Progress Report on the Implementation of the Short-Term Recommendations
Michigan Inpatient Psychiatric Admissions Discussion
Michigan Department of Health and Human Services

- May 2018 Edition -

The Michigan Department of Health and Human Services has developed the following progress report on the implementation phase of the Michigan Inpatient Psychiatric Admission Discussion (MIPAD). MDHHS launched the MIPAD initiative in July 2017 to investigate ongoing barriers to inpatient psychiatric services. As part of this initiative, MDHHS convened a workgroup that was primarily composed of providers and payers to investigate ongoing barriers to inpatient psychiatric services and produce a set of recommendations to overcome these barriers. The MIPAD Workgroup ultimately submitted 42 recommendations to the department on October 2017.

MDHHS conducted an analysis of the statutory, regulatory, and fiscal impact of implementing the recommendations. MDHHS also reviewed each recommendation and identified whether the recommendation should be implemented on a short-term, medium-term, and long-term timeframe. Based upon this analysis, MDHHS identified a sub-set of the recommendations for short-term action and will work with stakeholders to implement the short-term recommendations in 2018. This information has been summarized in the final report of the MIPAD Workgroup, which has been published on the department's webpage for the project.

MDHHS has established an interagency team to coordinate the implementation of the MIPAD recommendations across the department. This team is jointly led by the Behavioral Health and Developmental Disability Administration and the Policy, Planning, and Legislative Services Administration. The team also includes representation from the Medical Services Administration and the Financial Operations Administration. MDHHS has also contracted with Health Management Associates to support the implementation of specific recommendations. The organizational structure of the project management team is depicted in Figure 1 within this document.

MDHHS has also made significant progress on implementing the recommendations from the MIPAD report. Specific updates on implementation of individual recommendations is described in Table 1 within this document. MDHHS will issue additional progress reports throughout 2018 to provide updates on the implementation of the recommendations.

