

The background image is a scenic view of a white lighthouse with a black lantern room, situated on a wooden pier. In the foreground, the dark, metallic tracks of a roller coaster are visible, creating a sense of depth and contrast. Several people are walking on the pier, and a small white boat is docked at the end. The sky is a clear, deep blue.

2024 IMPACT REPORT



LAKESHORE
REGIONAL ENTITY

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Lakeshore Regional Entity is a Prepaid Inpatient Health Plan for people with mental illness, developmental disabilities, and substance use disorder in Allegan, Kent, Lake, Mason, Muskegon, Oceana and Ottawa counties.

INTRODUCTION

Dear Fellow Stakeholders:

I am pleased to report that 2024 was a year of significant achievements across Region 3. It was a year marked by higher quality of service delivery and excellent operating outcomes. The LRE devoted considerable efforts to improving and standardizing our utilization management practices. The LRE Autism team worked tirelessly with our CMHSP partners to improve service quality. Over 80 PowerBI Dashboards were developed and operationalized by the Information Technology team. CMHSP partners will use the dashboards to improve the quality of care.

The year also brought additional collaboration with our regional partners, initiating a growing excitement toward a more integrated culture and a deeper commitment to the communities we serve. The performance exhibited reinforces our values:



			
LOCAL SOLUTIONS	FISCAL RESPONSIBILITY	COLLABORATIVE RELATIONSHIPS	INNOVATION
VALUE LOCAL DIFFERENCES	ACCOUNTABLE & RESPONSIBLE WITH FUNDS	FOSTER EFFECTIVE PARTNERSHIPS	BOLDLY PURSUE EXCELLENCE
We value locally unique service systems that are responsive to local needs, partnerships, and available resources.	Transparent and accountable use of public funds. Maximize available resources.	Nurture collaboration based on mutual trust & shared commitment to quality. Approach all interactions with respect, openness, and a commitment to proactively resolve conflict.	Pursue audacious goals by challenging the status quo and trying new things. Actively work to identify and support opportunities for innovation.

In 2025, LRE will continue the work of our strategic plan and work with our CMHSP partners to expand CCBHC (Certified Community Behavioral Health Clinic), SUDHH (Substance Use Disorder Health Home), and BHH (Behavioral Health Home) in our region. We will also work to integrate Artificial Intelligence (AI) responsibly into the region.

As we move forward, we will continue our advocacy efforts throughout the region to provide our consumers with the best possible quality of care.

In addition, LRE will continue to provide data that drives innovation and paves the way for improvements to methodologies that create cost-effective quality service delivery to the member community mental health organizations and regional network providers. We are committed to being a dynamic resource for empowering regional development. I am confident that as we continue to invest in the people and resources within our region, LRE will have a strong presence in the future.

On behalf of myself, our Board of Directors, and our dedicated staff, thank you for your ongoing support, and we look forward to the exciting year ahead.

Sincerely,

Mary Marlatt Dumas

Mary Marlatt Dumas
Chief Executive Officer
Lakeshore Regional Entity

Executive Board Members

Lakeshore Regional Entity Executive Board of Directors is comprised of 15 community/business leaders serving throughout LRE's seven-county geographical footprint. The LRE values and appreciates the Board's commitment to upholding the LRE's mission and vision.



Pastor Craig Van Beek
Allegan



Alice Kelsey
Allegan



Jim Storey
Allegan



Jon Campbell
Kent



Patricia Gardner
Kent



Stan Stek
Kent



Ron Bacon
Lake, Mason, Oceana



O'Nealya Gronstal
Lake, Mason, Oceana



Andy Sebolt
Lake, Mason, Oceana



Linda Dunmore
Muskegon



Janice Hilleary
Muskegon



Janet Thomas
Muskegon



Sara Hogan
Ottawa

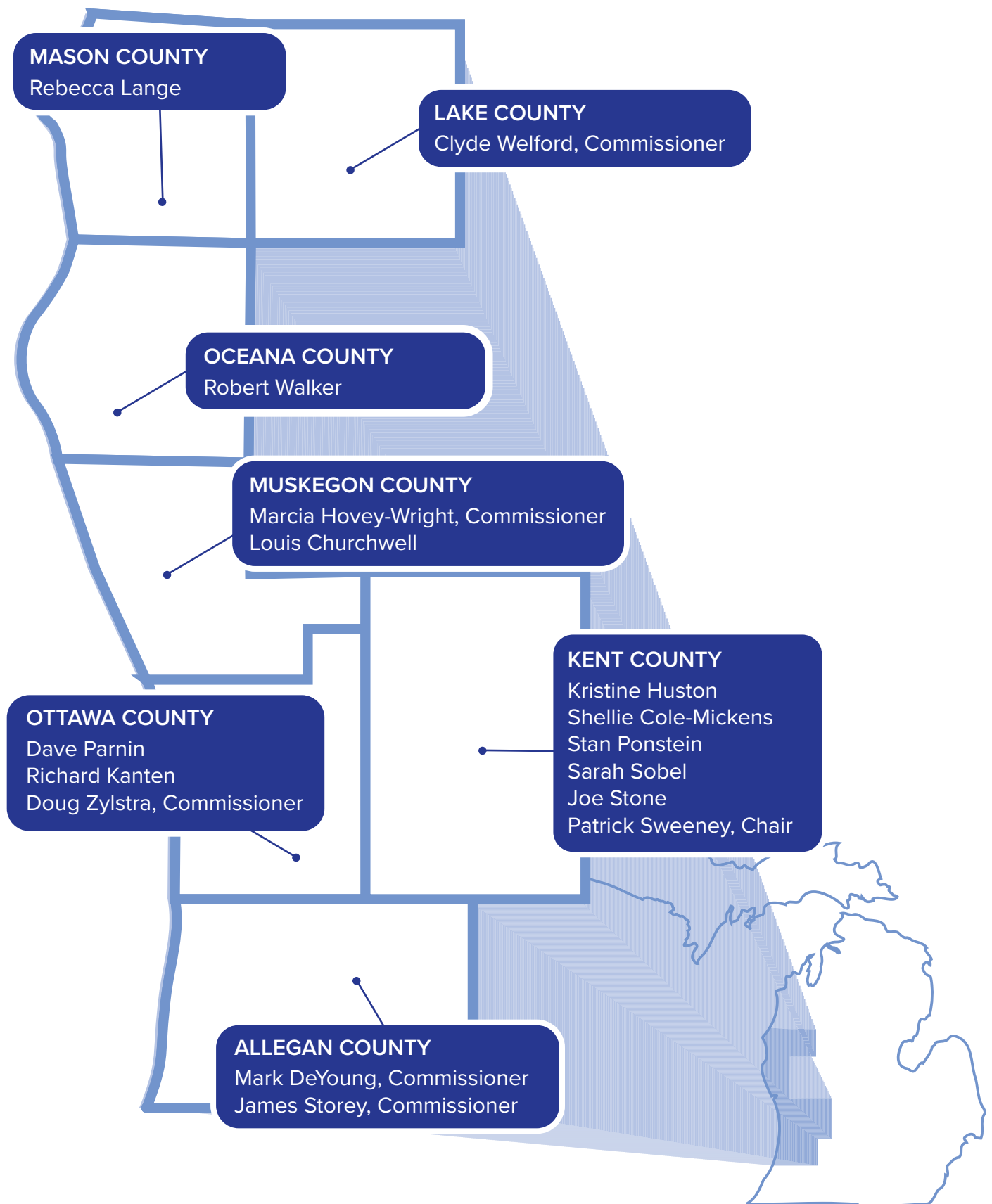


Richard Kanten
Ottawa



Dave Parnin
Ottawa

Substance Use Disorder Oversight Policy Board



ACCOMPLISHMENTS



Walk-A-Mile Rally

Walk-A-Mile

- Region 3 had a strong show of support at the 20th anniversary Walk-A-Mile Rally at the State Capitol building in Lansing on September 17th, 2024. Each of LRE's Community Mental Health Service Programs (CMHSP) partners was represented by members of their individual Community Advisory Panels (CAPs), local recipients of services, and staff. LRE customer service staff attended to represent the PIHP and celebrate the achievements of several CAP board members, one of whom was a key speaker at the rally. One of four commemorative buttons at the rally featured a West Michigan Community Mental Health System (WMCMHS) member's artwork. Several members met with legislators and discussed current issues within the region, sharing their personal experiences and insight as recipients of services that are instrumental in eliciting positive changes across the state.



Provider Network

- In FY24, LRE successfully concluded Medicaid contract negotiations with all Community Mental Health Service Programs (CMHSPs) in Region 3, emphasizing alignment with the Michigan Department of Health and Human Services (MDHHS) Prepaid Inpatient Health Plan (PIHP) Master Contract. A key improvement was the incorporation of enhanced compliance measures and standardized language to reflect the evolving requirements of the Master Contract.



Grants

State Opioid Response 3 (SOR3)

- Implemented evidence-based prevention programming in schools and juvenile justice settings in five counties.
- Made significant progress in implementing jail-based Medication Assisted Treatment (MAT) in Lake, Mason, Oceana, and Muskegon counties.
- A mobile care unit was outfitted, operationalized, and is now serving areas of need within Kent and Allegan counties.

Gambling Disorders

- Supported three local provider projects to address prevention and treatment for gambling disorders in the LRE region for the allocation from MDHHS totaling \$172,000 in FY24.
- The regional Gambling Website Homepage, Stay Out of the Danger Zone, was promoted along with The Gift Responsibility campaign (in collaboration with the National Council on Problem Gambling) and March Program Gambling Awareness month.

