
Meeting Agenda
BOARD OF DIRECTORS
Lakeshore Regional Entity
April 26, 2023 – 1:00 PM
GVSU Muskegon Innovation Hub
200 Viridian Dr, Muskegon, MI 49440

1. Welcome and Introductions – Mr. DeYoung
2. Roll Call/Conflict of Interest Question –
3. Public Comment (Limited to agenda items only)
4. Consent Items:
Suggested Motion: To approve by consent the following items.
 - April 26, 2023, Board of Directors meeting agenda (*Attachment 1*)
 - March 22, 2023, Board of Directors meeting minutes (*Attachment 2*)
5. Reports –
 - a. LRE Leadership (*Attachment 3, 4, 5*)
6. Chairperson’s Report – Mr. DeYoung
 - a. April 19, 2023, Executive Committee (*Attachment 6*)
7. Action Items –
 - i. SUD Block Grant (*Attachment 7*)
Suggested Motion: To approve the additional SUD Block Grant funding allocation for Network180 as presented
 - ii. Transitioning Quality Manager Contract
Suggested Motion: To approve the contract for the Transitioning Quality Manager in the amount of \$52,000
8. Financial Report and Funding Distribution – Ms. Chick (*Attachment 8*)
 - a. FY2023, March Funds Distribution (*Attachment 9*)
Suggested Motion: To approve the FY2023, March Funds Distribution as presented
 - b. Statement of Activities as of 2/28/2023 with Variance Reports (*Attachment 10*)
 - c. Monthly FSR (*Attachment 11*) –
9. CEO Report – Ms. Marlatt-Dumas
10. Board Member Comments
11. Public Comment
12. Upcoming LRE Meetings

- May 17, 2023 – Executive Committee, 1:00PM
- May 24, 2023 – LRE Executive Board Meeting, 1:00 PM

13. Adjourn

Meeting Minutes
BOARD OF DIRECTORS

Lakeshore Regional Entity

March 22, 2023 – 1:00 PM

GVSU Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440

WELCOME AND INTRODUCTIONS – Ms. Verduin

Mr. DeYoung called the March 22, 2023, LRE Board meeting to order at 1:12 PM.

Mr. DeYoung introduces new Board Members:

- Ms. Susan Meston (Ottawa)
- Mr. Jon Campbell (Kent)
- Mr. James Storey (Allegan)

ROLL CALL/CONFLICT OF INTEREST QUESTION – Mr. DeYoung

In Attendance: Ron Bacon, Jon Campbell, Mark DeYoung, Jack Greenfield, Linda Garzelloni, Sara Hogan, Richard Kanten, Alice Kelsey, Susan Meston, Janet Thomas, Ron Sanders, Jim Storey, Jane Verduin

Absent: Stan Stek

PUBLIC COMMENT

None.

CONSENT ITEMS:

LRE 23-07 Motion: To approve by consent the following items.

- March 22, 2023, Board of Directors meeting agenda
- January 25, 2023, Board of Directors meeting minutes

Moved: Jane Verduin Support: Richard Kanten

Roll Call

MOTION CARRIED

COMMUNITY ADVISORY PANEL

Meeting minutes are included in packet for information.

LEADERSHIP BOARD REPORTS

LRE Leadership reports are included in the packet for information.

Ms. VanDerKooi would like to highlight 2 items:

- Legislative Update – This document highlights legislative bills regarding MH and SUD. The items that are highlighted in gray are older bills and items highlighted in yellow are new bills. If there are items that Board members would like to act on, please contact Ms. Marlatt-Dumas or Mr. DeYoung.
- CCBHC- attached is a formative evaluation for year 1. This document outlines what a CCBHC is and highlights what the CMHs are doing within their counties.

CHAIRPERSON’S REPORT

February 15 and March 15, 2023, Executive Committee (EC) Meeting Minutes are included in packet for information.

- The Executive Committee discussed the Board Governance policies and will bring those to the full Board after further review. Until the updates are complete, LRE will continue to operate under the policies that are in place as of now as they are past due for review by the full Board.
- Richard Kanten has been recommended by CMHOC (Community Mental Health of Ottawa County) to be appointed to LRE Executive Committee.

LRE 23-08 Motion: To approve appointment of Richard Kanten to the LRE Executive Committee

Moved: Jon Campbell Support: Sara Hogan

Roll Call

MOTION CARRIED

ACTION ITEMS

LRE 23-09 Motion: To approve the LRE 2023 Quality Assessment and Performance Improvement Program (QAPIP)

Moved: Janet Thomas Support: Linda Garzelloni

Roll Call

MOTION CARRIED

FINANCIAL REPORT AND FUNDING DISTRIBUTION

FY2023 January and February Funds Distribution

LRE 23-10 Motion: To approve the FY2023, January and February Funds Distribution as presented

Ms. Chick updates that the requirements for DCW funds have been relaxed this year and can now be used for staff over-time pay.

Moved: Ron Bacon Support: Ron Sanders
Roll Call
MOTION CARRIED

FY2023 Budget Amendment #1

LRE 23-11 Motion: To approve the FY23 Budget Amendment #1 as presented

Moved: Alice Kelsey Support: Ron Bacon
Roll Call
MOTION CARRIED

FY2023 SUD Budget Amendment #1

LRE 23-12 Motion: To approve the FY23 SUD Budget Amendment #1 as presented

This was approved by the Oversight Policy Board and has been recommended for the full LRE Board to approve.

Moved: Jim Storey Support: Ron Sanders
Roll Call
MOTION CARRIED

Statement of Activities as of 12/31/2022 and 1/31/2023 with Variance Report-
Included in the Board packet for information.

Monthly FSR (December and January)-
Included in the Board packet for information.

Ms. Chick reminds Board members that the first area is actual amounts, the second is projected amounts, third is CMH spending plans. The last area is explanations if there is a surplus of over 5% or a deficit of over 1%.

Q: Where are we at finalizing FY22?

A: We continue to work on finalizing the reports. LRE did submit the report, but we do know that we will have to submit a revised report.

Ms. Chick updates that in FY23 the DCW will not have to be reported separately that will be included in our overall payment, which is good news for the region.

CEO REPORT

Included in the Board packet for information. Ms. Marlatt-Dumas reports:

- Because of the cancellation of the February Board meeting the CEO report for February and March have been combined. The items in black are from February's report and items in blue are updates from March.

- A new Internal workgroup has been put in place that reviews and discusses data to analyze how LRE is managing the MCO (Managed Care) functions.
- LRE continues to meet with the CMH CEOs twice a month, once virtually and once in person.
- N180 presented to LRE staff and CMH CEOs on unmet needs in their county. The other CEOs will be gathering this same information for comparison. After the data is collected and aggregated, we will complete a presentation for MDHHS. We may also bring this data to the other PIHPs.
- LRE continues to do well in fair hearings and Ms. Marlatt-Dumas would like to highlight Mr. George Motakis' effort and success.
- The Supports Intensity Scale (SIS) will no longer be used.
- There has been no movement regarding the judgement on LRE's deficit.
 - LRE does not have a legal obligation to pay the deficit. That does not mean we do not support giving the CMHs funds to pay the deficit. This is the legal argument that was made.
- N180 had filed a lawsuit against LRE in February.
 - Ms. Marlatt-Dumas explains that the contract states that if a CMH is over their funding capitation then yes, LRE must pay out of the ISF (Internal Service Funds) or MS (Medicaid Savings). But if the PIHP no longer has funds in the ISF then it becomes the obligation of the county.
- MDHHS Sanctions hearing date has been changed.
- LRE will expand the contract with Wakely to continue to analyze the regions rates/risk factors and the ISF.
- LRE will continue to watch the enrollment of individuals as the public health emergency unwinds.
- CMHAM has posted videos on their website that would be beneficial for Board members to watch.
<https://cmham.org/education-events/boardworks/>

BOARD MEMBER COMMENTS

None.

PUBLIC COMMENT

April 17, 3:00 PM – OnPoint will hold a community open house and ribbon cutting for the new facility that staff will move into in May.

UPCOMING LRE MEETINGS

- April 19, 2023 – Executive Committee, 1:00PM
- April 26, 2023 – LRE Executive Board Meeting, 1:00 PM

ADJOURN

Mr. DeYoung adjourned the March 22, 2023, LRE Board of Directors meeting at 2:38 PM.

Jane Verduin, Board Secretary

Minutes respectfully submitted by:
Marion Dyga, Executive Assistant

Chief Operating Officer (Stephanie VanDerKooi)**Report to the Board of Directors****April 26, 2023**

Legislative Update: An updated report of proposed legislation at both the State and Federal Level as it relates to Behavioral Health is included with today's meeting materials. This grid will be updated monthly, and new legislation will be highlighted in yellow for ease of identification. If the Board would like to take action on any of the proposed bills, please advise and the LRE team can formulate a plan.

CCBHC (Certified Community Behavioral Health Center): The most recent update to the CCBHC handbook (version 6) has been released by the state. Feedback will be accepted until April 24. LRE, in conjunction with HealthWest and West Michigan CMH, will submit feedback by the due date. The region will continue to advocate for code allowances that will strengthen the CCBHC model.

CCBHC enrollments for the month:

- **WCMCMH** assigned in February: Medicaid: 95 and non-Medicaid 21
- **HW** assigned in February: Medicaid: 237, non-Medicaid 29

SIS (Supports Intensity Scale) Sunsetting: Please see the attached memo from MDHHS that outlines the timeline with the sunseting of this tool. The decision to discontinue use of the SAS significantly impacts the region. This continues to be a topic of conversation with the Clinical ROAT and any information received from MDHHS is being shared with member CMHSPs. LRE's SIS policies and procedures have been rescinded and the contract with MORC has been canceled. As yet, no replacement assessment tool has been identified and LRE eagerly awaits updates from the state.

Please review the attached memo from MDHHS which outlines the timeline for discontinuation of the SIS

Opiate Settlement Funds: MDHHS has reported that PIHPs will not receive an allocation from the opiate settlement funds, rather they will be implementing statewide initiatives with these funds. Following is a link from the Opiate Planning Commission that prescribes how the funding should be spent: [OAC 2023 Annual Report: A Planning Guide for State Policy Makers \(mi.gov\)](#)

FY 22 Annual Impact Report: This report is being developed with input from LRE subject matter experts (SME). The goal is for this report to be completed and presented to this Board during the May meeting.

Strategic Planning Updates: MDHHS has sent out the technical requirements for the SUD Strategic plan for FY 24-26. LRE SUD Team will be working with KWB Strategies to meet the deadline of submitting a revised SUD strategic plan by the July 15th due date.

The overall LRE strategic planning continues with staff working to prioritize strategies, develop tactics, and establish metrics to monitor progress. A draft plan will be presented to the Board for review at the May meeting.

SUD Prevention Procurement: On May 19th the LRE will release the SUD Prevention Procurement materials. Currently, a notification is on the website: [Public Notices - Lakeshore Regional Entity \(lsre.org\)](#)

Report Submission Tracking – March 2023

The LRE submitted a total of 18 reports to MDHHS in March 2023. All reports were completed and submitted on time.

March 2023	Total Number of Reports	18
	Number of Late Reports	0
	% Late reports	0%
	Average Number of Days Late	0

AUTISM SERVICES/ Behavioral Health Treatment (BHT) – Justin Persoon

Over the past month, the Autism team completed the CMH of Ottawa site review.

The WSA has officially been decommissioned for Autism Services. Within the Autism ROAT, we continue to develop a data file in order to manage Autism services without the WSA. Additionally, we have been reviewing new policy bulletins and preparing for the end of the Public Health Emergency, as well as providing technical assistance to CMHSPs.

Current Enrollments (Regional Total: 1,833)

CMHOC (Ottawa)	HealthWest (Muskegon)	Network 180 (Kent)	On Point (Allegan)	WCMCHS (Lake, Mason, Oceana)
289	172	1,175	137	60

CLINICAL/UM – Liz Totten

Throughout the month of March, the UM/Clinical Department worked with member CMHSPs to sunset the Supports Intensity Scale (SIS-A) as directed by MDHHS. LRE Clinical and IT departments collaborated with regional CMHSPs to address any clinical needs as well as ensure data extracts of SIS information from the online application were complete by March 23. MDHHS reports a state workgroup will begin to review tools that may be used in the future to inform assessment and person-centered planning for clients served with a developmental disability.

LRE UM/Clinical Department continues to work with our regions’ CMHSPs to understand and review Conflict Free Access and Planning options presented by MDHHS. A regional workgroup

will explore options presented and provide feedback to MDHHS through the monthly MDHHS CFA&P Workgroup.

UM/Clinical and IT Departments also worked diligently during March to assure regional access and CMHSP training to the new MDHHS Customer Relations Management System (CRM). CMHSP's will be entering applications for Home Based Service Programs into the CRM by April 30, 2023. LRE staff will review and approve program applications and submit them to MDHHS for program certification.

INTEGRATED HEALTHCARE – Tom Rocheleau

Monthly joint care coordination meetings continue with each of the six Medicaid Health Plans that serve the LRE region. During the March meetings, 49 consumers were discussed with their respective MHPs related to potential or continued benefit from having an interactive care plan within the State's claims database, CC360, and subsequently improving the care they receive and their quality of life, removing barriers, and decreasing unnecessary utilization of crisis services. There were 12 consumers discussed with their MHPs wherein an interactive care plan was not created, but joint collaboration took place resulting in a Single Episode of Care (SEC). While this was a slight decrease from February, this data continues to indicate the CMHSPs and MHPs are working hard to identify new members for integrated care plan discussions. Six new interactive care plans were opened in March.

CUSTOMER SERVICES/PRIORITY POPULATION– Michelle Anguiano & Mari Hesselink

It has been a full year since Customer Services was transferred from Beacon. Grievances have increased considerably (from 57 in FY21 to 95 for the period 4/1/2022-12/20/2022). Education, training, and monitoring have helped the region to be more proactive in filing a grievance when individuals are not satisfied with their services. The number of appeals has also increased (from 87 in FY21 to 105 for the period 4/1/2022-12/20/2022). Individuals served in Region 3 are being heard and utilizing their right to due process.

The Customer Services ROAT has been an outlet to help educate and disseminate information and education to the regional customer services teams. Audits allowed the teams to be more responsible and helped the region to work together to have a better understanding of the customer services expectations from the state. We have learned a great deal in the past year that has helped the region to improve and become more unified.

The revised Customer Satisfaction Survey will be distributed to consumers throughout the region in May 2023.

The Community Advisory Panel has had 6 new members join the group since August, 2022.

The LRE will host the first of several lunch and learn opportunities to help educate CMH staff and providers on how to file an NABD will be held April 27, 2023 from 12pm-1pm.

Phone Log:

Total calls during business hours: 103 (Total calls after hours (SAMHSA HOTLINE): 296)

- Grievances: 3
- State Inquiries: 3
- Referrals to SUD: 56
- Billing/claims: 16
- ABD Questions: 8

CREDENTIALING - Pam Bronson (Credentialing Specialist):

In March, the Credentialing Committee reviewed and approved seven organizational providers for credentialing/re-credentialing. The Universal Credentialing project has wrapped up, and MDHHS issued (in part) the following information on March 3, 2023. As of this writing, there has not been any further communication from MDHHS.

*The Universal Credentialing process is “live” in the MDHHS BH CRM as of Wednesday, February 22, 2023. Although the Universal Credentialing process is now live in the CRM, **you will not be required to use the system for Universal Credentialing until after your region’s scheduled training rollout.** Training dates are currently TBD, but are estimated to start in April or May.*

PROVIDER NETWORK MANAGEMENT (PNM) – Don Avery, Jim McCormick

PNMs continue the process of updating both the LRE/CMHSP contract boilerplate, as well as the Regional Common Contract Boilerplate ahead of FY24. PNM also have begun to strategize and plan for any changes and refinements to Specialty Grant Contracts in FY24. PNM are reviewing FY23Q2 data for inpatient psychiatric value-based project and have started planning for FY24 value-based agreements with planned adjustments to value-based indicators, metrics, as well as possible expansion to additional inpatient providers.

SUD TREATMENT - Amanda Tarantowski, SUD Treatment Manager

In recent weeks, the SUD Treatment Manager provided feedback to the state on the Communicable Disease Policy. Work is underway with LRE Provider Network Managers to develop the Network Adequacy Report. A meeting with the Priority Populations Manager and Michigan Department of Corrections (MDOC) occurred this month, helping to establish a program that meets the needs of MDOC. All regional SUD providers have successfully completed their ASAM applications within MiCAL by the March 31 deadline.

SUD/GAMBLING PREVENTION – Amy Embury

LRE partnered with WZZM Channel 13 to promote Gambling prevention: [STAY OUTTA THE DANGER ZONE updated - YouTube](#)

WZZM 13 On your Side interview with Catherine Behrendt, and Amy Embury-SUD Prevention Manager are highlighted on:

[Stay Outta The Danger Zone-segment-wzzm.mp4](#)



Tobacco Prevention: Please see the following ads that were developed as part of the Electronic Nicotine Delivery Systems (ENDS) and related consequences activities, funded through MDHHS.



Grab A Friend. Set A Date.

MY LIFE MY QUIT

Free Tobacco and Vaping Quit Assistance

Text “Start My Quit” to **36072**

START MY QUIT at mylifemyquit.org




Grab A Friend. Set A Date.

MY LIFE MY QUIT

Free Tobacco and Vaping Quit Assistance

Text “Start My Quit” to **36072**

START MY QUIT at mylifemyquit.org




Grab A Friend. Set A Date.

MY LIFE MY QUIT

Free Tobacco and Vaping Quit Assistance

Text “Start My Quit” to **36072**

START MY QUIT at mylifemyquit.org



WAIVERS – Kim Keglovitz / Melanie Misiuk/Stewart Mills
Habilitation Supports Waiver (HSW)

Below is a chart of overdue recertifications and guardian consents. Recertifications are due annually and guardian consents are due every three years. Please note these numbers do not include any currently pending with MDHHS due to staffing changes.

	CMHOC	HW	N180	ONPPOINT	WMCMHS
Overdue Certifications	0	0	4	2	0
Overdue Guardian Consents	0	2	1	5	0
Inactive Consumers	0	1	4	1	0

The region had seven open slots for March. Two of the slots went to children’s waiver age offs from Ottawa and HW. Three slots went to N180 and one to HW. We were not able to fill the 7th slot as the disenrollment was received too late in the month. There are four slots for the month of April, one will go to a children’s waiver age off from N180, two to HW, and one to Ottawa. There are 17 complete packets and nine that are pending due to goals, objectives, or need for updates to other required documents. Below is a chart of slot utilization.

	10/22	11/22	12/22	1/23	2/23	3/23	4/23	5/23	6/23	7/23	8/23	9/23
Used	629	629	629	629	627	623	625					
Available	0	0	0	0	2	6	4					
% Used	100	100	100	100	99.7	99	99.4					

The enrollment deadline is always the 15th of the month. If the LRE is not notified of a disenrollment immediately, it may result in missing the deadline for the month (and therefore the payment) while there are individuals waiting to be enrolled.

With the PHE unwind there will be greater focus from MDHHS on making sure that recertification documents and pendbacks are submitted in a timely manner. All recertifications are due within 365 days and any pendbacks of recertifications or initial enrollment packets are due within 15 business days.

On March 28 the LRE submitted the CAP for the fall waiver audit to MDHHS, which was accepted. MDHHS will return in 90 days to complete the review.

Children’s Waiver Program (CWP)

87 children are open and enrolled in the Children’s Waiver Program. One child from N180 has been invited to enroll on the waiver beginning in April. Five prescreens were submitted by Network 180 in March . One prescreen from Network 180 has been submitted to MDHHS for April. There are currently thirteen prescreens that have been scored and are now on the weighing list and yet to be invited to join the CWP. Of the thirteen prescreens that are currently on the weighing list, three of the prescreens were submitted in October, one was submitted in December, three were submitted in January, two in February, and four in March. Six of the prescreens on the weighing list are from Network 180, two are from Ottawa, and two are from On Point.

	CMHOC (Ottawa)	HealthWest (Muskegon)	Network 180 (Kent)	On Point (Allegan)	WCMCHS (Lake, Mason, Oceana)
# Enrolled	11	6	65	4	1

SEDW:

- There are currently 85 open cases.
 - Allegan – 6
 - HealthWest – 18
 - Network180 – 41
 - Ottawa – 18
 - West MI – 2
- The SEDW program continues to run smoothly overall. Cases are being submitted on time and being recertified and disenrolled when appropriate. Total enrollments have stayed about the same over the last month, however there was a lot of activity with disenrollments and new enrollments. 13 new cases have already been enrolled for April.
- MDHHS continues to highlight the use of therapeutic activities for SEDW services. MDHHS would like to see this service be utilized more where possible, as they feel it is an under-utilized service statewide.

1915(i)SPA:

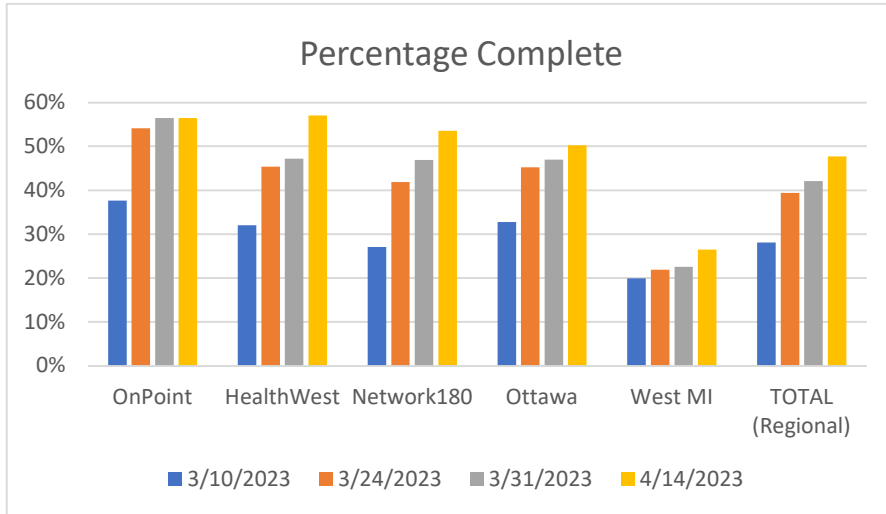
MDHHS Updates:

- MDHHS's deadline for iSPA compliance is 10/1/2023. It is expected that all iSPA cases are enrolled in the WSA by that date.
- The MPM was updated on 4/1/23 to include the 1915(i)SPA language from the 11/1/22 Memo. The B3 and B3W language has been removed.
- MDHHS has scheduled a meeting with the PIHPs for next week to discuss the iSPA enrollment data, how it is gathered and being used, and any discrepancies.

Regional Updates:

- The Regional iSPA Workgroup meets monthly, with representation from each CMHSP, as well as attending the statewide meetings. The CMHSP Leads and staff assisting them for this program are doing a tremendous amount of work, and the LRE is appreciative of the time and effort put towards this program.
- Time and staffing continue to be the most reported roadblocks to CMHSPs being able to identify cases and enter data into the WSA. Despite these difficulties, the CMHSPs have been able to greatly increase their enrollment numbers. As of the last state report, the LRE was one of only 3 PIHPs to have all counties enrolling in cases in the WSA, and also had the highest number of cases enrolled statewide.
- Based on the CMHSPs reported expected number of enrollees, the region fell just below the April 1 enrollment goal of 50%. Some individual CMHSPs did meet the goal.

1915(I)SPA ENROLLMENT PROGRESS (CMH REPORTED DATA)



GOAL: 50% Enrollment by April 1, 2023

75% by July 1, 2023

100% by October 1, 2023

CMHSP	3/10/2023	3/24/2023	3/31/2023	4/14/2023
OnPoint	38%	54%	56%	56%
HealthWest	32%	45%	47%	57%
Network180	27%	42%	47%	54%
Ottawa	33%	45%	47%	50%
West MI	20%	22%	23%	26%
TOTAL (Regional)	28%	39%	42%	48%

CMHSP	Total Cases Reported by CMH - 3/10/23	Currently Enrolled - 3/31/23	Currently Enrolled - 4/14/23	Withdrawn - 3/31/23	Withdrawn - 4/14/23	Total Pending in WSA Queue - 4/14/23
OnPoint	170	96	96	273	274	0
HealthWest	500	236	285	362	362	0
Network180	831	390	445	118	118	5
Ottawa	400	188	201	15	18	0
West MI	567	128	150	100	181	0
TOTAL (Regional)	2468	1038	1177	868	953	5

**Ottawa's total cases are estimated. Final total to be confirmed once staff is back from vacation.*

Veteran Navigator Program

Quarterly Board Report



Submitted by: Eric Miller
 231-260-0721
 ericm@lsre.org
 Year: FY23 Quarter: 2

The Veteran Navigator (VN) role was created to assist veterans and military families of all branches, eras, and discharge types. The VN works to connect veterans and their families to federal, state, and local resources to offer support for issues regarding mental health, substance use disorders, housing, and other unique circumstances that may impact veterans. The FY 22 Summary of Activities can be found [here](#).

<p>Outreach: Identify and engage veterans and their families.</p> <p>Throughout Q2, the Veteran Navigator has participated in outreach events like the Wyoming VA Engagement Event where he connected with veterans to share his work and connect individuals to resources. The VN also piloted new outreach initiatives such as the Get Fit Challenge which provided a venue for veterans to work out with their spouses. 7 couples participated in this event, and the group was approached by others asking when another group would occur.</p>	<p># of Community Members Reached:</p> <p>273</p>
<p>Support: Work with individual veterans to assess their needs, connect to services, and address challenges that negatively affect their health and well-being.</p> <p>This quarter, the Veteran Navigator provided support throughout the region in several ways, including:</p> <ul style="list-style-type: none"> - Connected a veteran with a nonprofit to pay for short term housing. - Coordinated care for individual in jail in need of inpatient bed. - Connected 4 veterans with legal aid. - Provided 1 veteran seeking employment with a job opportunity. Created business plan with a veteran who is looking to start his own business and connected him with community resources. 	<p># New veterans Served:</p> <p>28</p> <p># Total Service Contacts:</p> <p>106</p>
<p>Referrals: Establish a robust referral network to assist veterans in accessing services and supports to meet their needs.</p> <p>This quarter, the Veteran Navigator strengthened partnerships and referral sources in the following ways:</p> <ul style="list-style-type: none"> - VN connected two organizations who have similar missions to work together to better accomplish their goals and serve more Veterans. - Met with veteran owned businesses (H-D Customs, Keller Williams) who would like to “pay it forward” by assisting veterans or employing them. - Participated in meeting with W MI CMH to discuss how to better serve Veterans in Lake, Mason and Oceana Counties. 	<p># Stakeholder Collaborations this Quarter:</p> <p>29</p>

Expertise:

Training and assistance for local organizations and groups to effectively engage and support veterans.

of trainings/
consults provided
this quarter:

16

This quarter, the Veteran Navigator was asked to provide their expertise in the following ways:

- Met with United Health to consult as they create resources for Veterans surrounding Medicaid and Medicare services.
- Thrive group creates trainings, and they are working on a training surrounding how to interact with a veteran in crisis. LRE VN is providing expertise to the Thrive Group to create this program.
- Meeting with state leaders to provide expertise in the planning of the Veteran leadership summit.



STATE OF MICHIGAN


GRETCHEN WHITMER
GOVERNOR

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

ELIZABETH HERTEL
DIRECTOR

DATE: March 21, 2023

TO: Pre-Paid Inpatient Health Plans (PIHP) and Community Mental Health Service Providers (CMHSP) Partners

FROM: Lyndia Deromedi, Manager 
Federal Compliance Section
Division of Adult Home and Community Services
Bureau of Specialty Behavioral Health Services

SUBJECT: Support Intensity Scale Phase Out Communication

Michigan Department of Health and Human Service (MDHHS) has made a difficult decision to sunset the use of the Supports Intensity Scale – A (SIS-A) in Michigan as directed in the Support Intensity Scale Memo dated 2.28.2023. As a result of the decision to not renew the contract with the American Association on Intellectual and Developmental Disabilities (AAIDD) for continued use of the SIS-A, this communication will provide important dates and guidance for our PIHPs/CMHSPs to consider as the State of Michigan sunsets the use of the SIS-A,

- **3/17/2023:**
 - Final day a SIS-A assessment may be completed by a SIS assessor. All scheduled assessments after this date are to be canceled.
- **3/21/2023:**
 - All completed assessments must be uploaded to SIS Online. This includes all outstanding assessments.
- **3/23/2023:**
 - End date for access to SISOnline. Data within SISOnline will no longer be accessible by the PIHP/CMHSP after 11:59pm on this date.
 - User accounts for SISOnline/Venture will be terminated at 11pm. All users of the Venture application will need to remove this application from devices.
 - H0031WY will be removed from the coding chart and should no longer be used after this date.
- **Other considerations:**
 - Any questions related to data within SISOnline, PIHPs/CMHSPs should contact AJ Boggs, Jim Anderson, at anderson@ajboggs.com prior to 3/23/23.
 - If PIHPs/CMHSPs are interested in continuing to use the SIS-A, they should contact American Association on Intellectual and Disabilities

(AAIDD) Ravita Maharaj, at rmaharaj@aaidd.org and Ajith Mathew, at ajith@aaidd.org.

- MDHHS is committed to partnering with PIHPs and CMHSPs as we move forward with this work to fulfill MDHHS commitment to CMS to utilize a needs-based assessment tool. MDHHS will be issuing communication in an effort to identify workgroup members who are interested in participating in this work.

Any questions regarding sunsetting the SIS-A or input regarding the exploration of a new assessment tool, please direct them to the following MDHHS email QMP-Federal-Compliance@michigan.gov.



Information Officer Report – April 2023

4/19/2023

Summary:

1. **MCIS Software:**

The FY23 Critical Incidents and Risk Events module is now in production use in the LRE “LIDS” system. Each CMHSP uploads a file of critical incident and risk event data into the LRE system monthly. The LRE system then submits the incident data to the MDHHS Customer Relationship Management (CRM) system.

2. **Data Analytics and Reporting:**

New implementations in progress:

- Michigan Mission Based Performance Indicator System (MMBPIS) Dashboard
- CMH Site Review Audit Report Dashboard
- Critical Incidents and Risk Events Dashboard

Recently updated/enhanced:

- Top Utilizers Dashboard

3. **Encounter reporting to MDHHS:**

FY23 Encounter reporting is showing good volume through February 2023, as would be expected at this point in time. Please see also the encounter graphs attached.

BH-TEDS reporting to MDHHS:

FY23 BH-TEDS: MDHHS completeness measurements for FY23 BH-TEDS were received on 4/12/2023.

LRE is continuing to hold above the 95% standard on all 3 measures.

See also pages 2 - 3 below for the MDHHS calculated BH-TEDS measures across all PIHPs.

4. **Data Collection: ABA Episodes of care:**

In late March, MDHHS discontinued use of their Waiver Support Application (WSA) for Autism services. In order to be able to continue regional monitoring and reporting that will still be required for the Autism treatment program, a new CMH-to-LRE data collection pipeline has been created to allow for a continued flow of that information into a central data store at the PIHP level. This data will be integrated in with the historical data from the WSA so that LRE’s Autism Dashboards can be supported and used effectively into the future.

5. **LRE’s FY23 Customer Satisfaction Survey:**

LRE will be publishing it’s new FY23 Customer Satisfaction Survey format later this month. As survey collection progresses and information becomes available, a new Customer Satisfaction Survey dashboard will be generated to help discover insights from that survey data.

