Michigan Department of Health & Human Services
Prepaid Inpatient Health Plans
Specialty Mental Health and Substance Use Disorder Services and Supports
Network Management Reciprocity & Efficiency
Policy

POLICY

The Michigan Department Health and Human Services (MDHHS), along with its contracted statewide system of 10 (ten) regional PIHPs (Pre-Paid Inpatient Health Plans), is interested in promoting system efficiencies at all levels of service delivery and management. It is recognized that any subcontracting service providers connected to more than one regional PIHP system or more than one CMHSP (Community Mental Health Service Program) organization, greatly benefit from a statewide reciprocity expectation of MDHHS. PIHP systems benefit from reciprocity policies and procedures that create efficiencies for both the funding organizations and the service providers. Prevention of duplication of effort or unnecessary repetitive use of scarce public resources at all levels of management and operation of provider networks is desired.

MDHHS requires that certain network management functions be conducted to ensure compliance with state and federal regulations and mandates, and to ensure overall quality and consistency of provider management. PIHPs involved in the Michigan community mental health and substance use disorder programs, and engaged in the provision of various network management functions – including training, credentialing, procurement, contracting/subcontracting, provider monitoring and service delivery provision oversight - have finite resources to either conduct such functions or to create or accept alternatives that will fully meet MDHHS requirements. At the same time, MDHHS recognizes that each specific, responsible organization and/or system is structurally and operationally unique. MDHHS also recognizes that each unique organization bears the accountability for provider competency and network compliance as well as the risk for the actions of assigned individuals engaged in service and support provision with persons with disabilities.

This policy seeks to: 1) identify statewide standards for service provider reciprocity, 2) offer fairness to all service providers in areas of reciprocity, 3) address both internal and external reciprocity within and between PIHPs, and 4) allow flexibility for all systems in the methods for reciprocity actions.

APPLICATION

This policy and the contained standards are applicable to all MDHHS contracted PIHPs and their service provider networks in Michigan, comprising all contractors and subcontractors involved in the management and provision of specialty mental health and substance use disorder services and supports, including services directly provided by a PIHP or CMHSP. This policy does not apply to non-service contractors of PIHPs or CMHSPs.

It is understood that applicable BBA Standards and applicable national accreditation standards guide and supersede these requirements.

STANDARDS

1. GENERAL STANDARDS

A. MDHHS requires that each PIHP system demonstrate internal and external reciprocity efforts, as follows:

   1) Written policy(ies) and procedure(s); reciprocity may be referenced content in other broader network management related policies.
   2) Identified position(s) and/or processes to oversee and conduct reciprocity activities.
   3) Proofs of the occurrence of reciprocity actions and activities where indicated.
   4) Efforts to offer provider efficiencies within and for PIHP structures/regions, as well as between PIHP systems.

B. Each organization or system must have a means to collect, review and implement improvements in the areas of reciprocity and efficiencies as part of quality improvement efforts.

C. Each PIHP must adopt a common Provider Network Management function policy or policies to be used throughout the regional PIHP, consistently applicable to all service contractors and subcontractors.

D. Providers, including but not limited to those who are engaged in multi-CMHSP or multi-PIHP business, are encouraged to suggest or share useful examples of reciprocity practices at any time, however it is up to each PIHP system to develop and maintain their own methods to support reciprocity within and external to their regions, including PIHP delegation to CMHSPs.

E. Reciprocity is made available to service providers where applicable for the same provider/organization, the same individual staff or the same services. Where relevant provider differences occur, partial reciprocity or expedited processes will be offered when feasible. (For example, a provider who contracts for one service in one system and seeks to contract for another service in another system may be only offered partial reciprocity, given the difference in the type of services.)

2. PROCUREMENT

A. Providers will be offered efficiencies in purchasing processes within or between PIHP systems, which may include any of the following:

1) Readily available centralized provider application processes and procurement information, such as through PIHP websites and/or CMHSP website links.
2) CMHSP (or PIHP) cross sharing of provider application information or provision of common elements within PIHPs/between CMHSPs.
3) Publication of provider selection processes for the PIHP region.
4) Readily available PIHP or CMHSP contact information for specific provider contracting and selection procedures.
5) Readily available PIHP and/or CMHSP provider manual summary or complete content.
6) Uniform level of care or other standards wherever feasible.
7) References for providers in good standing will be readily given between PIHPs when providers seek to apply for new service arrangements; reference information provided will be shared with the applicable provider.

