Mid-State Health Network

Board of Directors Meeting ~ July 5, 2022 – 5:00 p.m.

Board Meeting Agenda

THIS MEETING WILL BE HELD AT A PHYSICAL LOCATION WITH APPROPRIATE SOCIAL DISTANCING AND/OR MASKING REQUIREMENTS

Best Western Okemos/East Lansing Hotel & Suites
Stadium Room
2209 University Park Dr.
Okemos, MI 48864

MEMBERS OF THE PUBLIC AND OTHERS UNABLE TO ATTEND IN PERSON CAN PARTICIPATE IN THIS MEETING VIA TELECONFERENCE
Teleconference: (Call) 1. 312.626.6799; Meeting ID: 379 796 5720

1. Call to Order
2. Roll Call
3. **ACTION ITEM:** Approval of the Agenda

   Motion to Approve the Agenda of the July 5, 2022 Meeting of the MSHN Board of Directors
4. Public Comment (3 minutes per speaker)
5. Chief Executive Officer's Report *(Page 6)*
6. Deputy Director's Report *(Page 29)*
7. Chief Financial Officer's Report

   Financial Statements Review for Period Ended May 31, 2022 *(Page 31)*

   ACTION ITEM: Receive and File the Statement of Net Position and Statement of Activities for the Period ended May 31, 2022, as presented.
8. **ACTION ITEM:** Contracts for Consideration/Approval *(Page 38)*

   The MSHN Board of Directors Approve and Authorizes the Chief Executive Officer to Sign and Fully Execute the FY 2022 Contracts, as Presented on the FY 2022 Contract Listing
9. Executive Committee Report
10. Chairperson's Report
11. **ACTION ITEM:** Consent Agenda

    Motion to Approve the documents on the Consent Agenda

    11.1 Approval Board Meeting Minutes 05/03/22 *(Page 41)*
    11.2 Receive SUD Oversight Policy Board Minutes 04/20/22 *(Page 46)*
    11.3 Receive Board Executive Committee Minutes 06/17/22 *(Page 50)*
    11.4 Receive Policy Committee Minutes 06/07/22 (*Page 52*)

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Our Mission:

To ensure access to high-quality, locally-delivered, effective and accountable public behavioral health and substance use disorder services provided by its participating members

Our Vision:

To continually improve the health of our communities through the provision of premiere behavioral healthcare & leadership. MSHN organizes and empowers a network of publicly funded community partnerships essential to ensure quality of life while efficiently, and effectively addressing the complex needs of the region's most vulnerable citizens.

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Board of Directors Meeting Materials:
Click **HERE**
or visit MSHN's website at:
HTTPS://MIDSTATEHEALTHNETWORK.ORG/STAKEHOLDERS-RESOURCES/BOARD-COUNCILS/BOARD-OF-DIRECTORS/FY2022-MEETINGS

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Upcoming FY22 Board Meetings

Board Meetings convene at 5:00pm unless otherwise noted

September 13, 2022
Okemos Conference Center
Inside Comfort Inn Okemos/East Lansing
Ballroom
2187 University Park Dr.
Okemos, MI 48864

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Policies and Procedures
Click HERE or Visit
https://midstatehealthnetwork.org/provider-network-resources/provider-requirements/policies-procedures/policies

11.5 Receive Operations Council Key Decisions 05/16/22 *(Page 54)* and 06/20/22 *(Page 56)*

11.6 Approve the following policies:

11.6.1 Advance Directives *(Page 58)*

11.6.2 Customer Handbook *(Page 61)*

11.6.3 Customer Service *(Page 64)*

11.6.4 Enrollee Rights *(Page 68)*

11.6.5 Information Accessibility/Limited English Proficiency (LEP) *(Page 71)*

11.6.6 Medicaid Beneficiary Enrollees Appeals/Grievances *(Page 75)*

11.6.7 Recipient Rights for Substance Use Disorder Recipients *(Page 80)*

11.6.8 Regional Consumer Advisory Council *(Page 83)*

12. Other Business

13. Public Comment (3 minutes per speaker)

14. Adjourn

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FY22 MSHN Board Roster

Last Name	First Name	Email 1	Email 2	Phone 1	Phone 2	Appointing CMHSP	Term Expiration
Bohner	Brad	bbohner@tds.net		517.294.0009		LifeWays	2025
Brehler	Joe	jbrehler@sprynet.com		517.882.7491	517.230.5911	CEI	2025
Cadwallender	Bruce	bcadwall@umich.edu		517.703.4223		Shia Health & Wellness	2024
Cierzniewski	Michael	mikeciezniewski@yahoo.com		989.493.6236		Saginaw County CMH	2023
Colton	Craig	johnniec15@hotmail.com		989.912.0312		HBH	2023
DeLaat	Ken	kdelaat1@aol.com		231.414.4173		Newaygo County MH	2023
Griesing	David	davidgriesing@yahoo.com		989.823.2687		TBHS	2024
Grimshaw	Dan	midstatetitlesvcs@mstsinc.com		989.823.3391	989.823.2653	TBHS	2023
Hicks	Tina	tmhicks64@gmail.com		989.576.4169		GIHN	2024
Johansen	John	j.m.johansen6@gmail.com		616.754.5375	616.835.5118	MCN	2024
Ladd	Jeanne	stixladd@hotmail.com		989.634.5691		Shia Health & Wellness	2024
McFarland	Pat	pjmcfarland52@gmail.com		989.225.2961		BABHA	2023
McPeek-McFadden	Deb	deb2mcmail@yahoo.com		616.794.0752		The Right Door	2024
Mitchell	Ken	kmitchellcc@gmail.com		517.899.5334	989.224.5120	CEI	2025
Nyland	Gretchen	gretchen7080@gmail.com		616.761.3572		The Right Door	2025
O'Boyle	Irene	irene.oboyle@cmich.edu		989.763.2880		GIHN	2023
Peasley	Kurt	peasleyhardware@nethawk.com		989.560.7402	989.268.5202	MCN	2024
Phillips	Joe	joe44phillips@hotmail.com		989.386.9866	989.329.1928	CMH for Central	2023
Raquepaw	Tracey	tl.raquepaw@icloud.com	raquepawt@michigan.gov	989.737.0971		Saginaw County CMH	2025
Ryder	Tom	tomryder51@yahoo.com		989.860.8095		BABHA	2025
Scanlon	Kerin	kscanlon@tm.net		502.594.2325		CMH for Central	2025
Twing	Susan	set352@hotmail.com		231.335.9590		Newaygo County MH	2025
Vacant	Vacant					HBH	2023
Woods	Ed	ejw1755@yahoo.com		517.392.8457		LifeWays	2024

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ACRONYMS - Following is a list of commonly used acronyms you may read or hear referenced in a MSHN Board Meeting:

1115: Reference is to the "1115 Waiver" which is a section of the Social Welfare Act (federal) under which the Secretary of Health and Human Services has legal authority to waive certain provisions of the act.

ACA: Affordable Care Act

ACT: Assertive Community Treatment

ARPA: American Rescue Plan Act (COVID-Related)

ASAM: American Society of Addiction Medicine

ASAM CONTINUUM: Standardized assessment for adults with SUD needs

ASD: Autism Spectrum Disorder

BBA: Balanced Budget Act

BH: Behavioral Health

BHH: Behavioral Health Home

BHDDA: Behavioral Health and Developmental Disabilities Administration

BPHASA – Behavioral and Physical Health and Aging Services Administration

BH-TEDS: Behavioral Health – Treatment Episode Data Set

CC360: CareConnect 360

CCBHC: Certified Community Behavioral Health Center

CAC: Certified Addictions Counselor
Consumer Advisory Council

CEO: Chief Executive Officer

CFO: Chief Financial Officer

CIO: Chief Information Officer

CCO: Chief Compliance Officer
Chief Clinical Officer

CFR: Code of Federal Regulations

CFAP: Conflict Free Access and Planning (Replacing CFCM)

CFCM: Conflict Free Case Management

CLS: Community Living Services

CMH or CMHSP: Community Mental Health Service Program

CMHA: Community Mental Health Authority

CMHAM: Community Mental Health Association of Michigan

CMS: Centers for Medicare and Medicaid Services (federal)

COC: Continuum of Care

COD: Co-occurring Disorder

CON: Certificate of Need (Commission) – State

CPA: Certified Public Accountant

CQS: – Comprehensive Quality Strategy

CRU: Crisis Residential Unit

CS: Customer Service

CSAP: Center for Substance Abuse Prevention (federal agency/SAMHSA)

CSAT: Center for Substance Abuse Treatment (federal agency/SAMHSA)

CW: Children's Waiver

DAB: Disabled and Blind

DEA: Drug Enforcement Agency

DMC: Delegated Managed Care (site visits/reviews)

DRM: Disability Rights Michigan

DSM-5: Diagnostic and Statistical Manual of Mental Disorders, 5th Edition

EBP: Evidence-Based Practices

EEO: Equal Employment Opportunity

EMDR: Eye Movement & Desensitization Reprocessing therapy

EPSDT: Early and Periodic Screening, Diagnosis and Treatment

EQI: Encounter Quality Initiative

EQR: External Quality Review (federally mandated review of PIHPs to ensure compliance with BBA standards)

FC: Finance Council

FI: Fiscal Intermediary

FOIA: Freedom of Information Act

FSR: Financial Status Report

FTE: Full-time Equivalent

FQHC: Federally Qualified Health Centers

FY: Fiscal Year (for MDHHS/CMHSP runs from October 1 through September 30)

GAIN: Global Appraisal of Individual Needs assessment for adolescents with SUD needs.

GF/GP: General Fund/General Purpose (state funding)

HB: House Bill

HCBS: Home and Community Based Services

HIPAA: Health Insurance Portability and Accountability Act

HITECH: Health Information Technology for Economic and Clinical Health Act

HMP: Healthy Michigan Program

HMO: Health Maintenance Organization

HRA: Hospital Rate Adjuster

HSAG: Health Services Advisory Group (contracted by state to conduct External Quality Review)

HSW: Habilitation Supports Waiver

ICD-10: International Classification of Diseases – 10th Edition

ICO: Integrated Care Organization (a health plan contracted under the Medicaid/Medicare Dual eligible pilot project)

I/DD: Intellectual/Developmental Disabilities

IDDT: Integrated Dual Diagnosis Treatment

IOP: Intensive Outpatient Treatment

ISF: Internal Service Fund

IT/IS: Information Technology/Information Systems

KPI: Key Performance Indicator

LBSW: Licensed Baccalaureate Social Worker

LEP: Limited English Proficiency

LLMSW: Limited Licensed Masters Social Worker

LMSW: Licensed Masters Social Worker

LLPC: Limited Licensed Professional Counselor

LPC: Licensed Professional Counselor

LOCUS: Level of Care Utilization System

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ACRONYMS - Following is a list of commonly used acronyms you may read or hear referenced in a MSHN Board Meeting:

LTSS: Long Term Supports and Services

MAHP: Michigan Association of Health Plans (Trade association for Michigan Medicaid Health Plans)

MAT: Medication Assisted Treatment (see MOUD)

MCBAP: Michigan Certification Board for Addiction Professionals

MCO: Managed Care Organization

MDHHS: Michigan Department of Health and Human Services

MDOC: Michigan Department of Corrections

MEV: Medicaid Event Verification

MHP: Medicaid Health Plan

MI: Mental Illness
Motivational Interviewing

MiHIA: Michigan Health Improvement Alliance

MiHIN: Michigan Health Information Network

MLR: Medical Loss Ratio

MMBPIS: Michigan Mission Based Performance Indicator System

MOUD: Medication for Opioid Use Disorder (a sub-set of MAT)

MP&A (MPAS): Michigan Protection and Advocacy Service

MPCA: Michigan Primary Care Association (Trade association for FQHC's)

MPHI: Michigan Public Health Institute

MRS: Michigan Rehabilitation Services

NACBHDD: National Association of County Behavioral Health and Developmental Disabilities Directors

NAMI: National Association of Mental Illness

NASMHPD: National Association of State Mental Health Program Directors

NCQA: National Committee for Quality Assurance

NCMW: National Council for Mental Wellbeing

NMRE: Northern Michigan Regional Entity (PIHP Region 2)

OC: Operations Council

OHCA: Organized Health Care Arrangement

OIG: Office of Inspector General

OMT: Opioid Maintenance Treatment - Methadone

OP: Outpatient

OROSC: Office of Recovery Oriented Systems of Care (State SUD Office)

OTP: Opioid Treatment Provider (formerly methadone clinic)

PA: Public Act

PA2: Liquor Tax act (funding source for some MSHN funded services)

PAC: Political Action Committee

PASARR: Pre-Admission Screening and Resident Review

PCP: Person-Centered Planning
Primary Care Physician

PEP: Performance Enhancement Plan

PFS: Partnership for Success

PEO: Professional Employer Organization

PEPM: Per Eligible Per Month (Medicaid funding formula)

PI: Performance Indicator

PIP: Performance Improvement Project

PIHP: Prepaid Inpatient Health Plan

PMV: Performance Measure Validation

PN: Prevention Network

Project ASSERT: Alcohol and Substance abuse Services and Educating providers to Refer patients to Treatment

PS: Protective Services

PTSD: Post-Traumatic Stress Disorder

QAPIP: Quality Assessment and Performance Improvement Program

QAPI: - Quality Assessment Performance Improvement

QHP: Qualified Health Plan

QM/QA/QI: Quality Management/Assurance/Improvement

QRT: Quick Response Team

RCAC: Regional Consumer Advisory Council

REMI: MSHN's Regional Electronic Medical Information software

RES: Residential Treatment Services

RFI: Request for Information

RFP: Request for Proposal

RFQ: Request for Quote

RR: Recipient Rights

RRA: Recipient Rights Advisor

RRO: Recipient Rights Office/Recipient Rights Officer

SAMHSA: Substance Abuse and Mental Health Services Administration (federal)

SAPT: Substance Abuse Prevention and Treatment (when it includes an "R", means "Recovery")

SARF: Screening, Assessment, Referral and Follow-up

SCA: Standard Cost Allocation

SDA: State Disability Assistance

SED: Serious Emotional Disturbance

SB: Senate Bill

SIM: State Innovation Model

SIS: Supports Intensity Scale

SMI: Serious Mental Illness

SPMI: Severe & Persistent Mental Illness

SSDI: Social Security Disability Insurance

SSI: Supplemental Security Income (Social Security)

SSN: Social Security Number

SUD: Substance Use Disorder

SUD OPB: Substance Use Disorder Regional Oversight Policy Board

TANF: Temporary Assistance to Needy Families

UR/UM: Utilization Review or Utilization Management

VA: Veterans Administration

WM: Withdrawal Management (formerly "detox")

WSA: Waiver Support Application

YTD: Year to Date

ZTS: Zenith Technology Systems (MSHN Analytics and Risk Management Software)

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REPORT OF THE MSHN CHIEF EXECUTIVE OFFICER TO THE MSHN BOARD OF DIRECTORS May/June 2022

Recently published data from CDC "notes that 100,000 people died in the US in 2021 due to a drug overdose, more than any previous year. Out of the 100,000 deaths, 80,000 died from an opioid overdose."

MSHN underwent a site review for its compliance with State Opioid Response Federal and State funding requirements. MSHN was found to be in full compliance with applicable standards in our operations. Congratulations to Dr. Dani Meier, Dr. Trisha Thrush, Heather English, Sarah Andreotti, and Amy Keinath and all of our staff on this accomplishment.

After 30 years of public service, John Obermesik (Chief Executive Officer of Community Mental Health for Central Michigan [CMHCM]) has retired. The CMHCM Board has appointed Bryan Krogman to succeed him. Bryan has been at CMHCM for over 28 years, the last 7 years as Deputy Director for Administration. Please join me in congratulating Mr. Krogman on his appointment.

PIHP/REGIONAL MATTERS

1. COVID-19 MSHN Internal Operations Status:

- MSHNs suite of four offices within the Michigan Optometric Association (MOA) building have been closed since March 16, 2020.
- All MSHN personnel remain engaged in the work of supporting our region, its providers, and beneficiaries. All MSHN personnel are working from remote locations 100% of the time, except for three positions that are office or field based.
- Mid-State Health Network internal operations will continue to be performed and conducted via away from office (remote) work arrangements for an indeterminate period, for all employee classifications unless specific operational or business requirements mandate that a specific employee or group of employees be deployed for in-person work at either the MSHN office location(s) or at provider or community-based site(s). We remain in regular communication directly with MSHN staff and through leadership team members.
- MSHN Leadership has finalized a Post-Pandemic Operations Plan. As previously reported, the plan contains general operating principles, a position-by-position analysis with post-pandemic deployment instructions, and a new remote work agreement and related requirements and policies.

  Mid-State Health Network (MSHN) by almost every observable measure has, with very few and mostly circumstance- limited exceptions, been successful at converting office-based operations to entirely remote operations, accounting for an initial adjustment period, since March 16, 2020, and continuing through present. By almost every supervisor report, MSHN staff have effectively, efficiently, safely, and completely adjusted to remote-based work.

To inform its decision-making on post-pandemic operations, MSHN conducted (1) an employee survey, and (2) a provider survey both of which asked several questions about post-pandemic operational preferences, and (3) a position-by-position analysis of the optimal means of accomplishing job functions and tasks and (4) published a draft plan for employee comment and feedback during April 2022. The results of all of these activities have informed our final plan.

MSHN will give its employees at least sixty days notice before implementing the plan, which implements a move away from all-remote to hybrid model of operations similar to our pre-pandemic operations. The plan requires some on-site activities, but also continues a mostly remote, field/office/community – based posture with most employees' official work site being a remote location (for most, their home).

2. **MSHN Regional Operations Status:**

- CMHSPs: All CMHSPs in the region remain functional and capable of delivering all essential services and supports to beneficiaries, families, and communities. CMHSPs in the region are at various tiers and in various stages of office-based services re-engagement. Most are continuing with a blend of telehealth and in-person services.
- SUD Prevention, Treatment and Recovery Providers: All SUD providers remain functional and capable of delivering all essential services and supports to beneficiaries, families, and communities. In all cases, services and supports that can be delivered telephonically or by means of video or other alternatives to in-person/face-to-face have been developed and deployed (as authorized under State guidance).

3. **Regional Provider Staffing Crisis Stabilization Update:**

At its March 2022 meeting, the MSHN Board approved the allocation of up to $13M in MSHN resources for Provider Staffing Crisis Stabilization activities. MSHN's regional guidance is located on the MSHN Coronavirus website at this link. MSHN will provide a detailed summary of how these funds have been used when the program ends. As an update through May 31, 2022, MSHN's region approved requests from 95 providers totaling approximately $11.8M in total ($5.2M through the board approved allocation referenced above and another $6.6M funded through existing PEPM financing to the region's CMHSPs).

4. **Office Building Update:**

The MSHN post-pandemic operations plan referenced above will necessitate changes to how MSHN utilizes its physical space. The current lease for MSHN-occupied space terminates, if not renewed, September 2022. MSHN currently occupies four suites on two floors of the building owned by the Michigan Optometric Association (MOA). The current space is allocated among the four suites as follows: (Upper floor: Suite B = 1,200 sf, Suite C= 1,353 sf; Lower floor: Suite E = 1,320 sf, Suite F (main) = 1,500 sf) and current lease per sf cost is $13.75/sf. Given how the space is currently physically configured, it is designed for 20-25 people but currently MSHN has 43 employees. Physical (social) distancing will still be needed in a post-pandemic world and reducing the amount of space MSHN occupies would make continuation of social distancing practices (even while continuing many employees in remote or hybrid arrangements) extremely difficult.

Given the new post-pandemic operations plan described above, MSHN has reached agreement with its landlord to maintain existing office space at significantly reduced rent. MSHN will present a lease renewal contract at the July board meeting to extend the lease on the lower level suites for three years at market rates (first year $13.75/sf) and the upper level suites for one year at significantly reduced rent ($7/sf). Office space

requirements will be evaluated one year after the implementation of post-pandemic operations plan and needed adjustments may be made at that time.

5. **Michigan Legislative System Redesign Bills - Update:**

A substitute to SB 714 which is an appropriations bill that includes many millions of dollars that were all tie-barred to the passage of SB 597/598 (which would privatize the public behavioral health system) was introduced. The substitute removed the tie-bar to the senate policy bills with a few exceptions. The substitute contains several hundred million dollars that are not tie-barred to SB 597/598 and several that remain. The Substitute SB714 was voted out of the Senate by a vote of 36-1. The passage of this bill does NOT mean that SB 597/598 will be moved. The CMH Association reports that SB 597/598 are being pushed by Senator Shirkey, but have not yet moved forward (presumably due to insufficient votes for passage).

Chairperson Woods, Bishop Ira Combs (Homes for Christ) and I met with a Senator on June 21, 2022 to provide information relating to SB 597/598. The three of us explained what PIHPs are, how they work, the efficiencies, the collaboration, population health, integrated healthcare locally and at the PIHP level, and many other aspects that we perceive would be damaged or destroyed if the 597/598 bills were passed. We didn't spend time repeating the talking points he already knows by heart (and it is clear he does). We did spend a lot of time talking about potential community impacts, how the public system is community focused (as compared to health plans that are enrollee focused) and what this potentially means at the local level. We identified community residents that would be left out if the senate bills are passed, and the resulting complexities of having at least two health plans in any given community (as would be required) came into existence because of the bills. This meeting was very positive, and we anticipate continued support from the Senator.

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6. **MSHN Board Meeting Venue Preferences:**

In our planning for future board meetings, we would like some feedback on the venues we have held meetings at recently. During my remarks at board meeting, I will ask whether you favor the space at Lansing Community College or at the Best Western Okemos.

STATE OF MICHIGAN/STATEWIDE ACTIVITIES

7. **Opioid Health Home Coming to the MSHN region:**

Starting in FY23, MSHN will be implementing an Opioid Health Home (OHH) serving Saginaw, Bay, Arenac and Midland counties. More will likely follow once this first one is launched. Per MDHHS, an OHH "provides comprehensive care management and coordination services to Medicaid beneficiaries with Opioid Use Disorder … and function as the central point of contact for directing patient-centered care across the broader health care system." OHH enrollees will have an interdisciplinary team of providers that includes and elevates the central role of peer recovery coaches to foster engagement and improve overall health.

