Mid-State Health Network

Board of Directors Meeting ~ September 13, 2022
Immediately Following Public Hearing

Board Meeting Agenda

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

Okemos Conference Center
Ballroom A&B
2187 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 September 13, 2022 Meeting of the MSHN Board of Directors
4. Public Comment (3 minutes per speaker)
5. Chief Executive Officer's Report *(Page 7)*
6. **ACTION ITEM:** Regional Provider Staffing Crisis Stabilization Program – Proposal for Continuation of Initiative Initially MSHN Board-Approved in March 2022 (*Page 31)*
7. Deputy Director's Report *(Page 33)*
8. Chief Financial Officer's Report

   A. Consideration of MSHN Fiscal Year 2022 Budget Amendment (*Page 36*)

   ACTION ITEM: Motion to Approve the MSHN Fiscal Year 2022 Budget Amendment Two (2) as presented

   B. Consideration of MSHN Regional Budget for Fiscal Year 2023 (*Page 38*)

   ACTION ITEM: Motion to Approve the MSHN Fiscal Year 2023 Budget as presented

   C. Financial Statements Review for Period Ended July 31, 2022 *(Page 41)*

   ACTION ITEM: Receive and File the Statement of Net Position and Statement of Activities for the Period ended July 31, 2022, as presented.

MSHN
Mid-State Health Network

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 FY23 Board Meetings
(Tentative until Board Approval)
Board Meetings convene at 5:00pm unless otherwise noted

November 1, 2022
MyMichigan Medical Center
300 E. Warwick Dr.
Alma, MI 48801

January 10. 2023
Comfort Inn & Suites Hotel & Conference Center
2424 South Mission Street
Mount Pleasant, MI 48858

March 7, 2023
Best Western/Okemos Conference Center
University Park Drive
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

9. Contracts for Consideration/Approval

   A. ACTION ITEM: FY 22 Contract Listing for Consideration/Approval *(Page 48)*

   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

   B. ACTION ITEM: FY23 Contract Listing for Consideration/Approval *(Page 50)*

   The MSHN Board of Directors Approve and Authorizes the Chief Executive Officer to Sign and Fully Execute the FY 2023 Contracts, as Presented on the FY 2023 Contract Listing

10. Executive Committee Report

11. Chairperson's Report

12. **ACTION ITEM:** Fiscal Year 2023 Board Meeting Calendar (*Page 54)*

    Motion to adopt the FY23 Mid-State Health Network Board of Directors Meeting Calendar as presented.

13. **ACTION ITEM:** Consent Agenda

    Motion to Approve the documents on the Consent Agenda

    13.1 Approval Board Meeting Minutes 07/05/22 *(Page 56)*
    13.2 Receive SUD Oversight Policy Board Minutes 06/15/22 *(Page 60)*
    13.3 Receive Board Executive Committee Minutes 08/19/22 *(Page 64)*
    13.4 Receive Policy Committee Minutes 08/02/22 (*Page 66*)
    13.5 Receive Operations Council Key Decisions 07/18/22 *(Page 68)* and 08/15/22 *(Page 70)*
    13.6 Approve the following policies:
    13.6.1 Procurement *(Page 73)*
    13.6.2 Appointed Councils, Committees and Workgroups *(Page 77)*
    13.6.3 Board Governance *(Page 80)*
    13.6.4 Board Member Conduct and Meetings *(Page 82)*
    13.6.5 Board Member Development *(Page 85)*
    13.6.6 By-Laws *(Page 87)*
    13.6.7 CMHSP Application *(Page 89)*
    13.6.8 Conflict of Interest *(Page 93)*
    13.6.9 Consent Agenda *(Page 99)*
    13.6.10 Delegation CEO *(Page 101)*
    13.6.11 FOIA *(Page 103)*
    13.6.12 General Management *(Page 105)*
    13.6.13 Legislative and Public Body Advocacy *(Page 107)*
    13.6.14 Monitoring CEO Performance *(Page 109)*
    13.6.15 New Board Member Orientation *(Page 111)*
    13.6.16 Office Closure Policy *(Page 113)*
    13.6.17 Policy and Procedure Development and Approval *(Page 115)*

13.6.18 Population Health Integrated Care *(Page 118)*
13.6.19 SUD Direct Service Procurement *(Page 120)*

14. Other Business
15. Public Comment (3 minutes per speaker)
16. 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	mikecierzniewski@yahoo.com		989.493.6236		Saginaw County CMH	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@gmail.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
Swartzendruber	Richard	rswartzn@gmail.com		989.269.2928	989.315.1739	HBH	2023
Twing	Susan	set352@hotmail.com		231.335.9590		Newaygo County MH	2025
Wiltse	Beverly	bevwiltse@gmail.com		989.326.1052		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:

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

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

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

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

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

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

SUGE: Bureau of Substance Use, Gambling and Epidemiology

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)

MSHN
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Community Mental Health
Member Authorities

Bay Arenac
Behavioral Health
•
CMH of Clinton.Eaton.Ingham
Counties
•
CMH for Central Michigan
•
Gratiot Integrated Health
Network
•
Huron Behavioral Health
•
The Right Door for Hope,
Recovery and Wellness (Ionia
County)
•
LifeWays CMH
•
Montcalm Care Center
•
Newaygo County
Mental Health Center
•
Saginaw County CMH
•
Shiawassee Health and
Wellness
•
Tuscola Behavioral
Health Systems

FY 2022 Board Officers

Ed Woods
Chairperson

Irene O'Boyle
Vice-Chairperson

Kurt Peasley
Secretary

REPORT OF THE MSHN CHIEF EXECUTIVE OFFICER TO THE MSHN BOARD OF DIRECTORS July/August 2022

MDHHS has announced a change to the name of the Office of Recovery Oriented Systems of Care to the Bureau of Substance Use, Gambling and Epidemiology (SUGE).

The "988" National Suicide and Crisis Lifeline" is now live nationwide. Toolkits and other information is available at this link. Increased marketing activities in Michigan are scheduled to take place winter/spring 2023.

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.
- 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.
- 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.
- UPDATED: MSHN will give its employees at least 60 days' notice of post-pandemic plan implementation. With recent changes to CDC guidelines and with the impending end of the national public health emergency, notice is expected to be provided soon.

2. 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. An action item is on this meeting's agenda where MSHN Administration is requesting continuation of the program at least through March 2023, at which time it will be reviewed again for possible continuation through the remainder of FY 23. The board motion summary includes a FY 22 year-to-date snapshot of funded activities.

3. **Direct Care Worker (DCW) Premium Pay Continuation:**

The MSHN/MDHHS contract requires the continuation of the DCW Premium Pay initiative through the end of FY 23. The initiative also appears to be fully funded in the FY 23 capitation rates. MSHN regional guidance has been updated accordingly.

4. **MSHN Regional Provider Network Stabilization Plan:**

In June of 2020, MSHN submitted its regional provider network stabilization plan. The plan was required by MDHHS and was approved for implementation. In broad terms, this general provider network stabilization plan is not funded by "extra" or "new" funds; it has been funded by resources that would have been used to pay the provider (fee for services, cost reimbursement) had the provider not suffered unforeseen COVID-related costs and revenue losses and is intended to sustain providers through those COVID-related losses. Many providers have experienced a return to pre-pandemic service volume and no longer require provider network stabilization assistance (for these purposes), and some providers continue to experience negative funding impacts associated with the pandemic. MSHN intends to continue its regional general provider network stabilization program through FY 2023. Some of the program parameters are under review by our Finance and Operations Councils for potential revision since they are now two years old and some elements should be updated to current. Flow of funds has decreased steadily as pandemic recovery continues, but there is an ongoing need to maintain these stabilization efforts across the region.

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5. **MSHN Formal Request for Information:**

MSHN has issued a Request for Information for Withdrawal Management Services, Residential and Outpatient Services in Montcalm and Isabella Counties. This procurement process is directly related to our Provider Network Adequacy Assessment and meeting held with local stakeholders in Montcalm County. Letters of interest from potential providers are due to MSHN by September 15, 2022. Additional information can be accessed on the MSHN website at this link.

6. **MDHHS Directs and Funds New PIHP-Level Complex Care Manager Position:**

On August 15, MDHHS notified MSHN and all other PIHPs that MDHHS is providing an additional $150,000 in Substance Abuse Prevention and Treatment Block Grant funds to each PIHP to fund a Substance Use Disorder Discharge/Complex Care Management position. MDHHS requires that the position be dedicated to supporting substance use disorder providers with meeting the needs of priority population individuals at the PIHP level, with special attention to those involved with the Michigan Department of Corrections. MSHN is evaluating this requirement, developing related position descriptions, and determining placement of the role within the MSHN organizational structure. Expect to see a position posting announcement in the near future.

7. **MDHHS/MSHN Contract Change Notice:**

Leslie Thomas will be presenting for board approval MDHHS/MSHN Contract Change Notice #7. This amendment adds funding for FY 23 and extends the contract through 09/30/2023. The following provisions are also included:

1) Requires PIHP and subcontractor (CMHSP) compliance with and implementation of the Standard Cost Allocation (SCA) methodology.
2) Various changes to definitions in order to implement the SCA methodology (and MLR calculation, see #4 below), including the term subcontractors as differentiated from vendors as applied to network provider agreements. These distinctions are key to defining and then allocating certain costs as either provider costs or delegated managed care costs in the SCA model.
3) Requirements to obtain MDHHS approval of all PIHP functions delegated to subcontractors, specific requirements for delegated functions, procedures to revoke delegation of managed care functions, and a model delegation agreement (if current agreements are not approved).
4) Requirement to use state published definition for calculating Medical Loss Ratio (MLR). [The MLR is a measure, expressed as a percentage or ratio, of capitation payments that were spent on services].

5) Requirements to implement an annual provider survey to detail network provider costs for certain providers receiving a specified level of Medicaid funding.
6) Updates to Schedule E (which is the reporting requirements exhibit) to correct dates and report submission instructions, to add and to remove certain reporting elements.
7) Various minor corrections to dates, names, position titles, and other non-substantive elements.

The MSHN Board should note that Michigan's PIHPs worked to negotiate all changes and opposed items 1-5 above. MDHHS asserted that it is the prerogative of the State to determine how it complies with federal regulations, and that the State has chosen (after input from the field) the SCA methodology (which includes 2-5 and many other details), and considered the matter non-negotiable. After many months of effort, with only minor adjustments, PIHPs accepted under protest these provisions. PIHPs remain engaged in efforts to impact the underlying constructs of the SCA.

MSHN recommends board approval of the proposed contract. Once Board approval is obtained, we will review our in-region Medicaid Sub-Contracting Agreements with our CMH Participants and update for compliance with the new MDHHS contract.

8. Investment Recommendations:

At the July Board Meeting, members asked about our investments and the percentage of funds on hand that are invested. A T-Bill summary is included at the bottom of the investment report which follows the financial statements in the board meeting packet. MSHN has about 23% of available funds invested. MSHN is evaluating other T-Bill opportunities and hopes to increase to 40-50% of available funds invested.

STATE OF MICHIGAN/STATEWIDE ACTIVITIES

9. 1915(i) State Plan Amendment Submitted to Centers for Medicare and Medicaid Services:

On July 6, 2022, The Michigan Department of Health and Human Services (MDHHS) submitted an amendment requesting a one-year extension to implement the §1915(i) State Plan Amendment (SPA) for Community Support Services from 10/1/2022 to 10/1/2023. This request will allow for the state to have additional time to come into compliance with the eligibility determination requirements for the §1915(i) State Plan benefit for Community Support Services stipulated in the current standard terms and conditions (STCs). This process will transition the needs-based eligibility determination from the Pre-Paid Inpatient Health Plans (PIHPs) to the State of Michigan; requiring the State to evaluate and re-evaluate documentation, to determine whether each enrolled, or potential beneficiary meets the needs-based criteria. The federal comment period will be open from August 2, 2022 through September 1, 2022." The amendment request is available at this link.

MSHN has been involved in and preparing for these changes for a few years. Our efforts are led by Dr. Todd Lewicki, Chief Behavioral Health Officer.

10. Opioid Health Home Coming to the MSHN region:

Beginning 10/01/2022, 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 activities. NOTE that clinical services are as required in our contract and the Medicaid Provider

Manual. In other words, there are no new "services". The Health Home Model adds comprehensive care coordination elements:

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 is working together with our provider partner, Victory Clinical Services, to ensure our region has a successful launch and opportunities for the OHH to expand into other Region 5 counties. As indicated in the Deputy Director's report, MSHN has also hired an Integrated Healthcare Coordinator to facilitate implementation of this (other integrated care work within MSHN and future Behavioral Health Home initiatives).

11. Behavioral Health Home Coming to the MSHN region:

Behavioral Health Homes are similar to Opioid Health Homes described above. MDHHS is expanding the BHH initiative statewide. The MSHN region is scheduled to begin BHH(s) in Spring 2023.

The Behavioral Health Home (BHH) will provide comprehensive care management and coordination services to Medicaid beneficiaries with a serious mental illness or serious emotional disturbance. For enrolled beneficiaries, the BHH will function as the central point of contact for directing patient-centered care across the broader health care system. Beneficiaries will work with an interdisciplinary team of providers to develop a person-centered health action plan to best manage their care. The model will also elevate the role and importance of Peer Support Specialists and Community Health Workers to foster direct empathy and raise overall health and wellness. In doing so, this will attend to a beneficiary's complete health and social needs. Participation is voluntary and enrolled beneficiaries may opt-out at any time.

Behavioral Health Homes receive reimbursement for providing the mandated core services, which are the same as for Opioid Health Homes listed above. NOTE that clinical services are as required in our contract and the Medicaid Provider Manual. In other words, there are no new "services". The Health Home Model adds comprehensive care coordination elements listed under the OHH topic above.

12. 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.

13. 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

14. Drug Overdose Deaths and Disparities:

CDC has published a Vital Signs entitled *Drug Overdose Deaths Rise, Disparities Widen -- Differences Grew by Race, Ethnicity, and Other Factors*. "Drug overdose data show troubling trends and widening disparities between different population groups. In just one year, overdose death rates (number of drug overdose deaths per 100,000 people) increased 44% for Black people and 39% for American Indian and Alaska Native (AI/AN) people. Most people who died by overdose had no evidence of substance use treatment before their deaths. In fact, a lower proportion of people from racial and ethnic minority groups received treatment, compared with White people. Some conditions in the places where people live, work, and play can widen these disparities. For instance, areas with greater income inequality—a larger income gap between the rich and the poor—have higher rates of overdose deaths. Comprehensive, community-based prevention and response efforts should incorporate proven, culturally responsive actions that address disparities in drug overdose deaths and the inequities that contribute to them."

15. New CMS Guidance on Strengthening Services to Children:

CMS has "announced three key actions to strengthen and expand access to high-quality, comprehensive health care for children across the country. HHS issued a new guidance document reminding states of their mandate to cover behavioral health services for children in Medicaid, and urged states to leverage every resource to strengthen mental health care for children. HHS is issuing a second guidance document that urges states to expand school-based health care for children, including mental health care. As part of the third action, HHS issued a proposed rule that, for the first time ever, would require states to report certain quality measures to strengthen Medicaid and CHIP to ensure that the millions of children and families enrolled in these programs have access to the highest quality of care. Details about these actions include:

- An informational bulletin from CMS: "Leveraging Medicaid, CHIP, and Other Federal Programs in the Delivery of Behavioral Health Services for Children and Youth." In this guidance document to states, CMS is reinforcing Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) statutory mandates for children's health coverage, in particular mental health coverage. The EPSDT benefit is a requirement for all states and provides comprehensive and preventive health care services, including mental health services, for most children under age 21 who are enrolled in Medicaid.
- An informational bulletin from CMS: "School-based Health Services in Medicaid: Funding, Documentation, and Expanding Services." In this guidance document to states, CMS is prompting states to work with schools to deliver on-site health care services to children enrolled in the Medicaid program – covering nine essential policy areas related to benefits and payment.
- The Mandatory Medicaid and CHIP Core Set Reporting proposed rule. This proposed rule, which includes a Core Set of Children's Health Care Quality Measures for Medicaid and CHIP, details proposed mandatory reporting requirements that would standardize quality measures across Medicaid and CHIP for children nationally – helping to promote health equity, and strengthen the quality of Medicaid and CHIP services across the country."

16. New CMS Guidance on new Medicaid Health Home Benefit for Children:

CMS has unveiled guidance on a new Medicaid health home benefit for children with medically complex conditions. This new optional benefit helps state Medicaid programs provide Medicaid-eligible children who have medically complex conditions with person-centered care management, care coordination, and patient and family support. CMS anticipates that the new benefit will help these children receive the care they need, including across state lines. The State Medicaid Director letter is available at this link.

17. **White House Fact Sheet on Action to Address Youth Mental Health:**

Our nation's young people are facing an unprecedented mental health crisis. Even before the pandemic, rates of depression, anxiety and suicidal thoughts among youth were on the rise. The pandemic exacerbated those issues, disrupting learning, relationships, and routines and increasing isolation – especially among our nation's young people. More than 40 percent of teenagers state that they struggle with persistent feelings of sadness or hopelessness, and more than half of parents and caregivers express concern over their children's mental well-being.

To address this crisis, President Biden put forward in his first State of the Union a comprehensive national strategy to tackle our mental health crisis, and called for a major transformation in how mental health is understood, accessed, treated, and integrated – in and out of health care settings.

Today, the Biden-Harris Administration announced two new actions to strengthen school-based mental health services and address the youth mental health crisis.

1. **Awarding the first of nearly $300 million the President secured through the FY2022 bipartisan omnibus agreement to expand access to mental health services in schools**. Next week, the Department of Education will begin the process to disburse almost $300 million Congress appropriated in FY22 through both the Bipartisan Safer Communities Act and the FY22 Omnibus to help schools hire more school-based mental health professionals and build a strong pipeline into the profession for the upcoming school year. In total, the Bipartisan Safer Communities Act will invest $1 billion over the next five years in mental health supports in our schools, making progress towards the President's goal to double the number of school counselors, social workers and other mental health professionals. This funding is allocated to two critical programs:

- **The Mental Health Service Professional (MHSP) Demonstration Grant Program**. In FY22, this program will provide over $140 million in competitive grants to support a strong pipeline into the mental health profession, including innovative partnerships to prepare qualified school-based mental health services providers for employment in schools.
- **School-Based Mental Health (SBMH) Services Grant Program**. In FY22, this program will provide over $140 million in competitive grants to states and school districts to increase the number of qualified mental health services providers delivering school-based mental health services to students in local educational agencies with demonstrated need. This will increase the number of school psychologists, counselors, and other mental health professionals serving our students. Some schools will gain mental health staff for the first time. Others will see this critical workforce expand. By increasing the number of qualified mental health professionals in our schools, and thereby reducing the number of students each provider serves, this program will meaningfully improve access to mental health services for vulnerable students.

In the following months, the Biden Administration will deliver the following additional FY22 funding that can be used to expand access to mental health services and supports in schools:

- **Fostering Trauma-Informed Services in Schools**. Young people have been especially impacted by the trauma of COVID. Over the next several weeks, the Department of Health and Human Services will begin evaluating applications to award nearly $7 million to education activities designed to help students access evidence-based and culturally relevant trauma support services and mental health care. Applications were submitted on July 25, 2022, and award announcements will be made this fall. The grant funds will help create partnerships that link school systems with local trauma-informed support and mental health systems to provide services to students in need.
- **Expanding Mental Health Services Through Full-Service Community Schools**. The Biden-Harris Administration has proposed expanding funding for community schools, which play a critical role in providing comprehensive services to students and families to improve academic outcomes and student well-being. In response to the President's FY22 budget, Congress more than doubled funding for the Department of Education's Full-Service Community Schools Program, which supports community schools that provide, or establish partnerships to provide, a range of wraparound supports for students and their families – including health, nutrition and mental health services. Earlier this month, the Department announced plans

to award $68 million in funds for 40 new grantees. All grantees are required to provide integrated student services, which can include mental health services and supports.

- **Responding to Childhood Trauma Associated with Community Violence**. The FY22 omnibus included $5 million for the Department of Education's Project Prevent, a program that provides grants to help school districts increase their capacity to implement community- and school-based strategies to mitigate community violence and the impacts on students. Experiencing or witnessing violence in the community is an adverse childhood experience linked to chronic health issues, including mental health. Project Prevent seeks to build a bridge between schools and community-based organizations to provide students with the tools to break cycles of generational violence and trauma, including through the use of mental health services and supports.

2. **Encouraging Governors to Invest More in School-Based Mental Health Services.**
In a letter sent today to Governors across the country, the Departments of Education and Health and Human Services highlight federal resources available to states and schools to invest in mental health services for students. The joint letter from Secretaries Becerra and Cardona highlights actions by the Biden-Harris Administration to improve the delivery of health care in schools and make sure children enrolled in Medicaid have access to comprehensive health care services, as required by law. The letter also previews forthcoming Medicaid guidance on how states can leverage Medicaid funding to deliver critical mental health care services to more students, including ways to make it easier to bill Medicaid for these services.

Next Up: $1.7 Billion for Mental Health Thanks to the Bipartisan Safer Communities Act
An additional $1.7 billion for mental health is headed to our schools and communities thanks to the Bipartisan Safer Communities Act (BSCA) signed by President Biden last month. Provisions of this legislation authorize funding and technical assistance in the following areas:

- **Expanding Community Based Behavioral Health Services**. $40 million for the Department of Health and Human Services to support the Certified Community Behavioral Health Clinic (CCBHC) Medicaid Demonstration Program, including support for new planning grants to states. CCBHCs provide comprehensive, coordinated, person-and family-centered services and 24/7 crisis intervention services.
- **Enhancing Delivery of School-Based Mental Health**. Working with the Department of Education, HHS will establish a technical assistance center and award grants for implementing, enhancing, or expanding the provision of assistance through schools under Medicaid and CHIP.
- **Improving Oversight of Medicaid's Early and Periodic Screening, Diagnostic and Treatment Benefit**. HHS will review and identify gaps in state implementation of ESPDT compliance, provide technical assistance, and issue guidance to states in order to improve implementation of this critical benefit.
- **Increasing Access to Children's Mental Health Services**. $80 million to HHS to award grants to support pediatric primary care providers, emergency departments, and schools to rapidly access mental health specialists' expertise and better connect children to care. The Act also requires CMS to provide guidance to states on how they can increase access to behavioral health through telehealth under Medicaid and CHIP.
- **Expanding Training for Pediatric Providers**. $60 million, over five years, for HHS to train primary care residents in the prevention, treatment, and referral of services for mental and behavioral health conditions for pediatric and adolescents.
- **Supporting Community and First Responders Mental Health Training**. $12 million for HHS to prepare and train community members and first responders on how to appropriately recognize and safely respond to individuals with mental health problems.
- **Building Awareness of and Access to Mental Health Services**. $240 million for programs that increase awareness and access to mental health supports for school-aged youth.
- **Providing Support after Traumatic Events**. $40 million to improve treatment and services for children, adolescents, and families who have experienced traumatic events.
- **Enhancing the 9-8-8 Suicide and Crisis Lifeline**. $150 million to support implementation of the 24/7 hotline to provide free and confidential support to people in suicidal crisis or emotional distress.
- **Improving Conditions for Student Learning**. $1 billion in funding through Title IV-A to support a variety of activities to improve conditions for student learning through evidence-based practices to promote positive school climates.

- **Expanding Access to Out of School Programs**. $50 million in funding to the 21st Century Community Learning Centers (21st CCLC) program to fund extracurricular, after school and summer programs, with a focus on reengaging youth. The Department of Education will support grantees in using funds to build relationships between students and educators, and other adults who serve students, in ways that help students feel less isolated and more connected to their school, improving their overall mental health and well-being."

18. **Federal Appropriations Update:**

The Senate Appropriations Committee has released the 'Chairman's Mark' for FY2023 appropriations which provides highlights of key funding inclusions by high priority topics. Next in the appropriations process will be consideration and mark-up by each Senate Appropriations Subcommittee of that part of the Chairman's Mark within that Subcommittee's jurisdiction. That will be followed by full Committee consideration.

There are several provisions of interest to the Michigan public behavioral health system, including a proposal to increase by $2.6B funding for SAMHSA, an increase of $564M to the Mental Health Block Grant, an increase of $625M for suicide prevention programs, an increase of $70M for CCBHCs, an increase of $500M for the Substance Use Prevention and Treatment Block Grant, an increase of $500M for State Opioid Response Grants, and other provisions.

19. **How Medicaid Can Improve Health and Safety by Smoothing Transitions from Incarceration to Community:**

The Council on Criminal Justice of the Commonwealth Fund issued an issue brief of the above title that offers the following recommendations:

1. ALIGN HEALTH CARE SERVICES PROVIDED IN CORRECTIONAL SETTINGS WITH COMMUNITYBASED STANDARDS OF CARE.

Care delivered in the community that is paid for by Medicaid or other insurers generally meets a set of underlying standards concerning provider licensure, accreditation, quality, program integrity, and oversight. To honor this principle, services that Medicaid covers in prisons and jails should generally accord with the standards that apply to comparable services provided in the community. Full parity of services may not be possible in every instance. Given such realities, Medicaid agencies and managed care organizations should develop standards and oversight approaches in close coordination with criminal justice system officials.

2. ACCOUNT FOR KEY DIFFERENCES BETWEEN PRISONS, JAILS, AND JUVENILE JUSTICE FACILITIES.

The Medicaid Reentry Act and many state waiver proposals would authorize coverage of services during a set pre-release period, ranging from 30 days in the federal legislation to 90 days in some state proposals. These time periods do not take into account key differences between state and federal prisons, local jails, and juvenile justice facilities. Unlike prisons, which typically house individuals for at least one year, jails are characterized by short stays. While the average length of stay is 28 days, many are far shorter, and often subject to a high level of unpredictability. Health service delivery also varies significantly in prisons and jails, reflecting the different lengths of stay and individual needs. The care required by someone serving a multi-year prison sentence, for example, is not necessarily the same as that needed by an adult being detained in jail or an adolescent serving time in a juvenile facility. State and federal policymakers should develop policies that accommodate the diverse circumstances of jails, prisons, and juvenile justice facilities.

3. INVEST IN SYSTEMS AND INFRASTRUCTURE TO PROMOTE CONTINUITY AND QUALITY OF CARE.

Stakeholders identified data systems that communicate and share information between prisons and jails, state Medicaid agencies and managed care plans, and across community and correctional providers as the "technological backbone" of continuity of care. Systems should be capable of automating Medicaid eligibility information and

sharing information on service use across providers. The Department of Justice, the Centers for Medicare and Medicaid Services, the Substance Abuse and Mental Health Services Administration, and the Health Resources and Services Administration should all explore ways to support system modernization and data sharing.

4. INCREASE INVESTMENTS IN COMMUNITY BASED HEALTH CARE SERVICES.

Fundamentally, reentering individuals need greater access to community-based health care, mental health treatment, and substance use services, particularly in the wake of COVID-19.20 Additional investment is needed to expand the availability of such services, which can help those leaving incarceration avoid future justice system involvement by addressing key factors that drive criminal behavior. State, local, and federal policymakers should accelerate efforts to increase these key services, particularly in low-income communities where rates of crime and justice involvement are high

5. STRENGTHEN THE WORKFORCE TO MEET THE NEEDS OF PEOPLE LEAVING INCARCERATION.

To access the services they need to successfully reintegrate into society, people leaving prison and jail must rely on a variety of professionals inside and outside the criminal justice system. Ensuring that the workforce has adequate resources will increase the odds that reentering individuals will thrive, and, in turn, enhance public safety. Toward that end, policymakers, providers, and managed care organizations should fortify the workforce to expand and improve reentry services. Ensuring that a cadre of primary care providers and specialists develop expertise in the needs and circumstances of people who have been involved in the justice system is essential.

