Northern Michigan Regional Entity

Board Meeting

December 22, 2021

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 – November 24, 2021	Pages 2 – 7
7.	Correspondence	Pages 8 – 40
8.	Announcements	
9.	Public Comments	
10.	Reports	
	a. Executive Committee Report	
	c. CEO's Report – December 2021	Page 41
	d. Financial Report – No October 2021 Report	
	c. Operations Committee Report – Will be distributed during the meeting	
	e. NMRE SUD Oversight Board Report – Next Meeting is January 10, 2022	
11.	New Business	
	a. Update on Northern Michigan Counties Meeting December 6, 2021	
12.	Old Business	
	a. Senate Bills 597 & 598/House Bills 4925-4929 – The Latest	
	b. CMHAM Special Assessment	Pages 42 – 44
	c. Open Meetings Act	Pages 45 – 47
13.	Presentation/Discussion	
	Recovery Services	Pages 48 – 55
14.	Comments	
	a. Board	
	b. Staff/CMHSP CEOs	
	c. Public	
15.	Next Meeting Date – January 26, 2022	
16.	Adjourn	

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NORTHERN MICHIGAN REGIONAL ENTITY
BOARD OF DIRECTORS MEETING
10:00AM – NOVEMBER 24, 2021
GAYLORD BOARDROOM

ATTENDEES:	**Roger Frye, Ed Ginop, Randy Kamps, Christian Marcus, Mary Marois, Gary Nowak, Jay O'Farrell, Justin Reed, Richard Schmidt, Karla Sherman Don Smeltzer, Joe Stone**
VIRTUAL ATTENDEES:	**Gary Klacking (West Branch)**
ABSENT:	**Terry Larson, Don Tanner**
NMRE/CMHSP STAFF:	**Joanie Blamer, Amy Christie, Erin King, Eric Kurtz, Diane Pelts, Pamela Polom, Brandon Rhue, Sara Sircely, Nena Sork, Deanna Yockey, Carol Balousek, Lisa Hartley**
GUESTS:	**Angela Klinske, Elise Pelletier**

CALL TO ORDER
Let the record show that in the absence of Chairman Tanner, Vice-Chair Ed Ginop called the meeting to order at 10:00AM.

ROLL CALL
Let the record show that Terry Larson and Don Tanner were excused for the meeting on this date; all other Board Members were in attendance.

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 Mr. Ginop called for any additions or corrections to the meeting Agenda; none were proposed.

MOTION BY GARY NOWAK TO APPROVE THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS MEETING AGENDA FOR NOVEMBER 24, 2021; SUPPORT BY ROGER FRYE. MOTION CARRIED.

APPROVAL OF PAST MINUTES
Let the record show that the October minutes of the NMRE Governing Board were included in the materials for the meeting on this date.

MOTION BY MARY MAROIS TO APPROVE THE MINUTES OF THE OCTOBER 27, 2021 MEETING OF THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS; SUPPORT BY KARLA SHERMAN. MOTION CARRIED.

CORRESPONDENCE

1) The minutes of the November 4, 2021 PIHP CEO meeting.
2) The CMHAM 2022 meeting calendar.
3) MDHHS Michigan Psychiatric Care Improvement Project (MPCIP) November 2021 Update.
4) MDHHS Michigan Integration Efforts November 2021 Update.
5) MDHHS October 28, 2021 Children's Services Discussion.
6) Crisis Stabilization Units in Michigan Concept Paper.
7) MiCAL – PIHP/CMHSP/CCBHC Care Coordination Requirements.
8) Email correspondence from CMHAM dated November 9, 2021 about the "Recommendation of CMHA and Provider Alliance: Response to MDHHS re: Medicaid Bulletin MSA 21-39."
9) Medicaid Provider L Letter 21-76 dated November 16, 2021 regarding FY22 Direct Care Worker Wage Increases.
10) Article from UpNorthLive by Marc Shollett dated November 10, 2021 titled, "Addicted Michigan: Narcan Vending Machine Is Just One Step in Emergent Need."
11) The draft minutes of the November 10, 2021 NMRE Regional Finance Committee meeting.

Mr. Kurtz drew attention to the CMHAM Board Association/Provider Alliance email regarding MSA Bulletin 21-39. CMHA, the CFI CMH Contract Negotiation team, the PIHP Contract Negotiation Team, and the Provider Alliance leadership see this bulletin as "not binding on the providers in the CMH and PIHP provider network, nor on the state's CMHs and PIHPs, until contract negotiations, between MDHHS and the state's CMHs and PIHPs are completed with agreement reached as to these financial reporting requirements." The Contract Negotiation teams have requested the legal opinion from MDHHS and Milliman that backs their position.

Mr. Kurtz also highlighted L 21-76 which increases wages for direct care workers by $2.35 per hour (plus and additional $0.29 administrative fee) through September 30, 2022.

The UpNorthLive article by Marc Shollett regarding Narcan quotes NMRE Managing Director of Substance Use Disorder Services, Sara Sircely.

ANNOUNCEMENTS

Let the record show that Justin Russell, newly appointed NMRE Board Member from Northern Lakes CMHA was introduced and welcomed to the Board.

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 October Board Meeting.

CEOs Report

The NMRE CEO Monthly Report for November 2021 was included in the materials for the meeting on this date. Mr. Kurtz noted his attendance at the North Country CMHA Board Retreat on November 18th.

September 2021 Preliminary Financial Report

- Traditional Medicaid showed $204,540,431 in revenue, and $179,768,235 in expenses, resulting in a net surplus of $24,772,196. Medicaid ISF was reported as $7,738,320 based on the final FSR. Medicaid Savings was reported as $4,515,675.
- Healthy Michigan Plan showed $31,573,008 in revenue, and $25,685,577 in expenses, resulting in a net surplus of $5,887,431. HMP ISF was reported as $7,058,552 based on the Final FSR. HMP savings was reported as $0.
- Net Position* showed net surplus Medicaid and HMP of $30,659,626. Medicaid carry forward was reported as $4,515,675. The total Medicaid and HMP Current Year Surplus was reported as $28,251,301. Medicaid and HMP combined ISF was reported as $14,796,872; the total Medicaid and HMP net surplus, including carry forward and ISF was reported as $43,048,173.
- Health Home showed $508,884 in revenue, and $482,681 in expenses, resulting in a net surplus of $26,203.
- SUD showed all funding source revenue of $21,305,769, and $18,878,106 in expenses, resulting in a net surplus of $2,427,663. Total PA2 funds were reported as $6,146,019.

FY21 Financial Closeout based on the Interim FSR showed:

Summary of Total Savings/Lapse	Total Lapse	Total Earned Savings	Total Savings Corridor	% of Savings by Funding
1. Total Disposition of Medicaid Savings/Lapse	$6,396,060	$11,296,664	$17,296,724	69%
2. Total Disposition of Healthy Michigan Savings/Lapse		$5,061,832	$5,061,832	31%
3. Total Savings/Lapse	$6,396,060	$16,358,496	$22,754,556	100%

The estimated direct care wage surplus was reported as $8.6M.

Ms. Yockey explained that the NMRE will be fully funded at $16,358,496 and can carry forward an additional $16,358,496 of surplus funding into FY22 (first dollars spent); a lapse of $6,396,060 is expected.

FY22 Budget Outlook showed a revenue drop for the first payment of FY22:

	Sept Average per Member	Oct Average per Member	Average Decrease per Member	% Decrease
HMP Unenrolled	72.27	63.19	(9.08)	-14.4%
HMP Enrolled	52.94	48.99	(3.95)	-8.1%
Medicaid Unenrolled	237.05	225.30	(11.75)	-5.2%
Medicaid Enrolled	103.62	96.36	(7.27)	-7.5%

September to October HSW revenue decreased by $199K ($2.4M annualized).
September to October Medicaid & HMP showed a $1.2M decrease ($14.4M annualized).

Mr. Kurtz recognized that eligibility continues to rise. It was noted that when redeterminations and spenddowns resume, rates will need to be adjusted accordingly. Even with the decreased revenue, a lapse is likely for FY22.

MOTION BY RANDY KAMPS TO RECEIVE AND FILE THE NORTHERN MICHIGAN REGIONAL ENTITY MONTHLY FINANCIAL REPORT FOR SEPTEMBER 2021; SUPPORT BY JOE STONE. MOTION CARRIED.

Operations Committee
The minutes from November 23, 2021 were distributed during the meeting on this date. Mr. Kurtz highlighted the discussion about increasing crisis care in the region. He and Christine Gebhard met with Dr. Ibrahim and Jill LeBourdais, PA about developing an adult Crisis Residential Unit, potentially in Gaylord. Mr. Kurtz stressed that the facility would be designed for use by Region 2. Conversations also continue with Munson to partner on the creation of a crisis center open to individuals served by the NMRE; Mr. Russell agreed that there is a need in Traverse City. Dr. Ibrahim is also looking to convert a designated (AuSable Valley) COVID home into a children's respite center.

NMRE SUD Oversight Board Report
The minutes of the November 8, 2021 NMRE Substance Use Disorder Oversight Board meeting were included in the materials for the meeting on this date. Liquor tax requests will be discussed under "New Business."

NEW BUSINESS
PA2 Requests
1) 53rd Circuit Recovery Court & The Salvation Army - $6,000 – Cheboygan County – Transitional Housing
2) 13th Circuit Court Community Corrections & Grand Traverse County Finance – $34,100 – Grand Traverse County – Recovery Coaching
3) 13th Circuit Court Community Corrections & Grand Traverse County Finance – $31,500 – Grand Traverse County – Supportive Recovery Housing

MOTION BY JOE STONE TO APPROVE THE REQUESTS FOR LIQUOR TAX FUNDS RECOMMENDED BY THE NORTHERN MICHIGAN REGIONAL ENTITY SUBSTANCE USE DISORDER OVERSIGHT BOARD ON NOVEMBER 8, 2021 IN THE TOTAL AMOUNT OF SEVENTY-ONE THOUSAND SIX HUNDRED DOLLARS ($71,600.00); SUPPORT BY MARY MAROIS. MOTION CARRIED.

CHS Coalition Updated Budget Amounts
Update budgets were included in the materials for the meeting on this date. The net difference was provided as ($4,639).

County	Project	Amount Requested	Amount Approved	Updated Request	Net Difference
Crawford	Coalition	$20,725	$20,725	$34,676	$13,951
Iosco	Coalition	$33,871	$33,871	$33,865	($6)
Oscoda	Coalition	$17,499	$17,499	$18,996	$1,497
Roscommon	Coalition	$42,447	$42,447	$22,366	($20,081)

MOTION BY MARY MAROIS TO APPROVE THE REVISED REQUESTED AMOUNTS BY CATHOLIC HUMAN SERVICES FOR FISCAL YEAR 2022 PREVENTION COALITION FUNDING FOR CRAWFORD, IOSCO, OSCODA, AND ROSCOMMON COUNTIES; SUPPORT BY RANDY KAMPS. MOTION CARRIED.

Rural Exemption
An update was requested from the Board. Mr. Kurtz clarified that the terminology is actually a "Rural Exception." Mr. Kurtz stated there is a rural exception for managed care which is a state prerogative. Whenever a subgroup or group of Medicaid individuals is mandatorily enrolled in managed care, there is a requirement that there is a choice of at least two health plans (for comprehensive medical services) per geographic area. The rural exception comes into play when the area doesn't support two health plans because competition doesn't really exist. In Michigan, the Upper Peninsula Health Plan received the only Rural Exception granted.

A second category of exceptions exists under managed care. Because behavioral health is a managed care carve-out, the state had requested (1998 and 2002) that, due to the nature of behavioral health, there wasn't a competitive need for two PIHPs to be within state defined regions, therefore waiving freedom of choice for those individuals under the 1915(b) and subsequently the 1115 waivers.

Mr. Kurtz suggested that focusing on rural exceptions for waiving criteria associated with evidence-based best practices (staffing ratios, etc.) would be an effective strategy. Mr. Kurtz proposed that The State Office of Rural Health weigh in during the 30-day notice for Medicaid policy promulgation. A legislative champion would be needed to move these recommendations into state policy.

