COMMUNITY MENTAL HEALTH PARTNERSHIP of Southeast Michigan

**COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN (CMHPSM)**
**REGION SIX**

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Mr. Jeff Wieferich, Director
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The Community Mental Health Partnership of Southeast Michigan (CMHPSM), Region 6, consisting of Lenawee, Livingston, Monroe and Washtenaw CMHs has developed a regional Provider Network Stability plan to meet the terms of our Pre-paid Inpatient Health Plan contractual requirement and the request within the memo sent by Allen Jansen on May 29, 2020.

Our region looks forward to working with the Michigan Department of Health and Human Services (MDHHS) Behavioral Health and Developmental Disabilities Administration (BHDDA) staff to implement an approved provider network stability plan. The CMHPSM Region (Lenawee, Livingston, Monroe and Washtenaw CMHSPs) agrees with MDHHS that our region's valued provider network must be sustained through this extraordinary period of time.

We appreciate the support of yourself, Allen Jansen, the staff of MDHHS, the Governor's Executive team, the Governor and the Legislature related to the efforts to continue funding high-quality services for some of our State's most vulnerable individuals during a global pandemic.

Respectfully Submitted,

James Colaianne

CMHPSM CEO

# CMHPSM Provider Network Stability Plan

## Summary of CMHPSM Provider Network Stability Efforts

The CMHPSM has focused initially on a few key non-financial areas to stabilize our regional provider network:

- Communication
  - The CMHPSM created a web presence early on during the pandemic for providers to receive consolidated relevant information related to service delivery. The CMHPSM hosts this information on our PIHP regional website that is continually updated with CMHPSM regional, local, state and federal information for our provider network: https://www.cmhpsm.org/covid19provider
  - Our region developed contacts and established processes to ensure that individual providers can immediately contact local CMH finance and contract staff related to issues such as provider fiscal status, funding or service reimbursement, PPE supplies, and/or service requirements.
  - Our region also shared communications related to external financial resources available to for-profit and our mostly non-profit provider network are continually shared with regional providers.
  - Our region has also increased the frequency of internal communications, the PIHP and CMHSP directors meet twice weekly, our regional Network Management Committee meets every week, and multiple other committees and workgroups have increased the frequency of our meeting schedules to ensure we have up to date information related to our regional provider network.
- Technology
  - The CMHPSM, CMHSP partners and PCE Systems worked quickly to revise our regionally shared electronic health record to make the necessary changes related to service documentation, encounter or provider qualifications and retroactive rate adjustments.
  - The CMHPSM and CMHSP partners have obtained on behalf of or worked with providers in obtaining the necessary technology that allows them to deliver services through telehealth.
  - Our region's shared electronic health record, and analytical reports allow the CMHPSM and the partner CMHSPs to confidently monitor all service encounters and fee-for-service claims and related expenses as they are submitted on a daily basis.
- Personal Protection Equipment Distribution
  - The CMHPSM region and the CMHSP partners have worked to obtain PPE from all available sources to support the provider network to deliver services in a manner that keeps consumers and their workers as safe as possible.
  - The CMHSPs have worked with their local health departments and emergency operation centers to obtain PPE. The region has worked together to distribute PPE received from all sources, including the supplies obtained through MDHHS, other stockpiles as well as donated or purchased supplies.

## Descriptions of Funding Mechanisms, Length of Time They Will Be Utilized

The CMHPSM has continued to employ fee-for-service service contracts for the majority of our service provider network and proposes to continue this methodology indefinitely or until this approach becomes untenable for the providers. Our region is willing to review requests from individual providers related to the sufficiency of continuing with fee-for-service reimbursement on an ongoing basis and would review all requests for another payment methodology. If fee-for-service reimbursement is not able to sustain the financial stability of our providers, we would assess the feasibility of cost reimbursed contractual arrangements for providers requesting a non-fee-for-service methodology. While a majority of our externally paid services are still currently being reimbursed on a fee-for-service basis, that is not our region's only reimbursement methodology.