BHTEDS Completeness – FY23 – per MDHHS as of 4/12/2023:

FY23 MH Encounters w/BH-TEDS records				
Encounters: 10/01/2022 - 02/28/2023*			BH-TEDS: 07/01/2021 - 04/12/2023	
Region Name	Submitter ID	Distinct Count of Individuals With		Current Completion Rate
		Non-H0002 & Non-Crisis, Non-OBRA Assessment & Non-Transportation	Non-H0002, Non-Crisis, Non-Health Home, Non-OBRA Assessment & Non-Transportation Encounters But NO BH-TEDS Record Since 07/01/2020	
CMH Partnership of SE MI	00XT	9,480	554	94.16%
Detroit/Wayne	00XH	47,607	3,493	92.66%
Lakeshore Regional Entity	00ZI	16,110	701	95.65%
Macomb	00GX	10,941	398	96.36%
Mid-State Health Network	0107	33,019	1,490	95.49%
NorthCare Network	0101	5,236	62	98.82%
Northern MI Regional Entity	0108	10,148	357	96.48%
Oakland	0058	20,070	281	98.60%
Region 10	0109	16,686	215	98.71%
Southwest MI Behavioral Health	0102	17,201	112	99.35%
Statewide		186,498	7,663	95.89%
Key				
95.00+ = Compliant		*Encounters = All MH encounters excluding: A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0170, A0425, A0427, H0002, H2011, H2034, Q3014, S0209, S0215, S0280, S0281, S9484, T1023, T1040, T2001-T2005, 90839, 90840, 99304-99310		
90.00-94.99				
85.00-89.99				
<85.00				

FY23 Crisis Encounters w/BH-TEDS records				
Encounters: 10/01/2022 - 02/28/2023**			BH-TEDS: 07/01/2021 - 04/12/2023	
Region Name	Submitter ID	Distinct Count of Individuals With		Current Completion
		Crisis Encounters	Crisis Encounters But NO BH-TEDS Record Since 07/01/2020	
CMH Partnership of SE MI	00XT	1,402	66	95.29%
Detroit/Wayne	00XH	5,131	251	95.11%
Lakeshore Regional Entity	00ZI	3,173	102	96.79%
Macomb	00GX	979	25	97.45%
Mid-State Health Network	0107	5,845	210	96.41%
NorthCare Network	0101	881	4	99.55%
Northern MI Regional Entity	0108	2,132	98	95.40%
Oakland	0058	1,203	5	99.58%
Region 10	0109	1,551	66	95.74%
Southwest MI Behavioral Health	0102	1,714	6	99.65%
Statewide		24,011	833	96.53%
Key				
95.00+ = Compliant		**Encounters include H2011, S9484, T1023, 90839, 90840		
90.00-94.99				
85.00-89.99				
<85.00				

FY23 SUD Encounters w/BH-TEDS records				
SUD Encounters from 10/01/2022-02/28/2023***			Does Not Have Open Admission at Time of Encounter as of 04/12/2023	
Region Name	Submitter ID	Distinct Count of Individuals With		Completion Rate
		Non-Health Home Encounters	Non-Health Home Encounters But NO BH-TEDS Record	
CMH Partnership of SE MI	00XT	1,923	22	98.86%
Detroit/Wayne	00XH	4,970	2	99.96%
Lakeshore Regional Entity	00ZI	3,757	118	96.86%
Macomb	00GX	2,498	32	98.72%
Mid-State Health Network	0107	6,538	4	99.94%
NorthCare Network	0101	1,126	2	99.82%
Northern MI Regional Entity	0108	2,536	33	98.70%
Oakland	0058	2,121	1	99.95%
Region 10	0109	3,456	17	99.51%
Salvation Army	002Y	NO FY23 Encounters Submitted Yet at 04/12/2023		
Southwest MI Behavioral Health	0102	3,572	87	97.56%
Statewide		32,497	318	99.02%
Key				
95.00+ = Compliant		***Encounters = All SUD encounters excluding H2034, S0280 & T1040		
90.00-94.99				
85.00-89.99				
<85.00				



Data Source: LRE_DW_CorporateInfo.LRE_Encounters

Purpose: Show Distinct client counts along with counts of Encounter Lines and Claim Units for both Mental Health and Substance Use Disorder by FY and Service Month.

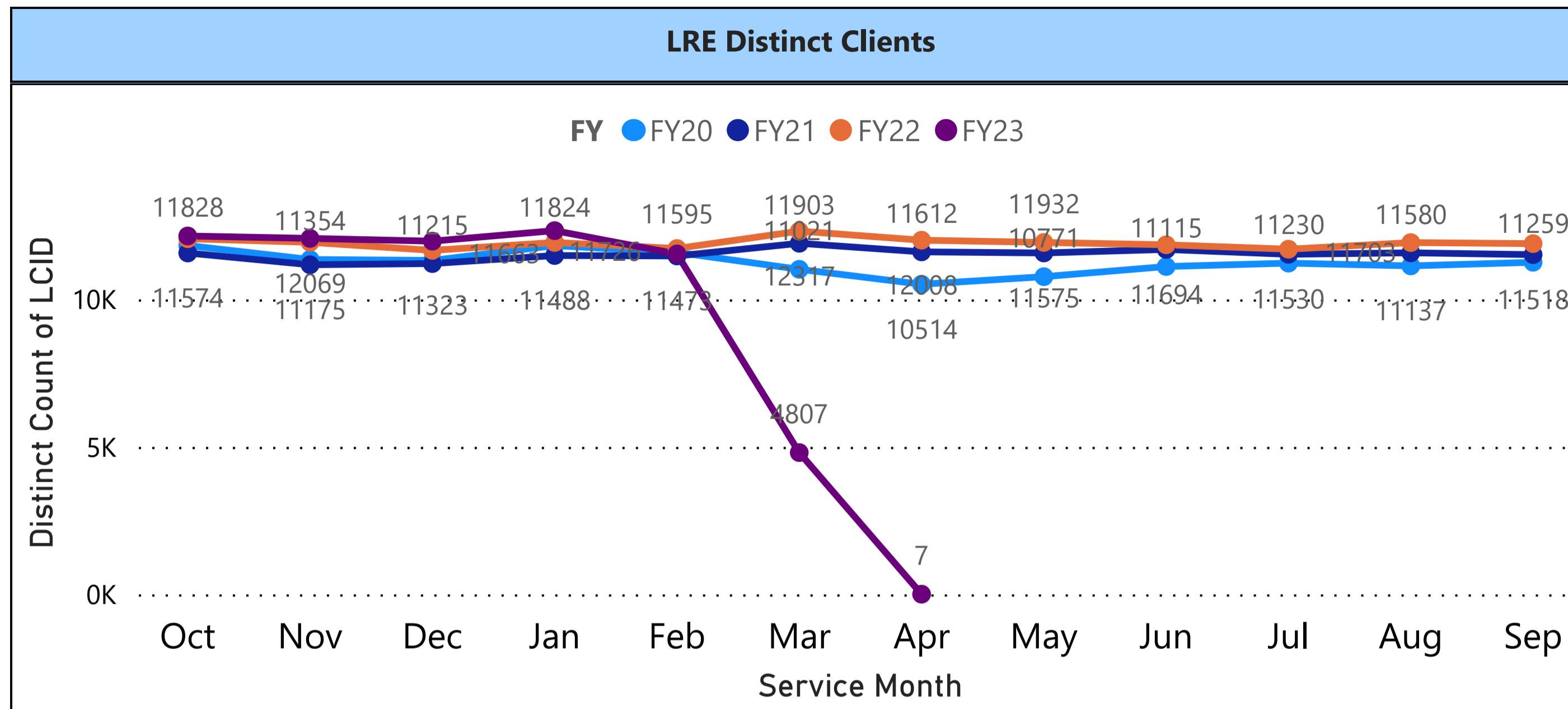
Reports in Dashboard:

1. **LRE - MH Lines** - Shows distinct client count and mental health encounter line totals for both Professional and Institutional type transactions for the LRE as a whole.
2. **LRE - MH Units** - Shows distinct client count and mental health encounter claim unit totals for both Professional and Institutional type transactions for the LRE as a whole.
3. **LRE - SUD** - Shows distinct client count and both SUD encounter line totals and SUD encounter claim unit totals for the LRE as a whole.
4. **CMHSP - MH Lines** - Shows distinct client count and mental health encounter line totals for both Professional and Institutional type transactions for the individual CMHSP.
5. **CMHSP - MH Units** - Shows distinct client count and mental health encounter claim unit totals for both Professional and Institutional type transactions for the individual CMHSP.
6. **CMHSP - SUD** - Shows distinct client count and both SUD encounter line totals and SUD encounter claim unit totals for the individual CMHSP.

Notes: Items 4-6 above are repeated for each individual CMHSP.

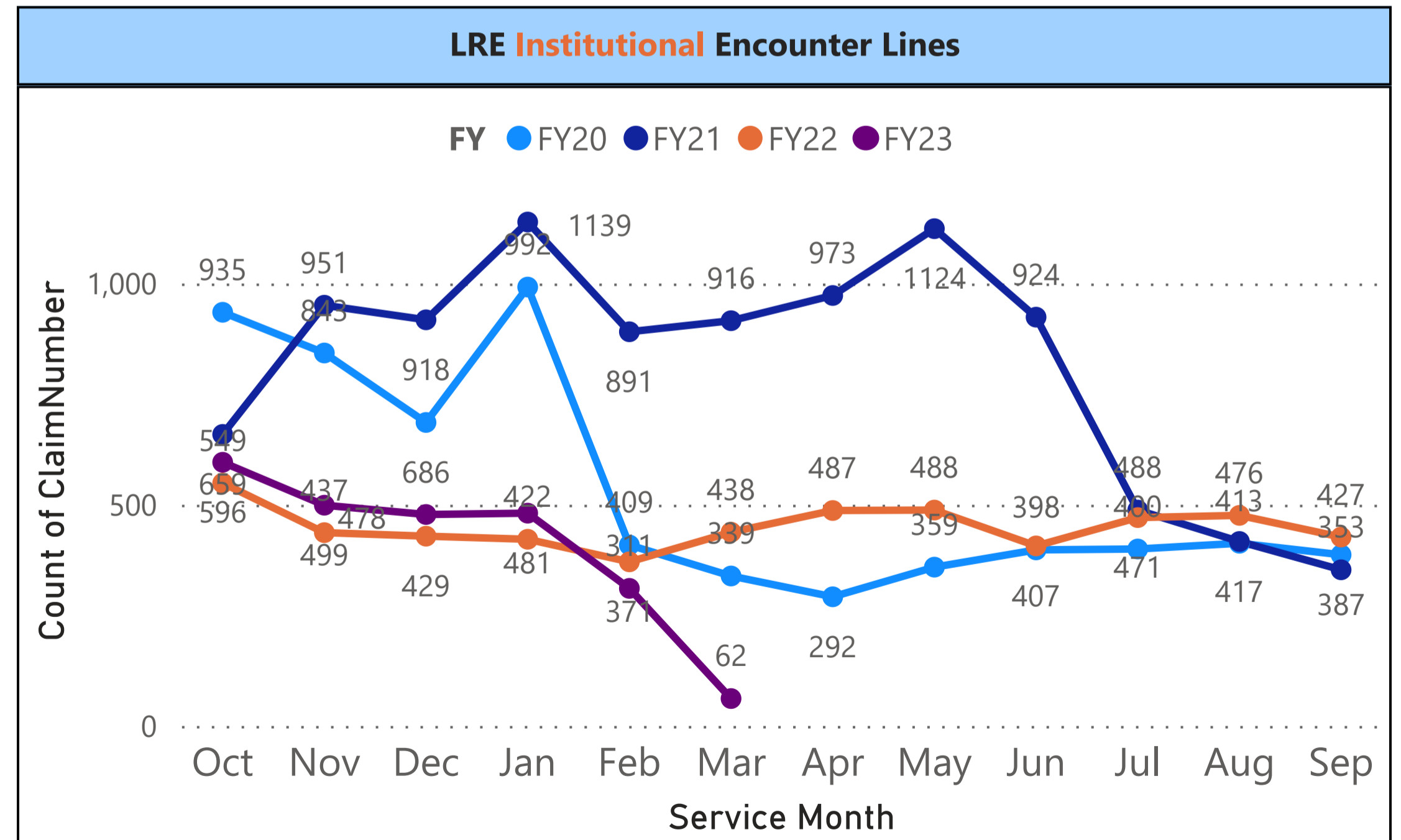
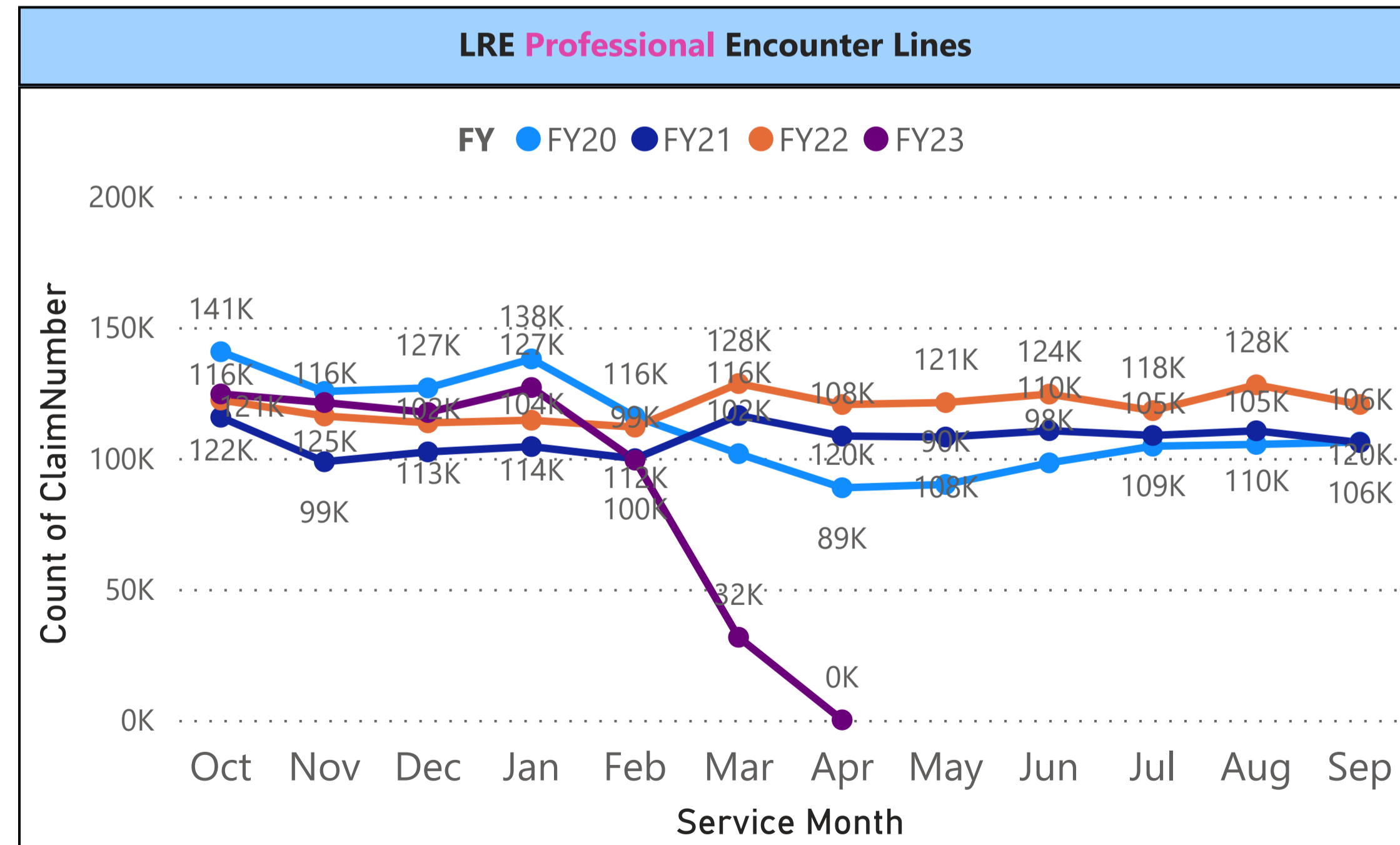


LRE Behavioral Health



FY: All

- Select all
- FY20
- FY21
- FY22
- FY23

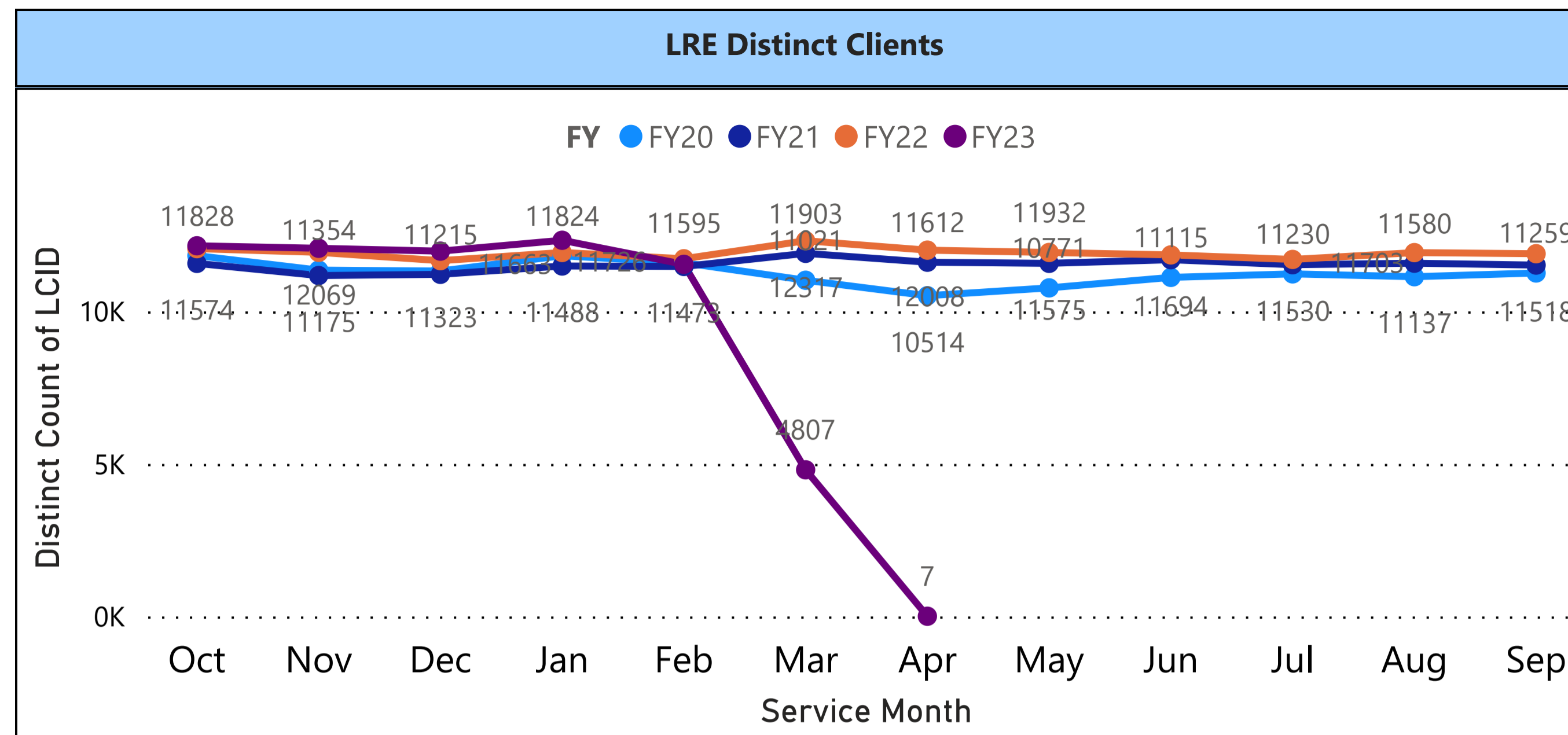


4/12/2023 2:34:01 PM

Latest ProcessDate

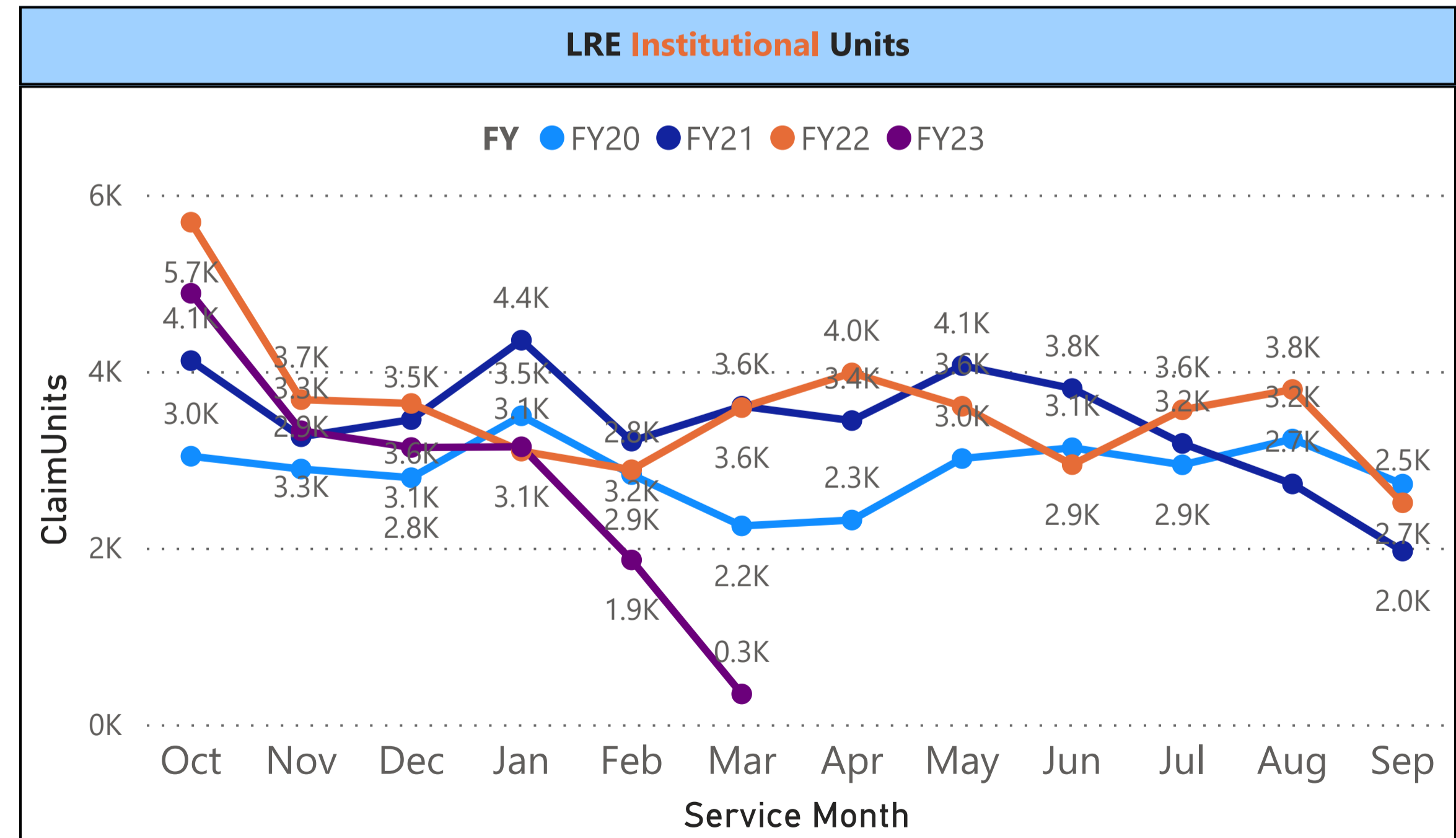
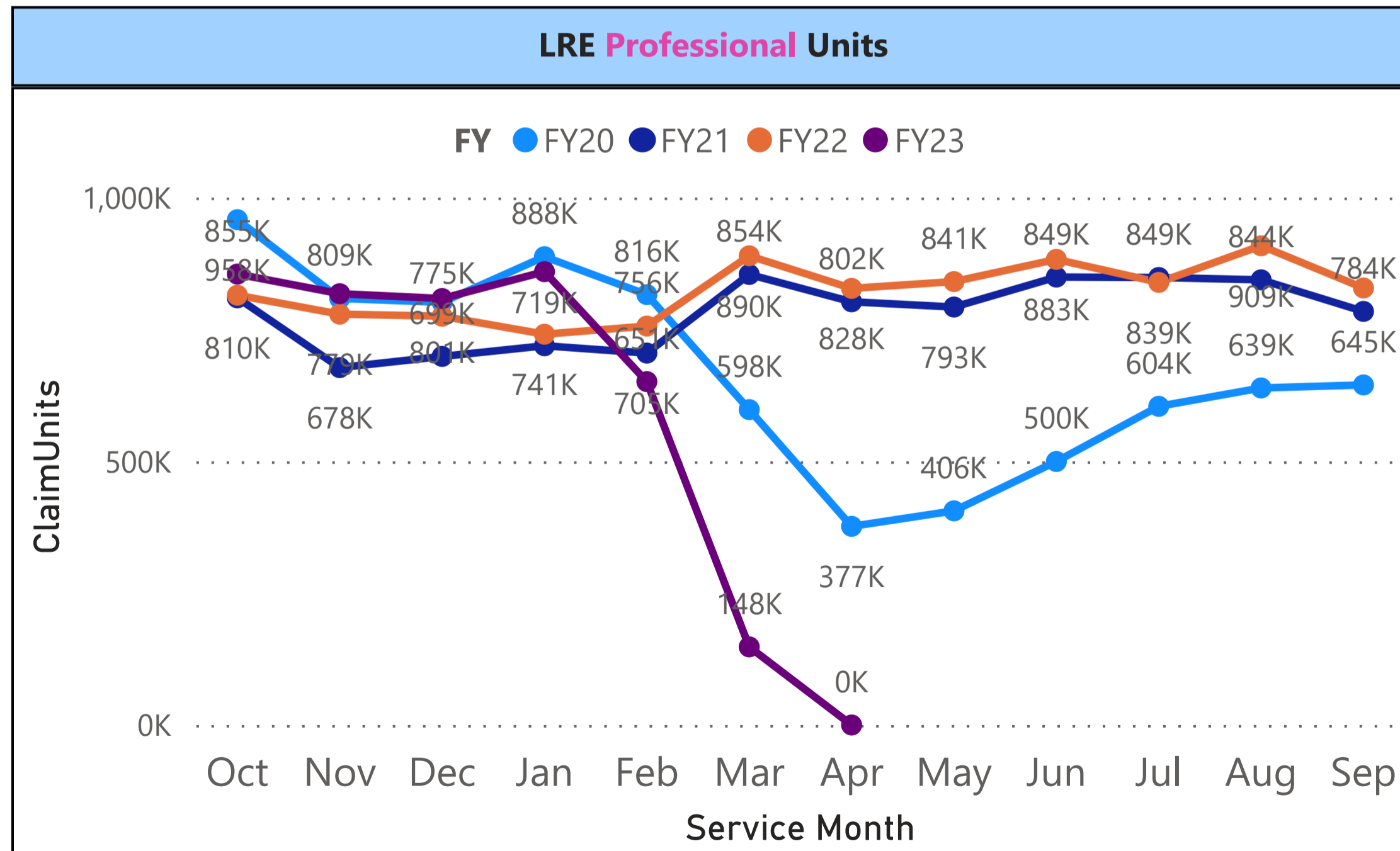


