Mid-State Health Network

Board of Directors Meeting ~ September 12, 2023 ~ 5:00 p.m.

Board Meeting Agenda

Best Western Okemos/East Lansing Hotel & Suites
Stadium Room
2209 University Park Drive
Okemos, MI 48864

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 September 12, 2023 Meeting of the MSHN Board of Directors
4. Public Comment (3 minutes per speaker)
5. **ACTION ITEM:** Fiscal Year 2024 Board Meeting Calendar (*Page 4*)

   Motion to adopt the FY24 Mid-State Health Network Board of Directors Meeting Calendar as presented
6. **ACTION ITEM:** FY2024-2025 Strategic Plan (*Page 6*)

   Motion to approve the FY 2024 – FY 2025 Strategic Plan for Mid-State Health Network and to direct the Chief Executive Officer to implement the plan
7. **ACTION ITEM:** Consideration of MSHN Fiscal Year 2023 Budget Amendment (*Page 27*)

   Motion to Approve the MSHN Fiscal Year 2023 Budget Amendment as presented
8. **ACTION ITEM:** Consideration of MSHN Regional Budget for Fiscal Year 2024 (*Page 29*)

   Motion to Approve the MSHN Fiscal Year 2024 Budget as presented
9. Nominating Committee Report
10. Special Order: Board Officer Election (Page 32)

    ACTION ITEM: Election of Board Officers
    - Election of Chairperson
    - Election of Vice-Chairperson
    - Election of Secretary
    - Election of At Large Executive Committee Members
11. Chief Executive Officer's Report (*Page 33*)
12. Deputy Director's Report (*Page 48*)

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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/fy2023-meetings

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Upcoming FY24 Board Meetings

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

November 7, 2023
MyMichigan Medical Center
300 E. Warwick Drive
Alma, MI 48801

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

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

13. Chief Financial Officer's Report

    Financial Statements Review for Period Ended July 31, 2023 *(Page 51)*

    ACTION ITEM: Receive and File the Statement of Net Position and Statement of Activities for the Period ended July 31, 2023, as presented

14. **ACTION ITEM:** Contracts for Consideration/Approval

    A. ACTION ITEM: FY 23 Contract Listing for Consideration/Approval *(Page 60)*

    The MSHN Board of Directors Approve and Authorizes the Chief Executive Officer to Sign and Fully Execute the FY 2023 Contracts, as Presented on the FY 2023 Contract Listing

    B. ACTION ITEM: FY24 Contract Listing for Consideration/Approval *(Page 62)*

    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

15. Executive Committee Report

16. Chairperson's Report

17. **ACTION ITEM:** Consent Agenda

    Motion to Approve the documents on the Consent Agenda

    17.1 Approval Board Meeting Minutes 07/11/23 *(Page 68)*
    17.2 Receive SUD Oversight Policy Board Meeting Minutes 04/19/2023 *(Page 73)*
    17.3 Receive Board Executive Committee Minutes 08/18/23 *(Page 78)*
    17.4 Receive Policy Committee Minutes 08/01/23 *(Page 80)*
    17.5 Receive Nominating Committee Minutes 08/08/23 *(Page 82)*
    17.6 Receive Operations Council Key Decisions 07/17/23 *(Page 84)* and 08/21/23 *(Page 87)*
    17.7 Approve the following policies:
    17.7.1 Information Accessibility/Limited English Proficiency *(Page 91)*
    17.7.2 Delegation to the CEO and Executive Limitations *(Page 96)*
    17.7.3 Breach Notification *(Page 98)*
    17.7.4 Disaster Recovery *(Page 100)*
    17.7.5 Medicaid Information Management *(Page 101)*
    17.7.6 Record Retention *(Page 103)*
    17.7.7 Credentialing/Re-Credentialing *(Page 105)*
    17.7.8 Out of State Placements *(Page 109)*

18. Other Business (Ed Woods)

19. Public Comment (3 minutes per speaker) (Ed Woods)

20. Adjourn (Ed Woods)

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FY23 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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FY2024 MSHN BOARD OF DIRECTORS MEETING CALENDAR

Background

The Mid-State Health Network Board of Directors considers the next fiscal year meeting calendar during the Annual Meeting.

Recommended Motion:

Motion to adopt the FY2024 MSHN Board of Directors meeting calendar as presented.

September 12, 2023

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TENTATIVE

FY2024 MID-STATE HEALTH NETWORK

REGIONAL BOARD OF DIRECTORS MEETING CALENDAR

(All meetings are scheduled to convene at 5:00 p.m. unless otherwise noted)

Meeting Date	Meeting Location
November 7, 2023	MyMichigan Medical Center 300 E. Warwick Dr. Alma, MI 48801
January 9, 2024 (Moved due to Holiday)	Comfort Inn & Suites and Conference Center 2424 S. Mission St. Mt. Pleasant, MI 48858
March 5, 2024	MyMichigan Medical Center 300 E. Warwick Dr. Alma, MI 48801
May 7, 2024	MyMichigan Medical Center 300 E. Warwick Dr. Alma, MI 48801
July 2, 2024	MyMichigan Medical Center 300 E. Warwick Dr. Alma, MI 48801
PUBLIC HEARING: September 10, 2024 (Moved due to Holiday)	MyMichigan Medical Center 300 E. Warwick Dr. Alma, MI 48801
September 10, 2024 (Moved due to Holiday)	

Calendar is tentative until Board approved

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MID-STATE HEALTH NETWORK STRATEGIC PLAN FOR FY 24 THROUGH FY 25

Background

The Mid-State Health Network Board of Directors is responsible for establishing the strategic direction of the organization.

The FY 2024-FY2025 Strategic Plan Update that follows has been developed with broad input from many stakeholders in the MSHN region.

Of note, the strategic priorities proposed include continuation of the five established priorities of better health, better care, better provider systems, better equity, and better value.

The MSHN Board considers and approves these strategic priorities and the strategic goals to address the priorities. MSHN management develops objectives, tasks and activities to achieve the goals.

The following motion is recommended for adoption by the MSHN Board of Directors.

Recommended Motion:

Motion to approve the FY 2024 – FY 2025 Strategic Plan Update for Mid-State Health Network and to direct the Chief Executive Officer to implement the plan.

August 29, 2023

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FY 2024 – FY 2025 STRATEGIC PLAN UPDATE

The pages that follow constitute the update to the Mid-State Health Network (MSHN) Strategic Plan covering fiscal years (FY) 2024 and 2025. This plan incorporates broad internal and external stakeholder input.

This strategic plan update represents a continuation of the strategic priorities of Mid-State Health Network to align with the "Quintuple Aim." The Quintuple Aim is the national framework for healthcare reform. This framework may be stated differently in the literature. For the Mid-State Health Network region, the quintuple aim includes these five board adopted strategic priorities: **"*Better Health*", "*Better Care*", "*Better Value*". "*Better Provider Systems*" and "*Better Equity.*"** These are referred to throughout the remainder of this document as our ***strategic priorities***.

As depicted below, goals were discussed and developed with input from MSHN staff, various regional councils and committees, the MSHN Regional Consumer Advisory Council, the MSHN Operations Council, the MSHN Substance Use Disorder (SUD) Oversight Policy Board, the MSHN Governing Board and the Michigan Department of Health and Human Services (MDHHS). Meetings and other activities to gather this broad input occurred from January 2023 through August 2023.

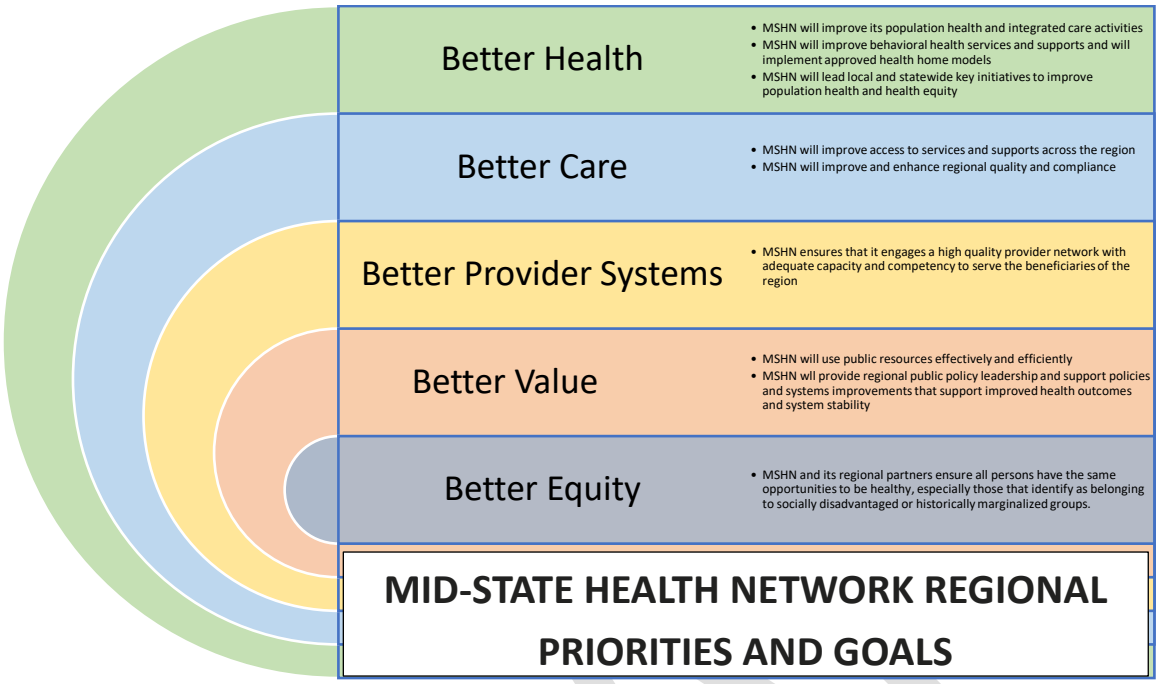
Based on this wide input, MSHN executive leadership extracted the strategic goals that emerged around common themes and which accurately correspond with its view of the accountabilities of the Mid-State Health Network, current environmental opportunities and threats, and its mission to support services within the 21-county region which best meet the needs of Medicaid, Healthy Michigan, Substance Abuse Prevention and Treatment (SAPT) Block Grant and Liquor Tax-Funded beneficiaries and the communities in which they live and work. MSHN's strategic goals are shown within the strategic priorities framework.

Our strategic plan is based on our *founding principles*, which include cooperative, open and frank discussion of the strengths, weaknesses and capacities of MSHN and each Community Mental Health Service Provider (CMHSP) partner; planning and operations that reflect a realistic evolutionary process; flexible and robust managed care operations not favoring any particular CMHSP or CMHSP service model; and many others. In partnership, MSHN and its CMHSP participants are committed to effective health integration activities, equity and accountability.[1]

The following pages present the recommended strategic plan for fiscal years 2024 and 2025. These include new goals developed in the process described above and also continued or revised strategies from the previous MSHN Strategic Plan.

[1] Extracted from "Principles to Guide the New PIHP", MSHN Operations Council, December 13, 2012

The MSHN Strategic Plan is based on the Strategic Priorities identified at the left in the graphic below. The MSHN Strategic Goals are identified on the right of this graphic. The remainder of this document includes this material as well as strategic objectives for the region.



There is a significant amount of crossover among the strategic goals that are placed within the strategic priorities framework. Assignment of a strategic goal to a particular strategic priority is therefore somewhat arbitrary but has been mostly guided by the expected outcome of achieving the strategic goal.

Significant themes have emerged in the process of strategic planning, in particular the need to *improve consistency*, *improve standardization*, and *improve cost-effectiveness* across the region. We have used these themes as guideposts in our development of regional and MSHN-specific strategic goals.

MID-STATE HEALTH NETWORK LEADERSHIP TEAM

Todd Lewicki,
Chief Behavioral Health Officer

Steve Grulke,
Chief Information Officer

Kim Zimmerman,
Chief Compliance and Quality Officer

Dani Meier,
Chief Clinical Officer

Skye Pletcher
Director of Care and Utilization Management

Trisha Thrush,
Director of SUD Services

Amanda Ittner,
Deputy Director

Leslie Thomas,
Chief Financial Officer

Joseph P. Sedlock,
Chief Executive Officer

KEY ASSUMPTIONS AND KEY QUESTIONS FOR STRATEGIC PLANNING

With input from the region, Mid-State Health Network staff and leadership developed what our teams considered to be important or key assumptions and questions to address in the strategic planning process. We have provided a comprehensive list of all assumptions (see Appendix A) and narrowed this list down to what regional leadership considered the most pressing or important. These can certainly be expanded and debated but represent the best judgment of regional leadership.

KEY ASSUMPTIONS
MDHHS Priority: Children in Foster Care is a focus of MDHHS; depth of understanding roles and responsibilities and needs vary across the region and across the public behavioral health system.
MDHHS Priority: Continued effort to improve Access to services.
MDHHS Priority: Expansion of Certified Community Behavioral Health Clinics (CCBHCs) and Behavioral/Opioid/Substance Use Disorder Health Homes.
MDHHS Priority: Expanding MDHHS oversight of Prepaid Inpatient Health Plan (PIHP) managed care operations will add administrative burdens (and cost) and may complicate regional operations and delegation arrangements.
Medicaid Health Plan rebid may have significant impacts on public behavioral health services.
Conflict Free Access and Planning will likely have significant impacts on MSHN, Participating CMHSPs and providers across the region and the state and may require PIHPs to centralize certain managed care functions that are currently delegated.
There will be major, but unknown, changes in the public behavioral health system. We should be drivers of those changes and not passive.
Workforce shortages will continue to be a critical issue. Staffing shortages may cause reductions in services or closures of provider organizations (especially in the SUD provider network).

ENVIRONMENTAL SCAN FOR STRATEGIC PLANNING

With regional input, Mid-State Health Network staff and leadership developed what they considered to be important environmental scan observations. These are arranged by strengths and weaknesses (internal-looking), threats and opportunities (external-looking). These can certainly be expanded and debated but represent the best judgment and point of view of MSHN staff and leadership. Please see Appendix B for a complete list of all noted strengths. Please see Appendix C for a complete list of all noted weaknesses.

STRENGTHS
Focus on doing the right thing(s) for consumers is central to all MSHN and CMHSP Participant operations. The region is a strong advocate for consumers.
MSHN provides excellent support, resources, and technical assistance to our SUD provider network, as evidenced by affirming feedback from many providers who contract with multiple PIHPs.
Great employee retention rate; onboarding process and HR policies/procedures are well-defined
Transparency in operations (both internal and with provider network); many opportunities for employees and stakeholders to provide input into processes that directly affect them.
Strong communication both internally and externally.
MSHN is viewed as a strong leader in the State for many different initiatives and areas of expertise. Strong collaboration with MDHHS.

STRENGTHS
Dedicated, committed, high-performing, and efficient staff.
High level of cohesion and collaboration with and among regional CMHSP participants and MSHN.
Financial strength of the organization and financial leadership at the PIHP level. MSHN and CMHSPs are committed to the fiscal health of the region and holding one another accountable.
MSHN anticipates and prepares for changes in the system.
Good diversity of thought influenced by diverse backgrounds.
Strong and effective regional Board of Directors.
Strong and effective regional councils and committees.

Please see Appendix B for a complete list of all noted strengths.

WEAKNESSES
Decentralized access for SUD services has led to individuals receiving wrong services/incorrect level of care. Provider feedback that access process is duplicative and inefficient.
Lengthy process for needed changes to be decided and implemented.
No local funds at PIHP level.
Departments can become siloed creating communication and collaboration issues.
Large number of performance measures being implemented and monitored that are not outcome focused but rather focused on process and compliance.
Lack of standardization and centralization among the region's providers.
Implementation of new standards is not always coordinated among all the involved staff/departments leading to inefficiencies and at times duplication of work/efforts.
Lack of diversity in MSHN staff and in MSHN's provider networks.
Interdepartmental communication is sometimes problematic and complicated leading to some providers "answer shopping."
Effect of Conflict Free Access and Planning on systems of care-CMHSP and SUD.

Please see Appendix C for a complete list of all noted weaknesses.

OPPORTUNITIES
While also a threat, Conflict-Free Access and Planning requirements may present many opportunities to improve our services and their management. This will also have redesign implications for SUD access.
Better marketing/messaging strategies about the success and strength of the public mental health system (particularly PIHPs) to combat prevalent narratives in mainstream media – be proactive; not just reactive.
Education for public and provider systems about roles/responsibilities of PIHP vs Medicaid Health Plans; most Medicaid enrollees, stakeholders, and general public don't understand the role of the PIHP and specialization.
Opioid Settlement Funds present many opportunities to improve and expand services for residents of the state struggling with opioid addiction.
Continued expansion of integrated health initiatives [Behavior Health Homes (BHH), CCBHC, Opioid Health Homes (OHH), SUD Health Homes, etc.]. Expansion in both sites and number of individuals enrolled.
MSHN should explore more Value Based Purchasing (VBP) opportunities that incentivize improving outcomes and/or quality of care.

OPPORTUNITIES
A regionally operated crisis continuum (crisis residential, crisis stabilization, psychiatric residential treatment facilities, etc.) can be value added for the region.
PIHP-level, regional recruitment efforts to address workforce shortages across the region.
Propose new initiatives and partnerships to address state priorities with children services, foster care, crisis services, and other areas where need is acute.
Focus on underprivileged communities.
Consistent, ongoing plan for SUD services in rural communities.
Ensure coordination with counties and state regarding opioid settlement funds.
Develop SUD County plans that are replicable for other counties to implement.
Review Medicaid requirements and PIHP requirements to reduce, where possible, nonvalue added functions.

Please see Appendix D for a complete list of all noted opportunities.

THREATS
New/Ongoing legislative proposals to integrate behavioral health and physical health. System redesign and ever-changing political environment.
Health plan rebid may cause significant public behavioral health systems changes.
Conflict Free Access and Planning models could fundamentally change how the public mental health system operates, can increase complexity for beneficiaries, and alter regional dynamics and arrangements.
End of COVID-19 Medicaid continuous enrollment could negatively affect financial resources.
Statewide behavioral health workforce shortages continue to stretch all provider systems (SUD Service Provider and CMHSP) to breaking point despite best efforts toward recruitment and retention.
Continued discussion for use of specialty needs plans.
Community resistance/pushback with things like: harm reduction; Diversity, Equity, Inclusion (DEI) efforts; Medication Assisted Treatment (MAT); etc.
Reduced Block Grant revenue
Administrative Workloads increasing – more so regarding clinical documentation/paperwork requirements.
Value Based Purchasing arrangements lack consideration for willingness/stages of change for beneficiaries and level of recidivism.

Please see Appendix E for a complete list of all noted threats.

STRATEGIC GOALS:

Reminder that Strategic Goals are board approved. Strategic Objectives are management developed prerogatives about which the board advises.

The following represents the proposed MSHN Strategic Priorities, Strategic Goals, Tasks/Activities, and Responsible Leads and Champions for Fiscal Years 2024 and 2025.

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BETTER HEALTH

MSHN will improve its population health and integrated care activities.				Deputy Director (DD)	
	MSHN will explore initiatives to address social determinants of health that contribute to undesirable health outcomes for persons served.	Director of Utilization and Care Management (DUCM)	MSHN will explore the use of geographic information systems in order to better understand neighborhood-level characteristics and areas of need.	Deputy Director	11/01/23
			MSHN will work with its partner CMHSPs to develop a standardized process for collecting and sharing data related to social determinants of health including the use of SDOH z-codes on service encounters.	Director of Utilization and Care Management/ CIO	12/01/23
			MSHN will explore opportunities to address existing transportation barriers for SUD and behavioral health services including policy recommendations and advocacy with MDHHS for non-emergency behavioral health transportation.	Director of Utilization and Care Management	06/30/24
			MSHN will identify specific strategies to improve SDOH within the population served.	Director of Utilization and Care Management	03/01/24
MSHN will improve behavioral health services and supports, inclusive of all populations served and will develop and implement behavioral health and opioid health homes and other regional strategies to impact opioid and other substance use disorders.				Deputy Director	
	MSHN will work with regional CMHSPs, other PIHPs, and MDHHS, to improve access to specialty behavioral health services for children and youth involved in the child welfare system	Chief Behavioral Health Officer (CBHO)	MSHN will engage with MDHHS and regional partners to clarify issues related to service delivery to children/youth and families, especially those involved with the Child Welfare System.	Deputy Director	10/01/23
			Examine wrap-around services for children exposed to trauma; support for children's navigators with children/youth and families with complex care needs, especially those in the child welfare system.	Chief Behavioral Heath Officer	01/01/24
			MSHN will engage with MDHHS and regional partners to improve access to behavioral health services for children/youth, especially those involved with the Child Welfare System.	Deputy Director	10/01/23
			MSHN will develop standardized reporting process for children/youth involved in the Child Welfare System.	Chief Information Officer	12/01/23
			MSHN will review key data point and develop key performance indicators to track improvements in outcomes for children/youth involved in the child welfare system.	Chief Behavioral Heath Officer	02/01/24
	MSHN will expand availability and implementation of opioid health homes, SUD health homes, behavioral health homes, certified community behavioral health clinics, and other integrated health programming.	Deputy Director	MSHN will report on quality measures related to all health homes and other integrated health programming, working with HH's to improve performance where needed.	Director of Utilization and Care Management	10/01/23
			MSHN will develop a selection process to ensure consistent application and acceptance of new health home partners (OHH and BHH)	Director of Utilization and Care Management	10/01/23
			MSHN will assess readiness for implementation of SUD Health Homes in the region.	Deputy Director	12/01/24
			MSHN will work with its partner CMHSPs to assess readiness for implementation of Certified Community Behavioral Health Clinics (CCBHC)	Director of Utilization and Care Management	08/01/24
			MSHN will develop an annual review process to monitor behavioral health homes within the region ensuring they meet all the requirements identified by the MDHHS and SAMHSA.	Director of Utilization and Care Management	03/01/24
			MSHN will develop an action plan based on the results of the readiness assessment of SUD Health Homes in the region; to include policy guidance, application and selection of SUD Health Home provider.	Director of Utilization and Care Management	03/01/24
			MSHN will select a SUD Health Home provider in region to begin services in FY25	Director of Utilization and Care Management	08/01/24
	MSHN will identify regional strategies for the prevention and treatment of substance use disorders, community recovery, and harm reduction to reduce overdose death, including identifying and addressing health disparities in this area.	Chief Clinical Officer	MSHN will monitor its Provider Network to ensure Evidence Based Practices are included in substance use disorder prevention, treatment and recovery programs as part of the site review process.	Director, SUD Operations	09/30/25
			MSHN prevention team will work with community partners to increase access to substance use disorder services/resources for older adults (55+).	Prevention Lead	09/30/25
			MSHN will support access to harm reduction supplies and programs like Narcan, fentanyl test strips, and syringe service programs including but not limited to Narcan vending machines.	Treatment Specialist, Lead for Harm Reduction	09/30/25
			MSHN will work to increase access to re-entry services and will work with contracted providers to expand access to services within incarcerated settings.	Director, SUD Operations	09/30/25
			MSHN will work on increasing awareness and reducing health disparities rooted in both systemic barriers to access and quality care and community attitudes and stigma that creates mistrust of SUD services, best practices like Medication-Assisted Treatment and Harm reduction.	Chief Clinical Officer	09/30/25
MSHN will lead local and statewide key initiatives, including complex care management, population health, and physical health integration at the point of service so that health equity and health outcomes are improved for all beneficiaries.				Deputy Director	
	MSHN will support care coordination and complex care management for all consumers within the region with a focus on achieving health equity for underserved or traditionally marginalized populations.	Deputy Director	MSHN will develop a risk stratification to support care coordination and complex care management (CCM) based on identified health equity analysis.	Deputy Director	12/01/23
			MSHN will develop care plans and a process to document follow up to support care coordination and complex care management based on identified health equity analysis.	Director of Utilization and Care Management	03/01/24
			MSHN will develop key performance metrics to monitor CCM.	Deputy Director	06/01/24
			MSHN will develop initiatives to address key performance metrics related to health equity within the region	Director of Utilization and Care Management	10/01/24
	MSHN will review the region's Population Health via standardized, nationally recognized metrics, to update (replace, remove or add) the region's process and outcome strategies to improve access to care and overall health.	Director of Utilization and Care Management	MSHN will increase regional use of information technology data systems to support population health management.	Director of Utilization and Care Management / Chief Information Officer	10/01/24
			MSHN will pursue e-consent management opportunities to improve care coordination between behavioral health, physical health, and SUD systems of care.	Director of Utilization and Care Management / Chief Information Officer	10/01/24

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BETTER CARE

MSHN will improve access to services and supports across the region.				Deputy Director	
	MSHN ensures a consistent service array (benefit) across the region and improves access to specialty behavioral health and substance use disorder services in the region.	Chief Behavioral Health Officer (CBHO)	MSHN will review and address need for increasing access to children's services, including acute care.	HCBS Administrator (Youth)	01/01/24
			MSHN will participate in PRTF discussions through MDHHS planning workgroup as appropriate.	CBHO	01/01/24
			MSHN will review and determine capacity needs for ABA services and work with region and providers.	HCBS Administrator (Youth)	10/01/23
			MSHN will develop tracking system for Total Number of enrollees who have asked for a service but who weren't able to be served from 10/1/2022 - current (NAA Report)	Utilization Administrator/Customer Service Manager	10/01/23
	MSHN takes actions to improve access to psychiatric inpatient care, reduce denials and improve emergency and crisis support continuum of care available in the region and across the State.	Chief Behavioral Health Officer	MSHN will review, report, and increase use of *CRM/OPEN Beds*	CBHO/DUCM	10/01/24
			MSHN will open the regionally-operated crisis residential unit, develop monitoring system, and quality reviews.	CBHO	10/01/23
			MSHN will monitor mobile crisis response (intensive crisis stabilization services) activities, and suggest process and outcomes metrics.	CBHO/HCBS Administrator (Youth)	01/01/24
			MSHN will work with MDHHS to implement relevant process and outcomes measures for MiCAL.	CBHO	12/01/23
			MSHN will monitor the number of emergency room visits and the time spent in emergency room for substance use in the Jackson community to measure the reduction of emergency room services now that the Engagement Center is open.	Treatment & Recovery Specialist	09/30/25
			MSHN will monitor the amount of project ASSERT screenings that are completed in the emergency department that result in substance use disorder and behavioral health referrals and track the percentage of referrals that attend a referred service within the MSHN network of providers.	DUCM	10/01/25
			MSHN will work with MDHHS to implement PRTF and ICTS in the region.	CBHO/HCBS Administrator (Adult)	10/01/24
			Address Inpatient Access issues and emergency department boarding.	CBHO	10/01/23
			MSHN will identify opportunities and implement enhanced care coordination initiatives for individuals with complex care needs.	CBHO/DUCM	12/01/23
	MSHN ensures expanded SAPT and CMHSP service access and utilization for Veterans and Military Families through implementation of the regional and statewide Veteran and Military Family Member strategic plan.	Director of Care and Utilization Management	Provide trainings to improve Military Cultural Competency in the provider network and reduce the stigma associated with accessing treatment services and support for behavioral health and substance use disorders.	Veteran Navigator (VN)	04/01/24
			MSHN will increase access to services for veterans by monitoring data regarding the number of veterans in MSHN's network who connect with the Veteran Navigator and developing strategies to connect veterans to services either through the VA or MSHN's BH/SUD network.	Veteran Navigator (VN)	04/01/24
			MSHN will work with its CMHSP partners to increase access to veteran navigators and veteran peer specialists in their communities.	Veteran Navigator (VN)	12/31/24
MSHN will enhance regional quality and compliance.				Deputy Director	
	MSHN will provide leadership on improving the consistency and implementation of person-centered planning, self-determination, conflict free access and planning, and independent facilitation in the region.	Chief Compliance and Quality Officer/Chief Behavioral Health Officer	PCP toolkit/training resource will be reviewed on a quarterly basis and updated as needed.	Chief Compliance and Quality Officer	10/01/24
			MSHN will provide templates, formats and/or guidelines as identified through semi-annual review by CLC and QIC.	Chief Compliance and Quality Officer	10/01/24
			MSHN will identify a plan to address the strengthening of safeguards for conflict free access and planning, as appropriate.	CBHO	10/01/24
			MSHN will work to achieve compliance with the identified conflict free access and planning model required by MDHHS.	CBHO	09/30/25
	On a regional basis, effectively engage like-minded partners in leading initiatives to address system reform objectives, especially those that improve beneficiary access to and benefit from services and to promote long-term stabilization of the public behavioral health system.	Chief Behavioral Health Officer	MSHN through its CLC, UMC, and QIC, will identify relevant system reform objectives (including what, who, by when, related metrics (if any).	CBHO	10/01/23
			MSHN will identify the group most appropriate to address system reform objectives (including what, who, by when, related metrics (if any).	CBHO	11/01/23
			MSHN will work with its partners to establish a workplan to address system reform objectives (including what, who, by when, related metrics (if any).	CBHO	01/01/24
			Promote and expand mental health first aid training and other intervention practices to strengthen regional crisis response.	CBHO	10/01/24
	Expand penetration rates in specialty populations (in particular, older adults, adolescents, and in communities experiencing health disparities and inequity).	Chief Behavioral Health Officer	MSHN will establish baseline penetration rate for its specialty populations including utilization rates of SUD and BH services.	DUCM	10/01/24
			MSHN will identify strategies to address increasing penetration rates for adolescents and older adults (including what, who, by when, related metrics (if any)).	DUCM	10/01/24
			MSHN will work with substance use disorder providers to engage community partners such as schools, senior centers, MDHHS, courts, faith-based agencies, etc. to establish a support network for adolescents and older adults in services and to build relationships to increase referrals for people who need substance use disorder services.	CCO	09/30/25
			MSHN will review and identify gaps in provision of wraparound, SEDW, and CWP services to eligible youth and increase enrollment and capacity for addressing complex care needs.	HCBS Administrator (Youth)	10/01/24
	MSHN will conduct an analysis of its SUD Access System and recommend improvements as appropriate.	Director of Utilization & Care Management	MSHN will conduct a feasibility analysis for centralizing some or all SUD Service Access, with a focus on reducing redundancy and improving the experience of the person served.	UM Administrator	04/01/24
			MSHN will conduct an equity/outcome analysis for funding provided for 24/7/365 SUD Access to regional partners and propose adjustments, if warranted, based on that analysis.	Director of Utilization & Care Management/CFO	04/01/24
			MSHN will ensure the SUD provider system has a similar level of funding for performing similar SUD Access functions as those provided by CMHSP Participants.	Director of Utilization & Care Management/CFO	04/01/24
	With its regional partners and other stakeholders, MSHN will evaluate opportunities and feasibility for increasing housing opportunities for individuals with various housing support needs and develop or fund options (if feasible) consistent with the Home and Community-Based Services final rule.	Chief Behavioral Health Officer	MSHN will research feasibility/allowability to establish and/or work with providers to increase specialized housing options within the region.	CFO / Provider Network Committee	10/01/24
			MSHN will review and utilize the Network Adequacy Assessment for addressing the identification of housing support needs in the region.	CBHO	10/01/24
			MSHN will work with PIHP partners across the state to establish a strategy to increase the availability of HCBS compliant settings.	HCBS Administrator (Adult)	10/01/24
	MSHN will have well established compliance processes that are recurring, consistent and measurable and aimed at preventing, detecting, and deterring fraud, waste and abuse.	Chief Compliance and Quality Officer	The Medicaid Event Verification site review results will be analyzed for trends of non-compliance with required standards on a quarterly basis and utilize MSHN's Compliance Committee and the Regional Compliance Committee to develop processes/education/training to promote compliance.	MEV Auditor/Chief Compliance and Quality Officer	10/01/24
			Develop a compliance webpage on MSHN's website providing current information on healthcare rules and regulations, education on current trends of non-compliance as identified through internal and external site reviews and identification of trainings on compliance related activities. The webpage will be updated as new information is available.	Chief Compliance and Quality Officer	06/01/24
			Identify trends of non-compliant activities as reported on the Office of Inspector General quarterly activity report and utilize MSHN's Compliance Committee and the Regional Compliance Committee to develop processes/education/training to promote compliance.	Chief Compliance and Quality Officer	06/01/24
			Complete a compliance risk assessment for MSHN.	Chief Compliance and Quality Officer	12/01/23

