Provider Network Adequacy Report

September 2022

Approved by LRE Board of Directors: October 20, 2022

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Background

As a Prepaid Inpatient Health Plan (PIHP), the Lakeshore Regional Entity (LRE) manages specialty Medicaid services under contract with the Michigan Department of Health and Human Services (MDHHHS) to residents in the region who have Medicaid and who are eligible for services as defined in the Michigan Mental Health Code and MDHHS standards for access to care. LRE is responsible, under 42 CFR §438.68, for assuring the adequacy of its provider network to meet the behavioral health needs for people with mental illness, developmental disability, and/or substance use disorders over its targeted area. LRE is a member-sponsored health plan comprised of the following Community Mental Health Services Programs (CMHSP):

- Community Mental Health of Ottawa County
- HealthWest – serving Muskegon County
- Network180 – serving Kent County
- OnPoint – serving Allegan County
- West Michigan Community Mental Health – serving Lake, Mason, and Oceana counties

LRE subcontracts with each CMHSP, who in turn directly operates or subcontracts for the provision of Medicaid funded specialty supports and services for their defined geographic area. In addition to the management of Medicaid specialty supports and services, LRE is responsible for substance use disorder treatment and prevention services, including Medicaid funded PA2, MI Child, and related Block Grant funding for substance use disorder treatment and prevention services across the seven-county area. As the public health plan for the region, LRE is responsible for the management and oversight of delivery of required services.

Assuring an adequate provider network across the defined geographic area, LRE must:

- Annually assess the adequacy of its network to meet its contractual and regulatory obligations to provide access and service delivery for the defined array of specialty Medicaid services to the specified population.
- Be responsible for maintaining and continually evaluating an effective provider network adequate to fulfill the obligations of its contract with MDHHS, regardless of any function(s) it has delegated to its CMHSP members.
- Assess network adequacy using an objective assessment of enrollee needs that is not tempered by the availability or lack of resources to fulfill that need.
- Act upon the results of the assessment to establish and fund an adequate provider network.
- Coordinate and collaborate with CMHSP members to ensure ongoing adequacy of service, developing work plans to address identified or potential inadequacies.

This document outlines LRE's assessment of such network adequacy to assure that eligible residents within the seven-county LRE catchment have adequate and timely access to necessary supports and services, as defined and required by MDHHS.

Understanding the Population in the LRE

Population Trends

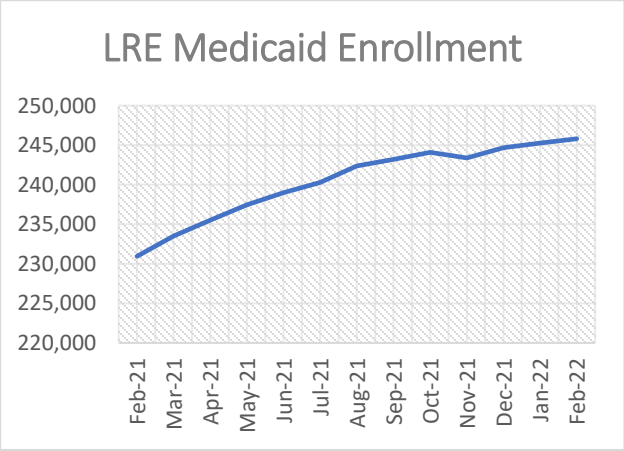
The following table shows the number of people residing in each CMHSP area, total number of persons served, and total Medicaid enrolled served according to the most recent available population data[1].

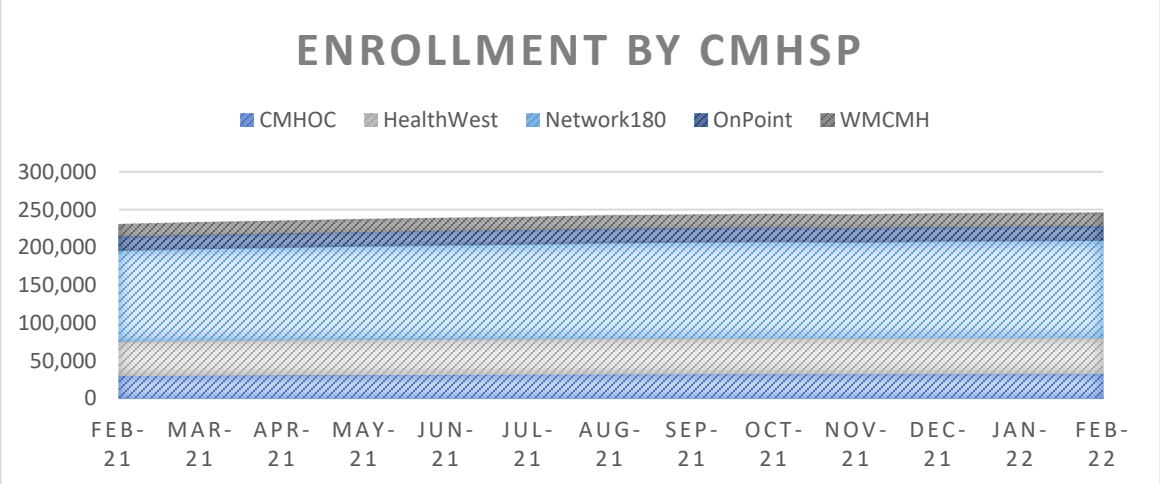
CMHSP	Census	Total Served	Medicaid Served	Enrolled	% Total Served to Population	% Served to Enrolled	% Enrolled to Population
CMHOC	302,680	3751	3433	55679	1.2%	6.7%	18.4%
Healthwest	176,552	6361	5874	71731	3.6%	8.9%	40.6%
Network180	669,044	13018	12286	192423	1.9%	6.8%	28.8%
OnPoint	122,320	1672	1596	32451	1.4%	5.2%	26.5%
WMCMH	68,007	2856	2488	26762	4.2%	10.7%	39.4%

LRE is home to 3 of the 5 fastest growing counties within the state, with Ottawa County ranked as the fastest growing at 14.7% growth since 2010. No county within the LRE catchment area reported population loss, with only Mason and Oceana remaining close to steady.

Medicaid Enrollment

As the chart to the right demonstrates, Medicaid Enrollment increased steadily from February 2021 to February 2022, in part, due to automatic enrollment practices enacted during the COVID19 pandemic. Once the Public Health Emergency (PHE) is rescinded and the practice of automatic re-enrollment is no longer practice, it is expected that enrollment numbers will decline. Medicaid enrollment increased for each CMHSP within the region. The graph below shows the growth by CMHSP.

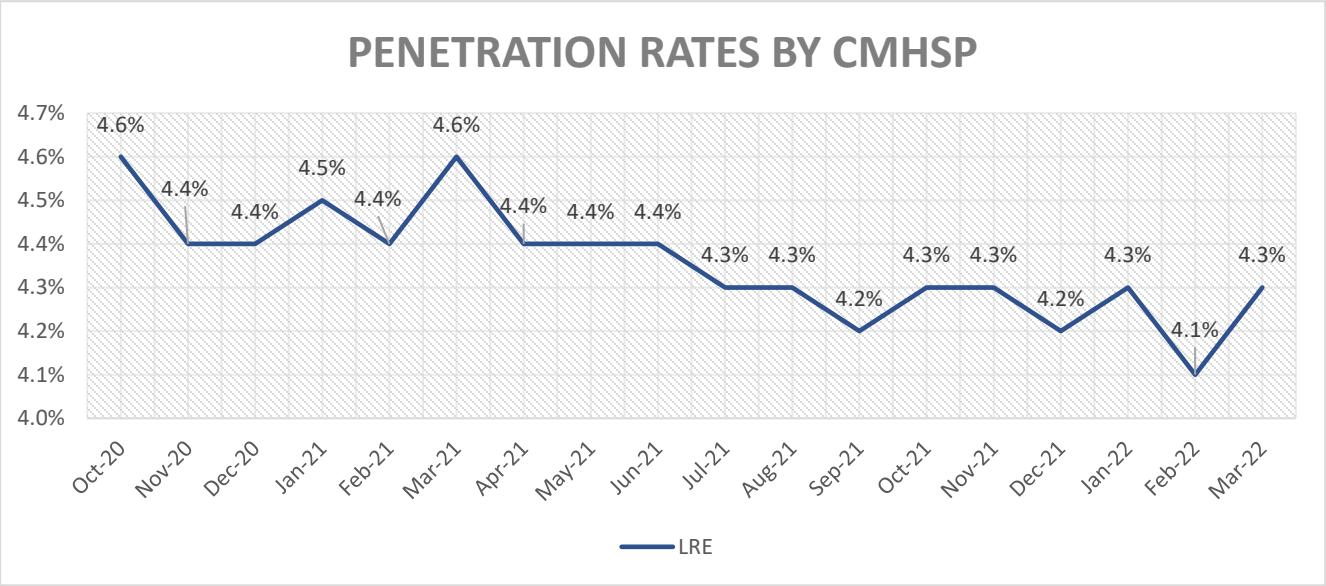




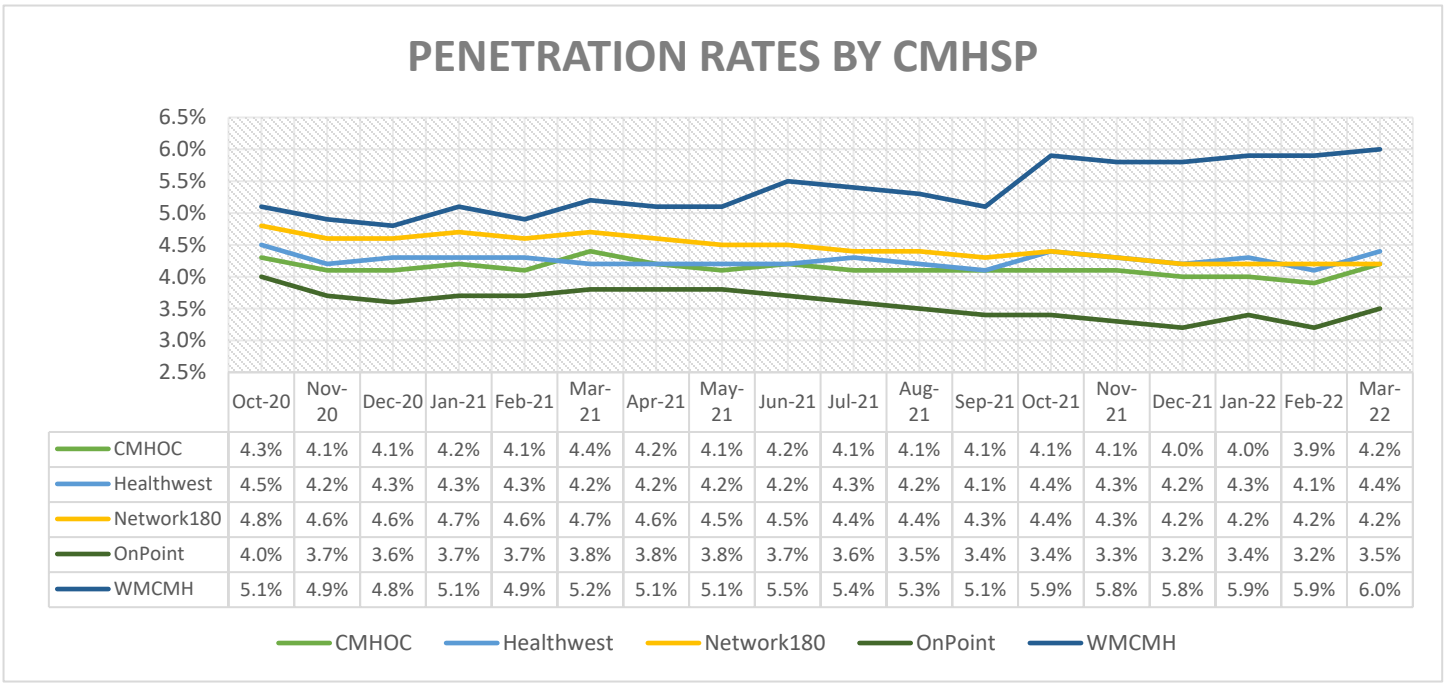
[1] Population of Counties in Michigan (2022) (worldpopulationreview.com)

Penetration Rates

The following table shows the Penetration Rates from October 2020 to March 2022.



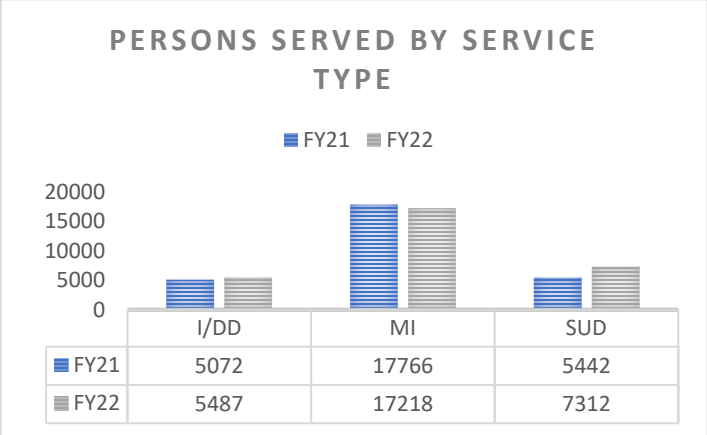
The following chart shows penetration rate by CMHSP.



	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
CMHOC	4.3%	4.1%	4.1%	4.2%	4.1%	4.4%	4.2%	4.1%	4.2%	4.1%	4.1%	4.1%	4.1%	4.1%	4.0%	4.0%	3.9%	4.2%
Healthwest	4.5%	4.2%	4.3%	4.3%	4.3%	4.2%	4.2%	4.2%	4.2%	4.3%	4.2%	4.1%	4.4%	4.3%	4.2%	4.3%	4.1%	4.4%
Network180	4.8%	4.6%	4.6%	4.7%	4.6%	4.7%	4.6%	4.5%	4.5%	4.4%	4.4%	4.3%	4.4%	4.3%	4.2%	4.2%	4.2%	4.2%
OnPoint	4.0%	3.7%	3.6%	3.7%	3.7%	3.8%	3.8%	3.8%	3.7%	3.6%	3.5%	3.4%	3.4%	3.3%	3.2%	3.4%	3.2%	3.5%
WMCMH	5.1%	4.9%	4.8%	5.1%	4.9%	5.2%	5.1%	5.1%	5.5%	5.4%	5.3%	5.1%	5.9%	5.8%	5.8%	5.9%	5.9%	6.0%

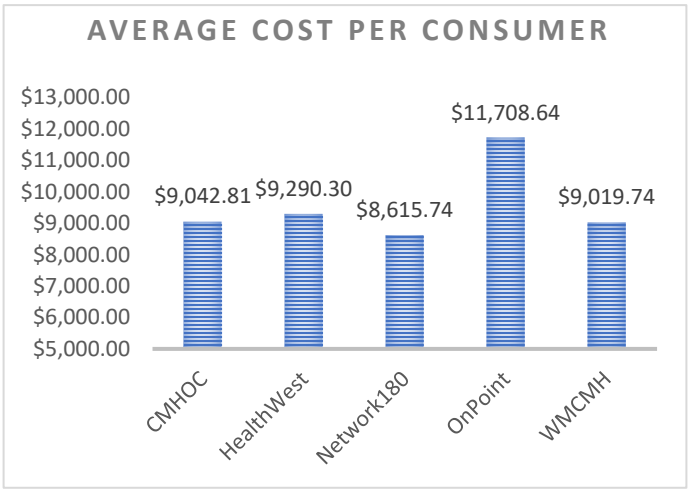
Data on Population Served and Costs

The graph displays the number of persons served, adult and adolescent, across the two previous years of service. The counts of unique users for population designation.