Opioid health homes operate on a monthly case rate model and receive reimbursement for providing the following federally mandated core services:

1. Comprehensive care management
2. Care coordination
3. Health promotion
4. Comprehensive transitional care
5. Individual and family support
6. Referral to community and social support services

MSHN's SUD Clinical Team (Rebecca Emmenecker, Trisha Thrush, Dani Meier) Finance Department (Leslie Thomas and Amy Keinath) and others are working together with our provider partner(s) to ensure our region has a successful launch and opportunities for the OHH to expand into other Region 5 counties.

8. **School Safety Task Force Recommendations:**

The report at this link was written in 2018 and includes 29 recommendations to address school safety. Providing a link to this report seems timely given recent events in our country.

9. **Michigan Health Integration Updates:**

I have been reporting on the Michigan Health Integration Activities and many other BPHASA initiatives. Please see the attached update provided by BPHASA on the status of these many initiatives directly related to State Integration Initiatives. Also note that MSHN is directly involved in these initiatives.

10. **Michigan Psychiatric Care Improvement Project:**

I have been reporting on the Michigan Psychiatric Care Improvement Project and many other BPHASA initiatives. Please see the attached update provided by BPHASA on the status of these many initiatives directly related to Psychiatric Care Improvement. Also note that MSHN is directly involved in these initiatives.

FEDERAL/NATIONAL ACTIVITIES

11. **Resources to Help Children, Families, Educators and Communities after mass shootings or other forms of community violence:**

The SAMHSA-funded National Child Traumatic Stress Network has developed a range of resources to help children, families, educators, and communities including the following:

- Talking to Children about the Shooting
- Helping Youth After a Community Trauma: Tips for Educators (En Español)
- Talking to Teens about Violence (En Español)
- Coping After Mass Violence: For Adults
- For Teens: Coping After Mass Violence (En Español)
- Helping School-Age Children with Traumatic Grief: Tips for Caregivers (En Español)

- Helping Teens with Traumatic Grief: Tips for Caregivers (En Español)
- Helping Young Children with Traumatic Grief: Tips for Caregivers (En Español)
- After a Crisis: Helping Young Children Heal"

12. **National Drug Control Strategy:**

The Biden Administration has released its 2022 National Drug Control Strategy that "outlines a comprehensive path forward to address addiction and the overdose epidemic. The President's Strategy is the first-ever to champion harm reduction to meet people where they are and engage them in care and services. It calls for actions that will expand access to evidence-based treatments that have shown to reduce overdose risk and mortality. Finally, it emphasizes the need to develop stronger data collection and analysis systems to better deploy public health interventions…The Strategy focuses on two critical drivers of the epidemic: untreated addiction and drug trafficking.

Untreated addiction:
- Expand high-impact harm reduction interventions like halo one.
- Ensure those at highest-risk of an overdose can access evidence-based treatment.
- Improve data systems and research that guide drug policy development.

Going After Drug Trafficking and Illicit Drug Profits:
- Obstruct and disrupt financial activities of transnational criminal organizations (TCOs) that manufacture illicit drugs and traffic them into the United States.
- Reduce the supply of illicit drugs through domestic collaboration and international coordination.
- Reduce the supply of illicit drugs smuggled across our borders."

13. **Mental Health Reform Act Reauthorization:**

Two Senators of the Senate HELP Committee (Murphy and Cassidy) on May 10 introduced legislation to reauthorize the 2016 *Mental Health Reform Act* set to expire in September. This action follows their October 6, 2021, call for input "requesting feedback from patients, families, health care providers, advocacy organizations, and state, local, tribal, and territorial governments on the effectiveness of the historic federal mental health and substance use disorder programs that were signed into law in 2016." According to the Senators' press release, "The *Mental Health Reform Reauthorization Act of 2022* also addresses COVID-19's devastating impact on the national mental health crisis, especially among children, by building upon the 2016 legislation to improve and expand those programs…**Our hope is that we will be able to bring this bill to the [HELP] committee, perhaps including other priorities for members, and be able to report out this year a comprehensive mental health reform package**." Further, the HELP Committee shares jurisdiction over matters of health with the Senate Finance Committee which has jurisdiction over CMS, including Medicaid and CHIP. "Specifically, the *Mental Health Reform Reauthorization Act of 2022* would:

Strengthen existing mental health and substance use disorder parity laws by:
- Authorizing $25 million to support states' ability to enforce existing laws around mental health and substance use disorder parity;
- Preventing health insurance plans that cover frontline workers from refusing to provide parity coverage.

-

Improve community mental health services by:

- Authorizing a significant increase in Mental Health Services Block Grant (MHBG) funding for states to provide mental health services and promoting increased quality of programs for those with a Serious Mental Illness (SMI);
- Reauthorize HRSA's Promoting Integration of Primary and Behavioral Health Care (PIPBHC), which places behavioral health specialists in primary care offices.

Expanding access to pediatric mental health care by:

- Promoting increased mental health care access in schools and emergency departments through HRSA's Pediatric Mental Health Care Access Program (PMHCAP);
- Expanding training in behavioral health for pediatricians and other primary care providers who treat children and adolescents through HRSA's Primary Care Training and Enhancement Program;
- Reauthorizing SAMHSA's Programs for Children with Serious Emotional Disturbances.

Increasing recruitment of a diverse mental health workforce by:

- Expanding SAMHSA's Minority Fellowship Program (MFP) through increased funding and inclusion of addiction medicine physicians to meet the need for a diverse Substance Use Disorder treatment workforce;
- Reauthorizing HRSA's Mental and Behavioral Health Education and Training Grants to increase the supply of behavioral health professionals with a special focus on helping children, adolescents and youth at risk for behavioral health condition.

Providing a path to recovery for vulnerable individuals by:

- Ensuring those served by SAMHSA's Grants for Jail Diversion Programs (JDP) are treated the same as any other patient by preventing unnecessary destabilizing medication changes;
- Empowering SAMHSA's Projects for Assistance in Transition from Homelessness (PATH) program to support access to desperately needed housing for the unhoused with mental illness."

Here is a link to a "one pager" on the legislation and here is a link to an unnumbered version of the bill.

14. Levels of Multi-Payer Collaboration:

A Milbank Memorial Fund issue brief notes that "in 2012, a group of health plans in Colorado formed and self-funded the Multi-Payer Collaborative (MPC) to focus on transforming primary care and reforming how it is paid for in their state"...to address the question of how "do a disparate group of health care payers, with different and often competing interests, develop and implement a common vision for high-quality, comprehensive primary care? With support from the Center for Evidence-based Policy, the MPC developed a *Framework for Integration of Whole-Person Care* which provides a roadmap for providers and payers on the journey toward more advanced, integrated levels of primary care delivery." The issue brief authors note "This substantive and unprecedented work was designed to serve as a shared expression by payers about the journey necessary to achieve advanced, integrated levels of primary care delivery and to specify a common set of measurable milestones that could be used by practices and payers alike."

15. Pain in the Nation: The Epidemics of Alcohol, Drug and Suicide Deaths

The Trust for America's Health and Well Being Trust has "released the new report *Pain in the Nation: The Epidemics of Alcohol, Drug and Suicide Deaths*, the latest in a series tracking the nation's deaths of despair crisis. This year's report found that deaths associated with alcohol, drugs, and suicide took the lives of 186,763

Americans in 2020, a 20 percent one year increase in the combined death rate and the highest number of substance misuse deaths ever recorded for a single year…The report includes recommendations for steps the federal, state, and local governments should take to begin to reverse the deaths of despair crisis. They include:

Invest in programs that promote health and prevent substance misuse and suicide:

- Support in-school programs focused on students' mental health and preventing substance use.
- Strengthen trauma-informed and culturally competent and linguistically appropriate programs within all youth-serving agencies, including the juvenile justice system.
- Strengthen the continuum of crisis intervention programs with a focus on the newly established "988" lifeline.
- Expand CDC comprehensive suicide-prevention efforts, including measures to strengthen economic supports, promote connectedness, and create protective environments.
- Build programs that address the social determinants of health and promote resilience in children, families and communities including those focused on the prevention of adverse childhood experiences.

Address the substance misuse and overdose crises:

- Promote harm-reduction policies to reduce overdose and blood-borne infections, including increasing access to syringe service programs, naloxone, and fentanyl test strips.
- Preserve and extend programs that create more flexible access to substance use disorder treatment during the pandemic.
- Direct funding from the opioid litigation settlement to primary prevention of youth substance misuse.
- Lower excessive alcohol use through policies that limit where and when alcohol can be served/purchased and by the use of alcohol excise taxes.

Transform the mental health and substance abuse prevention system

- Increase access to mental health and substance use treatment through full enforcement of the Mental Health Parity and Addiction Equity Act.
- Combat stigma about mental health issues and access to service.
- Modernize physical and mental health services by aligning service delivery, provider payment, quality measures, and training toward the whole health of individuals and integrated care.
- Build grassroots community capacity for early identification and intervention for individuals with mental health and substance use disorders, including through community-based or non-traditional settings."

16. National Quality Strategy

CMS relates that it "is taking an aggressive step forward as a national voice for quality. On April 12, 2022, the agency launched the CMS National Quality Strategy, an ambitious long-term initiative that aims to promote the highest quality outcomes and safest care for all individuals. The CMS National Quality Strategy focuses on a person-centric approach from birth to death as individuals journey across the continuum of care, from home or community-based settings to hospital to post-acute care, and across payer types, including Traditional Medicare, Medicare Advantage, Medicaid and CHIP coverage, and Marketplace plans. The CMS National Quality Strategy consists of eight core goals:

Goal 1: Embed Quality into the Care Journey
Goal 2: Advance Health Equity
Goal 3: Promote Safety
Goal 4: Foster Engagement
Goal 5: Strengthen Resiliency

Goal 6: Embrace the Digital Age
Goal 7: Incentivize Innovation and Technology Adoption to Drive Care Improvements
Goal 8: Increasing Alignment

The launch of the CMS National Quality Strategy and discussion of the overall vision for quality is the first phase in our new multi-part approach. The next and arguably most important phase is implementation.

17. **Increased Pandemic-Related Social Services Demand**

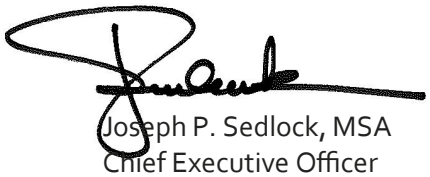
The Kaiser Family Foundation has published the results of a survey that has shown that *Community Health Centers Have Experienced Increased Demand for Social Services During the Pandemic*. "Community health centers have seen a rise in patients seeking non-medical services such as housing, food, nutrition, and transportation during the pandemic and have added new mental health and substance use disorder (SUD) services in response to growing needs.

- Over half of the health centers that responded to the survey said that, amid the economic disruption of the pandemic, more patients are seeking social and supportive services that complement primary care.
- A majority of centers reported providing on-site health literacy (71%) and transportation services (63%), while at least 4 in 10 report providing SNAP, WIC, or other nutritional services (44%) and healthy food options, such as an on-site food pantry or meal delivery (42%).
- Nearly two-thirds of health centers said they added new in-person or virtual mental health services, including individual and group therapy services. And roughly half of health centers (48%) saw an increase in patients with opioid use disorder during the pandemic, with a rising share of health centers providing medication-assisted treatment services.

Other key survey findings include:

- While health centers ramped up telehealth services during the pandemic, nearly all cited patients' lack of internet access (97%) and lack of comfort using telehealth technology (93%) as major or minor challenges.
- Eighty-five percent of responding health centers cited staffing shortages as a challenge in providing social and supportive services. The vast majority also cited staffing issues as a barrier to providing mental health and substance use disorder services.
- Eighty-one percent of responding health centers reported that it was very or somewhat difficult to schedule a specialist appointment for uninsured patients. Sixty-three percent reported difficulties scheduling such appointments for Medicaid fee-for-service patients, and 58 percent reported difficulties for Medicaid managed care patients."

Submitted by:



Joseph P. Sedlock, MSA
Chief Executive Officer
Mid-State Health Network
Finalized: 06/23/2022

Attachments:

- MSHN Michigan Legislative Tracking Summary, June 2022
- MDHHS Strategic Projects Update, June 2022
- Michigan Psychiatric Care Improvement Project, June 2022

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Compiled and tracked by Sherry Kletke

Below is a list of Legislative Bills MSHN is currently tracking and their status as of June 21, 2022:

BILL #	TITLE/INTRODUCER/DESCRIPTION	STATUS
HB 4075	Parking Spot Signage (LaFave) Modifies signage for parking spaces designated for persons with disabilities.	Committee Hearing in Senate Health Policy and Human Services Committee (5/12/2022)
HB 4076	Accessibility Symbol (LaFave) Modifies symbol of accessibility.	Committee Hearing in Senate Health Policy and Human Services Committee (5/12/2022)
HB 4414	Mental Health Transportation (LaFave) Creates standards and licensing requirements for mental health transport for involuntary psych hospitalization.	Reported in House (6/16/2022; With substitute H-2; By Health Policy Committee)
HB 4925	Mental Health (Whiteford) Modifies reference to citizens mental health advisory council to behavioral health oversight council and update.	Committee Hearing in House Health Policy Committee (3/17/2022)
HB 4926	Behavioral Health Care (Hammoud) Expands use of Medicaid funds for behavioral health care services.	Committee Hearing in House Health Policy Committee (3/17/2022)
HB 4927	Mental Health (Green) Eliminates reference to "department-designated community mental health entity" in the public health code.	Committee Hearing in House Health Policy Committee (3/17/2022)
HB 4928	Mental Health (Allor) Eliminates reference to "department-designated community mental health entity" in the Michigan liquor control code of 1998.	Committee Hearing in House Health Policy Committee (3/17/2022)
HB 5163	MAT Programs (Witwer) Requires certain hospitals to provide emergency-based medication-assisted treatment (MAT) programs and provides for grants from the department of health and human services to implement the MAT programs.	Reported in Senate (6/16/2022; S-2 substitute adopted; By Health Policy and Human Services Committee)
HB 5165 (PA 91)	Inpatient Psychiatric Services (Whiteford) Modifies adult inpatient psychiatric services ability to pay provision.	Signed by the Governor (6/6/2022; Signed: June 6, 2022, Effective: June 6, 2022)
HB 5166	Controlled Substances (Whiteford) Allows distribution of opioid antagonists by	Reported in Senate (6/16/2022; By Health Policy and Human Services Committee)

BILL #	TITLE/INTRODUCER/DESCRIPTION	STATUS
	community-based organizations under a standing order.	
HB 5353	Mental Health (Whiteford) Provides revisions to the Michigan crisis and access line.	Introduced (9/30/2021; To Health Policy Committee)
HB 5354	Mental Health (Whiteford) Creates the 9-8-8 suicide prevention and mental health crisis hotline fund.	Introduced (9/30/2021; To Health Policy Committee)
HB 5462	Medicaid (Outman, P.) Provides impact study related to eligibility for Medicaid program and provides public disclosure related to intentional program violations or fraud cases investigated.	Reported in House (2/22/2022; By Families, Children and Seniors Committee)
HB 5467	Open Meetings (Green) Provides policy related to member participation in virtual committee meetings.	Introduced (10/21/2021; To Local Government and Municipal Finance Committee)
HB 5482	Drug Court (Howell) Modifies eligibility to drug treatment courts.	Committee Hearing in House Judiciary Committee (2/22/2022)
HB 5483	Mental Health Court Participants (LaGrand) Modifies eligibility for mental health court participants.	Committee Hearing in House Judiciary Committee (2/22/2022)
HB 5484	Drug Court (Yancey) Modifies termination procedure for drug treatment courts.	Committee Hearing in House Judiciary Committee (2/22/2022)
HB 5488	Psychologists (Kahle) Modifies individuals who are authorized to engage in the practice of psychology in this state to include individuals who are authorized to practice under the psychology interjurisdictional compact.	Reported in Senate (6/16/2022; By Health Policy and Human Services Committee)
HB 5489	Psychologists (Brabec) Enacts psychology interjurisdictional compact.	Reported in Senate (6/16/2022; By Health Policy and Human Services Committee)
HB 5593	Mental Health (Calley) Provides community mental health oversight of competency exams for defendants charged with misdemeanors.	Introduced (12/1/2021; To Health Policy Committee)
HB 5709	Behavioral Health (Anthony) Provides equitable coverage for behavioral health and substance use disorder treatment.	Introduced (2/1/2022; To Insurance Committee)
HB 5921	FOIA (Johnson, S.) Amends freedom of information act provisions	Reported in House (6/9/2022; By Oversight Committee)

BILL #	TITLE/INTRODUCER/DESCRIPTION	STATUS
	related to civil actions challenging denials of record requests.	
HB 5922	FOIA (O'Malley) Amends freedom of information act to provide for disclosure of certain FOIA coordinator contact information.	Reported in House (6/9/2022; Substitute H-2 adopted; By Oversight Committee)
HB 5923	FOIA (VanWoerkom) Amends freedom of information act provisions related to a public body's response to record requests.	Reported in House (6/9/2022; Substitute H-1 adopted; By Oversight Committee)
HB 5924	FOIA (Fink) Amends freedom of information act to prevent certain tactics used to avoid requests for public records.	Reported in House (6/9/2022; Substitute H-1 adopted; By Oversight Committee)
HB 5925	FOIA (Posthumus) Amends freedom of information act provisions related to payment of fees for production of public records.	Committee Hearing in House (6/9/2022; Substitute H-1 adopted; Oversight Committee)
HB 5966	MIcare Act (Rabhi) Creates MIcare act.	Introduced (3/23/2022; To Health Policy Committee)
HB 5968	Opioid Healing And Recovery Fund (Whiteford) Creates Michigan opioid healing and recovery fund.	Received in Senate (5/3/2022; To Health Policy and Human Services Committee)
HB 5969	Opioid Advisory Commission (Whiteford) Creates opioid advisory commission.	Received in Senate (5/3/2022; To Health Policy and Human Services Committee)
HB 5970	Controlled Substances (Morse) Prohibits civil lawsuits related to opioids.	Received in Senate (5/3/2022; To Health Policy and Human Services Committee)
HB 6108	Youth Tobacco Act (Brann) Modifies youth tobacco act definition of minor to less than 21 years of age.	Received in Senate (6/16/2022; To Regulatory Reform Committee)
SB 14	Controlled Substances (Zorn) Modifies venue under the Michigan Penal Code for prosecution of delivery of a controlled substance causing death.	Reported in House (5/17/2022; By Judiciary Committee)
SB 15	Controlled Substances (Zorn) Modifies jurisdiction under the Code of Criminal Procedure for prosecution for delivery of controlled substance causing death.	Reported in House (5/17/2022; By Judiciary Committee)
SB 101	Mental Health (McBroom) Updates provisions within the Mental Health Code by creating standards and licensing	Reported in House (6/16/2022; With substitute H-2; By Health Policy Committee)

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BILL #	TITLE/INTRODUCER/DESCRIPTION	STATUS
	requirements for mental health transport for involuntary psych hospitalization.	
SB 190	Psychiatric Units (VanderWall) Requires accepting public patients as a condition of licensing for psychiatric hospitals and psychiatric units.	Committee Hearing in House Health Policy Committee (6/16/2022)
SB 191	Mental Health (VanderWall) Expands the definition of mental health professional to include physician assistants, certified nurse practitioners, and clinical nurse specialists-certified, and allow them to perform certain examinations.	Received in House (4/29/2021; To Health Policy Committee) Passed in Senate (4/29/2021; 35-0)
SB 321	Mental Health (Santana) Provides development or adoption of professional development standards for teachers on mental health first aid.	Passed in Senate (9/29/2021; 36-0)
SB 578	Controlled Substances (Brinks) Allows distribution of opioid antagonists by community-based organizations under a standing order.	Introduced (10/14/2021; To Health Policy Committee) Passed in Senate (10/14/2021; 35-0)
SB 579	MAT Programs (VanderWall) Requires certain hospitals to provide emergency-based medication-assisted treatment (MAT) programs and provides for grants from the department of health and human services to implement the MAT programs.	Introduced (10/14/2021; To Health Policy Committee) Passed in Senate (10/14/2021; 35-0)
SB 597	Behavioral Health Care (Shirkey) Provides specialty integrated plan in behavioral health services.	Advanced to Third Reading in Senate (3/2/2022; Earlier committee substitute S-3 adopted.)
SB 598	Mental Health (Bizon) Provides updates regarding the transition from specialty prepaid inpatient health plans to specialty integration plans.	Advanced to Third Reading in Senate (3/2/2022; Earlier committee substitute S-3 adopted.)
SB 614	Dietitians And Nutritionists (MacDonald) Provides licensure of dietitian nutritionists and nutritionists.	Committee Hearing in Senate Health Policy and Human Services Committee (5/19/2022--Canceled)
SB 705	Open Meetings (Irwin) Provides procedures for electronic meetings of public bodies.	Introduced (10/26/2021; To Local Government Committee)

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BILL #	TITLE/INTRODUCER/DESCRIPTION	STATUS
SB 707	Telehealth Visits (Hollier) Requires reimbursement rate for telehealth visits to be the same as reimbursements for office visits.	Introduced (10/28/2021; To Health Policy and Human Services Committee)
SB 714	Behavioral Health (Shirkey) Provides multidepartment supplemental for behavioral health changes.	Passed in Senate 6/15/22, Received in House (6/16/2022; To Appropriations Committee)
SB 792	Open Meetings (McMorrow) Modifies circumstances permitting electronic attendance of members at meetings of public bodies.	Introduced (12/14/2021; To Local Government Committee)
SB 854	Open Meetings (McCann) Modifies procedures for electronic meetings of public bodies and expand eligibility due to a medical condition.	Introduced (2/1/2022; To Oversight Committee)
SB 855	Drug Paraphernalia (Chang) Expands definition of drug paraphernalia to include object designed for the ingestion of nitrous oxide.	Reported in Senate (3/17/2022; By Health Policy and Human Services Committee)
SB 1080	Controlled Substances (McCann) Creates overdose fatality review act.	Introduced (6/14/2022; To Health Policy and Human Services Committee)
HR 231	Drug Paraphernalia (Slagh) A resolution to oppose the use of federal funds to purchase drug paraphernalia.	Introduced (2/16/2022)
HR 298	Direct Support Professionals Recognition (Kuppa) A resolution to urge Congress to pass legislation to recognize the critical role of direct support professionals.	Introduced (5/17/2022; To Health Policy Committee)

Michigan Integration Efforts

Service Delivery Transformation

June 2022 Update

Overview

Overview
MDHHS Integration Efforts include four key initiatives: Behavioral Health Homes (BHH), Opioid Health Homes (OHH), Certified Community Behavioral Health Clinics (CCBHC) and Promoting Integration of Primary and Behavioral Health Care (PIPBHC). Each initiative seeks to improve both behavioral and physical health outcomes by emphasizing care coordination, access, and comprehensive care. These programs specifically focus on adults and children with mental health and substance use disorder needs.

