Security requirements of the Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH)
- 42 CFR Part 2 Confidentiality of Alcohol and Drug Abuse Patient Records
- Code of Federal Regulations
- Letters to State Medicaid Directors
- The MI Medicaid False Claims Act (Current through amendments made by Public Act 421 of 2008, effective 1/6/2009)
- Michigan Whistleblowers Act, Act 469 of 1980
- Michigan Mental Health Code and Administrative Rules
- Medical Services Administration (MSA) Policy Bulletins
- State Operations Manual
- State of Michigan PIHP contract provisions
- Provisions from Public Act 368 of 1978 – revised – Article 6 Substance Abuse
- Michigan State Licensing requirements
- Michigan Medical Records Act
- Civil Monetary Penalty Law of 1981
- American with Disabilities Act of 1990

The SWMBH Compliance Plan is subject to the following conditions:

- A. SWMBH's Chief Compliance Officer (CCO) may recommend modifications, amendments or alterations to the written Corporate Compliance Plan as necessary and will communicate any changes promptly to all personnel and to the Board of Directors.
- B. This document is not intended to, nor should be construed as, a contract or agreement and does not grant any individual or entity employment or contract rights.

## **APPLICATION OF COMPLIANCE PLAN**

SWMBH is a regional PIHP and as such, this Plan is intended to address SWMBH's function as a PIHP. It is the intent of SWMBH that the scope of all its compliance policies and procedures should promote integrity, support objectivity and foster trust throughout the service region. This Plan applies to all SWMBH operational activities and administrative actions, and includes those activities that come within federal and state regulations relating to PIHPs. SWMBH personnel are subject to the requirements of this plan as a condition of employment. All SWMBH personnel are required to fulfill their duties in accordance with SWMBH's Compliance Plan, human resource and operational policies, and to promote and protect the integrity of SWMBH. Failure to do so by SWMBH personnel will result in discipline, up to and including termination of employment depending on the egregiousness of the offense. Disciplinary action may also be taken against a supervisory employee who directs or approves an employee's improper conduct, is aware of the improper conduct and does not act appropriately to correct it, or who fails to properly exercise appropriate supervision over an employee.



SWMBH directly and indirectly, through its Participant CMHSPs, contracts services for adults and children with mental illness, developmental disabilities, and co-occurring mental health and substance abuse disorders within its eight counties (Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, Saint Joseph, and Van Buren counties).

The PIHP Compliance Plan applies to all contracted and subcontracted providers receiving payment through SWMBH and/or through the PIHP managed care functions. All Participant CMHSPs and contracted and subcontracted providers, including their officers, employees, servants and agents, are subject to the requirements of this Plan as applicable to them and as stated within the applicable contracts. Failure to follow the SWMBH Compliance Plan and cooperate with the compliance program will result in remediation effort attempts and/or contract action, if needed. SWMBH has the responsibility of regulating, overseeing and monitoring the Medicare funds it receives specific to its participation in the dual eligibles demonstration project, and the Medicaid processes of business conducted throughout its service area. SWMBH also has the responsibility to support business practices conducted with integrity and in compliance with the requirements of applicable laws and sound business practices.

The SWMBH Corporate Compliance Plan standards and policies included or referenced herein are not exhaustive or all inclusive. All SWMBH personnel, Participant CMHSPs and providers are required to comply with all applicable laws, rules and regulations including those that are not specifically addressed in the Corporate Compliance Plan.

#### **DEFINITIONS AND TERMS**

- **Compliance investigation:** the observation or study of suspected fraud, abuse, waste, or reported violations of applicable laws and regulations for all SWMBH-administered funding streams by close examination and systematic inquiry.
- **Abuse:** means provider practices that are inconsistent with sound fiscal, business, or clinical practices, and result in an unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards of care. It also includes beneficiary practices that result in unnecessary cost to the Medicaid program. (42 CFR § 455.2)
- **Fraud (Federal False Claims Act):** means an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable Federal or State law including but not limited to the Federal False Claims Act and the Michigan False Claims Act. (42 CFR § 455.2)
- **Fraud (MI Medicaid False Claims Act):** Michigan law permits a finding of Medicaid fraud based upon "constructive knowledge." This means that if the course of conduct reflects a systematic or persistent tendency to cause inaccuracies" then it may be fraud, rather than simply a good faith error or mistake. (Public Act 421 of 2008, effective 1/6/2009)
- **Waste:** means overutilization of services, or other practices that result in unnecessary costs. Generally not considered caused by criminally negligent actions but rather the misuse of resources.

- **Participant CMHSPs:** Participant CMHSPs hold a subcontract with SWMBH to provide supports and services to adults and children with mental illness, developmental disabilities, and co-occurring mental health and substance abuse disorders to Plan Members and to perform various delegated managed care functions consistent with SWMBH policy. "Participant CMHSPs" includes the agency itself as well as those acting on its behalf, regardless of the employment or contractual relationship.
- **Contracted Providers:** substance abuse, MI Health Link and other Providers throughout the SWMBH region with which SWMBH directly holds a contract to provide Medicaid covered mental health and substance abuse services.
- **Subcontracted Providers:** various Providers throughout the SWMBH region that contract directly with one or more of the Participant CMHSPs to provide covered mental health and substance abuse services.
- **Medicare Funds:** when Medicare or Medicare funds are referenced in this Compliance Plan, the related activities are limited to services covered by SWMBH Medicare funds received due to its participation in the dual eligibles demonstration project.

## SECTION I - CODE OF CONDUCT

### ➤ SWMBH Personnel and Board of Directors Code of Conduct

In order to safeguard the ethical and legal standards of conduct, SWMBH will enforce policies and procedures that address behaviors and activities within the work setting, including but not limited to the following:

- 1) **Confidentiality:** SWMBH is committed to protecting the privacy of its consumers. Board members and SWMBH personnel are to comply with the Michigan Mental Health Code, Section 330.1748, 42 C.F.R. Part 2 relative to substance abuse services, and all other privacy laws as specified under the Confidentiality section of this document.
- 2) **Harassment:** SWMBH is committed to an environment free of harassment for Board members and SWMBH personnel. SWMBH will not tolerate harassment based on sex, race, color, religion, national origin, citizenship, chronological age, sexual orientation, or any other condition, which adversely affects their work environment. SWMBH has a strict non-retaliation policy prohibiting retaliation against anyone reporting suspected or known compliance violations.
- 3) **Conflict of Interest:** SWMBH Board members and personnel will avoid any action that conflicts with the interest of the organization. All Board members and personnel must disclose any potential conflict of interest situations that may arise or exist. SWMBH will maintain standards establishing a clear separation of any supplemental employment in terms of private practice and outside employment from activities performed for SWMBH.
- 4) **Reporting Suspected Fraud:** SWMBH Board members and personnel must report any suspected or actual "fraud, abuse or waste" (consistent with the

definitions as set forth in this Plan) of any SWMBH funds to the organization.

- 5) Culture: SWMBH Board members, Executive Officer and management personnel will establish at SWMBH, and encourage throughout its region, cultures that promote prevention, detection, and resolution of instances of misconduct in order to conform to applicable laws and regulations. SWMBH will assist Participant CMHSPs, contracted and subcontracted providers in adopting practices that promote compliance with Medicare and Medicaid fraud, abuse and waste program requirements. The SWMBH Compliance Plan and program will be enforced consistently.
- 6) Delegation of Authority: SWMBH Board members, Executive Officer and management personnel will use due care not to delegate substantial discretionary authority to individuals whom they know, or should have known through due diligence, have a propensity to engage in illegal activities.
- 7) Excluded Individuals: SWMBH will perform or cause to be performed criminal records checks on potential SWMBH personnel, and shall avoid placing untrustworthy or unreliable employees in key positions. In addition, SWMBH will consult the OIG Cumulative Sanctions List, the System for Award Management, and the Michigan Department of Health and Human Services List of Sanctioned Providers to determine whether any current or prospective SWMBH Board members or personnel have been excluded from participation in federal health care programs.
- 8) SWMBH Board members and SWMBH personnel are expected to participate in compliance training and education programs.
- 9) SWMBH Board members and SWMBH personnel are expected to cooperate fully in any investigation.
- 10) Reporting: All SWMBH Board members and SWMBH personnel have the responsibility of ensuring the effectiveness of the organization's Compliance Program efforts by actively participating in the reporting of suspected violations of the Compliance Plan or policies, and the standards stated in this Code of Conduct.
- 11) Gifts From Consumers/Members: SWMBH personnel are prohibited from soliciting tips, personal gratuities or gifts from members or member families. Additionally, SWMBH personnel are prohibited from accepting gifts or gratuities of more than nominal value. SWMBH generally defines "nominal" value as \$25.00 per gift or less. If a member or other individual wishes to present a monetary gift of more than nominal value, he or she should be referred to the Executive Officer.
- 12) Gifts Influencing Decision-Making: SWMBH personnel will not accept from anyone gifts, favors, services, entertainment or other things of value to the extent that decision-making or actions affecting SWMBH might be influenced. Similarly, the offer or giving of money, services or other things of value with the expectation of influencing the judgment or decision-making process of any purchaser, supplier, customer/member, government official or other person by any SWMBH personnel or

SWMBH is absolutely prohibited. Any such conduct should be reported immediately to the CCO, or through the SWMBH corporate compliance hotline at (800) 783-0914.

- 13) Gifts from Existing Vendors: SWMBH personnel may accept gifts from vendors, suppliers, contractors or other persons that have nominal values as defined in SWMBH financial and compliance policies. SWMBH expects SWMBH personnel to exercise good judgment and discretion in accepting gifts. If any SWMBH personnel have any concerns regarding whether a gift should be accepted, the person should consult with his or her supervisor. SWMBH personnel will not accept excessive gifts, meals, expensive entertainment or other offers of goods or services, which has a more than a nominal value as defined in SWMBH financial and compliance policies.
- 14) Vendor Sponsored Entertainment: At a vendor's invitation, SWMBH personnel may accept meals or refreshments of nominal value at the vendor's expense. Occasional attendance at local theater or sporting events, or similar activity at a vendor's expense may also be accepted provided that, a business representative of the vendor attends with SWMBH personnel. Such activities are to be reported to the Chief Compliance Officer by SWMBH personnel.
- 15) Purchasing and Supplies: It is the policy of SWMBH to 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 subcontractor and supplier arrangements will be managed in a fair and reasonable manner, consistent with all applicable laws and good business practices. Subcontractors, suppliers, and vendors will be selected based on objective criteria including quality, technical excellence, price, delivery, and adherence to schedules, services and maintenance of adequate sources of supply. Purchasing decisions will be made on the supplier's ability to meet needs and not on personal relationships or friendships. SWMBH will always employ the highest ethical standards in business practices in source selection, negotiation, determination of contract awards, and the administration of purchasing activities.

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

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 and Medicaid programs. Therefore, all direct-to-consumer marketing activities require advance review by the Compliance Committee or designee if the activity involves giving anything of value directly to a consumer.

- 17) Financial Reporting: SWMBH 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 shall be recorded in conformity with generally accepted accounting principles or any other applicable criteria.

All financial reports, accounting records, research reports, expense accounts, time sheets and other documents will accurately and clearly represent the relevant facts or the true nature of a transaction. No undisclosed or unrecorded funds or assets will be established for any purpose.

SWMBH will not tolerate improper or fraudulent accounting, documentation, or financial reporting. SWMBH personnel have a duty to make reasonable inquiry into the validity of financial information reporting. In addition to employee discipline and termination, SWMBH may terminate the contractual arrangement involving any contracted provider due to fraudulent accounting, documentation, or financial reporting.

SWMBH shall develop internal controls and obtain an annual independent audit of financial records; shall ensure that reimbursement for services billed is accurate, appropriate, and based on complete documentation; and shall maintain accountability of assets.

- 18) Third Party Billing and Governmental Payers: SWMBH is committed to truthful billing that is supported by complete and accurate documentation. SWMBH personnel may not misrepresent charges to, or on behalf of, a consumer or payer.

SWMBH must comply with all payment requirements for government-sponsored programs. All SWMBH personnel must exercise care in any written or oral statement made to any government agency. *SWMBH will not tolerate false statements by SWMBH personnel to a governmental agency.* Deliberate misstatements to governmental agencies or to other payers will expose the individual to potential criminal penalties and termination.

- 19) Responding to Government Investigations: SWMBH will fully comply with the law and cooperate with any reasonable demand made in a governmental investigation as outlined and specified in the SWMBH Compliance and Program Integrity Operating Policy 19.9, *Response To Government Investigations*. SWMBH personnel may not conceal, destroy,

or alter any documents, lie or make misleading statements to governmental representatives. SWMBH personnel may not aid in any attempt to provide inaccurate or misleading information or obstruct, mislead, or delay the communication of information or records relating to a possible violation of the law.

It is crucial that the legal rights of SWMBH personnel and SWMBH are protected. If any SWMBH personnel receives an inquiry, a subpoena, or other legal documents requiring information about SWMBH business or operation, whether at home or in the workplace, from any government agency, SWMBH requests that the person notify SWMBH's Executive Officer or the Chief Compliance Officer immediately.

SWMBH will distribute the Code of Conduct to all SWMBH personnel upon hire who shall certify in writing that they have received, read, and will abide by the organization's Code of Conduct. In addition to the Code of Conduct, all SWMBH personnel will be familiar with and agree to abide by all SWMBH operational and human resources policies and procedures as well as the employee handbook. All operational and human resources policies and procedures and the employee handbook are available to SWMBH personnel through the SWMBH intranet and the shared drive.

➤ Participant CMIISP and Contracted and Subcontracted Provider Relationships

It is the policy of SWMBH to ensure that all direct and subcontracted provider contractual arrangements are structured in accordance with federal and state laws and regulations and are in the best interest of the organization and the consumers we serve. In order to ethically and legally meet all standards, SWMBH will strictly adhere to the following:

- 1) SWMBH does not receive or provide any inducement for referrals. Consumer referrals and intakes will be accepted based on the consumer's needs, eligibility, and SWMBH's ability to provide the services needed.
- 2) No employee, Participant CMIISP, or contracted or subcontracted provider, or any other person 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.
- 3) SWMBH does 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 state and federal health care program beneficiaries.
- 4) SWMBH 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. SWMBH will consult the National Practitioner Data

Bank and the OIG Cumulative Sanctions List to determine whether any current or prospective Participant CMHSPs or contracted or subcontracted Providers have been excluded from participation in federal health care programs.

- 5) All Participant CMHSP, contracted and subcontracted provider personnel have the responsibility of ensuring the effectiveness of SWMBH's Compliance Program efforts by actively participating in the reporting of suspected violations of the Compliance Plan or policies, and the standards stated in this Code of Conduct consistent with SWMBH compliance policies.

Participant CMHSPs and contracted and subcontracted providers will be required to comply with the SWMBH Code of Conduct or provide evidence of a sufficient Code of Conduct of their own. If complying with the SWMBH Code of Conduct, Participant CMHSPs and contractual providers will receive a copy of the Code of Conduct at the time of the initial contract and will be required to certify in writing that they have received, read, and will abide by SWMBH's Code of Conduct for inclusion in the contractor file. Participant CMHSPs and contracted or subcontracted providers having developed their own Code of Conduct will be required to provide evidence of such for inclusion in the contractor file. Participant CMHSPs and contracted and subcontracted providers will be familiar with and agree to abide by the SWMBH Compliance Plan and all applicable policies and procedures as incorporated into relevant contracts. All policies and procedures are available to the Participant CMHSPs, contracted, and subcontracted providers via the SWMBH Internet Website at [www.swmbh.org](http://www.swmbh.org). Participant CMHSPs and contracted and subcontracted providers are responsible for monitoring and staying informed of regulatory developments independent of SWMBH Compliance Program efforts.

- All SWMBH personnel, Participant CMHSPs, contracted and subcontracted providers will refrain from conduct that may violate the Medicare and Medicaid anti-kickback, false claims or physician self-referral laws and regulations. A false claim includes the following: billing for services not rendered; misrepresenting services actually rendered; falsely certifying that certain services were medically necessary; or submitting a claim for payment that is inconsistent with or contrary to Medicaid payment requirements. In general, these laws prohibit:
  - Submission of false, fraudulent or misleading claims for payment, the knowing use of a false record or statement to obtain payment on false or fraudulent claims paid by the United States government, or the conspiracy to defraud the United States government by getting a false or fraudulent claim allowed or paid. If the claims submitted are knowingly false or fraudulent then the False Claims Act has been violated;
  - Knowingly and willfully making false representation to any person or entity in order to gain or retain participation in the Medicaid program or to obtain payment for any service from the United States government;

- A physician (or immediate family member of the physician) who has a financial relationship with an entity from referring a Medicaid patient to the entity for the provision of certain "designated health services" unless an exception applies; or an entity from billing an individual, third party payer, or other entity for any designated health services provided pursuant to a prohibited referral; and
- Knowingly and willfully making or causing to be made any false statement or representation of a material fact in any application (claim) for benefits or payments under a Federal health care program.

## **SECTION II - CHIEF COMPLIANCE OFFICER AND COMPLIANCE COMMITTEE**

SWMBH EO will designate a Chief Compliance Officer (CCO), who will be given sufficient authority to oversee and monitor the Compliance Plan, including but not limited to the following:

- Recommending revisions/updates to the Compliance Plan, policies, and procedures to reflect organizational, regulatory, contractual and statutory changes.
- Reporting on a regular basis the status of the implementation of the Compliance Plan and related compliance activities.
- Assuring and/or coordinating compliance training and education efforts for SWMBH personnel, Participant CMHSPs and contracted and subcontracted providers.
- Assuring continuing analysis, technical expertise and knowledge transmission of corporate compliance requirements and prepaid health plan performance in keeping with evolving federal requirements and MDHHS contractual obligations and standards.
- Coordinating internal audits and monitoring activities outlined in the compliance work plan.
- Performing or causing to be performed risk assessments, verification audits, and on-site monitoring consistent with the approved annual PIHP compliance work plan(s) intended to reduce the risk of criminal conduct at SWMBH, Participant CMHSPs, contracted and subcontracted providers.
- Ensure coordinating efforts with Human Resources, Provider Network Management, and other relevant departments regarding employee certifications/licensure, background checks, and privileging and credentialing.
- Developing and modifying policy and programs that encourage the reporting of suspected fraud and other potential problems without fear of retaliation.
- Independently investigating and acting on matters related to compliance.
- Drafting and maintaining SWMBH Board and executive reports including annual Compliance Program Evaluation and bi-annual Board compliance reports.

The authority given the CCO will include the ability to review all SWMBH, Participant CMHSP, contracted and subcontracted provider Medicare (specific to the Medicare funds received for participation in the dual eligible demonstration project), Medicaid and ABW

documents and other information relevant to compliance activities, including, but not limited to, consumer records, billing records, employee records and contracts and obligations of SWMBH, consistent with applicable contract provisions.

SWMBH maintains and charters a Corporate Compliance Committee that oversees the implementation and operation of the SWMBH Compliance Plan. The Corporate Compliance Committee reviews reports and recommendations made by the SWMBH CCO regarding compliance activities. This includes data regarding compliance generated through audits, monitoring, and individual reporting. Based on these reports, the Chief Compliance Officer will make recommendations to the Executive Officer regarding the efficiency of the SWMBH Compliance Plan and program. The Corporate Compliance Committee will be chaired by the CCO and will consist of members appointed by the EO of SWMBH, which can include:

- Executive Officer (EO) of SWMBH or his/her designee;
- Chief Compliance Officer/Privacy Officer;
- Chief Information Officer;
- Member Services Coordinator;
- Director of Performance Improvement Program;
- Chief Clinical Officer;
- Operations Manager;
- Provider Network Manager;
- Chief Financial Officer; and
- Participant CMIISP CEO

**Specific responsibilities of the Corporate Compliance Committee include:**

- Regularly reviewing compliance program policies to ensure they adequately address legal requirements and address identified risk areas;
- Assisting the CCO with developing standards of conduct and policies and procedures to promote compliance with the Compliance Plan;
- Analyzing the effectiveness of compliance education and training programs;
- Reviewing the compliance log for adequate and timely resolution of issues and/or inquiries;
- Assisting the CCO in identifying potential risk areas, advising and assisting the CCO with compliance initiatives, identifying areas of potential violations, and recommending periodic monitoring/audit programs;
- Assisting in the development of policies to address the remediation of identified problems;
- Receiving, interpreting, and acting upon reports and recommendations from the CCO;
- Evaluating the overall performance of the Compliance Program and making recommendations accordingly; and
- Providing a forum for the discussion of ethical issues related to entity business functions.



### SECTION III - COMPLIANCE TRAINING AND EDUCATION

Proper and continuous training and education of SWMBH personnel at all levels is a significant element of an effective compliance program. Therefore, SWMBH will establish a regular training program consistent with applicable compliance policies that covers the provisions of the Code of Conduct, as well as the processes for obtaining advice and reporting misconduct. Training is provided upon hire for new employees; annual and periodic retraining is provided to existing SWMBH personnel and, as applicable, independent contractors.

SWMBH Board members and personnel will be scheduled to receive SWMBH's compliance program training on the Compliance Plan and Code of Conduct at orientation or within thirty (30) days of employment. Tailored training may be required for employees involved in specific areas of risk and the CCO will coordinate and schedule this as needed and will supplement with training and/or newsletters, e-mails and in-services. Records will be maintained on all formal training and educational activities. Training is considered a condition of employment and failure to comply will result in appropriate disciplinary action.

Upon employment, all SWMBH personnel will be provided a written copy of the Plan; staff signature (Compliance Certification Form Attachment A) acknowledges that the staff received:

- Corporate Compliance Orientation
- A copy of the Code of Conduct
- A copy of the SWMBH Corporate Compliance Plan

The Compliance Certification Forms will be maintained in the Program Integrity and Compliance Office. Modifications to the Plan will be distributed to all personnel after revisions have been approved by the SWMBH Compliance Committee and accepted by the Board of Directors.

A copy of the Plan will be kept on file by the CCO and maintained at SWMBH's corporate office. The SWMBH Corporate Compliance Plan can also be accessed on the shared drive of SWMBH's network, and on the SWMBH Internet Website at [www.swmbh.org](http://www.swmbh.org).

- Initial training: The Chief Compliance Officer shall ensure the scheduling and documentation of initial trainings for all SWMBH personnel regarding SWMBH's Corporate Compliance Plan. Training sessions may include, but are not limited to face-to-face educational presentations or videotapes. Subsequent compliance instruction will occur annually.
- Continuing Education: The CCO shall review and circulate periodic information to the Corporate Compliance Committee regarding any health care fraud issues as received from the Office of Inspector General (OIG), the Department of Health and Human Services (DHHS), and other updated compliance materials. The CCO shall ensure current mandates are instituted in both initial and refresher

education/training that will assist in answering personnel questions related to modifications in either federal or state edicts. Continued compliance training will be documented in electronic format. These training sessions are obligatory, personnel initiated, or instituted upon request of the supervisor. Failure to participate in mandatory training session(s) will result in verbal/written reprimand, suspension, or termination of employment as deemed appropriate by SWMBH's EO. The CCO will be available to all personnel to answer questions regarding modifications of governmental guidelines.

- Regulations: It is the responsibility of SWMBH personnel to maintain job specific certifications and/or licensing requirements, proficiencies, and competencies set forth by the State of Michigan licensing body.

Training and educational opportunities related to compliance may be made available by SWMBH to Participant CMHSPs, contracted and subcontracted provider staff, as well as consumers and others as appropriate. Participant CMHSPs, contracted and subcontracted providers are expected to provide the following minimum compliance training annually to all staff and agents working on their behalf:

- Establish and review policies and procedures that provide detailed information about the Federal False Claims Act;
- Establish and review policies and procedures that provide detailed information about the MI State False Claims Act;
- Review administrative, civil and criminal remedies for false claims and statements under both the Federal and State False Claims Act;
- Establish and review agency policies/procedures relating to prevention of fraud, waste and abuse; and
- Establish and review agency policies and procedures relating to whistleblower provisions and non-retaliation protections.

SWMBH reserves the right to review all compliance related training materials used by Participant CMHSPs covering the elements noted above in order to ensure compliance with contractual requirements.



## SECTION IV - COMPLIANCE REPORTING AND ONGOING COMMUNICATION

All SWMBH Board members and personnel must be familiar with applicable federal and state laws and regulations as well as SWMBH policies and procedures. Any SWMBH Board member and personnel that know, or has reason to believe, that an employee of, or independent professional providing services to, SWMBH is not acting in compliance with federal and state laws and regulations should report such matters to the CCO consistent with the applicable compliance policy. Reporting of suspected violations may be accomplished through a verbal, written, or anonymous report using the following mechanisms:

- SWMBH Telephone Hot Line – Suspected compliance violations or questions can be made to a toll-free hot line. The number is (800) 783-0914 and includes confidential voice mail.
- SWMBH Electronic Mail (E-Mail) – Suspected compliance violations or questions can be sent electronically via e-mail to the [mila.todd@swmbh.org](mailto:mila.todd@swmbh.org).
- Mail Delivery – Suspected compliance violations or questions can be mailed to:  
Southwest Michigan Behavioral Health  
Attn: Chief Compliance Officer  
5250 Lovers Lane, Suite 200  
Portage, MI 49002
- In Person – Suspected compliance violations or questions can be made in person to SWMBH's CCO at the above address.