	I/DD	MI	SUD
FY21	5072	17766	5442
FY22	5487	17218	7312

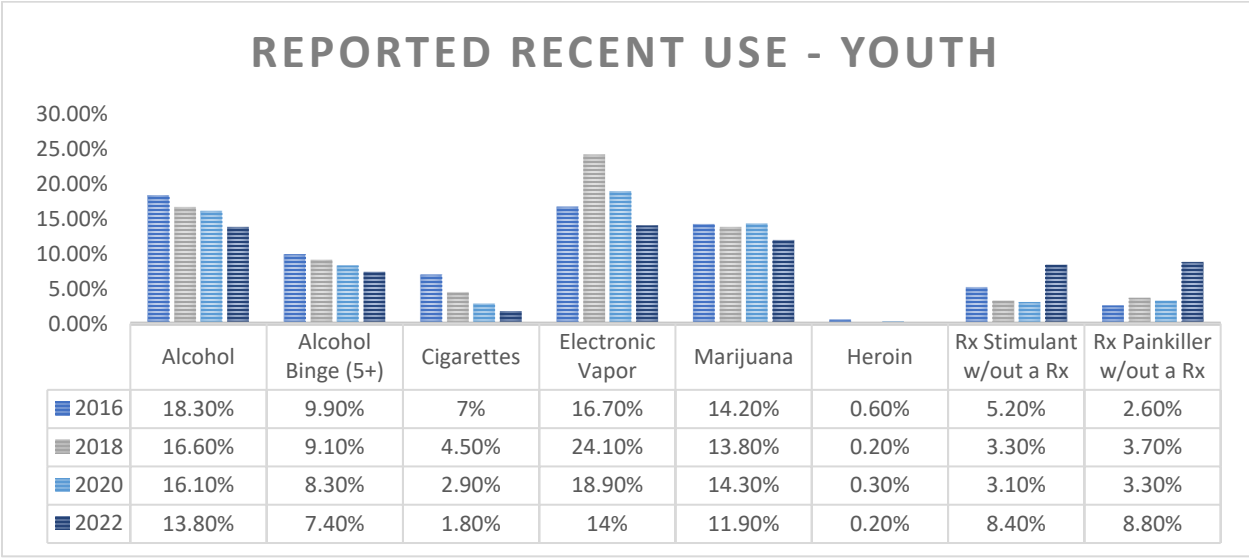
The graph below depicts the cost per case, inclusive of all services, for FY22, by CMHSP.



Substance Use

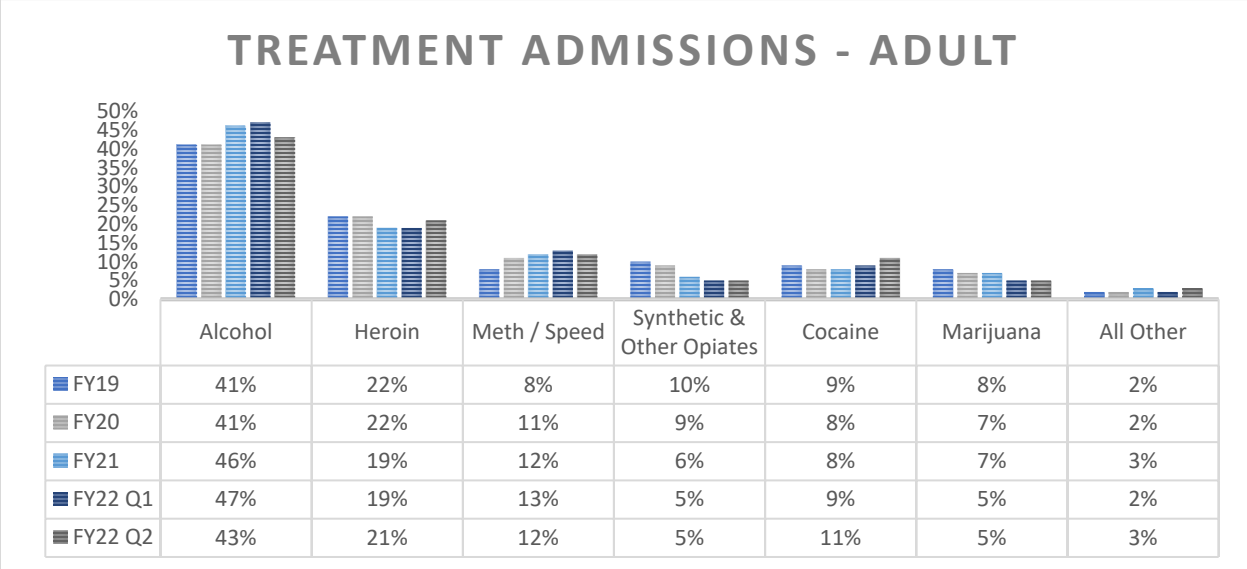
LRE regularly monitors adult and adolescent substance use trends to identify treatment needs across the region. LRE-run prevention services use substance use data to focus resources on patterns of emergent use both for adults and adolescents.

Below is a breakdown of the percentage of High School Students who reported use of substance by category within the last thirty days at the time of survey.



	Alcohol	Alcohol Binge (5+)	Cigarettes	Electronic Vapor	Marijuana	Heroin	Rx Stimulant w/out a Rx	Rx Painkiller w/out a Rx
2016	18.30%	9.90%	7%	16.70%	14.20%	0.60%	5.20%	2.60%
2018	16.60%	9.10%	4.50%	24.10%	13.80%	0.20%	3.30%	3.70%
2020	16.10%	8.30%	2.90%	18.90%	14.30%	0.30%	3.10%	3.30%
2022	13.80%	7.40%	1.80%	14%	11.90%	0.20%	8.40%	8.80%

The chart below indicates percentage of treatment admissions of adults, by substance.

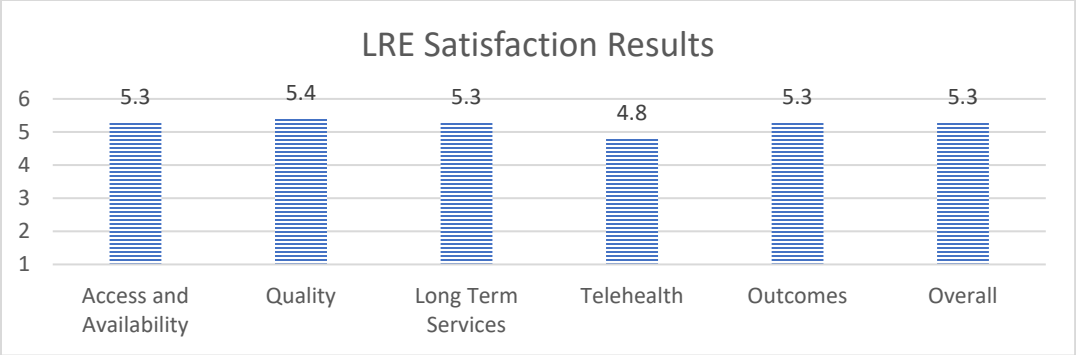


	Alcohol	Heroin	Meth / Speed	Synthetic & Other Opiates	Cocaine	Marijuana	All Other
FY19	41%	22%	8%	10%	9%	8%	2%
FY20	41%	22%	11%	9%	8%	7%	2%
FY21	46%	19%	12%	6%	8%	7%	3%
FY22 Q1	47%	19%	13%	5%	9%	5%	2%
FY22 Q2	43%	21%	12%	5%	11%	5%	3%

Consumer Satisfaction

LRE monitors program performance and satisfaction with services across all services categories, populations served, and along multiple satisfaction measures focused on service accessibility and provision. LRE collects satisfaction data using a standardized assessment tool developed internally through collaboration with Customer Services and Quality staff from Member CMHSPs.

The standardized satisfaction tool uses a 6-point Likert scale to score consumer and guardian responses in the following areas: (1) Access and Availability, (2) Long Term Services, (3) Telehealth, (4) Quality, and (5) Service Outcomes. LRE and Member staff evaluate scores for each CMHSPs and regionally. The analysis seeks to identify trends—either problem areas across multiple Members, with specific measurement areas, or any downward trends—to allow for proactive steps to be taken to address any noted concerns.



Satisfaction Results are reported for FY21Q1 to FY22Q4 to date

Overall, LRE reports a high level of satisfaction across all measurement domains. In addition to aggregate monitoring of satisfaction at the local and regional level, the satisfaction tool offers respondents and opportunity to request follow up from a representative from the Member's staff pertaining to specific concerns noted. This allows respondents to address any specific concerns or issues and offers an immediate avenue for resolution via a direct contact from Member staff.

Service Availability and Accessibility

Time and Distance Standards

Effective January 1, 2019, MDHHS issued MSA18-49, establishing standards for time and distance for service accessibility. Those standards are further defined procedurally and are as follows.

LRE monitors network performance against time and distance standards using Rural and Urban Commuting Areas (RUCA) for communities within the LRE catchment. LRE is a mix of rural and urban settings. Known addresses for consumers were geocoded using a POSTGIS database. Contracted provider addresses were then geocoded into the database. The distance between the consumer address and the nearest contracted provider were calculated, with compliance measured if the distance between the two addresses was below the urban or rural threshold (as defined by RUCA). The below chart shows the percent of eligible enrollees within the time and distance standards for defined services based on known address and the location address of the nearest available provider.

Time and Distance Standards for Inpatient Psychiatric Services

Adults

Service	Frontier	Rural	Urban
Inpatient Psychiatric	150 minutes/125 miles	90 minutes/60 miles	30 minutes/30 miles
All Other Select Services	90 minutes/90 miles	60 minutes/60 miles	30 minutes/30 miles

Pediatrics

Service	Frontier	Rural	Urban
Inpatient Psychiatric	330 minutes/355 miles	120 minutes/125 miles	60 minutes/60 miles
All Other Select Services	90 minutes/90 miles	60 minutes/60 miles	30 minutes/30 miles

Medicaid Enrollee-to-Provider Ratio Standards for Select Services

Adult Standards

Adult Services	Standard
Assertive Community Treatment	30,000:1 (Medicaid Enrollee to Provider Ratio)
Psychosocial Rehabilitation (Clubhouses)	45,000:1 (Medicaid Enrollee to Provider Ratio)
Opioid Treatment Programs[4]	35,000:1 (Medicaid Enrollee to Provider Ratio)
Crisis Residential[5]	16 beds per 500,000 Total Population

Pediatric Standards

Children's Services	Standard
Home-Based	2,000:1 (Medicaid Enrollee to Provider Ratio)
Wraparound	5,000:1 (Medicaid Enrollee to Provider Ratio)
Crisis Residential[6]	8-12 beds per 500,000 Total Population

LRE compliance to time and distance standards

	ACT	Clubhouse	Opioid Treatment	Crisis Residential - Adult	Crisis Residential - Youth	Inpatient - Adult	Inpatient - Youth	Wraparound	Home Based
Allegan	99.20%	85.3%	97.2%	99.3%	99.9%	100.0%	100.0%	99.9%	99.9%
Kent	99.60%	99.5%	99.5%	99.7%	99.8%	99.9%	100.0%	99.8%	99.8%
Lake	97.90%	0%	70.8%	70.8%	6.0%	100.0%	100.0%	98.7%	98.7%
Mason	99.10%	0%	91.9%	92.1%	0.1%	100.0%	100.0%	99.7%	99.7%
Muskegon	99.50%	99.5%	99.5%	99.5%	22.5%	100.0%	100.0%	100.0%	100.0%
Oceana	98.90%	0%	97.3%	97.9%	59.1%	99.6%	99.9%	99.2%	99.2%
Ottawa	99.70%	99.7%	99.7%	99.8%	100.0%	100.0%	100.0%	100.0%	100.0%

LRE compliance to ratio standards for select services

	Youth			Adult			
	Home Based	Wraparound	Crisis Residential	ACT	Clubhouse	OTP	Crisis Residential
Allegan	Met	Met	Not Met	Met	Met	Met	Met
Kent	Met	Met	Not Met	Met	Met	Met	Met
Lake	Met	Met	Not Met	Met	Not Met	Met	Met

Mason	Met	Met	Not Met	Met	Not Met	Met	Met
Muskegon	Met	Met	Not Met	Met	Met	Met	Met
Oceana	Met	Met	Not Met	Met	Not Met	Met	Met
Ottawa	Met	Met	Not Met	Met	Met	Met	Met

Overall, LRE adheres to the time and distance standards as required by MDHHS in MSA Policy 18-49, with the following exceptions:

- West Michigan Community Mental Health does not currently operate a program utilizing the Clubhouse model. WMCMH offers a direct-run community-based program to support individuals with Intellectual and Developmental Disabilities and Mental Illness with skill building and support/integrated employment services. This program is operated in each of the three WMCMH counties and is available to anyone with an I/DD or MI diagnosis with a goal towards building employment skills.
- Due to the rural nature of Lake, Mason, and Oceana counties, some enrollees fall outside the established time and distance standards for crisis residential, especially children's crisis residential. LRE Members maintain contracts with out-of-region providers to ensure crisis residential beds are available.

Accommodations

LRE ensures services are accessible for those with mobility or other physical accommodation needs. In FY23, LRE will collect individual site data on specific ADA accommodations available at provider and service locations. As needed to ensure timely access to medically necessary services, LRE will ensure, free-of-charge to the individual, accommodations are made available to persons receiving services.

Interpreters and language translators are available at each Member and network provider for individuals with Limited English Proficiency (LEP). Sign language interpreters for individuals with hearing impairments and audio alternatives for people with visual impairments are also widely available and free-of-charge for persons requiring such supports.

Timeliness of Service, MMBPIS

MDHHS requires PIHPs to report various data related to timely access to care and follow-up care after psychiatric hospitalization or detoxification services, known as the Michigan Mission Based Performance Indicator System (MMBPIS). Overall, LRE performs well, meeting most MMBPIS benchmarks. When performance fails to meet minimum levels, plans of correction are required to ensure performance measures are met.

MMBPIS is regularly discussed regionally, with Members collectively addressing performance issues and challenges. The performance of individual Members is shared at QIROAT and, as need, additional MMBPIS-focused meetings are held with key regional partners.

FY22 Q1&2 MMBPIS Outcomes					
MMBPIS Indicator	Description / Standard	FY22 - Q1		FY22 - Q2	
		LRE	State Average	LRE	State Average
Indicator 1a - Child	*Percent of Child Pre-admission Screening Dispositions - 3 Hours or Less* ***Standard: 95%***	99.7%	98.9%	98.2%	98.8%
Indicator 1b - Adult	*Percent of Adult Pre-admission Screening Dispositions - 3 Hours or Less* ***Standard: 95%***	98.8%	98.4%	98.5%	98.6%
Indicator 2	*Percent of Individuals Receiving a Completed Biopsychosocial Assessment within 14 days of a Non-emergency Request for Service (all populations)*	73.4%	59.6%	66.0%	54.1%
Indicator 2e	*Percent of New Individuals Receiving a Face-to-face Service for Treatment or Supports within 14 Days of a Non-Emergency Request for Services for Individuals with Substance Use Disorders*	68.5%	71.8%	67.7%	70.9%
Indicator 3	*Percent of New Individuals Starting any Medically Necessary On-going Covered Service within 14 Days of Completing a Non-emergency Biopsychosocial Assessment (all populations)*	74.4%	77.5%	59.8%	75.0%
Indicator 4a(1)	*Percent of Children Discharged from a Psychiatric Inpatient Unit Who are Seen for Follow-up Care within 7 Days* ***Standard: 95%***	96.5%	92.3%	92.1%	90.3%
Indicator 4a(2)	*Percent of Adults Discharged from a Psychiatric Inpatient Unit Who are Seen for Follow-up Care within 7 Days* ***Standard: 95%***	97.3%	92.0%	95.1%	88.9%
Indicator 4b	*Percent of Discharges from a SUD Detox Unit Who are Seen for Follow-up Care within 7 Days* ***Standard: 95%***	97.7%	97.7%	94.8%	96.3%
Indicator 5	*Percent of Area Medicaid Recipients Having Received PIHP Managed Services*	5.33%	6.30%	5.36%	6.51%
Indicator 6	*Percent of Habilitation Supports Waiver (HSW) Enrollees who Received at Least One HSW Service Each Month Other Than Supports Coordination*	77.2%	88.5%	90.6%	92.2%
Indicator 10a - Children	*Percent of Children Readmitted to Inpatient Psychiatric Hospitals Within 30 Days of Discharge from an Inpatient Psychiatric Hospital* ***Standard: 15% or less***	6.0%	7.4%	18.3%	7.1%
Indicator 10b - Adults	*Percent of Adults Readmitted to Inpatient Psychiatric Hospitals Within 30 Days of Discharge from an Inpatient Psychiatric Hospital* ***Standard: 15% or less***	9.8%	11.4%	7.4%	11.4%