Smoking Cessation

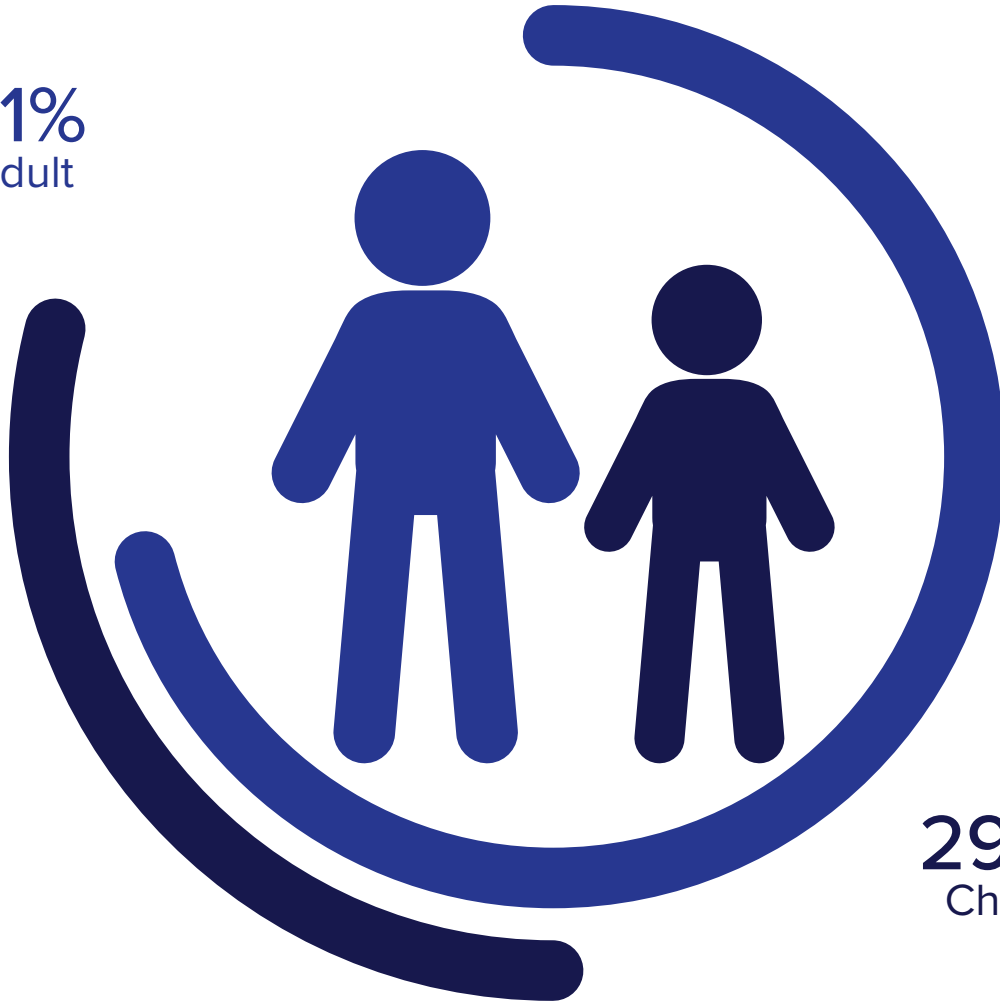
- Grant funds continue to be distributed to all Region 3 PIHP Member CMHSPs. The funds pay for staff time, indirect costs, supplies, and materials to develop and maintain trainers to provide training in the DIMENSIONS smoking cessation curriculum. Many peers and staff have been trained in the DIMENSIONS curriculum and provide cessation groups in their communities.

