Northern Michigan Regional Entity

Board Meeting

July 27, 2022

1999 Walden Drive, Gaylord

10:00AM

Agenda

		Page Numbers
1.	Call to Order	
2.	Roll Call	
3.	Pledge of Allegiance	
4.	Acknowledgement of Conflict of Interest	
5.	Approval of Agenda	
6.	Approval of Past Minutes – June 22, 2022	Pages 2 – 6
7.	Correspondence	Pages 7 – 42
8.	Announcements	
9.	Public Comments	
10.	Reports	
	a. Executive Committee Report – No Report	
	c. CEO's Report – July 2022	Page 43
	d. Financial Report – May 2022	Pages 44 – 66
	c. Operations Committee Report – July 19, 2022	Pages 67 – 69
	e. NMRE SUD Oversight Board Report –July 11, 2022	Pages 70 – 82
11.	New Business	
	a. Liquor Tax Requests	Pages 83 – 84
	b. FY23 Prevention Contract Awards	
	c. MDHHS-PIHP Contract Change Order No.5	Pages 85 – 103
	d. Schedule August Executive Committee Meeting	
12.	Old Business	
	a.. Senate Bills 597 & 598/House Bills 4925-4929 – The Latest	
	b. Grand Traverse County and Northern Lakes CMHA	
13.	Presentation/Discussion	
	Quality Assessment and Performance Improvement Program Update	Pages 104 – 137
14.	Comments	
	a. Board	
	b. Staff/CMHSP CEOs	
	c. Public	
15.	Next Meeting Date – August 24th at 10:00 am	
16.	Adjourn	

Join Microsoft Teams Meeting

+1 248-333-6216 United States, Pontiac (Toll)

Conference ID: 497 719 399#

NORTHERN MICHIGAN REGIONAL ENTITY
BOARD OF DIRECTORS MEETING
10:00AM – JUNE 22, 2022
GAYLORD BOARDROOM

ATTENDEES:	**Roger Frye, Ed Ginop, Gary Klacking, Christian Marcus, Mary Marois, Gary Nowak, Jay O'Farrell, Justin Reed, Richard Schmidt, Karla Sherman, Joe Stone, Don Tanner**
VIRTUAL ATTENDEES:	**Angie Griffis (Roscommon), Terry Larson (Rogers City)**
ABSENT:	**Don Smeltzer**
NMRE/CMHSP STAFF:	**Brian Babbitt, Joanie Blamer, Christine Gebhard, Mari Hesselink, Chip Johnston, Eric Kurtz, Diane Pelts, Sara Sircely, Nena Sork, Deanna Yockey, Carol Balousek**
PUBLIC:	**Chip Cieslinski, Sue Winter**

CALL TO ORDER
Let the record show that Chairman Don Tanner called the meeting to order at 10:00AM.

ROLL CALL
Let the record show that Don Smeltzer was absent from the meeting on this date; all other NMRE Board Members were in attendance either in Gaylord or virtually.

PLEDGE OF ALLEGIANCE
Let the record show that the Pledge of Allegiance was recited as a group.

ACKNOWLEDGEMENT OF CONFLICT OF INTEREST
Let the record show that no Conflicts of Interest to any of the meeting Agenda items were declared.

APPROVAL OF AGENDA
Let the record show that no changes to the meeting Agenda were requested.

MOTION BY GARY NOWAK TO APPROVE THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS MEETING AGENDA FOR JUNE 22, 2022; SUPPORT BY MARY MAROIS. MOTION CARRIED.

APPROVAL OF PAST MINUTES
Let the record show that the April minutes of the NMRE Governing Board were included in the materials for the meeting on this date. Two errors were noted which were corrected.

MOTION BY JOE STONE TO APPROVE THE MINUTES OF THE MAY 25, 2022 MEETING OF THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS AS AMENDED; SUPPORT BY KARLA SHERMAN. MOTION CARRIED.

CORRESPONDENCE

1) The minutes from the June 2, 2022 PIHP CEO meeting.
2) Email correspondence from CMHAM dated June 15th regarding the passage of Senate Bill 714 and its ties to Senate Bills 597 and 598.
3) The Michigan Psychiatric Care Improvement Project June 2022 Update.
4) CMHAM CEO report dated June 2022.
5) CMHAM Overview presentation dated June 2022.
6) Michigan Integration Efforts: Service Delivery Transformation June 2022 Update.
7) The State of Michigan Office of the Attorney General's presentation on Opioid Settlements.
8) The draft minutes from the June 8th NMRE Regional Finance Committee meeting.

ANNOUNCEMENTS

Let the record show that the Board welcomed new member, Angie Griffis, attending her first meeting virtually.

PUBLIC COMMENTS

Let the record show that the members of the public attending the meeting virtually were recognized.

REPORTS

Executive Committee Report

Let the record show that no meetings of the NMRE Executive Committee have occurred since the May Board Meeting.

CEOs Report

The NMRE CEO Monthly Report for June 2022 was included in the materials for the meeting on this date. Mr. Kurtz drew attention to his presentation to the Northern Lakes Board on Contract Compliance.

Financial Report
April 2022

- Net Position showed net surplus Medicaid and HMP of $11,237,846. Medicaid carry forward was reported as $16,358,117. The total Medicaid and HMP Current Year Surplus was reported as $27,595,963. Medicaid and HMP combined ISF was reported as $16,358,117; the total Medicaid and HMP net surplus, including carry forward and ISF was reported as $43,954,080.
- Traditional Medicaid showed $116,688,180 in revenue, and $104,588,806 in expenses, resulting in a net surplus of $12,099,374. Medicaid ISF was reported as $9,298,368 based on the unaudited FSR. Medicaid Savings was reported as $11,296,867.
- Healthy Michigan Plan showed $18,544,308 in revenue, and $15,245,225 in expenses, resulting in a net surplus of $3,299,083. HMP ISF was reported as $7,059,749 based on the unaudited FSR. HMP savings was reported as $5,061,250.
- Health Home showed $856,272 in revenue, and $654,027 in expenses, resulting in a net surplus of $202,245.
- SUD showed all funding source revenue of $14,223,951, and $11,886,588 in expenses, resulting in a net surplus of $2,337,363. Total PA2 funds were reported as $5,241,696.

The direct care wage surplus was estimated at $4,160,611.

MOTION BY GARY NOWAK TO APPROVE THE NORTHERN MICHIGAN REGIONAL ENTITY MONTHLY FINANCIAL REPORT FOR APRIL 2022; SUPPORT BY ROGER FRYE. MOTION CARRIED.

Operations Committee Report
The draft minutes from June 21, 2022 were distributed to the Board on this date. The Mid-Year Status report showed a potential $14M - -$17M lapse for FY22; the region will enter FY23 with a fully funded ISF and fully funded carry forward. For FY23, the NMRE will create a separate line item to distribute Medicaid savings to the CMHSPs as benefit stabilization funds. Mr. Kurtz will be drafting correspondence to the State to request other financing models, which could include changing the risk corridor and/or allowing some Medicaid savings to be retained as local funds in order to serve expanded populations.

NMRE SUD Oversight Board Report
The next meeting of the NMRE Substance Use Disorder (SUD) Oversight Board is scheduled for 10:00AM on July 11, 2022.

NEW BUSINESS
Let the record show that there was no "New Business" on the Agenda for the meeting on this date.

OLD BUSINESS
Senate Bills 597 & 598/House Bills 4925 – 4929 – The Latest
A call with Alan Bolter took place on June 17th with 300 participants. Funding for cartain projects has been tiebarred to the passage of 597 & 598. It is rumored that Sen. Shirkey and Rep. Whiteford have discussed developing a single proposal. Mr. Stone asked whether there has been any indication of what the Governor may do if either option passes both houses; Mr. Kurtz responded that there has not, but MDHHS doesn't seem on the surface to be supportive of either model. Mr. Reed noted that the average Michigander doesn't understand the complexities involved with, and consequences of, overhauling the current system; he suggested that an educational public service announcement be developed. Mr. Tanner emphasized the need to keep pushing for a rural exemption.

Grand Traverse County and Northern Lakes CMHA
A meeting is scheduled for June 27th with all six County Administrators and County Commission Chairs in the Northern Lakes service area; Mr. Kurtz will be in attendance. Good discussions are occurring. Grand Traverse County Administator, Nate Alger, has expressed that he sees two lanes: 1) dissolve Northern Lakes, and 2) open/modify the Enabling Agreement; he is assessing both options. Mr. Reed stressed the importance of looking to the future to assess how individuals will be best served. Mr. Reed recommended an article on UpNorthLive by Emily Reed dated June 21st regarding the need for mental health services in area jails.

PRESENTATION
Member Satisfaction Survey Report
NMRE Customer Services Specialist, Mari Hesselink, presented the results of the FY22 Mental Health Services Member Satisfaction Survey. Clients receiving Outpatient, Case Management, Medical, Assertive Community Treatment (ACT), Peer Support, and Psychosocial Rehabilitation (Clubhouse) services were surveyed in April 2022; the NMRE collected a total of 620 responses.

- 99.02% of respondents answered either "Strongly Agree" or "Agree" to the statement, "Staff treats me with dignity and respect."

- 97.20% of respondents answered either “Strongly Agree” or “Agree” to the statement, “Appointment times are convenient for me.”
- 97.18% of respondents answered either “Strongly Agree” or “Agree” to the statement, “I feel comfortable asking questions about my services.”
- 98.34% of respondents answered either “Strongly Agree” or “Agree” to the statement, “Staff explained information about my services in a way I can understand.”

Areas of improvement were identified as:
- 11% of respondents reported not knowing who to call if they needed help when the CMH was not open.
- 20% of respondents reported not knowing how to file an appeal.
- 11% of respondents reported not being spoken to about smoking, alcohol, or drug use.
- 13% of respondents reported not being spoken to about the side effects of their medication.
- 13% of respondents reported being unaware that they signed a Release of Information for coordination of care purposes.

Mr. Marcus suggested conductng a survey about the issues raised in the Senate and House Bills (timely access to services, etc.) Ms. Blamer suggested asking individuals what the outcome was if services were requested but (medical necessity) criteria was not met.

COMMENTS

Board

Mr. Reed explained that he may be unable to continue to serve on the CMHAM Member Services Committee as meeting times conflict with those of the Northern Lakes Board. Ms. Blamer offered to arrange for Mr. Reed to the CMHAM meetings virtually prior to Northern Lakes Board meetings.

Mr. Marcus recognized that today’s meeting is Christine Gebhard’s last as she is retiring effective July 1st. Brian Babbit has been named the new CEO of North Country CMHA.

Mr. Tanner referenced a public radio story about the Rafferty Family from Benzonia who’s son RJ was lost to SUD at the age of 32.

Mr. Reed reminded the group that parking for the Cherry Festival (July 2nd – July 9th) will be available at Northern Lakes CMHA parking lot; proceeds will benefit the Traverse House.

Mr. Reed shared that the will be participating in the CMHAM Clubhouse Conference July 17th – 20th in Kalamazoo as part of a workshop on Transitional Employment.

Staff/CMHSP CEOs

Ms. Gebhard suggested conducting a regional survey around access to services. She suggestned using benefit stabilization funds to put access telephone numbers on billboards.

Ms. Gebhard thanked everyone for the colleagial working relationship over the past few years. She said it has been a privilege to work in the human services field and called it “very gratifying.”

Mr. Johnston referred to the email from CMHAM dated June 13th to the leaders of the CMHSPs participating in the State’s Certified Community Behavioral Health Clinic (CCBHC) pilot that was referenced in the June 21st Operations Committee minutes. He voiced strong opjectoin to the

CCBHC becoming a State Plan Amendment. Mr. Johnston called the CCBHC “unnessary and onerus.”

MOTION BY GARY NOWAK TO CHARGE THE NORTHERN MICHIGAN REGIONAL ENTITY CHIEF EXECUTIVE OFFICER WITH COMPOSING A LETTER ON BEHALF OF THE REGION OPPOSING THE CERTIFIED COMMUNITY HEALTH CLINIC (CCBHC) DEMONSTRATION PROJECT BECOMING A PERMANENT STATE PLAN SERVICE; SUPPORT BY MARY MAROIS. ROLL CALL VOTE.

“Yea” Votes:	**R. Frye, E. Ginop, G. Klacking, M. Marois, G. Nowak, J. O’Farrell, J. Reed, R. Schmidt, K. Sherman, J. Stone, D. Tanner**
“Nay” Votes:	**Nil**

MOTION CARRIED.

Mr. Johnston thanked Ms. Gebhard for her advocacy efforts around Section 298 and HB 5165.

Ms. Pelts also thanked Ms. Gebhard for her years of work on behalf of individuals served.

It was noted that the IRS mileage reimbursement rate is incrasing to $0.625 per mile effective July 1st.

MEETING DATES
The next meeting of the NMRE Board of Directors was scheduled for 10:00AM on July 27, 2022.

ADJOURN
Let the record show that Mr. Tanner adjourned the meeting at 11:09AM.

PIHP CEO Meeting
July 7, 2022
9:30AM – 12:00PM
Michigan Public Health Institute – Microsoft Teams Meeting

Contents

Attendees

Pre-paid Inpatient Health Plans (PIHP)

Dr. Timothy Kangas (Northcare Network)	Region 1
Eric Kurtz (Northern MI Regional Entity)	Region 2
Mary Marlatt-Dumas (Lakeshore Regional Entity)	Region 3
Brad Casemore (Southwest Michigan Behavioral Health)	Region 4
Joe Sedlock (Mid-State Health Network)	Region 5
James Colaianne (CMH Partnership of Southeast Michigan)	Region 6
Eric Doeh (Detroit Wayne Mental Health Authority)	Region 7
Dana Lasenby (Oakland Community Health Network)	Region 8
Dave Pankotai (Macomb County CMH Services)	Region 9
Kristen Potthoff	Region 10

Michigan Department of Health & Human Services (MDHHS)

Kim Bastche-McKenzie
Audrey Dick
Belinda Hawks
Farah Hanley
Krista Hausermann
Kristen Jordan
Leah Julian
Amy Kanouse
Brian Keisling
Phil Kurdunowicz
Lindsay McLaughlin
Erin Mobley
Lindsey Naeyaert
Patricia Neitman
Ernest Papke
Carrie Rheingans
Kelsey Schell
Jackie Sproat
Keith White
Jeff Wieferich
Amanda Zabor

Michigan Public Health Institute (MPHI)

Kristi Bente
Krystalle Double

Children's Bureau Update

1. The Bureau of Children's Coordinated Health Policy & Supports (BCCHPS) team provided updates on the hiring that they have been doing.
    a. Lindsay McLaughlin introduced Erin Mobley and Patricia Neitman, two new members of the BCCHPS team.
        i. Erin Mobley is in a managerial role for data monitoring and quality improvement work.
        ii. Patrician Neitman is the Division Director of the Office of the Advocate for Children, Youth, and Families.
            1. The clinical review and service navigation team is housed within this office. It is still being staffed.
    b. Lindsay McLaughlin also informed the group about her new executive assistant, Sara Salamey.
    c. Kim Batsche-McKenzie informed the group that the new executive secretary for the division is Kimberly Kenyon, who used to work for Larry Scott.
        i. The Program and Grant Development and Quality Monitoring Division has also brought aboard new staff, including two MPHI affiliates.
    d. BCCHPS hopes to hire two new analysts soon: a data analyst and a quality monitoring analyst.
    e. Phil Kurdunowicz shared that MDHHS has also hired an Access Workforce Development and Education Section Manager.
2. Lindsay McLaughlin notified the group that the Children's Bureau had relaunched some of the governance structure for the MI Kids Now initiative. Formal gatherings had been on pause during the behavioral health restructuring, but some groups have begun to reconvene.
3. Kim Bastche-McKenzie informed the group that the Child and Adolescent Functional Assessment Scale (CAFAS) and Preschool and Early Childhood Functional Assessment Scale (PECFAS) assessments will be phased out. Those two tools worked well for children with Serious Emotional Disturbances (SED) but had gaps both when serving children with Intellectual and Developmental Disabilities (I/DD) and when attempting to use the tool between systems.
    a. The Child Adolescent Needs and Strengths (CANS) Assessment is in use in many other states as a cross-system tool.
    b. MDHHS is in the process of transitioning from using the CAFAS/PECFAS to the CANS.
    c. For FY 2023, MDHHS will continue to use the CAFAS/PECFAS.
    d. During FY 2023, MDHHS will begin to create and build a system for using the CANS. MDHHS will also begin to unwind its usage of the CAFAS/PECFAS in contract language. MDHHS does not expect to complete that in FY 2023.
    e. MDHHS is aiming for a staggered start in FY 2024.
4. A PIHP asked where the Psychiatric Residential Treatment Facilities (PRTFs) are located in the reorganized behavioral health component of MDHHS.
    a. Lindsay McLaughlin stated that the PRTFs coordinate closely with colleagues in the state hospital administration, and that the Children's Bureau does not have the lead on that.
    b. The PIHPs asked who the nexus or contact was for the PRTFs.

c. Jeff Wieferich will investigate who that will be.

WSA Update

1. Phil Kurdunowicz provided the Waiver Support Application (WSA) update.
    a. MDHHS has been transitioning support for the autism program now that it is no longer run under a 1915(i) waiver. There is a different approval structure. MDHHS is investigating if there is a reason to continue requiring WSA approvals for Applied Behavioral Analysis (ABA) with that transition.
        i. MDHHS feels there is no need to continue to use the WSA for autism services.
        ii. MDHHS wants to partner with the PIHPs to determine how they will structure things going forward.
        iii. MDHHS is looking into much more limited reporting requirements.
2. A PIHP shared that the autism leads at the PIHPs may not be as familiar with the WSA reporting requirements as those in IT and suggested a quick consult with IT may be necessary along the way.
    a. Phil Kurdunowicz responded that he was open to connecting with the autism leads, and that they could decided about IT as time went on.
    b. The PIHP noted that the PIHPS do not double-collect data, so they may need to engineer a way to track things after WSA approvals go away.
3. A PIHP asked why the Children's Bureau has chosen this particular area to focus on right now, given that providers have been speaking about superfluous paperwork as a whole.
    a. Phil Kurdunowicz responded that this was something tangible MDHHS could move on in the short term. The state had been collecting data through the WSA that there is no longer a business purpose to collect, so this area also seemed appropriate from a privacy and security standpoint. MDHHS is open to hearing broader ideas as well.
4. A PIHP asked if the group could look at the rate cap as part of the process; right now that PIHP is paying over the cap in order to get the providers the staff they need.
    a. Phil Kurdunowicz responded that that might be something separate from the WSA.
5. A PIHP noted that often the WSA was used as an auditing tool to ensure all components of evaluation and treatment were captured. They asked how to audit to ensure quality of service and timelines are met, going forward.

Strategic Behavioral Health Integration and Coordination Initiatives

1. Kelsey Schell, Lindsey Naeyaert, and Amy Kanouse provided the Integration and Coordination updates. This update has also been provided to the group via email.
    a. Kelsey Schell reported that Opioid Health Homes currently have 2,308 beneficiaries enrolled in regions 1, 2, 4, 6, 7, 9, and 10.
        i. MDHHS is looking to expand into regions 5 and 8, as well as the rest of region 4. MDHHS hopes to have more health home partners in the next few months.
    b. Lindsey Naeyaert shared that Behavioral Health Homes have just under 1,300 people enrolled.

i. There is a plan to expand Behavioral Health Homes to Region 5 in FY 2023. A team will reach out to Midstate Health Network soon with next steps. The tentative timeline for expansion is April 2023.

c. Lindsey Naeyaert informed the PIHPs about a two-part training related to Social Determinants of Health and Z-codes for Health Homes.
    i. The first cohort of registration for this training has been filled, and registration for the second cohort was slated to begin July 7, 2022 or later.
    ii. MDHHS encourages all the regions to send people to participate in the Community Health Worker trainings that MDHHS is sponsoring.

d. Lindsey Naeyaert reported that PIPBHC continues to work on Azara implementation in three counties.
    i. A PIHP asked what the next step was beyond the three counties.
    ii. Lindsey Naeyaert responded that MDHHS has funding to expand to two more counties in FY 2023. Macomb is one of the regions that has expressed interest. MDHHS will continue to support the counties and regions involved through ARPA funding.
    iii. The participants in this are regions that volunteered to do so, not part of a state-directed mandate.

e. Amy Kanouse provided the update on CCBHCs. The demonstration expansion in the Safer Communities Act passed at the end of June 2022. The act has some provisions to allow for an expansion of the CCBHC demonstration throughout the country, with a phase-in process for new states. For Michigan, the demonstration is extended for a full six years, into October 2027.
    i. A new version of the CCBHC handbook exists, and she hopes to get that out within a few weeks.

HCBS Update

1. Belinda Hawks provided the Home and Community-Based Services update.
    a. MDHHS sent out a memo about a survey on the Improving MI Platform.
    b. Public comment is out for all PIHP provider settings under the HCBS final rule for heightened scrutiny, except for those in Region 5. Public comment opened on June 30, 2022, and will remain open for thirty days from that date.
    c. MDHHS has implemented changes to the reporting platform for the critical incident reporting system. Currently this system is run through a contract with MPHI, but it will be moving to a CRM platform under the MI CAL program.
        i. MDHHS is working with representatives from several PIHP regions to test the design of the new system.
        ii. There will be internal training of state users for the critical incident reporting platform through July. MDHHS will then invite IT System Administrators and design work representatives to test login and navigation, and to get training on

the system. MDHHS hopes training will run from August through mid-September, with a go-live date in October 2022.

iii. A PIHP reported that the MPHI process was highly automated, whereas the CRM process was highly manual according to the feedback they had received. The PIHP hoped there would be opportunities along the path of migration to promote more automated processes.

d. Belinda Hawks has met with several PIHPs about workforce flexibilities. There is a request to meet with the PIHPs to discover the areas in the workforce that are the biggest pain points and what can be done for flexibility.
    i. She wants to continue this conversation in the August meeting.
    ii. Some of the requests that have been made do fall outside of MDHHS control and are under LARA.

e. MDHHS continues to hold the Conflict Free Access and Planning meetings. This workgroup has finished the inform phase and is now working on the framing phase. The workgroup has broken into four groups to discuss the criteria and sub-criteria related to this work. The group had a robust conversation at the last meeting, and so the conversation is being extended to the July 28, 2022 meeting.
    i. MDHHS wants to create a public-facing website for the information that will come from this workgroup.

Public Health Emergency Unwind

1. Jeff Wieferich reported that MDHHS is in a holding pattern on this; currently they are waiting for the extension of the public health emergency, which should run for another 90 days from that extension. That should put the public health emergency into October.
    a. As the federal government has promised a 60-day notification before the public health emergency expires, MDHHS would expect to hear in August if the public health emergency will end in October or be extended.
    b. If any big updates happen, MDHHS will continue to keep everyone informed.

MPCIP & MI CAL Update

1. Jeff Wieferich notified the group that Krista Hausermann has transitioned from an MPHI affiliate to a full employee of MDHHS as a section manager.
    a. Krista Hausermann added that with her shift in position, MDHHS is looking to add a couple of staff and backfill her previous position to help the crisis services project to move more quickly.
2. Krista Hausermann stated that a new written update would be provided at the beginning of August, as the last written update had been given mid-June. She provided a brief verbal update.
    a. The 988 and MI CAL sections use the same staff.
    b. As of June 1, 2022, Michigan has statewide coverage for 988 by internal statewide call centers.

c. MI CAL doubled the number of calls that they answered due to this expansion of coverage. The average answer time for a call is 24 seconds, with 88% of those calls being answered by Michigan call centers.

Performance Bonus Incentive

1. Jackie Sproat reported on the changes to the performance bonus incentive for FY 2022.
    a. Based on feedback from the National Committee for Quality Assurance (NCQA), Michigan will be reverting the specification about follow-up after an Emergency Department visit for alcohol and other drug measures back to the original measure, which does not include Michigan-specific service codes that MDHHS had added.
    b. For FY 2022, MDHHS does not plan to tie any of the performance bonus dollars to the benchmark that had been included in the PIHP contract.
    c. MDHHS's intention is to score for follow-up after the ER visit for alcohol and other drug measures based on the extent to which racial disparities have been addressed.
        i. This would mean the scoring would be conducted for FY 2022 as it was in FY 2021.
    d. MDHHS is currently assessing the impact of that change and will share the outcome of the analysis as soon as they can.
    e. No decision has been made yet on how to reassign the points that had been allocated to that 27% benchmark.
2. The PIHPs asked if they could expect a written change order with the items that had been discussed today.
    a. Jackie Sproat responded that they could, though it would not likely be ready in time for the July meeting due to that impact analysis. The PIHPs could expect it at a later date.
3. Jackie Sproat reported that for FY 2023, MDHHS intends to keep the performance bonus incentive program mostly the same as it has been structured for FY 2022. MDHHS has work to do yet on the benchmark before they can propose a revised benchmark for that measure.

Single Public Program Sliding Fee Schedule Policy and Compliance

1. The PIHPs raised a concern about the ATP or Sliding Fee Legislation that was signed with immediate effect July 1, 2022. Because of the immediate effect, the field is already out of compliance with the law on their ability to pay a sliding fee scale.
    a. The PIHPs are concerned there may be audit issues due to being out of compliance.
2. The PIHP expressed that their larger concern, however, is that there are now at least three sliding fee scales within Michigan. One is with the CCBHCs, another is under this new legislation, and the third is under the mental health code that was previously established.
    a. An individual served could be subject to all three fee scales, which would only add to the confusion.
    b. The PIHPs are requesting a unified fee scale for all three areas requiring sliding fee scales.
3. The PIHPs also asked about any written guidance on how to come into compliance.

a. Jeff Wieferich responded that there was a meeting to discuss changes to the mental health code with the new legislation scheduled for July 7, 2022, at 1pm. This is not something controlled by Behavioral and Physical Health and Aging Services Administration (BPHASA), but they have connected with the budget area that does oversee it, as well as the legal department.
    i. He stated that he will mention to the group in that meeting that moving to a single sliding fee scale in the process of addressing the new legislation would make things easier.
    ii. This is something on BPHASA's radar, and something they are working on, but he does not know yet how long it will take. It will depend on what must be done at the rule level.

MDOC Access Concerns

1. Jeff Wieferich stated that MDHHS has been in contact with some of the PIHPs about concerns that the Michigan Department of Corrections (MDoC) has about accessing services through MDHHS's system.
    a. The biggest concern that MDoC shared was a lack of consistency around the state. MDoC reports resistance from providers in getting support for returning citizens.
        i. He reports that the SUD services portion has good contract language, and that the concerns being expressed are not about PIHP-level issues.
        ii. However, MDoC is concerned that providers do not seem to recognize that the returning citizens are part of the priority populations identified in the contract due to some of the access issues they are encountering.
        iii. The access issues have given the impression that providers will refuse to work with anyone with MDoC supervision.
        iv. He stated that he is aware that providers can make their own business decisions, but also pointed out that if providers are making these business decisions, it can affect a PIHP's parity and network adequacy requirements.
2. Jeff Wieferich reported that MDoC has also shared concerns about individuals with serious mental illness who have been approved for parole but cannot be released because they cannot get supports in place.
    a. Director Washington shared a list of 13 individuals with MDHHS. All of these individuals have been waiting on supports in order to be released.
        i. Of the thirteen, ten individuals have references to needing CMH level supports. Of those ten references, nine indicate that CMHs are providing no or minimal support.
        ii. Only one CMH was more directly involved in trying to obtain community-level services for the individual in question.
        iii. One of those thirteen individuals has been awaiting release since October 2019, another since September 2020, six from 2021, and five from 2022.

b. MDHHS will be reaching out to the CMHs that are directly involved with those cases to find out what is going on. MDHHS will copy the relevant PIHPs on the communication.
c. MDHHS has confirmed that the individuals will have Medicaid immediately upon release and will be entitled to services immediately upon release. Being under MDoC supervision should not affect their ability to get supports.
d. MDHHS is aware there will be another side to the story but feels that as a whole the behavioral health system needs to keep an eye on how access to the system is perceived.
e. Previously MDHHS has pointed the MDoC back to the PIHPs. Going forward, when MDoC contacts a PIHP about a concern, they will include Jeff Wieferich and Farah Hanley on the communication. They will be involved as needed in discussions on resolving the concerns.
    i. MDHHS stated that they are only sharing the situation as it was presented to them.
    ii. Thus, Jeff Wieferich and Farah Hanley will be more involved in exploring the issue to see what can be done to resolve it.

3. A PIHP thanked Jeff Wieferich for bringing this to the attention of the group. The PIHP stated that, as a PIHP that had been vociferously advocating for PIHPs to handle these issues, it was important that the PIHPs do it and do it well.
    a. The PIHP stated that anyone at MDoC can feel free to contact them, and that they will investigate those things.
    b. The PIHP is very committed to supporting persons returning from the MDoC.
4. Jeff Wieferich shared that the next thing the PIHPs would probably see would be emails directly to the CMHs implicated in involvement, on which the PIHP directors would be copied.
    a. MDHHS wants to get the information about the situation directly from the CMHs who are having difficulty providing access to care for those parolees.
    b. The PIHPs are being looped in so that they are aware of the situation and what communication is traded between the CMHs and MDHHS.

Action Items

#	*Date Added*	*Action Item*	*Assigned To*	*Status*

Correspondence received through the NMRE ticketing system

From: adminsupport <adminsupport@nmre.org>
Sent: Monday, June 27, 2022 10:16 AM
To: Carol Balousek (NMRE) <cbalousek@nmre.org>; Lisa Hartley (NMRE) <lhartley@nmre.org>
Subject: RE: NLCMH {49264720}

--reply above this line--

Ticket Number: **49264720** Created on: 6/27/2022 10:02:13 AM Created by: Kate Dahlstrom Category: Administrative \ Administrative - General
Status: **New** Priority: Normal

Please share with the board officers...

Dear NMRE board officers,

Hello. I am a resident of Grand Traverse County, a parent advocate, and a board member of both NAMI-Grand Traverse and BDAI (Before During and After Incarceration).

I support re-organization of NLCMH to achieve smaller, more consistently-sized and manageable CMHs. Please take a look at the size of our CMH as compared to all other CMHs in Northern MI (1st attachment). Grand Traverse County will likely continue to have the largest growth in Northern MI. NLCMH has 16 board members who are frequently at odds with each other. If GT County had our fair share of board seats based on population, there would be about 18-19 board members. That is too big.

I implore you to assist the 6 counties that are currently part of NLCMH to do some common sense regrouping. (2nd attachment). Our County Health Dept reorganized from a multi-county dept to a single county dept in the 90's.

It wasn't too long ago that the Record Eagle correctly reported on the toxic atmosphere at Northern Lakes. Here is an excerpt from Northern Lakes Community Mental Health February 17, 2022 board meeting minutes. Nikki is a new board member.

"Nikki noted with me being new, this is hard. I announced to my community on Friday that I had been appointed to this Board. I don't know if I'm allowed to say this, so everyone please don't shun me. If I'm in the wrong and like I said, this is completely not personal. But I was addressed by 12 staff members of CMH, 6.long term care facilities that type of an AFC that had really stressed that they're hoping that with me coming to this Board and I said I'm only one person that there is a serious breakdown problem. That there is a terrible administration problem. Fear for their jobs in fear for a lot. Two of them broke down in tears to me. I had never met them in my life. So, like I said it, I don't mean this personal to Joanie or anyone, but there is a lot of outcry in the community

that is very afraid to come forward a lot with the staff all I did was listen because I'm new and I just promised them that I would take this information back to the Board."

Regarding actual services, our NAMI navigator and others at NAMI encounter family after family who has either been turned away from receiving services at Northern Lakes or did not receive adequate services. At NAMI, we see these things from a street-level view. We are on the ground. Will you please take the time to consider the entire, complex picture rather than choosing to maintain the status quo?

Our full board at NAMI-GT will be meeting in the next couple weeks to draft a Letter of Recommendations to submit to you. In the meantime, I felt it important to reach out to you personally.

