

MSHN Behavioral Health (CMH) Department Quarterly Report

July 2022 – September 2022 (FY22 Q4)

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I. Introduction

The Behavioral Health (CMH) Department at Mid-State Health Network consists of several functions that oversee and support contractual obligations with the Michigan Department of Health and Human Services (MDHHS) and Community Mental Health Services Programs (CMHSPs). Pre-Paid Inpatient Health Plans (PIHPs) such as MSHN, have the responsibility to oversee the waiver services for eligible beneficiaries. MSHN is responsible for provision of certain enhanced community support services for those beneficiaries in the service areas who are enrolled in Michigan's 1915(c) Home and Community Based Services Waiver for persons with developmental disabilities. MSHN oversees the following 1915(c) waivers: The Children's Waiver Program (CWP), the Habilitation Supports Waiver (HSW), and the Waiver for Children with Serious Emotional Disturbance (SEDW).

The Autism Benefit is provided under Michigan's Early, Periodic Screening, Diagnosis, and Treatment (EPSDT) services. MSHN is responsible for the provision of specialty services Medicaid benefits and makes these benefits available to beneficiaries referred by a primary EPSDT screener, to correct or ameliorate a qualifying condition discovered through the screening process. The EPSDT is designed to assure that children receive early detection and care, so that health problems are averted or diagnosed and treated as early as possible. The Autism Benefit is for children under 21 years of age and focuses on behavioral health treatment services (BHT) and applied behavioral analysis (ABA) evidence-based practice services.

MSHN Home and Community-Based Services Rule Transition (HCBS) efforts developed because on January 16, 2014, the Centers for Medicare & Medicaid Services (CMS) released the Home and Community Based Services (HCBS) Final Rule (CMS 2249-F/2296-F). The HCBS Final Rule specifies requirements for programs offering HCBS under the 1915(c), 1915(i), 1915(k), some 1915(b)(3) and 1115 authorities of the Social Security Act. These requirements aim to improve the quality of the lives of individuals, allowing them to live and receive services in the least restrictive setting possible with full integration in the community. MSHN must ensure that its provider network of CMHSPs and their sub-contracted providers are compliant with the HCBS Rule.

The Supports Intensity Scale (SIS) is an assessment instrument designed by the American Association on Intellectual and Developmental Disabilities (AAIDD) to identify support needs the beneficiary could benefit from to live life in the community like any other person his or her age. MSHN must ensure that a SIS is given to each Michigan Medicaid-eligible beneficiary, age 16 and older with an Intellectual/Developmental Disability (IDD), who are currently receiving case management or supports coordination or respite only services at minimum of once every three years (or more or if the person experiences significant changes in their support needs). The MSHN region currently has nine SIS assessors assigned to cover the region and expects a tenth to be added in November 2022. The 10 assessors represent 8.5-9 full time equivalent positions.

Following CMS' guidance, Michigan transitioned all the specialty behavioral health services and supports previously covered under 1915(b)(3) authority to a 1115 Behavioral Health Demonstration and 1915(i) HCBS state plan benefit effective October 1, 2019. Michigan developed the HCBS benefit to meet the specific needs of its behavioral health and developmental disabilities priority populations that were previously served through the Managed Specialty Services & Supports 1915(b1)(b3) waiver authorities within Federal guidelines. Beginning 10/1/2023, the 1915(i) State Plan Amendment (SPA) will operate

concurrently with the 1115 Demonstration, which establishes the provision of behavioral health community-based services and evaluation/re-evaluation of eligibility function through Michigan's managed-care contract with the regional Prepaid Inpatient Health Plans (PIHP).

The Clinical Leadership Committee (CLC) consists of the clinical leaders of each CMHSP and MSHN. The MSHN Operations Council (OC) has created the CLC to advise the Prepaid Inpatient Health Plan's (PIHP) Chief Executive Officer (CEO) and the OC concerning the clinical operations of MSHN and the region. Respecting that the needs of individuals served, and communities vary across the region, its purpose is to inform, advise, and work with the CEO and OC to bring local perspectives, local needs, and greater vision to the operations of MSHN so that effective and efficient service delivery systems are in place that represent best practice and result in good outcomes for the people served in the region.

The Regional Medical Directors Committee (RMDC), as created by the MSHN OC, the RMDC functions to advise the MSHN Chief Medical Officer (CMO), the MSHN Chief Executive Officer (or designee), the MSHN Chief Behavioral Health Officer (CBHO), and the OC concerning the behavioral health operations of MSHN and the region. Respecting that the needs of individuals served, and communities vary across the region, it will inform, advise, and work with the CMO, CEO (or designee), CBHO, and OC to bring local perspectives, local needs, and greater vision to the operations of MSHN so that effective and efficient service delivery systems are in place that represent best practice and result in good outcomes for the people served in the region.

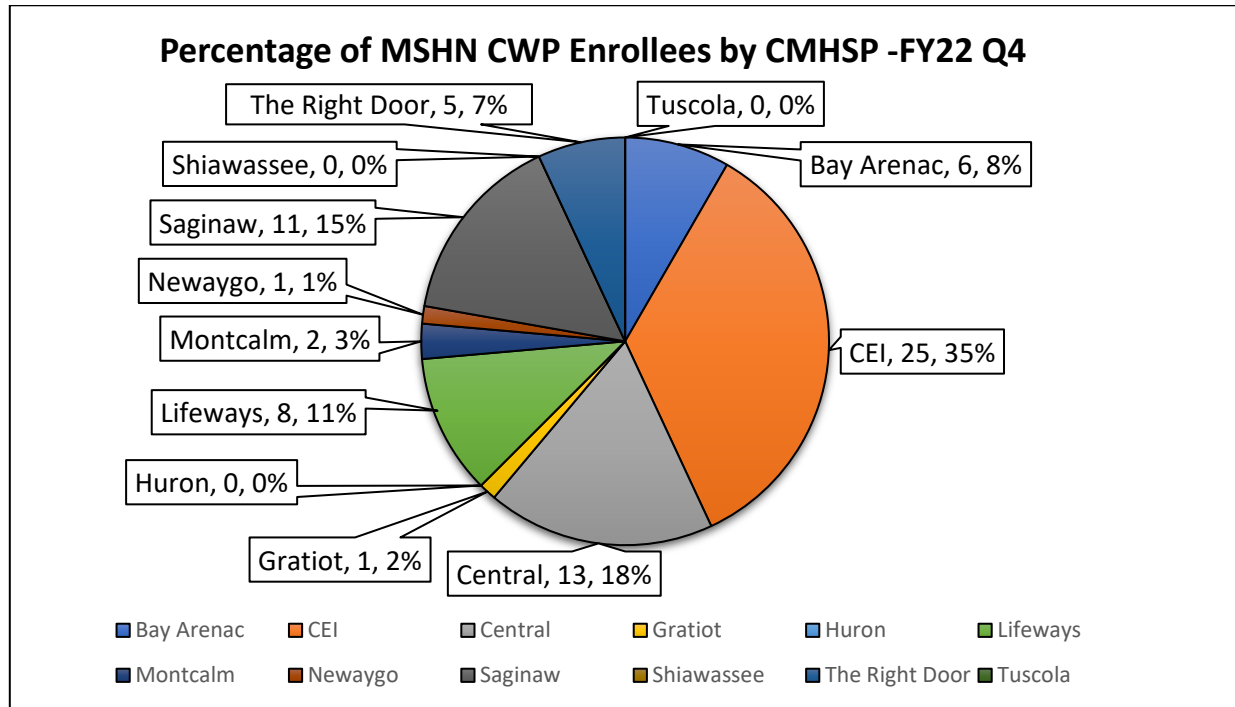
II. Waivers

A. Children's Waiver Program (CWP)

At the end of the third quarter (Q4) of Fiscal Year 2022 (FY22), Mid-State Health Network's (MSHN) Children's Waiver Program (CWP) had a total of 72 enrollees, which was an increase of three compared to the number of enrollees at the end of the third quarter of Fiscal Year 2022 (FY22 Q3). Three of the region's CMHSPs did not have any individuals enrolled in the program at that time (Huron, Shiawassee, Tuscola). Of the CMHSPs with enrollees, CEI made up the greatest portion (35%).

CWP Enrollment by CMHSP, Fiscal Year 2022, Q4					
CMHSP	End of FY22 Q3	July 2022	Aug 2022	Sept 2022	% Change from FY22 Q3
Bay-Arenac	6	6	6	6	0%
CEI	24	24	25	25	4%
Central	12	13	13	13	7.6%
Gratiot	1	1	1	1	0%
Huron	0	0	0	0	N/A
LifeWays	7	7	8	7	0%
Montcalm	2	2	2	2	0%
Newaygo	1	1	1	1	0%
Saginaw	12	12	12	12	9%
Shiawassee	0	0	0	0	N/A
The Right Door	4	5	5	5	20%
Tuscola	0	0	0	0	N/A
MSHN Total	69	71	73	72	4.1%

***Note: Any discrepancies from Q4 report or monthly reports can be accounted for by disenrollments or enrollments from prior months submitted/processed late.**



Weighing List (Prescreen) and Invitation Data and Trends

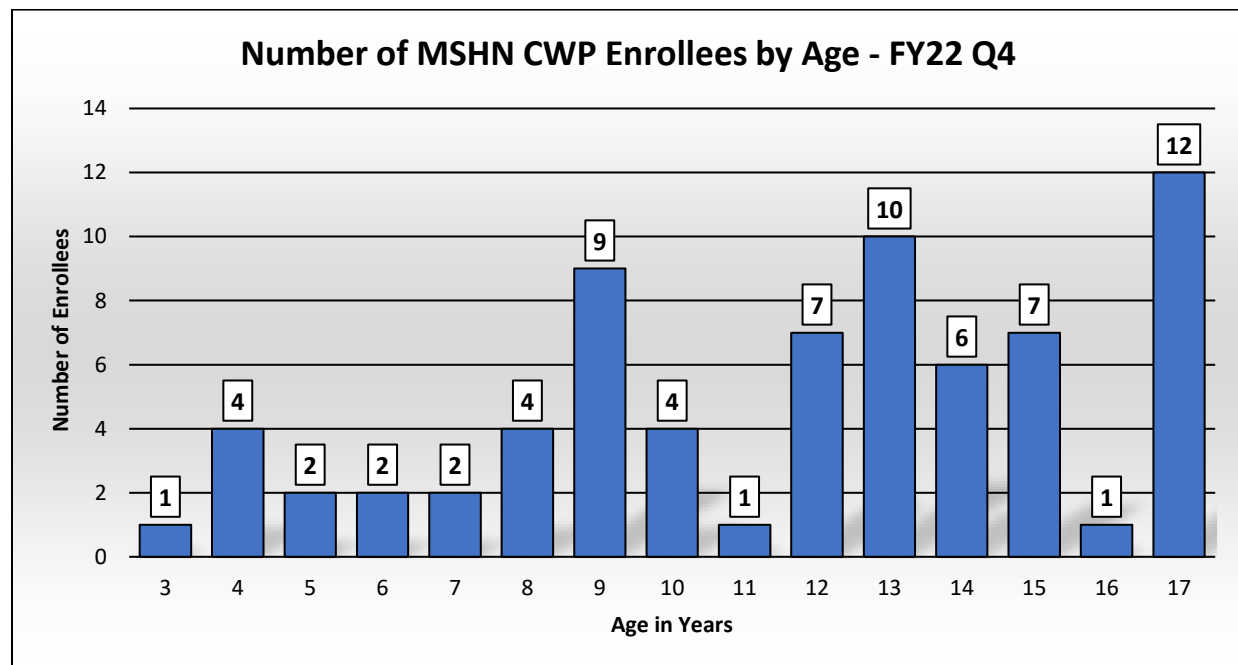
The CWP has a limited number of slots for the entire state of Michigan. Given this, individuals are prescreened to determine eligibility and subsequently placed on the Priority Weighing List to wait for an Invitation to enroll in the program. MSHN CMHSPs were offered four invitations during the second quarter of Fiscal Year 2022. Currently, there are two applications pending for individuals who have been invited to participate in the CWP (but do not yet have open cases). MSHN has no individuals on the Weighing List (meaning they have been prescreened).

