FY2023 NETWORK ADEQUACY NARRATIVE REPORT

MAY 2024

EXECUTIVE SUMMARY

Lakeshore Regional Entity (LRE) is required to comply with Code of Federal Regulations (CFR) at 42 CFR Parts 438.68 and 457.1218 and MDHHS Network Adequacy Standards. MDHHS has developed specialty behavioral health time/distance standards and Medicaid enrollee-to-provider ratios for services congruent with community need and statewide strategic priorities. Services for adults include Assertive Community Treatment, Crisis Residential Programs, Inpatient Psychiatric, Opioid Treatment Programs, and Psychosocial Rehabilitation Programs (Clubhouses); for children, services include Crisis Residential Programs, Home-Based, Inpatient Psychiatric, and Wraparound Services. Time/distance standards are categorized by urban/rural geographies and frontier status and apply to all services. The enrollee-to-provider ratio standards apply to all services except inpatient psychiatric services.

The Network Adequacy Report includes Network Adequacy Standard Outcomes for Fiscal Year (FY) FY2023 (10/1/2022-9/30/2023) and provides a comprehensive evaluation of the LRE's network adequacy and strategic initiatives to enhance service availability and capacity and highlights the deficiencies and proactive measures being implemented to address these gaps.

SUMMARY OF NETWORK ADEQUACY OUTCOMES

ADULT SERVICES

- Inpatient services met the 100% standard across all counties.
- ACT and Crisis Res services were above 98% across all counties.
- OTP services ranged from 69% in Lake to 99% in other counties.
- Clubhouse services had 0% in Allegan, Lake, and Mason but 99% in other counties.

PEDIATRIC SERVICES

- Crisis Res services had significant variance, with Muskegon at 24% and others at 67% to 99%.
- Home-based, Wraparound, and Inpatient services were generally above 90% across all counties except Mason and Oceana for Crisis Res and Inpatient services, which were lower.

KEY INITIATIVES

Key initiatives include the planned implementation of Behavioral Health Homes (BHH) and Opioid Health Homes (OHH) in Region 3 starting in FY2025. These programs aim to expand integrated, person-centered care for individuals with serious mental illness and opioid use disorder. The BHH initiative focuses on improving health outcomes through coordinated services, while the OHH program aims to reduce opioid-related harms by integrating addiction treatment with physical and mental health services.

Additionally, the report outlines an expected increase in inpatient psychiatric bed availability in Region 3. Corewell Health Helen DeVos Children's Hospital is set to open a 12-bed pediatric medical psychiatric unit, the first of its kind in Michigan, to treat pediatric behavioral health patients with additional medical complexities. Additionally, Southridge Psychiatric Hospital, a UHS/Trinity Health joint venture, is scheduled to open in southwest Kent County in 2025, will add ninety-six adult and geriatric beds, with plans to include adolescent beds pending approval from the Michigan Department of Health and Human Services (MDHHS).

CHALLENGES

The report identifies significant challenges that LRE must address to improve network adequacy. One primary challenge is workforce shortages, particularly in rural areas, which impact the ability to deliver timely and effective services. Recruitment and retention of qualified healthcare professionals remain a critical issue, necessitating innovative solutions to attract and maintain a skilled workforce.

Another challenge is the need for enhanced infrastructure to support integrated care models. Implementing BHH and OHH requires substantial investment in technology and facilities to ensure seamless coordination of care. LRE must also navigate regulatory hurdles and secure adequate funding to sustain these initiatives over the long term.

LRE encountered significant barriers in reporting of FY23 Network Adequacy. MDHHS did not meet their stated deadlines for providing the updated reporting template/format. The changes in reporting requirements and format were more substantial than anticipated and deviated drastically from the methodology LRE had used in the past, particularly in the calculations of Time/Distance Standards.

LAKESHORE
REGIONAL ENTITY

TABLE OF CONTENTS

Executive Summary 1

Network Adequacy Standards 4

FY2023 Region 3 Total Enrollee Counts 4

Time & Distance Standards 4

Limited English Proficiency 6

Cultural Competence 9

Physical Accessibility 11

Timely Appointments 13

Expected Enrollment and Utilization 15

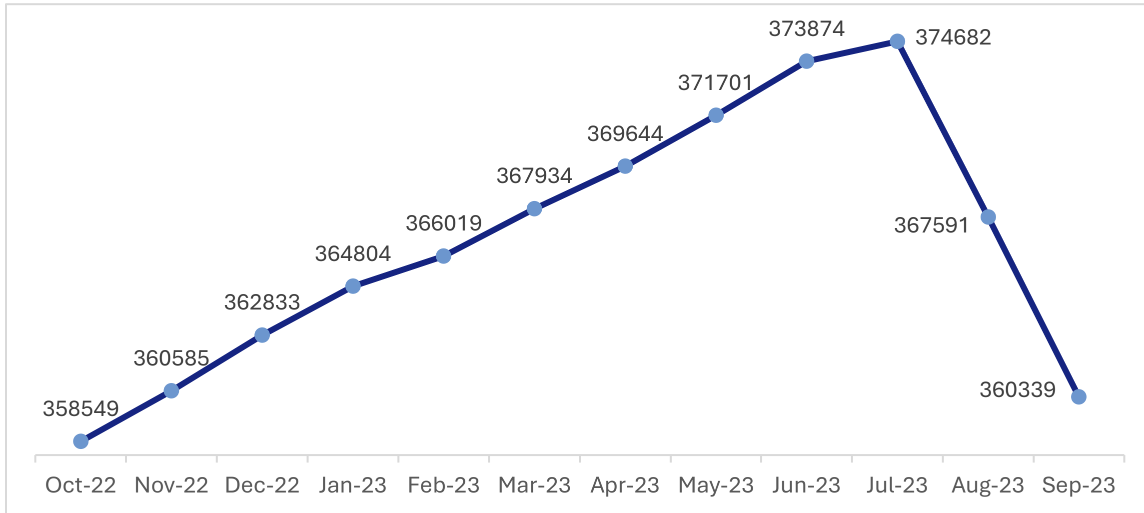
SUD Treatment Service Delivery 17

Additional Information 21

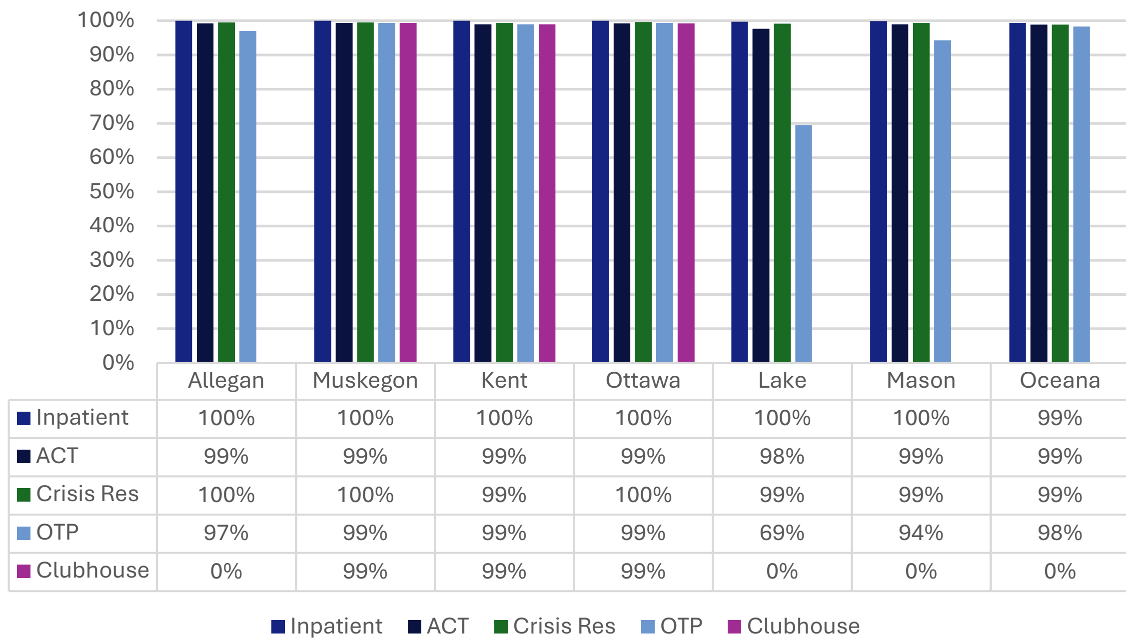
1. Specialized or Unique Services in Your Region 21
2. Strengths and Challenges of The PIHP and/or Provider Network 21
3. Successes and Opportunities for Improvement at The PIHP and/or Provider Network 25
4. Barriers to Care and/or Network Adequacy Implementation 26
5. Explanations of service range/availability deficiencies 28
6. Future PIHP and Org. Provider plans to increase capacity/adequacy. 28
7. SUD Prevention service delivery data and narrative 28
8. Any other information 30

