Mid-State Health Network

Board of Directors Meeting ~ November 7, 2023 ~ 5:00 p.m.

Board Meeting Agenda

MyMichigan Medical Center
Wilcox Room
300 E. Warwick Dr.
Alma, MI 48801

MEMBERS OF THE PUBLIC AND OTHERS UNABLE TO ATTEND IN PERSON CAN PARTICIPATE IN THIS MEETING VIA TELECONFERENCE
Teleconference: (Call) 1. 312.626.6799; Meeting ID: 379 796 5720

1. Call to Order
2. Roll Call
3. **ACTION ITEM:** Approval of the Agenda

   Motion to Approve the Agenda of the November 7, 2023 Meeting of the MSHN Board of Directors
4. Public Comment (3 minutes per speaker)
5. **ACTION ITEM:** MSHN External Compliance Examination Report Presentation *(Page 6)*

   Motion to receive and file the Report on Compliance of Mid-State Health Network for the year ended September 30, 2022
6. Value Based Purchasing Presentation
7. Chief Executive Officer's Report *(Page 12)*
8. Deputy Director's Report *(Page 29)*
9. Chief Financial Officer's Report

   Financial Statements Review for Period Ended September 30, 2023 *(Page 32)*

   ACTION ITEM: Receive and File the Preliminary Statement of Net Position and Preliminary Statement of Activities for the Period ended September 30, 2023, as presented
10. **ACTION ITEM:** Contracts for Consideration/Approval *(Page 41)*

    The MSHN Board of Directors Approve and Authorizes the Chief Executive Officer to Sign and Fully Execute the FY 2024 Contracts, as Presented on the FY 2024 Contract Listing
11. Executive Committee Report
12. Chairperson's Report

MSHN
Mid-State Health Network

Our Mission:

To ensure access to high-quality, locally-delivered, effective and accountable public behavioral health and substance use disorder services provided by its participating members

Our Vision:

To continually improve the health of our communities through the provision of premiere behavioral healthcare & leadership. MSHN organizes and empowers a network of publicly funded community partnerships essential to ensure quality of life while efficiently, and effectively addressing the complex needs of the region's most vulnerable citizens.

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Board of Directors Meeting Materials:
Click **HERE**
or visit MSHN's website at:
https://midstatehealthnetwork.org/stakeholders-resources/board-councils/board-of-directors/fy2024-meetings

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Upcoming FY24 Board Meetings

(Tentative until Board Approval)
Board Meetings convene at 5:00pm unless otherwise noted

January 9, 2024
Comfort Inn & Suites and Conference Center
2424 S. Mission Street
Mt. Pleasant, MI 48858

March 5, 2024
MyMichigan Medical Center
300 E. Warwick Drive
Alma, MI 48801

May 7, 2024
MyMichigan Medical Center
300 E. Warwick Drive
Alma, MI 48801

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Policies and Procedures
Click HERE or Visit
https://midstatehealthnetwork.org/provider-network-resources/provider-requirements/policies-procedures/policies

13. **ACTION ITEM:** Consent Agenda

    Motion to Approve the documents on the Consent Agenda

    13.1 Approval Board Meeting Minutes 09/12/23 *(Page 43)*
    13.2 Approval Public Hearing Meeting Minutes 09/12/23 *(Page 49)*
    13.3 Receive SUD Oversight Policy Board Meeting Minutes 08/16/2023 *(Page 51)*
    13.4 Receive Board Executive Committee Minutes 10/20/23 *(Page 55)*
    13.5 Receive Policy Committee Minutes 10/03/23 *(Page 56)*
    13.6 Receive Operations Council Key Decisions 09/18/23 *(Page 58)* and 10/16/23 *(Page 61)*
    13.7 Approve the following policies:
        13.7.1 Confidentiality and Notice of Privacy *(Page 63)*
        13.7.2 Compliance Line *(Page 66)*
        13.7.3 Compliance and Program Integrity *(Page 68)*
        13.7.4 Compliance Reporting and Investigations *(Page 71)*
        13.7.5 Consent to Share Information *(Page 74)*
        13.7.6 Disqualified Individuals Policy *(Page 79)*
        13.7.7 External Quality Review *(Page 90)*

14. Other Business

15. Public Comment (3 minutes per speaker)

16. Adjourn

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FY24 MSHN Board Roster

Last Name	First Name	Email 1	Email 2	Phone 1	Phone 2	Appointing CMHSP	Term Expiration
Bohner	Brad	bbohner@tds.net		517.294.0009		LifeWays	2025
Brehler	Joe	jbrehler@sprynet.com		517.882.7491	517.230.5911	CEI	2025
DeLaat	Ken	kend@nearnorthnow.com		231.414.4173		Newaygo County MH	2026
Griesing	David	davidgriesing@yahoo.com		989.823.2687		TBHS	2024
Grimshaw	Dan	midstatetitlesvcs@mstsinc.com		989.823.3391	989.823.2653	TBHS	2026
Hicks	Tina	tmhicksmshn64@gmail.com		989.576.4169		GIHN	2024
Johansen	John	j.m.johansen6@gmail.com		616.754.5375	616.835.5118	MCN	2024
Ladd	Jeanne	stixladd@hotmail.com		989.634.5691		Shia Health & Wellness	2024
McFarland	Pat	pjmcfarland52@gmail.com		989.225.2961		BABHA	2026
McPeek-McFadden	Deb	deb2mcmail@yahoo.com		616.794.0752	616.343.9096	The Right Door	2024
Moore	Phillip	phillipmoore@outlook.com		989.763.2866		Shia Health & Wellness	2024
Nyland	Gretchen	gretchen7080@gmail.com		616.761.3572		The Right Door	2025
O'Boyle	Irene	irene.oboyle@cmich.edu		989.763.2880		GIHN	2026
Palmer	Paul	ppalmer471@ymail.com		517.256.7944		CEI	2025
Pawlak	Bob	bopav@aol.com		989.233.7320		BABHA	2025
Peasley	Kurt	peasleyhardware@gmail.com		989.560.7402	989.268.5202	MCN	2024
Phillips	Joe	joe44phillips@hotmail.com		989.386.9866	989.329.1928	CMH for Central	2026
Raquepaw	Tracey	tl.raquepaw@icloud.com	raquepawt@michigan.gov	989.737.0971		Saginaw County CMH	2025
Scanlon	Kerin	kscanlon@tm.net		502.594.2325		CMH for Central	2025
Swartzendruber	Richard	rswartzn@gmail.com		989.269.2928	989.315.1739	HBH	2026
Twing	Susan	set352@hotmail.com		231.335.9590		Newaygo County MH	2025
Williams	Joanie	jkwms1@gmail.com		989.860.6230		Saginaw County CMH	2026
Wiltse	Beverly	bevwiltse@gmail.com		989.326.1052		HBH	2026
Woods	Ed	ejw1755@yahoo.com		517.392.8457		LifeWays	2024

Administration:

Sedlock	Joe	joseph.sedlock@midstatehealthnetwork.org		517.657.3036			
Ittner	Amanda	amanda.ittner@midstatehealthnetwork.org		517.253.7551			
Thomas	Leslie	leslie.thomas@midstatehealthnetwork.org		517.253.7546			
Kletke	Sherry	sheryl.kletke@midstatehealthnetwork.org		517.253.8203			

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ACRONYMS - Following is a list of commonly used acronyms you may read or hear referenced in a MSHN Board Meeting:

ACA: Affordable Care Act

ACT: Assertive Community Treatment

ARPA: American Rescue Plan Act (COVID-Related)

ASAM: American Society of Addiction Medicine

ASAM CONTINUUM: Standardized assessment for adults with SUD needs

ASD: Autism Spectrum Disorder

BBA: Balanced Budget Act

BH: Behavioral Health

BHH: Behavioral Health Home

BPHASA – Behavioral and Physical Health and Aging Services Administration

BH-TEDS: Behavioral Health – Treatment Episode Data Set

CC360: CareConnect 360

CCBHC: Certified Community Behavioral Health Center

CAC: Certified Addictions Counselor

Consumer Advisory Council

CEO: Chief Executive Officer

CFO: Chief Financial Officer

CIO: Chief Information Officer

CCO: Chief Compliance Officer

Chief Clinical Officer

CFR: Code of Federal Regulations

CFAP: Conflict Free Access and Planning (Replacing CFCM)

CFCM: Conflict Free Case Management

CLS: Community Living Services

CMH or CMHSP: Community Mental Health Service Program

CMHA: Community Mental Health Authority

CMHAM: Community Mental Health Association of Michigan

CMS: Centers for Medicare and Medicaid Services (federal)

COC: Continuum of Care

COD: Co-occurring Disorder

CON: Certificate of Need (Commission) – State

CPA: Certified Public Accountant

CQS: – Comprehensive Quality Strategy

CRU: Crisis Residential Unit

CS: Customer Service

CSAP: Center for Substance Abuse Prevention (federal agency/SAMHSA)

CSAT: Center for Substance Abuse Treatment (federal agency/SAMHSA)

CW: Children's Waiver

DAB: Disabled and Blind

DEA: Drug Enforcement Agency

DMC: Delegated Managed Care (site visits/reviews)

DRM: Disability Rights Michigan

DSM-5: Diagnostic and Statistical Manual of Mental Disorders, 5th Edition

D-SNP: Dual Eligible Special Needs Plan

EBP: Evidence-Based Practices

EEO: Equal Employment Opportunity

EMDR: Eye Movement & Desensitization Reprocessing therapy

EPSDT: Early and Periodic Screening, Diagnosis and Treatment

EQI: Encounter Quality Initiative

EQR: External Quality Review (federally mandated review of PIHPs to ensure compliance with BBA standards)

FC: Finance Council

FI: Fiscal Intermediary

FOIA: Freedom of Information Act

FSR: Financial Status Report

FTE: Full-time Equivalent

FQHC: Federally Qualified Health Centers

FY: Fiscal Year (for MDHHS/CMHSP runs from October 1 through September 30)

GAIN: Global Appraisal of Individual Needs assessment for adolescents with SUD needs.

GF/GP: General Fund/General Purpose (state funding)

HB: House Bill

HCBS: Home and Community Based Services

HIPAA: Health Insurance Portability and Accountability Act

HITECH: Health Information Technology for Economic and Clinical Health Act

HMP: Healthy Michigan Program

HMO: Health Maintenance Organization

HRA: Hospital Rate Adjuster

HSAG: Health Services Advisory Group (contracted by state to conduct External Quality Review)

HSW: Habilitation Supports Waiver

ICD-10: International Classification of Diseases – 10th Edition

ICO: Integrated Care Organization (a health plan contracted under the Medicaid/Medicare Dual eligible pilot project)

I/DD: Intellectual/Developmental Disabilities

IDDT: Integrated Dual Diagnosis Treatment

IOP: Intensive Outpatient Treatment

ISF: Internal Service Fund

IT/IS: Information Technology/Information Systems

KPI: Key Performance Indicator

LBSW: Licensed Baccalaureate Social Worker

LEP: Limited English Proficiency

LLMSW: Limited Licensed Masters Social Worker

LMSW: Licensed Masters Social Worker

LLPC: Limited Licensed Professional Counselor

LPC: Licensed Professional Counselor

LOCUS: Level of Care Utilization System

LTSS: Long Term Supports and Services

MAHP: Michigan Association of Health Plans (Trade association for Michigan Medicaid Health Plans)

MAT: Medication Assisted Treatment (see MOUD)

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ACRONYMS - Following is a list of commonly used acronyms you may read or hear referenced in a MSHN Board Meeting:

MCBAP: Michigan Certification Board for Addiction Professionals

MCO: Managed Care Organization

MDHHS: Michigan Department of Health and Human Services

MDOC: Michigan Department of Corrections

MEV: Medicaid Event Verification

MHP: Medicaid Health Plan

MI: Mental Illness
Motivational Interviewing

MiHIA: Michigan Health Improvement Alliance

MiHIN: Michigan Health Information Network

MLR: Medical Loss Ratio

MMBPIS: Michigan Mission Based Performance Indicator System

MOUD: Medication for Opioid Use Disorder (a sub-set of MAT)

MP&A (MPAS): Michigan Protection and Advocacy Service

MPCA: Michigan Primary Care Association (Trade association for FQHC's)

MPHI: Michigan Public Health Institute

MRS: Michigan Rehabilitation Services

NACBHDD: National Association of County Behavioral Health and Developmental Disabilities Directors

NAMI: National Association of Mental Illness

NASMHPD: National Association of State Mental Health Program Directors

NCQA: National Committee for Quality Assurance

NCMW: National Council for Mental Wellbeing

NMRE: Northern Michigan Regional Entity (PIHP Region 2)

OC: Operations Council

OHCA: Organized Health Care Arrangement

OIG: Office of Inspector General

OMT: Opioid Maintenance Treatment - Methadone

OP: Outpatient

OTP: Opioid Treatment Provider (formerly methadone clinic)

PA: Public Act

PA2: Liquor Tax act (funding source for some MSHN funded services)

PAC: Political Action Committee

PASARR: Pre-Admission Screening and Resident Review

PCP: Person-Centered Planning
Primary Care Physician

PEP: Performance Enhancement Plan

PFS: Partnership for Success

PEO: Professional Employer Organization

PEPM: Per Eligible Per Month (Medicaid funding formula)

PI: Performance Indicator

PIP: Performance Improvement Project

PIHP: Prepaid Inpatient Health Plan

PMV: Performance Measure Validation

PN: Prevention Network

Project ASSERT: Alcohol and Substance abuse Services and Educating providers to Refer patients to Treatment

PS: Protective Services

PTSD: Post-Traumatic Stress Disorder

QAPIP: Quality Assessment and Performance Improvement Program

QAPI: - Quality Assessment Performance Improvement

QHP: Qualified Health Plan

QM/QA/QI: Quality Management/Assurance/Improvement

QRT: Quick Response Team

RCAC: Regional Consumer Advisory Council

REMI: MSHN's Regional Electronic Medical Information software

RES: Residential Treatment Services

RFI: Request for Information

RFP: Request for Proposal

RFQ: Request for Quote

RR: Recipient Rights

RRA: Recipient Rights Advisor

RRO: Recipient Rights Office/Recipient Rights Officer

SAMHSA: Substance Abuse and Mental Health Services Administration (federal)

SAPT: Substance Abuse Prevention and Treatment (when it includes an "R", means "Recovery")

SARF: Screening, Assessment, Referral and Follow-up

SCA: Standard Cost Allocation

SDA: State Disability Assistance

SED: Serious Emotional Disturbance

SB: Senate Bill

SIM: State Innovation Model

SIS: Supports Intensity Scale

SMI: Serious Mental Illness

SPMI: Severe & Persistent Mental Illness

SSDI: Social Security Disability Insurance

SSI: Supplemental Security Income (Social Security)

SSN: Social Security Number

SUD: Substance Use Disorder

SUD OPB: Substance Use Disorder Regional Oversight Policy Board

SUGE: Bureau of Substance Use, Gambling and Epidemiology

TANF: Temporary Assistance to Needy Families

UR/UM: Utilization Review or Utilization Management

VA: Veterans Administration

VBP: Value Based Purchasing

WM: Withdrawal Management (formerly "detox")

WSA: Waiver Support Application

WSS: Women's Specialty Services

YTD: Year to Date

ZTS: Zenith Technology Systems (MSHN Analytics and Risk Management Software)

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Background

The Compliance Examination was conducted by Roslund Prestage and Company (RPC) firm for the fiscal year ending September 30, 2022. The intent of the review is for auditors to express an opinion on the PIHP's compliance with the Medicaid Contract. In addition to the tests performed at the PIHP level, the process also includes incorporation of each CMHSP's Compliance Examination results. RPC's auditor presented the report results and allowed questions from board members. MSHN did receive minor findings and implemented corrective action to address issues.

Recommended Motion:

Motion to receive and file the "Report on Compliance" of Mid-State Health Network for the year ended September 30, 2022.

Report on Compliance

Mid-State Health Network

September 30, *2022*

RPC
Roslund Prestage & Company
Certified Public Accountants

525 WEST WARWICK DRIVE, SUITE A, ALMA, MICHIGAN 48801

RPC
Roslund Prestage & Company
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT ACCOUNTANT'S REPORT ON COMPLIANCE

To the Members of the Board
Mid-State Health Network
Lansing, Michigan

Report On Compliance

We have examined Mid-State Health Network's (the PIHP) compliance with the compliance requirements described in the *Compliance Examination Guidelines* issued by Michigan Department of Health and Human Services that are applicable to the Medicaid Contract and General Fund (GF) Contract for the year ended September 30, 2022.

Management's Responsibility

Management is responsible for compliance with the requirements of laws, regulations, contracts, and grants applicable to the Medicaid Contract and GF Contract.

Independent Accountants' Responsibility

Our responsibility is to express an opinion on the PIHP's compliance with the Medicaid Contract and GF Contract based on our examination of the compliance requirements referred to above.

Our examination of compliance was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants. Those standards require that we plan and perform the examination to obtain reasonable assurance about whether the PIHP complied, in all material respects, with the compliance requirements referred to above.

An examination involves performing procedures to obtain evidence about the PIHP's compliance with the specified compliance requirements referred to above. The nature, timing, and extent of the procedures selected depend on our judgement, including an assessment of the risk of material noncompliance, whether due to fraud or error. The nature, timing and extent of the procedures selected depend on our judgment, including an assessment of the risk of material misstatement of the compliance requirements described in the *Compliance Examination Guidelines* issued by the Michigan Department of Health and Human Services.

We are required to be independent and to meet our other ethical responsibilities in accordance with relevant ethical requirements relating to the engagement.

We believe that the evidence we obtained is sufficient and appropriate to provide a reasonable basis for our opinion. However, our examination does not provide a legal determination of the PIHP's compliance.

Opinion on Each Program

In our opinion, the PIHP complied, in all material respects, with the specified compliance requirements referred to above that are applicable to the Medicaid Contract and GF Contract for the year ended September 30, 2022.

Other Matters

The results of our examination procedures disclosed instances of noncompliance, which are required to be reported in accordance with Compliance Examination Guidelines, and which are described in the accompanying Comments and Recommendations as items 2022-01. Our opinion is not modified with respect to these matters.

Control deficiencies that are individually or cumulatively material weaknesses in internal control over the Medicaid Contract and General Fund Contract:

None

Material noncompliance with the provisions of laws, regulations, or contracts related to the Medicaid Contract and General Fund Contract:

None

Known fraud affecting the Medicaid Contract and General Fund Contract:

None

During our compliance audit, we may have become aware of matters that are opportunities for strengthening internal controls, improving compliance and increasing operating efficiency. These comments and recommendations are expected to have an impact greater than $25,000, but not individually or cumulatively be material weaknesses in internal control over the Medicaid Contract and General Fund Contract. Furthermore, we consider these matters to be immaterial deficiencies, not findings. The following comments and recommendations are in regard to those matters.

2022-01 FSR Examination Adjustments

Criteria or specific requirements:
The Contractor must provide the financial reports to the State as listed in the Medicaid Contract. Forms, instructions and other reporting resources are posted to the MDHHS website. (Contract Schedule E)

Condition:
The PIHP is not in compliance with FSR instructions.

Examination adjustments:
Examination adjustments were made to sections of the FSR. See detailed descriptions of these examination adjustments in the Explanation of Examination Adjustments section of this report.

Context and perspective:
Context and perspective have been included in the description shown on the Explanation of Examination Adjustments page of this report.

Effect:
See detailed descriptions of these examination adjustments in the Explanation of Examination Adjustments section of this report.

Recommendations:
The PIHP should ensure that participant CMHSPs have appropriate controls in place regarding the preparation and review of the Financial Status Report to assure that all amounts are reported in compliance with the reporting instructions.

Views of responsible officials:
Management is in agreement with our recommendation.

Planned corrective action:
Mid-State Health Network will continue to verify reported information with each individual CMHSP prior to submission of the final Financial Status Report.

Responsible party:
Amy Keinath, Finance Manager

Anticipated completion date:
February 28, 2024

CMHSP to PIHP Reported Amounts

During a review of CMHSP reported amounts to PIHP reported amounts, it was determined that the amount reported by Central did not agree to the amount reported by Mid-State and the amount reported by Tuscola was impacted by an examination adjustment. The following examination adjustments were made to agree the amounts reported by the CMHSPs to the PIHP:

- Medicaid FSR Row A115 Medicaid Managed Care - Affiliate Contracts (Central) was decreased from $109,431,297 to $109,426,077, a difference of $(5,220)
- Medicaid FSR Row A325 Info only - Affiliate Total Redirected Funds (Central) was increased from $0 to $5,220, a difference of $5,220

- Medicaid FSR Row A115 Medicaid Managed Care - Affiliate Contracts (Tuscola) was decreased from $21,405,574 to $21,396,860, a difference of $(8,714)
- Medicaid FSR Row A202 Medicaid Services (Tuscola) was decreased from $21,505,075 to $21,496,361, a difference of (8,714)

- Healthy Michigan FSR Row AI115 Healthy Michigan Managed Care - Affiliate Contracts (Tuscola) was decreased from $1,725,306 to $1,724,658, a difference of $(648)
- Healthy Michigan FSR Row AI202 Healthy Michigan Plan Services (Tuscola) was decreased from $1,725,306 to $1,724,658, a difference of $(648)

An examination adjustment was made to Part 4 as a result of other examination adjustments to the Medicaid and HMP FSR forms

- Medicaid CRCS Row 4.1 Total Disposition of Medicaid Savings / Lapse (Total Lapse) was increased from $4,681,069 to $4,685,552; a difference of $4,483
- Medicaid CRCS Row 4.2 Total Disposition of Healthy Michigan Savings / Lapse (Total Lapse) was increased from $8,701,679 to $8,704,487; a difference of $2,808.

MSHN
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Community Mental Health
Member Authorities

Bay Arenac
Behavioral Health
•
CMH of Clinton.Eaton.Ingham
Counties
•
CMH for Central Michigan
•
Gratiot Integrated Health
Network
•
Huron Behavioral Health
•
The Right Door for Hope,
Recovery and Wellness (Ionia
County)
•
LifeWays CMH
•
Montcalm Care Center
•
Newaygo County
Mental Health Center
•
Saginaw County CMH
•
Shiawassee Health and
Wellness
•
Tuscola Behavioral
Health Systems

FY 2024 Board Officers

Ed Woods
Chairperson

Irene O'Boyle
Vice-Chairperson

Deb McPeek-McFadden
Secretary

REPORT OF THE MSHN CHIEF EXECUTIVE OFFICER
TO THE MSHN BOARD OF DIRECTORS
September/October 2023

PIHP/REGIONAL MATTERS

1. MSHN Office:

As I have previously reported, the lease on two of the four suites currently occupied by MSHN expired 09/30/23. MSHN will maintain occupancy of the two suites (leases expire 09/30/2025). Sherry Kletke, MSHN Executive Support Specialist, has organized the consolidation of operations into the two remaining suites. Sherry also organized the redistribution of now surplus office furnishings to Shiawassee Health and Wellness and Mid-Michigan Recovery Services (MMRS). As of October 13, MSHN has completed vacating the suites whose lease expired, distributed all surplus furnishings, and reconfigured the remaining two suites for maximum space utilization. We now consider this concluded.

I want to publicly express gratitude for Sherry's flawless attention to detail and follow-through as she planned, sequenced, organized, communicated, adapted, and implemented the hundreds of details needed to make this occur.

2. FY23 Substance Use, Gambling and Epidemiology Fiscal Review Results:

The Michigan Department of Health and Human Services' (MDHHS) Substance Use, Gambling and Epidemiology Section staff conducted a fiscal review of the program standards and requirements under Mid-State Health Networks funding. The review noted no exceptions. Congratulations and appreciation to the Finance and Substance Use Disorder (SUD) Departments for a successful review.