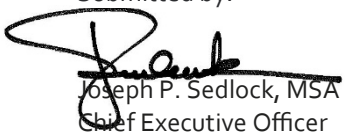
6. LEAD COORDINATION BETWEEN HEALTH, JUSTICE SYSTEM, AND DIRECTLY IMPACTED STAKEHOLDERS.

Ultimately, responsibility for crafting Medicaid reentry policies and the requirements surrounding their implementation lies with health policymakers. But critical knowledge about what services are needed, how to operationalize these policies, and how to achieve public safety goals is held by multiple other stakeholders, from the courts to law enforcement, corrections, nonprofit service providers, health and behavioral health agencies, employment and housing agencies, and more. Engaging them in a coordinated fashion is critical to successfully developing these Medicaid policy changes, carrying them out, and tracking their effects.

7. COMMIT TO MEASURING AND EVALUATING THE IMPACT OF NEW MEDICAID POLICIES.

Evaluating the impact of any new Medicaid policies – and the various delivery models proposed by states – on both health and public safety is essential."

Submitted by:



Joseph P. Sedlock, MSA
Chief Executive Officer
Finalized: 08/30/2022

Attachments:

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

Mid-State Health Network

Compiled and tracked by Sherry Kletke

Below is a list of Legislative Bills MSHN is currently tracking and their status as of August 29, 2022:

BILL #	TITLE/INTRODUCER/DESCRIPTION	STATUS
HB 4075 (PA 182)	Parking Spot Signage (LaFave) Modifies signage for parking spaces designated for persons with disabilities.	Signed by the Governor (7/25/2022; Signed: July 25, 2022, Effective: October 22, 2022)
HB 4076 (PA 183)	Accessibility Symbol (LaFave) Modifies symbol of accessibility.	Signed by the Governor (7/25/2022; Signed: July 25, 2022, Effective: October 22, 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 Psychiatrics 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 (PA 176)	Controlled Substances (Whiteford) Allows distribution of opioid antagonists by	Signed by the Governor (7/21/2022; Signed: July 21, 2022, Effective: July 21, 2022)

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	Reported in House (6/9/2022; By Oversight Committee)

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BILL #	TITLE/INTRODUCER/DESCRIPTION	STATUS
	provisions 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 (PA 167)	Youth Tobacco Act (Brann) Modifies youth tobacco act definition of minor to less than 21 years of age.	Signed by the Governor (7/21/2022; Signed: July 21, 2022, Effective: July 21, 2022)
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 (PA 146)	Mental Health (McBroom) Creates standards and licensing requirements for mental health transport for involuntary psych hospitalization.	Signed by the Governor (7/19/2022; Signed: July 19, 2022, Effective: October 16, 2022)

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BILL #	TITLE/INTRODUCER/DESCRIPTION	STATUS
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.	Committee Hearing in House Health Policy Committee (6/30/2022)
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.	Passed in House (7/1/2022; 98-8, Immediate effect)
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)
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)

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BILL #	TITLE/INTRODUCER/DESCRIPTION	STATUS
SB 714	Behavioral Health (Shirkey) Provides multidepartment supplemental for behavioral health changes.	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

July 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.
- Behavioral Health Home services are available to beneficiaries in 42 Michigan counties including PIHP regions 1 (upper peninsula), 2 (northern lower Michigan), 6 (Southeast Michigan), 7 (Wayne County), and 8 (Oakland County).

Current Activities:

- As of July 1, 2022, there are 1,291 people enrolled:
    - Age range: 7-85 years old
    - Race: 23% African American, 72% Caucasian, 2% or less American Indian, Hispanic, Native Hawaiian and Other Pacific Islander
- Resources, including the BHH policy, directory, and handbook, are available on the Michigan Behavioral Health Home website. Behavioral Health Home (michigan.gov)
- MDHHS is providing a two-part webinar series focusing on the Social Determinants of Health and Z-codes for health homes. The first webinar will take place on July 12.

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 July 6, 2022, 40,522 Medicaid beneficiaries and 5,826 individuals without Medicaid are assigned in the WSA to the 13 demonstration CCBHC sites. Assignment has increased steadily since the start of the demonstration. All 13 demonstration sites have received full certification!
- The Safer Communities Act was signed with provisions for CCBHC Demonstration expansion. Michigan's demonstration can extend until October 2027.
- Virtual DY1 Check-In calls will take place throughout July and August. Together, MDHHS, PIHPs, and CCBHCs will review clinical workflows, determine support needs for DY2, review trending utilization, and discuss DY2 cost reporting.
- CCBHCs are completing a test exercise for collecting and reporting on clinic-lead metrics. A number of these measures utilize data from electronic health records. The exercise will help troubleshoot the reporting process as well as preview performance on key indicators.
- 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 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 July 1, 2022, 2,307 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 looking to expand OHH services into two more PIHP Regions and the remaining six counties in PIHP Region 4, 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 moving to training and adoption. Barry County is working through data validation.
- Grantees are also discussing ways to sustain services at the end of the grant to cover integral staff such as health and wellness coaches.

Questions or Comments

- Lindsey Naeyaert (naeyaertl@michigan.gov)

Michigan Psychiatric Care Improvement Project (MPCIP)

August 2022 Update

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MPCIP Overview

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

Two-part Crisis System

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

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

Opportunities for Improvement

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

988/MiCAL Implementation

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

Michigan Crisis and Access Line (MiCAL) Overview

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

988 Overview

- **988 went live on July 16, 2022,** as the new three digit dialing code for the National Suicide Prevention Lifeline. It is not a new crisis line. It is managed by Vibrant at the Federal Level.
- **988 Expanded Purpose**: With the addition of 988, the Lifeline is expanding crisis coverage for all behavioral health/emotional crises in addition to people feeling suicidal.
- 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**: As of June 1, 2022, Michigan has active statewide coverage for all 988 calls originating from Michigan counties 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 texts. 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.

Current Activities for 988/MiCAL

- MDHHS received a 2 year SAMHSA 988 Implementation grant mid-April. Key focus areas are (1) adequate statewide coverage, (2) common practices for centers, (3) stakeholder engagement/marketing, (4) stable diversified funding, and (5) 911/988 collaboration.
- **MiCAL Rollout**: MiCAL will rollout statewide in two phases.

  - **Phase 1 FY 22**: January 2022 - MiCAL will rollout statewide one region at a time, providing coverage for 988 and crisis and distress support through the MiCAL number. It will not provide additional regions with CMHSP crisis after hours coverage at this time. MiCAL is rolling out care coordination protocols with publicly funded crisis and access services (CMHSPs, PIHPs, state demo CCBHCs, and CMHSP contract providers).
  - Coordination is in place with services in PIHP geographic regions 1, 2, 3, 5, 6, 8, and 10. It will be coordinated with Region 7 by the end of August. It will be coordinated with all regions by the end of October. Map of the Prepaid Inpatient Health Plans (michigan.gov).
  - **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. MiCAL is beginning to plan for Phase 2 FY 23 CMHSP After Hours Crisis Coverage. MiCAL will provide afterhours crisis coverage for CMHSPs who currently contract with a third party for afterhours crisis coverage. Rollout with occur one PIHP region at a time and will start with regions that volunteer participation beginning in January 2023.
- MiCAL integration with OpenBeds/MiCARE is in progress.
- MDHHS is in the process of creating a 988 chat/text implementation plan to be submitted to SAMHSA mid-September.
- **There have been 46,158 MiCAL encounters since go-live on April 19, 2021 (this includes MiCAL number, NSPL, and CMHSP afterhours calls).**
- **988 Center Practices:** Operations workgroup meetings with current 988 centers are focused on developing common practices around Imminent Risk, Active Rescues and Follow Up.
- **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.
- **Public Relations**: Michigan chose to do a soft rollout, per Vibrant's guidance, meaning we are waiting to send out public marketing materials until we are confident that the infrastructure is fully operational and adequately staffed. We anticipate beginning marketing in early 2023.
  - MDHHS developed a website to share with its stakeholders: 988 Suicide & Crisis Lifeline and Michigan Crisis & Access Line, as well as a MiCAL/988 Quick Facts document for reference.
  - MDHHS has been providing presentations to key stakeholder groups such as National Alliance on Mental Illness (NAMI) Michigan, The Governor's Mental Health Diversion Council, and the Michigan Suicide Prevention Commission.
  - During the planning process, Michigan's 988 Stakeholder group has agreed to be active participants in the public awareness/marketing process. As stated earlier, we are reaching back out to this Stakeholder group in August for their help in developing the comprehensive publicity campaign.
  - Michigan's initial public awareness approach targets people most at risk for behavioral health crises through communication channels via trusted community partners such as community groups, advocacy organizations, and allied professionals. With financial support from the 988 Implementation grant, Michigan will develop a public awareness/ marketing plan which will identify existing channels such as newsletters, websites, and conferences through which to promote 988. The plan will also provide 988 marketing materials to key stakeholders who can give them to people who might benefit from calling 988.
  - MDHHS is in the process of coordinating Listening Sessions with underserved or high risk populations.

Current Activities for Michigan Peer Warmline and Frontline Strong Crisis Line

- Michigan Peer Warmline is operated under MiCAL by Common Ground. It is statewide. It operates 10 am to 2 am 7 days per week.
- **There have been 42,098 Warmline encounters since go-live at the end of April 2021.**
- Frontline Strong First Responder Crisis support project called Frontline Strong Together in partnership with Wayne State is 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 August 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 (PSC) to help develop 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 various states to make recommendations to best fit the behavioral health needs of all Michiganders. This group 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's extensive research on best practices in other states is being incorporated into the standards. A draft set of standards will be shared with stakeholders for their feedback at the beginning of October.
- MDHHS is exploring internal staffing needs for CSU certification.
- PSC is looking at available statewide data and using the new Crisis Talk Crisis Services Calculator to help determine capacity needs.
- 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/early fall.

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. Target Date: September 2022.
- 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).

Current Activities

- Multiple areas of MDHHS are working on the expansion of 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 around implementation plans internally, prior to stakeholder involvement.
- Public Sector Consultants has pulled together legislative and funding requirements, recommendations from Wayne State Center for Behavioral Health Justice (CBHJ), and other best practices to develop a draft model for adults. This model will be altered over the next couple of years based on stakeholder feedback from Diversion Fund pilots, CCBHC discussions, and feedback from people with lived experience.

MI-SMART (Medical Clearance Protocol)

Overview

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

Current Activities

- 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, and 13 CMHSPs.
    - 34 more facilities are pursuing the implementing at their facility, including Munson Medical Center, 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 psychiatric hospitals, CMHSPs, and EDs to sign.
- Partnering with LARA to develop a crosswalk that outlines regulatory practices that MiSMART can help meet.
- Transitioning Medical Clearance Workgroup to an Advisory Group.
- Record high COVID numbers in Emergency Departments are impeding progress.

Psychiatric Bed Treatment Registry

Overview

- Legislated through PA 658 of 2018, PA12 of 2020, PA 166 of 2020.
- Electronic service registry housing psychiatric beds, crisis residential services, and substance use disorder residential services.
- The Psychiatric Bed Registry is housed in the MiCARE/OpenBeds platform, which is Michigan's behavioral health registry/referral platform, operated and funded by LARA.
- 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 distributed a survey of psychiatric facilities for a status on MiCARE implementation in June 2022.
- LARA reached out to all psychiatric hospitals to offer help with onboarding.
- MDHHS will continue reaching out to all psychiatric hospitals to discuss individually their onboarding/implementation process.
- 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 two listening sessions with psychiatric hospitals and CMHSPs to have an in-depth discussion on how we can successfully implement MiCARE in Michigan. They will hold a similar session with staff from Emergency Departments.

MDHHS Staff Update - Crisis Services & Stabilization Section

Due to a significate reorganization within Michigan Department of Health and Human Services (MDHHS), crisis services that were previously under the Behavioral Health and Developmental Disability Administration (BHDDA) are now part of the new Crisis Services and Stabilization Section in the Community Based Services Bureau within the Behavioral and Physical Health and Aging Services Administration (BPHASA).

Questions or Comments

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

MiCAL questions or comments - contact MDHHS-BHDDA-MiCAL@michigan.gov

MiCARE/Openbeds platform questions - contact Haley Winans, Specialist, LARA, WinansH@michigan.gov

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REGIONAL PROVIDER STAFFING CRISIS STABILIZATION PROGRAM - PROPOSAL FOR CONTINUATION OF INITIATIVE INITIALLY MSHN BOARD-APPROVED IN MARCH 2022 SUMMARY

Background

The Mid-State Health Network (MSHN) Board of Directors originally approved this program for implementation in March 2022. In its proposal, MSHN requested authorization for up to $13M to support in-region behavioral health providers in their efforts to address staff recruitment, attraction, commitment to employment (and related onboarding costs), existing or new workforce retention strategies, temporary staffing costs, and other innovations intended to stabilize staffing. In approving this initiative, the MSHN Board authorized a bold program to aid providers and asked for a report on use of funds at the conclusion of the initiative.

Following is an interim year-to-date report, through 08/22/2022, on the use of funds under the approved Regional Provider Staffing Crisis Stabilization Program. (A final report for FY 22 will be provided to the board after the fiscal year concludes). Note that of the up to $13M approved by the MSHN Board, ~$12.8M has been disbursed, ~$5.8M was drawn from regional savings and ~$6.9M was distributed through existing PEPM funding. (Note that this funding support was exclusively for our network providers and MSHN staff were not included).

Applicant Incentives Totals	
Attraction/Signing	1,487,986.13
Referral	264,908.15
Temp Comp Adjustment	226,522.90
Onboarding	356,462.54
Recruitment	736,668.29
Other	36,240.30
Retention Incentive Totals	
Retention	7,362,222.96
Temp Comp Adjustment	864,993.71
Onboarding	1,079,461.02
Shift Differential	216,770.31
Overtime/Other Prem	693,957.80
Temp Staffing	146,093.75
Other	754,433.85

SUMMARY INFORMATION					
Funding Entity	Provider Count	Total Req	Total App	Regional Grant	Existing PEPM/Other Funding
MSHN	18	1,431,730.95	1,365,229.95	-	1,365,229.95
Bay-Arenac	8	2,572,043.00	1,474,993.00	1,474,993.00	-
CEI	15	562,417.70	562,687.70	278.00	562,409.70
Central	16	3,866,929.37	3,866,929.37	3,794,517.78	72,411.59
Gratiot	-	-	-	-	-
Huron	1	38,459.50	38,459.50	38,459.50	-
TRD	-	-	-	-	-
Lifeways	-	-	-	-	-
Montcalm	4	229,779.42	229,778.72	175,178.72	54,600.00
Newaygo	1	-	-	-	-
Saginaw	27	4,445,909.30	4,445,909.30	-	4,445,909.30
Shiawassee	3	539,807.48	539,807.48	342,351.48	197,456.00
Tuscola	14	539,644.99	282,759.60	-	282,759.60
Total	107	14,226,721.71	12,806,554.62	5,825,778.48	6,980,776.14

The majority of behavioral health providers in Region 5 continue experiencing unprecedented impacts on staffing due to the COVID-19 pandemic and other national and state workforce dynamics. Mid-State Health Network (MSHN) proposes to continue this initiative through March 31, 2023 at up to $5M in regional savings to continue to support all in-region behavioral health providers (including substance use disorder prevention, treatment, and recovery providers) in their efforts to address staff recruitment, attraction, (and related onboarding costs), compensation adjustments, existing workforce retention strategies, temporary staffing costs, and other staffing stabilization crises they face. Resources are intended for funding creative, provider specific solutions that the provider has assessed as having the potential to improve stabilization of their workforce applicants and employees that provide or administer Medicaid-Manual beneficiary supports and services. Support is intended exclusively for the MSHN regional provider network.

MSHN considers this initiative an extension of the provider stabilization initiative and as such has determined that it is within the provider stabilization parameters established by the MDHHS and is allowable, if implemented correctly and with fidelity to regional parameters/guidelines.

MSHN, in collaboration with our CMHSP Participants, have developed and published on the MSHN website regional eligibility criteria and other program parameters.

The MSHN Operations Council supports and recommends the adoption of this proposal. MSHN administration concurs and recommends continuation for another six months, with another review of provider stabilization status at that time, noting that MSHN may bring another extension proposal for Board consideration.

Recommended Motion:

Motion to designate up to $5 million (five million dollars) of FY 23 MSHN resources for the purpose of stabilizing and assisting eligible provider organizations contracted within the region in addressing workforce/staffing crises pursuant to regional guidelines established by MSHN, through March 31, 2023.

J. Sedlock, August 30, 2022

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Community Mental Health Member Authorities

Bay Arenac Behavioral Health
•
CMH of Clinton.Eaton.Ingham Counties
•
CMH for Central Michigan
•
Gratiot Integrated Health Network
•
Huron Behavioral Health
•
The Right Door for Hope, Recovery and Wellness (Ionia County)
•
LifeWays CMH
•
Montcalm Care Center
•
Newaygo County Mental Health Center
•
Saginaw County CMH
•
Shiawassee Health and Wellness
•
Tuscola Behavioral Health Systems

Board Officers

Ed Woods
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Irene O'Boyle
Vice-Chairperson

Kurt Peasley
Secretary

REPORT OF THE MSHN DEPUTY DIRECTOR
to the Board of Directors
July/August

MSHN Staffing Update

MSHN is pleased to announce that Brianna Elsasser has accepted the position of State Plan Coordinator and will join us on September 19, 2002. Brie comes to us with years of experience working under Michigan Department of Health and Human services with her most recent work experience as a senior BCBA at Upstate Cerebral Palsy.

Katy Hammack, MSHN's HCBS Manager (Adult services) has accepted the transfer to the Integrated Healthcare Coordinator position. This position was created to support healthcare coordination initiatives such as Certified Community Behavioral Health Center (CCBHC), Opioid Health Home (OHH) and coming soon Behavioral Health Home (BHH). She will transition to her new role effective September 5, 2022.

Please join me in welcoming Brie and congratulations to Katy Hammack.

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.

Health Services Advisory Group (HSAG) External Quality Review

Health Services Advisory Group (HSAG), contracted by the Michigan Department of Health and Human Services (MDHHS) to conduct oversight of the Pre-paid Inpatient Health Plans (known as the External Quality Review), finalized the review of Mid-State Health Network (MSHN) in July. For FY2022, HSAG reviewed the following areas to ensure compliance with the Managed Care Rules.

- Provider Selection & Credentialing
- Confidentiality and Privacy
- Sub Contractual Relationships & Delegation
- Practice Guidelines
- Health Information Systems
- Quality Assurance and Performance Improvement Program
- Grievance and Appeal System

MSHN staff, along with the CMHSPs, provided a multitude of documents for review and conducted system demonstrations. The results of the review should be available by October 2022. MSHN expects the results of the review will demonstrate successful compliance and application of the regulations, with a few areas needing some improvements.

MDHHS Site Review

The MDHHS site review for MSHN began on June 13, 2022 and ended on July 29, 2022. The site review consisted of MDHHS reviewing policies and protocols for MSHN's administration of Habilitation Support Waiver (HSW), Serious Emotional Disturbance Waiver (SEDW) Children's Waiver (CW) as well as Substance Use Disorder (SUD) Service Protocol review. In addition, MDHHS conducted a review of our CMHSPs participants that included a clinical record sample,

review of provider qualifications and consumer interviews. MSHN assisted the CMHSPs with coordination and documentation submission for a sample case size of 84 individuals served, 639 staff qualification records and 26 consumer interviews.

MSHN was in FULL compliance with all five areas of the Administrative Review and with all 13 areas of the SUD Protocol review. For the HSW review, 6 areas were in full compliance with 10 areas having noted citations. For the CW review, 9 areas were in full compliance with 9 areas having noted citations. For the SEDW review, 4 areas were in full compliance with 11 areas having noted citations. For reference, one chart found out of compliance will present the entire element out of compliance.

MSHN is required to submit a corrective action plan (with input from the CMHSPs/Providers) by September 15, 2022. MDHHS will conduct a 90-day follow-up from the date of corrective action plan approval. Over the next few months, MSHN will be working with the CMHSPs to provide both individual and systemic remediation.

Joe and I would like to thank the PIHP and CMHSP staff, especially the Quality Leads at the CMHSPs and our own staff; Sandy Gettel, Barb Groom and Katy Hammack (to name only a few) and as well as the many others that supported the review process.

Population Health Expands to Reducing Disparities in Follow-Up After Emergency Department

During FY22 MSHN and its CMHSP participants will work to reduce or eliminate disparities in the rates of follow-up after an emergency visit related to alcohol or substance use between White individuals and individuals belonging to racial/ethnic minority groups. The measurement period for FY22 is calendar year 2021 (January 1 – December 31, 2021). The baseline period is calendar year 2020 (January 1 – December 31, 2020).

The following table summarizes the follow-up rates and existing disparities between the White population and racial/ethnic minority populations during calendar year 2020 and calendar year 2021.

	Follow-Up Rate 2020	Disparity in 2020	Follow-Up Rate 2021	Disparity in 2021	Did Disparity Increase, Decrease, No Change
White	29.81%	N/A	28.78%	N/A	N/A
Black/African American	15.19%	YES	15.90%	YES	NO CHANGE
Hispanic	20.38%	YES	20.25%	YES	NO CHANGE
American Indian	27.12%	NO	21.43%	NO	NO CHANGE

One of the primary interventions MSHN has implemented to improve follow up care for individuals after they visit the Emergency Department (ED) for alcohol or substance-related issues is Project ASSERT. Project ASSERT is a model of early intervention, screening, and referral to treatment for individuals in hospital and primary care settings. MSHN-funded peer recovery coaches trained in Project ASSERT are currently located in hospital emergency departments in 13 counties in the MSHN region. Individuals who present to the hospital ED with substance-related concerns are offered the opportunity to speak with a Project ASSERT peer recovery coach who offers appropriate referrals and follow-up support.

For more information on reducing disparities and other related population health activities, ***see the link below: FY22Q2 Population Health and Integrated Care Report.***

Utilization Management Department Update

The MSHN Utilization Management (UM) department provides oversight of access and referral for substance use disorder (SUD) treatment services and authorization of SUD treatment services. The UM department also provides support and technical assistance to the SUD provider network related to these content areas. The purpose of the quarterly report is to:

1. Summarize Quarterly Activity in the areas of utilization review: prospective, concurrent, and retrospective
2. Conduct Environmental Scan of external and internal factors which may affect the UM Department's ability to adequately perform responsibilities
3. Plan for Future Initiatives during FY22 and beyond

One of the many content areas in the quarterly report includes an analysis of authorizations that are auto approved as well as those that require a Utilization Management Specialist to review. The table below indicates the total number of authorizations processed in MSHN's electronic management system each quarter during FY22.

FY 22	Auto Approved	Concurrent Review	Total	Average Rate of Concurrent Review	Average Number of Concurrent Reviews per Week
Q1	7339	911	8286	11%	76
Q2	7318	876	8274	10.5%	73

For more information on Utilization Reviews, ***see the link below: FY22Q2 Utilization Management Department Report.***

Submitted by:

Amanda L. Ittner
Finalized: 8.31.22

Attached:

Links to Reports:
FY22Q2 Population Health and Integrated Care Report
FY22Q2 Utilization Management Department Report

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Background

MSHN periodically updates its regional budget to adjust for revenue and expenditure variations throughout the fiscal year. The Fiscal Year (FY) 2022 Budget Amendment Two (2) has been provided and presented for review and discussion. Please Note: MSHN's board approved Amendment One (1) in March 2022 to adjust MDHHS revenue figures which were unknown when the budget was presented in September 2021.

Recommended Motion:

Motion to approve the FY 2022 Budget Amendment Two (2) as presented.

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FISCAL YEAR 2022 AMENDED BUDGET

DRAFT

	FY 2022 Amendment #1 Approved 03.01.2022	FY 2022 Amendment #2	FY 2022 Budget Increase (Decrease)	Notes
REVENUES				
Prior Year Savings	$ 51,407,120	$ 49,882,291	$ (1,524,829)	Budget adjusted based on FY2021 financial audit
Medicaid Capitation SP/iSPA MH	419,681,749	434,169,566	14,487,817	Budget adjusted based on amended capitation rates and increased enrollment
Medicaid Capitation SP/iSPA SUD	14,987,375	15,611,704	624,329	
Medicaid Capitation HSW	104,934,440	106,630,360	1,695,920	
Healthy Michigan Plan Capitation MH	68,716,591	74,467,763	5,751,172	
Healthy Michigan Plan Capitation SUD	31,683,904	34,226,713	2,542,810	
Medicaid Autism	51,334,953	52,590,990	1,256,037	
Medicaid DHS Incentive Payment	2,530,970	1,616,007	(914,963)	Budget adjusted based on actual revenues
CCBHC Supplemental Payments	18,806,293	18,275,000	(531,293)	Budget adjusted based on actual revenues
Hospital Rate Adjustor	15,773,100	17,248,000	1,474,900	Budget adjusted based on actual revenues
Performance Bonus Incentive Payment	5,185,043	5,382,728	197,685	
Community Grant and Other SUD Grants	15,149,457	14,083,244	(1,066,213)	Budget adjusted based on amended amounts
PA2 Liquor Tax SUD	4,712,059	4,774,248	62,189	Budget adjusted based on OPB approved amounts
Local Match Contribution	2,345,532	2,345,532	-	
Interest Income	80,000	20,000	(60,000)	Budget adjusted for reduced interest rates
Other Grants	235,000	890,000	655,000	Budget adjusted based on amended grant amounts
Other Income	58,800	45,000	(13,800)	
TOTAL REVENUE BUDGET	**$ 807,622,387**	**$ 832,259,147**	**$ 24,636,761**	
EXPENDITURES				
ADMINISTRATION:				
Salaries and Wages	$ 5,756,833	$ 4,307,885	$ (1,448,949)	Budget adjusted for staff vacancies
Employee Benefits	2,082,083	1,516,951	(565,132)	
Other Contractual Agreements	504,150	358,000	(146,150)	Budget adjusted based on actual costs
IS Subscriptions and Maintenance	987,300	915,460	(71,840)	Budget adjusted based on actual costs
Consulting Services	130,000	122,000	(8,000)	Budget adjusted based on actual costs
Conference and Training Expense	91,545	49,025	(42,520)	Budget adjusted based on actual costs, virtual conferences
Human Resources Fees	64,540	51,920	(12,620)	Budget adjusted for staff vacancies
Mileage Reimbursement	74,425	26,725	(47,700)	Budget adjusted based on actual costs, travel restrictions
Other Expenses	175,480	171,450	(4,030)	Budget adjusted based on actual costs
Building Rent	73,879	73,879	-	
Telephone Expense	72,450	65,228	(7,222)	Budget adjusted for staff vacancies
Office Supplies	35,850	16,500	(19,350)	Budget adjusted based on actual costs
Printing Expense	55,000	40,500	(14,500)	Budget adjusted based on actual costs
Meeting Expense	44,575	22,300	(22,275)	Budget adjusted based on actual costs, travel restrictions
Liability Insurance	38,445	35,636	(2,809)	Budget adjusted based on actual costs
Depreciation Expense	50,397	50,397	-	
Audit Services	35,500	28,425	(7,075)	Budget adjusted based on actual costs
OPB and Council Per Diems	18,060	14,140	(3,920)	Budget adjusted based on meeting attendance
Dues and Memberships	6,500	5,250	(1,250)	Budget adjusted based on actual costs
Legal Services	5,000	750	(4,250)	Budget adjusted based on actual costs
Equipment Rent	5,100	4,884	(216)	
Internet Services	2,940	2,940	-	
Subtotal Administration	**$ 10,310,053**	**$ 7,880,245**	**$ (2,429,808)**	
CMHSP and SUD EXPENSES and TAXES:				
CMHSP Participant Medicaid	$ 498,127,343	553,528,433	$ 55,401,090	Budget adjusted based on FY2022 CMHSP projected expenses
CMHSP Participant Healthy Michigan Plan	64,985,497	49,685,814	(15,299,683)	
CMHSP Participant Medicaid Autism	54,796,759	47,846,441	(6,950,318)	
CMHSP Participant CCBHC Supplemental	18,618,230	18,092,250	(525,980)	
CMHSP Participant Other	5,256,730	5,144,372	(112,358)	
SUD Medicaid Contracts	12,300,000	11,960,000	(340,000)	Budget adjusted based on actual year to date utilization
SUD Healthy Michigan Plan Contracts	25,200,000	23,500,000	(1,700,000)	
Community Grant and Other SUD Grants	12,892,900	10,635,000	(2,257,900)	
SUD PA2 Liquor Tax	4,712,059	4,774,248	62,189	Budget adjusted based on OPB approved amounts
Hospital Rate Adjustor	15,773,100	17,248,000	1,474,900	Budget adjusted based on actual costs
Tax Insurance Provider Assessment	5,782,945	6,077,419	294,474	Budget adjusted based on annual assessment
Tax Local Match Contribution	2,345,532	2,345,532	-	
Subtotal CMHSP and SUD Expenses and Taxes	**$ 720,791,096**	**$ 750,837,509**	**$ 30,046,413**	
TOTAL EXPENDITURE BUDGET	**$ 731,101,149**	**$ 758,717,754**	**$ 27,616,605**	
Revenue Over/(Under) Expenditures	**$ 76,521,238**	**$ 73,541,393**	**$ (2,979,845)**	

MSHN
Mid-State Health Network

Background

The draft original budget for Fiscal Year (FY) 2023 was developed based on the board-approved MSHN Strategic Plan and is based on input from MSHN leadership team and staff, MSHN Finance Council and the MSHN Operations Council.

