MSHN
Mid-State Health Network

REGIONAL OPERATIONS COUNCIL/CEO MEETING
Key Decisions and Required Action
Date: November 19, 2018

Members Present: Chris Pinter; Kerry Possehn; John Obermesik; Lindsey Hull; Maribeth Leonard; Carol Mills, Sandy Lindsey; Sara Lurie; Sharon Beals; Suzanne Prich; Tammy Quillan
Members Absent: Steve Vernon
MSHN Staff Present: J. Sedlock, A. Horgan; for pertinent sections: L. Thomas, C. Watters

Agenda Item		Action Required
Discussion of Issues Affecting the Relationship Between CMHSP Participants and MSHN	Background: Many months ago, the Operations Council identified that there were several issues that may be impacting operations in our region, including issues affecting our relationship, that should the Operations Council should discuss. This meeting was previously scheduled but was rescheduled to this date in order to avoid having this needed discussion overshadowed by more recent dialog surrounding potential for contracting with MDOC. Summary: The Operations Council Charter was provided and available for reference. This was a two-and-a-half-hour discussion where the following main themes/issues were identified by the Operations Council: • The recent MSHN Board Annual Self-Evaluation items contained a few comments, which the Operations Council took particular note of. These individual comments by some MSHN board members were noted: o "After the last board meeting I feel there is a disconnect between the operations council and the board with regard to the priorities and the direction of Mid-State" (Mission, Vision, Strategic Direction Section) o "There will be a breakdown of collegiality between CEO and coordinating (Operations) council" and "Breakdown in communication" (Greatest Concern Section) o "exploration and confirmation of a mission/vision" (Greatest Opportunity for Improvement) • The Operations Council agrees that MSHN even with its challenges, is still a great PIHP and the envy of many other CMHSPs and PIHPs • Impact of 298 activities and anticipated trajectory of the initiative raises many concerns for MSHN and the region around future of our system, future of MSHN itself, impact on attitudes and perceptions of roles and responsibilities, concerns around effort and resources required in initiating and developing regional efforts • CMHSP perspective by most of being expected to participate in regional activities, workgroups, councils, committees and other projects while dealing with limited resources/staff availability. This is leading to fatigue with regional initiatives and in some cases burnout • Perception by some that there is significant overlap in agenda/initiatives being addressed by more than one Committee/Council/workgroup leading to a perception of redundancy, non-value-added time/effort; in some cases, questioning whether there are too many initiatives occurring that are not based in some external requirement or agreed upon initiative/project. • Perception by some that there appears to be less collaborative and more prescriptive approach in some Councils/Committees or Workgroups, noting that in some cases, the region doesn't have a choice about whether to implement a particular initiative (if it is required by external parties) which would lead to a more prescribed, less collaborative posture in those cases. A couple of focus areas for determining whether we should adjust the approach are	

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	in the Quality, Customer Service and Provider Network groups. • Perception by some that MSHN Provider Performance Reviews ("Audits") are unnecessarily rigid. Perception by some that the standards of not pertinent to operations on the ground. Perception by some that compliance issues raised by MSHN are not directly to standards; Some note that some compliance citations may be appropriate but are not retroactively correctable but can be corrected going forward but that MSHN insists on a Corrective Action Plan that requires retroactive correction. When conflict over audit findings occurs and seems unreasonable, MSHN team is perceived as not seeking upper level (MSHN) involvement in MSHN response. • MSHN operations Substance Abuse Prevention and Treatment (SAPT) Services without much discussion at or involvement of the Operations Council; creates tension that the Operations Council is not involved in nor advising MSHN on SAPT matters/operations. Some noted that there doesn't seem to be much effort at integrating SAPT services Integration into CMHSP • Philosophical position of some members of the Operations Council is opposition to centralization of functions (whether at MSHN or elsewhere). Recognition that as the 298-related structures emerge and continue, our focus on efficiency, collaboration, cost effectiveness will need to be reviewed and renewed if our system is to survive in a future we envision. • Recognition that the region needs to prepare the region and its providers for success regardless of "298" pathway (Retain Public Management; Privatize Management; or a hybrid). Strategies common to any of these options necessitate that we align and analyze cost; reduce avoidable and administrative costs; enhance collaborations at the local level; better physical health/SAPT/Behavioral Health service integration • Operations Council needs more clarity and needs to provide more clarity to our regional workforce, on the items that should be done together collaboratively, what should be done by the Regional Entity, and what should be done individually. • Many on the Operations Council are fatigued by focus on items perceived to be minutia or highly operational in nature, even while recognizing that is the proper role of the Council; packets are too large and too focused on items perceived to be less important. Need a renewed focus on strategy and tactics, direction for the future and building our region to meet the future we envision. Need more focus on "bigger picture" and where we want to be as a Regional Entity and as a Region. Noted that the interests of the Regional Entity and the CMHSP Participants should be mostly in alignment and if not, that should trigger a discussion so that we are working together toward the same interests/goals. • Desire by some for the Regional Entity to share its future vision with the Operations Council and that this be discussed, input incorporated, and results agreed upon. • Desire by most that MSHN engage in preparing the system for the future based on a shared vision of that future. There is universal agreement that we don't want our region or our Regional Entity to operate as if a commercial model. • Perception by some that we need to factor in tolerance for change, magnitude and timing of changes (especially larger ones), and the impacts on larger CMHSPs vs smaller CMHSPs • Most Operations Council members would like to spend more time learning from one another about important public policy, systems transformation, and improvement initiatives such as SIM, CCBHC, 298 transitions, Evidence Based Practices, etc. • Most Operations Council members support more MSHN-level aggregation of data, publication of performance metrics and ensuring reports published by MSHN are value-added to consumer care/services at the local level. • MSHN Operations Council discussed level of trust in the region and externally.

