

REGIONAL OPERATIONS COUNCIL/CEO MEETING

Key Decisions and Required Action

Date: 12/16/2024

Members Present: Chris Pinter; Ryan Painter; Maribeth Leonard; Carol Mills; Julie Majeske; Tracey Dore; Tammy Warner; Kerry Possehn; Michelle Stillwagon; Bryan Krogman; Sara Lurie; Sandy Lindsey

Members Absent:

MSHN Staff Present: Joseph Sedlock; Amanda Ittner; for applicable section Leslie Thomas, Kim Zimmerman, Todd Lewicki

Agenda Item		Action Required			
CONSENT AGENDA	Addition: Minimum Wage and Sick Time Self Determination Arrangements Discussed MDHHS Proposal to add psychiatric inpatient for Mild/Moderate (M2M) to MHP responsibilities (See Consent Agenda, J slide deck): Joe reviewed the high level PIHP+ plan and the feedback MSHN submitted regarding the M2M inpatient, which if inpatient is required then the individual is not considered M2M. MDHHS presented this as an initiative to hold MHPs more accountable for M2M. There is also concern regarding the move of payment for the M2M to the MHPs (enrollment model) and how PIHPs count on funds (eligibility model).				
	No additional questions regarding the consent agenda	By Who	N/A	By When	N/A
REGIONAL FINANCIAL POSITION AND COST CONTAINMENT STRATEGY	L. Thomas reported cost containment strategies have been updated and CMHs reporting expense constraint targets consistent with strategies of about \$7m. With new rates we anticipate a deficit of \$10m. MSHN updated their strategy with Access information.				
	Update information only	By Who	N/A	By When	N/A
FY24 QAPIP REPORT	K. Zimmerman reviewed the QAPIP report as required to report annually by MDHHS. No questions. Kim identified areas that need improvement and the strategy by MSHN to ensure follow up.				
	Ops council reviewed, acknowledged receipt and recommend Board approval. Next step to present to Board of Directors in January 2025	By Who	K. Zimmerman	By When	1.1.25
FY25 QAPIP PLAN	K. Zimmerman reviewed the QAPIP plan and related updates based on the MDHHS contract.				
	Ops council reviewed, acknowledged receipt and recommend Board approval. Next step to present to Board of Directors in January 2025	By Who	K. Zimmerman	By When	1.1.25
MDHHS SITE REVIEW-USE OF RANGES	J. Sedlock updated the group on the communication from MDHHS regarding repeat findings from the site visit for use of ranges and the MDHHS threat to implement financial sanctions due to several years of repeat citations. MSHN consulted with Health Law Partners and there is a pathway to do a declaratory judgement on this, but our law firm does not advise we pursue it unless we have other objectives. A plan of correction is due by December				

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	20. Then a 90 day follow up will be conducted by MDHHS. MSHN can include that when a plan renews, then the ranges will be eliminated and replaced with exact amount, scope, and duration. There is still a concern regarding new findings if addendums aren't completed in time due to using specific scope instead of ranges. Additional concerns regarding staff resources to implement this CAP. Any funding to support a suit, would need to come from the CMHs local funding. CMHs have protections but PIHPs do not.				
	Operations Council advice is to hold the line on this and submit a CAP that states MSHN will continue to use ranges understanding there will be financial sanctions, and then to deal with (or appeal) whatever sanction is imposed. J. Sedlock will use this input together with input from upper management at MSHN and make a decision on how to proceed..	By Who	J. Sedlock / K. Zimmerman	By When	12.20.24
AUTISM WAITING LIST INQUIRY; WAITING LISTS	T. Lewicki reviewed the report in the packet regarding Autism waitlists and provider capacity. PIHPs cannot have waitlist, however, Autism services are having waitlist and MDHHS is seeking information/requesting information on our regions waitlist. MDHHS indicated the desire to understand the larger implication of provider shortages to support expansion. Some delay could be provider choice as indicated in the notes.				
	Todd's working directly with his team to keep a close on this.	By Who	T. Lewicki	By When	
UPDATE (if any): CONFLICT FREE ACCESS AND PLANNING	MDHHS indicated they are still working on answering questions with CMS. The waivers have been extended until March 31 so anticipation of communication from MDHHS after the new year/February-March.				
	Update only, will keep this item on future agenda	By Who	N/A	By When	N/A
REMINDER: CMHSP PARTICIPANT BOARD CONSIDERATION OF PROPOSED EDITS TO MSHN BYLAWS (8 OF 12 RECEIVED) +2/3 HAVE SUPPORTED – CONSIDERED ADOPTED; MSHN BOARD WILL BE PROVIDED WITH A FINAL COPY; OPS WILL RECEIVE A FINAL COPY	Update only - 8 of 12 received, so enough for 2/3 rd to move forward. Would still like documentation from the other CMHs on the status of bylaws. CEI and LifeWays on the Board agenda next week.				
	CMHSPs to report status if they haven't submitted yet.	By Who	CMHs	By When	1.30.25
MINIMUM WAGE & SICK TIME – Self Determination	Standard contract for FMS. Recommend a regional approach to the standardized contract for our providers and implications due to many providers not currently having this benefit as well as the self-determination. PNMC will discuss it as well Wednesday at 10. Finance Council also scheduled a discussion in January on this.				

Agenda Item	Action Required				
	<p>Questions/concerns should be forwarded to Leslie Thomas for PNMC consideration. This topic will be added to the January agenda for an update from PNMC.</p>	By Who	CMHs/L. Thomas	By When	1.8.24
<p>PIHP FY25 Contracts</p>	<p>Discussed the current state of PIHPs that haven't signed the contract (Three have filed suit; two others are considering; five have signed the FY 25 contact). Key issues for the suit include: ISF, CCBHC and Waskul settlement.</p> <p>MSHN repeated and reiterated its positions on these matters, including the potential harm/consequences, and that MSHN does not have a contested legal issue (i.e., the issue at hand is the FY 25 contract and several elements within it; MSHN signed the FY 25 contract, so would not have any standing to join a suit and no local money to do so even if it wanted to/could). Some CMHSP CEOs reiterated that they believed signing the FY 25 contract was a mistake, but also acknowledged the MSHN as a PIHP does not enjoy the same legal status or protections as CMHSPs. MSHN for 10 years has worked hard to position the region as the premiere, go-to PIHP and regional collaboration.</p> <p>Conversation started with ranges, and this might not be the topic to move to suit now but to keep an eye on what is happening with litigation.</p> <p>Foster care placement and related lawsuits are also a concern for future CMH resources.</p> <p>One CMHSP CEO stated that MSHN is not representing the views of the CMHSP and is driving decisions that are opposed. MSHN responded to this concern by stating that all input is being used in the MSHN decision-making processes, which are broader than just Operations Council or individual CMHSP CEO input.</p>				
	Discussion and Information	By Who	N/A	By When	N/A