SERVICE STATISTICS

Behavioral Health Treatment: Numbers Served

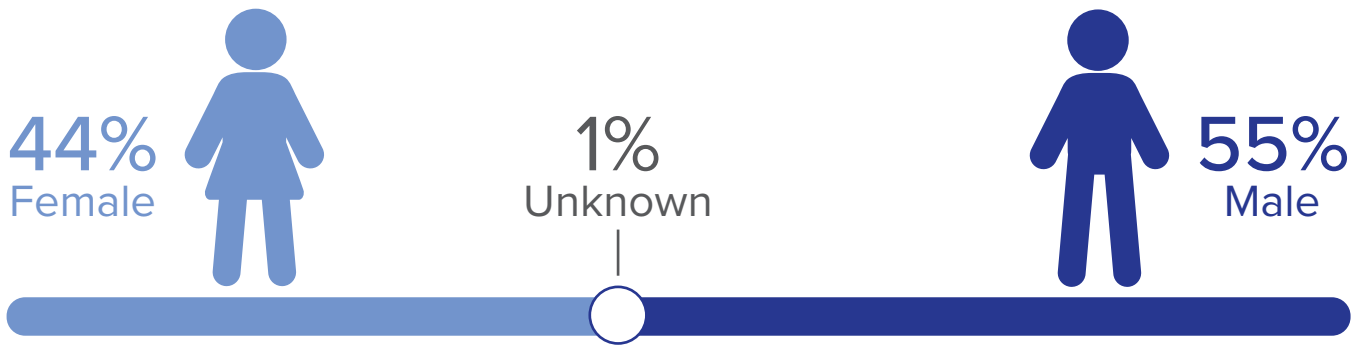
Unique Count Of Consumers Served by Age

71%
Adult



29%
Child

Unique Count Of Consumers Served by Gender

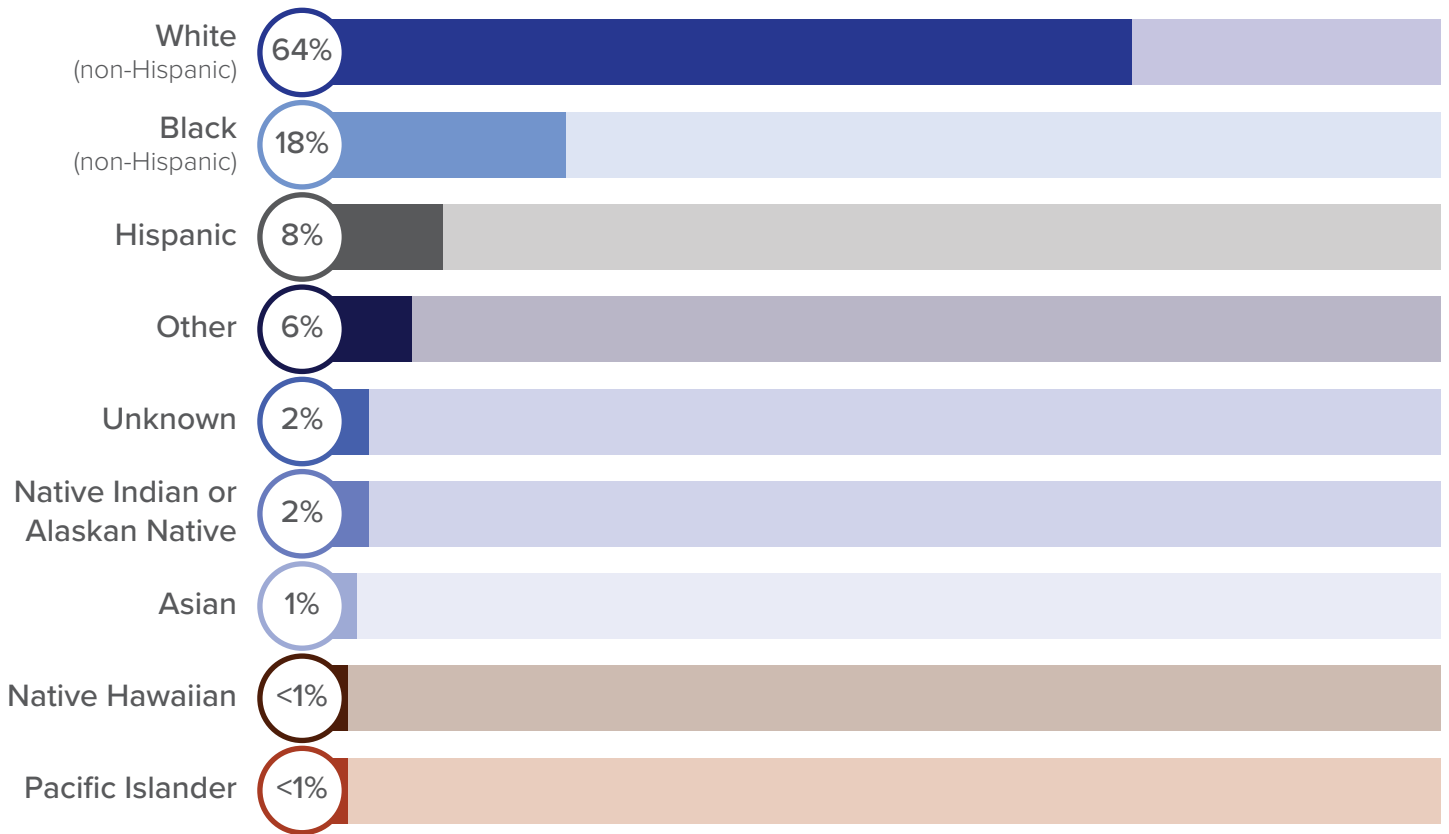


44%
Female

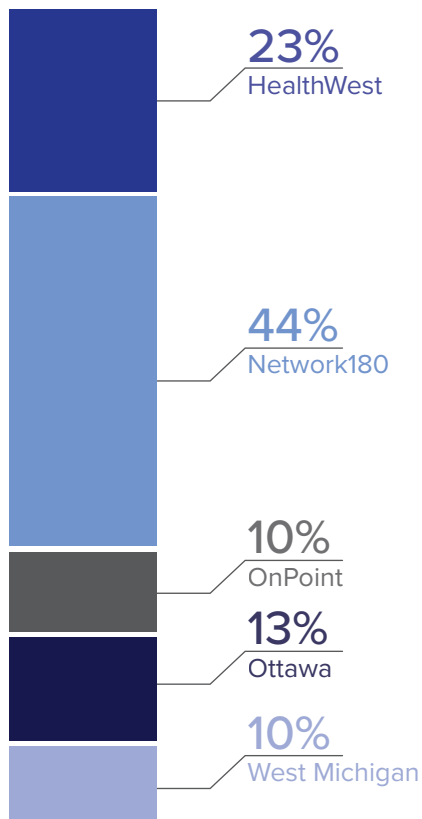
1%
Unknown

55%
Male

Consumers Served By Race/Ethnicity



Percent Served By CMHSP



Count Of Unique Persons Served By Population

3,991
DD/IDD¹ Adult

2,185
DD/IDD¹ Child

13,006
Mental Illness

6,946
SED²

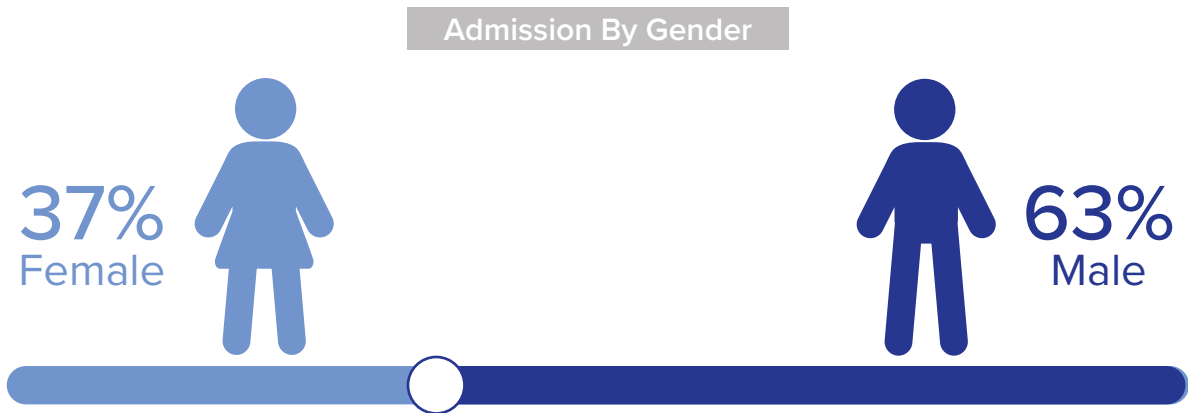
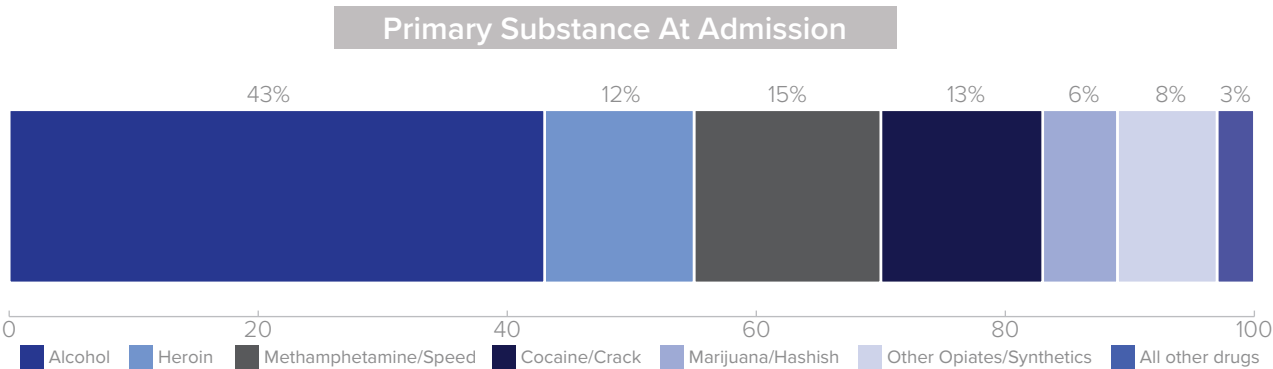
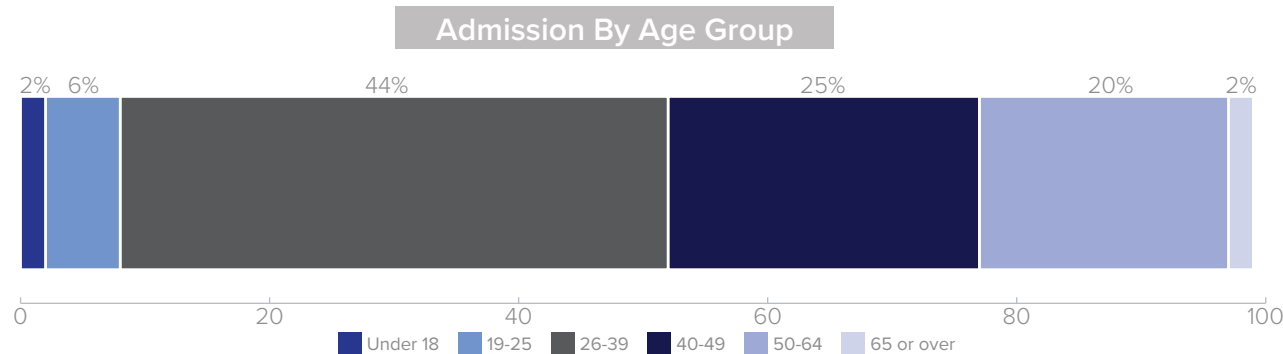
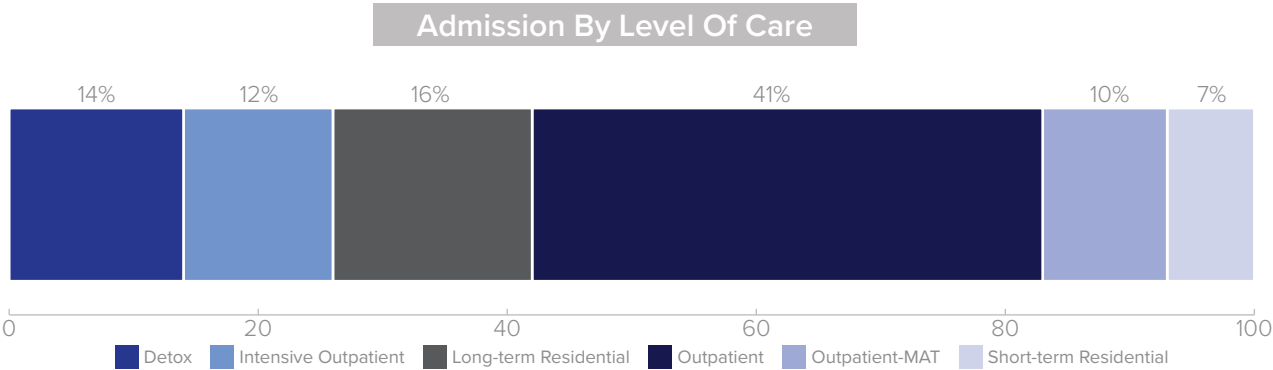
5,084
SUD³

¹ Developmental Disabilities/Intellectual Developmental Disabilities

² Serious Emotional Disturbance

³ Substance Use Disorder

Substance Use Disorder Treatment (SUD): Admissions





Substance Use Disorder Treatment: Access

Refining Internal Infrastructure

This year, the SUD Division thoroughly evaluated and updated many internal documents, including the Provider Manual, the Authorization Matrix, and the Case Management Guidance Document.

Workforce Support

LRE utilized Block Grant dollars earmarked to assist women with substance use disorder and provided continuing education opportunities to the Women's Specialty Treatment Teams by sending case managers and recovery coaches to a state-wide conference for continuing education and providing the therapists with training in EMDR to enhance their clinical practice.

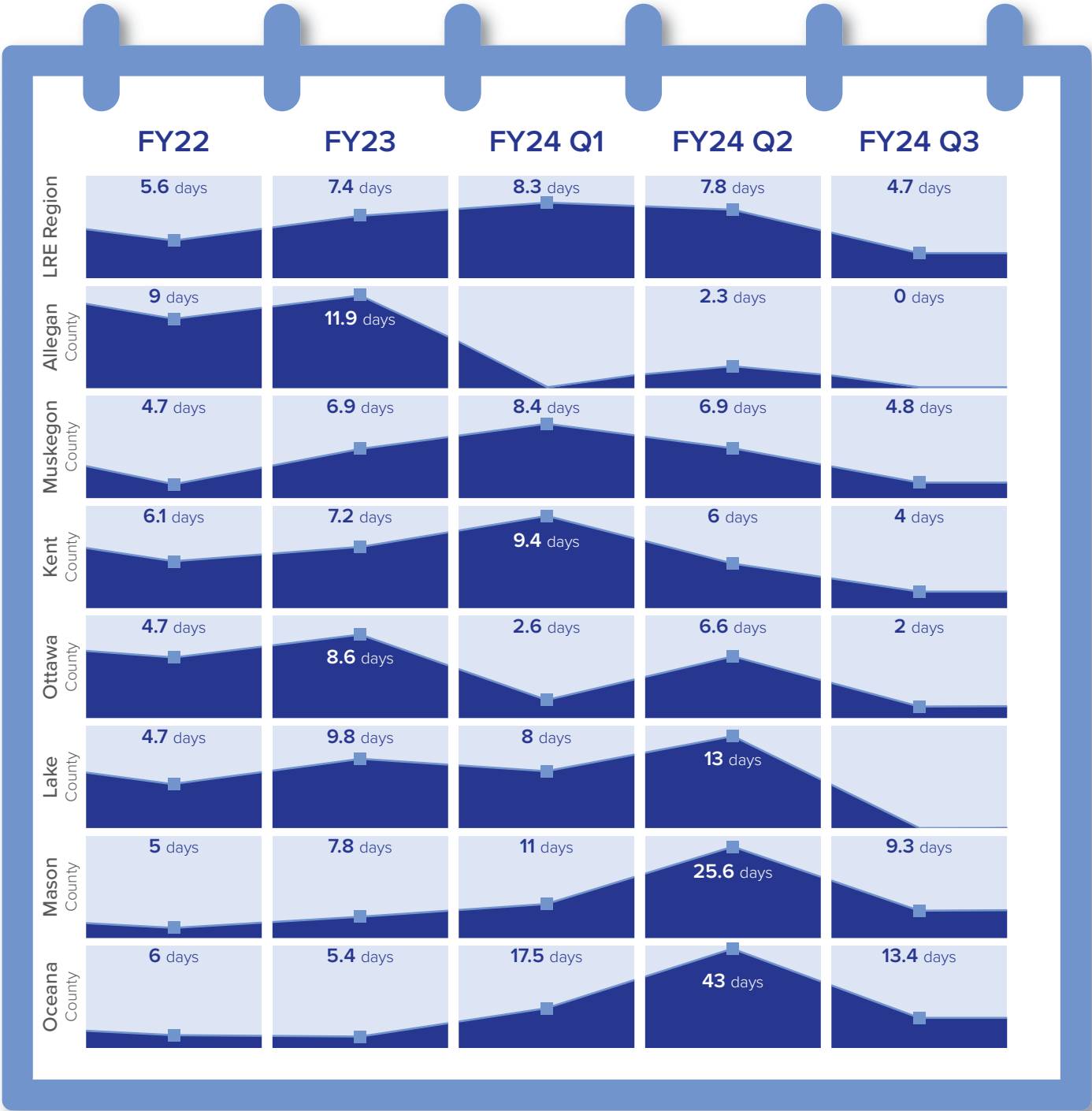
Grant Program Expansion

Recovery coaches in new, community-based placements funded by the SOR3 grant made contact with over 350 individuals in FY24, working on making progress toward sobriety and connecting community resources. Several pilot programs that were implemented using SOR, COVID and ARPA grant funding continued, including a mobile health unit, an overdose response team, a community engagement center, and a sober living home for mothers with custody of their children.

SUD Treatment Success

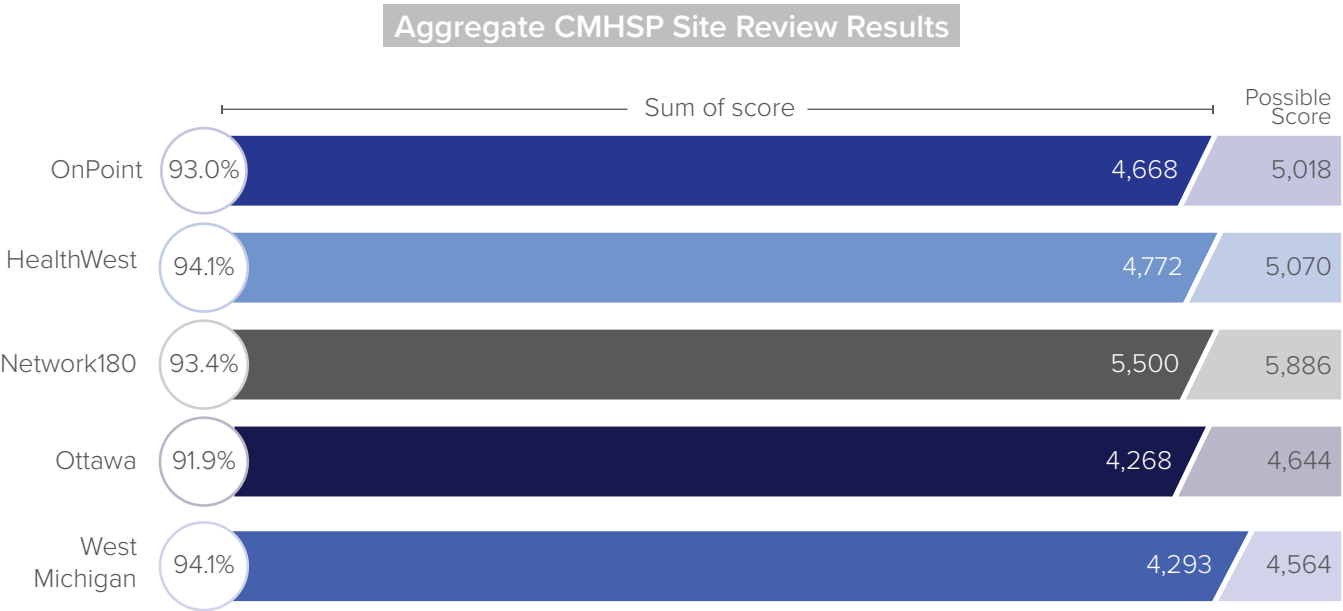
In FY24-Quarter 3, we achieved an average time to service for MAT for individuals with an opiate use disorder of 4.7 days, lower than it's been in two years!

