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Meeting Agenda  
**BOARD OF DIRECTORS**  
Lakeshore Regional Entity  
August 23, 2023 – 1:00 PM  
GVSU Muskegon Innovation Hub  
200 Viridian Dr, Muskegon, MI 49440

1. Welcome and Introductions – Mr. Bacon
2. Roll Call/Conflict of Interest Question – Mr. Bacon
3. Public Comment (Limited to agenda items only)
4. Consent Items:  
***Suggested Motion:*** To approve by consent the following items.
  - August 23, 2023, Board of Directors meeting agenda (*Attachment 1*)
  - July 26, 2023, Board of Directors meeting minutes (*Attachment 2*)
5. Governance Committee (*Attachment 3*)
6. Reports –
  - a. LRE Leadership (*Attachment 4, 5, 6*)
7. Chairperson’s Report – Mr. Bacon
  - a. August 16, 2023, Executive Committee (*Attachment 7*)
8. Action Items –  
NA
9. Financial Report and Funding Distribution – Ms. Chick (*Attachment 8*)
  - a. FY2023, July Funds Distribution (*Attachment 9*)  
***Suggested Motion:*** To approve the FY2023, July Funds Distribution as presented.
  - b. Statement of Activities as of 6/30/2023 with Variance Reports (*Attachment 10*)
  - c. Monthly FSR (*Attachment 11*) –
10. CEO Report – Ms. Marlatt-Dumas
11. Board Member Comments
12. Public Comment
13. Upcoming LRE Meetings
  - September 14, 2023 – Community Advisory Panel, 1:00 PM
  - September 20, 2023 – Executive Committee, 1:00PM
  - September 27, 2023 – LRE Executive Board Meeting, 1:00 PM

Meeting Minutes  
**BOARD OF DIRECTORS**

Lakeshore Regional Entity

July 26, 2023 – 1:00 PM

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

WELCOME AND INTRODUCTIONS – Mr. Bacon

Mr. Bacon called the July 26, 2023, LRE Board meeting to order at 1:04 PM.

Mr. Bacon announces that Ms. Linda Garzelloni (Muskegon County, HealthWest) has resigned from the LRE Board.

Ms. Meston comments that the allegations against Ms. Garzelloni were extremely out of proportion. She knows that Ms. Garzelloni has a wonderful reputation, and that the situation should have been addressed but not in the way that it was.

ROLL CALL/CONFLICT OF INTEREST QUESTION – Mr. Bacon

**In Attendance:** Ron Bacon, Jon Campbell, Jack Greenfield, Janice Hilleary, Richard Kanten, Alice Kelsey, Susan Meston, Andrew Sebolt, Stan Stek, Ron Sanders, Janet Thomas

**Absent:** Sara Hogan, Ron Sanders, Jim Storey

PUBLIC COMMENT

None.

CONSENT ITEMS:

**LRE 23-38 Motion:** To approve by consent the following items.

- July 26, 2023, Board of Directors meeting agenda
- June 28, 2023, Board of Directors meeting minutes

Moved: Stan Stek

Support: Andrew Sebolt

MOTION CARRIED

EXECUTIVE COMMITTEE APPOINTMENT

**LRE 23-39 Motion:** To approve appointment of Mr. James Storey to the LRE Executive Committee.

Moved: Susan Meston

Support: Janet Thomas

MOTION CARRIED

LRE BOARD CHAIRPERSON AND VICE CHAIRPERSON DISCUSSION

Mr. Bacon suggests appointing a nominating committee to convene and bring a recommendation to fill the Chairperson and Vice Chairperson positions to the full Board in time for the August Board meeting.

**LRE 23-40 Motion:** To approve appointment of a 3 Board member nominating committee (Governance Committee) to meet and bring back a recommendation for Chairperson and Vice Chairperson.

Moved: Janet Thomas                      Support: Stan Stek

MOTION CARRIED

Board members appointed to Governance Committee:

- Ron Bacon
- Stan Stek
- Janet Thomas

LEADERSHIP BOARD REPORTS

LRE Leadership reports are included in the packet for information.

CHAIRPERSON’S REPORT

July 19, 2023, Executive Committee (EC) Meeting Minutes are included in packet for information.

- i. December Board Meeting Date Discussion

**LRE 23-41 Motion:** To approve changing the December Board meeting to December 20, 2023.

Moved: Stan Stek                              Support: Janet Thomas

MOTION CARRIED

CLOSED SESSION

**LRE 23-42 Motion:** To approve moving into closed session to discuss the LRE CEO Evaluation Goals.

Moved: Susan Meston                      Support: Alice Kelsey

Roll Call

MOTION CARRIED

**LRE 23-42 Motion:** To approve moving out of closed session.

Moved: Janet Thomas                      Support: Stan Stek

Roll Call

MOTION CARRIED

ACTION ITEMS

**LRE 23-43 Motion:** To approve LRE CEO annual evaluation goals for 2023 as submitted along with the request that the Executive Committee review those goals for whether recommended changes are subsequently appropriate.

Moved: Stan Stek                      Support: Jack Greenfield  
MOTION CARRIED

**LRE 23-44 Motion:** To approve the updated CEO Evaluation Tool and Process pending the addition of the CMH Directors and LRE Leadership questions being included in the final evaluation tool and with the start date in November and if changes are needed the Executive Committee will bring a recommendation to the full board and give notice to the Human Resources Director.

**Discussion:**

Mr. Stek comments that the Executive Committee (EC) will be driving the evaluation process and will have to have the flexibility to modify the process based on their assessment if needed. Ms. Marlatt-Dumas explains that an updated policy/procedure will be brought to EC and then to the full board for approval.

The timeline for the evaluation is worked around the CEO contract. Mr. Stek suggests beginning the process a month earlier in November.

Moved: Stan Stek                      Support: Janet Thomas  
MOTION CARRIED

**LRE 23-45 Motion:** To approve Resolution 23-23 as amended to permit the CMHs to hold the 20% of funds in a restricted account in the name of the CMH rather than via a third-party escrow agent. Resolution 23-23, including the circumstances under which the 20% of funds will be returned to the LRE or released to an unrestricted account, remain unaltered. Funds in the restricted account will be let go 1 year from May 24, 2023.

Moved: Stan Stek                      Support: Janet Thomas  
MOTION CARRIED

**LRE 23-46:** To approve the Lakeshore Regional Entity FY2024 Utilization Management Plan.

Moved: Stan Stek                      Support: Jon Campbell  
MOTION CARRIED

**LRE 23-47:** To approve tabling the LRE Governance Policies.

Moved: Richard Kanten              Support: Stan Stek  
MOTION CARRIED

## FINANCIAL REPORT AND FUNDING DISTRIBUTION

### **FY2023 June Funds Distribution**

**LRE 23-48 Motion:** To approve the FY2023, June Funds Distribution as presented.

Moved: Jon Campbell                      Support: Janet Thomas

MOTION CARRIED

### **Statement of Activities as of 5/31/2023 with Variance Report-**

Included in the Board packet for information. Ms. Chick notes:

- Through May 31 LRE is under budget by est. \$4.9 million.
- Expenditures are under by \$12.4 million.
- PA2 expenditures will be increasing.
- The rates for FY23 or FY24 are subject to change. The state reports they expect to see a slight drop in enrollment in July but mostly in August. LRE has started projecting the drop starting in August.

### **Monthly FSR (December and January)-**

Included in the Board packet for information.

Ms. Chick notes that this information is expected to change after the June FSRs are submitted.

## CEO REPORT

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

- Ms. Linda Garzelloni has resigned and we wish her well in her future endeavors.
- The deficit motion was passed during the Board meeting today.
- Ms. Marlatt-Dumas has requested an additional 269 HAB Waiver slots. MDHHS should be able to tell us the amount we will receive by October 1.
- Working with MDHHS on the Behavioral Health Home and Opiate Health Home.
- FY20 financial audit - LRE received communication from MDHHS that there were findings and that we are not in compliance. We will discuss issues with MDHHS.
- FY21-22 financial audits. MDHHS did not approve our FY18-FY19 FSRs and we have asked for an explanation of the reason for the objection. When we find that out, we will know what direction to go. We will also request an extension.
- SUD review had no exceptions and passed with no issues.
- Wakely – there are 2 meetings scheduled with the LRE staff and CMH CEOs and finance staff. The intent is to have Wakely present to the Board in August.
- Kristen Jordan is Jeff Wiefenrich's replacement at MDHHS.
- CMHAM has Board Works videos that can assist in understanding the role of Board members. <https://cmham.org/education-events/boardworks/>

## BOARD MEMBER COMMENTS

- Mr. Kanten updates that there is a new rule out of Washington stating that current health insurance providers must start paying for mental health care.
- Mr. Campbell requests that the list of LRE vendors that was discussed during the previous Board meeting be sent to Board members to review so that adjustments can be made to financial disclosures if needed.
- Mr. Stek asks if the sanctions regarding the LRE audit could be more than the original \$200,000. Ms. Marlatt-Dumas reports that it is up to \$200,000 but if we could submit the audits within 7 days MDHHS would reconsider the sanction. LRE will be unable to make that deadline as the unapproved FSRs are still in question.
- Mr. Greenfield asks if the issues LRE had with turning the audits in late have been identified and addressed so that this does not happen in the future? Ms. Marlatt-Dumas states that LRE just received feedback regarding the FY20 audit and RPC is waiting for MDHHS' feedback to be able to close all the audits.

## PUBLIC COMMENT

None.

## UPCOMING LRE MEETINGS

- August 16, 2023 – Executive Committee, 1:00PM
- August 23, 2023 – LRE Executive Board Meeting, 1:00 PM  
[GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440](#)

## ADJOURN

Mr. Bacon adjourned the July 26, 2023, LRE Board of Directors meeting at 2:43 PM.

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Ron Bacon, Board Secretary

Minutes respectfully submitted by:  
Marion Dyga, Executive Assistant

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**LRE GOVERNANCE COMMITTEE**  
**Tuesday August 8 and August 15, 2023 – 12:00 PM**

1. Welcome
2. Current LRE Executive Board Officers
  - a. Current Officers
    - Chairperson – Vacant
    - Vice Chairperson – Vacant
    - Secretary – Ron Bacon

3. Discussion:

**August 8, 2023, Meeting**

There was discussion regarding the members and who could be candidates to fill the Chair and Vice Chair positions. There was also discussion regarding members that have stated they are not willing to serve in these positions. All members other than Mr. Stek and Mr. Greenfield have served less than 18 months on the LRE Board. Currently, Ron Bacon holds the Secretary position as he was approved to fill Ms. Verduin's unfinished term after her resignation. Mr. Bacon suggests having Mr. Stek take the Chair position as he is the longest standing Board member and Ms. Thomas agrees. Mr. Stek suggests that the term be 6 months, after which the Governance committee will reconvene and reconsider other members to fill the roles. The suggestion is made to have Ms. Thomas fill the Vice Chair position and then Mr. Bacon will complete his term as Secretary. Mr. Stek would like to schedule another meeting to allow him to consider whether he has the capacity to serve in this position. The members agree and schedule the follow up meeting for August 15, 2023. The tentative recommendation is as follows and with a 6-month term after which the Governance Committee will reconvene with the intent to review the positions and recommendation replacements for the Chair and Vice Chair positions:

Board Chair – Stan Stek  
Vice Chair – Janet Thomas

**August 15, 2023, Meeting**

Mr. Stek has considered the Chairperson role and will agree to be nominated to serve with the understanding that if the Board approves the nomination there will be reconsideration after 6 months for a replacement. Ms. Thomas has agreed to be the nominated member for the position of Vice Chair with the same understanding of

reconsideration after 6 months. Mr. Bacon will remain the Secretary and fulfill the entire 1 year that is left of that term. The members of the Governance Committee unanimously agree to bring forth to the Board the following recommendations for the open positions of Chair and Vice Chair with the understanding that the Governance Committee will reconvene after a 6-month period to re-consider the positions:

- Chairperson – Stan Stek
- Vice-Chairperson – Janet Thomas

Executive Committee

- Ron Bacon (Secretary) – Lake, Mason, Oceana (WM CMH)
- Richard Kanten – Ottawa (Ottawa CMH)
- Jim Storey – Allegan (OnPoint)

4. Adjourn



**Chief Operating Officer (Stephanie VanDerKooi)**  
**Report to the Board of Directors**  
**August 23, 2023**

***FY22 Annual Impact Report:*** Please find here a link to direct you to the [LRE FY22 Annual Impact Report](#). Thank you to the LRE team for their contributions in helping me develop this plan. The LRE has accomplished great things, and this report is just the tip of the iceberg showcasing the great work of the LRE staff.

***Oversight Policy Board (OPB):*** The next meeting of the OPB is scheduled for September 6<sup>th</sup> at 4pm in the Board Room at Community Mental Health of Ottawa County in Holland.

***Substance Use Disorder Strategic Plan:*** The three-year plan was submitted to MDHHS on Friday July 7<sup>th</sup>. We are looking forward to the Department's approval of the plan. Once the plan has been approved, it will be shared across the region. KWB Strategies will be enlisted to help demonstrate outcomes.

***LRE Strategic Plan:*** The plan has been shared with LRE staff and is now available on the LRE website under the About Us tab ([LRE Strategic Plan](#)). All LRE staff and ROAT members have copies of the plan and know what is expected of them. Updates on progress toward goals will be provided to the Board twice per year.

***"TallCop" Emerging Drug Trends Training:*** The LRE in partnership with Ottawa and Allegan County prevention teams was pleased to host Tall Cop, Jermaine Gallaway, on August 15<sup>th</sup>. His presentation is focused on current drug trends, drug paraphernalia, stash pockets in everyday items (i.e. backpacks, clothing, hair accessories, etc.). Over 200 individuals attended from 10 counties.

***Legislative Update:*** The most updated version of the grid outlining proposed legislation related to behavioral health at both the State and Federal Level is included as *Attachment 1*. Note that a section was added based on feedback from our CAP (Community Advisory Panel) to identify how to find and/or contact State and or Federal legislators (starting on Page 17 of this report). This grid is updated monthly, and new legislation is highlighted in yellow for ease of identification. The Board may want to pay attention to the following Legislation:

- **(State) -Via the Attorney General (AG):** AG Dana Nessel is urging eligible municipalities to voluntarily participate in the Walgreens [National Opioids Settlement](#) that would bring up to \$338 million to Michigan over 18 years. LRE Board members may want to ensure that the local municipalities which they represent are indeed participating.
- **(Federal) Biden-Harris Administration-Parity Rules:** The Biden Administration's new proposal would significantly strengthen the nation's parity enforcement and ensure that people with mental health and substance use conditions do not face arbitrary barriers to receiving care. The proposed rule is aimed at improving health plan compliance with the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA), which requires health plans to provide mental health and substance use coverage at parity with medical/surgical coverage. A public comment period on the proposed rule will follow.
- **(Federal) -988 Implementation Act of 2023:** The National Council for Mental Wellbeing is urging Behavioral Health advocates to support of the 988 Implementation Act of 2023, you can use the link [here](#) to share your support: This federal act will do the following:

- Expand behavioral health workforce training programs and provides grant opportunities for local behavioral health centers;
- Expand Medicaid coverage for behavioral health services, including short term crisis intervention services;
- Increase support for mobile crisis response, ensuring that even those in rural areas have access to timely care;
- Create new capital grants to be used for crisis response program facility renovation, construction, and expansion;
- Narrow the IMD exclusion so that services furnished in psychiatric acute care crisis beds administered by CCBHCs and other crisis care settings are eligible for Medicaid coverage; and
- Increase awareness of 988 through a national media campaign.

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):** Regional meetings with the CCBHC partners (WCMCHS and HealthWest) continue. In August, OnPoint, N180, and CMHOC were invited to join in these monthly meetings in anticipation of their acceptance into the CCBHC Demonstration project. LRE staff have been offering technical assistance to the three new Demonstration CCBHCs to help with state certification for FY24. Response from MDHHS is anticipated by September 1<sup>st</sup> regarding certifications.

**CCBHC July enrollments:**

HW- Medicaid: 5 Non-Medicaid: 60  
 WCMCH- MCD: 53 Non: 7

**Report Submission Tracking – July 2023**

The LRE submitted a total of 52 reports to MDHHS in July 2023. All reports except one, were completed and submitted on or before the deadline.

<b>July 2023</b>	<b>Total Number of Reports</b>	<b>52</b>		
	Number of Late Reports	1		
	Percentage of Late Reports	2%		
	<hr/>			
	<b>Report Name</b>	<b>Report Type</b>	<b>Days Late</b>	<b>Reason</b>
	Behavioral Health Workforce Stabilization Support Narrative Report	Grant Report	14	This report was missing from our tracking system but is now accounted for.

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

This month’s autism enrollment numbers were provided to the LRE by each CMH. While this did give us more current information, we are still waiting for more accurate data submissions. All 5 CMHs have submitted data, but due to some errors we are still unable to translate these data points into usable information. IT staff attend the Autism ROAT and Autism staff attend the IT ROAT. CMH and LRE IT staff

anticipate that the data will be available soon and are confident that their error on the submissions will be corrected so we can have a clearer picture of ABA clients in the region.

#### **CLINICAL/UM – Liz Totten**

During the month of July, the UM/Clinical Department kicked off a new Integrated Health Workgroup. This workgroup's aim is to identify barriers, standardize processes and further educate the region and its members about access to and availability of services to address healthcare needs. The LRE and HealthWest participated in the MichiCANS soft launch kick-off meeting in late July. Meetings for all soft launch participants will be twice per month or as needed for each soft launch site. The group has completed a significant amount of work related to the assessment and how it will function inside CMHSPs EMRs. HealthWest has assumed a significant role in helping the state group process both clinical and IT components of the tool.

UM/Clinical Team completed FY23 Q2 Prescreen/Continued Stay Review Audits and is in process of feedback meetings with each CMHSP UM Department. The goal of these meetings is to provide an opportunity for specific feedback to each CMHSP on audit results, areas of strength and areas needing improvement. LRE/Clinical UM Department looks forward to August as MDHHS will unveil its Conflict Free Access and Planning model and will present the first collective draft of the Person-Centered Planning Implementation Guide. Regional workgroups are prepped and ready to begin work on aligning our region as needed based on the option selected.

#### **INTEGRATED HEALTHCARE – Tom Rocheleau**

Monthly joint care coordination meetings continue with each of the 6 Medicaid Health Plans serving the LRE region. During July, 44 consumers were discussed with their respective MHPs related to their potential for, or continued benefit from, having an interactive care plan within the State's claims database, CC360, subsequently improving the care they receive, their quality of life, removing barriers, and decreasing unnecessary utilization of crisis services. Two new interactive care plans were opened in July. There were 6 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). This data continues to indicate the CMHSPs and MHPs are working hard to identify new members for integrated care plan discussions.

#### **CUSTOMER SERVICES– Michelle Anguiano & Mari Hesselink**

The grievance and NABD (Notice of Adverse Benefit) audits for Q2 were reviewed with the CMH's individually. A final report of the data is forthcoming.

The customer satisfaction survey snapshot results were reviewed with the Customer Services ROAT (Regional Operations Advisory Team) for feedback. The region had some good ideas moving forward to create helpful data for the CMH's. We also looked at some areas for improvement that will continue to be reviewed.

Customer Services continues to provide quarterly training for regional CMH staff and providers to help ensure that we are working collectively to provide the people with whom we work with understandable documents. A person-centered writing training was recently held with 102 participants from across the region. The NABD training this quarter had over 80 individuals present.

The 2023 Guide to Services has been approved by the State and is out for print for those CMHSPs who have requested paper copies. The Guide to Services is available on the LRE website under customer services.

Following is a graph of the number and type of Customer Services Phone Calls we received during the month of July:



**CREDENTIALING – Pam Bronson, Credentialing Specialist**

The Credentialing Committee reviewed and approved 12 organizational providers for credentialing/re-credentialing in July. The state’s Universal Credentialing system was launched as a pilot with 3 PIHPs. The pilot PIHPs are completing credentialing in the new system with a very limited number of providers and then documenting their experiences.

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

PNM continues to work on FY24 contracting. A finalized version of the provider common contract has been approved for CMH use with provider contracting. The current LRE/CMHSP contract is going to be extended through March 31, 2024 to allow time for the MDHHS/PIHP contract update. Once MDHHS has provided LRE a final FY24 contract, PNM will revise the LRE/CMHSP contract accordingly. The grant contract boilerplate and attachments have been updated and will be finalized once FY24 Grant Contracts are issued to the LRE.

**SUD TREATMENT – Amanda Tarantowski, SUD Treatment Manager**

LRE SUD Treatment Manager has been involved in the following activities during the past month:

- Prepared for/completed State Opioid Response (SOR) Audit
- Participated as a reviewer with the LRE prevention procurement process.
- Submitted all SUD Treatment FY24 Grant Applications in Egrams (the state grant management system)
- Met with WMCMH about Women’s Specialty Services (WSS) to explore an opportunity to expand these services to Lake, Mason and Oceana Counties for FY24.

**SUD/GAMBLING PREVENTION – Amy Embury, SUD Prevention Manager**

Synar was completed during the month of June with each of the 7 county Prevention Providers Designated Youth Tobacco Use Representatives (DYTUR) support. This project is part of a larger effort

to determine the sales rates of tobacco, vaping and alternative nicotine products to individuals under the age of 21 as part of Michigan's compliance with the Synar amendment and observance of the federal Tobacco 21 law. The Synar amendment requires a Retailer Violation Rate of twenty percent or less. Failure to complete this project successfully may result in significant loss of federal dollars for substance abuse prevention and treatment in Michigan.

MDHHS is responsible for the random selection of retailers taken from the Tobacco Master Retailer List (a list of businesses that sell tobacco, vapor, or alternative nicotine products). Sample lists were supplied by MDHHS to ten regional behavioral health entities (Prepaid Inpatient Health Plans (PIHP)). Each PIHP is responsible for Synar survey implementation in its catchment area. The survey involves visiting randomly selected outlets that sell tobacco products, vapor products, and/or alternative nicotine products either over the counter or through vending machines. Every county has a Designated Youth Tobacco Use Representative (DYTUR) that organizes their county efforts with an underage inspector and serves as the adult chaperone. The LRE also oversees the No Cigs for our Kids Campaign which provides vendor education in efforts to aid retailer compliance. Please see the [2023 LRE Synar Infographic](#) for compliance checks results and the [LRE No Cigs for Kids](#) Infographic for each county's DYTUR contact information.

**WAIVERS – Kim Keglovitz / Melanie Misiuk/Stewart Mills, Waiver Coordinators**

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

There were six available slots in July. However, only four were filled to two last minute disenrollments. In July, two slots went to Network 180 and one each to HealthWest and West Michigan. The remaining two went to Network 180 and Ottawa for August enrollment. There are two additional slots available for the month of August. We have 17 complete packets and 9 that are pending due to goals, objectives, or needing updates to other required documents. Below is a chart of slot utilization in region 3.

	<b>October</b>	<b>November</b>	<b>December</b>	<b>January</b>	<b>February</b>	<b>March</b>	<b>April</b>
Used	629	628	628	628	628	628	629
Available	0	1	1	1	1	1	0
% Used	100	99.8	99.8	99.8	99.8	99.8	100
	<b>May</b>	<b>June</b>	<b>July</b>	<b>August</b>			
Used	629	629	627	627			
Available	0	0	2	2			
% Used	100	100	99.7	99.7			

The enrollment deadline is always the 15<sup>th</sup> of the month. If the LRE is not notified of a disenrollment right away, we could miss the deadline for the month and therefore the payment while we have people waiting to be enrolled. For example, if we have a death in December and we don't find out about it until June we have missed out on 5 months of payments.

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

MDHHS completed their 90-day review for the waiver audit June 21-30. Many of the corrective action plans were remediated or they were able to show that remediation had begun. MDHHS did request

additional proofs which WERE due on July 20<sup>th</sup>. After reviewing the proofs that were turned in on July 20<sup>th</sup>. MDHHS requested additional proofs due to them on August 16<sup>th</sup>.

***Children’s Waiver Program (CWP)***

83 children are open and enrolled in the Children’s Waiver Program for August. There are 9 children that have been invited to enroll on the Children’s waiver, three with a July start date, five with an August start date, and one with a September start date. One prescreen was submitted in July (the individual has already been invited to join the CWP). There are currently fifteen scored prescreens on the weighing list that have not yet to be invited to join the CWP. Of the fifteen prescreens, three have been submitted by OnPoint, eight by Network 180, one by HealthWest, two by Ottawa, and one by West Michigan.

<b>CMHSP</b>	<b># Enrolled</b>
HealthWest	6 (2 invited)
Network 180	62 (4 invited)
On Point	4 (1 invited)
Ottawa	10 (2 invited)
West Michigan	1

**1915(i)SPA:**

**MDHHS Updates:**

- MDHHS's deadline for iSPA compliance to 10/1/2023. It is expected that all iSPA cases are enrolled in the WSA by that date.
- MDHHS had a goal of 75% enrollment by July 1. Three of our CMHSPs surpassed that goal: OnPoint, HealthWest, and Network180. The current focus is now 100% enrollment by October 1.
- The Regional iSPA Workgroup continues to meet 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.
- Currently as a region the LRE is at a 76% enrollment rate. There are also over 200 cases pending in the WSA queue from the CMHSPs. Once these cases are enrolled, the Region will have an 82% enrollment rate. West MI CMH is in the process of reviewing their case numbers, and is predicting that their total enrollment number will decrease. If that is the case, our total enrollment rate will increase.
- Please see Attachment 2 for the most updated data.

**SEDW:**

- 87 open cases:
  - Allegan – 5
  - HealthWest – 16
  - Network180 – 46
  - Ottawa – 17
  - West MI – 3
- The LRE is working to reinstate the Regional SEDW Workgroup on a quarterly basis. The CMHSP SEDW Leads and Arbor Circle will hold the first scheduled meeting on Tuesday September 19<sup>th</sup> at 1pm.

- Post-Covid PHE Changes for the SEDW include the push to move all Wraparound services back to in-person. Verbal Consents are no longer being accepted by MDHHS on FCA forms. All signatures must be obtained to enroll or renew a case in the WSA.

