

**NORTHERN MICHIGAN REGIONAL ENTITY
BOARD OF DIRECTORS MEETING
10:00AM – JANUARY 28, 2026
GAYLORD BOARDROOM**

ATTENDEES:	Bob Adrian, Dave Freedman, Ed Ginop, Ron Iseler, Dana Labar, Eric Lawson, Michael Newman, Jay O’Farrell, Ruth Pilon, Don Smeltzer, Don Tanner, Chuck Varner
VIRTUAL ATTENDEES:	Karen Goodman
ABSENT:	Mary Marois
NMRE/CMHSP STAFF:	Bea Arsenov, Carol Balousek, Brady Barnhill, Amy Christie, Lisa Hartley, Chip Johnston, Brooke Kleinert, Eric Kurtz, Brian Martinus, Trish Otremba, Pamela Polom, Nena Sork, Chris VanWagoner, Deanna Yockey, Lynda Zeller
PUBLIC:	Erin Barbus, Ann Friend, Genevieve Groover, Sarah Hegg, Terri Henderson, Larry LaCross, Tobias Neal, Rob Palmer, Hilary Rappuhn

CALL TO ORDER

Let the record show that Board Vice-Chairman, Don Tanner, called the meeting to order at 10:00AM.

ROLL CALL

Let the record show that Mary Marois was excused from the meeting on this date; all other NMRE Board Members were in attendance either in person or virtually.

PLEDGE OF ALLEGIANCE

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

ACKNOWLEDGEMENT OF CONFLICT OF INTEREST

Let the record show that no conflicts of interest to any of the meeting agenda items were declared.

APPROVAL OF AGENDA

Let the record show that no additions to the meeting agenda were requested.

MOTION BY JAY O’FARRELL TO APPROVE THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS MEETING AGENDA FOR JANUARY 28, 2026; SUPPORT BY DON SMELTZER. MOTION CARRIED.

APPROVAL OF PAST MINUTES

Let the record show that the December minutes of the NMRE Governing Board were included in the materials for the meeting on this date.

MOTION BY DAVE FREEDMAN TO APPROVE THE MINUTES OF THE DECEMBER 2, 2025 MEETING OF THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS; SUPPORT BY RUTH PILON. MOTION CARRIED.

CORRESPONDENCE

- 1) A press release from the Community Mental Health Association of Michigan (CMHAM) announcing Alan Bolter as its incoming CEO, though Robert Sheehan will also remain as co-CEO until October 31, 2026.
- 2) Email correspondence from CMHAM CEO, Robert Sheehan, dated January 8, 2026, regarding CMHSP and PIHP Board Member Education.
- 3) CMHSM document listing Board Member educational opportunities titled, "Guide to Board Members of CMHA Member Organizations to The Offerings at The CMHA Winter 2026 Conference."
- 4) The statewide Fiscal Year 2025 Quarter 4 Performance Indicator Consultation Draft report.
- 5) The January 8, 2026, decision from Court of Claims Judge Christopher Yates in the legal cases related to bid out of the Prepaid Inpatient Health Plans (PIHP) initiated by the Michigan Department of Health and Human Services (MDHHS) and the State of Michigan Department of Technology, Management, and Budget (DTMB) (25-000143-MB and 25-000162MB).
- 6) Email correspondence from CMHAM CEO, Robert Sheehan, dated January 9, 2026 providing an analysis of Judge Yate's opinion regarding the legal issues associated with the PIHP bid out.
- 7) Correspondence from CMHAM listing "Media Coverage of Judge Yates Opinion on Region 10 Et Al V State Of Michigan."
- 8) A document from CMHAM titled, "Building a Privatization-Proof Public Mental Health System in Michigan."
- 9) The Statewide PIHP Eligible Variance Report for the Fiscal YTD Period Ended December 31, 2025.
- 10) The draft minutes of the January 14, 2026, regional Finance Committee meeting.

Mr. Kurtz highlighted key information from the court opinion and enrollment data trends impacting Medicaid eligibility and CMHSP obligations.