NETWORK ADEQUACY STANDARDS

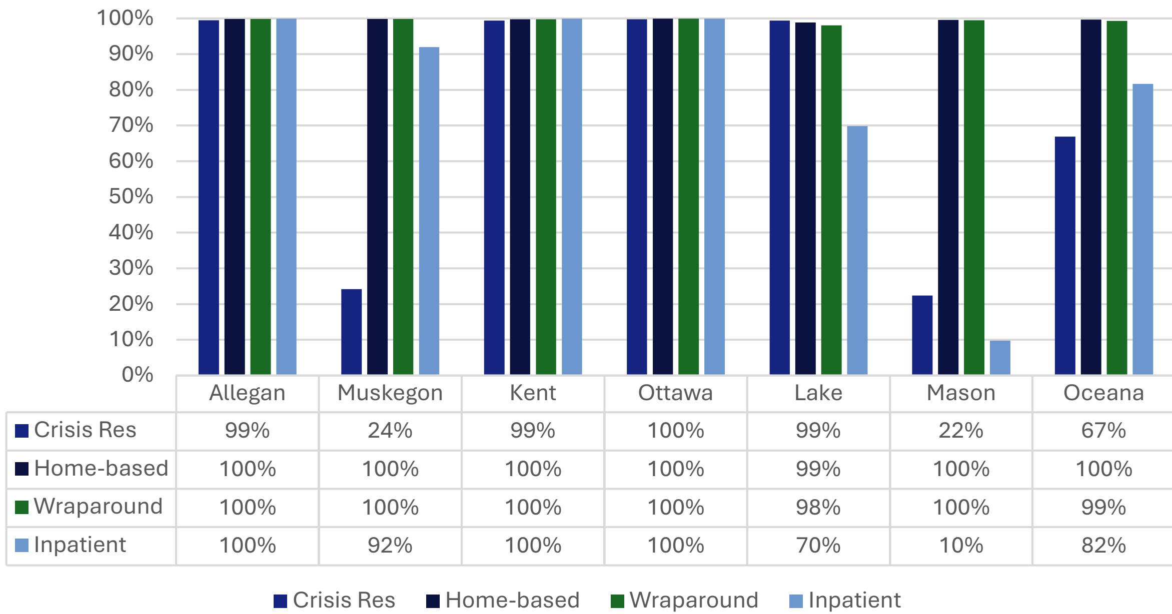
FY2023 REGION 3 TOTAL ENROLLEE COUNTS



TIME & DISTANCE STANDARDS



	Allegan	Muskegon	Kent	Ottawa	Lake	Mason	Oceana
Inpatient	100%	100%	100%	100%	100%	100%	99%
ACT	99%	99%	99%	99%	98%	99%	99%
Crisis Res	100%	100%	99%	100%	99%	99%	99%
OTP	97%	99%	99%	99%	69%	94%	98%
Clubhouse	0%	99%	99%	99%	0%	0%	0%



	Allegan	Muskegon	Kent	Ottawa	Lake	Mason	Oceana
Crisis Res	99%	24%	99%	100%	99%	22%	67%
Home-based	100%	100%	100%	100%	99%	100%	100%
Wraparound	100%	100%	100%	100%	98%	100%	99%
Inpatient	100%	92%	100%	100%	70%	10%	82%

LAKESHORE REGIONAL ENTITY

LIMITED ENGLISH PROFICIENCY

The CFR at 42 CFR Part 438.68(c) and 438.206(b)(1) require that States developing network adequacy standards must consider the ability of network providers to communicate with limited English proficient enrollees in their preferred language. The PIHP must maintain and monitor a network of appropriate providers that is sufficient to provide adequate access to all services covered under contract for all enrollees, including those with limited English proficiency.

LRE NARRATIVE RESPONSE

LRE ensures its provider network provides adequate access to enrollees with limited English proficiency (LEP) by implementing a comprehensive strategy that ensures robust language support services through continuous provider training as well as monitoring and oversight activities. This strategy aligns with the requirements outlined in 42 CFR Part 438.68(c) and 438.206(b)(1) and is reinforced through annual audits and the integration of policies and procedures, as well as LRE's contract with Member Community Mental Health Service Programs (CMHSPs). LRE Policy and Contracts require language assistance and accommodations be made available to anyone with LEP, including those persons served through contractual arrangement. Notices of such requirements are provided to recipients at initial intake and onset of clinical services. Additionally, CMHSPs maintain contracts to provide written translation upon request. All language assistance and translation services are provided at no cost to the beneficiary. Any provider considered through Member CMHSPs procurement processes are required to demonstrate ability to meet LEP standards of the CMHSP, LRE, and the state.

ENSURING ADEQUATE ACCESS FOR LEP ENROLLEES

1. LANGUAGE SUPPORT SERVICES:

Interpretation and Translation Services: Real-time interpretation services are offered in person, phone, and video to assist LEP enrollees. Essential documents, including consent forms, treatment plans, and patient education materials, are translated into the primary languages spoken by the enrollee population.

Bilingual Staff and Providers: Efforts are made to actively recruit and maintain a network of bilingual providers and staff proficient in the languages most commonly spoken by the enrollee population, including clinical staff and customer service representatives.

2. TRAINING AND EDUCATION:

LEP Cultural Competency Training: All providers and staff within LRE's network undergo regular cultural competency training which includes education on effectively communicating with LEP individuals, understanding cultural nuances, and using interpretation services.

MONITORING AND OVERSIGHT ACTIVITIES

1. ANNUAL AUDITS:

Member CMHSP Audits: LRE conducts annual audits of Member CMHSPs to verify compliance with language access requirements. These audits review policies, procedures, documentation of language services provided, and utilization of interpretation services.

CMHSP Desk Audit Tool – Standard I: Member Rights and Information requires Member CMHSPs to submit policies, procedures, and evidence of compliance with MDHHS/PIHP Contract, Customer Service Standards, Mental Health Code Act 258 of 1974 - 330.1755, 42 CFR 438.10, 438.100, 45 CFR 164.524 and 164.526.

- Standard 1.4 requires Member CMHSPs maintain Policies and member materials which include the enrollee's right to receive information about available treatment options and alternatives, presented in a manner appropriate to the enrollee's condition and ability to understand, and submission of Recipient Rights brochures, polices/procedures, Member Handbook as evidence.
- Standard 1.10 requires Member CMHSPs ensure Written materials, including information developed by LRE, are available in the prevalent non-English languages of the service area (spoken as the primary language by more than 5% of the population in LREs Region, with submission of samples of written materials in languages meeting LEP requirements.
- Standard 1.11 requires Member CMHSPs to ensure oral interpretation of all languages is available free of charge with submission of policies, contract for language interpreter, Member Handbook, as evidence.
- Standard 1.16 requires Member CMHSPs to ensure written material are available in alternative formats and in an appropriate manner that takes into consideration the special needs of those who, for example, are visually impaired or have limited reading proficiency. Large print in a font size no smaller than 18 point, with submission of examples of materials in alternative formats as evidence.
- Standard 1.18 requires Member CMHSPs to ensure Enrollees / potential enrollees are informed that information is available in alternative formats and how to access those formats and how to access those formats.
- Standard 1.19 requires Member CMHSPs ensure adequate and advance notices meet the language and alternative format needs of the consumer.

CMHSP Desk Audit Tool – Standard III: Availability of Services requires Member CMHSPs to submit policies, procedures, and evidence of compliance with 42 CFR 438.206.

- Standard 3.2 requires Member CMHSPs to maintain and monitor a network of appropriate providers that is supported by written agreements and is sufficient to provide adequate access to all services covered under the contract for all enrollees, including those with limited English proficiency or physical or mental disabilities.
- Standard 3.18 requires Member CMHSPs to ensure services are delivered in a culturally competent manner to all enrollees, including those with limited English proficiency and diverse cultural and ethnic backgrounds, disabilities, and regardless of sex.

Corrective Actions: In cases of non-compliance, LRE collaborates with Member CMHSPs and providers to develop and implement corrective action plans, which may involve additional training, increasing bilingual staff, or enhancing access to interpretation services.

Policies and Procedures: Annual audits also encompass a thorough review of LRE and Member CMHSPs' policies and procedures related to language access to ensure they are up-to-date and effectively implemented.

LRE Policy 6.9 Information Accessibility/Limited English Proficiency

LRE Policy 6.8 Enrollee Rights

2. ENROLLEE GRIEVANCES:

In compliance with 42 CFR 438.400, LRE ensures impartial local level review of Grievances when Enrollees are dissatisfied with LRE and/or the Member CMHSP services including issues related to LEP Requirements. Grievances could include but are not limited to; quality of care or services provided, aspects of interpersonal relationships between a service provider and the Enrollee, failure to respect the Enrollee's rights regardless of whether remedial action is requested, or the Enrollee's dispute regarding an extension of time proposed by the PIHP to make a service authorized decision.

