
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 – Mr. DeYoung

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 sunsetting 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.

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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:

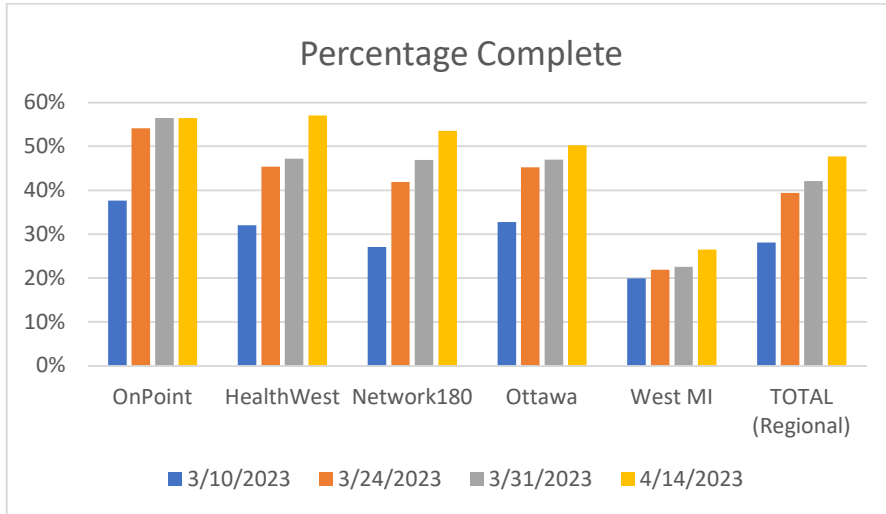
MDHHS Updates:

- 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](#).

Outreach: Identify and engage veterans and their families.	<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>	# of Community Members Reached: <h2 style="margin: 0;">273</h2>
Support: Work with individual veterans to assess their needs, connect to services, and address challenges that negatively affect their health and well-being.	<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. 	# New veterans Served: <h2 style="margin: 0;">28</h2> # Total Service Contacts: <h2 style="margin: 0;">106</h2>
Referrals: Establish a robust referral network to assist veterans in accessing services and supports to meet their needs.	<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. 	# Stakeholder Collaborations this Quarter: <h2 style="margin: 0;">29</h2>

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@aidd.org and Ajith Mathew, at ajith@aidd.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.

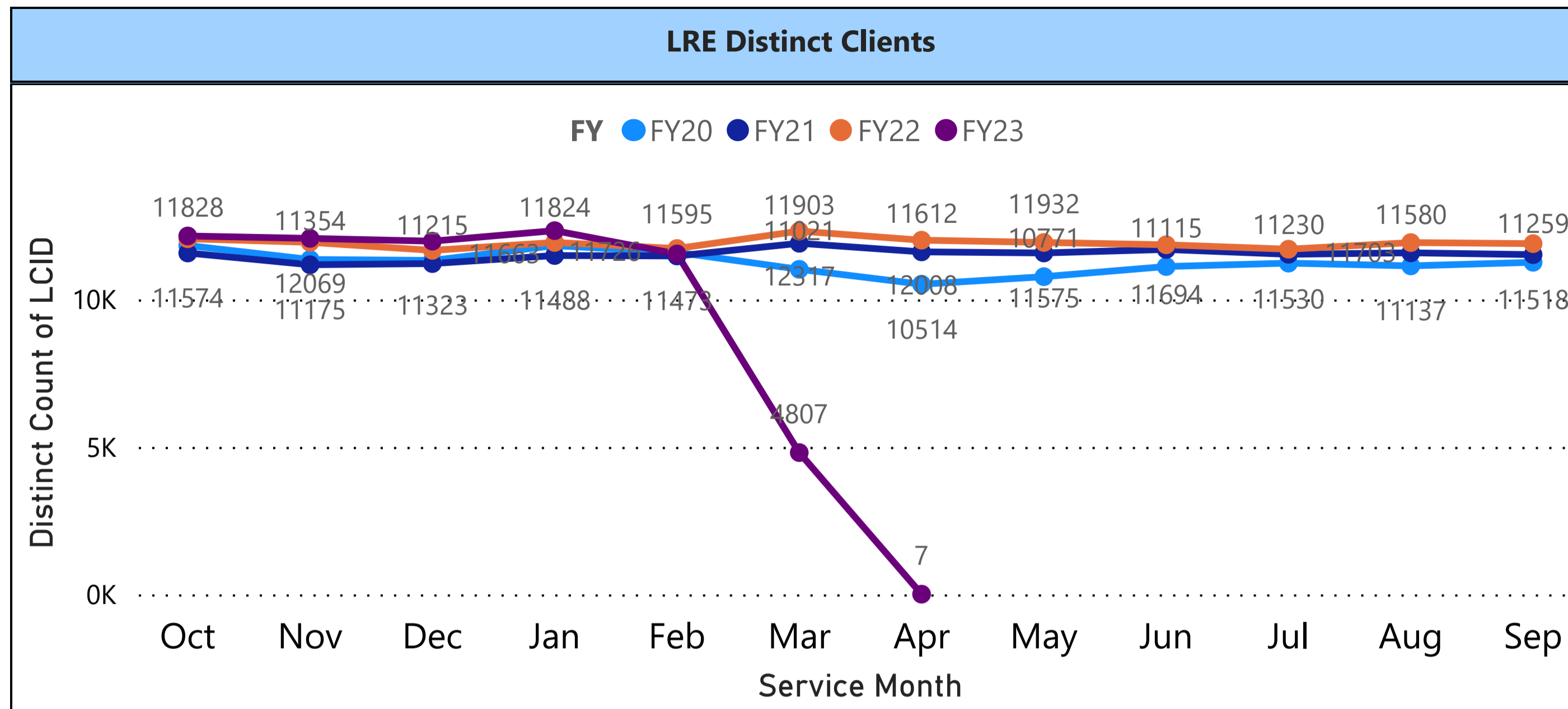
Reports in Dashboard:

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.

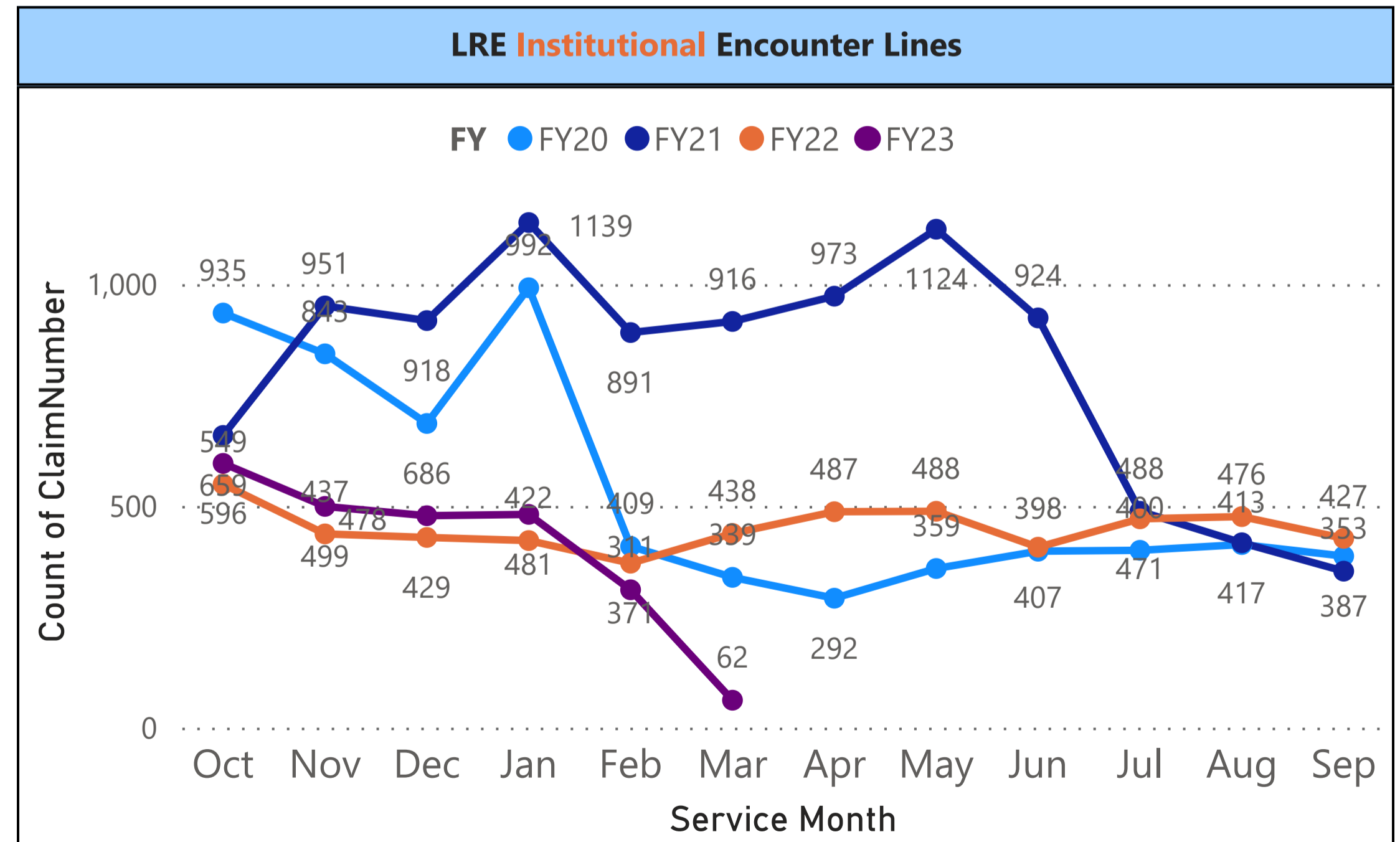
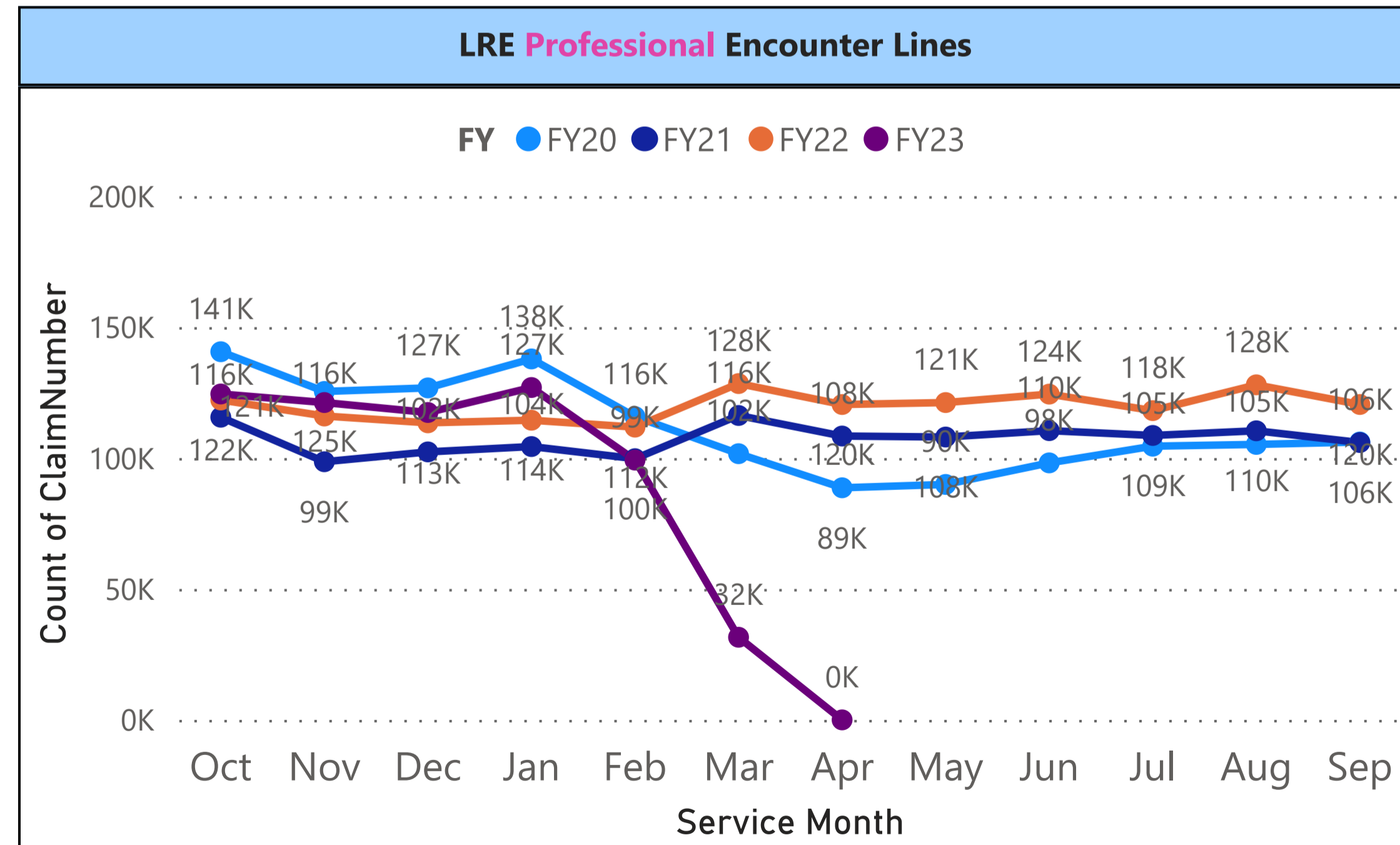


LRE Behavioral Health



FY: All

- Select all
- FY20
- FY21
- FY22
- FY23

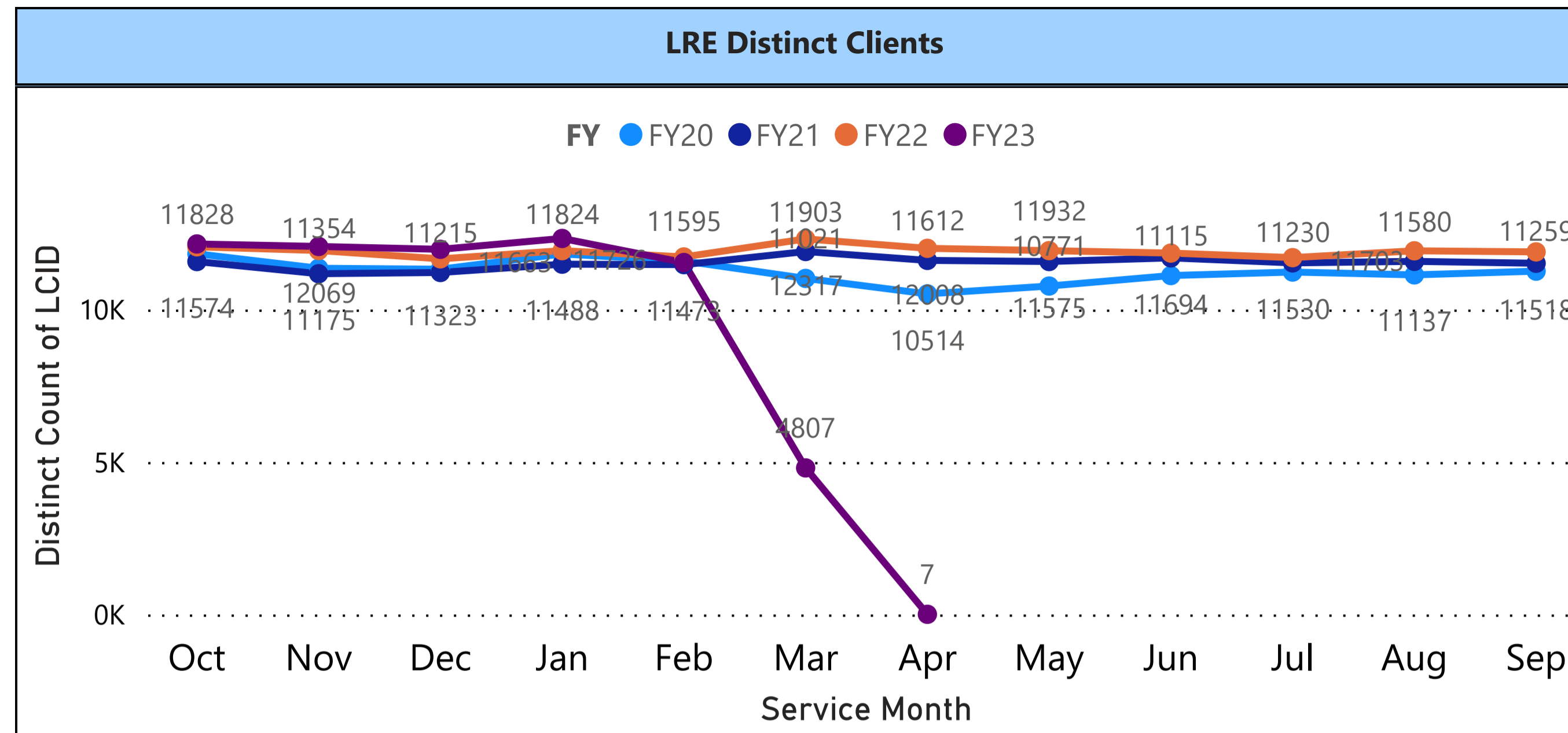


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Latest ProcessDate

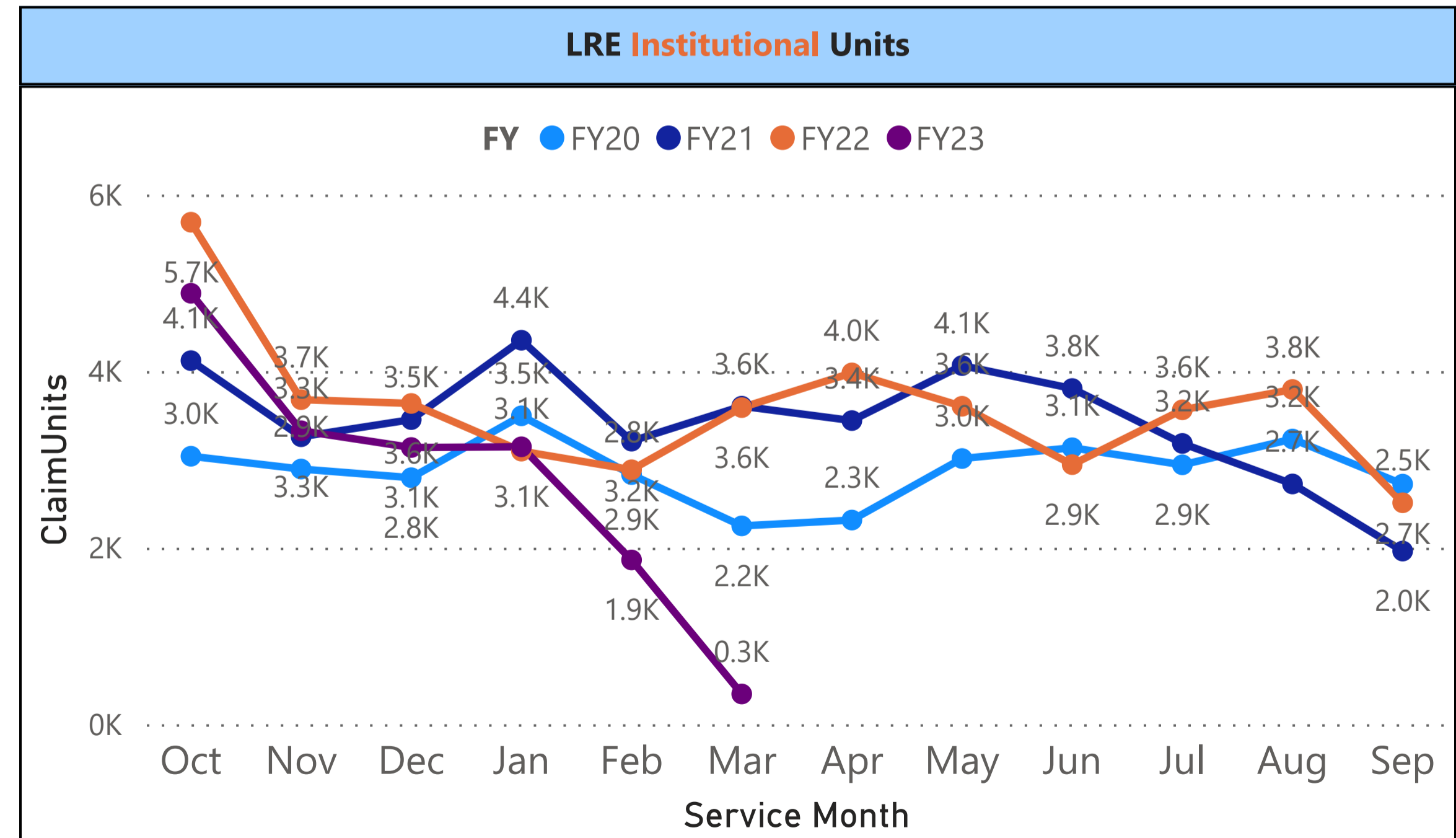
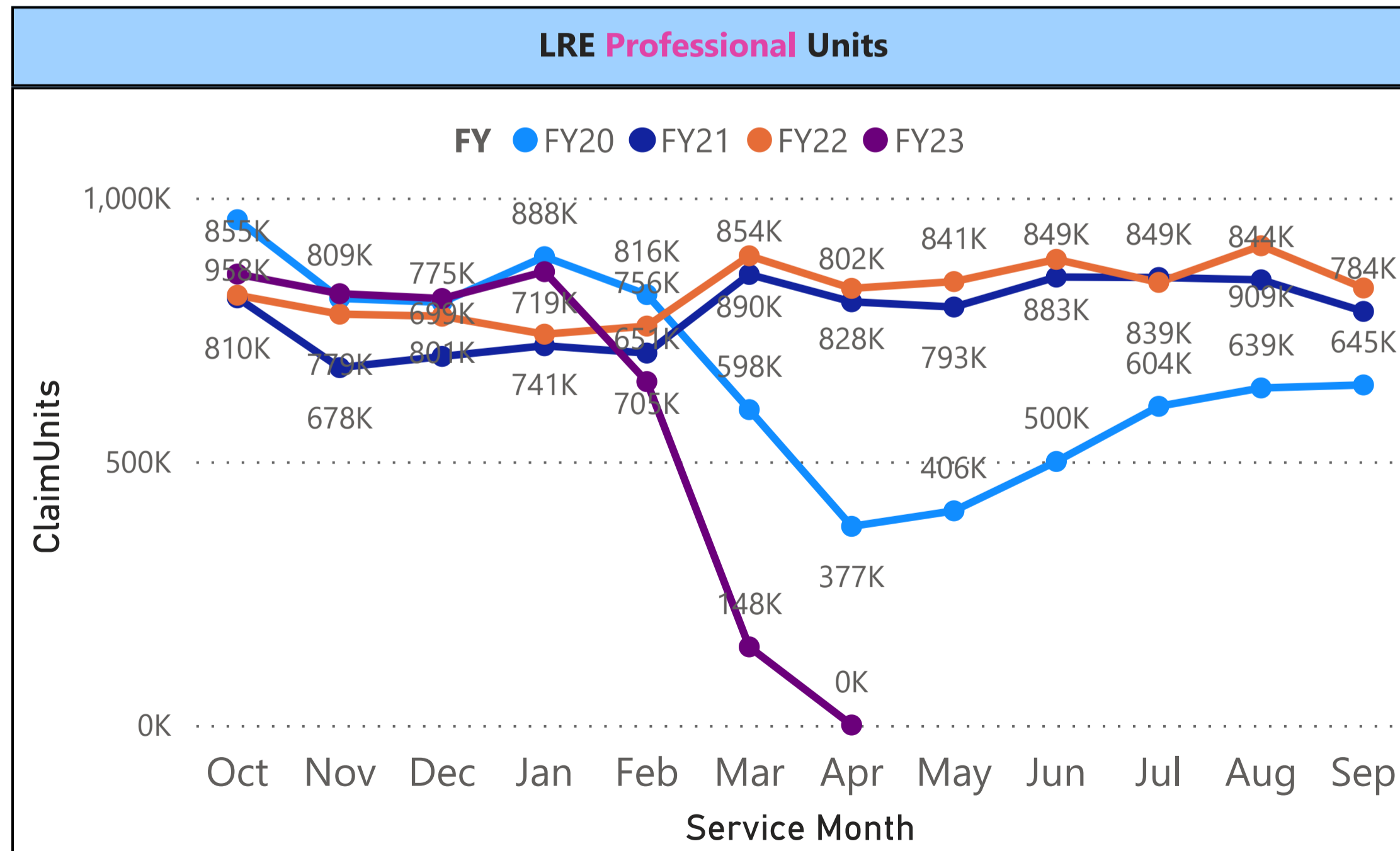


LRE Behavioral Health



FY: All

- Select all
- FY20
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- FY22
- FY23

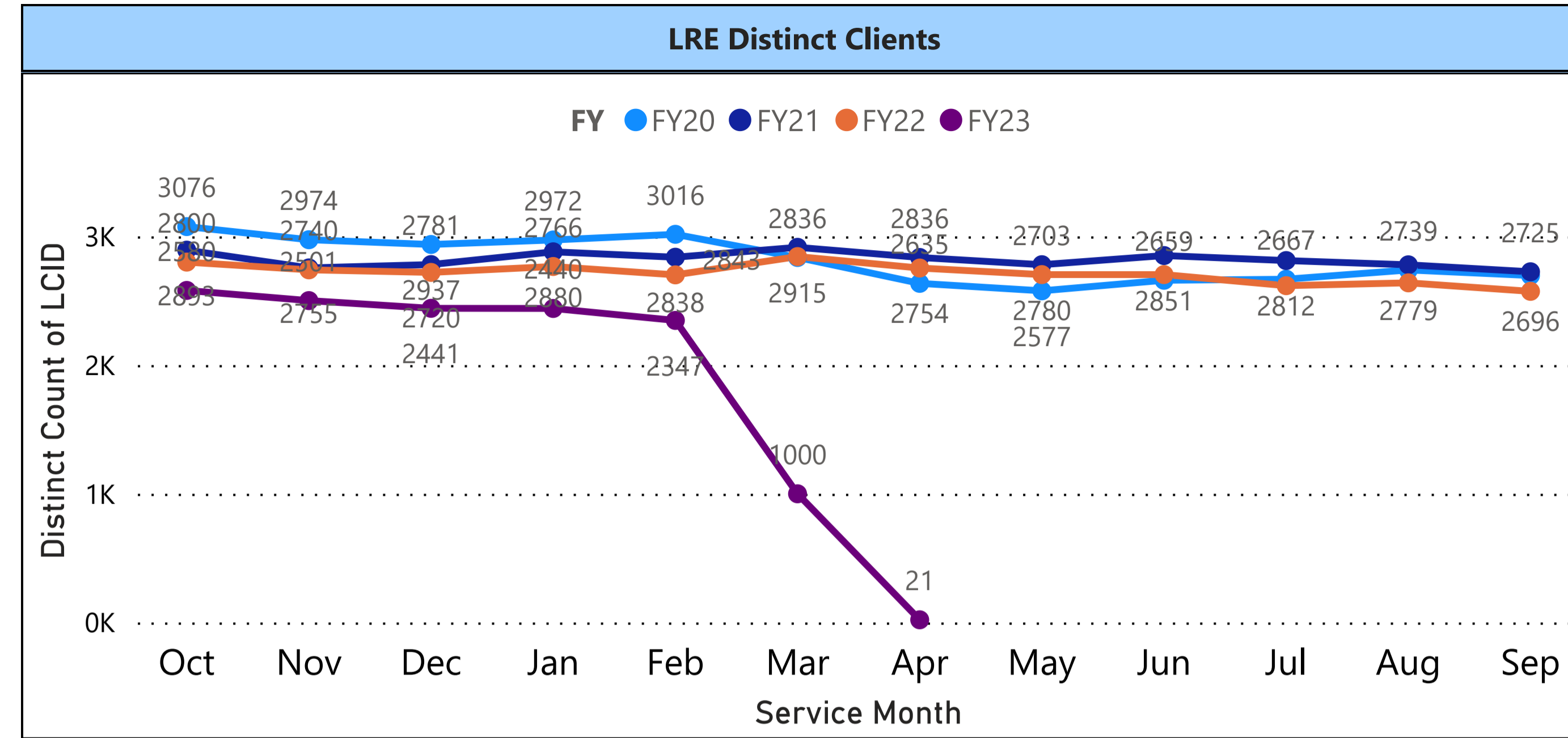


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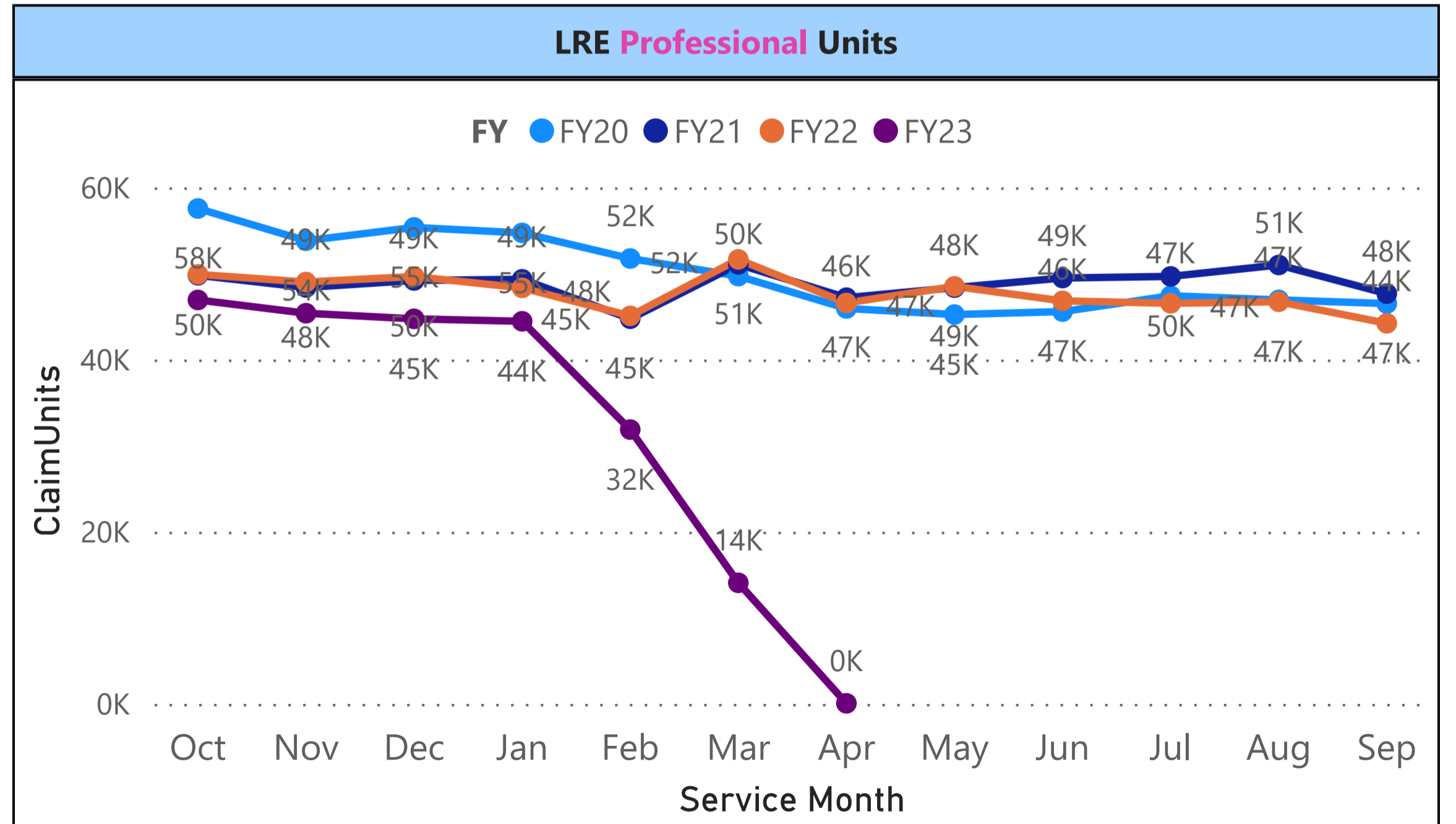
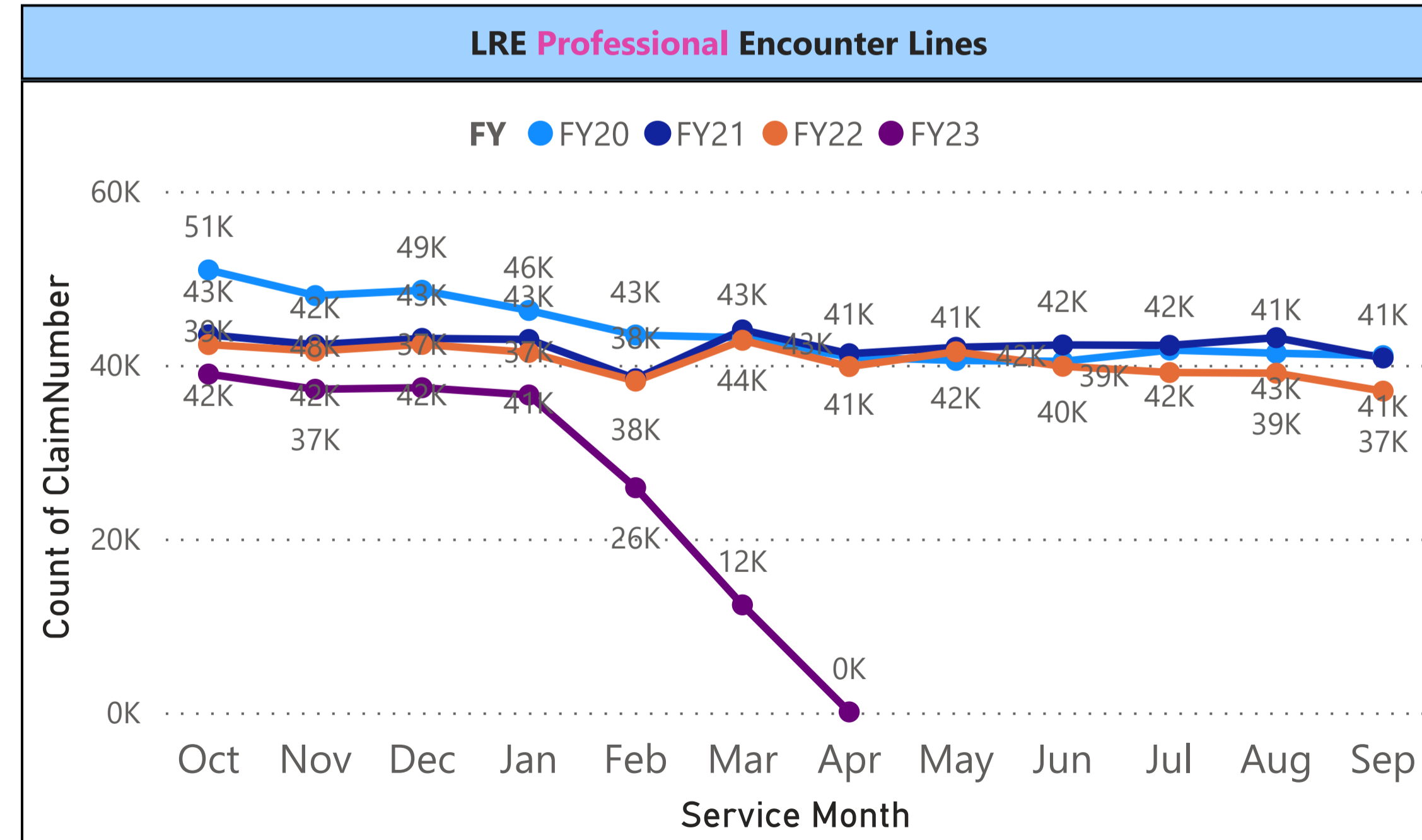