3. Crisis Residential Development Update:

In Fiscal Year 2022 (and then again in 2023 when we lost our original vendor), the MSHN Operations Council supported a recommendation to the MSHN Board, which then approved, for MSHN to initiate the development of a crisis residential unit for the region. Work has been ongoing since approval was granted by the MSHN Board. The Family Health Psychiatric and Counseling Center (FHPCC) is working with MSHN to establish crisis residential services in Alma for MSHN eligible service recipients experiencing a psychiatric crisis. FHPCC is working with the local fire marshal for the required fire safety inspections. Thereafter the contractor will work with licensing to being their work on facility changes and licensure. MSHN is hopeful to have an operational facility in early 2024.

4. 1915(i) State Plan Amendment – Regional Activities:

The 1915(i)SPA benefit is available to individuals who meet certain eligibility criteria as determined by a qualified evaluator. The 1915(i)SPA benefit includes Community Living Supports, Enhanced Pharmacy, Environmental Modifications, Family Support & Training, Fiscal Intermediary, Housing Assistance, Respite Care, Skill-Building Assistance, Specialized Medical Equipment & Supplies (formerly known as Assistive Technology), Supported/Integrated Employment, and Vehicle Modification (formerly known as Assistive Technology).

1915(i)SPA enrollment is managed using the Waiver Support Application (WSA) system. The WSA allows Community Mental Health Service Programs (CMHSPs) to enter all required information regarding eligible beneficiaries and submit cases to the Prepaid Inpatient Health Plan (PIHP) queue for review and approval. Approved cases are then sent to MDHHS for final review and approval, after which a case is given an "open" status. As of Sunday, October 1, 2023, Centers for Medicare and Medicaid Services (CMS) requires that all individuals who have been evaluated by the CMHSP and determined to meet eligibility criteria, and who have 1915(i)SPA services approved in their Individual Plan of Service (IPOS), have an open case in the WSA prior to receiving any services through this benefit. Whereas services could previously be provided prior to WSA enrollment to allow time for CMHSPs and PIHPs to modify the necessary systems to meet this expected change, this adjustment is still a significant change. The PIHP continues to focus heavily on supporting CMHSPs with adjusting their policies, procedures, and systems to meet CMS requirements now in place. This is a significant change to how CMHSP services that use the WSA typically function. CMHSPs continue to work to identify ways to best meet this requirement, and efforts at the PIHP to support these necessary adjustments are ongoing as well.

CMHSPs in the region enrolled approximately 5,058 individuals by the stated deadline. As of 10/01/23, there were fewer than 20 individuals requiring some follow-up action. MSHN's role was to process, approve (or not) and promote these individuals to MDHHS-level review. I'd like to acknowledge Brianna Elsasser and Dr. Todd Lewicki for their work in enrolling individuals, supporting (and coaxing) our CMHSP Participants in their efforts, and for their overall leadership of this mission-critical work.

5. Provider Stabilization and Staffing Stabilization Summary Report:

The Mid-State Health Network board approved an $8M staffing crisis stabilization program effective 03/2/2022 through 09/30/2023. MSHN and our regional CMHSP Partners delivered over $14M in staffing crisis stabilization funding in FY 23. A brief breakdown of associated activities follows at the top of the next page.

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Applicant Incentives Totals	
Attraction/Signing	1,250,850.50
Referral	264,886.23
Temp Comp Adjustment	359,446.40
Onboarding	1,101,493.39
Recruitment	670,306.61
Other	78,595.56
Retention Incentive Totals	6,285,357.42
Retention	1,490,088.91
Temp Comp Adjustment	230,495.69
Onboarding	512,754.91
Shift Differential	1,109,793.60
Overtime/Other Prem	458,265.40
Temp Staffing	1,389,836.70
Other	

SUMMARY INFORMATION					
Funding Entity	**Provider Count**	**Total Req**	**Total App**	**Regional Grant**	**Existing PEPM/Other Funding**
MSHN	31	2,113,637.28	1,848,281.97	-	1,848,281.97
Bay-Arenac	15	2,224,023.50	1,343,443.75	1,000,307.50	343,136.25
CEI	-	-	-	-	-
Central	28	5,357,089.02	5,357,089.02	5,315,303.71	41,785.31
Gratiot	-	-	-	-	-
Huron	-	-	-	-	-
TRD	-	-	-	-	-
Lifeways	9	1,051,660.24	1,051,660.24	924,766.38	126,893.86
Montcalm	8	583,610.74	583,610.74	583,610.74	-
Newaygo	-	-	-	-	-
Saginaw	26	3,696,138.87	3,696,138.87	-	3,696,138.87
Shiawassee	-	-	-	-	-
Tuscola	2	176,011.67	176,011.67	176,011.67	-
Total	119	15,202,171.32	14,056,236.26	8,000,000.00	6,056,236.26

6. Internal Service Fund Actuarial Analysis:

One requirement of the Mid-State Health Network's (MSHN) contract with Michigan Department of Health and Human Services (MDHHS) is to establish an Internal Service Fund (ISF) as part of its overall strategy for managing and mitigating risk. An additional component for the overall management of the ISF is to have funding levels analyzed at least biannually pursuant to provisions in the 2 CFR (Code of Federal Regulations) 200 Subpart E, Cost Principles.

Analysis

MSHN contracted with Wakely, an actuarial firm, to conduct the required funding level analysis for Fiscal Year (FY) 2023. The goal of this analysis is to assist MSHN in determining the annual ISF balances that may be required to adequately protect against future deficits and the additional funding that may be required to maintain these balances. The maximum ISF amount is limited to 7.5% of Medicaid and

Healthy Michigan revenue received from MDHHS. The full report from Wakely on their analysis of the MSHN Internal Service Fund can be viewed at this link.

Wakely uses three scenarios in its ISF summary which includes a base, optimistic, and pessimistic view of data presented based on certain actuarial facts and assumptions. The same factors are considered however they are calculated using different weights to the facts and assumptions in each scenario. These factors include Medicaid Eligible Months, Revenue Available per Eligible, MSHN Total Administration Cost, and Treatment Cost per Eligible.

Wakely has indicated that the following projected and suggested ISF balances are required for MSHN to have sufficient resources to manage and mitigate future risks (Base Trend):

	FY 2023	FY 2024	FY 2025
Projected ISF	$62,000,000	$45,900,000	$27,100,000
Suggested ISF	$57,600,000	$45,900,000	$27,100,000
Maximum ISF Balance = 7.5% of Projected revenue for that fiscal year	$57,600,000	$53,100,000	$53,400,000

Wakely's recommendation is for MSHN to add any available amounts to its ISF and Savings up to the maximum 7.5% for each risk reserve category.

MSHN's Board of Directors set risk reserve targets of 15% (7.5% each) for Medicaid and Healthy Michigan Plan Savings and ISF combined. The MDHHS upper limit for Medicaid and Healthy Michigan Plan Savings is 7.5% and for Medicaid and Healthy Michigan Plan Internal Service Fund is 7.5%, for a combined total of 15% of gross revenue. FY 2023 projections estimate MSHN will hold 8.3% combined Savings and ISF based on Medicaid and Healthy Michigan revenue received from MDHHS. The actuarial report indicates that MSHN's level of funding may not be adequate to support ongoing future fiscal years' expenses exceeding revenue.

Next Steps:

- Use Milliman's base scenario and outcomes as MSHN's Savings and ISF target.
- MSHN will hold its Substance Use Disorder (SUD) network and the Community Mental Health Service Programs (CMHSP) to Per-Eligible Per Month (PEPM) budget targets. This recommendation may take more than one fiscal year to achieve.
- MSHN will request cost containment plans from any CMHSP exceeding their budgeted PEPM and will develop and implement cost containment plans for MSHN operations that exceed PEPM allocations.
- MSHN Finance Council, Operations Council and Governing Board should review Savings and ISF targets considering the actuarial analysis and adjust as necessary to ensure risk exposure is successfully mitigated and managed so that all consumers receive services that are medically necessary well into the future.

7. **FY 24 Projected Revenue Update:**

The following information was sent to MSHN Board Members by email and is included here as a reminder and to reinforce the information provided.

The FY 24 Budget was approved at the September 2023 board meeting. As you are aware, our revenue projections were based on draft rates and we projected about a $16M deficit for the year that began 10/01/2023

MSHN has received final rates and has recalculated FY 24 revenue projections. The final rates have improved our revenue estimates to a projected $5.8M revenue over expenses (surplus) at year end. While this is good news for the region, there are many fluctuating variables that will impact our results of operations this year. Those variables will continue to be monitored and addressed. MSHN intends to continue focusing on regional cost containment efforts so that we end the year in a better position and enter FY 25 in a regionally stronger position. Our region has a strong track record of success.

Our practice is to offer a budget amendment for board consideration in September. At this time, we see no solid rationale to bring a budget amendment for board consideration. Board members will always have up-to-date performance information presented during regular board meetings.

Please contact Leslie Thomas or me for additional information.

8. **Health Equity Focus Areas Summary:** (Excerpted from Dr. Dani Meier's FY 23 Q4 Departmental Report)

LEARNING COLLABORATIVE (LC) & PROVIDER NETWORK SYSTEM IMPROVEMENT

- Meetings with LC members solo & as a group
- Develop Action Plans & budgets
- Support Action Plan implementation & ongoing activity
- Consider opportunities for replication

POPULATION HEALTH

- Population level data analysis for covered population as a whole and identified subgroups
- Identification of risk factors
- Care Coordination between systems/payers
- Identify and address disparities in access to care measures and outcome measures
- Development of care pathways for identified conditions
- Service penetration rate for marginalized and/or historically

COMMUNITY OUTREACH

- Outreach to community contacts & partners
- Identify focus group members
- Develop FG consents, questions, etc.
- Schedule FGs & Identify scribe
- Facilitate FG or coach FG facilitators
- Distill & aggregate FG data

REGIONAL EQUITY ADVISORY COMMITTEE FOR HEALTH (REACH - EXTERNAL)

- Identify issues for advisory input
- Ongoing communication
- Create opportunities for input
- Develop mtg agendas w. Lead
- Send out agenda
- Meet bimonthly
- Quarterly Population Health & Health Disparity Data Reports

INCLUSION, DIVERSITY, EQUITY, AND ACCESSIBILITY WORKGROUP (IDEA – INTERNAL)

- Performance Appraisal
- Training
- Service Delivery
- Inclusiveness of Processes
- Recommendations for internal processes

TRAINING

- Identify relevant topics, speakers & target audiences
- Outreach to collaborators (SUDS Directors, MHPs, CMHAM, et al.)
- Develop PPTs
- Logistical support (budgets, CMHAM, IT support, etc.)
- Edit & upload videos for MSHN website

STATE OF MICHIGAN/STATEWIDE ACTIVITIES

9. Conflict Free Access and Planning (CFAP) Update:

Readers will likely recall that the MSHN Board passed a resolution last fiscal year opposing the four MDHHS-proposed models for compliance with federal conflict free access and planning rules. The original timeline called for a MDHHS decision on the model to be announced by October 2023.

According to Dr. Todd Lewicki, the MSHN representative to the MDHHS CFAP Workgroup, MDHHS announced delaying the timeline due to its need to consider additional information, address gaps in feedback procedures, development of additional listening sessions, developing a provider survey to collect more information, and doing more work on education and outreach. MDHHS also clarified that its decision on a model may not be limited to the four presented publicly, could be a hybrid or elements of one or more models, or take an altogether new approach.

Feedback categorized by MDHHS as of 10/12/23 identified the following top 5 issues to consider in system design, the top 3 of which prioritize the beneficiary's experience:

- Access: Timeliness and ease of access (including having a convenient location) in both the current state and potential future scenarios.

- Continuity: Redundancy in the beneficiary experience (like having to tell your story more than once) and organizational capacity to share information, especially in potential future scenarios.
- Autonomy: Beneficiary not being informed of their options, especially in the current state. Ensure people can make decisions about the planning, services, and supports
- Viability: Adequate staffing in the current state and provider network capacity in potential future scenarios
- Stringency: Protections against conflict of interest in the current state. Ensure compliance with Conflict Free federal rule

MSHN remains engaged in dialog with MDHHS and regional stakeholders. I would like to acknowledge Dr. Lewicki for his work to research and communicate viable alternatives to the MDHHS-proposed models and for his expert representation of MSHN on this workgroup.

10. MiCARE (Psychiatric Bed Registry) Update:

Over the past four years, the State of Michigan Department of Licensing and Regulatory Affairs (LARA), in partnership with Michigan Department of Health and Human Services (MDHHS), worked on implementing the Michigan Care Access Referral Exchange (MiCARE), a behavioral health referral platform hosted by Bamboo Health's OpenBeds® solution.

Following months of MiCARE progress review, LARA has made the decision to discontinue the project as of **October 31, 2023**. The announcement included a notation that MDHHS is legislatively required to create a Psychiatric Bed Registry, inpatient psychiatric facilities and referring entities should expect to hear from MDHHS on next steps within the next few weeks.

MSHN has been deeply involved in all aspects of improving access to psychiatric inpatient care and this is clearly a setback. We will remain involved and committed to improving access to this level of care.

11. COVID Un-Wind Update:

The Department of Health and Human Services announced that it will extend by 30 days (for a total of 60 days) administrative disenrollments for Medicaid/Healthy Michigan Plan coverage for not returning necessary paperwork through the end of the unwind period (May 2024).

A public-facing dashboard is available at this link. One of the key metrics to observe over time is the number/percentage of "Ex Parte" (Passive) renewals. These renewals occur when MDHHS attempts to renew a Medicaid beneficiary using data already available without needing to request additional information from the beneficiary.

Statewide: Those that have been determined ineligible on renewal 46 774 or about 6.43% [is more than double my last report], and those that have been closed for procedural reasons 223,834 or about 30.4% [reported in my last board report: 5,076 or about 2%].

Regional: Total disenrollments for the MSHN region in July were 2.3%, August, 1.7%, and September, 2.6%. The percentage denominator is all enrollees in the region and is obviously getting lower. A total of about 33,000 individuals have been disenrolled in the region over this period. We do not have re-enrollment information.

Also, the US HHS Secretary sent a letter to Governors encouraging states to do more to adopt strategies to automatically renew coverage for people where states already have data showing eligibility information.

A national Medicaid Disenrollment Tracker is available through the Kaiser Family Foundation at this link.

12. Statewide CCBHC Update: (Excerpted from MDHHS Service Delivery Transformation Update, 09/23)

- MI has been approved as a Certified Community Behavioral Health Clinic (CCBHC) Demonstration state by CMS. The demonstration launched in October 2021 with a planned implementation period of two years. The Safer Communities Act was signed with provisions for CCBHC Demonstration expansion, extending MI's demonstration until October 2027. The CCBHC model increases access to a comprehensive array of behavioral health services by serving all individuals with a behavioral health diagnosis, regardless of insurance or ability to pay.
- CCBHCs are required to provide nine core services: crisis mental health services, including 24/7 mobile crisis response; screening, assessment, and diagnosis, including risk assessment; patient-centered treatment planning; outpatient mental health and substance use services; outpatient clinic primary care screening and monitoring of key health indicators and health risk; targeted case management; psychiatric rehabilitation services; peer support and counselor services and family supports; and intensive, community-based mental health care for members of the armed forces and veterans.
- CCBHCs must adhere to a rigorous set of certification standards and meet requirements for staffing, governance, care coordination practice, integration of physical and behavioral health care, health technology, and quality metric reporting.
- The CCBHC funding structure, which utilizes a prospective payment system, reflects the actual anticipated costs of expanding service lines and serving a broader population. Individual PPS rates are set for each CCBHC clinic and will address historical financial barriers, supporting sustainability of the model. MDHHS will operationalize the payment via the current PIHP network.

Current Activities

- As of September 6, 2023, 60,038 Medicaid beneficiaries and 14,661 non-Medicaid individuals are assigned in the WSA to the 13 demonstration CCBHC sites.
- MDHHS continues to partner with evaluators at the Center for Healthcare Research Transformation at the University of Michigan on formal evaluation activities. CHRT is beginning data collection for the evaluation by conducting interviews with CCBHCs and PIHPs.
- MDHHS has announced the new SAMSHA criteria will be required to be implemented for demonstration sites by October 1, 2024. The CCBHC team is reviewing the changes and will support existing and expansion CCBHCs in incorporating the new criteria throughout FY24.
- MDHHS has submitted a formal request to CMS and SAMHSA to expand the demonstration. 17 behavioral health providers have completed the certification process, with 14 receiving full certification. 3 additional sites have a corrective action plan in place to support adherence to certification requirements by October 1. Provided those 3 sites obtain full certification by that time, the CCBHC demonstration will have 30 clinics participating in the demonstration. A map is attached for your review/use.

- The MDHHS CCBHC kickoff event has been scheduled for September 13, 2023, and will act as a CCBHC overview and welcome for sites joining the demonstration.
- MDHHS will be offering ongoing training and technical assistance to existing CCBHCs, incoming expansion CCBHCs, and behavioral providers with SAMHSA CCBHC grants during FY24.

13. MDHHS Social Determinants of Health Strategy:

MDHHS published a Social Determinants of Health Strategy document. MSHN and our regional partners are deeply involved in addressing social determinants of health under the leadership of Skye Pletcher, Chief Population Health Officer.

FEDERAL/NATIONAL ACTIVITIES

14. National Suicide Prevention Week:

National Suicide Prevention Week was September 11 – 15. The Pew Charitable Trusts noted five facts that show how serious this public health issue has become.

- More than 48,000 Americans died by suicide in 2021. When we talk about suicide—in health care settings, among friends and family, and within our communities—we can help reduce the barriers that prevent people from seeking care.
- Suicide disproportionately affects certain groups. From 2000 to 2020, the suicide rate grew 30% among Americans overall. The trend was even more stark for certain groups. American Indian and Alaska Native (AI/AN) people saw the biggest spike. The suicide rate among AI/AN women grew 135%, and the rate for men rose 92%.
- Health providers are key to detecting suicide risk. Nearly half of people in the U.S. who die by suicide interact with the health care system in the month before their deaths, research shows. Each interaction is a chance for providers to identify people at risk and connect them to care. A new partnership between the Zero Suicide Institute and Pew aims to show how hospitals and health care systems can improve and expand suicide care to help save lives. As one participant in the program noted: "Everyone has a role in suicide awareness and prevention. One person or agency cannot win this battle alone."
- The US veteran suicide rate was 57% higher than the nonveteran rate in 2020. A multitude of factors contribute to suicide risk among veterans, from post-traumatic stress disorder to barriers to accessing care. The VA says that preventing suicide is its top clinical priority and includes universal suicide risk screening in its prevention initiatives.
- America's youth are increasingly considering suicide. Twenty-two percent of high schoolers said in a 2021 Centers for Disease Control and Prevention survey that they had seriously considered suicide within the past year—up from 16% in 2011. To help identify youth at risk of suicide before it's too late, the American Academy of Pediatrics recommends that pediatric health providers screen everyone ages 12 and older for suicide risk at least once a year."

15. **SAMHSA Issues Key Findings on Recovery:**

As part of SAMHSA's 2023 National Recovery Month efforts, SAMHSA's Office of Recovery has released the *Recovery from Substance Use and Mental Health Problems Among Adults in the United States Report*. Based on data from the National Survey on Drug Use and Health (NSDUH), an annual survey sponsored by SAMHSA, key findings from the report include:

- Recovery is real and possible – A significant majority (7 in 10) of adults who have had a mental health or substance use condition are in recovery and they represent over 50 million Americans.
- Recovery is holistic and personalized – Factors such as social supports, treatment, insurance coverage, and spirituality can be key in supporting recovery.
- Resilience can accompany recovery – People in recovery reported that their mental health and substance use were not significantly impacted by the COVID-19 pandemic.

Conducted annually, the NSDUH provides nationally representative data on the use of tobacco, alcohol, and drugs; substance use disorders; receipt of substance use treatment; mental health issues; and the use of mental health services among the civilian, noninstitutionalized population aged 12 or older in the United States.

16. **Youth Substance Use and Substance Misuse Prevention Month:**

October was prevention month! SAMHSA published several materials that can be used year-round for SUD prevention, including a Prevention Month Toolkit. (Following this link will also expose additional prevention materials).

17. **Opioid Overdose Reduction Resources:**

SAMHSA, in collaboration with RTI International, "is releasing two important resources intended to aid community practitioners in the ongoing work to end the overdose crisis. "*Engaging Community Coalitions to Decrease Opioid Overdose Deaths*" and "*Opioid-Overdose Reduction Continuum of Care Approach* (ORCCA)" are available free online. These products will equip public health practitioners, coalitions, nonprofits, and other groups working to prevent opioid-related death in their local communities with knowledge and best practices. "Engaging Community Coalitions to Decrease Opioid Overdose Deaths" provides guidance on building and maintaining community coalitions that focus on the opioid crisis, as well as approaches for assessing how well coalitions are functioning. The ORCCA Practice Guide includes evidence-based strategies for reducing opioid overdose deaths. The strategies include: opioid overdose education and naloxone distribution, medication for treatment of opioid use disorder, and safer opioid prescribing and disposal." For additional information of to view these resources, follow this link.

18. **Financing Principles for Long-Term SUD Treatment:**

The Pew Charitable Trusts and Center for Health Care Strategies (CHCS) "have refined a set of 10 key financing principles to guide states in strengthening the long-term availability of robust SUD treatment and recovery services. The principles were shaped through a consensus-building process including stakeholders with expertise in SUD financing, research and policy experts, providers, state officials, and people with lived experience accessing the treatment system.

The principles are summarized below and the full report includes concrete opportunities for state policymakers — including legislators, governors, Medicaid agencies, substance use agencies, and others — to advance each principle, including a review of barriers, opportunities for adoption, state examples, and potential policy actions.

Despite increased opportunities for states to leverage public funds for SUD treatment in the last decade — including opportunities through Medicaid, flexible federal funds, and opioid settlement funds — there remains a need for states to direct these dollars more strategically to increase access to evidence-based treatment services and address inequities."

1. **Use Medicaid funds strategically to expand and sustain access to evidence-based substance use prevention, treatment, and recovery support services.** Given the expanded coverage requirements for SUD benefits under the ACA and the Mental Health Parity and Addiction Equity Act, states have new opportunities to leverage Medicaid to increase the availability of quality SUD prevention, treatment, and recovery support services.
2. **Direct flexible federal funds — to the fullest extent allowable — toward boosting infrastructure, prevention, harm reduction, and recovery support services.** Since Medicaid funds can support direct treatment services for eligible populations, states can use other federal funds to promote: (1) infrastructure (e.g., workforce development, IT upgrades, billing/claims support, mobile services equipment, bricks and mortar); (2) prevention (including addressing social determinants); (3) harm reduction services; and (4) recovery support services, not otherwise covered by Medicaid.
3. **Conduct an inclusive decision-making process for allocating opioid settlement funds and prioritize funds for investments in services and infrastructure needs not covered by Medicaid and other existing state/federal funding streams.** Since these funds are the outcome of historic lawsuits against opioid manufacturers, distributors, and retailers, states should identify how to give a diverse group of people with lived experience in recovery and people who use drugs decision-making capacity along with other subject matter experts who understand how to best address the service needs of the most impacted communities.
4. **Incentivize and sustain "no wrong door" approaches to substance use care, treatment, and support services.** States can create entryways to substance use treatment and recovery support services through existing medical and behavioral health practices and explore possibilities for outreach and engagement activities in community-based settings, such as community-based organizations, homeless shelters, mobile units, syringe service programs, correctional settings, etc.
5. **Ensure patients are placed in the most appropriate level of care, including non-residential, community-based substance use treatment and recovery support services.** Factors including homelessness and criminal-legal system involvement have created an overreliance on residential treatment. States can use funds to expand access to community-based care, treatment, and support services so these options are available to patients, as needed.
6. **Address substance use treatment disparities for historically marginalized groups and communities.** Barriers that impact service accessibility, under-resourced community-based providers, and a lack of a culturally competent health care workforce contribute to these disparities, particularly among Black, Latino, and Indigenous populations. States can leverage statutory, regulatory, and payment requirements and incentives to promote quality services in these communities.
7. **Advance equitable access and outcomes for substance use care, treatment, and recovery support services among populations with multiple system involvement.** People with SUD are disproportionately involved in multiple social service sectors (e.g., housing/homelessness, child welfare

systems, mental health) and the criminal legal system, with people of color particularly affected more punitively by those systems. This population often faces challenges in accessing treatment. States can promote policies to increase access to quality behavioral health care services for these populations.