LRE Policy 6.1 Medicaid Grievance and Appeals – Due Process

Grievance Procedure and Resolution: LRE has a formal grievance process in place for enrollees who encounter barriers to accessibility. The resolution of these grievances is closely monitored to ensure timely and effective responses.

LRE Procedure 6.1a Due Process – Medicaid Grievance and Appeals

3. LRE CONTRACT WITH MEMBER CMHSPS:

Contractual Obligations: The LRE's contract with Member CMHSPs includes specific provisions requiring compliance with federal language access standards. These contracts mandate that CMHSPs maintain and monitor a network of providers capable of serving LEP enrollees.

Contract Performance Monitoring: The PIHP and LRE regularly monitor the performance of Member CMHSPs against these contractual obligations, ensuring that language access services are effectively provided.

By integrating these methods, LRE ensures its provider network can deliver high-quality care to all enrollees, including those with limited English proficiency. These efforts demonstrate a commitment to equitable behavioral healthcare access and compliance with state and federal regulations, enhancing the overall health outcomes of the diverse populations served.

CULTURAL COMPETENCE

The CFR at 42 CFR Part 438.68(c) and 438.206(c)(2) require that States developing network adequacy standards must consider the ability of network providers to ensure culturally competent communications. The PIHP must promote delivery of services in a culturally competent manner to all enrollees, including those with diverse cultural and ethnic backgrounds, disabilities, and regardless of sex.

LRE NARRATIVE RESPONSE

LRE ensures its Member CMHSPs and provider network deliver services in a culturally competent manner through required compliance with cultural competence standards, and training requirements and programs. LRE requires services to be provided in a culturally competent manner, whether provided directly by a Member CMHSP or through sub-contractual arrangements of Member CMHSPs. Member CMHSPs and Providers are required by contract to adhere to LRE and MDHH's standards for culturally competent services, including compliance with applicable laws. Any provider considered through Member CMHSPs procurement process is required to demonstrate its ability to meet Cultural Competency standards of LRE, and the state. These measures align with the requirements outlined in 42 CFR Part 438.68(c) and 438.206(c)(2).

ENSURING CULTURAL COMPETENCE STANDARDS:

Provider Training: LRE mandates cultural competence training for all staff and network provider staff. Training topics include cultural awareness, effective communication strategies, and understanding the unique needs of diverse populations.

Cultural Sensitivity Policies: LRE requires Member CMHSPs and Providers implementation and adherence to policies that promote cultural sensitivity in service delivery, ensuring respect for cultural differences and accommodating diverse health beliefs and practices. The following are examples:

- LRE Policy 13.10 – Equity in Service Provision
- MDHHS Policies and Practice Guidelines, including Inclusion Practice Guideline

MONITORING AND OVERSIGHT ACTIVITIES

1. ANNUAL AUDITS:

LRE conducts annual audits of Member CMHSPs to ensure compliance with cultural competence standards. These audits review training records, policies, and the implementation of culturally competent practices.

Policy and Procedure Reviews: Annual audits also include a review of LRE and Member CMHSP policies and procedures related to cultural competence to ensure they are current and effectively applied.

Corrective Actions: When non-compliance is identified, LRE collaborates with Member CMHSPs and providers to develop and implement corrective action plans, which may include additional training or policy revisions.

2. LRE CONTRACT WITH CMHSPS

Contractual Obligations: LRE's contracts with Member CMHSPs include specific provisions requiring compliance with cultural competence standards. These contracts mandate that CMHSPs deliver culturally competent care and maintain and monitor a network of providers capable of delivering culturally competent care.

- LRE Policy 13.10 – Equity in Service Provision
- MDHHS Policies and Practice Guidelines, including Inclusion Practice Guideline

Performance Monitoring: LRE regularly monitors the performance of Member CMHSPs against these contractual obligations to ensure that culturally competent services are effectively provided.

3. ENROLLEE GRIEVANCES:

In compliance with 42 CFR 438.400, LRE ensures impartial local level review of Grievances when Enrollees are dissatisfied with LRE and/or the Member CMHSP services including issues related to Cultural Competency Requirements. Grievances could include but are not limited to; quality of care or services provided, aspects of interpersonal relationships between a service provider and the Enrollee, failure to respect the Enrollee's rights regardless of whether remedial action is requested, or the Enrollee's dispute regarding an extension of time proposed by the PIHP to make a service authorized decision.

LRE Policy 6.1 Medicaid Grievance and Appeals – Due Process

Grievance Procedure and Resolution: LRE has a formal grievance process in place for enrollees who encounter barriers to accessibility. The resolution of these grievances is closely monitored to ensure timely and effective responses.

LRE Procedure 6.1a Due Process – Medicaid Grievance and Appeals

Through these methods, LRE ensures its provider network can deliver high-quality, culturally competent care to Medicaid enrollees from diverse backgrounds. These efforts demonstrate a commitment to equity in Behavioral healthcare access and compliance with regulations, enhancing the overall health outcomes of the populations served.

LAKESHORE REGIONAL ENTITY

PHYSICAL ACCESSIBILITY

The CFR at 42 CFR Part 438.68(c) and 438.206(c)(3) require that States developing network adequacy standards must consider and the PIHP must ensure the ability of network providers to provide physical access, reasonable accommodations, and accessible equipment for Medicaid enrollees with physical or mental disabilities.

LRE NARRATIVE RESPONSE

LRE ensures its Member CMHSP's and provider network offers physical access, reasonable accommodations, and accessible equipment for Medicaid enrollees with physical and/or mental disabilities through a comprehensive strategy. This strategy involves compliance with accessibility standards, rigorous monitoring and oversight activities, and detailed provider directory listings. These measures align with the requirements outlined in 42 CFR Part 438.68(c) and 438.206(c)(3).

ENSURING PHYSICAL ACCESS AND REASONABLE ACCOMMODATIONS

1. ACCESSIBILITY STANDARDS:

Facility Accessibility: LRE ensures that all provider facilities comply with the Americans with Disabilities Act (ADA) standards for accessible design. This includes features such as ramps, wide doorways, accessible restrooms, and elevators.

2. REASONABLE ACCOMMODATIONS:

Individualized Care Plans: LRE Requires development of individualized care plans that include reasonable accommodations based on the specific needs of enrollees with disabilities. This may involve extended appointment times, the presence of support personnel, or the provision of auxiliary aids.

Communication Supports: Providers offer various communication supports such as sign language interpreters, TTY devices, and written materials in accessible formats (e.g., braille, large print).

3. PROVIDER DIRECTORY:

Detailed Provider ADA Listings: LRE's provider directory includes specific information about the accessibility features and accommodations available at each provider's facility. This helps enrollees with disabilities identify providers who can meet their specific needs. Listings detail accessible parking, entrance ramps, elevator access, availability of accessible medical equipment, and communication supports.

MONITORING AND OVERSIGHT ACTIVITIES

1. ANNUAL AUDITS:

Member CMHSP Audits: LRE conducts annual audits of Member CMHSPs to ensure compliance of Member CMHSPs and Providers adhere to accessibility standards. These audits review documentation of accommodations provided, address the physical accessibility capabilities of provider facilities, and the implementation of reasonable accommodations.

Policy and Procedure Reviews: The annual audits also include a review of LRE and Member CMHSP policies and procedures related to accessibility to ensure they are current and effectively applied.

Corrective Actions: When non-compliance is identified, LRE collaborates with Member CMHSPs and providers to develop and implement corrective action plans, which may include additional training, facility modifications, or the procurement of accessible equipment.

2. LRE CONTRACT WITH MEMBER CMHSPS:

Contractual Obligations: LRE's contracts with Member CMHSPs include specific provisions requiring compliance with federal accessibility standards. These contracts mandate that CMHSPs maintain and monitor a network of providers capable of accommodating enrollees with disabilities.

Performance Monitoring: LRE regularly monitors the performance of Member CMHSPs against these contractual obligations to ensure that accessibility services are effectively provided.

3. ENROLLEE GRIEVANCES:

In compliance with 42 CFR 438.400, LRE ensures impartial local level review of Grievances when Enrollees are dissatisfied with LRE and/or the Member CMHSP services including issues related to physical accessibility. Grievances could include but are not limited to; quality of care or services provided, aspects of interpersonal relationships between a service provider and the Enrollee, failure to respect the Enrollee's rights regardless of whether remedial action is requested, or the Enrollee's dispute regarding an extension of time proposed by the PIHP to make a service authorized decision.

LRE Policy 6.1 Medicaid Grievance and Appeals – Due Process

Grievance Procedure and Resolution: LRE has a formal grievance process in place for enrollees who encounter barriers to accessibility. The resolution of these grievances is closely monitored to ensure timely and effective responses.

LRE Procedure 6.1a Due Process – Medicaid Grievance and Appeals

Through these methods, LRE ensures its provider network can deliver high-quality, accessible care to Medicaid enrollees with physical and/or mental disabilities. These efforts demonstrate a commitment to equity in healthcare access and compliance with federal regulations, enhancing the overall health outcomes of the diverse populations served.