Thank you for your time and consideration,

Kate Dahlstrom

Attachments:

- Northern Lakes CMHA Board Minutes dated 02/10/22
- Northern Lakes CMHA Board Minutes dated 02/17/22
- Northern Lakes CMHA Board Minutes dated 03/17/22
- Traverse City Record Eagle article, “CMH Faces Unheaval as CEO Search Nears Completion” by Mardi Link dated 12/26/21
- Traverse City Record Engle article, “Northern Lakes to Offer CEO Job to Blamer” by Mardi Link dated 02/18/22
- Options for the six counties served by Northern Lakes CMHA if Grand Traverse County is removed
- Map of Michigan’s 36 CMHSPs highlighting those that are single-county entities.

Michigan Department of Health and Human Services
Program Policy Division PO Box 30809
Lansing MI 48909

June 30, 2022

<Provider Name>
<Provider Address 1>
<City> <State> zipcode5-zipcode4

Dear Medicaid Provider:

The Michigan Department of Health and Human Services (MDHHS) provides Home and Community Based Services (HCBS) to individuals in the Medicaid program. These services help Michigan citizens with disabilities or other health issues to live at home or in the community. MDHHS offers many of these services through waivers which were approved by the Centers for Medicare & Medicaid Services (CMS).

In 2014, CMS released a rule for HCBS waivers called the HCBS Final Rule. This rule requires that all settings that provide HCBS-funded services meet specific criteria in order to continue to receive that funding. The final date for all settings to be HCBS-compliant is March 17, 2023.

MDHHS is responsible to ensure every setting providing HCBS services meets the requirements of the rule. In order to assess the compliance of a setting, each setting was surveyed to provide information related to the physical location of the setting as well as how the setting supports the rights and freedoms of individuals who receive HCBS-funded services.

Based upon a setting's response to the surveys, a compliance status was identified. The possible statuses for a setting were compliant, out of compliance, and requires heightened scrutiny (HS).

MDHHS is now providing an opportunity for all interested parties to review the evidence provided and then share their perspective. This is called the public comment period. **MDHHS will post the information gathered about a setting on a public facing webpage for review and comment by the public. This information is specific to Behavioral and Physical Health and Aging Services Administration (BPHASA).** The public can see the areas of concern that caused the setting to require an HS review, and the evidence provided by the setting to support their claim that they are HCBS-compliant and should be allowed to continue to provide HCBS-funded services.

Once a member of the public has reviewed this information, there will be a link to a survey which will provide an opportunity for the public to tell the department whether they feel the setting has met the standard to be found HCBS-compliant.

MDHHS welcomes all stakeholder feedback regarding the settings identified. MDHHS will begin the public comment period with the posting of all HS settings in Prepaid Inpatient Health Plan (PIHP) region 5.

The public comment period for NorthCare, Northern Michigan Regional Entity, Lakeshore Regional Entity, Southwest Michigan Behavioral Health, Community Mental Health Partnership of Southeast Michigan, Detroit Wayne Integrated Health Network, Oakland Community Health Network, Macomb County Community Mental Health Authority, Region 10, and four settings from Midstate Health Network (located in Eaton Rapids, Bay City, Grand Ledge and Dewitt, Michigan) will begin approximately on June 30, 2022, and end 30 days later approximately on July 30, 2022. The start date for the public comment process may be delayed. Those specific counties, cities, and names of settings will be provided on the HCBS Transition webpage at MDHHS - Home and Community-Based Services Program Transition (michigan.gov) when the public comment period begins.

For additional information regarding non electronic access to the public comment information, or to provide a comment through non-electronic methods, please see below:

- Webpage address to review Public Comment information: https://hsrcweb.azurewebsites.net
- List of HS Settings for Region 1-4, 6-10 and four from Midstate Health Network (located in Eaton Rapids, Bay City, Grand Ledge and Dewitt, Michigan): MDHHS - Home and Community-Based Services Program Transition (michigan.gov).
- To request the paper version to make the public comment, commenters will call 517-241-0010 ***or e-mail the HCBS transition team at HCBSTransition@michigan.gov.***

Thank you for your interest and support as we work to make all settings across the state of Michigan HCBS-compliant.

An electronic version of this document is available at www.michigan.gov/medicaidproviders >> Policy, Letters & Forms.

Sincerely,

Farah A. Hanley

Farah Hanley
Chief Deputy for Health

STATE OF MICHIGAN

GRETCHEN WHITMER
GOVERNOR

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

ELIZABETH HERTEL
DIRECTOR

MEMORANDUM

DATE: June 30, 2022

TO: Executive Directors of Prepaid Inpatient Health Plans (PIHPs)

FROM: Jeffery L. Wieferich, M.A., LLP *JW*
Director
Bureau of Community Based Services

SUBJECT: Requests for Supplemental Reporting Information

As part of our ongoing commitment to exceptional beneficiary care, strong payer-provider relationships, and fiscal responsibility, the Michigan Department of Health and Human Services (MDHHS) Behavioral and Physical Health and Aging Services Administration (BPHASA) regularly reviews the performance of our managed care partners. In light of BPHASA's recent reorganization, a broad-based review of contract monitoring activities has been initiated. In the context of this review, we have identified several areas where additional information will be beneficial in informing our ongoing discussions. In support of these ends, we are requesting information in 3 subject matter areas at this time. We have provided a general overview of the areas below and there are more specific instructions in the attached document. We request completion of all 3 requests by close of business on Monday, August 1. Submissions should be made to MDHHS-BHDDA-Contracts-MGMT@michigan.gov.

Provider Network Adequacy: An adequate provider network is essential to the provision of care to our beneficiaries. The PIHP contract provides information on the Network Adequacy Standards in several key provider types in addition to providing guidance on the availability of certain services by American Society of Addiction Medicine level. We recognize that providers in each of these areas may not be available within each service area and/or within the time and distance requirements established. In order to better understand where these gaps may lie, we are requesting the completion of the provider information in these Required Service types in the attached. Our review of similar files submitted recently to Office of Inspector General indicated significant missing information and inconsistent identification of services provided.

Claims Timeliness: Timely and accurate payment of claims to your provider network is a strong factor in provider satisfaction. PIHPs are required to reimburse 90% of clean claims within 30 days of receipt. We are requesting information in the attached to document performance relative to this metric.

Coordination of Benefits: As part of our ongoing commitment to fiscal responsibility, we would like to ensure that PIHPs are applying the Third Party Liability provisions in the contract consistently and effectively. To that end, we would like the opportunity to review and offer guidance on the Policies and Procedures currently in use, which support the identification of third party insurance liability, the notification of providers about the presence of such coverage, and the processing of claims when Medicaid is not the primary payer.

Thank you for your ongoing commitment to our beneficiaries and we look forward to partnering with you on this and future efforts to collaboratively ensure that the best beneficiary and provider experience.

If you have questions about this request, please contact Jackie Sproat, Contracts and Quality Management Division Administrator, at SproatJ@michigan.gov.

email correspondence

From: Monique Francis
To: Monique Francis
Cc: Robert Sheehan; Alan Bolter
Subject: Urging comment: Proposed Medicaid Policy (Project #2153-BH) - movement of all HCBS services to a 1915i benefit and restrictions on role case manager/supports coordinator
Date: Friday, July 8, 2022 2:27:35 PM
Attachments: image001.png
2153-BH-P.pdf

To: CEOs of CMHs, PIHPs, and Provider Alliance members
From: Robert Sheehan, CEO, CMH Association of Michigan
Re: Urging comment: Proposed Medicaid Policy (Project #2153-BH) - movement of all HCBS services to a 1915i benefit and restrictions on role case manager/supports coordinator

As you may remember, MDHHS has been working, over the past several years, to:

- move the wide range of home and community-based services (HCBS) provided to a large number of persons served from their current Medicaid waivers to a 1915i waiver
- prohibit staff carrying out casemanagement/supports coordination work from providing any other Medicaid services

The proposals related to both of these initiatives are capture in the bulletin, attached, that was released today.

URGING COMMENT: CMHA is urging you and your colleagues to provide MDHHS with comments related to this proposed policy by August 12, 2022, the closing date of the public comment period. Comments may be forwarded to Monica Erickson at EricksonM6@michigan.gov.

If you find them useful, below are the concerns raised by CMHA members over the last several years related to these proposals as they were taking shape. Feel free to draw from them if you find them helpful in framing your comments.

CONCERNS: Many CMHA members have long underscored their concerns with both of these changes. Those concerns are listed below, along with the page numbers (printed on the page, not the pdf numbering pages)

Core Proposal 1: Move the wide range of home and community-based services (HCBS) provided to a large number of persons served from their current Medicaid waivers to a 1915i waiver (pages 2, 3, and 4)

Concern: This process, whereby each person receiving HCBS services must be individually enrolled in the HCBS "program" by MDHHS, based on a review of an application packet developed by the local CMH or provider organization and submitted by the PIHP. This process, as experienced with persons seeking autism/ABA services, is slow, very cumbersome, paperwork-heavy, and causes delays in the receipt of services.

Core Proposal 2: Prohibit staff carrying out casemanagement/supports coordination work from providing any other Medicaid services (page 5)

Concern: While the aim of eliminating conflicts in the provision and authorization of payment for services is one that CMHA and its members have long endorsed, this proposed policy does not differentiate between the managed care-like work of the case manager/supports coordinator - approving the IPOS - from the clinical work of the case manager/supports coordinator - linking with services inside and outside of the CMH/provider, in vivo therapy and guidance, continual assessment and adjustment of mechanics of the IPOS, ensuring that authorized services are provided, as well as a range of related on-the-ground casemanagement/supports coordination functions.

Typically, when casemanagement is done well, the casemanager serves as and is seen as the lead clinician in the client's life by the person served and his or her family.

While the separation of managed care (authorization-related) roles of case management from the services coordination and clinical work of the casemanager/supports coordinator is appropriate, the other prohibitions included in this proposed policy will only involve one more person in the life of the client, making coordination and the seamless delivery of services far more difficult for the person served and the providers.

Concerns and proposed resolution related to both components of proposed policy: Several years ago, MDHHS sponsored a Conflict Free Casemanagement Workgroup, made up of MDHHS/BHDDA staff, advocates, and representatives of our association. During those discussions, the definitions of conflict and convergent interests at each step in the clinical pathway were outlined as was the multiple uses of the term casemanagement – ranging from the casemanagement done by managed care organizations (primarily telephonic or electronic authorizations) to provision of hands-on in-person clinical service coordination, services and supports, and the work needed to ensure that the client's person-centered plan is implemented.

What became clear, as a result of those discussions, is that the independent facilitation of the PCP/IPOS was the key to ensuring that conflicts were eliminated from plan development, implementation, and financing – rather than having the longstanding and proven roles of the casemanager/supports coordinator being broken into two components to be carried out by two persons.

Robert Sheehan
Chief Executive Officer
Community Mental Health Association of Michigan
507 South Grand Avenue, Lansing, MI 48933 (Note new address)
517.374.6848 main
517.237.3142 direct
517.374.1053 fax
www.cmham.org

CMHA MOVING: As of June 1, 2022, the CMHA offices will no longer be at 426 South Walnut. CMHA's new address will be 507 South Grand Avenue, Lansing, MI 48933, only several blocks eastward of our South Walnut location. My email address and phone number will remain the same. However, because we will not be moving into our new office location until August 1st , due to renovations, my CMHA colleagues and I will be working fully remotely during June and July 2022. You can, of course, continue to reach me via phone and email during this two-month transition.

From: MSADraftPolicy <MSADraftPolicy@michigan.gov>
Sent: Friday, July 8, 2022 9:51 AM
To: MSADraftPolicy <MSADraftPolicy@michigan.gov>
Cc: ProviderSupport <ProviderSupport@michigan.gov>; ProviderOutreach <ProviderOutreach@michigan.gov>
Subject: Public Comment Review of Proposed Medicaid Policy (Project #2153-BH)

Attached are proposed Medicaid policy changes for your public comment review. The proposed policy discusses §1915(i) State Plan Home and Community-Based Services.

Comments on this proposed policy are due August 12, 2022.

Comments may be forwarded to Monica Erickson at EricksonM6@michigan.gov.

STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ELIZABETH HERTEL
DIRECTOR

M E M O R A N D U M

DATE: July 15, 2022

TO: PIHP CEOs and CFOs

FROM: Jeff Wieferich, MA, LLP, Director
Bureau of Community Based Services

SUBJECT: CMS Financial Management Review - PIHP FY20 ISF Document Request

As you may be aware, the CMS Financial Management Group is currently performing a financial management review examining state oversight of Michigan's PIHP use of Internal Service Funds (ISFs). The review period includes activities for the period October 1, 2019, through September 30, 2020. The objective of this review is to ensure that (a) MDHHS has adequate oversight of the ISFs utilized by the PIHPs and the risk corridor process, and (b) operation of the ISFs are in accordance with Federal requirements and consistent with the contractual agreements between the MDHHS and the PIHPs.

The CMS Financial Management Group requested PIHP bank statements regarding ISF and Medicaid transactions for FY20 (October 1, 2019, through September 30, 2020). PIHPs are asked to submit the following information:

- transfers, deposits, and sweeps for FY20,
- all Medicaid deposits from MDHHS for medical services for FY20, and
- all settlement payments or deposits that are applicable to FY20.

Please exclude any 2019 payments, adjustments, and reconciliations.

This information should include monthly statements from the ISF account(s). It should also include monthly statements from bank accounts that receive Medicaid revenue from the state, including traditional Medicaid (mental health, substance use disorder, and autism), Healthy Michigan Plan (HMP), HHBH, and HHO programs. Medicaid payments received in FY20 attributed to FY19 (adjustments and reconciliations) should be identified/highlighted so they can be excluded from the review. Grants (e.g., SUD Block Grant), local, and other non-Medicaid funding should also be excluded. Likewise, please identify DHS Incentive Program (DHIP) payments, incentive withhold payments, and HRA payments.

Submissions are due via DCH-File Transfer by August 5, 2022. Use naming convention <PIHP name> FMR #WA-FM-2022-MI-01-D<document detail>.

FY23 Conference Report – Final Budget

Specific Mental Health/Substance Abuse Services Line items

	FY'21 (Final)	FY'22 (Final)	FY'23 (Final)
-CMH Non-Medicaid services	$125,578,200	$125,578,200	$125,578,200
-Medicaid Mental Health Services	$2,653,305,500	$3,124,618,700	$3,044,743,000
-Medicaid Substance Abuse services	$87,663,200	$83,067,100	$94,321,800
-State disability assistance program	$2,018,800	$2,018,800	$2,018,800
-Community substance abuse (Prevention, education, and treatment programs)	$108,333,400	$79,705,200	$79,705,200
-Health Homes Program	$26,769,700	$33,005,400	$61,337,400
-Autism services	$271,721,000	$339,141,600	$292,562,600
-Healthy MI Plan (Behavioral health)	$589,941,900	$603,614,300	$570,067,600
-CCBHC	$0	$25,597,300	$101,252,100
-Total Local Dollars	$20,380,700	$15,285,600	$10,190,500

Other Highlights of the FY23 Final Budget:

ITEMS OF INTEREST

- Included $101.2 million for CCBHC
- Included $61.3 million for Health Homes to increase the number of behavioral health homes from 37 to 42 and the number of opioid health homes from 40 to 49.
- Included Opioid Settlement Fund ($23.2 million Gross)
- Local match drawn down phase out – $5 million GF (brings to year 3 of 5-year phase out)

Direct Care Worker Wage Increase and Report

Sec. 231 Requires DHHS to increase wages by up to $2.35 per hour paid to direct care workers funded by DHHS appropriations, and states specific workers and wage increases to be supported. Includes provisions if a worker elects to reject the increase. Requires contractor quarterly reporting, and requires DHHS to report by March 1 including details on wages paid.

Conference concurs with the House, and **changes contractor reporting to annual, removes the market rate survey, and includes minor edits.**

House original recommendation: revises to require Medicaid managed care organizations of MI Choice, MI Health Link, and PIHPs to continue the direct care wage increase and to report quarterly to DHHS on direct care salaries paid, require DHHS to perform a market rate survey, and remove references to private child caring institutions, area agencies on aging, and long-term care (which is moved to new Sec. 1644).

Michigan Crisis and Access Line (MiCAL)

- Conference concurs with the House and adds $3.0 million GF/GP to continue to MiCAL statewide, a behavioral health crisis intervention and support call center and also provides primary coverage in regions where a regional national suicide prevention 988 lifeline center does not provide coverage and for statewide secondary coverage for 988.

Opioid Healing and Recovery Fund

- Conference includes $23.2 million based on updated settlement amounts of restricted funds from court settlements between the state and opioid manufacturers and distributors.

Families Against Narcotics (FAN)

- Conference includes $5.0 million GF/GP on one-time basis.

Court-Appointed Guardians

- Conference includes $5.0 million to reimburse CMHSPs for the cost of court appointed public guardians.

Medicaid Methadone Bundled Services Rate Increase

- Conference adds $16.2 million Gross ($4.1 million GF/GP) based on updated cost estimates to increase the Medicaid bundled reimbursement rate for administering and servicing methadone to $19.00.

Behavioral Health Inpatient Capacity and Operations

- Conference includes $41.0 million GF/GP and authorizes 87.0 FTE positions to increase capacity at Hawthorn and to reimburse private providers of intensive psychiatric treatments.

New Non-State Behavioral Health Facility Capacity

Conference adds $170.6 million GF/GP for House items listed above, $50.0 million for competitive pediatric psychiatric infrastructure grants, $5.0 million for Detroit Children's Hospital psychiatric, and $2.5 million for Insight Behavioral Health in Flint.
(Complete list of projects on pages 673-678 of the budget bill)

- Pine Rest pediatric behavioral health center ($38.0 million)
- Detroit Wayne Integrated Health Network psychiatric campus ($45.0 million)
- Establishing crisis stabilization units (CSUs) ($32.0 million)
- U of M Medicine children's emergency psychiatry and day program for children and adults ($11.0 million)
- Establishing psychiatric residential treatment facilities ($10.0 million)
- Team Wellness adolescent behavioral wraparound health care program ($8.0 million)
- McLaren Northern Michigan adolescent partial hospitalization ($5.0 million)
- Bay County pediatric psychiatric inpatient ($5.0 million)
- Kalamazoo or Berrien County pediatric psychiatric inpatient ($5.0 million)
- War Memorial psychiatric inpatient ($3.6 million)
- McLaren emergency psychiatric assessment, treatment, and healing (EmPATH) unit ($8.0 million)

Clinical and CMHSP Integration Readiness Initiatives

- One-Time funding Conference includes a total of $50.0 million GF/GP for grants to facilities and providers that wish to clinically integrate physical and behavioral health services and providers and to CMHSPs for system, IT, staffing, and administrative improvements for integration readiness. Sec. 1984. states funds are not available for expenditure until legislatively transferred.

FULL BOILERPLATE LANGUAGE

- Sec. 1984. The funds appropriated in part 1 for clinical integration fund and community mental health services programs integration readiness shall not be available for expenditure until they have been transferred to another line item in part 1 under section 393(2) of the management and budget act, 1984 PA 431, MCL 18.1393.

Central Administrative Support for State Psychiatric Hospitals and Centers

- Conference concurs with the Executive and includes a net increase of $1.1 million GF/GP and authorizes a net 8.0 FTE positions to increase administrative support for admission and discharges, the Michigan Community Transition Program, and Psychiatric Residential Treatment Facilities.

Behavioral Health One-Time Funding - $34.5 million

Conference includes:

- Jail Diversion Fund ($10.0 million)
- Multicultural integration funding ($8.6 million)
- Salvation Army Safe Harbor ($8,333,300)
- Easter seals - autism comprehensive care center ($2.5 million)
- First responder mental health funding ($2.5 million)
- Western Upper Peninsula CMHSP health professionals in schools ($1.0 million)
- Altarum substance use disorder programing ($600,000)

- Easter seals – Parent/Family stress programs ($500,000)
- Great Lakes Recovery Center ($250,000)
- Blue Water Recovery and Outreach ($150,000)
- Endeavor to Persevere – teen walk-in mental health ($50,000)
- Mediation services ($40,000)

Boilerplate Items

Sec. 908. Uniform Community Mental Health Credentialing – RETAINED States that contracts with PIHPs and CMHSPs must work toward implementing section 206b of the Mental Health Code on uniform community mental health services credentialing.

Sec. 912. Salvation Army Harbor Light Program – RETAINED Requires DHHS to contract with the Salvation Army Harbor Light Program for providing non-Medicaid substance use disorder services, if program meets standard of care.

Sec. 924. Autism Services Fee Schedule – REVISED Requires DHHS to maintain a fee schedule for autism services by not allowing expenditures used for actuarially sound rate certification to exceed the identified fee schedule, also sets behavioral technician fee schedule at not less than $50.00 per hour and not more than $55.00 per hour. Conference changes hourly rates to $52.35 and $57.35.

Sec. 927. Uniform Behavioral Health Service Provider Audits – RETAINED Requires DHHS to create a uniform community mental health services auditing process for CMHSPs and PIHPs, outlines auditing process requirements, and requires a report.

Sec. 960. Autism Services Cost Containment – RETAINED Requires DHHS to continue to cover all autism services that were covered on January 1, 2019; to restrain costs required DHHS to develop written guidance for standardization; and requires 3-year reevaluations, unless a clinician recommended an earlier reevaluation, and require maintenance of statewide provider trainings, limits practitioners who can perform a diagnostic evaluation and requires evaluations performed by a master's level practitioner to be reviewed by a second practitioner, provide fidelity reviews and secondary approvals, and prohibit specific providers from providing both evaluation and treatment; requires a report.

Sec. 970. Skill Building Assistance Services – REVISED Requires DHHS to maintain skill building assistance services policies in effect on October 1, 2018, and requires DHHS to continue to seek federal matching funds for skill building assistance services. Conference make technical revisions.

Sec. 1062. 5-Year Inpatient Psychiatric Bed Plan – DELETED Requires DHHS to report a 5-year plan to address need for public and private inpatient psychiatric beds for adults and children.

FY2022 Q2 PIHP Final PI Numbers

CMHSP Medicaid Only & SUD All-Funding

01/01/2022 – 03/31/2022

NORTHERN MICHIGAN REGIONAL ENTITY

Table 1 – Access – Timeliness/Inpatient Screening

Population	Emergency Referral	# Less Than 3 Hrs.	% Less Than 3 Hrs.
Children	214	208	**97.20%**
Adults	747	739	**98.93%**
Total	**961**	**947**	**98.54%**

Table 2a – Access – Timeliness/First Request

Population	New Clients	In 14 Days	% In 14 Days
MIC	409	206	**50.37%**
MIA	833	414	**49.70%**
DDC	71	47	**66.20%**
DDA	30	17	**56.67%**
Total	**1,343**	**684**	**50.93%**

Table 2b – Access – Timeliness/First Request - Substance Use Disorder

Population	Admissions	Expired	In 14 Days	% In 14 Days
SA	Calculated	82	Calculated	Calculated **%**

Table 3 – Access – Timeliness/First Service

Population	New Clients Start Services	In 14 Days	% In 14 Days
MIC	269	169	**62.83%**
MIA	481	313	**65.07%**
DDC	53	46	**86.79%**
DDA	28	14	**50.00%**
Total	**831**	**542**	**65.22%**

Table 4a – Access – Continuity of Care

Population	# Discharges	Exceptions	Net Discharges	In 7 Days	% In 7 Days
Children	40	12	28	28	**100.00%**
Adults	209	72	137	134	**97.81%**
Total	**249**	**84**	**165**	**162**	**98.18%**

Table 4b – Access – Continuity of Care - Substance Use Disorder

Population	# Discharges	Exceptions	Net Discharges	In 7 Days	% In 7 Days
SA	184	65	119	115	**96.64%**

Table 6 – Outcomes – Inpatient Recidivism

Population	# Discharges	Exceptions	Net Discharges	Readmit In 30 Days	% Readmit In 30 Days
Children	39	0	39	4	**10.26%**
Adults	211	0	211	22	**10.43%**
Total	**250**	**0**	**250**	**26**	**10.40%**

AVCMH - Medicaid Only

Table 1 – Access – Timeliness/Inpatient Screening

Population	Emergency Referral	# Less Than 3 Hrs.	% Less Than 3 Hrs.
Children	46	46	**100.00%**
Adults	136	132	**97.06%**
Total	**182**	**178**	**97.80%**

Table 2a – Access – Timeliness/First Request

Population	New Clients	In 14 Days	% In 14 Days
MIC	69	28	**40.58%**
MIA	165	83	**50.30%**
DDC	10	7	**70.00%**
DDA	7	1	**14.29%**
Total	**251**	**119**	**47.41%**

Table 3 – Access – Timeliness/First Service

Population	New Clients Start Services	In 14 Days	% In 14 Days
MIC	54	36	**66.67%**
MIA	138	102	**73.91%**
DDC	7	6	**85.71%**
DDA	10	6	**60.00%**
Total	**209**	**150**	**71.77%**

Table 4a – Access – Continuity of Care

Population	# Discharges	Exceptions	Net Discharges	In 7 Days	% In 7 Days
Children	3	1	2	2	**100.00%**
Adults	14	4	10	10	**100.00%**
Total	**17**	**5**	**12**	**12**	**100.00%**

Table 6 – Outcomes – Inpatient Recidivism

Population	# Discharges	Exceptions	Net Discharges	Readmit In 30 Days	% Readmit In 30 Days
Children	3	0	3	0	**0.00%**
Adults	14	0	14	2	**14.29%**
Total	**17**	**0**	**17**	**2**	**11.76%**

CWN - Medicaid Only

Table 1 – Access – Timeliness/Inpatient Screening

Population	Emergency Referral	# Less Than 3 Hrs.	% Less Than 3 Hrs.
Children	0	0	**0.00%**
Adults	16	16	**100.00%**
Total	**16**	**16**	**100.00%**

Table 2a – Access – Timeliness/First Request

Population	New Clients	In 14 Days	% In 14 Days
MIC	56	34	**60.71%**
MIA	106	52	**49.06%**
DDC	3	2	**66.67%**
DDA	2	2	**100.00%**
Total	**167**	**90**	**53.89%**

Table 3 – Access – Timeliness/First Service

Population	New Clients Start Services	In 14 Days	% In 14 Days
MIC	27	16	**59.26%**
MIA	49	27	**55.10%**
DDC	5	4	**80.00%**
DDA	2	1	**50.00%**
Total	**83**	**48**	**57.83%**

Table 4a – Access – Continuity of Care

Population	# Discharges	Exceptions	Net Discharges	In 7 Days	% In 7 Days
Children	2	0	2	2	**100.00%**
Adults	17	6	11	9	**81.82%**
Total	**19**	**6**	**13**	**11**	**84.62%**

Table 6 – Outcomes – Inpatient Recidivism

Population	# Discharges	Exceptions	Net Discharges	Readmit In 30 Days	% Readmit In 30 Days
Children	2	0	2	0	**0.00%**
Adults	17	0	17	2	**11.76%**
Total	**19**	**0**	**19**	**2**	**10.53%**

NCCMH - Medicaid Only

Table 1 – Access – Timeliness/Inpatient Screening

Population	Emergency Referral	# Less Than 3 Hrs.	% Less Than 3 Hrs.
Children	18	18	**100.00%**
Adults	115	114	**99.13%**
Total	**133**	**132**	**99.25%**

Table 2a – Access – Timeliness/First Request

Population	New Clients	In 14 Days	% In 14 Days
MIC	109	58	**53.21%**
MIA	233	134	**57.51%**
DDC	24	21	**87.50%**
DDA	10	7	**70.00%**
Total	**376**	**220**	**58.51%**

Table 3 – Access – Timeliness/First Service

Population	New Clients Start Services	In 14 Days	% In 14 Days
MIC	63	37	**58.73%**
MIA	136	79	**58.09%**
DDC	20	18	**90.00%**
DDA	11	3	**27.27%**
Total	**230**	**137**	**59.57%**

Table 4a – Access – Continuity of Care

Population	# Discharges	Exceptions	Net Discharges	In 7 Days	% In 7 Days
Children	8	1	7	7	**100.00%**
Adults	42	11	31	31	**100.00%**
Total	**50**	**12**	**38**	**38**	**100.00%**

Table 6 – Outcomes – Inpatient Recidivism

Population	# Discharges	Exceptions	Net Discharges	Readmit In 30 Days	% Readmit In 30 Days
Children	8	0	8	0	**0.00%**
Adults	45	0	45	1	**2.22%**
Total	**53**	**0**	**53**	**1**	**1.89%**

NEMCMH - Medicaid Only

Table 1 – Access – Timeliness/Inpatient Screening

Population	Emergency Referral	# Less Than 3 Hrs.	% Less Than 3 Hrs.
Children	80	78	**97.50%**
Adults	151	150	**99.34%**
Total	**231**	**228**	**98.70%**

Table 2a – Access – Timeliness/First Request

Population	New Clients	In 14 Days	% In 14 Days
MIC	50	23	**46.00%**
MIA	67	28	**41.79%**
DDC	3	1	**33.33%**
DDA	1	0	**0.00%**
Total	**121**	**52**	**42.98%**

Table 3 – Access – Timeliness/First Service

Population	New Clients Start Services	In 14 Days	% In 14 Days
MIC	34	29	**85.29%**
MIA	44	33	**75.00%**
DDC	2	1	**50.00%**
DDA	0	0	**0.00%**
Total	**80**	**63**	**78.75%**

Table 4a – Access – Continuity of Care

Population	# Discharges	Exceptions	Net Discharges	In 7 Days	% In 7 Days
Children	7	2	5	5	**100.00%**
Adults	25	4	21	21	**100.00%**
Total	**32**	**6**	**26**	**26**	**100.00%**

Table 6 – Outcomes – Inpatient Recidivism

Population	# Discharges	Exceptions	Net Discharges	Readmit In 30 Days	% Readmit In 30 Days
Children	6	0	6	0	**0.00%**
Adults	24	0	24	1	**4.17%**
Total	**30**	**0**	**30**	**1**	**3.33%**

NLCMH - Medicaid Only

Table 1 – Access – Timeliness/Inpatient Screening

Population	Emergency Referral	# Less Than 3 Hrs.	% Less Than 3 Hrs.
Children	70	66	**94.29%**
Adults	329	327	**99.39%**
Total	**399**	**393**	**98.50%**

Table 2a – Access – Timeliness/First Request

Population	New Clients	In 14 Days	% In 14 Days
MIC	125	63	**50.40%**
MIA	262	117	**44.66%**
DDC	31	16	**51.61%**
DDA	10	7	**70.00%**
Total	**428**	**203**	**47.43%**

Table 3 – Access – Timeliness/First Service

Population	New Clients Start Services	In 14 Days	% In 14 Days
MIC	91	51	**56.04%**
MIA	114	72	**63.16%**
DDC	19	17	**89.47%**
DDA	5	4	**80.00%**
Total	**229**	**144**	**62.88%**

Table 4a – Access – Continuity of Care

Population	# Discharges	Exceptions	Net Discharges	In 7 Days	% In 7 Days
Children	20	8	12	12	**100.00%**
Adults	111	47	64	63	**98.44%**
Total	**131**	**55**	**76**	**75**	**98.68%**

Table 6 – Outcomes – Inpatient Recidivism

Population	# Discharges	Exceptions	Net Discharges	Readmit In 30 Days	% Readmit In 30 Days
Children	20	0	20	4	**20.00%**
Adults	111	0	111	16	**14.41%**
Total	**131**	**0**	**131**	**20**	**15.27%**

Substance Use Disorder

Table 2b – Access – Timeliness/First Request - Substance Use Disorder

Population	Expired
SA	82

Table 4b – Access – Continuity of Care

Population	# Discharges	Exceptions	Net Discharges	In 7 Days	% In 7 Days
SA	184	65	119	115	**96.64%**

Northern Michigan Regional Entity

1999 WALDEN DRIVE ♦ GAYLORD, MI 49735 231.383.6123 ♦ OFC 989.448.7078 ♦ FAX NMRE.ORG

DATE: July 19, 2022

TO: Robert Sheehan. CEO Community Mental Health Association of Michigan (CMHA

FROM: Eric Kurtz, CEO Northern Michigan Regional Entity (NMRE) on behalf of the NMRE Board of Directors

RE: Michigan State Demonstration & SPA CCBHC Initiatives: Recommendations

Dear Bob,

During our June NMRE Operations Committee and our subsequent NMRE Board Meeting on the 6-27-22, I was directed to respond on behalf of the NMRE Board and its CMHSP members, regarding our concerns with the CMHA June 22 memo (draft for discussion) about making CCBHC a permanent structure either through a State Plan Amendment (SPA) or though some other waiver mechanism.

