AMHI/CSP Statewide Meeting 9/16/20

AMHI Team

Agenda

- AMHI team introductions, agenda review, and housekeeping
- DHS Updates
- AMHI Reform
- Q/A

Housekeeping

- Mute your microphone
- If you want to ask a question during Q/A time:
  - Use the “raise hand” feature, or
  - Type in the chat box your question or ask to speak, or
  - If you’re on phone only, unmute, announce yourself, and ask your question
- After the meeting, we’ll send out:
  - All meeting materials (PowerPoints, handouts)
  - Meeting notes

DHS – Behavioral Health Division Updates

DHS - BHD Updates

- General updates
- Status update for 2021-2022 contracts
- AMHI Consultant role changes

General updates

- Hiring process continues for BHD Director
- AMHI/CSP dollars: no word that current amounts or total funding will be impacted by DHS and state budget
- DHS staff will be continuing to telework and will not be available for in-person meetings through end of 2020; it remains unclear when travel can resume
- Reminder: There are **no carry over funds** available at the end of the contract
- Please make sure you are reporting all services, including those delivered by phone, in MHIS/SSIS/spreadsheet
- Telehealth study

Contracts Update

- All applications have been received, reviewed, and approved
- Individual contracts created and are out for review
- Read and understand your contract
- Contracts must be signed electronically via Docusign; DHS cannot accept hard copies of signed contracts at this time

Noteworthy Parts of 2021-2022 Contracts

- Section 3.2 Terms of Payment, a. Advance: Year 1 only of the contract
- Section 19.2 Nondiscrimination
  - COUNTY will not discriminate against any person on the basis of the person's race, color, creed, religion, national origin, sex, marital status, gender identity, disability, public assistance status, sexual orientation, age, familial status, membership/activity in a local commission, or status as a member of the uniformed services
  - "Person" includes: STATE employee, COUNTY employee, program participant, member of the public
  - MMB Policy #1329 (Sexual Harassment Prohibited) and #1436 (Harassment and Discrimination Prohibited)
- Attachment A. Duties
  - Work Plan + CLAS standards – AMHI Consultants will provide TA related to Work Plan tasks and will review tasks/deliverables during site visits
- Attachment C. Data Sharing & Business Associate Agreement
  - Details data to be shared, purpose, and authority to share
  - Liability Insurance minimums for counties have been removed though counties must have insurance protections in place

Docusign Process

- Contacts will receive a detailed email about Docusign and next steps by 9/18
  - Review Contract Draft. Notify AMHI Team if corrections are needed to the following:
    - Name of contracting agency and physical address (first paragraph)
    - Name, phone number, and email of Authorized Representative - this is the first or only person who will be signing the contract (section 7.2)
    - Name, phone number, and email of designated Information Privacy and Security contact (section 7.3)
  - Approve Contract. This is your entity process for reviewing/approving contracts before signatures are gathered
  - Confirm signatories with AMHI Team and inform that contract is approved/ready to sign
  - DHS initiates Docusign

Docusign Process, cont.

- More than one signatory is possible, we need to know how many signatories, who they are, and in what order they will sign:
  - 1st Signer (Authorized Representative): Name, Email, Phone Number
  - 2nd Signer: Name, Email, Phone Number
  - 3rd, 4th, 5th, etc. Signer: Name, Email, Phone Number
- Email will come from dse_na2@docusign.net and will contain the Minnesota logo
- The first email will go to the Authorized Representative (1st signer)
- No account needed to electronically sign/read the request
- Click the link in the email and follow the instructions
- 2nd signer will then be notified via email to electronically sign the contract