TIMELY APPOINTMENTS

The CFR at 42 CFR Part 438.68 and 438.206(c)(1) require that the State must ensure that each contract with a PIHP complies with timely access to care and services, taking into account the urgency of the need for services. The PIHP must ensure that providers offer hours of operation that are no less than the hours of operation offered to commercial enrollees or comparable to Medicaid FFS, if the provider serves only Medicaid enrollees. The PIHP must make services included in the contract available 24 hours a day, 7 days a week, when medically necessary.

LRE NARRATIVE RESPONSE

LRE complies with the requirements of 42 CFR Part 438.68 and 438.206(c)(1), and MDHHS Access Standards through a combination of strategic planning, provider agreements, rigorous monitoring, and oversight activities.

ENSURING TIMELY ACCESS TO CARE AND SERVICES

Contractual Agreements: LRE includes specific clauses in its contracts that mandate adherence to MDHHS Access Standards. LRE regularly monitors the performance of Member CMHSPs against these contractual obligations to ensure that accessibility services are effectively provided.

Prioritization/Priority Protocols: LRE ensures the establishment of protocols to prioritize urgent and emergent needs. Providers and staff are trained to assess the urgency of each case and to offer timely appointments based on the medical necessity of the situation.

Comparable Hours: LRE monitors providers to ensure their hours of operation are no less than those offered to commercial enrollees or Medicaid FFS. This includes regular business hours as well as extended hours during evenings and weekends.

24/7 Availability: Contracts also stipulate that services must be available 24/7 when medically necessary.

MMBPIS Indicators: LRE and Member CMHSPs monitor and report on MMBPIS Indicators which include metrics for timely access.

MONITORING AND OVERSIGHT ACTIVITIES

1. ANNUAL AUDITS:

Member CMHSP Audits: LRE conducts annual audits of Member CMHSPs to ensure compliance of Member CMHSPs and Providers with MDHHS Access Standards.

Policy and Procedure Reviews: The annual audits also include a review of LRE and Member CMHSP policies and procedures related to Access Standards and Timely Appointments to ensure they are current and effectively applied.

Corrective Actions: When non-compliance is identified, LRE collaborates with Member CMHSPs and providers to develop and implement corrective action plans, which may include additional training, facility modifications, or the procurement of accessible equipment.

2. NETWORK ADEQUACY ASSESSMENT

LRE conducts regular reviews of its provider network to ensure adequacy and compliance with access standards. This includes evaluating the geographic distribution of providers and their availability to meet enrollee needs.

Timeliness Metrics: LRE tracks key metrics related to appointment wait times, response times for urgent care, and the availability of 24/7 services. These metrics are analyzed to identify and address potential gaps in access.

3. ENROLLEE APPEALS AND GRIEVANCES:

In compliance with 42 CFR 438.400, LRE requires a Notice of Adverse Benefit Determination (NABD) when a decision that adversely impacts the Medicaid Enrollee's claim for services including failure to provide services in accordance with MDHHS Access Standards.

LRE Policy 6.1 Medicaid Grievance and Appeals – Due Process

Grievance and Appeal Procedure and Resolution: The NABD informs beneficiaries of their right to file a local (internal) appeal, the rights to a State Fair Hearing, the right to file a grievance, the right to file a Recipient Rights Violation complaint, and the right to a second opinion.

LRE Procedure 6.1a Due Process – Medicaid Grievance and Appeals

These efforts demonstrate a commitment to maintaining high standards of care for Medicaid enrollees, ensuring compliance with federal regulations, and improving outcomes for the populations served.

EXPECTED ENROLLMENT AND UTILIZATION

The CFR at 42 CFR Part 438.68(c) and 438.207(b) require that the State must consider certain elements, including anticipated Medicaid enrollment, expected utilization of services, and the characteristics and health care needs of specific Medicaid populations covered in the PIHP contract. The PIHP must give assurances to the State that the PIHP has the capacity to serve the expected enrollment in its service area. This includes offering an appropriate range of specialty services and that Long Term Supports and Services (LTSS) is adequate for the anticipated number of enrollees for the service area, and maintaining a network of providers that is sufficient in number, mix, and geographic distribution to meet the needs of the anticipated number of enrollees in the service area.

LRE NARRATIVE RESPONSE

LRE ensures its provider network has the capacity to serve the expected enrollment in its service area through data analysis, strategic planning, and continuous monitoring and oversight. This approach aligns with the requirements outlined in 42 CFR Part 438.68(c) and 438.207(b), ensuring that LRE can meet the needs of its Medicaid populations.

LRE Policy 4.2 – Provider Network and Contract Management outlines requirements and standards for assessment of Service Capacity and Expected Enrollment.

ENSURING CAPACITY TO SERVE EXPECTED ENROLLMENT

1. DATA ANALYSIS AND FORECASTING:

LRE uses historical data, demographic trends, and actuarial projections to estimate expected enrollment numbers and utilization rates. This analysis considers population growth, changes in Medicaid eligibility, and trends in healthcare utilization among specific Medicaid populations. The end of the public health emergency introduces complexities in tracking Medicaid disenrollment, requiring LRE to closely monitor these fluctuations and adjust accordingly.

2. NETWORK ADEQUACY PLANNING:

Region 3 Member CMHSPs actively engage and procure new providers to fill identified gaps in the network. LRE requires providers to report their capacity to accept new patients, meet the expected demand for services, and ensure this is reflected in the provider directory.

3. CAPACITY MONITORING:

Utilization Tracking: LRE continuously tracks service utilization rates through data dashboards to monitor demand and identify trends. This includes analyzing a mix of claims, encounter, and service utilization data.

Network Performance Metrics: Key performance indicators (KPIs) such as provider-to-enrollee ratios, service penetration rates, and provider network adequacy are regularly reviewed to ensure the network meets required standards.

Provider Procurement: Region 3 Member CMHSPs actively engage and procure new providers to fill identified gaps in the network.

Provider Capacity Reporting: LRE requires providers to report their capacity to accept new patients, meet the expected demand for services, and ensure this is reflected in the provider directory.

Medicaid Disenrollment Monitoring: With the end of the public health emergency, LRE has implemented systems to monitor Medicaid disenrollment by tracking disenrollment rates and projected funding implications.

MONITORING AND OVERSIGHT ACTIVITIES

1. ANNUAL AUDITS:

Member CMHSP Audits: LRE conducts annual audits of Member CMHSPs to ensure compliance of Member CMHSPs and Providers adhere to accessibility standards. These audits review documentation of accommodations provided, address the physical accessibility capabilities of provider facilities, and the implementation of reasonable accommodations.

CMHSP Desk Audit Tool – Standard IV: Assurances of Adequate Capacity and Services requires Member CMHSPs to submit policies, procedures, and evidence of compliance with MDHHS/PIHP Contract, 42 CFR 438.207 and 438.68.

- Standard 4.1 ensures CMHSPs offer an appropriate range of services that is adequate for the anticipated number of enrollees for the service area.
- Standard 4.2 ensures CMHSPs maintain a network of providers that is sufficient in number, mix, and geographic distribution to meet the needs of the anticipated number of enrollees in the service area.
- Standard 4.3 ensures CMHSPs notify LRE any time there has been a meaningful change in the operations that would affect the adequacy of capacity and services, including, changes in services, benefits, geographic service area, composition of or payments to its provider network, enrollment of a new population.
- Standard 4.4 ensures CMHSP compliance with submission of Network Data to meet LRE's requirements for reporting Network Adequacy Standards, including, but not limited to, anticipated Medicaid enrollment, expected utilization of services, characteristics and health care needs of specific Medicaid populations, numbers and types (in terms of training, experience, and specialization) of network providers required to furnish the contracted Medicaid services, network providers who are not accepting new Medicaid patients, ability of network providers to communicate with limited English proficient enrollees in their preferred language, ability of network providers to ensure physical access, reasonable accommodations, culturally competent communications, and accessible equipment for Medicaid enrollees with physical or mental disabilities, and availability of triage lines or screening systems, as well as the use of telemedicine, e-visits, and/or other evolving and innovative technological solutions.

Policy and Procedure Reviews: The annual audits also include a review of LRE and Member CMHSP policies and procedures related to accessibility to ensure they are current and effectively applied.

Corrective Actions: When non-compliance is identified, LRE collaborates with Member CMHSPs and providers to develop and implement corrective action plans, which may include additional training, facility modifications, or the procurement of accessible equipment.

2. LRE CONTRACT WITH MEMBER CMHSPS:

Contractual Obligations: LRE's contracts with Member CMHSPs requires CMHSPs to maintain a maintain a network of providers that is sufficient in number, mix, and geographic distribution to meet the needs of the anticipated number of enrollees in the service area.

Performance Monitoring: LRE regularly monitors the performance of Member CMHSPs against these contractual obligations to ensure that accessibility services are effectively provided.

