



REGIONAL OPERATIONS COUNCIL/CEO MEETING

Key Decisions and Required Action

Date: June 18, 2018

Members Present: Chris Pinter (Phone); Kerry Possehn; John Obermesik; Lindsey Hull; Maribeth Leonard; Mike Geoghan; Sandy Lindsey; Sara Lurie; Sharon Beals; Steve Vernon, Suzanne Prich; Tammy Quillan

Members Absent:

MSHN Staff Present: J. Sedlock. For pertinent sections: A. Horgan, T. Lewicki, J. Diver, D. Meier, L. Thomas

Agenda Item		Action Required			
Adjustments and Approval of Agenda	Add ISF Management and 2018 Supplemental Rate Setting				
Consent Agenda	Penetration Rate Report – increases across the board in January; what factors explain that?				
	J. Sedlock to ask Todd Lewicki to identify/determine factors associated with this increase	By Who	J. Sedlock	By When	Two Weeks
MSHN Strategic Plan for FY 2019-2020	Strategic Plan, including strategic priorities, strategic goals and strategic objectives (which require board approval) and Tasks/Activities (which are management prerogative). Some edits suggested and incorporated by Operations Council.				
	Adopted and Recommended to MSHN Board for Approval	By Who	J. Sedlock	By When	07/10/2018
Department of Corrections Update	Update provided; invitation to negotiate released by MDOC. Vendors have seven days to object. If no objections, PIHPs will enter into a negotiations phase with MDOC. Statement of work is in development by MDOC. Several workgroups operating to inform statement of work content. All 10 PIHPs are fully engaged. MDOC paradigm is for contracting with each of the 10 PIHPs. All 10 PIHPs have jointly hired Joanne Sheldon (via TBD Solutions) as part time temporary Project Director through Michigan Consortium for Healthcare Excellence (MCHE) as previously reported. MSHN board briefing in July.				
	Informational.	By Who		By When	
	Follow-up educational session to be scheduled with SUD providers (including CMHSPs that provide licensed SUD treatment services); this will be coordinated with MDOC communications		J. Sedlock		Fall
LARA Administrative Rules for SAPT	Dani Meier and Jeanne Diver gave a presentation on the proposed changes to the SAPT licensing rules. Integrated Treatment, peer recovery, case management, etc., license no longer seems to be a license category. Still trying to determine what is happening with				

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	these license categories. Co-occurring disorders are also not addressed.				
	Jeanne to follow-up to determine whether CMHSPs will any longer need to be licensed because of the lack of rules addressing Co-occurring and/or mental illness as licensed activities.	By Who	Jeanne Diver	By When	07/16/2018
Autism Quarterly Reports and Corrective Actions	Reviewed quality metrics letter from MDHHS and discussed strategies for improving regional performance on these metrics. Autism workgroup needs to work to address systemic issues and address those with systems recommendations; individual corrective actions need to be taken up at the individual level.	Noted that regional performance is worsening in some of the areas of performance.			
	Autism workgroup to address systemic issues and make recommendations	By Who	Todd Lewicki	By When	8/31/2018
	CMHSP CEOs asked to follow up with their local autism representatives to help improve performance at the local level in relation to individual persons served		CMHSP CEOs		7/31/2018
HCBS Transitions – Headlines	Local compliance issues and initiatives reviewed.				
	T. Lewicki to send the Heightened Scrutiny information to affected CMHSP staff w/ cc to CEO; Todd will send a note to the CMHSP directors that did not have anyone in the HS list so that they are aware of that fact as well.	By Who	T. Lewicki	By When	06/25/18
ISF Management/FY18 Supplemental Rates	MSHN must have language in the Operating Agreement to authorize options to be used for the funding or replenishment of internal service fund. Finance Council was charged with developing options. Background information provided. Finance Council recommending only designation of funds from year end surpluses (if any). CMHSP CEOs agree that the unplanned supplemental 2018 rate increase should be designated to ISF. CMHSP CEOs agree that all options identified should be considered and modeled.	Consensus that the ISF is underfunded and should be fully funded at 7.5%. CMHSPs are recommitted to operating within their PMPM and approved smoothing plan. CMHSPs do not wish to use PBIP funds to address ISF issues because of their value to the CMHSPs. CMHSPs and MSHN need to work together to achieve regional efficiencies.			
	CEOs to go back and discuss with CFOs and direct them to work with MSHN Finance Council to develop/enumerate and model options for fully funding the ISF (using variable number of implementation years) and options for how the ISF is to be replenished if/when used. Recommendations requested by the next Operations Council meeting.	By Who	CMHSP CEOs	By When	07/16/2018
	MSHN to develop a “performance to smoothing plan” evaluation for each of the CMHSPs and MSHN for all fund sources		Leslie Thomas		07/16/2018