The MSHN FY 2023 budget includes projected revenues of $799,575,716 and estimated expenditures of $752,144,770. Revenue is projected to be $47,430,946 over expenditures. MSHN's revenue estimates were based on MDHHS Rate Certification documents. MSHN with support from its Community Mental Health Service Participants (CMHSP) reduced enrollment estimates from MDHHS anticipating an end to the Public Health Emergency. PIHP Administration increased by $1,898,997 from the FY 22 Amended Two (2) Budget and is 1.30% of total FY 2023 regional expenses. The increase in administration expense is related to MSHN's intention to fill previously approved Home and Community Based Services (HCBS) and Certified Community Behavioral Health Centers (CCBHC) positions. In addition, CMHSPs submitted projected expense documentation and SUD totals are based on historical spending and trended utilization.

A public hearing on the FY 2023 budget was held on September 13, 2022.

MSHN is required to operate under a board approved budget.

Recommended Motion:

Motion to approve the FY 2023 Original Budget as presented.

MSHN
Mid-State Health Network

FISCAL YEAR 2023 ORIGINAL BUDGET

DRAFT

	FY 2022 Amendment #1 Approved 03.01.2022	FY 2022 Amendment #2	FY 2023 Original Budget	FY 2023 Increase (Decrease) from Amended Budget	Notes
REVENUES					
Prior Year Savings	$ 51,407,120	$ 49,882,291	$ 53,948,483	$ 4,066,192	Budget based on maximum FY2022 savings allowed
Medicaid Capitation SP/iSPA MH	419,681,749	434,169,566	413,321,029	(20,848,537)	Budget based on FY2023 capitation rates with adjustment for projected enrollments
Medicaid Capitation SP/iSPA SUD	14,987,375	15,611,704	14,871,832	(739,872)	
Medicaid Capitation HSW	104,934,440	106,630,360	107,006,878	376,518	
Healthy Michigan Plan Capitation MH	68,716,591	74,467,763	66,518,494	(7,949,269)	
Healthy Michigan Plan Capitation SUD	31,683,904	34,226,713	26,450,624	(7,776,089)	
Medicaid Autism	51,334,953	52,590,990	49,935,786	(2,655,204)	
Medicaid DHS Incentive Payment	2,530,970	1,616,007	1,777,608	161,601	
CCBHC Supplemental Payments	18,806,293	18,275,000	18,806,293	531,293	Budget includes supplemental funding for CCBHC demonstration sites
Hospital Rate Adjustor	15,773,100	17,248,000	18,110,400	862,400	Budget based on potential inpatient utilization increase
Performance Bonus Incentive Payment	5,185,043	5,382,728	5,085,785	(296,943)	Budget based on percentage of projected revenues
Community Grant and Other SUD Grants	15,149,457	14,083,244	15,947,361	1,864,117	Budget based on DHHS allocations
PA2 Liquor Tax SUD	4,712,059	4,774,248	4,506,627	(267,621)	Budget based on OPB approved amounts
Local Match Contribution	2,345,532	2,345,532	2,345,532	-	Budget based on FY2022 amount; FY2023 amount not available at time of budget development
Interest Income	80,000	20,000	20,000	-	
Other Grants	235,000	890,000	864,184	(25,816)	Budget includes Veteran Navigator, Clubhouse Engagement, and CCBHC grants
Other Income	58,800	45,000	58,800	13,800	
TOTAL REVENUE BUDGET	**$ 807,622,387**	**$ 832,259,147**	**$ 799,575,716**	**$ (32,683,431)**	
EXPENDITURES					
ADMINISTRATION:					
Salaries and Wages	$ 5,756,833	$ 4,307,885	$ 5,336,253	$ 1,028,369	Includes additional staff related to increased PIHP responsibilities
Employee Benefits	2,082,083	1,516,951	1,980,550	463,599	Additional staff
Other Contractual Agreements	504,150	358,000	439,350	81,350	Includes contract costs such as, but not limited to, IT and finance support services and SIS oversight
IS Subscriptions and Maintenance	987,300	915,460	960,400	44,940	Includes software costs such as, but not limited to, care coordination, data analytics, document sharing, managed care, Microsoft Office, parity
Consulting Services	130,000	122,000	205,000	83,000	Includes allowance for additional consulting services
Conference and Training Expense	91,545	49,025	125,850	76,825	Additional staff, in-person conferences
Human Resources Fees	64,540	51,920	63,600	11,680	Additional staff
Mileage Reimbursement	74,425	26,725	86,875	60,150	Return to in-person activities
Other Expenses	175,480	171,450	169,200	(2,250)	
Building Rent	73,879	73,879	56,646	(17,233)	
Telephone Expense	72,450	65,228	75,780	10,552	Additional staff
Office Supplies	35,850	16,500	27,450	10,950	
Printing Expense	55,000	40,500	57,500	17,000	
Meeting Expense	44,575	22,300	34,325	12,025	Return to in-person activities
Liability Insurance	38,445	35,636	36,705	1,069	
Depreciation Expense	50,397	50,397	50,397	-	
Audit Services	35,500	28,425	35,500	7,075	
OPB and Council Per Diems	18,060	14,140	18,060	3,920	
Dues and Memberships	6,500	5,250	6,700	1,450	
Legal Services	5,000	750	5,000	4,250	
Equipment Rent	5,100	4,884	5,100	216	
Internet Services	2,940	2,940	3,000	60	
Subtotal Administration	**$ 10,310,053**	**$ 7,880,245**	**$ 9,779,241**	**$ 1,898,997**	
Percent Administration Expenses to Total Expenses	1.41%	1.04%	1.30%		

	FY 2022 Amendment #1 Approved 03.01.2022	FY 2022 Amendment #2	FY 2023 Original Budget	FY 2023 Increase (Decrease) from Amended Budget	Notes
CMHSP and SUD EXPENSES and TAXES:					
CMHSP Participant Medicaid	$ 516,745,573	$ 571,620,683	$ 536,268,828	$ (35,351,855)	Budget based on CMHSP FY2023 budgeted expenses
CMHSP Participant Healthy Michigan Plan	64,985,497	49,685,814	55,438,840	5,753,026	
CMHSP Participant Medicaid Autism	54,796,759	47,846,441	58,524,426	10,677,985	
CMHSP Participant Other	5,256,730	5,144,372	6,146,912	1,002,540	Budget includes Performance Bonus Incentive Payments and Clubhouse Engagement and CCBHC grants
SUD Medicaid Contracts	12,300,000	11,960,000	13,864,740	1,904,740	Budget based on projected utilization and reimbursement rate increases
SUD Healthy Michigan Plan Contracts	25,200,000	23,500,000	25,725,000	2,225,000	
Community Grant and Other SUD Grants	12,892,900	10,635,000	15,062,361	4,427,361	Budget based on projected utilization, reimbursement rate increases, and utilization of other SUD grants
SUD PA2 Liquor Tax	4,712,059	4,774,248	4,506,627	(267,621)	Budget based on OPB approved amounts
Hospital Rate Adjustor	15,773,100	17,248,000	18,110,400	862,400	Budget based on potential inpatient utilization increase
Tax Insurance Provider Assessment	5,782,945	6,077,419	6,371,863	294,444	Budget based on annual assessment
Tax Local Match Contribution	2,345,532	2,345,532	2,345,532	-	Budget based on FY2022 amount; FY2023 amount not available at time of budget development
Subtotal CMHSP and SUD Expenses and Taxes	**$ 720,791,096**	**$ 750,837,509**	**$ 742,365,529**	**$ (8,471,980)**	
TOTAL EXPENDITURE BUDGET	**$ 731,101,149**	**$ 758,717,754**	**$ 752,144,770**	**$ (6,572,984)**	
Revenue Over/(Under) Expenditures	**$ 76,521,238**	**$ 73,541,393**	**$ 47,430,946**	**$ (26,110,447)**	

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 July 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 July 31, 2022, as presented.

Mid-State Health Network
Statement of Activities
As of July 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		FY22 Amended Budget			
			83.33%					
1	Revenue:							
2		Grant and Other Funding	$ 293,800	113,994	244,833	(130,839)	38.80 %	1a
3		Medicaid Use of Carry Forward	$ 51,407,120	49,882,291	42,839,267	7,043,024	97.03%	1b
4		Medicaid Capitation	733,634,419	630,297,625	611,362,016	18,935,609	85.91%	1c
5		Local Contribution	2,345,532	1,835,098	1,954,610	(119,512)	78.24%	1d
6		Interest Income	80,000	52,745	66,666	(13,921)	65.93%	1e
7		Change in Market Value	0	(40,229)	0	(40,229)	0.00%	
8		Non Capitated Revenue	19,861,516	10,649,695	16,551,264	(5,901,568)	53.62%	1f
9	Total Revenue		807,622,387	692,791,219	673,018,656	19,772,564	85.78 %	
10	Expenses:							
11		PIHP Administration Expense:						
12		Compensation and Benefits	7,838,917	4,463,147	6,532,431	(2,069,284)	56.94 %	
13		Consulting Services	130,000	89,653	108,334	(18,680)	68.96 %	
14		Contracted Services	110,540	67,773	92,117	(24,344)	61.31 %	
15		Other Contractual Agreements	504,150	293,803	420,124	(126,321)	58.28 %	
16		Board Member Per Diems	18,060	11,060	15,050	(3,990)	61.24 %	
17		Meeting and Conference Expense	172,470	45,656	143,726	(98,070)	26.47 %	
18		Liability Insurance	38,445	35,636	32,037	3,599	92.69 %	
19		Facility Costs	154,369	128,865	128,641	224	83.48 %	
20		Supplies	305,405	221,300	254,504	(33,204)	72.46 %	
21		Depreciation	50,397	41,997	41,998	(1)	83.33 %	
22		Other Expenses	987,300	796,306	822,750	(26,444)	80.65 %	
23		Subtotal PIHP Administration Expenses	10,310,053	6,195,196	8,591,712	(2,396,515)	60.09 %	2a
24		CMHSP and Tax Expense:						
25		CMHSP Participant Agreements	639,433,560	568,178,353	532,861,300	35,317,053	88.86 %	1b,1c
26		SUD Provider Agreements	55,104,959	40,603,926	45,920,799	(5,316,873)	73.68 %	1c,1f
27		Benefits Stabilization	2,351,000	4,430,230	1,959,167	2,471,063	188.44 %	1b
28		Tax - Local Section 928	2,345,532	1,835,098	1,954,610	(119,512)	78.24 %	1d
29		Taxes- IPA/HRA	21,556,045	18,795,215	17,963,371	831,844	87.19 %	2b
30		Subtotal CMHSP and Tax Expenses	720,791,096	633,842,822	600,659,247	33,183,575	87.94 %	
31	Total Expenses		731,101,149	640,038,018	609,250,959	30,787,059	87.54 %	
32	Excess of Revenues over Expenditures		$ 76,521,238	$ 52,753,201	$ 63,767,697			

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

Row Numbers		A	B	C	D B + C	
			Column Identifiers			
1	**Assets**		**Behavioral Health Operating**	**Medicaid Risk Reserve**	**Total Proprietary Funds**	
2	**Cash and Short-term Investments**					
3	Chase Checking Account		41,727,226	0	41,727,226	1a
4	Chase MM Savings		61,834,965	0	61,834,965	
5	Savings ISF Account		0	38,857,051	38,857,051	1b
6	Savings PA2 Account		8,914,711	0	8,914,711	1c
7	Investment ISF Account		0	11,695,340	11,695,340	1b
8	Total Cash and Short-term Investments		$ 112,476,902	$ 50,552,391	$ 163,029,293	
9	**Accounts Receivable**					
10	Due from MDHHS		6,319,207	0	6,319,207	2a
11	Due from CMHSP Participants		4,540,580	0	4,540,580	2b
12	Due from CMHSP - Non-Service Related		5,600	0	5,600	2c
13	Due from Other Governments		1,531,627	0	1,531,627	2d
14	Due from Miscellaneous		188,395	0	188,395	2e
16	Total Accounts Receivable		12,585,409	0	12,585,409	
17	**Prepaid Expenses**					
18	Prepaid Expense Rent		4,529	0	4,529	2f
19	Prepaid Expense Other		87,608	0	87,608	2g
20	Total Prepaid Expenses		92,137	0	92,137	
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		(117,592)		(117,592)	
26	Lease Assets		118,440		118,440	
27	Total Fixed Assets, Net		252,831	0	252,831	
28	**Total Assets**		**$ 125,407,279**	**$ 50,552,391**	**$ 175,959,670**	
29	**Liabilities and Net Position**					
30	Liabilities					
31	Accounts Payable		$ 13,814,586	$ 0	$ 13,814,586	1a
32	Current Obligations (Due To Partners)					
33	Due to State		34,083,390	0	34,083,390	3a
34	Other Payable		3,684,199	0	3,684,199	3b
35	Due to State HRA Accrual		5,195,755	0	5,195,755	1a, 3c
36	Due to State-IPA Tax		664,411	0	664,411	3d
37	Due to State Local Obligation		75,949	0	75,949	3e
38	Accrued PR Expense Wages		136,264	0	136,264	3f
39	Accrued Benefits PTO Payable		347,824	0	347,824	3g
40	Accrued Benefits Other		41,159	0	41,159	3h
41	Total Current Obligations (Due To Partners)		44,228,951	0	44,228,951	
42	Lease Liability		118,440	0	118,440	2h
43	Deferred Revenue		8,985,813	0	8,985,813	1b 1c 2b 3b
44	Total Liabilities		67,147,790	0	67,147,790	
45	Net Position					
46	Unrestricted		58,259,489	0	58,259,489	3i
47	Restricted for Risk Management		0	50,552,391	50,552,391	1b
48	Total Net Position		58,259,489	50,552,391	108,811,880	
49	**Total Liabilities and Net Position**		**$ 125,407,279**	**$ 50,552,391**	**$ 175,959,670**	

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

Please note: The 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. Cost settlement figures were extracted from MSHN's Final Compliance Examination.

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. Please Note: The ISF investment statement has been expanded to show accrued interest and market value figures. The new format shows totals reconciled to figures reported on the Statement of Net Position.
   c) The Savings PA2 account holds PA2 funds and is also offset by the Deferred Revenue liability account.
2. Accounts Receivable
   a) Approximately 82% of the balance in Due from MDHHS represents amounts owed to MSHN for April and July 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 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	19,751,454.73	-
Central	325,973.94	325,973.94	-
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	3,047,643.03	-
Newaygo	2,117,546.37	1,892,739.00	224,807.37
Saginaw	6,682,355.20	6,682,355.20	-
Shiawassee	1,426,828.72	1,150,658.00	276,170.72
Tuscola	517,470.17	455,807.00	61,663.17
Total	**42,429,320.56**	**37,888,740.90**	**4,540,579.66**

   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 is primarily FY 22 quarter three activities with a small amount related to prior periods.

e) Approximately 42% of the balance in Due from Miscellaneous represents amounts owed from providers for Medicaid Event Verification (MEV) findings. The remaining amount (58%) represents an advance made to a Substance Use Disorder (SUD) provider 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. In addition, lease assets category is now displayed as an asset and liability based on a new Governmental Accounting Standards Board (GASB) requirement. The lease assets figure represents FY 23 – 25 contract amounts for MSHN's office space.

3. Liabilities
a) MSHN calculates an FY21 lapse of $18.7 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 balance shows one CMHSP paid before the fourth quarter payment is due to MDHHS.
f) Accrued payroll expense wages represent expense incurred in July and paid in August.
g) Accrued Benefits PTO (Paid Time Off) payable is the required liability account set up to reflect paid time off balances for employees.
h) Accrued Benefits Other represents retirement benefits expense incurred in July and paid in August.
i) 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 July 2022, the budget calculation amount is 83.33% which is ten 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 83.33% translates to MSHN receiving more revenue than anticipated/budgeted. Expense accounts with Column F amounts greater than 83.33% 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. 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 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 July 31, 2022

DESCRIPTION	CUSIP	TRADE DATE	SETTLEMENT DATE	MATURITY DATE	CALLABLE	AMOUNT DISBURSED	PRINCIPAL	AVERAGE ANNUAL YIELD TO MATURITY	Change in market value	Chase Savings Interest	Interest - Accrued	Total Chase Balance
UNITED STATES TREASURY BILL	912796k57	8.2.21	8.3.21	7.14.22		2,998,706.25	3,000,000.00					
UNITED STATES TREASURY BILL	912796k57	8.2.21	8.3.21	7.14.22			(3,000,000.00)					
UNITED STATES TREASURY BILL	91282CDR9	1.19.22	1.20.22	12.1.23		1,992,391.23	1,993,816.08		(54,753.58)		1,182.06	
UNITED STATES TREASURY BILL	912796X53	7.8.22	7.11.22	6.15.23		9,740,570.83	9,740,570.83		14,524.97			
JP MORGAN INVESTMENTS							11,734,386.91		(40,228.61)		1,182.06	11,695,340.36
JP MORGAN CHASE SAVINGS							38,652,080.81	0.050%		204,969.75		38,857,050.56
							$ 50,386,467.72		$ (40,228.61)	$ 204,969.75	$ 1,182.06	$ 50,552,390.92

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**

Chase does not generate statements in months when no investment activity occurs. In these instances, a position report provided by Chase is used to determine the investment principal. In addition, the change in market value is derived from the difference in market value and cost.

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
September 2022

CONTRACTING ENTITY	SUD PROVIDERS COST REIMBURSEMENT PROJECTS/PROGRAM DESCRIPTION	CONTRACT TERM	CURRENT FY22 COST REIMBURSEMENT CONTRACT AMOUNT	FY22 TOTAL COST REIMBURSEMENT CONTRACT AMOUNT	FY22 INCREASE/ (DECREASE)
Arbor Circle	Technology (Newaygo; COVID-BG)	5.1.22 - 9.30.22	261,955	**263,259**	**1,304**
Cristo Rey Community Center	Provider Stabilization Funding (Ingham; BG)	10.1.22 - 9.30.22	98,873	**99,873**	**1,000**
Eaton Regional Education Service Agency (RESA)	Provider Stabilization Funding (Eaton; BG)	10.1.22 - 9.30.22	589,596	**592,596**	**3,000**
Family Services & Children's Aid	Provider Stabilization Funding (Jackson; BG)	10.1.22 - 9.30.22	443,753	**449,753**	**6,000**
First Ward Community Center	Provider Stabilization Funding (Saginaw; BG)	10.1.22 - 9.30.22	293,127	**298,127**	**5,000**
Gratiot County Child Advocacy Association	Provider Stabilization Funding (Gratiot; BG)	10.1.22 - 9.30.22	182,415	**185,665**	**3,250**
List Psychological Services, Inc.	Provider Stabilization Funding (Bay; BG)	10.1.22 - 9.30.22	79,751	**81,251**	**1,500**
McLaren Bay Region Neighborhood Resource Center	Provider Stabilization (Bay; BG)	10.1.21 - 9.30.22	141,595	**142,595**	**1,000**
Sterling Area Health Center	Provider Stabilization (ArenacBay; BG)	10.1.21 - 9.30.22	148,011	**151,011**	**3,000**
Ten Sixteen Recovery Network	Coalition Funding (Clare; SOR)	10.1.21 - 9.29.22	792,250	**795,600**	**3,350**
			$ 3,031,326	**$ 3,059,730**	**$ 28,404**

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)	Clubhouse Engagement	10.1.21 - 9.30.22	135,000	**19,000**	**(116,000)**
	Community Grant	10.1.21 - 9.30.22	5,572,076	**6,072,076**	**500,000**
			$ 5,707,076	**$ 6,091,076**	**$ 384,000**

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 FY23 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 FY23 contract listing.

MID-STATE HEALTH NETWORK
FISCAL YEAR 2023 NEW AND RENEWING CONTRACTS
September 2022

CONTRACTING ENTITY	CONTRACT SERVICE DESCRIPTION	CONTRACT TERM	FY2023 CONTRACT AMOUNT	FY2022 CONTRACT AMOUNT	INCREASE/ (DECREASE)
PIHP RETAINED FUNCTION CONTRACTS					
CEI Community Mental Health Authority	File Management, Historical data Repository & Data Exchange Processing	10.1.22 - 9.30.23	$ **175,000**	$ 175,000	-
CMH for Central Michigan	SIS Quality Lead	10.1.22 - 9.30.23	$ **27,500**	$ 27,500	-
Dr. Bruce Springer	SUD Medicial Director Services	10.1.22 - 9.30.23	$ **30,000**	$ 30,000	-
Dr. Zakia Alavi, MD	Chief Medical Officer (Rate of $145/Hr.)	10.1.22 - 9.30.23	$ -	$ -	-
			$ **232,500**	$ 232,500	$ -

CONTRACTING ENTITY	CONTRACT SERVICE DESCRIPTION	CONTRACT TERM	FY2023 CONTRACT AMOUNT	FY2022 CONTRACT AMOUNT	INCREASE/ (DECREASE)
PIHP ADMINISTRATIVE FUNCTION CONTRACTS					
Addis Enterprises (AE Design)	Website Design and Development	10.1.22 - 9.30.23	$ **16,000**	$ 16,000	-
BOX		10.1.22 - 9.30.23	$ **20,600**	$ 20,600	-
CoStaff	PEO Services	10.1.22 - 9.30.23	$ **60,040**	$ 60,040	-
EAP Amendment (New Directions)	Employee Assistance Program	3.3.20	$ **3,350**	$ 3,350	-
Maner Costerisan, East Lansing, Michigan	Accounting and Financial Management System Support	10.1.20 - 9.30.23	$ **54,650**	$ 54,650	-
Michigan Consortium of Healthcare Excellence (MCHE)	MCG Parity Software	10.26.21 - 10.25.24	$ **77,000**	$ 101,700	**(24,700)**
Microsoft AZURE	Subcription Service	10.1.22 - 9.30.23	$ **72,000**	$ 72,000	-
MiHIN	Use Case & SOW and MIDIGATE	10.1.22 - 9.30.23	$ **104,000**	$ 104,000	-
MORC	SIS Assessment Services ($647/Assessment)	9.30.19 - Open	$ -	$ -	-
PCE Systems	MCIS System	10.1.22 - 9.30.23	$ **345,200**	$ 345,200	-
Providence Consulting Company, Lansing, Michigan	Computer Help Desk Support and Security	10.1.22 - 9.30.23	$ **85,000**	$ 85,000	-
GreatAmerica Financial Services Corp.	Subscription Service Re Laptops (3 yr. Term)	3.3.20 - 3.3.23	$ -	$ -	-
Relias Learning, LLC	On-Line Training Services Package	10.1.19 (Amount will be pro-rated on an annual basis)	$ **410,709**	$ 410,709	-
Roslund Prestage & Company, Alma, Michigan	Single, Financial and Compliance Audits	10.1.22 - 9.30.23	$ **25,300**	$ 25,300	-
TBD Solutions, LLC, Ada Michigan	Business/Information Technology Consulting ("Open"); per hour rate ($180 + expenses)	10.1.22 - 9.30.23	$ -	$ -	-
TBD Solutions, LLC, Ada Michigan	Data Analysis and Knowledge Services	10.1.22 - 9.30.23	$ **151,200**	$ 90,000	**61,200**
Zenith Technology Solutions (ZTS)	Metrics, Data Analysis, Outcome Measures, Monitoring	10.1.22 - 9.30.23	$ **280,000**	$ 248,000	**32,000**
			$ **1,705,049**	$ 1,636,549	$ **68,500**