## STATE LEGISLATION

## ATTACHMENT 1

<b>BILLS &amp; REGULATIONS PERTAINING TO MENTAL HEALTH</b>				
Priority	BILL #	SUMMARY	SPONSOR	ACTION DATE
	SB 27	Legislation that would require insurers to provide coverage for mental health and substance abuse disorder services on the same level as that of coverage for physical illness. Federal law requires mental health coverage to be equal to physical illness. The bill would require insurance coverage for mental health conditions, including substance use disorders, to be no more restrictive than insurance coverage for other medical conditions.	Sarah Anthony	1/18/23 – Introduced to the Senate; Referred to Committee on Health Policy
	HB 4576 & 4577	Reintroduced versions of Sen. Shirkey’s legislation (SB 597 & 598) from 2022. Legislation to create an integrated plan to merge the administration and provision of Medicaid physical health care services and behavioral health specialty services.	Curtis VanderWall	5/16/23 – Introduced, read, and referred to Committee on Health Policy
	HB 4320 & 4387	Provides for penalties for coercing a vulnerable adult into providing sexually explicit visual material; and provides sentencing guidelines for crime of coercing vulnerable adult into providing sexually explicit visual material	Sharon MacDonell	3/22/23 – Introduced; referred to Committee on Families, Children and Seniors 6/27/23 – Referred to a second reading
	HB 4081	Establishes a minimum number of school counselors to be employed by a school district, intermediate school district or public school academy	Felicia Brabec	2/14/23 – Introduced; referred to Committee on Health Policy
	HB 4495 & 4496	Provides general changes to the medical assistance program	Will Snyder Graham Filler	5/2/23 – Introduced; referred to Committee on Health Policy 6/13/23 – Passed House 6/27/23 – Passed Senate 7/10/23 – Presented to Governor 7/19/23 – Approved by the Governor; Filed with Secretary of State; assigned PA 98'23 with immediate effect
	HB 4523	Modifies eligibility for mental health court for those with violent offenses	Kara Hope	5/4/23 – Introduced; referred to Committee on Judiciary



### BILLS & REGULATIONS PERTAINING TO MENTAL HEALTH

Priority	BILL #	SUMMARY	SPONSOR	ACTION DATE
	HB 4579 & 4580	Requires reimbursement rate for telehealth visits to be the same as office visits	Natalie Price, Felicia Brabec	5/16/23 – Introduced; referred to Committee on Health Policy
	HB 4649	Require height-adjustable, adult-sized changing tables in public restrooms	Lori Stone	5/23/23 – Introduced; referred to Committee on Regulatory Reform
	HB 4745-4749	Bills related to access to assisted outpatient treatment, outpatient treatment for misdemeanor offenders, hospital evaluations, mediation, and competency exams	Brian BeGole, Donni Steele, Tom Kuhn, Mark Tisdell	6/14/23 – Introduced; referred to Committee on Health Policy

### BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	TBD	Keep MI Kids Tobacco Free Alliance is working on a legislative package that will address the areas of Tobacco Retail Licensure, Taxation on Vaping Products & Parity, Ending the Sale of Flavored Tobacco, and Preemption Removal (Restoration of local authority to regulate tobacco control at the municipal level)	Keep MI Kids Tobacco Free Alliance Sam Singh	<a href="https://d31hzlzk6di2h5.cloudfront.net">Preemption one pager (d31hzlzk6di2h5.cloudfront.net)</a> As we gear up for the Legislature to return in the fall and our bill package to be introduced, we will be convening an All Alliance meeting on Thursday, Aug. 17th at 3 p.m. via Zoom. Please hold the date/time and we'll send a calendar invite out in the coming weeks.
	HB 4049	A bill to require CRA to consider all applications by spouses of government officials for licensed marijuana establishments, and to not deny them based on their spouse's government affiliation.	Pat Outman	1/31/23 - Introduced and referred to Committee on Regulatory Reform
	HB 4061	Kratom Consumer Protection Act: A bill to regulate the distribution, sale, and manufacture of kratom products	Lori Stone	2/1/23 - Introduced and referred to Committee on Regulatory Reform

## BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	SB 133	A bill to provide for the review and prevention of deaths from drug overdose; allow for creation of overdose fatality review teams and power and duties of those teams; and for other purposes	Sean McCann	3/2/23-Introduced and referred to Committee on Health Policy
	HB 4430	A bill to require all marijuana sales to provide safety information at the point of sale. Safety info includes: Safe storage, proper disposal, poison control information and the following statements: (A) To avoid dangerous drug interactions, it is recommended that you consult with your prescriber or pharmacist before consuming this product. (B) Exercise care if you consume this product with alcohol. (C) Consuming this product with a controlled substance could increase the risk of side effects or overdose. (D) Do not operate heavy machinery or perform other dangerous tasks under the influence of this product unless you know how this product affects you.	Veronica Paiz	4/19/23-introduced and referred to Committee on Regulatory Reform
	SB 180/179	Allow the Cannabis Regulatory Agency (CRA) to enter into an agreement with an Indian tribe pertaining to marijuana related business if the agreement and the Indian tribe met certain conditions. It prohibits the CRA from employing any individual with pecuniary interests in tribal marijuana; and specifies that sales of marijuana by a tribal marijuana business on Indian lands would be exempt from the State's 10% excise tax on marijuana. Require the Department of Treasury to deposit money into the Marihuana Regulation Fund that was collected under an Indian Tribe Agreement.	Roger Hauck	6/14/23-Passed Senate and received in House Committee on Regulatory Reform
	SB 141/HB 4201	The bill would amend the Michigan Liquor Control Code to eliminate a January 1, 2026, sunset on provisions that allow a qualified licensee to fill and sell qualified containers with alcoholic liquor for the purpose of off-the-premises consumption and to deliver alcoholic liquor to a consumer in the State if the qualified licensee meets certain conditions.	Mallory McMorrow & Kristian Grant	6/13/23 - Passed Senate, referred for second reading in House Committee on Regulatory Reform. 5/3/23 - Passed House, referred to Senate Committee on Regulatory Affairs 7/19/23-Assigned PA 0095'23 with immediate effect
	HB 4833	The bill would amend the public health code to eliminate the requirement for acute care and behavioral health hospitals to carry a SUD Service Program license. The issue was identified	Ranjeev Puri	6/22/23 - referred to Committee on Health Policy

**BILLS & REGULATIONS PERTAINING TO SUD**

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
		through a LARA workgroup revealing duplicate licensure in some circumstances. The endeavor is to clean up the duplication and reduce burden on LARA as well as our members.		
	HB 4913	A bill to criminalize all possession or distribution of Xylazine under the Controlled Substances Act.	Kelly Breen	7/18/23-Introduced and referred to Committee on Judiciary
	SB 247	The bill would allow the holder of a special license issued by the MLCC to sell and serve alcoholic liquor on the premises of a licensed public area of a facility used for intercollegiate athletic events on dates and times other than the dates and times provided to the MLCC. A licensee that had been issued a catering permit could deliver and serve alcoholic liquor at a private event on the premises on dates and times other than the dates and times provided to the MLCC.	Sean McCann	7/19/23-Assigned PA 0096'23 with immediate effect

**FEDERAL LEGISLATION**

**BILLS & REGULATIONS PERTAINING TO MENTAL HEALTH**

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE

**BILLS & REGULATIONS PERTAINING TO SUD**

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	H.Res. 39	A res. Requesting that all illicit fentanyl and illicit fentanyl-related substances should be permanently placed in Schedule I; and for other purposes.	Neal Dunn	1/17/23-Introduced and referred to Committee on Energy and Commerce & Committee on the Judiciary

**BILLS & REGULATIONS PERTAINING TO SUD**

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
				1/27/23 - Referred to the House Subcommittee on Health.
	N/A – Proposed Rule	There is a proposed rule by the Substance Abuse and Mental Health Services Administration (SAMHSA) that would permanently allow providers to prescribe buprenorphine specifically for opioid use disorder treatment without an in-person visit in an opioid treatment program, but this is still in the proposal phase with comments due on Feb. 14, 2023.	SAMHSA	12/16/22 – Proposed 2/14/23 – Public Comment Due  <a href="#">Federal Register :: Medications for the Treatment of Opioid Use Disorder</a>
	HR 901	To require the Food and Drug Administration to prioritize enforcement of disposable electronic nicotine delivery system products.	Sheila Cherfilus-McCormick	2/09/2023 - Referred to the House Committee on Energy and Commerce. 2/17/23 - Referred to the House Subcommittee on Health.
	S. 464	A bill to amend the Internal Revenue Code of 1986 to deny the deduction for advertising and promotional expenses for tobacco products and electronic nicotine delivery systems.	Jeanne Shaheen	2/16/2023 - Read twice and referred to the Committee on Finance.
	HR 610	Marijuana 1-3 Act of 2023: A bill to provide for the rescheduling of marijuana into schedule III of the Controlled Substances Act.	Gregory Steube	1/27/23 - Referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary
	HR 467	HALT Fentanyl Act (S.1141): This bill places fentanyl-related substances as a class into schedule I of the Controlled Substances Act; the bill establishes a new, alternative registration process for schedule I research that is funded by the Department of Health and Human Services or the Department of Veterans Affairs or that is conducted under an investigative new drug exemption from the Food and Drug Administration.	H. Morgan Griffith/Bill Cassidy 5	03/24/2023 Ordered to be Reported (Amended) by the Yeas and Nays: 27 – 19 (S)-3/30/23-Read twice and referred to the Committee on the Judiciary. 5/17/2023 - Placed on Union Calendar #47 5/25/2023 – House adopted the amendment 5/30/2023 – Received in Senate and referred to the committee on the Judiciary.

**BILLS & REGULATIONS PERTAINING TO SUD**

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	HR 1291	Stopping Overdoses of Fentanyl Analogues Act: To amend the Controlled Substances Act to list fentanyl-related substances as schedule I controlled substances.	Scott Fitzgerald	03/01/2023 Referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary 3/10/23 - Referred to the Subcommittee on Health.
	HR 1839	Combating Illicit Xylazine Act (S.993): To prohibit certain uses of xylazine.	Jimmy Panetta/ Catherine Cortez Masto 7	03/28/2023 Referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary (S)-3/28/23-Read twice and referred to the Committee on the Judiciary 4/7/23 – Referred to the Subcommittee on Health
	S.983	Overcoming Prevalent Inadequacies in Overdose Information Data Sets Act or “OPIOIDS” Act: The Attorney General may award grants to States, territories, and localities to support improved data and surveillance on opioid-related overdoses, including for activities to improve postmortem toxicology testing, data linkage across data systems throughout the United States, electronic death reporting, or the comprehensiveness	Rick Scott	03/27/2023 Read twice and referred to the committee on the Judiciary
	HR 1734	TRANQ Research Act: To require coordinated National Institute of Standards and Technology science and research activities regarding illicit drugs containing xylazine, novel synthetic opioids, and other substances of concern, and for other purposes.	Mike Collins	03/29/2023 Ordered to be Reported (Amended) by the Yeas and Nays: 36 – 0 5/15/23 - Passed in House, Received in Senate 6/26/23 – Passed in Senate
	S 606	To require the Food and Drug Administration to revoke the approval of one opioid pain medication for each new opioid pain medication approved.	Joe Manchin	03/01/2023 - Read twice and referred to the Committee on Health, Education, Labor, and Pensions

## BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	HR 2867 & S 1235	Bruce's Law: Re-introduced as new bills (formerly HR 9221 in 2022). To establish an awareness campaign related to the lethality of fentanyl and fentanyl-contaminated drugs, to establish a Federal Interagency Work Group on Fentanyl Contamination of Drugs, and to provide community-based coalition enhancement grants to mitigate the effects of drug use.	David Trone & Lisa Murkowski	04/20/2023 - Read twice and referred to the Committee on Health, Education, Labor, and Pensions. 04/25/2023 - Referred to the House Committee on Energy and Commerce 04/28/2023 – Referred to the Subcommittee on Health
	HR 2891 & S 1323	SAFE Banking Act: To create protections for financial institutions that provide financial services to State-sanctioned marijuana businesses and service providers for such businesses, and for other purposes.	David Joyce & Jeff Merkley	5/3/23 - Referred to Subcommittee on Economic Opportunity 5/11/23 - Referred to Committee on Banking, Housing, and Urban Affairs
	HR 3375	To establish programs to address addiction and overdoses caused by illicit fentanyl and other opioids, and for other purposes.	Ann Kuster	05/16/2023-Referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary 5/19/2023 – Referred to the Subcommittee on Health
	HR 4106	To amend the 21st Century Cures Act to expressly authorize the use of certain grants to implement substance use disorder and overdose prevention activities with respect to fentanyl and xylazine test strips.	Jasmine Crockett	06/14/2023 - Referred to the House Committee on Energy and Commerce 06/16/2023 - Referred to the Subcommittee on Health.
	S. 1785	To establish programs to address addiction and overdoses caused by illicit fentanyl and other opioids; i.e, enhanced surveillance, collection of overdose data, increase fentanyl detection and screening abilities, and other purposes.	Ed. Markey	05/31/2023 Read twice and referred to the Committee on Health, Education, Labor, and Pensions
	HR 3563	To amend the Controlled Substances Act to exempt from punishment the possession, sale, or purchase of fentanyl drug testing equipment.	Jasmine Crockett	05/22/2023 - Referred to the Committee on the Judiciary, and in addition to the Committee on Energy and Commerce

### BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
				05/26/2023 - Referred to the Subcommittee on Health.
	S. 1080	Cooper Davis Act – this legislation would require Big Tech to take a more proactive role against drug dealing on their social media platforms.	Marshall Roger	3/30/2023 - Read twice and referred to the Committee on the Judiciary. 7/13/2023 - Committee on the Judiciary. Ordered to be reported with an amendment in the nature of a substitute favorably.
	HR 3684	To direct the Secretary of Defense to establish a grant program for using psychedelic substances to treat certain conditions, and for other purposes.	Dan Crenshaw	5/25/2023-Referred to the House Committee on Armed Services.
	HR 4531	Support for Patients and Communities Reauthorization Act: The bill would reauthorize provisions of the SUPPORT for Patients and Communities Act, originally passed in 2018.	Brett Guthrie	7/11/2023 – Introduced in House, referred to House Energy and Commerce Committee 7/19/23 - Ordered to be Reported (Amended) by the Yeas and Nays: 49 - 0

### LEGISLATIVE CONCERNS

#### LOCAL THREATS AND CHALLENGES

ISSUE	SUMMARY	COUNTY	ADDITIONAL INFORMATION/LINKS
<b>End of PHE Medicaid Beneficiary Renewals</b>	MDHHS has started mailing renewal letters for Medicaid redeterminations following the end of the Public Health Emergency . Emergency Medicaid coverage protection extended during the COVID-19 pandemic expired on April 1st. This could result in up to 400,000 Michigan residents losing Medicaid coverage.		<a href="http://www.Michigan.gov/2023BenefitChanges">www.Michigan.gov/2023BenefitChanges</a>  <a href="#">Medicaid review could drop 400,000 Michigan residents from coverage   Bridge Michigan</a>

## MISCELLANEOUS UPDATES

ISSUE	SUMMARY	COUNTY	ADDITIONAL INFORMATION/LINKS
<b>FY24 State Budget Recommendations</b>	<p>Governor Whitmer’s FY2024 State Budget Recommendation includes the following areas related to behavioral health and SUD:</p> <ul style="list-style-type: none"> <li>• \$300 million for student mental health to ensure students’ needs can be identified and provided with the right support.</li> <li>• \$210.1 million for Direct Care Worker Wages (\$74.5 million general fund) to increase wage support to direct care professionals providing Medicaid behavioral health services, care at skilled nursing facilities, community-based supports through MI Choice, MI Health Link, and Home Help programs and in-home services funded through area agencies on agencies. These funds support an increase that would average about \$1.50 / hour (10%)</li> <li>• \$5 million for behavioral health recruitment supports (general fund) that would fund scholarships and other recruiting tools to attract and support people interested in training to become behavioral health providers.</li> </ul>		<p>Access budget material at:  <a href="https://www.michigan.gov/budget">https://www.michigan.gov/budget</a></p>
<b>MIHealthyLife</b>	<p>In fall 2023, MDHHS will ask Medicaid health plans for new contract proposals to provide health services to people enrolled in Medicaid, including Behavioral Health. MDHHS is providing a survey for stakeholders to submit ideas to make the program better and collecting input about potential changes to the new contracts.</p>		<p><a href="https://www.michigan.gov/MIHealthyLife">MIHealthyLife (michigan.gov)</a></p>
<b>CMS Plan for States to Use Medicaid for Incarcerated Substance Use Treatment</b>	<p>Recently, the Director of the Office of National Drug Control Policy (ONDCP), Dr. Rahul Gupta, announced that all federal prisons will offer medication-assisted treatment (MAT) for substance use disorder by this summer. Additionally, Dr. Gupta noted that the Centers for Medicare and Medicaid Services (CMS) will release guidance to support states in using Medicaid 1115 waivers to cover substance use treatment for people who are incarcerated</p>		<p><a href="#">A disappointing report card for primary care - POLITICO</a> (relevant information is about halfway down the page)</p>
<b>Post-Pandemic Telehealth Policy</b>	<p>The recently released Michigan Medicaid bulletin reflects all of the recommendations of the CMHA Behavioral Telehealth Advisory Group</p>		<p><a href="#">Final Bulletin MMP 23-10-Telemedicine.pdf (govdelivery.com)</a></p>
<b>Biden-Harris Administration</b>	<p>The Biden Administration’s new proposal would significantly strengthen the nation’s parity enforcement and ensure that people with mental health and substance use conditions do</p>		<p>7/25/2023:</p>



ISSUE	SUMMARY	COUNTY	ADDITIONAL INFORMATION/LINKS
<b>Announce New Proposed Parity Rules</b>	not face arbitrary barriers to receiving care. The proposed rule is aimed at improving health plan compliance with the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA), which requires health plans to provide mental health and substance use coverage at parity with medical/surgical coverage. A public comment period on the proposed rule will follow.		<a href="#">Departments of Labor, Health and Human Services, Treasury announce proposed rules to strengthen Mental Health Parity and Addiction Equity Act   HHS.gov</a>

### **Elected Officials**

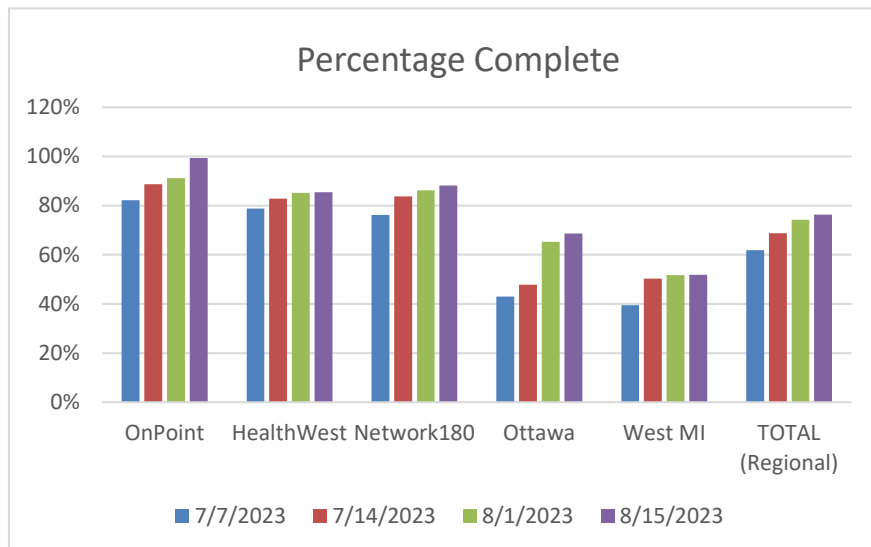
<b>FEDERAL</b>			
	NAME	NATIONAL OFFICE CONTACT INFORMATION	LOCAL OFFICE CONTACT INFORMATION
US Senate	Debbie Stabenow	731 Hart Senate Office Building Washington, D.C. 20510-2204 Phone: (202) 224-4822	1025 Spaulding Avenue Southeast Suite C Grand Rapids, MI 49546 Phone: (616) 975-0052
US Senate	Gary Peters	Hart Senate Office Building Suite 724 Washington, D.C. 20510 Phone: (202) 224-6221	110 Michigan Street NW Suite 720 Grand Rapids, MI 49503 Phone: (616) 233-9150
US Representative	Bill Huizenga	2232 Rayburn HOB Washington, D.C. 20515 Phone: (202) 225-4401	170 College Ave. Suite 160 Holland, MI 49423 Phone: (616) 251-6741
US Representative	Hillary Scholten	1317 Longworth House Office Building Washington, DC 20515 Phone: (202) 225-3831	110 Michigan Street NW Grand Rapids, MI 49503 Phone: (616) 451-8383

**FEDERAL**

NAME		NATIONAL OFFICE CONTACT INFORMATION	LOCAL OFFICE CONTACT INFORMATION
US Representative	John Moolenaar	246 Cannon House Office Building Washington, DC 20515 Phone: (202) 225-3561	8980 North Rodgers Court Suite H Caledonia, MI 49316 Phone: (616) 528-7100

**STATE**

Find Your State Senator	<a href="https://senate.michigan.gov/FindYourSenator/">Home Page Find Your Senator - Michigan Senate</a> ( <a href="https://senate.michigan.gov/FindYourSenator/">https://senate.michigan.gov/FindYourSenator/</a> )
Find Your State Representative	<a href="https://www.house.mi.gov/">Michigan House - Home Page</a> ( <a href="https://www.house.mi.gov/">https://www.house.mi.gov/</a> )



**GOAL:**

50% Enrollment by April 1, 2023

75% by July 1, 2023

**100% by October 1, 2023**

CMHSP	7/7/2023	7/14/2023	8/1/2023	8/15/2023
OnPoint	82%	89%	91%	99%
HealthWest	79%	83%	85%	85%
Network180	76%	84%	86%	88%
Ottawa	43%	48%	65%	69%
West MI	40%	50%	52%	52%
<b>TOTAL (Regional)</b>	<b>62%</b>	<b>69%</b>	<b>74%</b>	<b>76%</b>

CMHSP	Total Expected Cases Reported by CMH	Currently Enrolled - 8/1/23	Currently Enrolled - 8/15/2023	Withdrawn - 8/1/23	Withdrawn - 8/15/23	Total Pending in WSA Queue - 8/15/23
OnPoint	170	154	168	277	277	24
HealthWest	500	426	427	422	424	8
Network180	831	716	733	328	329	5
Ottawa	590	385	405	47	47	103
West MI	567	293	294	238	238	5
<b>TOTAL (Regional)</b>	<b>2468</b>	<b>1974</b>	<b>2027</b>	<b>1312</b>	<b>1315</b>	<b>145</b>

**\*\*West MI CMH is in the process of reviewing their case numbers, and is predicting that their total enrollment number will decrease. If that is the case, our total enrollment rate will increase.**

**\*Totals with all currently pending cases enrolled\***



## Information Officer Report – August 2023

8/16/2023

### Summary:

#### 1. MCIS Software:

Recently completed:

- MDHHS required changes to EQI reporting for new/revised FY23 EQI Period 2.

Implementations still underway (to be completed by 10/1/2023):

- MDHHS required changes/additions to BHTEDS for FY24.
- MDHHS required changes to encounters for FY24 enhancements to Coordination of Benefits reporting and TPL reporting in association with direct run services.

#### 2. Data Analytics and Reporting:

New implementations:

- LRE Customer Satisfaction Surveys FY23 – completed.
- BHTEDS Performance Improvement (with focus on Veteran and Military fields) – completed.
- Critical Incidents Dashboard – in development.

Recently updated/enhanced:

- CCBHC Dashboards – Added SAA-AD (*Adherence to Antipsychotic Medications for Individuals w/Schizophrenia*)

#### 3. Encounter reporting to MDHHS:

**FY23 Encounter reporting** is showing good volume through June 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:** Completeness measurement recently received from MDHHS (8/14/2023) shows that LRE BH-TEDS continue to be reported above the 95% compliance threshold regionally on all measures (Mental Health, Mental Health Crisis Only, and SUD). See additional detail on pages 2 - 3 below.

#### 4. MDHHS Electronic Visit Verification (EVV) Implementation Kickoff.

MDHHS has scheduled a project Kickoff meeting (8/24/2023) for implementation of the state-wide Electronic Visit Verification (EVV) system. EVV systems will be used by providers and their direct care workers when personal care services are delivered in the home. Although this is primarily driven by anti-fraud initiatives in the federal **21<sup>st</sup> Century Cures Act**, it also brings the potential for faster and more accurate tracking of service delivery confirmation and capture of service start and stop times. Providers will have a choice to use either the MDHHS state-wide provided system, or another EVV system of their choice (if it meets all required State of Michigan EVV standards). Balancing the potential for gains in speed and data accuracy is the need for a fairly large and complex implementation project to put this process into motion, involving coordinated changes in IT systems across Provider, CMHSP, PIHP and MDHHS systems, including impacts on EMR software systems, billing and payment modules, and encounter reporting subsystems. Additional detail about EVV and the 21<sup>st</sup> Century Cures Act is also available online at: <https://www.medicaid.gov/medicaid/home-community-based-services/guidance/electronic-visit-verification-evv/index.html> and <https://www.michigan.gov/mdhhs/inside-mdhhs/newsroom/2023/03/23/evv-system>

**Additional Details: BHTEDS Completeness Measures, FY23 per MDHHS as of 8/14/2023:**

FY23 MH Encounters w/BH-TEDS records				
Encounters: 10/01/2022 - 06/30/2023*			BH-TEDS: 07/01/2021 - 08/14/2023	
Region Name	Submitter ID	Distinct Count of Individuals With		Current Completion Rate
		Non-H0002 & Non-Crisis, Non-OBRA Assessment & Non-Transportation Encounters	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	11,209	311	97.23%
Detroit/Wayne	00XH	56,267	3,871	93.12%
Lakeshore Regional Entity	00ZI	19,430	612	96.85%
Macomb	00GX	13,134	427	96.75%
Mid-State Health Network	0107	39,851	1,317	96.70%
NorthCare Network	0101	6,016	48	99.20%
Northern MI Regional Entity	0108	12,216	315	97.42%
Oakland	0058	23,753	496	97.91%
Region 10	0109	19,952	193	99.03%
Southwest MI Behavioral Health	0102	22,224	240	98.92%
Statewide		224,052	7,830	96.51%

Key	
95.00+ = Compliant	*Encounters = All MH encounters <b>excluding:</b> 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 - 06/30/2023**			BH-TEDS: 07/01/2021 - 08/14/2023	
Region Name	Submitter ID	Distinct Count of Individuals With		Current Completion Rate
		Crisis Encounters	Crisis Encounters But NO BH-TEDS Record Since 07/01/2021	
CMH Partnership of SE MI	00XT	2,389	42	98.24%
Detroit/Wayne	00XH	8,103	62	99.23%
Lakeshore Regional Entity	00ZI	5,437	56	98.97%
Macomb	00GX	1,691	52	96.92%
Mid-State Health Network	0107	9,411	258	97.26%
NorthCare Network	0101	1,581	6	99.62%
Northern MI Regional Entity	0108	3,551	90	97.47%
Oakland	0058	2,635	63	97.61%
Region 10	0109	2,845	100	96.49%
Southwest MI Behavioral Health	0102	3,097	6	99.81%
Statewide		40,740	735	98.20%

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 10/01/2022-06/30/2023\*\*\*

Does Not Have Open Admission at Time of Encounter as of 08/14/2023

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	2,561	22	99.14%
Detroit/Wayne	00XH	6,885	1	99.99%
Lakeshore Regional Entity	00ZI	5,006	113	97.74%
Macomb	00GX	3,293	10	99.70%
Mid-State Health Network	0107	8,607	6	99.93%
NorthCare Network	0101	1,549	1	99.94%
Northern MI Regional Entity	0108	3,420	38	98.89%
Oakland	0058	2,707	36	98.67%
Region 10	0109	4,531	18	99.60%
Salvation Army	002Y	171	48	71.93%
Southwest MI Behavioral Health	0102	4,975	115	97.69%
Statewide		43,705	408	99.07%

**Key**

95.00+ = Compliant
90.00-94.99
85.00-89.99
<85.00

\*\*\*Encounters = All SUD encounters **excluding** H2034, S0280 & T1040



**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.

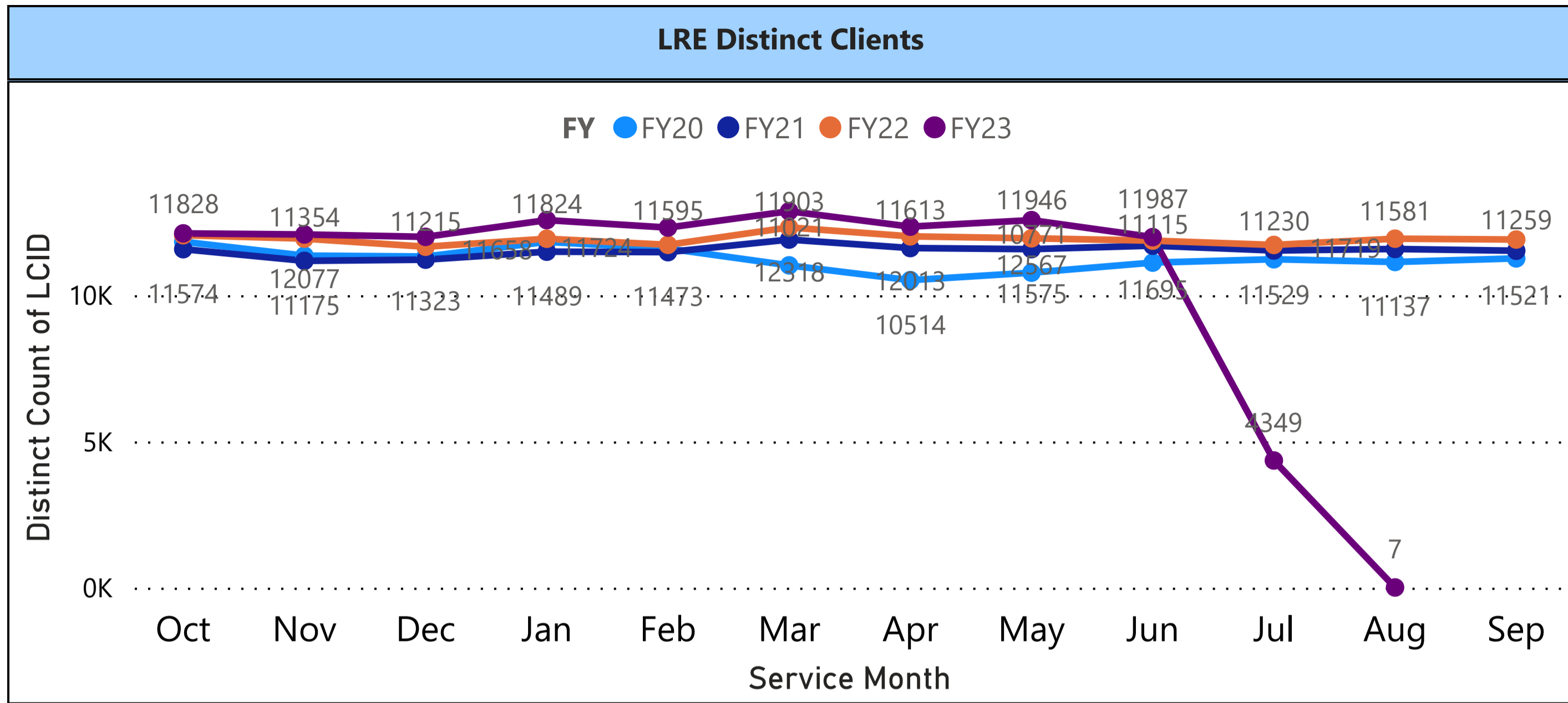
### **Reports in Dashboard:**

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.