Mental Health Service Availability in the LRE Provider Network

Service	CMHOC	HealthWest	Network180	OnPoint	WMCMH
Assertive Community Treatment	D	D	D	D	D
Autism - Applied Behavioral Analysis	C	DC	C		C
Autism - Assessment	C	DC	C	C	D
Autism - Psychological Testing	C	DC	C	DC	D
Behavior Treatment Services	DC	D	C		DC
Clubhouse Psychosocial Services	C	D	C	C	
Community Living Supports (CLS) – 15 Min	DC	C	C		
Community Living Supports (CLS) – Per Diem	C	C	C	C	C
Community Living Supports (CLS) – Therapeutic Camping (Respite)	C	DC	C		C
Crisis Intervention Services	D	D	DC	D	D
Crisis Residential Services	C	DC	C	C	C
Drop-In Centers (Peer Operated)	C	C	C	C	
Enhanced Medical Equipment and Supplies / Pharmacy	C		C	D	C
Environmental Modifications	C	C	C	D	C
Family Psycho-Education (EBP)	D	D	C	D	D
Family Support and Training (EBP)	D	D	C	DC	D
Fiscal Intermediary Services	C	C	C	C	C
Goods and Services	C			C	D
Health Services	DC	DC	DC	D	DC
Home-Based Services	DC	D	C	D	D
Home-Based Services- Infant Mental Health	C	D	C	D	D
Housing Assistance	D	D	DC	D	DC
Inpatient Psychiatric Hospital Treatment	C	C	C	C	C
Intensive Crisis Stabilization Services	D	D	DC	D	C
Intermediate Care Facility for IDD					
Medication Administration	D	DC	DC	DC	DC
Mobile Crisis	D	D	D	D	D
Nursing Facility Mental Health Monitoring	C	DC	C	C	C
Nutritional Services	C		C	DC	C
Out-of-Home Non-Vocational Habilitation	C	DC	C	C	D
Partial Hospitalization Services	C	C	C	C	C
Peer Support Services	DC	D	DC	DC	D
Personal Care in a Licensed Specialized Residential Setting	C	C	C	C	C
Physical Therapy (PT) / Occupational Therapy (OT)	C	D	C	DC	C
Psychiatric Evaluation/Medication Review	D	DC	DC	DC	DC
Psychological Testing	DC	DC	C	DC	C
Prevention - Child Care Expulsion	D	D			
Prevention - School Success Program	C	D			
Prevention - Children of Adults with MI/Int. Svcs.		D	C		
Prevention - Parent Education		D	C		D
Pre-Vocational Services	C	DC	C	DC	C
Private Duty Nursing	C	C	C	C	C
Respite Care	C	C	C	C	C
Supports Intensity Scale – Face-to-Face Assessment	D	E	C	D	C
Skill Building Assistance	C	DC	D	DC	DC
Speech, Hearing, and Language Therapy	C	D	C	C	C
Supported Employment	C	DC	C	DC	DC
Supports Coordination	DC	DC	DC	DC	DC
Targeted Case Management	DC	DC	DC	DC	DC
Telemedicine/Telepsych	DC	D	DC	DC	DC
Therapy - Family Therapy	DC	DC	C	DC	D
Therapy - Individual and Group Therapy - MI Adult	DC	D	DC	DC	DC
Therapy - Individual Therapy - SED	DC	DC	C	DC	D
Transportation	C	DC	C	C	D
Wraparound Services	C	D	C	C	D

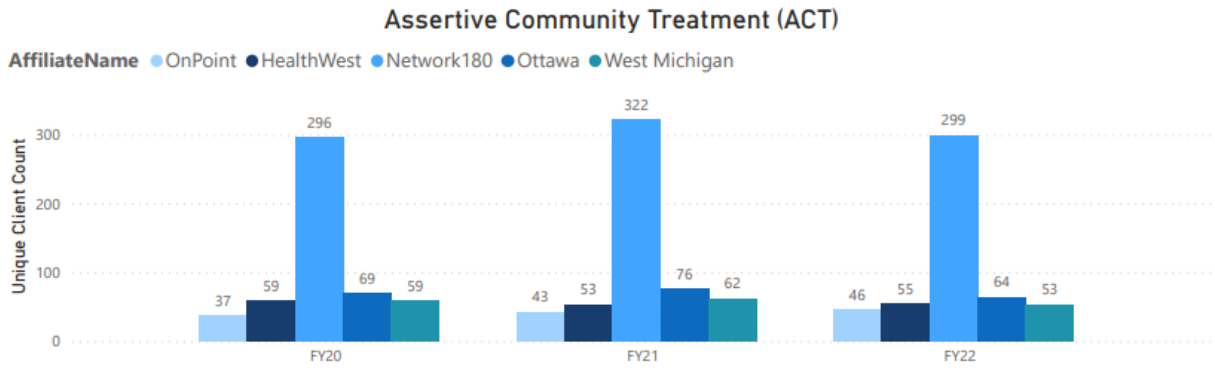
Method of Provision: D=direct-run, C= through contractual arrangements, or DC= both direct-run and contractual arrangement.

Mental Health Services Adequacy Analysis

To ensure an adequate network of providers to meet the mental health service needs for people in the LRE catchment, LRE analyzes the composition of its network based on provider type, location, and service capacity. LRE maintains dashboards through PowerBI that allows for real-time display of unique client counts, total encounters, costs, and other relevant service data based on the service being reviewed. The encounter data displayed below encompasses service provision from FY21 through FY22 current data, allowing for encounter reporting and processing lag times.

Assertive Community Treatment

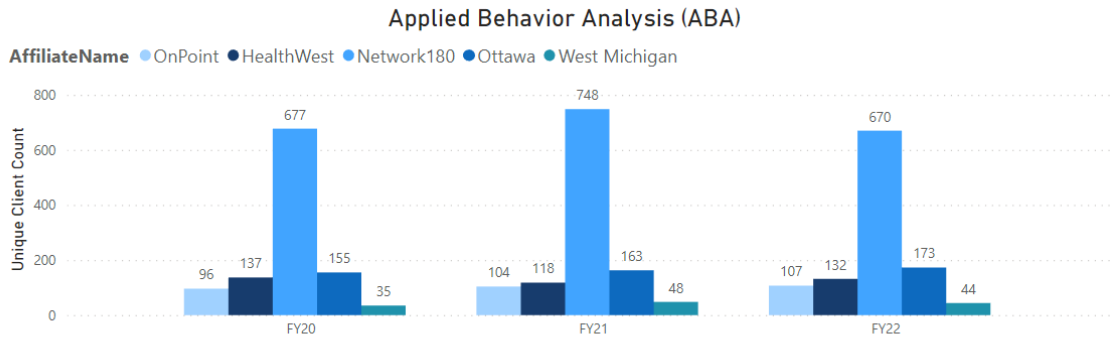
Assertive Community Treatment (ACT) is a therapeutic set of intensive clinical, medical and psychosocial services provided by a mobile multi-disciplinary treatment team that includes case/care management, psychiatric services, counseling/psychotherapy, housing support, Substance Use Disorder treatment, and employment and rehabilitative services provided in the Medicaid Provider Manual. ACT includes availability of multiple daily contacts and 24-hour, 7-days-per-week crisis availability provided by the multi-disciplinary ACT team which includes psychiatric and skilled medical staff.



FY	OnPoint	HealthWest	Network180	Ottawa	West Michigan
FY20					
GENERAL FUND	7	7	54	14	10
HMP	7	15	72	22	10
MEDICAID	31	47	234	42	47
FY21					
GENERAL FUND	3	3	25	10	9
HMP	11	10	66	24	13
MEDICAID	31	41	250	48	45
FY22					
GENERAL FUND	3	4	16	5	6
HMP	17	16	62	20	8
MEDICAID	40	43	230	39	45

Autism – Applied Behavioral Analysis

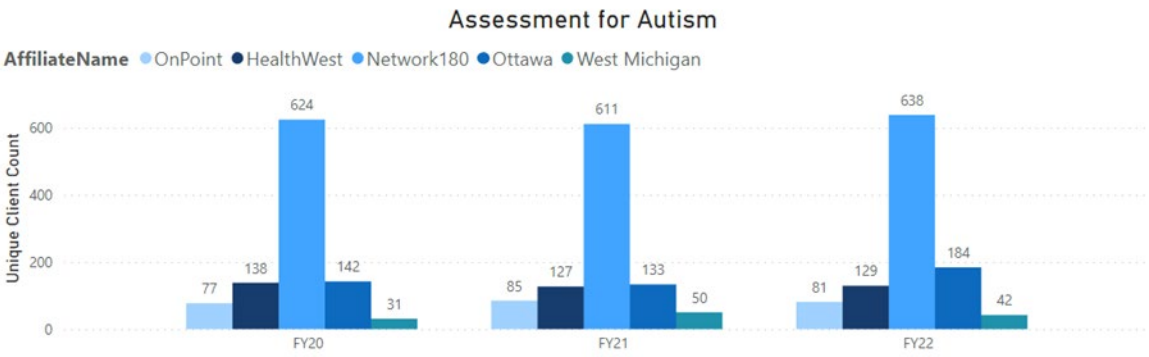
Behavior Health Treatment (BHT) services are a comprehensive and intensive set of behavioral services available to Medicaid beneficiaries with a diagnosis of Autism. BHT services include comprehensive behavioral assessment and treatment plan developed by a Board Certified Behavior Analyst (BCBA); Direct behavior intervention provided by a Behavior Technician (BT) under the supervision of a BCBA for up to 40 hours per week; Social skills group services; Family Guidance services delivered by a BCBA directly with caregivers of a consumer.



FY	OnPoint	HealthWest	Network180	Ottawa	West Michigan
FY20					
GENERAL FUND	4	2	13	2	
HMP			6	4	
MEDICAID	96	136	670	151	35
FY21					
GENERAL FUND		2	7	1	1
HMP			6	5	
MEDICAID	104	117	742	159	48
FY22					
GENERAL FUND		3	9	1	
HMP			4	3	
MEDICAID	107	131	663	173	44
MICHILD	1				

Autism – Assessment

The Comprehensive Diagnostic Evaluation must be performed before the child receives BHT services. The comprehensive diagnostic evaluation is a neurodevelopmental review of cognitive, behavioral, emotional, adaptive, and social functioning, and should include validated evaluation tools. Based on the evaluation, the practitioner determines the child's diagnosis, recommends general ASD treatment interventions, and refers the child for BHT services, which is provided and supervised by a BCBA. The Comprehensive Diagnostic Evaluations is performed by a Qualified Licensed Practitioner (QLP) working within their scope of practice and who is qualified and experienced in diagnosing ASD.



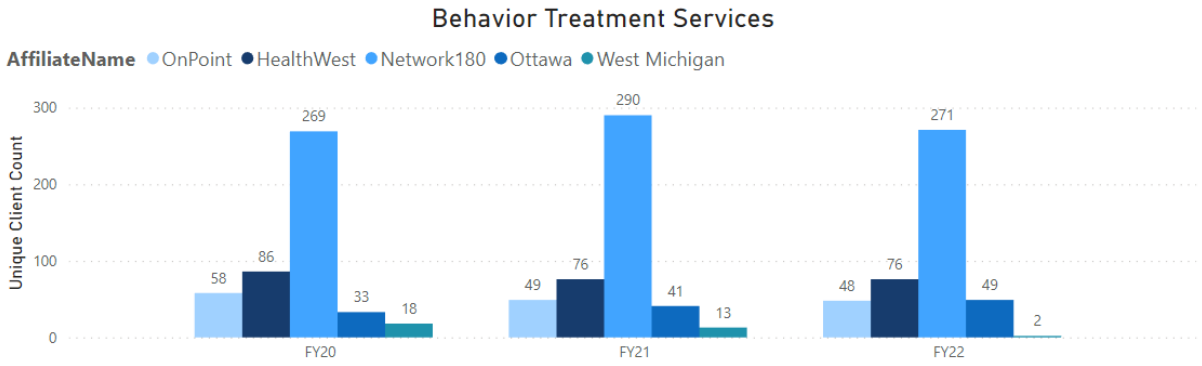
FY	OnPoint	HealthWest	Network180	Ottawa	West Michigan
FY20					
GENERAL FUND		2	6	1	
HMP			5	3	
MEDICAID	77	137	617	140	31
FY21					
GENERAL FUND			3		
HMP			6	2	
MEDICAID	85	127	604	131	50
FY22					
GENERAL FUND	1	1	3		
HMP			2	4	
MEDICAID	81	128	633	182	42

Autism – Psychological Testing

Psychological testing is performed as part of the comprehensive diagnostic evaluation for autism. Evaluators use as many or as few psychological tests as is necessary to fully inform the diagnostic and evaluative process.

Behavior Treatment Services

Behavior treatment services utilize assessment and interventions for the purpose of treating, managing, controlling, or extinguishing behaviors that place an individual or others at risk of significant harm or injury. Assessments are utilized to rule medical causes for behavior prior to planning and implementation. Individual behavior treatment plans are developed to ameliorate or eliminate the need for restrictive or intrusive interventions in the future. Behavior treatment plans utilize education, behavioral techniques and interventions which are supported by peer-reviewed literature and practice guidelines to ensure the use of least restrictive measures and interventions.

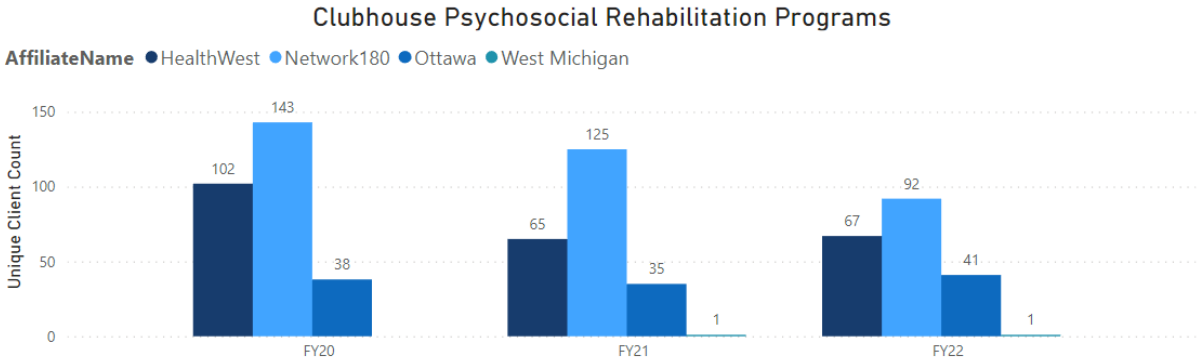


FY	OnPoint	HealthWest	Network180	Ottawa	West Michigan
FY20					
GENERAL FUND	2	2	11	1	
HMP	3	2	10		
MEDICAID	55	85	259	32	18
FY21					
HMP		2	6		
MEDICAID	49	75	287	41	13
FY22					
GENERAL FUND		1	1	1	
HMP			2		
MEDICAID	48	76	269	49	2

Clubhouse Psychosocial Services

A Clubhouse is a community-based program organized to support Individuals living with mental illness. Participants are known as Clubhouse members, and member choice is a key feature of the model. Clubhouses are vibrant, dynamic communities where meaningful work opportunities drive the need for member participation, thereby creating an environment where empowerment, relationship-building, skill development and related competencies are gained.

Comprehensive opportunities are provided within the Clubhouse, including supports and services related to employment, education, housing, community inclusion, wellness, community resources, advocacy, and recovery. In addition, members participate in the day-to-day decision-making and governance of the program.



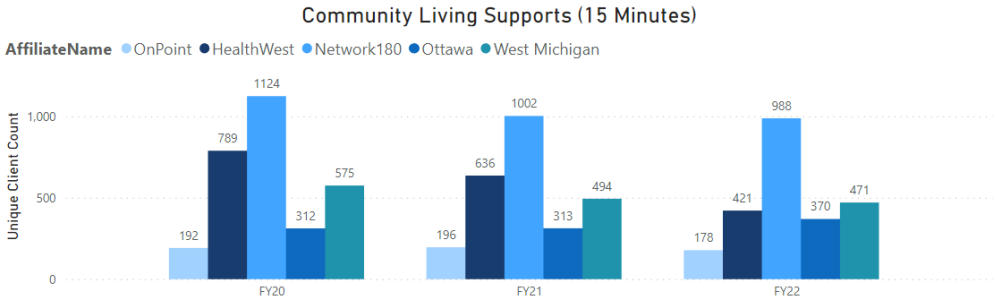
FY	HealthWest	Network180	Ottawa	West Michigan
FY20				
GENERAL FUND	12	21	4	
HMP	16	10	4	
MEDICAID	83	120	37	
FY21				
GENERAL FUND	2	11	2	
HMP	2	6	1	
MEDICAID	63	110	32	1
FY22				
GENERAL FUND	1	8	3	
HMP	3	5	2	
MEDICAID	64	80	36	1

Community Living Supports (CLS)

Community Living Supports (CLS) are medically necessary supports and services used to increase or maintain personal self-sufficiency to facilitate an Individual's achievement of his/her greatest potential and goals of community inclusion and participation, independence or productivity when identified in the individual plan of service as one or more goals developed during person-centered planning.