### Whistleblower Protections for SWMBH Personnel

**Employees who make good faith reports of violations of federal or state law are protected by state and federal whistleblower statutes, as more fully described below.**

Under the *Federal False Claims Act* and the *Michigan Medicaid False Claims Act*, employees who report violations in good faith are entitled to protection from disciplinary actions taken by their employer.

The *Federal False Claims Act*, 31 USC §§3729 through 3731, provides for administrative remedies, encourages enactment of parallel State laws pertaining to civil and criminal penalties for false claims and statements, and provides “whistle-blower” protection for those making good faith reports of statutory violations.

Under the *Michigan Medicaid False Claims Act*, an employer shall not discharge, demote, suspend, threaten, harass, or otherwise discriminate against an employee in the terms and conditions of employment because the employee initiates, assists in, or participates in a proceeding or court action under this act or because the employee cooperates with or assists in an investigation under this act. This prohibition does not apply to an employment action against an employee who the court finds: (i) brought a frivolous claim, as defined in section 2591 of the revised judicature act of 1961, 1961 PA 236, MCL §600.2591; or, (ii) planned, initiated, or participated in the conduct upon



which the action is brought; or, (iii) is convicted of criminal conduct arising from a violation of that act.

An employer who takes action against an employee in violation of the *Michigan Medicaid False Claims Act* is liable to the employee for all of the following:

1. Reinstatement to the employee's position without loss of seniority;
2. Two times the amount of lost back pay;
3. Interest on the back pay;
4. Compensation for any special damages; and,
5. Any other relief necessary to make the employee whole.

Under the *Federal False Claims Act*, any employee who is discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in the terms and conditions of employment by his or her employer because of lawful acts done by the employee on behalf of the employee or others in furtherance of an action under this section, including investigation for, initiation of, testimony for, or assistance in an action filed or to be filed under this section, shall be entitled to all relief necessary to make the employee whole. Such relief shall include reinstatement with the same seniority status such employee would have had but for the discrimination, 2 times the amount of back pay, interest on the back pay, and compensation for any special damages sustained as a result of the discrimination, including litigation costs and reasonable attorneys' fees. An employee may bring an action in the appropriate district court of the United States for the relief provided in this subsection.

Partly because of their status as primary contracted agents performing delegated managed care functions and in order to minimize regional risk and harm, Participant CMHSPs will report suspected compliance issues within three business days or less to the SWMBII Chief Compliance Officer when one or more of the following criteria are met:

- 1) During an inquiry by the Participant CMHSP compliance officer there is determined to be (reasonable person standard) Medicare (for a Duals Demonstration beneficiary) or Medicaid fraud, abuse, or waste as defined by federal statute, CMS, HHS OIG and/or applicable Michigan statute ~~or~~ regulation **or PIHP contract definition**; or
- 2) Prior to any self-disclosure to any federal or state of Michigan Medicare (for a Duals Demonstration beneficiary) or Medicaid authority. In no way is this intended to nor should it be interpreted as a requirement or request to violate the letter or spirit of federal or Michigan reporting and whistleblower statutes or related regulations; or
- 3) When a Participant CMHSP knows or (reasonable person standard) suspects that an action or failure to take action in the organization or its contractors would result in the improper application or improper retention of Medicaid funds.

Participant CMHPs shall undertake fraud, waste and abuse prevention, detection, and surveillance measures per contractual obligations and industry standards. They are encouraged to independently assure that claims, encounters, other data and financial submissions to SWMBH are complete, accurate and timely on an ongoing basis. They are encouraged to update financial reports and encounter submissions consistent with this approach.

## **SECTION V - COMPLIANCE AUDITING, MONITORING AND RISK EVALUATION**

The SWMBH CCO is responsible for monitoring compliance activities and operations within SWMBH. The CCO must then report any determinations of noncompliance to the Executive Officer, the Corporate Compliance Committee, and SWMBH's Board of Directors. The CCO will identify, interpret and determine standards of compliance through internal audit and monitoring functions and external audits. The CCO shall prepare an Annual Auditing and Monitoring Plan for EO and Corporate Compliance Committee review and input.

Monitoring and Auditing: SWMBH believes that a thorough and ongoing evaluation of the various aspects of SWMBH's Compliance Plan is crucial to its success. In order to evaluate the effectiveness of the Plan, SWMBH will employ a variety of monitoring and auditing techniques, including but not limited to, the following:

- Periodic interviews with personnel within SWMBH, Participant CMHSPs, and contracted and subcontracted providers regarding their perceived levels of compliance within their departments or areas of responsibilities;
- Questionnaires developed to poll personnel within SWMBH, Participant CMHSPs, contracted and subcontracted providers regarding compliance matters including the effectiveness of training/education;
- Information gained from written reports from SWMBH compliance staff utilizing audit and assessment tools developed to track all areas of compliance;
- Audits designed and performed by internal and/or external auditors utilizing specific compliance guidelines;
- Investigations of alleged noncompliance reports as described in SWMBH Compliance Operating Policy 10.8 - *Compliance Reviews and Investigations for Reporting*; and
- Exit interviews with departing SWMBH employees.
- Participant CMHSPs, contracted and subcontracted providers are encouraged to perform auditing and monitoring functions involving Medicare and Medicaid covered services through their own compliance program efforts.

The SWMBH CCO, legal counsel, Corporate Compliance Committee, and as appropriate, other SWMBH personnel will take actions to ensure the following:

- Access to and familiarity with the latest IHS OIG compliance guidelines and current enforcement priorities; and
- Assessment of the baseline risk of any significant issues regarding non-compliance with laws or regulations in accordance with SWMBH's Compliance Plan.

The CCO is also responsible to ensure a risk assessment is performed annually with the results integrated into the daily operations of the organization.

## SECTION VI - ENFORCEMENT OF COMPLIANCE POLICIES AND STANDARDS

Corrective action shall be imposed as a means of facilitating the overall SWMBH Compliance Plan goal of full compliance. Corrective action plans should assist SWMBH personnel, Participant CMHSPs, contracted and subcontracted providers to understand specific issues and reduce the likelihood of future noncompliance. Corrective action, however, shall be sufficient to address the particular instance of noncompliance and should reflect the severity of the noncompliance. The following Corrective Action Plan Guidelines are to be used with SWMBH Personnel, Participant CMHSPs, contracted and subcontracted providers:

<u>Violation</u>	<u>Possible Disciplinary Action</u>
Knowingly and willfully committing fraud and/or violation of a federal or state billing or documentation practice(s). Knowingly and willfully providing false or misleading information in a compliance context to SWMBH, governmental agency, consumer or MDHHS. [E.g. billing for services not performed, forging documentation or signatures, upcoding, kickbacks, bribes]	First Offense for SWMBH Personnel: Immediate termination of employment.  First Offense for Participant CMHSP, Contracted or Subcontracted Provider: Termination of subcontract or provider contract. All related remuneration and/or funds will be recouped by SWMBH.
Unknowingly violating federal or state billing or documentation practice(s).	First Offense for SWMBH Personnel: Possible/potential disciplinary action as warranted and based upon CCO/human resources judgment up to and including: written reprimand for personnel file, mandatory compliance refresher training, individual counseling with manager and Chief Compliance Officer, probation, etc.  Second Offense for SWMBH Personnel: Possible/potential disciplinary action as warranted and based upon EO.  First Offense for Participant CMHSP,

	<p>Contracted or Subcontracted Provider: Written notice of noncompliance for contract file, mandatory compliance training approved by SWMBH Corporate Compliance Committee or provided by SWMBH CCO, Corrective Action Plan to be submitted to the SWMBH Corporate Compliance Committee, may be placed on probationary period. Related individual(s) may be barred from Medicare and Medicaid service provision or administrative activity. All related remuneration and/or funds will be recouped by SWMBH.</p> <p>Second Offense for Participant CMHSP, Contracted or Subcontracted Provider: Possible termination of subcontract or contract.</p>
<p>Knowingly violating policies and/or procedures as set forth in the Compliance Plan.</p>	<p>First Offense for SWMBH Personnel: Written reprimand for personnel file, individual counseling with manager and Chief Compliance Officer, and placed on 60-day probation.</p> <p>Second Offense for SWMBH Personnel: Unpaid suspension and possible termination.</p> <p>First Offense for Participant CMHSP, Contracted and Subcontracted Providers: Written notice of noncompliance for contract file, Corrective Action Plan to be submitted to SWMBH Corporate Compliance Committee, may be placed on probationary period. Related individual(s) may be barred from Medicare and Medicaid service provision or administrative activity.</p> <p>Second Offense for Participant CMHSP, Contracted or Subcontracted Provider: Possible termination of subcontract or contract.</p>

<p>Detection of, but, failure to report or failure to detect substantive violations of federal and state mandates in duties where a reasonable person could be expected to detect violation(s).</p>	<p>First Offense for SWMBH Personnel: Written reprimand for personnel file, mandatory compliance refresher training, individual counseling with manager and Chief Compliance Officer, and placed on 60-day probation.</p> <p>Second Offense for SWMBH Personnel: Suspension and possible termination.</p> <p>First Offense for Participant CMHSP, Contracted or Subcontracted Provider: Written notice of noncompliance for contract file, mandatory compliance training approved by SWMBH Corporate Compliance Committee or provided by SWMBH CCO, Corrective Action Plan to be submitted to SWMBH Corporate Compliance Committee, may be placed on probationary period. Related individual(s) may be barred from Medicare and Medicaid service provision or administrative activity.</p> <p>Second Offense for Participant CMHSP, Contracted or Subcontracted Provider: Possible termination of subcontract or contract.</p>
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Basis for Participant CMHSP, Contracted or Subcontracted Provider Corrective Action: Monitoring and auditing, and reports of questionable practices may form the basis for imposing corrective action.

Elements of a Participant CMHSP, Contracted or Subcontracted Provider -Corrective Action Plan: As appropriate given the nature of the noncompliance, a corrective action plan submitted to SWMBH for approval shall include:

- A description of how the issue(s) identified was immediately corrected OR the reason the issue(s) cannot be immediately corrected (i.e. the consumer has been discharged).
- A description of the steps to be put into place to prevent the issue(s), or a similar issue(s), from occurring again (i.e. staff training, process redesign, etc.)
- A description of the quality assurance program put into place for monitoring purposes to ensure the corrective action plan is effective and/or similar issues do not occur.

## **SECTION VII - CONFIDENTIALITY AND PRIVACY**

SWMBH 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 the current published Privacy Notice. Any Board member, SWMBH personnel, or contracted or subcontracted provider who engages in unauthorized disclosure of consumer information is subject to disciplinary action which may result in removal from the Board, termination of employment, or termination of the contract.

To ensure that all consumer information remains confidential, SWMBH personnel and contracted and subcontracted providers are required to comply with all confidentiality policies and procedures in effect, specifically to include the HIPAA privacy regulations outlined below:

- Privacy Notice - SWMBH will have a Notice of Privacy Practices to be given to each consumer at intake and to be further available upon request.
- Consent - Prior to treatment, Participant CMHSPs and contracted and subcontracted providers will obtain a signed consumer consent for permission to treat, bill for and carry out health care operations described in the Privacy Notice.
- Authorization - If consumer Protected Health Information is disclosed to an individual or entity outside of SWMBH, a signed authorization will be obtained from the consumer consistent with the HIPAA Privacy Rule, MI Mental Health Code, and 42 CFR Part 2 requirements.
- Business Associate Agreement - SWMBH 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.
- SWMBH shall investigate any reports of suspected violations and respond to findings of the investigations in compliance with the HIPAA Privacy and Security regulations.
- SWMBH will perform any necessary risk analyses or assessments to ensure compliance.

All SWMBH Board members, SWMBH personnel, Participant CMHSPs, and contracted and subcontracted providers must conduct themselves in accord with the principle of maintaining the confidentiality of consumers' information in accordance with all applicable laws and regulations, including but not limited to the Michigan Mental Health Code, the Privacy and Security Regulations issued pursuant to HIPAA and recent updated HITECH revisions, and 42 CFR Part 2 as it relates to substance abuse records. All will refrain from disclosing any personal or confidential information concerning members unless authorized by laws relating to confidentiality of records and protected health information. If specific questions arise regarding the obligation to maintain the confidentiality of information or the appropriateness of releasing information, SWMBH Board members, SWMBH personnel, and Participant CMHSPs should seek guidance

from the Chief Compliance Officer/Chief Privacy Officer (the Chief Compliance Officer also fulfills the role of Chief Privacy Officer), or anonymously through the SWMBH corporate compliance hotline at (800) 783-0914.

## SWMBH PERSONNEL COMPLIANCE CERTIFICATION FORM

- 1) I have received, read and understand the SWMBH Compliance Plan, Code of Conduct, and related policies and procedures.
- 2) I pledge to act in compliance with and abide by the Code of Conduct and SWMBH Compliance Plan during the entire term of my employment and/or contract.
- 3) I acknowledge that I have a duty to report to the Chief Compliance Officer any alleged or suspected violation of the Code of Conduct, agency policy, or applicable laws and regulations.
- 4) I will seek advice from my supervisor or the Chief Compliance Officer concerning appropriate actions that I may need to take in order to comply with the Code of Conduct or Compliance Plan.
- 5) I understand that failure to comply with this certification or failure to report any alleged or suspected violation of the Code of Conduct or Compliance Plan may result in disciplinary action up to and including termination of employment or contract.
- 6) I agree to participate in any future compliance trainings as required and acknowledge my attendance at such trainings as a condition of my continued employment/contract.
- 7) I agree to disclose the existence and nature of any actual or potential conflict of interest to the Chief Compliance Officer. Further, I certify that I am not aware of any current, undisclosed conflicts of interest.

\_\_\_\_\_  
Employee/Provider/Contractor Signature

\_\_\_\_\_  
Date



## SWMBH BOARD OF DIRECTORS COMPLIANCE CERTIFICATION FORM

- 1) I have received, read and understand the SWMBH Compliance Plan and Code of Conduct.
- 2) I pledge to act in compliance with and abide by the Code of Conduct and SWMBH Compliance Plan during the entire term of my Board service.
- 3) I acknowledge that I have a duty to report to the SWMBH Chief Compliance Officer any alleged or suspected violation of the Code of Conduct or related laws and regulations by myself, another Board Member or any other person.
- 4) I will seek advice from the SWMBH Board Chairman or the SWMBH Chief Compliance Officer concerning appropriate actions that I may need to take in order to comply with the Code of Conduct or Compliance Plan.
- 5) I understand that failure to comply with any part of this certification may result in my removal from the Board of Directors.
- 6) I agree to participate in future Board compliance trainings as required
- 7) I agree to disclose the existence and nature of any actual or potential conflict of interest to the Board Chairman and Chief Compliance Officer. Further, I certify that I am not aware of any current, undisclosed conflicts of interest.

\_\_\_\_\_  
Board Member Signature

\_\_\_\_\_  
Date

# Southwest Michigan

## BEHAVIORAL HEALTH

<b>Section:</b> Board Policy – Executive Limitations	<b>Policy Number:</b> BEL-010	<b>Pages:</b> 1
<b>Subject:</b> Regional Entity 501 (c)(3) Representation	<b>Required By:</b> Policy Governance	<b>Accountability:</b> SWMBH Board
<b>Application:</b> <input checked="" type="checkbox"/> SWMBH Governance Board <input checked="" type="checkbox"/> SWMBH EO		<b>Required Reviewer:</b> SWMBH Board
<b>Effective Date:</b> 02.13.2015	<b>Last Review Date:</b> <del>10.12.18</del> 11/8/19	<b>Past Review Dates:</b> 2.13.15, 3.11.16, 10.14.16, 10.13.17

### I. PURPOSE:

To define the SWMBH Executive Officer role and responsibilities in conjunction with SWMBH MCHE membership. On August 12, 2016, the SWMBH Board approved the revised Bylaws presented by the MASACA Board including the fact that the name will be changed to the Michigan Consortium for Healthcare Excellence (MCHE) and on October 5, 2016, the MASACA/MCHE Board accepted the revised MCHE Bylaws. On October 11, 2019 the SWMBH Board reaffirmed its support to continue as a Member of MCHE.

### II. POLICY:

1. The SWMBH Board has approved SWMBH becoming a member of MCHE; and
2. the EO of SWMBH is hereby authorized to serve as SWMBH's representative and a Director of the MCHE Board, the latter being subject to the approval of the Board Members of MCHE in accordance with its Bylaws; and
3. the EO is hereby authorized and directed to execute and deliver any and all instruments, certificates, agreements and other documents necessary for SWMBH to hold a membership interest in MCHE; and
4. the SWMBH Board will evaluate on at least an annual basis in October of each year whether SWMBH will continue to hold a membership interest in MCHE or withdraw from such membership.

### III. STANDARDS:

Accordingly, the Executive Officer as SWMBH representative to MCHE shall:

1. Provide semi-annual written MCHE status reports to the SWMBH Board in April and October; and
2. Provide verbal reports to the SWMBH Board if there are items of importance which in the Executive Officer's judgment materially affect favorably or unfavorably SWMBH's core roles, strategy or finances; and
- ~~3. Present to the Board, for its approval, all contracts and payments from SWMBH to MCHE prior to executing; and~~
- ~~4.3.~~ Present MCHE Articles of Incorporation revisions to the Board prior to voting on them; and
- ~~5.4.~~ Present MCHE Bylaws revisions to the Board prior to voting on them and also after the adoption of them by MCHE Board;
- ~~6.5.~~ Adhere to the Board standard that total direct fiscal year annual costs payable to MCHE shall not exceed \$5,000, absent prior official approval of the Board. In the event of an urgent payment required, EO shall contact SWMBH Board Chair for guidance.

# 2020 – 2021 SWMBH Board Ends Metrics (DRAFT) Fiscal and Calendar Year Metrics

**Target: Board Approval: November 8, 2019**

**Delivery to Board for Review: November 1, 2019**

2020-2021 Board Ends Metrics Review and Approval Schedule:

- *2019-2020 Strategic Imperatives discussion by SWMBH Board on: 5/10/19*
- *Operations Committee Review and Endorsement on: 10/30/19*
- *Utilization Management and Clinical Practices Committee Review and Endorsement on: 10/14/19*
- *Quality Management Committee Review and Endorsement on: 9/26/19*

## Mega Ends:

1. **Quality of Life:** Persons with Intellectual Developmental Disabilities (I/DD); Serious Mental Illness (SMI); Serious Emotional Disturbances (SED); Autism Spectrum Disorders (ASD) and Substance Use Disorders (SUD) in the SWMBH region see improvements in their quality of life and maximize self-sufficiency, recovery and family preservation.
2. **Improved Health:** Individual mental health, physical health and functionality are measured and improved.
3. **Exceptional Care:** Persons and families served are highly satisfied with the care they receive.
4. **Mission and Value-Driven:** CMHSPs and SWMBH fulfill their agencies' missions and support the values of the public mental health system.
5. **Quality and Efficiency:** The SWMBH region is a learning region, where quality and cost are measured, improved and reported.

## Our Mission:

"SWMBH strives to be Michigan's preeminent benefits manager and integrative healthcare partner, assuring regional health status improvements, quality, value, trust, and CMHSP participant success".

## Our Vision:

"An optimal quality of life in the community for everyone."

## Our Triple Aim:

Improving Patient Experience of Care | Improving Population Health | Reducing Per Capita Cost



Quality of Life		Improved Health	
Persons with Intellectual Developmental Disabilities (I/DD); Serious Mental Illness (SMI); Serious Emotional Disturbances (SED); Autism Spectrum Disorders (ASD) and Substance Use Disorders (SUD) in the SWMBH region see improvements in their quality of life and maximize self-sufficiency, recovery and family preservation.		Individual mental health, physical health and functionality are measured and improved.	
PROOFS	STATUS	PROOFS	STATUS
<p><b>1. Achieve 95% of Performance Based Incentive Program monetary award based on MDHHS specifications.</b></p> <p>Metric Measurement Period: (10/1/19 - 11/15/20) Metric Report Date: March 12, 2021 (or when DHHS replies)</p> <p><b>A. Identification of Veteran's eligible for services:</b> Timely submission of the Veteran Services Navigator (VSN) Data Collection form through DCH File transfer. Improve and maintain data quality on BH-TEDS military and veteran fields. Measurement period: 10/1/19 – 3/31/20</p> <p><b>B. Increased Data sharing:</b> Send ADT messages for purposes of care coordination through health information exchange. Submit report addressing IT systems barriers and remediation efforts by: 7/31/20</p> <p><b>C. Initiation and Engagement:</b> The percentage of adolescents and adults with a new episode of alcohol or other drug (AOD) abuse or dependence who received the following: Initiation of AOD Treatment: The percentage of enrollees who initiate treatment within 14 calendar days of the diagnosis.</p> <p><b>D. SWMBH will submit a qualitative narrative Summary report to MDHHS, related to efforts, activities and achievements with the following metrics: (By: November 15, 2020)</b></p> <ol style="list-style-type: none"> <li>1. Comprehensive Care</li> <li>2. Patient – Centered Medical Homes</li> <li>3. Coordination of Care</li> <li>4. Accessibility to Services</li> <li>5. Quality and Safety</li> </ol>	<p>This metric has been modified to align with 2020 MDHHS approved PBIP Language</p>	<p><b>2. Achieve the following Joint expectations for the MHP's and SWMBH. There are 100 points possible for this bonus metric in FY2019:</b></p> <p>Metric Measurement Period: (1/1/20 - 12/30/20) Metric Report Date: October 9, 2020 (or when DHHS replies)</p> <ol style="list-style-type: none"> <li>1. <b>Joint Care Management:</b> 90% of care plans evaluated must achieve full compliance.</li> <li>2. <b>Follow-up after Hospitalization for Mental Illness (30 days):</b> The adult minimum standard is 58% and the child minimum standard is 70%.</li> <li>3. <b>Plan All-Cause Readmission (30 days):</b> Review and validate data, noting discrepancies found that impact the measure results, as well as actions taken to address data issues. Submit report (By: June 30, 2020)</li> <li>4. <b>Follow-up after Emergency Department Visit for Alcohol and Drug Dependence:</b> Members 13 years and older with an (ED) visit for alcohol and other drug dependence, that had a 30-day follow-up visit. Submit a narrative report (4 pages) on findings of efforts to review data. Analysis should include disparities among racial and ethnic minorities. Submit report (By: June 30, 2020).</li> </ol> <p>*Possible bonus credit for #2 Follow-up after Hospitalization: +1 point – Youth over 90% +1 point – Adults over 85%</p>	<p>This metric has been modified to align with 2020 MDHHS approved PBIP Language</p>



**Exceptional Care:**

Persons and families served are highly satisfied with services they receive.

**Mission and Value Driven:**

CMHSPs and SWMBH fulfill their agencies' missions and support the values of the public mental health system.

PROOFS	STATUS	PROOFS	STATUS
<p><b>3. 2020 Customer Satisfaction Surveys collected by SWMBH are at or above the SWMBH 2019 results for the following categories:</b></p> <p>Metric Measurement Period: (1/1/20 - 9/30/20) Board Report Date: January 10, 2021</p> <ul style="list-style-type: none"> <li>A. Mental Health Statistic Improvement Project Survey (MHSIP) tool. <i>(Improved Functioning – baseline: 85.1%)</i></li> <li>B. Youth Satisfaction Survey (YSS) tools. <i>(Improved Outcomes – baseline 81.3%)</i></li> <li>C. <b>Initiate Performance Improvement Project (PIP), targeting consumer feedback category with the highest volume of responses and potential improvement. (By: July 31, 2020)</b></li> </ul>	Modified Metric	<p><b>4. 48/56 or 85% of State Measured MMBPIS Indicators will be at or above the State benchmark for 4 quarters for FY 20.</b></p> <p>Metric Measurement Period: (1/1/20 - 12/31/20) Board Report Date: March 12, 2021</p> <p><b>Measurement:</b>  <math display="block">\frac{\text{Total number of indicators that met State Benchmark}}{\text{Total number of indicators measured}}</math></p>	<p>New Indicators may be informational only for 2020, until a new benchmark is established (2a, 2b and 3)</p> <p>No exceptions or exclusions for indicators: (2a, 2b and 3)</p> <p>Develop spreadsheet to collect data from PCE and SHS systems for 2a, 2b and 3.</p> <p>Regional Education on new indicators</p>
<p><b>5. Implementation of the GAIN Assessment Tool for FY20 by 10/1/20 Per MDHHS Contract.</b></p> <p>Metric Measurement Period: (10/1/19 - 10/1/20) Board Report Date: December 11, 2020</p> <ul style="list-style-type: none"> <li>a. <b>Full system Implementation and integration by CMHSP's and Provider sites (By: 10/1/20)</b></li> <li>b. <b>Training and certifying all relevant clinicians to administer the GAIN (By: 8/1/20)</b></li> <li>c. <b>Establish baseline in FY20 for FY21.</b></li> </ul>	New	<p><b>6. Regional Habilitation Supports Waiver slots are full at 98% throughout FY20.</b></p> <p>Metric Measurement Period: (10/1/19 - 9/30/20) Board Report Date: October 9, 2020</p> <p><b>Measurement:</b>  <math display="block">\frac{(\%) \text{ of waiver slot (months) filled} \times 12}{(\#) \text{ of waiver slot (months) available}}</math></p> <p>*+1-point bonus credit will be awarded for (5) or more new HSW Slots SWMBH receives from MDHHS during FY20.</p>	Existing Metric

<p><b>7. Each quarter, at least 53% of parents and/or caregivers of youth and young adults who are receiving Applied Behavior Analysis (ABA) for Autism will receive Family Behavior Treatment Guidance. This service supports families in implementing procedures to teach new skills and reduce challenging behaviors.</b></p> <p>Metric Measurement Period: (10/1/19 - 9/30/20) Board Report Date: December 11, 2020</p> <p><b>Measurement:</b>  <math display="block">\frac{\text{\# of youth/young adults whose parents and/or caregivers received behavior treatment guidance at least once per quarter}}{\text{\# of youth/young adults receiving ABA services}}</math></p>	<p>Measure is in alignment with DHHS language and logic.</p> <p>Current as of 7.30.19 57%</p>
<p><b>8. Achieve a (4 percentage point) improvement in the rate of Diabetes screenings for consumers with schizophrenia or Bipolar Disorder who are using Antipsychotic Medications.</b></p> <p>Metric Measurement Period: (1/1/20 - 12/31/20) Board Report Date: June 11, 2021</p> <p><b>Measurement:</b> Percent of members 18-64 years old with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening testing during the measurement year.</p> <p><b>Target Goal:</b> 80% <b>Current Status:</b> 76% <b>Baseline Measure:</b> 52.3%? (2014)</p>	<p>+4% points improvement would be considered a statistically significant improvement</p> <p>This measure is reviewed and validated by HSAG</p>



The following Board End Metrics fall into multiple Mega End categories.

