

**Meeting Date: September 11, 2023**

**KEY DISCUSSION TOPICS**

- MSHN – Leslie Thomas
- MSHN – Amy Keinath
- Bay – Marci Rozek
- CEI – Sue Panetta
- Central – LeeAnn Allbee
- Gratiot – Jeremy Murphy
- Huron – Rick Harning
- LifeWays – Inna Mason
- Montcalm – Jim Wise
- Newaygo – Jeff Labun
- Saginaw – Jan Histed
- Shiawassee – Kevin Hartley
- The Right Door – Nathan Derusha
- Tuscola – Stacey Dudewicz

- Welcome and Attendance
- Review and Approval of Agenda
- Approval of Snapshot from August 2023
- COVID-19 DCW and Other Financing Impacts
- Provider Stabilization Special Requests
- CCBHC General Update
- Behavioral Health Home
- Crisis Residential Unit
- Savings Estimates through July
- Relias
- Budget Discussion
- Autism Funding Allocation
- Ability to Pay Final Rule
- MDHHS Reporting
- Residential Tiered Rates
- Inpatient Tiered Rates
- Value Based Purchasing
- Standard Cost Allocation Workgroup
- Operations Council Key Decisions
- MDHHS Contract Updates
- Other Updates – PIHP CFO, Contract Negotiation Committee, EDIT
- Sharing things that we have learned that could be helpful to others
- Next Meeting: October 5, 2023; 10:00am to 12:00pm – **Zoom**

**✓ KEY DECISIONS**

- Welcome and Attendance
- Review and Approval of Agenda – Approved with addition of spenddowns.
- Approval of Snapshot from August 2023 – Approved as presented.
- COVID-19 DCW and Other Financing Impacts – Is there regional guidance on how DCW should be paid – all hours, including PTO; hours worked; or billable (face-to-face) hours?
  - MDHHS has indicated DCW should be paid for all hours. For SUD providers, MSHN is paying for all hours, including PTO hours, submitted in the reimbursement request.
  - Per Letter L23-04, the wage increase can be utilized to cover direct care worker’s indirect/administrative time (necessary time for the worker to complete associated direct care paperwork) and overtime. The \$2.35 per hour should be a base wage increase paid in addition to the worker’s regular wage but cannot be less than the wage being received by, or the starting wage offered to, a qualifying direct care worker on March 1, 2020. The \$2.35 per hour payment must be applied entirely to direct care worker wages.

- Some CMHSPs are only paying billable hours and have different hourly rates for internal employees providing eligible services. Billable hours include the DCW, but non-billable hours do not include the DCW.
- Some CMHSPs have included indirect time in their reimbursement rates. Providers are paid based on billable services, but the rate is meant to cover both billable and non-billable time.
- CMHSPs have the discretion for negotiating their provider network contracts, but MDHHS guidance should be followed. The suggestion is to reach out to provider networks to determine if reimbursement rates are sufficient and adjust as needed. This may have an impact on the FY2024 budget and projected deficit.
- Provider Stabilization Special Requests – Providers have been informed of the end of the program.
- CCBHC General Update – CCBHC ARPA reporting is due October 15<sup>th</sup>. Leslie will be sending a template.
- Behavioral Health Home – The MDHHS payment issue has been corrected, and payments have been received through August. Six CMHSPs will be BHHs in FY2024.
- Crisis Residential Unit – No discussion.
- Savings Estimates through July – The ISF is fully funded at \$55.4M with projected savings of \$6M.
- Relias – The FY2024 Relias contract has been updated based on the number of CMHSP seats. Invoices will be sent once MSHN receives the Relias invoice.
- Budget Discussion – The FY2024 budget being presented to the MSHN Board has a deficit of \$16M that will be covered by the ISF as needed. The budget is based on revised draft capitation rates along with enrollment reductions. Cost containment plans will be required and will be discussed in further detail at future meetings.
- Autism Funding Allocation – No discussion.
- Ability to Pay Final Rule – MDHHS supports using a standard sliding fee scale but will not make it a requirement. It is the responsibility of the PIHP/CMHSP to ensure a beneficiary's monthly ATP is not exceeded. It is MDHHS expectation that PIHP/CMHSPs come into compliance with the Administrative Rule by October 1, 2023.
- MDHHS Reporting – The period 2 EQI report is due to MSHN September 25<sup>th</sup> and MDHHS October 2<sup>nd</sup>. The year-end accrual schedule is due to MDHHS October 2<sup>nd</sup>. MSHN will complete the schedule based on the savings estimates and does not need additional information from the CMHSPs.
- Residential Tiered Rates – No discussion.
- Inpatient Tiered Rates – No discussion.
- Value Based Purchasing – No discussion.
- Standard Cost Allocation Workgroup – The SCA workgroup met to discuss the waterfall process for allocating costs for HR, IT, and grants. Milliman has confirmed the allocation is accurate. It is a requirement that the SCA methodology be followed in FY2024; however, CMHAM has indicated that the SCA language is not included in the FY2024 contract. Leslie will follow up.
- Operations Council Key Decisions – The August minutes have been saved to Box.
- MDHHS Contract Updates – No discussion.
- Other updates – PIHP CFO, Contract Negotiation Committee, EDIT – The August PIHP CFO notes have been saved to Box.
- Sharing things that we have learned that could be helpful to others – No discussion.

	<ul style="list-style-type: none"> <li>• Spenddowns – With the end of the PHE, spenddowns will become effective again. Individuals are not considered Medicaid eligible until the spenddown is met.</li> </ul>
✓ <b>ACTION/INPUT REQUIRED</b>	<ul style="list-style-type: none"> <li>✓ Period 2 EQI report is due September 25<sup>th</sup></li> <li>✓ Leslie will send CCBHC ARPA reporting template</li> <li>✓ Leslie will follow up on SCA contract language</li> </ul>
✓ <b>KEY DATES</b>	<ul style="list-style-type: none"> <li>• Next Meeting: October 5, 2023; 10:00am to 12:00pm – <b>Zoom</b></li> </ul>