MSHN
Mid-State Health Network

BETTER VALUE

Public Resources are used efficiently and effectively.				Chief Financial Officer	
	MSHN will maximize funding to participating organizations in regional integrated health initiatives (CCBHC, OHH, BHH, SUD-HH)	Chief Financial Officer	MSHN will ensure MDHHS mandated rates are provided to Integrated Health Partners in addition to monitoring fiscal impacts and risk to the region as a whole	Chief Financial Officer	01/01/24
			MSHN will ensure sufficient internal capacity to carry out integrated health initiatives.	Chief Executive Officer	09/30/25
			MSHN will take steps to ensure it has funds available to cover disallowances by MDHHS of health home participation so that recoveries from providers are avoided.	Chief Executive Officer; Chief Financial Officer	06/01/24
	MSHN will participate in the State's development of various monitoring and reporting processes to ensure continual input and outcomes that are supportive to the MSHN region	Chief Financial Officer	MSHN will ensure through the work of its regional Finance Council each CMHSP implements all MDHHS fiscal guidelines. Finance Council will engage in monthly discussions and problem solving to ensure standardization and consistency.	Chief Financial Officer	Ongoing
			MSHN's Fiscal Officers will ensure MDHHS feedback regarding State changes are addressed and corrected in a timely manner.	Chief Financial Officer	Ongoing
Regional public policy leadership supports improved health outcomes and system stability.				Chief Executive Officer	09/30/23
	MSHN continues to evaluate the feasibility and appropriateness of pursuing NCQA (or other) accreditation in light of system redesign initiatives, potential for partnerships in the future and the potential for long-term value added to the region.	Deputy Director	MSHN will assess new design initiatives for application/appropriateness of accreditation of the PIHP.	Deputy Director	10/01/23
			MSHN will assess long-term planning and readiness for accreditation.	Deputy Director	10/01/24
	MSHN will ensure consistent, standardized, and cost-effective operations and will position the region for continued success regardless of payer structure – MDHHS processes for standardized cost allocation and independent rate models once promulgated will be followed to promote regional consistency.	Chief Financial Officer	MSHN will ensure through the work of its regional Finance Council each CMHSP implements all MDHHS fiscal guidelines. Finance Council will engage in monthly discussions and problem solving to ensure standardization and consistency.	Chief Financial Officer	Ongoing
			MSHN and its Regional Finance Council will monitor budget trends to evaluate cost-effectiveness.	Chief Financial Officer	Ongoing
	MSHN will advocate for public policies, statutes and financing necessary to advance beneficiary health outcomes improvements that demonstrate good stewardship of public resources and partnership with persons served and their advocates.	Chief Executive Officer	MSHN will participate in MDHHS and State Government meetings as necessary to ensure structured advocacy occurs for Behavioral Health and Substance Use Disorder persons served.	Chief Executive Officer; Deputy Director	Ongoing
			MSHN will engage with providers to develop strategies to improve outcomes for persons served. The success of this task will require cross functional department efforts.	Deputy Director; Chief Financial Officer	10/01/25
	MSHN will explore opportunities to develop and/or partner with other PIHPs, other organizations, CMHSP Participants, SUD Providers to integrate public behavioral health services into any proposed Dual Special Needs Plan (D-SNP) or other Special Needs Plans that may evolve, including proposed Highly Integrated Dual Eligible Special Needs Plans (HIDE-SNP)	Chief Executive Officer	MSHN will monitor the development of Special Needs Plans by MDHHS and initiate internal planning when warranted	Chief Executive Officer	10/01/25
			MSHN will monitor the developments associated with the Medicaid Health Plan rebid and initiate internal planning when warranted.	Chief Executive Officer	10/01/25
			MSHN will monitor developments associated with Conflict Free Access and Planning and initiate internal planning when warranted.	Chief Executive Officer	01/01/25
	Ensure coordination with counties and the State regarding opioid settlement funds to prevent duplication and ensure effective/efficient use of resources.	Chief Clinical Officer	MSHN will collaborate with external partners like MDHHS, MAC, the Opioid Advisory Commission and the Opioid Task Force's Racial Equity Workgroup to inform application and utilization of opioid settlement funds in the region.	Chief Clinical Officer	09/30/25
			MSHN will work with all of the PIHPs' regional SUD Directors on staying informed and, where possible, on implementation of opioid settlement funding initiatives around the state.	Chief Clinical Officer	09/30/25
			MSHN will work with regional partners who are recipients of opioid settlement dollars to ensure application of evidence-based best practices.	Director of SUD Operations	09/30/25
	MSHN will review Medicaid, contractual, and PIHP requirements on its network and will reduce redundancy and administrative burden and/or non-value-added requirements on the CMHSP and SUD provider systems wherever appropriate.	Deputy Director	Consider reducing number of MEV reviews/year and or expanding reviews from two-year cycle to three (or more) year cycle.	Compliance Administrator	10/01/23
			Review monitoring tools to improve efficiencies and reduce duplication.	Compliance Administrator	10/01/24
			Implement and use of CRM for organizational credentialing and individual credentialing; reducing MSHN paperwork required of provider	Compliance Administrator	01/01/24
			Review and revise where allowable the site review schedule to reduce burden on the provider network.	Compliance Administrator	10/01/24
			Analyze new methods to monitor provider compliance and performance placing less burden on the provider network.	Compliance Administrator	06/01/24
	MSHN will expand value-based purchasing and financing systems and will develop financing structures to incentivize performance based on adopted outcomes measures.	Chief Financial Officer	MSHN will expand its Value Based purchasing efforts mutually agreeable outcomes and measures are developed with providers.	Deputy Director; Chief Financial Officer	06/01/25
			MSHN will evaluate, at least annually, existing Value Based purchasing agreements to determine efficacy and identify updates to improve persons served outcomes or better service value. BOARD INPUT: conduct board development on value based purchasing	Deputy Director; Chief Financial Officer	09/30/25
			MSHN will secure the use of Consultants and Subject Matter Experts to strengthen VBP strategies.	Deputy Director; Chief Financial Officer	09/30/25
	Increase overall efficiencies and effectiveness by streamlining and standardizing business tasks and processes as appropriate.	Chief Compliance and Quality Officer	Identify capacity within REMI for building reports, data collection, and reporting.	Chief Information Officer	10/01/24
			Develop list of available reports in REMI inclusive of the purpose (what is the intended purpose, what data is included, who the intended audience is, etc.), source(s) of data, frequency data is updated, and how this will be communicated to staff.	Chief Information Officer	10/01/24
			Identify if there are similar reports that could be combined, discontinued, etc. and any needed additional reports.	Chief Information Officer	10/01/24
			Identify a centralized place to store plan of correction that is easily accessible by MSHN staff.	Chief Compliance and Quality Officer	06/01/24
			Review use of management systems to increase efficiency with completing required functions.	Quality Manager/Compliance Administrator	10/01/24
			Define internal processes that drive workflows; Develop workflows for job functions/tasks for MSHN positions, inclusive of communication lines; Identify functions to be automated for efficiency/effectiveness.	Quality Manager	10/01/24

BETTER PROVIDER SYSTEMS

MSHN ensures that it engages a provider network with adequate capacity and competency (and addresses any network adequacy deficiencies) in partnership with its CMHSP participants and providers.				Deputy Director	
	Ensure MSHN's network is adequate to meet consumer demand.	Deputy Director	Address recommendations from the Annual Network Adequacy Assessment (NAA) FY21 and the FY22 Addendum	Deputy Director	09/30/23
			Conduct Geomapping analysis including focus areas as identified by MDHHS	Deputy Director	10/30/23
			Revise and update NAA FY23 based on MDHHS template	Deputy Director	12/01/23
			Develop recommendations to increase provider capacity to address gaps	Deputy Director	03/01/24
			Work with CMHSPs to increase regional crisis services continuum providers	Deputy Director	04/01/24
	Ensure MSHN's network is competent to provide quality services with positive outcomes for individuals served.	Deputy Director	Review quarterly/annual QAPI summary results and develop training based on low performing areas.	Director of SUD Operations	03/01/24
			Review quarterly/annual QAPI summary results and develop performance incentives based on low performing areas.	Deputy Director	03/01/24
			MSHN will conduct an assessment of Certified Clinical Supervisor (CCS) capacity within the region for licensed SUD treatment programs.	UM Administrator	03/01/24
			MSHN will request feedback through the SUD Providers to develop a workplan to increase CCS capacity and competency within the region.	UM Administrator	06/01/24
			MSHN will identify and share with the region any best practices associated with improving beneficiary's access to necessary services and supports.	CBHO	01/01/24
			MSHN will survey the provider network for cultural competence that could improve penetration and engagement in populations that are historically underserved.	Chief Clinical Officer	09/30/25
	MSHN will advocate for public policies that promote an adequately compensated, safe, effective and well-trained workforce.	Chief Executive Officer	Continue advocacy around conflict free access and planning consistent with MSHN Board adopted resolution	CBHO, Deputy Director, Chief Executive Officer	01/01/25
			Advocate for long-term funding and other supports to reduce turnover, improve retention and ability to attract new workers into the regional workforce.	Chief Financial Officer; Chief Executive Officer	09/30/26
			Continue advocacy and effort to improve MDHNS workforce support initiatives, including administrative effort reductions, compensation, and other incentives, especially focused on the SUD workforce.	Chief Executive Officer	09/30/2026.
	MSHN will actively engage MDHHS and other stakeholders in planning efforts relating to conflict free access and planning so that least disruptive models that work best in the region and for the region's beneficiaries are advocated for.	Chief Behavioral Health Officer	Once a model for conflict free access and planning is adopted by MDHHS, MSHN will develop and submit an implementation plan to MDHHS.	CBHO	10/01/24
			MSHN will effectively utilize the appropriate regional councils and committees to implement the adopted conflict free access and planning model.	CBHO	09/30/25
			Board will develop a resolution opposing current models (as of 05/2023) for Conflict Free Access and Planning while supporting strengthening of existing procedural safeguards with CFAP.	CEO	05/31/23
	Increase community connections through coalitions, prevention and community events to motivate, connect, and encourage engagement of providers and beneficiaries (on an in-person basis).	Chief Clinical Officer	MSHN will continue supporting community coalitions with funding for county-specific SUD prevention and recovery activities as deemed appropriate by the coalitions based on community need(s).	Prevention Specialist Lead	09/30/24
			MSHN will engage in community level town hall/focus group activities to ensure input is received from communities across the region on perceived and real barriers to access and to care.	Chief Clinical Officer	09/30/24
			MSHN will continue to hold regional (NW, South and East) ROSC meetings to encourage connections and engagement in prevention and recovery activities.	Treatment & Recovery Specialist	09/30/25
	Provider systems are fragile and stressed due to the magnitude and frequency of change. Invest in improving change management systems at MSHN and across the region.	Deputy Director	Review provider communication systems to ensure effective and valuable	Deputy Director	08/01/24
			Research change management system applications for use in areas such as contracts, policies, MDHHS guidance, etc.	Chief Information Officer	08/01/24
			Conduct analysis of feasibility, use of and return on investment related to a change management system	Deputy Director	12/01/24
	To the extent required under or necessary to fulfill its contractual obligations, MSHN will ensure adequate internal capacity to accomplish its responsibilities effectively and efficiently.	Deputy Director	MSHN will ensure sufficient internal resources by evaluating current requirements/new requirements and external network capacity, including any newly proposed system redesign, changes with conflict free case management, etc.	Deputy Director	06/01/24
			MSHN will monitor increased provider participation in health homes to ensure sufficient internal capacity for all departments (quality, IT, clinical, finance, etc.)	Deputy Director	06/01/24

BETTER EQUITY					
MSHN and its regional provider and CMHSP partners ensure all persons have the same opportunities to be healthy, especially those who belong to socially disadvantaged or historically marginalized groups (health equity).				Director of Utilization and Care Management	
	MSHN will increase access to health services for historically marginalized groups and implement actions intended to reduce/eliminate disparities in service access and engagement	Director of Utilization and Care Management	MSHN will monitor key performance indicator data related to service access and engagement to identify where disparities exist	Director of Utilization and Care Management/Quality Manager	10/01/24
			MSHN will obtain input from the affected populations around barriers to engaging in treatment and effective outreach strategies.	Director of Utilization and Care Management/CCO	10/01/24
	MSHN will develop and implement initiatives around outreach and engagement to underserved individuals & communities.	Chief Clinical Officer	MSHN will apply lessons learned from the FY23 Spring Lecture series, networking with local and national experts, and consultation with community stakeholders to develop strategies to improve engagement in targeted communities.	Chief Clinical Officer	01/31/24
			MSHN will work with community-level leaders, influencers and stakeholders to create townhall focus groups to inform efforts in reducing stigma and improving engagement in underserved communities.	Chief Clinical Officer	01/31/24
			MSHN will facilitate community outreach efforts and will provide linkages between community leaders and Learning Collaborative pilot members, so action planning is informed by community input and engagement.	Chief Clinical Officer	12/31/23
	MSHN will utilize population health data to identify and reduce health outcome disparities that exist in the region.	Director of Utilization and Care Management	MSHN will ensure adequate data is collected about persons served, their health status and needs, social determinants of health (SDOH), and other impactful variables in order to better focus interventions.	Director of Utilization and Care Management/CIO	12/31/23
			MSHN will conduct a thorough assessment of existing data points that are already collected in order to reduce potential duplication and identify information that is missing.	Director of Utilization and Care Management/CIO	12/31/23
			MSHN will use predictive modeling and/or risk stratifications to identify at-risk groups and individuals in order to offer targeted prevention and intervention.	Integrated Health Coordinators	10/01/24
	MSHN will ensure there is a process to operationalize and implement diversity, equity, and inclusion within MSHN's regional infrastructure in all aspects of organizational responsibility and operations.	Chief Clinical Officer	MSHN will use lessons learned from Equity Upstream Learning Collaborative to generalize action steps to reduce health disparities in persons served by MSHN's provider networks.	Chief Clinical Officer	09/30/25
			MSHN will utilize its internal IDEA workgroup as well as its REACH external workgroup to inform policies, operations and system improvement.	Chief Clinical Officer	09/30/24
			MSHN's internal workgroup of employees (IDEA) and external workgroup of persons with lived experiences (REACH) are empowered to make broad recommendations for improvement in MSHN operations, policies and processes, and will be utilized to ensure effective and inclusive internal and external processes for improving diversity, equity, inclusion, and accessibility.	Chief Clinical Officer	09/30/25

This concludes the MSHN Strategic Plan for FY 2024/2025.

The following pages include supplemental information that may be of interest to some readers.

Appendix A: Complete List of All Key Assumptions

This appendix lists all input received in the strategic planning process and does not necessarily reflect the views of Mid-State Health Network Pre-Paid Inpatient Health Plan

MDHHS Priority: Children in Foster Care is a focus of MDHHS; depth of understanding roles and responsibilities and needs vary across the region and across the public behavioral health system.
MDHHS Priority: Continued effort to improve Access to services.
MDHHS Priority: Expansion of Certified Community Behavioral Health Clinics (CCBHCs) and Behavioral/Opioid/Substance Use Disorder Health Homes.
MDHHS Priority: Expanding MDHHS oversight of PIHP managed care operations will add administrative burdens (and cost) and may complicate regional operations and delegation arrangements.
Medicaid Health Plan rebid may have significant impacts on public behavioral health services.
Conflict Free Access and Planning will likely have significant impacts on MSHN, Participating CMHSPs and providers across the region and the state and may require PIHPs to centralize certain managed care functions that are currently delegated.
Continued review of Specialty Needs Plans (SNPs) legislative and executive branch.
There will be major, but unknown, changes in the public behavioral health system. We should be drivers of those changes and not passive.
Politicization of health equity issues will result in pushback from some stakeholders.
Workforce shortages will continue to be a critical issue. Staffing shortages may cause reductions in services or closures of provider organizations (especially in the SUD provider network).
Some form of direct care worker wage supports will continue and/or increase.
Access to local/community psychiatric inpatient care and state hospital care will continue to be a challenge and will continue to pressure demand for crisis residential and crisis stabilization services.
Psychiatric Residential Treatment Facilities are likely to be approved by Centers for Medicare & Medicaid Services (CMS) for Michigan.
Child and Adolescent Needs and Strengths (CANS) assessment tool will be required statewide in FY24-25. There will also be significant effort at implementing a replacement for the Supports Intensity Scale (SIS).
There will likely be increased pressures to use value-based arrangements, including incentives for achieving certain person-centered outcomes.
Medicaid Enrollment will likely decline causing decreased revenue impacts.
MDHHS to continue to increase monitoring and oversight (CMS requirements) without thoughtful implementation leading to duplication of reporting/monitoring and inconsistencies with what is reported statewide.
Delegated Managed Care reviewing is a good way to monitor compliance.
Our system as we know it is on the brink of change.
Our public behavioral health system is motivated to do the right thing.
The State knows better than the PIHPs on what the system needs to be better.
Higher emphasis on timely access to services.
Need to advocate for a reduced administrative burden.
New Conflict-Free Access and Planning (CFAP) requirements from MDHHS are likely to result in significant changes to the way CMHSPs currently operate and may require PIHPs to centralize certain managed care functions that are currently delegated.
Higher emphasis on timely access to services.
Lack of availability of services and providers for those who are stepping down services - such as leaving hospitalization – this affects conflict free requirements as well.
Clients are struggling and the system is not providing the overall support needed.
Look at credentials being required for services – this limits those who are available for support in an environment lacking provider capacity.

Appendix A: Complete List of All Key Assumptions
This appendix lists all input received in the strategic planning process and does not necessarily reflect the views of Mid-State Health Network Pre-Paid Inpatient Health Plan
In addition to psychiatric inpatient care, access to residential / specialized residential care is limited, especially for persons with greater behavioral needs and/or medical acuity.
CCBHC Integration – opportunities for further expansion.
The ending of the Public Health Emergency will impact Medicaid enrollment.
MDHHS Comprehensive Quality Strategy will impact the PIHPs through standardization of Medicaid Programs in Michigan.
The CMHSP system will continue to face pressure to address placement solutions for children.
Money that the legislature has allotted to the education system to provide mental health services has diluted CMHSPs ability to provide treatment and has also resulted in CMHSP staffing loss/migration to the schools.
Less focus on medical necessity is putting pressure on the CMHSP system to provide care to those individuals who do not meet medical necessity.
Home and Community Based Services (HCBS) Rule and Licensing and Regulatory Affairs (LARA) continue to be in opposition in many areas, creating conflict in policy implementation.

Appendix B: Complete List of All Noted Strengths

This appendix lists all input received in the strategic planning process and does not necessarily reflect the views of Mid-State Health Network Pre-Paid Inpatient Health Plan

Focus on doing the right thing(s) for consumers is central to all MSHN and CMHSP Participant operations. The region is a strong advocate for consumers.
MSHN provides excellent support, resources, and technical assistance to our SUD provider network, as evidenced by affirming feedback from many providers who contract with multiple PIHPs.
Great employee retention rate; onboarding process and HR policies/procedures are well-defined
Transparency in operations (both internal and with provider network); many opportunities for employees and stakeholders to provide input into processes that directly affect them.
MSHN is viewed as a strong leader in the State for many different initiatives and areas of expertise. Strong collaboration with MDHHS.
Dedicated, committed, high-performing, and efficient staff.
High level of cohesion and collaboration with and among regional CMHSP participants and MSHN.
Financial strength of the organization and financial leadership at the PIHP level. MSHN and CMHSPs are committed to the fiscal health of the region and holding one another accountable.
MSHN anticipates and prepares for changes in the system.
Good diversity of thought influenced by diverse backgrounds.
Strong and effective regional Board of Directors
Strong and effective regional councils and committees
Longevity at MSHN of subject matter experts helps organizational progress and development.
Organizational adaptability maximizes efficiency and functionality (e.g., restructuring to include administrator role).
Regional provider oversight is strong and directly applied.
Innovation is a key value and MSHN's staff are committed to developing innovative ways of service delivery with SUD providers.
Strong customer service system involving different roles/departments.
Customer Service: Our Providers are our priority. MSHN staff accommodates the providers in many ways.
Timeliness/Turnaround: The execution of tasks given at a state level are fast and executed properly.
The Value of MSHN employees: MSHN provides a very inclusive environment for staff.
Financially strong
MSHN's staff are committed to developing innovative ways of service delivery with SUD providers.
MSHN and CMHSPs are committed to the fiscal health of the region and holding one another accountable.
MSHN has a great reputation with MDHHS in various areas.
MSHN makes the network and consumers aware of what is happening in the political climate.
Delegation Model allows CMHSPs to provide services to meet their local needs while being in compliance with established standards.
Soliciting feedback from CMHSPs
Providing information, good communication, communicating changes, and involving CMHSP staff in changes.
Access to content experts for assistance.
Project management and meeting required timelines.
MSHN holds the CMHSPs accountable for ensuring CMHSPs are compliant with contract requirements/changes.
MSHN staff are sensitive to the struggles of service(s) delivery experienced by the CMHSPs.
MSHN staff are approachable and are available to answer questions.
Providing high-quality care to those we serve.
Access for persons served to communicate with CMHSP leaders.
Our consistent Information Technology (IT) group collaboration.
Ability to identify opportunities and threats as they come up.
We have the right people getting together on a regular basis, getting to know each other so when difficult discussions are needed, we are familiar with each others tendencies.
Ability to read data and glean interpretations correctly and to redirect when it is interpreted incorrectly.

Appendix B: Complete List of All Noted Strengths
This appendix lists all input received in the strategic planning process and does not necessarily reflect the views of Mid-State Health Network Pre-Paid Inpatient Health Plan
Mutual respect between MSHN and CMHSP staff.
MSHN responsiveness to CMHSP (and CMHSP responsiveness to MSHN) and turnaround time is excellent.

Appendix C: Complete List of All Noted Weaknesses
This appendix lists all input received in the strategic planning process and does not necessarily reflect the views of Mid-State Health Network Pre-Paid Inpatient Health Plan
Decentralized access for SUD services has led to individuals receiving wrong services/incorrect level of care. Provider feedback that access process is duplicative and inefficient.
Lengthy process for needed changes to be decided and implemented.
No local funds at PIHP level.
Departments can become siloed creating communication and collaboration issues.
Large number of performance measures being implemented and monitored that are not outcome focused but rather focused on process and compliance.
Lack of standardization and centralization among the region's providers.
Implementation of new standards is not always coordinated among all the involved staff/departments leading to inefficiencies and at times duplication of work/efforts.
Lack of diversity in MSHN staff and in MSHN's provider networks.
Interdepartmental communication is sometimes problematic and complicated leading to some providers "answer shopping."
Effect of Conflict Free Access and Planning on systems of care-CMHSP and SUD.
MSHN Phone System is ineffective for warm transfers of consumer calls and needs replacement.
MDHHS issues rules, regulations, etc., and MSHN limited to overseeing/enforcing these, i.e., can't make "it" happen without a policy requirement.
As a top PIHP in the state, MSHN addresses initiatives thoroughly and the State looks to MSHN to assist in multiple arenas and on many initiatives. While this is great, it could lead to increased staff burnout/apathy due to involvement on multiple fronts.
Regional provider oversight is strong and directly applied-this is a positive, but it is rumored that some Applied Behavior Analysis (ABA) providers don't want to contract with CMHSPs in the MSHN region because of this.
Interdepartmental communication: This includes departments making decisions without all departments affected being notified. Some providers are aware of this because they attempt to pin one staff member against another with the assumption that they are not aware of the issue.
Communication regarding changes in processes.
Communication overall.
Lack of availability of services and providers for beneficiaries who are stepping down level of care such as leaving hospitals, etc.
Credentials/Qualifications required limit staff availability.
Need for stronger advocacy
Responsibility gets delegated to the CMHSP level – this can be challenging when CMHSPs are trying to reduce administrative staff/costs – this can be a burden for staff- challenging to available resources.
Requirements for compliance with standards has become too much of a focus – requirements and oversight continue to grow and takes away from focus on service provision.
MSHN could take over some of the standard reports versus CMHSPs completing – such as the data for grievance and appeals.
Look at reports/data that are reviewed through councils/committees – are these required- is there a benefit to the reports.
It can take a long time to come to a final decision.
Slow process
Over review of opinions
Desire to receive 95% agreement or to be perfect.
Multiple individuals are in new IT roles across our region.
The different councils within MSHN do not always seem to be on the same page. This applies to the need for common definitions and nomenclature between departments.
Finalization; report of project and results interpretation need to be published.
The Customer Service process for MDHHS when concerns come to them.
The lack of advocacy for CMHSP from MSHN.

Appendix C: Complete List of All Noted Weaknesses
This appendix lists all input received in the strategic planning process and does not necessarily reflect the views of Mid-State Health Network Pre-Paid Inpatient Health Plan
CMHSPs can feel like they are doing things wrong.
Workforce shortages

Appendix D: Complete List of All Noted Opportunities
This appendix lists all input received in the strategic planning process and does not necessarily reflect the views of Mid-State Health Network Pre-Paid Inpatient Health Plan
While also a threat, Conflict-Free Access and Planning requirements may present many opportunities to improve our services and their management. This will also have redesign implications for SUD access.
Better marketing/messaging strategies about the success and strength of the public mental health system (particularly PIHPs) to combat prevalent narratives in mainstream media – be proactive; not just reactive.
Education for public and provider systems about roles/responsibilities of PIHP vs Medicaid Health Plans; most Medicaid enrollees, stakeholders, and general public don't understand the role of the PIHP and specialization.
Opioid Settlement Funds present many opportunities to improve and expand services for residents of the state struggling with opioid addiction.
Continued expansion of integrated health initiatives (BHH, CCBHC, OHH, SUD Health Homes, etc.). Expansion in both sites and number of individuals enrolled.
MSHN should explore more Value Based Purchasing (VBP) opportunities that incentivize improving outcomes and/or quality of care.
A regionally operated crisis continuum (crisis residential, crisis stabilization, psychiatric residential treatment facilities, etc.) can be value added for the region.
PIHP-level, regional recruitment efforts to address workforce shortages across the region.
Propose new initiatives and partnerships to address state priorities with children services, foster care, crisis services, and other areas where need is acute.
Focus on underprivileged communities.
Consistent, ongoing plan for SUD services in rural communities.
Ensure coordination with counties and state regarding opioid settlement funds.
Develop SUD County plans that are replicable for other counties to implement.
Review Medicaid requirements and PIHP requirements to reduce, where possible, nonvalue added functions.
Consider obtaining accreditation to align with national measures better.
Develop/utilize evidence-based quality management strategies to proactively identify/address risk areas (Failure Mode Effect Analysis, Impact Analysis, etc.).
Evaluate functions that would lead to greater efficiencies if centralized.
Evaluate monitoring and oversight processes for the provider network (quality versus compliance based, effectiveness of plans of correction, etc.).
Advocacy and outreach to schools and other community providers to enhance collaboration and coordination of services.
Use MSHN's great reputation and standing to push for change (many areas). Strategize to maximize opportunity for success. Pilot successful Value Based Purchasing options in conjunction with MDHHS to use statewide.
Work with MDHHS as the primary representative for PIHPs and CMHSPs contract matters.
Expand OHH programs to generate additional local revenue for MSHN.
Changes in legislators can be an opportunity to reach out for advocacy and assistance to improve provider networks that are struggling to keep people.
Form new and strong relationships with decisions makers in Lansing.
Greater Advocacy
Social media campaign to highlight the good work happening through CMHSPs and how much better than what the health plans would provide.