### Quality and Efficiency:

The SWMBH region is a learning region, where quality and cost are measured, improved and reported.

### Mission and Value Driven:

CMHSPs and SWMBH fulfill their agencies' missions and support the values of the public mental health system.

- 9. 2020 Health Service Advisory Group (HSAG) External Quality Compliance Review. All standards and corrective action plans evaluated, will receive a minimum compliance score of 90% or designation that the standard has been "Met".**

Metric Measurement Period: (1/1/20 - 12/30/20)

Board Report Date: February 12, 2021

#### Measurement:

Number of Standards Identified "Met" at 90%  
Total Elements Evaluated (8)

Scheduled for September 2020

#### 2018 Results:

167/187 or 89% of Total Elements  
Evaluated achieved compliance.

Standards evaluated at (Below 90%):

1. Customer Service (2018 score – 86%)
2. Grievance Process (2018 score – 81%)
3. Appeals (2018 score – 87%)

SWMBH ranked 2<sup>nd</sup> highest among 10 PIHP's. The Board Metric of 90% was "Not Met".

- 10. 2020 HSAG Performance Measure Validation Audit Passed with (95% of Measures evaluated receiving a score of "Met")**

Metric Measurement Period: (1/1/20 - 6/30/20)

Board Report Date: September 11, 2020

#### Measurement:

Number of Critical Measures that achieved "Met"  
Total number of Critical Measures Evaluated

Scheduled for July 2020

#### 2019 Results

37/37 or 100% of Total Elements  
Evaluated received a designation score of "Met", "Reportable" or "Accepted".

The Board Ends Metric was  
successfully "Met".

11. A. **97%** of applicable MH served clients (with an accepted encounter) will have a matching and accepted BH TEDS record as confirmed by the MDHHS quarterly status report.

B. **97%** of applicable SUD served clients (with an accepted encounter) will have a matching and accepted BH TEDS record as confirmed by the MDHHS quarterly status report.

Metric Measurement Period: (1/1/20 - 7/1/20)

Board Report Date: September 11, 2020

Measurement:

(#) of reportable MH/SUD encounters

(#) of MH/SUD encounters with BH TEDS matching record

Data Source: MDHHS Monthly Status Reports

Current Baseline: 2/16/19

- MH = 87.12%
- SUD = 85.63%

Current Status: 8/5/19

- MH = 94.11%
- SUD = 94.43%

95% puts SWMBH in the green (compliance) on the MDHHS report.

Matching rules as defined by MDHHS.

Must have a matching and accepted BH TEDS record completed within one year of the encounter. For MH, this means that SWMBH minimally need an annual update record completed by the provider/CMHSP.

**12. Completion of LOC guidelines to ensure consistent Medicaid benefit across the Region.  
(By: 4/15/20)**

Metric Measurement Period: (10/1/19 - 4/1/20)

Board Report Date: April 10, 2020

- A. Significant Improvement of Functional Assessment tool detailed sub- element scores (LOCUS, ASAM, CAFAS, SIS) are received electronically by SWMBH from CMHSPs. (By: 4/1/20)
- B. Complete detailed specification sheets for each Assessment tool, including; what elements are required in transactions and validity and quality of data standards. (By: 3/6/20)

Tool	Current Status	Goal
LOCUS:	98.6%	99.6%
ASAM:	85.1%	88.3%
CAFAS:	95.6%	97.2%
SIS:	88.8%	91.8%

Replacement  
Metric

Goal for each Assessment was based on a significant variation (%) improvement calculation.

(subtract benchmark number from target result and divide the result by the benchmark number, equals final (%) improvement variance result)

(ex.  $85.1 - 89.3 / 89.3 \times 100 = 88.3$ )

Each completed Goal is ¼ point. ( $1/4 \times 4 = 1$  point)  
If all Goals are completed successfully +1 bonus point awarded.



13. SWMBH will achieve **90% of available monetary bonus award** for achievement of quality withhold performance measures identified in the (2019-2020) MHL Integrated Care Organization (ICO) contracts including:

Metric Measurement Period: (1/1/20 - 12/30/20)  
Board Report Date: March 10, 2021.

- a. 90% of paid claim encounters are submitted by the 15<sup>th</sup> of the month following payment.
- b. **95% CMS initial acceptance rate of PIHP encounters are received monthly.**
- c. 95% of enrollees have a level II assessment completed within 15 days of their level I assessment.
- d. 80% of enrollees with an inpatient psychiatric admission discharged to home or any other site of care for whom a transition record was transmitted within (24 hours) of discharge to the facility or BH professional designated for follow-up care.
- e. 95% of enrollees have documented discussions regarding care goals.
- f. The PIHP will designate (2) members to serve on the MHL advisory board.

\*SWMBH achieves 1-point credit for achievement of (90% of total possible points - each contract)  
+1pt. Aetna Quality Withhold Measures  
+1pt. Meridian Quality Withhold Measures

Modified  
Contingent on Demonstration  
Year 4-5 approved Quality  
Withhold Metrics

Each Board End Metric proof's current status will be placed into one of (3) categories.

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**LEGEND:** COMPLETED GOAL/ON TARGET: **GREEN** GOAL NOT MET/BEHIND SCHEDULE: **RED** PENDING: **BLUE**

**Pending:** proof could mean that;

- More Information is needed.
- The event/program/intervention has been scheduled, but not taken place (i.e., audits or final data submissions).
- Data has not been completed yet (i.e., due on a quarterly basis or different time table/schedule).
- Metric is on hold, until further information is received.

**Goal Not Met:** proof could mean that;

- The proof is behind its established timeline in being completed.
- Reports or evidence for that proof have not been identified.
- The identified metric proof has passed its established timeline target.

**Completed Goal:**

- Evidence/proof exists that the metric has been successfully completed.

**\*All Board Ends Metrics will be in alignment with 2020-2021 Board Approved Strategic Imperatives\***

1. Public Policy and Legislative Initiatives.
2. Parity and Utilization Management Normalization to Assure Uniformity of Benefit.
3. Cost Reductions in Medical Loss and Administrative Loss Ratio.
4. Improved Data Models, Analytics and Managed Information Business Intelligence Systems.
5. Development of Performance Based Care and Outcomes Metrics.
6. Integrated Care Management with CMHSP and Physical Health Stakeholders.
7. Revenue Maximization - Capture all possible and available revenue opportunities.



## Southwest Michigan Behavioral Health Board Meetings (January 2020-December 2020)

January 10, 2020 -- 9:30am to 11:30am

February 14, 2020 -- 9:30am to 11:30am

March 13, 2020 -- 9:30am to 11:30am

April 10, 2020 -- 9:30am to 11:00am

\*\*\*May 8, 2020 -- 9:30am to 10:30am

\*\*\*May 8, 2020 -- Board Retreat -- 10:30am to 3:00pm

\*\*June 12, 2020 -- 9:30am to 11:00am

\*\*July 10, 2020 -- 9:30am to 11:00am

\*\*August 14, 2020 -- 9:30am to 11:00am

\*\*\*\*September 11, 2020 -- 9:30am to 11:00am

October 9, 2020 -- 9:30am to 11:00am

November 13, 2020 -- 9:30am to 11:00am

December 11, 2020 -- 9:30 am to 11:00am

All scheduled meetings take place at the Principal Office, unless otherwise communicated.\*

*\*Principal Office Located at 5250 Lover's Lane, Suite 200, Portage, MI, 49002*

[www.SWMBH.org](http://www.SWMBH.org)

All SWMBH Board Meetings are subject to the Open Meetings Act 1976 PA 267, MCL  
15.261-15.275

12/14/18 and 3/8/19 Board Approved

*\*\* Alternate Meeting Location?*

\*\*\* Sherman Lake YMCA Event & Retreat Center, 6225 N. 39<sup>th</sup> St. Augusta, MI 49012

\*\*\*\* KVCC The Grove Center, 7107 Elm Valley Dr. Room B1100 Kalamazoo, MI 49009

# *Southwest Michigan*

## BEHAVIORAL HEALTH

<b>Section:</b> Board- Policy Board-Management		<b>Policy Number:</b> BG-003	<b>Pages:</b> 1
<b>Subject:</b> Delegation Unity of Control		<b>Required By:</b> Policy Governance	<b>Accountability:</b> SWMBH Board
<b>Application:</b> <input checked="" type="checkbox"/> SWMBH Governance Board <input type="checkbox"/> SWMBH EO			<b>Required Reviewer:</b> SWMBH Board
<b>Effective Date:</b> 11.18.2013	<b>Last Review Date:</b> 11.10.17	<b>Past Review Dates:</b> 11.14.14, 11.13.15, 11.11.16	

**I. PURPOSE:**

Only officially passed motions of the Board are binding on the EO.

**II. POLICY:**

1. Decisions or instructions of individual Board Members, Officers, or Committees are not binding on the Executive Officer (EO) except in instances when the Board has specifically authorized such exercise of authority.
2. In the case of Board Members or Committees requesting information or assistance without Board authorization the EO can refuse such requests that require, in the EO's opinion, a material amount of staff time or funds, or are disruptive.



# *Southwest Michigan*

## BEHAVIORAL HEALTH

<b>Section:</b> Board Policy		<b>Policy Number:</b> EO-003	<b>Pages:</b> 1
<b>Subject:</b> Emergency EO Succession		<b>Required By:</b> Policy Governance	<b>Accountability:</b> SWMBH Board
<b>Application:</b> <input checked="" type="checkbox"/> SWMBH Governance Board <input checked="" type="checkbox"/> SWMBH EO			<b>Required Reviewer:</b> SWMBH Board
<b>Effective Date:</b> 06.13.2014	<b>Last Review Date:</b> 10.12.18	<b>Past Review Dates:</b> 11.14.14, 9.11.15, 9.9.16, 11.11.16, 11.10.17	

**I. PURPOSE:**

In order to protect the Board from sudden loss of Executive Officer services.

**II. POLICY:**

In order to protect the Board from sudden loss of the Executive Officer services, the Executive Officer will have no less than two executives identified to the Board sufficiently familiar with Board and Executive Officer issues and processes to enable them to take over with reasonable proficiency as an interim Executive Officer if called upon by the Board.

# *Southwest Michigan*

## BEHAVIORAL HEALTH

### **Executive Limitations Monitoring to Assure Executive Performance**

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**Policy Number: EO-003**  
**Policy Name: Emergency Executive Officer Succession**  
**Board Date: November 8, 2019**

#### **POLICY PURPOSE:**

In order to protect the board from sudden loss of Chief Executive (EO) services.

#### **BOARD POLICY:**

In order to protect the board from sudden loss of EO services, the EO will have no less than two executives identified to the board sufficiently familiar with Board and EO issues and processes to enable them to take over with reasonable proficiency as an interim EO if called upon by the Board.

#### **Executive Officer Report**

I previously identified, and the Board accepted, Tracy Dawson, Chief Financial Officer and Mila Todd, Chief Compliance Officer and Director of Provider Network Management as executives identified to be sufficiently familiar with Board and EO issues and processes to enable either to take over with reasonable proficiency as an interim EO if called upon by the Board to do so.

Over the past year I have made concerted efforts with Tracy and Mila to enhance the Board directive of reasonable proficiency. Specifically,

- I have met regularly with Tracy and Mila together and separately on operational matters and have incorporated into those meetings discussions of Board and EO issues and processes.
- They are both regular attendees at both Board and Operations Committee meetings.
- I have met twice with Tracy and Mila together in the past year to specifically focus on the following (not all inclusive):
  - Board Policies, Board Calendar, and Board Agenda formats, contents, and processes
  - Operations Committee guiding documents, processes, and roles

- Key external EO roles, tasks, and functions, including MCHE and DHHS activity
  - Key external EO relationships, initiatives, and projects
  - EO organization methods and files
  - Emerging key public policy developments and strategic options for our region
- I have made a pre-directive to applicable SWMBH Senior Leaders to free access to hard and soft EO files immediately to the interim EO in the event that the Board names one.

I continue to solicit and fulfill needs from Tracy and Mila in this regard. Designated representative(s) of the Board are free to solicit views on this topic from Tracy and Mila.

<END>

**SWMBH SERVICES ADMINISTRATIVE CONTRACT**

(October 2018 - September 2019)

**BLUE FIRE MEDIA, INC****Deliverables/Services**

- Supports the SWMBH public website

FY19 Expenditure: \$2,165 (FY18 Expenditure: \$3,229)

**CAPITOLINE CONSULTING****Deliverables/Services**

- Consultation service on federal regulations & funding opportunities
- Secure materials and prepare briefs summarizing attended event

FY19 Expenditure: \$11,708 (FY18 Expenditure: \$15,380)

**CARE MANAGEMENT TECHNOLOGIES, INC****Deliverables/Services**

- Licensed proprietary healthcare data analytics solution
- Analyze data in order to determine opportunities for improving care and decreasing costs for SWMBH and CMHSPs
- Install and manage population health and case level user application

FY19 Expenditure: \$161,700 (FY18 Expenditure: \$187,333)

**CONTRACT PHYSICIANS****Deliverables/Services**

- Program policy issue consultation
- Service guideline consultation and review
- Medical policy review and approval
- SWMBH credentialing panel participant
- Consultation provided to Member Services and Contractor Network Management as necessary
- On-call Medical decisions with Utilization Management during non-business hours
- BH Human Resource Management Committee consultant

FY19 Expenditure: \$91,795 (FY18 Expenditure: \$82,959)

**DALE K. HOWE CONSULTING, LLC****Deliverables/Services**

- Medicaid Capitation Databases
- Medicaid Eligibility
- Revenue Forecast

FY19 Expenditure: \$2,100 (FY18 Expenditure: \$7,125)

**DATA ANALYST CONSULT (Contract was not renewed)****Deliverables/Services**

- Data Analysis and recommendations: trends, risk areas
- Development of reports based on analysis findings, research, external data sources
- Tasks assigned by SWMBH staff relating to Quality Assurance and Performance Improvement

FY19 Expenditure: N/A (FY18 Expenditure: \$39,360)



DEERFIELD BEHAVIORAL HEALTH	
Deliverables/Services	<ul style="list-style-type: none"> <li>• LOCUS training for regional partners MI staff and monthly licensing fee for the software</li> </ul>
	FY19 Expenditure: \$840 (FY18 Expenditure: \$840)
DYKEMA GOSSETT, PLLC	
Deliverables/Services	<ul style="list-style-type: none"> <li>• Prior General legal counsel</li> </ul>
	FY19 Expenditure: N/A (FY18 Expenditure: \$2,994)
FINCH CONSULTING	
Deliverables/Services	<p>Assisting with activities and documents related to:</p> <ul style="list-style-type: none"> <li>• State reporting development</li> <li>• Risk reserve requirements review</li> <li>• Refinement of cost management systems region wide</li> <li>• Financial statement support</li> </ul>
	FY19 Expenditure: \$126,382 (FY18 Expenditure: \$159,513)
HEALTH MANAGEMENT ASSOCIATES	
Deliverables/Services	<ul style="list-style-type: none"> <li>• Technical assistance on emerging regulatory initiatives regarding population health management, duals, health homes and data analytics</li> </ul>
	FY19 Expenditure: \$4,891 (FY18 Expenditure: \$21,634)
HEALTHWISE, INC (Contract was not renewed)	
Deliverables/Services	<ul style="list-style-type: none"> <li>• Protocols used for integrated care to address comorbidity</li> <li>• Used for complex case management</li> </ul>
	FY19 Expenditure: N/A (FY18 Expenditure: \$15,092)
INFORMATION TECHNOLOGY PARTNERS (Contract was not renewed)	
Deliverables/Services	<ul style="list-style-type: none"> <li>• Provides Service Encounter Data Management &amp; Storage Services</li> <li>• Web Hosting</li> <li>• Cloud Computing Services</li> <li>• Network Infrastructure</li> <li>• VOIP</li> <li>• Wireless Communications</li> <li>• Hardware and Software Needs (with Helpdesk Support)</li> <li>• Related Project Management</li> </ul>
	FY19 Expenditure: \$75,257 (FY18 Expenditure: \$502,116)
INSTITUTE FOR HEALTH & RECOVERY	
Deliverables/Services	<ul style="list-style-type: none"> <li>• Onsite training: Trauma &amp; Seeking Safety</li> </ul>
	FY19 Expenditure: \$22,367 (FY18 Expenditure: \$15,566)
INTEGRATED HEALTH ANALYTICS	
Deliverables/Services	<ul style="list-style-type: none"> <li>• Provides data analytics for SIS</li> </ul>
	FY19 Expenditure: N/A (FY18 Expenditure: \$21,607)
KCMHSAS	
Deliverables/Services	<ul style="list-style-type: none"> <li>• Access to EDI system</li> </ul>
	FY19 Expenditure: \$12,000 (FY18 Expenditure: \$12,000)

MORC, INC	
Deliverables/Services	<ul style="list-style-type: none"> <li>Support Intensity scale assessment training</li> </ul>
	FY19 Expenditure: \$27,456 (FY18 Expenditure: \$31,340)
ON-CALL LEGAL RESOURCES	
Deliverables/Services	<ul style="list-style-type: none"> <li>Medicaid fair hearing counsel: Act as legal representation on behalf of SWMBH and participant CMISP's for the Fair Hearing process</li> <li>Perform tasks related to Fair Hearing preparation process: Record review, witness preparation and interviews</li> <li>Hearing Summary preparation</li> <li>Legal consultation related to Fair Hearing process</li> </ul>
	FY19 Expenditure: \$3,375 (FY18 Expenditure: \$3,480)
PARENT MANAGEMENT TRAINING - OREGON model (PMTO)	
Deliverables/Services	<ul style="list-style-type: none"> <li>Provide training to clinicians using PMTO coaching model</li> </ul>
	FY19 Expenditure: \$48,777 (FY18 Expenditure: \$58,933)
PARMENTER & ASSOCIATES	
Deliverables/Services	<ul style="list-style-type: none"> <li>General legal counsel</li> </ul>
	FY19 Expenditure: \$66,492 (FY18 Expenditure: \$23,763)
PHD CONSULTANTS	
Deliverables/Services	<ul style="list-style-type: none"> <li>Mental Health Parity project</li> <li>Clinical consultation and project management</li> </ul>
	FY19 Expenditure: \$114,268 (FY18 Expenditure: \$63,945)
PREST AND ASSOCIATES	
Deliverables/Services	<ul style="list-style-type: none"> <li>Health Plan professional independent review and consulting service</li> <li>Utilization reviews concerning medical necessity and/or medical appropriateness of treatment</li> </ul>
	FY19 Expenditure: \$2,469 (FY18 Expenditure: \$3,413)
PROTOCOL	
Deliverables/Services	<ul style="list-style-type: none"> <li>On-call crisis intervention counseling and related reporting</li> </ul>
	FY19 Expenditure: \$34,631 (FY18 Expenditure: \$40,730)
QUEST ANALYTICS, LLC	
Deliverables/Services	<ul style="list-style-type: none"> <li>Annual Software licensing cost</li> <li>To Provide Network Adequacy analysis</li> </ul>
	FY19 Expenditure: \$7,751 (FY18 Expenditure: \$7,382)
ROSE ST ADVISORS/HRM INNOVATIONS, INC	
Deliverables/Services	<p>Provides support, direction and consultation in the area of Human Resources ensuring federal and state regulations and standards are met. Tasks include, but not limited to:</p> <ul style="list-style-type: none"> <li>Cultural Insights Surveys</li> <li>Strategic leadership planning</li> <li>Human Resource Consulting</li> <li>Recruiting</li> </ul>
	FY19 Expenditure: \$40,000 (FY18 Expenditure: \$81,488)



ROSLUND PRESTAGE & COMPANY, P.C	
Deliverables/Services	<ul style="list-style-type: none"> <li>Financial, Compliance &amp; Single audit</li> </ul>
	FY19 Expenditure: \$114,638 (FY18 Expenditure: \$111,125)
SECANT	
Deliverables/Services	<ul style="list-style-type: none"> <li>Provides Data Center &amp; Storage Services</li> <li>Web Hosting</li> <li>Cloud Computing Services</li> <li>Network Infrastructure</li> <li>VOIP</li> <li>Wireless Communications</li> <li>Hardware and Software Needs (with Helpdesk Support)</li> <li>Related Project Management</li> </ul>
	FY19 Expenditure: \$342,304 (FY18 Expenditure: N/A)
SL	
Deliverables/Services	<ul style="list-style-type: none"> <li>Motivational interviewing for health and wellness training</li> </ul>
	FY19 Expenditure: \$4,500 (FY18 Expenditure: N/A)
STREAMLINE HEALTHCARE SOLUTIONS	
Deliverables/Services	<ul style="list-style-type: none"> <li>Streamline Care Management System is a desktop application used to manage and pay external providers</li> </ul>
	FY19 Expenditure: \$99,771 (FY18 Expenditure: \$136,250)
TBD SOLUTIONS LLC	
	<ul style="list-style-type: none"> <li>Level of Care Data Analytics and Guidelines project</li> <li>Internal Functional assessment of UM Call Center and Provider Network</li> </ul>
	FY19 Expenditure: \$148,005 (FY18 Expenditure: \$72,069)
VARNUM LLP	
Deliverables/Services	<ul style="list-style-type: none"> <li>Retirement plans legal consultation</li> </ul>
	FY19 Expenditure: \$12,784 (FY18 Expenditure: \$10,223)
VOICES FOR HEALTH	
Deliverables/Services	<ul style="list-style-type: none"> <li>Translation and Interpretation services</li> </ul>
	FY19 Expenditure: \$5,628 (FY18 Expenditure: \$11,106)

#### Contract Services

FY 2019 Actual: \$1,584,054

FY 2018 Actual: \$1,741,995

Delta \$: (\$157,941)

Delta %: (9.06%)

#### SWMBH Central Budget Results

FY 2019 Actual: \$7,887,613

FY 2019 Budget: \$8,925,380

Delta \$: (\$1,037,767)

Delta %: (11.6%)

Outstanding Budget Reduction!

July 24, 2019

# PIHP Autism Benefit Site Review Report

## Region 4: Southwest Michigan Behavior Health

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CHILDREN AND ADULTS WITH AUTISM SECTION

STATE OF MICHIGAN | [www.michigan.gov/autism](http://www.michigan.gov/autism)



### Methods of PIHP Site Review

The following items were reviewed for the sample:

- Individual Plans of Service (IPOS) including the Applied Behavior Analysis (ABA) Treatment Plan
  - A. Amount, scope, and duration of each identified ABA service
  - B. Behavior goals identified by consumer and family
  - C. IPOS addendums
- ABA service encounters reported utilizing the data warehouse
- Initial/Annual Evaluation for ASD and/or eligibility determination of ABA services
- Waiver Support Application (WSA) reports
- Behavioral assessments and evidence of measurable and ongoing improvements
- Staff training, education, and certification records
- Criminal history and background check for employees

### Description of Findings (Performance Measures)

#### 1. Beneficiaries IPOS addresses the needs

As part of the IPOS, there is a comprehensive diagnostic evaluation completed by a qualified licensed provider (QLP) indicating ASD and recommending ABA and is updated annually. As part of the IPOS there is a comprehensive individualized ABA treatment plan that includes specific targeted behaviors for improvement, along with measurable, achievable, and realistic goals. The IPOS goals are aligned with ABA behavioral treatment goals.

According to the Medicaid Provider Manual, version dated April 1, 2019, *the comprehensive diagnostic evaluation must be performed before the child receives BHT services. The comprehensive diagnostic evaluation is a neurodevelopmental review of cognitive, behavioral, emotional, adaptive and social functioning, and should include validated evaluation tools.*

- MDHHS found 24 records that did not meet criteria for a comprehensive diagnostic evaluation for ASD.