As you are aware, none of the CMHSPs in PIHP Region 2 are part of the CCBHC demonstration even though Centra-Wellness Network (CWN) was awarded CCBHC status in 2016. The reasons for not participating at this time are numerous, but mostly related to the rigidity of some for the service requirements and their inability to work in rural areas, as well as the financing model, which is requiring an increased allocation of state General Funds (GF) that could be used system wide. Additionally, it has also come to our attention that the CCBHC core service requirements were made much more lenient than originally intended allowing almost anyone who provides some mental health services to become a CCBHC while having Direct Contract Organizations (DCO's) provide most of the services or pointing at the CMHSPs for crisis services. That was clearly not the intent of the original demonstration grant criteria in 2016. We also believe that the model is using state GF allocation to bridge the cost gaps paid by Medicaid Health Plans and commercial insurers as opposed to bolstering the system funding on a statewide basis. This should be problematic for everyone.

In summary, we believe it is way too soon to make CCBHC a permanent structure and in fact all the CCBHC services are already SPA services and could be made available to all citizens if GF funding was restored on a statewide basis as opposed to 13 sites. We also feel the Behavioral Health Home and Opioid Health Home models are a better fit in our rural area and already identifies mild to moderate individuals, who can access enhanced care coordination and integrated services. This model has also been proven to decrease the total healthcare spend for individuals receiving these services and only requires the GF match for Medicaid to cover those services.

In the end, we are all striving for the same things, but we don't want to see one model be the only solution to serve all Michigan citizens. We would also be willing to work with Senator Stabenow to address these rural issues and better codify the certification requirements to meet the CCBHC's demonstrations original intent, which was to provide most of the services directly through the CCBHC.

Sincerely,

Don Tanner
NMRE Board Chair

NORTHERN MICHIGAN REGIONAL ENTITY
FINANCE COMMITTEE MEETING
10:00AM – JULY 13, 2020
VIA TEAMS

ATTENDEES:	**Joanie Blamer, Connie Cadarette, Lauri Fischer, Ann Friend, Chip Johnston, Nancy Kearly, Eric Kurtz, Donna Nieman, Larry Patterson, Brandon, Rhue, Nena Sork, Erinn Trask, Jennifer Warner, Deanna Yockey, Carol Balousek**

REVIEW AGENDA & ADDITIONS
Deanna added FY21 Settlements and Standard Cost Allocation (SCA) to the meeting Agenda.
Donna added PCE visit to the agenda

REVIEW PREVIOUS MEETING MINUTES
The June minutes were included in the materials packet for the meeting

MOTION BY CONNIE CADARETTE TO APPROVE THE MINUTES OF THE JUNE 8, 2022 NORTHERN MICHIGAN REGIONAL ENTITY REGIONAL FINANCE COMMITTEE MEETING; SUPPORT BY LAURI FISCHER. MOTION APPROVED.

MONTHLY FINANCIALS
May 2022

- Net Position showed net surplus Medicaid and HMP of $11,641,930. Medicaid carry forward was reported as $16,358,117. The total Medicaid and HMP Current Year Surplus was reported as $28,000,047. Medicaid and HMP combined ISF was reported as $16,358,117; the total Medicaid and HMP net surplus, including carry forward and ISF was reported as $44,358,164.
- Traditional Medicaid showed $133,699,812 in revenue, and $121,972,015 in expenses, resulting in a net surplus of $11,727,797. Medicaid ISF was reported as $9,298,368 based on the unaudited FSR. Medicaid Savings was reported as $11,296,867.
- Healthy Michigan Plan showed $21,158,296 in revenue, and $17,083,552 in expenses, resulting in a net surplus of $4,074,744. HMP ISF was reported as $7,059,749 based on the unaudited FSR. HMP savings was reported as $5,061,250.
- Health Home showed $990,032 in revenue, and $783,025 in expenses, resulting in a net surplus of $207,007.
- SUD showed all funding source revenue of $16,726,785, and $13,980,108 in expenses, resulting in a net surplus of $2,746,677. Total PA2 funds were reported as $5,433,618.

The direct care wage surplus was estimated at $4,160,611.

Connie asked how much of the current surplus can be retained. Deanna responded that region could keep $17M, resulting in a potential FY22 laps of $12M – $14M. The FY21 lapse was reported as $8.8M.

Donna asked whether any of the Boards are increasing recruitment efforts.

- **AuSable Valley** – Erin reported that AuSable Valley provided staff with a one-time retention payment (flat amount) around Memorial; a second payment is planned for Labor Day. Emergency Services, and on-call staff have received incentives. Additional funding has been targeted for recruitment efforts.
- **Centra Wellness** – Donna reported that Centra Wellness is taking a retention payment request to its Board of Directors on July 14th.
- **North Country** – Ann reported that North Country is taking a flat resilience payment request to its Board of Directors on July 21st.
- **Northeast Michigan** – Connie reported that Northeast Michigan provided one-time retention payments based on wages. Sign-on bonuses are also being given to new staff. Other incentives include shift coverage bonuses (in homes), and stability payments to one home. Additional options will be reviewed after the June financial report. Nena noted that Northeast Michigan hired a recruiter who has been extremely effective in bringing in new staff.
- **Northern Lakes** – Lauri reported that Northern Lakes spent $1.7M on retention (seniority-based) payments in July (not tied to salaries). Northern Lakes continues to receive Provider Stability payment requests.

MOTION BY ERINN TRASK TO RECOMMEND APPROVAL OF THE NORTHERN MICHIGAN REGIONAL ENTITY MONTHLY FINANCIAL REPORT FOR MAY 2022; SUPPORT BY ANN FRIEND. MOTION APPROVED.

EDIT UPDATE

The next EDIT meeting is scheduled for July 21st; Donna will report during the August Finance Meeting.

EQI UPDATE

Deanna indicated that she had nothing new to report on this topic.

EARLY LOOK AT FY23 REVENUE PROJECTIONS

Deanna is working with Eric on PMPM estimates by Board for FY23. The $17M carryforward will spread by FY21 PMPM, likely not sustainable into FY24. It was noted that eligibles are trending up. Regionally, NMRE estimated a 4.3% reduction in revenue. Eric reported that he's heard rumblings that DCW surplus may be retained. Erinn asked whether there has been any indication whether the DCW must be kept separate. Deanna responded that as long as surplus funds are payable back to the state, yes. Erinn asked whether Boards are increasing rates at a flat overall percentage or factoring in provider requests. Connie responded that she is mainly increasing rates at a flat percent based on unit rates., ranging from 3%-5%. Erinn noted that Stuart Wilson (Fiscal Intermediary also used by North Country and Northern Lakes) requested 7% increase for FY23.

POSSIBLE VISIT FROM PCE TO NMRE

This topic was placed on the agenda as requested by Donna. Donna reported that good information was shared during a recent PCE Users Group meeting; Jeff Chang mentioned coming onsite to PIHPs to go over specific issues. Donna asked whether the NMRE would be interested. Eric responded that he's all for it. Brandon referenced 2-3 current statewide initiatives that require involvement from PCE. NMRE will reach out to Jeff Change and offer to host and coordinate a regional work session.

FY21 SETTLEMENT

Deanna stated that FY21 Settlement Reports were distributed to the Boards; she can be contacted if there are any questions.

STANDARD COST ALLOCATION (SCA)

Information coming out of the statewide CFO group suggests extensive pushback to SCA reporting requirements. The topic was recently discussed among PIHP CFOs. Megan Rooney (NorthCare Network) is working with the state's audit division to address issues. PIHPs and CMHSPs have asked to sit down with MDHHS accounting staff and audit division staff without Milliman (vested interest) to discuss problems with the report. The outcome is currently unknown. A CFO in Mid-State's region is taking the lead on getting into the weeds in the template; numerous emails with questions have been sent to the State with no response. Erinn reported that Rehman is collecting data but is not using the State's template. Lauri noted that for the MI Choice waiver program, and independent actuarial firm (Wakely) was contacted to review Milliman's assumptions. There is a meeting with CMHA, CEO's and Wakely on Tuesday July 19th.

OTHER

Lauri indicted that the Northern Lakes Board of Directors is reviewing governance models; it is likely that a Board Finance Committee (among others) will be recommended. Lauri asked for Board bylaws, models, etc. from the other CMHSPs. Eric stressed the need to look at the entire (Board) committee structure prior to acting.

Connie asked when the FY23 revenue projections will likely be sent. Lauri asked whether they could be sent prior to Northern Lakes' public hearing on July 25th. Deanna indicated that she could have preliminary projections out by that date.

Erinn asked whether anyone has heard anything about the implementation of the new Ability to Pay calculations (PA 91 of 2022). Pursuant to the law, "The department and community mental health services programs shall determine an adult responsible party's ability to pay for adult inpatient psychiatric services of less than 61 days, all nonresidential services, and all services to minors, in accordance with the requirements of the federal sliding fee discount program under 42 USC 254g and related guidance." Erinn noted that an update in PCE was pushed out.

NEXT MEETING

The next meeting was scheduled for August 10th at 10:00AM.

Chief Executive Officer Report

July 2022

This report is intended to brief the NMRE Board of the CEO's activities since the last Board meeting. The activities outlined are not all inclusive of the CEO's functions and are intended to outline key events attended or accomplished by the CEO.

June 23: Attended and participated in PIHP Rate Setting Meeting.

June 27: Attended and participated Northern Lakes six county Administrator Meeting.

June 30: Attended and participated in State Hospital Placement Meeting.

July 5: Attended and participated in PIHP CEO Meeting.

July 7: Attended and participated in in MDHHS/PIHP CEO Meeting.

July 11: Attended and participated in NMRE SUD Oversight Board Meeting.

July 12: Participated in CMS 1115 Demonstration Interview.

July 13: Attended and participated in NMRE Regional Finance Committee Meeting.

July 14: Attended advance discussion regarding joint advocacy with ARC.

July 14: Attended NMRE External Quality Review.

July 19: Chaired NMRE Operations Committee Meeting.

Northern Michigan Regional Entity

May 2022 Finance Report

May 2022 Financial Summary

Funding Source	YTD Net Surplus (Deficit)	Carry Forward	ISF
Medicaid	11,727,797	11,296,867	9,298,368
Healthy Michigan	4,074,744	5,061,250	7,059,749
	$ 15,802,541	$ 16,358,117	$ 16,358,117

	NMRE MH	NMRE SUD	Northern Lakes	North Country	Northeast	AuSable Valley	Centra Wellness	PIHP Total
Net Surplus (Deficit) MA/HMP	691,005	2,036,949	3,418,547	2,465,117	699,302	1,662,012	668,999	$ 11,641,930
Medicaid Carry Forward								16,358,117
Total Med/HMP Current Year Surplus								$ 28,000,047
Medicaid & HMP Internal Service Fund								16,358,117
Total Medicaid & HMP Net Surplus (Deficit) including Carry Forward and ISF								$ 44,358,164

Northern Michigan Regional Entity

Funding Source Report - PIHP

Mental Health
October 1, 2021 through May 31, 2022

	NMRE MH	NMRE SUD	Northern Lakes	North Country	Northeast	AuSable Valley	Centra Wellness	PIHP Total
Traditional Medicaid (inc Autism)								
Revenue								
Revenue Capitation (PEPM)	$ 129,727,884	$ 3,128,148						$ 132,856,032
CMHSP Distributions	(125,156,269)		41,595,805	34,418,085	21,022,515	17,200,378	10,919,487	-
1st/3rd Party receipts			402,159	-	441,621	-	-	843,780
Net revenue	4,571,615	3,128,148	41,997,964	34,418,085	21,464,136	17,200,378	10,919,487	133,699,812
Expense								
PIHP Admin	1,663,791	32,663						1,696,454
PIHP SUD Admin		37,370						37,370
SUD Access Center		36,231						36,231
Insurance Provider Assessment	1,029,495	21,320						1,050,815
Hospital Rate Adjuster	1,262,492							1,262,492
Services		2,269,773	37,370,768	32,245,848	20,859,653	14,940,512	10,202,098	117,888,652
Total expense	3,955,778	2,397,357	37,370,768	32,245,848	20,859,653	14,940,512	10,202,098	121,972,015
Net Actual Surplus (Deficit)	$ 615,837	$ 730,791	$ 4,627,196	$ 2,172,237	$ 604,483	$ 2,259,866	$ 717,388	$ 11,727,797

Notes

Medicaid ISF - $9,298,368 - based on unaudited FSR
Medicaid Savings - $11,296,867

Northern Michigan Regional Entity

Funding Source Report - PIHP

Mental Health
October 1, 2021 through May 31, 2022

	NMRE MH	NMRE SUD	Northern Lakes	North Country	Northeast	AuSable Valley	Centra Wellness	PIHP Total
Healthy Michigan								
Revenue								
Revenue Capitation (PEPM)	$ 13,646,483	$ 7,506,935						$ 21,153,418
CMHSP Distributions	(12,311,070)		4,486,641	3,733,701	1,530,392	1,529,269	1,031,067	0
1st/3rd Party receipts			-	-	4,878	-	-	4,878
Net revenue	1,335,413	7,506,935	4,486,641	3,733,701	1,535,270	1,529,269	1,031,067	21,158,296
Expense								
PIHP Admin	144,001	79,285						223,287
PIHP SUD Admin		90,713						90,713
SUD Access Center		87,947						87,947
Insurance Provider Assessment	93,068	48,901						141,969
Hospital Rate Adjuster	1,023,176							1,023,176
Services		5,509,629	4,300,458	2,870,791	765,191	1,363,211	707,181	15,516,461
Total expense	1,260,245	5,816,475	4,300,458	2,870,791	765,191	1,363,211	707,181	17,083,552
Net Surplus (Deficit)	$ 75,168	$ 1,690,460	$ 186,183	$ 862,910	$ 770,079	$ 166,059	$ 323,886	$ 4,074,744

Notes
HMP ISF - $7,059,749 - based on unaudited FSR
HMP Savings - $5,061,250

Direct Care Wage Estimated Surplus	**(384,302)**	**(1,394,833)**	**(570,029)**	**(675,259)**	**(763,912)**	**(372,275)**	**$ (4,160,611)**
Net Surplus (Deficit) MA/HMP/DCW	**$ 691,005**	**$ 2,036,949**	**$ 3,418,547**	**$ 2,465,117**	**$ 699,302**	**$ 1,662,012**	**$ 668,999**	**$ 11,641,930**
Medicaid & HMP Carry Forward								**16,358,117**
Total Med/HMP Current Year Surplus								$ 28,000,047
Medicaid & HMP ISF - based on unaudited FSR								**16,358,117**
Total Medicaid & HMP Net Surplus (Deficit) including Carry Forward and ISF								**$ 44,358,164**

Northern Michigan Regional Entity

Funding Source Report - PIHP

Mental Health
October 1, 2021 through May 31, 2022

	NMRE MH	NMRE SUD	Northern Lakes	North Country	Northeast	AuSable Valley	Centra Wellness	PIHP Total
Health Home								
Revenue								
Revenue Capitation (PEPM)	$ 220,776		301,804	92,130	51,418	40,429	283,475	$ 990,032
CMHSP Distributions	-							-
1st/3rd Party receipts								-
Net revenue	220,776	-	301,804	92,130	51,418	40,429	283,475	990,032
Expense								
PIHP Admin	11,070							11,070
BHH Admin	-							-
Insurance Provider Assessment	2,698							2,698
Hospital Rate Adjuster								
Services	0		301,804	92,130	51,418	40,429	283,475	769,257
Total expense	13,768	-	301,804	92,130	51,418	40,429	283,475	783,025
Net Surplus (Deficit)	$ 207,008	$ -	$ 0	$ (0)	$ (0)	$ 0	$ (0)	$ 207,007

Northern Michigan Regional Entity

Funding Source Report - SUD

Mental Health
October 1, 2021 through May 31, 2022

	Medicaid	Healthy Michigan	Opioid Health Home	SAPT Block Grant	PA2 Liquor Tax	Total SUD
Substance Abuse Prevention & Treatment						
Revenue	$ 3,128,148	$ 7,506,935	$ 2,558,753	$ 2,069,406	$ 1,463,543	$ 16,726,785
Expense						
Administration	70,033	169,998	63,982	127,275		431,287
OHH Admin			83,306	-		83,306
Access Center	36,231	87,947	-	20,316		144,494
Insurance Provider Assessment	21,320	48,901	12,370			82,591
Services:						
Treatment	2,269,773	5,509,629	2,073,670	1,272,745	1,463,543	12,589,360
Prevention	-	-	-	649,070	-	649,070
State targeted response	-	-	-	-	-	-
Total expense	2,397,357	5,816,475	2,233,328	2,069,406	1,463,543	13,980,108
PA2 Redirect			-	(1)	1	-
Net Surplus (Deficit)	$ 730,791	$ 1,690,460	$ 325,425	$ -	$ 1	$ 2,746,677

Northern Michigan Regional Entity

Statement of Activities and Proprietary Funds Statement of

Revenues, Expenses, and Unspent Funds
October 1, 2021 through May 31, 2022

	PIHP MH	PIHP SUD	PIHP ISF	Total PIHP
Operating revenue				
Medicaid	$ 129,727,884	$ 3,128,148	$ -	$ 132,856,032
Medicaid Savings	11,296,867	-	-	11,296,867
Healthy Michigan	13,646,483	7,506,935	-	21,153,418
Healthy Michigan Savings	5,061,250	-	-	5,061,250
Health Home	990,032	-	-	990,032
Opioid Health Home	-	2,558,753	-	2,558,753
Substance Use Disorder Block Grant	-	2,069,406	-	2,069,406
Public Act 2 (Liquor tax)	-	1,463,543	-	1,463,543
Affiliate local drawdown	674,700	-	-	674,700
Performance Incentive Bonus	1,363,500	-	-	1,363,500
Miscellanous Grant Revenue	-	21,087	-	21,087
Veteran Navigator Grant	74,272	-	-	74,272
SOR Grant Revenue	-	646,129	-	646,129
Gambling Grant Revenue	-	93,250	-	93,250
Other Revenue	-	-	4,915	4,915
Total operating revenue	162,834,988	17,487,251	4,915	180,327,154
Operating expenses				
General Administration	2,009,838	384,806	-	2,394,644
Prevention Administration	-	56,123	-	56,123
OHH Administration	-	83,306	-	83,306
BHH Administration	-	-	-	-
Insurance Provider Assessment	1,125,261	82,591	-	1,207,852
Hospital Rate Adjuster	2,285,668	-	-	2,285,668
Payments to Affiliates:				
Medicaid Services	114,775,099	2,269,773	-	117,044,872
Healthy Michigan Services	10,001,954	5,509,629	-	15,511,583
Health Home Services	769,257	-	-	769,257
Opioid Health Home Services	-	2,073,670	-	2,073,670
Community Grant	-	1,272,745	-	1,272,745
Prevention	-	592,947	-	592,947
State Disability Assistance	-	-	-	-
State Targeted Response	-	-	-	-
Public Act 2 (Liquor tax)	-	1,463,543	-	1,463,543
Local PBIP	2,801,252	-	-	2,801,252
Local Match Drawdown	674,700	-	-	674,700
Miscellanous Grant	-	21,087	-	21,087
Veteran Navigator Grant	74,272	-	-	74,272
SOR Grant Expenses	-	646,129	-	646,129
Gambling Grant Expenses	-	93,250	-	93,250
Total operating expenses	134,517,301	14,549,599	-	149,066,900
CY Unspent funds	28,317,687	2,937,652	4,915	31,260,254
Transfers In	-	-	-	-
Transfers out	-	-	-	-
Unspent funds - beginning	2,254,458	6,231,624	16,358,117	24,844,199
Unspent funds - ending	$ 30,572,145	$ 9,169,276	$ 16,363,032	$ 56,104,453

Northern Michigan Regional Entity

Statement of Net Position

May 31, 2022

	PIHP MH	PIHP SUD	PIHP ISF	Total PIHP
Assets				
Current Assets				
Cash Position	$ 26,190,315	$ 8,053,377	$ 16,363,032	$ 50,606,724
Accounts Receivable	38,153,410	2,507,998	-	40,661,408
Prepaids	65,491	-	-	65,491
Total current assets	64,409,216	10,561,375	16,363,032	91,333,623
Noncurrent Assets				
Capital assets	-	-	-	-
Total Assets	64,409,216	10,561,375	16,363,032	91,333,623
Liabilities				
Current liabilities				
Accounts payable	33,641,341	1,392,099	-	35,033,440
Accrued liabilities	195,730	-	-	195,730
Unearned revenue	-	-	-	-
Total current liabilities	33,837,071	1,392,099	-	35,229,170
Unspent funds	$ 30,572,145	$ 9,169,276	$ 16,363,032	$ 56,104,453

Northern Michigan Regional Entity

Proprietary Funds Statement of Revenues, Expenses, and Unspent Funds

Budget to Actual - Mental Health
October 1, 2021 through May 31, 2022

	Total Budget	YTD Budget	YTD Actual	Variance Favorable (Unfavorable)	Percent Favorable (Unfavorable)
Operating revenue					
Medicaid					
* Capitation	$ 192,931,092	$ 128,620,728	$ 129,727,884	$ 1,107,156	0.86%
Carryover	11,296,664	11,296,664	11,296,867	203	0
Healthy Michigan					
Capitation	20,566,272	13,710,848	13,646,483	(64,365)	(0.47%)
Carryover	5,061,832	5,061,832	5,061,250	(582)	(0.01%)
Health Home	506,772	337,848	990,032	652,184	193.04%
Affiliate local drawdown	1,204,388	903,291	674,700	(228,591)	(25.31%)
Performance Bonus Incentive	1,334,531	1,334,531	1,363,500	28,969	2.17%
Miscellanous Grants	-	-	-	-	0.00%
Veteran Navigator Grant	110,000	73,336	74,272	936	1.28%
Other Revenue	-	-	-	-	0.00%
Total operating revenue	233,011,551	161,339,078	162,834,988	1,495,910	0.93%
Operating expenses					
General Administration	3,021,688	1,999,832	2,009,838	(10,006)	(0.50%)
BHH Administration	-	-	-	-	0.00%
Insurance Provider Assessment	1,645,387	1,096,925	1,125,261	(28,336)	(2.58%)
Hospital Rate Adjuster	4,001,228	2,667,483	2,285,668	381,815	14.31%
Local PBIP	1,334,531	-	2,801,252	(2,801,252)	0.00%
Local Match Drawdown	1,204,388	903,291	674,700	228,591	25.31%
Miscellanous Grants	-	-	-	-	0.00%
Veteran Navigator Grant	208,136	129,928	74,272	55,656	42.84%
Payments to Affiliates:					
Medicaid Services	173,402,120	115,601,413	114,775,099	826,314	0.71%
Healthy Michigan Services	15,233,944	10,155,963	10,001,954	154,009	1.52%
Health Home Services	456,768	304,512	769,257	(464,745)	(152.62%)
Total operating expenses	200,508,190	132,859,346	134,517,301	(1,657,955)	(1.25%)
CY Unspent funds	$ 32,503,361	$ 28,479,732	28,317,687	$ (162,045)	
Transfers in			-		
Transfers out			-	134,517,301	
Unspent funds - beginning			2,254,458		
Unspent funds - ending			$ 30,572,145	28,317,687	

Northern Michigan Regional Entity

Proprietary Funds Statement of Revenues, Expenses, and Unspent Funds

Budget to Actual - Substance Abuse
October 1, 2021 through May 31, 2022

	Total Budget	YTD Budget	YTD Actual	Variance Favorable (Unfavorable)	Percent Favorable (Unfavorable)
Operating revenue					
Medicaid	$ 4,398,744	$ 2,932,496	$ 3,128,148	$ 195,652	6.67%
Healthy Michigan	9,763,272	6,508,848	7,506,935	998,087	15.33%
Substance Use Disorder Block Grant	5,709,003	3,805,999	2,069,406	(1,736,593)	(45.63%)
Opioid Health Home	2,320,384	1,546,920	2,558,753	1,011,833	65.41%
Public Act 2 (Liquor tax)	1,533,979	511,326	1,463,543	952,217	186.22%
Miscellanous Grants	36,335	24,223	21,087	(3,136)	(12.95%)
SOR Grant	1,215,000	810,000	646,129	(163,871)	(20.23%)
Gambling Prevention Grant	200,000	133,333	93,250	(40,083)	(30.06%)
Other Revenue	-	-	-	-	0.00%
Total operating revenue	25,176,717	16,273,146	17,487,251	1,214,105	7.46%
Operating expenses					
Substance Use Disorder:					
SUD Administration	1,070,484	673,656	384,806	288,850	42.88%
Prevention Administration	90,144	60,096	56,123	3,973	6.61%
Insurance Provider Assessment	116,901	77,934	82,591	(4,657)	(5.98%)
Medicaid Services	3,387,649	2,258,433	2,269,773	(11,340)	(0.50%)
Healthy Michigan Services	7,453,459	4,968,973	5,509,629	(540,656)	(10.88%)
Community Grant	2,077,452	1,384,968	1,272,745	112,223	8.10%
Prevention	664,967	443,311	592,947	(149,636)	(33.75%)
State Disability Assistance	95,215	63,479	-	63,479	100.00%
State Targeted Response	-	-	-	-	0.00%
Opioid Health Home Admin	-	-	83,306	(83,306)	0.00%
Opioid Health Home Services	2,117,226	1,411,488	2,073,670	(662,182)	(46.91%)
Miscellanous Grants	36,335	24,223	21,087	3,136	12.95%
SOR Grant	1,215,000	810,000	646,129	163,871	20.23%
Gambling Prevention	200,000	133,333	93,250	40,083	30.06%
PA2	1,533,978	511,326	1,463,543	(952,217)	(186.23%)
Total operating expenses	20,058,810	12,821,220	14,549,599	(1,728,379)	(13.48%)
CY Unspent funds	$ 5,117,907	$ 3,451,926	2,937,652	$ (514,274)	
Transfers in			-		
Transfers out			-		
Unspent funds - beginning			6,231,624		
Unspent funds - ending			$ 9,169,276		

Northern Michigan Regional Entity

Proprietary Funds Statement of Revenues, Expenses, and Unspent Funds

Budget to Actual - Mental Health Administration
October 1, 2021 through May 31, 2022

	Total Budget	YTD Budget	YTD Actual	Variance Favorable (Unfavorable)	Percent Favorable (Unfavorable)
General Admin					
Salaries	$ 1,729,068	$ 1,152,712	$ 1,034,581	$ 118,131	10.25%
Fringes	549,516	347,048	341,108	5,940	1.71%
Contractual	433,304	288,872	482,672	(193,800)	(67.09%)
Board expenses	16,100	10,736	12,866	(2,130)	(19.84%)
Day of recovery	14,000	14,000	4,187	9,813	70.09%
Facilities	152,700	101,800	81,556	20,244	19.89%
Other	127,000	84,664	52,868	31,796	37.56%
Total General Admin	$ 3,021,688	$ 1,999,832	$ 2,009,838	$ (10,006)	(0.50%)

Northern Michigan Regional Entity

Proprietary Funds Statement of Revenues, Expenses, and Unspent Funds

Budget to Actual - Substance Abuse Administration
October 1, 2021 through May 31, 2022

	Total Budget	YTD Budget	YTD Actual	Variance Favorable (Unfavorable)	Percent Favorable (Unfavorable)
SUD Administration					
Salaries	$ 482,208	$ 321,472	$ 135,580	$ 185,892	57.83%
Fringes	166,800	111,200	34,257	76,943	69.19%
Access Salaries	194,484	129,656	110,700	18,956	14.62%
Access Fringes	57,588	38,392	33,794	4,598	11.98%
Access Contractual	-	-	-	-	0.00%
Contractual	154,000	66,664	62,480	4,184	6.28%
Board expenses	5,000	3,336	2,240	1,096	32.85%
Facilities	-	-	-	-	0.00%
Other	10,404	2,936	5,755	(2,819)	(96.01%)
Total operating expenses	$ 1,070,484	$ 673,656	$ 384,806	$ 288,850	42.88%

Northern Michigan Regional Entity

Schedule of PA2 by County

October 1, 2021 through May 31, 2022

County	Beginning Balance	FY22 Projected Revenue	Current Receipts	FY22 Approved Projects	County Specific Projects	Region Wide Projects by Population	Ending Balance
					Actual Expenditures by County		
Alcona	$ 83,635	$ 19,313	$ 9,981	$ 38,301	26,015	$ 888	$ 81,570
Alpena	315,554	66,080	33,805	160,005	76,821	2,440	267,085
Antrim	243,061	53,592	28,497	95,690	50,464	1,997	224,928
Benzie	144,391	49,804	26,429	27,891	12,013	1,507	153,395
Charlevoix	467,765	82,100	44,047	262,209	90,715	2,241	336,565
Cheboygan	280,756	68,778	37,263	176,925	107,031	2,175	244,552
Crawford	85,250	28,559	16,166	32,978	13,660	1,192	79,518
Emmet	754,134	145,253	81,450	278,987	111,900	2,846	653,697
Grand Traverse	1,615,220	376,032	198,647	909,582	410,380	7,872	1,301,276
Iosco	359,368	70,274	36,147	160,492	61,093	2,157	296,253
Kalkaska	73,813	33,023	17,415	42,665	22,433	1,512	70,702
Leelanau	131,774	48,924	27,463	97,254	61,446	1,857	119,283
Manistee	90,411	63,745	34,923	36,315	17,049	2,094	102,063
Missaukee	66,066	18,058	9,211	50,287	29,627	1,286	55,539
Montmorency	64,849	26,456	13,449	36,920	23,155	793	64,885
Ogemaw	164,571	54,659	26,394	80,483	43,450	1,799	157,603
Oscoda	76,895	17,086	8,905	43,817	19,818	711	61,789
Otsego	205,220	86,909	45,046	210,283	123,376	2,104	162,281
Presque Isle	102,301	20,617	10,441	47,065	29,643	1,097	96,153
Roscommon	488,633	75,491	38,046	63,178	24,578	2,049	489,527
Wexford	417,956	82,829	42,500	111,588	65,405	2,853	414,956
	6,231,626	1,487,584	786,220	2,962,916	1,420,074	43,471	5,433,618
PA2 Redirect							-
							5,433,618