Appendix D: Complete List of All Noted Opportunities
This appendix lists all input received in the strategic planning process and does not necessarily reflect the views of Mid-State Health Network Pre-Paid Inpatient Health Plan
Look at deemed status – this could lead to reduced monitoring and oversight for services/programs who are accredited and found in compliance.
Better coordination with schools, law enforcement and veterans.
The State's push for Health Homes.
Look at MSHNs site review process and increased managed care oversight by MDHHS.
Consider regional health care benefit purchasing group (HR; employee benefits).
Consideration of developing housing for individuals living with Autism, especially those who require care and supports from aging parents or other caregivers.
Improve communication and collaboration with MDHHS on new initiatives.
Changes in legislators can be an opportunity to reach out for advocacy and assistance to improve provider networks that are struggling to keep people.
Evaluate and improve the system for monitoring regional performance by evaluating current measures, including process/outcomes to ensure relevance.
Have available all regional performance measures in one location to view and identify regional process improvements.
Utilize Quality Improvement Council (QIC) as a centralized monitoring body for regional performance.
QIC to focus on areas that require improvement.
Develop a consolidated process/venue for PIHPs to collaborate on system issues, best practice, recommendations to MDHHS etc.
Increased communication from the work groups-purpose and progress.
Improve the internal monitoring process by evaluating for effectiveness, eliminating redundancies with other processes, incorporating aspects of quality and conformance versus compliance.
Explore opportunities for Electronic Medical Records (EMR) data sharing specific to SUD screenings and access; additionally, American Society of Addiction Medicine (ASAM) training opportunities for CMHSP Access Staff.
MSHN facilitate opportunities to strengthen relationships between SUD treatment providers and the local CMHSPs.

Appendix E: Complete List of All Noted Threats
This appendix lists all input received in the strategic planning process and does not necessarily reflect the views of Mid-State Health Network Pre-Paid Inpatient Health Plan
New/Ongoing legislative proposals to integrate behavioral health and physical health. System redesign and ever-changing political environment.
Health plan rebid may cause significant public behavioral health systems changes.
Conflict Free Access and Planning models could fundamentally change how the public mental health system operates, can increase complexity for beneficiaries, and alter regional dynamics and arrangements.
End of COVID-19 Medicaid continuous enrollment could negatively affect financial resources.
Statewide behavioral health workforce shortages continue to stretch all provider systems (SUDSP and CMHSP) to breaking point despite best efforts toward recruitment and retention.
Continued discussion for use of specialty needs plans.
Community resistance/pushback with things like harm reduction, DEI efforts, MAT, etc.
Reduced Block Grant revenue
Administrative Workloads increasing – more so regarding clinical documentation/paperwork requirements.
Value Based Purchasing arrangements lack consideration for willingness/stages of change for beneficiaries and level of recidivism.
Lack of communication/coordination/collaboration from MDHHS, LARA, Michigan Certification Board for Addiction Professionals (MCBAP), Michigan Association of Recovery Residences (MARR).
Lack of Medicare providers for SUD services.
Change in state leadership-need to build or rebuild relationships further complicated by confusing state reorganization.
System redesign and ever-changing political environment.
Future sustainability of current grant funded programming.
Influence of "high profile situations" (like parent who posted on YouTube about system access) and the impressions given to and thought by the general public. Also related-media influence.
Continued effect of staffing shortage.
Sustainability of grant funded programming.
Legislators focused on transferring Medicaid dollars for special populations to Medicaid health plans.
The distance created by the pandemic between CMHSPs, and individuals served, local communities, and community providers.
Increased regulatory scrutiny focused on CMHSP business practices and not considering if the mandates improve the lives of individuals served.
MDHHS departments not having consistent messaging to the behavioral health system.
Continuity of care for individuals – need to retain qualified individuals.
Lack of individuals who know how to write grants.
Education at the local level with new changes.
The State's attempts to move to a market-based model represents a threat to everyone in our system, not just IT.
Conflict Free Case management
Lack of consistency and guidance from the State and direct contradiction between technical guidelines/advisory and the federal compliance departmentation.
Lack of adequate CCBHC funding.
Lack of interdepartmental communication at the state level.
Variances of behavioral health specialty population compared to other health plans, etc. Not being considered when identifying standard expectations.
Medicaid redetermination process
Perception of public mental health services versus commercial - private systems.
MDHHS is making decisions that have no actual positive outcome for our consumers and are just administrative burdens that don't even meet the contractual obligation to CMS, in particular the Section 1915(i) of the Social Security Act-State Plan Amendment roll out.

Appendix E: Complete List of All Noted Threats
This appendix lists all input received in the strategic planning process and does not necessarily reflect the views of Mid-State Health Network Pre-Paid Inpatient Health Plan
MDHHS has different standards for different programs-Definition of "amount" i.e., Autism and Self Determination.

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Background

MSHN periodically updates its regional budget adjusting for revenue and expenditure variations throughout the fiscal year. The Fiscal Year (FY) 2023 Budget Amendment has been provided and presented for review and discussion. Please Note: MSHN's board approved the original FY 2023 budget in September 2022 and MDHHS final revenue figures were unknown at that time.

Recommended Motion:

Motion to approve the FY 2023 Budget Amendment as presented.

MSHN
Mid-State Health Network

FISCAL YEAR 2023 AMENDED BUDGET

DRAFT

	FY2023 Original Budget	FY2023 Amended Budget	FY2023 Budget Increase (Decrease)	Notes
REVENUES				
Prior Year Savings	$ 53,948,483	$ 47,302,106	$ (6,646,377)	Budget adjusted based on FY2022 financial audit and compliance examination adjustments
Medicaid Capitation SP/iSPA MH	413,321,029	432,604,391	19,283,362	Budget adjusted based on amended capitation rates and increased enrollment
Medicaid Capitation SP/iSPA SUD	14,871,832	19,608,423	4,736,591	
Medicaid Capitation HSW	107,006,878	106,320,954	(685,924)	
Healthy Michigan Plan Capitation MH	66,518,494	80,168,061	13,649,568	
Healthy Michigan Plan Capitation SUD	26,450,624	36,308,041	9,857,417	
Medicaid Autism	49,935,786	52,210,419	2,274,633	
Medicaid DHS Incentive Payment	1,777,608	1,757,910	(19,698)	Budget adjusted based on actual revenues
CCBHC Supplemental Payments	18,806,293	22,134,892	3,328,599	Budget adjusted based on estimated cost settlement
Hospital Rate Adjustor	18,110,400	16,429,952	(1,680,448)	Budget adjusted based on actual revenues
Performance Bonus Incentive Payment	5,085,785	5,454,152	368,367	
Community Grant and Other SUD Grants	15,947,361	16,998,381	1,051,020	Budget adjusted based on amended grant amounts
PA2 Liquor Tax SUD	4,506,627	4,512,432	5,805	
Local Match Contribution	2,345,532	1,550,876	(794,656)	Budget adjusted based on FY2023 local match amounts
Interest Income	20,000	1,500,000	1,480,000	Budget adjusted for increased earnings on investments
Other Grants	864,184	996,250	132,066	Budget adjusted based on amended grant amounts
Other Income	58,800	19,950	(38,850)	Budget adjusted based on termination of SIS
TOTAL REVENUE BUDGET	**$ 799,575,716**	**$ 845,877,191**	**$ 46,301,475**	
EXPENDITURES				
ADMINISTRATION:				
Salaries and Wages	$ 5,336,253	$ 4,913,936	$ (422,317)	Budget adjusted for partial year staff vacancies
Employee Benefits	1,980,550	1,716,759	(263,791)	
Other Contractual Agreements	439,350	368,799	(70,551)	Budget adjusted based on actual costs
IS Subscriptions and Maintenance	960,400	953,750	(6,650)	
Consulting Services	205,000	163,965	(41,035)	Budget adjusted based on actual costs
Conference and Training Expense	125,850	66,600	(59,250)	Budget adjusted based on actual costs
Human Resources Fees	63,600	56,400	(7,200)	Budget adjusted for staff vacancies
Mileage Reimbursement	86,875	44,419	(42,456)	Budget adjusted based on actual costs
Other Expenses	169,200	292,593	123,393	Budget adjusted based on actual costs
Building Rent Amortization	56,646	66,018	9,372	
Telephone Expense	75,780	84,960	9,180	Budget adjusted based on actual costs
Office Supplies	27,450	34,300	6,850	Budget adjusted based on actual costs
Printing Expense	57,500	54,000	(3,500)	Budget adjusted based on actual costs
Meeting Expense	34,325	25,500	(8,825)	Budget adjusted based on actual costs
Liability Insurance	36,705	32,450	(4,255)	Budget adjusted based on actual costs
Depreciation Expense	50,397	20,999	(29,398)	Budget adjusted based on disposal of mobile care unit
Audit Services	35,500	26,800	(8,700)	Budget adjusted based on actual costs
OPB and Council Per Diems	18,060	14,070	(3,990)	Budget adjusted based on meeting attendance
Dues and Memberships	6,700	6,550	(150)	
Legal Services	5,000	1,500	(3,500)	Budget adjusted based on actual costs
Equipment Rent	5,100	5,000	(100)	
Internet Services	3,000	3,150	150	
Subtotal Administration	**$ 9,779,241**	**$ 8,952,518**	**$ (826,723)**	
CMHSP and SUD EXPENSES and TAXES:				
CMHSP Participant Medicaid, including CCBHC	$ 536,268,828	597,989,685	$ 61,720,857	Budget adjusted based on FY2023 CMHSP projected expenses
CMHSP Participant Healthy Michigan Plan, including CCBHC	55,438,840	71,122,874	15,684,034	
CMHSP Participant Medicaid Autism	58,524,426	59,689,655	1,165,229	
CMHSP Participant Other	6,146,912	6,242,898	95,986	
SUD Medicaid Contracts	13,864,740	17,600,000	3,735,260	Budget adjusted based on actual year to date utilization and amended grant amounts
SUD Healthy Michigan Plan Contracts	25,725,000	29,100,000	3,375,000	
Community Grant and Other SUD Grants	15,062,361	16,106,726	1,044,365	
SUD PA2 Liquor Tax	4,506,627	4,512,432	5,805	
Hospital Rate Adjustor	18,110,400	16,429,952	(1,680,448)	Budget adjusted based on actual costs
Tax Insurance Provider Assessment	6,371,863	6,587,958	216,095	Budget adjusted based on annual assessment
Tax Local Match Contribution	2,345,532	1,550,876	(794,656)	Budget adjusted based on FY2023 local match amounts
Subtotal CMHSP and SUD Expenses and Taxes	**$ 742,365,529**	**$ 826,933,056**	**$ 84,567,527**	
TOTAL EXPENDITURE BUDGET	**$ 752,144,770**	**$ 835,885,574**	**$ 83,740,804**	
Revenue Over/(Under) Expenditures*	**$ 47,430,946**	**$ 9,991,617**	**$ (37,439,330)**	

Contribution to Internal Service Fund: $3,061,517
Savings Carried Forward to FY2024: $6,930,100

***Actual results may vary**

MSHN
Mid-State Health Network

Background

The draft original budget for Fiscal Year (FY) 2024 was developed based on the board-approved MSHN Strategic Plan and is based on input from MSHN leadership team and staff, MSHN Finance Council and the MSHN Operations Council.

The MSHN FY 2024 budget includes projected revenues of $868,414,360 and estimated expenditures of $884,512,544. Revenue projections are $16,098,184 under expenditures. In the last several Fiscal Years, MSHN's region has boasted maximum savings at the MDHHS allowed 7.5% of revenue. FY 2023 savings carried forward is $6,930,100 which is only .9% of revenue. If expenses exceed revenue at Fiscal Year-end, the PIHP will use Internal Service Funds to support operations. MSHN's revenue estimates were based on MDHHS Rate Certification documents. MSHN reduced enrollment estimates from MDHHS and Milliman based on actuarial analysis as continuous enrollment mandates were lifted beginning June 2023. PIHP Administration increased by $1,656,612 from the FY 23 Amended Budget and is 1.20% of total FY 2024 regional expenses. The PIHP projects increased responsibilities primarily in Integrated Health functions. Examples of Integrated Health include Certified Community Behavioral Health Centers (CCBHC), Opioid Health Home (OHH) and Behavioral Health Home (BHH) programs. In addition, CMHSPs submitted projected expense documentation and SUD totals are based on historical spending and trended utilization.

A public hearing on the FY 2024 budget was held on September 12, 2023.

MSHN is required to operate under a board approved budget.

Recommended Motion:

Motion to approve the FY 2024 Original Budget as presented.

MSHN
Mid-State Health Network

FISCAL YEAR 2024 ORIGINAL BUDGET

DRAFT

	FY2023 Amended Budget	FY2024 Original Budget	FY2024 Increase (Decrease) from Amended Budget	Notes
REVENUES				
Prior Year Savings	$ 47,302,106	$ 6,930,100	$ (40,372,006)	Budget based on projected FY2023 savings
Medicaid Capitation SP/iSPA MH	432,604,391	447,757,926	15,153,535	Budget based on FY2024 draft capitation rates
Medicaid Capitation SP/iSPA SUD	19,608,423	20,142,408	533,985	
Medicaid Capitation HSW	106,320,954	124,678,434	18,357,480	
Healthy Michigan Plan Capitation MH	80,168,061	52,532,134	(27,635,927)	
Healthy Michigan Plan Capitation SUD	36,308,041	27,534,504	(8,773,537)	
Medicaid Autism	52,210,419	62,485,816	10,275,397	
Medicaid DHS Incentive Payment	1,757,910	1,757,910	-	
CCBHC Supplemental Payments	22,134,892	76,975,695	54,840,803	Budget includes supplemental funding for CCBHC demonstration sites
Hospital Rate Adjustor	16,429,952	17,251,450	821,498	Budget based on potential inpatient utilization increase
Performance Bonus Incentive Payment	5,454,152	5,513,484	59,332	Budget based on percentage of projected revenues
Community Grant and Other SUD Grants	16,998,381	16,895,320	(103,061)	Budget based on DHHS allocations
PA2 Liquor Tax SUD	4,512,432	4,736,318	223,886	Budget based on OPB approved amounts
Local Match Contribution	1,550,876	1,550,876	-	Budget based on FY2023 amount; FY2024 amount not available at time of budget development
Interest Income	1,500,000	1,300,000	(200,000)	
Other Grants	996,250	371,985	(624,265)	Budget includes Veteran Navigator and Clubhouse Engagement
Other Income	19,950	-	(19,950)	
TOTAL REVENUE BUDGET	**$ 845,877,191**	**$ 868,414,360**	**$ 22,537,169**	
EXPENDITURES				
ADMINISTRATION:				
Salaries and Wages	$ 4,913,936	$ 5,947,787	$ 1,033,851	Includes additional staff related to increased PIHP responsibilities
Employee Benefits	1,716,759	2,105,489	388,730	Additional staff
Other Contractual Agreements	368,799	427,000	58,201	Includes contract costs such as, but not limited to, IT and finance support services
IS Subscriptions and Maintenance	953,750	992,000	38,250	Includes software costs such as, but not limited to, care coordination, data analytics, document sharing, managed care, Microsoft Office, parity
Consulting Services	163,965	212,800	48,835	Includes allowance for additional consulting services
Conference and Training Expense	66,600	138,550	71,950	Additional staff, in-person conferences
Human Resources Fees	56,400	63,050	6,650	Additional staff
Mileage Reimbursement	44,419	82,475	38,056	Increase in in-person activities
Other Expenses	292,593	240,000	(52,593)	
Building Rent Amortization	66,018	39,004	(27,014)	
Telephone Expense	84,960	113,400	28,440	Additional staff
Office Supplies	34,300	22,250	(12,050)	
Printing Expense	54,000	63,000	9,000	
Meeting Expense	25,500	31,825	6,325	
Liability Insurance	32,450	32,500	50	
Depreciation Expense	20,999	-	(20,999)	
Audit Services	26,800	60,000	33,200	
OPB and Council Per Diems	14,070	18,900	4,830	
Dues and Memberships	6,550	8,250	1,700	
Legal Services	1,500	5,000	3,500	
Equipment Rent	5,000	2,650	(2,350)	
Internet Services	3,150	3,200	50	
Subtotal Administration	**$ 8,952,518**	**$ 10,609,130**	**$ 1,656,612**	
Percent Administration Expenses to Total Expenses	1.07%	1.20%		

	FY2023 Amended Budget	FY2024 Original Budget	FY2024 Increase (Decrease) from Amended Budget	Notes
CMHSP and SUD EXPENSES and TAXES:				
CMHSP Participant Medicaid, including CCBHC	$ 597,989,685	$ 637,480,145	$ 39,490,460	Budget based on CMHSP FY2024 budgeted expenses
CMHSP Participant Healthy Michigan Plan, including CCBHC	71,122,874	75,126,687	4,003,813	
CMHSP Participant Medicaid Autism	59,689,655	57,436,628	(2,253,027)	
CMHSP Participant Other	6,242,898	5,716,137	(526,761)	Budget includes Performance Bonus Incentive Payments and Clubhouse Engagement grant
SUD Medicaid Contracts	17,600,000	19,749,480	2,149,480	Budget based on projected utilization and reimbursement rate increases
SUD Healthy Michigan Plan Contracts	29,100,000	32,000,000	2,900,000	
Community Grant and Other SUD Grants	16,106,726	16,051,640	(55,086)	Budget based on projected utilization, reimbursement rate increases, and utilization of other SUD grants
SUD PA2 Liquor Tax	4,512,432	4,736,318	223,886	Budget based on OPB approved amounts
Hospital Rate Adjustor	16,429,952	17,251,450	821,498	Budget based on potential inpatient utilization increase
Tax Insurance Provider Assessment	6,587,958	6,804,053	216,095	Budget based on annual assessment
Tax Local Match Contribution	1,550,876	1,550,876	-	Budget based on FY2023 amount; FY2024 amount not available at time of budget development
Subtotal CMHSP and SUD Expenses and Taxes	**$ 826,933,056**	**$ 873,903,414**	**$ 46,970,358**	
TOTAL EXPENDITURE BUDGET	**$ 835,885,574**	**$ 884,512,544**	**$ 48,626,970**	
Revenue Over/(Under) Expenditures	**$ 9,991,617**	**$ (16,098,184)**	**$ (26,089,801)**	

MSHN
Mid-State Health Network

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 & Wellness (Ionia County)

LifeWays

Montcalm Care Network

Newaygo County Mental Health Center

Saginaw County CMH

Shiawassee Health & Wellness

Tuscola Behavioral Health Systems

MEMO

To: MSHN Board Members

From: Kerin Scanlon, Nominating Committee Chairperson

Date: September 12, 2023

Subject: Slate of Officers

The Nominating Committee presents the following candidates for elected office for board consideration during the election to be held September 12, 2023. Nominations will also be taken from the floor.

Office	Candidate
Chairperson	Ed Woods
Vice-Chairperson	Irene O'Boyle
Secretary	Deb McPeek-McFadden
At Large Executive Committee Members (2 positions available)	Ken DeLaat Tina Hicks Jeanne Ladd Kurt Peasley David Griesing

REPORT OF THE MSHN CHIEF EXECUTIVE OFFICER
TO THE MSHN BOARD OF DIRECTORS
July/August 2023

Congratulations to LifeWays on their achievement of CCBHC Demonstration Certification!

PIHP/REGIONAL MATTERS

1. 24th Annual Substance Use and Co-Occurring Disorder Hybrid Conference:

The annual SUD Conference will take place in a hybrid format at the Lansing Center, 333 E. Michigan Avenue, Lansing, on Monday and Tuesday, September 11 and 12. Mid-State Health Network will sponsor attendance by any board member at this local event. MSHN will cover registration, travel, lodging (if needed), non-included meals and other costs of participation. A detailed agenda is available at this link and shows sessions available in-person and virtually. To express your interest in attending, please send a note to Sherry Kletke or to me as soon as possible.

2. MSHN Office:

As reported in my report in July, the lease on two of the four suites currently occupied by MSHN expires 09/30/23 and MSHN administration does not intend to recommend extension or renewal of those spaces. Since my last report, the Michigan Optometric Association (MOA), MSHN's landlord, has indicated that its board intends to hold MSHN to the lease for the remaining two suites (combined 2,280 square feet) which expires 09/30/2025. Since MSHN is obligated to either the value of the lease or to continue occupancy, MSHN administration will maintain occupancy and consolidate operations into the two remaining suites. No board action is required as the lease is already approved and in continuing effect.

There are still many factors to consider, including MDHHS decisions on Conflict Free Access and Planning and the Medicaid Health Plan rebid that could directly affect PIHP operations, staffing, space requirements, etc. While these matters are pending, they will be taken into account as decisions beyond our control are announced and/or implemented.

MSHN is making some furnishings available to CMHSPs and potentially other providers in the region.

As a separate note, MOA has installed an alarm system with entryway video monitoring to enhance building security.

3. Special Provider Stabilization and Support Initiatives:

MSHN has notified providers that MSHN regional provider stabilization and staffing support initiatives will not be renewed after 09/30/2023. The following message was sent:

"Mid-State Health Network (MSHN) recognizes the many difficulties, hardships, barriers, service and financial impacts our provider partners have faced, removed, and overcome since

March 2020. We are proud of every provider that has continued to serve individuals, families and communities despite health risks, staff availability reductions, and these many other impacts. MSHN is pleased to have been able to assist our regional partners with personal protective equipment and supplies, relief from some regional requirements, and tens of millions of dollars in financial relief through several provider support and stabilization initiatives our region and the MSHN Board have put in place.

With the end of the national emergency and the national public health emergency, the country is now in the final phase of the Covid-19 pandemic: the unwind phase. Many regulations that were able to be relaxed during the emergency phase will begin to be "unwound" or reverted to pre-pandemic states. Our web site will continue to be updated with these "unwind" policy changes as we become aware of them.

In the case of the MSHN region, we, too, will be terminating our pandemic-related *formal* provider support and stabilization programs.

MSHN *Formal* Initiatives Terminating: Please review the following specific information carefully.

- MSHN Parameters for Provider Support and Stabilization – this region-wide initiative was implemented in June of 2020 (retroactive to April 1, 2020) and included reimbursement for unusual Covid-19 related expenditures, revenue losses for pandemic related service utilization impacts.
  - This initiative will terminate effective 09/30/2023.
  - If providers have expenses to report that would qualify for this stabilization program, act now, before 09/30/23, using the instructions in the linked document.
- MSHN Regional Provider Staffing Crisis Stabilization Program – this region-wide initiative began March 2022 (retroactive to 10/01/2021) and was intended to support provider-identified/selected staffing crisis related expenses and innovative approaches to improving agency specific staffing retention, availability, attraction, and commitment of new hires and related initiatives.
  - This initiative will terminate effective 09/30/2023.
  - Applications will be processed up to the termination date, but funds must be used in this fiscal year (retroactive 10/01/2022).

Initiatives Continuing:

- Direct Support Professional Enhanced Compensation – funding to support the continuation of Direct Care Worker/Direct Support Professional enhanced compensation has been made a permanent part of MSHN funding by the State of Michigan. MSHN will continue the enhanced compensation initiative for as long as funding is appropriated.

It is important for MSHN to reiterate that it is terminating our ***formal*** pandemic-related support and stabilization programs. MSHN will continue attending and responding to individual provider circumstances. Since our beginning, MSHN has committed to working with our providers to solve fiscal and/or operational challenges wherever possible. We intend to continue honoring that commitment. Please communicate provider-specific circumstances and needs as your agency determines best."

4. **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.

5. **Harm Reduction Vending Machines:**

MSHN has been programmatically and financially supporting the purchase and stock for harm reduction vending machines at many locations throughout the region. Products in the vending machines are free of charge and include such items as Fentanyl test strips and the opioid overdose reversing drug Naloxone. Recently, the National Council for Mental Wellbeing published a guide for "Enhancing Harm Reduction Services in Health Departments" that is downloadable at this link.

6. **MSHN Regional Prevention Update:** (Excerpted from the Oversight Policy Board Q4 Operational Report)

- Supported distribution of $400,000 in SOR-3 (State Opioid Response) funds for SUD prevention coalition mini-grants for OEND (Opioid Overdose Education and Naloxone Distribution) and harm reduction activities and supplies
- Continuation of streaming TV commercial media campaign for problem gambling
- The MSHN region had 93 Synar (Youth Tobacco Act) compliance checks completed, with 13 sales made. This is a 13.98% Retailer Violation Rate (RVR) for our region, which is very good! The state's overall RVR needs to be under 20% in order to keep our full federal funding for SUD services. The state has not reported their overall rate at this time.
- FY23 Prevention and Community Recovery provider desk audit cycle is in progress and will wrap up in September.
- Finalized FY24 Annual Planning with providers and our internal teams
- Updated Prevention sections in contract and Provider Manual for FY24
- Research and development of an MDHHS SUD Strategic Plan for FY24-26.
- Began working with MDHHS on update to the Michigan Prevention Data System (MPDS), which is the software our providers use for activity reporting and tracking. The new system is expected to be ready for testing in FY24, and ready for full use beginning in FY25.
- Began planning annual Prevention Conference for MSHN-region Prevention and Community Recovery providers for 2024. Working with Prevention Network to host the training in 2024.
- Began planning for funding from MDHHS' Food and Drug Administration (FDA) Tobacco Section related to Tobacco Retailer Licensing education for state and local stakeholders
- Ongoing planning for grant projects and spending in FY23, including Question, Persuade, Refer (QPR) suicide prevention training, cannabis education, and gambling prevention media campaigns
- Inter-regional coordination ongoing through Prevention Coordinators around the state
- Review of prevention providers' entries into MPDS (Michigan Prevention Data System) where prevention providers log their activities, persons served, etc.
- Provision of technical assistance and training to existing providers on best practices for prevention and on how to document those in MPDS
- Attending coalition meetings across Region 5's 21 counties.
- Continued implementation of FY21-23 SUD Strategic Plan.

7. **Equity Upstream Update:** (Excerpted from the Oversight Policy Board Q4 Operational Report)

- The Equity Upstream virtual lecture series concluded on June 14th with Dr. Larke Huang from SAMHSA's Office of Behavioral Health Equity and a panel of University of Michigan experts. All four lectures are now available for viewing on MSHN's website here.
- The pilot group in MSHN's Equity Upstream Learning Collaborative (LC) includes 8 MSHN-contracted providers and includes multiple levels of care (residential, outpatient, MAT/methadone providers), recovery housing, a peer-led community recovery organization and a police dept. doing post-overdose community-based outreach. Work is ongoing as providers review data. LC members will implement plans and share outcomes for broader regional application.

8. **SUD-specific Strategic Plan:**

MDHHS requires that all PIHPs prepare and submit for MDHHS review and approval an SUD-specific strategic plan. Under the leadership of Dr. Dani Meier, Chief Clinical Officer, and Dr. Trisha Thrush, Director of SUD Services and Operations, MSHN's SUD-specific plan was reviewed by the Oversight Policy Board on August 16. The regional SUD-Specific Plan is connected to the regional strategic plan by reference to specific goals in the 'master' plan. Once the strategic plan is approved by MDHHS, we will post it to our website and provide a link for you to read it. Following are the SUD-specific strategic plan goals for each SUD services/supports areas:

- Prevention Goals
  1. Reduce underage drinking
  2. Reduce cannabis use among youth and young adults
  3. Reduce opioid prescription misuse
  4. Reduce youth tobacco and nicotine use
  5. Increase access to prevention services for adults 55+yr.
- Treatment and Harm Reduction Goals
  1. Increase access to Treatment Services:
     - Behavioral health and primary care services for persons at-risk for and with mental health and substance use disorders;
     - Access to OUD treatment and harm reduction for persons living with Opioid Use Disorders;
     - Access to treatment and re-entry treatment for criminal justice involved populations returning to communities;
     - Access to trauma responsive services;
     - Reduction in the percentage of substance exposed births/infants;
     - Access to treatment services for older adults 55 years and older.
- Recovery Goals
  1. Increase and enhance Recovery:
     - Coordination of prevention, follow-up and continuing care in the recovery process;
     - Support coordinated strategies to support recovery;
     - Access to recovery services promoting life enhancing recovery and wellness for individuals and families.

- Health Equity and Disparities Reduction Goals:
  1. Identify gaps in access to services, to quality care, and to disparate health outcomes in our region;
  2. Identify upstream factors contributing to those disparities in access to services and health outcomes;
  3. Develop and implement strategies to address disparities in a pilot for Region 5;
  4. Assess outcomes and promote successes to the broader provider network.