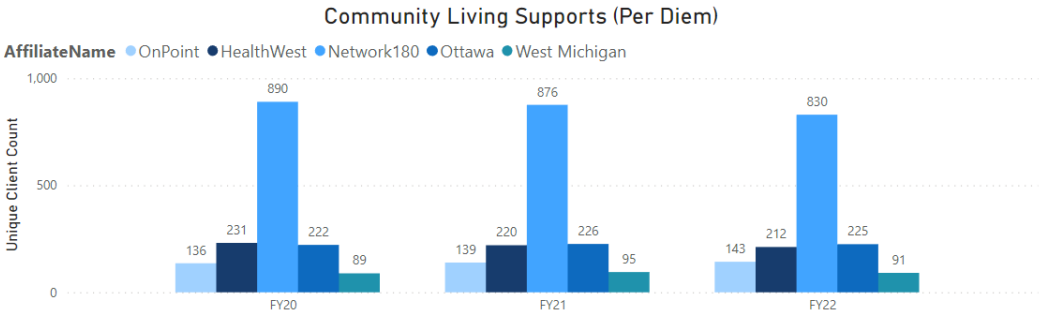
CLS provides training and/or teaching to the Individual on how to do certain activities by assisting, prompting, reminding, cueing, observing, guiding and/or training in the following activities: meal preparation, laundry, routine, seasonal, and heavy household care and maintenance, activities of daily living (e.g., bathing, eating, dressing, personal hygiene), and shopping for food and other necessities of daily living.

CLS – 15 Minutes



FY	OnPoint	HealthWest	Network180	Ottawa	West Michigan
FY20					
GENERAL FUND	9	44	77	8	43
HMP	2	127	32	5	86
MEDICAID	190	680	1096	308	477
FY21					
GENERAL FUND		27	15	4	24
HMP	1	104	20	16	68
MEDICAID	195	509	983	294	410
FY22					
GENERAL FUND	1	14	10	4	16
HMP	1	43	15	20	58
MEDICAID	178	371	968	347	415

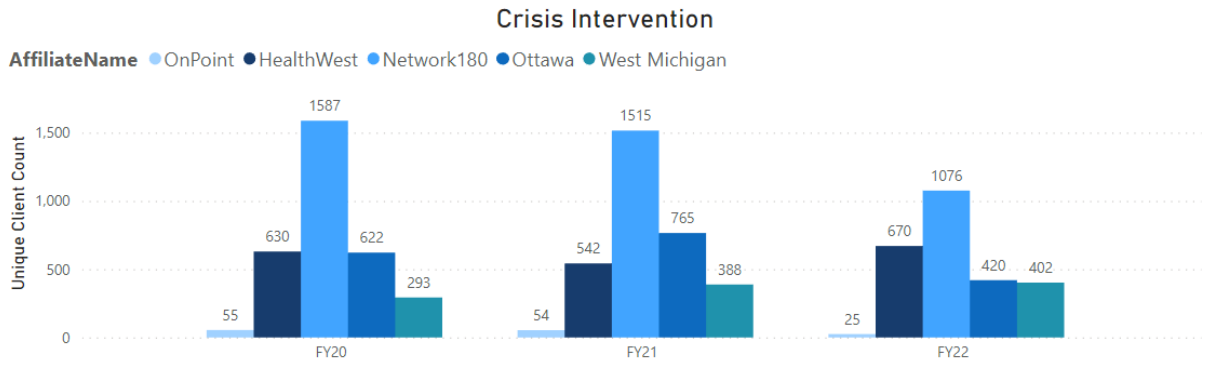
CLS – Per Diem



FY	OnPoint	HealthWest	Network180	Ottawa	West Michigan
FY20					
GENERAL FUND	5	12	84	14	2
HMP	6	7	31	6	1
MEDICAID	130	229	864	218	88
FY21					
GENERAL FUND		2	19	6	
HMP	4	4	24	1	1
MEDICAID	135	217	850	223	94
FY22					
GENERAL FUND		3	10	4	
HMP	9	1	21	2	1
MEDICAID	137	210	810	220	91

Crisis Intervention

Crisis Intervention services are unscheduled activities conducted for the purpose of resolving a crisis situation requiring immediate attention. Activities include crisis response, crisis line, assessment, referral, and direct therapy.

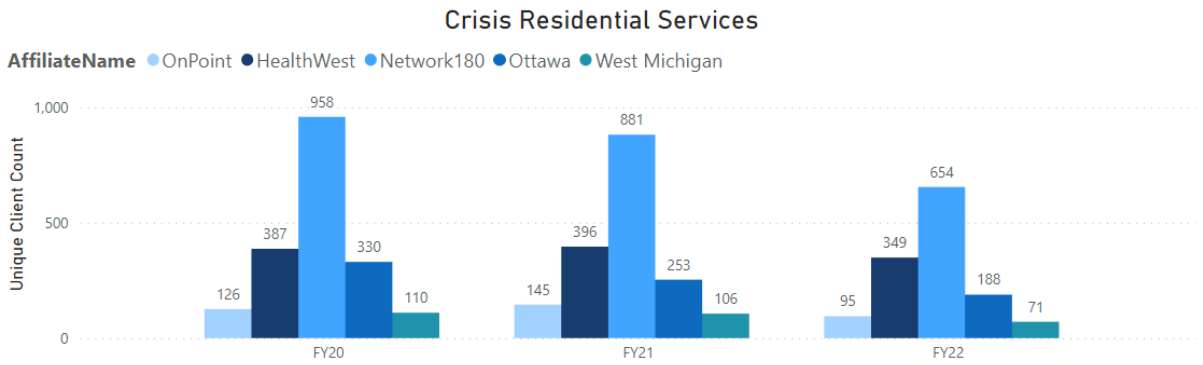


FY	OnPoint	HealthWest	Network180	Ottawa	West Michigan
FY20					
GENERAL FUND	6	79	331	217	80
HMP	3	183	468	239	95
MEDICAID	46	380	810	176	126
FY21					
GENERAL FUND	7	63	205	232	86
HMP	3	176	500	320	153
MEDICAID	44	307	819	231	155
FY22					
GENERAL FUND	3	87	160	95	74
HMP	2	167	312	192	150
MEDICAID	20	424	606	136	187

Crisis Residential

Crisis residential services are intended to provide a short-term alternative to inpatient psychiatric services for Individuals experiencing an acute psychiatric crisis when clinically indicated. Services may only be used to avert an inpatient psychiatric admission, or to shorten the length of an inpatient stay.

Services must be provided to beneficiaries in licensed crisis residential foster care or group home settings not exceeding 16 beds in size. Homes/settings must have appropriate licensure from the state and must be approved by MDHHS to provide specialized crisis residential services.

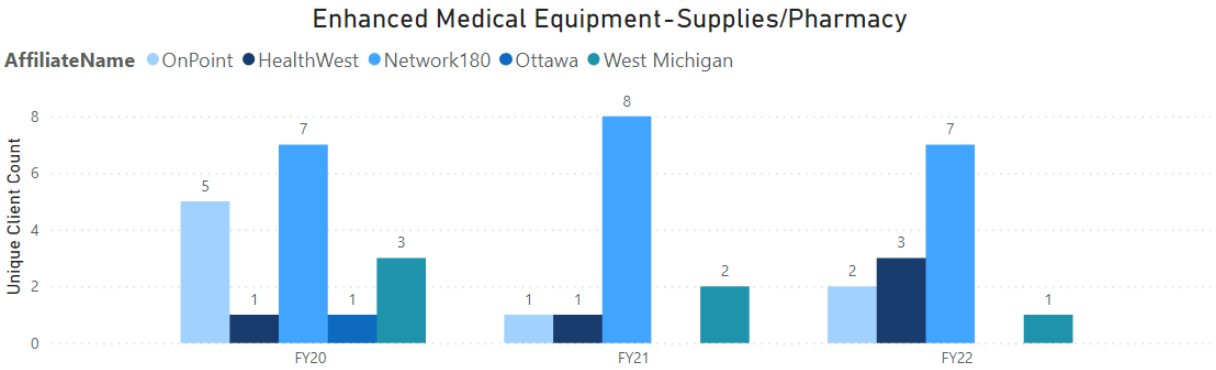


FY	OnPoint	HealthWest	Network180	Ottawa	West Michigan
FY20					
GENERAL FUND	10	13	67	30	7
HMP	69	198	542	190	64
MEDICAID	51	182	366	119	42
FY21					
GENERAL FUND	6	14	38	17	5
HMP	89	211	562	163	66
MEDICAID	51	174	291	77	36
FY22					
GENERAL FUND	4	13	32	16	4
HMP	52	176	352	110	45
MEDICAID	40	166	275	66	23

Enhanced Medical Equipment and Supplies / Pharmacy

Enhanced Medical Equipment is an item or set of items that enable the individual to increase his/her ability to perform activities of daily living with a greater degree of independence than without them; to perceive, control, or communicate with the environment in which he/she lives. These are items that are not available through other Medicaid coverage or through other insurances. These items must be specified in the individual plan of service. All items must be ordered by a physician on a prescription.

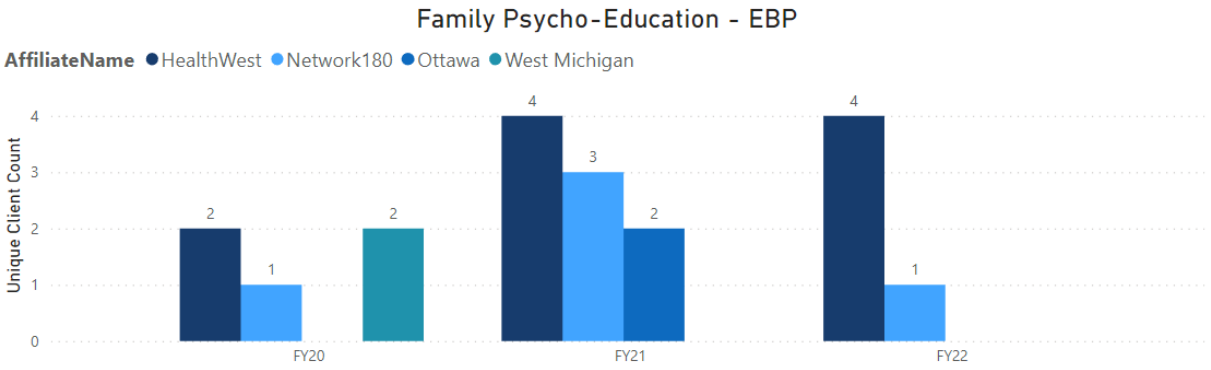
Physician-ordered, nonprescription "medicine chest" items as specified in the beneficiary's support plan. Items that are not of direct medical or remedial benefit to the beneficiary are not allowed.



FY	OnPoint	HealthWest	Network180	Ottawa	West Michigan
FY20					
HMP			1		
MEDICAID	5	1	7	1	3
FY21					
MEDICAID	1	1	8		2
FY22					
MEDICAID	2	3	7		1

Family Psycho-Education (EBP)

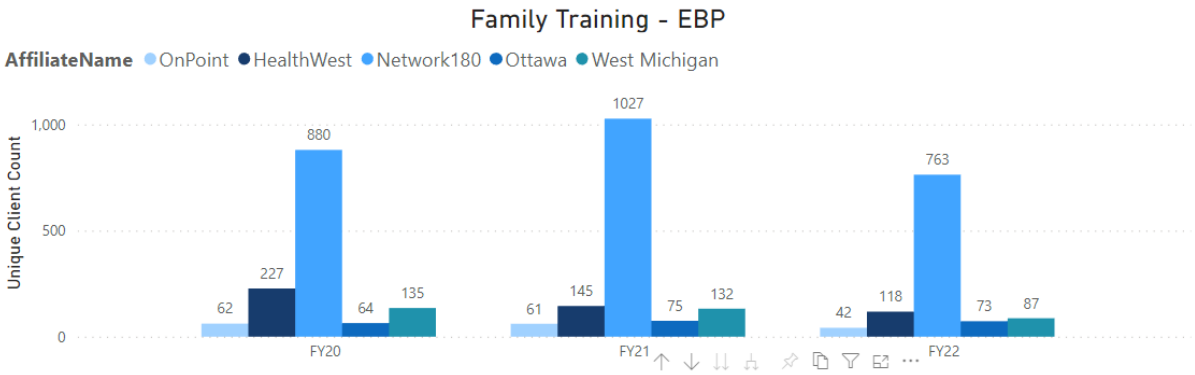
Services provided under the SAMHSA model for individuals with serious mental illness and their families. This evidence-based practice (EBP) includes family educational groups, skills workshops, and joining.



FY	HealthWest	Network180	Ottawa	West Michigan
FY20				
HMP		1		1
MEDICAID	2			1
FY21				
GENERAL FUND	1			
HMP		1	2	
MEDICAID	3	2		
FY22				
HMP	2			
MEDICAID	2	1		

Family Support and Training

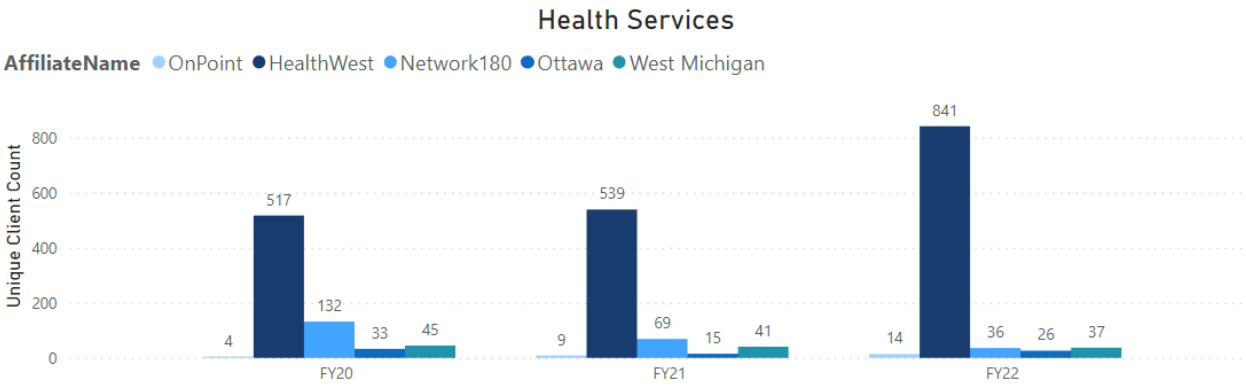
Family-focused services provided to family (natural or adoptive parents, spouse, children, siblings, relatives, foster family, in-laws, and other unpaid caregivers) of persons with serious mental illness, serious emotional disturbance or developmental disability for the purpose of assisting the family in relating to and caring for a relative with one of these disabilities. The services target the family members who are caring for and/or living with an Individual receiving mental health services. The service is to be used in cases where the Individual is hindered or at risk of being hindered in his/her ability to achieve goals.



FY	OnPoint	HealthWest	Network180	Ottawa	West Michigan
FY20					
GENERAL FUND		2	23		2
HMP	2		1		
MEDICAID	61	227	868	64	134
FY21					
GENERAL FUND		1	12	1	1
HMP	1		1		
MEDICAID	60	145	1018	74	131
FY22					
GENERAL FUND		7	9		
HMP	1			2	
MEDICAID	41	113	759	71	87

Health Services

Health Services are provided for purposes of improving the Individual's overall health and ability to care for health-related needs. This includes nursing services (on a per-visit basis, not on-going hourly care), dietary/nutritional services, maintenance of health and hygiene, teaching self-administration of medication, care of minor injuries or first aid, recognizing early symptoms of illness and teaching the beneficiary to seek assistance in case of emergencies. A registered nurse, nurse practitioner, physician's assistant, or dietician must provide these services, according to their scope of practice. Health services must be carefully coordinated with the beneficiary's health care plan so that the PIHP does not provide services that are the responsibility of the MHP.