CONTRACTING ENTITY	SUD PROVIDERS PROJECTS/PROGRAM DESCRIPTION	CONTRACT TERM	FY2023 CONTRACT AMOUNT	FY2022 CONTRACT AMOUNT	INCREASE/ (DECREASE)
SUD SERVICE PROVIDER CONTRACTS (Cost Reimbursement/Fee For Services) NOTE: Fee for Service contracts show "-" amount					
Addiction Treatment Services	Treatment	10.1.22 - 9.30.23	$ -	-	-
Arbor Circle	Treatment and Prevention	10.1.22 - 9.30.23	$ **590,454**	410,363	**180,091**
Barry Eaton District Health Dept.	Prevention	10.1.22 - 9.30.23	$ **10,065**	9,772	**293**
Bear River Health	Treatment	10.1.22 - 9.30.23	$ -	-	-
Big Brothers/Big Sisters of Jackson	Prevention	10.1.22 - 9.30.23	$ **50,970**	49,485	**1,485**
Boys and Girls Club of Great Lakes Bay Region	Prevention	10.1.22 - 9.30.23	$ **217,615**	158,630	**58,985**
Catholic Charities of Jackson, Lenawee & Hillsdale Counties	Treatment	10.1.22 - 9.30.23	$ -	-	-
Catholic Charities of Shiawassee & Genesee Counties	Treatment and Prevention	10.1.22 - 9.30.23	$ **138,416**	165,554	**(27,138)**
Catholic Human Services	Treatment	10.1.22 - 9.30.23	$ -	-	-
Cherry Street (Health) Services	Treatment	10.1.22 - 9.30.23	$ -	-	-
Child & Family Charities	Treatment and Prevention	10.1.22 - 9.30.23	$ **242,242**	274,602	**(32,360)**
City of Saginaw (Police Dept.)	Prevention	10.1.22 - 9.30.23	$ **57,376**	55,705	**1,671**
CMH for CEI - CMHSP	Treatment	10.1.22 - 9.30.23	$ **780,480**	1,134,205	**(353,725)**
Community Program, Inc. (dba Meridian Health Services)	Treatment	10.1.22 - 9.30.23	$ -	-	-
Cristo Rey Community Center	Treatment and Prevention	10.1.22 - 9.30.23	$ **308,722**	274,013	**34,709**
DOT Caring Centers, Inc./ Saginaw Valley Centers, Inc.	Treatment	10.1.22 - 9.30.23	$ -	-	-
Eaton Regional Education Service Agency (RESA)	Prevention	10.1.22 - 9.30.23	$ **607,283**	657,846	**(50,563)**
Family & Children's Services of Mid-Michigan	Treatment	10.1.22 - 9.30.23	$ -	-	-
Family Services & Children's Aid	Treatment and Prevention	10.1.22 - 9.30.23	$ **641,700**	573,324	**68,376**
First Ward Community Center	Prevention	10.1.22 - 9.30.23	$ **276,428**	298,127	**(21,699)**
Flint Odyssey House, Inc.	Treatment	10.1.22 - 9.30.23	$ -	-	-
Gratiot County Child Advocacy Association	Prevention	10.1.22 - 9.30.23	$ **183,329**	185,665	**(2,336)**
Great Lakes Bay Health Centers Hearth Home (f.k.a HDI Hearth Home)	Prevention	10.1.22 - 9.30.23	$ **95,658**	93,000	**2,658**
Great Lakes Recovery Center	Treatment	10.1.22 - 9.30.23	$ -	-	-
Harbor Hall Treatment Services	Treatment	10.1.22 - 9.30.23	$ -	-	-
HealthSource Saginaw, Pathways Chemical Dependency Center	Treatment	10.1.22 - 9.30.23	$ -	-	-
Home of New Vision (HNV)	Treatment & Prevention	10.1.22 - 9.30.23	$ **639,000**	597,946	**41,054**
Huron County Health Department	Prevention	10.1.22 - 9.30.23	$ **179,970**	165,589	**14,381**
Ingham County Health Department	Prevention/Harm Reduction	10.1.22 - 9.30.23	$ **221,106**	96,656	**124,450**
Ionia County Health Department	Prevention	10.1.22 - 9.30.23	$ **152,701**	143,000	**9,701**

CONTRACTING ENTITY	SUD PROVIDERS PROJECTS/PROGRAM DESCRIPTION	CONTRACT TERM	FY2023 CONTRACT AMOUNT	FY2022 CONTRACT AMOUNT	INCREASE/ (DECREASE)
SUD SERVICE PROVIDER CONTRACTS (Cost Reimbursement/Fee For Services) NOTE: Fee for Service contracts show "-" amount					
Kalamazoo Probation Enahncement Program (KPEP)	Treatment	10.1.22 - 9.30.23	$ -	-	-
Lansing Syringe Access	Harm Reduction	5.1.22 - 9.30.22	$ **141,866**	54,439	**87,427**
LifeWays Community Mental Health Authority	Treatment and Prevention	10.1.22 - 9.30.23	$ **90,289**	135,586	**(45,297)**
List Psychological Services, Inc.	Treatment and Prevention	10.1.22 - 9.30.23	$ **72,751**	86,826	**(14,075)**
McCullough, Vargas & Associates	Treatment	10.1.22 - 9.30.23	$ -	76,000	**(76,000)**
McLaren Bay Region Neighborhood Resource Center	Prevention	10.1.22 - 9.30.23	$ **125,758**	141,595	**(15,837)**
Michigan Therapeutic Consultants. PC	Treatment	10.1.22 - 9.30.23	$ -	7,000	**(7,000)**
Mid-Michigan District Health Department	Prevention	10.1.22 - 9.30.23	$ **269,605**	275,871	**(6,266)**
Mid-Michigan Recovery Services (f.k.a. NCALRA)	Treatment	10.1.22 - 9.30.23	$ **152,729**	132,734	**19,995**
Mindful Therapy, LLC	Treatment	10.1.22 - 9.30.23	$ -	-	-
New Paths	Treatment	10.1.22 - 9.30.23	$ -	-	-
Newaygo County R.E.S.A.	Prevention	10.1.22 - 9.30.23	$ **96,305**	104,750	**(8,445)**
North Kent Guidance Services, LLC	Treatment	10.1.22 - 9.30.23	$ -	-	-
Our Hope Association (Women Only)	Treatment	10.1.22 - 9.30.23	$ -	-	-
Parishioner's On Patrol	Prevention	10.1.22 - 9.30.23	$ **5,000**	5,000	-
Peer 360	Prevention	10.1.22 - 9.30.23	$ **913,450**	913,950	**(500)**
Pinnacle Recovery Services	Recovery	10.1.22 - 9.30.23	$ -	9,525	**(9,525)**
Prevention Network	Prevention	10.1.22 - 9.30.23	$ **20,689**	80,000	**(59,311)**
Professional Psychological & Psychiatric Services (PPPS)	Treatment	10.1.22 - 9.30.23	$ -	-	-
Randy's House	Recovery	10.1.22 - 9.30.23	$ -	53,152	**(53,152)**
Recovery Pathways, LLC	Treatment	10.1.22 - 9.30.23	$ **221,858**	275,434	**(53,576)**
Sacred Heart Rehabilitation Center	Treatment and Prevention	10.1.22 - 9.30.23	$ **100,083**	118,530	**(18,447)**
Saginaw County Health Dept.	Treatment	10.1.22 - 9.30.23	$ **15,000**	15,000	-
Saginaw Odyssey House	Treatment	10.1.22 - 9.30.23	$ -	3,610	**(3,610)**
Saginaw Psychological Services	Treatment	10.1.22 - 9.30.23	$ **39,600**	42,975	**(3,375)**
Saginaw Youth Protection Council	Prevention	10.1.22 - 9.30.23	$ **310,980**	301,922	**9,058**
Salvation Army Turning Point	Treatment	10.1.22 - 9.30.23	$ -	-	-
Samaritas - Charlotte	Treatment	10.1.22 - 9.30.23	$ **10,313**	30,705	**(20,392)**
Shiawassee County Circuit Court - Family Division	Prevention	10.1.22 - 9.30.23	$ **17,119**	16,620	**499**
State of Michigan - Michigan Rehabilitation Services	Vocational Rehabilitation Services (Interagency cash transfer agreement; All PA2)	10.1.22 - 9.30.23	$ **30,000**	30,000	-
Sterling Area Health Center	Prevention	10.1.22 - 9.30.23	$ **144,011**	148,011	**(4,000)**
Sunrise Centre	Treatment	10.1.22 - 9.30.23	$ -	-	-
Ten Sixteen Recovery Network	Treatment and Prevention	10.1.22 - 9.30.23	$ **1,388,215**	1,433,353	**(45,138)**
The Legacy Center - Midland Area Partnership	Prevention	10.1.22 - 9.30.23	$ **155,335**	168,811	**(13,476)**
Victory Clinical Services	Treatment	10.1.22 - 9.30.23	$ -	-	-
VCS Battle Creek		10.1.22 - 9.30.23	$ -	-	-
VCS III - Jackson		10.1.22 - 9.30.23	$ -	-	-
VCS IV - Saginaw		10.1.22 - 9.30.23	$ **24,750**	228,649	**(203,899)**
VCS Lansing		10.1.22 - 9.30.23	$ -	7,000	**(7,000)**
W.A. Foote Memorial Hospital (dba Henry Ford Allegiance Health)	Treatment and Prevention	10.1.22 - 9.30.23	$ **116,930**	130,024	**(13,094)**
WAI-IAM (Rise Transitional Housing)	Recovery	10.1.22 - 9.30.23	$ -	17,500	**(17,500)**
Wedgwood Christian Services	Treatment	10.1.22 - 9.30.23	$ **76,183**	73,680	**2,503**
Wellness, Inx	Treatment and Prevention	10.1.22 - 9.30.23	$ **604,447**	557,775	**46,672**
Women of Colors	Prevention	10.1.22 - 9.30.23	$ **234,675**	227,840	**6,835**
			$ **10,771,456**	$ 11,247,349	$ **(475,893)**

CONTRACTING ENTITY	CONTRACT SERVICE DESCRIPTION (Revenue Contract)	CONTRACT TERM	FY2023 CONTRACT AMOUNT	FY2022 CONTRACT AMOUNT	INCREASE/ (DECREASE)
PIHP REVENUE CONTRACTS					
Saginaw CMH	SIS LOA ($350/Completed Assessment)	10.1.22 - 9.30.23	$ -	-	-
Shiawassee CMH	SIS LOA ($350/Completed Assessment)	10.1.22 - 9.30.23	$ -	-	-
Michigan Department of Health & Human Services (EGrAMS)	ARPA Prevention	10.1.22 - 9.30.23	$ **169,060**	169,060	-
	ARPA Treatment	10.1.22 - 9.30.23	$ **150,000**	550,000	**(400,000)**
	CCBHC Non-Medicaid Operations Support	10.1.22 - 9.30.23	$ **594,184**	771,000	**(176,816)**
	Clubhouse Engagement	10.1.22 - 9.30.23	$ **170,000**	19,000	**151,000**
	Treatment & Access Management	10.1.22 - 9.30.23	$ **5,154,076**	6,072,076	**(918,000)**
	Gambling Disorder Prevention Project	10.1.22 - 9.30.23	$ **189,074**	189,074	-
	Prevention	10.1.22 - 9.30.23	$ **2,292,055**	2,317,055	**(25,000)**
	Prevention II - Covid	10.1.22 - 9.30.23	$ **614,981**	400,000	**214,981**
	State Disability Assistance	10.1.22 - 9.30.23	$ **302,084**	200,000	**102,084**
	State Opioid Response III	10.1.22 - 9.29.23	$ **3,505,000**	1,181,979	**2,323,021**
	SUD - Administration	10.1.22 - 9.30.23	$ **518,000**	400,000	**118,000**
	SUD Administration - COVID	10.1.22 - 9.30.23	$ **50,000**	-	**50,000**
	SUD Services - Tobacco II	10.1.22 - 9.30.23	$ **4,000**	4,000	-
	SUD Services - Women's Specialty Services	10.1.22 - 9.30.23	$ **1,204,088**	850,000	**354,088**
	Treatment - COVID	10.1.22 - 9.30.23	$ **1,320,111**	1,500,000	**(179,889)**
	Veteran's Systems Navigator	10.1.22 - 9.30.23	$ **100,000**	100,000	-
	Women's Specialty Services - COVID	10.1.22 - 9.30.23	$ **474,832**	250,000	**224,832**
Michigan Department of Health & Human Services	Medicaid Managed Specialty Supports and Services Program(s), the Healthy Michigan Program and Substance Use Disorder Community Grant Programs (Amendment #7)	10.1.22 - 9.30.23	$ -	-	-
			$ **16,811,545**	$ 14,973,244	$ **1,838,301**

MID-STATE HEALTH NETWORK
FISCAL YEAR 2023 CMHSP CONTRACTS
September 2022

CONTRACTING ENTITY	CMHSP SERVICE AREA	CONTRACT TERM	FY2023 CONTRACT AMOUNT	FY2022 CONTRACT AMOUNT - AMENDED	INCREASE/ (DECREASE)	FY 2022 REVENUE PROJECTION - AMENDED	REVENUE OVER/(UNDER) EXPENSE
PIHP/CMHSP MEDICAID SUBCONTRACTS							
Bay-Arenac Behavioral Health	Bay & Arenac	10.1.22 - 9.30.23	**58,175,632**	55,528,976	2,646,656	53,578,913	(4,596,719)
CEI Community Mental Health Authority	Clinton, Eaton & Ingham	10.1.22 - 9.30.23	**146,170,045**	139,226,737	6,943,308	158,811,442	12,641,397
Community Mental Health of Central Michigan	Clare, Gladwin, Isabella, Mecosta, Midland, Osceola	10.1.22 - 9.30.23	**131,822,748**	121,995,223	9,827,525	117,858,954	(13,963,794)
Community Mental Health Authority Gratiot County	Gratiot	10.1.22 - 9.30.23	**16,960,890**	16,221,051	739,839	17,649,028	688,138
Huron County Community Mental Health Authority	Huron	10.1.22 - 9.30.23	**12,679,842**	13,042,479	(362,637)	11,059,333	(1,620,509)
The Right Door for Hope, Recovery & Wellness	Ionia	10.1.22 - 9.30.23	**22,242,585**	17,663,940	4,578,645	19,727,308	(2,515,277)
LifeWays Community Mental Health Authority	Jackson & Hillsdale	10.1.22 - 9.30.23	**82,761,706**	84,346,452	(1,584,746)	82,761,707	1
Montcalm Care Network	Montcalm	10.1.22 - 9.30.23	**25,814,490**	22,909,335	2,905,155	23,680,371	(2,134,119)
Newaygo County Community Mental Health Authority	Newaygo	10.1.22 - 9.30.23	**17,388,528**	16,185,650	1,202,878	17,399,879	11,351
Saginaw County Community Mental Health Authority	Saginaw	10.1.22 - 9.30.23	**88,261,000**	84,584,284	3,676,716	95,610,677	7,349,677
Shiawassee County Community Mental Health Authority	Shiawassee	10.1.22 - 9.30.23	**25,221,736**	22,874,164	2,347,572	24,899,381	(322,355)
Community Mental Health Authority Tuscola County	Tuscola	10.1.22 - 9.30.23	**23,157,892**	23,331,308	(173,416)	23,373,503	215,611
			650,657,094	617,909,599	32,747,494	646,410,495	(4,246,599)

FIG 1

RECAP OF SURPLUS		
Column Heading	**Column Description**	**Column Amount**
A	Medicaid Surplus plus ISF Abatement (47,430,946 + 2,957,314)	50,388,260
B	Total Medicaid Revenue	679,882,251
C = B * 5%	Savings (Tier 1) 5%	33,994,113
D = A - C	Rem. of Anticipated Surplus	16,394,147
E = D/2	Savings (Tier 2)	8,197,074
F = C + E	Potential Savings	42,191,186
G = E	Potential Lapse to MDHHS	8,197,074

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FY2023 MSHN BOARD OF DIRECTORS MEETING CALENDAR

Background

The Mid-State Health Network Board of Directors considers the next fiscal year meeting calendar during the Annual Meeting.

Recommended Motion:

Motion to adopt the FY2023 MSHN Board of Directors meeting calendar as presented.

September 13, 2022

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TENTATIVE

FY2023 MID-STATE HEALTH NETWORK

REGIONAL BOARD OF DIRECTORS MEETING CALENDAR

(All meetings are scheduled to convene at 5:00 p.m. unless otherwise noted)

Meeting Date	Meeting Location
November 1, 2022	MyMichigan Medical Center 300 E. Warwick Dr. Alma, MI 48801
January 10, 2023 (Moved due to Holiday)	Comfort Inn & Suites Hotel and Conference Center 2424 South Mission Street Mount Pleasant, MI 48858
March 7, 2023	Best Western Okemos/East Lansing Hotel and Suites 2209 University Park Dr Okemos, MI 48864
May 2, 2023	MyMichigan Medical Center 300 E. Warwick Dr. Alma, MI 48801
July 11, 2023 (Moved due to Holiday)	Comfort Inn & Suites Hotel and Conference Center 2424 South Mission Street Mount Pleasant, MI 48858
PUBLIC HEARING: September 12, 2023 (Moved due to Holiday)	Best Western Okemos/East Lansing Hotel and Suites 2209 University Park Dr Okemos, MI 48864
September 12, 2023 (Moved due to Holiday)	

Calendar is tentative until Board approved

Mid-State Health Network (MSHN) Board of Directors Meeting
Tuesday, July 5, 2022
Best Western Okemos/East Lansing
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 member Tom Ryder from Bay-Arenac Behavioral Health was 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), Dan Grimshaw (Tuscola) -joined at 5:07 p.m., Tina Hicks (Gratiot), 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), Tom Ryder (Bay-Arenac), Kerin Scanlon (CMH for Central Michigan) – joined at 5:05 p.m., Ed Woods (Lifeways)

Board Member(s) Remote: Susan Twing (Newaygo)

Board Member(s) Absent: Joe Phillips (CMH for Central Michigan), Tracey Raquepaw (Saginaw)

Staff Member(s) Present: Joseph Sedlock (Chief Executive Officer), Amanda Ittner (Deputy Director), Leslie Thomas (Chief Financial Officer), Sherry Kletke (Executive Assistant)

Staff Member(s) Remote: None

Members of Public Remote: Anthony Mueller (Samaritas)

3. Approval of Agenda for July 5, 2022

Board approval was requested for the Agenda of the July 5, 2022, Regular Business Meeting.

MOTION BY DEB McPEEK-McFADDEN, SUPPORTED BY PAT McFARLAND, FOR APPROVAL OF THE AGENDA OF THE JULY 5, 2022, REGULAR BUSINESS MEETING, AS PRESENTED. MOTION CARRIED: 20-0.

4. Public Comment

An opportunity for public comment was provided. There was no public comment.

5. 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 including finalization of the MSHN post-pandemic operations plan
  - Office Building Update including proposed lease renewal terms
  - MSHN Board Meeting Venue Preference

    Board members were asked their preference for FY2023 board meeting locations for meetings that will occur in the Lansing area. Board members prefer to remain at the Best Western in Okemos where recent meetings have taken place. Suggestions were made to seek arrangements for closer parking, especially handicap accessible parking.
  - SAPT Block Grant – additional stabilization funding distribution to some provider types adversely affected by previous reductions
- State of Michigan/Statewide Activities
  - Opioid Health Home Coming to the MSHN region
- Federal/National Activities
  - Resources to Help Children, Families, Educators and Communities after mass shootings or other forms of community violence
  - National Drug Control Strategy

6. Deputy Director's Report

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

- MSHN Staffing Update- Dalontrius McDaniel has been hired as a waiver coordinator and will be introduced to the MSHN Board in September
- Provider Network Adequacy Assessment
- FY22 Balanced Scorecard Report

- PIHP responsibilities for 1915(i) federal waiver implementation begin in October 2022. MSHN hiring 1915(i) coordinator in the coming weeks.

7. Chief Financial Officer's Report

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

Board members inquired about investing in more U.S. Treasury Bills (T-Bills), saying T-Bills have not been affected by the recent market volatility. Because these are public funds and under investment protocols of the MDHHS, MSHN policy is very conservative in investing funds. Ms. Leslie Thomas will conduct additional research and consultation with MSHN's broker to verify if interest rates are rising and what terms are available for T-bills.

MOTION BY KURT PEASLEY, SUPPORTED BY DAVID GRIESING, TO RECEIVE AND FILE THE STATEMENT OF NET POSITION AND STATEMENT OF ACTIVITIES FOR THE PERIOD ENDING MAY 31, 2022, AS PRESENTED. MOTION CARRIED: 20-0.

8. 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.

Board members inquired if MSHN is funding (or intends to fund) initiatives to make fentanyl test strips available. MSHN staff will research and advise the board members.

MOTION BY BRAD BOHNER, SUPPORTED BY KEN DeLAAT, TO AUTHORIZE THE CHIEF EXECUTIVE OFFICER TO SIGN AND FULLY EXECUTE THE CONTRACTS AS PRESENTED AND LISTED ON THE FY22 CONTRACT LISTING. MOTION CARRIED: 20-0.

9. Executive Committee Report

Mr. Ed Woods discussed the Policy Committee vacancy. Mr. David Griesing expressed interest in filling the vacancy as did Ms. Tina Hicks. Being the first volunteer, Mr. Griesing has been appointed to the Policy Committee. MSHN staff will inform Mr. Griesing of the upcoming meetings schedule.

Mr. Woods and other MSHN Board members attend CMH Association of Michigan meetings and conferences and continue to advocate for the CMH Association to improve representation of and advocate for PIHPs. Mr. Woods reports that the support has gotten much better and wishes to express thanks to those MSHN Board members that have advocated for PIHPs.

Mr. Woods inquired about the Michigan Profile for Healthy Youth (MiPHY) and who to contact to get the data from the survey. Mr. Joseph Sedlock will follow up and send board members information about the MiPHY.

10. Chairpersons Report

Mr. Ed Woods spoke in relation to new gun laws and how CMHSPs might be able to get involved in schools early on and as the new laws take effect how to get money for programs in the schools. Mr. Joseph Sedlock committed to researching and informing the Board.

Mr. Woods expressed his thanks to Mr. Joseph Sedlock for joining a meeting in late June with Senator Outman to clarify and explain the importance of the roles of PIHPs.

Mr. Woods wished to extend congratulations to Mr. John Obermesik who retired as the Executive Director at Community Mental Health for Central Michigan (CMHCM) on June 24, 2022. Mr. Bryan Krogman, serving as the Deputy Director for CMHCM and with the agency for over 28 years has been appointed to fill the Executive Director position. Congratulations also extended to Mr. Bryan Krogman.

11. 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 TINA HICKS, TO APPROVE THE FOLLOWING DOCUMENTS ON THE CONSENT AGENDA: APPROVE MINUTES OF THE MAY 3, 2022 BOARD OF DIRECTORS MEETING; RECEIVE SUBSTANCE USE DISORDER OVERSIGHT POLICY BOARD MINUTES OF MARCH 20, 2022; RECEIVE BOARD EXECUTIVE COMMITTEE MEETING MINUTES OF JUNE 17, 2022; RECEIVE POLICY COMMITTEE MINUTES OF JUNE 7, 2022; RECEIVE OPERATIONS COUNCIL KEY DECISIONS OF MAY 16, 2022 AND JUNE 20, 2022; AND TO APPROVE ALL OF THE FOLLOWING POLICIES: ADVANCE DIRECTIVES, CUSTOMER HANDBOOK, CUSTOMER SERVICE, ENROLLEE RIGHTS, INFROMATION ACCESSIBILITY/LIMITED ENGLISH PROFICIENCY (LEP), MEDICAID BENEFICIARY ENROLLEES APPEALS/GRIEVANCES, RECIPIENT RIGHTS FOR SUBSTANCE USE DISORDER RECIPIENTS, REGIONAL CONSUMER ADVISORY COUNCIL. MOTION CARRIED: 20-0.

12. Other Business

Newaygo County CMH turned 50 this year and held a community appreciation event celebrating the achievement and Mr. Ken DeLaat expressed his appreciation to Mr. Joseph Sedlock for attending the event.

13. Public Comment

There was no public comment.

14. Adjournment

The MSHN Board of Directors Regular Business Meeting adjourned at 6:03 p.m.

Mid-State Health Network SUD Oversight Policy Advisory Board
Wednesday, June 15, 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 4:07 p.m.

Board Member(s) Present: Bruce Caswell (Hillsdale), Steve Glaser (Midland), John Hunter (Tuscola), Jim Moreno (Isabella), Vicky Schultz (Shiawassee), Jerrilynn Strong (Mecosta), Deb Thalison (Ionia), Kim Thalison (Eaton)

Board Member(s) Remote: Nichole Badour (Gratiot), Sandra Bristol (Clare), Robert Luce (Arenac), Todd Tennis (Ingham)

Board Member(s) Absent: Lisa Ashley (Gladwin), Christina Harrington (Saginaw), Bryan Kolk (Newaygo), Ken Mitchell (Clinton), Joe Murphy (Huron), Scott Painter (Montcalm), David Turner (Osceola), Ed Woods (Jackson)

Alternate Members Present: Ken DeLaat (Newaygo), John Kroneck (Montcalm), 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), Leslie Thomas (Chief Financial Officer), Sarah Andreotti (Lead Prevention Specialist), Sarah Surna (Prevention Specialist), Kari Gulvas (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 June 15, 2022

Board approval was requested for the Agenda of the June 15, 2022 Regular Business Meeting, as presented.

BOARD APPROVED AUGUST 17, 2022

MOTION BY STEVE GLASER, SUPPORTED BY DEB THALISON, FOR APPROVAL OF THE JUNE 15, 2022 REGULAR BUSINESS MEETING AGENDA, AS PRESENTED. MOTION CARRIED: 11-0.

4. Approval of Minutes from the April 20, 2022 Regular Business Meetings

Board approval was requested for the draft meeting minutes of the April 20, 2022 Regular Business Meeting.

MOTION BY VICKY SCHULTZ, SUPPORTED BY STEVE GLASER, FOR APPROVAL OF THE MINUTES OF THE APRIL 20, 2022 MEETING, AS PRESENTED. MOTION CARRIED: 11-0.

5. Public Comment

There was no public comment.

6. Board Chair Report

Mr. John Hunter informed members of the annual board member disclosure forms that need to be completed. Members will receive an email from DocuSign by the end of this week with a request to complete and electronically sign the disclosure form. If Board members have questions about the disclosure form or need assistance completing the electronic form, please feel free to reach out to Ms. Sherry Kletke.

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
- Federal Public Health Emergency Unwind
- Behavioral and Physical Health and Aging Services Administration Site Visit
- Governor Whitmer Signs Bills Fighting Opioid Crisis

8. Chief Financial Officer Report

Ms. Leslie Thomas 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 April 2022

Board members questioned the headings in the PA2 Funding Summary by County report having two columns both labeled as beginning PA2 fund balance. Those column headings will be re-worded for future reports to clarify the category.

9. FY22 Substance Use Disorder PA2 Contract Listing

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

MOTION BY JOHN KRONECK, SUPPORTED BY STEVE GLASER, FOR APPROVAL OF THE FY2022 SUBSTANCE USE DISORDER (SUD) PA2 CONTRACT LISTING, AS PRESENTED. MOTION CARRIED: 11-0.

10. SUD Operating Update

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 2 SUD County reports as provided in the board packet.

Board members inquired how the five Prevention Goals listed on the quarterly reports were identified. Those five goals correspond with state reporting requirements. The SUD Strategic Plan includes additional prevention activities.

11. Other Business

There was no other business.

12. Public Comment

There was no public comment.

13. Board Member Comment

Mr. John Hunter asked Board members for comments. Many Board members expressed concern regarding underage marijuana use. Board members also expressed having no difficulties navigating the MDHHS organizational changes and wished to thank MSHN for helping to make the dis-banded program switches a smooth process.

Board members wished to make everyone aware that Governor Whitmer recently signed bills that allow 17-year-olds to sell and serve alcohol and that allows alcohol to be served at public swimming pools.

The MSHN SUD Prevention and Treatment team reviewed the Opioid Settlement Agreement Exhibit E List of Opioid Remediation Uses and the MDHHS Priorities to assist municipalities as they

consider how to use the settlement dollars at the local level. These documents will be distributed to members.

14. Adjournment

Chairperson John Hunter adjourned the MSHN SUD Oversight Policy Advisory Board Meeting at 4:56 p.m.

Meeting minutes submitted respectfully by:
MSHN Executive Assistant

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Mid-State Health Network Board of Directors
Executive Committee Meeting Agenda
Friday, August 19, 2022 - 9:00 a.m.

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

Others Present:

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

1. **Call to order:** Chairperson Woods called this meeting of the MSHN Board Executive Committee to order at 9:00 am.