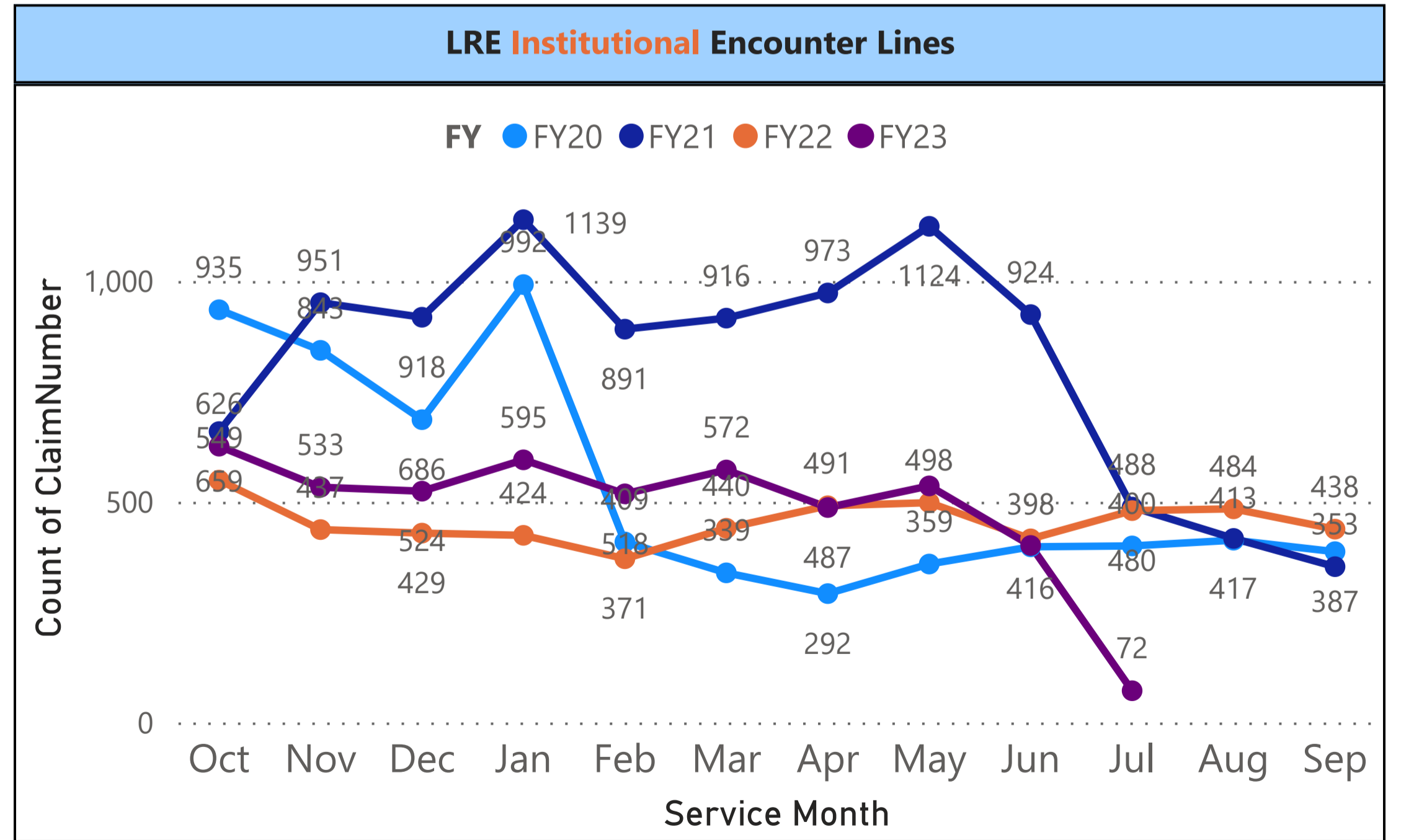
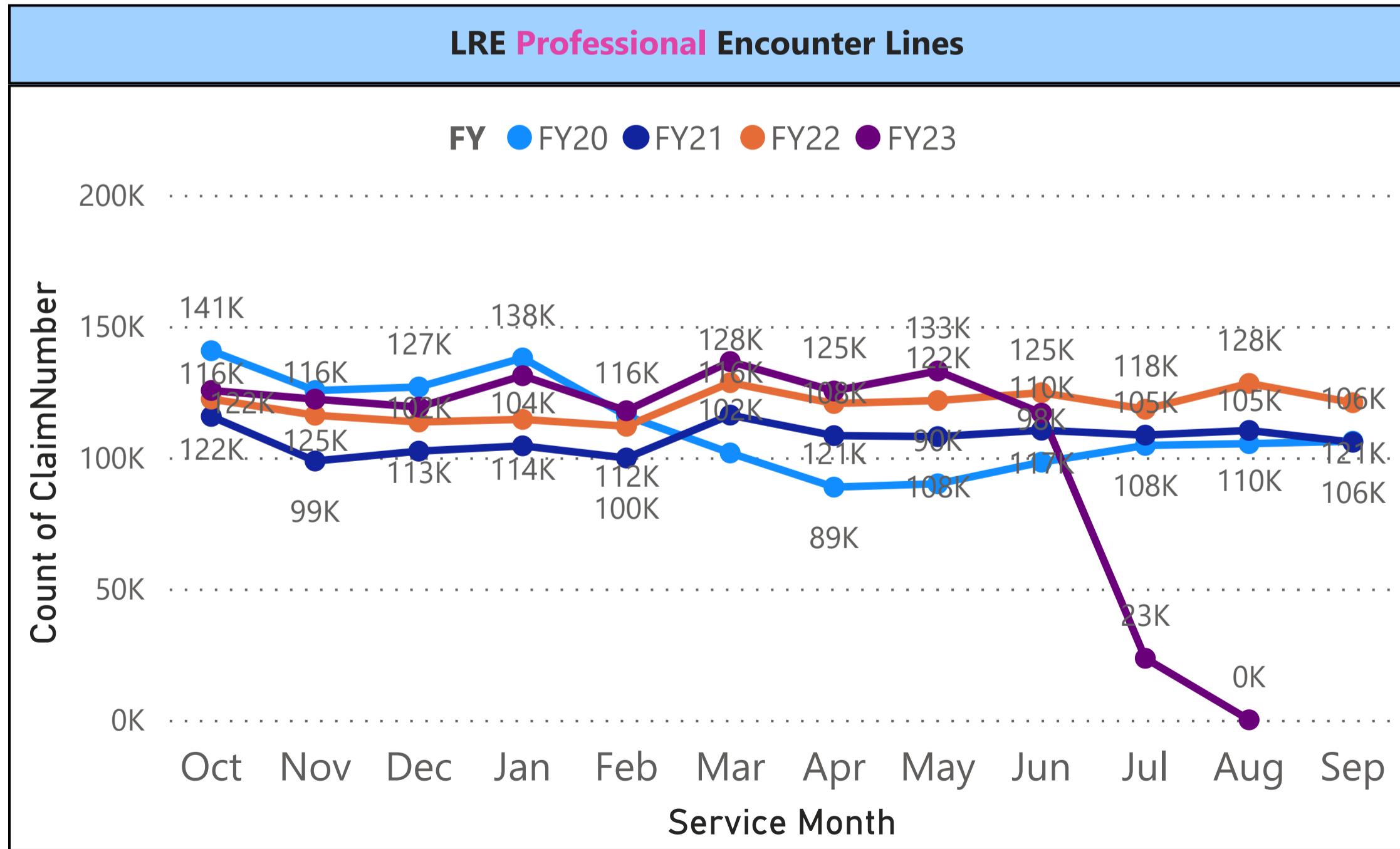


# LRE Behavioral Health



**FY: All**

- Select all
- FY20
- FY21
- FY22
- FY23



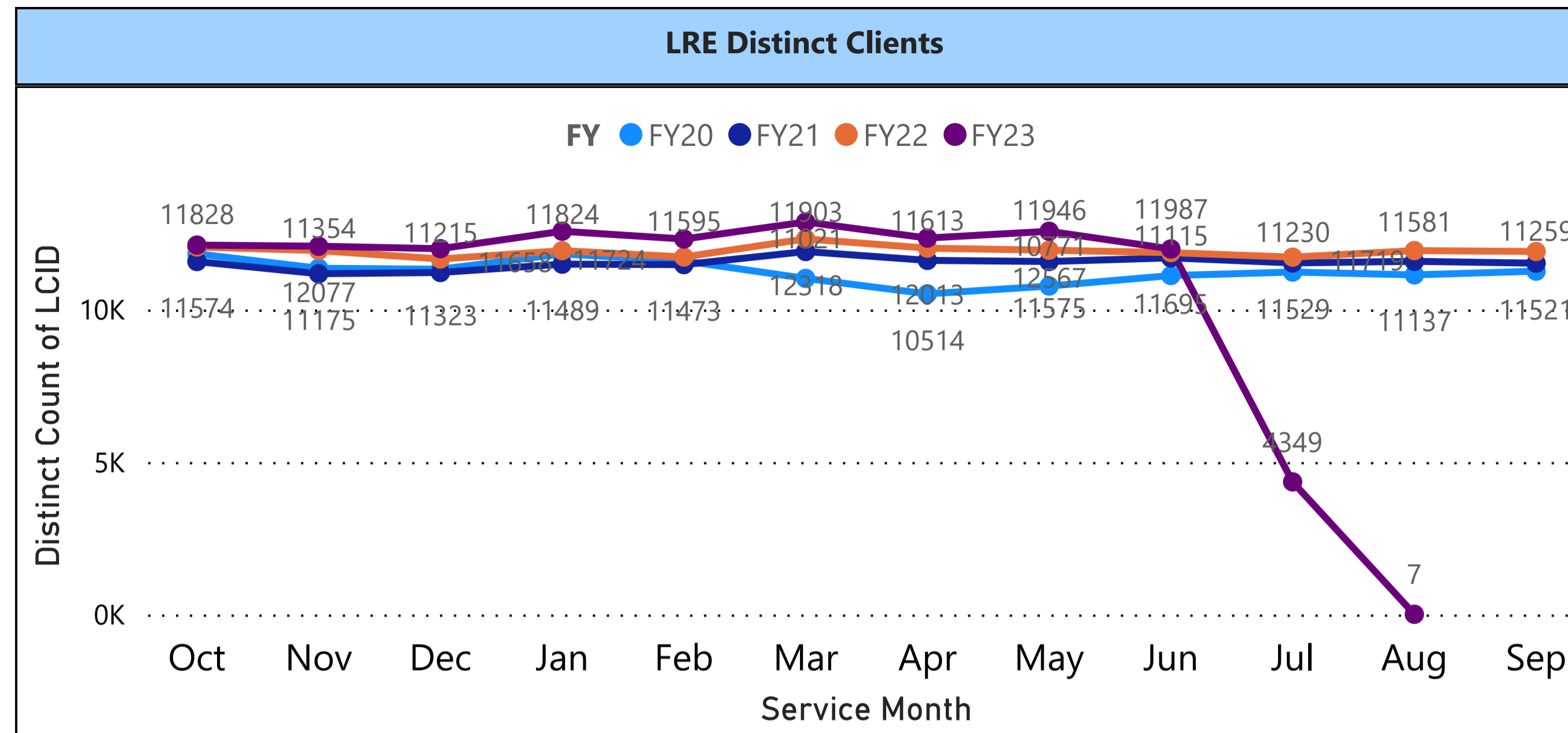
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Latest ProcessDate



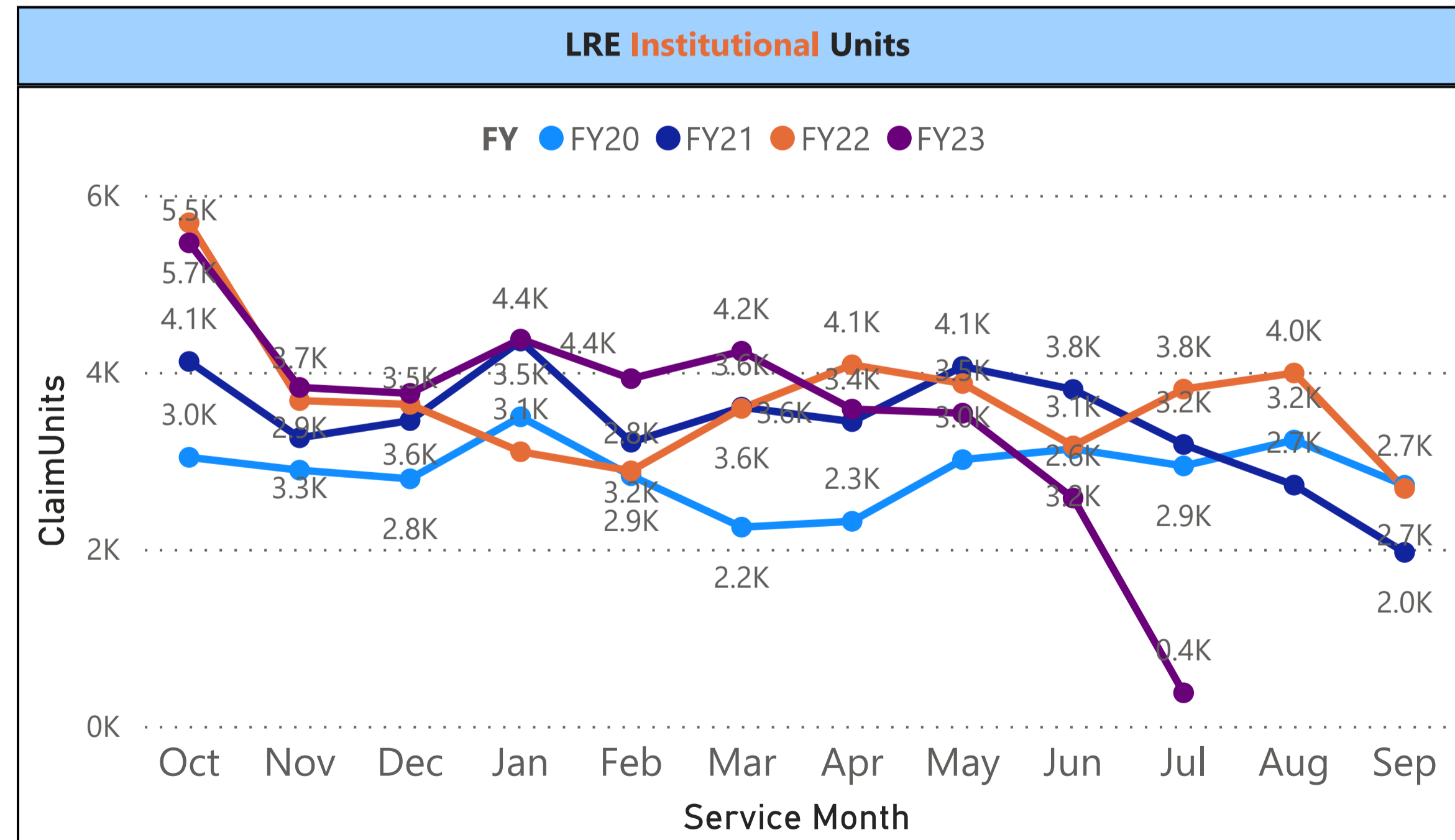
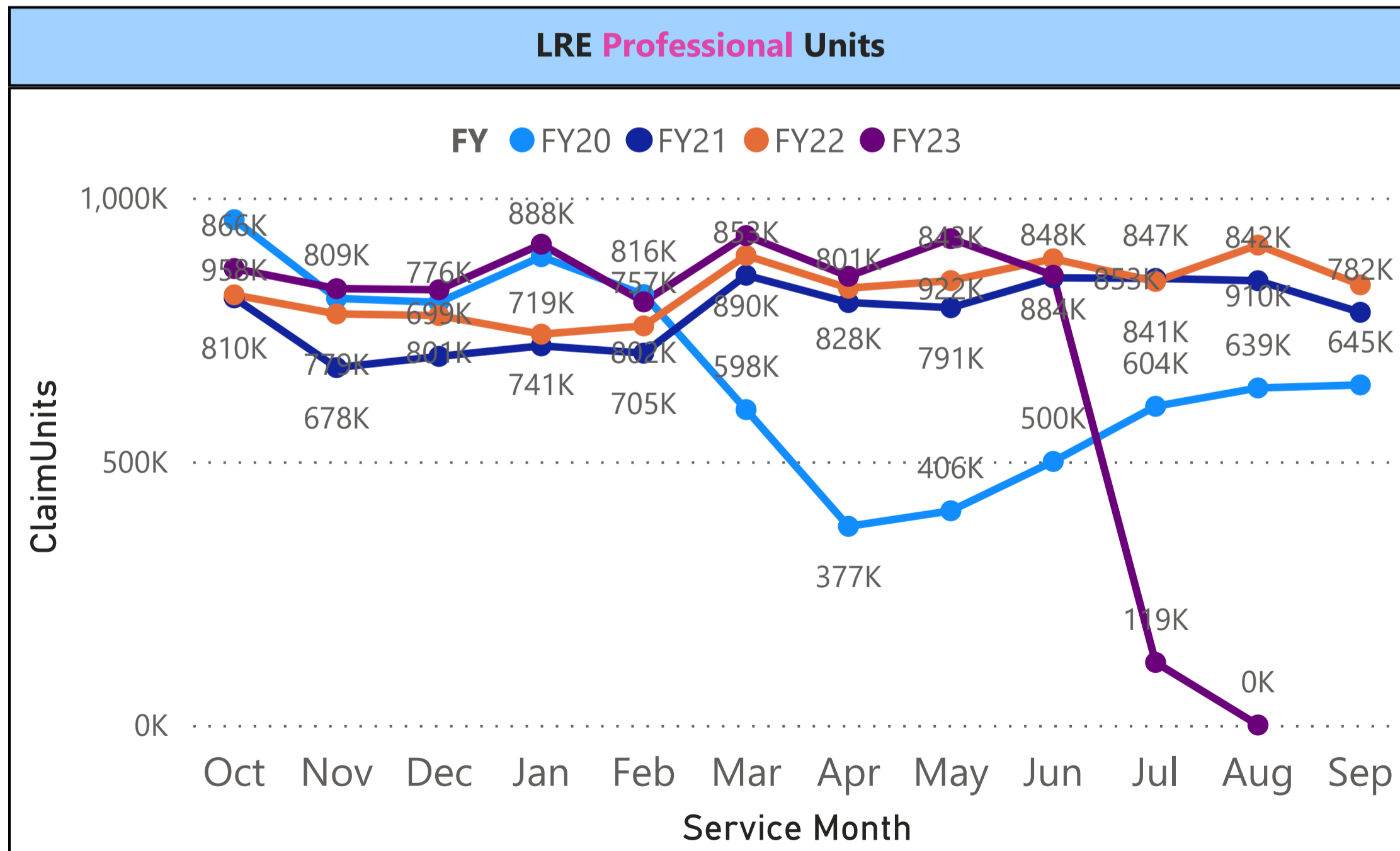


# LRE Behavioral Health



**FY: All**

- Select all
- FY20
- FY21
- FY22
- FY23

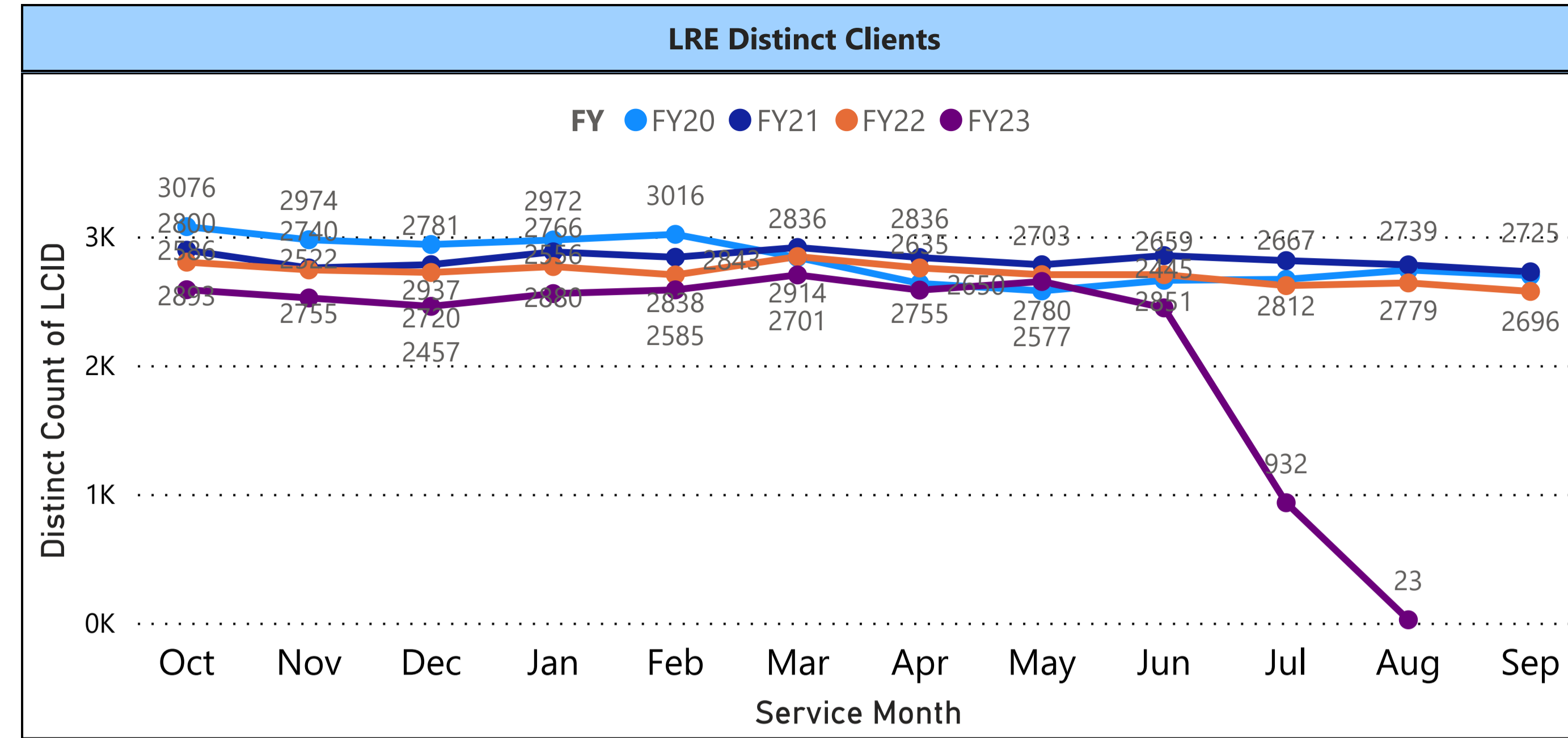


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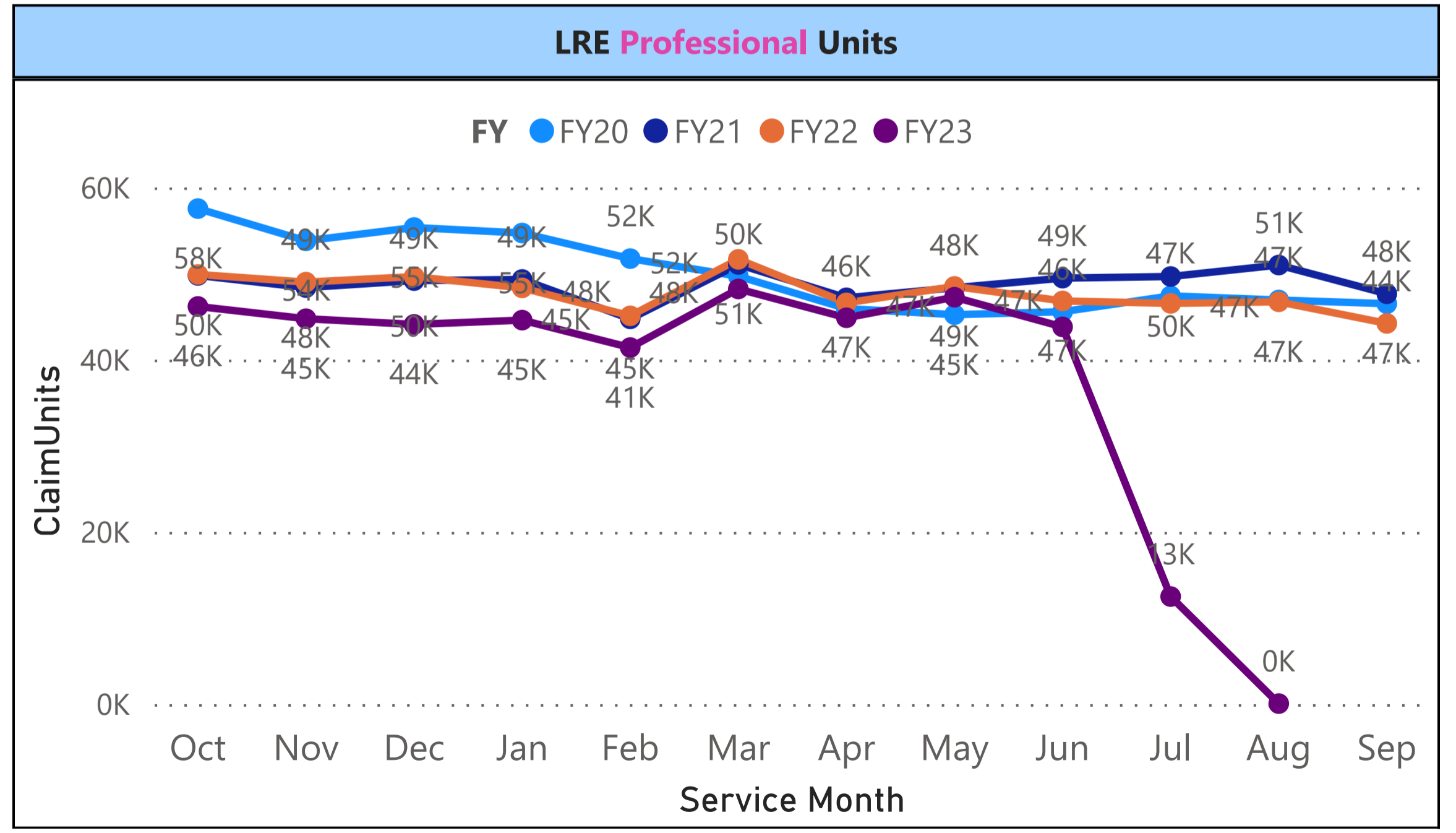
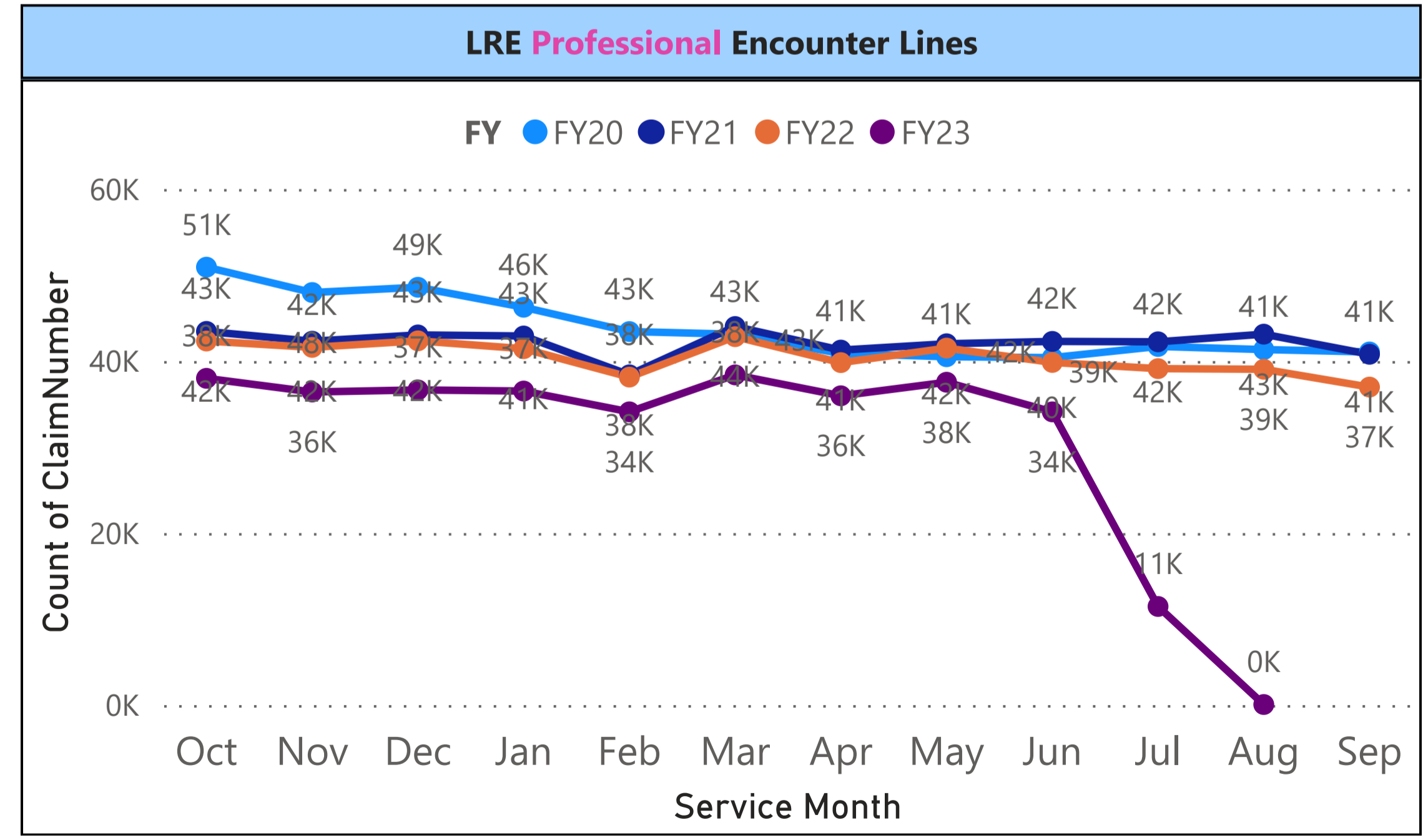


