

North Country Community Mental Health Northern Affiliation

Provider Network Plan

Introduction

North Country Community Mental Health serves as the Medicaid specialty prepaid inpatient health plan for an affiliation of three community mental health programs. Collectively known as the Northern Affiliation, the PIHP manages a comprehensive array of specialty mental health, developmental disability and substance abuse services for Medicaid recipients in a thirteen county area. Services are provided via an assortment of arrangements with comprehensive providers, providers, and subcontracted providers.

Comprehensive providers are the three community mental health programs (CMHSP): AuSable Valley Community Mental Health, North Country Community Mental Health, and Northeast Michigan Community Mental Health. Only the CMHSP may be comprehensive providers.

Providers include those organizations with which the PIHP contracts for specific services. Typically, the providers are community hospitals providing inpatient psychiatric services.

Subcontractors are those providers that contract with one of the comprehensive providers. This is done through a delegated provider network management function performed by the CMHSP.

This document presents the PIHP's plan for assuring that the provider network, in total, affords adequate and timely access to services for those Medicaid recipients it is intended to serve. It will describe the service area, service array, and service locations. Additionally, it will examine the demand for services, historic utilization and the provider panel.

Service Area

The Northern Affiliation PIHP covers thirteen counties in northern Michigan. The counties served include: Alcona, Alpena, Antrim, Charlevoix, Cheboygan, Emmet, Iosco, Kalkaska, Montmorency, Ogemaw, Oscoda, Otsego, and Presque Isle. Each of the counties is included in the catchment area of one of the three CMHSP:

AuSable Valley CMH – Iosco, Ogemaw, Oscoda

North Country CMH – Antrim, Charlevoix, Cheboygan, Emmet, Kalkaska, Otsego

Northeast Michigan CMH – Alcona, Alpena, Montmorency, Presque Isle

Geographically, the service area covers 7,287 square miles. The total population is 274,007 people. Population density, by county, ranges from 15.82 to 71.38 people per square mile, with an average of 37.60. This is considerably lower than the state average of 175 people per square mile.

There are approximately 52,000 Medicaid recipients in the thirteen counties. Of this number, 40% are enrolled in a Medicaid Health Plan. This percentage varies across the region, with AVCMH having the highest MHP enrollment and NCCMH having the lowest. While the number of MHP enrollees has increased in some areas, the lack of providers mitigates the MHP impact. In October 2002, there were approximately 38,000 Medicaid recipients in the thirteen counties. While the total has continued to increase, the greatest increase has been in the categories for temporary

Revised: April 2009
Board Approval: April 16, 2009

assistance to families. These are not the categories that represent the highest utilization of services. As indicated below, there has not been a corresponding increase in those receiving services and there is no indication of an unmet need.

Covered Services

The PIHP manages a comprehensive array of mental health and substance abuse services for adults with mental illness, children with serious emotional disturbance, persons with developmental disabilities and persons with substance abuse disorders. This array of services is consistent with the Michigan State Medicaid Plan and the Michigan Department of Community Health/PIHP contract and includes the following:

State Plan Services

Assertive Community Treatment
Assessment
Behavioral Management
Therapy – Individual, Family, Child, Group
Clubhouse Psychosocial Rehabilitation
Crisis Intervention
Crisis Residential
Health Services
Home Based Services
Inpatient Psychiatric Hospitalization
Intensive Crisis Stabilization
Medication Administration, Review, Management
Nursing Facility Mental Health Monitoring
Occupational Therapy
Partial Hospitalization
Personal Care
Physical Therapy
Speech, Hearing and Language
Targeted Case Management
Transportation
Treatment Planning

Habilitation Supports Waiver and/or B3 Supports and Services

Assistive Technology
Community Living Supports
Enhanced Pharmacy
Environmental Modification
Crisis Observation Care
Family Support and Training
Housing Assistance
Peer Delivered and/or Operated Services
Peer Support Specialist
Prevention
Respite Care Services
Skill Building Assistance

Supports and Service Coordination
Supported/Integrated Employment
Wraparound Services for Children
Fiscal Intermediary Service

Substance Abuse Services

Access Assessment and Referral Services
Outpatient Treatment
Intensive Outpatient Treatment
OPAT/CSAT approved Pharmacological Supports
Sub-Acute Detox
Residential Treatment

Service Population

During FY '07 and FY '08, the Northern Affiliation served more than 9000 individuals (9755 in FY '07 and 9749 in FY '08). Of this total, approximately 55% of those served were Medicaid recipients (5535 in FY '07 and 5349 in FY '08). The Medicaid/non-Medicaid split, while differing by subgroups, has remained constant as a total percentage.

The vast majority of individuals served, approximately 86% are adults with a mental illness or children with a serious emotional disturbance. The remaining 14% are adults or children with developmental disabilities. This is similar for the Medicaid eligible population, with approximately 79% of those served being adults with mental illness or children with severe emotional disturbance.