STATE OF MICHIGAN/STATEWIDE ACTIVITIES

9. **New Administrative Rules:**

Contributed by Amanda Ittner, MSHN Deputy Director, following is a little more detail on the administrative rules noted above. The Department of Licensing and Regulatory Affairs (LARA) - Bureau of Community and Health Systems has filed updated Substance Use Disorder Service Programs Administrative Rules on June 26, 2023, to take immediate effect. Notable changes:

- Community Change, Alternatives, Information, Training (CAIT) – meaning Prevention license is still in effect.
- Assessment [Screening and Assessment, Referral, Follow-up Services (SARF)] programs no longer require a SUD services program license.
- Medication Assisted Treatment (MAT) programs prescribing buprenorphine and naltrexone to 100 and more recipients no longer require a SUD services program license.
- Comparable requirements to federal guidelines for take-homes in OTPs.

MDHHS Substance Use, Gambling, and Epidemiology Section is creating guidance for PIHPs around replacement requirements for providers implementing prevention services.

The Administrative Code for the Department of Licensing and Regulatory Affairs can be viewed by clicking on the following link. Click Here

10. **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. Initially well below expectations, passive renewals as of the date of this report stands at about 34% (73,000 of 216,000). Those that have been determined ineligible on renewal (6,935 or about 3%), and those that have been closed for procedural reasons (5,076 or about 2%, not returning benefit renewal paperwork is one example) are lower than expected and in line with MSHN budget/revenue projections for the remainder of FY 24. Note that there are about 100,000 unresolved renewals.

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.

11. **One Year of 988**

I have included as an attachment to this report a flyer published by MDHHS celebrating the successes of 988 implementation in our state one year after kick-off. 41,000 unique Michigan residents connected over 69,000 calls that were answered at 988 Michigan. 4.5 calls per 1,000 resulted in 911 Emergency Intervention calls. Please see the attachment for additional positive results.

FEDERAL/NATIONAL ACTIVITIES

12. **SAMHSA Strategic Plan:**

The Substance Abuse and Mental Health Services Administration (SAMHSA) is pleased to announce the release of the agency's 2023-2026 Strategic Plan which emphasizes a more person-centered approach and introduces a new mission and vision, key priorities and guiding principles. The key priorities are:

- Preventing Substance Use and Overdose
- Enhancing Access to Suicide Prevention and Mental Health Services
- Promoting Resilience and Emotional Health for Children, Youth and Families
- Integrating Behavioral and Physical Health Care
- Strengthening the Behavioral Health Workforce

The Strategic Plan includes strategic goals and affiliated objectives associated with each key priority. It also integrates four guiding principles (equity, trauma-informed approaches, recovery, and a commitment to data and evidence) across all policies and programs to support SAMHSA in achieving its mission and vision.

This plan not only represents SAMHSA's thinking as an agency, but also reflects the insightful feedback we have received from our many stakeholders. We hope it informs and guides your planning as you work to develop and implement programs and policies that ensure people living with, affected by, or at risk for mental health and substance use conditions receive care, achieve wellbeing, and thrive.

13. **Mental Health and Substance Use Disorder Action Plan:**

CMS has "released the *Medicaid and CHIP Mental Health (MH) and Substance Use Disorder (SUD) Action Plan Overview and Guide* which outlines the agency's strategies for improving treatment and support for enrollees with these conditions. Areas of focus include improving coverage and integration to increase access to prevention and treatment services, encouraging engagement in care through increased availability of home and community-based services and coverage of non-traditional services and settings, and improving quality of care for MH conditions and SUDs."

14. **Fentanyl Adulterated Substance – Federal Response Plan:**

The Office of National Drug Control Policy (ONDCP) has released its *Fentanyl Adulterated or Associated with Xylazine Response Plan*. ONDCP explains that the non-opioid drug xylazine is being distributed illicitly for human use in combination with fentanyl, causing significant negative health consequences including fatal overdoses and severe morbidity. The plan outlines additional testing efforts, enhanced data collection, the development of harm reduction strategies, and actions to identify and disrupt the xylazine supply chain. In addition, ONDCP describes regulatory options to limit illicit xylazine and stresses the need for additional research into treatment and prevention approaches.

15. **Opioid Settlements Across the States:**

Kaiser Health News has published the results of research entitled *Meet the People Deciding How to Spend $50 Billion in Opioid Settlement Cash*. "As more than $50 billion makes its way to state and local governments to compensate for the opioid epidemic, people with high hopes for the money are already fighting over a little-known bureaucratic arm of the process: state councils that wield immense power over how the cash is spent.

Opioid manufacturers and distributors are paying more than $54 billion in restitution to settle lawsuits about their role in the overdose epidemic, with little oversight on how the money is spent. We're tracking how state and local governments use — or misuse — the cash.

In 14 states, these councils have the ultimate say on the money, which comes from companies that made, distributed, or sold opioid painkillers, including Purdue Pharma, Johnson & Johnson, and Walmart. In 24 other states, plus Washington, D.C., the councils establish budget priorities and make recommendations. Those will affect whether opioid settlement funds go, for example, to improve addiction treatment programs and recovery houses or for more narcotics detectives and prisons.

KFF Health News, along with Johns Hopkins University and Shatterproof, a national nonprofit focused on the addiction crisis, gathered and analyzed data on council members in all states to create the first database of its kind. The data shows that councils are as unique as states are from one another. They vary in size, power, and the amount of funds they oversee. Members run the gamut from doctors, researchers, and county health directors to law enforcement officers, town managers, and business owners, as well as people in recovery and parents who've lost children to addiction.

16. **White House Statement on Improving Mental Health Parity Requirements:**

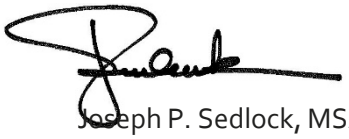
On July 25, the White House provided a press statement noting that the President's announcement of actions that would improve and strengthen mental health parity requirements and ensure that more than 150 million Americans with private health insurance can better access mental health benefits under their insurance plan, including reinforcing the fundamental goal of ensuring that families have the same access to mental health and substance use benefits as they do physical health benefits. And making it easier to get in-network mental health care and eliminate barriers to access that keep people from getting the care they need, when they need it. Specifically, a recent rule would:

- Require health plans to make changes when they are providing inadequate access to mental health care, and make it clear that health plans need to evaluate the *outcomes* of their coverage rules to make sure people have equivalent access between their mental health and medical benefits. This includes

evaluating the health plan's actual provider network, how much it pays out-of-network providers, and how often prior authorization is required and the rate at which prior authorization requests are denied.

- Make it clear what health plans can and cannot do, including providing specific examples that make clear that health plans cannot use more restrictive prior authorization, other medical management techniques, or narrower networks that make it harder for people to access mental health and substance use disorder benefits than their medical benefits.
- Close existing loopholes, by requiring more than 200 additional health plans to comply with MHPAEA, providing critical protections to 90,000 consumers."

Submitted by:



Joseph P. Sedlock, MSA
Chief Executive Officer
Finalized: 08/29/2023

Attachments:

- MSHN Michigan Legislative Tracking Summary
- "One Year of 988 in Michigan"

MSHN
Mid-State Health Network

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.	Introduced (3/2/2023; To Health Policy Committee)
HB 4170	Occupational Therapists (Wozniak) Modifies licensure process for occupational therapists to incorporate occupational therapy licensure compact.	Introduced (3/2/2023; To 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 4495 (PA 98)	Medical Services (Snyder) Provides general changes to the medical assistance program.	Signed by the Governor (7/19/2023; Signed: July 19, 2023, Effective: July 19, 2023)
HB 4496 (PA 99)	Medical Services (Filler) Provides general changes to the medical assistance program.	Signed by the Governor (7/19/2023; Signed: July 19, 2023, Effective: July 19, 2023)
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)
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)

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BILL #	TITLE/INTRODUCER/DESCRIPTION	STATUS
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	Introduced (6/22/23; To Families, Children and Seniors Committee
SB 27	Health Insurance (Anthony) Provides equitable coverage for behavioral health and substance use disorder treatment.	Committee Hearing in Senate Health Policy Committee (6/13/2023)
SB 28	Mental Health (Anthony) Expands definition of restraint.	Introduced (1/18/2023; To Health Policy Committee)
SB 133	Controlled Substances (McCann) Creates overdose fatality review act.	Introduced (3/2/2023; To Health Policy Committee)
SB 141 (PA 95)	Liquor Licenses (McMorrow) Eliminates carryout sales and delivery of alcoholic liquor by an on-premises licensee sunset.	Signed by the Governor (7/19/2023; Signed: July 18, 2023, Effective: July 19, 2023)
SB 247 (PA 96)	Liquor Licenses (McCann) Allows issuance of liquor licenses to sporting venues on premises of public universities.	Signed by the Governor (7/19/2023; Signed: July 18, 2023, Effective: July 19, 2023)
SB 399	Mental Health (Bellino) Modifies competitive grant program.	Introduced (6/21/2023; To Appropriations Committee)

One Year of 988 in Michigan

The Michigan Department of Health and Human Services (MDHHS) is celebrating the success over the past year since the launch of the 988 Suicide and Crisis Lifeline in Michigan.

On July 16, 2022, 988 became the new three-digit dialing code that routes callers to local 988 call centers. With the addition of 988, the Suicide and Crisis Lifeline expanded crisis coverage for all behavioral health, emotional, and substance use disorder crises in addition to suicide prevention.

The objective of 988 is to save lives; support individuals in crisis; provide timely, effective, and compassionate support; and connect those in need to resources and services.

Common Ground wins the contract for the Michigan Crisis and Access Line (MiCAL) vendor.

Statewide 988 call coverage in Michigan as of June 2022.

988 went live nationwide on July 16, 2022.

Coordination in place with crisis services as of October 2022.

Successful 988 and 911 partnerships developing statewide.

Behavioral health support and suicide prevention are critical needs.

DURING 2021 IN MICHIGAN, DATA INDICATED THAT:

1,484 lives were lost to suicide.

319,000 adults had thoughts of suicide.

1,468,000 adults have a mental health condition.

4,224,425 people live in a community that does not have enough mental health professionals.

National Alliance on Mental Illness (NAMI). (2021, February). Mental Health in Michigan. Retrieved from NAMI: https://nami.org/NAMI/media/NAMI-Media/StateFactSheets/MichiganStateFactSheet.pdf

988 MICHIGAN CRISIS & ACCESS LINE

GOALS OF 988 IN MICHIGAN

- Improve access to crisis support and suicide prevention resources for all Michiganders, regardless of their location or ability to pay.
- Expand 988 from a stand-alone call line to part of a crisis support continuum.
- Increase the capacity and capability of 988 crisis centers and other crisis services to respond to calls and provide appropriate support.
- Reduce the stigma associated with seeking help for behavioral health, suicide-related concerns, and substance use disorder (SUD).
- Enhance the quality and availability of crisis services for all individuals at risk of suicide, behavioral health crisis, and substance use disorder (SUD) resources, especially those in underserved or high-risk communities.
- Promote public awareness and education about suicide prevention and behavioral health resources.
- Coordinate and integrate services across the continuum of care, including crisis services, follow-up care, and ongoing support for individuals and communities affected by suicide or any behavioral health crisis.

988'S IMPACT IN MICHIGAN JULY 2022 - JUNE 2023

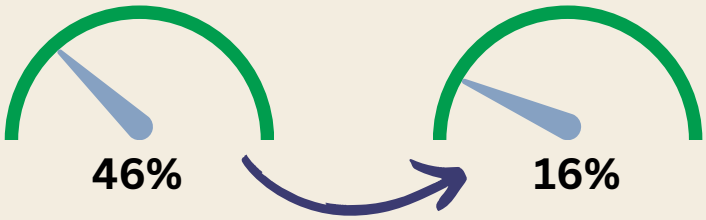
69,000+
TOTAL 988 CALLS ANSWERED IN MICHIGAN

17,800+
TOTAL HOURS SPENT ON THE PHONE WITH MICHIGANDERS

4.5 out of 1,000
CALLS LED TO 911 EMERGENCY INTERVENTION

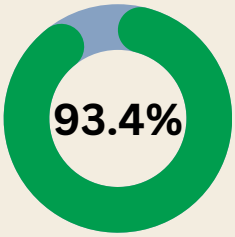
41,000+
UNIQUE CALLERS

18.8 seconds
AVERAGE SPEED OF ANSWER



Since July 2022, more than 46% of 988 callers had high or overwhelming stress at the beginning of the call. After talking to a 988 call specialist, this was significantly reduced to only 16% of 988 callers with high or overwhelming stress.

DECEMBER 2022
MICHIGAN ACHIEVES AN INSTATE ANSWER RATE OF **90%**

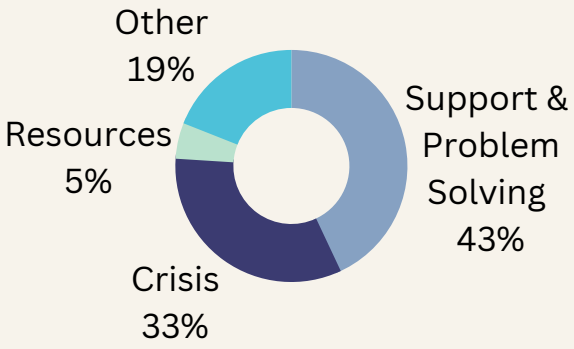


988 CALLS ANSWERED WITHIN 30 SECONDS

WHO DOES 988 MICHIGAN CRISIS & ACCESS LINE HELP?

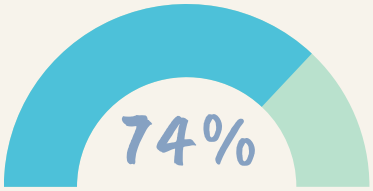
988 is available 24/7 for free and confidential support for anyone experiencing behavioral health-related distress—whether that is thoughts of suicide, mental health or substance use disorder crisis, or any other kind of emotional distress.

PRIMARY REASONS FOR 988 CALLS IN MICHIGAN



TYPES OF CRISIS CALLS

Financial	5%
Health	33%
Other Crisis Topics	10%
Relationship Conflicts	17%
Suicide / Self Harm	34%
Victim of Crime	2%

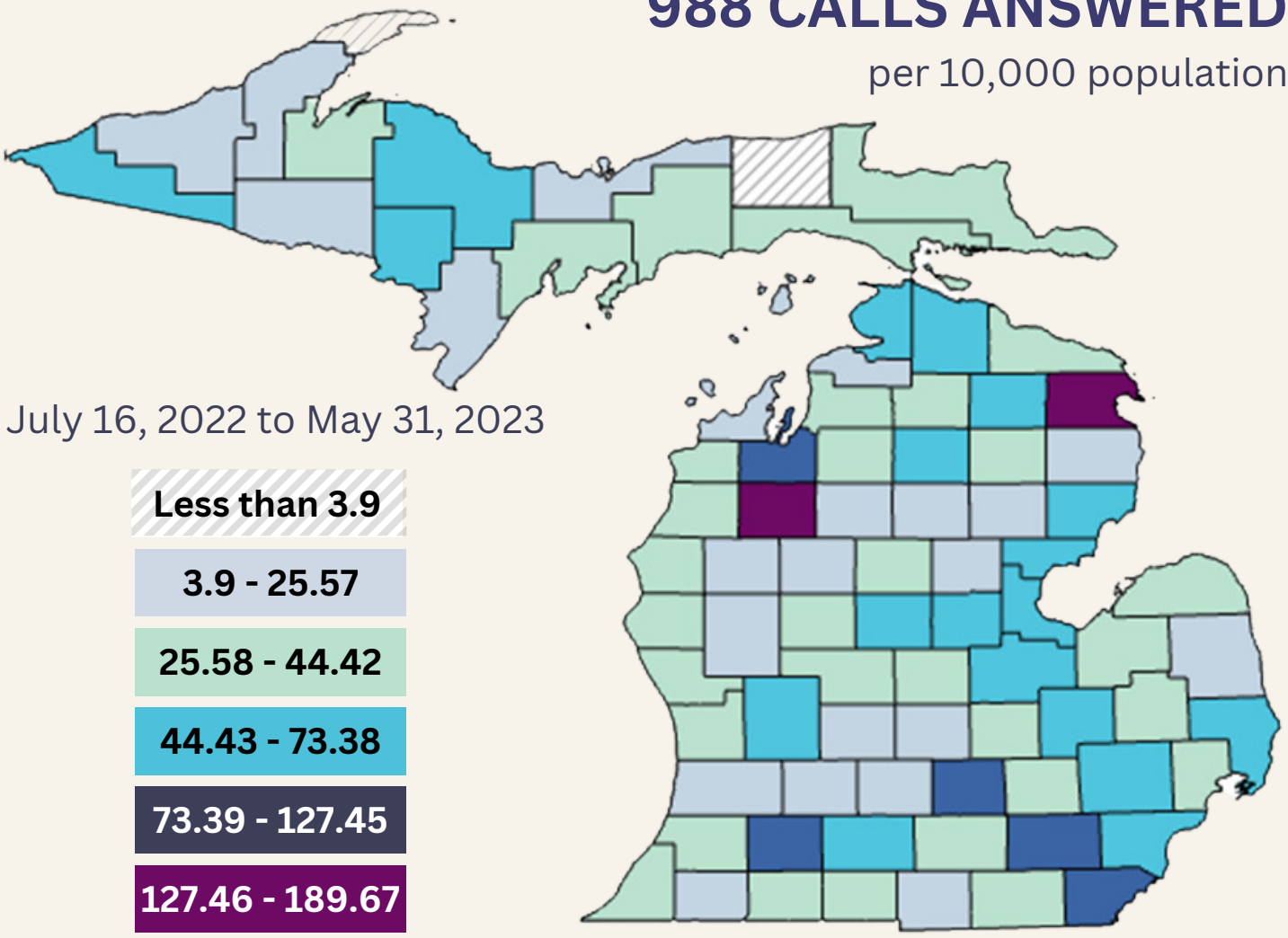


OF 988 CALLERS CHOSE TO REMAIN ANONYMOUS

Anonymity allows 988 to be a safe & trusted space for callers to openly share & receive the support they need.

988 CALLS ANSWERED

per 10,000 population



July 16, 2022 to May 31, 2023

Less than 3.9
3.9 - 25.57
25.58 - 44.42
44.43 - 73.38
73.39 - 127.45
127.46 - 189.67

Data Source: Vibrant Report - MI County Level Call Volume

Primary call reasons, types of crisis calls and anonymity data source: MDHHS BH CRM System

988 STORIES OF HOPE

A person reached out to 988 and stated they had spoken to a 988 specialist previously and wanted to thank her. They stated they don't get a lot of support, but the call specialist said everything they needed to hear and the call helped them and their entire family.

"I loved that the person on the line presumed competence. I was able to tell them that I have a ton of great coping skills, but I am feeling so overwhelmed that I am not able to start them."

"I loved that we were able to set up a follow-up call. That I didn't feel completely on my own, there would be someone to check-in with me tomorrow, and, of course, that I was able to call back if something changed."

911 transferred a call to 988 stating that someone was at imminent risk and that an ambulance was on the way. The crisis specialist worked with the individual in crisis to keep them from harming themselves and providing them support until emergency services made contact with them.

988 crisis specialist provided a follow up call to an individual that had called the night before. The individual shared they were feeling much better. The crisis specialist let them know that 988 is 24/7 and available anytime. The individual stated they didn't know what they would have done without support from 988, and thanked the specialist for the follow up.

"They had me take some deep breaths, which I sometimes forget to do, and that helped a lot. "

988 MICHIGAN CRISIS & ACCESS LINE

Thank you for sharing your stories.

Source: Feedback from 988 staff, 911 dispatcher and Michigan caller

WE HAVE ACCOMPLISHED SO MUCH *together.*

COMMON PRACTICES ACROSS ALL MICHIGAN 988 CALL CENTERS

Crisis assessments, referrals, follow-ups and training among all 988 call centers: Network 180, Macomb County CMHSP, Gryphon Place and MiCAL/Common Ground.

CARE COORDINATION

With Prepaid Inpatient Health Provider Networks, Community Mental Health Service Providers, Certified Community Behavioral Health Clinics, and other crisis system services (mobile crisis, behavioral health urgent care centers and crisis stabilization unit services).

DEVELOPMENT OF 988 MARKETING STRATEGY

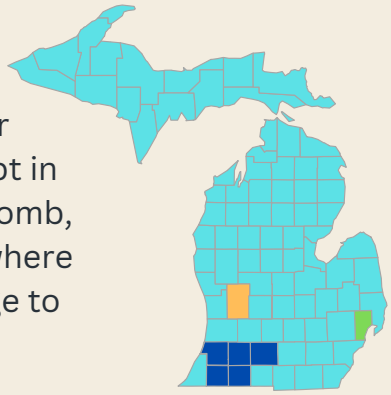
In partnership with stakeholders and implementation through use of trusted community partners and community channels.

COORDINATION WITH 911

Active rescues, public education for calling 911 vs. 988 and 911 Diversion to 988 Best Practice development.

988 CALL COVERAGE

MiCAL is primarily responsible for answering 988 calls statewide, except in Calhoun, Cass, Kalamazoo, Kent, Macomb, St. Joseph and Van Buren counties, where MiCAL provides back up call coverage to the regional 988 call centers.



- MiCAL/Common Ground
- Network 180
- Macomb County CMHSP
- Gryphon Place

Thank you to our partners.
This year full of successes was made possible by all of you.

MORE INFORMATION ABOUT 988 IN MICHIGAN

- MI Marketing Materials
- Contact Us
- mical.michigan.gov

Thank you!

MDHHS Michigan Department of Health & Human Services

988 MICHIGAN CRISIS & ACCESS LINE

MSHN
Mid-State Health Network

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

Board Officers

Ed Woods
Chairperson

Irene O'Boyle
Vice-Chairperson

Kurt Peasley
Secretary

REPORT OF THE MSHN DEPUTY DIRECTOR
to the Board of Directors
July / August

Credentialing Committee Updates

The Credentialing Committee was established to provide counsel and approval of MSHN's Provider Network. Typical activities include: 1) appointment to the MSHN provider network through review of organizational credentials, 2) review credentials of practitioners who do not meet the agency's criteria; 3) give thoughtful consideration to credentialing information; 4) take action on credentialing recommendations of MSHN credentialed staff; 3) granting of privileges, as applicable, to MSHN credentialed staff; 4) regular assessment of provider performance, as it relates to credentialing; 5) oversight and monitoring of delegated credentialing responsibilities, and 6) credentialing policy/procedure development. In the MSHN region, credentialing/re-credentialing is both a Prepaid Inpatient Health Plan function delegated to Community Mental Health Service Programs (CMHSP) Participants and a function directly performed by MSHN staff for Substance Use Disorder (SUD) Providers. In August the Credentialing Committee, that includes the region's Medical Director, Chief Clinical Officer, Chief Behavioral Health Officer, Chief Quality and Compliance Officer, Chief Finance Officer, Contract Specialist and Deputy Director, approved the following organization credentialing packets.

- ***42 Substance Use Disorder*** Treatment Providers received full credentialing: 6 providers received provisional approval (awaiting receipt of application)
- ***23 Prevention Providers*** received full credentialing
- ***3 Recovery Providers*** received full credentialing

In addition, the Credentialing Committee reviewed the regions' performance in compliance with credentialing standards as well as changes to the credentialing policy and procedures. The MDHHS credentialing standards were revised in the spring of 2023 and therefore MSHN and CMHSP policy revisions were required.

To view more about the region's credentialing activities, see the link located on our website at: https://midstatehealthnetwork.org/stakeholders-resources/board-councils/councils-committees/provider-credentialing-committee

1915(i) Eligibility Requirements FY24

Per CMS requirements for the 1915(i) State Plan Amendment, effective October 1, 2023, prior enrollment in the Waiver Support Application (WSA) will be required for all individuals receiving 1915(i)SPA services. MDHHS has continued to stress that without approval, individuals will only be eligible to receive state plan services until approved in the 1915(i) WSA. Per MDHHS, *once the 1915(i)SPA is standing on its own, on 10/1/23, the rules of the 1915(i)SPA need to be followed, which includes MDHHS completing an evaluation/reevaluation to determine whether applicants are eligible for the State plan Home and Community Based Service benefits. This approval must occur before services begin. There is no retroactive approval beginning on 10/1/23. If a CMHSP has not enrolled a beneficiary, they will need to provide notice to the beneficiary.* If not enrolled, the beneficiary will not be able to receive any of the following services:

- Community Living Supports
- Enhanced Pharmacy
- Environmental Modifications

- Family Support and Training
- Fiscal Intermediary
- Housing Assistance
- Specialized Medical Equipment and Supplies (Assistive Tech)
- Respite
- Skill Building
- Supported/Integrated Employment
- Vehicle Modification (Assistive Tech)

Dr. Todd Lewicki along with his team, have been working diligently to approve the applications as submitted by the CMHSPs to ensure the PIHP isn't holding up any approvals and to ensure they are processed efficiently by MDHHS. Weekly reports on status and outstanding cases have been provided to the CMHSPs. As of Friday, August 25, the region is 85 % complete with approximately 30 days to reach the goal of 100% submissions by September 30, 2023.

Balance Scorecard FY23

MSHN Leadership and the CMHSPs have reviewed the results of the October 1, 2022 – June 30, 2023, Balanced Scorecard (BSC) Measurement Report. The BSC is utilized by our region to monitor progress on key performance indicators. The key performance indicators are selected to support the strategic objectives included in MSHN's Strategic Plan. The BSC has department area individual reports for Better Health, Better Care, Better Value, Better Provider Systems and Better Equity. New this fiscal year is the additional tabs to monitor the specific measures related to the Opioid Health Homes and Behavioral Health Homes (data will be presented in FY24). This is also the second-year reporting on performance of the Certified Behavioral Health Clinics (CCBHCs) that apply to three of our CMHSPs. Development for performance targets and data validation continues as baseline for the first demonstration year closes out.

Review the ***Balanced Scorecard Report – FY23 for key performance indicator results*** at the link below***.***

Integrated Healthcare Update

MSHN has been working with the CMHSPs and the SUD Providers to assess and plan for integrated health home expansion in FY24. At this time, we anticipate the following providers will join the expansion efforts effective October 1, 2023.

- Certified Community Behavioral Health Clinic:
  - LifeWays CMH received CCHBC Certification approval on August 25, bringing the total to four (4) CMHSPs; CEI CMH, The Right Door and Saginaw CMH since October 2021
- Behavioral Health Home:
  - Bay-Arenac Behavioral Health and Gratiot Integrated Health bringing the total to seven (7) CMHSPs; CMHCM, Newago CMH, Montcalm Care Network, Saginaw CMH, and Shiawassee CMH expanded in May 2023
- Opioid Health Home:
  - Five interested SUD providers to begin the application process joining Victory Clinic Services who began services in October 2022

In addition to monitoring and assuring compliance with service expansion requirements, MSHN must ensure PIHP administrative capacity. Funding is designated to the PIHP as part of the additional payments processed once approved and providing services. MSHN has included additional estimated staffing needs for the PIHP in the FY24

budget. In preparation for the expansion, MSHN will begin transferring responsibilities of the current Integrated Healthcare staff to a new Complex Care Coordinator (anticipated hire in October). This will allow our experienced staff more time to support expansion through enrollment and certification approvals. In addition, a new Integrated Healthcare Assistant position (also anticipated hire in October) will support reporting, monitoring and paperwork processing of enrollments in the Waiver Support Application.

The positions have been posted on our website at: https://midstatehealthnetwork.org/stakeholders-resources/about-us/Careers.

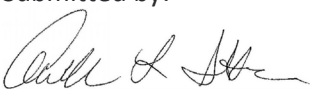
To hear more about the regions integrated healthcare and population health efforts, see the link below: ***Integrated Health Quarterly Report FY23 Q2-Q3.***

Medicaid and Healthy Michigan Disenrollments

On August 10, 2023, MSHN received notice that MDHHS would begin sending a monthly file to the PIHPs that includes the Medicaid and Health Michigan Disenrollments. The file received in August includes disenrollments for the June renewals since MDHHS extended the time frame by 30 days to allow individuals time to submit required renewal documentation. As a region, the average rate is 2.3% of total enrollment is being disenrolled, annualized equating to about 27%. However, MDHHS noted that July and August have the highest rate of annual renewal packets and they also anticipate about half of the disenrollments will eventually obtain coverage again. Therefore, in September MSHN should see the disenrollment rate decrease until it levels off next year in July.

MSHN is working closely with the CMHSPs to monitor the rate of disenrollments. A monthly file will be provided that includes individual level information. This will allow the CMHSPs to support individuals served, where appropriate, in obtaining Medicaid and Healthy Michigan coverage again.

Submitted by:



Amanda L. Ittner
Finalized: 8.28.23

Links to Reports:
Balanced Scorecard FY23
Integrated Health Quarterly Report FY23 Q2-Q3

MSHN
Mid-State Health Network

Background:

In accordance with the MSHN Board of Directors to review financials, at a minimum quarterly, the Statement of Net Position and Statement of Activities for the Period Ending July 31, 2023, have been provided and presented for review and discussion.

Recommended Motion:

The MSHN Board of Directors receives and files the Statement of Net Position and Statement of Activities for the Period Ending July 31, 2023, as presented.

