

Uniformity in Service Delivery							
Policy #	Policy Recommendations	Current State	Barriers	Required Change/ Recommended Action	Due Date	Status	
12.1	MDHHS should ensure that individuals have on-demand <u>access</u> to urgent and emergent medical, behavioral and substance use disorder services, supports and/or treatment no matter where they live in the state.  <b>Also listed under SUD</b>	The group noted that the MHPs have already implementing time and distance standards. The group also noted that the PIHPs are now working on implementing time and distance standards for behavioral health providers in 2018 as part of the managed care rule.  MDHHS staff encourage the department to continue pursuing current efforts to implement time and distance standards for behavioral health providers as part of the managed care rule.	While standards exist, various geographic and financial issues are barriers to compliance.	1) MDHHS is currently involved in a process to establish time and distance standards to implement consistently. a) Time and distance standards outlined in the FY2018 MHP Contracts.  b) Time, distance and/or other access related standards for specific behavioral health services are currently in the process of being established and will subsequently be added to PIHP contractual requirements.	10.1.2018	In Process	
12.2	MDHHS should <u>ensure that individuals have reasonable, timely, and geographically uniform access</u> to medical, behavioral and substance use disorder services, supports and/or treatment no matter where they live in the state.  <b>Similar item listed under Children, Youth and Families</b>			2) As necessary, MDHHS will develop a planned approach to improving policy and contract requirements (including specific tasks, assigned responsibility and timeline for completion). a) Ongoing monitoring of time and distance standards as part of Compliance Review process.  b) MDHHS will be implementing a revised site review and compliance monitoring strategy for post 1115 Pathways to Integration Waiver approval by CMS.	TBD (pending CMS waiver approval)	In Process	
12.3	MDHHS should <u>align all healthcare services and supports</u> (broadly defined to include medical, behavioral, and substance use disorders): • Remove barriers to on-demand access. • Ensure benefits to which individuals and families are entitled are available within the time and distance standards established by MDHHS.  <b>Also listed under SUD</b>	The group noted that this recommendation has many components that are duplicative of other recommendations. The group also noted that many of these issues (particularly delegation) will be sorted out as part of contracting. The group also highlighted ongoing work that is being done to define network adequacy for MHPs and PIHPs. The group also noted that some of these issues (such as provider qualifications) will be addressed as part of the 1115 waiver. Finally, the group noted that the department is working to encourage partnerships between payers as part of the State Innovation Model project.		3) MDHHS will continue current efforts through the current workgroups and in a way that engages advocates.	Continued practice	Ongoing	

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12.4	<p>MDHHS should <u>decrease sub-state variation, duplication, and redundancy</u>:</p> <ul style="list-style-type: none"><li>• Establishing rigorous provider network adequacy standards to ensure that the full array of services is accessible to every Michigander.</li><li>• Incentivizing the development of convenient care clinics as public/private partnerships between payers for the delivery of primary care, behavioral health and substance use disorder services.</li><li>• Clearly defining the roles and responsibilities of MHPs, PIHPs, CMHSPs, federally qualified health centers and/or other providers and delineating responsibilities that should be performed exclusively by each party.</li><li>• Adopting and publishing universally applicable standards of performance (commonly known as “site review standards”) to which all providers are held accountable by a designated entity (either a PIHP, CMHSP or an MHP, but not more than one).</li><li>• Adopting and publishing universally applicable standards of performance in important public policy areas, including but not limited to: self-determination and person-centered, family-driven and youth-guided planning with integrity; criteria for priority service admission; standardization of the pre-admission screening processes across the state, uniformity in the availability of peer supports and services; standards for respite care and qualifications; and designation of a minimum service array that must be available in all areas of the state.</li><li>• Providing real incentives to achieve state-defined consistency expectations and require reporting on defined consistency-related metrics.</li></ul>	<p>This recommendation is duplicative of other recommendations. The group indicated that the department can continue to make progress by (1) continuing implementation of network adequacy requirements in the managed care rule, (2) amending contracts to address delegation issues, and (3) updating site review standards and other policies once the 1115 has been finalized.</p>		1) MDHHS will continue to implement network adequacy requirements consistent with managed care rules including identification of gaps in service and identification an action on any needed improvements. a) Time and distance standards outlined in the FY2018 MHP Contracts. b) Ongoing monitoring of time and distance standards as part of Compliance Review process.	10.1.2018	In Process
				2) MDHHS will review and amending contracts to address delegation issues to assure compliance and improve consistency.	10.1.2018	
				3) MDHHS will update site review standards and other policies, once the 1115 has been finalized, to assure they adequately address the policy recommendation (including specific tasks, assigned responsibility and timeline for completion).	TBD (Pending CMS Waiver approval)	