2. **Approval of Agenda:** Motion by P. McFarland supported by I. O'Boyle to approve the agenda for the August 19, 2022 meeting of the MSHN Executive Committee. Motion carried.

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

4. **Board Matters**
   - 4.1 September 2022 Draft Agenda for Board Public Hearing on FY 23 Budget: J. Sedlock gave background on the purpose of the public hearing on the future fiscal year budget. Executive Committee reviewed the draft agenda presented. All appears to be in order.
   - 4.2 September 2022 Draft Board Meeting Agenda: J. Sedlock summarized board meeting matters, including a proposal to extend the provider network staffing stabilization program for six months that is not presently on the draft agenda but will be added. The Executive Committee reviewed the draft agenda presented. All appears to be in order.
   - 4.3 New MSHN Board Member Appointments: Mr. Woods announced that Huron Behavioral Health has appointed Mr. Richard Swartzendruber and Ms. Beverly Wiltse (who has served on the MSHN Board in the past) to the Mid-State Health Network Board, replacing other members who can no longer serve. Mr. Swartzendruber's board orientation is scheduled to take place later today.
   - 4.4 FY 23 Executive Committee Meeting Calendar: Mr. Sedlock presented a proposed MSHN Board Executive Committee meeting calendar for FY 23. The proposal calls for the committee to meet every other month (even numbered months). This reflects current practices. The Committee by consensus approved the MSHN Board Executive Committee meeting calendar for FY 23.
   - 4.5 Preparation for annual CEO performance review: CEO annual review flow chart was provided. Ms. O'Boyle offered others the opportunity to take responsibility for the evaluation chairperson role. Mr. Woods asked, and Ms. O'Boyle agreed to serve as Evaluation Chair. Process formally begins for the board in November.
   - 4.6 Other (if any): None

5. **Administration Matters**
   - 5.1 MSHN Diversity, Equity, and Inclusion and Health Equity Internal Workgroup Updates: Mr. Sedlock provided a status update on internal DEI related activities, including a training provided b the Michigan Department of Civil Rights (MDCR) to leadership and the internal DEI/Health Equity Core Team. About 25 staff members participated. Those that have gone through the training are now in the process of conducting an internal organizational assessment, the form of which was provided by MDCR. Results will be compiled by MDCR and a report provided in the coming month or two.

Results will help to guide future work which will likely include many activities such as all-staff trainings, board training, and policy/practice changes, and other actions.

5.2 MSHN Leadership Off-Site Planning Session: J. Sedlock reported that the MSHN leadership team will participate in a two-day mid-September planning session to address critical internal issues and planning for the next year. A portion of that meeting will be externally facilitated while the remainder will be self-directed.

5.3 MSHN Public Health Emergency Declaration and MSHN Post-Covid Operations Plans/Considerations: A. Ittner reported that CMS will provide 60 days' notice to states that the public health emergency will end. No notice has been received, so MSHN anticipates another extension of the public health emergency for another period, up to 90 days. MDHHS is circulating proposed post-public health emergency policies. MSHN's post-pandemic operations plan is still pending, but MSHN is approving more and more in-person supports and services. MSHN is committed to giving our staff 60 days' notice of plan effective date. Committee input was received and is being considered as we near a notice date to our employees (which is anticipated soon, especially in light of very recent changes to the applicable CDC guidance).

5.4 Other (if any) – There was a question on the impact of the new certified clinical supervisor requirements. There will be no impact on MSHN operations as none of our personnel provide direct clinical services.

A question on CMH Association activities relating to CCBHC expansion was raised. J. Sedlock and A. Ittner provided a brief update on known activities of the Association in this regard. Brief discussion was held. MSHN continues to be effectively engaged in meetings with MDHHS officials. Our regional efforts are led by Ms. Ittner.

6. **Other**
   - 6.1 Any other business to come before the Executive Committee: None
   - 6.2 Next scheduled Executive Committee Meeting: 09/16/2022 – The Committee agreed to cancellation due to proximity of this scheduled meeting to board meeting. The Committee can be called together if there is a need prior to the next Executive Committee meeting.

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

8. **Adjourn:** This meeting was adjourned at 9:53 am.

MID-STATE HEALTH NETWORK

BOARD POLICY COMMITTEE MEETING MINUTES
TUESDAY, AUGUST 2, 2022 (VIDEO CONFERENCE)

***Members Present**:* Irene O'Boyle, Kurt Peasley, John Johansen, Jeanne Ladd, David Griesing

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 10:00 a.m., roll was called and new member Mr. David Griesing was welcomed.

2. APPROVAL OF THE AGENDA

MOTION by Kurt Peasley, supported by Irene O'Boyle, to approve the August 2, 2022, Board Policy Committee Meeting Agenda, as presented. Motion Carried: 5-0.

3. **POLICIES UNDER DISCUSSION**

Ms. Amanda Ittner informed members of the feedback received in relation to the policies being presented under discussion listed below.

CHAPTER: GENERAL MANAGEMENT

1. BOARD MEMBER DEVELOPMENT
2. MONITORING CEO PERFORMANCE

Ms. Irene O'Boyle suggested adding available training resources to the Board Development Policy. Rather than including specific training in the policy, MSHN will add a training resource section in the new board member orientation manual.

Ms. O'Boyle recommended inclusion of language in the Monitoring the CEO Performance Policy to add the formal performance review process which includes an annual 360-degree feedback survey from direct reports, peers and stakeholders and the annual Board survey. Results of both surveys are shared with Board members during the board meeting following the conclusion of the surveys. MSHN added the recommended language.

MOTION by David Griesing, supported by Kurt Peasley, to approve and recommend the policies under discussion as presented. Motion carried: 5-0.

4. POLICIES UNDER BIENNIAL REVIEW

Mr. John Johansen invited Ms. Amanda Ittner to inform members on the revisions made to the policies being presented under biennial review listed below. Ms. Ittner provided an overview of the substantive changes within the policies. Policies under the General Management chapter have been reviewed by the Chief Executive Officer, the Deputy Director, the Director of Utilization and Care Management, and the Executive Assistant. The Substance Use Disorder Service Provider Procurement under the Provider Network Management Chapter has been reviewed by the Chief Financial Officer.

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

CHAPTER: FINANCE

1. PROCUREMENT

CHAPTER: GENERAL MANAGEMENT

1. APPOINTED COUNCILS, COMMITTEES AND WORKGROUPS
2. BOARD GOVERNANCE
3. BOARD MEMBER CONDUCT AND MEETINGS
4. BY-LAWS
5. CMHSP APPLICATION
6. CONFLICT OF INTEREST
7. CONSENT AGENDA
8. DELEGATION CEO
9. FOIA
10. GENERAL MANAGEMENT
11. LEGISLATIVE AND PUBLIC BODY ADVOCACY
12. NEW BOARD MEMBER ORIENTATION
13. OFFICE CLOSURE POLICY
14. POLICY AND PROCEDURE DEVELOPMENT AND APPROVAL
15. POPULATION HEALTH INTEGRATED CARE

CHAPTER: PROVIDER NETWORK MANAGEMENT

SUD DIRECT SERVICE PROCUREMENT

MOTION by Kurt Peasley, supported by David Griesing, to approve and recommend the policies under biennial review as presented. Motion carried: 5-0.

5. NEW BUSINESS

The Policy Committee discussed the FY 2023 meeting dates. The committee agreed to continue to meet virtually on the first Tuesday of every other month in the even numbered months at 10:00 a.m. Executive Assistant, Sherry Kletke, will send calendar invitations to the committee members for the upcoming meetings.

6. ADJOURN

Mr. John Johansen adjourned the Board Policy Committee Meeting at 10:19 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: July 18, 2022

Members Present: Chris Pinter; Lindsey Hull; Maribeth Leonard; Carol Mills; Sharon Beals; Tracey Dore; Tammy Warner; Kerry Possehn; Michelle Stillwagon; Bryan Krogman; Sandy Lindsey; Sara Lurie

Members Absent:

MSHN Staff Present: Joseph Sedlock; Amanda Ittner;

Agenda Item	Action Required				
CONSENT AGENDA	Pg. 18 Figure 2 of Critical Incident Report – Data Source question as Gratiot indicates zero and that seems to be an error.				
	MSHN will follow up and resubmit corrected Critical Incident Report	By Who	A. Ittner	By When	7.25.22
FY22 Savings Estimates through May 31, 2022	L. Thomas reviewed the financial projections through May 31, 2022. MSHN projecting about 53M lapse with fully funded ISF and maximum savings. Discussion will occur with Finance Officers today regarding FY23 Revenue estimates for budgeting and continuation of provider stabilization DCW for FY23 – still tied to codes and current requirements listed in the MSHN guidance				
	MSHN will send out communication with updates from the discussion at Operations Council.	By Who	J. Sedlock	By When	7.20.22
Children's Services Workgroup (Proposed)	Ittner reviewed the proposed regional Children's Services Workgroup Discussion: Possible coordination/timing of meeting with Children's administrator meeting; Other considerations to include addressing/coordinating: ED abandonment, children's placement services, PRTFs Remove reference to March 2021 report, can be used to focus work on increasing access and other strategic priorities. Tuscola will not be able to send a representative at this time.				
	Operations Council supports the Children's Workgroup formation to begin October 2022 CMHSP to send their representative Dr. Lewicki	By Who	T. Lewicki	By When	8.31.22
Returning Citizens under Parole/supervision by MDOC	J. Sedlock reviewed the concern reported by MDHHS from MDOC regarding individuals in prison who have been approved for parole awaiting community release but hindered due to insufficient services/planning around mental health issues. Some have been approved for and waiting for parole for years. Two CMHSPs in our region have been contacted by MDHHS and the related work is in progress. J. Sedlock mentions to the region so that any associated contacts from MDOC receive priority attention.				
	Informational/discussion only	By Who	N/A	By When	N/A
Regional COVID related updates/planning (if any)	No discussion/update at this point outside of the PHE unwind				

Agenda Item	Action Required				
	Discussion only	By Who	N/A	By When	N/A
System Redesign-Ongoing dialog/Discussion/Regional Strategies (if any)	Discussed possible lame duck activities and after election in November changes				
	Discussion only	By Who	N/A	By When	N/A
Staff Recruitment Strategy	S. Laurie discussed staffing challenges with master's level; discussed referral programs CMHs will share their information if already providing referral incentives				
	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: 08/15/2022

Members Present: Marci Rozek (for Chris Pinter); Lindsey Hull**;** Maribeth Leonard; Carol Mills; Tracey Dore**;** Kerry Possehn; Bryan Krogman; Sandy Lindsey; Sara Lurie
Members Absent: Sharon Beals; Michelle Stillwagon; Tammy Warner; Joseph Sedlock
MSHN Staff Present: Amanda Ittner; Leslie Thomas; For applicable areas: Amy Dillon

Agenda Item	Action Required				
CONSENT AGENDA	No items removed for discussion Roster of Staffing at the state department – slides presented early on that would be nice to have populated with the individuals PIHP notes reference HCBS exclusion of region 5 – Region 5 was the pilot and has already went through the process. MDOC access concerns; if CMHSP hasn't been contacted directly, then no concerns specific to their region				
	Received and acknowledged; MSHN will follow up on state department roster	By Who	J. Sedlock	By When	9.15.22
2022 Self-Direction Workgroup Overview	Amy Dillon presented an overview of the Self-Direction Workgroup activities. Request: MSHN to facilitate meetings with CMH's in region to establishing regional agreement templates for Self-Determination: Self Determination agreement (between CMH and individual), Medicaid Provider Agreement (CMH and Medicaid Provider), Employment agreement (EOR and staff), Purchase of Service agreement (EOR and directly contracted professional provider or agency), Agency Supported Self-Direction Provider Agreement (agency and individual).				
	Operations Council support workgroup recommendation as requested but would request the understanding of negotiations still occurring on the "guidelines".	By Who	A. Dillon	By When	10.1.22
FY22 Amended Budget and FY23 Draft Budget • **Recommendation on Continuation of Regional Provider Stabilization Program** • **Recommendation on Continuation of Regional Staffing Crisis Stabilization Program**	L. Thomas presented an overview of the FY22 Amended Budget and the FY23 Budget. • $16m lapse to MDHHS for FY22 Discussion regarding the FY23 budget results as well as including the provider stabilization and staffing crisis stabilization. • Utilized FY21 Enrollment numbers for Revenue; discussion regarding concern of underestimating revenue; requirement for cost containment waived during this FY23; • Estimated: Shared Savings with MDHHS after the first 5%, so about $8M would be lapsed • Estimated ISF Abatement: $2.9M CFOs reviewed the items included in the budget and supports continuation of the below. • Regional Provider Stabilization Program – Unusual expenses incurred from COVID, lost revenue, reporting to PIHP upon request – no longer monthly from MDHHS.				

Agenda Item	Action Required				
	• Staffing Crisis Stabilization Program – Ops approved in Feb/Board in March - $13M fund – as a region we have spent about $12.5M but about $5M came from the savings; requesting approval from Ops to be presented to Board in September for $5M now and re-evaluate in March/April 2023. Concern regarding the largest provider being the payor of provider stabilization program – discussion to occur again September.				
	MSHN to update Regional Provider Stabilization and Staffing Crisis Stabilization guidance and distribute to CMHs/post to website after Board approval.	By Who	J. Sedlock	By When	9.15.22
FY23 Medicaid Subcontract and Change Log	L. Thomas reviewed the change log for the FY23 PIHP/CMHSP Medicaid Subcontract Review the contract/delegation grid for consistency in contractor/CMHSP/Provider Question on page 149 – "inclusion of – to the contractor" and how/what that is meant to include.				
	Operations Council supported changes but will review by 8.31.22 then MSHN will send out final version for signature.	By Who	CMHSPs L. Thomas/K. Jaskulka	By When	8.31.22 9.15.22
FY23 IPHU Regional Contract and Change Log	L. Thomas reviewed the change log for the FY23 IPHU Regional Contract				
	Operations Council supported changes but will review by 8.31.22 then MSHN will send out final version.	By Who	CMHSPs L. Thomas	By When	8.31.22 9.15.22
FY23 ABA Regional Contract and Change Log	L. Thomas reviewed the change log for the FY23 ABA Regional Contract				
	Operations Council supported changes but will review by 8.31.22 then MSHN will send out final version.	By Who	CMHSPs L. Thomas	By When	8.31.22 9.15.22
FY23 FMS Regional Contract and Change Log	L. Thomas reviewed the change log for the FY23 FMS Regional Contract Attachment A & B duplicative for tech requirement.				
	Operations Council supported changes but will review by 8.31.22 then MSHN will send out final version.	By Who	CMHSPs L. Thomas	By When	8.31.22 9.15.22
Regional COVID related updates/planning (if any)	PHE 60-day notice to states was August 14 – nothing received as of today; Updated CDC guidelines for quarantine/isolation				
	Discussion Only	By Who	N/A	By When	N/A
System Redesign – ongoing dialog/discussion/Regional Strategies (if any)	Open Discussion: CMHAM position paper – public private partnerships MI Healthy Life Initiative (MHP rebid) – discussed survey recently distributed to Leadership soliciting input on what will become the policy pillars of what the changes will look like for rebid				

Agenda Item	Action Required				
	Discussion Only	By Who	N/A	By When	N/A
Behavioral Health Home	MSHN is being requested to implement by April 2023; Lindsey from MDHHS has requested a meeting with MSHN in September.				
	Topic will be added to September meeting where MSHN will have more info after the state meeting	By Who	A. Ittner	By When	9.15.22
MiCAL	Request if CMHs are receiving calls from MiCAL – reported no calls coming in				
	Information Only	By Who	N/A	By When	N/A
Open Beds	Go live yet – Still awaiting on amendments. No one using it at this point.				
	Information Only	By Who	N/A	By When	N/A
Critical Incidents: CRM	Estimates to go live indicate October 1, 2022; concerns here for implementation and training.				
	Discussion and support for pushing back on using this site for critical incidents	By Who	J. Sedlock	By When	9.15.22
State Inpatient Discharges	Voluntary and involuntary – IDD and need to push back and clarify Growing concern regarding the appropriate placements/services Carol sent an email to Joe and recommends CMHs support				
	Support for MSHN to take a stronger approach related to concerns for discharges	By Who	J. Sedlock	By When	9.15.22

POLICIES AND PROCEDURES MANUAL

Chapter:	Finance		
Section:	Procurement Policy		
Policy: ☒ Procedure: ☐ Page: 1 of ~~43~~	**Review Cycle:** Biennial **Author:** Chief Financial Officer	**Adopted Date: 09.02.2014** **Review Date:** 05.04.2021 **Revision Eff. Date:**	**Related Policies:** Financial Management Cash Management Procurement through RFP

Purpose

To provide guidance to Mid-State Health Network (MSHN) staff involved in purchasing goods and services to assure:

A. That the MSHN obtains the best possible price and terms for all goods and services;
B. That a wide range of qualified vendors are notified of impending purchases;
C. That specifications are not so needlessly complex or restrictive that they would exclude qualified vendors; and
D. That staff are encouraged to exercise discretion in the purchasing process.

Policy

A. Oversight and Supervision of the Purchasing Process Shall be as Follows:
   1. **$0.00 -- $1,999**: Purchase of goods or services valued within this range may be purchased without written cost quotations or proposals. The responsible staff person shall solicit verbal quotations, and submit to the Chief-level administrative officer in their reporting line. If approved by the Chief, documentation should be sent to the Chief Financial Officer who will authorize ~~and~~ the purchase ~~shall~~ to be made from the vendor best able to provide necessary goods or services based upon price, availability of goods, and delivery schedule.
   2. **$2,000 -- $24,999**: Purchase of goods or services valued within this range shall be preceded by the solicitation of written cost proposals (or estimates), submitted to the Chief-level administrative officer in their reporting line, and if approved, sent to the Chief Financial Officer. The Chief Financial Officer shall develop a written recommendation based on written documentation and present to the Chief Executive Officer for approval~~as described herein and approved by the Chief Financial Officer (CFO) or Chief Executive Officer (CEO)~~. The reasons for all purchases made where the low-cost proposal is not accepted shall be clearly documented. ~~The~~ Approved purchases shall be made from the vendor best able to provide the necessary goods or services with price being the primary consideration. ~~Staff~~ The Chief Financial Officer will forward all pertinent documentation for ~~must document and~~ inclusion ~~include~~ in the accounts payable file. ~~the reasons for all purchases made where the low-cost proposal is not accepted~~.
   3. **$25,000 and higher**: Purchase of goods or services valued within this range shall be preceded by the solicitation of cost proposals as described in the Procedure: Procurement through formal procurement process (such as, but not necessarily limited to requests for quote, requests for information, or r~~R~~equests for p~~P~~roposals). ~~(RFP).~~ Agency procedures for these processes shall be followed as noted in the SUD Direct Service Procurement Policy and Procurement Through Request For Proposal Procedure~~(INCLUDE LINK TO PROCEDURE OR REFERENCE BY TITLE).~~ The purchase shall be made from the vendor best able to provide the necessary goods or services with price being the primary consideration. The Chief-level Administrative Officer responsible for the purchase shall send all pertinent documentation and recommendations to the Chief Financial Officer. The Chief Financial Officer shall develop a written recommendation based on written documentation and present to the Chief Executive Officer for approval. The reasons for all purchases made where the low-cost proposal is not accepted shall be clearly documented. Once approved by the CEO, the Chief Financial Officer, with assistance from the Chief-level administrative officer responsible for the purchase, will prepare a ~~prepare a~~ Board Background and Motion (BB&M) containing sufficient background information and underlying rationale to support the purchase recommendation to the Board of Directors.

Items or services previously approved by the Board shall be brought back to the Board for review and approval if there is a dollar amount variance from the original BB&M of more than- $10,000.

Exceptions:

1. Properties/facilities and maintenance purchases shall be bid out when the annualized or per item cost/value exceeds $10,000.
2. Computer Hardware and Software: The purchase of computer items or services valued less than $5,000 shall not be subject to this policy / procedure. The purchase may be approved when, in the judgment of the Chief Information Officer (CIO), the purchase is made from the vendor best able to provide necessary goods or services based upon price, availability of goods, and delivery schedule. The Chief Financial Officer must approve the purchase or purchase arrangement.
3. Computer Services: The purchase of computer services valued less than $20,000 may be approved by the Chief Information Officer after consultation with the Chief Financial Officer, when the provider of that service has already been selected to provide similar services within the previous 24 months via a documented bid or cost comparison process. Such approval may be made when, in the judgment of the CIO, the vendor continues to be best able to provide necessary services based upon price, performance and schedule.
4. Computer Hardware and Software and Employee/Physician Insurances: Purchases of $25,000 and higher may not be required to adhere ~~follow the RFP~~to formal procurement process if the responsible Administrative Officer determines a solicitation of cost proposals is more appropriate.
5. Clinical services and/or supports including Substance Use Disorder (SUD) services are excluded from this policy as these ~~purchases~~procurements are ~~primarily g~~governed by MSHN's SUD Direct Service Procurement Policy.
6. The services sought are professional services of limited quantity or short duration (e.g. Psychological testing);
7. Through the person-centered planning process, the consumer has chosen a qualified non-network provider as his/her provider of choice.
8. Where, for purposes of continuity of care, an existing qualified network provider or provider panel may be selected to provide a service.

~~4.~~9.

Exclusions:

1. The purchase of food and consumable supplies.
2. Goods or service contracts entered under, or based upon, the State of Michigan MI Deal program or the US Federal Government's GSA program(s).

B. Staff shall obtain cost proposals from qualified vendors for goods and services specified in this policy. Proposals may be obtained by means of direct solicitation or by advertising through ~~newspapers,~~ professional periodicals, or otherwise appropriate publications with the express purpose of notifying a wide range of vendors. The use of direct solicitation or published advertisements to affect an efficient and expeditious vendor response shall be left to the discretion of the Chief-level administrative officer with responsibility for department making the purchase, in consultation with the Chief Financial Officer if/as needed. Generally, the receipt of at least three cost proposals shall be required prior to authorizing ~~making~~ a purchase, however, the receipt of fewer proposals shall be acceptable, provided that a reasonable staff effort and solicitation process is documented and approved by the Chief Financial Officer.

C. MSHNs finance department may maintain a list of qualified vendors for solicitation purposes for routine or regular purchases. This list may be developed from a variety of sources, including vendor requests, ~~telephone book listings~~, professional or trade organizations, and past MSHN experience. The qualification of vendors may include verifying appropriate insurances, licensure, past

performance based upon written recommendations and comments from previous customers, and the vendor's size and experience relative to MSHN's project and needs.

D. When used, MSHN Chief-level administrative officer shall develop specifications for cost proposals that are sufficiently complete so that all vendors provide quotations that are comparable. Specifications shall not be designed to favor a particular brand or type of product, or to exclude a particular vendor, without good cause. Good cause for narrow or restrictive specifications may include, but is not limited to, compatibility with existing systems or equipment, particular or specific needs of MSHN that few vendors are capable of fulfilling, professional or technical judgment of MSHN staff, and previous MSHN experience with vendors of products. The reasons for restrictive or narrow specifications must be clearly defined and filed with all other cost and proposal documents. Staff may ~~also~~ be authorized make purchases without obtaining cost proposals, if only one vendor or product exists, or if proposals for identified products were received within the past twelve (12) months. The Chief Financial Officer shall approve all written specifications prior to release.

E. Staff shall maintain records sufficient to detail the significant history of a procurement decision. These records shall include, but are not limited to, information pertinent to the rationale for the method of provider selection or rejection and the basis for the cost or price. The files shall be maintained with MSHN's ~~Provider Network~~Finance department.

F. It is the responsibility of the ~~designated~~ Chief-level administrative officer~~staff person~~ to confirm with the Chief Financial Officer or designee that funds have been allocated and are available prior to the purchase.

G. All audits required by ~~the~~ MSHN shall be obtained by direct solicitation or by advertising, which shall adhere to the principles stated herein. The length of the initial audit period shall not exceed three years. The CFO shall approve the audit specifications and proposal process. All responses to audit cost proposals shall be reviewed and approved by the Chief Executive officer and by the Board of Directors. MSHN may authorize staff to extend audit services beyond the original audit period without soliciting additional cost proposals, provided that any extensions do not exceed three (3) years. The cost for any extension may be negotiated at the time the extension is authorized.

H. Sole Source Exceptions: Under certain circumstances, the agency may contract with vendors or providers through single-source procurement without executing a competitive bid process. These circumstances may include any one or more of the following:

1. The goods or services are available only from a single source;
2. There is an urgent or emergent need for the goods or service;
3. After solicitation through a number of sources, there is a lack of qualified provider candidates;
4. The goods or services sought are unique or highly specialized;
5. The services sought are professional services of limited quantity or short duration (e.g. Psychological testing);
6. Through the person-centered planning process, the consumer has chosen a qualified non-network provider as his/her provider of choice.

~~6.~~ Single Source exceptions must be documented in writing and filed with the provider contract file (or accounts payable files) prior to execution of contract or expenditures of funds to complete the purchase.

I. For the purchases funded with federal funds, the MSHN shall be in compliance with requirements of the Davis-Bacon Act, the Copeland "Anti-Kickback" Act, and the Contract Work Hours and Safety Standards Act.

J. MSHN funds may not be utilized for the purchase of alcohol or tobacco products.

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:
Administrative Officer: MSHN officer of administrative services (Chief Executive Officer, Deputy Directory, Chief Financial Officer, Chief Information Officer, Chief Clinical Officer)
BB&M: Board of Directors' Background and Motion
CEO: Chief Executive Officer
CFO: Chief Financial Officer
CIO: Chief Information Officer
CMHSP: Community Mental Health Service Program
GSA: General Services Administration; The executive agency responsible for supervising and directing the disposal of surplus personal property
MI Deal: Extended purchasing program which allows Michigan local units of government to use state contracts to buy goods and services
MSHN: Mid-State Health Network
RFP: Request for Proposal

References/Legal Authority
2 CFR 200; Subpart D; Sections 318 through 326
Michigan Department of Health and Human Services Contract for Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program(s), the Healthy Michigan Program, and Substance Use Disorder Community Grant Programs – Procurement Technical Requirement

Change Log:

Date of Change	Description of Change	Responsible Party
09.2014	New Policy	Chief Financial Officer
11.2015	Annual Review	Chief Financial Officer
03.20.17	Policy Update	Chief Financial Officer
03.2018	Annual Review	Chief Financial Officer
03.2019	Policy Update	Chief Financial Officer
01.2021	Biennial Review	Chief Financial Officer
06.2022	Policy Update	Chief Executive Officer

Chapter:	Governance and General Management		
Title:	**Appointed Councils, Committees and Workgroups**		
Policy: ☒ **Procedure:** ☐ ~~**Version:** 3.0~~ **Page:** 1 of ~~2~~3	**Review Cycle:** ~~Annually~~Biennial **Author:** Chief Executive Officer	**Adopted Date:** 02.04.2014 **Review Date:** 09.01.2020 ~~**Revision Eff. Date:** 05.03.2016~~	**Related Policies:** N/A

Purpose

All standing or appointed councils, committees, and workgroups shall operate in accordance with Mid-State Health Network's (MSHN) values, policies and procedures; and shall serve to support the organization's strategic direction, mission, and vision. This policy outlines the expectations for approval of an organized body and stipulates expectations for creation of a charter.