Table 1, below, provides the number of individuals served, by service population.

Table 1: Individuals Served, by Service Population

	AVCMH	NCCMH	NeMCMH	Total
FY '07				
DD Adult	222	757	388	1367
MI Adult	1562	2935	1683	6180
SED Child	729	1048	431	2208
Total	2513	4740	2502	9755
FY '08				
DD Adult	229	753	401	1383
MI Adult	1694	2796	1821	6311
SED Child	711	944	400	2055
Total	2634	4493	2622	9749

Medicaid recipients as a percentage of total people served varies across the thirteen county area, with little change between years, as indicated in Table 2, below. Northeast Michigan CMH does serve the highest percentage Medicaid recipients.

Table 2: Medicaid Recipients as Percent of All Served

	AVCMH	NCCMH	NeMCMH	Total
FY '07	49.94%	55.34%	66.23%	56.74%
FY '08	43.96%	55.86%	66.13%	54.87%

When examined by service population, there is considerably more variance in the percentage of people served that are Medicaid recipients. Adults with developmental disabilities have the highest rate of Medicaid, approximately 88 percent, with children with a serious emotional disturbance being second, approximately 70 percent. Detail is provided in Table 3, below.

Table 3: Medicaid Recipients as Percent of All Served, by Service Population

	AVCMH	NCCMH	NeMCMH	Total
FY '07				
DD Adult	83.8%	79.7%	93.8%	84.3%
MI Adult	43.0%	41.2%	23.5%	36.8%
SED Child	54.6%	77.4%	83.1%	71.0%
FY '08				
DD Adult	87.3%	83.3%	95.8%	87.6%
MI Adult	36.3%	40.4%	54.9%	43.5%
SED Child	48.2%	79.8%	87.5%	70.4%

Service Access and Demand

There are three primary methods of accessing services funded by the PIHP. They are, in order of volume:

1. Access Center: The Northern Affiliation Access Center is the intended first point of access for all individuals seeking services. The Access Center operates during normal business hours and provides immediate telephone access to a mental health professional. The Access Center provides an initial screening, verifies eligibility, and schedules an initial assessment with one of the three CMHSP providers.
2. Walk-In: If an individual walks into a CMHSP office requesting services, the local staff will conduct the necessary screening, verify eligibility and schedule an initial assessment, as appropriate. The local CMHSP office will then contact the Access Center to share relevant information.
3. Emergency or After Hours: Each of the three CMHSP operates a twenty-four hour crisis response system. This includes after hour response and hospital screenings. In the event of hospitalization, appropriate information is forwarded to the Access Center the next business day.

The number of screenings requested of the Access Center during FY '07 and FY '08 is 6426 and 6493, respectively. Approximately 67% of those screened are referred to a CMHSP for an initial assessment, as indicated in Table 4, below.

Table 4: Screenings Referred to CMHSP by Access Center

FY '07	AVCMH	NCCMH	NeMCMH	Total
Referred to CMHSP	1296	2349	677	4322
Medicaid Referrals	754	1256	394	2404
FY '08				
Referred to CMHSP	1253	2327	802	4382
Medicaid Referrals	308	1098	264	1670

Adequate availability of services is best indicated by timely access to services. The Northern Affiliation reports access timeliness to the Michigan Department of Community Health on a quarterly basis. The established standards for timely access are:

- Ninety-five percent of emergency screenings for inpatient hospitalization result in a disposition decision within three hours of the request.
- Ninety-five percent of persons requesting services receive a face-to-face assessment with a professional within fourteen days of the request.
- Ninety-five percent of persons starting an on-going service start that service within fourteen days of the assessment.

Actual performance relating to these access standards is reported in Table 5, below. Each standard has been met for the past five quarters. This is one indication that the existing provider network provides adequate access to services.

Table 5: Access Timeliness

Indicator	Fiscal Year '07				Fiscal Year '08			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Emergency Screen w/in 3 hours	99%	99%	98%	100%	100%	100%	99%	99%
Assessment w/in 14 days	93%	97%	98%	99%	99%	99%	100%	98%
Ongoing Service w/in 14 days	95%	92%	94%	94%	98%	98%	100%	100%

The access timeliness standards provide an indication of adequate access, however, they are limited to initial or emergency services and do not indicate the adequacy of other, non-access services such as Assertive Community Treatment, targeted case management, etc. To evaluate the availability of these services, one must examine the average wait data submitted by each CMHSP on an annual basis. A review of the FY '07 data indicates that twenty-six individuals experienced a short wait for family skills services. At the end of the fiscal year, only five individuals remained on the list. By the end of FY '08 there were no individuals reported as waiting for a service.

Geographic access is equally important in assuring adequacy. The established standard, for rural areas, is that services are available within a sixty mile radius. Throughout the thirteen county area, this standard is met. However, this is a rural area with limited public transportation. Most

services are available within a thirty mile radius, which is a more realistic measure of accessibility. When necessary, providers travel to the individual and/or assist in meeting transportation needs.

