

REGIONAL OPERATIONS COUNCIL/CEO MEETING

Key Decisions and Required Action

Date: 09/21/2026

Members Present: Chris Pinter; Carol Mills; Julie Majeske; Tracey Dore; Levi Zagorski; Tammy Warner; Kerry Possehn; Michelle Stillwagon; Bryan Krogman; Sandy Lindsey; Sara Lurie, Jeff Labun, Cassie Watson; Gwenda Summers

Members Absent: Ryan Painter

MSHN Staff Present: Amanda Ittner; Leslie Thomas

Agenda Item		Action Required			
CONSENT AGENDA	The group had no feedback from the consent agenda.				
	N/A	By Who	N/A	By When	N/A
UTILIZATION MANAGEMENT CEO WORKGROUP SUMMARY	Amanda reviewed the Utilization Management CEO Workgroup summary. The workgroup has finalized and included recommendations for Operations Council approval as requested to address non-delegation of UM for HCBS services. The group agreed on the UM definitions, assessment of current systems, short-term and long-term strategy for compliance and timeframe for implementation. The UM CEO Workgroup recommends the Operations Council approve the following: 1. The Utilization Management Definitions as noted 2. The inclusion of BPS and IPOS as part of the UM review 3. Direct PIHP access to the CMHSP EMR until such time an AI support review platform is available 4. PIHPs to pursue an AI tool for clinical review and further presentation and recommendation to Operations Council 5. Implementation timeframe and applicability Chris reiterated the recommendations are minimal to meet requirement for the PIHP. Tammy questioned whether the plan must be implemented by 10.1.26. Could it be a staggered implementation and structured in different phases as opposed to specific months and then based on when guidance is received? Amanda responded that the MDHHS requirement is 10.1.26, however final guidance has not been received. In addition, HSAG is questioning how CFAP requirements will be addressed. Amanda stated the region should begin drafting benefit plans but structured timeframes can be used until final guidance is received. Carol stated this plan should only include authorizations for waiver services and is concerned that PCE is intending to globally apply their full authorization process. Amanda responded that this process is different than the plan from PCE. PCE is offering a dashboard for CMHSPs to track authorization timeliness and denials. Amanda				

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	confirmed there is no intent for MSHN to begin authorizing all CMH services and that authorizations will not be included in the project. Sarah requested additional time for review prior to approving. Bryan inquired about messaging to the UMC and Amanda supported waiting until Operations Council has approved.				
	MSHN will revise the document as follows and include on the October agenda for final review: • Ensure clarity to only HCBS services • Timeframes will be added instead of specific dates • Visual of project is requested • Inclusion of graph identifying services by waiver • Inclusion of “when guidance received, the plan will be brought back to Ops Council”.	By Who	A.Ittner	By When	10.15.26
INTER-REGIONAL DIALOGS	Amanda reported the group’s last meeting was on 9.9.26. All CMHSPs have signed a joint representation agreement. The Common Interest Agreement between CMHSPs and PIHPs is being drafted. Discussed Rate Setting meeting and FY27 Budget considerations, preparing for the impact of H.R.1. Work continues with the PIHPs on the process alignment opportunities to standardize contract boilerplate, training grid and recipient rights reciprocity. Next meeting is on 9.30.26.				
	Update and discussion only.	By Who	N/A	By When	N/A
FY27 RATES & REGIONAL PLANNING	Leslie informed the group, MDHHS final rates are still outstanding and a distribution date has not been identified. Wakely Actuarial firm submitted a 10-page document to MDHHS regarding draft rates. In summary, there were concerns with the following areas: Working Families Tax Cut – questions on enrollment and acuity assumptions Substance Use Disorder (SUD) Rate Transparency – SUD rates are not separately identifiable in Appendix 4 Base Data Components – No clear explanation showing the relationship for different variables and their impact on rates Waiver Services Previously Funded Through CCBHC PPS-1 – Questions on whether waiver data from FY 25 were included in base capitation Minimum Wage – Questions regarding the allocation of \$89.2 M being insufficient and the impacts of wage compression on for the DCW add-on. Intensive Crisis Stabilization Services (ICSS) – No data provided and the request is to resolve this issue prior to final rate development				

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	Administrative Load Development – Requesting a review to include the impacts to administrative effort for FY 27 changes such as member outreach, eligibility support, reporting, lower HMP enrollment, etc. FY 26 Rate Timing – Concerns with the lateness of the FY 26 mid-year rate adjustment and its potential impact on regional FYE results Risk Margin Support – Requested further explanation on Risk Margin In addition, a summary table of recommendations were provided. Chris asked if the mid-year waiver issue is pulling funding or correcting a prior funding error. Leslie confirmed MDHHS is correcting payment errors only. Bryan requested CMHSP contracts be sent prior to final MDHHS rates. Leslie acknowledged they will be sent this week based on the board approval amounts. Sandy questioned if there are other contract attachments aside from the funding exhibit. Leslie responded there will be a disclosure form, Healthy Transitions contract, and Clubhouse Agreement if applicable.				
	MSHN will calculate an updated revenue picture once final rates are received. In addition, CMHSPs will need to submit updated expense figures to accompany revenue for completion of the final FY 27 projections.	By Who	L. Thomas	By When	9.25.26 (contracts) TBD (final rates)
RFP/PROCUREMENT UPDATE (IF ANY)	No update – continue to monitor Legal Appeal continues: MDHHS submitted their brief. Our reply is due September 25.				
	Informational update only	By Who	N/A	By When	N/A
HOMELESSNESS DISCUSSION	MSHN Board member requested our CMHSPs provide updates on the region’s work with the homeless population. Homeless shelters collect data on individuals that utilize the shelter. Concerns regarding community perception related to CMHs and the homeless, increased demand on CCBHCs and General Fund. CMHSP reported: LifeWays: Part of mileage pays for therapist, community perception that CMHs can force treatment on homeless, Cassie doing education at council levels; discussion occurring but housing supports are limited. CIECMH: Mayor requested meeting with CMH as it is a large concern especially in downtown Lansing; CEI works with those served to obtain housing; challenge to support others. Saginaw: Similar to above, numerous shelters and full, concern for winter, new churches for warming centers, housing resource center that supports outreach.				

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	Informational	By Who	N/A	By When	N/A
AUTHORIZATION DATA	Amanda sent out clarification on Friday regarding PCE efforts related to Authorizations. - MDHHS requires PIHPs to publicly post prior authorization information on the PIHPs website by October 1, 2026 (this is a CMS requirement). Steve Grulke through ITC has been working to obtain information from the CMHs. See attached. We have been working through different interpretations of prior authorizations (some CMHs consider all services prior authorized, others do not). - MDHHS has expanded the authorization denial reporting process effective October 1, 2026. Note: The UM PIHP group is requesting an extension since the new template reporting just recently came out. You will see an update on this in the Operations Council packet on pg 25, from PCE. Note: This is an optional implementation for CMHs if they need an automated method for tracking authorization tracking and timeliness. - MSHN has not requested any authorization information related to any initiatives under utilization management for CFAP. The recommendations from the CEO UM Workgroup are on the agenda today for approval.				
	Update only	By Who	N/A	By When	N/A
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