Policy

Institutional planning, performance monitoring and decision making shall be conducted in a clear and efficient manner. When these efforts are delegated to a council or committee a specific charter shall be adopted and approved by the MSHN Board (if created by the Board) or the Operations Council (for regional bodies not created by the board) as granted by the authority of the Operating Agreement. The charter shall authorize the purpose, scope, authority, membership, and structure of the council/committee. The authority and scope of a council/committee shall not exceed the authority and/or scope of the MSHN Chief Executive Officer (CEO). The CEO may create or authorize and charter internal workgroups or committees as deemed beneficial or necessary to advise that office on organizational or other matters.

A. Per the MSHN Operating Agreement, formation of a council is at the discretion of the Board and includes:
   - Operations Council,
   - Consumer Advisory Council*,
   - Substance Use Disorder Oversight Policy Board*,
   - Quality Improvement Council,
   - Finance Council
   - Information Technology Council
   - *Michigan Department of Health and Human Services (MDHHS) required bodies

Council Appointments: Each member of the Operations Council, except as otherwise noted above (*), shall appoint representatives from their respective CMHSP to serve on designated councils, with equal voting authority for each CMHSP Participant. Additional representation (for example, from the substance abuse prevention and treatment provider network, service participants) and/or subject matter experts may be added to the Council, without voting privileges, on a standing or ad hoc basis by the MSHN Chief Executive Officer.

Additional Councils: Additional councils may be created from time to time, as determined by the MSHN Board.

B. Standing committees may be formed at the direction of the MSHN CEO in consultation with the Operations Council. Membership while typically representative of the CMHSP Participants,

shall be defined based on the scope of committee's work and the competencies and resources necessary to complete the Committee's work.

C. A Council/Committee Charter shall include:
   1. The council's or committee's statement of purpose,
   2. Decision-making context, scope and authority,
   3. Identification of key customers/stakeholders and their requirements,
   4. Planning including defined goals and responsibilities,
   5. Monitoring/reporting requirements and defined accountability (key customer requirement and key process requirements),
   6. Membership (including required participation),
   7. Role and responsibilities,
   8. Meeting (frequency, times, attendance, proceedings, minutes, etc.)
   9. A description of the process for annual review of the council/committee's effectiveness
   10. Council and Committee Charters shall be reviewed annually and approved by the MSHN Chief Executive Officer and Operations Council as a part of the annual Quality Assessment and Performance Improvement Plan review.

D. Workgroups may be formed at the direction of the MSHN CEO, the Operations Council or a member of MSHN staff. Workgroups shall have a clearly defined charge, scope of authority and will develop an action plan that defines a timeline within which the groups work will be complete.

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

Definitions:
Council: An organized and standing body of MSHN that provides direct council to the Chief Executive Officer and/or Board.
Committee: An organized body of MSHN that serves to monitor system/process effectiveness, recommend system/process improvement or change, share information and exchange ideas. Committees are accountable to the CEO and Operations Council.
MSHN: Mid-State Health Network
Workgroup: An organized ad-hoc group of MSHN that is project specific and time limited. The group serves to solve a problem, implement a new process/strategy, or develop a program/funding proposal. Workgroups are accountable to the standing committee or MSHN staff overseeing its formation and the project plan.

Other Related Materials:
MSHN Operating Agreement
MSHN Board By-laws

References/Legal Authority:
N/A

Change Log:

Date of Change	Description of Change	Responsible Party
02.2014	New Policy	Chief Executive Officer
03.2015	Annual Review, Update Format, Addition of Definitions	Chief Executive Officer

03.2016	Annual Review, Revision	Chief Executive Officer
01.2017	Annual Review	Chief Executive Officer
01.2018	Annual Review	Chief Executive Officer
01.2019	Annual Review	Chief Executive Officer
07.2020	~~Biannual~~ Biennial Review	Chief Executive Officer
07.2022	Biennial Review	Chief Executive Officer

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POLICIES AND PROCEDURE MANUAL

Chapter:	General Management		
Title:	Board Governance		
Policy: ☒ **Procedure:** ☐ ~~**Version:** 1.0~~ **Page:** 1 of 2	**Review Cycle:** ~~Annually~~ Biennial **Author:** CEO and Board Executive Committee	**Adopted Date: 07.02.2014** **Review Date:** 09.01.2020 ~~**Revision Eff. Date:**~~	**Related Policies:** General Management Board Member Conduct

Purpose

This policy is intended to clarify the Mid-State Health Network (MSHN) Board's policy governance role; to keep the Board focused upon its philosophy, accountability and the specifics of its role.

Policy

The Board shall carry out its responsibilities using a governing style consistent with policy governance by: (a) Establishing and reviewing strategic priorities; (b) Setting policies necessary to assure achievement of the Prepaid Inpatient Health Plans (PIHP) essential role and to minimize/manage organizational risk; and (c) Conducting an annual Board evaluation to monitor its behavior and practices against this policy.

To this end, Board members shall:

- Be proactive, prepared and participate responsibly;
- Remember a Board member's identity is with the governance of the organization, not the staff;
- Represent the entire MSHN region, not a single constituency;
- Be responsible for group behavior and productivity, and support the Chairperson in addressing divergence from this expectation;
- Be respectful of views that differ from your own without being intimidated by them;
- Use your special expertise to inform and educate the Board;
- Orientate to the whole, not the parts;
- Think upward and outward more than downward and inward;
- Tolerate issues that cannot be quickly settled;
- Don't tolerate putting off the big issues forever;
- Support the Boards' final decision;
- Stay focused on strategic priorities and Board defined objectives (Ends).

Applies to:

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

Definitions:

MSHN: Mid-State Health Network
PIHP: Prepaid Inpatient Health Plans

Other Related Materials:

Board By-Laws
Board Annual Evaluation

References/Legal Authority:

John Carver, *Re-inventing your Board: A Step by Step Guide to Implementing Policy Governance*, Jossey–Bass Publishers, San Francisco, 1997

Change Log:

Date of Change	Description of Change	Responsible Party
04.09.2014	New	CEO; Board Executive Committee
05.05.2015	Annual Review – No Changes	CEO; Board Executive Committee
05.03.2016	Annual Review	CEO; Board Executive Committee
03.2017	Annual Review	Chief Executive Officer
09.2018	Annual Review	Chief Executive Officer
01.2019	Annual Review	Chief Executive Officer
07.2020	~~Biannual~~ Biennial Review	Chief Executive Officer
07.2022	Biennial Review	Chief Executive Officer

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POLICIES AND PROCEDURES MANUAL

Chapter:	General Management		
Title:	**Board Member Conduct and Board Meetings**		
Policy: ☒ **Procedure:** ☐ ~~**Version: 3.0**~~ **Page:** 1 of 3	**Review Cycle:** ~~Annually~~Biennial **Author:** Chief Executive Officer	**Adopted Date: 01.06.2015** **Review Date:** 09.01.2020 ~~**Revision Eff. Date:**~~	**Related Policies:** Program Integrity Conflict of Interest Privacy & Confidentiality

Purpose

The Mid-State Health Network (MSHN) Board exists to represent and make decisions in the best interest of the entire organization and its regional stakeholders. The Board is established to assure development and approval of effective policies that provide for compliance with the approved strategic direction, the MSHN Corporate Compliance Plan, the Board's fiduciary responsibility, approved policies, and authorized contracts.

Each Board Member is expected to adhere to a high standard of ethical conduct and to act in accordance with MSHN's Mission and Core Values. The good name of MSHN depends upon the way Board Members conduct business and the way the public perceives that conduct.

Policy

A. MSHN Board members shall be guided by the following principles in carrying out their responsibilities:

Loyalty: Board members shall act so as to protect MSHN's interests and those of its employees, assets and legal rights, and Board Members shall serve the interests of MSHN, its beneficiaries, partner Community Mental Health Service Programs and the consumers they serve. If an individual Board member disagrees with a decision made by the Board, he/she shall identify if speaking on the matter after the meeting that they are speaking as an individual and not for the Board.

Care: Board members shall apply themselves with seriousness and diligence to participating in the affairs of MSHN and shall act prudently in exercising management oversight of the organization. Board Members are expected to be familiar with MSHN's business and the environment in which the organization operates, and understand MSHN's policies, strategies and core values.

Inquiry: Board members shall take steps necessary to be sufficiently informed to make decisions on behalf of MSHN and to participate in an informed manner in Board activities.

Compliance with Laws, Rules and Regulations: Board members shall comply with all laws, rules and regulations applicable to MSHN.

Observance of Ethical Standards: Board members must adhere to the highest of ethical standards in the conduct of their duties. These include honesty, fairness and integrity. Unethical actions, or the appearance of unethical actions, are not acceptable.

Integrity of Records and Public Reporting: Board members shall promote accurate and reliable preparation and maintenance of MSHN's financial and other records to assure full, fair, accurate, timely, understandable, open and transparent disclosure.

Conflicts of Interest: Board members must act in accordance with the Conflicts of Interest Policy adopted by the MSHN Board, and as amended from time to time.

Confidentiality: Board members shall maintain the confidentiality of information entrusted to them by or about MSHN its business, consumers, or providers, contractors except when disclosure is authorized or legally mandated.

Board Interaction with Payers, Regulators, the Community and Media: The Board recognizes that payers/regulators, members of the media, MSHN's stakeholder groups and the public at large have significant interests in the organization's actions and governance, therefore the Board seeks to ensure appropriate communication, subject to concerns about confidentiality. The Board designates the Chief Executive Officer as the primary point of contact and spokesperson for MSHN.

- If comments from the MSHN Board are appropriate, they should be reviewed and discussed by the Board in advance, and, in most circumstances, come from the Chairperson of the Board.

B. **Enforcement**: Board members will discuss with the Board Chairperson any questions or issues that may arise concerning compliance with this policy. Breaches of this policy, whether intentional or unintentional, shall be reviewed in accordance with the MSHN Operating Agreement (Article VIII - Section 8.1) "Dispute Resolution Process." Action to remove a Board member shall occur in accordance with approved bylaws (Section 4.5) "Removal."

Board Meeting Procedures:

A. MSHN Board meetings shall be conducted in accordance with board bylaws and parliamentary procedures. Specifically, the process of decision and order of procedures shall occur as outlined in the bylaws section 5.6-5.12.

B. On matters of general comment or comments of a personal nature, after being recognized by the Chairperson, each Board member may speak on items presently before the Board twice, for up to three (3) minutes each time. The Chairperson may extend an additional (3) minute speaking period at the request of the individual board member or if duly authorized by board action. Any member can make a motion to suspend the rule, which motion must be seconded. If the motion passes, the rule shall be suspended for the duration of consideration of the item before the Board.

C. On matters involving questions about an item presently before the Board, there shall be no limit on board member questions or other inquiry.

D. On matters of debate involving significant differences in views among board members about an item presently before the Board, the Board Chair may designate a timeframe within which the debate is to occur. The Board, by motion duly seconded and adopted, may extend the period for debate. Any member can motion to close debate, which motion must be seconded and is not debatable. If the motion passes, such debate shall terminate.

Applies to:

☐All Mid-State Health Network Staff

☒ Mid-State Health Network Board Members

☒Selected MSHN Staff, as follows: Chief Executive Officer

☐MSHN's CMHSP Participants: ☐Policy Only ☐Policy and Procedure

☐Other: Sub-contract Providers

Definitions:

Boardsmanship: Describes the competencies and skills necessary to be an effective Board member
CEO: Chief Executive Officer
MSHN: Mid-State Health Network
MDHHS: Michigan Department of Health and Human Services
PIHP: Pre-Paid Inpatient Health Plan

Other Related Materials:
MSHN Corporate Compliance Program
MSHN Operating Agreement
Board By-Laws
SUD Intergovernmental Agreement

References/Legal Authority:
MSHN Operating Agreement
MSHN Board Bylaws
MDHHS-PIHP Contract section 29.0 Ethical Conduct; 30.0 Conflict of Interest

Change Log:

Date of Change	Description of Change	Responsible Party
01.06.2015	New	Chief Executive Officer
11.2015	Annual Review	Chief Executive Officer
03.2017	Annual Review	Chief Executive Officer
11.2018	Follow-up Review	Chief Executive Officer
01.2019	Annual Review	Chief Executive Officer
07.2020	~~Biannual~~ Biennial Review	Chief Executive Officer
07.2022	Biennial Review	Chief Executive Officer

Chapter:	General Management		
Title:	Board Development		
Policy: ☒ Procedure: ☐ Page: 1 of 2	Review Cycle: ~~Annually~~Biennial Author: Chief Executive Officer	Adopted Date: 11.04.2014 Review Date: 09.01.2020 ~~Revision Eff. Date: 11.03.2015~~	Related Policies: Board Compensation New Board Member Orientation Program Integrity Travel

Purpose

Mid-State Health Network (MSHN) Board members need to be well informed and to expand their knowledge of trends and issues affecting behavioral healthcare and the organization's governance. In addition, Board members need to develop and reinforce the skills required for effective policy-making, budget planning, and Boardsmanship.

Policy

As deemed necessary or appropriate MSHN Board members shall be afforded opportunities for continuous learning and development. The purpose of Board development is to enhance governance, support effective strategic planning (inclusive of industry trends), assure fiscal stewardship, and to achieve compliance with MSHN's integrity program.

Board education shall be a scheduled part of routine and special Board meetings as defined by the Board and in accordance with approved policy. MSHN Board members may request to attend relevant conferences to supplement learning. All off-site training shall be scheduled and reimbursed in accordance with MSHN policies for Board Compensation and Travel.

At a Board Meeting subsequent to attendance at an educational event, members are encouraged to report briefly to the Board and to the public to share knowledge gained and thoughts on implications for local governance. Board members are also encouraged to study and share with the Board materials of interest they have acquired.

Applies to:

☐All Mid-State Health Network Staff
☒ Mid-State Health Network Board Members
☒Selected MSHN Staff, as follows: Chief Executive Officer
☐MSHN CMHSP Participants: ☐Policy Only ☐Policy and Procedure
☐Other: Sub-contract Providers

Definitions:

CEO: Chief Executive Officer
MSHN: Mid-State Health Network

Other Related Materials:
MSHN Corporate Compliance Program
MSHN Quality Assurance and Performance Improvement Program

References/Legal Authority:
PIHP-MDHHS Contract
Open Meetings Act

Change Log:

Date of Change	Description of Change	Responsible Party
11.2014	New	Chief Executive Officer
11.2015	Annual Review	Chief Executive Officer
03.2017	Annual Review	Policy Committee
09.2018	Annual Review	Chief Executive Officer
01.2019	Annual Review	Chief Executive Officer
07.2020	Biannual Review	Chief Executive Officer
07.2022	Biennial Review	Chief Executive Officer

MSHN
Mid-State Health Network

POLICIES AND PROCEDURE MANUAL

Chapter:	**General Management**		
Title:	**MSHN Bylaws Review**		
Policy: ☒ **Procedure:** ☐ **Page: 1 of 2**	**Review Cycle:** ~~Annually~~ Biennial **Author:** Chief Executive Officer	**Adopted Date: 05.07.2019** **Review Date:** 09.01.2020 ~~**Revision Eff. Date:**~~	**Related Policies:**

Purpose
The purpose of this policy is to establish the conditions and processes to be used for periodic and ad hoc review of the MSHN Bylaws.

Policy
In applicable parts, the Mid-State Health Network Bylaws (adopted 07.01.2014) provide that:

1) "Each CMHSP Participant shall possess the powers and rights retained and reserved to the CMHSP Participants under these Bylaws which shall include the power to approve…All amendments, restatements or adoption of new bylaws…." (Article II, Sections 2.3 and 2.3.1)
2) "Any action by the CMHSP Participants to amend or repeal these Bylaws or adopt new Bylaws will require approval by two-thirds (2/3) of the existing CMHSP Participants in the form of duly adopted written resolutions from their respective governing bodies, to be binding upon the entity (Article XI).

This policy and related procedures address three pathways available to initiate consideration of the current Bylaws and any amendments thereto:

1) Regular, Periodic Review
2) CMHSP Participant Initiated
3) MSHN Initiated

Regular, Periodic Review:
Regular, periodic review is in the interests of MSHN, its CMHSP Participants, other stakeholders and the individuals served through the Regional Entity. It is the policy of Mid-State Health Network to establish a governance-level process and responsibility for the regular periodic review of the organization's bylaws, recognizing that changes to bylaws are a significant undertaking. Thus, the Bylaws of the Mid-State Health Network shall be formally reviewed not less than every five years. (NOTE: The Bylaws were first adopted in 2014).

CMHSP Participant Initiated:
It is the policy of Mid-State Health Network that its current CMHSP Participants may initiate a bylaws review process at times outside of the regular, periodic review process. Because of the magnitude of effort involved in changing the MSHN Bylaws, a simple majority of the Chief Executive Officers of the current CMHSP Participants, may request Mid-State Health Network to establish a governance-level process for review of the organization's bylaws, recognizing that changes to bylaws are a significant undertaking. The CMHSP Participants initiating the process for bylaws review should clearly state, in writing, the specific existing (or new) sections of the bylaws to be addressed in the review process. The CMHSP Participants acting to request a bylaws review process should be in agreement on the bylaws content (not necessarily the specific language) which is the subject for the review. The bylaws review process will be limited to the content area identified. Nothing in this policy curtails or limits the rights of CMHSP Participants to pursue independent action as provided for in the MSHN bylaws. However, this policy and related procedures are the preferred method for initiating bylaws changes.

MSHN- Initiated:
It is the policy of Mid-State Health Network that the MSHN as the Regional Entity may initiate a bylaws review process at times outside of the regular, periodic review process. Because of the magnitude of effort involved in changing the MSHN Bylaws, a majority of the currently seated MSHN Board members must vote to initiate the bylaws review process in the form of duly adopted resolution, which must specify the existing (or new) sections of the bylaws to be addressed in the review process.

This policy shall be implemented in accordance with the Bylaws Revision Procedure.

Applies to

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

Definitions
Entity: the regional entity named in the first paragraph above, which was formed pursuant to 1974 P.A. 258, as amended, MCL §330.1204b as a public governmental entity separate from the CMHSP Participants that established it. (MCL § 330.1204b(3).) (Operating Agreement, Article I, Section E)
CMHSP Participant: the community mental health services programs named in first paragraph above that have entered into this Operating Agreement. (Operating Agreement, Article I, Section D)
Bylaws: Bylaws of the Entity as most recently adopted and filed pursuant to the provisions therein contained.

Other Related Materials

References/Legal Authority
MSHN Bylaws
Operating Agreement

Change Log:

Date of Change	Description of Change	Responsible Party
03.29.2019	New Policy	Chief Executive Officer
07.21.2020	~~Biannual~~ Biennial Review	Chief Executive Officer
07.2022	Biennial Review	Chief Executive Officer

MSHN
Mid-State Health Network

POLICIES AND PROCEDURE MANUAL

Chapter	General Management		
Title:	**CMHSP Application or MDHHS Assignment to the MSHN Region**		
Policy: ☒ **Procedure:** ☐ **Page:** 1 of 4	**Review Cycle:** ~~Annually~~Biennial **Author:** Chief Executive Officer	**Adopted Date: 05.07.2019** **Review Date:** 09.01.2020 ~~**Revision Eff. Date:**~~	**Related Policies:**

Purpose

The purpose of this policy is to establish the general criteria and specific processes to be used in evaluating potential Community Mental Health Services Program requests to become a part of the Mid-State Health Network region or to evaluate Michigan Department of Health and Human Services initiated assignment of a Community Mental Health Services Program to the Mid-State Health Network region.

Background

Section 2.4 of the Bylaws of Mid-State Health Network provides:

> "New CMHSP Participants to the Entity may be added pending written support from the State for purposes of preserving the community mental health system. If addition of these new CMHSP Participants to the Entity is not required by the State, it is seen as within the sole discretion of the existing CMHSP Participants. Thus when not required by the State, the addition of new CMHSP Participants to the Entity requires the approval of two-thirds (2/3) of the governing bodies of the existing CMHSP Participants, conveyed via a duly adopted written resolution of these governing bodies. New CMHSP Participants added to the Entity will be entitled to any membership or governance rights in the same manner as the existing CMHSP Participants. Any new CMHSP Participants added under this section will forward any claims to existing Medicaid risk reserves to the Entity on a pro-rated basis upon date of admission as negotiated with MDCH."

Policies

1) It is the policy of Mid-State Health Network to conduct due diligence activities as detailed in this policy and any related procedures in the event that:
    a. A Community Mental Health Services Program (CMHSP) requests participation in the Mid-State Health Network Regional Entity; and/or
    b. The Michigan Department of Health and Human Services proposes to assign a CMHSP to the Mid-State Health Network Regional Entity.

2) It is the policy of Mid-State Health Network that the due diligence activities required under this policy are carried out by the MSHN Chief Executive Officer assisted by the MSHN Chief Financial Officer, MSHN Deputy Director and other MSHN executive management personnel pertinent to the subject matter being evaluated. The MSHN Operations Council shall appoint two representatives to consult, assist and advise in these due diligence activities. For the purposes of this policy only, this group hereinafter is called the Due Diligence Workgroup. This Due Diligence Workgroup shall report monthly (and more often if needed) to the MSHN Operations Council and MSHN Executive Committee (or a special MSHN Board-Appointed committee, if so constituted), and to the MSHN Board at its regular meetings. Other sub-workgroups may be established by the Due Diligence Workgroup as needed to fulfill related due diligence activities.

3) It is the policy of Mid-State Health Network for the Due Diligence Workgroup to request and evaluate any available information from the CMHSP, the current PIHP associated with the CMHSP, and/or MDHHS in order to evaluate and analyze CMHSP historical, current and future financial, operational, programmatic performance and functional status, to assess the CMHSPs ability to perform to established standards in the MSHN region ,and to assess the impact of

inclusion of the CMHSP on the existing CMHSP Participants, the MSHN PIHP and the MSHN region. The Due Diligence Workgroup, at a minimum, shall request and evaluate the following:

a. A written, detailed rationale for the request to be a member of the MSHN Regional Entity including identification of historical and current precipitating factors.
b. A detailed written disclosure of all matters where any aspect of the CMHSPs operations do not meet established standards. This includes full disclosure of all matters involving finances, financial operations, short and long-term liabilities; full disclosure of pending and current legal matters, full disclosure of compliance matters, full disclosure of pending sanctions of any kind; and any other disclosure that may be requested by the Due Diligence Workgroup.
c. The most recent five years of audited financial statements and internal budget documents demonstrating the historical ability of the CMHSP to operate within its established revenue and within its established budget.
    1. CMHSP demonstrates at least 2 years of revenue and expense trends that would be consistent with projected future geographic factors.
    2. CMHSP is not under corrective action with the Michigan Department of Treasury
d. There shall be no uncorrected material findings in the most recent two years of financial and compliance audits of the CMHSP.
e. The incoming CMHSP's Information Technology System must be validated by MSHN (or its designee) as fully operational/functional and interoperable with MSHN systems
f. Current status on all performance metrics, performance improvement projects and external entity reviews
g. Current copy of the most recent provider network adequacy assessment and any status updates
h. Current status of all consumer affairs, including grievances and appeals, sentinel events, and all related quality information.
i. CMHSP demonstrates current service penetration and program unit costs that equal or exceed aggregate regional performance.
j. The historical geographic factor (and/or other factors used in rate setting) associated with the incoming CMHSP equals or exceeds the existing MSHN geographic factor.
k. Acceptable performance upon review of a pre-contract and/or pre-delegation site review(s) conducted by MSHN with participation from current MSHN CMHSP Participants. This may result in non-delegation of some or all managed care functions and may result in different delegations than the rest of the region in the sole discretion of the MSHN region.

4) It is the policy of Mid-State Health Network to establish certain stipulations that the incoming CMHSP and/or MDHHS must agree to. At a minimum, these stipulations are:

    a. CMHSP commits to adoption of the existing MSHN Bylaws, Operating Agreement and established policies/procedures without qualification.
    b. CMHSP has full certification from MDHHS including a fully compliant Recipient Rights Program
    c. CMHSP holds current accreditation from a nationally-recognized entity compatible with the delivery of Medicaid specialty supports and services
    d. Incoming CMHSP must have a balanced budget and at least one year of demonstrated ability to operate within provided revenue (PEPM). Depending on historical and current operational circumstances, if this criterion cannot be met, the incoming CMHSP must provide an acceptable cost containment plan.

e. Incoming CMHSP must bring with it, from its current PIHP or MDHHS, if assigned, a fully funded Internal Service Fund (ISF) equal to the MDHHS-established maximum for PIHP ISFs (currently 7.5% of revenue).
f. The incoming CMHSP must have retired any outstanding liabilities to the MDHHS and/or the prior PIHP, if any.
g. The incoming CMHSP must not be a party to current litigation against the MDHHS.
h. The Incoming CMHSP must agree to a regional monitoring plan and sanctions for substandard fiscal, programmatic or other operational performance.
i. Negative financial impacts caused by rate misalignments of the incoming CMHSP, if any, must be supported by state funding to smooth this negative impact over an agreeable period of time.
j. The incoming CMHSP must adopt the MSHN region's costing, cost allocation and cost reporting principles, policies and procedures.
k. If the Information Technology System of the incoming CMHSP is not validated as fully functional/operational and cross functional with existing MSHN systems, the incoming CMHSP, at its own expense, must correct that condition.
l. Incoming CMHSP (or MDHHS, if assigned) bears the costs of the MSHN region for confirming conditions and integrating it into the region (prior to application of regional administration fees)
m. MSHN may contractually obligate the incoming CMHSP to additional participant requirements during the transition process as a result of due diligence activities, which will be detailed in writing and adopted by the MSHN Board, which may continue until certain milestones to be detailed as a result of that process are met.

In the event that the CMHSP and/or MDHHS is unwilling or unable to accept MSHN stipulations after negotiations with the Due Diligence Workgroup, the appropriate party should provide a written proposal which must be presented to the MSHN Operations Council for consideration, and from the Operations Council to the MSHN Board of Directors.

a. Where the applicant is the CMHSP, the MSHN Board may forward the proposal with a recommendation to the Boards of Directors of the current MSHN CMHSP Participants, which must act to accept or reject the applicant CMHSP as stipulated in the MSHN Bylaws.
b. Where the State is the initiating party requiring the MSHN Regional Entity to accept the CMHSP, the MSHN Board shall make a decision that will mitigate the additional service, financial and legal risks to the region and the CMHSP Participants consistent with the established Bylaws and Operating Agreement.

5) It is the policy of Mid-State Health Network to reserve the right to identify additional considerations, stipulations or criteria depending upon the situation at the time of the request of a CMHSP or MDHHS for inclusion of a CMHSP in the MSHN region.

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
Terms used in this policy have the meaning defined in the MSHN Bylaws and/or the MSHN Operating Agreement.

