Northern Michigan Regional Entity

Board Meeting

January 25, 2023

1999 Walden Drive, Gaylord

10:00AM

Agenda

Join Microsoft Teams Meeting

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Conference ID: 497 719 399#

NORTHERN MICHIGAN REGIONAL ENTITY
BOARD OF DIRECTORS MEETING
10:00AM – DECEMBER 7, 2022
GAYLORD BOARDROOM

ATTENDEES:	Kate Dahlstrom, Ed Ginop, Gary Klacking, Terry Larson, Eric Lawson, Christian Marcus, Mary Marois, Gary Nowak, Richard Schmidt, Don Smeltzer, Don Tanner, Chuck Varner
ABSENT:	Angie Griffis, Jay O'Farrell, Karla Sharman
NMRE/CMHSP STAFF:	Brian Babbitt, Chip Johnston, Eric Kurtz, Brian Martinus, Diane Pelts, Brandon Rhue, Nena Sork, Chris VanWagoner, Deanna Yockey, Carol Balousek, Lisa Hartley
PUBLIC:	Chip Cieslinski, Dave Freedman, Sue Winter

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

ROLL CALL
Let the record show that Angie Griffis, Jay O'Farrell, and Karla Sherman were excused from the meeting on this date; all other NMRE 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
Mr. Kurtz requested that Lakeview Consulting Proposal and SUD Prevention Grant awards be added to the meeting agenda under "New Business."

MOTION BY MARY MAROIS TO APPROVE THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS MEETING AGENDA FOR DECEMBER 7, 2022, AS AMENDED; SUPPORT BY GARY NOWAK. 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 GARY NOWAK TO APPROVE THE MINUTES OF THE OCTOBER 26, 2022 MEETING OF THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS; SUPPORT BY ED GINOP. MOTION CARRIED.

1) The minutes from the November 3rd PIHP CEO meeting.
2) MDHHS "Michigan Integration Efforts: Service Delivery Transformation" document dated November 2022 Update.
3) Michigan Medicaid Policy Bulletin 22-36 regarding 1915(i) State Plan Home and Community-Based Services.
4) Statewide Performance Indicator report for Quarter 3 FY22.
5) Email correspondence from Alan Bolter at CMHAM summarizing 2-23-2024 State Legislative leadership races.
6) Slide deck from CMHAM describing what PIHPs are, what they do, and their value.
7) The Fall 2022 edition of the NMRE "Member Newsletter."
8) The draft minutes from the November 9th NMRE Regional Finance Committee meeting.

Mr. Kurtz drew attention to the New Methadone Reimbursement Rate identified in the November 3rd PIHP CEO meeting minutes. It was noted that the NMRE has been paying higher than other PIHPs for some time. The increased rate of $19 could lead to nearly $1M in increased payments. It is currently unclear how this relates to federal block grant spending and authority.

Mr. Marcus referenced the "State Hospital Denials" section of the November 3rd PIHP CEO meeting minutes. No reason was given for the state denying individuals for inpatient care. It was noted that psychiatric beds have been reduced by 75-100 due to staffing issues. Denying court-ordered treatments would result in contempt of court charges. Hospitals have recently entered into agreements with private residential providers (Hope Network, Beacon); this needs to be brought to the attention of legislators.

The CMHA document, "What Is a PIHP?" and the Fall 2022 Member Newsletter were also highlighted.

Ms. Dahlstrom referenced the Michigan Integration Efforts document. Clarification was made that the Azara DVRS data reporting and analytics solution houses encounter, and admission, discharge, and transfer data; it is not a client portal. Mr. Kurtz explained that care coordination is already occurring through Care Connect 360. NMRE Chief Information Officer, Brandon Rhue, added that patient portals are a CMS requirement, on which all CMHSPs are audited.

ANNOUNCEMENTS
Let the record show that there were no announcements during the meeting on this date.

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

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 2022 was included in the materials for the meeting on this date. Mr. Kurtz highlighted the meeting on November 22nd with AuSable Valley CMHA regarding a potential clinic in West Branch to provide SUD services, including Medication Assisted

Treatment (MAT). Mr. Kurtz also referenced the joint advocacy meeting on November 22nd with CMHAM, The Arc Michigan, and the Mental Health Association.

September 2022 Financial Report
- Net Position showed net surplus Medicaid and HMP of $11,331,599. Medicaid carry forward was reported as $16,358,117. The total Medicaid and HMP Current Year Surplus was reported as $27,689,716. Medicaid and HMP combined ISF was reported as $16,358,117; the total Medicaid and HMP net surplus, including carry forward and ISF was reported as $44,047,833.
- Traditional Medicaid showed $203,038,742 in revenue, and $188,520,205 in expenses, resulting in a net surplus of $14,518,537. Medicaid ISF was reported as $9,298,368 based on the final FSR. Medicaid Savings was reported as $11,296,867.
- Healthy Michigan Plan showed $32,507,098 in revenue, and $28,551,560 in expenses, resulting in a net surplus of $3,945,538. HMP ISF was reported as $7,059,749 based on the final FSR. HMP savings was reported as $5,061,250.
- Health Home showed $1,507,126 in revenue, and $1,283,632 in expenses, resulting in a net surplus of $223,494.
- SUD showed all funding source revenue of $25,668,256, and $22,503,103 in expenses, resulting in a net surplus of $3,165,153. Total PA2 funds were reported as $5,511,715.

The direct care wage surplus was estimated at $7,132,476. Total DCW revenue was reported as $15.3M. Final quarter PA2 payments were received totaling approximately $1.5M. The total anticipated lapse back to the state for FY22 was estimated as $10M.

Mr. Larson asked whether any thought has been given about bringing PA2 balances down a bit so that the funds can be utilized for services. Ms. Yockey drew attention to the "FY22 Projected Revenue" column on the Schedule of PA2 by County" page of the financial report; one year's projected revenue is what the Board had determined should be kept as a balance. Ms. Yockey also noted that $2,962,916 PA2 funds were approved in FY22, but only $1,517,189 has been billed to date; the remaining 1,445,727 will be added to the fund balance and carried over into FY23. Ms. Sircely noted that there has been an effort to utilize PA2 funds, and numerous projects have been approved thus far for FY23.

MOTION BY GARY NOWAK TO APPROVE THE NORTHERN MICHIGAN REGIONAL ENTITY MONTHLY FINANCIAL REPORT FOR SEPTEMBER 2022; SUPPORT BY RICHARD SCHMIDT. MOTION CARRIED.

Operations Committee Report
Let the record show that the Operations Committee did not meet in November. The next meeting is scheduled for December 20, 2022.

NMRE SUD Oversight Board Report
The minutes from the November 7, 2022 Substance Use Disorder Oversight Board meeting were included in the materials for the meeting on this date. Liquor tax requests will be reviewed under "New Business."

NEW BUSINESS
PA2 Requests
The NMRE SUD Oversight Board reviewed and approved six liquor tax request applications.

Munson Medical Center Behavioral Health Services	Recovery Coach Services	$	173,817
Health Department of Northwest Michigan	Syringe Exchange Program	$	5,000
AuSable Valley CMHA	Peer Recovery Coaching	$	154,453
ÁuSable Valley CMHA	Jail Services	$	63,482
217 Recovery	Recovery Community Center	$	315,517
Bay Area Substance Education Services (BASES)	Jail Services	$	20,000
	Total	$	**732,269**

The pros and cons of offering a syringe exchange program were discussed. Mr. Marcus noted that issues have been reported from Antrim County.

MOTION BY ERIC LAWSON TO APPROVE THE ALL THE NOVEMBER 7, 2022 LIQUOR TAX USE RECOMMENDATIONS BY THE NORTHERN MICHIGAN REGIONAL ENTITY SUBSTANCE USE DISORDER OVERSIGHT BOARD EXCEPT THE REQUEST FROM THE HEALTH DEPARTMENT OF NORTHWEST MICHIGAN FOR A SYRINGE EXCHANGE PROGRAM; THE REQUEST FROM 217 RECOVERY WILL BE REDUCED BY THE AMOUNTS ALLOCATED FOR BENZIE AND MANISTEE COUNTIES, LOWERING THE TOTAL AMOUNT REQUESTED FOR APPROVAL TO SIX HUNDRED NINETY-ONE THOUSAND NINETY-SIX DOLLARS ($691,096.00); SUPPORT BY CHRISTIAN MARCUS. ROLL CALL VOTE.

"Yea" Votes: **K. Dahlstrom, E. Ginop, G. Klacking, T. Larson, E. Lawson, C. Marcus, M. Marois, G. Nowak, R. Schmidt, D. Smeltzer, D. Tanner, C. Varner**

"Nay" Votes: **Nil**

MOTION CARRIED.

MOTION BY MARY MAROIS TO APPROVE THE LIQUOR TAX REQUEST BY THE HEALTH DEPARTMENT OF NORTHWEST MICHIGAN IN THE AMOUNT OF FIVE THOUSAND DOLLARS ($5,000.00) TO FUND A SYRINGE EXCHANGE PROGRAM IN ANTIM COUNTY; SUPPORT BY KATE DAHLSTROM.

Discussion: Mr. Marcus emphasized the need for hard evidence showing the efficacy of syringe exchange programs. Ms. Dahlstrom recommended that someone from the Health Department of Northwest Michigan present to the Board in January. Mr. Tanner noted that the Health Department should be providing public health benefits to Antrim County.

MOTION BY DON SMELTZER TO DELAY VOTING ON MS. MAROIS' MOTION UNTIL JANUARY 25,2023 AND FOR CORRESPONDENCE TO BE SENT BY THE NORTHERN MICHIGAN REGIONAL ENTITY TO THE HEALTH DEPARTMENT OF NORTHWEST EXPLAINING THE REASON FOR THE DELAY; SUPPORT BY RICHARD SCHMIDT. ROLL CALL VOTE.

"Yea" Votes: **K. Dahlstrom, E. Ginop, G. Klacking, C. Marcus, M. Marois, R. Schmidt, D. Smeltzer, C. Varner**

"Nay" Votes: **E. Lawson, G. Nowak, D. Tanner**

Abstentions: **T. Larson**

MOTION CARRIED.

SUD Prevention Grants
- Gambling Disorder Grant
  NMRE Substance Use Disorder Grant Director, Sara Sircely, requested approval to award a contract for a SUD Prevention Gambling media campaign to MacDonald-Garber Broadcasting using grant funds in the amount $200,000.

- SUD Tobacco Grant
  Ms. Sircely request approval to award a contract for a SUD Tobacco media campaign to MacDonald-Garber Broadcasting using grant funds in the amount of $4,000.

MOTION BY GARY NOWAK TO APPROVE A CONTRACT WITH MACDONALD-GARBER BROADCASTING FOR A GAMBLING DISORDER MEDIA CAMPAIGN IN THE AMOUNT OF TWO HUNDRED THOUSAND DOLLARS ($200,000.00) AND A TOBACCO CAMPAIGN IN THE AMOUNT OF FOUR THOUSAND DOLLARS ($4,000.00) UTILIZING AVAILABLE GRANT FUNDS; SUPPORT BY RICHARD SCHMIDT. ROLL CALL VOTE.

   "Yea" Votes: **K. Dahlstrom, E. Ginop, G. Klacking, T. Larson, E. Lawson, C. Marcus, M. Marois, G. Nowak, D. Smeltzer, R. Schmidt, D. Tanner, C. Varner,**

   "Nay" Votes: Nil

MOTION CARRIED.

MDHHS-PIHP Contract Change Order No. 7
A summary of MDHHS-PIHP Contract Change Order No. 7 was included in the materials for the meeting on this date. Mr. Kurtz drew attention to the OIG section which is almost a complete rewrite. Under the Finance Section, a change was made to indicate that the DCW for FY23 will not be separately cost settled. For the Performance Bonus Incentive for FY23, the percentage for the narrative portion has been reduced; the PBIP ties more to actual indicators/joint metrics.

MOTION BY MARY MAROIS TO APPROVE AND AUTHORIZE THE NORTHERN MICHIGAN REGIONAL ENTITY CHIEF EXECUTIVE OFFICER TO SIGN CHANGE ORDER NUMBER SEVEN (NO.7) TO THE CONTRACT BETWEEN THE MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES AND THE NORTHERN MICHIGAN REGIONAL ENTITY; SUPPORT BY GARY NOWAK. ROLL CALL VOTE.

   "Yea" Votes: **K. Dahlstrom, E. Ginop, G. Klacking, T. Larson, E. Lawson, C. Marcus, M. Marois, G. Nowak, R. Schmidt, D. Smeltzer, D. Tanner, C. Varner**

   "Nay" Votes: Nil

MOTION CARRIED.

Lakeview Consulting, LLC Proposal
A proposal from Lakeview Consultants, LLC "to provide planning, facilitation, and report findings specific to the public mental health system in Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon and Wexford Counties" was distributed on this date. A series of listening sessions is

planned to take place in each of the counties. The input collected will be used to inform the enabling agreement between the counties and Northern Lakes CMHA.

MOTION BY CHUCK VARNER TO APPROVE THE PROPOSAL BY LAKEVIEW CONSULTANTS, LLC TO CONDUCT LISTENING SESSIONS IN CRAWFORD, GRAND TRAVERSE, LEELANAU, MISSAUKEE, ROSCOMMON, AND WEXFORD COUNTIES AT A COST OF THIRTY-FOUR THOUSAND TWO HUNDRED DOLLARS ($34,200.00); SUPPORT BY DON SMELTZER. ROLL CALL VOTE.

"Yea" Votes: K. Dahlstrom, E. Ginop, G. Klacking, T. Larson, E. Lawson, C. Marcus, M. Marois, G. Nowak, R. Schmidt, D. Smeltzer, D. Tanner, C. Varner

"Nay" Votes: Nil

MOTION CARRIED.

OLD BUSINESS
Christine Gebhard Contract
The fully executed contract between the NMRE and Christine Gebhard was included in the meeting materials at the Board's request during the October meeting.

Senate Bills 597 & 598/House Bills 4925 – 4929 – The Latest
The following items were included in the materials for the meeting on this date under this topic:
- Detroit News Opinion dated October 29, 2022 by Michael Murphy titled, "Don't Outsource State's Mental Health Care."
- Action Alert from CMHAM dated October 24, 2022 urging for "No Lame Duck Deals on SBS 597 & 598."
- Email correspondence from Alan Bolter at CMHAM dated November 30, 2022 regarding revised SBS 597 & 598.
- Press Release from MDHHS dated November 30, 2022, titled, "MDHHD Enhances Work with Providers to Meet Behavioral Health Needs of Children in Foster Care, Juvenile Justice Systems."
- Substitute for Senate Bill No. 597.
- Substitute for Senate Bill No. 598.

As of December 6, 2022, substitute SBs 597 & 598 did not pass the state senate. The bills would have moved foster care (only) over to a single managed care organization and would have also restructured regional PIHP governance boards to consist of ⅓ CMH representation, ⅓ provider representation, and ⅓ consumer/family representation.

Ms. Marois noted that to revive the bills, they would have to be tacked on to a current bill that would amend both the social welfare act and the mental health code; it is not believed any exist.

Grand Traverse County and Northern Lakes CMHA
Mr. Kurtz reported that the six counties continue to meet. As stated previously, the Enabling Agreement will be rewritten with input from the listening sessions. Communication to the public generated by the counties is expected soon.

PRESENTATION
Network Adequacy
NMRE Provider Network Manager, Chris VanWagoner, was in attendance to provide an update on the NMREs compliance with network adequacy standards.

42 CFR Part 457.1218 specifies specialty Behavioral Health Network Adequacy Standards, time/distance standards, and enrollee-to-provider ratios for certain services.

		Standards		
	Service	**Frontier**	**Rural**	**Urban**
Adult	Inpatient Psychiatric	150 min/125 mil	90 min/60 mil	30 min/30 mil
	All Other Select Services	90 min/90 mil	60 min/60 mil	30 min/30 mil
Children	Inpatient Psychiatric	330 min/355 mil	120 min/125 mil	60 min/60 mil
	All Other Select Services	90 min/90 mil	60 min/60 mil	30 min/30 mil

	Service	**Ratio**
Adult	ACT	30,000:1 (enrollee to provider ratio)
	Clubhouse	45,000:1 (enrollee to provider ratio)
	Opioid Treatment	35,000:1 (enrollee to provider ratio)
	Crisis Residential	16 beds per 500,000 total population
Children	Home-Based	2,000:1 (employee to provider ratio)
	Wraparound	5,000:1 (enrollee to provider ratio)
	Crisis Residential	8-12 beds per 500,000 total population

Regional data collected regarding the enrollee-to-provider ratios indicated compliance with all the standards except for Opioid Treatment; the NMRE contracts with 4 locations but the standards indicated that 4.02 are needed. The NMRE will pursue agreements with providers in other regions and extend offers as indicated to participate on the NRME provide panel. The Board inquired about the methodology used to calculate the number of crisis residential beds for both adults and children as the reported figures appeared high; data had been collected directly from CMHSP provider network managers. Mr. VanWagoner agreed to revisit the numbers with CMHSP staff to validate the accuracy of the data.

Mr. VanWagoner demonstrated the NMRE's mileage analysis report for the Board. This will soon be housed on the NMRE.org website. Individuals will be able to search for providers by service type by zip code and obtain a mileage report.

The NMRE's Network Adequacy report will be submitted to MDHHS by the February 28th deadline.

COMMENTS
Board Members
Mr. Nowak wished everyone Happy Holidays.

Ms. Dahlstrom reported that she has proposed forming a Citizens Advisory Council at Northern Lakes CMHA. She asked wither the other CMHSPs have one currently. The Boards responded that they have Consumer Advisory Councils; the NMRE has a regional Consumer Council (Regional Entity Partners).

Mr. Marcus announced that this was his last Board meeting. He called his time on the North Country CMHA Board and NMRE Board the "most fulfilling positions he's had in local government." The Board thanked Mr. Marcus for his service.

CMHSP CEOs/Staff
Mr. Johnston reported he is communicating with Rep. Mary Whiteford regarding the Board composition included in the revised system transformation bills, specifically having providers on the PIHP Board.

Mr. Johnston requested that any PA2 requests involving funds from Benzie or Manistee counties be sent to Mr. Schmidt and him to review prior to being brought to the NMRE SUD and Governing Boards for approval.

NEXT MEETING DATE
The next meeting of the NMRE Board of Directors was scheduled for 10:00AM on January 25, 2023.

ADJOURN
Let the record show that Mr. Tanner adjourned the meeting at 12:06PM.

PIHP CEO Meeting
December 1, 2022
9:30AM – 12:00PM
Michigan Public Health Institute – Microsoft Teams Meeting

Contents

Attendees

Children's Bureau Update

SB 578 and SB 579

Strategic Behavioral Health Integration and Coordination Initiatives

HCBS Update

MPCIP & MI CAL Update

Opioid Advisory Commission Update

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 Integrated Health Network (DWIHN))	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)
Lisa Collins
Alicia Cosgrove
Audrey Dick
Erin Emerson
Farah Hanley
Darrell Harden
Krista Hausermann
Belinda Hawks
Kristen Jordan
Leah Julian
Brian Keisling
Phil Kurdunowicz
Lindsay McLaughlin
Lindsey Naeyaert
Ernest Papke
Kelsey Schell
Manny Singla
Angie Smith-Butterwick
Brenda Stoneburner
Scott Wamsley
Keith White
Amanda Zabor

Michigan Department of Technology, Management & Budget (MDTMB)
Herve Mukuna

Michigan Public Health Institute (MPHI)
Kristi Bente
Krystalle Double

Children's Bureau Update

1. Lindsay McLaughlin reported that Director Hertel had done a briefing on Children's Services, focusing especially on juvenile justice, child welfare, and behavioral health. The PowerPoint slides from this briefing have been shared with the PIHPs.
    a. Multiple PIHPs shared that they had not received notice of or invitations to this meeting.
    b. Lindsay McLaughlin will speak with the communications team to find out why the PIHPs did not receive invitations.
2. Lindsay McLaughlin shared that MDHHS is still committed to decommissioning the use of the Waiver Support Application (WSA) for autism spectrum disorder diagnoses on April 1, 2023. From that point forward, the PIHPs will not be able to add new data, but they will still be able to view historical data.
    a. MDHHS has received feedback from the Chief Information Officer forum and Autism leads on potential new reporting requirements through the PIHP contract as a substitute for the WSA. Based on feedback, MDHHS is holding off on new contractual requirements and will instead monitor encounter data already submitted by the PIHPs.
    b. The PIHPs should prepare to submit the U-5 modifier on the 97151 code on encounters as appropriate.
    c. MDHHS will issue an L-letter in early 2023 to outline the transition process for decommissioning the WSA.
    d. A PIHP shared that their team is concerned that additional reporting requirements beyond the use of the U5 modifier might come out closer to that decommissioning date. As the PIHPs use similar vendors, having all the vendors undertake the same project at the same time to meet a tight deadline on new reporting requirements would be very challenging.
        i. Phil Kurdunowicz stated that MDHHS is planning to focus on encounter data that is already submitted, and that there should not be new requirements beyond the use of the U5 modifier for 97151.
3. Lindsay McLaughlin reported that MDHHS had received applications from 18 CMHSPs in response to the mobile response grant RFP issued in the fall.
    a. She encouraged all CMHs to apply for cohort two if they have not applied yet, as there is enough funding for all the CMHs.
    b. The first cohort of applicants will start January 1, 2023.
    c. MDHHS will open the second application round for the next cohort early in the 2023 calendar year.
    d. MDHHS is committed to providing ongoing funding through FY 2025 at a minimum. MDHHS cannot commit beyond that due to how the funding comes from the legislature, but the intent is to switch to the Medicaid rates and incorporate changes to Medicaid policy based on the lessons learned from the pilots.
    e. MDHHS will also be launching a learning community for grant participants to provide technical assistance to grantees in this RFP.
4. Lindsay McLaughlin reported that the MI Kids Now program is developing an internship program for behavioral health professionals. Funds will be available under this program.

a. An individual who meets the eligibility criteria and is enrolled in an accredited bachelor- or graduate-level mental health professional degree program and is slated to complete an internship for a public behavioral health system.

b. The details of the requirements are still under development.

c. A PIHP asked if MDHHS had a target date for the finalization of the guidelines for the internship program.

   i. Lindsay McLaughlin said that MDHHS does not, but she promised to follow up.

   ii. The PIHP noted that internships for the fall semester tend to be arranged in the winter before. The PIHP suggested that it would be a good idea to get the information out there before the colleges let out.

5. Alicia Cosgrove shared that the process for requests for clinical reviews, consultation, and technical assistance is now outlined on the website. The link to that process is here: https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/mentalhealth/childrenandfamilies/requests-for-clinical-reviews-consultation-and-technical-assistance

SB 578 and SB 579

1. A PIHP asked if MDHHS was supporting SB 578 and SB 579, and if that meant MDHHS was moving away from being aggressively neutral.

   a. Farah Hanley responded that MDHHS had not taken any position or response to the bills.

Strategic Behavioral Health Integration and Coordination Initiatives

1. Lindsey Naeyaert shared that MDHHS had been awarded a two-year grant by the Michigan Health Endowment Fund to conduct an evaluation of the CCBHC demonstration.

   a. MDHHS plans to partner with evaluators from the Center for Healthcare Research Transformation (CHRT) at the University of Michigan. MDHHS will work with them for the next two years to measure the impact of the demonstration.

   b. MDHHS will specifically be looking at access to behavioral health services for underserved populations.

   c. She expects that at some point during the evaluation MDHHS will reach out to the PIHPs and CCBHCs participating in the demonstration for further information.

2. Lindsey Naeyaert reported that MDHHS is also starting a CCBHC learning collaborative that launches December 1, 2022.

   a. The focus for the December 1 meeting will be on crisis services. All CCBHCs and PIHPs should have received the invitation.

   b. The meeting was scheduled at the last bi-monthly CCBHC and PIHP joint meeting.

HCBS Update

1. Belinda Hawks provided the HCBS update.
   a. She thanked the PIHPs for providing the information that MDHHS requested for the Assertive Community Treatment (ACT) team.
   b. PIHPs can expect MI FAST visits to start back on track after January 1, 2023.
      i. MDHHS is finalizing the Improving MI Practices website.
      ii. PIHPs can look forward to FY23 training schedules with dates, times, and details coming out soon.
   c. For the Priority Population Care Coordination SUD work, MDHHS will need information on who the PIHPs have hired by December 31, 2022.
      i. A PIHP asked about what would happen if they could not hire anyone to this position by December 31, 2022.
      ii. Belinda Hawks noted that MDHHS is aware that there may be network adequacy issues for this position. She explained that MDHHS needs to know that the PIHPs have moved to use the utilization funds for the purpose of hiring, which may be the PIHPs communicating their hiring efforts to MDHHS.
      iii. A PIHP also asked why MDHHS needs to know the specifics of who was hired for this position.
         1. Angie Smith-Butterwick explained that MDHHS will be sharing the contact information with the Michigan Department of Corrections, and that is why it has been requested.
   d. The methadone dosing payment rate increased to $19.00 effective October 1, 2022.
      i. MDHHS has provided guidance on what could be included in that rate via an email sent to the SAPT Directors on November 22, 2022, by Angie Smith-Butterwick's team.
      ii. This is to be the final form of the guidance around this rate.
      iii. The code chart also reflects what can be included in this rate. If anyone has questions about what can be included in the $19.00 rate, Belinda Hawks urges them to check the code chart.
   e. The 1915(i) extension has been approved by CMS, and MDHHS expects go-live will be in 2024.
      i. Technical support on this eligibility process will be available in the form of trainings for the PIHP and CMH lead workers starting in January and February 2023.
      ii. Belinda Hawks reminded the PIHPs to contact the federal compliance team to get those trainings coordinated. Some PIHPs have already responded, others have not.
   f. For the Supports Intensity Scale (SIS), MDHHS is offering training on the platform developed to help PIHPs monitor compliance and completion rates. A training should be offered in January.
   g. MDHHS requested an extension for the HCBS Rule Implementation on December 1, 2022.

i. The current timeline is March 17, 2023, but MDHHS has requested the extension to allow MDHHS to work with the PIHPs on heightened scrutiny settings that may still be able to come into compliance and the heightened scrutiny settings that have individuals that need to be transitioned.

ii. A PIHP asked what the extension request's new target date was.

iii. Belinda Hawks responded that MDHHS could not ask for a specific date, only indicate that they need time. She is hoping for at least six additional months, which would be in line with what the transition plan had indicated.

2. Belinda Hawks shared that MDHHS is standing up a new section for Intensive Community Transition Services (ICTS) within the Adult Home and Community Based Services Division.

   a. This is in response to legislative requirements to stand up 60 beds for children, youth, and adults at the hospital level of care who are in Emergency Departments, the community, or who are being discharged from state hospitals and need a transitional setting prior to discharge to the community.

   b. MDHHS is recruiting for the manager position and team for this new section.

   c. A PIHP asked how MDHHS will work with the PIHPs and CMHs in support of individuals discharging from the state hospital in need of transitional housing. They asked if the PIHPs would be required to establish transitional housing supports for those individuals returning to their areas.

      i. Belinda Hawks responded that there is a broader question for department leadership of how the ITCS work will be done. MDHHS does plan to work very closely with the designated hospital liaisons as people are discharged from hospitals.

      ii. Farah Hanley stated that it was a good question, that housing reflects MDHHS's broader Social Determinants of Health work, and that MDHHS would be looking into options both federally and at the policy level. She thanked the PIHP for flagging the issue.

   d. A PIHP stated that the PIHPs feel they should be involved in the planning process for the Emergency Department boarding remediation and work with ICTS on those 60 beds, as they are the prime providers of behavioral health services under Medicaid.

      i. Belinda Hawks responded that MDHHS is drafting policy guidance for how the ICTS effort will go. The PIHPs and CMHs are directly in that guidance.

MPCIP & MI CAL Update

1. Krista Hausermann shared that she had received a question about the training process for the universal credentialling application being built in the behavioral health CRM.

   a. The training will occur in groups to be determined by MDHHS.

   b. The PIHPs and CMHs will be trained together, and then the PIHPs and CMHs will train the providers on the CRM.

      i. A PIHP asked what the PIHPs' responsibility would be to provide technical support for a system that is not theirs. The PIHP is concerned about technical user

        problems with the platform that the PIHPs would be unable to help with, and to what extent the PIHPs would need to create materials or provide resources, etc.

                1. MDHHS will provide an email address to the system to use for technical assistance with the platform.

                2. Krista also clarified that the PIHPs would not be expected to create any training materials.

                3. The PIHP will reconvene with their group and put together remaining questions on the process.

    c. There will be job aids to allow for asynchronous training, and the job aids will be piloted to ensure they are robust enough.

    d. The training is slated to start in early March 2023, and there will be follow up training opportunities and opportunities for help from MDHHS as well.

2. Krista Hausermann reported that at a meeting recently about the Psychiatric Bed Registry and the Open Beds platform, the question was raised about how the platform will meet 42 CFR Part 2.

    a. This question has been raised before, and Krista Hausermann asked for clarification in July 2022. She has not yet received clarification, and it is one reason why MDHHS has not put any requirements around MI Care into the PIHP contract.

    b. The MI Care Platform in its current form can still be used as a bed and service registry; the referral platform is the piece that needs clarification for 42 CFR Part 2

3. Krista Hausermann reported that MDHHS has shared Crisis Stabilization Unit (CSU) draft rules with entities operating services similar to CSUs or in the process of developing CSUs. MDHHS wants to get in-depth feedback from those groups before sharing the rules publicly.

    a. A PIHP requested to see those rules, even in draft form, to see how they might work in rural areas.

        i. Krista Hausermann said they would do so if they could; there was concern about asking the PIHPs to review the rules twice.

        ii. She added that the draft rules focus more on outcomes and services that must be provided rather than on specific staffing. For example, the rules do not say "full time dedicated medical director," but do require justification for the staffing levels chosen. A minimal amount of staffing requirements is included in the rules, but MDHHS is trying to be thoughtful around physical setup and staffing so that the CSUs can still work in rural areas.

        iii. She will share the rules at the point it makes sense to do so, before starting the administrative rules process.

    b. A PIHP noted that their region has an organization that is a lookalike to a CSU and asked if there was any recommended guidance for physical structure beyond the Medicaid Provider Manual.

        i. Krista Hausermann pledged to give better guidance when she had it.

4. Krista Hausermann shared that for the 988 lines, in the last week almost 90% of calls were answered within 30 seconds. The benchmark set was to answer 80% in 30 seconds, so the line has been exceeding that goal. Common Ground will be preparing for a transition to a higher benchmark (80% of calls answered within 20 seconds) by hiring more staff.

a. A review of other states' lines has revealed that Michigan's requirements are more stringent than many.
b. The peer warm line answer rate is a little slower; it has far exceeded anticipated call volume. MDHHS has funding to hire more warm line staff, as the call volume will only increase as the line is publicized more.
c. A marketing initiative about the line is slated to start in January 2023.

Opioid Advisory Commission Update

1. Brad Casemore shared that the Opioid Advisory Commission now has a full-time program coordinator, Tara King, who started in November 2022. She is employed and supervised by the Michigan Legislative Council.
   a. Starting in December 2022, the Opioid Advisory Commission will be moving to all-day work sessions instead of two-hour commission meetings.
      i. The first report is due March 30, 2023, so more commission meeting time must be spent on the report.
   b. A PIHP asked if the all-day work sessions were public meetings, or simply work sessions by the commission itself.
      i. Brad Casemore responded that, per the Legislative Council administrator, all meetings are open to the public under the Open Meetings Act. Open to the public does not necessarily mean the public can participate in the meeting, but as far as he is aware it will be open for observation.

Regional Entity CEO Group

Jim Johnson	Joseph Sedlock	Bradley Casemore
Vice Chair	Chair	Spokesperson

REGIONAL ENTITY CEO MEETING
Date: Tuesday, December 6, 2022
Time: 12:30 pm – 3:30 pm
DRAFT – Minutes

1. **Welcome / Introductions**
   The meeting was called to order by Jim Johnson at 12:30pm.
   Present via Zoom meeting: Tim Kangas (Reg. 1), Eric Kurtz (Reg. 2), Mary Marlatt-Dumas (Reg. 3), Brad Casemore (Reg. 4), Joe Sedlock (Reg. 5), James Colaianne (Reg. 6), Eric Doeh (Reg. 7), Dana Lasenby (Reg. 8), Dave Pankotai (Reg. 9), Jim Johnson (Reg. 10).
   Absent: None
   Guests (selected/applicable portions): Alan Bolter (CMHA – 12:30pm), Tracy Dawson & Garyl Guidry (Reg. 4), Stacia Chick (Reg. 3), Leslie Thomas (Reg. 5), Anya Elliasen (Reg. 8)
   CMHA Staff: Monique Francis

2. **Agenda Changes / Previous Minutes Approval**
   Additions/changes to the agenda: Add DCW Accounting as Item 5 (added by Dave – for discussion while CFOs are in the meeting) and add Hope Not Handcuffs as Item 6 (also added by Dave).
   Group agreed by consensus to accept the agenda with additions/changes for December 6, 2022 and approve the minutes from November 1, 2022.

<u>**Priority/Action Items**</u>

Alan Bolter – Legislative Update
Alan joined the meeting at 12:30pm to give a legislative update. He stated that last week during the Lame Duck session, SBs 597 & 598 were brought up for a vote. He reported that the legislation would have seen foster care services move to a single, private ASO and PIHPs would have been responsible for all other populations (carving out foster care). He reported that they did not pass. Alan stated that the Governor would like to see Michigan become a state with earlier primaries, and this may have seen votes traded off by Democrats to try and pass this legislation. He reported that many of the "no" votes are returning members. Alan stated that if this is the last week of session, there is no possibility of those bills passing. Alan has heard that Sen. Shirkey is looking for other 'vehicle' bills to put this legislation language into, but this is a remote possibility. With the Governor wanting to change the primary dates so they would happen earlier, some deals may be made that we have not anticipated. If any action is to take place, it will happen Wednesday, the 7th, going well into the early hours of Thursday, the 8th. Alan recently sent an email which highlighted the agency *Centene*, a private healthplan which was a monumental failure running the foster care system in Illinois. An Action Alert highlighting that information has also been sent out. Alan continues to push everyone in the legislature to listen to reason and NOT pass any legislation during Lame Duck that could harm vulnerable citizens in our populations served.
Group asked Alan if the makeup of the proposed Board in SB598 could be as skewed as it appears it may end up. Alan stated that yes, it could. Eric Kurtz asked if possible Federal Procurement conflicts need to be discussed and addressed. Group also wondered what the huge issue for the Governor is to get legislation passed on holding an earlier Presidential Primary. Alan stated it was strictly a timing issue. If it's not done now, it would not have immediate effect and the earlier desired primary date would not be able to be met. Group discussed the 90-day timeline that would be needed if this legislation passed after Lame Duck, at the beginning of next year. The 90-day timeline is not in effect for legislation passed in Lame Duck. Dr. Kangas suggested that letting the Foster Care population go to a private ASO may get the Health Plans to leave the PIHPs alone. Alan stated that several people have stated that same thing, but it's just not the right thing to do for this population. Alan also asked the

group to let him know where the group stands on H0020 moving forward so he knows the PIHP position on this issue.

3. **H0020 Methadone Dosing Bundled Rate (Brad)**
    Group discussed whether a unified response to the Department was needed. Problems to identify to the Department – It takes time to implement code changes, and no proper capitation. Brad felt that everyone should share with each other how they are going to handle this situation, and discuss IF a unified decision can be made, or if everyone should make their own decisions on actions moving forward. Joe shared the following language:
    As an FYI, the special provisions of the Treatment and Access Management section of the Substance Use and Gambling Services 2023 contract includes
    REIMBURSEMENT RATES FOR SUBSTANCE USE DISORDER SERVICES
    The Grantee must pay the same rate when purchasing the same service from the same provider, regardless of whether the services are paid for by Block Grant, Medicaid, or other Department administered funds.

4. **Wakely Actuarial – Follow-up discussion (PIHP CFOs invited by their CEO) (All)**
    Several CFOs joined from regions 3, 4, 5 and 8. Joe Sedlock stated that the CEOs would like to consider Wakely's services as there may be some advantages to contracting with an actuarial firm to represent PIHPs with Milliman. Brad Casemore introduced Garyl Guidry who will be replacing Tracy Dawson who is retiring this month. He stated that there are likely many benefits of contracting with Wakely. Brad has started a list of what services PIHP CEOs would want to see from Wakely. Brad stated that there are likely different issues than what the Association is using them for, but there may be some similar as well. He felt that Wakely should NOT be used to develop rates for the CMHs, and he would like to see any contracts with Wakely developed through MCHE. Leslie Thomas stated that several CFOs met with Bob Sheehan at the Association to discuss what Wakely could provide. She stated that they realized the data could be better sifted through and explain what the data sources are that Milliman is using to understand what Milliman is telling the CMHs and PIHPs, such as arbitrary caps, etc. Tracy Dawson agreed with Leslie, stating that if Wakely can develop a comparative explanation using the data that Milliman used, that would be extremely helpful. Anya Elliasen stated that she also agreed for the same reasons – if Wakely can help to understand how Milliman is coming to their findings, it can only help. Joe Sedlock stated that he has heard the analogy that not having an actuarial representing the PIHPs is like going to court without a lawyer for a life-changing case. PIHP rates are PIHP matters. Dueling agendas and directions for the rest of the systems rates are not beneficial. Joe also felt that any contracts moving forward with Wakely should go through MCHE. Eric Kurtz stated that he felt NMRE was ready to engage in services with Wakely, but he would be interested to see what the Association is going to do with Wakely. Eric Doeh stated that he was not sure if we had the expertise to engage in discussions with Milliman, or if engaging in services with Wakely would help in discussions with Milliman. He wondered if either of these options what we are trying to accomplish. If not, then what would be the value of contracting with Wakely. Dave Pankotai stated that Region 9 agrees with the CFOs that benefits would be recognized by contracting with Wakely. Jim Johnson stated that Region 10 sees value in having access to an actuarial firm with PIHPs best interest, but he was not sure how far he would be willing to share data with yet another actuarial firm. Mary Dumas stated that she has already contracted with Wakely and she is finding their services helpful so far. Dana Lasenby agreed that region 8 would like to see any contracts with Wakely go through MCHE. Brad suggested a small group be formed to create an "a-la-carte" list of services that the PIHPs would like to see as a result of contracting with Wakely. Joe Sedlock sent a poll to the group. 92% felt that some sort of engagement with Wakely should be entertained. He suggested that the CFOs continue to work with Bob Sheehan to see what form of engagement the Association will be entertaining with Wakely, and let the CEOs know. Dana Lasenby wondered if the PIHP CEOs were going to work with CMHA on Wakely's services or if the PIHPs were going to look at working with them separately from the Association. Joe stated that is what he would like to know how everyone felt. Jim Johnson stated that he would like to see the PIHPs work with them separately. Joe agreed, but it remains to be seen what the Association will be doing with Wakely contractually – will it include PIHPs using their services? Group agreed that they would all like to use Wakely's services. Joe asked if the group would like to move forward separately, or with the Association, to negotiate roles and responsibilities. Brad offered to sit with Wakely to discuss this, and Tim Kangas offered to help Brad with this. Anya stated that this needs to be independent with PIHPs and Wakely to avoid having to share data. Brad stated that the conversation with Wakely needs to take place to make sure data

sharing is not going to come into play. Group discussed why they should even entertain using Wakely through them contracting with the Association. Joe stated that the Association is going to do whatever they're going to do, but Wakely approached the PIHPs to present what they could offer separately. Joe stated that speaking with the Association to avoid duplication in efforts is what needs to take place. Leslie clarified that handing over data was not part of the discussions – simply having Wakely show how to understand the adjustments made by Milliman to understand the why. Group agreed that discussion should take place with Wakely to understand the potential conflict of interest with services offered to the Association. Group agreed by consensus that any contracts will be through MCHE.