3. PROVIDER/PROGRAM MONITORING

A. It is recognized that each PIHP may have developed unique tools for provider performance and compliance oversight and monitoring, due to the decentralized service delivery and network management in the state.

B. For provider monitoring as required by MDHHS or other routine on-site compliance reviews or monitoring**,** PIHP systems or CMHSP organizations are expected to have a process, where at minimum, providers in good standing and/or at acceptable levels of performance are allowed a review waiver and/or modified/streamlined review experience at some regular interval. This may include verifying the existence of a comparable review report or summary verifying the provider's good standing with another comparable organization/system.

C. For purposes of this policy, it is recognized that service provider performance across a contracted provider system may vary from county to county or site to site, creating varied responses from PIHPs/CMHSPs on reasonable monitoring conditions and appropriate reciprocity. It is further recognized that this transparency of shared information about providers across PIHP systems may include the provision of both strengths and weaknesses of a provider's performance.

D. Expedited provider program/site reviews using reciprocal procedures could include any combination of the following:

1) PIHP/CMHSP sharing of recent review reports or outcomes conducted by another system.
2) Reduction of the depth of a review in any given cycle based on positive provider performance/compliance.
3) Verification of limited, priority only, review elements and/or conduction through a remote, off site process.

4) Simplified review protocols for programs which are located in the jurisdiction of another primary system or under contract for a larger volume of services, such as out of county consumer placements or off panel service purchases.
5) Joint or split system audits of provider program/sites coordinated by two or more systems/organizations which reduces more than one site visit to one site visit only
6) On-line audit processes and/or other methods which otherwise reduce the total amount of time spent by providers in such activities with funding CMHSPs and PIHPs.

E. PIHPs or CMHSP delegates will identify lead contact persons and/or share processes to help facilitate this provider monitoring reciprocity and readily share provider program or site review documents upon request in order to waive or conduct more limited reviews whenever possible.

F. This policy does not usurp the ability of the funding PIHP/CMHSP to conduct ad hoc audits or reviews of provider programs where needed or indicated at any time based on reported performance or as required by external entities.

G. MDHHS will accept use of shared or mutual PIHP or CMHSP reviews according to the PIHP/CMHSP procedure to meet annual provider site visit standards and/or ongoing monitoring needs as referenced in MDHHS contracts.

H. PIHPs/CMHSPs are expected to seek and consider routine provider feedback regarding on site review content and processes, such as through post review evaluation form completion.

I. PIHPs/CMHSPs are expected to include reference source(s) for specific monitoring or audit standards, as well as revise/streamline standards/protocols on a regular basis for necessity, value and efficiency.

J. PIHPs/CMHSPs, when adding new monitoring items to review processes, are expected to review the necessity of existing items, and whenever possible consider reducing or eliminating items of less value.

K. MDHHS expects to see meaningful consumer involvement in the monitoring activities of service providers.

4. <u>TRAINING/CONTINUING EDUCATION</u>

A. For mandatory required training, each responsible organization must have reasonable provisions for facilitating the acceptance of validated training - and where possible if indicated, offering expedited alternatives - for individuals for whom relevant, comparable training was provided by similar systems or sources. PIHP and/or CMHSP policy for acceptance may generally include any of the following considerations or combinations:

1) Length of time the individual worked in any prior similar role.

2) Length of time since the last validated training and/or work experience.
3) Comparableness of curriculum content elements, including detail and depth of content.
4) Employer recommendations relative to individual or program performance.
5) Partial training credit/validation for acceptable training content and/or proofs where possible.
6) Testing out for competency in relevant training areas.
7) Abbreviated training options (such as, refresher or renewal trainings) shorter in length of time required to demonstrate competency.
8) Self-study and/or on line (non-classroom based) trainings which the individual could complete on a flexible, individual schedule.
9) Conditions that might apply on a time-limited basis to all persons of a specific site or work program which may place limits on PIHP/CMHSP reciprocity considerations (such as, part of a state corrective plan, recipient rights finding response or other non-compliance, below-standard performance finding area(s)

B. Training reciprocity and efficiencies are made available to all levels of service providers and staff members, including those in professional and direct care roles.
C. Each PIHP/CMHSP will have a designated, qualified person assigned and/or a defined process for the oversight of reciprocal training approvals and to facilitate cross system training reciprocity related communications.

D. For trainings for which reciprocity applies, any organization responsible for conducting routine, required training programs, will have written protocols, which include:
    1) scope,
    2) content areas summaries,
    3) key objectives,
    4) length and mode(s) of training,
    5) competency testing process,
    6) intended audience(s),
    7) frequency offered,
    8) prerequisites (if any),
    9) trainer qualifications, and
    10) renewal requirements (if any)

E. Any organization which conducts training will issue or provide access to validated training proofs to participants on a routine and as needed basis, and directly to PIHPs/CMHSPs upon request.

