Southwest Michigan
BEHAVIORAL HEALTH

SWMBH Compliance Week 2023

Inside this issue:

SWMBH celebrates National Corporate Compliance Week every year the first part of November.

First beginning in 2005 to show a spotlight on the importance of Compliance and Ethics, the week highlights awareness to get employees thinking about compliance by planning activities for SWMBH employees to take part in throughout the week.

The SWMBH Compliance department hosts live and virtual training sessions to educate and recognize SWMBH staff for compliance success.

They hit on reinforcement and the different scenarios related to Healthcare Compliance to demonstrate that all levels of the organizations support a culture of compliance and ethics.

Pictured above are Mila Todd, Chief Compliance Officer, Brad Casemore, CEO, and SWMBH's Compliance Department, Alison Strasser, Ramiah Johnson and Jordan Reed.

If you have a compliance-related question or concern, or to file a compliance report, you can do so in the following ways. Contact Mila Todd, SWMBH's Chief Compliance Officer, email Compliance at swmbhcompliance@swmbh.org or report anonymously by calling 1-800-783-0914. You can also file a report directly with the MI Office of Inspector General, by using the information on their website: https://www.michigan.gov/mdhhs/inside-mdhhs/office-of-inspector-general/contact-us

Call Center Corner

Beth Guisinger, Director of Utilization Management

Level of Care and Medical Necessity Criteria

Southwest Michigan Behavioral Health (SWMBH) is committed to ensuring each Medicaid beneficiary receives the services best designed to meet their individual needs as identified through the Level of Care assessment process. Any individual requesting treatment services are screened for the most appropriate level of care based on their presented needs. The level of care placement tools currently being used as required by Michigan's Department of Health & Human Services (MDHHS) are the LOCUS (Level of Care Utilization System) for Behavioral Health, the ASAM-PPC (American Society for Addiction Medicine – Patient Placement Criteria) for Substance Use Disorders, and the CAFAS/PECFAS for children. To ensure adequate and uniformed benefits for members, SWMBH utilizes medical necessity criteria to ensure service authorization requests are appropriate and based on the medical need determined by the level of care principles and ensure the intensity of services provided are consistent with the severity of illness.

The current medical necessity criteria being utilized through SWMBH's Central Care Management and Outlier Management processes are MCG (Milliman Care Guidelines) for emergent behavioral health services and ASAM-PPC for substance use services. MCG and ASAM-PPC medical necessity criteria may be obtained by providers by request, if needed. To obtain the most current medical necessity criteria, **please contact the Utilization Management Provider line at (800) 676-0423. Press prompt 1 for Providers.**

MDHHS FY24 PIHP Performance Bonus Incentive Program

Douglas Stewart, Integrated Healthcare Specialist II

The Michigan Department of Health and Human Services (MDHHS) has released the annual Performance Bonus Incentive Program (PBIP) for fiscal year 2024. The program is designed to incentivize contractors to improve the quality of care provided to beneficiaries. The program has four pay-for-performance measures, each with a different weightage.

The description and deliverables for each measure are as follows:

1. New in fiscal year 2024 - Implement data-driven outcomes measurement to address social determinants of health (40 points): The contractor will analyze and monitor BHTEDS records to improve housing and employment outcomes for persons served. The measurement period is the prior fiscal year. The contractor will submit a narrative report of findings and project plans aimed at improving outcomes, no longer than two pages, by July 31, 2024. The narrative must address changes in employment and housing outcomes.

2. New in fiscal year 2024 - Adherence to antipsychotic medications for Older Adults Age 18 and older with Schizophrenia or Schizoaffective Disorder who were Dispensed and Remained on an Antipsychotic Medication for at Least 80 Percent of their Treatment Period (SAA-AD) (10 points): The contractor must participate in DHHS-planned and DHHS-provided data validation activities and meetings. PIHPs will be provided SAA-AD data and validation template by January 31, 2024, and within 120 calendar days, return the data validation template, completed, to DHHS.

3. Change from metric validation in fiscal year 2023 to decreasing racial and ethnic disparities in fiscal year 2024 - Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET) (50 points): The contractor will incentivize 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 beneficiaries who initiate treatment within 14 calendar days of the diagnosis. Contractors will incentivize to reduce the disparity between the index population and at least one minority group. The

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measurement period for addressing racial/ethnic disparities will be a comparison of calendar year 2022 with Calendar year 2023. The points will be awarded based on Contractor performance measure rates. Points will be divided evenly between Initiation and Engagement measures.