LRE Substance Use Disorder



FY: All

- Select all
- FY20
- FY21
- FY22
- FY23

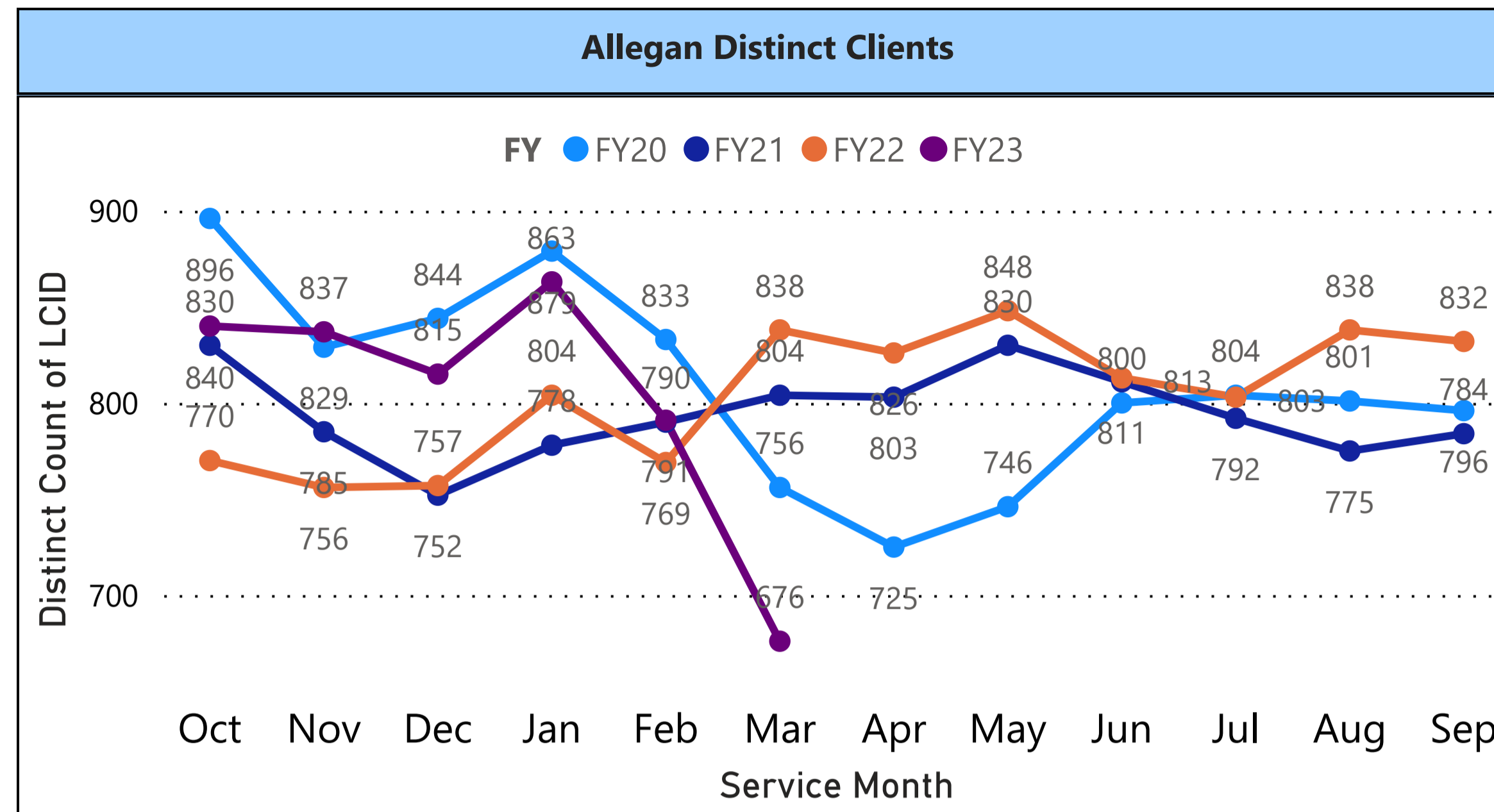


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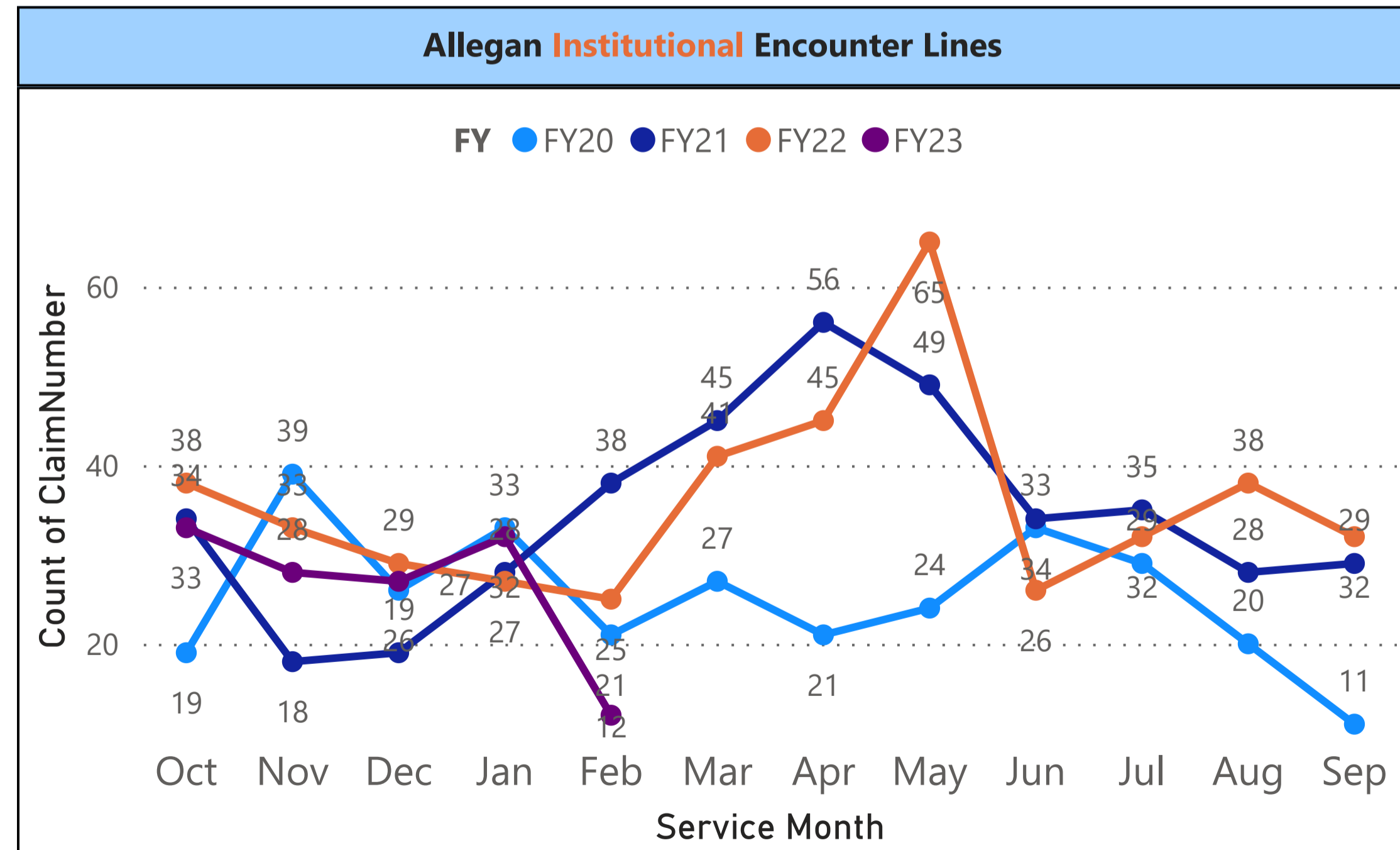
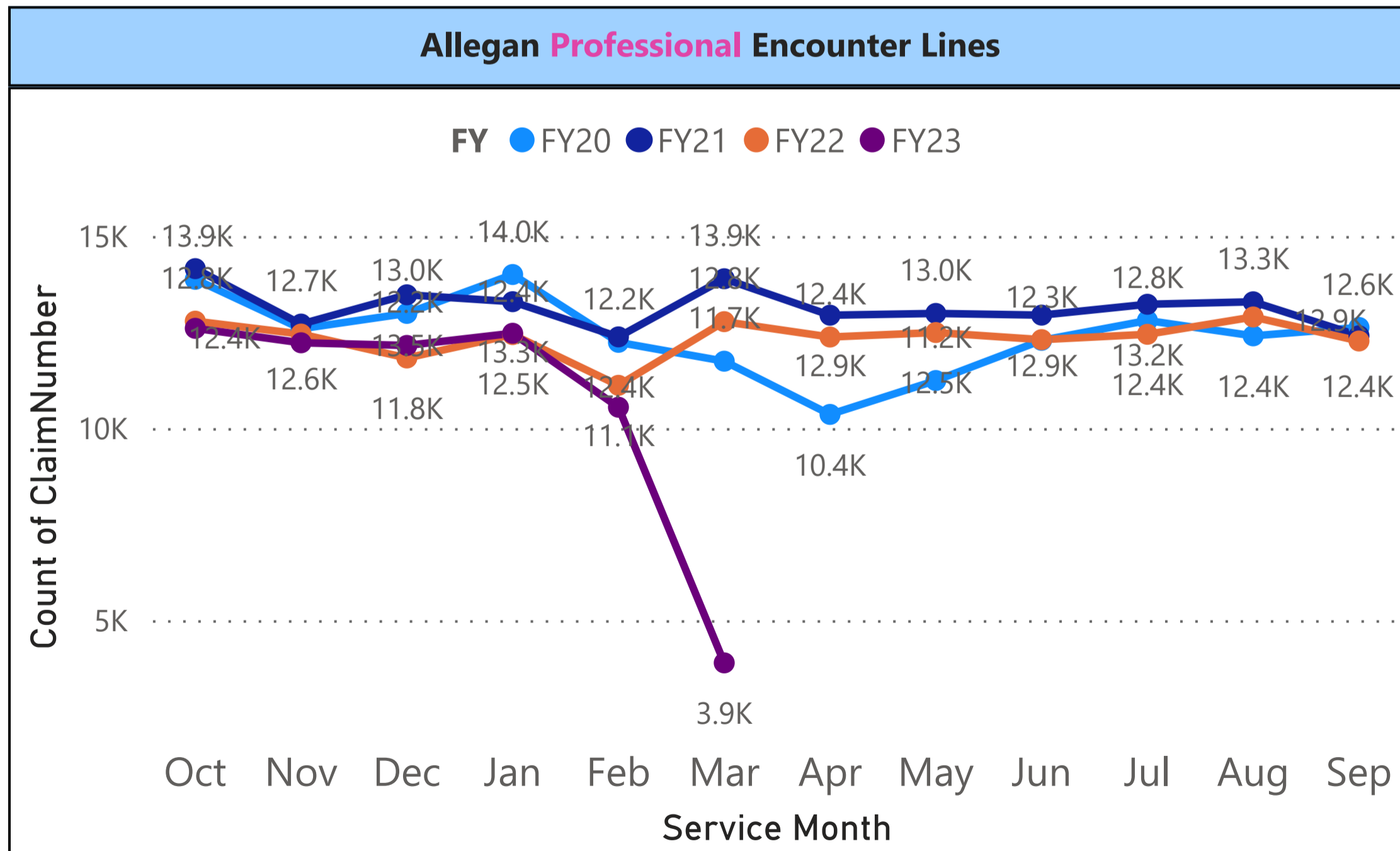


Allegan Behavioral Health



FY: All

- Select all
- FY20
- FY21
- FY22
- FY23

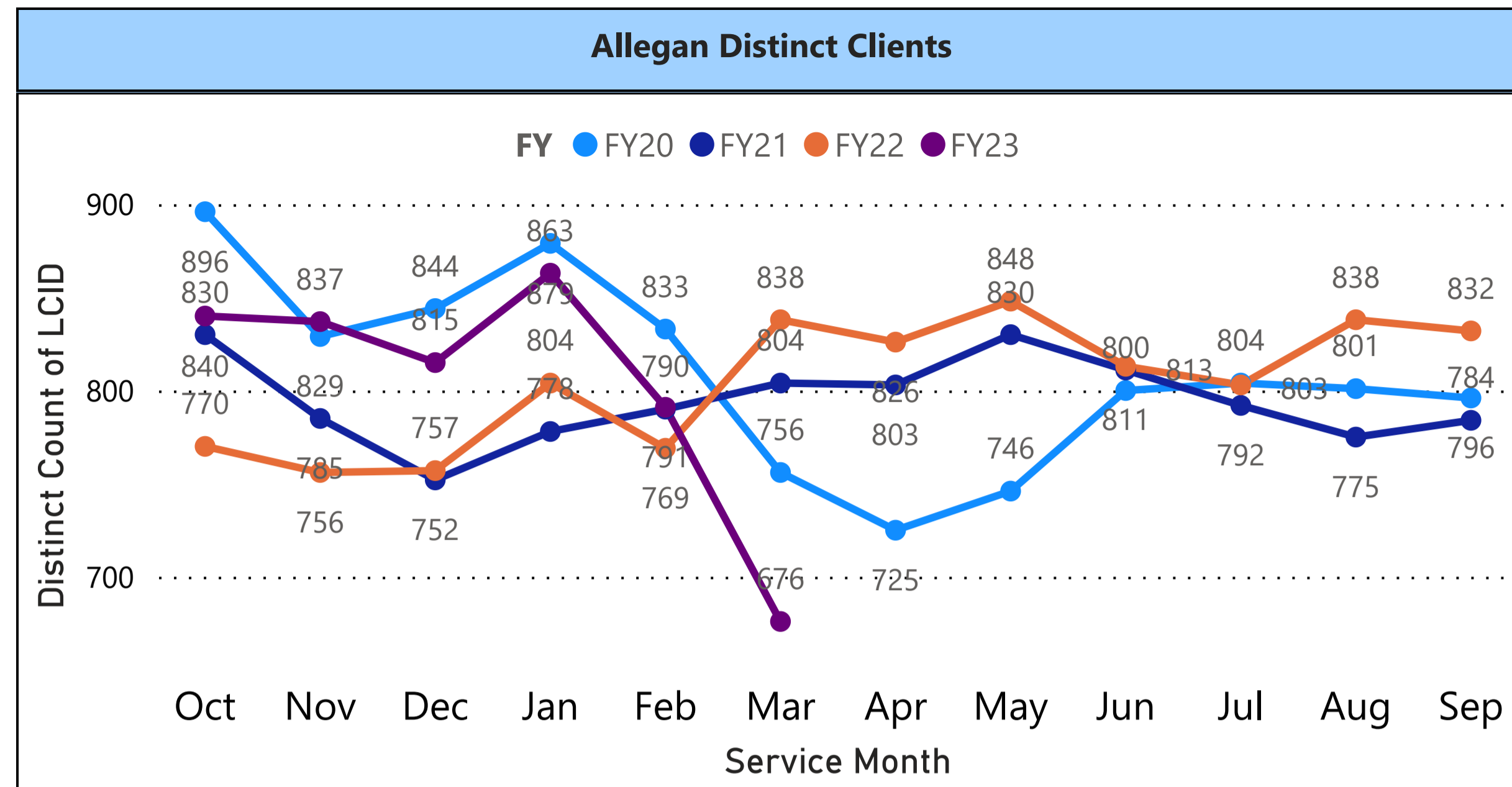


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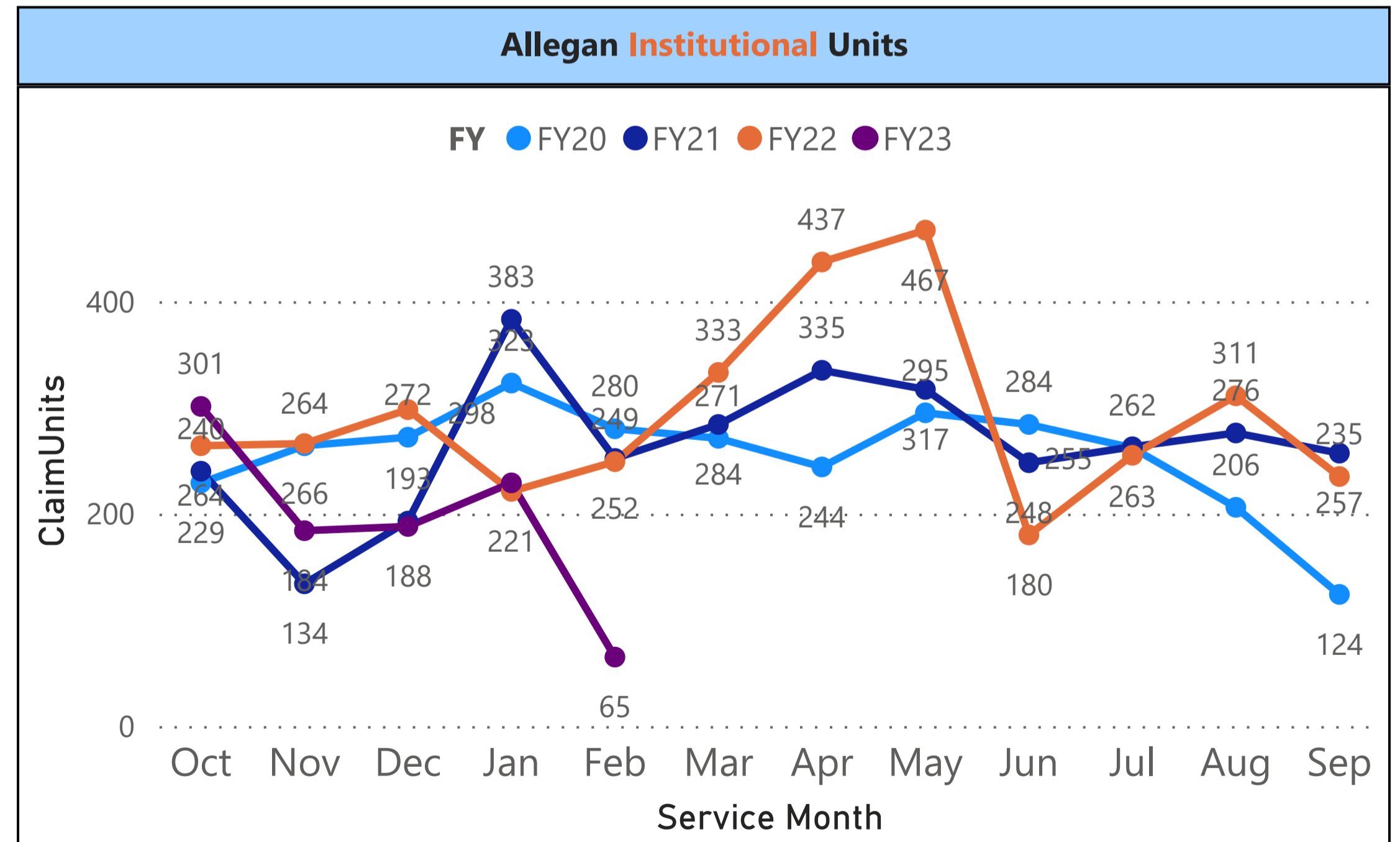
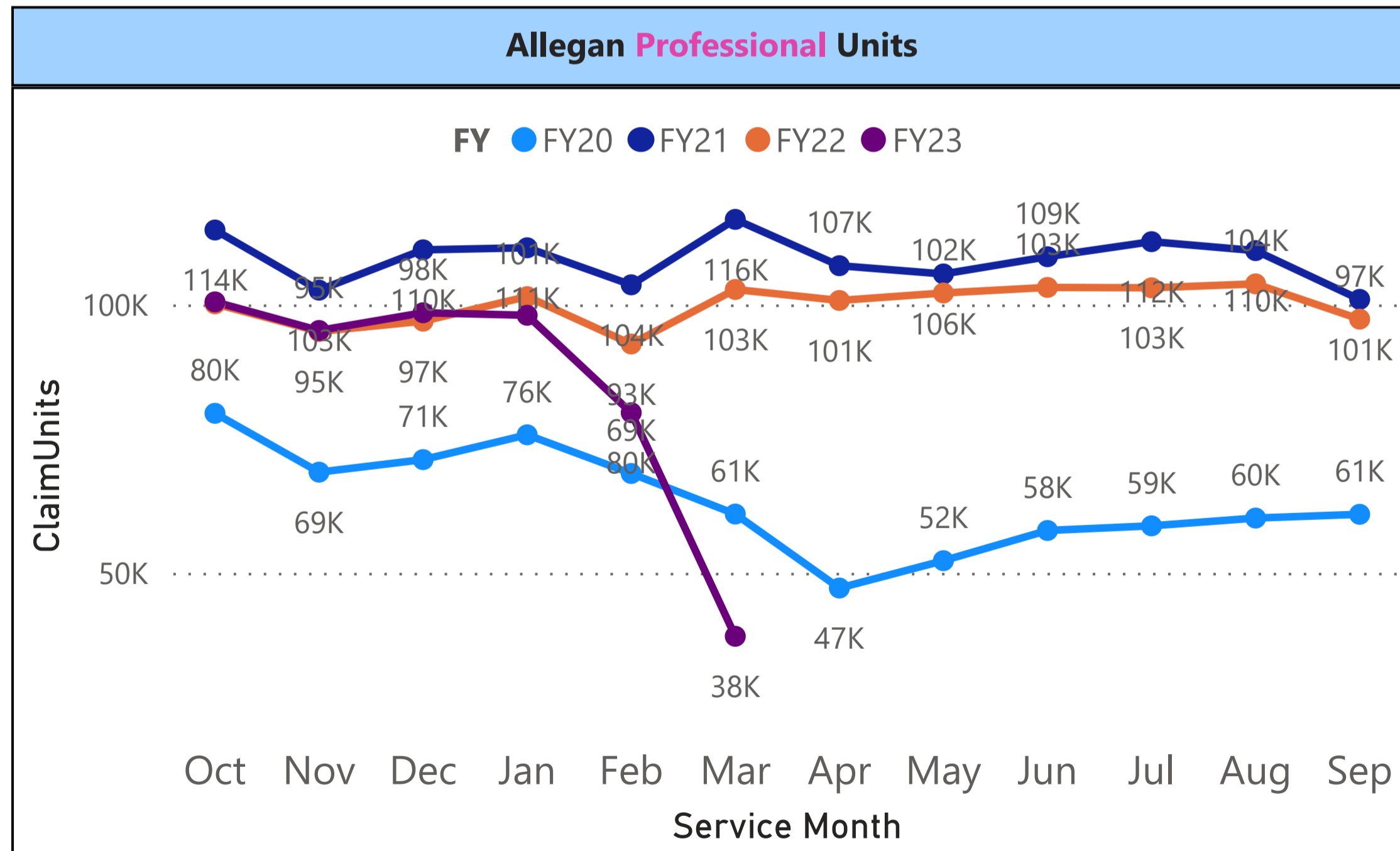