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	○ The MSHN proposal to potentially contract with the MDOC over the objection of most CMHSP participants is characterized by some as a strategic mistake. The general consensus of the Operations Council was to not move forward, but MSHN CEO still took it the MSHN board. MSHN maintains that this is their responsibility when disagreement between the CMHSP Participants and the Regional Entity exist, as documented in the Operations Council Charter (and elsewhere). These actions have contributed to an erosion of trust. ○ There are still many unanswered questions due to not having final proposed contract to review. ○ Some CMHSPs believe that the PIHPs should have a representative on the Contract and Financial Issues Committee and doing so would contribute to an environment of trust.				
	NEXT STEPS/FOLLOW-UP ITEMS:	By Who		By When	
	• Establish quarterly strategy-focused Operations Council meetings (options include designating 2 hours of our regular meeting for strategic/tactical discussions; designating entire May meeting for strategic focus, check-in on health/wellness of the region and its operations; more frequent views/updates on strategic plan goals/objectives).		J. Sedlock		01/14/2019
	○ Recognizing that we founded this region six years ago, conduct a review (and potentially revise) regional values principals considering current environment; develop a shared anticipated future vision		(J. Sedlock: Within Schedule Above)		
	○ Need to discuss and plan for better engagement of the Operations Council with MSHN SAPT administration, including more routine connections for Operations Council.		(J. Sedlock: Within Schedule Above)		
	▪ MSHN will add CMHSP CEOs to the MSHN Weekly SAPT Updates		J. Sedlock		11/20/2018
	• Periodic topic-based conference calls between meetings, especially to facilitate learning from one another about important public policy, systems transformation, and improvement initiatives such as SIM, CCBHC, 298 transitions, Evidence Based Practices, etc.		CMHSP CEOs coordinate through MSHN		Ongoing
	• For annual/periodic review of major regional plans (such as but not limited to QAPIP, Compliance, Utilization Management, Population Health, etc.) MSHN should develop an executive and change log summary and not review every edit/page in the plan. These items may be placed on the consent agenda and pulled for discussion when needed.		J. Sedlock; MSHN Leadership		Practice Change: Ongoing

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	• Conduct an inventory of Councils/Committees/Workgroups and review at the January Operations Council meeting to determine redundancy/overlap and/or ability to reduce the number of functioning groups through consolidation or retirement of the group (also on this meeting's agenda, see V.I.)		J. Sedlock/A. Horgan		12/20/2018
	• MSHN leadership will request that Council/Committee/Workgroup leads conduct a review and make recommendations as to more efficient and equally effective reduction in Council/Committee/Workgroup workload and/or assignments		J. Sedlock/A. Horgan		12/03/2018
	• Develop data on SUD services provided by CMHSPs, including IDDT/COD		A. Horgan		01/30/2019
	• Apply lessons learned in our recent disagreements over MDOC contracting to future disagreements and conflict management		All		Ongoing
Consent Agenda	Items removed from consent agenda for discussion: • III.K.: Penetration Rate – Months of January/April seem to have issues – Need to check and revise • III.L.: Balanced Scorecard – Penetration Rate doesn't tie to the above numbers in the Penetration Rate report • III.D. QAPIP – Page 8 of packet – misspelled definitions				
	All other items approved; follow-up on Balanced Scorecard and Penetration Rate Report Issues; supply corrected report to Ops	By Who	A. Horgan		12/17/2018
	Ask MSHN report producers to ensure that column labels are repeated on second/subsequent pages of multi-page columnar reports (ex: Penetration Rate Report)		A. Horgan		11/30/2018
FY 18 Preliminary Year End Savings Estimates/Reports • **FY18, Q4 Supplemental Payment Variance Report**	L. Thomas provided a review of the Regional Financial Reports. Based on preliminary year end estimates, Medicaid and Autism revenue was $31M in excess of expense. Healthy Michigan revenue were $5M under expense. Medicaid will be redirected to cover the HMP revenue deficit. Total projected contribution to savings is $26M. About $19M is being directed to ISF; ISF will be fully funded at $41.5M; Remainder ($6.9M) will be beginning Savings balance for FY19				
	Informational Only	By Who	N/A	By When	N/A
Committee Charter Renewals: • **Utilization Management** • **Customer Services Committee** • **Clinical Leadership Committee**	Approved with the following changes: UM: Use appointments language as identified in the Customer Service Charter CSC: no changes; reword the "participate in DMC" to review of standards in the DMC tool that pertain to Customer Services CLC: no changes All future MSHN charters should indicate meeting packets to be received one week in advance.				

