

REGIONAL OPERATIONS COUNCIL/CEO MEETING

Key Decisions and Required Action

Date: 07/15/2024

- Members Present:** Chris Pinter; Ryan Painter; Maribeth Leonard; Carol Mills; Julie Majeske; Tracey Dore; Tammy Warner; Kerry Possehn; Michelle Stillwagon; Bryan Krogman; Sandy Lindsey; Sara Lurie
- Members Absent:** Joseph Sedlock (PTO)
- MSHN Staff Present:** Amanda Ittner, Leslie Thoms

Agenda Item		Action Required			
CONSENT AGENDA	No discussion				
	Received and acknowledged	By Who	N/A	By When	N/A
FY24 Savings Estimate through May 2024	<p>L. Thomas reviewed the savings estimate through May 2024. Significant changes reported from Autism, CLS, filled open positions, provider closure (CMH had to absorb).</p> <p>Cost containment plans for FY24 are still being implemented as reported by Finance Officers, however items noted above have impacted the results.</p> <p>FY25 draft rates include the DCW increase. Concerns regarding the area factor. CCBHC rates and the portion coming from capitation is unknown and will be significant in the planning. Final rates should be available in late August, however last year wasn't until late September.</p>				
	Discussion and planning	By Who	N/A	By When	N/A
PBIP/BHH/OHH Distribution Procedure (Follow-Up from June 2024)	<p>L. Thomas reviewed the edits to the Distribution Procedure as requested from the June Operations Council meeting.</p> <p>Adjustments: Add clarity related to BHH CMHSP Participants PIHP Admin Surplus would be used first to cover regional deficits.</p>				
	L. Thomas will send out the revised procedure as well as a clean version for review/approval via email.	By Who	L. Thomas	By When	7-31-24
Conflict Free Access and Planning – Updates/Discussion	<p>No update since June meeting, except the CFAP response from K. Jordan on 6.21.24 regarding CMS clarification on the CMHA proposal. CMS visit starts today with MDHHS.</p> <p>MDHHS has indicated a tech requirement document will be coming, moving the timeline for implementation plan submissions, that include links to survey for CMHs to complete, code chart/table to identify applicable rule, Q&A. Nothing further on “rural exemption” or “only willing/qualified”.</p> <p>No receipt of Contract Language proposal yet CMS Waiver Applications & 1915i all include CFAP language:</p>				

Agenda Item	Action Required				
	<ul style="list-style-type: none"> • The person completing the clinical assessment tool cannot be the supports coordinator or a direct service provider to comply with Conflict Free Access and Planning requirements. • The state assures the independence of persons performing evaluations, assessments, and plans of care. • The mandated separation required in the MDHHS/PIHP contract that assures the assessor(s) of eligibility will not make final determinations about the amount, scope and duration of 1915i services. • The MDHHS/PIHP contract assures the provider responsible for the independent HCBS needs assessment are separate from the case manager/supports coordinator providers responsible for the development of the IPOS. • MDHHS delegates the responsibility for the authorization AND UTILIZATION MANAGEMENT of the service plan to the PIHPs. THE PIHP'S CANNOT DELEGATE THESE UM FUNCTIONS TO THE CMHSP OR CONTRACTED PROVIDER ENTITY. The PIHPs delegate the responsibilities of plan development AND MONITORING to CMHSP OR CONTRACTED PROVIDER. <p>GIHN developed an implication for service array that was shared in CLC/UM Committee. Decision: August Operations Council will designate time to discuss current state of each CMHSP.</p>				
	A.Ittner will send out Outline for use in August meeting	By Who	A. Ittner	By When	7.20.24
<p>HIDE SNP Contacts (Humana, CareSource, others)</p>	<p>A.Ittner reviewed the HIDE (Highly Integrated Dual Eligible) SNP (Special Needs Plan) model currently known as MI Health Link program limited to four regions throughout Michigan. (not in MSHN region) In January of 2026, it will be transitioning to a statewide model that integrates long term care services and supports or LTSS. It doesn't include behavioral health. However, coordination agreements similar to the MHP agreements with the PIHPs, are required, that include expectations with mutually served beneficiaries. Stronger language regarding referrals to the PIHP and tracking of such, SDOH screening and data sharing. On version 2 of the agreement.</p> <p>MSHN Board received an overview in March 2023 related to DNSP models by HMA.</p> <p>MSHN has received requests from Humana (Saginaw, Bay, Arenac, Huron, Tuscola, Shiaw) and CareSource (HAP merger) which indicated a desire to bid on areas in our region. MSHN met with Humana to discuss current coordination efforts and roles of PIHP/CMHSPs in our region. CareSource sent us an agreement to sign and return. MSHN requested a meeting first, which was then canceled by CareSource.</p> <p>Selection announcement planned for 10.31.24 Discussed the increased care coordination activities requested by MDHHS as part of the performance bonus objectives under the joint planning.</p>				
	Discussion only	By Who	N/A	By When	N/A

Agenda Item		Action Required			
MSHN FY25 Cost Containment Plan – Overview	<p>A. Ittner reviewed the changes to the SUD Access process, with implementation date of October 1, 2024. MSHN will now directly manage/authorize Residential, Withdrawal Management and Recovery Housing services. This change will ensure appropriate placement and length of stay for individuals as well as reduce duplication within the system due to multiple screenings.</p> <p>MSHN currently delegates access to the CMHSPs through the funding for “24/7/365” and will be reviewing this process with Operations Council in August/September. Gathering data related to numbers of screenings in REMI as they have been historically low. The current funding to the CMHs includes not only access, but prevention and customer service. Very little activity is being reported by some CMHs.</p> <p>Discussed the impact on CMHs who provide Residential, WM and Recovery Housing. Concern this could create more obstacles/barriers.</p> <p>August/September Operations Council meeting will designate time to review the implementation plan and address after hours coverage.</p>				
	MSHN will schedule CMH provider specific meeting to discuss the transition plan for SUD access and related concerns.	By Who	A.Ittner/S.Pletcher	By When	8.15.24
Crisis Residential – Healthy Transitions	<p>Healthy Transitions is the Crisis Residential Unit opened by MSHN/region to provide CRU services to our region. They can officially accept clients as of last week. CMHs report being contacted by Healthy Transitions regarding openings.</p> <p>MSHN is still awaiting some CMHs to return signed contract.</p>				
	Discussion only	By Who	N/A	By When	N/A
AGENDA TOPIC					
		By Who		By When	
AGENDA TOPIC					
		By Who		By When	