LRE Behavioral Health



FY: All

- Select all
- FY20
- FY21
- FY22
- FY23

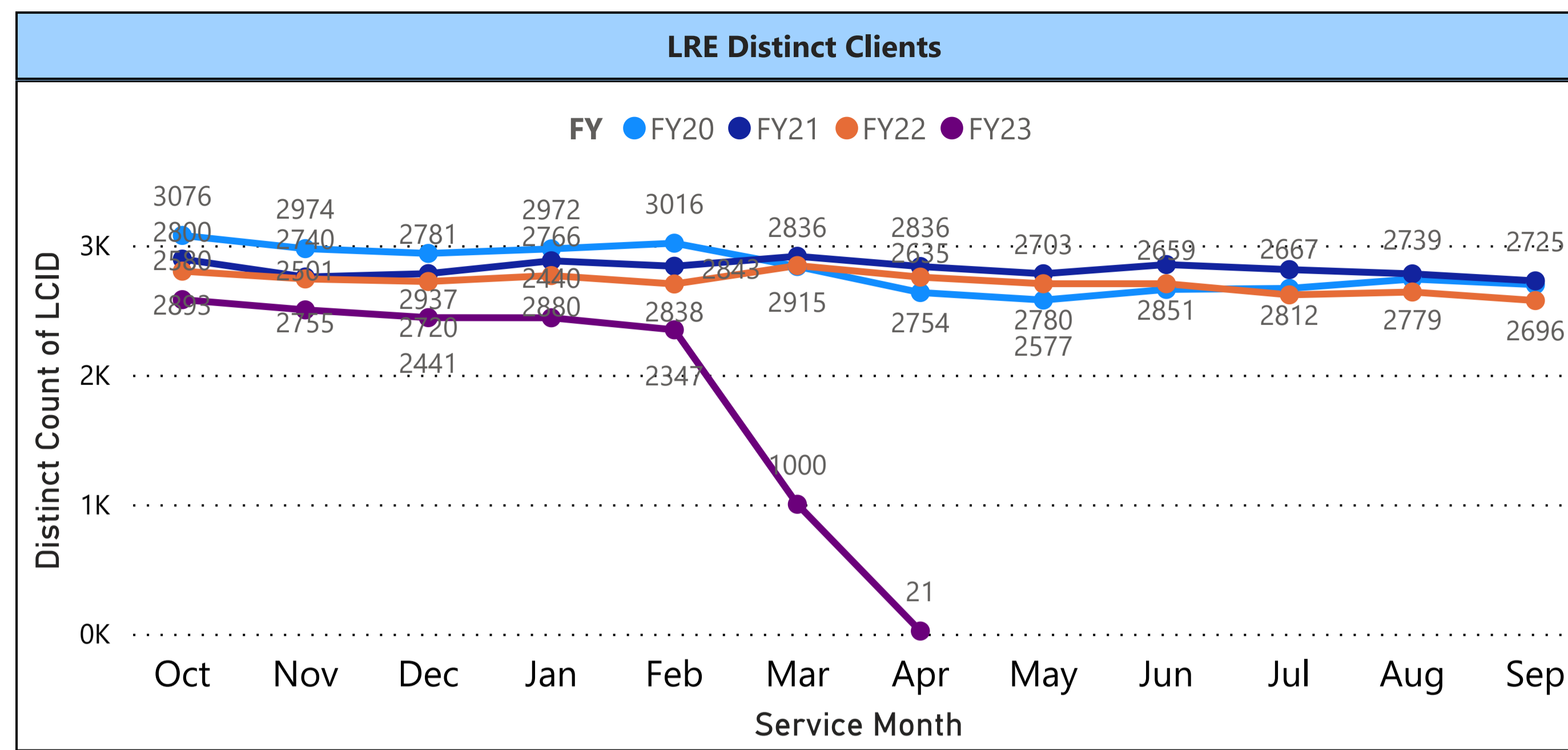


4/12/2023 2:34:01 PM

Latest ProcessDate

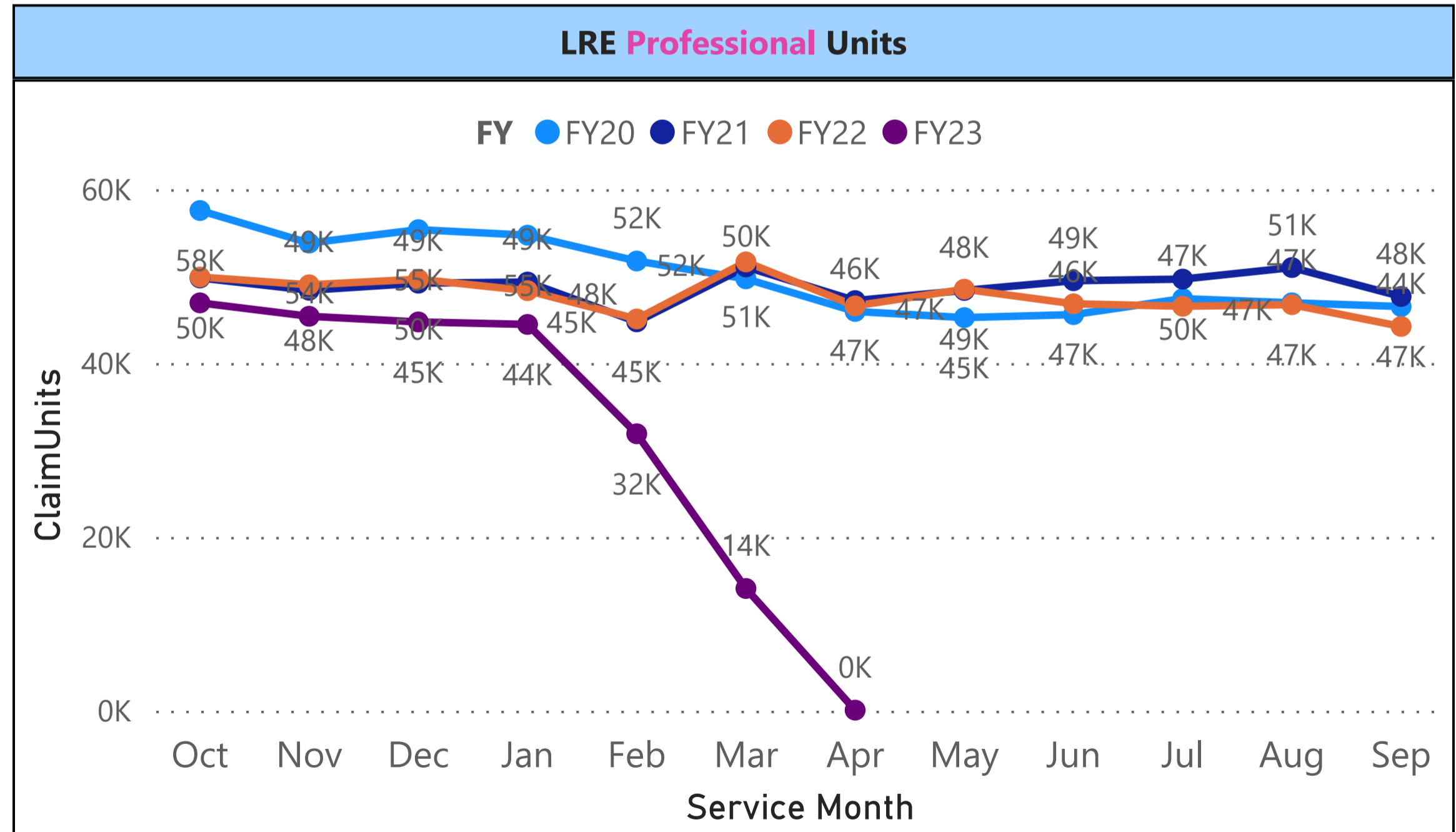
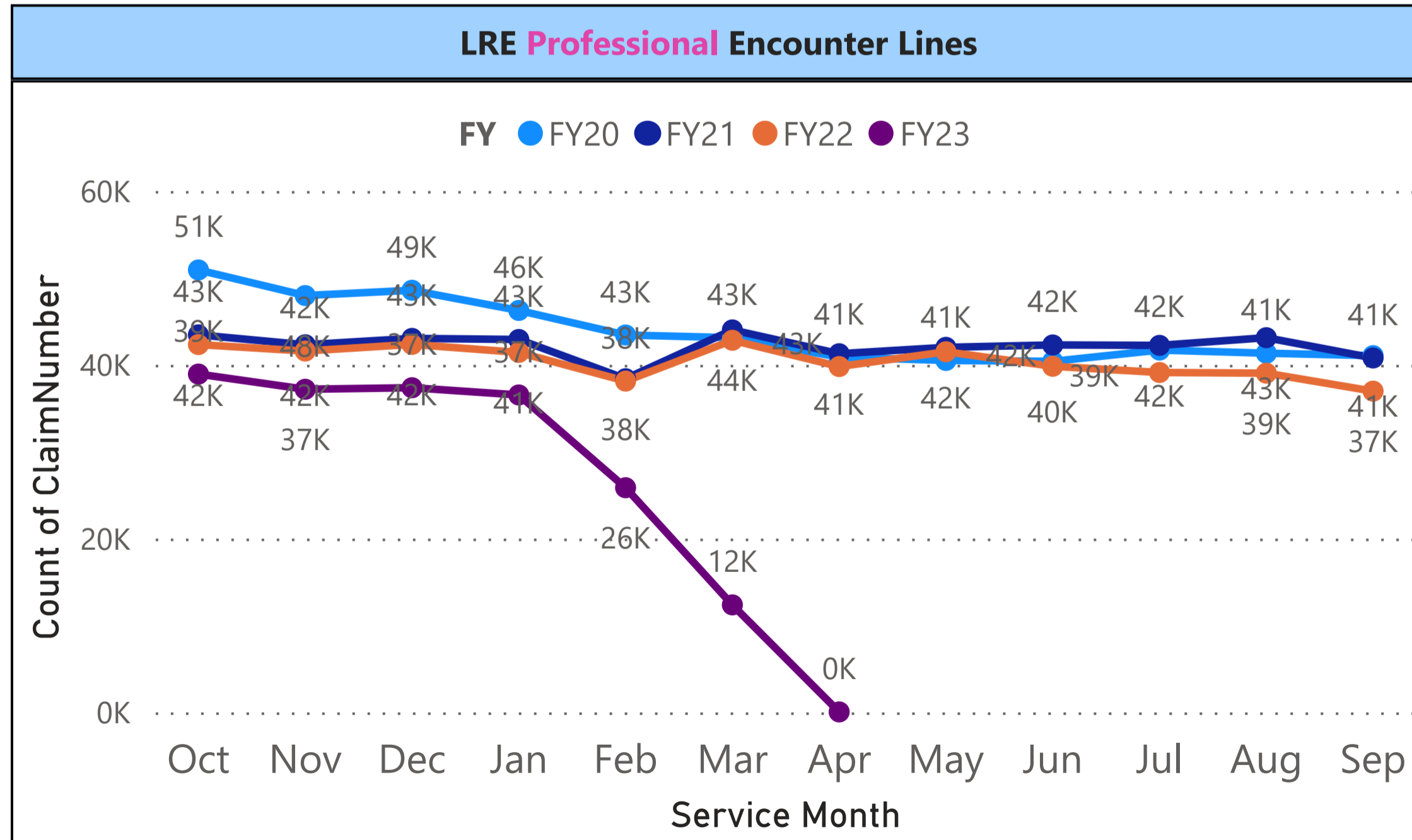


LRE Substance Use Disorder



FY: All

- Select all
- FY20
- FY21
- FY22
- FY23

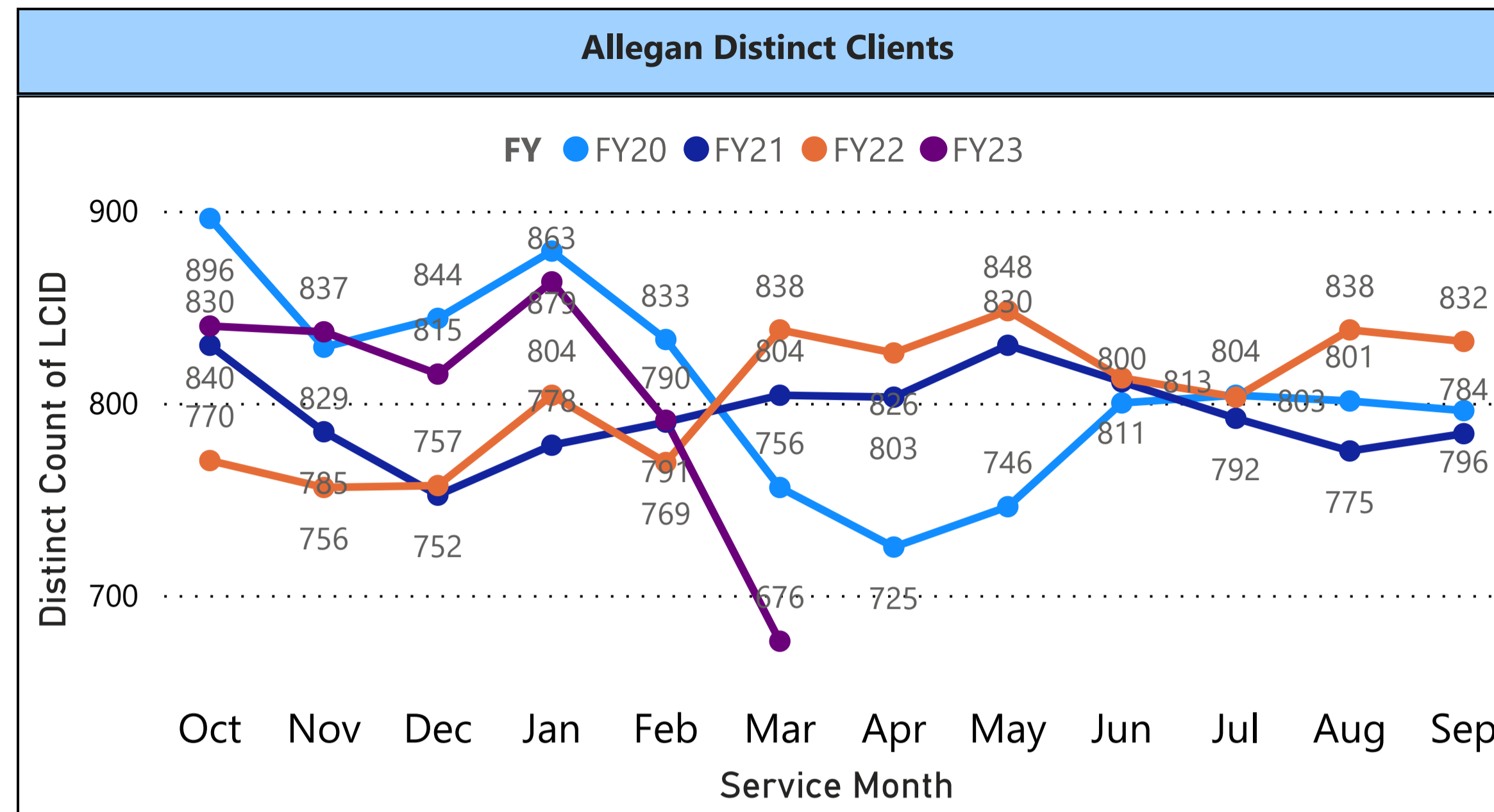


4/12/2023 2:36:17 PM

Latest ProcessDate

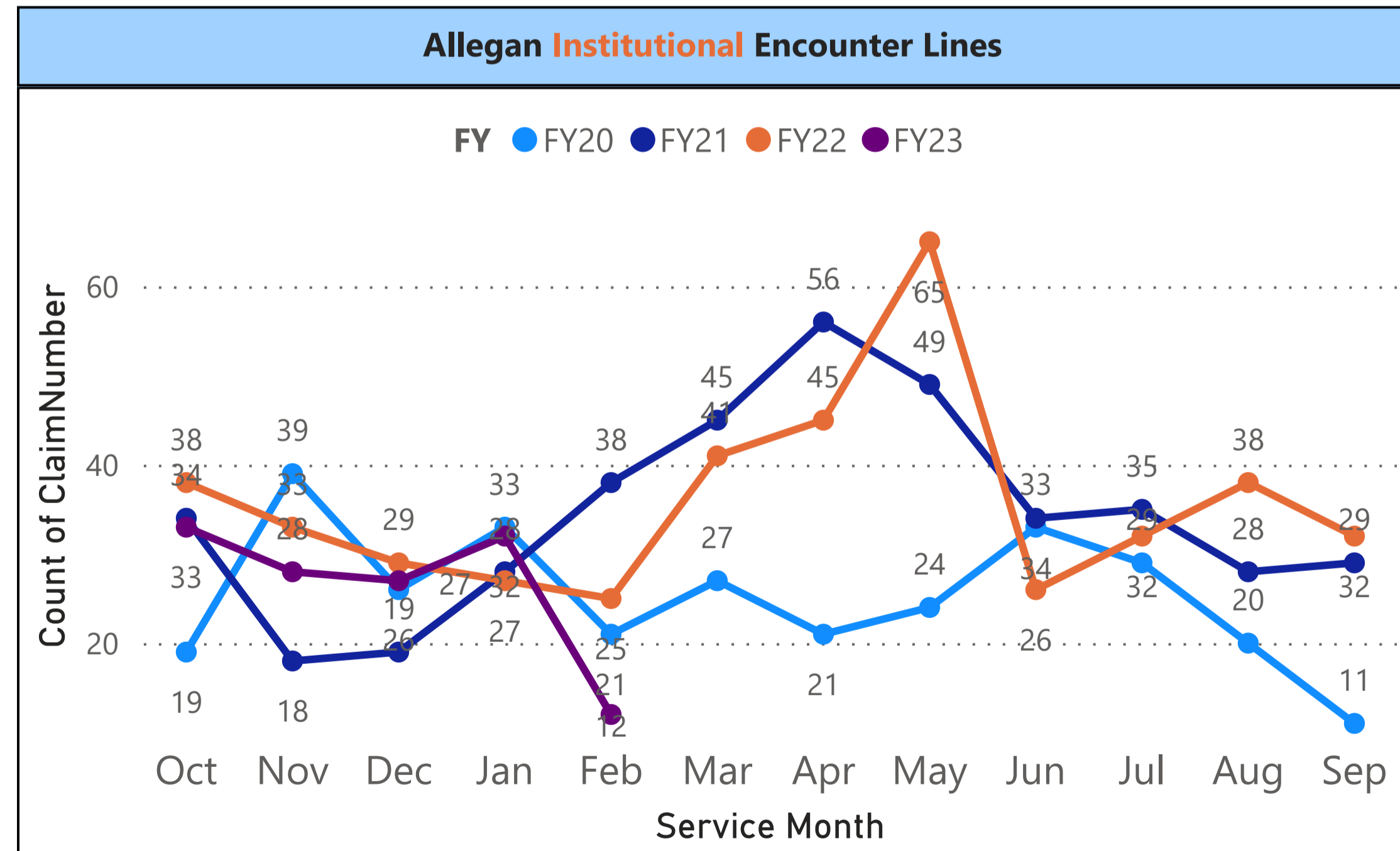
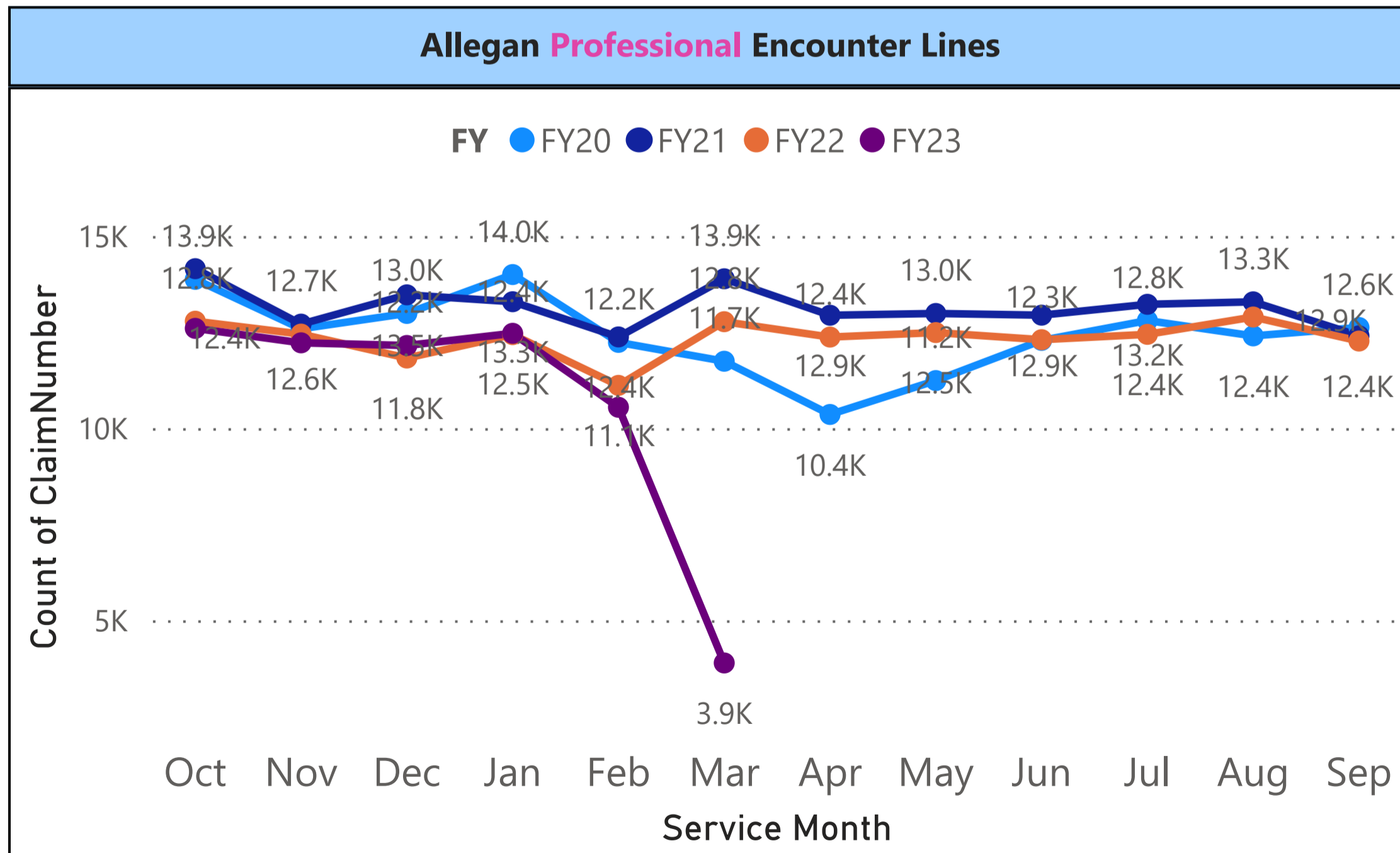


Allegan Behavioral Health



FY: All

- Select all
- FY20
- FY21
- FY22
- FY23

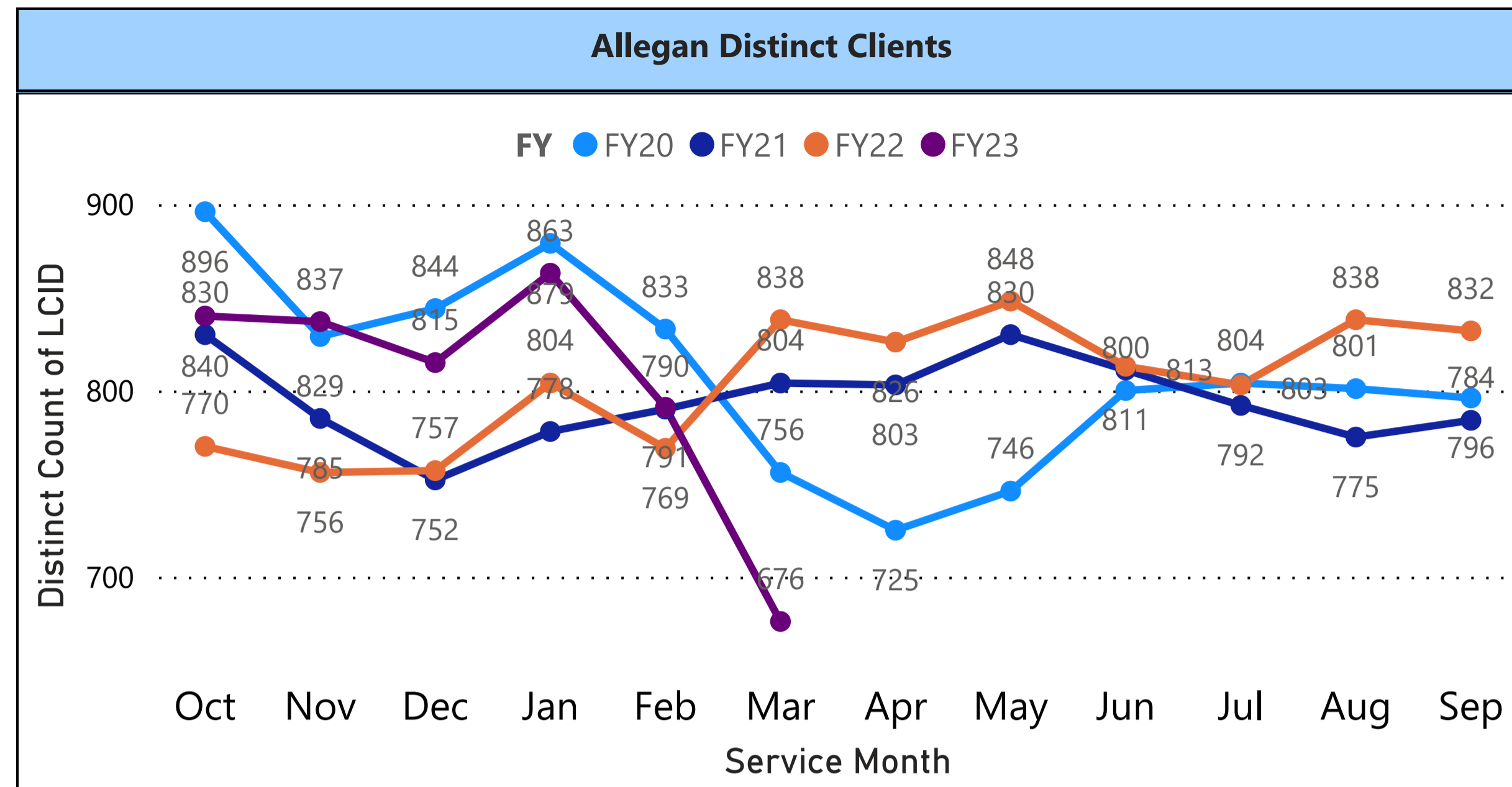


4/12/2023 2:27:42 PM

Latest ProcessDate

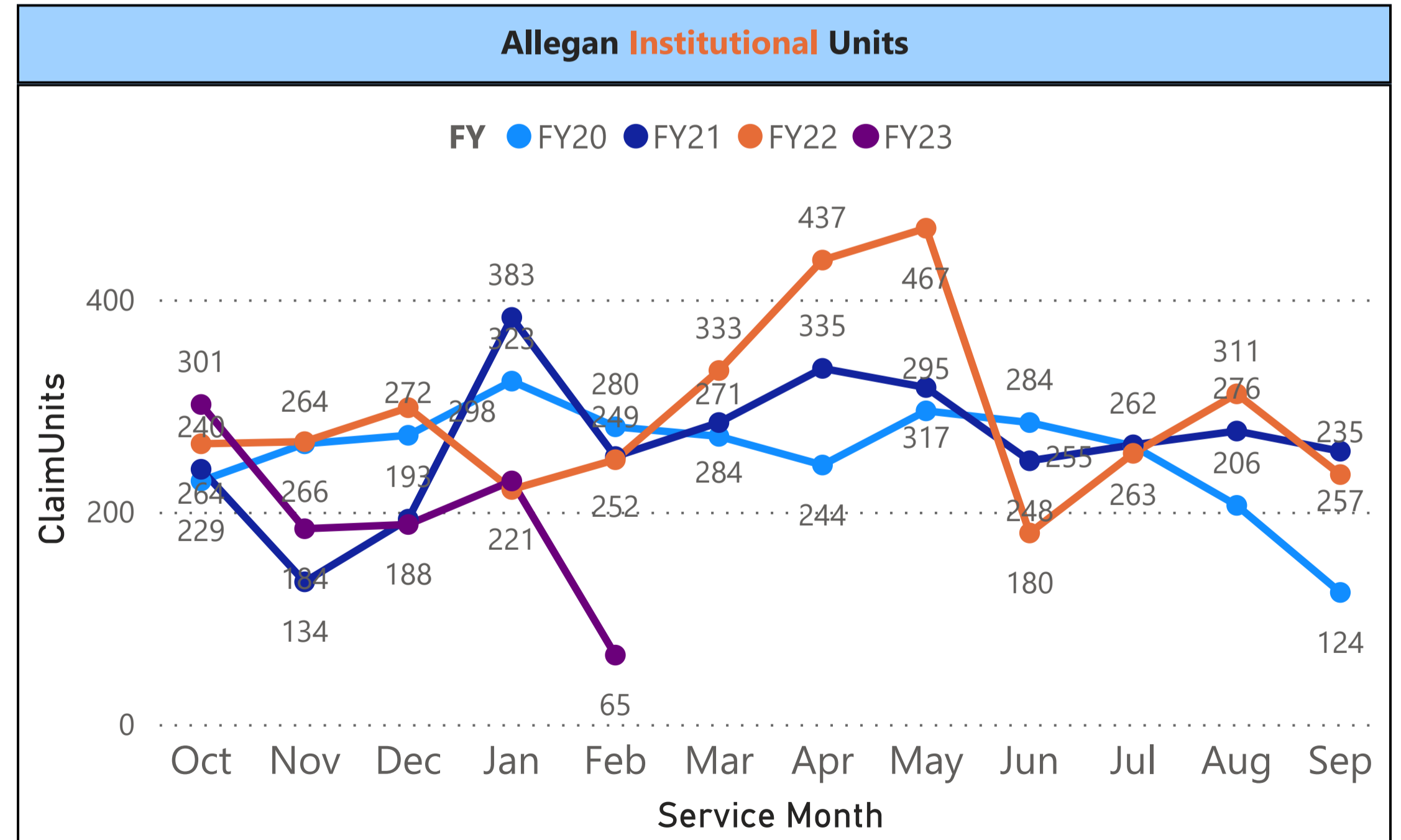
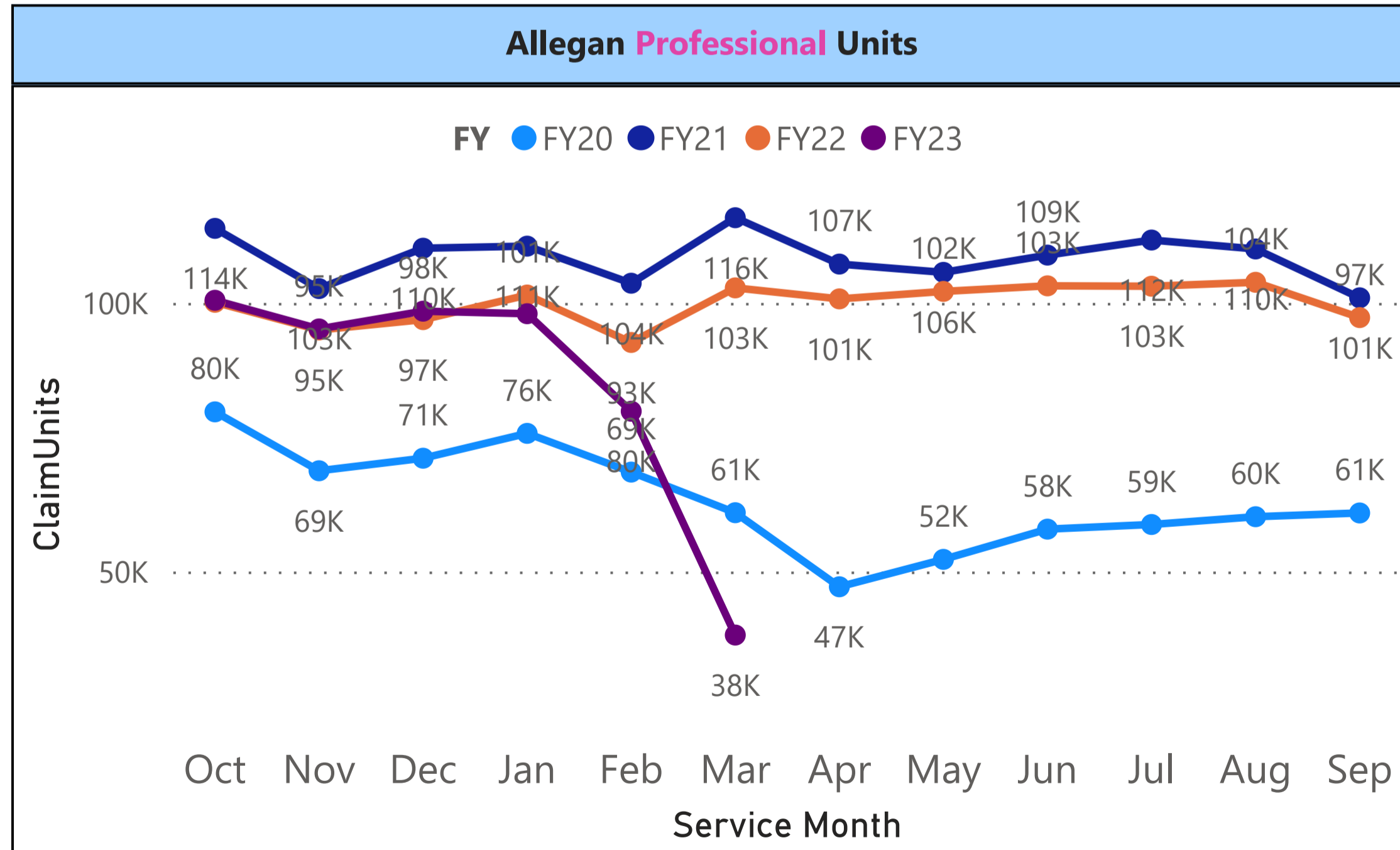