### Funding Mechanisms for Site Based Services

- Our region's Drop-In Centers are being cost reimbursed for service activities mostly through CMHSP general funds.
- Our region's CMH directly run clubhouses are operating with normal funding and our contracted clubhouse has had their reimbursement methodology altered to a cost reimbursement basis for allowable services.
- Our region's site-based skill building providers will continue to be closely monitored. Some of these providers deliver multiple services and were able to transition their staffing resources to service areas with staffing shortages, mostly unlicensed CLS services.
- We will continue to monitor the fiscal status of providers that deliver site-based skill building related to operational expenses: transportation, facilities, and upkeep. The region will work with providers to enter in to cost reimbursement methodologies for any operational expenses not covered through other federal resources.

### CMHSP Directly Provided Services

Our region's CMHSPs deliver a substantial quantity of our region's total behavioral health services and has continued to do so during the COVID-19 pandemic. Our CMHSPs have continued to receive their budgeted funding levels to support both their internal services and externally contracted services.

- The CMHSPs have remained open and continue to provide services that help consumers remain stable during this crisis. Our region delivers a large percentage of services directly to individuals with staff employed directly by the CMHSPs. Examples of services provided directly by CMHSP staff includes: Case Management, Supports Coordination, ACT, Nursing, Psychiatry, Home Based and PERS.
- The CMHSPs have continued to receive their budgeted funding levels related to services provided directly by those entities.
- The CMHSPs have pivoted to providing services in new unique ways including through telehealth. Our experience with telephonic and telehealth services has been positive, however this service delivery mechanism isn't always clinically appropriate for everyone we serve.
- The region's CMHSPs have increased outreach related to injections and crisis services.
- The CMHPSM and the CMHSPs monitor CMHSP direct service delivery and will continue to monitor changes to the frequency and duration of services.
- Our region's Drop-In Centers are being cost reimbursed for service activities mostly through CMHSP general funds.

## SUD Core Providers

Our region utilizes a core provider model concept that is partially fee-for-service, partially a staffing grant model and partially cost settled for substance use disorder service delivery. Our region proposes we continue to utilize this model as it allows us to fund a large percentage of our SUD services on either a cost reimbursed or fixed cost staffing grant model. The CMHPSM has continued to fund our SUD core providers at their budget allocations that were established at the beginning of FY2020.

Our region also supplements our core provider model with a fee-for-service network. After some initial growing pains, we have seen the system pivot to utilizing telehealth for SUD services, remain open with social distancing standards or find a balance between those two methodologies. The region continually monitored service capacity during the height of the pandemic and will continue to do so as we project an increase in the demand for SUD services in the coming months.

- The SUD core providers in our region have continued to receive their budgeted revenue allocations.
- Engagement Centers have mostly maintained operating hours (at reduced capacity at times) across the region and continue to serve individuals with social distancing procedures during this crisis.
- The Region is continually monitoring service capacity across the fee-for-service and our cost settled core provider network.
- The Region has worked with providers to transition to telehealth where possible across our SUD service network. Such efforts include an increase in recovery classes to fill the gaps left by lack of in-person group service availability.

## Provider Fiscal Assistance

- The PIHP and the CMHSPs continually are running IBNR (incurred but not yet reported) and claims data to monitor fee-for-service provider reimbursement.
- The PIHP and CMHSP finance departments are continually in communication with providers that make any financial requests for atypical payment arrangements. As payers our region has worked to pay claims even quicker than normal. In many instances we have created additional payables special midweek claims payments for providers reimbursing far outpacing our 30-day claims payment requirement within our contracts with providers.