Allegan Behavioral Health



FY: All

- Select all
- FY20
- FY21
- FY22
- FY23

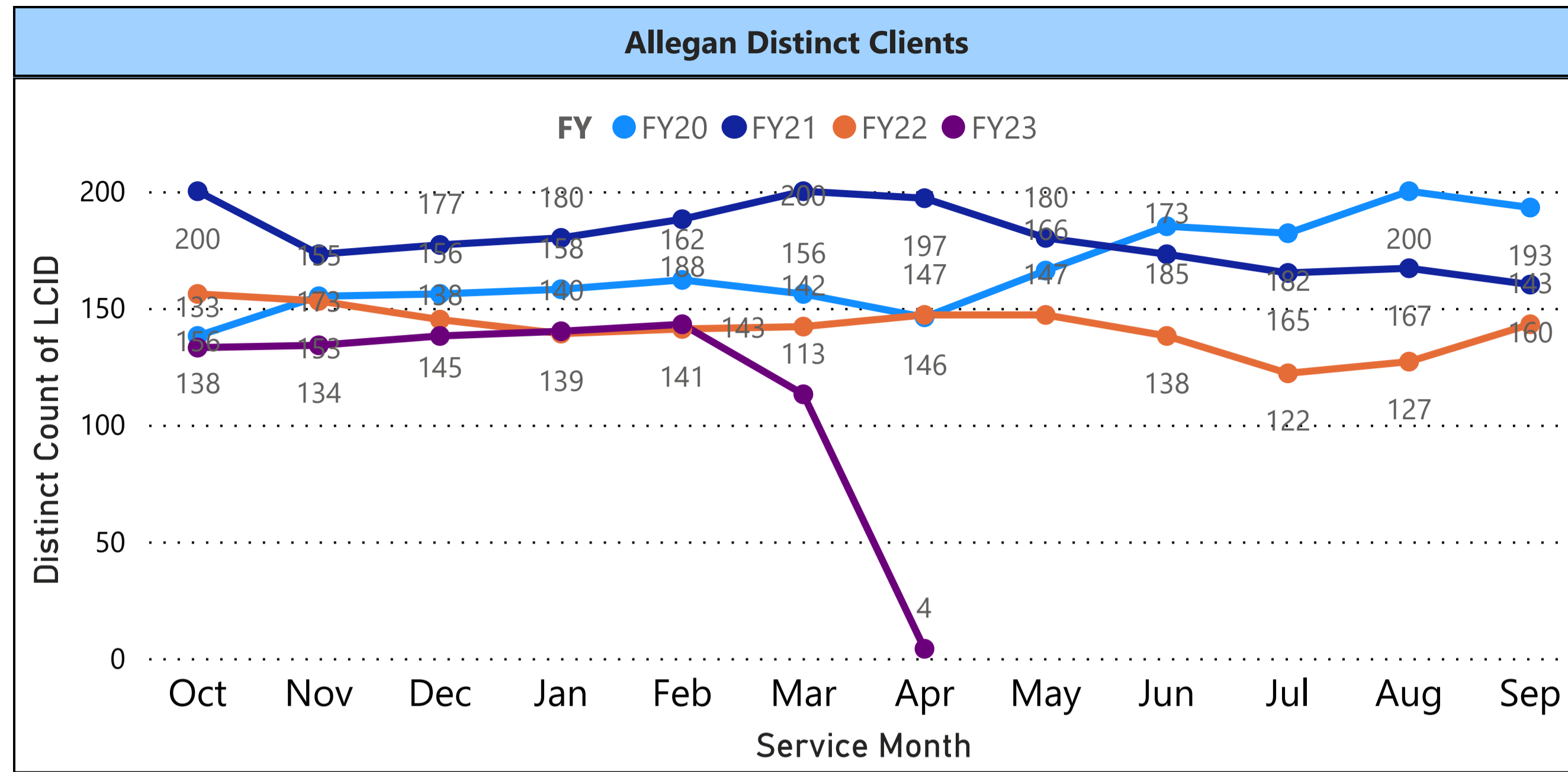


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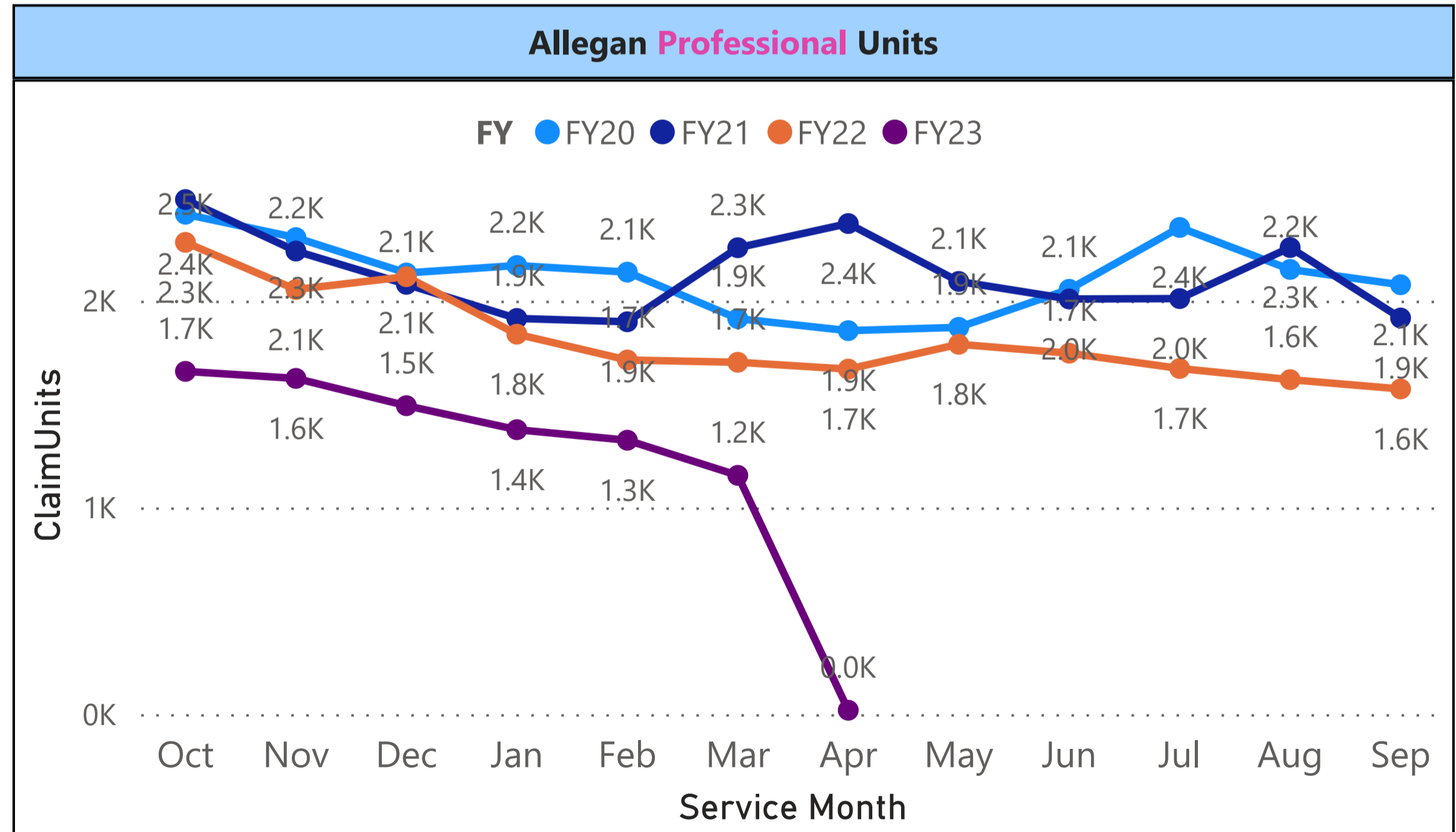
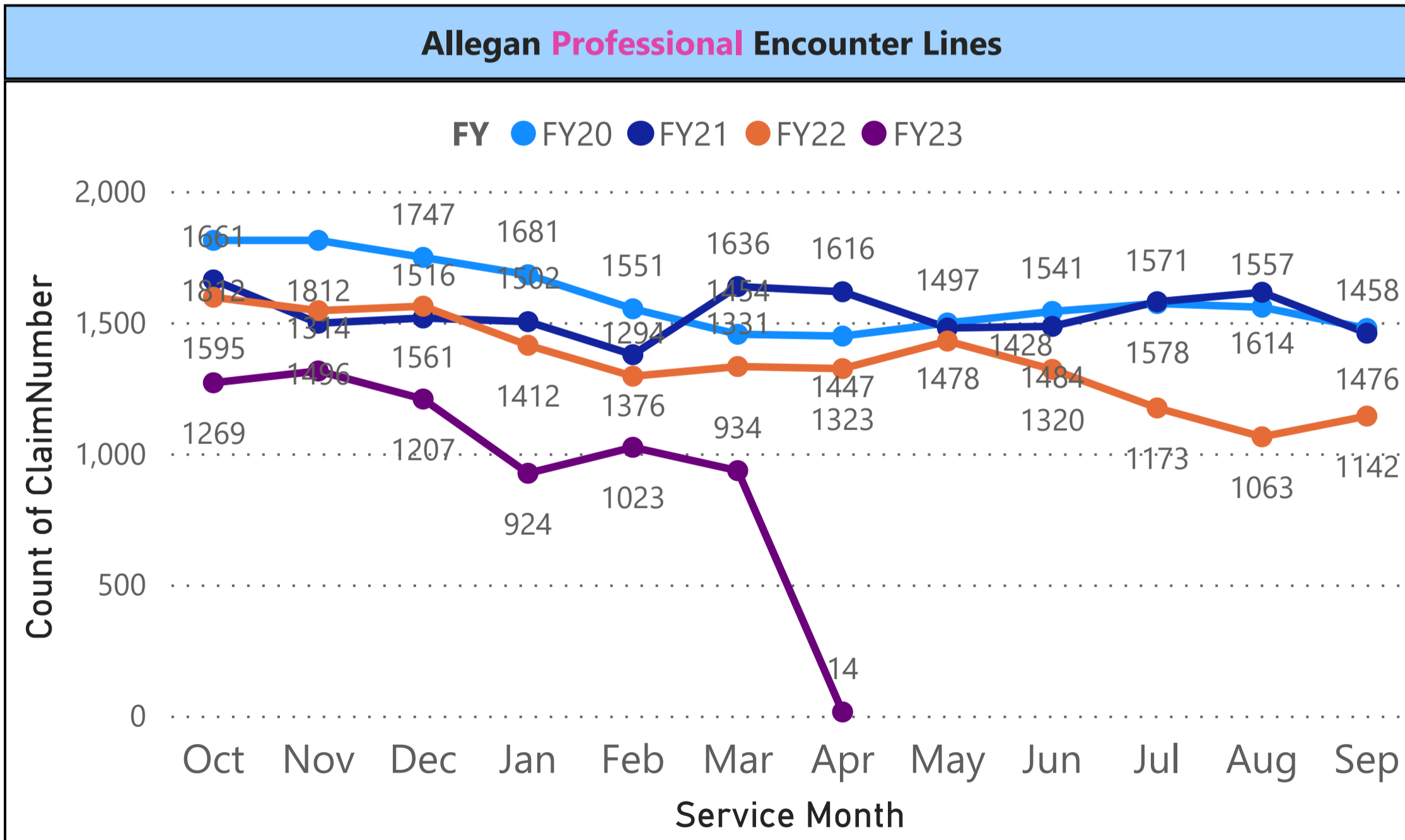


Allegan Substance Use Disorder



FY: All

- Select all
- FY20
- FY21
- FY22
- FY23

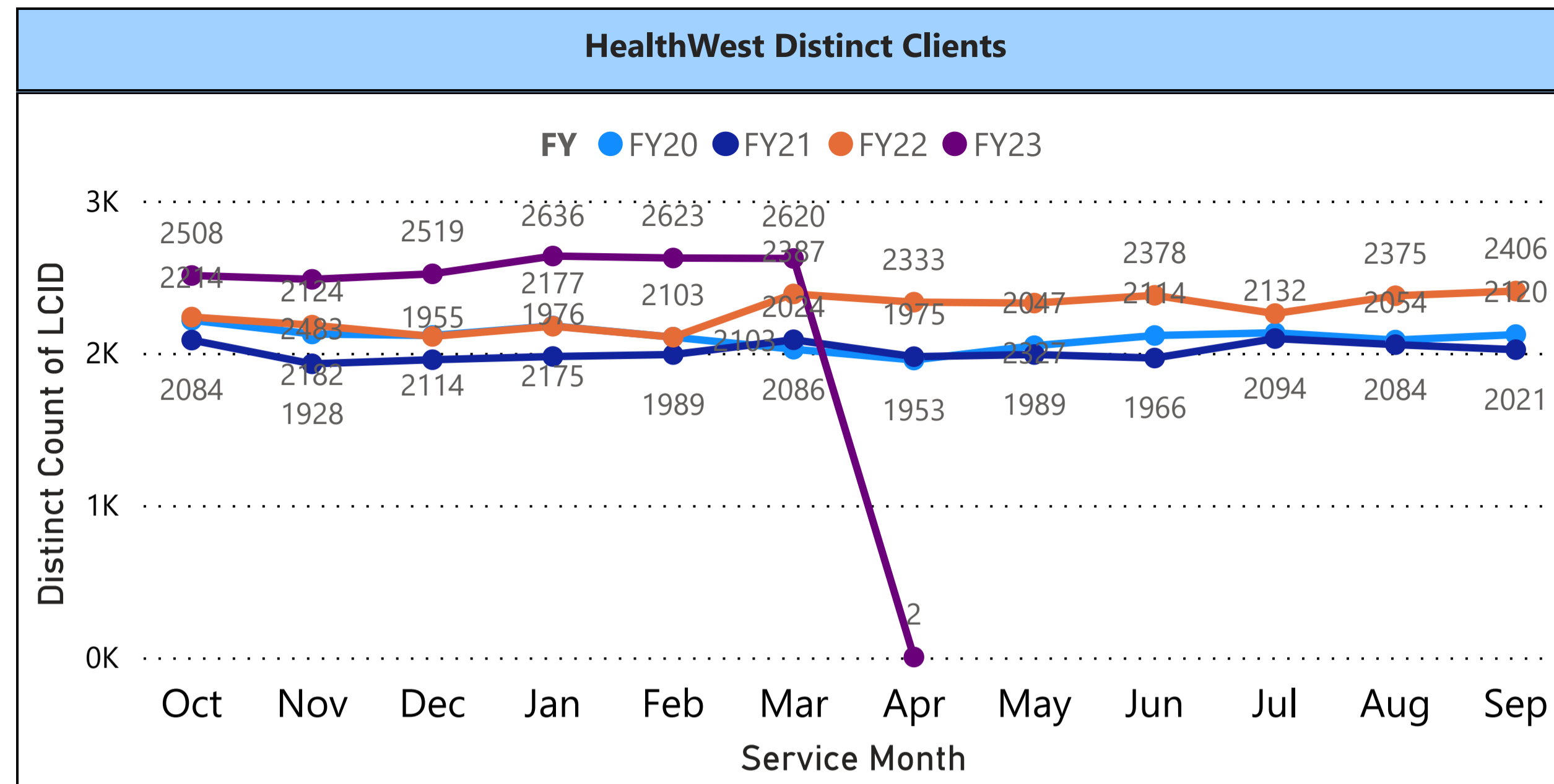


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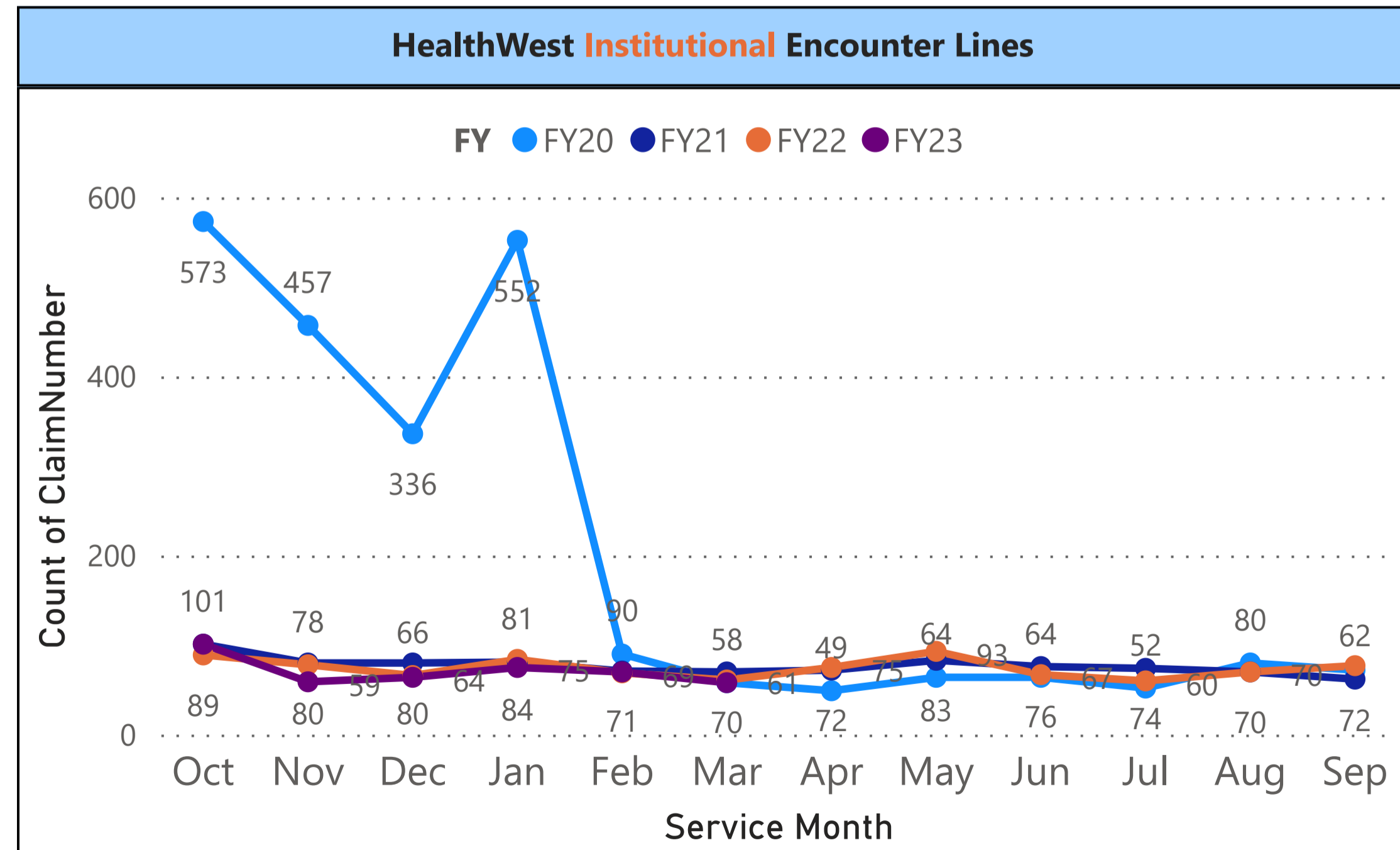
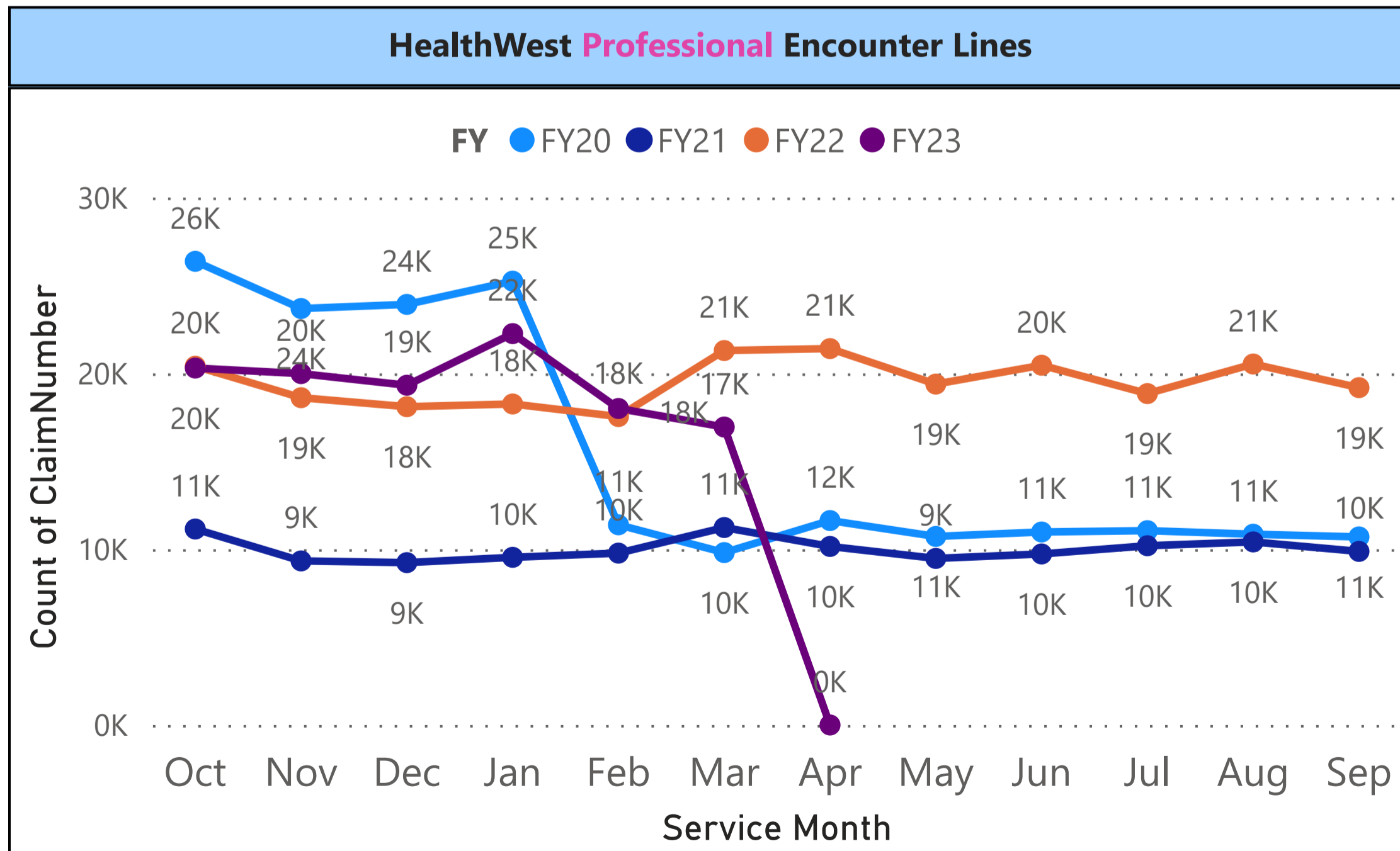


HealthWest Behavioral Health



FY: All

- Select all
- FY20
- FY21
- FY22
- FY23

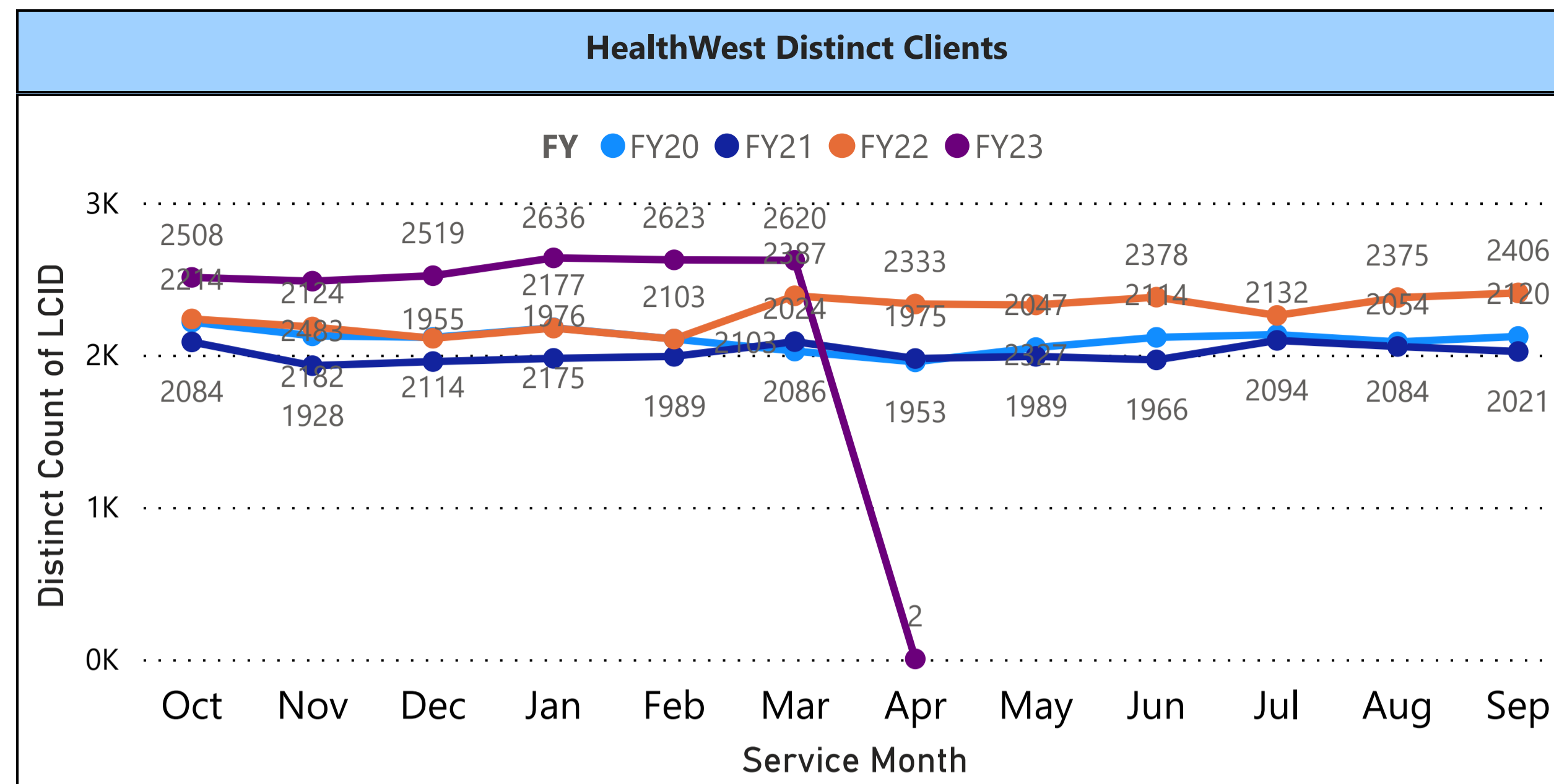


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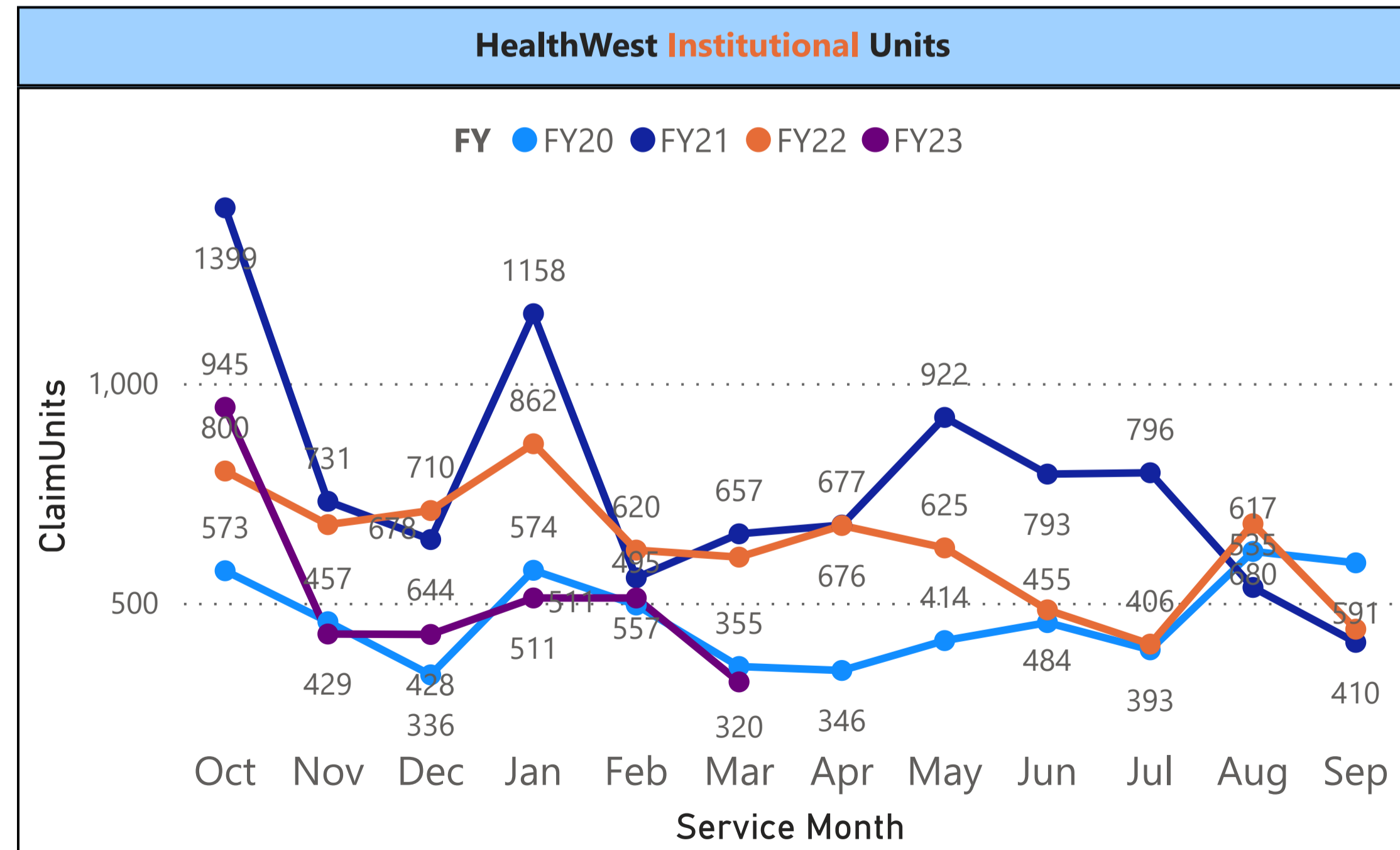
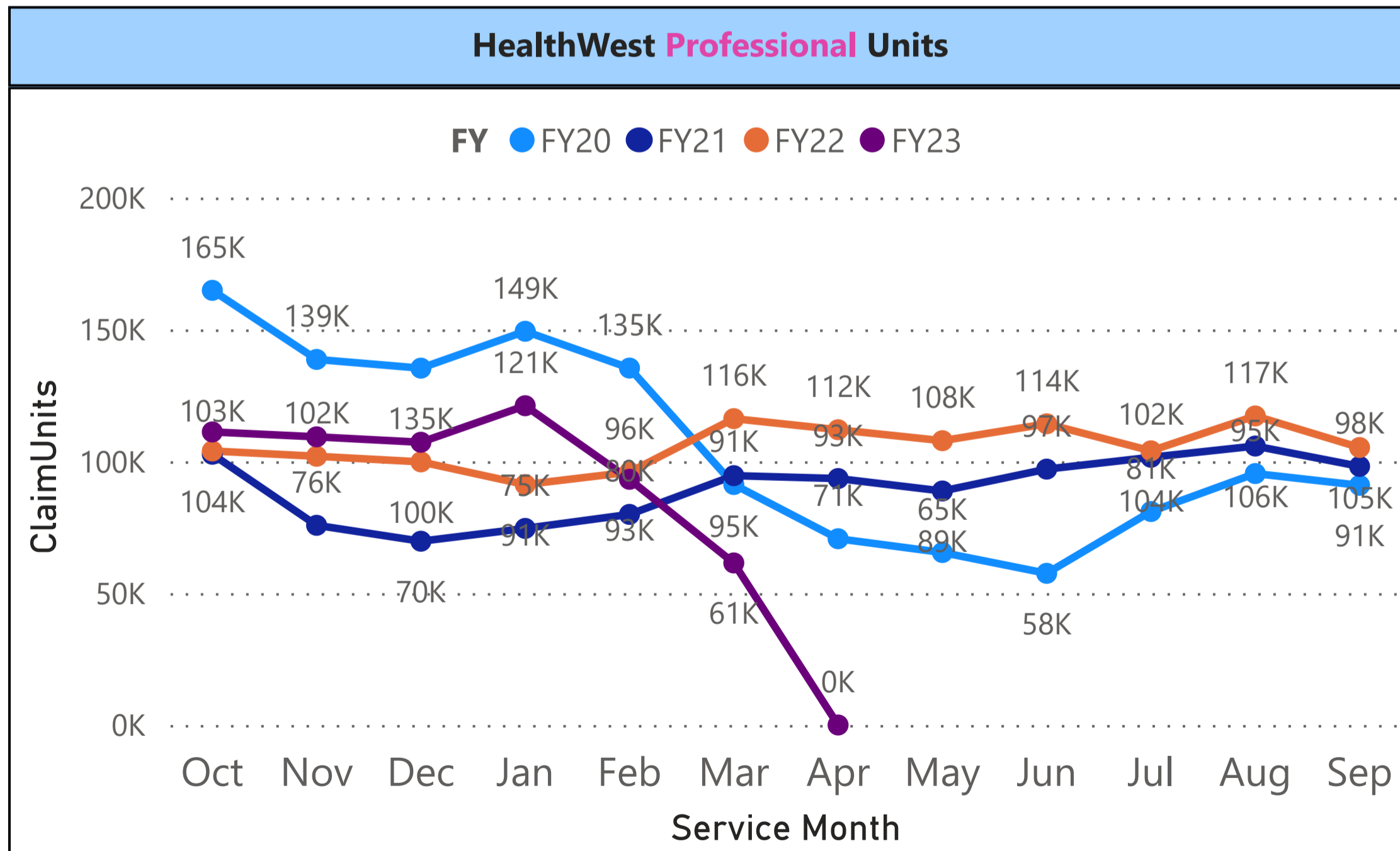