Allegan Behavioral Health



FY: All

- Select all
- FY20
- FY21
- FY22
- FY23

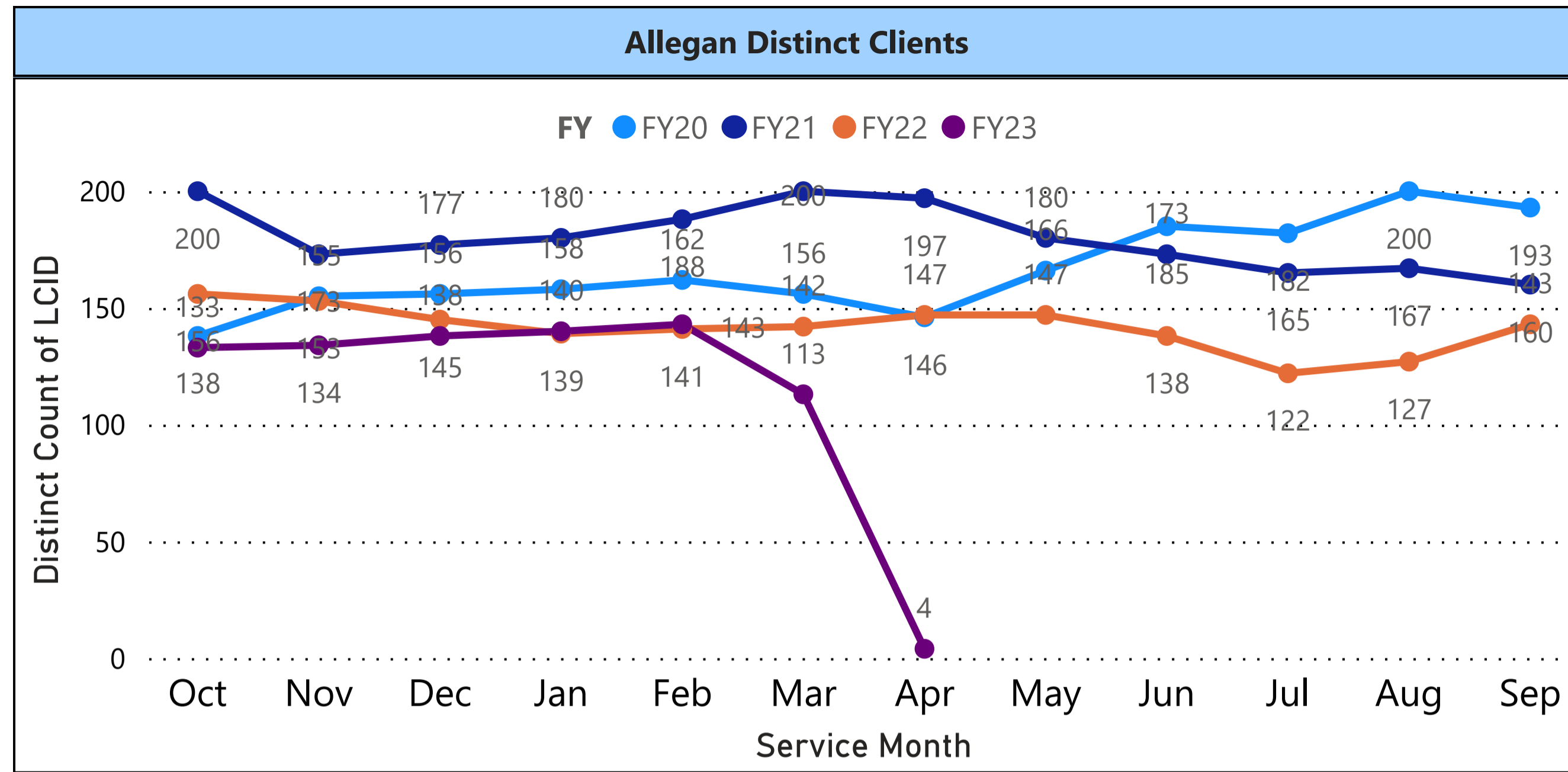


4/12/2023 2:27:42 PM

Latest ProcessDate

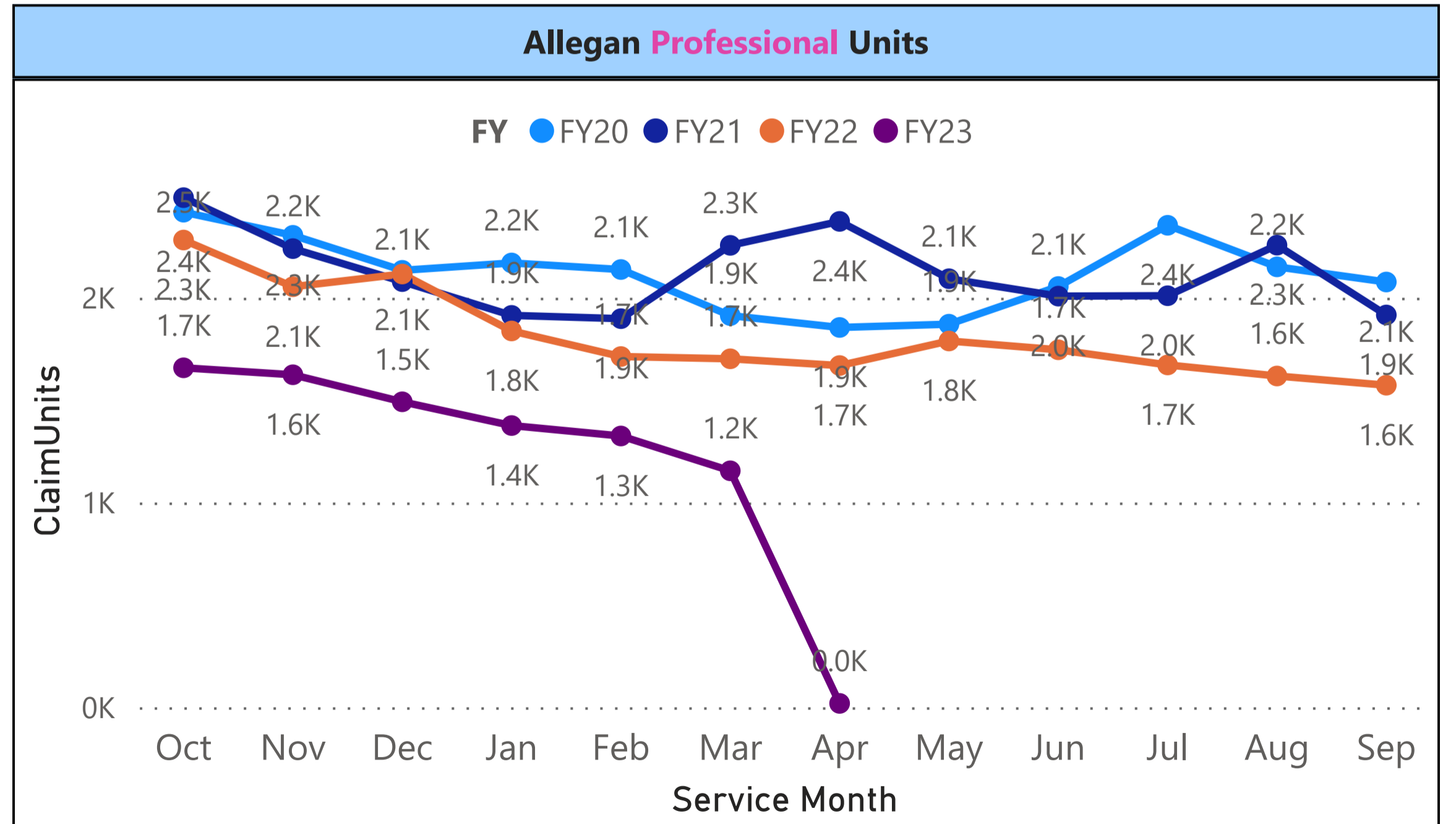
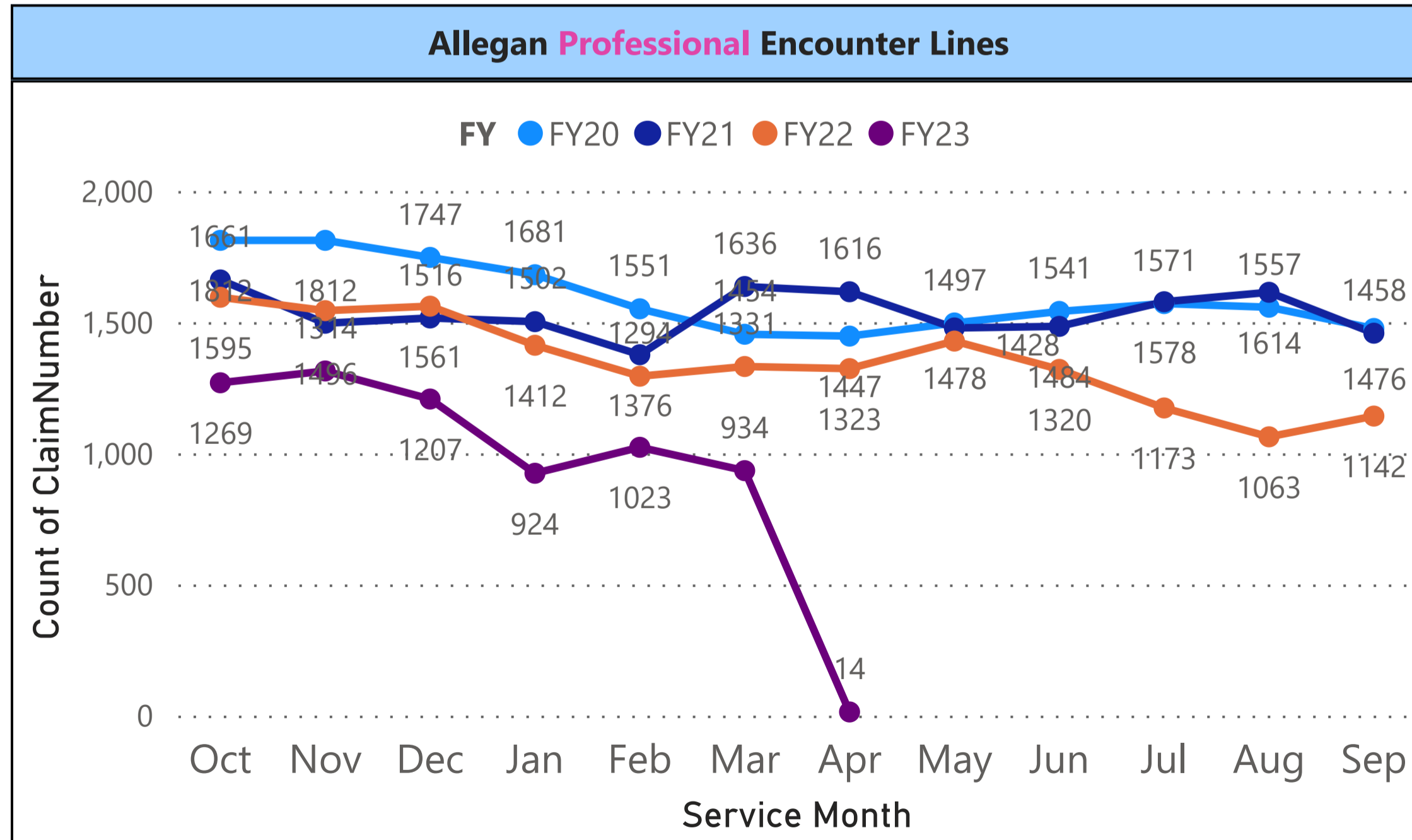


Allegan Substance Use Disorder



FY: All

- Select all
- FY20
- FY21
- FY22
- FY23

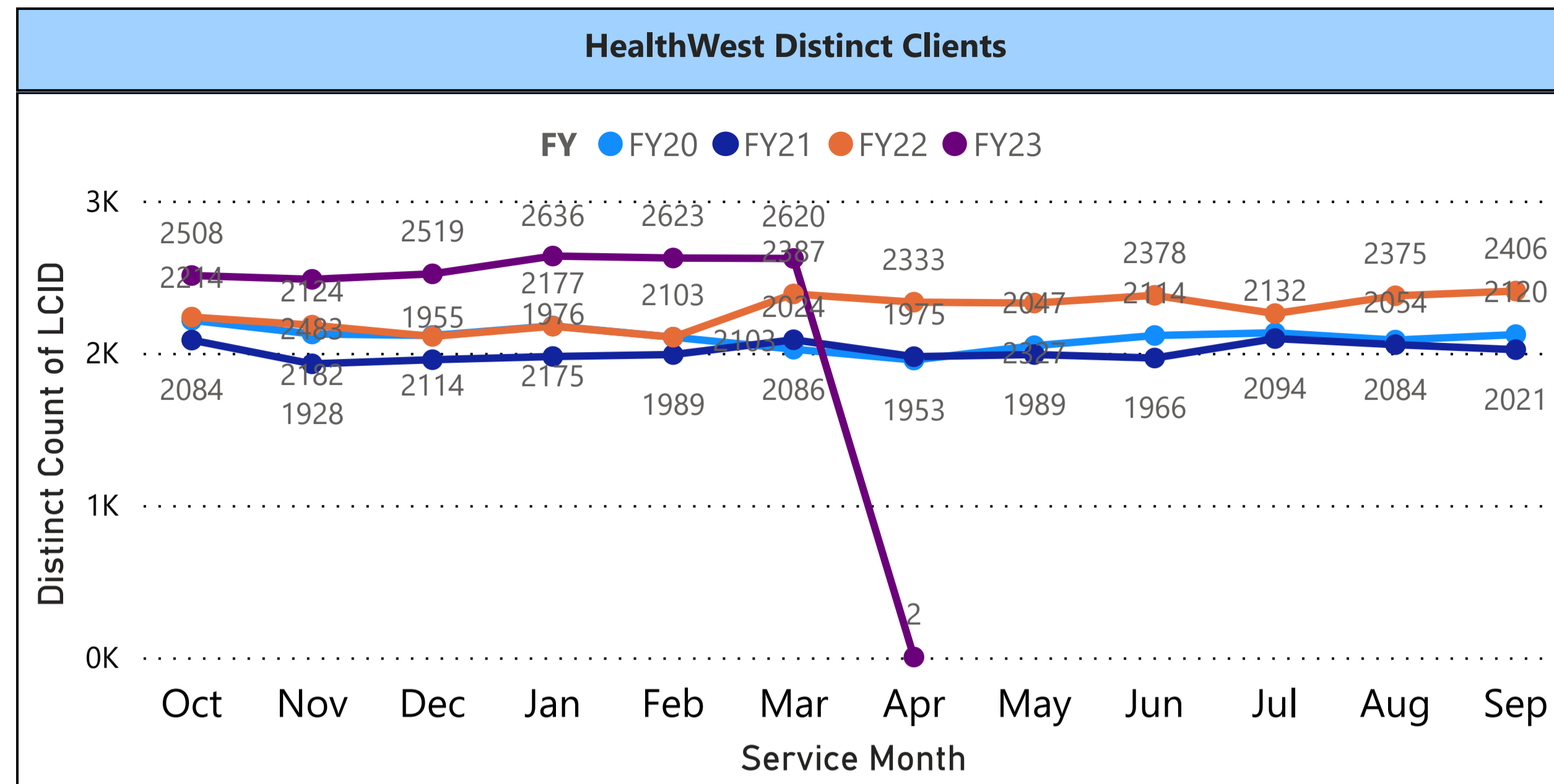


4/12/2023 2:35:59 PM

Latest ProcessDate

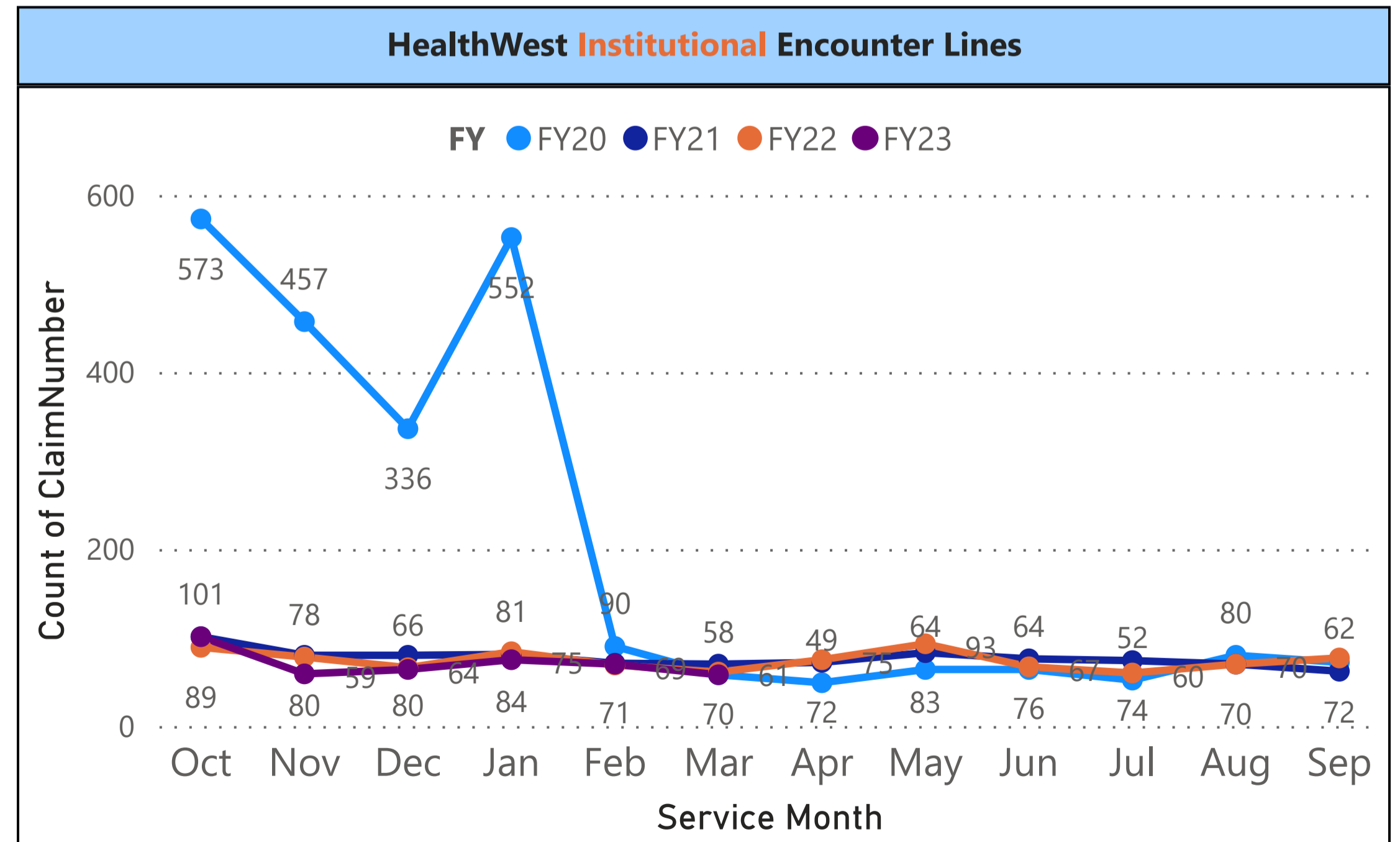
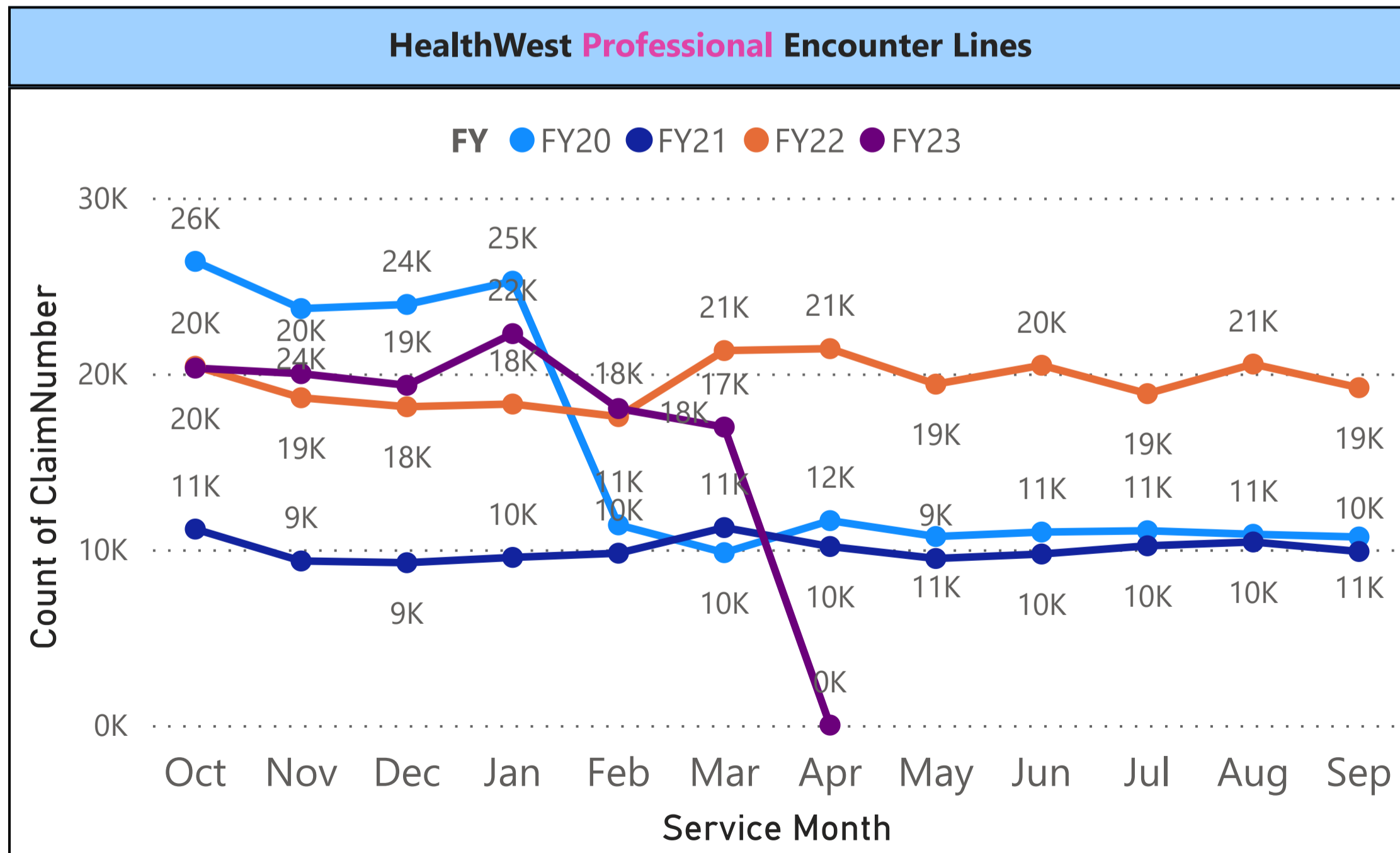


HealthWest Behavioral Health



FY: All

- Select all
- FY20
- FY21
- FY22
- FY23

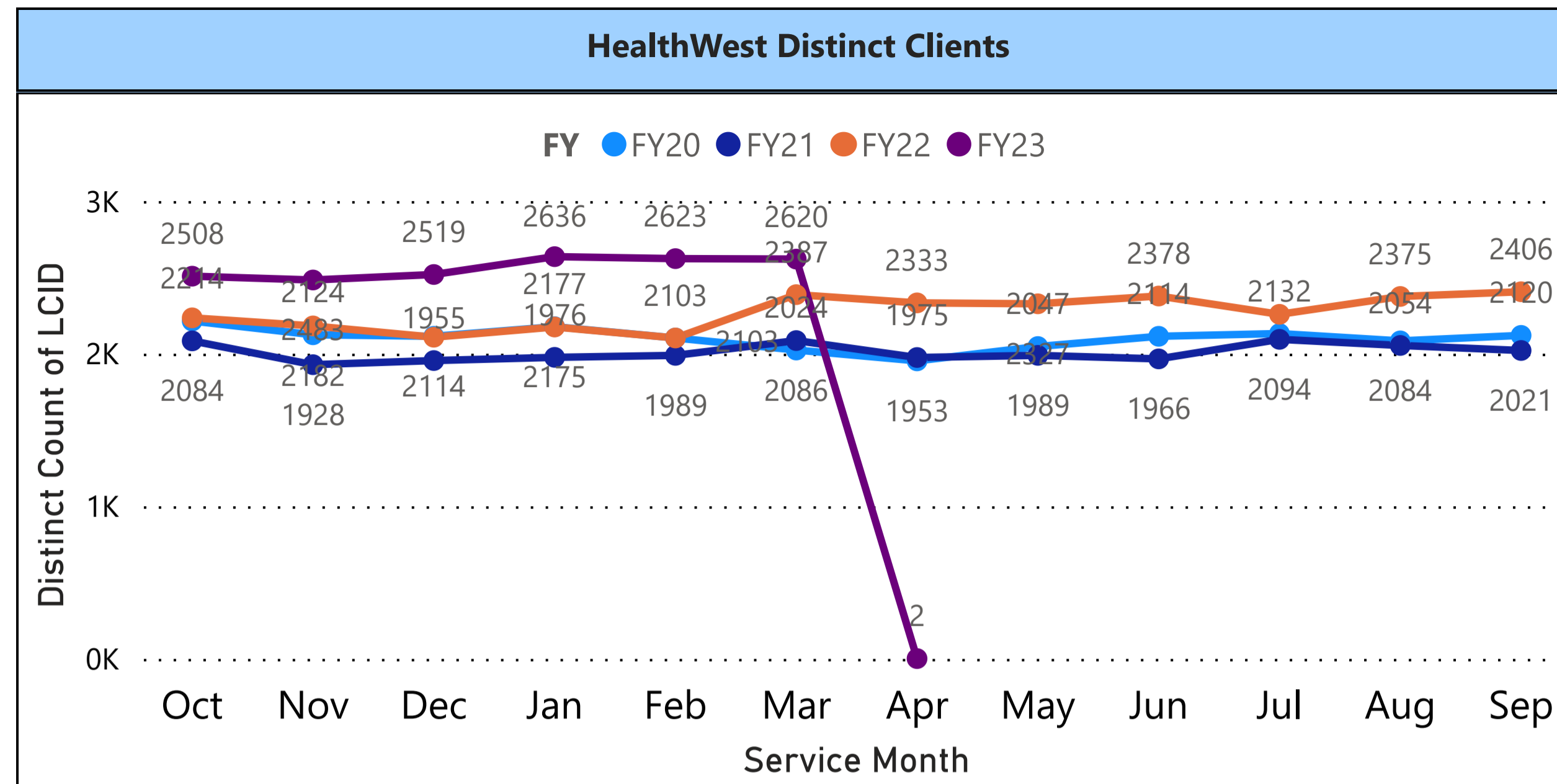


4/12/2023 2:30:10 PM

Latest ProcessDate

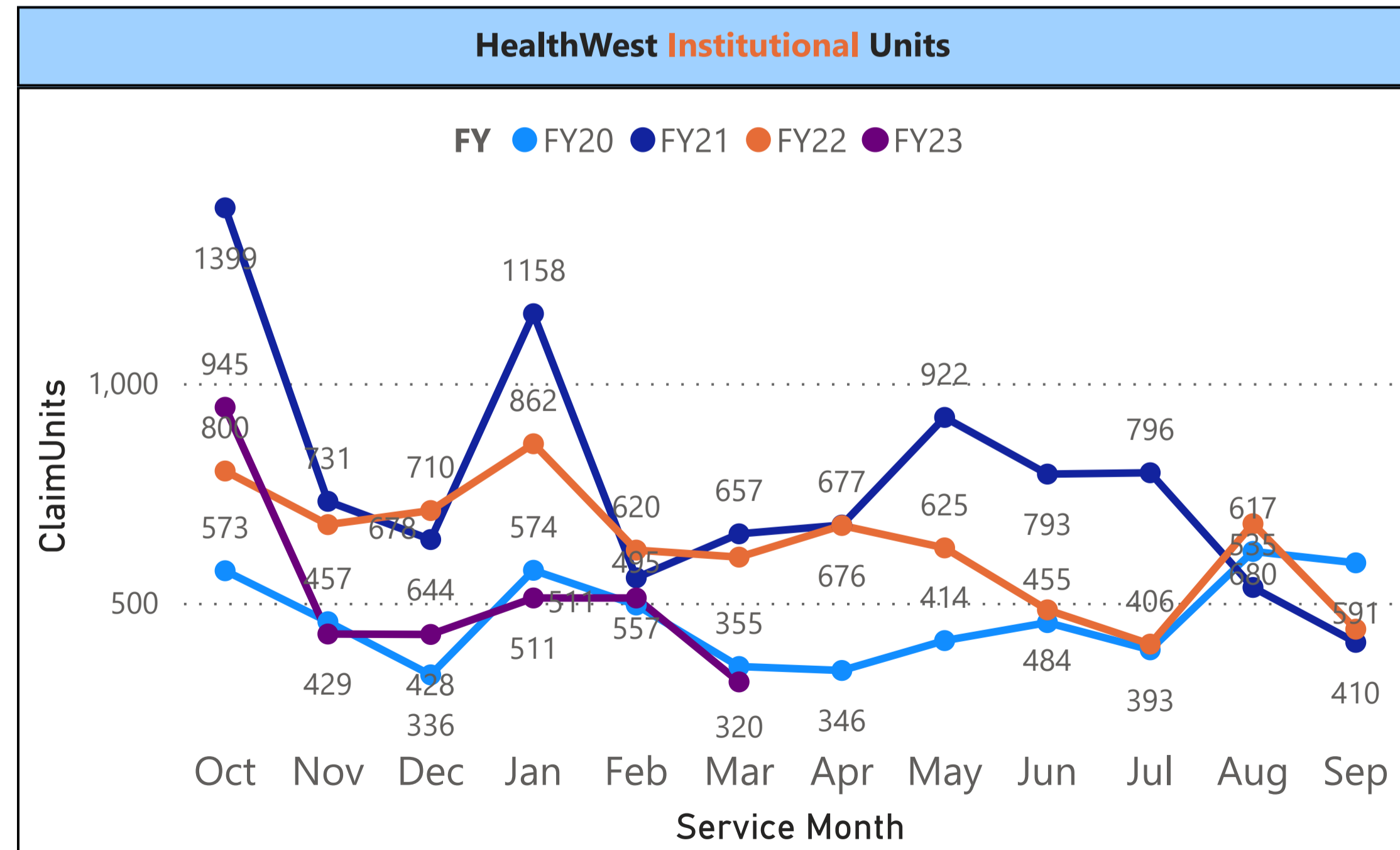
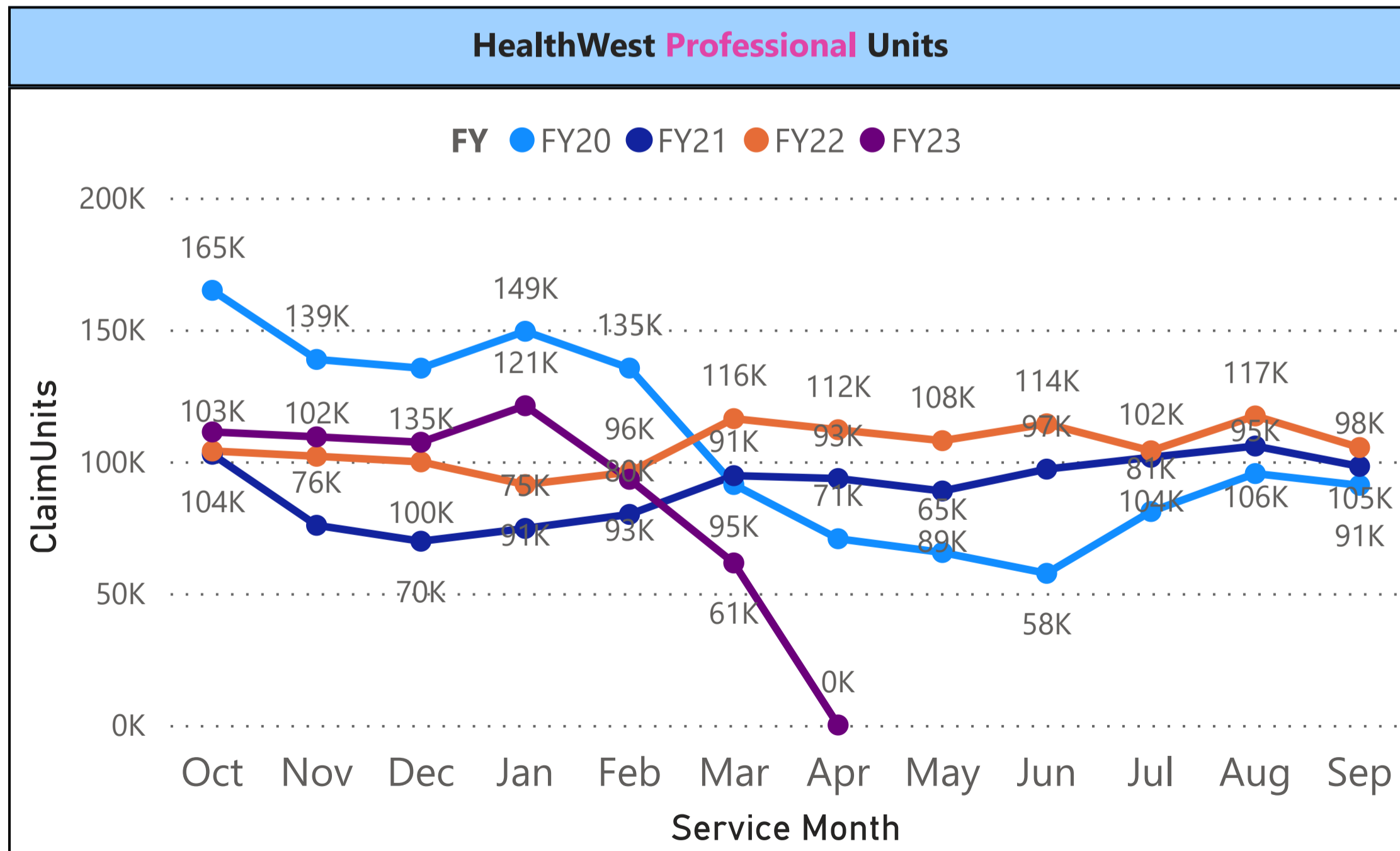