CMHAM Special Assessment
The Community Mental Health Association's Voluntary Special Assessment to support expanded advocacy work dated November 2021 was included in the materials for the meeting on this date. The funds received by CMHA, through this special assessment will be used "to strengthen what is already a sophisticated and multi-component advocacy capacity. This strengthened advocacy capacity is needed now to match the level of threats and opportunities faced by the state's CMHs and PIHPs and those served."

The NMRE Operations Committee passed a motion to have the NMRE contribute on behalf of the Region. Finance Officers have discussed whether participation in the voluntary special assessment can be charged to Medicaid (CMHAM has indicated that it can). Mr. Kurtz indicated that he would need a dues invoice based on projected increased expenses.

Mr. Stone stated that entities can contact CMHAM and request an invoice. Mr. Kamps suggested circling back to Bob Sheehan for a legal opinion. Mr. Kurtz noted that Performance Bonus Incentive Payment (PBIP) dollars could be used to make the contribution. Mr. Kurtz stressed the need to highlight the PIHPs in advocacy efforts.

MOTION BY MARY MAROIS TO AUTHORIZE THE NORTHERN MICHIGAN REGIONAL ENTITY TO MAKE A ONE-TIME PAYMENT OF FORTY THOUSAND DOLLARS ($40,000.00) TO THE COMMUNITY MENTAL HEALTH ASSOCIATION OF MICHIGAN ON BEHALF OF ITSELF AND THE FIVE MEMBER COMMUNITY MENTAL HEALTH SERVICES PROGRAMS; SUPPORT BY KARLA SHERMAN. ROLL CALL VOTE.

"Yea" Votes:	**R. Frye, E. Ginop, R. Kamps, G. Klacking, C. Marcus, M. Marois, G. Nowak, J. O'Farrell, J. Reed, R. Schmidt, K. Sherman, D. Smeltzer, J. Stone**
"Nay" Votes:	**Nil**

MOTION CARRIED.

OLD BUSINESS

Senate Bills 597 & 598/House Bills 4925-4929 – The Latest

This topic was covered previously under the CMHAM Special Assessment.

PRESENTATION

Lambert Public Relations Update

The Board requested a status update from the Lambert Public Relations firm. NMRE Compliance Officer, Tema Pefok, was in attendance to provide an update on NMRE staff's efforts and Angela Klinske (Senior Director), and Elise Pelletier (Manager) joined the meeting to provide an update from Lambert PR.

- Biweekly meetings are occurring between NMRE and Lambert staff.
- The NMRE's response to SB 597 & 598 was sent to 155 individuals including sheriffs, prosecutors, county administrators, boards of commissioners, judges, and legislators.
- The NMRE is working with Lambert to restructure its website to raise awareness of NMRE and target its primary audiences of media, legislators, and the community.
- The NMRE is working with its Member CMHSPs and Lambert to secure testimonials for the media and eventually the website.
- The NMRE provided Lambert with data such as number of members served, number employed, performance indicator data, etc. to share with interested parties.
- The NMRE collaborated with the Lambert representatives to set up a television interview for Sara Sircely with UpNorthLive, which was syndicated to its sister stations across the state.

COMMENTS

Board

Mr. Stone commented that CMHAM invoked a special assessment when 298 was a threat to the system.

Mr. Kamps requested an update on progress being made on recovery in addiction, specifically focusing on suboxone, which will be put on the December meeting Agenda.

Mr. Marcus announced a forum on November 30th for commissioners to get feedback for the next December17th task force for juvenile justice meeting and the mental health aspect of cost allocations.

Mr. Smeltzer shared that he heard and interesting story on Interlochen Public Radio about the mental health system in Italy; the government is attempting to shut down the community-based system (similar to our CMH system) and move to privatization.

Staff/CMHSP CEOs

Ms. Pelts expressed thanks for the Leadership at NMRE and the collegiality with which the NMRE, the Member CMHSPs, and the Boards work.

Ms. Pefok requested that she be contacted if anyone sees the NMRE or the public behavioral health system being misrepresented in the media or other outlets.

MEETING DATES

The next meeting of the NMRE Board of Directors was scheduled for 10:00AM on December 22, 2021.

ADJOURN

Let the record show that Mr. Ginop adjourned the meeting at 11:55AM.

PIHP CEO Meeting
December 2, 2021
9:00AM – 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
Jim Johnson	Region 10

Michigan Department of Health & Human Services (MDHHS)

Kendra Binkley
Audrey Dick
Lisa Grost
Belinda Hawks
Larry Scott
Jeff Wieferich
Krista Hausermann
Brenda Stoneburner
Michelle Derose
Matthew Seager
Price Pullins
Jody Lewis
Lindsay McLaughlin
Brian Keisling

Milliman Teleconference

Jeremy Cunningham
Gwyn Volk

Michigan Department of Technology, Management & Budget (MDTMB)

Herve Mukuna

Michigan Public Health Institute (MPHI)

Kristi Bente
Krystalle Double

Purpose of Policy 21-39 Reporting Requirements

1. Jeremy Cunningham shared the Behavioral Health Fee Schedule Provider Reporting Requirements one-page document.
    a. This document has been provided to the group via email.
    b. The purpose of these requirements is to support the annual calculation of Medicaid behavioral health comparison rates, and to understand provider costs associated with the delivery of Medicaid-funded behavioral health services.
    c. Hospitals are excluded from these reporting requirements as they already submit hospital cost reports.
2. A PIHP asked if the contracted provider report aggregated within a PIHP or across PIHP regions.
    a. Jeremy Cunningham responded that it was statewide. Each PIHP would only submit one report to reduce administrative burden.
        i. A PIHP asked how an individual would know the provider aggregate total, as many PIHPs use the same providers.
        ii. Jeremy Cunningham responded that Milliman had sent out a Tax ID Number survey sent out a few months ago; it has been sent out again for 2019 expenditures. The goal is to collect the expenditures at the Tax ID level, and the state would roll it up.
        iii. A PIHP expressed concern that the determination of which reporting level applies would be made only after the reporting was already complete.
        iv. Jeremy Cunningham answered that Milliman's intent was to use 2021 EQI information in advance of the reporting requirement due the following year in 2023.
3. The PIHPs noted that the Standard Cost Allocation Model is still under contract negotiations at the CMHSP and PIHP levels.
4. The PIHPs asked what the state intends to do if there is a difference found in the Salary and Wage survey.
    a. Jeremy Cunningham responded that the purpose of the survey is to understand how the wages may vary across the state and provide transparency on what those currently are.
        i. He added that to the extent that those are significantly different, there might be consideration for comparison rates. There are currently comparison rates at the regional level involving varying transportation costs, but considerations could be given for regional variation beyond transportation.
    b. The PIHPs hoped that consideration would be given for historic rate suppression, where wages may have been artificially low.
    c. The PIHPs asked for how they might address areas with what seem like inflated rates when they do not have a lot of leverage within the market.
        i. Jeremy Cunningham answered that there was a workgroup at the state with a goal to develop a statewide rate at a mandated payment/fee schedule, which would make it a directed payment from the state and not up to the PIHPs to negotiate.

5. A PIHP asked if anyone anticipated that private providers might refuse to provide such information on legal grounds.
    a. Jeremy Cunningham responded that MDHHS was trying to take every precaution.
6. A PIHP asked if Medicaid Health Plan providers are subject to similar analyses and information requirements.
    a. Jeremy Cunningham responded that the Medicaid Health Plans have the benefit of having many very granulated procedure codes and a fee schedule.

MI Kids Now Update

1. Lindsay McLaughlin, project manager for the MI Kids Now initiative, introduced herself.
2. The PIHPs asked if there was a timeline for when the PIHPs could expect to learn the details of the settlement agreement.
    a. Lindsay McLaughlin stated that she was reluctant to give a timeline, as the timelines do move in litigation. She stated she hoped they could be shared in the first or second quarter of 2022, but she expects that could still change.

Status of Afghan Arrivals Resettling in MI

1. Jody Lewis shared a flyer that will serve as a resource for providing more culturally competent care to the new arrivals. The flyer is from October, but the webinars will repeat in December 2021 and January 2022. The webinars will be presented live and recorded.
    a. She reported that some behavioral health providers have been unwilling or unable to provide assistance to new arrivals due to the cost of interpreters. The interpreter cost may not be covered by the Medicaid fee. She is looking to see which locations have turned the new arrivals down.
2. Jody Lewis reported that a representative from a service that aids a lot of new arrivals to the US reported one difficulty newcomers are facing is that newcomers are often given Priority Health Insurance, which is very good for medical and transportation costs, but does not provide a significant number of approved behavioral health providers.
    a. Price Pullins reported that they are reaching out to Priority Health for more information.

Quality Management Updates

1. Belinda Hawks provided the Quality Management Updates.
    a. A letter went out on December 1, 2021 about the closure of an in-person training option. MDHHS is considering what virtual options might still be available. Another communication will be coming out relating to accreditation cost requests.
    b. There are no new updates on the 1915(i); Michigan is still pursuing an extension request to move the start date of the state eligibility process back from October 2022 to October 2023.

c. MDHHS has gone live with the Omnibus Budget Reconciliation Act (OBRA) 3877/78 electronic referral forms and is continuing to address questions and concerns relating to those forms.
d. The Quality Improvement Council has kicked off a refreshed version of itself, one with a hopefully more robust agenda related to section and division updates within BHDDA and work group updates that will feed up into the council's efforts to inform policy and practice.
e. Late on December 1, 2021, there was a federal court ruling in Louisiana that addressed a request to pause the vaccine mandates. Health and Aging Services Administration (HASA), formerly the MSA, had been working on communications related to the mandates. HASA has paused these publications until MDHHS better understands what that current stay will mean for an implementation timeframe.
f. There was a question about Medicaid continued enrollment; HASA will be meeting with the PIHPs relating to the options going forward. The public health emergency currently is set to end in mid-January, but it may be extended, and HASA will discuss what it will mean for continued enrollment in either case.
g. MDHHS is looking to add new courses to Improving MI Practice that target clinicians, especially courses on what is needed in order to bill. MDHHS would appreciate input on what would be helpful for these courses; that input can be sent to MDHHS-CPI-Section@michigan.gov.

MPCIP & MI CAL Update

1. The MPCIP update has been distributed to the group via email.

Strategic Behavioral Health Integration and Coordination Initiatives

1. A written update has been distributed to the group via email.

SUD Capacity 1003 Demonstration Update

1. Carrie Rheingans reported that she is working on rolling over projects into this fiscal year, which will be the final year for the SUD Capacity 1003 Demonstration project.
    a. She reported that she has received word from a few more PIHPs that would like to take part in process improvement activities, and requested they follow up with her if they have not heard from colleagues at the University of Michigan.
    b. She has been attending and listening to the recordings of the listening sessions being held around the state relating to public opinion on the behavioral health systems. One issue that she has heard raised repeatedly has been about workforce.
        i. These comments are considered as her team drafts their initial policy proposals from their project.

Statewide Universal Credentialling

1. Krista Hausermann reported that the stakeholder workgroup meeting on statewide universal credentialling has had so much interest that the state is now asking that groups send representatives. The workgroup is looking for ways to implement the statewide universal credentialling process so that it meets the legislative requirements and helps to reduce duplicate information.
    a. The group has looked at a human resources platform that some of the CMHs and PIHPs use, to see what that looks like.
    b. Discovery work is still ongoing.

DCW Reporting and Accounting in FY 22

1. Jeff Wieferich reported that a communication on this topic went out December 2, 2021 from Teri Baker.
    a. MDHHS is aware that having to report the DCW separately from the regular capitation is a sore point, but as it is a separate line item, MDHHS must be able to account for where it goes.
    b. There is still ongoing concern for recoupment amounts from FY 2020 and FY 2021.
2. The PIHPs noted that an additional problem for the PIHPs has been that the revenue from the DCW amount does not show separately, so the PIHPs do not know what they are cost settling to.
    a. MDHHS reported that this has been discussed internally.