Weighing List and Invitation by CMHSP – End of FY22, Q4		
CMHSP	Weighing List	Invitation
Bay-Arenac	0	0
CEI	0	2
Central	0	0
Gratiot	0	0
Huron	0	0
LifeWays	0	0
Montcalm	0	0
Newaygo	0	0
Saginaw	0	0
Shiawassee	0	0
The Right Door	0	0

Weighing List and Invitation by CMHSP – End of FY22, Q4		
Tuscola	0	0
MSHN Total	0	2

CWP Age-Related Data and Data Trends

At the end of FY22 Q3, the average age of individuals enrolled in the CWP was 11.72 years old. MSHN had 1 age-offs. Individual reports with age-off data will be provided to each CMHSP when the individual is within 90 days of aging off the CWP (at age 18). An individual that ages off the CWP has the highest priority for enrollment in the Habilitation Supports Waiver (HSW) program.



Summary

MSHN's Children's Waiver Program ended FY22 Q4 with 72 enrollees, which is an increase of three over the previous quarter. The region currently has 0 individuals on the Priority Weighing List. The average age of enrollees at the end of Q4 was 11.69 years old. The region will be addressing up to 12 age-offs this coming fiscal year.

B. Habilitation Supports Waiver (HSW) Program

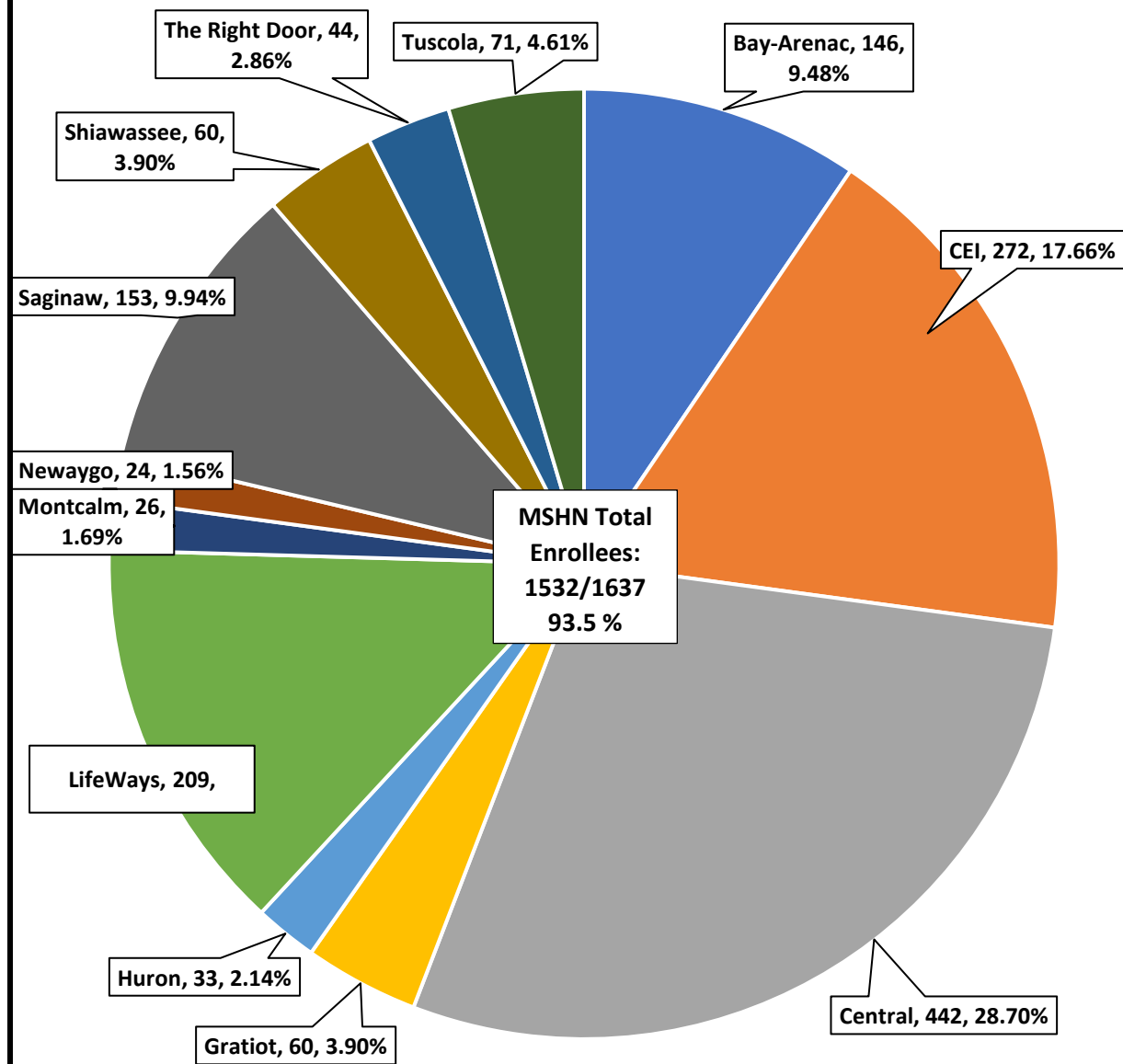
HSW Slot Utilization and Data Trends

MSHN continued to be below compliance of the 95% slot utilization standard set by Michigan Department of Health and Human Services (MDHHS). MSHN currently has a slot allocation of 1,637 slots. At the end of September, 1,532 slots, or 93.6%, were being utilized. This is a 0.9% decrease since the end of FY22 Q3. The following charts represent the utilization distributions within the fourth quarter, since the end of FY22 Q3, and among CMHSPs. MSHN will continue under corrective action by MDHHS. MSHN's goal is to attain a minimum 97% slot utilization. Note that the MSHN region is in jeopardy of losing slots due to consistent performance under 95%.

Slot Utilization by CMHSP for Fiscal Year 2022, Quarter 3					
	End of FY2022, Q2	July 2022	Aug 2022	Sept 2022	% Change from FY2022, Q2
Bay-Arenac	152	151	148	146	-4.1%
CEI	274	272	275	272	-0.7%
Central	445	443	445	442	-0.67%
Gratiot	58	59	59	60	3.3%
Huron	34	33	32	33	-3%
LifeWays	210	205	205	209	-0.47%
Montcalm	25	25	25	26	3.8%
Newaygo	24	24	24	24	0%
Saginaw	145	147	146	153	1.40%
Shiawassee	60	59	60	60	5%
The Right Door	46	43	43	44	-4.5%
Tuscola	74	71	71	71	-4.2%
MSHN Totals	1546	1532	1533	1532	-0.9%
Slot Utilization	94.4%	93.5%	93.6%	93.5%	

***Note: Any discrepancies from FY22 Q4 report or monthly reports can be accounted for by disenrollments or enrollments from prior months submitted/processed late.**

Number and Percentage of HSW Enrollees by CMHSP
FY22 Q4
(Goal: 95% or greater slot utilization)



Disenrollments and Data Trends

Throughout the third quarter, MSHN had a total of 24 disenrollments which were accounted for by four broad categories: Deceased, Involuntary Disenrollment, Nursing Facility, Other and Voluntary Disenrollment. The biggest reason for disenrollment was consumer death, accounting for 45.8% of third quarter disenrollments.

Disenrollment Reasons for Fiscal Year 2022, Quarter 4				
	July 2022	August 2022	September 2022	Totals
Deceased	4	3	3	10
Involuntary Disenrollment	1	0	0	1
Moved Out of State	1	1	1	1
Nursing Facility	0	1	0	1
Voluntary Disenrollment	1	1	3	5
Other	0	0	1	1
Totals	7	6	8	21

New Enrollments and Data Trends

Throughout the 4th quarter, MSHN had a total of 21 new enrollments. This was a decrease of 4 new enrollments for the previous quarter, trending from 25 to 21. 9 of the region's 12 CMHSPs as seen below experienced at least 1 new enrollment during the 4th quarter.

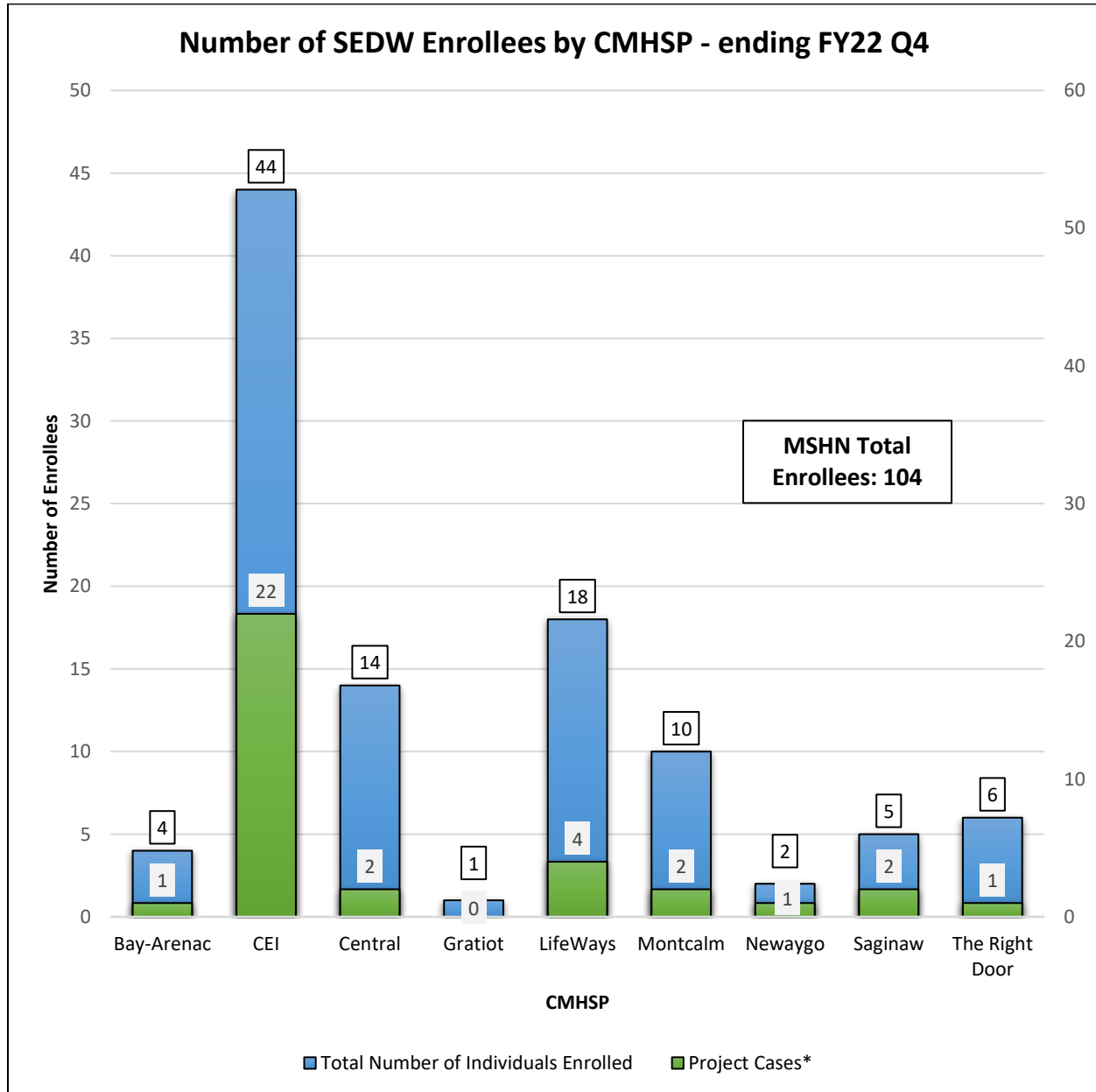
New Enrollees by CMHSP for Fiscal Year 2022, Quarter 4				
	July 2022	August 2022	September 2022	Quarter 4 Totals
Bay-Arenac	0	0	1	1
CEI	1	2	0	3
Central	1	1	1	3
Gratiot	0	1	1	2
Huron	0	0	0	0
LifeWays	0	2	2	4
Montcalm	0	0	1	1
Newaygo	0	0	0	0
Saginaw	1	0	4	5
Shiawassee	0	1	0	1
The Right Door	0	0	1	1
Tuscola	0	0	0	0
MSHN Totals	3	7	11	21