HealthWest Behavioral Health



FY: All

- Select all
- FY20
- FY21
- FY22
- FY23

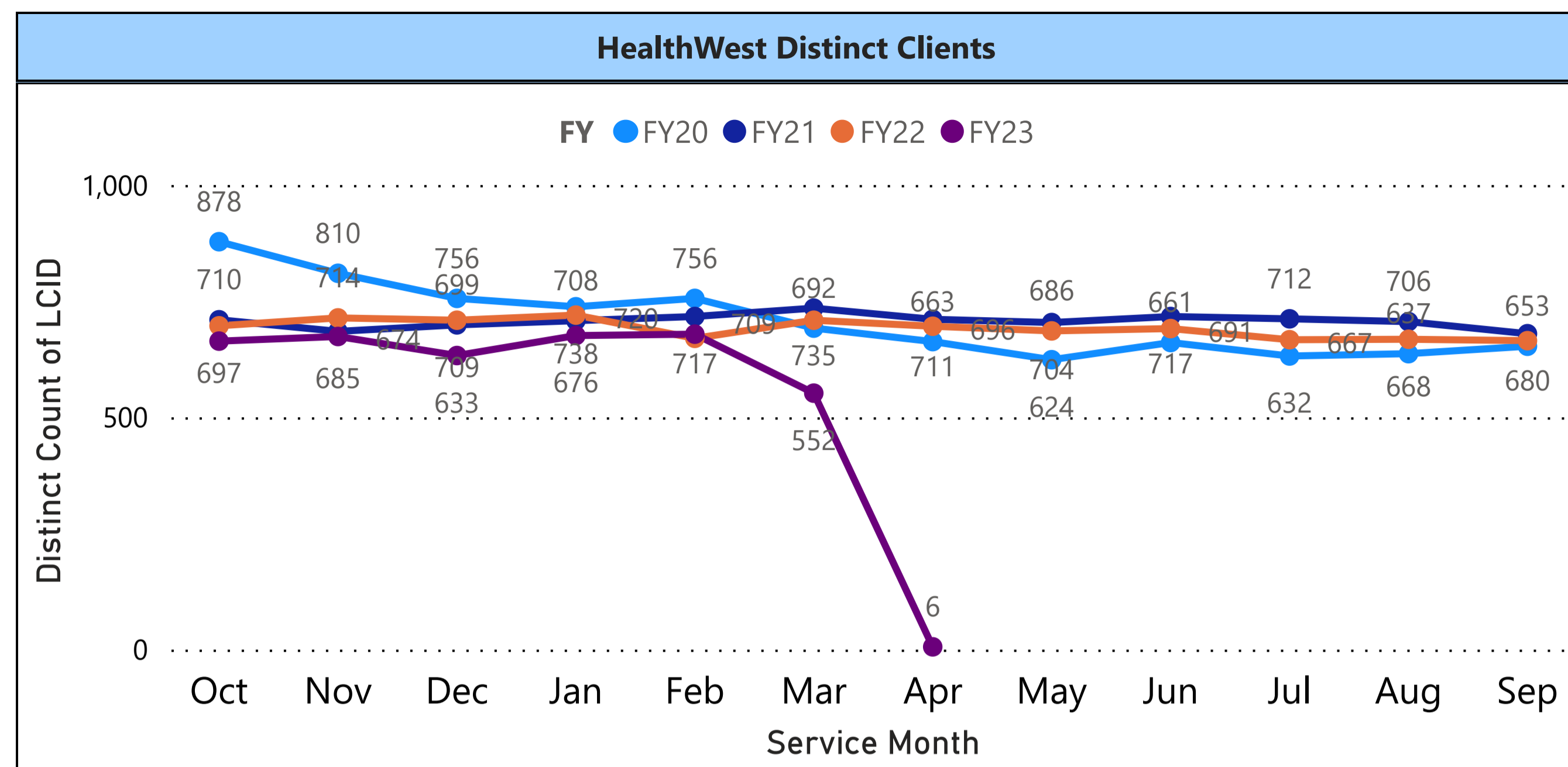


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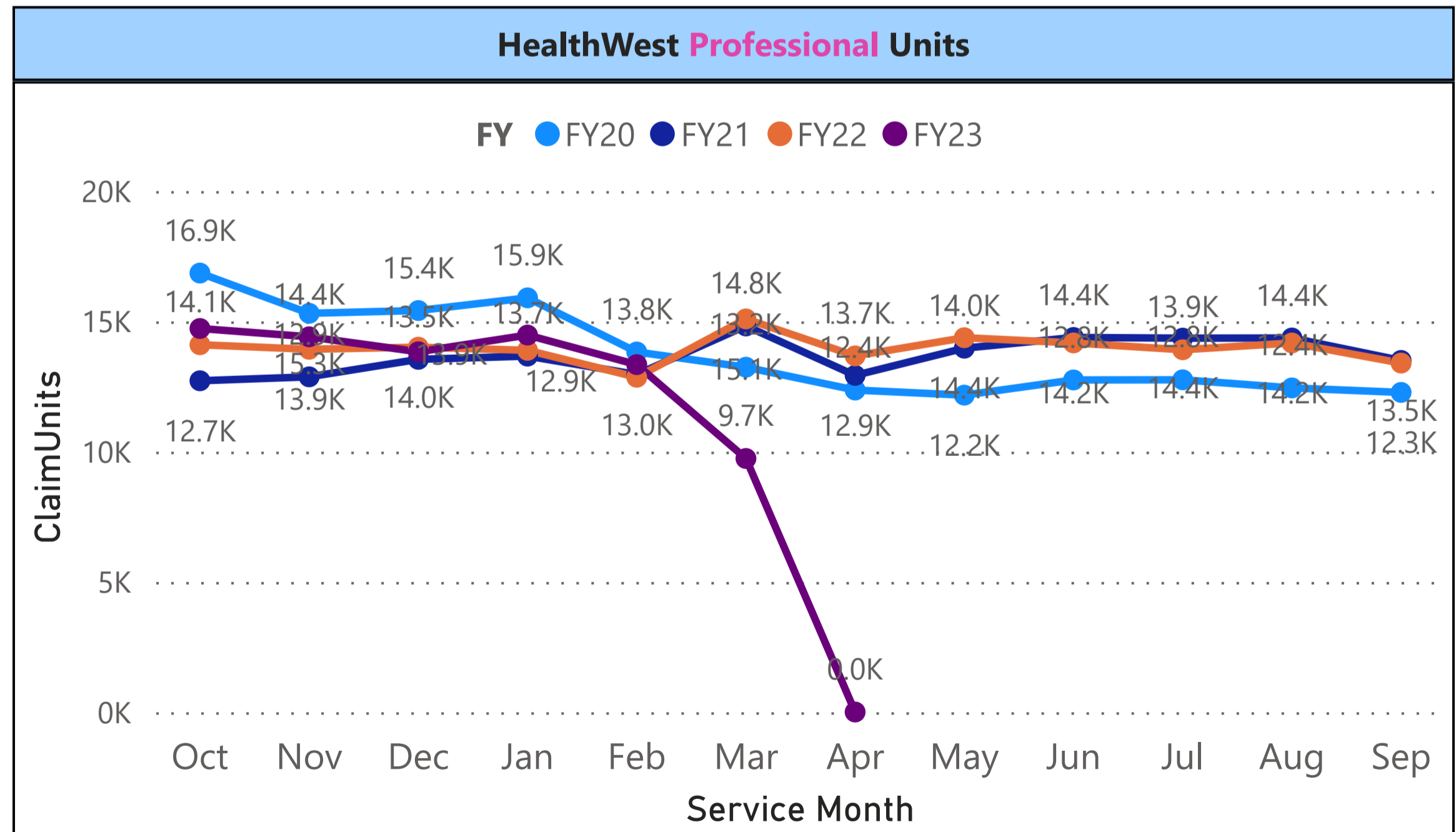
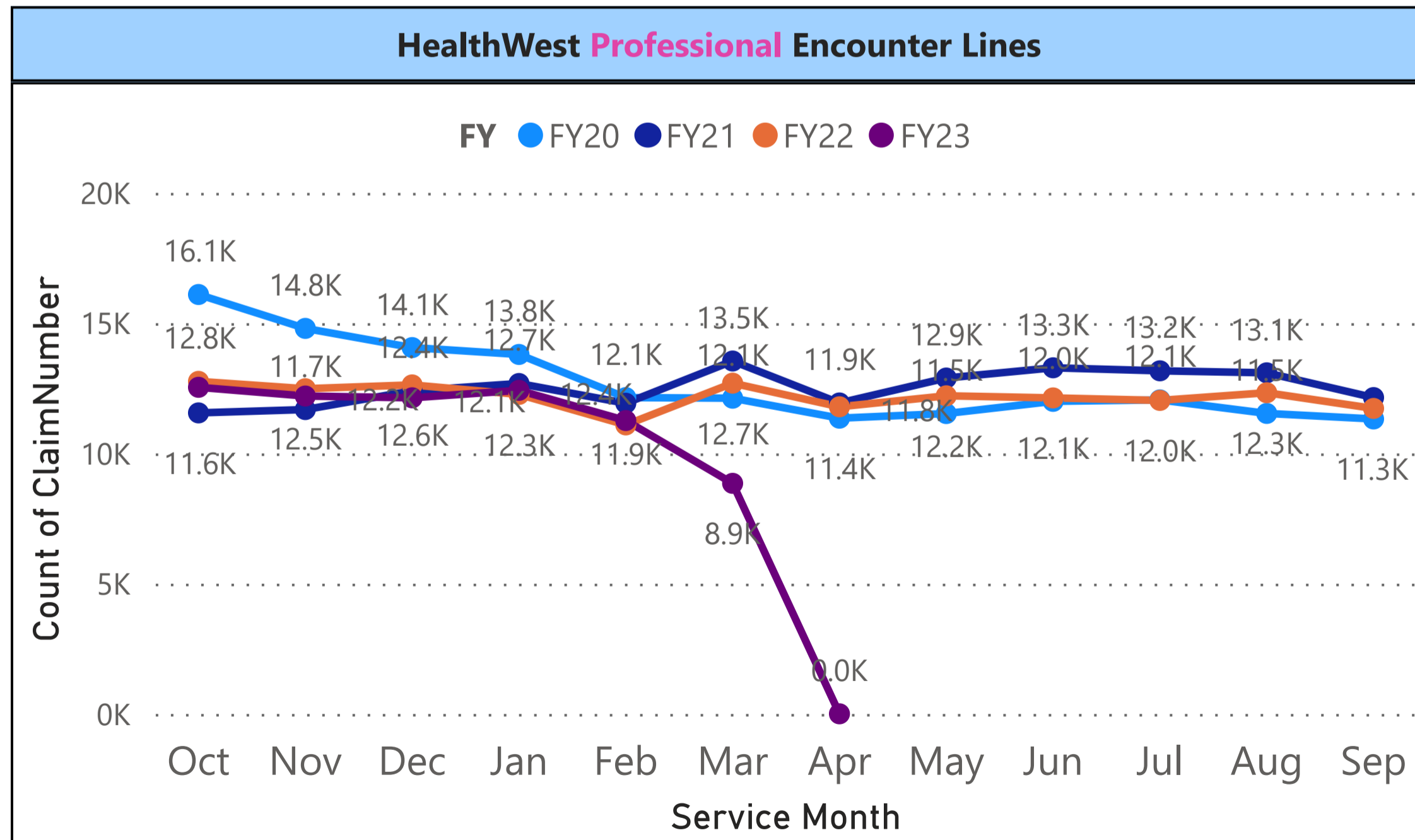


HealthWest Substance Use Disorder



FY: All

- Select all
- FY20
- FY21
- FY22
- FY23

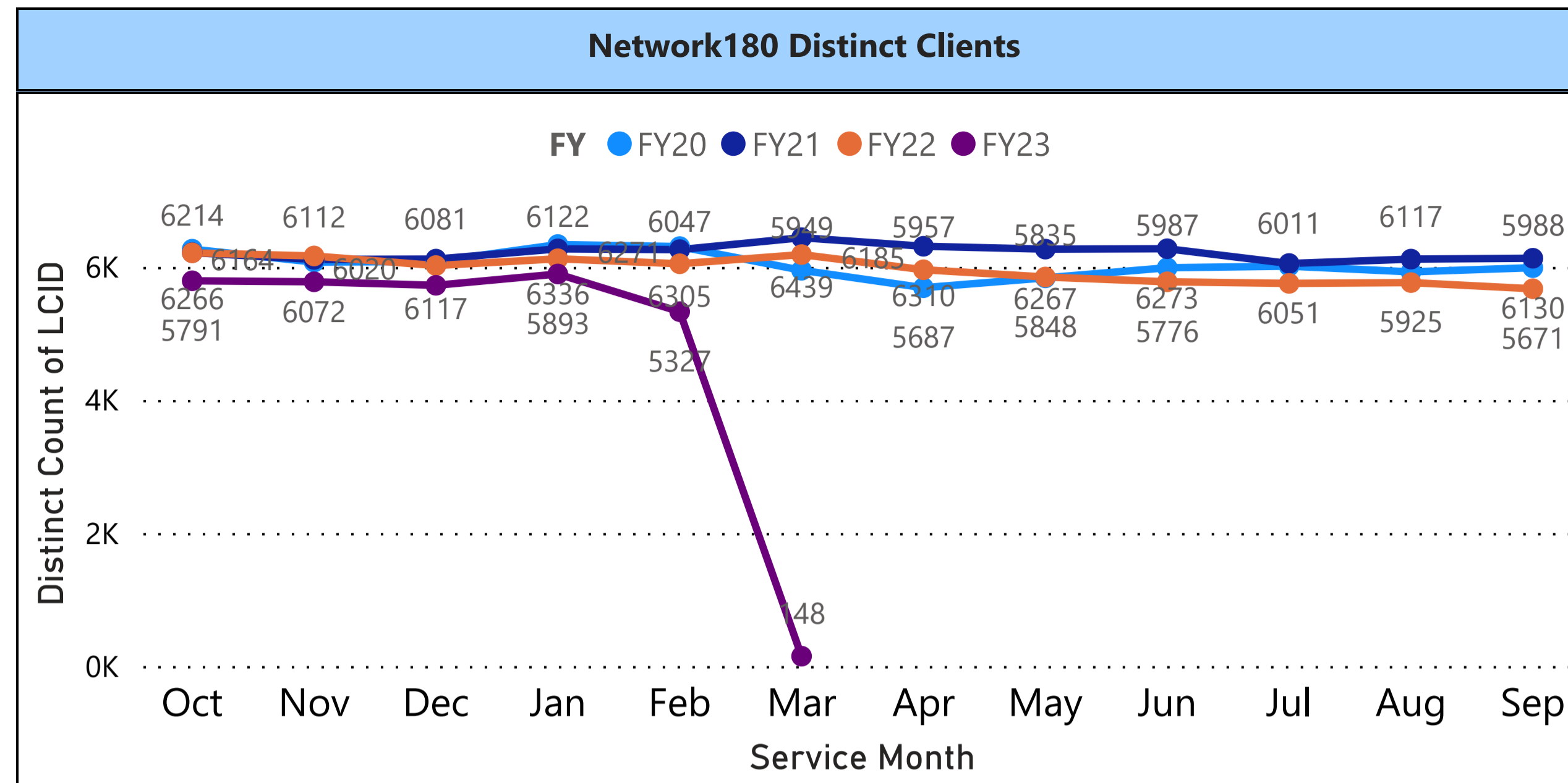


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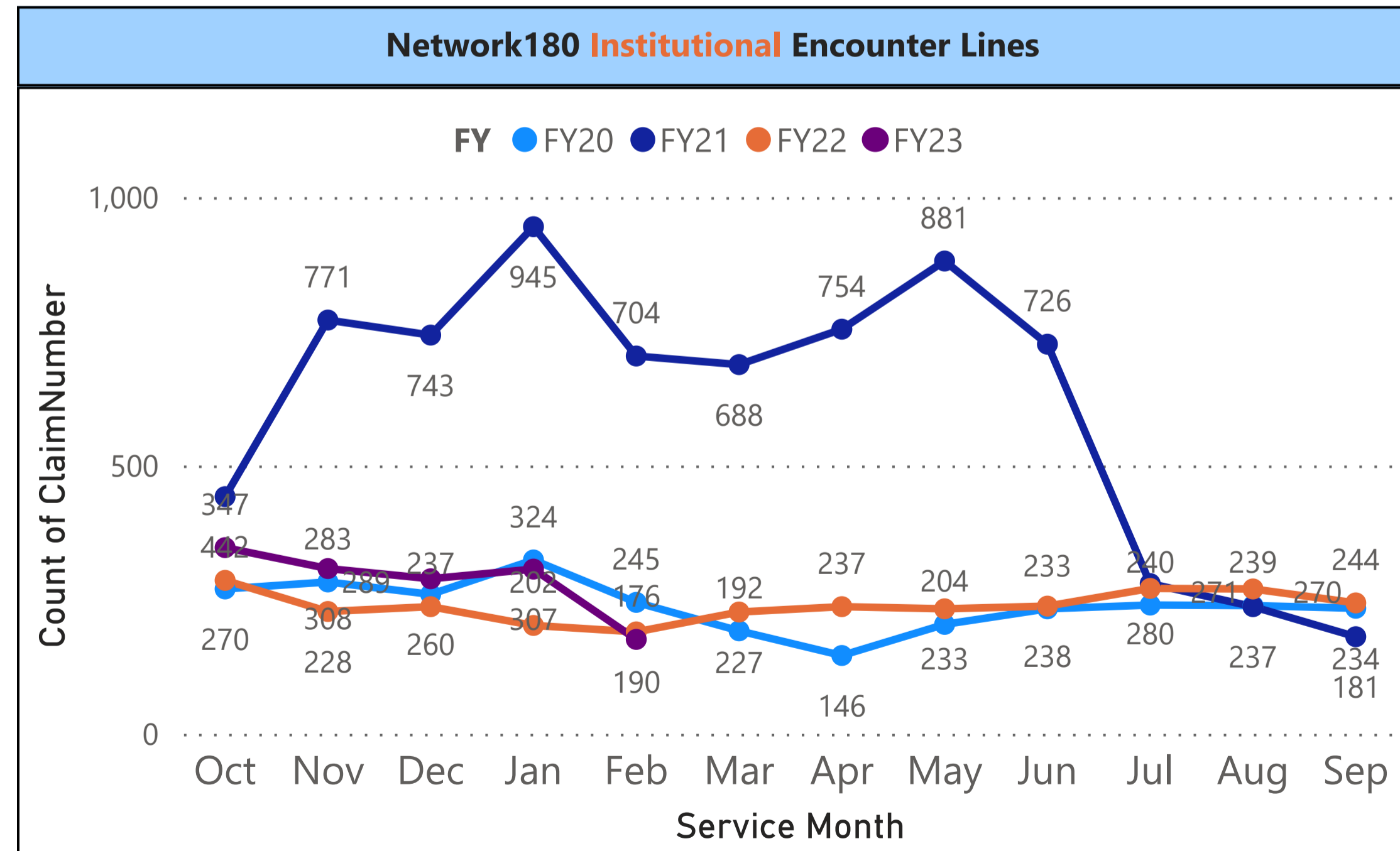
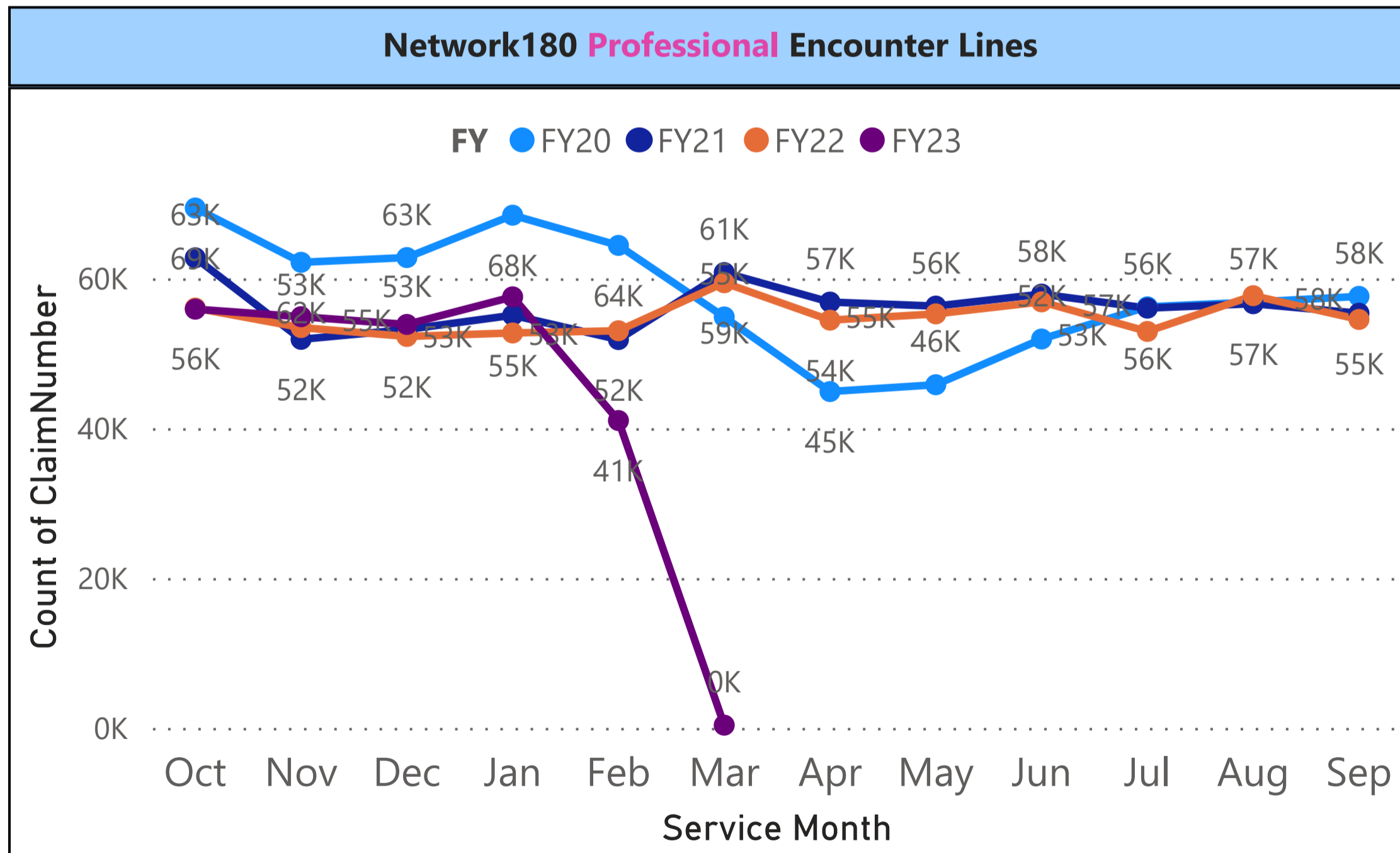


Network180 Behavioral Health



FY: All

- Select all
- FY20
- FY21
- FY22
- FY23

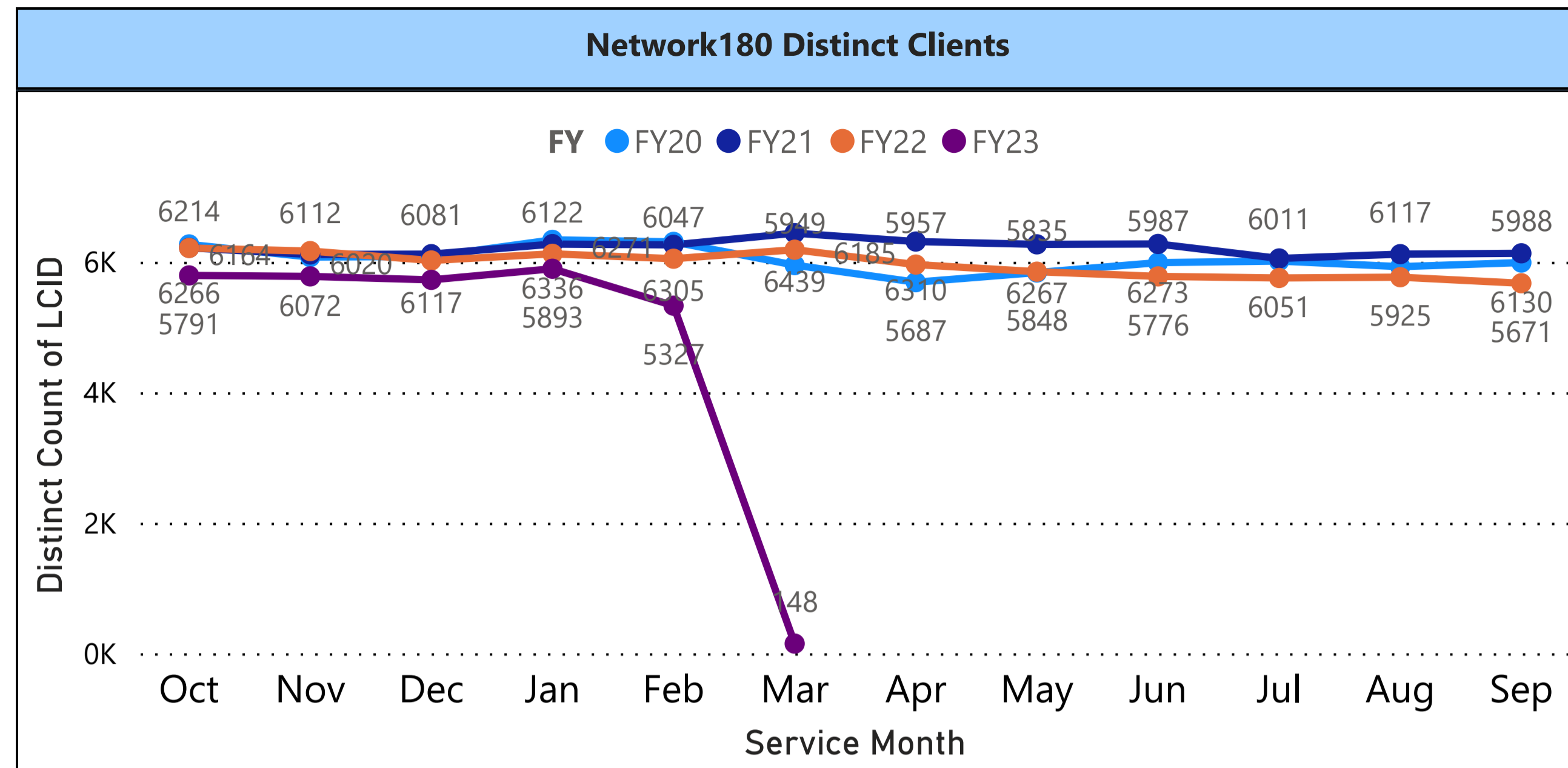


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Latest ProcessDate

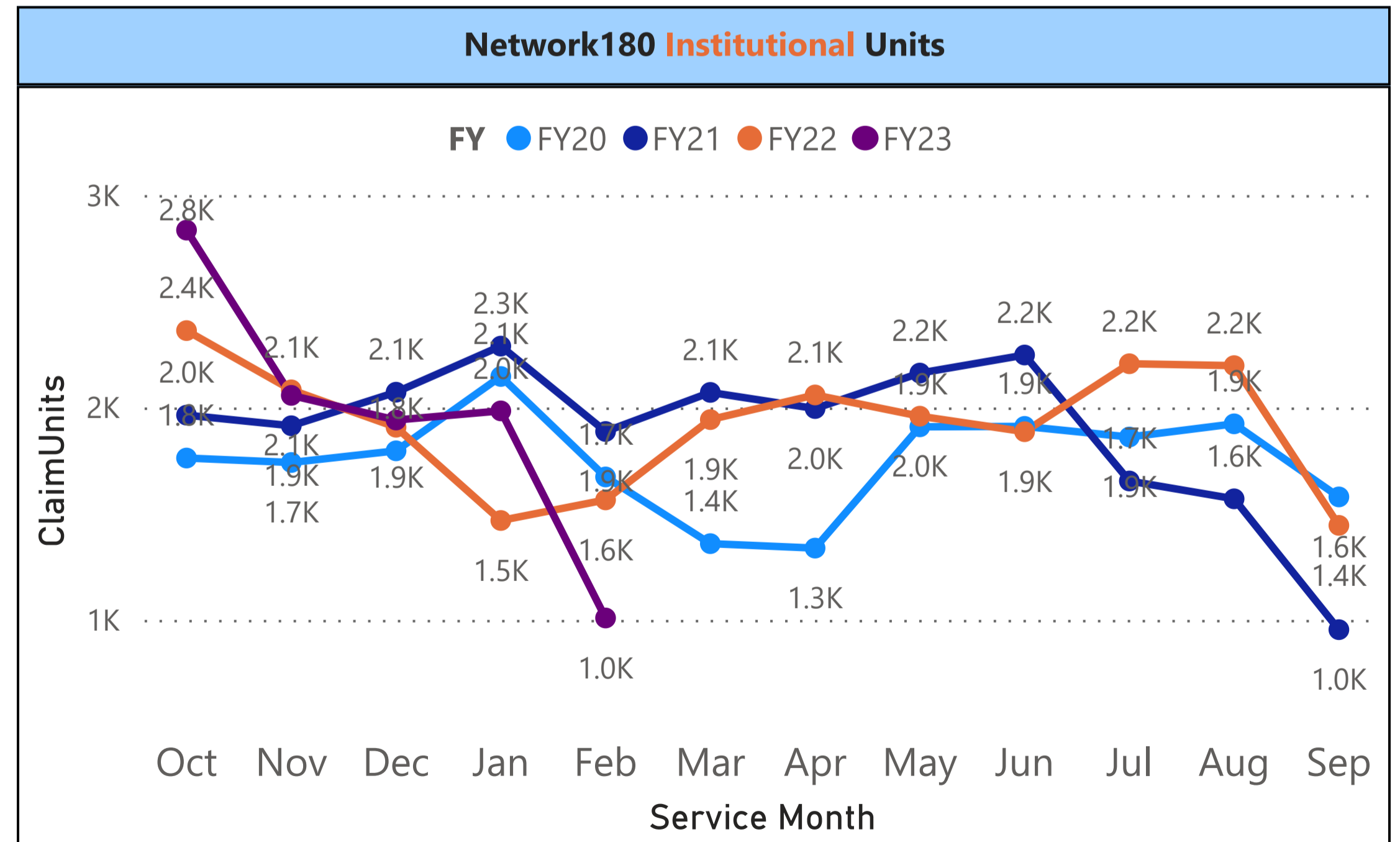
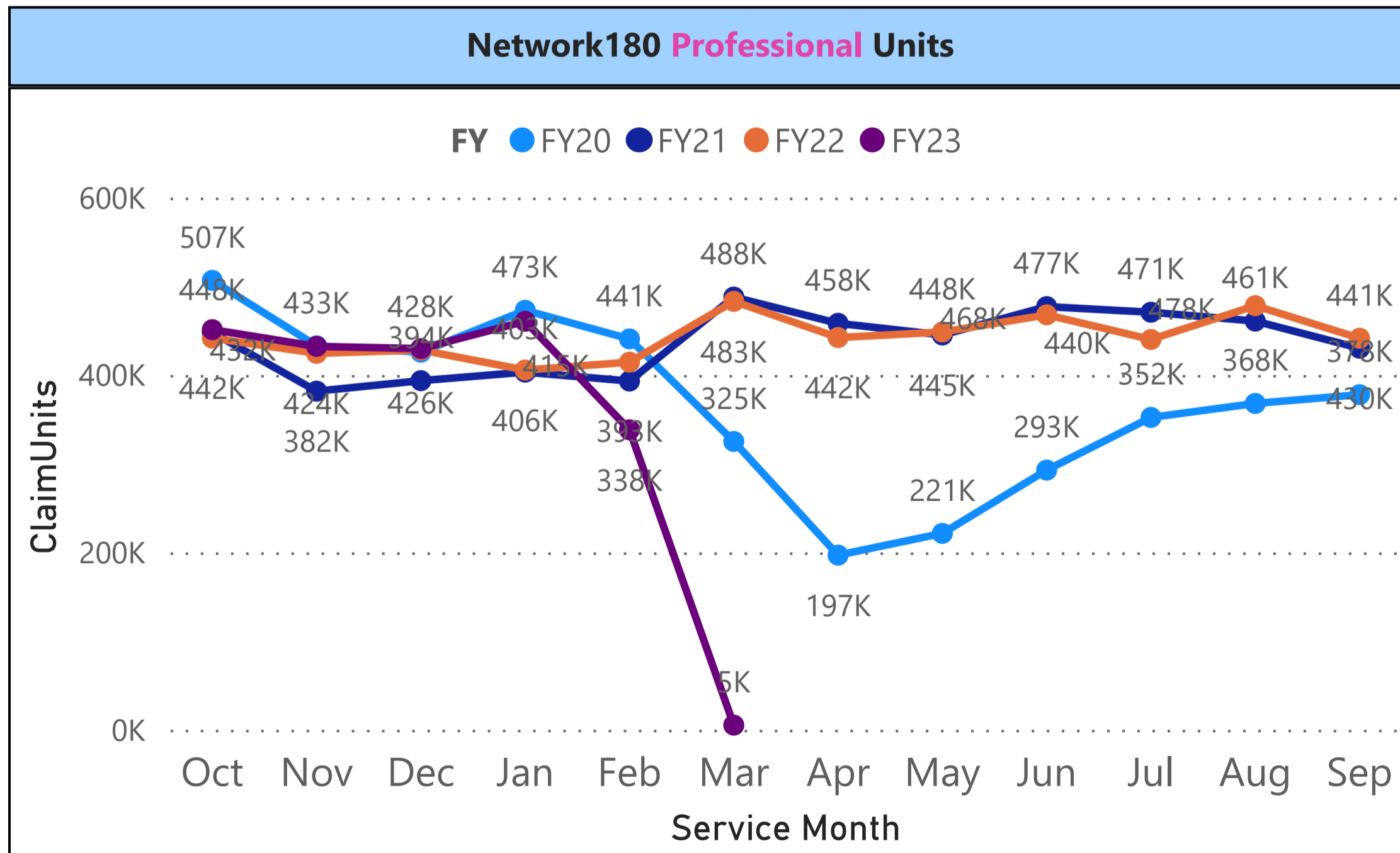