# LRE Substance Use Disorder



**FY: All**

- Select all
- FY20
- FY21
- FY22
- FY23

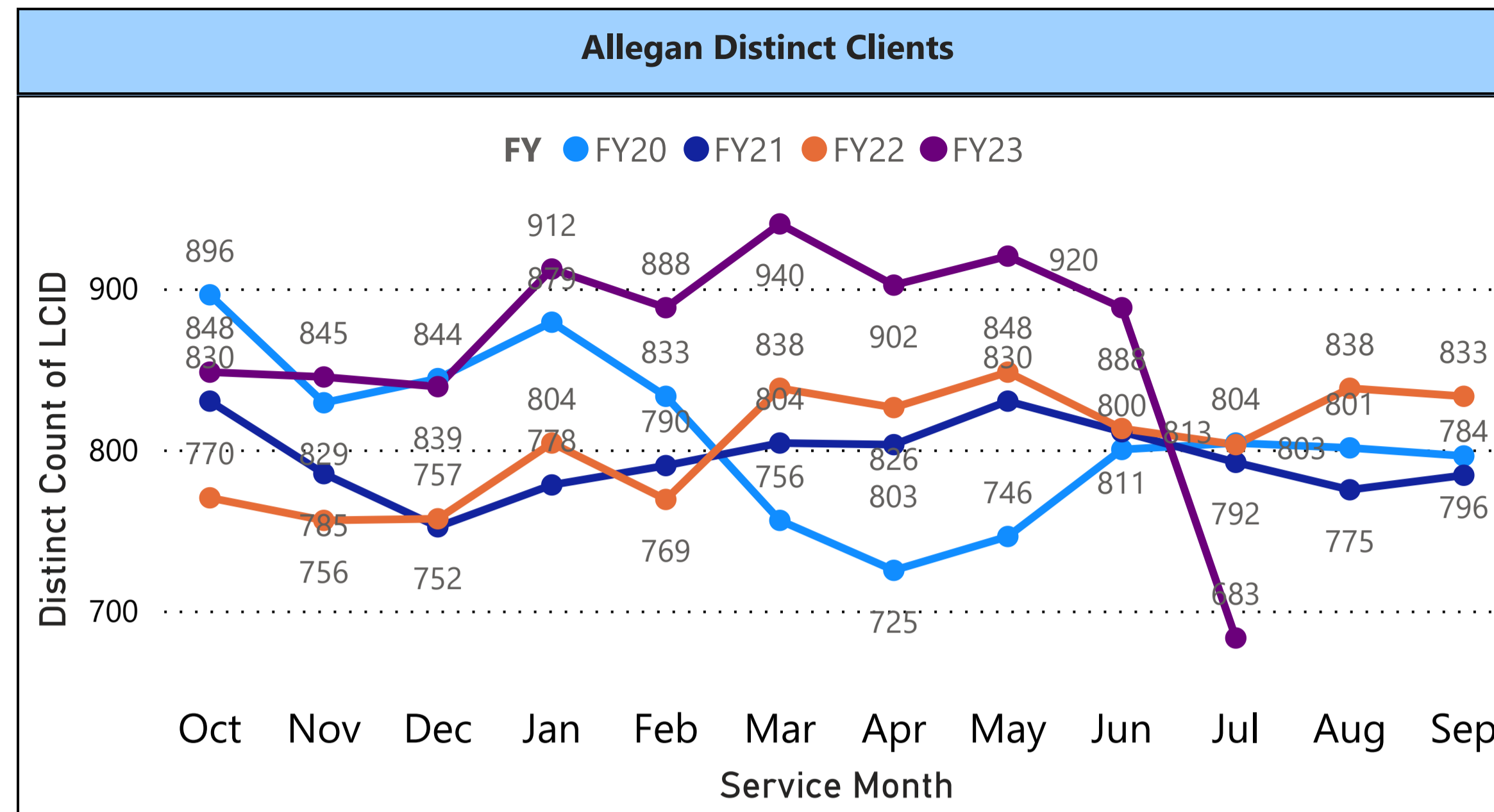


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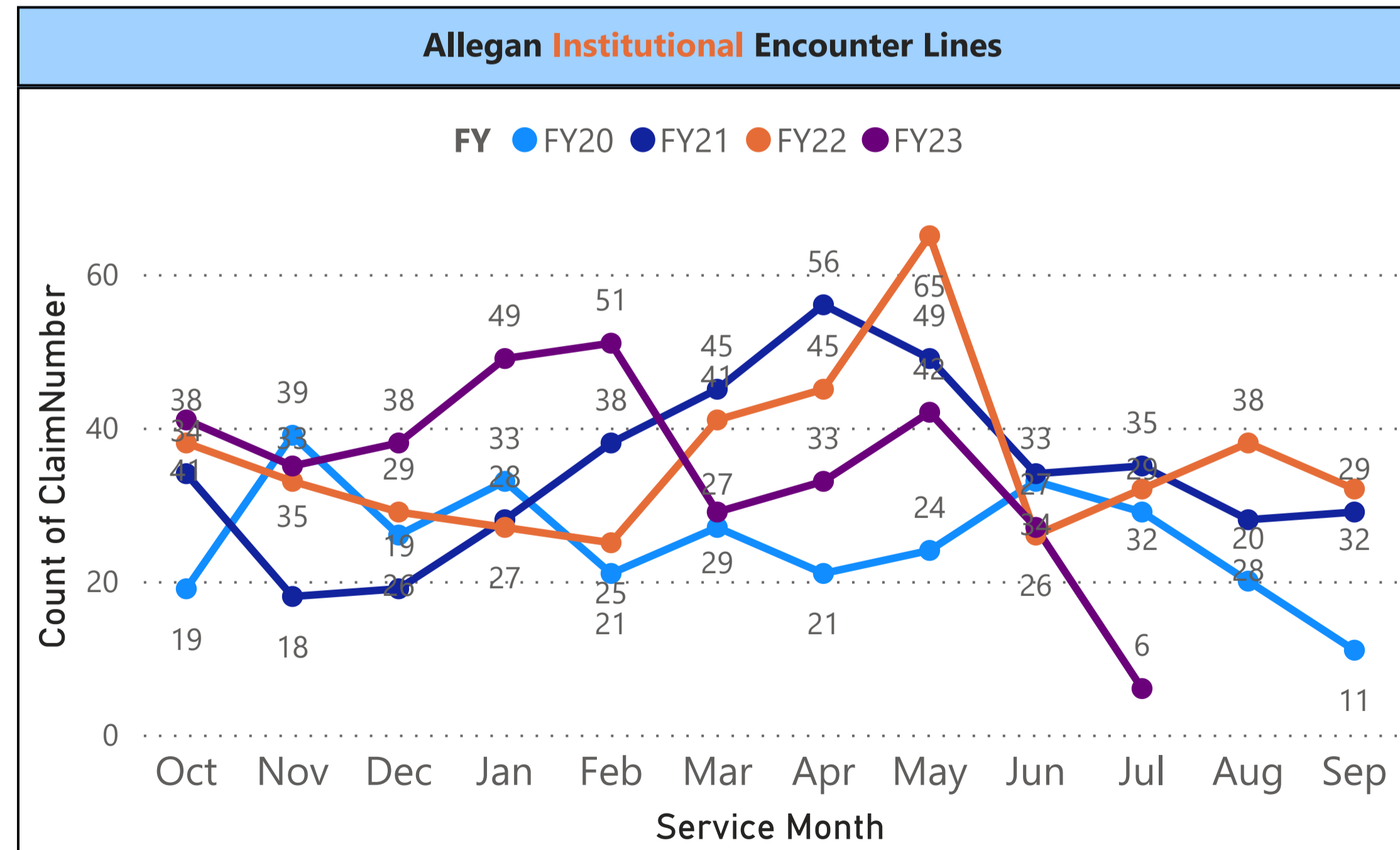
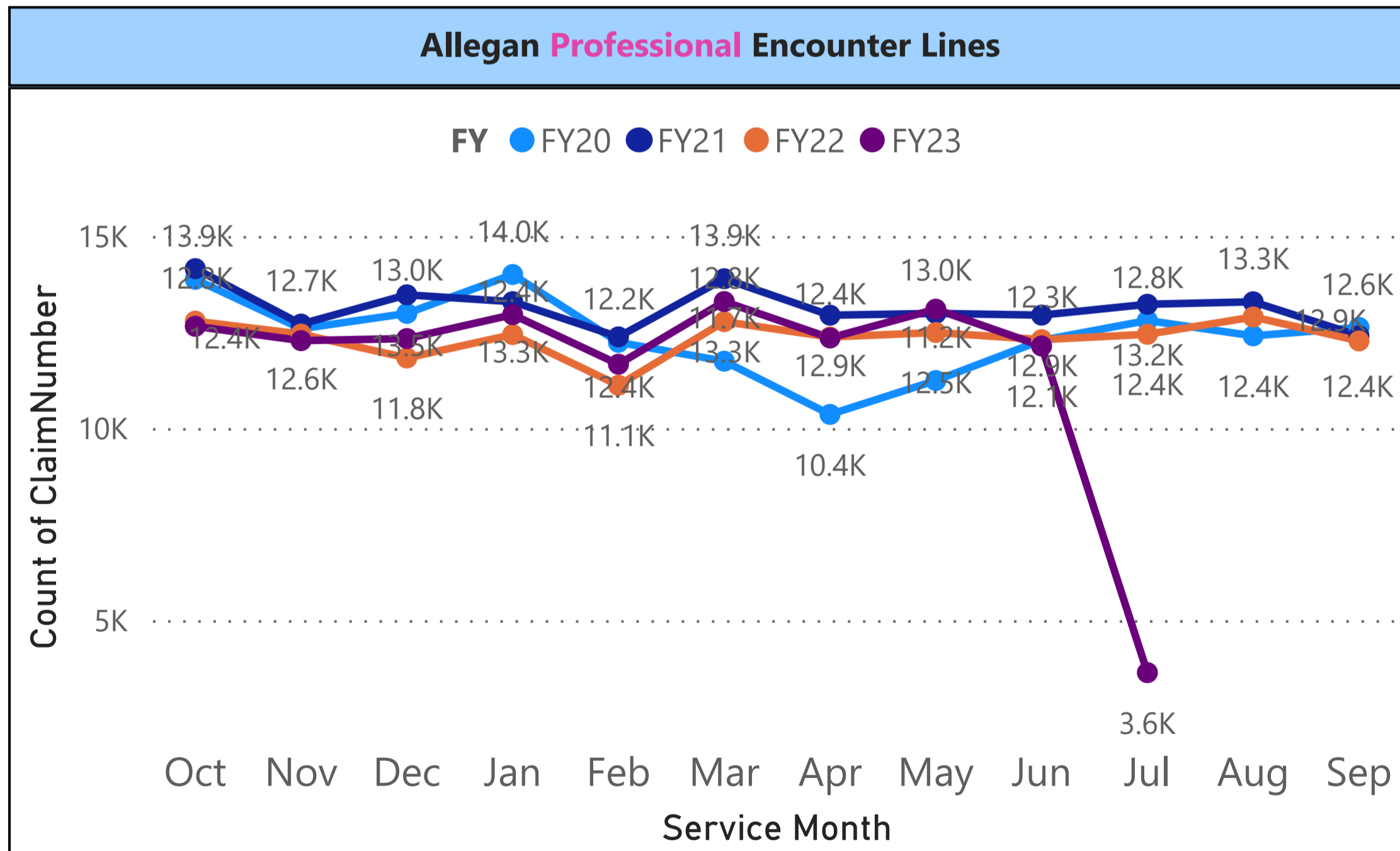


# Allegan Behavioral Health



FY: All

- Select all
- FY20
- FY21
- FY22
- FY23

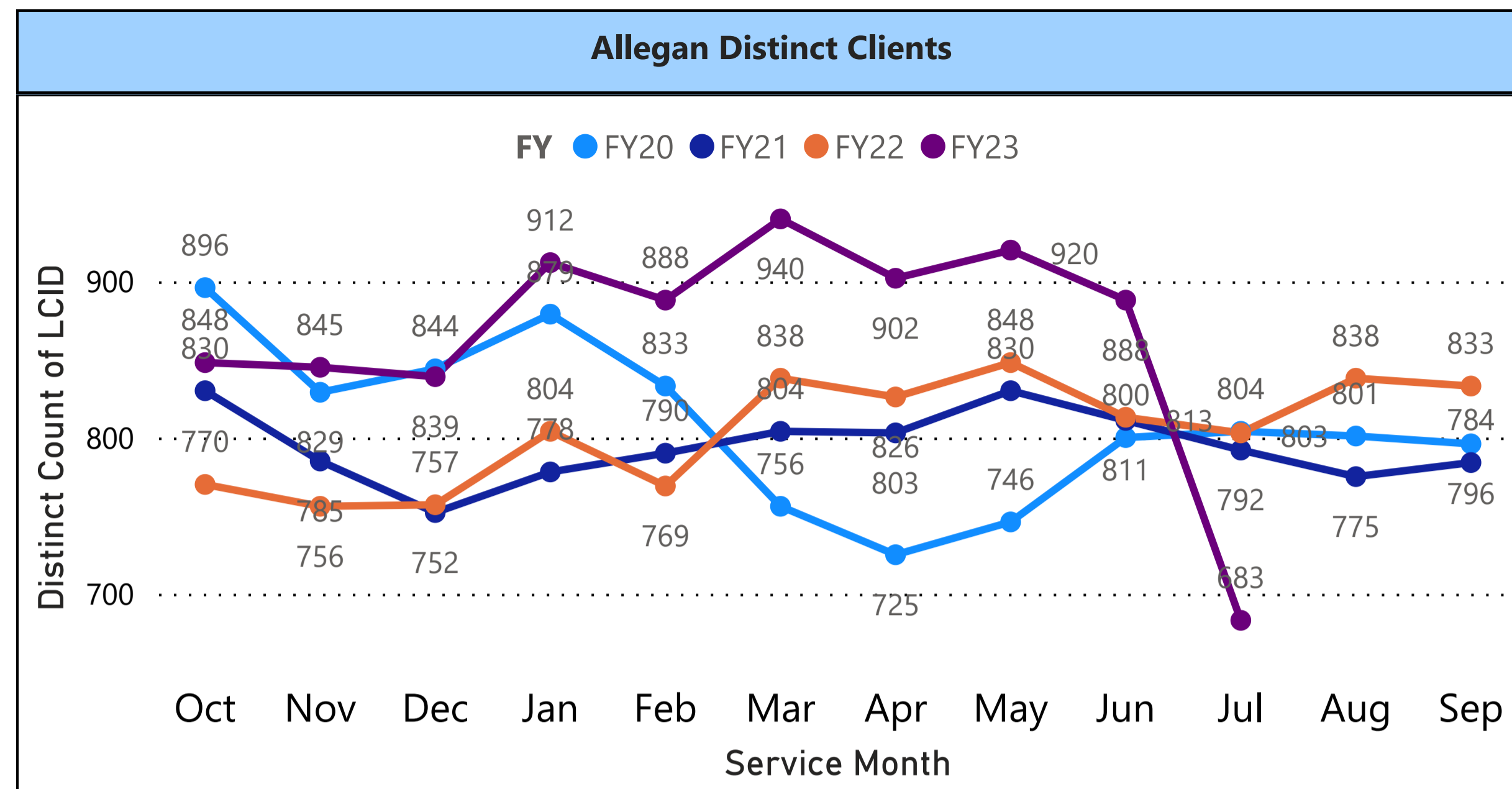


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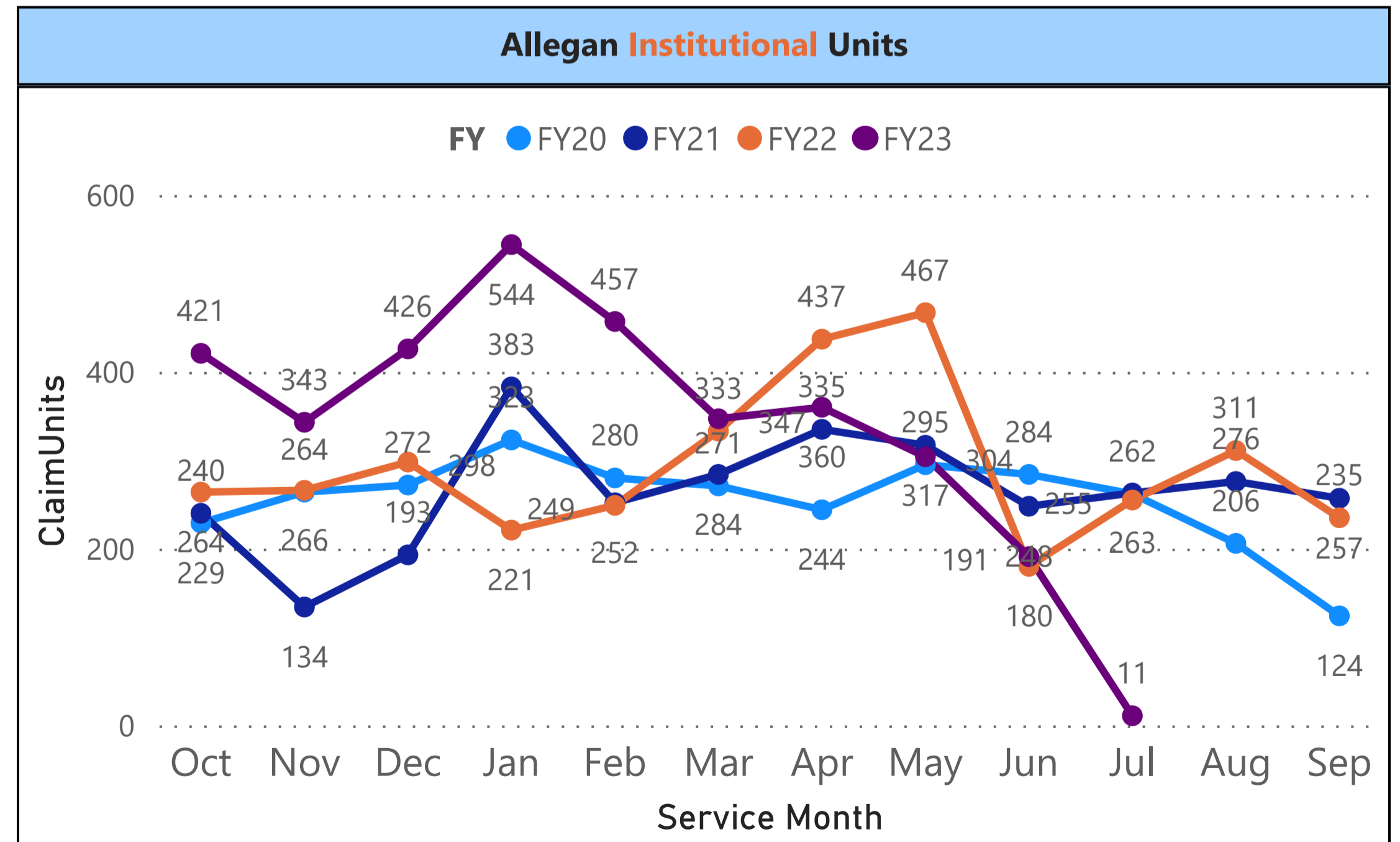
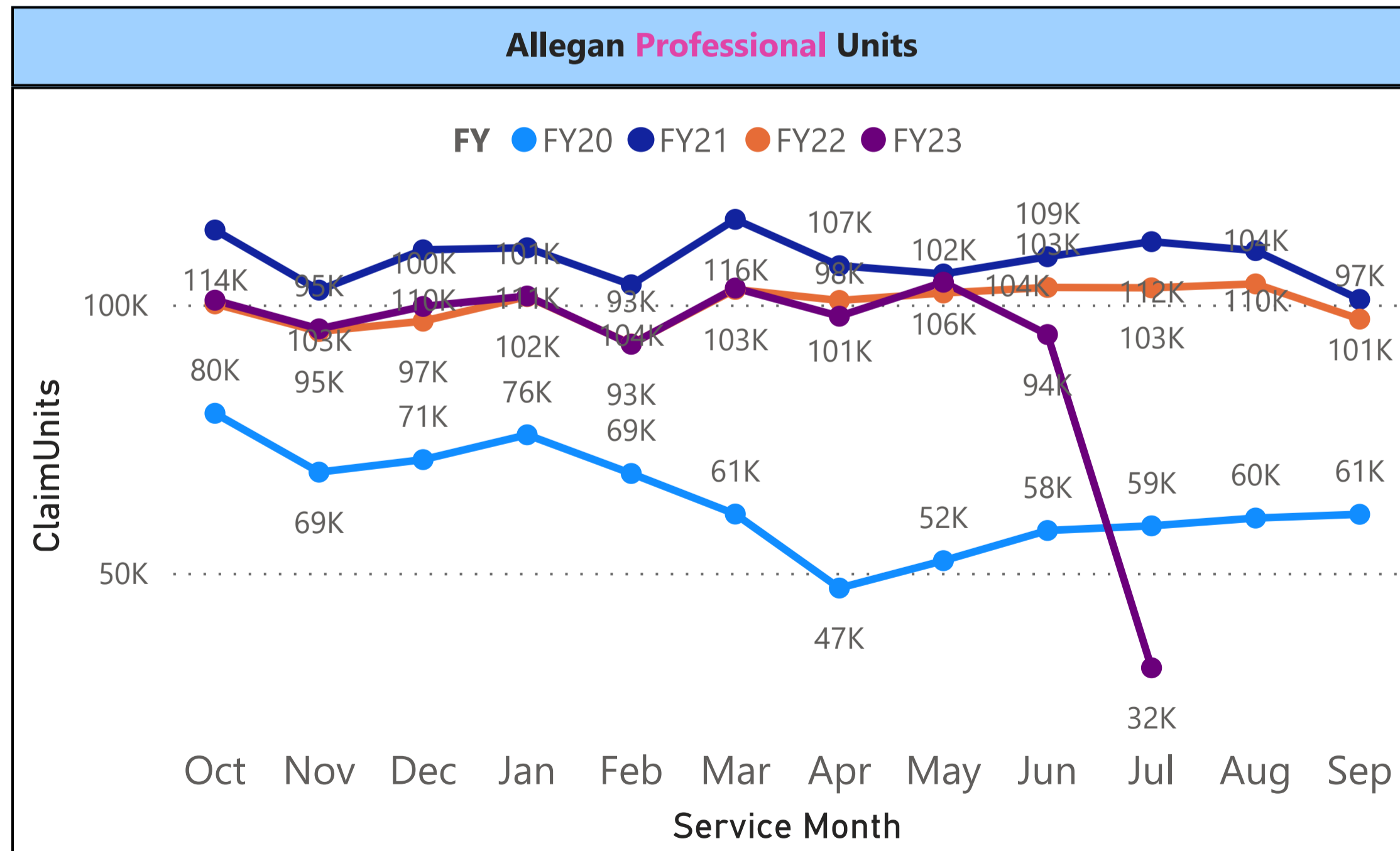


# Allegan Behavioral Health



**FY: All**

- Select all
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- FY21
- FY22
- FY23

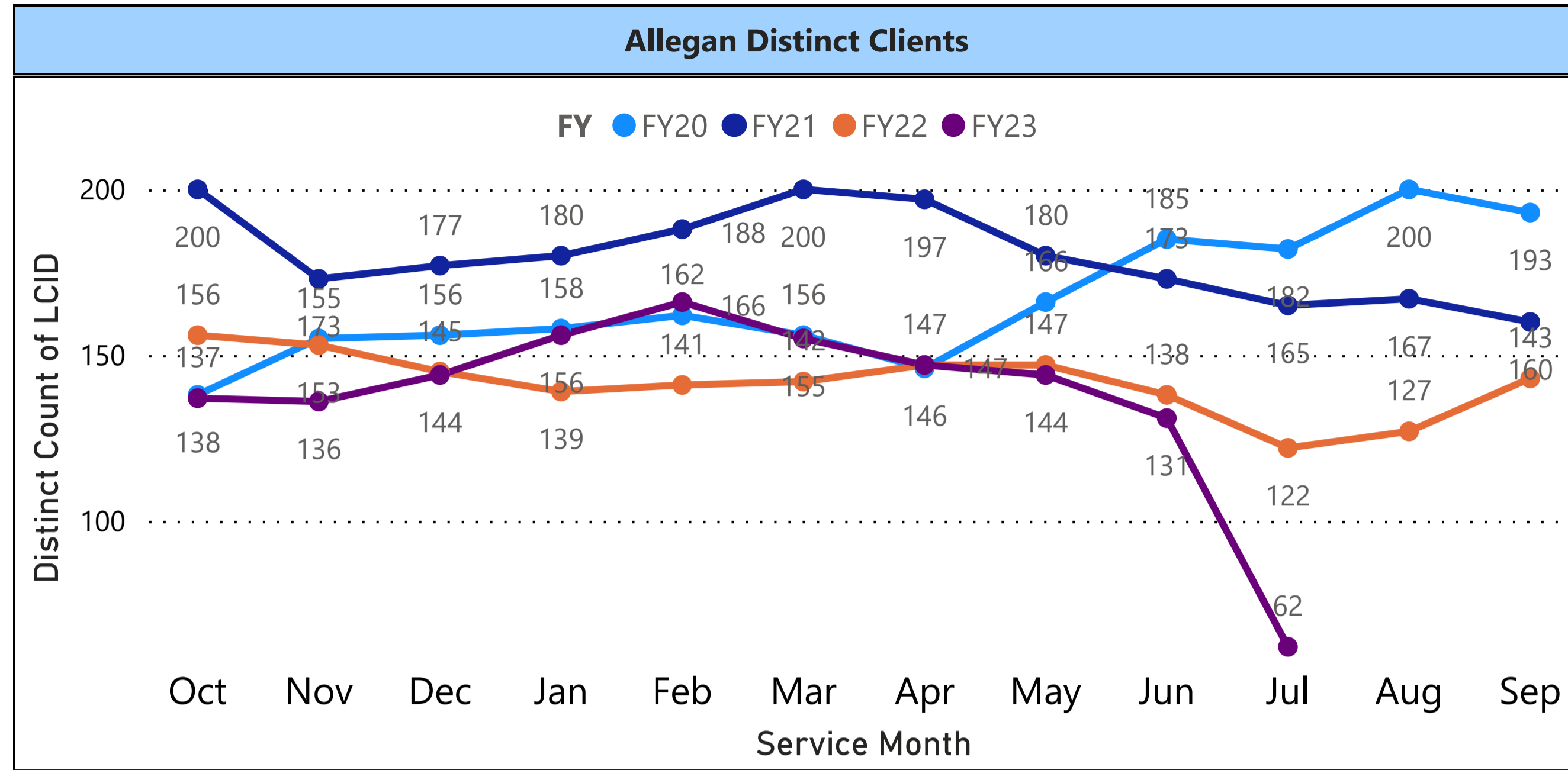


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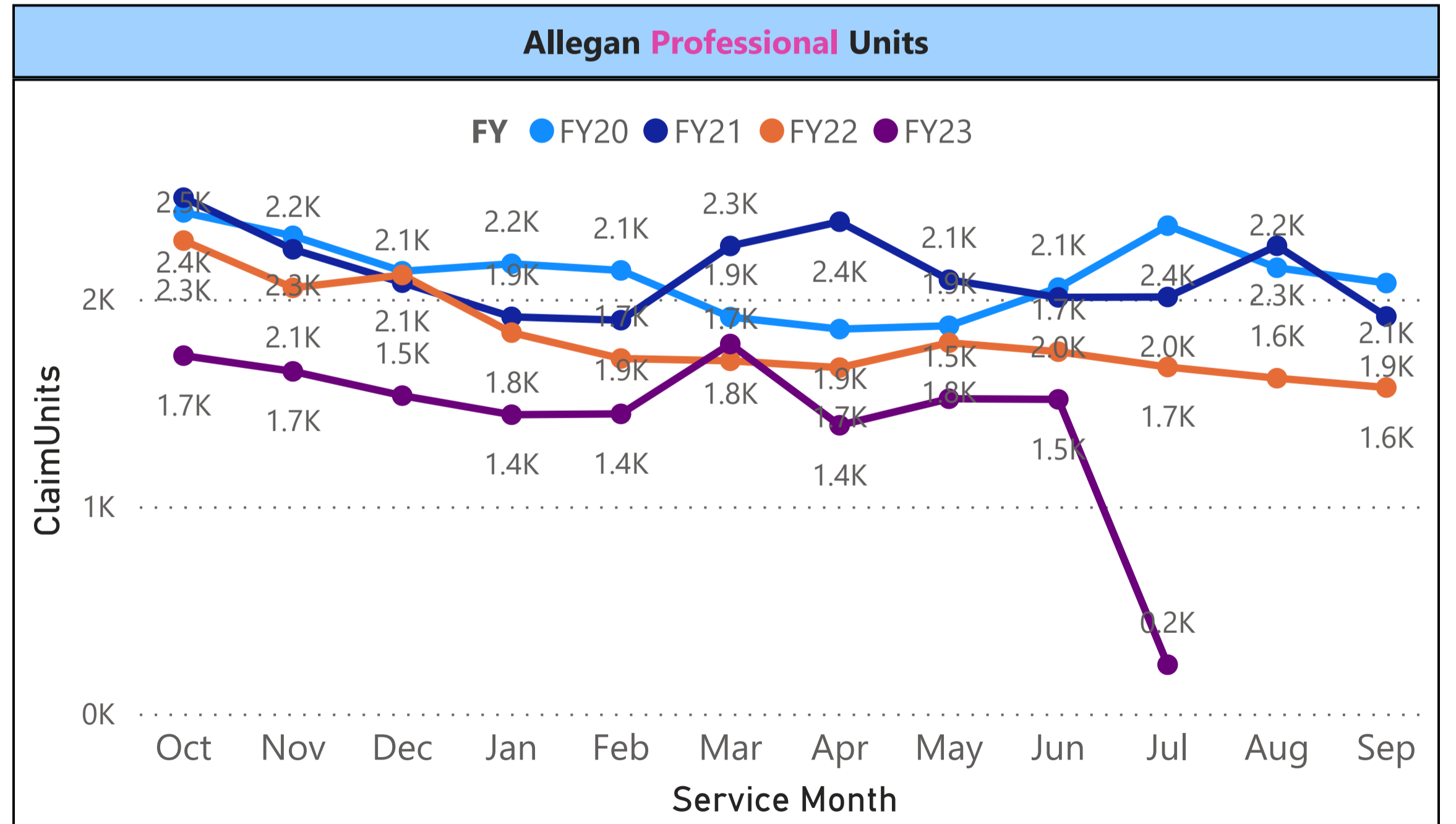
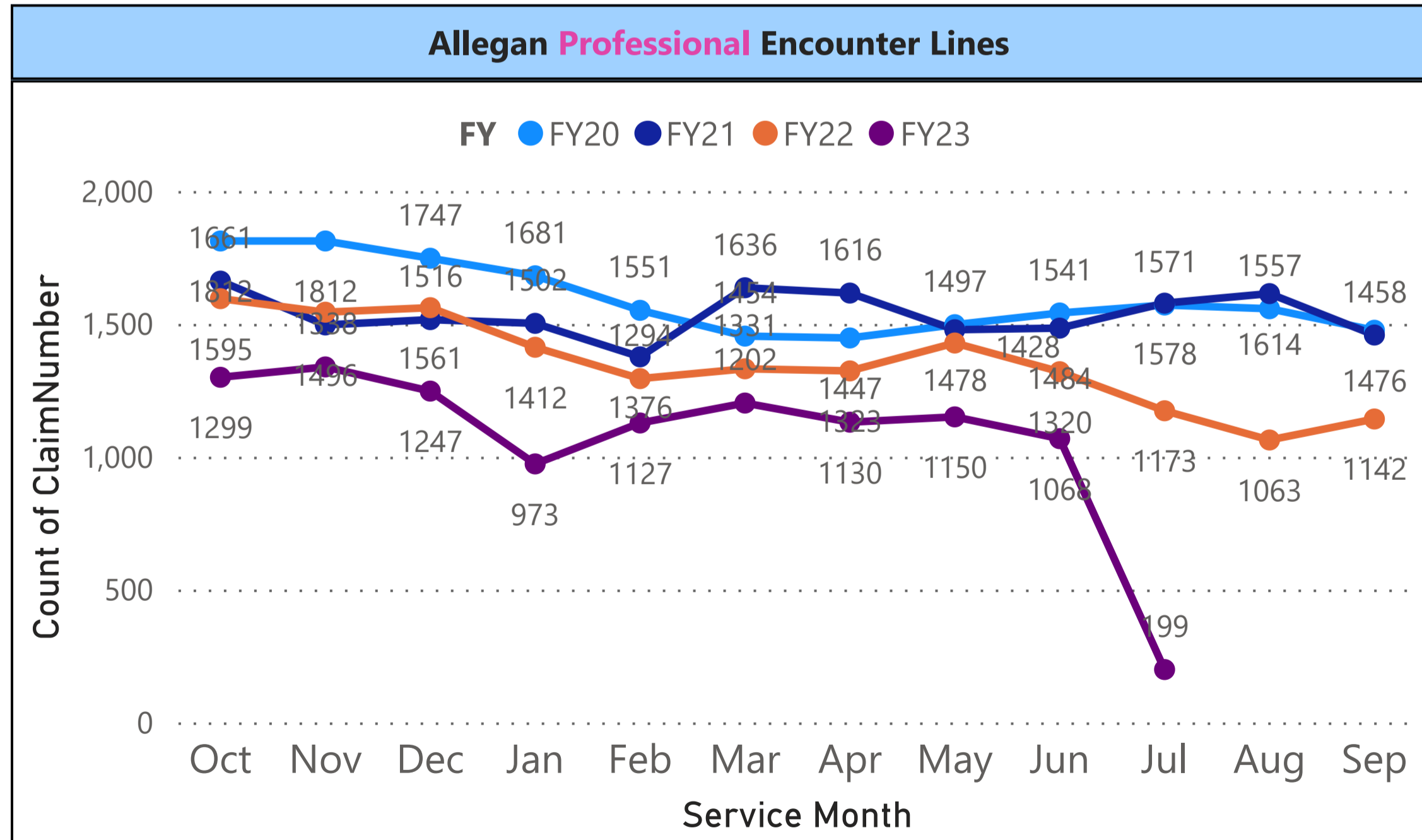