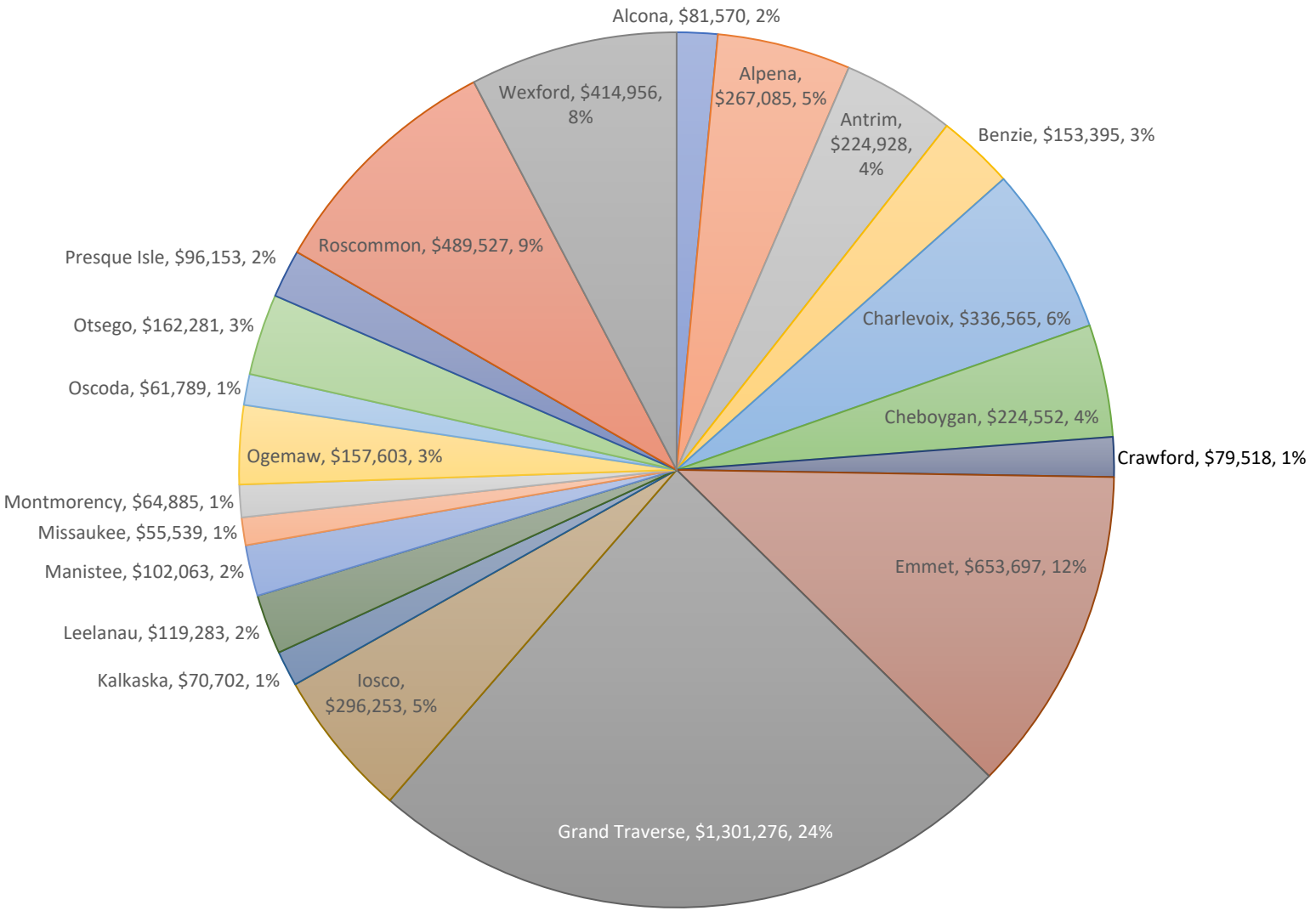
Northern Michigan Regional Entity

Proprietary Funds Statement of Revenues, Expenses, and Unspent Funds

Budget to Actual - ISF
October 1, 2021 through May 31, 2022

	Total Budget	YTD Budget	YTD Actual	Variance Favorable (Unfavorable)	Percent Favorable (Unfavorable)
Operating revenue					
Charges for services	$ -	$ -	$ -	$ -	0.00%
Interest and Dividends	2,501	1,664	4,915	3,251	195.37%
Total operating revenue	2,501	1,664	4,915	3,251	195.37%
Operating expenses					
Medicaid Services	-	-	-	-	0.00%
Healthy Michigan Services	-	-	-	-	0.00%
Total operating expenses	-	-	-	-	0.00%
CY Unspent funds	$ 2,501	$ 1,664	4,915	$ 3,251	
Transfers in			-		
Transfers out			-	-	
Unspent funds - beginning			16,358,117		
Unspent funds - ending			$ 16,363,032		

PA2 Funds by County

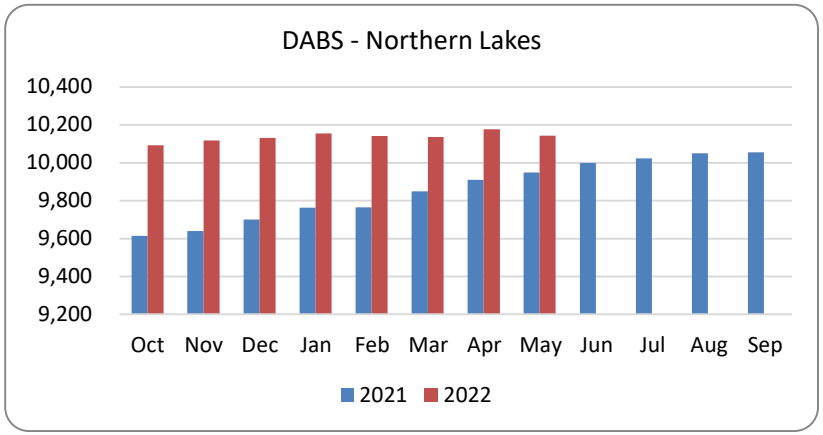


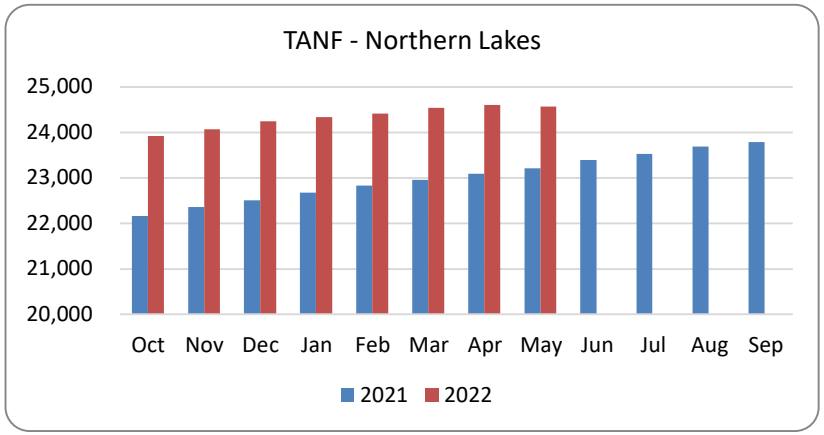
Northern Michigan Regional Entity

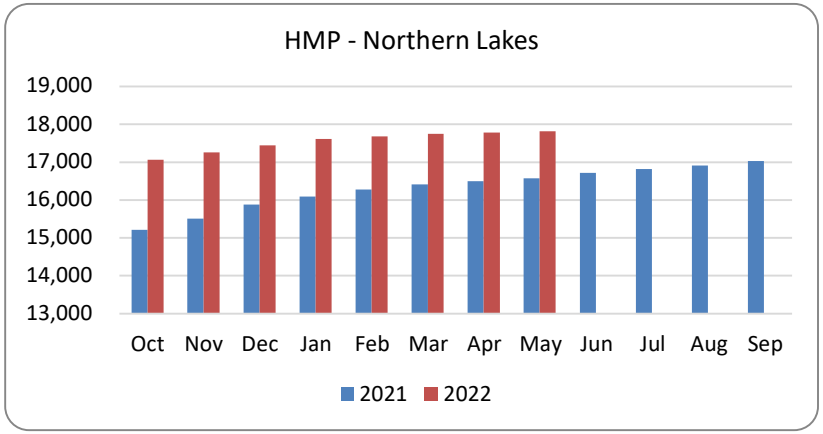
Narrative

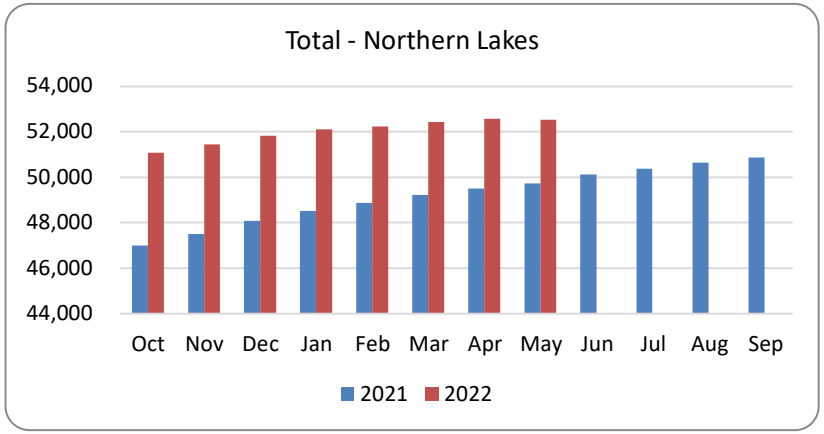
October 1, 2021 through May 31, 2022

Northern Lakes Eligible Trending - based on payment files







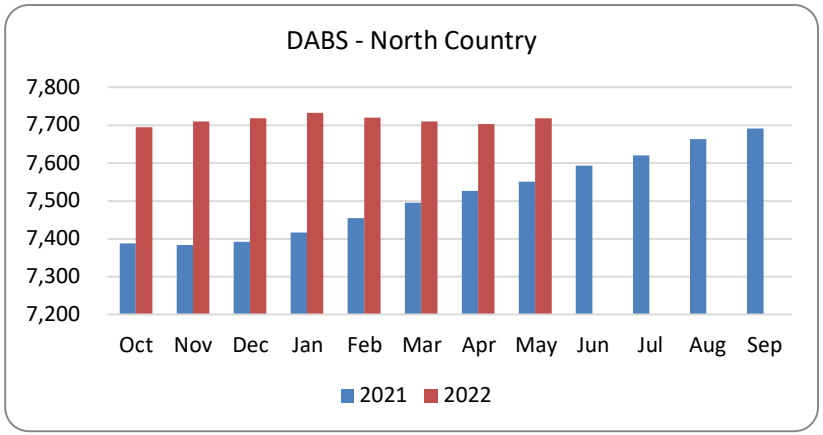


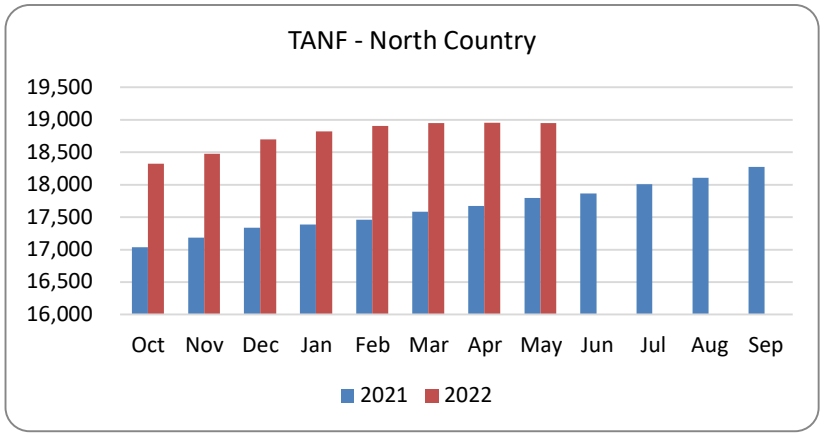
Northern Michigan Regional Entity

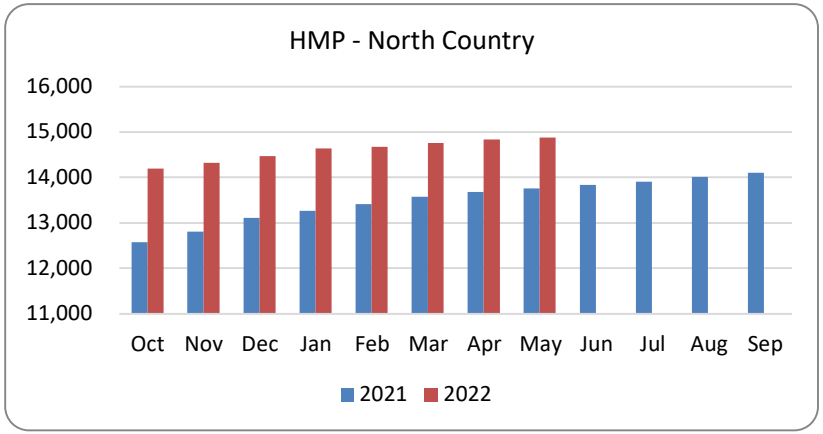
Narrative

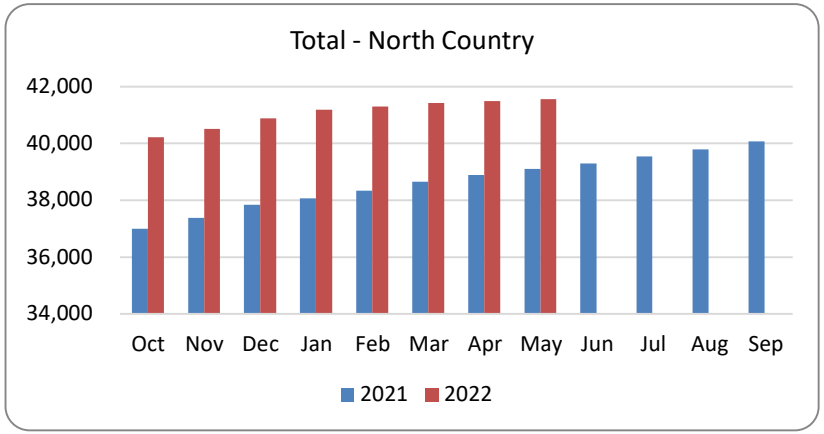
October 1, 2021 through May 31, 2022

North Country Eligible Trending - based on payment files







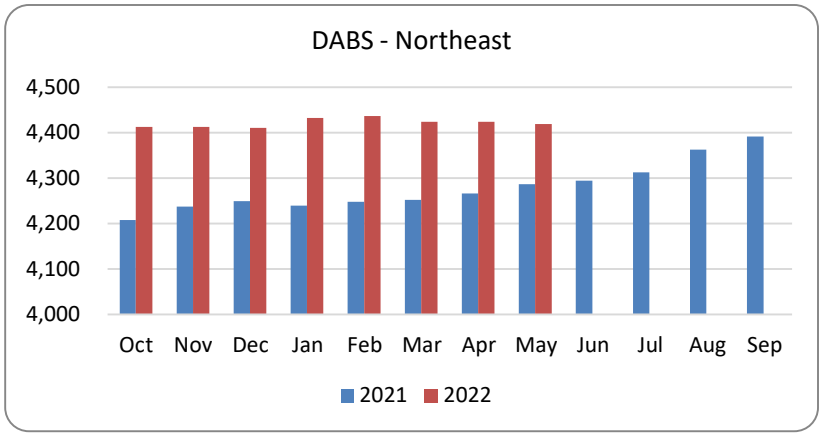


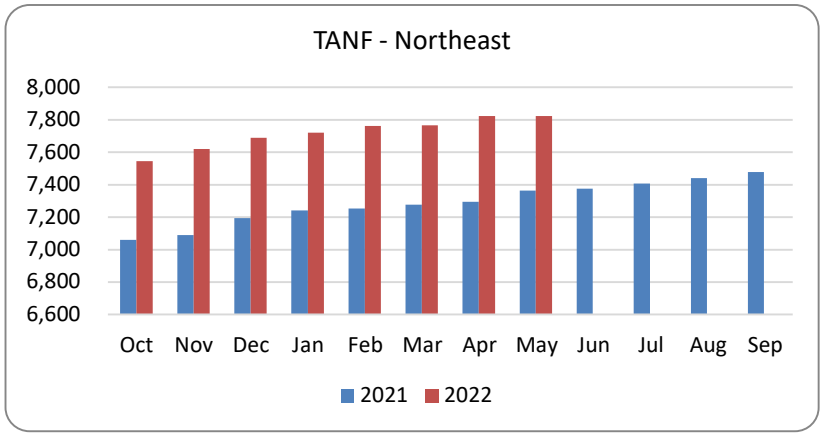
Northern Michigan Regional Entity

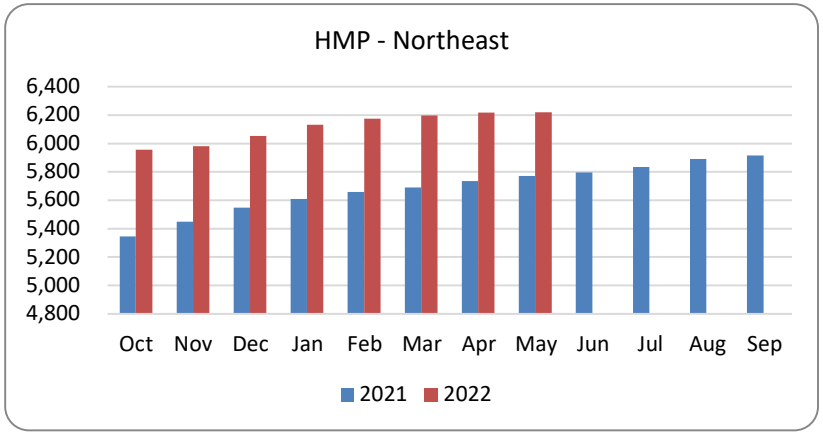
Narrative

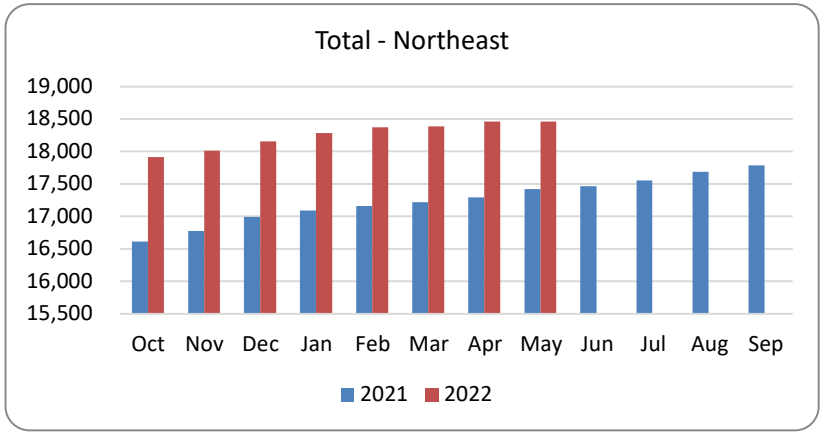
October 1, 2021 through May 31, 2022

Northeast Eligible Trending - based on payment files







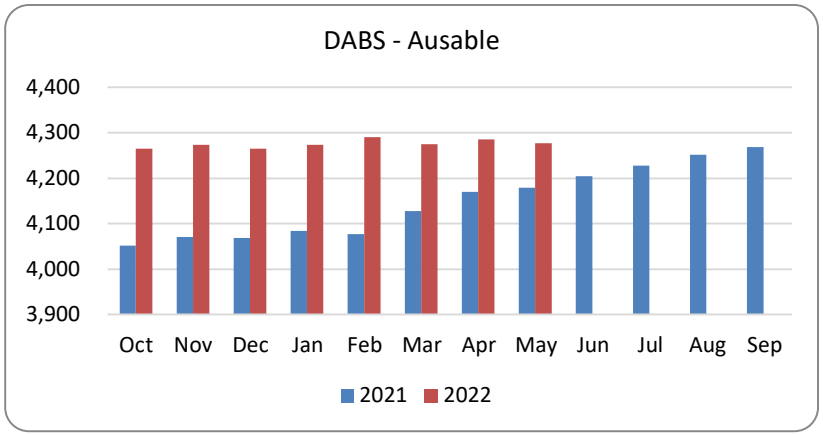


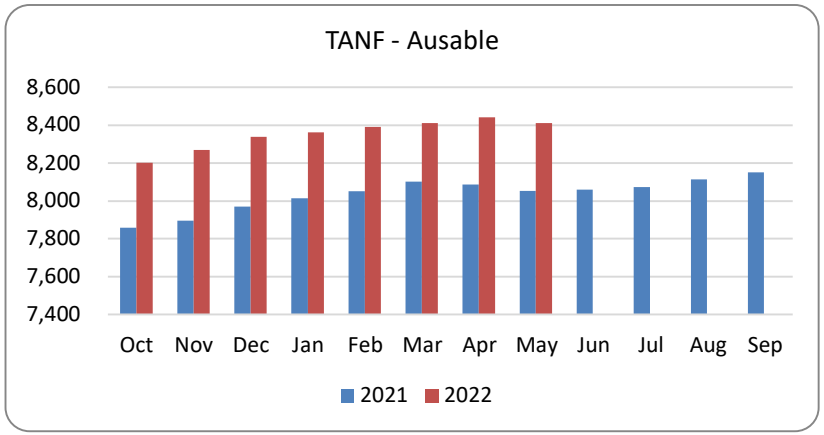
Northern Michigan Regional Entity

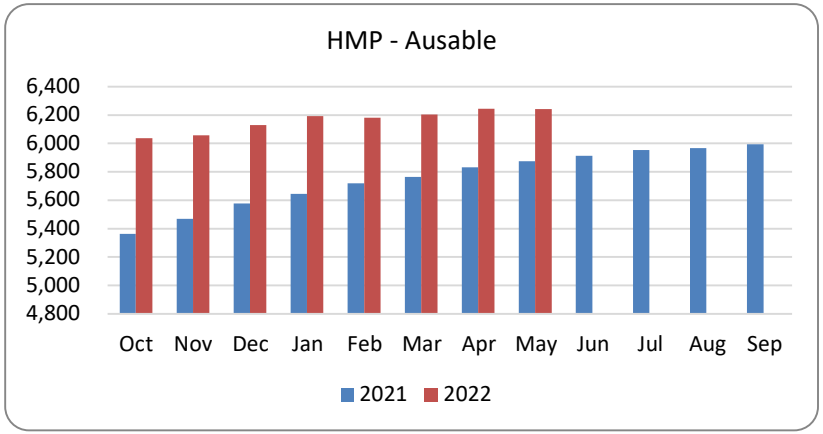
Narrative

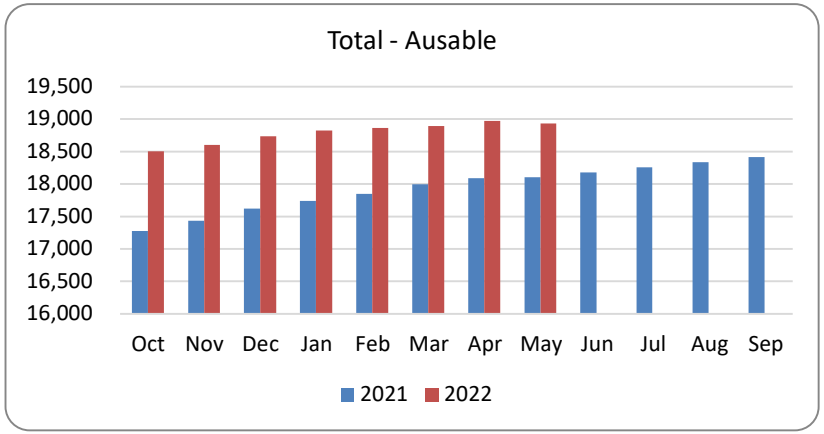
October 1, 2021 through May 31, 2022

Ausable Valley Eligibles Trending - based on payment files







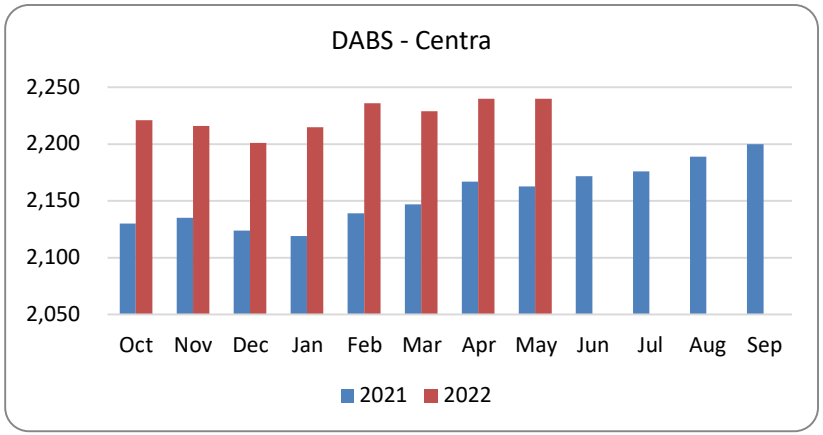


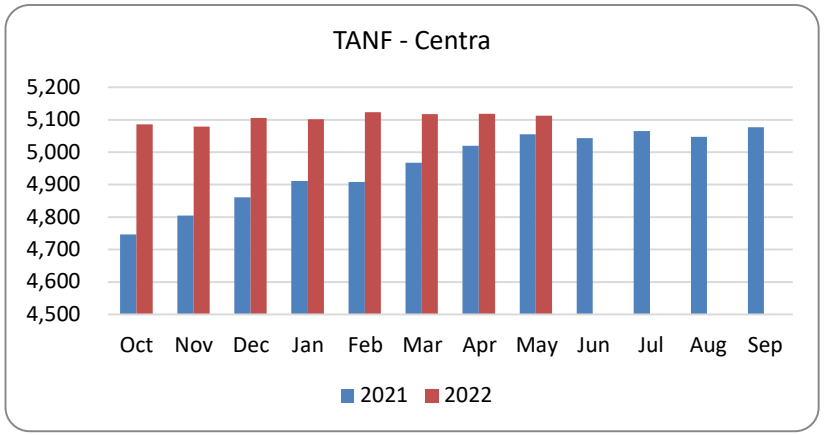
Northern Michigan Regional Entity

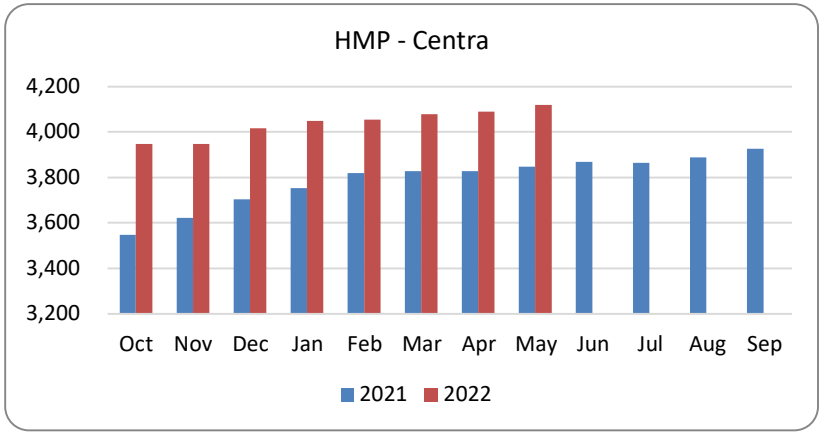
Narrative

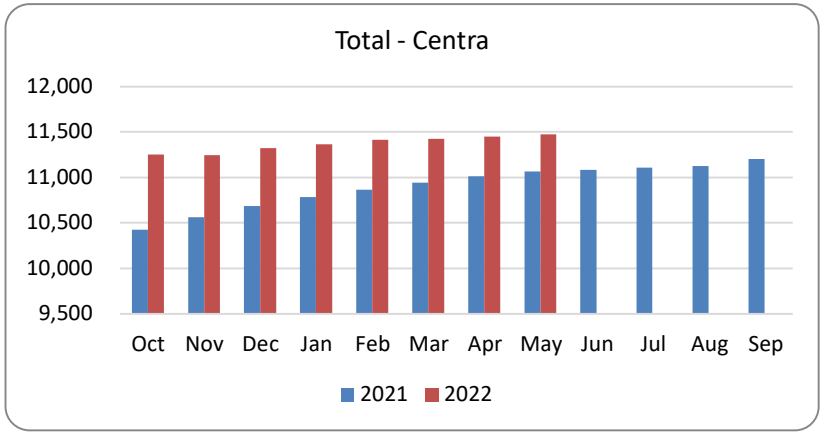
October 1, 2021 through May 31, 2022

Centra Wellness Eligibles Trending - based on payment files







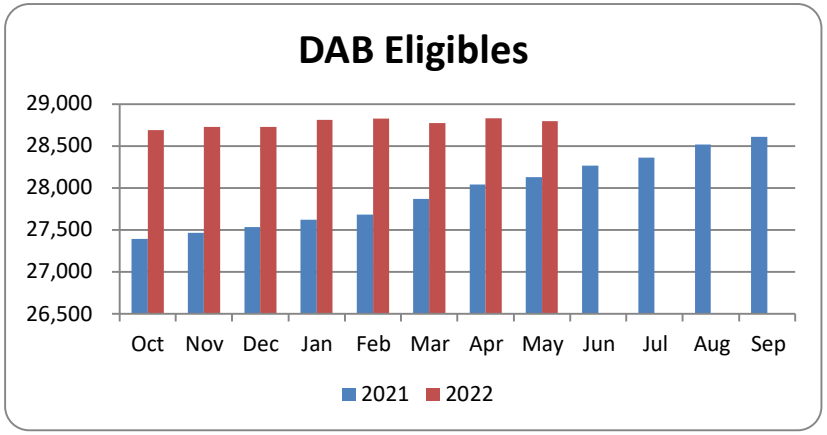


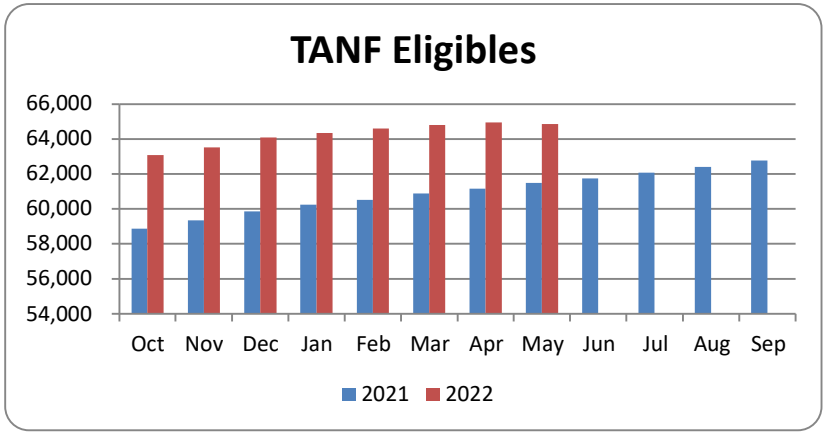
Northern Michigan Regional Entity

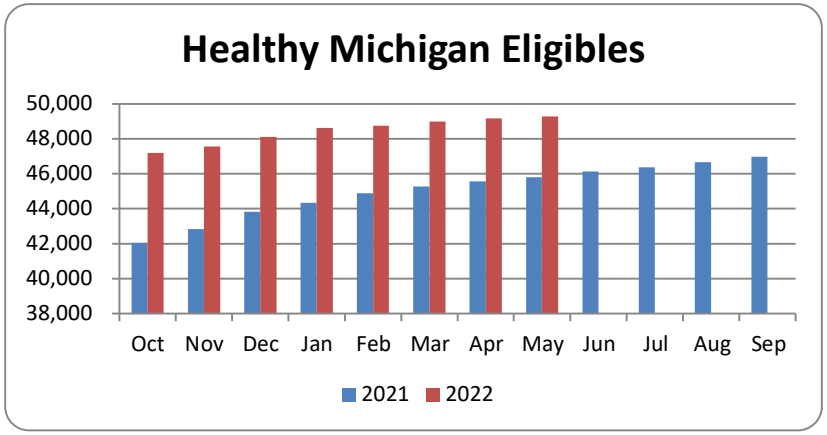
Narrative

October 1, 2021 through May 31, 2022

Regional Eligible Trending





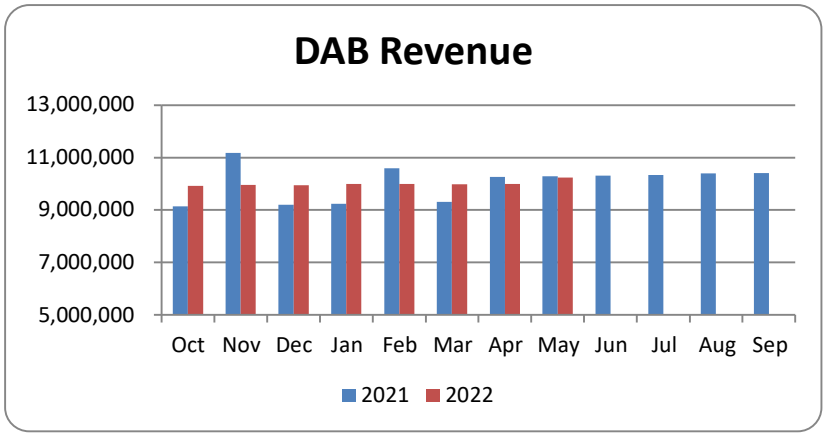


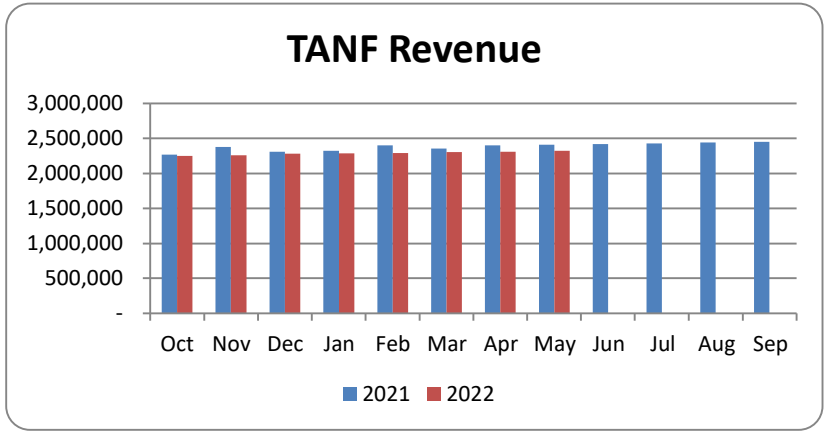
Northern Michigan Regional Entity

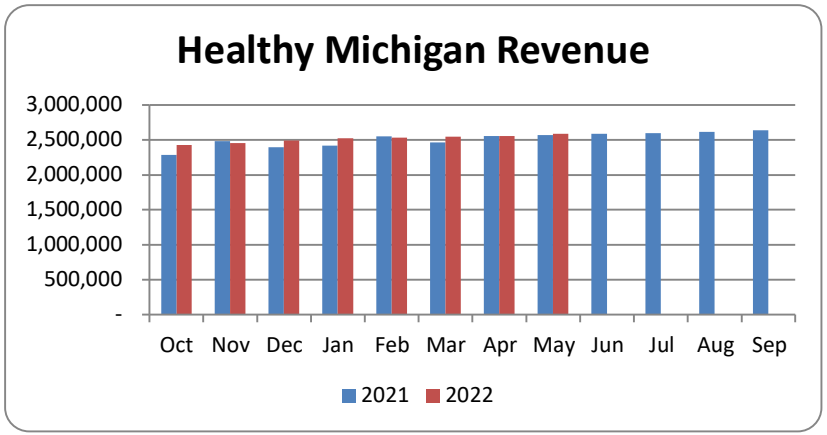
Narrative

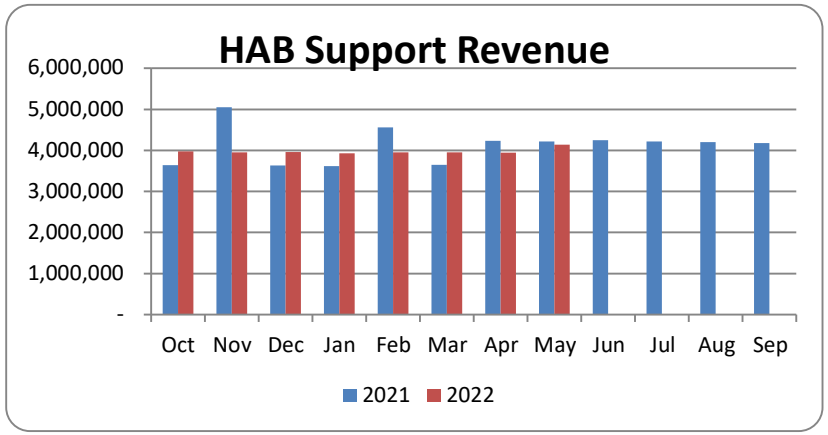
October 1, 2021 through May 31, 2022

Regional Revenue Trending









FY23 Projected PMPM

			28	24	4	35	51		
	NMRE - SUD	NL	NC	NE	AV	CW	Total	Calculations Based on PMPM
FY21 PMPM	4,475,038	63,662,834	53,104,505	31,986,283	26,459,511	16,641,575	196,329,746	Medicaid PMPM
	10,192,504	7,132,690	5,904,370	2,423,399	2,444,048	1,643,004	29,740,016	HMP PMPM
	14,667,542	70,795,525	59,008,875	34,409,682	28,903,559	18,284,580	226,069,762	