Network180 Behavioral Health



FY: All

- Select all
- FY20
- FY21
- FY22
- FY23

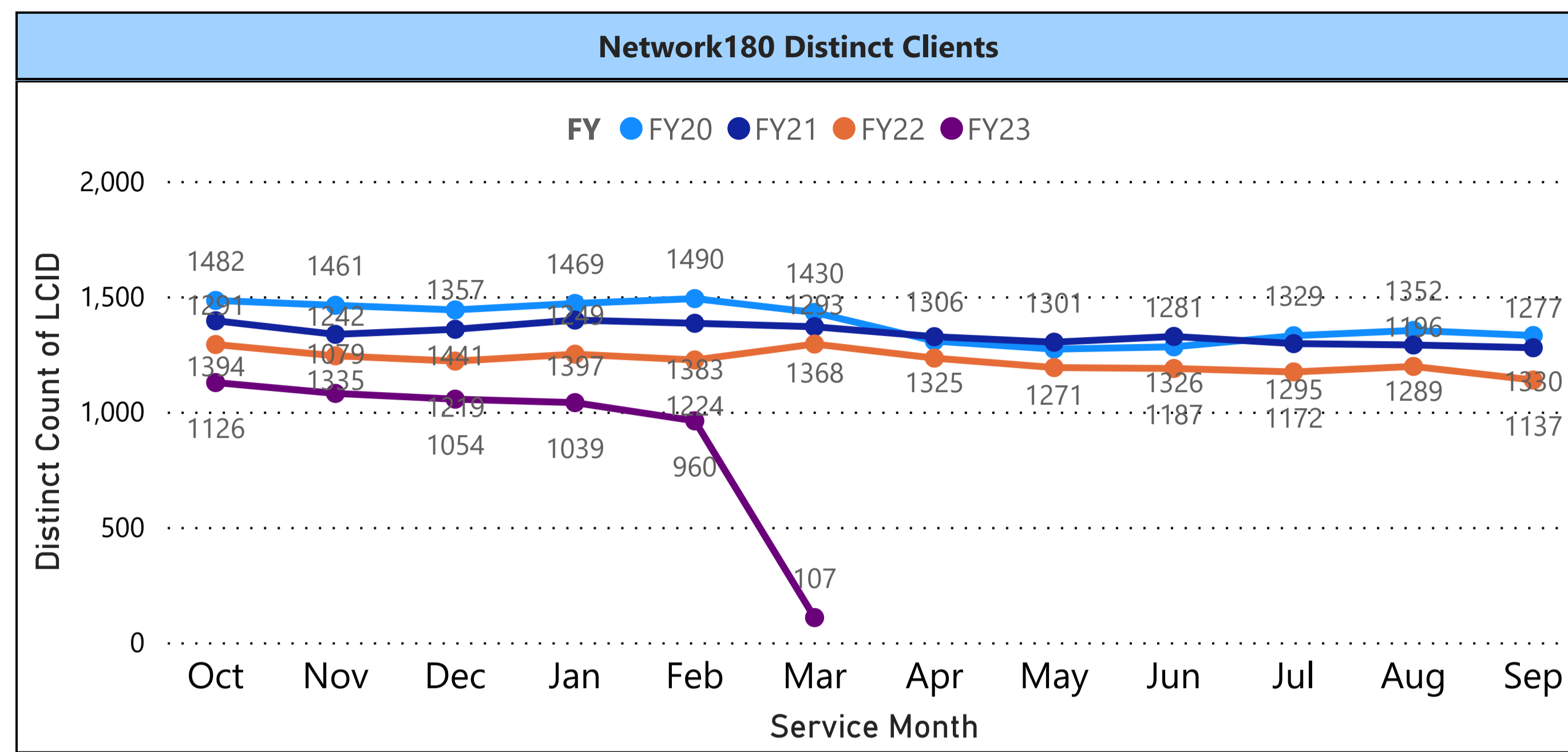


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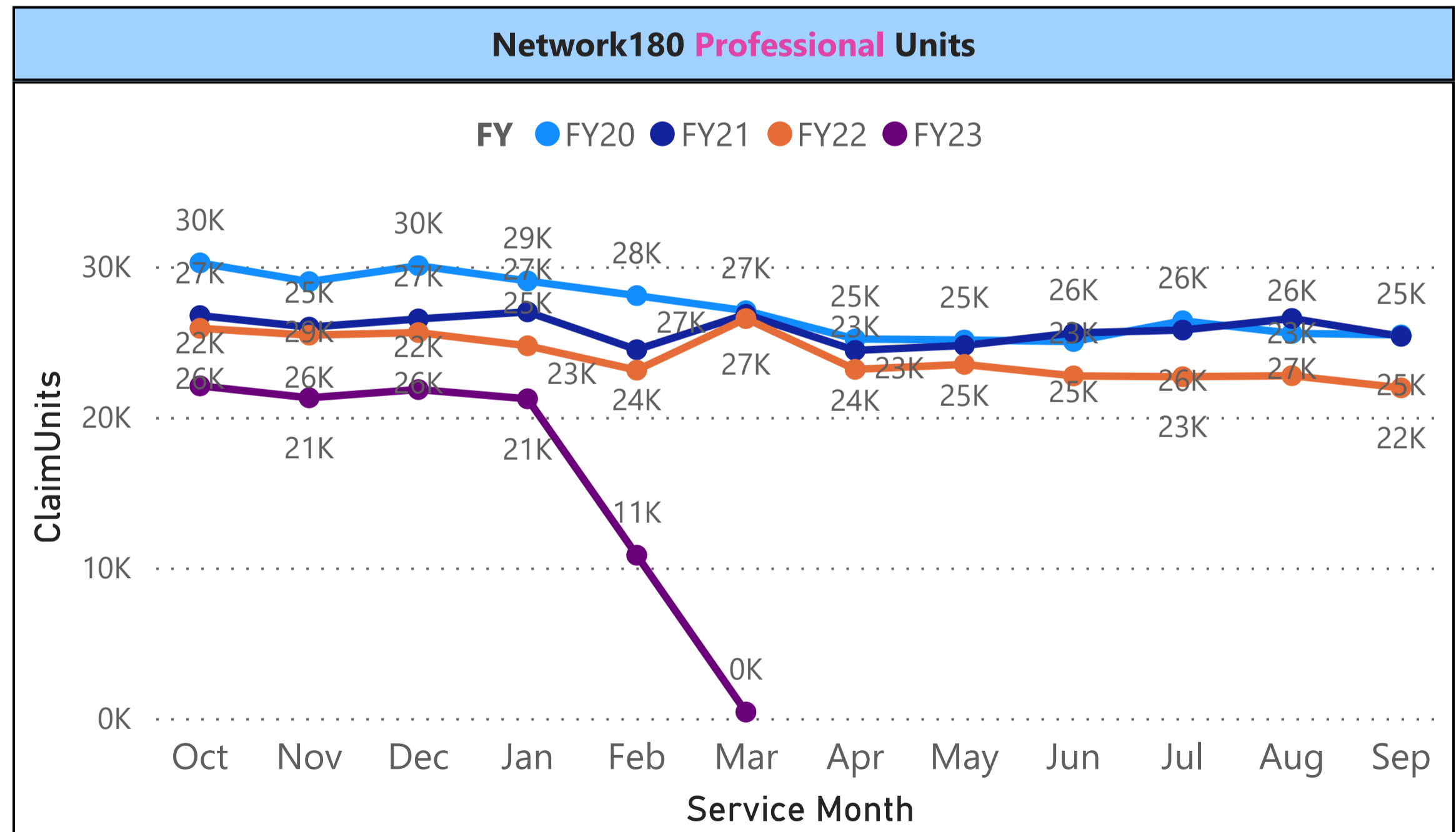
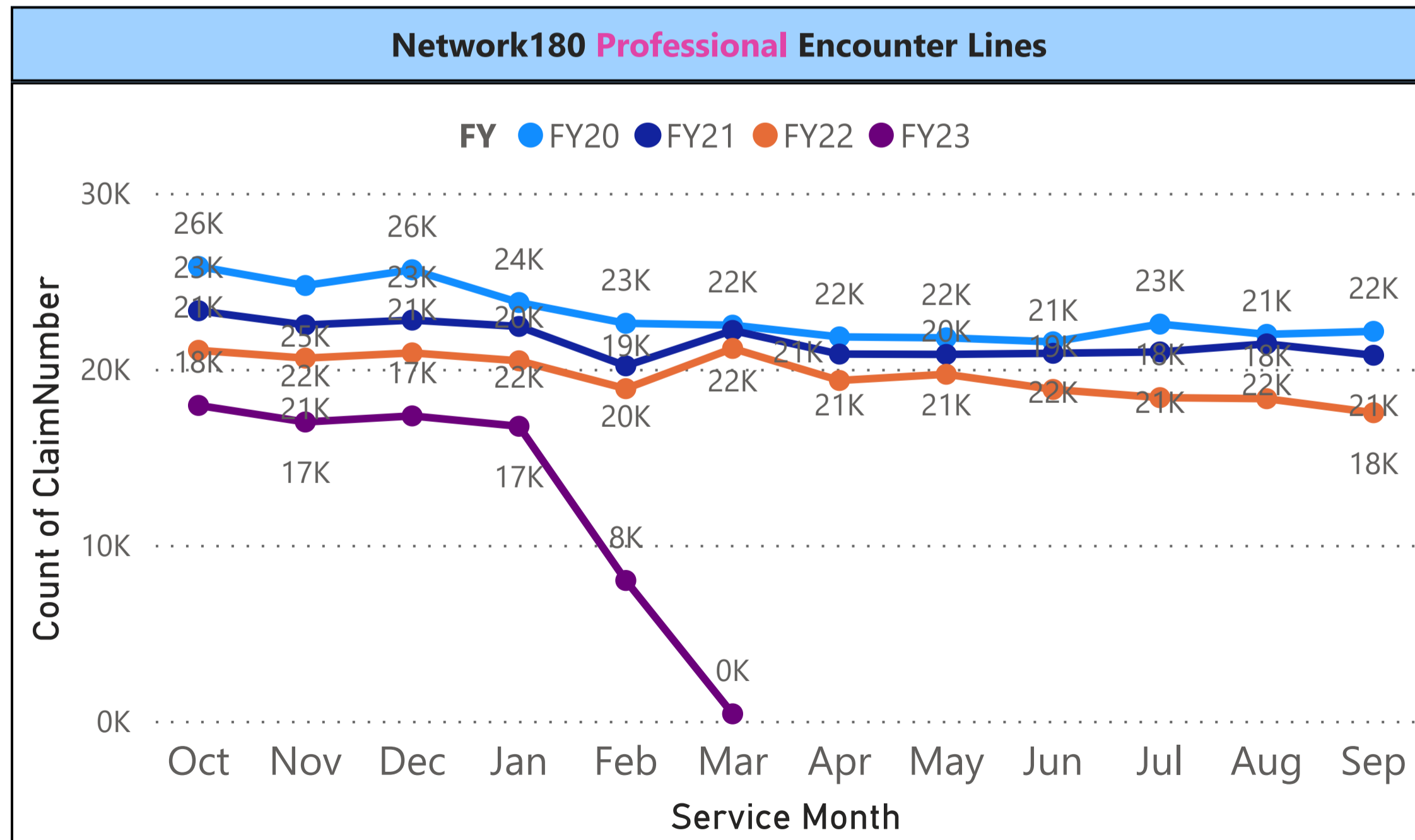


Network180 Substance Use Disorder



FY: All

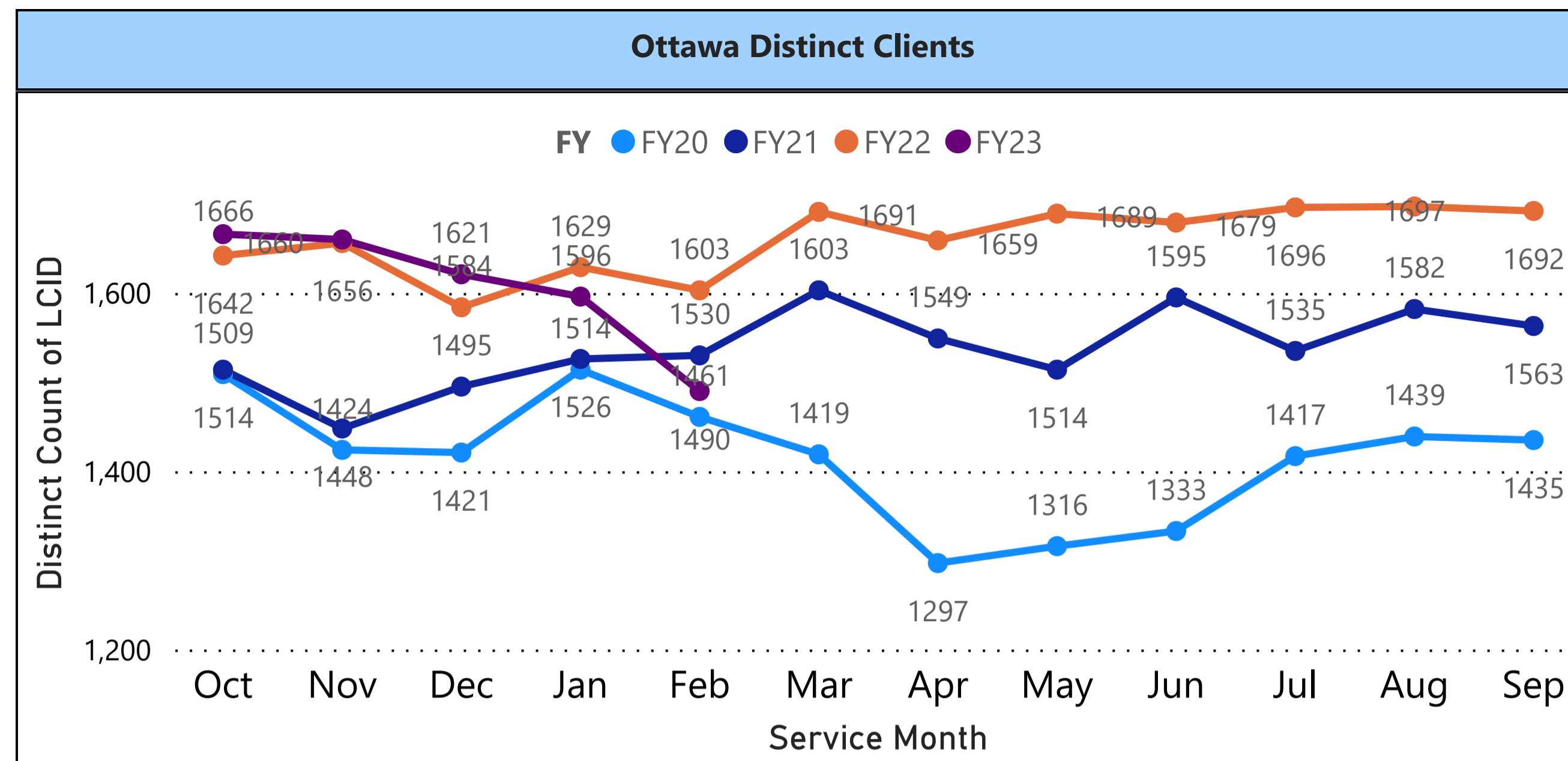
- Select all
- FY20
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- FY22
- FY23



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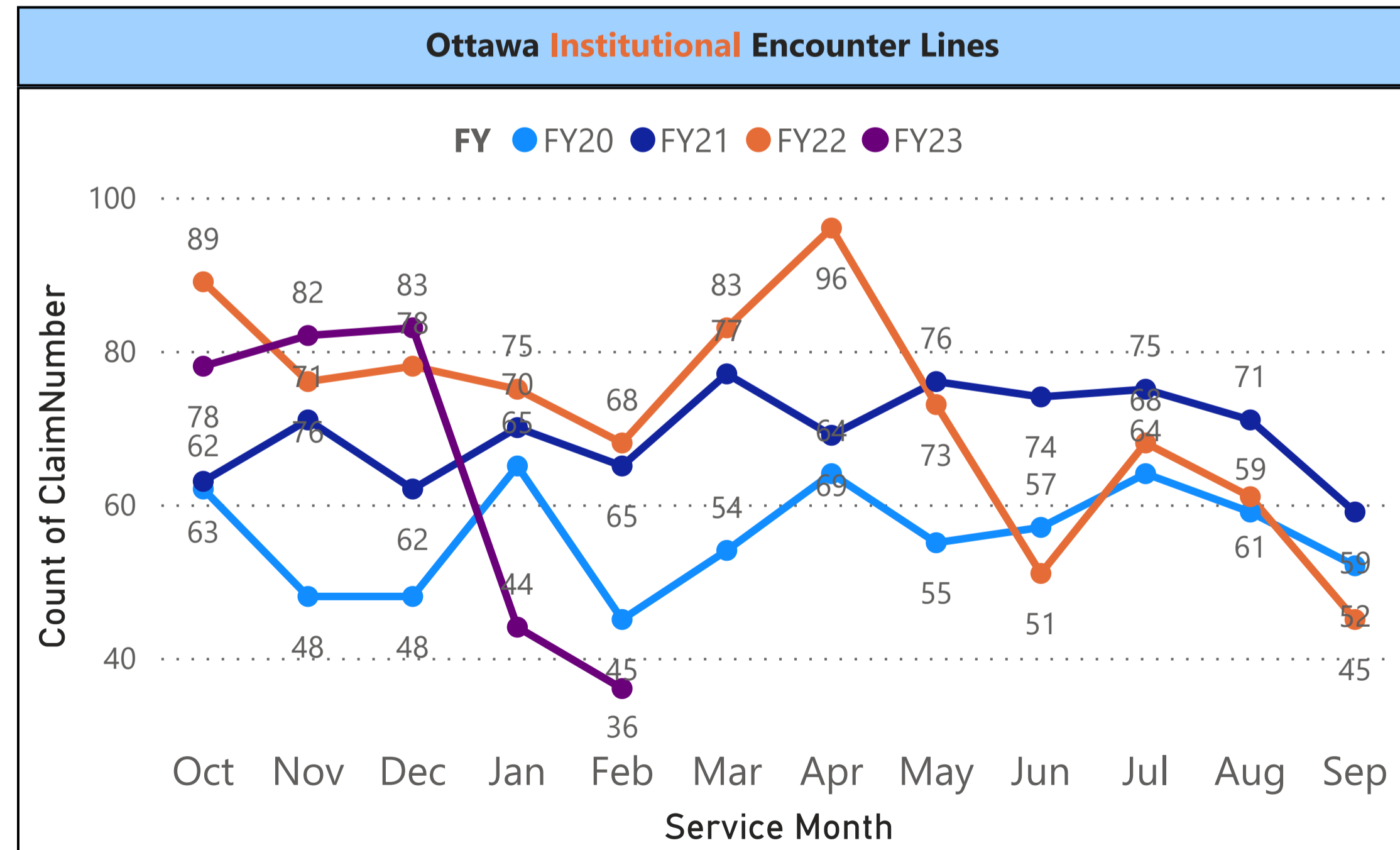
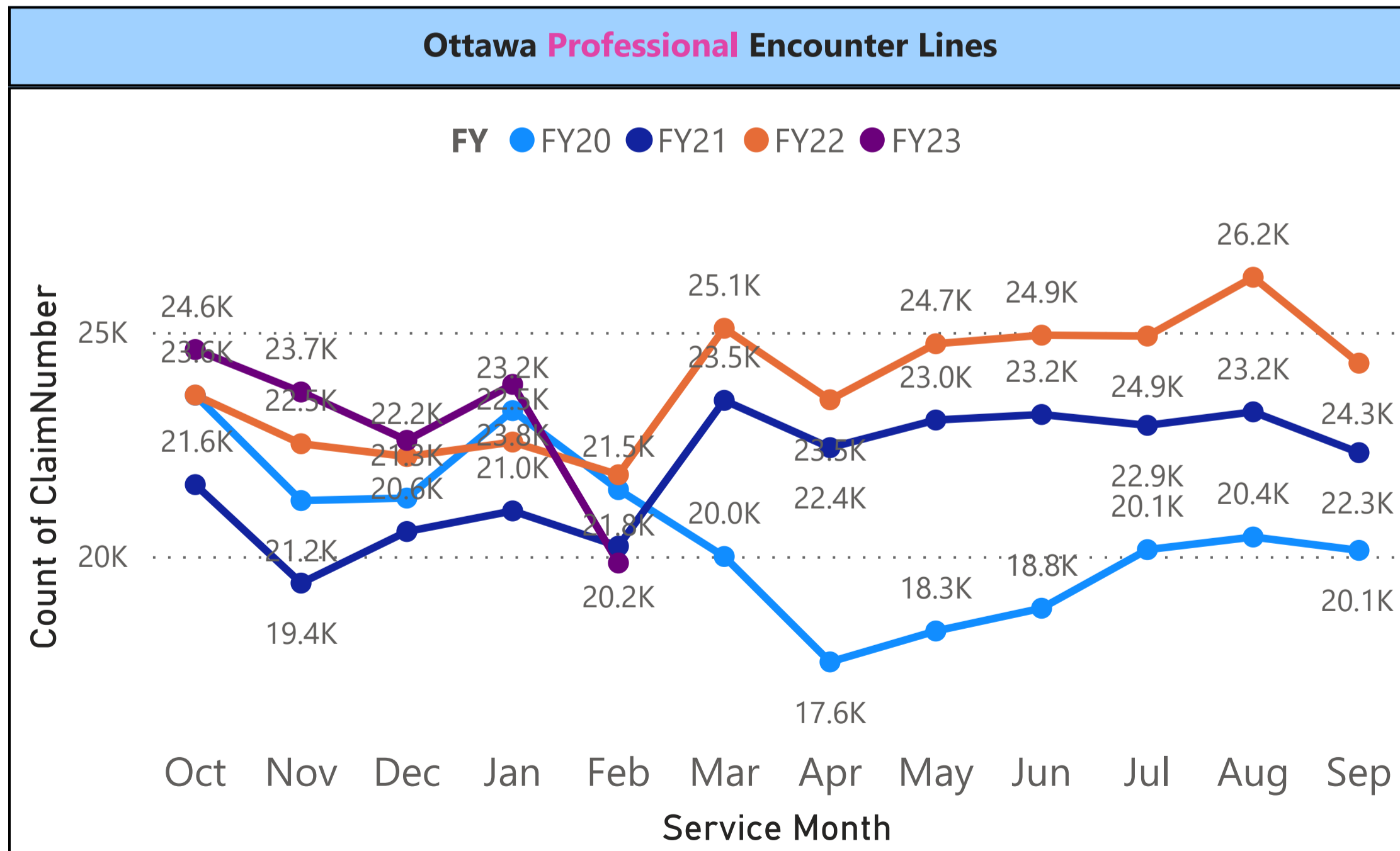
Latest ProcessDate

Ottawa Behavioral Health



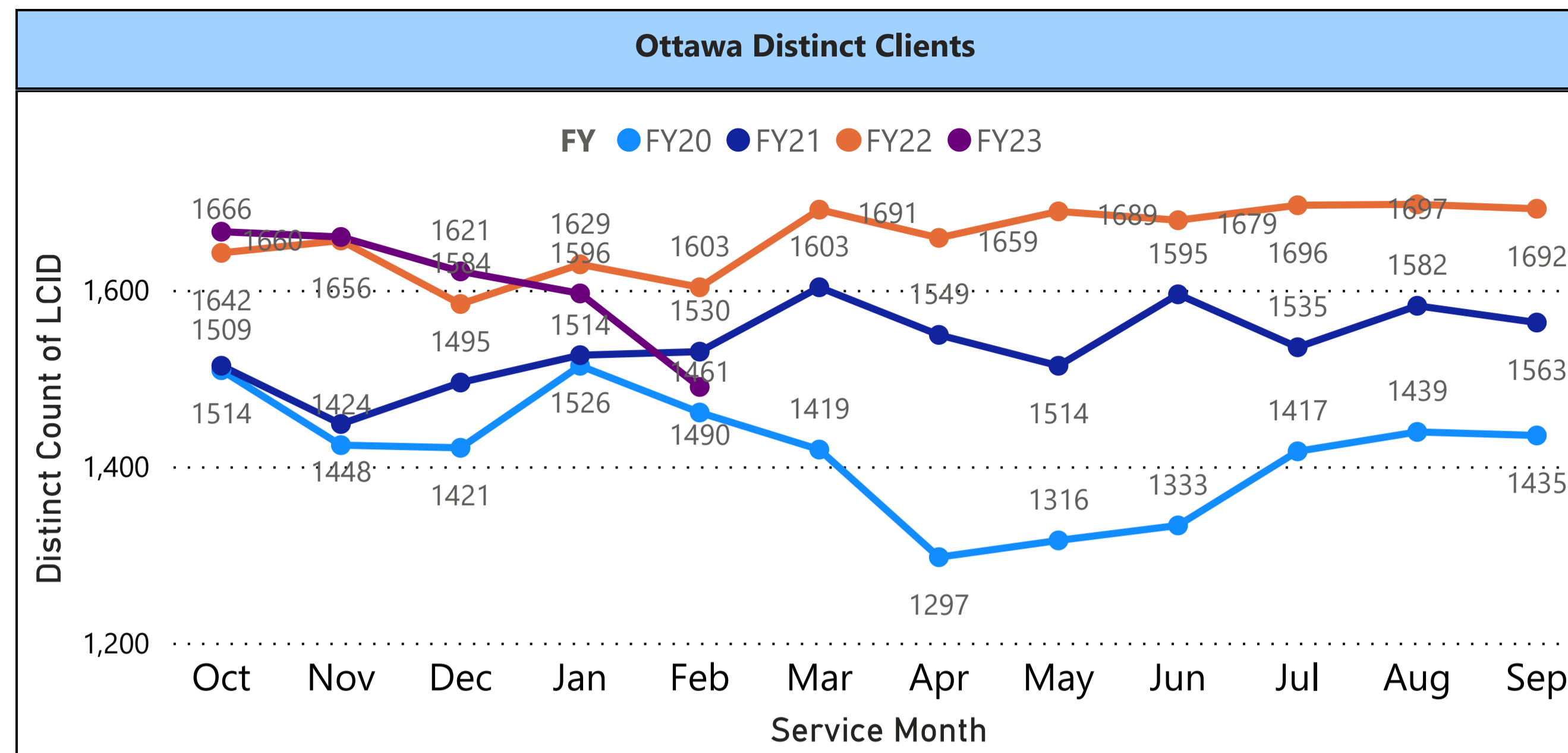
FY: All

- Select all
- FY20
- FY21
- FY22
- FY23



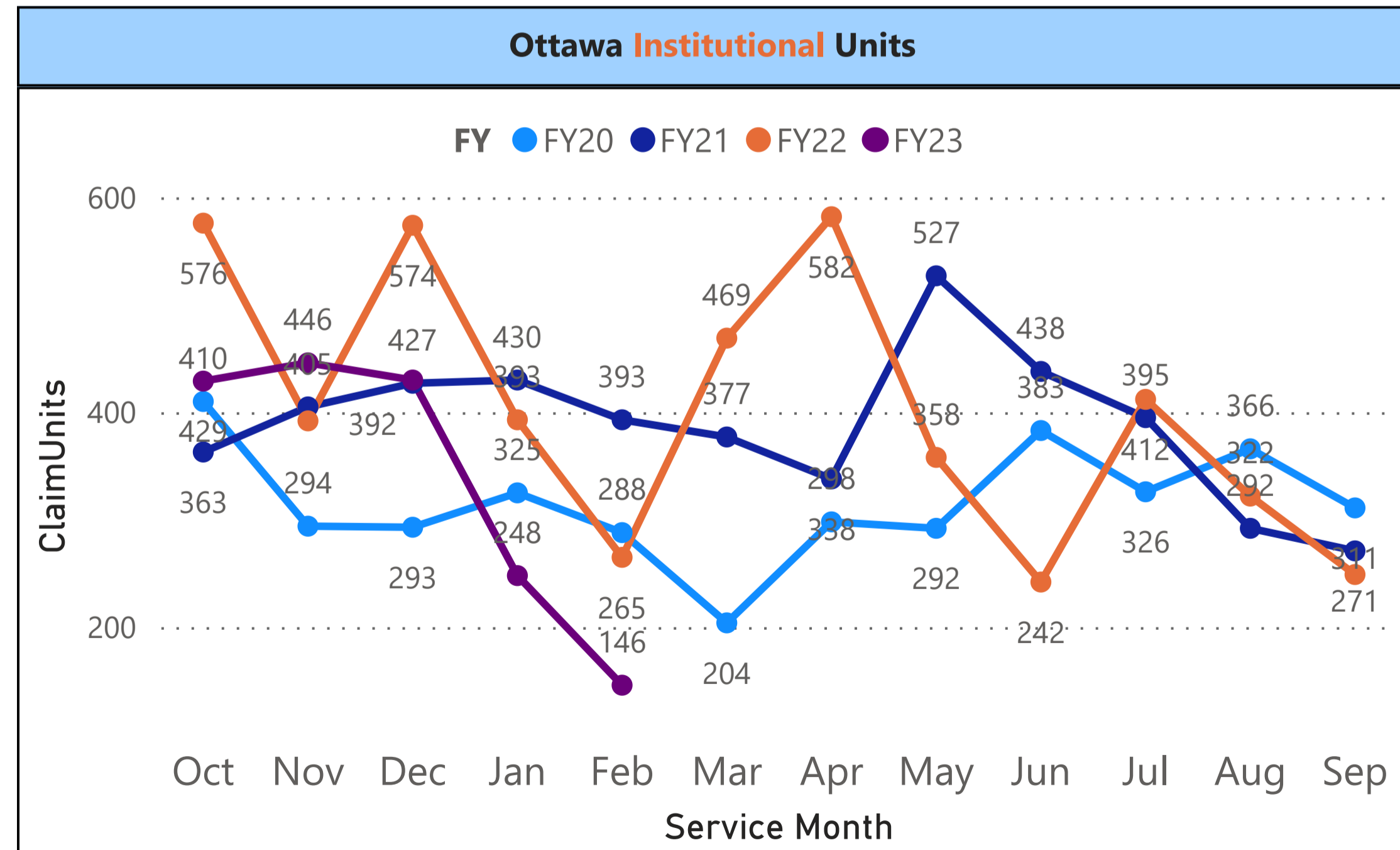
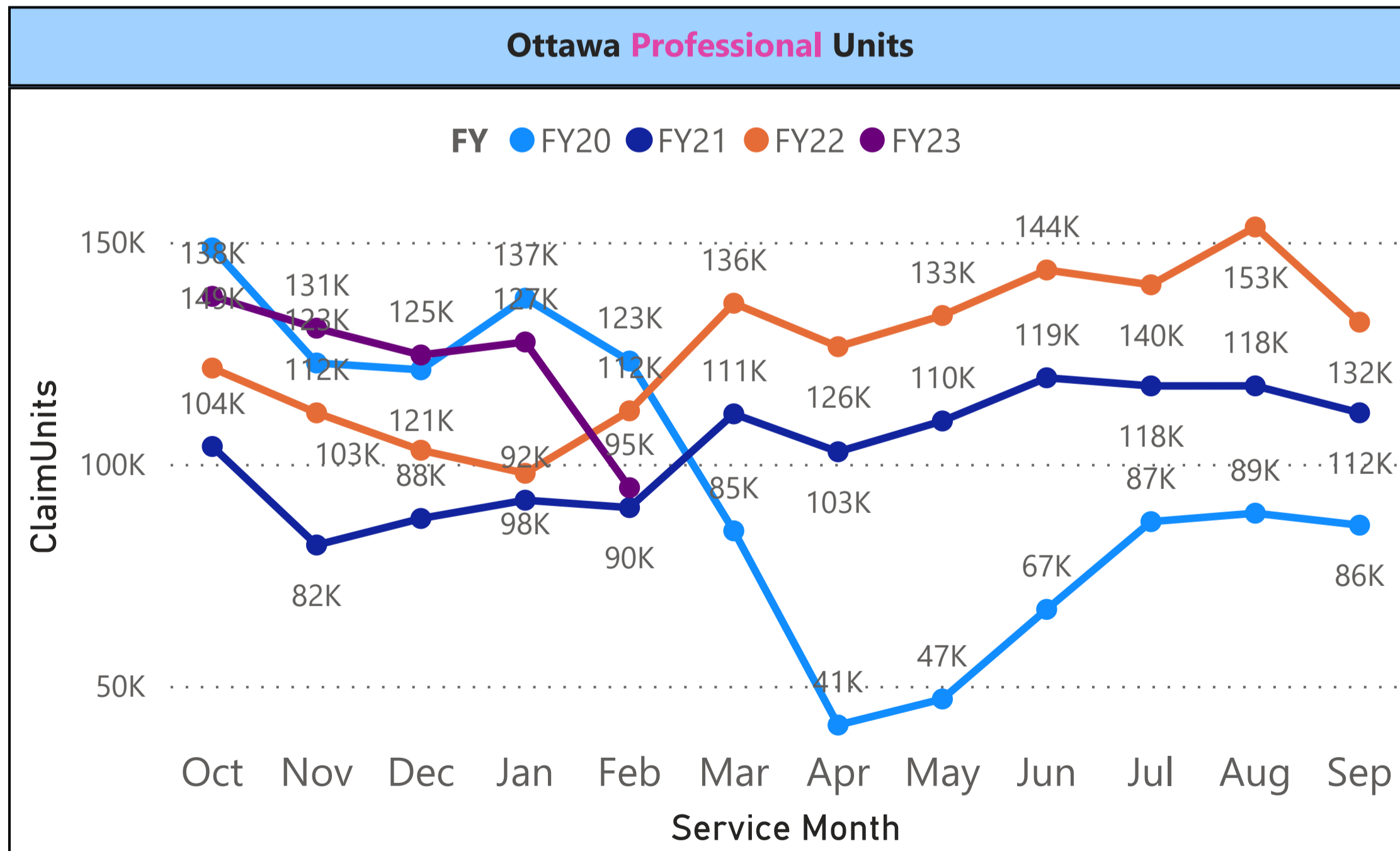