SUD TREATMENT SERVICE DELIVERY

The CFR at 42 CFR Part 438.68(c) and 438.207(b) require that the State must consider certain elements, including anticipated Medicaid enrollment, expected utilization of services, and the characteristics and health care needs of specific Medicaid populations covered in the PIHP contract. Additionally, the MDHHS/PIHP Contract states that PIHPs must enter into network provider agreements for SUD Treatment with organizations that provide services based on the American Society of Addiction Medicine (ASAM) Level of Care (LOC).

The State Approved ASAM SUD Treatment Providers can be found in the MDHHS Customer Relationship Management (CRM) System.

LRE NARRATIVE RESPONSE

SUD TREATMENT SERVICE DELIVERY OVERSIGHT & MONITORING

1. REGION 3 DECENTRALIZATION OF SUD SERVICE DELIVERY

Since 2014, LRE has maintained a system for providing SUD treatment and recovery services which delegates responsibility for managing treatment and recovery services to each of the five member CMHSP's through subcontracts.

2. SUD REGIONAL OPERATIONS ADVISORY TEAM (ROAT)

SUD ROAT advises LRE and CMHSP Leadership on the provision of SUD Treatment Services and focuses on SUD treatment concerns within the region. Respecting that the needs of individuals served and communities vary across the region, SUD ROAT informs, advises, and works with LRE and CMHSP Leadership to bring local perspectives, local needs, and greater vision to the operations of LRE so that effective and efficient service delivery systems are in place that represent best practice and result in positive outcomes for the people served in the region.

3. SUD STRATEGIC PLAN

A Strategic Plan for SUD Treatment services was developed to guide efforts during FY21 through FY23. This plan identified priority areas with metrics to monitor progress. An overview of the plan and evaluation framework is provided in the LRE SUD Treatment Logic Model.

ACCESS TO SERVICES

1. SUMMARY OF TRENDS FOR TARGETED METRICS:

The following provides a summary of trends in targeted metrics related to access for these prioritized populations as identified within the Strategic Plan.

Targeted Metrics: Access		FY19	FY20	FY21	FY22	FY23	Trend* FY19-23
Criminal Justice Involved	↑ admissions with legal status as on probation (% of all admissions)	21.0%	20.0%	20.0%	22.0%	24.0%	Improving
	↑ admissions with legal status as diversion pre or post booking (% of all admissions)	0.4%	0.3%	0.3%	0.5%	0.2%	Relatively stable
	↑ admissions with legal status as 'in jail' (% of all admissions)	8.0%	7.0%	6.0%	8.0%	6.0%	Relatively stable
Persons with Opioid Use Disorder (OUD)	↓ avg days between request for medication assisted treatment (MAT) and first service	13.7	7.0	13.4	5.6	7.4	Improving
	Maintain an average wait time of less than 3 days for persons with IVDU	6.6	6.4	9.8	7.1	8.0	Worsening
	↓ average days' time to service for Outpatient Level of Care for persons with intravenous drug use (IVDU)	9.5	6.3	9.5	5.5	7.5	Improving
Older Adults	↑ in # of admissions for individuals aged 55-69	597	473	579	585	648	Improving

* Improving Worsening Relatively stable

2. CRIMINAL JUSTICE

In April of 2020, the LRE became responsible for supporting SUD treatment services for individuals transitioning into the community who are on probation after having been incarcerated. Working together with the Michigan Department of Corrections, the LRE has partnered with the SUD ROAT to identify ways to improve coordination and services for this population as they return to their communities. MDOC representatives attend meetings quarterly to discuss challenges and foster coordination. In March 2022, MDOC reported challenges with provider communication. CMHSP Members communicated with the provider network and the issue has not since been reported as a problem. Efforts to expand services in the jail have been a priority, primarily with State Opioid Response funds. Medication assisted treatment (MAT) services are now offered in 5-of-7 county jails in the region. In FY21, Muskegon County established a peer recovery coach in the jail to support individuals receiving MAT while incarcerated to engage in services following release. In FY23 the LRE hired a Priority Population Specialist to support coordination between MDOC and CMHSPs for this population.

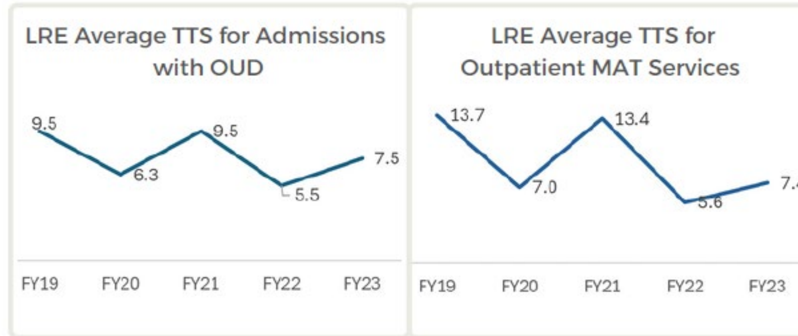
Data Highlights: Between FY19 and FY23, the percentage of admissions for individuals whose legal status was identified as 'on parole' or 'on probation' increased (from 24% to 33%) and the percentage of admissions for individuals 'in jail' decreased slightly. Less than 1% of admissions reported the legal status as a 'pre booking' or 'post booking' diversion. The percentage of admissions for individuals on probation in FY23 was highest in Mason (40%) and Allegan (36%) Counties and has been increasing in Muskegon County.

3. PERSONS WITH OUD

In recent years, the rate of opioid use and the need for treatment for individuals with an opioid use disorder (OUD) increased significantly. Of note was the need for increased medication assisted treatment (MAT) throughout the region.

Data Highlights: Between FY19 and FY23, the average time to service (TTS) for individuals with an OUD ranged from a low of 6.5 in FY22 to a high of 9.5 in FYs 19 and 21. During FY21 delays in TTS were primarily due to medication assisted treatment (MAT) caused by intermittent use of a waitlist at a provider in Muskegon County. This improved in FY22, with the TTS for Muskegon County's MAT services from 28.5 in FY21 and to 4.7 in FY22 and 7.2 in FY23. When trends in time to service for MAT are reviewed by county,

TTS in FYs 22 and 23 was highest in Allegan County at 9.8 and 14.8, respectively. In FY23, the remaining counties range from a low of 4.5 in Oceana to a high of 9.8 in Lake.



4. RURAL COMMUNITIES

Access to services in rural areas has been identified as a challenge. Counties considered rural in the LRE region include Allegan, Lake, Mason, and Oceana. During FY22 a provider in Allegan was identified with extensive delays in TTS and a corrective action plan was put in place with some improvement reflected in FY23 data. In addition, it was identified that some providers were using an incorrect date for the request for service for referred individuals. During FY23, the LRE worked to ensure the date of request for service was accurately recorded.

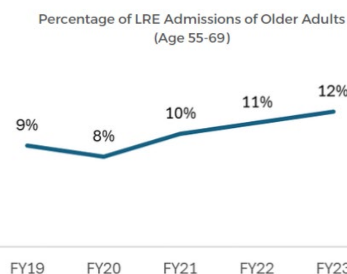
Data Highlights: Time to Service (TTS) for Outpatient services increased between FY20 and FY21 and has remained high. Among rural counties, the TTS for Outpatient services has been increasing with substantial increases between FY22 and FY23 for each rural county. It should be noted that: TTS does not provide adjustments for limited client availability which delays the appointment or for the client rescheduling their appointment. Interim services are provided in some instances, such as peer recovery coach support, which are not reflected in the BHTEDS due to being funded by other sources.

5. OLDER ADULTS

Improving access to services for older adults is currently a state-mandated priority. Planned efforts in the LRE region include promoting availability of services and the ability to access services, as well as providing training for providers on addressing behavioral health needs of older adults. LRE leadership participated in state-level strategic planning for older adult services. The LRE discussed older adults at the SUD ROAT and prevention meetings to assess community readiness for providing services for older adults. Potential trainings available to providers were reviewed and state trainings on the topic were promoted.

Data Highlights: The number of admissions in the region for older adults decreased in FY20 which may have been due to Covid-19 restrictions. The percentage of admissions that were for older adults has been increasing since FY20 to a high of 12% in FY23.

Admissions	FY19	FY20	FY21	FY22	FY23
Older Adults	597	473	579	585	648



ENGAGEMENT AND RETENTION

The following provides a summary of trends in targeted metrics related to engagement and retention in care identified in the Strategic Plan.