# Allegan Substance Use Disorder



**FY: All**

- Select all
- FY20
- FY21
- FY22
- FY23

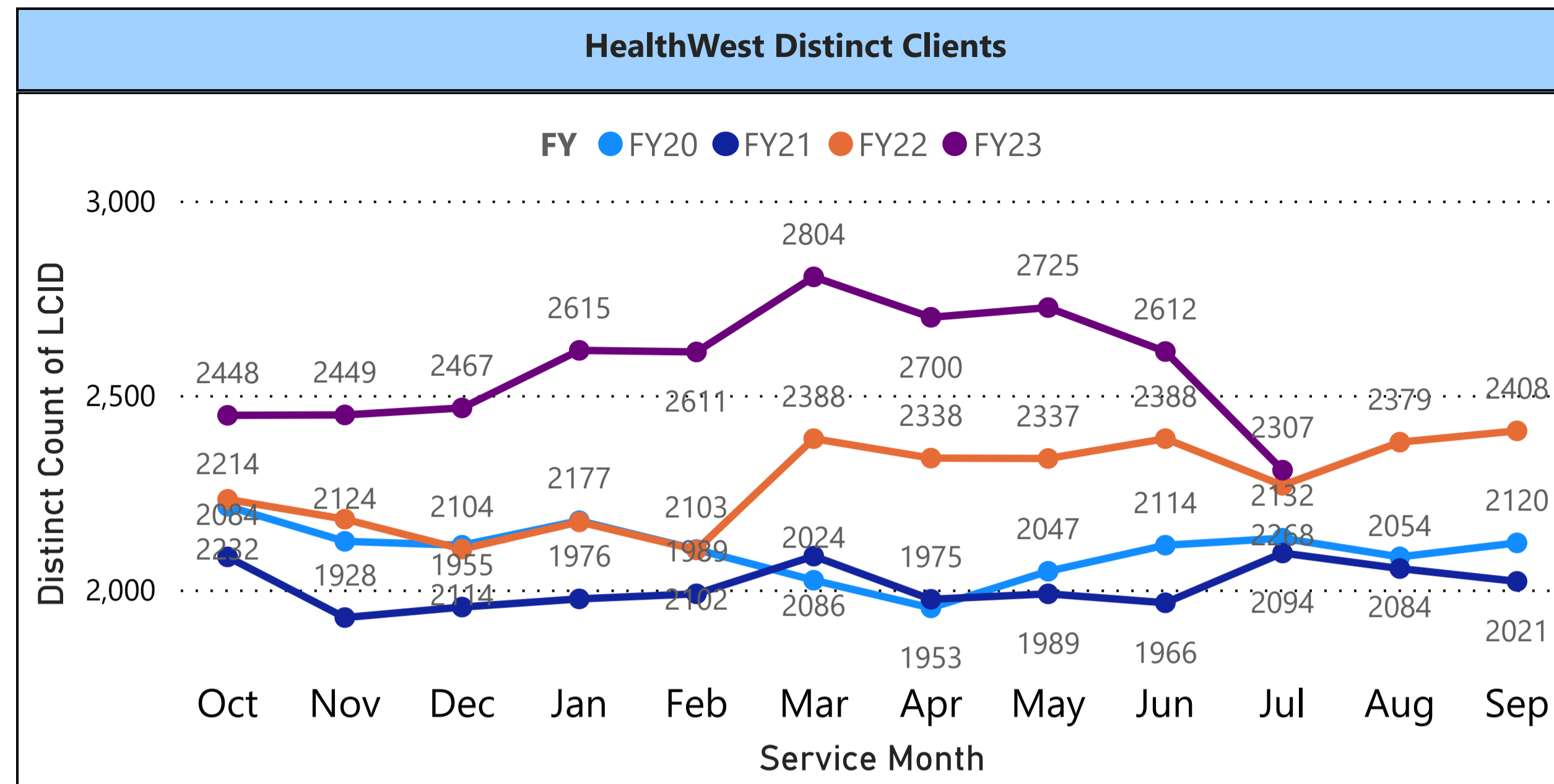


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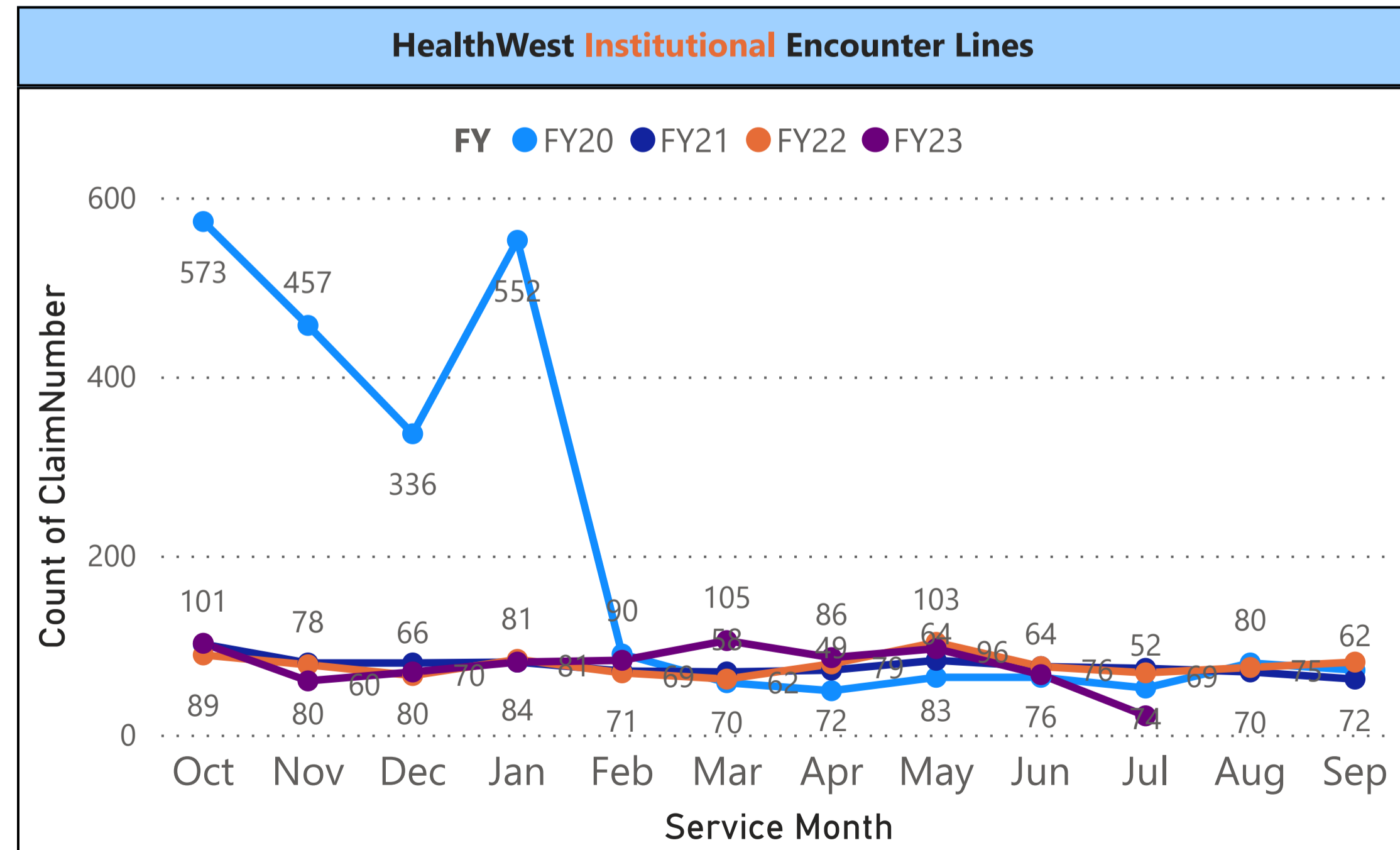
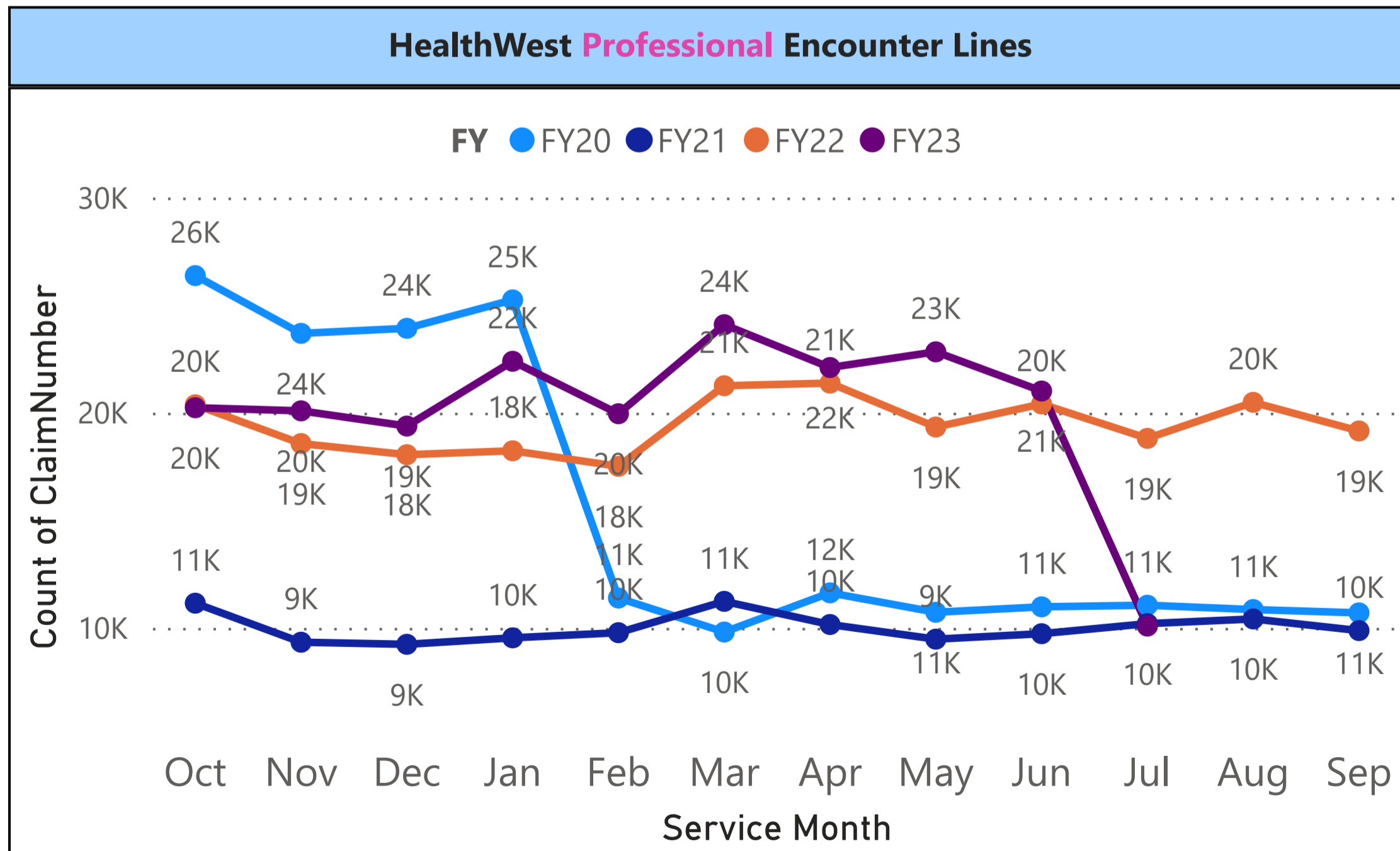


# HealthWest Behavioral Health



**FY: All**

- Select all
- FY20
- FY21
- FY22
- FY23

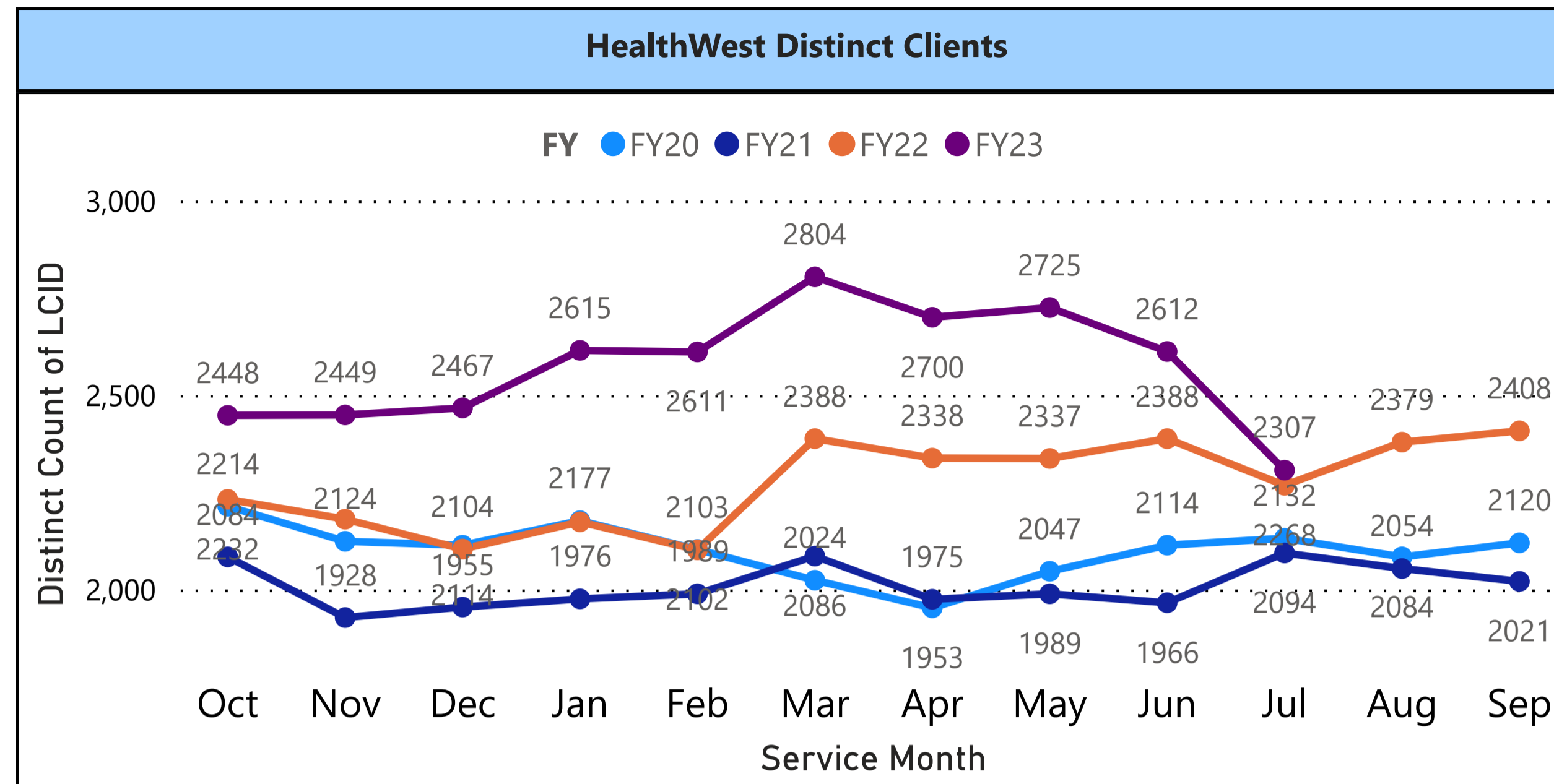


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Latest ProcessDate

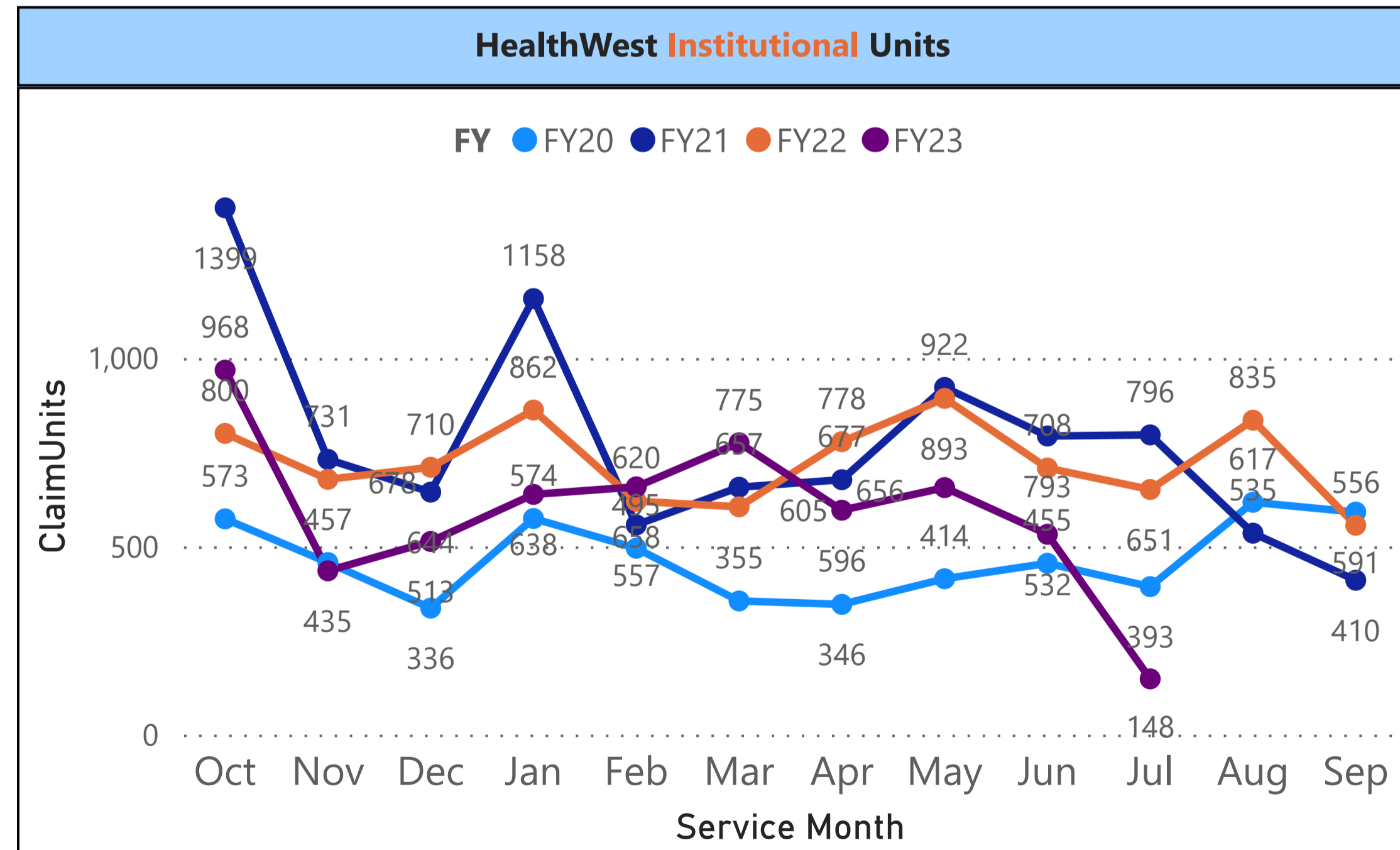
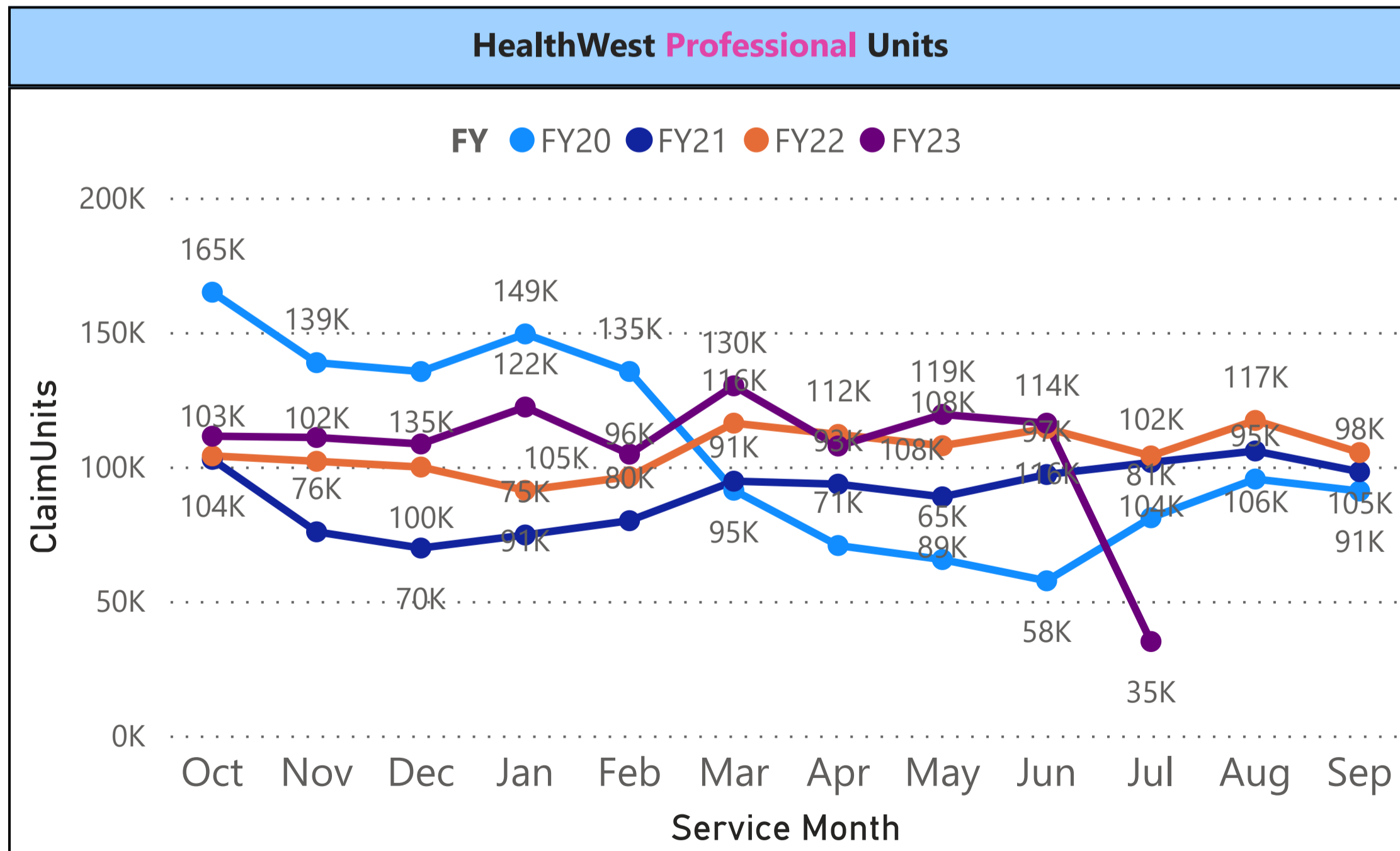


