

REGIONAL OPERATIONS COUNCIL/CEO MEETING

Key Decisions and Required Action

Date: 05/14/2025

Members Present: Chris Pinter; Maribeth Leonard; Julie Majeske; Tracey Dore; Tammy Warner; Kerry Possehn; Michelle Stillwagon; Bryan Krogman; Sandy Lindsey; Sara Lurie, Jeff Labun, Cassie Watson, David Lowe

Members Absent: Ryan Painter; Carol Mills

MSHN Staff Present: Joseph Sedlock; Amanda Ittner; For applicable sections – Leslie Thomas,

Agenda Item		Action Required			
CONSENT AGENDA	No items for discussion				
	Received and acknowledged	By Who	N/A	By When	N/A
REGIONAL SAVINGS ESTIMATES THROUGH MARCH 2025	L. Thomas reviewed the regional savings estimates through March 2025. Still projecting use of \$23m from ISF to cover expenditures HMP expecting to use \$22m to cover the deficit. Autism is \$7m over revenue. Positive \$4m improvement in the March savings estimate compared to December estimate.				
	Received and encourage continued monitoring and implementation of cost containment plans	By Who	N/A	By When	N/A
SERVICE USE ANALYSIS – FOLLOW-UP	L. Thomas reviewed the service use analysis, which now includes specialized residential separated out and the units per consumer calculation.				
	CMHSPs to use analysis in reviewing comparison and identifying target areas for additional follow up.	By Who	CMHSPs	By When	N/A
REGIONAL INTERNAL SERVICE FUND REPLENISHMENT DISCUSSION	J. Sedlock reviewed the preliminary draft for replenishment of the ISF. MSHN is at risk of not meeting the PIHP contract requirement of managing risk and following compliance with the risk corridor. If MSHN doesn't have an ISF it also puts the CMHs at risk as MSHN wouldn't be able to cost settle. MSHN proposed to MDHHS options to designate funding to an ISF based on the North Carolina model. MDHHS couldn't respond due to ongoing litigation of the ISF. Reinsurance was also researched and no reinsurance issuer would take this risk. MSHN exhaustively searched for company that would fund it in the US, Europe, and UK. Along with very high return on investment requirements and unavailable/unwilling insurers, this has been ruled out as an option for financing the ISF. MSHN Board will most likely not fund contracts that are over the anticipated revenue with no ISF. Concerns: <ul style="list-style-type: none">MSHN may need to also reduce its costs along with other in-region cost containment plans.Having funds directed to ISF/savings while cutting personnel and potentially services				

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	<ul style="list-style-type: none"> Using PBIP local when GF is already tight or overspent – and it would take 10 years to replenish from this source alone. Service reductions may be the only way to achieve savings to fund the ISF. J. Sedlock stated that MSHN will not – can not under federal regulations and state contract requirements – approve any plan to reduce services to beneficiaries. <p>MSHN is hopeful that a June rate adjustment may cover the projected current year deficit, but there remains the issue of replenishing what was used to cover results of operations in the prior fiscal year (FY 24)</p>				
	Agenda topic to be included in the future meetings in order to have an implementable strategy at the start of FY26.	By Who	J. Sedlock	By When	7.1.25
AUTISM POLICY RECOMMENDATIONS	<p>T. Lewicki reviewed the Autism Policy Recommendations included in the packet. Additional concerns noted:</p> <ul style="list-style-type: none"> 2-3 years old receiving more than 6 hours a day plans of service are highly dominated by 1:1 ABA service delivery and that other combinations of service should be considered, such as Social Skills Group (97158) 				
	Operations Council supported the recommendations and will update Ops council on the progress.	By Who	T. Lewicki	By When	9.1.25
COUNTY OF FINANCIAL RESPONSIBILITY (COFR) POLICY RECOMMENDATIONS	S. Pletcher reviewed the COFR discussion, background and Policy recommendations.				
	Operations Council decision to place this on hold given the uncertainties at the state and federal levels and will be brought back in the future	By Who	S. Pletcher	By When	5.31.25
MENTAL HEALTH FRAMEWORK UPDATE	<p>Reviewed the status slides provided in the packet that MDHHS discussed at the PIHP Operations Meeting. Expected to begin Mental Health Framework in FY27 with the new awardees from the procurement. MDHHS confirmed the following during the meeting:</p> <ul style="list-style-type: none"> No move towards enrollment model; MHFs purpose to clarify MHP coverage for MH services Still reviewing what services will fall under “intensive MH” services covered by MHPs. Mentioned: Inpatient Psych. TCM, Pre-admission Screening PIHPs retain emergency services and services under waivers Still reviewing how CCBHCs will work in this model <p>Ops Council discussed the ER boarding and communication from the Hospital Association. PIHP/MSHN performance with inpatient prescreening is outstanding and the issue is with placement, not timely screening. Association preparing a rebuttal. The inpatient study conducted in 2017 by MSHN was shared with the group.</p>				

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	Update and discussion provided and MSHN will continue to keep Ops apprised of any further updates.	By Who	J. Sedlock	By When	9.1.25
PIHP PROCUREMENT UPDATE (IF ANY)	PIHPs haven't heard anything from MDHHS. Some rumors that information related to qualified bidders will come out at the end of May. Bid specifications will come out later.				
	Informational Only	By Who	N/A	By When	N/A
CONFLICT FREE ACCESS AND PLANNING UPDATE (IF ANY)	No update on this either. It is possible that CFAP will be considered for FY27 contract with awardees. The National Council gave feedback to CMS to remove CFAP requirements.				
	Informational Only	By Who	N/A	By When	N/A
AUTISM RATE CONFIRMATION	L Thomas discussed the MDHHS request for confirmation of the ABA rate implementation. Discussion with the Finance Council, indicated everyone confirmed contracts and rate adjustment retroactive to November 1, except for Centria as they refuse to sign due to the DCW rate not being added to the ABA rate of \$66. Referrals have also been on pause by BABH due to no contract. L. Thomas will follow up with MDHHS request indicating the above note.				
	Discussion and support to respond as noted.	By Who	L. Thomas	By When	5.25.25
Medicaid Reductions	Discussed the MDHHS Medicaid Funding Stakeholder meeting Local conversations and impact Hospital impact HCBS Waiver impact				
	Discussion Only Add CCBHC direct payment model and risk for next month review.	By Who	J. Sedlock	By When	6.1.25