System Transformation Update

1. Jeff Wieferich reported that there was not a lot of action currently. There are listening sessions around the state to hear about the system.
    a. MDHHS is remaining neutral on support for any of the bills currently in play and has not seen any formal action being undertaken on either the Shirkey or Whiteford bills at the Legislature.

CMHs, KPH, and Court

1. A PIHP requested an update on what is going on with the Kalamazoo Psychiatric Hospital discharges. Some CMHs were summoned to court in Kalamazoo County regarding discharges; one CMH was ordered to pick up an individual they have no placement for.
    a. The PIHP is not sure both sides of the system are speaking to one another.
    b. The PIHP has a list of discharges from Dr. Mellos, but the list is not up to date. One person on the list had been discharged for weeks, and another the PIHP was not allowed to see, as the Kalamazoo Psychiatric Hospital said that the individual was nowhere near discharge.
        i. MDHHS suggested directing questions about the list to Dr. Mellos.
    c. Price Pullins reported that he had been involved with Dr. Mellos on the process of the list; the intent is to move people who appear ready for discharge and who should not be in a

psychiatric hospital. The goal is to get those who are developmentally disabled out of the Kalamazoo Psychiatric hospital and into the community. They will be looking at lists and working with the CMHs to try to move people into the community in a successful manner.

2. MDHHS answered that the summons surprised them as well. Their only assumption is that perhaps the Disability Rights of Michigan organization that monitors the discharge ready list may have had some impact on that. They may be trying to hold people accountable to move individuals out of the hospital.
    a. MDHHS will support the CMHs however they can, though they do not have a clear picture on what is driving this.
3. The PIHP reported that they had been trying to get a meeting with the Disability Rights of Michigan organization about this. One individual that the CMHs were summoned on is one that the PIHP has been trying to get into the community since July 2020. The PIHP has not been able to find anyone who will take the individual or create a safe environment for them.
    a. MDHHS requested that the PIHP keep them updated.

Action Items

#	*Date Added*	*Action Item*	*Assigned To*	*Status*
1.	01/07/2021	H2015 Follow-up.	MDHHS	In Progress

Michigan Psychiatric Care Improvement Project (MPCIP)

December 2021 Update

Overview

Michigan House CARES Task Force and the Michigan Psychiatric Admissions Discussion evolved into the Michigan Psychiatric Care Improvement Project (MPCIP).

Two Part Crisis System

1. Public service for anyone, anytime anywhere: Michigan Crisis and Access Line (MiCAL) per PA 12 of 2020, Mobile crisis*, Crisis Receiving and Stabilization Facilities [1] *

2. More intensive crisis services that are fully integrated with ongoing treatment both at payer and provider level for people with more significant behavioral health and/or substance use disorder issues

Opportunities for improvement

- Increase recovery and resiliency focus throughout entire crisis system,
- Expand array of crisis services
- Utilize data driven needs assessment and performance measures
- Equitable services across the state
- Integrated and coordinated crisis and access system – all partners
- Standardization and alignment of definitions, regulations, and billing codes

MI-SMART (MEDICAL CLEARANCE PROTOCOL)

Overview

- Standardized communication tool between EDs, CMHSPs, & Psychiatric Hospitals to rule out physical conditions when someone in the ED is having a behavioral health emergency and to determine when the person is physically stable enough to transfer if psychiatric hospital care is needed.
- Broad cross-sector implementation workgroup.
- Implementation is voluntary for now.
- Target Date: Soft rollout has started as of August 15, 2020.
- www.mpcip.org/mpcip/mi-smart-psychiatric-medical-clearance/

Current Activities: No changes

- Education of key stakeholders statewide; supporting early implementation sites; performance metric development.
- As of 12/1/21: Adopted/Accepted by: 30 Emergency Departments, 14 Psychiatric Hospitals, 13 CMHSPs. 19 more facilities are in the process of implementing.
- Targeted outreach to specific psychiatric hospitals and CMHSPs in geographic areas of ED adoption
- Developing a commitment letter for Psych hospitals, CMHSPs, and EDs to sign
- Partnering with LARA to develop a crosswalk that outlines regulatory practices that MiSMART can help meet
- Record high COVID numbers in Emergency Departments are impeding progress.

Michigan Crisis and Access Line (MiCAL)

Legislated through PA 12 of 2020, PA 166 of 2020.

CALL SIDE

Overview

- Crisis triage, support, and information and referral services 24/7 via phone, text, and chat
- Predicated on Recovery & Resiliency Principles: Caller-defined crisis, holistic, crisis support and triage, trauma informed, safety assessments, non-judgmental, referrals with follow up to help people connect to treatment when needed.

- Supports all Michiganders with behavioral health and substance use disorder needs to locate care regardless of severity level or payer type. Integrated with BHDDA Peer/ Recovery Coach Warm line, warm hand-offs and follow-ups, crisis resolution and/or referral, 24/7 warm line, and information and referral offered.
- MiCAL will not prescreen individuals. MiCAL will not directly refer people to psychiatric hospitals or other residential treatment. This will be done through PIHPs, CMHSPs, Emergency Departments, and Crisis Stabilization Units.
- Individual level performance measures.
- Opportunity for systems level change: data source for systems level needs i.e. to be addressed in collaboration with other systems including other crisis lines.
- Common Ground is the MiCAL staffing vendor.
- Target Dates: Pilot start date: Upper Peninsula and Oakland April 2021; Operational Statewide October 2022**.**
- Michigan Warmline is active statewide.
- Planned Design Activities:
    - Targeted Engagement Discussions to ensure MiCAL meets all Michiganders' needs. This process will pull together providers and people with lived experience for specific population groups to ensure that MiCAL is effectively outreaching and serving them.
    - Resources: Developing partnerships and technological integration with 211 and OpenBeds to ensure MiCAL has up to date resource information.

Current Activities

- Frontline Strong First Responder Crisis support project called Frontline Strong in partnership with Wayne State is in development. Crisis line is estimated to go live in Spring 2022.
- MiCAL and the Michigan Warmline staff have had over 29,000 encounters since April 19th (MiCAL go live); mostly calls. Over half the encounters have been on the Warmline.
- Pilot is focused on streamlining and routinizing care coordination process with CMHSPs and ensuring that CRM technology supports these processes.
- MiCAL integration with 211 is complete. Integration with OpenBeds/MiCARE is in progress.
- MiCAL Rollout: MiCAL will rollout statewide in two phases.
    - Phase 1 FY 22: Starting in January 2022, MiCAL will rollout statewide one region at a time, providing coverage for 988 and crisis and distress support through the MiCAL number. It will not provide additional regions with CMHSP crisis after hours coverage at this time.
    - Phase 2 FY 23: CMHSP After Hours Crisis Coverage. MiCAL will provide afterhours crisis coverage for CMHSPs who currently contract with a third party for afterhours crisis coverage. Rollout will occur one PIHP at a time.
- Overview of MICAL/988 Rollout with the rollout schedule was provided in a PIHP/CMHSP/CCBHC Director Overview on November 17th. The Rollout schedule is attached to this handout.

BHDDA Customer Relationship Management (CRM) – Internal Business Processes

Overview

- BHDDA will be transitioning all its internal business processes to a customer relationship management (CRM) system. The BHDDA CRM is a customized technological platform designed to automate and simplify procedures related to the regulatory relationship between BHDDA and its customers: PIHPs, CMHSPs, CCBHCs, SUD entities, Michiganders, etc.
- The development process includes written documentation of the business process, describing the process and highlighting requirements, and the translation of the business process into technology. All this information is included in the user training.

- Stakeholders for each process are actively engaged throughout the design process and user testing.
- Training materials on the CRM and each of the business processes are housed within the CRM. Training materials include videos and written job aids.
- Virtual, synchronous training and "Learning Lab hours" are held when a business process goes live.

Current Activities

- Universal Credentialing (PA 282 of 2020): BHDDA has been holding stakeholder meetings and in partnership with stakeholders is exploring the most efficient and effective way to implement this legislation.
- Customer Service Inquiry and Contract Management Processes are rolled out statewide.
- ASAM Level of Care Certification Development Process testing and training is occurring now and will go live in January 2022.
- CMHSP Certification: Design work is still being done on this process. We are also working on rollout plans which will likely be a gradual rollout. We are designing a template to facilitate the upload of current CMHSP Certification Service information into the CRM. In the next several months, all CMHSPs will be offered the opportunity to update their Certification data via the template so it can be automatically uploaded rather than them manually entering all their certification data into the new CRM.

988 COALITION

Overview

- MDHHS received a grant from Vibrant Emotional Health (Vibrant) to plan for the implementation of a new, national, three-digit number for mental health crisis and suicide response (9-8-8), which will launch on or before July 16, 2022.
- The 9-8-8 Planning Coalition has gathered input from stakeholders to aid in the development of Michigan's implementation plan. They met monthly over the last several months to help develop, review
- Michigan's Draft Plan has two phases based on implementation time frames. Phase 1 focuses primarily on ensuring adequate call coverage statewide. Phase 2 will focus on metrics, operations requirements, and marketing. Note: Vibrant is still developing requirements so they suggested the "Phase" planning approach.
- Stakeholders have provided feedback throughout the planning process. Workgroup meetings have focused on topics such as vision, follow up care, resources, marketing, metrics, communications, and funding.
- Michigan's final plan is due January 30, 2022.
- 988 will have a soft launch in July 2022.
- Marketing will start at the federal level late 2022, early 2023. We have been asked to wait to market until we receive notice from Vibrant. They will send us marketing materials.

Current Activities

- We have Official 988 Draft Plan was approved by the Workgroup and BHDDA Leadership and has been submitted to Vibrant and SAMHSA for their review. We just received feedback from Vibrant and SAMHSA and their feedback is mainly asking for clarification. The final plan is due the end of January.
- It is important to note that 988 Coverage plans in Michigan are not firm and have already shifted since the Draft Plan was submitted. MiCAL will provide primary phone coverage for the large majority of the state population.
- We have developed an email list to keep Workgroup members up to date and to solicit their help as needed on topics such as marketing.
- Operations workgroup meetings with current NSPL centers are occurring to talk about Vibrant's expectations related to staff training, response times, follow up care, and resources.

- Resource workgroup meetings with 211, OpenBeds and NSPL centers have occurred and at this point in time all NSPL centers will have access to the same resources so no more meetings are necessary.
- As 988 gains publicity, there is increasing interest from community partners in the crisis services system and the role of 988, especially as this supports all Michiganders regardless of payer type.

PSYCHIATRIC BED TREATMENT REGISTRY

Overview

- Legislated through PA 658 of 2018, PA12 of 2020, PA 166 of 2020.
- Electronic service registry housing psychiatric beds, crisis residential services, and substance use disorder residential services.
- The Psychiatric Bed Registry is housed in the MiCARE/ OpenBeds platform which is Michigan's behavioral health registry/ referral platform which is operated and funded by LARA.
- MiSMART will eventually house all private and public Behavioral Health Services and will have a public facing portal.
- The Psychiatric Bed Registry Advisory Group's purpose will transition from choosing a platform to supporting successful rollout and maximization of the OpenBeds platform to meet Michigan's needs.
- LARA is rolling out MiCARE regionally with a statewide completion date by early 2022.
- **Target audience:** Psychiatric Hospitals, Emergency Departments, CMHSP staff, PIHP staff.
    - Public and broader stakeholder access through MiCAL.
    - Broad cross-sector Advisory Workgroup.
- **Target Implementation Date:** Implemented statewide by January/ February 2022.

Current Activities

- LARA is in the process of rolling out MiCARE statewide to all the psychiatric hospitals. There are 58 facilities. 70% attended the initial orientation.
- Psychiatric Bed Advisory Workgroup is providing feedback on tailoring MiCARE to Michigan, i.e. bed categorization, acuity and the rollout.
- MiCARE Demonstration to all CMHSP/PIHP staff is scheduled for Wednesday, December 8th at 2 pm.