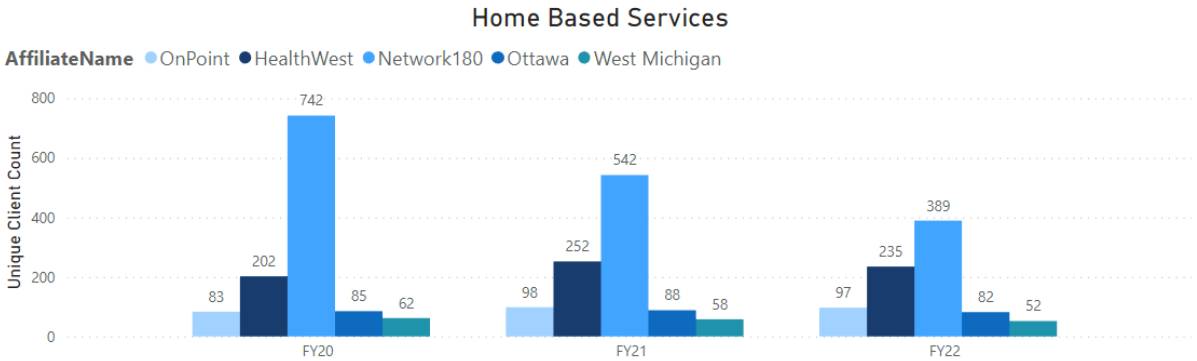


FY	OnPoint	HealthWest	Network180	Ottawa	West Michigan
FY20					
GENERAL FUND		24	2	1	2
HMP		69	4	2	
MEDICAID	4	441	129	30	45
FY21					
GENERAL FUND		22			
HMP		86	2		
MEDICAID	9	436	67	15	41
FY22					
GENERAL FUND		33	1		
HMP	1	147	1		
MEDICAID	14	667	34	26	37

Home-Based Services

Home-based services programs combine services to restore or enhance social, psychological, or biophysical functioning of individuals, couples, or families and/or individual therapy, family therapy, group therapy, crisis intervention, case management, and collateral contacts. The family is defined as immediate or extended family or individual(s) acting in the role of family.

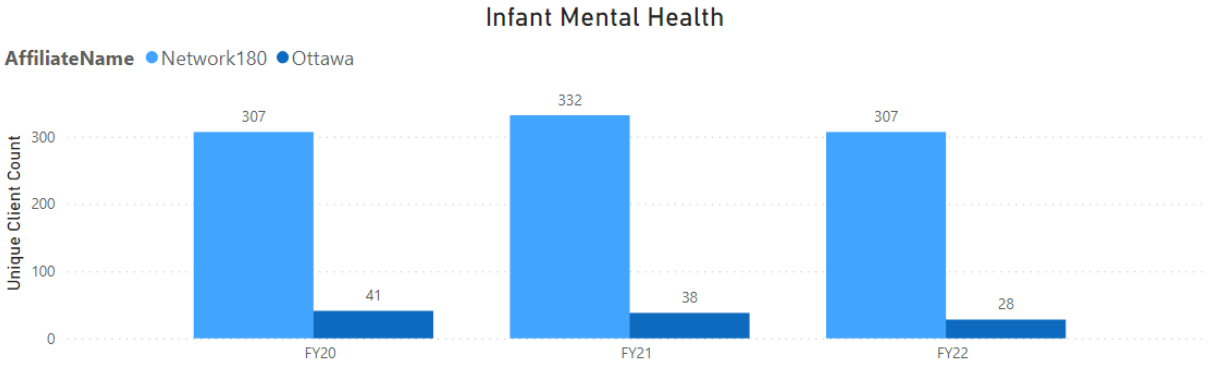
Services provided in a home-based services program range from assisting beneficiaries to link to other resources that might provide food, housing, and medical care, as well as providing more therapeutic interventions such as family therapy or individual therapy, or services to restore or enhance functioning for individuals, couples, or families.



FY	OnPoint	HealthWest	Network180	Ottawa	West Michigan
FY20					
GENERAL FUND	2	8	30	1	
HMP		2	1		
MEDICAID	83	199	727	85	62
FY21					
GENERAL FUND	1	10	18	4	2
HMP		1			
MEDICAID	98	244	530	85	57
FY22					
GENERAL FUND	5	8	9	3	
HMP		4			1
MEDICAID	95	228	382	82	52
MICHILD	3				

Home-Based Services- Infant Mental Health

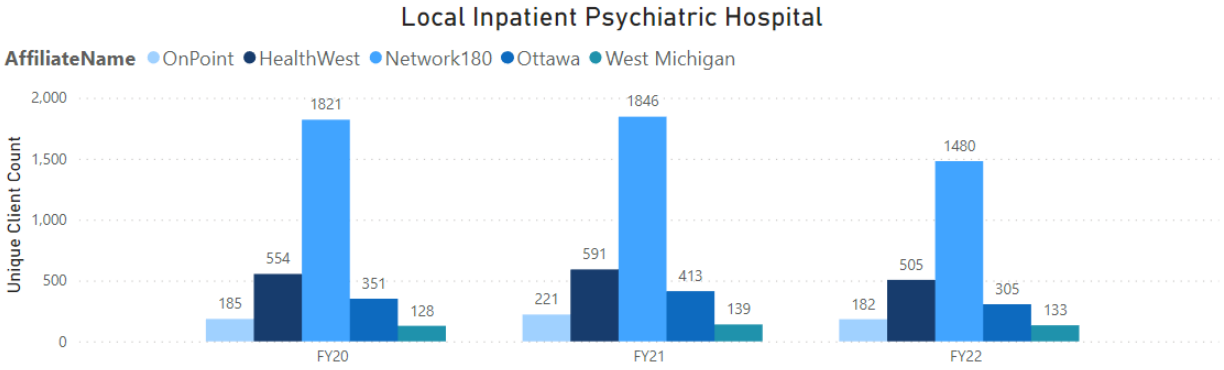
Infant Mental Health provides home-based parent-infant support and intervention services to families where the parent's condition and life circumstances, or the characteristics of the infant, threaten the parent-infant attachment and the consequent social, emotional, behavioral and cognitive development of the infant. Services reduce the incidence and prevalence of abuse, neglect, developmental delay, behavioral and emotional disorder.



FY	Network180	Ottawa
FY20		
GENERAL FUND	10	3
HMP	1	
MEDICAID	306	41
FY21		
GENERAL FUND	5	1
HMP	7	
MEDICAID	326	37
FY22		
GENERAL FUND	6	4
HMP	3	
MEDICAID	300	28

Inpatient Psychiatric Hospital Treatment

Services provided in a licensed inpatient facility. Inpatient psychiatric care may be used to treat a person with mental illness who requires care in a 24-hour medically structured and supervised facility. The SI/IS criteria for admission are based upon the assumption that the beneficiary is displaying signs and symptoms of a serious psychiatric disorder, demonstrating functional impairments, and manifesting a level of clinical instability (risk) that, either individually or collectively, are of such severity that treatment in an alternative setting would be unsafe or ineffective.

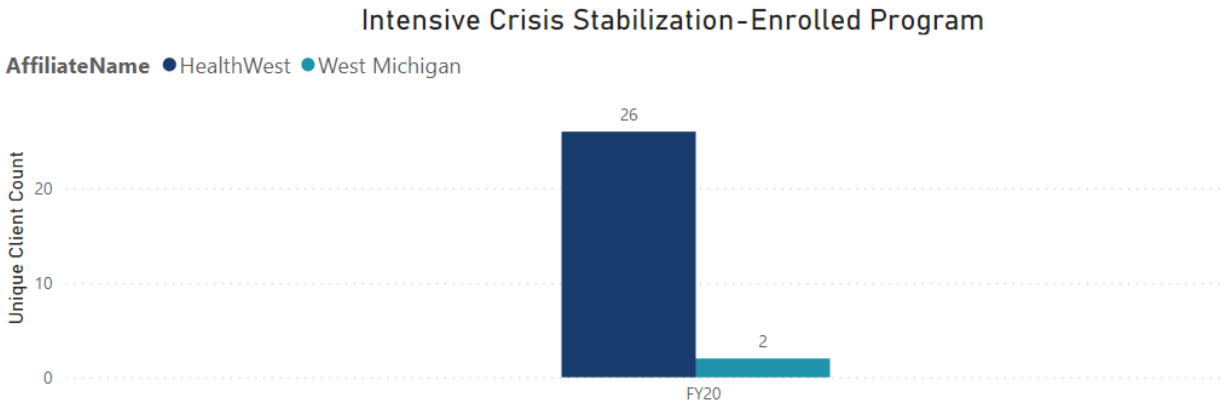


FY	OnPoint	HealthWest	Network180	Ottawa	West Michigan
FY20					
GENERAL FUND	22	31	194	25	9
HMP	76	237	664	156	45
MEDICAID	99	298	982	174	76
FY21					
GENERAL FUND	9	22	139	28	5
HMP	94	234	725	145	48
MEDICAID	120	341	1001	240	86
FY22					
GENERAL FUND	6	11	115	24	2
HMP	67	210	558	121	51
MEDICAID	113	286	811	162	80

Intensive Crisis Stabilization Services

Intensive Crisis Stabilization Services are structured treatment and support activities provided by a multidisciplinary team and designed to provide a short-term alternative to inpatient psychiatric services. A crisis situation is one in which an Individual is experiencing a serious mental illness or a developmental disability, or a child is experiencing a serious emotional disturbance, and one of the following applies:

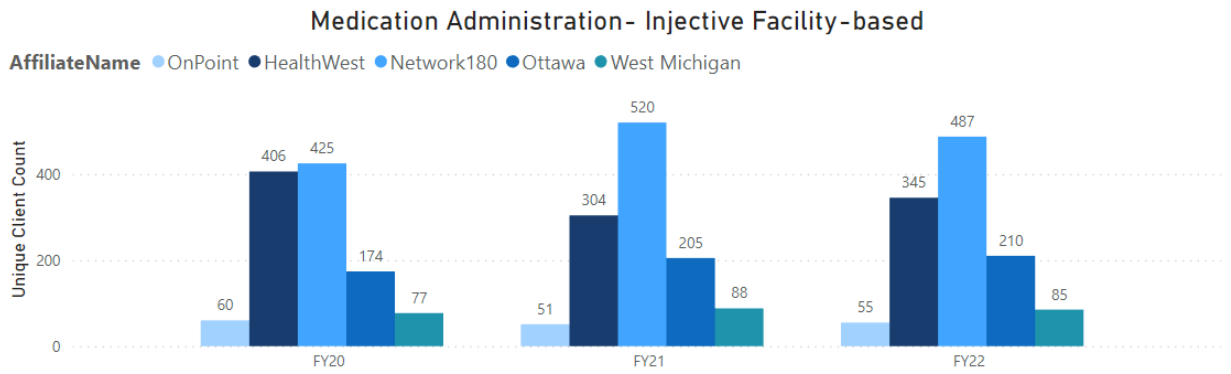
- The Individual can reasonably be expected within the near future to physically injure himself or another Individual, either intentionally or unintentionally.
- The Individual is unable to provide him/herself clothing, or shelter, or to attend to basic physical activities such as eating, toileting, bathing, grooming, dressing, or ambulating, and this inability may lead in the near future to harm to the Individual or to another Individual.
- The Individual's judgment is so impaired that he/she is unable to understand the need for treatment and, in the opinion of the mental health professional, his/her continued behavior, as a result of the mental illness, developmental disability, or emotional disturbance, can reasonably be expected in the near future to result in physical harm to the Individual or to another Individual.



FY	HealthWest	West Michigan
FY20		
GENERAL FUND	2	1
MEDICAID	24	1

Medication Administration

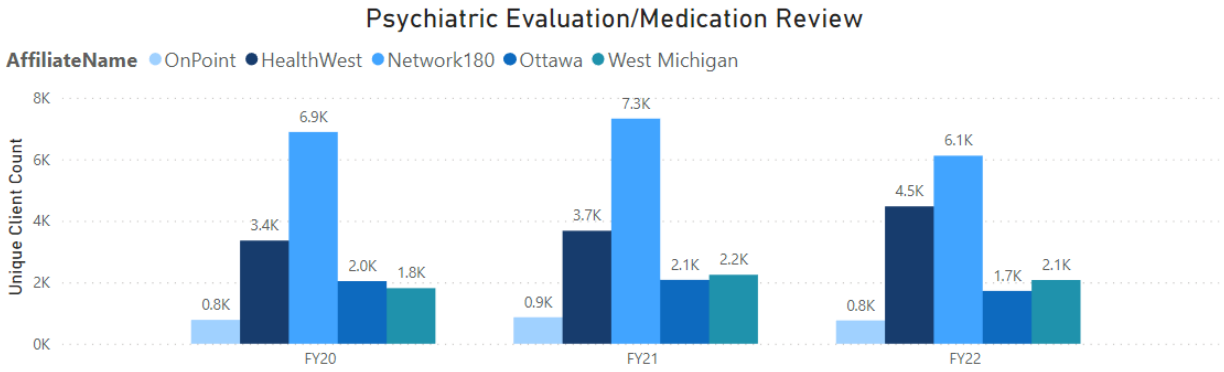
Professionals and individuals who work in health care settings can perform medication administration within their scope of practice and training. Education and training must be completed per established state, federal and agency guidelines.



FY	OnPoint	HealthWest	Network180	Ottawa	West Michigan
FY20					
GENERAL FUND	5	27	39	27	14
HMP	20	83	135	52	9
MEDICAID	38	332	286	113	61
FY21					
GENERAL FUND	3	12	29	16	12
HMP	20	65	145	59	9
MEDICAID	29	238	363	145	69
FY22					
GENERAL FUND	4	12	23	8	10
HMP	17	92	128	59	11
MEDICAID	41	268	349	143	70

Medication Review

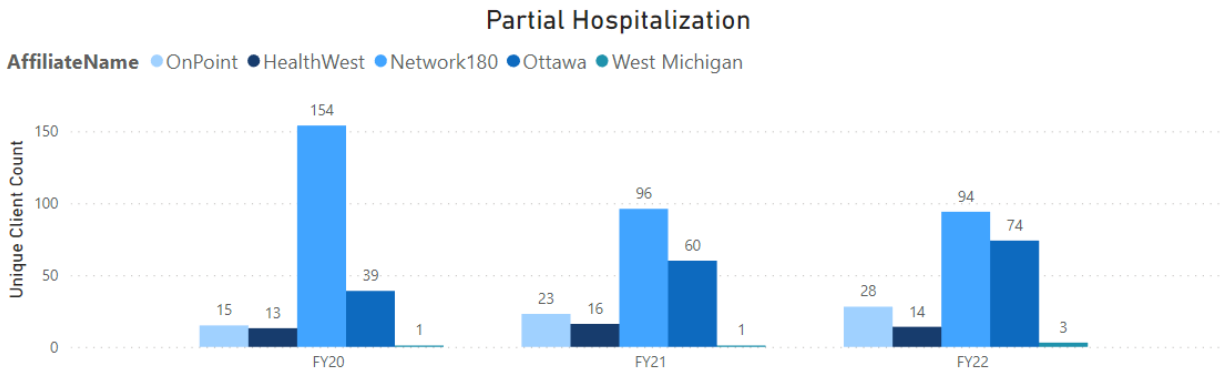
Medication Review is evaluating and monitoring medications, their effects, and the need for continuing or changing the medication regimen. A physician, physician assistant, nurse practitioner, registered nurse, licensed pharmacist, or a licensed practical nurse assisting the physician may perform medication reviews. Medication review includes the administration of screening tools for the presence of extra pyramidal symptoms and tardive dyskinesia secondary to untoward effects of neuroactive medications.