FIGURE 1: ORGANIZATIONAL CHART FOR THE MDHHS PROJECT TEAM FOR THE MIPAD INITIATIVE

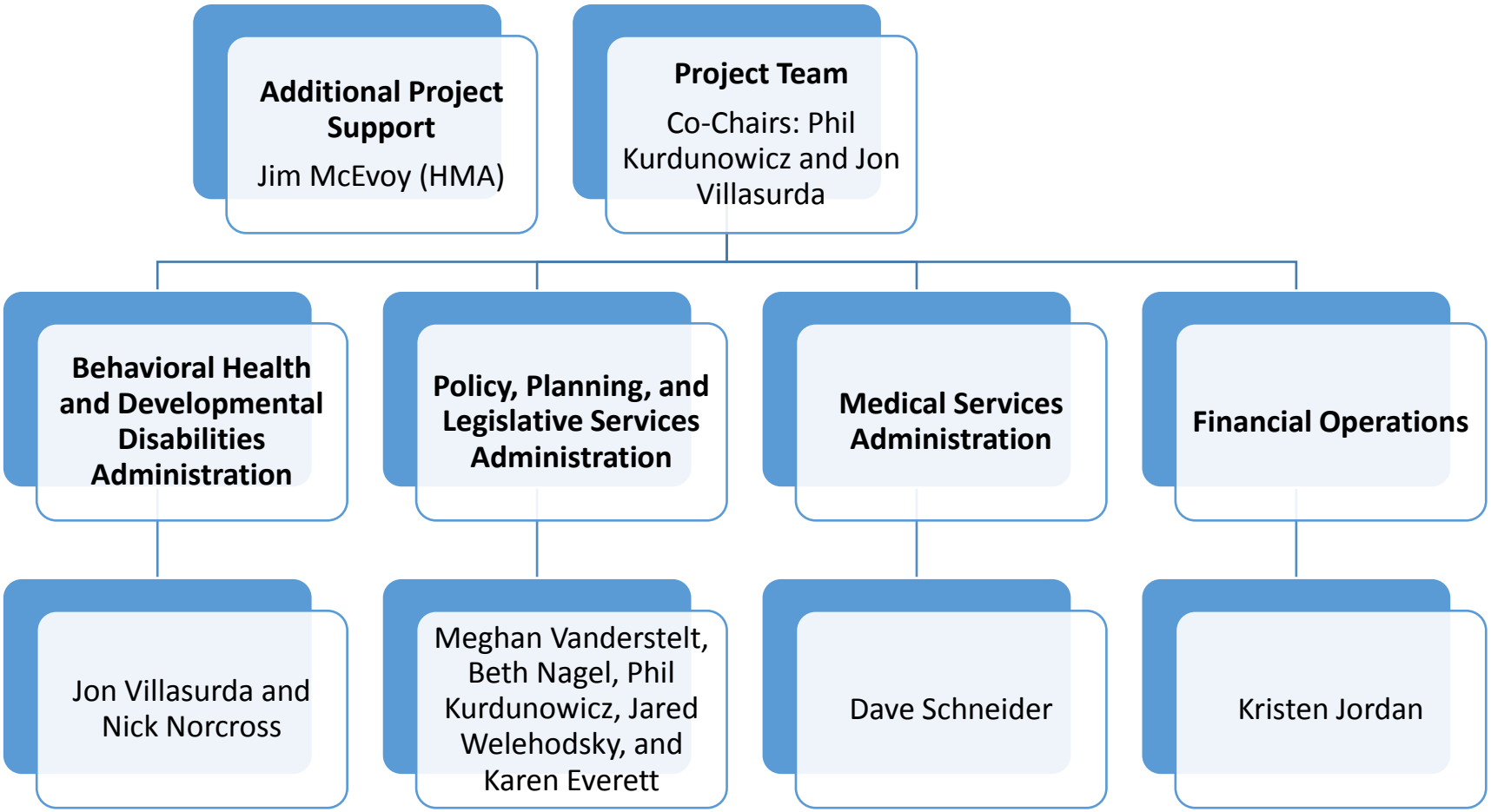

TABLE 1: UPDATE ON THE IMPLEMENTATION OF THE MIPAD RECOMMENDATIONS

NUMBER	RECOMMENDATION	LEAD AGENCY(-IES)	CURRENT UPDATE
1.02	The Michigan Certificate of Need Commission should review and potentially revise the Certificate of Need standards for Psychiatric Beds/Services to ensure that the methodology accurately captures the true level of need for psychiatric services and can make accurate need predictions based on population estimates.	PPLSA	The Certificate of Need Commission is in the process of establishing a Standards Advisory Committee for Psychiatric Beds in order to explore and potentially review the current methodology.
1.03	Community hospitals should develop the capability for patients to receive assessment and begin treatment while awaiting inpatient placement whether that is in a state facility or community hospital. This could include leveraging telehealth capabilities along with telehealth payment structures.	Financial Operations, MSA, and BHDDA	MDHHS will be working with stakeholders to conduct research on strategies for strengthening the capacity of emergency departments to provide appropriate evaluation, stabilization, and/or transfer services for individuals in psychiatric crisis. MDHHS is in the process of securing contractual support to assist with the research process. MDHHS is re-evaluating current Medicaid policy for reimbursement of telemedicine and telepsychiatry services in emergency department and inpatient psychiatric settings.
1.04	The Michigan legislature should require all community short-term acute care hospitals with children's inpatient specialties to implement and maintain child/adolescent psychiatric programs to ensure that care for children can be provided throughout the state. This requirement should be complimented by grant funding or other incentives to establish and continue providing this service.	PPLSA	MDHHS has initiated discussions with the legislature and other stakeholders on ongoing challenges for access to inpatient psychiatric services for children and youth.