Per the BACB Applied Behavior Analysis Treatment of Autism Spectrum Disorder: Practice Guidelines for Healthcare Funders and Managers, version 2, essential practice elements of ABA should include: 1) A comprehensive assessment that describes specific levels of behavior at baseline and informs subsequent establishment of treatment goals; 2) An emphasis on understanding the current and future value (or social importance) of behavior(s) targeted for treatment; 3) A practical focus on establishing small units of behavior which build towards larger, more significant changes in functioning related to improved health and levels of independence; 4) Collection, quantification, and analysis of direct observational data on behavioral targets during treatment and follow-up to maximize and maintain progress toward treatment goals; 5) Efforts to design, establish, and manage the social and learning environment(s) to minimize problem behavior(s) and maximize rate of progress toward all goals; 6) An approach to the treatment of problem behavior that links the function of (or the reason for) the behavior to the programmed intervention strategies; 7) Use of a carefully constructed, individualized and detailed behavior-analytic treatment plan that utilizes reinforcement and other behavioral principles and excludes the use of methods or techniques that lack consensus about their effectiveness based on evidence in peer-reviewed publications; 8) Use of treatment protocols that are implemented repeatedly, frequently, and consistently across environments until discharge criteria are met; 9) An emphasis on ongoing and frequent direct assessment, analysis, and adjustments to the treatment plan (by the Behavior Analyst) based on client progress as determined by observations and



objective data analysis; 10) Direct support and training of family members and other involved professionals to promote optimal functioning and promote generalization and maintenance of behavioral improvements; 11) A comprehensive infrastructure for supervision of all assessment and treatment by a BCBA.

- MDHHS found 14 ABA treatment plans that did not have measurable, achievable, and realistic goals identified.

Per the BACB Professional and Ethical Compliance Code for Behavior Analysts (updated March 2019): 4.05 Describing Behavior-Change Program Objectives. *To the extent possible, a risk-benefit analysis should be conducted on the procedures to be implemented to reach the objective. The description of program objectives and the means by which they will be accomplished is an ongoing process throughout the duration of the client-practitioner relationship. A risk-benefit analysis is a deliberate evaluation of the potential risks (e.g., limitations, side effects, costs) and benefits (e.g., treatment outcomes, efficiency, savings) associated with a given intervention. A risk-benefit analysis should conclude with a course of action associated with greater benefits than risks.* 4.07 Environmental Conditions that Interfere with Implementation *(a) If environmental conditions prevent implementation of a behavior-change program, behavior analysts recommend that other professional assistance (e.g., assessment, consultation or therapeutic intervention by other professionals) be sought. (b) If environmental conditions hinder implementation of the behavior-change program, behavior analysts seek to eliminate the environmental constraints, or identify in writing the obstacles to doing so. A developmentally appropriate ABA assessment process must identify strengths and weaknesses across domains and potential barriers to progress. The information from this process is the basis for developing the individualized ABA treatment plan. An ABA assessment typically utilizes information obtained from multiple methods and multiple informants.*

- MDHHS found 17 ABA treatment plans that did not have goals aligned with behavioral goals identified by the family in the IPOS person centered plan and did not have risk factors identified.

2. Beneficiaries ongoing determination level of service has documentation of progress, treatment updates, behavior tech training, family training, and goal adjustments.

- MDHHS found 10 records which did not meet compliance for the six-month assessment and review of measurable progress. The records reviewed did not include measurable and ongoing progress for individual goals and the ABA treatment plans were not modified from the information collected at the six-month assessment.

3. Beneficiaries ABA services and supports are provided as specified in the IPOS, including amount, scope, and duration for ABA Adaptive Behavior Treatment (i.e. 97153) and ABA Clinical Observation and Direction (i.e. 97155)

- MDHHS found 88% of reviewed cases were out of compliance for direct ABA service (97153) and 6% of cases out of compliance for the Observation and Direction (97155) measure.

4. Beneficiaries providers of the ABA services meet credentialing standards

- *ABA Supervisors (BCBA, BCaBA, QBP)*: MDHHS findings included QBHP's not meeting credential requirements; QBHP's without documentation of BCBA supervision, and QBHP's without documentation of one-year of specialized training prior to providing ABA services.
- *Behavior Technician (BT)*: MDHHS found several BT's without several elements of credentialing compliance including, but not limited to, training in the IPOS/ABA treatment plans.

Performance Measures		Yes	No	Percent Compliant	Findings and Individual Remediation
<p>Beneficiaries IPOS addresses the needs.</p> <p>A. As part of the IPOS, there is a comprehensive diagnostic evaluation completed by a QLP indicating ASD and is updated annually.</p> <p>B. As part of the IPOS, there is a comprehensive individualized ABA treatment plan that includes specific targeted behaviors for improvement along with measurable, achievable, and realistic goals.</p> <p>C. The IPOS goals are aligned with the ABA behavioral treatment goals.</p>		2	25	7%	Individual remediation required for the following cases: Barry: 54350, 61100 Berrien: 20192, 32711, 55343, 43934, 29750, 36821, 47894, 61183 Kalamazoo: 61889, 32944, 54425, 60398, 50843, 55291 Pines: 39046, 46420, 46422, 48639 Summit Pointe: 60911, 57108 Van Buren: 53948 Woodlands: 54015, 49477
	Beneficiaries ongoing determination of level of service has documentation of progress, treatment updates, behavior tech training, family training, and goal adjustments.	16	10	62%	One case was not scored due to the clinical review period not yet requiring a 6-month review (61183)  Individual remediation required for the following cases: Barry: 54350, 61110 Kalamazoo: 54425, 55291 Pines: 46420, 48639 Summit Pointe: 57108, 47250 Woodlands: 54015, 49477
Beneficiaries ABA services and supports (i.e. 0359T, 0362T-0374T) are provided as specified in the IPOS, including: A. Amount B. Scope C. Duration		3	21	13%	Three cases were not scored due to not having an active plan of service and coinciding ABA encounters for the time of date review (20192, 54015, 57108).  Individual remediation required for the following cases: Barry: 54350, 61100 Berrien: 32711, 36821, 43934, 47894, 61183 Kalamazoo: 32944, 50843, 54425, 60398, 61889 Pines: 39046, 46420, 46422, 48639 Summit Pointe: 47250, 56196, 60911 Van Buren: 53948 Woodlands: 49477
Beneficiaries providers of the ABA services meet credentialing standards. Y/N QLP Y/N ABA Supervisor (BCBA/BCaBA or QBHP) Y/N Behavior Technician		7	20	26%	Individual remediation required for the following cases: Barry: o Behavior Technician(s): 54350 Berrien: o QLP: 20192, 29750, 36821 o ABA Supervisor: 20192, 29750, 32711, 47894, 55343



				<ul style="list-style-type: none"> <li>Behavior Technician(s): 20192, 29750, 36821, 32711, 43934, 47894, 55343, 61183</li> </ul> <p><b>Kalamazoo:</b></p> <ul style="list-style-type: none"> <li>ABA Supervisor: 61889</li> <li>Behavior Technician(s): 32944, 50843, 54425</li> </ul> <p><b>Pines:</b></p> <ul style="list-style-type: none"> <li>ABA Supervisor: 39046, 48639</li> <li>Behavior Technician(s): 46422</li> </ul> <p><b>Summit Pointe:</b></p> <ul style="list-style-type: none"> <li>ABA Supervisor: 57108</li> </ul> <p><b>Van Buren:</b></p> <ul style="list-style-type: none"> <li>Behavior Technician(s): 53948</li> </ul> <p><b>Woodlands:</b></p> <ul style="list-style-type: none"> <li>ABA Supervisor: 49477, 54015</li> <li>Behavior Technician(s): 49477</li> </ul>
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#### Evaluation of Contract and Administrative Services

There were no critical incidents during the review period for beneficiaries enrolled in ABA services.

#### Remediation

Southwest Michigan Behavioral Health will need to respond in a corrective action plan to the Autism ABA site visit findings of the four performance measures out of compliance and for each case identified in the PIHP Site Visit Summary by October 28, 2019.



		E	F	G	H	I	J	K	L	M	N	O	P	Q	R
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2	Southwest Michigan Behavioral Health														
3	For the Fiscal YTD Period Ended 9/30/2019														
4	For General Management Purposes Only														
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1	<b>Southwest Michigan Behavioral Health</b>											
2	For the Fiscal YTD Period Ended 9/30/2019											
3	12											
4	ok											
5	<b>INCOME STATEMENT</b>											
6	<b>Medicaid Specialty Services</b>											
7	Subcontracted Revenue	202,347,127	13,778,518	100%	79.7%	189,568,609	7,814,422	74.8%	34,967,492	74.7%	83.1%	81.3%
8	Incentive Payment Revenue	515,656	30,031	5.8%	28.4%	556,825	28,475	5.1%	134,241	24.1%	25.1%	23.9%
9	Contract Revenue	202,862,683	13,808,549	6.8%	100%	199,054,134	7,449,887	3.7%	35,411,733	17.8%	17.8%	18.1%
10	External Provider Cost	180,145,376	3,360,174	1.9%	100%	176,785,202	3,088,647	1.7%	21,839,504	12.4%	12.4%	12.4%
11	Internal Program Cost	48,719,528	-	-	-	48,719,528	3,288,082	6.7%	9,803,353	20.1%	20.1%	20.1%
12	SSI Reimb, Third Party Cost Offset	(1,072,324)	-	-	-	(1,072,324)	(87,063)	-	(214,986)	-	-	-
13	HICA & Use Tax, HRA	2,816,017	483,105	17.2%	100%	2,332,912	403,017	17.3%	35,411,733	15.2%	15.2%	15.2%
14	MHL Cost in Excess of Medicaid FFS Cost	453,105	-	-	-	453,105	-	-	-	-	-	-
15	Total Healthcare Cost	181,087,300	3,843,279	2.1%	100%	177,244,021	3,491,764	1.9%	21,839,504	12.4%	12.4%	12.4%
16	Medical Loss Ratio (MCR % of Revenue)	89.3%	49.0%	49.0%	92.2%	92.2%	92.2%	92.2%	92.2%	92.2%	92.2%	92.2%
17	Managed Care Administration	19,070,478	6,803,317	35.7%	100%	12,267,161	4,236,156	34.5%	2,208,006	18.0%	18.0%	18.0%
18	Admin Cost Ratio (MCA % of Total Cost)	9.4%	2.9%	2.9%	6.6%	6.6%	6.6%	6.6%	6.6%	6.6%	6.6%	6.6%
19	Contract Cost	208,137,478	12,557,614	6.0%	100%	195,579,864	7,793,039	3.9%	33,435,877	16.8%	16.8%	16.8%
20	Net before Settlement	2,826,505	1,300,935	46.0%	100%	1,525,570	(468,742)	-30.7%	1,868,856	122.3%	122.3%	122.3%
21	Prior Year Savings	-	-	-	-	-	-	-	-	-	-	-
22	Internal Service Fund Risk Reserve	-	-	-	-	-	-	-	-	-	-	-
23	Contract Settlement / Redistribution	(3,628,233)	(2,102,693)	-58.0%	100%	(1,525,540)	(1,525,540)	-100%	(1,525,540)	-100%	-100%	-100%
24	Net after Settlement	(801,728)	(801,758)	-100%	100%	(801,758)	(801,758)	-100%	(801,758)	-100%	-100%	-100%
25	Eligible Lives (Average Eligibles)	145,916	145,916	100%	100%	145,916	145,916	100%	145,916	100%	100%	100%
26	Revenue PMPM	\$ 115.91	\$ 7.91	6.8%	100%	\$ 108.02	\$ 7.91	7.3%	\$ 101.93	9.3%	9.3%	9.3%
27	Expense PMPM	\$ 114.80	\$ 7.17	6.2%	100%	\$ 107.63	\$ 7.17	6.7%	\$ 101.93	9.3%	9.3%	9.3%
28	Margin PMPM	\$ 1.61	\$ 0.74	46.0%	100%	\$ 0.87	\$ 0.74	84.0%	\$ 6.08	695.0%	695.0%	695.0%
29	Net before Settlement	15,482	15,482	100%	100%	15,482	15,482	100%	15,482	100%	100%	100%
30	Net after Settlement	15,482	15,482	100%	100%	15,482	15,482	100%	15,482	100%	100%	100%
31	Eligible Lives (Average Eligibles)	145,916	145,916	100%	100%	145,916	145,916	100%	145,916	100%	100%	100%
32	Actual	148,407	148,407	100%	100%	148,407	148,407	100%	148,407	100%	100%	100%
33	Budget	(2,491)	(2,491)	-1.7%	100%	(2,491)	(2,491)	-1.7%	(2,491)	-1.7%	-1.7%	-1.7%
34	Variance - Favorable / (Unfavorable)	145,915	145,915	100%	100%	145,915	145,915	100%	145,915	100%	100%	100%
35	% Variance - Fav / (Unfav)	-1.7%	-1.7%	-1.7%	100%	-1.7%	-1.7%	-1.7%	-1.7%	-1.7%	-1.7%	-1.7%
36	Contract Revenue before settlement	202,862,683	13,808,549	6.8%	100%	199,054,134	7,449,887	3.7%	35,411,733	17.8%	17.8%	17.8%
37	Actual	204,088,849	17,242,038	8.5%	100%	186,846,811	7,398,377	3.9%	34,283,103	17.5%	17.5%	17.5%
38	Budget	(1,104,866)	(3,883,489)	-19.5%	100%	(2,776,624)	(244,520)	-8.8%	(818,830)	-29.5%	-29.5%	-29.5%
39	Variance - Favorable / (Unfavorable)	203,983,983	13,858,549	6.8%	100%	189,105,454	7,540,887	3.7%	35,164,273	17.3%	17.3%	17.3%
40	% Variance - Fav / (Unfav)	-0.5%	-19.5%	-19.5%	100%	-19.5%	-8.8%	-8.8%	-2.4%	-2.4%	-2.4%	-2.4%
41	Healthcare Cost	181,087,300	3,843,279	2.1%	100%	177,244,021	3,491,764	1.9%	21,839,504	12.4%	12.4%	12.4%
42	Actual	193,649,294	10,330,043	5.7%	100%	183,319,251	3,552,212	1.9%	21,444,756	11.7%	11.7%	11.7%
43	Budget	9,381,994	8,075,746	85.1%	100%	5,908,188	575,260	6.3%	916,888	9.8%	9.8%	9.8%
44	Variance - Favorable / (Unfavorable)	184,267,300	2,254,297	1.2%	100%	177,411,063	2,976,952	1.6%	20,527,868	9.5%	9.5%	9.5%
45	% Variance - Fav / (Unfav)	-5.0%	55.6%	55.6%	100%	55.6%	3.9%	3.9%	2.8%	2.8%	2.8%	2.8%
46	Managed Care Administration	19,070,478	6,803,317	35.7%	100%	12,267,161	4,236,156	34.5%	2,208,006	18.0%	18.0%	18.0%
47	Actual	19,070,478	6,803,317	35.7%	100%	12,267,161	4,236,156	34.5%	2,208,006	18.0%	18.0%	18.0%
48	Budget	-	-	-	-	-	-	-	-	-	-	-
49	Variance - Favorable / (Unfavorable)	-	-	-	-	-	-	-	-	-	-	-
50	% Variance - Fav / (Unfav)	-	-	-	-	-	-	-	-	-	-	-
51	Net before Settlement	15,482	15,482	100%	100%	15,482	15,482	100%	15,482	100%	100%	100%
52	Net after Settlement	15,482	15,482	100%	100%	15,482	15,482	100%	15,482	100%	100%	100%

	G	F	H	I	J	K	L	M	N	O	P	Q	R
1	<b>Southwest Michigan Behavioral Health</b>												
2	For the Fiscal YTD Period Ended 9/30/2019												
3	(For Internal Management Purposes Only)												
4	<b>INCOME STATEMENT</b>												
5	Total SWMHS	Swamth Central	CCHP Participants	Berry CMHA	Sanjour CMHA	Pineau Behavioral	Summit Pointe	Woodlawn	Bellevue	Calumet	St. Joseph CMHA	Van Buren MHA	
53	Budget	20,595,764	6,987,925	13,617,834	578,053	2,717,287	799,312	709,287	4,594,528	809,923	1,098,510		
54	Variance - Favorable / (Unfavorable)	1,515,585	1,064,612	450,974	(18,870)	79,137	46,556	9,004	214,627	56,437	(47,048)		
55	% Variance - Fav / (Unfav)	7.4%	15.3%	3.3%	-3.4%	2.9%	5.8%	1.3%	4.7%	7.0%	-4.3%		
56	Total Contract Cost	200,137,479	12,657,614	187,578,864	7,789,639	39,977,407	9,707,724	10,087,595	57,411,342	13,449,499	18,700,582		
57	Budget	211,234,820	17,297,972	198,937,848	8,355,238	39,170,349	10,557,524	9,886,052	59,250,036	13,781,883	18,681,451		
58	Variance - Favorable / (Unfavorable)	11,097,341	4,640,358	6,357,982	555,550	2,192,842	649,800	(131,833)	1,838,694	332,384	(108,231)		
59	% Variance - Fav / (Unfav)	5.3%	27.4%	3.3%	6.6%	6.3%	6.1%	-1.3%	3.1%	2.4%	-0.6%		
60	Net before Settlement	2,825,505	1,300,995	1,525,670	(133,742)	347,235	183,285	138,367	478,363	(82,016)	(551,303)		
61	Budget	(7,165,149)	(55,933)	(7,110,215)	(958,852)	(1,874,211)	(368,295)	(213,701)	(1,484,926)	(1,340,718)	(988,028)		
62	Variance - Favorable / (Unfavorable)	9,990,654	1,356,928	8,635,785	800,110	2,321,446	551,579	350,568	1,963,195	958,887	126,728		





	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	<b>Southwest Michigan Behavioral Health</b>												
2	For the Fiscal YTD Period Ended 8/30/2019												
3	12												
3	OK												
4	<b>INCOME STATEMENT</b>												
5	Total SWMHPH												
128	Total Contract Cost												
129	Actual:												
130	Budget												
131	Variance - Favorable / (Unfavorable)												
132	% Variance - Fav / (Unfav)												
133													
134	Net before Settlement												
135	Actual												
136	Budget												
137	Variance - Favorable / (Unfavorable)												
138													
139													

	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	<b>Southwest Michigan Behavioral Health</b>												
2	For the Fiscal YTD Period Ended 9/30/2019												
3	12												
4	ok												
5	<b>INCOME STATEMENT</b>												
6	<b>Autism Specialty Services</b>												
140	Contract Revenue	12,076,245	200,608	14,877,857	7.6%	8.1%	2,228,004	8.3%	2,103,958	7.1%	3.3%	8.5%	6.8%
141	External Provider Cost	14,379,503	17,191	14,396,694	141.3%	32.2%	4,248,983	9.3%	1,273,506	10.6%	438,950	855,830	2,246,886
142	Internal Program Cost	2,425,282	-	2,425,282	-	3.7%	2,500	25.376	1,881,684	7.6%	1,887	11,339	132,162
143	HICA & Use Tax	16,804,795	17,191	16,821,986	141.3%	32.2%	4,252,483	9.3%	2,955,172	10.6%	438,950	855,830	2,378,848
144	Medical Loss Ratio (MCR % of Revenue)	1,325,518	563,237	1,262,282	9.3%	3.7%	326,702	7.1%	208,949	8.6%	32,705	51,489	153,333
145	Managed Care Administration	18,630,315	580,428	18,048,887	141.3%	32.2%	4,252,483	9.3%	2,955,172	10.6%	438,950	855,830	2,378,848
146	Admin Cost Ratio (MCR % of Total Cost)	1,325,518	563,237	1,262,282	9.3%	3.7%	326,702	7.1%	208,949	8.6%	32,705	51,489	153,333
147	Contract Cost	18,630,315	580,428	18,048,887	141.3%	32.2%	4,252,483	9.3%	2,955,172	10.6%	438,950	855,830	2,378,848
148	Net before Settlement	16,552,069	(379,819)	16,172,250	141.3%	32.2%	4,252,483	9.3%	2,955,172	10.6%	438,950	855,830	2,378,848
149	Contract Settlement / Redistribution	8,552,059	378,619	8,173,440	9.3%	3.7%	326,702	7.1%	208,949	8.6%	32,705	51,489	153,333
150	Net after Settlement	7,600,010	-	7,600,010	-	-	-	-	-	-	-	-	-
151													
152													
153													
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	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	Southwest Michigan Behavioral Health												
2	For the Fiscal YTD Period Ended 8/30/2013												
3	Mos In Period												
3	OK												
4	INCOME STATEMENT												
5	Total SWMBH												
176	Subcontract Revenue	254,457,258	27,306,806	226,857,452	9,557,832	45,098,995	11,755,410	41,708,316	12,351,142	36,339,884	15,938,080	21,608,952	
177	Incentive Payment Revenue	816,853	80,031	536,822	26,475	34,000	26,121	134,241	3,754	270,559	23,912	15,964	
178	Contract Revenue	255,064,112	27,889,536	227,194,275	9,584,287	45,132,995	11,781,531	41,842,555	12,354,896	36,610,443	15,961,971	21,624,916	
180	External Provider Cost	169,483,891	17,809,120	151,674,771	4,565,839	30,137,788	8,263,818	25,320,217	7,045,229	59,350,892	9,605,027	12,846,481	
181	Internal Program Cost	60,348,888	-	60,348,888	4,947,071	11,908,155	3,247,970	14,124,139	3,618,740	8,541,454	5,726,978	8,535,160	
182	SSI Reimb. 1st/3rd Party Cost Offset	(1,372,324)	-	(1,072,324)	(97,083)	(247,852)	(51,816)	(214,966)	(14,285)	(319,223)	(32,336)	(94,847)	
183	HICA & Use Tax, HRA	2,816,017	2,816,017	-	-	-	-	-	-	-	-	-	
184	MHCL Cost In Excess of Medicare FFS Cost	458,105	458,105	-	-	-	-	-	-	-	-	-	
185	Total Healthcare Cost	232,034,386	21,083,243	210,951,143	9,115,847	41,863,031	11,439,872	39,229,370	10,649,704	62,072,627	15,198,671	21,386,983	
186	Medical Loss Ratio (HCC % of Revenue)	91.6%	76.2%	98.9%	98.1%	89.7%	97.1%	93.8%	86.2%	90.5%	86.3%	97.5%	
187	Managed Care Administration	23,229,375	7,351,045	15,878,330	754,843	3,200,676	866,546	2,773,762	789,596	5,126,203	895,298	1,381,406	
188	Admin Cost Ratio (MCA % of Total Cost)	8.1%	2.9%	6.2%	7.8%	7.1%	7.7%	6.9%	6.5%	7.8%	6.8%	6.1%	
189	Contract Cost	255,263,733	28,484,288	226,779,445	9,870,591	45,055,707	12,395,418	42,003,432	11,439,300	67,498,831	49,083,967	22,789,400	
190	Net before Settlement	(179,822)	(544,451)	364,830	(286,324)	74,286	(612,896)	(180,577)	915,690	1,411,212	(133,986)	(842,484)	
191	Prior Year Savings	-	-	-	-	-	-	-	-	-	-	-	
192	Internal Services Fund Risk Reserve	-	-	-	-	-	-	-	-	-	-	-	
193	Contract Settlement	(822,112)	(257,282)	(364,830)	286,324	(74,286)	812,886	(60,577)	(915,596)	(1,411,212)	133,986	842,484	
194	Net after Settlement	(801,733)	(801,733)	0	0	0	0	0	0	0	0	0	
195													
196													
197													
198													
199													
200													

		G	F	H	I	J	K	L	M	N	O	P	Q	R
1	<b>Southwest Michigan Behavioral Health</b>													
2	For the Fiscal YTD Period Ended 9/30/2019													
3	Mas In Period 12													
4	OK													
5	<b>INCOME STATEMENT</b>													
6	<b>State General Fund Services</b>													
201	Contract Revenue													
202														
203														
204	External Provider Cost													
205	Internal Program Cost													
206	SSI Reimb, 1st/3rd Party Cost Offset													
207	Total Healthcare Cost													
208	Medical Loss Ratio (MCR % of Revenue)													
209														
210	Managed Care Administration													
211	Admin Cost Rate (MCR % of Total Cost)													
212														
213	Contract Cost													
214	Net before Settlement													
215														
216	Other Redistributions of State GF													
217	Contract Settlement													
218	Net after Settlement													
219														