It was noted that the Quarter 4 FY25 Performance Indicator report is the last of its kind as the state is moving toward new quality measures/HEDIS measures beginning in FY26.

ANNOUNCEMENTS

The NMRE received word on December 8, 2025, that Gary Klacking was resigning his position from both the Wellvance Board of Directors and the NMRE Board of Directors. As such, Mr. Tanner was asked to fill in as Board Chair until the election of new officers in April.

NMRE staff announced that the new IRS reimbursable mileage rate as of January 1, 2026, is \$0.725 per mile.

PUBLIC COMMENT

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

REPORTS

Executive Committee Report

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

CEO Report

The NMRE CEO Monthly Report for December 2025/January 2026 was included in the materials for the meeting on this date.

On January 16th, Mr. Kurtz and NorthCare Network CEO, Megan Rooney, met with Bob Sheehan and Alan Bolter about the future of CMHAM planning, and future efforts with Bridge Health. The joining of NMRE and NorthCare Network via an Urban Cooperation Agreement has the potential to result in administrative efficiencies and may become a model for the rest of the state to follow. Mr. Bolter agreed to acknowledge NMRE/NorthCare as doing what best for their rural regions and consider that in further messaging.

November 2025 Financial Report

- Net Position showed a net surplus for Medicaid and HMP of \$2,611,859. Carry forward was reported as \$8,908,717. The total Medicaid and HMP current year surplus was reported as \$11,520,576. The total Medicaid and HMP Internal Service Fund was reported as \$20,590,089. The total Medicaid and HMP net surplus was reported as \$32,110,665.
- Traditional Medicaid showed \$38,796,327 in revenue, and \$35,670,195 in expenses, resulting in a net surplus of \$3,126,132. Medicaid ISF was reported as \$13,519,285 based on the current FSR. Medicaid Savings was reported as \$0.
- Healthy Michigan Plan showed \$4,476,488 in revenue, and \$4,990,761 in expenses, resulting in a net deficit of \$514,273. HMP ISF was reported as \$7,070,804 based on the current FSR. HMP savings was reported as \$8,908,717.
- Health Home showed \$557,267 in revenue, and \$449,748 in expenses, resulting in a net surplus of \$107,519.
- SUD showed all funding source revenue of \$3,622,547 and \$3,293,226 in expenses, resulting in a net surplus of \$329,322. Total PA2 funds were reported as \$4,623,649.

PA2/Liquor Tax was summarized as follows:

Projected FY26 Activity			
Beginning Balance	Projected Revenue	Approved Projects	Projected Ending Balance
\$4,765,231	\$1,847,106	\$2,377,437	\$4,234,900

Actual FY26 Activity			
Beginning Balance	Current Receipts	Current Expenditures	Current Ending Balance
\$4,765,231	\$0	\$141,582	\$4,623,649

Approximately \$5M in liquor tax funds were carried over from FY25 into FY26.

FY26 revenue has been lower than projected. Eligibles are declining drastically (5,000 eligibles per month since October), resulting in reduced revenue. Actuaries/Milliman met with CFOs on January 27th. A future rate adjustment has been proposed to account for the minimum wage and DCW increases.

It was noted that the reduction in Medicaid and Healthy Michigan eligibles has led to higher utilization of block grant funding for substance use disorder services.

MOTION BY CHUCK VARNER TO APPROVE THE NORTHERN MICHIGAN REGIONAL ENTITY MONTHLY FINANCIAL REPORT FOR NOVEMBER 2025; SUPPORT BY JAY O’FARRELL. MOTION CARRIED.

Operations Committee Report

The draft minutes from the January 20, 2026, Operations Committee meeting were included in the materials for the meeting on this date. Mr. Kurtz acknowledged that the NMRE has been providing Northern Lakes CMHA with 90% prepayments of the PM/PM. Mr. Kurtz stressed that this is not a payment above the normal PM/PM that they would receive anyway but rather a cash advance/early payment. Ms. Zeller thanked the NMRE for the early payments and shared that Northern Lakes’ cash flow is improving.