Goals

1. Increase access to behavioral health and physical health services.
2. Elevate the role of peer support specialists and community health workers.
3. Improve health outcomes for people who need mental health and/or substance use disorder services.
4. Improve care transitions between primary, specialty, and inpatient settings of care.

Opportunities for Improvement

1. Improve access to care for all individuals seeking behavioral health services (SMI, SUD, SED, mild to moderate).
2. Identify and attend to social determinants of health needs.
3. Improve care coordination between physical and behavioral health services.

Behavioral Health Homes (BHH)

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.
- As of October 1, 2020, Behavioral Health Home services are available to beneficiaries in 37 Michigan counties including PIHP regions 1 (upper peninsula), 2 (northern lower Michigan), and 8 (Oakland County)

Current Activities:

- As of June 1, 2022, there are 1,225 people enrolled:
    - Age range: 7-85 years old
    - Race: 31% African American, 72% Caucasian, 2% or less American Indian, Hispanic, Native Hawaiian and Other Pacific Islander
- On May 1, 2022, The Behavioral Health Home expanded services to 3 counties including Livingston, Washtenaw, and Wayne. Lenawee and Monroe will join the expansion in July 2022.
- Updated resources, including the policy, directory, and handbook, will be available on the Michigan Behavioral Health Home website soon. Behavioral Health Home (michigan.gov)
- The new regions to join the BHH are PIHP Region 6 and Region 7. This expansion added 5 new counties and 21 BHH provider sites.

Questions or Comments

- Lindsey Naeyaert (naeyaertl@michigan.gov)

Certified Community Behavioral Health Clinics (CCBHC)

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. 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 has been operational since October 1, 2021. As of June 1, 2022, 34,291 Medicaid beneficiaries and 5,294 individuals without Medicaid were assigned to the 13 demonstration CCBHC sites. Assignment has increased steadily since the start of the demonstration.
- All 13 demonstration sites have received full certification! Certifications are valid for two years, and demonstration sites will participate in a site visit during demonstration year 2.
- The MDHHS CCBHC Implementation Team has been addressing operational issues that arise as the demonstration moves forward, including assignment and transfer among CCBHCs, encounter reporting, and alignment with existing financial reporting requirements. Updates to technological systems, including the WSA and CHAMPS, are ongoing. A manual detailing metric technical specifications, requirements, and submission procedures is under development and data scoping is underway to evaluate these requirements.
- A dashboard has been finalized to assist in the monitoring of service delivery and payment distribution.
- Funding has been approved to support the costs of CCBHC services to non-Medicaid beneficiaries. CCBHCs are expected to exhaust all other revenue sources, including existing grants, sliding fees, and third-party payments, prior to utilizing MDHHS funds.
- The final CCBHC policy (MSA 21-34) and CCBHC Demonstration Handbook can be found on the CCBHC webpage MDHHS - Provider (michigan.gov). Revisions to the handbook are ongoing.
- A MDHHS marketing campaign remains under development. Marketing is intended to increase awareness of the CCBHC model, eligibility, and services among the public and other community providers. Marketing will target the sixteen counties with demonstration sites. Counties will be prioritized based on CCBHC's level of readiness to accommodate an increased volume of recipients while meeting sufficient access requirements.

Questions or Comments

- Amy Kanouse (kanousea@michigan.gov)
- Lindsey Naeyaert (naeyaertl@michigan.gov)

Opioid Health Homes (OHH)

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 48 Michigan counties. Service areas include PIHP region 1, 2, 6,7, 9, 10 and Calhoun and Kalamazoo counties in PIHP region 4.

Current Activities

- As of June 1, 2022, 2,205 beneficiaries are enrolled in OHH services.
- MDHHS has expanded OHH services to an additional nine counties within PIHP region 6, 7, and 10 in. Existing OHH's are expanding access with new providers and growing services for more beneficiaries. There are currently 38 Health Home Partners providing services to OHH beneficiaries.
- MDHHS is potentially looking to expand OHH services statewide in FY23.
- MDHHS is working on collaborating with many state agencies such as the Maternal and Infant Health division to ensure OHH beneficiaries have wraparound support services through their recovery journey.

Questions or Comments

- Kelsey Schell (schellk1@michigan.gov)

Promoting Integration of Primary and Behavioral Health Care (PIPBHC)

Overview

- PIPBHC is a five-year Substance Abuse and Mental Health Services (SAMHSA) 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.
- Shiawassee and Saginaw counties are starting to see shared patient data in Azara DRVS. Both counties are finalizing data validation and will move toward training and adoption of the system.
- Barry County attended their kickoff and are currently mapping and validating data.

Questions or Comments

- Lindsey Naeyaert (naeyaertl@michigan.gov)

Michigan Psychiatric Care Improvement Project (MPCIP)

June 2022 Update

Overview

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

Two Part Crisis System

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

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

Opportunities for improvement

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

In March 2022, Michigan Department of Health and Human Services had a significant reorganization for behavioral health services. Crisis services that were previously under the Behavioral Health and Developmental Disability Administration for the most part fall under the new Crisis Services Section in the Community Based Services Bureau in the Behavioral and Physical Health and Aging Services Administration (BPHASA).

988/MICAL IMPLEMENTATION

988 is the new 3 digit dialing code for the National Suicide Prevention Lifeline. The MiCAL and 988 sections of this report are being combined because MiCAL staff will answer 988 calls, texts, and chats statewide.

Michigan Crisis and Access Line Overview

- For questions or comments specifically related to MiCAL, please contact MDHHS-BHDDA-MCAL@michigan.gov.
- Legislated through PA 12 of 2020 and PA 166 of 2020.
- Overall Model: One statewide line which links to local services tailored to meet regional and cultural needs and is responsible for answering Michigan 988 calls based on SAMHSA's model. It 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 to locate 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 and 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.
- Common Ground is the MiCAL staffing vendor.
- Pilot start date: Upper Peninsula and Oakland April 2021; Operational Statewide October 2022.
- MiCAL Rollout: MiCAL will rollout statewide in two phases.
- Phase 1 FY 22: Starting in January 2022, MiCAL will rollout statewide one region at a time, providing coverage for 988 and crisis and distress support through the MiCAL number. It will not provide additional regions with CMHSP crisis after hours coverage at this time.
- Phase 2 FY 23: CMHSP After Hours Crisis Coverage. MiCAL will provide afterhours crisis coverage for CMHSPs who currently contract with a third party for afterhours crisis coverage. Rollout will occur one PIHP at a time. Afterhours coverage services are currently provided as a pilot in the Upper Peninsula.

- Michigan Peer Warmline is operated under MiCAL by Common Ground. It is statewide. It operates 10 am to 2 am 7 days per week.

988 Overview

- For questions/ comments please contact MPCIP-support@mphi.org.
- **988** is 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.
- Per the FCC, by July 16, 2022 all telecom carriers must activate the 988 dialing code.
- **988 Implementation Plan**: Michigan completed an extensive 988 Implementation planning process with stakeholder involvement which was funded by Vibrant. Michigan's Official 988 Plan was submitted to Vibrant and SAMHSA on January 21, 2022.
- **Michigan Coverage**:
    - Over the next several months to a year, Michigan will transition from a regional call coverage system to statewide call coverage through MiCAL except for Network 180 covering Kent County and Macomb CMH covering Macomb County.
    - MiCAL will also be responsible for answering 988 chats and text as well. MDHHS is working our MiCAL contractor Common Ground on developing a roll out plan for chat and text.
- Vibrant is contracting with federally funded **back up centers** to answer call, chat, and text overflow.
- **Public Relations**: Michigan is choosing to do a soft rollout per Vibrant's guidance. This means we will wait to send out public marketing materials until we are confident that the Michigan infrastructure is fully operational and adequately staffed. We anticipate starting marketing in early 2023.

Current Activities for 988/MiCAL

- MDHHS received a 2 year SAMHSA 988 Implementation grant mid April. Key focus areas are: adequate statewide coverage, common practices for centers, stakeholder engagement/marketing, stable diversified funding, and 911/ 988 collaboration.
- **As of June 1st, Michigan has active instate coverage for all 988 calls originating from Michigan counties**.
- 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 Prepaid Inpatient Health Plan geographic regions 1, 2, 3, 5, 8, and 10. It will be coordinated with Region 6 by the end of June. It will be coordinated with all regions by the end of October. Map of the Prepaid Inpatient Health Plans (michigan.gov).
- MDHHS is developing a stakeholder engagement plan with an emphasis on marketing to high-risk groups through trusted community partners. MDHHS will re-activate it's 988 Stakeholder Group in late July to help with develop this marketing plan. Stakeholders receive this newsletter to help keep them informed.
- MDHHS is setting up a 988 website.
- MDHHS staff are presenting on 988 and the crisis services system at stakeholder conferences and meetings.
- 988 Center Practices: Operations workgroup meetings with current 988 centers are focused on developing common practices around Imminent Risk, Active Rescues and Follow Up.
- 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.
- Common Ground is onboarding new staff for 988 go live.

- MiCAL integration with OpenBeds/MiCARE is in progress.

Current Activities for Michigan Peer Warmline and Frontline Strong Crisis Line

- There have been 36,482 Warmline encounters since go-live at the end of April 2021.
- There have been 35,689 MiCAL encounters since go-live on April 19, 2022 (this includes MiCAL number, NSPL, and CMHSP afterhours calls).
- Frontline Strong First Responder Crisis support project called Frontline Strong in partnership with Wayne State is in development. Staff recruitment is underway. Common Ground has hired a Project Manager who brings a wealth of first responder, training, and crisis line experience. Crisis line is estimated to go live in late Summer 2022.
- Michigan Peer Warmline is refining data gathered during the call, i.e. reason for the call and services provided.

CRISIS STABILIZATION UNITS

Overview

- PA 402 of 2020 codifies Crisis Stabilization Units (CSUs) in the Mental Health Code. This new statute requires MDHHS to develop, implement, and oversee a certification process for CSUs. The legislation did not appropriate funding.
- MDHHS is contracting with Public Sector Consultants to help develop with the develop of a Michigan Model and certification criteria.
- MDHHS is convening a cross sector stakeholder group to develop a Michigan model. As a group Stakeholders will review models from other states and from Michigan to make recommendations around a model that will best fit the behavioral health needs of all Michiganders. Stakeholder Workgroup has over 50 members and is inclusive of people with lived experience, Peers, and representatives from diverse disciplines and geographic regions.
- Timing: Michigan Model developed by 12/1. Draft Certification rules will be developed by summer 2022, draft administrative rules and draft Medicaid policy will be completed by September 30, 2022.

Current Activities

- Draft Certification Standards deadline is being extended to summer 2022. A small subset of the stakeholder group is developing draft certification criteria for adults. There is special attention being paid to congruency with funding requirements, licensing requirements of related services, and accreditation. PSC extensive research on best practices in other states is being incorporated in the model.
- MDHHS is exploring internal staffing needs for CSU certification.
- PSC is looking at available statewide data to help determine capacity needs. They are also using the new Crisis Talk Crisis Services Calculator.
- PSC is also researching funding models for this service.
- The Michigan Model is being tailored to the needs of Children and Families. Stakeholder meetings will be held in in late summer.

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, taking advantage of the enhanced Medicaid match.
- MDHHS has contracted with PSC/HMA to develop recommendations to expand mobile crisis for adults in Michigan, with special attention on strategies for rural areas.
- 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)

Target Date: September 2022

Current Activities –

- Multiple parts of MDHHS are working on expanding mobile crisis services: Diversion Council, BCCHPS, and Bureau of Community Based 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 internally around implementation plans, prior to stakeholder involvement.
- PSC is coordinating work with the Diversion Council and Wayne State Center for Behavioral Health Justice (CBHJ) who are also focused on looking at adult mobile crisis models.
- Public Sector Consultants is pulling together legislative and funding requirements and best practices to develop a draft model for adults.

MI-SMART (MEDICAL CLEARANCE PROTOCOL)

Overview

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

Current Activities:

- Education of key stakeholders statewide; supporting early implementation sites; performance metric development.
- As of 6/15/22: Adopted/Accepted by: 49 Emergency Departments, 24 Psychiatric Hospitals, 13 CMHSPs.
    - 34 more facilities are pursuing the implementing at their facility, including Sparrow Health and LifeWays.
- Targeted outreach to specific psychiatric hospitals and CMHSPs in geographic areas of ED adoption
- Partnering with MHA to distribute a survey targeted to provider groups with the goal of outreach and recruitment.

- Developing a commitment letter for Psych hospitals, CMHSPs, and EDs to sign.
- Partnering with LARA to develop a crosswalk that outlines regulatory practices that MiSMART can help meet.
- Partnering with MHA Keystone to develop a Quality Improvement project for statewide medical clearance.
- Transitioning Medical Clearance Workgroup to an Advisory Group.
- Record high COVID numbers in Emergency Departments are impeding progress

PSYCHIATRIC BED TREATMENT REGISTRY

Overview

- **For questions/ comments on the psychiatric bed registry implementation please contact MPCIP-support@mphi.org.**
- For questions on the MiCARE/Openbeds platform, please contact Haley Winans, Specialist, LARA, WinansH@michigan.gov.
- Legislated through PA 658 of 2018, PA12 of 2020, PA 166 of 2020.
- Electronic service registry housing psychiatric beds, crisis residential services, and substance use disorder residential services.
- The Psychiatric Bed Registry is housed in the MiCARE/ OpenBeds platform which is Michigan's behavioral health registry/ referral platform which is operated and funded by LARA.
- MiSMART will eventually house all private and public Behavioral Health Services and will have a public facing portal.
- The Psychiatric Bed Registry Advisory Group's purpose will transition from choosing a platform to supporting successful rollout and maximization of the OpenBeds platform to meet Michigan's needs.
- LARA is rolling out MiCARE regionally with a statewide completion date by mid-2022.
- Target audience: Psychiatric Hospitals, Emergency Departments, CMHSP staff, PIHP staff.
  - Public and broader stakeholder access through MiCAL.
  - Broad cross-sector Advisory Workgroup.
- Target Implementation Date: Implemented statewide by June / July 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 met with provider entities in 5 of 10 PIHP regions. They recently held a meeting to start 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.
- Targeted rollout to psychiatric hospitals was paused due to this last wave of COVID. The Onboarding date was pushed back from February 2022 to June 30,2022.
- Psychiatric hospitals are being encouraged to onboard as they are able. There are 58 facilities. 70% attended the initial orientation.
- MDHHS PBR Implementation Team is developing a survey of psychiatric facilities for a status on MiCARE implementation which will be distributed before the end of June.
- LARA reached out to all psychiatric hospitals earlier this month to offer help with onboarding.
- Psychiatric Bed Advisory Workgroup is providing feedback on tailoring MiCARE to Michigan, i.e. bed categorization, acuity, the rollout, and referral process.
- MDHHS PBR Implementation Team held a listening session with psychiatric hospitals to have an indepth discussion on how we can successfully implement MiCARE in Michigan. They will hold similar sessions with staff from CMHSPs and from Emergency Departments.

MDHHS Customer Relationship Management (CRM) – Internal Business Processes

Overview

- **For questions or comments specifically related to the CRM, please contact** MDHHS-BHDDA-MCAL@michigan.gov.
- Behavioral and Physical Health and Aging Services Administration (BPHASA) will transition its internal business processes to a customer relationship management (CRM) system. The Behavioral Health CRM is a customized technological platform designed to automate and simplify procedures related to the regulatory relationship between BPHASA and its customers: PIHPs, CMHSPs, CCBHCs, SUD entities, Michiganders, etc.
- The development process includes written documentation of the business process, describing the process and highlighting requirements, and the translation of the business process into technology. All this information is included in the user training.
- Stakeholders for each process are actively engaged throughout the design process and user testing.
- Training materials on the CRM and each of the business processes are housed within the CRM. Training materials include videos and written job aids.
- Virtual, synchronous training and "Learning Lab hours" are held when a business process goes live.
- Completed Processes: Customer Service Inquiry, CCBHC Certification, ASAM Level of Care

Current Activities

- Universal Credentialing (PA 282 of 2020): Stakeholder workgroup composed of representatives from CMHSPs, PIHPs, and BPHASA is meeting regularly to develop the business process for Universal Credentialing. After this step is complete then the Stakeholder group will participate in automating the business process in the CRM.
- Specialty Program Certifications: Business Process development has been completed. Requirements for CRM development is in progress. Programs included are: homebased, ACT, intensive crisis stabilization, clubhouse, therapeutic foster care, crisis residentials, and wraparound.
- The Critical Incident Database project has been developed in the CRM. The manual entry is in the testing training phase. There is work still being done offering an integration opportunity with electronic health records. A training and rollout plan is being developed. Everyone will be trained and onboarded by mid September, 2022.
- CMHSP Certification: The CRM work is complete. Rollout plans and training have been developed. This process will rollout to CMHSPs about 4 months prior to their certifications coming due. The first group of CMHSPs received notification earlier this week.

QUESTIONS OR COMMENTS:

- Please contact MPCIP-support@mphi.org to be added to the distribution list for this update. Community Mental Health Association of Michigan distributes this document to its' members.
- Krista Hausermann, LMSW, CAADC, Strategic Initiative Specialist, MDHHS
  HausermannK@Michigan.gov

REPORT OF THE MSHN DEPUTY DIRECTOR
to the Board of Directors
May/June

MSHN Staffing Update

MSHN is pleased to announce that Dalontrius McDaniel has accepted the position of HCBS Waiver Coordinator effective, June 20, 2022. Dalontrius comes to us with years of experience working as the Mental Health Specialist at The Right Door for Hope, Recovery and Wellness.

Please join me in welcoming Dalontrius.

Mid-State Health Network is still looking for qualified candidates. Job Descriptions are located on MSHN's website at: https://midstatehealthnetwork.org/stakeholders-resources/about-us/Careers.

Provider Network Adequacy Assessment

The Code of Federal Regulations (CFR) at 42 CFR Parts 438.68 and 457.1218 charges states holding managed care contracts with the development and implementation of network adequacy standards. Michigan Department of Health and Human Services (MDHHS) developed parameters for PIHPs to ensure compliance with CFR requirements that includes time and distance standards as well as Medicaid Enrollee-Provider Ratio standards. MDHHS requires each PIHP to submit plans on how the standards will be effectuated by region. Understanding regional diversity, MDHHS expects to see nuances within the PIHPs to best accommodate the local populations served. PIHPs must consider at least the following parameters for their plans:

1) Maximum time and distance
2) Timely appointments
3) Language, Cultural competence, and Physical accessibility

In FY22, MSHN and the CMSHPs began assessing the adequacy of our regional Network. The NAA plan was updated with FY21 data points, additional analysis on the above three (3) elements, and inclusion of the COVID-19 pandemic on services and provider availability. After a review of the results, MSHN developed a list of recommendations to address identified gaps, areas for improvement and future demand considerations.

For the full report, including regional, SUD Provider Network and CMHSP specific results, related to information above, ***see the link below: FY21 Provider Network Adequacy Assessment.***

FY22 Balanced Scorecard Report

MSHN Leadership and the CMHSPs have reviewed the results of the October 1, 2021 – March 30, 2022, Balanced Scorecard (BSC) Measurement Report. The BSC is utilized by our region to monitor progress on key performance indicators. The key performance indicators are selected to support the strategic objectives included in MSHN's Strategic Plan. The BSC has department area individual reports for Better Health, Better Care, Better Value, Better Provider Systems and the new area of Better Equity. In addition, there is a new tab to monitor the specific measures related to the Certified Behavioral Health Clinics (CCBHC) that apply to three of our CMHSPs.

The CCBHC measure results are limited at this point as development work continues to ensure accurate reporting.

For the full report, including the new CCBHC BSC, ***see the link below: FY22Q2 Balanced Scorecard Report***

1915i Eligibility Verification Requirements Coming Soon

MDHHS expects that effective October 1, 2023, PIHP's will be required to verify initial and ongoing eligibility for individuals under the 1915(i) benefit. The 1915(i) target groups include individual beneficiaries with a serious emotional disturbance, serious mental illness and/or intellectual/developmental disability; have substantial functional limitations and with the services is at risk of a reduction in level of functioning. Dr. Todd Lewicki is leading the regional effort to ensure compliance by October 1, 2023. MSHN has approximately 8,000-12,000 individuals annually that would require verification. MDHHS will require the PIHP to use the Waiver Support Application (WSA) to gather assessment findings and submit to MDHHS for approval. The PIHP is unable to delegate this function to the CMHSP and must have a process to ensure oversight and authorization in the WSA.

As a reminder, the effective date was originally pre-COVID and MSHN had included staffing in our budget to support the new responsibilities and has continued to include the staffing in the budget each year since. MDHHS has indicated that training will occur by September 2022 to allow for full implementation by October 2023. Therefore, MSHN is in the process of reviewing staffing resource requirements and will be posting to fill position(s) for this role over the summer.

For more information on 1915i and other Waiver updates, ***see the link below: FY22Q2 Behavioral Health Department.***

Submitted by:

Amanda L. Ittner
Finalized: 6.23.22

Attached:

Links to Reports:
FY21 Provider Network Adequacy Assessment
FY22Q2 Balanced Scorecard Report
FY22Q2 Behavioral Health Department Report

MSHN
Mid-State Health Network

Background:

In accordance with the MSHN Board of Directors to review financials, at a minimum quarterly, the Statement of Net Position and Statement of Activities for the Period Ending May 31, 2022, have been provided and presented for review and discussion.