# HealthWest Behavioral Health



**FY: All**

- Select all
- FY20
- FY21
- FY22
- FY23

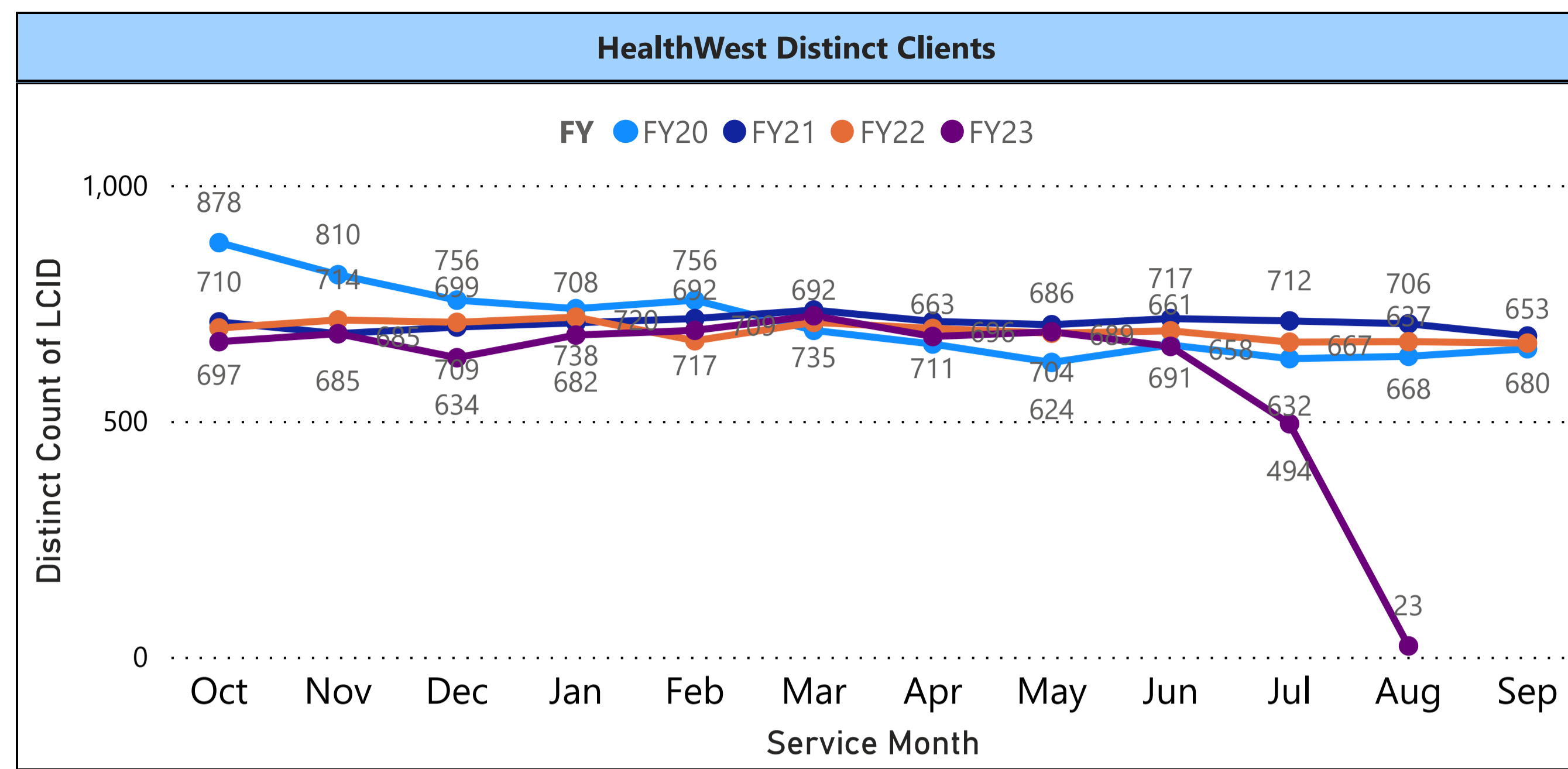


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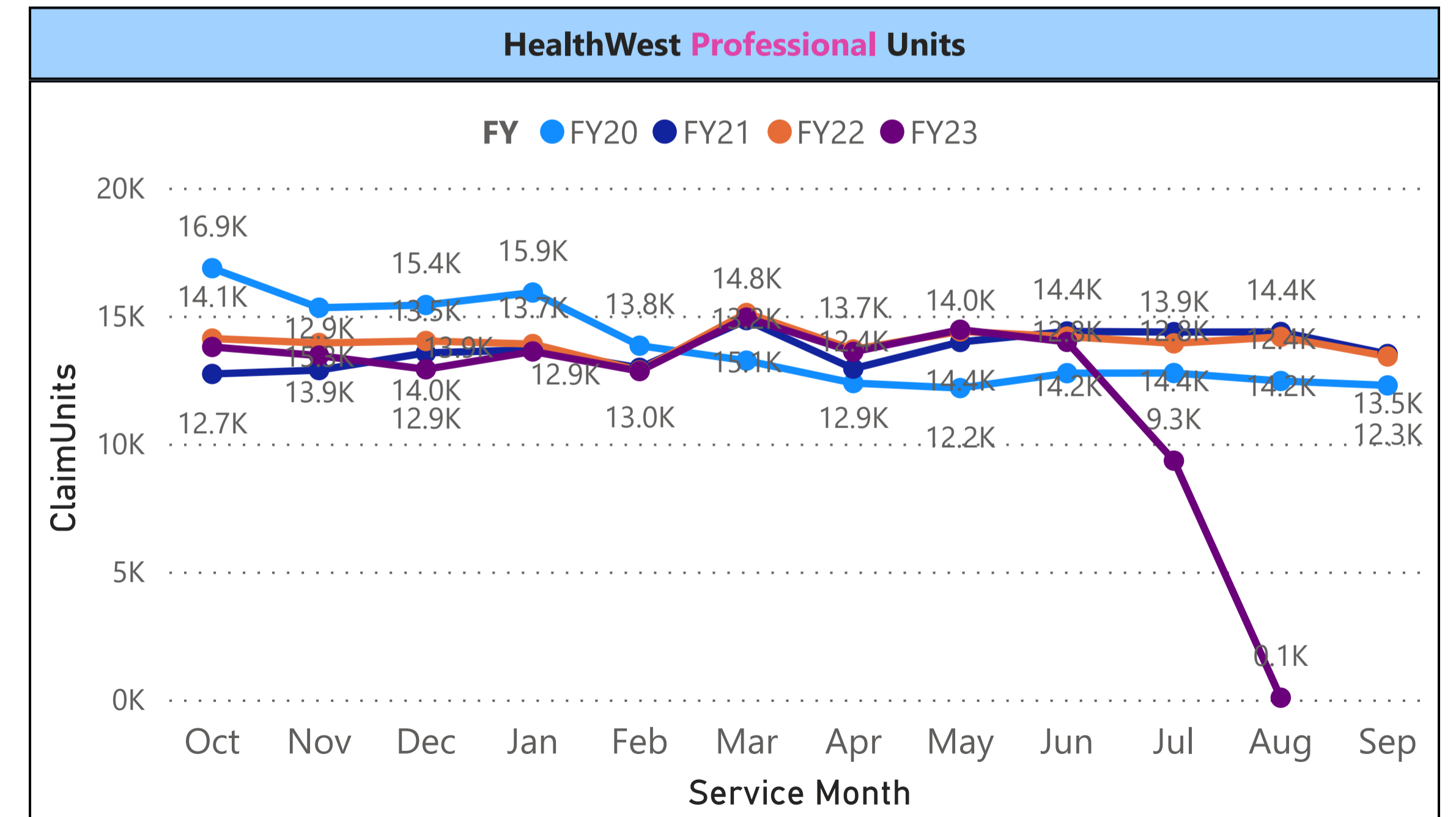
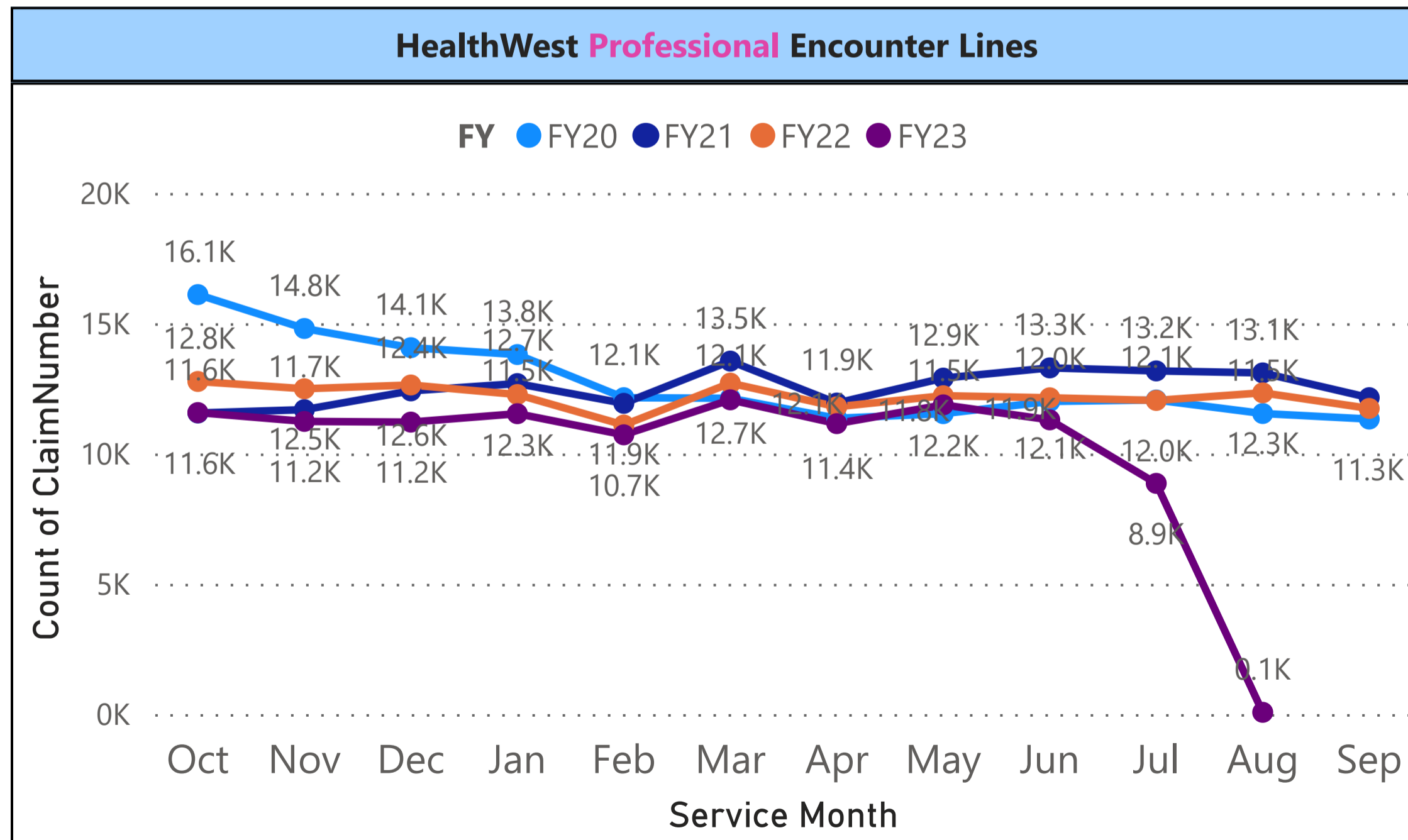


# HealthWest Substance Use Disorder



**FY: All**

- Select all
- FY20
- FY21
- FY22
- FY23



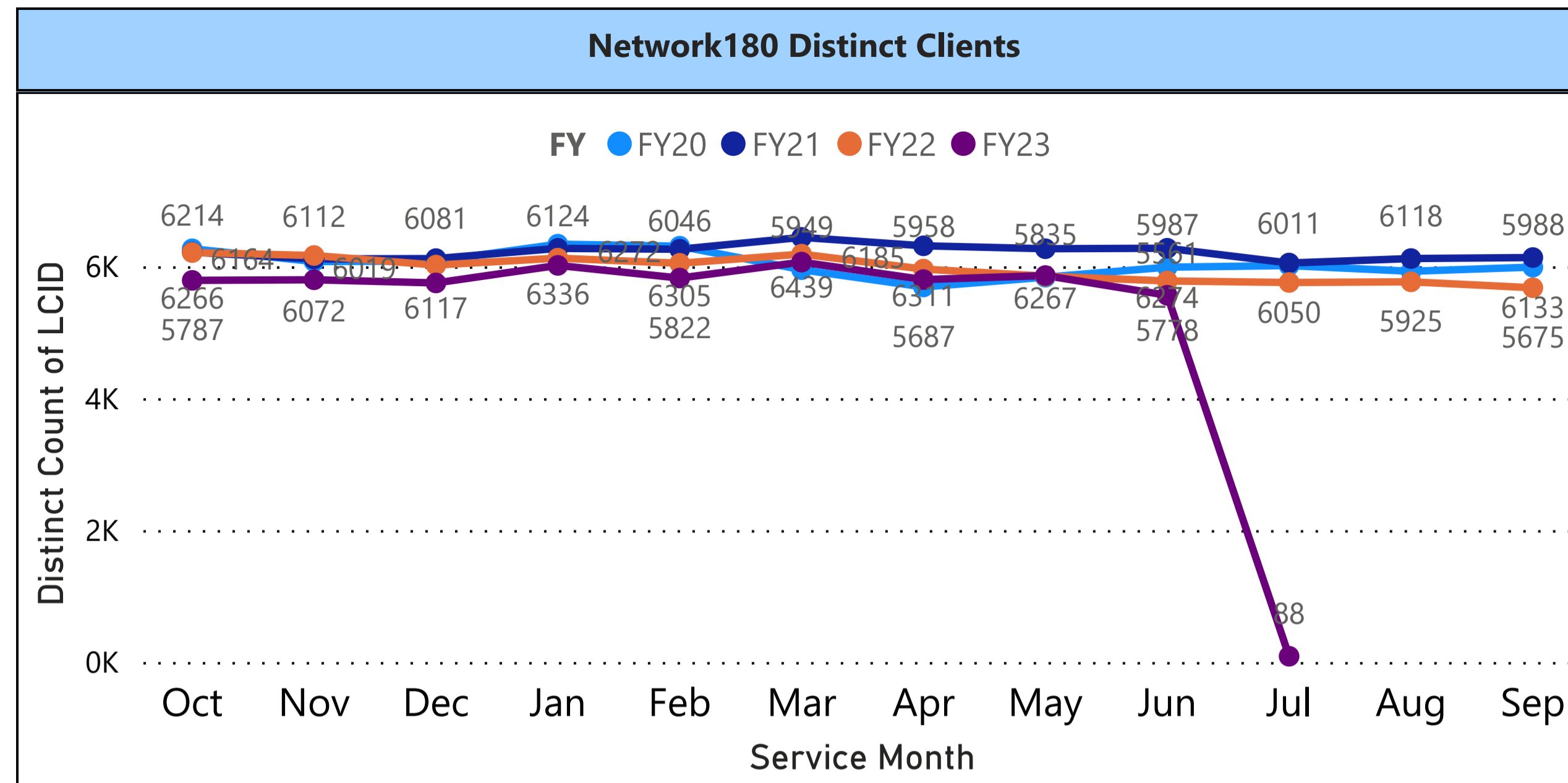
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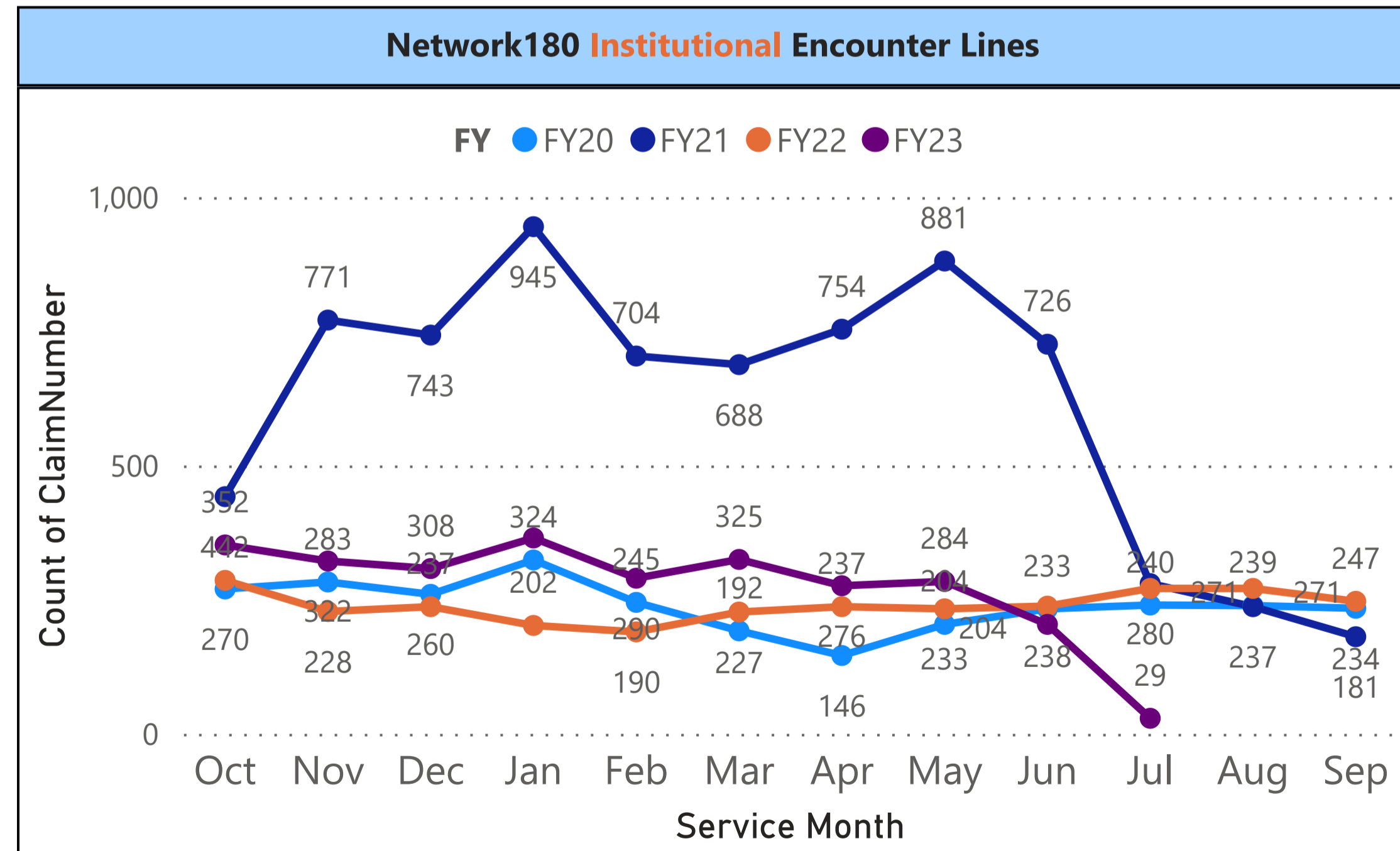
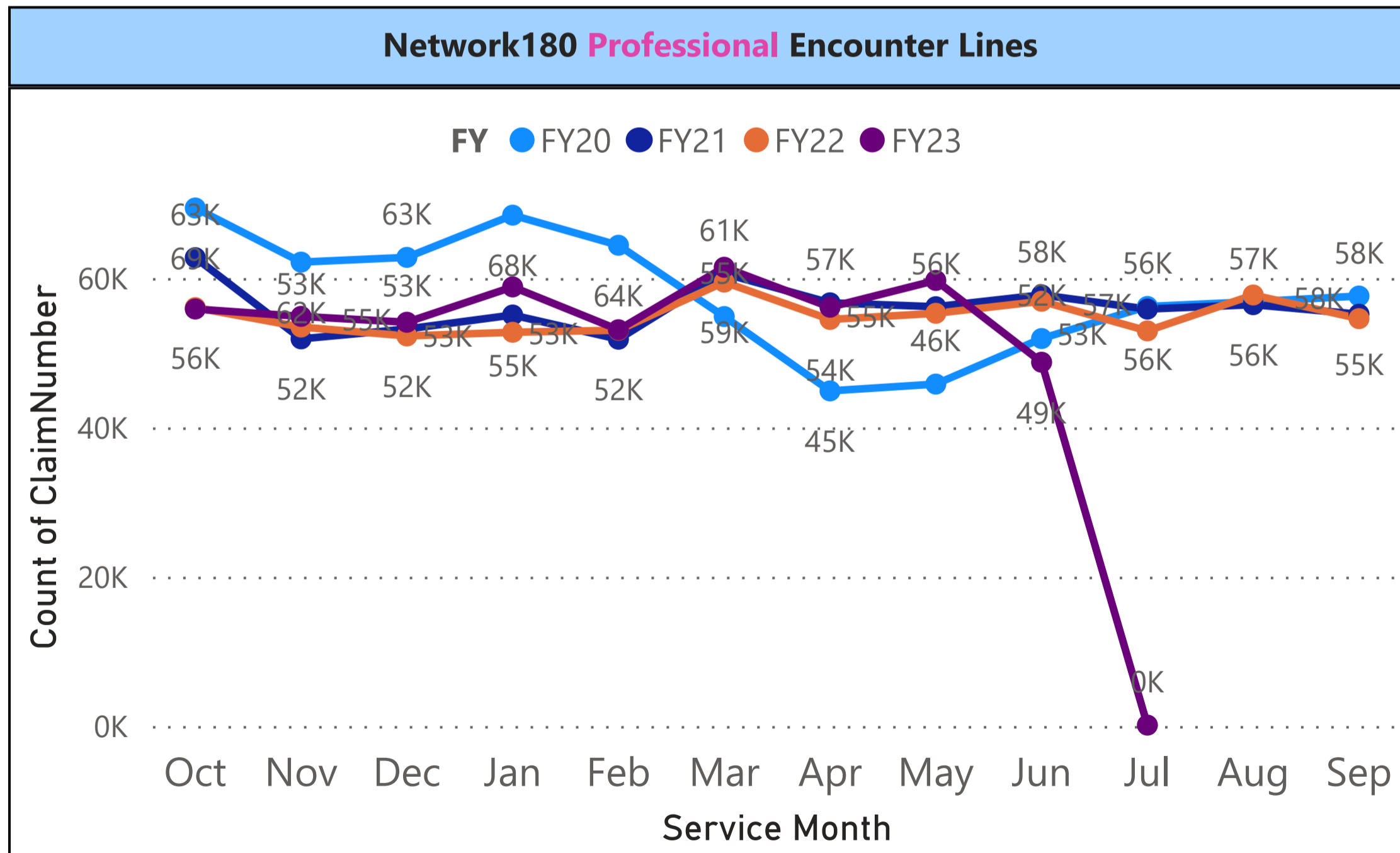


# Network180 Behavioral Health



**FY: All**

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- FY20
- FY21
- FY22
- FY23

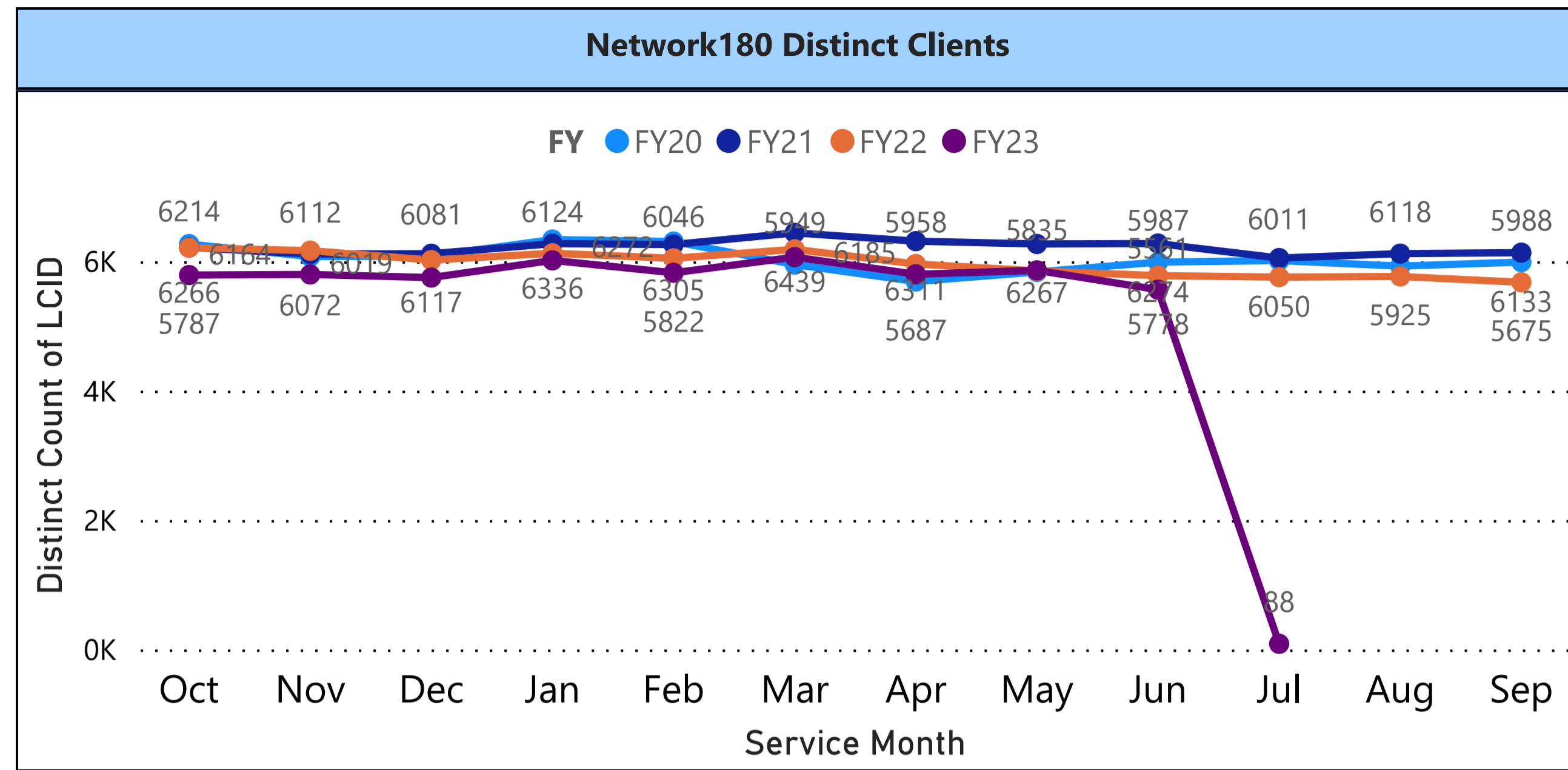


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Latest ProcessDate

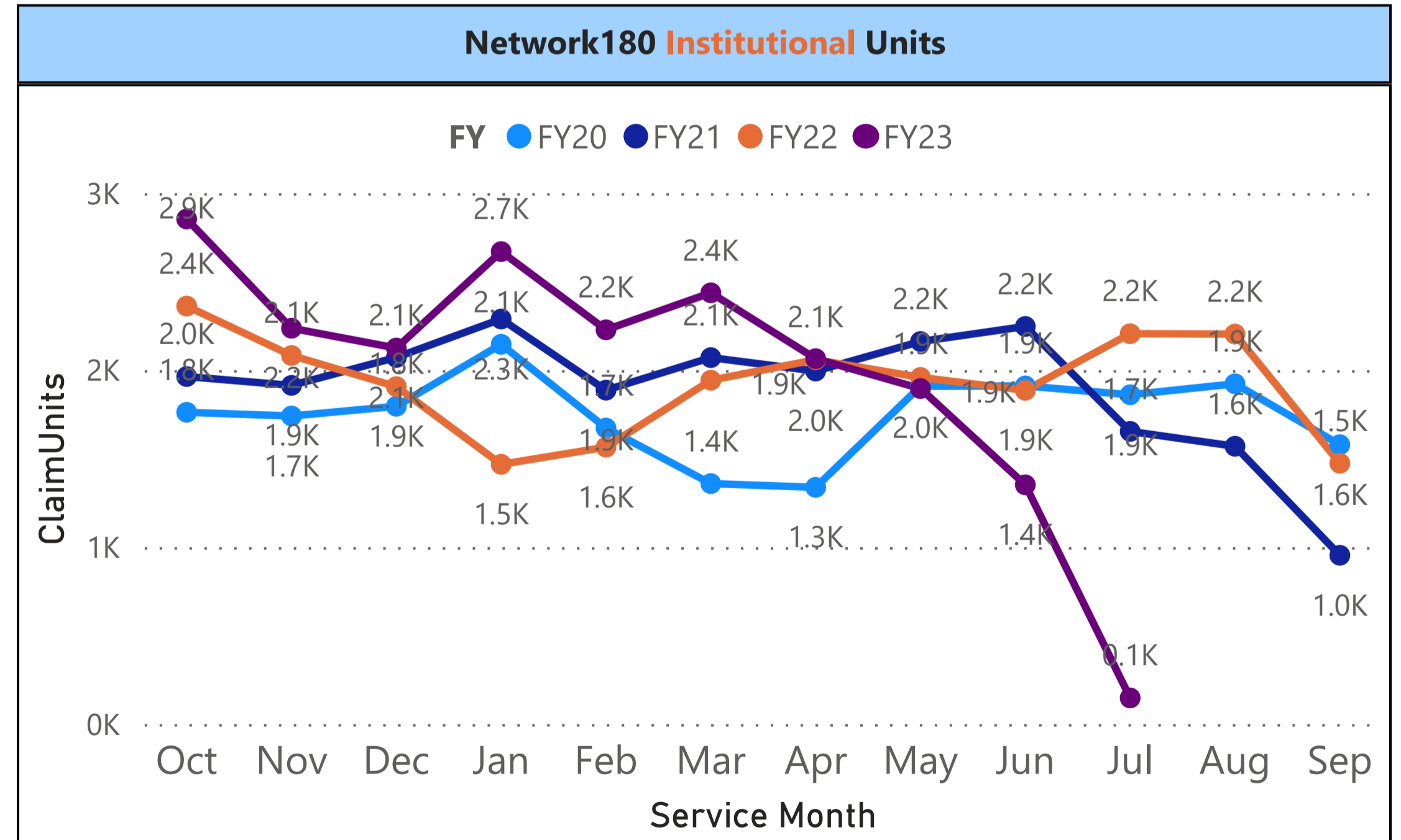
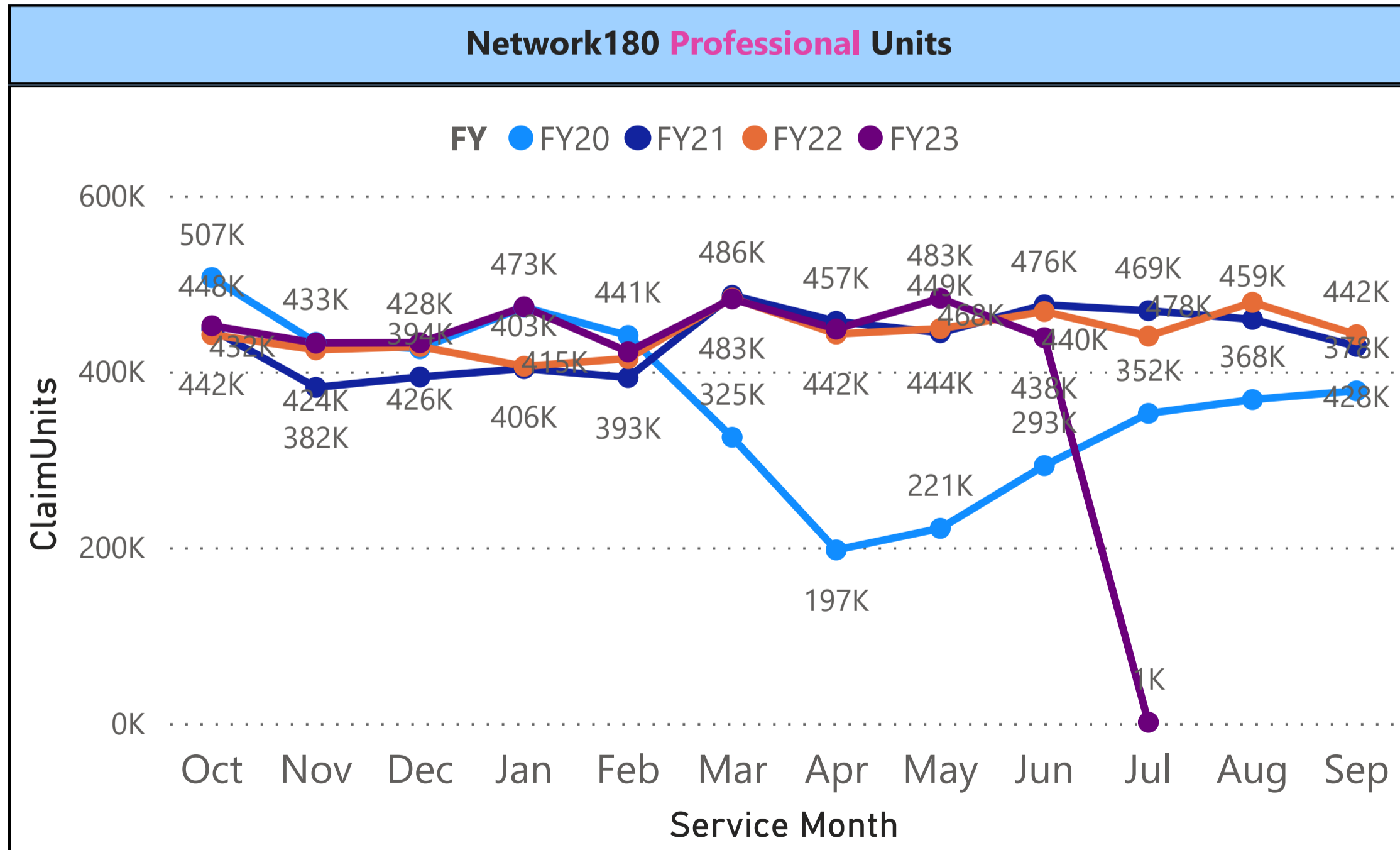