FY22	NMRE - SUD	NL	NC	NE	AV	CW	Total	
Medicaid								
Thru - June 2022	3,500,547	46,978,678	38,886,963	23,718,726	19,468,829	12,340,536	144,894,279	
Est - July 2022	403,680	5,382,872	4,468,879	2,696,211	2,268,452	1,421,049	16,641,143	
Est - August 2022	403,680	5,382,872	4,468,879	2,696,211	2,268,452	1,421,049	16,641,143	
Est - Sept 2022	403,680	5,382,872	4,468,879	2,696,211	2,268,452	1,421,049	16,641,143	
HMP								
Thru - June 2022	8,400,059	5,062,941	4,222,002	1,728,378	1,728,606	1,164,909	22,306,895	
Est - July 2022	968,193	576,300	488,301	197,986	199,337	133,842	2,563,959	
Est - August 2022	968,193	576,300	488,301	197,986	199,337	133,842	2,563,959	
Est - Sept 2022	968,193	576,300	488,301	197,986	199,337	133,842	2,563,959	
FY22 Projected PMPM	16,016,227	69,919,135	57,980,505	34,129,695	28,600,802	18,170,118	224,816,482	
Adjustments to FY23 PMPM								
DCW Surplus	(658,804)	(2,391,142)	(977,193)	(1,157,587)	(1,309,564)	(638,187)	(7,132,477)	
FY23 Projected Rate Decrease	-	(3,006,523)	(2,493,162)	(1,467,577)	(1,229,835)	(781,315)	(8,978,411)	4.30%
FY23 Eligibles - projected increase	63,262	276,173	229,017	134,808	112,970	71,770	888,000	888,000
Total Projected FY23 PMPM	**15,420,685**	**64,797,643**	**54,739,167**	**31,639,340**	**26,174,374**	**16,822,386**	**209,593,594**	
FY22 Carryforward	1,070,530	5,167,105	4,306,841	2,511,436	2,109,564	1,334,524	16,500,000	16,500,000
FY23 Projected PMPM - for Budgeting	**16,491,215**	**69,964,748**	**59,046,008**	**34,150,776**	**28,283,938**	**18,156,910**	**226,093,594**	

NORTHERN MICHIGAN REGIONAL ENTITY
OPERATIONS COMMITTEE MEETING
9:30AM – JULY 19, 2022
GAYLORD CONFERENCE ROOM

ATTENDEES:	**Brian Babbitt, Joanie Blamer, Chip Johnston, Eric Kurtz, Diane Pelts, Nena Sork, Carol Balousek**

REVIEW AGENDA & ADDITIONS

Mr. Kurtz added MDHHS-PIHP Contract Change Order No.5 and FSR Workgroup representation to the meeting Agenda. Ms. Pelts added Carter Kits delivery.

APPROVAL OF PREVIOUS MINUTES

The minutes from June 21st were included in the meeting materials.

MOTION BY DIANE PELTS TO APPROVE THE MINUTES OF THE JUNE 21, 2022 NORTHERN MICHIGAN REGIONAL ENTITY OPERATIONS COMMITTEE MEETING; SUPPORT BY NENA SORK. MOTION APPROVED BY CONSENSUS.

GRAND TRAVERSE COUNTY AND NORTHERN LAKES

Ms. Blamer stated that Wexford Administrator, Joe Porterfield and County Commission Chair, Gary Taylor, attended the recent "special meeting" of the Grand Traverse County Board of Commissioners during which two Members of the Northern Lakes CMHA Board were removed. The County cited violations of the Michigan Mental Health Code as the cause for Nicole Miller and Justin Reed to be removed; during the meeting, additional clarification/proof was requested but not provided. Ms. Blamer noted that this topic is on the Agenda for the July 21st Northern Lakes Board meeting. Mr. Kurtz emphasized that dismantling Northern Lakes is an issue that affects all 21 counties in the region, not just Northern Lakes' six.

Ms. Blamer added that a motion to rescind her CEO offer is also on the July 21st Board meeting Agenda. Northern Lakes Board is reviewing governance models; it is likely that a Board Finance Committee (among others) will be recommended. It was noted that liquor tax dollars can be requested to pay for co-occurring services in county jails.

FINANCE COMMITTEE AND RELATED

May Financials

- Net Position showed net surplus Medicaid and HMP of $11,641,930. Medicaid carry forward was reported as $16,358,117. The total Medicaid and HMP Current Year Surplus was reported as $28,000,047. Medicaid and HMP combined ISF was reported as $16,358,117; the total Medicaid and HMP net surplus, including carry forward and ISF was reported as $44,358,164.
- Traditional Medicaid showed $133,699,812 in revenue, and $121,972,015 in expenses, resulting in a net surplus of $11,727,797. Medicaid ISF was reported as $9,298,368 based on the unaudited FSR. Medicaid Savings was reported as $11,296,867.
- Healthy Michigan Plan showed $21,158,296 in revenue, and $17,083,552 in expenses, resulting in a net surplus of $4,074,744. HMP ISF was reported as $7,059,749 based on the unaudited FSR. HMP savings was reported as $5,061,250.

- Health Home showed $990,032 in revenue, and $783,025 in expenses, resulting in a net surplus of $207,007.
- SUD showed all funding source revenue of $16,726,785, and $13,980,108 in expenses, resulting in a net surplus of $2,746,677. Total PA2 funds were reported as $5,433,618.

The direct care wage surplus was estimated at $4,160,611.

MOTION BY JOANIE BLAMER TO RECOMMEND APPROVAL OF THE NORTHERN MICHIGAN REGIONAL ENTITY MONTHLY FINANCIAL REPORT FOR MAY 2022; SUPPORT BY DIANE PELTS. MOTION APPROVED BY CONSENSUS.

Projected FY23 PM/PM
FY23 preliminary revenue projections were included in the meeting materials.

	AuSable Valley	Centra Wellness	North Country	Northeast Michigan	Northern Lakes
FY23 Total PMPM	$26,174,374	$16,822,386	$54,739,167	$31,639,340	$64,797,643
FY22 Carry forward	$2,109,564	$1,334,524	$4,306,841	$2,511,436	$5,167,105
FY23 Projections	**$28,283,938**	**$18,156,910**	**$59,046,008**	**$34,150,776**	**$69,964,748**

Rates for FY23 showed a 4.3% reduction for Region 2; Milliman added a 6% increase in eligibility through FY23. SUD does not anticipate a rate decrease. The $16.5M in FY22 carryforward distribution was shown in the FY23 budgets. If these funds are not fully spent, a lapse in FY23 is likely.

It was noted that the PHE was extended for an additional 90 days on July 15th (October 13th).

FY22 Budget Stabilization
Provider stabilization payment requests continue to come in. Ms. Pelts reminded the group of Joe Stone's request to have spending plans established early in the year. Ms. Sork commented that Northeast Michigan generally creates a spending plan in October, which is reviewed quarterly. Ms. Pelts stressed the need to target spending toward consumers when able. Ms. Sork noted that recent purchases benefiting consumers have included bikes (manual and electric), standing gardens, gym equipment. It was noted that Northeast Michigan has engaged Recruiter Nicole Keyes, who has been very effective in securing much needed staff.

FSR Workgroup Representative
Mr. Kurtz stated that a CMHSP representative is needed to join Deanna Yockey on a stateside FSR workgroup. Donna Nieman from Centra Wellness volunteered to participate; the Boards supported her appointment.

CRISIS RESIDENTIAL CAPACITY
During discussions about opening a Crisis Residential facility in Gaylord, Dr. Ibrahim has requested some capacity assurances from the region. The North Shores crisis stabilization unit in Oscoda averages a census 4.5 people. The concern is that adding 6 beds in Gaylord and 6 in Traverse City will be more than the region can sustain. The Boards confirmed that they can keep the beds filled provided that rates are reasonable. Ms. Blamer shared that Northern Lakes

received $3M congressional dollars from the State to support the Crisis Welcoming Center becoming a future CSU with units for both adult and youth populations.

1915(i)
Mr. Kurtz indicated that numerous discussions have occurred throughout the state regarding the 1915(i) SPA October 1st implementation. Conflict-Free Case Management seems to be muddling up the actual enrollment discussions when they are two separate issues. PIHPs are tasked with eligibility determination and enrollment in the benefit. The State is planning a mass transition sometime in FY23. Mr. Kurtz has a meeting schedule with Jill Gerrie from the Arc Michigan and others to discuss some of assessments required in the enrolment process.

BHH
It was noted that a regional meeting on the Behavioral Health Home is needed. NMRE will coordinate the date and location with a target of early September.

NMRE STAFF REASSIGNMENTS
Mr. Kurtz announced that the NMRE is losing its Customer Services Specialist and Waiver Coordinator. The HAB Waiver function will be moving to Bea Arsenov, Manager of Access and Health Home Services. The customer services position will be upgraded and posted.

MDHHS-PIHP CONTRACT CHANGE ORDER NO.5
Change Order No. 5 to the MDHHS-PIHP Contract was distributed and reviewed on this date. Change Order No.6 is anticipated which will correct Change Order No.5 relative to the Performance Bonus Incentive Section.

MOTION BY NENA SORK TO RECOMMEND APPROVAL OF CHANGE ORDER NUMBER FIVE (NO.5) TO THE CONTRACT BETWEEN THE MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES AND THE NORTHERN MICHIGAN REGIONAL ENTITY; SUPPORT BY DIANE PELTS. MOTION APPROVED BY CONSENSUS.

CARTER KITS DELIVERY
Ms. Pelts reminded the Boards that delivery of the remaining Carter Kits is scheduled for July 20th. The need to train individuals and organizations on the uses and benefits of the kits was stressed.

OTHER
Ms. Pelts noted that she has observed an increase in consumer outings taking place out of catchment. She requested policies from the other Boards regarding consumer travel as it relates to making progress toward goals.

NEXT MEETING
The next meeting was scheduled for August 16th at 9:30AM.

NORTHERN MICHIGAN REGIONAL ENTITY
SUBSTANCE USE DISORDER OVERSIGHT BOARD MEETING
10:00AM – JULY 11, 2022
GAYLORD CONFERENCE ROOM

ATTENDEES:	**Carolyn Brummund (Alcona), Robert Adrian (Alpena), Robert Draves (Charlevoix), John Wallace (Cheboygan), Terry Newton (Emmet), Dave Freedman (Grand Traverse), Jay O'Farrell (Iosco), Richard Schmidt (Manistee), Ron Quackenbush (Ogemaw), Chuck Varner (Oscoda), Doug Johnson (Otsego), Terry Larson (Presque Isle), Tim Muckenthaler (Roscommon), Gary Taylor (Wexford)**
VIRTUAL ATTENDEES:	**Melissa Zelenak (Antrim), Greg McMorrow (Leelanau),**
ABSENT:	**Tim Markey (Benzie), Sherry Powers (Crawford), David Comai (Kalkaska), Roger Frye (Montmorency)**
STAFF:	**Jodie Balhorn, Eric Kurtz, Pamela Polom, Sara Sircely, Denise Switzer, Carol Balousek**
PUBLIC:	**Krysteena Burfield, Jim Carruthers, Chip Cieslinski, Nichole Flickema, Angie Gullekson, Donna Hardies, Chris Hindbaugh, Paula Lipinski, Stanton Lorenz, Jeff O'Brien, Suzanne Prentice, Susan Pulaski, Lauren Reed, Tim Sciba, Kara Steinke, Sharon Vreeland, Sue Winter, Susan Wojtkowiak**

CALL TO ORDER
Let the record show that Ms. Brummund called the meeting to order at 10:00AM.

ROLL CALL
Let the record show that David Comai, Roger Frye, Tim Markey, and Sherry Powers were absent for the meeting on this date; all remaining Substance Use Disorder Oversight Board Members were in attendance either in Gaylord or remotely.

PLEDGE OF ALLEGIANCE
Let the record show that the Pledge of Allegiance was recited as a group.

APPROVAL OF PAST MINUTES
The May 9, 2022 minutes were included in the materials for the meeting on this date.

MOTION BY TERRY NEWTON TO APPROVE THE MINUTES OF THE NORTHERN MICHIGAN REGIONAL ENTITY SUBSTANCE USE DISORDER OVERSIGHT BOARD FOR MAY 9, 2022; SUPPORT BY RICHARD SCHMIDT. MOTION CARRIED.

APPROVAL OF AGENDA
Let the record show that no additions or revisions to the meeting Agenda were proposed.

MOTION BY RON QUACKENBUSH TO APPROVE THE AGENDA FOR THE JULY 11, 2022 MEETING OF THE NORTHERN MICHIGAN REGIONAL ENTITY SUBSTANCE USE DISORDER OVERSIGHT BOARD; SUPPORT BY TERRY NEWTON. MOTION CARRIED.

CORRESPONDENCE
Let the record show that there was no correspondence to discuss during the meeting on this date.

ANNOUNCEMENTS
Let the record show that it was announced that the IRS reimbursable mileage rate increased to $0.625 per mile effective July 1, 2022.

ACKNOWLEDGEMENT OF CONFLICT OF INTEREST
Let the record show that Ms. Brummund called for any conflicts of interest to any of the meeting agenda items. Mr. Freedman disclosed that he is a member of the Grand Traverse County Drug Free Coalition Board of Directors and the Leelanau County Substance Abuse Prevention Coalition.

INFORMATIONAL REPORTS
Admissions
The admissions report through May 31, 2022 was included in the materials for the meeting on this date. Overall admissions were down 9% from May of 2021. The data showed that outpatient was the highest level of treatment admissions at 51.19%, and alcohol was the most prevalent primary substance at 52.71% (heroin was second at 15.48%). Sara Sircely noted that methamphetamine use is rising throughout the region reported as 14.94% vs. 12.74% in FY21.

Finance
April 2022 Monthly Report
SUD services through April 30, 2022 showed all funding source revenue of $14,223,951 and $11,886,588 in expenses, resulting in a net surplus of $2,337,363. Total PA2 funds were reported as $5,241,696.

RECOMMENDATION ITEMS
FY23 Liquor Tax Request Summary
A revised liquor tax request summary report was distributed on this date. The report included a summary of fund balances by county.

FY23 Liquor Tax Request Recommendations
A summary of the liquor tax requests on the Agenda for review and approval on this date, including NMRE staff recommendations, was included in the meeting materials.

PA2 Fund Use Requests
1) Addiction Treatment Services – Providing Opportunities for Recovery and Community Health (PORCH)

   Grand Traverse $ 518,950.00

   The recommendation by NMRE was to approve all but the outdoor gym ($48,950). The county split will be based on population. A potential 15% reduction may be warranted due to county fund balances; if funds are available, the full amount will be paid.

MOTION BY TERRY NEWTON TO APPROVE THE REQUEST FROM ADDICTION TREATMENT SERVICES FOR LIQUOR TAX DOLLARS IN THE AMOUNT OF FOUR HUNDRED SEVENTY THOUSAND DOLLARS ($470,000.00) TO PROMOTE RECOVERY AND COMMUNITY HEALTH IN GRAND TRAVERSE COUNTY; SUPPORT BY DAVID FREEDMAN. ROLL CALL VOTE.

"Yea" Votes: **R. Adrian, C. Brummund, R. Draves, D. Freedman, D. Johnson, T. Larson, T. Muckenthaler, T. Newton, J. O'Farrell, R. Quackenbush, R. Schmidt, G. Taylor, C. Varner, J. Wallace**

"Nay" Votes: **Nil**

MOTION CARRIED.

2) Catholic Human Services – Post Overdose Response and Project ASSERT

The recommendation by NMRE was to approve, noting that grant funding will be utilized if available.

Alcona	$	32,093.00
Alpena	$	88,245.68
Iosco	$	78,014.12
Montmorency	$	28,679.38
Ogemaw	$	65,051.04
Oscoda	$	25,693.62
Presque Isle	$	39,658.16
Total	$	**357,435.00**

It was noted that Catholic Human Services is locked into the Michigan Catholic Conference benefit package; anyone working over 20 hours per week is entitled to benefits including health/dental insurance, pension, short-term disability, and long-term disability. Salaries are lowered to offset these costs.

MOTION BY RON QUACKENBUSH TO APPROVE THE REQUEST FROM CATHOLIC HUMAN SERVICES FOR LIQUOR TAX FUNDS IN THE AMOUNT OF THREE HUNDRED FIFTY-SEVEN THOUSAND FOUR HUNDRED THIRTY-FIVE DOLLARS ($357,435.00) TO SUPPORT POST OVERDOSE RESPONSE AND ALCOHOL AND SUBSTANCE USE DISORDER SERVICES, EDUCATION, AND REFERRAL TO TREATMENT (PROJECT ASSERT) IN THE COUNTIES OF ALCONA, ALPENA, IOSCO, MONTMORENCY, OGEMAW, OSCODA, AND PRESQUE ISLE; SUPPORT BY TERRY NEWTON. ROLL CALL VOTE.

"Yea" Votes: **R. Adrian, C. Brummund, R. Draves, D. Freedman, D. Johnson, T. Larson, T. Muckenthaler, T. Newton, J. O'Farrell, R. Quackenbush, R. Schmidt, G. Taylor, C. Varner, J. Wallace**

"Nay" Votes: **Nil**

MOTION CARRIED.

3) District Health Department 10 – Deterra Disposal and Medication Lock Box Project

The recommendation by NMRE was to approve.

Missaukee		$	2,796.16
Wexford		$	6,203.84
	Total	**$**	**9,000.00**

MOTION BY TERRY NEWTON TO APPROVE THE REQUEST FROM DISTRICT HEALTH DEPARTMENT TEN (10) FOR LIQUOR TAX FUNDS IN THE AMOUNT OF NINE THOUSAND DOLLARS ($9,000.00) TO SUPPORT THE DETERRA MEDICATION DISPOSAL PROJECT IN THE COUNTIES OF MISSAUKEE AND WEXFORD; SUPPORT BY JOHN WALLACE. ROLL CALL VOTE.

"Yea" Votes: **R. Adrian, C. Brummund, R. Draves, D. Freedman, D. Johnson, T. Larson, T. Muckenthaler, T. Newton, J. O'Farrell, R. Quackenbush, R. Schmidt, G. Taylor, C. Varner, J. Wallace**

"Nay" Votes: **Nil**

MOTION CARRIED.

4) Catholic Human Services/Generations Ahead – Teen Parent Substance Use Prevention

The recommendation by NMRE was to approve. A potential 15% reduction may be warranted due to county fund balances; if funds are available, the full amount will be paid.

Grand Traverse	$	85,068.00

MOTION BY CHUCK VARNER TO APPROVE THE REQUEST FROM CATHOLIC HUMAN SERVICES FOR LIQUOR TAX FUNDS IN THE AMOUNT EIGHTY FIVE THOUSAND SIXTY EIGHT DOLLARS ($85,068.00) TO EXPAND THE GENERATIONS AHEAD PROGRAM TARGETING THE PREVENTION AND REDUCTION OF SUBSTANCE USE IN YOUNG PARENTS IN GRAND TRAVERSE COUNTY; SUPPORT BY DOUG JOHNSON. ROLL CALL VOTE.

"Yea" Votes: **R. Adrian, C. Brummund, R. Draves, D. Freedman, D. Johnson, T. Larson, T. Muckenthaler, T. Newton, J. O'Farrell, R. Quackenbush, R. Schmidt, G. Taylor, C. Varner, J. Wallace**

"Nay" Votes: **Nil**

MOTION CARRIED.

5) NMSAS Recovery Center – Peer Recovery Supports Program

All NMRE Counties	$	216,000.00

The recommendation by NMRE was to approve. The county split will be based on population.

MOTION BY TERRY NEWTON TO APPROVE THE REQUEST FROM NORTHERN MICHIGAN SUBSTANCE ABUSE SERVICES (NMSAS) RECOVERY CENTER FOR LIQUOR TAX DOLLARS FROM ALL TWENTY-ONE COUNTIES IN THE REGION IN THE AMOUNT OF TWO HUNDRED SIXTEEN THOUSAND DOLLARS ($216,000.00) TO SUPPORT THE PEER RECOVERY SUPPORTS PROGRAM; SUPPORT BY GARY TAYLOR. ROLL CALL VOTE.

"Yea" Votes: **R. Adrian, C. Brummund, R. Draves, D. Freedman, D. Johnson, T. Larson, T. Muckenthaler, T. Newton, J. O'Farrell, R. Quackenbush, R. Schmidt, G. Taylor, C. Varner, J. Wallace**

"Nay" Votes: **Nil**

MOTION CARRIED.

6) Catholic Human Services – Dann's House

Grand Traverse	$	50,000.00

The recommendation by NMRE was to approve. A potential 15% reduction may be warranted due to county fund balances; if funds are available, the full amount will be paid.

MOTION BY TERRY NEWTON TO APPROVE THE REQUEST FROM CATHOLIC HUMAN SERVICES FOR LIQUOR TAX FUNDS IN THE AMOUNT FIFTY THOUSAND DOLLARS ($50,000.00) TO SUPPORT DANN'S HOUSE RECOVERY HOUSING IN GRAND TRAVERSE COUNTY; SUPPORT BY DAVID FREEDMAN. ROLL CALL VOTE.

"Yea" Votes: **R. Adrian, C. Brummund, R. Draves, D. Freedman, D. Johnson, T. Larson, T. Muckenthaler, T. Newton, J. O'Farrell, R. Quackenbush, R. Schmidt, G. Taylor, C. Varner, J. Wallace**

"Nay" Votes: **Nil**

MOTION CARRIED.

7) Catholic Human Services/ Substance Free Coalition of Northwest Michigan – Opioid Use Prevention and Medication Safety Campaign

Grand Traverse		$	106,139.19
Kalkaska		$	20,386.88
Leelanau		$	25,037.92
	Total	$	**151,564.00**

The recommendation by NMRE was to approve. A potential 15% reduction may be warranted for Grand Traverse County due to county fund balances; if funds are available, the full amount will be paid.

MOTION BY ROBERT DRAVES TO APPROVE THE REQUEST FROM CATHOLIC HUMAN SERVICES AND THE SUBSTANCE FREE COALITION OF NORTHWEST MICHIGAN FOR LIQUOR TAX FUNDS IN THE AMOUNT OF ONE HUNDRED FIFTY-ONE THOUSAND FIVE HUNDRED SIXTY-FOUR DOLLARS ($151,564.00) TO CONTINUE THE OPIOID USE PREVENTION AND MEDICATION SAFETY MEDIA CAMPAIGNS IN THE COUNTIES OF GRAND TRAVERSE, KALKASKA, AND LEELANAU; SUPPORT BY DOUG JOHNSON. ROLL CALL VOTE.

"Yea" Votes: **R. Adrian, C. Brummund, R. Draves, D. Freedman, D. Johnson, T. Larson, T. Muckenthaler, T. Newton, J. O'Farrell, R. Quackenbush, R. Schmidt, G. Taylor, C. Varner, J. Wallace**

"Nay" Votes: **Nil**

MOTION CARRIED.

8) Catholic Human Services – Peer Project with Dr. Best

Grand Traverse	$	37,690.00

The recommendation by NMRE was to approve. A potential 15% reduction may be warranted due to county fund balances; if funds are available, the full amount will be paid.

MOTION BY DOUG JOHNSON TO APPROVE THE REQUEST FROM CATHOLIC HUMAN SERVICES FOR LIQUOR TAX FUNDS IN THE AMOUNT OF THIRTY-SEVEN THOUSAND SIX HUNDRED NINETY DOLLARS ($37,690.00) TO CONTINUE COLLABORATING WITH DOCTOR DAVID BEST TO PROVIDE SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT SERVICES IN GRAND TRAVERSE COUNTY; SUPPORT BY GARY TAYLOR. ROLL CALL VOTE.

"Yea" Votes: **R. Adrian, C. Brummund, R. Draves, D. Freedman, D. Johnson, T. Larson, T. Muckenthaler, T. Newton, J. O'Farrell, R. Quackenbush, R. Schmidt, G. Taylor, C. Varner, J. Wallace**

"Nay" Votes: **Nil**

MOTION CARRIED.

9) Catholic Human Services/Leelanau County Family Coordinating Council – Leelanau County Youth Prevention

Leelanau	$	64,900.00

The recommendation by NMRE was to approve.

MOTION BY CHUCK VARNER TO APPROVE THE REQUEST FROM CATHOLIC HUMAN SERVICES AND THE LEELANAU COUNTY FAMILY COORDINATING COUNCIL FOR LIQUOR TAX FUNDS IN THE AMOUNT OF SIXTY-FOUR THOUSAND NINE HUNDRED DOLLARS ($64,900.00) TO CONTINUE YOUTH PREVENTION PROGRAMMING IN LEELANAU COUNTY; SUPPORT BY TERRY NEWTON. ROLL CALL VOTE.

"Yea" Votes: **R. Adrian, C. Brummund, R. Draves, D. Johnson, T. Larson, T. Muckenthaler, T. Newton, J. O'Farrell, R. Quackenbush, R. Schmidt, G. Taylor, C. Varner, J. Wallace**

"Nay" Votes: **Nil**

Abstentions: **D. Freedman**

MOTION CARRIED.

10) Northern Lakes Community Mental Health Authority – Juvenile Diversion Program

Grand Traverse	$	239,070.00

The recommendation by NMRE was to approve. A potential 15% reduction may be warranted due to county fund balances; if funds are available, the full amount will be paid.

MOTION BY JOHN WALLACE TO APPROVE THE REQUEST FROM NORTHERN LAKES COMMUNITY MENTAL HEALTH AUTHORITY FOR LIQUOR TAX FUNDS IN THE AMOUNT OF TWO HUNDRED THIRTY-NINE THOUSAND SEVENTY DOLLARS ($239,070.00) TO CONTINUE THE JUVENILE DIVERSION PROGRAM IN GRAND TRAVERSE COUNTY; SUPPORT BY RON QUACKENBUSH. ROLL CALL VOTE.

"Yea" Votes: **R. Adrian, C. Brummund, R. Draves, D. Freedman, D. Johnson, T. Larson, T. Muckenthaler, T. Newton, J. O'Farrell, R. Quackenbush, R. Schmidt, G. Taylor, C. Varner, J. Wallace**

"Nay" Votes: **Nil**

MOTION CARRIED.

11) Catholic Human Services – Peer Recovery Project

Alcona	$	8,545.85
Alpena	$	23,498.45
Benzie	$	14,508.40
Crawford	$	11,481.73
Grand Traverse	$	75,796.57
Manistee	$	20,167.12
Montmorency	$	7,167.12
Ogemaw	$	17,322.08
Otsego	$	20,258.76
Presque Isle	$	10,560.35
Roscommon	$	19,727.90
Wexford	$	27,472.92
Total	$	**$397,951**

The recommendation by NMRE was to approve, noting that grant funding will be utilized if available. A potential 15% reduction may be warranted for Grand Traverse County and a potential 11% reduction may be warranted for Otsego County due to county fund balances; if funds are available, the full amount will be paid.

MOTION BY RON QUACKENBUSH TO APPROVE THE REQUEST FROM CATHOLIC HUMAN SERVICES FOR LIQUOR TAX FUNDS IN THE AMOUNT OF THREE HUNDRED NINETY-SEVEN NINE HUNDRED FIFTY-ONE DOLLARS ($397,951.00) TO SUPPORT THE PEER RECOVERY PROGRAMS IN THE COUNTIES OF ALCONA, ALPENA, BENZIE, CRAWFORD, GRAND TRAVERSE, MANISTEE, MONTMORENCY OGEMAW, OTSEGO, PRESQUE ISLE, ROSCOMMON, AND WEXFORD; SUPPORT BY TERRY NEWTON.

Mr. Schmidt requested that Benzie and Manistee Counties be removed from the request as approval would jeopardize county fund balances. Mr. Muckenthaler suggested bringing the request back for review and recommendation in September when an updated calculation of county fund balances may be available.

MOTION BY DAVID FREEDMAN TO TABLE APPROVAL OF MR. QUACKENBUSH'S MOTION UNTIL THE SEPTEMBER MEETING; SUPPORT BY TERRY NEWTON. MOTION APPROVED BY CONSENSUS.

12) Health Department of Northwest Michigan – RISE Otsego Substance Free Coalition

Otsego	$	70,822

The recommendation by NMRE was to approve. A potential 11% reduction may be warranted due to county fund balances; if funds are available, the full amount will be paid.

MOTION BY RON QUACKENBUSH TO APPROVE THE REQUEST FROM THE HEALTH DEPARTMENT OF NORTHWEST MICHIGAN FOR LIQUOR TAX FUNDS IN THE AMOUNT OF SEVENTY THOUSAND EIGHT HUNDRED TWENTY-TWO DOLLARS ($70,822.00) TO SUPPORT THE RISE SUBSTANCE FREE COALITION IN OTSEGO COUNTY; SUPPORT BY GARY TAYLOR. ROLL CALL VOTE.