Consultant Role Changes

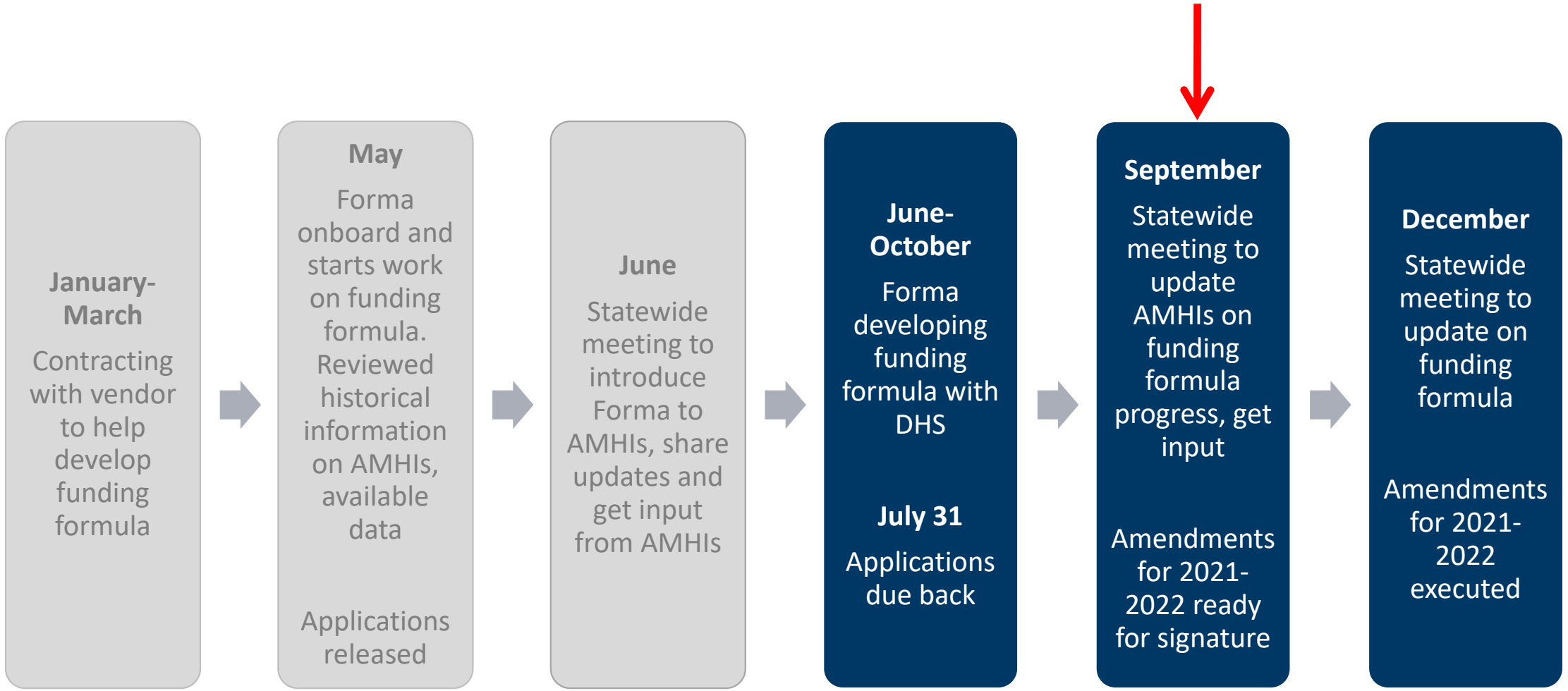
- Third position vacancy will not be filled at this time
- Changes we are making to accommodate this and the continued pandemic:
  - Consultants will no longer attend all AMHI meetings as a regular attendee. Available to attend as needed.
  - Consultants will no longer cover a region of the state / the team of 2 will provide support for the entire state
  - Information will be shared via current methods: quarterly statewide meetings, regularly occurring gov delivery emails to coordinators, AMHI email box for sending and receiving emails, and updated website
  - Grant monitoring visit planning for 2021 will happen late fall and be shared by early 2021

AMHI Reform

AMHI Reform – Background and Goals

- **Background**
  - Approximately $67M distributed to 19 AMHI regions across the state in two-year contract periods
  - Initial funding levels were set over 20 years ago
  - In collaboration with the AMHI regions, DHS will develop a credible, data-driven funding formula reflecting the relative regional-specific risk factors and resource requirements
- **Funding Formula Goals**
  - **Transparency** – Provide DHS and stakeholders with a more detailed understanding of the funding allocation rationale
  - **Flexibility** – Allow for adjustments over time to reflect population changes or other circumstances
  - **Equity** – Distribute resources in a manner consistent with quantifiable difference in regional needs
  - **Alignment** – Minimize disruption to existing service delivery