CRISIS STABILIZATION UNITS

Overview

- PA 402 of 2020 codifies Crisis Stabilization Units (CSUs) in the Mental Health Code. This new statute requires MDHHS to develop, implement, and oversee a certification process for CSUs. The legislation did not appropriate funding.
- MDHHS is contracting with Public Sector Consultants to help develop with the develop of a Michigan Model and certification criteria.
    - MDHHS is convening a cross sector stakeholder group to develop a Michigan model. As a group Stakeholders will review models from other states and from Michigan to make recommendations around a model that will best fit the behavioral health needs of all Michiganders. Stakeholder Workgroup has over 50 members and is inclusive of people with lived experience, Peers, and representatives from diverse disciplines and geographic regions.
- **Timing**: Michigan Model developed by 12/1. Draft Certification rules developed by March 2022, finalized by Sept. 2022

Current Activities

- Michigan CSU Model for adults has been drafted and approved by Workgroup.
- The Michigan Model is now being tailored to the needs of Children and Families.
- A very small subset of the Stakeholder group is developing draft certification criteria for adults. It will be presented to the larger workgroup in early 2022 for their feedback. There is special attention being paid to congruency with funding requirements, licensing requirements of related services, and accreditation.
- A rural crisis continuum meeting with a broad set of stakeholders will be held to provide feedback on certification criteria for rural areas and there is rural representation on certification subgroup.
- PSC 'extensive research on best practices in other states is being incorporated in the model.
- PSC is looking at available statewide data to help determine capacity needs.

MOBILE CRISIS SERVICES

Overview

- Mobile crisis services are one of the three major components that SAMHSA recommends as part of a public crisis services system.
- MDHHS goal is to eventually expand mobile crisis across the state for all populations, taking advantage of the enhanced Medicaid match.
- MDHHS has contracted with PSC/HMA to develop recommendations to expand mobile crisis for adults in Michigan, with special attention on strategies for rural areas.
- There is coordination with the MDHHS staff leading the KB lawsuit around services for children.

Target Date: Spring 2022

Current Activities – No new updates this month.

- PSC is doing research on mobile crisis models.
- PSC is coordinating work with the Diversion Council and Wayne State Center for Behavioral Health Justice (CBHJ) who are also focused on looking at adult mobile crisis models.
- PSC will start exploring adult crisis stabilization services offered by CMHSPs in Michigan.
- MDHHS plans to take advantage of the advanced Medicaid match coming in the spring of 2022.

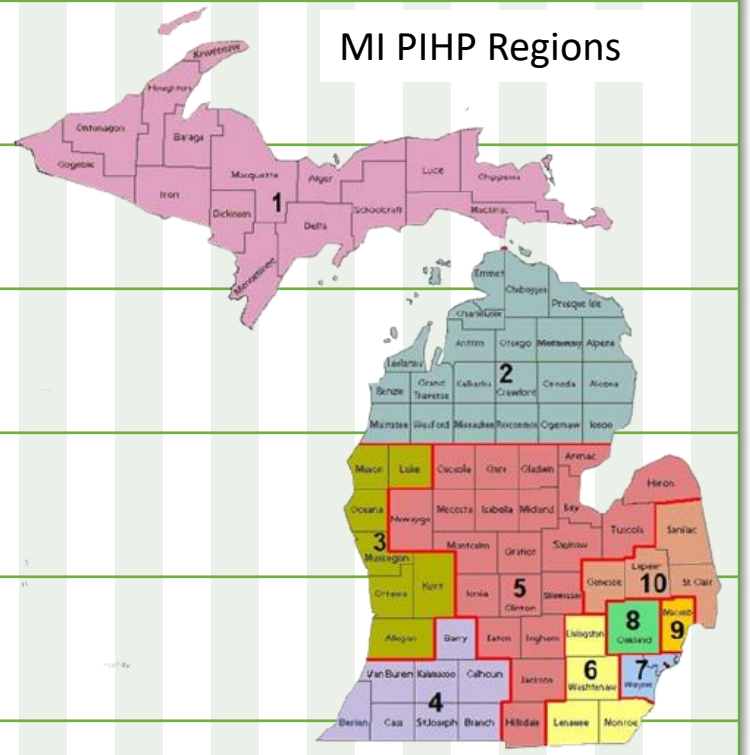
QUESTIONS OR COMMENTS?

- Krista Hausermann (hausermannk@michigan.gov)
- Jon Villasurda (villasurdaj@michigan.gov)

MiCAL 988 Rollout Timeline (MiCAL/NSPL is active in Regions 1- UP & 8-Oakland)

	JAN 22'					FEB 22'				MAR 22'				APR 22'				MAY 22'					JUNE 22'				JULY 22'				AUG 22'				SEP 22'					OCT 22'			
	3	10	17	24	31	7	14	21	28	7	14	21	28	4	11	18	25	2	9	16	23	30	6	13	20	27	4	11	18	25	1	8	15	22	29	5	12	19	26	3	10	17	24	31
3 – Lakeshore Regional Entity																																											
10 – Region 10 PIHP																																											
2 – Northern MI Regional Entity																																											
5 – Mid-State Health Network																																											
6 – CMH Partnership of Southeast MI																																											
7 – Detroit Wayne Integrated Health Network																																											
4 – Southwest MI Behavioral Health																																											
9 – Macomb County CMH Services																																											

MI PIHP Regions



BEHAVIORAL HEALTH FEE SCHEDULE PROVIDER REPORTING REQUIREMENTS

Michigan Department of Health and Human Services (MDHHS) has released a series of reporting initiatives to strengthen and inform rate setting initiatives for its Medicaid behavioral health program. As described in MSA Policy 21-39, providers must comply with certain reporting requirements specific to behavioral health services, which are summarized in this document. Hospitals are excluded from these reporting requirements as they already submit hospital cost reports.

What is the purpose of these requirements? MDHHS will use the reported information to:

- Support the annual calculation of Medicaid behavioral health comparison rates – these rates are available for use by contracted behavioral health providers, CMHSPs, and Prepaid Inpatient Health Plans (PIHPs) during rate negotiations. MDHHS first calculated these comparison rates in 2021 and anticipates providing annual updated comparisons rates every June.
- Understand provider costs associated with the delivery of Medicaid-funded behavioral health services – these services represent approximately 20 percent of all Medicaid-funded services in Michigan.

Salary and Wage Survey

Participants: All behavioral health providers (contracted and CMHSPs, excludes hospitals)

Data Collected: Salary, wages, training, benefits, PTO, and turnover by staff type across all behavioral health services.

Frequency: Annual **Release Date:** January 2022 **Due Date:** March 2022

Time Period for Data Collection: CY 2021 (January 1, 2021 to December 31, 2021)

Contracted Behavioral Health Provider Service Expense Data Collection Tool

Participants: All contracted behavioral health providers with over $1 million in Medicaid revenue in SFY 2021 (excludes CMHSPs and hospitals)

Data Collected: Provider service units, minutes and costs by type of behavioral health service (cost center). Costs include those related to direct care and supervisor staffing, employee-related expenses, transportation and administration. Providers with SFY 2021 Medicaid revenue between $1 million and $5 million may complete an abbreviated version of the Tool.

Frequency: Annual **Release Date:** February 2022 **Due Date:** February 28, 2023

Time Period for Data Collection: SFY 2022 (October 1, 2021 to September 30, 2022)

CMHSP Service Expense Data Collection Using the Standard Cost Allocation Model

Participants: All CMHSPs

Data Collected: Provider costs by type of behavioral health service (cost center), including costs related to direct care and supervisor staffing, employee-related expenses, transportation, and administration. This reporting includes use of a standard cost allocation model that supports consistency in reporting across CMHSPs.

Frequency: Annual **Release Date:** December 2021 **Due Date:** February 28, 2023 (unless granted an extension by MDHHS)

Time Period for Data Collection: CY 2021 (January 1, 2021 to December 31, 2021)

Questions? Email Milliman, MDHHS' contractor for the above initiatives, at: BH.Provider.Survey@Milliman.com

For more information and updates about these initiatives, visit MDHHS' website.

STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ELIZABETH HERTEL
DIRECTOR

December 2, 2021

TO: Executive Directors and Chief Financial Officers of
Prepaid Inpatient Health Plans (PIHPs)

FROM: Jeffery L. Wieferich, MA, LLP JW
Acting Senior Deputy Director
Behavioral Health and Developmental Disabilities Administration

SUBJECT: Premium Pay Increase for Direct Care Workers

With the release of Medicaid L-Letter 21-76 the PIHPs are authorized to provide the designated, appropriate direct care workers with the $2.35 an hour wage increase for the period of October 1, 2021 to September 30, 2022. PIHPs will receive increased capitation payments October 2021 – September 2022 to cover the cost of this wage increase.

BHDDA's expectation is that there be minimal barriers to providers in accessing the direct care worker wage increase funding through PIHPs/CMHSPs. PIHPs are expected to ensure payment of the wage increase to direct care workers for every hour worked for any service with the related HCPCS codes listed in Letter 21-76, either virtual or in person, provided from October 1, through September 30, 2022.

The full $2.35 per hour amount must be applied to direct caregiver wages. The following requirements apply:

- The $2.35 per hour should be paid in addition to the worker's regular wage but cannot be less than the wage being received by, or the starting wage offered to, a qualifying direct care worker on March 1, 2020. This wage increase must be recorded separately from base pay on payroll documents and labelled as "FY 2022 Provider Pay Increase".
- The $2.35/hour direct care worker wage increase can be added to qualified Autism services, on top of the fee screen rates.

PIHPs should update/submit encounters for the service codes outlined in L 21-76 to reflect the actual charge and paid amounts, including wage increases, for the aforementioned dates of service. All wage increase payments are subject to audit and potential recoupment. Providers should retain documentation that supports the distribution to direct care workers and demonstrates payments were made in

accordance with the requirements in this letter. Section 231 of Public Act 87 of 2021 requires additional wage reporting. MDHHS is currently working on the legislatively mandated reporting requirements and will provide additional guidance once they are finalized.

A direct care worker may choose to not receive the wage increase. This choice must be indicated in writing or electronically. This individual's employer must give back to the entity paying for services, as described in the table above, any funds allocated for this individual's wage increase.

In summary:

1.Who qualifies for the FY22 Direct Care Worker Wage Increase?

Only those workers who provide the services/codes listed on the attached policy letter L 21-76.

2. Is Paid Time Off eligible for the DCW increase?

No, only direct services/codes listed on the attached policy letter L 21-76 are eligible for the DCW increase.

3. Are we required to report this DCW increase separately?

Yes, per the legislative requirement the DCW increase must be reported separately. PIHP/CMHSP will continue to report the DCW increase funding for FY22 separately on the FSR. An excerpt from Policy Letter L 21-76 is included below for reference.

All wage increase payments are subject to audit and potential recoupment. Providers should retain documentation that supports the distribution to direct care workers and that payments were made in accordance with the requirements in this letter.

cc: Allen Jansen
Belinda Hawks
Jackie Sproat
Kathy Haines

email correspondence

From: Eric Kurtz (NMRE)
To: Eric Kurtz (NMRE)
Subject: FW: [EXTERNAL] Fwd: Nice coverage in Gongwer- from your testimony on 5165
Date: Thursday, December 16, 2021 11:29:49 AM
Attachments: image001.png

From: Robert Sheehan <rsheehan@cmham.org>
Sent: Thursday, December 2, 2021 10:46:37 AM
To: Chip Johnston <CJohnston@centrawellness.org>
Cc: Alan Bolter <ABolter@cmham.org>
Subject: Nice coverage in Gongwer- from your testimony on 5165

Chip,
Nice work. See Gongwer coverage of your comments, below. Bravo.

Bill Aligns State, Federal Mental Health Funding To Ensure Grant Access

Aligning the state's adult inpatient psychiatric services ability to pay standards with the federal sliding fee discount program would mean more federal funding for mental health care providers, supporters told the **House Health Policy Committee** Track.

The bill, **HB 5165** Track, would align state assistance for mental health services with federal poverty guidelines, which bill sponsor **Rep. Mary Whiteford** (R-Casco Township) said would help health centers keep staff members.