4. Increased participation in patient-centered medical homes (25 points): The contractor will submit a narrative report summarizing participation in patient-centered medical homes (or characteristics thereof). Points for Narrative Reports will be awarded on a pass/fail basis, with full credit awarded for submitted narrative reports, without regard to the substantive information provided. *(1)*

MDHHS continues to place emphasis on Joint Performance Metrics regarding the Integration of Behavioral Health and Physical Health Services. To ensure collaboration and integration between Medicaid Health Plans (MHPs) and the Prepaid Inpatient Health Plans (PIHP), the State has developed the following joint expectations for both entities. There are 100 points possible for this initiative. The reporting process for these metrics is identified below and that care coordination activities are to be conducted in accordance with applicable State and federal privacy rules.

The following are the Category Description and Deliverables:

1. Implementation of Joint Care Management Processes (35 points) **Additional expectation in fiscal year 2024 to develop process to identify at-risk minors and coordinate care with MHPs -** Collaboration between entities for the ongoing coordination and integration of services. Each MHP and Contractor will continue to document joint care plans in CC360 for beneficiaries with appropriate severity/risk, who have been identified as receiving services from both entities. Risk stratification criteria is determined in writing by the PIHP/MHP Collaboration Work Group in consultation with the State. Plans will submit an unscored narrative (no more than three pages) describing the process in place for identifying minors with appropriate severity/risk and providing care coordination of the population. Due

August 1, 2024.

2. Follow-up After Hospitalization (FUH) for Mental Illness within 30 Days using HEDIS descriptions (40 points) The percentage of discharges for beneficiaries six years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with mental health practitioner within 30 Days.

The Contractor must meet set standards for follow-up within 30 Days for each rate (ages 6-17) and (ages 18 and older). The Contractor will be measured against an adult minimum standard of 58% and a child minimum standard of 70%. Measurement period will be calendar year 2023. The points will be awarded based on MHP/Contractor combination performance measure rates. (20 points)

Data will be stratified by race/ethnicity and provided to plans. The Contractor will be incentivized to reduce the disparity between the index population and at least one minority group. Measurement period for addressing racial/ethnic disparities will be a comparison of calendar year 2022 with calendar year 2023. The points will be awarded based on Contractor performance measure rates. (20 points)

3. Follow-Up After (FUA) Emergency Department Visit for Alcohol and Other Drug Dependence (25 points)
Beneficiaries 13 years and older with an Emergency Department (ED) visit for alcohol and other drug dependence that had a follow-up visit within 30 days. Data will be stratified by the State by race/ethnicity and provided to plans. The Contractor will be incentivized to reduce the disparity between the index population and at least one minority group. Measurement period for addressing racial/ethnic disparities will be a comparison of calendar year 2022 with Calendar year 2023.

See MDHHS reporting requirement website for measure specifications (query, eligible population, and additional details) and health equity scoring methodology, *at MDHHS – Reporting Requirements (michigan.gov)*

(1) https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Keeping-Michigan-Healthy/Mental-Health/Reporting-Requirements/PBIP_FY24.pdf

Long-term Services and Supports (LTSS) Reporting

Alena Lacey, Director of Quality Management and Clinical Outcomes

Long-term services and supports (LTSS) assistance with an individual's everyday activities of living to help them remain as independent as possible. LTSS services are provided to persons of all ages with disabilities, functional limitations, and/or chronic illnesses who need additional support with the primary purpose of supporting the ability of the beneficiary to live or work in the setting of their choice.

CMS regulations at 42 CFR § 438.66(e) require states to submit a Managed Care Program Annual Report (MCPAR). As part of the MCPAR reporting, we are required to identify an LTSS user for several reasons. Those reporting requirements are: appeals and/or grievances filed on behalf of LTSS users, the number of critical incidents filed during the reporting period by (or on behalf of) an LTSS user who previously filed an appeal and/ or grievance, resolved appeals related to long-term services and supports (LTSS). For this report, an LTSS user is defined as an enrollee who received at least one LTSS service at any point during the reporting year (regardless of whether the enrollee was actively receiving LTSS at the time that the grievance was filed).