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	All future annual renew of Council/Committee/Workgroup Charters will be through inclusion on the consent agenda. Members can remove consent agenda items for discussion as needed. All future MSHN charters should include: • Membership Section: "CMHSP designees become members of the (Committee/Workgroup Name) through appointment by their respective CEO/Executive Director • Meeting Efficiency Section: "The agenda and related materials will be distributed to the (Committee/Workgroup Name) one week in advance of the meeting.	By Who	A. Horgan A. Horgan -> MSHN Leadership Team	By When	11.30.18 11/30/2018
298-Related CMHSP/PIHP Separation Planning Workgroup	This workgroup is temporary and is necessary to plan and develop recommendations for MSHN Administration, MSHN Board and participating CMHSPs regarding the position of the region relative to the potential separation of a Saginaw CMHSP from the PIHP for the purposes, and for the duration, of the 298 pilots. This workgroup is charged with addressing, resolving where possible, and making recommendations to the appropriate body including the polices, practices, procedures to be used in the separation process, the outcomes, principles, objectives and activities to be used in managing the separation process, and to make recommendations for revisions to governing, operational, policy or procedure documents related to this scope of work. Charter reviewed and should exclude participation of Saginaw CMHSP noting that Saginaw CMHSP will be involved after some of these issues are addressed by what will be the remaining CMHSPs in the region.				
	• Approved. CMHSP CEOs asked to send any specifically suggested members to J. Sedlock by 11/30. • MSHN will then review suggested appointees, make recommendations to fill any identified subject matter expertise gaps, and send to CMHSP CEOs for email consideration/action.	By Who	CMH CEOs J. Sedlock	By When	11.30.18 12/21/2018
Inpatient Contract, Attachment C – RR Policy & Procedure, Review & Approval (Follow-Up)	C. Watters reviewed the edits and process used to develop Attachment C- Recipient Rights Policies. Developed with and provided to the provider network committee; Document has been distributed to CMHSP contract managers.				
	Informational; follow up from previous Operations Council meeting	By Who	N/A	By When	N/A
Inpatient Contract Status Review	C. Watters reviewed status of regional implementation of the standardized Inpatient Contracts; working with a few individual hospitals to come to agreement; agreements will be brought forward to next iteration of standardized template via the established change management process. J. Sedlock informed group that due to personnel transitions at BHDDA, state-wide effort to set a tiered rate for hospitals will now be on hold and may not come back to an initiative. MSHN had set a goal to have regional rates per hospital more than 18 months ago and put that initiative on hold due to the State convening the referenced workgroup. We may need to revisit this as a strategic issue.				

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	Informational Only	By Who	N/A	By When	N/A
Revised MSHN Regional Training Grid & Change Log	C. Watters reviewed the change log and training grid which is an attachment to the MSHN/CMHSP Medicaid Subcontract and between CMHSPs and their providers.				
	MSHN to send grid to Training Workgroup & Operations Council. Response requested from Operations Council members with any concerns or approval indication	By Who	C. Watters	By When	11.30.18
Authorization Requests (Follow-Up)	Discussed the original request of the Utilization Management and Admissions/Benefit Standardization (ABS) Workgroup from October; Operations Council agrees to provide 278 (or alternative format for CEI) for ABS workgroup; 278 (or alternative) will continue until the ABS workgroup has completed its research/use of that data, at which point this additional process can be terminated				
	MSHN will send out specifications including time frame for 278 information	By Who	A. Horgan	By When	12.30.18
HSW & IDD Proportions (Follow-Up)	Reviewed charts and information in the packet regarding HSW slots; MSHN has available slots				
	Informational Only	By Who	N/A	By When	N/A
MDOC Update (Follow-Up) • **Legal Opinion Discussion**	J. Sedlock provided a brief update. Six PIHPs scheduled for what we believe is the final contract negotiations meeting on 11/29. Still trying to iron out a few details, but mostly related to reimbursement/payment for administrative activities. If this meeting results in final agreements, indications are that MDOC intends to present the proposed contract to the State Administrative Board on 12/17 (or 12/19 – exact date unclear). State Admin Board approval is required for MDOC to offer the contract. MSHN does NOT expect to see the contract until sometime after the State Admin Board (could be days or weeks; exact time frame unknown). MSHN will not rush the process it is now board-required to complete. Steps include MSHN gathering input from CMHSP participants on the proposed contract; review of that input and the proposed contract by the MSHN Board Ad Hoc MDOC Contract Review Committee. The Review Committee will make a recommendation based on this input to the full MSHN Board. * Given the above timing, it is unlikely that this work can be effectively completed prior to the January 8, 2019 board meeting. This may require that the board consider a special meeting in January or February or put off until the regular meeting in March 2019. This will depend in part on response deadlines. The MSHN Operations Council developed detailed questions for response/opinion by MSHN Counsel. The legal opinion was received and included in the Operations Council packet. There was brief discussion of the opinion (given lack of available time in this meeting). A straw poll was conducted on the question of where CMHSPs are at with their support/opposition based on the expanded legal opinion. Most Operations Council members have not changed their position/opinion.				
	MSHN will distribute a final proposed contract as soon as it is received. Depending on timing, MSHN will schedule a special	By Who	J. Sedlock	By When	12.20.18