"This program allows approved sites across our nation to recruit and retain needed professionals, including behavioral health providers, who agreed to practice in those sites in exchange for loan repayment, or in some cases, scholarships," Ms. Whiteford said. "This program is essential to helping to encourage professionals to work in rural and underserved areas in our nation and our states."

Ms. Whiteford added for mental health providers qualify for the funds, the state has to align with federal ability to pay scales. The state had been in the past, but Ms. Whiteford said the state failed to address this in the past four years.

"This has cost us to lose our national health service corps status," Ms. Whiteford said. " (HB) 5165 is a permanent fix in the statute that simply aligns our ability to pay with the federal standard."

Joseph Johnston, executive director for Centra Wellness Network, said the legislation

would allow for guidelines to be automatically changed when the federal requirements are adjusted and would immensely benefit the community mental health system. The systems need the student loan repayment program and have lost staff when due to the state's ability to pay misalignment.

"In the last four years, particularly in the last two years, as our certification drops off and we haven't reapplied, CMH's are dropping off and there's currently about eight that have dropped off," Mr. Johnston said. "It doesn't cost us a financial impact, but it hurts us in our ability to improve staff."

No vote was taken on the bill Wednesday.

Robert Sheehan
Chief Executive Officer
Community Mental Health Association of Michigan
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Lansing, MI 48933
517.374.6848 main
517.237.3142 direct
517.374.1053 fax
www.cmham.org

McLaren Begins Work On New Behavioral Health Center in Cheboygan

December 13, 2021

Kevin Hodge seek to 10%, 20% ... 60%

The need for mental health treatment has grown since the pandemic began, and with few inpatient beds in northern Michigan, McLaren is looking to correct that.

They're beginning work on a new health center in Cheboygan that will provide 16 beds for those who need help.

"These 16 beds we expect to be very full," said Todd Burch, President of McLaren Northern Michigan. "Behavioral health services is really a statewide service and we hope to keep many of residents here in northern Michigan."

Since March 2020, substance abuse deaths have gone up 20,000 per year, up to 70,000.

This new health center will give those struggling a much needed service.

“Almost 20 percent of the population has some sort of substance abuse or mental health disorder and we’re excited to bring behavioral health services to the community,” said Burch.

There aren’t many health centers like this in northern Michigan, with only three in the area.

“The only inpatient units are in Traverse City, Alpena and Kinross, so there’s a huge hole in the map and this really fills in between all three of those locations,” Burch said.

With the lack of beds, many times hospitals have to send their patients elsewhere.

“Right now we have patients that will be in our emergency department for hours, sometimes days, and occasionally weeks before we’re able to find an inpatient bed for them,” said Burch. “In many cases we transfer all the way across the state and in some cases all the way to Indiana.”

The new health care center is expected to be complete in a year, and will put a small dent in the ongoing mental health crisis.

https://www.9and10news.com/2021/12/13/mclaren-begins-work-on-new-behavioral-health-center-in-cheboygan/

Community Mental Health Association of Michigan

Groups in Opposition to Senate Bills 597 and 598
December 3, 2021 (with latest additions highlighted)

Disability and other Consumer Advocate Groups

- The Arc Michigan
- Association for Children's Mental Health
- Michigan Developmental Disabilities Council
- Michigan Developmental Disabilities Institute
- Michigan Disability Rights Coalition
- Michigan United Cerebral Palsy
- National Alliance on Mental Illness

Educational Organizations

- Michigan Association of Intermediate School Administrators
- Michigan Association of School Psychologists
- Michigan Association of Superintendents & Administrators (MASA)

Health Care Professional Organizations

- National Association of Social Workers Michigan Chapter

Human Rights Organizations

- American Civil Liberties Union
- NAACP Michigan State Conference

Judiciary

- Michigan Association for Family Court Administration
- Michigan Judges Association
- Michigan Probate Judges Association

Labor

- American Federation of Labor and Congress of Industrial Organizations (AFL-CIO)
- American Federation of State, County, and Municipal Employees (AFSCME)
- Michigan Corrections Organization
- Service Employees International Union Local 517M (SEIU)

Law Enforcement

- Michigan Sheriffs' Association

Statewide Health & Human Services Provider Associations

- Michigan Catholic Conference
- Community Mental Health Association of Michigan

Local Government Leaders & Their State Associations

- Michigan Association of Counties
- Upper Peninsula Association of County Commissioners

- Antrim County Board of Commissioners
- Charlevoix County Board of Commissioners
- Cheboygan County Board of Commissioners
- Clinton County Board of Commissioners
- Eaton County Board of Commissioners
- Gladwin County Board of Commissioners
- Gratiot County Board of Commissioners
- Isabella County Board of Commissioners
- Kalamazoo County Board of Commissioners
- Lake County Board of Commissioners
- Mason County Board of Commissioners
- Mecosta County Board of Commissioners
- Osceola County Board of Commissioners
- Otsego County Board of Commissioners
- Wayne County Commission
- Wexford County Board of Commissioners

Mental Health Services Providers and Administrators

- Allegan County Community Mental Health Services
- AuSable Valley Community Mental Health Authority
- Barry County Community Mental Health Authority
- Bay-Arenac Behavioral Health Authority
- Berrien Mental Health Authority
- Centra Wellness Network
- Community Living Options
- Community Living Services, Inc.
- Community Mental Health Authority of Clinton-Eaton-Ingham Counties
- Community Mental Health for Central Michigan
- Community Mental Health of Ottawa County
- Community Mental Health Partnership of Southeast Michigan
- Community Mental Health & Substance Abuse Services of St. Joseph County
- Copper Country Community Mental Health Services
- Detroit Wayne Integrated Health Network
- Freedom Work Opportunities of Genesee County, Inc (FWOGC)
- Genesee Health System
- Gogebic Community Mental Health Authority
- Gratiot Integrated Health Network
- HealthWest
- Hiawatha Behavioral Health

- Huron Behavioral Health
- Integrated Services of Kalamazoo
- Lakeshore Regional Entity
- Lapeer County Community Mental Health Services
- Lenawee Community Mental Health Authority
- LifeWays Community Mental Health
- Livingston County Community Mental Health Authority
- Macomb County Community Mental Health Services
- Mid-State Health Network
- Monroe Community Mental Health Authority
- Montcalm Care Network
- Network180
- Newago County Mental Health Center
- NorthCare Network
- North Country Community Mental Health Authority
- Northeast Michigan Community Mental Health Authority
- Northern Lakes Community Mental Health Authority
- Northern Michigan Regional Entity
- Northpointe Behavioral Healthcare Systems
- Oakland Community Health Network
- Pathways Community Mental Health
- Pines Behavioral Health Services
- Region 10 PIHP
- Saginaw County Community Mental Health Authority
- Sanilac County Community Mental Health
- Shiawassee Health & Wellness
- Southwest Michigan Behavioral Health
- St. Clair County Community Mental Health Services
- Summit Point
- Ten16 Recovery Network
- The Right Door for Hope, Recovery and Wellness
- Training & Treatment Innovations
- Tuscola Behavioral Health Systems
- VanBuren Community Mental Health Authority
- Washtenaw County Community Mental Health
- West Michigan Community Mental Health System
- Woodlands Behavioral Healthcare Network

email correspondence

From: Monique Francis
To: Monique Francis
Subject: Online Petition Opposing Shirkey Bills
Date: Tuesday, December 7, 2021 1:51:34 PM
Importance: High

From: Alan Bolter <ABolter@cmham.org>
Sent: Tuesday, December 7, 2021 11:31 AM
To: Weekly Update Recipients
Cc: Robert Sheehan <rsheehan@cmham.org>; Monique Francis <MFrancis@cmham.org>
Subject: Online Petition Opposing Shirkey Bills

As you may know, Senate Majority Leader Mike Shirkey recently introduced two new bills – Senate Bills 597 & 598, which attempt to reboot and expand the failed "Section 298" effort of several years ago. This legislation would privatize all Medicaid mental health services by giving full financial control and oversight or decision making to for-profit insurance companies. Supporters of Senate Bills 597 & 598 make a lot of false promises, do not be fooled these bills are a shell game, just shifting who pays the bills for a small fraction of people in the Medicaid program.

Sen. Shirkey has ignored the voice of the people served by continuing to push this dangerous idea. The Community Mental Health Association of Michigan has launched an online petition opposing these bills, please join us and sign the petition by visiting:

https://cmham.org/advocacy

The bills are being falsely portrayed as improvements to the state's public mental health system. If passed into law, these bills will severely damage Michigan's Community Mental Health system and cause significant harm to the 320,000+ Michiganders who rely on its stability.

Senator Shirkey's bills also hand Michigan's funds and local decision-making to out-of-state insurance companies. This legislation will allow our local mental health care decisions to be made in corporate board rooms in Missouri, California, Minnesota, Arizona and Indiana.

Thank you in advance for your tireless support, **our strength is our numbers, and we need to show it** – please go to CMHAM.org/Advocacy and sign our petition AND please forward this message to your **board members, staff, and your community partners** and ask them to sign and share the petition.

Alan Bolter
Associate Director

Community Mental Health Association of Michigan
426 South Walnut Street, Lansing MI 48933
Phone: (517) 374-6848 Fax: (517) 374-1053
cmham.org

email correspondence

From: Alan Bolter
To: Alan Bolter
Cc: Robert Sheehan
Subject: Michigan Senate leader"s nonprofit got nearly $1 million from secret donors
Date: Thursday, December 16, 2021 11:06:34 AM

All,

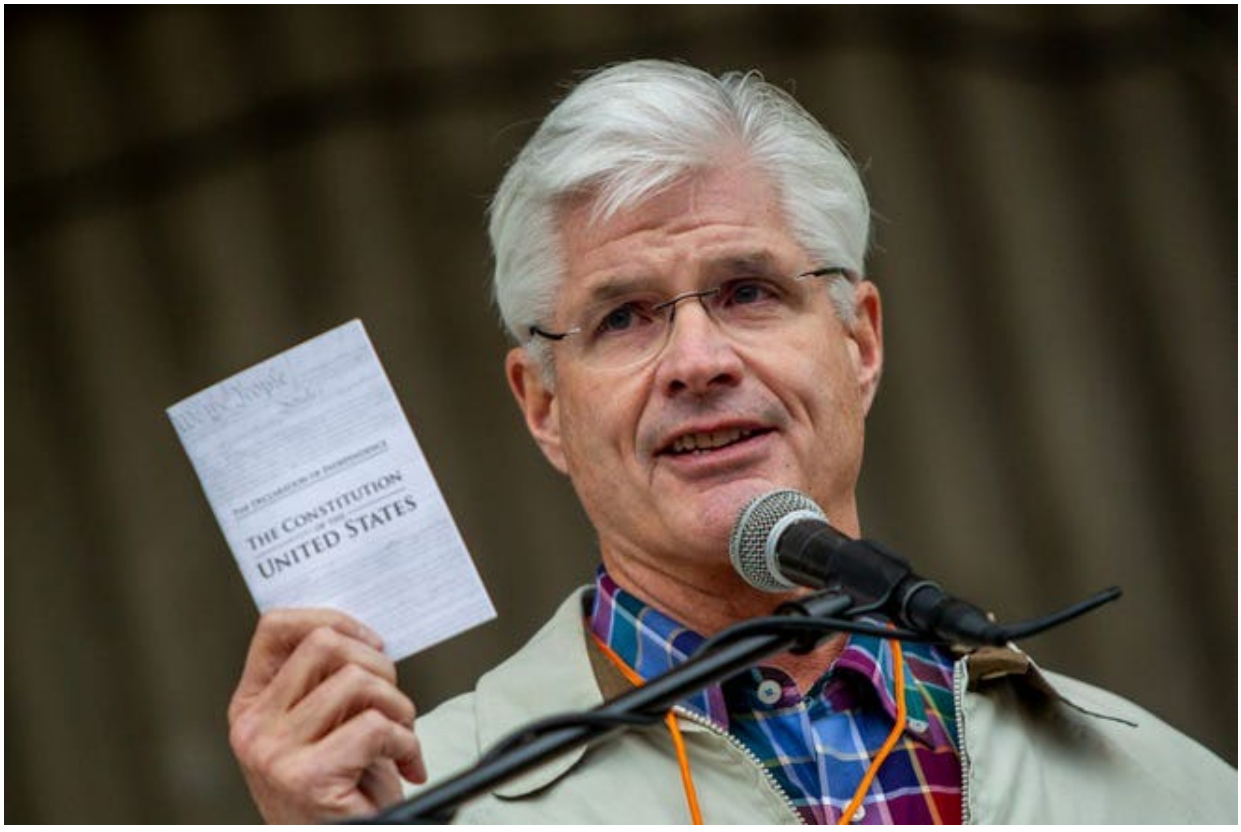
Check out the recent article in the Detroit News – December 13, 2021

Michigan Senate leader's nonprofit got nearly $1 million from secret donors

Craig Mauger
The Detroit News

Lansing — A nonprofit organization tied to the top lawmaker in the Michigan Senate, Majority Leader Mike Shirkey, raised nearly $1 million in contributions from undisclosed donors in 2020, according to a tax filing obtained by The Detroit News.