Summary

Mid-State Health Network's (MSHN) Habilitation Supports Waiver program ended FY22 Q4 with 1,532 enrollees, which was a -0.9% change from the third quarter of the fiscal year. The slot utilization rate at the end of the third quarter was 93.5% meaning MSHN continued to fall below compliance with the 95% slot utilization standard set by Michigan Department of Health and Human Services (MDHHS). The

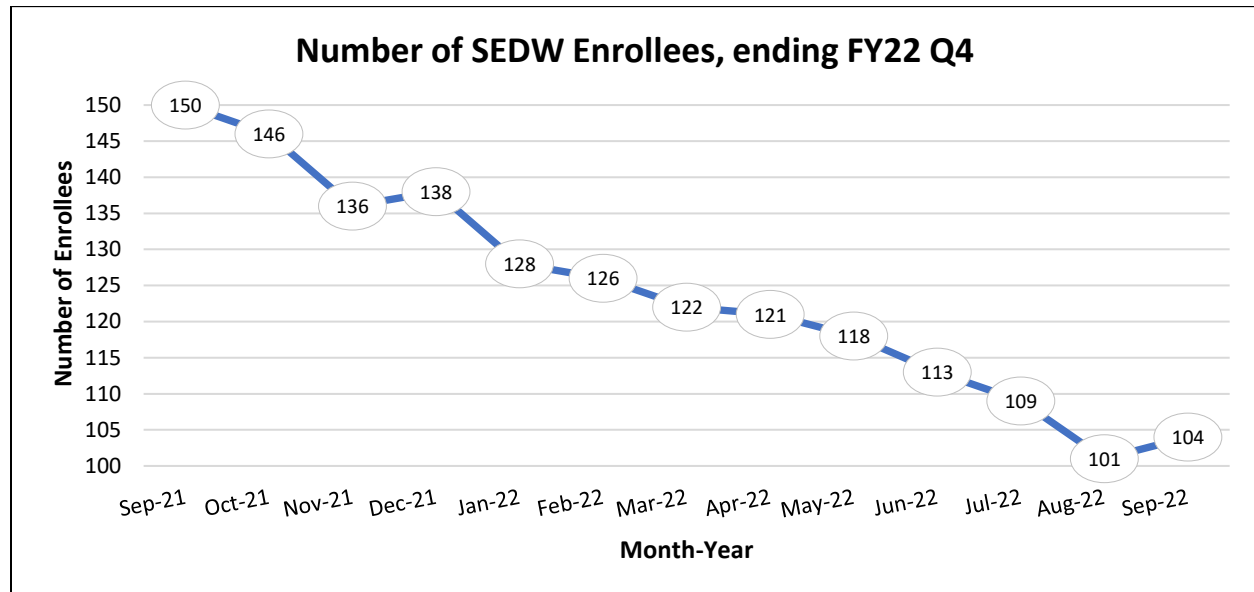
region experienced 21 disenrollments and 21 new enrollments throughout the third quarter. The biggest reason for disenrollment throughout the 4th quarter was consumer death (47.8%).

C. Waiver for Children with Serious Emotional Disturbance (SEDW)



* "Project Cases" are children with open foster care cases through Michigan Department of Health and Human Services (MDHHS) and children adopted out of the Michigan Child Welfare System. Project Cases are counted as a part of the total number of enrollees for each Community Mental Health Service Program (CMHSP).

Mid-State Health Network's (MSHN) Serious Emotional Disturbance Waiver (SEDW) program ended FY22 with a total of **104 enrollees**, of which there were **35 Project Cases (34 %)**.



Currently, 9 of the 12 CMHSPs in MSHN's region have at least one child/family on the SEDW. MSHN will continue to work with its network to ensure that each CMHSP has the knowledge and guidance to facilitate implementation of the SEDW benefit for potential candidates and enrollees.

Table 1:
SEDW Enrollment Numbers by CMHSP

CMHSP	22-Mar	22-Apr	22-May	22-Jun	22-Jul	22-Aug	22-Sep
Bay-Arenac	4	4	3	3	3	3	4
CEI	47	46	46	46	44	43	44
Central	18	18	19	18	16	14	14
Gratiot	1	1	1	1	1	1	1
Huron	1	1	1	1	1	0	0
LifeWays	21	21	22	19	18	16	18
Montcalm	10	10	8	8	9	8	10
Newaygo	2	2	2	2	2	2	2
Saginaw	9	8	9	8	7	6	5
Shiawassee	0	0	0	0	0	0	0
The Right Door	9	10	7	7	8	8	6
Tuscola	0	0	0	0	0	0	0
Total	122	121	118	113	109	101	104

Table 2:

SEDW Reason for Disenrollment

Reason for Disenrollment	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
Age Off	1	0	0	0	0	0	0
Deceased	0	0	0	0	0	0	0
Moved out of State	0	0	0	0	0	0	0
Not Eligible	5	4	2	4	1	0	2
Other	1	2	0	0	0	0	1
Parent Declined	0	0	0	0	0	0	0
Reject	0	0	0	0	0	0	0
Res. Place 45 Day no Return	0	0	1	1	1	0	0
Voluntary Withdrawal	3	3	7	2	2	2	2
Withdraw	1	0	0	0	0	0	0
Total	11	9	10	7	4	2	5

Table 3:

SEDW Total Disenrollment per CMHSP

CMHSP	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
Bay-Arenac	0	0	1	1	0	0	0
CEI	3	7	3	1	0	0	1
Central	3	0	2	2	1	2	2
Gratiot	0	0	0	0	0	0	0
<i>Huron</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>
Lifeways	1	0	1	3	2	0	1
Montcalm	0	0	2	0	0	0	0
Newaygo	0	0	0	0	0	0	0
Saginaw	0	2	1	0	1	0	1
<i>Shiawassee</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>
The Right Door	4	0	0	0	0	0	0
<i>Tuscola</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>
Total	11	9	10	7	4	2	5

Disenrollment data captured here includes the dates in which the disenrollments were finalized at the CMHSP. Often, MSHN receives notification of disenrollments with some delay. In these circumstances, the overall enrollment numbers are impacted but that specific disenrollment may not be captured in this month.

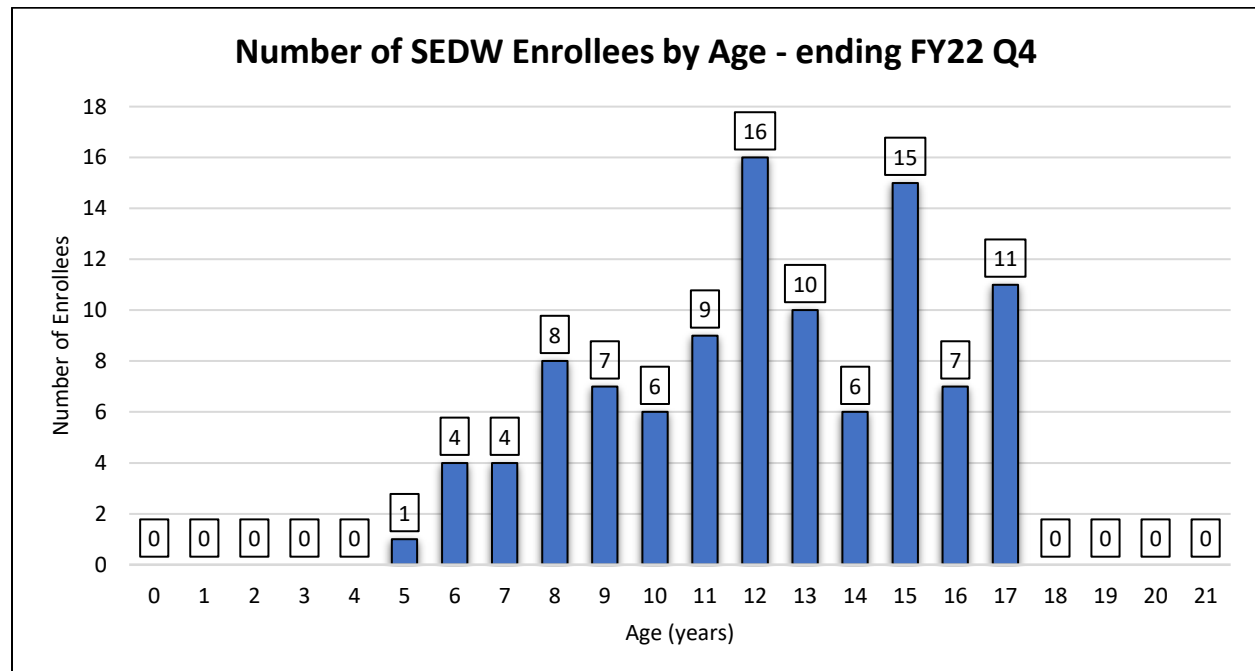
Additionally, MSHN will review the data related to reasons for disenrollment to understand the decrease in enrollments and discuss the topic in SEDW workgroup meetings to ensure eligible families and youth are being considered for the waiver. Current data indicates that the primary reason for disenrollment is reported to be “voluntary disenrollment” and “not eligible.”