"Yea" Votes: **R. Adrian, C. Brummund, R. Draves, D. Freedman, D. Johnson, T. Larson, T. Muckenthaler, T. Newton, J. O'Farrell, R. Quackenbush, R. Schmidt, G. Taylor, C. Varner, J. Wallace**

"Nay" Votes: **Nil**

MOTION CARRIED.

13) Health Department of Northwest Michigan – SAFE in Northern Michigan Coalition

Antrim		$	34,967.88
Charlevoix		$	39,242.03
Emmet		$	49,832.08
	Total	$	**124,042.00**

The recommendation by NMRE was to approve.

MOTION BY TERRY NEWTON TO APPROVE THE REQUEST FROM THE HEALTH DEPARTMENT OF NORTHWEST MICHIGAN FOR LIQUOR TAX FUNDS IN THE AMOUNT OF ONE HUNDRED TWENTY-FOUR THOUSAND FORTY-TWO DOLLARS ($124,042.00) TO SUPPORT THE SAFE IN NORTHERN MICHIGAN COALITION IN THE COUNTIES OF ANTRIM, CHARLEVOIX, AND EMMET; SUPPORT BY DOUG JOHNSON. ROLL CALL VOTE.

"Yea" Votes: **R. Adrian, C. Brummund, R. Draves, D. Freedman, D. Johnson, T. Larson, T. Muckenthaler, T. Newton, J. O'Farrell, R. Quackenbush, R. Schmidt, G. Taylor, C. Varner, J. Wallace**

"Nay" Votes: **Nil**

MOTION CARRIED.

14) Catholic Human Services – Cheboygan County Pulling Together Drug Free Coalition

Cheboygan	$	136,084.00

The recommendation by NMRE was to approve. A potential 6% reduction may be warranted due to county fund balances; if funds are available, the full amount will be paid.

MOTION BY JOHN WALLACE TO APPROVE THE REQUEST FROM CATHOLIC HUMAN SERVICES FOR LIQUOR TAX FUNDS IN THE AMOUNT OF ONE HUNDRED THIRTY-SIX THOUSAND EIGHTY-FOUR DOLLARS ($136,084.00) TO SUPPORT THE PULLING TOGETHER DRUG FREE COALITION IN CHEBOYGAN COUNTY; SUPPORT BY TERRY NEWTON. ROLL CALL VOTE.

"Yea" Votes: **R. Adrian, C. Brummund, R. Draves, D. Freedman, D. Johnson, T. Larson, T. Muckenthaler, T. Newton, J. O'Farrell, R. Quackenbush, R. Schmidt, G. Taylor, C. Varner, J. Wallace**

"Nay" Votes: **Nil**

MOTION CARRIED.

15) Catholic Human Services – Iosco Substance Free Coalition

Iosco	$	69,412.00

The recommendation by NMRE was to approve.

MOTION BY JAY O'FARRELL TO APPROVE THE REQUEST FROM CATHOLIC HUMAN SERVICES FOR LIQUOR TAX FUNDS IN THE AMOUNT OF SIXTY-NINE THOUSAND FOUR HUNDRED TWELVE DOLLARS ($69,412.00) TO SUPPORT THE SUBSTANCE FREE COALITION IN IOSCO COUNTY; SUPPORT BY CHUCK VARNER. ROLL CALL VOTE.

"Yea" Votes: **R. Adrian, C. Brummund, R. Draves, D. Freedman, D. Johnson, T. Larson, T. Muckenthaler, T. Newton, J. O'Farrell, R. Quackenbush, R. Schmidt, G. Taylor, C. Varner, J. Wallace**

"Nay" Votes: **Nil**

MOTION CARRIED.

16) Catholic Human Services/Three Lakes Communities that Care – Roscommon County Drug Free Coalition

Roscommon	$	41,329.00

The recommendation by NMRE was to approve.

MOTION BY TIM MUCKENTHALER TO APPROVE THE REQUEST FROM CATHOLIC HUMAN SERVICES AND THREE LAKES COMMUNITIES THAT CARE FOR LIQUOR TAX FUNDS IN THE AMOUNT OF FORTY-ONE THOUSAND THREE HUNDRED TWENTY-NINE DOLLARS ($41,329.00) TO SUPPORT THE DRUG FREE COALITION IN ROSCOMMON COUNTY; SUPPORT BY GARY TAYLOR. ROLL CALL VOTE.

"Yea" Votes: **R. Adrian, C. Brummund, R. Draves, D. Freedman, D. Johnson, T. Larson, T. Muckenthaler, T. Newton, J. O'Farrell, R. Quackenbush, R. Schmidt, G. Taylor, C. Varner, J. Wallace**

"Nay" Votes: **Nil**

MOTION CARRIED.

17) Catholic Human Services – Montmorency County Substance Free Coalition

Montmorency	$	38,381.00

The recommendation by NMRE was to approve the amount of $23,907, noting that grant funding will be utilized if available.

MOTION BY RON QUACKENBUSH TO APPROVE THE REQUEST FROM CATHOLIC HUMAN SERVICES FOR LIQUOR TAX FUNDS IN THE AMOUNT OF TWENTY-THREE THOUSAND NINE HUNDRED SEVEN DOLLARS ($23,907.00) TO SUPPORT THE SUBSTANCE FREE COALITION IN MONTMORENCY COUNTY; SUPPORT BY ROBERT ADRIAN. ROLL CALL VOTE.

"Yea" Votes: **R. Adrian, C. Brummund, R. Draves, D. Freedman, D. Johnson, T. Larson, T. Muckenthaler, T. Newton, J. O'Farrell, R. Quackenbush, R. Schmidt, G. Taylor, C. Varner, J. Wallace**

"Nay" Votes: **Nil**

MOTION CARRIED.

18) Catholic Human Services – Grand Traverse County Drug Free Coalition

Grand Traverse $ 100,681.00

The recommendation by NMRE was to approve. A potential 15% reduction may be warranted due to county fund balances; if funds are available, the full amount will be paid.

MOTION BY DOUG JOHNSON TO APPROVE THE REQUEST FROM CATHOLIC HUMAN SERVICES FOR LIQUOR TAX FUNDS IN THE AMOUNT OF ONE HUNDRED THOUSAND SIX HUNDRED EIGHTY-ONE DOLLARS ($100,681.00) TO SUPPORT THE DRUG FREE COALITION IN GRAND TRAVERSE COUNTY; SUPPORT BY TERRY NEWTON. ROLL CALL VOTE.

"Yea" Votes: **R. Adrian, C. Brummund, R. Draves, D. Johnson, T. Larson, T. Muckenthaler, T. Newton, J. O'Farrell, R. Quackenbush, R. Schmidt, G. Taylor, C. Varner, J. Wallace**

"Nay" Votes: **Nil**

Abstentions: **D. Freedman**

MOTION CARRIED.

19) Catholic Human Services – Live Well Kalkaska Substance Free Coalition

Kalkaska $ 40,735.00

The recommendation by NMRE was to approve.

MOTION BY JOHN WALLACE TO APPROVE THE REQUEST FROM CATHOLIC HUMAN SERVICES FOR LIQUOR TAX FUNDS IN THE AMOUNT OF FORTY THOUSAND SEVEN HUNDRED THIRTY-FIVE DOLLARS ($40,735.00) TO SUPPORT THE LIVE WELL SUBSTANCE FREE COALITION IN KALKASKA COUNTY; SUPPORT BY TERRY NEWTON. ROLL CALL VOTE.

"Yea" Votes: **R. Adrian, C. Brummund, R. Draves, D. Freedman, D. Johnson, T. Larson, T. Muckenthaler, T. Newton, J. O'Farrell, R. Quackenbush, R. Schmidt, G. Taylor, C. Varner, J. Wallace**

"Nay" Votes: **Nil**

MOTION CARRIED.

20) Catholic Human Services – Alpena County Coalition and Prevention

Alpena $ 33,191.00

The recommendation by NMRE was to approve, noting that grant funding will be utilized if available.

MOTION BY ROBERT ADRIAN TO APPROVE THE REQUEST FROM CATHOLIC HUMAN SERVICES FOR LIQUOR TAX FUNDS IN THE AMOUNT OF THIRTY-THREE THOUSAND ONE HUNDRED NINETY-ONE DOLLARS ($33,191.00) TO SUPPORT THE PREVENTION COALITION IN ALPENA COUNTY; SUPPORT BY TERRY NEWTON. ROLL CALL VOTE.

"Yea" Votes: **R. Adrian, C. Brummund, R. Draves, D. Freedman, D. Johnson, T. Larson, T. Muckenthaler, T. Newton, J. O'Farrell, R. Quackenbush, R. Schmidt, G. Taylor, C. Varner, J. Wallace**

"Nay" Votes: **Nil**

MOTION CARRIED.

21) Centra Wellness Network – Bay Area Youth (BAY) Program

Benzie	$	7,370.00

The recommendation by NMRE was to approve.

MOTION BY RICHARD SCHMIDT TO APPROVE THE REQUEST FROM CENTRA WELLNESS NETWORK FOR LIQUOR TAX FUNDS IN THE AMOUNT OF SEVEN THOUSAND THREE HUNDRED SEVENTY DOLLARS ($7,370.00) TO SUPPORT THE BAY AREA YOUTH COALITION IN BENZIE COUNTY; SUPPORT BY DAVID FREEDMAN. ROLL CALL VOTE.

"Yea" Votes: **R. Adrian, C. Brummund, R. Draves, D. Freedman, D. Johnson, T. Larson, T. Muckenthaler, T. Newton, J. O'Farrell, R. Quackenbush, R. Schmidt, G. Taylor, C. Varner, J. Wallace**

"Nay" Votes: **Nil**

MOTION CARRIED.

22) Catholic Human Services – Ogemaw County Drug Free Coalition

Ogemaw	$	49,686.00

The recommendation by NMRE was to approve.

MOTION BY RON QUACKENBUSH TO APPROVE THE REQUEST FROM CATHOLIC HUMAN SERVICES FOR LIQUOR TAX FUNDS IN THE AMOUNT OF FORTY-NINE THOUSAND SIX HUNDRED EIGHTY-SIX DOLLARS (49,686.00) TO SUPPORT THE DRUG FREE COALITION IN OGEMAW COUNTY; SUPPORT BY JAY O'FARRELL. ROLL CALL VOTE.

"Yea" Votes: **R. Adrian, C. Brummund, R. Draves, D. Freedman, D. Johnson, T. Larson, T. Muckenthaler, T. Newton, J. O'Farrell, R. Quackenbush, R. Schmidt, G. Taylor, C. Varner, J. Wallace**

"Nay" Votes: **Nil**

MOTION CARRIED.

Let the record show that the total amount of liquor tax funds recommended for approval on this date was **$2,377,686.**

Prevention RFP
The NMRE conducted a Request for Proposals for FY 23 Prevention Services for seven of the NMRE's 21 counties. The NMRE recommended the following:

County	Provider	Amount Requested
Benzie	**No bids were received for Benzie County*	
Grand Traverse	Catholic Human Services	$119,832
Kalkaska	Catholic Human Services	$21,103
Leelanau	Catholic Human Services	$26,430
Manistee	**No bids were received for Manistee County*	
Missaukee	District Health Department 10	$17,612
Wexford	District Health Department 10	$41,828

Ms. Sircely explained that for Benzie and Manistee counties, the NMRE intends to keep the RFP open in the hopes of working with providers in neighboring counties.

MOTION BY TERRY NEWTON TO APPROVE PREVENTION CONTRACT AWARDS TO CATHOLIC HUMAN SERVICES IN THE AMOUNT OF ONE HUNDRED SIXTY-SEVEN THOUSAND THREE HUNDRED SIXTY-FIVE DOLLARS ($167,365.00) FOR THE COUNTIES OF GRAND TRAVERSE, KALKASKA, AND LEELANAU AND DISTRICT HEALTH DEPARTMENT TEN (10) IN THE AMOUNT OF FIFTY-NINE THOUSAND FOUR HUNDRED FORTY DOLLARS ($59,440.00) FOR THE COUNTIES OF MISSAUKEE AND WEXFORD; SUPPORT BY ROBERT DRAVES. ROLL CALL VOTE.

"Yea" Votes: **R. Adrian, C. Brummund, R. Draves, D. Freedman, D. Johnson, T. Larson, T. Muckenthaler, T. Newton, J. O'Farrell, R. Quackenbush, R. Schmidt, G. Taylor, C. Varner, J. Wallace**

"Nay" Votes: **Nil**

MOTION CARRIED.

PUBLIC COMMENT
Ms. Brummund encouraged attendees to keep Roger Frye in their thoughts.

NEXT MEETING
The next meeting was scheduled for September 12, 2022 at 10:00AM.

ADJOURN
MOTION BY JOHN WALLACE TO ADJOURN THE JULY 11, 2022 MEETING OF THE NORTHERN MICHIGAN REGIONAL ENTITY SUBSTANCE USE DISORDER OVERSIGHT BOARD; SUPPORT BY RON QUACKENBUSH. MOTION CARRIED.

Let the record show that Ms. Brummund adjourned the meeting at 12:09PM.

Northern Michigan Regional Entity
Substance Use Disorder Services
Liquor Tax Requests and Information July 2022 Meeting

FY	2023		
	Requested Amount	Recommended Amount	
Coalition	$ 711,732.99	$ 680,675.38	* Potential $255,000 in grant funding
Dann's House	$ 50,000.00	$ 42,500.00	
Deterra Disposal and Medication Lock Box Project	$ 9,000.00	$ 9,000.00	
FAN Coordinator	$ 36,951.00	$ -	
Generations Ahead Teen Parent Intervention	$ 85,068.00	$ 72,307.80	
Juvenile Justice Diversion Program	$ 239,070.00	$ 203,209.50	
Peer Recovery Support Services	$ 216,000.00	$ 216,000.00	
PORCH	$ 518,950.00	$ 399,500.00	
Post Overdose Response and Project ASSERT	$ 357,435.00	$ 357,435.00	* Potential grant funding
Prevention Services	$ 64,900.00	$ 64,900.00	
SFCNM Opioid Use Prevention and Stigma Reduction Campaign	$ 151,563.99	$ 135,643.11	
Best Medical SBIRT	$ 37,690.00	$ 32,036.50	
Peer Project	$ 356,370.06	$ -	* Potential grant funding
Grand Total	**$ 2,834,731.04**	**$ 2,213,207.29**	

FY	2023				
	One Year Fund Balance	FY23 Projected Starting Fund Balance Plus Revenue	Requested Amount	Recommended Amount	FY23 Projected End Balance (with recommended amounts)
0All		**$ (216,000.00)**	**$ 216,000.00**	**$ 216,000.00**	$ (432,000.00)
Peer Recovery Support Services			$ 216,000.00	$ 216,000.00	
Alcona	**$19,174.50**	**$ 83,683.81**	**$ 32,093.00**	**$ 32,093.00**	$ 51,590.81
Post Overdose Response and Project ASSERT			$ 32,093.00	$ 32,093.00	
Alpena	**$67,280.50**	**$ 290,109.57**	**$ 121,436.68**	**$ 121,436.68**	$ 168,672.89
Coalition			$ 33,191.00	$ 33,191.00	
Post Overdose Response and Project ASSERT			$ 88,245.68	$ 88,245.68	
Antrim	**$57,225.50**	**$ 261,823.25**	**$ 34,967.88**	**$ 34,967.88**	$ 226,855.37
Coalition			$ 34,967.88	$ 34,967.88	
Benzie	**$50,566.50**	**$ 217,613.27**	**$ 7,370.00**	**$ 7,370.00**	$ 210,243.27
Coalition			$ 7,370.00	$ 7,370.00	
Charlevoix	**$89,796.50**	**$ 385,148.55**	**$ 39,242.03**	**$ 39,242.03**	$ 345,906.52
Coalition			$ 39,242.03	$ 39,242.03	

Cheboygan	**$70,345.50**	**$ 197,789.51**	**$ 136,084.00**	**$ 127,918.96**	$ 69,870.55	*Requests were reduced
Coalition			$ 136,084.00	$ 127,918.96		
Crawford	**$30,200.00**	**$ 112,672.13**			$ 112,672.13	
Emmet	**$145,992.50**	**$ 767,131.73**	**$ 49,832.08**	**$ 49,832.08**	$ 717,299.65	
Coalition			$ 49,832.08	$ 49,832.08		
Grand Traverse	**$379,347.50**	**$ 1,464,333.06**	**$ 1,136,859.19**	**$ 893,314.46**	$ 571,018.60	*Requests were reduced
Coalition			$ 100,681.00	$ 85,578.85		
Dann's House			$ 50,000.00	$ 42,500.00		
FAN Coordinator			$ 36,951.00	$ -		
Generations Ahead Teen Parent Intervention			$ 85,068.00	$ 72,307.80		
Juvenile Justice Diversion Program			$ 239,070.00	$ 203,209.50		
PORCH			$ 518,950.00	$ 399,500.00		
SFCNM Opioid Use Prevention and Stigma Reduction Campaign			$ 106,139.19	$ 90,218.31		
Iosco	**$71,561.50**	**$ 341,989.89**	**$ 147,426.12**	**$ 147,426.12**	$ 194,563.77	
Coalition			$ 69,412.00	$ 69,412.00		
Post Overdose Response and Project ASSERT			$ 78,014.12	$ 78,014.12		
Kalkaska	**$31,994.00**	**$ 95,136.32**	**$ 61,121.88**	**$ 61,121.88**	$ 34,014.44	
Coalition			$ 40,735.00	$ 40,735.00		
SFCNM Opioid Use Prevention and Stigma Reduction Campaign			$ 20,386.88	$ 20,386.88		
Leelanau	**$55,827.50**	**$ 146,173.76**	**$ 89,937.92**	**$ 89,937.92**	$ 56,235.84	
Prevention Services			$ 64,900.00	$ 64,900.00		
SFCNM Opioid Use Prevention and Stigma Reduction Campaign			$ 25,037.92	$ 25,037.92		
Manistee	**$66,701.50**	**$ 187,500.31**			$ 187,500.31	
Missaukee	**$16,551.00**	**$ 48,880.98**	**$ 2,796.16**	**$ 2,796.16**	$ 46,084.82	
Deterra Disposal and Medication Lock Box Project			$ 2,796.16	$ 2,796.16		
Montmorency	**$24,657.00**	**$ 77,243.41**	**$ 67,060.38**	**$ 67,060.38**	$ 10,183.03	*Grant funding
Coalition			$ 38,381.00	$ 38,381.00		
Post Overdose Response and Project ASSERT			$ 28,679.38	$ 28,679.38		
Ogemaw	**$52,608.50**	**$ 205,936.93**	**$ 114,737.04**	**$ 114,737.04**	$ 91,199.89	
Coalition			$ 49,686.00	$ 49,686.00		
Post Overdose Response and Project ASSERT			$ 65,051.04	$ 65,051.04		
Oscoda	**$16,882.50**	**$ 71,001.93**	**$ 25,693.62**	**$ 25,693.62**	$ 45,308.31	
Post Overdose Response and Project ASSERT			$ 25,693.62	$ 25,693.62		
Otsego	**$86,300.50**	**$ 167,538.12**	**$ 70,822.00**	**$ 63,031.58**	$ 104,506.54	*Requests were reduced
Coalition			$ 70,822.00	$ 63,031.58		
Presque Isle	**$20,849.50**	**$ 96,934.98**	**$ 39,658.16**	**$ 39,658.16**	$ 57,276.82	
Post Overdose Response and Project ASSERT			$ 39,658.16	$ 39,658.16		
Roscommon	**$73,869.50**	**$ 573,193.53**	**$ 41,329.00**	**$ 41,329.00**	$ 531,864.53	
Coalition			$ 41,329.00	$ 41,329.00		
Wexford	**$84,601.50**	**$ 475,571.34**	**$ 6,203.84**	**$ 6,203.84**	$ 469,367.50	
Deterra Disposal and Medication Lock Box Project			$ 6,203.84	$ 6,203.84		
Grand Total	**$1,512,333.50**	**$ 6,051,406.38**	**$ 2,440,670.98**	**$ 2,181,170.79**	$ 3,870,235.59	

PIHP Change Notice #5

Change # 3

No change

Change #4

The Contractor must ensure timely access to supports and services in accordance with the Access Standards which can be found on the MDHHS website: https://www.michigan.gov/mdhhs/0,5885,7-339- 71550_2941_4868_4900---,00.html and the following timeliness standards, and report its performance on the standards in accordance with Schedule E of this Contract. **Old**

The Contractor must ensure timely access to supports and services in the preferred language of the person served based on their language skills and in accordance with the Access Standards (https://www.michigan.gov/documents/mdhhs/Access_Standards_702741_7.pdf) which can be found on the MDHHS website: https://www.michigan.gov/mdhhs/keep-mihealthy/mentalhealth/mentalhealth/practiceguidelines and the following timeliness standards and report its performance on the standards in accordance with Schedule E of this Contract **New**

Change #5

The Michigan Mental Health Code, MCL 330.1712, establishes the right for all individuals to have an Individual Plan of Service (IPS) developed through a person-centered planning process. The Contractor must implement person-centered planning in accordance with the MDHHS Person-Centered Planning Policy which can be found on the MDHHS website: https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868_4900--- ,00.html. In accordance with 42 CFR 438.208(b)(2)(i), the person-centered planning process must include coordination of services between settings of care which includes appropriate discharge planning for short and long-term hospitalizations. This provision is not a requirement of Substance Use Disorder Services. **Old**

The Michigan Mental Health Code, MCL 330.1712, establishes the right for all individuals to have an Individual Plan of Service (IPOS) developed through a person-centered planning process. The Contractor must implement person-centered planning in accordance with the MDHHS Person-Centered Planning Policy (Behavioral Health and Developmental Disabilities Administration, Person-Centered Planning Practice Guideline (michigan.gov)) which can be found on the MDHHS website: https://www.michigan.gov/mdhhs/keep-mihealthy/mentalhealth/mentalhealth/practiceguidelines In accordance with 42 CFR 438.208(b)(2)(i), the person-centered planning process must include coordination of services between settings of care which includes appropriate discharge planning for short and long-term hospitalizations. This provision is not a requirement of Substance Use Disorder Services. **New**

Change #6

The Contractor must maintain the Provider Network Stability Plan that outlines the actions taken to sustain and provide financial or operational support for their entire provider network during the COVID-19 pandemic response period. A status update on the plan must be submitted to the State at the end of each month through FY2021 **Old**

The Contractor must maintain the Provider Network Stability Plan that outlines the actions taken to sustain and provide financial or operational support for their entire provider network during the COVID-19 pandemic response period. A status update on the plan must be submitted to the State upon request. **New**

Change #7

The Contractor must analyze claims and encounter data to create utilization reports. The utilization data must be detailed for each CMSHP and consolidated for the entire geographic service area. The Contractor must utilize this information to develop and update their risk management strategies and other health plan functions. **Old**

The Contractor must analyze claims and encounter data to create utilization reports. The utilization data must be detailed for each CMHSP and consolidated for the entire geographic service area. The Contractor must utilize this information to develop and update their risk management strategies and other health plan functions. **New**

Change #8

Serious Emotional Disturbance Waiver Payments 69 a. The SEDW capitation payment will be made to the Contractor based on SEDW beneficiaries who have enrolled through the MDHHS enrollment process. Beneficiaries enrolled in the SEDW may not be enrolled simultaneously in any other 1915(c) waiver programs, such as the Children's Waiver Program (CWP) and HSW. The capitation payment excludes individuals who reside, for an entire month, in any of the following: ICF/IID, Nursing Home, Child Caring Institution (CCI), or who are incarcerated. The SEDW capitation payment will be scheduled and/or adjusted to occur monthly. When applicable, additional payments may be scheduled. **Old**

Serious Emotional Disturbance Waiver Payments a. The SEDW capitation payment will be made to the Contractor based on SEDW beneficiaries who have enrolled through the MDHHS enrollment process. Beneficiaries enrolled in the SEDW may not be enrolled simultaneously in any other 1915(c) waiver programs, such as the Children's Waiver Program (CWP) and HSW. The capitation payment excludes individuals who reside, for an entire month, in any of the following: ICF/IID, Nursing Home, Child Caring Institution (CCI), or who are incarcerated. The SEDW capitation payment will be scheduled and/or adjusted to occur monthly. When applicable, additional payments may be scheduled. b. Encounters must be processed and submitted on time, as defined in Section N. Provider Services, 7. Claims Management System, in order to assure timely SEDW service verification. **New**

Change #9

Premium Pay

Change #10

CCBHC Not us.

Change #11 &12

Withhold and Bonus Pay

Change #13

CCBHC Not us

Change #14 & 15

Withhold and PBIP Changed from this version

Change #16

Reporting Schedule

STATE OF MICHIGAN PROCUREMENT

Department of Health and Human Services
235 South Grand Ave., Suite 1201, Lansing, MI 48933
Grand Tower Building, Suite 1201, P.O. Box 30037, Lansing, MI 48909

CONTRACT CHANGE NOTICE

Change Notice Number **5**
to
Contract Number **MA 200000002100**

CONTRACTOR	
	Northern Michigan Regional Entity
	1999 Walden Drive
	Gaylord, MI 49735
	Eric Kurtz
	231-487-9144
	ekurtz@nmre.org
	CV0055311

STATE			
	Program Manager	Jeff Wieferich	MDHHS
		517-335-0499	
		wieferichJ@michigan.gov	
	Contract Administrator	Danielle Walsh	MDHHS
		517-284-0183	
		Walshd4@michigan.gov	

CONTRACT SUMMARY			
DESCRIPTION: Prepaid Inpatient Health Plan (PIHP)			
INITIAL EFFECTIVE DATE	**INITIAL EXPIRATION DATE**	**INITIAL AVAILABLE OPTIONS**	**EXPIRATION DATE BEFORE CHANGE(S) NOTED BELOW**
October 1, 2020	September 30, 2021	Seven, one-year	September 30, 2022
PAYMENT TERMS		**DELIVERY TIMEFRAME**	
Net 45		As Needed	
ALTERNATE PAYMENT OPTIONS			**EXTENDED PURCHASING**
☐ P-card ☐ Payment Request (PRC) ☐ Other			☐ Yes ☐ No
MINIMUM DELIVERY REQUIREMENTS			
N/A			

DESCRIPTION OF CHANGE NOTICE				
OPTION	**LENGTH OF OPTION**	**EXTENSION**	**LENGTH OF EXTENSION**	**REVISED EXP. DATE**
☐	N/A	☐	N/A	N/A
CURRENT VALUE	**VALUE OF CHANGE NOTICE**		**ESTIMATED AGGREGATE CONTRACT VALUE**	
$357,005,427.00	$111,348,872.00		$468,354,299.00	

DESCRIPTION: Effective upon MDHHS signature, this amendment increases the total contract value, revises the Standard Contract Terms and Schedule A, replaces Schedule E and amends Schedule H. The Contract Administrator for the State is changed to Danielle Walsh

FOR THE CONTRACTOR:

Northern Michigan Regional Entity
Company Name

Authorized Agent Signature

Eric Kurtz
Authorized Agent (Print or Type)

Date

FOR THE STATE:

Signature

Christine H. Sanches, Director,
Bureau of Grants and Purchasing
Name & Title

Michigan Department of Health and Human Services
Agency

Date

1. Standard Contract Terms, Section 2. Notices is hereby deleted and replaced with:

2. **Notices.** All notices and other communications required or permitted under this Contract must be in writing and will be considered given and received: (a) when verified by written receipt if sent by courier; (b) when actually received if sent by mail without verification of receipt; or (c) when verified by automated receipt or electronic logs if sent by facsimile or email.

If to State:	If to Contractor
Danielle Walsh 235 S. Grand Avenue, Suite 1201 Lansing, MI 48933 Walshd4@michigan.gov 517-284-0183	Eric Kurtz 1999 Walden Drive Gaylord, MI 49735 Ekurtz@nmre.org 231-487-9144

2. Standard Contract Terms, Section 3. Contract Administrator is hereby deleted and replaced with:

3. **Contract Administrator**. The Contract Administrator for each party is the only person authorized to modify any terms of this Contract, and approve and execute any change under this Contract (each a "Contract Administrator"):

State:	Contractor
Danielle Walsh 235 S. Grand Avenue, Suite 1201 Lansing, MI 48933 Walshd4@michigan.gov 517-284-0183	Eric Kurtz 1999 Walden Drive Gaylord, MI 49735 Ekurtz@nmre.org 231-487-9144

3. Schedule A: Statement of Work
Section 1. General Requirements, B. Customer Service Standards, 3. Requirements, letter d. is hereby deleted and replaced in its entirety with the following:

d. Ensure initial calls are answered by a live voice during normal business hours, a minimum of eight hours daily, Monday through Friday, excluding observed holidays.

4. Schedule A, Statement of Work
Section 1. General Requirements, E. Access and Availability, 7. Access Standards, letter a. is hereby deleted and replaced in its entirety with the following:

a. The Contractor must ensure timely access to supports and services in the preferred language of the person served based on their language skills and in accordance with the Access Standards (https://www.michigan.gov/documents/mdhhs/Access_Standards_702741_7.pdf) which can be found on the MDHHS website: https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/mentalhealth/practiceguidelines and the following timeliness standards and report its performance on the standards in accordance with Schedule E of this Contract.

5. Schedule A, Statement of Work
Section 1. General Requirements, E. Access and Availability, 8. Person Centered Planning, letter a. is hereby deleted and replaced in its entirety with the following:

   a. The Michigan Mental Health Code, MCL 330.1712, establishes the right for all individuals to have an Individual Plan of Service (IPOS) developed through a person-centered planning process. The Contractor must implement person-centered planning in accordance with the MDHHS Person-Centered Planning Policy (Behavioral Health and Developmental Disabilities Administration, Person-Centered Planning Practice Guideline (michigan.gov)) which can be found on the MDHHS website: https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/mentalhealth/practiceguidelines In accordance with 42 CFR 438.208(b)(2)(i), the person-centered planning process must include coordination of services between settings of care which includes appropriate discharge planning for short and long-term hospitalizations. This provision is not a requirement of Substance Use Disorder Services.

6. Schedule A, Statement of Work
Section 1. General Requirements, E. Access and Availability, 23. Provider Network Stability Plan is hereby deleted and replaced in its entirety with the following:

   23. The Contractor must maintain the Provider Network Stability Plan that outlines the actions taken to sustain and provide financial or operational support for their entire provider network during the COVID-19 pandemic response period. A status update on the plan must be submitted to the State upon request.

7. Schedule A, Statement of Work
Section 1. General Requirements, O. Health Information Systems, 5. is hereby deleted and replaced in its entirety with:

   5. The Contractor must analyze claims and encounter data to create utilization reports. The utilization data must be detailed for each CMHSP and consolidated for the entire geographic service area. The Contractor must utilize this information to develop and update their risk management strategies and other health plan functions.

8. Schedule A, Statement of Work
Section 8. Payment Terms, B. State Funding, 4. Serious Emotional Disturbance Waiver Payments is hereby deleted and replaced in its entirety with the following:

   4. Serious Emotional Disturbance Waiver Payments
      a. The SEDW capitation payment will be made to the Contractor based on SEDW beneficiaries who have enrolled through the MDHHS enrollment process. Beneficiaries enrolled in the SEDW may not be enrolled simultaneously in any other 1915(c) waiver programs, such as the Children's Waiver Program (CWP) and HSW. The capitation payment excludes individuals who reside, for an entire month, in any of the following: ICF/IID, Nursing Home, Child Caring Institution (CCI), or who are incarcerated. The SEDW capitation payment will be scheduled and/or adjusted to occur monthly. When applicable, additional payments may be scheduled.
      b. Encounters must be processed and submitted on time, as defined in Section N. Provider Services, 7. Claims Management System, in order to assure timely SEDW service verification.