Joe will reach out to Wakely to let them know of the PIHPs interest to begin discussions on moving forward with contracts. Joe asked who would like to be involved in these discussions. Eric Doeh felt that meeting with all CEOs during the next meeting would be the best idea so all can be involved. All agreed.

5. **DCW Accounting (added by Dave – for discussion while CFOs are on the meeting)**
Dave wondered if anyone had any written guidance that had been issued on this. Joe stated that this was going to be removed and is covered in Change order 7.

6. **Hope Not Handcuffs (added by Dave)**
Dave reported that Families Against Narcotics (FAN) is expanding and putting systems into place which put themselves in between the public and those who provide services. He stated that they are starting a statewide call center, including Hope Not Handcuffs, which directs folks back into the PIHP system (988 or access). They are using uncredentialed staff, as well as recruiting staff away from the PIHP system. Macomb will be working on some marketing efforts to help alleviate this issue.

7. **Michigan Opioid Advisory Commission Updates (Brad)**
Brad reported that the Program Coordinator, Tara King, is very competent and communicative. They continue to meet once a month, with the meeting now being an all-day meeting. No meeting since last PIHP CEO meeting.

8. **Michigan Autism Council Updates (Dana)**
The next meeting will be Monday, 12/12/22. Report will be given at next CEO meeting by Dana.

9. **PIHP Contract Negotiations Update (Joe/Brad/Jim)**
   - Update provided in packet – Next meeting is 1/27/2023. Brad gave brief details on PBIP and Michigan OIG language. Brad thanked Joe on behalf of all of the PIHP CEOs for his work on contract negotiations.

10. **Provider Network Reciprocity/SUD Provider Perf. Monitoring Reciprocity (V. Suder/Dana; Vacant/Brad)**
   - Provider Network Reciprocity: Inpatient
   Update provided in packet. No discussion.
   - SUD Provider Performance Monitoring Reciprocity:
   Update provided in packet. No discussion.

11. **Training Reciprocity (A. Dillon/Joe)**
   - No update.

12. **Chief Finance Officers Group Report (R. Carpenter/Jim)**
   - Update provided in packet. Jim reported that there are 2 main issues – H0020 and lack of direction on this change; and residential services (room and board) and how they are paid. No further discussion.

13. **SAPT/SUDS Directors Group Report (D. Meier/Jim)**
   - October and November notes provided in packet.

14. **CIO Forum Report (B. Rhue/Brad)**
   - Brad distributed the update earlier today. He stated that Michelle Sucharski will be replacing Brandon Rhue as Chair for the next year.

15. **PIHP Compliance Officers Report (K. Zimmerman/Eric K.)**
   - October notes provided in packet. Jackie Sproat sent a memo on 10/5/22 RE: complaints, stating they should be routed directly to the Department – not HSAG.

16. **PIHP Parity Workgroup – Update/Status (A. Ittner/James)**
   - No update. James will send notes to the group shortly.

17. **Provider Alliance Update (Joe)**
   - No update.

18. **MDHHS/PIHP Operations Meeting Planning (All)**

- Next meeting is January 5, 2023.
- Topics to Add to Agenda (if any)
  - Hope Not Handcuffs (lead will be Dave)
  - H0020 (lead will be James)

19.   CMHA Legislation & Policy Committee (Jim)
- No Update/No Report.

20.   CMHA Coordination (A. Bolter, B. Sheehan – not available to attend this meeting)
- Alan joined the meeting earlier for an election update. Multiple documents were provided to the CEOs from CMHA prior to the meeting, which included:
  - Election recap
  - PIHP Fact Sheet; and
  - PIHP social media campaign images
    (located at https://www.dropbox.com/sh/nsjetd8bve4w3s5/AACpbkpythbZh4gpvmnFLE8ma?dl=0)
    - These will be posted on the CMHA social media sites in a joint effort to ensure that Michiganders – taxpayers, lay public, legislators, and policy makers – understand the roles and value of the state's PIHPs.

  PIHPs should feel free to use the latter two sets of documents in your own dialogue venues and social media efforts.

OTHER: No other business.

ADD to January Agenda:
1. None identified.

Meeting adjourned at 2:18pm.

Respectfully Submitted,
Monique Francis, CMHA Committee Clerk

Michigan Psychiatric Care Improvement Project (MPCIP)

December 2022 Update

CONTENTS

MPCIP 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, and Crisis Receiving and Stabilization Facilities.
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 through Community Mental Health Service Programs.

Opportunities for Improvement

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

988/MiCAL Implementation

The MiCAL, 988, Peer Warmline, and Frontline Strong sections of this report are combined because MiCAL (staffed by Common Ground) answers the calls, texts, and chats to these lines statewide.

Michigan Crisis and Access Line (MiCAL) Overview

- Legislated through PA 12 of 2020 and PA 166 of 2020.
- Based on SAMHSA's Model: One statewide line which links to local services tailored to meet regional and cultural needs and is responsible for answering Michigan 988 calls. MiCAL will provide a clear access point to the varied and sometimes confusing array of behavioral health services in Michigan.
- Supports all Michiganders with behavioral health and substance use disorder needs and locates care, regardless of severity level or payer type. Warm hand-offs and follow-ups, crisis resolution and/or referral, safety assessments, 24/7 warm line, and information or referral offered.
- MiCAL will not replace CMHSP crisis lines. It 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, Mobile Crisis Teams, and Crisis Stabilization Units.
- Piloted in Upper Peninsula and Oakland April 2021; Operational Statewide October 2022.

988 Overview

- **988 went live on July 16, 2022,** as the new three digit dialing code for the National Suicide Prevention Lifeline. It is not a new crisis line. It is managed by Vibrant at the Federal Level.
- **988 Expanded Purpose**: With the addition of 988, the Lifeline is expanding crisis coverage for all behavioral health/emotional crises in addition to people feeling suicidal.
- **988 Implementation Plan**: Michigan's Official 988 Implementation Plan was submitted to Vibrant and SAMHSA on January 21, 2022. It was developed by a cross sector stakeholder group through a Vibrant funded planning process.

- **Michigan Coverage**: As of June 1, 2022, Michigan has active statewide coverage for all 988 calls originating from Michigan counties through MiCAL. Seven counties have primary coverage through Network 180, Gryphon Place, or Macomb CMH.
- **988 Chat and Text**: MiCAL will also be responsible for answering 988 chats and texts.
- Vibrant is contracting with federally funded back up centers to answer call, chat, and text overflow.

Current Activities for 988/MiCAL

- MDHHS received a 2 year SAMHSA 988 Implementation grant mid-April 2022. Key focus areas are (1) adequate statewide coverage, (2) common practices for centers, (3) stakeholder engagement/marketing, (4) stable diversified funding, and (5) 911/988 collaboration.
- **MiCAL Rollout**: MiCAL will rollout statewide in two phases.
  - **Phase 1 FY 22**: 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. MiCAL is rolling out care coordination protocols with publicly funded crisis and access services (CMHSPs, PIHPs, state demo CCBHCs, and CMHSP contract providers).
  - Coordination is in place with services in all PIHP geographic regions. It will be coordinated with region 9, all regions, as of October 31, 2022. Map of the Prepaid Inpatient Health Plans (michigan.gov).
  - **Phase 2 FY 23**: CMHSP After Hours Crisis Coverage. Afterhours coverage services are currently provided as a pilot in the Upper Peninsula. MiCAL is beginning to plan for 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 CMHSP at a time and will start with regions that volunteer participation beginning in January 2023. Afterhours Process Improvement meetings occurred throughout September and October 2022 to gather CMHSP and PIHP feedback and recommendations.
- MiCAL integration with OpenBeds/MiCARE is in progress.
- A considerable change that was made to our original project timeline was postponing our in-state answering of 988 chat and text until early FY 24. The decision to postpone in-state coverage was discussed in depth and the choice was made to postpone this activity until the MiCAL platform can integrate with the universal platform to allow MiCAL staff access to MiCAL customer relationship management (CRM) technology functionality when answering chats and texts.
- **There have been 76,036 MiCAL encounters since go-live on April 19, 2021 (this includes MiCAL number, NSPL, and CMHSP afterhours calls).**
- **988 Center Practices:** Operations workgroup meetings with current 988 centers are focused on developing common practices around Imminent Risk, Active Rescues and Follow Up.
  - Michigan's 988 workgroup is finalizing Michigan's Center Protocol document, which has incorporated Vibrant's requirements and standards and will be utilized and adopted by all of Michigan's 988 call centers as the framework for expected operations.
- **911/988 Collaboration:** State level 911/988 workgroup is meeting at least monthly to develop collaborative practices, with the initial focus on coordinated active rescues.
  - Michigan's 988/911 workgroup finalized the Involuntary Emergency Intervention Workflow. The workflow was created to standardize the way in which staff at all centers are expected to be trained and handle 988 involuntary emergency intervention processes. It will also be shared with 911 centers as an informational tool.

- **Public Relations**: 988 Implementation is currently focused on ensuring that there is adequate staffing and coordination with 911 and other crisis service providers before openly marketing the 988 number. This was a rollout approach that was recommended by SAMHSA and Vibrant. Targeted marketing will begin early 2023.
  - o MDHHS developed a website to share with its stakeholders: 988 Suicide & Crisis Lifeline and Michigan Crisis & Access Line, as well as a MiCAL/988 Quick Facts document for reference.
  - o MDHHS has been providing presentations to key stakeholder groups. Presentations include but aren't limited to: Michigan Suicide Prevention Commission, Governor's Diversion Council, Michigan NAMI, TYSP- Emergency Department Community of Practice, Tribal Nations Behavioral Health Meeting, and attending the Blue Cross Blue Shield of MI Healthy Safety Net Symposium.
  - o Starting in January 2023, MDHHS' public awareness activities will target people most at risk for behavioral health crises and suicide through communication channels via trusted community partners such as community groups, advocacy organizations, and allied professionals. A public awareness/ marketing plan which will identify existing channels such as newsletters, websites, and conferences through which to promote 988. The plan will also provide 988 marketing materials to key stakeholders who can give them to people who might benefit from calling 988.
- **Stakeholder Participation:** At this time, we are asking partners to refrain from actively advertising the 988 number, but we have no problem with them sharing the 988 number, general information about 988, and 988 resources. We are asking stakeholders to begin replacing the former NSPL number (the 800 number) with 988 and to partner with us in identifying and notifying us of places where the 800 number needs to be replaced. Starting in January 2023 partners can openly advertise 988 and utilize SAMHSA's promotional materials.
  - o We had our first kick off stakeholder meeting November 10th. The intention for the meeting was to provide an overview of SAMHSA and Vibrant's marketing recommendations, discuss Michigan's current and future approach to marketing 988, and provide a space to collaboratively work together to develop a comprehensive public awareness/marketing plan that utilizes existing communication channels that target people most at risk for a behavioral health crisis.
  - o We are hosting breakout session meetings in early December to continue to engage with stakeholders in more in-depth conversations around tailoring support and resources to all Michiganders, especially those who are considered to be high-risk or underserved populations.

Current Activities for Michigan Peer Warmline and Frontline Strong Together

- Michigan Peer Warmline is operated under MiCAL by Common Ground. It is statewide. It operates 10 am to 2 am 7 days per week.
- Michigan Peer Warmline is refining data gathered during the call, i.e. reason for the call and services provided.
- **There have been 60,431 Warmline encounters since go-live at the end of April 2021.**
- Frontline Strong First Responder Crisis support project called Frontline Strong Together in partnership with Wayne State is operated under MiCAL by Common Ground and is available statewide 24/7. Common Ground has hired a Project Manager who brings a wealth of first responder, training, and crisis line experience. Frontline Strong Together went live in August 2022.
- Frontline Strong Together is currently working on expanding visibility, including marketing, QR codes for easy access, and outreach to relevant stakeholder groups to increase awareness of the number.
- **There have been 40 Frontline Strong Together encounters since go-live mid-August 2022.**

Crisis Stabilization Units

Overview

Michigan Public Act (PA) [402 of 2020](#) added Chapter 9A (Crisis Stabilization Units) to the Mental Health Code, which requires the Michigan Department of Health and Human Services (MDHHS) to develop, implement, and oversee a certification process for CSUs (certification is in lieu of licensure). CSUs are meant to provide a short-term alternative to emergency department and psychiatric inpatient admission for people who can be stabilized through treatment and recovery coaching within 72 hours.

To encourage participation and creation of CSUs, MI Legislature has designated funding in the FY 2023 budget to account for at least 9 CSUs. To develop a model and certification criteria for CSUs in Michigan, MDHHS engaged Public Sector Consultants (PSC) to convene and facilitate an advisory group of stakeholders. The stakeholder workgroup reviewed models from other states and Michigan to make recommendations around a model that will best fit the behavioral health needs of all Michiganders.

Michigan Model developed by 12/1. MDHHS is developing draft certification rules for adult CSUs and will solicit feedback in fall of 2022, with goals of finalizing the criteria during Q1 of 2023. The certification criteria for children CSUs will be developed during FY 2023, with an implementation date in FY 2024.

Current Activities

- Draft CSU Certification standards are being finalized to share with stakeholders for their feedback.
- CSU Certification Rules workgroup has been developed. A series of at least 5 meetings has been scheduled to discuss key issues and areas of concern. MDHHS added 4-5 sites to participate in these discussions. The state level SME staff will be consulted as needed. Once this group is supportive of the rules then we will start the administrative rules process.
- CSU Certification rules will start the administrative rules process January 2023.
- The CSU Certification Rules workgroup will assist MDHHS in addressing all feedback we receive during the Administration rules process.
- A survey was issued in late September to acute and psychiatric hospitals as well as CMHSPs to assess the existence of any walk-in urgent care or crisis care behavioral health services similar to a CSU such as an EMPATH unit and a psychiatric emergency room. This survey also assessed entities' interest in providing CSU services.
- MDHHS issued a CSU Pilot Readiness Application to those who expressed interest in learning more as a potential participant (via the survey).
- MDHHS will operate a CSU Community of Practice Pilot which will result in a Best Practice Implementation Handbook and pilot entities receiving CSU certification. Participants are recruited through the CSU survey.
- The Michigan Model has been tailored to include Children and Families. It has been shared for public feedback. Listening sessions with people with lived experience will occur in early 2023.

Adult Mobile Crisis Intervention 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.

- 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.
- Per Diversion Fund legislation MDHHS will pursue the advanced Medicaid match and ensure that the model meets requirements.
- There is coordination with the Bureau of Children's Coordinated Health Policy and Supports (BCCHPS) and their intensive mobile crisis stabilization services.

Current Activities

- Multiple areas of MDHHS are working on the expansion of mobile crisis services: Diversion Council, BCCHPS, and Bureau of Specialty Behavioral Health Services.
- Internal meetings are occurring to ensure that models for children/families and adults stay aligned whenever possible.
- PA 162 and 163 of 2021 set up a Diversion Fund and pilot program for mobile crisis. MDHHS is coordinating around implementation plans internally, prior to stakeholder involvement.
- Public Sector Consultants has pulled together legislative and funding requirements, recommendations from Wayne State Center for Behavioral Health Justice (CBHJ), and other best practices to develop a draft model for adults. This model will be altered over the next couple of years based on stakeholder feedback from Diversion Fund pilots, CCBHC discussions, and feedback from people with lived experience.
- MDHHS is in the process of hiring staff to initiate a RFP process for mobile crisis intervention through the Diversion Fund and develop the application for the Medicaid mobile crisis enhanced match.

MI-SMART (Medical Clearance Protocol)

Overview

- Standardized communication tool between EDs, CMHSPs, and Psychiatric Hospitals to rule out physical conditions when someone in the Emergency Department (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

- As of 11/29/22: Adopted/accepted by 54 Emergency Departments, 26 Psychiatric Hospitals, and 15 CMHSPs.
    - Over 25 facilities are pursuing the implementing of MI-SMART at their facility, including Harbor Oaks and McLaren Bay Region.
    - We are excited to welcome Bay Arenac Behavioral Health as our newest MI-SMART user!
- Education of key stakeholders statewide; supporting early implementation sites; performance metric development.
- Targeted outreach to specific psychiatric hospitals and CMHSPs in geographic areas of ED adoption.
- MHA sent communication to members from their small and rural hospitals informing them about the MI-SMART Form. They were sent a link which they can fill out if they are interested in learning more about how to implement the MI-SMART Medical Clearance Process at their facility.

- MHA and MDHHS co-signed a letter encouraging the use of the MI-SMART Medical Clearance Process. This letter was signed by MDHHS Chief Medical Executive Dr. Natasha Bagdasarian and MHA Executive Vice President Laura Appel. MHA distributed the letter to their members in August.
- Provided a presentation on the MI-SMART Medical Clearance Process at the MHA Small and Rural Hospital Council meeting in September.
- Drafted a letter to send to PIHPs/CMSHPs aiming to work regionally to increase adoption of the MI-SMART Form.
- Partnered with LARA to develop a crosswalk that outlines regulatory practices that MI-SMART can help meet.
- Transitioning Medical Clearance Workgroup to an Advisory Group.
- High COVID numbers in Emergency Departments are impeding progress.

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, operated and funded by LARA.
- MiCARE 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 the end of 2022.
- Target audience: Psychiatric Hospitals, Emergency Departments, CMHSP staff, PIHP staff.
    o Public and broader stakeholder access through MiCAL.
    o Broad cross-sector Advisory Workgroup.
- Target Implementation Date: Implemented statewide by December 2022.

Current Activities
- LARA is in the process of rolling out MiCARE statewide a PIHP region at a time. The focus is on substance use disorders treatment services. They have held meetings to continue the rollout process for providers in the remaining PIHP regions. They will reach out shortly to CMHSPs to bring them on as searchers. Please watch for emails.
- All inpatient psychiatric facilities received communication from LARA and MDHHS notifying them that the goal deadline to complete the onboarding into MiCARE (OpenBeds®) was extended. MDHHS has been, and will continue, contacting and working with psychiatric facilities. With the support from LARA, all facilities will be onboarded into MiCARE/OpenBeds within the coming months. MDHHS will begin ensuring psychiatric facilities' bed availability is regularly updated.
- Psychiatric hospitals are being encouraged to onboard as they are able. There are 58 facilities. Nearly all psychiatric hospital has begun the onboarding process.
- MDHHS and LARA, in partnership with Bamboo Health, hosted a demonstration of the OpenBeds platform for all bed searchers in September. This allowed those who have not had a chance to attend a demonstration the opportunity to learn more about the OpenBeds platform. A recording of the demonstration is available at https://mpcip.org/mpcip/micare/.

- Over the past few months, MDHHS has conducted a series of small group listening sessions with representatives from Psychiatric Hospitals, Community Mental Health Services Programs, and Emergency Departments. The goal is to understand partner requirements so that MDHHS could provide technical assistance and support to facilities utilizing OpenBeds and to develop usage protocols for MiCARE. In doing so, MDHHS would like to gain an understanding of how to implement the platform in the most optimal and cost neutral way. MDHHS most recently met representatives from Emergency Departments in October. If you are interested in providing feedback, please contact us at mpcip-support@mphi.org.
- All Emergency Departments received communication form LARA notifying them of the MiCARE/OpenBeds rollout. Facilities were encouraged to work with Bamboo Health's OpenBeds® team to onboard their Emergency Department in the network.
- Psychiatric Bed Advisory Workgroup is providing feedback on tailoring MiCARE to Michigan, i.e., bed categorization, acuity, the rollout, and referral process.

MDHHS - Crisis Services & Stabilization Section Updates

The MDHHS Behavioral Health (BH) Customer Relationship Management (CRM) System

The Crisis Services and Stabilization Section is tasked with ownership of the BH CRM from a technical and development perspective. We work with MDHHS business owners to design and implement processes into the system (i.e., MiCAL, Customer Inquiries, CMHSP Certification, ASAM Level of Care, and Critical Incidents). We act as a liaison between our MDHHS colleagues and the application developers and provide training and technical support to MDHHS and partners (CMHSPs, PIHPs, MiCAL, SUD entities, CCBHCs, etc.).

Many of you may be familiar with this system or have heard of it by one of various names, such as the BHDDA CRM or MiCAL CRM. As we continue to move forward with the rollout of MDHHS BPHASA business processes, we want to clear up any confusion and announce that this system is to be formally named the MDHHS Behavioral Health Customer Relationship Management System (BH CRM). Effective immediately, please ensure all communications align with the name change.

Additionally, we have updated the shared team email address to encompass all facets of the BH CRM rather than solely MiCAL. **The newly updated email address is MDHHS-BH-CRM@michigan.gov.** *Any emails that are sent to the former address (MDHHS-BHDDA-MiCAL@michigan.gov) will be routed to this new address.*

Questions or Comments

Community Mental Health Association of Michigan distributes this document to its' members.
To be added to the distribution list for this update - please contact MPCIP-support@mphi.org

MiCAL questions or comments - contact MDHHS-BH-CRM@michigan.gov
MiCARE/Openbeds platform questions - contact Haley Winans, Specialist, LARA, WinansH@michigan.gov

Krista Hausermann, LMSW, CAADC
MDHHS State Administrative Manager,
Crisis Services and Stabilization Section, BPHASA
HausermannK@Michigan.gov

Service Delivery Transformation Section

January 2023 Update

CONTENTS

Service Delivery Transformation Section Overview

The Service Delivery Transformation Section is responsible for overarching strategic program policy development, implementation, and oversight for integrated health projects within Michigan's public behavioral health system. This includes behavioral health integration initiatives, Medicaid Health Homes, Certified Community Behavioral Health Clinics, SAMHSA integration cooperative agreements, and health integration technology initiatives to facilitate optimal care coordination and integration. Staff in this section collaborate with internal and external partners and provide training and technical support to the public behavioral health system and participants of integrated health projects. Lastly, this section focuses on quality-based payment for providers involved in behavioral health integration initiatives and oversees CCBHC Demonstration certification.

Our Team

Lindsey Naeyaert – Section Manager

naeyaertl@michigan.gov

- Leads programmatic, policy, and implementation of integrated health projects within section

Amy Kanouse – Behavioral Health Program Specialist

kanousea@michigan.gov

- CCBHC Demonstration
- Emergency Grants to Address Mental Health and Substance Use During COVID-19

Kelsey Schell – Health Home Analyst

schellk1@michigan.gov

- Opioid Health Home
- Substance Use Disorder Health Home

TBD – Behavioral Health Innovation Specialist

- Behavioral Health Home
- PIPBHC Grant
- Azara Integration

TBD – CCBHC Certification Specialist

- CCBHC Certification and Monitoring

TBD – CCBHC Analyst

- CCBHC Programmatic Support

Opioid Health Home

Opioid Health Home Overview
- Medicaid Health Homes are an optional State Plan Amendment under Section 1945 of the Social Security Act.
- Michigan's OHH is comprised of primary care and specialty behavioral health providers, thereby bridging the historically two distinct delivery systems for optimal care integration.
- Michigan's OHH is predicated on multi-disciplinary team-based care comprised of behavioral health professionals, addiction specialists, primary care providers, nurse care managers, and peer recovery coaches/community health workers.
- As of October 1, 2022, OHH services are available to eligible beneficiaries in 76 Michigan counties. Service areas include PIHP region 1, 2, 4, 5, 6, 7, 8, 9, and 10.

Current Activities
- As of January 1, 2023, 2,924 beneficiaries are enrolled in OHH services.
- With the OHH expansion, LE's have continued to expand OHH services with new Health Home Partners (HHPs). There are currently 38 HHPs contracted to provide services to OHH beneficiaries. Some HHPs are contracting with multiple LEs.
- MDHHS continues to collaborate with many state agencies to ensure OHH beneficiaries have wraparound support services through their recovery journey.

Substance Use Disorder Health Home

Substance Use Disorder Health Home Overview
- The Substance Use Disorder Health Homes is an optional opportunity under the SUD Block Grant Supplemental.
- The Substance Use Disorder Health Homes is designed as a look a-like health home comprised of primary care and specialty behavioral health providers, with a similar structure to the current operational Opioid Health Home (OHH).
- With the same structure as the OHH, the Substance Use Disorder Health Home is predicated on multi-disciplinary team-based care comprised of behavioral health professionals, addiction specialists, primary care providers, nurse care managers, and peer recovery coaches/community health workers.

Current Activities
- Four PIHPs (2, 7, 8, 9) are using available funds to operate the Substance User Disorder Health Home with their SUD HH beneficiaries.
- Two (4, 6) PIHPs will be Substance User Disorder Health Home funds as a staffing grant to assist providers in meeting capacity to become an OHH partner within the next fiscal year.

Behavioral Health Home

Behavioral Health Home Overview

- Medicaid Health Homes are an optional State Plan Benefit authorized under section 1945 of the US Social Security Act.
- Behavioral Health Homes provide comprehensive care management and coordination services to Medicaid beneficiaries with select serious mental illness or serious emotional disturbance by attending to a beneficiary's complete health and social needs.
- Providers are required to utilize a multidisciplinary care team comprised of physical and behavioral health expertise to holistically serve enrolled beneficiaries.
- Behavioral Health Home services are available to beneficiaries in 42 Michigan counties including PIHP regions 1 (upper peninsula), 2 (northern lower Michigan), 6 (Southeast Michigan), 7 (Wayne County), and 8 (Oakland County).

Current Activities

- As of January 4, 2023, there are 2,017 people enrolled:
  - Age range: 6-85 years old
  - Race: 25% African American, 69% Caucasian, 2% or less American Indian, Hispanic, Native Hawaiian and Other Pacific Islander
- Resources, including the BHH policy, directory, and handbook, are available on the Michigan Behavioral Health Home website. Behavioral Health Home (michigan.gov)
- MDHHS staff will be working to expand the BHH into PIHP Region 5, Mid-State Health Network. Anticipated start date is April 1, 2023.

Promoting Integration of Physical and Behavioral Health Care Grant

Promoting Integration of Physical and Behavioral Health Care (PIPBHC) Overview

- PIPBHC is a five-year Substance Abuse and Mental Health Services (SAMHSA) grant that seeks to improve the overall wellness and physical health status for adults with SMI or children with an SED. Integrated services must be provided between a community mental health center (CMH) and a federally qualified health center (FQHC).
- Grantees must promote and offer integrated care services related to screening, diagnosis, prevention, and treatment of mental health and substance use disorders along with co-occurring physical health conditions and chronic diseases.
- MDHHS partnered with providers in three counties:
  - Barry County: Cherry Health and Barry County Community Mental Health to increase BH services
  - Saginaw County: Saginaw County Community Mental Health and Great Lakes Bay Health Centers
  - Shiawassee County: Shiawassee County Community Mental Health and Great Lakes Bay Health Centers to increase primary care

Current Activities

- Grantees are currently working toward integrating their EHR system to Azara DRVS to share patient data between the CMH and FQHC. This effort should improve care coordination and integration efforts between the physical health and behavioral health providers.
- PIPBHC sites are focused on sustainability and the ways in which integrated care can continue after the end of the grant. The sites are also currently working on completing the annual PIPBHC Integration Self-Assessment Survey to determine how each agency views the current level of integration.

Certified Community Behavioral Health Clinic Demonstration

Certified Community Behavioral Health Clinic Demonstration Overview

- MI has been approved as a Certified Community Behavioral Health Clinic (CCBHC) Demonstration state by CMS. The demonstration launched in October 2021 with a planned implementation period of two years. The Safer Communities Act was signed with provisions for CCBHC Demonstration expansion, extending MI's demonstration until October 2027. 13 sites, including 10 CMHSPs and 3 non-profit behavioral health providers, are participating in the demonstration. The CCBHC model increases access to a comprehensive array of behavioral health services by serving all individuals with a behavioral health diagnosis, regardless of insurance or ability to pay.
- CCBHCs are required to provide nine core services: crisis mental health services, including 24/7 mobile crisis response; screening, assessment, and diagnosis, including risk assessment; patient-centered treatment planning; outpatient mental health and substance use services; outpatient clinic primary care screening and monitoring of key health indicators and health risk; targeted case management; psychiatric rehabilitation services; peer support and counselor services and family supports; and intensive, community-based mental health care for members of the armed forces and veterans.
- CCBHCs must adhere to a rigorous set of certification standards and meet requirements for staffing, governance, care coordination practice, integration of physical and behavioral health care, health technology, and quality metric reporting.
- The CCBHC funding structure, which utilizes a prospective payment system, reflects the actual anticipated costs of expanding service lines and serving a broader population. Individual PPS rates are set for each CCBHC clinic and will address historical financial barriers, supporting sustainability of the model. MDHHS will operationalize the payment via the current PIHP network.

Current Activities

- The CCBHC Demonstration wrapped up its first year. As of January 4, 2023, 50,233 Medicaid beneficiaries and 8,819 individuals without Medicaid are assigned in the WSA to the 13 demonstration CCBHC sites. Based on encounter data submitted as of December 3, 2022, there were 808,151 daily visits for CCBHC services delivered in DY1, including 757,147 (94%) to Medicaid beneficiaries and 51,004 (6%) to individuals without Medicaid.
- MDHHS was awarded a two-year grant from the Michigan Health Endowment Fund to conduct an evaluation of the CCBHC Demonstration. MDHHS will partner with evaluators at the Center for Healthcare Research Transformation at the University of Michigan on the evaluation, which is intended to help measure the impact of the demonstration- particularly efforts to expand access to behavioral health services for underserved populations. Work to develop a comprehensive evaluation plan will begin in early 2023.

- A training and technical assistance series will take place during DY2 with topics identified as areas of interest during DY1 Check In calls and outstanding certification requirements. A CCBHC learning collaborative began in December and allow CCBHCs to share best practices amongst themselves. MDHHS is also sponsoring the training of two Community Health Workers (CHWs) at each CCBHC demonstration site in FY23.
- The MDHHS CCBHC Implementation Team is working to finalize financial reporting requirements for the initial demonstration year and continuing to address additional operational issues that arise as the demonstration moves forward. V1.5 of the CCBHC Demonstration Handbook has been released for review.
- Certification site visits are being planned for Spring of 2023. Site visits are a requirement every two years to maintain certification as a CCBHC.

MDHHS Staff Update – Service Delivery Transformation Section

- This section is in the process of filling three positions highlighted in the overview section.

Questions or Comments

Lindsey Naeyaert, MPH
Service Delivery Transformation Section Manager
Behavioral and Physical Health and Aging Services Administration
Michigan Department of Health and Human Services
naeyaertl@michigan.gov
Office: (517)-335-0076
Cell: (517)-896-9721

email correspondence

From:	Monique Francis <MFrancis@cmham.org>
Sent:	Thursday, January 12, 2023 10:14 AM
To:	Monique Francis; Monique Francis
Cc:	Robert Sheehan; Alan Bolter
Subject:	[EXTERNAL]At the urging and with the guidance of CMHA, National Council joins NACBHDD, CMHA, and allies in defending and advancing the public mental health system

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: At the urging and with the guidance of CMHA, National Council joins NACBHDD, CMHA, and allies in defending and advancing the public mental health system

As you may remember, CMHA is a longtime and active member of both the National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD) and the National Council for Mental Wellbeing.

As part of CMHA's efforts to protect and advance Michigan's public mental health system, this Association has long worked with NACBHDD to ensure that the nation's public mental health system and its county-based structure remain strong in the face of the efforts, in a number of states, to move the management of this system to private health insurance companies.

CMHA and many of its allies in other state mental associations across the country saw the need to urge the National Council for Mental Wellbeing to join this effort.

To that end, CMHA staff worked with the Association Executive Directors Community of the National Council and National Council staff in initiating efforts to craft a playbook for use by National Council members in thwarting privatization threats to public mental health systems across the country.

Below is an update, from the National Council staff, on the work of the National Council on this front:

> *Lots of work is going on supporting the development of the playbook we discussed during our last chat. Our consultant has met with several individuals (including Alan- thank you!) and has a few additional discussions planned as she prepares the initial draft for review. The playbook will contain recommendations on how to navigate the managed care landscape and materials that state level experts can adapt. We recognize that each state has a slightly different approach and set of policies towards the management of behavioral health and the playbook will include a range of options to reflect these differences (see below).*
>
> *The components outlined for inclusion in the playbook include (this is a draft and may evolve):*
> * *Trends in managed behavioral healthcare in states (carved-up, carve-out, carve-in, integrated care)*
> * *Resources for state level advocates based on priority/approach*
>   * *Working to prevent moving to a Medicaid managed care carve-in model*
>   * *Working to add protections to an existing Medicaid managed care carve-in model*
>   * *Working to add protections to an existing Medicaid managed care carve-out model*
>   * *If you have a carve-up model*
> * *Strategies and Considerations*
>   * *Notes from the field- Recommendations on building allies and engagement*
>   * *Lessons learned (case examples and key takeaways)*
> * *Tools and Resources*

o *Essential protections/standards for managed care*
o *Dear State Medicaid Director sample letter - adaptable by state*
- *Sample RFP language/sample managed care contract terms*
- *Sample state advocacy resources*

Additionally, late last year we offered support for a federal bill by Senators Smith and Wyden to address ghost networks (attached and summary below), as well as a bipartisan letter led by Senators Lujan and Daines to four health insurance companies (United Health Care, Aetna, Anthem/BCBS, and Humana) regarding "ghost networks" (also attached). Although both of these efforts came during the final weeks of 2022, we plan to support if it is reintroduced.

The Smith-Wyden Behavioral Health Network and Directory Improvement Act would:
- ***Hold health plans accountable to a higher network adequacy standard.*** *The bill would improve the standard for the adequacy of a health plan's mental health and substance use disorder provider network. Specifically, these networks must consider the ratios of behavioral health providers to patients enrolled in a health plan, waiting times for appointments, geographic accessibility of providers, and the ability of a network to meet the needs of individual patients.*
- ***Strengthen and enforce directory accuracy standards.*** *The bill would require health plans to conduct independent audits and the federal government to conduct separate audits on the accuracy of health plans' provider networks and to post this information publicly online. The bill grants the Department of Labor authority to issue civil monetary penalties against health plans for failure to comply with network adequacy and directory accuracy requirements.*
- ***Ensure providers submit timely information.*** *The bill would require providers to regularly update the information they submit to health plans, including timely information on whether they can accept new patients.*
- ***Protect the rights of consumers.*** *The bill would establish State and Tribal ombudsman programs to educate individuals on their rights under federal mental health parity laws. The bill would also require health plans to inform individuals enrolled in a plan with a ghost network that they may be eligible for a refund if they see a provider incorrectly listed as in-network in the plan.*
- ***Improve mental health provider network participation.*** *The bill requires federal agencies to establish a standard for parity in reimbursement for mental health and physical health services by private health plans.*

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

Structure of the Certification Criteria

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Recording

Talking: David de Voursney - SA…

1. **Staffing:** Staffing standards informed by local needs
2. **Availability and Accessibility of Services:** Standards for timely and meaningful access to services, outreach and engagement, 24/7 access to crisis services, treatment planning, and acceptance of all patients regardless of ability to pay or place of residence
3. **Care Coordination:** Care coordination requirements across services and providers and health information technology infrastructure
4. **Scope of Services:** Nine required services
5. **Quality and Other Reporting:** Quality measures and quality improvement plan
6. **Organizational Authority and Governance:** Consumer representation in governance, appropriate state accreditation
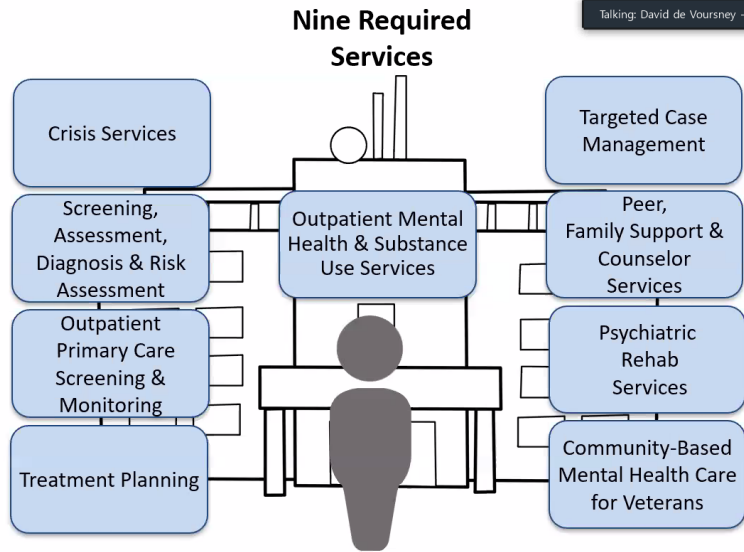
The current criteria are available at:

Nine Required Services

- Crisis Services
- Screening, Assessment, Diagnosis & Risk Assessment
- Outpatient Primary Care Screening & Monitoring
- Treatment Planning
- Outpatient Mental Health & Substance Use Services
- Targeted Case Management
- Peer, Family Support & Counselor Services
- Psychiatric Rehab Services
- Community-Based Mental Health Care for Veterans

SAMHSA

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CCBHC History

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Year	
2014	Authorized through Protecting Access to Medicare Act
2015	Released original Certification Criteria, 24 state planning grants awarded
2016	8 States selected for the Section 223 CCBHC Demonstration (MN, MO, NY, NJ, NV, OK, OR, and PA)
2018	First 52 CCBHC-expansion grants awarded
2020-21	2 additional states added to the Section 223 CCBHC Demonstration (KY and MI)
2022	BSCA authorizes addition of up to 10 states to the Demonstration every two years
2023	Up to 15 planning grants awarded and updated Certification Criteria released
2024	Up to 10 States additional demonstration states added
2026+	Additional demonstration states added every two years

SAMHSA

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Reasons for the Criteria Update

- SAMHSA and the federal partners had been considering updates to the criteria and PPS guidance, the passage of the Bipartisan Safer Communities Act (BSCA) and the imminent addition of new states made this more urgent.

- We now have years of experience with the CCBHC model – it is a good model, but there are several areas of the criteria that needed to be updated:

    1) Respond to developments in the field (e.g., newer terminology, 988 and the crisis continuum, emerging best practices, workforce shortages, etc.),

    2) Update sections of the criteria that are no longer current (e.g., reference to outdated electronic health record standards), and

    3) Address areas suggested by CCBHCs, states, and other stakeholders (e.g., increased focus on SUD and social determinants of health).

SAMHSA

Criteria Update Timeline

June 25	Bipartisan Safer Communities Act signed by President Biden
Aug	Decision made to update certification criteria and public announcement to update criteria
Nov	Solicited public and partner input, through several listing sessions (listed to the right)
Nov 9	Held webinar introducing Criteria update process
Nov 17	Four hour listening session for the general public
Nov 21	Deadline for written feedback
Dec 21	Posted draft revised Criteria for public comment
Jan 5	Webinar to field on draft updates
Jan 20	Deadline for public comments
March	Goal for posting updated Criteria – before award of new state planning grants
TBD	Final webinar with overview of changes

November Listening Sessions Included:

- CCBHC Demonstration States
- All-State Listening Session
- CCBHC Clinics (SAMHSA grantees and sites in the Medicaid Demonstration)
- American Association of Community Psychiatrists
- American Society for Addiction Medicine
- National Association of State Mental Health Program Directors
- National Consumer and Consumer Supporter Technical Assistance Centers
- National Council for Mental Wellbeing
- SAMHSA Center for Substance Abuse Prevention
- SAMHSA Center for Substance Abuse Treatment
- SAMHSA Office of Tribal Affairs and Policy
- HHS Office of the National Coordinator for HIT
- CCBHC Federal Partners (Center for Medicaid and CHIP Services and ASPE)
- Mathematica (CCBHC Medicaid Demonstration Evaluators)

SAMHSA

Structure of the Document

Certified Community Behavioral
Health Clinic (CCBHC)
CERTIFICATION CRITERIA
(Draft for Public Comment)
Updated December 2022

7

- Introduction
- 6 Program Requirements
  – Staffing
  – Availability and Accessibility of Services
  – Care Coordination
  – Scope of Services
  – Quality and Other Reporting
  – Organizational Authority, Governance, and Accreditation
- Appendix A – Terms and Definitions
- Appendix B – Behavioral Health Clinic Quality Measures
- Appendix C – Summary of Changes

SAMHSA
Substance Abuse and Mental Health
Services Administration

Talking: David de Voursney - SA...