Average Time to Service
(LRE Region)

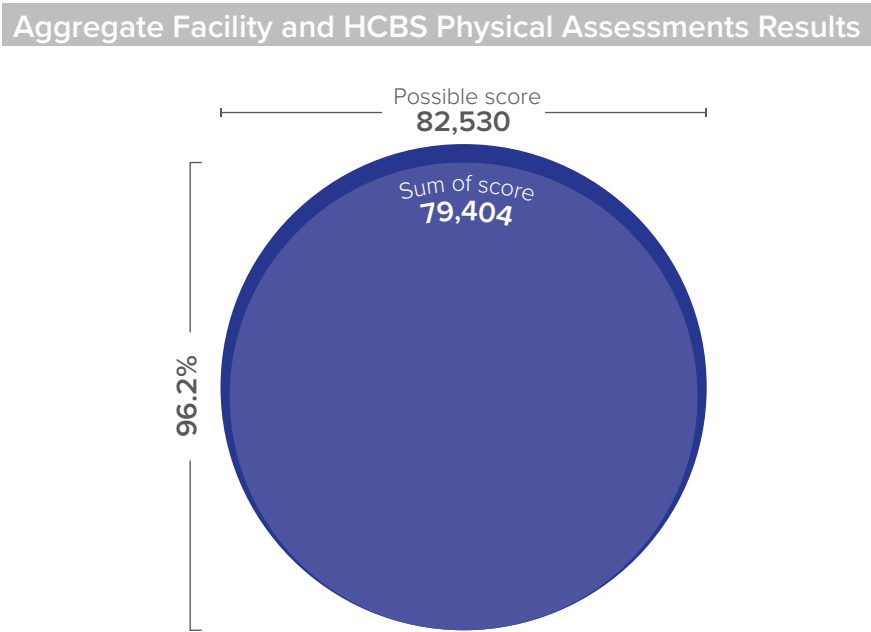


QUALITY REVIEW

In FY24, LRE conducted comprehensive reviews of all five Community Mental Health Services Programs (CMHSPs). The audits examined CMHSP administrative and managed care functions, program-specific standards, health information services, clinical and credentialing records, waiver compliance, and critical incident verification.



In FY24, LRE completed 349 Facility and HCBS Physical Assessments. These assessments encompass a comprehensive review of the facility’s environment, emergency and medication procedures, policies, and HCBS compliance. Additionally, LRE evaluates the Individual Plan of Service (IPOS) and Behavior Treatment Plans (BTP) for residents to ensure full alignment with the HCBS Final Rule.



PERFORMANCE REPORT CARD

Compliance Monitoring

State Fair Hearings

What is a State Fair Hearing (SFH)?

- It is a type of trial afforded to a Medicaid beneficiary that wishes to contest an appeal based off of a denial, reduction, or suspension of services.
- It is an impartial review by a state level Administrative Law Judge (ALJ) of a decision made by the local agency (CMHSP) or the PIHP.
- The beneficiary must exhaust the local appeal before requesting a fair hearing.
- It is governed by 42 CFR 431.200 et seq. 431.214.

LRE Region

In FY24, LRE achieved a 77% non-reversal rate for all state fair hearings while managing an 86% increase in total hearings during the same period.

LRE SFH Decisions

77%

Affirmed/Withdrawn/Dismissed

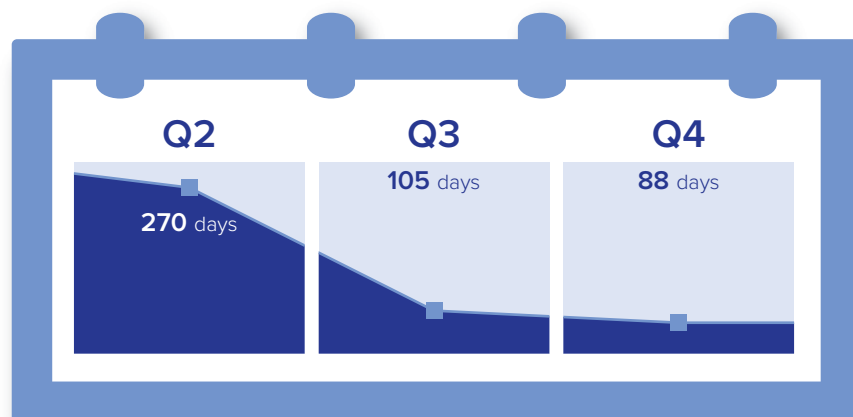
23%

Reversed

Fraud, Waste, or Abuse (FWA)

- In FY24-Quarter 1, LRE identified an opportunity to reduce the cycle time to complete Fraud, Waste, or Abuse (FWA) investigations.
- LRE reorganized its Compliance Department, created a Special Investigations Unit (SIU) investigator position, streamlined workflows, standardized templates, and established an investigation timeliness target of 9-calendar days. With these initiatives, LRE reduced its investigation completion times by 67%, from 270 to 88 calendar days, achieving its FY24 goal of 90 calendar days by the end of Quarter 4.

Quarterly Average of Calendar Days to Complete FWA Investigations

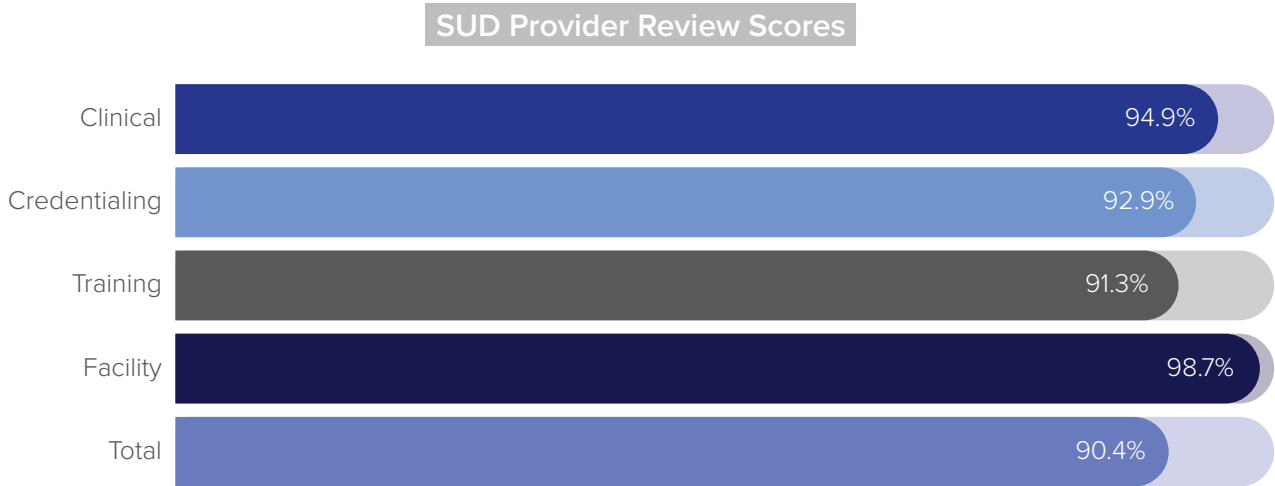


Substance Use Disorder, Psychiatric Inpatient Hospitalization and Crisis Residential Reviews

SUD services in the LRE region include outpatient, intensive outpatient, residential treatment, sub-acute detox, medication-assisted treatment, case management, recovery supports, and women’s specialty services. LRE Quality Specialists reviewed SUD providers for employee credentialing and training, clinical services, and facility health and safety when applicable.

Substance Use Disorder Provider Data

In FY24, LRE completed a separate, consultative SUD Recipient Rights audit with each SUD provider. Providers received corrective action plans, which were remediated and then validated.



Psychiatric Inpatient Hospitalization Data

LRE Quality Specialists reviewed the clinical services at inpatient facilities in the LRE region. The inpatient facilities include St. Mary’s Healthcare PMU, Forest View Hospital, Pine Rest, Holland Hospital, and Trinity Health Behavioral Health Muskegon.



Crisis Residential Data

LRE Quality Specialists reviewed available crisis residential facilities in the LRE region. Specialists reviewed clinical services, employee credentialing and training, and facility health and safety, when applicable. In FY24, specialists completed four consultative Recipient Rights audits for the Crisis Residential Facilities. Providers received corrective action plans, which were remediated and then validated.