# Network180 Behavioral Health



**FY: All**

- Select all
- FY20
- FY21
- FY22
- FY23

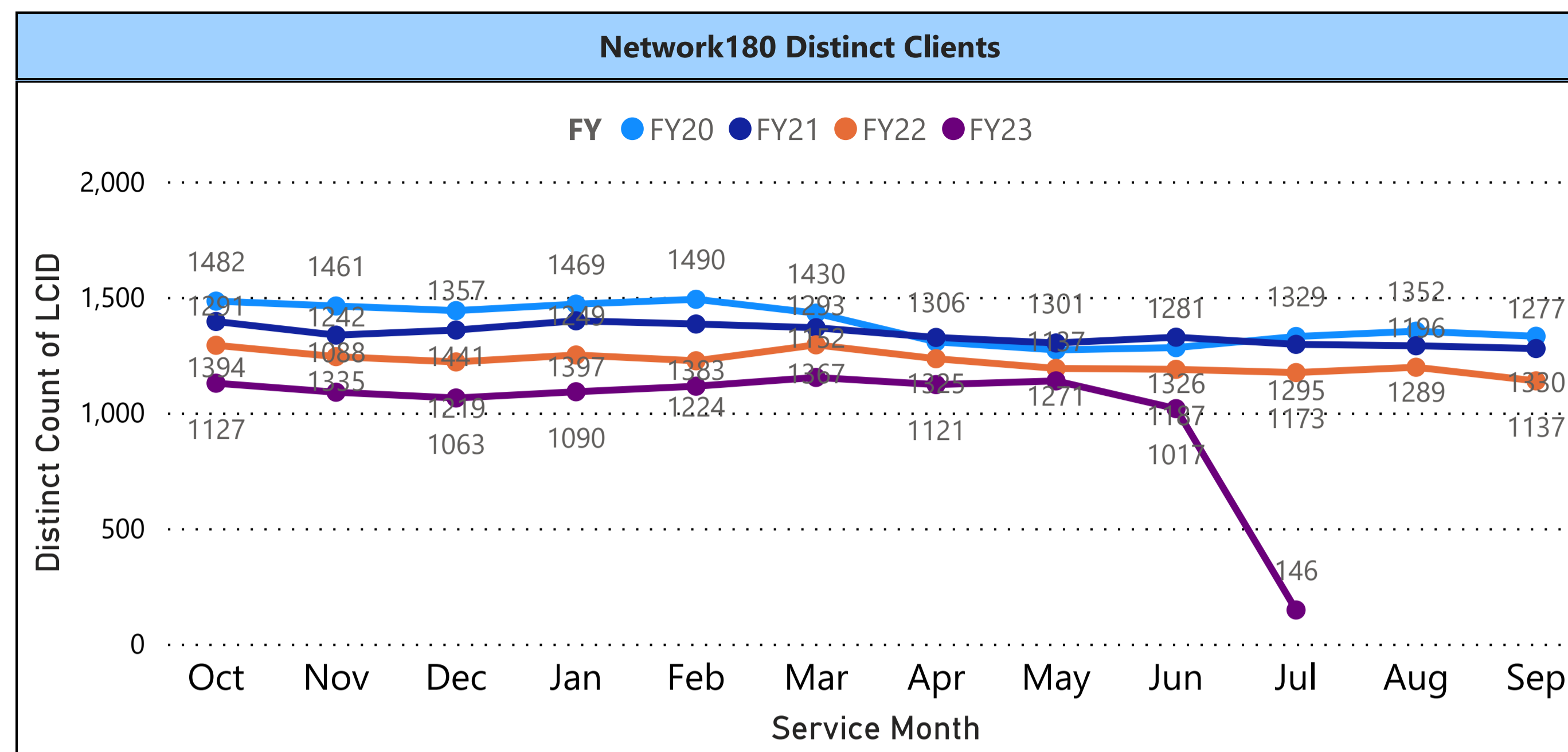


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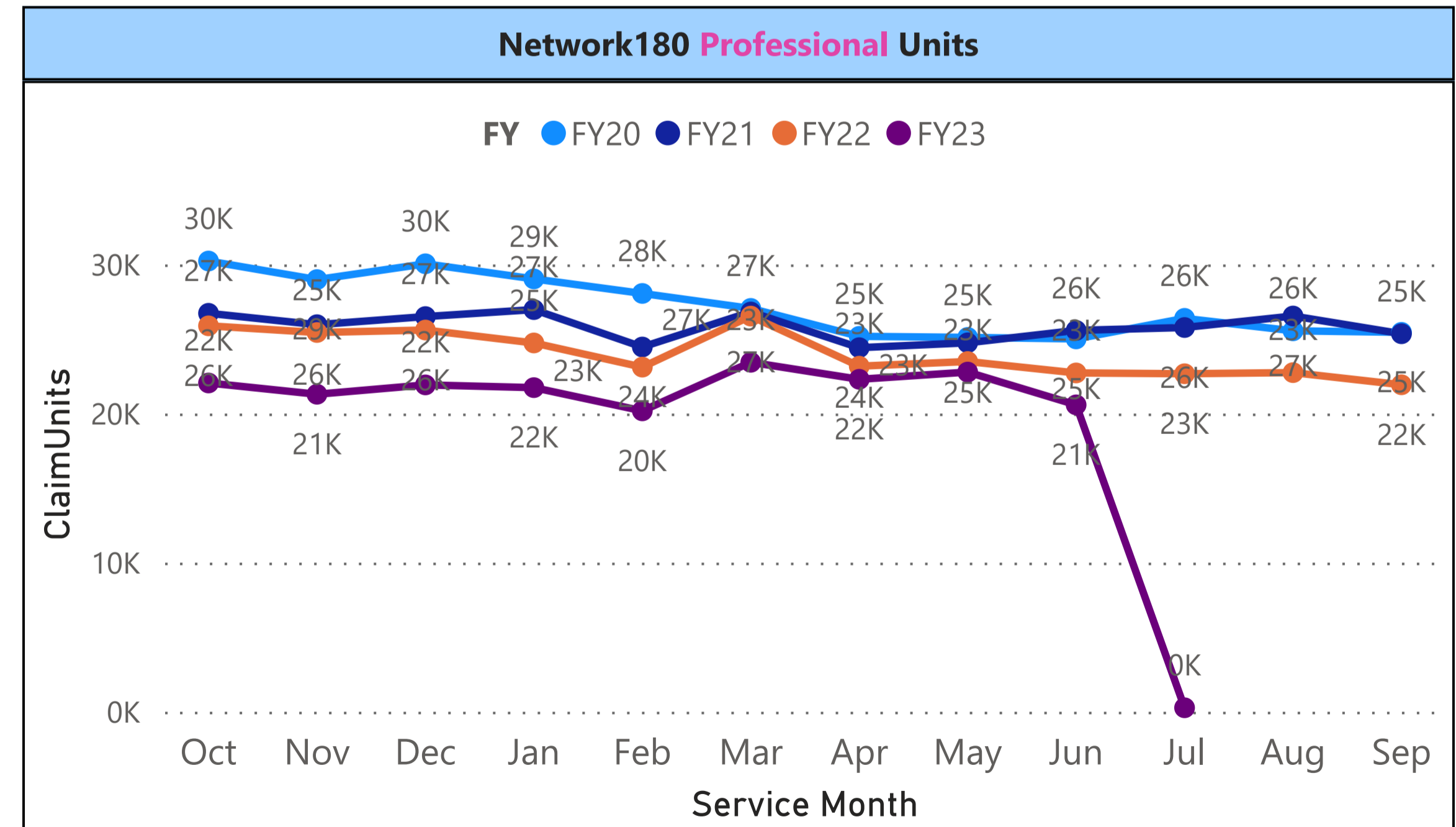
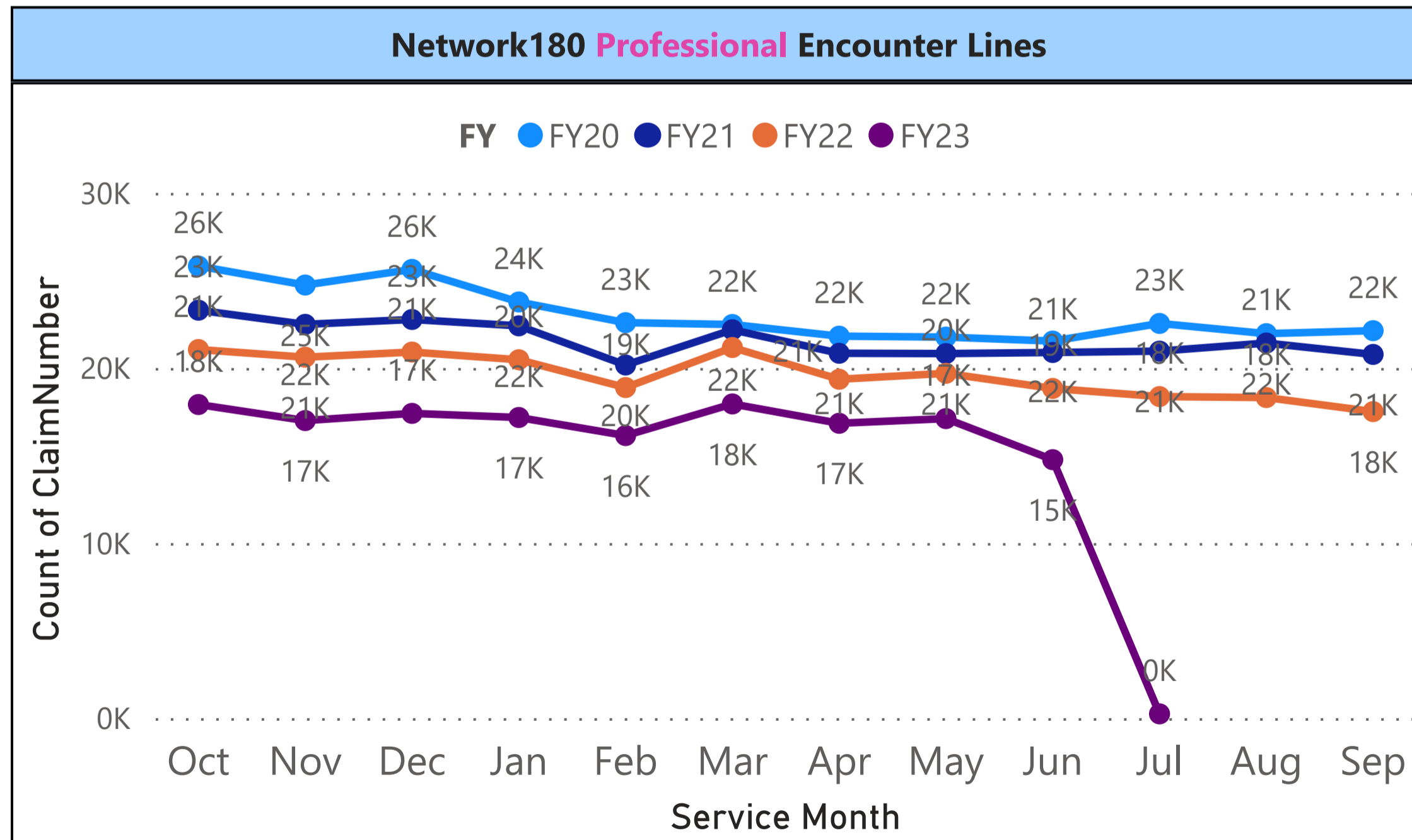


# Network180 Substance Use Disorder



**FY: All**

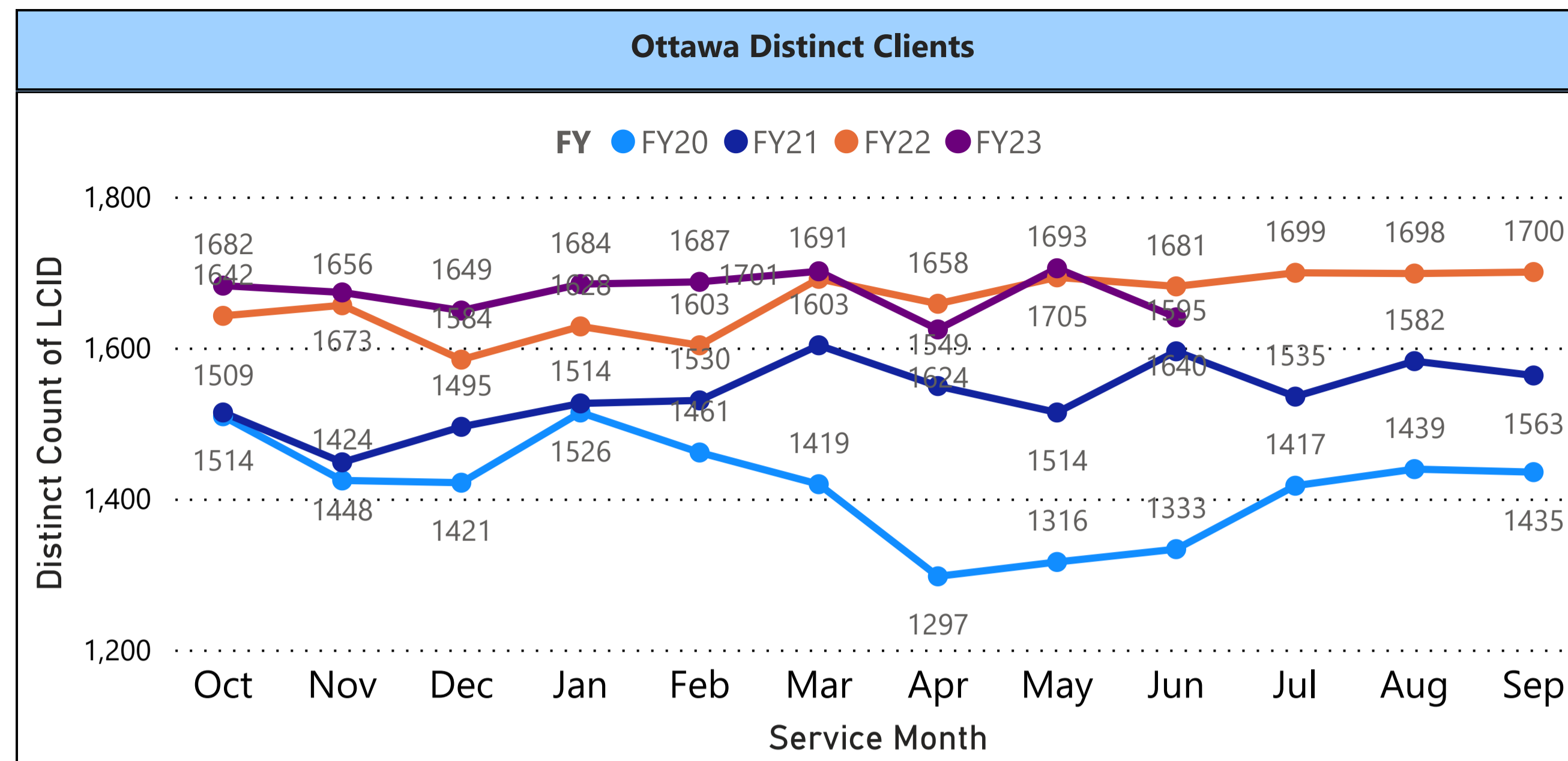
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- FY20
- FY21
- FY22
- FY23



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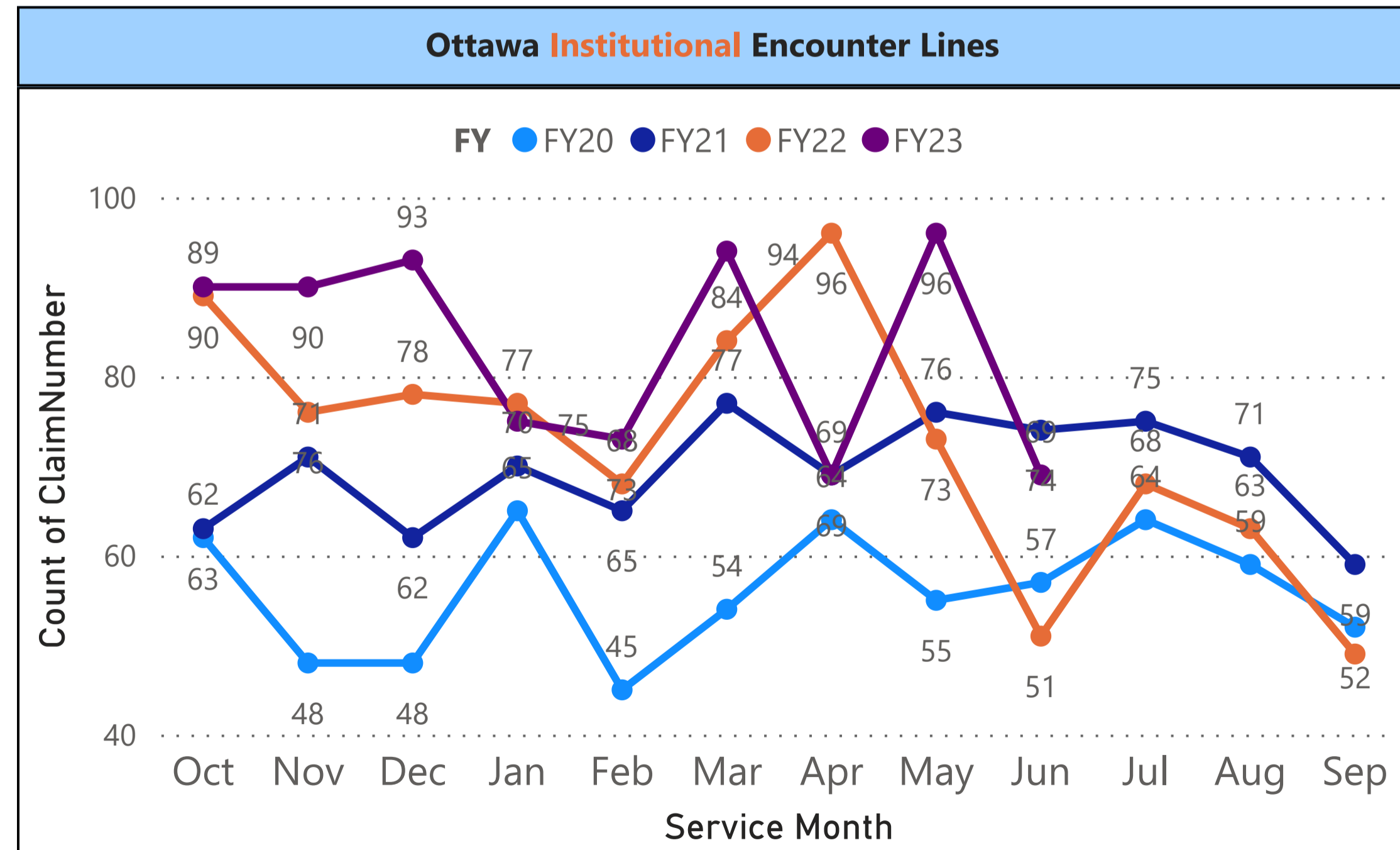
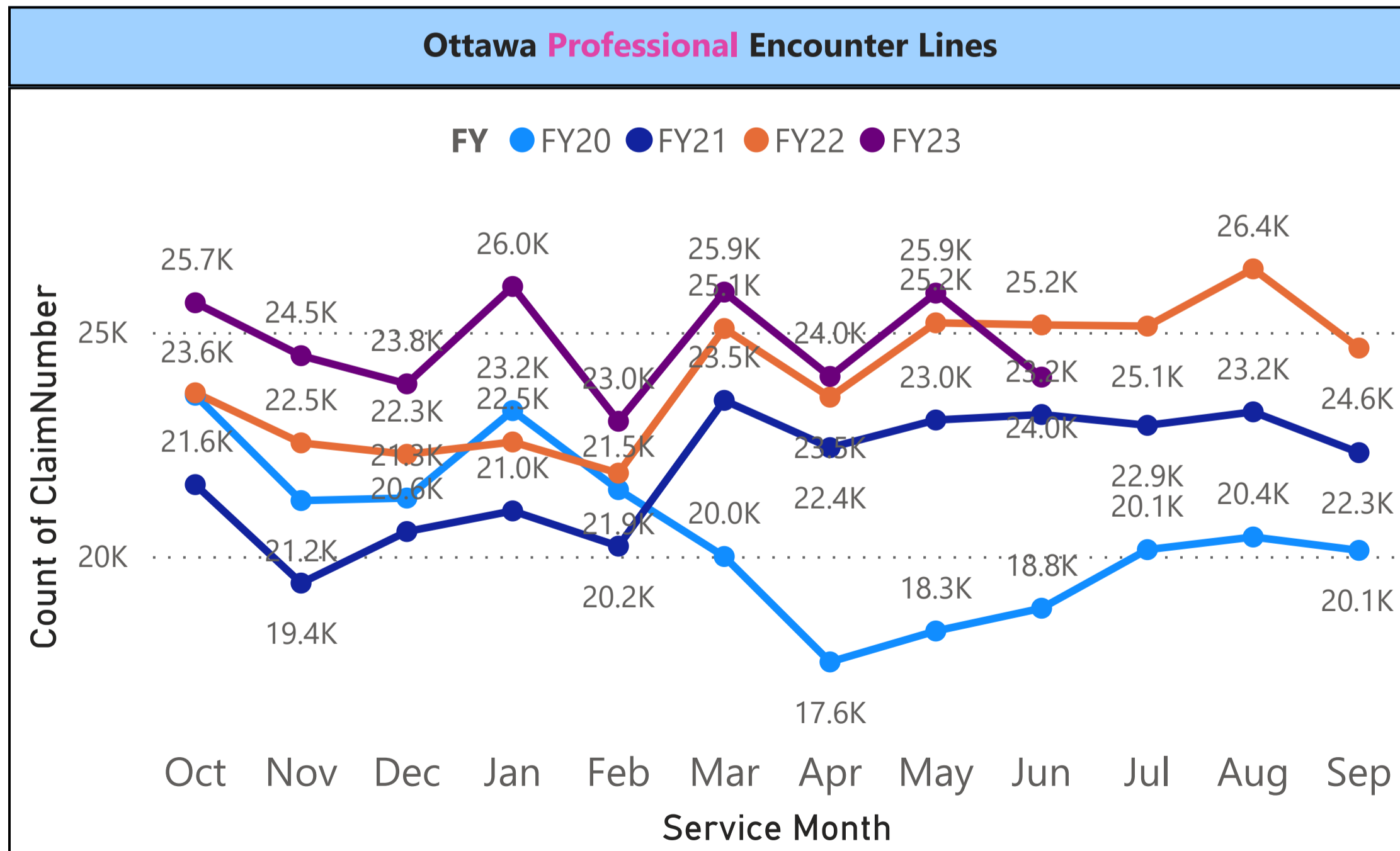
Latest ProcessDate