Mid-State Health Network
Statement of Activities
As of July 31, 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 Original Bdgt		FY23 Original Bdgt			
			83.33%					
1	Revenue:							
2		Grant and Other Funding	$ 922,984	110,883	769,153	(658,270)	12.01 %	1a
3		Medicaid Use of Carry Forward	$ 53,948,483	47,302,106	44,957,069	2,345,037	87.68%	1b
4		Medicaid Capitation	721,884,729	639,610,835	601,570,608	38,040,227	88.60%	1c
5		Local Contribution	2,345,532	1,213,375	1,954,610	(741,235)	51.73%	1d
6		Interest Income	20,000	849,748	16,667	833,081	4248.74%	1e
7		Change in Market Value	0	1,010,981	0	1,010,981	0.00%	
8		Non Capitated Revenue	20,453,988	12,033,956	17,044,990	(5,011,034)	58.83%	1f
9	Total Revenue		799,575,716	702,131,884	666,313,097	35,818,787	87.81 %	
10	Expenses:							
11		PIHP Administration Expense:						
12		Compensation and Benefits	7,316,803	5,193,399	6,097,336	(903,938)	70.98 %	
13		Consulting Services	205,000	68,785	170,833	(102,048)	33.55 %	
14		Contracted Services	109,100	73,876	90,917	(17,041)	67.71 %	
15		Other Contractual Agreements	439,350	263,005	366,125	(103,120)	59.86 %	
16		Board Member Per Diems	18,060	11,270	15,050	(3,780)	62.40 %	
17		Meeting and Conference Expense	219,425	92,271	182,854	(90,583)	42.05 %	
18		Liability Insurance	36,705	32,449	30,588	1,862	88.40 %	
19		Facility Costs	140,526	135,408	117,105	18,303	96.36 %	
20		Supplies	283,475	285,437	236,229	49,207	100.69 %	
21		Depreciation	50,397	20,998	41,998	(20,999)	41.67 %	
22		Other Expenses	960,400	984,650	800,333	184,317	102.52 %	
23		Subtotal PIHP Administration Expenses	9,779,241	7,161,548	8,149,368	(987,820)	73.23 %	2a
24		CMHSP and Tax Expense:						
25		CMHSP Participant Agreements	654,532,545	578,857,521	545,443,787	33,413,733	88.44 %	1b,1c
26		SUD Provider Agreements	59,158,728	50,420,511	49,298,940	1,121,571	85.23 %	1c,1f
27		Benefits Stabilization	1,846,461	9,359,265	1,538,717	7,820,548	506.88 %	1b
28		Tax - Local Section 928	2,345,532	1,213,375	1,954,610	(741,235)	51.73 %	1d
29		Taxes- IPA/HRA	24,482,263	18,263,120	20,401,886	(2,138,766)	74.60 %	2b
30		Subtotal CMHSP and Tax Expenses	742,365,529	658,113,792	618,637,940	39,475,851	88.65 %	
31	Total Expenses		752,144,770	665,275,340	626,787,308	38,488,032	88.45 %	
32	Excess of Revenues over Expenditures		$ 47,430,946	$ 36,856,544	$ 39,525,789			

Mid-State Health Network
Preliminary Statement of Net Position by Fund
As of July 31, 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		10,334,232	0	10,334,232	1a
4	Chase MM Savings		33,183,523	0	33,183,523	
5	Savings ISF Account		0	7,443,885	7,443,885	1b
6	Savings PA2 Account		4,013,476	0	4,013,476	1c
7	Investment General Savings Account		54,887,254	0	54,887,254	1a
8	Investment PA2 Account		3,492,825	0	3,492,825	1c
9	Investment ISF Account		0	45,259,176	45,259,176	1b
10	Total Cash and Short-term Investments		$ 105,911,310	$ 52,703,061	$ 158,614,371	
11	**Accounts Receivable**					
12	Due from MDHHS		29,638,835	0	29,638,835	2a
13	Due from CMHSP Participants		461,671	0	461,671	2b
14	Due from Other Governments		1,460,739	0	1,460,739	2c
15	Due from Miscellaneous		443,526	0	443,526	2d
16	Due from Other Funds		0	27,600	27,600	2e
17	Total Accounts Receivable		32,004,771	27,600	32,032,371	
18	**Prepaid Expenses**					
19	Prepaid Expense Rent		4,529	0	4,529	2f
20	Prepaid Expense Other		94,251	0	94,251	2g
21	Total Prepaid Expenses		98,780	0	98,780	
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		(117,081)	0	(117,081)	
27	Total Fixed Assets, Net		86,228	0	86,228	
28	**Total Assets**		**$ 138,101,089**	**$ 52,730,661**	**$ 190,831,750**	
29						
30	**Liabilities and Net Position**					
31	Liabilities					
32	Accounts Payable		$ 18,360,403	$ 0	$ 18,360,403	1a
33	Current Obligations (Due To Partners)					
34	Due to State		56,788,041	0	56,788,041	3a
35	Other Payable		4,143,683	0	4,143,683	3b
36	Due to State HRA Accrual		5,161,053	0	5,161,053	1a, 3c
37	Due to State-IPA Tax		645,098	0	645,098	3d
38	Due to State Local Obligation		50,218	0	50,218	3e
39	Due to other funds		27,600	0	27,600	3f
40	Accrued PR Expense Wages		180,245	0	180,245	3g
41	Accrued Benefits PTO Payable		388,590	0	388,590	3h
42	Accrued Benefits Other		51,882	0	51,882	3i
43	Total Current Obligations (Due To Partners)		67,436,410	0	67,436,410	
44	Lease Liability		87,172	0	87,172	2j
45	Deferred Revenue		7,620,987	0	7,620,987	1b 1c 2b 3b
46	Total Liabilities		93,504,972	0	93,504,972	
47	Net Position					
48	Unrestricted		44,596,117	0	44,596,117	3j
49	Restricted for Risk Management		0	52,730,661	52,730,661	1b
50	Total Net Position		44,596,117	52,730,661	97,326,778	
51	**Total Liabilities and Net Position**		**$ 138,101,089**	**$ 52,730,661**	**$ 190,831,750**	

Mid-State Health Network
Notes to Financial Statements
For the Ten-Month Period Ended,
July 31, 2023

Please note: The Preliminary Statement of Net Position contains Fiscal Year (FY) 2022 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 MSHN's Final Financial Status Report (FSR) submitted to MDHHS in February 2023 and FY 2022 Compliance Examinations.

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 portion 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 86% 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 nearly $3.5 M in investments.
2. Accounts Receivable
    a) More than 64% of the balance results from an MDHHS Healthy Michigan Plan (HMP) payment delay for June and July 2023. Payments for June and July were received in mid-August. In addition, another 17% is due for April through July HRA payments. Lastly, the remaining amounts in this account stem from Withholds and other Grant funds owed to MSHN.
    b) Due from CMHSP Participants reflects FY 2022 projected cost settlement activity.

CMHSP	Cost Settlement	Payments/Offsets	Total
Tuscola	1,054,530.38	592,859.00	461,671.38

    c) The balance held in Due from Other Governments represents FY 2023 Quarter 3 PA 2 payments due from all counties and one payment still owed from Quarter 2. Please note: In December 2022 Michigan's Governor signed into law an estimated $25M increase for liquor tax funding. MSHN's portion of the funding totals an increase of $576k available for treatment and prevention activities.
    d) Approximately 72% 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.
    e) 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.
    f) Prepaid Expense Rent balance consists of security deposits for three 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 and MSHN's video conferencing platform Zoom.
h) Total Fixed Assets represents the value of MSHN's capital assets 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 $36. M and $19.1 M to MDHHS, respectively. The lapse amount indicates we have a fully funded FY 2022 ISF, and that savings will fall 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) Local Match balance shows one CMHSP paid its 4th Quarter payment in July 2023.
f) Due to Other Funds is the liability transaction related to Statement of Net Position item 2e.
g) Accrued payroll expense wages represent expenses incurred in July and paid in August.
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 July and paid in August.
j) The Unrestricted Net Position represents the difference between total assets, total liabilities, and the restricted for risk management figure.

Statement of Activities – Column F now calculates the actual revenue and expenses compared to the full year's budget. Revenue accounts whose Column F percent is less than 83.33% translate to MSHN receiving less revenue than anticipated/budgeted. Expense accounts with Column F amounts greater than 83.33% 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, since the SIS program ended March 31, 2023, actual revenue will not reach budgeted figures for FY 23. Lastly, the large budget variance exists since Certified Community Behavioral Health Centers (CCBHC) grants from MDHHS to cover non-Medicaid individuals will not be processed until September.
    b) Medicaid Use of Carry Forward represents FY 2022 savings. Medicaid Savings is 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. In addition, the large budget variance in expenses results from cash flow payments issued to CMHSPs to cover their provider staffing stabilization approvals and other operational needs.
    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 is 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 dollars are disbursed to CMHSPs based on per eligible per month (PEPM) payment files 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. The "change in market value" account records activity related to market fluctuations. Other amounts recorded in interest are those earned from the PA2 and General Savings accounts.
    f) This account tracks non-capitated revenue for SUD services which include Community Grant and PA2 funds. The variance may decrease over time however unspent PA2 dollars remain in the deferred revenue account and Block Grant is received based on actual expenses incurred and billed to MDHHS.
2. Expense
    a) Total PIHP Administration Expense is under budget. The line items with the largest dollar variances are Compensation and Benefits and Other Expenses. Actual Compensation expense will increase in the coming months since MSHN is now fully staffed. Other Expense balance is higher than budget because MiHIN's (technology provider – data exchange) entire FY 23 invoice was paid in October.
    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).

MID-STATE HEALTH NETWORK
SCHEDULE OF GENERAL SAVINGS INVESTMENTS
As of July 31, 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	54,139,763.33		747,490.52					
JP MORGAN INVESTMENTS							54,139,763.33		747,490.52		-			54,887,253.85
JP MORGAN CHASE SAVINGS							34,161,499.56	0.050%		22,023.74		-		34,183,523.30
							$ 88,301,262.89		$ 747,490.52	$ 22,023.74	$ -	$ -	$ -	$ 89,070,777.15

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 July 31, 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	1,998,149.68		(36,118.44)			
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		55,890.64			
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		46,689.31			
UNITED STATES TREASURY BILL	912796XQ7	4.18.23	4.19.23	8.15.23		13,774,272.56	13,774,272.56		197,028.42			
JP MORGAN INVESTMENTS							44,995,686.69		263,489.93		-	45,259,176.62
JP MORGAN CHASE SAVINGS							7,211,887.13	0.050%		231,997.39		7,443,884.52
							$ 52,207,573.82		$ 263,489.93	$ 231,997.39	$ -	$ 52,703,061.14

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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**

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MID-STATE HEALTH NETWORK
SCHEDULE OF PA2 SAVINGS INVESTMENTS
As of July 31, 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	3,443,453.42		49,371.82					
JP MORGAN INVESTMENTS							3,443,453.42		49,371.82		-			3,492,825.24
JP MORGAN CHASE SAVINGS							4,011,021.68	0.050%		2,453.81		-		4,013,475.49
							$ 7,454,475.10		$ 49,371.82	$ 2,453.81	$ -	$ -	$ -	$ 7,506,300.73

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 FY23 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 FY23 contract listing.

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

CONTRACTING ENTITY	SUD PROVIDERS COST REIMBURSEMENT PROJECTS/PROGRAM DESCRIPTION	CONTRACT TERM	CURRENT FY23 COST REIMBURSEMENT CONTRACT AMOUNT	FY23 TOTAL COST REIMBURSEMENT CONTRACT AMOUNT	FY23 INCREASE/ (DECREASE)
Professional Psychological & Psychiatric Services	SUD Early Intervention Services of Teen Intervene at the Saginaw County Youth Detention Facility (PA2)	2.1.23 - 9.30.23	10,000	**76,332**	**66,332**
			$ 10,000	**$ 76,332**	**$ 66,332**

CONTRACTING ENTITY	CONTRACT SERVICE DESCRIPTION (Revenue Contract)	CONTRACT TERM	FY23 CURRENT CONTRACT AMOUNT	FY23 TOTAL CONTRACT AMOUNT	FY23 INCREASE/ (DECREASE)
Michigan Department of Health & Human Services (EGrAMS)	Clubhouse Engagement	10.1.22 - 9.30.23	170,000	**150,000**	**(20,000)**
	Prevention	10.1.22 - 9.30.23	2,299,355	**2,409,355**	**110,000**
	Treatment and Access Management	10.1.22 - 9.30.23	5,354,076	**5,804,076**	**450,000**
	SUD - Women's Specialty Services	10.1.22 - 9.30.23	1,204,088	**754,088**	**(450,000)**
	SUD - Administration	10.1.22 - 9.30.23	518,000	**408,000**	**(110,000)**
	State Disability Assistance	10.1.22 - 9.30.23	302,084	**202,084**	**(100,000)**
	Gambling Disorder Prevention Project	10.1.22 - 9.30.23	146,660	**132,794**	**(13,866)**
			$ 9,994,263	**$ 9,860,397**	**$ (133,866)**

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
September 2023

CONTRACTING ENTITY	CONTRACT SERVICE DESCRIPTION	CONTRACT TERM	FY2024 CONTRACT AMOUNT	FY2023 CONTRACT AMOUNT	INCREASE/ (DECREASE)
PIHP RETAINED FUNCTION CONTRACTS					
CEI Community Mental Health Authority	File Management, Historical data Repository & Data Exchange Processing	10.1.23 - 9.30.24	**$ 175,000**	$ 175,000	**-**
Dr. Zakia Alavi, MD	Chief Medical Officer (Rate of $145/Hr.)	10.1.23 - 9.30.24	**$ -**	$ -	**-**
			$ 175,000	$ 175,000	**$ -**

CONTRACTING ENTITY	CONTRACT SERVICE DESCRIPTION	CONTRACT TERM	FY2024 CONTRACT AMOUNT	FY2023 CONTRACT AMOUNT	INCREASE/ (DECREASE)
PIHP ADMINISTRATIVE FUNCTION CONTRACTS					
Addis Enterprises (AE Design)	Website Design and Development	10.1.23 - 9.30.24	**$ 16,000**	$ 16,000	**-**
ASAM	ASAM Continuum License Agreement & BAA	6.24.21 - 1.23.24			
BOX		4.30.23 - 4.30.24	**$ 24,100**	$ 20,600	**3,500**
CoStaff	PEO Services	10.1.23 - 9.30.24	**$ 60,040**	$ 60,040	**-**
EAP Amendment (New Directions)	Employee Assistance Program (Renewal)	4.1.23 - 3.31.24	**$ 3,350**	$ 3,350	**-**
Family Health Psychiatric & Counseling Center	Crisis Residential Unit	10.1.23 - 9.30.24	**$ 260,000**	$ 260,000	**-**
Linda Fletcher, MS, CPNP	PDN Services	10.1.23 - 9.30.24	**$ 2,640**	$ 2,640	**-**
Maner Costerisan, East Lansing, Michigan	Accounting and Financial Management System Support	10.1.23 - 9.30.24	**$ 69,300**	$ 54,650	**14,650**
Michigan Consortium of Healthcare Excellence (MCHE)	MCG Parity Software	10.26.21 - 10.25.24	**$ 77,000**	$ 101,700	**(24,700)**
Michigan Optometric Association	Facilities Rental (Yr. 2 of 3 lower ste.'s)	10.1.23 - 9.30.24	**$ 39,480**	$ 56,646	**(17,166)**
Microsoft AZURE	Subcription Service	10.1.23 - 9.30.24	**$ 72,000**	$ 72,000	**-**
MiHIN	Use Case & SOW and MIDIGATE	10.1.23 - 9.30.24	**$ 104,000**	$ 104,000	**-**
Milliman	DRIVE License Agreement; 1k per user	10.1.23 - 9.30.24	**$ 2,000**	$ 2,000	**-**
Open Beds, Inc.	IPHU Bed Registry	10.6.21 - Open	**$ -**	$ -	**-**
PCE Systems	MCIS System	10.1.23 - 9.30.24	**$ 345,200**	$ 345,200	**-**
PEC Technologies	Web Development/Random Sampling	10.1.23 - 9.30.24	**$ 5,000**	$ 5,000	**-**
Providence Consulting Company, Lansing, Michigan	Computer Help Desk Support and Security	10.1.23 - 9.30.24	**$ 134,185**	$ 85,000	**49,185**
GreatAmerica Financial Services Corp.	Subscription Service Re Laptops (3 yr. Term)	5.1.23 - 4.30.26	**$ 125,000**	$ 125,000	**-**
Relias Learning, LLC	On-Line Training Services Package	11.1.23 - 10.31.24	**$ 426,781**	$ 410,709	**16,072**
Roslund Prestage & Company, Alma, Michigan	Single, Financial and Compliance Audits	10.1.23 - 9.30.24	**$ 29,200**	$ 25,300	**3,900**
Stephanie Covington	Beyond Traums Training	5.7.24 - 5.8.24	**$ 30,000**	$ -	**30,000**
TBD Solutions, LLC, Ada Michigan	Ongoing Consultative Support ("Open"); per hour rate ($195 + expenses)	10.1.23 - 9.30.24	**$ -**	$ -	**-**
TBD Solutions, LLC, Ada Michigan	Data Analysis and Knowledge Services	10.1.23 - 9.30.24	**$ 163,800**	$ 90,000	**73,800**
TBD Solutions, LLC, Ada Michigan	Crisis Residential Consultation	10.1.23 - 9.30.24	**$ 8,000**	$ 16,830	**(8,830)**
Wakely Consulting Group	FY23 Internal Service Fund Analysis	3.1.23 - 3.1.26	**$ 30,000**	$ 30,000	**-**
Zenith Technology Solutions (ZTS)	Metrics, Data Analysis, Outcome Measures, Monitoring	10.1.23 - 9.30.24	**$ 280,000**	$ 248,000	**32,000**
Zoom Video Communications	Video / Phone Meeting	2.13.23 - 4.13.26 (Auto-Renew)	**$ 14,600**	$ -	**14,600**
Amended Quote	Zoom Phone	2.13.23 - 4.13.26 (Auto-Renew)	**$ 600**	$ -	**600**
			$ 2,322,276	**$ 2,134,665**	**$ 187,611**

CONTRACTING ENTITY	CMHSP SERVICE AREA	CONTRACT TERM	FY2024 CONTRACT AMOUNT	FY2023 CONTRACT AMOUNT	INCREASE/ (DECREASE)
PIHP/CMHSP MEDICAID SUBCONTRACTS					
Bay-Arenac Behavioral Health	Bay & Arenac	10.1.23 - 9.30.24	**$ 61,737,986**	58,175,632	**3,562,354**
CEI Community Mental Health Authority	Clinton, Eaton & Ingham	10.1.23 - 9.30.24	**$ 166,132,574**	146,857,357	**19,275,217**
Clubhouse Spenddown MOU		10.1.23 - 9.30.24	**$ 60,000**	60,000	**-**
Community Mental Health of Central Michigan	Clare, Gladwin, Isabella, Mecosta, Midland, Osceola	10.1.23 - 9.30.24	**$ 140,062,912**	131,822,748	**8,240,164**
Clubhouse Spendown MOU		10.1.23 - 9.30.24	**$ 123,000**	80,000	**43,000**
Gratiot Integrated Health Network	Gratiot	10.1.23 - 9.30.24	**$ 20,945,682**	16,960,890	**3,984,792**
Huron County Community Mental Health Authority	Huron	10.1.23 - 9.30.24	**$ 14,471,258**	12,679,842	**1,791,416**
The Right Door for Hope, Recovery & Wellness	Ionia	10.1.23 - 9.30.24	**$ 25,418,995**	22,697,987	**2,721,008**
LifeWays	Jackson & Hillsdale	10.1.23 - 9.30.24	**$ 107,586,113**	82,761,706	**24,824,407**
Clubhouse Spendown MOU		10.1.23 - 9.30.24	**$ 28,985**	18,000	**10,985**
Montcalm Care Network	Montcalm	10.1.23 - 9.30.24	**$ 28,328,026**	25,814,490	**2,513,536**
Clubhouse Spendown MOU		10.1.23 - 9.30.24	**$ 30,000**	12,000	**18,000**
Newaygo County Community Mental Health Authority	Newaygo	10.1.23 - 9.30.24	**$ 18,929,717**	17,388,528	**1,541,189**
Saginaw County Community Mental Health Authority	Saginaw	10.1.23 - 9.30.24	**$ 131,171,356**	88,331,225	**42,840,131**
Clubhouse Spendown MOU		10.1.23 - 9.30.24	**$ 20,000**	-	**20,000**
Shiawassee Health & Wellness	Shiawassee	10.1.23 - 9.30.24	**$ 26,938,253**	25,221,736	**1,716,517**
Tuscola Behavioral Health Systems	Tuscola	10.1.23 - 9.30.24	**$ 25,512,768**	23,157,892	**2,354,876**
			$ 767,497,625	$ 652,040,033	**$ 115,457,592**

CONTRACTING ENTITY	SUD PROVIDERS PROJECTS/PROGRAM DESCRIPTION	CONTRACT TERM	FY2024 CONTRACT AMOUNT	FY2023 CONTRACT AMOUNT	INCREASE/ (DECREASE)
SUD SERVICE PROVIDER CONTRACTS (Cost Reimbursement/Fee For Services) NOTE: Fee for Service contracts show "-" amount					
Addiction Treatment Services	Treatment	10.1.23 - 9.30.24	$ -	675	(675)
Arbor Circle	Treatment and Prevention	10.1.23 - 9.30.24	$ 274,140	610,279	(336,139)
Bear River Health	Treatment	10.1.23 - 9.30.24	$ 350,000	291,835	58,165
Big Brothers/Big Sisters of Jackson	Prevention	10.1.23 - 9.30.24	$ 52,834	50,970	1,864
Boys and Girls Club of Great Lakes Bay Region	Prevention	10.1.23 - 9.30.24	$ 226,609	226,504	105
Catholic Charities of Jackson, Lenawee & Hillsdale Counties	Treatment	10.1.23 - 9.30.24	$ -	9,460	(9,460)
Catholic Charities of Shiawassee & Genesee Counties	Treatment and Prevention	10.1.23 - 9.30.24	$ 144,998	185,732	(40,734)
Catholic Human Services	Treatment	10.1.23 - 9.30.24	$ -	-	-
Cherry Street (Health) Services	Treatment	10.1.23 - 9.30.24	$ -	540	(540)
Child & Family Charities	Prevention	10.1.23 - 9.30.24	$ 148,449	242,737	(94,288)
City of Saginaw (Police Dept.)	Prevention	10.1.23 - 9.30.24	$ 70,385	67,376	3,009
CMH for CEI - CMHSP	Treatment	10.1.23 - 9.30.24	$ 793,835	809,986	(16,151)
Community Program, Inc. (dba Meridian Health Services)	Treatment	10.1.23 - 9.30.24	$ -	-	-
Cristo Rey Community Center	Treatment and Prevention	10.1.23 - 9.30.24	$ 379,970	355,380	24,590
DOT Caring Centers, Inc./ Saginaw Valley Centers, Inc.	Treatment	10.1.23 - 9.30.24	$ -	5,040	(5,040)
Eaton Regional Education Service Agency (RESA)	Prevention	10.1.23 - 9.30.24	$ 640,750	721,093	(80,343)
Family & Children's Services of Mid-Michigan	Treatment	10.1.23 - 9.30.24	$ -	2,250	(2,250)
Family Services & Children's Aid	Treatment and Prevention	10.1.23 - 9.30.24	$ 695,300	688,920	6,380
First Ward Community Center	Prevention	10.1.23 - 9.30.24	$ 268,377	317,800	(49,423)
Flint Odyssey House, Inc.	Treatment	10.1.23 - 9.30.24	$ -	675	(675)
Gratiot County Child Advocacy Association	Prevention	10.1.23 - 9.30.24	$ 213,670	217,063	(3,393)
Great Lakes Bay Health Centers Hearth Home (f.k.a HDI Hearth Home)	Equity Upstream Learning Collaborative/LOA	10.1.23 - 9.30.24	$ 10,000	95,658	(85,658)
Great Lakes Recovery Center	Treatment	10.1.23 - 9.30.24	$ -	-	-
Harbor Hall Treatment Services	Treatment	10.1.23 - 9.30.24	$ -	-	-
HealthSource Saginaw, Pathways Chemical Dependency Center	Treatment	10.1.23 - 9.30.24	$ -	-	-
Home of New Vision (HNV)	Treatment & Prevention	10.1.23 - 9.30.24	$ 657,750	641,490	16,260
Huron County Health Department	Prevention	10.1.23 - 9.30.24	$ 188,670	195,613	(6,943)
Ingham County Health Department	Treatment (PORT)/Prevention	10.1.23 - 9.30.24	$ 235,303	222,833	12,470
Ionia County Health Department	Prevention	10.1.23 - 9.30.24	$ 155,620	166,548	(10,928)
Kalamazoo Probation Enahncement Program (KPEP)	Treatment	10.1.23 - 9.30.24	$ -	-	-
Lansing Syringe Access	Harm Reduction (LOA)	10.1.23 - 9.30.24	$ 95,702	141,866	(46,164)
LifeWays Community Mental Health Authority	Treatment and Prevention	10.1.23 - 9.30.24	$ 114,774	127,179	(12,405)
List Psychological Services, Inc.	Treatment and Prevention	10.1.23 - 9.30.24	$ 79,000	155,760	(76,760)
McCullough, Vargas & Associates	Treatment	10.1.23 - 9.30.24	$ -	39,793	(39,793)
McLaren Bay Region Neighborhood Resource Center	Prevention	10.1.23 - 9.30.24	$ 174,933	153,946	20,987
Behavioral Health Group (BHG)(f.k.a. MTC)	Treatment	10.1.23 - 9.30.24	$ -	4,410	(4,410)
Mid-Michigan District Health Department	Prevention	10.1.23 - 9.30.24	$ 291,632	288,854	2,778
Mid-Michigan Recovery Services (f.k.a. NCALRA)	Treatment	10.1.23 - 9.30.24	$ 254,983	177,794	77,189
New Paths	Treatment	10.1.23 - 9.30.24	$ -	1,080	(1,080)
Newaygo County R.E.S.A.	Prevention	10.1.23 - 9.30.24	$ 101,305	111,505	(10,200)
North Kent Guidance Services, LLC	Treatment	10.1.23 - 9.30.24	$ -	540	(540)
Our Hope Association (Women Only)	Treatment	10.1.23 - 9.30.24	$ -	-	-
Parishioner's On Patrol	Community Outreach (LOA)	10.1.23 - 9.30.24	$ 5,000	5,000	-
Peer 360	Prevention	10.1.23 - 9.30.24	$ 960,000	944,870	15,130
Pinnacle Recovery Services	Recovery	10.1.23 - 9.30.24	$ -	13,100	(13,100)
Prevention Network	Prevention	10.1.23 - 9.30.24	$ 40,703	22,327	18,376
Professional Psychological & Psychiatric Services (PPPS)	Treatment	10.1.23 - 9.30.24	$ 10,000	10,000	-
Punks w/ Lunch	Harm Reduction (LOA)	10.1.23 - 9.30.24	$ 21,298	6,000	15,298
Randy's House	Recovery	10.1.23 - 9.30.24	$ -	16,694	(16,694)
Recovery Pathways, LLC	Treatment	10.1.23 - 9.30.24	$ 313,940	276,956	36,984
Sacred Heart Rehabilitation Center	Treatment and Prevention	10.1.23 - 9.30.24	$ 102,261	117,685	(15,424)
Saginaw County Health Dept.	Syringe Services/Prescription Drug Disposal (LOA)	10.1.23 - 9.30.24	$ 5,000	15,000	(10,000)
Saginaw Odyssey House	Treatment	10.1.23 - 9.30.24	$ -	20,435	(20,435)
Saginaw Psychological Services	Treatment	10.1.23 - 9.30.24	$ -	69,362	(69,362)
Saginaw Youth Protection Council	Prevention	10.1.23 - 9.30.24	$ 301,922	310,980	(9,058)
Salvation Army Turning Point	Treatment	10.1.23 - 9.30.24	$ -	-	-
Samaritas	Treatment	10.1.23 - 9.30.24	$ 188,839	222,926	(34,087)
Shiawassee County Circuit Court - Family Division	Prevention	10.1.23 - 9.30.24	$ 16,620	17,119	(499)
St. John's Police Department	Prevention	10.1.23 - 9.30.24	$ 7,244	6,873	371
State of Michigan - Michigan Rehabilitation Services	Vocational Rehabilitation Services (Interagency cash transfer agreement; All PA2)	10.1.23 - 9.30.24	$ 30,000	30,000	-
Sterling Area Health Center	Prevention	10.1.23 - 9.30.24	$ 144,393	161,940	(17,547)
Sunrise Centre	Treatment	10.1.23 - 9.30.24	$ -	-	-
Ten Sixteen Recovery Network	Treatment and Prevention	10.1.23 - 9.30.24	$ 1,785,661	1,665,303	120,358
The Legacy Center - Midland Area Partnership	Prevention	10.1.23 - 9.30.24	$ 160,000	180,926	(20,926)
Victory Clinical Services	Treatment	10.1.23 - 9.30.24	$ -	-	-
VCS Battle Creek		10.1.23 - 9.30.24	$ -	-	-
VCS III - Jackson		10.1.23 - 9.30.24	$ -	21,849	(21,849)
VCS IV - Saginaw		10.1.23 - 9.30.24	$ 10,000	54,024	(44,024)
VCS Lansing		10.1.23 - 9.30.24	$ -	25,899	(25,899)
W.A. Foote Memorial Hospital (dba Henry Ford Allegiance Health)	Treatment and Prevention	10.1.23 - 9.30.24	$ 113,524	140,955	(27,431)

CONTRACTING ENTITY	SUD PROVIDERS PROJECTS/PROGRAM DESCRIPTION	CONTRACT TERM	FY2024 CONTRACT AMOUNT	FY2023 CONTRACT AMOUNT	INCREASE/ (DECREASE)
SUD SERVICE PROVIDER CONTRACTS (Cost Reimbursement/Fee For Services) NOTE: Fee for Service contracts show "-" amount					
WAI-IAM (Rise Transitional Housing)	Recovery	10.1.23 - 9.30.24	**$ -**	18,248	**(18,248)**
Wedgwood Christian Services	Treatment	10.1.23 - 9.30.24	**$ 29,776**	101,763	**(71,987)**
Wellness, Inx	Treatment and Prevention	10.1.23 - 9.30.24	**$ 684,380**	671,191	**13,189**
Women of Colors	Prevention	10.1.23 - 9.30.24	**$ 246,409**	239,940	**6,469**
			$ 11,795,959	$ 12,716,549	**$ (920,590)**

CONTRACTING ENTITY	CONTRACT SERVICE DESCRIPTION (Revenue Contract)	CONTRACT TERM	FY2024 CONTRACT AMOUNT	FY2023 CONTRACT AMOUNT	INCREASE/ (DECREASE)
PIHP REVENUE CONTRACTS					
Saginaw CMH	SIS LOA ($350/Completed Assessment)		**$ -**	-	-
Shiawassee CMH	SIS LOA ($350/Completed Assessment)		**$ -**	-	-
Michigan Department of Health & Human Services (EGrAMS)	ARPA Prevention	10.1.23 - 9.30.24	**$ 150,000**	169,060	**(19,060)**
	ARPA Treatment	10.1.23 - 9.30.24	**$ 300,000**	150,000	**150,000**
	Clubhouse Engagement	10.1.23 - 9.30.24	**$ 261,985**	150,000	**111,985**
	Treatment & Access Management	10.1.23 - 9.30.24	**$ 6,481,639**	5,804,076	**677,563**
	Gambling Disorder Prevention Project	10.1.23 - 9.30.24	**$ 146,660**	132,794	**13,866**
	Prevention	10.1.23 - 9.30.24	**$ 2,183,762**	2,409,355	**(225,593)**
	Prevention II - Covid	10.1.23 - 3.14.24	**$ 424,125**	1,064,981	**(640,856)**
	State Disability Assistance	10.1.23 - 9.30.24	**$ 295,155**	202,084	**93,071**
	State Opioid Response III	10.1.23 - 9.30.24	**$ 3,505,000**	3,505,000	-
	SUD - Administration	10.1.23 - 9.30.24	**$ 720,182**	408,000	**312,182**
	SUD Administration - COVID	10.1.23 - 3.14.24	**$ 50,000**	50,000	-
	SUD Services - Tobacco II	10.1.23 - 9.30.24	**$ 4,000**	4,000	-
	SUD Services - Women's Specialty Services	10.1.23 - 9.30.24	**$ 929,872**	754,088	**175,784**
	Treatment - COVID	10.1.23 - 3.14.24	**$ 1,443,795**	1,795,111	**(351,316)**
	Veteran's Systems Navigator	10.1.23 - 9.30.24	**$ 110,000**	100,000	**10,000**
	Women's Specialty Services - COVID	10.1.23 - 3.14.24	**$ 261,130**	549,832	**(288,702)**
	** FY20 first year to require individualized signatures on agreement				
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)	10.1.23 - 9.30.24	**$ -**	-	-
			$ 17,267,305	$ 17,248,381	**$ 18,924**

Fiscal Year (FY) 2024 CMHSP CONTRACTS INFORMATION

FY 2024 CMHSP expense amounts are projected to exceed revenue by $17 M. The MSHN region, including its Board of Directors, have adopted a philosophy of living within the anticipated per eligible per month (PEPM) revenue. In fact, the Cash Management Budget and Oversight policy describes expectations in detail. One of the key components of this policy states if MSHN's or a CMHSP's expenses exceed revenue by more than one percent, a cost containment plan is warranted. For the past several fiscal years, there have been many instances of expenses exceeding revenue. However, those times included maximum savings (including lapsed funds) as well as a fully funded Internal Service Fund (ISF) both of which may be used for risk management activities.