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SIS Assessor Update and Related Contract/Service Discussion	MSHN has completed onboarding of SIS assessor. Have concerns about ensuring that SIS encounters are entered through the CMHSP data system. Letters of agreement are not required for the SIS assessor to complete her work as she is a MSHN employee				
	Confirm that SIS Assessor needs to submit an encounter/claim through the CMHSP to MSHN (Todd Lewicki)	By Who	S. Lindsey L. Hull	By When	06/30/2018
LOCUS Workgroup Recommendation and Guideline	Handout reviewed addressing LOCUS Exception Report. Database provides PHI-free data for analysis of patters and systems issues; can also be used to identify outliers and do management actions pertaining to that. Attempting to find pathways to do retrospective reviews that will help improve our regional performance.				J. Sedlock also reported that some PIHPs are working together to identify Mild/Moderate “cutoffs”. This will be particularly important in our in-regional workgroup on Access and Benefit Standardization Workgroup.
	Informational MSHN is encouraged to connect and synchronize with sister PIHPs on LOCUS-related utilization management issues.	By Who	Todd Lewicki	By When	July 2018
Balanced Scorecard	Balanced scorecard for April, FY18 reviewed with Operations Council. Areas of successful performance were highlighted. Areas where compliance is below expectations were reviewed in detail.				
	Informational	By Who		By When	
Relias Update	Relias is agreeable to a single regional contract, but they are seeking to ensure the same level of revenue (not a discounted rate); Relias indicates that the user training history and local customizations will continue under a regional contract.				
	Ongoing – will continue reporting as developments occur	By Who	A Horgan	By When	As needed
Fiscal Intermediary and Psychiatric Inpatient Contract Review Process	Sub-workgroup charter (to manage change to regionally approved contract templates, site review standards, monitoring protocol changes, etc.) Current topical areas are psychiatric inpatient and fiscal intermediary (the two regionally standardized areas per delegation grid). Recommendation is to use a sub-group (smaller group) cross functional workgroup with output/recommendations made to the Provider Network Management Committee for review/consideration/approval, and then on to Operations Council.				Potential for standardization and/or centralization of some Autism contracts and provider performance monitoring processes. Expect a recommendation from the Provider Network Management Committee in the next month or two. Fiscal Intermediary Audits have been completed; will be reviewing all operations; have achieved all goals and will develop a report for OC as an evaluation. Expect July/Aug.
	Inpatient Operations Workgroup and Fiscal Intermediary Workgroup charters were approved. Ops Council expresses its gratitude to the Provider Network Management Committee and the sub-workgroup members for their work in these areas.	By Who		By When	

Agenda Item		Action Required			
MPAS Class Action Lawsuit	MPAS lawsuit was discussed. CEI and CMHCM have cases represented in the suit. MSHN, CEI and CMHCM have a conference call scheduled later in this week. MSHN’s psychiatric inpatient denials study was cited in the suit, but it is almost contradictory to other pleadings.				
	Informational	By Who		By When	
Regional approach to Behavioral Health Consent Interpretations/Policies	Variation among and between in-region CMHSPs relating to if and when to require signed consents to release or exchange information are becoming more problematic; State is not being helpful or clear with so-called “direction”. Regional process would be most helpful to everyone involved.				
	MSHN agrees to convene a meeting to address the development of a region-wide confidentiality/release of information protocol; Gratiot will host, preferably on a Friday; two persons (one ORR rep; one of CMHSP choosing) from each CMHSP in the region will be invited to attend. Will take a meeting or two to see if we can get to regional consensus. Goal to put a regional protocol in front of a subject matter legal expert for vetting and then adopt as a regional policy. MSHN needs to determine its Champion for this project.	By Who	J. Sedlock	By When	07/30/18
		By Who		By When	