Revisions to the CCBHC Criteria

Talking: David de Voursney - SA...

1. **Significant Updates to Advance the Field**

   – Crisis Care

   – Responding to Overdose Epidemic

   – Addressing Health Equity

2. **Other Revisions**:

   – Needed Structural Changes to the Criteria

   – Increased Flexibility/Reduced Burden

   – Additions that Strengthen the Model

   – Updated Language and Examples

   – Clarifications

3. **Updated Quality Measures**

SAMHSA

Significant Updates to Advance the Field

Crisis Care

– Required coordination with 988 crisis center serving the CCBHC service area (2.c.3, 3.c.3, 4.c.1)

– Updated crisis service requirements to align with SAMHSA's National Guidelines, including coordination with area air traffic control and urgent care/crisis walk-in capacity, aligned mobile crisis response with guidelines (4.c)

Responding to Overdose Epidemic

– Must have addiction medicine staffing or consultation (1.b.2)

– Placed stronger emphasis on the ability to prescribe buprenorphine and coordinate with OTPs (if not an OTP) (1.b.2)

– Added provisions to strengthen ability to address overdose risk (2.c.3, 3.c.2, 4.c.1, 4.d.4)

– Included requirement to provide intensive outpatient services for SUD (4.f.1)

– Added focus on harm reduction and motivational techniques (4.f.1)

– Requires quality improvement plans to address fatal and non-fatal overdoses (5.b.2)

Addressing Health Equity

– Updated training requirements to align with National Cultural and Linguistically Appropriate Services (CLAS) standards (1.c.1)

– Included stronger focus on outreach to underserved populations as required activity (2.a.6)

– Added including stronger focus on social determinants of health and community and social supports in comprehensive diagnostic and treatment planning evaluation (4.d.4)

– Required that quality improvement plans have an explicit focus on populations experiencing health disparities (including racial and ethnic groups and sexual and gender minorities) and that CCBHCs disaggregate data to track and improve outcomes for populations facing health disparities (5.b.1)

SAMHSA

Other Revisions (highlights)

Needed Structural Changes to the Criteria

– Provided updated guidance on EHR/HIT requirements (3.b.1-3)

– Changed requirements related to DCOs and provision of the nine core services – DCOs could provide any of the nine required services (throughout)

– Requires CCBHCs to directly deliver the majority of services across all of the nine services (4.a.1)

– Requires that CCBHCs be Medicaid providers of mental health and substance use disorder services (6.c.1)

– Adapted Criteria to apply to CCBHC expansion grants in addition to the 223 Medicaid demonstration (throughout)

Increased Flexibility/Reduced Burden

– Increased flexibility for Medical Director position for CCBHCs unable to recruit a psychiatrist (1.a.3)

– Relaxed requirement for primary care involvement in treatment planning (2.b.2)

– Relaxed treatment plan update frequency requirements (2.b.2)

– Relaxed requirements for care coordination agreements (3.c)

– Provided flexibility on depth of assessment based on clinical judgement (4.d.4)

SAMHSA

Other Revisions (highlights)

Additions that Strengthen the Model

– Clearer guidance on community needs assessment (1.a.1 and Appendix A)

– Stronger focus on shared decision making and client preferences (Throughout)

– Added requirement around assisting clients to access benefits and enroll in programs such as Medicaid (3.a.7)

– Added additional detail to outpatient service requirements (4.f.1-2)

– Increased specificity in primary care screening and monitoring including screening for HIV and viral hepatitis (4.g.1-3)

– Required provision of supports around employment/education, housing, and social inclusion in psychiatric rehabilitation (4.i.1)

– Recommended use of measurement-based care (5.b.1)

Updated Language and Examples

– "Consumer" replaced with "client" (Throughout)

– "detoxification" replaced with "withdrawal management" (Throughout)

– Medication Assisted Treatment replaced with Medications for Opioid Use Disorder, Alcohol Use Disorder, and Tobacco Use Disorder (Throughout)

– Updated language around peers (Throughout)

Clarifications

– Provided clarification around what should be included in the comprehensive screening and assessment (4.d)

– Clarified definition of targeted case management and recommended implementing intensive supports similar to Assertive Community treatment (4.h.1)

– Clarified requirements related to representation of people with lived experience and family members in governance (6.b.1-2)

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Updated Quality Measures (Appendix B)

- Proposing 5 clinic collected measures and 13 state collected measures - a change from 9 clinic reported measures and 12 state reported measures.

- Strengthened the focus on time to services, crisis response, social determinants of health (SDOH), and Medications for Opioid Use Disorder (MOUD).

- Will be using updated technical specifications that are now out-of-date for existing CCBHC measures that are retained.

- Removing or making optional some of the existing quality measures that have been problematic. This will balance the burden created by new measures.

Clinic-Collected Measures (Required)
Time to Services (I-SERV)*
Depression Remission at Six Months (DEP-REM-6)
Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling (ASC)
Screening for Clinical Depression and Follow-Up Plan (CDF-CH and CDF-AD)
Screening for Social Drivers of Health (SDOH)*

State-Collected Measures (Required)
Patient Experience of Care Survey
Youth/Family Experience of Care Survey
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA-AD)
Follow-Up After Hospitalization for Mental Illness, ages 18+ (adult) (FUH-AD)
Follow-Up After Hospitalization for Mental Illness, ages 6 to 17 (child/adolescent) (FUH-CH)
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-AD)
Follow-Up After Emergency Department Visit for Mental Illness (FUM-CH and FUM-AD)
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA-CH and FUA-AD)
Plan All-Cause Readmissions Rate (PCR-AD)
Follow-Up Care for Children Prescribed Attention-Deficit Hyperactivity Disorder (ADHD) Medication (ADD-CH)
Antidepressant Medication Management (AMM-BH)
Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD)*
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPC-AD)*

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How to submit your feedback

Talking: David de Voursney - SA...

- We are posting information and updates about the process for updating the Certification Criteria here:

https://www.samhsa.gov/certified-community-behavioral-health-clinics/ccbhc-criteria-update-announcements

- Please submit written comments to CCBHCCriteria@samhsa.hhs.gov before the end of the day on January 20, 2023

SAMHSA

Syringe Services Programs (SSPs) Fact Sheet

The opioid crisis is fueling a dramatic increase in infectious diseases associated with injection drug use.

Reports of acute hepatitis C virus (HCV) cases rose 3.5-fold from 2010 to 2016.[1]

The majority of new HCV infections are due to injection drug use.

Over 2,500 new HIV infections occur each year among people who inject drugs (PWID).[2]

Syringe Services Programs (SSPs) reduce HIV and HCV infections and are an effective component of comprehensive community-based prevention and intervention programs that provide additional services. These include vaccination, testing, linkage to infectious disease care and substance use treatment, and access to and disposal of syringes and injection equipment.

Helps prevent transmission of blood-borne infections

For people who inject drugs, the best way to reduce the risk of acquiring and transmitting disease through injection drug use is to stop injecting drugs. For people who do not stop injecting drugs, using sterile injection equipment for each injection can reduce the risk of acquiring and transmitting infections and prevent outbreaks.

SSPs are associated with an estimated 50% reduction in HIV and HCV incidence.[3] When combined with medications that treat opioid dependence (also known as medication-assisted treatment), HCV and HIV transmission is reduced by over two-thirds.[3,4]

SSPs serve as a bridge to other health services, including HCV and HIV testing and treatment and medication-assisted treatment for opioid use disorder.[5]

Helps stop substance use

The majority of SSPs offer referrals to medication-assisted treatment,[6] and new users of SSPs are five times more likely to enter drug treatment and three times more likely to stop using drugs than those who don't use the programs.

SSPs prevent overdose deaths by teaching people who inject drugs how to prevent overdose and how to recognize, respond to, and reverse a drug overdose by providing training on how to use naloxone, a medication used to reverse overdose. Many SSPs provide "overdose prevention kits" containing naloxone to people who inject drugs.[7-12]

Helps support public safety

SSPs have partnered with law enforcement, providing naloxone to local police departments to help them respond and prevent death when someone has overdosed.[13]

SSPs also protect first responders and the public by providing safe needle disposal and reducing the presence of discarded needles in the community.[14-19]

In 2015, CDC's National HIV Behavioral Surveillance System found that the more syringes SSPs distributed per the number of people who inject drugs in a geographic region, the more likely the people who inject drugs in that region were to dispose of used syringes safely.[20]

Studies in Baltimore[21] and New York City[22] have also found no difference in crime rates between areas with and areas without SSPs.

Syringe Services Programs

What is a Syringe Services Program (SSP)?
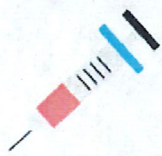
A community - based public health program that provides services to prevent drug use, HIV, and Viral Hepatitis

SSPs provide services such as:[1,2]

Free clean needles and syringes

Safe disposal of needles and syringes

HIV and hepatitis testing and linkage to treatment

Hepatitis A and B vaccination

SSPs also provide:
- Referral to substance use disorder treament
- Overdose treatment and education

Have SSPs been successful in Michigan communities?

In 2017, Michigan SSPs directly served nearly **8,000** clients
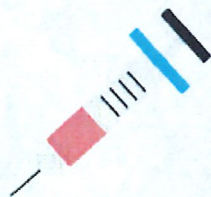
distributing over **672,000** clean needles.

24%

Nearly **1 in 4** Michigan SSP clients referred to substance use treatment received treatment

SSPs do not increase drug use or crime

How Do SSPs Benefit Communities and Public Safety?

1 SSPs reduce needlestick injuries

SSPs **reduce needlestick injuries** among first responders and the public by providing a proper place to throw out used syringes.

After the start of a SSP in Portland, Oregon, research showed

↓ **66 % drop**

in the number of syringes thrown out in an unsafe way [3]

2 SSPs Save Money

SSPs **save health care dollars** by preventing infections

Testing linked to hepatitis C treatment can save an estimated

320,000 lives.[1]

Estimated lifetime cost of treating one person living with HIV

> **> $400,000**[1]

3 SSPs Reduce new HIV and Viral Hepatitis Infections [1]

SSPs **reduce new HIV and viral hepatitis infections** by decreasing the sharing of syringes and other injection tools.

New HIV infections have dropped by

80 percent

among person who inject drugs since the start of SSPs in the late 1980's [4]

SSP clients are

5 times

more likely to enter a drug treatment program than non-clients. [5]
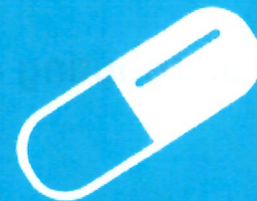
Sources:
1. www.cdc.gov/hiv/pdf/risk/cdchiv-fs-syringe-services.pdf
2. www.cdc.gov/hiv/pdf/risk/cdc-hiv-syringe-services-programs.pdf
3. www.ncbi.nlm.nih.gov/pubmed/1560355
4. www.cdc.gov/nchhstp/newsroom/docs/fact-sheet-on-hiv-estimates.pdf
5. www.ncbi.nlm.nih.gov/pubmed/11027894

MDHHS
Michigan Department of Health & Human Services
RICK SNYDER, GOVERNOR · NICK LYON, DIRECTOR

Harm Reduction

What is Harm Reduction?

Harm Reduction describes a proactive approach to reduce the harm that may come from substance use and high-risk sexual behaviors. It employs individual and community-based safety practices aimed to improve the overall health and wellness of the entire affected population through acceptance instead of abstinence.

What is a Syringe Service Program (SSP)?

Syringe services programs (SSPs) are comprehensive in providing health care and other assistance to persons who inject drugs (PWID). Providing sterile equipment and other prevention materials has been shown to reduce the risk of infectious disease transmission, such as HIV and Hepatitis C, and reduces needle stick injuries among community members and law enforcement personnel.

What do SSPs provide?

- Safe environments for open discussion—everyone is welcome, and everyone's health is important
- Education on best practices for safer substance use (i.e. safer injection techniques, safer injection sites, methods to reduce the spread of disease or reduce risk of infection), opioid overdose treatment and prevention, safer sexual behaviors, and other related topics
- Sterile injection equipment (i.e. needles, syringes, cookers, cotton, alcohol swabs)
- Safe syringe disposal
- Naloxone provision
- HIV and Hepatitis C testing
- Immunizations
- Family counseling
- Linkage to care, or coordination of care to additional services (i.e. treatment programs, housing, transportation)
- Support of basic human needs, which may include assistance with gathering clothing, personal hygiene items, food/water, and other basic life necessities through our Community Connections Program.

What are the benefits?

Enhanced support for those in need

- People that use substances and participate in SSPs are more likely to seek out and begin treatment, likely because they feel empowered to make that choice when they feel ready.

Improved public safety (i.e. less litter)

- This means a reduction in the number of dirty needles discarded in public areas, which reduces the risk of disease transmission and needle stick injuries

Opioid overdose prevention

- Through naloxone education and dispensing

Priority Screenings for Persons Who Use Drugs Illicitly

People who inject drugs (PWID) are at risk for HCV and HIV infection through sharing needles and drug-preparation equipment. Rates of HIV infection, viral hepatitis, Sexually Transmitted Diseases (STDs), and Tuberculosis (TB) are much higher among people who use drugs illicitly compared to those who do not. Additionally, Hepatitis A infection outbreaks have been reported among PWIDs, and are thought to occur through both percutaneous (through the skin) and fecal-oral routes. A populations' risk for acquiring and transmitting infectious disease reflects the prevalence the infection in the population, the efficiency of transmission, and the burden of infectious diseases and risk behavior patterns in which the population engages.

Risk Assessment for Illicit Use of Drugs

Due to the high prevalence of HIV infection, viral hepatitis, STDs, and TB among people who use drugs illicitly, prevention and care providers should conduct risk assessment for illicit use of drugs for everyone seeking services for these diseases. Many people use multiple drugs, as well as alcohol or tobacco. Information on use of these substances can assist with prevention and treatment services. Since patients might not be forthcoming about illicit use of drugs for many reasons (including confidentiality concerns and fear of legal consequences), they need to feel comfortable about their data and privacy in order to share their behaviors with providers.

Risk Assessment for Infectious Diseases

People who use drugs illicitly should receive appropriate screening for other infectious disease risk factors (e.g., risky sexual behaviors or being a known contact of a person with active TB). They should also receive relevant preventive services and risk-reduction counseling. The CDC's 2010 STD treatment guidelines support this approach by recommending that STD health care service providers routinely obtain sexual histories from their patients. Health care providers can perform infectious disease risk assessments at venues serving people who use drugs illicitly.

Screening, Diagnosis, and Counseling for Infectious Diseases

Infectious disease screening services are critical to any comprehensive strategy to reduce and eliminate infections among people who use drugs illicitly. These services identify those who are unaware of their infections, provide them with counseling and education, and refer and link them

to treatment. Knowing one's infection status can help uninfected people who use drugs illicitly make behavioral changes to reduce infection risk and can help those who are infected reduce the likelihood of transmission of infection to others. During infectious disease screening, screening for illicit use of drugs (including offering brief interventions and providing referrals) and misuse of prescription drugs, can be useful.

Resources:

Adapted from: Indian Health Services, The Health Program for American Indians and Alaska Natives

CDC Syringe Service Program Fact Sheet

Harm Reduction Coalition is an extensive and diverse network of allies who advocate for policy and public health reform on behalf of people who use drugs.

The Infectious Diseases Society of America (IDSA), the HIV Medicine Association (HIVMA), and the Pediatric Infectious Diseases Society have collaborated to release recommendations related to Infectious Diseases and Opioid Use Disorder.

Infectious Diseases and Opioid Use Disorder (OUD) Policy Issues and Recommendations Approved: March 2018 [PDF - 566 KB]

Infectious Diseases and Opioid Use Disorder (OUD) [PDF - 157 KB]

Indicator 1a: Percentage of Children Receiving a Pre-Admission Screening for Psychiatric Inpatient Care for Whom the Disposition Was Completed Within Three Hours -- 95% Standard

	Percentage	Number of Emergency Referrals for Children	Number Completed in Three Hours for Children
Detroit Wayne Mental Health Authority	98.80	581	574
Lakeshore Regional Entity	99.52	415	413
Macomb Co CMH Services	100.00	194	194
Mid-State Health Network	97.22	756	735
NorthCare Network	100.00	61	61
Northern MI Regional Entity	99.44	180	179
Oakland Co CMH Authority	97.04	203	197
Region 10	99.57	234	233
CMH Partnership of Southeast MI	100.00	90	90
Southwest MI Behavioral Health	100.00	172	172
Statewide Total	**99.16**	**2,886**	**2,848**

Consultation Draft
4th Quarter 2022
(7/1/22-9/30/22)

Indicator 1b: Percentage of Adults Receiving a Pre-Admission Screening for Psychiatric Inpatient Care for Whom the Disposition Was Completed Within Three Hours -- 95% Standard

	Percentage	Number of Emergency Referrals for Adults	Number Completed in Three Hours for Adults
Detroit Wayne Mental Health Authority	97.69	2,687	2,625
Lakeshore Regional Entity	97.62	1,764	1,722
Macomb Co CMH Services	99.34	1,217	1,209
Mid-State Health Network	99.15	2,598	2,576
NorthCare Network	100.00	252	252
Northern MI Regional Entity	98.83	770	761
Oakland Co CMH Authority	94.39	1,212	1,144
Region 10	99.89	901	900
CMH Partnership of Southeast MI	99.13	573	568
Southwest MI Behavioral Health	98.89	904	894
Statewide Total	**98.49**	**12,878**	**12,651**

Consultation Draft
4th Quarter 2022
(7/1/22-9/30/22)

Indicator 2: The Percentage of New Persons During the Quarter Receiving a Completed Biopsychosocial Assessment within 14 Calendar Days of a Non-emergency Request for Service

	Percentage	# of New Persons Who Requested Mental Health or I/DD Services and Supports and are Referred for a Biopsychosocial Assessment	# of Persons Completing the Biopsychosocial Assessment within 14 Calendar Days of First Request for Service
Detroit Wayne Mental Health Authority	44.26	2,994	1,325
Lakeshore Regional Entity	59.80	1,316	787
Macomb Co CMH Services	19.81	1,146	227
Mid-State Health Network	62.13	4,103	2,549
NorthCare Network	57.81	557	322
Northern MI Regional Entity	56.23	1,373	772
Oakland Co CMH Authority	49.58	1,067	529
Region 10	54.25	1,849	1,003
CMH Partnership of Southeast MI	58.06	1,030	598
Southwest MI Behavioral Health	71.48	1,844	1,318
Statewide Total	**53.34**	**17,279**	**9,430**

Consultation Draft
4th Quarter 2022
(7/1/22-9/30/22)

Indicator 2a: The Percentage of New Children with Emotional Disturbance During the Quarter Receiving a Completed Biopsychosocial Assessment within 14 Calendar Days of a Non-emergency Request for Service

	Percentage	# MI Children Who Requested Mental Health or I/DD Services and Supports and are Referred for a Biopsychosocial Assessment	# MI Children Completing the Biopsychosocial Assessment within 14 Calendar Days of First Request for Service
Detroit Wayne Mental Health Authority	27.71	545	151
Lakeshore Regional Entity	63.79	486	310
Macomb Co CMH Services	14.44	277	40
Mid-State Health Network	63.39	1,180	748
NorthCare Network	64.15	159	102
Northern MI Regional Entity	55.24	353	195
Oakland Co CMH Authority	51.04	288	147
Region 10	57.62	479	276
CMH Partnership of Southeast MI	58.87	282	166
Southwest MI Behavioral Health	70.99	493	350
Statewide Total	**52.72**	**4,542**	**2,485**

Consultation Draft
4th Quarter 2022
(7/1/22-9/30/22)

Indicator 2b: The Percentage of New Adults with Mental Illness During the Quarter Receiving a Completed Biopsychosocial Assessment within 14 Calendar Days of a Non-emergency Request for Service

	Percentage	# MI Adults Who Requested Mental Health or I/DD Services and Supports and are Referred for a Biopsychosocial Assessment	# MI Adults Completing the Biopsychosocial Assessment within 14 Calendar Days of First Request for Service
Detroit Wayne Mental Health Authority	51.87	1,955	1,014
Lakeshore Regional Entity	57.01	670	382
Macomb Co CMH Services	21.14	738	156
Mid-State Health Network	61.62	2,608	1,607
NorthCare Network	54.89	348	191
Northern MI Regional Entity	54.73	910	498
Oakland Co CMH Authority	52.54	708	372
Region 10	54.39	1,048	570
CMH Partnership of Southeast MI	54.93	619	340
Southwest MI Behavioral Health	70.36	1,208	850
Statewide Total	**53.35**	**10,812**	**5,980**

Indicator 2c: The Percentage of New Children with Developmental Disabilities During the Quarter Receiving a Completed Biopsychosocial Assessment within 14 Calendar Days of a Non-emergency Request for Service

	Percentage	# DD Children Who Requested Mental Health or I/DD Services and Supports and are Referred for a Biopsychosocial Assessment	# DD Children Completing the Biopsychosocial Assessment within 14 Calendar Days of First Request for Service
Detroit Wayne Mental Health Authority	29.21	404	118
Lakeshore Regional Entity	57.84	102	59
Macomb Co CMH Services	16.47	85	14
Mid-State Health Network	55.19	212	117
NorthCare Network	64.00	25	16
Northern MI Regional Entity	76.62	77	59
Oakland Co CMH Authority	21.21	33	7
Region 10	48.72	234	114
CMH Partnership of Southeast MI	75.90	83	63
Southwest MI Behavioral Health	85.19	108	92
Statewide Total	**53.04**	**1,363**	**659**

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4th Quarter 2022
(7/1/22-9/30/22)

Indicator 2d: The Percentage of New Adults with Developmental Disabilities During the Quarter Receiving a Completed Biopsychosocial Assessment within 14 Calendar Days of a Non-emergency Request for Service

	Percentage	# DD Adults Who Requested Mental Health or I/DD Services and Supports and are Referred for a Biopsychosocial Assessment	# DD Adults Completing the Biopsychosocial Assessment within 14 Calendar Days of First Request for Service
Detroit Wayne Mental Health Authority	46.67	90	42
Lakeshore Regional Entity	62.07	58	36
Macomb Co CMH Services	36.96	46	17
Mid-State Health Network	74.76	103	77
NorthCare Network	52.00	25	13
Northern MI Regional Entity	60.61	33	20
Oakland Co CMH Authority	7.89	38	3
Region 10	48.86	88	43
CMH Partnership of Southeast MI	63.04	46	29
Southwest MI Behavioral Health	74.29	35	26
Statewide Total	**52.71**	**562**	**306**

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4th Quarter 2022
(7/1/22-9/30/22)

Indicator 2e: The Percentage of New Persons During the Quarter Receiving a Face-to-Face Service for Treatment or Supports Within 14 calendar days of a Non-emergency Request for Service for Persons with Substance Use Disorders

	Percentage	Admissions			# of Persons Receiving a Service for Treatment or Supports within 14 Calendar Days of First Request
		# of Non-Urgent Admissions to a Licensed SUD Treatment Facility as reported in BH TEDS	# of Expired Requests Reported by the PIHP	Total	
Detroit Wayne Mental Health Authority	63.03	2,864	947	3,811	2,402
Lakeshore Regional Entity	67.95	1,206	279	1,485	1,009
Macomb Co CMH Services	82.31	1,244	147	1,391	1,145
Mid-State Health Network	73.91	2,812	488	3,300	2,439
NorthCare Network	75.97	512	83	595	452
Northern MI Regional Entity	66.06	1,103	217	1,320	872
Oakland Co CMH Authority	82.87	977	144	1,121	929
Region 10	69.22	1,747	508	2,255	1,561
CMH Partnership of Southeast MI	61.18	818	251	1,069	654
Southwest MI Behavioral Health	64.51	1,300	430	1,730	1,116
Statewide Total	**70.70**	**14,583**	**3,494**	**18,077**	**12,579**

Consultation Draft
4th Quarter 2022
(7/1/22-9/30/22)

Indicator 3: 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

	Percentage	# of New Persons Who Completed a Biopsychosocial Assessment within the Quarter and Are Determined Eligible for Ongoing Services	# of Persons Who Started a Face-to-Face Service Within 14 Calendar Days of the Completion of the Biopsychosocial Assessment
Detroit Wayne Mental Health Authority	88.32	2,474	2,185
Lakeshore Regional Entity	63.27	1,040	658
Macomb Co CMH Services	76.37	783	598
Mid-State Health Network	65.12	2,990	1,947
NorthCare Network	70.73	410	290
Northern MI Regional Entity	66.87	836	559
Oakland Co CMH Authority	99.50	796	792
Region 10	86.26	1,383	1,193
CMH Partnership of Southeast MI	73.24	695	509
Southwest MI Behavioral Health	67.49	1,332	899
Statewide Total	**75.72**	**12,739**	**9,630**

Consultation Draft
4th Quarter 2022
(7/1/22-9/30/22)

Indicator 3a: The Percentage of New Children with Emotional Disturbance During the Quarter Starting any Medically Necessary On-going Covered Service Within 14 Days of Completing a Non-Emergent Biopsychosocial Assessment

	Percentage	# MI Children Who Completed a Biopsychosocial Assessment within the Quarter and Are Determined Eligible for Ongoing Services	# MI Children Who Started a Face-to-Face Service Within 14 Calendar Days of the Completion of the Biopsychosocial Assessment
Detroit Wayne Mental Health Authority	85.16	539	459
Lakeshore Regional Entity	62.36	449	280
Macomb Co CMH Services	75.71	177	134
Mid-State Health Network	64.36	853	549
NorthCare Network	74.81	131	98
Northern MI Regional Entity	70.74	229	162
Oakland Co CMH Authority	98.67	225	222
Region 10	87.47	359	314
CMH Partnership of Southeast MI	67.68	198	134
Southwest MI Behavioral Health	66.00	350	231
Statewide Total	**75.29**	**3,510**	**2,583**

Consultation Draft
4th Quarter 2022
(7/1/22-9/30/22)

Indicator 3b: The Percentage of New Adults with Mental Illness During the Quarter Starting any Medically Necessary On-going Covered Service Within 14 Days of Completing a Non-Emergent Biopsychosocial Assessment

	Percentage	# MI Adults Who Completed a Biopsychosocial Assessment within the Quarter and Are Determined Eligible for Ongoing Services	# MI Adults Who Started a Face-to-Face Service Within 14 Calendar Days of the Completion of the Biopsychosocial Assessment
Detroit Wayne Mental Health Authority	89.30	1,532	1,368
Lakeshore Regional Entity	64.52	451	291
Macomb Co CMH Services	75.00	488	366
Mid-State Health Network	63.65	1,824	1,161
NorthCare Network	68.31	243	166
Northern MI Regional Entity	64.08	515	330
Oakland Co CMH Authority	99.80	506	505
Region 10	83.51	758	633
CMH Partnership of Southeast MI	73.20	388	284
Southwest MI Behavioral Health	66.75	845	564
Statewide Total	**74.81**	**7,550**	**5,668**

Consultation Draft
4th Quarter 2022
(7/1/22-9/30/22)

Indicator 3c: The Percentage of New Children with Developmental Disabilities During the Quarter Starting any Medically Necessary On-going Covered Service Within 14 Days of Completing a Non-Emergent Biopsychosocial Assessment

	Percentage	# DD Children Who Completed a Biopsychosocial Assessment within the Quarter and Are Determined Eligible for Ongoing Services	# DD Children Who Started a Face-to-Face Service Within 14 Calendar Days of the Completion of the Biopsychosocial Assessment
Detroit Wayne Mental Health Authority	89.23	325	290
Lakeshore Regional Entity	60.67	89	54
Macomb Co CMH Services	84.52	84	71
Mid-State Health Network	78.34	217	170
NorthCare Network	73.68	19	14
Northern MI Regional Entity	75.71	70	53
Oakland Co CMH Authority	100.00	23	23
Region 10	91.96	199	183
CMH Partnership of Southeast MI	80.56	72	58
Southwest MI Behavioral Health	73.08	104	76
Statewide Total	**80.78**	**1,202**	**992**

Consultation Draft
4th Quarter 2022
(7/1/22-9/30/22)

Indicator 3d: The Percentage of New Adults with Developmental Disabilities During the Quarter Starting any Medically Necessary On-going Covered Service Within 14 Days of Completing a Non-Emergent Biopsychosocial Assessment

	Percentage	# DD Adults Who Completed a Biopsychosocial Assessment within the Quarter and Are Determined Eligible for Ongoing Services	# DD Adults Who Started a Face-to-Face Service Within 14 Calendar Days of the Completion of the Biopsychosocial Assessment
Detroit Wayne Mental Health Authority	87.18	78	68
Lakeshore Regional Entity	64.71	51	33
Macomb Co CMH Services	79.41	34	27
Mid-State Health Network	69.79	96	67
NorthCare Network	70.59	17	12
Northern MI Regional Entity	63.64	22	14
Oakland Co CMH Authority	100.00	42	42
Region 10	94.03	67	63
CMH Partnership of Southeast MI	89.19	37	33
Southwest MI Behavioral Health	84.85	33	28
Statewide Total	**80.34**	**477**	**387**

Consultation Draft
4th Quarter 2022
(7/1/22-9/30/22)

Indicator 4a(1): The Percentage of Children Discharged from a Psychiatric Inpatient Unit Who are Seen for Follow-up Care Within 7 Days -- 95% Standard

	Percentage	# Children Discharged from Psychiatric Inpatient Unit	# Children Seen for Follow-up Care within 7 Days
Detroit Wayne Mental Health Authority	100.00	50	50
Lakeshore Regional Entity	93.33	60	56
Macomb Co CMH Services	38.71	62	24
Mid-State Health Network	97.80	91	89
NorthCare Network	90.00	20	18
Northern MI Regional Entity	100.00	45	45
Oakland Co CMH Authority	100.00	32	32
Region 10	98.53	68	67
CMH Partnership of Southeast MI	93.33	30	28
Southwest MI Behavioral Health	97.14	35	34
Statewide Total	**90.89**	**493**	**443**

Consultation Draft
4th Quarter 2022
(7/1/22-9/30/22)

Indicator 4a(2): The Percentage of Adults Discharged from a Psychiatric Inpatient Unit Who are Seen for Follow-up Care Within 7 Days -- 95% Standard

	Percentage	# Adults Discharged from Psychiatric Inpatient Unit	# Adults Seen for Follow-up Care within 7 Days
Detroit Wayne Mental Health Authority	98.11	475	466
Lakeshore Regional Entity	95.99	299	287
Macomb Co CMH Services	44.78	536	240
Mid-State Health Network	97.25	510	496
NorthCare Network	94.94	79	75
Northern MI Regional Entity	97.97	148	145
Oakland Co CMH Authority	96.65	269	260
Region 10	95.71	280	268
CMH Partnership of Southeast MI	94.34	159	150
Southwest MI Behavioral Health	95.27	317	302
Statewide Total	**91.10**	**3,072**	**2,689**

**Indicator 4b: The Percent of Discharges from a Substance Abuse Detox Unit
Who are Seen for Follow-up Care Within 7 Days -- 95% Standard**

	Percentage	# SA Discharged from Substance Abuse Detox Unit	# SA Seen for Follow-up Care within 7 Days
Detroit Wayne Mental Health Authority	99.79	481	480
Lakeshore Regional Entity	97.85	93	91
Macomb Co CMH Services	91.92	297	273
Mid-State Health Network	96.74	184	178
NorthCare Network	.	0	0
Northern MI Regional Entity	94.77	153	145
Oakland Co CMH Authority	100.00	153	153
Region 10	90.67	75	68
CMH Partnership of Southeast MI	95.97	124	119
Southwest MI Behavioral Health	99.57	235	234
Statewide Total	**96.36**	**1,795**	**1,741**

Consultation Draft
4th Quarter 2022
(7/1/22-9/30/22)

Indicator 5: Percentage of Area Medicaid Recipients Having Received PIHP Managed Services

	Percentage	Total Medicaid Beneficiaries Served	# of Area Medicaid Recipients
Detroit Wayne Mental Health Authority	5.99	48,792	814,485
Lakeshore Regional Entity	5.17	17,677	341,975
Macomb Co CMH Services	4.55	11,715	257,414
Mid-State Health Network	7.20	34,898	484,400
NorthCare Network	6.82	5,543	81,267
Northern MI Regional Entity	7.55	11,415	151,264
Oakland Co CMH Authority	7.32	17,316	236,660
Region 10	6.84	16,797	245,445
CMH Partnership of Southeast MI	6.22	9,693	155,814
Southwest MI Behavioral Health	6.43	16,803	261,177
Statewide Total	**6.41**	**190,649**	**3,029,901**

Consultation Draft
4th Quarter 2022
(7/1/22-9/30/22)

**Indicator 6 (old #8): The Percent of Habilitation Supports Waiver (HSW) Enrollees
in the Quarter Who Received at Least One HSW Service Each Month
Other Than Supports Coordination**

	Percentage	# of HSW Enrollees Receiving at Least One HSW Service Other Than Supports Coordination	Total Number of HSW Enrollees
Detroit Wayne Mental Health Authority	93.92	927	987
Lakeshore Regional Entity	95.28	586	615
Macomb Co CMH Services	97.25	425	437
Mid-State Health Network	95.49	1,440	1,508
NorthCare Network	97.22	350	360
Northern MI Regional Entity	95.61	632	661
Oakland Co CMH Authority	96.07	782	814
Region 10	95.19	574	603
CMH Partnership of Southeast MI	90.90	639	703
Southwest MI Behavioral Health	91.64	647	706
Statewide Total	**94.86**	**7,002**	**7,394**

Consultation Draft
4th Quarter 2022
(7/1/22-9/30/22)

Indicator 10a (old #12a): The Percentage of Children Readmitted
to Inpatient Psychiatric Units Within 30 Calendar Days of Discharge From a
Psychiatric Inpatient Unit -- 15% or Less Standard

	Percentage	Number of Children Discharged from Inpatient Care	# Children Discharged that were Readmitted Within 30 Days
Detroit Wayne Mental Health Authority	7.64	157	12
Lakeshore Regional Entity	14.29	77	11
Macomb Co CMH Services	16.67	54	9
Mid-State Health Network	10.45	134	14
NorthCare Network	15.00	20	3
Northern MI Regional Entity	6.78	59	4
Oakland Co CMH Authority	2.08	48	1
Region 10	8.51	94	8
CMH Partnership of Southeast MI	6.25	32	2
Southwest MI Behavioral Health	1.67	60	1
Statewide Total	**8.93**	**735**	**65**

Consultation Draft
4th Quarter 2022
(7/1/22-9/30/22)

**Indicator 10b (old #12b): The Percentage of Adults Readmitted
to Inpatient Psychiatric Units Within 30 Calendar Days of Discharge From a
Psychiatric Inpatient Unit -- 15% or Less Standard**

	Percentage	Number of Adults Discharged from Inpatient Care	# Adults Discharged that were Readmitted Within 30 Days
Detroit Wayne Mental Health Authority	15.89	1,699	270
Lakeshore Regional Entity	10.19	422	43
Macomb Co CMH Services	27.25	455	124
Mid-State Health Network	9.66	932	90
NorthCare Network	12.50	96	12
Northern MI Regional Entity	11.45	227	26
Oakland Co CMH Authority	7.68	469	36
Region 10	8.87	485	43
CMH Partnership of Southeast MI	13.02	215	28
Southwest MI Behavioral Health	10.76	502	54
Statewide Total	**12.73**	**5,502**	**726**

Consultation Draft
4th Quarter 2022
(7/1/22-9/30/22)

NORTHERN MICHIGAN REGIONAL ENTITY
FINANCE COMMITTEE MEETING
10:00AM – JANUARY 11, 2023
VIA TEAMS

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

REVIEW AGENDA & ADDITIONS
No additions to the meeting agenda were requested.

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

MOTION BY CONNIE CADARETTE TO APPROVE THE MINUTES OF THE NOVEMBER 9, 2022 NORTHERN MICHIGAN REGIONAL ENTITY REGIONAL FINANCE COMMITTEE MEETING; SUPPORT BY LAURI FISCHER. MOTION APPROVED.

MONTHLY FINANCIALS
November 2022
- Net Position showed net surplus Medicaid and HMP of $2,728,460. Medicaid carry forward was reported as $16,357,583. The total Medicaid and HMP Current Year Surplus was reported as $19,096,043. Medicaid and HMP combined ISF was reported as $16,357,583; the total Medicaid and HMP net surplus, including carry forward and ISF was reported as $35,463,626.
- Traditional Medicaid showed $32,887,425 in revenue, and $31,034,045 in expenses, resulting in a net surplus of $1,853,380. Medicaid ISF was reported as $9,302,629 based on the interim FSR. Medicaid Savings was reported as $10,911,722.
- Healthy Michigan Plan showed $5,545,287 in revenue, and $4,670,207 in expenses, resulting in a net surplus of $875,080. HMP ISF was reported as $7,064,954 based on the interim FSR. HMP savings was reported as $5,455,861.
- Health Home showed $327,575 in revenue, and $240,911 in expenses, resulting in a net surplus of $86,664.
- SUD showed all funding source revenue of $4,767,058, and $4,087,902 in expenses, resulting in a net surplus of $679,156. Total PA2 funds were reported as $7,190,440.

Deanna clarified that the DCW will not be cost settled in FY23.

MOTION BY ERINN TRASK TO RECOMMEND APPROVAL OF THE NORTHERN MICHIGAN REGIONAL ENTITY MONTHLY FINANCIAL REPORT FOR NOVEMBER 2022; SUPPORT BY LAURI FISCHER. MOTION APPROVED.

FY24 BUDGET

Eric announced that, effective April 1st, Medicaid redeterminations will be uncoupled from the Public Health Emergency; redeterminations may resume with June 1, 2023 eligibility. MDHHS is in the process of revising its communication plan to Medicaid beneficiaries. Reenrollment is scheduled to be a 12-month rolling process. The biggest hit will likely be to HMP (a 45% decline is anticipated).

Chip suggested looking at historic (pre-COVID) data to begin FY24 budget planning processes. He projected a 1%-2% decrease due to individuals not reapplying or meeting criteria.

EDIT UPDATE

The January 19th meeting agenda was shared with the committee. Brandon announced that Kathy Haines is retiring from MDHHS; her position has been posted.

EQI UPDATE

The Period 3 Template was sent to MDHHS on December 21st and was forwarded to the committee during the meeting. Data for the February 28th submission will be pulled the week of January 23rd; reports will be due to the NMRE by February 14th to give Tricia ample time to compile the submission.

HSW OPEN SLOTS

Deanna reminded the CMHSPs that there are currently 27 open HSW slots. The region has a total of 689 slots. Packets may be submitted to NMRE Clinical Director, Bea Arsenov.

SCA METHODOLOGY & DELEGATION GRID

Eric noted that a meeting is scheduled later this date with CMHAM to discuss action options in response to the MDHHS SCA mandate. Eric has developed the regional delegation grid to define what Region 2 considers delegated functions. NMRE will continue to do cost allocation according to federal guidelines. Erinn expressed that the SCA guidelines should be used to prep the FSR and EQI.

OTHER

Guardianship payments are still being sorted out by MDHHS. No money has been made available for these payments to date. MDHHS and the Michigan Developmental Disabilities Council (MDDC) have requested information from CMHSPs on individuals with intellectual/developmental disabilities and their guardianship status; this is due to Wayne State University by February 6th.