MMBPIS Performance Indicator Dashboard

 Meets or exceeds target for goal  Does not meet target for goal

MMBPIS Indicator #	PIHP Quarterly Measures	Target	Oct-Dec 23	Q1 State Avg	Q1 State Ranking	Jan-Mar24	Q1 State Avg	Q2 State Ranking	Apr-Jun24	Q3 State Avg	Q3 State Ranking	July-Sept24	Q4 State Avg	Q4 State Ranking
Indicator #1														
	% of Pre-Admission Screening Dispositions 3 hrs or less - Children	95%	98.7%	99.3%	8th	99.5%	99.1%	6th	99.4%	98.1%	4th	98.4%	98.5%	7th
	% of Pre-Admission Screening Dispositions 3 hrs or less - Adults	95%	98.4%	98.8%	7th	99.3%	98.7%	5th	99.2%	98.8%	7th	98.8%	98.6%	6th
Indicator #2														
	F/F Assessment within 14 days –MIC	62%	58.0%	50.2%	5th	57.3%	59.1%	5th	55.8%	60.2%	6 th	57.3%	62.5%	7th
	F/F Assessment within 14 days –MIA	62%	48.0%	54.4%	9th	51.9%	58.5%	7th	51.6%	59.5%	8 th	54.9%	63.0%	9th
	F/F Assessment within 14 days –DDC	62%	39.3%	43.4%	6th	46.2%	42.4%	6th	46.6%	47.7%	8 th	60.4%	57.5%	6th
	F/F Assessment within 14 days –DDA	62%	54.2%	53.8%	6th	61.6%	54.3%	4th	68.7%	55.9%	3 rd	36.8%	59.0%	9th
	F/F Assessment within 14 days LRE Total	62%	51.7%	52.7%	5th	54.3%	56.5%	5th	54.1%	59.6%	8 th	55.0%	62.2%	8th
Indicator #3														
	Start of Service Within 14 Days –MIC	72.9%	59.8%	67.6%	8th	59.6%	70.5%	9th	53.6%	71.2%	10th	56.9%	70.6%	10th
	Start of Service Within 14 Days –MIA	72.9%	60.8%	70.4%	6th	57.9%	75.8%	10th	53.5%	74.5%	10th	58.1%	74.4%	10th
	Start of Service Within 14 Days –DDC	72.9%	47.8%	68.5%	9th	57.6%	73.6%	8th	58.5%	79.9%	9th	66.7%	84.1%	9th
	Start of Service Within 14 Days –DDA	72.9%	51.9%	78.2%	10th	62.8%	76.1%	8th	62.0%	80.7%	10th	65.0%	77.5%	8th
	Start of Service Within 14 Days LRE Total	72.9%	58.7%	58.7%	9th	58.9%	73.9%	10th	54.7%	74.3%	10th	59.4%	74.6%	10th
Indicator #4a														
	% Seen Within 7 Days of Inpatient Discharge - Children	95%	96.8%	90.6%	3rd	96.2%	94.7%	6th	97.7%	97.9%	5th	96.5%	97.5%	9th
	% Seen Within 7 Days of Inpatient Discharge - Adults	95%	94.8%	90.4%	5th	97.3%	94.5%	3rd	96.6%	96.3%	6th	96.2%	95.8%	5th
Indicator #4b														
	% Seen Within 7 Days of SA Detox Unit Discharge -SUD	95%	100%	97.5%	1st - 3rd	96.7%	96.9%	5th	97.9%	96.6%	5th	100%	97.4%	1st
Indicator #10														
	Inpatient Recidivism Rate - Children	15% or less	18.5%	9.8%	10th	12.3%	9.7%	9th	10.6%	11.5%	4th	16.1%	10.9%	10th
	Inpatient Recidivism Rate - Adults	15% or less	12.8%	12.1%	5th	9.2%	13.5%	2nd	13.8%	14.7%	6th	9.0%	14.0%	1st
MDHHS collects and reports the following indicators														
Indicator #2e														
	F/F Service for Treatment Support within 14 days –SUD	68.20%	67.9%	66.8%	5th	66.3%	68.3%	6th	64%	63.9%	7th	68.0%	69.4%	8th
Indicator #5														
	% of Area Medicaid Having Received PIHP Managed Services	MDHHS INFO	5.4%	6.6%	9th	5.7%	6.83%	8th	6%	7.2%	9th	6.4%	7.5%	9th
Indicator #6														
	% of HSW Enrollees in Quarter who Received at Least 1 HSW Service each Month other than Support Coordination	MDHHS INFO	95.0%	95.8%	8th	94.0%	96.0%	9th	95%	94.7%	6th	94.7%	94.7%	4th

SUBSTANCE USE DISORDER PREVENTION



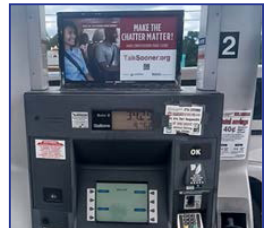
Prevention Services

TalkSooner

The regional TalkSooner campaign, developed in 2007, encourages parents of youth ages 10-18 to begin talking to their children about alcohol and other drugs at an earlier age. Marketing materials direct parents to visit the locally managed TalkSooner.org website.

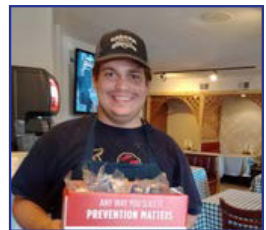
Partner Promotion

- TalkSooner released the featured article, “Smart Vapes”, to MLive to alert parents and caregivers of emerging new vapes equipped with games or connectivity to other gaming options.
- The University of Michigan Health-West displayed digital screensavers of TalkSooner “Make the Chatter Matter” on thousands of computers and monitors throughout their hospital and 30 other locations.

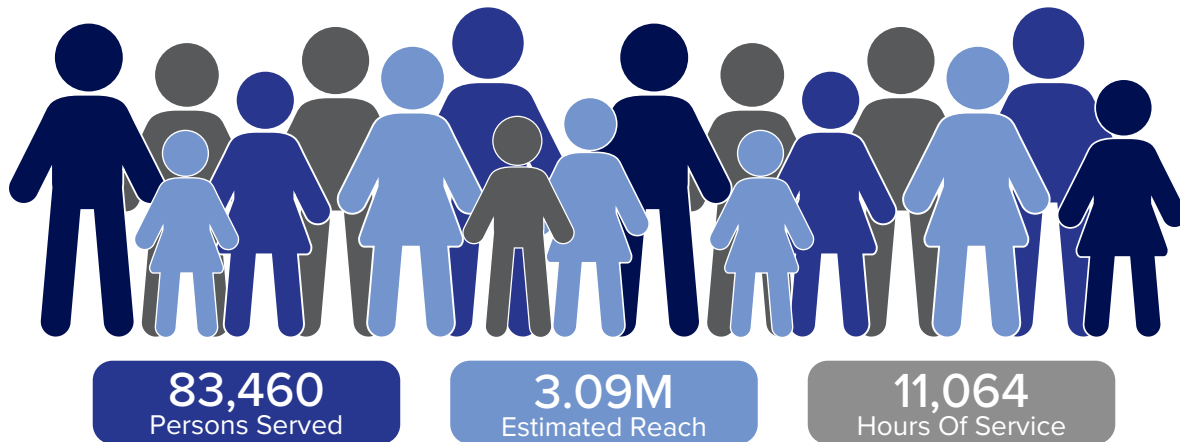


Family Meals Month

- TalkSooner promoted Family Meals Month. This annual nationwide event in September is designed to underscore the benefits of family meals and help families share one more meal at home per week.
- TalkSooner.org highlighted the campaign “Any Way you Slice it, Prevention Matters.” Our team partnered with six locally owned pizza shop owners to share prevention messaging. WOOD-TV Channel 8 and Fox 17-WXMI Morning Mix promoted the campaign with live interviews of TalkSooner Prevention Specialists and pizza shop owners. Pizza shops distributed over 5,000 fliers and pizza cutters with TalkSooner messaging.



LRE Funded SUD Prevention Numbers Served



Estimated Reach

Estimated reach is collected for activities where an official count of persons is not possible. Providers estimate that they have achieved more than 3 million impressions through campaigns such as TalkSooner, Above the Influence, and others.

Hours of Service

More than 11,000 hours of direct service were provided in the following strategies:



Youth Tobacco Access

The Federal Synar Amendment requires states to enact and enforce laws prohibiting the sale of tobacco products to individuals under the age of 18. In December 2019, federal law was enacted to restrict tobacco sales to anyone under the age of 21. Each state must conduct annual unannounced inspections for a random sample of tobacco retailers and achieve a success rate of at least 80%. If they do not, the state risks loss of up to 40% of the Substance Abuse Prevention and Treatment (SAPT) Block Grant funds. Checks conducted as part of this sample are called Synar compliance checks.





A CCBHC, or Certified Community Behavioral Health Clinic, is a type of mental health facility designed to provide comprehensive, community-based mental health and substance use disorder services. These clinics aim to enhance access to care, improve quality, and ensure coordination among various health services. CCBHCs are required to serve anyone who requests care for mental health or substance use disorders, regardless of their ability to pay, place of residence, or age.

CCBHCs must meet standards for the range of services they provide and are required to get people into care quickly. The CCBHC model requires:

- Crisis services to be available 24 hours a day, 7 days a week.
- Comprehensive behavioral health services to be available so people who need care don't have to piece together the behavioral health support they need across multiple providers.
- Care coordination to be provided to help people navigate behavioral health care, physical health care, social services, and the other systems they are involved in.

Goals

Goal 1:	Increase access to behavioral health services.
Goal 2:	Broaden the availability of prevention and early intervention.
Goal 3:	Promote integrated health.
Goal 4:	Improve quality of care and standardization of service delivery.

Demonstration Year 3 (DY3) Evaluation

To assess the effectiveness in supporting CCBHC demonstration, LRE completed the following evaluation based on the responsibilities and requirements defined in the MDHHS CCBHC Handbook.

Status of PIHP Requirements

Contract or develop a Memorandum of Understanding (MOU) with all CCBHCs in their region and ensure access to CCBHC services for their enrollees.	
PIHPs must understand the CCBHC certification process and certification requirements.	
Establishing an infrastructure to support CCBHC's in care coordination and providing required services.	
Collecting and sharing member-level information regarding health care utilization and medications with CCBHCs.	
Providing implementation and outcome protocols to assess CCBHC effectiveness.	
Developing training and technical assistance activities that will support CCBHC in effective delivery fo CCBHC services.	
PIHPs must distribute data requests from MDHHS to CCBHCs for data collections.	
PIHPs must validate by reviewing for completion, evaluate for reasonability and accuracy of data request prior to sending to MDHHS.	
PIHPs provide training and technical assistance on certification requirements.	
PIHPs must utilize Michigan claims and encounter data for CCBHC population.	
PIHPs must use CareConnect 360 to analyze health data spanning different settings of care.	
PIHPs must provide support to CCBHCs related to Health Information Technology, include WSA, CareConnect360, EHR, and HIEs.	

CCBHC Enrollment	PIHP will use the WSA for CCBHC assignment activities and information exchange.	
	Verify diagnostic criteria for CCBHC recipients who are not automatically identified & enrolled and non-Medicaid recipients are entered into the WSA.	
	Monitor CCBHCs to ensure there are policies and procedures in place for the collection of consent forms.	
CCBHC Payments	The PIHP is responsible for reimbursing CCBHCs for each valid CCBHC encounter in a timely manner.	
	PIHP will submit encounters to MDHHS in accordance with Section 5.C.1 of the CCBHC handbook.	
	Review, audit and submit CCBHC cost and quality metric reports to MDHHS.	
Cost & Quality Metric Reporting	CCBHC & PIHP must complete and submit reconciliation templates quarterly.	
	PIHP must monitor, collect, and report grievance, appeal, and fair hearing information, with details, by CCBHC to MDHHS.	
	PIHP must submit other MDHHS-required reports such as FSRs pursuant to MDHHS defined instructions and timelines.	
Oversight	Monitor CCBHC performance and lead quality improvement efforts.	
	Establish a continuous quality improvement program and collect and report on data that permits an evaluation of metrics at the population level.	
	Audit for Cost, Quality, Performance and Compliance.	
	Compliance with other State and/or Federal requirements.	

CUSTOMER SERVICES



Training

- 286 people attended Notice of Adverse Benefit Determination training in 2024
- 308 people attended Person-Centered Writing in January, March, June and September

LRE Community Advisory Panel Newsletter

The LRE Community Advisory Panel (CAP) implemented a quarterly Community Newsletter intended for recipients or potential recipients of services and the community at large. The purpose is to:

- Share the positive things occurring in the region with the community mental health service providers and LRE.
- Provide detailed information on supports, services, and processes such as grievances, appeals, recipient rights, health homes, etc.
- Welcome and engage the community in the world of mental health support.
- Uplift and publicly support members' successes, encouraging others with their testimonies.