Recommended Motion:

The MSHN Board of Directors receives and files the Statement of Net Position and Statement of Activities for the Period Ending May 31, 2022, as presented.

Mid-State Health Network
Statement of Activities
As of May 31, 2022

Rows Numbers		Columns Identifiers A	B	C	D	E (C - D)	F (C / B)	
			Budget Annual	Actual Year-to-Date	Budget Year-to-Date	Budget Difference	Actual % of Budget	
			FY22 Amended Budget 66.67%		FY22 Amended Budget			
1	Revenue:							
2		Grant and Other Funding	$ 293,800	84,803	195,867	(111,064)	28.86 %	1a
3		Medicaid Use of Carry Forward	$ 51,407,120	49,882,291	34,271,413	15,610,877	97.03%	1b
4		Medicaid Capitation	733,634,419	501,300,584	489,089,612	12,210,973	68.33%	1c
5		Local Contribution	2,345,532	1,629,742	1,563,688	66,054	69.48%	1d
6		Interest Income	80,000	(5,941)	53,334	(59,275)	-7.43%	1e
7		Change in Market Value	0	0	0	0	0.00%	
8		Non Capitated Revenue	19,861,516	7,563,176	13,241,010	(5,677,835)	38.08%	1f
9	Total Revenue		807,622,387	560,454,655	538,414,924	22,039,730	69.40 %	
10	Expenses:							
11		PIHP Administration Expense:						
12		Compensation and Benefits	7,838,917	3,577,107	5,225,944	(1,648,837)	45.63 %	
13		Consulting Services	130,000	69,019	86,667	(17,648)	53.09 %	
14		Contracted Services	110,540	58,558	73,693	(15,136)	52.97 %	
15		Other Contractual Agreements	504,150	243,089	336,100	(93,010)	48.22 %	
16		Board Member Per Diems	18,060	8,750	12,040	(3,290)	48.45 %	
17		Meeting and Conference Expense	172,470	39,872	114,980	(75,109)	23.12 %	
18		Liability Insurance	38,445	35,636	25,630	10,006	92.69 %	
19		Facility Costs	154,369	104,261	102,913	1,349	67.54 %	
20		Supplies	305,405	203,875	203,604	271	66.76 %	
21		Depreciation	50,397	33,598	33,598	0	66.67 %	
22		Other Expenses	987,300	661,323	658,200	3,123	66.98 %	
23		Subtotal PIHP Administration Expenses	10,310,053	5,035,088	6,873,369	(1,838,281)	48.84 %	2a
24		CMHSP and Tax Expense:						
25		CMHSP Participant Agreements	639,433,560	452,388,829	426,289,040	26,099,789	70.75 %	1b,1c
26		SUD Provider Agreements	55,104,959	31,359,238	36,736,639	(5,377,401)	56.91 %	1c,1f
27		Benefits Stabilization	2,351,000	3,805,041	1,567,333	2,237,708	161.85 %	1b
28		Tax - Local Section 928	2,345,532	1,629,742	1,563,688	66,054	69.48 %	1d
29		Taxes- IPA/HRA	21,556,045	15,514,954	14,370,697	1,144,256	71.97 %	2b
30		Subtotal CMHSP and Tax Expenses	720,791,096	504,697,804	480,527,397	24,170,406	70.02 %	
31	Total Expenses		731,101,149	509,732,892	487,400,766	22,332,126	69.72 %	
32	Excess of Revenues over Expenditures		$ 76,521,238	$ 50,721,763	$ 51,014,158			

Mid-State Health Network
Statement of Net Position by Fund
As of May 31, 2022

Row Numbers		Column Identifiers A	B	C	D B + C	
1	**Assets**		**Behavioral Health Operating**	**Medicaid Risk Reserve**	**Total Proprietary Funds**	
2	**Cash and Short-term Investments**					
3	Chase Checking Account		43,541,368	0	43,541,368	1a
4	Chase MM Savings		61,830,003	0	61,830,003	
5	Savings ISF Account		0	45,586,650	45,586,650	1b
6	Savings PA2 Account		8,913,996	0	8,913,996	1c
7	Investment ISF Account		0	4,952,960	4,952,960	1b
8	Total Cash and Short-term Investments		$ 114,285,367	$ 50,539,610	$ 164,824,977	
9	**Accounts Receivable**					
10	Due from MDHHS		4,790,472	0	4,790,472	2a
11	Due from CMHSP Participants		179,194	0	179,194	2b
12	Due from CMHSP - Non-Service Related		8,400	0	8,400	2c
13	Due from Other Governments		137,237	0	137,237	2d
14	Due from Miscellaneous		195,523	0	195,523	2e
16	Total Accounts Receivable		5,310,826	0	5,310,826	
17	**Prepaid Expenses**					
18	Prepaid Expense Rent		4,529	0	4,529	2f
19	Prepaid Expense Other		83,223	0	83,223	2g
20	Total Prepaid Expenses		87,752	0	87,752	
21	**Fixed Assets**					
22	Fixed Assets - Computers		189,180	0	189,180	
23	Accumulated Depreciation - Computers		(189,180)	0	(189,180)	
24	Fixed Assets - Vehicles		251,983		251,983	2h
25	Accumulated Depreciation - Vehicles		(109,192)		(109,192)	
26	Total Fixed Assets, Net		142,791	0	142,791	
27	**Total Assets**		**$ 119,826,736**	**$ 50,539,610**	**$ 170,366,346**	
28	**Liabilities and Net Position**					
29	Liabilities					
30	Accounts Payable		$ 12,993,703	$ 0	$ 12,993,703	1a
31	Current Obligations (Due To Partners)					
32	Due to State		34,022,047	0	34,022,047	3a
33	Other Payable		3,769,953	0	3,769,953	3b
34	Due to State HRA Accrual		3,047,763	0	3,047,763	1a, 3c
35	Due to State-IPA Tax		1,125,107	0	1,125,107	3d
36	Due to State Local Obligation		(129,407)	0	(129,407)	3e
37	Due to CMHSP Participants		10,098	0	10,098	3f
39	Accrued PR Expense Wages		105,103	0	105,103	3g
40	Accrued Benefits PTO Payable		347,825	0	347,825	3h
41	Accrued Benefits Other		16,912	0	16,912	3i
42	Total Current Obligations (Due To Partners)		42,315,401	0	42,315,401	
43	Deferred Revenue		8,276,799	0	8,276,799	1b 1c 2b 3b
44	Total Liabilities		63,585,903	0	63,585,903	
45	Net Position					
46	Unrestricted		56,240,833	0	56,240,833	3j
47	Restricted for Risk Management		0	50,539,610	50,539,610	1b
48	Total Net Position		56,240,833	50,539,610	106,780,443	
49	**Total Liabilities and Net Position**		**$ 119,826,736**	**$ 50,539,610**	**$ 170,366,346**	

Mid-State Health Network
Notes to Financial Statements
For the Eight-Month Period Ended,
May 31, 2022

Please note: The Preliminary Statement of Net Position contains Fiscal Year (FY) 2021 cost settlement figures between the PIHP and Michigan Department of Health Human Services (MDHHS) as well as each Community Mental Health Service Program (CMHSP) Participants. CMHSP Cost settlement figures were extracted from MSHN's Financial Status Report (FSR) submitted to MDHHS in February 2022. CMHSP cost settlement activity is generally finalized in May following the fiscal-year end. Minor adjustments may occur if noted in MSHN's or any CMHSP's Compliance Examination. Please Note: MSHN's Compliance Examination is not complete. Final settlement figures may be available for the July 2022 Financials.

Statement of Net Position:

1. Cash and Short-Term Investments
   a) The Cash Chase Checking and Chase Money Market Savings accounts is the cash available for operations. A portion of cash available for operations will be used to cover accounts payable and taxes.
   b) The Savings Internal Service Fund (ISF) and Investment ISF reflect designated accounts to hold the Medicaid ISF funds separate from all other funding per the MDHHS contract.
   c) The Savings PA2 account holds PA2 funds and is also offset by the Deferred Revenue liability account.
2. Accounts Receivable
   a) Approximately 64% of the balance in Due from MDHHS represents amounts owed to MSHN for April and May 2022 HRA payments. The remaining amount in this account stems from Block Grant and other various grants funds owed to MSHN.
   b) Due from CMHSP Participants reflects preliminary FY 21 cost settlement activity.

CMHSP	Cost Settlement	Payments/Offsets	Total
Bay	1,192,286.76	1,020,840.00	171,446.76
CEI	19,751,454.73	21,260,518.00	(1,509,063.27)
Central	325,973.94	1,020,853.00	(694,879.06)
Gratiot	1,707,095.20	1,522,055.00	185,040.20
Huron	-	-	-
The Right Door	2,307,161.23	2,039,215.00	267,946.23
Lifeways	3,353,505.21	-	3,353,505.21
Montcalm	3,047,643.03	3,047,643.33	(0.30)
Newaygo	2,036,373.37	1,892,739.00	143,634.37
Saginaw	6,682,355.20	8,758,625.00	(2,076,269.80)
Shiawassee	1,426,828.72	1,150,658.00	276,170.72
Tuscola	517,470.17	455,807.00	61,663.17
Total	**42,348,147.56**	**42,168,953.33**	**179,194.23**

   c) Due from CMHSP – "Non-Service Related" account balance reflects MSHN's performance of Supports Intensity Scale (SIS) assessment billed to two CMHs in the region.
   d) Due from Other Governments is the account used to track PA2 billing to the twenty-one counties in MSHN's region. The balance reflects FY 21 quarter four outstanding collections due from one county and FY 22 quarter two amounts due from four counties
   e) Approximately 44% of the balance in Due from Miscellaneous represents amounts owed from providers for Medicaid Event Verification (MEV) findings. The remaining amount represents an advance made to a Substance Abuse and Treatment (SAPT) providers to cover operations.

f) Prepaid Expense Rent balance consists of security deposits for three MSHN office suites.
g) Approximately $77 k of Prepaid Expense Other is due for MSHN's statewide share of MCG parity software. The remaining balance represents payments made in FY 22 for FY 23 Relias training. The Relias contract cycle is November through October. MSHN has a regional contract which includes the CMHSPs, and they are billed directly for their portion of Relias seats.
h) Total Fixed Assets represents the value of MSHN's capital assets net of accumulated depreciation.

3. Liabilities
a) MSHN calculates an FY21 lapse of $18.6 M to MDHHS. The lapse amount indicates we have a fully funded ISF, and that savings will fall within the second tier (above 5%). Per contractual guidelines MDHHS receives half of every dollar generated beyond this threshold until the PIHP's total savings reach the 7.5% maximum. In addition, MSHN will lapse approximately $14.1 M to MDHHS for unspent Direct Care Worker (DCW) premium pay funds. Lastly, MSHN owes MDHHS an FY 20 lapse amount totaling $1.2 M based on Compliance Examination adjustments.
b) This amount is related to SUD provider payment estimates and is needed to offset the timing of payments.
c) The HRA (Hospital Rate Adjustor) is a pass-through account for dollars sent from MDHHS to cover supplemental payments made to psychiatric hospitals. The HRA payments are intended to incentivize hospitals to have available psychiatric beds as needed. Total HRA payments are calculated based on the number of inpatient hospital services reported.
d) Due to State - IPA Tax contains funds held for tax payments associated with MDHHS Per Eligible Per Month (PEPM) funds. Insurance Plan Assessment taxes are applied to Medicaid and Healthy Michigan eligible.
e) Due to State Local Obligation has a negative balance as MSHN issued payment in full to MDHHS for May 2022 and is awaiting payment from one CMHSP.
f) Due to CMHSP contains a balance for one FY 21 cost settlement.
g) Accrued payroll expense wages represent expense incurred in May and paid in June.
h) Accrued Benefits PTO (Paid Time Off) payable is the required liability account set up to reflect paid time off balances for employees.
i) Accrued Benefits Other represents retirement benefits expense incurred in May and paid in June.
j) The Unrestricted Net Position represents the difference between total assets, total liabilities, and the restricted for risk management figure.

Statement of Activities – PLEASE NOTE – Based on discussion during the January 2022 Board of Directors Meeting, MSHN changed the percentage calculation (column F) in the report. Column B above row one, now displays the percent of budget relative to the months presented. Since this is a statement for May 2022, the budget calculation amount is 66.67% which is eight (8) divided by 12 months. Column F now calculates the actual revenue and expenses compared to the full year budget. Revenue accounts whose Column F percent is higher than 66.67% translates to MSHN receiving more revenue than anticipated/budgeted. Expense accounts with Column F amounts greater than 66.67% means MSHN's spending is trending higher than expected.

In addition, Medicaid Carryforward could vary pending FY 21 Cost Settlement activity.

1. Revenue
    a) This account tracks SIS revenue earned from CMHSPs, Veterans Navigator activity and other small grants. Actual revenue is lower than expected due to ongoing pandemic concerns.
    b) Medicaid Use of Carry Forward represents FY 21 savings. Medicaid savings is generated when prior year revenue exceeds expenses for the same period. A small portion of Medicaid Savings is sent to the CMHSPs as Benefit Stabilization for 24/7/365 SUD activities which include access, prevention, and customer services. FY 21 Medicaid Carry Forward must be used as the first revenue source for FY 22.
    c) Medicaid Capitation – Actual is trending higher than the amount budgeted as there is still a moratorium on Medicaid disenrollments. Medicaid Capitation dollars are disbursed to CMHSPs based on per eligible per month (PEPM) payment files and paid to SUD providers based on service delivery.
    d) Local Contribution is flow-through dollars from CMHSPs to MDHHS. Typically, revenue equals the expense side of this activity under Tax Local Section 928. Local Contributions were scheduled to reduce over the next few fiscal years until completely phased out. FY 2022 amounts owed were nearly $800 k less than FY 21.
    e) Interest income is earned from investments and changes in principle for investments purchased at discounts or premiums. The "change in market value" account records activity related to market fluctuations. Zero is recorded here since MSHN's account did not have activity for May 2022 and the positions report available from JP Morgan no longer separately identifies an amount for "change in market value." In these instances, investment value changes are recorded in the interest account. Other amounts recorded in interest are those earned from the PA2 and General Savings accounts.
    f) This account tracks non-capitated revenue for SUD services which include Community Grant and PA2 funds. The variance may decrease over time however unspent PA2 dollars remain in the deferred revenue account and Block Grant is received based on actual expenses incurred and billed to MDHHS.
2. Expense
    a) Total PIHP Administration Expense is slightly under budget. The line item with the largest dollar amount variance is Compensation and Benefits. MSHN's compensation line includes budget amounts for vacant positions and as a result, actual salary expense is lower.
    b) IPA/HRA actual tax expenses are higher than the budget amount. IPA estimates are impacted by variability in the number of Medicaid and Healthy Michigan eligibles which are still trending higher because of the moratorium on disenrollment. HRA figures will also vary throughout the fiscal year based on inpatient psychiatric utilization and contribute to the variance. (Please see Statement of Net Position 3c and 3d).

MID-STATE HEALTH NETWORK
SCHEDULE OF INTERNAL SERVICE FUND INVESTMENTS
As of May 31, 2022

DESCRIPTION	CUSIP	TRADE DATE	SETTLEMENT DATE	MATURITY DATE	CALLABLE	AMOUNT DISBURSED	PRINCIPAL	AVERAGE ANNUAL YIELD TO MATURITY
UNITED STATES TREASURY BILL	912796SP5	4.23.19	4.25.19	10.24.19	no	988,182.64	1,000,000.00	2.365%
UNITED STATES TREASURY BILL	912796SP5	4.23.19	4.25.19	10.24.19			(1,000,000.00)	
FEDERAL HOME LOAN MTG CORP	3137EAEF2	5.2.19	5.3.19	4.20.20	no	624,605.01	630,000.00	2.331%
FEDERAL HOME LOAN MTG CORP	3137EAEF2						(630,000.00)	
UNITED STATES TREASURY BILL	912796RN1	6.7.19	6.10.19	12.5.19	no	1,979,752.50	2,000,000.00	2.068%
UNITED STATES TREASURY BILL	912796RN1						(2,000,000.00)	
UNITED STATES TREASURY BILL	912796TF6	8.14.19	8.15.19	2.13.20	no	2,972,607.48	3,000,000.00	1.823%
UNITED STATES TREASURY BILL	912796TF6						(3,000,000.00)	
UNITED STATES TREASURY BILL	912796TK5	9.12.19	9.12.19	3.12.20	no	991,043.07	1,000,000.00	1.788%
UNITED STATES TREASURY BILL	912796TK5						(1,000,000.00)	
FEDERAL FARM CREDIT BANK	3133ELCD4	12.2.19	12.3.19	6.2.21	yes	2,000,092.22	2,000,000.00	1.660%
FEDERAL FARM CREDIT BANK	3133ELCD4						(2,000,000.00)	
UNITED STATES TREASURY BILL	912796UC1	2.12.20	2.13.20	1.28.21	no	2,959,268.75	3,000,000.00	
UNITED STATES TREASURY BILL	912796UC1						(3,000,000.00)	
UNITED STATES TREASURY BILL	912796C56	1.28.21	1.28.21	7.29.21	no	2,999,590.50	3,000,000.00	0.027%
UNITED STATES TREASURY BILL	912796C56	1.28.21	1.28.21	7.29.21			(3,000,000.00)	
UNITED STATES TREASURY BILL	912796k57	8.2.21	8.3.21	7.14.22		2,998,706.25	2,997,016.29	
UNITED STATES TREASURY BILL	91282CDR9	1.19.22	1.20.22	12.1.23		1,992,391.23	1,949,687.50	
JP MORGAN INVESTMENTS							4,946,703.79	
JP MORGAN CHASE SAVINGS							45,052,062.49	0.050%
							$ 49,998,766.28	

U.S. Treasury Bills – Treasury Bills, or T-Bills, are sold in terms ranging from a few days to 52 weeks. T-Bills are short-term debt issued and backed by the full faith and credit of the United States government. T-Bills are typically sold at a discount from the par amount (par amount is also called face value). You can hold a T-Bill until it matures or sell it prior to maturity. When a T-Bill matures, you are paid the par amount. Assuming the T-Bill is held to maturity, the difference between the par amount at maturity and the original cost is the amount of interest earned. **Source: U.S Treasury Direct**

U.S. Agencies – An agency security is a low-risk debt obligation that is issued by a U.S. government-sponsored enterprise (GSE). A Government-Sponsored Enterprise (GSE) bond is an agency bond issued by such agencies as Federal National Mortgage Association (Fannie Mae), Federal Home Loan Mortgage (Freddie Mac), Federal Farm Credit Banks Funding Corporation, and the Federal Home Loan Bank. Unlike Treasury securities, government agency bonds are not expressly backed by the full faith and credit of the U.S. government, but they do carry an implied backing due to the continuing ties between the agencies and the U.S. government. Most agency securities pay a semi-annual fixed coupon. **Source: Investopedia**

MSHN
Mid-State Health Network

Background

In accordance with the MSHN Operating Agreement, Article VI, Contracts that state the following:

> The Entity Board must approve the execution of any contract exceeding $25,000 in value. This includes any contract involving the acquisition, ownership, custody, operation, maintenance, lease, or sale of real or personal property and the disposition, division or distribution of property acquired through execution of the contract.

Therefore, MSHN presents the attached FY22 Contract Listing for Board approval and authorization of the Chief Executive Officer to sign.

Recommended Motion:

The MSHN Board authorizes its Chief Executive Officer to sign and fully execute the contracts as presented and listed on the FY22 contract listing.