Table 4:

Total Number of SEDW Past Due Re-certifications

CMHSP	22-Mar	22-Apr	22-May	22-Jun	22-Jul	22-Aug	22-Sep
Bay-Arenac	0	0	1	0	0	0	0
CEI	1	2	4	2	3	1	2
Central	0	0	0	1	1	0	2
Gratiot	0	0	0	0	0	0	0
Huron	0	0	0	1	1	0	0
LifeWays	0	0	2	0	3	0	0
Montcalm	0	1	0	0	0	0	0
Newaygo	0	0	1	0	0	0	0
Saginaw	1	0	1	2	0	1	0
Shiawassee	0	0	0	0	0	0	0
The Right Door	2	0	0	0	1	3	0
Tuscola	0	0	0	0	0	0	0
Total	4	3	9	6	9	5	4

MSHN had a total of four past due certifications in September 2022. This number reflects that **96.2%** of recertifications have been completed on time during this report period. MSHN will continue to send out monthly reminders to CMHSPs to highlight the necessary documents needed to ensure that all recertifications are completed prior to their due dates.



At the end of Q4, the average age of individuals enrolled in the SEDW was **12.24 years old**.

Summary

Total enrollees once again went down from 113 in June to 104 in at the end of FY22 Q4. Disenrollment reasons at the end of Q4 reported to be “no longer meeting eligibility requirements,” “Residential Placement 45 Days-No Return,” and “Other.”

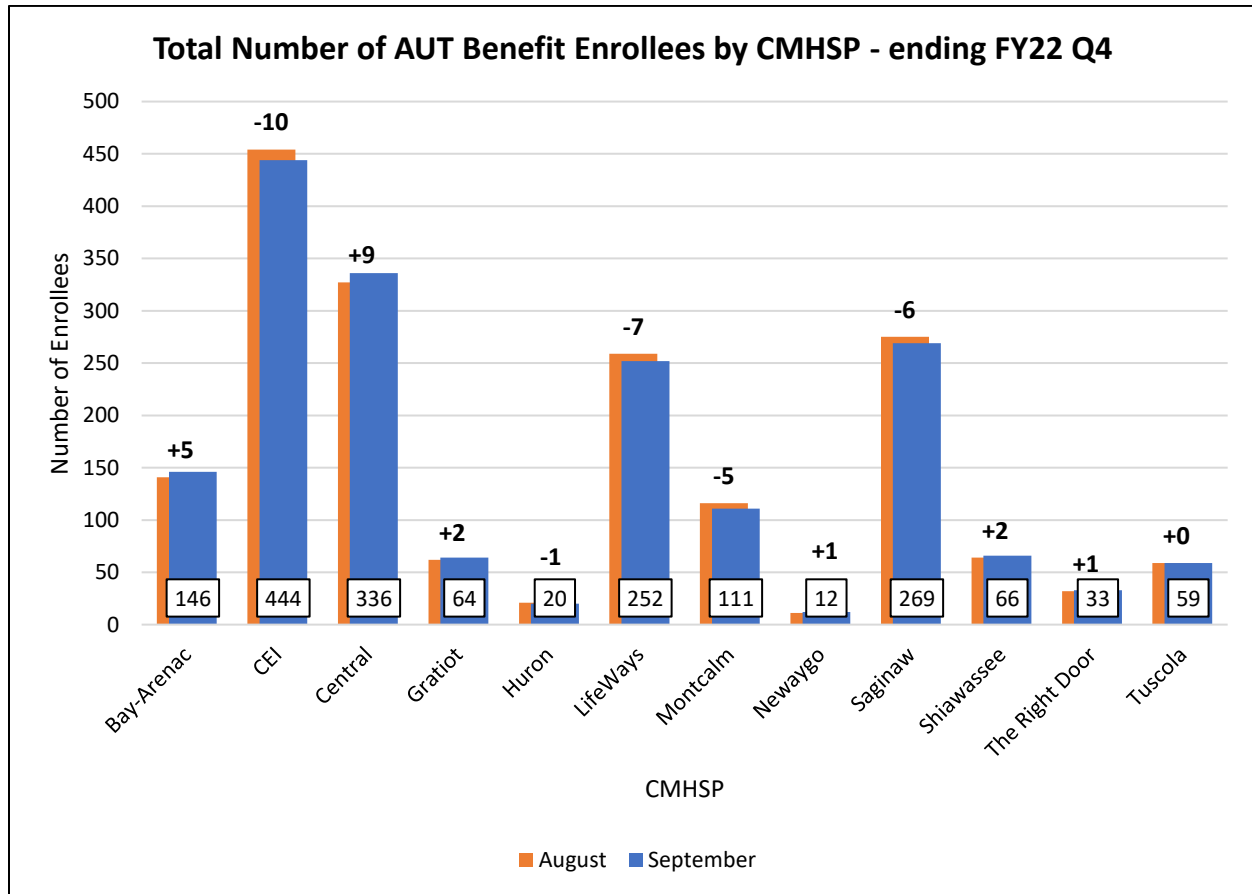
III. Early Periodic Screening, Diagnosis, and Treatment (EPSDT)

A. Autism Benefit

Table 1:

Total Number of AUT Benefit Enrollees by CMHSP, FY22 Q4

CMHSP	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
Bay-Arenac	146	147	145	146	142	141	146
CEI	428	436	442	451	453	454	444
Central	300	300	313	320	323	327	336
Gratiot	61	63	59	60	61	62	64
Huron	15	17	21	23	22	21	20
LifeWays	266	263	263	262	261	259	252
Montcalm	95	103	106	107	110	116	111
Newaygo	11	11	11	11	9	11	12
Saginaw	248	275	277	272	280	275	269
Shiawassee	55	58	57	63	63	64	66
The Right Door	29	31	32	32	33	32	33
Tuscola	56	56	57	60	59	59	59
Total	1710	1760	1783	1807	1816	1821	1812



Mid-State Health Network's (MSHN) Autism Benefit enrollment data for September 2022 is shown in *Table 1: Total Number of AUT Benefit Enrollees by CMHSP* and subsequent chart. Enrollment numbers have **decreased by 9** since last month. **6** of MSHN's 12 Community Mental Health Service Programs (CMHSPs) (**Bay-Arenac, Central, Gratiot, Newaygo, Shiawassee, and the Right Door**) have experienced continued enrollment growth within that period.

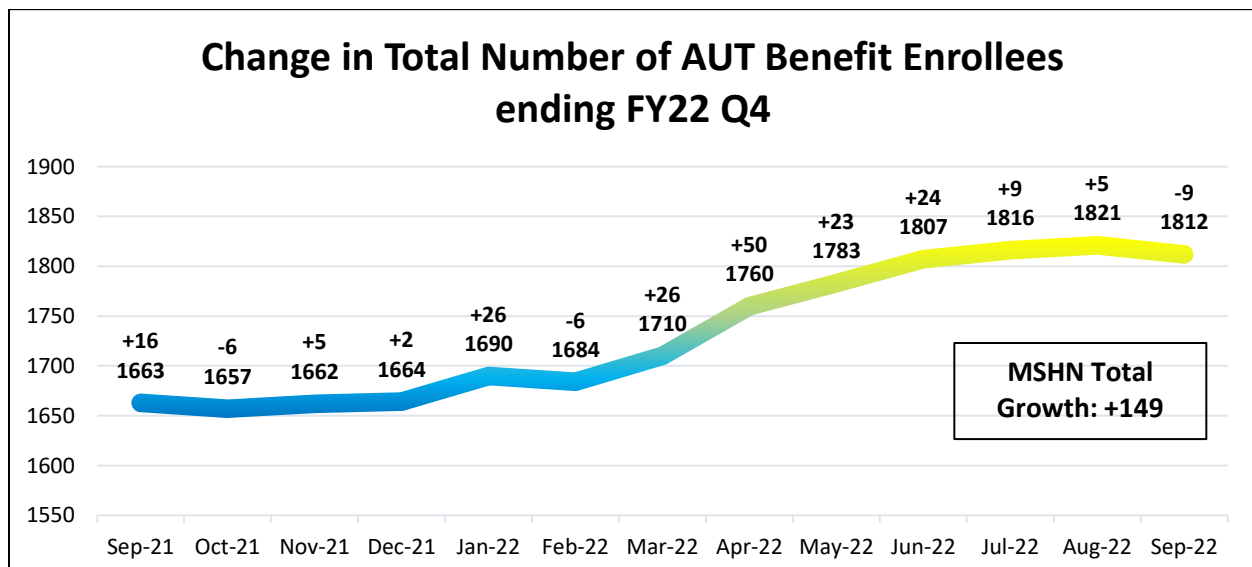


Table 2:
Total Pending AUT Benefit Enrollees

CMHSP	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
Bay-Arenac	15	21	23	32	26	34	22
CEI	54	41	37	38	46	48	43
Central	51	56	64	71	65	66	59
Gratiot	9	9	9	9	4	3	0
Huron	0	2	2	0	0	0	0
LifeWays	18	21	17	14	26	22	21
Montcalm	10	5	8	10	11	13	8
Newaygo	0	0	0	0	1	1	0
Saginaw	47	29	25	26	18	32	34
Shiawassee	19	18	18	10	6	7	5
The Right Door	2	3	3	4	1	3	2
Tuscola	0	0	2	0	0	0	0
Total	225	205	206	214	204	229	194

Table 2: Total Pending AUT Benefit Enrollees depicts the number of individuals who have presented at each CMHSP requesting (but still waiting for) an autism evaluation. Positive changes indicate an increase in referrals and those still waiting for an assessment. Negative changes indicate CMHSP movement – having testing done for individuals and making diagnostic decisions (either qualifying or non-qualifying).

