

REGIONAL OPERATIONS COUNCIL/CEO MEETING

Key Decisions and Required Action

Date: December 16, 2019

Members Present: Chris Pinter (phone); Lindsey Hull; Maribeth Leonard; Carol Mills (phones); Sharon Beals (phone); Tracey Dore; Tammy Warner; Kerry Possehn (phone – 1st hour); Michelle Stillwagon; John Obermesik; Sandy Lindsey; Sara Lurie

Members Absent:

MSHN Staff Present: Joseph Sedlock; Amanda Horgan

Agenda Item		Action Required
<p>Consent Agenda</p>	<p><u>Agenda Additions:</u> 5b – Healthy Michigan - Exemption from Work Requirements (File from MDHHS to PIHPs) [Sandy] 5c – Independent Medical Exams [Sarah]</p> <p><u>Items for discussion from consent agenda:</u> B - REVENUE: Discussed revenue calculations and MSHN is concerned as well; Department has acknowledged errors and is expecting they will correct in future payments; Payments have been all over; Retros, Duals, MiHealth Link and others. No cause of alarm just yet. PIHP CFOs working with MDHHS to identify causes, solutions. B - PRTF: Question of who is going to procure? Answer depends on who would control admissions and “throughput”. No further substantive information than from Directors Forum. Department taking feedback on the model. CMHSPs encouraged to provide input. C – ITC Charter: Page 20 under membership A, Remove and “Approved by the Ops council” D – Provider Network Charter: Concern regarding the training grid and only including mandated trainings. Also discussed providers that cross over agencies and their concern for different trainings. <i>Change first paragraph – maintain a regional training grid in accordance with State Requirements as identified in the MDHHS contract.</i> F – Finance Council Charter (Page 31) – Administration should be Association, page 32. Remove “and Approved by the Ops council” G – Statewide Specialized Residential Reciprocity:</p>	<p>C - Remove and Approved by the Ops council</p> <p>D - Change first paragraph – maintain a regional training grid in accordance with State Requirements as identified in the MDHHS contract.</p> <p>F – Page 31 – Administration should be Association, page 32. Remove and Approved by the Ops council</p> <p>G - MSHN to circulate audit tool to CEOs and CEO’s to</p>

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	<p>Remove from consent agenda: Would like more discussion on this process; Invite C. Watters to the January meeting. CMHCM recommending others field test this. MSHN to circulate audit tool to CEOs and CEO's to distribute locally. M – Update on spenddown related grant funds</p>	<p>distribute locally. Add to January agenda item</p>			
	<p>Approved all items with changes/edits noted above, except for Item G (Statewide Specialized Residential Reciprocity).</p> <p>Statewide Specialized Residential Reciprocity to be brought forward to January 2020 Operations Council meeting for further discussion.</p>	<p>By Who</p>	<p>Applicable MSHN Staff – See Above J. Sedlock</p>	<p>By When</p>	<p>1.1.2020 January Operations Council Meeting</p>
<p>Strategic Planning Discussion System Reform: MDHHS Structure Proposal – Regional Discussion – Future of PIHP and Public System</p>	<p><u>Discussion/Considerations:</u></p> <ul style="list-style-type: none"> • Safety net services should be the nine core services under CCBHC designation <ul style="list-style-type: none"> ○ Crisis mental health services ○ Screening, assessment and diagnosis, including risk assessment ○ Patient-centered treatment planning ○ Outpatient mental health and substance use services ○ Primary care screening and monitoring of key health indicators/health risk ○ Targeted case management ○ Psychiatric rehabilitation services ○ Peer support and family supports ○ Intensive, community-based mental health care for members of the armed forces and veterans • Question areas for MDHHS: <ul style="list-style-type: none"> ○ What about the Unenrolled population (there will always be people that are unenrolled, even in an assigned enrollment model) ○ What about Dual Eligibles (Medicare/Medicaid) ○ What exactly does MDHHS mean by “Safety Net” role of CMHSPs and what services is the Department referring to? ○ Who will be responsible for “community benefit” services now performed by CMHSPs and it this at least in part what the Department means by “safety net” services? • MDHHS has been clear that PIHPs as they exist today won’t exist in their current form in the future design • Potential Partnerships with Health Plans – Operations Council discussed potential physical health payer partners, including in-state and out-of-state/national concerns. • Operations Council discussed governance of public option(s) and related public/private partnership in state and out of state and several related questions/concerns/problems (including physical health being 				