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	meeting of the Operations Council exclusively to consider the issues raised by CMHSP Participants and addressed in the legal opinion and the MDOC proposed contract noting that this input will be delivered to the Board Review Committee. • NOTE: MSHN indicated to the MSHN Board at its November board meeting that a copy of the legal opinion would be distributed to the MSHN Board after this discussion with the Operations Council.		J. Sedlock		11/21/2018
Unenrolled Population Management (298-Related) (Follow-Up) • **Legal Opinion Discussion**	The MSHN Operations Council developed detailed questions for response/opinion by MSHN Counsel. The legal opinion was received and included in the Operations Council packet. There was brief discussion of the opinion (given lack of available time in this meeting). Operations Council notes that the Request for Proposals may impact views of whether to pursue participation (MDHHS indicates not later than January 2019). There is opposition to pursuing this and many questions about the value of doing so to the Regional Entity and the region. Further discussion to occur once the MDHHS releases its RFP.				
	Further discussion once MDHHS releases RFP for management of the unenrolled population in relation to the 298 pilots (anticipate December/January) • NOTE: MSHN indicated to the MSHN Board at its November board meeting that a copy of the legal opinion would be distributed to the MSHN Board after this discussion with the Operations Council.	By Who	J. Sedlock J. Sedlock	By When	When RFP available 11/21/2018
MDHHS Network Adequacy Standards	Department issued standards included in the packet; MSHN pursued and received clarification with MDHHS on definition of terms (very important in determining compliance status and gaps). MSHN is gathering regional data to identify status and gaps and will develop the required narrative/plan in draft and distribute to CMHSPs for comment/input prior to the Department deadline of 12/15/18.				
	More info will be shared via email prior to submission of plan	By Who	J. Sedlock	By When	12.10.18
FY19 PIHP/MDHHS Contract Amendment#1 Review & Planning	Insufficient time to address this item at today's meeting.				
	Tabled to future meeting.	By Who		By When	
MCG/Parity Update	Insufficient time to address this item at today's meeting.				
	Tabled to future meeting.	By Who		By When	
MI Proposal 1 (Marijuana Legalization) – Implications	Insufficient time to address this item at today's meeting.				
	Tabled to future meeting.	By Who		By When	
Committees and Workgroups	Insufficient time to address this item at today's meeting.				

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	Tabled to future meeting. • MSHN will conduct an inventory of Councils/Committees/Workgroups and review at the January Operations Council meeting to determine redundancy/overlap and/or ability to reduce the number of functioning groups through consolidation or retirement of the group (also on this meeting's agenda, see V.I.) • MSHN leadership will request that Council/Committee/Workgroup leads conduct a review and make recommendations as to more efficient and equally effective reduction in Council/Committee/Workgroup workload and/or assignments	By Who	J. Sedlock/A. Horgan J. Sedlock/MSHN Leadership	By When	12/20/18 12/03/2018
ISF Consultation	Struggling to find outside consultant to assist the region in finalizing Operating Agreement (Article IV) language on replenishment of the ISF in the event it is used.;				
	CMHSP CEOs to send names if they have any. Operations Council to consider alternate strategy if we can't identify an appropriate consultant.	By Who	CMHSP CEOs J. Sedlock	By When	11/30/2018 01/14/2019
RELIAS UPDATE	Kickoff meeting December 5th; See no changes on CMH end				
	MSHN will develop process for new users and other operations considerations; MSHN will consider a letter of agreement a policy/procedure document to encapsulate processes to be used and will present details at a future meeting.	By Who	A. Horgan	By When	1.14.19