NEXT MEETING

The next meeting was scheduled for February 8th at 10:00AM.

Chief Executive Officer Report

January 2023

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

Dec 1: Attended and participated in MDHHS PIHP CEO Meeting.

Dec 5: Attended and participated in NLCMHA County Administrators Meeting.

Dec 6: Attended and participated in PIHP CEO Meeting.

Dec 14: Attended and participated in NMRE Internal Operations Committee Meeting.

Dec 15: Attended and participated in NMRE allstaff training.

Dec 20: Attended and participated in NMRE Internal Operations Committee Meeting.

Jan 4: Attended NMRE CMHAM Self Determination discussion.

Jan 4: Attended and participated in CMHAM Standard Cost Allocation Meeting.

Jan 9: Attended and participated in NLCMHA County Administrators Meeting.

Jan 9: Attended and participated in SUD Oversight Board Meeting.

Jan 10: Met with TBD Solutions regarding NLCMHA Crisis Services.

Jan 11: Attended and participated in NMRE Regional Finance Committee Meeting.

Jan 12: Met with ATS regarding detox services.

Jan 17: Chaired NMRE Regional Operations Committee Meeting.

Jan 19: Met with Munson, NLCMHA, and Grand Traverse County regarding crisis services.

Northern Michigan Regional Entity

November 2022 — Finance Report

November 2022 Financial Summary

Funding Source	YTD Net Surplus (Deficit)	Carry Forward	ISF
Medicaid	1,853,380	10,911,722	9,302,629
Healthy Michigan	875,080	5,455,861	7,064,954
	$ 2,728,460	$ 16,367,583	$ 16,367,583

	NMRE MH	NMRE SUD	Northern Lakes	North Country	Northeast	AuSable Valley	Centra Wellness	PIHP Total
Net Surplus (Deficit) MA/HMP	217,146	545,565	(58,009)	1,042,635	395,836	505,120	80,166	$ 2,728,460
Medicaid Carry Forward								16,367,583
Total Med/HMP Current Year Surplus								$ 19,096,043
Medicaid & HMP Internal Service Fund								16,367,583
Total Medicaid & HMP Net Surplus (Deficit) including Carry Forward and ISF								$ 35,463,626

Northern Michigan Regional Entity

Funding Source Report - PIHP
Mental Health
October 1, 2022 through November 30, 2022

	NMRE MH	NMRE SUD	Northern Lakes	North Country	Northeast	AuSable Valley	Centra Wellness	PIHP Total
Traditional Medicaid (inc Autism)								
Revenue								
Revenue Capitation (PEPM)	$ 31,754,594	$ 1,050,023						$ 32,804,617
CMHSP Distributions	(30,884,638)		10,167,339	8,459,010	5,198,984	4,368,188	2,691,116	-
1st/3rd Party receipts			82,808	-	-	-	-	82,808
Net revenue	869,957	1,050,023	10,250,147	8,459,010	5,198,984	4,368,188	2,691,116	32,887,425
Expense								
PIHP Admin	386,564	9,323						395,887
PIHP SUD Admin		13,112						13,112
SUD Access Center		10,928						10,928
Insurance Provider Assessment	289,559	6,004						295,563
Hospital Rate Adjuster	-							-
Services		714,019	10,448,628	7,776,893	4,927,826	3,879,872	2,571,317	30,318,555
Total expense	676,123	753,386	10,448,628	7,776,893	4,927,826	3,879,872	2,571,317	31,034,045
Net Actual Surplus (Deficit)	$ 193,834	$ 296,637	$ (198,481)	$ 682,117	$ 271,158	$ 488,316	$ 119,799	$ 1,853,380

Notes

Medicaid ISF - $9,302,629 - based on Interim FSR

Medicaid Savings - $10,911,722

Northern Michigan Regional Entity

Funding Source Report - PIHP
Mental Health
October 1, 2022 through November 30, 2022

	NMRE MH	NMRE SUD	Northern Lakes	North Country	Northeast	AuSable Valley	Centra Wellness	PIHP Total
Healthy Michigan								
Revenue								
Revenue Capitation (PEPM)	$ 3,405,372	$ 2,139,915						$ 5,545,287
CMHSP Distributions	(3,320,224)		1,209,618	1,002,290	413,330	419,541	275,444	-
1st/3rd Party receipts			-	-	-	-	-	-
Net revenue	85,148	2,139,915	1,209,618	1,002,290	413,330	419,541	275,444	5,545,287
Expense								
PIHP Admin	35,482	23,424						58,906
PIHP SUD Admin		32,941						32,941
SUD Access Center		27,455						27,455
Insurance Provider Assessment	26,354	13,272						39,626
Hospital Rate Adjuster	-							-
Services		1,793,895	1,069,146	641,772	288,652	402,737	315,077	4,511,279
Total expense	61,836	1,890,987	1,069,146	641,772	288,652	402,737	315,077	4,670,207
Net Surplus (Deficit)	$ 23,312	$ 248,928	$ 140,472	$ 360,518	$ 124,678	$ 16,804	$ (39,633)	$ 875,080

Notes

HMP ISF - $7,064,954 - based on Interim FSR

HMP Savings - $5,455,861

	NMRE MH	NMRE SUD	Northern Lakes	North Country	Northeast	AuSable Valley	Centra Wellness	PIHP Total
Net Surplus (Deficit) MA/HMP	$ 217,146	$ 545,565	$ (58,009)	$ 1,042,635	$ 395,836	$ 505,120	$ 80,166	$ 2,728,460
Medicaid & HMP Carry Forward								16,367,583
Total Med/HMP Current Year Surplus								$ 19,096,043
Medicaid & HMP ISF - based on Interim FSR								16,367,583
Total Medicaid & HMP Net Surplus (Deficit) including Carry Forward and ISF								$ 35,463,626

Northern Michigan Regional Entity

Funding Source Report - PIHP
Mental Health
October 1, 2022 through November 30, 2022

	NMRE MH	NMRE SUD	Northern Lakes	North Country	Northeast	AuSable Valley	Centra Wellness	PIHP Total
Health Home								
Revenue								
Revenue Capitation (PEPM)	$ 96,286		86,689	23,866	10,529	23,164	87,041	$ 327,575
CMHSP Distributions	-							-
1st/3rd Party receipts								-
Net revenue	96,286	-	86,689	23,866	10,529	23,164	87,041	327,575
Expense								
PIHP Admin	3,020							3,020
BHH Admin	6,602							6,602
Insurance Provider Assessment	-							-
Hospital Rate Adjuster								
Services	-		86,689	23,866	10,529	23,164	87,041	231,289
Total expense	9,622	-	86,689	23,866	10,529	23,164	87,041	240,911
Net Surplus (Deficit)	$ 86,664	$ -	$ -	$ -	$ -	$ -	$ -	$ 86,664

Northern Michigan Regional Entity

Funding Source Report - SUD
Mental Health
October 1, 2022 through November 30, 2022

	Medicaid	Healthy Michigan	Opioid Health Home	SAPT Block Grant	PA2 Liquor Tax	Total SUD
Substance Abuse Prevention & Treatment						
Revenue	$ 1,050,023	$ 2,139,915	$ 757,025	$ 589,531	$ 230,564	$ 4,767,058
Expense						
Administration	22,435	56,365	18,365	39,908		137,074
OHH Admin			20,568	-		20,568
Access Center	10,928	27,455	-	6,108		44,491
Insurance Provider Assessment	6,004	13,272	-			19,276
Services:						
Treatment	714,019	1,793,895	584,500	399,078	230,564	3,722,056
Prevention	-	-	-	133,778	-	133,778
ARPA Grant	-	-	-	10,659	-	10,659
Total expense	753,386	1,890,987	623,433	589,531	230,564	4,087,902
PA2 Redirect			-	0	(0)	-
Net Surplus (Deficit)	$ 296,637	$ 248,928	$ 133,592	$ -	$ (0)	$ 679,156

Northern Michigan Regional Entity

Statement of Activities and Proprietary Funds Statement of
Revenues, Expenses, and Unspent Funds
October 1, 2022 through November 30, 2022

	PIHP MH	PIHP SUD	PIHP ISF	Total PIHP
Operating revenue				
Medicaid	$ 31,754,594	$ 1,050,023	$ -	$ 32,804,617
Medicaid Savings	-	-	-	-
Healthy Michigan	3,405,372	2,139,915	-	5,545,287
Healthy Michigan Savings	-	-	-	-
Health Home	327,575	-	-	327,575
Opioid Health Home	-	757,025	-	757,025
Substance Use Disorder Block Grant	-	589,531	-	589,531
Public Act 2 (Liquor tax)	-	230,563	-	230,563
Affiliate local drawdown	148,704	-	-	148,704
Performance Incentive Bonus	-	-	-	-
Miscellanous Grant Revenue	-	-	-	-
Veteran Navigator Grant	18,826	-	-	18,826
SOR Grant Revenue	-	253,480	-	253,480
Gambling Grant Revenue	-	-	-	-
Other Revenue	960	-	1,358	2,318
Total operating revenue	35,656,031	5,020,537	1,358	40,677,926
Operating expenses				
General Administration	475,494	131,137	-	606,631
Prevention Administration	-	19,123	-	19,123
OHH Administration	-	20,568	-	20,568
BHH Administration	6,602	-	-	6,602
Insurance Provider Assessment	315,913	19,276	-	335,189
Hospital Rate Adjuster	-	-	-	-
Payments to Affiliates:				
Medicaid Services	29,521,728	714,019	-	30,235,747
Healthy Michigan Services	2,717,384	1,793,895	-	4,511,279
Health Home Services	231,289	-	-	231,289
Opioid Health Home Services	-	584,500	-	584,500
Community Grant	-	399,078	-	399,078
Prevention	-	114,655	-	114,655
State Disability Assistance	-	-	-	-
ARPA Grant	-	10,659	-	10,659
Public Act 2 (Liquor tax)	-	230,564	-	230,564
Local PBIP	-	-	-	-
Local Match Drawdown	148,704	-	-	148,704
Miscellanous Grant	-	-	-	-
Veteran Navigator Grant	18,826	-	-	18,826
SOR Grant Expenses	-	253,480	-	253,480
Gambling Grant Expenses	-	-	-	-
Total operating expenses	33,435,940	4,290,954	-	37,726,894
CY Unspent funds	2,220,091	729,583	1,358	2,951,032
Transfers In	-	-	-	-
Transfers out	-	-	-	-
Unspent funds - beginning	18,358,433	8,687,830	16,365,593	43,411,856
Unspent funds - ending	$ 20,578,524	$ 9,417,413	$ 16,366,951	$ 46,362,888

Northern Michigan Regional Entity

Statement of Net Position

November 30, 2022

	PIHP MH	PIHP SUD	PIHP ISF	Total PIHP
Assets				
Current Assets				
Cash Position	$ 28,337,136	$ 9,339,135	$ 16,366,951	$ 54,043,222
Accounts Receivable	2,092,849	1,480,530	-	3,573,379
Prepaids	65,928	-	-	65,928
Total current assets	30,495,913	10,819,665	16,366,951	57,682,529
Noncurrent Assets				
Capital assets	-	-	-	-
Total Assets	30,495,913	10,819,665	16,366,951	57,682,529
Liabilities				
Current liabilities				
Accounts payable	9,713,555	1,402,252	-	11,115,807
Accrued liabilities	203,834	-	-	203,834
Unearned revenue	-	-	-	-
Total current liabilities	9,917,389	1,402,252	-	11,319,641
Unspent funds	$ 20,578,524	$ 9,417,413	$ 16,366,951	$ 46,362,888

Northern Michigan Regional Entity

Proprietary Funds Statement of Revenues, Expenses, and Unspent Funds
Budget to Actual - Mental Health
October 1, 2022 through November 30, 2022

	Total Budget	YTD Budget	YTD Actual	Variance Favorable (Unfavorable)	Percent Favorable (Unfavorable)
Operating revenue					
Medicaid					
* Capitation	$ 187,752,708	$ 31,292,118	$ 31,754,594	$ 462,476	1.48%
Carryover	11,400,000	11,400,000	-	(11,400,000)	(1)
Healthy Michigan					
Capitation	19,683,372	3,280,562	3,405,372	124,810	3.80%
Carryover	5,100,000	5,100,000	-	(5,100,000)	(100.00%)
Health Home	1,451,268	241,878	327,575	85,697	35.43%
Affiliate local drawdown	594,816	148,704	148,704	-	0.00%
Performance Bonus Incentive	1,334,531	-	-	-	0.00%
Miscellanous Grants	-	-	-	-	0.00%
Veteran Navigator Grant	110,000	18,334	18,826	492	2.68%
Other Revenue	-	-	960	960	0.00%
Total operating revenue	227,426,695	51,481,596	35,656,031	(15,825,565)	(30.74%)
Operating expenses					
General Administration	3,591,836	599,876	475,494	124,382	20.73%
BHH Administration	-	-	6,602	(6,602)	0.00%
Insurance Provider Assessment	1,897,524	316,254	315,913	341	0.11%
Hospital Rate Adjuster	4,571,328	761,888	-	761,888	100.00%
Local PBIP	1,737,753	-	-	-	0.00%
Local Match Drawdown	594,816	148,704	148,704	-	0.00%
Miscellanous Grants	-	-	-	-	0.00%
Veteran Navigator Grant	110,004	15,286	18,826	(3,540)	(23.16%)
Payments to Affiliates:					
Medicaid Services	176,618,616	29,436,436	29,521,728	(85,292)	(0.29%)
Healthy Michigan Services	17,639,940	2,939,990	2,717,384	222,606	7.57%
Health Home Services	1,415,196	235,866	231,289	4,577	1.94%
Total operating expenses	208,177,013	34,454,300	33,435,940	1,018,360	2.96%
CY Unspent funds	$ 19,249,682	$ 17,027,296	2,220,091	$ (14,807,205)	
Transfers in			-		
Transfers out			-	33,435,940	
Unspent funds - beginning			18,358,433		
Unspent funds - ending			$ 20,578,524	2,220,091	

Northern Michigan Regional Entity

Proprietary Funds Statement of Revenues, Expenses, and Unspent Funds

Budget to Actual - Substance Abuse
October 1, 2022 through November 30, 2022

	Total Budget	YTD Budget	YTD Actual	Variance Favorable (Unfavorable)	Percent Favorable (Unfavorable)
Operating revenue					
Medicaid	$ 4,678,632	$ 779,772	$ 1,050,023	$ 270,251	34.66%
Healthy Michigan	11,196,408	1,866,068	2,139,915	273,847	14.68%
Substance Use Disorder Block Grant	6,467,905	1,077,983	589,531	(488,452)	(45.31%)
Opioid Health Home	3,419,928	569,988	757,025	187,037	32.81%
Public Act 2 (Liquor tax)	1,533,979	-	230,563	230,563	0.00%
Miscellanous Grants	4,000	667	-	(667)	(100.00%)
SOR Grant	2,043,984	340,664	253,480	(87,184)	(25.59%)
Gambling Prevention Grant	200,000	33,333	-	(33,333)	(100.00%)
Other Revenue	-	-	-	-	0.00%
Total operating revenue	29,544,836	4,668,475	5,020,537	352,062	7.54%
Operating expenses					
Substance Use Disorder:					
SUD Administration	1,082,576	170,430	131,137	39,293	23.06%
Prevention Administration	118,428	19,738	19,123	615	3.12%
Insurance Provider Assessment	113,604	18,934	19,276	(342)	(1.81%)
Medicaid Services	3,931,560	655,260	714,019	(58,759)	(8.97%)
Healthy Michigan Services	10,226,004	1,704,334	1,793,895	(89,561)	(5.25%)
Community Grant	2,074,248	345,708	399,078	(53,370)	(15.44%)
Prevention	634,056	105,676	114,655	(8,979)	(8.50%)
State Disability Assistance	95,215	15,875	-	15,875	100.00%
ARPA Grant	-	-	10,659	(10,659)	0.00%
Opioid Health Home Admin	-	-	20,568	(20,568)	0.00%
Opioid Health Home Services	3,165,000	527,500	584,500	(57,000)	(10.81%)
Miscellanous Grants	4,000	667	-	667	100.00%
SOR Grant	2,043,984	340,664	253,480	87,184	25.59%
Gambling Prevention	200,000	33,333	-	33,333	100.00%
PA2	1,533,978	-	230,564	(230,564)	0.00%
Total operating expenses	25,222,653	3,938,119	4,290,954	(352,835)	(8.96%)
CY Unspent funds	$ 4,322,183	$ 730,356	729,583	$ (773)	
Transfers in			-		
Transfers out			-		
Unspent funds - beginning			8,687,830		
Unspent funds - ending			$ 9,417,413		

Northern Michigan Regional Entity

Proprietary Funds Statement of Revenues, Expenses, and Unspent Funds

Budget to Actual - Mental Health Administration

October 1, 2022 through November 30, 2022

	Total Budget	YTD Budget	YTD Actual	Variance Favorable (Unfavorable)	Percent Favorable (Unfavorable)
General Admin					
Salaries	$ 1,921,812	$ 320,302	$ 263,192	$ 57,110	17.83%
Fringes	666,212	105,604	88,132	17,472	16.54%
Contractual	683,308	113,886	55,154	58,732	51.57%
Board expenses	18,000	3,000	1,327	1,673	55.77%
Day of recovery	14,000	9,000	-	9,000	100.00%
Facilities	152,700	25,450	22,661	2,789	10.96%
Other	135,804	22,634	45,028	(22,394)	(98.94%)
Total General Admin	$ 3,591,836	$ 599,876	$ 475,494	$ 124,382	20.73%

Northern Michigan Regional Entity

Proprietary Funds Statement of Revenues, Expenses, and Unspent Funds

Budget to Actual - Substance Abuse Administration
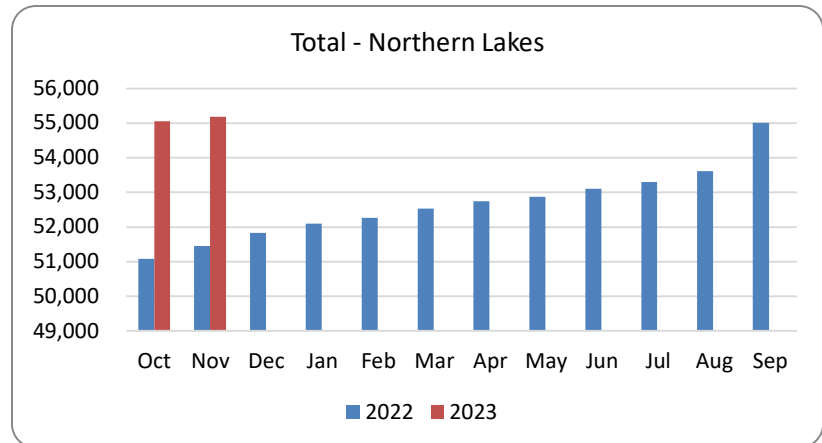October 1, 2022 through November 30, 2022

	Total Budget	YTD Budget	YTD Actual	Variance Favorable (Unfavorable)	Percent Favorable (Unfavorable)
SUD Administration					
Salaries	$ 502,752	$ 83,792	$ 49,512	$ 34,280	40.91%
Fringes	145,464	24,244	12,699	11,545	47.62%
Access Salaries	220,620	36,770	33,537	3,233	8.79%
Access Fringes	67,140	11,190	10,954	236	2.11%
Access Contractual	-	-	-	-	0.00%
Contractual	129,000	12,500	20,360	(7,860)	(62.88%)
Board expenses	5,000	834	1,130	(296)	(35.49%)
Facilities	-	-	-	-	0.00%
Other	12,600	1,100	2,945	(1,845)	(167.73%)
Total operating expenses	$ 1,082,576	$ 170,430	$ 131,137	$ 39,293	23.06%

Northern Michigan Regional Entity

Schedule of PA2 by County
October 1, 2022 through November 30, 2022

| County | | Projected FY23 Activity | | | | Actual FY23 Activity | | |
| | Beginning Balance | FY23 Projected Revenue | FY23 Approved Projects | Projected Ending Balance | Current Receipts | County Specific Projects | Region Wide Projects by Population | Ending Balance |
						Actual Expenditures by County		
Alcona	$ 60,892	$ 20,389	$ 5,727	$ 75,554	$ -	604	$ 715	$ 59,573
Alpena	260,058	69,040	48,938	280,160	-	7,410	1,965	250,683
Antrim	220,316	59,729	125,396	154,648	-	2,164	1,608	216,543
Benzie	174,510	52,923	17,093	210,339	-	1,026	1,213	172,271
Charlevoix	360,745	89,334	114,024	336,055	-	2,429	1,805	356,511
Cheboygan	190,149	74,954	162,092	103,011	-	12,657	1,751	175,741
Crawford	91,805	31,228	44,518	78,515	-	812	960	90,033
Emmet	718,130	155,245	119,398	753,977	-	3,085	2,291	712,754
Grand Traverse	1,279,014	406,430	1,234,676	450,768	-	78,361	6,338	1,194,315
Iosco	328,114	70,865	183,936	215,043	-	10,386	1,737	315,991
Kalkaska	73,463	31,700	86,066	19,097	-	10,839	1,217	61,407
Leelanau	101,720	56,613	120,573	37,760	-	11,474	1,495	88,751
Manistee	133,043	68,873	13,515	188,401	-	1,426	1,686	129,931
Missaukee	38,458	18,044	50,791	5,710	-	8,029	1,035	29,394
Montmorency	54,574	27,338	60,024	21,888	-	6,758	639	47,177
Ogemaw	153,222	50,286	145,589	57,919	-	8,029	1,448	143,745
Oscoda	64,702	20,039	37,623	47,118	-	484	572	63,646
Otsego	107,415	88,483	94,620	101,278	-	5,826	1,694	99,895
Presque Isle	74,668	22,256	7,077	89,847	-	747	883	73,038
Roscommon	523,516	74,697	75,130	523,083	-	5,201	1,650	516,665
Wexford	397,992	79,925	112,690	365,227	-	17,814	2,297	377,881
	5,406,506	1,568,386	2,859,496	4,115,396	-	195,561	35,000	5,175,945

PA2 Redirect   -

5,175,945

PA2 Funds by County
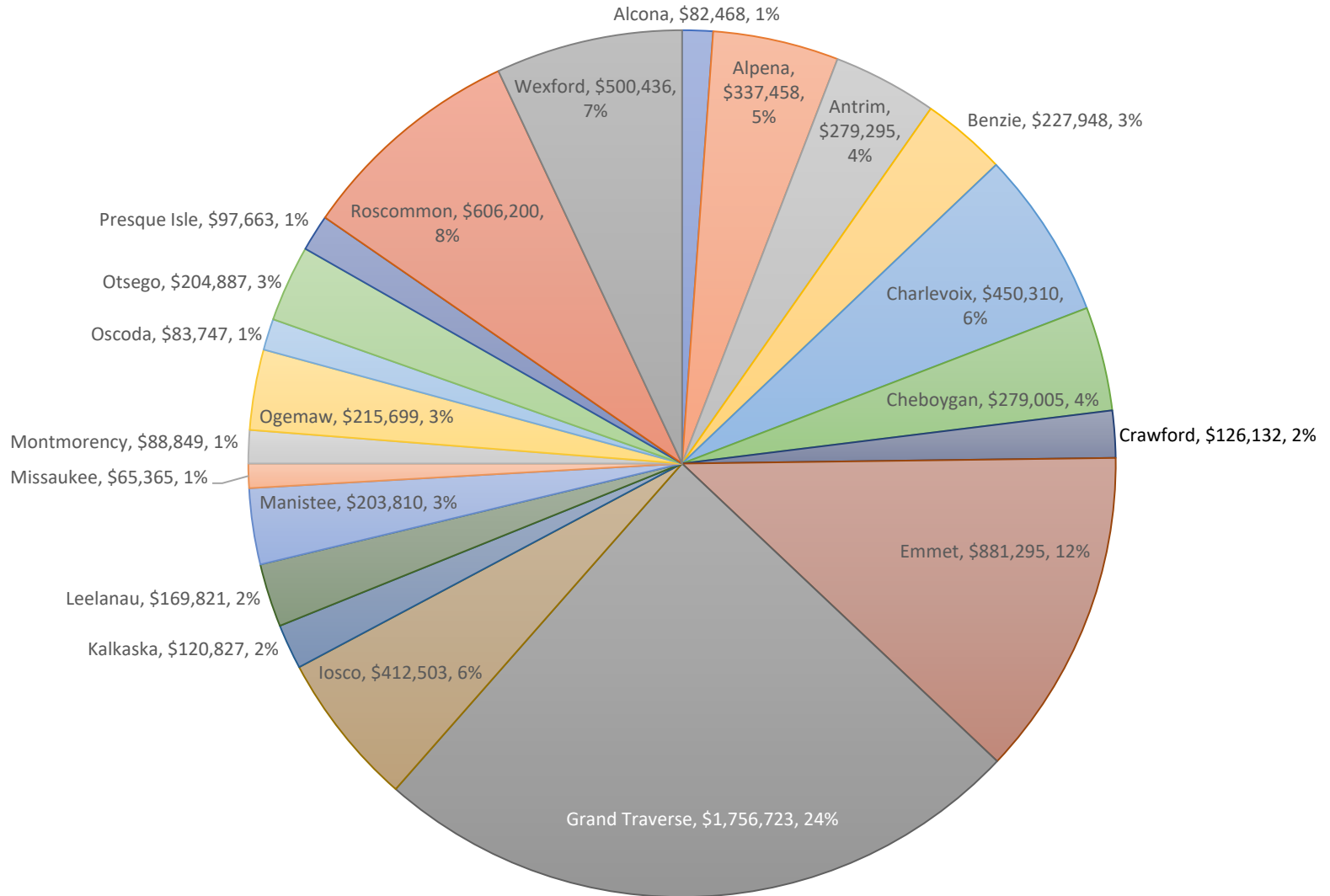
- Alcona, $82,468, 1%
- Alpena, $337,458, 5%
- Antrim, $279,295, 4%
- Benzie, $227,948, 3%
- Charlevoix, $450,310, 6%
- Cheboygan, $279,005, 4%
- Crawford, $126,132, 2%
- Emmet, $881,295, 12%
- Grand Traverse, $1,756,723, 24%
- Iosco, $412,503, 6%
- Kalkaska, $120,827, 2%
- Leelanau, $169,821, 2%
- Manistee, $203,810, 3%
- Missaukee, $65,365, 1%
- Montmorency, $88,849, 1%
- Ogemaw, $215,699, 3%
- Oscoda, $83,747, 1%
- Otsego, $204,887, 3%
- Presque Isle, $97,663, 1%
- Roscommon, $606,200, 8%
- Wexford, $500,436, 7%

Northern Michigan Regional Entity

Proprietary Funds Statement of Revenues, Expenses, and Unspent Funds
Budget to Actual - ISF
October 1, 2022 through November 30, 2022

	Total Budget	YTD Budget	YTD Actual	Variance Favorable (Unfavorable)	Percent Favorable (Unfavorable)
Operating revenue					
Charges for services	$ -	$ -	$ -	$ -	0.00%
Interest and Dividends	7,500	1,250	1,358	108	8.64%
Total operating revenue	7,500	1,250	1,358	108	8.64%
Operating expenses					
Medicaid Services	-	-	-	-	0.00%
Healthy Michigan Services	-	-	-	-	0.00%
Total operating expenses	-	-	-	-	0.00%
CY Unspent funds	$ 7,500	$ 1,250	1,358	$ 108	
Transfers in			-		
Transfers out			-	-	
Unspent funds - beginning			16,365,593		
Unspent funds - ending			$ 16,366,951		

Northern Michigan Regional Entity

Narrative

October 1, 2022 through November 30, 2022

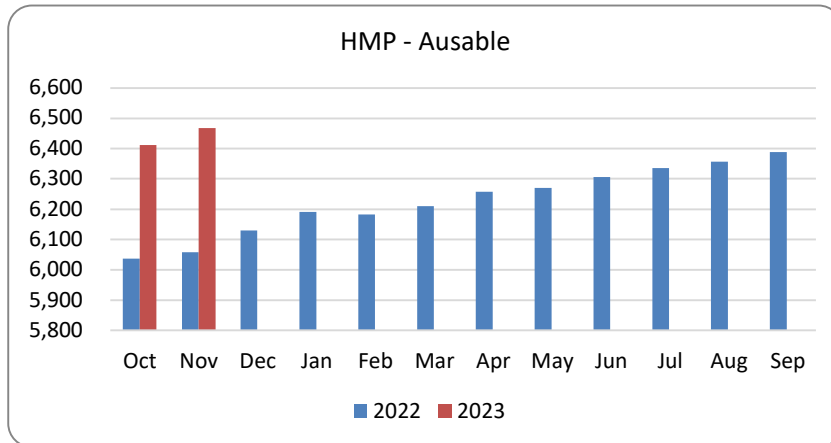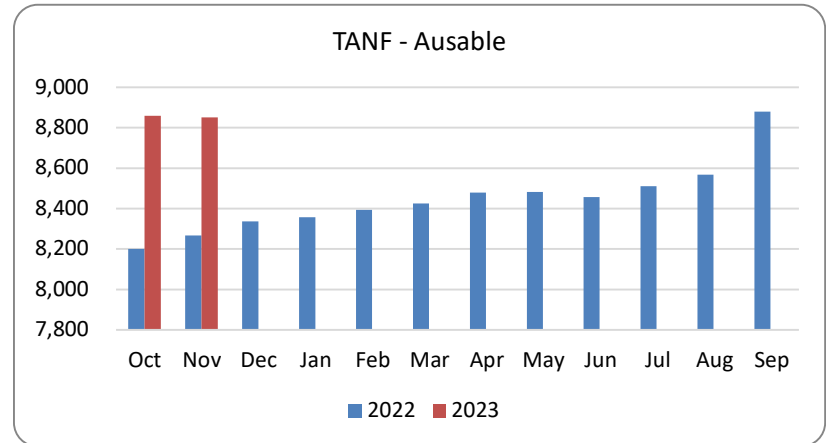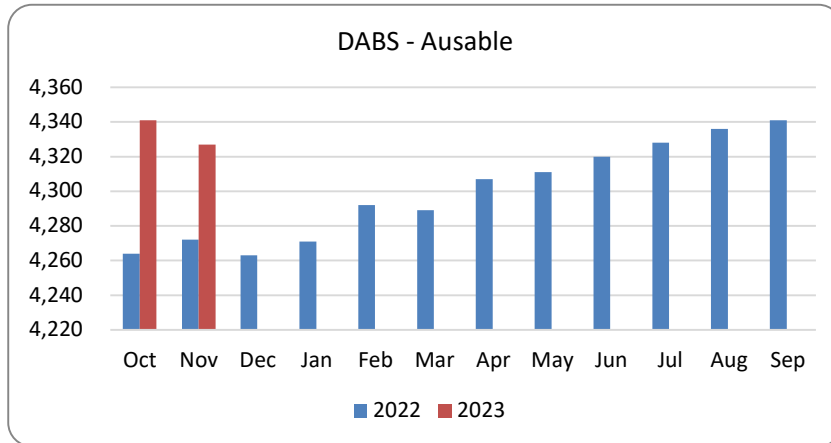## Northern Lakes Eligible Trending - based on payment files
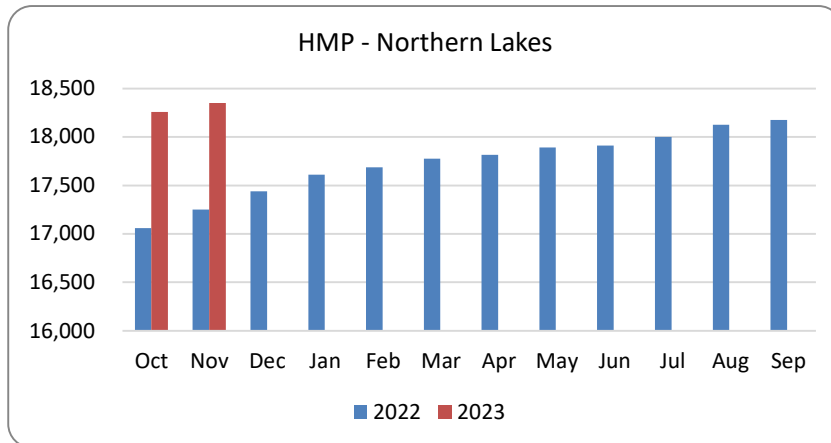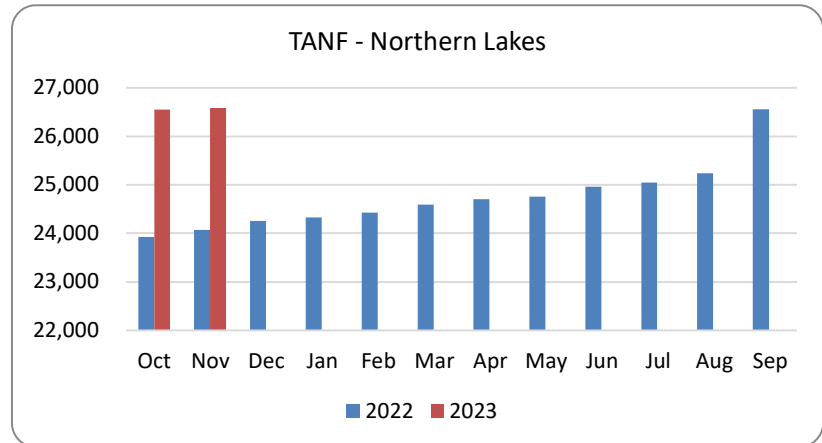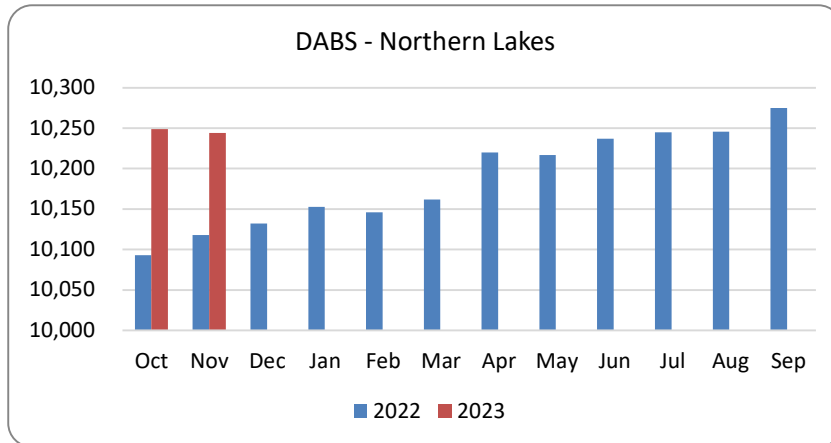
DABS - Northern Lakes

TANF - Northern Lakes
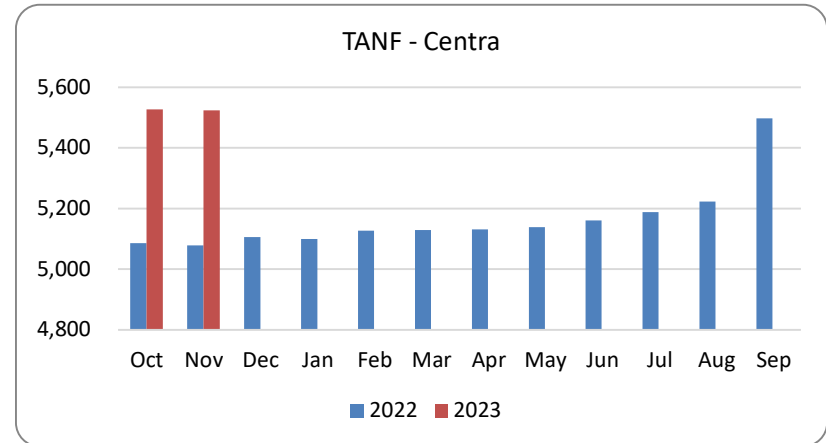

HMP - Northern Lakes

Total - Northern Lakes

Northern Michigan Regional Entity

Narrative

October 1, 2022 through November 30, 2022

North Country Eligible Trending - based on payment files
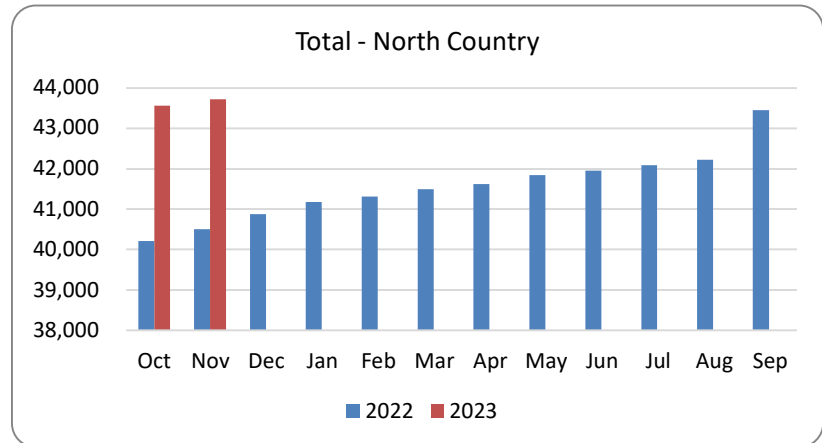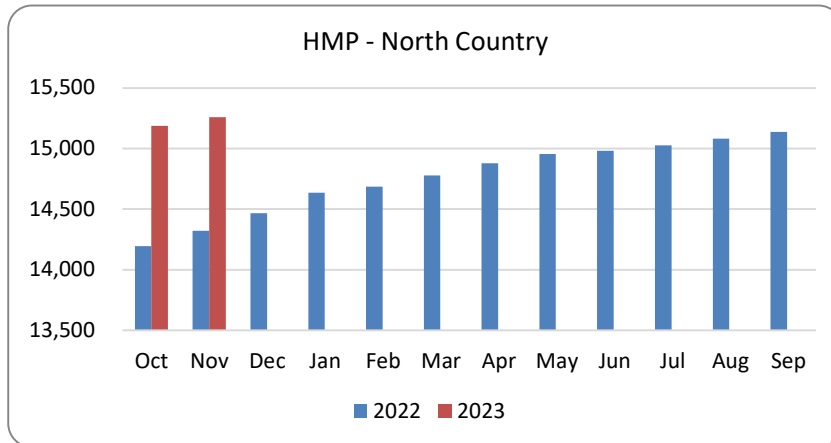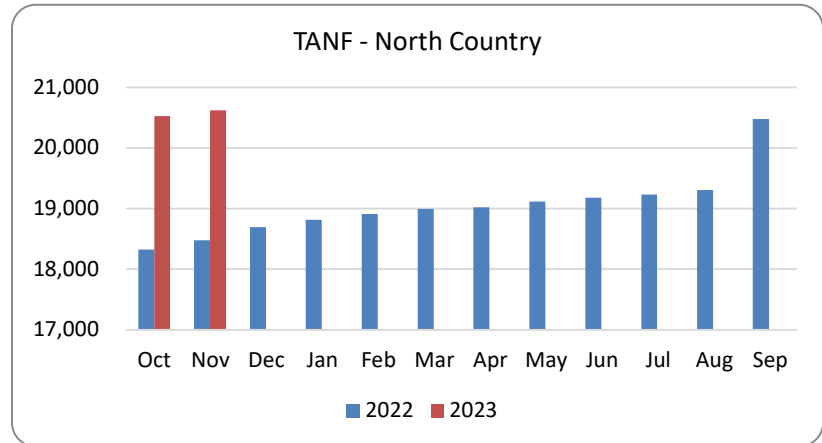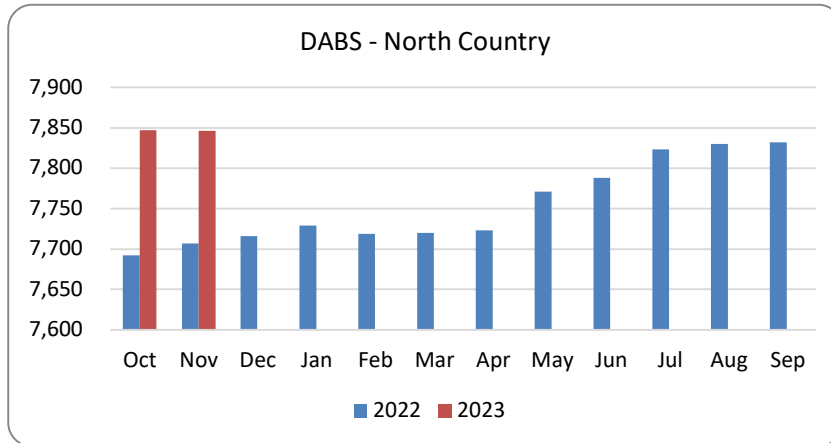
DABS - North Country