9. Schedule A, Statement of Work
Section 8. Payment Terms, B. State Funding, 9. Temporary Hourly Wage Increase for Direct Care Workers in Response to COVID-19 Pandemic and State of Emergency is hereby renamed to Premium Pay Hourly Wage Increase for Direct Care Workers (DCW) and the section is hereby deleted and replaced in its entirety with the following:

9. Premium Pay Hourly Wage Increase for Direct Care Workers (DCW)
    a. A premium pay hourly wage increase for direct care workers is in effect from October 1, 2020, through September 30, 2022. Rate increases are in effect for contract time periods as follows:
        i. October 1, 2020 – February 29, 2020: A $2.00 per hour increase in direct care worker wages, plus an additional $0.24 per hour increase to cover additional provider agency costs associated with implementing the wage increase
        ii. March 1, 2021 - September 30, 2021: A $2.25 per hour increase in direct care worker wages, plus an additional $0.27 per hour increase to cover additional provider agency costs associated with implementing the wage increase
        iii. October 1, 2021 – September 30, 2022: A $2.35 per hour increase in direct care worker wages, plus an additional $0.29 per hour increase to cover additional provider agency costs associated with implementing the wage increase
    b. The Contractor must implement the hourly wage increase, referred to as Premium Pay, provisions of MSA L letters specific to the premium pay increase. The L letters are at: https://www.michigan.gov/mdhhs/doing-business/providers/providers/medicaid/communicationtraining/173142. MDHHS will provide increased capitation rates during the Premium Pay period to cover the actual cost of mandatory premium pay increases. The Contractor must disperse these funds to eligible contracted providers employing individuals that qualify for the increase.
    c. Providers of the following services are eligible for the DCW wage increase:
        - Community Living Supports (HCPCS Codes H2015, H2016)
        - Overnight Health and Safety Supports (HCPCS Code T2027)
        - Personal Care (HCPCS Code T1020)
        - Prevocational Services (HCPCS Code T2015)
        - Respite (HCPCS Codes S5151, T1005)
        - Skill Building (HCPCS Code H2014)
        - ABA Adaptive Behavior Treatment (HCPCS Code 97153)
        - ABA Group Adaptive Behavior Treatment (HCPCS Code 97154)
        - ABA Exposure Adaptive Treatment (HCPCS Code 0373T)
        - Crisis Residential Services (HCPCS Code H0018)
        - Residential Services –SUD (HCPCS Codes H0018, H0019)
        - Residential Services – Co-occurring SUD/MH (HCPCS Codes H0018, H0019)
        - Withdrawal Management – SUD (HCPCS Codes H0010, H0012, H0014)
        - Supported Employment (HCPCS Code H2023)
    d. DCW wage increase funding will be a component of monthly capitation payments made to the Contractor. The Contractor will pay the increase to eligible providers that employ eligible individuals on an as-invoiced basis, through increased contracted rates for eligible services, or other means approved by the MDHHS. The Contractor is responsible for maintaining a record of DCW wage increase payments, and the amounts of DCW wage increase payments are to be reported during annual cost settlement procedures. Financial status reports will require separate reporting of DCW wage increase revenue and total payment amount. All wage increase payments are subject to audit and potential recoupment. Providers should retain documentation that demonstrates the distribution of payments to eligible staff. The Contractor will ensure that all employees, agents, and subcontractors of the Contractor, if any, comply with all of the foregoing.

10. Schedule A, Statement of Work
Section 8. Payment Terms, B. State Funding, 11. CMS Certified Community Behavioral Health Clinic (CCBHC) Demonstration is hereby deleted in its entirety and moved to Schedule A, Statement of Work Section 1. General Requirements F. Covered Services, 14. CMS Certified Community Behavioral Health Clinic (CCBHC) Demonstration as follows:

14. CMS Certified Community Behavioral Health Clinic (CCBHC) Demonstration

Effective October 1, 2021, Contractors with certified CCBHC Demonstration Sites in their regions will execute thePIHP duties and responsibilities as cited and required by the MDHHS CCBHC Policy and the MDHHS MI CCBHC Demonstration Handbook to implement the CMH CCBHC Demonstration in accordance with Section 223 of the Protecting Access to Medicare Act of 2014.

a. Per the CCBHC Policy and MI CCBHC Demonstration Handbook, key PIHP responsibilities and duties include,but are not limited to, the following:
   i. CCBHC Oversight and Support
   ii. CCBHC Enrollment and Assignment
   iii. CCBHC Coordination and Outreach
   iv. CCBHC Payment
   v. CCBHC Reporting
   vi. CCBHC Grievance Monitoring
b. PIHPs must comply with the CCBHC Demonstration Policy and the most current version of the corresponding MICCBHC Demonstration Handbook, as authorized by the policy. MDHHS may modify the MI CCBHC Demonstration Handbook as needed in accordance with the following parameters:
   i. For minor changes (e.g., formatting, style, organization, grammar, etc.) or technical modifications that do notsubstantively alter CCBHC operations, MDHHS will draft and send an updated draft version of the MI CCBHC Demonstration Handbook with proposed changes to the PIHPs for notice and review. Upon receiving the proposed changes, the PIHPs will have up to 15 days to provide feedback. PIHPs will, as part of its review, notify and seek feedback from its contracted CCBHCs on the proposed Handbook updates. A majority of the PIHPs may waive the 15-day feedback period to allow the new version of the MI CCBHC Demonstration Handbook to take effect sooner.
   ii. For all other changes, MDHHS will draft and send an updated draft version of the MI CCBHC Demonstration Handbook with proposed changes to the PIHPs for notice and review. Upon receiving the proposed changes,the PIHPs will have up to 30 days to provide feedback. PIHPs will, as part of its review, notify and seek feedback from its contracted CCBHCs on the proposed Handbook updates. A two-thirds majority of the PIHPs may waive the 30-day feedback period to allow the new version of the MI CCBHC Demonstration Handbook to take effect sooner.

11. Schedule A, Statement of Work
Section 8. Payment Terms, D. Contractor Performance Bonus, 1. Withhold Arrangements, letter c. is hereby deleted and replaced in its entirety with the following:

c. Opioid Health Home (OHH) Benefit
The State will withhold 5% of monthly case rate payments to the Contractor for potential pay for performance (P4P) award payments for OHHPs meeting or exceeding performance benchmarks. This withhold is outside of the actuarial equivalent monthly case rate. The methodology for determining P4P payment, including the metrics,

specifications, and distribution is cited in the OHH Handbook, which can be found at the following website: MDHHS - Opioid Health Home (michigan.gov). If awarded, the State will distribute P4P payments to the Contractor within one (1) year of the end of the performance year. The Contractor must distribute P4P monies to OHHPs that meet the quality improvement benchmarks in accordance with the distribution methodology cited in the OHH Handbook. OHH P4P funding awarded to the Contractor will be treated as restricted local funding. Restricted local funding must be utilized for the benefit of the public behavioral health system.

12. Schedule A, Statement of Work
Section 8. Payment Terms, D. Contractor Performance Bonus, 1. Withhold Arrangements, letter d. is hereby deleted and replaced in its entirety with the following:

d. Behavioral Health Home (BHH) Benefit
The State will withhold 5% of monthly case rate payments to the Contractor for potential pay for performance (P4P) award payments for BHHPs meeting or exceeding performance benchmarks. This withhold is outside of the actuarial equivalent monthly case rate. The methodology for determining P4P payment, including the metrics, specifications, and distribution is cited in the BHH Handbook, which can be found at the following website: MDHHS - Behavioral Health Home (michigan.gov). If awarded, the State will distribute P4P payments to the Contractor within one (1) year of the end of the performance year. The Contractor must distribute pay for performance monies to BHHPs that meet the quality improvement benchmarks in accordance with the distribution methodology cited in the BHH Handbook. BHH P4P funding awarded to the Contractor will be treated as restricted local funding. Restricted local funding must be utilized for the benefit of the public behavioral health system.

13. Schedule A, Statement of Work
Section 8. Payment Terms, D. Contractor Performance Bonus, 1. Withhold Arrangements, letter e. is hereby deleted and replaced in its entirety with the following:

e. Certified Community Behavioral Health Center (CCBHC) Demonstration Quality Bonus Payment (QBP)
The State will withhold 5% of the CCBHC benefit plan capitation payments for potential CCBHC QBP award payments for CCBHCs that meet or exceed federally defined QBP measures and benchmarks. This withhold is outside of the actuarial equivalent PPS-1 rate payment. The methodology for determining QBP payment, including the metrics, specifications, and distribution is cited in the CCBHC Handbook, which can be found at the following website: https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/ccbhc. QBP funding awarded to the Contractor will be treated as restricted local funding. Restricted local funding must be utilized for the benefit of the public behavioral health system.

14. Schedule A, Statement of Work
Section 8. Payment Terms, D. Contractor Performance Bonus, 2. Contractor-only Pay for Performance Measures is hereby deleted and replaced in its entirety with the following:

2. Contractor-only Pay for Performance (P4P) Measures (45% of total withhold)

Measure	Description	Deliverables
P.1. PA 107 of 2013 Sec. 105d (18): Identification of beneficiaries who may be eligible for services through the Veteran's Administration. (25 points)	a. Improve and maintain data quality on BH-TEDS military and veteran fields. b. Monitor and analyze data discrepancies between VSN and BH-TEDS data.	a. Due in January 2022: 1. Resubmission of October 1 through March 31 of FY2021 **comparison** of the total number of individual veterans reported on BH-TEDS and the VSN form.

Measure	Description	Deliverables
The State acknowledges that not all Veterans interacted with by the Veteran Navigator and on the VSN will have a CMHSP contact and thus will not have a BH-TEDS file.		2. Submission of April 1 through September 30 of FY2021 comparison of the total number of individual veterans reported on BH-TEDS and the VSN form. b. The Contractor must compare the total number of individual veterans reported on BH-TEDS and the VSN between October 1 through March 31 of FY2022 and conduct a comparison. By July 1, the Contractor must submit a 1–2-page narrative report on findings and any actions taken to improve data quality. Timely submission constitutes metric achievement.
P.2. PA 107 of 2013 Sec. 105d (18): Increased data sharing with other providers. (25 points)	Send ADT messages for purposes of care coordination through health information exchange.	For multi-county PIHPs, two or more CMHSPs within a Contractor's service area, or the Contractor plus one CMHSP, will be submitting Admission Discharge and Transfer (ADT) messages to the Michigan Health Information Network (MiHIN) Electronic Data Interchange (EDI) Pipeline daily by the end of FY21. By July 31, 2022, the Contractor must submit, to the State, a report no longer than two pages listing CMHSPs sending ADT messages, and barriers for those who are not, along with remediation efforts and plans. In the event that MiHIN cannot accept or process Contractor's ADT submissions this will not constitute failure on Contractor's part.
P.3. Initiation, Engagement and Treatment (IET) of Alcohol and Other Drug Dependence (50 points)	The percentage of adolescents and adults with a new episode of alcohol or other drug (AOD) abuse or dependence who received the following: 1. Initiation of AOD Treatment: The percentage of beneficiaries who initiate treatment within 14 calendar days of the diagnosis. 2. Engagement of AOD Treatment: The percentage of beneficiaries who initiated treatment and who had two or more additional AOD services or Medication Assisted Treatment (MAT) within 34 calendar days of the initiation visit.	The Contractor must participate in DHHS-planned and DHHS-provided data validation activities and meetings. PIHPs will be provided IET data files by January 31 each year, and within 120 calendar days, return their data validation template, completed, to DHHS. The points will be awarded based on contractor participation. The total potential points will be the same regardless of the number of race/ethnicity group combinations for a given contractor. MDHHS will use the same racial/ethnicity logic for P. Metrics as J. Metrics, as produced by Joint Metrics workgroup and agreed at/by PIHP Negotiating Team. Note: The State recognizes the Contractor does not have a full data set for analyses.
P.4. PA 107 of 2013 Sec. 105d (18): Increased participation in patient-centered medical homes	Narrative report summarizing participation in patient-centered medical homes (or characteristics thereof). Points for Narrative Reports	The Contractor must submit a narrative report of no more than 10 pages by November 15th summarizing prior FY efforts, activities, and achievements of the Contractor (and

Measure	Description	Deliverables
(25% of total withhold)	will be awarded on a pass/fail basis, with full credit awarded for submitted narrative reports, without regard to the substantive information provided. The State will provide consultation draft review response to the Contractor by January 15th. The Contractor will have until January 31st to reply to the State with information.	component CMHSPs if applicable) to increase participation in patient-centered medical homes. The specific information to be addressed in the narrative is below: 1. Comprehensive Care 2. Patient-Centered 3. Coordinated Care 4. Accessible Services 5. Quality & Safety

15. Schedule A, Statement of Work
Section 8. Payment Terms, D. Contractor Performance Bonus, 3. MHP/Contractor Joint Metrics is hereby deleted and replaced in its entirety with the following:

MHP/Contractor Joint Metrics (30% of total withhold)
Joint Metrics for the Integration of Behavioral Health and Physical Health Services
To ensure collaboration and integration between Medicaid Health Plans (MHPs) and the Contractor, the State has developed the following joint expectations for both entities. There are 100 points possible for this initiative. The reporting process for these metrics is identified in the grid below. Care coordination activities are to be conducted in accordance with applicable State and federal privacy rules.

For J.2.2 and J.3.2 listed below, the PIHP metric scoring will be aggregate of/for all their MHPs combined, not each individual MHP-PIHP dyad.

Category	Description	Deliverables
J.1. Implementation of Joint Care Management Processes (35 points)	Collaboration between entities for the ongoing coordination and integration of services.	Each MHP and Contractor will continue to document joint care plans in CC360 for beneficiaries with appropriate severity/risk, who have been identified as receiving services from both entities. Risk stratification criteria is determined in writing by the Contractor-MHP Collaboration Work Group in consultation with the State.
J.2 Follow-up After Hospitalization (FUH) for Mental Illness within 30 Days using HEDIS descriptions (40 points)	The percentage of discharges for beneficiaries six years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with mental health practitioner within 30 Days.	1. The Contractor must meet set standards for follow-up within 30 Days for each rate (ages 6-17 and ages 18 and older. The Contractor will be measured against an adult minimum standard of 58% and a child minimum standard of 70%. Measurement period will be calendar year 2021. 2. Data will be stratified by race/ethnicity and provided to plans. The Contractor will be incentivized to reduce the disparity between the index population and at least one minority group. Measurement period for addressing racial/ethnic disparities will be a comparison of calendar year 2020 with calendar year 2021. The points will be awarded based on MHP/Contractor combination performance measure rates. The total potential points will be the same regardless of the number of MHP/Contractor combinations for a given PIHP. See MDHHS BHDDA reporting requirement website for measure specifications (query, eligible population, and additional details)

Category	Description	Deliverables
		and health equity scoring methodology, at MDHHS - Reporting Requirements (michigan.gov)
J.3. Follow-Up After (FUA) Emergency Department Visit for Alcohol and Other Drug Dependence (25 points)	Beneficiaries 13 years and older with an Emergency Department (ED) visit for alcohol and other drug dependence that had a follow-up visit within 30 days.	1. The Contractor must meet set standards for follow-up within 30 Days. The Contractor will be measured against a minimum standard of 27%. Measurement period will be calendar year 2021. 2. Data will be stratified by the State by race/ethnicity and provided to plans. The Contractor will be incentivized to reduce the disparity between the index population and at least one minority group. Measurement period for addressing racial/ethnic disparities will be a comparison of calendar year 2020 with Calendar year 2021. The points will be awarded based on MHP / Contractor combination performance measure rates. The total potential points will be the same regardless of the number of MHP/Contractor combinations for a given PIHP. See MDHHS BHDDA reporting requirement website for measure specifications (query, eligible population, and additional details) and health equity scoring methodology, at https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/reporting

16. Schedule E is hereby deleted and replaced in its entirety with the following:

SCHEDULE E
CONTRACTOR FINANCIAL REPORTING REQUIREMENTS

FINANCIAL PLANNING, REPORTING AND SETTLEMENT

The Contractor must provide the financial reports to the State as listed below. Forms, instructions and other reporting resources are posted to the MDHHS website address at: https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/reporting

Unless otherwise noted in the Reporting Mailbox column below, submit completed reports electronically (Excel or Word) to: MDHHS-BHDDA-Contracts-MGMT@michigan.gov

Due Date	Report Title	Report Frequency	Report Period	Reporting Mailbox
February 28	SUD – Primary Prevention Expenditures by Strategy Report	Annually	October 1 to September 30	MDHHS-BHDDA-Contracts-MGMT@michigan.gov
February 28	SUD – Legislative Report/Section 408	Annually	October 1 to September 30	MDHHS-BHDDA-Contracts-MGMT@michigan.gov
February 28	PIHP Medicaid FSR Bundle - MA. HMP, Autism & SUD	Final (Use tab in FSR Bundle)	October 1 to September 30	MDHHS-BHDDA-Contracts-MGMT@michigan.gov
February 28	Encounter Quality Initiative Report (EQI)	Annually	October 1 to September 30	QMPMeasures@michigan.gov
February 28	PIHP Executive Administrative Expenditures Survey for Sec. 904(2)(k)	Annually	October 1 to September 30	MDHHS-BHDDA-Contracts-MGMT@michigan.gov
February 28	Medical Loss Ratio	Annually	October 1 to September 30	MDHHS-BHDDA-Contracts-MGMT@michigan.gov
February 28	Attestation to accuracy, completeness, and truthfulness of claims and payment data	Annually	For the prior fiscal year ending September 30	QMPMeasures@michigan.gov
March 31	SUD – Maintenance of Effort (MOE) Report	Annually	October 1 to September 30	MDHHS-BHDDA-Contracts-MGMT@michigan.gov
April 30	DHHS Incentive Payment DHIP Report and Narrative	Annually	October 1 to September 30	Electronic version of the DHIP CAFAS report (and if applicable PECAFAS report) for each CMHSP to MDHHS-BHDDA-Contracts-MGMT@michigan.gov
May 20	SUD – Notice of Excess or Insufficient Funds	Projection	October 1 to September 30	MDHHS-BHDDA-Contracts-MGMT@michigan.gov
May 31	Mid-Year Status Report	Mid-Year	October 1 to March 31	MDHHS-BHDDA-Contracts-MGMT@michigan.gov
May 31	Encounter Quality Initiative Report (EQI)	Four months	October to January	QMPMeasures@michigan.gov
June 30	SUD – Audit Report	Annually	October 1 to September 30 (Due 9 months after close of fiscal year)	MDHHS-BHDDA-Contracts-MGMT@michigan.gov

Due Date	Report Title	Report Frequency	Report Period	Reporting Mailbox
August 15	SUD – Charitable Choice Report	Annually	October 1 to September 30	MDHHS-BHDDA-Contracts-MGMT@michigan.gov
August 15	PIHP Medicaid FSR Bundle MA, HMP, Autism & SUD	Projection (Use tab in FSR Bundle)	October 1 to September 30	MDHHS-BHDDA-Contracts-MGMT@michigan.gov
September 30	Encounter Quality Initiative Report (EQI)	Eight Months	October to May	QMPMeasures@michigan.gov
October 1	Medicaid YEC Accrual	Final	October 1 to September 30	MDHHS-BHDDA-Contracts-MGMT@michigan.gov
October 1	SUD YEC Accrual	Final	October 1 to September 30	MDHHS-BHDDA-Contracts-MGMT@michigan.gov
November 1	PIHP Medicaid FSR Bundle MA, HMP, Autism & SUD	Interim (Use tab in FSR Bundle)	October 1 to September 30 - Interim	MDHHS-BHDDA-Contracts-MGMT@michigan.gov
December 3	Risk Management Strategy	Annually	To cover the current fiscal year	MDHHS-BHDDA-Contracts-MGMT@michigan.gov
December 31	Medicaid Services Verification Report	Annually	October 1 to September 30	MDHHS-BHDDA-Contracts-MGMT@michigan.gov
30 Days after submission	Annual Audit Report, Management Letter, and CMHSP Response to the Management Letter.	Annually	October 1 to September 30	MDHHSAuditReports@michigan.gov
30 Days after submission	Compliance exam and plan of correction	Annually	October 1 to September 30	MDHHSAuditReports@michigan.gov

SCHEDULE E
CONTRACTOR NON-FINANCIAL REPORTING REQUIREMENTS

CONTRACTOR NON-FINANCIAL REPORTING REQUIREMENTS SCHEDULE INCLUDING SUD REPORTS

The Contractor must provide the following reports to the State as listed below.

Due Date	Report Title	Report Period	Reporting Mailbox
January 31	Comparison of total number of individual veterans reported on BH-TEDS and the VSN Form	Resubmission of October 1 through March 31 Submission of April 1 through September 30	Submit through: DCH-File Transfer
January 31	Children Referral Report	October 1 to December 31	MDHHS-BHDDA-Contracts-MGMT@michigan.gov
January 31	SUD – Injecting Drug Users 90% Capacity Treatment Report	October 1 to December 31	MDHHS-BHDDA-Contracts-MGMT@michigan.gov
January 31	Veteran Services Navigator (VSN) Data Collection form	October 1 to December 31	Submit through: DCH-File Transfer
February 15 May 15 August 15 November 15	Member Grievances	Feb 15 for 1Q data May 15 for 1Q and 2Q data Aug 15 for 1Q, 2Q & 3Q data Nov 15 for 1Q, 2Q, 3Q & 4Q data	Submit through: DCH-File Transfer Notify Audra Parsons at parsonsa@michigan.gov

Due Date	Report Title	Report Period	Reporting Mailbox
February 15 May 15 August 15 November 15	Service Authorization Denials	Feb 15 for 1Q data May 15 for 1Q and 2Q data Aug 15 for 1Q, 2Q & 3Q data Nov 15 for 1Q, 2Q, 3Q & 4Q data	Submit through: DCH-File Transfer Notify Audra Parsons at parsonsa@michigan.gov
February 15 May 15 August 15 November 15	Member Appeals	Feb 15 for 1Q data May 15 for 1Q and 2Q data Aug 15 for 1Q, 2Q & 3Q data Nov 15 for 1Q, 2Q, 3Q & 4Q data	Submit through: DCH-File Transfer Notify Audra Parsons at parsonsa@michigan.gov
February 28	Quality Assessment Performance Improvement Program (QAPIP)	Annually, October 1 to September 30	Submit through: DCH-File Transfer Notify Audra Parsons at parsonsa@michigan.gov
February 28	Network Adequacy Certification Report	Annually, October 1 to September 30	MDHHS-BHDDA-Contracts-MGMT@michigan.gov
March 31	Performance Indicators	October 1 to December 31	QMPMeasures@michigan.gov
April 22	Managed Care Program Annual Report (MCPAR)	Annually beginning FY2023 January to December prior year	Submit through: DCH-File Transfer Notify Audra Parsons at parsonsa@michigan.gov
April 30	Children Referral Report	January 1 to March 31	MDHHS-BHDDA-Contracts-MGMT@michigan.gov
April 30	SUD – Injecting Drug Users 90% Capacity Treatment Report	January 1 to March 31	MDHHS-BHDDA-Contracts-MGMT@michigan.gov
April 30	Veteran Services Navigator (VSN) Data Collection form	January 1 to March 31	Submit through: DCH-File Transfer
April 30	Sentinel Events Data Report	October 1 to March 31	MDHHS-BHDDA-Contracts-MGMT@michigan.gov
May 15 November 15	Provider Credentialing	Semi-Annually May 15 for 1Q & 2Q data Nov 15 for 1Q, 2Q, 3Q & 4Q data	Submit through: DCH-File Transfer Notify Audra Parsons at parsonsa@michigan.gov
June 30	Performance Indicators	January 1 to March 31	QMPMeasures@michigan.gov
July 1	Narrative report on findings and any actions taken to improve data quality on BH-TEDS military and veterans fields.	October 1 to March 31	Submit through: DCH-File Transfer
July 15	Compliance Check Report (CCR)		MDHHS-BHDDA-Contracts-MGMT@michigan.gov **with copy to:** ohs@michigan.gov **and** ColemanL7@michigan.gov
July 31	Children Referral Report	April 1 to June 30	MDHHS-BHDDA-Contracts-MGMT@michigan.gov
July 31	SUD – Injecting Drug Users 90% Capacity Treatment Report	April 1 to June 30	MDHHS-BHDDA-Contracts-MGMT@michigan.gov
July 31	Veteran Services Navigator (VSN) Data Collection form	April 1 to June 30	Submit through: DCH-File Transfer
July 31	Increased data sharing with other providers/ ADT Narrative	October 1 to June 30	Submit through: DCH-File Transfer

Due Date	Report Title	Report Period	Reporting Mailbox
September 30	Performance Indicators	April 1 to June 30	QMPMeasures@michigan.gov
October 30	Intensive Crisis Stabilization Services (ICSS) for Children Annual Data Report	Annually October 1 to September 30	email completed report to ShaRon Crandell at crandells@michigan.gov
October 31	Children Referral Report	July 1 to September 30	MDHHS-BHDDA-Contracts-MGMT@michigan.gov
October 31	SUD – Injecting Drug Users 90% Capacity Treatment Report	July 1 to September 30	MDHHS-BHDDA-Contracts-MGMT@michigan.gov
October 31	SUD – Youth Access to Tobacco Activity Annual Report	October 1 to September 30	MDHHS-BHDDA-Contracts-MGMT@michigan.gov
October 31	Veteran Services Navigator (VSN) Data Collection form	October 1 to September 30	Submit through: DCH-File Transfer
October 31	Sentinel Events Data Report	April 1 to September 30	MDHHS-BHDDA-Contracts-MGMT@michigan.gov
TBD	SUD – Synar Coverage Study Canvassing Forms	Regions participating and Study Period TBD	MDHHS-BHDDA-Contracts-MGMT@michigan.gov
November 15	Performance Bonus Incentive Narrative on “Increased participation in patient-centered medical homes characteristics.”	October 1 to September 30	MDHHS-BHDDA-Contracts-MGMT@michigan.gov
November 15 February 15 May 15 August 15	Program Integrity Activities	Quarterly July 1 to September 30 October 1 to December 31 January 1 to March 31 April 1 to June 30	Contractor’s MDHHS OIGs FTP Area
November 15	Complete Subcontracted Entity List	Annually Current	Contractor’s MDHHS OIGs FTP Area
November 30	SUD – Communicable Disease (CD) Provider Information Report (Must submit only if PIHP funds CD services)	October 1 to September 30	MDHHS-BHDDA-Contracts-MGMT@michigan.gov
November 30	Women Specialty Services (WSS) Report	October 1 to September 30	MDHHS-BHDDA-Contracts-MGMT@michigan.gov
December 31	Performance Indicators	July 1 to September 30	QMPMeasures@michigan.gov
On request	Provider Network Stability Plan Report	October 1 to September 30	wieferichj@michigan.gov
Within 120 calendar days	IET Data Files	PIHPs will be provided the IET data files by January 31 and within 120 calendar days return their data validation	Submit via DEG at: https://milogintp.michigan.gov.
Monthly	SUD - Priority Populations Waiting List Deficiencies Report	October 1 – September 30 Due last day of month following month in which exception occurred. Must submit even if no data to report	MDHHS-BHDDA-Contracts-MGMT@michigan.gov
Monthly	SUD – Behavioral Health Treatment Episode Data Set (BH- TEDS)	October 1 to September 30 Due last day of each month.	Submit via DEG at: https://milogintp.michigan.gov.

Due Date	Report Title	Report Period	Reporting Mailbox
		See resources at: https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/reporting	
Monthly (minimum 12 submissions per year)	SUD - Encounter Reporting via HIPPA 837 Standard Transactions	October 1 to September 30 See resources at: https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/reporting	Submit via DEG at: https://milogintp.michigan.gov.
Monthly*	Consumer-Level Data 1. Quality Improvement 2. Encounters	October 1 to September 30. See resources at: https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/reporting	MDHHS-BHDDA-Contracts-MGMT@michigan.gov
Monthly	Critical Incidents	As identified in the Critical Incident Reporting and Event Notification Requirements https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/mentalhealth/practiceguidelines	Submit to PIHP Incident Warehouse at: https://mipihpwarehouse.org/MVC/Documentation

*Reports required if the Contractor is participating in optional programs

NOTE: To submit via Data Exchange Gateway (DEG) to the State/MIS Operations
Client Admission and Discharge client records must be sent electronically to:
Michigan Department of Health and Human Services
Michigan Department of Technology, Management & Budget
Data Exchange Gateway (DEG)
For admissions: put c:/4823 4823@dchbull
For discharges: put c:/4824 4824@dchbull

Behavioral Health-Treatment Episode Data Set (BH-TEDS) collection/recording and reporting requirements including technical specifications, file formats, error descriptions, edit/error criteria, and explanatory materials on record submission are located on MDHHS's website at: https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/reporting

17. May to September 2022 Behavioral Health Capitation Rate Methodology and SFY 2022 Behavioral Health Capitation Rate Certification – Hazard Pay Amendment are hereby added to Schedule H as follows. Schedule H narrative is hereby deleted and replaced in its entirety with the following.

SCHEDULE H
BEHAVIORAL HEALTH CAPITATION RATE CERTIFICATION

The Medicaid PEPM rates effective October 1 is included as follows. The actual number of Medicaid beneficiaries will be determined monthly, and the Contractor will be notified of the beneficiaries in their service area via the pre-payment process. In the attached, SFY 2022 Behavioral Health Capitation Rate Certification- Hazard Pay Amendment the Executive Summary section, outlines the PIHP Direct Care Worker (DCW) wage increase funding. DCW wage increase funding includes both the hourly wage increase ($2.35) and associated employer related expenses/ERE ($0.29). The $2.64 per hour amount is discussed on page 4 of the attached rate letter, under the Executive Summary section. This reflects the ERE gross up increasing from 7.65% to 12% of the $2.35/hour wage increase. This revised DCW wage increase funding aligns with current MDHHS policy for MI Choice Waiver, MI Health Link, and Behavioral Health providers receiving an additional $0.29 per hour for agencies to cover their additional costs associated with implementing the DCW wage increase.

Attachments to Schedule H: Behavioral Health Capitation Rate Certification include:

a. SFY2021 October 2020 to September 30, 2021, Behavioral Health Rate Certification
b. SFY2021 March 2021 to September 2021 Behavioral Health Rate Certification
c. SFY2022 Behavioral Health Capitated Rate Certification
d. May to September 2022 Behavioral Health Capitation Rate Methodology
e. SFY 2022 Behavioral Health Capitation Rate Certification – Hazard Pay Amendment

NMRE

FY2022 Compliance and QAPIP Workplan Update

Approved By	Date
Operations Oversight Committee (OOC)	
Quality Oversight Committee (QOC)	
Operations Committee	
Board of Directors	

QAPIP PLAN
FY 2022

Goal #1: The NMRE will conduct Performance Improvement Projects (PIPs) that will include ongoing measurements and interventions, demonstrable and sustained improvement in significant aspects of clinical and non-clinical services that are expected to have a positive impact on health outcomes and member satisfaction.

Objective 1: The NMRE Data Analyst will continue to collect ADHD data and share with the CMHSPs to conduct analysis and follow up with individuals that meet criteria. This data will be discussed quarterly with QOC to identify areas for improvement.

Objective 2: The Compliance and Quality team will work with HSAG and MDHHS to identify a new PIP starting FY2022.

July 2022 Update

Diabetes PIP

While the Diabetes PIP was in maintenance mode, NMRE continued to monitor the progress of the CMHSPs. The Diabetes PIP data was shared bi-annually with the CMHSPs for their review and to identify areas for improvement. The Diabetes PIP concluded in 2021.

Follow-up Care for Children Prescribed ADD Medication (ADHD)

There were a series of data challenges which produced highly skewed baseline data. As a result of the inaccurate baseline data, the NMRE was not able to meet the requirements of this PIP; however, monthly reports showing individuals that were found to be non-compliant were provided to the CMHSPs for review. This allowed the CMHSPs to investigate those cases and complete the Causal Barrier Analysis (CBA). This data was also discussed quarterly at the QOC meetings.

New PIPs

State – HSAG PIP

Opioid Health Home (OHH) – The percentage of individuals who are eligible for Opioid Health Home (OHH) services, enrolled in the service and are retained in the service.