Targeted Metrics: Engagement and Retention			FY19	FY20	FY21	FY22	FY23	Trend* FY19-23
Integrated Treatment	↑ in % of clients w/ co-occurring diagnosis who received integrated svcs		6.0%	7.0%	11.0%	14.0%	20.0%	↗
Continuity of Care	↑ % of clients discharged from ST residential that transitioned to the next level of care w/in 7 days		27.9%	24.8%	25.3%	29.4%	36.5%	→
	↓ average # days between discharge and admission to next level of care following ST residential	w/in 7 days	2.0	2.4	1.6	1.8	1.1	→
		7+ days	17.5	17.6	17.2	16.6	15.4	→
		Overall	7.8	9.1	9.1	8.3	7.1	→
	↓ % of discharges from detox and ST Res with reason as 'completed treatment'	Detox	25.2%	19.0%	18.2%	18.5%	29.7%	↗
		ST Res	67.6%	73.4%	70.5%	54.8%	71.0%	→
	↑ % discharges from residential svcs w/reason as 'transfer/ completed level of care'	Detox	41.8%	51.7%	53.0%	49.1%	44.2%	↗
		ST Res	1.7%	1.5%	1.9%	18.1%	4.7%	↗
Initial Engagement	↓ % of treatment episodes with no 2nd visit		11.8%	11.4%	10.1%	10.9%	8.0%	→
	↑ clients seen for a 2nd encounter w/in 14 days of 1st service (of those w/ a 2nd encounter)		87.4%	88.3%	88.0%	89.5%	92.7%	↗

* Improving Worsening Relatively stable

CONNECTION TO COMMUNITY SUPPORTS

The following provides a summary of trends in targeted metrics related to connecting clients to community supports identified in the Strategic Plan.

Targeted Metrics: Community Supports		FY19	FY20	FY21	FY22	FY23	Trend* FY19-23
Support Groups	↑ % of discharges with clients reporting attendance at a support group in past 30 days	18%	23%	19%	21%	29%	↗
Women's Specialty Services	↑ # of pregnant women served	102	80	61	52	64	↘
	↑ # of pregnant women served by a Women's Specialty Provider	45	39	22	25	24	↘

* Improving Worsening Relatively stable

LRE SUD SPECIFIC POLICIES AND PROCEDURES

- LRE Policy 12.1 – Ensuring the Rights of Persons Serves
- LRE Procedure 12.1a – Recipient Rights Procedure
- LRE Policy 12.3 – Release of Information
- LRE Policy 12.4 – PA2 Reserve Fund Distribution
- LRE Procedure 12.4a – Use of Reserve PA2 Funds for Special Projects
- LRE Procedure 12.4b – Requesting Additional PA2 Funds

ADDITIONAL INFORMATION

PIHPs must take into account different community characteristics, as well as patterns of care and the manner in which enrollees are likely to access care. Understanding and ensuring access to appropriate service providers is important to network adequacy.

LRE NARRATIVE RESPONSE

LRE ensures network adequacy by tailoring its provider network to the unique characteristics and needs of each region. This involves analyzing demographic data, health needs assessments, and care utilization patterns to strategically recruit providers and optimize service delivery. LRE ensures a geographically diverse network, focusing on underserved areas to enhance local access to care.

Annual audits and continuous monitoring of provider performance and enrollee satisfaction help maintain compliance with network adequacy standards. Community engagement through feedback and public forums informs network planning and adjustments. Contracts with Member CMHSPs include specific provisions for maintaining network adequacy, ensuring that services are accessible, culturally competent, and responsive to regional trends.

1. SPECIALIZED OR UNIQUE SERVICES IN YOUR REGION

HOUSING EFFORTS

Network 180 partnered with Mel Trotter (who provides services to individuals who are experiencing homelessness) to have two Recovery Coaches engage with guests at Mel Trotter's Engagement Center.

Community Mental Health of Ottawa County has begun to provide outreach and services with Refresh (a shower program for individuals experiencing homelessness).

Network 180 is working with Pine Rest and Grand Rapids Housing Commission to place a Clinician and a Recovery Coach on-site at Adam’s Park Apartments.

NETWORK180 CRISIS CENTER

In FY23, Network180 and Trinity Health Grand Rapids continued development of the Behavioral Health Crisis Center (BHCC) located in Grand Rapids. The Center is expected to open in June 2024 and will provide walk-in behavioral health services 24-hours a day, seven days a week. The primary feature of the BHCC is the Crisis Stabilization Unit (CSU), which provides rapidly accessible intensive treatment for up to sixteen patients at a time. While most behavioral health crises can stabilize within 24 hours, the CSU provides a space for patients to remain in a safe, secure, and supportive setting for up to 72 hours. People experiencing a mental health crisis often end up in emergency rooms seeking help. Medical clearance is necessary to find placement in a psychiatric facility. If this placement is not available, the wait in an emergency room can be very traumatizing for the individual and places great strain on health care workers. In addition to walk-in appointments, the BHCC offers a secure bay for law enforcement and EMS to bring people in for help. By diverting people experiencing a mental health or substance use crisis away from jail and emergency rooms and connecting them to the behavioral services they need, the BHCC will reduce the strain placed on emergency departments and law enforcement. This revolutionary model of bringing together medical and behavioral health care through a collaboration of public and private entities is the first of its kind in the state. The result is the creation of a ‘no wrong door’ system of crisis care for all Kent Country’s adults, regardless of income, insurance type or zip code. The BHCC is a hub for connecting people in crisis to the right care, at the right intensity, at the right time. [as reported by Trinity Health]

2. STRENGTHS AND CHALLENGES OF THE PIHP AND/OR PROVIDER NETWORK

LAKESHORE REGIONAL ENTITY

STRENGTHS

1. CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS (CCBHC)

All five Member CMHSPs in Region 3 are not CCBHCs. As an "all CCBHC" region, LRE invested in additional features and flexibilities on our CCBHC dashboard to help meet the complex information needs of various business units including finance, clinical, and quality teams at both the PIHP and CMHSP level.

2. GRANTS

LRE continues to obtain various Grant funding to support unique opportunities and innovative projects across the region.

LRE SUD Sponsored Trainings:

- LRE supported the keynote speaker for the 2023 Lakeshore Muskegon Community Opiate Task Force Summit held August 18, 2023, featuring Dr. Alexander Elswick.
- LRE sponsored three webinars on Emerging Drug Trends presentations with Karen Williams.
  - Brain Chemistry: It's What Drugs of Abuse Mess With
  - The Teen Brain & Drugs: Why They Are at the Greatest Risk!
  - The Science of Hope: The Foundation of Resilience, Motivation & Recovery.
- Provided eighty-five virtual scholarships to LRE SUD Prevention Coalitions for professionals and key sector representatives for up-to-date drug recognition education from a national presenter, Jermaine Galloway aka "Tall Cop."

State Opioid Response (SOR3):

- In FY23, LRE implemented evidence-based prevention programming in schools and juvenile justice settings in five counties.
- Made considerable progress in implementing jail-based medication assisted treatment (MAT) in Lake, Mason, Oceana, and Muskegon counties. Served 468 individuals with jail-based medications for opioid use disorder (MOUD) throughout the region.
- A mobile care unit was outfitted, operationalized, and is now serving areas of need within Kent, Ottawa, and Allegan counties. It served 1,031 individuals throughout the region this year, and report 73 LIVES SAVED through their Naloxone Distribution program.
- Provided free Suboxone to 308 individuals for help with Opiate Use Disorder.

Gambling Disorders:

- Supported four local provider projects to address prevention and treatment for gambling disorders in the LRE region with allocations totaling $157,935.
- The regional gambling website, StayOuttaTheDangerZone.com, was updated and promoted during Problem Gambling Awareness Month through a multi-media campaign conducted in partnership with the Sports Director of WZZM/Channel 13 website. The campaign achieved 296,000 impressions, reaching 36,000 people during March and April of 2023.

Smoking Cessation:

- Grant funds continue to be distributed to all Region 3 PIHP Member CMHSPs. The funds pay for staff time, indirect costs, supplies, and materials to develop and maintain trainers to provide training in the DIMENSIONS smoking cession curriculum. Peers and staff were trained in the DIMENSIONS curriculum and provide cessation groups in their communities.

Behavioral Health Services for Native Americans:

- In FY23, 77 Native American individuals received various culturally relevant behavioral health services.

COVID-19 Supplemental Funding:

- During FY23, SUD Prevention funding provided programming support for youth summits, public messaging campaigns and opportunities for parent/youth education. One provider program demonstrated a 17% increase in knowledge of risks and consequences and perception of harm regarding alcohol and marijuana for youth who participated in programming. Region-wide, SUD related professionals were able to participate and offer professional development summits and conferences.
- COVID Grant Funds earmarked for treatment were used to support new pilot programs and initiatives. Kent County opened an Engagement Center within a homeless shelter, staffed with recovery coaches who are charged with building relationships with individuals and working with them on stages of change. This program has successfully referred many clients to formal treatment. We are also supporting a sober living home for mothers with children, as a transitional living environment between formal treatment and independent living. Ottawa County has begun offering same day medications for opioid use disorder, a model that seems to relate to improved long-term outcomes for clients. We have also been able to support evidence-based contingency management programs for clients, as well as staff development and retention opportunities for clinical staff that weathered the storms of COVID and remained in the system, committed to our clients.

SUD Treatment Infrastructure Grant:

- LRE was able to assist Our Hope Association in securing a $495,000 grant to open an expanded residential treatment facility with an on-site detox program.