TANF - North Country

HMP - North Country

Total - North Country

Northern Michigan Regional Entity

Narrative

October 1, 2022 through November 30, 2022

Northeast Eligible Trending - based on payment files

DABS - Northeast

TANF - Northeast

HMP - Northeast

Total - Northeast
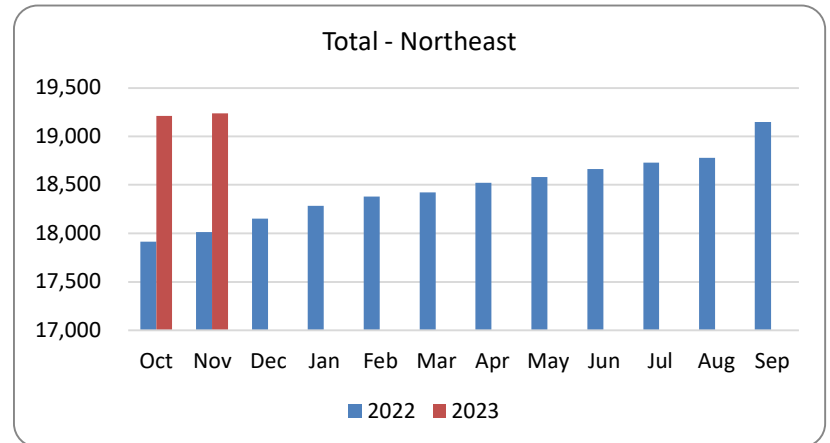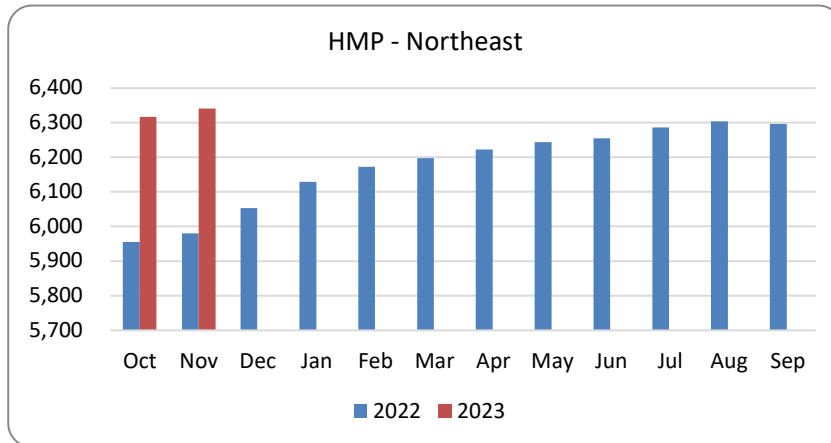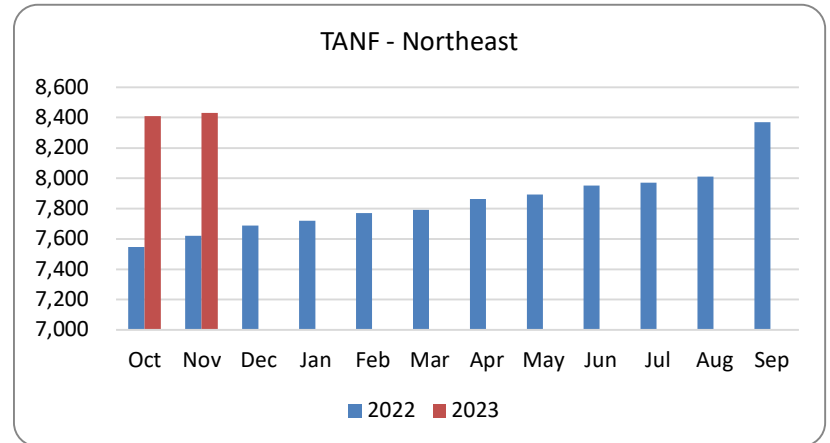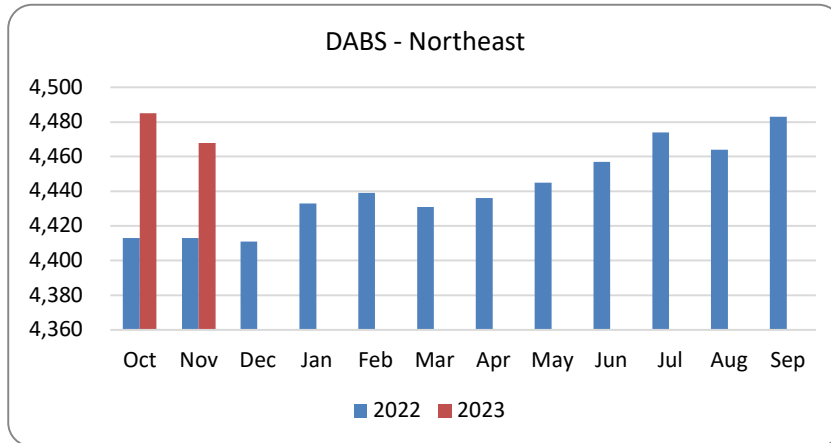
Northern Michigan Regional Entity

Narrative

October 1, 2022 through November 30, 2022
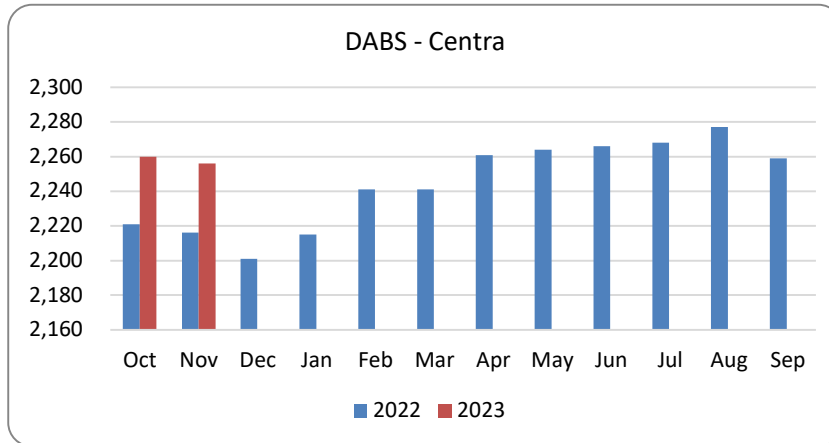
Ausable Valley Eligibles Trending - based on payment files

DABS - Ausable

TANF - Ausable

HMP - Ausable

Total - Ausable
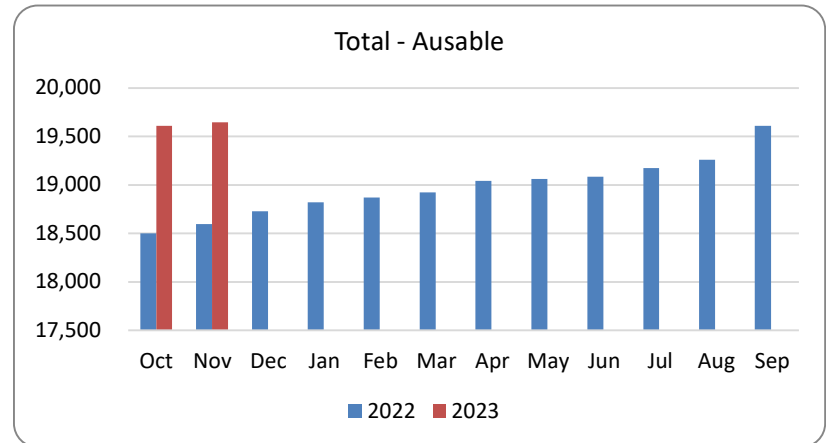
Northern Michigan Regional Entity

Narrative

October 1, 2022 through November 30, 2022

Centra Wellness Eligibles Trending - based on payment files
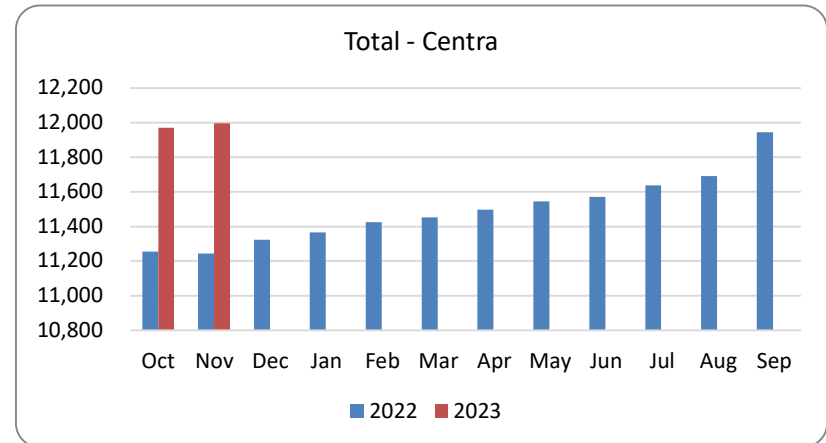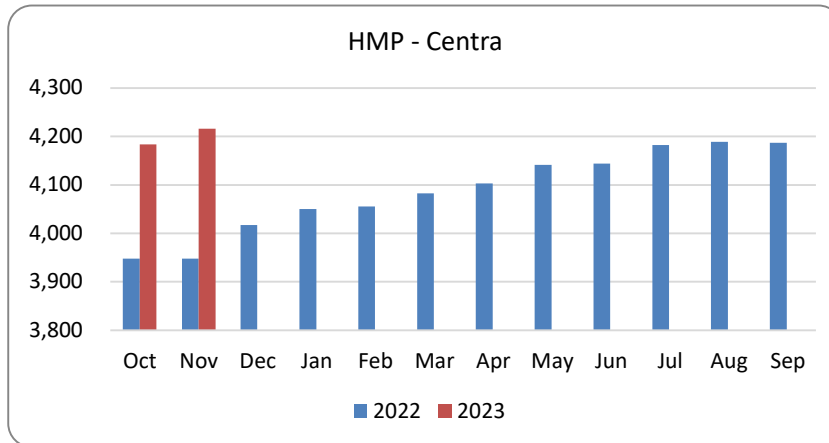
DABS - Centra

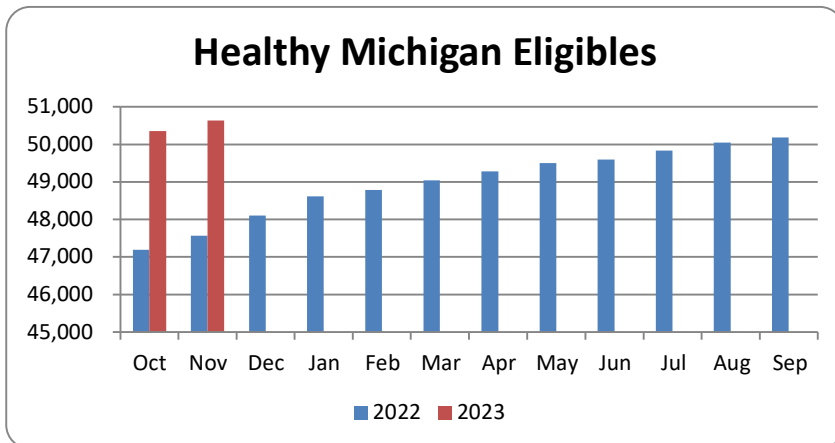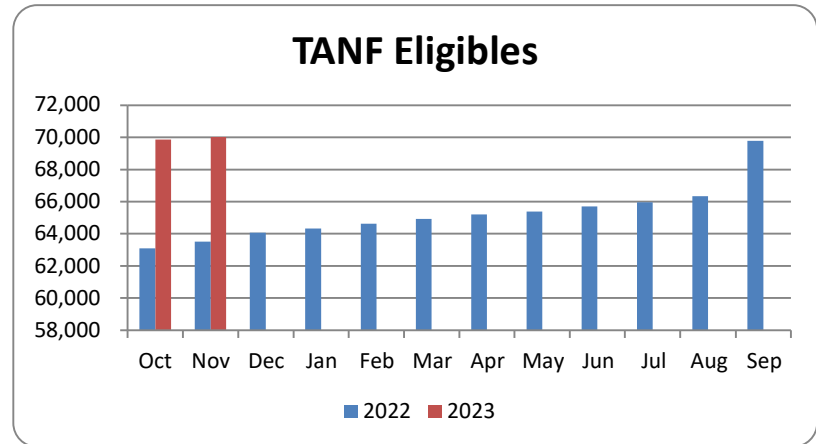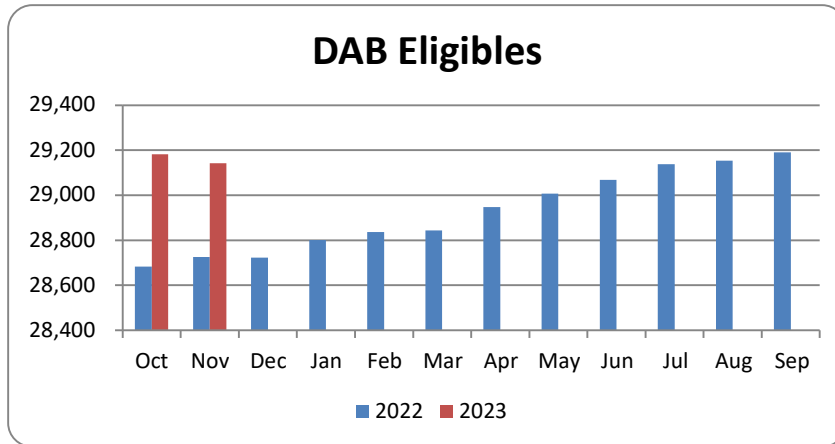TANF - Centra

HMP - Centra

Total - Centra

Northern Michigan Regional Entity

Narrative

October 1, 2022 through November 30, 2022

Regional Eligible Trending

DAB Eligibles

TANF Eligibles
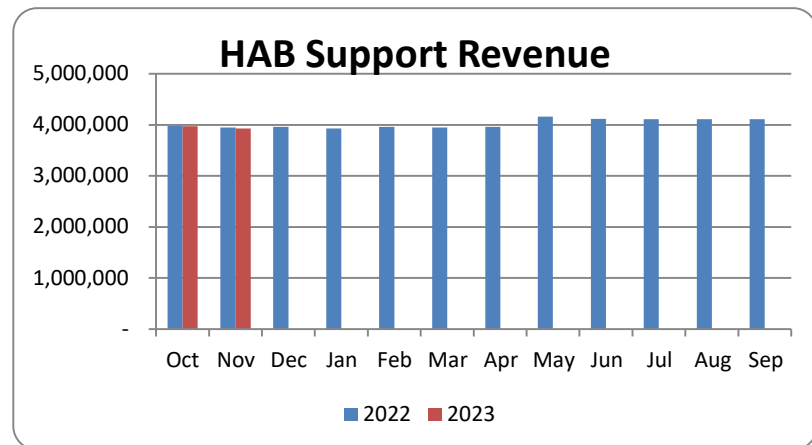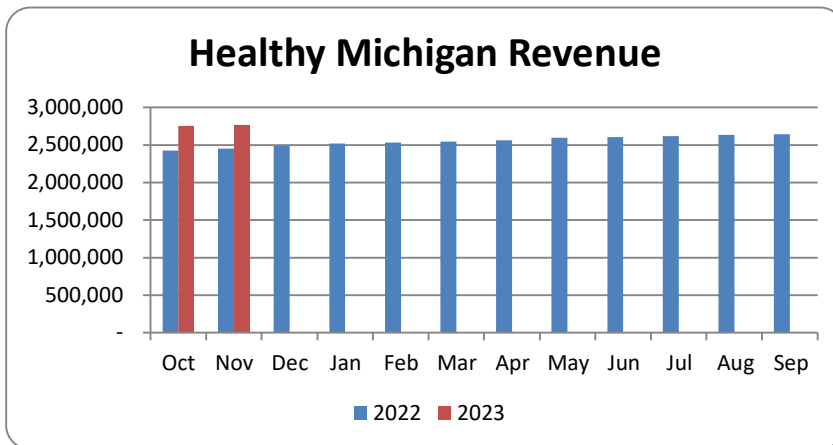

Healthy Michigan Eligibles

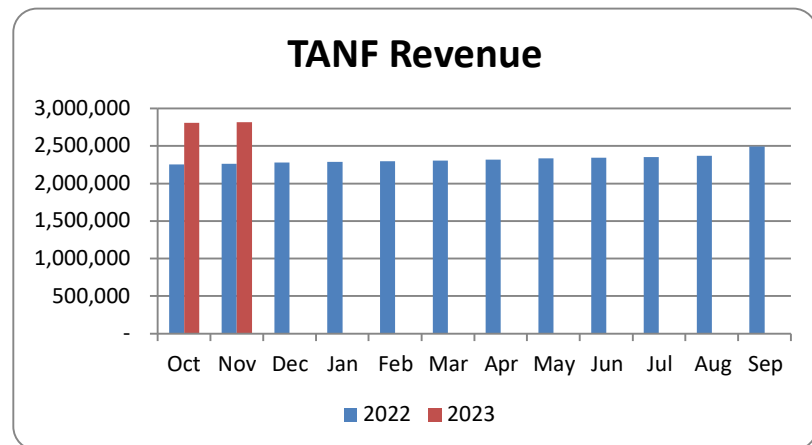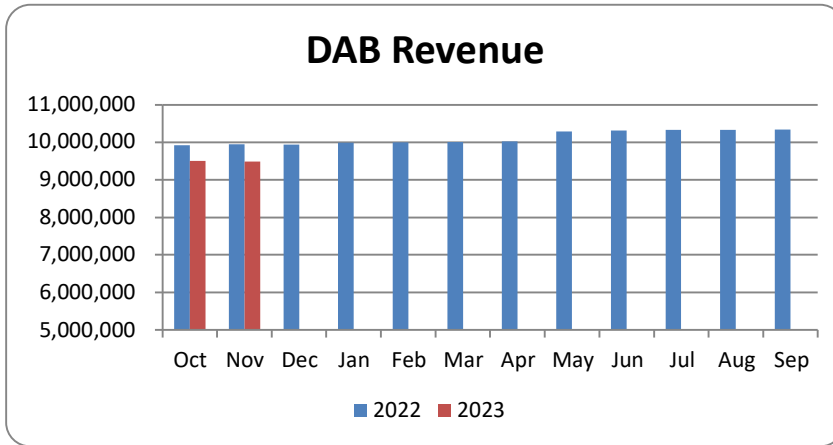# Northern Michigan Regional Entity

Narrative

October 1, 2022 through November 30, 2022

Regional Revenue Trending

DAB Revenue

TANF Revenue

Healthy Michigan Revenue

HAB Support Revenue

NORTHERN MICHIGAN REGIONAL ENTITY
OPERATIONS COMMITTEE MEETING
9:30AM – DECEMBER 20, 2022
GAYLORD CONFERENCE ROOM

ATTENDEES:	**Brian Babbitt, Chip Johnston, Eric Kurtz, Diane Pelts, Nena Sork, Carol Balousek**
ABSENT:	**Brian Martinus**
GUEST:	**Christine Gebhard**

REVIEW OF AGENDA AND ADDITIONS
Ms. Sork requested that a discussion of Fiscal Intermediaries be added to the meeting agenda.

APPROVAL OF PREVIOUS MINUTES
The minutes from October 18th were included in the meeting materials.

MOTION BY DIANE PELTS TO APPROVE THE MINUTES OF THE OCTOBER 18, 2022 MINUTES OF THE NORTHERN MICHIGAN REGIONAL ENTITY OPERATIONS COMMITTEE; SUPPORT BY CHIP JOHNSTON. MOTION CARRIED.

GRAND TRAVERSE COUNTY AND NORTHERN LAKES
The six County Administrators (Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon, and Wexford) continue to meet and are beginning the rewrite of the enabling agreement. The counties would like a voice in the Northern Lakes CMHA CEO hiring process; the NMRE Board voted on December 15th to pause the search until the Enabling Agreement has been finalized (target of April 2023). When the search resumes; it is likely that a professional search firm will be retained.

The planned Grand Traverse County Mental Wellness Center and the proposal from TBD Solutions were discussed. As of December 19th, Grand Traverse County set aside $5M in American Rescue Plan Act (ARPA) funding for project.

CHIR UPDATE
Ms. Gebhard was in attendance to present an update on the activities of the Northern Michigan Community Health Innovation Region (CHIR). Ms. Gebhard asked to be made aware of any CMH initiatives that would expand services. McLaren's 15-bed behavioral health facility is expected to open in Cheboygan in Spring 2023. Ms. Gebhard noted that the CHIR's Behavioral Health Initiatives have collected a lot of useful data; she agreed to share links with the committee.

FINANCE COMMITTEE AND RELATED

September Finance Report

- <u>Net Position</u> showed net surplus Medicaid and HMP of $11,331,599. Medicaid carry forward was reported as $16,358,117. The total Medicaid and HMP Current Year Surplus was reported as $27,689,716. Medicaid and HMP combined ISF was reported as $16,358,117; the total Medicaid and HMP net surplus, including carry forward and ISF was reported as $44,047,833.
- <u>Traditional Medicaid</u> showed $203,038,742 in revenue, and $188,520,205 in expenses, resulting in a net surplus of $14,518,537. Medicaid ISF was reported as $9,298,368 based on the final FSR. Medicaid Savings was reported as $11,296,867.
- <u>Healthy Michigan Plan</u> showed $32,507,098 in revenue, and $28,551,560 in expenses, resulting in a net surplus of $3,945,538. HMP ISF was reported as $7,059,749 based on the final FSR. HMP savings was reported as $5,061,250.
- <u>Health Home</u> showed $1,507,126 in revenue, and $1,283,632 in expenses, resulting in a net surplus of $223,494.
- <u>SUD</u> showed all funding source revenue of $25,668,256, and $22,503,103 in expenses, resulting in a net surplus of $3,165,153. Total PA2 funds were reported as $5,511,715.

The direct care wage surplus was estimated at $7,132,476. Total DCW revenue was reported as $15.3M. Final quarter PA2 payments were received totaling approximately $1.5M.

The September Finance Report was approved by the NMRE Board on December 7, 2022; no further action is required.

FY22 Budget Stabilization

Mr. Kurtz announced that an immediate non-negotiable change amendment is coming to the PIHP contract dictated by Farah Hanley. The Amendment will stipulate that benefit stabilization (ISF) money cannot be used to offset previous debt. The Amendment will also specify that MDHHS can request items related to contract compliance issues with 30-day notice.

SCA News

Mr. Kurtz expressed that his view of the Standard Cost Allocation has not changed and was supported by Adam Falcone, Esq. (Feldesman, Tucker, Leifer & Fidell) in his opinion of December 17, 2020. Mr. Kurtz has completed the required delegation grid for the region. It was noted that the NMRE-CMHSP contract was vetted by Mr. Falcone; FY23 CMHSP contracts will be sent in mid-January. Mr. Kurtz added that the current PIHP Contract has no language related to the ISF, only Medicaid Savings "corridors".

ACTUARIAL ISF STUDY

Mr. Kurtz informed the CMHSPs that he intends to engage Milliman (out of Wisconsin) to conduct an actuarial analysis of the NMRE Internal Service Fund.

CMHSP BLOCK GRANT/OTHER GRANTS

Mr. Kurtz asked the CMHSPs what block grant funding they are pursuing. Mr. Johnston suggested that when one CMH initiates a block grant request, it informs the other Boards. Mr. Kurtz requested that sustainability plans be in place for projects funded with block grant dollars.

Each CMH was instructed to send a list of active block grants to the NMRE for compilation and distribution.

HCBS
Mr. Babbitt requested a discussion of the Heightened Scrutiny Provider List sent by MDHHS in November. Settings that are on heightened scrutiny will not be deemed compliant until and unless MDHHS is able to get them through the heightened scrutiny process successfully. The NMRE must ensure that the public has a listing of compliant settings.

MDHHS requested an extension (potentially six months) for the HCBS rule implementation on December 1st to work with PIHPs on heightened scrutiny settings that may be able to come into compliance and heightened scrutiny settings that have individuals that need to be transitioned.

REP COMMITTEE APPOINTMENTS
Mr. Kurtz reminded the CMHSPs that appointments to the regional Consumer Council (Regional Entity Partners) are needed. This group will be reconvening with the hiring of a new NMRE Customer Services Specialist.

HOSPITAL CONTRACTS
Mercy Health Partners Hackley and St. Mary's requested a 2% increase for FY23.

Hackley		
	FY22 Rate	Proposed FY23 Rate
All Inclusive Per Diem	$980.00	$1,000.00

St. Mary's		
	FY22 Rate	Proposed FY23 Rate
All Inclusive Per Diem	$1,121.00	$1,143.00
ECT (Inpatient Care)	$789.00	$805.00
Partial Hospitalization	$477.00	$487.00

MOTION BY DIANE PELTS TO APPROVE A RATE INCREASE OF TWO PERCENT (2%) FOR MERCY HEALTH PARTNERS HACKLEY CAMPUS AND MERCY HEALTH PARTNERS ST. MARY'S FOR FISCAL YEAR 2023; SUPPORT BY NENA SORK. MOTION CARRIED.

UNIVERSAL CREDENTIALING
An email from NMRE Provider Network Manager, Chris VanWagoner, was included in the meeting materials. MDHHS has been creating a uniform credentialing program since March 2022 in response to PA 282. CMHSPs and PIHPs will be required to use the credentialing/recredentialing platform in the state's MiCAL/CRM.

FISCAL INTERMEDIARIES
Ms. Sork reported that Northeast Michigan is looking for a good Fiscal Intermediary/Financial Management Service Provider. The Boards responded that the only known FMS' in the region are GT Independence, Stuart Wilson, HR Alliance, Karen's Accounting, and Johnson CPA.

OTHER
It was noted that the Alpine Crisis Residential Unit (CRU) is scheduled to open in Gaylord in January 2023.

NEXT MEETING
The next meeting was scheduled for 9:30AM on January 17, 2023 in Gaylord.

NORTHERN MICHIGAN REGIONAL ENTITY
OPERATIONS COMMITTEE MEETING
9:30AM – JANUARY 17, 2023
GAYLORD CONFERENCE ROOM

ATTENDEES:	**Brian Babbitt, Chip Johnston, Eric Kurtz, Brian Martinus, Nena Sork, Teresa Tokarczyk, Carol Balousek**
ABSENT:	**Diane Pelts**

REVIEW OF AGENDA AND ADDITIONS
Ms. Sork requested that a discussion about a proposed AFC provider be added to the meeting agenda.

APPROVAL OF PREVIOUS MINUTES
The minutes from December 20th were included in the meeting materials.

MOTION BY BRIAN BABBITT TO APPROVE THE MINUTES OF THE DECEMBER 20, 2022 MINUTES OF THE NORTHERN MICHIGAN REGIONAL ENTITY OPERATIONS COMMITTEE; SUPPORT BY CHIP JOHNSTON. MOTION CARRIED.

FINANCE COMMITTEE AND RELATED
November 2022
- Net Position showed net surplus Medicaid and HMP of $2,728,460. Medicaid carry forward was reported as $16,357,583. The total Medicaid and HMP Current Year Surplus was reported as $19,096,043. Medicaid and HMP combined ISF was reported as $16,357,583; the total Medicaid and HMP net surplus, including carry forward and ISF was reported as $35,463,626.
- Traditional Medicaid showed $32,887,425 in revenue, and $31,034,045 in expenses, resulting in a net surplus of $1,853,380. Medicaid ISF was reported as $9,302,629 based on the interim FSR. Medicaid Savings was reported as $10,911,722.
- Healthy Michigan Plan showed $5,545,287 in revenue, and $4,670,207 in expenses, resulting in a net surplus of $875,080. HMP ISF was reported as $7,064,954 based on the interim FSR. HMP savings was reported as $5,455,861.
- Health Home showed $327,575 in revenue, and $240,911 in expenses, resulting in a net surplus of $86,664.
- SUD showed all funding source revenue of $4,767,058, and $4,087,902 in expenses, resulting in a net surplus of $679,156. Total PA2 funds were reported as $7,190,440.

Clarification was made that the DCW will not be cost settled in FY23.

Board Members from Centra Wellness have expressed concerns regarding liquor tax balances. Clarification was made that the "Schedule of PA2 by County" does not include FY23 approved projects; this will be added prior to sending the report to the NMRE Board. It was noted that some projects approved for liquor tax funding may be funded with block grant if there is a

surplus at the end of the year. The NMRE SUD Board Member from Benzie County has requested a running PA2 balance of for Benzie County monthly; Mr. Johnston indicated that the same request will likely be made for Manistee County.

MOTION BY CHIP JOHNSTON TO RECOMMEND APPROVAL OF THE NORTHERN MICHIGAN REGIONAL ENTITY MONTHLY FINANCIAL REPORT FOR NOVEMBER 2022; SUPPORT BY BRIAN BABBITT. MOTION APPROVED.

Mr. Johnston shared that he is providing some training and education on the "Red Book" to Centra Wellness staff and some CMHSPs in the Upper Peninsula. He would like Directors and Supervisors to be updated on the history of the public mental health system in Michigan. He offered to train the other CMHSPs and NMRE, potentially including Board Members. The Boards expressed interest. Mr. Kurtz is putting together a presentation on the interaction of state and federal waivers. Mr. Kurtz requested a copy of the "Red Book", which Mr. Johnston agreed to provide.

FY23 Budget Stabilization

Mr. Kurtz stated that this topic may be removed from standing agenda item given the notice of redeterminations beginning June 1st. Mr. Johnston stated that he estimates a 5%-8% cut in Medicaid enrollment. It was noted that the State of Michigan currently has a $9B surplus. Clarification was made that FY20-FY23 Federal Medical Assistance Percentage (FMAP) for Medicaid showed higher federal match funding (+6.2%) made available through the Families First Coronavirus Response Act; this will drop at the end of the Public Health Emergency (PHE).

SCA News

The delegation grid was shared with the CEOs prior to the meeting. No response has been received from the Department. The grid indicates what the region considers direct vs. delegated service costs. Mr. Kurtz expressed concern about the concept of charging providers for administrative services performed by the CMHSPs. Mr. Kurtz intends to request entire department costs from the CMHSPs. The NMRE's position is to adhere to SCA principles so long as they comport with 2 CFR, Part 200. The Standard Cost Allocation Methodology states: "Accounting for offsetting revenues describes the requirement for CMHSPs to pay network providers for functions that the CMHSP may perform, and then "chargeback" the functions being performed for network providers. Mr. Kurtz is considering drafting a memo to the department opposing the "chargeback" on behalf of the region.

MOTION BY CHIP JOHNSTON TO OPPOSE ENFORCING THE PROVIDER CHARGEBACK OPTION AS OUTLINED IN THE PIHP AND CMHSP STANDARD COST ALLOCATION METHODOLOGY SFY 2022 AND SFY 2023, VERSION 1.3; SUPPORT BY NENA SORK. MOTION CARRIED.

Medicaid Redeterminations

It was announced that Medicaid redeterminations will be uncoupled from the PHE effective April 1st; redeterminations may resume for June 1st eligibility. NMRE CIO/Operations Director,

Brandon Rhue, is currently reviewing historical data to anticipate the impact. Federal approval of Michigan's redistribution plan is pending.

ACTUARIAL ISF STUDY
A proposal from Milliman to perform an analysis of the NMRE's Internal Service Fund (ISF) was sent to the CEOs prior to the meeting. The NMRE has never had a study of its ISF performed. Mr. Kurtz noted that the 7½% cap to the ISF has been contractually required since 2002 but during a change in the contract template beginning in 2021 removed language around the ISF. Due to bringing this issue to the department's attention, Mr. Kurtz believes it is a prudent time to have the ISF study completed.

MOTION BY CHIP JOHNSTON TO RECOMMEND APPROVAL OF THE PROPOSAL FROM MILLIMAN TO CONDUCT AN ANALYSIS OF THE NORTHERN MICHIGAN REGIONAL ENTITY'S INTERNAL SERVICE FUND AT A COST NOT TO EXCEED TWENTY THOUSAND DOLLARS ($20,000.00); SUPPORT BY BRIAN BABBITT. MOTION CARRIED.

CMHSP BLOCK GRANT/OTHER GRANTS
The CMHSPs were asked to submit their lists of active block grants to the NMRE for compilation and distribution; it was noted that the list from Centra Wellness has been received.

GRAND TRAVERSE COUNTY AND NORTHERN LAKES
The six County Administrators (Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon, and Wexford) continue to meet monthly and are working on an update to the Enabling Agreement that formed Northern Lakes CMHA.

The dismissal of Justin Reed and Nicole Miller by the Grand Traverse Board of Commissioners has been referred to the Attorney General's office. No official response has been released to date. Mr. Kurtz stated that this action has caused other NLCMHA consumers to contact the Attorney General's office with their issues.

STATE PLANS OF CORRECTION
Mr. Kurtz informed the CEOs that a complaint by a NLCMHA consumer to the Attorney General's office has been referred to the Contracts Section of MDHHS. The NMRE has been asked to provide an update by close of business on this date. Mr. Kurtz questioned the course of action MDHHS is considering as many of these issues relate more to recipient rights issues than Medicaid, which falls under the auspice of the NLCMHA.

Q4 FY22 PERFORMANCE INDICATORS
The Q4 FY22 statewide performance indicator report was included in the meeting materials for informational purposes. Clarification was made that no benchmarks have been established for Tables 2 and 3 since the exceptions were removed effective April 1, 2020.

<u>OTHER</u>
Proposed AFC Provider
Ms. Sork described a situation involving the closing of a "mom and pop" AFC home. It was noted that CLS cannot be paid to legal guardians. One option could include the parents purchasing the home and then contracting with a third-party provider for services.

<u>NEXT MEETING</u>
The next meeting was scheduled for 9:30AM on February 21st in Gaylord.

NORTHERN MICHIGAN REGIONAL ENTITY
SUBSTANCE USE DISORDER OVERSIGHT BOARD MEETING
10:00AM – JANUARY 9, 2023
GAYLORD CONFERENCE ROOM

ATTENDEES:	**Carolyn Brummund (Alcona), Joshua Chamberlain (Charlevoix), Terry Newton (Emmet), Jay O'Farrell (Iosco), Richard Schmidt (Manistee), Don Edwards (Montmorency), Ron Quackenbush (Ogemaw), Chuck Varner (Oscoda), Doug Johnson (Otsego), Terry Larson (Presque Isle), Darlene Sensor (Roscommon), Gary Taylor (Wexford)**
VIRTUAL ATTENDEES:	**Tim Markey (Benzie), John Wallace (Cheboygan), Sherry Powers (Crawford), Dave Freedman (Grand Traverse), Greg McMorrow (Leelanau)**
ABSENT:	**Melissa Zelenak (Antrim), David Comai (Kalkaska)**
STAFF:	**Bea Arsenov, Eric Kurtz, Pamela Polom, Sara Sircely, Carol Balousek**
PUBLIC:	**Chris Frasz, Kassondra Glenister, Kathy McGeathy, Josh Myerson, Katelyn Nellis, Sherise Shivley, Kara Steinke, Sue Winter**

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

ROLL CALL
Let the record show that Melissa Zelenak and David Comai were absent from the meeting on this date; all remaining Substance Use Disorder Oversight Board Members were in attendance either in Gaylord or remotely.

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

APPROVAL OF PAST MINUTES
The November minutes were included in the materials for the meeting on this date.

MOTION BY TERRY NEWTON TO APPROVE THE MINUTES OF THE NORTHERN MICHIGAN REGIONAL ENTITY SUBSTANCE USE DISORDER OVERSIGHT BOARD FOR NOVEMBER 7, 2022; SUPPORT BY GARY TAYLOR. MOTION CARRIED.

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

MOTION BY RON QUACKENBUSH TO APPROVE THE AGENDA FOR THE JANUARY 9, 2023 MEETING OF THE NORTHERN MICHIGAN REGIONAL ENTITY SUBSTANCE USE DISORDER OVERSIGHT BOARD; SUPPORT BY TERRY LARSON. MOTION CARRIED.

ANNOUNCEMENTS

Let the record show that new NMRE SUD Oversight Board members Joshua Chamberlain (Charlevoix) and Darlene Sensor (Roscommon) were introduced to the group.

The NMRE was notified of a concern with adherence to NMRE Procedures on PA2 requests. The NMRE currently only has one policy addressing liquor tax usage, which is now out of date. NMRE will generate an updated policy and a procedure regarding PA2 use will be brought to the March meeting.

ACKNOWLEDGEMENT OF CONFLICT OF INTEREST

Let the record show that Ms. Brummund called for any conflicts of interest to any of the meeting agenda items; none were declared.

INFORMATIONAL REPORTS

Admissions

The admissions report through November 30, 2022 was included in the materials for the meeting on this date. Admissions in the first two months of FY23 were up 2.42% from FY22. The data showed that outpatient was the highest level of treatment admissions at 47%, and alcohol was the most prevalent primary substance at 53%, methamphetamine was second at 16%, and heroin was the third most prevalent primary substance at 15%.

Finance

September 2022 Monthly Report

SUD services through September 30, 2022 showed all funding source revenue of $25,668,256 and $22,503,103 in expenses, resulting in a net surplus of $3,165,153. Total PA2 funds were reported as $5,511,715. Final numbers for FY22 should be available in March.

RECOMMENDATION ITEMS

FY23 Liquor Tax Request Recommendations

A summary of the liquor tax requests that will be presented for review and approval on this date, including NMRE staff recommendations, was included in the meeting materials.

Ms. Sircely noted that requests for funds from Cheboygan, Grand Traverse, and Otsego Counties will be denied due to current fund balance limits.

PA2 Fund Use Requests

1) <u>Health Department of Northwest Michigan (on behalf of Drug Free Northern Michigan 21-County Alliance)</u> – Vaping Prevention Media Campaign

County		Amount
Alcona	$	1,316.87
Alpena	$	3,620.98
Antrim	$	2,963.25
Benzie	$	2,235.67
Charlevoix	$	3,325.45
Cheboygan	$	3,227.49
Crawford	$	1,769.27
Emmet	$	4,222.87
Grand Traverse	$	11,679.84
Iosco	$	3,201.15

Kalkaska	$	2,243.43
Leelanau	$	2,755.24
Manistee	$	3,107.64
Missaukee	$	1,908.07
Montmorency	$	1,176.80
Ogemaw	$	2,669.24
Oscoda	$	1,054.29
Otsego	$	3,121.77
Presque Isle	$	1,627.29
Roscommon	$	3,039.96
Wexford	$	4,233.43
Total	**$**	**64,500.00**

The recommendation by NMRE was to Deny due to lack of funding for Cheboygan County. If funding becomes available once final FY22 fund balance is determined, recommend approval if the treatment services are provided by an appropriate credentialed staff and a letter of support from the jail is received.