AMHI Reform Timeline – 2020



Project Phases

- *Phases 1 & 2 – Review demographic and relative risk information by region (July and August 2020)*
- Phase 3 – Review relative service utilization by region (September and October 2020)
- Phase 4 – Preliminary formula proposal (November 2020)

AMHI Reform Phases 1 & 2: Demographic Info

- **Why are we reviewing Demographic information?**
  - As we examine updates to the AMHI funding formula, we would reasonably consider starting with an allocation based on relative population size by county and region.
    - *i.e. What happens if the funding is proportionally distributed based on the size of each county or region's population?*
  - Comparing demographic information to the current funding levels helps assess which regions or counties are currently receiving funding that is proportionate to their relative population size.
- **What types of demographic information did we review?**
  - Statewide population – all adults in Minnesota
  - Medicaid enrollee population – Medicaid enrolled adults in Minnesota

Questions to Consider – Demographics

- Recognizing that demographics may not fully reflect the potential for differential service requirements:
  - *Is it reasonable to consider the relative population size in the regions or counties when determining the funding allocation?*
  - *Which population (Statewide population or Medicaid enrollee population) is a better indicator of relative size of the population served by the AMHI funding?*
    - *While the relative number of Medicaid enrollees may be a strong indicator of relative sizes of the population impacted by the grants, some critical population segments may not be well represented by Medicaid enrollment.*

Demographic Information by County/Region

	Statewide Population[1]		Medicaid Population[2]		Grant[3]
County/Region	Adults	%	Adults	%	%
Hennepin	953,313	22.6%	219,223	23.8%	18.9%
Ramsey	412,358	9.8%	119,418	13.0%	14.5%
CREST	325,094	7.7%	62,528	6.8%	7.5%
Dakota	311,677	7.4%	54,750	5.9%	1.6%
CommUnity	309,777	7.4%	58,350	6.3%	4.1%
Anoka	261,140	6.2%	50,208	5.5%	2.5%
Region 3N	248,277	5.9%	60,104	6.5%	5.3%
SCCBI	240,643	5.7%	48,715	5.3%	13.7%
SW18	211,087	5.0%	47,994	5.2%	7.2%
Washington	188,145	4.5%	26,656	2.9%	2.0%
Region 5+	139,353	3.3%	36,903	4.0%	4.0%
Region 7E	125,755	3.0%	28,108	3.1%	3.9%
BCOW	122,796	2.9%	29,409	3.2%	3.8%
Scott	101,201	2.4%	15,702	1.7%	0.7%
Carver	71,556	1.7%	8,490	0.9%	1.0%
NW8	69,237	1.6%	16,193	1.8%	4.7%
Region 2	60,348	1.4%	17,699	1.9%	1.9%
Region 4S	52,631	1.2%	10,729	1.2%	2.2%
White Earth Nation[4]	9,192	0.2%			0.5%

Notes:

1. Adults (18+) based on information from DHS and national census data.
2. Medicaid enrollees (18+) based on information from DHS.
3. CY 2021 preliminary AMHI Grant Allocation.
4. Based on 2020 US Census information.

Comments and Observations

- The majority of the population (and grant allocation) is distributed between eight counties/regions.
  - 78% of the Statewide and Medicaid populations are in the eight largest AMHIs
  - 75% of the Grant $$s are allocated to these eight AMHIs
- Although there is general alignment between the relative percentages of Statewide and Medicaid enrolled adults, there are some differences (e.g. Ramsey County, Dakota County)
  - Overall, the Regional AMHIs have a slightly higher proportion of Medicaid enrollees (46%) relative to their portion of the Statewide population (45%).
- Overall, the single county AMHIs receive a lower percentage of Grant $$s (41%) relative to the sizes of their Statewide and Medicaid adult populations (54-55%)
- Although the AMHI Grant distribution is broadly correlated with the size of the population, there are differences