Other Related Materials

References/Legal Authority
Mid-State Health Network Bylaws, Section 2.4
MSHN Operating Agreement

Change Log:

Date of Change	Description of Change	Responsible Party
03.31.2019	New Policy	Chief Executive Officer
07.21.2020	~~Biannual~~ Biennial Review	Chief Executive Officer
06.03.2022	Biennial Review	Chief Executive Officer

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POLICIES AND PROCEDURES MANUAL

Chapter:	General Management		
Title:	**Conflict of Interest Policy**		
Policy: ☒ **Procedure:** ☐ **Page:** 1 of 6	**Review Cycle:** ~~Annually~~ Biennial **Author: Chief Executive Officer,** Legal Counsel	**Adopted Date: 07.29.2013** **Review Date:** 09.01.2020 ~~**Revision Eff. Date:**~~	**Related Policies:** General Management Board Member Conduct

Purpose

The objective of this policy (the "Policy") is to provide an effective oversight process to protect the interests of Mid-State Health Network ("MSHN") when contemplating a transaction, arrangement, proceeding or other matter that might benefit the private interest of an individual or another entity. The policy accomplishes this objective by defining Conflict of Interest, identifying individuals subject to this Policy, facilitating the disclosure of actual and potential Conflicts of Interest and Financial Interests and setting forth procedures to manage Conflicts of Interest. This policy is intended to supplement, but not replace, any applicable state or federal laws governing conflicts of interests in governmental entities or charitable, tax exempt, nonprofit organizations.

Policy

It shall be the policy of MSHN to provide a means for any Covered Person to identify and report to the MSHN's Board any direct or indirect Financial Interest and any actual or potential Conflict of Interest and, based on that information, to permit the Board to review such Financial Interests and Conflicts of Interest and provide a process for the Board to follow when managing Conflicts of Interest, all in accordance with applicable law.

A "Covered Person" subject to this Policy includes: Members of the MSHN Board including their participation in committees of the Board which are delegated authority by the Board, the Substance Use Disorder Regional Oversight Policy Board (SUD-OPB), and MSHN Officers, employees or agents.

Duties of Covered Persons

Duty of Care: Every Covered Person shall act in a reasonable and informed manner and perform his or her duties for MSHN in good faith and with the degree of care that an ordinarily prudent person would exercise under similar circumstances.

Duty of Loyalty: Every Covered Person owes a duty of loyalty to act at all times in the best interest of MSHN and not in the interest of the Covered Person or any other entity or person. No Covered Person may personally take advantage of a business opportunity that is offered to MSHN unless the Board of Directors determines not to pursue that opportunity, after full disclosure and a disinterested and informed evaluation.

Conflicts of Interest: No Covered Person may engage in any transaction, arrangement, proceeding or other matter or undertake positions with other organizations that involve a Conflict of Interest, except in compliance with this policy. Covered Persons should avoid not only actual but the appearance of conflicts of interest as well. Every Covered Person shall:

A. Disclose all Financial Interests as set out below;

B. Unless a Conflict of Interest Waiver has been granted, recuse himself/herself from voting on any transaction, arrangement, proceeding or other matter in which he/she has a Financial Interest, and not be present when any such vote is taken; and

C. Comply with any restrictions or conditions stated in any Conflict of Interest Waiver granted for the Covered Person's activities.

Duty to Disclose: Each Covered Person has a duty to disclose to the Board the existence of a Financial Interest and all related material facts.

Disclosure of Financial Interests: Each Covered Person shall submit in writing to the Entity's Chief Executive Officer an Annual Disclosure of Ownership, Controlling Interest, and Criminal Conviction Statement (Attachment A) listing all Financial Interests and affirming compliance with the Conflict of Interest Policy. Each Covered Person shall update his/her Annual Disclosure of Ownership, Controlling Interest, and Criminal Conviction Statement each year on the date designated by the Board for updating, and promptly when any new Financial Interests or potential Conflicts of Interest arise. The Chairperson of the Board shall review and become familiar with all submitted Disclosure of Ownership, Controlling Interest, and Criminal Conviction Statements and updates in order to guide his/her conduct regarding the disclosed information. The Vice Chairperson of the Board shall review and become familiar with the Disclosure of Ownership, Controlling Interest, and Criminal Conviction Statement submitted by the Chairperson of the Board.

The Board of Directors may request that a Covered Person(s) appear before the Board or submit written information to supplement or to answer questions regarding information disclosed on the Annual Disclosure of Ownership, Controlling Interest, and Criminal Conviction Statement.

Addressing Financial Interests and Conflicts of Interest:

A. Board Deliberation. After disclosing the Financial Interest, together with any additional oral or written presentation of material or discussion requested by the Board, the interested person shall leave the Board meeting while the Board discusses the information and votes regarding how to manage the Conflict of Interest and whether or not to grant a waiver. The interested person shall not take part in the Board's due diligence deliberations.

B. Appointment of Disinterested person. If the Board determines it is advisable, the Board may appoint a disinterested person to conduct further investigation regarding the reported Financial Interest and Conflict of Interest and make a report back to the Board.

C. Board Vote. The Board, after exercising due diligence regarding the reported Financial Interest and Conflict of Interest, shall, by vote, make a determination as to whether or not the Entity can obtain a more advantageous transaction, arrangement, proceeding or other matter with reasonable efforts from another person or entity that would not involve the interested person, and the Financial Interest is so substantial as to be likely to affect the integrity of the services which the Entity may expect from the interested person. The interested person shall not take part in the Board's due diligence deliberations or any vote on how to manage the Conflict of Interest and whether or not to grant a waiver.

D. Notice to Interested Person. If the Board determines, by majority vote of disinterested members, that it may, with reasonable efforts, obtain a more advantageous transaction, arrangement, proceeding or other matter from another person or entity not involving the Interested person, it shall notify the interested person and may pursue such other transactions, arrangements, proceedings or other matters or restrict the interested person's participation in the matter, as the Board determines appropriate.

E. Granting a Conflict of Interest Waiver. If the Board determines that it is not able, with reasonable efforts, to obtain a more advantageous transaction, arrangement, proceeding or other matter from another person or entity not involving the Interested person, and that the Financial Interest is not so substantial as to be likely to affect the integrity of the services which the Entity may expect from the Interested person, the Board may vote to waive the potential Conflict of Interest and proceed with the proposed transaction, arrangement, proceeding or other matter and the Interested person's participation in the matter. A Conflict of Interest Waiver shall be made in writing and signed by the Chairperson of the Board on the Entity's Conflict of Interest Waiver form (Attachment B). The Conflict of Interest Waiver may restrict the interested person's participation in the matter to the extent deemed necessary by the Board. Further, the Conflict of Interest waiver may cover all matters the interested person may undertake as part of his/her official duties with the Entity, without specifically enumerating such duties. All Conflict of Interest

Waivers shall be issued prior to the Interested person's participation in any transaction, arrangement, proceeding or other matter on behalf of the Entity.

F. Factors for Consideration When Granting a Waiver. In making a determination as to whether a Financial Interest is substantial enough to be likely to affect the integrity of the interested person's services to the Entity, the Board shall consider, as applicable:
   i. The type of interest that is creating the disqualification (e.g. stock, bonds, real estate, cash payment, job offer or enhancement of a spouse's employment);
   ii. The identity of the person whose Financial Interest is involved, and if the interest does not belong directly to the Interested person, the Interested person's relationship to that person;
   iii. The dollar value of the disqualifying Financial Interest, if known and quantifiable (e.g., amount of cash payment, salary of job to be gained or lost, change in value of securities);
   iv. The value of the financial instrument or holding from which the disqualifying Financial Interest arises and its value in relationship to the individual's assets;
   v. The nature and importance of the interested person's role in the matter, including the level of discretion which the interested person may exercise in the matter;
   vi. The sensitivity of the matter;
   vii. The need for the Interested person's services; and
   viii. Adjustments which may be made in the interested person's duties that would eliminate the likelihood that the integrity of the interested person's services would be questioned by a reasonable person.

G. Waivers Supported by Michigan Law. Michigan law specifically provides support for granting a waiver of a Conflict of Interest arising under the following Conflict of Interest exception scenarios:
   i. A community mental health services program ("CMHSP") Board member may be a party to a contract with a CMHSP or administer or financially benefit from that contract, if the contract is between the CMHSP and the Entity;
   ii. A CMHSP Board member may also be a member of the Entity Board, even if the Entity has a contract with the CMHSP;
   iii. A CMHSP Board may approve a contract with the Entity, if a CMHSP Board member is also an employee or independent contractor of the Entity; and
   iv. CMHSP public officers (e.g., Board members, officers, executives and employees) may also be Board members, officers, executives and employees of the Entity, even if the Entity contracts with the CMHSP, subject to any prohibition imposed by the Michigan Department of Health and Human Services (MDHHS) in that regard.

H. Reporting to the State. MSHN will promptly notify the Division of Program Development, Consultation and Contracts, Behavioral Health and Developmental Disabilities Administration (BHDDA) in MDHHS if:
   i. Any disclosures are made by providers with regard to the ownership or control by a person that has been convicted of a criminal offense described under sections 1128(a) and Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program 29 1128(b)(1), (2), or (3) of the Act, or that have had civil money penalties or assessments imposed under section 1128A of the Act. (See 42 CFR 1001.1001 (a)(1): or
   ii. Any staff member, director, or manager of the PIHP, individual with beneficial ownership of five percent or more, or an individual with an employment, consulting, or other arrangement with the PIHP has been convicted of a criminal offense described under sections 1128(a) and 1128(b)(1), (2), or (3) of the Act, or that have had civil money penalties or assessments imposed under section 1128A of the Act. (See 42 CFR 1001.1001(a)(1)).

Policy Enforcement

A. If the Board has reasonable cause to believe that a Covered Person has failed to disclose actual or potential Financial Interests or Conflicts of Interest, the Board shall inform the involved Covered Person of the basis for such belief and afford the Covered Person an opportunity to explain the alleged failure to disclose.
B. If, after hearing the Covered Person's response and after making such further investigation as may be required, the Board determines that the Covered Person has in fact failed to disclose an actual or potential Financial Interest or Conflict of Interest, the Board shall take appropriate corrective action.

Records of Proceedings

The minutes of the Board and all committees with Board-delegated powers shall contain:

A. The names of Covered Persons who disclosed or otherwise were found to have a Financial Interest, the nature of the Financial Interest, any due diligence investigation of the Financial Interest and potential Conflict of Interest, and the Board's decision with regard to the matter. If a written waiver of a Conflict of Interest is granted, a copy of the written waiver shall be attached to the minutes of the meeting at which it was granted.
B. The names of all persons who were present for discussion and votes related to the transaction or arrangement involved in the Financial Interest, a summary of the content of the discussion, including any alternatives proposed to the transaction or arrangement, and a record of any vote taken in connection with the matter.
C. If the Board grants a waiver of a Conflict of Interest, the waiver shall be in writing and shall be signed by the Chairperson of the Board, and shall describe the Financial Interest, the proceeding, transaction or matter to which the Financial Interest applies, the Interested person's role in the proceeding, transaction or matter, and any restriction on the Interested person's participation in the proceeding, transaction or matter.

Compensation Committees

A. A voting member of the Board or any Board committee whose scope of authority includes compensation matters and who receives compensation, directly or indirectly, from MSHN, is precluded from voting on matters pertaining to his/her own compensation from MSHN.
B. No voting member of the Board or any Board committee whose scope of authority includes compensation matters and who receives compensation, directly or indirectly, from MSHN, is prohibited, individually or as part of a group, from providing information to the Board or any committee regarding compensation.

Annual MSHN Board of Directors Disclosure of Ownership, Controlling Interest, and Criminal Convictions

Annually, on a date to be determined by the Board, each Covered Person shall complete, sign and date a MSHN Board of Directors Disclosure of Ownership, Controlling Interest, and Criminal Convictions (see Attachment A). The Disclosure Statement affirms that the signor:

A. Has received a copy of this Policy;
B. Has read, understands, and agrees to comply with this Policy and the requirements of 42 CFR 455 Subpart B;
C. Has disclosed necessary information identified in 42 CFR 455 Subpart B;
D. Will update the information on the Disclosure of Ownership, Controlling Interest, and Criminal Convictions, should information change, by completing a new disclosure statement;

E. Understands that MSHN is required to notify the MDHHS BHDDA Division of Program Development, Consultation and Contracts when any disclosures are made with regard to criminal offense described under sections 1128(a) and 1128(b)(1)(2), or (3) of the Social Security Act.

Covered persons may submit a current copy of an equivalent disclosure statement previously completed for a CMHSP, provided the disclosure statement complies with the requirements of 42 CFR 455 Subpart B and the information disclosed remains accurate at the time of receipt by MSHN.

Applies to:

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

Definitions:

BHDDA: Behavioral Health and Developmental Disabilities Administration
CMHSP: Community Mental Health Service Program.
Compensation: Compensation includes direct and indirect remuneration, in cash or in kind.
Conflict of Interest: A Conflict of Interest arises when a Covered Person participates or proposes to participate in a transaction, arrangement, proceeding or other matter for the Entity in which the covered person has a financial interest.
Covered Person: A person subject to the terms of this policy including MSHN Board members, Board Committee members, SUD-OPB members, Officers, Executives and staff.
Family Member: Spouse, parent, children (natural or adopted), sibling (whole or half-blood), father-in-law, mother-in-law, grandchildren, great grandchildren and spouses of siblings, children, grandchildren, great grandchildren, and all step family members, and any person(s) sharing the same living quarters in an intimate, personal relationship that could affect decisions of the Covered Person in a manner that conflicts with this Policy.
Financial Interest: A Covered Person has a Financial Interest if he or she has, directly or indirectly, actually or potentially, through a business, investment or through a Family Member:

(a) an actual or potential ownership, control or investment interest in, or serves in a governance or management capacity for, an entity with which the Entity has a transaction, arrangement, proceeding or other matter;
(b) an actual or potential compensation arrangement with any entity or individual with which the Entity has a transaction, arrangement, proceeding or other matter;
(c) or an actual or potential ownership or investment interest in, compensation arrangement with, or serves in a governance or management capacity for, any entity or individual with which the Entity is contemplating or negotiating a transaction, arrangement, proceeding or other matter.

Interested Person: is a Covered Person who has a Financial Interest.
MDHHS: Michigan Department of Health and Human Services
MSHN: Mid-State Health Network
SUD: Substance Use Disorder
SUD-OPB: Substance Use Disorder Regional Oversight Policy Board responsible for planning, approval and monitoring of the region's use of Public Act 2 (PA2) (Liquor Tax) money, which is restricted to use in the County of fund origin and to be used expressly for SUD treatment and Prevention.

Reference/Legal Authority:

The Policy is based on the following legal authorities:

- Mental Health Code, 1974 PA 258, MCL 300.1001 to 300.2106
- 1978 PA 566, MCL 15.181 to 15.185 (incompatible public offices)

- 1968 PA 317, MCL 15.321 to 15.330 (contracts of public servants with public entities)
- 45 CFR Part 74 (Federal Procurement Regulations)
- 45 CFR Part 92 (Federal Procurement Regulations)
- 42 USC 1396a (Federal Medicaid Statute)
- Michigan Medicaid State Plan
- 18 USC 208 (Federal Conflict of Interest Statute)
- IRS Conflict of Interest Guidelines, Policies and Pronouncements for Charitable Tax-Exempt Nonprofit Entities
- 42 CFR 455 Subpart B
- Section 1902 (a)(4)(C) and (D) of the Social Security Act: 41 U.S.C. Chapter 21 (formerly Section 27 of the Office of Federal Procurement Policy Act (41 U.S.C. §423): 18 U.S.C. §207: 18 U.S.C. §208: 42 CFR §438.58: 45 CFR Part 92: 45 CFR Part 74: 1978 PA 566: and MCL 330.1222.

Change Log:

Date of Change	Description of Change	Responsible Party
07.23.2013	New Policy	Legal Counsel
10.02.2014	Annual review, Format Update	Chief Executive Officer, Legal Counsel
07.2015	Add legal reference from the SSA as indicated in the MDHHS-PIHP Contract; expanded scope to SUD-OPB, added related definitions; Updated to MDHHs	Chief Executive Officer
03.16.2016	Annual Review	Chief Executive Officer
01.30.2017	Annual Review	Chief Executive Officer
01.29.2018	Annual Review	Chief Executive Officer
01.29.2019	Annual Review	Chief Executive Officer
07.22.2020	~~Biannual~~ Biennial Review	Chief Executive Officer
07.2022	Biennial Review	Chief Executive Officer

MSHN
Mid-State Health Network

POLICIES AND PROCEDURES MANUAL

Chapter:	General Management		
Title:	**Consent Agenda**		
Policy: ☒ **Procedure:** ☐ **Page:** 1 of 2	**Review Cycle:** ~~Annually~~Biennial **Author:** Board Executive Committee & Chief Executive Officer	**Adopted Date: 01.06.2015** **Review Date:** 09.01.2020 ~~**Revision Eff. Date:**~~	**Related Policies:** General Management

Purpose

Mid-State Health Network's (MSHN) Board uses a consent agenda to expedite the conduct of routine business during Board meetings in order to allocate more meeting time to education and discussion of substantive and strategic issues.

Policy

A. The MSHN Board shall adopt and carry out consistent standards for what can be included in a consent agenda and how the consent agenda shall be administered including:
   - The consent agenda shall consist of routine financial, legal, administrative matters and matters of meeting order (agenda, minutes, etc.) that require board action.
   - Consent agenda items are expected to be non-controversial and not requiring of discussion.
   - Motions, resolutions and all supporting materials for the consent agenda shall be sent to Board members with the routine dissemination of Board meeting materials in advance of the meeting.
   - The consent agenda shall be considered during a board meeting. The Chair will ask if any member wishes to remove an item from the consent agenda for separate consideration, and if so, the Chair will schedule it for discussion during the meeting in which the request was made.

B. The following items are considered suitable for the MSHN Board consent agenda:
   - Approval of minutes
   - Approval of signatories for bank accounts
   - Approval of staff positions which have been included in the MSHN approved budget
   - Policies requiring annual review that have been approved by the Policy Committee
   - New Board policies
   - Routine reports and communications

C. The following items are not considered suitable for the MSHN Board consent agenda:
   - Approval of the annual update
   - Approval of the strategic plan
   - Approval of capital expenditures exceeding $24,999

D. The Board will periodically assess the use of consent agenda.

Applies to:
☐All Mid-State Health Network Staff
☐Selected MSHN Staff, as follows:
☒MSHN Board of Directors; Advisory Councils and Boards
☐MSHN's CMHSP Participants: ☐ Policy Only ☐ Policy and Procedure
☐Other: Sub-contract Providers

Definitions:
CEO: Chief Executive Officer
CMHSP: Community Mental Health Service Program
Consent Agenda: A consent agenda groups the routine, procedural, informational and self-explanatory non-controversial items typically found in an agenda. These items are then presented to the board in a single motion for an up or down vote after allowing anyone to request that a specific item be moved to the full agenda for individual attention. Other items, particularly those requiring strategic thought, decision making or action, are handled as usual.
MSHN: Mid-State Health Network
PIHP: Pre-paid Inpatient Health Plan

Other Related Materials:
N/A

References/Legal Authority:
N/A

Change Log:

Date of Change	Description of Change	Responsible Party
01.06.2015	New policy	Chief Executive Officer
11.2015	Annual Review	Chief Executive Officer
03.2017	Annual Review	Chief Executive Officer
01.2018	Annual Review	Chief Executive Officer
01.2019	Annual Review	Chief Executive Officer
07.2020	~~Biannual~~ Biennial Review	Chief Executive Officer
07.2022	Biennial Review	Chief Executive Officer

MSHN
Mid-State Health Network

POLICIES AND PROCEDURE MANUAL

Chapter:	General Management		
Title:	Delegation to the Chief Executive Officer and Executive Limitations		
Policy: ☒ **Procedure:** ☐ **Page:** 1 of 2	**Review Cycle:** ~~Annually~~ Biennial **Author:** Chief Executive Officer	**Adopted Date:** 07.02.2014 **Review Date:** 09.01.2020 ~~**Revision Eff. Date:**~~	**Related Policies:** General Management Board Governance

Purpose

All Mid-State Health Network (MSHN) Board authority delegated to staff is delegated to the Chief Executive Officer (CEO). The CEO shall execute the delegated authority of the Board within defined executive limitations.

Policy

1) Delegation of Authority: The Board shall direct the CEO to achieve certain results through the establishment of Board policies and strategic priorities. The Board will limit the latitude the CEO may exercise in practices, methods, conduct and other "means" through establishment of executive limitations.

   As long as the CEO uses reasonable interpretation of the Board's policies and executive limitations, the CEO is authorized to establish necessary procedures, make decisions, and take actions deemed necessary to achieve MSHN goals and compliance.

   Only decisions of the Board, acting as a body are binding upon the CEO. Decisions or instructions of individual Board members, officers or committees are not binding on the CEO except in instances when the Board has specifically authorized such exercise of authority.

2) Contracts:
   A. The Board of Directors specifically authorizes and delegates to the MSHN Chief Executive Officer the authority and responsibility to execute revenue contracts with the State of Michigan where the due date for the contract to be returned occurs before the next regularly scheduled board meeting provided that the revenue contract is consistent with the board approved strategic plan and the mission, vision and values of the Mid-State Health Network Pre-Paid Inpatient Health Plan. The Chief Executive Officer must report all instances where this action occurs at the next regularly scheduled board meeting.
   B. The Board of Directors specifically authorizes and delegates to the MSHN Chief Executive Officer the authority and responsibility to execute expenditure contracts that are directly related to special funding proposals submitted to and approved by the State of Michigan in order to implement the special project or funding on a timely basis. The Chief Executive officer must report all instances where this action occurs at the next regularly scheduled board meeting.

3) Executive Limitations: The CEO shall not cause or allow any practice, activity, decision or circumstance that is illegal, imprudent, or inconsistent with Board approved policy or is in violation of commonly accepted business and professional ethics. Accordingly, the CEO may not:
   A. Deal with consumers, families, employees, contractors, Board members or persons from the community in an unprofessional or unethical manner.
   B. Permit financial conditions that risk fiscal jeopardy or compromise Board policy and/or strategic priorities.
   C. Knowingly provide information and advice to the Board that is untimely, incomplete or inaccurate.
   D. Permit conflict of interest in making purchases, awarding contracts, or hiring of employees.

E. Approve and/or initiate expenditure of MSHN funds that differs from Board approved procurement policies; the CEO shall not exceed a spending limit of $24,999 without prior Board approval.
F. Manage MSHN without adequate administrative procedures for matters involving finances, internal controls, employees, contractors, facilities, and other required operations of the organization.

Applies To:
☐All Mid-State Health Network Staff
☒Mid-State Health Network Board
☒Selected MSHN Staff, as follows: Chief Executive Officer
☐MSHN CMHSP Participants: ☐Policy Only ☐Policy and Procedure
☐Other: Sub-contract Providers

Definitions:
MSHN: Mid-State Health Network
MSHN CEO: Mid State Health Network Chief Executive Officer

Other Related Materials
MSHN Board By-Laws
MSHN Operating Agreement

References/Legal Authority
NA

Change Log:

Date of Change	Description of Change	Responsible Party
04.11.2014	New Policy	Chief Executive Officer
05.05.2015	Annual Review No Changes	Board of Directors
05.03.2016	Annual Review	Board of Directors
03.2017	Annual Review	Board of Directors
09.2018	Annual Review	Chief Executive Officer
01.2019	Annual Review	Chief Executive Officer
07.2020	~~Biannual~~ Biennial Review	Chief Executive Officer
07.2022	Biennial Review	Chief Executive Officer

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POLICIES AND PROCEDURE MANUAL

Chapter:	**General Management**		
Title:	**Freedom of Information Act (FOIA) Request Policy**		
Policy: ☒ **Procedure:** ☐ **Page:** 1 of 2	**Review Cycle:** ~~Annually~~Biennial **Author:** Executive Assistant	**Adopted Date: 01.05.2016** **Review Date:** 09.01.2020 **Revision Eff. Date:**	**Related Policies:**

Purpose

It is the policy of Mid-State Health Network (MSHN) that all persons, except those incarcerated in a state or local correctional facility, are entitled to full and complete information regarding the affairs of government and official acts of those who represent them as public officials and public employees, consistent with the Michigan Freedom of Information Act (FOIA). Citizens shall be informed so they fully participate in the democratic process.

Policy

MSHN's policy with respect to FOIA request is to comply with state law in all respects, and to respond to FOIA requests in a consistent, fair, and even-handed manner regardless of who makes such a request.

MSHN acknowledges its legal obligation to disclose all nonexempt public records in its possession pursuant to a FOIA request. MSHN acknowledges that sometimes it is necessary to invoke the exemptions identified under FOIA in order to ensure effective operation of government and to protect the privacy of individuals.

MSHN will protect the public's interest in disclosure, while balancing the requirement to withhold or redact portions of certain records.

MSHN has established written procedures and guidelines to implement the FOIA and will create a written public summary of the specific procedures and guidelines relevant to the general public regarding how to submit written requests to MSHN, explaining how to understand MSHN's written responses, deposit requirements, fee calculations, and an avenue for challenges and appeals. The public summary will be written in a manner so as to be easily understood by the general public.

Applies to:

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

Definitions:

CMHSP: Community Mental Health Service Program
FOIA: Freedom of Information Act
MSHN: Mid-State Health Network
Public Record: A record required by law to be made and kept

Other Related Materials:
FOIA Procedure
Request for Public Records Form
Notice to Extend Response Time Form
Notice of Denial of FOIA Request Form
Appeal of Denial of Records Form
FOIA Public Summary

References/Legal Authority:
Freedom of Information Act: **Act 442 of 1976**

Change Log:

Date of Change	Description of Change	Responsible Party
08.17.2015	New Policy	Executive Assistant
03.2017	Annual Review	Executive Assistant
09.2018	Annual Review	Executive Assistant
01.2019	Annual Review	Executive Assistant
07.2019	Annual Review	Executive Assistant
06.2022	Biennial Review	Executive Assistant

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POLICIES AND PROCEDURE MANUAL

Chapter:	**General Management**		
Title:	**General Management**		
Policy: ☒ **Procedure:** ☐ **Page:** 1 of 2	**Review Cycle:** ~~Annually~~Biennial **Author:** Operations Council	**Adopted Date:** 11.22.2013 **Review Date:** 09.01.2020 ~~**Revision Eff. Date:** 11.03.2015~~	**Related Policies:** Policy & Procedure Development and Approval

Purpose

To ensure that Mid-State Health Network (MSHN) develops, reviews, revises, adopts and disseminates MSHN policies, standards, and procedures to its provider network.

Policy

The policies of MSHN shall govern the overall ethical and business practices of its provider network for services purchased from the Community Mental Health Service Programs (CMHSPs) Participants and Substance Use Disorder (SUD) Providers.

A. MHSN shall develop and adopt common policies and standards for managing its network.

B. MSHN shall ensure provider and other stakeholder input in the creation and review of policies prior to adoption.

C. MHSN policies and standards shall:
   1. Support the mission, vision, and values of MSHN
   2. Set monitoring guidelines for clinical and business practices
   3. Clearly reflect regulatory and contractual requirements and standards necessary for compliance
   4. Address issues that require uniformity and commonality in practices across the provider network
   5. Promote administrative efficiency and economy of practice
   6. Indicate applicability to provider or staff type

D. CMHSP Participants/SUD Providers within MSHN may establish local network policy implementation procedures consistent with MSHN policy.

E. MSHN shall utilize its Council/Committee structure for policy development and review.

F. MSHN shall ensure that policies are reviewed at least ~~bi~~biennially~~annually~~ and revised as needed to reflect current standards and regulatory requirements.