MID-STATE HEALTH NETWORK
FISCAL YEAR 2022 NEW AND RENEWING CONTRACTS
July 2022

CONTRACTING ENTITY	CONTRACT SERVICE DESCRIPTION	CONTRACT TERM	ORIGINAL FY22 CONTRACT AMOUNT	FY23 TOTAL CONTRACT AMOUNT	FY23 INCREASE/ (DECREASE)
PIHP ADMINISTRATIVE FUNCTION CONTRACTS					
Michigan Optometric Association	Facilities Rental (Yr. 1 of 3 lower ste.'s + one year on upper ste.'s)	10.1.22 - 9.30.23	73,879	**56,646**	**(17,233)**
			$ 73,879	**$ 56,646**	**$ (17,233)**

CONTRACTING ENTITY	SUD PROVIDERS COST REIMBURSEMENT SOR PROJECTS/PROGRAM DESCRIPTION	CONTRACT TERM	ORIGINAL SOR COST REIMBURSEMENT CONTRACT AMOUNT	TOTAL SOR COST REIMBURSEMENT CONTRACT AMOUNT	SOR INCREASE/ (DECREASE)
CONTRACTS LISTED IN THIS SECTION ARE ALL SOR GRANT FUNDED PROGRAMS					
Catholic Charities of Shiawassee & Genesee County	Coalition Minigrant for OEND and Harm Reduction acitivites and supplies (Shiawassee)	5.1.22 - 9.29.22	-	**13,500**	**13,500**
Eaton Regional Education Service Agency (RESA)	Coalition Minigrant for OEND and Harm Reduction acitivites and supplies (Clinton; Eaton; Ingham)	5.1.22 - 9.29.22	-	**65,250**	**65,250**
First Ward Community Center	Coalition Minigrant for OEND and Harm Reduction acitivites and supplies (Saginaw)	5.1.22 - 9.29.22	-	**24,750**	**24,750**
Gratiot County Child Advocacy Association	Coalition Minigrant for OEND and Harm Reduction acitivites and supplies (Gratiot)	5.1.22 - 9.29.22	-	**11,250**	**11,250**
Huron County Health Department	Coalition Minigrant for OEND and Harm Reduction acitivites and supplies (Huron)	5.1.22 - 9.29.22	-	**9,000**	**9,000**
Ionia Public Health Department	Coalition Minigrant for OEND and Harm Reduction acitivites and supplies (Ionia)	5.1.22 - 9.29.22	-	**9,000**	**9,000**
Lifeways CMH	Coalition Minigrant for OEND and Harm Reduction acitivites and supplies (Hillsdale)	5.1.22 - 9.29.22	-	**11,250**	**11,250**
LIST Psychological Services	Coalition Minigrant for OEND and Harm Reduction acitivites and supplies (Tuscola)	5.1.22 - 9.29.22	-	**12,000**	**12,000**
LIST Psychological Services	Narcan Vending Machine (Tuscola)	6.1.22 - 9.30.22	-	**5,575**	**5,575**
McLaren Bay Region (Neighborhood Resource Center)	Coalition Minigrant for OEND and Harm Reduction acitivites and supplies (Bay)	5.1.22 - 9.29.22	-	**19,500**	**19,500**
Mid-Michigan District Health Department	Coalition Minigrant for OEND and Harm Reduction acitivites and supplies (Montcalm)	5.1.22 - 9.29.22	-	**13,500**	**13,500**
Newaygo County RESA	Coalition Minigrant for OEND and Harm Reduction acitivites and supplies (Newaygo)	5.1.22 - 9.29.22	-	**11,250**	**11,250**
Sterling Area Health Center	Coalition Minigrant for OEND and Harm Reduction acitivites and supplies (Arenac)	5.1.22 - 9.29.22	-	**9,000**	**9,000**
Ten Sixteen Recovery Network	Coalition Minigrant for OEND and Harm Reduction acitivites and supplies (Clare; Gladwin; Isabella; Mecosta; Osceola)	5.1.22 - 9.29.22	-	**56,250**	**56,250**
The Legacy Center	Coalition Minigrant for OEND and Harm Reduction acitivites and supplies (Midland)	5.1.22 - 9.29.22	-	**18,000**	**18,000**
W.A. Foote Memorial Hospital (dba Henry Ford Allegiance Health)	Coalition Minigrant for OEND and Harm Reduction acitivites and supplies (Jackson)	5.1.22 - 9.29.22	-	**16,500**	**16,500**
			$ -	**$ 305,575**	**$ 305,575**

CONTRACTING ENTITY	SUD PROVIDERS COST REIMBURSEMENT PROJECTS/PROGRAM DESCRIPTION	CONTRACT TERM	ORIGINAL FY22 COST REIMBURSEMENT CONTRACT AMOUNT	FY22 TOTAL COST REIMBURSEMENT CONTRACT AMOUNT	FY22 INCREASE/ (DECREASE)
Cristo Rey Counseling Services	Contingency Management Training & Implementation	6.1.22 - 9.30.22	174,140	**179,930**	**5,790**
Family Services & Children's Aid	Contingency Management Training & Implementation	6.1.22 - 9.30.22	123,571	**129,856**	**6,285**

CONTRACTING ENTITY	SUD PROVIDERS COST REIMBURSEMENT PROJECTS/PROGRAM DESCRIPTION	CONTRACT TERM	ORIGINAL FY22 COST REIMBURSEMENT CONTRACT AMOUNT	FY22 TOTAL COST REIMBURSEMENT CONTRACT AMOUNT	FY22 INCREASE/ (DECREASE)
Lansing Syringe Services	Syringe Services Program (Ingham PA2)	5.1.22 - 9.30.22	-	**54,439**	**54,439**
McCullough Vargas and Associates	Technology (Hillsdale)	7.1.22 - 9.30.22	75,000	**76,000**	**1,000**
Saginaw Psychological Services	Contingency Management Training & Implementation	6.1.22 - 9.30.22	28,695	**42,975**	**14,280**
Samaritas - Charlotte	Contingency Management Training & Implementation	6.1.22 - 9.30.22	23,880	**30,705**	**6,825**
Ten Sixteen Recovery Network	Contingency Management Training & Implementation	6.1.22 - 9.30.22	633,433	**637,753**	**4,320**
Victory Clinical Services IV - Saginaw	Contingency Management Training & Implementation	6.1.22 - 9.30.22	206,749	**228,649**	**21,900**
			$ 1,265,468	**$ 1,380,307**	**$ 114,839**

CONTRACTING ENTITY	CONTRACTED PROGRAM DESCRIPTION	CONTRACT TERM	FY22 ORIGINAL CONTRACT AMOUNT	FY22 TOTAL CONTRACT AMOUNT	FY22 INCREASE/ (DECREASE)
Personal Transformation Institute	Eye Movement Desensitization & Reprocessing (EMDR) Training	7.1.22 - 9.30.22	-	**68,940**	**68,940**
			$ -	**$ 68,940**	**$ 68,940**

CONTRACTING ENTITY	CONTRACT SERVICE DESCRIPTION (Revenue Contract)	CONTRACT TERM	FY22 CURRENT CONTRACT AMOUNT	FY22 TOTAL CONTRACT AMOUNT	FY22 INCREASE/ (DECREASE)
Michigan Department of Health & Human Services (EGrAMS)	Community Grant	10.1.21 - 9.30.22	5,454,076	**5,572,076**	**118,000**
	Prevention	10.1.21 - 9.30.22	2,292,055	**2,317,055**	**25,000**
	Prevention II - COVID	10.1.21 - 9.30.22	848,250	**400,000**	**(448,250)**
	State Disability Assistance	10.1.21 - 9.30.22	302,084	**200,000**	**(102,084)**
	SUD - Administration	10.1.21 - 9.30.22	518,000	**400,000**	**(118,000)**
	SUD Administration - COVID	10.1.21 - 9.30.22	25,000	**-**	**(25,000)**
	SUD Services - Women's Specialty Services	10.1.21 - 9.30.22	904,088	**850,000**	**(54,088)**
	Treatment - COVID	10.1.21 - 9.30.22	2,887,590	**1,500,000**	**(1,387,590)**
	Women's Specialty Services - COVID	10.1.21 - 9.30.22	422,261	**250,000**	**(172,261)**
	Medicaid Managed Specialty Supports and Services Program(s), the Healthy Michigan Program and Substance Use Disorder Community Grant Programs (Amendment #6)	10.1.21 - 9.30.22	-	**-**	**-**
			$ 13,653,404	**$ 11,489,131**	**$ (2,164,273)**

Mid-State Health Network (MSHN) Board of Directors Meeting

Tuesday, May 3, 2022

Lansing Community College West Campus

Meeting Minutes

1. Call to Order

Chairperson Ed Woods called this meeting of the Mid-State Health Network Board of Directors to order at 5:00 p.m. Mr. Ed Woods reminded Board members of the Open Meetings Act change stating members participating on the phone may not vote on matters before the board. New Board members Susan Twing from Newaygo County Mental Health and Ken Mitchell from Community Mental Health Authority of Clinton, Eaton and Ingham Counties were introduced and given a warm welcome.

2. Roll Call

Secretary Kurt Peasley provided the roll call for Board Members in attendance.

Board Member(s) Present: Brad Bohner (LifeWays), Joe Brehler (CEI), Bruce Cadwallender (Shiawassee), Mike Cierzniewski (Saginaw), Craig Colton (Huron), Ken DeLaat (Newaygo), David Griesing (Tuscola), John Johansen (Montcalm), Jeanne Ladd (Shiawassee), Pat McFarland (Bay-Arenac), Deb McPeek-McFadden (Ionia), Ken Mitchell (CEI), Gretchen Nyland (Ionia), Irene O'Boyle (Gratiot), Kurt Peasley (Montcalm), Tracey Raquepaw (Saginaw), Kerin Scanlon (CMH for Central Michigan) – joined at 5:09 p.m., Ed Woods (Lifeways)

Board Member(s) Remote: Tina Hicks (Gratiot) – joined at 5:06 p.m., Joe Phillips (CMH for Central Michigan), Susan Twing (Newaygo)

Board Member(s) Absent: Dan Grimshaw (Tuscola), Rhonda Matelski (Huron)

Staff Members Present: Joseph Sedlock (Chief Executive Officer), Amanda Ittner (Deputy Director), Leslie Thomas (Chief Financial Officer), Sherry Kletke (Executive Assistant); Dr. Dani Meier (Chief Clinical Officer)

3. Approval of Agenda for May 3, 2022

Board approval was requested for the Agenda of the May 3, 2022, Regular Business Meeting.

MOTION BY KEN DeLAAT, SUPPORTED BY DAVID GRIESING, FOR APPROVAL OF THE AGENDA OF THE MAY 3, 2022, REGULAR BUSINESS MEETING, AS PRESENTED. MOTION CARRIED: 17-0.

4. Public Comment

There was no public comment.

5. FY2021 Audit Presentation

Mr. Derek Miller; Auditor, from Roslund, Prestage and Company presented the financial audit of MSHN for fiscal year 2021 conducted by his firm. The opinion rendered by Roslund, Prestage and Company is that MSHNs financial statements presented fairly, in all material respects, the respective financial position of the business-type activities, each major fund, and the aggregate remaining fund information of the Entity, as of September 30, 2021, and the respective changes in financial position, and, where applicable, cash flows thereof for the year then ended in accordance with accounting principles generally accepted in the United States of America. Mr. Joseph Sedlock thanked Derek and his team at Roslund, Prestage and Company for their ongoing assistance with MSHN financial audits. Mr. Sedlock also wished to thank Ms. Leslie Thomas for her ongoing integrity in leading the financial management of MSHN.

MOTION BY BRAD BOHNER, SUPPORTED BY JOHN JOHANSEN, TO RECEIVE AND FILE THE FY2021 AUDIT REPORT OF MSHN COMPLETED BY ROSLUND, PRESTAGE AND COMPANY. MOTION CARRIED: 18-0.

6. Board Development: Harm Reduction: Reducing Stigma and Saving Lives

Dr. Dani Meier provided a presentation on Harm Reduction included within board meeting packets.

Board members asked what measures were used in the Harvard and CDC studies of SUD recovery, if known. MSHN staff will follow up to see if any information can be located.

Mr. Joseph Sedlock thanked Dr. Dani Meier for his presentation to the Board, his leadership, and his staff for their ongoing support and work in the treatment and prevention of substance use disorders in the MSHN region.

7. Chief Executive Officer's Report

Mr. Joseph Sedlock discussed several items from within his written report to the Board highlighting the following:

- PIHP/Regional Matters
  - COVID-19 MSHN Internal Operations Status
  - MSHN Regional Operations Status
  - Regional Provider Staffing Crisis Stabilization Update

- Office Building/Space Update
- National Conference
- Performance Bonus Incentive Earned
- Pace, Frequency and Breadth of MDHHS Change Initiatives
- Michigan Legislative System Redesign Bills - Update

- State of Michigan/Statewide Activities
  - Legislative Tracking
- Federal/National Activities
  - National Prevention Week is May 8th – 14th, 2022
  - May is National Mental Health Awareness Month
  - Senate Finance Committee Report: "Mental Health Care in the United States: The Case for Federal Action"

8. Deputy Director's Report

Ms. Amanda Ittner discussed several items in her written report to the board, highlighting the following:

- MSHN Staffing Update
- Annual Disclosure of Ownership, Controlling Interest, and Criminal Convictions
- COVID-19 Telehealth Report
- Certified Community Behavioral Health Centers Update
- MSHNs Priority Measures FY22Q1
- Compliance and Quality Department Report FY22Q1

9. Chief Financial Officer's Report

Ms. Leslie Thomas provided an overview of the financial reports included within board meeting packets for the period ended March 31, 2022.

MOTION BY BRAD BOHNER, SUPPORTED BY DEB McPEEK-McFADDEN, TO RECEIVE AND FILE THE STATEMENT OF NET POSITION AND STATEMENT OF ACTIVITIES FOR THE PERIOD ENDING MARCH 31, 2022, AS PRESENTED. MOTION CARRIED: 18-0.

10. Contracts for Consideration/Approval

Ms. Leslie Thomas provided an overview of the FY2022 contract listing provided in the meeting packet and requested the board authorize MSHN's CEO to sign and fully execute the contracts listed on the FY2022 contract listing.

MOTION BY DAVID GRIESING, SUPPORTED BY CRAIG COLTON, TO AUTHORIZE THE CHIEF EXECUTIVE OFFICER TO SIGN AND FULLY EXECUTE THE CONTRACTS AS PRESENTED AND LISTED ON THE FY22 CONTRACT LISTING. MOTION CARRIED: 18-0.

11. Executive Committee Report

Mr. Ed Woods and Mr. David Griesing have led the Executive Committee members in asking the Community Mental Health Association of Michigan (CMHAM) to provide more education to voters in regard to the benefits of PIHPs and encourages the Association to recognize and show support of PIHPs. Mr. Joseph Sedlock expressed his gratitude to Mr. Woods and Mr. Griesing for their efforts in encouraging CMHAM to recognize and show support of PIHPs in their advocacy efforts.

12. Chairpersons Report

Mr. Ed Woods announced that Mr. Jim Anderson has resigned from the MSHN Board and Bay-Arenac Behavioral Health will appoint his replacement soon and that Ms. Rhonda Matelski will be resigning after tonight's meeting and Huron Behavioral Health will appoint her replacement soon as well. Mr. Woods wished the best to both of them and expressed appreciation on behalf of the MSHN Board for the time they both spent in supporting the region.

The CMHAM Spring Conference is scheduled June 6-8, 2022 in Traverse City. If your CMHSP hasn't signed you up on their behalf, MSHN can sponsor Board members for anyone interested in attending.

13. Approval of Consent Agenda

Board approval was requested for items on the consent agenda as listed in the motion below, and as presented.

MOTION BY DEB McPEEK-McFADDEN, SUPPORTED BY JOHN JOHANSEN, TO APPROVE THE FOLLOWING DOCUMENTS ON THE CONSENT AGENDA: APPROVE MINUTES OF THE MARCH 1, 2022 BOARD OF DIRECTORS MEETING; RECEIVE SUBSTANCE USE DISORDER OVERSIGHT POLICY BOARD MINUTES OF DECEMBER 15, 2021 AND FEBRUARY 16, 2022; RECEIVE BOARD EXECUTIVE COMMITTEE MEETING MINUTES OF MARCH 15, 2022; RECEIVE POLICY COMMITTEE MINUTES OF APRIL 5, 2022; RECEIVE OPERATIONS COUNCIL KEY DECISIONS OF FEBRUARY 28, 2022 AND MARCH 21, 2022 AND APRIL 18, 2022; AND TO APPROVE ALL OF THE FOLLOWING POLICIES: ACCESS SYSTEM, UTILIZATION MANAGEMENT, LEVEL OF CARE SYSTEM FOR PARITY, AND RETROSPECTIVE SAMPLING FOR ACUTE SERVICES. MOTION CARRIED: 18-0.

14. Other Business

Board members wished to recognize those members on the Policy Committee and expressed appreciation for their work involved in reviewing the policies presented each meeting. Mr. Jim Anderson was a member of the Policy Committee so a replacement will

need to be appointed to replace Mr. Anderson. If a Board member is interested, please contact Mr. Ed Woods.

15. Public Comment

There was no public comment**.**

16. Adjournment

The MSHN Board of Directors Regular Business Meeting adjourned at 6:10 p.m. Mr. Ed Woods expressed thanks to all members on behalf of MSHN to honor each member's commitment to the region.

Mid-State Health Network SUD Oversight Policy Advisory Board
Wednesday, April 20, 2022, 4:00 p.m.
CMH Association of Michigan (CMHAM)

Meeting Minutes

1. Call to Order

Chairperson John Hunter called the MSHN SUD Regional Oversight Policy Board (OPB) of Directors Organizational Meeting to order at 4:02 p.m.

Board Member(s) Present: Jim Anderson (Bay), Sandra Bristol (Clare), Bruce Caswell (Hillsdale), Steve Glaser (Midland), John Hunter (Tuscola), Bryan Kolk (Newaygo), Robert Luce (Arenac), Jim Moreno (Isabella), Vicky Schultz (Shiawassee), Deb Thalison (Ionia), Kim Thalison (Eaton), Ed Woods (Jackson)

Board Member(s) Remote: Nichole Badour (Gratiot)

Board Member(s) Absent: Lisa Ashley (Gladwin); Christina Harrington (Saginaw); Ken Mitchell (Clinton); Joe Murphy (Huron), Scott Painter (Montcalm), Jerrilynn Strong (Mecosta), Todd Tennis (Ingham), David Turner (Osceola)

Alternate Members Present: John Kroneck (Montcalm); Linda Howard (Mecosta), Dwight Washington (Clinton)

Staff Members Present: Amanda Ittner (Deputy Director), Joseph Sedlock (Chief Executive Officer), Sherry Kletke (Executive Assistant), Dr. Dani Meier (Chief Clinical Officer), Dr. Trisha Thrush (Director of SUD Services and Operations), Sarah Andreotti (Lead Prevention Specialist), Sarah Surna (Prevention Specialist)

2. Roll Call

Secretary Bruce Caswell provided the Roll Call for Board Attendance and informed the Board Chair, John Hunter, that a quorum was present for Board meeting business.

3. Approval of Agenda for April 20, 2022

Board approval was requested for the Agenda of the April 20, 2022 Regular Business Meeting, as presented.

BOARD APPROVED JUNE 15, 2022

MOTION BY BRYAN KOLK, SUPPORTED BY ROBERT LUCE, FOR APPROVAL OF THE APRIL 20, 2022 REGULAR BUSINESS MEETING AGENDA, AS PRESENTED. MOTION CARRIED: 15-0.

4. Approval of Minutes from the December 15, 2021 and February 16, 2022 Regular Business Meetings

Board approval was requested for the draft meeting minutes of the December 15, 2021 and February 16, 2022 Regular Business Meetings.

MOTION BY DEB THALISON, SUPPORTED BY STEVE GLASER, FOR APPROVAL OF THE MINUTES OF THE DECEMBER 15, 2021 MEETING, AS PRESENTED. MOTION CARRIED: 15-0.

MOTION BY STEVE GLASER, SUPPORTED BY VICKY SCHULTZ, FOR APPROVAL OF THE MINUTES OF THE FEBRUARY 16, 2022 MEETING, AS PRESENTED. MOTION CARRIED: 15-0.

5. Public Comment

There was no public comment.

6. Board Chair Report

Mr. John Hunter welcomed members to the annual organizational meeting that was postponed due to no quorum at the February 16, 2022 meeting. No officer elections are slated to occur this evening due to the bylaws specification of 2-year terms and elections were held in 2021. No members expressed interest as candidates and the current officers continue their interest in their respective office positions.

7. Deputy Director Report

Ms. Amanda Ittner provided an overview of the written report included in the board meeting packet, and available on the MSHN website, highlighting:

- Open Meetings Act Update: There is no update yet. If the proposed legislation is finalized, MSHN will present an amendment to the bylaws in accordance with Section 7.2.
- COVID-19 Update:
  - On March 11, 2022, MDHHS indicated that Michigan has entered the post-surge, recovery phase.
  - On March 1, 2022 MSHN Board of Directors approved the Provider Stabilization Program allocating $13million in funds to support providers in their efforts to address staff recruitment, attraction, commitment, existing workforce retention strategies, and other staffing stabilization crises. As of April 7, 2022 MSHN has approved over $380,000.

- **COVID-19 Telehealth Report & Future Planning:** The written report states the Public Health Emergency (PHE) was scheduled to end on April 16, 2022, however since the date of the report, the PHE was extended an additional 90 days to July 15, 2022.

- **MDHHS Issues Three-Year Report for the State Opioid Response (SOR) Grant Funding:** MSHN has received the state-wide report on the SOR grant expenditures, with a summary of the PIHPs involved included in the packet. MSHN appreciates all involved with participating in the projects funded under the grants.

8. Chief Financial Officer Report

Ms. Amanda Ittner provided an overview of the financial reports included in board meeting packets:

- FY2022 PA2 Funding and Expenditures by County
- FY2022 PA2 Use of Funds by County and Provider
- FY2022 Substance Use Disorder (SUD) Financial Summary Report as of February 2022

Board members raised the question as to why there were no PA2 expenditures reported for Hillsdale County. MSHN will investigate and report back to the appointed member for Hillsdale County.

9. FY22 Substance Use Disorder PA2 Contract Listing Report Format Changes

Ms. Amanda Ittner provided an overview and information on the FY22 Substance Use Disorder (SUD) PA2 Contract Listing as provided in the packet.

MOTION BY ROBERT LUCE, SUPPORTED BY JIM MORENO, FOR APPROVAL OF THE FY2022 SUBSTANCE USE DISORDER (SUD) PA2 CONTRACT LISTING, AS PRESENTED. MOTION CARRIED: 15-0.

10. SUD Operating Update

Dr. Dani Meier presented updated information on MSHN SUD Grants. The presentation can be found on the MSHN website at: MSHN SUD Grants April 2022.

Board members requested an interest in knowing the utilization numbers associated with the mobile unit. MSHN staff will provide this information to OPB members.

Members also inquired if a date is known yet when the ARPA Funds will be distributed. MSHN staff will inquire at the upcoming SUD Directors meeting with MDHHS and report back to the OPB members.

Dr. Dani Meier provided an overview of the written SUD Operations Report as included in the board meeting packet and also reviewed the FY2022 Quarter 1 SUD County reports as provided in the board packet.

BOARD APPROVED JUNE 15, 2022

11. Other Business

There was no other business.

12. Public Comment

There was no public comment.

13. Board Member Comment

Board members discussed the Michigan Profile for Healthy Youth (MiPHY). Members can request the MiPHY data from the schools in their respective counties.

Board members had discussions regarding initiatives happening in their respective counties.

14. Adjournment

Chairperson John Hunter adjourned the MSHN SUD Oversight Policy Advisory Board Meeting at 5:04 p.m.

Meeting minutes submitted respectfully by:
MSHN Executive Assistant

BOARD APPROVED JUNE 15, 2022

MSHN
Mid-State Health Network

Mid-State Health Network Board of Directors
Executive Committee Meeting Minutes

Friday, June 17, 2022 - 9:00 a.m.

Members Present: Ed Woods, Chairperson; Irene O'Boyle, Vice-Chairperson; Kurt Peasley, Secretary; Pat McFarland, At Large Member; David Griesing, At Large Member

Others Present: Susan Twing

Staff Present: Amanda Ittner, Deputy Director; Joseph Sedlock, Chief Executive Officer

1. **Call to order:** Chairperson Woods called the meeting to order at 9:02 a.m.

2. **Approval of Agenda:** Motion by K. Peasley supported by P. McFarland to approve the agenda for the June 17 meeting of the MSHN Executive Committee. Motion carried.

