

Members Present: C. Pinter (phone), S. Beals (phone), K. Possehn (phone), S. Vernon (phones), S. Lindsey (phone) S. Lurie, J. Obermesik, L. Hull, S. Prich (phone), T. Quillan, M. Leonard and M. Geoghan.

Members Absent:

MSHN Staff Present: J. Sedlock, A. Horgan

Agenda Item		Action Required			
Agenda	<p>Approved with the below change</p> <ul style="list-style-type: none"> Added Performance Improvement Project Added MCHE Update 				
Consent Agenda	<p>Pulled H for discussion: BH Consent</p> <p>Feedback on the form should be sent to Phil K. at MDHHS as this form is still considered proposed by the state workgroup.</p>				
	Consent Agenda documents Received/Approved	By Who	N/A	By When	N/A
MSHN Operating Agreement Review	<p>Reviewed additional edits in red and those marked for confirmation at the April meeting.</p> <p>Conducted a final review of each article for any final changes.</p> <p>Remove/adjust row 278-280: related to new definition of benefit stabilization</p> <p>J.Sedlock raised a concern about the absence of ISF language and the issues of building the ISF to contractual levels and/or replenishing all or a portion of the ISF if used. Discussion ensued and there was agreement that the Operating Agreement should include language to address these concerns. This led into discussion of budget management generally and the need for service use/access protocols.</p> <p>Agreed to keep the operating agreement open for Article IV only – all other articles have been closed as agreed.</p>				
	CMHSPs to review signature pages of the operating agreement for proper name, titles, etc. and provide J. Sedlock with any changes.	By Who	CEO's	By When	4.30.18
	Task Finance Council to draft language to address ISF language and related Medicaid and HMP fiscal and budget management concerns.		L. Thomas		5.11.18

Agenda Item		Action Required			
	Recommend Ad Hoc workgroup: to include directors, clinical directors, utilization managers finance officers. Charter to be developed by MSHN and proposed to Ops in May/June.		J. Sedlock		May/June
Lakeshore Regional Entity •RFP for Managed Care Services •Notice of Intent to Cancel	Discussed the LRE RFP and MDHHS Notice of Intent to Cancel LRE's contract. Schedule a meeting to discuss further implications and conduct regional planning on this topic exclusively at the spring conference				
	MSHN to schedule room and sent out calendar invite	By Who	J. Sedlock	By When	4.21.18
298 Pilots •Saginaw Selection •FFS (MHP-Unenrolled Population) – Concept Paper/RFP	<p>Saginaw reviewed the “summit” meeting that took place on 4.6.18 with Pilot CMHs, MDHHS and MHPs.</p> <p>Discussed the MAHPs delegation grid concept paper – Per Sandy not directly the perception of individual MHPs.</p> <p>FFS concept paper discussion – Per MDHHS there would be a separate contract with a separate ISF funded by the department. The ISF risk would be higher due to the expenditure of this population or the state would issue with zero risk. April 23 is the expected date for the RFP and only PIHPs may submit. Oakland, Wayne, Macomb not allowed as a single PIHP. LRE due to noncompliance would not be accepted. MSHN intends to respond to the RFP when released. Some opposition to this by CMHSPs. Will be discussed further</p>				
	Informational at this point	By Who	N/A	By When	N/A
Population Health and Integrated Care Plan	Draft Population Health and Integrated Care Plan reviewed for approval upon Medical Director approval April 27.				
	Approved pending Medical Director Review – MSHN will bring back to the Operations Council any input that significantly impacts the plan.	By Who	A.Horgan	By When	5.1.18
MSHN Proposal for Local Funding to Support MDOC Pre-Award Costs	<p>Discussed the information included in the packet that identifies the benefits for contracting.</p> <p>MSHN pursued a legal opinion as indicated last month. It was just received and will be distributed to Operations Council after MSHN review.</p>				

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	J. Sedlock to send out legal opinion and a voting request via email	By Who	J. Sedlock	By When	5.1.18
NCQA Accreditation	<p>NCQA Summary from other councils/committees reviewed and discussed.</p> <p>Concerns about additional work, reducing administration, benefits to CMHs, not clear that the benefit out ways the workload.</p> <p>LifeWays support for NCQA as it would be perceived as beneficial and most of the elements are in progress.</p> <p>May want to take a hold on this strategy and see what happens with the MHPs/298 pilots.</p> <p>Ops supports stop pursuing NCQA but would keep an eye on the future strategy if/needed and supports a replacement goal (of current strategic plan goals) to continue monitoring feasibility and value in pursuing NCQA accreditation in light of 298 pilots.</p>				
	J. Sedlock to include in revisions to Board Strategic Plan	By Who	J. Sedlock	By When	5.8.18
Regional Provider Network Monitoring Policy and Procedure	<p>Agreed to recommended changes in the policy in the packet with the below edits.</p> <p>Change to “Participant’s” (plural) where edited as there is usually more than one CMHSP participants that holds a contract with the inpatient provider.</p> <p>Change from “in concert with” to “on behalf of” throughout</p>				
	Recommendation to proceed to MSHN Board Policy Committee	By Who	A.Horgan	By When	5.15.18
Inpatient Rates •Follow-up from 10/2017 •PIHP-Level Discussion	Tabled till next month				
	CEI & Newaygo to send rates to J. Sedlock	By Who	M. Geoghan S. Laurie	By When	5.1.18
Relias Learning Contract	<p>BABH contract with end July 2018 – BABH holds contract for some CMHs and MSHN</p> <p>Discussion if MSHN would hold this contract for the region. MSHN is agreeable. 11 of 12 CMHSPs already use Relias. Goal would be a</p>				

Agenda Item		Action Required			
	single MSHN contract for the 11 CMHSPs and the MSHN SUD network.				
	BABH to notify Relias of intent to terminate and introduce MSHN as an interested successor party. MSHN to negotiate a contract for the entire region.	By Who	J. Sedlock	By When	6.15.18
Jumping Over MSHN	Reminder for CMH staff to come to MSHN on policy direction for Medicaid, HMP, substance abuse. There have been a growing number of occasions of CMHSP staff going directly to MDHHS for guidance/questions. The PIHP is the responsible party.				
	Informational request	By Who	N/A	By When	N/A
Performance Improvement Project Selection	QIC recommended the following as our State Mandated PIP. <ul style="list-style-type: none"> • Patient(s) with schizophrenia and diabetes who had an HbA1c and LDL-C test during the report period. 				
	Agreed with recommended PIP – Diabetes Monitoring	By Who	A.Horgan	By When	5.1.18
MCHE Update	MCHE is currently working on behalf of all 10 PIHPs to hire a part time, temporary MDOC Project Director; is issuing and conducting an RPF for the 10 PIHPs for software to be used statewide (Parity Workgroup recommendation), and is in the process of developing a statewide document portal (in particular for use in sharing inpatient psychiatric site review information so that anyone with a need for the documents can access them). The portal will also be used as we expand the statewide site review processes to other provider types.				
		By Who		By When	