## Critical Essential Service Rate Adjuster Funding

On April 8, 2020 the CMHPSM Regional Board approved $720,000 in emergency one-time rate adjuster funding to providers delivering essential services: unlicensed CLS, licensed residential (CLS / personal care) and crisis residential services. These funds were passed through to the providers early in April and were in addition to the provider's normal fee-for-service reimbursements. The one-time rate adjuster was calculated using a $2/hour or 11.4% per day increase for staff persons delivering these essential face-to-face services between March 15, 2020 and April 15, 2020, based upon prior historic utilization. This calculated funding was passed through in a manner which allowed providers the most flexibility possible. Providers were eligible to use the funds to pay employees treating COVID-19 positive individuals a higher increase, or give all employees temporary raises or bonuses or to cover extraordinary overtime expenses, to cover other qualified service expenses or to fund a unique combination of some or all of the allowed elements.

## Psychiatric Inpatient Hospitalization

Our region has passed through Hospital Rate Adjuster (HRA) funding at an expedited pace, typically within 24 to 48 hours of receiving the funds from MDHHS. At this time our region has not implemented any per diem rate increases or rate adjustments for psychiatric inpatient hospitals. We have also not received any requests by

hospitals for rate increases during this pandemic. Our region looks forward to working with MDHHS/BHDDA on any adjustments to HRA funding and would assess any requests by hospitals related to fiscal stability.

### Premium Pay Implementation

- The CMHPSM has completed planning and made communications around the $2 MDHHS funded premium pay increases. We have completed most of the changes necessary to retroactively process claims by our provider network that are eligible for an increase in reimbursement levels.
- The plan is to process the premium pay increases as soon as the funding arrives to our region with no administrative delays. We have worked to ensure our financial payment systems are still reimbursing providers at their non-premium pay reimbursement levels in the interim, so providers are not holding or delaying the submission of service claims in any way.

## Criteria Used to Determine When the Plan Will Be Discontinued

The discontinuation of any existing or new funding mechanisms, financial or non-financial stability efforts will be based upon the health of the provider network and/or any guidance provided by MDHHS/BHDDA. Much of our region's strategy focuses on the continual efforts described above. Our region will continue to build our relationships with providers through monitoring performance, communicating effectively and assisting providers with maintaining their fiscal and organizational stability.

The CMHPSM region will continue to make available provider stability efforts for as long as necessary to maintain the adequacy of the region's provider network. Recognizing the potential in the coming weeks of a realization of some delayed impacts on provider fiscal stability, or a reemergence of the virus, the CMHPSM feels it necessary to keep stability options available to the providers for the foreseeable future. The continued trust and ability to manage the provider network funding mechanisms within the myriad of allowable federal Medicaid options is appreciated by our region.

## Audit Process Used to Monitor Effectiveness and Compliance With Established Regulations

Our region utilizes shared boilerplate contracts which already contained several provisions related to our ability to audit and monitor compliance with established regulations. Existing contractual language can be shared with MDHHS upon request, specifically around the following topics:

- ASSURANCES
- STATE AND/OR FEDERAL INSPECTIONS
- FINANCIAL AUDIT
- ANNUAL PROGRAM AUDIT
- CLAIMS SUPPORTING DOCUMENTATION
- SUPPLEMENTAL FUNDING/EXCEPTION REQUESTS
- FISCAL AND PROGRAM STATUS AND FINANCIAL SOLVENCY
- RETURN OF UNUSED OR INAPPROPRIATELY USED FUNDS
- DISALLOWED EXPENDITURES
- STATE AND/OR FEDERAL ACCESS TO RECORDS AND INFORMATION
- COMPLIANCE WITH MDHHS AGREEMENTS

Related to our continued fee-for-service reimbursed providers, our Region is monitoring fee-for-service utilization, duration, frequency, overall reimbursement level at a regional, local CMHSP, provider and even individual basis. Our shared electronic health record and system reporting capabilities allow our CMHs to analyze their own data and the PIHP to analyze the entire region's externally provided and direct CMH provided service encounters.

Providers that have transitioned to a cost reimbursement methodology or who might do so during this pandemic will need to meet the terms of their cost reimbursed contract elements.

The CMHPSM will continue to track complaints, access to service measures and medical necessity requirements, appeals, grievances and recipients rights issues in conjunction with Medicaid service verification requirements as an additional component of assessing provider network stability.