3. **Guest Board Member Comments:** None

4. **Board Matters**

   4.1 July 2022 Draft Board Meeting Agenda: No additions or adjustments to the draft agenda were recommended by the Executive Committee. The agenda is considered draft until approved by the Board at its meeting.

   4.2 Vacancy on Policy Committee/Appointment Replacement: There is a vacancy on the MSHN Board Policy Committee. Appointments are at the pleasure of the Chair. Ms. Ittner provided a summary of the activities and effort involved in serving on the MSHN Board Policy Committee. Chairperson Woods called for any volunteers to serve. David Griesing volunteered to serve. Mr. Woods will call for other volunteers at the July Board Meeting. Mr. Griesing will be appointed if there are no other board members that volunteer. If others volunteer, Mr. Woods will take the matter under advisement and make an appointment from among the volunteers at a later date.

   4.3 Other: Chairperson Woods pointed out that he and other MSHN board members present at the recent CMH Association meeting continued to advocate for the CMH Association to improve representation of and advocacy for Michigan's Pre-Paid Inpatient Health Plans, and thanked members for their advocacy. Mr. Woods also made comments on CCBHC initiatives from a National Council perspective, where he is a board member.

5. **Administration Matters**

   5.1 System Redesign Legislation Update: Mr. Sedlock updated the Executive Committee on the passage of SB 714 which is an appropriations bill that includes many millions of dollars that are tie-barred to the passage of SB 597/598 (which would privatize the public behavioral health system) and several hundred million dollars that are not tie-barred. The CMH Association reports that SB 597/598 are being pushed by Senator Shirkey but have not yet moved forward (presumably due to insufficient votes for passage). Mr. Sedlock, Chairperson Woods, and Bishop Ira Combs (Homes for Christ) are meeting with Senator Rick Outman next week to provide additional information in opposition to passage of these two senate bills.

   5.2 MSHN Post-Pandemic Operations Plan Finalization: Mr. Sedlock provided background and actions taken leading up to the finalization of MSHN's Post-Pandemic Operations Plan (for staff). Mid-State

Health Network (MSHN) by almost every observable measure has, with very few and mostly circumstance- limited exceptions, been successful at converting office-based operations to entirely remote operations, accounting for an initial adjustment period, since March 16, 2020, and continuing through present. By almost every supervisor report, MSHN staff have effectively, efficiently, safely, and completely adjusted to remote-based work.

To inform its decision-making on post-pandemic operations, MSHN conducted (1) an employee survey, and (2) a provider survey both of which asked several questions about post-pandemic operational preferences, and (3) a position-by-position analysis of the optimal means of accomplishing job functions and tasks and (4) published a draft plan for employee comment and feedback during April 2022. The results of all of these activities have informed our plans for an eventual post-pandemic operations plan.

MSHN will give its employees at least sixty days' notice before implementing the plan, which implements a move away from all-remote to hybrid model of operations similar to our pre-pandemic operations. The plan requires some on-site activities, but also continues a mostly remote, field/office/community – based posture with most employees' official work site being a remote location.

Some members of the Committee expressed frustration in their communities about the continuation of remote work arrangements, while some committee members indicated that the evidence shows its effectiveness. MSHN also struggled with these considerations in developing and finalizing its post-pandemic operations plan.

5.3 MSHN Lease Expiration, Renewal: MSHN's current office space lease expires 09/30/2022. MSHN currently leases two upper floor suites (2,553 sf total) and two lower-level suites (2,280 sf total) to house 43 employees. Given the new post-pandemic operations plan described above, MSHN has reached agreement with its landlord to maintain existing office space at significantly reduced rent. MSHN will present a lease renewal contract at the July board meeting to extend the lease on the lower-level suites for three years at market rates (first year $13.75/sf) and the upper-level suites for one year at significantly reduced rent ($7/sf). Office space requirements will be evaluated one year after the implementation of post-pandemic operations plan and needed adjustments may be made at that time.

6. Other

6.1 No other business to come before the Executive Committee

6.2 Next scheduled Executive Committee Meeting: The Executive Committee is cancelling the 07/15/2022 meeting due to proximity to the July 5, 2022 board meeting. The Committee can be called together if there is a need prior to the next, August 19, 2022, Executive Committee meeting.

7. **Guest Board Member Comments:** Ms. Twing expressed appreciation to the Executive Committee for their work.

8. **Adjourn:** Meeting was adjourned at 9:32 a.m.

MID-STATE HEALTH NETWORK

BOARD POLICY COMMITTEE MEETING MINUTES
TUESDAY, JUNE 7, 2022 (VIDEO CONFERENCE)

***Members Present**:* Irene O'Boyle, Kurt Peasley, John Johansen

Members Absent: Jeanne Ladd

Staff Present: Amanda Ittner (Deputy Director); Sherry Kletke (Executive Assistant)

1. CALL TO ORDER

Mr. John Johansen called the Board Policy Committee meeting to order at 10:01 a.m.

2. APPROVAL OF THE AGENDA

MOTION by Kurt Peasley, supported by Irene O'Boyle, to approve the June 7, 2022, Board Policy Committee Meeting Agenda, as presented. Motion Carried: 3-0.

3. **POLICIES UNDER DISCUSSION**:

Mr. Kurt Peasley raised the question of why the SUD Provider Network was removed from the Customer Handbook Policy. Ms. Amanda Ittner explained the removal was due to the responsibility of the PIHP for SUD Provider Network website posting but we delegate to the CMHSPs the requirement to post on their website.

4. POLICIES UNDER BIENNIAL REVIEW

Ms. Amanda Ittner asked committee members if they would prefer an overview on the revisions made to the policies being presented under biennial review from the Customer Service chapter. Members did not need an overview, and all agreed that the revisions to the eight (8) policies listed below were accepted. The Customer Service chapter was reviewed by the Chief Compliance and Quality Officer along with the Customer Service Committee.

CHAPTER: CUSTOMER SERVICE

1. ADVANCE DIRECTIVES
2. CUSTOMER HANDBOOK
3. CUSTOMER SERVICE
4. ENROLLEE RIGHTS
5. INFORMATION ACCESSIBILITY/LIMITED ENGLISH PROFICIENCY (LEP)
6. MEDICAID BENEFICIARY ENROLLEES APPEALS/GRIEVANCES

Mid-State Health Network | 530 W. Ionia Street, Ste F | Lansing, MI | 48933 | P: 517.253.7525 | F: 517.253.7552

7. RECIPIENT RIGHTS FOR SUBSTANCE USE DISORDER RECIPIENTS
8. REGIONAL CONSUMER ADVISORY COUNCIL

MOTION by Kurt Peasley, supported by Irene O'Boyle, to approve and recommend the policies under biennial review as presented. Motion carried: 3-0.

5. NEW BUSINESS

The Policy Committee is needing a member to replace Jim Anderson, who has resigned from the Board of Directors. Policy Committee members would prefer a board member to express interest in being on the committee rather than appointing someone. Committee members requested that the matter of a replacement be discussed at the upcoming Board Executive Committee and also be requested at the next Board meeting.

6. ADJOURN

Mr. John Johansen adjourned the Board Policy Committee Meeting at 10:09 a.m.

Meeting Minutes respectfully submitted by:
MSHN Executive Assistant

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REGIONAL OPERATIONS COUNCIL/CEO MEETING
Key Decisions and Required Action
Date: 05/16/2022

Members Present: Lindsey Hull; Maribeth Leonard; Carol Mills; Sharon Beals; Tracey Dore; Tammy Warner; Kerry Possehn; Michelle Stillwagon; John Obermesik; Sandy Lindsey; Sara Lurie
Members Absent: Chris Pinter
MSHN Staff Present: Joseph Sedlock; Amanda Ittner; Attending during applicable area: Leslie Thomas, Todd Lewicki

Agenda Item	Action Required				
CONSENT AGENDA	Q: pg. 4 reference to SDoH PowerPoint and can it be shared?				
	Joe S. will send out the SDoH PowerPoint	By Who	Joe S.	By When	5.17.22
FY22 Savings Estimate through March 2022	Leslie reviewed the FY22 Savings Estimate through March 2022. Q: CEI is significantly under in expenditure reporting for HM and Autism Concern about financial impact re: CCBHC, Disenrollment,				
	Sandy L. will send out HMA presentation on impact related to Medicaid disenrollment CEI will review and report back	By Who	Sandy L. Sara L.	By When	5.17.22 5.21.22
Conflict Free Access and Planning Update	T. Lewicki reviewed the summary on the Conflict Free Access and Planning included in packet. Any CMH member can join the call, Todd had encouraged CLC members to attend. Comment that if the direction is that there be a separate entity, then the RE/PIHP is in a good place to support this effort.				
	Todd L. will send out meeting schedule and invite and update Ops Council with notes/summary of meetings	By Who	Todd L.	By When	5.21.22
FY23 Ops Council Meeting Calendar	Joe S. reviewed the calendar for FY23				
	Approved to finalize – invites to be sent in September	By Who	Joe S.	By When	6.1.22
Check In: MSHN Regional Provider Staffing Crisis Stabilization Initiative • **Applications received; issues? Provider Questions?** • **Regional Guidance – any edits needed?**	Q: Application received from Beacon which contracts with 11 of the CMH. Sharon will send out request to Ops asking utilization, etc. The application came from Leslie. About 4.6m in total approved regionally (not inclusive of what is being reviewed now). Request Leslie to present at next meeting				
	Joe S. will request Leslie present on Staffing Funds in June Ops.	By Who	Joe S.	By When	6.1.22
Regional COVID related	PHE expiration is July 15 and indicated would notify the state 60 days prior if it is set to expire.				

Agenda Item	Action Required				
updates/planning (if any)					
	Informational	By Who	N/A	By When	N/A
System Redesign – ongoing dialog/discussion/regional strategies (if any)	Discussed Shirkey may hold up bills and tie to budget. Proposal to extend term limits but would go on the ballot and if approved be applied to future appointments.				
	Discussion Only	By Who	N/A	By When	N/A
Credentialing Summary Report	Amanda I. Reviewed the Summary Credentialing Report, giving background and current FY22 compliance rates Discussion with Ops regarding proposed follow up and corrective action plans				
	Amanda to send out report and CMHs representatives Amanda to present draft procedure in June Ops Council	By Who	Amanda I.	By When	5.17.22 6.1.22
Current Issues	Discussion on ER Boarding, specifically for children				
	Discussion Only	By Who	N/A	By When	N/A

MSHN
Mid-State Health Network

REGIONAL OPERATIONS COUNCIL/CEO MEETING
Key Decisions and Required Action
Date: June 20, 2022

Members Present: Chris Pinter; Lindsey Hull; Carol Mills; Sharon Beals; Tracey Dore; Tammy Warner; Kerry Possehn; Michelle Stillwagon; John Obermesik; Sara Lurie; Bryan Krogman
Members Absent: Sandy Lindsey; Maribeth Leonard
MSHN Staff Present: Joseph Sedlock; Amanda Ittner;

Agenda Item	Action Required				
CONSENT AGENDA	No items for discussion				
	Consent agenda items approved	By Who	N/A	By When	N/A
Check In: MSHN Regional Provider Staffing Crisis Stabilization Initiative -Review Activities to Date	L. Thomas reviewed the Provider Stabilization Staffing Crisis distributions for FY22 to date, including the summary information by CMH, number of provider requests and total approved by grants or existing funding. 2.4m in applications not yet reviewed by CEI but anticipate funding will come out of existing PEPM. Question regarding a second round of authorization being considered. Not at this time, consideration of revenue decreases with PHE unwind. However, would consider taking another proposal to the board if warranted.				
	Information Only	By Who	N/A	By When	N/A
MSHN Network Adequacy Assessment • **Summary of Changes** • **Plan**	A. Ittner reviewed the summary of changes in the Network Adequacy Assessment for FY21, including a review of the plan recommendations contained therein.				
	Approved as presented; Next step to MSHN Board	By Who	A. Ittner	By When	6/30/22
Provider Network Management Credentialing – Reporting and Monitoring Procedure	A. Ittner reviewed the Procedure and background. Discussion regarding another review after the MDHHS State-Wide Credentialing group has implemented their recommendations. Question if this procedure was distributed to any MSHN workgroup.				
	Amanda will distribute to CMHSP credentialing representatives; Procedure approved after review by reps.	By Who	A. Ittner	By When	6/30/22
Regional COVID related updates/planning (if any)	No COVID updates/discussion				
	N/A	By Who	N/A	By When	N/A
System Redesign – Ongoing Dialog/Discussion/Regional Strategies (if any)	Discussed the session by CMHAM regarding the senate bills.				

Agenda Item	Action Required				
	Discussion Only	By Who	N/A	By When	N/A
HCBS Requirements for Residential	S. Lurie requested a review of the process due to her agency having parents requesting placement. T. Lewicki and K. Hammack reviewed the process when placement is currently on heightened scrutiny and/or provisional and how MSHN and MDHHS reviews. MDHHS requires additional documentation and wants to review it days before to allow time to review. This is causing timing issues with discharges from hospital, jail, etc.				
	Discussion Only	By Who	N/A	By When	N/A
Organizational Credentialing	Amanda mentioned the CMHSP organizational credentialing packet will be sent out shortly to the CEO's.				
	Informational Only	By Who	N/A	By When	N/A

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POLICIES AND PROCEDURE MANUAL

Chapter:	**Customer Service**		
Title:	**Advance Directives**		
Policy: ☑ **Procedure:** ☐ **Page:** 1 of 3	**Review Cycle:** ~~Annually~~ Biennial **Author:** Chief Compliance and Quality Officer, Customer Service Committee	**Adopted Date:** 09.02.2014 **Review Date: 07.07.2020** **Revision Eff. Date:**	**Related Policies:** Customer Service Policy

Purpose

To ensure that adult beneficiaries of Mid-State Health Network (MSHN), receive information on advance directives in accordance with 42 CFR 422.128 and 42 CFR 438.3.

Policy

MSHN delegates the responsibility for providing adult beneficiaries with information related to advance directives to its CMHSP Participants/SUD Provider Network.

1. CMHSP Participants/SUD Provider Network must maintain written policies and procedures concerning advance directives with respect to all adult individuals receiving care by or through the organization;

2. CMHSP Participants/SUD Provider Network:
   A. Are not required to provide care that conflicts with an advance directive; and
   B. Are not required to implement an advance directive if, as a matter of conscience, the provider cannot implement an advance directive.
   ~~B.~~C. Are prohibited from conditioning the provision of care based on whether or not the individual has executed an advance directive.

3. MSHN Standards for Advance Directives shall ensure that the CMHSP Participants/SUD Provider Network:
   A. Provides adult beneficiaries with written information on advance directives at the time of initial enrollment;
   B. Supplies information that includes a description of applicable state law and rights under applicable laws;
   C. Document in a prominent part of the individual's current medical record whether or not the individual has executed an advanced directive;
   D. Not condition the provision of care or otherwise discriminate against an individual based on whether or not the individual has executed an advance directive;
   E. Continuously updates written information to reflect any changes in state law as soon as possible but no later than 90 days after it becomes effective; and
   F. Informs individuals that grievances concerning noncompliance with the advance directive requirements may be filed with Customer Services.

Applies to:

☒ All Mid-State Health Network Staff
☐ Selected MSHN Staff, as follows:
☒ MSHN's CMHSP Participants: ☐Policy Only ☒Policy and Procedure
☒ Other: Sub-contract Providers

Definitions:

Advance Directive: Document(s) or documentation allowing a person to give directions about future medical care and/or psychiatric care or to designate another person(s) to make medical decisions if the individual loses decision making capacity. Advance directives may include living wills, durable powers of attorney for health care, do-not-resuscitate (DNRs) orders and right to die or similar documents listed in the Patient Self-Determination Act that express the individual's preferences
CMHSP: Community Mental Health Service Program
CMHSP Participants/SUD Provider Network: refers to a CMHSP Participant and all Substance Use Disorder Prevention and Treatment Providers that are directly under contract with PIHP MSHN to provide services and/or supports through direct operations or through the CMHSP's subcontractors.
MSHN: Mid-State Health Network
PIHP: Pre-paid Inpatient Health Plan

Other Related Materials:

N/A

References/Legal Authority:

~~1.~~ State of Michigan/PIHP Contract: Schedule A: Statement of Work Contract Activities: Q. Observance of State and Federal Laws: 4. Advance Directives Compliance ~~The Medicaid Managed Specialty Supports and Services Concurrent 1915 (b)/(c) Waiver Program Contract with the Michigan Department Health and Human Services, Part II 7.10.5 Advance Directives~~

1.
2. Balanced Budget Act 438.3(j)
3. Center for Medicare and Medicaid Monitoring Medicaid Managed Care Organizations and Prepaid Inpatient Heath Plans- A Protocol for Determining Compliance with 42 CFR.
4. Michigan Mental Health Code 330.1433 & 330.1469a
5. Federal Patient Self-Determination Act Part 489

~~5.~~6.42 CFR 422.128 and 42 CFR 438.3(j)

Change Log:

Date of Change	Description of Change	Responsible Party
09.2014	New Policy	Chief Compliance Officer
11.2015	Annual Review	Director of Compliance, Customer Service and QI
11.21.2016	Annual Review	Customer Service Committee
12.18.2017	Annual Review	Customer Service Committee

12.03.2018	Annual Review, addition of requirements	Customer Service Committee
03.16.2020	Annual Review, Reference/Legal Authority reference correction	Customer Service Committee
11.15.2021	Bi-annual Review, language added to meet contract requirements	Customer Service Committee

Chapter:	Customer Service		
Title:	**Customer Handbook**		
Policy: ☒ **Procedure:** ☐ **Page:** 1 of 3	**Review Cycle:** ~~Annually~~ Biennial **Author:** Chief Compliance and Quality Officer, Customer Service Committee	**Adopted Date:** 12.03.2013 **Review Date: 07.07.2020** **Revision Eff. Date:**	**Related Policies:** Customer Service

Purpose

To ensure that all customers that are served by the CMHSP Participants and the Substance Use Disorder (SUD) Provider Network for Mid-State Health Network (MSHN) are provided a Regional Customer Handbook/Guide to Services that includes federal and state of Michigan information required for mental health and substance use disorder services.

Policy

MSHN shall create, publish, and maintain a Customer Handbook/Guide to Services (referred to ~~i~~in the policy as the "Customer Handbook"), the core of which is uniform throughout the region.

- All customers and/or their legal responsible parties who request services shall be provided a Customer Handbook when they first come into service, annually, and when there are significant changes in the handbook content. Confirmation of receipt and/or offer of the Customer Handbook shall be in the customer's record. The Customer Services Handbook will be provided to the beneficiary by one of the following:
  - giving a copy to the beneficiary in person
  - mailing a printed copy to the beneficiary's mailing address,
  - emailing an electronic version after obtaining the beneficiary's written approval,
  - notifying the beneficiary by providing a written statement that identifies where the handbook can be found on the website,
  - other alternate distribution based on the request of the beneficiary.

- If/when MDHHS contractual requirement updates are made to the Customer Handbook, the CMHSP Participants and the SUD Provider Network shall provide supplemental materials (inserts, stickers) to customers receiving services to reflect the changes. To the extent possible, customers will be provided at least 30 days' notice before the intended effective date of any change that the State defines as significant in the information specified in 42 CFR 438.10(g)(2). ~~Confirmation of receipt and/or offer of the Customer Handbook shall be in the customer's record.~~

- Any customer, natural support, community member, or agency, including any external credentialing or payer agencies, may request and receive a copy of the Ceustomer ~~h~~Handbook at any time.

- The Customer Handbook~~s~~ and the Prepaid Inpatient Health Plan (PIHP) Provider Directory shall be posted and/or linked on the MSHN website. Additionally, the respective Customer Handbook and the Local Provider Directory shall be posted on each CMHSP Participant ~~and SUD Provider Network~~ website.

- The Customer Handbook shall be published and updated by MSHN to ensure compliance with specific Michigan Department of Health and Human Services (MDHHS) technical requirements regarding content, and with specific federal requirements found in 42 CFR 438.10. Customer Handbooks shall include the date of publication and revision by MSHN.

- Although the Customer Handbook is standardized to include the MDHHS and MSHN required content, CMHSP Participants may tailor approved portions of the Customer Handbook to include local content.

- Customer Handbooks will be reviewed with consumer advisory councils and CMHSP Participants and the SUD Provider Network for feedback. MSHN shall maintain approval authority for changes to the Customer Handbook.

- Using MDHHS prescribed templates, the Customer Handbook shall include federal, and state required topics. MSHN will assure approval is obtained~~, if necessary,~~ from MDHHS and/or Centers for Medicaid and Medicare (CMS) for publication revisions prior to publishing the revised customer handbook.

- CMHSP Participants and the SUD Provider Network shall provide accommodations to the Customer Handbooks and the Provider Directory where required for customers where English is not their primary spoken language, or for impairments to visual, auditory, and/or literacy capabilities in accordance with federal and state laws, rules and guidelines.

- MSHN shall provide monitoring and oversight to ensure that CMHSP Participants and the SUD Provider Network provide the Customer Handbook to individuals that are served according to the established standards.

Applies to:

☒All Mid-State Health Network Staff
☐Selected MSHN Staff, as follows:
☒MSHN's ~~Affiliates~~CMHSP Participants: ☒Policy Only ☐Policy and Procedure
☒Other: Sub-contract Providers

Definitions/Acronyms:

CMHSP: Community Mental Health Service Program
CMS: Centers for Medicaid and Medicare
Customer: Refers to individuals who are eligible to receive specialty mental health and substance use disorder services, as well as those currently receiving such services and their families/guardians. For the purpose of MSHN policy, these terms are used interchangeably
Customer Handbook: The handbook is a required set of information that must be provided to Medicaid beneficiaries at the start of treatment and at least annually.
Local Provider Directory: The Customer Handbook includes local CMHSP information including the provider directory for that CMHSP county/counties of service
MDHHS: Michigan Department of Health and Human Services
MSHN: Mid-State Health Network

PIHP: Prepaid Inpatient Health Plan
SUD Provider Network: Refers to a SUD Provider that is directly under contract with the MSHN PIHP to provide services and/or supports.