MOTION BY TERRY NEWTON TO APPROVE THE LIQUOR TAX REQUEST FROM THE HEALTH DEPARTMENT OF NORTHWEST MICHIGAN FOR THE EIGHTEEN COUNTIES OF ALCONA, ALPENA, ANTRIM, BENZIE CHARLEVOIX, CRAWFORD, EMMET, IOSCO, KALKASKA, LEELANAU, MANISTEE, MONTMORENCY, OGEMAW, OSCODA, PRESQUE ISLE, ROSCOMMON, AND WEXFORD IN THE TOTAL AMOUNT OF FORTY-SIX THOUSAND FOUR HUNDRED SEVENTY DOLLARS AND NINETY CENTS ($46,470.90) TO FUND A VAPING PREVENTION MEDIA CAMPAIGN; SUPPORT BY GARY TAYLOR. ROLL CALL VOTE.

"Yea" Votes: **C. Brummund, J. Chamberlain, D. Edwards, D. Johnson, T. Larson, T. Newton, J. O'Farrell, R. Quackenbush, R. Schmidt, D. Sensor, G. Taylor, C. Varner**

"Nay" Votes: **Nil**

MOTION CARRIED.

2) Bear River Health – Jail Case Management Services

Cheboygan $ 23,364.00

The recommendation by NMRE was to deny due to lack of funding for Cheboygan County. If funding becomes available once final FY22 fund balance is determined, approval will be recommended if the treatment services are provided by an appropriate, credentialed staff and a letter of support from the jail is received.

MOTION BY DOUG JOHNSON TO APPROVE THE REQUEST FROM BEAR RIVER HEALTH FOR CHEBOYGAN COUNTY LIQUOR TAX DOLLARS IN THE AMOUNT OF TWENTY-THREE THOUSAND THREE HUNDRED SIXTY-FOUR DOLLARS IF FUNDING BECOMES AVAILABLE; SUPPORT BY CHUCK VARNER. ROLL CALL VOTE.

"Yea" Votes: C. Brummund, J. Chamberlain, D. Edwards, D. Johnson, T. Larson, T. Newton, J. O'Farrell, R. Quackenbush, R. Schmidt, D. Sensor, G. Taylor, C. Varner

"Nay" Votes: Nil

MOTION CARRIED.

3) Bear River Health – Substance Use Recovery Focused (SURF) Club

Antrim	$	41,216.71
Crawford	$	24,845.78
Montmorency	$	16,525.74
Otsego	$	43,838.77
Total	**$**	**126,823.00**

The recommendation by NMRE was to approve all but Otsego County. If funding in the county is available after final FY22 fund balance amounts are determined, approving the full amounts is recommended.

MOTION BY TERRY NEWTON TO APPROVE THE REQUEST FROM BEAR RIVER HEALTH FOR LIQUOR TAX DOLLARS IN THE AMOUNT OF EIGHTY-TWO THOUSAND FIVE HUNDRED EIGHTY-EIGHT DOLLARS AND TWENTY-THREE CENTS FOR SUBSTANCE USE RECOVERY FOCUSED (SURF) CLUB SERVICES IN ANTRIM, CRAWFORD, AND MONTMORENCY COUNTIES; SUPPORT BY CHUCK VARNER. ROLL CALL VOTE.

"Yea" Votes: C. Brummund, J. Chamberlain, D. Edwards, D. Johnson, T. Larson, T. Newton, J. O'Farrell, R. Quackenbush, R. Schmidt, D. Sensor, G. Taylor, C. Varner

"Nay" Votes: Nil

MOTION CARRIED.

4) 13th Circuit Court Community Corrections – Uninsured Counseling Assistance

Antrim	$	1,703.18
Grand Traverse	$	6,713.20
Leelanau	$	1,583.62
Total	**$**	**10,000.00**

The recommendation by NMRE was to approve all but Grand Traverse County. If funding in the county is available after the final fiscal year 2022 fund balance amounts are determined, approving the full amounts is recommended.

MOTION BY TERRY NEWTON TO APPROVE THE REQUEST FROM THE THIRTEENTH (13TH) CIRCUIT COURT COMMUNITY CORRECTIONS FOR LIQUOR TAX DOLLARS FROM ANTRIM AND LEELANAU COUNTIES IN THE TOTAL AMOUNT OF THREE THOUSAND TWO HUNDRED EIGHTY-SIX DOLLARS AND EIGHTY CENTS

($3,286.80) TO PROVIDE COUNSELING ASSISTANCE TO UNINSURED INDIVIDUALS; SUPPORT BY RON QUACKENBUSH. ROLL CALL VOTE.

"Yea" Votes: C. Brummund, J. Chamberlain, D. Edwards, D. Johnson, T. Larson, T. Newton, J. O'Farrell, R. Quackenbush, R. Schmidt, D. Sensor, G. Taylor, C. Varner

"Nay" Votes: Nil

MOTION CARRIED.

5) Bear River Health – Peer Recovery Coach Services

Charlevoix	$	41,684.00
Cheboygan	$	36,692.00
Emmet	$	34,196.00
Otsego	$	44,180.00
Total	**$**	**156,752.00**

The recommendation by NMRE was to approve only a portion of the request due to the need to separate out the counties in which the fund balance was not in jeopardy and the services for those counties.

MOTION BY TERRY LARSON TO MOVE THE LIQUOR TAX REQUEST FROM BEAR RIVER HEALTH FOR PEER RECOVERY COACH SERVICES BACK TO THE NORTHERN MICHIGAN REGIONAL ENTITY TO DETERMINE ENDING FISCAL YEAR 2022 FUND BALANCES AND REPORT BACK DURING THE MARCH 6, 2023 MEETING; SUPPORT BY CHUCK VARNER.

Discussion: Mr. Kurtz suggested that providers submit applications for each county in the future (rather than multiple county requests), so that counties with healthy fund balances may be approved.

VOTING TOOK PLACE ON MR. LARSON'S MOTION. MOTION CARRIED.

6) 13th Circuit Court Community Corrections – Peer Recovery Coach Services

Antrim	$	5,170.85
Grand Traverse	$	20,381.27
Leelanau	$	4,807.88
Total	**$**	**30,360.00**

The recommendation by NMRE was to approve all but Grand Traverse County. If funding in the county is available after final FY22 fund balance amounts are determined, approving the full amounts is recommended.

MOTION BY CHUCK VARNER TO SET ASIDE THE LIQUOR TAX REQUESTS FROM THE THIRTEENTH (13TH) CIRCUIT COURT COMMUNITY CORRECTIONS FOR PEER RECOVERY COACH SERVICES, BEAR RIVER HEALTH FOR RECOVERY HOUSING

SERVICES, AND THE THIRTEENTH (13TH) CIRCUIT COURT COMMUNITY CORRECTIONS FOR RECOVERY HOUSING UNTIL MARCH 6, 2023 SO THAT THE NORTHERN MICHIGAN REGIONAL ENTITY CAN DETERMINED FINAL FISCAL YEAR 2022 COUNTY FUND BALANCE AMOUNTS; SUPPORT BY RON QUACKENBUSH

7) <u>Bear River Health</u> – Recovery Housing

Charlevoix	$	77,210.00
Cheboygan	$	225,587.00
Otsego	$	52,072.00
Total	**$**	**354,869.00**

The recommendation by NMRE was to work with BRH staff to obtain specific services to be provided and updated budgets due to fund balance issues.

(Refer Motion under liquor tax request #6)

8) <u>13th Circuit Court Community Corrections</u> – Recovery Housing

Antrim	$	2,725.09
Grand Traverse	$	10,741.12
Leelanau	$	2,533.80
Total	**$**	**16,000.00**

The recommendation by NMRE was to approve all but Grand Traverse County. If funding in the county is available after final FY22 fund balance amounts are determined, approving the full amounts is recommended.

(Refer to Motion under liquor tax request #6)

9) <u>Health Department of Northwest Michigan</u> – Syringe Exchange Program

Antrim	$	5,000.00

The recommendation by the NMRE Oversight Board in November was to approve the request. The NMRE Board delayed voting on this request in December, pending additional information. Concern had been expressed from the Antrim County Board of Commissioner (drug use in the parking lot, law enforcement involvement, etc.) Mr. Kurtz received an email from Jarris Rubingh, Antrim BOC Chair, indicating that he is not supportive of the request.

Josh Myerson, MD and Katelyn Nellis from the Health Department of Northwest Michigan were in attendance to provide additional information.

Dr. Myerson stressed that the goal of harm reduction/syringe exchange programs is to limit the transmission of infectious diseases, primarily Hepatitis C and HIV by decreasing needle sharing. Evidence shows that syringe exchange programs do not increase drug use. It was noted that federal funds cannot be used to purchase syringes.

Mr. Larson encouraged the Health Department to track the number of veterans engaged in syringe exchange programs.

<u>PUBLIC COMMENT</u>
Staff
It was noted that the IRS reimbursable mileage rate was raised to $0.655 effective January 1, 2023.

Public
Chris Frasz, Program Director at Bear River Health, spoke about grant requests presented for approval on this date and the success of previous initiatives funded with PA2 dollars.

<u>NEXT MEETING</u>
The next meeting was scheduled for March 6, 2023 at 10:00AM.

<u>ADJOURN</u>
Let the record show that Ms. Brummund adjourned the meeting at 11:05AM.

Milliman

17335 Golf Parkway
Suite 100
Brookfield, WI 53045
USA
Tel +1 262 784 2250

milliman.com

Eric P. Goetsch, FSA, MAAA
Principal and Consulting Actuary

eric.goetsch@milliman.com

January 4, 2023

Deanna Yockey
Chief Financial Officer
Northern Michigan Regional Entity
1999 Walden Drive
Gaylord, MI 49735-8241
Sent via email: dyockey@nmre.org

Re: Proposal for Internal Services Fund Analysis for the Northern Michigan Regional Entity

Dear Deanna:

Thank you for asking us to assist the Northern Michigan Regional Entity (NMRE) in estimating appropriate funding levels for the 2022 fiscal year (FY) end internal services fund (ISF) for Medicaid mental health and substance abuse services for the NMRE and its affiliate counties.

This letter contains a description of the project, a list of the data we will need to perform our analysis, and the estimated cost to complete the project. We will need you to return a signed copy of this proposal if you would like us to proceed.

SITUATION SUMMARY

The State of Michigan allows NMRE to set up an ISF for its Medicaid population in order to reasonably protect it from unexpected cost fluctuations related to its risk contract with the State. As we understand, your agreement with the State limits your Medicaid risk under this program to 7.5% of your related income from the State.

OBJECTIVE

You would like us to recommend appropriate funding levels for NMRE's ISF based on an analysis of historical mental health and substance abuse claims for its Medicaid population.

METHODOLOGY

The appropriate ISF funding levels should reflect your contractual risk sharing arrangement with the State and the level of risk you are willing to accept. As part of this project, we will analyze multiple years of claims data to create claim probability distributions and estimate probabilities that actual mental health and substance abuse costs will not exceed the expected cost levels in a given future year. We will create several scenarios (most likely, pessimistic and optimistic) to test the sensitivity of our assumptions.

Based on our analysis, we will estimate the required ISF funding level needed, given the level of risk you assume.

DATA

Below is a list of the data we will need to perform our analysis. For your convenience, we can set up an FTP account for you to assist with data file transfer. Please let me know who will be providing files and I will make sure they have a username and password to use Milliman's secure FTP site.

- Annual Medicaid mental health and substance abuse incurred claims (treatment costs only) <u>by eligible</u> for FY 2019, FY 2020, FY 2021, and FY 2022 separately by year. For each fiscal year, we will need the following:

  - Member ID
  - Eligibility start and end dates for fiscal year
  - Standard Medicaid or Healthy Michigan Plan eligibility indicator
  - Annual Medicaid mental health and substance abuse claims

- A description of any adjustments that are required to the FY 2022 data in the first bullet to reflect claim runout (if applicable)

- Total unique Medicaid eligible counts for FY 2019, FY 2020, FY 2021, and FY 2022

- The Financial Status Reports (FSRs) and Medicaid Utilization and Net Cost (MUNC) reports for FY 2019, FY 2020, FY 2021, and FY 2022

- ISF balance as of the end of FY 2021 and desired ISF balance for year-end FY 2022 (if known)

- Any information from the State of Michigan (if available) indicating potential future changes in capitation revenue

DELIVERABLE

We will provide a preliminary report summarizing our ISF analysis within five weeks of receiving all the data listed above. After discussing the assumptions and results of this report with you, we will make any necessary modifications to our projections and provide a final report within a week.

INVESTMENT AND TIME ESTIMATES

Milliman charges on a time-and-expense basis. Fees are charged based on the number of hours worked on the project. We estimate the cost of the project to be between $18,000 and $20,000.

These values exclude out-of-pocket costs such as travel. They assume that there will be no on-site meetings needed for the project.

❖ ❖ ❖ ❖ ❖

Deanna, thank you for the opportunity to assist you in this important project. Please return a signed copy of this letter and the Consulting Services Agreement via email so we can proceed with the engagement, or call me at 262 796 3433 if you have any questions.

Sincerely,

Eric Goetsch

Eric P. Goetsch, FSA, MAAA
Principal and Consulting Actuary

EPG/jm

Proposal for Internal Services Fund Analysis for Northern Michigan Regional Entity

Accepted by:

_____
Signature

_____
Print Name

_____
Company

_____
Date

CONSULTING SERVICES AGREEMENT

This Consulting Services Agreement ("Agreement") is entered into between Milliman, Inc. ("Milliman") and Northern Michigan Regional Entity ("Client") as of January 4, 2023. Client has engaged Milliman to perform consulting services as described in a statement of work or engagement letter which references this Agreement. Such services may be modified from time to time and may also include general actuarial consulting services. The terms and conditions of this Agreement will apply to all subsequent engagements of Milliman by Client unless specifically disclaimed in writing by both parties prior to the beginning of such engagement. In consideration for Milliman agreeing to perform these services, Client agrees as follows:

1. **BILLING TERMS.** Client acknowledges the obligation to pay Milliman for services rendered, whether arising from Client's request or otherwise necessary as a result of this engagement, at Milliman's hourly billing rates for the personnel utilized plus all out-of-pocket expenses incurred. Milliman will bill Client periodically for services rendered and expenses incurred. All invoices are payable upon receipt. Milliman reserves the right to terminate this Agreement if any bill goes unpaid for 60 days. In the event of such termination, Milliman shall be entitled to collect the outstanding balance, as well as charges for all services and expenses incurred up to the date of termination.

2. **TOOL DEVELOPMENT.** Milliman shall retain all rights, title, and interest (including, without limitation, all copyrights, patents, service marks, trademarks, trade secret, and other intellectual property rights) in and to all technical or internal designs, data, databases, methods, ideas, concepts, know-how, techniques, generic documents, and templates that have been previously developed by Milliman or developed during the course of the provision of the services (the "Milliman Tools") provided such generic documents or templates do not contain any Client Confidential Information, as defined in the Section below entitled "Confidential Information". Rights and ownership by Milliman of the Milliman Tools shall not extend to or include all or any part of Client's Confidential Information. To the extent that Milliman may include in Milliman's work any Milliman Tools, Milliman agrees that Client shall be deemed to have a fully paid up license to make copies of the Milliman Tools as part of this engagement for its internal business purposes and provided that such Milliman Tools cannot be modified or distributed outside the Client without the written permission of Milliman or except as otherwise permitted herein under the Section below entitled "No Third Party Distribution".

3. **LIMITATION OF LIABILITY.** Milliman will perform all services in accordance with applicable professional standards. In the event of any claim(s) arising from services provided by Milliman at any time, the total liability of Milliman, its officers, directors, agents, and employees to Client shall not exceed, in the aggregate, five million dollars ($5,000,000). This limit applies regardless of the theory of law under which a claim is brought, including negligence, tort, contract, or otherwise. In no event shall Milliman be liable for lost profits of Client or any other type of incidental or consequential damages. The foregoing limitations shall not apply in the event of the intentional fraud or willful misconduct of Milliman.

4. **DISPUTES.** In the event of any dispute arising out of or relating to the engagement of Milliman by Client, the parties agree that the dispute will be resolved by final and binding arbitration under the Commercial Arbitration Rules of the American Arbitration Association. The arbitration shall take place before a panel of three arbitrators. Within 30 days of the commencement of the arbitration, each party shall designate in writing a single neutral and independent arbitrator. The two arbitrators designated by the parties shall then select a third arbitrator. The arbitrators shall have a background in insurance, actuarial science, or law. The arbitrators shall have the authority to permit limited discovery, including depositions, prior to the arbitration hearing, and such discovery shall be conducted consistent with the Federal Rules of Civil Procedure. The arbitrators shall have no power or authority to award punitive or exemplary damages. The arbitrators may, in their discretion, award the cost of the arbitration, including reasonable attorneys' fees, to the prevailing party. Any award made may be confirmed in any court having jurisdiction. Any arbitration shall be confidential and, except as required by law, neither party may disclose the content or results of any arbitration hereunder without the prior written consent of the other party, except that disclosure is permitted to a party's auditors and legal advisors.

5. **CHOICE OF LAW.** The construction, interpretation, and enforcement of this Agreement shall be governed by the substantive contract law of the State of New York without regard to its conflict of laws provisions. In

the event any provision of this Agreement is unenforceable as a matter of law, the remaining provisions will stay in full force and effect.

6. **NO THIRD PARTY DISTRIBUTION.** Milliman's work is prepared solely for the use and benefit of Client in accordance with its statutory and regulatory requirements. Milliman recognizes that materials it delivers to Client may be public records subject to disclosure to third parties, however, Milliman does not intend to benefit and assumes no duty or liability to any third parties who receive Milliman's work and Milliman may include disclaimer language on its work so stating. Client agrees not to remove any such disclaimer language from Milliman's work. To the extent that Milliman's work is not subject to disclosure under applicable public records laws, Client agrees that it shall not disclose Milliman's work to any third parties without Milliman's prior written consent; provided, however, that Client may distribute Milliman's work to its professional service providers who are subject to a duty of confidentiality and who agree to not use Milliman's work for any purpose other than to provide services to Client, and any applicable regulatory or governmental agency, as required by law.

7. **USE OF NAME.** Client agrees that it shall not use Milliman's name, trademarks, or service marks, or refer to Milliman directly or indirectly in any media release, public announcement, or public disclosure, including in any promotional or marketing materials, customer lists, referral lists, websites, or business presentations, without Milliman's prior written consent for each such use or release, which consent shall be given in Milliman's sole discretion.

8. **CONFIDENTIALITY.** In connection with this Agreement, each party hereto (a "disclosing party") may disclose its confidential and proprietary information to the other party (a "receiving party"). Subject to the exceptions listed below, a disclosing party's "Confidential Information" means as information disclosed by the disclosing party to the receiving party under this Agreement that is either: (i) clearly marked or otherwise clearly designated as confidential or proprietary; or (ii) should be reasonably understood by the receiving party to be the confidential or proprietary information of the disclosing party. Confidential Information shall include, without limitation, the terms of this Agreement. During the term of this Agreement and after its expiration or termination, a receiving party shall not disclose to any third party a disclosing party's Confidential Information without the prior written consent of the disclosing party. In addition, each party agrees to take reasonable measures to protect the other party's Confidential Information and to ensure that such Confidential Information is not disclosed, distributed, or used in violation of this Agreement (which measures shall be no less than that which a reasonable person would take with respect to like confidential, proprietary, or trade secret information). Notwithstanding anything to the contrary, the obligations of the receiving party set forth in this paragraph shall not apply to any information of the disclosing party which: (i) is or becomes a part of the public domain through no wrongful act of the receiving party; (ii) was in the receiving party's possession free of any obligation of confidentiality at the time of the disclosing party's communication thereof to the receiving party; (iii) is developed by the receiving party completely independent from the Confidential Information of the disclosing party; or (iv) is required by law or regulation to be disclosed, but only to the extent and for the purpose of such required disclosure after providing the disclosing party with advance written notice, if reasonably possible, such that the disclosing party is afforded an opportunity to contest the disclosure or seek an appropriate protective order.

9. **GENERAL.** This Agreement and any amendment hereto may be executed in two or more counterparts (including by facsimile or email attachment), each of which will be considered an original and all of which together will constitute one agreement. This Agreement shall not be deemed or construed to be modified, amended, or waived, in whole or in part, except by a separate written agreement duly executed by the parties to this Agreement. No document, purchase order, or any handwritten or typewritten text which purports to alter or amend the printed text of this Agreement shall alter or amend any provision of this Agreement or otherwise control, unless Milliman and Client both specify in writing that such terms or conditions shall control. Neither party shall be liable for any delay or failure to perform due to causes beyond its reasonable control. Milliman and Client are independent contractors and this Agreement will not establish any relationship of partnership, joint venture, employment, franchise, or agency between Milliman and Client. Neither Milliman nor Client will have the power to bind the other or incur obligations on the other party's behalf without the other party's prior written consent. Failure to enforce any term or condition of this Agreement shall not be deemed a waiver of the right to later enforce such term or condition or any other term or condition of this Agreement.

This Consulting Service Agreement between Milliman, Inc. and Northern Michigan Regional Entity is executed as of January 4, 2023.

Milliman, Inc.   **Northern Michigan Regional Entity**

By _____   By _____

Print Name: _____   Print Name: _____

Title: _____   Title: _____

Date: _____   Date: _____

COMPLIANCE PROGRAM DESCRIPTION,
FY 2022 Program Effectiveness Review and
FY 2023
Program WORKPLAN

Approved By	Date
Quality and Compliance Oversight Committee (QOC)	January 3, 2023
Internal Operations Committee (IOC)	January 11, 2023
Operations Committee	
Board of Directors	

Contents

I. INTRODUCTION

A. The NMRE is committed to establishing and maintaining an effective compliance program in accordance with the compliance program guidance published by the Office of Inspector General and the U.S. Department of Health and Human Services. The compliance program is about prevention, detection, collaboration and enforcement of the law, requirements from regulatory bodies, contractual obligations and NMRE's policies, procedures, and Standards of Conduct.

B. The Compliance Program:

1. Ensures that the NMRE staff and partners adhere to all pertinent federal, state, and contractual obligations and guidelines.

2. Serves as a mechanism for preventing and reporting any breach of those laws and regulations that fall within specified criteria.

3. Applies the guidelines of the Office of Inspector General (OIG), requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 CFR 438.608, 42 CFR Part 2, 2 CFR 200, and Title 45 CFR.

   An effective compliance program includes the following elements:

   a. Written policies, procedures, and standards of conduct.

   b. Compliance Program oversight.

c. Effective training and education.

d. Effective lines of communication.

e. Well-publicized disciplinary guidelines.

f. Internal and external monitoring and auditing activities.

g. Prompt response to detected offenses and the development of corrective actions.

II. STRUCTURE OF THE COMPLIANCE PROGRAM

A. The NMRE Board of Directors: The NMRE's Board of Directors is responsible for the review and approval of the Compliance Plan, review of the Annual Compliance Report, and review of matters related to the Compliance Program. The NMRE Board of Directors has the highest level of responsibility for the oversight of the Compliance Program.

B. Compliance Director: The NMRE's Compliance Director has the primary responsibility for ensuring that NMRE maintains an effective Compliance Program. Specifically, the Compliance Director oversees the implementation and effectiveness of the Compliance Plan, Standards of Conduct and other policies and procedures, serves as the Chair of the Quality and Compliance Oversight Committee (QOC), and provides consultative support to the NMRE staff and provider network. The Compliance Director is responsible for the day-to-day operation of the Compliance Program.

C. The Quality and Compliance Oversight Committee (QOC): The NMRE regional Quality and Compliance Committee provides guidance, supervision, and coordination for compliance efforts at the NMRE and its partners. The QOC advises on matters involving compliance with contractual requirements and all related federal and state laws and regulations, including the Office of Inspector General guidelines and 42 CFR 438.608 and 42 CFR Part 2. The QOC is comprised of the NMRE's Chief Executive Officer, Chief Information Officer/Operations Director, Compliance Director, SUD Grant Director, Clinical Director, Customer Service Specialist, Quality Analyst, Business Intelligence

Analyst, Provider Network Manager and representatives from all five member Community Mental Health Services Programs (CMHSPs). The Medical Director is an ad-hoc member of the committee.

III. ELEMENTS

A. Implementing Written Standards, Policies, and Procedures

Written Standards of Conduct and written policies and procedures are a central element of the compliance program. The Standards of Conduct demonstrates the NMRE's ethical attitude and its emphasis on compliance with all applicable laws and regulations. NMRE policies and procedures are living documents and provide guidelines on the day-to-day operations of the organization. Written policies and procedures also ensure good quality of care as well as patient confidentiality and privacy. These compliance standards apply equally to ALL NMRE staff and partners. It is the responsibility of each employee to become familiar with the Standards of Conduct and the written policies and procedures that apply to their job duties.

B. Designating Compliance Oversight

1. The NMRE's Compliance Director has the authority and responsibility to administer and manage all tasks related to establishing, monitoring, and updating the Compliance Program. To ensure success of the program, the Compliance Director will:

   a. Have direct access to the Chief Executive Officer and the NMRE Board of Directors. This will ensure that a system of checks and balances is established to effectively achieve the goals of the Compliance Program.

   b. Coordinate and collaborate with NMRE leadership and NMRE partners to assess and mitigate risks, develop, and implement policies and procedures, and develop and implement the Compliance Program. Methods used to ensure an effective Compliance Program include:
      i. Working with the NMRE network providers and other partners to coordinate and implement compliance activities.

ii.   Analyzing reports generated as part of the auditing and monitoring initiatives and other processes to identify trends and implement corrective actions.

iii.   Analyzing all allegations of abuse, waste, or fraud and reporting requirements/process and providing notifications to MDHHS/Office of Inspector General (OIG), as necessary.

iv.   Reviewing and analyzing compliance activities and provider agencies via ongoing and annual contract monitoring processes.

c.   Ensure that appropriate screening and evaluation checks are completed to eliminate sanctioned individuals and contractors from participating in the federal or state healthcare programs for the provision of items or services. This will include the following activities:

i.   Ensure NMRE complies with all requirements to obtain, maintain, disclose, and furnish required information about ownership and control interest, business transactions, and criminal convictions.

ii.   Ensure that all contracts, agreements, purchase orders, or leases to obtain space, supplies, equipment, or services provided with federal and state healthcare funds are compliant with applicable federal and state regulations.

iii.   Ensure NMRE and its partners comply with 42 USC 1320a-7(b), which imposes penalties for "arranging (by employment or otherwise) with an individual or entity that the person knows, or should know, is excluded from participation in a federal health care program for the provision of items or services for which payment may be made under such a program."

d.   Prior to employing or contracting with any individual or provider and monthly thereafter, the NMRE will take appropriate steps to confirm that the individual or provider has not been excluded pursuant to the NMRE Excluded Provider Policy and Procedure.

i.   Develop and implement an educational training program for NMRE staff and its partners that furnish services to ensure

understanding of federal and state laws and regulations involving ethical and legal business practices.

    ii. Independently and confidentially investigate and act on matters related to compliance and privacy.

2. The NMRE Quality and Compliance Oversight Committee will be responsible to:

    a. Guide the implementation of the Compliance Program.

    b. Assist with the implementation of compliance policies and procedures and the Standards of Conduct.

    c. Encourage employees to raise concerns and report non-compliance issues including suspected fraud, waste, abuse, or inappropriate behavior without fear of retaliation.

C. Conducting Effective Training and Education

Education and training are the first and possibly the most important lines of defense of a compliance program. All NMRE staff and Board Members will receive training and have access to the NMRE Compliance Plan, compliance policies, and Standards of Conduct. Additional training may be required for employees involved in specific areas of risk or as new regulations are issued. Records will be maintained on all formal training and educational activities for 10 years. The Compliance Director will receive training from an entity other than themself. Training is considered a condition of employment and failure to comply will result in disciplinary action up to and including termination. All employees will receive mandatory compliance training during the first 30 days of their employment and annually thereafter.
Educational activities include, but are not limited to, face-to-face training and online training in programs related to:

1. Federal and state regulations and guidelines

2. Contractual obligations

3. Policies, procedures, and the Standards of Conduct

4. Coding and billing requirements

5. False Claims Act implications including fraud, waste, and abuse

The Compliance Director will provide ongoing information and education on matters related to healthcare fraud, waste, and abuse as disseminated by the Office of Inspector General, the Department of Health and Human Services or other regulatory bodies.

It is the responsibility of NMRE staff to maintain licensure and certifications that are specific to their job responsibilities.

The NMRE Provider Network Committee will review and recommend regional training requirements to assure and provide consistent training requirements throughout the provider network. The NMRE will monitor the provider network to ensure adherence to the identified training requirements. When necessary, the NMRE will offer related compliance training and educational materials to the provider network.

D. Developing Effective Lines of Communication

There will be open communication between the Compliance Director, The NMRE Board of Directors, the Quality and Compliance Oversight Committee, and all NMRE staff and partners. With open lines of communication, the potential for fraud, waste, and abuse is substantially reduced. Examples of ways to maintain lines of communication include:

1. Face-to-face with the Compliance Director
2. Compliance Hotline: 866 789 5774 (can be anonymous or identified)
3. Compliance E-mail: Compliancesupport@nmre.org
4. NMRE website: NMRE.org → Compliance → Report Compliance Issue
5. Mail to: 1999 Walden Drive, Gaylord, MI, 49735

Confidentiality and Non-Retaliation policies and procedures are in place and accessible to all employees to encourage the reporting of incidents of potential or suspected fraud, waste, or abuse in a safe environment without fear of retaliation. All reported incidents will be documented and investigated promptly to determine validity.

Communication System

The compliance program's system for effective communication will include the following:

1. Requirement that all staff must report suspected misconduct, that a reasonable person acting in good faith would have believed to be misconduct, without fear of retaliation.

2. Creation of a user-friendly process, such as the compliance hotline; where staff can anonymously and promptly report fraudulent, unethical, or erroneous conduct.

3. Policy and procedure provision that states a failure to report fraudulent, unethical, or erroneous conduct is a violation of the Compliance Program.

4. Implementation of a simple and readily accessible procedure to investigate reports of fraudulent, unethical, or erroneous conduct.

5. Implementation a process that maintains the confidentiality of the persons involved in alleged fraudulent, unethical, or erroneous conduct and the person making the allegation.

6. Policy and procedure provision to indicate non-retribution for reporting conduct that a reasonable person, acting in good faith, would believe to be fraudulent, unethical, or erroneous.

E. Enforcing Standards through Well-Publicized Disciplinary Guidelines

The Standards of Conduct and NMRE policies and procedures apply to employees at all levels and NMRE partners. Enforcement applies regardless of the employee's position or years of service. Failure by any employee to comply with applicable regulations, NMRE's Standards of Conduct, or policies and procedures will subject the employee and the supervisor who ignored or failed to detect misconduct, or who has knowledge of the misconduct and failed to correct it, to disciplinary action that could range from verbal warnings to suspension, privilege revocation, or termination from employment, based on the seriousness and type of violation. The NMRE's Sanctions Policy and Procedure sets forth the degree of disciplinary action that may be imposed

on employees for failing to abide by the Compliance Program.

F. Conducting Internal and External Monitoring and Auditing Activities

Auditing and monitoring activities are critical to a successful compliance program and should be an ongoing activity under the direction of the Compliance Director. Auditing and monitoring will remain a key feature in any annual review of the effectiveness of the Compliance Program. The auditing activities will focus on compliance with specific regulations and policies that have been identified by CMS, OIG, and MDHHS-PIHP contractual obligations. The NMRE utilizes a variety of monitoring and auditing techniques including:

1. Periodic questionnaires, surveys, and interviews with staff within the NMRE, its member CMHSPS, and subcontracted providers regarding their perceived levels of compliance and the effectiveness of training/education within their departments and areas of responsibilities.

2. Periodic audits that comply with federal and state regulations, MDHHS-PIHP contractual obligations, and other guidelines.

3. Input from regional Compliance Officers.

4. Internal/external audit results for specific compliance guidelines.

5. Information from past investigations of noncompliance.

6. Information from exit interviews.

Quarterly Submissions to the OIG:

1. Grievance report

2. Data mining and analysis of paid claims

3. Audits performed

4. Overpayments collected

5. Identification and investigations of fraud, waste, and abuse

6. Corrective action plans implemented

7. Provider disenrollment

8. Contract termination

Reporting/Reviewing Compliance Data:

1. Quarterly reports of issues

2. Quarterly results of Medicaid service verification audits

3. Annual reviews of the Compliance Plan

4. Annual summaries of compliance activities, including number of investigations, summaries of results of investigations, and summaries of disciplinary actions

5. Trend analysis that identifies deviations (positive or negative) in specific risk areas over a given period

6. Annual reports of Medicaid Encounter Verification (MEV)

7. Annual reports to MDHHS of MEV results

8. Annual reports to MDHHS of compliance with annual trainings on the Deficit Reduction Act (DRA) from all network providers

9. Annual reports to the OIG of any non-compliance communication resulting in OIG involvement.

HIPAA Privacy and Information Security audits, such as:

1. Use and disclosure of protected health information (PHI),

2. Employee access to protected information

3. Validation and reliability of data,

4. Information security risk assessment,

5. Electronic and physical safeguards.

Clinical/Quality of Care, review of:

1. Performance indicators

2. Peer reviews

3. Chart reviews

4. Scope of work and qualification

Consumer rights review of:

1. Rights complaints and concerns

2. Consumer satisfaction survey

3. Rights Officers' responsibilities

4. Risk Events and Critical Incidents

5. Sentinel Events and Root Cause Analyses (RCA)

G. Responding to Detected Offenses, Developing Corrective Actions and Prevention.

According to the OIG, one of the seven essential elements for an effective compliance program is the investigation and remediation of identified systemic problems. If there should ever be a reason to believe that misconduct or wrongdoing has occurred, the organization must respond appropriately. The OIG notes that violations of the compliance program and other types of misconduct threaten an organization's status as a credible, honest, and trustworthy provider capable of participating in federal healthcare programs. Detected but uncorrected misconduct can seriously endanger the mission, reputation, and legal status of the NMRE. The OIG calls for prompt reporting of misconduct to the appropriate authority within a reasonable period, but not more than 60 days after determination that credible evidence of a violation exists, and not more than 30 days to avoid stricter fines.

Audit and review follow-up are important parts of good management and evidence

of an effective compliance program. To ensure that identified problems and/or weaknesses do not recur, it is essential that corrective action is taken.

IV. COMPLIANCE PROGRAM EVALUATION SUMMARY REPORT

A. Compliance Activities:

1. Policies, procedures, and compliance documents: The following documents, policies, and procedures were created/updated, approved, and implemented in 2022:

   a. Behavior Treatment Plan Review Policy

   b. Customer Handbook

   c. SUD Recipient Rights Policy

   d. Member Information Booklet

   e. LEP/Accessibility Policy

   f. Recipient Rights Beneficiary Grievance and Appeal Policy

   g. Customer Services Beneficiary Grievance and Appeal Policy

   h. Notification of Provider Termination Policy

   i. Satisfaction Survey Policy

2. Consumer Material: The following information was created/updated and disseminated to providers:

   a. NMRE Newsletters: 1 annual publication: October 2022.

   b. Limited English Proficiency (LEP) Materials including Braille, large print versions of the Guide to Services and other materials, Spanish version of the Guide to Services, taglines, website information in machine readable format, American Sign Language (ASL) Interpreter information, language line information

   c. Guide to Services: approximately 10,000 copies distributed to providers, bi-annual updates

   d. Informational posters

   e. SUD brochures

   f. Advance Directive brochures

   g. Notice of Privacy Practice brochures

    h.   Grievance, Appeal, and Second Opinion brochures

    i.   Rights Information

B. Compliance Oversight

Current compliance oversight activities include:

1. Exclusion/sanctions verifications

   a. The NMRE completed exclusion checks for all NMRE employees, contractors, contract entities/providers, and Board Members upon hire or extending a contract and monthly thereafter.

   b. The NMRE completed monthly checks for SUD Providers. The databases that were searched included:

   - MI_SPL – Michigan Medicaid List of Sanctioned Providers

   - OIG – Office of Inspector General – List of Excluded Individuals/Entities

   - OIG_Most_Wanted – Office of Inspector General – Most Wanted Fugitives

   - SAM System for Award Management: Excluded Parties

   - SDN – Office of Foreign Assets Control – Specially Designated Nationals

   - NPDB – National Practioner Data Bank

2. Grievances, Appeals, and Right Complaints.

   a. Grievances

   This report shows the results of an analysis of reported grievances, and rights complaints by CMHSPs and SUD providers in Region 2 during FY22. The collected data included the grievance category, dates of receipt and closure, determination, and intervention. This data was utilized to identify grievance trends and pinpoint areas where corrective action was necessary to improve services as well as identify providers who were not adhering to state-mandated timelines for grievance resolution. The total number of reported Member's Served was 19,553, a decrease of 4.4% (20,459) from last year (FY21).

Grievance Category	# of Cases Closed	# of Cases Per 100 Members	# of Cases Substantiated	# of Interventions	# of Cases Resolved within 90 Calendar Days	Average Number of Days for Resolution *
QUALITY OF CARE	91	0.74	71	101	91	6
ACCESS AND AVAILABILITY	48	0.39	20	57	48	10
INTERACTION WITH PROVIDER OR PLAN	68	0.55	36	113	68	6
MEMBER RIGHTS	31	0.25	22	33	31	9
TRANSPORTATION	0	0.00	0	0	0	0
ABUSE, NEGLECT, OR EXPLOITATION	0	0.00	0	0	0	0
FINANCIAL OR BILLING MATTERS	2	0.02	0	2	2	2
SAFETY/RISK MANAGEMENT	2	0.02	2	3	2	3
SERVICE ENVIRONMENT	9	0.07	3	9	9	7
OTHER	24	0.20	12	35	24	10
Total	**275**	**2.24**	**166**	**353**	**275**	**7**

Closed grievances were down by 17% in 2022. Out of 275 closed cases reported, 166 were substantiated and required corrective action. 30% of these cases were in connection with perceived quality of care. Member rights violation increased from 22 in 2021 to 31 in 2022. Of the 31 reported rights violations, 22 were substantiated and required corrective action. All 275 closed cases were completed, and notice was sent to interested parties within 90 calendar days. The Quality and Compliance Oversight Committee utilized this data to identify trends and pinpoint areas that may require additional monitoring.

b. Appeals

The collected data included the type of appeal (standard or expedited), a description of the service being appealed, dates of receipt, notice of resolution, determination, and reason for the adverse decision. The Quality

and Compliance Oversight Committee utilized this data to identify appeal trends and pinpoint areas where corrective action was necessary to improve services as well as identify providers who were not adhering to state-mandated timelines for standard or expedited appeal resolution.

	Count	Percentage
Appeals	51	
Appeals Upheld	34	66.67%
Appeals Overturned	15	29.41%
Appeals Partially Upheld/Overturned	3	5.88%

Most cases involved clients appealing the decision to deny services based on lack of medical necessity (55%). Of 51 appeals, 34 (66.67%) were upheld while 15 (29%) were overturned. 94% of appeals were completed within the 90 calendar days allowed timeframe. This showed good improvement from 88% in 2021.