Ottawa Behavioral Health



FY: All

- Select all
- FY20
- FY21
- FY22
- FY23

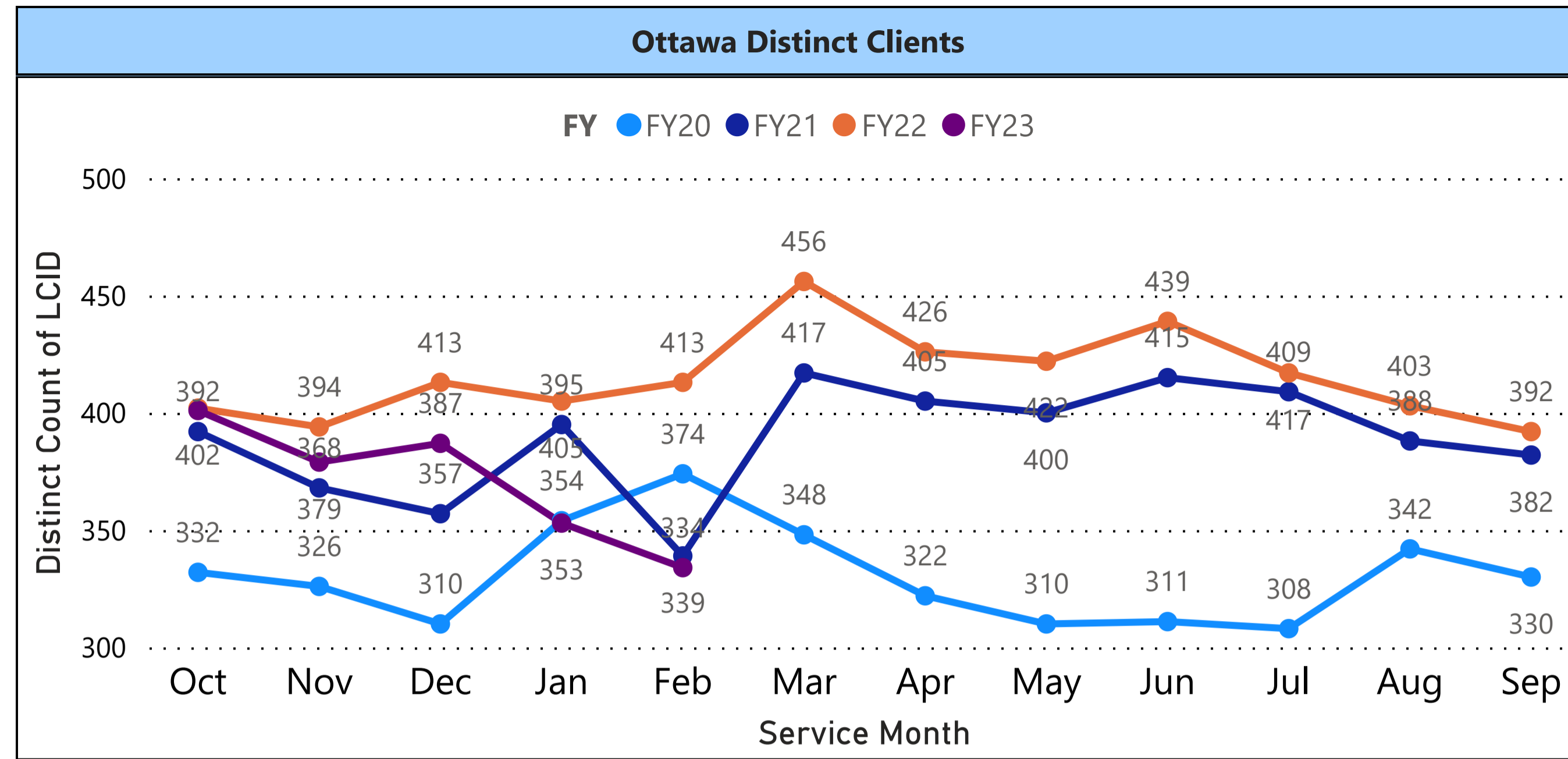


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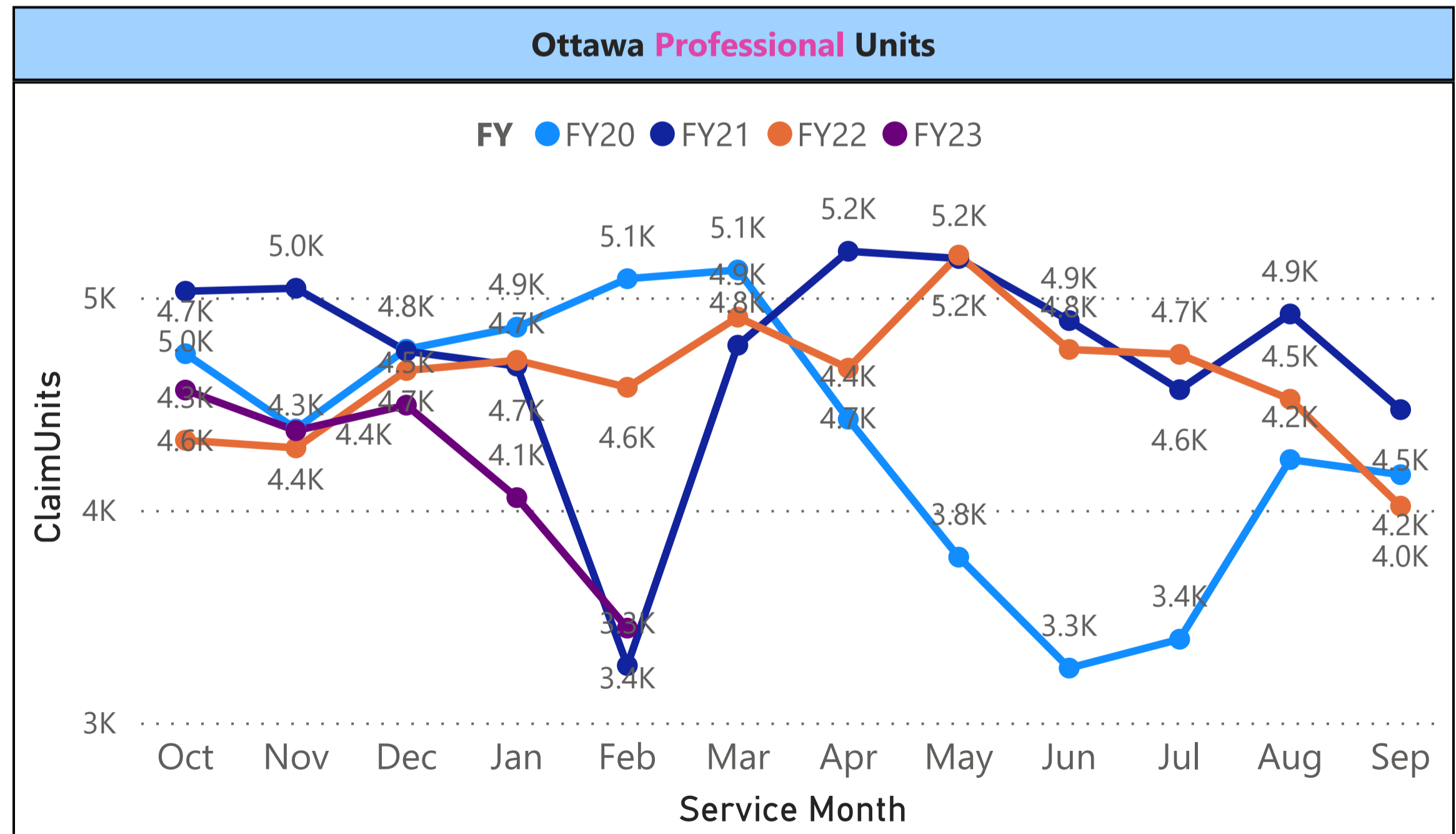
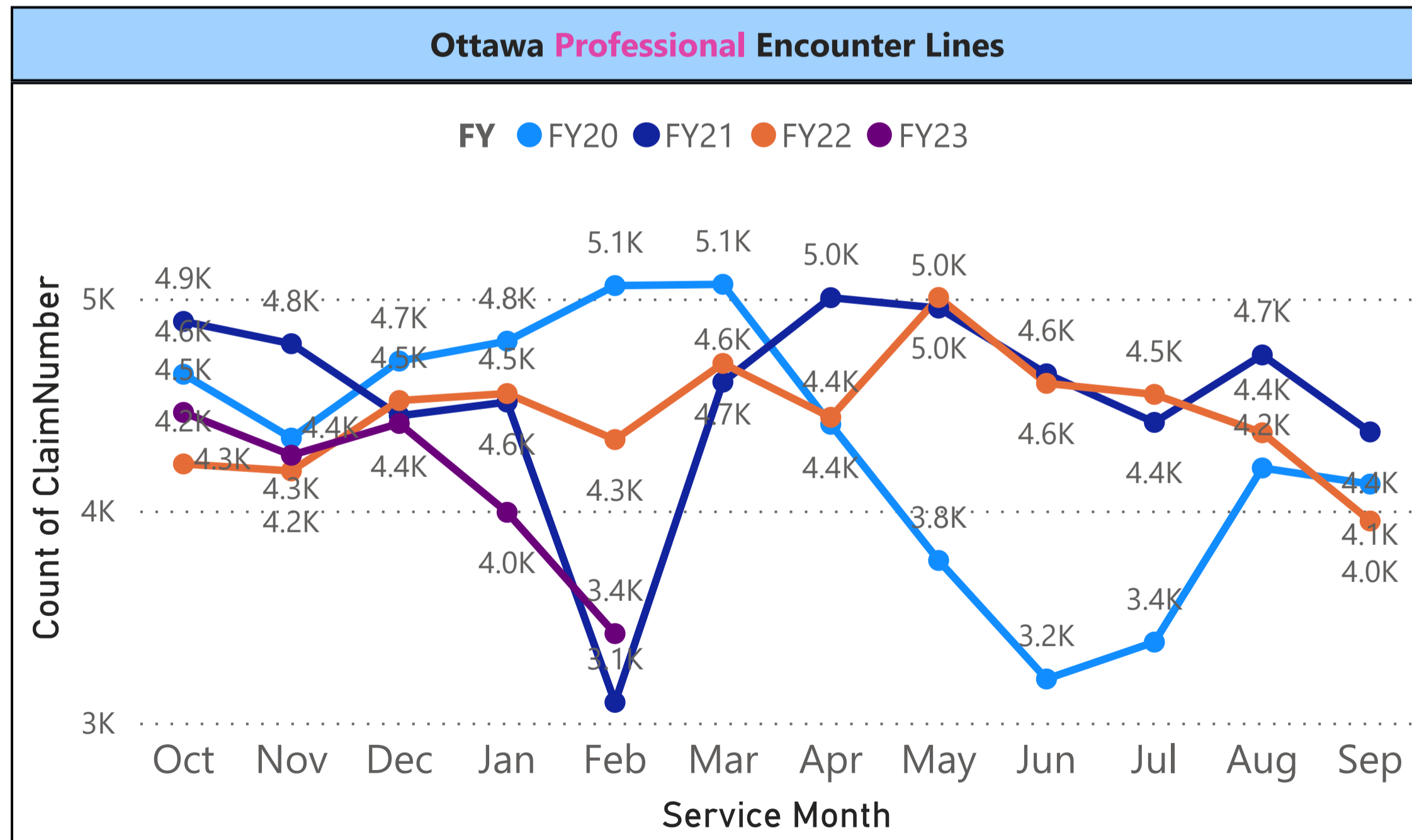


Ottawa Substance Use Disorder



FY: All

- Select all
- FY20
- FY21
- FY22
- FY23

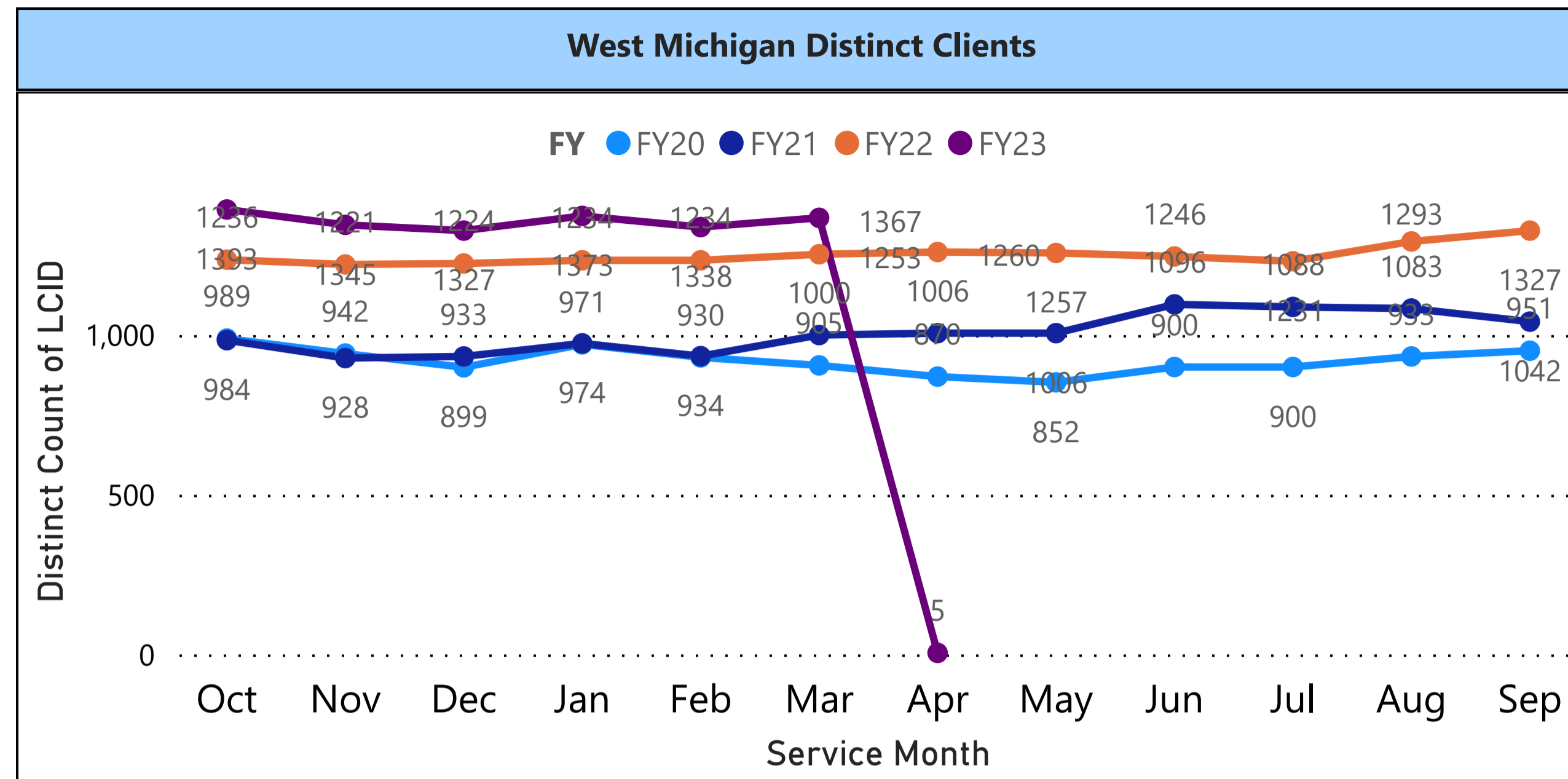


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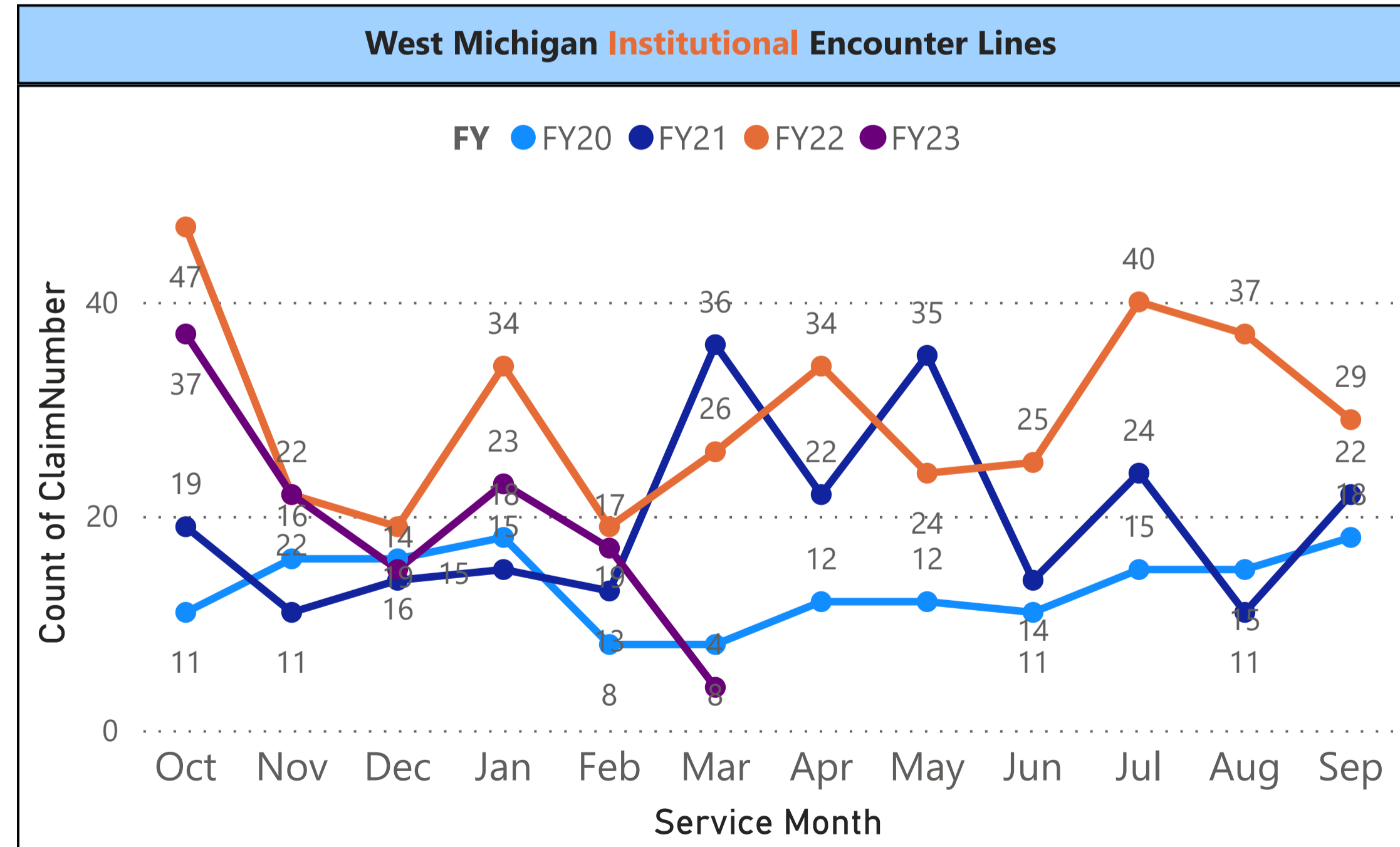
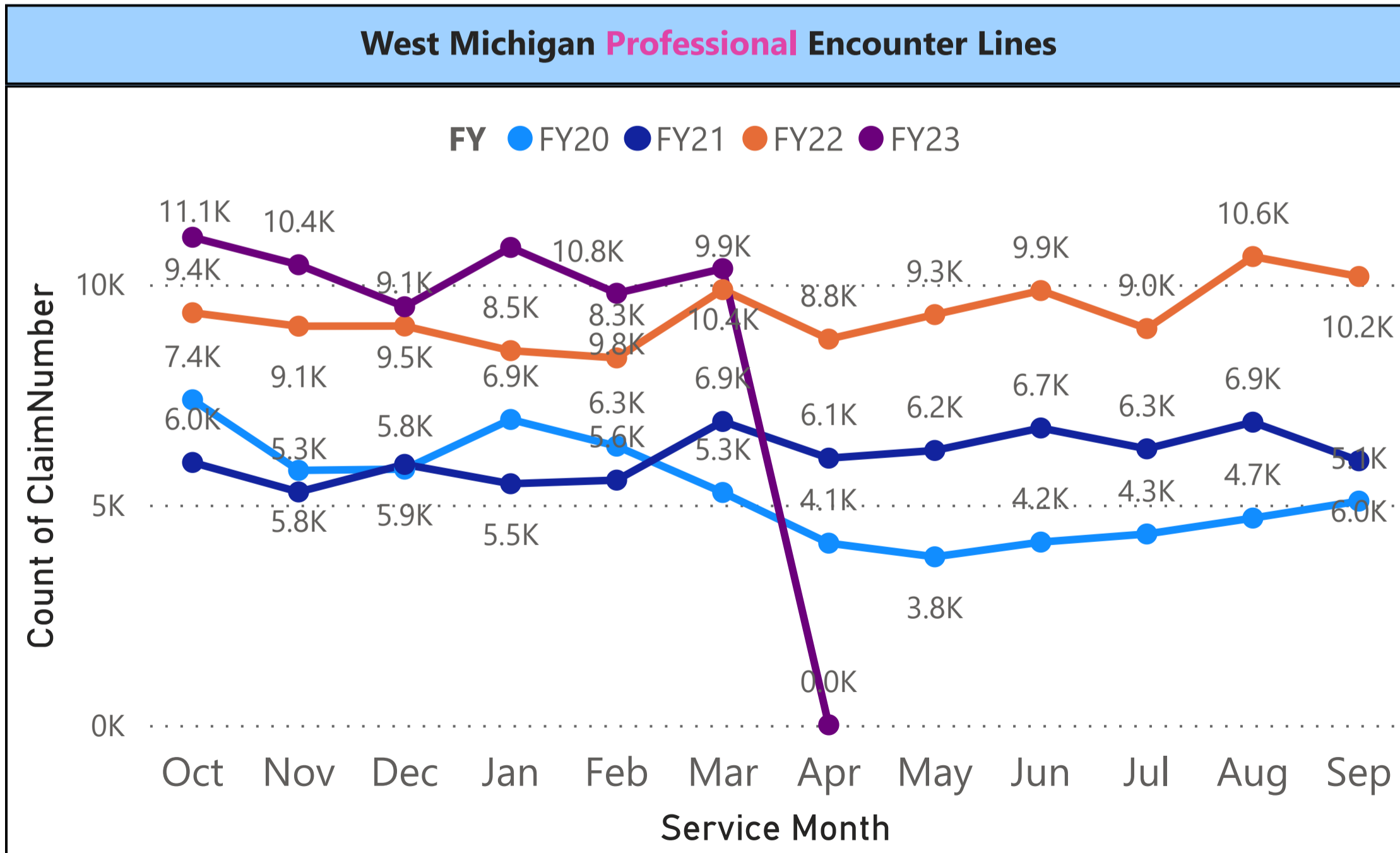


West Michigan Behavioral Health



FY: All

- Select all
- FY20
- FY21
- FY22
- FY23

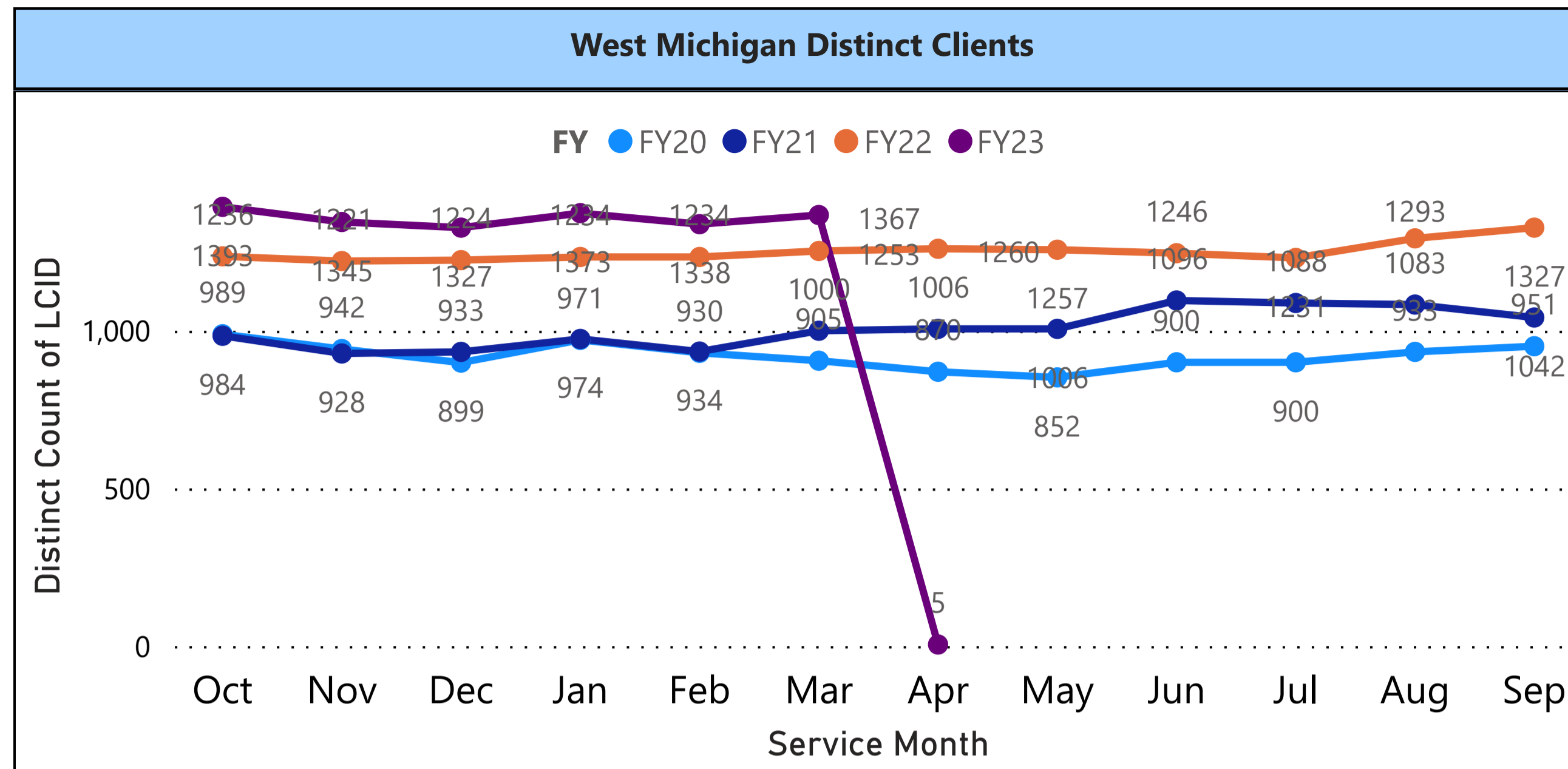


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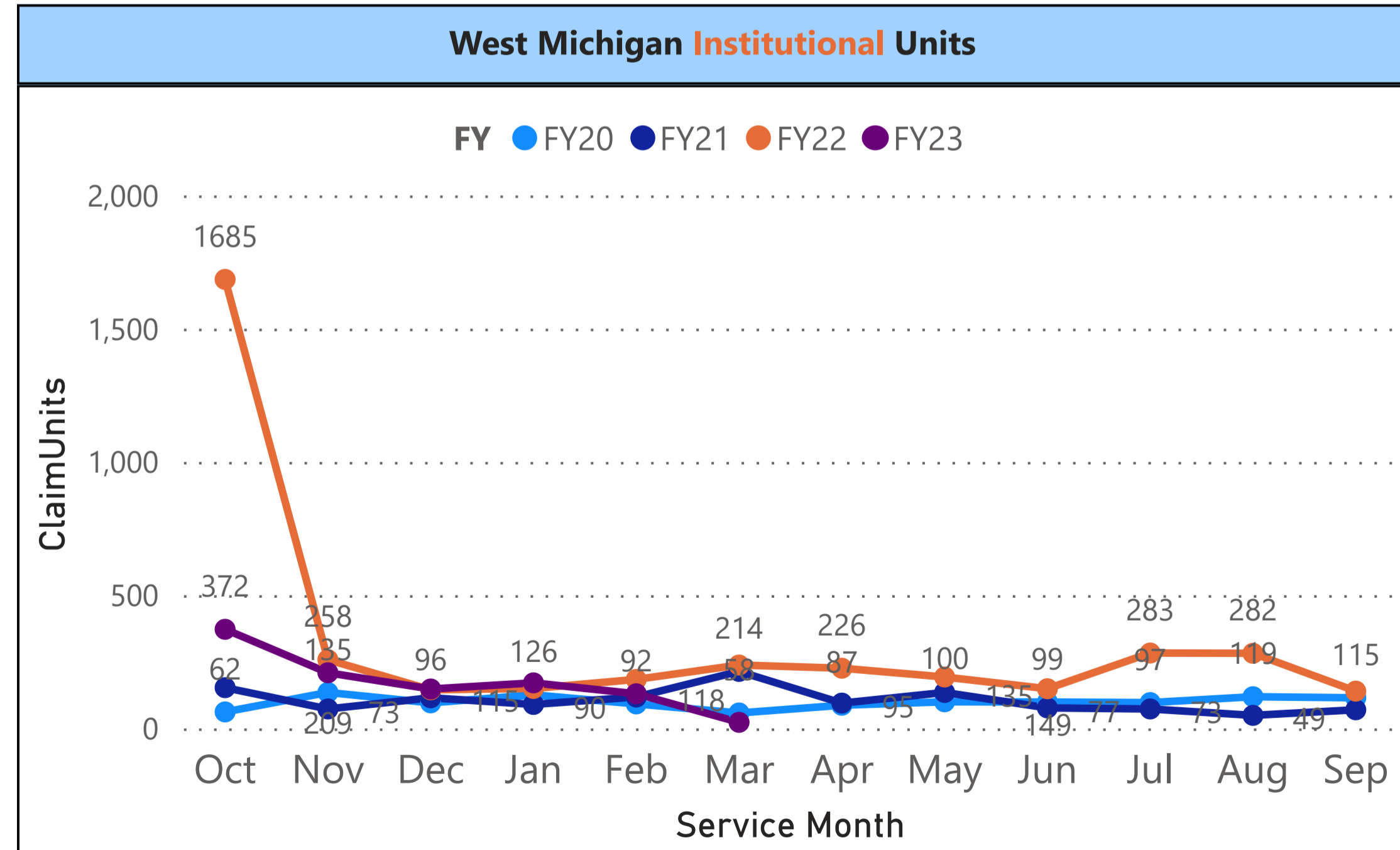
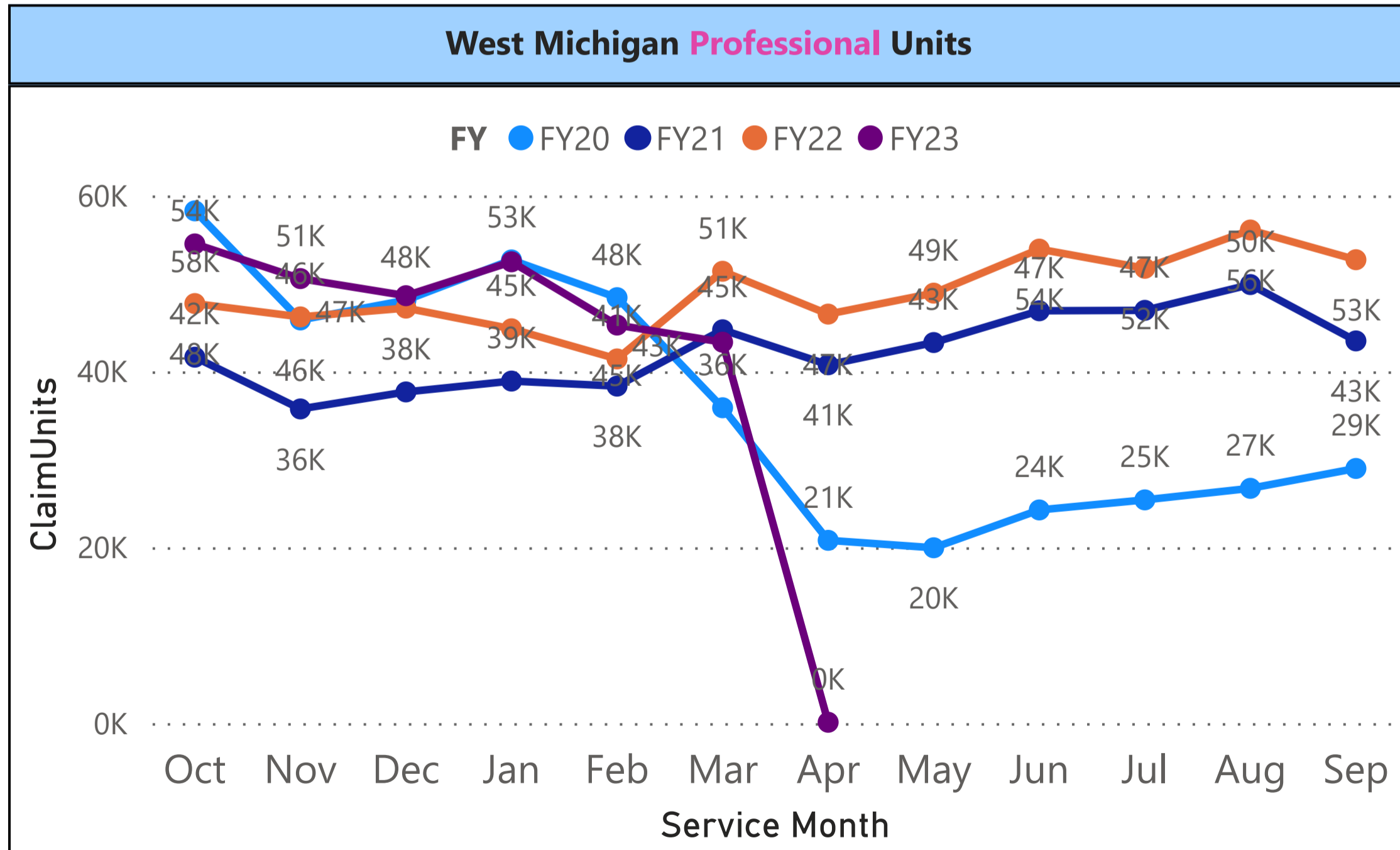