FY 2024 poses a new set of challenges for the Region. Ten of twelve CMHSPs are projecting revenue deficits. In addition, the FY 2023 carried forward amount of $6.9 M is the lowest savings amount experienced by this Region. Unless there is a significant increase in anticipated enrollment and/or revenue rates, MSHN will use dollars from the ISF to cover cost overruns. In addition, CMHSPs will need to begin expenditure reductions. MSHN and the CMHSPs will collectively establish reasonable metrics for spending reductions including development of achieving the measures within reasonable timelines.

Some factors impacting spending include:

- Increased utilization (returning to pre-pandemic numbers)
- Increased provider reimbursement rates over the past several fiscal years,
- Ongoing staffing retainment challenges,
- Cost of living adjustments for internal staff,
- Increased CCBHC payments based on mandated Prospected Payment System (PPS-1) requirements.

Given the factors noted directly above, it is unreasonable to assume expected deficits can be extinguished within one fiscal year without causing irreparable harm to consumers. The region's goal is to avoid impacts on services and supports for individuals, families, and communities.

Thank you for your attention.

MID-STATE HEALTH NETWORK
FISCAL YEAR 2024 CMHSP CONTRACTS
September 2023

CONTRACTING ENTITY	CMHSP SERVICE AREA	CONTRACT TERM	FY2024 CONTRACT AMOUNT	FY2023 CONTRACT AMOUNT	INCREASE/ (DECREASE)	FY 2024 REVENUE PROJECTION	REVENUE OVER/(UNDER) EXPENSE	REVENUE % DEFICIT
PIHP/CMHSP MEDICAID SUBCONTRACTS								
Bay-Arenac Behavioral Health	Bay & Arenac	10.1.23 - 9.30.24	**61,737,986**	58,175,632	3,562,354	57,215,793	(4,522,193)	-7.90%
CEI Community Mental Health Authority	Clinton, Eaton & Ingham	10.1.23 - 9.30.24	**166,132,574**	146,170,045	19,962,529	197,805,947	31,673,373	
Community Mental Health of Central Michigan	Clare, Gladwin, Isabella, Mecosta, Midland, Osceola	10.1.23 - 9.30.24	**140,062,912**	131,822,748	8,240,164	129,530,453	(10,532,459)	-8.13%
Community Mental Health Authority Gratiot County	Gratiot	10.1.23 - 9.30.24	**20,945,682**	16,960,890	3,984,792	19,296,705	(1,648,977)	-8.55%
Huron County Community Mental Health Authority	Huron	10.1.23 - 9.30.24	**14,471,258**	12,679,842	1,791,416	11,335,677	(3,135,581)	-27.66%
The Right Door for Hope, Recovery & Wellness	Ionia	10.1.23 - 9.30.24	**25,418,995**	22,242,585	3,176,410	26,778,391	1,359,396	
LifeWays Community Mental Health Authority	Jackson & Hillsdale	10.1.23 - 9.30.24	**107,586,113**	82,761,706	24,824,407	93,133,153	(14,452,960)	-15.52%
Montcalm Care Network	Montcalm	10.1.23 - 9.30.24	**28,328,026**	25,814,490	2,513,536	26,537,518	(1,790,508)	-6.75%
Newaygo County Community Mental Health Authority	Newaygo	10.1.23 - 9.30.24	**18,929,717**	17,388,528	1,541,189	18,205,167	(724,550)	-3.98%
Saginaw County Community Mental Health Authority	Saginaw	10.1.23 - 9.30.24	**131,171,356**	88,261,000	42,910,356	119,372,718	(11,798,638)	-9.88%
Shiawassee County Community Mental Health Authority	Shiawassee	10.1.23 - 9.30.24	**26,938,253**	25,221,736	1,716,517	26,573,474	(364,779)	-1.37%
Community Mental Health Authority Tuscola County	Tuscola	10.1.23 - 9.30.24	**25,512,768**	23,157,892	2,354,877	24,442,736	(1,070,033)	-4.38%
			767,235,640	650,657,094	116,578,547	750,227,733	(17,007,907)	

Mid-State Health Network (MSHN) Board of Directors Meeting
Tuesday, July 11, 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 5:00 p.m. Mr. Woods welcomed new board member, Robert (Bob) Pawlak, appointed from Bay-Arenac Behavioral Health.

2. Roll Call

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

Board Member(s) Present: Brad Bohner (LifeWays), Joe Brehler (CEI), Tina Hicks (Gratiot), John Johansen (Montcalm), Jeanne Ladd (Shiawassee), Pat McFarland (Bay-Arenac), Deb McPeek-McFadden (Ionia), Phillip Moore (Shiawassee), Gretchen Nyland (Ionia), Irene O'Boyle (Gratiot), Bob Pawlak (BABH), Kurt Peasley (Montcalm), Joe Phillips (CMH for Central Michigan), Tracey Raquepaw (Saginaw) – joined at 5:06 p.m., Kerin Scanlon (CMH for Central Michigan) – joined at 5:06 p.m., Richard Swartzendruber (Huron), and Ed Woods (LifeWays)

Board Member(s) Remote: David Griesing (Tuscola), Susan Twing (Newaygo), Joanie Williams (Saginaw)

Board Member(s) Absent: Ken DeLaat (Newaygo), Dan Grimshaw (Tuscola), Beverly Wiltse (Huron)

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

3. Approval of Agenda for July 11, 2023

Board approval was requested for the Agenda of the July 11, 2023, Regular Business Meeting.

MOTION BY BRAD BOHNER, SUPPORTED BY DEB McPEEK-McFADDEN, FOR APPROVAL OF THE AGENDA OF THE JULY 11, 2023, REGULAR BUSINESS MEETING, AS PRESENTED. MOTION CARRIED: 15-0.

4. Public Comment

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

5. Board Development: Dual Eligible Special Needs Plans (D-SNPs)

Mr. Dave Schneider, from Health Management Associates, presented information about Dual Eligible Special Needs Plans to board members. Mr. Schneider recommends MSHN Board members to participate in stakeholder engagement and to be aware of decisions that are published or that MDHHS is taking engagement on. MSHN administration will keep board members informed of stakeholder engagement opportunities and other MDHHS actions.

6. 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
    - Tuscola Behavioral Health Systems has announced that Julie Majeske has assumed the role of Chief Executive Officer replacing Sharon Beals as of July 1, 2023. MSHN will ask Ms. Majeske to introduce herself at a future board meeting.
    - MSHN Board Resolution on Conflict Free Access and Planning: as an update since the report was prepared, MDHHS is hosting 2 listening sessions in August to receive provider input on the proposals. Mr. Sedlock will email members the information regarding the listening sessions.
    - MSHN Equity Upstream Series Recognition
    - 24th Annual Substance Use and Co-Occurring Disorder Hybrid Conference
    - MSHN Office
- State of Michigan/Statewide Activities
    - Director of the Bureau of Specialty Behavioral Health Services Jeff Wieferich took a new position with the State Hospital Administration and will be succeeded by Kristen Jordan. Meghan Groen has been named the Senior Deputy Director for the Behavioral, Physical Health and Aging Services Division.
    - Governor Whitmer Makes PIHP Regional Appointments to the Opioid Task Force
    - So-Called "Shirkey" Bills Re-Introduced

- MCHE Annual Board Meeting Save the Date of September 7, 2023. Board members will be provided with a link in advance of the meeting for anyone that wishes to participate.

Board members reviewed a memorandum from Mr. Sedlock requesting signature authority clarification, in particular, under what circumstances the Chief Executive Officer is permitted to authorize purchases when an existing contract is in place and included a recommendation for the following clarification to be added to pertinent policies/procedures:

- Unless prohibited by other MSHN executed contracts, MSHN Board-approved policies, or pertinent regulations, the MSHN CEO is authorized to:
  - Approve and execute any expenditure of funds (including but not limited to funds associated with memoranda of understanding, contracts, purchase orders, special procurement initiatives, or similar instruments) for a single item/service/support or group of similar items/services/supports, provided that the total amount involved in the request is less than the policy-established maximum of $24,999.
  - Present to the Board of Directors for its consideration any item or group of items that would (as a single request) exceed the established $24,999 maximum signature authority of the CEO for any/all services/supports/services/products/items.

If the recommendation is approved, the language will be added to the Delegation to the Chief Executive Officer and Executive Limitations policy and presented to the Policy Committee.

MOTION BY JOHN JOHANSEN, SUPPORTED BY TINA HICKS, TO SUPPORT THE RECOMMENDATION AS PRESENTED. MOTION CARRIED: 17-0.

7. Deputy Director's Report

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

- REMINDER-Board Annual Disclosure of Ownership, Controlling Interest, and Criminal Convictions DUE
- Policy Updates
- Network Adequacy Assessment (NAA) Addendum – FY2022
- Universal Credentialing Update and Semi-Annual Report – FY2023
- Autism Services

8. Chief Financial Officer's Report

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

MOTION BY TRACEY RAQUEPAW, SUPPORTED BY TINA HICKS, TO RECEIVE AND FILE THE PRELIMINARY STATEMENT OF NET POSITION AND STATEMENT OF ACTIVITIES FOR THE PERIOD ENDING MAY 31, 2023, AS PRESENTED. MOTION CARRIED: 17-0.

9.. Contracts for Consideration/Approval

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

MOTION BY KURT PEASLEY, SUPPORTED BY IRENE O'BOYLE, TO AUTHORIZE THE CHIEF EXECUTIVE OFFICER TO SIGN AND FULLY EXECUTE THE CONTRACTS AS PRESENTED AND LISTED ON THE FY23 CONTRACT LISTING AND SUPPLEMENTAL LISTING. MOTION CARRIED: 17-0.

10. Executive Committee Report

Mr. Ed Woods provided an overview from the May 2023 and June 2023 Executive Committee meetings, highlighting the following:

- Upcoming meeting agenda items
- FY2024 Meeting Locations

MOTION BY GRETCHEN NYLAND, SUPPORTED BY JOHN JOHANSEN, TO UTILIZE MYMICHIGAN MEDICAL CENTER IN ALMA, MICHIGAN AS THE PREFERRED LOCATION FOR FY2024 BOARD OF DIRECTORS MEETINGS AND TO USE THE COMFORT INN AND SUITES IN MT. PLEASANT AS AN ALTERNATE LOCATION. MOTION CARRIED: 17-0.

11. Chairpersons Report

Mr. Ed Woods informed board members of The ARC Advocacy Priorities – among others, "Regional Entity Status Change."

Quoting: The ten Prepaid Inpatient Health Plans (PIHPS), the managed care entities responsible for distributing Medicaid to the forty-six community mental health services providers (CMHSPS) and enforcement of state and federal rules, regulations, statutes, and contract provisions were formed under the regional entity statute section of the Mental Health Code, 330.1204(b).

- The Boards of Directors of the PIHPs are populated with board members from the Community Mental Health Services Providers who comprise the PIHP. This

constitutes a conflict of interest in light of the role of the PIHP. The board structure of the PIHPS needs to be revised so that the majority of board members are not CMHSP board members.

- The Arc Michigan and partner organizations are working to make this change in the PIHP Boards of Directors.

12. Nominating Committee Report

Ms. Kerin Scanlon provided board members with an update from the June 2023 Nominating Committee meeting and requests board members in attendance to complete the 2023 Board Officer Interest/Nomination form included in board member folders. The survey will be distributed electronically to those members unable to or that didn't complete the form at tonight's meeting.

13. 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 RICHARD SWARTZENDRUBER, SUPPORTED BY DEB McPEEK-McFADDEN, TO APPROVE THE FOLLOWING DOCUMENTS ON THE CONSENT AGENDA: APPROVE MINUTES OF THE MAY 9, 2023 BOARD OF DIRECTORS MEETING; RECEIVE BOARD EXECUTIVE COMMITTEE MEETING MINUTES OF MAY 19, 2023 AND JUNE 16, 2023; RECEIVE POLICY COMMITTEE MINUTES OF JUNE 6, 2023; RECEIVE NOMINATING COMMITTEE MINUTES OF JUNE 13, 2023; RECEIVE OPERATIONS COUNCIL KEY DECISIONS OF MAY 15, 2023 AND JUNE 12. 2023; AND TO APPROVE ALL THE FOLLOWING POLICIES: TRAVEL, PROCUREMENT, EMPLOYEE COMPENSATION, PERFORMANCE EVALUATION, PERSONNEL MANUAL, POSITION MANAGEMENT, PUBLIC HEALTH EMERGENCY NOTICE, REIMBURSEMENT POLICY FOR CREDENTIALS, LICENSURE AND MEMBERSHIPS, SEPARATION, SUCCESSION PLANNING. MOTION CARRIED: 17-0.

14. Other Business

There was no other business for discussion.

15. Public Comment

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

16. Adjournment

The MSHN Board of Directors Regular Business Meeting adjourned at 7:04 p.m.

Mid-State Health Network SUD Oversight Policy Advisory Board
Wednesday, April 19, 2023, 4:00 p.m.
CMH Association of Michigan (CMHAM)
507 S. Grand Ave
Lansing, MI 48933

Meeting Minutes

1. Call to Order

Vice Chairperson Deb Thalison called the MSHN SUD Regional Oversight Policy Board (OPB) of Directors Organizational Meeting to order at 4:01 p.m.

Dr. Dani Meier introduced members of MSHNs SUD Treatment and Prevention team present at today's meeting. On behalf of the SUD Oversight Policy Board, Chairperson John Hunter thanked the MSHN staff for their dedication to PIHP operations, the SUD Provider Network and the services to beneficiaries.

Board Member(s) Present:	Steve Glaser (Midland), John Hunter (Tuscola) – joined at 4:04 p.m., Bryan Kolk (Newaygo), John Kroneck (Montcalm), Jim Moreno (Isabella), Justin Peters (Bay), Vicky Schultz (Shiawassee), Jerrilynn Strong (Mecosta) – joined at 4:10 p.m., Deb Thalison (Ionia), Dwight Washington (Clinton), Ed Woods (Jackson)
Board Member(s) Remote:	Nichole Badour (Gratiot), Bruce Caswell (Hillsdale)
Board Member(s) Absent:	Lisa Ashley (Gladwin), George Gilmore (Clare); Christina Harrington (Saginaw), Robert Luce (Arenac), Joe Murphy (Huron), Todd Tennis (Ingham), Kim Thalison (Eaton), David Turner (Osceola)
Alternate Members Present:	None
Staff Members Present:	Amanda Ittner (Deputy Director), Sherry Kletke (Executive Assistant), Dr. Dani Meier (Chief Clinical Officer), Dr. Trisha Thrush (Director of SUD Services and Operations), For introductions only: Sarah Surna (Prevention Specialist), Kari Gulvas (Prevention Specialist), Kathrine Flavin (Treatment Specialist), Rebecca Emmenecker (Treatment Specialist), Sherrie Donnelly (Treatment and Recovery Specialist),
Staff Members Remote:	None

2. Roll Call

Ms. Sherry Kletke provided the Roll Call for Board Attendance and informed the Board Vice Chair, Deb Thalison, that there were only nine members present in-person which does not meet the minimum requirement for a quorum. Following roll call, two additional members joined the meeting increasing attendance to eleven members, establishing a quorum to conduct Board meeting business.

3. Approval of Agenda for April 19, 2023

Board approval was requested for the Agenda of the April 19, 2023 Regular Business Meeting, as presented.

MOTION BY BRYAN KOLK, SUPPORTED BY STEVE GLASER FOR APPROVAL OF THE APRIL 19, 2023 REGULAR BUSINESS MEETING AGENDA, AS PRESENTED. MOTION CARRIED: 11-0.

4. Approval of Minutes from the December 21, 2022 and February 15, 2023 Regular Business Meetings

Board approval was requested for the draft meeting minutes of the December 21, 2022 and February 15, 2023 Regular Business Meetings.

MOTION BY JOHN KRONECK, SUPPORTED BY VICKY SCHULTZ, FOR APPROVAL OF THE MINUTES OF THE DECEMBER 21, 2022 MEETING, AS PRESENTED. MOTION CARRIED: 11-0.

MOTION BY DEB THALISON, SUPPORTED BY JOHN KRONECK FOR APPROVAL OF THE MINUTES OF THE FEBRUARY 15, 2023 MEETING, AS PRESENTED. MOTION CARRIED: 11-0.

5. Public Comment

There was no public comment.

6. Board Chair Report

Mr. John Hunter announced the start of the 2023 Organizational Meeting's Board Officer Elections and expressed his thanks to the members for their support during his term as Board Chair.

- Election of Chairperson: Mr. John Hunter called for nominations from the floor for the office of Chairperson.
    - MOTION BY DEB THALISON, SUPPORTED BY JOHN KRONECK TO NOMINATE BRYAN KOLK FOR THE OFFICE OF CHAIRPERSON.
    - MOTION BY JOHN KRONECK, SUPPORTED BY JERRI STRONG TO NOMINATE STEVE GLASER FOR THE OFFICE OF CHAIRPERSON.
    - Nominations from the floor were closed and paper ballots were collected for the Board Chairperson with the results showing 6 votes for Steve Glaser and 4 votes for Bryan Kolk.

- Mr. John Hunter turned the floor over to Mr. Steve Glaser to take the Board Chairperson seat for the remainder of the meeting.

- **Election of Vice-Chairperson:** Mr. Steve Glaser called for nominations from the floor for the office of Vice-Chairperson.
  - MOTION BY DEB THALISON, SUPPORTED BY JERRI STRONG TO NOMINATE BRYAN KOLK FOR THE OFFICE OF VICE-CHAIRPERSON AND BEING ONLY ONE NOMINEE FOR VICE-CHAIRPERSON, TO CLOSE NOMINATIONS AND CAST A UNANIMOUS BALLOT FOR BRYAN KOLK AS VICE-CHAIRPERSON. MOTION CARRIED: 11-0.
- **Election of Secretary:** Mr. Steve Glaser called for nominations from the floor for the office of Secretary.
  - MOTION BY DWIGHT WASHINGTON, SUPPORTED BY JOHN KRONECK TO NOMINATE DWIGHT WASHINGTON FOR THE OFFICE OF SECRETARY AND BEING ONLY ONE NOMINEE FOR SECRETARY, TO CLOSE NOMINATIONS AND CAST A UNANIMOUS BALLOT FOR DWIGHT WASHINGTON AS SECRETARY. MOTION CARRIED: 11-0.

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
- MSHN SUD Site Visit Results
- MDHHS Strategic Priorities Released
- MSHN Offers Equity Upstream Lecture Series

State of Michigan/Statewide Activities:

- MDHHS Releases Plan for Initial Opioids Settlement
- Michigan Opioid Advisory Commission (OAC) 2023 Report Available

8. Chief Financial Officer Report

Ms. Amanda Ittner 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 February 2023

9. SUD Operating Update

Dr. Dani Meier provided an update and information on the following items in addition to the written SUD Operations Report included in the board meeting packet:

- Overdose Deaths Disparities-Data for all Counties
    - Following a presentation to the MSHN Board of Directors, overdose death disparities data was collected for all counties in the MSHN region and is attached in today's meeting packet following the Deputy Director report.
- Equity Upstream Lecture Series and Learning Collaborative
    - Members should have received an email containing no-cost registration to the first two lectures in the Equity Upstream series.
    - The Learning Collaborative members include: eight MSHN-contracted providers and includes multiple levels of care (residential, outpatient, MAT/Methadone providers), recovery housing, peer-led community recovery organization and a police department doing post-overdose community-based outreach.
- SOR Grants Audit
    - The SOR Grants Audit went well and MSHN received top performance scores.
- MDHHS FY24-26 SUD Strategic Plan
    - MDHHS recently released the parameters for the required SUD FY24-26 Strategic Plan due in July. MSHN will share progress and portions relevant to OPB at the June meeting, with the final plan presented in August.

10. Other Business

Ms. Amanda Ittner presented MSHN's FY24-25 Strategic Planning process and requested OPB feedback. The presentation document is in members folders and also available on the OPB Meeting Materials page on the MSHN website: MSHN website OPB meeting materials page.

Board Members identified additional Barriers, Goals, Threats, and Opportunities.

- Barriers
    - Workforce Shortage
    - Administrative workload-especially regarding the clinical documentation and paperwork requirements
    - Medicaid requirements and related reporting requirements
- Goals:
    - Ensure coordination with counties and state regarding opioid settlement funds to prevent duplication and ensure effective and efficient use of resources

- Increase community connections through coalitions, prevention and community events to motivate, connect and encourage engagement of providers and beneficiaries (concern: lack of in-person attendance and engagement)

- Threats:
  - Reduced SUD Block Grant Revenue
  - Value Based Payments/contracts lack consideration for willingness/stages of change for beneficiaries and level of recidivism.
- Opportunities:
  - Develop SUD County plans that is replicable for other counties to implement
  - Review Medicaid requirements versus MSHN requirements on the SUD Provider Network to reduce where possible non-value added functions
  - Consistent, on-going plan for SUD services for rural counties

11. Public Comment

There was no public comment.

12. Board Member Comment

Mr. Steve Glaser thanked members for electing him as the Board Chairperson and is looking forward to working with all the members.

Members expressed their thanks to all the new officers.

13. Adjournment

Chairperson Steve Glaser adjourned the MSHN SUD Oversight Policy Advisory Board Meeting at 5:19 p.m.

Meeting minutes submitted respectfully by:
MSHN Executive Support Specialist

MSHN
Mid-State Health Network

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

Friday, August 18, 2023 - 9:00 a.m.

Members Present: Ed Woods, Chairperson; Irene O'Boyle, Vice-Chairperson; Kurt Peasley, Secretary; Pat McFarland, At Large Member; David Griesing, At Large Member

Members Absent: None

Other Board Members: Ken DeLaat

Staff Present: Amanda Ittner, Deputy Director

1. **Call to order:** This videoconference meeting of the MSHN Board Executive Committee was called to order by Chairperson Woods at 9:01 AM.

2. **Approval of Agenda:** Motion by P. McFarland supported by K. Peasley to approve the agenda for August 18, 2023 meeting of the MSHN Board Executive Committee as presented. Motion carried.

3. **Guest MSHN Board Member Comments:** None

4. **Board Matters**

   4.1 **<u>September 12, 2023 Draft Public Hearing Agenda</u>**
   The September Public Hearing meeting agenda was reviewed which includes the FY24 Budget Presentation. Newly appointed Board Member Paul Palmer will be replacing Ken Mitchell from CEICMH. Discussion regarding Medicaid Disenrollments.

   4.2 **<u>September 12, 2023 Draft Board Meeting Agenda</u>**
   The September board meeting agenda was reviewed with no recommended changes. The agenda includes presentation of the FY24-25 Strategic Plan, FY23 Budget Amendment, FY24 Budget and conducting the Board Officer Election. All other matters are typical of regional board meetings.

   4.3 **<u>Draft FY 24 Board Meeting Calendar</u>**
   The FY24 Board meeting calendar was reviewed, noting the Mount Pleasant location for the January meeting is due to unavailability of the Alma location. No changes recommended by the Executive Committee.

   4.4 **<u>Draft FY 24 Executive Committee Meeting Calendar</u>**
   The FY24 Executive Committee meeting calendar was reviewed and approved

   4.5 **<u>Nominating Committee Update (from August 8 meeting)</u>**
   A. Ittner reviewed the minutes from the August 8, 2023 Nominating Committee meeting, noting receipt of 18 responses to the nomination survey and the nomination slate for Officer candidates. Administration will send each of the candidates the nominee information form for return if they are interested. The ballet form, which allows members to circle their selection, was approved to be utilized during the Board meeting for the member at large appointments. The Chairperson, Vice Chairperson and Secretary positions only have one nomination and therefore the nominating committee can call for all three positions at once.

   4.6 **<u>Preparation for annual CEO Performance Review and Contract Renewal Process</u>**
   A. Ittner reviewed the annual CEO Performance Appraisal and Contract Review Process chart. Note that the chart covers the entire process. The far-right column was added as this is a contract renewal year. A. Ittner requested the Executive Committee appoint a CEO Evaluation Chair who would announce at the September Board meeting the start of the evaluation process and that members should expect a survey via survey monkey for distribution in October. The Executive

Support Specialist and the Deputy Director will support the CEO Evaluation Chair. The Executive Committee recommends Irene O'Boyle as the CEO Evaluation Chair to be announced at the September Board meeting.

4.7 **Other:** None

5. Administration Matters

5.1 **Office Space Update:**

A. Ittner provided an update on the Lease for the MSHN office suites. The two suites upstairs are being vacated in preparation for the end of the lease September 30, 2023. The two remaining suites on the first floor will continue to be utilized for meeting space and shared office space.

5.2 **CCBHC/BHH/OHH Expansion Update:**

MSHN has been evaluating staff capacity to ensure support of the health homes expansion expected October 1, 2023.

- Certified Community Behavioral Health Clinic (LifeWays CMH)
- Behavioral Health Home (Bay-Arenac Behavioral Health and Gratiot Integrated Health)
- Opioid Health Home (five interested SUD providers at this time)

MSHN has posted two positions: 1) Complex Care Coordinator and 2) Integrated Healthcare Assistant. Funding for the PIHP is designated as part of the Health Home Case Payment with expectations for enrollment, oversight, reporting and monitoring.

5.3 **Other:**

A. Ittner informed the committee regarding the MDHHS error and delay in processing Healthy Michigan Plan payments to MSHN for June and July. MSHN was the only PIHP affected by the error. MDHHS' accounts payable system had inadvertently ended the Healthy Michigan contract for MSHN which caused a delay in the May payment. Then, when the June payment was received, it was very minimal. MSHN followed up with the State and the State was unclear on why the error occurred but later identified an issue with their data file. The payment was finally received yesterday for approximately $18m. MSHN offered to advance funds to any CMH from our savings to help with cash flow in the meantime. Only one CMH has requested an advance to date.