HealthWest Behavioral Health



FY: All

- Select all
- FY20
- FY21
- FY22
- FY23

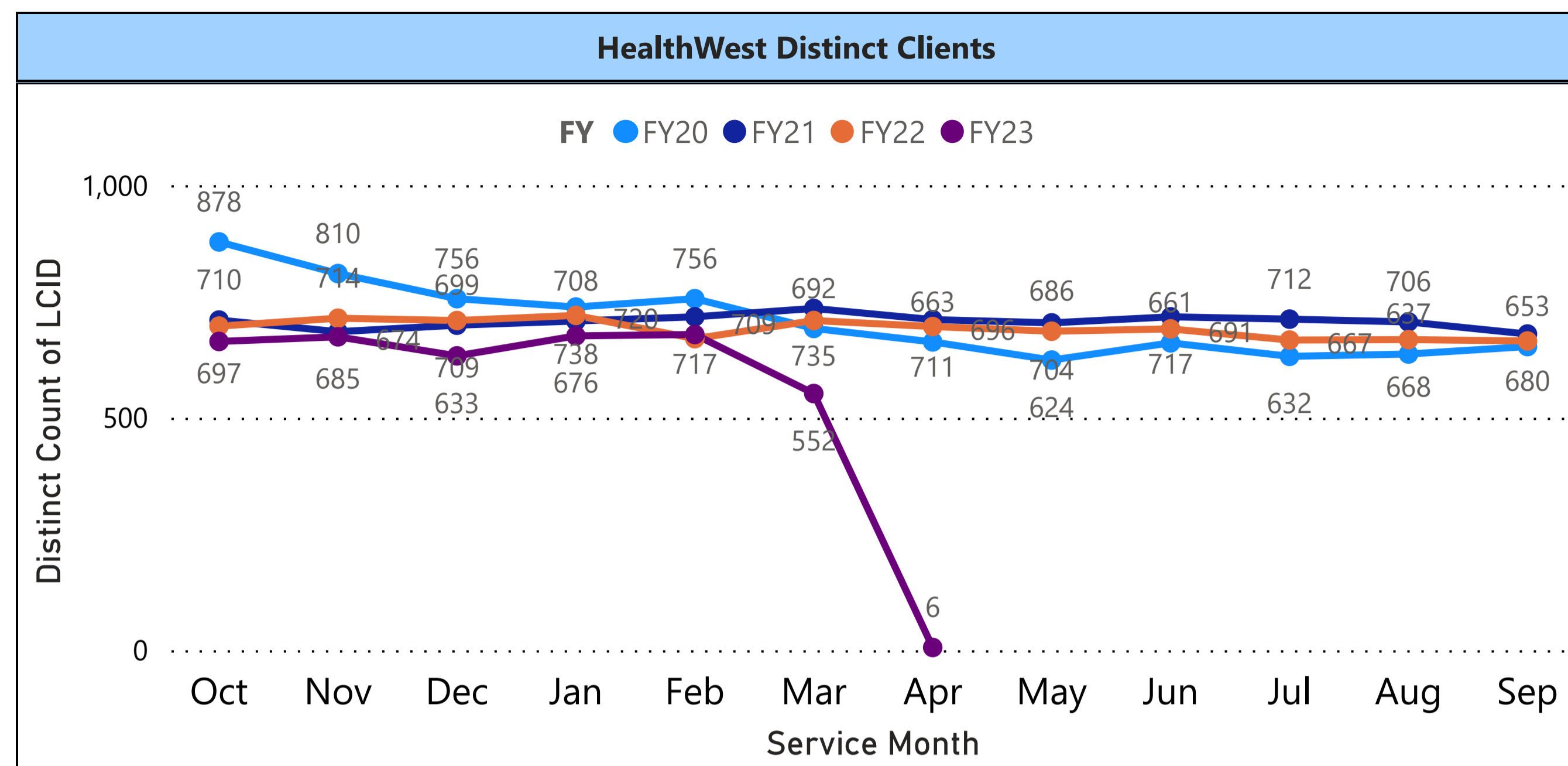


4/12/2023 2:30:10 PM

Latest ProcessDate

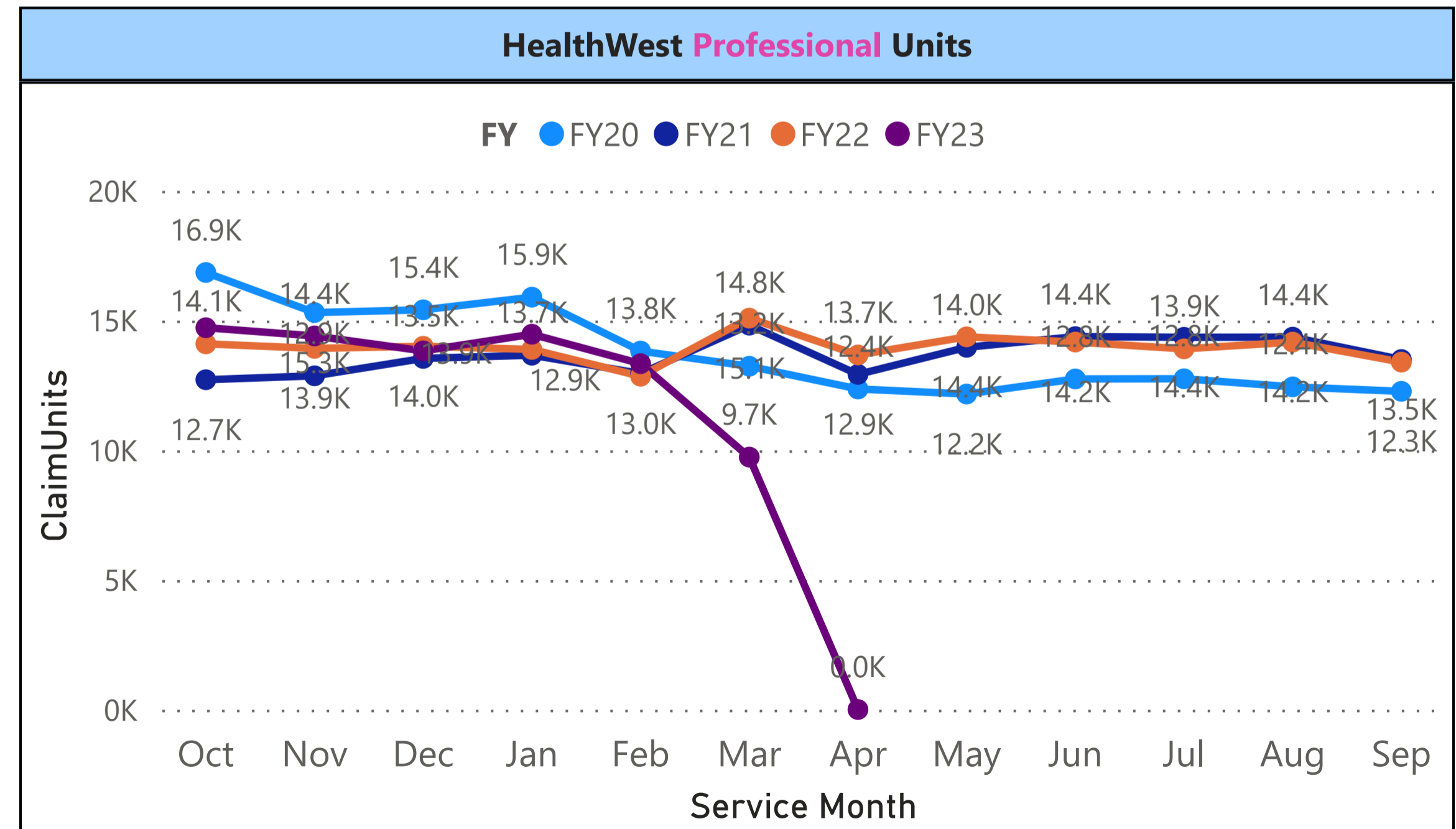
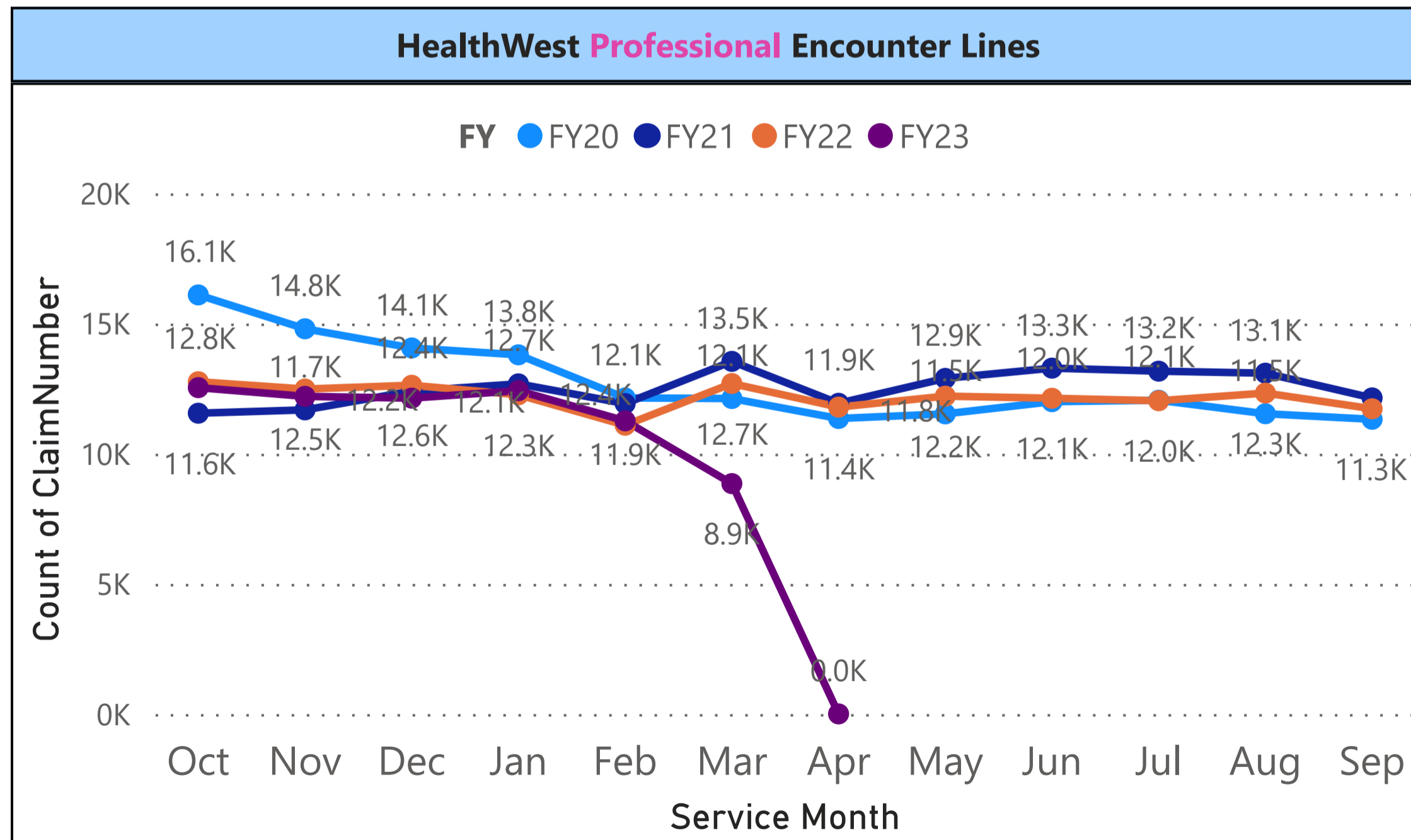


HealthWest Substance Use Disorder



FY: All

- Select all
- FY20
- FY21
- FY22
- FY23

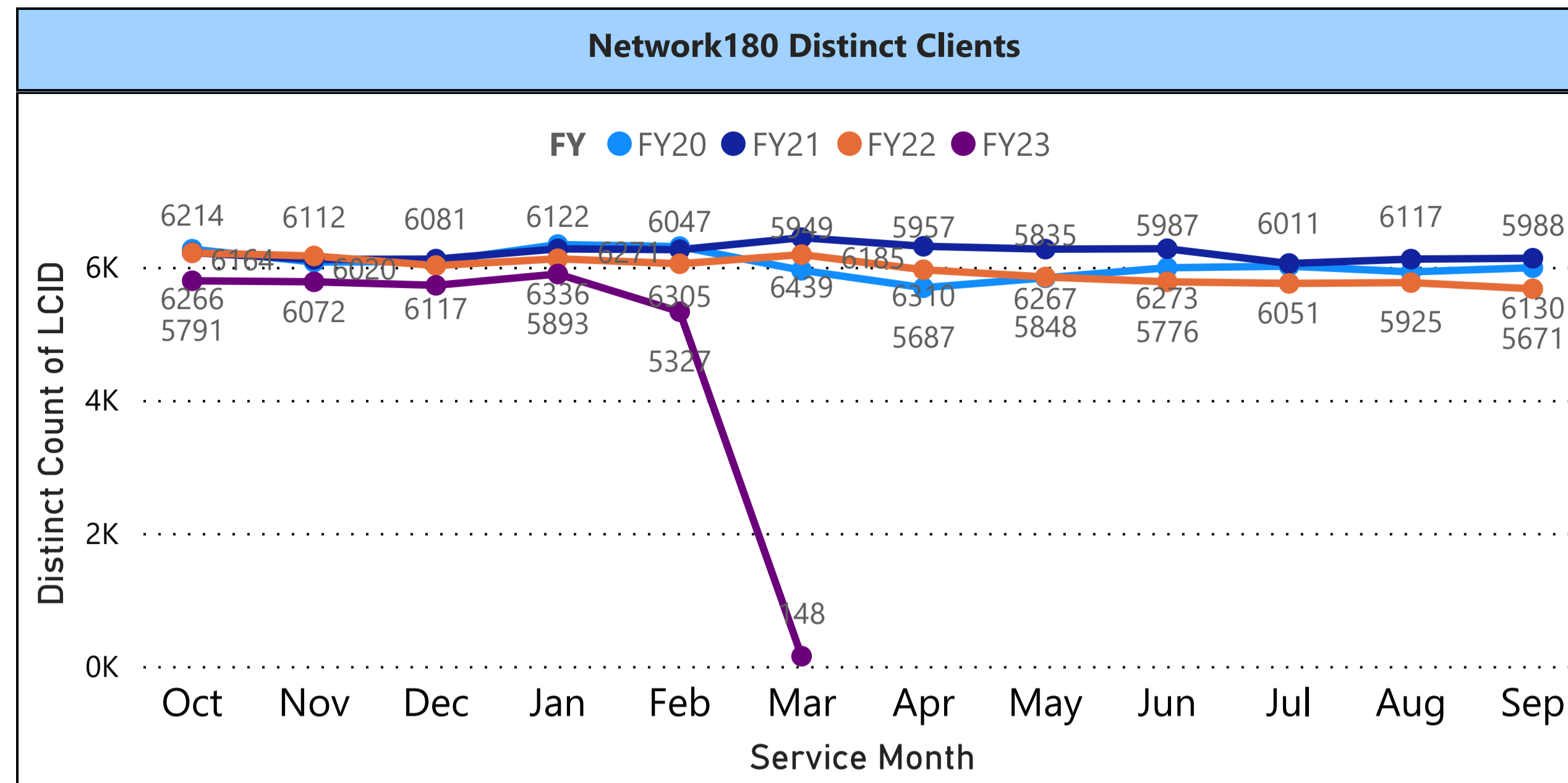


4/12/2023 2:36:17 PM

Latest ProcessDate

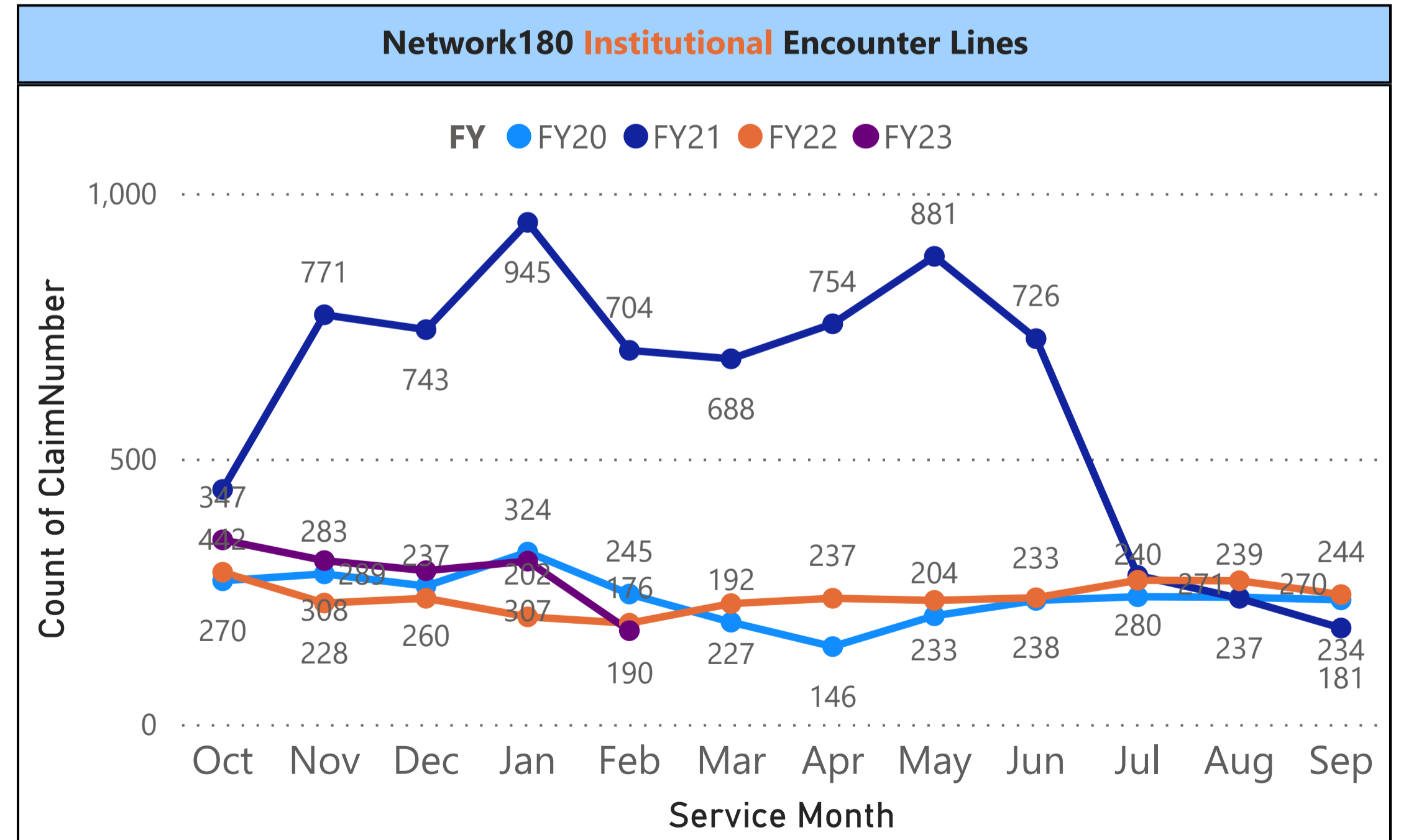
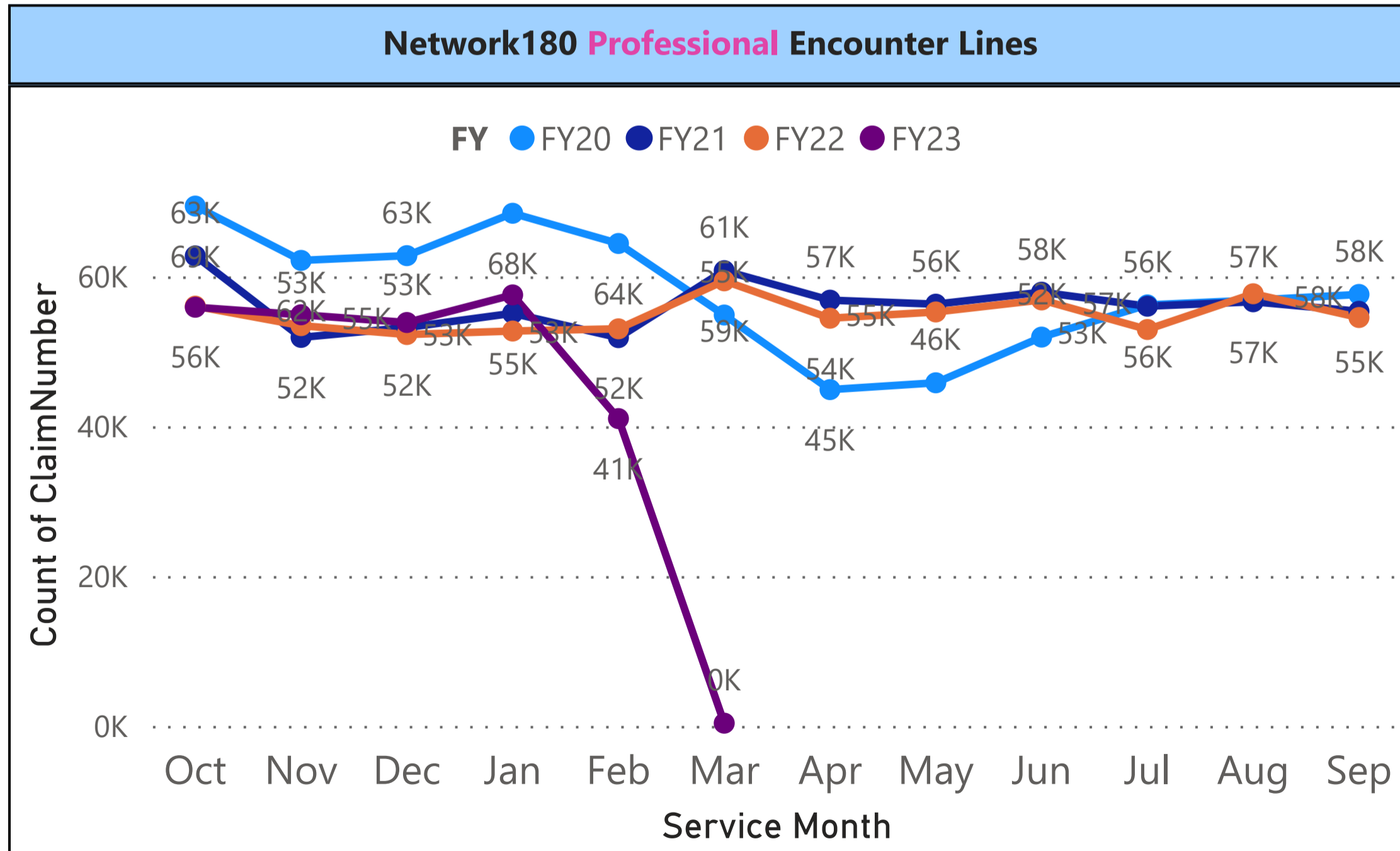


Network180 Behavioral Health



FY: All

- Select all
- FY20
- FY21
- FY22
- FY23

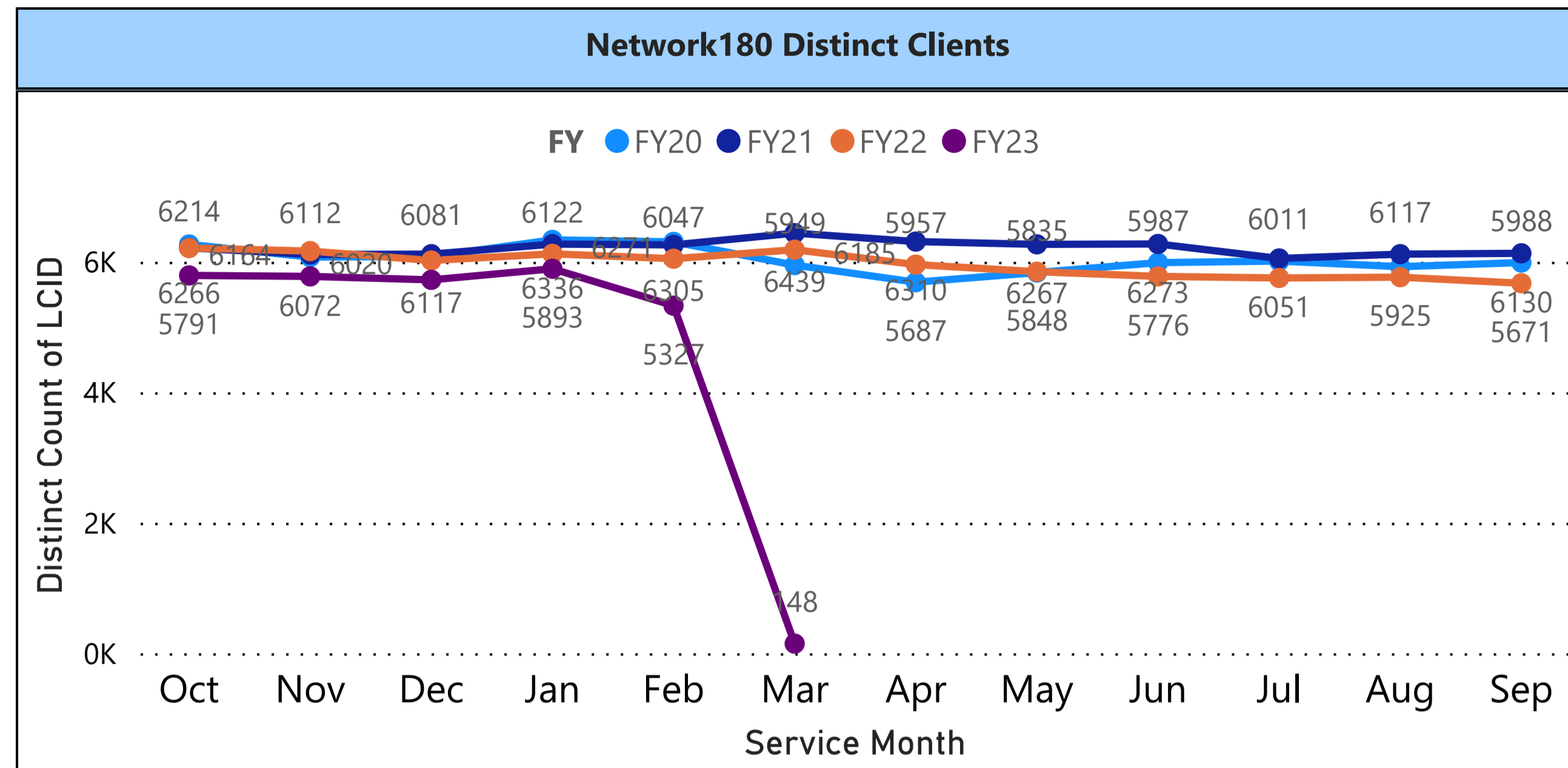


4/12/2023 2:14:19 PM

Latest ProcessDate

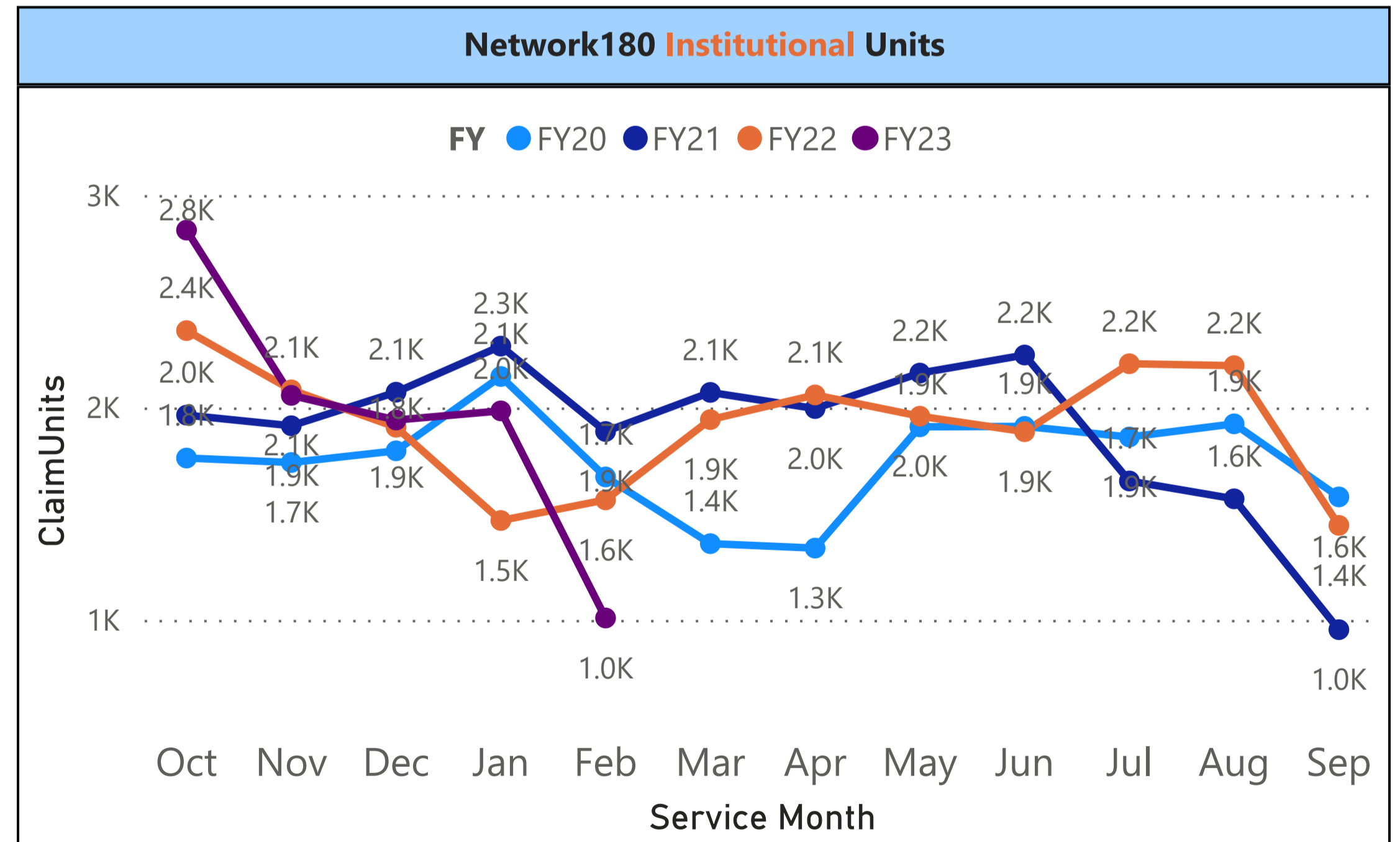
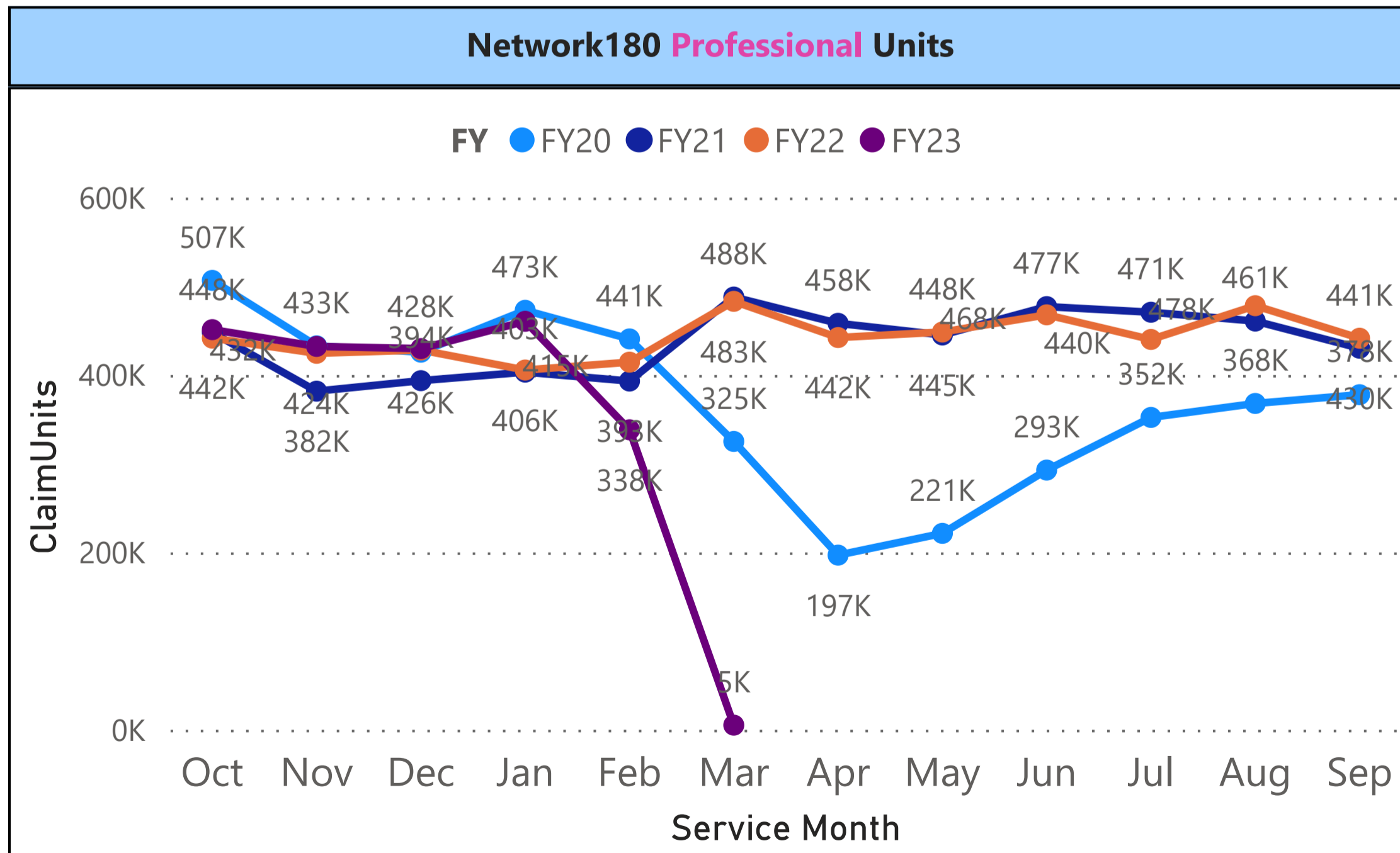


