MSHN
Mid-State Health Network

REGIONAL OPERATIONS COUNCIL/CEO MEETING
Key Decisions and Required Action
Date: 08/17/2026

Members Present: Chris Pinter; Carol Mills; Julie Majeske; Tracey Dore; Tammy Warner; Kerry Possehn; Michelle Stillwagon; Bryan Krogman; Sandy Lindsey; Sara Lurie, Jeff Labun, Cassie Watson
Members Absent: Ryan Painter
MSHN Staff Present: Amanda Ittner; Leslie Thomas

Agenda Item	Action Required				
CONSENT AGENDA	Received, no further discussion				
	Acknowledged receipt of consent items	By Who	N/A	By When	N/A
LOCAL FUNDS ACCOUNTING BHH & SUDHH	Leslie discussed the change in process since Substance Use Disorder (SUD) providers are now Behavioral Health Home (BHH) and CMHSPs are Substance Use Disorder (SUDHH). CMHs supported the process based on the existing Local Funds Accounting Procedure.				
	Support from CMHSPs as presented.	By Who	N/A	By When	N/A
INTER-REGIONAL DIALOGS (S. LINDSEY, B. KROGMAN, C. MILLS, C. WATSON, C. PINTER, M. STILLWAGON, A. ITTNER, J. SEDLOCK)	Sandy and others updated the group on the status of the joint representation agreement. Discussion regarding the purpose of the agreement. Group requested HR.1 and FY27 Rate assumptions for topics at the next meeting, occurring on August 20th (after the MDHHS rate setting meeting).				
	CMHSPs are reminded to sign and return the agreement sent by Miller Johnson.	By Who	CMHSP	By When	8.31.26
FY 27 RATES & BUDGET PLANNING	Leslie reported MDHHS anticipates releasing FY 27 draft rates by 8.20.26. If the draft rates are received, MSHN will develop revenue estimates within a few days and request CMHSP expense information. Finance Council (FC) members recommended a reduction of 5% in all revenue without draft rates, however Operations Council (OC) members only supported this reduction for the Healthy Michigan fund source.				
	A follow-up will be sent to Finance Council members	By Who	L. Thomas	By When	8.17.26
RFP/PROCUREMENT UPDATE (IF ANY)	Amanda reported no update on the release of an RFP. The RFP is still listed on the vendor opportunity website. In regards to the procurement lawsuit, the court of appeals denied MDHHS's motion to dismiss the case as moot. The case will now move forward. MDHHS has until September 8th to respond to the brief submitted by our attorney.				
	Informational update	By Who	N/A	By When	N/A

Agenda Item	Action Required				
HUMANA/HIDE-SNP CONNECTION W/CMHSP REQUESTED-TABLED TILL Q2 2027 DUE TO NO EXPANSION UNTIL OCTOBER 2027	Amanda reviewed with the group that the presentation schedule today with Humana to review the HIDE-SNP project was tabled till later next year. This was due to MDHHS' indication during the PIHP Operations meeting that they would not be expanding January 2027 as originally thought, postponing to FY28. Reminder that Humana provided a sample contract (included in the July packet) for review. Joe and Amanda plan to have a meeting with Humana in October to discuss project goals and objectives prior to rescheduling the presentation with Operations Council.				
	Informational update	By Who	N/A	By When	N/A
RHTP GRANT FUNDS	Amanda reported the MSHN's region applied for both grants. The region expects an announcement of the award by mid-September. One item to note – the recruitment and retention grant has over 100 applicants.				
	Discussion and update only	By Who	N/A	By When	N/A
FY27 PIHP CONTRACT	MSHN received the FY 27 contract last week and signature is requested by 9.10.26, it is on MSHN's September board listing. Amanda reviewed a few key changes in the contract. CMHSPs reported concern with the Standard Cost Allocation (SCA) language regarding the required attestation in the EQI instructions. Leslie noted this SCA language has been included in prior year contracts with MDHHS and MSHN has accepted it given MDHHS has not provided clarification on the SCA guidance.				
	MSHN will review attestation language and follow up with MDHHS	By Who	A.Ittner	By When	9.9.26
REGIONAL ABA CONTRACT	Leslie reported a change in the approved regional ABA contract from last month. The Coordination of Benefits language was updated in the ABA regional contract to reflect secondary payments should be paid based on the lesser of the third party's allowed amount or CMH contracted rate. This change was supported by Finance Council and Provider Network Management Committee members. The template has been posted to the MSHN website.				
	Operations Council members supported and accepted this change.	By Who	N/A	By When	N/A
SAVINGS ESTIMATES – PROJECTION FSR	Leslie shared the Savings Estimates based on MSHN's Projection FSR. The region estimates more than $40M in savings and nearly $58M in Internal Service Fund (ISF).				
	Acknowledged receipt of Projection FSR Savings Estimates	By Who	N/A	By When	N/A
MSHN PARTICIPATION – HBCS SITE REVIEWS	Chris inquired if MSHN planned to attend HBCS site visits along with CMHSP staff and voiced concern on this practice regarding value add. He stated reporting from the CMHSPs to MSHN is sufficient				
	Follow-up will occur with MSHN's HCBS team.	By Who	A. Ittner	By When	8.31.26

Agenda Item	Action Required					
PREDICTIVE MODELING UPDATE	Chris requested an update on this project. Amanda reported that CLC/UM continues to review and provide feedback on a few cases and the workflows, to implement by October 1, 2026. As a reminder, the below communication was sent to CLC/UMC in July. CMHSPs should inform MSHN if they want MSHN to take the lead on this project for their population. **June – September 2026:** MSHN is requesting each CMHSP review 2-3 cases in ICDP based on the highest risk/propensity factor over the next few months for the purpose of providing MSHN with feedback. We will use that feedback to refine the model, further define follow-up action categories, and finalize the recommended care pathways. No additional action with the beneficiary is requested of the CMHSPs at this time. **October 1, 2026 – September 2027**: MSHN would like to implement actions with beneficiaries as defined by CLC via the care pathways for approximately 10 cases per month per CMH. We can discuss less or more based on CMH size. MSHN is also willing to take the lead for a CMH or multiple CMHs if they wish to assign it to our staff.					
	Discussion and update provided	By Who	N/A	By When	N/A	