Mr. Johnston supported the designations used in the Rural Transformation Grants to define frontier, rural, or urban areas. Medicare Advantage Plan protocols are being used in other areas which remove bodies of water from the area calculation.

NMRE SUD Oversight Committee Report

The draft minutes from January 5, 2026, were included in the materials for the meeting on this date. Liquor tax requests will be discussed under “New Business.”

NEW BUSINESS

Liquor Tax Requests

The following liquor tax requests were recommended for approval by the NMRE Substance Use Disorder Oversight Committee on November 3, 2025.

	Requesting Entity	Project	County	Amount
1.	Northern Michigan Children’s Assessment Center	Advocacy and Educational Support	Multi County	\$62,305

Crawford	\$	9,329.37
Iosco	\$	16,879.68
Ogemaw	\$	14,074.90
Oscoda	\$	5,559.25
Otsego	\$	16,461.07
Total	\$	62,304.27

The request was rounded up to the nearest whole dollar.

MOTION BY CHUCK VARNER TO APPROVE THE REQUEST FROM NORTHERN MICHIGAN CHILDREN’S ASSESSMENT CENTER FOR LIQUOR TAX DOLLARS FROM CRAWFORD, IOSCO, OGE MAW, OSCODA, AND OTSEGO COUNTIES IN THE TOTAL AMOUNT OF SIXTY-TWO THOUSAND THREE HUNDRED FIVE DOLLARS (\$62,305.00) FOR ADVOCACY AND EDUCATIONAL SUPPORT; SUPPORT BY ERIC LAWSON.

Discussion: Mr. O’Farrell explained that in 2020, the Northern Michigan Children’s Assessment Center (NMCAC) approached Iosco County with a request of \$5,000 to support its work with children. In 2026, NMCAC requested \$10,000. Because many NMCAC cases involve parental

substance use, Mr. O’Farrell suggested that NMCAC approach the NMRE to request liquor tax funds.

When the request was presented to the NMRE SUD Oversight Committee on January 5, 2026, it included funds from Roscommon County (six counties in total). After consideration, Roscommon County opted to be removed from the request, noting that it supports NMCAC in other ways like providing workspace and technical support.

Wellvance CEO, Trish Otremba, voiced that Wellvance works hand-in-hand with NMCAC and considers it a “very valuable resource.”

Mr. Lawson asked to see the full liquor tax applications in future meeting packets.

Roll Call Voting took place on Mr. Varner’s motion.

“Yea” Votes: B. Adrian, D. Freedman, E. Ginop, R. Iseler, D. Labar, E. Lawson, M. Newman, J. O’Farrell, R. Pilon, D. Smeltzer, D. Tanner, C. Varner

“Nay” Votes: Nil

MOTION CARRIED.

County Overviews

The impact of the liquor tax requests approved on this date on county fund balances was reported as:

	Projected FY26 Available Balance	Amount Approved January 5, 2026	Projected Remaining Balance
Crawford	\$68,486.06	\$9,329.37	\$59,156.69
Iosco	\$150,966.79	\$16,879.68	\$134,087.11
Ogemaw	\$109,476.60	\$14,074.90	\$95,401.70
Oscoda	\$49,954.93	\$5,559.25	\$44,395.68
Otsego	\$25,698.76	\$16,461.07	\$9,237.69
Total	\$404,583.14	\$62,304.27	\$342,278.87

The “Projected Remaining Balance” reflects funding available for projects while retaining a fund balance equivalent of one year’s receivables.

Election of NMRE Board Officers

The NMRE elects its officers in the month of April. In March, a Nominating Committee will be chosen, and a meeting will be scheduled prior to the April Board meeting. In the interim, the NMRE is currently lacking a Vice-Chair (as former Vice-Chair, Don Tanner, has agreed to assume the position as Board Chair) and Secretary due to recent resignations. Similarly, a member is needed to represent Wellvance on the NMRE Board Executive Committee.

- Appointment of Wellvance Member to the Executive Committee
Mr. O’Farrell recommended that Chuck Varner be appointed to represent Wellvance on the NMRE Board Executive Committee.