Shirkey's group, Michigan! My Michigan!, reported raising $933,300, including $300,000 from one individual contributor and $200,000 from another. Meanwhile, the organization spent $723,204, with the majority, $550,000, going to Unlock Michigan, the initiative campaign aimed at limiting Democratic Gov. Gretchen Whitmer's emergency powers.



The annual tax filing shows Unlock Michigan benefited from six-figure contributions originating with anonymous donors and, according to transparency advocates, raises questions about what influence the individuals who gave the money to a key legislator's nonprofit might be getting in return.

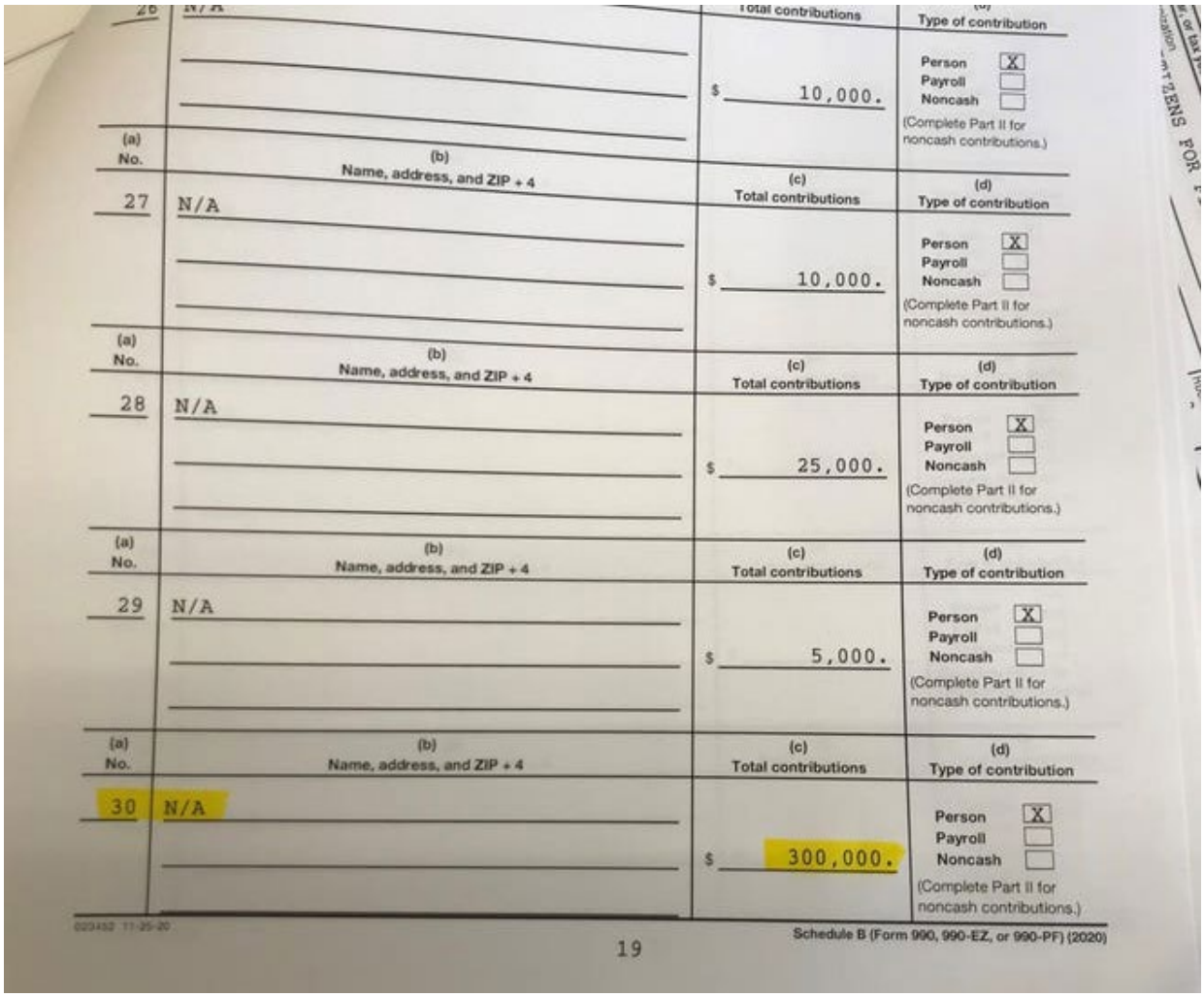
"It's very concerning when lawmakers raise large sums of money from secretive donors," said Michael Beckel, research director at Issue One, a political reform organization based in Washington, D.C.

"Donors who give money to nonprofits linked to legislators are frequently able to curry access and influence while avoiding public scrutiny," Beckel said. "When donors to nonprofits linked to legislators are not disclosed, the public is kept in the dark about who is spending such large sums in attempts to gain access and influence."

Shirkey has previously solicited money for Michigan! My Michigan!, according to fundraiser invitations circulated in Lansing, and some donors who disclosed giving small amounts to the group have listed Shirkey's name on their expenditures.

Heather Lombardini, a political consultant and treasurer of Michigan! My Michigan!, replied to questions on behalf of Shirkey and the organization and attempted to shift the focus elsewhere.

"What should concern Michiganders is that their sitting governor raised more than $3 million on the false premise of facing a recall election," said Lombardini, referring to excess campaign contributions Whitmer has raised through a controversial policy that allows candidates facing recall campaigns to collect unlimited amounts from donors.



(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	N/A	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
27	N/A	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
28	N/A	$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
29	N/A	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
30	N/A	$ 300,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

023452 11-25-20 Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

19

"The fact that the governor, the secretary of state and the attorney general are engaged in this kind of quasi-legal game-playing — to their own obvious political benefit — is what should concern the people of Michigan," Lombardini said.

Whitmer's campaign has collected about $4 million through the so-called recall exception. However, unlike the money flowing to Michigan! My Michigan!, the donors behind the money have been disclosed in campaign finance reports.

Under Secretary of State office decisions from the 1980s, candidates facing recalls have traditionally not been subject to the donor limits in fighting the recalls because those seeking to recall them don't face limits on contributions.

The Michigan Republican Party has challenged the policy in court.

The donors to Shirkey's organization will not have to be disclosed because they're not directly supporting a political campaign in the eyes of Michigan law.

Many Michigan legislators, from both sides of the aisle, have used social welfare

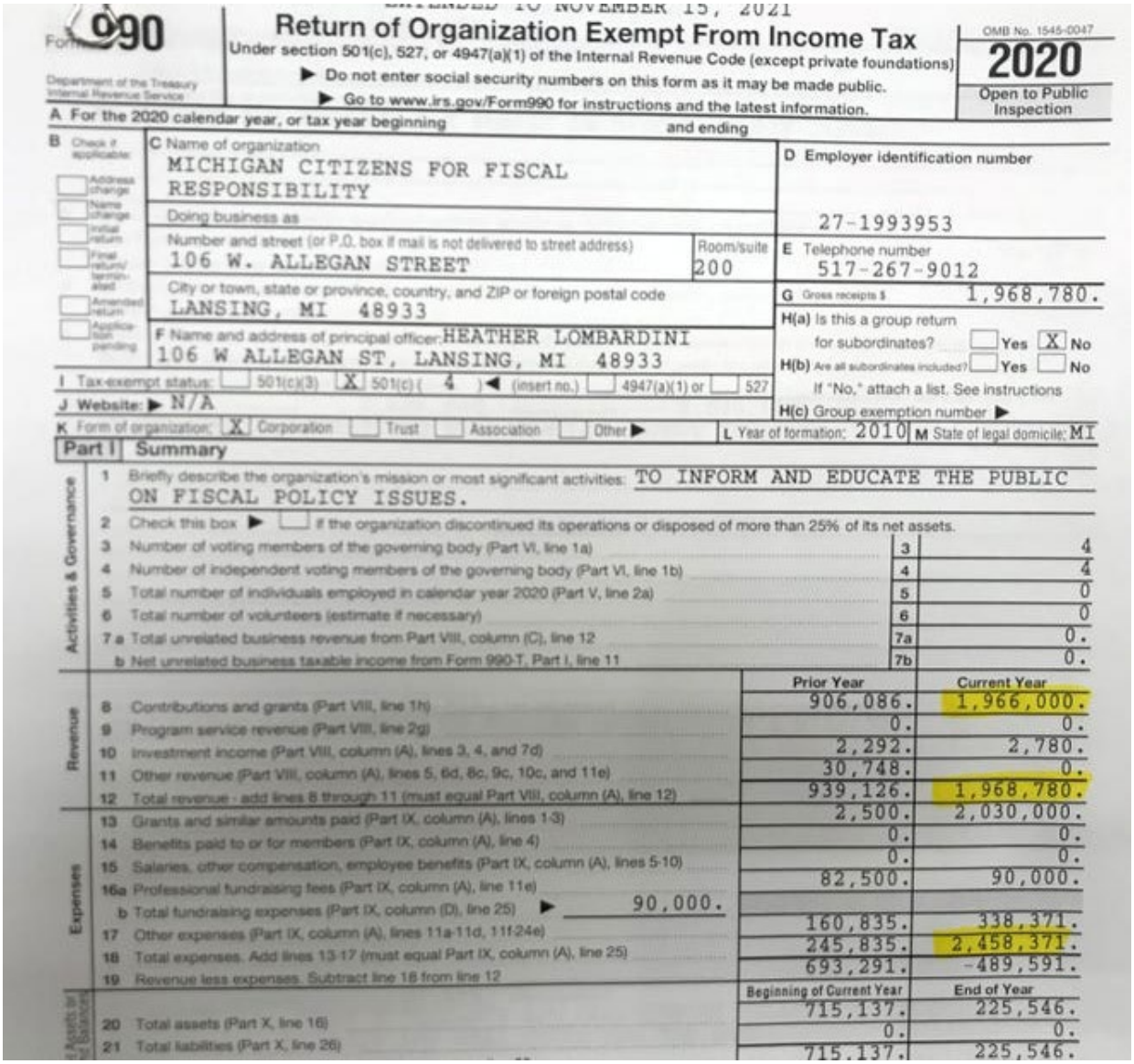
nonprofit organizations or administrative accounts to raise money from secret donors for travel, office-related expenses tied to their positions or promoting their ideas. But few lawmakers have raised as much money as Shirkey's group did in 2020.

For instance, in 2018, then-Senate Majority Leader Arlan Meekhof's West Michigan Community Preservation Fund reported raising $541,612. In 2017, it raised $238,340. In 2019, Shirkey's first year as majority leader, Michigan! My Michigan! raised only $135,807.

The money the groups raise could come from an individual, a corporation or another nonprofit.

Under federal policies, nonprofit organizations must make available to the public upon request their annual federal tax filings. The filings, which often become available about a year after the period they cover, include a schedule of donors who gave at least $5,000 in a single year. The nonprofits have to release the schedule but don't have to release the names of the donors.

