

REGIONAL OPERATIONS COUNCIL/CEO MEETING

Key Decisions and Required Action

Date: 06/12/2023

Members Present: Chris Pinter; Lindsey Hull; Maribeth Leonard; Carol Mills; Sharon Beals; Tammy Warner; Bryan Krogman; Sandy Lindsey

Members Absent: Sara Lurie; Tracey Dore; Michelle Stillwagon; Kerry Possehn

MSHN Staff Present: Joseph Sedlock; Amanda Ittner; For applicable areas: Leslie Thomas, Todd Lewicki

Agenda Item	Action Required			
CONSENT AGENDA	J. Sedlock asked for any discussion or questions on the consent agenda			
	No items removed for discussion	By Who	N/A	By When
Operating Agreement/Local Funds Discussion	<p>J. Sedlock reviewed the recommendation from last month to include revised local language in the Operating Agreement.</p> <p>Comments/Discussion:</p> <ul style="list-style-type: none"> • No local funds requirement for the PIHP • No local reserve for the PIHP to cover disallowments, overages on PIHP cost for HH initiatives, SUD Block Grant reductions • Consider where the risk is at, PIHP or CMHSP • Consider if a disallowments occurs, then MSHN could go to Ops to consider coverage of it – would need language to include compelling CMHSPs to cover PIHP uncovered obligations • Consider how the overage and disallowments would be covered, ie. By all CMHs or those applicable (HH) • Consider SUD provider risk in OHH – disallowments for recoupments • Consider annual request each year by MSHN from CMHs for local funding • Cash flow for provider and admin processing should be considered as well • Consider waiting for yearend estimates • PBIP – consider annual dollar amount of request for SUD provider system • 13 Boards will need to approve any changes to the Operating Agreement • 4.1.2.2 – Possible to adjust language here • Largest concern is OHH • Concern with OHH not having history <p>4.1.4.1 Interest Earnings</p> <p>CMHCM – Recommends no changes to the interest allocation</p> <p>Newaygo - Recommends no changes to the interest allocation</p> <p>BABH – Votes no on all recommendations</p> <p>MCN – Supports the PBIP allocation for SUD providers to allow some flexibility and not having annual requests</p>			

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	<p>Saginaw – Supports the PBIP allocation for SUD providers to allow some flexibility and not having annual requests Shiaw – Supports the PBIP allocation for SUD providers to allow some flexibility and not having annual requests TBHS – Votes no on all recommendations based on the board indicating there isn’t an immediate need LifeWays –</p> <p>Recommendation after discussion for consideration: For PBIP only, MSHN is part of the allocation. At year end cost settlement, if not utilized/needed, then the balance is distributed back to the CMHSPs or with timing it may be used as the actual number to distribute. MSHN to use for cost overruns, recoupment, incentives, etc.</p> <p>CEI, HBH, GIHN and TRD not in attendance for input</p> <p>Agreement to separate out the local allocations from the assurance of the stability of the PIHP.</p>				
	MSHN will develop alternate language for a simpler process for annual reconciliation related to annual process and language binding CMHSPs to cover PIHP unmet obligations	By Who	J. Sedlock	By When	7.10.23
<p>CBHO Report</p> <ul style="list-style-type: none"> • 1915i WSA Enrollment Update • CFAP Workgroup Update • Child Welfare Review Update 	<p>T. Lewicki reviewed the updates included in the packet.</p> <ul style="list-style-type: none"> • MSHN is behind in 1915i WSA enrollment – requesting CEO awareness and support to move this forward • CFAP - 4 options being worked on within the group testing 3 scenarios; next meeting on 6.26 to finish the last scenario; estimating at the July meeting to recommend 1 of the 4 options. Any discussion of the rural exemption? – not at this time; MSHN can take this back to the group • Child Welfare Clinical Review requests – See handout, informational to CEOs to ensure they understand the requests are coming from a state department. CLC will be discussing how they can develop a standard process for this and contact individuals, plus use of CRM. Discuss with the state how they organize the meeting and use of CRM? 				
	Informational and discussion	By Who	CMHSPs	By When	7.10.23
<p>Network Adequacy Addendum Report</p>	<p>A. Ittner reviewed the FY22 Amendment report for the NAA which was a follow up from the FY21 NAA MDHHS review submitted and due on 5.31.23. Included is the updated grid by CMHSP (from CLC) – required to ensure NAA by each CMHSP to include all services. For SUD, we needed to ensure all ASAM levels of care availability. We also included updates on the recommendations from the FY22 assessment. Beginning in October, MSHN will be working with TDB Solutions to update the time and distance standards again with the geomapping based on Medicaid eligibles.</p>				

Agenda Item	Action Required				
	Next Steps: MSHN will continue to work with council/committees to follow up on the recommendations.				
	Informational Only – No further feedback from Ops	By Who	N/A	By When	N/A
Office Based SUD Treatment Proposed Policy	A listening session was held today with MDHHS. Deadline for public comment is July 15 MSHN already submitted questions and comments.				
	MSHN will share our feedback with the CMHs.	By Who	J. Sedlock	By When	6.15.23