- Vice-Chair
Mr. Smeltzer nominated Eric Lawson as the NMRE Board Vice-Chair.
- Secretary
Ms. Pilon volunteered to assume the position of Board Secretary.

Mr. Tanner called three times for any additional nominations; none were brought forward.

MOTION BY DON SMELTZER TO APPROVE THE APPOINTMENT OF CHUCK VARNER TO THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD EXECUTIVE COMMITTEE AND TO APPROVE THE NOMINATIONS OF ERIC LAWSON AND RUTH PILON AS NORTHERN MICHIGAN REGIONAL ENTITY BOARD VICE-CHAIR AND SECRETARY RESPECTFULLY; SUPPORT BY DANA LABAR. MOTION CARRIED.

OLD BUSINESS

CMHSP Updates

Mr. Kurtz explained that "CMHSP Updates" will replace "Northern Lakes Update" on this and future meeting agenda.

- Centra Wellness Network
Mr. Johnston reported that the financial support being given by Centra Wellness to Northern Lakes CMHS is going well. Mr. Johnston will be giving his "Red Book" training (including Judge Yates' decision) to key Northern Lakes staff in February.
- North Country CMHA
Ms. Christie reported that North Country CMHA's Executive Team is recreating/revisiting its Strategic Plan. North Country is working to fill some clinical staff vacancies. Work is also being done on performance indicators and beefing up utilization management. North Country has trained 42 staff on the MCG Indicia platform, with good early results.
- Northeast Michigan CMHA
Ms. Sork reported that Northeast Michigan CMHA is challenged with staffing shortages, though some clinical staff have recently been recruited in addition to an Account Manager. Work is being done on performance indicators. and partnering with Catholic Human Services on a wraparound program. The Behavioral Health Home program is thriving.
- Northern Lakes CMHA
Ms. Zeller acknowledged that each of her regional CEO colleagues have helped her with something major as have NMRE executive staff. She gave special thanks to Centra Wellness (Donne Nieman) and NorthCare Network (Megan Rooney) for their financial help. Ms. Zeller shared that Northern Lakes still has some big hills to climb. On the positive side, a 2-year downward trend of cash flow has been halted. All investments have been cashed out. General Funds are being closely monitored as they were overspent by \$3M in FY25. Utilization management is being reconfigured.

Mr. Tanner noted that everyone is invested in the success of Northern Lakes.

- Wellvance
Ms. Otremba reported that Wellvance is doing well. Wellvance is scheduled for Commission on Accreditation of Rehabilitation Facilities (CARF) accreditation in late March/early April. Wellvance is building relationships with law enforcement and adding medication assisted treatment (MAT) services to Iosco County jail inmates.

Mr. Tanner suggested that the NMRE revisit the floating financial position that was discussed in May of 2022.

Legal Actions Related to the PIHP Bid Out

In response to the decision by Judge Yates in the Michigan Court of Claims dated January 8, 2026, Mr. Kurtz discussed possible next steps. It was noted that the deadline for the Michigan Department of Health and Human Services (MDHHS) and the State of Michigan Department of Technology, Management, and Budget (DTMB) to appeal the decision is January 29th.

If no appeal is filed, the state may do nothing due to the upcoming change in administration. The timeline is tight if the state chooses to pull back the current RFP and reissue an RFP that meets all the legal requirements. The NMRE is taking a “wait and see” position; however, it is being proactive regarding its collaborative efforts with NorthCare Network.

Ideally, the state will be open to negotiating with the CMHSPs that signed redlined versions of the FY25 and FY26 contracts (NorthCare Network, NMRE, Region 10, and CMH Partnership of Southeast Michigan) as the only remaining issue is the risk corridor piece (7.5% internal service fund cap).

Ms. Zeller emphasized that CMHAM is proposing changes in statutes; however, nothing needs to change in statute for the UP and tip of mitt to coordinate on physical and behavioral healthcare. She asserted that a “privatization-proof” system is the wrong message as there is much that can be done in the current system, though some consideration for rural exemptions would be beneficial.