Network180 Behavioral Health



FY: All

- Select all
- FY20
- FY21
- FY22
- FY23

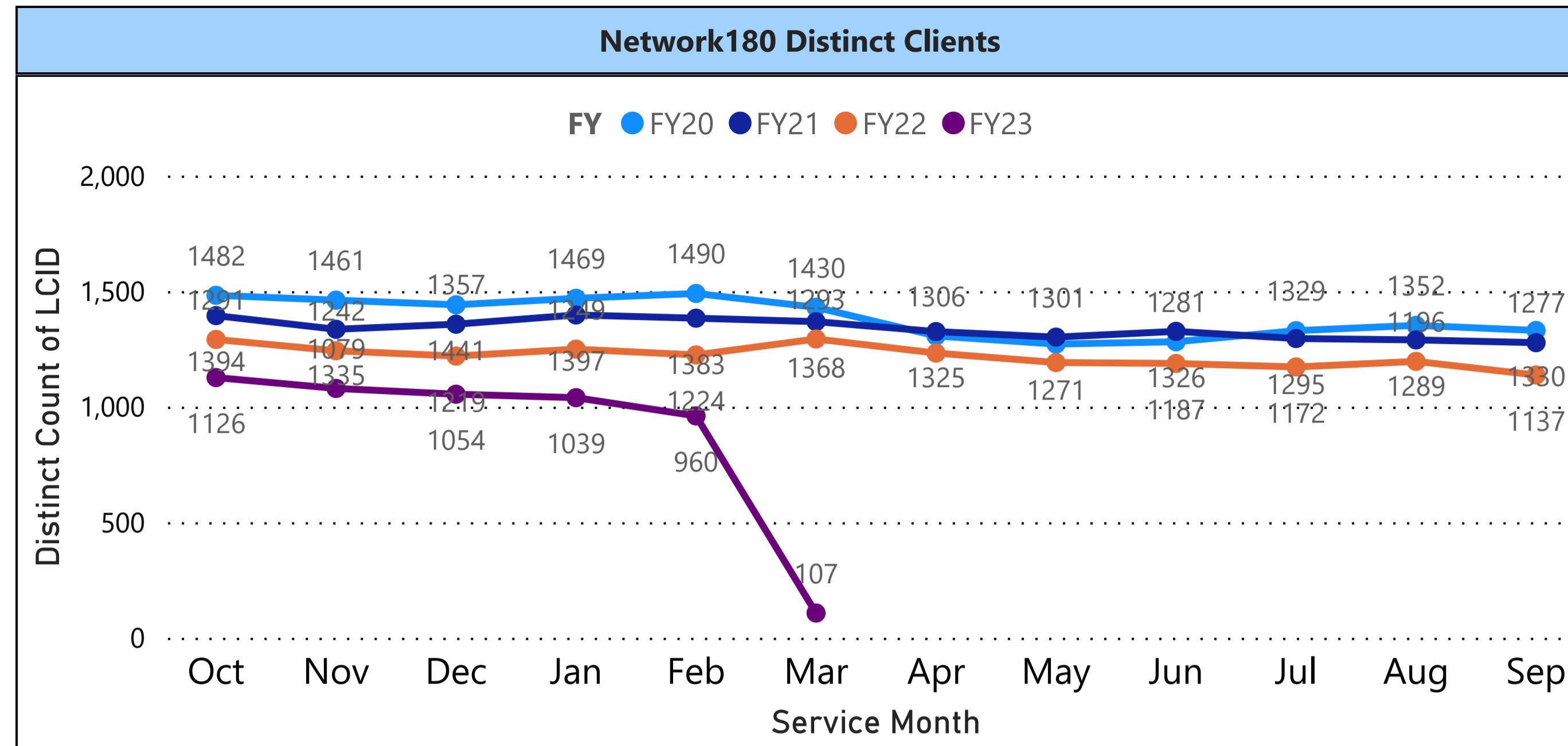


4/12/2023 2:14:19 PM

Latest ProcessDate

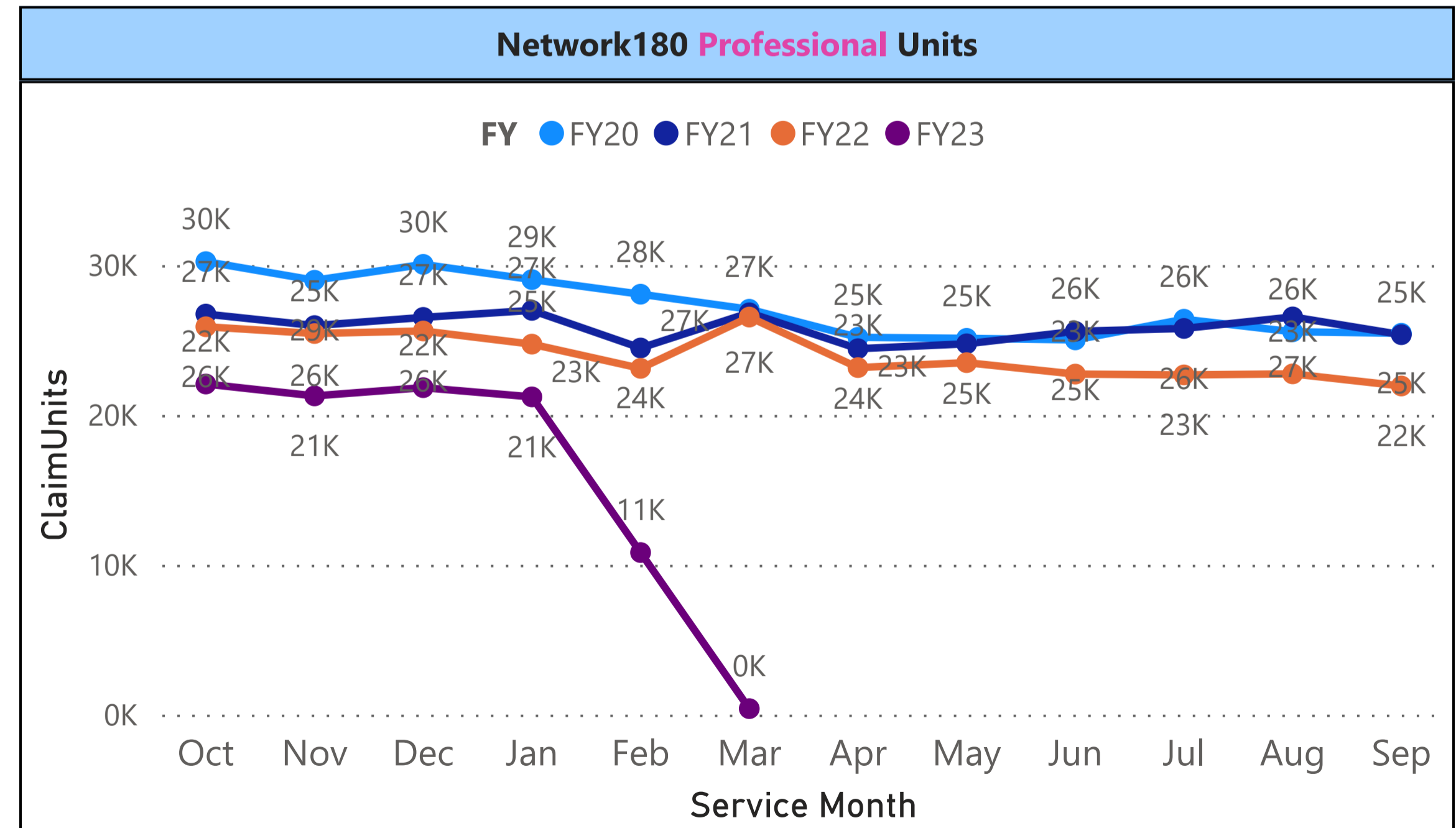
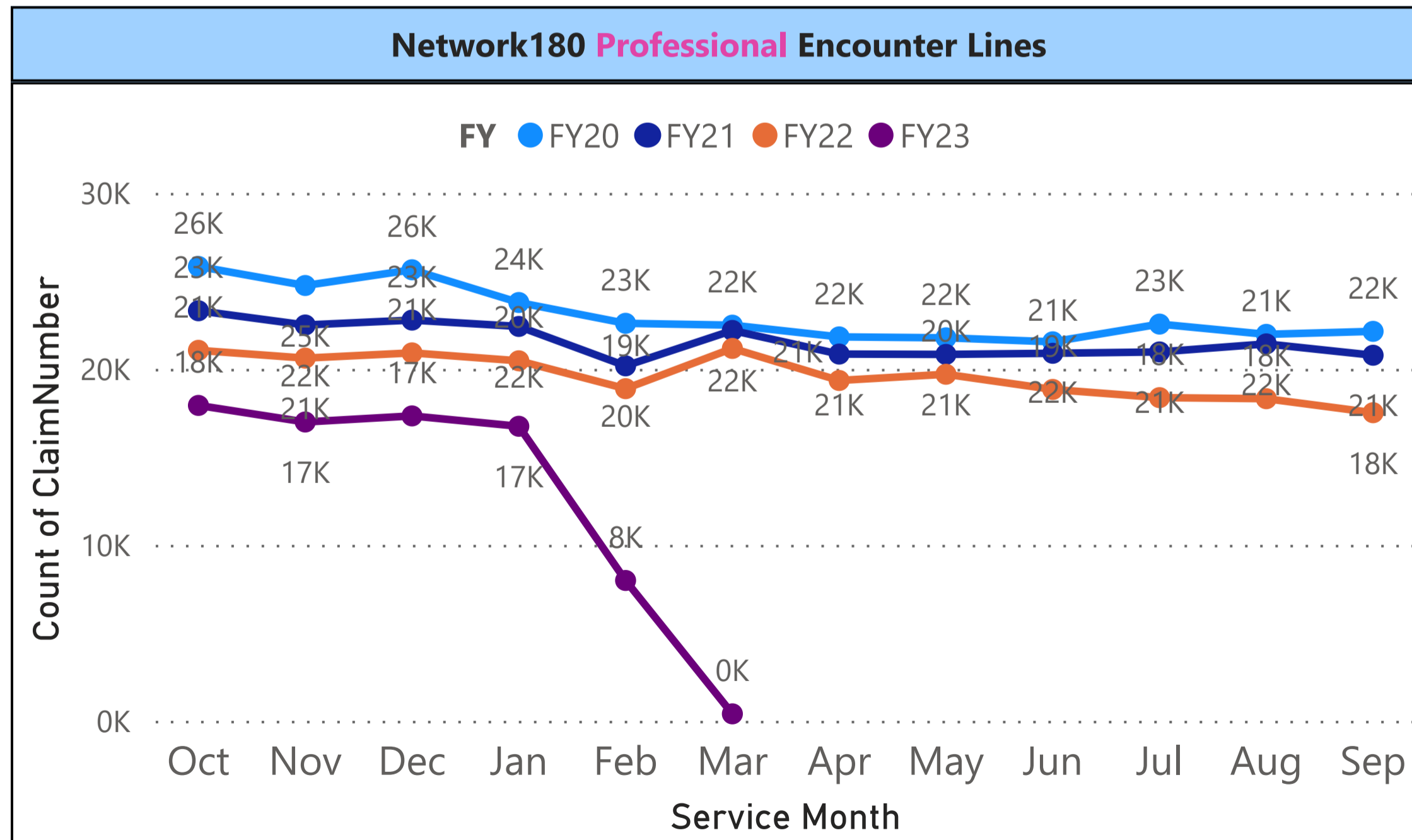


Network180 Substance Use Disorder



FY: All

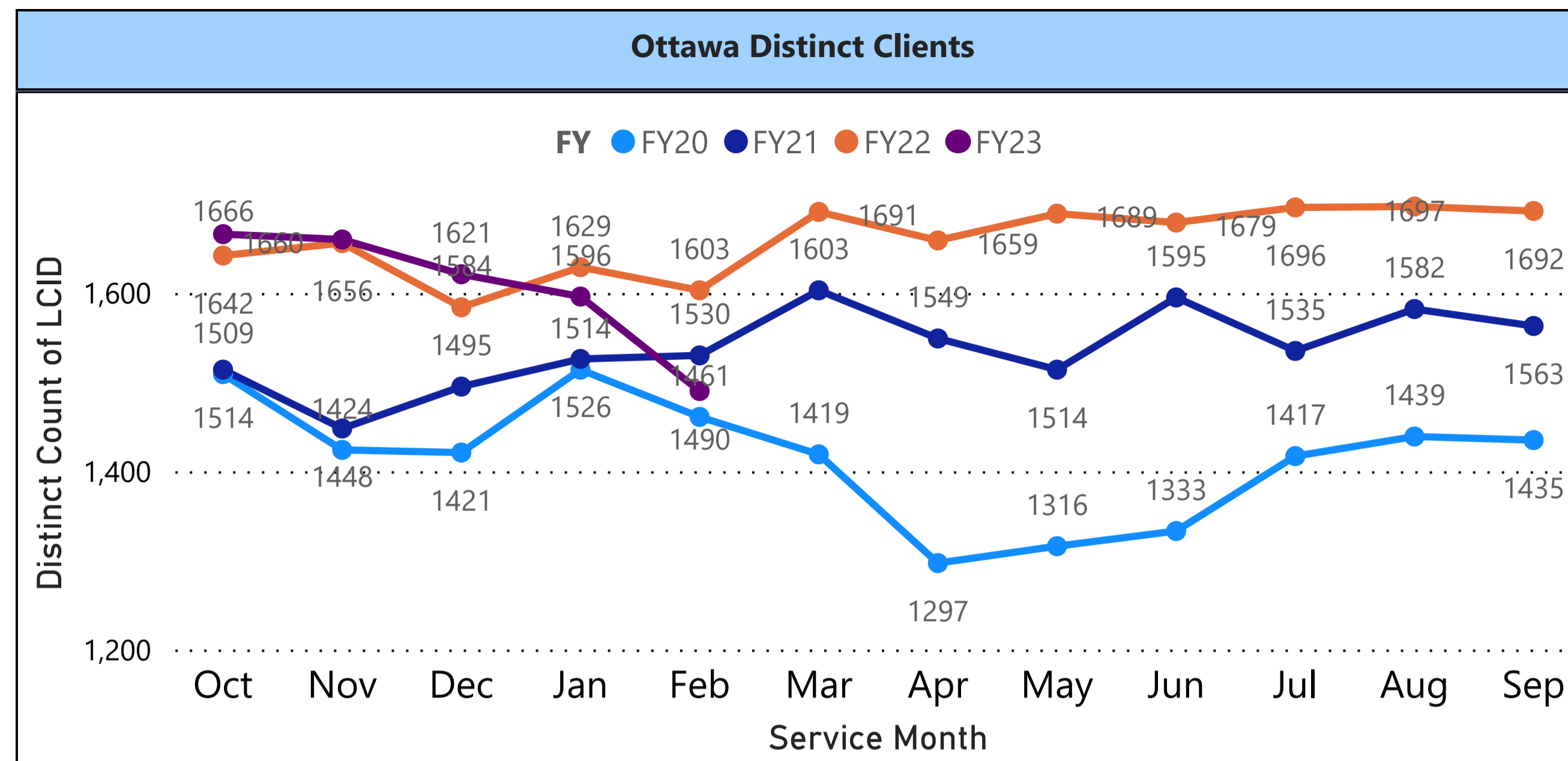
- Select all
- FY20
- FY21
- FY22
- FY23



4/12/2023 2:19:10 PM

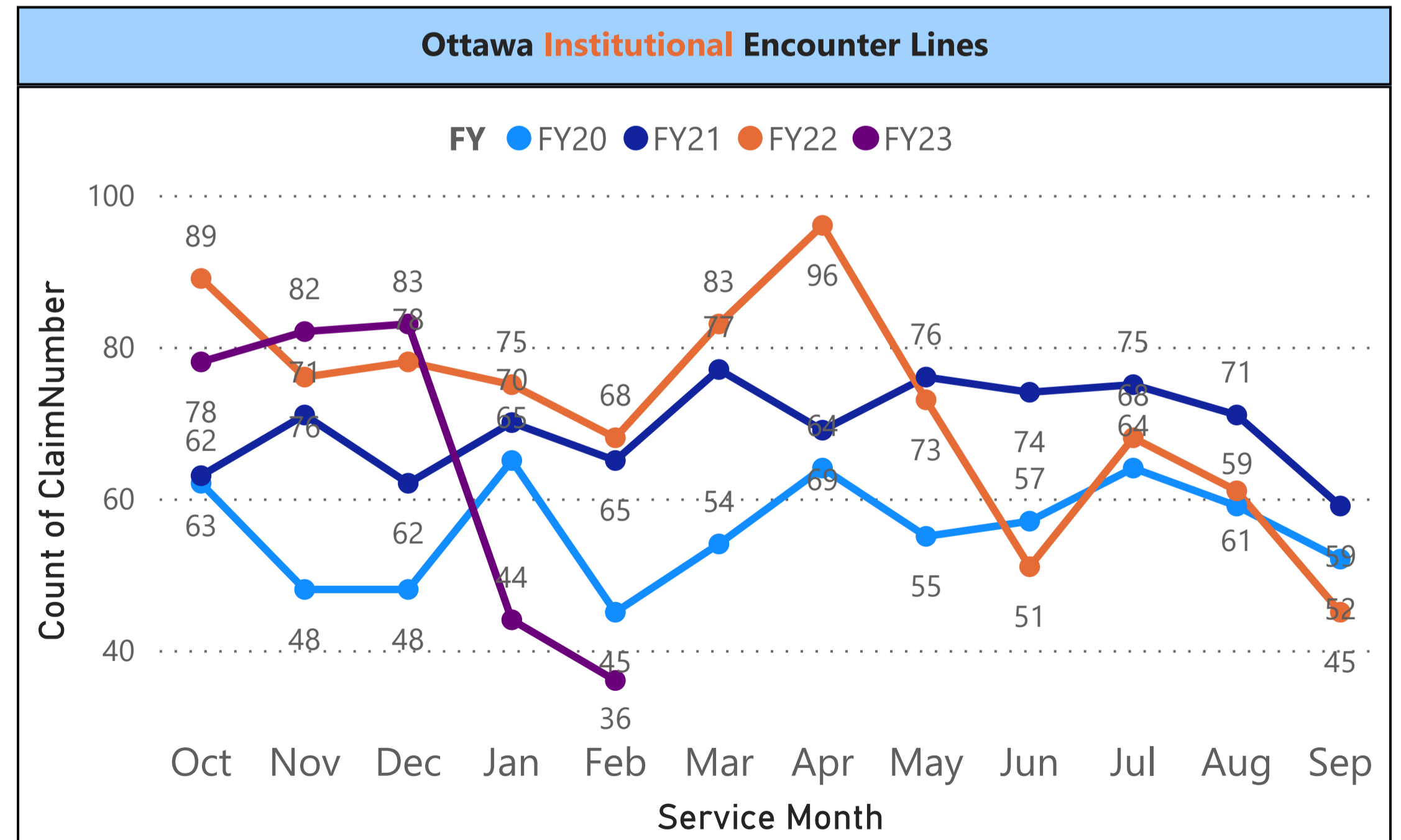
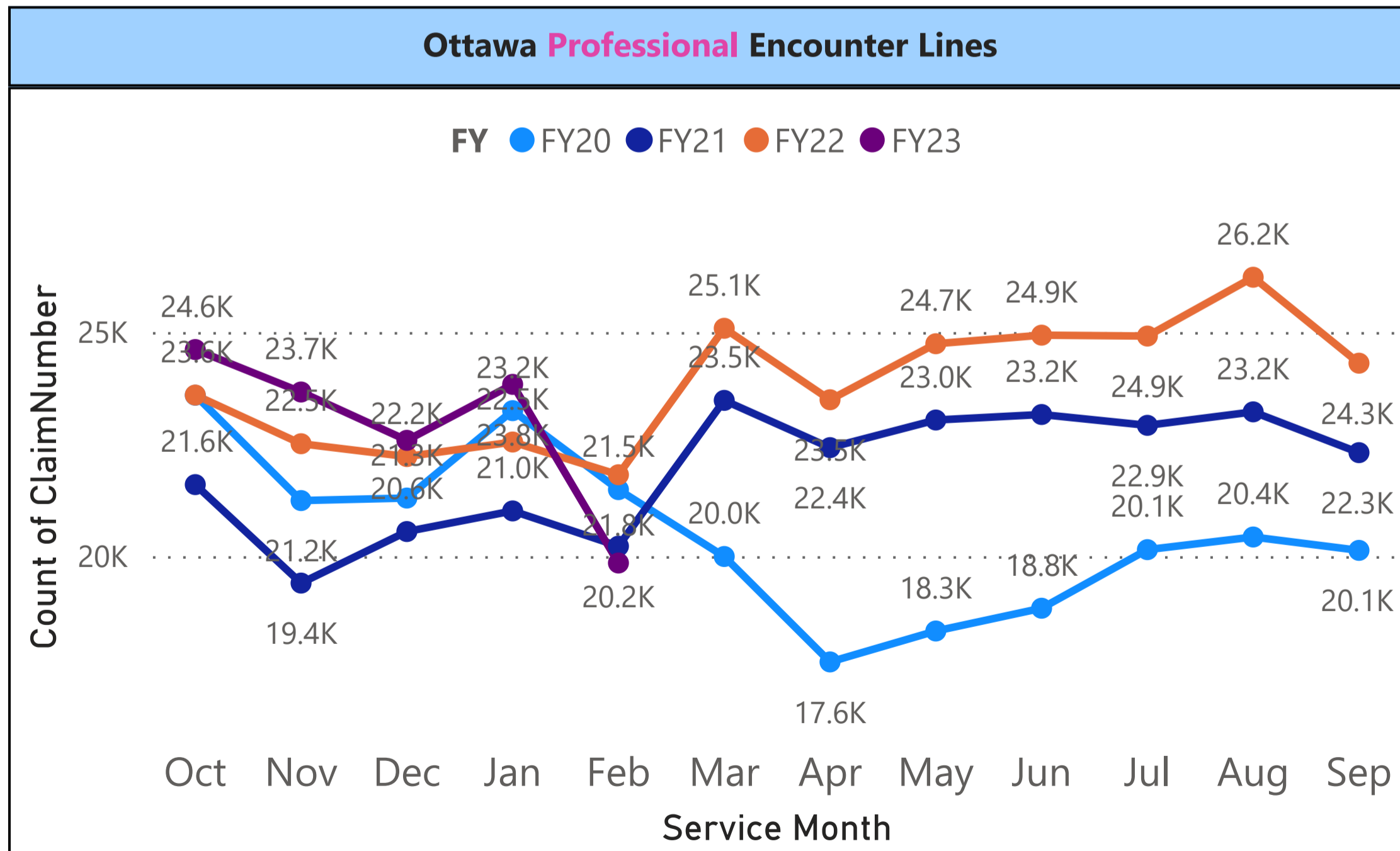
Latest ProcessDate