References/Legal Authority:

1. 42 CFR 438.10 Information requirements
2. ~~2.~~ State of Michigan/PIHP Contract: Schedule A: Statement of Work, Section 1. General Requirements, B. Customer Services Standards, 4. Customer Services Handbook Requirements~~MDHHS Medicaid Managed Specialty Supports and Services Contract, PIHP Customer Services Handbook Required Standard Topics, Attachment P6.3.1~~

Change Log:

Date of Change	Description of Change	Responsible Party
12.03.2013	New policy	Customer Services Committee
12.08.14	Annual review, format consistency	Customer Services Committee and Chief Compliance Officer
11.2015	Annual Review	Director of Compliance, Customer Services & Quality Improvement
11.21.2016	Annual Review	Customer Service Committee
12.18.2017	Annual Review	Customer Service Committee
12.03.2018	Annual Review	Customer Service Committee
03.16.2020	Annual Review, language revised to match Attachment P6.3.1 language	Customer Service Committee
11.15.2021	Bi-annual Review, language updates to match contract requirements	Customer Service Committee

Chapter:	Customer Service		
Title:	Customer/Consumer Service		
Policy: ☒ Procedure: ☐ Page: 1 of 3	Review Cycle: Biennial Author: Chief Compliance and Quality Officer, Customer Service Committee	Adopted Date: 12.03.2013 Review Date: 07.07.2020 Revision Eff. Date:	Related Policies: Customer Service

Purpose

To ensure that primary and secondary consumers, as customers of Mid-State Health Network (MSHN), receive timely, accurate, understandable, and culturally competent services.

Policy

MSHN delegates the responsibility for Customer/Consumer Services to its Community Mental Health Services Program (CMHSP) Participants and Substance Use Disorder (SUD) Provider Network. The CMHSP Participants/SUD Provider Network shall convey an atmosphere that is welcoming, helpful and informative for its customers.

MSHN Standards of Customer/Consumer Service ensure that CMHSP Participants/SUD Provider Network shall:

A. Establish a Customer Services Unit which meets the needs of the Consumer/Customer served. The Customer Services Unit will provide Customer Services as defined by the Michigan Department of Health and Human Services (MDHHS) Pre-paid Inpatient Health Plan (PIHP) Customer Services Standards. Customer Services must convey an atmosphere that is welcoming, helpful and informative and will orient individuals to the services and benefits that are available, including providing the Provider Directory Listing in accordance with the MSHN Provider Network Directory – Information Requirements policy. These standards apply to the CMHSP Participants/SUD Providers and to any entity to which they have delegated the customer service function;

~~A.~~ When ~~Welcome customers and orient individuals to the services and benefits that are available, including providing Provider Directory Listings. This listing shall identify the provider name, as well as any group affiliation, locations, telephone numbers, web site URL (as appropriate), specialty (as appropriate), the provider's cultural capability, any non-English languages spoken, if the provider's office /facility has accommodations for people with physical disabilities, and whether they are accepting new beneficiaries. This includes any restrictions on the beneficiary's freedom of choice among network providers. The listing will be available in the format that is preferable to the beneficiary and must be kept current and offered to each beneficiary annually. If p~~providing ~~the~~ information electronically, it must be in a form that is readily accessible; it must be on the website in a location that is prominent and readily accessible; it must be in an electronic form which can be electronically retained and printed; Customer/Consumer ~~customers~~ must be

informed that the information is available in paper form without charge and provided within 5 business days upon request;

B. Ensure materials are written at the 4th 6.9 grade reading level when possible (i.e., in some situations it is necessary to include medications, diagnosis and conditions that do not meet the 4th grade level criteria);

C. Provide information about how to access benefits, including authorization requirements, for mental health, primary healthcare, substance use disorder treatment and prevention, and other community-based services;

D. Provide information on available treatment options and alternatives. Provide information on the amount, duration and scope of benefits available under the contract in sufficient detail to ensure beneficiaries understand the benefits to which they are entitled and the extent to which, and how, after-hours crisis services are provided;

E. Provide information on cost-sharing, as appropriate;

E.F. Provide information on how to access the various recipient rights processes;

F.G. Assist customers with problems and inquiries regarding benefits;

G.H. Assist customers with the local complaint and grievance processes;

H.I. Provide information on local appeal and fair hearings processes, including expected timelines;

I.J. Provide the rules for emergency and post-stabilization services;

J.K. Provide information on quality and performance indicators and enrollee satisfaction;

L. Track and report patterns of potential problem areas for the organization;

K.M. Material must not contain false, confusing, and/or misleading information;

L.N. Ensure all materials will be available in the languages appropriate to the people served within the PIHP's area for specific Non-English Language that is spoken as the primary language by more than 5% of the population in the PIHPs region. Such materials will be available in any language alternative to English as required by the Limited English Proficiency Policy Guidance (Executive Order 13166 of August 11, 2002, Federal Register Vol. 65);

M.O. Ensure that beneficiaries are notified that oral interpretation is available for any language and written information is available in prevalent languages and auxiliary aids,

such as Teletypewriter/Text Telephone (TTY/TDY) and American Sign Language (ASL), services are available upon request at no cost, and how to access those services. ~~-~~All written materials for potential enrollees must include taglines explaining the availability of written translations or oral interpretation along with the toll-free telephone number of the entity providing services as required by 42 CFR 438.71(a)~~. For persons with visual impairment, oral interpretation services will be provided free of charge to potential and existing customers in the service area~~;~~

~~N.~~P. Ensure materials are available in alternative formats in accordance with the Americans Disability Act (ADA) and provide information on how to access information in the appropriate language format. Beneficiaries may access materials in a font size with a minimum font of 12pt and in large print in a font size no smaller than 18 point;

~~O.~~Q. Provide required information at the time of admission and at least annually thereafter. ~~-~~The PIHP must give each individual written notice of any significant change in the information specified in 42 CFR 438.10(f)(6) at least 30 days before the intended effective date of the change;

~~P.~~R. Make a good faith effort to give written notice of termination of a contracted provider, by the later of 30 calendar days prior to the effective date of the termination, or within 15 days after receipt or issuance of the termination notice, to each beneficiary who received his or her primary care from, or was seen on a regular basis by, the terminated provider;

~~Q.~~S. Annually (e.g., at the time of person-centered planning) provide to the beneficiary the estimated annual cost of each covered support and service he/she is receiving; and

~~R.~~T. Provide an Explanation of Benefits (EOBs) to 5% of the consumers receiving services. The EOB distribution must comply with the State and Federal regulations regarding release of information as directed by MDHHS.

Applies to:

☒All Mid-State Health Network Staff
☐Selected MSHN Staff, as follows:
☒MSHN's ~~Affiliates~~CMHSP Participants: ☒Policy Only ☐Policy and Procedure
☒Other: Sub-contract Providers

Definitions/Acronyms:

CFR: Code of Federal Regulations
CMHSP: Community Mental Health Service Program
Consumer/Customer: Refers to individuals who are eligible to receive specialty mental health and substance use disorder services, as well as those currently receiving such services and their families/guardians. For the purpose of MSHN policy, these terms are used interchangeably

MDHHS: Michigan Department of Health and Human Services
MSHN: Mid-State Health Network
PIHP: Prepaid Inpatient Health Plan
Primary Consumer: An individual who receives or has received services from MDHHS or CMHSP Participant(s): This includes those who receive or have received the equivalent mental health services from the private sector
Secondary Consumer: A family member, guardian, or advocate of an individual who receives or has received services from MDHHS or a CMHSP. This includes family members, guardians, or advocates of a person who has received the equivalent mental health services from the private sector
SUD Provider Network: Refers to a Substance Use Disorder Provider that is directly under contract with the MSHN PIHP to provide services and/or supports

References/Legal Authority:

1. 42 CFR 438.10: Information Requirements
2. 42 CFR 438.400 Appeals and Grievances
3. State of Michigan/PIHP Contract: Schedule 1. General Requirements, M. Beneficiary Services, 2. Written Materials, b. Additional Information Requirements
4. State of Michigan/PIHP Contract: Schedule 1. General Requirements, B. Customer Services Standards
~~3. MDHHS Medicaid Specialty Services Contract, Section 6.3.2: Information Requirements~~

Change Log:

Date of Change	Description of Change	Responsible Party
12.03.2013	New policy	Customer Services Committee
11.2015	Annual review, format consistency	Director of Compliance, Customer Services & Quality Improvement
11.21.2016	Annual Review	Customer Service Committee
12.18.2017	Annual Review	Customer Service Committee
12.03.2018	Annual Review	Customer Service Committee
03.16.2020	Annual Review, language added to meet reference requirements	Customer Service Committee
11.15.2021	Bi-annual Review, language added to meet contract requirements	Customer Service Committee

MSHN
Mid-State Health Network

POLICIES AND PROCEDURE MANUAL

Chapter:	Customer Service		
Title:	**Enrollee Rights**		
Policy: ☑ **Procedure:** ☐ **Page:** 1 of 2	**Review Cycle:** ~~Annually~~Biennial **Author:** ~~Director of Quality, Compliance, and Customer Service;~~Chief Compliance and Quality Officer Customer Service Committee	**Adopted Date: 07.07.2020** **Review Date:** **Revision Eff. Date:**	**Related Policies:** Consumer Service Policy

Purpose

To ensure the legal authority and requirements for the rights and the protections for all recipients receiving community mental health and substance use disorder services authorized and/or delivered by the Mid-State Health Network (MSHN) Provider Network.

Policy

1. General rule:
    a. Each CMHSP/SUD Provider Network participant shall comply with any applicable Federal and State laws that pertain to enrollee rights and ensures that its employees and contracted providers observe and protect those rights.

2. Guaranteed enrollee rights -
    a. Receive information in accordance with 42 CFR 438.10 - Information requirements.
    b. Be treated with respect and with due consideration for ~~his or her~~their dignity and privacy.
    c. Receive information on available treatment options and alternatives, presented in a manner appropriate to the enrollee's condition and ability to understand.
        i. The information requirements for services that are not covered under the contract because of moral or religious objections are set forth in 42 CFR 438.10(g)(2)(ii)(A) and (B).
    d. Participate in decisions regarding ~~his or her~~their health care, including the right to refuse treatment.
    e. Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation, as specified in other Federal regulations on the use of restraints and seclusion.
    f. If the privacy rule, as set forth in 45 CFR parts 160 and 164 subparts A and E, applies, request and receive a copy of ~~his or her~~their medical records, and request that they be amended or corrected, as specified in 45 CFR 164.524 and 164.526.
    g. An enrollee of a CMHSP/SUD Provider Network Participant has the right to be furnished health care services in accordance with 42 CFR 438.206 through 438.210.

3. Free exercise of rights.
    a. The CMHSP /SUD Provider Network Participant ensures that each enrollee is free to exercise ~~his or her~~their rights, and that the exercise of those rights does not

adversely affect the way the CMHSP/SUD Provider Network Participant treats the enrollee.

4. Compliance with other Federal and State laws.
    a. Each CMHSP /SUD Provider Network Participant shall comply with any other applicable Federal and State laws (including: Title VI of the Civil Rights Act of 1964 as implemented by regulations at 45 CFR part 80; the Age Discrimination Act of 1975 as implemented by regulations at 45 CFR part 91; the Rehabilitation Act of 1973; Title IX of the Education Amendments of 1972 (regarding education programs and activities); Titles II and III of the Americans with Disabilities Act; and section 1557 of the Patient Protection and Affordable Care Act.

Applies to:

☒ All Mid-State Health Network Staff
☐ Selected MSHN Staff, as follows:
☒ MSHN's ~~Affiliates~~CMHSP Participants: ☒ Policy Only ☒ Policy and Procedure
☒ Other: Sub-contract Providers

Definitions:

Enrollee: A Medicaid beneficiary who is currently enrolled in an MCO, PIHP, PAHP, PCCM, or PCCM entity in a given managed care program. 42 CFR 438.2.

MSHN: Mid-State Health Network

PIHP: Pre-paid Inpatient Health Plan

Provider Network: Refers to a CMHSP Participant and all Substance Use Disorder Providers that are directly under contract with the MSHN PIHP to provide services and/or supports through direct operations or through the CMHSP/SUD Provider subcontractors.

Other Related Materials:

None

References/Legal Authority:

1. 42 CFR 438.10 Information requirements
2. 42 CFR 438.100 Enrollee Rights
3. 42 CFR 438.206 Availability of services.
4. 42 CFR 438.207 Assurances of adequate capacity and services.
5. 42 CFR 438.208 Coordination and continuity of care.
6. 42 CFR 438.210 Coverage and authorization of services.
7. 45 CFR PART 160 – General Administrative Requirements
8. 45 CFR PART 164 – Security and Privacy

Change Log:

Date of Change	Description of Change	Responsible Party
03.16.2020	New policy	Director of Quality, Compliance, and Customer Service; Customer Service Committee
11.15.2021	Bi-annual Review, no recommended changes	Customer Service Committee

MSHN
Mid-State Health Network

POLICIES AND PROCEDURE MANUAL

Chapter:	Customer Service		
Title:	**Information Accessibility/Limited English Proficiency (LEP)**		
Policy: ☒ **Procedure:** ☐ **Page:** 1 of 3	**Review Cycle:** ~~Annually~~ Biennial **Author:** Chief Compliance and Quality Officer, Customer Service Committee	**Adopted Date:** 07.01.2014 **Review Date: 07.07.2020** **Revision Eff. Date:**	**Related Policies:** Customer Service Policy

Purpose

Mid-State Health Network (MSHN) and its provider network will take reasonable steps to ensure that persons with Limited English Proficiency (LEP) due to literary or impairment reasons have meaningful access and an equal opportunity to participate in the services, activities, programs and other benefits.

Policy

A. MSHN delegates the responsibility for ensuring meaningful communication with LEP consumer/customer and their authorized representatives involving their medical conditions, benefits, and supports/services to the Community Mental Health Services Program (CMHSP) Participants and Substance Use Disorder (SUD) providers, with oversight and monitoring by MSHN. This includes client specific and/or general information about:
   1. Managed care;
   2. Excluded populations;
   3. Covered benefits;
   4. Cost sharing (if any);
   5. Service area;
   6. Availability of interpreters

B. CMHSP Participants/SUD Provider Network, to ensure sufficient resources for persons with LEP, shall:
   1. Establish a methodology for identifying the prevalent non-English languages spoken by ~~Identify the proportion of LEP~~ beneficiaries likely to be served in their service area;
   2. Determine the frequency that LEP persons may come in contact with their programs;
   3. Estimate the available resources required to meet the identified needs;
   4. Develop procedures for timely and effective communication between staff and persons who are LEP.

C. CMHSP Participants/SUD Provider Network will ensure all materials are available:
   1. In language(s) appropriate to the people served within the PIHP's area for specific Non-English language that is spoken as the primary language by more than 5% of the population in the PIHP's region. Such materials shall be available in any language

alternative to English as required by the Limited English Proficiency Policy Guidance (Executive Order 13166 of August 11, 2002 Federal Register Vol. 65, August 16, 2002);
2. In alternative formats in accordance with the Americans with Disabilities Act (ADA);
3. All written materials for potential enrollees must include taglines explaining the availability of written translations or oral interpretation along with the toll-free telephone number of the entity providing services as required by 42 CFR 438.71(a) and 42 CFR 438.10(d)(2);
4. Beneficiaries may access materials in a font size with a minimum font of 12pt and in large print in a font size no smaller than 18 point.

~~D.~~ The CMHSP Participants/SUD Provider Network shall ensure that beneficiaries are notified that oral interpretation is available for any language and written information is available in prevalent languages and how to access those services. This includes interpretation services for deaf, hard of hearing and deaf/blind populations.

~~E.~~D.

~~F.~~E. The CMHSP Participants/SUD Provider Network shall also ensure beneficiaries are notified how to access alternative formats.

~~G.~~F. The CMHSP Participants/SUD Provider Network shall assure that designated employees and members of its provider network are able to obtain appropriate interpretation, translation, and/or communication services or technical equipment to meet the needs of beneficiaries in their service areas. This includes written materials and face-to-face or phone communications.

~~H.~~G. All interpreters, translators, and other aids needed to comply with this policy shall be provided without cost to the person being served, and consumers/customers and their families will be informed of the availability of such assistance.

~~I.~~H. The CMHSP Participants/SUD Provider Network shall have a local procedure in place which is in compliance with Michigan Department of Health and Human Services (MDHHS) Information Accessibility for Beneficiaries with LEP requirements, as well as the ADA.

Applies to:

☒ All Mid-State Health Network Staff
☐ Selected MSHN Staff, as follows:
☒ MSHN's ~~Affiliates~~CMHSP Participants: ☒ Policy Only ☐
☒ Policy and Procedure
Other: Sub-contract Providers

Definitions:

ADA: Americans with Disabilities Act.
CMHSP: Community Mental Health Service Program

Communication: The effective transmission of messages using spoken language, Braille, American Sign Language, or available technology as necessary
Consumer/Customer: Refers to individuals who are eligible to receive specialty mental health and substance use disorder services, as well as those currently receiving such services and their families/guardians. For the purpose of MSHN policy, these terms are used interchangeably
Interpretation: The oral transmittal of a message from one language to another, considering dialect, culture, and nuance
Limited English Proficiency (LEP): Means being limited in ability or unable to speak, read and/or write the English language well enough to understand and be understood without the aid of an interpreter.
MDHHS: Michigan Department of Health and Human Services
MSHN: Mid-State Health Network
~~Persons with Limited English Proficiency (LEP): A person who is unable to speak, read, write or understand the English language at a level that permits them to interact effectively with health care providers and social service agencies. For the purposes of this policy, LEP will also apply to individuals whose primary form of communication is something other than the oral English language.~~
Population/Service Area: Includes any Medicaid beneficiary who may potentially receive services from MSHN and its provider network.
SUD Provider Network: Refers to a SUD Provider that is directly under contract with PIHP MSHN to provide services and/or supports
Translation: The written interpretation of a message from one language to another, conveying the original meaning of the text with linguistic precision

Other Related Procedures:

N/A

References/Legal Authority:

1. 42 CFR 438.10 Information Requirements
2. 42 CFR 438.400 Appeals and Grievances
3. State of Michigan/PIHP Contract: Schedule 1. General Requirements, M. Beneficiary Services, 2. Written Materials, b. Additional Information Requirements
~~2. MDHHS Medicaid Contract, Section 18.1.6, Limited English Proficiency~~
~~3.~~4. ~~MDHHS Medicaid Contract, Section 6.3.2, Information Requirements~~ State of Michigan/PIHP Contract: 1. General Requirements, Q. Observance of State and Federal Laws and Regulations, 8. Limited English Proficiency
~~4.~~5. Limited English Proficiency Policy Guidance (Executive Order 13166 of August 11, 2002 Federal Register Vol. 65, August 16, 2002).
6. Office of Civil Rights Policy Guidance on Title VI "Language, Assistance to Persons with Limited English Proficiency"
~~5.~~7. The MICHIGAN DEPARTMENT OF CIVIL RIGHTS DIVISION ON DEAF AND HARD OF HEARING QUALIFIED INTERPRETER – GENERAL RULES (By authority conferred on the division on deaf and hard of hearing by section 8a of the deaf persons' interpreters act, 1982 PA

204, MCL 393.508a, section 9 of the division on deafness act, 1937 PA 72, MCL 408.209, and ERO 1996-2, MCL 445.2001, ERO 2003-1, MCL 445.2011, and ERO 2008-4, MCL 445.2025.)

Change Log:

Date of Change	Description of Change	Responsible Party
07.01.2014	New policy	Chief Compliance Officer
04.2016	Annual Review/Update	Customer Service & Specialist
11.21.2016	Updated according to MDHHS/PIHP contract	Customer Service Committee
12.18.17	Annual Review	Customer Service Committee
12.03.18	Annual Review, additional language added	Customer Service Committee
03.16.2020	Annual Review, additional language added, edit to conform to definitions	Customer Service Committee
11.15.2021	Bi-annual Review, updated language from contract	Customer Service Committee

Chapter:	Customer Service		
Title:	Medicaid Enrollee Appeals/Grievances		
Policy: ☑ Procedure: ☐ Page: 1 of 4	Review Cycle: ~~Annually~~Biennial Author: Chief Compliance and Quality Officer, Customer Service Committee	Adopted Date: 07.01.2014 Review Date: 07.07.2020 Revision Eff. Date:	Related Policies: Consumer Services Policy

Purpose

To establish a process to resolve complaints and ensure recipient notification of a person's right to file appeals and grievances, including internal appeals, grievances and administrative hearings related to dissatisfaction with services authorized and/or delivered by Mid-State Health Network's (MSHN) Provider Network.

Policy

MSHN delegates the responsibility for the appeals/grievance processes consistent with federal and state guidelines to the Community Mental Health Service Program (CMHSP) Participants and Substance Use Disorder (SUD) providers, with oversight and monitoring by MSHN, including:

1. ~~Internal~~ Local Appeal process for recipients, guardians, or subcontracted providers to challenge an "Adverse Benefit Determination" by the CMHSP Participants/SUD Provider Network or its agents regarding a consumer's services;

~~1.~~2. The right to concurrently file a local Appeal of an Adverse Benefit Determination and a Grievance regarding other services complaints;

3. Access to the State Fair Hearing process after a local Appeal denial of an Adverse Benefit Determination is received;

4. The right to request and have Medicaid covered benefits continued during the local Appeal and/or the State Fair Hearing if the request for continuation of benefits is timely (on or before the latter of 10 calendar days from the date of the notice of Adverse Benefit Determination, or the intended effective date of the proposed Adverse Benefit Determination); ~~you~~customers may be asked to pay for a portion of the services ~~you~~ received during the appeal and/or Fair Hearing process if the outcome upholds the decision ~~you are~~being appealed ~~appealing~~;

~~2.~~5. A local grievance process for any recipient of the PIHP to express dissatisfaction about any matter other than those that meet the definition of an "Adverse Benefit Determination" or those that meet the definition of a Recipient Rights issue;

6. Complaints should be resolved at the level closest to service delivery when possible but information regarding access to all complaint resolution processes will be provided to the Medicaid Enrollee;

7. With the written consent from the Enrollee, the right to have a provider or other authorized representative acting on the Enrollee's behalf file an Appeal or Grievance or request a State Fair Hearing. The provider may file a Grievance or request a State Fair Hearing on behalf of the Enrollee since the State permits the provider to act as the Enrollee's authorized representative in doing so. Punitive action may not be taken against a provider who acts on the Enrollee's behalf with the Enrollee's written consent to do so;

~~3.~~8. All processes will promote the resolution of concerns and improvement of the quality of care;

~~4.~~9. Each CMHSP Participant/ SUD Provider shall have a local procedure in place that is in compliance with the Michigan Department of Health and Human Services (MDHHS), Grievance and Appeal Technical Requirement and 42 CFR 438 Subpart F – Grievance and Appeal System.

