

REGIONAL OPERATIONS COUNCIL/CEO MEETING

Key Decisions and Required Action

Date: 01/27/2025

- Members Present:** Chris Pinter; Ryan Painter; Maribeth Leonard; Carol Mills; Julie Majeske; Tracey Dore; Tammy Warner; Kerry Possehn; Michelle Stillwagon; Bryan Krogman; Sara Lurie
- Members Absent:** Sandy Lindsey; Joseph Sedlock (PTO)
- MSHN Staff Present:** Amanda Ittner, Leslie Thomas; For applicable sections Todd Lewicki and Skye Pletcher

Agenda Item		Action Required			
CONSENT AGENDA	Acknowledged receipt.				
	No discussion	By Who	N/A	By When	N/A
REGIONAL FINANCIAL POSITION AND COST CONTAINMENT STRATEGY	L. Thomas reported no change since the last Operations Council meeting. The region is anticipating \$8.7 M in FY 25 cost containment strategies. A few CMHSPs noted concerns with increased expenses that may impact cost containment.				
	CMHSPs continue to update progress	By Who	N/A	By When	N/A
EARNED SICK TIME/MINIMUM WAGE	Currently effective 2.21.25. Monitoring legislation: HB4002 (no carryover and does not apply to employees than 25hrs/week) & SB 15, (allow a CAP288, unless payout option, then 144). L. Thomas reported on Regional Efforts: Each CMHSP and MSHN sent individual surveys to its Provider Networks to assess readiness. During the 1.15.25 PNMC meeting results were discussed and the group agreed the biggest impact would be self-determination (SD). In addition, some SD staff will need an increase in wages for the new minimum wage law. PNMC members will send me the SD budget impacts by 2.14.25.				
	Results will be shared with the Operations Council in February	By Who	L. Thomas	By When	2.20.15
NETWORK ADEQUACY ASSESSMENT	MDHHS issued a new draft procedure. Submission of provider directories will be required to MDHHS as they will calculate the time and distance standards. Geographical destinations new to align with 42 CFR 422.116, Metro, Micro... based on population size from 2020 census; 85% for micro, rural, 90% metro. MDHHS noted the difference with Micro, Rural for inpatient and have inquired with CMS. The timeline will be tight for response and reporting to MDHHS by April 30, 2025. PIHPs may still need to submit a Provider Directory. Note: It will be important that CMHSPs ensure current upload and errors are addressed. CMHSPs will need to submit FTEs by county, beds by county.				

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	MSHN will send out final instructions by February 7, 2025, due March 14, 2025. CMHSPs to review county designations and draft procedure giving feedback directly to Amanda	By Who	A. Ittner CMHs	By When	2.7.25 1.31.25
HCBS CMS SITE VISIT REPORT & CAP	<p><i>(CAP) has now been approved by CMS with a timeline for development AND implementation by April 11, 2025.</i> While the MSHN region will not be responsible for any individual remediation, it is expected to address the systemic issues to ensure the region is not only in full compliance, but also, monitoring the system on a regular basis. Note, one area for CFA&P was included: <i>PIHPs/CMHSPs ensure compliance with CMS/MDHHS conflict-free access and planning implementation requirements and timelines.</i></p> <p>Todd reviewed the status of the findings and related CAP.</p>				
	Informational only	By Who	N/A	By When	N/A
MENTAL HEALTH FRAMEWORK (MDHHS MEETING)	<p>Association gathered participants to be a part of the dialogue with MDHHS regarding the Mental Health Framework that is being discussed by MDHHS. Associations review of this proposed framework</p> <ul style="list-style-type: none"> • The connection of the framework components to the aim of the effort is not clear. • The events or patterns that are leading to this proposal are unknown. • The movement of the management of the psychiatric inpatient benefit, for persons with mild to moderate conditions, to the private Medicaid Health Plans delinka the current coordinated discharge planning and community reintegration work, carried out by the public mental health system (CMHSPs, PIHPs, providers in the CMHSP and PIHP networks) from the inpatient benefit management to be overseen, as outlined in the Framework, by the MHPs. • The development of this framework appears to have excluded key stakeholders such as the state’s PIHPs, CMHSPs, providers, persons served, and advocacy groups. • The design appears to move a greater segment of the management of the state’s Medicaid Behavioral Health benefit to the private Medicaid Health Plans. <p>No meeting invite yet. Maribeth, Carol and Amanda are participating.</p>				
	CMHSPs to provide feedback to Amanda for inclusion in workgroup meeting discussion.	By Who	CMHs	By When	2.7.25
IBH MODEL GRANT AWARD	<ul style="list-style-type: none"> • Michigan was awarded this grant from CMS on 12/17; provides \$7.5M over 8 years for Duals (Medicare/Medicaid with a BH/SUD Diagnosis) • Directed to improvements in coordination; emphasis also on social drivers of health; payment innovation (VBP models) 				