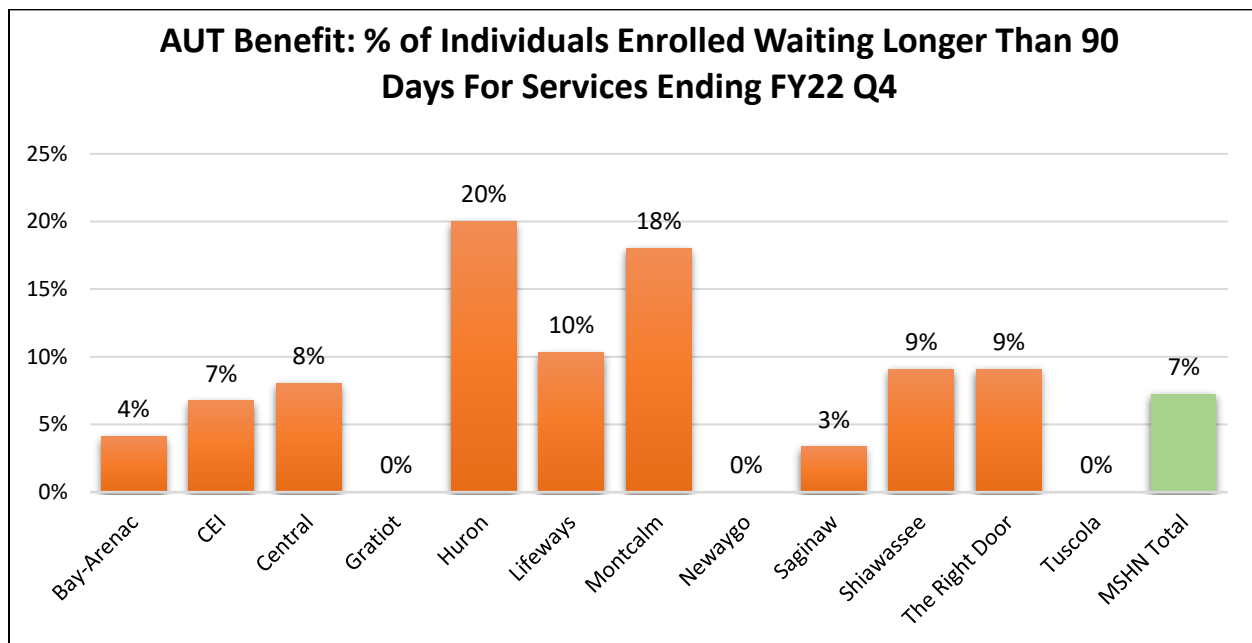
Table 3:
Reason for Disenrollment, FY22 Q4

Reason	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
Approved/Declined	6	3	6	7	7	11	6
Met TX. Goals	15	9	9	10	7	6	5
Out of State	0	1	1	0	3	2	2
No Medicaid	0	0	0	0	0	0	0
Age Off	0	1	3	3	2	1	2
Voluntary D/E	6	7	7	10	8	18	20
Other	4	0	1	2	1	3	6
Total	31	21	27	32	28	41	41

The top reason for disenrollment in September 2022 was from **Voluntary Disenrollment**. CMHSPs are required to provide information when voluntarily disenrolling. Typically, families voluntarily disenroll after they feel progress has made, they are transitioning to other services, or they no longer feel that ABA is beneficial.

Table 4:
Total Number of Individuals Enrolled and Waiting Longer than 90 days for Services

CMHSP	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
Bay-Arenac	6	10	11	16	11	10	6
CEI	30	29	32	28	29	27	30
Central	13	21	25	38	18	29	27
Gratiot	1	1	0	1	1	0	0
Huron	0	0	0	1	2	4	4
LifeWays	50	70	78	83	54	54	26
Montcalm	11	21	21	21	18	17	20
Newaygo	0	0	0	0	0	0	0
Saginaw	7	7	11	8	11	17	9
Shiawassee	5	6	4	4	6	5	6
The Right Door	2	2	1	2	2	2	3
Tuscola	3	3	2	2	1	3	0
Total	160	128	170	204	153	168	131



MSHN currently has an average of **7%** of its enrolled population waiting longer than 90 days to start services. **10** of the region's 12 CMHSPs have **less than or equal to 10%** of their enrolled population waiting longer than 90 days. MSHN will continue to work with the region to address issues related to service delays with a focus on increasing network capacity to ensure that all individuals receive services within 90 days of program eligibility. MSHN is requesting the CMHSPs provide an explanation along with beneficiary specific and systemic remediation plans to address issues impacting timely service delivery within their network when the wait for services has exceeded 90 days.

Table 5:

Total Number of Overdue Individual Plans of Service (IPOS)

CMH	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
Bay-Arenac	4	4	3	8	0	5	2
CEI	18	23	19	22	26	35	40
Central	8	4	6	5	10	11	10
Gratiot	0	0	0	0	1	3	4
Huron	0	1	0	0	0	1	1
LifeWays	59	73	76	93	73	85	34
Montcalm	5	6	7	2	9	10	8
Newaygo	0	1	1	1	0	2	5
Saginaw	6	7	6	3	4	3	16
Shiawassee	2	2	2	2	1	1	4
The Right Door	3	6	4	4	1	1	1
Tuscola	2	1	1	1	0	0	0
Total	108	128	125	144	126	159	125

Overdue IPOS numbers **decreased by 34** from last month. MSHN continues to track this data and send monthly overdue reports with specific data to each CMHSP. Each CMHSP should review and address late IPOS within their system. The continued allowances for increased use of telehealth for services such as person-centered planning meetings should allow for the network to improve compliance with this standard while maintaining appropriate COVID-19 precautions, as appropriate.

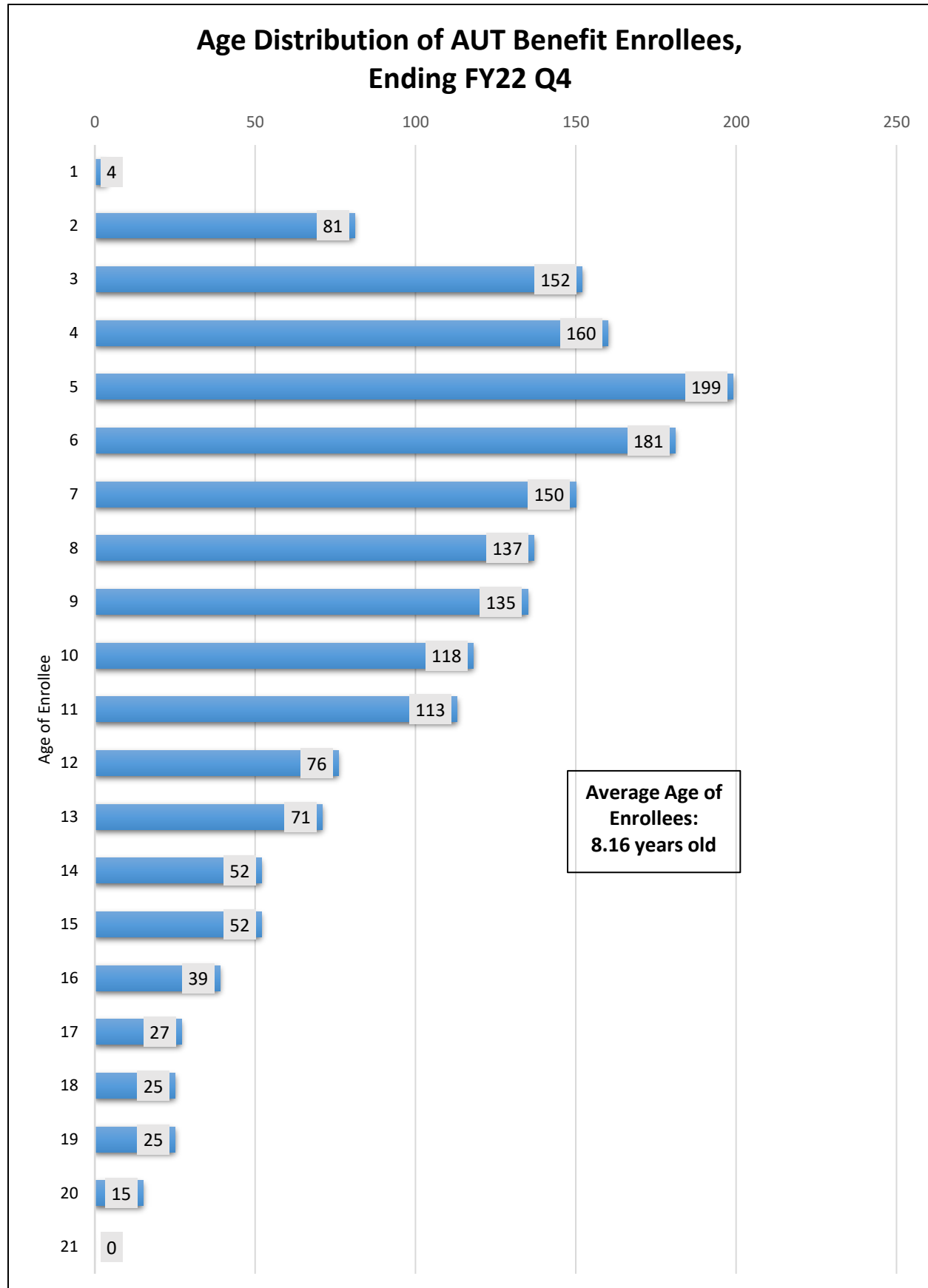
Table 6:

New Evaluations by Classification

Classification	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
Autism	59	60	55	59	48	48	51
ASD	10	11	9	3	5	11	7
Not Qualified	42	27	32	29	31	22	47
Total	111	98	96	91	84	81	105

Overdue Re-evaluations Greater Than 30 Days

As of September 1, 2021, re-evaluations are only required once every three years. MSHN will also begin providing notifications to CMHSPs of any three-year re-evaluations within six months of being due. Recently, House Bill 4059 was passed which eliminates the requirement for re-evaluations entirely. Guidance from MDHHS indicates that it will take several months for this policy language to go into effect and the current expectation remains that re-evaluations will be completed every three years. MSHN will continue to provide guidance as implementation rules to House Bill 4059 become available. MSHN emphasizes the importance of quality and comprehensive initial autism evaluations to ensure eligibility is accurately determined.



The average age of individuals receiving AUT services for September 2022 was **8.16 years old**. In recent Autism workgroup meetings, MSHN has highlighted this information, as well as the group of individuals that will age out of the benefit in coming months. MSHN has encouraged CMHSP leads to consider enrollment in other programs as appropriate, such as the Habilitation Supports Waiver (HSW) as a potential option for continued services.

IV. Home and Community-Based Services Rule Transition (HCBS)

A. HCBS FY22Q4 Updates:

Purpose

On March 17, 2014, the Centers for Medicare and Medicaid Services (CMS) published a new set of rules for the delivery of Home and Community Based Services through Medicaid waiver programs. Through these rules, the Centers for Medicare and Medicaid Services aim to improve the experience of individuals in these programs by enhancing access to the community, promoting the delivery of services in more integrated settings, and expanding the use of person-centered planning.

In response, the Michigan Department of Health and Human Services is developing a statewide transition plan to bring its waiver programs into compliance with the new regulations while continuing to provide vital services and supports to Michigan citizens. The Department is committed to an inclusive process partnering with people receiving services, their allies, health care providers, and other organizations to create a transition plan that serves the best interests of the people of Michigan while also meeting requirements from the Centers for Medicare and Medicaid Services.

Current Projects

Compliance Validation

CMS required all waiver entities to validate survey responses where a provider via survey response self-reported that they were in full compliance with the HCBS Final Rule. MSHN region had 63 validations to complete. **Status: COMPLETE**

Waiver Type	Total Original Validation Cases	Total Cases to Validate After Data Cleaning	Additional Number of Cases the No Longer Need Validation	Remaining Number of Cases to Validate	Number of Completed Validations	Percentage of Completed Validations
HSW Res	0	0	0	0	N/A	N/A
HSW Non Res	51	26	6	20	20	100%
1915i/B3W	299	87	44	43	43	100%

Heightened Scrutiny – Out of Compliance (HS-OOC)

PIHPs are working alongside Michigan State University's Heightened Scrutiny (HS) Team. During this time PIHPs, in collaboration with CMHSPs and their provider network, are remediating any areas that were determined to be out of compliance. This work is to be completed by July 1, 2022. Currently MSHN has 7 cases left to remediate to complete this project.