8. **Use data to drive effective, equitable care and outcomes.** States can use a variety of strategies to leverage local, state, and federal data — as well as patient-reported outcome measures — to make informed decisions about their SUD treatment system.
9. **Require specialty substance use treatment providers to offer evidence-based treatments, particularly MOUD.** States can use policy levers to require specialty SUD providers to offer evidence-based treatment, including MOUD. States can offer technical assistance and other on-ramping supports to providers to facilitate MOUD expansion efforts.
10. **Bolster the substance use prevention, treatment, and recovery support service network for children and youth.** Because early substance use correlates to substance use problems later in life, and parent/family experience of an SUD can lead to poor outcomes for the child, promoting access to and strengthening substance use treatment services for children and youth is critical.

Submitted by:

Joseph P. Sedlock, MSA
Chief Executive Officer
Finalized: 10/26/2023

Attachments:

- MSHN Michigan Legislative Tracking Summary
- FY 24 CCBHC Demonstration Year 2 – CCBHC Site Expansion Map

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Compiled and tracked by Sherry Kletke

Below is a list of Legislative Bills MSHN is currently tracking and their status as of August 8, 2023:

BILL #	TITLE/INTRODUCER/DESCRIPTION	STATUS
HB 4003	ELCRA (Hoskins) Includes sexual orientation and gender identity or expression as categories protected under the Elliott-Larsen civil rights act.	Received in Senate (3/9/2023; To Civil Rights, Judiciary and Public Safety Committee)
HB 4169	Occupational Therapists (Rogers) Enacts occupational therapy licensure compact.	Reported in House (10/12/2023; With substitute H-1; By Health Policy Committee)
HB 4170	Occupational Therapists (Wozniak) Modifies licensure process for occupational therapists to incorporate occupational therapy licensure compact.	Reported in House (10/12/2023; With substitute H-1; By Health Policy Committee)
HB 4201	Liquor Licenses (Grant) Eliminates sunset of carryout sales and delivery of alcoholic liquor by an on-premises licensee.	Received in Senate (5/3/2023; To Regulatory Affairs Committee)
HB 4328	Liquor Licenses (Filler) Allows issuance of liquor licenses to sporting venues on premises of public universities.	Introduced (3/23/2023; To Regulatory Reform Committee)
HB 4498	Disabilities Discrimination (Bierlein) Requires pre-suit notice of civil actions under the persons with disabilities civil rights act and provides an opportunity to comply.	Introduced (5/2/2023; To Judiciary Committee)
HB 4523	Mental Health Court (Hope) Modifies violent offender eligibility for mental health court.	Reported in House (6/7/2023; H1 sub adopted; By Judiciary Committee)
HB 4524	Drug Treatment Courts (Andrews) Modifies termination procedure for drug treatment courts.	Reported in House (6/7/2023; By Judiciary Committee)
HB 4525	Drug Treatment Court (Filler) Modifies violent offender eligibility for drug treatment court.	Reported in House (6/7/2023; H1 sub adopted; By Judiciary Committee)
HB 4576	Behavioral Health Services (VanderWall) Provides specialty integrated plan for in behavioral health services.	Introduced (5/16/2023; To Health Policy Committee)
HB 4577	Mental Health (VanderWall) Provides updates regarding the transition from specialty prepaid inpatient health plans to specialty integration plans.	Introduced (5/16/2023; To Health Policy Committee)
HB 4690	Substance Abuse (Coffia) Modifies notice of a defendant's right to secular substance abuse disorder treatment.	Committee Hearing in House Judiciary Committee (6/21/2023)

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BILL #	TITLE/INTRODUCER/DESCRIPTION	STATUS
HB 4707	Health Insurers (Brabec) Modifies coverage for intermediate and outpatient care for substance use disorder.	Reported in House (6/20/2023; By Insurance and Financial Services Committee)
HB 4745	Mental Health (BeGole) Expands petition for access to assisted outpatient treatment to additional health providers.	Introduced (6/14/2023; To Health Policy Committee)
HB 4746	Mental Health (Steele) Provides outpatient treatment for misdemeanor offenders with mental health issues.	Introduced (6/14/2023; To Health Policy Committee)
HB 4747	Mental Health (Kuhn) Expands hospital evaluations for assisted outpatient treatment.	Introduced (6/14/2023; To Health Policy Committee)
HB 4748	Mental Health (Tisdel) Allows use of mediation as a first step in dispute resolution.	Introduced (6/14/2023; To Health Policy Committee)
HB 4749	Community Mental Health (Harris) Provides community mental health oversight of competency exams for defendants charged with misdemeanors.	Introduced (6/14/2023; To Health Policy Committee)
HB 4769	Gender Neutral References (Coffia) Makes certain references in the mental health code gender neutral.	Introduced (6/15/2023; To Government Operations Committee)
HB 4817	Open Meetings (Carter, B.) Modifies procedures for electronic meetings of public bodies.	Introduced (6/15/2023; To Local Government and Municipal Finance Committee)
HB 4841	Adult Foster Care (Young) Provides for enhanced standards on adult foster care facilities.	Committee Hearing in House Families, Children and Seniors Committee (9/19/2023)
HB 5004 (PA 138)	Public Health Code (Morse) Modifies certain fees and assessments and makes general revisions to the public health code.	Signed by the Governor (9/29/2023; Signed: September 29, 2023, Effective: September 29, 2023)
HB 5077	Naloxone (VanderWall) Provides distribution of naloxone under the administration of opioid antagonist act to any individual.	Referred in House (10/12/2023; To Health Policy Behavioral Health Subcommittee)
HB 5078	Controlled Substances (Rheingans) Provides distribution of opioid antagonists by employees and agents of agencies under the administration of opioid antagonists act.	Referred in House (10/12/2023; To Health Policy Behavioral Health Subcommittee)
HB 5087	Liquor Licenses (Markkanen) Provides on-premises liquor license for certain veteran-based community organizations and eliminates local population restrictions.	Introduced (10/4/2023; To Regulatory Reform Committee)

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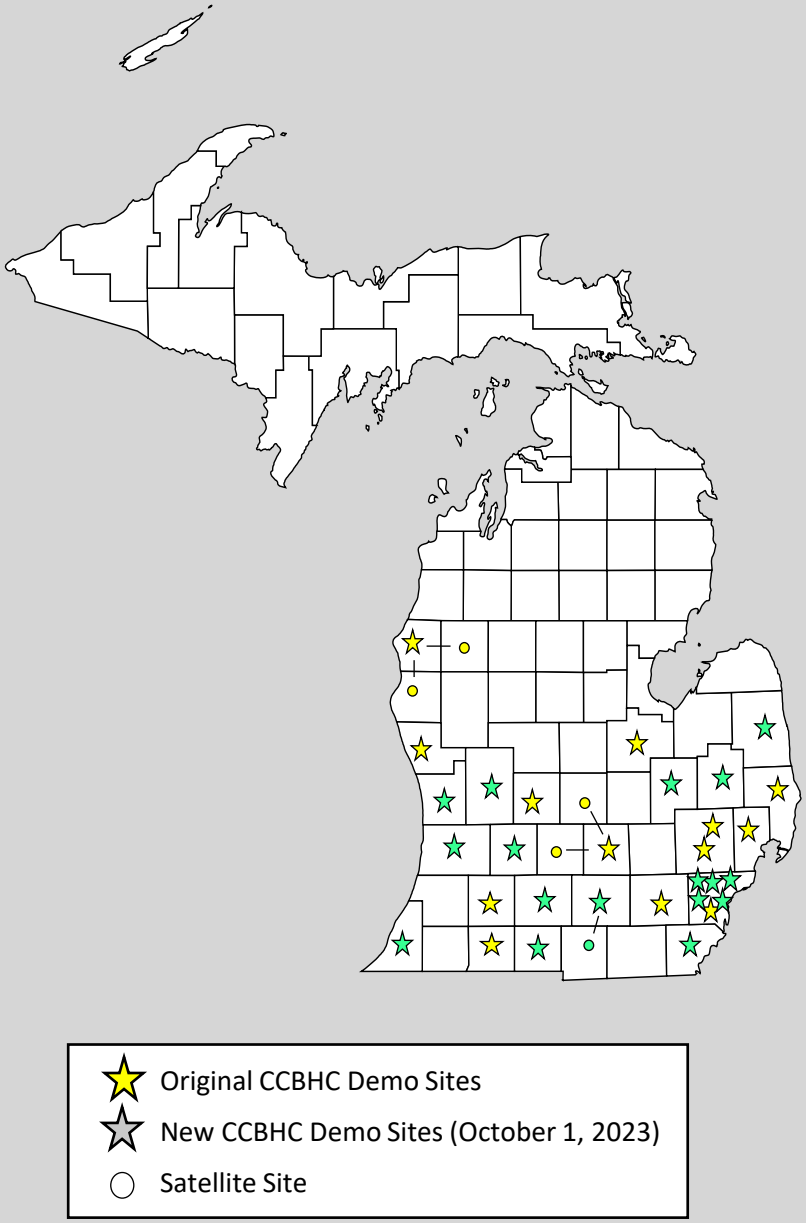
BILL #	TITLE/INTRODUCER/DESCRIPTION	STATUS
HB 5114	Mental Health Professionals (Rheingans) Expands definition of mental health professional to include physician assistants, certified nurse practitioners, and clinical nurse specialists-certified, and allows them to perform certain examinations.	Introduced (10/10/2023; To Health Policy Committee)
HB 5128	Controlled Substances (Skaggs) Modifies crime of manufacturing, delivering, or possession of with intent to deliver heroin or fentanyl to reflect changes in sentencing guidelines.	Introduced (10/12/2023; To Criminal Justice Committee)
HB 5129	Controlled Substances (Wilson) Allows probation for certain major controlled substances offenses.	Introduced (10/12/2023; To Criminal Justice Committee)
HB 5130	Controlled Substances (Filler) Amends sentencing guidelines for delivering, manufacturing, or possessing with intent to deliver heroin or fentanyl.	Introduced (10/12/2023; To Criminal Justice Committee)
HB 5184	Social Workers (Brabec) Modifies social work licensure requirements and includes licensure for licensed clinical social workers.	Introduced (10/19/2023; To Health Policy Committee)
HB 5185	Social Workers (Edwards) Modifies social work licensure requirements and includes licensure for licensed clinical social workers.	Introduced (10/19/2023; To Health Policy Committee)
SB 27	Health Insurance (Anthony) Provides equitable coverage for behavioral health and substance use disorder treatment.	Received in House (10/18/2023; To Insurance and Financial Services Committee) Passed in Senate (10/18/2023; 35-3)
SB 28	Mental Health (Anthony) Expands definition of restraint.	Introduced (1/18/2023; To Health Policy Committee)
SB 57	Drug Paraphernalia (Chang) Prohibits sale of nitrous oxide devices.	Received in House (10/18/2023; To Health Policy Committee) Passed in Senate (10/18/2023; 37-1)
SB 58	Drug Paraphernalia (Bellino) Prohibits sale of nitrous oxide devices.	Received in House (10/18/2023; To Health Policy Committee) Passed in Senate (10/18/2023; 37-1)
SB 101 (PA 28)	Open Meetings (Anthony) Eliminates procedures for electronic meetings of private insurance companies sunset.	Signed by the Governor (5/8/2023; Signed: May 8, 2023, Effective: May 8, 2023)
SB 133	Controlled Substances (McCann) Creates overdose fatality review act.	Received in House (10/10/2023; To Health Policy Committee)

BILL #	TITLE/INTRODUCER/DESCRIPTION	STATUS
		Passed in Senate (10/10/2023; 38-0)
SB 382	Language Access Plan (Chang) Requires state agencies to create language access plan and implements for individuals with limited English proficiency.	Received in House (10/12/2023; To Government Operations Committee) Passed in Senate (10/12/2023; 24-13)
SB 399	Mental Health (Bellino) Modifies competitive grant program.	Introduced (6/21/2023; To Appropriations Committee)
SB 499	Controlled Substances (Irwin) Exempts conduct associated with entheogenic plants and fungi from criminal penalties in certain circumstances.	Introduced (9/14/2023; To Regulatory Affairs Committee)
SB 540	Veterans (Hertel, K.) Creates Michigan veterans coalition grant program.	Introduced (10/3/2023; To Veterans and Emergency Services Committee)
SB 541	Veterans (Hauck) Creates Michigan veterans coalition fund.	Introduced (10/3/2023; To Veterans and Emergency Services Committee)
SB 542	Controlled Substances (Hertel, K.) Allows choice of formulation, dosage, and route of administration for opioid antagonists by certain persons and governmental entities if department of health and human services distributes opioid antagonists free of charge.	Introduced (10/3/2023; To Health Policy Committee)
SB 546	Liquor Licenses (Hauck) Modifies license to sell alcoholic liquor for consumption on the premises of a certain conference centers.	Introduced (10/3/2023; To Regulatory Affairs Committee)
SB 574	Veteran Benefits (Singh) Creates Tricare premium reimbursement program.	Introduced (10/10/2023; To Appropriations Committee)
HCR 5	Psychological Trauma (Conlin) A concurrent resolution to urge the United States Congress, Department of Defense, and Department of Veterans Affairs to prioritize research and investment in non-technology treatment options for servicemembers and veterans who have psychological trauma as a result of military service.	Passed in Senate (9/7/2023; Voice Vote)

Michigan's Current and Incoming* CCBHC Demonstration Sites

September 2023



- Arab Community Center for Economic and Social Services (Wayne)
- Barry County CMH Authority (Barry)
- CEI CMH (Clinton, Eaton, Ingham)
- CNS Healthcare (Oakland)
- CNS Healthcare (Wayne)
- Community Mental Health of Ottawa County (Ottawa)
- Development Centers, Inc. (Wayne)**
- Easter Seals Michigan (Oakland)
- Elmhurst Home (Wayne)
- Genesee Health System (Genesee)
- HealthWest (Muskegon)
- Integrated Services of Kalamazoo (ISK)
- Lapeer County Community Mental Health (Lapeer)
- LifeWays (Jackson and Hillsdale)
- Macomb County CMH (Macomb)
- Monroe Community Mental Health Authority (Monroe)**
- Network180 (Kent)
- OnPoint (Allegan)
- Pines Behavioral Health Services (Branch)
- Pivotal (St. Joseph)
- Riverwood Center (Berrien)
- Saginaw County CMH (Saginaw)
- Sanilac Community Mental Health (Sanilac)
- Southwest Counseling Solutions (Wayne)
- St. Clair County CMH (St. Clair)
- Summit Pointe (Calhoun)**
- The Guidance Center (Wayne)
- The Right Door (Ionia)
- Washtenaw County CMH (Washtenaw)
- West Michigan CMH (Mason, Lake, Oceana)

MSHN
Mid-State Health Network

REPORT OF THE MSHN DEPUTY DIRECTOR
to the Board of Directors
September/October

Substance Use Disorder (SUD) Oversight Policy Board (OPB) Updates

SUD OPB Intergovernmental Agreement

The SUD OPB continues to meet every other month as part of their role and responsibilities related to SUD funds under Public Act (PA) 2 of 1986 (aka liquor tax funds) for the MSHN region. The SUD OPB has authority to approve any portion of MSHN's budget that contains PA 2 for the treatment or prevention of substance use disorders. PA2 funds are limited in their use for prevention and treatment only and must be utilized in the Counties from which the PA 2 Funds originated. The Intergovernmental contract for the establishment of a Substance Use Disorder Oversight Policy Board describes the functions and responsibilities as outlined under 2012 PA 500 and 2012 PA 501. The MSHN intergovernmental agreement with the 21 counties in our region was last executed on July 29, 2021. The Term of the Contract is for three years upon execution and set to expire on July 29, 2024. SUD OPB has developed a timeline to review and provide an updated final version to the counties for their approval, signature and return in order to have an executed contract by the end of July, 2024.

- October 2023 - MSHN presents changes to SUD Intergovernmental Agreement
- December 2023 - SUD OPB review and revisions reviewed
- February 2024 – SUD OPB approval of the final contract
- March 2024 – Distribution to the Counties
- April 2024 – May 2024 – County approvals, signature, and return
- June 2024 – Reminders sent for any last signatures
- July 2024 – MSHN signed/fully executed

MSHN administration has completed an initial review of the SUD OPB Intergovernmental Agreement. The edits are included in tracked changes for board member review (page 12). Board members may submit feedback to Amanda.Ittner@midstatehealthnetwork.org or Sheryl.Kletke@midstatehealthnetwork.org by December 5, 2023. All feedback will be gathered and presented to the full board in December.

SUD Oversight Policy Board Annual Report Available

Annually, MSHN's Boards and Councils provide a report outlining past years accomplishments and upcoming goals for the new year. In October, the SUD OPB reviewed the annual report and included the below list of accomplishments for FY23.

- Approval of Public Act 2 Funding for FY22 & related contracts
- Approved use of PA2 funds for prevention and treatment services in each county
- Received presentation on FY23 Budget Overview
- Received PA2 Funding reports – receipts & expenditures by County
- Received Quarterly Reports on Prevention and Treatment Goals and Progress
- Received Financial Status Reports on all funding sources of SUD Revenue and Expenses
- Provided advisory input to the MSHN Board of Directors regarding the overall agency strategic plan and SUD budget
- Received information and education on opioid settlement and strategies
- Provided input on the FY24-26 MSHN SUD Strategic Plan

In addition to the required responsibilities, the SUD OPB has the following goals for FY24.

- Improve communications with MSHN Leadership, Board Members and local coalitions

- Increase communication with local counties and coalitions regarding use of state and local opioid settlement funding

MSHN is in the process of seeking feedback regarding the content as well as recommendations for FY24 goals. Comments can be sent directly to Amanda.Ittner@midstatehealthnetwork.org or Sheryl.Kletke@midstatehealthnetwork.org by November 15, 2023.

Staffing Update

As indicated in the September Board report, the region's participation in health homes and Certified Community Behavioral Health Centers (CCBHCs) has expanded for FY24, effective October 1, 2023. As the PIHP/Lead Entity, MSHN has responsibility for oversight, enrollment, and reporting for Opioid Health Homes, Behavioral Health Homes and with CCBHCs. To ensure sufficient support at the PIHP level, MSHN added staffing positions in the FY24 budget and is pleased to announce we have filled two of the positions.

- Avery Truex joined MSHN on October 30, as the Integrated Healthcare Assistant. She comes to us with previous experience working at Clinical Psychology Services and Kalamazoo Autism Center.
- Carly Wormmeester will be joining MSHN on November 27, as the Complex Care Coordinator. She currently works at The Right Door for Hope, Recovery and Wellness as the Adult Case Manager.

Please join me in welcoming both Avery and Carly to the MSHN team!

Michigan Mission Based Performance Indicators

The Michigan Department of Health and Human Services (MDHHS), establishes measures in the area of access, efficiency, and outcomes. MSHN is responsible for ensuring that its Community Mental Health Service Program (CMHSP) Participants and Substance Use Disorder Providers are measuring performance through the Michigan Mission Based Performance Indicator System (MMBPIS). MSHN regional performance is monitored, and regional trends are identified and discussed at the Quality Improvement Council (QIC). When minimum performance standards are not met (set by MDHHS) the CMHSP Participants and SUD Providers are required to submit a correction action plan. The figure below represents MSHN as a region through FY23 quarter 2. However, CMHSP and SUD Provider specific data related to MMBPIS is available on our website at: https://midstatehealthnetwork.org/stakeholders-resources/about-us/dashboard-information/performance-indicators

MSHN MMBPIS FY23Q2	Standard	FY23Q1	FY23Q2
Indicator 1a: Percentage of children who received a Prescreen within 3 hours of request.	<=95%	99.32%	98.23%
Indicator 1b: Percentage adults who received a Prescreen within 3 hours of request.	<=95%	99.42%	99.25%
Indicator 2: The percentage of new persons during the quarter receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service. MI adults, MI children, I/DD adults, I/DD children.	No Standard until FY22	60.81%	56.75%
Indicator 2b: The percentage of new persons during the quarter receiving a face to face service for treatment or supports within 14 calendar days of a non-emergency request for service for persons with Substance Use Disorders.		NA	
Indicator 3: Percentage of new persons during the quarter starting any medically necessary on-going covered service within 14 days of completing a non-emergent biopsychosocial assessment. MI adults, MI children, I/DD adults, and I/DD children.		59.53%%	63.50%
Indicator 4a1: Percentage of children who received a follow-Up within 7 days of discharge from a psychiatric unit.	<=95%	97.25%	96.06%
Indicator 4a2: Percentage adults who received a follow-up within 7 days of discharge from a Psychiatric Unit.	<=95%	95.60%	96.81%
Indicator 4b: Follow-Up within 7 Days of Discharge from a SUD Detox Unit -Who are seen for follow up care within 7 days.	<=95%	97.83%	97.78%
Indicator 10a: The percentage of children who had a re-admission to psychiatric unit within 30 days.	>=15%	8.75%%	9.19%
Indicator 10b: The percentage of adults who had a re-admission to psychiatric unit within 30 Days.	>=15%	13.01%%	12.70%

MSHN continues to excel in the performance of access, efficiency and outcomes. MDHHS, with input from the PIHPs and participation through the State Quality Improvement Council are considering updating or changing future performance indicators. MSHN along with our regional partners will be actively participating in the dialogs to inform future measures.

More information related to the MMBPIS follow up and recommendations is included in the link below:
Compliance, Customer Service and Quality Report FY23Q3

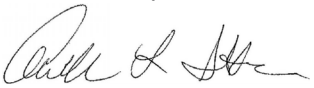
MSHN Seeking to Expand SUD services for Adolescents

As part of the Network Adequacy Assessment, MSHN identified gaps in our network provider service availability for adolescent services. In response to the service need, MSHN developed a Request for Proposal (RFP) to expand SUD Treatment services specific to adolescents, expected to be announced on October 30, 2023. Specifically, MSHN is looking to contract with providers who can provide the following Addiction Medicine (ASAM) Levels of Care (LOC's) in accordance with Medicaid regulations and requirements.

- Withdrawal Management – ASAM 3.2 & 3.7 LOC for adolescents (Open to all 21 counties in MSHN Region)
- Residential – ASAM 3.3 & 3.7 LOC's for adolescents (Open to all 21 counties in MSHN Region)
- Outpatient – ASAM 0.5, 1.0, & 2.1 LOC's for adolescents (In the specific following counties: Arenac; Clare; Gladwin; Gratiot; Hillsdale; Ionia; Isabella; Mecosta; Midland; Newaygo and Osceola)

The detailed RFP can be located on the MSHN website at: https://midstatehealthnetwork.org/stakeholders-resources/about-us/news. The submission deadline for response to the RFP is the middle of December, with expected review, negotiation and recommendation to the Board of Directors to be presented at the March 2024 meeting.

Submitted by:



Amanda L. Ittner
Finalized: 10.30.23

Links to Reports:
Compliance, Customer Service and Quality Report FY23Q3

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Background:

In accordance with the MSHN Board of Directors to review financials, at a minimum quarterly, the Preliminary Statement of Net Position and Preliminary Statement of Activities for the Period Ending September 30, 2023, have been provided and presented for review and discussion.

Recommended Motion:

The MSHN Board of Directors receives and files the Preliminary Statement of Net Position and Preliminary Statement of Activities for the Period Ending September 30, 2023, as presented.