West Michigan Behavioral Health



FY: All

- Select all
- FY20
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- FY22
- FY23

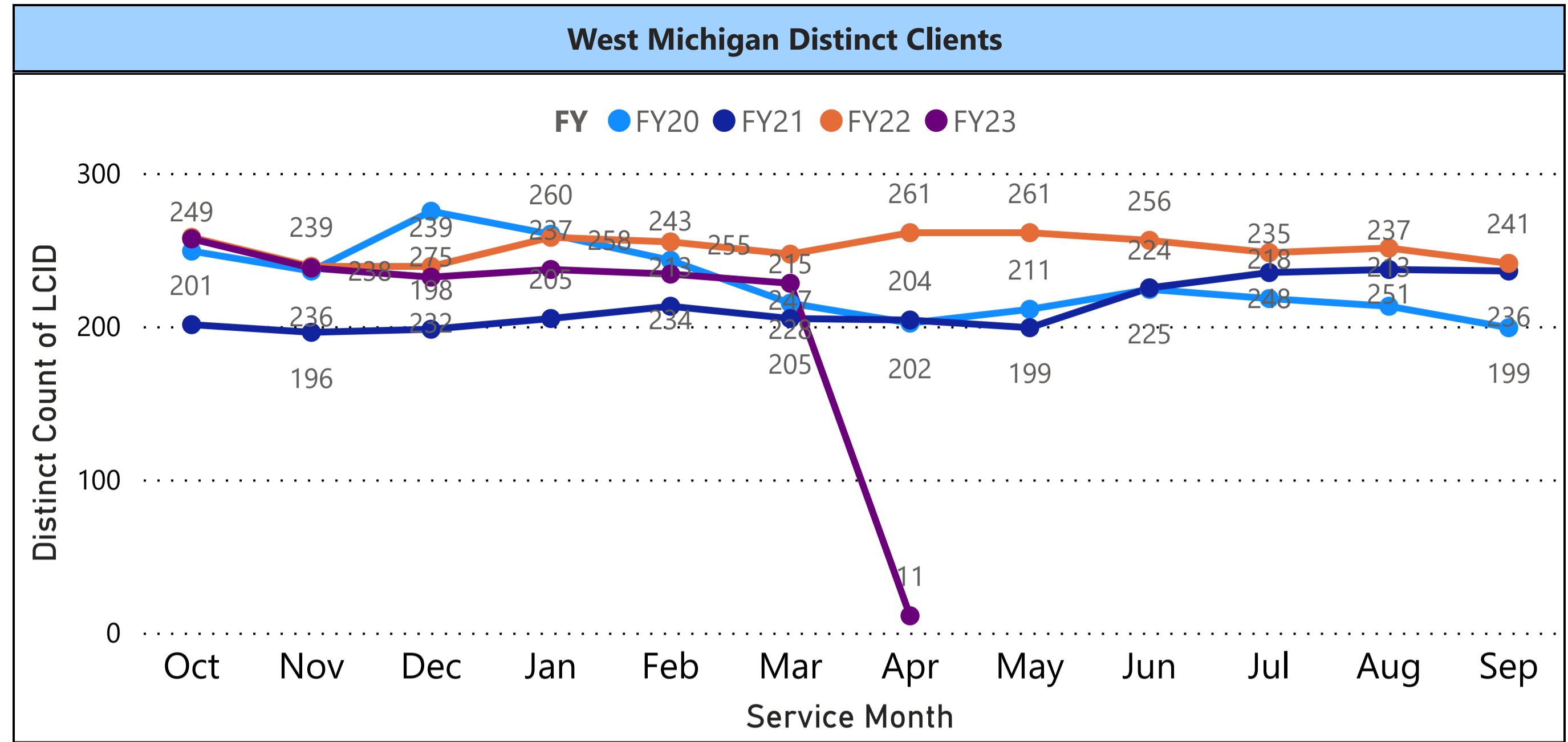


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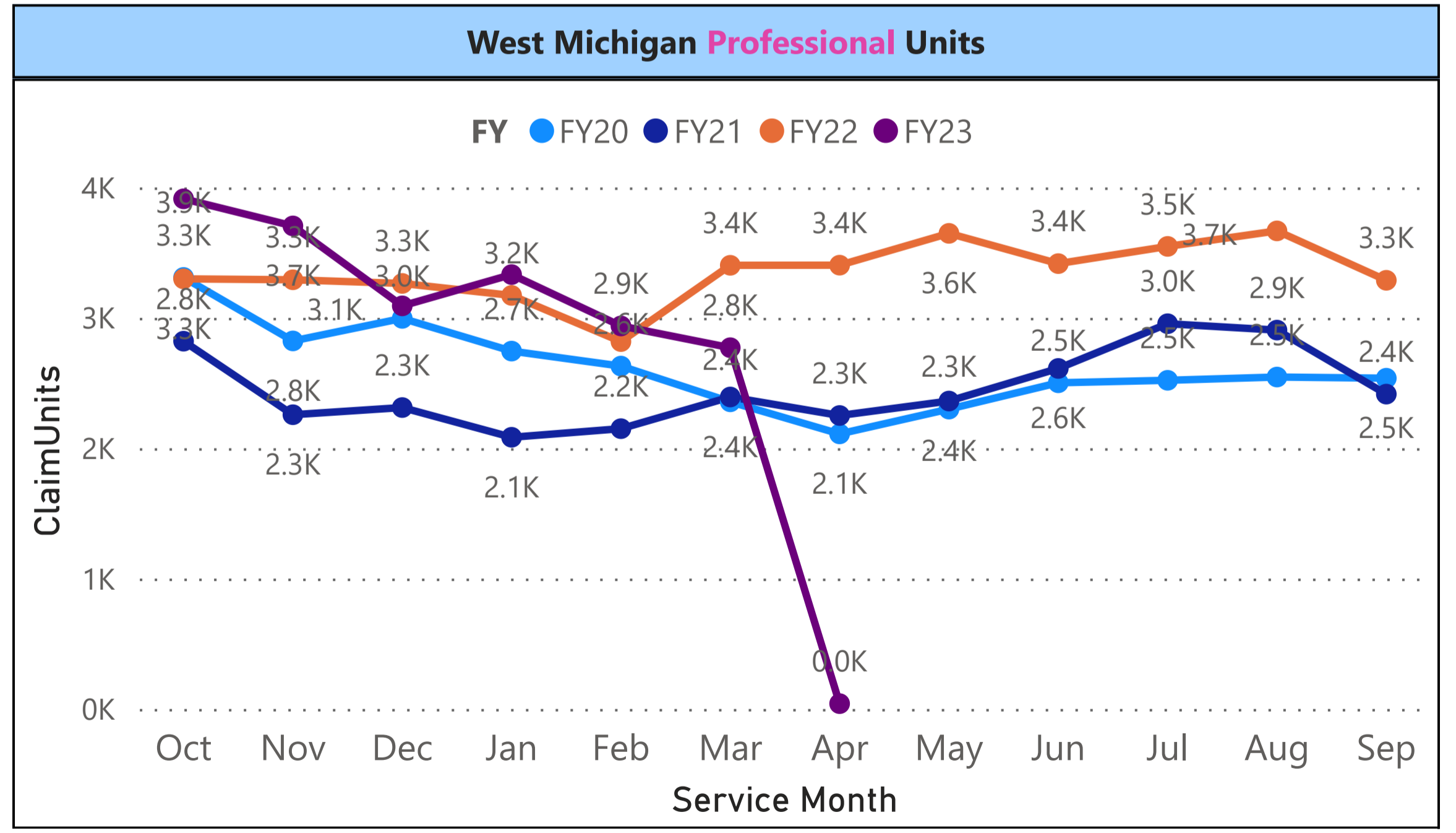
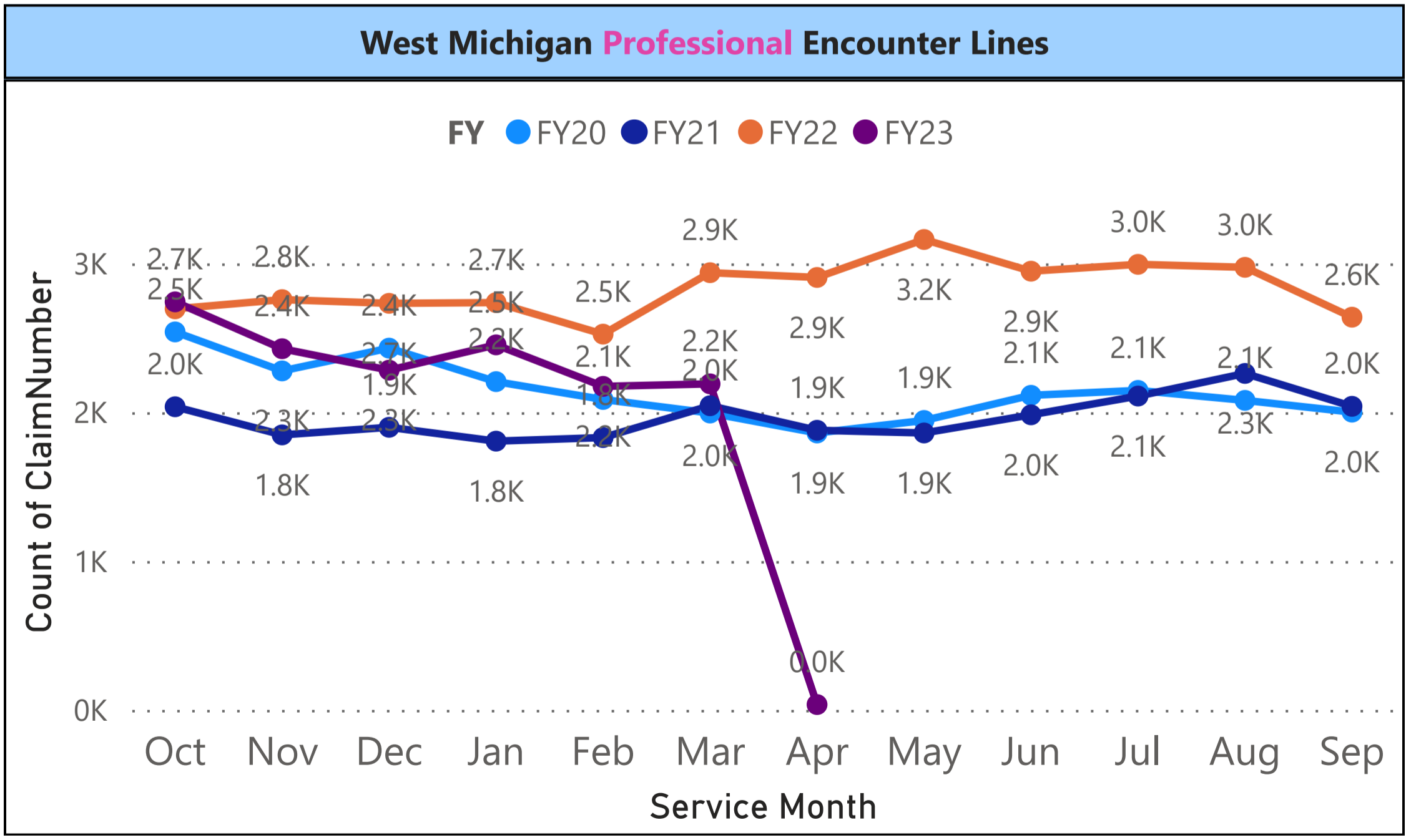


West Michigan Substance Use Disorder



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

Lakeshore Regional Entity Board Financial Officer Report for April 2023 4/20/2023

- **Disbursements Report** – A motion is requested to approve the March 2023 disbursements. A summary of those disbursements is included as an attachment.
- **Statement of Activities** – Report through February is included as an attachment. This is a preliminary report. Figures will change based on the final FY2022 financial statements due to accruals, other year-end entries, the external audit, and the CMHSP final FSRs.
- **LRE Combined Monthly FSR** – The February LRE Combined Monthly FSR Report is included as an attachment for March’s meeting. Expense projections, as reported by each CMHSP, are noted. An actual surplus through February of \$4.5 million, a projected annual surplus of \$8.4 million and a budgeted surplus of \$12.8 million regionally (Medicaid and HMP, excluding CCBHC) is shown in this month’s report. All CMHSPs have an actual surplus except Health West with an actual deficit of \$2.8 million and Network180 with an actual deficit of \$151 thousand. All CMHSPs have a projected surplus, except Network180 with a projected deficit of \$1.2 million. All CMHSPs have a budgeted surplus.

CCBHC activity is included in this month’s report showing an actual surplus of \$73 thousand, projected surplus of \$174 thousand and no budgeted surplus or deficit. The CCBHC activity is for the LRE only and does not reflect the activity at the CCBHC level due to different reporting requirements for the PIHP versus the CCBHC. This report was reviewed by Finance ROAT on April 19, 2023, and is expected to be reviewed by Operations Advisory Council on April 21, 2023. This reporting template is still a work in progress and changes throughout the year are anticipated.

- **Cash Flow Issues** – No Member CMHSP has reported any cash flow issues.

- ISF/Medicaid Savings Estimate –

ISF/Savings Estimates

FY2023

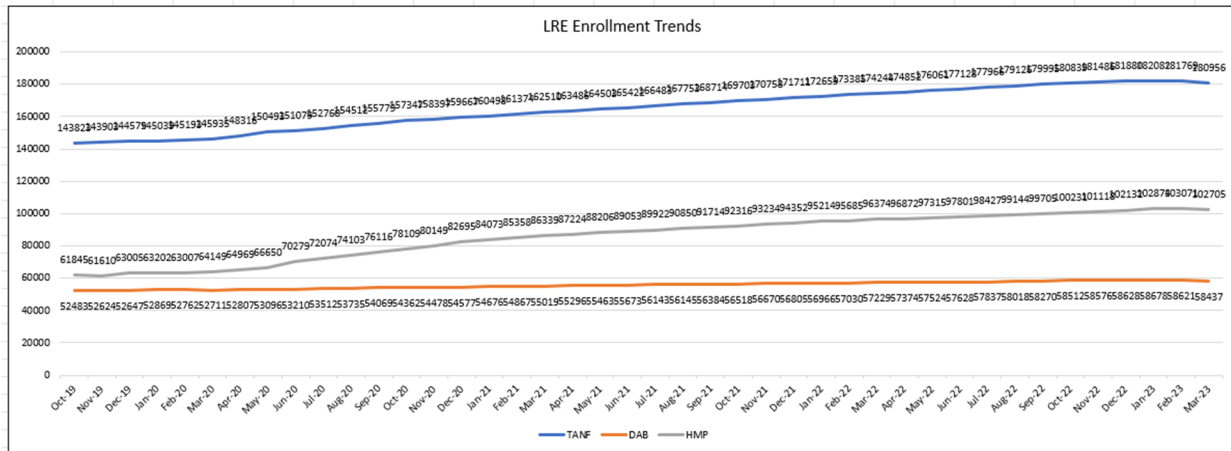
4/19/2023

Medicaid	Healthy Michigan Total		
\$ 23,016,692.00	\$ 5,233,397.00	\$ 28,250,089.00	Projected FY22 ISF Ending Balance
\$ 9,024,818.00	\$ 9,808,574.00	\$ 18,833,392.00	Projected FY22 Savings Ending Balance
\$ 2,539,600.00	\$ (711,175.00)	\$ 1,828,425.00	Projected FY23 ISF Contribution
\$ (4,712,274.00)	\$ 11,237,488.00	\$ 6,525,214.00	Projected FY23 Savings Contribution
\$ 29,868,836.00	\$ 25,568,284.00	\$ 55,437,120.00	Total Projected FY23 ISF/Savings Ending Balance
\$ 25,556,292.00	\$ 4,522,222.00	\$ 30,078,514.00	Total Projected FY23 ISF Ending Balance
\$ 25,586,707.00	\$ 4,491,807.00	\$ 30,078,514.00	7.5% ISF Maximum Allowable Funding
\$ (30,415.00)	\$ 30,415.00	\$ -	ISF Over (Under) Maximum
		\$ 25,358,606.00	Total Projected FY23 Savings Ending Balance +
		\$ 20,152,604.38	5% Savings Maximum Allowable Funding (Band 1)
		\$ 9,925,909.62	2.5% Savings Maximum Allowable Funding (Band 2)
		\$ 30,078,514.00	Total Savings Maximum Allowable Funding
		\$ (4,719,908.00)	Savings Over (Under) Maximum
		\$ 55,437,120.00	Total Projected ISF/Savings FY23 Ending Balance
		\$ 60,157,028.00	Maximum Allowable Funding
		\$ (4,719,908.00)	ISF/Savings Over (Under) Maximum

- FY 2023 Revenue Projections** – Updated revenue and membership projections by program and CMHSP are below. The FY23 March revenue projection includes an overall increase of approximately \$570,479 from the February projections. The increased revenue is primarily due to an increase in the current month payments received for DAB and TANF membership. Additionally, all Retro Revenues are credited in the current fiscal year.

FY 2023 Revenue Projection														
Total LRE						CMHSPs Breakdown								
FY 22 Budget Projection	FY 23 Initial Budget Projection	FY22 to FY23 Initial Change	FY22 to FY23 Initial % Change	FY23 Current Budget Projection	FY22 to FY23 Current Change	FY22 to FY23 Current % Change	FY23 Initial to Current Change	FY23 Initial to Current %Change	FY 22 Budget Projection	FY 23 Initial Budget Projection	FY23 Current Budget Projection	Change		
MCD - MH	\$ 213,135,026	\$ 230,503,748	\$ 17,368,722	8.15%	\$ 230,903,092	\$ 17,768,066	8.34%	\$ 399,344	0.17%	Allegan	\$ 18,459,689	\$ 18,969,153	\$ 19,174,269	\$ 205,116
MCD - SUD	\$ 8,189,247	\$ 8,922,063	\$ 732,815	8.95%	\$ 10,018,980	\$ 1,829,732	22.34%	\$ 1,096,917	12.29%	Healthwest	\$ 43,665,225	\$ 46,816,052	\$ 46,792,339	\$ (23,733)
HMP - MH	\$ 32,718,689	\$ 35,267,839	\$ 2,549,150	7.79%	\$ 38,950,248	\$ 6,231,558	19.05%	\$ 3,682,409	10.44%	Network180	\$ 106,890,686	\$ 117,079,439	\$ 117,088,772	\$ 9,334
HMP - SUD	\$ 18,646,066	\$ 20,373,667	\$ 1,727,601	9.27%	\$ 19,406,712	\$ 760,646	4.08%	\$ (966,954)	-4.75%	Ottawa	\$ 28,593,576	\$ 30,887,650	\$ 31,224,093	\$ 3,336,443
Autism	\$ 41,587,466	\$ 44,763,182	\$ 3,175,717	7.64%	\$ 43,704,514	\$ 2,117,048	5.09%	\$ (1,058,669)	-2.37%	West Michigan	\$ 15,525,850	\$ 16,751,454	\$ 16,623,619	\$ (127,836)
Waiver	\$ 41,989,313	\$ 46,509,162	\$ 4,519,850	10.76%	\$ 44,738,951	\$ 2,749,638	6.55%	\$ (1,770,213)	-3.81%	Total MCD - MH	\$ 213,135,026	\$ 230,503,748	\$ 230,903,092	\$ 399,344
LRE Admin	\$ 12,451,370	\$ 8,451,024	\$ (4,000,346)	-32.13%	\$ 13,922,556	\$ 1,471,186	11.82%	\$ 5,471,532	64.74%	MCD - SUD				
ISF	\$ 28,393,407	\$ -	\$ (28,393,407)	-100.00%	\$ -	\$ (28,393,407)	-100.00%	\$ -		Allegan	\$ 671,848	\$ 730,726	\$ 813,843	\$ 83,117
IPA	\$ 4,711,498	\$ 4,902,840	\$ 191,342	4.06%	\$ 5,017,986	\$ 306,488	6.51%	\$ 115,146	2.35%	Healthwest	\$ 1,749,475	\$ 1,897,354	\$ 2,135,699	\$ 239,345
Total Region	\$ 401,822,082	\$ 399,693,525	\$ (2,128,557)	-0.53%	\$ 406,663,038	\$ 4,840,956	1.20%	\$ 6,969,513	1.74%	Network180	\$ 4,108,629	\$ 4,481,652	\$ 5,034,786	\$ 553,133
Total CMHSPs														
FY 22 Budget Projection	FY 23 Initial Budget Projection	FY22 to FY23 Initial Change	FY22 to FY23 Initial % Change	FY23 Current Budget Projection	FY22 to FY23 Current Change	FY22 to FY23 Current % Change	FY23 Initial to Current Change	FY23 Initial to Current %Change	FY 22 Budget Projection	FY 23 Initial Budget Projection	FY23 Current Budget Projection	Change		
Allegan	\$ 31,638,150	\$ 34,101,811	\$ 2,463,661	7.79%	\$ 34,393,422	\$ 2,755,272	8.71%	\$ 291,611	0.86%	Ottawa	\$ 1,038,301	\$ 1,138,491	\$ 1,278,726	\$ 140,236
Healthwest	\$ 70,488,581	\$ 80,471,573	\$ 10,032,992	14.24%	\$ 80,663,388	\$ 10,224,808	14.52%	\$ 191,815	0.24%	West Michigan	\$ 620,994	\$ 673,840	\$ 754,926	\$ 81,686
Network180	\$ 180,590,423	\$ 190,822,853	\$ 10,232,430	5.67%	\$ 191,282,655	\$ 10,692,233	5.92%	\$ 459,803	0.24%	Total MCD - SUD	\$ 1,038,247	\$ 1,822,063	\$ 10,018,980	\$ 1,096,917
Ottawa	\$ 49,281,634	\$ 53,873,029	\$ 4,591,395	9.32%	\$ 54,309,038	\$ 5,027,404	10.20%	\$ 436,009	0.81%	HMP - MH				
West Michigan	\$ 24,317,020	\$ 27,070,395	\$ 2,753,376	11.32%	\$ 27,073,992	\$ 2,756,972	11.34%	\$ 3,596	0.01%	Allegan	\$ 2,508,410	\$ 2,697,512	\$ 2,958,062	\$ 260,550
Total CMHSPs	\$ 356,265,807	\$ 386,339,661	\$ 30,073,854	8.44%	\$ 387,722,496	\$ 31,456,689	8.83%	\$ 1,382,835	0.36%	Healthwest	\$ 6,590,924	\$ 7,106,018	\$ 7,724,832	\$ 618,814
									Network180	\$ 16,644,528	\$ 17,310,233	\$ 19,885,192	\$ 1,974,598	
									Ottawa	\$ 4,645,779	\$ 5,066,277	\$ 5,565,825	\$ 599,548	
									West Michigan	\$ 2,329,049	\$ 2,487,798	\$ 2,716,337	\$ 228,538	
									Total HMP - MH	\$ 32,718,689	\$ 35,267,839	\$ 38,950,248	\$ 3,682,409	
									HMP - SUD					
Allegan	\$ 97.34	\$ 100.97	\$ 3.63	3.73%	\$ 98.96	\$ 1.62	1.64%	\$ (1.62)		Allegan	\$ 1,412,762	\$ 1,541,824	\$ 1,471,058	\$ (70,766)
Healthwest	\$ 92.56	\$ 101.53	\$ 8.97	9.70%	\$ 100.48	\$ 7.92	8.34%	\$ (1.04)		Healthwest	\$ 3,868,962	\$ 4,222,890	\$ 3,984,185	\$ (238,704)
Network180	\$ 89.80	\$ 91.31	\$ 1.51	1.68%	\$ 89.52	\$ (0.28)	-0.31%	\$ (1.78)		Network180	\$ 9,498,255	\$ 10,362,966	\$ 9,866,938	\$ (496,028)
Ottawa	\$ 87.08	\$ 90.89	\$ 3.81	4.38%	\$ 87.75	\$ (0.63)	-0.72%	\$ (3.15)		Ottawa	\$ 2,525,248	\$ 2,794,857	\$ 2,690,114	\$ (164,742)
West Michigan	\$ 89.29	\$ 95.99	\$ 6.70	7.51%	\$ 95.05	\$ (0.94)	-1.00%	\$ (0.94)		West Michigan	\$ 1,340,839	\$ 1,451,130	\$ 1,394,416	\$ (56,714)
Total CMHSPs	\$ 905.53	\$ 943.4	\$ 37.87	4.19%	\$ 925.52	\$ 19.99	2.21%	\$ (1.83)		Total HMP - SUD	\$ 18,646,066	\$ 20,373,667	\$ 19,406,712	\$ (966,954)
									Autism					
									Allegan	\$ 3,522,099	\$ 3,937,779	\$ 3,894,723	\$ (43,056)	
									Healthwest	\$ 4,686,111	\$ 9,028,145	\$ 8,991,658	\$ (36,487)	
									Network180	\$ 25,577,745	\$ 22,522,287	\$ 21,852,309	\$ (669,979)	
									Ottawa	\$ 6,155,560	\$ 6,591,085	\$ 6,423,312	\$ (167,773)	
									West Michigan	\$ 1,645,950	\$ 2,683,886	\$ 2,542,512	\$ (141,374)	
									Total Autism	\$ 41,587,466	\$ 44,763,182	\$ 43,704,514	\$ (1,058,669)	
									Waiver					
									Allegan	\$ 5,063,342	\$ 6,224,816	\$ 6,081,467	\$ (143,349)	
									Healthwest	\$ 9,877,884	\$ 11,401,115	\$ 11,033,676	\$ (367,439)	
									Network180	\$ 17,870,579	\$ 18,466,274	\$ 17,554,658	\$ (911,616)	
									Ottawa	\$ 6,323,169	\$ 7,394,670	\$ 7,026,967	\$ (367,703)	
									West Michigan	\$ 2,854,338	\$ 3,022,287	\$ 3,042,182	\$ 18,905	
									Total Waiver	\$ 41,989,313	\$ 46,509,162	\$ 44,738,951	\$ (1,770,212)	

- Financial Data/Charts** – Below, this chart contains an annual and monthly comparison of the number of individuals in our region who are eligible for each program. The number of eligible individuals in our region determines the amount of revenue the LRE receives each month. Data is shown for October 2019 – March 2023. The LRE also receives payments for other individuals who are not listed on these charts but are eligible for behavioral health services (i.e. individuals enrolled and eligible for the Habilitation Supports Waiver (HSW) program).



- Funding Issues** – Bruce Bridges presented the following updated data at the 4/20/2023 CMHAM Contract and Financial Issues (CFI) meeting:

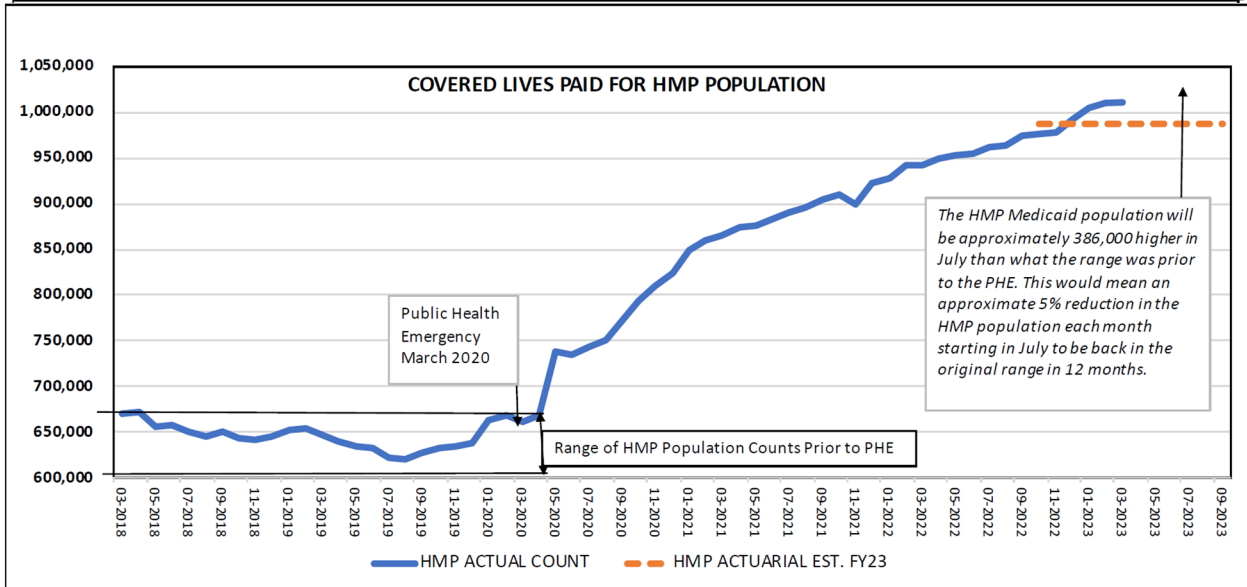
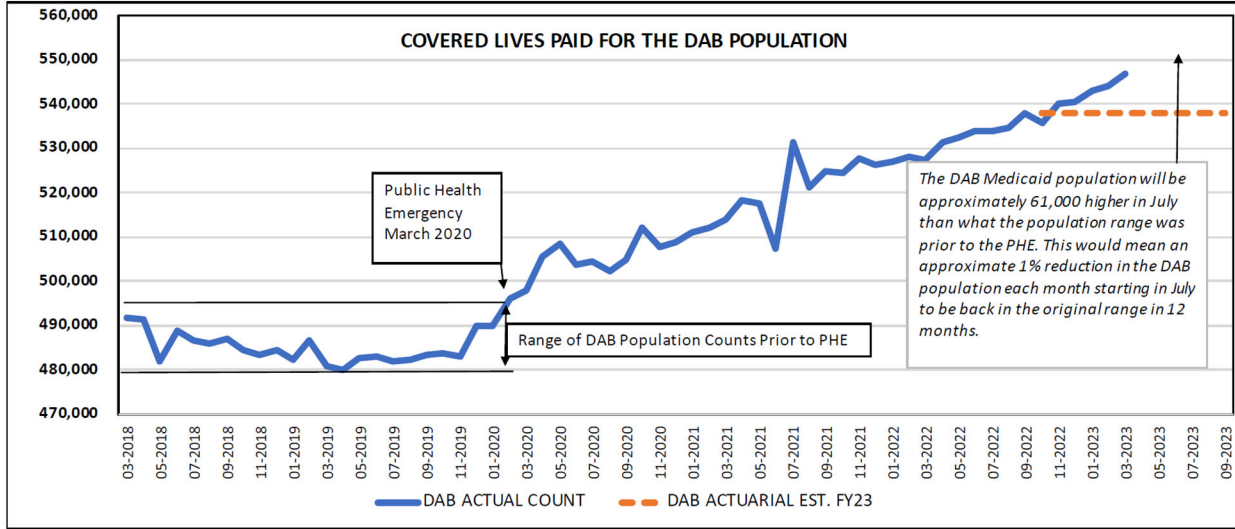
Community Mental Health Association of Michigan - Comparison of Actuarial Projected Funding versus Actual Funding Advances FY23
 As of: 4/7/23

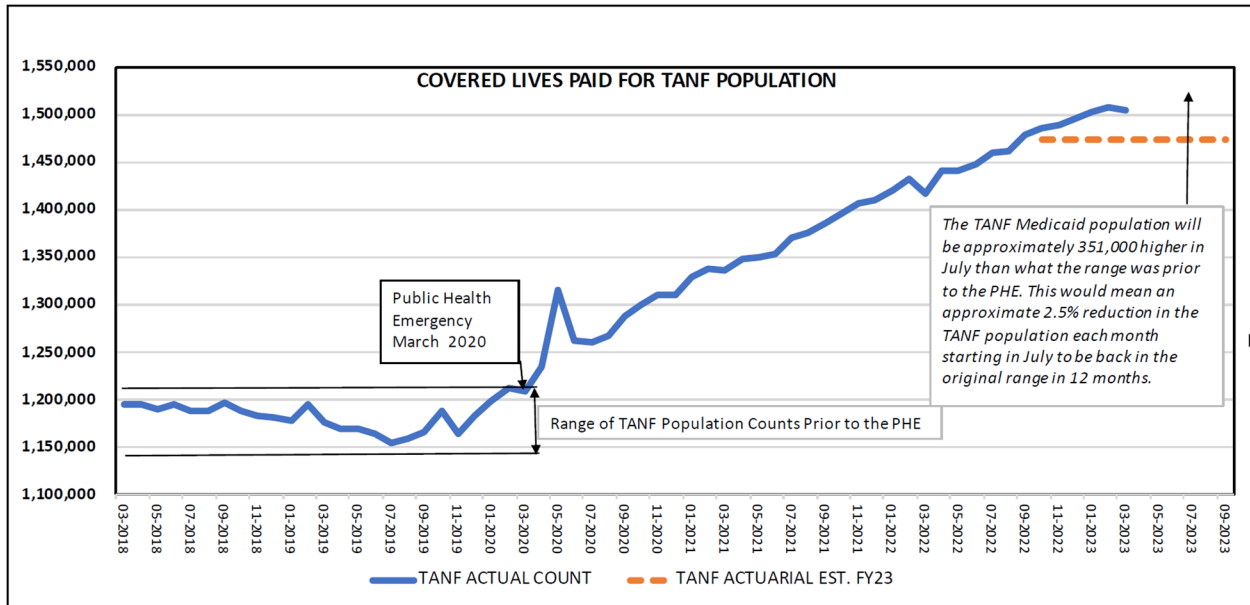
Funding per Date Comparison *	YTD of Projected Funding in Certification	Actual Advanced on A YTD Basis	Number of Months of Advances	Year to Date Over + (Under -)	Percentage Advanced
DAB Capitation Behavioral Health	\$ 985,300,000	\$ 980,965,782	6	(\$4,334,218)	99.6%
DAB Capitation Substance Use Disorder	\$ 20,800,000	\$ 20,124,193	6	(\$675,807)	96.8%
TANF Capitation Behavioral Health	\$ 203,300,000	\$ 205,422,645	6	\$2,122,645	101.0%
TANF Capitation Substance Use Disorder	\$ 23,500,000	\$ 24,194,622	6	\$694,622	103.0%
HSW,CWP, & SED Payments	\$ 282,650,000	\$ 271,934,658	6	(\$10,715,342)	96.2%
HMP Capitation Behavioral Health	\$ 215,400,000	\$ 216,452,344	6	\$1,052,344	100.5%
HMP Capitation Substance Use Disorder	\$ 84,450,000	\$ 85,677,293	6	\$1,227,293	101.5%
Autism all Populations	\$ 135,000,000	\$ 134,581,426	6	(\$418,574)	99.7%
CCBHC Demonstration	\$ 59,500,000	\$ 51,001,318	6	(\$8,498,682)	85.7%
Total:	\$ 2,009,900,000	\$ 1,990,354,282	6	(\$19,545,718)	99.0%

Capitation Populations	*Projected Per Certification Document	Actual Paid Census	Difference	As a Percentage
DAB Average Population per month	537,992	541,768	3,776	100.7%
TANF Average Population per month	1,473,957	1,497,839	23,882	101.6%
HMP Average Population per month	987,416	996,123	8,707	100.9%
HSW Average paid per month	7,606	7,360	(246)	96.8%

* Population projection is from pages 25 & 412 of the SFY Behavioral Health Capitation Rate Certification Document

Community Mental Health Association of Michigan
Impact of the Public Health Emergency for the Three Medicaid Capitation Populations Prior to the June 2023 Phase out





The LRE is working to develop projections for the decrease in enrollments and revenue that will begin in June 2023 due to the end of the Public Health Emergency (PHE).