Funding Received in September 2019 through Capitation for the FY19 Fiscal Year											
Region	MH DAB Sept.	All TANF Sept.	SA DAB Sept.	SA TANF Sept..	All Autism Sept	HMP MH Sept.	SA HMP for Sept.	HMP Sept. Autism	Capitation Funding for September	Traditional Medicaid Census Sept.	HMP Census Sept.
Region 1	\$ 4,592,253.84	\$ 618,967.23	\$ 16,542.77	\$ 78,114.57	\$ 289,909.71	\$ 526,298.97	\$ 166,045.77	\$ 727.93	\$ 6,288,860.79	44,135	19,136
Region 2	\$ 6,880,276.41	\$ 1,372,494.81	\$ 103,840.51	\$ 173,872.49	\$ 935,257.84	\$ 1,002,748.93	\$ 445,305.94	\$ 1,198.19	\$ 10,914,995.12	80,422	34,490
Region 3	\$ 13,775,508.70	\$ 2,007,664.79	\$ 254,544.62	\$ 306,569.43	\$ 2,173,253.61	\$ 1,320,133.33	\$ 680,169.37	\$ 2,471.26	\$ 20,520,315.11	191,187	59,494
Region 4	\$ 10,833,343.76	\$ 1,916,390.04	\$ 209,190.03	\$ 252,366.08	\$ 991,934.16	\$ 1,766,492.88	\$ 724,705.82	\$ 1,911.48	\$ 16,696,334.25	145,634	48,689
Region 5	\$ 24,865,845.70	\$ 4,523,914.80	\$ 393,445.79	\$ 607,930.80	\$ 3,317,654.42	\$ 3,652,252.19	\$ 1,334,011.35	\$ 4,023.35	\$ 38,699,078.40	266,713	99,794
Region 6	\$ 6,483,728.41	\$ 835,244.32	\$ 93,166.42	\$ 105,166.60	\$ 787,861.19	\$ 822,886.78	\$ 355,181.56	\$ 1,319.77	\$ 9,484,555.05	80,204	34,174
Region 7	\$ 30,771,435.34	\$ 7,006,934.16	\$ 933,819.78	\$ 297,426.85	\$ 3,645,076.99	\$ 6,884,595.14	\$ 1,280,878.42	\$ 7,243.96	\$ 50,827,410.64	458,282	174,335
Region 8	\$ 13,652,711.34	\$ 1,122,213.75	\$ 149,445.62	\$ 161,702.06	\$ 876,674.22	\$ 2,118,371.03	\$ 462,864.56	\$ 1,690.56	\$ 18,555,673.14	117,788	47,926
Region 9	\$ 9,530,606.30	\$ 950,808.64	\$ 172,696.61	\$ 187,672.73	\$ 1,459,056.45	\$ 1,188,280.25	\$ 585,512.51	\$ 2,076.19	\$ 14,076,709.68	129,473	54,884
Region 10	\$ 11,878,710.89	\$ 1,558,455.71	\$ 250,990.56	\$ 278,842.25	\$ 878,802.90	\$ 1,396,940.72	\$ 817,764.98	\$ 2,116.95	\$ 17,062,624.96	135,950	54,358
Grand Total	\$ 133,274,420.69	\$ 21,913,088.25	\$ 2,577,682.71	\$ 2,449,663.86	\$ 15,355,481.49	\$ 20,679,000.22	\$ 6,852,440.28	\$ 24,779.64	\$ 203,126,557.14	1,649,788	627,280

Funding Received in October 2019 through Capitation for the FY20 Fiscal Year											
Region	MH DAB Oct.	All TANF Oct.	SA DAB Oct.	SA TANF Oct.	All Autism Oct.	HMP MH Oct.	SA HMP for Oct.	HMP Oct. Autism	Capitation Funding for October	Traditional Medicaid Census Oct.	HMP Census Oct.
Region 1	\$ 4,172,388.74	\$ 677,824.23	\$ 34,461.42	\$ 121,658.30	\$ 350,535.95	\$ 587,740.39	\$ 276,221.04	\$ 1,077.85	\$ 6,221,907.93	44,297	19,377
Region 2	\$ 7,154,992.96	\$ 1,438,892.64	\$ 127,323.23	\$ 221,595.80	\$ 1,218,404.11	\$ 1,088,491.68	\$ 624,003.67	\$ 1,767.10	\$ 11,875,471.19	81,339	34,829
Region 3	\$ 13,523,207.10	\$ 2,237,419.47	\$ 319,362.12	\$ 375,015.84	\$ 2,898,126.14	\$ 1,504,119.24	\$ 976,686.16	\$ 3,578.82	\$ 21,837,514.89	191,258	59,714
Region 4	\$ 9,773,730.34	\$ 1,896,884.52	\$ 310,751.50	\$ 280,498.51	\$ 1,380,081.52	\$ 1,676,371.72	\$ 936,008.91	\$ 2,732.56	\$ 16,257,059.58	145,480	49,072
Region 5	\$ 24,109,568.07	\$ 4,726,950.35	\$ 490,208.21	\$ 726,600.70	\$ 4,169,584.20	\$ 3,831,856.02	\$ 1,858,903.25	\$ 5,884.34	\$ 39,919,555.14	267,365	102,431
Region 6	\$ 6,455,432.07	\$ 886,379.16	\$ 117,644.91	\$ 133,701.34	\$ 1,113,605.24	\$ 868,479.98	\$ 450,752.34	\$ 1,788.26	\$ 10,067,784.30	80,628	34,305
Region 7	\$ 28,109,496.30	\$ 6,910,264.04	\$ 1,233,656.02	\$ 340,428.89	\$ 5,120,626.24	\$ 6,427,233.36	\$ 1,702,501.28	\$ 10,218.98	\$ 49,854,425.11	459,034	175,268
Region 8	\$ 13,563,889.30	\$ 1,224,037.74	\$ 180,298.77	\$ 181,711.65	\$ 1,046,783.47	\$ 2,143,733.90	\$ 599,668.48	\$ 2,345.34	\$ 18,942,468.65	118,105	47,733
Region 9	\$ 9,295,406.48	\$ 1,033,214.39	\$ 210,544.52	\$ 223,895.06	\$ 2,002,367.62	\$ 1,242,521.97	\$ 764,320.47	\$ 2,842.52	\$ 14,775,113.03	129,961	54,885
Region 10	\$ 11,729,042.70	\$ 1,697,592.48	\$ 314,794.68	\$ 331,068.21	\$ 1,117,714.58	\$ 1,536,394.20	\$ 1,059,312.06	\$ 3,083.78	\$ 17,789,002.69	136,541	54,905
Grand Total	\$ 127,887,154.06	\$ 22,729,459.02	\$ 3,339,045.38	\$ 2,936,174.30	\$ 20,417,830.07	\$ 20,906,942.46	\$ 9,288,377.66	\$ 35,319.56	\$ 207,540,302.51	1,654,008	632,519

Comparison Between Capitation Funding Received in September of 2019 (FY2019) versus Funding Received in October of 2019 (FY2020)											
Region	MH DAB % Change	All TANF % Change	SA DAB % Change	SA TANF % Change	All Autism % Change	HMP MH % Change	SA HMP % Change	HMP Autism % Change	Capitation Funding % Change	Traditional Medicaid Census % Change	HMP Census % Change
Region 1	(9.1%)	9.5%	108.3%	55.7%	20.9%	11.7%	56.4%	48.1%	(1.1%)	0.4%	1.3%
Region 2	4.0%	4.8%	22.6%	27.4%	30.3%	8.6%	40.1%	47.5%	8.8%	1.1%	1.0%
Region 3	(1.8%)	11.4%	25.5%	22.3%	33.4%	13.9%	43.6%	44.8%	6.4%	0.0%	0.4%
Region 4	(9.8%)	(1.0%)	48.5%	11.1%	39.1%	(5.1%)	29.2%	43.0%	(2.6%)	(0.1%)	0.8%
Region 5	(3.0%)	4.5%	24.6%	19.5%	25.7%	4.9%	39.3%	46.3%	3.2%	0.2%	2.6%
Region 6	(0.4%)	6.1%	26.3%	27.1%	41.3%	5.5%	38.2%	35.5%	6.1%	0.5%	0.4%
Region 7	(8.7%)	(1.4%)	32.1%	14.5%	40.5%	(6.6%)	32.9%	41.1%	(1.9%)	0.2%	0.5%
Region 8	(0.7%)	9.1%	20.6%	12.4%	19.4%	1.2%	29.6%	38.7%	2.1%	0.3%	(0.4%)
Region 9	(2.5%)	8.7%	21.9%	19.3%	37.2%	4.6%	30.5%	36.9%	5.0%	0.4%	0.0%
Region 10	(1.3%)	8.9%	25.4%	18.7%	27.2%	10.0%	29.5%	45.7%	4.3%	0.4%	1.0%
Grand Total	(4.0%)	3.7%	29.5%	19.9%	33.0%	1.1%	35.5%	42.5%	2.2%	0.3%	0.8%

Source of information = 0040, 0033, 0005, 0006, 0007, &amp; 0008 reports provided for October of 2019 (FY20) versus 0040 &amp; 0033 reports provided for September of 2019 (FY19)

Community: **SW MI Behavioral Health**  
Renewal period: **Oct 1, 2019 to Oct 1, 2020**

	<u>Total Contribution</u>	<u>Property Totals</u>
Last Year	\$44,681	\$519,135
This Year	\$45,381	\$545,092
Total Change	\$700	\$25,957
% Change (+ -)	1.6%	5.0%

**RAP Grants:**

	<u>Net Asset Distribution</u>	<u>Loss Fund Distribution</u>	<u>Total</u>	
MMRMA Coverage 2013-14				LZ
MMRMA Coverage 2014-15				KD
2015 MMRMA Distribution:	\$3,911	\$2,149	\$6,060	KD
2016 MMRMA Distribution:	\$3,196	\$1,511	\$4,707	KE
2017 MMRMA Distribution:	\$4,463	\$2,095	\$6,558	MR
2018 MMRMA Distribution:	\$6,785	\$3,802	\$10,587	KE
2019 MMRMA Distribution:	\$10,544	\$4,950	\$15,494	KE
	<b>\$28,899</b>	<b>\$14,507</b>	<b>\$43,406</b>	





## Applied Behavior Analysis in the Southwest Michigan Behavioral Health PIHP Region

ASSESSMENT OF SERVICE INTENSITY AND SEVERITY OF ILLNESS

SWMBH Autism Workgroup  
10/30/2019

## Purpose

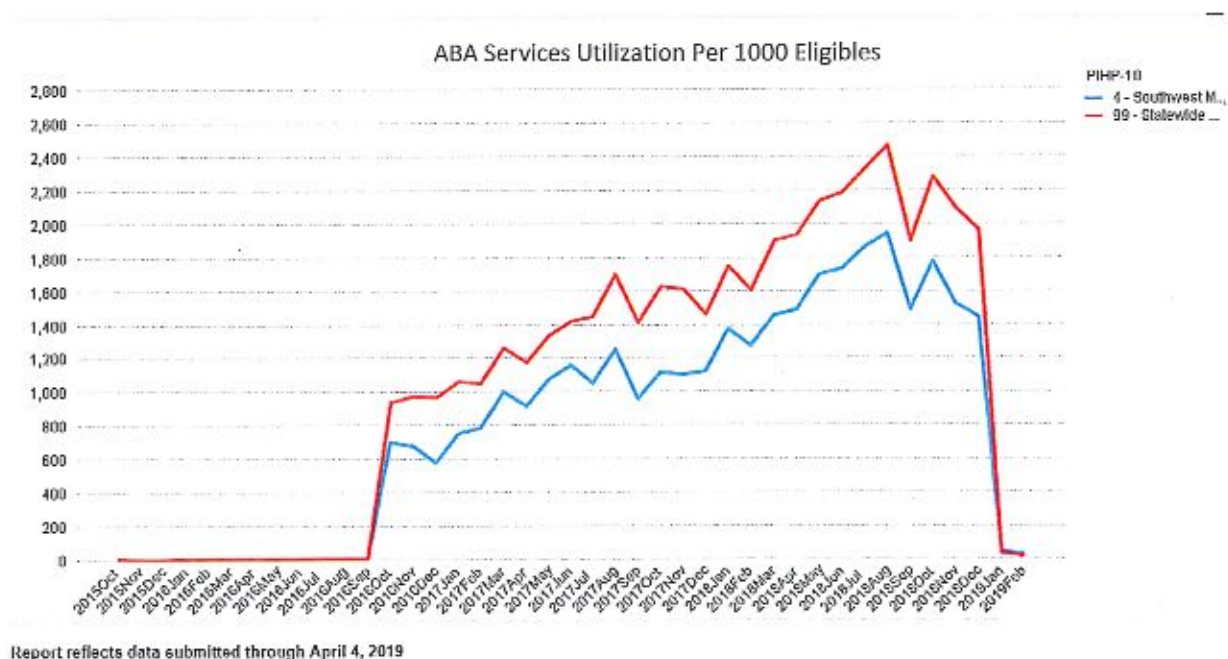
Applied Behavior Analysis (ABA) services for persons with Autism Spectrum Disorder (ASD) ages 0-21 are overspent in the SWMBH region for fiscal year (FY) 2019, with four counties' ABA service costs exceeding their revenues. As of mid-FY 2019, regional ABA expenditures were 124.3% of ABA revenue for the first seven months of FY19. At the end of FY18, regional ABA expenditures were 133.3% of ABA revenue. All CMHs in the region implemented the state ABA fee schedule on 1/1/2019, which reduced most contract service rates for ABA services. Implementation of the state ABA fee schedule has had limited impact on overall ABA spending. SWMBH and CMHSPs sponsored a workgroup of regional subject-matter experts to assess ABA service eligibility determinations and alignment of ABA service intensity with severity of illness. This workgroup was charged with analyzing current ABA service utilization and generating recommendations as necessary regarding ABA eligibility, severity of illness and intensity of services.

## SWMBH vs Statewide ABA Service Utilization

Statewide and within the SWMBH region, ABA utilization has been trending up since the initiation of the ABA service benefit in April 2013, with most notable increase after the expansion of the ABA benefit to age 21 in October 2016 (Table 1). ABA utilization increases don't appear to be slowing down. The dip in the utilization in Table 1 beginning FY19 is due to encounter lag.

**Table 1: ABA Services Utilization per 1000 Eligibles: SWMBH Region / Statewide Comparison**

*Utilization per 1000 Eligibles calculates the number of annual ABA service units per 12,000 member months (includes all services with US modifiers). Source: Milliman PIHP Encounter Dashboard, May 3, 2019*



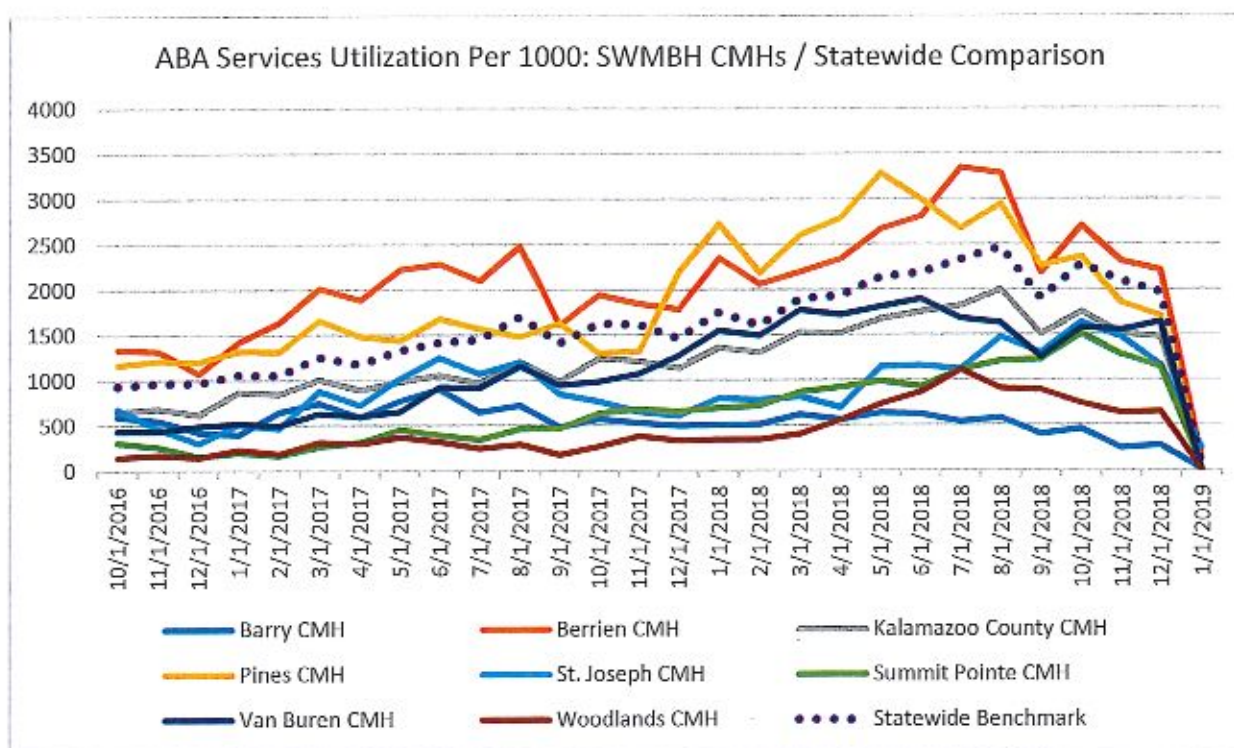


### Within-Region ABA Service Utilization:

ABA service utilization is lower in the SWMBH region compared to the state as a whole (Table 1). However, there is large variation in ABA service intensity and penetration rates within the SWMBH region. Two of the SWMBH CMHs' (Berrien and Branch counties) ABA utilization per 1000 eligibles is higher than the state average (Table 2). Several SWMBH counties' ABA utilization per 1000 eligibles is lower than state average (i.e., Barry, Woodlands, St Joseph, Summit Pointe). We are unable to obtain PIHP comparisons for the state, only the whole state average. Variations among PIHPs would be useful for comparative purposes.

Table 2: ABA Services Utilization per 1000 Eligibles: SWMBH CMH / Statewide Comparison

Source: Milliman PIHP Encounter Dashboard, May 3, 2019



## SWMBH FY 2017/2018 Service Use Evaluation (SUE)

October 1, 2017 – September 30, 2018

The SWMBH 2018 SUE Report (Tables 3 and 4) for ABA services shows within-region variances in ABA services. The SUE assesses service utilization and costs of ABA services for all ages (0-21) combined. Significant findings from the SUE include:

- Average Annual CMH ABA Cost per Case range from \$12,095 to \$32,294 (regional mean \$22,012)
- Average Annual CMH ABA PEPM Costs range from \$3.63 to \$14.40 (mean \$8.60)
- Average Annual CMH ABA Unduplicated Cases per 1000 ranging from 3.1 to 8.8 (mean 4.7)
- Average Annual CMH ABA Units per Case range from 216 to 1885 (mean 1021)

We expect cost differentials to level off somewhat in FY19 due to implementation of a consistent regional fee schedule on January 1, 2019. However, variations in utilization and penetration will continue to cause cost-per-case discrepancies. Variances occur in both ABA service penetration and in ABA service intensity. For example, some CMHs have high penetration rates but low units per case (Pines and Barry). Others have low penetration rates but average units per case (St Joseph) or above average penetration rates and high units per case (Riverwood).

We are unable to source state-wide data to evaluate PIHP comparisons on these metrics.



Table 3: SWMBH FY 2017/2018 Service Use Evaluation (SUE) Report – ABA, Cost Per Case and Cost PEPM

	Barry County MHA	Riverwood Center	Pines Behavioral Health	Summit Pointe	Woodlands Behavioral Health	Kalamazoo CMHSAS	St. Joseph CMHSAS	Van Buren MHA	Southwest Michigan Behavioral Health	Min	Max
<b>Cases per 1000 - PENETRATION</b>											
<b>Unduplicated Cases per 1000</b>	8.0	5.4	8.9	4.1	3.5	4.1	3.1	4.1	4.7	3.1	8.8
0359T ABA Behavior Identification Assessment (Encounter)	3.2	2.6	5.4	1.9	1.4	1.5	0.8	2.2	2.1	0.8	5.4
0362T ABA Behavioral Follow-up Assessment (First 30 Minutes)	-	1.6	-	-	0.2	0.1	0.1	-	0.4	-	1.6
0363T ABA Behavioral Follow-up Assessment (Each Additional 30 Minutes)	-	1.6	-	-	0.2	0.1	0.1	-	0.4	-	1.6
0364T ABA Adaptive Treatment (First 30 Minutes)	3.7	2.8	5.4	2.0	1.4	2.1	1.6	2.3	2.4	1.4	5.4
0365T ABA Adaptive Treatment (Each Additional 30 Minutes)	3.7	2.8	5.2	2.0	1.4	2.1	1.6	2.3	2.4	1.4	5.2
0366T ABA Group Adaptive Behavior Treatment (First 30 Minutes)	-	0.3	-	0.1	-	0.3	0.5	-	0.2	-	0.5
0367T ABA Group Adaptive Behavior Treatment (Each Additional 30 Minutes)	-	0.3	-	0.1	-	0.2	0.5	-	0.2	-	0.5
0368T ABA Clinical Observation and Direction of Adaptive Behavior	3.6	2.8	5.0	2.0	1.3	2.1	1.6	2.2	2.4	1.3	5.0
0369T ABA Clinical Observation and Direction of Adaptive Behavior	3.6	2.8	5.0	2.0	1.3	2.1	1.6	2.2	2.4	1.3	5.0
0370T ABA Family Behavior Treatment Guidance (Encounter)	-	2.8	3.8	1.4	1.4	1.2	0.3	1.7	1.6	-	3.8
0372T ABA Adaptive Behavior Treatment Social Skills Group (Encounter)	-	0.3	-	-	-	0.0	-	0.1	0.1	-	0.3
0373T ABA Exposure Adaptive Behavior Treatment (First 60 Minutes)	-	0.1	-	0.1	-	0.0	0.1	-	0.0	-	0.1
0374T ABA Exposure Adaptive Behavior Treatment (Each Additional 60 Minutes)	-	0.1	-	0.1	-	0.0	0.1	-	0.0	-	0.1
96101 Assessment for Autism (Hour)	-	-	-	-	-	-	-	3.5	0.4	-	3.5
H0031 Assessment for Autism (Encounter)	7.2	4.2	7.9	3.5	2.9	3.3	2.4	-	3.5	-	7.9
<b>Units per Case - UTILIZATION</b>											
0359T ABA Behavior Identification Assessment (Encounter)	216	1,885	716	1,291	602	1,300	1,140	1,015	1,021		
0362T ABA Behavioral Follow-up Assessment (First 30 Minutes)	1.5	1.4	1.5	1.4	1.3	1.4	1.1	1.4	1.4	1.1	1.5
0363T ABA Behavioral Follow-up Assessment (Each Additional 30 Minutes)	-	3.8	-	-	2.0	1.8	1.0	-	3.5	-	3.8
0364T ABA Adaptive Treatment (First 30 Minutes)	75.9	119.5	99.0	84.6	70.3	114.5	75.8	101.4	101.1	70.3	119.5
0365T ABA Adaptive Treatment (Each Additional 30 Minutes)	114.0	991.7	533.6	435.6	436.9	831.3	607.3	768.7	681.1	114.0	991.7
0366T ABA Group Adaptive Behavior Treatment (First 30 Minutes)	-	13.6	-	110.5	-	59.5	96.8	-	54.9	-	110.5
0367T ABA Group Adaptive Behavior Treatment (Each Additional 30 Minutes)	-	93.4	-	-	-	139.1	131.2	-	122.3	-	139.1
0368T ABA Clinical Observation and Direction of Adaptive Behavior	11.3	41.1	21.0	32.1	25.0	40.7	27.7	31.3	32.8	11.9	41.1
0369T ABA Clinical Observation and Direction of Adaptive Behavior	10.4	89.0	53.7	28.3	39.8	58.0	45.9	70.9	56.3	10.4	89.0
0370T ABA Family Behavior Treatment Guidance (Encounter)	-	8.9	6.2	2.6	5.3	5.9	6.3	6.2	6.5	-	8.9
0372T ABA Adaptive Behavior Treatment Social Skills Group (Encounter)	-	11.8	-	-	-	10.0	-	32.0	13.6	-	32.0
0373T ABA Exposure Adaptive Behavior Treatment (First 60 Minutes)	-	81.3	-	155.0	-	15.0	13.0	-	83.1	-	155.0
0374T ABA Exposure Adaptive Behavior Treatment (Each Additional 60 Minutes)	-	412.0	-	440.0	-	17.0	130.0	-	323.3	-	440.0
96101 Assessment for Autism (Hour)	-	-	-	-	-	-	-	3.3	3.3	-	3.3
H0031 Assessment for Autism (Encounter)	2.0	1.0	1.0	1.0	1.0	1.3	1.1	-	1.7	-	11.6



Table 4: SWMBH FY 2017/2018 Service Use Evaluation (SUE) Report – ABA, Unduplicated Cases per 1000 and Units Per Case