This newsletter has allowed LRE Customer Services to meet the goal of directly and publicly responding to comments, questions, and requests for information received from members through the CAP, member surveys, or customer service inquiries.

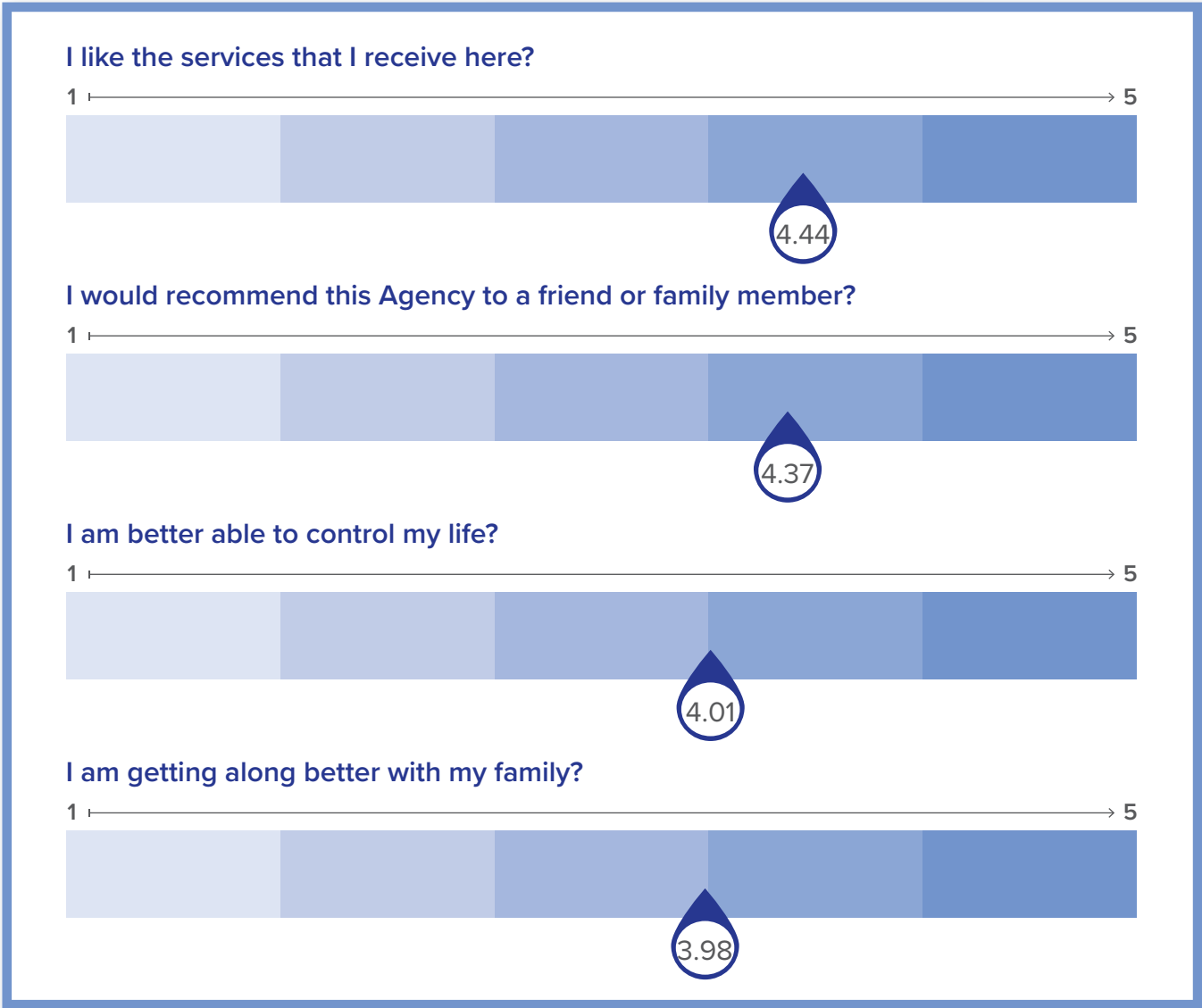
Customer Satisfaction Survey

The overall goal of the customer satisfaction survey is to administer a survey annually to adults/families receiving Medicaid-funded mental health services in outpatient or residential settings. Feedback concerning their experience of care is an important part of the efforts to improve quality and health outcomes in populations experiencing mental health difficulties. Due to the satisfaction survey requirements of CCBHC, the Mental Health Statistics Improvement Program (MHSIP) and Youth Services Survey (YSS) became the new 2024 customer satisfaction survey tool.

The outcomes of the MHSIP and YSS function as a “report card” on how satisfied consumers are with community mental health services and provide insight for what is needed to enhance quality and continuity of care. The perspective of the consumer is valuable in that it provides a unique opportunity for the region to determine what changes may be needed for delivery, to foster collaboration with provider agencies, and to enhance service delivery and implementation strategies.

Customer Service Scorecard

LRE collected 795 customer satisfaction surveys related to CCBHC consumers during 2024. Scores are on a scale of 1-5, with 5 being the best score.



Due Process

Grievance—An expression of dissatisfaction about any matter related to services, other than a service determination (action).

Possible subjects for grievances include, but are not limited to:

- Quality of care or services provided
- Aspects of interpersonal relationships between a service provider and the consumer
- Questions or concerns regarding how Advance Directives are handled
- Questions or concerns regarding consumer's identified discriminatory treatment

Grievances

Q1	Q2	Q3	Q4	Total
86	70	48	45	249

Appeal—The requested review of a Service Determination taken by the Authorizing agency (CMHSP/PIHP) to somehow limit a service request. Filed when a customer/guardian is unhappy about a decision made to limit services they are seeking: denial of service(s); limited service authorization; reduction in service(s); termination of service(s).

- Customers have access to appeals that are both:
- Local - filed with/against the agency (CMHSP/PIHP) making the determination. Also referred to as Local Dispute Resolution
- State - filed to the either the Michigan Office of Hearings and Rules (Medicaid beneficiaries) or the Alternative Dispute Resolution Process (for individuals without Medicaid)

Appeals by CMHSP

OnPoint	HeathWest	Network180	Ottawa	Total
3	34	92	1	130

AUTISM SERVICES

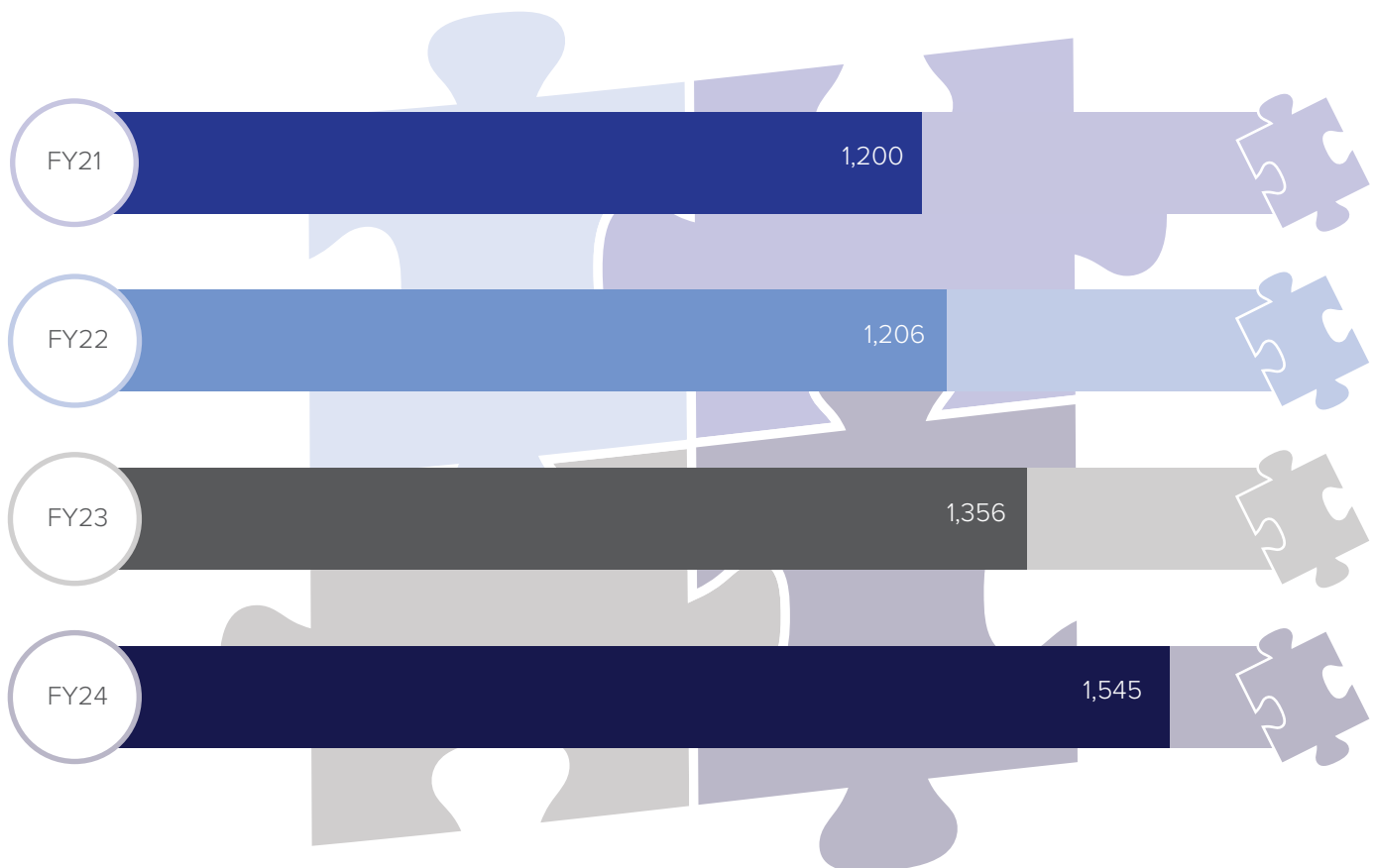
LRE is responsible for administering medically necessary Behavioral Health Treatment (BHT) for individuals with an Autism Spectrum Disorder (ASD) ages 0-21. Behavioral Health Treatment is a comprehensive treatment including, Screening, Diagnosis, Applied Behavior Analysis (ABA), Parent Training, and Social Skills group.

The goal of delivering ABA is to help the identified consumer and their family achieve goals that will make meaningful change in their lives, by following the seven dimensions of behavior analysis identified by Baer, Wolf, and Risley (1968) in their seminal article Some Current Dimensions of Applied Behavior Analysis.