Michigan! My Michigan! and another nonprofit, Michigan Citizens for Fiscal Responsibility, were the primary financial drivers behind the successful Unlock Michigan campaign to repeal the 1945 law that underpinned Whitmer's initial handling of the coronavirus pandemic, the Emergency Powers of the Governor Act.



Form 990 — Return of Organization Exempt From Income Tax

EXTENDED TO NOVEMBER 15, 2021

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 | 2020 | Open to Public Inspection

Department of the Treasury, Internal Revenue Service

A For the 2020 calendar year, or tax year beginning and ending

B Check if applicable: Address change; Name change; Initial return; Final return/terminated; Amended return; Application pending

C Name of organization: MICHIGAN CITIZENS FOR FISCAL RESPONSIBILITY

Doing business as

Number and street (or P.O. box if mail is not delivered to street address): 106 W. ALLEGAN STREET | Room/suite: 200

City or town, state or province, country, and ZIP or foreign postal code: LANSING, MI 48933

F Name and address of principal officer: HEATHER LOMBARDINI, 106 W ALLEGAN ST, LANSING, MI 48933

D Employer identification number: 27-1993953

E Telephone number: 517-267-9012

G Gross receipts $: 1,968,780.

H(a) Is this a group return for subordinates? Yes [ ] No [X]

H(b) Are all subordinates included? Yes [ ] No [ ]

If "No," attach a list. See instructions

H(c) Group exemption number ▶

I Tax-exempt status: [ ] 501(c)(3) [X] 501(c)(4) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ N/A

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 2010 | M State of legal domicile: MI

Part I Summary

1 Briefly describe the organization's mission or most significant activities: TO INFORM AND EDUCATE THE PUBLIC ON FISCAL POLICY ISSUES.

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	4
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	4
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	906,086.	1,966,000.
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,292.	2,780.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	30,748.	0.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	939,126.	1,968,780.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,500.	2,030,000.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	82,500.	90,000.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 90,000.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	160,835.	338,371.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	245,835.	2,458,371.
19	Revenue less expenses. Subtract line 18 from line 12	693,291.	-489,591.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	715,137.	225,546.
21	Total liabilities (Part X, line 26)	0.	0.
		715,137.	225,546.

The 1945 law, which was struck down by the Michigan Supreme Court in October 2020, allowed a governor to declare a state of emergency and keep it in place without input from the Legislature. The governor could take unilateral actions, like suspending state laws and requiring people to stay home, under the declaration.

In 2020, Unlock Michigan raised $2.8 million with $2.3 million, or 82%, coming from either Michigan! My Michigan! or Michigan Citizens for Fiscal Responsibility, which is a Lansing-based nonprofit tied to state Senate Republicans and gave $1.8 million to the campaign.

Both organizations list the same office suite in downtown Lansing as their address.

Michigan Citizens for Fiscal Responsibility reported raising about $2 million in 2020 and spending $2.4 million, according to its annual tax filing. The group listed six unnamed

donors who gave it at least $100,000 each. The biggest contributor gave $180,000.

Bob LaBrant, a longtime Michigan attorney who has specialized in campaign finance law, previously filed a complaint with the Michigan Department of State over the nonprofits' giving to Unlock Michigan.

LaBrant questioned whether Michigan! My Michigan! was complying with its official purpose for existing as a social welfare organization in giving so much of its money to a petition campaign.

"You've got to really stretch the envelope to say making contributions to a ballot question committee meets your social welfare purpose," said LaBrant, who helped write some of Michigan's campaign finance laws and once penned a book entitled, "PAC Man: A Memoir."

Michigan! My Michigan! says its mission "is to research and promote issues and values." Michigan Citizens for Fiscal Responsibility, which has previously run ads promoting GOP candidates for the state Senate, says its mission is to "inform and educate the public on fiscal policy issues."

The two nonprofit organizations share two board members, according to their 2020 tax filings: Lombardini and Ellen Kletzka. Both individuals work for the consulting firm Bright Spark Strategies and previously worked for Lambert & Co.

Michigan Citizens for Fiscal Responsibility reported paying Lambert & Co $187,969 for consulting in 2020. MCFR also gave $250,000 of its money to a group called Great Lakes Job Alliance.

In addition to its giving to Unlock Michigan, Michigan! My Michigan! gave $6,000 to Newaygo-based Stand Up Michigan, a nonprofit that has vocally opposed Whitmer's approach to the COVID-19 pandemic.

cmauger@detroitnews.com

Alan Bolter
Associate Director

Community Mental Health Association of Michigan
426 South Walnut Street, Lansing MI 48933
Phone: (517) 374-6848 Fax: (517) 374-1053
cmham.org

NORTHERN MICHIGAN REGIONAL ENTITY
FINANCE COMMITTEE MEETING
11:00AM – DECEMBER 8, 2021
VIA TEAMS

ATTENDEES:	**Joanie Blamer, Connie Cadarette, Lauri Fischer, Kevin Hartley, Chip Johnston, Nancy Kearly, Eric Kurtz, Donna Nieman, Larry Patterson, Brandon Rhue, Erinn Trask, Tricia Wurn, Deanna Yockey, Carol Balousek**

REVIEW AGENDA & ADDITIONS
Kevin shared the notes from the November 22nd FSR/EQI Reconciliation Workgroup meeting

REVIEW MINUTES FROM PREVIOUS MEETING
The November minutes were included in the materials packet for the meeting.

MOTION BY KEVIN HARTLEY TO APPROVE THE MINUTES OF THE NOVEMBER 10, 2021 NORTHERN MICHIGAN REGIONAL ENTITY REGIONAL FINANCE COMMITTEE MEETING; SUPPORT BY LARRY PATTERSON. MOTION APPROVED.

MONTHLY FINANCIALS
There was no report for October 2021 due to FY21 closeout.

PIHP TIN EXPENDITURE FY19 SURVEY
All PIHPs must submit annual SFY 2019 expenditure information (all fund sources) at the Tax ID number level for all of their network providers using an Excel template "PIHP TIN Expenditure Survey" by December 22nd.

"As outlined in Proposed Medicaid Policy 2077 (attached), MDHHS will require contracted network providers above a certain expenditure threshold to submit a Contract Network Provider Services Expense Report in February 2023. To support the development of the reporting template and further review of the MDHHS proposed expenditure threshold, MDHHS is requiring PIHPs to collect the annual SFY 2019 expenditure information (all fund sources) for all of their network providers at the Tax ID number level."

Milliman attended the PIHP CEO meeting and went through planning for Standard Cost Allocation (SCA), etc. as if it was moving forward, despite efforts to push it through the contract negotiation process. Originally, NMRE did not compete the TIN Expenditure Survey; Eric is now considering it and requested that the Boards complete the report and send it to the NMRE by December 20th (not included in 837).

Donna noted that some of the TIN numbers will be Social Security Numbers. The decision was made to exclude SSNs.

Brandon explained that the information could be collected from the encounter process if the Boards request that PCE add in the Coordination of Benefit loops.

OHH/BHH CLAIMS/REVENUE FY21 CUT-OFF

Deanna expressed that she needs to make sure, since the OHH/BHH programs are fee-for-service for FY21, that everyone agrees on the revenue that each Board received for FY21 and the expenditures/claims. NMRE records varied from the Interim FSR information on OHH/BHH.

Donna noted that she may not have included the latest accrual. Deanna asked whether any OHH or BHH claims are anticipated for FY21. Final numbers can be sent to Deanna to be sure claims and revenue are tied out so that the Boards' FSRs match the NMRE FSR.

Deanna clarified that, according to Enika Whitmon, Boards with a deficit need to be made whole before revenue can be carried forward; after the close of the following fiscal year, the surplus turns into local funds. Once NMRE tallies all of the claims and revenue, any deficits will be identified, and Boards will be made whole.

Currently, North Country and Northeast Michigan anticipate slight BHH deficits for FY21 ($31K total) and will draw from the NMRE surplus (though retractions have only occurred through May 2021). OHH is expected to close with a surplus.

Deanna will review the numbers when they come in.

An email from Kelsey Schell on September 15, 2021 identified some data issues at the Department. Brandon explained that the State has identified a few issues that are being worked through. During the CIO Forum, PIHPs reported issues with claims processing certain files that were submitted in early November. The State identified a hiccup in the system processing return files. Along with that, and issue tying the updates of claims over to the OHH/BHH payment reconciliation process has been identified. Encounters to which adjustments have been made get different identifier numbers (TCNs), but during the recoup process, only the most recent TCN is being looked at (not going back and looking at the original) which could appear that the encounter was submitted late. NMRE staff is digging into the data and providing example TCNs to the State to review.

Eric stressed that FY21 claims should be submitted asap.

FY21 AUDIT DATES

- **AuSable Valley** – February 2nd & 3rd
- **Centra Wellness** – January 5th & 6th
- **North Country** – December 8th & 9th
- **Northeast Michigan** – Week of January 24th
- **Northern Lakes** – January 5th & 6th
- **NMRE** – February 7th & 8th.

EDIT UPDATE

The October EDIT minutes were included in the November meeting packet. Donna reported that the 97151 Autism code with the U5 modifier will be added effective January 1, 2022. Numerous updates have been made to the code workbook. The COB, Transportation, and Code Chart Changes, and FSR/EQI Reconciliation subgroups continue to meet. Tiered rates for inpatient psychiatric and licensed residential services are being developed. Lauri noted that the credentialing modifier is no longer needed for Clubhouse service code H2030. The next EDIT meeting is scheduled for January 20th.

EQI RECONCILIATION MEETING

Kevin sent the November 22nd FSR/EQI Reconciliation Workgroup meeting notes from Kathy Haines earlier on this date. Kevin will continue to update the Finance Committee on the progress of the Workgroup.

DEPARTMENT STAFF EXITING TO MEDICAID

Eric forwarded an email from Phil Chvojka at MDHHS dated December 7, 2021 announcing the move of key staff (Kathy Haines, Richard Berry, Phil Chvojka, Michelle Lehman, Carol Hyso) away from BHDDA to the HASA Actuarial division.

FY21 ENCOUNTER SUBMISSION CUT-OFF

December 20, 2021 was decided as the FY21 encounter submission cut-off.

NEXT MEETING

The next meeting was scheduled for January 12, 2022 at 10:00AM. Deanna asked to have November Financials by the end of December.

Chief Executive Officer Report

December 2021

This report is intended to brief the NMRE Board of the CEO 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 accomplishments by the CEO.

Dec 1: Attended and participated in PIHP CEO Meeting.

Dec 2: Attended and participated in MDHHS/PIHP CEO Meeting.

Dec 6: Attended and participated in Northern Michigan Counties Caucus.

Dec 7: Chaired NMRE Internal Operations Committee Meeting.

Dec 8: Attended and participated in NMRE Regional Finance Committee Meeting.

Dec 10: Attended and participated in MDHHS 1915(i) Waiver Meeting.

Dec 14: Attended and participated in NMRE Network Managers Meeting.

Dec 15: Attended and participated in NMRE All Staff Meeting.

Dec 20: Plan to chair NMRE Operations Committee Meeting.

email correspondence

From: Monique Francis
To: Monique Francis
Cc: Robert Sheehan; Alan Bolter
Subject: CMHA Special Assessment: legal counsel"s guidance on federal law related to use of Medicaid funds for advocacy
Date: Friday, December 10, 2021 12:52:33 PM

To: CMHA Officers; Members of the CMHA Board of Directors and Steering Committee; CMH & PIHP Board Chairpersons; CEOs of CMHs, PIHPs, and Provider Alliance members
From: Robert Sheehan, CEO, CMH Association of Michigan
Re: CMHA Special Assessment: legal counsel's guidance on federal law related to use of Medicaid funds for advocacy

The number of the state's CMHs and PIHPs who are responding to the CMHA Special Assessment is impressive. The most recent list of contributors will go out later today.