6. Other

6.1 **Any other business to come before the Executive Committee:** K. Peasley wanted to express his appreciation since this may be his last Executive Committee meeting. He has enjoyed being part of this committee and thanked members.

6.2 **Next scheduled Executive Committee Meeting**: 10/20/2023, 9:00 a.m.

7. Guest MSHN Board Member Comments: None

8. Adjourn: Meeting adjourned at 9:35 AM

MID-STATE HEALTH NETWORK

BOARD POLICY COMMITTEE MEETING MINUTES
TUESDAY, AUGUST 1, 2023 (VIDEO CONFERENCE)

***Members Present**:* John Johansen, Irene O'Boyle-joined 10:06 a.m., 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 10:00 a.m.

2. APPROVAL OF THE AGENDA

Ms. Amanda Ittner requested to add the FY2024 meeting calendar to new business on the agenda.

MOTION by David Griesing, supported by Jeanne Ladd, to approve the August 1, 2023, Board Policy Committee Meeting Agenda with the addition of FY2024 meeting calendar added to new business as presented. Motion Carried: 4-0.

3. POLICIES UNDER DISCUSSION

There were no policies under discussion.

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 Customer Service, General Management, Information Technology, Provider Network and Service Delivery chapters as listed below. Ms. Ittner provided an overview of the substantive changes within the policies.

CHAPTER: CUSTOMER SERVICE

1. INFORMATION ACCESSIBILITY/LIMITED ENGLISH PROFICIENCY

CHAPTER: GENERAL MANAGMENT

1. DELEGATION TO THE CEO AND EXECUTIVE LIMITATIONS

CHAPTER: INFORMATION TECHNOLOGY

1. BREACH NOTIFICATION
2. DISASTER RECOVERY
3. MEDICAID INFORMATION MANAGEMENT
4. RECORD RETENTION

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

CHAPTER: PROVIDER NETWORK

1. CREDENTIALING/RE-CREDENTIALING

CHAPTER: SERVICE DELIVERY

1. OUT OF STATE PLACEMENTS

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

5. NEW BUSINESS

The Policy Committee discussed the FY2024 meeting dates and agreed to continue to follow the FY2023 schedule to meet virtually on the first Tuesday of every other month in the even numbered months at 10:00 a.m. Ms. Sherry Kletke will send calendar invitations to the committee members for the upcoming fiscal year meetings and will also send the committee members a separate hard copy.

6. ADJOURN

Mr. John Johansen adjourned the Board Policy Committee Meeting at 10:15 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

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

Tuesday, August 8, 2023 – 12:00 PM

Members Present: Kerin Scanlon, Chairperson; Ken DeLaat, Deb McPeek-McFadden

Staff Present: Joseph Sedlock, Chief Executive Officer; Sherry Kletke, Executive Support Specialist

1. **Call to order:** This meeting of the MSHN Board of Directors Nominating Committee was called to order at 12:00 PM.

2. **Review of MSHN Board Survey:** Chairperson Scanlon shared the results from the Board Officer Interest/Nomination Survey showing a total response rate of 78% (18 total responses). One individual expressed interest in Board Chair and received 9 nominations. One individual expressed interest in Vice-Chair and received 5 nominations. No member expressed interest in the Secretary position, but 4 individuals nominated the current Secretary. The current Secretary has expressed he should step back due to being unavailable in the cold months. 5 members expressed interest in Member at Large positions. Chairperson Scanlon asked Deb McPeek-McFadden if she would be interested in the Secretary position and Deb McPeek-McFadden agreed and requested to be removed from the Member at Large nomination. Chairperson Scanlon will call current Members at Large to discuss their interest in being renominated as they did not complete or return a nomination survey.

3. **Considerations for Putting Forward a Slate of Officer Candidates:** The Nominating Committee discussed the slate of officer candidates. The Nominating Committee will present the following slate for election in September 2023:

   - 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 (if interest is confirmed by Committee Chair)
     Pat McFarland (if interest is confirmed by Committee Chair)

4. **Board Officer Candidate Nominee Information/Survey:** The Nominating Committee reviewed and accepted the Board Officer Candidate Nominee Information/Survey form that will be used for the September 2023 elections, which is based on bylaws conditions for office holders and other information requested of candidates in the past. Only the candidates will be asked to complete the Nominee Information Form. Sherry Kletke will send the form to each of the candidates for all positions to be completed and ask to complete and return the form if they are still interested.

5. **Board Officer Election Ballots:** The Nominating Committee reviewed and accepted the Ballot Form that will be used for the September 2023 elections as presented. All nominations for Member at Large positions will be listed on one ballot and members will be asked to circle two candidates. In the case of a run-off, MSHN Administration will also be prepared with blank ballots.

6. **Board Officer Election Procedures for September Elections:** Being only one nomination for the positions of Chair, Vice-Chair and Secretary, the Nominating Committee can call for all three positions at once and an election will need to take place for the Member at Large positions due to multiple nominees. The Chairperson of the Nominating Committee and the MSHN Executive Support Specialist will count the ballots in a location visible to the Board members. Joseph Sedlock will discuss the voting process with Board Chair, Ed Woods, to allow Nominating Committee Chairperson, Kerin Scanlon, to run the elections in September, since he will be standing for election.

7. **Other Business:** There was no other business.

8. **Adjournment**: This meeting was adjourned at 12:22 PM

MSHN
Mid-State Health Network

REGIONAL OPERATIONS COUNCIL/CEO MEETING
Key Decisions and Required Action
Date: 07/17/2023

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

Agenda Item	Action Required				
CONSENT AGENDA	No discussion				
	Received and filed	By Who	N/A	By When	N/A
FY23 Savings Estimates through May	L. Thomas reviewed the Savings Estimates through May, explaining the new CCBHC revenue and expense. Note: CCBHCs are not contributing to the reduction in the Medicaid Savings. CMHCM, LifeWays and BABH are experiencing significant deficits in Medicaid. J. Sedlock requested CEOs to ensure FY24 budget within revenue/PEPM and if needed cost containment plans to be implemented. Group discussed the impact of the reductions needed will cause reduced services. Questions raised regarding the amount of staffing and benefit stabilization in FY23 that would not continue into FY24. Some grants fell within the PEPM and some CMHs increased rates. This may be a revenue issue more than an expense issue.				
	Received and discussed	By Who	N/A	By When	N/A
B.1.Regionally Standardized Contracts-FY24 Revisions Review ABA Contract – Change Log (Tracked Changes Version)	L. Thomas reviewed FY24 ABA changes. Multiple requests from providers to increase the transportation rate via breakout of the code. Saginaw would like to do so but would be a variation from the regional standard contract. Saginaw is willing to work to develop this for October 1 as a pilot, if supported by Ops Council.				
	Approved as presented for finalization and use FY24	By Who	N/A	By When	N/A
B.2. Regionally Standardized Contracts-FY24 Revisions Review Financial Management Services-Change Log (Tracked Changes Version)	L. Thomas reviewed FY24 Financial Management Services changes.				
	Approved as presented for finalization and use FY24	By Who	N/A	By When	N/A
C. MSHN/CMHSP FY24 Medicaid Subcontract-Change Log (Tracked	L. Thomas reviewed FY24 Medicaid Subcontract changes.				

Agenda Item	Action Required				
Changes Version)					
	Approved as presented for finalization and use FY24	By Who	N/A	By When	N/A
C.1. FY24 MSHN Training Grid	L. Thomas reviewed FY24 Training Grid changes.				
	Approved as presented for finalization and use FY24	By Who	N/A	By When	N/A
Relias Contract Renewal	The original agreement executed in 2018 for 60m expiring on November 1, 2023. At the time, MSHN only charged the CMHs their current cost prior to entering a regional/enterprise contract. Since then, users have increased at some CMHs. RELIAS is proposing a 5% increase. MSHN is obtaining the number of users and will be sending that out for the CMHs to confirm. The number of users will be utilized to bill the cost to the CMH as reviewed by the Finance Council. MSHN will need to know if there is any plan to expand or reduce the users. CMHs should plan appropriately for the increase in the budget.				
	MSHN will send out user counts and cost through Finance Council for review and finalization.	By Who	Amanda	By When	August
FY24 Rate Setting	Discussed the current rates shared still have many unknown factors. - Finalization of SFY 2024 PPS rates for current and expansion CCBHC sites - Possible CCBHC fee schedule changes due to provider feedback - Consideration of the continuous eligibility expiration – Milliman indicated a 60% drop in New Eligibles - Consideration of DCW policy changes - Consideration of additional CAFAS assessment data MSHN Finance is reviewing the rates now but currently don't know the geographic factor as well as the above. Requested Milliman review FY23 data as our region has had significant increases in FY23 J. Sedlock gave an update on the Wakely. There is an executed contracted with Wakely and the PIHPs. Phase 1- was getting Wakely up to speed on the rate setting by Milliman. Wakely was present at the last Milliman rate setting. Waiting on a report from that meeting to identify what should be considered. Appendices 8 – does include the amount that will come out of capitation and looks like less. However, the estimated use of T1040's is unclear.				
	Discussion only	By Who	N/A	By When	N/A
Home Help	CMHCM having concerns about the lack of Home help providers and Medicaid supplementing this.				
	Discussion only	By Who	N/A	By When	N/A
Conflict Free Access and Planning	J. Sedlock updated the group that PIHPs and some CMHs have forwarded board resolutions similar to MSHN.				

Agenda Item	Action Required				
	Notice for consumer and family listening sessions scheduled for August. Expect a MDHHS announcement will not come out in July as indicated by MDHHS.				
	Informational	By Who	N/A	By When	N/A

MSHN
Mid-State Health Network

REGIONAL OPERATIONS COUNCIL/CEO MEETING
Key Decisions and Required Action
Date: 08/21/2023

Members Present: Chris Pinter; Lindsey Hull; Maribeth Leonard; Carol Mills; Julie Majeske; Tracey Dore; Tammy Warner; Kerry Possehn; Michelle Stillwagon; Bryan Krogman; Sandy Lindsey; Sara Lurie

Members Absent:

MSHN Staff Present: Amanda Ittner; Skye Pletcher (Notes); For applicable areas: Todd Lewicki; Leslie Thomas

Agenda Item	Action Required				
CONSENT AGENDA	Pg. 6 – HMA D/SNP Presentation to the MSHN Board: Discussion				
	Received and filed	By Who	N/A	By When	N/A
FY24 Operations Council Meeting Calendar	No Discussion				
	Received and Approved S. Kletke to send out calendar invites for the upcoming fiscal year	By Who	S. Kletke	By When	8/31/2023
FY24-25 Strategic Plan	A. Ittner reviewed current draft of FY24-25 Strategic Plan and highlighted objectives and tasks which are being recommended by MSHN leadership team to support the identified strategic priorities. Question regarding Appendix A: Key List of Assumptions. Recommendation to include an introductory paragraph with disclaimer that key assumptions are a complete list of all feedback received from MSHN stakeholders and do not necessarily represent the views/position of MSHN. Of note: MSHN also has a 3-year comprehensive SUD Strategic Plan which is currently in development for FY24-26. The first draft has been submitted to MDHHS for consultative feedback; additional revisions to the plan are likely to occur before finalization.				
	MSHN to send copy of SUD Strategic Plan to Operations Council. Include introduction/disclaimer regarding Appendix A: Key Assumptions	By Who	A. Ittner J. Sedlock	By When	8/31/2023 9/15/2023
FY23 Budget Amendment	L. Thomas presented FY23 Budget Amendment with high-level summary of changes and supporting rationale. Discussion regarding savings carry forward and use of ISF.				
	Discussion only	By Who	N/A	By When	N/A

Agenda Item	Action Required				
FY24 Draft Budget	L. Thomas presented FY24 Budget. Final capitation information has not been received from Milliman at this time so full revenue picture is not yet known. Current projection of $23 million expenditure over projected revenue; CMHSPs may need to implement cost containment plans. Suggestion to consider regional stabilization plan over 3-5 year period. As CMHSPs consider strategies to align budget with revenue, it's important to coordinate with one another regarding any changes to provider rates to ensure sustainability and retain providers (especially important when providers contract with multiple CMHSPs). Carry forward to September Operations Council meeting for additional discussion once FY24 rates are received from MDHHS.				
	Carry forward to September Operations Council meeting	By Who	J. Sedlock	By When	9/18/2023
HMP Payment Delay	MDHHS did not provide detailed explanation regarding the nature of the payment delay, however it has now been rectified with June and July payments received. Request that Operations Council be cc'd on communications to CFOs in the future regarding payment delays or other issues that may impact cash flow. There was a question regarding use of the ISF to address short-term cash flow issues of this nature; L. Thomas clarified that it is not permissible to use ISF funds for short-term cash flow shortages unless an overall shortage is expected at the end of the fiscal year.				
	Discussion only	By Who	N/A	By When	N/A
Medicaid Disenrollment File	Reviewed disenrollment file for July which is showing 2.3% disenrollment throughout the region. MSHN will continue to provide monthly summary disenrollment reports to Operations Council for the purpose of tracking and trending. Clarification needed regarding whether the disenrollment file is Medicaid only or also includes Healthy MI Plan. MSHN distributed CMHSP-specific files via secure Box.				
	MSHN to request clarification from MDHHS regarding inclusion of HMP in disenrollment file.	By Who	A. Ittner	By When	8/31/2023
Conflict Free Access and Planning Discussion/Update	CFAP workgroup meeting which was scheduled for this morning, 8/21, was cancelled and rescheduled for 9/18. Consumer listening sessions occurred on 8/1 and 8/8 with MDHHS indicating a third session will be scheduled. T. Lewicki to provide update at September Operations Council meeting.				
	Informational Only	By Who	N/A	By When	N/A
1915(i) Planning/Update	T. Lewicki reviewed updated 1915(i) enrollment information in anticipation of 10/1/2023 enrollment deadline. Significant progress has been made as a region to complete enrollments by the deadline; currently about 78% completed enrollment for region with about 22% remaining to be enrolled.				

Agenda Item	Action Required				
	MDHHS has indicated that if an individual has not been enrolled in the WSA prior to 10/1/2023 the CMHSP must provide them with a written notice of Adverse Benefit Determination (ABD). MSHN has advocated against this as it is not the decision of the PIHP/CMHSP to terminate services but an administrative process decision by MDHHS.				
	T. Lewicki will present final 1915(i) enrollment report at September Operations Council meeting	By Who	T. Lewicki	By When	9/18/2023
Home-based Services CRM Enrollment	Concerns expressed about the re-certification process and technological challenges within the MDHHS Customer Relationship Management (CRM) system. Recommendation by S. Lindsey (supported by others) for MSHN to advocate with MDHHS on behalf of the region to correct the technological problems in the CRM and EGrAMS as the current systems are untenable. Additionally, all CMHSPs report that they are not receiving referrals from MiCAL.				
	MSHN to advocate with MDHHS leadership around challenges with MDHHS technological platforms/applications.	By Who	J. Sedlock and A. Ittner	By When	9/30/2023
Home-based Provider Staffing Challenges	M. Leonard indicated that LifeWays is experiencing staffing challenges with home-based providers due to loss of staff to private practice and school systems. One of two existing LifeWays providers indicated they will not be renewing contract for FY24. LifeWays is seeking feedback from regional partners about innovative models for providing services and modified staffing patterns. T. Warner indicated that MCN met with MDHHS leadership last week to discuss this issue and received approval for modified staffing pattern for home-based services which relies on the use of paraprofessionals to supplement services provided by Master's-level clinicians (minimally 4 hrs/month provided by clinician).				
	MCN will share its modified staffing model with Operations Council members and Clinical Leadership Committee.	By Who	T. Warner	By When	8/31/2023
Autism Services	S Lindsey and C. Pinter requested topic of ABA providers and autism service delivery for an upcoming Operations Council meeting.				
	Carry forward to September or October Operations Council meeting.	By Who	J. Sedlock and A. Ittner	By When	10/31/2023
TCM Services for Incarcerated Beneficiaries	Notice of proposed policy #2307-TCM with effective date of 7/1/2023 for use of Medicaid/HMP funds for limited TCM services to incarcerated individuals within 30 days of release from incarcerated setting. Services are billed FFS through CHAMPS. Discussion about the high potential for duplication with other programs/services: CCBHC, Health Homes, and Opioid Settlement funded services provided in county jails.				

Agenda Item		Action Required			
	Discussion only	By Who	N/A	By When	N/A

POLICIES AND PROCEDURE MANUAL

Chapter:	**Customer Service**		
Title:	**Information Accessibility/Limited English Proficiency (LEP)**		
Policy: ☒ **Procedure:** ☐ **Version:** 2.0 **Page:** 1 of 3	**Review Cycle:** ~~Annually~~ Biennial **Author:** Chief Compliance and Quality Officer, Customer Service Committee	**Adopted Date:** 07.01.2014 **Review Date:** **Revision Eff. Date:**	**Related Policies:** Customer Service Policy

DO NOT WRITE IN SHADED AREA ABOVE

Purpose

Mid-State Health Network (MSHN) and its provider network will take reasonable steps to ensure that persons with Limited English Proficiency (LEP) due to literary or impairment reasons have meaningful access and ~~an~~ equal opportunity to participate in the services, activities, programs, and other benefits.

Policy

A. MSHN delegates the responsibility for ensuring meaningful communication with LEP consumers/customers and their authorized representatives involving their medical conditions, benefits, and supports/services to the Community Mental Health Services Program (CMHSP) Participants and Substance Use Disorder (SUD) providers, with oversight and monitoring by MSHN. This includes client-~~-~~specific and/or general information about:
   1. Managed care;
   2. Excluded populations;
   3. Covered benefits;
   4. Cost sharing (if any);
   5. Service area;
   6. Availability of interpreters

B. CMHSP Participants/SUD Provider Network, to ensure sufficient resources for persons with LEP, shall:
   1. Establish a methodology for identifying the prevalent non-English languages spoken by beneficiaries likely to be served in their service area;
   2. Determine the frequency that LEP persons may come in contact with their programs;
   3. Estimate the available resources required to meet the identified needs;
   4. Develop procedures for timely and effective communication between staff and persons with ~~persons who are~~ LEP.

C. CMHSP Participants/SUD Provider Network will ensure ~~all materials are available~~:

1. All materials are available ~~I~~in language(s) appropriate to the people served within the PIHP's area for specific n~~N~~on-English language that is spoken as the primary language by more than 5% of the population in the PIHP's region. Such materials shall be available in any language alternative to English as required by the Limited English Proficiency Policy Guidance (Executive Order 13166 of August 11, 2002, Federal Register Vol. 65, August 16, 2002).~~;~~
2. All materials are available ~~I~~in alternative formats in accordance with the Americans with Disabilities Act (ADA).~~;~~
3. Written materials critical to obtaining services, including, at a minimum, provider directories, enrollee handbooks, appeal and grievance notices, and denial and termination notices, are available in the prevalent non-English language(s) within the service area and must ~~All written materials for potential enrollees must~~ include taglines explaining the availability of written translations or oral interpretation along with the toll-free telephone number of the entity providing services as required by 42 CFR 438.71(a) and 42 CFR 438.10(d)(2).~~;~~ Taglines must be printed in a conspicuously-visible font size.
4. Beneficiaries may access materials in a font size with a minimum font of 12 point and in large print in a font size no smaller than 18 point.

D. The CMHSP Participants/SUD Provider Network shall ensure that beneficiaries are notified of how to access alternative formats, that oral interpretation is available for any language, and written information is available in prevalent languages. ~~and how to access those services.~~ This includes interpretation services for the deaf, hard of hearing, and deaf/blind populations.

E. The CMHSP Participants/SUD Provider Network shall ~~also~~ ensure that beneficiaries have timely access to support and services in their preferred language based on their language skills and in accordance with the Access Standards.~~are notified how to access alternative formats~~.

F. The CMHSP Participants/SUD Provider Network shall assure that designated employees and members of its provider network ~~are able to~~ can obtain appropriate interpretation, translation, and/or communication services or technical equipment to meet the needs of beneficiaries in their service areas. This includes written materials and face-to-face or phone communications.

G. All interpreters, translators, and other aids needed to comply with this policy shall be provided without cost to the person being served~~, and consumers/customers and their families will be informed of the availability of such assistance.~~

H. The CMHSP Participants/SUD Provider Network shall have a local procedure in place ~~which~~ that ~~is in compliance~~complies with the Michigan Department of Health and Human Services (MDHHS) Information Accessibility for Beneficiaries with LEP requirements, as well as the ADA.

I. The CMHSP Participants/SUD Provider Network must participate in the State's efforts to promote the delivery of services in a culturally competent manner to all beneficiaries, including those with limited English proficiency and diverse cultural and ethnic backgrounds and those who are Deaf, Hard of Hearing, and Deaf and Blind. Treatment will be modified to effectively serve individuals who are deaf, hard of hearing, and deaf and blind as determined by their language skills and preferences.

J. The CMHSP Participants/SUD Provider Network may only use Video Remote Interpreting (VRI) in emergencies, extenuating circumstances, or during a state or national emergency as a temporary solution until the provider can secure a qualified interpreter and in accordance with the R 393.5055 VRI standards, usage, limitations, educational, legal, medical, mental health standards.

~~H.~~K. The CMHSP Participants/SUD Provider Network shall comply with the Office of Civil Rights Policy Guidance on the Title VI Prohibition Against Discrimination as it affects persons with LEP, 45 CFR 92.201, and Section 1557 of the Patient Protection and Affordable Care Act. It is expected that reasonable steps will be taken to provide meaningful access to each individual beneficiary with LEP, such as language assistance services, including but not limited to oral interpretation and written translation.

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:

ADA: Americans with Disabilities Act.
CMHSP: Community Mental Health Service Program
Communication: The effective transmission of messages using spoken language, Braille, American Sign Language, or available technology as necessary.
Consumer/Customer: Refers to individuals who are eligible to receive specialty mental health and substance use disorder services, as well as those currently receiving such services and their families/guardians. For the purpose of MSHN policy, these terms are used interchangeably.
Interpretation: The oral transmittal of a message from one language to another, considering dialect, culture, and nuance.
Limited English Proficiency (LEP): Means being limited in the ability or unable to speak, read, and/or write the English language well enough to understand and be understood without the aid of an interpreter.
MDHHS: Michigan Department of Health and Human Services
MSHN: Mid-State Health Network

Population/Service Area: Includes any Medicaid beneficiary who may potentially receive services from MSHN and its provider network.
Prevalent: means a non-English language determined to be spoken by a significant number or percentage of potential enrollees and enrollees that are limited English proficient.
Readily Accessible: means electronic information and services which comply with modern accessibility standards such as section 508 guidelines, section 504 of the Rehabilitation Act, and W3C's Web Content Accessibility Guidelines (WCAG) 2.0 AA and successor versions.
SUD Provider Network: Refers to a SUD Provider ~~that is~~ directly under contract with PIHP MSHN to provide services and/or supports.
Translation: The written interpretation of a message from one language to another, conveying the original meaning of the text with linguistic precision.
VRI: Video Remote Interpreting

Other Related Procedures:
N/A

References/Legal Authority:
1. 42 CFR 438.10 Information Requirements
2. 42 CFR 438.400 Appeals and Grievances
3. State of Michigan/PIHP Contract: Schedule 1. General Requirements, M. Beneficiary Services, 2. Written Materials, b. Additional Information Requirements
4. State of Michigan/PIHP Contract: 1. General Requirements, Q. Observance of State and Federal Laws and Regulations, 8. Limited English Proficiency
5. Limited English Proficiency Policy Guidance (Executive Order 13166 of August 11, 2002, Federal Register Vol. 65, August 16, 2002).
6. Office of Civil Rights Policy Guidance on Title VI "Language, Assistance to Persons with Limited English Proficiency"
7. The MICHIGAN DEPARTMENT OF CIVIL RIGHTS DIVISION ON DEAF AND HARD OF HEARING QUALIFIED INTERPRETER – GENERAL RULES (By authority conferred on the division on deaf and hard of hearing by section 8a of the deaf persons' interpreters act, 1982 PA 204, MCL 393.508a, section 9 of the division on deafness act, 1937 PA 72, MCL 408.209, and ERO 1996-2, MCL 445.2001, ERO 2003-1, MCL 445.2011, and ERO 2008-4, MCL 445.2025.)

Change Log:

Date of Change	Description of Change	Responsible Party
07.01.2014	New policy	Chief Compliance Officer
04.2016	Annual Review/Update	Customer Service & Recipient Rights Specialist
11.21.2016	Updated according to MDHHS/PIHP contract	Customer Service Committee
12.18.17	Annual Review	Customer Service Committee
12.03.18	Annual Review, additional language added	Customer Service Committee

03.16.2020	Annual Review, additional language added, edit to conform to definitions	Customer Service Committee
11.15.2021	Bi-annual Review, updated language from contract	Customer Service Committee
05.15.23	Policy updates to include updated language from the PIHP contract	Customer Service Committee

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Mid-State Health Network

POLICIES AND PROCEDURE MANUAL

Chapter:	General Management		
Title:	Delegation to the Chief Executive Officer and Executive Limitations		
Policy: ☒ **Procedure:** ☐ **Page:** 1 of 2	**Review Cycle: Biennial** **Author:** Chief Executive Officer	**Adopted Date:** 07.02.2014 **Review Date:** 09.13.2022	**Related Policies:** General Management Board Governance

Purpose

All Mid-State Health Network (MSHN) Board authority delegated to staff is delegated to the Chief Executive Officer (CEO). The CEO shall execute the delegated authority of the Board within defined executive limitations.

Policy

1) Delegation of Authority: The Board shall direct the CEO to achieve certain results through the establishment of Board policies and strategic priorities. The Board will limit the latitude the CEO may exercise in practices, methods, conduct and other "means" through establishment of executive limitations.

   As long as the CEO uses reasonable interpretation of the Board's policies and executive limitations, the CEO is authorized to establish necessary procedures, make decisions, and take actions deemed necessary to achieve MSHN goals and compliance.

   Only decisions of the Board, acting as a body are binding upon the CEO. Decisions or instructions of individual Board members, officers or committees are not binding on the CEO except in instances when the Board has specifically authorized such exercise of authority.

2) Contracts:
   A. The Board of Directors specifically authorizes and delegates to the MSHN Chief Executive Officer the authority and responsibility to execute revenue contracts with the State of Michigan where the due date for the contract to be returned occurs before the next regularly scheduled board meeting provided that the revenue contract is consistent with the board approved strategic plan and the mission, vision and values of the Mid-State Health Network Pre-Paid Inpatient Health Plan. The Chief Executive Officer must report all instances where this action occurs at the next regularly scheduled board meeting.
   B. The Board of Directors specifically authorizes and delegates to the MSHN Chief Executive Officer the authority and responsibility to execute expenditure contracts that are directly related to special funding proposals submitted to and approved by the State of Michigan in order to implement the special project or funding on a timely basis. The Chief Executive officer must report all instances where this action occurs at the next regularly scheduled board meeting.

3) Executive Limitations: The CEO shall not cause or allow any practice, activity, decision or circumstance that is illegal, imprudent, or inconsistent with Board approved policy or is in violation of commonly accepted business and professional ethics. Accordingly, the CEO may not:
   A. Deal with consumers, families, employees, contractors, Board members or persons from the community in an unprofessional or unethical manner.
   B. Permit financial conditions that risk fiscal jeopardy or compromise Board policy and/or strategic priorities.
   C. Knowingly provide information and advice to the Board that is untimely, incomplete or inaccurate.
   D. Permit conflict of interest in making purchases, awarding contracts, or hiring of employees.

~~E.~~ Approve and/or initiate expenditure of MSHN funds that differs from Board approved procurement policies; the CEO shall not exceed a spending limit of $24,999 without prior Board

E. approval. Unless prohibited by other MSHN executed contracts, MSHN board approved policies, or pertinent regulations, the MSHN CEO is authorized to:

- Approve and execute any expenditure of funds (including but not limited to funds associated with memoranda of understanding, contracts, purchase orders, special procurement initiatives, or similar instruments) for a single item/service/support or group of similar items/services/supports, provided that the total amount involved in the request is less than the policy-established maximum of $24,999.
- Present to the board of directors for its consideration any item or group of items that would, as a single request, exceed the established $24,999 maximum signature authority of the Chief Executive Officer.

F. Manage MSHN without adequate administrative procedures for matters involving finances, internal controls, employees, contractors, facilities, and other required operations of the organization.

Applies To:

☐All Mid-State Health Network Staff
☒Mid-State Health Network Board
☒Selected MSHN Staff, as follows: Chief Executive Officer
☐MSHN 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

Other Related Materials

MSHN Board By-Laws
MSHN Operating Agreement

References/Legal Authority

NA

Change Log:

Date of Change	Description of Change	Responsible Party
04.11.2014	New Policy	Chief Executive Officer
05.05.2015	Annual Review No Changes	Board of Directors
05.03.2016	Annual Review	Board of Directors
03.2017	Annual Review	Board of Directors
09.2018	Annual Review	Chief Executive Officer
01.2019	Annual Review	Chief Executive Officer
07.2020	Biennial Review	Chief Executive Officer
07.2022	Biennial Review	Chief Executive Officer
07.2023	Review for clarification language E.	Chief Executive Officer

POLICIES AND PROCEDURE MANUAL

Chapter:	Information Technology		
Title:	Breach Notification Policy		
Policy: ☒ Procedure: ☐ Page: 1 of 2	Review Cycle: Biennial Author: Chief Information Officer	Adopted Date: 01.09.2018 Review Date: 095.148.21023	Related Policies: Information Management Policy

Purpose

To ensure that Mid-State Health Network (MSHN) maintains Health Information Portability and Accountability Act (HIPAA) security breach notification policies and procedure that meet legal and regulatory standards under the Medicaid Specialty Supports and Services contract and federal and state privacy guidelines and to ensure compliance with notificationrequirements.