Mid-State Health Network
Statement of Activities
As of September 30, 2023

Rows Numbers		Columns Identifiers A	B	C	D	E (C - D)	F (C / B)	
			Budget Annual	Actual Year-to-Date	Budget Year-to-Date	Budget Difference	Actual % of Budget	
			FY23 Amended Bdgt		FY23 Amended Bdgt			
			100.00%					
1	Revenue:							
2		Grant and Other Funding	$ 1,016,200	885,921	1,016,200	(130,279)	87.18 %	1a
3		Medicaid Use of Carry Forward	$ 47,302,106	47,302,106	47,302,106	0	100.00%	1b
4		Medicaid Capitation	772,997,196	774,887,917	772,997,196	1,890,721	100.24%	1c
5		Local Contribution	1,550,876	1,550,876	1,550,876	0	100.00%	1d
6		Interest Income	1,500,000	1,942,352	1,500,000	442,352	129.49%	1e
7		Change in Market Value	0	811,818	0	811,818	0.00%	
8		Non Capitated Revenue	21,510,813	15,651,619	21,510,813	(5,859,194)	72.76%	1f
9	Total Revenue		845,877,191	843,032,609	845,877,191	(2,844,582)	99.66 %	
10	Expenses:							
11		PIHP Administration Expense:						
12		Compensation and Benefits	6,630,695	6,492,337	6,630,695	(138,358)	97.91 %	
13		Consulting Services	163,965	81,790	163,965	(82,175)	49.88 %	
14		Contracted Services	85,700	84,284	85,700	(1,416)	98.35 %	
15		Other Contractual Agreements	368,799	324,843	368,799	(43,956)	88.08 %	
16		Board Member Per Diems	14,070	13,370	14,070	(700)	95.02 %	
17		Meeting and Conference Expense	117,569	107,380	117,569	(10,189)	91.33 %	
18		Liability Insurance	32,450	32,449	32,450	(1)	100.00 %	
19		Facility Costs	159,128	158,167	159,128	(961)	99.40 %	
20		Supplies	300,400	312,167	300,400	11,767	103.92 %	
21		Depreciation	20,999	20,999	20,999	0	100.00 %	
22		Other Expenses	1,058,743	1,053,849	1,058,743	(4,894)	99.54 %	
23		Subtotal PIHP Administration Expenses	8,952,518	8,681,635	8,952,518	(270,883)	96.97 %	2a
24		CMHSP and Tax Expense:						
25		CMHSP Participant Agreements	725,318,103	724,779,486	725,318,103	(538,616)	99.93 %	1b,1c
26		SUD Provider Agreements	67,319,158	62,926,722	67,319,158	(4,392,436)	93.48 %	1c,1f
27		Benefits Stabilization	9,727,009	9,667,009	9,727,009	(60,000)	99.38 %	1b
28		Tax - Local Section 928	1,550,876	1,550,876	1,550,876	0	100.00 %	1d
29		Taxes- IPA/HRA	23,017,910	21,840,939	23,017,910	(1,176,971)	94.89 %	2b
30		Subtotal CMHSP and Tax Expenses	826,933,056	820,765,032	826,933,056	(6,168,023)	99.25 %	
31		Transfer to Internal Service Fund	0	3,779,000	0	3,779,000	100.00 %	2c
32	Total Expenses		835,885,574	833,225,667	835,885,574	(2,659,907)	99.68 %	
33	Excess of Revenues over Expenditures		$ 9,991,617	$ 9,806,942	$ 9,991,617			

Mid-State Health Network
Preliminary Statement of Net Position by Fund
As of September 30, 2023

Row Numbers		Column Identifiers A	B	C	D B + C	
1	**Assets**		**Behavioral Health Operating**	**Medicaid Risk Reserve**	**Total Proprietary Funds**	
2	**Cash and Short-term Investments**					
3	Chase Checking Account		18,962,955	0	18,962,955	1a
4	Chase MM Savings		7,685,699	0	7,685,699	
5	Savings ISF Account		0	7,472,644	7,472,644	1b
6	Savings PA2 Account		4,014,192	0	4,014,192	1c
7	Investment General Savings Account		55,367,604	0	55,367,604	1a
8	Investment PA2 Account		3,522,769	0	3,522,769	1c
9	Investment ISF Account		0	45,668,933	45,668,933	1b
10	Total Cash and Short-term Investments		$ 89,553,219	$ 53,141,577	$ 142,694,796	
11	**Accounts Receivable**					
12	Due from MDHHS		24,645,314	0	24,645,314	2a
13	Due from CMHSP Participants		5,903,405	0	5,903,405	2b
14	Due from Miscellaneous		413,542	0	413,542	2c
15	Due from Other Funds		0	3,779,000	3,779,000	2d
16	Total Accounts Receivable		30,962,261	3,779,000	34,741,261	
17	**Prepaid Expenses**					
18	Prepaid Expense Insurance		80,652	0	80,652	2e
19	Prepaid Expense Rent		4,529	0	4,529	2f
20	Prepaid Expense Other		116,751	0	116,751	2g
21	Total Prepaid Expenses		201,932	0	201,932	
22	**Fixed Assets**					
23	Fixed Assets - Computers		189,180	0	189,180	2h
24	Accumulated Depreciation - Computers		(189,180)	0	(189,180)	
25	Lease Assets		203,309	0	203,309	2i
26	Accumulated Amortization - Lease Asset		(127,724)	0	(127,724)	
27	Total Fixed Assets, Net		75,585	0	75,585	
28	**Total Assets**		**$ 120,792,997**	**$ 56,920,577**	**$ 177,713,574**	
29						
30	**Liabilities and Net Position**					
31	Liabilities					
32	Accounts Payable		$ 16,724,228	$ 0	$ 16,724,228	1a
33	Current Obligations (Due To Partners)					
34	Due to State		33,831,196	0	33,831,196	3a
35	Other Payable		4,232,114	0	4,232,114	3b
36	Due to State HRA Accrual		3,811,089	0	3,811,089	1a, 3c
37	Due to State-IPA Tax		1,701,013	0	1,701,013	3d
38	Due to CMHSP Participants		25,898,751	0	25,898,751	3e
39	Due to other funds		3,779,000	0	3,779,000	3f
40	Accrued PR Expense Wages		92,776	0	92,776	3g
41	Accrued Benefits PTO Payable		453,466	0	453,466	3h
42	Accrued Benefits Other		63,202	0	63,202	3i
43	Total Current Obligations (Due To Partners)		73,862,607	0	73,862,607	
44	Lease Liability		78,017	0	78,017	2i
45	Deferred Revenue		12,894,121	0	12,894,121	1b 1c 2b 3b
46	Total Liabilities		103,558,973	0	103,558,973	
47	Net Position					
48	Unrestricted		17,234,024	0	17,234,024	3j
49	Restricted for Risk Management		0	56,920,577	56,920,577	1b
50	Total Net Position		17,234,024	56,920,577	74,154,601	
51	**Total Liabilities and Net Position**		**$ 120,792,997**	**$ 56,920,577**	**$ 177,713,574**	

Mid-State Health Network
Notes to Financial Statements
For the Twelve-Month Period Ended,
September 30, 2023

Please note: The Preliminary Statement of Net Position contains Fiscal Year (FY) 2023 cost settlement figures between the PIHP and Michigan Department of Health Human Services (MDHHS) as well as each Community Mental Health Service Program (CMHSP) Participants. CMHSP cost settlement figures were extracted from the Region's Savings Estimate report.

Preliminary Statement of Net Position:

1. Cash and Short-Term Investments
   a) The Cash Chase Checking and Chase Money Market Savings accounts is the cash available for operations. A portion of cash available for operations will be used to cover accounts payable and taxes with the remaining 74% invested for interest earnings.
   b) The Savings Internal Service Fund (ISF) and Investment ISF reflect designated accounts to hold the Medicaid ISF funds separate from all other funding per the MDHHS contract. MSHN holds more than $45M in the investment account which is about 80% of the available ISF balance. The remaining portion is held in a savings account and available for immediate use if needed. Internal Service Funds are used to cover the Region's risk exposure. In the event current Fiscal Year revenue is spent and all prior year savings are exhausted, PIHPs can abate funds from the ISF and use for remaining costs. MSHN has had a fully funded ISF which is 7.5% of Medicaid Revenue for the last several Fiscal Years.
   c) The Savings PA2 account holds PA2 funds and is also offset by the Deferred Revenue liability account and investments exceeding $3.5 M.
2. Accounts Receivable
   a) More than 42% of the balance results from miscellaneous grants and another 40% in withholds owed to MSHN. Secondly, the remaining balance stems from 4th quarter HRA payments due from MDHHS plus September 2023 Medicaid and HMP payments received in October.
   b) Due from CMHSP Participants reflects FY 2023 projected cost settlement activity.

CMHSP	Cost Settlement	Payments/Offsets	Total
CEI	1,963,438.00	-	1,963,438.00
Newaygo	130,034.00	-	130,034.00
Saginaw	3,809,933.00	-	3,809,933.00
Total	**5,903,405.00**	**-**	**5,903,405.00**

   c) Approximately 70% of the balance in Due from Miscellaneous represents amounts owed from providers for Medicaid Event Verification (MEV) findings. The remaining amount represents advances made to Substance Use Disorder (SUD) providers to cover operations and other outstanding miscellaneous items.
   d) Due from other funds is the account used to manage anticipated ISF transfers. MSHN can retain up to 7.5 % of current FY revenue to manage risk. This amount is in addition to the allowable 7.5% for savings generated when Medicaid and Healthy Michigan revenue exceed expenses.
   e) Prepaid Insurance holds October 2023 fringe benefits paid in September as well as a payment for MSHN's FY 2024 liability insurance.
   f) Prepaid Expense Rent balance consists of security deposits MSHN office suites.
   g) Prepaid Expense Other relates primarily to MCG (Parity Related Software). In addition, this account contains small balances for MSHN and SUD provider network staffs' Relias training, video conferencing platform Zoom, Providence technical support and other miscellaneous items.

h) Total Fixed Assets - Computers represent the value of MSHN's capital asset net of accumulated depreciation.

i) The Lease Assets category is now displayed as an asset and liability based on a new Governmental Accounting Standards Board (GASB) requirement. The lease assets figure represents FY 2022 – 2025 contract amounts for MSHN's office space.

3. Liabilities

a) MSHN estimates FY 2022 and FY 2021 lapses totaling $13.5 M and $19.1 M to MDHHS, respectively. The lapse amounts indicate the ISF was fully funded for both fiscal years, and that savings fell within the second tier (above 5%). Per contractual guidelines MDHHS receives half of every dollar generated beyond this threshold until the PIHP's total savings reach the 7.5% maximum. Further, MSHN owes MDHHS an FY 2020 lapse amount totaling $1.2 M based on Compliance Examination adjustments.

b) This amount is related to SUD provider payment estimates and is needed to offset the timing of payments.

c) The HRA (Hospital Rate Adjustor) is a pass-through account for dollars sent from MDHHS to cover supplemental payments made to psychiatric hospitals. HRA payments are intended to incentivize hospitals to have available psychiatric beds as needed. Total HRA payments are calculated based on the number of inpatient hospital services reported.

d) Due to State - IPA Tax contains funds held for tax payments associated with MDHHS Per Eligible Per Month (PEPM) funds. Insurance Plan Assessment taxes are applied to Medicaid and Healthy Michigan eligibles.

e) Due to CMHSP represents FY 23 projected cost settlement figures.

CMHSP	Cost Settlement	Payments/Offsets	Total
Bay	7,232,208.00	1,500,000.00	5,732,208.00
Central	16,008,984.00	10,000,000.00	6,008,984.00
Gratiot	1,742,057.00	-	1,742,057.00
Huron	2,762,998.00	-	2,762,998.00
The Right Door	1,244,126.00	-	1,244,126.00
Lifeways	10,265,668.00	3,500,000.00	6,765,668.00
Montcalm	370,647.00	-	370,647.00
Shiawassee	1,256,789.00	500,000.00	756,789.00
Tuscola	515,274.00	-	515,274.00
Total	**41,398,751.00**	**15,500,000.00**	**25,898,751.00**

f) Due to Other Funds is the liability transaction related to Statement of Net Position item 2d.

g) Accrued payroll expense wages represent expenses incurred in September and paid in October.

h) Accrued Benefits PTO (Paid Time Off) payable is the required liability account set up to reflect paid time off balances for employees.

i) Accrued Benefits Other represents retirement benefit expenses incurred in September and paid in October.

j) The Unrestricted Net Position represents the difference between total assets, total liabilities, and the restricted for risk management figure.

Preliminary Statement of Activities – Column F now calculates the actual revenue and expenses compared to the full year's amended budget. Revenue accounts whose Column F percent is less than 100% translate to MSHN receiving less revenue than anticipated/budgeted. Expense accounts with Column F amounts greater than 100% shows MSHN's spending is trending higher than expected.

1. Revenue
    a) This account tracks SIS revenue earned from CMHSPs, Veterans Navigator (VN) activity and other small grants. In addition, the largest fiscal contribution to this account's balance comes from an anticipated MDHHS grant to cover costs for Certified Community Behavioral Health Centers (CCBHC) non-Medicaid individuals.
    b) Medicaid Use of Carry Forward represents FY 2022 savings. Medicaid Savings are generated when the prior year revenue exceeds expenses for the same period. A small portion of Medicaid Savings is sent to the CMHSPs as funding delegated for SUD activities which include access, prevention, and customer services. FY 2022 Medicaid Carry Forward must be used as the first revenue source for FY 2023.
    c) Medicaid Capitation – Actual revenue continues trending higher than the budgeted amount. The higher revenue results from the Public Health Emergency's (PHE) continuous Medicaid Enrollment condition which ended March 31, 2023. MDHHS announced it will begin enrollee recertifications in June 2023 with the full process slated for completion within 12 months. MSHN will monitor funding trends related to disenrollments and take necessary action to ensure the region's financial stability including a potential budget amendment later this fiscal year if indicated. Medicaid Capitation payment files are calculated and disbursed to CMHSPs based on a per eligible per month (PEPM) methodology and paid to SUD providers based on service delivery.
    d) Local Contribution is flow-through dollars from CMHSPs to MDHHS. Typically, revenue equals the expense side of this activity under Tax Local Section 928. Local Contributions were scheduled to reduce over the next few fiscal years until completely phased out. FY 2023 amounts owed were nearly $800 k less than FY 2022.
    e) Interest income is earned from investments and changes in principle for investments purchased at discounts or premiums. Interest income is trending significantly higher than budget amounts as MSHN's investment portfolio has grown to include PA2 and General Savings. The "change in market value" account records activity related to market fluctuations.
    f) This account tracks non-capitated revenue for SUD services which include Community Grant and PA2 funds. There is a large variance in this account because the amended budget amount represents the full MDHHS allocation amount regardless of planned spending. The COVID dollars are the most unspent of Block Grants because of strict parameters regarding use of these funds.
2. Expense
    a) Total PIHP Administration Expense is slightly under budget. The line items with the largest dollar variances are Compensation and Benefits and Consulting Services. Consulting Services may experience a smaller variance once FY 23 expenses are final.
    b) IPA/HRA actual tax expenses are lower than the budget amount. IPA estimates are impacted by variability in the number of Medicaid and Healthy Michigan eligibles. HRA figures will also vary throughout the fiscal year based on inpatient psychiatric utilization and contribute to the variance. (Please see Statement of Net Position 3c and 3d).
    c) This expense amount is related to items 2d and 3f on the Statement of Net Position.

MID-STATE HEALTH NETWORK
SCHEDULE OF GENERAL SAVINGS INVESTMENTS
As of September 30, 2023

DESCRIPTION	CUSIP	TRADE DATE	SETTLEMENT DATE	MATURITY DATE	CALLABLE	AMOUNT DISBURSED	PRINCIPAL	AVERAGE ANNUAL YIELD TO MATURITY	Change in market value	Chase Savings Interest	Interest - Accrued	Prior period interest - (Info Only added to col H total)	Interest Earnings (Information Only)	Total Chase Balance
UNITED STATES TREASURY BILL	912797GG6	4.20.23	4.21.23	8.15.23		54,139,763.33	55,000,000.00							
UNITED STATES TREASURY BILL	912797GG6	4.20.23	4.21.23	8.15.23			(55,000,000.00)							
UNITED STATES TREASURY BILL	912797GM3	8.14.23	8.15.23	2.8.24		54,999,514.81	54,999,514.81		368,089.63					
JP MORGAN INVESTMENTS							54,999,514.81		368,089.63		-			55,367,604.44
JP MORGAN CHASE SAVINGS							7,661,984.75	0.050%		23,714.12		-		7,685,698.87
							$ 62,661,499.56		$ 368,089.63	$ 23,714.12	$ -	$ -	$ -	$ 63,053,303.31

U.S. Treasury Bills – Treasury Bills, or T-Bills, are sold in terms ranging from a few days to 52 weeks. T-Bills are short-term debt issued and backed by the full faith and credit of the United States government. T-Bills are typically sold at a discount from the par amount (par amount is also called face value). You can hold a T-Bill until it matures or sell it prior to maturity. When a T-Bill matures, you are paid the par amount. Assuming the T-Bill is held to maturity, the difference between the par amount at maturity and the original cost is the amount of interest earned. **Source: U.S Treasury Direct**

U.S. Agencies – An agency security is a low-risk debt obligation that is issued by a U.S. government-sponsored enterprise (GSE). A Government-Sponsored Enterprise (GSE) bond is an agency bond issued by such agencies as Federal National Mortgage Association (Fannie Mae), Federal Home Loan Mortgage (Freddie Mac), Federal Farm Credit Banks Funding Corporation, and the Federal Home Loan Bank. Unlike Treasury securities, government agency bonds are not expressly backed by the full faith and credit of the U.S. government, but they do carry an implied backing due to the continuing ties between the agencies and the U.S. government. Most agency securities pay a semi-annual fixed coupon. **Source: Investopedia**

Chase does not generate statements in months when no investment activity occurs. In these instances, a position report provided by Chase is used to determine the investment principal. In addition, the change in market value is derived from the difference in market value and cost.

MID-STATE HEALTH NETWORK
SCHEDULE OF PA2 SAVINGS INVESTMENTS
As of September 30, 2023

DESCRIPTION	CUSIP	TRADE DATE	SETTLEMENT DATE	MATURITY DATE	CALLABLE	AMOUNT DISBURSED	PRINCIPAL	AVERAGE ANNUAL YIELD TO MATURITY	Change in market value	Chase Savings Interest	Interest - Accrued	Prior period interest - (Info Only added to col H total)	Interest Earnings (Information Only)	Total Chase Balance
UNITED STATES TREASURY BILL	912797GG6	4.18.23	4.19.23	8.15.23		3,443,453.42	3,500,000.00							
UNITED STATES TREASURY BILL	912797GG6	4.18.23	4.19.23	8.15.23			(3,500,000.00)							
UNITED STATES TREASURY BILL	912797GM3	8.14.23	8.15.23	2.8.24		3,499,349.00	3,499,349.00		23,419.74					
JP MORGAN INVESTMENTS							3,499,349.00		23,419.74		-			3,522,768.74
JP MORGAN CHASE SAVINGS							4,011,672.68	0.050%		2,518.84		-		4,014,191.52
							$ 7,511,021.68		$ 23,419.74	$ 2,518.84	$ -	$ -	$ -	$ 7,536,960.26

U.S. Treasury Bills – Treasury Bills, or T-Bills, are sold in terms ranging from a few days to 52 weeks. T-Bills are short-term debt issued and backed by the full faith and credit of the United States government. T-Bills are typically sold at a discount from the par amount (par amount is also called face value). You can hold a T-Bill until it matures or sell it prior to maturity. When a T-Bill matures, you are paid the par amount. Assuming the T-Bill is held to maturity, the difference between the par amount at maturity and the original cost is the amount of interest earned. **Source: U.S Treasury Direct**

U.S. Agencies – An agency security is a low-risk debt obligation that is issued by a U.S. government-sponsored enterprise (GSE). A Government-Sponsored Enterprise (GSE) bond is an agency bond issued by such agencies as Federal National Mortgage Association (Fannie Mae), Federal Home Loan Mortgage (Freddie Mac), Federal Farm Credit Banks Funding Corporation, and the Federal Home Loan Bank. Unlike Treasury securities, government agency bonds are not expressly backed by the full faith and credit of the U.S. government, but they do carry an implied backing due to the continuing ties between the agencies and the U.S. government. Most agency securities pay a semi-annual fixed coupon. **Source: Investopedia**

Chase does not generate statements in months when no investment activity occurs. In these instances, a position report provided by Chase is used to determine the investment principal. In addition, the change in market value is derived from the difference in market value and cost.

MID-STATE HEALTH NETWORK
SCHEDULE OF INTERNAL SERVICE FUND INVESTMENTS
As of September 30, 2023

DESCRIPTION	CUSIP	TRADE DATE	SETTLEMENT DATE	MATURITY DATE	CALLABLE	AMOUNT DISBURSED	PRINCIPAL	AVERAGE ANNUAL YIELD TO MATURITY	Change in market value	Chase Savings Interest	Interest - Accrued	Total Chase Balance
UNITED STATES TREASURY BILL	91282CDR9	1.19.22	1.20.22	12.1.23		1,992,391.23	1,998,884.56		(21,697.06)		3,709.24	
UNITED STATES TREASURY BILL	912796X53	7.8.22	7.11.22	6.15.23		9,740,570.83	10,000,000.00					
UNITED STATES TREASURY BILL	912796X53						(10,000,000.00)					
UNITED STATES TREASURY BILL	912797FU6	6.14.23	6.15.23	12.14.23		9,746,615.56	9,746,615.56		145,912.24			
UNITED STATES TREASURY BILL	912796XQ7	1.11.23	1.12.23	7.13.23		19,531,956.67	20,000,000.00					
UNITED STATES TREASURY BILL	912796XQ7						(20,000,000.00)					
UNITED STATES TREASURY BILL	912797GC5	7.12.23	7.13.23	1.11.24		19,476,648.89	19,476,648.89		225,821.91			
UNITED STATES TREASURY BILL	912796XQ7	4.18.23	4.19.23	8.15.23		13,774,272.56	14,000,000.00					
UNITED STATES TREASURY BILL	912796XQ7	4.18.23	4.19.23	8.15.23			(14,000,000.00)					
UNITED STATES TREASURY BILL	912797GM3	8.14.23	8.15.23	2.8.24		13,999,344.96	13,999,344.96		93,691.99			
JP MORGAN INVESTMENTS							45,221,493.97		443,729.08		3,709.24	45,668,932.29
JP MORGAN CHASE SAVINGS							7,240,142.17	0.050%		232,502.26		7,472,644.43
							$ 52,461,636.14		$ 443,729.08	$ 232,502.26	$ 3,709.24	$ 53,141,576.72

6986814.73

U.S. Treasury Bills – Treasury Bills, or T-Bills, are sold in terms ranging from a few days to 52 weeks. T-Bills are short-term debt issued and backed by the full faith and credit of the United States government. T-Bills are typically sold at a discount from the par amount (par amount is also called face value). You can hold a T-Bill until it matures or sell it prior to maturity. When a T-Bill matures, you are paid the par amount. Assuming the T-Bill is held to maturity, the difference between the par amount at maturity and the original cost is the amount of interest earned. **Source: U.S Treasury Direct**

U.S. Agencies – An agency security is a low-risk debt obligation that is issued by a U.S. government-sponsored enterprise (GSE). A Government-Sponsored Enterprise (GSE) bond is an agency bond issued by such agencies as Federal National Mortgage Association (Fannie Mae), Federal Home Loan Mortgage (Freddie Mac), Federal Farm Credit Banks Funding Corporation, and the Federal Home Loan Bank. Unlike Treasury securities, government agency bonds are not expressly backed by the full faith and credit of the U.S. government, but they do carry an implied backing due to the continuing ties between the agencies and the U.S. government. Most agency securities pay a semi-annual fixed coupon. **Source: Investopedia**

Chase does not generate statements in months when no investment activity occurs. In these instances, a position report provided by Chase is used to determine the investment principal. In addition, the change in market value is derived from the difference in market value and cost.

MSHN
Mid-State Health Network

Background

In accordance with the MSHN Operating Agreement, Article VI, Contracts that state the following:

> The Entity Board must approve the execution of any contract exceeding $25,000 in value. This includes any contract involving the acquisition, ownership, custody, operation, maintenance, lease, or sale of real or personal property and the disposition, division or distribution of property acquired through execution of the contract.

Therefore, MSHN presents the attached FY24 Contract Listing for Board approval and authorization of the Chief Executive Officer to sign.