As part of this effort, some of you have asked for assurance, by legal counsel, of two issues related to the payment of these special assessments:

1. Can Medicaid funds make up part or all of the payment, by a CMH or PIHP, of this special assessment and any other dues payment to CMHA, if those funds fuel advocacy work?
2. Does the federal Hatch Act prohibit a CMH or PIHP from making this special assessment payment if those funds fuel advocacy work?

CMHA has been in dialogue with legal counsel – the firm of Feldesman, Tucker, Liefer, and Fidell (a nationally recognized law firm that provides legal counsel to the National Council for Mental Wellbeing and many National Council members, including CMHA) and the firm of Cohl, Stoker, and Toskey (a firm recognized across the state and providing legal counsel for decades to CMHA and many CMHA members and partners) – on these two issues. The legal opinions on the two questions cited above, one by the Feldesman firm and one by the Cohl firm, are provided below:

Question 1: Can Medicaid funds make up part or all of the payment, by a CMH or PIHP, of this special assessment and any other dues payment to CMHA, if those funds fuel advocacy work?

Legal opinion of Feldesman, Tucker, Liefer, and Fidell:

You had asked for my legal opinion as to whether your members (CMHs and their regional PIHPs), both of which are subject to Part 200 cost principles, may charge membership dues in CMHA to Medicaid when part of those membership dues are to be used for the purpose of advocacy activities.

The cost principles under Part 200 dictate to what extent certain administrative costs are allowable and can be charged to Medicaid by an organization. Specifically, 2 CFR § 200.454 governs the allowability of memberships, subscriptions, and professional activity costs. That provision states that:

(a) Costs of the non-Federal entity's membership in business, technical, and professional organizations are allowable.
(b) Costs of the non-Federal entity's subscriptions to business, professional, and technical periodicals are allowable.
(c) Costs of membership in any civic or community organization are allowable with prior approval by the Federal awarding agency or pass-through entity.
(d) Costs of membership in any country club or social or dining club or organization are unallowable.
(e) Costs of membership in organizations whose primary purpose is lobbying are unallowable. See also § 200.450.

Accordingly, membership dues in a business and professional organization are allowable costs under Part 200, provided that the primary purpose of the organization is not lobbying.

If CMHA's financial records demonstrate that lobbying activities comprise less than 51% of its expenditures in any given year, then your members should be able to charge CMHA membership dues to Medicaid.

Adam Falcone he/him/his
Partner
Feldesman Tucker Leifer Fidell LLP
1129 20th Street, NW, Suite 400
Washington, DC 20036
T. 202.466.8960

Determination as to whether lobbying is the primary purpose of CMHA, in light of Adam Falcone's counsel, above: The lobbying costs of CMHA total $220,000 per year (reflecting staff time spent in lobbying, contracts with multi-client lobbying firms, and corporate contributions to the corporate/issue advocacy/officeholder accounts of elected officials; note that these are not and cannot be campaign contributions). If the lobbying component of the Special Assessment is $100,000, the total lobbying expenditures would be $320,000. **So, at its peak, the lobbying expenditures of CMHA would be 3.3% of the association's annual budget of $9,776,747 (FY 2022) – far below the 51% threshold that is the standard measure for determining if lobbying is the primary purpose of an organization.**

Thus, Medicaid dollars can be used, by CMH and PIHP members of CMHA can use Medicaid funds to pay dues and fees, including special assessments, to CMHA.

-

Question 2. Does the federal Hatch Act prohibit a CMH or PIHP from making this special assessment payment if those funds fuel advocacy work?

Legal Opinion of Cohl, Stoker, and Toskey (examining both the federal Hatch Act and the segments of the MDHHS contracts with the state's CMHs and PIHPs that cite the Hatch Act):

The Hatch Act, 5 USC §1501 *et seq*., generally prohibits Federal employees, or State or local officers or employees whose positions are funded in whole or in part by Federal funds, from (1) using their position to interfere with or affect the result of an election or nomination for office; (2) coercing, commanding or advising a State or local officer or employee to pay, lend, or contribute anything of value to a party, committee, organization, agency, or person for political purposes; or (3) being a candidate for elective office. 5 USC §1502(a).

Thus, the Act applies to individual employed by a State or local agency, such as a CMHSP, whose principal employment is in connection with an activity which is financed in whole or in part by loans or grants made by the United States or a Federal agency, but does not apply to an individual who exercises no functions in connection with that activity. 5 USC §1501(4)(A).

There are exceptions to the prohibition on candidacy for (1) persons holding elective office, and (2) to allow for an employee to be a candidate for non-partisan elective office. 5 USC §§1502(c)(4), 1503.

Individuals subject to the Act retain the right to vote as they choose and to express opinions on political subjects and candidates. 5 USC §1502(b).

Sec. 15.6 of the Michigan Managed Mental Health Supports and Services FY21 Contract states:
"15.6 Hatch Political Activity Act and Inter-governmental Personnel Act. The CMHSP will comply with the Hatch Political Activity Act, 5 USC 1501-1508, and the Intergovernmental Personnel Act of 1970, as amended by Title VI of the Civil Service Reform Act, Public Law 95-454, 42 USC 4728. Federal funds cannot be used for partisan political purposes of any kind by any person or organization involved in the administration of federally assisted programs."

Timothy M. Perrone
Cohl, Stoker & Toskey, P.C.
(517) 372-9000
tperrone@cstmlaw.com

-

Determination if the lobbying done by CMHA is in violation of Hatch Act: CMHs and PIHPs who, as members of CMHA, pay dues and fees for such membership are not (1) using their position to interfere with or affect the result of an election or nomination for office; (2) coercing, commanding or advising a State or local officer or employee to pay, lend, or contribute anything of value to a party, committee,

organization, agency, or person for political purposes; or (3) being a candidate for elective office.

Thus, CMHs and PIHPs who, as members of CMHA, pay dues and fees, including the current Special Assessment, for such membership are not in violation of the Hatch Act.

-

-

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OF COUNSEL
RICHARD D McNULTY

IMPORTANT CLIENT UPDATE

The Michigan Legislature enacted and the Governor signed Senate Bill 1246 as 2020 Public Act 254, which modified the Open Meetings Act, 1976 PA 267 (OMA), effective last December 23, 2020. These revisions were made to address the continuation of remote attendance to meetings open to the public.

Specifically, public bodies were allowed to hold wholly or partly electronic meetings by telephonic or video conferencing through December 31, 2021, to accommodate members of the public body absent due to (a) military duty, (b) a medical condition, or (c) a statewide or local state of emergency or state of disaster declared pursuant to law or charter or local ordinance by the governor or a local official, governing body, or chief administrative officer that would put the personal health and/or safety of the public body or members of the public at risk if held in person.

However, ***effective January 1, 2022***, the only legal basis for a member of a public body to participate in a meeting via telephonic or video conferencing as a member of the public body (i.e., to vote, to be counted toward a quorum, or to deliberate toward a decision), is if that member is absent due to military duty. This amendment to the OMA eliminates the previously permissive practice of a public body allowing its members to participate and vote remotely if a physical quorum was present. (A public meeting could still have a partial "hybrid" remote component at the public body's option to allow members of the public and/or staff to attend and participate remotely if they can be heard by all persons attending the meeting. However, during such a hybrid meeting, board members *must* be present to be counted as part of the quorum, to vote, and to otherwise participate in a meeting as a member of the public body.)

County Boards of Commissioners and other public bodies are encouraged to modify their Bylaws, Board Rules, and procedures as needed to be consistent with the OMA, as amended.

Should you have questions or require assistance, please do not hesitate to contact our Office.

Cohl, Stoker & Toskey, P.C.
601 N. Capitol Ave.
Lansing, MI 48933
(517) 372-9000

November 29, 2021

From: Alan Bolter
To: Alan Bolter
Cc: Robert Sheehan
Subject: OMA- remote meeting deadline
Date: Thursday, December 9, 2021 9:06:22 AM
Attachments: image001.png
Client Update re OMA - Final 11.29.2021.pdf

All,

I know some have had questions regarding the Open Meetings Act, below is the latest info I have received from MAC.

From: Meghann Keit <keit@micounties.org>
Sent: Thursday, December 9, 2021 8:54 AM
To: Alan Bolter <ABolter@cmham.org>
Subject: Fwd: OMA- remote meeting deadline

Sent from my iPhone

Begin forwarded message:

> **From:** Meghann Keit <keit@micounties.org>
> **Date:** December 8, 2021 at 3:49:00 PM EST
> **To:** Meghann Keit <keit@micounties.org>
> **Cc:** Steve Currie <scurrie@micounties.org>, Deena Bosworth <bosworth@micounties.org>, Tim Perrone <tperrone@cstmlaw.com>
> **Subject: OMA- remote meeting deadline**
>
> Good afternoon,
>
> This is to remind you that the Open Meetings Act precludes remote meeting options for members of a public body, unless due to military duty, beginning Jan. 1, 2022. Please see attached memo from Cohl, Stoker, Toskey, P.C.
>
> House Bill 5467, introduced by Rep. Phil Green, would allow for some members of the public body to participate remotely where there is otherwise a quorum physically present at the in-person meeting.
>
> However the language as currently proposed expressly prohibits the remote participant from voting, which is inconsistent with the intent to return to the previous system whereby a remote participant could vote so long as there was a quorum physically present.

MAC has expressed our interest to the bill sponsor in getting the legislation to return to the old "pre-covid" system whereby a member for any reason could participate remotely, including voting, where a quorum was physically present. While there may be opportunity to revert to allow this type of meeting option, it will not be possible to complete necessary statutory changes prior to year-end.

Counties should prepare to meet in-person on and after Jan. 1. Any movement on this legislation will come after the first of the year, and MAC will be sure to update members as timing and/or changes are determined.

MAC will continue to meet with key legislators, staff and partner stakeholders, on this issue.

Thank you and if you have any questions, feel free to reach out to me or any MAC staff.

Meghann

Meghann Keit-Corrion
Governmental Affairs Associate
keit@micounties.org
Cell: (989) 225-8049

Capital Tower
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Lansing, MI 48933
www.micounties.org
(800) 258-1152 (p) 517-482-4599 (f)

Northern Michigan Regional Entity
Substance Use Disorder Services

Recovery Services Plan

High Level

- Treatment – where recovery begins
- Post Treatment – where recovery is sustained
- How are we going to pay for this?

Recovery Begins With Treatment

Holistic Care

- Increase the number of Health Homes (OHH, AHH, BHH)
- All clients will begin to receive holistic care plans
- Full Array of Services
- Medications to treat Opioid Use Disorder
  - Access to all medications
  - Prescriber knowledge of all medications
- Evidence Based Practices
- Transportation
- Family Services
- Housing

Recovery Begins With Treatment

Recovery Coach Services

- Use of the H0038 for state trained Coaches
  - Medicaid, HMP, Block Grant
- Use of the T1012 for CCAR trained Coaches
  - Block Grant

Recovery Supports

Supports for Individuals

- Recovery Community Organizations
- Group Meetings – AA, NA, SMART Recovery, Celebrate Recovery, Wellbriety, LifeRing, Women for Sobriety, etc.
- Treatment Doesn't End When Traditional Services End
  - Peer Recovery Coaching Services
  - Case Management
  - Housing
  - Family Services

Recovery Supports

Supports for Families

- Families Against Narcotics
- Alanon

Recovery Supports

Supports for Community Change

- Increase Availability of Narcan
  - Inmates being released
  - Family members
  - Individuals in treatment services
  - Community
- Increase Knowledge of How to Access Care
- Identify Ways Everyone Can Help Prevent Problem Use

Funding

- Treatment
  - Holistic Care – Current Funding
    - MOUD – Medicaid, HMP, Block Grant for methadone and counseling services
    - Transportation – Block Grant, PA2
    - Family Services – Medicaid, HMP, Block Grant
    - Housing – Block Grant
  - Peer Recovery Coaching Services – Medicaid, HMP, Block Grant
- Recovery Supports
  - RCOs – Grants
  - Groups – PA2
  - FAN – PA2
  - Narcan Availability - Grants
  - Media Campaign – PA2
- Possible Future Funding
  - 10% Block Grant for Recovery Services
  - Additional Block Grant
  - ARP Grant focused on recovery