LRE Autism Team

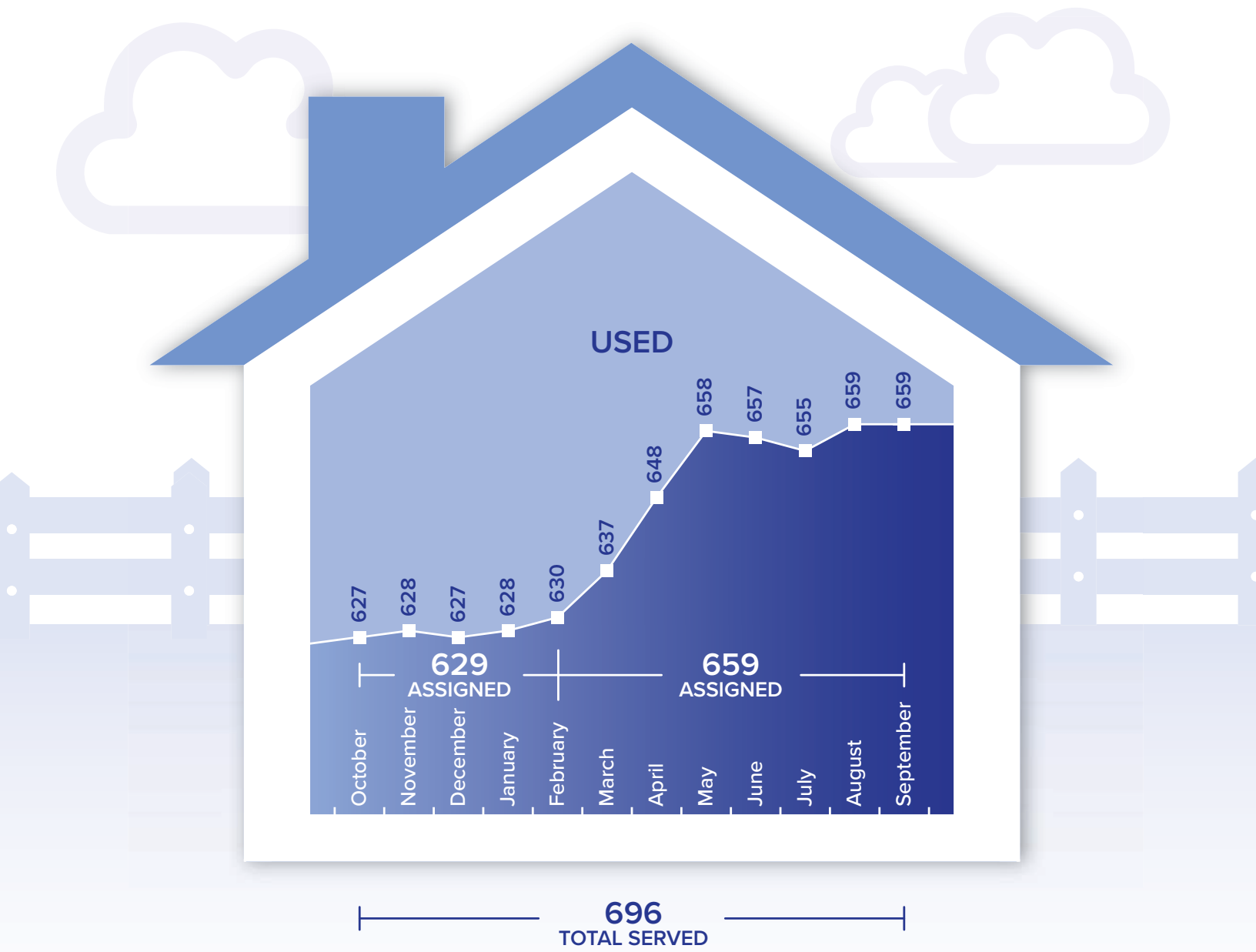
- Created and planned Person-Centered Goal Writing training to launch in January 2025. This training helps break down what makes a goal person-centered and how to use AHA and person-centered planning together.
- Revamped Autism Regional Operations Advisory Team (ROAT) to be a collaborative environment. This approach built better rapport with CMHSP's Autism Leads and opened up discussions to make improvements in the region.
- Collaborated with the IT Team to track the intensity of autism services across the region.
- Created a utilization/authorization form for CMHSPs to utilize throughout the region.
- Teamed with Autism ROAT members to create a form to thoroughly explain CPT codes, expectations of using the codes, and define the clinical necessity for using a code.

Number of Individuals Receiving ABA Services



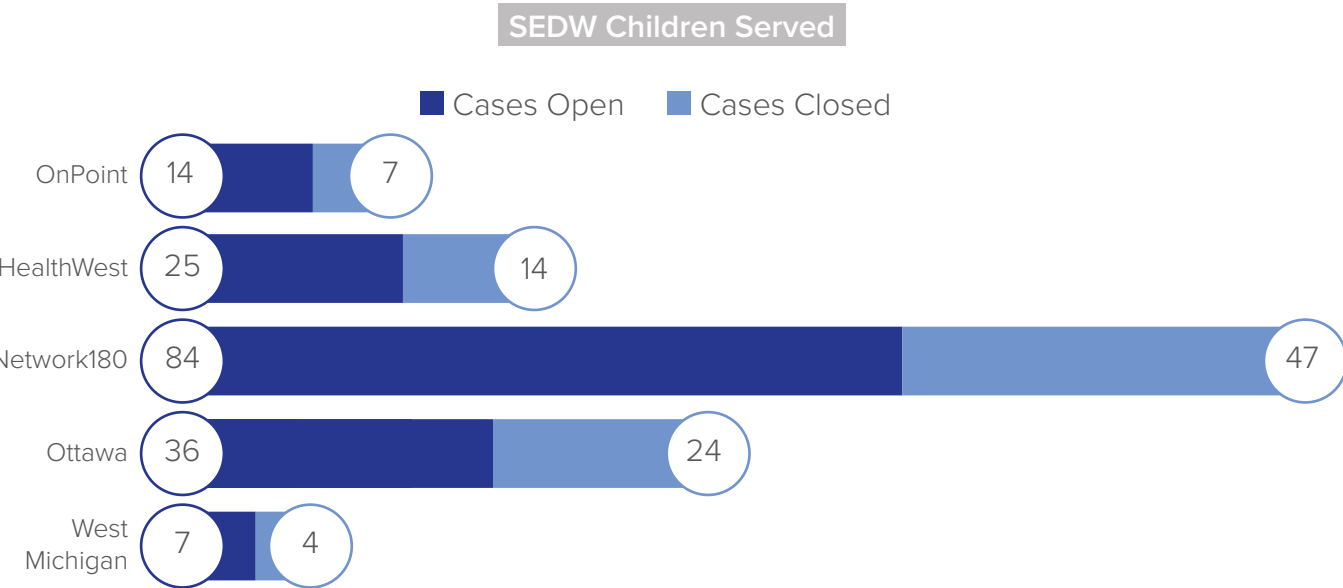
HABILITATION SUPPORTS WAIVER

Throughout FY24, LRE staff spent considerable time advocating with MDHHS to increase the number of HSW slots allocated to Region 3. LRE’s efforts to obtain more slots paid off in February 2024 when MDHHS provided Region 3 with 30 additional HSW slots. LRE staff continued to advocate for additional slots and received 15 slots to start FY25. With these reallocations of HSW slots, LRE has 676 HSW slots, up from 629 in FY23.



CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE WAIVER

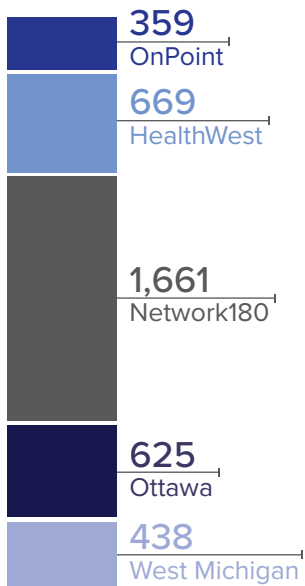
SEDW Service Utilization was a focus of the program this year. LRE worked with CMHSPs and Wraparound Providers to improve understanding of SEDW services, requirements for utilization, and requirements for eligibility, leading to better overall compliance rates across the region.



1915(i)SPA

(i)SPA enrollment processes at the CMHSPs significantly improved. The CMHSPs worked very hard to develop methods to streamline their internal process, review for any errors, and improve communications necessary between their departments and the PIHP.

Total Served by CMHSP

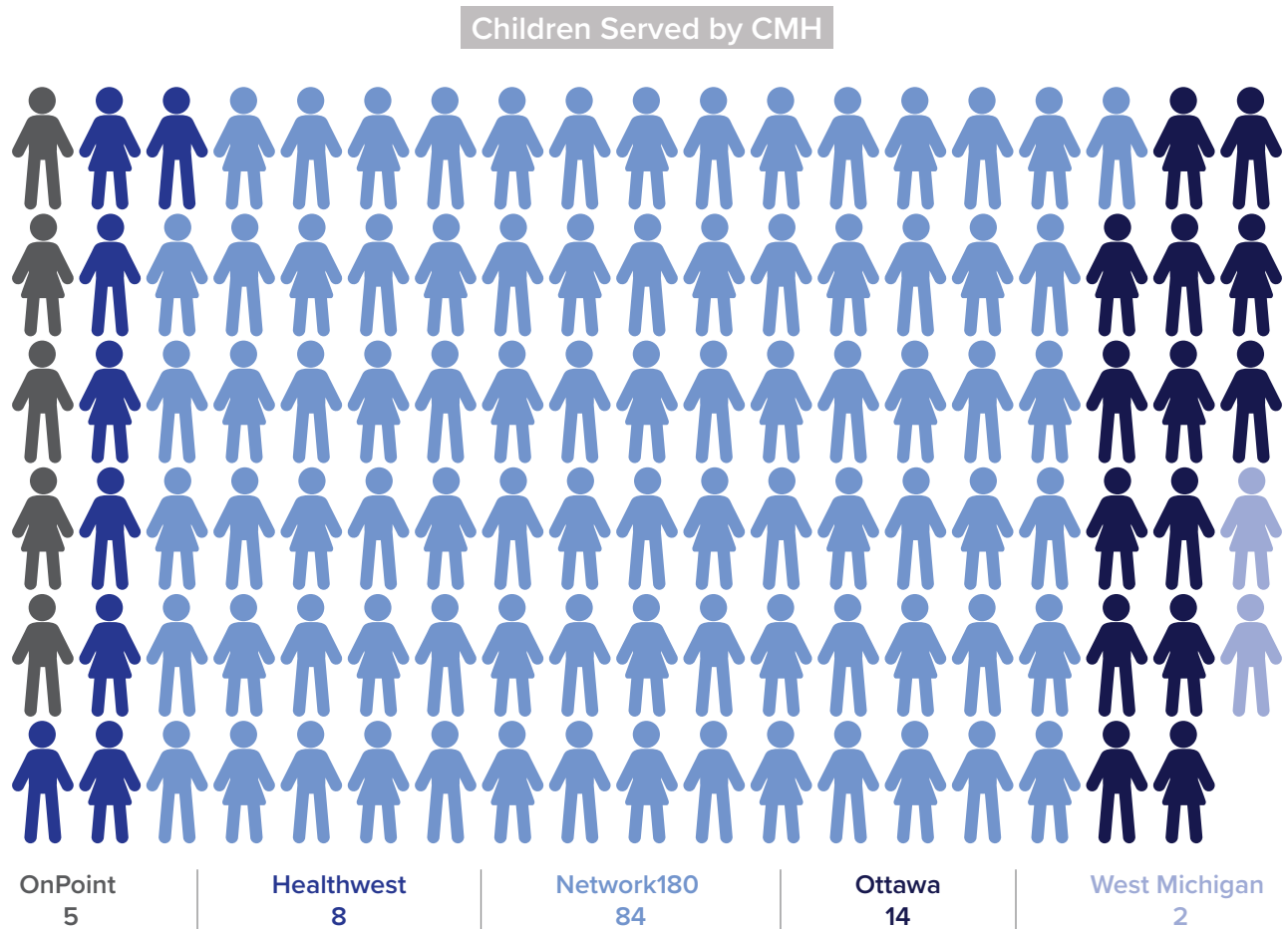


Number of Consumers Utilizing Services



CHILDREN'S WAIVER PROGRAM

FY24 enrollment in the Children's Waiver Program (CWP) saw an increase in the number of children served through the waiver. The number of children enrolled on the CWP for FY24 is up approximately 7% compared to FY23. FY24 marks the most children we have ever had enrolled in the Children's Waiver, and the trend is expected to continue into FY25, as MDHHS will be adding 100 CWP waiver slots with the waiver renewal.