Applies to:

☒ All Mid-State Health Network Staff
☐ Selected MSHN Staff, as follows:
☒ MSHN's ~~Affiliates~~CMHSP Participants: ☒ Policy Only ☐
☒ Policy and Procedure
Other: Sub-contract Providers

Definitions:

Adverse Benefit Determination**:** A decision that adversely impacts a Medicaid Enrollee's claim for services due to: *(42 CFR 438.400)*

a. Denial or limited authorization of a requested service, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting, or effectiveness of a covered benefit. *42 CFR 438.400 (b)(1).*
b. Reduction, suspension, or termination of a previously authorized service. *42 CFR 438.400(b)(2).*
c. Denial, in whole or in part, of payment for a service. *42 CFR 438.400(b)(3).*
d. Failure to make a standard Service Authorization decision and provide notice about the decision within **14 calendar days** from the date of receipt of a standard request for service. *42 CFR 438.210(d)(1*).
e. Failure to make an expedited Service Authorization decision within **seventy-two (72) hours** after receipt of a request for expedited Service Authorization. *42 CFR 438.210(d)(2).*
f. Failure to provide services within **14 calendar days** of the start date agreed upon during the person-centered planning and as authorized by the PIHP. *42 CFR 438.400(b)(4).*
g. Failure of the PIHP to resolve standard appeals and provide notice within **30 calendar days** from the date of a request for a standard appeal. *42 CFR 438.400(b)(5); 42 CFR 438.408(b)(2).*
h. Failure of the PIHP to resolve expedited appeals and provide notice within **72 hours** from the date of a request for an expedited appeal. *42 CFR 438.400(b)(5); 42 CFR 438.408(b)(3).*

i. Failure of the PIHP to resolve grievances and provide notice within **90 calendar days** of the date of the request. *42 CFR 438.400(b)(5); 42 CFR 438.408(b)(1).*

j. For a resident of a rural area with only one MCO, the denial of an Enrollee's request to exercise his or her right, under *§ 438.52(b)(2)(ii)*, to obtain services outside the network. *42 CFR 438.400(b)(6).*

k. Denial of an Enrollee's request to dispute a financial liability, including cost sharing, copayments, premiums, deductibles, coinsurance, and other Enrollee financial responsibility. *42 CFR 438.400(b)(7).*

Adequate Notice of Adverse Benefit Determination**:** Written statement advising the Enrollee of a decision to deny or limit authorization of Medicaid services requested, which notice must be provided to the Medicaid Enrollee on the same date the Adverse Benefit Determination takes effect. *42 CFR 438.404(c)(2).*

Advance Notice of Adverse Benefit Determination: Written statement advising the Enrollee of a decision to reduce, suspend or terminate Medicaid services currently provided, which notice must be provided/mailed to the Medicaid Enrollee at least **10 calendar days prior** to the proposed date the Adverse Benefit Determination is to take effect. *42 CFR 438.404(c)(1); 42 CFR 431.211.*

Appeal: A review at the local level by a PIHP of an Adverse Benefit Determination, as defined above. *42 CFR 438.400.*

Authorization of Services: The processing of requests for initial and continuing service delivery. *42 CFR 438.210(b).*

Consumer: Broad, inclusive reference to an individual requesting or receiving mental health services delivered and/or managed by the PIHP, including Medicaid beneficiaries, and all other recipients of PIHP/CMHSP services.

CMHSP: Community Mental Health Service Program

Enrollee: A Medicaid beneficiary who is currently enrolled in an MCO, PIHP, PAHP, PCCM, or PCCM entity in a given managed care program**.** *42 CFR 438.2.*

Expedited Appeal: The expeditious review of an Adverse Benefit Determination, requested by an Enrollee or the Enrollee's provider, when the appropriate party determines that taking the time for a standard resolution could seriously jeopardize the Enrollee's life, physical or mental health, or ability to attain, maintain, or regain maximum function. If the Enrollee requests the expedited review, the PIHP determines if the request is warranted. If the Enrollee's provider makes the request, or supports the Enrollee's request, the PIHP must grant the request. *42 CFR 438.410(a).*

Grievance: Enrollee's expression of dissatisfaction about PIHP/CMHSP service issues, other than an Adverse Benefit Determination**.** Possible subjects for grievances include, but are not limited to, quality of care or services provided, aspects of interpersonal relationships between a service provider and the Enrollee, failure to respect the Enrollee's rights regardless of whether remedial action is requested, or an Enrollee's dispute regarding an extension of time proposed by the PIHP to make a service authorized decision. *42 CFR 438.400.*

Grievance Process: Impartial local level review of an Enrollee's Grievance**.**

Grievance and Appeal System: The processes the PIHP implements to handle Appeals of Adverse Benefit Determinations and Grievances, as well as the processes to collect and track information about them. *42 CFR 438.400.*

Medicaid Services: Services provided to an Enrollee under the authority of the Medicaid State Plan, 1915(c) Habilitation Supports Waiver, and/or Section 1915(b)(3) of the Social Security Act.

MSHN: Mid-State Health Network

Notice of Resolution: Written statement of the PIHP of the resolution of a Grievance or Appeal, which must be provided to the Enrollee as described in *42 CFR 438.408*.
PIHP: Prepaid Inpatient Health Plan.
Recipient Rights Complaint: Written or verbal statement by a Enrollee, or anyone acting on behalf of the Enrollee, alleging a violation of a Michigan Mental Health Code protected right cited in Chapter 7, which is resolved through the processes established in Chapter 7A.
Service Authorization: PIHP processing of requests for initial and continuing authorization of services, either approving or denying as requested, or authorizing in an amount, duration, or scope less than requested, all as required under applicable law, including but not limited to *42 CFR 438.210.*
State Fair Hearing: Impartial state level review of a Medicaid Enrollee's appeal of an adverse benefit determination presided over by a MDHHS Administrative Law Judge. Also referred to as "Administrative Hearing". The State Fair Hearing Process is set forth in detail in Subpart E of 42 CFR Part 431.
SUD Provider Network: Refers to a SUD Provider that is directly under contract with PIHP MSHN to provide services and/or supports

Other Related Procedures:

N/A

References/Legal Authority:

The following federal and state statutes establish the standards for MSHN's Appeals and Grievance procedures for Medicaid Recipients:
1. 42 CFR 438.10: Information Requirements
2. 42 CFR 431.200 Fair Hearings
3. 42 CFR 438.400 Appeals and Grievances
4. State of Michigan/PIHP Contract: Schedule 1. General Requirements, L. Grievance and Appeals Process
for Beneficiaries
5. State of Michigan/PIHP Contract attachment: Appeals and Grievances Technical Requirements (P.6.3.1.1)
6. Michigan Mental Health Code (MHC) MCL 330.1772 (Recipient Rights Complaints)
7. Michigan Mental Health Code (MHC) MCL 330.1705 (Medical Second Opinion)

Change Log:

Date of Change	Description of Change	Responsible Party
07.01.2014	New policy	Chief Compliance Officer
04.2016	Annual Review/Formatting Update	Customer Service and Rights Specialist
11.21.2016	Annual Review, language edition	Customer Service Committee
10.16.2017	Annual Review, revised definitions	Customer Service Committee

12.3.2018	Annual Review	Customer Service Committee
03.16.2020	Annual Review	Customer Service Committee
11.15.2021	Bi-annual Review, updated language from contract	Customer Service Committee

Chapter:	Customer Service		
Title:	Recipient Rights for Substance Use Disorder Recipients		
Policy: ☑ Procedure: ☐ Page: 1 of 2	Review Cycle: ~~Annually~~Biennial Author: ~~Director of Quality, Compliance, and Customer Service~~Chief Compliance and Quality Officer; Customer Service Committee	Adopted Date: Review Date: 07.07.2020 Revision Eff. Date:	Related Policies: Consumer Service Policy

Purpose

To ensure the legal authority and requirements for the rights and the protections for all recipients receiving substance use disorder (SUD) services authorized and/or delivered by the Mid-State Health Network (MSHN) Provider Network.

Policy

1) A program shall adopt official written policies and procedures to assure compliance with recipient rights rules and procedures as set for in R 325.1391 to R 325.1399 of the Administrative Rules for Substance Abuse Program in Michigan.
2) The recipient rights policies and procedures shall be reviewed at least annually to consider any revisions that might be necessary. Such review and approval shall become a part of the administrative record of the program.
3) The recipient rights policies and procedures shall meet all of the following requirements:
   a) Require the program director to designate a staff member to function as the program rights advisor who shall do all of the following:
      i) Attend training concerning recipient rights procedures.
      ii) Receive and investigate all recipient rights complaints.
      iii) Communicate directly with the Mid-State Health Network (MSHN) rights consultant when a complaint cannot be resolved at the program level.
         * Where staffing permits, the program rights advisor shall not be a provider of counseling services.
   b) Outline the method of filling recipient requests to review, copy, or receive a summary of recipient treatment or prevention service case records.
   c) Provide simple mechanisms for notifying recipients of their rights, reporting apparent rights violations, determining whether in fact violations have occurred, and for ensuring that firm, consistent, and fair remedial action is taken in the event of a violation of these rules.
4) Copies of recipient rights policies and procedures shall be provided to each member of the program staff. Each staff member of the program shall review the policies and procedures and shall sign a form provided by the ~~office~~ department which indicates that he or she understands, and shall abide by, the policies and procedures. The form shall be explained to the staff by the program director. A signed copy shall be maintained in the staff personnel file and a signed copy shall be retained by the staff member.
5) A treatment program may choose to restrict specific rights of a recipient based on the program policies and procedures. These restrictions are permissible only when there is a documented therapeutic purpose and timeframe in the recipient's record. A restriction shall not be for more

than 30 days without being renewed in writing in the recipient record and shall be signed by a licensed health professional.

6) As part of the admission procedure to a program, a recipient shall receive all of the following:
   a) If incapacitated, receive the procedures described in this subrule as soon as feasible, but not more than 72 hours after admission to an approved service program.
   b) A written description of the recipient rights.
   c) A written description of any restrictions of the rights based on program policy.
   d) An oral explanation of the rights in language which is understood by the recipient.
   e) A form that indicates that the recipient understands the rights and consents to specific restrictions of rights based on program policy. The recipient shall sign this form. A copy of the form shall be provided to the recipient and also become a part of the recipient's record.
   f) A recipient rights complaint violation form shall be provided to the recipient after completing the consent form.

7) Rights of recipients shall be displayed on a poster provided by the ~~office~~ department in a public area of all licensed programs. The poster shall indicate the program rights advisor's name and phone number.

8) The administrator of the ~~office~~department, with approval of Mid-State Health Network (MSHN), shall designate a staff member of MSHN to act as the recipient rights consultant for the region. The designation shall be renewed annually. The MSHN recipient rights consultant shall conduct recipient rights activities according to procedures outlined by the ~~office~~department.

Applies to:

☒ All Mid-State Health Network Staff
☐ Selected MSHN Staff, as follows:
☒ MSHN's ~~Affiliates~~CMHSP Participants: ☐ Policy Only ☒ Policy and Procedure
Other: Sub-contract Providers

Definitions:

MSHN: Mid-State Health Network
PIHP: Pre-paid Inpatient Health Plan
Provider Network: Refers to a CMHSP Participant and all Substance Use Disorder Providers that are directly under contract with the MSHN PIHP to provide services and/or supports through direct operations or through the CMHSP/SUD Provider subcontractors.

Other Related Materials:

Recipient Rights definitions found within Michigan Administrative Code. R 325.1301

References/Legal Authority:

1. Michigan Administrative Code, R 325.1391 to R 325.1399. Administrative Rules Substance Use Disorders Service Program

2. Michigan Public Health Code Act 368 of 1978, Article 6, Substance Abuse
3. Michigan Public Health Code Act 258 of 1974, Chapter 2A, Substance Use Disorder Services

Change Log:

Date of	Description of Change	Responsible Party
12.03.2018	New policy	Director of Quality, Compliance, and Customer Service
03.16.2020	Annual Review, revisions to match Michigan Administrative Code revisions	Customer Service Committee
11.15.2021	Bi-annual Review, minor language updates	Customer Service Committee

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POLICIES AND PROCEDURE MANUAL

Chapter:	Customer Service		
Title:	**Regional Consumer Advisory Council**		
Policy: ☒ **Procedure:** ☐ **Page:** 1 of 4	**Review Cycle:** ~~Annually~~ Biennial **Author:** Chief Compliance and Quality Officer, Customer Service Committee	**Adopted Date:** 12.03.2013 **Review Date: 07.07.2020** **Revision Eff. Date:**	**Related Policies:** Customer Service Policy

Purpose

To ensure Mid-State Health Network (MSHN) integrates consumerism into policy development, service delivery provision, service delivery system evaluation, and quality assurance/performance improvement practices.

Policy

MSHN shall facilitate meaningful, region-wide consumer involvement in its policy development, service development, service delivery, service evaluation, and quality improvement activities by establishing a MSHN Regional Consumer Advisory Council (RCAC) for Prepaid Inpatient Health Plan (PIHP) operations that links to local Community Mental Health Service Program (CMHSP) Participant Consumer Advisory Councils to facilitate consumer participation.

A. Charter
   1. The MSHN RCAC is an advisory group of MSHN primary and secondary consumers. This group assists MSHN in identifying issues and areas of concern related to regional service delivery and managed care operations. It is a primary source of consumer input into the development of policies, procedures and operations where recipients of service may make recommendations for quality improvement.

   2. The MSHN RCAC will also focus on region-wide political and advocacy issues to ensure there is a public basis for management of the mental health and substance use disorder delivery system.

   3. The MSHN RCAC will also focus on region-wide opportunities for stigma reduction related to mental health and substance use disorder issues.

B. Membership
   1. The RCAC shall be comprised of 24-36 voting members made up of primary and secondary consumers. RCAC shall also include 12 non-voting CMHSP Participant staff liaisons and staff support from the MSHN Customer Service and ~~Recipient~~ Rights Manager~~Specialist~~. The RCAC shall report directly to the MSHN Board of Directors through the MSHN Deputy Director.

   2. RCAC Primary and Secondary Consumer Membership:
      i. Each CMHSP Participant shall be represented on the RCAC with 2-3 consumer representatives. Each CMHSP Participant shall independently choose the method to appoint its members to the RCAC.

ii. The RCAC shall have a diverse and proportional membership representing the following populations: Adults with mental illness, adults with developmental disabilities, children with mental illness, children with developmental disabilities, and individuals with substance use disorders. Further, at least half of RCAC membership shall be primary consumers. Thus, it shall be necessary for MSHN to coordinate CMHSP's appointees to the RCAC to ensure that it represents the populations served.

iii. For issues that require a vote, each voting member shall have one vote. The outcome of a vote is determined by the majority of those present.

3. RCAC Leadership:
   i. The RCAC shall elect officers, including a chairperson and vice-chairperson from within its voting membership. The MSHN Customer Service and ~~Recipient~~ Rights Manager ~~Specialist~~ will provide staff support to the RCAC; however, he/she shall not be a voting member. MSHN staff will assist in developing RCAC meeting agendas, facilitation of meetings, and any needed follow-up.

4. RCAC-CMHSP Participant Staff Liaisons:
   i. Each CMHSP Participant shall choose a staff liaison to maximize linkages to local CMHSP consumer advisory councils, performance improvement processes and administrative bodies, and other CMHSP staff for any necessary problem resolution.

C. Responsibilities
1. RCAC Member Responsibilities
   i. Regularly attend RCAC meetings to be held bi-monthly. The meetings may be held by a combination of in-person, teleconference, or other technology. MSHN staff and CMHSP Participant staff liaisons shall monitor attendance and will address the membership with any identified issues.
   ii. MSHN will reimburse RCAC members for pre-approved travel expenses for each meeting attended and a reasonable stipend for meeting attendance per protocols developed by MSHN.
   iii. Members will actively participate in RCAC discussions.
   iv. Members will provide input and make informed decisions as a representative of all the individuals served at their local CMHSP rather than act as a representative of themselves (i.e. avoid personal agendas).
   v. Review aggregate reports received from the Quality Assessment and Performance Improvement Program (QAPIP), provide recommendations, and give guidance and suggestions regarding consumer-related managed care processes.
   vi. Serve as the link between the RCAC and the local CMHSP Participant Consumer Advisory Council. Each member shall represent and vote in the best interests of the local consumers in a manner that embodies the local majority opinion.
   vii. Share ideas and activities that occur at the local CMHSP level and create an environment that fosters networking, idea sharing, peer support, best practices, and resource sharing.

viii. Provide feedback for regional initiatives designed to encourage person-centered planning, self-determination, independent facilitation, anti-stigma initiatives, community integration, recovery and other consumer-directed goals.

2. MSHN Responsibilities
   i. Reimburse MSHN RCAC members for approved mileage and meeting attendance stipend as determined by a developed protocol.
   ii. Provide initial orientation and on-going education to MSHN RCAC members to foster informed decision making.
   iii. Facilitate the development of an open, non-judgmental environment in which RCAC members are comfortable in sharing opinions and ideas.
   iv. Provide pertinent reports and information to MSHN RCAC members.
   v. Share MSHN RCAC's minutes, recommendations/actions and suggestions with pertinent MSHN Councils and the MSHN Board of Directors. MSHN will develop a routine feedback loop to RCAC members on how feedback was used or the reasons that feedback was not used.
   vi. Ensure that the communication/links between the RCAC and the local CMHSP Consumer Advisory Council are effective and beneficial. MSHN will also ensure that immediate, CMHSP-specific needs or problems are brought to the attention of the local CMHSP Chief Executive Officers (CEOs) in a timely manner.
   vii. Promote the efforts and achievements of MSHN RCAC through special recognition and appreciation.

3. CMHSP Participant Staff Liaison to RCAC Responsibilities
   i. Assist RCAC CMHSP member representatives with the communication of pertinent regional information to local CMHSP Participant Consumer Advisory Councils, obtain feedback, and assure attendance of its CMHSP representatives to MSHN RCAC.
   ii. Each CMHSP Participant staff liaison will assist its RCAC CMHSP member representatives in linking to local processes that ensure consumers' voices are heard, considered, and acted upon as appropriate.
   iii. CMHSP Participant staff liaisons will assist MSHN staff with problem-solving immediate local issues that are introduced by its representatives at the MSHN RCAC.

4. Council Process
   i. The RCAC shall receive and review reports from MSHN staff or their designee(s) on a regular basis.
   ii. The RCAC will report quarterly to the MSHN Board of Directors and identify RCAC recommendations for Board consideration.
   iii. The RCAC shall make recommendations to the MSHN Board of Directors based on simple majority vote of RCAC members.
   iv. The MSHN staff representative and officers will communicate decisions and recommendations of the MSHN Board of Directors to RCAC members.

Applies to:

☒ All Mid-State Health Network Staff
☐ Selected MSHN Staff, as follows:
☒ MSHN's CMHSP Participants: ☒ Policy Only ☐ Policy and Procedure
☐ Other: Sub-contract Providers

Definitions/Acronyms:

CEO: Chief Executive Officer
CMHSP: Community Mental Health Service Program
CMHSP Consumer Advisory Council: The advisory council established to serve in an advisory capacity to CMHSP Boards
Consumerism: Means active promotion of the interests, service needs, and rights of consumers receiving mental health and/or substance use disorder services
Consumer/Customer: Refers to individuals who are eligible to receive specialty mental health and substance use disorder services, as well as those currently receiving such services and their families/guardians. For the purpose of MSHN policy, these terms are used interchangeably
Informed Choice: Providing information to individuals to ensure understanding of their options that will inform their decision-making related to service provision
Local Consumer Advisory Council: Local CMHSP advisory group of primary and secondary consumers providing input into local CMHSP Participant service delivery, service evaluation, advocacy efforts, and performance improvement opportunities. The Local Consumer Advisory Councils are connected to the Regional Consumer Advisory Council to maximize local input into service delivery, service evaluation, advocacy efforts, and performance improvement opportunities within the region
MDHHS: Michigan Department of Health and Human Services
MSHN: Mid-State Health Network
Primary Consumer: An individual who receives or has received services from MDHHS or CMHSP Participant(s). This includes those who receive or have received the equivalent mental health services from the private sector
PIHP: Prepaid Inpatient Health Plan
QAPIP: Quality Assessment and Performance Improvement Plan
RCAC/Regional Consumer Advisory Council: Region-wide advisory group of primary and secondary consumers from all CMHSP Participants to provide input into MSHN PIHP service delivery, service evaluation, advocacy efforts, and performance improvement opportunities. The Regional Consumer Advisory Council (RCAC) is connected to the CMHSP Local Consumer Advisory Councils to maximize local input into PIHP service delivery, service evaluation, advocacy efforts, and performance improvement opportunities
Secondary Consumer: A family member, guardian, or advocate of an individual who receives or has received services from the MDHHS or a CMHSP. This includes family members, guardians, or advocates of a person who has received the equivalent mental health services from the private sector

References/Legal Authority:

1. Michigan Department of Health and Human Services Medicaid Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program FY19, including the "Consumerism Practice Guideline".
2. Act 258, Section 116(e), Public Acts of 1974 as amended, being MCL 330.1116, 1704, 1708.

MSHN
Mid-State Health Network

Change Log:

Date of Change	Description of Change	Responsible Party
12.03.2013	New Policy	Customer Service Committee
11.2015	Annual Review	Director of Compliance, Customer Services and QI
11.21.2016	Annual Review	Customer Service Committee
12.18.2017	Annual Review	Customer Service Committee
12.03.2018	Annual Review	Customer Service Committee
03.16.2020	Annual Review	Customer Service Committee
11.15.2021	Bi-annual Review	Customer Service Committee