FY	OnPoint	HealthWest	Network180	Ottawa	West Michigan
FY20					
GENERAL FUND	57	265	667	164	323
HMP	186	852	1818	437	518
MEDICAID	550	2297	4517	1477	1003
FY21					
GENERAL FUND	53	307	524	187	366
HMP	218	985	1940	434	645
MEDICAID	596	2426	4950	1486	1278
FY22					
GENERAL FUND	40	389	432	110	288
HMP	167	1215	1553	370	549
MEDICAID	564	2994	4167	1248	1274
MICHILD	1				

Partial Hospitalization Services

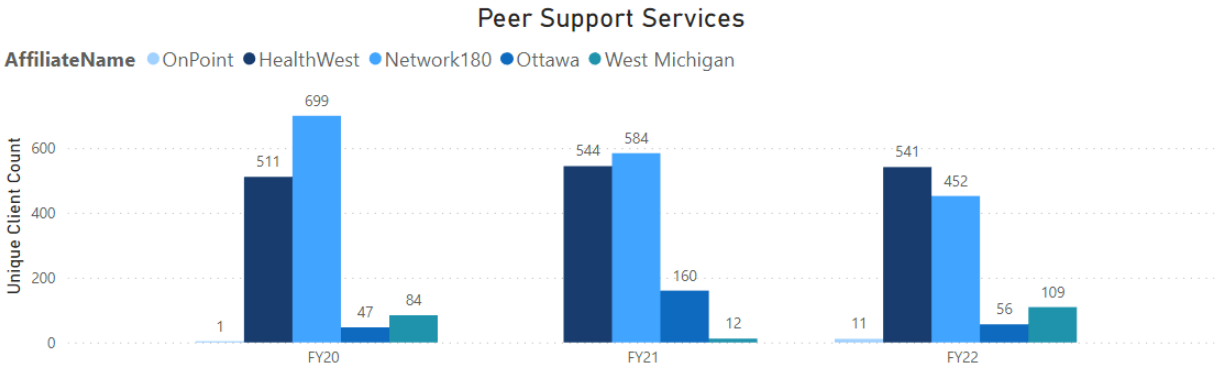
Partial hospitalization services may be used to treat a person with mental illness who requires intensive, highly coordinated, multi-modal ambulatory care with active psychiatric supervision. Treatment, services and supports are provided for six or more hours per day, five days a week. The use of partial hospitalization as a setting of care presumes that the beneficiary does not currently need treatment in a 24-hour protective environment. Conversely, the use of partial hospitalization implies that routine outpatient treatment is of insufficient intensity to meet the beneficiary's present treatment needs.



FY	OnPoint	HealthWest	Network180	Ottawa	West Michigan
FY20					
GENERAL FUND	2		14	1	
HMP	5	5	39	14	
MEDICAID	8	8	101	25	1
FY21					
GENERAL FUND		1	8	5	
HMP	9	3	28	19	
MEDICAID	14	12	60	36	1
FY22					
GENERAL FUND	2		4	7	
HMP	4	3	30	33	1
MEDICAID	23	11	60	34	2

Peer Support Services

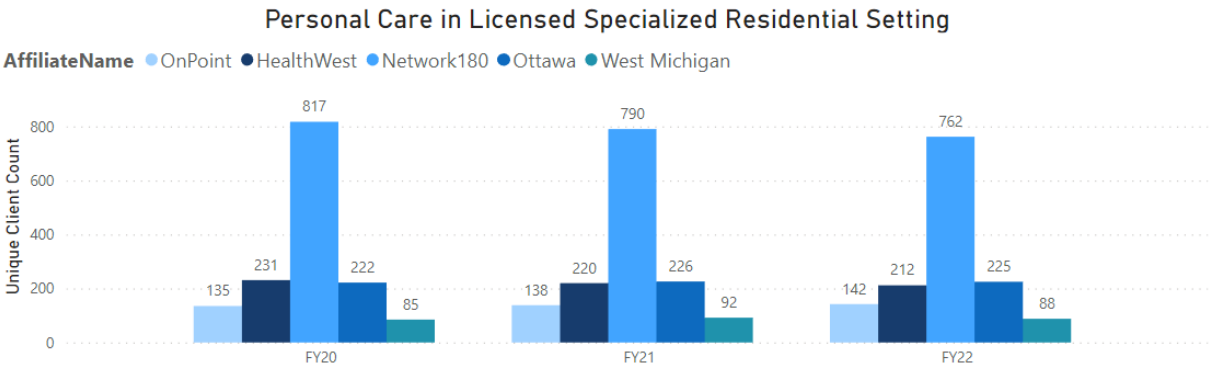
Services provided by certified Mental Health Peer Support Specialists/Youth Peer Support Specialists. Peer specialist services provide individuals with opportunities to support, mentor and assist beneficiaries to achieve community inclusion, participation, independence, recovery, resiliency and/or productivity. Peers are individuals who have a unique background and skill level from their experience in utilizing services and supports to achieve their personal goals of community membership, independence and productivity. Peers have a special ability to gain trust and respect of other beneficiaries based on shared experience and perspectives with disabilities, and with planning and negotiating human services systems.



FY	OnPoint	HealthWest	Network180	Ottawa	West Michigan
FY20					
GENERAL FUND		31	106	5	22
HMP	1	209	277	24	35
MEDICAID		308	363	20	32
FY21					
GENERAL FUND		20	46	51	
HMP		212	218	81	
MEDICAID		323	348	33	12
FY22					
GENERAL FUND		22	26	7	3
HMP	4	179	143	28	26
MEDICAID	7	368	297	22	91

Personal Care in a Licensed Specialized Residential Setting

Personal care services are those services provided in accordance with an individual plan of service to assist a beneficiary in performing his/her own personal daily activities. Services may be provided only in a licensed foster care setting with a specialized residential program certified by the state.

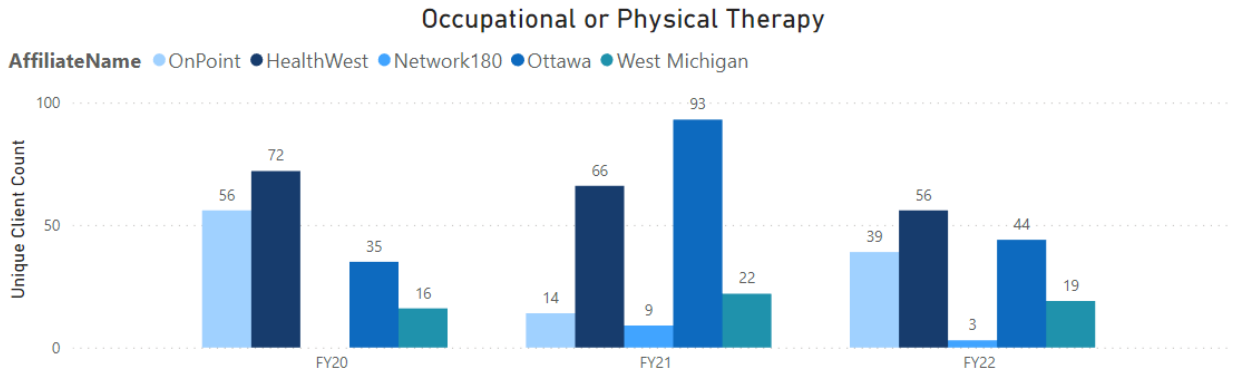


FY	OnPoint	HealthWest	Network180	Ottawa	West Michigan
FY20					
GENERAL FUND	5	12	74	14	2
HMP	6	7	24	6	1
MEDICAID	129	229	799	218	84
FY21					
GENERAL FUND		2	15	6	
HMP	4	4	15	1	1
MEDICAID	134	217	773	223	91
FY22					
GENERAL FUND		3	4	4	
HMP	9	1	16	2	1
MEDICAID	136	210	749	220	88

Physical Therapy (PT) / Occupation Therapy (OT)

Physical therapy (PT) must be rehabilitative, active or restorative and designed to correct or compensate for a medical problem. Physical therapy services must require the skills, knowledge and education of a PT or PTA to provide therapy. Treatment is performed through the use of therapeutic exercises and rehabilitative procedures.

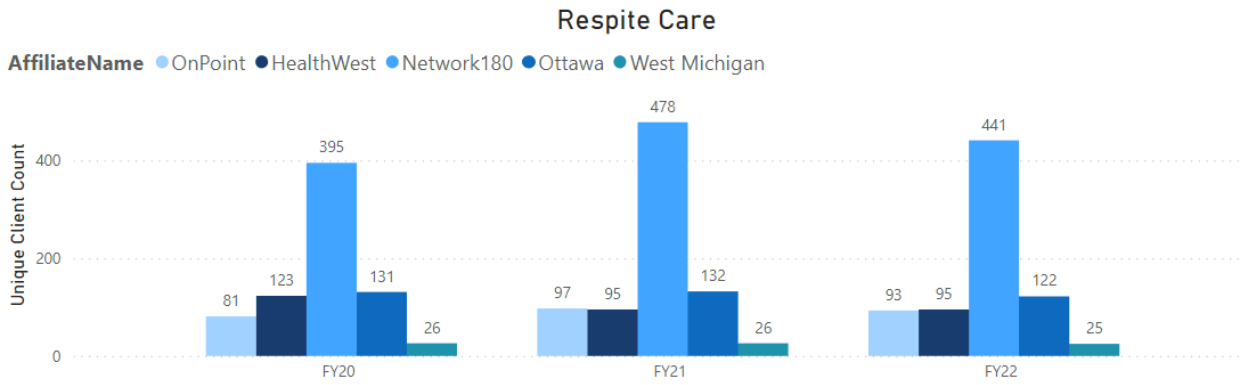
Occupational therapy (OT) must be rehabilitative, active or restorative and designed to correct or compensate for a medical problem interfering with age-appropriate functional performance. Occupational therapy services must require the skills, knowledge, and education of a licensed occupational therapist, licensed occupational therapy assistant, or Orientation and Mobility specialist.



FY	OnPoint	HealthWest	Network180	Ottawa	West Michigan
FY20					
GENERAL FUND	1	1			1
HMP		2			
MEDICAID	56	70		35	16
FY21					
GENERAL FUND		1			
HMP				1	
MEDICAID	14	65	9	92	22
FY22					
HMP				1	
MEDICAID	39	56	3	43	19

Respite Care

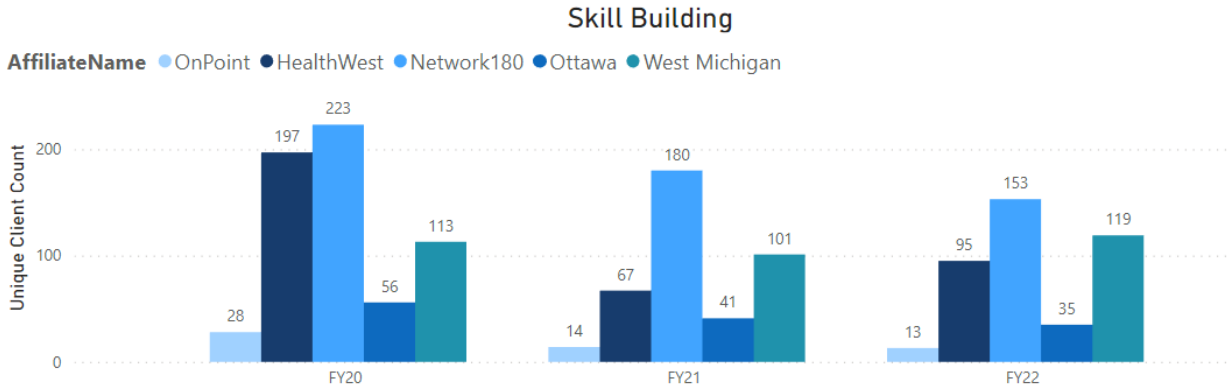
Respite care services are provided to the child on an intermittent or short-term basis because of the absence or need for relief of the parent. Respite is intended to support the parent who is the primary caregiver. This service can be provided by a qualified provider under contract with the CMHSP in the child's home, foster home, group home, licensed respite care facility, licensed camp, or the home of a friend or relative. A parent or guardian may not be considered a provider, nor be reimbursed for this service.



FY	OnPoint	HealthWest	Network180	Ottawa	West Michigan
FY20					
GENERAL FUND		2	7	2	
HMP		1	5	2	
MEDICAID	81	123	391	129	26
FY21					
GENERAL FUND		1	5		
HMP			5	1	
MEDICAID	97	94	470	131	26
FY22					
GENERAL FUND		1	4	1	
HMP			3	1	
MEDICAID	93	94	435	120	25

Skill Building Assistance

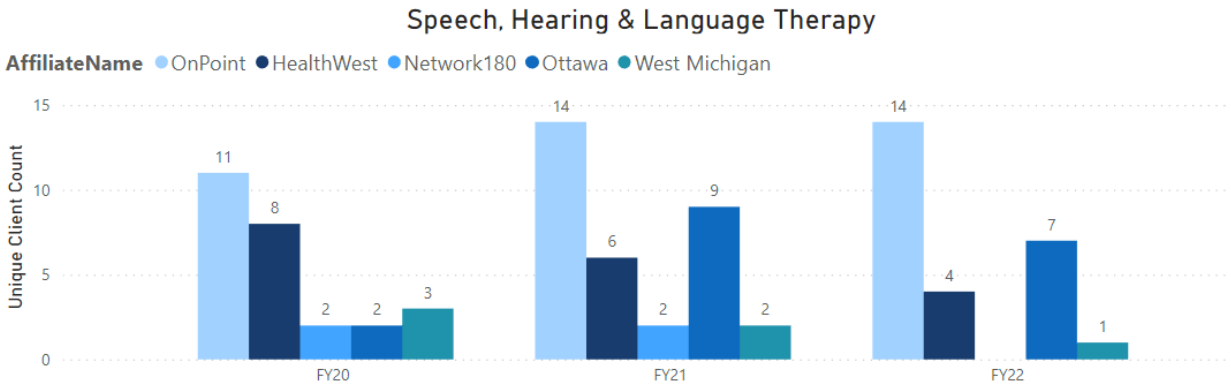
Skill Building Assistance consists of activities identified in the individual plan of services and designed by a professional within his/her scope of practice that assist a beneficiary to increase his economic self-sufficiency and/or to engage in meaningful activities such as school, work, and/or volunteering. The services provide knowledge and specialized skill development and/or support. Skill-building assistance may be provided in the beneficiary's residence or in community settings.



FY	OnPoint	HealthWest	Network180	Ottawa	West Michigan
FY20					
GENERAL FUND	1	14	17	2	7
HMP	1	15	5	1	3
MEDICAID	27	179	218	56	106
FY21					
GENERAL FUND		2	4		4
HMP		2	3		3
MEDICAID	14	64	176	41	96
FY22					
GENERAL FUND		3	1		2
HMP		19	2		3
MEDICAID	13	76	150	35	115

Speech, Hearing, and Language Therapy

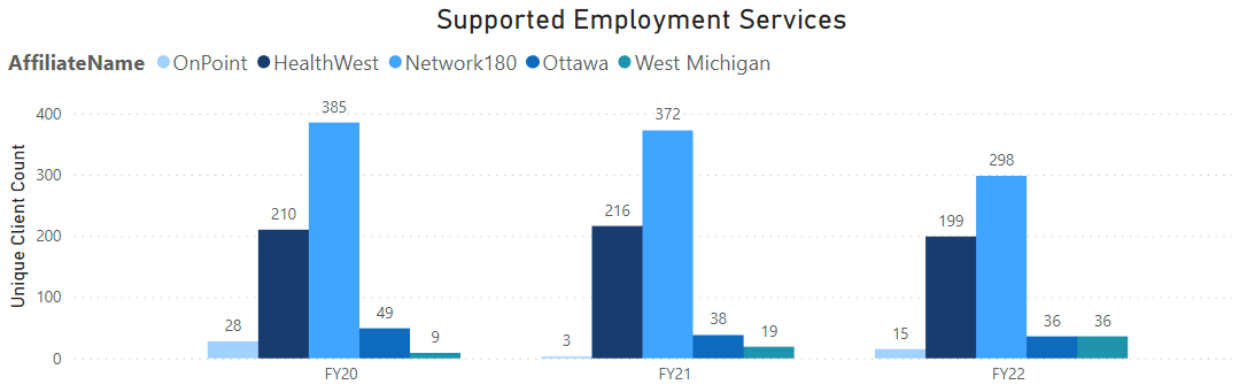
Speech, language, and hearing therapy must be a diagnostic or corrective service to teach compensatory skills for deficits that directly result from a medical condition. This service is provided to beneficiaries with a diagnosed speech, language or hearing disorder adversely affecting the functioning of the beneficiary. Speech, language, and hearing therapy must require the skills, knowledge and education of a fully licensed speech-language pathologist or audiologist to provide the therapy.



FY	OnPoint	HealthWest	Network180	Ottawa	West Michigan
FY20					
GENERAL FUND			1		
MEDICAID	11	8	2	2	3
FY21					
MEDICAID	14	6	2	9	2
FY22					
MEDICAID	14	4		7	1

Supported Employment

Supported employment is the combination of ongoing support services and paid employment that enables the beneficiary to work in the community. It is community-based, taking place in integrated work settings where workers with disabilities work alongside people who do not have disabilities. Supported employment is for beneficiaries with severe disabilities who require ongoing intensive supports such as job coach, employment specialist, or personal assistant, and for beneficiaries who require intermittent or diminishing amounts of supports from a job coach, employment specialist or personal assistant.