Status: COMPLETE

Waiver Type	Total Original Validation Cases	Total Cases to Validate After Data Cleaning	Addl Number of Cases That No Longer Need Validation	Remaining Number of Cases to Validate	Number of Completed Validations	Percentage of Completed Validations
HSW Res	165	158	31	127	124	100%
HSW Non-Res	5	4	4	0	0	N/A
1915i/B3W	104	88	55	33	29	100%

Non-Responder Surveys

The Michigan Department of Health and Human Services (MDHHS) and our partners Michigan Developmental Disability Institute have made considerable efforts to ensure settings understood the ramifications of failing to complete the HCBS surveys and to ensure they were given ample opportunity to complete the surveys within the survey timelines. Despite the time and effort put forth to engage the providers of these settings in the HCBS survey process, they have remained unresponsive and will therefore be considered non-compliant with the HCBS rule.

Due to these providers being non-responsive, the remainder of the implementation process to ensure compliance cannot be completed which has resulted in this communication and request for action from the Prepaid Inpatient Health Plans (PIHPs). The PIHPs have a contractual obligation with MDHHS to ensure compliance with the HCBS rule by March 17, 2023, which includes administering the survey process for their existing providers. Therefore, MDHHS has developed a plan that provides guidance to the PIHPs regarding acceptable actions for PIHPs to address those settings who were nonresponsive. MSHN completed 22 surveys in collaboration with CMHSP HCBS Leads and their provider network and are in the process of remediating/validating the survey responses. This work was completed.

Status: 100% COMPLETE

Waiver Type	Total Original Cases	No Longer Needs Validation/Remediation	Remaining Cases to Validate/Remediate	Number of Completed Cases	Percentage of Completed Cases
HSW Res	3	0	3	3	100%
HSW Non-Res.	0	N/A	N/A	N/A	N/A
1915i/B3W	20	3	17	17	100%

Heightened Scrutiny Public Comment

MDHHS is providing an opportunity for all interested parties to review the evidence provided and then share their perspective in the public comment period. MDHHS has posted the information gathered about a setting on a public facing webpage for review by and comment by the public, this information is specific to Behavioral and Physical Health and Aging Services Administration (BPHASA). The public can see the areas of concern that caused the setting to require an HS review, and the evidence provided by

the setting to support their claim that they are HCBS-compliant and should be allowed to continue to provide HCB-funded services. Once a member of the public has reviewed this information, there is a link to a survey which provides an opportunity for the public to tell MDHHS whether they feel the setting has met the standard to be found HCBS-compliant.

MDHHS began the public comment period with the posting of all HS settings in Prepaid Inpatient Health Plan (PIHP) region 5 on April 8, 2022 and ended on May 9, 2022. The second public comment posting includes all other regions across the state of Michigan (regions 1-4 and 6-10) and four sites from region 5 that were inadvertently missed in the first posting. The start date for the public comment began on June 27, 2022 and will end on July 27, 2022. Those specific counties, cities, and names of settings can be found [here](#).

Provisional Applications (New Process)

MDHHS recently amended the provisional approval process due to placements needing to occur at settings currently on HS or have characteristics that make the setting isolating or institutional in nature. In the past MSHN has been requesting supporting documentation to approve the setting on an individual basis, not a blanket approval for the setting.

The new change is that once a CMHSP is requesting a provisional approval for a setting on HS or has HS characteristics the PIHP must request a consult from the HCBS Team at BHDDA. MSHN's HCBS Team is working hard with MDHHS to ensure that this is a streamlined process as to not hold up any placements. This process is dependent on new placements and are reviewed with MDHHS as required.

Ongoing Monitoring and Evaluation

Following the completion of the HCBS Rule Transition process, CMS and MDHHS have tasked the 10 PIHPs with annual monitoring and evaluating network providers for continued compliance. MDHHS is working on a process that will guide the PIHP/CMHSP system in ensuring that providers remain in compliance with the HCBS Final Rule.

Important Upcoming Dates

- **September 15, 2022**
PIHP leads will notify MDHHS of the status of every HS setting and related participants by WSA ID on a final submission tracking sheet. MDHHS requires updates on the 1st and 15th of every month until early March to ensure transition to a compliant setting.
- **March 1, 2023**
Transition Planning: PIHP leads will ensure transitions occur and all HCBS waiver participants who remain in waivers will be in compliant settings.

V. Supports Intensity Scale (SIS)

A. Summary

General Purpose:

The Supports Intensity Scale (SIS®) is a strengths-based, comprehensive assessment tool that measures an individual's support needs in personal, work-related, and social activities to identify and describe the types and the intensity of the supports an individual requires. The SIS® includes background information on health, medical conditions, activities of daily living and cognitive, social, and emotional skills. The SIS® was designed to be part of person-centered planning processes that help all individuals identify their unique preferences, skills, and life goals. The SIS® is a reliable and valid assessment developed and copyrighted by the American Association on Intellectual and Developmental Disabilities (AAIDD).

The SIS Assessment is administered to individuals with the following characteristics:

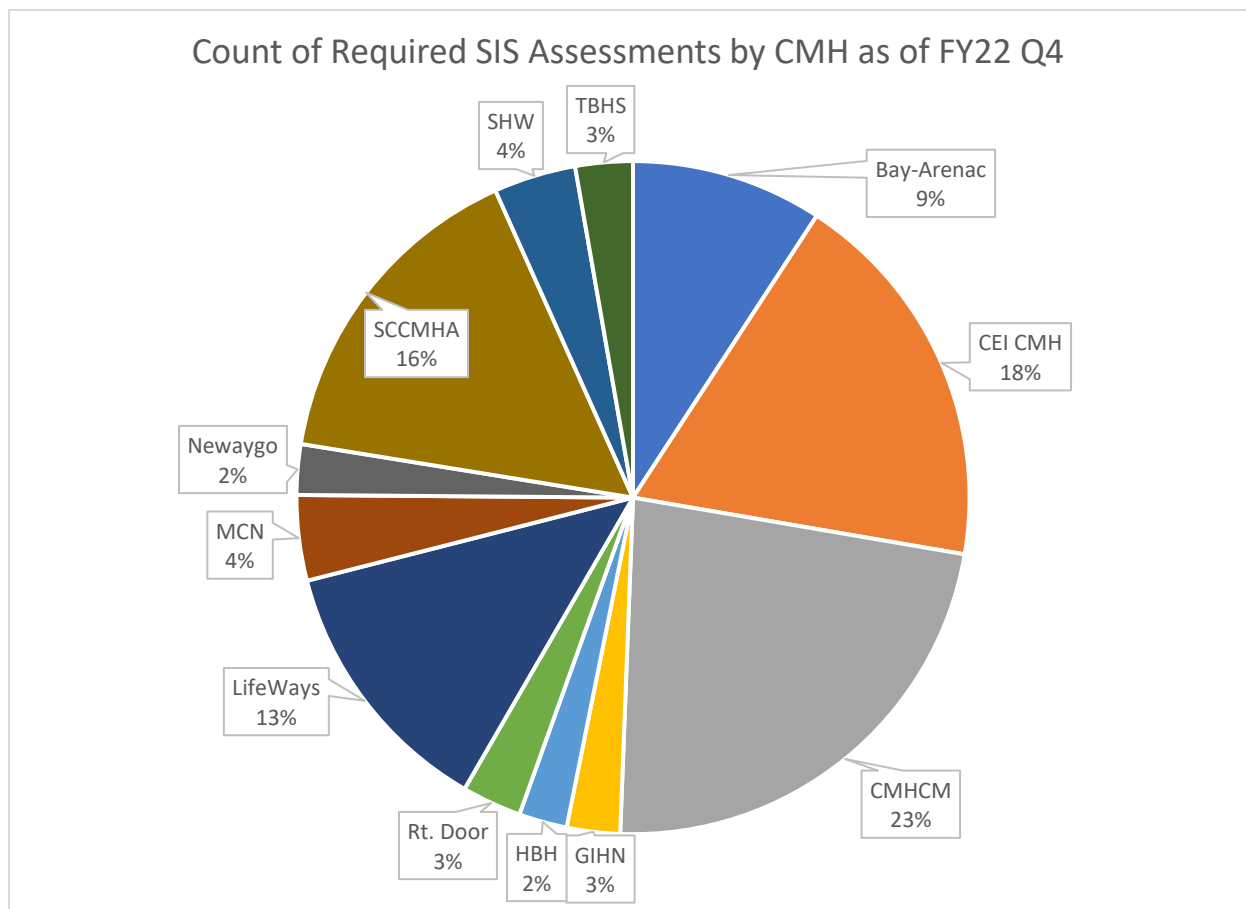
- Is Michigan Medicaid eligible and receiving behavioral health services
- Is 16 years or older *[Lowered from 18 on Oct 1, 2020]*
- Has a disability designation of intellectual/developmental disability (I/DD)
- Is *currently* receiving case management, supports coordination, or respite only services

MDHHS. (2021 June) Supports Intensity Scale® Implementation Manual

https://www.michigan.gov/documents/mdhhs/MDHHS_SIS_Manual_Version2.2_727728_7.pdf

Table 1:
Count of Required SIS Assessments by CMH for FY22 Q4

FY22Q4 Count Required	Total
Bay-Arenac Behavioral Health	417
CEI CMH	839
CMH for Central Michigan	1039
Gratiot Integrated Health Network	116
Huron Behavioral Health	105
Ionia - The Right Door	130
LifeWays CMH	575
Montcalm Care Network	186
Newaygo CMH	110
Saginaw County CMHA	714
Shiawassee County CMHA	179
Tuscola Behavioral Health Systems	125
Declines	127
Total with Declines Removed	4535