Reason for Adverse Decision on Appeal	Number of Cases Closed	Number of Cases Per 100 Members	Number of Decisions Made Timely-Standard	Number of Decisions Made Untimely-Standard	Number of Decisions Made Timely-Expedited	Number of Decisions Made Untimely-Expedited	Percent Timely-All Cases	Percent Untimely-All Cases
MEDICAL NECESSITY CRITERIA NOT MET	23	0.19	22	0	1	0	100%	0%
NOT A PIHP-COVERED BENEFIT	4	0.03	4	0	0	0	100%	0%
CLINICAL DOCUMENTATION NOT RECEIVED	0	0.00	0	0	0	0	0%	0%
TREATMENT/SERVICE PLAN GOALS MET	0	0.00	0	0	0	0	0%	0%
MEMBER NOT ELIGIBLE FOR SERVICES	5	0.04	5	0	0	0	100%	0%
MEMBER NON-COMPLIANT WITH TREATMENT/SERVICE PLAN	4	0.03	4	0	0	0	100%	0%
FAILURE OF THE PIHP/CMHSP/SUD PROVIDER TO RENDER A DECISION TIMELY	0	0.00	0	0	0	0	0%	0%
OTHER	7	0.06	6	1	0	0	86%	14%
NOT APPLICABLE	8	0.07	6	1	0	0	75%	13%
Total	**51**	**0.42**	**47**	**2**	**1**	**0**	**94%**	**4%**

c. Denials

In 2022 there were 1,502 service denials. 86% of these denial decisions were made timely. Most denials were a result of eligibility. Out of 1,164 eligibility denials, 857 were because clinical eligibility criteria were not met; the next was the fact that other resources were available which made the beneficiary ineligible. Only 9% of the total denials were due to medical necessity.

ABD Reason	ABD Sub-Reason	Number of Services Denied	Number of Services Denied Per 100 Members	Number of Decisions Made Timely-Standard	Number of Decisions Made Untimely-Standard	Number of Decisions Made Timely-Expedited	Number of Decisions Made Untimely-Expedited
ELIGIBILITY		1164	9.50	1024	125	15	0
	CLINICAL ELIGIBILITY CRITERIA NOT MET	857	6.99	750	94	13	0
	MEDICAID ELIGIBILITY CRITERIA FOR SMI, IDD, SED, OR SUD NOT MET	105	0.86	87	18	0	0
	MHP RESPONSIBLE FOR SERVICE	2	0.02	2	0	0	0
	OTHER RESOURCES ARE AVAILABLE	168	1.37	151	13	3	1
	MEMBER LIVES OUTSIDE OF PIHP SERVICE AREA	14	0.11	13	1	0	0
	MEMBER RESIDING IN AN INSTITUTION	16	0.13	16	0	0	0
	OTHER	3	0.02	13	0	0	0
DELAY		160	1.31	160	0	0	0
	AUTHORIZATION DECISION NOT MADE WITHIN REQUIRED TIMEFRAME	58	0.47	58	0	0	0
	OTHER	2	0.02	2	0	0	0
MEDICAL NECESSITY		141	1.15	128	9	3	1
	CLINICAL DOCUMENTATION PROVIDED DOES NOT ESTABLISH MEDICAL NECESSITY	124	1.01	114	8	2	0
	OTHER	3	0.02	3	0	0	0
OTHER		37	0.30	34	3	0	0
	SERVICE(S) IS NOT COVERED BY MEDICAID	3	0.02	3	0	0	0
	OTHER	25	0.20	23	2	0	0
Total	Total	1502	12.25	1346	137	18	1

C. Training and Education (Focused and General) for Providers

1. The NMRE provided the following trainings to providers:

   a. Habilitation Support Waiver (HSW) goal and objective writing to CMH Case Mangers

   b. Home and Community Based Services (HCBS) Policy update training to CMH Case Managers

   c. Grievances, Appeals, Rights, LEP, Denials, Adverse Benefit Determinations (ABDs), notice requirements, and MDHHS reporting requirements

   d. Provider RECON training

2. NMRE Staff received the following trainings:

   a. Code of Ethics training

   b. Annual Compliance training

   c. Non-Retaliation Policy training

   d. HIPAA and Information Security and Awareness training

   e. Grievance and Appeals training.

D. Lines of Communication

The Compliance program provides the following lines of communication:

1. Internal: There are several ways that employees can voice their concerns:
   a. The compliance hotline is fully functional, and the number is available on the NMRE website. Employees can raise their concerns openly or anonymously.
   b. The NMRE has a compliance email account where concerns can be exoressed.
   c. The NMRE has an open-door policy where employees can raise their concern to management without any fear of retaliation.
   d. Employees can also approach the Compliance Officer to express their concerns.

2. External: There are two ways that clients can voice their concerns:

   a. The Compliance hotline is fully functional, and the number is available on the NMRE website.

   b. Clients can use the compliance email account to share their concerns.

E. Auditing and Monitoring

1. Medicaid Encounter Verification

Medicaid Encounter Verification audits were conducted quarterly. This process allows the NMRE to ensure that all claims for services are properly documented and that services were provided prior to payment. This audit was completed quarterly, and the results were shared with the providers. If an audited sample yielded less than 95% accuracy, a Plan of Correction was required. If an audited population fell below 90% accuracy during a 12-month period, a stratified sample was pulled, and a plan of correction required.

- CMHSP Direct Provided Services Population (5 Providers Total)

  ✓ 40 Services per year, 10 per Quarter

- CMHSP Subcontractors Provided Services Population (5 Providers Total)

  ✓ 40 Services per year, 10 per Quarter

- SUD Provider Population (1 Provider Total)

  ✓ 60 Services per year, 15 per Quarter

- Financially Significant Population (3 SUD, 0 CMHSP)

  ✓ 40 Services per year, 10 per Quarter

  ✓ Any single provider that accounts for more than 10% of the total MH or SUD budgets accordingly.

- Stratified Population-if review yields less than 90% accuracy

Five (5) CMHSP Review Summary- see attachment for detailed report. For details on the population of providers, see sampling methodology above.

a. Five providers were audited (CMH Contracted Services and CMH Direct Services)

b. $146,890.56 dollars were audited, with $146,509.64 dollars validated.

c. 400 encounters were audited and 198 were valid.

d. $380.92 dollars were invalid

e. 99.5% of encounters were compliant

Ten (10) SUD Provider Review Summary- see attachment for detailed report. For details on the population of providers, see sampling methodology above.

a. Ten providers total were audited

b. $58,837.10 dollars were audited, with $5,890.72 dollars validated.

c. 180 encounters were audited and 153 were valid.

d. $2,946.38 dollars were invalid

e. 85% of encounters were compliant

The Medicaid Encounter Verification Audit for FY22 resulted in a few plans of correction which were due to the NMRE 30 days after the final MEV report was received by the providers. It was noted that many providers struggled with the following issues:

- Staff shortage, especially with the SUD providers. As a result of this, staff were stretched too thin which caused them to miss certain steps at the job.

- High turnover also played a major factor; when staff leave, they take away knowledge and new staff need to be trained all over again. During the training period, certain processes were missed as new staff were already on board.

Grand totals for the NMRE's FY22 MEV audit were as follows:

a. For details on the population of providers, see sampling methodology above.

b. 15 Providers in total were audited

c. $205,727.66 dollars was audited, with $202,400.36 dollars validated resulting in a compliance rate of 95%.

d. 580 encounters were audited, with 551 encounters validated.

e. $3,327.03 dollars and 29 encounters were found to be invalid

Persistent challenges such as the pandemic, high staff turnover, and staff shortage, caused a 1% decrease in MEV results in 2022 compared to 2021.

2. Prevention Program

The NMRE contracts with four prevention providers to deliver evidence-based programs with fidelity standards as well as other services to prevent youth drinking, marijuana misuse, drug misuse, and youth tobacco sales within the 21-county region. The annual audit involves a random sample method that includes program monitoring, staff verifications, and Michigan Prevention Data System (MPDS) verifications and is conducted through site visits (if applicable), desk review, and concludes with an exit interview. The Prevention Monitoring tool breaks down each section in detail to compile the results, see explanations below.

Provider	Program Monitoring	Staff	MPDS	Synar Complete	Total	Records Audited
Catholic Human Services	90%	100%	73%		81%	19
Centra Wellness CMH	59%	100%	86%		82%	13
District Health Dept #10	100%	100%	100%		100%	10
Health Department Northwest Mich.	98%	100%	100%		99%	14
District Health Dept #2						
NMRE Grand Total	**87%**	**100%**	**90%**		**91%**	**56**

Definitions/Explanations*

Program Monitoring- Review assessments, meeting minutes, publication samples/approvals, Prevention Plans, Cultural Competency, and reporting

Staff Verification- Credentials, background checks, and trainings

MPDS- Direct services are entered into this state system within 30 days of service. Contracted providers deliver supporting documentation that this activity occurred as billed.

Synar checks- In accordance with the Federal Youth Tobacco Act, the NMRE Contracts with Designated Youth Tobacco Use Representative (DYTUR) to ensure retailers do not sell tobacco or Electronic Nicotine Delivery Systems (ENDS) to underage persons.

F. Customer Service Calls

Calls for assistance came in via the customer services direct telephone line. Requests were also submitted by providers or consumers using the online NMRE ticket system. The most common reasons for calls received in 2022 from consumers were:

1. Did not understand the ABD they received
2. Request for local resources
3. Not getting the assistance from the CMH they feel they should receive
4. SUD Grievances

The most common categories of calls received in 2022 from non-consumers were:

1. Provider request for information
2. Grievance, Appeal, or Rights processes

3. Materials requests
4. Case Consultations

G. Day of Recovery Education

The NMRE hosted the Day of Mental Health Education at Treetops Resort on May 20, 2022. Out of 112 individuals who registered, 109 attended. The day consisted of break-out sessions in the morning, lunch with entertainment, and the keynote session following. 15 door prizes (gift baskets) were given out via drawings throughout the day. Several gifts were available for attendees which included t-shirts, stress balls, pens, buttons and pins, water bottles, chap stick, lunch bags, hand sanitizer, and a variety of other items as well as abundant informational flyers and brochures.

A survey was completed by approximately 70 attendees who rated the event. Below is the feedback.

- Location: 69/70 Strongly Liked

- Food: 64/70 Liked

- Keynote Joseph Reid: 70/70 Strongly Liked

- Sharing Circle: Tom Melnik: Strongly Liked

- Living With DID: Catherine Rubino: Strongly Liked

- Peer Support and Advocacy: Josette Hoch: Strongly Liked

- Supporting People With MI: Barb Murphy and Eileen Tank: Strongly Liked

Though attendance was lower than normal due to COVID outbreaks and transportation issues, the event was well-attended. Attendee feedback also shared a couple of opportunities for improvement such as, lunch and breakfast selections. Other organizational issues that the NMRE will address with the CMHSPs include transportation and dissemination of information.

H. Home and Community Based Services (HCBS)

1. Non-responsive Setting Remediation/Validation

    a. The NMRE worked with the CMHSPs and their providers to remediate issues involving sites with issues of compliance with the HCBS rules that are going into effect in March of 2023.

2. Current Project

   a. The NMRE is currently working with the CMHSPs through the four transition paths for individuals who are in settings that are considered noncompliant with the HCBS final rule.

3. Surveys

   a. CMHSPs continue to work with the NMRE to complete provisional HCBS surveys.

   b. Preparations are being made to administer new surveys to settings that received provisional surveys after September 4, 2021, and to individuals who are on the Heighten Scrutiny list.

4. Compliant Settings

   a. The NMRE is working with MDHHS to identify compliant settings to share with the CMHSPs, clients, and guardians.

I. DocuSign

A feature that NMRE had planned to implement for FY2022 is DocuSign. DocuSign has been implemented and has been a success in decreasing the processing time in the contract process, securing any PHI in the contract process, and assisted in organizing the status of various agreements (as organized by funding type, what has held up the execution of agreements, ensuring agreements are not lost in email or other secure folder mishandling, etc.)

The NMRE's Compliance Program document is reviewed and updated annually with input from various stakeholders and approved by the Governing Board. The NMRE's Governing Board, and the Internal Operations Committee are responsible for the evaluation of the effectiveness of the Compliance Program. Information on the effectiveness of the Compliance Program will be provided to network providers and to recipients upon request. This annual analysis will be provided to the MDHHS annually and no later than February 28.

The NMRE publishes its Compliance Program effectiveness Report that provides a summary of accomplishments and highlights from the previous Fiscal Year as well as key information that will identify whether current systems and processes are providing desired outcomes. This report is shared with the NMRE Board of Directors, Provider Network, Regional Consumer Council, and other interested stakeholders.

The NMRE posts this document on the website https://www.nmre.org. Copies of this document can be made available to stakeholders upon request.

V.   2023 COMPLIANCE PROGRAM WORKPLAN

Goal 1: Transition Substance Use Disorder (SUD) exclusion check activities from the NMRE to the SUD Providers. (The NMRE will continue to run exclusion checks for the SUD providers until the transition is complete.)

> **Objective 1:** Review Exclusion Check policy with SUD providers and update, if necessary.

> **Objective 2:** Share the Exclusion Checks Policy with providers and receive feedback to make sure everyone is on the same page.

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

Goal 2: Improve Medicaid Encounter Verification (MEV) reporting capability by transitioning into Power BI.

> **Objective 1:** Continue to work with IT to provide details on the current flow and the expected outcome.

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

> **Objective 3:** Validate reports in the new system.

Goal 3: Strengthen the Medicaid Encounter Verification (MEV) review process.

> **Objective 1:** Identify areas that need improvement, potentially adding other areas for review (such as modifiers).

> **Objective 2:** Collaborate with other PIHPs to find out how MEV is completed at their agency and see what new ideas can be incorporated.

> **Objective 3:** Collaborate with Internal Operations Committee (IOC) to identify what other changes can be incorporated.

> **Objective 4:** Work internally to incorporate changes.

Goal 4: Update training material.

> **Objective 1:** Update the Compliance and Ethics training and the HIPAA Information Security and Awareness training material to include recommendation from HSAG during the 2022 Compliance review.

> **Objective 2:** Provide training to staff on the updated material.

Objective 3: Obtain attestation that training was complete.

Goal 5: Update some existing policies and create new policies and procedures. These policies are required to ensure the effectiveness of the Compliance Program.

Objective 1: Create new policies and update some existing policies and procedures to include recommendation from HSAG during the 2022 Compliance review.

Objective 2: Provide training to staff on the new and updated material.

Objective 3: Obtain attestation that training was complete.

Quality Assessment and Performance Improvement Program Description, Program Evaluation FY2022, and Program Work PLAN FY 2023

Approved By	Date
Compliance and Quality Committee (QOC)	January 3, 2023
Internal Operations Committee (OOC)	January 11, 2023
Operations Committee	
Board of Directors	

Contents

INTRODUCTION

AUTHORITY

DEFINITIONS

MISSION & VISION

PURPOSE

GOVERNANCE

STRUCTURE

RESPONSIBILITIES

FY22 Program Evaluation

    A.   Performance Improvement Projects (PIPs)

    B.   Site Reviews

    C.   Satisfaction Surveys

    D.   Events Data

    E.   Performance Indicators

    F.   Utilization Management (UM) Committee

    G.   Behavior Treatment Plan Review Committee (BTRC)

    H.   Network Adequacy

FY22 WORKPLAN

INTRODUCTION

The Northern Michigan Regional Entity (NMRE) is the Medicaid specialty prepaid inpatient health plan (PIHP) for the five Community Mental Health Services Programs (CMHSPs) serving the northern lower peninsula of Michigan. The member Boards are: AuSable Valley Community Mental Health Authority (AVCMH serving Iosco, Ogemaw, and Oscoda counties, Centra Wellness Network (CWN) serving Benzie and Manistee counties, North Country Community Mental Health Authority (NCCMH) serving Antrim, Charlevoix, Charlevoix, Emmet, Kalkaska, and Otsego counties, Northeast Michigan Community Mental Health Authority (NEMCMH) serving Alcona, Alpena, Montmorency, and Presque Isle counties, and Northern Lakes Community Mental Health Authority (NLCMH) serving Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon, and Wexford Counties. The managed care activities are the responsibility of the NMRE.

AUTHORITY

The Quality Assessment and Performance Improvement Program (QAPIP) is reviewed and approved on an annual basis by the NMRE Governing Board. Through this process, the Governing Board gives authority for the implementation of the plan and all its components. This authority is essential to the effective execution of the plan.

Consistent with the structure of NMRE and the governance structure of its Board of Directors, this authority is discharged through the Chief Executive Officer (CEO) of the NMRE. In turn, the CEO discharges authority though the Compliance Director.

DEFINITIONS

Beneficiary: A person served by the publicly funded behavioral health and substance use disorder system or their representative (also Member).

Community Mental Health Services Program (CMHSP): For the purposes of this document, a CMHSP member is one of the following: AuSable Valley Community Mental Health Authority, Centra Wellness Network, North Country Community Mental Health Authority, Northeast Michigan Community Mental Health Authority, or Northern Lakes Community Mental Health Authority.

Michigan Department of Health and Human Services (MDHHS): A principal department of state of Michigan, headquartered in Lansing, that provides public assistance, child and family welfare services, and oversees health policy and management.

Network Provider: Any provider that receives Medicaid funding directly or indirectly to order, refer, or render covered services pursuant to the Specialty Supports and Services Contract between the State of Michigan and the NMRE, it's member CMHSPs, and/or its Substance Use Disorder (SUD) Provider Panel.

Northern Michigan Regional Entity (NMRE): The NMRE is one of 10 prepaid inpatient health plans (PIHPS) in the state of Michigan. The NMRE covers Region 2, the twenty-one counties at the tip of Michigan's lower peninsula (Alcona, Alpena, Antrim, Benzie, Charlevoix, Cheboygan, Crawford, Emmet, Grand Traverse, Iosco, Kalkaska, Leelanau, Manistee, Missaukee, Montmorency, Ogemaw, Oscoda, Otsego, Presque Isle, Roscommon, and Wexford).

NMRE Internal Operations Committee (IOC): An NMRE internal committee comprised of key leadership staff.

NMRE Operations Committee (Ops): An NMRE regional committee comprised of the top-level executive staff (CEO/Executive Director) of the NMRE and its five member CMHSPs.

NMRE Quality and Compliance Oversight Committee (QOC): A regional quality improvement committee, comprised of NMRE staff and quality and compliance leaders from the five member CMHSPs. Additional members may be appointed, as appropriate, including members from the NMRE SUD Provider Panel and service recipients (primary or secondary).

Prepaid Inpatient Health Plan (PIHP): The ten organizations in Michigan responsible for managing Medicaid services related to behavioral health, intellectual/developmental disabilities, and substance use disorders.

Quality Assessment and Performance Improvement Program (QAPIP): A data driven and proactive approach to quality improvement. The QAPIP is used to ensure services are meeting quality and performance standards.

MISSION & VISION

Mission

Develop and implement sustainable, managed care structures to efficiently support, enhance, and deliver publicly funded behavioral health and substance use disorder services.

Vision

A healthier regional community living and working together.

PURPOSE

As the PIHP for the twenty-one county region, the NMRE's mission guides quality improvement activities. The QAPIP is intended to serve several functions, including but not limited to.

- Serve as the quality improvement structure for the managed care activities of the NMRE as the PIHP for the twenty-one county area.
- Provide oversight of the CMHSPs' quality improvement structures and ensures coordination with PIHP activities, as appropriate.
- Provide leadership and coordination for the PIHP Performance Improvement Projects (PIPs).

- Coordinate with the regional Compliance Coordinator and Regional Compliance Committee for verification of Medicaid claims submitted.
- Describe how these functions will be executed within the NMRE's organizational structure.

This written plan describes how these functions will be accomplished. It also describes the organizational structure and responsibilities relative to these functions.

GOVERNANCE

The NMRE has a fully operational QAPIP that meets the conditions specified in its Specialty Supports and Services Contract with the State.

The NMRE Governing Board/Board of Directors reviews and approves the QAPIP on an annual basis. Through this process, the Governing Board gives authority for the implementation of the QAPIP and all its components. The Governing Board receives routine updates on the QAPIP, as well as a year-end effectiveness review.

STRUCTURE

1. Provider/Beneficiary Involvement
   The involvement of provider and beneficiary representatives is essential to the effectiveness of the QAPIP; this involvement is sought, encouraged, and supported at several levels including:

   a. The NMRE Governing Board includes beneficiaries as members.
   b. The NMRE Consumer Advisory Panel (Regional Entity Partners) provides input on various managed care activities.
   c. The regional Quality and Compliance Oversight Committee (QOC) is comprised of staff from the NMRE and its member CMHSPs.
   d. Each member CMHSP operates a Consumer Advisory Committee and includes beneficiary representatives on its Governing Board and on various committees.

2. NMRE Internal Operations Committee
   The NMRE Internal Operations Committee (IOC) has the central responsibility for the implementation of the QAPIP. Committee membership consists of key NMRE staff including but not limited to:

   a. Chief Executive Officer
   b. Chief Information Officer/Operations Director
   c. Chief Financial Officer
   d. Compliance Director
   e. Clinical Services Director
   f. Substance Use Disorder (SUD) Grant Director

g. Human Resources Director

3. NMRE Quality and Compliance Oversight Committee
The regional Quality and Compliance Oversight Committee (QOC) has the responsibility for ensuring that network providers have appropriate quality improvement structures and activities necessary to meet federal and state requirements. This group provides the primary link between the quality improvement structures of network providers and the NMRE. To create this link, the CEO of each member CMHSP appoints representatives to serve as members of the committee.

4. CMHSP Quality Improvement Committees
Each member CMHSP has a Quality Improvement process to address quality issues within its operations that meets the requirements of MDHHS and the NMRE.

5. Accountability
Because one of the tenants of quality improvement and a key element of a successful team in accountability, the success of the NMRE's QAPIP is dependent on the success of its parts. Employees and/or agents of the NMRE and its network providers must be accountable to beneficiaries, coworkers, various committees, and their primary employer for the quality and integrity of their work.

The following table displays the reporting accountability of the various components of the quality improvement system.
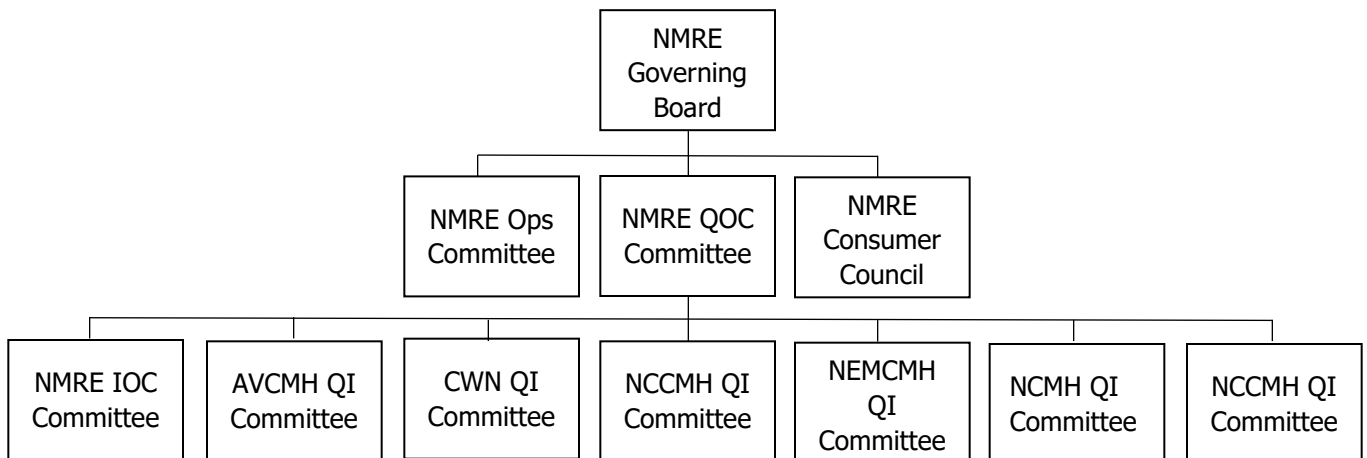
RESPONSIBILITIES

Each of the components of the QAPIP structure have specific responsibilities. These various tasks, when taken in whole, ensure that the NMRE and its network providers are administering quality services, effectively managing and protecting available resources, protecting the rights of beneficiaries, and identifying opportunities to improve.

1. NMRE Internal Operations Committee (IOC)
   The NMRE IOC has the lead role within the NMRE in implementing the QAPIP, beginning with the quality, effectiveness, and efficiency of the managed are activities. The NMRE IOC also has responsibility for the following.

   a. Claims Verification
   The verification of Medicaid claims is required both by federal regulations and the Specialty Supports and Services Contract with the State. The primary responsibility for this activity, as specified in the NMRE Medicaid Encounter Verification Policy and Procedure is assigned to the Compliance Director.

   b. Practice Guidelines
   The process of developing, reviewing, adopting, and disseminating practice guidelines as specified in the NMRE Practice Guidelines Policy and Procedure is assigned to the NMRE Provider Network Manager. The NMRE IOC has the responsibility for ensuring that the policy and procedure is implemented appropriately. Practice Guidelines are posted on the NMRE.org website.

   c. Sentinel Events, Critical Incidents, and Risk Events
   The primary responsibility for the review of sentinel events, critical incidents, and risk events falls to NMRE network providers. The NMRE IOC and QOC analyze data sent by network providers quarterly to identify trends and implement plans of correction as appropriate to reduce the potential for future events. These reviews will be completed in accordance with MDHHS definitions and reporting requirements.

   d. Death Reporting
   All unexpected deaths of Medicaid beneficiaries who, at the time of their death, were receiving specialty supports and services will be reviewed in accordance with the NMRE Critical Incident, Risk Event, Sentinel Event, and Death Reporting Policy and Procedure and the NMRE's Specialty Supports and Services Contract with the State.

   e. Credentialing
   The NMRE credentials organizational providers. Each network provider completes its own credentialing of staff. The NMRE ensures that credentialing is completed in a manner consistent with the NMRE Credentialing Policy and Procedure, MDHHS Credentialing and Recredentialing document dated July 29, 2020, and the NMRE's Specialty Supports and Services Contract with the State.

   f. Utilization Management
   The NMRE has a Utilization Management Plan that identifies:

   i.   Strategies for ensuring beneficiary eligibility criteria

ii. Strategies for evaluating medical necessity and service authorization decisions.

iii. Mechanisms to identify the correct under- and over-utilization of services.

iv. Procedures to conduct prospective, concurrent, and retrospective authorization reviews.

g. Provider Monitoring

The NMRE monitors its network providers at least annually, including CMHSPs, the SUD Provider Panel, inpatient psychiatric hospital units, and other contracted providers, as needed. Monitoring includes a review of delegated functions, services and supports provisions, and compliance with administrative requirements including credentialing and staff training. As appropriate, targeted monitoring activities for people identified as "vulnerable" are also conducted. When a network provider is found to be out of compliance with contract requirements, appropriate corrective action is required.

2. NMRE Quality and Compliance Oversight Committee (QOC)

The NMRE regional QOC acts as the NMRE's primary connection to the quality improvement activities of its network providers. This committee, the Regional Customer Services Committee, and the regional Consumer Advisory Committee (Regional Entity Partners) are the vehicles from which the NMRE receives beneficiary input.

a. Coordination with Network Provider Structures

The NMRE recognizes that quality improvement is best addressed by the individual involved in the systems to be improved. As such, those best equipped to improve the various functions of the NMRE's provider network are those within the provider organizations. The NMRE supports the existing quality improvement structures of its network providers though the NMRE retains the responsibility for ensuring that federal and state regulatory requirements and the quality improvement provisions of the NMRE's Specialty Supports and Services Contract with the State are met.

b. Performance Indicators

MDHHS has established performance indicators for CMHSPs and PIHPs. Each member CMHSP and the SUD Provider Panel report relevant performance indicator data to the NMRE. The NMRE IOC and QOC monitor these data quarterly and over time. When a standard is not met for two consecutive quarters, the NMRE requests a corrective action plan from the provider. This information includes persons served by the PIHP, whether for mental health, intellectual/developmental disability, or substance use conditions. The QOC monitors the PIHP's performance in this area. These reports are also shared quarterly with the NMRE's Governing Board.

c. Member Satisfaction

The NMRE QOC, Customer Services Committee, and SUD Provider meetings are responsible for ensuring that surveys are administered to beneficiaries to measure their degree of satisfaction with services, including those for mental health, intellectual/developmental disabilities, and substance use disorders, including long-term supports and services. Surveys are conducted in a way that results can be measured over time. The NMRE investigates areas of dissatisfaction when the data indicates a systemic concern with a particular provider. Survey findings are shared with the NMRE

Governing Board, the NMRE regional Consumer Advisory Committee (Regional Entity Partners), network providers, and will be posted to the NMRE.org website.

d. Performance Improvement Projects

In accordance with federal regulations and the NMRE's Specialty Supports and Services Contract with the State, the NMRE conducts at least two Performance Improvement Projects (PIPs) each year. The MDHHS mandates the topic of one of the two PIPs. The NMRE regional QOC selected the topic for the additional PIP(s). The NMRE OOC reviews PIP data at least quarterly. The NMRE Compliance Director reports on the PIPs in accordance with the timeline established by MDHHS.

e. Analysis of Behavior Treatment Data

At least quarterly, the NMRE regional Behavior Treatment Plan Review Committee (BTPRC) reviews and analyzes data from network providers in which intrusive or restrictive techniques have been approved for use with members and where physical management or 911 calls to law enforcement have been used in an emergency behavioral crisis to identify trends and any subsequent action that needs to be taken to reduce the potential for future events. Data includes the number of interventions and the length of time the interventions were used per individual. The NMRE adheres to the provisions outlined in the MDHHS Technical Requirement for Behavior Treatment Plans dated July 29, 2020, and the NMRE's current Specialty Supports and Services Contract with the State.

3. Compliance Director

The NMRE Compliance Director is a senior staff person responsible for the implementation of the NMRE's QAPIP. On an annual basis, the Compliance Director works with various committees to conduct an effectiveness review of the QAPIP and the previous fiscal year's workplan. The effectiveness review includes an analysis to determine whether members experienced any improvement in their quality of healthcare and services due to the QAPIP. The effectiveness review is shared with the NMRE Governing Board, network providers, and upon request, to members and MDHHS. The effectiveness review is used to inform the current year's QAPIP and Workplan.

4. Member CMHSP Quality Improvement Committees

Each member CMHSP must maintain an appropriate quality improvement program that meets the requirements of federal regulations and national accreditation. Each CMHSP submits summary reports of quality improvement activities, minutes of Quality Improvement Committee meetings, and Quality Improvement Plans to the NMRE. The NMRE monitors all quality improvement program activities to ensure they are consistent with the standards and requirements of managed care, as specified in federal regulations and the NMRE's Specialty Supports and Services Contract with the State.

Substance Use Disorder (SUD) services are delivered through a network of contracted provider organizations (SUD Provider Panel). No managed care functions are delegated to SUD providers. To ensure adequate representation of SUD service in the NMRE's quality improvement activities, the NMRE SUD Grant Director is an integral member of various committees.

Approval Signature

_____   _____

NMRE Chief Executive Officer   Date

FY22 Program Evaluation

A. Performance Improvement Projects (PIPs)

1. Increase the percentage of individuals enrolled in Opioid Health Home (OHH) services.

   OHH provides comprehensive care management and coordination services to Medicaid beneficiaries with an opioid use disorder. For enrolled beneficiaries, the OHH functions as the central point of contact for directing patient-centered care across the broader health care system. Beneficiaries work with an interdisciplinary team of providers to develop an individualized recovery care plan to best manage their care. The model also elevates the role and importance of peer recovery coaches and community health workers to foster direct empathy and connection to improve overall health and wellness. In doing so, this attends to a beneficiary's complete health and social needs. Participation is voluntary, and enrolled beneficiaries may opt out at any time.

   Goals

   a. Increase access to Medication Assisted Treatment (MAT) and integrated behavioral, primary, and recovery-centered services for beneficiaries with Opioid Use Disorder

   b. Decrease opioid overdose deaths

   c. Decrease opioid-related hospitalizations

   d. Increase utilization of peer recovery coaches

   e. Increase the "intangibles" of health status (e.g., the social determinants of health)

   Initial Data

Time Period	Running Date	# Enrolled	# of Potential Enrollees (PE)	% of PE/Enrolled
Pre-Baseline	<= 9/30/2020	284	5,507	5.16%
Baseline	<= 9/30/2021	587	7,603	7.72%
Current	<= 9/30/2022	890	8,398	10.60%

WSA OHH Eligible vs Enrolled
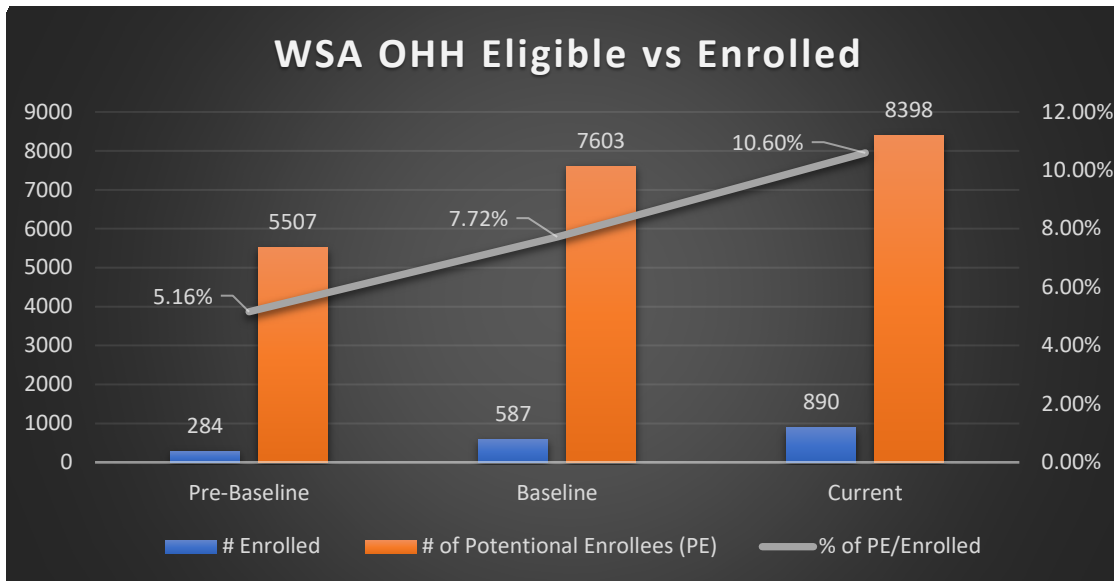
Based on data at submission, the is a .8 percent increase in the OHH enrollment rate. The increase reflects a slight improvement in enrollment.

Positive interventions

a. Provider Network expansion: There has been an increase in the provider network which led to subsequent increase in enrollment.

b. Current providers have increased participation resulting in an increase in enrollment. Some of the things that providers have done differently are:

  i. Hire more staff. Providers have hired more staff in critical areas such as care coordinators to help maintain and expand enrollment.

  ii. Become more engaged in the process by attending meetings with the NMRE and investing more in the program.

c. The NMRE has done the following to increase enrollment:

  i. Provide monthly meetings with providers. These monthly meetings have helped to keep providers more engaged and motivated

  ii. Monthly meetings have provided opportunities for additional education to providers.

Challenges

The major challenge here is staffing capacity.

a. Staffing inconsistency due to high turnover
b. When providers lose critical staff, they are almost starting over because they will have to either slow down or put a halt on new enrollment, hire new staff, train new staff before they can get back on track.

2. Behavioral Health Home (BHH) – Improve the percentage of individuals who are enrolled in the Behavioral Health Home program from 3.56% to 5% by the end of FY2023.

Goals

a. Improve care management for beneficiaries with Serious Mental Illness (SMI) and Serious Emotional Disturbance (SED).

b. Improve care coordination between physical and behavioral services.

c. Improve care transitions between primary care, specialty services and inpatient settings.

	Potential Enrollees	Enrolled	%
AuSable Valley	1912	33	1.73%
Centra Wellness	1093	119	10.89%
North Country	2921	61	2.09%
Northeast	1574	40	2.54%
Northern Lakes	3910	139	3.55%
	11410	392	3.44%

BHH Enrollment September 2022
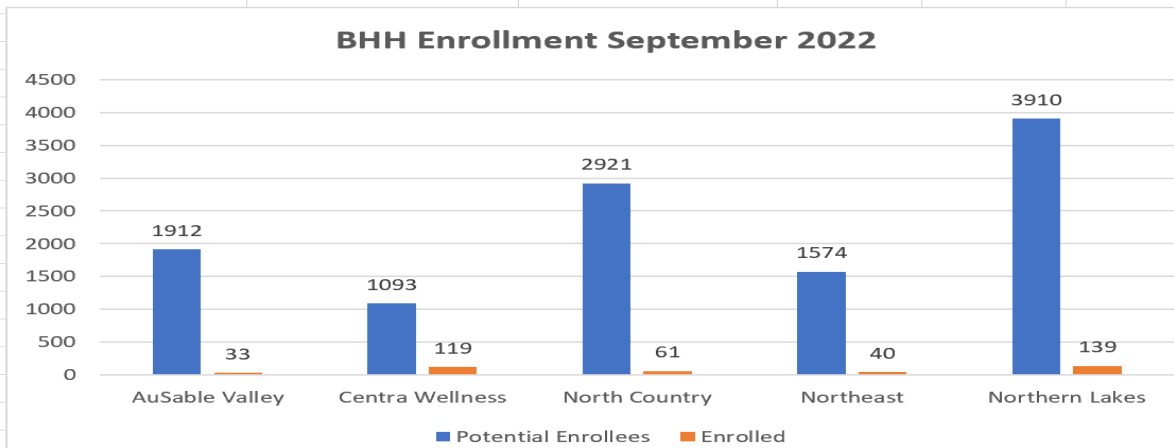
Key Driver Diagram for Behavior Health Home

Global Aim

To improve the overall health outcome for individuals with serious mental illness or serious emotional disturbance.

PIP Aim

To improve the percentage of individuals who are enrolled in the Behavioral Health Home program from 3.56% to 5% by the end of FY2023

Key Drivers
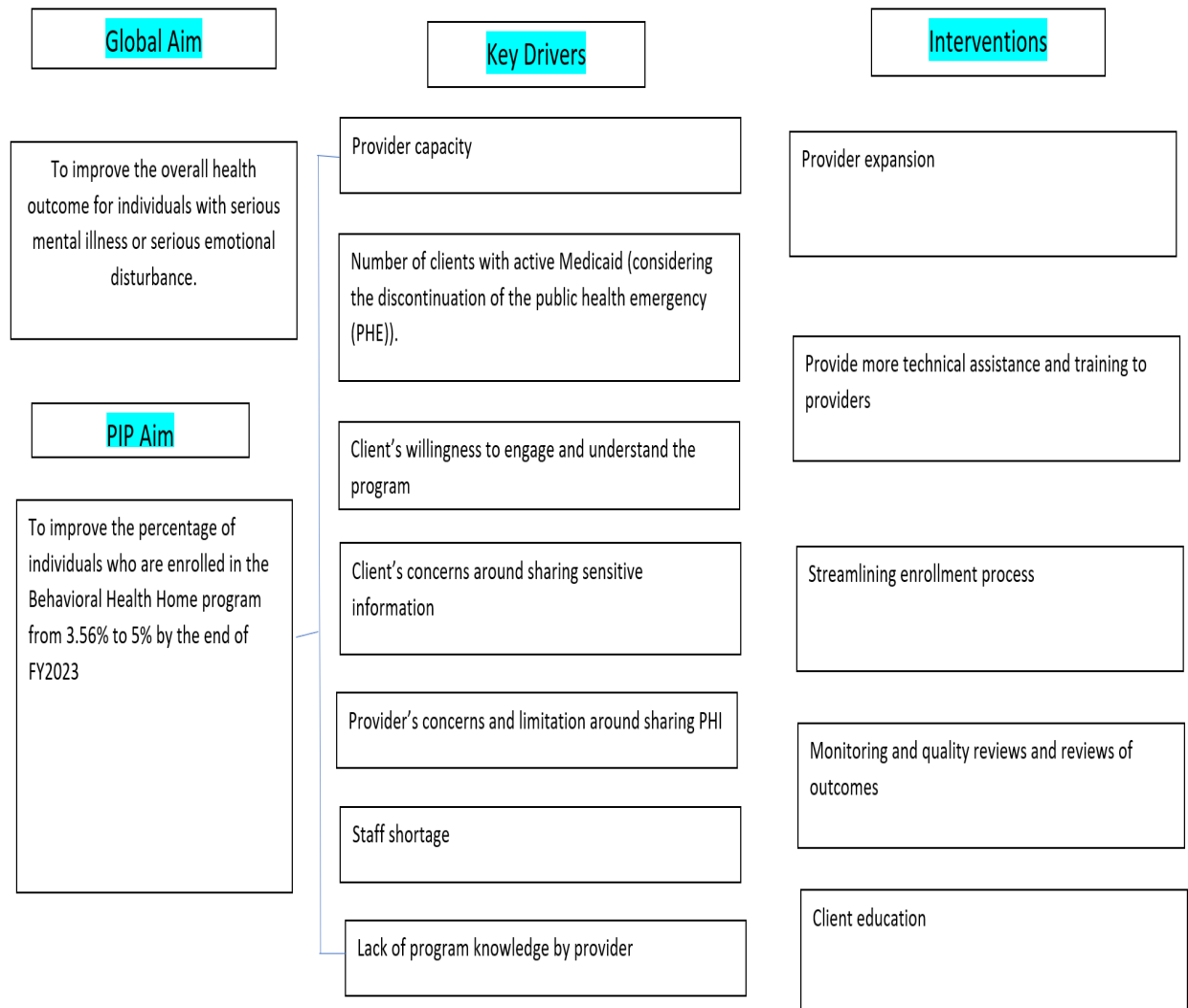
Provider capacity

Number of clients with active Medicaid (considering the discontinuation of the public health emergency (PHE)).