Recommended Motion:

The MSHN Board authorizes its Chief Executive Officer to sign and fully execute the contracts as presented and listed on the FY24 contract listing.

MID-STATE HEALTH NETWORK
FISCAL YEAR 2024 NEW AND RENEWING CONTRACTS
November 2023

CONTRACTING ENTITY	PROVIDERS COST REIMBURSEMENT PROJECTS/PROGRAM DESCRIPTION	CONTRACT TERM	CURRENT FY24 COST REIMBURSEMENT CONTRACT AMOUNT	FY24 TOTAL COST REIMBURSEMENT CONTRACT AMOUNT	FY24 INCREASE/ (DECREASE)
PIHP ADMINISTRATIVE FUNCTION CONTRACTS					
MacDonald Garber Broadcasting	Opioid Anti-Stigma Campaign	12.1.23 - 2.29.24	-	**150,000**	**150,000**
	Gambling Prevention Campaign	12.1.23 - 9.30.24	-	**100,000**	**100,000**
			$ -	**$ 250,000**	**$ 250,000**

CONTRACTING ENTITY	SUD PROVIDERS COST REIMBURSEMENT SOR PROJECTS/PROGRAM DESCRIPTION	CONTRACT TERM	CURRENT FY24 SOR COST REIMBURSEMENT CONTRACT AMOUNT	TOTAL FY24 SOR COST REIMBURSEMENT CONTRACT AMOUNT	FY24 SOR INCREASE/ (DECREASE)
CONTRACTS LISTED IN THIS SECTION ARE ALL SOR GRANT FUNDED PROGRAMS					
Arbor Circle	Newaygo County Jail MAT Program	10.1.23 - 3.31.24	-	**124,619**	**124,619**
Randy's House	Montcalm County Engagement Center	3.1.24 - 9.30.24	-	**171,586**	**171,586**
			$ -	**$ 296,205**	**$ 296,205**

CONTRACTING ENTITY	SUD PROVIDERS COST REIMBURSEMENT PROJECTS/PROGRAM DESCRIPTION	CONTRACT TERM	CURRENT FY24 COST REIMBURSEMENT CONTRACT AMOUNT	FY24 TOTAL COST REIMBURSEMENT CONTRACT AMOUNT	FY24 INCREASE/ (DECREASE)
Randy's House	Montcalm County Engagement Center (COVID-BG)	10.1.23 - 2.29.24	-	**122,561**	**122,561**
Randy's House	Stabilization funding for Randy' House Newaygo Recovery Housing (PA2)	10.1.23 - 9.30.24	-	**25,043**	**25,043**
			$ -	**$ 147,604**	**$ 147,604**

CONTRACTING ENTITY	CONTRACT SERVICE DESCRIPTION (Revenue Contract)	CONTRACT TERM	FY24 CURRENT CONTRACT AMOUNT	FY24 TOTAL CONTRACT AMOUNT	FY24 INCREASE/ (DECREASE)
Michigan Department of Health & Human Services	Medicaid Managed Specialty Supports and Services Program(s), the Healthy Michigan Program and Substance Use Disorder Community Grant Programs (FY24) - Change Notice #1	10.1.23 - 9.30.24	-	**-**	-
			$ -	**$ -**	**$ -**

Mid-State Health Network (MSHN) Board of Directors Meeting
Tuesday, September 12, 2023
Comfort Inn & Suites and Conference Center
Meeting Minutes

1. Call to Order

Chairperson Ed Woods called this meeting of the Mid-State Health Network Board of Directors to order at 5:41 p.m. following the Public Hearing. Mr. Woods welcomed new board member, Paul Palmer, appointed from Community Mental Health Authority of Clinton, Eaton, and Ingham Counties.

2. Roll Call

Secretary Kurt Peasley provided the roll call for Board Members in attendance.

Board Member(s) Present: Brad Bohner (LifeWays), Ken DeLaat (Newaygo), David Griesing (Tuscola), Dan Grimshaw (Tuscola), Tina Hicks (Gratiot), John Johansen (Montcalm), Jeanne Ladd (Shiawassee), Pat McFarland (Bay-Arenac), Deb McPeek-McFadden (Ionia), Gretchen Nyland (Ionia), Irene O'Boyle (Gratiot), Paul Palmer (CEI), Bob Pawlak (BABH), Kurt Peasley (Montcalm), Joe Phillips (CMH for Central Michigan), Tracey Raquepaw (Saginaw), Kerin Scanlon (CMH for Central Michigan), Richard Swartzendruber (Huron), Susan Twing (Newaygo), and Ed Woods (LifeWays)

Board Member(s) Remote: None

Board Member(s) Absent: Joe Brehler (CEI), Phillip Moore (Shiawassee), Joanie Williams (Saginaw), and Beverly Wiltse (Huron)

Staff Member(s) Present: Joseph Sedlock (Chief Executive Officer), Amanda Ittner (Deputy Director), Leslie Thomas (Chief Financial Officer), and Sherry Kletke (Executive Support Specialist)

Members of Public Present: Melissa McKinstry (Vice-Chairperson of The Right Door for Hope, Recovery, and Wellness Board of Directors)

3. Approval of Agenda for September 12, 2023

Board approval was requested for the Agenda of the September 12, 2023, Regular Business Meeting.

MOTION BY BRAD BOHNER, SUPPORTED BY DAVID GRIESING, FOR APPROVAL OF THE AGENDA OF SEPTEMBER 12, 2023, REGULAR BUSINESS MEETING, AS PRESENTED. MOTION CARRIED: 20-0.

4. Public Comment

An opportunity for public comment was provided. There was no public comment.

5. Fiscal Year 2024 Board Meeting Calendar

Board approval was requested for the Fiscal Year 2024 Board Meeting Calendar as presented.

MOTION BY PAUL PALMER, SUPPORTED BY TINA HICKS, TO ADOPT THE FISCAL YEAR 2024 MSHN BOARD OF DIRECTORS MEETING CALENDAR, AS PRESENTED. MOTION CARRIED: 20-0.

6. Fiscal Year 2024-2025 Strategic Plan

Mr. Joseph Sedlock provided an overview and information about the FY2024-2025 Strategic Plan. The strategic priorities include continuation of the five previous priorities of better health, better care, better provider systems, better value, and better equity.

Ms. Irene O'Boyle expressed the MSHN Strategic Plan is the basis of a really good workplan and gave recognition to MSHN for putting the FY2024-2025 Strategic Plan together.

MOTION BY BRAD BOHNER, SUPPORTED BY JOHN JOHANSEN, TO APPROVE THE FY2024-2025 STRATEGIC PLAN FOR MSHN AND TO DIRECT THE CHIEF EXECUTIVE OFFICER TO IMPLEMENT THE PLAN. MOTION CARRIED: 20-0.

7. Consideration of MSHN Fiscal Year 2023 Budget Amendment

Ms. Leslie Thomas provided an overview and information on the Fiscal Year 2023 Budget Amendment report and recommended board approval as presented.

Board members requested an update on the Provider Support and Stabilization and Staffing Crisis Stabilization funding at a future meeting.

MOTION BY TINA HICKS, SUPPORTED BY TRACEY RAQUEPAW, FOR APPROVAL OF THE MSHN FISCAL YEAR 2023 BUDGET AMENDMENT, AS PRESENTED. MOTION CARRIED: 20-0.

8. Consideration of MSHN Regional Budget for Fiscal Year 2024

Board approval was requested for the MSHN Fiscal Year 2024 Budget as presented during the Public Hearing.

MOTION BY BRAD BOHNER, SUPPORTED BY JOHN JOHANSEN, FOR APPROVAL OF THE MSHN FISCAL YEAR 2024 BUDGET, AS PRESENTED DURING THE PUBLIC HEARING. MOTION CARRIED: 20-0.

9. Nominating Committee Report

Ms. Kerin Scanlon provided board members with an update from the August 2023 Nominating Committee meeting sharing results from the Board Officer Interest/Nomination Survey showing a total response rate of 78% (18 total responses). The Nominating Committee presented the following slate for election.

• Board Chairperson:	Ed Woods
• Board Vice Chairperson:	Irene O'Boyle
• Board Secretary:	Deb McPeek-McFadden
• Members at Large (Two Positions):	Ken DeLaat
	Tina Hicks
	Jeanne Ladd
	Kurt Peasley
	David Griesing

10. Special Order: Board Officer Election

Ms. Kerin Scanlon asked for nominations from the floor for the positions of Chair, Vice-Chair, and Secretary. No further nominations were brought forth. A motion for elections by acclimation was requested.

Motion by Paul Palmer, Supported by David Griesing, for a unanimous ballot by acclimation for Ed Woods as Chair, Irene O'Boyle as Vice-Chair and Deb McPeek-McFadden as Secretary. Motion Carried: 20-0.

Ms. Scanlon called for nominations from the floor for the two Member- At-Large positions. No further nominations were brought forth. Paper ballots were collected and tallied by Nominating Committee Chair Kerin Scanlon and MSHN Executive Support Specialist Sherry Kletke for the two (2) Member-At-Large positions. Results of the ballot were to elect Kurt Peasley and David Griesing to these positions.

Mr. Ed Woods thanked Ms. Kerin Scanlon for her work as chair of the Nominating Committee.

11. Chief Executive Officer's Report

Mr. Joseph Sedlock discussed several items from within his written report to the Board highlighting the following:

- PIHP/Regional Matters
    - MSHN Office

- Special Provider Stabilization and Support Initiatives
- FY23 Substance Use, Gambling and Epidemiology Fiscal Review Results
- Harm Reduction Vending Machines
- MSHN Regional Prevention Update
- Equity Upstream Update
- SUD-Specific Strategic Plan

- State of Michigan/Statewide Activities
  - One Year of 988
- Federal/National Activities

Board members raised concerns about substance use in their counties. MSHN Administration will ask the Prevention team to attend a future meeting to do a presentation to board members about programs available and currently being utilized.

12. Deputy Director's Report

Ms. Amanda Ittner discussed several items in her written report to the board, highlighting the following:

- Credentialing Committee Updates
- 1915(i) Eligibility Requirements FY24
- Balanced Scorecard FY23
- Integrated Healthcare Update
- Medicaid and Healthy Michigan Disenrollments

13. Chief Financial Officer's Report

Ms. Leslie Thomas provided an overview of the financial statements included within board meeting packets for the period ended July 31, 2023.

MOTION BY KURT PEASLEY, SUPPORTED BY DAN GRIMSHAW, TO RECEIVE AND FILE THE STATEMENT OF NET POSITION AND STATEMENT OF ACTIVITIES FOR THE PERIOD ENDING JULY 31, 2023, AS PRESENTED. MOTION CARRIED: 20-0.

14. Contracts for Consideration/Approval

A. FY23 Contract Listing for Consideration/Approval

Ms. Leslie Thomas provided an overview of the FY2023 contract listing provided in the meeting packet and requested the board authorize MSHN's CEO to sign and fully execute the contracts listed on the FY2023 contract listing.

MOTION BY PAT MCFARLAND, SUPPORTED BY DAVID GRIESING, TO AUTHORIZE THE CHIEF EXECUTIVE OFFICER TO SIGN AND FULLY EXECUTE THE CONTRACTS AS PRESENTED AND LISTED ON THE FY23 CONTRACT LISTING. MOTION CARRIED: 20-0.

B. FY24 Contract Listing for Consideration/Approval

Ms. Leslie Thomas provided an overview of the FY2024 contract listing provided in the meeting packet and requested the board authorize MSHN's CEO to sign and fully execute the contracts listed on the FY2024 contract listing.

MOTION BY BRAD BOHNER, SUPPORTED BY IRENE O'BOYLE, TO AUTHORIZE THE CHIEF EXECUTIVE OFFICER TO SIGN AND FULLY EXECUTE THE CONTRACTS AS PRESENTED AND LISTED ON THE FY24 CONTRACT LISTING. MOTION CARRIED: 20-0.

15. Executive Committee Report

Mr. Ed Woods informed board members the Executive Committee met on August 18, 2023 and reviewed the agendas for the Public Hearing and the Board Meeting, the FY24 meeting calendars for the Board and Executive Committee, and received the Nominating committee update. Mr. Woods informed board members that Ms. Irene O'Boyle was appointed as Chair of the upcoming CEO performance review process and asked Ms. O'Boyle to provide an update.

Ms. Irene O'Boyle informed board members of the upcoming process explaining that she will be working with Ms. Amanda Ittner and Ms. Sherry Kletke to identify peers, stakeholders and employees to receive a 360-degree feedback survey. Board members will also receive a performance evaluation to complete through Survey Monkey after the November board meeting. The CEO Contract is also up for renewal and the Executive Committee will also begin reviewing the contract and bringing forward a recommendation for full-board consideration in January 2024. Mr. Woods expressed his appreciation to Ms. O'Boyle for taking on the role of the Evaluation Chair.

16. Chairperson's Report

Mr. Ed Woods wished to thank everyone for supporting him as Board Chair for another term. Mr. Woods thanked MSHN staff for their work all year-round, and really enjoyed meeting staff earlier this year when he presented at an all-staff meeting.

17. Approval of Consent Agenda

Board approval was requested for items on the consent agenda as listed in the motion below, and as presented.

MOTION BY DEB McPEEK-McFADDEN, SUPPORTED BY TINA HICKS, TO APPROVE THE FOLLOWING DOCUMENTS ON THE CONSENT AGENDA: APPROVE MINUTES OF THE JULY 11, 2023 BOARD OF DIRECTORS MEETING; RECEIVE SUBSTANCE USE DISORDER OVERSIGHT POLICY BOARD MINUTES OF APRIL 19, 2023; RECEIVE BOARD EXECUTIVE

COMMITTEE MEETING MINUTES OF AUGUST 18, 2023; RECEIVE POLICY COMMITTEE MINUTES OF AUGUST 1, 2023; RECEIVE NOMINATING COMMITTEE MINUTES OF AUGUST 8, 2023; RECEIVE OPERATIONS COUNCIL KEY DECISIONS OF JULY 17, 2023 AND AUGUST 21, 2023; AND TO APPROVE ALL THE FOLLOWING POLICIES: INFORMATION ACCESSIBILITY/LIMITED ENGLISH PROFICIENCY, DELEGATION TO THE CEO AND EXECUTIVE LIMITATIONS, BREACH NOTIFICATION, DISASTER RECOVERY, MEDICAID INFORMATION MANAGEMENT, RECORD RETENTION, CREDENTIALING/RE-CREDENTIALING, OUT OF STATE PLACEMENTS. MOTION CARRIED: 20-0.

18. Other Business

Mr. Ed Woods is Chairperson of the National Council Board of Directors. The National Council board recently approved a three (3) year contract to provide technical assistance to the States for CCBHC implementation and financing.

19. Public Comment

Ms. Melissa McKinstry liked how the meeting went and will plan to attend future meetings. The Annual Walk-A-Mile rally is taking place tomorrow, Wednesday, September 13, 2023. Community Mental Health Association of Michigan's Fall Conference is coming up on October 23rd and 24th. Mr. John Johansen spoke on behalf of the Policy Committee expressing thanks to Ms. Amanda Ittner and Ms. Sherry Kletke for their work in preparing the policies and responding quickly with committee feedback and also appreciation to Ms. Irene O'Boyle for the feedback she provides on the policies in a timely manner.

20. Adjournment

The MSHN Board of Directors Regular Business Meeting adjourned at 6:59 p.m.

Mid-State Health Network (MSHN) Board of Directors Public Hearing

Tuesday, September 12, 2023

Best Western Okemos/East Lansing

Meeting Minutes

1. **Call to Order**

   Chairperson Ed Woods called this Public Hearing of the Mid-State Health Network Board of Directors to order at 5:00 p.m. Mr. Ed Woods introduced new board member, Paul Palmer from Community Mental Health Authority of Clinton, Eaton, and Ingham Counties and gave him a warm welcome.

2. **Roll Call**

   Secretary Kurt Peasley provided the roll call for Board Members in attendance.

Board Member(s) Present:	Brad Bohner (LifeWays), Ken DeLaat (Newaygo), David Griesing (Tuscola), Dan Grimshaw (Tuscola), Tina Hicks (Gratiot), John Johansen (Montcalm), Jeanne Ladd (Shiawassee), Pat McFarland (Bay-Arenac), Deb McPeek-McFadden (Ionia), Gretchen Nyland (Ionia), Irene O'Boyle (Gratiot), Paul Palmer (CEI), Bob Pawlak (BABH), Kurt Peasley (Montcalm), Joe Phillips (CMH for Central Michigan), Tracey Raquepaw (Saginaw)-joined at 5:05 p.m., Kerin Scanlon (CMH for Central Michigan), Richard Swartzendruber (Huron), Susan Twing (Newaygo), and Ed Woods (LifeWays)
Board Member(s) Remote:	None
Board Member(s) Absent:	Joe Brehler (CEI), Phillip Moore (Shiawassee), Joanie Williams (Saginaw), and Beverly Wiltse (Huron)
Staff Member(s) Present:	Joseph Sedlock (Chief Executive Officer), Amanda Ittner (Deputy Director), Leslie Thomas (Chief Financial Officer), and Sherry Kletke (Executive Support Specialist)
Members of Public Present:	Melissa McKinstry (Vice-Chairperson of The Right Door for Hope, Recovery, and Wellness Board of Directors)

3. Approval of Agenda for September 12, 2023

Board approval was requested for the Agenda of the September 12, 2023, Public Hearing.

MOTION BY DEB McPEEK-McFADDEN, SUPPORTED BY GRETCHEN NYLAND FOR APPROVAL OF THE AGENDA OF THE SEPTEMBER 12, 2023, PUBLIC HEARING, AS PRESENTED. MOTION CARRIED: 19-0.

4. Fiscal Year 2024 Budget Presentation

Ms. Leslie Thomas presented the FY2024 MSHN Regional Budget as distributed at the time of the meeting and answered questions posed by board members.

5. Public Comment

There was no public comment.

6. Board Comment

There was no board comment.

7. Adjournment

The MSHN Public Hearing adjourned at 5:41 p.m.

Mid-State Health Network SUD Oversight Policy Advisory Board
Wednesday, August 16, 2023, 4:00 p.m.
CMH Association of Michigan (CMHAM)
507 S. Grand Ave
Lansing, MI 48933

Meeting Minutes

1. Call to Order

Chairperson Steve Glaser called the MSHN SUD Regional Oversight Policy Board (OPB) of Directors Organizational Meeting to order at 4:01 p.m. Chairperson Glaser welcomed new member, Irene Cahill appointed by Ingham County.

Board Member(s) Present: Lisa Ashley (Gladwin), Irene Cahill (Ingham), Bruce Caswell (Hillsdale), Steve Glaser (Midland), John Hunter (Tuscola), Bryan Kolk (Newaygo), John Kroneck (Montcalm), Jim Moreno (Isabella)-joined at 4:15 p.m., Justin Peters (Bay), Vicky Schultz (Shiawassee), Deb Thalison (Ionia), Kim Thalison (Eaton)-joined at 4:06 p.m., Dwight Washington (Clinton), Ed Woods (Jackson)

Board Member(s) Remote: Nichole Badour (Gratiot)-joined at 4:06 p.m., George Gilmore (Clare), Christina Harrington (Saginaw)

Board Member(s) Absent: Robert Luce (Arenac), Joe Murphy (Huron), Jerrilynn Strong (Mecosta), David Turner (Osceola)

Alternate Members Present: None

Staff Members Present: Amanda Ittner (Deputy Director), Leslie Thomas (Chief Financial Officer), Sherry Kletke (Executive Support Specialist), Dr. Dani Meier (Chief Clinical Officer)

Staff Members Remote: Sarah Andreotti (Lead Prevention Specialist), Sarah Surna (Prevention Specialist), Sherrie Donnelly (Treatment & Recovery Specialist), Kate Flavin (Treatment Specialist)

2. Roll Call

Secretary Dwight Washington provided the Roll Call for Board Attendance and informed the Board Chair, Steve Gleason, that a quorum was present for Board meeting business.

3. Approval of Agenda for August 16, 2023

Board approval was requested for the Agenda of the August 16, 2023 Regular Business Meeting, as presented.

MOTION BY JOHN HUNTER, SUPPORTED BY BRYAN KOLK FOR APPROVAL OF THE AUGUST 16, 2023 REGULAR BUSINESS MEETING AGENDA, AS PRESENTED. MOTION CARRIED: 12-0.

4. Approval of Minutes from the April 19, 2023 Regular Business Meetings

Board approval was requested for the draft meeting minutes of the April 19, 2023 Regular Business Meetings.

MOTION BY DEB THALISON, SUPPORTED BY VICKY SCHULTZ, FOR APPROVAL OF THE MINUTES OF THE APRIL 19, 2023 MEETING, AS PRESENTED. MOTION CARRIED: 12-0.

5. Public Comment

There was no public comment.

6. Board Chair Report

Chair Steve Glaser called for discussion and approval of the FY24 SUD Oversight Policy Board calendar. Members discussed and proposed keeping the meeting location the same as previous meetings in Lansing at the Community Mental Health Association of Michigan office located at 507 S. Grand Ave. in Lansing.

MOTION BY BRYAN KOLK, SUPPORTED BY JOHN HUNTER, FOR APPROVAL OF THE FY24 SUD OVERSIGHT POLICY BOARD CALENDAR, AS PRESENTED WITH THE ADDITION OF THE LOCATION INFORMATION OF 507 S. GRAND AVE. IN LANSING FOR ALL SCHEDULED MEETINGS. MOTION CARRIED: 14-0.

7. Deputy Director Report

Ms. Amanda Ittner provided an overview of the written report included in the board meeting packet, and available on the MSHN website, highlighting:

Regional Matters:

- Substance Use Disorder (SUD) Oversight Policy Board Bylaws
- Reminder that the Intergovernmental Agreement discussion will be reviewed at upcoming meetings to be prepared for county signatures prior to expiration of current agreement.
- 24th Annual Substance Use and Co-Occurring Disorder Conference
- Reminder – Board Annual Disclosure of Ownership, Controlling Interest, and Criminal Convictions DUE
- FY23 Substance Use, Gambling and Epidemiology Fiscal Review Results

State of Michigan/Statewide Activities:

- New Administrative Rules
- Michigan Department of Health and Human Services (MDHHS) Seeking Bids to Expand Medications for Opioid Use Disorder Treatment in County Jails

8. Chief Financial Officer Report

Leslie Thomas provided an overview of the financial reports included in board meeting packets:

- FY2023 PA2 Funding and Expenditures by County
- FY2023 PA2 Use of Funds by County and Provider
- FY2023 Substance Use Disorder (SUD) Financial Summary Report as of June 2023

9. FY24 Substance Use Disorder PA2 Contract Listing

Leslie Thomas provided an overview and information on the FY24 Substance Use Disorder (SUD) PA2 Contract Listing as provided in the packet.

MOTION BY JOHN KRONECK, SUPPORTED BY JIM MORENO, FOR APPROVAL OF THE FY24 SUBSTANCE USE DISORDER (SUD) PA2 CONTRACT LISTING, AS PRESENTED. MOTION CARRIED: 12-0 WITH 2 ABSTAIN VOTES.

10. SUD Operating Update

Dr. Dani Meier provided an overview of the written SUD Operations Report included in the board meeting packet, highlighting:

- SYNAR compliance checks-MSHN had a 13.98% retainer violation rate, which is very good. The State's overall rate needs to be under 20% to keep federal block grant funding for SUD services.
- LARA SUD Administrative Rules went into effect on 6/26/23. The FY24 contracts, SUD Provider Manual, and Quality Assessment Performance Improvement review tools were updated to reflect the new/revised rules.
- Opioid Health Homes currently have 215 individuals enrolled and continues to grow.
- The SUD Clinical Team will be attending the SUD & Co-Occurring Disorder Conference.
- FY24-26 SUD Strategic Plan – draft was sent to MDHHS on 8/15/23.
- The Clinical Team is engaging with Provider Issues, in particular group sizes in residential settings.

11. Other Business

There was no other business.

12 Public Comment

There was no public comment.