PRESENTATION

NMRE FY25 Quality Assessment and Performance Improvement Program (QAPIP) Evaluation and FY26 QAPIP Workplan.

NMRE Chief Clinical Officer, Bransliva Arsenov, reported on the NMRE’s FY25 Quality Assessment and Performance Improvement Program (QAPIP) Evaluation and FY26 QAPIP Workplan.

FY25 QAPIP Evaluation

Goal	Outcome
Performance Improvement Projects	
The NMRE will increase the number of individuals enrolled in the Opioid Health Home/SUD Health Home from baseline.	The NMRE was unable to increase enrollment in Health Home programs due to the loss of one SUD Health Home and an increase in individuals losing Medicaid and Healthy Michigan Coverage.
The NMRE will increase the percentage of individuals who are enrolled in the Behavioral Health Home program from 5% to 6%.	Although overall enrollment with CMHSPs decreased likely due to the change in the number of covered beneficiaries (in FY25 61 disenrollments

	were due to no MA) overall enrollment is at 5.92% with the expansion of FQHCs.
The NMRE will increase percentage of new persons during the quarter starting any medically necessary on-going covered service within 14 days of completing a non-emergent biopsychosocial assessment.	In December of 2024, the NMRE set the goal to improve from 67.82%. In Q4 of FY25, the NMRE is scored somewhat higher at 71.74%.
Event Reporting and Notification	
The NMRE will trend, review, and follow-up on sentinel events and other critical incidents and events that put people at risk of harm. The NMRE will work on improving the data quality and timeliness in reporting events.	A 7% increase in the timeliness of critical events reporting was observed from FY24 to FY25. A more uniformed reporting of risk events (RI) is needed, and NMRE will use one reporting document across all five boards to accomplish this in FY26.
Consumer Experience Assessments	
The NMRE will conduct ongoing quantitative and qualitative assessments (such as surveys, focus groups, phone interviews) of members' experiences with services including long-term supports and services	The number of consumers providing feedback increased in FY25 (942) compared to FY23 (620) and FY24 (921), and so did the percentage of positive feedback.
Provider Network Monitoring	
The NMRE will conduct annual (at minimum) monitoring for all directly contracted providers in the region, and out of region as needed and appropriate, utilizing reciprocity when necessary.	Monitoring was conducted in FY25. For better trending of outcomes and monitoring NMRE will utilize PCE Auditing tools starting FY2026.
The NMRE will perform quarterly audits to verify Medicaid claims/encounters to ensure Medicaid services were furnished to beneficiaries by CMHSPs, SUD providers, providers, and/or subcontractors.	FY25 results showed a 1% increase in validity from FY24.
Behavior Treatment Review	
The NMRE's Regional Behavioral Treatment Plan Committee (BTRC) will conduct quarterly reviews and data analyses from the CMHSP providers where intrusive, or restrictive techniques were approved for use with members and where physical management or 911 calls to law enforcement were used in an emergency behavioral crisis.	The NMRE collected data including the number of interventions and length of time the interventions were used with the individual(s). The CMHSPs' BTRCs are tasked with reviewing data to ensure that only techniques permitted by the MDHHS Technical Requirements for Behavior Treatment Plans and that were approved by the members or their guardians during person-centered planning have been used.
Quality Measures (HEDIS Measures)	
The NMRE will review HEDIS measures tied to the Performance Bonus Incentive Pool (PBIP) to demonstrate and ensure quality care.	The NMRE fell below the standard for Initiation and engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET). The NMRE's performance met or exceeded established standards for the other PBIP measures.
Performance Indicators	
The NMRE will monitor the performance indicators for the NMRE CMHSP network as well as individually.	Performance data is reviewed and discussed by QOC on a quarterly basis. The NMRE and its CMHSPs worked toward meeting all MDHHS MMPBIS at a 95% rate or higher for indicators 1, 4a, and 4b.