Agenda Item	Action Required				
	<ul style="list-style-type: none"> 3 years of planning allowed before implementation; will work with stakeholders to determine best design; including payment reform to incentivize better care coordination; planning to rely on CCBHC and HHs to carry this out in years 4-8 (at least at this time). Continues to move the needle on integrated health for beneficiaries. Link to CMS integrated health page: https://www.cms.gov/priorities/innovation/innovation-models/innovation-behavioral-health-ibh-model				
	Informational Only	By Who	N/A	By When	N/A
UPDATE: CFA&P WAIVER LANGUAGE	Status updated from Operations Council Packet - Todd reported 1915 I (SPA), SED, CW, and HSW were all approved by CMS. In addition, CFA&P language included in the Waiver application was reviewed with the group along with the expected communication from MDHHS regarding implementation plan and policy.				
	Discussion Only	By Who	N/A	By When	N/A
UPDATE: PIHPs FY25 CONTRACTS	<p>MDHHS canceled the scheduled meeting on 1.24.25 and canceled the series for PIHP CEO and contract meetings.</p> <p>Per MDHHS, contract meetings will be used to cover a broader array of operational topics. These meetings will be held monthly, with the goal of including SME's for the particular agenda items to ensure more robust discussion. Stay tuned for additional correspondence on structure and agenda building.</p> <p>Additionally, the PIHP CEO meetings are going to shift to a bi-monthly structure. If there is a need for an ad hoc meeting outside of the regular cadence, we'll certainly make that happen.</p> <p>1.16.25 - Stipulated Order in the PIHP v. MDHHS case. It is agreeing to add Southeast as a Plaintiff and allow them to add an allegation re: FY24 ISF restrictions and agreeing that the PIHPs can implement SUDHH (which Kristen said she wanted to work with them to do anyway, in a meeting like 2 weeks before this lawsuit was filed). MDHHS response to the lawsuit is due to court of claims I believe 2/9.</p>				
	Update only	By Who	N/A	By When	N/A
MDHHS SITE REVIEW-USE OF RANGES	<p>Joe and Amanda met with Kristen and Jackie to provide background and status of current state. Reinforcing we want to work with MDHHS to meet compliance but disagree as noted for the reasons in the communication. We are more than willing to develop a stronger policy on use of ranges.</p> <p>MDHHS indicated they would hold on any sanctions and will meet internally with their team. When ready they will schedule another meeting with MSHN.</p>				

Agenda Item		Action Required			
	In the meantime, UMC and CLC will be reviewing/creating policy guidance for use of ranges.				
	Update only	By Who	N/A	By When	N/A
IN-REGION COFRs	<p>S. Pletcher reviewed the COFR background summary and worksheet submitted by CMHs.</p> <p>Question: Does this include all the cost – even residential? Saginaw residential expenses were not included as they pay directly to the provider so not included in the COFR. It was unclear in the instructions if that should have been included. Saginaw is supportive of reviewing COFR to apply in a standardized way.</p>				
	Skye will work with UMC to gather more information on the worksheet and ensure it captures all costs.	By Who	Skye	By When	2.20.25
SUD AFTER HOURS ACCESS	S. Pletcher reviewed the status for SUD after hours access. MSHN is going live today with Protocol beginning at 5pm.				
	Information only	By Who	N/A	By When	N/A
SUD OPIOID SETTLEMENT FUNDS	<p>MDHHS is allocating \$1 million to PIHPs for FY25.</p> <p>PIHPs must collaborate with local governments to support community engagement and planning activities.</p> <p>PIHPs are required to implement a transparent reporting system accessible to the public.</p> <p>MSHN has released an open proposal process for in-region SUD prevention, community recovery, treatment, recovery housing, and harm reduction providers. The proposal process opened on Friday, 12/20/24 and will close on Monday, 2/3/2025. Contracts will be awarded from April 1, 2025 through September 30, 2025.</p>				
	Informational only	By Who	N/A	By When	N/A
PIHP CONTRACT NEGOTIATIONS UPDATE: CONTRACT AMENDMENT RELATED TO AUTISM	<p>Nothing further to report – meeting canceled – no materials provided.</p> <p>Amanda emailed on 1.24.25 the update from Jackie which included the below:</p> <p>A PIHP rate amendment is being developed by MDHHS to support the ABA behavioral tech rate. The increase in PIHP rates is expected to be issued in March and will include funding to cover November 2024—February 2025.</p>				
	Update only	By Who	N/A	By When	N/A
DISCUSSION ON THE MEDICAID REVENUE GAP DUE TO MIS-ENROLLMENT OF DAB BENEFICIARIES	<p>L. Thomas report that the PIHP Chief Information Officers (CIO) are leading this effort to develop an automated process to track DAB eligibility changes. One CIO met with PCE for assistance.</p> <p>Notes from the initial CIO meeting include the following:</p>				

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	<ul style="list-style-type: none"> Discussed looking at a group approach/data collaboration to take to the state. Discussion on trends across the state. What collaboratively can we do to review data across the state? 				
	MSHN will update Ops Council once report is ready	By Who	L. Thomas	By When	2.20.25
DISCUSSION ON THE PIHP CONTRACT NEGOTIATION/LITIGATION AND MSHNs COST SETTLEMENT WITH MDHHS FOR PRIOR YEARS	<p>Cost Settlement: MSHN’s current cost settlements for FY 21 and FY 22 include anticipated lapses of \$19.1 M and \$13.5 M respectively. FY 23 yielded a small savings carry forward and no lapse.</p> <p>The group requested MSHN hold off lapsing funds for both fiscal years until the other PIHPs’ lawsuit is finalized.</p>				
	Discuss internally how we handle MDHHS FY 21 cost settlement.	By Who	Joe, Amanda, and Leslie	By When	TBD
HEALTHY TRANSITIONS	M. Stillwagon asked about how the room and board should be managed. MSHN recommended the services be paid for separately as room and board can only be covered with GF. C. Mills reported using a flat per diem and then backing off room and board during Newwaygo’s cost settlement with the provider.				
	Discussion only	By Who	N/A	By When	N/A
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