- **Rate Setting Update** – During the MDHHS PIHP Rate Setting Meeting on 4/19/2023, it was reported that PIHP rates will be adjusted beginning in May for DCW only. The LRE will see a decrease in DCW revenue. We are in the process of calculating what that reduction will be for the region.

There will also be a rate adjustment for eligibility in September, possibly retroactive back to July, but the timeframe hasn't been determined by MDHHS.

CCBHC PPS-1 Rates will be changing in May, retroactive back to 10/1/22. The Supplemental Rates paid from MDHHS to the PIHPs will be reduced in May as well. Final rates will be determined by the State's actuarial firm by April 28, 2023, and draft rates show a reduction for both CCBHC's in our region.

- **FY24 Key Budget Issues** – During the CMHA Contract and Financial Issues (CFI) meeting on 4/20/23, the following was provided:

CMHA FY24 Appropriations Key Issues

1. Direct Care Wage Increase

- We are requesting **\$215.6 million GF for an additional \$4.00 per hour wage increase for all of the employees who were eligible for the \$2.35 per hour wage increase. This figure includes both behavioral health and long-term care DCWs as well as direct**

supervisors. We arrive at the \$215.6 million figure by adding to the DHHS calculations for the \$1.50 increase in the Governor’s proposed FY24 executive budget.

- The total cost of just providing a \$4/hour increase for the estimated 50,000 behavioral health direct support workers and their direct supervisors providing community living supports and other services funded through the behavioral health system is roughly \$140 million GF.
 - Direct supervisors also must receive wage increases that are commensurate to the compensation of the individuals that report to them.

2. Continued Phase Out of Local Match draw down – Section 928

- FY24 budget to include \$5 million GF/GP to offset local/county resources for Medicaid match purposes and continue the 5-year phase out of the use of local/county dollars for Medicaid match purposes.
 - FY24 should be year 4 of the 5-year phase out.
- Language from FY23 budget:
 - (3) It is the intent of the legislature that the amount of local funds used in subsection (1) be phased out and offset with state general fund/general purpose revenue in equal amounts over a 5-year period.

3. Expand Certified Community Behavioral Health Clinics (CCBHC)

CCBHCs are designed to provide comprehensive mental health and substance use disorder services to persons in need, regardless of their ability to pay, including those who are underserved, have low incomes, are on Medicaid, insured or uninsured, and are active-duty military or veterans. They must directly provide (or contract with partner organizations to provide) nine types of services, with an emphasis on the provision of 24-hour crisis care, evidence-based practices, care coordination with local primary care and hospital partners, and integration with physical health care.

On August 5, 2020 the Centers for Medicare & Medicaid Services (CMS) and the Substance Abuse & Mental Health Services Administration (SAMHSA) announced that the states of Kentucky and Michigan have been selected as additional participants in the Certified Community Behavioral Health Clinic (CCBHC) Demonstration. As part of the state implementation and roll out of the demonstration program, Michigan selected 13 CCBHC sites to include in the initial demonstration.

Michigan has 21 other sites (34 in total) that have received various CCBHBC expansion and innovation and advancement grants. The federal government has just released guidance that would allow Michigan to expand its state demonstration to include all of its CCBHC sites.

- **CMHA is requesting \$9 million GF / \$45 million Gross to add 4-5 additional CCBHC sites into the state demonstration.**

4. Medicaid rates

Increase FY24 Medicaid rates for the public mental health system to reflect the increased wages and provider rates needed to recruit and retain clinicians from a wide variety of clinical disciplines.

- As the state unwinds the Public Health Emergency (PHE) and begins to change Medicaid eligibility for the nearly 700,000-800,000 who were added to the Medicaid program during the pandemic we are asking that MDHHS make real-time adjustments to Medicaid rates. Our PIHP/CMH system gets paid on a capitated basis (based on number of Medicaid enrollees) and without real-time adjustments our members could see dramatic decreases in revenue over a short period of time.

5. Behavioral Health Workforce Student Recruitment Fund

- \$30,500,000 over 3 years (\$10,167,000 per year) for 1000 individuals (333 per year) who obtained a bachelor's degree in social work (BSW) and commit to ongoing education in accelerated masters' programs.
 - \$30,000 per individual who will immediately enter an accelerated MSW program and complete within one year.
 - Recipient commits to a minimum of two years in public sector behavioral health workforce (i.e. community mental health, substance abuse programs, crisis intervention, local crisis call centers, mobile crisis care, crisis stabilization, psychiatric emergency services, rapid post-crisis etc.)
 - Award is equivalent to earning \$15/hour for one year of full-time employment

6. Suggested boilerplate change to Section 950 – Guardianship Item

The FY23 budget allocated \$5 million for court appointed guardians who provide services for CMH clients and the Governor's FY24 executive budget recommendation continues the program, which we support, however, we are requesting a change to the boilerplate language.

- Current boilerplate language and proposed FY24 language directs the \$5 million to go from MDHHS to the local CMH system and then have CMHs reimburse guardians on a monthly basis for the services outlined in this section. We would like to change to language to allow guardians to get reimbursed directly from MDHHS and remove CMHs from this process.

SUGGESTED LANGUAGE that would fix the issue:

- Sec. 950. From the funds appropriated in part 1 for court-appointed guardian reimbursement, the department shall allocate \$5,000,000.00 to reimburse court appointed professional guardians for individuals for whom they do not receive any other type of reimbursement. The department shall not reimburse more than \$83.00 per individual, per month for each court-appointed professional guardian out of these funds.

7. Suggested boilerplate on Deemed Status

DHHS shall waive all reviews and audits for CMHs and provider organizations that have received full accreditation from a qualifying national accrediting entity for those program and financial reviews that were included during the national accreditation process.

- Tremendous amount of duplication and redundancy in state program/financial reviews and audits. There should be oversight of the system, but we want to eliminate the duplication and non-value added requirements.
- Ohio and Illinois both have deemed status Illinois found there was 40% redundancy between state requirements and national accreditation requirements
 - CMHA members (PIHPs/CMHs/Providers) spend thousands of staff hours and resources complying with state reviews that do not provide value, are not used in a substantive manner or are duplicative.

8. Better Coordination with Mental Health in school funding

CMHA suggests taking a collaborative approach with the school mental health resources. Those resources should be used by school district to purchase services from the public mental health system or resources go directly to the public mental health system to provide those services for local school districts.

- Our concern with the FY24 \$300 million recommendation and the FY23 \$120 million for school-based mental health professional will lead to an exodus of CMH/MH provider staff going to local school districts, thus further weakening the CMH workforce.

- **Legal Expenses** – Below, this chart contains legal expenses of the LRE that have been billed to the LRE to date for FY2022 and FY2023.

LAKESHORE REGIONAL ENTITY LEGAL EXPENSES REPORT March 31, 2023		
4/30/2022	BYLAWS/OPERATING AGREEMENT	5,700.00
7/28/2022	BYLAWS/OPERATING AGREEMENT	6,500.00
	BYLAWS/OPERATING AGREEMENT TOTAL	12,200.00
11/30/2021	CCHBC SUPPORT	812.50
	CCHBC SUPPORT TOTAL	812.50
2/11/2022	GENERAL/OTHER	325.00
1/16/2023	GENERAL/OTHER	10,000.00
2/3/2023	GENERAL/OTHER	250.00
	GENERAL/OTHER TOTAL	10,575.00
10/31/2021	HEALTWEST LITIGATION	5,368.74
3/31/2022	HEALTWEST LITIGATION	2,016.00
4/30/2022	HEALTWEST LITIGATION	9,388.80
6/24/2022	HEALTWEST LITIGATION	13,782.40
	HEALTWEST LITIGATION TOTAL	30,555.94
10/31/2021	MANAGED CARE/MDHHS CONTRACT	17,058.00
11/30/2021	MANAGED CARE/MDHHS CONTRACT	9,992.00
12/31/2021	MANAGED CARE/MDHHS CONTRACT	5,202.00
1/25/2022	MANAGED CARE/MDHHS CONTRACT	23,501.31
2/17/2022	MANAGED CARE/MDHHS CONTRACT	9,280.00
2/17/2022	MANAGED CARE/MDHHS CONTRACT	17,125.00
2/28/2022	MANAGED CARE/MDHHS CONTRACT	20,051.20
2/28/2022	MANAGED CARE/MDHHS CONTRACT	6,312.50
3/31/2022	MANAGED CARE/MDHHS CONTRACT	4,032.00
4/11/2022	MANAGED CARE/MDHHS CONTRACT	421.50
6/24/2022	MANAGED CARE/MDHHS CONTRACT	2,863.57
7/25/2022	MANAGED CARE/MDHHS CONTRACT	6,788.23
8/22/2022	MANAGED CARE/MDHHS CONTRACT	4,437.50
8/25/2022	MANAGED CARE/MDHHS CONTRACT	16,806.40
9/29/2022	MANAGED CARE/MDHHS CONTRACT	20,832.00
9/30/2022	MANAGED CARE/MDHHS CONTRACT	23,104.65
10/31/2022	MANAGED CARE/MDHHS CONTRACT	9,307.00
11/30/2022	MANAGED CARE/MDHHS CONTRACT	33,792.00
11/30/2022	EARLY PAYMENT DISCOUNT	(5,068.80)
12/31/2022	MANAGED CARE/MDHHS CONTRACT	31,494.10
1/31/2023	MANAGED CARE/MDHHS CONTRACT	25,683.40
2/28/2023	MANAGED CARE/MDHHS CONTRACT	7,472.60
	MANAGED CARE/MDHHS CONTRACT TOTAL	290,488.16
2/28/2023	NETWORK 180 LITIGATION	2,674.00
	NETWORK 180 LITIGATION TOTAL	2,674.00
	GRAND TOTAL	\$ 347,305.60



BOARD ACTION REQUEST

Subject: March 2023 Disbursements

Meeting Date: April 26, 2023

RECOMMENDED MOTION:

To approve the March 2023 disbursements of \$36,390,805.38 as presented.

SUMMARY OF REQUEST/INFORMATION:

<u>Disbursements:</u>	
Allegheny County CMH	\$2,849,463.38
Healthwest	\$7,029,116.03
Network 180	\$15,839,863.09
Ottawa County CMH	\$4,610,184.54
West Michigan CMH	\$2,848,972.09
SUD Prevention Expenses	\$113,244.15
Hospital Reimbursement Adjuster (HRA)	\$2,379,608.00
SUD Public Act 2 (PA2)	\$77,904.72
Administrative Expenses	\$642,449.38
Total:	\$36,390,805.38

91.68% of Disbursements were paid to Members and SUD Prevention Services.

I affirm that all payments identified in the monthly summary above are for previously appropriated amounts.

STAFF: Stacia Chick

DATE: 4/17/2023



Statement of Activities - Actual vs. Budget
Fiscal Year 2022/2023

As of Date: 2/28/23

Change in Net Assets	Year Ending 9/30/2023	2/28/2023		
	FY23 Budget	Budget to Date	Actual	Actual to Budget Variance
Operating Revenues				
Medicaid, HSW, SED, & Children's Waiver	285,537,018	118,973,758	121,670,060	2,696,302
Autism Revenue	43,517,457	18,132,274	18,927,956	795,682
DHS Incentive	471,247	196,353	-	(196,353)
Healthy Michigan	62,732,364	26,138,485	24,957,112	(1,181,373)
Performance Bonus Incentive	2,819,234	1,174,681	-	(1,174,681)
Hospital Rate Adjuster (HRA)	9,518,432	3,966,013	2,379,608	(1,586,405)
Local Match Revenue (Members)	1,007,548	419,812	335,849	(83,962)
CCBHC Supplemental Revenue	13,064,253	5,443,439	4,108,945	(1,334,494)
CCBHC General Funds	693,898	289,124	-	(289,124)
MDHHS Grants	13,155,178	5,481,324	1,917,202	(3,564,123)
PA 2 Liquor Tax	3,249,131	1,353,805	502,433	(851,372)
Non-MDHHS Grants: DFC	125,000	52,083	66,180	14,096
Interest Revenue	299,487	124,786	150,360	25,574
Miscellaneous Revenue	15,500	6,458	-	(6,458)
Total Operating Revenues	436,205,747	181,752,395	175,015,705	(6,736,690)
Expenditures				
Salaries and Fringes	3,871,353	1,613,064	1,653,184	40,121
Office and Supplies Expense	259,630	108,179	69,094	(39,085)
Contractual and Consulting Expenses	888,445	370,185	288,135	(82,051)
Managed Care Information System (PCE)	305,200	127,167	123,000	(4,167)
Legal Expense	242,153	100,897	115,604	14,707
Utilities/Conferences/Mileage/Misc Exps	8,355,776	3,481,573	126,536	(3,355,037)
Grants - MDHHS & Non-MDHHS	989,860	412,442	141,927	(270,514)
Taxes, HRA, and Local Match	15,503,880	6,459,950	3,963,043	(2,496,907)
Prevention Expenses - Grant & PA2	3,034,456	1,264,357	1,204,914	(59,442)
Contribution to ISF/Savings	-	-	-	-
Member Payments - Medicaid/HMP	356,798,513	148,666,047	143,516,787	(5,149,260)
Member Payments - CCBHC Capitation	20,545,519	8,560,633	13,312,391	4,751,758
Member Payments - CCBHC Supplemental	13,064,253	5,443,439	4,564,159	(879,280)
Member Payments - CCBHC General Funds	693,898	289,124	-	(289,124)
Member Payments - PA2 Treatment	2,001,942	834,143	307,014	(527,128)
Member Payments - Grants	9,650,869	4,021,195	2,190,197	(1,830,999)
Total Expenditures	436,205,747	181,752,395	171,575,986	(10,176,408)
Total Change in Net Assets	-	-	3,439,719	3,439,719



Statement of Activities Budget to Actual Variance Report

For the Period ending February 28, 2023

As of Date: 2/28/23

Operating Revenues

Medicaid/HSW/SED/CWP	N/A - Closely aligned with the current budget projections.
Autism Revenue	N/A - Closely aligned with the current budget projections.
DHS Incentive	This revenue will be received quarterly beginning in April. Amounts are based on encounter data that supports services to Foster Care and CPS children.
Healthy Michigan	N/A - Closely aligned with the current budget projections.
Performance Bonus Incentive	Revenue is received after the end of the fiscal year if health plan performance metrics are met.
Hospital Rate Adjuster	Revenue is received quarterly. Second quarter payment is expected in quarter three.
Local Match Revenue	Local match requirement for FY23 was reduced.
CCBHC Supplemental Revenue	Rates are expected to decrease for FY23. Will be monitored for adjustments during the next amendment when MDHHS provides the new rates.
CCBHC General Funds	Last fiscal year this revenue was received in quarter four.
MDHHS Grants	SUD grant payments changed to quarterly in FY23. Recent allocation increases will be drawn down as the year goes on.
PA 2 Liquor Tax	PA2 revenues are received after the Department of Treasury issues payments to the counties. More payments are expected for the 1st quarter.
Non-MDHHS Grants: DFC	Budget amendment is expected to carry lapsed FY22 funds over for use in FY23.
Interest Revenue	Interest earned on savings, including the LRE's CD, is trending higher than expected. Recent budget amendment adjusted for this increase.
Miscellaneous Revenue	No miscellaneous funds received as of this report. Funds are expected periodically throughout the year for trainings and Talksooner subscriptions.

Expenditures

Salaries and Fringes	N/A - Closely aligned with the current budget projections.
Office and Supplies	N/A - Closely aligned with the current budget projections.
Contractual/Consulting	Spending is under but some budgeted expenditures are planned for later in the year.
Managed Care Info Sys	N/A - Closely aligned with the current budget projections.
Legal Expense	Increase in recent activity puts these expenditures above target. Expenditures are expected to balance out and be within budget.
Utilities/Conf/Mileage/Misc	This line item includes the LRE's contingency fund and will be monitored for adjustments during the next amendment.
Grants - MDHHS & Non-MDHHS	Most of these payments are billed to the LRE and paid by MDHHS 45-60 days in arrears. In addition, as noted above, some grants are being paid quarterly.
Taxes/HRA/Local Match	IPA & HRA taxes are paid quarterly. Our Local Match requirement for FY23 was reduced.
Prevention Exps - Grant/PA2	SUD grant payments changed to quarterly in FY23. Recent provider allocation increases will also be billed against now as the year goes on.
Contribution to ISF	N/A - Spending will be monitored per LRE's Risk Management Plan
Member Med/HMP Payments	N/A - Closely aligned with the current budget projections.
Member CCBHC Capitation	CCBHC Capitation amounts are based on SUD/SMI daily visits, which are trending YTD to be higher than projected. Will be monitored for adjustments during the next amendment.
Member CCBHC Supplemental	CCBHC PPS-1 Supplemental Payments are based on actual eligible daily visits reported. PPS-1 rates are expected to decrease for FY23. Will be monitored for adjustments during the next amendment when MDHHS provides the new PPS-1 rates.
Member CCBHC GF	Last fiscal year MDHHS did not allow billings against this category until quarter four.
Member PA2 Tx Payments	Billings against this line item typically occur after other grant funding is applied. Spending will be monitored to assess deferrals for future use.
Member Grant Payments	MDHHS changed SUD grant payments to quarterly in FY23. Recent allocation increases will also result in an increase in billing as the year goes on.



Lakeshore Regional Entity Combined Monthly FSR Summary
FY 2023
February 2023 Reporting Month
Reporting Date: 04/19/2023

ACTUAL:	HealthWest	Network180	OnPoint	Ottawa	West Michigan	LRE	Total
Distributed Medicaid/HMP Revenue							
Medicaid	19,640,789	55,515,832	10,508,971	15,472,634	6,179,447	1,870,676	109,188,348
Autism	3,865,725	9,436,665	1,715,808	2,704,311	1,106,136	212,486	19,041,131
Healthy Michigan	3,827,361	12,319,916	1,872,565	3,342,089	1,018,108	292,393	22,672,431
Total Distributed Medicaid/HMP Revenue	27,333,874	77,272,413	14,097,344	21,519,034	8,303,691	2,375,554	150,901,910
Capitated Expense							
Medicaid	24,995,308	58,596,783	11,245,924	12,898,573	5,696,183	1,870,676	115,303,447
Autism	1,150,105	9,005,761	781,882	6,387,693	309,113	212,486	13,097,040
Healthy Michigan	4,003,320	9,821,150	1,599,289	1,697,606	608,536	292,393	18,022,294
Total Capitated Expense	30,148,734	77,423,694	13,627,095	16,233,872	6,613,832	2,375,554	146,422,780
Actual Surplus (Deficit)	(2,814,860)	(151,281)	470,249	5,285,162	1,689,859	-	4,479,130
% Variance	-10.30%	-0.20%	3.34%	24.56%	20.35%	0.00%	
Information regarding Actual (Threshold: Surplus of 5% and deficit of 1%)	Moved to accrual based accounting. There was a large accrual made for a six month stipend that will be paid out in March. In March we will start to see this deficit decline.	Less than threshold for explanation	Less than threshold for explanation	1/1/23 contracted rate increases and 4/1/23 start date for FY23 direct run services rates anticipated to increase expenses to catch up to revenues.	WM is waiting for updated CCBHC PPS rate information prior to updating our budget and spending plan. Expenditures are under budget due to the delay in hiring for vacant positions, rate increase effective dates, and timing of some budgeted maintenance.	Less than threshold for explanation	
PROJECTION:							
LRE Revenue Projections as of: February							
Medicaid	49,553,666	139,357,672	26,038,954	39,572,685	15,811,440	14,715,512	285,049,928
Autism	8,963,095	21,778,203	3,892,320	6,387,523	2,541,839	1,921,901	45,484,881
Healthy Michigan	9,169,469	29,661,442	4,412,514	8,310,590	2,446,097	2,288,390	56,288,502
Total Projected Medicaid/HMP Revenue	67,686,230	190,797,318	34,343,788	54,270,798	20,799,376	18,925,802	386,823,311
Expense Projections							
Medicaid	50,247,619	145,313,461	28,190,094	39,407,536	16,399,959	14,715,512	294,274,180
Autism	4,075,184	22,210,638	2,123,161	6,889,244	1,213,176	1,921,901	38,433,303
Healthy Michigan	7,885,618	24,454,535	3,763,373	6,011,096	1,359,177	2,288,390	45,762,189
Total Capitated Expense Projections	62,208,421	191,978,634	34,076,628	52,307,876	18,972,312	18,925,802	378,469,672
Projected Surplus (Deficit)	5,477,809	(1,181,316)	267,160	1,962,922	1,827,064	-	8,353,639
% Variance	8.09%	-0.62%	0.78%	3.62%	8.78%	0.00%	
Information regarding Projections (Threshold: Surplus of 5% and deficit of 1%)	HealthWest is still working on their spending plan update.	Less than threshold for explanation	Less than threshold for explanation	Less than threshold for explanation	WM's projection is based on the spending plan at this point in the fiscal year. Projection will be amended once we receive CCBHC PPS rate information MDHHS. WM has added 5 new FTEs to support operational needs currently not built into the projection. SUD Contract rate increases 1/1/23. MH provider rate increases effective 2/1/23.	Less than threshold for explanation	
PROPOSED SPENDING PLAN:							
Submitted to the LRE as of:	12/8/2022	9/19/2022	10/18/2022	1/13/2023	1/13/2023		
Medicaid/HMP Revenue							
Medicaid	50,592,580	138,477,148	26,226,787	39,308,314	15,685,856	14,637,966	284,928,652
Autism	8,877,222	21,807,343	3,848,342	6,357,597	2,567,623	1,962,200	45,420,327
Healthy Michigan	9,801,631	28,885,568	4,320,883	8,034,599	2,412,467	2,239,706	55,694,855
Total Budgeted Medicaid/HMP Revenue	69,271,433	189,170,059	34,396,012	53,700,511	20,665,946	18,839,873	386,043,834
Capitated Expense							
Medicaid	52,832,547	136,680,342	26,869,897	39,188,982	16,524,118	14,637,966	286,733,852
Autism	2,409,949	22,686,387	1,961,305	6,016,974	1,213,176	1,962,200	36,249,991
Healthy Michigan	8,177,941	27,916,973	3,063,222	7,489,239	1,403,241	2,239,706	50,290,323
Total Budgeted Capitated Expense	63,420,437	187,283,702	31,894,424	52,695,195	19,140,535	18,839,873	373,274,165
Budgeted Surplus (Deficit)	5,850,996	1,886,358	2,501,588	1,005,316	1,525,411	-	12,769,668
% Variance	8.45%	1.00%	7.27%	1.87%	7.38%	0.00%	
Information regarding Spending Plans (Threshold: Surplus of 5% and deficit of 1%)	Spending Plan is in development	Less than threshold for explanation	Spending plan was prepared based on Board Approved budget from September 2023. Not all rate increases were known at the time the budget was prepared. See Projected expenses above for current plan.	Less than threshold for explanation	Typically matches WM board approved budget unless significant changes, changes due to CCBHC haven't been WM board approved yet.	Less than threshold for explanation	
Variance between Projected and Proposed Spending Plan	(373,187)	(3,067,674)	(2,234,428)	957,606	301,653	-	(4,416,029)
% Variance	-0.54%	-1.62%	-6.50%	1.78%	1.46%	0.00%	
Explanation of variances between Projected and Proposed Spending Plan (Threshold: Surplus of 5% and deficit of 1%)	Less than threshold for explanation	Spending Plan expenses match N180 FY23 Board Approved Budget on 9/19/22, plus increase for H0020 to \$19 per unit and 3% SUD Rate increase. Projection matches LRE revenue projection, which was finalized after the N180 Board approved budget	Proposed Spending Plan will be updated when a budget amendment is brought to OnPoint's board in May.	Less than threshold for explanation	Less than threshold for explanation	Less than threshold for explanation	

Lakeshore Regional Entity Combined Monthly FSR Summary
 FY 2023
 February 2023 Reporting Month
 Reporting Date: 04/19/2023

CCBHC ACTIVITY							
ACTUAL:	HealthWest	Network180	OnPoint	Ottawa	West Michigan	LRE	Total
Distributed Medicaid/HMP CCBHC Revenue							
Medicaid CCBHC Base Capitation	4,347,311				1,943,115		6,290,426
Medicaid CCBHC Supplemental	1,753,814				2,254,824		4,008,638
Healthy Michigan CCBHC Base Capitation	1,042,927				695,800		1,738,727
Healthy Michigan CCBHC Supplemental	539,329				807,885		1,347,215
Total Distributed Medicaid/HMP CCBHC Revenue	7,683,381	-	-	-	5,701,624	-	13,385,005
Capitated CCBHC Expense							
Medicaid CCBHC	6,101,126				4,134,112		10,235,238
Healthy Michigan CCBHC	1,582,256				1,494,897		3,077,153
Total Capitated CCBHC Expense	7,683,381	-	-	-	5,629,009	-	13,312,391
Actual CCBHC Surplus (Deficit)	-	-	-	-	72,615	-	72,615
% Variance	0.00%				1.27%		
Information regarding CCBHC Actual (Threshold: Surplus of 5% and deficit of 1%)	Less than threshold for explanation				Less than threshold for explanation		
PROJECTION:	HealthWest	Network180	OnPoint	Ottawa	West Michigan	LRE	Total
LRE CCBHC Revenue Projections *							
Medicaid CCBHC Base Capitation	10,433,547				4,663,475		15,097,022
Medicaid CCBHC Supplemental	4,209,155				5,411,577		9,620,731
Healthy Michigan CCBHC Base Capitation	2,503,024				1,669,921		4,172,944
Healthy Michigan CCBHC Supplemental	1,294,390				1,938,925		3,233,315
Total Projected Medicaid/HMP CCBHC Revenue	18,440,115	-	-	-	13,683,898	-	32,124,013
Capitated CCBHC Expense Projections							
Medicaid CCBHC	14,642,701				9,921,869		24,564,571
Healthy Michigan CCBHC	3,797,413				3,587,753		7,385,167
Total Capitated CCBHC Expense Projections	18,440,115	-	-	-	13,509,623	-	31,949,738
Projected CCBHC Surplus (Deficit)	-	-	-	-	174,275	-	174,275
% Variance	0.00%				1.27%		
Information regarding CCBHC Projections (Threshold: Surplus of 5% and deficit of 1%)	Less than threshold for explanation				Less than threshold for explanation		
PROPOSED SPENDING PLAN:	HealthWest	Network180	OnPoint	Ottawa	West Michigan	LRE	Total
Submitted to the LRE as of:	12/8/2022	8/6/2022	10/18/2022	12/6/2022	12/6/2022		
Medicaid/HMP Revenue							
Medicaid CCBHC Base Capitation	9,235,815				4,802,256		14,038,070
Medicaid CCBHC Supplemental	4,547,160				5,080,846		9,628,006
Healthy Michigan CCBHC Base Capitation	1,746,766				1,610,877		3,357,643
Healthy Michigan CCBHC Supplemental	1,467,538				1,925,039		3,392,576
Total Budgeted Medicaid/HMP CCBHC Revenue	16,997,279	-	-	-	13,419,017	-	30,416,296
Capitated Expense							
Medicaid CCBHC	13,782,975				9,883,101		23,666,076
Healthy Michigan CCBHC	3,214,304				3,535,916		6,750,220
Total Budgeted Capitated CCBHC Expense	16,997,279	-	-	-	13,419,017	-	30,416,296
Budgeted Surplus (Deficit)	-	-	-	-	-	-	-
% Variance	0.00%				0.00%		
Information regarding CCBHC Spending Plans (Threshold: Surplus of 5% and deficit of 1%)	Less than threshold for explanation				Less than threshold for explanation		
Variance between CCBHC Projected and Proposed Spending Plan	-				(174,275)	-	174,275
% Variance	0.00%				-1.30%		
Explanation of variances between CCBHC Projected and Proposed Spending Plan (Threshold: Surplus of 5% and deficit of 1%)	Less than threshold for explanation				Projections include COB and spending plan does not.		

*CCBHC Projected Revenue is based on the State's projections in the FY22 Rate Certification Letter.