	Work was done to try and improve indicators 2, 2e, and 3 and move them into at least 50th percentile, increasing to 57%, 68.2%, and 72.9% respectively.
Monitoring and Evaluation	
The NMRE will provide updates to the QOC, network providers, the Governing Board, and other stakeholders regarding routine QAPIP activities.	QAPIP activities are continuously reviewed and evaluated by QOC. The QAPIP is reviewed and updated at least annually with the input from CMHSPs, providers, stakeholders, and approved by the Governing Board. QAPIP activities are shared with consumers through the regional Consumer Council (Regional Entity Partners) and other stakeholders through committees, mailers, and posting to the NMRE website.
Practice Guidelines	
The NMRE and its network providers will implement a process to adopt and adhere to practice guidelines established by American Psychiatric Association (APA) and Michigan Department of Health and Human Services (MDHHS).	The NMRE reviews and adopts practice guidelines established by APA and MDHHS annually, every March after they have been reviewed and adopted by the regions' clinical directors. The NMRE disseminates adopted practice guidelines to all affected providers, members, stakeholders, and potential members as needed via the NMRE's website as referenced in the NMRE's annual mailer.
Contracting	
The NMRE will update its Sub-contractual Relationships and Delegation Agreements to include the language: "the right to audit records for the past 10 years from the final date of the contract period or from the date of completion of any audit, whichever is later".	The NMRE will update its Sub-contractual Relationships and Delegation Agreements to include the language: "the right to audit records for the past 10 years from the final date of the contract period or from the date of completion of any audit, whichever is later".
Credentialing and Recredentialing	
The NMRE and its CMHSPs will adopt the Universal Credentialing CRM as required by MDHHS.	The NMRE's five CMHSPs have all implemented the Universal Credentialing CRM, with the only limitation being the extent that their normal operations have delayed the transition.
Exclusion Checks	
The NMRE will develop standardized utilization management protocols and functions across the region to identify areas of underutilization and overutilization of services.	<p>The NMRE completed MCG Indicia 17 Integration with PCE Systems for all five member CMHSPs in FY25.</p> <p>The NMRE developed reports to monitor, trend, and review SUD admissions and level of care utilization in the NMRE region. FY25 SUD admissions were 15% lower than in FY24 across all levels of care.</p> <p>Additional corrective actions were needed in FY25, resulting in higher enrollment of those receiving qualifying services into 1915(i) SPA. The NMRE continues to monitor Power BI Potential Enrollee Report for discrepancies per board and qualifying service.</p> <p>To ensure appropriate utilization of HSW waiver slots, the NMRE runs a monthly "No-Service" report and shares it with its CMHSPs.</p>

Regional Training	
The NMRE will collect feedback from its member CMHSPs and SUD Providers, as well as record areas of improvement during site visits, and will conduct a series of trainings to aid in process improvement as well as overall compliance.	An IPOS training was completed on October 10 th and 11 th , 2024 for all five CMHSPs. Adverse Benefit Determination training was completed January 23 rd and 24 th , 2025. Over 200 staff attended these training sessions.
Maintaining the Handbook	
The NMRE will obtain MDHHS approval, in writing, prior to publishing the original and revised editions of its member handbook.	The NMRE received written approval of its Member Handbook (Guide to Services) from MDHHS. The NMRE uses MDHHS-developed model member handbooks and member notices and ensures that its member handbook and member notices include all MDHHS-developed template language. The NMRE will ensure that all written materials for potential members and members use a font size no smaller than 12pt and are written at or below the 6.9 grade reading level based on the Flesch-Kincaid scale.
Adverse Benefit Determinations	
The NMRE will strengthen compliance with Federal and State laws regarding Adverse Benefit Determinations (ABD) sent to beneficiaries of the NMRE region.	Region-wide training was provided in January 2025, and training was provided to a singular CMHSP in March 2025. Each CMHSP has been compliant with the increased oversight, which has resulted in compliance improvement. Compliance for FY25 Q1 and Q2 focused on the required 6.9 grade level readability, and time frame compliance, of the ABDs. FY25 Q3 (and Q4 when available) will focus on readability, along with proper citation use.
The NMRE will increase compliance with timely authorization decisions for SUD services.	The NMRE developed an internal process for timely authorization denials, as well as exceptions and extensions when appropriate. <ul style="list-style-type: none"> • FY24 SUD denials made within required decision timeframes: 98.71% • FY25 SUD denials made within required decision timeframes: 100%

FY26 QAPIP Workplan

Goal

Performance Improvement Projects

The NMRE will continue to collect data, conduct ongoing analysis, and coordinate with providers to improve the number of individuals enrolled in the Opioid Health Home (OHH) program as part of the broader Substance Use Health Home (SUDHH).