Services Provided to CWP Enrollees in FY24

- Targeted Case Management
- Community Living Supports
- Respite
- Music Therapy
- Art Therapy
- Recreational Therapy
- Environmental Accessibility Adaptations
- Family Training
- Fencing
- Non-Family Training
- Specialized Medical Equipment and Supplies
- Applied Behavior Analysis
- Occupational Therapy

FY24 saw LRE approve 10 projects for CWP-enrolled children through the Prior Review Authorization Request committee. These items included environmental accessibility adaptations such as ramps and bathroom remodels, specialized medical equipment and supplies, vehicle lifts, a shower chair, and fencing.

VETERAN NAVIGATOR

The Veteran Navigator (VN) program aims to coordinate support resources for veterans within Region 3. The primary role of the VN is to provide individualized support to veterans and military families. The VN works with individual veterans and military families to assess their needs, assist them in connecting to services, and help them address challenges that negatively affect their health and well-being.

Support Highlights

During FY24, the VN provided services to 95 veterans, providing services to residents from every county in the region. Below are some specific categories needing support and navigation to applicable resources.

COUNTY	# SERVED	MALE	FEMALE	MENTAL HEALTH CHALLENGES	SUD CHALLENGES	UNEMPLOYED	HOMELESS	SUICIDE IDEATION
Allegan	11	10	1	10	1	1	1	1
Kent	49	37	12	49	9	13	3	15
Muskegon	12	7	5	12	2	1	1	5
Ottawa	19	14	5	19	5	4	5	6
Lake	3	2	1	3	0	0	0	1
Mason	1	1	0	1	0	0	0	0
Oceana	0	0	0	0	0	0	0	0
Total:	95	71	24	94	17	19	10	28

Referral Network

During FY24, 74% of individuals served were self-referred to the VN Program. Top referrals made by the VN during FY24 included:



FINANCES

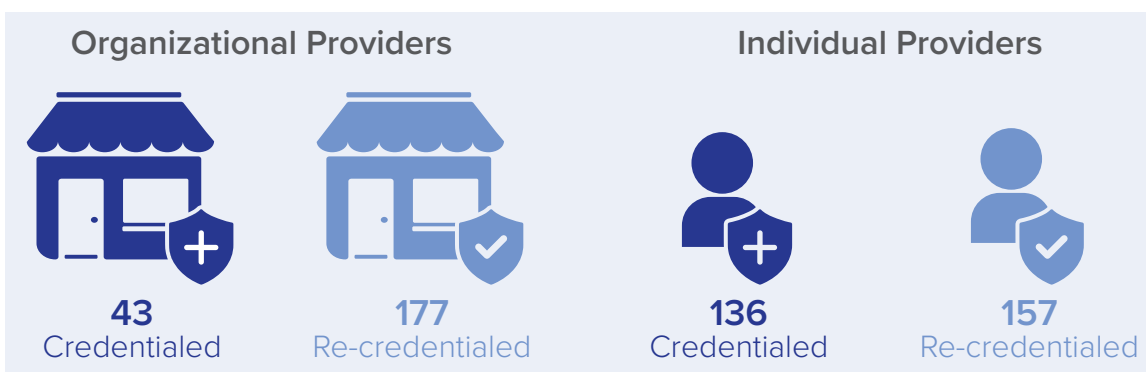
Forthcoming May 2025.

CREDENTIALING



Credentialing for LRE focuses on ensuring highly qualified providers and practitioners are serving our consumers and families to support them in achieving their wellness goals. The primary activity for LRE is ensuring all provider organizations in the service delivery network are appropriately credentialed to perform their contracted services. In addition, LRE provides oversight and coordination for individual practitioner credentialing completed by our CMHSP partners. Twice per fiscal year, LRE submits a summary of regional credentialing activities to MDHHS.

Credentialing Stats



INNOVATION/PRACTICES

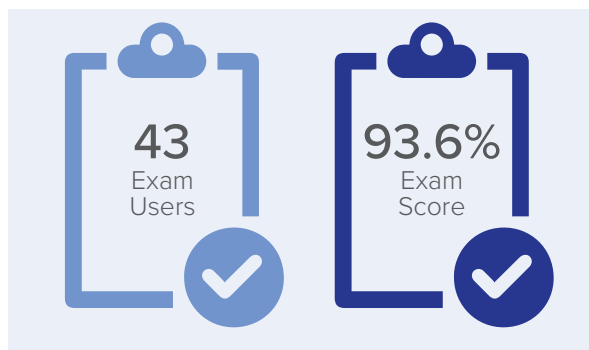


Utilization Management

Inter-Rater Reliability (IRR) Exam

IRR serves to ensure the accuracy and consistency of LRE's Utilization Management (UM) program, including access to care and coverage determinations. IRR also serves as a way to incorporate parity within our state/region, break down the inconsistencies of consumer experience across CMHSPs, train and monitor use of medical necessity criteria and monitor its use for dispositions of higher level of care, and improve quality of care for the members we serve.

IRR Exam Results



Pre-Admission/Continued Stay Review Audits:

These audits are completed quarterly with a random selection for each CMHSP pulled from the Follow Up to Hospitalization (FUH) Report. The audits are completed to identify our region's capability to understand Milliman Care Guidelines (MCG) medical necessity criteria (MNC) as well as apply these guidelines to properly assess the individuals we serve for higher level of care placement, length of stay and proper discharge.

Beginning in FY24 Q1, these audits were built into Lakeshore Integrated Data System (LIDS) with the help of our Information Technology (IT) staff. This allowed for audits to be completed and tracked in a way that shows beneficial data that helps identify and support our region for improvement. In addition, a dashboard is now available for use.

Clinical Management

MichiCANS

All Member CMHSPs have prepared for the launch of MichiCANS at the start of FY25. This was a collaborative undertaking. Supervisors and administration needed to gain an understanding of this new system, staff needed to be trained, and, in some cases, positions developed, EMRs adapted, and procedures updated for this large shift in assessment and level of care for children and young adults.

Evidence-Based Practices (EBPs)

Continued focus on honing clinical skills in evidence-based techniques should lead LRE towards an effective, consistent, client-centered, cost-effective means of improving mental health outcomes. CCBHCs have helped increase the focus and ability to implement more EBPs.

Standard V

A score of 100% compliance was given by HSAG for Standard V during audits this year, which focuses on Coordination and Continuity of Care. There are actionable items involving collaboration with MDHHS to move toward continued improvement.

Provider Network

Enhancement to Grant Contracting to Ensure Compliance

In FY24, we streamlined grant contracting processes by condensing contracts to reduce administrative burden. Improvements were also made to ensure compliance with federal funding pass through requirements.

Inpatient Psychiatric Contracts and Rates

LRE led negotiations for regional FY25 inpatient psychiatric contracts, achieving equitable rate adjustments for providers while aligning with CMHSP budgetary constraints. This process included stakeholder engagement to balance funding limitations with rising operational costs for inpatient facilities. These contracts support access to critical inpatient psychiatric care across the region, ensuring service continuity for vulnerable populations.

FY24 HSAG Audit

Our team achieved 100% compliance with the Network Adequacy standards during the FY24 (HSAG) audit. This milestone demonstrates our dedication to ensuring robust provider networks that meet the needs of the population.

INNOVATION/TECHNOLOGY

A photograph of a rocky shoreline. In the foreground, there are large, dark, jagged rocks. A path of light-colored sand or snow leads from the left towards the water. To the left of the path, there are bare, brown bushes and a small red sign. The water is calm and greyish-blue, meeting a cloudy, overcast sky at the horizon.

Data Submission Timeliness

In FY24, 97.9% of required Encounters, Behavioral Health Treatment Episode Data Set (BHTEDS), Michigan Mission Based Performance Indicator System (MMBPIS) and Critical Incident data file submissions were transmitted on schedule to MDHHS.

Behavioral Health Treatment Episode Data Set (Client Demographic) Data Quality Advancements

Expanded efforts in dashboard monitoring of factors influencing rate setting to help CMHSPs improve data quality and increase Medicaid funding rates for the region.

- Highlighting missing/aged BHTEDS records, or those with missing-or-invalid Medicaid ID number.
- Display of Level of Care of Utilization System (LOCUS) score discrepancies between BHTEDS LOCUS scores vs the CMHSP LOCUS detail files uploaded to LRE. This helps CMHSPs see where BHTEDS LOCUS scores are missing or perhaps not the most applicable assessment date/score.

Leveraged technology to gain administrative efficiencies

Impactful gains made in several areas including site review analysis, corrective action plans, utilization management audits, and contracting processes.

- Reduced average time for CMHSPs to enter Corrective Action Plan (CAP) responses from 40 hours to zero hours by leveraging technology and pivoting to PowerBI Dashboards.
- Created Encounters PowerBI Dashboard allowing LRE to pull clinical and credentialing random samples for CMHSP, SUD, and IP Site Reviews. This is 80% faster than the former sampling software.
- Implemented Audits PowerBI Dashboard to allow interactive data analysis at both detailed and aggregate levels. This enables LRE to identify both systemic issues across the network and to pinpoint isolated issues at the CMHSP/provider level related to clinical and credentialing processes, and also enables LRE to easily draft actionable reports for remediation efforts. Where it previously took 15 days to distribute a CAP to the CMHSP/provider, it now takes only 1 day because we have leveraged technology for efficiency.
- Developed automations to improve LRE's Contracting Function resulting in dramatic administrative time savings in document editing and document management. On the receiving end, PROVIDERS are also experiencing a much better contracting process (one-stop-shopping, greater accuracy, as well as greater efficiency).

Improved system security

LRE strengthened internal security protocols including addition of Multi-Factor Authentication (MFA) and use of biometric security keys for high profile accounts (biometric security keys are a CISA best practice recommendation).



Customer Services

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