13. Board Member Comment

Board members shared initiatives happening in their counties.

14. Adjournment

Chairperson Steve Glaser adjourned the MSHN SUD Oversight Policy Advisory Board Meeting at 4:39 p.m.

Meeting minutes submitted respectfully by:
MSHN Executive Support Specialist

BOARD APPROVED OCTOBER 18, 2023

MSHN
Mid-State Health Network

Mid-State Health Network Board of Directors
Executive Committee Meeting Minutes

Friday, October 20, 2023 - 9:00 a.m.

Members Present: Ed Woods, Chairperson; Irene O'Boyle, Vice Chairperson; Deb McPeek-McFadden, Secretary; Kurt Peasley, Member at Large; David Griesing, Member at Large
Others Board Members Present: None
Staff Present: Joseph Sedlock, Chief Executive Officer; Amanda Ittner, Deputy Director

1. Call to order: Chairperson Woods called this meeting of the MSHN Board Executive Committee to order at 9:00 a.m.

2. Approval of Agenda: Motion by Ms. O'Boyle supported Mr. Griesing to approve the agenda for the 10/20/23 Executive Committee Meeting. Motion carried.

3. Guest MSHN Board Member Comments: None

4. Board Matters
   - 4.1 November 7, 2023 Draft Board Meeting Agenda: The Executive Committee reviewed the draft agenda for the 11/7/2023 board of directors meeting. No changes were recommended.
   - 4.2 CEO Evaluation Update: Ms. O'Boyle summarized activity so far in the CEO evaluation process. Mr. Sedlock provided names for the 360-evaluation component. In the day or two after the November 7 board meeting, board members will be provided with a link to electronically access the CEO performance review document to enter their ratings and comments which will be due in two weeks after distribution. The results will be compiled and ready for review at the December Executive Committee Meeting, and a summary provided to the full board at the January 2024 board meeting. The December Executive Committee Meeting is to include Board requested and/or CEO requested employment contract adjustments for recommendation to full board in January 2024. Mr. Woods and Mr. Sedlock will meet to discuss any contract issues in advance.
   - 4.3 Other (if any): None

5. Administration Matters
   - 5.1 Conflict Free Access and Planning Update: Mr. Sedlock provided a brief update on the conflict free access and planning initiative at MDHHS. According to Dr. Todd Lewicki, the MSHN representative to the MDHHS CFAP Workgroup, MDHHS announced delaying the timeline due to its need to consider additional information, address gaps in feedback procedures, development of additional listening sessions, developing a provider survey to collect more information, and doing more work on education and outreach. MDHHS also clarified that its decision on a model may not be limited to the four presented publicly, could be a hybrid or elements of one or more models, or take an altogether new approach.
   - 5.2 December 14 all staff training and luncheon: Mr. Sedlock announced that there will be an all-staff in-person training and holiday luncheon on 12/14 at the DeWitt Banquet and Conference Center.
   - 5.3 Other (if any): None

6. Other
   - 6.1 Any other business to come before the Executive Committee: None
   - 6.2 Next scheduled Executive Committee Meeting: 12/15/2023, 9:00 a.m.

7. Guest MSHN Board Member Comments

8. Adjourn: Mr. Woods adjourned this meeting at 9:16 am

MID-STATE HEALTH NETWORK

BOARD POLICY COMMITTEE MEETING MINUTES
TUESDAY, OCTOBER 3, 2023 (VIDEO CONFERENCE)

***Members Present**:* John Johansen, Irene O'Boyle, Kurt Peasley, David Griesing, Jeanne Ladd

Staff Present: Amanda Ittner, (Deputy Director); Sherry Kletke (Executive Support Specialist)

1. CALL TO ORDER

Mr. John Johansen called the Board Policy Committee meeting to order at 10:01 a.m.

2. APPROVAL OF THE AGENDA

MOTION by David Griesing, supported by Jeanne Ladd, to approve the October 3, 2023, Board Policy Committee Meeting Agenda as presented. Motion Carried: 5-0.

3. POLICIES UNDER DISCUSSION

Mr. John Johansen invited Ms. Amanda Ittner to inform members of the revisions made to the Confidentiality and Notice of Privacy policy. Ms. Ittner provided an overview and sought clarification of the inclusion of Medicare as a contractor. MSHN has included the reference to the MDHHS Medicaid Specialty Services and Supports contract.

CHAPTER: COMPLIANCE

1. CONFIDENTIALITY AND NOTICE OF PRIVACY

MOTION by Irene O'Boyle, supported by Kurt Peasley, to approve and recommend the policies under discussion as presented. Motion carried: 5-0.

4. POLICIES UNDER BIENNIAL REVIEW

Mr. John Johansen invited Ms. Amanda Ittner to inform members of the revisions made to the policies under biennial review for the Compliance chapter as listed below. Ms. Ittner provided an overview of the substantive changes within the policies.

CHAPTER: COMPLIANCE

1. COMPLIANCE LINE
2. COMPLIANCE AND PROGRAM INTEGRITY
3. COMPLIANCE REPORTING AND INVESTIGATIONS
4. CONSENT TO SHARE INFORMATION
5. DISQUALIFIED PROVIDERS POLICY
6. EXTERNAL QUALITY REVIEW

Mid-State Health Network | 530 W. Ionia Street, Ste F | Lansing, MI | 48933 | P: 517.253.7525 | F: 517.253.7552

MOTION by David Griesing, supported by Jeanne Ladd, to approve and recommend the policies under biennial review as presented. Motion carried: 5-0.

5. **NEW BUSINESS**

6. **ADJOURN**
Mr. John Johansen adjourned the Board Policy Committee Meeting at 10:14 a.m.

Meeting Minutes respectfully submitted by:
MSHN Executive Support Specialist

Mid-State Health Network | 530 W. Ionia Street, Ste F | Lansing, MI | 48933 | P: 517.253.7525 | F: 517.253.7552

MSHN
Mid-State Health Network

REGIONAL OPERATIONS COUNCIL/CEO MEETING
Key Decisions and Required Action
Date: 09/18/2023

Members Present: Lindsey Hull; Maribeth Leonard; Julie Majeske; Tracey Dore; Kerry Possehn; Michelle Stillwagon; Bryan Krogman; Sandy Lindsey; Sara Lurie; Chris Pinter
Members Absent: Tammy Warner; Carol Mills;
MSHN Staff Present: Joseph Sedlock; Amanda Ittner: L. Thomas, T. Lewicki and S. Pletcher for applicable areas

Agenda Item	Action Required				
CONSENT AGENDA	Key Decisions Document – Clarification of the SUD Strategic Plan will be sent out was approved. Home Based Services - Alternate to be added to the October meeting Pg. 9 Partnership with Wayne State University for Crisis Services; Question if the state was allowing QMHPs to provide crisis services? Joe will follow on this item to see if any discussion has occurred.				
	No other discussion on the consent items	By Who	J. Sedlock	By When	10.15.23
FY23 Savings Estimates through July 2023	L. Thomas reviewed the FY23 Savings estimates through July, 2023.				
	Informational Only	By Who	N/A	By When	N/A
FY24 Budget (Continuation of August Discussion)	Discussed the outlook of the FY24 Budget recently approved by the MSHN Board in September. There is commitment to work with CMHs to turn the deficits around, using ISF if needed to support this transition over the year. FY24 has the lowest amount of carryforward, expected a deficit of approx. 16m. L. Thomas reiterated the 16m deficit is calculated from the second revised set of rates. There could be another improvement to the rates. The budget included the projections for LifeWays participating in CCBHC. Lifeways has directed their departments to begin looking at non-salary reductions. HBH has been negotiating contracts with reduced increases. Ideas including regional negotiating an inpatient and autism contract rates. Recommendation to also look at service use analysis, which will be available at year end. In regards to Autism, the state has developed a standard rate schedule. With the FY24 non-certified yet, is there still time to impact the changes in the rates. As soon as the certified rates are received Leslie will provide updated financials. A couple of items discussed including Wakely reviewing the rates. Legislative approval of increase in funding, so the concern is the actuarial issue not an appropriation issue. HMP deficit having a larger impact for MSHN than other PIHPs. CMHCM reviewing a 5year plan for reductions. 2 letters were sent from our region regarding the rates. Recommendation to also review/strengthen the Ops Agreement regarding supporting the region with local funds (if needed)				

Agenda Item	Action Required				
	MSHN will compile inpatient rates for the region. Template to include open text to allow for any comments/variance/nuances.	By Who	L. Thomas	By When	9.30.23
Operations Council Charter – Annual Review	J. Sedlock indicated this is due for annual review. No changes are being presented.				
	Reviewed and approved.	By Who	N/A	By When	N/A
Blue Cross/Blue Shield Crisis Services	J. Sedlock indicated BCBS (commercial) and Medicare Advantage included, contacted him and presented the slide deck as they wished to expand services in our region and they are willing to provide and pay for the service with CMHs for crisis services. CEI began in August and feel that it is a benefit and the payment model seems to work. Crisis Stabilization, urgent care and mobile crisis is included.				
	Encourage CMHs to review for applicability and possible participation.	By Who	CMHs	By When	10.7.23
Conflict Free Access and Planning Update	T. Lewicki indicated they said they are opening this us for further review and testing. Pulling away from the four options. Kristen Jordan indicated they may select a different option. A provider survey will be sent out via email to the system for feedback.				
	Informational Only	By Who	N/A	By When	N/A
1915i Update	T. Lewicki provided an update to the regions status and compliance with enrollment by September 17. We are currently at 97.23%. At about 5,000 people enrolled.				
	Informational Only	By Who	N/A	By When	N/A
SIS Replacement Workgroup	S. Lindsey request MSHN attendance in the workgroup but plans to send in someone from Saginaw.				
	MSHN will verify with T. Lewicki and CLC	By Who	A.Ittner	By When	9.30.23
Saginaw ABA	Saginaw is piloting some changes with the ABA contract and wanted to inform the group since it is outside the regional contract format.				
	Sandy will send out the language change.	By Who	S. Lindsey	By When	9.30.23
CMHSP Contract	B. Krogman reviewed the status of contract negotiations. CMHAM encourages CMHs to sign the contract the FY24 contract. No changes since the August email went out. Nothing new related to the SCA.				
	Discussion only	By Who	N/A	By When	N/A

Agenda Item	Action Required				
COFR Discussion	M. Stillwagen requested this item for discussion and further agreement/support to continue to direction of Ops Council to not have formal COFR arrangements In-Region. Current Policy: https://midstatehealthnetwork.org/application/files/1816/8391/1412/Fin_Transfer_of_CMHSP_Care_Responsibility-COFR.pdf				
	Review the Transfer of CMH Responsibility and if needed will be placed on the October agenda	By Who	CMHSPs	By When	10.7.23
BHH/CCBHC	BHH: Policy and procedure revisions taking place and will be coming forward to Ops; Discussion regarding implementation of BHH and reiteration that implementation date can occur at any point. CCBHC: Feedback due today regarding proposed changes to the Handbook; Congratulations to LifeWays				
	Informational Only	By Who	N/A	By When	N/A

MSHN
Mid-State Health Network

REGIONAL OPERATIONS COUNCIL/CEO MEETING
Key Decisions and Required Action
Date: 10/16/2023

Members Present: Chris Pinter; Lindsey Hull; Maribeth Leonard; Carol Mills; Julie Majeske; Tracey Dore; Tammy Warner; Kerry Possehn; Michelle Stillwagon; Sandy Lindsey; Sara Lurie
Members Absent: Bryan Krogman
MSHN Staff Present: Joseph Sedlock; Amanda Ittner; Attending only for applicable area: Todd Lewicki

Agenda Item	Action Required				
CONSENT AGENDA	Approved with the addition of the handout for Medicaid Disenrolled Report, September 2023.				
		By Who		By When	
FY23 Operations Council Annual Report	J. Sedlock reviewed the draft annual report. Feedback for next year goals received included: Add funding advocacy to address demand and staffing, provider issues Add Health Home and CCBHC expansion and performance evaluation Add advocacy/clarification of public system vs private health plan Clarification on use of CRM from State's perspective				
	MSHN will revise the Annual Report for inclusion of the above	By Who	J. Sedlock	By When	10.31.23
Follow-Up – MSHN Inpatient Rates and Contracts	J. Sedlock reviewed that last month there was a discussion on centralizing inpatient contracts and reviewing the rates utilized across the regional system. Joe requested clarification and commitment if MSHN will pursue this further. Discussion of using the regional negotiation tactics to reduce hospital rates. Specialized residential rate negotiation could also be beneficial for the regional contracts.				
	MSHN will move forward with specialized residential. Joe will send out template for use, for return by end of December. In/Out of Region, Rate, Any rate implications/notes, licensed/unlicensed (with COFR floor of min of 8hrs). Will add this to the agenda in January for review.	By Who	J. Sedlock	By When	10.31.23
Integrated Health Homes • **Health Home Provider Policy** • **Health Home Care Plan Monitoring Procedure** • **Health Home Monitoring Tool**	A. Ittner reviewed the final version of the Health Home Provider Policy as a reminder of the Ops approved policy. Reviewed the changes to the Health Home Care Plan Monitoring Procedure. Discussion regarding the upload of the assessment and does the full assessment need to be uploaded or is MSHN only verifying the face-to-face occurrence. Question related to what review of the assessment will be conducted by MSHN. Reviewed the Health Home Monitoring Tool changes. Ops appreciated the changes and is supportive with the inclusion outside of the clarification of the assessment.				

Agenda Item	Action Required				
	MSHN to follow up on clarification regarding the Assessment	By Who	A. Ittner	By When	11.15.23
1915(i) Update	T. Lewicki reported CMHSPs did a great job on ensuring enrollment by 9.30.23. At that point we were 99.6% enrolled. About 5100 individuals are enrolled. At this point, now the evaluation time frame will be utilized to update enrollment annually.				
	Update only	By Who	N/A	By When	N/A
Conflict Free Access and Planning Update	T. Lewicki reported the CFAP group is now gathering feedback to conduct a survey. MDHHS scratched the timeline and are now reassessing the timeline. The four options were clarified that the state is considering pieces and possible looking at another option now that they have tested the four. Discussion with CLC subgroup to discuss other changes that could support additional safeguards. Some ideas included centralizing UM, addressing independent facilitation. Next MDHHS meeting is October 31 of the workgroup. Discussion regarding MSHN should advocate for a waiver with MDHHS and support continuation of current operations.				
	CMHs should discuss with CLC members to inform the subgroup. Direction from Ops is to document the current structure as an option. Will open this group up to other assignments from CEOs.	By Who	CMHs	By When	11.15.23
COFR	The region's COFR policy is not clear that we are trying to eliminate COFR's within region. Discussion regarding reviewing the policy again for clarification on the specifics. Will be referred to CLC to review and update and ensure we address all issues. Including consideration of homeless shelter, post crisis services, general AFC,				
	MSHN will add COFR review to future CLC meeting and bring back recommended changes to Ops.	By Who	T. Lewicki	By When	10.31.23
FY24 Delegation Agreement	A. Ittner gave an overview of the request by MDHHS to report FY24 delegation arrangements. MSHN will report based on our delegation grid included in the contracts.				
	Informational only	By Who	N/A	By When	N/A

MSHN
Mid-State Health Network

POLICIES AND PROCEDURE MANUAL

Chapter:	Compliance		
Title:	**Confidentiality and Notice of Privacy**		
Policy: ☑ **Procedure:** ☐ **Version:** 2.0 **Page:** 1 of 2	**Review Cycle:** Biennial **Author:** Chief Compliance & Quality Officer	**Adopted Date:** 09.02.2014 **Review Date: 11.02.2021**	**Related Policies:** Consent to Share Information

Purpose

To assure the information contained in the records of the beneficiaries of Mid-State Health Network (MSHN) or other such recorded information required to be held confidential by Federal Drug and Alcohol Confidentiality Law (42 CFR, Part 2), Health Insurance Portability and Accountability Act (HIPAA) of 1996 (45 CFR 160 and 164), ~~and/or~~ Mental Health Code (PA 258 of 1974), ~~and~~ Public Health Code (PA 368 of 1978), as amended, and Uses and Disclosures of Protected Health Information: General Rules (45 CFR 164.502) in connection with the provision of services or other activity under this agreement shall be confidential and protected communication.

Policy

MSHN staff and the provider network shall comply with confidentiality and protected communication in accordance with the State of Michigan/PIHP Contract.

1. Confidential and protected communication shall not be divulged without the written consent of either the recipient or a person responsible for the recipient except as may be otherwise required or allowed by applicable law or regulation. Such information may be disclosed in summary, statistical, or other form, which does not directly or indirectly identify particular individuals.
2. Beneficiaries will receive information regarding privacy and confidentiality as defined in the State of Michigan/PIHP Contract and State and Federal Rules and Regulations.
3. Non-compliance with confidentiality and notice of privacy will be addressed as outlined in the MSHN Personnel Manual (MSHN staff) or contractual language provisions (contracted personnel and providers) that may result in suspension/termination of employment or contract.

Permitted Uses, Disclosures and Restrictions

A covered entity or business associate may not use or disclose protected health information, except as permitted or required.

1. Permitted uses and disclosures: A covered entity is permitted to use ~~of~~for disclose protected health information as follows:
   a. To the individual
   b. For treatment, payment, or health care operations/coordination of care
2. Required disclosures: A covered entity is required to disclose protected health information:
   a. To an individual, when requested under, and required by 45 CFR § 164.524 or § 164.528; and
   b. When required by the Secretary to investigate or determine the covered entity's compliance.
3. Business Associates: Permitted uses and disclosures:
   a. A business associate may use or disclose protected health information only as permitted or required by its business associate contract or other arrangement pursuant to 45 CFR § 164.504(e) or as required by law.
4. Business associates: Required uses and disclosures:
   a. When required by the Secretary to investigate or determine the business associate's compliance.

b. To the covered entity, individual, or individual's designee, as necessary to satisfy a covered entity's obligations to an individual's request for an electronic copy of protected health information.

When using or disclosing protected health information or when requesting protected health information from another covered entity or business associate, a covered entity or business associate must make reasonable efforts to limit protected health information to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request.

1. Minimum necessary does **not** apply to:
   a. Disclosures to or requests by a health care provider for treatment;
   b. Uses or disclosures made to the individual;
   c. Uses or disclosures made pursuant to an authorization;
   d. Disclosures made to the Secretary;
   e. Uses or disclosures that are required by law;
   f. Uses or disclosures that are required for compliance with applicable requirements.

A covered entity must permit an individual to request that the covered entity restrict:

1. Uses or disclosures of protected health information about the individual to carry out treatment, payment, or health care operations/coordination of care; and
2. Disclosures permitted under § 164.510(b).
   a. A covered entity is not required to agree to a restriction, except as noted in 1.e. below.
   b. A covered entity that agrees to a restriction may not use or disclose protected health information in violation of such restriction, except that, if the individual who requested the restriction is in need of emergency treatment and the restricted protected health information is needed to provide the emergency treatment, the covered entity may use the restricted protected health information, or may disclose such information to a health care provider, to provide such treatment to the individual.
   c. If restricted protected health information is disclosed to a health care provider for emergency treatment, the covered entity must request that such health care provider not further use or disclose the information.
   d. A restriction agreed to by a covered entity is not effective to prevent uses or disclosures permitted or required under § 164.502(a)(2)(ii), § 164.510(a) or § 164.512.
   e. A covered entity must agree to the request of an individual to restrict disclosure of protected health information about the individual to a health plan if:
      i. The disclosure is for the purpose of carrying out payment or health care operations/coordination of care and is not otherwise required by law; and
      ii. The protected health information pertains solely to a health care item or service for which the individual, or person other than the health plan on behalf of the individual, has paid the covered entity in full.

Privacy Notice

Privacy Notice provides that an individual has a right to adequate notice of how protected health information about an individual may be used.

1. The Privacy Notice must be:
   a. Available to any person who requests it.
   b. Prominently posted and available on a website.
   c. Provided to new enrollees at the time of intake, but no later than the date of first service delivery.
   d. Provided to the individual at least once every three years.
   e. Revised and provided to the individual within 60 days of material change.
2. Privacy Notice must contain:
   a. How the covered entity may use and disclose protected health information.
   b. The individual's rights with respect to the information and how the individual may exercise those rights including how to complain to the covered entity.
   c. The covered entities legal duties with respect to the information, including a statement that the covered entity is required by law to maintain the privacy of the protected health information.

d. Whom individuals can contact for further information about the privacy policies.

3. Acknowledgement of receipt of the Privacy Notice must be obtained, or the provider must document efforts to obtain the acknowledgment and why the reason it was not obtained.

Applies to:

☒ All Mid-State Health Network Staff
☒ Selected MSHN Staff, as follows:
☒ MSHN's Affiliates: ☒ Policy Only ☐ Policy and Procedure
☒ ~~Other:~~ Sub-contract Providers

Definitions:

CFR-Code of Federal Regulation
HIPAA: Health Insurance Portability and Accountability Act
MDHHS: Michigan Department of Health and Human Services
MSHN: Mid-State Health Network

Other Related Materials:

MSHN Privacy Notice

References/Legal Authority:

Federal Drug and Alcohol Confidentiality Law (42 CFR, Part 2)
Health Insurance Portability and Accountability Act (HIPAA) of 1996 (45 CFR 160 and 164)
Michigan Mental Health Code (PA 258 of 1974)
Michigan Public Health Code (PA 368 of 1978)
State of Michigan/PIHP Contract: Schedule A: Statement of Work Contract Activities: Q. Observance of State and Federal Laws: 4. Confidentiality; and 9. Health Insurance Por~~ro~~tability and Accountability Act and 42 CFR Part 2
45 CFR 164.502 - Uses and disclosures of protected health information: General rules
45 CFR 164.522 – Rights to request privacy protection for protected health information

Change Log:

Date of Change	Description of Change	Responsible Party
09.2014	New Policy	Chief Compliance Officer
08.2015	Update MDHHS	Deputy Director
11.21.2016	Annual review	Customer Service Committee
12.18.2017	Annual review	Customer Service Committee
12.03.2018	Annual review	Customer Service Committee
03.16.2020	Annual Review, policy recommended to be moved under MSHN Compliance	Customer Service Committee
08.2021	Bi-Annual Review; Updated references	Chief Compliance and Quality Officer
08.2023	Biennial Review; Added references for 45 CFR 164.502 and Privacy Notice	Chief Compliance and Quality Officer

POLICIES AND PROCEDURE MANUAL

Chapter:	Compliance		
Title:	**Compliance Line**		
Policy: ☑ **Procedure:** ☐ **Page:** 1 of 2	**Review Cycle:** Biennial **Author:** Chief Compliance Officer & Quality Improvement Council	**Adopted Date: 07.01.2014** **Review Date:** 11.02.2021	**Related Policies:** Compliance and Program Integrity

Purpose

To ensure Mid-State Health Network (MSHN) maintains a compliance line that is available to receive reports from employees, network providers, contractors, stakeholders and/or consumers about suspected fraud or regulatory violations.

Policy

The Mid-State Health Network will develop and maintain a dedicated compliance line for the purpose of receiving reports from employees, network providers, contractors, consumers, and/or stakeholders about suspected fraud or regulatory violations.

The telephone number for the compliance line will be posted prominently in all office locations and on the MSHN website. Calls will be treated confidentially and in accordance with the protections provided in the Michigan Whistleblower's Act (PA 469 of 1980).

The MSHN Compliance Officer (CO) will listen to the compliance line messages and receive calls daily. For periods of absence the MSHN CO shall assure appropriate and designated coverage for the line. The MSHN Compliance Officer, will prepare a compliance log for each call. The compliance log will summarize the call, and clearly identify the concern and the indicated follow up of the MSHN CO.

The MSHN CO may perform investigations in accordance with the Corporate Compliance Plan.