Cost per Case	Barry County MHA	Riverwood Center	Pines Behavioral Health	Summit Pointe	Woodlands Behavioral Health	Kalamazoo CMHSAS	St. Joseph CMHSAS	Van Buren MHA	Southwest Michigan Behavioral Health	Min	Max
<b>Total Cost per Case</b>	<b>16,974</b>	<b>32,294</b>	<b>15,799</b>	<b>12,095</b>	<b>12,389</b>	<b>24,631</b>	<b>18,316</b>	<b>26,763</b>	<b>22,012</b>	<b>12,095</b>	<b>32,294</b>
0359T ABA Behavior Identification Assessment (Encounter)	277	733	681	757	616	544	471	753	647	277	757
0362T ABA Behavioral Follow-up Assessment (First 30 Minutes)	-	342	-	-	185	89	88	-	312	-	342
0363T ABA Behavioral Follow-up Assessment (Each Additional 30 Minutes)	-	1,521	-	-	911	230	263	-	1,374	-	1,521
0364T ABA Adaptive Treatment (First 30 Minutes)	11,231	4,736	3,217	2,684	3,197	4,411	2,852	4,222	4,454	2,684	11,231
0365T ABA Adaptive Treatment (Each Additional 30 Minutes)	16,891	39,383	16,747	14,125	19,145	31,519	22,968	32,080	26,784	14,125	39,383
0366T ABA Group Adaptive Behavior Treatment (First 30 Minutes)	-	218	-	2,799	-	1,463	2,365	-	1,313	-	2,799
0367T ABA Group Adaptive Behavior Treatment (Each Additional 30 Minutes)	-	1,502	-	4,584	-	3,394	3,203	-	2,687	-	4,584
0368T ABA Clinical Observation and Direction of Adaptive Behavior	3,998	3,889	1,394	2,359	2,321	3,752	2,514	3,018	3,115	1,334	3,998
0369T ABA Clinical Observation and Direction of Adaptive Behavior	3,501	8,445	3,504	2,260	3,590	5,234	4,156	5,650	5,186	2,250	8,445
0370T ABA Family Behavior Treatment Guidance (Encounter)	-	1,618	704	415	556	445	826	1,048	968	-	1,618
0372T ABA Adaptive Behavior Treatment Social Skills Group (Encounter)	-	925	-	-	-	493	-	519	841	-	925
0373T ABA Exposure Adaptive Behavior Treatment (First 60 Minutes)	-	10,467	-	17,757	-	1,735	1,959	-	10,087	-	17,757
0374T ABA Exposure Adaptive Behavior Treatment (Each Additional 30 Minutes)	-	26,511	-	25,203	-	983	9,794	-	20,102	-	26,511
9610T Assessment for Autism (Hour)	-	-	-	-	-	-	-	913	913	-	913
H0031 Assessment for Autism (Encounter)	405	476	434	190	699	985	639	-	556	-	985
<b>Cost PEP</b>	<b>\$ 11.27</b>	<b>\$ 14.40</b>	<b>\$ 11.59</b>	<b>\$ 4.12</b>	<b>\$ 3.63</b>	<b>\$ 8.40</b>	<b>\$ 4.76</b>	<b>\$ 9.20</b>	<b>\$ 8.60</b>	<b>\$ 3.63</b>	<b>\$ 14.40</b>
0359T ABA Behavior Identification Assessment (Encounter)	\$ 0.07	\$ 0.15	\$ 0.30	\$ 0.12	\$ 0.07	\$ 0.07	\$ 0.03	\$ 0.14	\$ 0.11	\$ 0.03	\$ 0.30
0362T ABA Behavioral Follow-up Assessment (First 30 Minutes)	\$ -	\$ 0.05	\$ -	\$ -	\$ 0.00	\$ 0.00	\$ 0.00	\$ -	\$ 0.01	\$ -	\$ 0.05
0363T ABA Behavioral Follow-up Assessment (Each Additional 30 Minutes)	\$ -	\$ 0.20	\$ -	\$ -	\$ 0.02	\$ 0.00	\$ 0.00	\$ -	\$ 0.04	\$ -	\$ 0.20
0364T ABA Adaptive Treatment (First 30 Minutes)	\$ 3.48	\$ 1.09	\$ 1.44	\$ 0.45	\$ 0.37	\$ 0.76	\$ 0.37	\$ 0.80	\$ 0.89	\$ 0.37	\$ 3.48
0365T ABA Adaptive Treatment (Each Additional 30 Minutes)	\$ 5.23	\$ 9.06	\$ 7.30	\$ 2.36	\$ 2.24	\$ 5.58	\$ 2.98	\$ 5.11	\$ 5.39	\$ 2.24	\$ 9.06
0366T ABA Group Adaptive Behavior Treatment (First 30 Minutes)	\$ -	\$ 0.01	\$ -	\$ 0.02	\$ -	\$ 0.03	\$ 0.10	\$ -	\$ 0.02	\$ -	\$ 0.10
0367T ABA Group Adaptive Behavior Treatment (Each Additional 30 Minutes)	\$ -	\$ 0.04	\$ -	\$ 0.03	\$ -	\$ 0.05	\$ 0.13	\$ -	\$ 0.04	\$ -	\$ 0.13
0368T ABA Clinical Observation and Direction of Adaptive Behavior	\$ 1.19	\$ 0.92	\$ 0.58	\$ 0.40	\$ 0.25	\$ 0.66	\$ 0.34	\$ 0.54	\$ 0.62	\$ 0.25	\$ 1.19
0369T ABA Clinical Observation and Direction of Adaptive Behavior	\$ 1.05	\$ 1.99	\$ 1.46	\$ 0.38	\$ 0.39	\$ 0.93	\$ 0.57	\$ 1.20	\$ 1.04	\$ 0.38	\$ 1.99
0370T ABA Family Behavior Treatment Guidance (Encounter)	\$ -	\$ 0.38	\$ 0.22	\$ 0.05	\$ 0.11	\$ 0.05	\$ 0.02	\$ 0.14	\$ 0.13	\$ -	\$ 0.38
0372T ABA Adaptive Behavior Treatment Social Skills Group (Encounter)	\$ -	\$ 0.02	\$ -	\$ -	\$ -	\$ 0.00	\$ -	\$ 0.00	\$ 0.00	\$ -	\$ 0.02
0373T ABA Exposure Adaptive Behavior Treatment (First 60 Minutes)	\$ -	\$ 0.09	\$ -	\$ 0.11	\$ -	\$ 0.00	\$ 0.01	\$ -	\$ 0.04	\$ -	\$ 0.11
0374T ABA Exposure Adaptive Behavior Treatment (Each Additional 30 Minutes)	\$ -	\$ 0.23	\$ -	\$ 0.15	\$ -	\$ 0.00	\$ 0.07	\$ -	\$ 0.08	\$ -	\$ 0.23
9610T Assessment for Autism (Hour)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 0.27	\$ 0.03	\$ -	\$ 0.27
H0031 Assessment for Autism (Encounter)	\$ 0.24	\$ 0.17	\$ 0.28	\$ 0.06	\$ 0.17	\$ 0.27	\$ 0.13	\$ -	\$ 0.16	\$ -	\$ 0.28

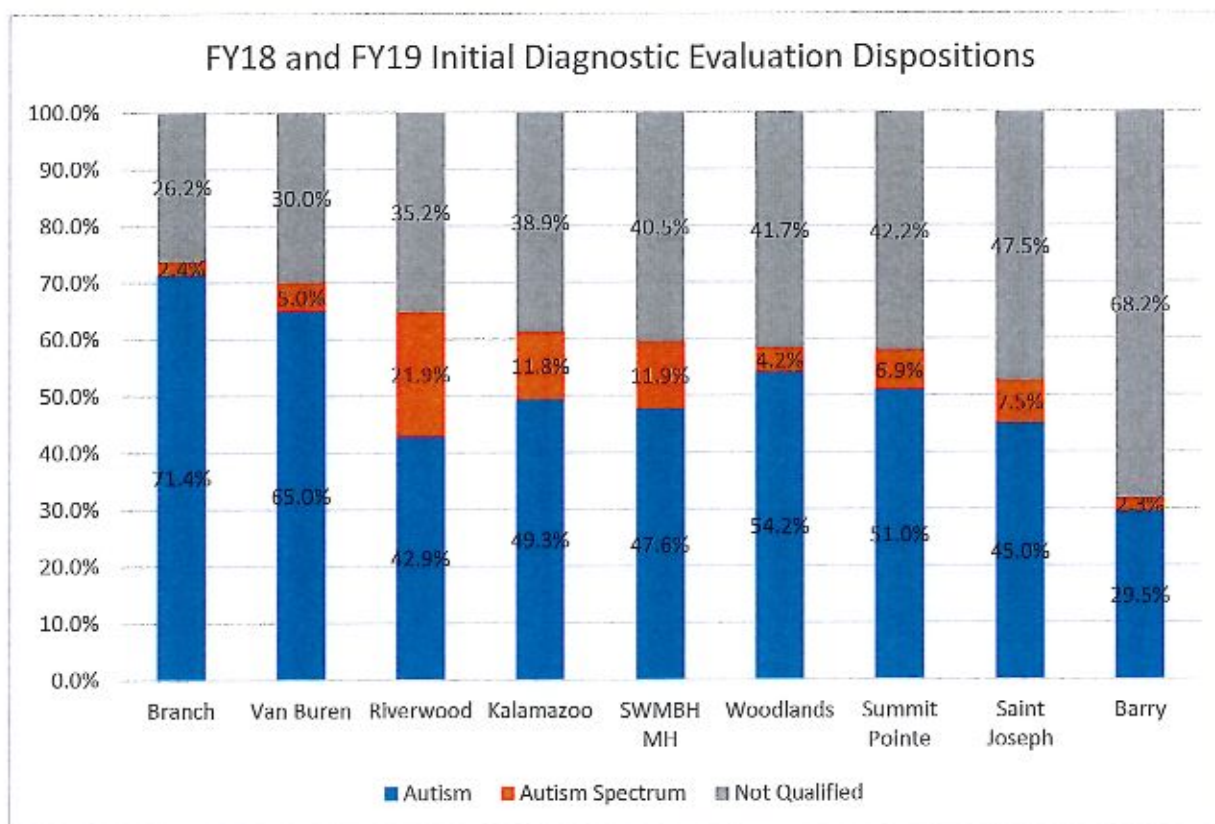


## Penetration Rates and Diagnostic Evaluation Dispositions

Regional variations exist in the percentage of youth who are determined to be eligible for ABA services through the initial diagnostic assessment process for Autism (Table 5). In the SWMBH region for FY18, and FY19 to date, 40% of all initial Autism diagnostic assessments had a disposition of no Autism diagnosis. Comparatively, statewide, about 27% of persons assessed for Autism in the PIHP system are determined not to have the diagnosis at initial assessment. Statewide diagnostic evaluation decisions following an initial Autism Spectrum Disorder (ASD) evaluation for the past three fiscal years are as follows:

- FY18: 4,034 evaluated, 28.51% were found not to have ASD
- FY17: 4,278 evaluated, 28.42% did not have ASD
- FY16: 3,715 evaluated, 24.01% did not have ASD

*Table 5: Initial Autism Diagnostic Evaluation Dispositions by SWMBH CMH, FY18 and FY19 to date:*



Differences in screening processes likely account for some of the variations in diagnostic outcomes, within the SWMBH region and statewide. Screening prior to a full diagnostic assessment is good practice to reduce unnecessary evaluations. Screening practices are not implemented consistently, however; and screening instruments for ASD are not always good indicators of an assessment outcome.

Michigan Medicaid requires ASD screening during well-child visits in early childhood (Early and Periodic Screening, Diagnosis and Treatment Chapter of Medicaid Provider Manual, Section 6.2 Autism Spectrum Disorder Screening). The Behavioral Health Treatment section of the Medicaid Provider Manual references these screenings as a

precursor to PIHP autism diagnostic evaluations. In practice, CMHs rarely, if ever, receive ASD evaluation referrals or results of positive well-child ASD screens through primary care or pediatrician offices.

In special education settings and in Autism centers of excellence in Michigan, a team of Autism experts is often utilized to complete diagnostic evaluations. The diagnostic team comes to a group consensus on the evaluation outcome prior to an ASD diagnosis being given. CMHs don't have the luxury of having teams of individuals who specialize in autism to complete diagnostic assessments. At CMHs, staff who wear many hats are often responsible for autism diagnostics. For example, at one CMH, four assessors complete autism diagnostic evaluations as availability allows, in addition to their other tasks and job duties. The Medicaid Provider Manual requires that Autism diagnostic evaluations be performed by a *qualified licensed practitioner working within their scope of practice and who is qualified and experienced in diagnosing ASD*. It does not expand on these qualifications for psychologists or clinical social workers. The Autism Diagnostic Observation Schedule 2 (ADOS-2) is used for Autism diagnostic assessments in the Michigan CMH/PIHP system, but there are no state-mandated ADOS-2 continuing education training requirements or state-required inter-rater reliability expectations for assessors. There is a state-wide quarterly discussion hosted by MDHHS for Michigan ADOS-2 assessors to assist in maintaining current knowledge in the instrument, but participation in the discussion by assessors is inconsistent, and is not mandated by the PIHP.

Potential methods to alleviate discrepancies in autism diagnostic assessment outcomes should include:

1. implementation of a standard screening process prior to completing a full diagnostic evaluation,
2. policy on provider credentials and experience required for completing Autism diagnostic assessments,
3. establishment of continuing education, inter-rater reliability standards, and/or peer review processes for the ADOS-2, or
4. resource sharing utilizing a central pool of qualified and experienced Autism assessors.

## Service Intensity Findings

### Overall Service Intensity

For the time period of FY17 through FY19 to date, average ABA service hours per week by CMH ranged from 4.0 to 18.2, with a regional average of 14.6 hours per week (Table 6). The average number of weekly ABA hours each youth receives has been gradually trending up.

Table 6: Average Direct ABA Service Hours Per Week\* Received per Youth Receiving ABA Services in SWMBH Region:

## Average ABA Hours Per Week

Overall



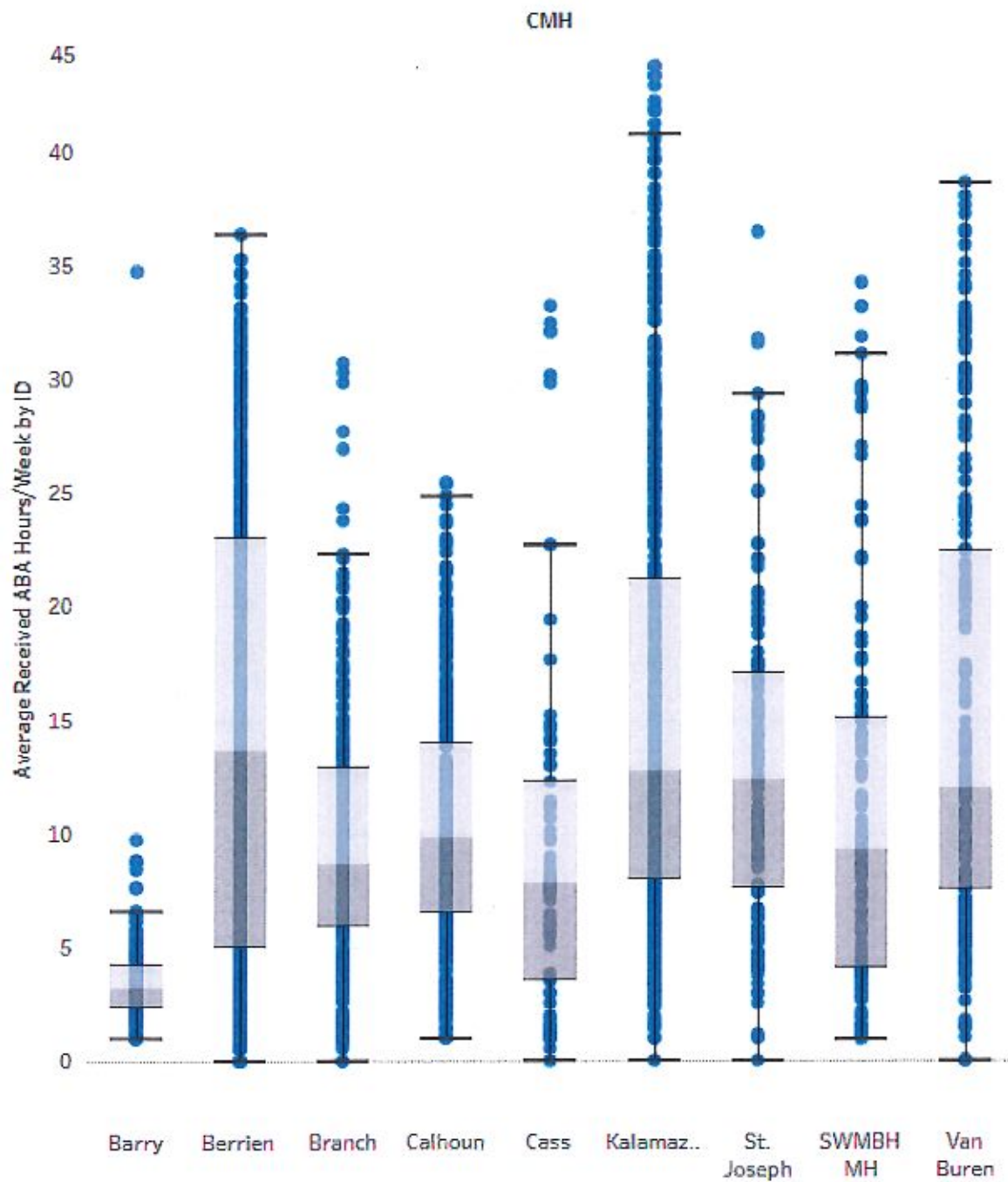
\*"ABA Hours/Week" in this section includes the following CPT codes: 0364T, 0365T, 0366T, 0367T, 0370T, 0371T, 0372T, 0373T, 0374T, 97152, 97153, and 97158. Each unit of service was assigned a minute value according to the state-provided crosswalk. In cases where units of a service corresponded to an encounter per the crosswalk, 60 minutes were assigned to each unit.

## By-CMH and By-Provider Service Intensity

Service intensities vary by CMH and by ABA Provider. Provider variation in service intensity is more pronounced than variation between CMHs. One provider's standard service recommendation is 40 hours of direct ABA services per week, leading to a high average service intensity. Larger ABA providers tend to deliver more units of service on average, which is probably driven by a combination of factors including better staff availability and center-based service delivery, which tends to result in higher service hours. Other providers' service intensity is lower, especially when services are home-based, and when the providers service rural counties where staff availability is challenging (Tables 7 & 8). The two CMHs in the SWMBH region that directly provide ABA services deliver lower-intensity ABA services on average.

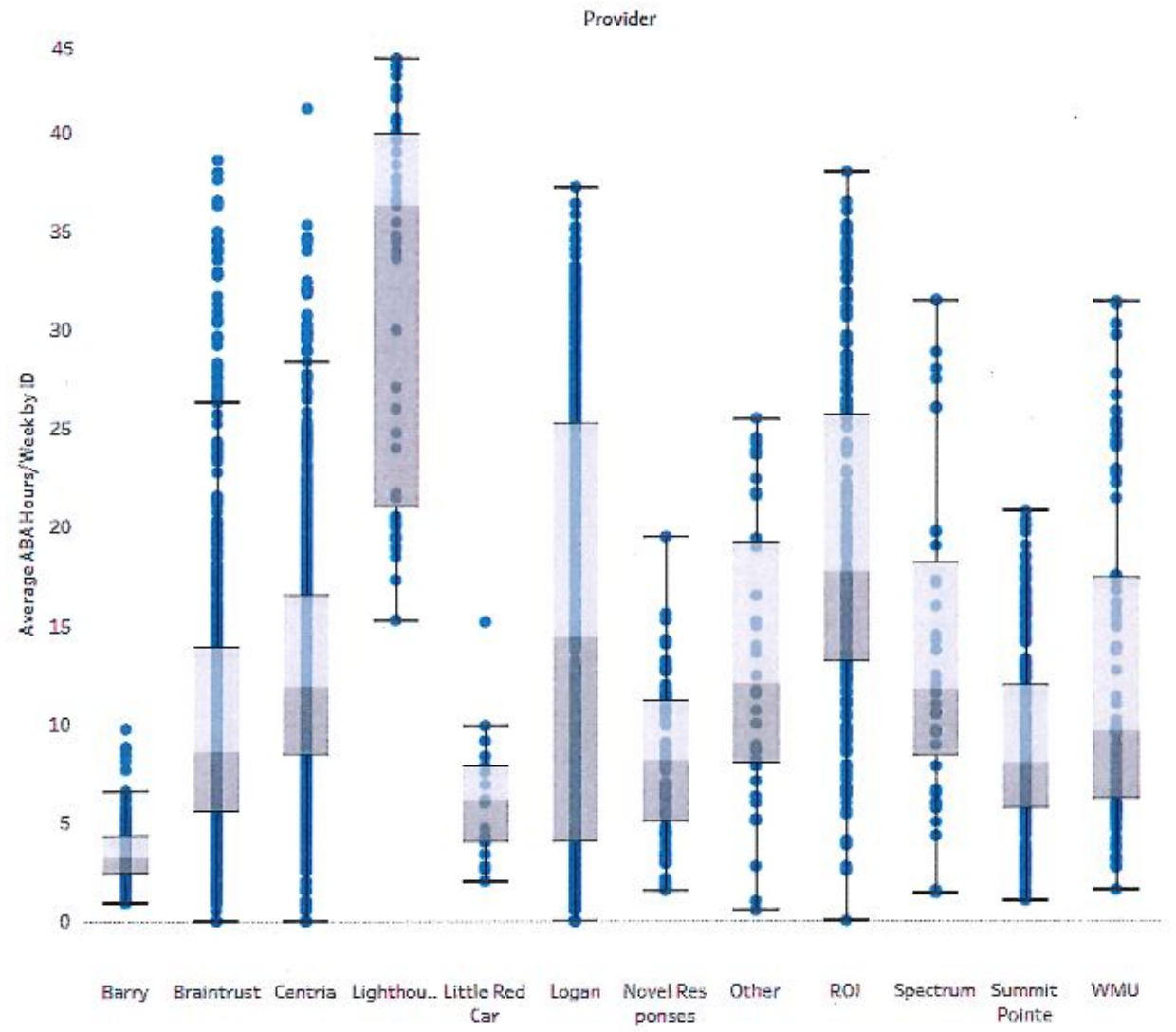


Table 7: Boxplot of ABA Service Hours per Week Received per Youth in SWMBH Region by CMH -- Calendar Years 2018 and 2019 to date:





**Table 8: Boxplot of ABA Service Hours per Week Received per Youth in SWMBH Region by Provider – Calendar Years 2018 and 2019 to date:**



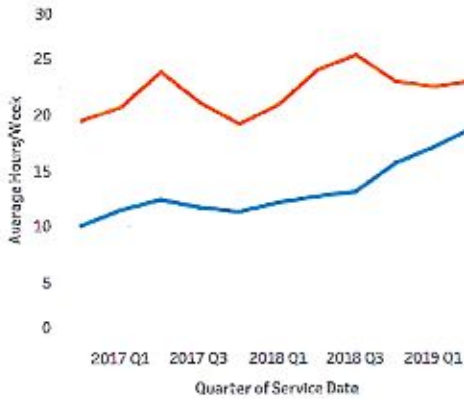
### Service Intensity by Age Group and Place of Service

Children in the 0-6 and 7-12 age ranges receive greater amounts of ABA services compared to adolescents and young adults ages 13 – 21 (Table 9). This aligns with best practice; efficacy of ABA services for children with Autism has been well-established for children seven and under. Regardless, adolescents and young adults with high needs can be challenging to connect with service providers, especially when they are at risk of harm to self or others. Similar numbers of youth receive services in home-based and office-based settings (374 and 335 respectively, since 10/1/17), but office-based services are delivered at a much higher intensity than home-based (19.2 hours per week vs 10.9 on average).

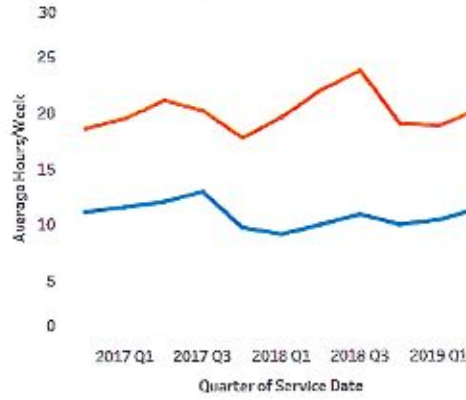
**Table 9: Average Direct ABA Service Hours by Place of Service (POS) and Age Group in SWMBH Region (excludes non-office/non-home locations):**

### Average ABA Hours Per Week by POS

Aged 0-6



Aged 7-12



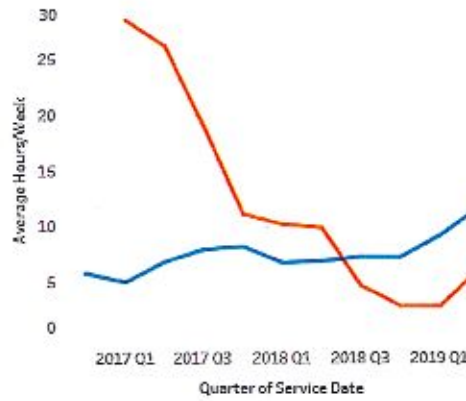
POS  
■ Home  
■ Office

"ABA Hours/Week" includes the following CPT codes: 0365T, 0366T, 0367T, 0370T, 0371T, 0372T, 0373T, 0374T, 97152, 97153, and 97158. Each unit of service was assigned a minute value according to the state-provided crosswalk. In cases where units of a service corresponded to an encounter per the crosswalk, 60 minutes were assigned to each unit.