To help identify members who are receiving LTSS services, listed are some of the services provided under Medicaid long-term services and supports:

- Care Coordination
- Chore Services (services to maintain a clean living environment)
- Community Living Supports (promote participation in the community)
- Home Delivered Meals
- Home Modifications
- Nursing Services
- Personal Emergency Response Systems
- Respite Services

Please see this website for more information: Managed Long-Term Services and Supports (MLTSS) (michigan.gov). Please reach out to SWMBH with any questions about LTSS reporting.

Clinical Practice Guidelines

Southwest Michigan Behavioral Health (SWMBH) reviews, disseminates, and implements Clinical

Practice Guidelines that are consistent with the regulatory requirements of the Michigan Department of Health and Human Services (MDHHS) Specialty Services Contract and Medicaid Managed Care rules. SWMBH and its Medicaid subcontracted provider network have adopted these guidelines. It is policy that the employees of SWMBH, the CMHSPs, and the provider network must assure that decisions with respect to utilization management, member education, coverage of services, and other areas are consistent with the Clinical Practice Guidelines. SWMBH assures that information related to the guidelines is made available to members and providers. All practice guidelines adopted for use are available on the SWMBH website and can be found here: Documents & Resources | Southwest Michigan Behavioral Health (swmbh.org) and Policies & Practice Guidelines (michigan.gov)
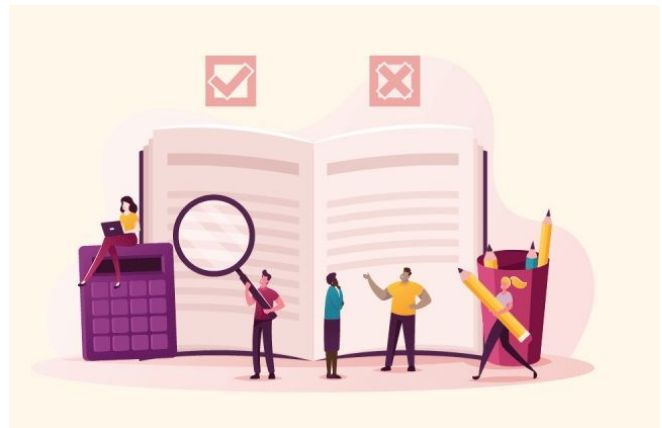
SWMBH's adopted practice guidelines include:

- Person-Centered planning Practice Guideline
- Family-Driven and Youth-Guided Policy and Practice Guideline
- Housing Practice Guideline
- Consumerism Practice Guideline
- Personal Care in Non-Specialized Residential Settings Practice Guideline
- Inclusion Practice Guideline
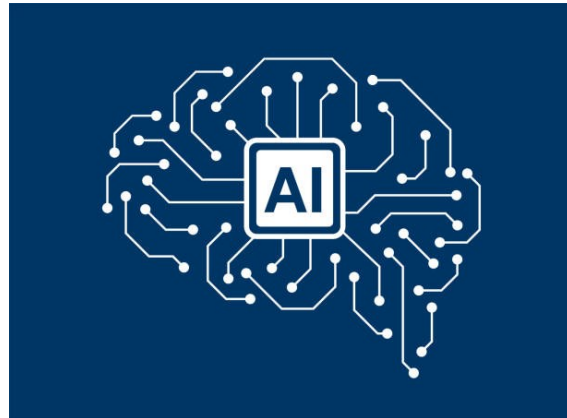- Employment Works! Policy

Artificial Intelligence for Healthcare

Natalie Spivak, Chief Information Officer

Artificial Intelligence is the simulation of human intelligence processes by machines. AI has become a hot topic lately because the proliferation of digital connectivity is bringing more and more AI to every aspect of our daily lives. Today's world is increasingly characterized by connectivity, from people sharing information on cell phones and social media, to sensors that collect information and share it with other sensors connected to larger IT systems. AI is now used in healthcare to help diagnose patients, for drug "discovery and development," to improve physician-patient communication, and to transcribe medical documents. Other AI disciplines include language translation, sentiment analysis, chatbots, facial recognition, object detection, robotics, autonomous drones, and self-driving cars.

No matter how smart artificial intelligence appears to be it still needs to be used with caution. Generative AI tools, such as ChatGPT, are designed to understand and generate human-like text based on the input they receive. These tools are very good at proposing written content but may also contain biases and inaccuracies. The systems are only as accurate or as up to date as the information fed into them, and while they are very good at processing they still cannot actually think.