Note: For White Earth Nation, the relative Medicaid enrollment and risk factors still need to be assessed

AMHI Reform Phases 1 & 2: Relative Risk Information

- **Why are we reviewing Relative Risk information?**
  - In addition to the population size, it is reasonable to consider that some counties or regions may have populations with greater service needs due to higher relative risk.
    - *i.e. Do some counties or regions have higher or lower relative risk than other counties and does that help explain some of the existing differences between demographic-only funding distributions and the current funding distributions?*
- **What types of relative risk information did we review?**
  - Johns Hopkins Adjusted Clinical Group® (ACG®) population/patient case-mix adjustment for the Medicaid enrollee population.
    - Examines diagnosis codes and other population data to assign a relative risk score to each member.
    - Based on the combined risk scores for all members within a county or region, we can assess which counties have higher risk (e.g. 104% of average risk) or lower risk (e.g. 95% of average risk).
  - Social Determinants of Health (SDOH) information for the Medicaid enrollee population.
    - Based on clinical information in the DHS data warehouse, self-reported information, or other data, determine which regions or counties have higher or lower proportions of members with SDOH. Information includes:
      - Mental Health and Chemical Dependency-specific SDOH – *Severe Mental Illness (SMI), Severe and Persistent Mental Illness (SPMI), Substance Use Disorder (SUD)*
      - Other SDOH – *Past Incarceration (PI), Deep Poverty (DP), Homelessness (H)*

Questions to Consider: Relative Risk Information

- Recognizing that demographics and risk may not fully reflect the potential for differential service requirements:
  - *Is it reasonable to consider the relative risk of the populations in determining the funding allocation?*
  - *Should overall medical risk be considered, or simply risk related to mental health and chemical dependency?*
  - *Should certain SDOH be more compelling than others when considering the relative risk within the counties or regions?*

Relative Risk Information by County/Region

	Medicaid Population[1]		Relative Risk[2]		Grant[3]
County/Region	Adults	%	vs. Avg.	Adj. %[4]	%
Hennepin	219,223	23.8%	104%	25.0%	18.9%
Ramsey	119,418	13.0%	96%	12.5%	14.5%
CREST	62,528	6.8%	93%	6.4%	7.5%
Dakota	54,750	5.9%	91%	5.4%	1.6%
CommUnity	58,350	6.3%	99%	6.4%	4.1%
Anoka	50,208	5.5%	93%	5.1%	2.5%
Region 3N	60,104	6.5%	112%	7.4%	5.3%
SCCBI	48,715	5.3%	102%	5.4%	13.7%
SW18	47,994	5.2%	97%	5.1%	7.2%
Washington	26,656	2.9%	89%	2.6%	2.0%
Region 5+	36,903	4.0%	108%	4.4%	4.0%
Region 7E	28,108	3.1%	103%	3.2%	3.9%
BCOW	29,409	3.2%	107%	3.4%	3.8%
Scott	15,702	1.7%	86%	1.5%	0.7%
Carver	8,490	0.9%	90%	0.8%	1.0%
NW8	16,193	1.8%	107%	1.9%	4.7%
Region 2	17,699	1.9%	113%	2.2%	1.9%
Region 4S	10,729	1.2%	109%	1.3%	2.2%

Notes:

1. Medicaid enrollees (18+) based on information from DHS.
2. Relative Risk as indicated by the diagnostic and demographic data for the County/Regional Medicaid populations. Relative risk calculated using the Johns Hopkins ACG risk-adjustment methodology.
3. CY 2021 preliminary AMHI Grant Allocation.
4. Relative population percentages after adjusting population "size" for the relative risk of the Medicaid enrollees.