Aged 13-17



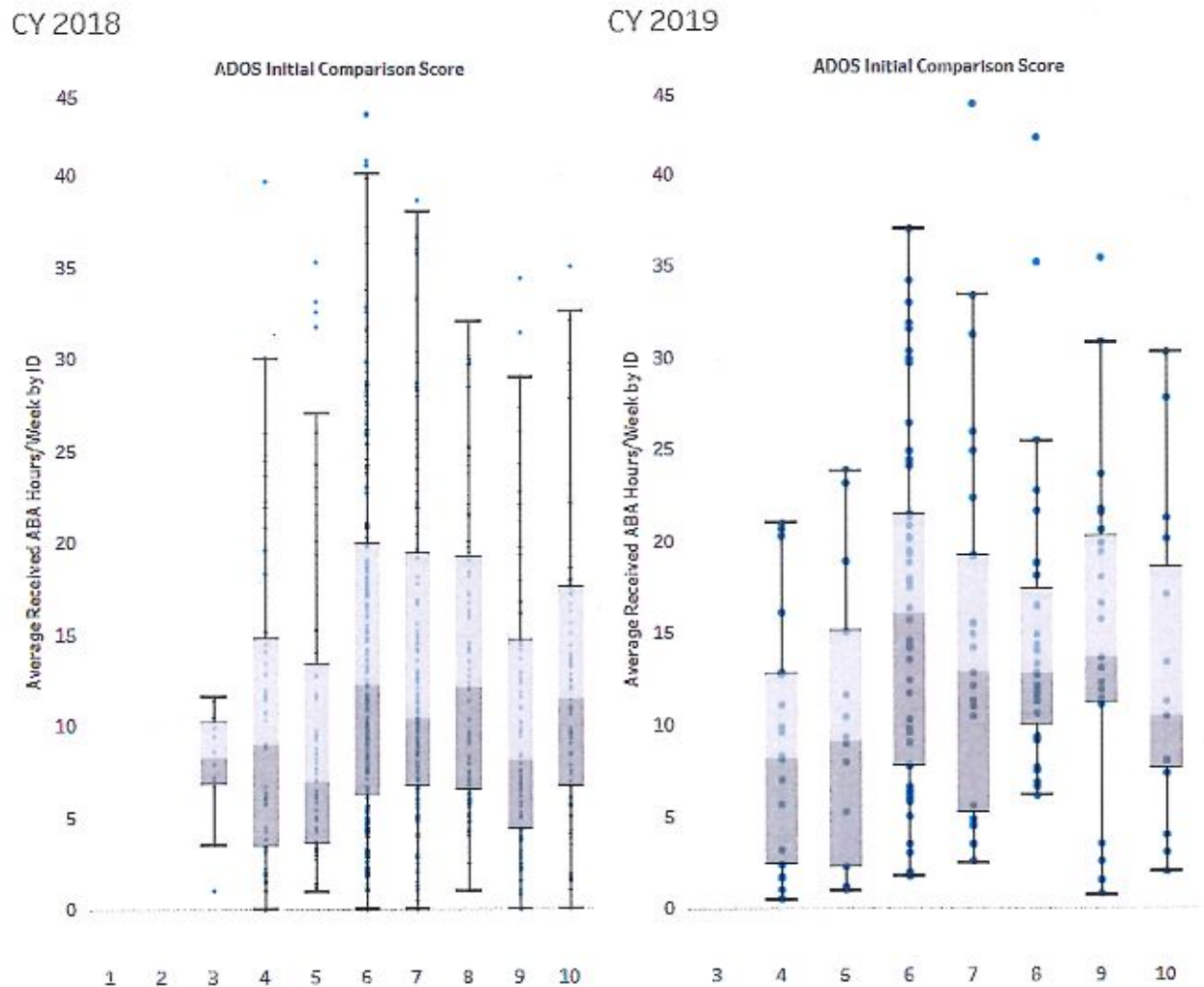
Aged 18-21



### Service Intensity by ADOS-2 Comparison Score

The ADOS-2 generates a Comparison Score, 1-10, which indicates the degree of a youth's symptoms of autism. Generally, Comparison Scores of 6 and above are indicative of an Autism diagnosis, while Comparison Scores of 4-5 suggest Autism Spectrum Disorder. Actual diagnosis, if applicable, is completed by the licensed and qualified assessing clinician. **ABA service intensity in the region does not correlate well with ADOS-2 Comparison Scores; youth receive ABA services at generally consistent intensities regardless of ADOS-2 Comparison Score (Table 10).**

Table 10: Average Direct ABA Service Hours by ADOS Comparison Score – Calendar Year 2018 and Calendar Year 2019:



## Authorization of ABA Services

The general process for authorization and utilization review of ABA service requests at each of the SWMBH CMHs is:

1. After a positive ASD diagnostic assessment, the CMH refers youth to an ABA provider (Barry and Summit Pointe provide direct-operated ABA services; others use external providers only).
2. Provider conducts behavioral assessment.
3. Provider develops treatment goals and objectives and recommends number of weekly hours of ABA treatment and treatment goals.
4. CMH integrates provider's treatment recommendations (including service intensity) into the IPOS, with families' review and approval.
5. IPOS is sent to CMH Utilization Management (UM) staff for approval/denial.
6. Approved IPOS hours are entered into the MDHHS Waiver Services Application (WSA) for SWMBH for approval/denial.



7. MDHHS reviews and approves IPOS hours in the WSA.

***There are multiple points of review and approval for a request for ABA services (CMH UM, SWMBH, and MDHHS), but there are no consistent standards for determining the amount of services that should be delivered.*** By and large, service requests are approved in full at each level of review. The amount of ABA services that are authorized is driven largely by the providers' recommendation, families' agreement with those recommendations, and often, availability ABA staff. Ideally, an approach matching intensity of services with severity of illness would be used. UM staff at CMHs are generally not subject matter experts in ABA or autism, and therefore trust providers' clinical recommendations. The impact of insufficient utilization management practices is compounded when other services are requested in addition to ABA, like respite and community living supports. UM staff aren't specifically trained in validating the appropriateness of an ABA service intensity request. Specific medical necessity guidelines for amount, scope, and duration of ABA services haven't been developed for Michigan Medicaid. The Michigan Medicaid Provider Manual provides broad criteria for initial and continuing eligibility.

Variances in providers' treatment models, as well as availability of ABA Aides, appear to contribute heavily to the intensity of ABA services delivered. Services begin once individualized ABA protocols are developed for the child, and staff are hired and trained in the protocols. At most providers, there is a waiting period for spaces to open or for new staff to be hired. Some providers will implement services at a lower intensity while in the hiring process, if there is limited staff capacity. Others wait until staff are fully available before beginning treatment. Some families choose to wait for an opening with a specific provider, adding to the time prior to treatment initiation.

Section 18.10 of the Medicaid Provider Manual, BHT (Behavioral Health Treatment) Service Level, states that *"The service level determination will be based on research-based interventions integrated into the behavioral plan of care with input from the planning team. Service intensity will vary with each child and should reflect the goals of treatment, specific needs of the child, and response to treatment."* ***Specific medical necessity guidelines for determining ABA service intensity should be developed by SWMBH, so that services reflect the goals of treatment, specific needs of the child, and response to treatment, rather than on varying organizational business processes or staff capacity.*** Guidelines should be understandable to regional staff with varying experience in ABA or autism to implement.

## Network Capacity and ABA Utilization

The workgroup attempted to assess whether ABA service network capacity in a county correlates with its ABA service utilization, but the group wasn't able to obtain good estimates of county-specific ABA network capacity. Many ABA providers work in multiple counties. Quarterly, each county completes the MDHHS ABA Network Capacity Survey for MDHHS, which lists contracted BCBAs, BCaBAs and QBHPs. The July 2019 capacity survey was used to calculate the number of ABA professionals per 10,000 Medicaid eligible per county (first column of the table below). The results are misleading because they don't account for staff shared across county lines, or the number of FTEs available.

Another method to assess network capacity is to determine how many people live within reasonable driving distance of a provider. The second column below indicates the percent of eligibles within 20 minutes or 20 miles of an ABA service provider office. Again, these results are misleading because many ABA services are provided in the home.

Regardless, these data were compared to ABA utilization data. The table below did not reveal any striking patterns between network availability and ABA utilization. If better data on network capacity were available, we could better assess any ways in which network capacity affects utilization of ABA services.



Table 11: Network Availability, ABA Penetration, and ABA Service Intensity by County:

	BCBAs, BCaBAs and QBHPs per 1,000 eligibles	% eligibles within 20 minutes or 20 miles of an ABA service provider office	Unduplicated Cases per 1000 (SUE)	Annual Units Per Case (SUE)	% initial diagnostic evaluations with Autism diagnosis (tableau)
Barry	0.13	97.4%	8.00	216.00	29.5%
Berrien	0.74	96.9%	5.40	1885.00	42.9%
Branch	1.10	0.0%	8.80	716.00	71.4%
Calhoun	0.14	84.9%	4.10	1291.00	51.0%
Cass	0.98	21.9%	3.50	602.00	54.2%
Kalamazoo	0.83	99.9%	4.10	1300.00	49.3%
St Joseph	0.49	31.4%	3.10	1140.00	45.0%
Van Buren	1.55	100.0%	4.10	1015.00	65.0%

## Summary and Recommendations

The workgroup was able to confirm that within the SWMBH region, there is significant variation in ABA service penetration rates, autism diagnostic assessment outcomes, and intensity of ABA services delivered. ABA penetration rates vary by county from 3.1 to 8.8 per 1,000 eligibles in the SWMBH region. Some SWMBH counties provide a higher-than-state-average amount of ABA units per Medicaid-eligible, while others provide a lower than average amount. Overall, SWMBH's ABA utilization is lower than the state average, but services continue to be overspent. Implementation of measures to increase consistency in access to and intensity of ABA services may result in higher spending, not lower. Regardless, the workgroup is recommending that steps be taken to ensure consistency in the regional benefit for ABA services and align ABA needs with intensity of services.

Service intensities of ABA treatment vary by CMH and by ABA Provider. **Specific medical necessity guidelines for determining ABA service intensity should be developed and implemented to indicate recommended amount, scope, and duration of ABA services based on a child's presenting needs.** Summit Pointe has been developing a set of guidelines that will be considered for regional implementation. The guidelines assess seven domains to generate service recommendations for both types and intensities of ABA services. Implementation of this, or any model, regionally will require thoughtful consideration regarding implementation, training, monitoring, and override or exception processes. **Additionally, individuals making medical necessity determinations for ABA services should be specifically trained in medical necessity for ABA services. Denials of ABA services, or approvals of fewer services than requested, should be made by a practitioner with the ability to supervise ABA services for Michigan Medicaid (i.e., BCBA, QBHP).**

Steps should also be taken to ensure equitable access to ABA services at the intake point. These include:

1. implementation of a regional standard screening process prior to completing a full diagnostic evaluation,
2. policy on provider credentials and experience required for completing Autism diagnostic assessments,
3. establishment of continuing education, inter-rater reliability standards, and/or peer review processes for the ADOS-2, or

4. resource sharing utilizing a central pool of qualified and experienced Autism assessors.

Table 12: Recommendations

	Finding	Recommendation	Target Date
<b>Screening prior to conducting full Comprehensive Diagnostic Evaluation for ASD</b>	Screening practices prior to authorization and referral for Comprehensive Diagnostic Evaluations for ASD vary. SWMBH's rate of negative (non-ASD) outcomes on diagnostic evaluations is higher than state average, indicating that the region is conducting diagnostic evaluations that could be prevented through initial screening.	Develop and institute a process to screen for symptoms and presenting concerns indicative of an ASD diagnosis, prior to authorizing and referring for a full diagnostic evaluation.	March 1, 2019
<b>Comprehensive Diagnostic Evaluation reliability</b>	Inter-rater reliability checks, peer review, continuing education, and clearly defined experience standards for Comprehensive Diagnostic Evaluations do not exist.	Implement clinical recommendations regarding ASD diagnostic evaluations. Consider resource sharing utilizing a central pool of qualified and experienced Autism assessors.	March 1, 2020
<b>Alignment of Severity of Illness with Intensity of ABA Services</b>	Average service intensities for ABA treatment vary by CMH, and by ABA Provider. ABA service amount, scope, and duration is not consistently reflective of need.	<ul style="list-style-type: none"> <li>- Implement medical necessity guidelines for determining ABA service eligibility and intensity.</li> <li>-Train all staff making medical necessity determinations for ABA services in Medicaid Provider Manual requirements for ABA, and in assessing amount, scope, and duration of services.</li> <li>-Denials, or authorizations of ABA services in an amount, duration, or scope that is less than requested, should be made by BCBA's or QBHPs.</li> </ul>	January 1, 2020



## Appendix 1:

**Table 13: Number of Persons Served in ABA Treatment – Region, by CMH, and by Provider, Calendar Years 2017-2019**

Region	2017	2018	2019 Q1&Q2
Average Individual ABA Treatment Hours/Week SWMBH Region	13.9	15.4	15.4
Annual Served in ABA Treatment SWMBH Region	302	408	329

Annual Served in ABA Treatment By CMH	2017	2018	2019 Q1&Q2
Barry	17	24	10
Berrien	73	104	88
Branch	37	42	36
Calhoun	40	58	53
Cass	7	14	8
Kalamazoo	59	91	85
St. Joseph	13	20	18
SWMBH MH	27	17	3
Van Buren	28	37	28

Annual Served in ABA Treatment By Provider	2017	2018	2019 Q1&Q2
Barry	19	26	10
Braintrust	62	69	56
Centria	77	129	116
Lighthouse	2	10	11
Little Red Car	1	2	1
Logan	70	87	67
Novel Responses	13	7	6
Other	6	4	7
ROI	23	32	23
Spectrum	8	13	1
Summit Pointe	34	29	19
WMU	8	11	13

## Appendix 2:

Table 13: Workgroup Participants

Jill Bishop	Barry County CMH
Jarrett Cupp	CMHSAS of St Joseph County
Kathleen Morrill	CMHSAS of St Joseph County
Patricia Weighman	Integrated Services of Kalamazoo
Melissa Essig	Riverwood Center
Moir Kean	Southwest Michigan Behavioral Health
Rhea Freitag	Southwest Michigan Behavioral Health
Sean Field	Summit Pointe
Debra Hess	Van Buren CMH
<i>Contributors</i>	
Chris Harrity	Southwest Michigan Behavioral Health
Alona Wood	Southwest Michigan Behavioral Health
Jeremy Franklin	Southwest Michigan Behavioral Health



MHL Integrated Care Team,

I have reviewed with interest the recent MHL Beneficiary Experience Report which states in the introduction to the brief Behavioral Health Discussion "Behavioral Health participants were queried in Detroit only." I have to express my disappointment that other geographic areas and Beneficiaries involved in the Demonstration -- most especially ours in Region 4 Southwest Michigan Behavioral Health -- were excluded from the 8 focus groups and 12 telephone in-depth interviews. Further, our Demonstration Region covers eight counties not just Kalamazoo.

I see the exclusion of our Region from the Evaluation as dismissive of the hard work and results we and our two Integrated Care Organizations Meridian and Aetna Better Health have performed and achieved, as well as a serious flaw in the methodology of the Demonstration Evaluation overall.

Thank you for considering my views.

Bradley P. Casemore, *MHSA, LMSW, FACHE*  
Executive Officer

**MICHIGAN MI HEALTH LINK  
BENEFICIARY EXPERIENCE CONSUMER  
FOCUS GROUPS AND INTERVIEWS**

**EXECUTIVE SUMMARY OF KEY FINDINGS**

This summary provides an overview of the results of qualitative research regarding the experience of MI Health Link beneficiaries which was conducted by Alan Newman Research on behalf of the Centers for Medicare & Medicaid Services (CMS) in June of 2019.

The overall objective of this research was to better understand the beneficiary experience in the MI Health Link demonstration in Michigan. In Michigan, three target audience segments were queried, including Medicare-Medicaid Plan (MMP)/MI Health Link enrollees who:

- Make use of Long-Term Services and Supports (LTSS)
- Make use of Behavioral Health (BH) services
- Have many different characteristics but do not use LTSS or BH services (referred to as “General” enrollees for the purposes of this research)

Participants were recruited for this research from lists of MI Health Link plan enrollees provided by the state. A total of 66 participants were queried across all groups. Of the 66 participants, 14 were LTSS, 10 were BH, and 42 were General. In addition to current enrollment in a participating MI Health Link plan, participants represented mixes of the following: MI Health Link plan membership, MI Health Link enrollment duration, health conditions, gender, age, education, and ethnicity.

In order to accomplish the research objectives, eight in-person focus groups and twelve telephone in-depth interviews (IDIs) were conducted in Michigan. The research was conducted in three markets – Detroit, Kalamazoo, and the Upper Peninsula. In the Upper Peninsula, telephone IDIs were conducted instead of focus groups.

**Satisfaction with MI Health Link**

Overall, participants reported very high satisfaction with their MI Health Link plan experiences. This was true in Detroit, Kalamazoo, and the Upper Peninsula as well as across all three segments – General, LTSS, and BH. They rated their satisfaction on a scale of 1 to 5 (where 1 was *Not at all Satisfied* and 5 was *Very Satisfied*) – the vast majority rated theirs a 4 or 5. In addition to their high satisfaction ratings, the tone and content of their comments as they discussed their plan experiences were usually very positive. Almost no participants reported ever having a problem getting services or health care when they needed them.

**Key reasons for participants' high satisfaction with MI Health Link included the following**

- Access to quality health care providers, as well as additional benefits and services (e.g., dental, vision, behavioral health, transportation, health clubs, home modifications, health club memberships, etc.)
- Care coordination / care coordinators who help get their needs met
- Free over-the-counter medical supplies (bandages, incontinence pads, etc.)
- Full coverage for their medical care and most prescription drugs (no costs, including no copays)
- General peace of mind, reduction of health and financial anxiety

**Factors that diminished participants' satisfaction included the following, which were mentioned primarily in Detroit and Kalamazoo (but not in the Upper Peninsula):**

- Delayed access to care or prescriptions due to required pre-authorizations
- High turnover among care coordinators
- Limited dental coverage
- Negative experiences with non-emergency transportation services [e.g., lateness, long pick-up/drop-off windows] (Detroit only) and three-day lead time to schedule a ride (Detroit and Kalamazoo)]
- Non-coverage of certain prescriptions or treatments

#### **Initial Information about MI Health Link**

Most participants learned about MI Health Link via a letter "from DHS" - i.e., the Michigan Department of Health & Human Services. Other initial sources of information included a phone call (from unrecalled sources), professionals in support roles, a health care provider, or friends and family who already had this coverage.

#### **Care Coordination in MI Health Link Plans**

Many participants reported that the coordination of their care had multiple influences -- both personal (self, family, friends) and external (doctors, care coordinators, and sometimes other professionals).

However, the vast majority of participants reported with certainty that they had a care coordinator through their MI Health Link plan - and most were quite positive about theirs. A few either reported that they did not currently have a care coordinator - or they were not sure.

For most of those who had one, the care coordinator played a definite, memorable role in their lives. Participants almost always 1) knew who he or she was and 2) recognized that having a care coordinator was a benefit of being in the plan.

**Participants were usually very positive about their experiences with their plan care coordinator.** The majority had a care coordinator and heard from him/her regularly – most often by phone, but sometimes via home visit (in Detroit and Kalamazoo, but not in the Upper Peninsula). Care coordinators' frequency of contact and intensity of involvement depended on participants' level of need. Compared to most General participants, LTSS and some BH participants described the closest relationships with their care coordinators.

**While most reported satisfaction with their current care coordinator, a very few were less satisfied due to the following:** delays in returning calls, lack of follow-through on requests, youth/lack of experience, and too much or not enough contact.

**Participants described how their care coordinators help them with their care.** Consistently, the following were mentioned:

- Assessment of initial (at time of enrollment) and ongoing needs
- Assessment of potential needs for in-home and personal care services
- Assistance during care transitions
- Follow-up after doctors' appointments (and attendance at appointments, in a few cases)
- General emotional support
- Location of health care and service providers who accept the plan (providing lists, calling to set up appointments in a few cases)
- Medication management
- Offering of services that are available (even if these are declined, enrollee awareness is established, enrollee feels supported)
- Regular check-ins, usually by phone and sometimes in the home
- Reminders and encouragement to seek needed medical care and keep appointments

**In Detroit and Kalamazoo, participants reported that care coordinator turnover is relatively common, which they disliked and usually found disruptive.** In contrast, Upper Peninsula participants did not report frequent turnover – they had usually had the same care coordinator since one was assigned to them.

**The vast majority of participants was satisfied with the amount of contact they had with their care coordinators – i.e., they characterized it as “enough.”** However, a few said they were contacted too often, while a very few would like more contact from a care coordinator.

**Participants reported having no specific expectations of their care coordinator prior to working with one.** In fact, in some cases, they were surprised to be contacted by one and even suspicious of their calls. A few specifically said they would have liked more explanation from the plan – at the time of enrollment – about what to expect from a care coordinator. Ultimately, for most, the care coordinator experience exceeded what they expected from an insurance provider.



Without exception, participants said they could contact their care coordinators easily, and most had a direct phone number for theirs. Most participants were called regularly by their care coordinators, at a frequency ranging from monthly to every three or six months, and sometimes more often, depending on level of need.

Selected areas of care coordinator involvement were explored, including the following (presented here in order of special beneficiary interest):

- **Care transitions.** Several higher-need LTSS and BH participants had experienced care transitions, while only a few in the General segment had. Almost always, these were hospital-to-home transitions, although a very few had gone from the hospital to a rehabilitation center or skilled nursing facility first.

The extent of care coordinator involvement during care transitions seemed dependent on level of need. Higher-need participants' very involved care coordinators typically did support them at multiple points during these transitions. For example, according to one, *"When I had to go have surgery, she was there [in the hospital] all the way through, and then afterwards, she was there. She came to my house, set up all appointments, she did everything"* (LTSS, Detroit).

However, only a few of the lower-need participants (typically in the General segment) had experienced hands-on care coordinator support, while the rest had either relied on hospital and family assistance or had not needed help.

- **Coordinating with providers.** Most participants were not well aware of if or how their plan care coordinator worked with their providers or any other agencies that were involved in their care. If this was occurring, it seemed to be "behind the scenes" and not easily apparent to them. None described any problems or difficulties associated with care coordinators' collaboration with other support people in their lives.
- **Inappropriate billing.** Participants reported minimal billing issues since their plan enrollment - they had not needed much help from care coordinators in this regard. A very few had received bills, and usually they had resolved them on their own with a call to the provider or the plan. A very few had involved their care coordinators, who resolved the issue. Participants were universally aware that they had a zero-dollar copay, and many knew that this was printed on their card. Only a very few had ever needed to use the card's message to prove they had no copay, including one in Detroit who showed it at a pharmacy.

- **Appointments.** Higher-need participants who had close relationships with their care coordinators reported the most consistent follow-up about their doctors' appointments. A few in Detroit and Kalamazoo also said their coordinator had gone with them to medical appointments or had offered to do so.
- **Communication with service providers (transportation, medical equipment, etc.).** Participants said their care coordinators had informed them about services they could get and provided them with lists of participating service providers. Most knew (and felt confident) that their care coordinator would get involved in finding or communicating with these service providers if needed. Some higher-need participants had gotten help from care coordinators in this regard, while more self-sufficient participants did so on their own.
- **In-home and personal care services.** Almost without exception, due to care coordinator communication, participants knew that in-home or personal care services were available to them if needed. Most in the General and BII segment did not use these currently, while among LTSS beneficiaries, virtually all were using services like these.

#### **Individual Integrated Care and Support Plan**

The vast majority of participants reported having an Individual Integrated Care and Support Plan ("care plan") which accurately summarized the needs and goals they had discussed with their care coordinators. Attitudes about care plans ranged from enthusiasm to indifference, depending on the individual. Participants queried represented a mix of those who were highly, moderately, and not at all engaged with their care plans.

Participants who self-identified as "goal-oriented" enjoyed the process of making a care plan (including what they saw as collaborative goal setting) and were engaged with their plan. They said the care plan helped them to 1) more likely get the care they needed (e.g., physicals, dental, preventive screenings) and 2) stay focused on and motivated towards reaching their health and health care goals. Those less interested in their care plan felt it had little impact in this regard.

Most recalled signing their plan and mailing it back to the care coordinator. A few had signed and given it to their care coordinator in person during a home visit, and a few seemed to have given their verbal approval over the phone (they did not remember signing anything).

In most cases, if participants made any changes to their care plans, they did so during an annual assessment-oriented call with their care coordinator. Only a very few, who were much more engaged with their care plans than others, made ongoing proactive adjustments to it.

Most indicated that they had set (or at least talked about) goals during conversations with a care coordinator. They reported setting a mix of medical and more personal goals - e.g., "lowering my blood pressure" but also "to walk the dog more."

About half of those who had care plans said they tracked their progress toward meeting their goals. Primarily, they monitored their own progress (e.g., by weighing themselves). In some cases, care coordinators and health care providers were also involved.

### **LTSS Discussion**

LTSS participants also discussed topics that were relevant to the additional services they used. (LTSS participants were queried in Detroit only.) Most received personal care services -- especially for light housekeeping and meal preparation. Overall, they reported high satisfaction with (and appreciation for) the help they received. They reported almost no difficulties in getting the services set up and establishing a relationship with a personal caregiver, whether it was a paid family member or other home health worker. Several said their care coordinator had encouraged their family member to get approved as a caregiver.

Some LTSS participants had also received HCBS waiver services. These included modifications and equipment for safety (e.g. shower grab bars, railings on stairways, lift chairs). Participants said that the Area Agency on Aging authorizes these services. There was not extensive discussion of this topic -- but all were positive about the work or items they received, and none reported any problems or concerns related to getting them.

### **Behavioral Health Discussion**

BH participants discussed selected topics related to the BH-specific services they used. BH participants were queried in Detroit only.

BH participants reported mixed satisfaction with their BH services. They appreciated affordable access to therapy and the psychiatric medication that they needed, and several said they were getting valuable help since being enrolled. However, some were lukewarm about the overall quality of mental health care that was available to them and concerned about turnover among participating counselors/therapists.

All said they called the plan directly to set up behavioral health care -- their MI Health Link care coordinator had not been involved. A few said their care coordinator had provided them with a list of numbers to call for services. Most were not aware of collaboration between their care coordinator and their behavioral health case manager/caseworker (if they had one). However, a few were -- they said the two did connect and kept each other apprised of their situation.

### **Impact of MI Health Link on Health, Well-Being, and Quality of Life**

In summary, virtually all participants felt that being enrolled in a MI Health Link plan had positively affected their lives. Most said their quality of life had improved since enrolling, that

they took better care of themselves, and that they were encouraged to do so by the plan and their care coordinators. Relevant participant comments included the following:

- ✦ *"I wouldn't have any health insurance if it weren't for the plan. It's been really, really good."* (General, Upper Peninsula)
- ✦ *"Now I don't have the copay, so I'm more apt to do my preventive care, which makes you feel better in the long run."* (BII, Detroit)
- ✦ *"It totally saved my life. That's all I know."* (General, Detroit)

Ultimately, participants were relieved to have access to health care without financial barriers, stress, and anxiety.