Another critical factor in assuring adequate capacity of services is the expected utilization of services. As indicated in Tables 1 & 4, the number served has slightly decreased during the past year, whereas the number of referrals for screenings has increased. This indicates that overall utilization has remained relatively constant. A notable exception to this is the utilization of residential services (personal care and community living supports) for high need individuals with developmental disabilities. In FY '07 and FY '08, additional resources were directed to meeting this need. This remains a potential need for FY '09, as well.

Provider Panel

The PIHP, as explained in the introduction, maintains a network of providers that includes: comprehensive providers, providers, subcontracted providers and single case agreements. Before entering into a contract with a provider, and monthly thereafter, the PIHP assures that the provider is not excluded from participation in any Medicaid or Medicare programs. A provider list is attached to this document.

Comprehensive Providers

The largest component of the provider network is the three CMHSP that constitute the Northern Affiliations. AuSable Valley Community Mental Health, North Country Community Mental Health, and Northeast Michigan Community Mental Health are comprehensive specialty services networks (CSSN), as defined by the Michigan Department of Community Health.¹ Due to the full array of services provided and/or managed by each CSSN, they are considered to be Comprehensive Providers in the network.

Each CMHSP has a defined geographic catchment area for which it is responsible under state statute for state and county funded behavioral health services. These same geographic boundaries are loosely applied to the provision of Medicaid funded services. Each CMHSP receives a budgeted monthly payment and is responsible for serving those Medicaid recipients within their service area. It is not an "at risk" arrangement, as the PIHP retains all risk. Each CMHSP accepts new consumers.

The comprehensive providers provide and/or manage an array of services. This includes: Assertive Community Treatment, Assessment, Behavioral Management, Therapy – Individual, Family, Child, Group, Clubhouse Psychosocial Rehabilitation, Crisis Intervention, Crisis Residential, Health Services, Home Based Services, Medication Administration, Review, and Management, Nursing Facility Mental Health Monitoring, Occupational Therapy, Personal Care, Physical Therapy, Speech, Hearing and Language, Targeted Case Management, Transportation, Treatment Planning, Assistive Technology, Community Living Supports, Enhanced Pharmacy, Environmental Modification, Family Support and Training, Housing Assistance, Peer Delivered and/or Operated Services, Peer Support Specialist, Respite Care Services, Skill Building Assistance, Supports and Service Coordination, Supported/Integrated Employment, Wraparound Services for Children, and Fiscal Intermediary Service.

¹ MDCH Revised Plan For Procurement of Medicaid Specialty Prepaid Health Plans, Final Version, 2000

Comprehensive providers are the only portion of the network that serve both as providers and managers. The PIHP only delegates provider network management functions for mental health and developmental disabilities to the CMHSP.

Comprehensive providers are required to maintain program sites that are physically accessible to individuals with disabilities. Sites must also be generally accessible to the community.

Providers

The PIHP maintains contractual provider relationships with a number of community hospitals for the provision of psychiatric inpatient services. In addition to the contractual arrangements, admissions to non-contracted hospitals are arranged when needed.

Each of the contracted providers is accepting new patients. Hospitals must maintain national accreditation and must have accessible sites. When necessary, transportation arrangements are made by the comprehensive provider conducting the inpatient screening.

Single Case Agreements

The PIHP is committed to providing Medicaid recipients with a choice of providers, as appropriate to their needs. This is achieved through the use of single case agreements when a consumer wishes to receive services from a provider that is not a member of the provider network. If the preferred provider meets the requirements of a Medicaid provider, and will accept the PIHP rates for reimbursement, the PIHP will enter into a single case agreement with the provider.

When services are provided through a single case agreement, they must be authorized by the Northern Affiliation Access Center. The use of out-of-network providers is tracked in order to trend the reasons and frequency of occurrence.

Limited English Proficiency and Non-English Speaking Providers

Consistent with the federal LEP requirements, the Northern Affiliation uses available census data to evaluate the size of potentially non-English speaking, or limited English proficient populations. No specific non-English speaking population is large enough to justify or require the production of non-English documents. Interpreter services are available. There are no identified non-English speaking providers in the provider network.

The PIHP tracks all requests for interpreter services in order to identify trends and to assure adequate accommodations are made. During the past two years, there have been a total of 30 requests. These requests have all been met.

Substance Abuse Services

All Medicaid funded substance abuse services are managed by the regional substance abuse coordinating agency, Northern Michigan Substance Abuse Services (NMSAS). NMSAS maintains a network of providers adequate to meet the demand for services, as described in their network management documents. As with the mental health and developmental disabilities services, access timeliness is one indicator of the sufficiency of the provider network. NMSAS reports quarterly on access timeliness indicators and is meeting the standard.