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

Definitions:
CEO: Chief Executive Officer
CMHSPs: Community Mental Health Service Programs
MSHN: Mid-State Health Network
SUD: Substance Use Disorder

Other Related Materials:
MSHN Operating Agreement
Board Bylaws

References/Legal Authority:
NA

Change Log:

Date of Change	Description of Change	Responsible Party
11.22.2013	New Policy	Chief Compliance Officer
11.2014	Annual Review	Chief Executive Officer
11.2015	Remove reference to Coordinating Agencies and Annual Policy Review	Chief Executive Officer
03.2017	Annual Review	Chief Executive Officer
01.2018	Annual Review	Deputy Director
01.2019	Annual Review	Deputy Director
07.2020	~~Biannual~~ Biennial Review	Deputy Director
06.2022	Biennial Review	Deputy Director

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POLICIES AND PROCEDURE MANUAL

Chapter:	**General Management**		
Title:	**Legislative and Public Policy Advocacy**		
Policy: ☒ **Procedure:** ☐ **Page:** 1 of 2	**Review Cycle:** ~~Annually~~Biennial **Author:** Chief Executive Officer Operations Council	**Adopted Date: 07.07.2015** **Review Date: 09.01.2020** **Revision Eff. Date:**	**Related Policies:** General Management CEO Constraints and Limitations

Purpose

Mid-State Health Network (MSHN) exists to serve in the best interest of and to the benefit of all CMHSP Participants, Substance Use Disorder (SUD) Provider Network Participants and their consumers. Any legislative and/or public policy advocacy shall be consistent with the organization's mission, vision and values. This policy is intended to outline the MSHN Board's parameters for legislative and public policy advocacy.

Policy

MSHN legislative and public policy advocacy shall be in accordance with applicable laws and regulations, its contracts, and/or with~~,~~ position statements on specific issues or for general advocacy if adopted ~~and an annually approved Legislative and Public Policy Plan approved~~ by the Board.

MSHN shall comply with the Anti-Lobbying Act, 31 USC 1352 as revised by the Lobbying Disclosure Act of 1995, 2 USC 1601 et seq, and Section 503 of the Departments of Labor, Health and Human Services and Education, and Related Agencies Appropriations Act (Public Law 104-209). Further, MSHN shall require that the language of this assurance be included in the award documents of all sub-awards at all tiers (including subcontracts, sub- grants, and contracts under grants, loans and cooperative agreements) and that all sub- recipients shall certify and disclose accordingly.

MSHN shall comply with all applicable standards, orders, or requirements issued under 31 U.S.C. 1352 and 45 CFR Part 93. No appropriated funds may be expended by the recipient of a federal contract, grant, loan, or cooperative agreement to pay any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with any of the following covered federal actions: the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.

MSHN advocacy is based on member study and agreement on selected issues and involves concerted efforts to achieve public policies consistent with MSHN's positions. When MSHN reaches consensus or majority decision on an issue, it speaks with one voice when representing the position of the Board. MSHN Board members, and staff, may decline to take action at any governmental level and maintain a public silence, but may not take action in opposition to official MSHN positions when representing the organization.

Advocacy actions include, but are not limited to, providing information to, policy makers, legislators, beneficiaries, other key stakeholders and the public; for the purpose of building public opinion, and supporting or opposing public policy or legislation. Methods to do this can include, but are not limited to testifying at public hearings, using public forums and the media, panel discussions, MSHN publications, and communication with public officials.

Applies to

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

Definitions

CEO: Chief Executive Officer
CMHSP: Community Mental Health Service Program
MSHN: Mid-State Health Network ~~Prepaid Inpatient Health Plan~~

Related Materials:

Mid-State Health Network Operating Agreement, Article II, Purpose, Operating Philosophy, Guiding Principles, Scope and Authority of Entity

References/Legal Authority

1. Anti-Lobbying Act, 31 USC 1352 as revised by the Lobbying Disclosure Act of 1995, 2 USC 1601 et seq, and Section 503 of the Departments of Labor, Health and Human Services and Education, and Related Agencies Appropriations Act (Public Law 104-209).
31 U.S.C. 1352 and 45 CFR Part 93.

Change Log:

Date of Change	Description of Change	Responsible Party
06.2015	New Policy	Chief Executive Officer
05.2016	Annual Review	Chief Executive Officer
01.2017	Annual Review	Chief Executive Officer
01.2018	Annual Review	Chief Executive Officer
06.05.2018	Review	Board Policy Committee
06.15.2018	Review	Board Executive Committee
01.29.2019	Annual Review	Chief Executive Officer
07.21.2020	~~Biannual~~ Biennial Review	Chief Executive Officer
07.2022	Biennial Review	Chief Executive Officer

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POLICIES AND PROCEDURE MANUAL

Chapter:	General Management		
Title:	Monitoring Chief Executive Officer Performance		
Policy: ☒ **Procedure:** ☐ **Page:** 1 of 2	**Review Cycle:** ~~Annually~~ Biennial **Author:** Chief Executive Officer	**Adopted Date: 07.02.2014** **Review Date:** 09.01.2020 ~~**Revision Eff. Date:**~~	**Related Policies:** General Management Board Governance Executive Limitations

Purpose

Monitoring executive performance is synonymous with monitoring organizational performance against Board policies, strategic priorities and executive limitations. This policy sets forth the expectation for annual Board evaluation of the Chief Executive Officer (CEO) of the organization.

Policy

The Mid-State Health Network (MSHN) Board shall monitor CEO performance annually and throughout the year that includes review and consideration of but not limited to:.
~~Annual evaluation of CEO performance shall include review and consideration of but not limited to:~~

A. INTERNAL REPORTS: Disclosure of compliance and performance information to the Board from the CEO including:
- Financial reports,
- Strategic planning reports,
- Compliance reports,
- Annual review of the Quality Assurance and Performance Improvement Program,
- CEO routine updates and communications,
- Other organizational performance metrics and reports as required by the Board

B. EXTERNAL REPORTS: Disclosure of compliance and performance information by external auditors, reviewers or other persons or entities external to the institution including:
- Fiscal audit reports,
- Results of Michigan Department of Health and Human Services site reviews,
- Results of third party external quality review,
- Reports from independent legal counsel as required by the Board.

A formal ~~A~~annual evaluation of CEO performance shall include review and consideration of but not limited to:

A. ANNUAL CEO PERFORMANCE REVIEW
- 360 Degree feedback survey to include responses from Direct Reports, Peers, and Stakeholders that includes the following areas:
  - Communication
  - Commitment to Community Partners
  - Interpersonal Skills
  - Strategy Execution and Results
  - Leadership and Talent Management
- Board Survey to include the following areas:
  - Board Relations
  - Leadership and Planning
  - Strategic Relations
  - Fiscal Accountability

- Personnel and Contract Management
- Judgement and Professionalism

The results of the annual evaluation of CEO performance will be shared with the Board of Directors during the Board meeting following conclusion and aggregation of the survey.

Applies to:

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

Definitions:
MSHN: Mid-State Health Network
MSHN CEO: Mid-State Health Network Chief Executive Officer

Other Related Materials:
CEO Annual Performance Review Tool

References/Legal Authority:
N/A

Change Log:

Date of Change	Description of Change	Responsible Party
04.11.2014	New policy	Chief Executive Officer, Board Executive Committee
05.05.2015	Annual Review No Changes	Board of Directors
05.03.2016	Annual Review	Board of Directors
03.2017	Annual Review	Board of Directors
09.2018	Annual Review	Chief Executive Officer & Board of Directors
01.2019	Annual Review	Chief Executive Officer
07.2020	Biannual Review	Chief Executive Officer
07.2022	Biennial Review	Chief Executive Officer

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POLICIES AND PROCEDURE MANUAL

Chapter:	**General Management**		
Title:	**New Board Member Orientation**		
Policy: ☒ **Procedure:** ☐ **Page:** 1 of 2	**Review Cycle:** ~~Annually~~ Biennial **Author:** **Chief Executive Officer**	**Adopted Date: 11.04.2014** **Review Date:** 09.01.2020 ~~**Revision Eff. Date: 11.03.2015**~~	**Related Policies:** Board Governance Board Member Conduct Conflict of Interest Consent Agenda Delegation to CEO and Executive Limitations

Purpose

In order that newly appointed Board members may cast informed votes and function effectively as Mid- State Health Network (MSHN) Board members, the Board and Chief Executive Officer (CEO) will extend to them the fullest measures of courtesy and cooperation and will make every reasonable effort to orient newly appointed Board members to the organizations purpose, strategic direction and Board functions, policies, procedures and current issues.

Policy

The Board, through the CEO, will provide new members with copies of or access to appropriate publications, such as the MSHN policy manual, the region's Operating Agreement, the Board Bylaws, its Strategic Plan and current fiscal year budget.

The Board Chairperson, CEO and Deputy Director will schedule and arrange for an orientation session for new Board members as soon as practicable after appointment. A reasonable amount of time will be provided for discussion of the following possible topics:

1. The roles, responsibilities and conduct of the Board and individual members;
2. The Board fiduciary responsibility and integrity obligations;
3. Basic operational procedures of the Board;
4. Placement of items on the agenda;
5. The role of councils, committees, subcommittees and advisory committees;
6. Conflict of Interest;
7. Appropriate responses of an individual member when a request or complaint is made directly to him/her by a regional stakeholder, consumer, provider or community member;
8. How Board members, in fulfilling their duties, may request information concerning the organizations operations, finances and personnel;
9. Protocol for interacting with the media; and
10. Other relevant topics.

Applies to:

☐All Mid-State Health Network Staff
☒Mid-State Health Board Members
☒Selected MSHN Staff, as follows: Chief Executive Officer
☐MSHN CMHSP Participants: ☐Policy Only ☐Policy and Procedure
☐Other: Sub-contract Providers

Definitions:

CEO: Chief Executive Officer
MSHN: Mid-State Health Network
SUD: Substance Use Disorder

Other Related Materials:
MSHN Operating Agreement
MSHN Board Bylaws
MSHN SUD Oversight Policy Advisory Board Bylaws
MSHN Board Member Orientation Manual

References/Legal Authority:
PIHP-MDCH Contract
Open Meetings Act

Change Log:

Date of Change	Description of Change	Responsible Party
11.2014	New	Chief Executive Officer
11.2015	Annual Review	Chief Executive Officer
05.2017	Annual Review	Chief Executive Officer
09.2018	Annual Review	Chief Executive Officer
01.2019	Annual Review	Chief Executive Officer
07.2020	~~Biannual~~ Biennial Review	Chief Executive Officer
07.2022	Biennial Review	Chief Executive Officer

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POLICIES AND PROCEDURE MANUAL

Chapter:	**General Management**		
Title:	**Office Closure Policy**		
Policy: ☒ **Procedure:** ☐ **Page:** 1 of 2	**Review Cycle:** ~~Annually~~Biennial **Author:** Deputy Director	**Adopted Date: 07.05.2016** **Review Date:** 09.01.2020 ~~**Revision Eff. Date:**~~	**Related Policies:**

Purpose

The purpose of this policy is to establish general guidelines for personnel in the event that operations may be reduced, suspended or closed due to natural disasters, weather conditions, facility damage or other emergency conditions that prevent normal operations.

Policy

The decision to reduce, suspend, or close all or part of Mid-State Health Network's (MSHN) office for reasons of natural disaster, weather, building conditions, disruptive actions or health risks will be made by the Chief Executive Officer (CEO); in the absence of the CEO, the Deputy Director, ~~Chief Information Officer,~~ or Chief Financial Officer will act as his/her designee.

In cases of complete or near complete closure or shutdown, company email and/or local news media will be used under normal circumstances for notification purposes.

- If Ingham County offices are closed due to weather emergency, MSHN physical offices will close ~~as well~~and employees will be instructed to work remotely. If due to weather related closures, an employee that is incapable of working (connecting remotely), shall be paid for accordingly (Administrative pay).
- When the county building in the county in which the employee is located is closed due to weather, the employee is excused from ~~work as if MSHN were closed and time is accounted for accordingly (Administrative Leave).~~ travel but will be expected to work via remote home location.
- ~~If MSHN is closed, no matter if the County Building where the employee lives is affected, the employee is excused, and time is accounted for accordingly (Administrative Leave).~~
- If an employee opts not to travel and not work remotely, but the County Building where the employee lives is open and MSHN is open, time is charged to Paid Time Off (PTO).
- If only selective operations are involved, or if the situation develops after the beginning of the 8:00 a.m. workday, each affected department will be notified. The lack of specific notification to the contrary should be interpreted to mean that normal operations are to be maintained.

It is recognized that certain conditions may cause problems for some employees in arriving to or leaving the office. In such circumstances, this policy should be observed as outlined. Specific cases and varying conditions or circumstances may require special action or decision by supervisors. However, some basic policy statements regarding suspension, reduction, or closure decisions are presented herein.

Notification of Type of Closure and Duration of Closure:
Begins at the time of the CEO's (or her/his designee's) announcement and ends when announced or at the start of the next day. All employee work schedules within the period of the closure, would qualify for the Administrative ~~Leave~~ pay designation. Closure will be announced via local news media, (if Ingham County Offices are closed) MSHN email, website, and group text.

- Meetings, operations and events will be canceled, and offices closed at the time of the official notification.
- Employees shall notify individuals of cancelations with whom they have appointments.
- Staff and visitors will be advised as to any needed precautions prior to being dismissed or sent home.

Pay Status for Reduced/Suspended Operation of MSHN:
Prior to official closure/reduction/suspension of operations, employees unable to report for work may utilize PTO for any period prior to the official time of the announced closure/reduction/suspension of operations. Employees required to remain off work due to the prolonged closure of MSHN will be paid for said time and categorized as Administrative ~~Leave~~pay.

Any employee who, prior to the announcement of closure, who has reported in as sick, scheduled to be on PTO, or decided to leave work early or did not come to work due to weather or other emergency related reasons will be paid as though there were no closure and therefore will be categorized as PTO. If the employee does not have a sufficient accrued PTO balance, then leave without pay will be processed.

Notification Procedures:
In the absence of notification to the contrary, all normal operations will continue as scheduled. If there is any doubt as to whether the MSHN will be in operation, employees should tune in to WILX TV 10 Lansing, check with their supervisor and check MSHN email notifications.

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

Definitions:
~~Administrative Leave: Temporary leave from a job assignment, with pay and benefits intact~~
CEO: Chief Executive Officer
General Closure: All activities and events and meetings canceled and all offices closed
MSHN: Mid-State Health Network
PTO: Paid time off
Specific Closure: Specific activities and events canceled and offices closed as announced

Other Related Materials
N/A

References/Legal Authority
N/A

Change Log:

Date of Change	Description of Change	Responsible Party
04.2016	New Policy	Deputy Director
03.2017	Annual Review	Deputy Director
01.2018	Annual Review	Deputy Director
01.2019	Annual Review	Deputy Director
07.2020	~~Biannual~~ Biennial Review	Deputy Director
07.2022	Biennial Review	Deputy Director

POLICIES AND PROCEDURE MANUAL

Chapter:	Governance: General Management		
Title:	Policy and Procedure Development & Approval		
Policy: ☒ **Procedure:** ☐ **Page:** 1 of 3	**Review Cycle:** ~~Annually~~Biennial **Author:** Chief Executive Officer	**Adopted Date: 07.01.2014** **Review Date:** 09.01.2020 ~~**Revision Eff. Date:**~~	**Related Policies:** Board Governance

Purpose

Mid-State Health Network (MSHN) develops and maintains policies and procedures to support achievement of the organization's Mission, Vision and Values; to meet the changing needs of MSHN; to achieve compliance with applicable laws, rules, and funding requirements and; to assure responsiveness to customer/stakeholder needs.

Policies that require approval are those that, if not followed, represent a risk to MSHN. The Board has authorized the Chief Executive Officer (CEO) to recommend policies necessary to carry out the Mission of the organization and to accomplish the objectives established by the Board. Policies require Board approval and shall be reviewed annually. Policy shall be easy to understand, communicated broadly, and enforceable.

Procedures are established by MSHN staff/designees to assure effective and efficient implementation of Board approved policies and business practices. Procedures may be developed in consultation with Community Mental Health Service Programs (CMHSP) Participants as necessary.

Policy

The CEO shall manage the ~~bi-annual~~biennial review of policy/procedure and shall provide for maintenance of an electronic policy/procedure manual. The policy/procedure approval process shall be a collaborative effort inclusive of CMHSP Participants as appropriate. Policy review shall be led by a designated author with review and input being facilitated through appropriate councils/committees. Compliance and/or legal review shall be conducted as necessary.

Policies shall be developed, maintained, organized and approved in a consistent, easily accessible format.

Policy Header:

- MSHN Approved Logo
- Policy Chapter
- Policy Title
- Policy/Procedure
- Page
- Review Cycle
- Author
- Date Adopted
- Review Date
- ~~Revision Effective Date~~
- Related Policies

Policy Body:

- Purpose: The rationale for the policy
- Policy/Procedure: The governing principle and/or senior leadership expectations, plan or understanding that guides the action. It states what we do, but not how.
- Definitions: Explanation of key terms/phrases not obvious or otherwise self-explanatory.
- Other related materials: Other source documents that provide context of support the need for the policy.
- Reference(s)/Legal Authority: Provide a summary of related laws, regulations, and other institutional policies.

Footer:
Each policy shall reflect the following footer. The 'Change Log' provides a history of the policy/procedure, including evidence or regular review and rationale for related changes.

Change Log:

Date of Change	Description of Change	Responsible Party

Formatting:

- Times New Roman, 11 pt. font; bold for headings
- One-inch margins on all sides
- Paragraphs are left justified (i.e. left aligned with a ragged right edge)
- Single spacing for paragraphs
- Use position titles (e.g., Chief Executive Officer/CEO) rather than names
- Acronyms should be used only after the full compound terms have been written out
- Policies submitted for approval of revisions shall be submitted in Microsoft Word, 'Track Changes' format

Policy Approval: Policies shall be established/reviewed by the responsible MSHN employee; reviewed by designated councils/committees in the MSHN organizational structure (as appropriate); and vetted by the Board's Policy Committee. Policies are not effective until formal Board action has occurred. After approval and posting to the official website, MSHN policies are in effect. ~~unless a specific date on which they become effective is noted.~~

Procedures: MSHN personnel shall maintain operating procedures for all important organizational processes. Procedures shall be reviewed ~~annually~~ biennially and approved by CEO or designee. Procedures shall be accessible and shall be communicated to involved personnel and MSHN's provider network as part of the regular professional development/training and contract management practices. Any changes in procedures shall be consistent with and supportive of associated MSHN policy.

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

Definitions:
MSHN CEO: Mid-State Health Network Chief Executive Officer
CMHSP: Community Mental Health Service Programs

Other Related Materials
Board By-Laws

References/Legal Authority
N/A

Change Log:

Date of Change	Description of Change	Responsible Party
04.09.2014	New Policy	Chief Executive Officer
05.2016	Annual Review	Chief Executive Officer
01.2017	Annual Review	Chief Executive Officer
03.2018	Annual Review	Deputy Director
01.2019	Annual Review	Deputy Director
07.2019	Requested Change in Policy	Deputy Director
07.2020	~~Biannual~~ Biennial Review	Deputy Director
06.2022	Biennial Review	Deputy Director

MSHN
Mid-State Health Network

POLICIES AND PROCEDURE MANUAL

Chapter:	**General Management**		
Title:	**Population Health & Integrated Care**		
Policy: ☒ **Procedure:** ☐ **Page:** 1 of 2	**Review Cycle:** ~~Biannual~~Biennial~~Annually~~ **Author:** Deputy Director	**Adopted Date:** 07.05.2016 **Review Date:** ~~11.10.2020~~	**Related Policies:** Care Coordination Planning Follow Up After Hospitalization

Purpose

Mid-State Health Network (MSHN) is committed to increasing its understanding of the health needs of individuals within its 21-county service region and finding innovative ways to achieve the goals of better health, better care, better value, better provider systems, and better equity by utilizing informed population health and integrated care strategies. This policy exists to establish regional guidance and best practices in the areas of population health and integrated care as well as to ensure MSHN maintains compliance with the care coordination and integrated health requirements as defined per the contract with the Michigan Department of Health and Human Services (MDHHS).

Policy

It is the policy of Mid-State Health Network, (MSHN) as a Prepaid Inpatient Health Plan (PIHP) responsible for services to individuals enrolled in Medicaid, to coordinate care provided to individuals with the Medicaid Health Plan (MHP) also managing services for those individuals. It is further the policy of MSHN to work cooperatively with other MHPs and PIHPs to jointly identify priority need populations for purposes of care coordination and population health activities including but not limited to:

A. Development of individualized care plans for persons with complex physical and behavioral health needs
B. Partnering with MHPs to manage transitions of care between hospital and community-based settings and prevent avoidable hospital readmissions
C. Identifying health disparities and engaging in practices that promote health equity for all Medicaid enrollees
D. Implementing and monitoring joint quality health metrics
E. Sending and receiving information from electronic sources including CareConnect 360, Michigan Health Information Network (MiHIN), and other health information exchanges
F. Implementing approved population health clinical protocols in all local Community Mental Health Service Provider (CMHSP) organizations for designated high-risk populations
~~D.~~

~~In support of this policy, MSHN shall work to secure appropriate consents, share necessary electronic data, implement population health protocols, and conduct routine care coordination activities.~~

~~In furtherance of this policy, we will:~~

~~A. At least monthly, identify which members are assigned to a MHP and have sought services through the PIHP~~
~~B. Receive information from electronic sources~~
~~C. Participate in MiHIN~~
~~D. Provide notification to the MHP within 5 business days when a mutual member experiences a psychiatric inpatient admission~~
~~E. Implement approved population health clinical protocols in all local Community Mental Health Service Provider (CMHSP) organizations for designated high-risk populations~~

Applies to

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

Definitions

CMHSP: Community Mental Health Service Provider
Health Disparities: preventable differences in the burden of disease, injury, violence, or in opportunities to achieve optimal health experienced by socially disadvantaged racial, ethnic, and other population groups, and communities
Health Equity: the absence of avoidable, unfair, or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically or by other means of stratification. All persons have a fair and just opportunity to be as healthy as possible.
MDHHS: Michigan Department of Health and Human Services
MHP: Medicaid Health Plan
MiHIN: Michigan Health Information Network
MSHN: Mid-State Health Network
PIHP: Prepaid Inpatient Health Plan

Related Materials

Mid-State Health Network Population Health and Integrated Care Plan

References/Legal Authority

Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program
FY21~~19~~Contract

Change Log:

Date of Change	Description of Change	Responsible Party
05.05.2016	New Policy	Deputy Director
01.31.2017	Annual Review	Deputy Director
02.28.2018	Annual Review	Deputy Director
01.29.2019	Annual Review	Deputy Director
07.21.2020	~~Biannual~~Biennial Review; incorporated health disparities and health equity	Director of Utilization and Care Management
06.15.2022	~~Biannual~~Biennial Review; edited for clarity and removed information that is contained elsewhere in policy and procedure	Director of Utilization and Care Management

MSHN
Mid-State Health Network

POLICIES AND PROCEDURE MANUAL

Chapter:	**Provider Network Management**		
Title:	**Substance Use Disorder Service Provider Procurement**		
Policy: ☒ **Procedure:** ☐ **Page:** 1 of 2	**Review Cycle: Biennial** **Author:** Director of Provider Network Management Systems, Contract Manager	**Adopted Date: 01.06.2016** **Review Date: 03.01.2022**	**Related Policies:** Provider Network Policy Provider Network Credentialing and Re-credentialing Policy

Purpose

This policy is intended to provide guidance to Mid-State Health Network (MSHN) staff involved with Substance Use Disorder (SUD) provider network panel procurement and contracting.

Policy

It is MSHN's objective to acquire needed services and supports at fair and economical prices, with appropriate attention to quality of care and maintenance of existing-care relationships and service networks currently used by service recipients.

MSHN maintains a managed open Substance Use Disorder provider panel of organizational providers and/or provider network entities that are:

- Qualified: with appropriate credentials, license(s), accreditation, quality review, and meet pre- contract and ongoing site review standard(s),
- Willing: to accept contract terms, price and performance expectations, oversight activities, etc.
- Able: with a history of providing same or like services at a satisfactory level; qualified staff; satisfied fund sources,
- Competent: with administrative, clinical, billing, financial and other systems to support/produce desired outcomes,
- Needed: there exists in the MSHN region or parts of the region a documented need for the services/supports offered by the provider and sufficient projected beneficiary/service volume to justify empaneling a provider, and
- On file with MSHN after having submitted a completed Provider Network Application and Ownership & Controlling Interested Disclosure Statement.

MSHN conducts a periodic assessment of its provider network adequacy to identify underserved locales and underserved populations within the MSHN Region. As a result of the assessment, MSHN may, in its sole discretion, using any legitimate means including by way of competitive or non-competitive solicitation, empanel Licensed Independent Practitioners or any other provider(s) or vendor(s) to provide specialized services or to improve access to services in underserved areas thus increasing consumer choice. MSHN shall notify eligible network providers when new or existing expansion service opportunities exist. Notification may include constant contact, provider targeted emails, website posting, and meeting notes confirming verbal statements.

MSHN may, at its sole discretion, periodically review, revise, renew or update its provider network. MSHN may use a formal Request for Proposals (RFP) for provider services in circumstances where gaps exist, expansion is desirable, or service capacity is low, or for any other reason in the interests of MSHN. MSHN, in its sole discretion, may restrict or otherwise limit the number of providers that can participate in its provider network in any portion of or for all of its region. Factors that are considered in these circumstances include, but are not limited to, level(s) of utilization of the same or similar services in the geographic or sub-geographic area to be served, consumer choice considerations, quality, cost, pricing, provider saturation, other market factors or other programmatic considerations. For some market factors, such as but not limited to service cost comparison, a periodic Request for Quote (RFQ) process, annual planning process, or similar processes may be utilized when MSHN would like to obtain new or updated information.

MSHN's procurement processes shall reflect applicable State and local laws and regulations, provided that the procurements conform to applicable Federal law and the standards identified in 45 CFR 92.36.Applies to:

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

Definitions:

Managed Open Provider Panel: Status by which MSHN, in its sole discretion, may contract with a qualified, willing, able, and competent provider or provider entity without going through a formal RFP process, depending upon the needs of the region or a specific sub-geographical part of the region, service demand, service utilization and other market and programmatic factors identified in this policy.

Request for Proposal (RFP): A solicitation, often made through a bidding process, by an agency or company interested in procurement of a commodity, service or valuable asset, to potential suppliers to submit business proposals.

Request for Quote (RFQ): A solicitation in which an agency or company seeks outside providers or vendors to provide a cost quote for the completion of a particular project, service, or program. An RFQ is more likely to occur in situations where products and services are standardized, since this allows the soliciting agency to compare the different bids easily.

SUDSP: Substance Use Disorder Service Provider: Agency that provides prevention, early intervention, outpatient, withdrawal management, residential, recovery housing, or medication assisted treatment services.

MSHN: Mid-State Health Network

Other Related Materials:

Procurement through Request for Proposal Procedure Procurement Technical Requirements

References/Legal Authority:

Error! Hyperlink reference not valid.*2 CFR 200;Suppart D; Sections 318 through 326*

Change Log:

Date of Change	Description of Change	Responsible Party
11.2015	New Policy	Director of Provider Network Mgmt. Systems
08.2017	Annual Review/Update Language	Director of Provider Network Mgmt. Systems
10.2018	Annual Review	Director of Provider Network Management
01.2020	Annual Review	Director of Provider Network Management
09.2020	Review to included Needed Requirement	Chief Executive Officer
11.2021	Biennial Review – Removed attachment reference to MDHHS contract	Contract Manager
06.2022	Policy Update	Contract Manager, Chief Financial Officer