Applies to:

☒ All Mid-State Health Network Staff
☐ Selected MSHN Staff, as follows:
☒ MSHN's CMHSP Participants: ☐ Policy Only ☒ Policy and Procedure Other:
☒ Sub-contract Providers

Definitions:

MSHN: Mid-State Health Network
MSHN- CEO: Mid-State Health Network Chief Executive Officer
MSHN-CO: Mid-State Health Network Compliance Officer

Related Materials:

MSHN Corporate Compliance Plan (CCP)

References/Legal Authority:

Michigan Whistleblower's Act (PA 469 of 1980)
State of Michigan/PIHP Contract: Schedule A: Statement of Work Contract Activities: R. Program Integrity
Code of Federal Regulations, Section 42: 438.608 – Program Integrity Requirements

Change Log:

Date of Change	Description of Change	Responsible Party
07.01.2014	New policy	Chief Compliance Officer
08.25.2016	Annual Review	Director of Compliance, Customer Service, & Quality
08.24.2017	Annual Review	Director of Compliance, Customer Service, & Quality
08.2018	Annual Review	Director of Compliance, Customer Service, & Quality
09.2019	Annual Review	Director of Compliance, Customer Service, & Quality
08.2021	Bi-Annual Review; removed language on investigations; updated references	Chief Compliance and Quality Officer
08.2023	Biennial Review	Chief Compliance and Quality Officer

MSHN
Mid-State Health Network

POLICIES AND PROCEDURE MANUAL

Chapter:	**Compliance**		
Section:	**Compliance and Program Integrity**		
Policy: ☒ **Procedure:** ☐ **Page:** 1 of 3	**Review Cycle:** Biennial **Author:** Chief Compliance & Quality Officer	**Adopted Date: 11.2013** **Review Date:** 11.02.2021	**Related Policies:** Compliance Reporting & Investigations Compliance Line External Quality Review Program Integrity Required Reporting

Purpose

To ensure that Mid-State Health Network (MSHN) conducts all aspects of service delivery and administration with integrity, in conformance with the highest standards of accountability and applicable laws, while utilizing sound business practices, through the development of and adherence to its Corporate Compliance Plan (CCP), guaranteeing the highest standards of excellence.

Policy

A. Corporate Compliance:

1. MSHN shall establish, implement and maintain a region-wide Corporate Compliance Plan that is in accordance with federal and state statutes, laws and regulations. MSHN will furthermore adhere to regulations required by the Attorney General's Office, Office of Inspector General, Centers for Medicaid and Medicare, and relevant accrediting bodies.
2. The MSHN Corporate Compliance Plan provides the framework for MSHN to comply with applicable laws, regulations and program requirements, minimize organizational risk, maintain internal controls and encourage the highest level of ethical and legal behavior.
3. MSHN, and the CMHSP Participants and the SUD Provider Network, shall have policies and procedures necessary to comply with the MSHN CCP and shall ensure effective processes for identifying and reporting suspected fraud, abuse and waste, and timely response to detected offenses with appropriate corrective action.
4. MSHN, and the CMHSP Participants and the SUD Provider Network, shall each identify a Corporate Compliance Officer who is responsible for developing and implementing policies, procedures, and practices designed to ensure compliance with the requirements of the contract and MSHN's Corporate Compliance Plan.
5. MSHN, and the CMHSP Participants and the SUD Provider Network, shall have a compliance committee at the senior management level charged with overseeing the agencies compliance program.
6. MSHN, and the CMHSP Participants and the SUD Provider Network, shall provide staff and board member training in compliance with the CCP and will maintain records of staff attendance. Trainings shall include but are not limited to: Federal False Claims Act, Michigan False Claims Act and Whistleblowers Protection Act.
7. MSHN, and the CMHSP Participants and the SUD Provider Network, shall require all Board members, employees and contractors to comply with corporate compliance requirements including any necessary reporting to other agencies.
8. MSHN, and the CMHSP Participants and the SUD Provider Network, shall review the compliance

activities at least annually.

9. The CMHSP Participants and the SUD Provider Network will participate in the annual review of the MSHN CCP and provide recommendations for revisions as needed.

B. Ethical Standards/Program Integrity

1. All services within MSHN shall be provided with commitment to appropriate business, professional and community standards for ethical behavior.
2. MSHN shall develop and maintain Standards of Conduct applicable to all MSHN staff and MSHN Board Members.
3. MSHN shall conduct business with integrity and not engage in inappropriate use of public resources.
4. MSHN shall ensure that services are provided in a manner that maximizes benefit to consumers while avoiding risk of physical, emotional, social, spiritual, psychological or financial harm.
5. All MSHN staff and MSHN Board Members shall conduct themselves in such a way as to avoid situations where prejudice, bias, or opportunity for personal or familial gain, could influence, or have the appearance of influencing, professional decisions.
6. The CMHSP Participants and the SUD Provider Network shall have standards of conduct that articulate organization's commitment to comply with all applicable requirements and standards under the contract, and all applicable Federal and State requirements.

Applies to:

☒ All Mid-State Health Network Staff and Board Members
☐ Selected MSHN Staff, as follows:
☒ MSHN's CMHSP Participants: ☐ Policy Only ☒ Policy and Procedure
☒ Other: Sub-contract Providers

Definitions/Acronyms:

CCP: Corporate Compliance Plan
CMHSP: Community Mental Health Service Program
MDHHS: Michigan Department of Health and Human Services
MSHN: Mid-State Health Network-
PIHP: Prepaid Inpatient Health Plan
SUD: Substance Use Disorder

Related Materials:

Mid-State Health Network Corporate Compliance Plan

References/Legal Authority:

1. Department of Health and Human Services, Office of Inspector General, Publication of the OIG Compliance Program Guidance for Hospitals.
2. Michigan False Claims Act (Act 72 of 1997)
3. Michigan Whistleblowers Protection Act (Act 469 of 1980)
4. Deficit Reduction Act of 2005
5. State of Michigan/PIHP Contract: Schedule A: Statement of Work Contract Activities: R. Program Integrity
6. Code of Federal Regulations, Section 42: 438.608 – Program Integrity Requirements

Change Log:

Date of Change	Description of Change	Responsible Party
11.2013	New Policy	Chief Compliance Officer
11.2014	Annual Review	Chief Compliance Officer
11.2015	Annual Review & Updates	Director of Compliance, Customer Services & Quality
08.2016	Annual Review	Director of Compliance, Customer Services & Quality
08.2017	Annual Review	Director of Compliance, Customer Services & Quality
08.2018	Annual Review	Director of Compliance, Customer Services & Quality
09.2019	Annual Review	Director of Compliance, Customer Service, & Quality
08.2021	Bi-Annual Review; Updated references; added language consistent with 42 CFR	Chief Compliance and Quality Officer
08.2023	Biennial Review; Added reference to compliance with MSHNs Compliance Plan	Chief Compliance and Quality Officer

POLICIES AND PROCEDURE MANUAL

Chapter:	Compliance		
Title:	**Compliance Reporting and Investigations**		
Policy: ☒ **Procedure:** ☐ **Page:** 1 of 3	**Review Cycle:** Biennial **Author:** Chief Compliance Officer and Quality Improvement Council	**Adopted Date: 04.07.2015** **Review Date:** 11.02.2021	**Related Policies:** Compliance & Program Integrity Required Reporting

Purpose

To ensure MSHN staff and its Provider Network report suspected violations, misconduct and Medicaid fraud and abuse, complete investigations, and complete the required reporting in accordance with the MSHN Compliance Plan; Reporting and Investigations.

Policy

Suspected Medicaid Fraud and/or Abuse:

MSHN staff and its Provider Network, shall report all suspected Medicaid fraud and abuse to the MSHN Compliance Officer in accordance with standards established in the MSHN Compliance Plan. Investigations shall be conducted in accordance with the MSHN Compliance Plan; Reporting and Investigations.

- ~~Reports will be made to the MSHN Compliance Officer in writing utilizing the Office of Inspector General Fraud Referral Form.~~
- Allegations involving suspected fraud will be reported to the MSHN Compliance Officer.
- Under the direction of MSHN's Compliance Officer, ~~will complete~~ a preliminary investigation will be completed ~~, as needed,~~ to determine if a suspicion of fraud exists.
- If suspicion of fraud exists, a report ~~Reports~~ will be made in writing by~~to~~ the MSHN Compliance Officer ~~in writing~~ utilizing the Office of Inspector General Fraud Referral Form.
- If there is suspicion of fraud, and involves an overpayment of $5,000 or more, MSHN's Compliance Officer will report the suspected fraud and abuse to the MDHHS Office of Inspector General.
- MSHN's Compliance Officer will inform the appropriate provider network member when a report is made to the MDHHS Office of Inspector General.
- MSHN will follow the guidance/direction provided by the MDHHS Office of Inspector General regarding investigation and/or other necessary follow up.
- All suspicion of fraud and abuse will be reported on the Quarterly OIG Program Integrity Report template.

Suspected Violations and/or Misconduct (not involving Medicaid Fraud and/or Abuse):

MSHN staff and its Provider Network, shall report all suspected violations and/or misconduct to the MSHN Compliance Officer and/or the appropriate CMHSP Participant/SUD Provider designated Compliance Officer. Reporting and Investigations shall be conducted in accordance with the MSHN Compliance Plan; Reporting and Investigations.

- Where internal investigation substantiates a reported violation, corrective action plans will be initiated by MSHN staff or its Provider Network.
- Corrective action plans developed by the Provider Network, shall be submitted to the MSHN Compliance Officer within thirty (30) days of the approved plan.
- The MSHN Compliance Officer shall review corrective action plans and ensure, as appropriate,

prompt restitution of any overpayment amounts, notifying the appropriate governmental agency, coordinating with the CMHSP designee for follow-up monitoring and oversight, and implementing system changes to prevent a similar violation from recurring in the future.

Required Reporting:
MSHN's Provider Network shall submit compliance activity reports quarterly to the MSHN Compliance Officer utilizing the Office of Inspector General program integrity report template. Minimally the report will include the following:

- Tips/grievances received
- Data mining and analysis of paid claims, including audits performed based on the results
- Audits performed
- Overpayments collected
- Identification and investigation of fraud, waste and abuse (as these terms are defined in the "Definitions" section of this contract
- Corrective action plans implemented
- Provider dis-enrollments
- Contract terminations

Reporting Period/Due Dates to MSHN:

- January through March: May 1st
- April through June: August 1st
- July through September: November 1st
- October through December: February 1st

The MSHN Compliance Officer will prepare a quarterly summary report of the Provider Network and direct MSHN compliance activities and present to the MSHN Compliance Committee and the ~~,~~ Regional Compliance Committee~~, and MSHN Operations Council.~~ An annual summary report of the regional compliance activities will be presented to the MSHN Board of Directors and the MSHN Operations Council.

To the extent consistent with applicable law, including but not limited to 42 CFR Part 2, HIPAA, and the Michigan Mental Health Code, the PIHP is required to comply with MDHHS-OIG's requests for documentation and information related to program integrity and compliance.

Applies to:
☒All Mid-State Health Network Staff
☐Selected MSHN Staff, as follows:
☒MSHN's CMHSP Participants: ☐Policy Only ☒Policy and Procedure
☒Other: Sub-contract Providers

Definitions:
Abuse: Provider practices that are inconsistent with sound fiscal, business or medical practices and result in an unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary or that fail to meet the professionally recognized standards for health care.
CMHSP: Community Mental Health Service Program
Fraud: The intentional deception or misinterpretation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or another person.
MDHHS: Michigan Department of Health and Human Services
MSHN: Mid-State Health Network
OIG: Office of Inspector General

PIHP: Prepaid Inpatient Health Plan
Provider Network: Refers to a CMHSP Participant and all Behavioral Health Providers that are directly under contract with the MSHN PIHP to provide services and/or supports through direct operations or through the CMHSP's subcontractors.
SUD: Substance Use Disorder
Waste: Overutilization of services, or other practices that result in unnecessary costs. Generally, not considered caused by criminally negligent actions, but rather the misuse of resources.

Other Related Materials:
MSHN Compliance Plan
MSHN Compliance Investigation Reports Office of Inspector General Fraud Referral Form
MSHN Compliance Activity Report Template
MSHN Contract Compliance Procedure

References/Legal Authority:
1. 42 Code of Federal Regulations 455.17 – Reporting Requirements
2. 42 Code of Federal Regulations 438.608: Program Integrity Requirement
3. 42 Code of Federal Regulations, Part 2: Confidentiality of Substance Use Disorder Patient Records
4. State of Michigan/PIHP Contract: Schedule A: Statement of Work Contract Activities: R. Program Integrity
5. Michigan Mental Health Code
6. Code of Federal Regulations, Section 42: 438.608 – Program Integrity Requirements

Change Log:

Date of Change	Description of Change	Responsible Party
03.2015	New Policy	Chief Compliance Officer
03.2016	Annual Review	Director of Compliance, Customer Service & Quality
08.2016	Annual Review	Director of Compliance, Customer Service & Quality
08.2017	Annual Review	Director of Compliance, Customer Service & Quality
08.2018	Annual Review	Director of Compliance, Customer Service & Quality
09.2019	Annual Review	Director of Compliance, Customer Service, & Quality
08.2021	Bi-Annual Review; Updated references	Chief Compliance and Quality Officer
08.2023	Biennial Review; Updated reporting for suspected fraud.	Chief Compliance and Quality Officer

MSHN
Mid-State Health Network

POLICIES AND PROCEDURE MANUAL

Chapter:	Compliance		
Title:	**Consent to Share Information**		
Policy: ☒ **Procedure:** **Page:** 1 of 5	**Review Cycle: Biennial** **Author:** Chief Compliance & Quality Officer	**Adopted Date: 01.09.2018** **Review Date:** 11.02.2021	**Related Policies:**

Purpose

To ensure that Mid-State Health Network (MSHN) Pre-Paid Inpatient Health Plan (PIHP) is in compliance with the State of Michigan/PIHP Contract regarding the use and acceptance of the current MDHHS Standard Consent Form.

Michigan Public Act 129 of 2014 mandated that the Michigan Department of Health and Human Services (MDHHS) develop a standard release form for exchanging and sharing confidential mental health and substance use disorder information for use by public and private agencies, departments, corporations, or individuals that are involved with treatment of an individual experiencing serious mental illness, serious emotional disturbance, developmental disability, or substance use disorder.

Policy

MSHN delegates the responsibility to the Community Mental Health Services Program (CMHSP) Participants and the Substance Use Disorder (SUD) Providers for obtaining consents to share information such as mental health records or information on treatment or referrals for alcohol and substance use services. The consent form is to be utilized for all electronic and non-electronic Health Information Exchange environments: (This would include hard copies of records that are passed from one provider to another.)
CMHSP Participants and SUD Providers will utilize, accept and honor the MDHHS standard consent form (Form MDHHS – 5515) that was created by MDHHS under Public Act 129 of 2014 (DCH-3927 Consent to Share Behavioral Health Information for Care Coordination Purposes).
MSHN will not use or disclose protected health information without written authorization except where permitted or required by state and/or federal law(s).

Sharing Protected Health Information NOT Requiring a Signed Consent:

- Health Insurance Portability and Accountability Act (HIPAA) and the Michigan Mental Health Code (under Public Act 559 of 2016) allows for the sharing of mental health records for the purposes of treatment, payment, and coordination of care
- Sharing information for Substance Use Service under the following conditions (42 CFR- Part 2; Subpart D and E):
    - Medical Emergencies
    - Research
    - Audit and Evaluation
    - Court Ordered
- Refer to Attachment A for examples of when a signed consent is not required

Sharing Protected Health Information that DOES Require a Signed Consent:

- Behavioral health and mental health services for purposes other than payment, treatment and coordination of care
- Referrals and/or treatment for substance use disorder services
- Refer to Attachment A for examples of when a signed consent is required

MDHHS Standard Consent Form CANNOT be used for the following:

- To share psychotherapy notes (as defined by federal law - 45 CFR 164.501)
- Release of information pertaining to Human Immunodeficiency Virus (HIV) infection or acquired immunodeficiency syndrome (unless by court order or subpoena as defined in the Public Health Code – Section 333.5131)
- For a release from any person or agency that has provided services for domestic violence, sexual assault, stalking, or other crimes.

Applies to

☒ All Mid-State Health Network Staff
☐ Selected MSHN Staff, as follows:
☒ MSHN's Affiliates: ☒ Policy Only ☐ Policy and Procedure
☒ Other: Sub-contract Providers

Definitions

Care Coordination: A set of activities designed to ensure needed, appropriate and cost-effective care for beneficiaries. As a component of overall care management, care coordination activities focus on ensuring timely information, communication, and collaboration across a care team and between Responsible Plans. Major priorities for care coordination in the context of a care management plan include:

- Outreach and contacts/communication to support patient engagement,
- Conducting screening, record review and documentation as part of Evaluation and Assessment,
- Tracking and facilitating follow up on lab tests and referrals,
- Care Planning,
- Managing transitions of care activities to support continuity of care,
- Address social supports and making linkages to services addressing housing, food, etc., and
- Monitoring, Reporting and Documentation.

CMHSP: Community Mental Health Service Programs

Consent: A written agreement executed by a recipient, a minor recipient's parent, or a recipient's legal representative with authority to execute a consent, or a verbal agreement of a recipient that is witnessed and documented by an individual other than the individual providing treatment.

Contractor: Medicaid Health Plans and Prepaid Inpatient Health Plans

DHHS: Department of Health and Human Services

HIV: Human Immunodeficiency Virus

MDHHS: Michigan Department of Health and Human Services

MSHN: Mid-State Health Network

Payment: Activities undertaken by (1) A health plan to obtain premiums or to determine or fulfill its responsibility for coverage and provision of benefits under the health plan; or (2) A health care provider or health plan to provide reimbursement for the provision of health care.

PIHP: Prepaid Inpatient Health Plan

Responsible Plan: Contractors with responsibility for Medicaid beneficiaries within the shared service area

SUD: Substance Use Disorder

Treatment: The provision, coordination, or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party; consultation between health care providers relating to a patient; or referral of a patient for health care from one health care provider to another.

Other Related Materials

~~1. DCH-3927 Consent to Share Behavioral Health Information for Care Coordination Purposes (http://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_58005_70642--,00.html)~~

~~2.~~1. Behavioral Health Consent Form Background Information (http://www.michigan.gov/documents/mdhhs/Behavioral_Health_Consent_Form_Background_Information_514583_7.pdf)

~~3.~~2. Behavioral Health Consent Form (https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/behavioral/consent/michigan-behavioral-health-standard-consent-form)

~~4.~~3. Frequently Asked Questions for Michigan Residents About the DCH-3927 (http://www.michigan.gov/documents/mdhhs/MDHHS-Pub-1101_514350_7.pdf)

References/Legal Authority

1. Michigan Mental Health Code, Sections 330-1261, 330-1262 and 330-1263
2. Michigan PA 129 of 2014
3. Michigan Public Health Code – Section 333.5131
4. Michigan Mental Health Code - Section 330.1141a
5. Public Act 559 of 2016
6. Code of Federal Regulation – Title 45 - Section 164.501
7. State of Michigan/PIHP Contract: Schedule A: Statement of Work Contract Activities: N. Provider Services: 8. MDHHS Standard Consent Form

Change Log:

Date of Change	Description of Change	Responsible Party
09.2017	New Policy	Director of Quality, Compliance, and Customer Svc.
03.2018	Annual Review	Director of Quality, Compliance, and Customer Svc.
09.2018	Revisions Requested by Ops Council	Director of Quality, Compliance, and Customer Svc.
03.2019	Annual Review	Quality Manager
09.2019	Update Attachment A – Move policy under Compliance	Director of Compliance, Customer Service, & Quality
08.2021	Bi-Annual Review; Minor wording changes for consistency with contract language; Updated related materials references	Chief Compliance and Quality Officer
08.2023	Biennial Review; Updated webpages	Chief Compliance and Quality Officer

Attachment A: (This is not an exhaustive list of all agencies or circumstances)

DOES NOT REQUIRE CONSUMER CONSENT TO DISCLOSE INFORMATION			REQUIRES CONSUMER CONSENT TO DISCLOSE INFORMATION
Treatment	**Payment**	**Coordination of Care**	
The provision, coordination, or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party; consultation between health care providers relating to a patient; or referral of a patient for health care from one health care provider to another.	Activities undertaken by (1) A health plan to obtain premiums or to determine or fulfill its responsibility for coverage and provision of benefits under the health plan; or (2) A health care provider or health plan to provide reimbursement for the provision of health care.	A set of activities designed to ensure needed, appropriate and cost-effective care for beneficiaries. As a component of overall care management, care coordination activities focus on ensuring timely information, communication, and collaboration across a care team and between Responsible Plans.	
Contracted Treatment Providers	DHHS-for Medicaid/ Financial Assistance Reasons	CMHP, PIHP, Health Plans and Health Plan Providers involved in a care team around a specific consumer	Referrals and/or treatment for substance use disorder
Primary Care Physicians	Payment to Providers	Contracted Treatment Providers	Natural Supports: Family, Spouse, Friends, Partners, etc.
Physical Health Care Specialists	Contracted Providers	Primary Care Physicians	Employers
Hospitals/Urgent Care/Labs -Medical and Psychiatric	BCBS/other 3rd party payor reviews	Physical Health Care Specialist	Schools (including ISD)
Persons/Providers as required under Alternative Treatment Order (ATO)	Any insurance companies related to payment for services	Hospitals/Urgent Care/Labs -Medical and Psychiatric	Law Enforcement (i.e. Probation Officer) outside of court ordered treatment or a court order
Jail for medications & aftercare coordination	Social Security	DHHS Housing/Food/Other Benefits Assistance	Landlord/Housing
Pharmacies	Non-Contracted Treatment Providers	Veteran's Administration	Non-Contracted Treatment Providers
DHHS as guardian (consumer is ward of the court/ward of the State)	Veteran's Administration		Attorneys
Office of Inspector General (OIG) for active investigations			Step Parent
DHHS-CPS/APS for active investigations (does not include SUD			Fair Hearing Representatives

consumers other than initial mandated reporting)			
LARA (Licensing)-for active investigation			DHHS Foster Care Workers (UNLESS child is a ward of the state & worker has legal rights, or there is open CPS/APS case, or DHHS has legal custody)
Michigan Protection & Advocacy (MPAS)			Mental Health Court/Drug Court/Veterans Court
			Coroner/Medical Examiner
			Guardian Ad Litem
			Court Appointed Special Advocate (CASA)
			Ombudsman
			Clergy
			DHHS- CPS/APS for active investigation (SUD consumers only)
			Pharmaceutical Advocates
			Foster Care Parent(s) (No release needed if MDHHS Form #3762 is presented - Consent to Routine, Non-Surgical, Medical Care and Emergency Medical/Surgical Treatment)

MINIMUM NECESSARY: A key protection of the HIPAA Privacy Rule, is derived from confidentiality codes and practices in common use today. It is based on sound current practice that protected health information should not be used or disclosed when it is not necessary to satisfy a particular purpose or carry out a function. The minimum necessary standard requires covered entities to evaluate their practices and enhance safeguards as needed to limit unnecessary or inappropriate access to and disclosure of protected health information. The Privacy Rule's requirements for minimum necessary are designed to be sufficiently flexible to accommodate the various circumstances of any covered entity.

NEED TO KNOW: Protected Health Information is only to be released to individuals who need to have access to the information to perform their job function.

MSHN
Mid-State Health Network

POLICIES AND PROCEDURE MANUAL

Chapter:	Compliance		
Title:	Disqualified Providers		
Policy: ☒ Procedure: ☐ Page: 1 of ~~5~~11	Review Cycle: Biennial Author: Chief Compliance & Quality Officer	Adopted Date: 07.09.2019 Review Date: 11.02.2021	Related Policies: Provider Network Management Disclosure of Ownership, Control, and Criminal Convictions; Credentialing: Background Checks and Primary Source Verification

Purpose

To ensure individual providers are eligible to participate in federal and state health care programs (e.g.: Medicaid and Medicare) and are not excluded from participation based on federal and state regulations.