Comments and Observations

- ACG Risk adjustment methodology incorporates all medical risk factors, not simply mental health- or chemical dependency-related risk
- Depending on the County/Region, the relative risk of the population varies from 14% below average (Scott County) to 112% above average (Region 3N)
- Overall, the single county AMHIs have a lower average risk (98% of average) than the regional AMHIs (103% of average risk)
- In general, in areas where there are differences between the Medicaid population distribution and the distribution of the Grant, these differences are not “explained” by relative risk as indicated by the ACG risk adjustment model

Note: For White Earth Nation, the relative Medicaid enrollment and risk factors still need to be assessed

Social Determinants of Health (SDOH) by County/Region

	Medicaid Population[1]		SDOH Population Distribution[2]			Grant[3]
County/Region	Adults	%	Any SDOH[4]	MHCD[5]	Other[6]	%
Hennepin	219,223	23.8%	25.1%	24.2%	26.6%	18.9%
Ramsey	119,418	13.0%	13.5%	12.5%	15.1%	14.5%
CREST	62,528	6.8%	6.6%	6.8%	6.3%	7.5%
Dakota	54,750	5.9%	5.8%	5.4%	6.4%	1.6%
CommUnity	58,350	6.3%	6.1%	6.3%	5.8%	4.1%
Anoka	50,208	5.5%	5.3%	5.0%	5.8%	2.5%
Region 3N	60,104	6.5%	7.1%	8.1%	5.6%	5.3%
SCCBI	48,715	5.3%	5.3%	5.4%	5.0%	13.7%
SW18	47,994	5.2%	4.8%	4.8%	4.7%	7.2%
Washington	26,656	2.9%	2.7%	2.7%	2.9%	2.0%
Region 5+	36,903	4.0%	4.1%	4.5%	3.4%	4.0%
Region 7E	28,108	3.1%	3.1%	3.4%	2.6%	3.9%
BCOW	29,409	3.2%	3.3%	3.5%	2.9%	3.8%
Scott	15,702	1.7%	1.5%	1.4%	1.8%	0.7%
Carver	8,490	0.9%	0.8%	0.8%	0.9%	1.0%
NW8	16,193	1.8%	1.8%	1.9%	1.6%	4.7%
Region 2	17,699	1.9%	2.1%	2.3%	1.8%	1.9%
Region 4S	10,729	1.2%	1.1%	1.2%	1.0%	2.2%

Notes:

1. Medicaid enrollees (18+) based on information from DHS.
2. Pecentage distribution across couties and regions of the members with one or more of the six Social Determinants of Health (SDOH) included in the analysis.
3. CY 2021 preliminary AMHI Grant Allocation.
4. Distribution across counties and regions of the 55% of Medicaid enrollees with one or more of the six SDOH included in the analysis.
5. Distribution across counties and regions of the 34% of Medicaid enrollees identified with an SHD related to Mental Health or Chemical Dependency (SMI, SPMI or SUD).
6. Distribution across counties and regions of the 21% of Medicaid enrollees identified with one of the other SDOH (Homelessness, Deep Poverty, Past Incarceration), but without a MHCD-related SDOH.

Comments and Observations

- "MHCD SDOH" include Severe Mental Illness (SMI), Severe and Persistent Mental Illness (SPMI) and Substance Use Disorder (SUD). These members are identified by DHS based on claims data review.
- "Other SDOH" included Homelessness, Deep Poverty and Past Incarceration. These members are identified from self-reported information or information received from other State agencies.
- In general, the distribution of the 55% of Medicaid enrollees with one or more SDOH correlates with the overall distribution of the Medicaid population.
- For members with one or more SDOH, the relative distribution between the single county and regional AMHIs (55% vs 45%) is similar to the distributions between the overall Medicaid population (54% vs 46%).
- Overall, the regional AMHIs have a higher proportion of members with a MHCD SDOH (48%) relative to their proportion of Medicaid enrollees (46%).
- In general, in areas where there are differences between the Medicaid population distribution and the distribution of the Grant, the differences are not "explained" by the relative proportions of members with SDOH.

Note: For White Earth Nation, the relative Medicaid enrollment and risk factors still need to be assessed

AMHI Reform Next Steps

- Phase 3 – Review relative service utilization by Region (September & October 2020)
- Next Steps:
  - DHS is reviewing the reporting submitted by AMHIs to help determine service delivery differences between the AMHIs. This will help to understand some of the observed funding differentials.
  - As DHS works through this process, there may be additional information requests or meeting requests to get through Phase 3 of the project.

Thank You!

AMHI Team

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