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2.02	The state legislature should work with professional associations and third-party payers to re-examine the reimbursement for services by limited license professionals.	MSA	MDHHS is currently conducting research on current policy and practices for reimbursing limited license professionals.
2.07	MDHHS and other payers should incentivize the development of specialized behavioral health care units.	BHDDA and Financial Operations	The implementation of this recommendation is linked to the implementation of recommendations 5.01 and 5.02.
3.04	The State of Michigan should establish standards for the provision of psychiatric support in all Emergency Departments (admission, treatment, discharge), which should include (1) using telepsychiatry, (2) assist in managing medications, (3) developing an EMTALA compliance team to review ED cases and perform site visits, and (4) embedding CMHSP providers in Emergency Departments with Medicaid reimbursement for services provided.	BHDDA, PPLSA, and MSA	MDHHS will be working with stakeholders to conduct research on strategies for strengthening the capacity of emergency departments to provide appropriate evaluation, stabilization, and/or transfer services for individuals in psychiatric crisis. MDHHS is in the process of securing contractual support to assist with the research process. MDHHS is re-evaluating current Medicaid policy for reimbursement of telemedicine and telepsychiatry services in emergency department and inpatient psychiatric settings.
3.06	MDHHS should amend PIHP contracts to ensure standardized practices are prescribed for screening and communication.	BHDDA	MDHHS is currently deferring action on this recommendation in the short-term in order to focus on the implementation of Recommendation 4.04.

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3.08	The legislature should increase funding and capacity for Therapeutic Treatment Foster Care (TFC), which includes addressing funding and licensing issues.	BHDDA	MDHHS is conducting a broad evaluation of network adequacy requirements for the Prepaid Inpatient Health Plans. Access to Therapeutic Treatment Foster Care and crisis residential services is included as aspects of the network adequacy evaluation. MDHHS is also exploring funding challenges for access to these services. Finally, MDHHS continues to engage in legislative discussions related to licensing for these settings.
3.09	MDHHS should increase the use of creative solutions for addressing the psychiatrist shortage to include loan repayment.	BHDDA and PPLSA	MDHHS is exploring opportunities to expand the Student Loan Repayment Program in order to address ongoing challenges with recruiting clinical staff at state psychiatric hospitals.
3.10	MDHHS should require PIHPs to have crisis stabilization services that are available 24/7 and commensurate with community need.	BHDDA	MDHHS is conducting a broad evaluation of network adequacy requirements for the Prepaid Inpatient Health Plans. Access to crisis stabilization and other emergency services is included as one of the aspects of the network adequacy evaluation.

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3.11	MDHHS and its community partners develop a standardized set of definitions for inpatient psychiatric denials and admissions.	PPLSA and BHDDA	MDHHS is collaborating with the Michigan Public Health Institute and Community Mental Health Service Programs to expand the data collection on denials for inpatient psychiatric services. This project builds upon the initial pilot in the Mid-State Health Network region.
3.14	MDHHS should expand the use of telemedicine through the Medicaid Provider Manual.	MSA and BHDDA	MDHHS is re-evaluating current Medicaid policy for reimbursement of telemedicine and telepsychiatry services in emergency department and inpatient psychiatric settings.
4.02	MDHHS should implement the following strategies to educate providers and payers about confidentiality laws and regulations that affect the sharing of behavioral health information: • Conduct education and outreach efforts to inform the provider community on the importance of inter-organizational communication and the qualitative impacts of such communication. • Provide education to the payer and provider community regarding Public Act 559 and its impact on communication and coordination of care for the delivery of mental health services • Encourage the adoption of the Behavioral Health Consent Form as a mechanism to assist with information sharing • Engage statewide associations to assist with education of providers and payers	PPLSA	MDHHS is currently developing Version 5.0 of the standard consent form in partnership with the Consent Form Workgroup. MDHHS will update its guidance for the standard consent form as part of finalizing Version 5.0 of the form. MDHHS will continue to conduct education and outreach efforts around 1) using the standard consent form and (2) sharing behavioral health information in accordance with PA 559 and 42 CFR Part 2.
4.03	MDHHS should integrate requirements for health information sharing and care coordination into departmental policies, programs, and contracts. This strategy should include contracts with MHPs, PIHPs, and other contractors, providers, or service agencies (e.g. public and private foster care provider agencies).	PPLSA, MSA, and BHDDA	MDHHS is exploring current policy and contractual requirements around compliance with Public Act 129 and Public Act 559.