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	<p>the majority of ‘risk’ in the proposed new arrangement, and the difficulty with less than 50% board stake for physical health partner in a public option</p> <ul style="list-style-type: none"> • SIP model may involve removal of primary care from current Medicaid Health Plans; could also mean mild/moderate is included in the SIP proposal. • There have been no assurances from MDHHS for any funding to CMHSPs other than for the county protections/safety net (those items undefined; see above) • Discussed some potential roles/configurations that would serve the CMHSPs in the region, including operating under auspices of regional entity designation to provide collective administrative support services (i.e., ASO); development of a regional Independent Practice Association (IPA); potential development of a Specialty Integrated Plan (SIP), a Managed Behavioral Health Organization between the SIP and CMHSPs/SUD Network; and other potential configurations. • Operations Council expressed strong support for MSHN pursuing all viable/reasonable options, including statewide options/configurations that have as their intent the support and protection of the county-based role of CMHSPs; the role of the public system in serving the specialty services population. MSHN to keep Operations Council informed; Operations Council recognizes this may take many months to engage in the appropriate conversations; strong support for MSHN to lead/convene/participate in all appropriate and necessary venues, including creating venues for such dialog • Operations Council expressed strong support for MSHN using its influence to shape the direction of this proposal and to affect policy throughout this process 				
	MSHN to pursue all viable alternatives, create venues for or participate in pertinent dialog and provide updates	By Who	J. Sedlock	By When	Ongoing
	MSHN to develop an outline that CMHSPs can respond to in terms of questions to be raised, opportunities to be pursued, design considerations applicable to the topic, and other key considerations to be used by MSHN in dialog with MDHHS, other PIHPs, CMHSPs, advocates and stakeholders after we develop a comprehensive “list” and/or ‘white paper’ or ‘position paper’		J. Sedlock		1.1.2020
	CMHSPs to send questions, design elements, etc. for MSHN to consider, consolidate and create a principals/white paper document to utilize in discussions with MDHHS/others.		CMHSP		Ongoing
	Invite Sarah Etsy to Operations Council for		J. Sedlock		February/ March

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	<p>dialog/discussion in February and March</p> <p>MSHN will keep list of advocacy topics: Spend down, Safety net, Health Homes, incentive alignment, asset investment at the CMHs, etc.</p>		J Sedlock		Ongoing
Regional Autism Provider Monitoring Recommendation	C. Watters reviewed the written proposal, background, summary and request				
	Approved as requested	By Who	C. Watters	By When	N/A
FY 20 CMHSP Delegated Managed Care Reviews – New Standards Review	C. Watters reviewed the written background, summary and request				
	Approved as requested	By Who	C. Watters	By When	N/A
Operating Agreement Finalization - Signatures	Will add adopted date of January 1, 2020 under the heading of the document				
	Those present signed the OA with amendment as of January 2020 in the header	By Who	J. Sedlock	By When	1.30.19
	CEOs not present will be contacted for their signature on the Operating Agreement		J. Sedlock		1.30.19
Deputy Director Report	A. Horgan reviewed the report and updated the CEO's on MCG training and the work of TBD on the ABS workgroup. C. Pinter noticed CLS 15 minute for review by the group.				
	Informational Only	By Who	N/A	By When	N/A
Healthy Michigan Work Requirements	<p>S. Lindsey: question related to the list that should be provided by MDHHS. MSHN has not yet received the list and has checked with the state. MSHN will parse and distribute the list of individuals covered by HMP that are exempt from work requirements as soon as received.</p> <p>S. Laurie: J. Wiefrieh indicated in CFI that the state is expecting approximately 100,000 enrollees to drop off. What is our plan to address this when revenue is expected to decrease in May/April? MSHN expecting to utilize current savings/ISF to supplement loss in FY20. CFOs are working with the department directly to address the HMP funding.</p>				
	Discussion Only	By Who	N/A	By When	N/A
Independent Medical Exams	S. Laurie – Judge in Clinton County, indicates per mental Health Code, section under IDD population that the CMHSP is supposed to pay for IMEs. Section 522. 330.1522				

Agenda Item		Action Required			
		By Who		By When	
Regional Marketing/Public Relations Campaign – Healthcare Integration	Previous Operations Council meeting tasked MSHN with soliciting a regional marketing firm to gather, consolidate and distribute ‘marketing’ and/or ‘public relations’ oriented materials on regional healthcare integration activities underway at CMHSPs and at MSHN				
	J. Sedlock recommended that action be delayed until after conclusion of strategic planning process so that the need for and, if appropriate, focus of a regional PR/Marketing campaign would be focused on strategic priorities. Supported by Operations Council.	By Who	J. Sedlock	By When	03/30/20
		By Who		By When	
		By Who		By When	