Policy

MSHN and its provider network shall not employ, contract with, authorize services for, reimburse services for, or seek reimbursement for services delivered, prescribed, or ordered by any individual if:

1. The individual has received a criminal history screening indicating a mandatory disqualifying conviction identified in 42 USC 1320a-7(a);
2. The individual has been the subject of a substantiated finding; or
3. The individual has direct access, or provides direct services, to program participants in a prescribed setting (inpatient hospital and specialized residential) and the individual has received a criminal history screening indicating a time-limited disqualifying conviction for which the time limitation has not yet been satisfied (MCL 20173a, MCL 330.1134a, MCL 400.734b).
4. The individual does not possess the appropriate/required degree, certification, training, etc. to perform their job functions.

Reporting:

1. All employees, directors, administrators, managers, and individuals with any other type of employment or consulting arrangement with MSHN are required to report the following to Human Resources within five (5) days of conviction or assessment imposition:
    a. Any criminal conviction, felony or misdemeanor; and/or
    b. The imposition of civil money penalties or assessments imposed under Subsection 1128A of the Social Security Act (Exclusion Regulations https://www.ssa.gov/OP_Home/ssact/title11/1128A.htm).
2. Criminal conviction resulting in disqualifications are to be disclosed to MSHN's Compliance Officer by the CMHSP participants and MSHN direct contracted entities with regard to those offenses as detailed in Subsections 1128(a) and 1128(b)(1), (2), of (3) of the Social Security Act, or that have had civil money penalties or assessments imposed under Subsection 1128A of the Act. The report to MSHN will be made within 15 business days of the discovery of the disqualification through electronic submission.
3. MSHN will notify, as required, the appropriate regulatory body that may include the Michigan Department of Health and Human Services (MDHHS) Behavioral Health and Developmental Disabilities Administration (BHDDA) Division of Program Development, Consultation and Contracts, Licensing and Regulatory Affairs (LARA) and the Office of Inspector General (OIG) when disclosures are made by providers regarding any offenses detailed in Subsections 1128(a) and 1128(b) (1), (2) or (3) of the Social Security Act, or that have had civil money penalties or assessments imposed under Subsection 1128A of the Act.

Mandatory and Time-Limited Disqualifications:
The tables below identify disqualifications for participation in a provider capacity in Medicare, Medicaid or any other Federal health care programs.

The following table applies to all personnel at MSHN and the Provider Network.

Disqualifications related to the Social Security Act, subsections 1128(a), 1128(b)(1), (2), and (3); 1128A; Title V, XX, XXI, XVII, and XIX; MCL 333.18263; 42 USC 1320a – 7(a); Medicaid Provider Manual (General Information for Providers: Section 6 – Denial of Enrollment, Termination and Suspension)
Mandatory Disqualifications Persons with the following convictions are <u>Excluded</u> from participating in Medicare and State health care programs
1. Any criminal convictions related to the delivery of an item or service under Medicare (Title XVIII), Medicaid (Title XIX) or other state health care programs (e.g., Children's Special Health Care Services, Healthy Kids), (Title V, Title XX, and Title XXI).
2. Any criminal convictions under federal or state law, relating to neglect or abuse of patients in connection with the delivery of a health care item or service.
3. Felony convictions occurring after August 21, 1996, relating to an offense, under federal or state law, in connection with the delivery of health care items or services or with respect to any act or omission in a health care program (other than those included in number 1 above) operated by or financed in whole or in part by any federal, state, or local government agency, of a criminal offense consisting of a felony relating to fraud, theft, embezzlement, breach of fiduciary responsibility, or other financial misconduct.
4. Felony convictions occurring after August 21, 1996, under federal or state law, related to unlawful manufacture, distribution, prescription, or dispensing of a controlled substance.
5. The provider is convicted of violating the Medicaid False Claims Act, the Health Care False Claims Act, a substantially similar statute, or a similar statute by another state or the federal government.
6. The provider is excluded from participating in a provider capacity in Medicare, Medicaid or any other Federal health care programs.
7. Termination on or after January 1, 2011 under Medicare or the Medicaid program, or the Children's Health Insurance Program (CHIP) of any other state.
Disqualifications related to the Medicaid Provider Manual (General Information for Providers: Section 6 – Denial of Enrollment, Termination and Suspension)
Time-Limited Disqualifications Time Requirement*: 10 Years The provider has a federal or state felony conviction within the preceding 10 years of their provider enrollment application, including but not limited to, any criminal offense related to:
1. Murder, rape, abuse or neglect, assault, or other similar crimes against persons
2. Extortion, embezzlement, income tax evasion, insurance fraud, and other similar financial crimes
3. The use of firearms or dangerous weapons
4. Any felony that placed the Medicaid program or its beneficiaries at immediate risk, such as a malpractice suit that results in a conviction of criminal neglect or misconduct.
Disqualifications related to the Medicaid Provider Manual (General Information for Providers: Section 6 – Denial of Enrollment, Termination and Suspension)
Time-Limited Disqualifications Time Requirement*: 5 Years The provider has a federal or state misdemeanor conviction within the preceding five years of their provider enrollment application, including but not limited to, any criminal offense related to:
1. Any misdemeanor crime listed as a permissive exclusion in 42 USC 1320a-7(b);
2. Rape, abuse or neglect, assault, or other similar crimes against persons;
3. Extortion, embezzlement, income tax evasion, insurance fraud, or other similar financial crimes;

4. Any misdemeanor that placed the Medicaid program or its beneficiaries at immediate risk, such as a malpractice suit that results in a conviction of criminal neglect or misconduct.

The following tables apply to staff working in a Specialized Residential Setting (adult foster care homes). That includes an individual that has direct access, or provides direct services, to program participants in a prescribed setting and the individual has received a criminal history screening indicating a time-limited disqualifying conviction for which the time limitation has not yet been satisfied.

Disqualifications related to MCL 333.20173a, MCL 330.1134a and MCL 400.734b
Time-Limited Disqualifications Time Requirement*: 15 years
1. A felony that involves the intent to cause death or serious impairment of a body function, that results in death or serious impairment of a body function, that involves the use of force or violence, or that involves the threat of the use of force or violence
2. A felony involving cruelty or torture.
3. A felony under chapter XXA of the Michigan penal code, 1931 PA 328, MCL 750.145m to 750.145r (Vulnerable Adults chapter). https://www.legislature.mi.gov/(S(sigap145p0xoam2bb0t0kxrp))/documents/mcl/pdf/mcl-328-1931-XXA.pdf
4. A felony involving criminal sexual conduct.
5. A felony involving abuse or neglect.
6. A felony involving the use of a firearm or dangerous weapon.
7. A felony involving the diversion or adulteration of a prescription drug or other medications.
Time-Limited Disqualifications Time Requirement*: 10 years
1. Convicted of a felony or attempt or conspiracy to commit felony, other than those described under the mandatory and the 15-year time limited disqualifications sections.
Time-Limited Disqualifications Time Requirement*: 10 years
1. A misdemeanor involving the use of a firearm or dangerous weapon with the intent to injure, the use of a firearm or dangerous weapon that results in a personal injury, or a misdemeanor involving the use of force or violence or the threat of the use of force or violence.
2. A misdemeanor under chapter XXA of the Michigan penal code, 1931 PA 328, MCL 750.145m to 750.145r (Vulnerable Adults chapter).
3. A misdemeanor involving criminal sexual conduct.
4. A misdemeanor involving cruelty or torture unless otherwise provided under the 5-year time limited disqualification section.
5. A misdemeanor involving abuse or neglect.
Time-Limited Disqualifications Time Requirement*: 5 years
1. A misdemeanor involving cruelty if committed by an individual who is less than 16 years of age.
2. A misdemeanor involving home invasion.
3. A misdemeanor involving embezzlement.
4. A misdemeanor involving negligent homicide or a violations of section 601d (10 of the Michigan vehicle code, 1949 PA 300, MCL 257.601d.
5. A misdemeanor involving larceny unless otherwise provided under the 1-year time limited disqualification section.

6. A misdemeanor of retail fraud in the second degree unless otherwise provided in the 1-year time limited disqualification section.
7. Any other misdemeanor involving assault, fraud, theft, or the possession or delivery of a controlled substance unless otherwise provided in the 1, 3, and 10-year time limited disqualifications sections.
Time-Limited Disqualifications **Time Requirement *: 3 years**
1. A misdemeanor for assault if there was no use of a firearm or dangerous weapon and no intent to commit murder or inflict great bodily injury.
2. A misdemeanor of retail fraud in the third degree unless otherwise provided under the 1-year time limited disqualification section.
3. A misdemeanor under part 74 (MCL 333.74- offenses related to controlled substances) unless otherwise provided under the 1-year time limited disqualification section.
Time-Limited Disqualifications **Time Requirement*: 1 year**
1. A misdemeanor under part 74 (MCL 333.74 – offenses related to controlled substances) if the individual, at the time of conviction, is under the age of 18.
2. A misdemeanor for larceny of retail fraud in the second or third degree if the individual, at the time of the conviction, is under the age of 16.

*** Time requirement means the time required for completing all terms and conditions of sentencing, parole, and probation for the conviction prior to the date of application for employment or clinical privileges.**

Applies to

☒ All Mid-State Health Network
☐ Staff Selected MSHN Staff, as
☒ follows:
☒ MSHN's Affiliates: ☐ Policy Only ☐ Policy and Procedure Other: Sub-contract Providers

Definitions

A. **Behavioral Health**: refers to individuals with a Mental Health, Intellectual Developmental Disability and/or Substance Use Disorder or children with Serious Emotional Disturbances
B. **BHDDA:** Behavioral Health and Developmental Disabilities Administration
~~A.~~C. **CMHSP:** Community Mental Health Service Provider
~~B.~~D. **Conviction:** For purposes of the laws mentioned above, an individual or entity is considered to have been convicted of a criminal offense when:
1. A judgment of conviction has been entered against the individual or entity by a federal, state, tribal or local court, regardless of whether there is an appeal pending:
2. A finding of guilt against the individual or entity by a federal, state, tribal or local court,
3. A plea of guilty or nolo contendere by the individual or entity has been accepted by a federal, state, tribal or local court.

E. **Direct Access:** Means access to an individual, an individual's property, or an individual's personal financial information (checking account information, credit cards, bank statements, etc.).
F. **LARA:** Licensing and Regulatory Affairs
G. **MDHHS:** Michigan Department of Health and Human Services
H. **MSHN:** Mid-State Health Network
~~C.~~I. **OIG:** Office of Inspector General
~~D.~~J. **Personnel:** For purposes of this policy, "personnel" means, employees, contractors, volunteers, interns, and any other staff.
~~E.~~K. **Provider Network:** Refers to a CMHSP Participant and all Behavioral Health Providers that are directly under contract with the MSHN PIHP to provide services and/or supports through direct operations or through CMHSP subcontractors.
~~F.~~L. **Subcontractors:** refers to an individual or organization that is directly under contract with a CMHSP to provide services and/or supports.

Other Related Materials
Medicaid Service Administration (MSA) Policy Bulletin 18-09: Home Help Agency Provider Standards

References/Legal Authority
42 U.S.C 1320a-7
Michigan Mental Health Code - MCL 330.1134a Public Health Code - MCL 400.734b
Michigan Public Health Code - MCL 333.20173a Public Health Code -MCL 333.18263
42 CFR 441.570
1128 A of the Social Security Act
1128 B of the Social Security Act
Medicaid Provider Manual: General Information for Providers: Section 6 – Denial of Enrollment, Termination and Suspension
Senate Bill No. 184 (revisions to ABA technician exclusions in the Michigan Public Health Code)
Attachment A: Excluded Convictions Worksheet

Change Log:

Date of Change	Description of Change	Responsible Party
04.25.2019	New Policy	Director of Compliance, Customer Service & Quality
09.2019	Updates based on Medicaid Provider Manual Revisions	Director of Compliance, Customer Service & Quality
10.2019	Added clarification for substantiated recipient rights complaints	Director of Compliance, Customer Service & Quality
12.2019	Added clarification for reporting disqualifications to MSHN and for substantiated recipient rights complaints	Director of Compliance, Customer Service & Quality
08.2021	Bi-Annual Review; Updated references; Added language consistent with Medicaid Provider Manual; added reference on staff qualifications	Chief Compliance and Quality Officer
08.2023	Biennial Review; Updates under "Reporting" section	Chief Compliance and Quality Officer

Attachment A

Lookback Periods:

- Reference the date of conviction in relation to the date of application or enrollment (i.e., within X years preceding the date of application/enrollment)
- An exception is felonies for ABA Techs, which are in reference to the date of completion of "all of the terms and conditions of his or her sentencing, parole, and probation for that conviction"

An individual or entity is considered to have been convicted of a criminal offense when:

- a judgment of conviction has been entered against the individual or entity by a federal, state, tribal or local court regardless of whether there is an appeal pending;
- there has been a finding of guilt against the individual or entity by a federal, state, tribal or local court; or
- a plea of guilty or nolo contendere by the individual or entity has been accepted by a federal, state, tribal, or local court.
- (for behavioral technicians) a final conviction, the payment of a fine, a plea of guilty or nolo contendere if accepted by the court, or a finding of guilt for a criminal law violation or a juvenile adjudication or disposition by the juvenile division of probate court or family division of circuit court for a violation that if committed by an adult would be a crime.

	Enrolled Medicaid Prov.			Additional Req's for ABA Techs			
☐ Check	Conviction/ Offense	Felony	Misdemeanor	Felony	Misdemeanor		Law or Rule Reference
☐						Termination on or after Jan 1, 2011 under Medicare, Medicaid or Children's Health Insurance Program (CHIP) of any other state	A
☐						Exclusion from participation in a provider capacity in Medicare, Medicaid or any other Federal health care programs	A
☐						Related to the delivery of an item/service under Medicare or Medicaid	A, C
☐						Violation of the Medicaid False Claims Act, the Health Care False Claims Act, a substantially similar statute, or a similar statute by another state or the federal gov't	A
☐		w/in 10 yrs	w/in 5 yrs	w/in 10 yrs after completion of parole/ probation		That placed the Medicaid program or its beneficiaries at immediate risk, such as a malpractice suit that results in a conviction of criminal neglect or misconduct.	A, D

	Enrolled Medicaid Prov.			Additional Req'ts for ABA Techs			
☐ Check	Conviction/ Offense	Felony	Misdemeanor	Felony	Misdemeanor		Law or Rule Reference
☐		After Aug. 21, 1996	After Aug. 21, 1996			Related to fraud, theft, embezzlement, breach of fiduciary responsibility, or other financial misconduct [related to government programs]: • in connection with the delivery of a health care item or service; OR	A, C
☐		After Aug. 21, 1996	After Aug. 21, 1996			• with respect to any act or omission in a health care program (<u>other than Medicaid & Medicare</u>) operated by or financed in whole or in part by any Federal, State, or local government agency; OR	A, C
☐			After Aug. 21, 1996			• with respect to any act or omission in a program (<u>other than a health care program</u>) operated by or financed in whole or in part by any Federal, State, or local government agency	A, C
☐		w/in 10 yrs	w/in 5 yrs	w/in 15 yrs after completion of parole/ probation		Extortion, income tax evasion, insurance fraud, and other similar financial crimes	A, D
☐		w/in 10 yrs	w/in 5 yrs	w/in 15 yrs after completion of parole/ probation	w/in 5 yrs	Embezzlement	A, D
☐					w/in 5 yrs	Larceny	D
☐					w/in 5 yrs if committed when <16 yrs, then w/in 1 yr	Retail Fraud in the 2nd Degree	D
☐					w/in 3 yrs if committed when <16 yrs old, then w/in 1 yr	Retail Fraud in the 3rd Degree	D
☐					w/in 5 yrs	Fraud or theft not otherwise addressed in this list	D
☐					w/in 5 yrs	Home invasion	D
						Subject to an order or disposition of not guilty by reason of insanity	D, H
☐		w/in 10 yrs		w/in 15 yrs after completion of parole/ probation		Murder	A, D
☐					w/in 5 yrs	Negligent homicide or a moving violation that is proximate cause of death of another person or serious impairment of body function	D, G

	Enrolled Medicaid Prov.			Additional Req'ts for ABA Techs			
☐ Check	Conviction/ Offense	Felony	Misdemeanor	Felony	Misdemeanor		Law or Rule Reference
☐		w/in 10 yrs		Includes attempts/ conspiracy to commit; w/in 15 yrs after parole/ probation	w/in 10 yrs*	Use of firearms or dangerous weapons *Additional info for misdemeanors for ABA Techs: …with the intent to injure, the use of a firearm or dangerous weapon that results in a personal injury, or a misdemeanor involving the use of force or violence or the threat of the use of force or violence	A, D
☐				Includes attempts/ conspiracy to commit; w/in 15 yrs after completion of parole/ probation		Involving intent to cause death or serious impairment of a body function, that results in death or serious impairment of a body function, that involves the use of force or violence, or that involves the threat of the use of force or violence.	D
☐				Includes attempts/ conspiracy to commit; w/in 15 yrs after completion of parole/ probation	w/in 10 yrs, if committed when <16 yrs old, then w/in 5 yrs	A felony involving cruelty or torture	D
☐		w/in 10 yrs	w/in 5 yrs	w/in 15 yrs after completion of parole/ probation	w/in 5 yrs if no weapon and no intent to murder/ inflict great bodily injury, w/in 3 yrs	Assault or other similar crimes against persons	A, D
☐		w/in 10 yrs	w/in 5 yrs	w/in 15 yrs after completion of parole/ probation		Rape or other similar crimes against persons	A, D
☐				Includes attempts/ conspiracy to commit; w/in 15 yrs after completion of parole/ probation	w/in 10 yrs	Involving criminal sexual conduct	D
☐	X					Related to neglect or abuse of patients in connection with the delivery of a health care item or service.	A, C

☐		w/in 10 yrs	w/in 5 yrs	Includes attempts/ conspiracy to commit; w/in 15 yrs after completion of parole/ probation	w/in 10 yrs	Abuse or neglect	A, D

	Enrolled Medicaid Prov.			Additional Req'ts for ABA Techs			
☐ Check	Conviction/ Offense	Felony	Misdemeanor	Felony	Misdemeanor		Law or Rule Reference
						Substantiated finding of neglect, abuse, or misappropriation of property by a state or federal agency (regarding long term care facilities)	D, I
☐				Includes attempts/ conspiracy to commit; w/in 15 yrs after completion of parole/ probation	w/in 10 yrs	Related to chapter XXA of the Michigan penal code, 1931 PA 328, MCL 750.145m to 750.145r: • Caregiver who intentionally causes serious physical harm or serious mental harm to a vulnerable adult • Reckless act or reckless failure to act of the caregiver or other person with authority over the vulnerable adult causes serious physical harm or serious mental harm • An operator/employee/individual acting on behalf of an unlicensed facility that is subject to licensure, who violates the adult foster care facility licensing act or public health code or rules and whose violation is a proximate cause of the death of a vulnerable adult • Caregiver/person with authority over vulnerable adult or licensee convicted of felony due to repeated misdemeanor violations of the adult foster care licensing act regarding funds, retaliation against staff/ residents, obstruction, falsifying info, etc.	D, E
☐		After Aug. 21, 1996	w/in 5 yrs			Relating to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance (Per MSA provider enrollment on 02/14/20 excludes possession)	A, C
☐					w/in 3 yrs if committed when <18 yrs old, then w/in 1 yr	• Manufacturing, creating, delivering, or possessing with intent to manufacture, create, or deliver a controlled substance, prescription form, or counterfeit prescription form • Dispensing, prescribing, or administering controlled substance outside the scope of practice of a practitioner, licensee, or applicant	D, F
☐				Includes attempts/ conspiracy to commit; w/in 15 yrs after parole/ probation		A felony involving the diversion or adulteration of a prescription drug or other medications	D
☐					w/in 5 yrs	Possession or delivery of a controlled substance	D
☐						<u>Failure to Comply w Enrollment & Screening Requirements:</u> Failure to submit timely and accurate information; cooperate with MDHHS screening methods; submit sets of fingerprints as required within 30 days of a CMS or MDHHS request; permit access to provider locations for site visits; and/or comply with Medicaid policies regarding submission of claims and billing Medicaid beneficiaries. Falsification of information provided on the enrollment application or subsequent information requests. Inability to verify their identity	A, B

A = Michigan Medicaid Manual; General Information for All Providers; Section 6 – Denial of Enrollment, Termination and Suspension; 6.1 Termination or Denial of Enrollment

B = Social Welfare Act, Public Act 280 of 1939 (MCL 400.111b -111e) and 42 CFR 455.416

C = 42 USC 1320a-7 Exclusion of certain individuals and entities from participation in Medicare and state health care programs

D = Public Act 19 of 2020 (Public Health Code revision) Section 18263 regarding behavioral technicians

E = Chapter XXA of the Michigan penal code, 1931 PA 328, MCL 750.145m to 750.145r regarding vulnerable adults

F = Public Health Code 333.7401 “Part 74” regarding controlled substances

G = Michigan vehicle code, 1949 PA 300, MCL 257.601d

H = Code of Criminal Procedure MCL 769.16b regarding not guilty by reason of insanity

I = 42 USC 1395i-3a: Protecting residents of long-term care facilities

MSHN
Mid-State Health Network

POLICIES AND PROCEDURE MANUAL

Chapter:	Compliance		
Title:	**External Quality Review**		
Policy: ☒ **Procedure:** ☐ **Page:** 1 of 2	**Review Cycle:** Biennial **Author:** Chief Compliance Officer, Quality Improvement Council (QIC)	**Adopted Date: 09.02.2014** **Review Date:** 11.02.2021	**Related Policies:** Compliance Program Integrity Compliance Reporting & Investigations Quality Management

Purpose

To ensure Mid-State Health Network (MSHN) and its Provider Network participate and comply with the expectations of the External Quality Review process conducted and/or arranged by the Michigan Department of Health and Human Services

Policy

MSHN and its Provider Network shall participate in the External Quality Review (EQR) process arranged by the Michigan Department of Health and Human Services (MDHHS). MSHN and its Provider Network will strive to achieve full compliance of the standards as set forth in the State of Michigan/PIHP Contract.

MSHN shall address the findings of the external review through its Quality Assessment Performance Improvement Program (QAPIP). MSHN will develop and implement performance improvement goals, objectives, and activities in response to the external review findings as part of MSHN's QAPIP through the Quality Improvement Council. A description of the performance improvement goals, objectives and activities developed and implemented in response to the external review findings will be included in QAPIP and provided to the MDHHS upon request.

MSHN staff will coordinate the EQR site review process and inform the Provider Network of applicable dates and timelines. MSHN staff will confirm provider network achievement of required EQR corrective action as a part of routine site reviews.

MSHN's Provider Network will comply with any findings and related improvement goals as developed in the QAPIP.

Applies to:

☒All Mid-State Health Network Staff
☐Selected MSHN Staff, as follows:
☒MSHN's Affiliates: ☒Policy Only ☐Policy and Procedure
☐X Other: Sub-contract Providers

Definitions:

EQR: External Quality Review
MDHHS: Michigan Department of Health and Human Services
MSHN: Mid-State Health Network
PIHP: Pre-paid Inpatient Health Plan
Provider Network: Refers to a CMHSP Participant and all Behavioral Health Providers that are directly under contract with the MSHN PIHP to provide services and/or supports through direct operations or through the CMHSP's subcontractors.
QAPIP: Quality Assessment Performance Improvement Program

Other Related Materials:
MDHHS – PIHP Contract

References/Legal Authority:
State of Michigan/PIHP Contract: Schedule A: Statement of Work Contract Activities: K. Quality Improvement and Program Development, 2.b.

Change Log:

Date of Change	Description of Change	Responsible Party
09.2014	New Policy	Chief Compliance Officer
08.2015	Update to MDHHS and add follow-up to EQR required corrective action	Chief Compliance Officer & Chief Executive Officer
08.2016	Annual Review	Director of Compliance, Customer Service and Quality
08.2017	Annual Review	Director of Compliance, Customer Service and Quality
08.2018	Annual Review	Director of Compliance, Customer Service and Quality
09.2019	Annual Review	Director of Compliance, Customer Service, & Quality
08.2021	Bi-Annual Review; Recommending moving to Quality Chapter	Chief Compliance and Quality Officer
08.2023	Biennial Review	Chief Compliance and Quality Officer