F. PIHPs and CMHSPs will share training protocols/curriculums on a regular basis with other PIHPs/CMHSPs and all service providers upon request.

G. This policy does not usurp the ability of the PIHP/CMHSP system to conduct or require specific or new training programs unique to that regions need or priorities.

H. This policy does not usurp the ability of any specific employer/supervisor to require an individual staff member or group of staff to receive additional training in a certain area if needed or indicated.

I. PIHP/CMHSP systems/organizations will focus on efforts to help ensure demonstrated competency in training efforts, rather than other potentially arbitrary measures such as number of hours of training or classroom time.

J. It is recognized that for individuals who may move from one system to another, or who are engaged in service delivery for more than one organization or system simultaneously, the provision of training and reciprocity for prior training should be determined based on each individual's circumstance, so as to avoid duplication of effort and help to ensure most reasonable use of system resources.

K. For mandatory/core trainings commonly provided across systems, PIHPs/CMHSPs will seek to accept as many elements of comparable curriculum content as possible, and provide at least minimum levels of training reciprocity wherever feasible for providers.

L. The PIHP or CMHSP may reserve the right to require additional action if 'testing out' results are not satisfactory.

5. PROVIDER CONTRACTING

A. Contracts executed within PIHPs and/or CMHSPs and subcontractors within a region shall be consistent in terms of provider expectations, and have, at minimum, shared common elements or language to provide some consistency and efficiency for providers, although actual complete documents may differ among CMHSPs.

B. PHIPs/CMHSPs will have mechanisms for sharing application materials, provider monitoring/auditing reports, and provider training and credentialing when contracting with common providers within a region, and external to a region whenever feasible.

C. Integration of contracts will be pursued whenever feasible, such as a single contract for several or more services being purchased and/or when more than one population is being served.

D. New providers will be offered orientation to contracting requirements, with opportunities to ask questions at any time to support provider understanding of expectations and help promote strong compliance.

6. CREDENTIALING & BACKGROUND CHECKS

A. MDHHS recognizes that organizations may have credentialing reciprocity limitations due to direct source verification necessity and/or requirements. The importance of direct source verification of academic and/or licensing credentials and background checks is recognized by this policy, including pre-employment/pre contract needs, accrediting body standards, and other 'point-in-time' needs.

B. Each PIHP/CMHSP will have a mechanism available to providers to provide some level of reciprocity for credentials related to the provision of mental health and substance use disorder services and supports, including, required training, certifications, or completion of other requirements for the provision of a specific evidence-based model of treatment or intervention.

C. Where feasible to offer credentialing reciprocity, PIHPs/CMHSPs will seek and maintain validated records of accepted credentials for individuals and programs from other PIHPs/CMHSPs.

DEFINITIONS

Competency - Having the requisite or adequate abilities or qualities as well as the capacity to appropriately function and respond, as defined by demonstration, observation, checklist completion and/or testing.

Efficiencies - Reduction in or best use of staff time, cost or other resources.

Good Standing – Providers who are at a current acceptable level of performance and/or are in substantial compliance with PIHP/CMHSP requirements. (Examples of providers who may **not** be considered in good standing could include: those who have an active, written, formal sanction, those who are on 'probationary status', those who have an outstanding corrective action plan overdue, or those who have demonstrated current, chronic poor quality as documented by a PIHP and/or CMHSP. Providers who have minor or routine corrective actions in process as part of a regular quality review or monitoring schedule are considered to be in good standing.)

Reasonable - Non excessive, logical, moderate (expectations or standards); feasible, possible, practical, realistic, achievable.

Reciprocity - Process whereby corresponding status is mutually granted by one system to the other.

Validated - Directly verified as accurate and true with the originating/ issuing source. (Also often referred to as direct source verification.)

REFERENCES

Michigan Association of Community Mental Health Boards (MACMHB) – website:
www: macmhb.org, member information.

Michigan Department of Community Health – PIHP/CMHSP contract language including attachments relevant to credentialing, procurement, contracting and provider network management areas; MDHHS Administrative Rules; MDHHS Application for Participation for Specialty Prepaid Inpatient Health Plans and Notice of Intent to Apply, 2013.

Michigan Department of Human Services – www.mi.gov/afchfa, direct care staff training information for certified specialized residential facilities