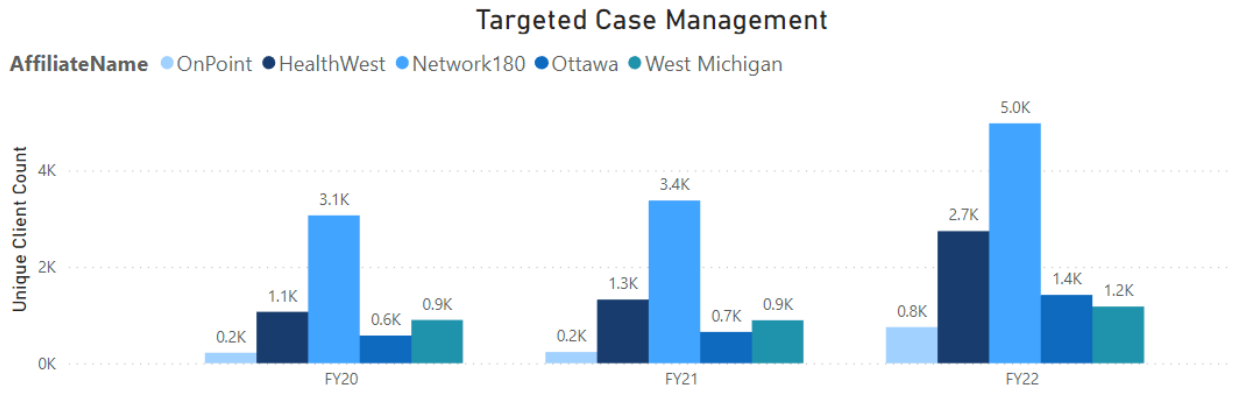
FY	OnPoint	HealthWest	Network180	Ottawa	West Michigan
FY20					
GENERAL FUND	1	6	44	2	1
HMP	4	67	71	2	3
MEDICAID	25	174	313	48	6
FY21					
GENERAL FUND		8	6		1
HMP		80	62	1	1
MEDICAID	3	134	311	37	17
FY22					
GENERAL FUND		3	4		1
HMP	2	79	33	1	3
MEDICAID	13	136	263	35	33

Supports Coordination

Supports Coordination is provided to assure the provision of supports and services required to meet the participant's health and welfare needs in a home and community-based setting. Without these supports and services, the participant would otherwise require institutionalization. The supports coordination functions to be performed and the frequency of face-to-face and other contacts are specified in the participant's plan of service. The frequency and scope of supports coordination contacts must take into consideration health and safety needs of the participant.

Targeted Case Management

Targeted case management is a covered service that assists beneficiaries to design and implement strategies for obtaining services and supports that are goal-oriented and individualized. Services include assessment, planning, linkage, advocacy, coordination and monitoring to assist beneficiaries in gaining access to needed health and dental services, financial assistance, housing, employment, education, social services, and other services and natural supports developed through the person-centered planning process. Targeted case management is provided in a responsive, coordinated, effective and efficient manner focusing on process and outcomes.



FY	OnPoint	HealthWest	Network180	Ottawa	West Michigan
FY20					
GENERAL FUND	26	86	273	62	71
HMP	51	273	469	123	126
MEDICAID	158	841	2512	428	754
FY21					
GENERAL FUND	12	64	143	54	62
HMP	54	365	452	164	135
MEDICAID	172	931	2858	457	724
FY22					
GENERAL FUND	17	130	108	35	61
HMP	67	552	372	142	201
MEDICAID	693	2159	4559	1258	996
MICHILD	6				

Therapy

Family Therapy

Family Therapy is therapy for a beneficiary and family member(s), or other person(s) significant to the beneficiary, for the purpose of improving the beneficiary/family function.

Individual and Group Therapy – MI Adult

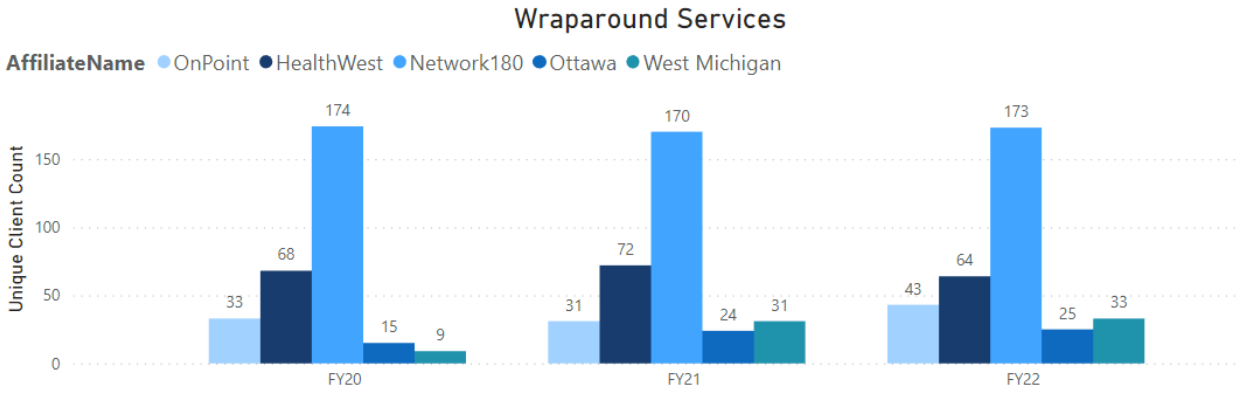
Face-to-face counseling with three or more beneficiaries, and can include didactic lectures, therapeutic interventions/counseling, and other group related activities. Treatment activity designed to reduce maladaptive behaviors, maximize behavioral self-control or restore normalized psychological functioning, reality orientation, re-motivation, and emotional adjustment, thus enabling improved functioning and more appropriate interpersonal and social relationships. Evidence-based practices (such as IDDT/COD and DBT) are included in this coverage.

Individual Therapy – SED

Treatment activity designed to reduce maladaptive behaviors, maximize behavioral self-control or restore normalized psychological functioning, reality orientation, re-motivation, and emotional adjustment, thus enabling improved functioning and more appropriate interpersonal and social relationships.

Wraparound Services

Wraparound services for children and adolescents is a highly-individualized planning process facilitated by specialized supports coordinators. Wraparound utilizes a Child and Family Team, with team members determined by the family and often representing multiple agencies and informal supports. The Child and Family Team creates a highly individualized Wraparound plan with the child/youth and family that consists of mental health specialty treatment, services and supports covered by the Medicaid mental health state plan, waiver, B3 services and other community services and supports.



FY	OnPoint	HealthWest	Network180	Ottawa	West Michigan
FY20					
GENERAL FUND	1	4	12		
MEDICAID	33	67	171	15	9
FY21					
GENERAL FUND		1	5		1
MEDICAID	31	71	168	24	31
FY22					
GENERAL FUND	2	3	5		2
MEDICAID	43	63	170	25	33

Substance Use Disorder Service Availability in the LRE Provider Network

Service	CMHOC	HealthWest	Network180	OnPoint	WMCMH
Harm Reduction (Medication Training and Naloxone Distribution)	C	DC	C	C	DC
Long-term Residential	C		C	C	C
Methadone	C	C	C	C	DC
Outpatient Treatment	C	DC	C	DC	D
Pharmacological Support	C	C	C	C	DC
Recovery Residence	C	C	C	C	C
Recovery Support Services	C	DC	C	C	D
Short-Term Residential (Intensive Stabilization)	C	C	C	C	C
Sub-acute Detox	C	DC	C	C	C
SUD Community Based Case Management	C	DC	DC	C	D

Method of Provision: D=direct-run, C= through contractual arrangements, or DC= both direct-run and contractual arrangement.

Substance Use Disorder Services Adequacy Analysis

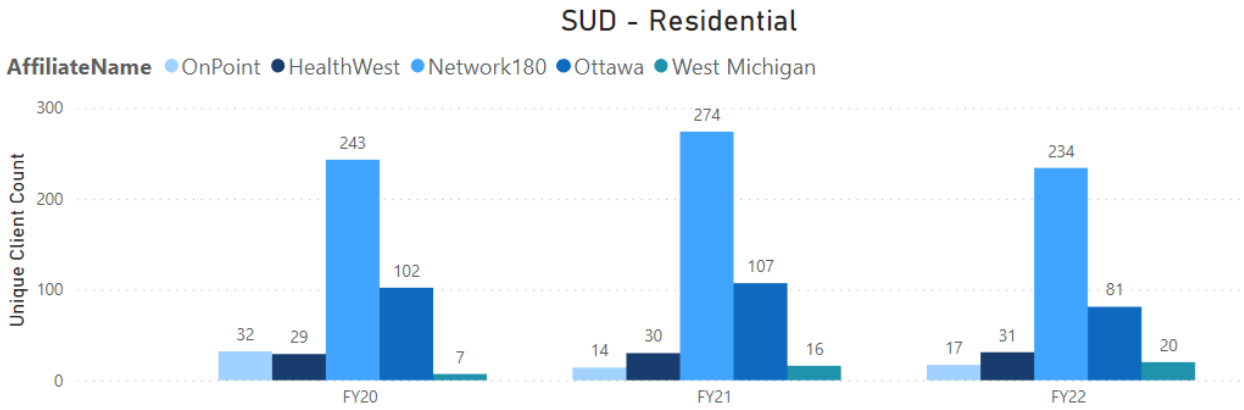
To ensure an adequate network of providers to meet the substance use disorder treatment needs for people in the LRE catchment, LRE analyzes the composition of its network based on provider type, location, and service capacity. LRE maintains dashboards through PowerBI that allows for real-time display of unique client counts, total encounters, costs, and other relevant service data based on the service being reviewed. The encounter data displayed below encompasses service provision from FY21 through FY22 current data, allowing for encounter reporting and processing lag times.

Harm Reduction (Medication Training and Naloxone Distribution)

Harm Reduction recognizes that offering abstinence only treatment services is ineffective in reducing the risk of drug use. Harm Reduction addresses broader social and health issues by engaging with users in a way that reduces the likelihood of overdose death, serious infection caused by unsterile drug injection, and chronic diseases such as HIV/HCV. The Grand Rapids Red Project partners with LRE Members to provide Naloxone kits and training and other resources to reduce the risk of overdose deaths. Additionally, WMCMH has used grant money to purchase retrofitted vending machines capable of dispensing naloxone free-of-charge to any community member. A machine is located in each of their three main county offices.

Long-term Residential

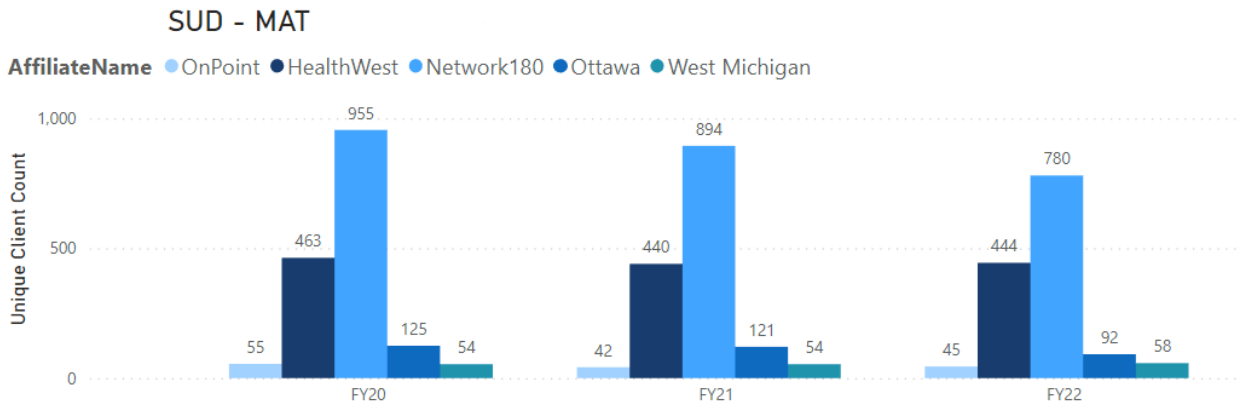
Residential Treatment is defined as intensive therapeutic service which includes overnight stay and planned therapeutic, rehabilitative, or didactic counseling to address cognitive and behavioral impairments for the purpose of enabling the beneficiary to participate and benefit from less intensive treatment. Residential treatment must be staffed 24-hours-per-day.



FY	OnPoint	HealthWest	Network180	Ottawa	West Michigan
FY20					
GENERAL FUND	2	1	11	11	
HMP	21	19	152	72	4
MEDICAID	11	10	91	26	3
FY21					
GENERAL FUND			13	8	
HMP	8	17	195	73	8
MEDICAID	6	14	80	29	8
FY22					
GENERAL FUND		1	10	3	2
HMP	12	21	142	51	12
MEDICAID	5	10	83	29	7

Methadone

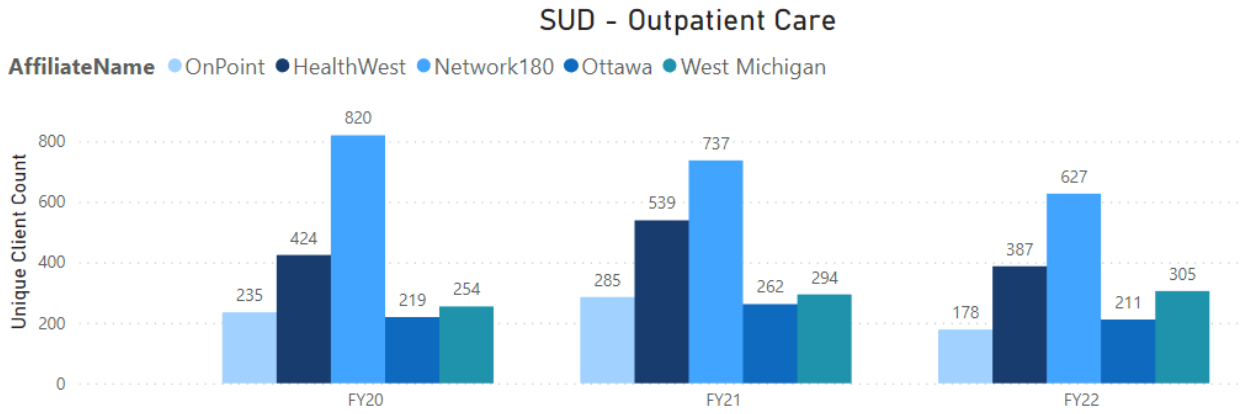
Opiate-dependent beneficiaries may be provided chemotherapy using methadone as an adjunct to a treatment service. Methadone must be administered by an appropriately licensed MD/DO, physician's assistant, nurse practitioner, registered nurse, licensed practical nurse, or pharmacist.



FY	OnPoint	HealthWest	Network180	Ottawa	West Michigan
FY20					
GENERAL FUND	7	80	280	39	5
HMP	27	240	497	67	17
MEDICAID	34	265	392	49	39
FY21					
GENERAL FUND	1	33	127	16	3
HMP	26	279	528	74	16
MEDICAID	21	179	312	41	40
FY22					
GENERAL FUND	1	30	56	7	4
HMP	28	253	465	54	16
MEDICAID	26	345	292	34	51

Outpatient Treatment

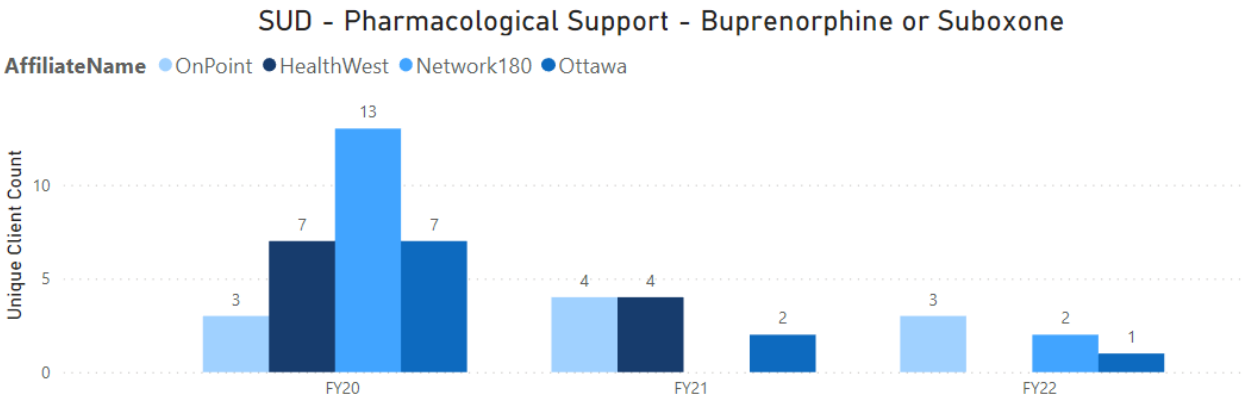
Face-to-face counseling with three or more beneficiaries, and can include didactic lectures, therapeutic interventions/counseling, and other group related activities. Treatment activity designed to reduce maladaptive behaviors, maximize behavioral self-control or restore normalized psychological functioning, reality orientation, re-motivation, and emotional adjustment, thus enabling improved functioning and more appropriate interpersonal and social relationships.