Policy

Mid-State Health Network, a HIPAA Covered Entity (CE), and its Business Associates (BA) must provide notification following the discovery of a breach of unsecured protected health information in accordance with 45 CFR §§ 164.400-414 (notification in the case of breach of unsecured protected health information).

Notification by a Business Associate to Mid-State Health Network as the Covered Entity:
A Business Associate shall notify Mid-State Health Network immediately following the discovery of a breach of unsecured protected health information as outlined in the Breach Notification Procedure. Mid-State Health Network, as the Covered Entity, is responsible for breach notification to the individual, Secretary of Health and Human Services, and the media, as required, unless delegated to the Business Associate and stated in the Business Associate Agreement.

Notifications are required if the breach involved unsecured Pprotected hHealth iInformation (PHI). Encryption and destruction are technologies and methodologies for rendering PHI unusable, unreadable, or indecipherable tounauthorized individuals. Covered entities and Business Associates that secure information as specified by this guidance are not required to provide notifications following the breach of such information.

Policies and Procedures:
MSHN and its Provider Network must have in place written policies and procedures regarding privacy of PHI and breach notification in compliance with applicable laws and regulations.

Training:
MSHN and its Provider Network must be trained on the policies and procedures with respect to protected health information, privacy and security practices, and breach notification as necessary and appropriate for personnel to carry out their duties.

Refraining from Intimidating or Retaliatory Acts:
MSHN and its Provider Network may not intimidate, threaten, coerce, discriminate against, or take other retaliatory action against any individual for the exercise by the individual of any right established, or for participation in any process provided for, by this procedure or any Privacy Practices, including the filing of a complaint under this section;

Waiver of Rights:
Mid-State Health Network will not require individuals to waive their rights under federal privacy laws as a condition of the provision of treatment, payment, enrollment or eligibility for benefits.

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 Provider

Definitions

Business Associate: A HIPAA business associate is any organization or person working in association with or providing services to a covered entity who handles or discloses Personal Health Information (PHI) or Personal Health Records (PHR).
Covered Entity: A HIPAA covered entity is any organization or corporation that directly handles Personal Health Information (PHI) or Personal Health Records (PHR). The most common examples of covered entities include hospitals, doctors' offices and health insurance providers.
Breach: An impermissible use or disclosure under the HIPAA Privacy Rule thatcompromises the security or privacy of the protected health information.
HIPAA: Health Insurance Portability and Accountability Act
MSHN: Mid-State Heath Network
PHI: Protected Health Information
PHR: Personal Health Record
Unsecured Protected Health Information: protected health information that is not renderedunusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary in the guidance issued under section13402(h)(2) of Public Law 111–5 (HITECH Act) on the HHS Web site.
Workforce: employees, volunteers, trainees, and other persons whose conduct, in the performance of work for Mid-State Health Network or a business associate, is under the direct control of Mid-State Health Network or a business associate, whether or not they arepaid by Mid-State Health Network or a business associate.
Intimidating or Retaliatory Act: To demote, terminate, withhold pay, or suspend a person for filing a complaint, participating in an investigation, or opposing an unlawful act, relatedto HIPAA privacy and security breach notification.

Other Related Materials

MSHN Compliance Plan

References/Legal Authority

45 CFR § 164 Privacy of Individually Identifiable Health Information
45 CFR § 164.400-414 Breach Notification Rule
Public Law 111-5 Health Information Technology for Economic and Clinical Health Act (HITECH Act)

Change Log:

Date of Change	Description of Change	Responsible Party
06.21.2017	New Policy	Chief Information Officer
06.2018	Annual Review	Chief Information Officer
06.2019	Annual Review	Chief Information Officer
06.2021	Biennial Review	Chief Information Officer
05.18.2023	Biennial update	Chief Information Officer

MSHN
Mid-State Health Network

POLICIES AND PROCEDURE MANUAL

Chapter:	Information Technology		
Title:	Disaster Recovery		
Policy: ☒ Procedure: ☐ Page: 1 of 1	Review Cycle: Biennial Author: Chief Information Officer	Adopted Date: 07.07.2020 Review Date: 059.148.21023	Related Policies: Information Management Policy

Purpose

To ensure that Mid-State Health Network (MSHN) maintains a disaster recovery plan to provide information for management and workforce members to ensure recovery from a loss of data due to an emergency or disaster such as fire, vandalism, terrorism, system failure, or natural disaster affecting systems and processes that contain protected health information.

Policy

Mid-State Health Network will maintain a disaster recovery plan. The disaster recovery plan will be reviewed biennially and communicated to all staff.

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 Provider

Definitions

MSHN: Mid-State Health Network
~~Protected Health Information: health information that can be used to individually identify persons through the use of a technology or methodology specified by the Secretary in the guidance issued under section13402(h)(2) of Public Law 111-5 (HITECH Act) on the HHS Web site.~~
~~Workforce: employees, volunteers, trainees, and other persons whose conduct, in the performance of work for Mid-State Health Network or a business associate, is under the direct control of Mid-State Health Network or a business associate, whether or not they are paid by Mid-State Health Network or a business associate.~~

Other Related Materials

MSHN Disaster Recovery Plan

References/Legal Authority

Administrative Safeguards - HIPAA Section 164.308(a)(7)
Public Law 111-5 Health Information Technology for Economic and Clinical Health Act (HITECH Act)

Change Log:

Date of Change	Description of Change	Responsible Party
02.03.2020	New Policy	Chief Information Officer
06.2021	Biennial Review	Chief Information Officer
05.18.2023	Biennial update	Chief Information Officer

Chapter:	Information Technology		
Section:	Medicaid Information Management Policy		
Policy ☒ Procedure ☐ Page: 1 of 2	**Review Cycle: Biennial** **Author:** Chief Information Officer	**Adopted Date: 11.22.2013** **Review Date:** 0~~9~~5.1~~4~~8.2~~1~~023	**Related Policies:** N/A

Purpose

To ensure that all CMHSP participants in Mid-State Health Network (MSHN) maintain Information Services practices that are adequate to fulfill their obligations under the Medicaid Specialty Supports and Services contract. This policy and all related procedures shall apply only to those Information Management activities involving the use of Medicaid funding.

Policy

MSHN shall ensure that each CMHSP participant has an effective information system that complies with requirements established by federal and state statutes and the MDHHS contract for Medicaid Specialty Supports and Services. Each CMHSP participant Information System must have mechanisms for collecting, managing, and submitting required data.

A. MSHN Information Services Responsibilities

1. MSHN shall distribute Medicaid enrollment files to each CMHSP participant.
2. MSHN shall maintain mechanisms to collect MDHHS required information from CMHSPs, aggregate it as necessary, submit it to MDHHS and provide appropriate feedback to CMHSPs.
3. MSHN shall ensure compliance by reviewing and monitoring ~~of~~ data submissions and reports as wellas conducting CMHSP site visits ~~as necessary~~.

B. CMHSP Information Services Responsibilities

1. Each CMHSP participant shall maintain current knowledge of all MDHHS technical advisories and expectations related to Information Technology standards, reporting requirements and data submissions.
2. Each CMHSP participant shall timely and accurately report required data in accordance with MSHN and MDHHS requirements.
3. Each CMHSP participant shall meet HIPAA Privacy, Security, HITECH Act and BBA standards for information system functions as delegated by MSHN and shall provide evidence of compliance upon request.

C. Monitoring and Oversight

1. The MSHN Chief Information Officer (CIO) will monitor performance of the information systems functions and shall review MSHN policy biennially with CMHSP participant CIOs.
2. External review will be conducted ~~annually~~ as required by ~~and will include~~ MDHHS and their External QualityReview contractors. ~~on-site visits and reporting.~~
3. ~~2.~~CMHSPs shall comply with all internal and external quality review documentation requests.

Applies to

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

Definitions:

BBA: The Balanced Budget Act of 1997
CIO: Chief Information Officer
CMHSP: Community Mental Health Service Provider
HIPAA: Health Insurance Portability and Accountability Act
HITECH: Health Information Technology for Economic and Clinical Health
IT: Information Technology
MDHHS: Michigan Department of Health and Human Services
MSHN: Mid-State Health Network
PIHP: Prepaid Inpatient Health Plan

Other Related Materials

Data Validation Procedure
Information Management Procedure
MSHN Compliance Plan

Monitoring and Review Completed By

The MSHN Chief Information Officer (CIO) shall monitor performance of the information systems functions and shall review MSHN policy biea~~a~~nni~~u~~ally with CMHSP participant CIOs.

References/Legal Authority

Medicaid Managed Care provisions of the Balanced Budget Act (BBA) of 1997
Health Insurance Portability and Accountability Act (HIPAA) of 1996
Health Information Technology for Economic and Clinical Health Act (HITECH) of 2009
MDHHS Medicaid Specialty Supports and Services Contract

Change Log:

Date of Change	Description of Change	Responsible Party
11.22.2013	New Policy	IT Council
09.2014	Annual Review with new policy format	Chief Executive Officer
10.2015	Annual Review	Chief Information Officer
06.2017	Annual Review	Chief Information Officer
06.2018	Annual Review	Chief Information Officer
06.2019	Annual Review	Chief Information Officer
06.2021	Biennial Review	Chief Information Officer
05.18.2023	Biennial update	Chief Information Officer

POLICIES AND PROCEDURE MANUAL

Chapter:	Information Technology		
Title:	Record Retention Policy		
Policy: ☒ Procedure: ☐ Page: 1 of 2	Review Cycle: Biennial Author: Chief Information Officer	Adopted Date: 09.02.2014 Review Date: 059.148.21023	Related Policies: HIPAA Information Management Disaster Recovery

Purpose

To ensure ~~that~~ Mid-State Health Network (MSHN) maintains Record Retention practices that meet legal and regulatory standards under the Medicaid Specialty Supports and Services contract, the State of Michigan Records Retention and Disposal Schedule, and federal and state financial guidelines, including Health Insurance Portability & Accountability Act (HIPAA).

Policy

MSHN shall have effective record retention policies and procedures that comply with requirements established by the Michigan Department of Health and Human Services (MDHHS) contract for Medicaid Specialty Supports and Services and the State of Michigan Records Retention and Disposal Schedule, and federal and state statutes, including HIPAA. This policy is also intended to eliminate accidental or innocent destruction of records, as well as promote efficiency and ~~reducing~~reduce unnecessary storage of documents.

MSHN record retention policies and procedures must have mechanisms for securely storing, ~~and~~retaining~~/~~ and destroying data as required and recommended.

- MSHN shall ~~annually~~ periodically review their administrative files.
- Records shall be retained~~/~~ and disposed according to State of Michigan Records Retention andDisposal Schedule and federal and state legal and regulatory standards.
- All records disposals will be done in a manner ensuring confidentiality of protected data.

MSHN shall ensure compliance by reviewing and monitoring record retention policies and procedures as well as conducting site visits as necessary.

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

MSHN: Mid-State Health Network
CMHSP: Community Mental Health Services Program
IS: Information Services or Information Systems
IT: Information Technology
MDHHS: Michigan Department of Health and Human Services
PIHP: Prepaid Inpatient Health Plan
BBA: The Balanced Budget Act of 1997
HIPAA: Health Insurance Portability & Accountability Act

Other Related Materials
Data Validation Procedure
Information Management Procedure
MSHN Compliance Plan

References/Legal Authority
Medicaid Managed Care provisions of the Balanced Budget Act (BBA) of 1997
Health Insurance Portability and Accountability Act (HIPAA) of 1996
MDHHS Medicaid Specialty Supports and Services
Contract
MDHHS Medicaid Provider Manual
Michigan DTMB Community Mental Health Record Retention Schedule
https://www.michigan.gov/dtmb/0,5552,7-358-82548_21738_31548-56101--,00.html (refer to GS20)

Change Log:

Date of Change	Description of Change	Responsible Party
03.13.2014	New Policy	K. Tilley
05.18.2016	Annual Review	F. Goodrich
06.21.2017	Annual Review	Chief Information Officer
06.2018	Annual Review	Chief Information Officer
06.2019	Annual Review	Chief Information Officer
06.2021	Biennial Review	Chief Information Officer
05.18.2023	Biennial update	Chief Information Officer

MSHN
Mid-State Health Network

POLICIES AND PROCEDURE MANUAL

Chapter:	Provider Network Management		
Title:	Provider Network Credentialing/Recredentialing		
Policy: ☒ **Procedure:** ☐ **Page:** 1 of 4	**Review Cycle: Biennial** **Author:** Provider Network Mgmt. Committee, Chief Executive Officer	**Adopted Date: 04.07.2015** **Review Date: 03.01.2022** ~~**Revision Effective Date**~~**:**	**Related Policies:** Provider Network Management Service Provider Reciprocity Personnel Manual

Purpose

In accordance with statutory and funding requirements, Mid-State Health Network (MSHN) is responsible to assure that providers (practitioners and organizations) within the region are appropriately qualified and competent to provide covered and authorized services. All professionals who provide clinical services within the MSHN network must be properly credentialed and recredentialed.

Policy

MSHN seeks to ensure the competency and qualifications of the service delivery network in the provision of specialty services and supports covered services and programs. To achieve that goal, it is the policy of MSHN that specific credentialing and recredentialing activities shall occur and be documented to ensure that staff, regional network providers, and their subcontractors are operating within assigned roles and scope of authority in service delivery or business functions. MSHN shall adopt procedures that assure credentialing and recredentialing practices require providers and sub-contractors obtain and maintain proper credentials for their job position and responsibilities as required by statute, policies, and/or job description qualifications.

The policy, and related procedures, applies to Community Mental Health Service Participants (CMHSPs) and their network of providers and Substance Use Disorder Service Providers (SUDSPs) contracted directly with MSHN.

~~Licensed~~ Independent Practitioners

All credentialing/re-credentialing practices shall be conducted in accordance with the MDHHS Credentialing and Recredentialing Process and MSHN *Credentialing ~~Licensed~~ Independent Practitioners procedure*, and at a minimum, require:

- Initial credentialing upon hire or contracting,
- Re-credentialing at least every two years, and
- A process for ongoing monitoring and primary source verification of expired licenses, certifications, and other credentials.

Credentialing and recredentialing processes shall not discriminate against: (a) a health care professional solely on the basis of license, registration, or certification; or (b) a health care professional who serves high-risk populations or who specializes in the treatment of conditions that require costly treatment.

Credentialing and recredentialing processes must ensure that network providers residing and providing services in bordering states meet all applicable licensing and certification requirements within their state.

Organizational Providers

For organizational providers included in its network, and in accordance with the *Credentialing Organizational Providers procedure*, MSHN and CMHSPs must:

- validate, and re-validate at least every two years, that the organizational provider is licensed or certified as necessary to operate in the State, and has not been excluded from Medicaid or Medicare participation.
- ensure that the contract with any organizational provider requires the organizational provider to credential and re-credential their directly employed and subcontract direct service providers in accordance with the MSHN credentialing/re-credentialing policies and procedures (which must conform to MDHHS's

credentialing process).

Monitoring and Oversight of Credentialing and Recredentialing Activities

MSHN provider network credentialing and recredentialing process is delegated to the CMHSP Participants and Substance Use Disorder Service Providers (SUDSP) under contract with MSHN. Delegation includes compliance with the credentialing and recredentialing policies and procedures, conducting specific credentialing and recredentialing activities for applicable health care providers, and establishing and maintaining credentialing records.

All CMHSPs and SUDSPs under contract with MSHN providing Medicaid, Healthy Michigan, and Substance Use Disorder Community Grant Services shall have policies and procedures for credentialing and recredentialing that are updated as needed (not less than biennially), to meet MDHHS credentialing guidelines, MSHN policy, and any other pertinent regulatory requirements. Written credentialing policies and procedures must reflect the scope, criteria, timeliness, and process for credentialing and recredentialing organizational providers and individual practitioners. The policy must be approved by the governing body, and:

A. Identify the administrative staff member and/or entity (e.g., credentialing committee) responsible for oversight and implementation of the process and delineate their role;
B. Describe any use of participating providers or practitioners in making credentialing decisions;
C. Describe the methodology to be used by PIHP staff members or designees to provide documentation that each credentialing or re-credentialing file was complete and reviewed prior to presentation to the credentialing committee for evaluation;
D. Describe how the findings of the Quality Assessment Performance Improvement Program (QAPIP) are incorporated into the re-credentialing process.
E. Background checks;
F. Suspension and revocation
G. Monitoring of credentialing/recredentialing practices including the practices of organizational providers.

~~The CMHSPs and SUDSPs shall identify a designee with responsibility for the administration and oversight of credentialing and recredentialing activities. The designee shall assure that credentialing and recredentialing decisions are made by the agency's medical director, qualified practitioner, or credentialing committee. The designee shall maintain credentialing and recredentialing source documents of organizational providers and/or licensed independent practitioners who are employed or contracted to provide health care services. Credentialing and recredentialing records are subject to MSHN, state, and Federal audit.~~

MSHN is responsible for the oversight of any delegated credentialing or recredentialing decisions within its service delivery network and shall review these practices in accordance with the MSHN delegated functions monitoring and oversight policy, procedure, and protocols. Compliance shall be assessed based on MSHN policies and standards in effect at the time of the credentialing or recredentialing decision. Credentialing and recredentialing records are subject to MSHN, state, and Federal audit.

MSHN retains the right to approve the credentialing decisions of a CMHSP or SUDSP or require discontinuation of service by organization providers and/or ~~licensed~~ independent practitioners without the proper credentialing status. Improper or insufficient credentialing practices by CMHSP or SUDSP may be cause for contractual sanction(s) by MSHN, requiring a corrective action plan, and could be cause for contract suspension or termination. In accordance with the Medicaid Event Verification Policy and Procedure, MSHN may recoup funds for any fee-for-service provider for any claims/encounters that are found to be invalid as a result of improper credentialing.

Administration of credentialing/recredentialing activities and oversight is the responsibility of the MSHN ~~Director of Provider Network Management Systems~~Deputy Director, under the direction of the Provider Credentialing Committee (PCC). The PCC charter details the membership and roles/responsibilities for credentialing activities.

Deemed Status

Organizational Providers or ~~Licensed~~ Independent Practitioners may deliver healthcare services to more than one agency. MSHN, CMHSPs, or SUDSPs may recognize and accept credentialing activities conducted by any other agency in lieu of completing their own credentialing activities. In those instances where ~~a~~ MSHN, CMHSPs, or SUDSPs choose to accept the credentialing decision of another agency, they must maintain copies of the credentialing documents including Primary Source Verification (PSV) and the credentialing decision in their administrative records.

MSHN and CMHSPs must utilize the MDHHS Universal Credentialing system as required by MDHHS when credentialing individuals and organizations.

Notification Requirements and Appeal of Adverse Credentialing Decision:

Organizational Providers and ~~Licensed~~ Independent Practitioners shall be notified, in writing, of all credentialing decisions, including credentialing status, effective date, and recredentialing due date. An organizational provider or ~~licensed~~ independent practitioner that is denied credentialing or recredentialing shall be informed of the reasons for the adverse credentialing decision in writing, within 30 days of the decision, and shall have an appeal process that is available when credentialing or recredentialing is denied, suspended or terminated for any reason other than lack of need. The appeal process must be included as part of an adverse credentialing notification letter.

In instances of a conflict of interest, subcontracted providers responsible for credentialing and recredentialing ~~LIPs~~ Independent Practitioners may utilize the MSHN provider appeal process to ensure a neutral and fair appeal process is available.

If the reason for denial, suspension, or termination is egregious (serious threat to health safety of consumers or staff, represents a substantiated criminal activity, etc.) action shall be taken immediately. In the event of immediate suspension or termination MSHN, CMHSPs, and SUDSPs shall address coordination of care so as to prevent disruption of services.

Record Retention

All credentialing and recredentialing documentation must be retained for each credentialed provider and include:

- Initial credentialing and all subsequent recredentialing applications;
- Information gained through primary source verification; and
- Any other pertinent information used in determining whether or not the provider met credentialing and recredentialing standards

Records shall be retained in accordance with MSHN Record Retention Policy.

Reporting Requirements

CMHSP Participants and SUDSPs are responsible to report suspected fraud, abuse, and licensing violations to MSHN as soon as it is suspected. If a matter expected to lead to suspension or revocation, is known to be related to fraud, abuse, and/or a licensing violation, reporting shall be conducted in coordination with the MSHN Chief Compliance & Quality Officer and any regulatory/investigative agency involved. MSHN and the responsible CMHSP or SUDSP shall coordinate immediate verbal (phone) reporting to the Office of the Inspector General (OIG), Licensing and Regulatory Affairs (LARA) and the Division of Program Development, Consultation and Contracts, Behavioral & Physical Health and Aging Services ~~Developmental Disabilities~~ Administration in MDHHS accordingly. Verbal notice shall be followed by written notice of the matter including any relevant supporting documentation. Information shall be submitted via e-mail in an encrypted format and by regular mail if requested. Once a matter has been turned over to the OIG further investigation should be suspended unless approval is granted by the OIG.

The Chief Compliance & Quality Officer shall maintain records of all credentialing activities reported to MDHHS or the OIG in accordance with MSHN compliance monitoring policies and procedures.

~~Additionally, MSHN and its provider network shall maintain written procedures to address:~~
~~Standards and responsible parties for credentialing functions;~~
~~Initial credentialing and recredentialing (including primary source verification and evidence that minimum training requirements are met);~~
~~Temporary and provisional credentialing;~~
~~Suspension and revocation;~~
~~Use of Quality Assessment and Performance Improvement Program information and findings as part of the recredentialing process;~~
~~Background checks;~~
~~Monitoring of credentialing/recredentialing practices including the practices of organizational providers.~~

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:

09.2019	Annual Review – revisions, moved 'A Word About Professional Licensure' to LIP Procedure	Director of Provider Network Management Systems
11.2021	Biennial Review – Changed titles as necessary; Removed attachment references to MDHHS contract	Contract Manager
01.2023	Revised and updated language in accordance with MDHHS Credentialing and Recredentialing Processes revision ~~12/12/22~~03/24/23.	Compliance Administrator/Deputy Director

Chapter:	Service Delivery System		
Title:	Out of State Placements		
Policy: ☒ Procedure: ☐ Page: 1 of 3	Review Cycle: Biennial Author: Clinical Leadership Committee	Adopted Date: 05.05.2015 Review Date: ~~11.01.2022~~ 2.15.2023	Related Policies:

Purpose

This policy is established to provide guidelines for the placement of Mid-State Health Network (MSHN)service recipients outside of the State of Michigan in accordance with the Michigan Mental Health Code and the Michigan Medicaid Provider Manual.

Policy

Mid-State Health Network and its Community Mental Health Service Program (CMHSP) Participants will comply with *Section 330.919 of the Michigan Mental Health Code Section 330.1919 - Contracts for services of agencies located in bordering states* and the Michigan Medicaid Provider Manual regarding the placement of individuals outside of the state of Michigan.

CMHSPs shall notify MSHN of their intent to place a Medicaid or Healthy Michigan Plan eligible beneficiary out of state. MSHN, in collaboration with the CMHSP, will submit a request for placement approval to the appropriate division at the Michigan Department of Health and Human Services (MDHHS). Placement shall not occur until MDHHS approves the out of state placement in writing. This policy is applicable to all out of state placements including but not limited to, ~~inpatient psychiatric hospitalization,~~ specialized residential treatment~~,~~ and adult foster care settings.

Determination of Need

The CMHSP must make a determination that the placement is clinically appropriate. All efforts should first be made to serve the needs of individuals within the State of Michigan.

If an out of state placement is being considered, the CMHSP shall notify MSHN of its intentions and detail the history of the individual and services that have been provided, and clinical determination that needed services are not available within the State for that individual. MSHN shall submit to the State of Michigan a treatment summary, current assessment and PCP summary, discharge plan and monitoring of placement plan.

The CMHSP shall meet the requirements of the Mental Health Code and the Michigan Medicaid Provider Manual in seeking provision of out of state services.

These requirements include, but may not be limited to:

1) The CMHSP may contract as provided under section 330.1919 of the Michigan Mental Health Code with a public or private agency located in a state bordering Michigan to secure services for an individual who receives services through the county program.
2) The CMHSP may contract as provided under this section with a public or private agency located in a state bordering Michigan to provide services in an approved treatment facility in this state for an individual who is a resident of the bordering state, except that such services may not be provided for an individual who is involved in criminal proceedings.
3) An individual does not establish legal residence in the state where the receiving agency is located while the individual is receiving services

4) An individual who is detained, committed, or placed on an involuntary basis may be admitted and treated in another state. Court orders valid under the law of Michigan are granted recognition and reciprocity in the receiving state to the extent that the court orders relate to admission for the treatment or care of a mental disability. The court orders are not subject to legal challenge in the courts of the receiving state. An individual who is detained, committed, or placed under the law of Michigan and who is transferred to a receiving state continues to be in the legal custody of the authority responsible for the individual under the law of Michigan. Except in an emergency, such an individual may not be transferred, removed, or furloughed from a facility of the receiving agency without the specific approval of the authority responsible for the individual under the law of Michigan.

5) While in the receiving state, an individual is subject to all of the laws and regulations applicable to an individual detained, committed, or placed pursuant to the corresponding laws of the receiving state, except those laws and regulations of the receiving state pertaining to length of involuntary inpatient treatment, reexaminations, and extensions of involuntary inpatient treatment and except as otherwise provided by Michigan law. The laws and regulations of Michigan relating to length of involuntary inpatient treatment, reexaminations, and extensions of involuntary inpatient treatment apply.

6) If an individual receiving treatment on a voluntary basis requests discharge, the receiving agency shall immediately notify the CMHSP and shall return the individual to ~~Michiganas~~Michigan as directed by the CMHSP within 48 hours after the request, excluding Saturdays, Sundays, and legal holidays, unless other arrangements are made with the CMHSP.

7) If an individual leaves the receiving agency without authorization and the individual at the time of the unauthorized leave is subject to involuntary inpatient treatment under the laws of Michigan, the receiving agency shall use all reasonable means to locate and return the individual. The receiving agency shall immediately report the unauthorized leave of absence to the sending CMHSP. The receiving state has the primary responsibility for, and the authority to direct, the return of individuals within its borders and is liable for the cost of such action to the extent that it would be liable for costs if an individual who is a resident of the receiving state left without authorization.

8) An individual may be transferred between facilities of the receiving state if transfers are permitted by the contract providing for the individual's care.

9) Each contract executed for out of state services shall contain all of the following:
    a) Establish the responsibility for payment for each service to be provided under the contract. Charges shall not be more or less than the actual cost of providing the service.
    b) Establish the responsibility for the transportation of individuals to and from the receiving agency.
    c) Provide for reports by the receiving agency to the CMHSP on the condition of each individual covered by the contract.
    d) Provide for arbitration of disputes arising out of the contract that cannot be settled through discussion between the contracting parties and specify how the arbitrators will be chosen.
    e) Include provisions ensuring the nondiscriminatory treatment, as required by law, of employees, individuals receiving services, and applicants for employment and services.
    f) Establish the responsibility for providing legal representation for an individual receiving services in a legal proceeding involving the legality of admission and the conditions of involuntary inpatient treatment.
    g) Establish the responsibility for providing legal representation for an employee of a contracting party in legal proceedings initiated by an individual receiving treatment pursuant to the contract.
    h) Include provisions concerning the length of the contract and the means by which the contract can be terminated.

i) Establish the right of the CMHSP and the State of Michigan to inspect, at all reasonable times, the records of the Provider and its treatment facilities to determine if appropriate standards of care are met for individuals receiving services under the contract.
j) Require the sending CMHSP to provide the receiving agency with copies of all relevant legal documents authorizing involuntary inpatient treatment of an individual who is admitted pursuant to the laws of Michigan.
k) Require each individual who seeks treatment on a voluntary basis to agree in writing to be returned to the State of Michigan upon making a request for discharge and require an agent or employee of the sending CMHSP to certify that the individual understands that agreement.
l) Establish the responsibility for securing a reexamination for an individual and for extending an individual's period of involuntary inpatient treatment.
m) Include provisions specifying when a receiving facility can refuse to admit or retain an individual.
n) Specify the circumstances under which an individual will be permitted a home visit or granted a pass to leave the facility, or both.

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

Definitions:
CMHSP: Community Mental Health Service Program responsible for requesting and managing the Out-of-State placement
MDHHS: Michigan Department of Health and Human Services
MSHN: Mid-State Health Network
Receiving Agency: Organization accepting the out of state placement
Responsible Mental Health Agency: Agency responsible for payment

Other Related Materials:

References/Legal Authority:
Michigan Mental Health Code
Michigan Medicaid Provider Manual

Change Log:

Date of Change	Description of Change	Responsible Party
01.2015	New Policy	C. Mills, PNMC
05.2016	Annual Review	Director of Provider Network Management Systems, Provider Network Management Committee
02.2018	Annual Review	Director of Provider Network Management Systems, Provider Network Management Committee
03.2019	Annual Review	Director of Provider Network Management Systems, Provider Network Management Committee
07.2022	Biennial Review	Chief Behavioral Health Officer Clinical Leadership Committee
02.2023	Edited to clarify that approval is not needed for out of state inpatient psychiatric hospitalization	Chief Behavioral Health Officer, Director of Utilization & Care Management