Client's willingness to engage and understand the program

Client's concerns around sharing sensitive information

Provider's concerns and limitation around sharing PHI

Staff shortage

Lack of program knowledge by provider

Interventions

Provider expansion

Provide more technical assistance and training to providers

Streamlining enrollment process

Monitoring and quality reviews and reviews of outcomes

Client education

3. Decrease no-show/missed appointment rate for psychiatric services.

<u>Region Wide No-Show Data</u>

	Total Appointments Scheduled	Total No Show	%Total No Show	Audio Only Scheduled	Audio Only No Show	%Audio Only No Show	Video/ Telehealth Scheduled	Video/ Telehealth No Show	%Video/ Telehealth No Show	FTF Scheduled	FTF No Show	%FTF No show
2019	225018	12562	5.58%	1	0	0.00%	9544	970	10.16%	189718	11570	6.10%
2020	229678	17083	7.44%	90485	9120	10.08%	22052	1597	7.24%	116071	6351	5.47%
2021	235344	17050	7.24%	82605	8854	10.72%	32134	2666	8.30%	119595	5519	4.61%
2022	194798	12533	6.43%	26889	2432	9.04%	23456	2005	8.55%	145362	8081	5.56%

No Show by Contact Type
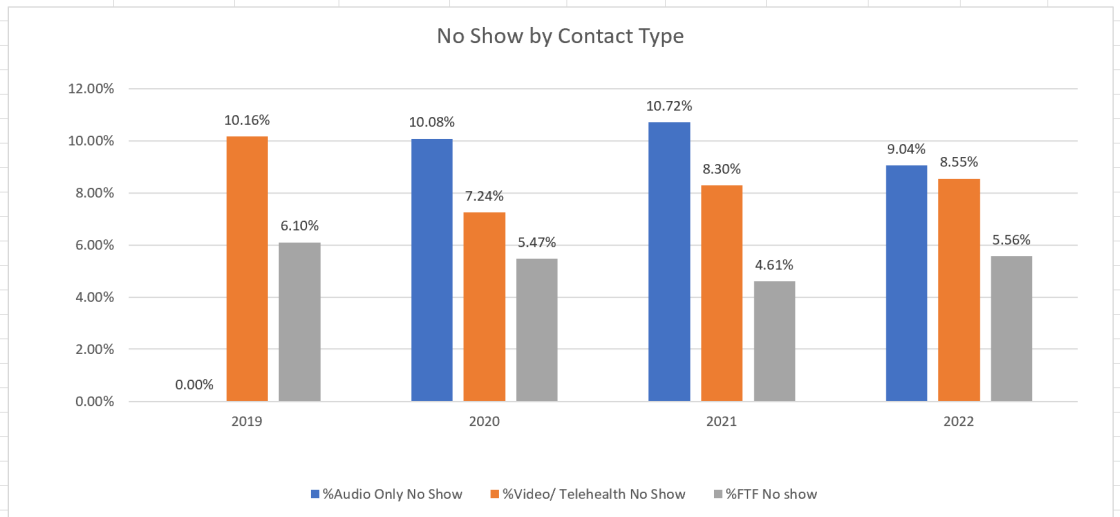
<u>Next Steps</u>

a. Discussion on challenges from various boards

b. Boards sharing success ideas

c. Review common goal

B. Site Reviews

1. HSAG Compliance Review

The FY 2022 compliance review is the second year of the three-year cycle of compliance reviews that commenced in FY 2021. The review focused on standards identified in 42 CFR §438.358(b)(1)(iii) and applicable state-specific contract requirements. The compliance review for Michigan PIHPs consists of 13 program areas referred to as standards. MDHHS requested that HSAG conduct a review of the first six standards in Year One (FY 2021), and a review of the remaining seven standards in Year Two (FY

2022). In Year Three (FY 2023), a comprehensive review will be conducted on each element scored as *Not Met* during the FY 2021 and FY 2022 compliance reviews. The standards that were reviewed in FY22 are comparable to the standards reviewed in 2019. Although the FY22 standards were much more elaborate, there was still 8% increase in 2022 compared to the outcome from 2019. The practice guidelines had the lowest score, and some process changes have been put in place to mitigate this situation. There was a significant improvement in the Confidentiality standard and additional processes will be implemented to maintain this standard.

The FY 2021 compliance review CAP was approved, and the CAP implementation is in progress. The FY2022 CAP have been submitted and pending feedback.

2019 HSAG Compliance Review

Standard	Total # of Applicable Elements	Met	Not Met	NA	Total Compliance Score
Standard I—QAPIP Plan and Structure	8	5	3	0	63%
Standard II—Quality Measurement and Improvement	8	4	4	0	50%
Standard III—Practice Guidelines	4	3	1	0	75%
Standard IV—Staff Qualifications and Training	3	3	0	0	100%
Standard V—Utilization Management	16	9	7	0	56%
Standard VIII—Members' Rights and Protections	13	11	2	0	85%
Standard XI—Credentialing	9	5	4	0	56%
Standard XIII—Coordination of Care	11	11	0	0	100%
Standard XVI—Confidentiality of Health Information	10	6	4	0	60%
Total	82	57	25	0	70%

2022 HSAG Compliance Review

Standard	Total Elements	Total Applicable Elements	M	NM	NA	Total Compliance Score
Standard VII—Provider Selection	16	16	12	4	0	75%
Standard VIII—Confidentiality[1]	11	11	10	1	0	91%
Standard IX—Grievance and Appeal Systems	38	38	32	6	0	84%
Standard X—Subcontractual Relationships and Delegation	5	5	4	1	0	80%
Standard XI—Practice Guidelines	7	7	4	3	0	57%
Standard XII—Health Information Systems	12	11	9	2	1	82%
Standard XIII—Quality Assessment and Performance Improvement Program	30	30	21	9	0	70%
Total	119	118	92	26	1	78%

2. NMRE Site Review

    The NMRE conducts regional CMH site reviews biannually where year one is a full review and year two is a review of the Corrective Action Plan (CAP) implementation. Fiscal year 2022 was a full review year for the NMRE's site review. The NMRE requested random sample of evidence from the CMHSPs. It was a Hybrid review where part was a deck review and NMRE staff went on site for separate piece.

Results Summary					
TOOL	**OVERALL SCORE**				
	AVCMHA	**CWN**	**NCCMHA**	**NEMCMHA**	**NLCMHA**
DMC	100%	99.4%	99.7%	97.9%	97.6%
Program Specific	97.37%	97.9%	97.4%	92.6%	95.8
Clinical Records	97.85%	98.2%	97.4%	96.6%	95.0%
Training			88.5%	85.4%	92.0%

Site Review Observations:

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

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

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

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

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

f. The CMHSPs are currently working on the CAPs for the FY2022 site review.

3. MDHHS Review

The NMRE team worked with the CMHSPs and MDHHS to complete the initial 2022 (c) Waiver (HSW, CWP, SEDW) review; this review occurs every other year. There were no outstanding trends among the five CMHSPs reviewed; however, there was a need for a technical assistance call with the five CMHSPs to clarify certain areas.

4. SUD Program Review

The NMRE conducts SUD Providers site reviews biannually where year one is a full review and year two is a review of the Corrective Action Plan (CAP) implementation. The 2022 compliance review for SUD providers was a CAP review from 2021 full review. This year the NMRE requested evidence of CAPs that were activated as a result of the 2021 NMRE site review. The region was determined to be substantially compliant with the CAPs.

C. Satisfaction Surveys

1. The survey tool was revised to capture more meaningful data.

2. The following satisfaction surveys were completed:

   a. SUD Residential

   b. MH Outpatient

   c. Detox

   d. Methadone

3. The Customer service Support Specialist and the Compliance Director:

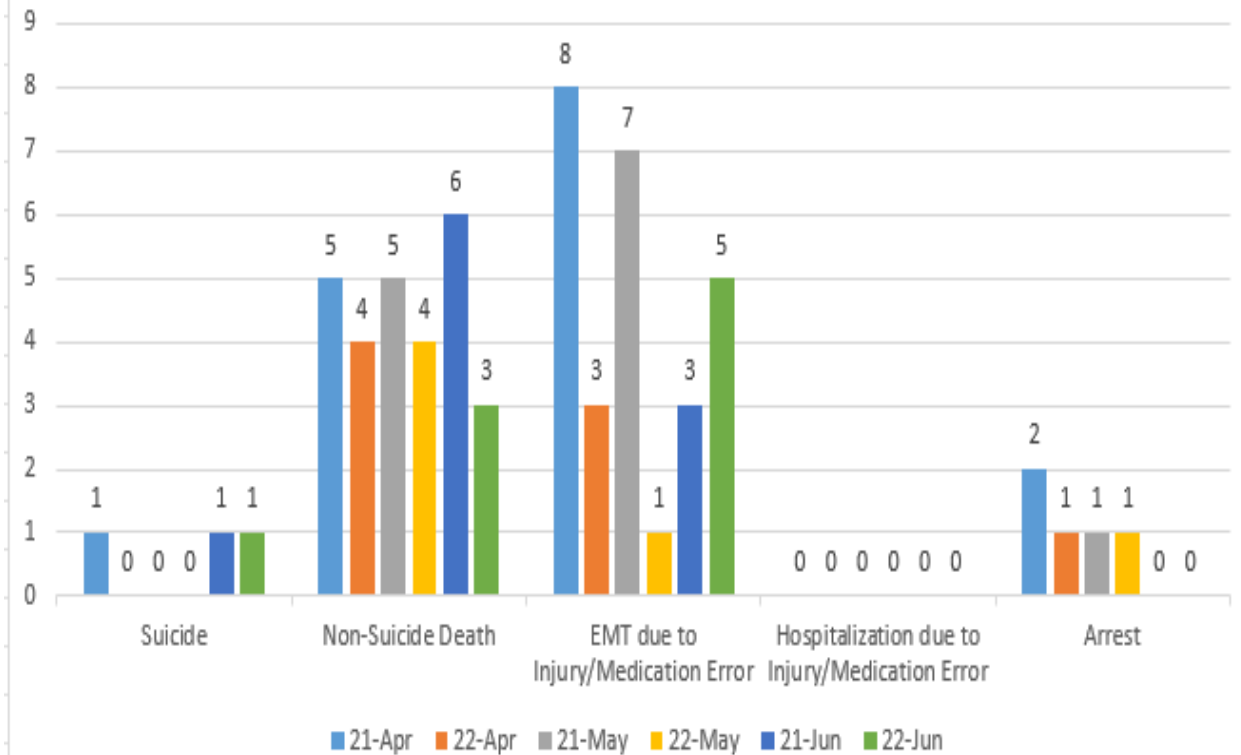   a. Reviewed the surveys for trends and identified areas for improvement.

    b. Identified underperforming providers and reached out to them to implement a CAP and provide technical assistance.

    c. Followed up with the CAP through to completion.

4. Survey results are disseminated/communicated as follows:

    a. Shared with the individual providers

    b. Shared and discussed at the SUD Director's meeting

    c. Shared and discussed at the Compliance and Quality Committee meeting

    d. Share with the Board of Directors

5. The following challenges to the survey process were identified:

    a. Low participation

    b. Lack of communication between staff and administration resulted in low participation

    c. Not all clients have returned to inpatient service

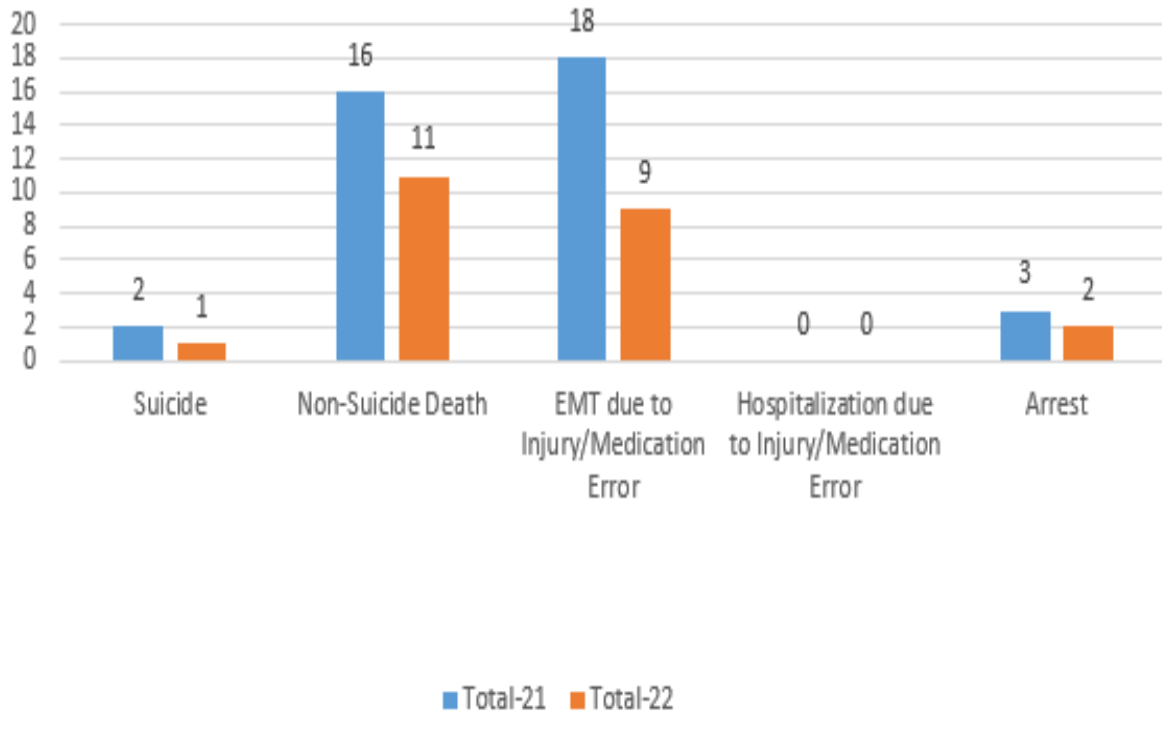   d. Completed surveys are not returned timely

D. Events Data

1. Critical Incidents

Critical Incidents data was broken down by months and by year. March of 2022 had the highest number of incidents reported, however, there was no trend around this occurrence. Non—suicide death was the highest category in 2022. It was determined that the impact of COVID was the major cause of the increase in reported deaths. EMT due to injury/Medication error came second. This came with no surprise because Region 2 continues to experience a significant level of staff shortage and high turnover. Overall, there was a total of 106 critical incidents reported in 2022, a 29% decrease from 2021.

Incidents by months

	Suicide	Non-Suicide Death	EMT due to Injury/Medication Error	Hospitalization due to Injury/Medication Error	Arrest
21-Apr	1	5	8	0	2
22-Apr	0	4	3	0	1
21-May	0	5	7	0	1
22-May	0	4	1	0	1
21-Jun	1	6	3	0	0
22-Jun	1	3	5	0	0

Total Critical Incidents by Year (2021 Vs 2022)

Bar chart showing Total-21 (blue) vs Total-22 (orange):
- Suicide: 2, 1
- Non-Suicide Death: 16, 11
- EMT due to Injury/Medication Error: 18, 9
- Hospitalization due to Injury/Medication Error: 0, 0
- Arrest: 3, 2

■ Total-21 ■ Total-22

2. Risk Events Data

Risk events data was reviewed by quarter as opposed to FY2021 vs. 2022 because 2022 was the first year with full data. Police calls remained consistently high due to increasing cases with chronic behavioral issues with either less staffing or insufficiently trained staff due to the staff shortage and staff turnover in the region. Emergency use of physical management due to behavioral crisis came in second. This is again attributed to the high staff turnover and staff shortage. This doesn't allow staff to be properly trained before they fully assume their duties.

Event Type	Q1	Q2	Q3	Q4
Harm to Self	4	4	1	3
Harm to Others	2	0	5	0
Police Call	10	15	11	7
Emergency Use of Physical Management Due to a Behavior Crisis	12	5	2	12
Physical management	2	0	1	0
Unscheduled Hospitalization	9	0	1	4

FY22 Risk Events Data
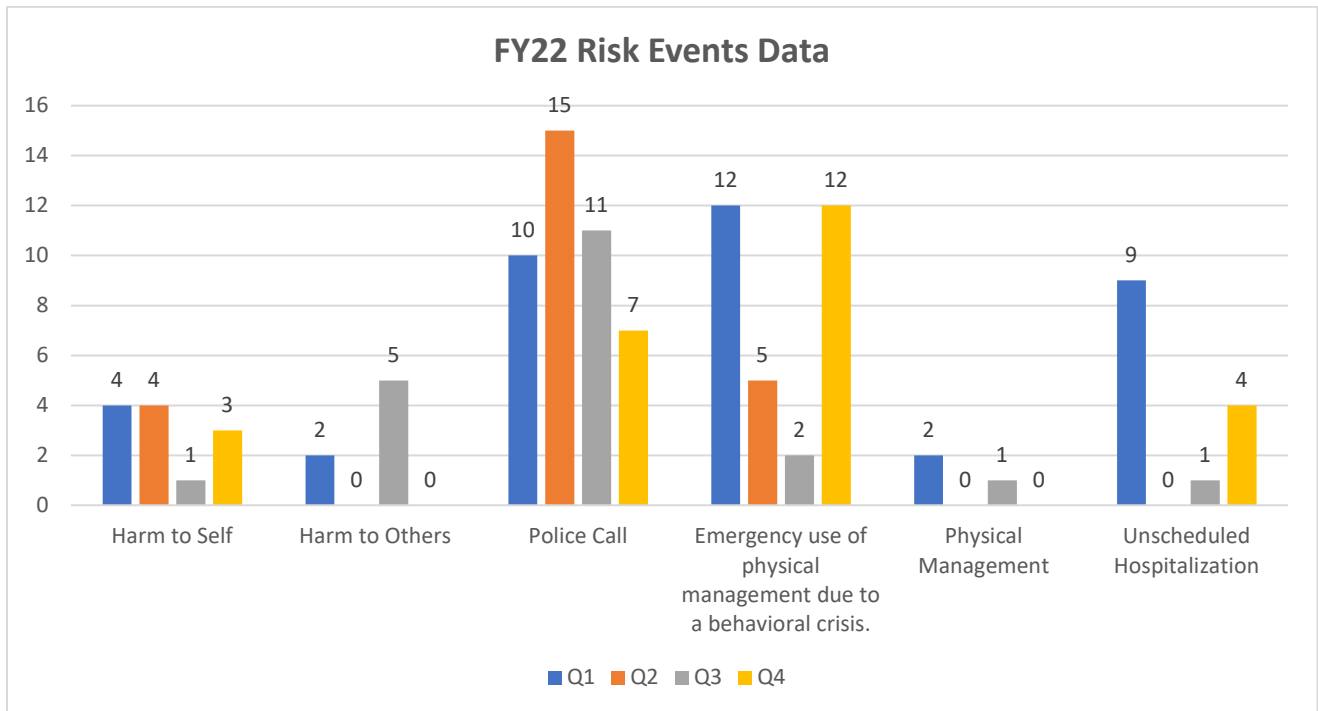
3. Sentinel Events Data

Sentinel events data was reviewed by quarter as opposed to FY2021 vs. 2022 because 2022 was the first year with full data. Suicidal death was the highest sentinel event reported; unfortunately, there was no identified trend. The cause of death and location varied; however, it was determined that there is a need for enhanced crisis planning and the ongoing use of crisis plans. It was also observed that there was an increase in substance use disorders and lack of training to properly identify SUD and high-risk individuals. Some of the CMHSPs have created an SUD committee to address this need. Motivational Interviewing training is also being pursued.

Event Type	Q1	Q2	Q3	Q4
Unexpected Death		3	6	5
Serious Physical Injury/Accident Requiring ED Visit or Hospitalization	2	2	0	0
Physical Illness Requiring Hospital Admission		0	0	0
Arrest/Conviction	0	1	0	0
Serious Challenging Behavior	0	0	0	0
Medication Error	0	0	0	0

FY22 Sentinal Events Data
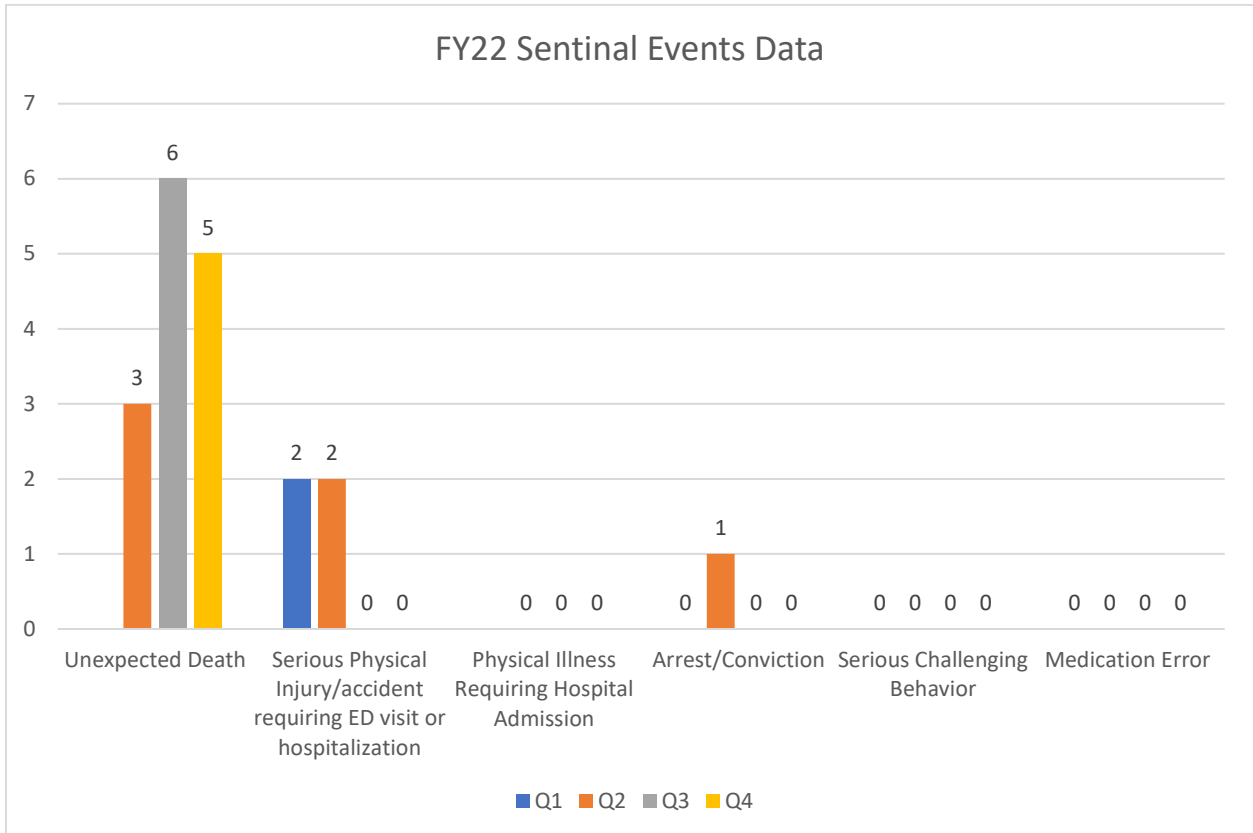
E. Performance Indicators

Performance indicator data was shared with all the PIHPs and the Substance Use Disorder (SUD) Directors for their review. During QOC and the SUD Directors meetings this data was presented and discussed. During these meetings, the NMER highlighted areas of success and discussed areas with deficiencies. It was discovered that there were certain situations when a client went back into the hospital prior to 7 days after discharge. The system may or may not update; this will require a manual adjustment. It was also revealed that hospitals sometimes do not schedule the follow-up visit before a client leaves that hospital. Once the client leaves the hospital, it is sometimes difficult to reach them prior to the 7-day window. The CMHSPs will work with the hospitals to mitigate this situation. For SUD access to care

within 7 days, due to staff shortage, it is sometimes not possible to have availability for an intake. SUD providers continue to explore other options, such as telehealth.

Table 1 – Access – Timeliness/Inpatient Screening

Population	Emergency Referral	# < 3 Hours	% < 3 Hours
Children	180	179	99.44%
Adults	770	761	98.83%
Total	**950**	**940**	**98.95%**

Table 2a – Access – Timeliness/First Request

Population	New Clients	# In 14 Days	% In 14 Days
MIC	353	195	55.24%
MIA	910	498	54.73%
DDC	77	59	76.62%
DDA	33	20	60.61%
Total	**1,373**	**772**	**56.23%**

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

Population	Admissions	Expired	# In 14 Days	% In 14 Days
SA	Calculated	217	Calculated	%

Table 3 – Access – Timeliness/First Service

Population	New Clients Start Services	# In 14 Days	% In 14 Days
MIC	229	162	70.74%
MIA	515	330	64.08%
DDC	70	52	75.71%
DDA	22	14	63.64%
Total	**836**	**559**	**66.87%**

Table 4a – Access – Continuity of Care

Population	# Discharges	Exceptions	Net Discharges	# 7 Days	% 7 Days
Children	59	14	45	45	100%
Adults	228	80	148	145	97.97%
Total	**287**	**94**	**193**	**190**	**98.45%**

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

Population	# Discharges	Exceptions	Net Discharges	# 7 Days	% 7 Days
SA	255	102	153	145	94.77%

Table 6 – Outcomes – Inpatient Recidivism

Population	# Discharges	Exceptions	Net Discharges	# Readmit in 30 Days	% Readmit in 30 Days
Children	59	0	59	4	6.78%
Adults	228	1	227	26	14.45%
Total	**287**	**1**	**286**	**30**	**10.49%**

F. Utilization Management (UM) Committee

A Regional UM Committee was formed in 2022. The purpose of this committee is to provide oversight and perform utilization management functions to control costs and minimize risk while assuring quality care. The UM Plan establishes a framework for oversight and guidance of the Medicaid program by ensuring consistent application of program/service eligibility criteria, and in decisions involving the processing of requests for initial and continued authorization of services. Individuals and or entities that conduct utilization management activities must sign an attestation stating that compensation cannot be structured to provide incentives to the individual or entity to deny, limit, or discontinue medically necessary services to any recipient.

The committee accomplished the following:

1. Reviewed the current UM processes for all the CMHSPs and SUD services

2. Discussed authorization decision making process to make sure that services are not being denied unnecessarily.

3. Other areas reviewed included:

   a. Service denials

   b. Telehealth

   c. Out-of-state placements

   d. Respite program

   e. 14-day compliance

   f. Intake and first services

G. Behavior Treatment Plan Review Committee (BTRC)

A regional Behavior Treatment Plan Review (BTPR) Committee was formed in 2022. The committee will quarterly review and analyze data from the CMHSPs' Behavior Treatment Review Committees where intrusive or restrictive techniques have been approved for use with beneficiaries and where physical management or 911 calls to law enforcement have been used in an emergency behavioral crisis. Only the techniques permitted by the Technical Requirement for Behavior Treatment Plans and that have been approved during person-centered planning by the beneficiary or his/her guardian, may be used with beneficiaries. Data will include numbers of interventions and length of time the interventions were used per person.

In FY22, the committee accomplished the following:

1. Developed and approved the Behavior Treatment Review Committee (BTRC) Policy

2. Reviewed and approved the BTRC data collection template

3. Reviewed BTRC data from all five CMHSPs.

Once the data was reviewed, it was evident that more training was required. Some reports missed important details such as length of time of the intervention. Additional training will be provided to improve this process.

H. Network Adequacy

The NMRE has used Power BI to build reporting structures to measure mileage and drive time from its CMSHPs contracted inpatient psychiatric locations and Substance Use Disorder providers by ASAM level, and will continue this methodology for the CMHSPs' full array of service locations in FY2023. The NMRE has used the data reported in Power BI to project time/distance data required in the PIHP/MDHHS contracted Network Adequacy Standards by rural distance standards. In addition, the NMRE will use the updated data to provide adequacy reporting for the following enrollee-to-provider ratios:

Adult Services

- Assertive Community Treatment teams
- Psychosocial rehabilitation (Clubhouses)
- Opioid Treatment Programs (OTP)
- Crisis residential beds

Pediatric Services

- Home-Based regional FTEs
- Wraparound regional FTEs
- Crisis residential beds

The NMRE's QAPIP Report is reviewed and updated annually with input from various stakeholders and approved by the Governing Board. The NMRE's Board of Directors, the Operations Committee, the Internal Operations Committee (IOC) and the Compliance and Quality Oversight Committee (QOC) are responsible for the evaluation of the effectiveness of the QAPIP. This Annual Effectiveness Review includes analyses of whether there have been improvements in the quality of healthcare and services for recipients due to quality assessment and improvement activities and interventions carried out by the NMRE. The analysis considers trends in service delivery and health outcomes over time and includes monitoring of progress on performance goals and objectives. Information on the effectiveness of the QAPIP will be provided to network providers and to recipients upon request. This annual analysis will be provided to the MDHHS annually no later than February 28th.

The NMRE publishes its QAPIP Report that provides a summary of accomplishments and highlights from the previous Fiscal Year as well as key information that will identify whether current systems and processes are providing desired outcomes. This report is shared with the NMRE Board of Directors, Provider Network, Regional Consumer Council, and other interested stakeholders.

The NMRE posts this document on the website https://www.nmre.org. Copies of this document can be made available to stakeholders upon request.

<p style="text-align:center">FY22 WORKPLAN</p>

Goal #1

The NMRE will conduct Performance Improvement Projects (PIPs) that achieve ongoing measurement and intervention, demonstrable and sustained improvement in significant aspects of clinical and non-clinical services that can be expected to have a beneficial effect on health outcomes and member satisfaction.

Objective #1

The NMRE QOC 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 through September 30, 2023. The NMRE will collect data and conduct analysis in preparation for Measurement 1 to show evidence of enrollment improvement from the baseline by September 30, 2024.

Objective #2

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 3.56% to 5% by September 30, 2024.

Objective #3

The NMRE QOC will collect data and conduct analysis for no-show/missed psychiatric appointments. The goal is to decrease the regional no-show/missed appointment rate for psychiatric services by the end of FY2024.

Goal #2

The NMRE QOC, as part of the QAPIP, will continue to review and follow-up on sentinel events and other critical incidents and events that put people at risk of harm.

Objective #1

The NMRE will provide training to staff on the type of data to collect and the population involved in this data collection.

Objective #2

The NMRE will review the reporting process and requirements for critical incidents, risk events, sentinel events, and behavioral treatment reporting with the state and providers to reduce underreporting by 09/30/23.

Objective #3

The NMRE will continue to collect events and Behavior Treatment Review Committee (BTRC) data quarterly, analyze trends, and implement necessary interventions.

Objective #4

Annually, the NMRE will check to see if interventions are improving patient safety. This will be done by reviewing the data submitted which will include the number of events.

Goal #3

The NMRE will conduct quantitative and qualitative assessments (such as surveys, focus groups, phone interviews) of members' experiences with services. These assessments will be representative of persons served, including long-term supports 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 whit the State. Assessment results will be used to improve services, processes, and communication.

Objective #1

The NMRE will incorporate consumers receiving long-term supports or services (LTSS) (e.g., persons receiving case management, respite services or supports coordination) into the review and analysis of the information obtained from quantitative and qualitative methods.

Objective #2

The NMRE will expand its process of collecting members' experiences with services to identify and investigate sources of dissatisfaction.

Objective #3

The NMRE will conduct separate Substance Use Disorder (SUD) surveys, including the Detox and Methadone surveys, to identify specific member experiences.

Objective #4

The NMRE will identify and provide possible recommendations to resolve areas of dissatisfaction on an ongoing basis.

Objective #5

The NMRE will outline systemic action steps to follow-up on the findings from survey results on an ongoing basis.

Objective #6

The NMRE will share survey results with providers, the regional Quality and Compliance Oversight Committee (QOC), the Internal Operation Committee (IOC), network providers, Board of Directors, the Regional Consumer Council (Regional Entity Partners), and post copy to the NMRE.org website.

Goal #4

The NMRE will monitor its network providers at least annually.

Objective #1

The NMRE will conduct site review annually for all contracted service providers by 9/30/2023.

Objective #2

The NMRE will monitor and follow-up on corrective action plans to ensure Corrective Action Plans (CAPs) are being implemented as stated by network providers.

Objective #3

The NMRE QOC will receive regular updates from providers regarding the progress of their Quality Improvement Workplans and CAPs.

Objective #4

The NMRE will perform quarterly audits to verify Medicaid claims/encounters submitted within the provider network. This will include verifying data elements from individual claims/encounters to ensure proper codes are used and proper documentation is in place.

Goal #5

The reginal Behavioral Treatment Plan Committee (BTRC) will conduct quarterly reviews and review data analyses from the CMH providers where intrusive, or restrictive techniques have been approved for use with members and where physical management or 911 calls to law enforcement have been used in an emergency behavioral crisis.

Objective #1

The NMRE will monitor that only techniques permitted by the MSHHS Technical Requirements for Behavior Treatment Plans and that have been approved during person-centered planning by the members or their guardians have been used with members through its annual site reviews by 9/30/2023.

Objective #2

The NMRE regional BTRC will be tasked with reviewing data to ensure that only techniques permitted by the MSHHS Technical Requirements for Behavior Treatment Plans and that have been approved during person-centered planning by the members or their guardians have been used.

Objective #3

The NMRE regional BTRC will monitor behavior treatment data quarterly, including the numbers of interventions and length of time the interventions were used per person.

Objective #4

The NMRE regional BTRC will review analyses of data from each CMHSP behavior treatment committee review process quarterly.

Objective #5

The NMRE QOC will review meeting minutes from the BTRC quarterly to assure that its reviews of data are accurate and complete.

Goal #6

The NMRE will establish regional HEDIS measures to demonstrate the effectiveness of improvements in the quality of health care and services for members as a result of the NMRE quality assessment and improvement activities and interventions carried out by the NMRE provider network.

Objective #1
The NMRE will provide HEDIS measure reports to the NMRE QOC on a regular basis.

Objective #2
The NMRE will collect and review data for the HEDIS measures tied to the Performance Bonus Incentive Pool to receive full payment.

- Follow-up after hospitalization (FUH) for mental illness within 30 days.

- Follow-up after (FUA) emergency department visit for Alcohol and Other Drug Dependence.

Objective #3
The NMRE will collect and review data for the HEDIS measures tied to the Performance Bonus Incentive Pool to receive full payment with the CMHSPs and identify interventions to improve these outcomes.

Objective #4
The NMRE OOC will continue to monitor the impact of the changes with FUH and FUA data. FUH and FUH are being calculated using the unaltered HEDIS specifications; this means that certain service coded that applied to these measures will no longer qualify.

Goal #7

The NMRE will implement the Supports Intensity Scale (SIS) Assessment in the region. SIS is a strengths-based, comprehensive assessment tool that measures an individual's support needs in personal, work-related, and social activities to identify and describe the types and the intensity of the supports an individual requires.

Objective #1
The NMRE will provide education to providers around the MDHHS contractual requirement to complete the statewide standardized assessment tool for individuals aged 16 and older1 with an intellectual/developmental disability (I/DD) as a primary or secondary diagnosis who receive services provided by Medicaid through the Behavioral Health System.

Objective #2
The NMRE will ensure that consumers and stakeholders are provided educational materials related to the SIS Assessment process.

Objective #3
The NMRE will develop and implement a process for staff to identify all declined SIS Assessments.

Objective #4

The NMRE will develop and implement a process to continue to engage, at least annually, individuals who did not participate in the SIS Assessment to increase their understanding of the benefits of this process and how the results will be used.

Goal #8

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

Objective #1

QAPIP activities will be reviewed and evaluated by QOC.

Objective #2

The QAPIP update report will be shared with the Governing Board quarterly.

Objective #3

QAPIP activities will be shared with consumers through the regional Consumer Council (Regional Entity partners) and other stakeholders through committees and posting to the NMRE.org website.

Goal #9

The NMRE and its network providers will implement a process to adopt and adhere to practice guidelines established by MDHHS, which can be found on the **MDHHS Policies and Practice Guidelines page**. The NMRE will also develop and adopt additional regional practice guidelines.

Objective #1

The NMRE, in collaboration with its network providers, will review and adopt practice guidelines established by MDHHS, which can be found on the **MDHHS Policies and Practice Guidelines page**.

Objective #2

The NMRE, in collaboration with its network providers, will develop and adopt additional regional practice guidelines as they relate to the services provided pursuant to the NMRE's Specialty Supports and Services Contract with the State.

Objective #3

The NMRE will disseminate adopted practice guidelines to all affected providers, members, and potential members upon request.

Objection #4

The NMRE will publish adopted practice guidelines on the NMRE.org website to be accessible to all interested stakeholders.

Goal #10
The NMRE will update Sub-contractual Relationships and Delegation Agreements to include the recommendation from HSAG during the compliance review.

Objective #1
The NMRE will ensure that in future agreements there is specific language around "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".

Goal #11
The NMRE will update its credentialling standards to align with its Specialty Supports and Services Contract with the State and federal regulations.

Objective #1
The NMRE will update its annual monitoring tools, as applicable, to ensure evidence is collected in policy, procedure, and practice regarding its delegation review of member concerns, grievances, appeal information, or quality issues during periods of individual practitioner recredentialing.

Objective #2
Since CMHSPs have recently taken over running all staff in a monthly third-party exclusion check, the NMRE will annually and periodically ensure that the CMHSPs processes for exclusions checks are maintained each month and verify their processes for validation of the reports.

Objective #3
The NMRE will create a new monitoring tool specific to organizational credentialing and recredentialing using the HSAG tool as an example. The NMRE will ensure all standards in the MDHHS Credentialing and Recredentialing Guidelines are reviewed. The NMRE will further ensure that evidence of credentialing decision and accreditation or ongoing quality assessment, and timeframes, are reviewed.

Objective #4
The NMRE will host a series of Credentialing Roundtables for the region with the intension of educating the staff that do the actual individual credentialing. This will allow the NMRE to drive a series of interactive meetings that allow the CMHSPs to discuss their processes as a group and review the following in an organized manner:

a. The NMRE's Specialty Supports and Services contract with the State's credentialing and recredentialing standards (including timeline and all credentialing application requirements),
b. HSAG's monitoring tool requirements,
c. NMRE's monitoring tool requirements,
d. CAP document and noted deficiencies,
e. MDHHS credentialing report requirements, and

f. Localized CMHSP practices that are responsible for deficiencies and recommended changes for "best practice."