The NMRE QOC will collect data and conduct analysis for Behavioral Health Home (BHH) enrollment. The NMRE will strive to improve the percentage of individuals who are enrolled in the Behavioral Health Home program from 6% to 7%,

Performance Indicator 3 (PI 3) improvement goal is to increase the percentage of new persons during the quarter starting any medically necessary ongoing covered service within 14 days of completing a non-emergent biopsychosocial assessment.

Event Reporting and Notification

The NMRE provide clear guidance for the reporting and reviewing of critical incidents, sentinel events, risk events, and deaths of beneficiaries. The NMRE will analyze this data quarterly to identify improvement opportunities. The NMRE Quality and Compliance Oversight Committee (QOC) will continue to review and follow-up on sentinel events and other critical incidents and events that put people at risk of harm.

Consumer Experience Assessments

The NMRE will conduct ongoing quantitative and qualitative assessments (such as surveys, focus groups, phone interviews) of members' experiences with services, including long-term supports (LTSS) and services (i.e., individuals receiving case management, respite services, or supports coordination) and the services covered by the NMRE's Specialty Supports and Services Contract with the State.

Provider Network Monitoring

The NMRE will conduct site reviews annually for all contracted service providers by September 30, 2026. The NMRE will monitor and follow-up to ensure corrective action plans (CAPs) are being implemented as stated by network providers.

The NMRE will incorporate consumers receiving long-term supports or services (LTSS) into the review and analysis of the information obtained from quantitative and qualitative methods.

The NMRE will perform quarterly audits to verify Medicaid claims/encounters to ensure Medicaid services were furnished to beneficiaries by CMHSPs, SUD providers, providers, and/or subcontractors.

The NMRE and its CMHSPs will monitor Home and Community Based Services (HCBS) under the HCBS Final Rule, the Centers for Medicare and Medicaid (CMS) requirements for both residential and non-residential Home and Community Based Settings.

The Regional Behavioral Treatment Plan Committee (BTRC) will conduct quarterly reviews and data analyses from the CMHSP providers where intrusive, or restrictive techniques were approved for use with members and where physical management or 911 calls to law enforcement were used in an emergency behavioral crisis. Trends and patterns will be reviewed to determine if systems and process improvement initiatives are necessary.

Quality Measures (HEDIS Measures)

The NMRE will review HEDIS Measures related to the Performance Improvement Bonus Pool (PBIP) and Behavioral Health Quality Program Overhaul- Year 1 to demonstrate and ensure quality care. The NMRE will provide and analyze HEDIS measure reports to the NMRE QOC on a quarterly basis.

Performance Indicators

The NMRE will monitor the performance indicator #2 for the NMRE CMHSP network as well as individually with a goal of reaching the 75th percentile (62%).

Monitoring and Evaluation

The NMRE will provide updates to QOC, network providers, the Governing Board, and other stakeholders regarding routine QAPIP activities.

Practice Guidelines

The NMRE and its network providers will adopt and adhere to practice guidelines established by American Psychiatric Association (APA) and the Michigan Department of Health and Human Services (MDHHS) annually in March. The NMRE will disseminate adopted practice guidelines to all affected providers, members, stakeholders, and potential members as needed via the NMRE.org website, annual mailer, and/or annual newsletter.

Contracting

The NMRE will ensure that any new Sub-contractual Relationships and Delegation Agreements will to include the language: "the right to audit records for the past 10 years from the final date of the contract period or from the date of completion of any audit, whichever is later."