Ottawa Behavioral Health



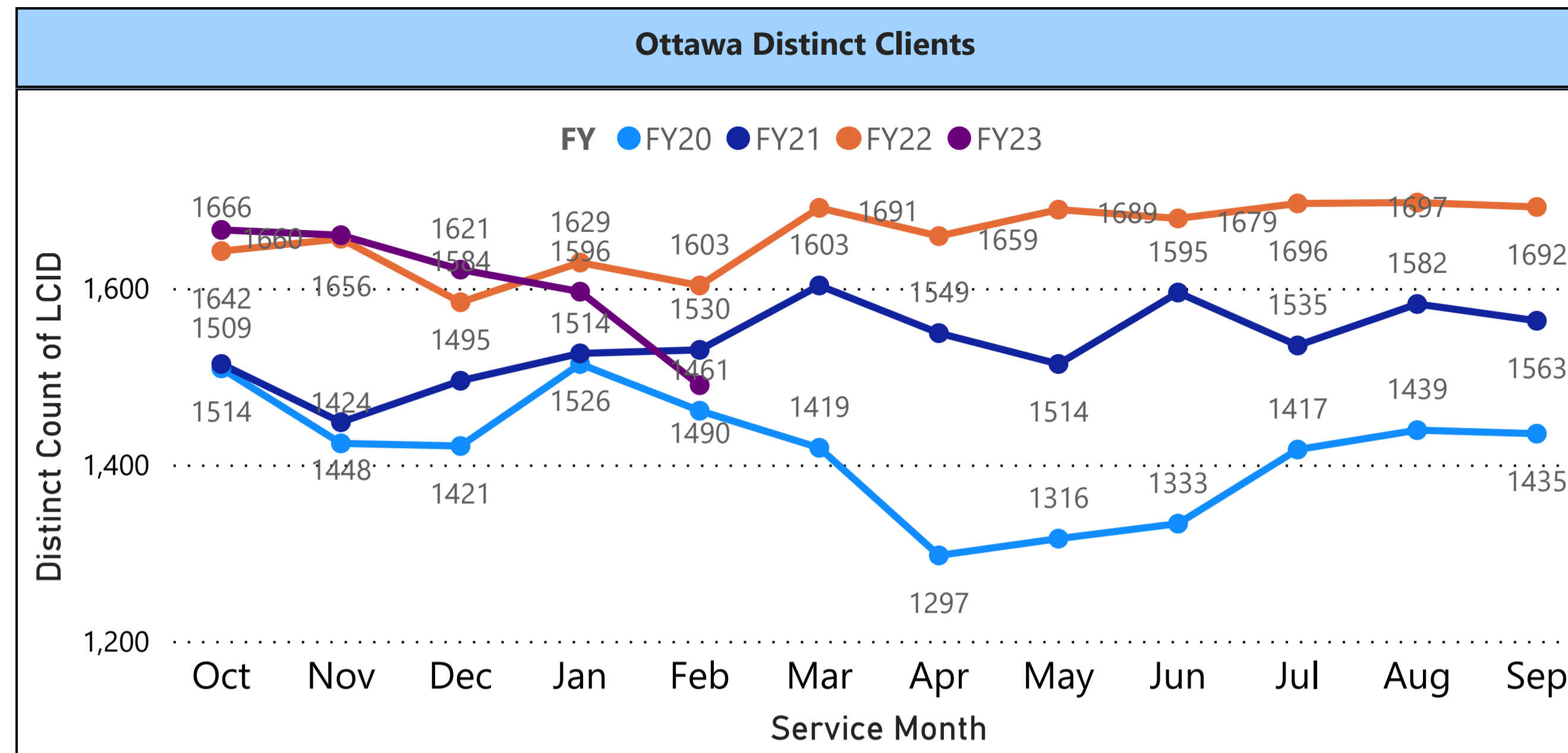
FY: All

- Select all
- FY20
- FY21
- FY22
- FY23



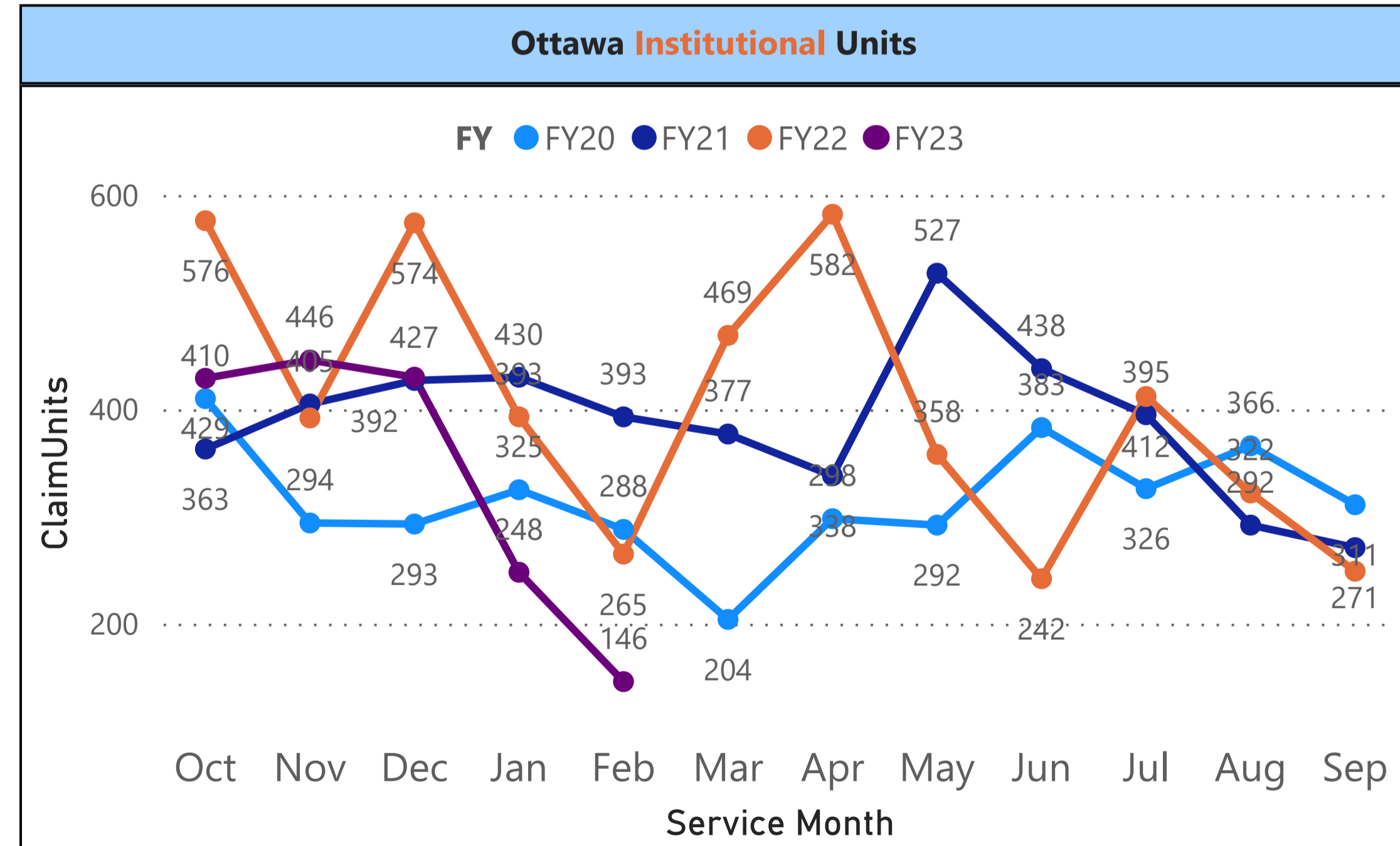
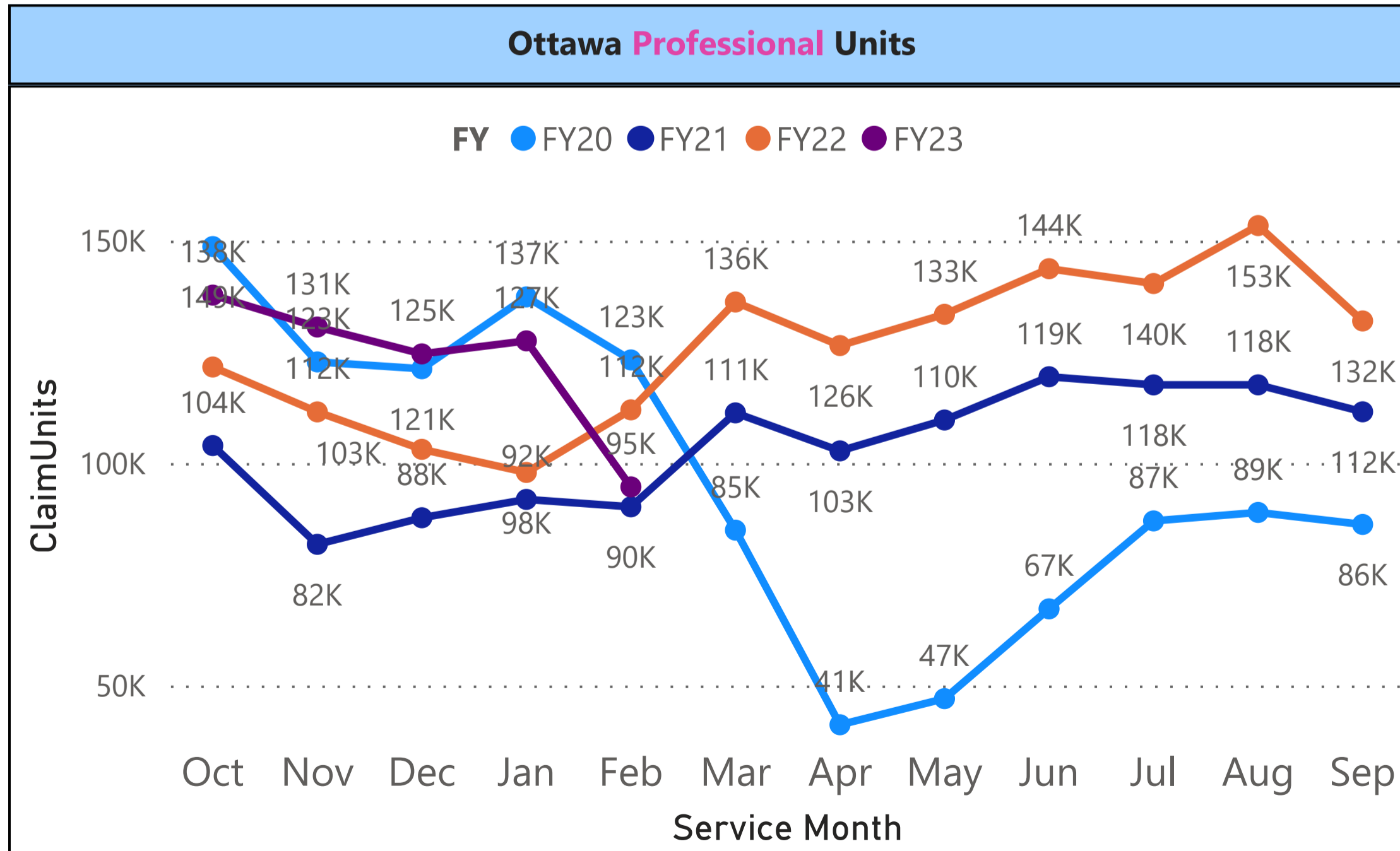


Ottawa Behavioral Health



FY: All

- Select all
- FY20
- FY21
- FY22
- FY23

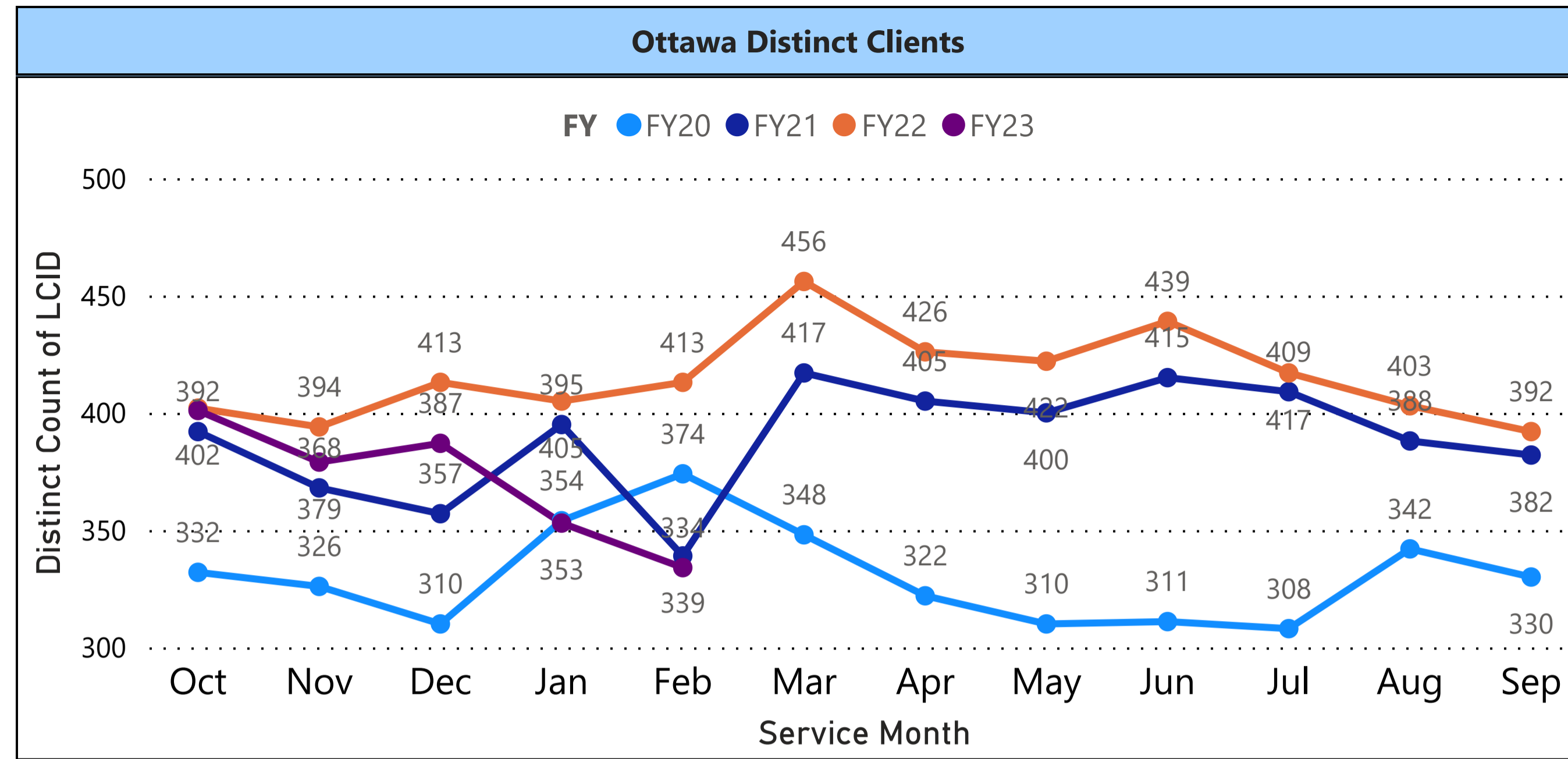


4/12/2023 2:31:52 PM

Latest ProcessDate

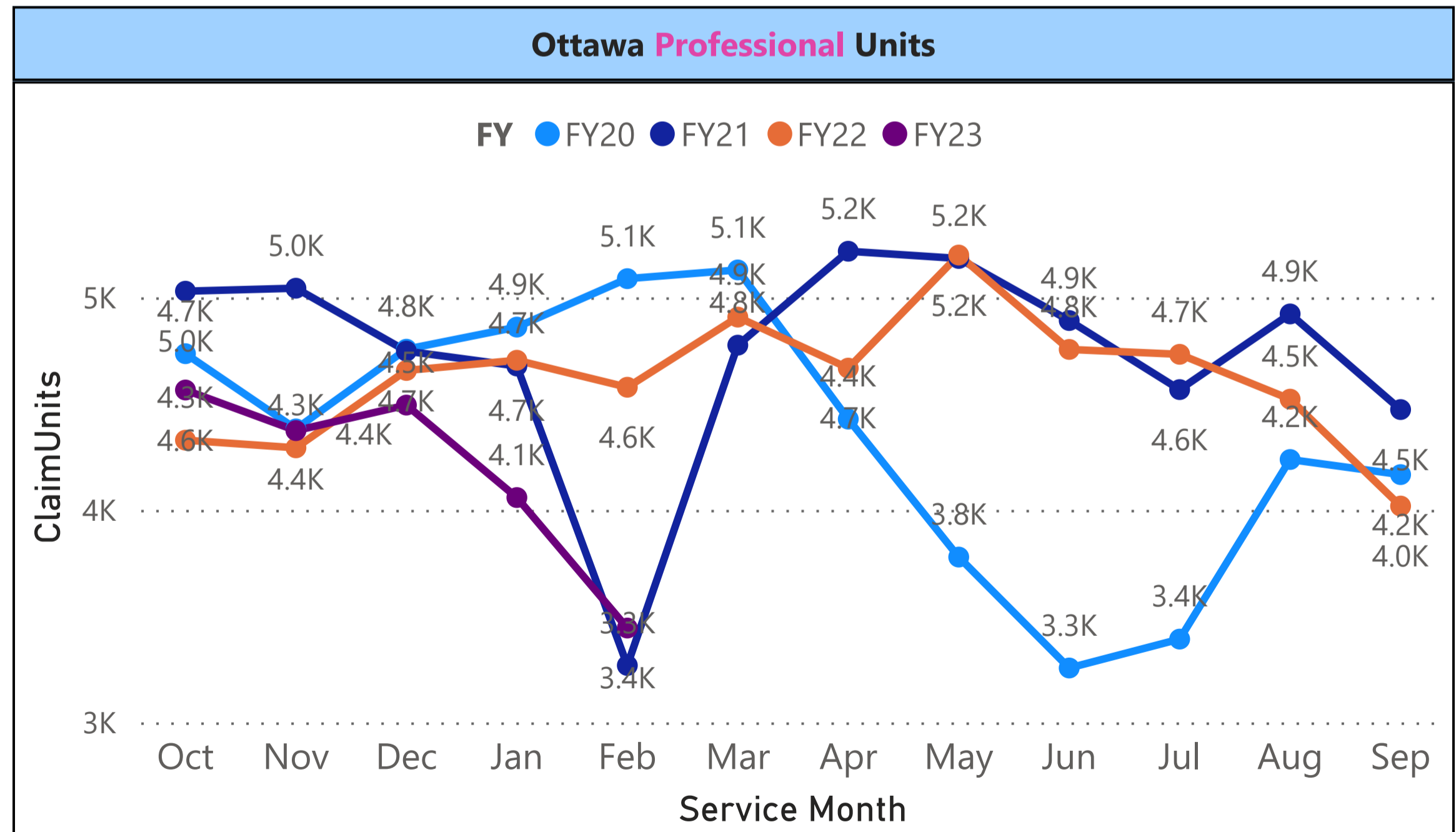
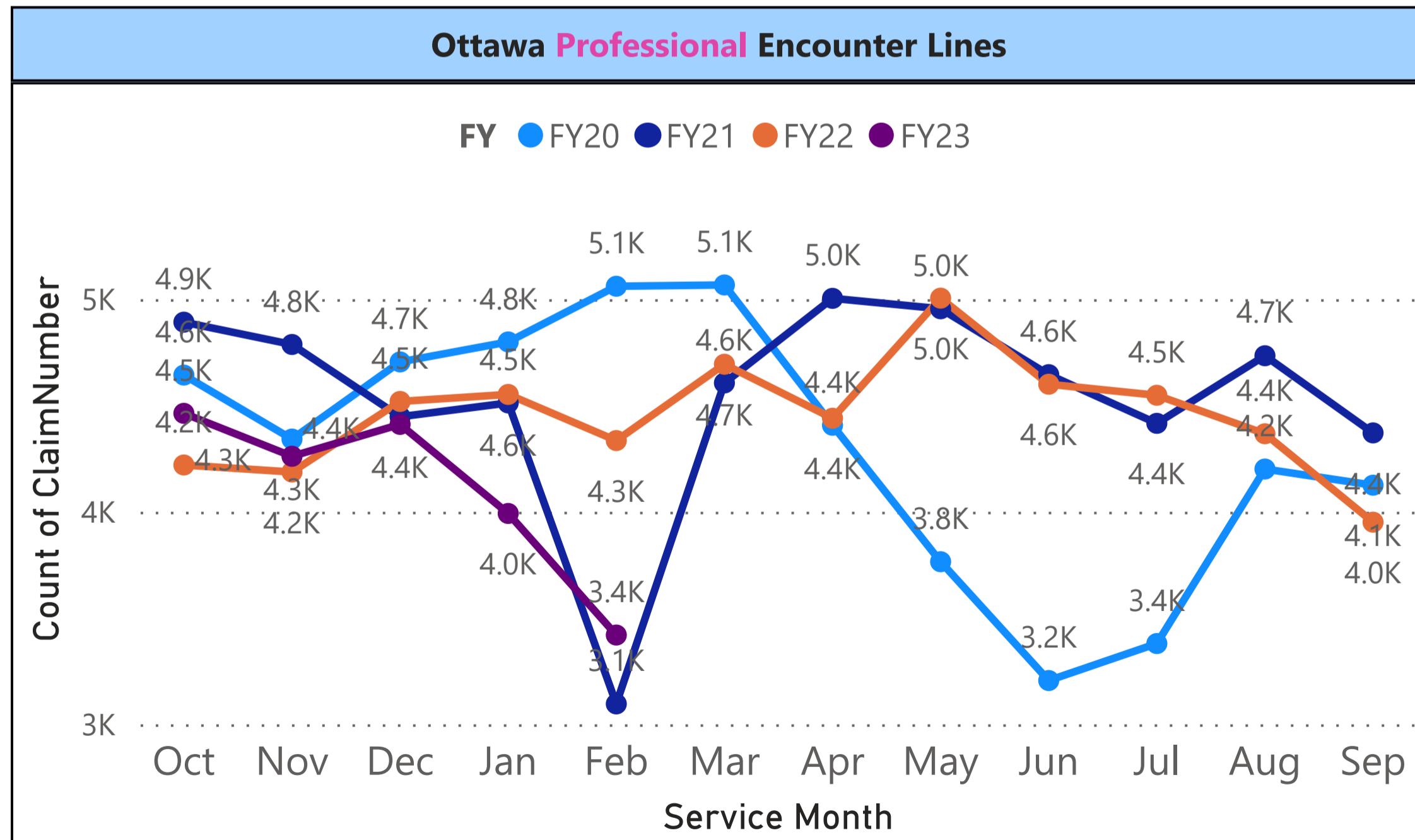


Ottawa Substance Use Disorder



FY: All

- Select all
- FY20
- FY21
- FY22
- FY23

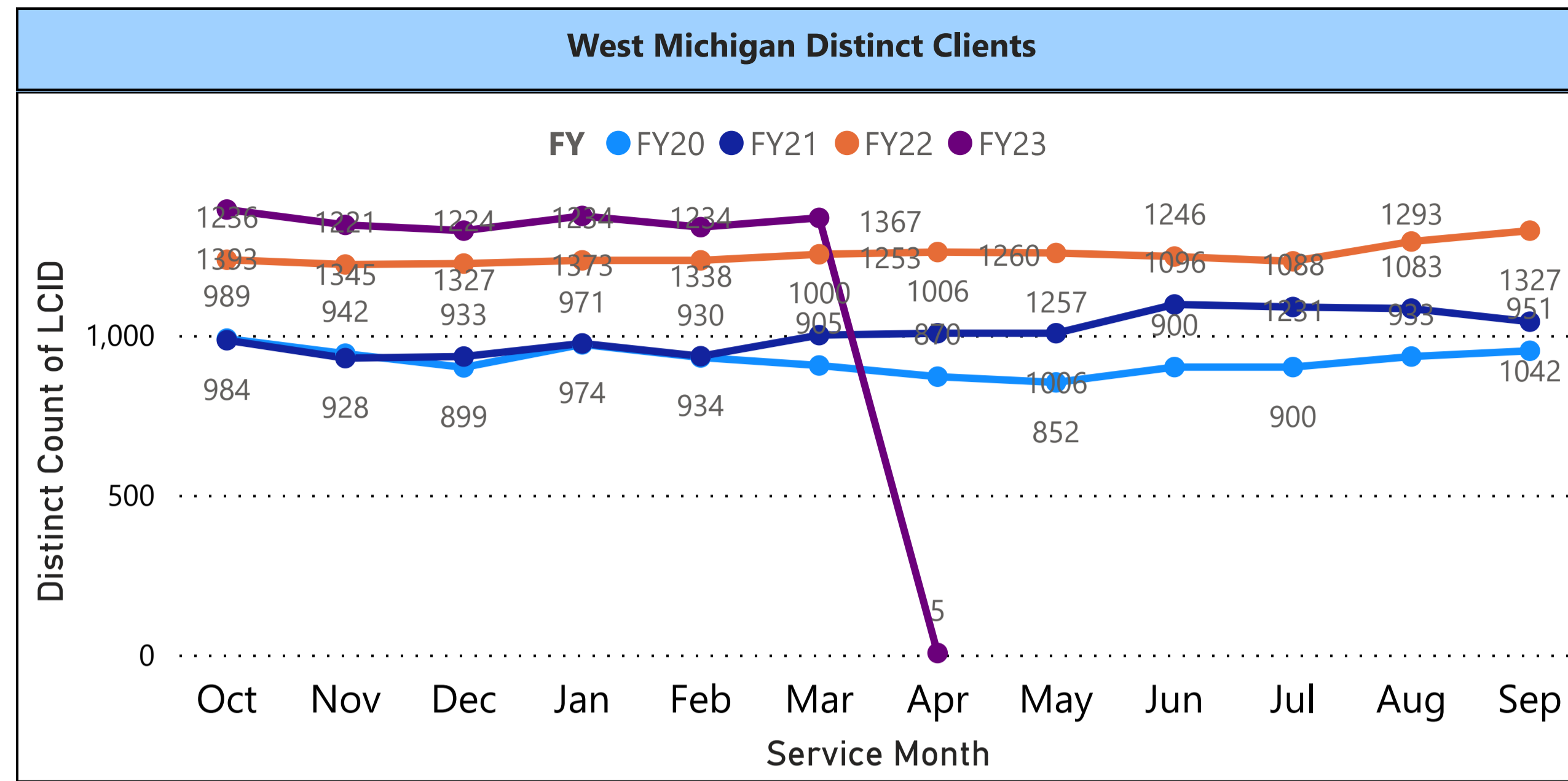


4/12/2023 2:35:55 PM

Latest ProcessDate

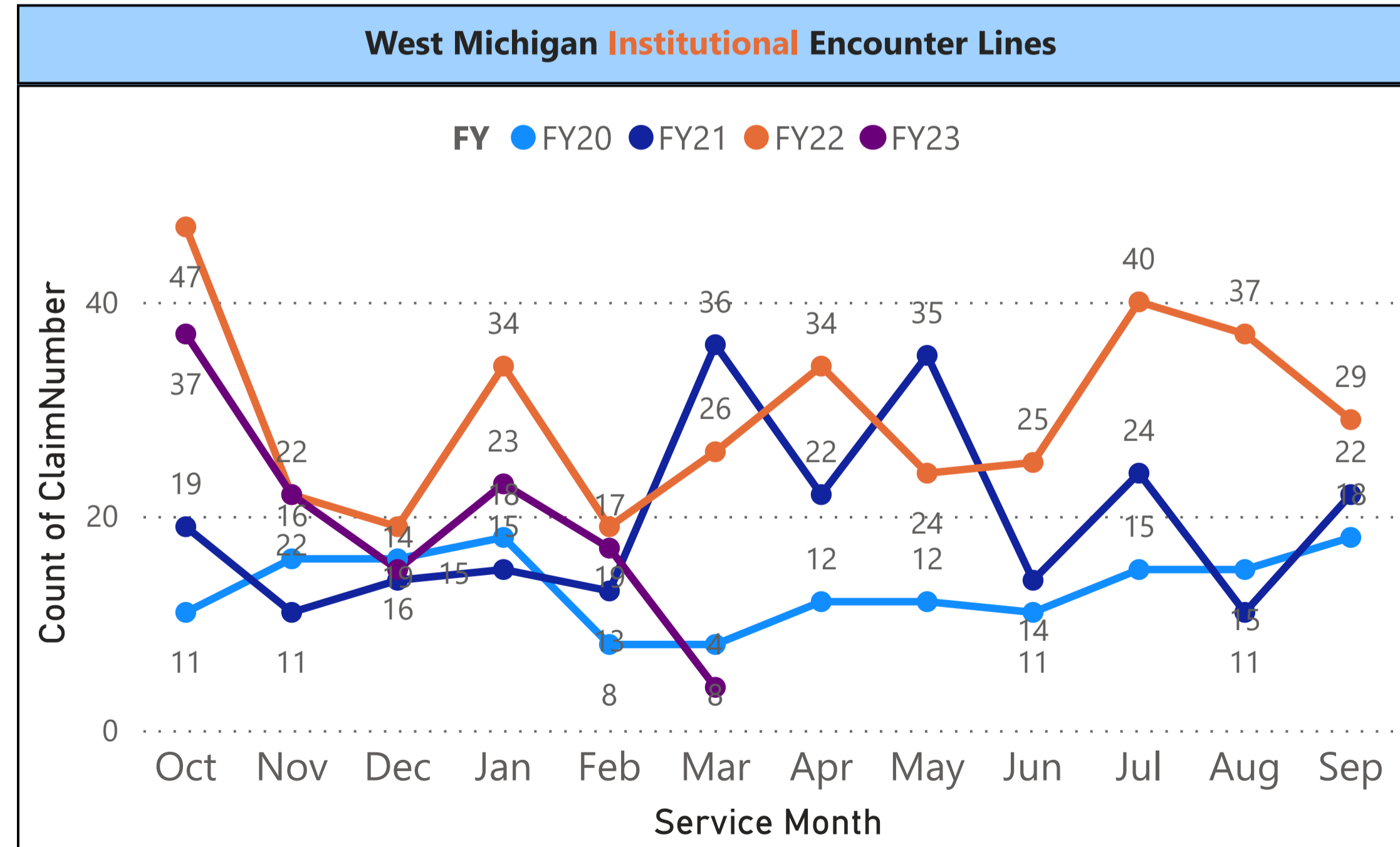
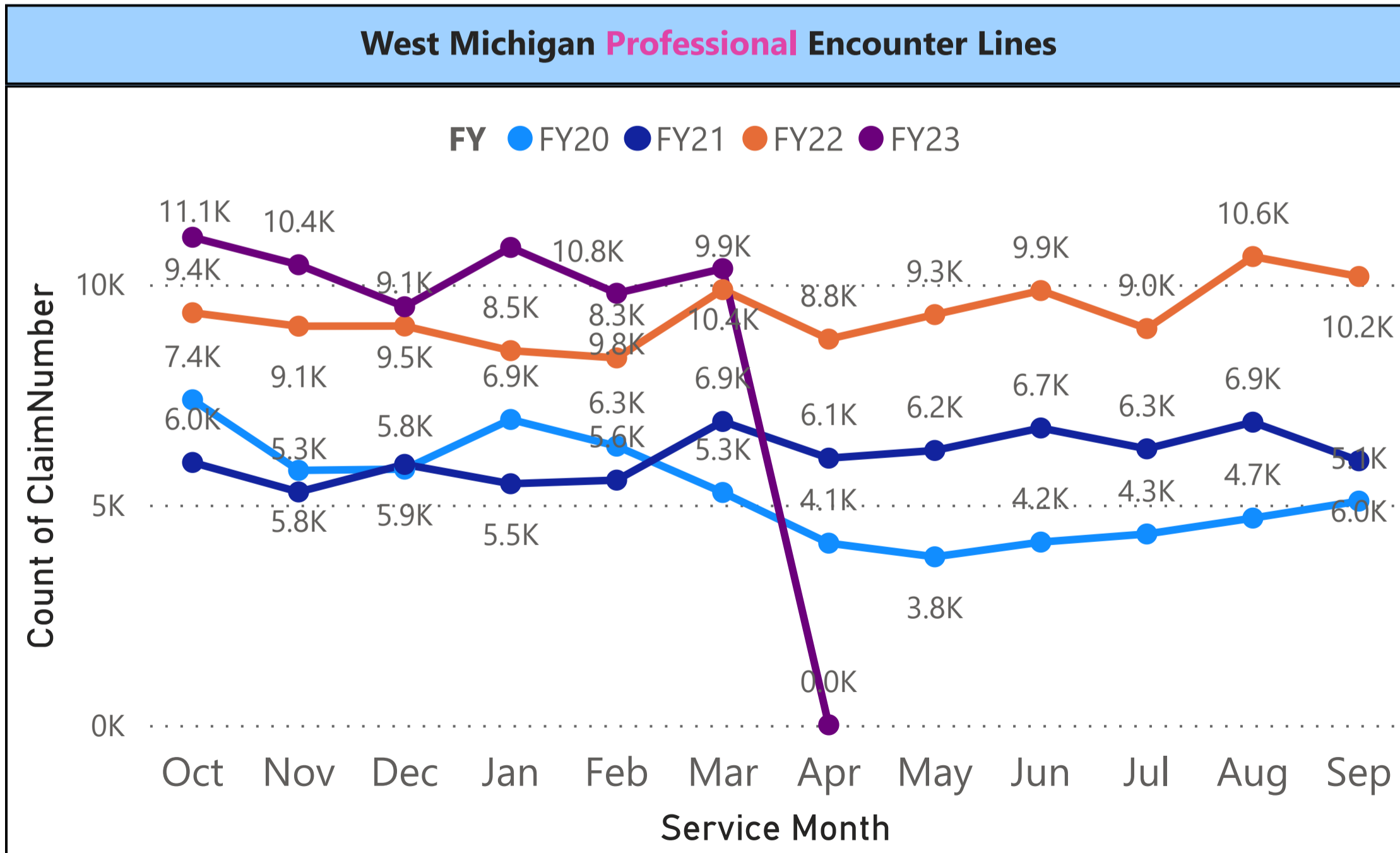