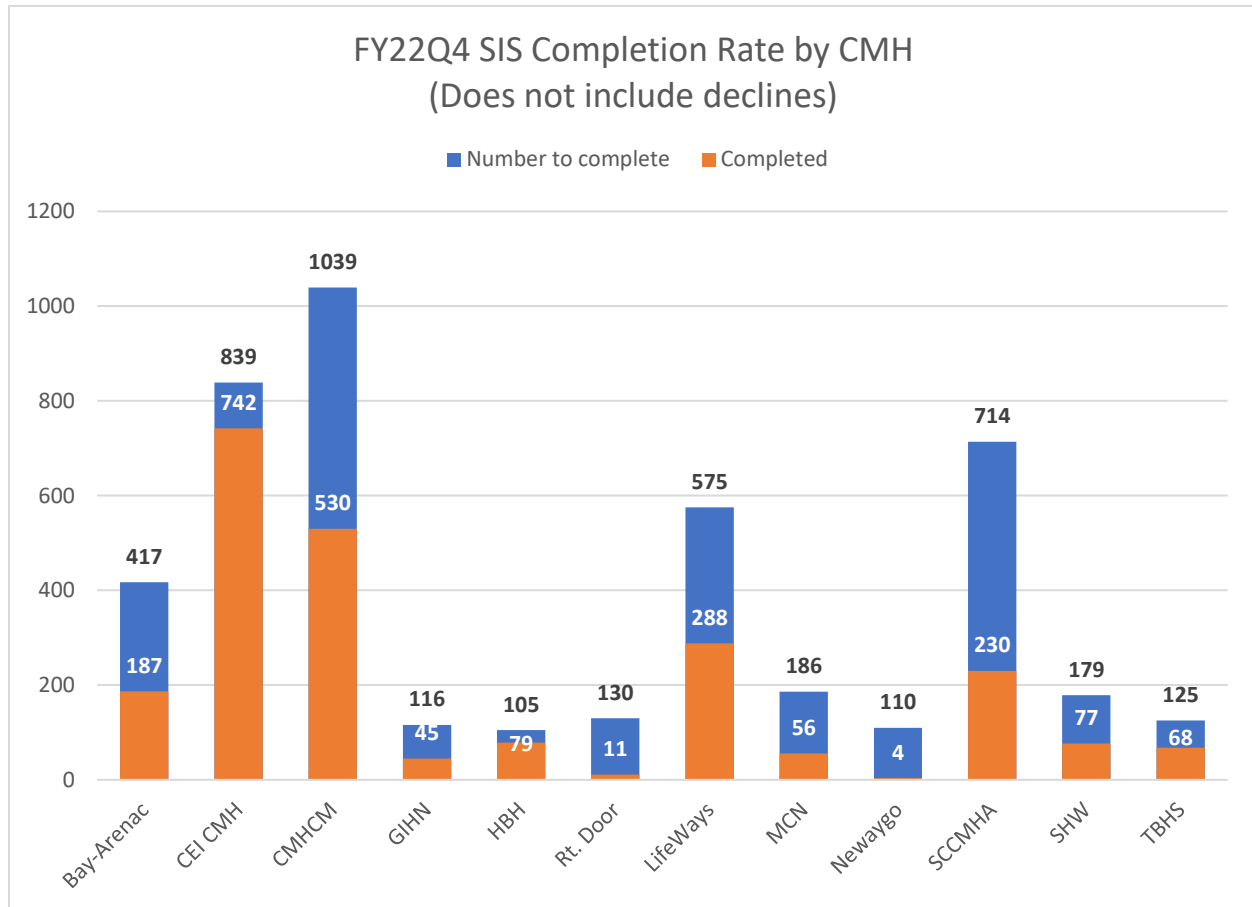
SIS Online data comprises the numerator (*see Table 2; FY22Q3 Completion Rate by CMH*), or those individuals who have received a SIS assessment by a SIS assessor as entered in the required SIS Online system. Please note that the denominator for an individual's SIS eligibility is determined by taking MDHHS BH-TEDS data, Encounter Data (includes Assessment (with HW)) case management, supports coordination, or respite only, and whether one of these qualifying services has been provided and *claimed* within the last 90 days, *minus individuals who declined a SIS*. Given these parameters, the number of required SIS assessments fluctuates between quarters. Additionally, starting October 1, 2021, the SIS billing will include a "WY" instead of HW, and HN for Bachelors level assessor, or HM for less than Bachelors level (four years work experience). MSHN is limited to the data sources in gathering numerator and denominator data, that is, MSHN's partner CMHSPs have the full data set. MSHN is presently reviewing SIS data provided by MDHHS to enhance regional SIS reporting. There is a discrepancy between regional data and state data, and this is under review. As of 10/1/2024, the SIS-A will be required for persons on the HSW, the 1915i State Plan Amendment (SPA), and/or in specialized residential.

Mid-State Health Network is required to have a 100% SIS completion rate for all eligible individuals within their individual three-year timeframe. The three-year timeframe is relative to the last time *each individual* received a SIS assessment, or if the individual declined, being re-invited to receive the SIS within a year. The SIS will become a requirement for persons receiving habilitation supports waiver, 1915(i) State Plan Amendment Services, or specialized residential services starting 10/1/2024.

Table 2:
FY22 Q3 SIS Completion Rate by CMH (includes declines)

CMH	Number to complete	Completed	%
Bay-Arenac	417	187	45.72%
CEI	839	742	88.65%
Central	1039	530	51.86%
Gratiot	116	45	42.45%
Huron	105	79	75.96%
Ionia – The Right Door	130	11	8.46%
LifeWays	575	288	51.15%
Montcalm	186	56	30.11%
Newaygo	110	4	3.64%
Saginaw	714	230	34.64%
Shiawassee	179	77	50.66%
Tuscola	125	68	54.40%
Total (Declines Removed)	4408	2317	52.56%

*Completion % calculated by gathering all assessments completed in 3.0 years or less and declines that occurred less than or equal to 1.0 years. Declines occurring greater than 1.0 years ago are placed back into the number to complete.



A goal of 100% completed SIS assessments for eligible individuals sets a pace of 33.33% per year, or 8.33% growth per quarter (or 2.8% per month). MSHN's current rate of completion for the fourth quarter is 52.56%. The percent complete for FY22Q2 was 53.85%. However, the accuracy (including count for numerator and denominator) of the SIS data is specific to each quarter and is affected by different factors, typically related to timing, including:

- Entry of disability designation in BH-TEDS
- Closure (or non-closure when it should have been closed) of a case/case episode
- Date of encounter
- Date of submission of encounter
- New individual to services
- Individual is now deceased
- Whether the individual declined (see next section) a SIS, and the year timeframe still applies

While SIS completions can be viewed as needing to match a 33.33% annual rate, this percent assumes that the eligible population is relatively static and even from year to year. The eligible population changes as does when an individual received a SIS relative to the whole eligible population. This means that the reader should not think in terms of progress toward 100%, but rather the percent incomplete at any point in time. The Michigan Department of Health and Human Services (MDHHS) SIS Steering Committee discussed that the expectation for overall SIS completion is to be at 85% for each PIHP by 9/30/2023 (roughly 14 months from the date of this report). Then starting 10/1/2024, MDHHS will

institute the 100% (cannot decline) requirement for individuals on the HSW, 1915i SPA, and Specialized Residential. The first target then should be the following:

- 1) Completion rate of 52.56% ending September 2022, with a gap of 32.44% to get to 85% by 9/30/2023. A growth (while holding the 52.56% steady) of 2.22% per month (6.68% per quarter, 26.72% annually) means that the percent complete by the FY22Q4 report should be 60.50% and by this time next year, 80.54%. This was not achieved.
- 2) Then, a determination will be made as to the number of remaining persons on the HSW, 1915i, and Specialized Residential to address the 100% goal.
- 3) Thus, the assessors need to maintain rates of completion specific to their CMHSP(s) to keep the regional completion rate on track.
- 4) Once achieved, tracking targets should be about maintaining 100% compliance, much like completing 100% of person-centered plans (PCP) within 365 days of the previous PCP.

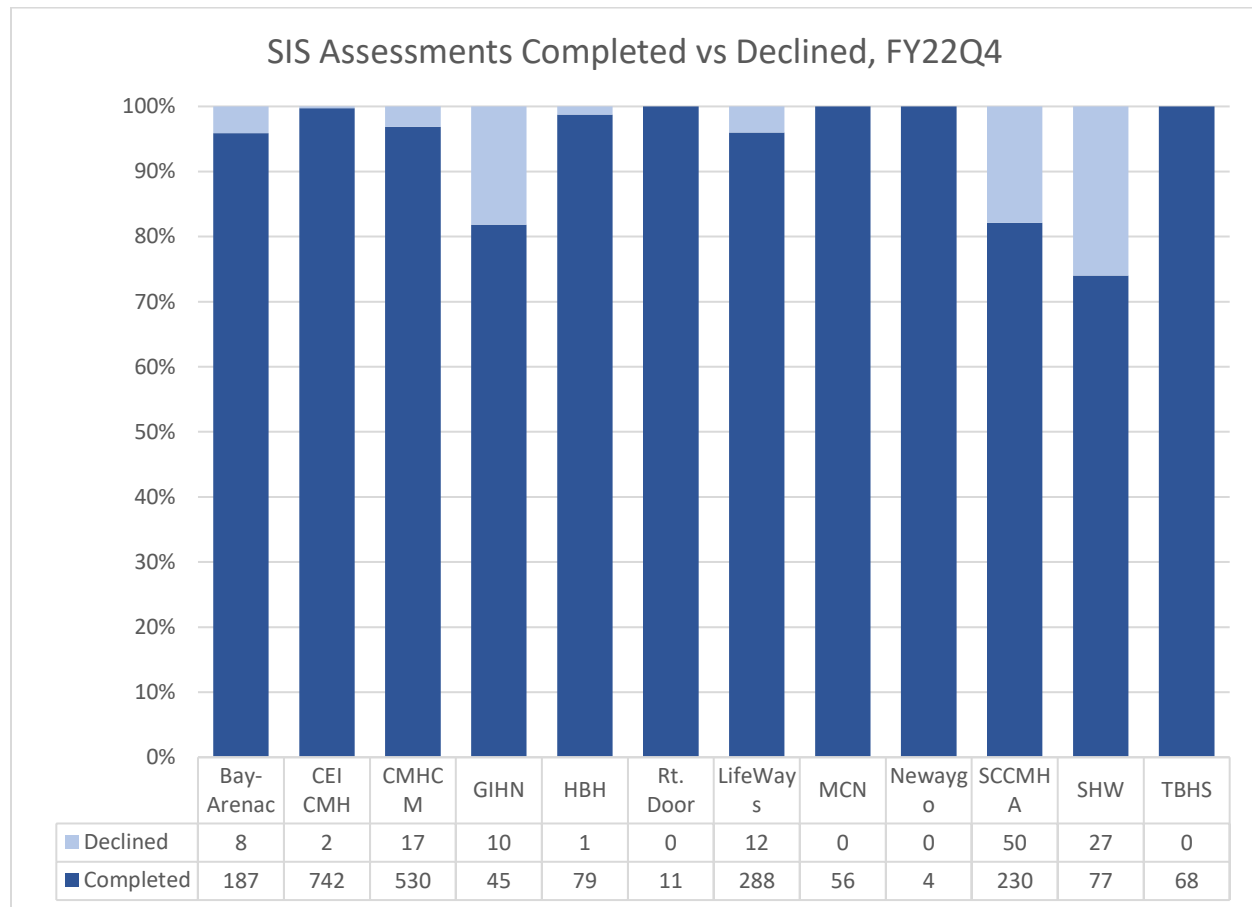
Declined Assessment Process and Rights

Currently, individuals and/or guardians may decline to participate in the SIS® Assessment process. As of 10/1/2024, declines will no longer be allowed for individuals on the HSW, 1915i, or Specialized Residential. Declining the SIS® Assessment will have no impact on the individual's ability to receive new and/or ongoing services. Individuals and/or guardians may opt out of the SIS® Assessment at any point during the assessment. All declined assessments (including the decline to follow-ups) must be documented by the PIHP specifying the date the assessment was declined in the electronic health record. PIHPs or their designee shall continue to engage, at least annually, individuals who did not participate in the SIS® Assessment to increase their understanding of the benefits of this process and how results will be used. Individuals are removed from the denominator if the current date is less than 12 months from the date of decline.