Credentialing and Recredentialing

The NMRE will continue to work with the MDHHS to implement the Universal Credentialing module in their CRM platform, continue to monitor credentialing and recredentialing, and continue with regional educational/training sessions.

Exclusion Checks

The NMRE will continue to monitor its provider network to ensure they are running required monthly excluded provider checks (Office of the Inspector General’s (OIG) exclusions database (individual or entity), the System for Award Management (SAM), the State of Michigan Sanctioned Provider List) in accordance with regulatory requirements.

Utilization Management and Authorization of Services

The NMRE will continue to develop standardized utilization management protocols & functions across the region to identify areas of underutilization and overutilization of services. This will ensure access to public behavioral health services in the region is in accordance with the PIHP’s contract with MDHHS, relevant Michigan Medicaid Provider Manual (MMPM) sections, and Michigan Mental Health Code (MMHC) requirements.

Regional Training

The NMRE will continue to collect feedback from its member CMHSPs and SUD Providers, as well as record areas of improvement during site visits, and continues to conduct or fund a series of trainings to aid in process improvement as well as overall compliance.

Maintaining the Handbook

The NMRE will obtain written MDHHS approval prior to publishing any revisions of its Member handbook. The NMRE will use MDHHS-developed model member handbooks and member notices and ensure that its member handbook and member notices include all MDHHS-developed template language. The NMRE, and any delegates performing activities on behalf of the NMRE, will ensure that all written materials available for potential members and members use a font size at least 12-point bold font (conspicuously visible), and are written at or below the 6.9 grade reading level based on Flesch-Kincaid score.

Adverse Benefit Determinations

The NMRE will ensure that each ABD notice meets federal and state-specific requirements, as well as content requirement, and is written at or below the 6.9 reading grade level. The NMRE will conduct training and quarterly monitoring of its provider network to measure compliance. Scheduled annual on-site monitoring will continue to include ABD review and monitoring.

Stakeholder Engagement and Input

The NMRE will analyze feedback received from those who currently receive services, who received services in the past, families and support systems, advocates, contracted providers, community partners, coalitions etc.

MOTION BY BOB ADRIAN TO APPROVE THE NORTHERN MICHIGAN REGIONAL ENTITY’S FISCAL YEAR 2025 QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT PROGRAM EVALUATION AND FISCAL YEAR 2026 QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT PROGRAM WORKPLAN; SUPPORT BY ED GINOP. ROLL CALL VOTE.

“Yea” Votes: R. Adrian, D. Freedman, E. Ginop, R. Iseler, D. Labar, E. Lawson, M. Newman, J. O’Farrell, R. Pilon, D. Smeltzer, D. Tanner, C. Varner

“Nay” Votes: Nil

MOTION CARRIED.

COMMENTS

Board

Mr. Labar recognized and thanked the CMHSP CEOs and Mr. Kurtz for spearheading the monumental lawsuit against MDHHS and DTMB.

Mr. Freedman announced that a 501(c)(3) that he is involved with is holding a series of non-partisan “meet the candidates” forums related to the November election. He requested permission to share information with the NMRE Board, which was given.

Staff/CMHSP CEOs

Ms. Sork noted that Mental Health of America ranked Michigan #13 for mental health in the United States. She recognized the need to spread the word that the system may need some fixing, but it is not broken.

Mr. Johnston shared that he has attended the Great Lakes Rural Mental Health Association (GLARMA) conference for 5-6 years. This year, all Region 2 CEOs have been invited to attend, further aligning PIHP Regions 1 and 2.

Mr. Kurtz announced that the NMRE will be pursuing full-risk arrangements with the five member CMHSPs so that they in upside and downside risk. An actuarial analysis will be needed prior to moving forward.

Public

Catholic Human Services' Chief Executive Officer, Larry LaCross, spoke about the challenge and uncertainty surrounding the reduction in Medicaid and Health Michigan Plan enrollees and the potential impact on services.

NEXT MEETING DATE

The next meeting of the NMRE Board of Directors was scheduled for 10:00AM on February 25, 2026.

ADJOURN

Let the record show that Mr. Tanner adjourned the meeting at 11:57AM.