2019 SWMBH Board Member & Board Alternate Attendance												
Name:	January	February	March	April	May	June	July	August	September	October	November	December
<b>Board Members:</b>												
Robert Nelson (Barry)												
Edward Meny (Berrien)												
Tom Schmeizer (Branch)												
Patrick Garrett (Calhoun)												
Mary (Mae) Myers (Cass)												
Moses Walker (Kalamazoo)												
Angie Price (St. Joe)												
Susan Barnes (Van Buren)												
<b>Alternates:</b>												
Robert Becker (Barry)												
Nancy Johnson (Berrien)												
Jon Houtz (Branch)												
Kathy-Sue Vette (Calhoun)												
Karen Lehman (Cass)												
Patricia Guenther (Kalamazoo)												
Cathi Abbs (St. Joe)												
Angie Dickerson (Van Buren)												

as of 10/11/19

Timothy Carmichael (St. Joe)												
James Blocker (Calhoun)												
Anthony Heiser (St. Joe)												

Green = present

Red = absent

Black = not a member

Gray = meeting cancelled



## Press Release

**FOR IMMEDIATE RELEASE:** Oct. 21, 2019

**CONTACT:** Lynn Sutfin, 517-241-2112, [SutfinL1@michigan.gov](mailto:SutfinL1@michigan.gov)

### **MDHHS announces Section 298 pilots have come to an end**

LANSING, Mich. – Today, the Michigan Department of Health and Human Services (MDHHS) announced the end of the Section 298 pilots following the governor's veto and the pilot participants' inability to reach an agreement on a path forward.

"These pilots were supposed to be built on agreement among all participants," said Robert Gordon, MDHHS director. "After years of work to reach consensus, it has become clear that agreement will not be reached. We remain committed to making our behavioral health system work better for all Michiganders, and it is time to look for new ways to achieve this goal."

The Section 298 Initiative was a statewide effort to improve the integration of physical health services and specialty behavioral health services in Michigan. It was based upon Section 298 in Public Act 268 of 2016. The Michigan legislature approved a revised version of Section 298 as part of Public Act 207 of 2018.

As part of the initiative, the Michigan legislature directed MDHHS to implement up to three pilots to test the financial integration of Medicaid-funded physical health and specialty behavioral health services. The pilots were announced in March 2018 and were to be implemented by Oct. 1, 2019. Implementation was delayed to Oct. 1, 2020 to allow more time to complete design of a financial integration model.

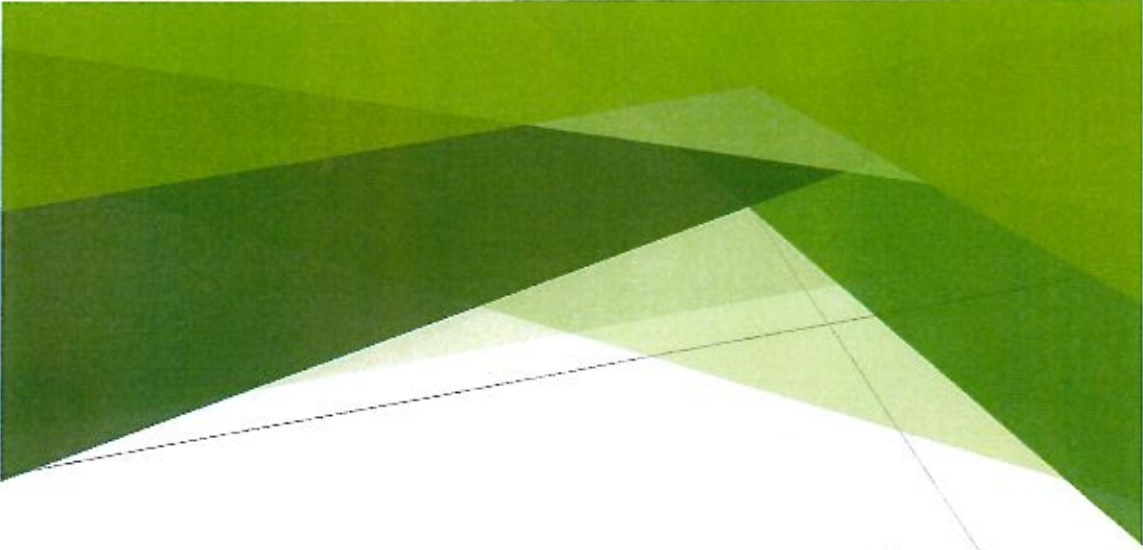
However, the parties ultimately could not agree on two fundamental issues, the automatic statewide scaling of the model and startup costs. Despite the cancellation, Gordon said much has been learned from the Section 298 pilot design development process that will inform future redesign efforts.

"In the coming weeks, I will be sharing the department's vision for a stronger behavioral health system," he said. "Designing a system that works for all Michiganders will take careful planning and extensive collaboration with legislators, families and individuals served by the system and stakeholders. Through this process, we can chart a commonsense path that improves Michiganders' lives."

[298 ended NR.pdf](#)







# Michigan Consortium for Healthcare Excellence 2019 Annual Member Meeting November 7, 2019 Time: 12:30 - 1:30pm

Please join the meeting from your computer, tablet or smartphone:

Call in number: 1-888-585-9008, 379-796-572#

Zoom (Webinar) Link: <https://zoom.us/j/242996485>

\*Invitees are Regional Entity and Stand-alone CMH/PIHP Board Members

# Michigan Consortium for Healthcare Excellence





## Meeting AGENDA

- ▶ Convene the Annual Meeting of the Members (Annette Downey)
- ▶ Welcome and Introductions
- ▶ MCHE Preceding Year Activity (Annette Downey)
- ▶ MCHE Plans and Recommendations (Brad Casemore)
- ▶ Questions/Discussion (All)
- ▶ Adjournment
- ▶ MCHE Bylaws included in packet



## Meeting PURPOSE

- ▶ To fulfill Bylaws obligation Article IV, Section 1 and Article VIII, Section 5.5 (Activities for the preceding year and recommendations for ensuing year)
- ▶ To make acquaintance with colleagues
- ▶ To review recent MCHC activities, pursuits and plans
- ▶ To solicit conversation about the future purposes and roles of MCHC

## MCHE Purpose: Bylaws Article II

- To improve the health and welfare of Michigan youth, adults, families and communities facing problems associated with behavioral health and related issues;
- To interpret to the community, the Legislature, the Governor and relevant executive departments and regulatory agencies, including, but not limited to, the Michigan Department of Health and Human Services, the problems and needs of individuals and communities resulting from behavioral health needs and related issues to assist in mobilizing necessary resources to meet these needs;
- To monitor and influence public policy-making related to individuals and communities facing problems resulting from behavioral health and related issues;
- To promote prevention, treatment, and recovery services for behavioral health and related needs in Michigan recognizing the value of local service delivery;
- To seek and secure alliances, initiatives, and partnerships with similarly focused organizations for the purpose of improving population health in Michigan;
- To collect, analyze, utilize and disseminate data and other information including but not limited to operational and outcomes data regarding prevention, treatment and recovery services within behavioral health programs and related issues in Michigan;



## Preceding Year Activities

- ▶ Completed work of a state-wide federal managed care regulatory change management work group
- ▶ Identification and pursuit of additional business line - Michigan Department of Corrections substance use disorder community services for supervisees (parolees and probationers) - still under consideration and discussion with MDHHS and MDOC
  - ▶ Joint purchase of Project Director temporary services
- ▶ Group purchase of web-based Team Portal service
  - ▶ Administrative Agreement with a Member for support
- ▶ Group purchase of utilization management solution - "MCG"
- ▶ Installation of Provider Review Reciprocity Policy, Procedures and Portal
- ▶ Installation of Direct Care Worker (and others) training: Records Reciprocity and Portal
- ▶ Shared Group Purchase of Legal Action Center ([www.lac.org](http://www.lac.org)) Technical Assistance for the entire State



## Value to Whom?

- ▶ Our primary duty is to our Regional Entity - PIHP Board (The MCHIE Members); to our PIHP Agencies; PIHP Communities; CMHSP Boards; and Substance Use Disorder Oversight Policy Boards
- ▶ Duty to constituent CMHSPs and counties for affiliated PIHPs
- ▶ Duty to PIHP funder DHHS
- ▶ Duty to state legislators as the people's elected representatives
- ▶ Duty to Advocate Group Representatives

# Strategic Plans - Overview

- ▶ Provide Visible Value
- ▶ Remain Person and Community Focused
- ▶ Enhance System Knowledge, Benchmarking and Performance Improvement
- ▶ Expand Business Lines
- ▶ Reduce unnecessary or duplicative System Administrative Expenses
- ▶ Provide Public Policy Leadership, Legislative Education and Advocacy

# Strategic Plans - 2020

- ▶ Parity & Utilization Management - Assure (prove) state wide parity compliance amongst and between behavioral health and physical health services and across PIHPs/CMHSPs/Providers. Adopt state wide common Utilization Level of Care Guidelines, Service Selection Guidelines, and Functional Assessment Tools.
- ▶ Pursue Related Public Business - Identify, pursue and provide benefits management and related functions for health and human services and social determinants of health public agencies.
- ▶ Proofs of Performance - Establish and maintain a state wide effort for data, information, reports and briefings on the performance, outcomes and value of the PIHPs and public behavioral health system.
- ▶ Public Policy, Legislative Education and Advocacy - Develop and maintain a credible, visible and effective public policy/legislative education and lobbying effort, primarily for state legislators and secondarily for federal legislators for prioritized issues in behavioral health and related, including but not limited to SAPT.
- ▶ Reduce Overall Administrative Expenses - Identify and implement group efforts, group purchases and shared services to reduce system administrative expenses



# Strategic Plans - 2020

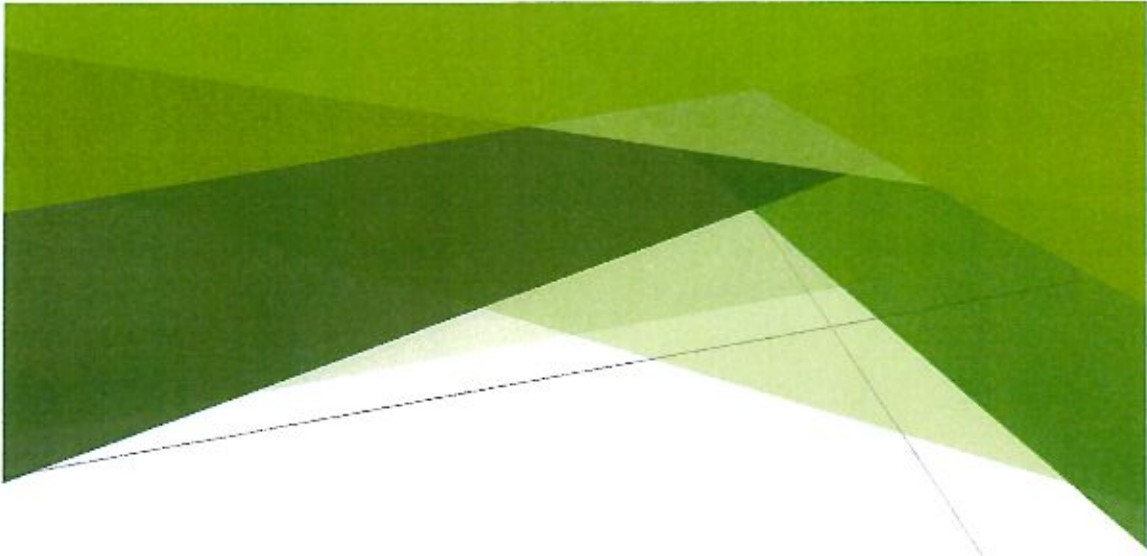
- ▶ Administrative Service Organization - Incorporate one or more PIHP roles or functions into MCHC to perform state - wide to reduce costs and enhance efficiency. Examples include credentialing, provider site reviews, Member Services, provider training reciprocity, communication portal. Application purchase and maintenance, provider rate analysis and modification, software services group purchasing, value-based purchasing, subject matter expert engagement and sharing, Fair Hearing legal support, etc. Develop and host technical assistance subject matter expert meetings/seminars for PIHPs, CMHSPs, Providers. e.g., NCQA, Healthcare Data Analytics, managed care operations best practices, ED Diversion practices, Value Based Purchasing and Incentives in Medicaid, offer management of Medicaid FFS population, etc.

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- ▶ Policy Recommendations Support - Adopt and champion one or more 298 Policy Recommendations to lead, co-lead and/or resource with funds and/or personnel.



## Feedback & Thoughts???





STATE OF MICHIGAN

GRETCHEN WHITMER  
GOVERNOR

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LANSING

ROBERT GORDON  
DIRECTOR

November 1, 2019

Mr. Bradley Casemore, CEO  
Southwest MI Behavioral Health – Region 4  
5250 Lovers Lane Ste. 200  
Portage, MI 49002

Dear Mr. Casemore:

Thank you for the cooperation extended to the *Office of Recovery Oriented Systems of Care (OROSC)* staff, during the September 9, 2019 site visit at *Southwest MI Behavioral Health*.

**PRESENT AT THE SITE VISIT**

Southwest MI Behavioral Health:

Joel Smith, Director  
Achilles Malta, Prevention Coordinator  
Cathy Hart, SOR Coordinator  
Garyl Guidry, Budgets  
Anastasia Miliadi

OROSC:

Alicia Goodman, Project Coordinator-  
State Targeted Response (STR)  
Foua Hang, Project Assistant-STR

Wayne State University:

Rachel Kollin, Project Manager SOR/STR  
Danielle Hicks, Project Manager State  
Opioid Response (SOR)

The purpose of the grant year two site visit was to verify that *Southwest MI Behavioral Health's State Targeted Response (STR)* grant activities and funds for opioid use disorder are in compliance with federal and state requirements to support prevention, treatment and recovery activities.

After careful consideration and review of the requirements and documentation submitted, we have determined that Southwest MI Behavior Health's activities are in compliance.

**STR REQUIREMENTS**

Prepaid Inpatient Health Plans must utilize funds within programs for individuals with opioid use disorder in order to fulfill federal and state funding requirements. STR funds are distributed to increase the availability of prevention, treatment and recovery services designed for individuals with an opioid use disorder (OUD).

Mr. Bradley Casemore, CEO

Page 2

November 1, 2019

The State Targeted Response grant require the following services must be included:

1. Support access to healthcare services, including services with healthcare providers to treat opioid use disorders.
2. Purchase naloxone for distribution in high need communities and train others on the use of naloxone.
3. Integrate health information technology programs to support identification of patients with an OUD and engage them in treatment.
4. Providers document and provide evidence based programs for their services.

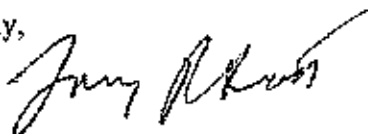
#### **SITE VISIT FINDINGS**

Currently, Southwest MI Behavioral Health has all the necessary tools in place to manage, maintain and report on the STR activities and data from their provider network. Their providers will screen individuals to assess their needs and provide or make referrals for interventions as needed for individuals with an opioid use disorder.

We greatly appreciate Southwest MI Behavioral Health's preparation for the site visit and their commitment to provide our staff with the necessary documentation.

If you have any further questions, please contact Alicia Goodman, Project Coordinator-STR at 517-335-3451 or [goodmana3@michigan.gov](mailto:goodmana3@michigan.gov).

Sincerely,



Larry P. Scott, Director  
Office of Recovery Oriented Systems of Care

LPS/ag

Enclosure (if applicable)

c: Angie Smith- Butterwick  
Alicia Goodman  
Joel Smith



## How to be a successful ADVOCATE



**Testimony at**

**House Health and Human Services Appropriations Sub-Committee November 6, 2019**

**The Honorable Mary Whiteford, Chair**

**Bradley P. Casemore, CEO Southwest Michigan Behavioral Health and Joe Sedlock, CEO**

**Mid-State Health Network**

**Introduction**

Greetings Chairwoman Whiteford and Committee Members. I am Bradley Casemore, CEO of Southwest Michigan Behavioral Health. I am joined by Joe Sedlock, CEO of Mid-State Health Network. We represent two of the ten Michigan Prepaid Inpatient Health Plans (PIHPs) which collectively serve more than 325,000 persons with Medicaid and Healthy Michigan Plan coverage recovering from a severe mental illness (adults), serious emotional disturbance (youth), Autism Spectrum Disorder, Intellectual / Developmental Disability (one of the most vulnerable and costly populations) or Substance Use Disorder. Our scope also includes individuals in what is referred to as "fee for service" Medicaid, also known as the "Health Plan Unenrolled" population.

PIHPs are benefits managers with responsibility for Access, Quality Assurance-Performance Improvement, Program Integrity-Compliance, Customer Services, Provider Network Management, Information Systems-Information Technology, Utilization Management, Finance and Accounting, and other roles as guided by federal regulations and the 728-page MDHHS-PIHP Agreement which you see before you here.

From October 2002 through December 2013 there were 18 PIHPs. The state-mandated move from 18 to 10 PIHPs, 7 of which were required to be brand new organizations known as Regional Entities under Mental Health Code 330.1204b, was complex, expensive and caused lost momentum in PIHP and CMHSP healthcare information exchange, healthcare data analytics, and integration & quality efforts. We suggest that policy leaders avoid underestimating the costs and timeframes related to significant system change, and to recognize that the number of PIHPs in and of itself is not directly related to improved outcomes or reduced costs; the roles and responsibilities specified in the PIHP Agreement must be effectively and efficiently performed regardless of the number of PIHPs.

With the consolidation into the new PIHPs in 2014 came PIHP responsibility for the substance abuse treatment and prevention activities of many types and several hundred million dollars, previously performed by the Coordinating Agencies. PIHPs stand at the forefront of the response to Michigan's opioid crisis.

PIHPs have readily accepted all roles determined and expanded by MDHHS. Our system has successfully evolved over decades of legislative and executive branch led initiatives resulting in the design and engineering of today's system. While there is always room for

improvement hundreds of thousands of individuals every year find success in their recovery from one or more behavioral health disorders, achieve improvements in their quality of life, have their housing, food and income insecurities addressed, and enjoy full participation in their communities. These gains are a direct result of the efforts and successes of many contributors, including persons served, their loved ones and allies, and the PIHP-led Medicaid public behavioral health system. ***What matters now is well-meaning knowledgeable and dedicated people working together to improve the public specialty behavioral health system to better address the imperatives and realities of tomorrow – not of today and not of yesterday.*** We and our PIHP colleagues stand ready to continue to be constructive and productive contributors to improvement efforts in an atmosphere which focuses on achieving well-defined health and specialty behavioral health outcomes of value to the citizens of our state.

Michigan's public behavioral health system is a national leader. Elements which distinguish Michigan's public behavioral health system for the benefit of persons served and taxpayer value, include but are not limited to a. local governance and accountability; b. all savings remain in the community for services; c. lack of expensive marketing and competitive edge expenses; d. system-wide collaboration amongst PIHPs with CMHSP partners and the state to share comparative data, improve systems and implement best clinical and administrative practices; and e. active identification, engagement and provision of supports and services to our most troubled citizens.

#### **PIHP Contributions**

PIHPs have hit their stride working with CMHSP partners and thousands of other providers to serve the citizens of our state to improve the public behavioral health system. Examples include significant enhancements in:

- Substance use disorder provider quantity and units of service since 2015, especially expansion of Medication Assisted Treatment (MAT).
- Autism Spectrum Disorder provider quantity, quality and units of service since the benefit was introduced and expanded.
- Efficiencies and cost reductions across the system such as
  - Implementation of state-wide inpatient psychiatric hospital review/audit sharing and recognition. We will soon be adding additional levels of care to this reciprocity.
  - Development and implementation of direct care worker training standards, tracking, sharing and recognition.
  - Establishment of a web-based state-wide PIHP communications and project management tool.
  - Collective purchasing arrangements resulting in reduced overall expenses.
  - Improving uniformity of benefit. In partnership with MDHHS PIHPs are taking individual and collective steps in using common assessment tools to improve

Parity and service consistency. This approach individualizes functional status with service needs, is complementary to person-centered planning and self-determination and is readily personalized based on changes in natural supports, health status, social determinants of health, and the needs, preferences and goals of persons served. PIHPs are establishing state-wide utilization criteria for inpatient psychiatric hospital services to improve access and consistency of services. Disparities in access and service levels seen across the state are no doubt due, in part, to the multi-year reductions in CMHSP General Fund, lesser availability of providers in low density population areas, and unpredictable Medicaid/Healthy Michigan funding from year to year.

- MDHHS and PIHPs have tentatively agreed that PIHPs and their substance use disorder treatment providers will soon inherit responsibility for parolees/probationers who require substance use disorder treatment from the Michigan Department of Corrections. This action which recognizes the value of PIHPs should save the State millions of dollars in General Fund outlays once fully implemented.

### Care Integration

Much has been said and written about care integration, both clinical and financial. Several prior Committee guests have shared views, including Mr. Betlach from Arizona. Varying financial integration models have been attempted across the nation, with mixed results. PIHPs have embraced care integration at the payer-payer, payer-provider and provider-provider levels for decades. Non-exhaustive evidence of this includes:

- Support for the many local community-based care integration initiatives, including but not limited to Certified Community Behavioral Health Clinics (CCBHC), the State Innovation Model (SIM), Opioid Health Homes (OHH), and nearly 750 other local care integration initiatives.
- Active support of shared contract language for PIHPs and Medicaid Health Plans (MHPs), including shared accountability for specifically defined population health improvements using national HEDIS measures.
- Partnership with Integrated Care Organizations (ICOs) with four PIHPs in the MI Health Link Duals (Medicare-Medicaid) federal demonstration.
- Material investment by PIHPs in healthcare information exchange with other payers and providers via national standard transactions and Michigan's Health Exchange Networks.
- Active PIHP support for the establishment, evolution and widespread use of the state data warehouse healthcare application known as Care Connect 360 (CC 360) to improve physical/behavioral healthcare coordination and health outcomes for persons served as well as to reduce avoidable healthcare services and costs.
- PIHP care coordination activities in collaborations with MHPs for persons with complex healthcare and social service needs.

- Ongoing system improvement efforts between all PIHPs and MHPs who have met frequently for several years resulting in with significant product and process improvements in healthcare status and costs.
- Numerous creative and effective PIHP, CMHSP, primary care, hospital and specialist collaboratives with multiple community partners too numerous to mention.

### **Principles for Change and Change Management**

As PIHPs, legislative and executive leaders work with persons served and their allies and advocates, CMHSPs and other behavioral health and physical health experts, we endorse the following key concepts as foundational for our public behavioral health system:

- Self-Determination
- Person-Centered Planning
- Trauma-informed competencies across the health and human services provider spectrum
- Public Governance
- Effective, plentiful and appropriately compensated workforce
- Meaningful involvement of person served in governance and management
- Leverage successful foundations and public investments; do not lose the precious resource of specialty behavioral health expertise we have in Michigan.
- Adequately fund system restructuring/reforms that occurs.
- Provide adequate time and resources for transition and evaluation.
- Address the large percentage of dual eligibles (Medicare and Medicaid) and large percentage of unenrolled ("fee for service") individuals in any reform efforts of the health system.
- Ensure that all systems (e.g., law enforcement, criminal justice, education, employment, housing, etc.) especially physical health payer and providers implement best practices in addressing social determinants of health, trauma-informed care, Adverse Childhood Experiences, and specialty populations bio-psycho-social care needs.
- Recognition of and payment for the service provision contributions of person served who are trained as Peer Support Specialists, Recovery Coaches, and provide reimbursement for proven care coordination and care integration activities.
- Person-first system reform which defines the health, behavioral health and social service outcomes desired by persons served and then Policy makers.
- A period of implementation and objective evaluation, with reforms found proven to be successful against those Aims implemented.

### **Policy Suggestions**

Legislative support of the following efforts and objectives via policy and funding and supporting a statutory and regulatory environment conducive to system change are:



- Create openings for unique public-private solutions.
- Assure adherence to all Mental Health Code and related Medicaid specialty populations guidelines.
- Enhance funding for MDHHS capacity and competencies in related policy and program change management tasks.
- Support establishment and use of Medicaid Care Coordination codes for PIHPs and CMHSPs.
- Continue policy and resource support for Healthcare Information Exchange (HIE) and healthcare data analytics.
- Continue policy and resource support for Specialty Courts.
- Consider revising Michigan's spend-down rules which are a barrier to access to care as well as federal funds.
- Consider revising jail status rules to reduce loss of Medicaid while incarcerated and not yet adjudicated.
- Continue Legislative support for Medicaid tele-health, direct care wage increases, healthcare professional education and training, recruitment and retention.
- Pursue fact-based reform designs. Remain attentive to the flaws and successes of other state's Medicaid reforms or privatizations and incorporate analyses of physical health status of specialty populations.
- Focus on desired outcomes, alignment of incentives, beneficiary choice, shared savings and other Alternative Payment Methods and increased accountability using current delivery system methods first. The types, amount and duration of emerging and effective care integration initiatives is very promising and should not be jeopardized.

On behalf of Michigan's PIHPs, we thank you for having us as well as for your interest in and support for the vulnerable specialty populations we serve.

Respectfully,

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