It's important to note that generative AI tools don't possess true understanding, consciousness, or awareness. These systems rely on patterns learned during training to generate re-

sponses but lack genuine comprehension or awareness of the meaning behind the words. Therefore, you should never input or upload any data that is confidential, propriety or protected by HIPAA or copyright laws. Never input passwords, personal information, protected health information or corporate intellectual property. Be cautious about sharing any personal information about yourself and your clients but do take advantage of the resources that can help you with your research and writing projects by using your own powers of reasoning and some actual fact checking to verify the AI tools you employ are correct.

New SWMBH Staff

Not Pictured: Shawn Krupianik, IT Operations & Technical Supports and Amy St. Peter, Clinical Projects & Grants Specialist

Austin Lemacks

SQL Programmer

Analyst

Kevin Mladic

Business Data

Analyst I

Upcoming Trainings

Rescheduled Ableism 102 1/22/24 Monday 5 hours with a 30 minute break. 10:00am-3:00pm. Space is limited to 40 seats**.** Certificate of attendance provided.

This workshop builds on the lessons of Ableism 101 to explore the next steps in dismantling ableism. We will dig deeper into the causes and impacts of ableism and how to create true inclusion. Participants will identify how they can fight ableism within their spheres of influence.

https://us06web.zoom.us/meeting/register/tZUqdOysrjkpHNOWkZ7LdnSR7vxK0E2_VHPK

Disability and Intersectionality 1/24/24 Wednesday 9:30am-12pm. Live virtual training. Intersectionality describes how people's overlapping identities impact their experiences with privilege and oppression. Presenters will define ableism, racism, sexism, classism, and other forms of oppression and discuss their impact on people with disabilities. We will look at ways to build a more inclusive society for all.

https://us06web.zoom.us/meeting/register/tZckcemsqjliHNf24oMyss2VrR597K6kl-Yw

Human Trafficking 2/2/24 Friday 2 hours. 9:00am-11:00am. Live virtual training. Human trafficking is a key issue of social, racial, and economic justice internationally and in the United States. Social workers are often well positioned to both intervene effectively in individual cases of human trafficking as well as to develop policies, which make human trafficking less possible in our communities.

https://us06web.zoom.us/meeting/register/tZEudO-trjMvHtYuKrTu7s6vi1tqKiaYN1zC

Implicit Bias 2/7/24 Wednesday 3 hours 9:00am-12:00pm. Live virtual training. Implicit bias is described as prejudices that unknowingly influence thinking and reaction to events and information. Implicit Bias negatively impacts the way people are treated by health professionals and the structural inequities in healthcare can be detrimental for people of color and other members of marginalized communities including those we support through MORC.   As MORC is committed to being the best and maximizing potential for those we support it is essential for us to engage in this inclusive experience and engaging learning experience. This three hour live/online instructor-led Implicit Bias Training includes large group discussions, interactive breakout rooms, challenging videos, and self-assessments. This training has been approved for 3 hours of Social Work CEUs.

Registration is being done utilizing the SWMBH Zoom platform only. One to two weeks prior to the training those registered will receive an email with directions and a link to finalize registration with MORC. Class size is limited to 55.

https://us06web.zoom.us/meeting/register/tZcufuCpqT4qH9c5ZlOKfITU9OpNz68ViG-y

Quality and Excellence through Partnerships

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Direct Number: 269-488-8922

WE'RE ON THE WEB!

WWW.SWMBH.ORG

Check out the SWMBH Provider Manual and Provider Directory, on our SWMBH website: www.swmbh.org. *The website contains information about the SWMBH policies and procedures as well as helpful information on topics such as provider responsibilities, customer rights, utilization management and other helpful material.*

Southwest Michigan Behavioral Health (SWMBH) is the Prepaid Inpatient Health Plan (PIHP) for eight Michigan counties, and is in partnership with the Community Mental Health (CMH) agencies of these counties. SWMBH, in partnership with the CMH's and local providers, provides mental health services to adults with severe and persistent mental illness, children with severe emotional disturbance, individuals with developmental disabilities, and individuals with substance use disorders. As the manager of services, SWMBH will make sure that services are provided to you based on your needs and goals and are within the guidelines set by the state of Michigan. SWMBH strives to ensure that you and your family members are treated with dignity and respect.

Do you wish to stay up-to-date on SWMBH Trainings? If YES, please submit your name and the organization you work for to traininginfo@swmbh.org with a request to be added to the training email list. This will allow SWMBH to send to you information on all the latest and greatest training/webinar opportunities.