Hispanic Behavioral Health Servies Grant:

- In FY23, 129 LatinX individuals received culturally relevant behavioral health services.

CHALLENGES

1. RESOURCE ALLOCATION:

While capitated payments can control costs, they can also lead to underfunding if the payment rates do not adequately cover the costs of providing high-quality care, resulting in limited resources for certain services or populations.

2. PROVIDER AVAILABILITY AND ACCESS:

As previously discussed, LRE faces a shortage of qualified staff and providers, making it difficult to maintain an adequate network and limit access to necessary services, particularly in rural or underserved areas. LRE and Member CMHSPs are actively engaged in recruitment and procurement efforts to ensure network adequacy.

3. REGULATORY AND ADMINISTRATIVE BURDENS:

PIHPs operate under extensive regulatory requirements and administrative processes that are ever changing. Complying with these regulations can be resource-intensive and at times can detract from service provision.

4. DATA MANAGEMENT AND INTEGRATION:

Effective operations rely on robust data management and integration of systems to track outcomes, manage care, and report on performance. These systems can be costly and technologically challenging. LRE has made significant improvements in recent years with the development and maintenance of various

dashboards, and development of internal LRE and regional workgroups aimed at improvement of data flow processes and assurance of data integrity.

5. ABA SERVICE PROVISION:

Evaluating, authorizing, and providing Applied Behavior Analysis (ABA) services for children presents a complex set of challenges. These challenges span various dimensions, including availability of provider organizations, staffing, time constraints, inter-system collaboration, and managing systemic changes. Each of these factors contributes to the difficulty of delivering effective ABA services.

Provider Limitations: In FY23, LRE saw a number of new ABA Providers paneled in Region 3. While the increase in the number of providers has made an impact, we continue to face challenges with Providers ability to hire and maintain qualified staff. Additionally, Providers must manage referrals to treatment from both Medicaid and non-Medicaid sources. Such decisions have impacts on providers given the typical discrepancies between Medicaid funding and rates with other payors.

Lack of Qualified Staff: Even when ABA Services are direct run by CMHSPs, or provider organizations are available, there is a significant shortage of qualified staff. ABA therapy requires highly trained professionals, such as Board-Certified Behavior Analysts (BCBAs) and Registered Behavior Technicians (RBTs). The rigorous training and certification process, coupled with the demanding nature of the work, contributes to a high turnover rate. This staffing shortfall not only limits the number of children who can receive services but also affects the consistency and effectiveness of the therapy provided. Another limiting factor to finding qualified staff is that many providers share professional staff throughout the region and many RBTs will frequently move from one ABA provider to another as many providers in the region are drawing from the same pool of employees to reach capacity.

Limited Time Window for Service Provision for Children in School: Children who are in school have a narrow window during which they can receive ABA services. Typically, ABA therapy sessions are scheduled outside of school hours, which limits the time available for these essential interventions. Coordinating schedules to fit within these constraints can be challenging for both families and providers. Furthermore, the limited time may not be sufficient to achieve the desired therapeutic outcomes, especially for children who require intensive intervention.

Lack of System Collaboration and Understanding Between the Public Behavioral Health System and Education System: Inter-system collaboration issues between the public behavioral health system and the education system adds another layer of difficulty. No guidance has been given to provide clarity on responsibilities for ABA, funding implications for ABA services during the day, or how to incorporate ABA into school-based IEPs. Without directives from MDHHS and the Department of Education, the systems have had to navigate these challenges alone. CMHSPs report an unwillingness on the part of many ISDs for these types of conversations.

Managing System Change: Systemic changes which are not developed with the input and feedback of key stakeholders in the public behavioral health system further complicates the provision of ABA services. One example is the impact of expansion of ABA service availability to age 21 without building in the infrastructure across the state to support the increase in the number of eligible beneficiaries. At the time of expansion, the system had not yet stabilized for service provision for children aged 0-6. Children over the age of six are enrolled in school, and the vast majority of ABA service provision challenges faced in Region 3 are isolated to children aged 8-21. Another example is the discontinuation of the Waiver Support Application for Autism Services without establishment of mechanisms or systems to manage authorizations for this population. System changes such as these can disrupt established processes and funding streams, leading to uncertainty and instability for both providers and families. Adjusting to new systems and regulations requires considerable time and resources, which can detract from direct service provision. PIHPs, CMHSPs, and Providers must navigate new administrative requirements adding to the overall complexity.

To address these challenges, a concerted effort is required to expand the availability of provider organizations and increase the number of qualified staff. Enhancing collaboration between the public behavioral health system and education system is crucial for creating a cohesive approach to service delivery. Additionally, stakeholders must work together to manage systemic changes smoothly, ensuring adequate resource allocation and continuity of care for children receiving ABA services.

3. SUCCESSES AND OPPORTUNITIES FOR IMPROVEMENT AT THE PIHP AND/OR PROVIDER NETWORK

SUCCESSES

1. DEVELOPMENT AND IMPLEMENTATION OF QUARTERLY CUSTOMER SERVICE AUDITS

In FY23, LRE developed and implemented quarterly audits of grievances, appeals, and notice of adverse benefit determination denials. In response to a subsequent identified need for improvement in NABD documentation and utilization of Person-Centered Writing, LRE developed and offered periodic trainings. Over 750 CMHSP staff have attended these trainings.

2. NEW CUSTOMER SATISFACTION SURVEY

Customer Satisfaction Surveys play a crucial role in LRE and CMHSPs evaluation of its provider network. In FY23, LRE in collaboration with member CMHSPs, created and implemented a customer satisfaction survey and corresponding/procedures to ensure consistency in the region.

CMHSP	Number of Completed Surveys
HealthWest	389
Network180	642
OnPoint	189
CMH of Ottawa Co.	433
West Mi. CMH	160
TOTAL	**1822**

3. AUTISM SERVICES – SYSTEM IMACTS

In 2023 the LRE has been focused on improving consistency and access to ABA services. To that end, the LRE brought together key stakeholders to identify and provide recommendations to improve ABA service across the region. We facilitated a quarterly Autism Provider work group to improve regional consistency. LRE disseminated the regional guidelines and provided regional trainings on ABA service guidelines. Additionally, LRE developed improved data processes to better understand how ABA services are being utilized within the region.

With input from regional CMH service providers, LRE developed and implemented a comprehensive data tracking system. During the months leading up to April 2023 we worked with IT and autism staff to create the data points needed to continue to monitor services and enrollment. This ABA file submission form has since gone live and provides a view of all ABA services across the region which helps provide oversite and support regionally. By the end of FY23, all five CMH boards have consistently submitted their ABA data to the LRE monthly.

4. VETERAN NAVIGATOR

LRE Veteran Navigator coordinates resources of support for Veterans within Region 3. The VN does this through connecting with individual veterans, creating partnerships with organizations who provide resources to veterans, participating and leading coalitions to better serve Veterans, and acting as an

expert for organizations within the region that are working to improve service delivery to Veterans. In Fiscal Year 2023, the Veteran Navigator focused on building referral connections within Region 3 and creating new partnerships with twenty-one community organizations.

5. HEALTH DATA EXCHANGE – CARE COORDINATION (FUH)

A regional workgroup was formed in December 2022 to improve the quality, timeliness, and effectiveness of the Follow Up after Hospitalization (FUH) data submitted regularly to the MDHHS CC360 system (MDHHS then shares this data with Medicaid Health Plans to help coordinate timely follow-up appointments after hospital discharge). The previous process required 15 PIHP staff hours per week and resulted in one file submission per week. After troubleshooting and addressing barriers in clinical and IT systems, the new process resulted in an 80% reduction in PIHP staff hours and a 56% decrease in data errors in CMHSP file submissions from the PIHP. It also provides for two file submissions per week instead of one so that data delivered to our Medicaid Health Plan partners is more timely and, therefore, more actionable.

6. IMPROVEMENT IN BHTEDS

Efforts at accelerating BHTEDS (client demographic) submissions to MDHHS resulted in LRE seeing steady improvements in completeness over time and staying above the MDHHS required 95% completeness threshold throughout most of FY23.

7. LOCUS EVALUATION

LRE has been studying its regional LOCUS´ data along several key dimensions to gain an understanding of how frequently the LOCUS is administered, how often the calculated score is overridden by a higher or lower score based on clinical judgment, to monitor consistency and fidelity to the tool, and to evaluate its potential uses for further data analytics to inform and guide future regional Utilization Management projects.

OPPORTUNITIES

1. PROVIDER RECRUITMENT AND RETENTION:

LRE recognizes the critical need for a robust and skilled workforce. By partnering with key stakeholders, LRE will continue to advocate and address the shortage of qualified staff and providers through strategizing recruitment approaches and incentives to retain our valued employees.

2. STREAMLINE ADMINISTRATIVE PROCESSES:

Efficiency in administrative processes is essential for maximizing direct service provision. LRE is continuously exploring ways to streamline and simplify regulatory and administrative requirements. This includes standardizing regional processes and procedures, automating routine tasks, and enhancing data management systems, reducing the burden on providers, and allowing them to focus more on treatment.