Table 3:
SIS Assessments Completed v. Declined FY22Q4

CMH	Number to Complete	Completed	Declined	% Declined
Bay-Arenac Behavioral Health	417	187	8	1.92%
CEI CMH	839	742	2	0.24%
CMH for Central Michigan	1039	530	17	1.64%
Gratiot Integrated Health Network	116	45	10	8.62%
Huron Behavioral Health	105	79	1	0.95%
Ionia - The Right Door	130	11	0	0.00%
LifeWays CMH	575	288	12	2.09%
Montcalm Care Network	186	56	0	0.00%
Newaygo CMH	110	4	0	0.00%
Saginaw County CMHA	714	230	50	7.00%
Shiawassee County CMHA	179	77	27	15.08%

CMH	Number to Complete	Completed	Declined	% Declined
Tuscola Behavioral Health Systems	125	68	0	0.00%
Total (Declines Removed from Denominator)	4408	2317	127	2.80%



Please note that for FY22 Q4 and since the beginning of the pandemic in early 2020, SIS Assessment completions may have declined due to COVID safety measures and use of telehealth services. Additionally, the number of individuals eligible for a SIS assessment also decreased due to individual choice to delay services.

B. Regional Issues

- SIS assessors continued completing assessments via telehealth during FY22 Q2 and began to include face to face assessments as requested. Telehealth will continue to be offered as an option.
- The upload process for data relating to individuals declining to receive a SIS assessment has been completed and implemented.
- Planning for the SIS-Child (SIS-C) Assessment has been placed on hold for FY22 and more information will be shared as available.

- The MSHN SIS Quality Lead will be performing more quality activity and reviewing assessments.
- MDHHS expects an 85% completion rate by 9/30/2023.
- MDHHS expects a 100% completion rate for persons on the HSW, 1915i, and Specialized Residential with no option to decline. Start date is 10/1/2024 (FY25).

VI. 1915i State Plan Amendment (SPA)

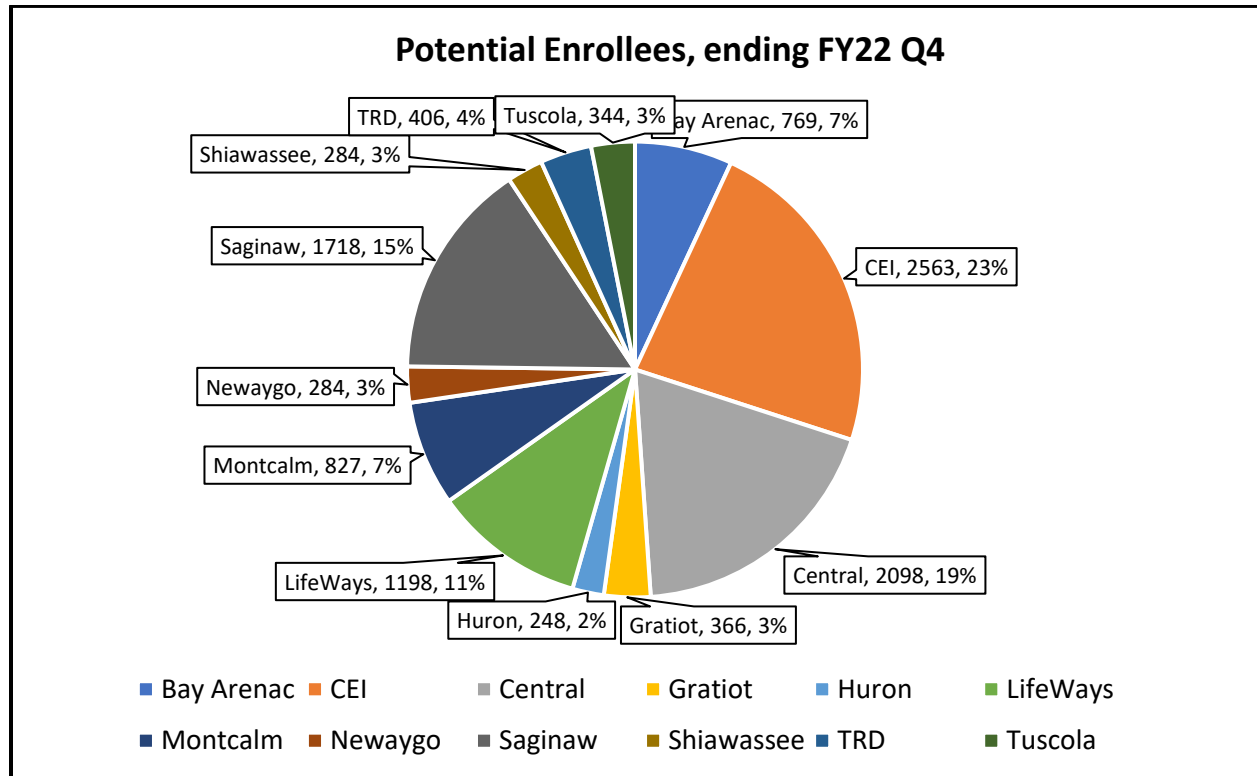
A. Summary

Following CMS' guidance, Michigan transitioned all the specialty behavioral health services and supports currently covered under 1915(b)(3) authority to a 1115 Behavioral Health Demonstration and 1915(i) HCBS state plan benefit effective October 1, 2019. Michigan developed the HCBS benefit to meet the specific needs of its behavioral health and developmental disabilities priority populations that were previously served through the Managed Specialty Services & Supports 1915(b1)(b3) waiver authorities within Federal guidelines.

The 1915(i)SPA benefit includes Community Living Supports, Enhanced Pharmacy, Environmental Modifications, Family Support & Training, Fiscal Intermediary, Housing Assistance, Respite Care, Skill-Building Assistance, Specialized Medical Equipment & Supplies (formerly known as Assistive Technology), Supported/Integrated Employment, and Vehicle Modification (formerly known as Assistive Technology). The 1915(i)SPA benefit does not include Goods and Services.

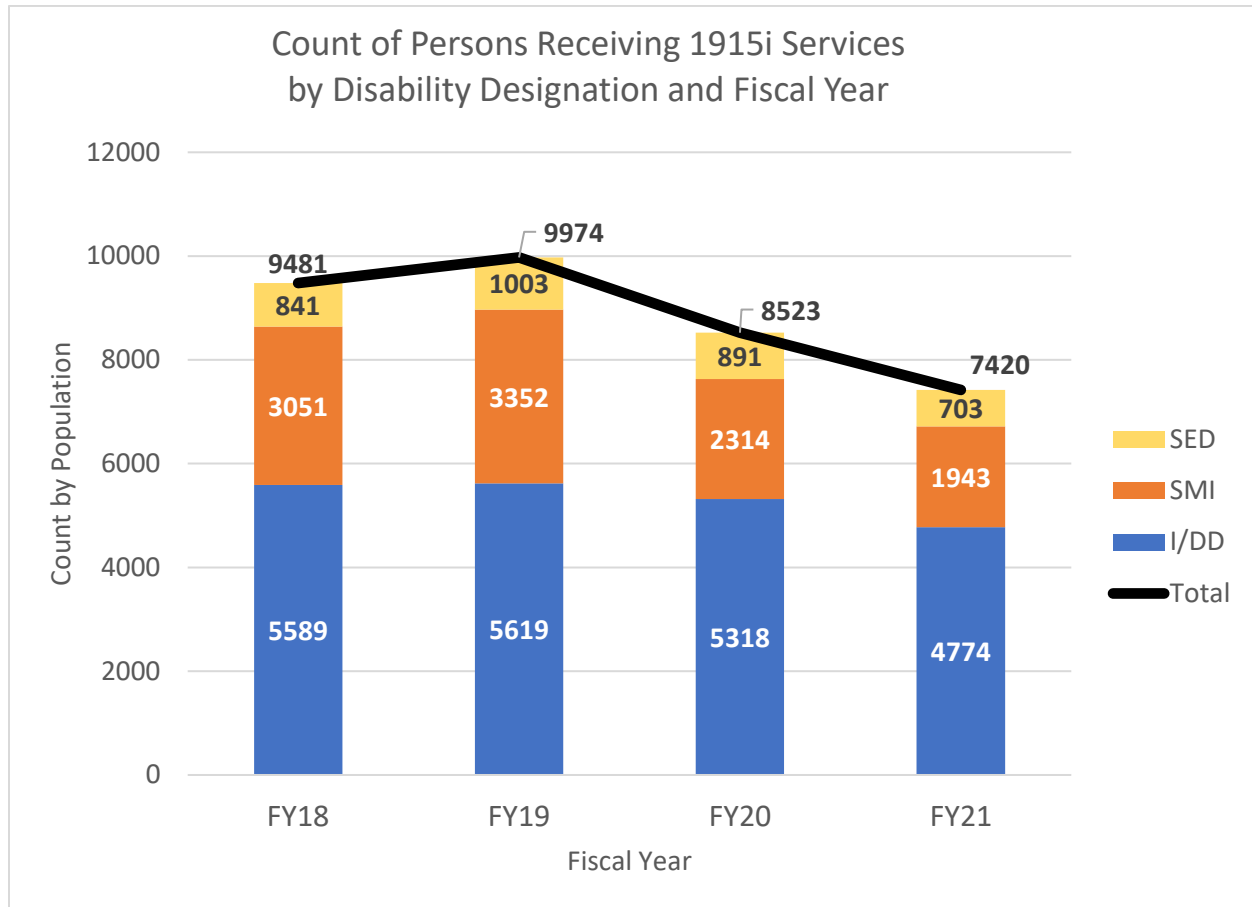
MSHN will completed testing the 1915(i)-web support application (WSA) with participants from CMH for Central Michigan and Gratiot Integrated Health Network the week of 4/26/2022. In early June 2022, operational trainings were held for the PIHPs and CMHSPs. CMH WSA users will be trained on the 1915i WSA on September 8, 2022. All eligible cases will be front-loaded by MDHHS with an 18 month look back, then over the next fiscal year, MSHN will work with its CMHSPs to verify active cases and disenroll the others. MDHHS continues to await CMS response on whether the extension to begin full implementation through MDHHS will be granted for 10/1/2023 or whether the original 10/1/2022 start date will be kept.

The 1915(i) WSA is now functional and should be used by the CMHSPs to load eligible beneficiaries into the PIHP queue for review and approval. All pre-loaded cases begin the CMHSP queue.



B. Regional Issues

The MSHN data for persons receiving the 1915i benefit is being run again to ascertain the expected volume. The 1915(i) WSA shows approximately 11,500 cases to be addressed. When beneficiaries of the C-Waivers, EPSDT, and CCBHC are removed, this number that will require enrollment in the 1915(i) SPA goes down to approximately 5,900. Note that more data reports will be shared as they are developed, and a 1915(i) regional workgroup is formed to establish policies and procedures and formalize processes relative to MDHHS requirements. The region is expected to address all 11,500 cases in the WSA by no later than 10/1/2023.



The above chart is in the process of being updated but this version shows trends related to regional utilization of 1915i services by population. There has been a decline since FY19 with the person with IDD being most significantly affected. This is likely due to the ongoing issues related to the COVID-19 pandemic. The 1915i data update that will be available by the end of July (2022) will incorporate the logic of ensuring that the service is an actual 1915i service as opposed to belonging to another benefit, like HSW or EPSDT. This new calculation will likely result in lower numbers served than is represented above.