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4.04	MDHHS should create a workgroup to develop and pilot a single statewide medical clearance algorithm. • This workgroup should review the work that has already been done across the state in implementing medical clearance criteria and any data as to its efficacy and other outcomes. Examples include the medical clearance pilots in (1) Kent County and (2) Macomb/Oakland/Wayne. • This workgroup should also address the different needs of specific populations, such as (1) early childhood, (2) older children, (3) adolescents, (4) geriatric patients, (5) individuals with developmental disabilities, and (6) children in foster care.	PPLSA and BHDDA	MDHHS and the Michigan Health and Hospital Association have convened a workgroup to explore the medical clearance issue and work towards developing a standard medical clearance protocol.
4.05	MDHHS should create a workgroup to develop a standard referral packet for hospital admissions, which would be used when requesting an inpatient bed. A standard referral packet would reduce the paperwork that was being exchanged during hospital admissions and improve transitions of care for the individual.	PPLSA and BHDDA	MDHHS is currently deferring action on this recommendation in the short-term in order to focus on the implementation of Recommendation 4.04.
4.06	MDHHS should create a workgroup to support the ongoing development of standards for hospital admissions. The workgroup should: • Develop standard criteria for admission to inpatient behavioral health units • Differentiate between community hospital unit and state hospital units capabilities • Outline expectations for psychiatric acuity and general medical acuity for different behavioral health crisis settings (e.g. IMDs, those within a general medical/surgical hospital, etc.)	PPLSA and BHDDA	MDHHS is currently deferring action on this recommendation in the short-term in order to focus on the implementation of Recommendation 4.04.

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4.08 (B)	MDHHS should work other state agencies and external partners to investigate and address cross-county barriers to involuntary hospitalization through the following strategies: • Collaborate with stakeholders to address payment issues when the county of the hospitalization is different from the individual's assigned PIHP and CMHSP.	BHDDA	MDHHS is currently deferring action on this recommendation in the short-term in order to focus on the implementation of Recommendation 4.04.
5.01	As MDHHS is updating the HRA payment methodology to bring it into compliance with the managed care rule, MDHHS should incorporate new metrics into the methodology that include more timely utilization of inpatient psychiatric services. MDHHS should also explore future opportunities to incorporate new metrics into the methodology that include outcomes related to quality and increased access to care. The metrics should be consistent on a statewide basis but also allow some flexibility in distribution by the PIHPs. MDHHS should continue to engage hospitals, PIHPs, and other stakeholders in the development of the new HRA payment methodology.	BHDDA and Financial Operations	MDHHS is currently implementing changes to the Hospital Rate Adjustor in order to bring it into compliance with the federal Managed Care rule and use more accurate measures of inpatient psychiatric service utilization.
5.02	MDHHS should encourage the PIHPs to develop and implement new payment methodologies (e.g. tiered rate) that (1) would promote and incentivize greater access to inpatient psychiatric services and improve outcomes for all populations and (2) address barriers to care for specific populations. The PIHPs should collectively explore consistent payment methodologies that address factors such as length of stay, intensity or acuity, and geographic factors. MDHHS should work with the PIHPs to ensure consistency in the base rate paid for inpatient psychiatric services.	BHDDA and Financial Operations	MDHHS is hosting ongoing meetings between the Prepaid Inpatient Health Plans and representatives of hospitals with inpatient psychiatric units to explore potential changes to Medicaid reimbursement in accordance with this recommendation.

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6.01	MDHHS should work with providers and payers to establish a web-based resource to identify available inpatient psychiatric beds by gender, acuity, age, and diagnosis. This system should be similar to "bed boards" that have been implemented in other states. Inpatient psychiatric hospitals, including state facilities, should populate the registry with updated information about bed availability at a regular interval at "X" time after discharge. Users should include PIHPs, CMHSPs, acute care hospitals, inpatient psychiatric hospitals, and employees/caregivers with other appropriate providers. The registry should be expanded in the future to include available beds at crisis residential, sub-acute detoxification, and other treatment settings. MDHHS and its external partners should also establish a shared governance and oversight committee that includes representatives of the different users of the registry.	PPLSA	MDHHS has been working with the Michigan legislature to pass House Bill 5439, which would authorize the establishment of a psychiatric bed registry in Michigan. MDHHS has secured assistance from Health Management Associations (HMA) to develop the specifications for the registry. MDHHS and HMA are developing the next phase of the stakeholder engagement process which will focus on developing the specifications for the registry.