Brief History

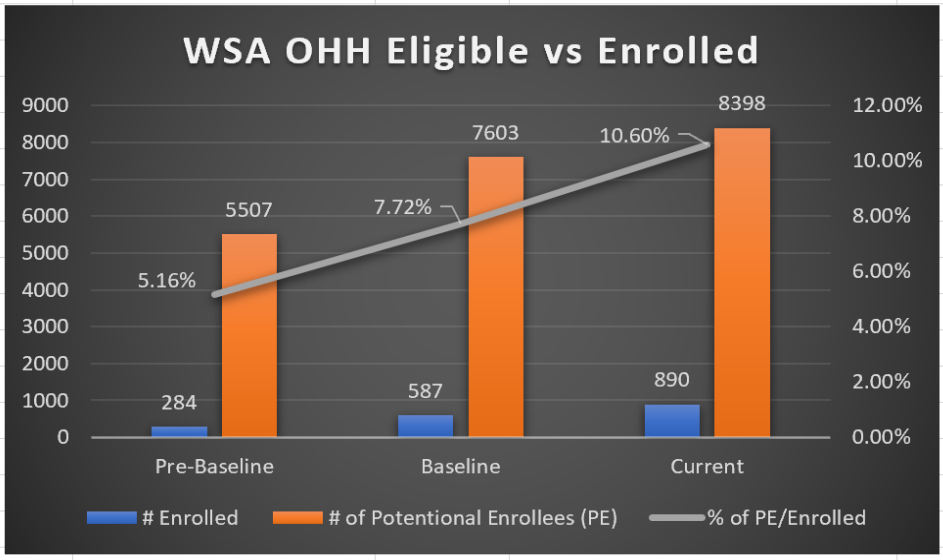
Northern Michigan Regional Entity (Region 2) has:

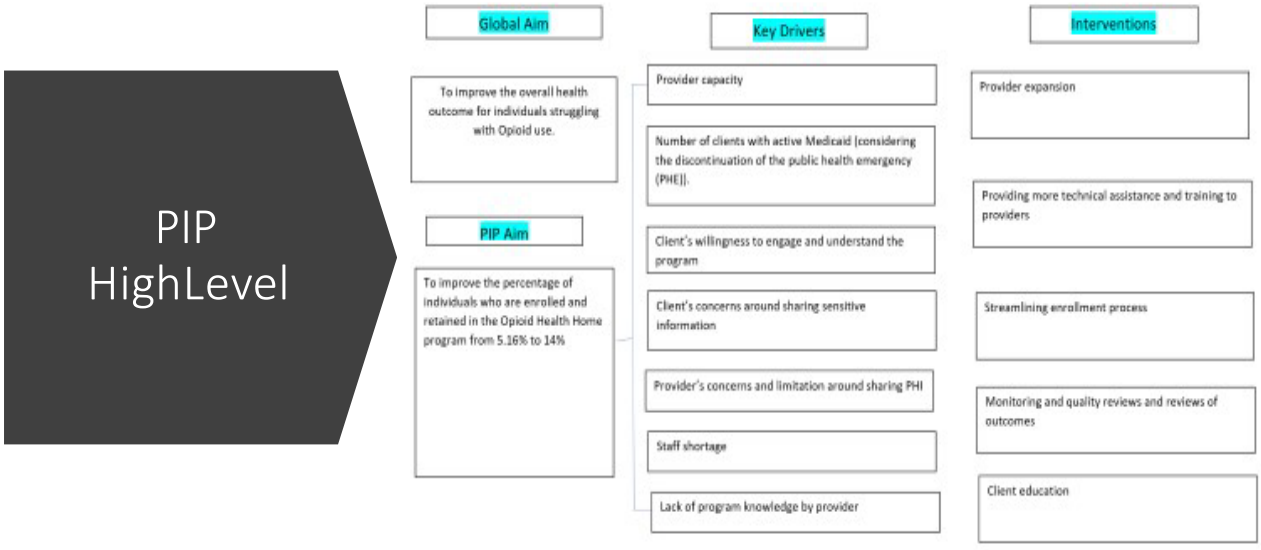
1. The highest per capita number of Medicaid beneficiaries with an Opioid Use Disorder diagnosis in the state.
2. Income under 200% of the federal poverty level is 37% (state average is 26%).
3. The second highest rate of Opioid Prescriptions per 100,000 among other PIHP Regions.
4. A higher per capita prevalence of Acute Hepatitis C than the State average.
5. Nearly half (12) of the top 25 opioid needs in Michigan's 83 counties according to an MDHHS ranking.

Pre-Baseline and Baseline Data

WSA OHH Eligible vs Enrolled

Time Period	Running Date	# Enrolled	# of Potentional Enrollees (PE)	% of PE/Enrolled
Pre-Baseline	<= '2020-09-30'	284	5507	5.16%
Baseline	<= '2021-09-30'	587	7603	7.72%
Current	<= '2022-09-30'	890	8398	10.60%





Regional PIP

Two options

1. Decrease hospitalization for chronic medical conditions by increasing enrollment in Behavioral Health Home (BHH).
2. Decrease no-show/missed appointment rate for psychiatric services through provision of telehealth services.

Goal #2: The NMRE Compliance and Quality team will continue to work with IT and QOC to develop a standardized method to collect data on risk events and sentinel events.

Objective 1: The NMRE Compliance and Quality team will create a form that will be used to collect risk event data from the CMHSPs.

Objective 2: The NMRE Compliance and Quality team will share the Risk Event reporting form with the CMHSPs and continue to educate them on how to complete the form and the importance of this activity.

Objective 3: The NMRE Compliance and Quality (C&Q) team will review the reporting process and requirements of the events data with the providers to avoid under reporting by 09/30/22.

Objective 4: Through the annual site review process, the C&Q team will check to assure that interventions are improving patient safety. This will be done by reviewing the data submitted which will include the numbers or events.

Objective 5: The analysis of Sentinel Events, Critical incidents, and Risk Events will include a review of data per event type per 1,000 members to complete a comparative analysis and trend these data over time.

July 2022 Update

1. Template has been developed and shared with the CMHSPs.

2. Training has occurred at QOC.

Next steps

1. Boards need to train the responsible individuals.
2. Once the right data begins to flow, IT will develop a Power BI report for easy reporting.

Challenges:

1. Getting the template into the right hands.
2. Training the right staff.

Goal #3: The NMRE will continue to conduct quantitative and qualitative assessments of member experiences with services. These assessments will be representative of persons served and the services and supports offered.

Objective 1: The NMRE will revise survey questions to assure the right questions are asked and that the questions are returning meaningful data.

Objective 2: The NMRE will work with providers to identify ways to implement surveys in a way that will not cause survey fatigue amongst participants.

Objective 3: The NMRE will take specific actions on individual cases from the survey results as appropriate.

Objective 4: Survey results will be shared with QOC to discuss and identify possible solutions to resolve areas of dissatisfaction on an ongoing basis.

Objective 5: Survey results will be shared directly with providers and presented to the NMRE Board of Directors. Survey results will also be made accessible to participants and the public on the NMRE website.

July 2022 Update

1. Survey tool was revised to capture more meaningful data.
2. The following satisfaction surveys have been completed:
    a. SUD Residential
    b. MH Outpatient
3. Survey results were share with the NMRE Board in June.
4. Challenges:
    a. Low participation
    b. Lack of communication between staff and administration resulted in low participation
    c. Not all clients have returned to inpatient service
    d. Completed surveys are not returned timely

Goal #4: The NMRE will measure its performance using standardized indicators based upon the systemic, ongoing collection and analysis of valid and reliable data.

Objective 1: The NMRE QOC will monitor comparative provider performance of quarterly MMBPIS measures within 30 days of the quarterly report from MHDDS.

Objective 2: NMRE will share performance data with CMHSPs for their review. This data will be discussed in QOC meetings quarterly.

Objective 3: The NMRE QOC will continue to monitor the impact of removing exceptions for Tables 2 and 3 performance indicators by 09/30/2022.

July 2022 Update

1. Performance Indicator data was shared with the CMHSPs quarterly.
2. The CMHSPs reviewed the data for accuracy and discussed ways to improve outcomes.

Table 1 – Access – Timeliness/Inpatient Screening

Population	Emergency Referral	# Less Than 3 Hrs.	% Less Than 3 Hrs.
Children	214	208	**97.20%**
Adults	747	739	**98.93%**
Total	**961**	**947**	**98.54%**

Table 2a – Access – Timeliness/First Request

Population	New Clients	In 14 Days	% In 14 Days
MIC	409	206	**50.37%**
MIA	833	414	**49.70%**
DDC	71	47	**66.20%**
DDA	30	17	**56.67%**
Total	**1,343**	**684**	**50.93%**

Table 2b – Access – Timeliness/First Request - Substance Use Disorder

Population	Admissions	Expired	In 14 Days	% In 14 Days
SA	Calculated	82	Calculated	Calculated %

Table 3 – Access – Timeliness/First Service

Population	New Clients Start Services	In 14 Days	% In 14 Days
MIC	269	169	**62.83%**
MIA	481	313	**65.07%**
DDC	53	46	**86.79%**
DDA	28	14	**50.00%**
Total	**831**	**542**	**65.22%**

Table 4a – Access – Continuity of Care

Population	# Discharges	Exceptions	Net Discharges	In 7 Days	% In 7 Days
Children	40	12	28	28	**100.00%**
Adults	209	72	137	134	**97.81%**
Total	**249**	**84**	**165**	**162**	**98.18%**

Table 4b – Access – Continuity of Care - Substance Use Disorder

Population	# Discharges	Exceptions	Net Discharges	In 7 Days	% In 7 Days
SA	184	65	119	115	**96.64%**

Table 6 – Outcomes – Inpatient Recidivism

Population	# Discharges	Exceptions	Net Discharges	Readmit In 30 Days	% Readmit In 30 Days
Children	39	0	39	4	**10.26%**
Adults	211	0	211	22	**10.43%**
Total	**250**	**0**	**250**	**26**	**10.40%**

Goal #5: The Q&C team will continue to monitor its Network Providers at least annually.

Objective 1: The NMRE will coordinate and conduct site reviews annually for all contracted service providers by 9/30/2022.

Objective 2: The NMRE will monitor and follow-up with corrective action plans to assure that they are being implemented as stated by the network providers.

Objective 3: The NMRE QOC will receive regular updates from the providers on the progress of the site review CAPs.

Objective 4: The NMRE will perform quarterly audits to verify Medicaid and Healthy Michigan Plan claims/encounters submitted within the provider network. This will include verifying data elements from individual claims/encounters to ensure proper codes are used.

July 2022 Update

1. CMHSPs had a full review this year

Results Summary					
TOOL	OVERALL SCORE (%)				
	AV	CW	NC	NE	NL
DMC	100	99.4	99.7	97.9	97.6
Program Specific	97.37	97.9	97.4	92.6	95.8
Clinical Records	97.85	98.2	97.4	96.6	95
Training			88.5	85.4	92

Site Review Observations:

a. Most of the missing documentations; trainings were from 2020.

b. Majority of the missing documents; trainings were from AFC Homes.

c. Unable to see a clear or separate trainings between the various specialties such as customer service, cultural competency, etc.

d. Some Boards did not have a training grid which would make it easy to identify the various roles and trainings.

e. National Practitioner Data Bank (NPDB) checks need to be incorporated in the initial verifications of clinical staff.

2. SUD Providers had a review of their prior CAPs.
    a. CAPS have been reviewed and approved.
    b. CAP evidence has been uploaded.
    c. Pending final review and feedback.
3. Medicaid Encounter Verification (MEV)
    a. Q1 is completed.
    b. Q2 is 90% complete.

Goal #6: Update and improve NMRE Provider Directory and work with NMRE's contracted providers in the region to update their directories accordingly.

Objective 1: Gather information from NMRE's providers about physical accommodations such as ramps, restrooms, electronic doors, exams rooms, etc. to each specific location.

Objective 2: Create a more user-friendly interface; rather than a spreadsheet platform, this will include using drop down options, more visible links to CMH pages, and maps with travel distances.

July 2022 Update

1. Information about physical accommodation such as ramp, restrooms, electric doors, etc. has been gathered from providers
2. The development of a user-friendly interface to replace the spreadsheet currently being used is in process.

Goal # 7: Update and improve the NMRE Network Adequacy Plan incorporating time/distance standards within the region.

Objective 1: The NMRE will create a report that will allow users to determine mileage from a geographic location to a provider clinic using network adequacy standards for each individual mental health and SUD provider service.

Objective 2: Once the network adequacy plan is in place, the NMRE will make it accessible to the public through its website.

July 2022 Update

Provider Network Manager is working diligently with IT to ensure the right data is pulled.

1. Challenges:
    a. Requirement is not very clear
2. Attempted solution:
    a. Requesting clarification from the state and HSAG.

Goal #8: The NMRE Compliance and Quality Team will conduct quarterly reviews and analyses of data from the CMHSP Providers where intrusive, or restrictive techniques have been approved for use with members and where physical management or 911 calls to law enforcement have been used in an emergency behavioral crisis.

Objective 1: The NMRE will monitor that only techniques permitted by the Technical Requirements for Behavior Treatment Plans and that have been approved during person-centered planning by the member or his/her guardian may be used with members through annual site reviews by 9/30/2022.

Objective 2: QOC will oversee the operations of the Behavioral Health Treatment operations through 09/30/2022 by reviewing data and trends.

Objective 3: QOC will review/discuss behavior treatment data; this includes trends analysis received from individual CMHSPs quarterly through 12/31/2022.

July 2022 Update

1. A template has been developed to collect data
    a. Challenges:
        i. Identifying the right data to collect that will allow for meaningful discussion
        ii. Providing training to the right individuals to be able to collect and share the right data.
    b. Possible solutions:
        i. Working on creating a regional Behavior Treatment Review Committee.
        ii. Through the Behavior Treatment Review Committee, the right individuals will be present to identify meaningful data collection

iii. Through the Behavior Treatment Review Committee, there will be easier access to train the right individuals.

Goal #9: NMRE will continue to improve the process to provide quarterly updates to the Governing Body regarding routine QAPIP activities.

Objective 1: QAPIP activities will be reviewed and evaluated by QOC quarterly.

Objective 2: The QAPIP quarterly evaluation report will be share with the NMRE Governing Board.

July 2022 Update

The July QAPIP update to the Board is a great start.

COMPLIANCE PLAN
FY 2022

Goal 1: Transition Exclusion Checks activities from the NMRE to the CMHSPs. (The NMRE will continue to run exclusion checks for the SUD providers in 2022)

Objective 1: Develop an Exclusion Check policy that is acceptable to both the NMRE and its Providers.

Objective 2: Share the Exclusion Checks policy with Providers and receive feedback to make sure everyone is on the same page.

Objective 3: Provide necessary information and assistance to ensure a smooth transition.

July 2022 Update

1. All five CMHSPs are now running their individual exclusion checks.
2. The Exclusion Check Policy has now been approved and shared with the CMHSPs.

Goal 2: Begin running SUD licensed providers against the National Practitioner Data Bank (NPDB). The NPDB is a database operated by the U.S. Department of Health and Human Services that contains medical malpractice payment and adverse action reports on health care professionals.

Objective 1: Obtain all required documents and complete registration to access the NPDB.

Objective 2: Obtain required information from providers to enter into the database.

Objective 3: Start running monthly checks against the database for SUD providers.

July 2022 Update

1. NPDB registration is now complete
2. Required information has been requested and received from providers
3. Challenges:
    a. Lots of providers to upload into the NPDB
    b. Unable to upload an excel spreadsheet; data needs to be converted into XML format.

Goal 3: Implement DocuSign functionality for contracts and other NMRE documents needing external signatures.

Objective 1: Ensure that all NMRE contract documents are executed on a legally binding, and secure, platform.

July 2022 Update

1. Docusign functionality has now fully implemented.
    a. Uses:
        i. It's heavily used by the Provider Network Manager for signing contracts and other documents.

Goal 4: Improve Medicaid Encounter Verification (MEV) reporting capability by transitioning into Power BI.

Objective 1: Provide details to IT on the current flow, what kind of data is entered and the expected outcome for reports to be run through the Power BI functionality.

Objective 2: Collaborate with IT to work through the design and the testing of the new Power BI reporting functionality.

Objective 3: Validate date in the new system.

July 2022 Update

Not started

Goal 5: Exploit existing options to effectively track incidents within the RECON system. – Not started

Objective 1: Discuss requirements and expected outcome with IT

Objective 2: Review proposed set up with IT

Objective 3: Collaborate with IT to ensure expected outcome is met with some system update, otherwise, explore other options.

July 2022 Update

Not started

FY 2022 Compliance and Quality Work Plan Update

Presented to NMRE Board of Directors

by:

Tema Pefok, Chief Quality and Compliance Officer

July 27, 2022

Performance Improvement Projects (PIPs)

- **Concluded two PIPs**
  - Diabetes PIP
  - ADHD PIP

Upcoming PIP

1. State – HSAG PIP
   Opioid Health Home (OHH) – Enrollment and retention
2. Regional PIP
   Couple of options

a. Decrease hospitalization for chronic medical conditions by increasing enrollment in BBH.

b. Decrease no-show/missed appointment rate for psychiatric services through provision of telehealth services.

Opioid Health Home (OHH)

- Topic: The percentage of individuals who are eligible for Opioid Health Home (OHH) services, enrolled in the service and are retained in the service.

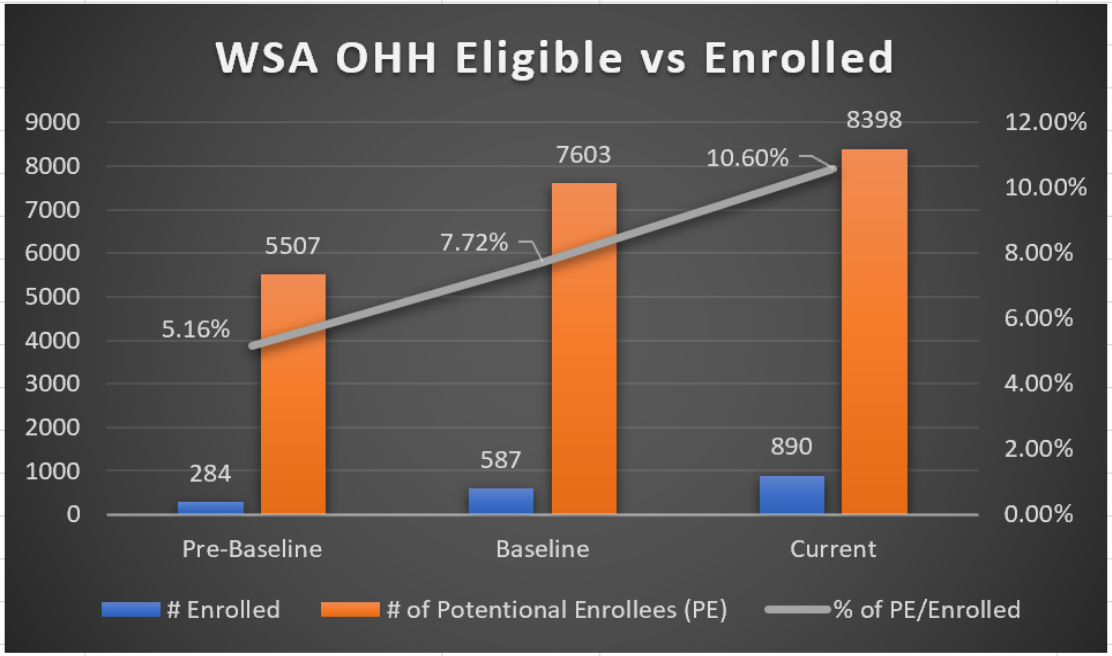
Brief History

Northern Michigan Regional Entity (Region 2) has:

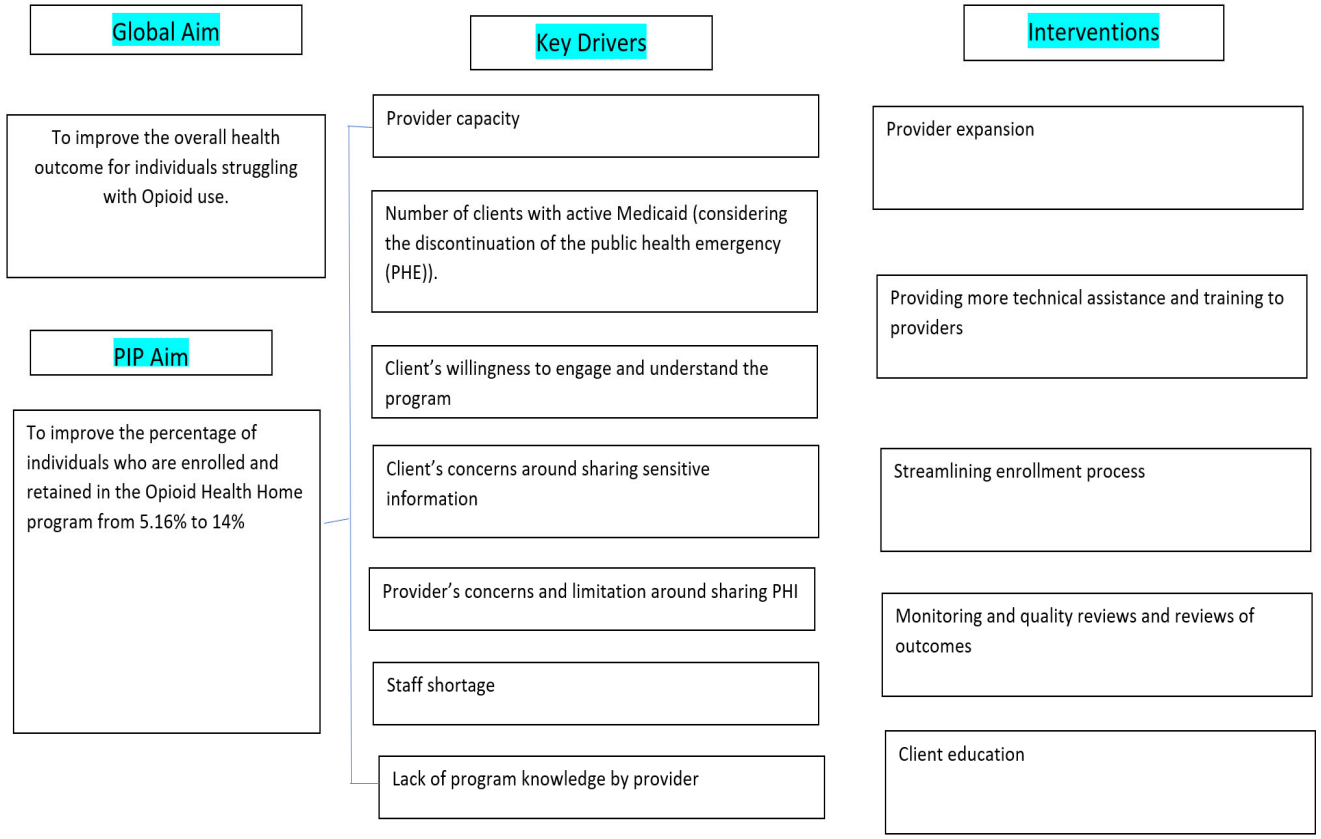
1. The highest per capita number of Medicaid beneficiaries with an Opioid Use Disorder diagnosis in the state.
2. Income under 200% of the federal poverty level is 37% (state average is 26%).
3. The second highest rate of Opioid Prescriptions per 100,000 among other PIHP Regions.
4. A higher per capita prevalence of Acute Hepatitis C than the State average.
5. Nearly half (12) of the top 25 opioid needs in Michigan's 83 counties according to an MDHHS ranking.

Pre-Baseline and Baseline Data

WSA OHH Eligible vs Enrolled				
Time Period	**Running Date**	**# Enrolled**	**# of Potentional Enrollees (PE)**	**% of PE/Enrolled**
Pre-Baseline	<= '2020-09-30'	284	5507	5.16%
Baseline	<= '2021-09-30'	587	7603	7.72%
Current	<= '2022-09-30'	890	8398	10.60%



PIP HighLevel



Standardize the collection of Risk Events and Sentinel Events Data.

1. Template has been developed and shared with the Boards
2. Training has occurred at QOC
3. Boards need to train individuals responsible

- Next step

  Once the right data begins to flow, IT will develop a Power BI report for easy reporting.

- Challenges:
  1. Getting the templates into the right hands
  2. Training the right staff on how to complete the template

Satisfaction Survey

1. Survey tool was revised to capture more meaningful data
2. The following satisfaction surveys have been completed:
   a. SUD Residential
   b. MH Outpatient
3. Survey results were share with the board in June.

- Challenges:
  a. Low participation.
  b. Lack of communication between staff and administration resulted in low participation.
  c. Not all clients have returned to inpatient service
  d. Completed surveys are not returned timely.

Performance Indicator Data

Performance Indicator data was shared with the CMHSPs quarterly

CMHSPs reviewed the data for accuracy and discussed ways to improve outcomes

Table 1 – Access – Timeliness/Inpatient Screening

Population	Emergency Referral	# Less Than 3 Hrs.	% Less Than 3 Hrs.
Children	214	208	**97.20%**
Adults	747	739	**98.93%**
Total	**961**	**947**	**98.54%**

Table 2a – Access – Timeliness/First Request

Population	New Clients	In 14 Days	% In 14 Days
MIC	409	206	**50.37%**
MIA	833	414	**49.70%**
DDC	71	47	**66.20%**
DDA	30	17	**56.67%**
Total	**1,343**	**684**	**50.93%**

Table 2b – Access – Timeliness/First Request - Substance Use Disorder

Population	Admissions	Expired	In 14 Days	% In 14 Days
SA	Calculated	82	Calculated	Calculated **%**

Table 3 – Access – Timeliness/First Service

Population	New Clients Start Services	In 14 Days	% In 14 Days
MIC	269	169	**62.83%**
MIA	481	313	**65.07%**
DDC	53	46	**86.79%**
DDA	28	14	**50.00%**
Total	**831**	**542**	**65.22%**

Table 4a – Access – Continuity of Care

Population	# Discharges	Exceptions	Net Discharges	In 7 Days	% In 7 Days
Children	40	12	28	28	**100.00%**
Adults	209	72	137	134	**97.81%**
Total	**249**	**84**	**165**	**162**	**98.18%**

Table 4b – Access – Continuity of Care - Substance Use Disorder

Population	# Discharges	Exceptions	Net Discharges	In 7 Days	% In 7 Days
SA	184	65	119	115	**96.64%**

Table 6 – Outcomes – Inpatient Recidivism

Population	# Discharges	Exceptions	Net Discharges	Readmit In 30 Days	% Readmit In 30 Days
Children	39	0	39	4	**10.26%**
Adults	211	0	211	22	**10.43%**
Total	**250**	**0**	**250**	**26**	**10.40%**

Provider Network Monitoring

1. There were two reviews:
    a. CMHSP – full review
    b. SUD Providers - CAP
        a. CAPs have been reviewed and approved
        b. CAP evidence has been uploaded
        c. Pending final review and feedback

2. MEV
    a. Q1 is completing
    b. Q2 is 90% complete

Results Summary

TOOL	OVERALL SCORE (%)				
	AV	CW	NC	NE	NL
DMC	100	99.4	99.7	97.9	97.6
Program Specific	97.37	97.9	97.4	92.6	95.8
Clinical Records	97.85	98.2	97.4	96.6	95
Training			88.5	85.4	92

Site Review Observations

1. Most of the missing documentations; trainings were from 2022.
2. Majority of the missing documents; trainings came from AFC Homes.
3. Was unable to see a clear or separate trainings between the various specialties such as customer service, cultural competency, etc.
4. Some Boards did not have a training grid which would make it easy to identify the various trainings.
5. NPDB checks needs to be incorporated in the initial verifications of clinical staff.

Provider Network Directory Update

Information about physical accommodation such as ramp, restrooms, electric doors, etc. has been gathered from providers.

In process of creating a user-friendly interface to replace the spreadsheet currently being used.

Network Adequacy Plan

- Provider Network Manager is working diligently with IT to ensure the right data is pulled.
  - Challenges:
    - Requirement is not very clear
  - Attempted solution:
    - Requesting clarification from the state and HSAG.

Behavior Treatment Plans Date Review

- A template has been developed to collect data

a. Challenge:
   i. Identifying the right data to collect that will allow for meaningful discussion
   ii. Providing training to the right individuals to be able to collect and share the right data.

b. Possible solutions:
   i. Working on creating a Behavior Treatment Review Committee
   ii. Through the Behavior Treatment Review Committee the right individuals will be present to identify meaningful data collection
   iii. Through the Behavior Treatment Review Committee, there will be easier access to train the right individuals.

Exclusion Check Transition

1. Exclusion check policy has now been approved and shared with the Boards

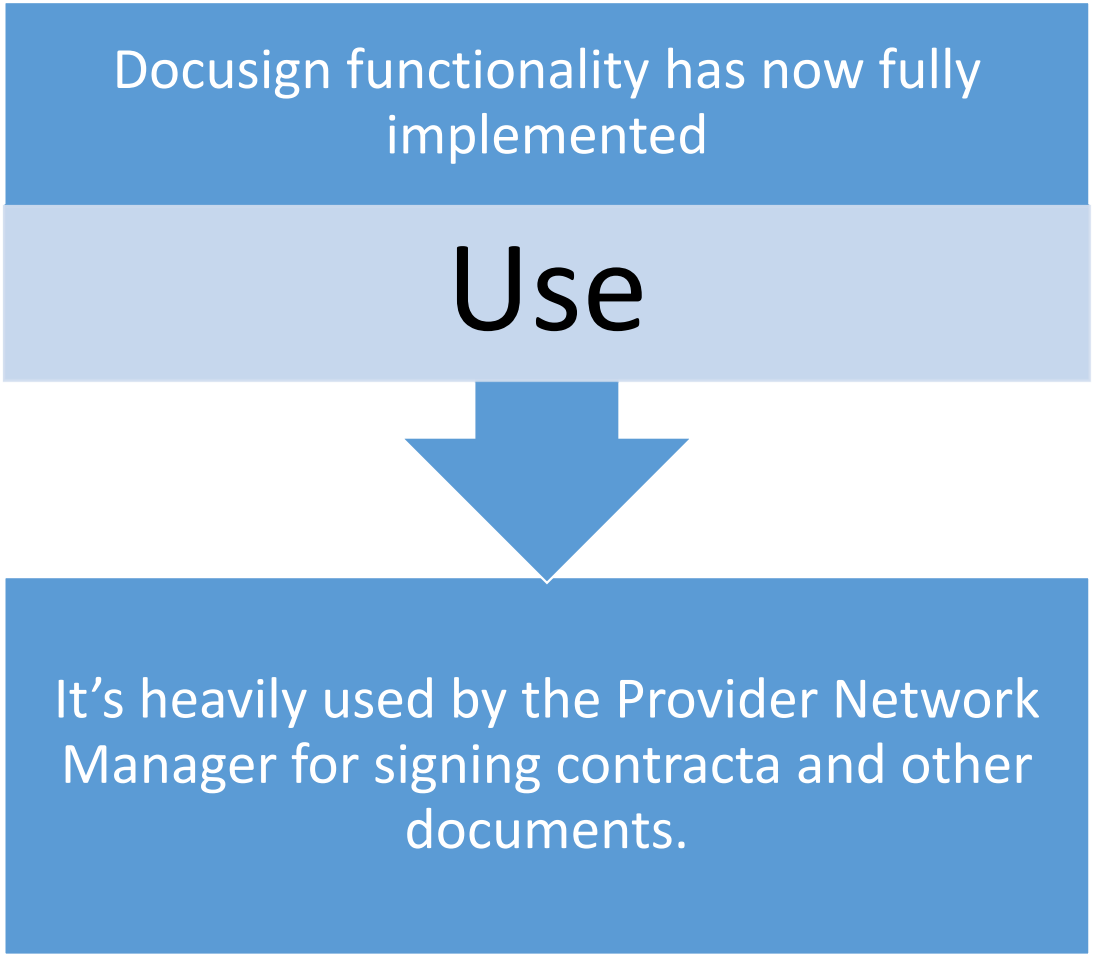
2. All 5 Boards are now running their individual exclusion checks

National Practitioner Data Bank (NPDB)

1. NPDB registration is now complete
2. Required information has been requested and received from providers

- Challenges:
  a. Lots of provider in an eaxel spread sheet
  b. Unable to upload an excel spreadsheet; data needs to be converted into XML format.

DocuSign functionality Implementation



Questions??