3. ADDRESS INFRASTRUCTURE NEEDS

Infrastructure development is vital for improving behavioral healthcare accessibility and quality. LRE is committed to ongoing efforts to expand access to residential treatment facilities and implement integrated care models, such as BHH and OHH. These initiatives aim to provide comprehensive, coordinated care that meets the diverse needs of our patients.

4. BARRIERS TO CARE AND/OR NETWORK ADEQUACY IMPLEMENTATION

BARRIERS TO CARE

1. STAFFING SHORTAGES

The shortage of behavioral health workers, especially direct care workers, has become increasingly concerning in Michigan, reflecting nationwide trends. These workers play a vital role in offering support and assistance to individuals with mental health or SUD. Several factors contribute to this shortage: a growing demand for behavioral health services due to heightened awareness, shifting societal attitudes, and the lingering mental health effects of the COVID-19 pandemic. Direct care workers often receive lower wages and fewer benefits compared to counterparts in other healthcare sectors, posing challenges in attracting and retaining qualified individuals. The demanding nature of the work, coupled with limited career advancement opportunities and burnout, results in high turnover rates among behavioral health workers. Furthermore, the aging workforce exacerbates the shortage, as many current workers are nearing retirement age, leading to a loss of experienced professionals. While efforts have been made which have softened the effects of this shortage, LRE continues to see a major impact of this shortage affecting CMHSPs and their provider network.

2. LACK OF STATE HOSPITAL BEDS

The decrease in the availability of State Hospital Beds presents a significant barrier to accessing behavioral health services in Michigan. The recent continued decrease in available beds leads challenges in accessing timely and appropriate care for the most vulnerable and complex individuals in our communities. Adequate investment in community care settings and collaboration among stakeholders is essential to ensure adequate resources and timely access to behavioral health services for all individuals in need.

NETWORK ADEQUACY IMPLEMENTATION BARRIERS

LRE encountered significant barriers in reporting of FY23 Network Adequacy. MDHHS did not meet their stated deadlines for providing the updated reporting template/format. The changes in reporting requirements and format were more substantial than anticipated and deviated drastically from the methodology LRE had used in the past, particularly in the calculations of Time/Distance Standards.

1. TIME/DISTANCE CALCULATIONS:

Reporting is at the county level because West Michigan CMH has three counties in its catchment area. Since Allegan County is historically split between rural and urban populations, LRE has made the rural/urban determinations based on the ZIP code of the Medicaid-eligible individuals in the region using Rural/Urban Commuting Area (RUCA) designations.

There are separate entries for West Michigan and each of its counties in the PNAR Template because Time/Distance Reporting is at the county level. The other metrics do not have the county detail attached to the individual records, so all other metrics outside of Time/Distance are reported under West Michigan CMH.

2. SERVICE TIMELINESS:

According to the PNAR Template Instructions, the timeliness standards begin with MMBPIS Indicator 3 individuals for the denominator and add the additional requirement that the individual also have an authorization within the fiscal year for a particular service. This additional restriction on the denominator criteria is frequently giving small N Counts where statistics are no longer reliable. Additionally, authorizations may never result in an encounter for a variety of reasons. Requiring an even more restrictive numerator criteria to a single service is frequently resulting in poor results that are not reflective of LRE performance of timely service delivery in a broader context.

5. EXPLANATIONS OF SERVICE RANGE/AVAILABILITY DEFICIENCIES

Identified deficiencies regarding service range and availability have been thoroughly evaluated and explained in other sections of the report. Please refer to the respective sections for detailed explanations of these deficiencies and the corresponding evaluation findings.

6. FUTURE PIHP AND ORG. PROVIDER PLANS TO INCREASE CAPACITY/ADEQUACY.

1. BHH & OHH IMPLEMENTATION

LRE is planning for the hopeful implementation of BHH and OHH in Region 3 starting in Fiscal Year 2025. The BHH initiative will expand the provision of integrated, person-centered care for individuals with serious mental illness and severe emotional disturbance, improving health outcomes through coordinated services. The OHH program will increase access for treatment of opioid use disorder by integrating addiction treatment with physical and mental health services and reduce opioid-related harms.

Our implementation strategy includes engaging key stakeholders, ensuring adequate workforce training, and developing the necessary infrastructure to support integrated care. LRE is committed to improving health and well-being in our community through these innovative models and looks forward to the various positive impacts they will bring to Region 3.

2. COREWELL HEALTH HELEN DEVOS CHILDREN'S HOSPITAL MED/PSYCH UNIT

Corewell Health Helen DeVos Children's Hospital plans to open a 12-bed pediatric "medical psychiatric" unit in the coming months. This unit is the first med/psych unit in Michigan and will treat pediatric behavioral health patients with additional medical complexities.

3. UHS/TRINITY HEALTH TO OPEN A NEW PSYCH HOSPITAL, SOUTHRIDGE IN 2025

Construction on a new psychiatric hospital in southwest Kent County proceeds on schedule toward a 2025 opening that will add new capacity for inpatient psychiatric services. The new facility, to be located near the Trinity Health Medical Center in Byron Center, will accommodate up to ninety-six adult and geriatric beds. UHS/Trinity Health have expressed a desire to add adolescent beds to this facility and did state they planned to submit a CON to MDHHS for approval.

7. SUD PREVENTION SERVICE DELIVERY DATA AND NARRATIVE

NUMBER OF PERSONS SERVED:

County	Persons Served
Allegan	10,922
Kent	36,131
Lake, Mason, and Oceana	6,686
Muskegon	7,986
Ottawa	7,103
TOTAL	**66,828**

ESTIMATED REACH:

Estimated reach is collected for activities when an official count of persons is not possible. Providers estimate that they have achieved more than 2.4 million impressions in FY23 through campaigns such as TalkSooner, Above the Influence, and others.

HOURS OF SERVICE:

Prevention Strategy	Persons Served
Education	2,902
Community-Based	5,025
Environmental	980
Information Dissemination	623
Student Assistance/Prevention Assessment	979
Alternative	541
TOTAL	**11,049**

PREVENTION GOAL AREAS

Efforts throughout the region are developed to align with the LRE's regional prevention strategic plan. A corresponding logic model provides a framework for how local efforts across the region work together to cumulatively impact regional priorities. Each provider uses local data to determine which priorities of the LRE strategic plan to address within their area.

1. REDUCE UNDERAGE ALOCHOL USE

- Reducing Youth Access
- Increased Awareness of Consequences
- Promoting Accurate Perceptions of Use

2. REDUCE UNDERAGE MARIJUANA USE

- Reducing youth access
- Increasing perception of risk

3. REDUCE UNDERAGE TOBACCO USE, INCLUDING VAPING

- Reducing youth access
- Increasing perception of risk

4. REDUCE OPIOID AND PRESCRIPTION DRUG MISUSE

- Reducing youth access
- Increasing perception of risk

5. REDUCE EARLY INITIATION OF SUBSTANCE USE

- Increase perception of risk
- Association with positive peers
- Promote positive family dynamics
- Coping with life stressors

LRE WEBSITE – SUD PREVENTION

The LRE Website has a page dedicated to SUD Prevention Providers which contains LRE's Prevention Philosophy, Goals, Strategic Plans, Campaigns, and Required Provider Reports.

MONITORING AND COMPLIANCE ASSURANCE OF SUD PREVENTION SERVICES

LRE ensures the effective monitoring and compliance of SUD Prevention Services through a structured framework of contractual agreements and detailed requirements outlined in the SUD Prevention Provider Manual and SUD Prevention Special Provisions to establish clear standards and expectations for service delivery.

1. CONTRACTUAL AGREEMENTS AND REQUIREMENTS

Contracts with SUD prevention service providers explicitly outline the standards for service delivery, including adherence to evidence-based practices, reporting requirements, and performance metrics. Contracts include specific compliance clauses that mandate providers to follow guidelines set forth in the Prevention Providers Operations Manual and SUD Prevention Special Provisions.

The SUD Prevention Provider Manual and Special Provisions are regularly updated to reflect new data, emerging best practices, and changes in regulatory requirements. Providers are required to stay informed of these updates and integrate them into their service delivery models.

Through this framework of contractual agreements, detailed guidelines, and monitoring activities, LRE ensures that SUD prevention services are delivered effectively, efficiently, and in compliance with established standards.

8. ANY OTHER INFORMATION

PROVIDER NETWORK ADVISORY COMMITTEE

The Provider Network Advisory Committee is hosted by LRE and comprised of representatives from Member CMHSPs and regional provider leadership. The committee focuses on sharing regional updates, assessing training needs, and discussing system changes to address regional needs. By reviewing performance metrics and ensuring compliance, the committee helps maintain high-quality care for Medicaid enrollees and fosters continuous collaborative evaluation and improvement in service delivery.

The Provider Network Advisory Committee Meeting Minutes can be found on LRE's website under For Providers.