FY	OnPoint	HealthWest	Network180	Ottawa	West Michigan
FY20					
GENERAL FUND	55	43	173	36	48
HMP	127	262	426	144	153
MEDICAID	73	144	346	49	87
FY21					
GENERAL FUND	40	30	76	35	30
HMP	156	329	406	175	184
MEDICAID	95	202	308	70	101
FY22					
GENERAL FUND	11	13	58	20	36
HMP	106	209	340	128	182
MEDICAID	66	194	247	67	161

Pharmacological Support

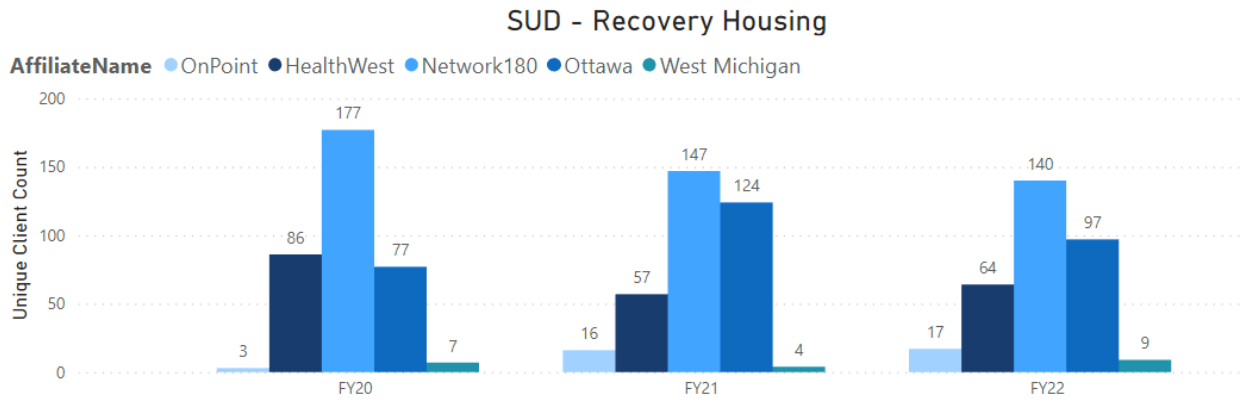
Medication Assisted Treatment to address opiate-dependent beneficiaries using Suboxone as an adjunct to other treatment services. Suboxone must be administered by an appropriately licensed MD/DO, physician's assistant, nurse practitioner, registered nurse, licensed practical nurse, or pharmacist.



FY	OnPoint	HealthWest	Network180	Ottawa
FY20				
GENERAL FUND			1	1
HMP	2	4	10	4
MEDICAID	1	4	2	2
FY21				
GENERAL FUND				1
HMP	2	1		
MEDICAID	2	3		1
FY22				
GENERAL FUND			1	1
HMP	2		1	
MEDICAID	1			

Recovery Residence

Recovery Residences are supportive living environments for individuals recovering from alcohol or other drug dependence that typically offer an alcohol- and drug-free environment, peer encouragement and accountability, support for continuing participation in treatment or ongoing recovery services and other forms of necessary assistance.



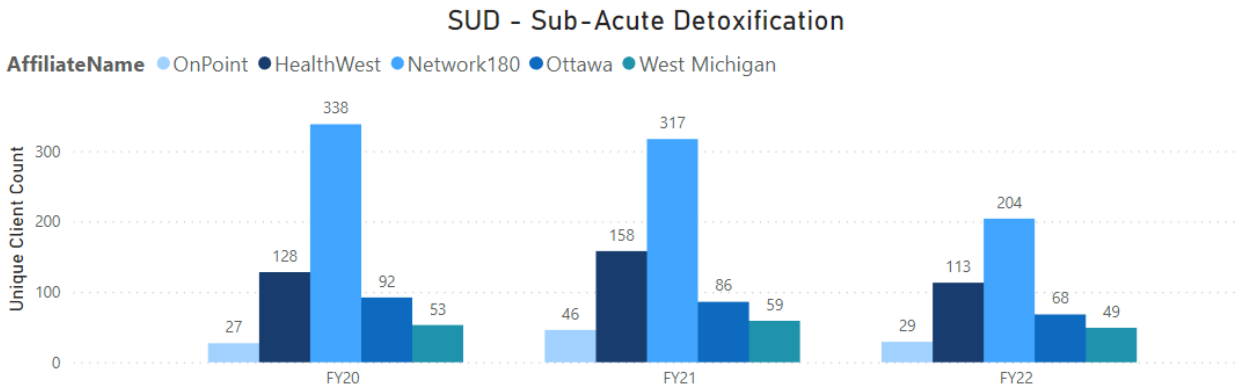
FY	OnPoint	HealthWest	Network180	Ottawa	West Michigan
FY20					
GENERAL FUND		5	4	15	
HMP	2	63	163	62	7
MEDICAID	1	25	14	5	
FY21					
GENERAL FUND		2	4	50	
HMP	11	44	131	64	4
MEDICAID	5	11	17	14	
FY22					
GENERAL FUND	1	1	3	8	
HMP	13	51	122	75	6
MEDICAID	4	15	16	15	3

Recovery Support Services

To support and promote recovery and prevent relapse through supportive services that result in the knowledge and skills necessary for an individual's recovery. Peer recovery programs are designed and delivered primarily by individuals in recovery (Recovery Coach) and offer social, emotional, and/or educational supportive services to help prevent relapse and promote recovery.

Sub-acute Detoxification

Sub-acute detoxification is defined as supervised care for the purpose of managing the effects of withdrawal from alcohol and/or other drugs as part of a planned sequence of addiction treatment. Detoxification is limited to the stabilization of the medical effects of the withdrawal and to the referral to necessary ongoing treatment and/or support services.

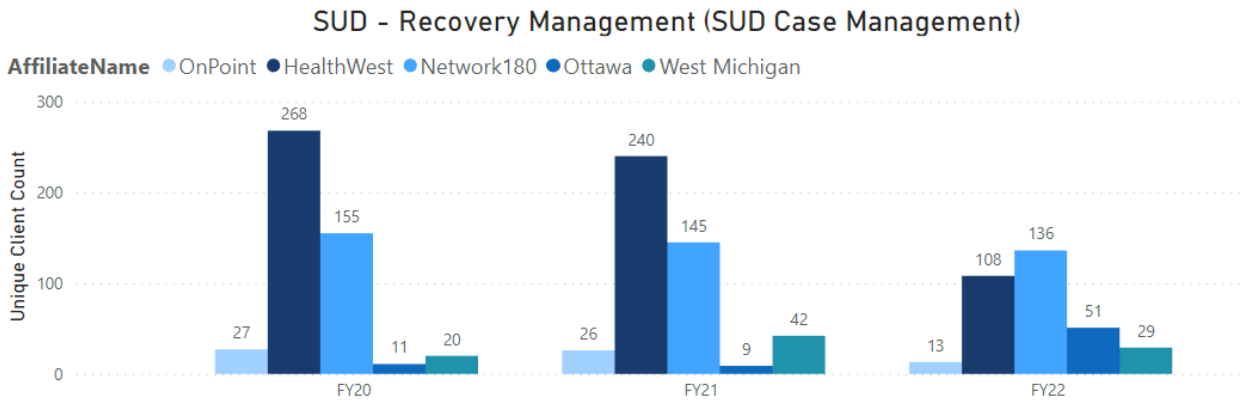


FY	OnPoint	HealthWest	Network180	Ottawa	West Michigan
FY20					
GENERAL FUND	4	1	28	7	4
HMP	16	93	246	68	35
MEDICAID	7	36	67	18	14
FY21					
GENERAL FUND	3	3	22	6	7
HMP	32	80	238	72	36
MEDICAID	12	93	62	11	17
FY22					
GENERAL FUND	3	4	18	3	4
HMP	16	85	145	48	28
MEDICAID	10	24	43	17	17

SUD Community Based Case Management

SUD Community Based Case Management is a service to treat substance use disorders for individuals with chronic, relapsing and severe symptoms as well as multiple failed treatment attempts with an emphasizes on trauma-informed treatment approaches that supports people who have co-occurring mental health and substance use disorders. The goal of SUD Community Based Case Management is harm reduction, positive rapport building that leads to treatment engagement and diversion from high cost and emergent services.

A team of SUD Treatment Professionals includes a Recovery/Case Manager, Recovery Coach, and Therapist who use evidence-based interventions to educate and engage individuals to take an active role in their recovery. All interventions are tailored to meet a person where they are and consider their needs and choices in planning treatment.



FY	OnPoint	HealthWest	Network180	Ottawa	West Michigan
FY20					
GENERAL FUND	3	24	18		3
HMP	14	158	29	7	11
MEDICAID	14	110	127	4	6
FY21					
GENERAL FUND		11	6	3	3
HMP	12	120	42	5	25
MEDICAID	14	121	111	1	14
FY22					
GENERAL FUND	1	2	9	8	1
HMP	8	43	35	38	17
MEDICAID	6	65	101	7	11

Review and Analysis of Contracted Network Providers

LRE recognizes in most cases services provided by local providers with whom LRE and its Members have established relationships often result in better treatment outcomes and a more efficient use of public resources. To this end, LRE, in partnership with Member CMHSPs, manages and maintains a network of locally contracted providers sufficient for the provision of services in the amount, scope, and duration for individuals within the regional catchment area. Either directly or through contractual arrangements, LRE and its Members ensure the timely provision of all medically necessary supports and services. While LRE retains monitoring and oversight responsibility for the overall provider milieu of the region, each CMHSP Member is contractually responsible for the composition and adequacy of a local provider network to meet the services needs of Beneficiaries in their defined geographic area. Providers currently available within the network can be located through LRE's website. CMHSP Members submit a monthly provider file that is used to populate a dynamic, searchable Provider Directory for anyone looking for available service providers.

In accordance with 42 CFR §438.206(b)(4), LRE has policies in place to ensure services are available outside the provider network if the current network of providers is unable to provide the necessary supports and services to eligible Beneficiaries. Out-of-network providers are engaged through single case agreement, as necessary, until such time that services are available within the regional network.

In addition to ensuring adequacy of service availability and accessibility, LRE conducts period quality reviews of both CMHSP Members and contracted network providers. Through combined site visits and administrative and clinical desk audits, LRE assesses the quality and effectiveness of services, provider compliance with contractual and legal requirements, and overall network performance. Data from the site visit and clinical review processes are used to identify areas for improvement and larger performance trends within the region. Through a formal process requiring written plans of correction (POC) from Members and network providers, LRE ensures an environment of continuous quality improvement in both administrative management and clinical provision across the region.

Identified Barriers and Challenges

Impacts of Pandemic on Service Provision

LRE, its Members, and contracted network providers have been and continue to be significantly impacted by the effects of the global pandemic. The immediate impact of the early days of COVID-19 forced providers to minimize risk through face-to-face contact with persons served. This took the form of increased provision of services via tele-technologies, either via video or telephonically, as appropriate to the specific service and condition of the individual, and/or increased safety measures to protect staff, consumers, and the public when face-to-face services were a necessary part of the service. These additional measures added complexity, time, resources, and stress to clinical and frontline staff focused on providing high-quality supports and services, leading to a high degree burnout and turnover.

Initially, service encounters regionally dropped significantly. Over time, encounters have neared pre-pandemic levels. However, even as the state rebounded from the worst period of infection, not all clinical or frontline staff were comfortable returning to face-to-face service provision. Additionally, some consumers expressed a desire to continue meeting via technologies.

In response, LRE added, in 2021, a series of questions to its satisfaction survey tool to assess performance and perception of services provided via telehealth. As LRE anticipates the ending of the Public Health Emergency (PHE), efforts are being undertaken to reduce the expected impact of ending auto-enrollment.

Workforce shortage

A lack of qualified, trained staff is the biggest challenge facing LRE, its Members, and contracted provider network. Staffing shortages have impacted service delivery and business operation at all levels of all organizations but is particularly impactful at the service level. Difficulty hiring licensed clinicians with the appropriate experience and training for specialty populations has increased the risk of wait lists and delays for accessing some services. An inability to hire frontline staff for ABA, Specialized Residential, CLS, or other community-based programs has forced contracted providers to leave bed openings unfilled due to lack of staff coverage to maintain a safe and therapeutic environment and create wait lists or other delays in service provision.

LRE monitors provider staffing needs and the impact on service availability and timeliness. While the LRE has not conducted a formal analysis of staffing needs across provider network, including both Member and contracted provider staffing needs, it has been estimated that contracted autism providers require as many as 300 additional behavior technicians to meet service capacity needs. LRE has worked with Network180 to address Specialized residential providers have denied or delayed placement into open licensed beds due to staff shortages in homes.

Increased costs/$$/Stability payments

LRE has undertaken numerous efforts to support providers throughout the pandemic and subsequent staffing crisis exacerbated by the pandemic. Over the past 2+ years, LRE has worked with its Members to plan for and provide Stability funding upon request from providers in need of additional financial resources to combat budgetary constraints imposed by higher wages, increased over time, and higher costs for service provision, including but not limited to, depending on program type, increased food, high staff turnover, and additional expenses to maintain health and safety (personal protection and cleaning supplies).

To date, LRE Members have provided more than $8M to providers in the form of one-time stabilization payments, increased wages, increased reimbursement rates to combat rising costs, and for hiring or retention bonuses for provider staff to encourage and support hiring an adequate number of qualified frontline staff. LRE, in partnership with Member CMHSPs, has established a process for requesting and evaluating requests for additional/enhanced funding to ensure timely, adequate, and prudent provision of financial supports to Member and contracted service providers.

Conclusion

Ongoing Monitoring

LRE prioritizes timely access to high-quality behavioral health services for its region's Medicaid Beneficiaries. LRE partners with Members on the development and implementation of activities designed to improve, enhance, and promote adequate service capacity. Where inadequacies have been noted in this report, LRE will ensure effective, timely remediation activities occur.

LRE recognizes, too, that network adequacy is an ongoing effort, requiring dedicated resources and planning. To that end, LRE is developing a dynamic data-driven system to monitor encounter reporting by service line and identification of potential emerging capacity issues preventing timely access to medically necessary services. The creation of Dashboards will allow for updated monitoring of aspects related to service provision, including time and distance standards, wait times for services, MMBPIS compliance, and encounter trending quarterly and across fiscal years. Any issues identified through regular monitoring can then be addressed before or shortly after risk of non-compliance.

Recommendations

LRE has the following recommendations based on the findings and information gathered in this report.

1. Conduct an extensive exploration of staff openings across the region
    - LRE, in partnership with CMHSP Members, will conduct an comprehensive review of current staffing needs at identified programs. The intent is to quantify the staffing needs of regional providers.
2. Increase ABA Capacity
    - Multiple CMHSP Members report inadequate capacity for ABA services, including a need for additional behavior technicians and assessors. Each part of the ABA service array has “pinch points” that result in delays or wait lists for eligible children.
3. OnPoint and WMCMH Clubhouse
    - Currently, OnPoint and WMCMH do not offer Clubhouse Model services. LRE will engage with each Member for exploration into the needs and barriers for this service within their geographic area.
4. SUD Treatment prepare for higher capacity needs based on sharp increase in youth stimulant and painkiller use.
    - Due to the significant increase in youth stimulant and painkiller use, SUD Treatment providers must be prepared to address this as a treatment need. Prevention services focus on youth substance use, but preparing treatment providers for increased need will be critical to meet the expected future needs of today’s youth.
5. Prioritize crisis bed availability
    - The region lacks adequate children’s crisis beds based on the local population.