West Michigan Behavioral Health



FY: All

- Select all
- FY20
- FY21
- FY22
- FY23

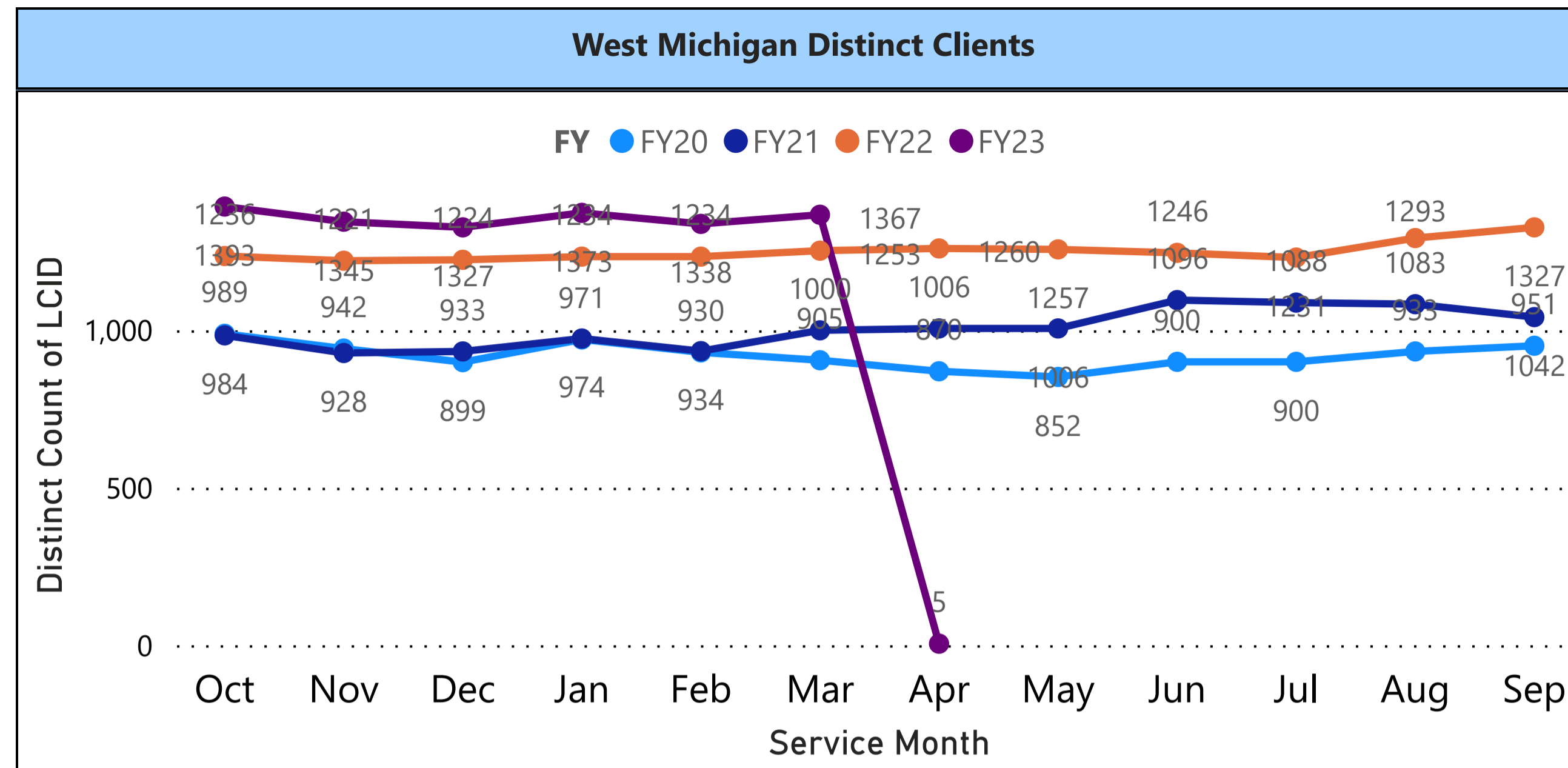


4/12/2023 2:34:01 PM

Latest ProcessDate

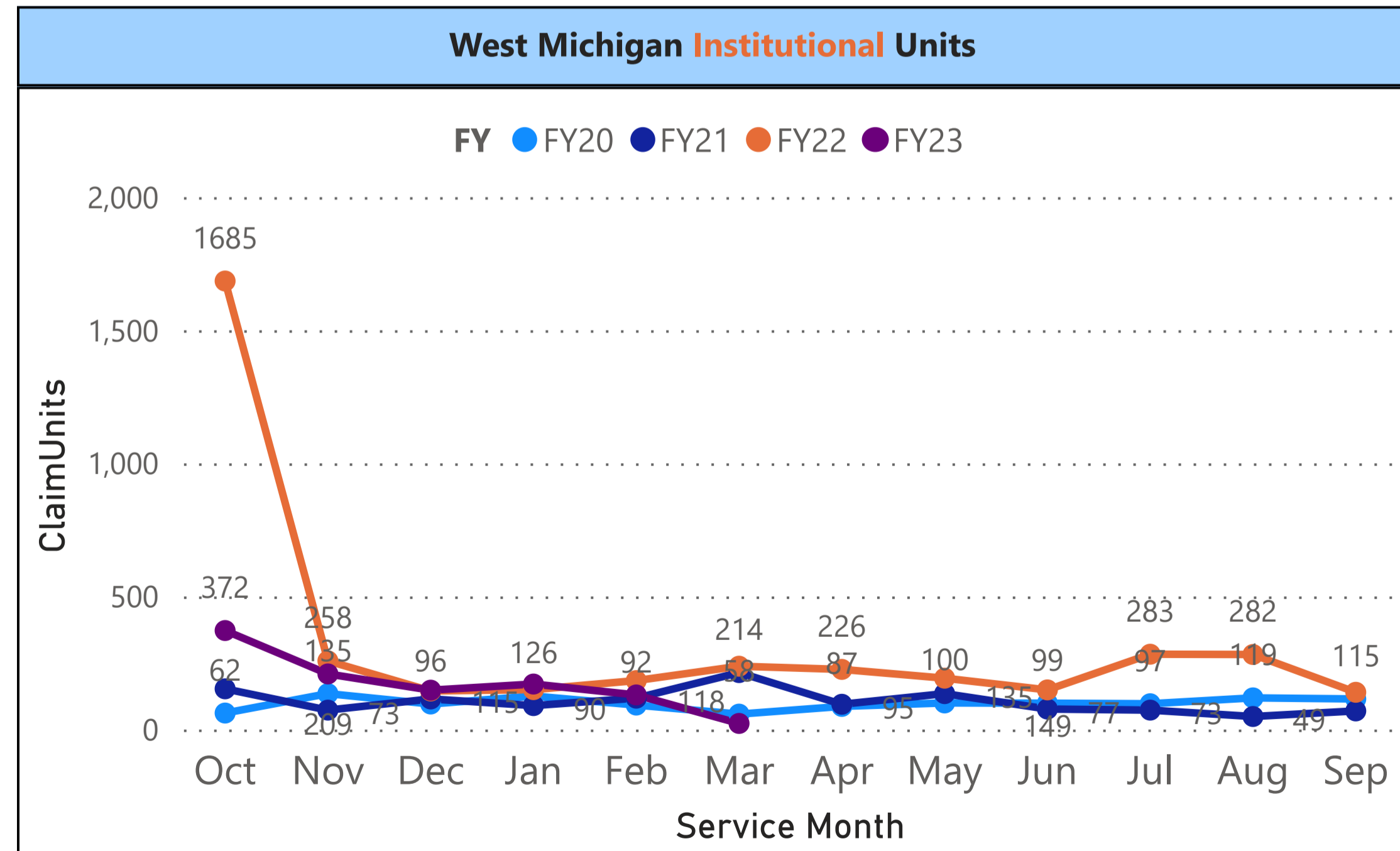
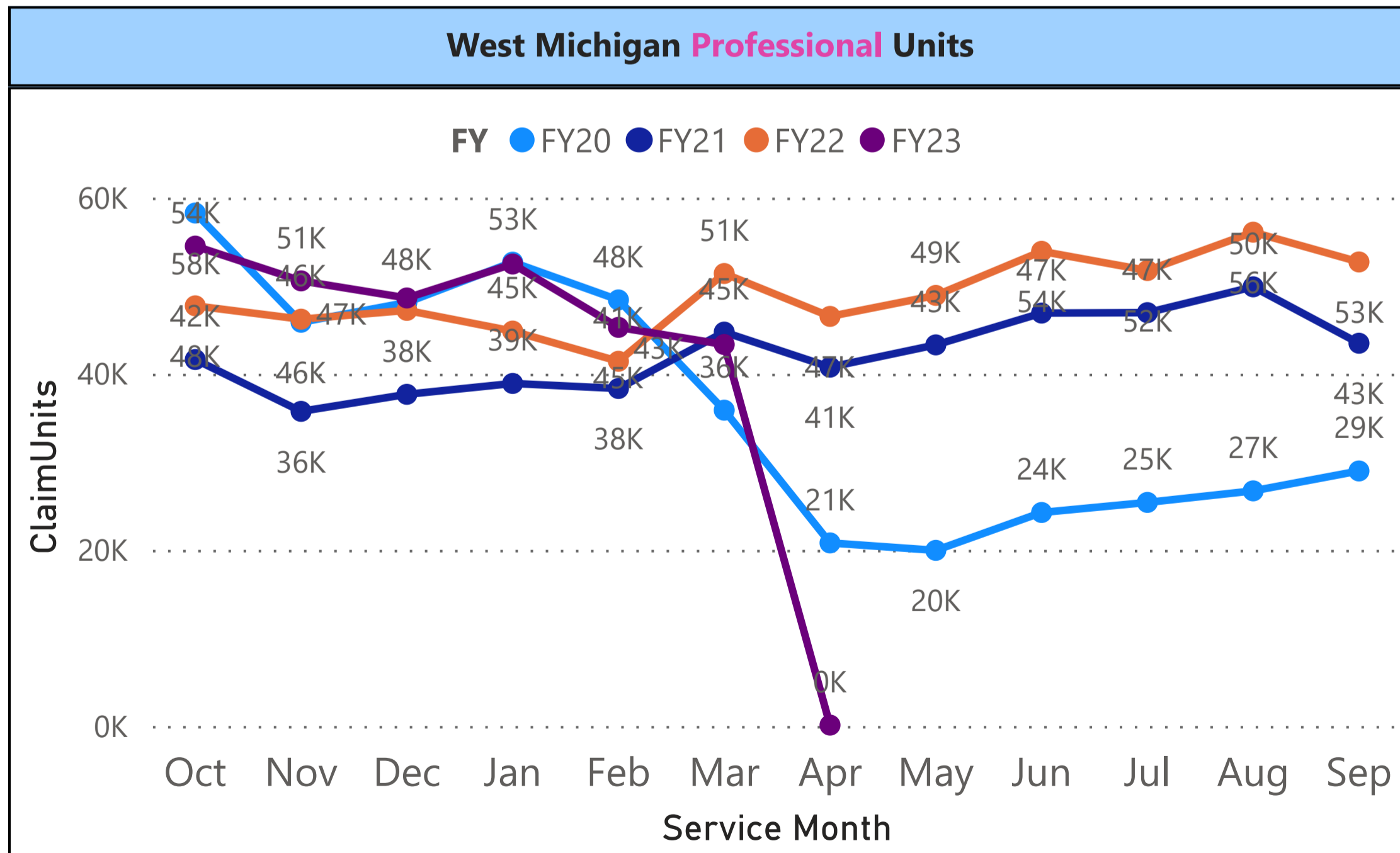


West Michigan Behavioral Health



FY: All

- Select all
- FY20
- FY21
- FY22
- FY23

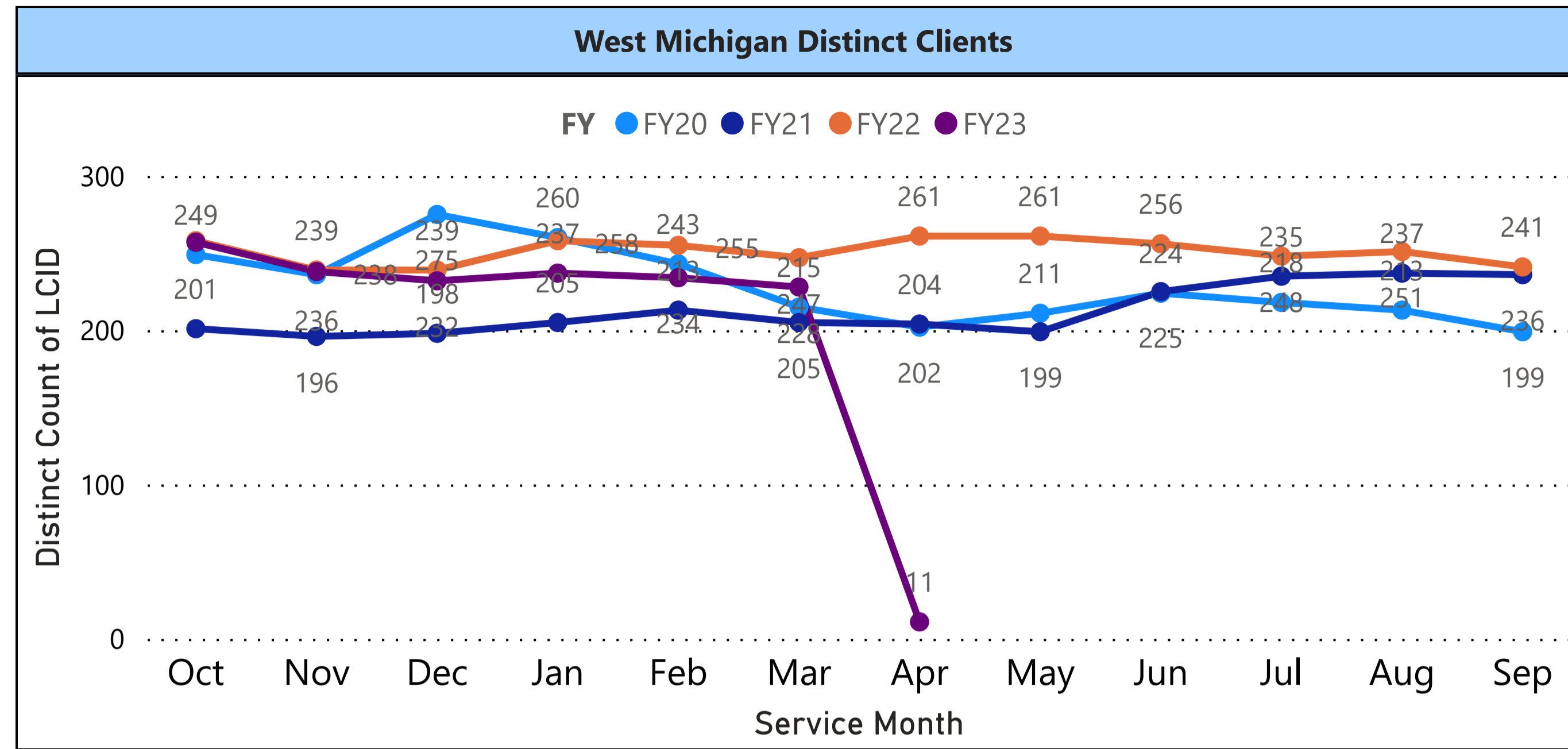


4/12/2023 2:34:01 PM

Latest ProcessDate

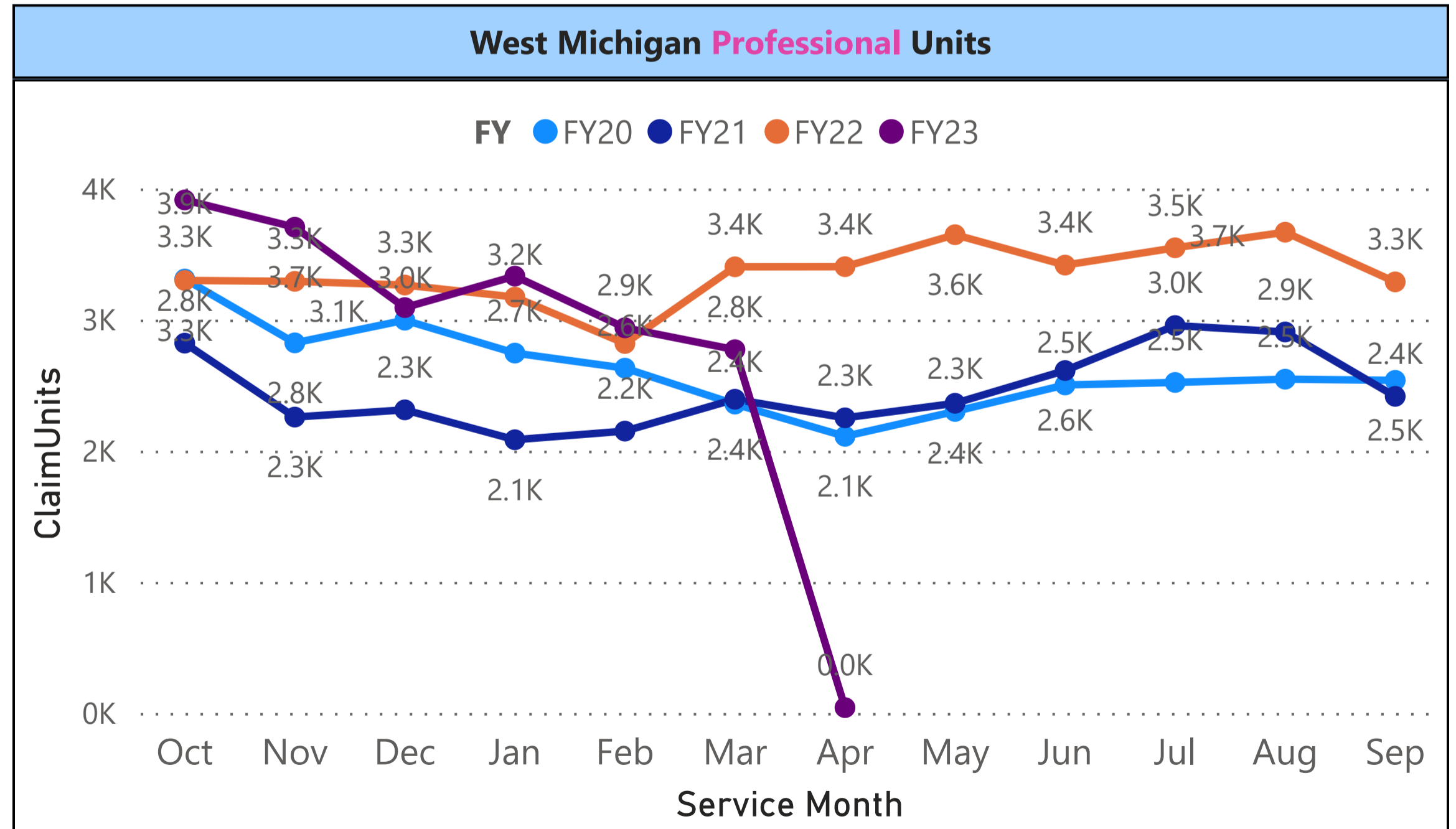
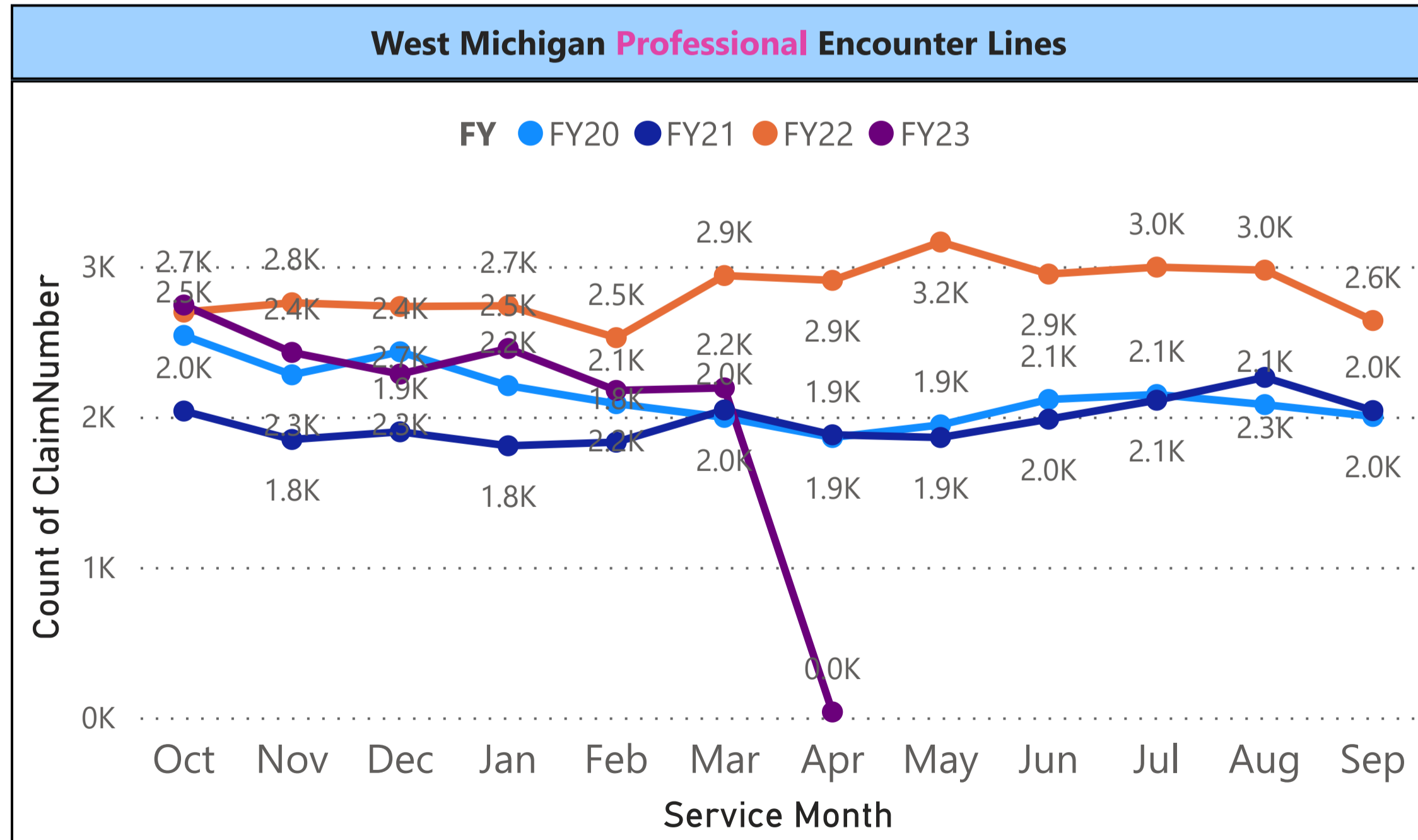


West Michigan Substance Use Disorder



FY: All

- Select all
- FY20
- FY21
- FY22
- FY23



4/12/2023 2:36:09 PM

Latest ProcessDate



Data Sources and Definitions

Data Source

LRE_DW_CorporateInfo.LRE_Encounters

Definitions

Distinct Clients: Distinct Count of LCID (Unique Regional Consumer ID)

Service Month: MMM (ex. Oct) pulled from ServiceFromFullDate

Encounter Lines: Count of ClaimNumber

Units: Sum of ClaimUnits

CMHSP: LRE visuals are using ALL MemberCodeCombined
Individual CMHSP visuals using Individual MemberCodeCombed (ALGN, MKG, N180, OTT, WMCH)

Division: Behavioral Health (MH) using Mental Health Division
Substance Use Disorder using Substance Abuse Division

Professional Lines and Units: TransactionType = Professional

Institutional Lines and Units: TransactionType = Institutional

Fiscal Year: FY

Chief Quality Officer - Report to the Board of Directors

April 26, 2023

HSAG: LRE continues to review and, where possible, implement HSAG's recommendations for all "Met" Elements, which will be audited by HSAG in July 2023 along with the FY21 & FY22 CAPs. LRE timely submitted its HSAG FY22 CAP Status Report on March 30, 2023. LRE continues to make progress towards all its HSAG CAPs for FY21 and FY22.

CMHSP SITE REVIEWS: LRE commenced its FY23 CMHSP Site Review Season in March 2023. LRE has completed its Site Reviews of Ottawa and West Michigan. LRE is finalizing its Audit Power BI Dashboard for CMHSP Site Reviews as well as developing more efficient workflows for Audit Responses. LRE paused its aggregation of the FY22 Site Review data given the speed at which the Audit Power BI Dashboard is developing. Once complete and vetted, LRE will use the Audit Power BI Dashboard to aggregate the FY22 Site Review data on a Regional-level to identify any systemic issues, if they exist. LRE will also utilize the Audit Power BI Dashboard for its FY23 Site Reviews to validate FY22 remediation efforts by CMHSPs. LRE continues developing procedures and job aids to ensure proper documentation of the CMHSP Site Review process. LRE sent N180 its Site Review Notification Documentation on April 10, 2023.

NON-CMHSP SITE REVIEWS:

- **SUD FACILITIES:**
 - ✓ LRE continues to conduct SUD Treatment Site Reviews.
 - ✓ LRE has distributed Corrective Action Plans following the results of the Desk Audits and enhanced Clinical and Credentialing Audits.
- **SPECIALIZED RESIDENTIAL:**
 - ✓ Since October 1, 2022, LRE has completed almost 275 Facilities Reviews.
 - ✓ LRE's compliance rate for Specialized Residential AFCs continues to average 98%.
 - ✓ LRE continues finalizing reports and CAPs, while working closely with each provider to educate and train in resolving any non-compliant element.
 - ✓ LRE continues to track any outstanding CAPs with most out of compliance elements being related to the HCBS Final Rule and fire inspections.

HOME AND COMMUNITY-BASED SERVICES ("HCBS"): On March 13, 2023, CMS approved MDHHS' HCBS State Transition Plan. MDHHS awaits CMS' decision on list of Heightened Scrutiny settings ([List of Heightened Scrutiny Settings Submitted to CMS \(michigan.gov\)](#)) submitted to CMH in January 2023. CMS did not grant MDHHS' request for an extension of the March 17, 2023, HCBS Final Rule compliance deadline. Hence, CMH and MDHHS expect all providers rendering services that fall within the purview of the HCBS Final Rule to be compliant with the HCBS Final Rule in perpetuity.

MDHHS has mandated a quarterly survey for various consumer and provider groups. At the direction of MDHHS, LRE emailed the first quarter survey in mid-March to all providers and consumers who received provisional approval since September 4, 2021, and all providers de-escalated from the Heightened Scrutiny designation. LRE has no control over the survey types or questions nor what consumers or providers receive surveys. MDHHS requires 100% completion of all surveys by April 21, 2023. For any incomplete survey, either by provider or consumer, MDHHS will designate the setting as being on Heightened Scrutiny and the "Shut the Front Door" Policy will be triggered for current and future admissions. LRE worked diligently by contacting

providers and CMHSPs to deliver 100% completion rates for the first quarter surveys. As of April 18, 2023, twenty-three (23) providers/consumers had not completed the first quarter surveys; some had not even opened the survey. LRE continues follow-up efforts.

MDHHS has conducted HCBS informational sessions and LRE attended. LRE awaits MDHHS' HCBS FAQs.

LRE has launched its HCBS Toolbox on the LRE website, found here: [Home and Community Based Services - Lakeshore Regional Entity \(lsre.org\)](https://www.lakeshore.org/home-and-community-based-services).

The HCBS Final Rule states that any setting not compliant with the HCBS Final Rule as of March 17, 2023, cannot receive Medicaid funding. As a result, CMHSPs must direct provider and consumers to choose one of three options:

1. Consumer may choose to no longer receive home and community based services,
2. CMHSP may choose to use General Fund to pay for home and community based services, **OR**
3. CMHSP/Provider may, with input from the consumer, discharge the consumer receiving home and community based services to an HCBS compliant setting.

LRE works earnestly with CMHSPs and Providers to ensure settings are compliant with the HCBS Final Rule.

QAPIP – FY23: LRE Board of Directors approved the FY23 QAPIP on March 22, 2023. LRE timely re-submitted the FY23 QAPIP and the FY22 QAPIP Annual Effectiveness Review to MDHHS on March 30, 2023. LRE is implementing its QAPIP Workplan as outlined in the FY23 QAPIP.

LRE PERFORMANCE IMPROVEMENT PROJECTS (“PIP”): LRE is focusing its PIP efforts towards implementing interventions to achieve its FUH objectives, which will include Region-wide initiatives.

CRITICAL INCIDENT REBOOT: LRE’s EMR Vendor completed and LRE successfully tested the CIRE module. Mid-April 2023, LRE conducted CIRE training for CMHSPs. LRE anticipates CMHSPs using the new CIRE module to upload data so that LRE no longer needs to hand enter critical incidents into MDHHS’ CRM module.

MASTER PROVIDER LIST: LRE Quality Department continues working very closely with LRE IT Department to operationalize a Region 3 Master Provider List and subsequent modules within the PCE LIDS environment. LRE is holding meetings with all internal stakeholder and developing a Roadmap that clearly sets forth the unmet needs that currently exist as they relate to a Master Provider List. LRE is going to present the Master Provider Roadmap to all ROATS in May 2023 for input. LRE begins prioritizing the development/implementation schedules for eventual submission to LRE’s EMR Vendor.

MEDICAID VERIFICATION (“MEV”): LRE completed its FY23 Q1 MEV audit and is finalizing the Q1 report.

EXECUTIVE COMMITTEE SUMMARY

Wednesday, April 19, 2023, 1:00 PM

Present: Mark DeYoung, Linda Garzelloni, Jack Greenfield, Richard Kanten, Jane Verduin
LRE: Mary Marlatt-Dumas, Stacia Chick, Stephanie VanDerKooi
Guest: Bill Riley

WELCOME

- i. Review of April 19, 2023, Meeting Agenda
- ii. Review of March 15, 2023, Meeting Minutes

April 19, 2023, agenda and March 15, 2023, meeting minutes are accepted with suggested wording correction under Network180 Update to say "Patricia Gardner's resignation".

MDHHS UPDATES

- i. Dec Action
 - The Department has not confirmed if they will appeal the Dec action decision.
 - Ms. Marlatt-Dumas updates the LRE has \$40 million in the ISF/MC savings. Discussions will need to take place regarding the region's ability to fully pay the deficits because the amount in the ISF/MC savings is significantly less than originally projected.
 - Ms. Marlatt-Dumas recommends a separate meeting to discuss LRE's financial situation as it pertains to paying the deficit. Mr. DeYoung suggests a meeting with the Executive Committee and CMH CEOs.
 - Mr. Kanten advises that because there are so many new Board members there should be some education around this topic.
 - Ms. Verduin would like a few different scenarios that include the implications.
 - Ms. Marlatt-Dumas comments that because of the PHE it is difficult to project what actuals will be. There is a risk if we pay the deficits but then also take a cut due to loss of enrollees. LRE is working with Wakely.
 - To summarize the factors that will have an impact on LRE's ability to pay the deficit fully and need to be discussed is the substantially less amount in the ISF/MC Savings, the PHE unwind and how that will impact rates due to the drop in enrollees, and the projections for 2023 that LRE is receiving from the CMHs is already showing a deficit for this fiscal year.
 - LRE is putting a presentation together and will set up a separate meeting.

Action: Schedule meetings beginning the week after Board with Executive Committee, LRE and CMH CEOs

ii. Jeff Wieferich Meeting

- These meetings continue every week and allow the LRE and the Department the opportunity to discuss relevant items.

NETWORK180 UPDATE

- LRE filed a motion to move the hearing to Muskegon County. Network180 legal did not contest this motion.
- There HW stay will be left in place.

LRE CEO EVALUATION PROCESS

1. CEO Performance Plan

- Mr. Riley reviews Ms. Marlatt-Dumas' Annual Performance Plan. There was further discussion regarding the performance plan. The Executive Committee would like Ms. Marlatt-Dumas to continue working on the plan and include:
 - i. Clearer measures
 - ii. Timelines
 - iii. A way to measure effective communication with Board members and CMH CEOs

2. CEO Evaluation Process

- Mr. Riley reviews CEO evaluation process PowerPoint. The PP focuses on:
 - i. bringing more clarity, intent and effectiveness to questions to make it more streamlined, goal would be 10-15 questions,
 - ii. changing the scoring system from each question to weighting an entire section as a whole,
 - iii. continuing with the 360-review but targeting specific groups with different questions (Board members, CMH CEOs and Executive Team) that pertain solely to that group and
 - iv. folding the performance plan into the evaluation process.
- Mr. Greenfield recommends having an HR expert review any new evaluation to make sure the questions are appropriate. Ms. Chick comments that we could have CoStaff review.
- However the process is changed the policy will also be changed to coincide with the evaluation process.
- Mr. Riley will continue to work on the evaluation and bring it back for the Executive Committee to review.

BOARD MEETING AGENDA ITEMS

- i. Added an action item to address additional funding to N180 Block Grant allocation to cover the increase of the H0020 code. The amount of the allocation is over the \$50,000 threshold that the LRE CEO can approve and needs full Board approval.

BOARD WORK SESSION AGENDA

- i. Regional Financial Status

OTHER

Mr. DeYoung will not be at the Board Work Session.

UPCOMING MEETINGS

- April 26, 2023, 2023 – LRE Executive Board Meeting, 1:00 PM
GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440
- May 17, 2023 – Executive Committee, 1:00PM
- May 24, 2023 – LRE Executive Board Meeting, 1:00 PM
GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440

ADJOURN

FY23 Block Grant Allocation Increase for H0020

Member	Contracted Provider Units	FY22 Contracted Provider Net Unit Cost	FY23 Rate	Variance	Units x Variance	% of Total	Allocation of \$160K Increase to BG for FY23
OnPoint	31	7.77	19.00	11.23	348.13	0.20%	314
HealthWest	3,286	7.56	19.00	11.44	37,591.84	21.22%	33,956
N180	10,586	7.69	19.00	11.31	119,727.66	67.59%	108,149
Ottawa	1,676	7.73	19.00	11.27	18,888.52	10.66%	17,062
West MI	54	8.35	19.00	10.65	575.10	0.32%	519
Total	15,633				177,131.25	100.00%	160,000