# Ottawa Behavioral Health

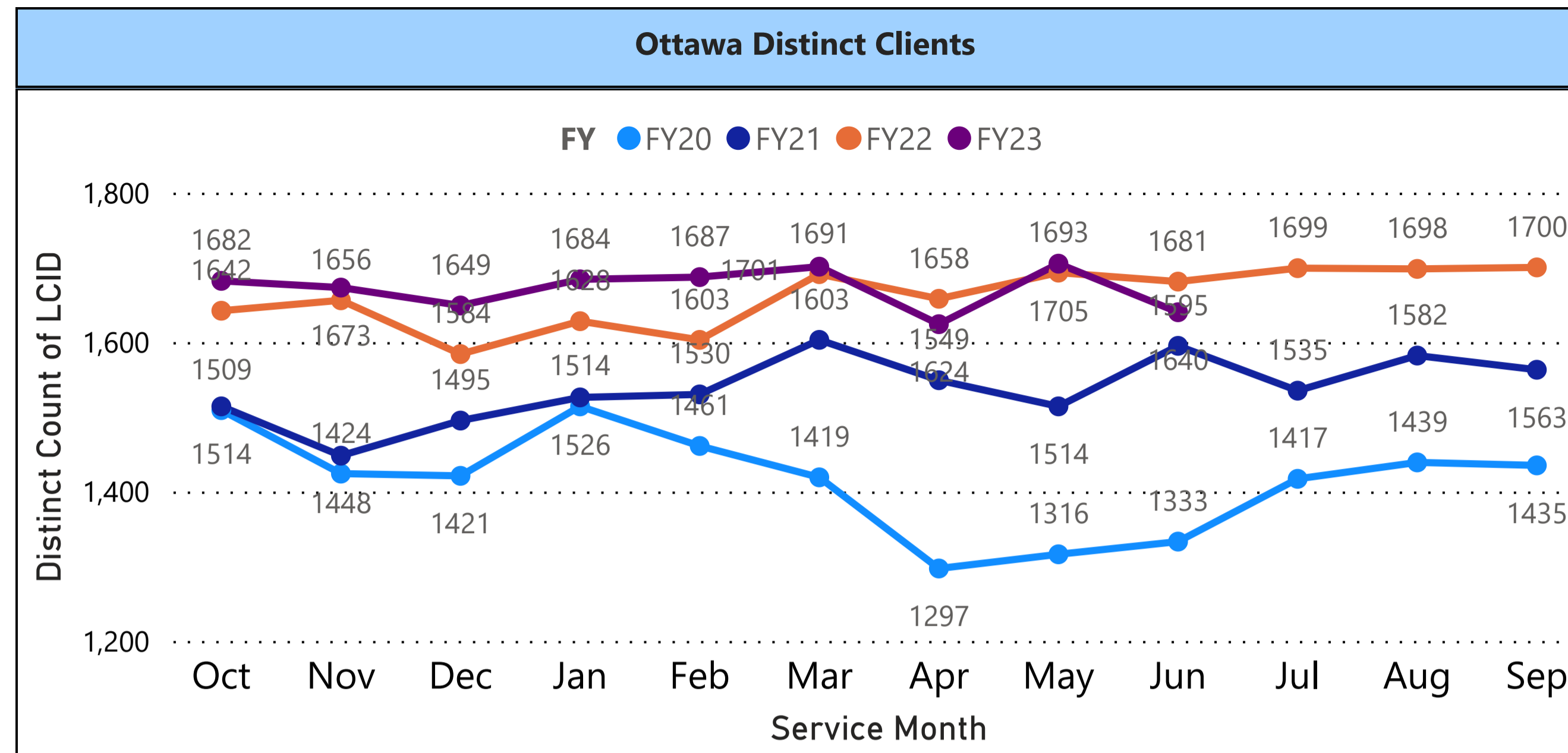


**FY: All**

- Select all
- FY20
- FY21
- FY22
- FY23

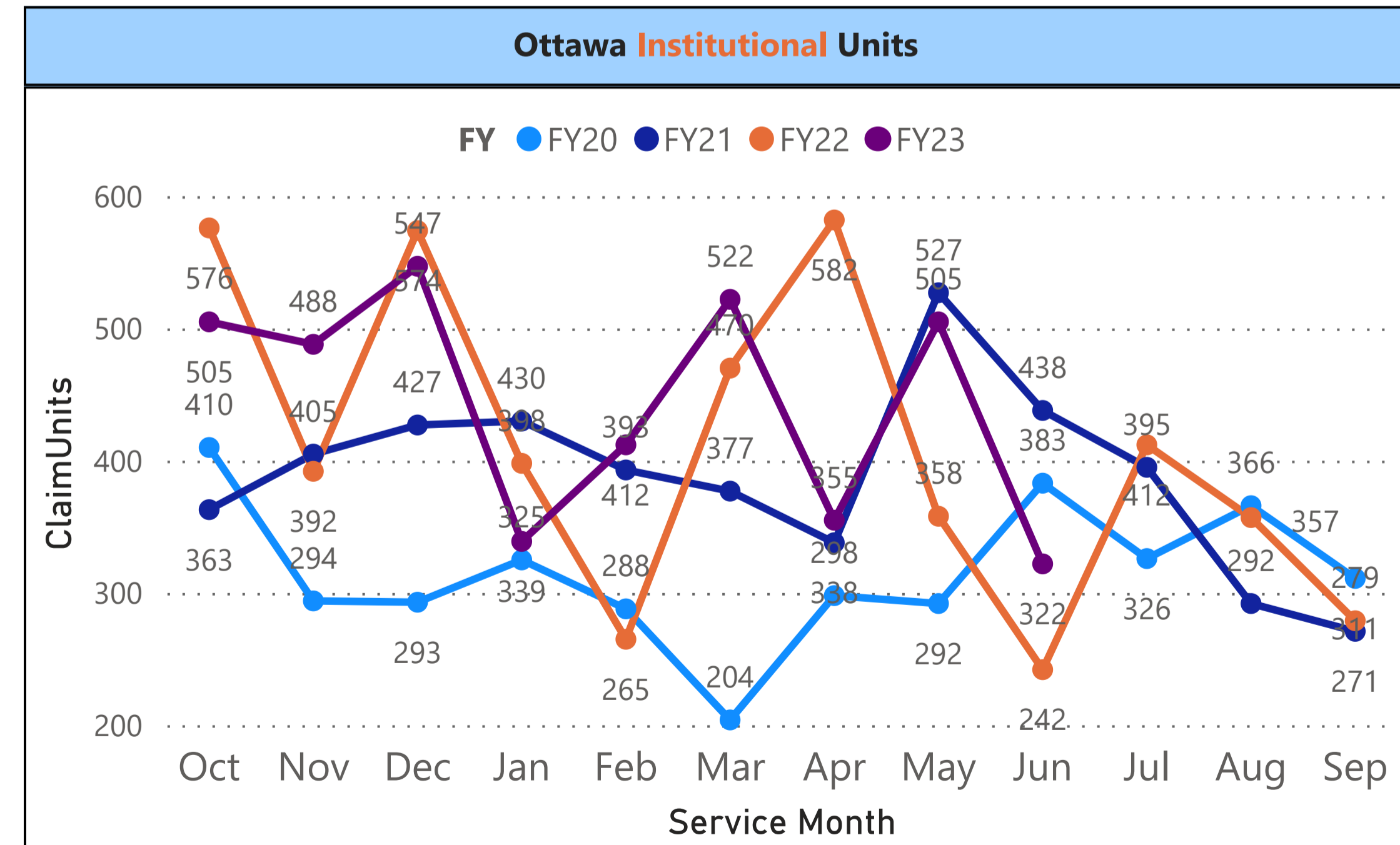
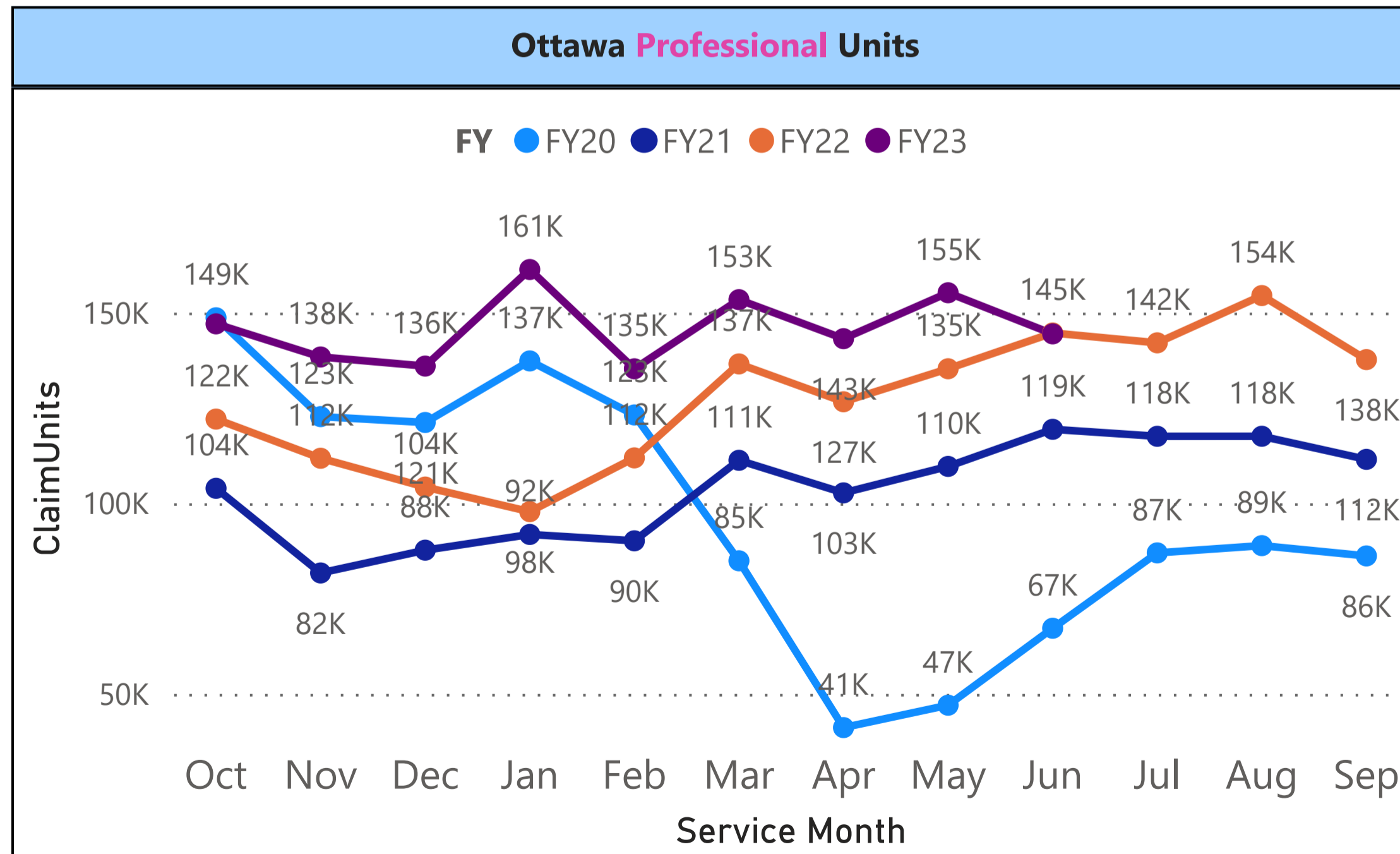


# Ottawa Behavioral Health



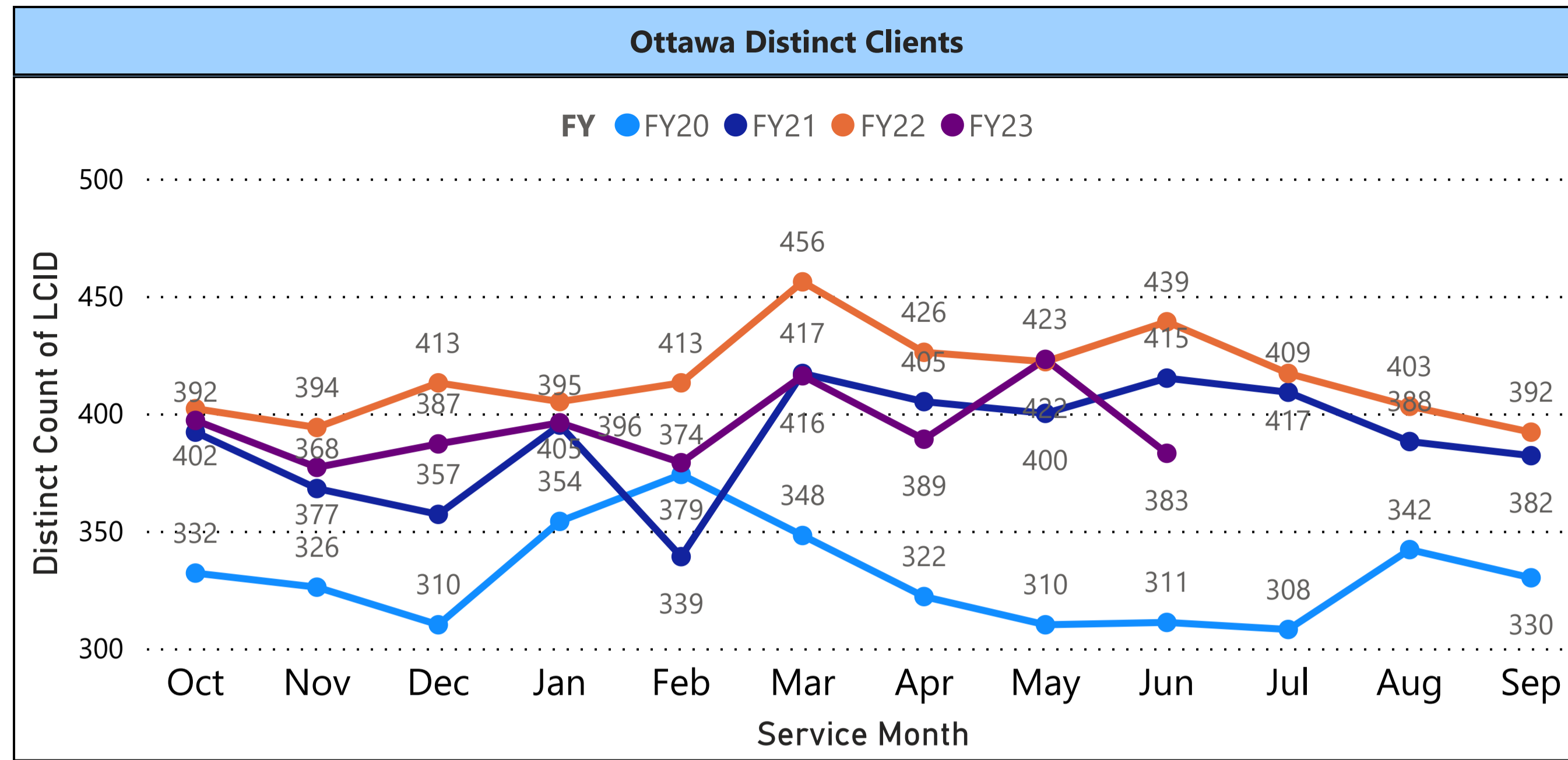
FY: All

- Select all
- FY20
- FY21
- FY22
- FY23



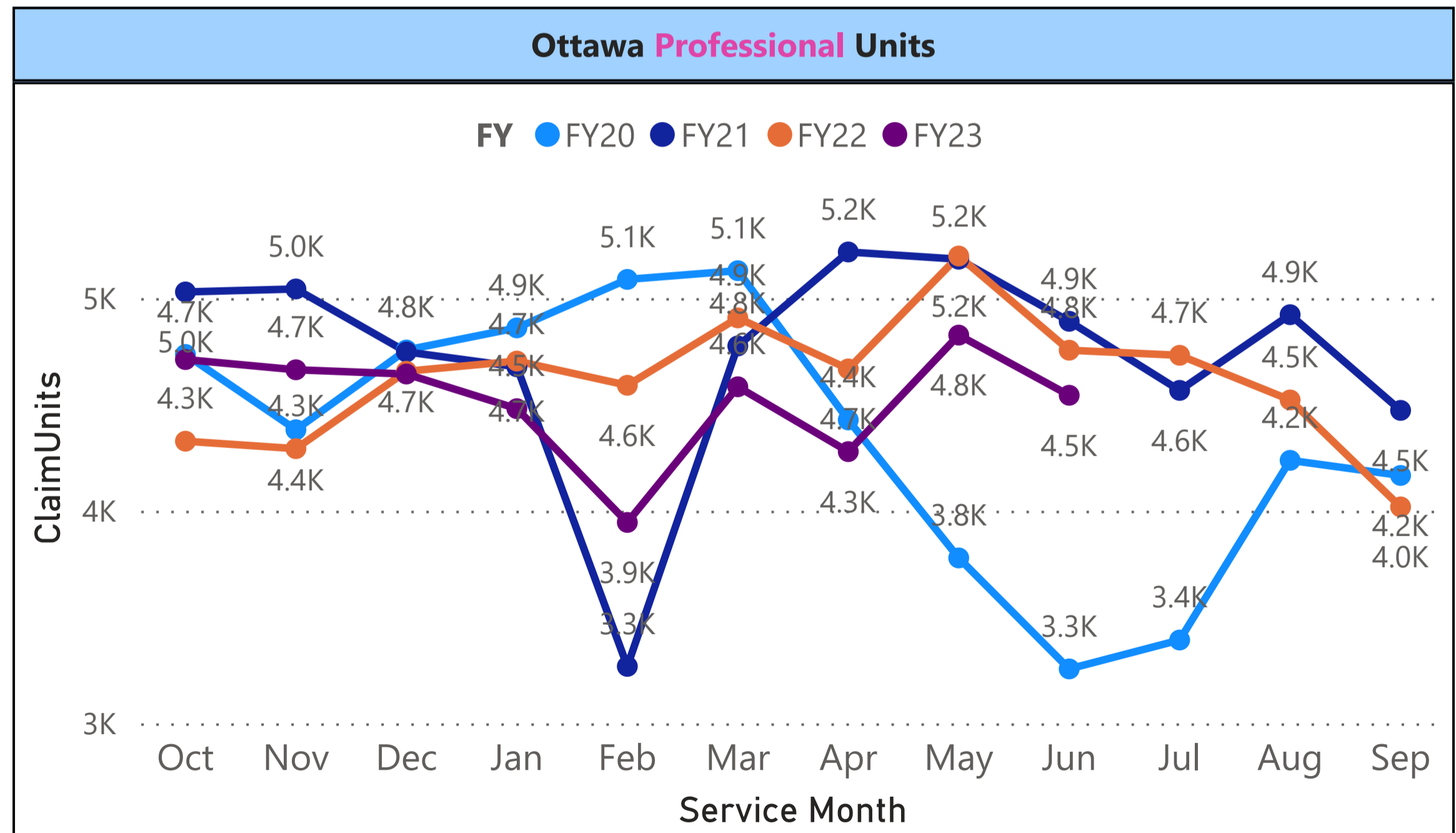
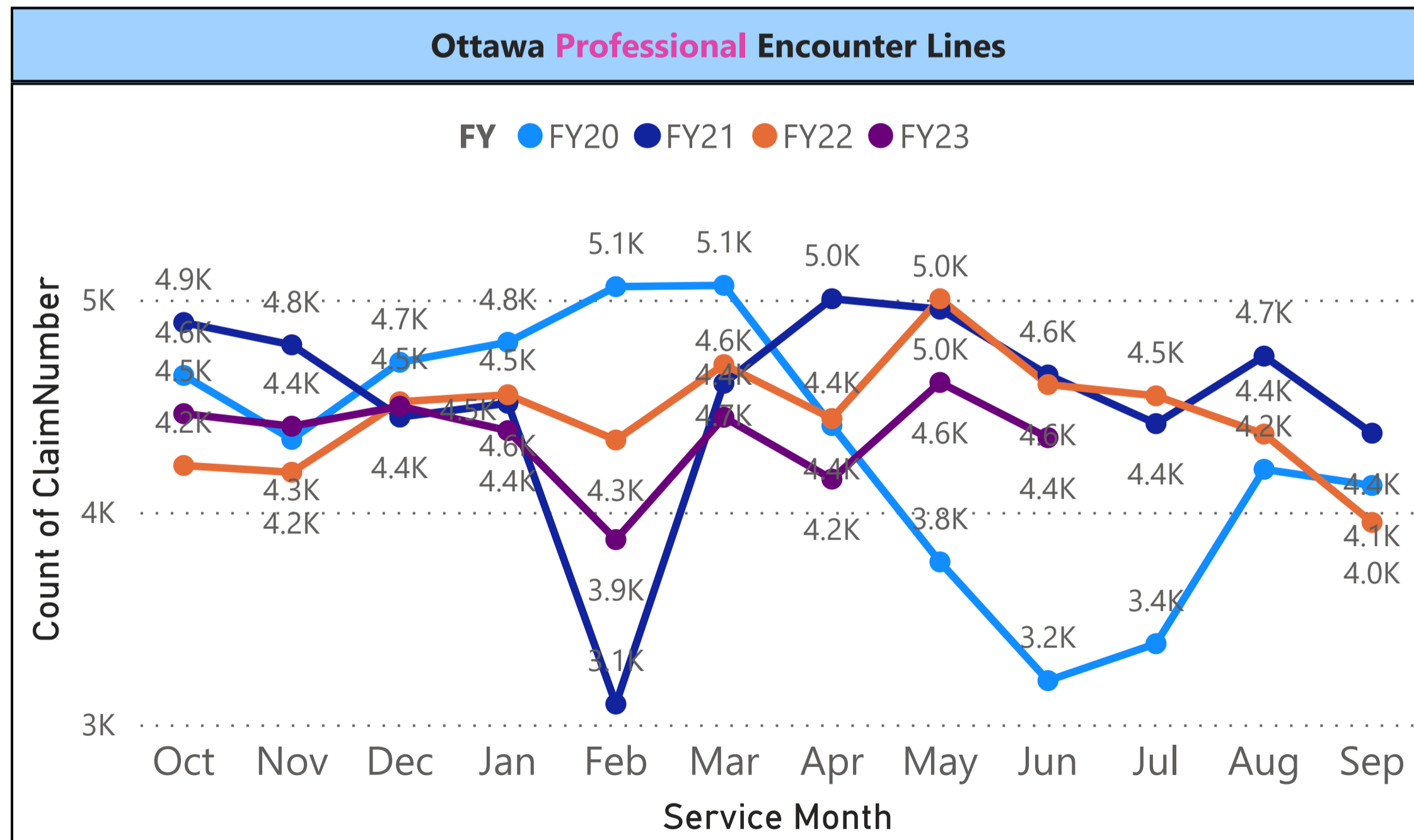


# Ottawa Substance Use Disorder



**FY: All**

- Select all
- FY20
- FY21
- FY22
- FY23

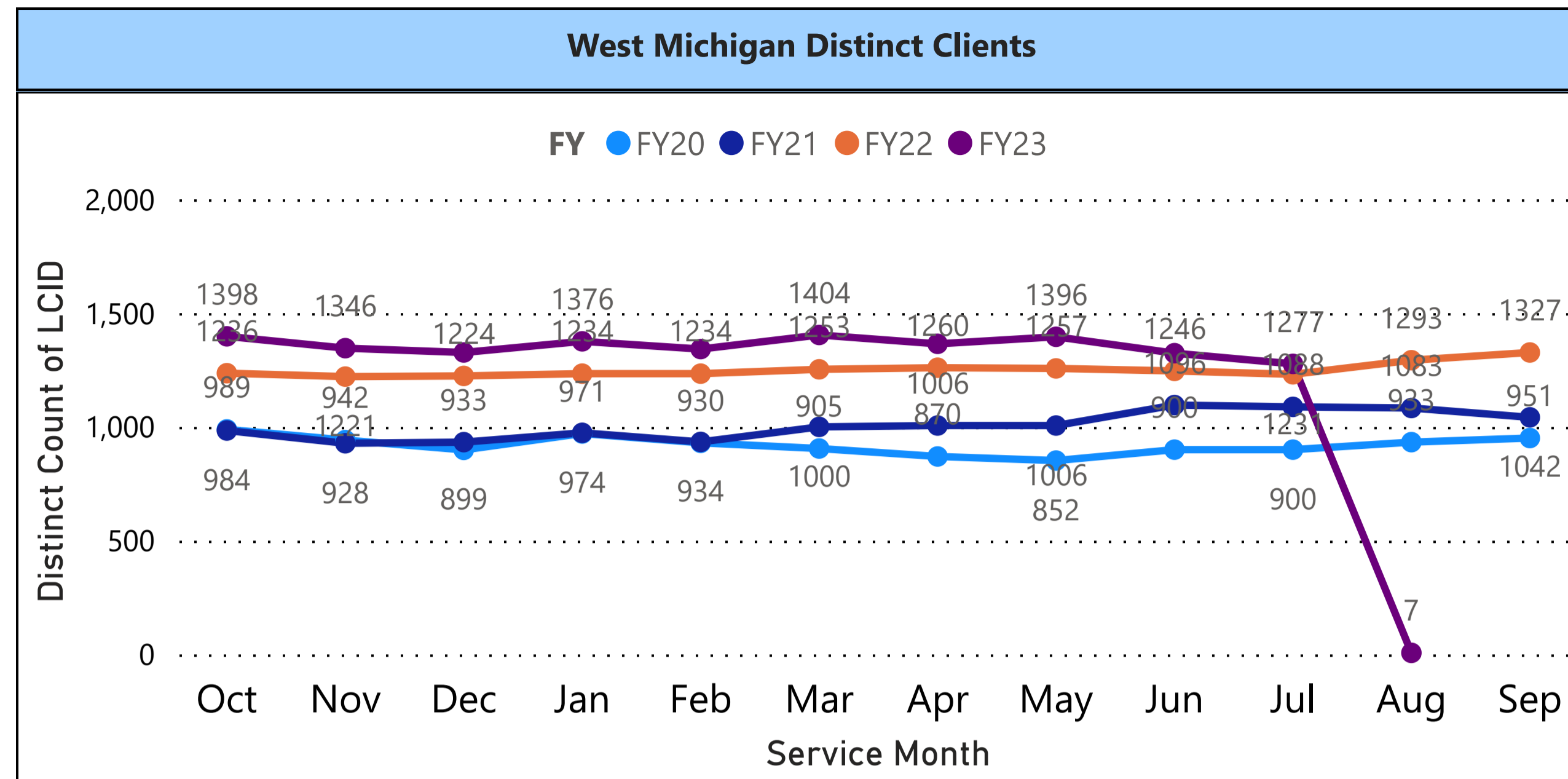


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Latest ProcessDate

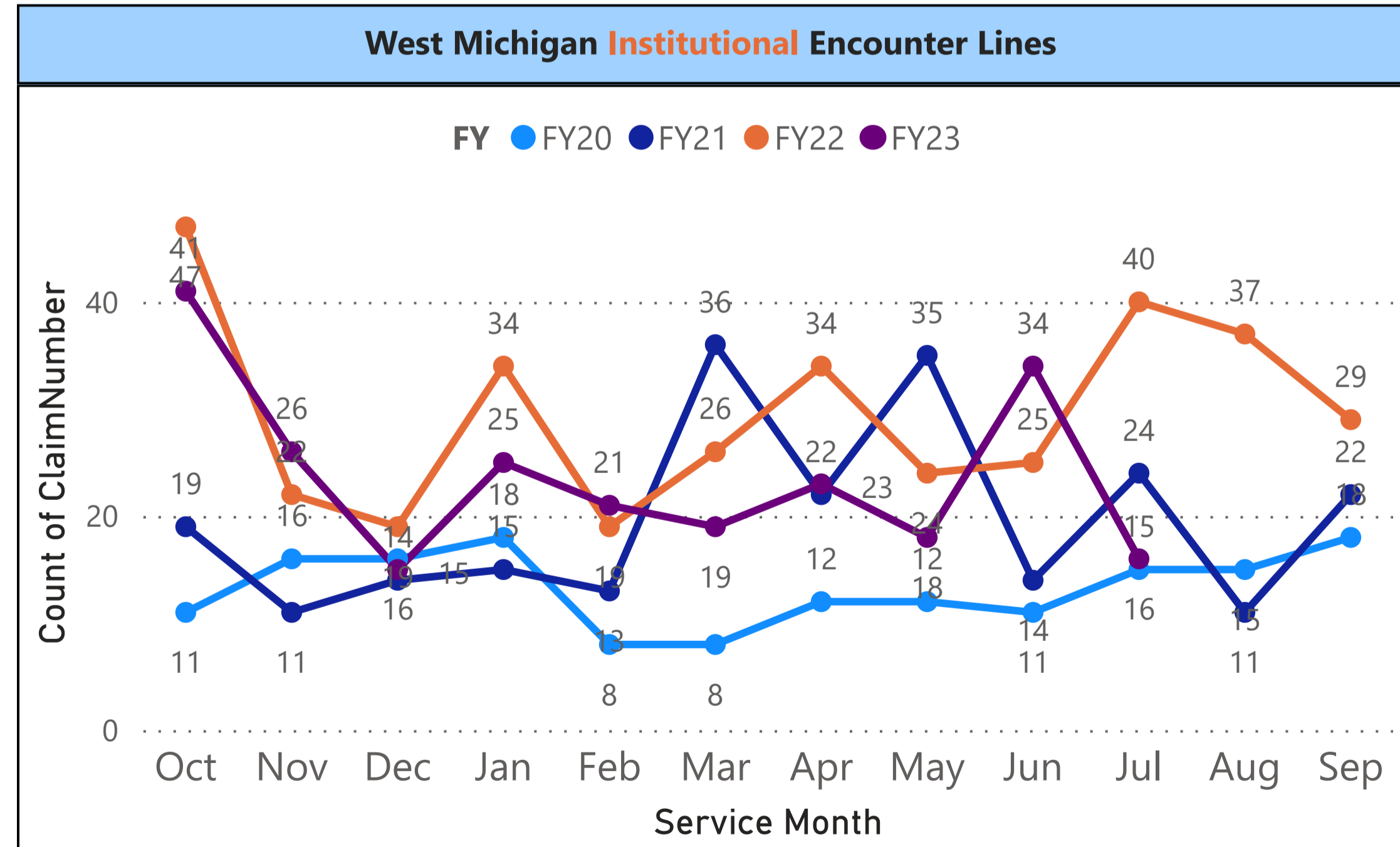
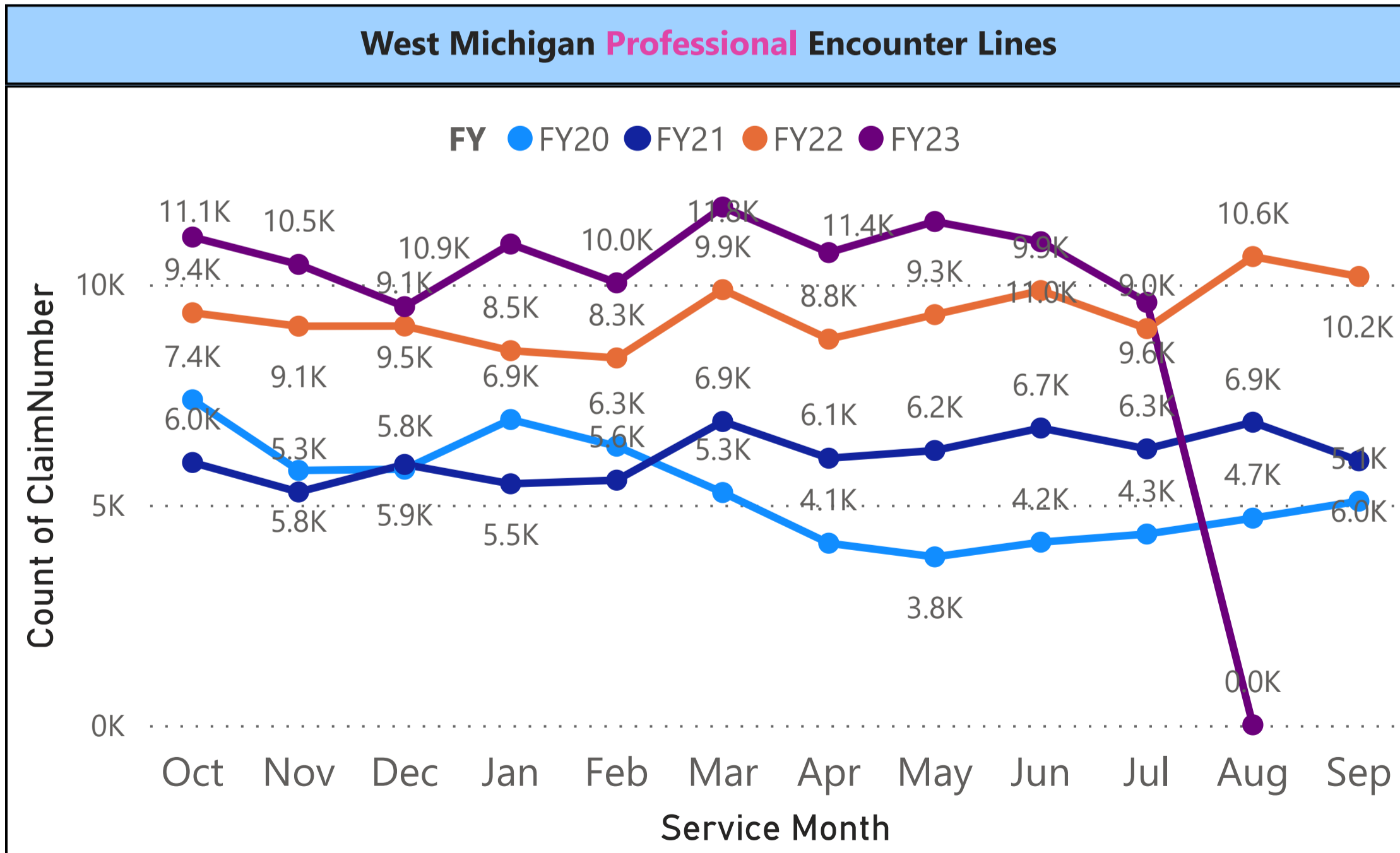


# West Michigan Behavioral Health



**FY: All**

- Select all
- FY20
- FY21
- FY22
- FY23

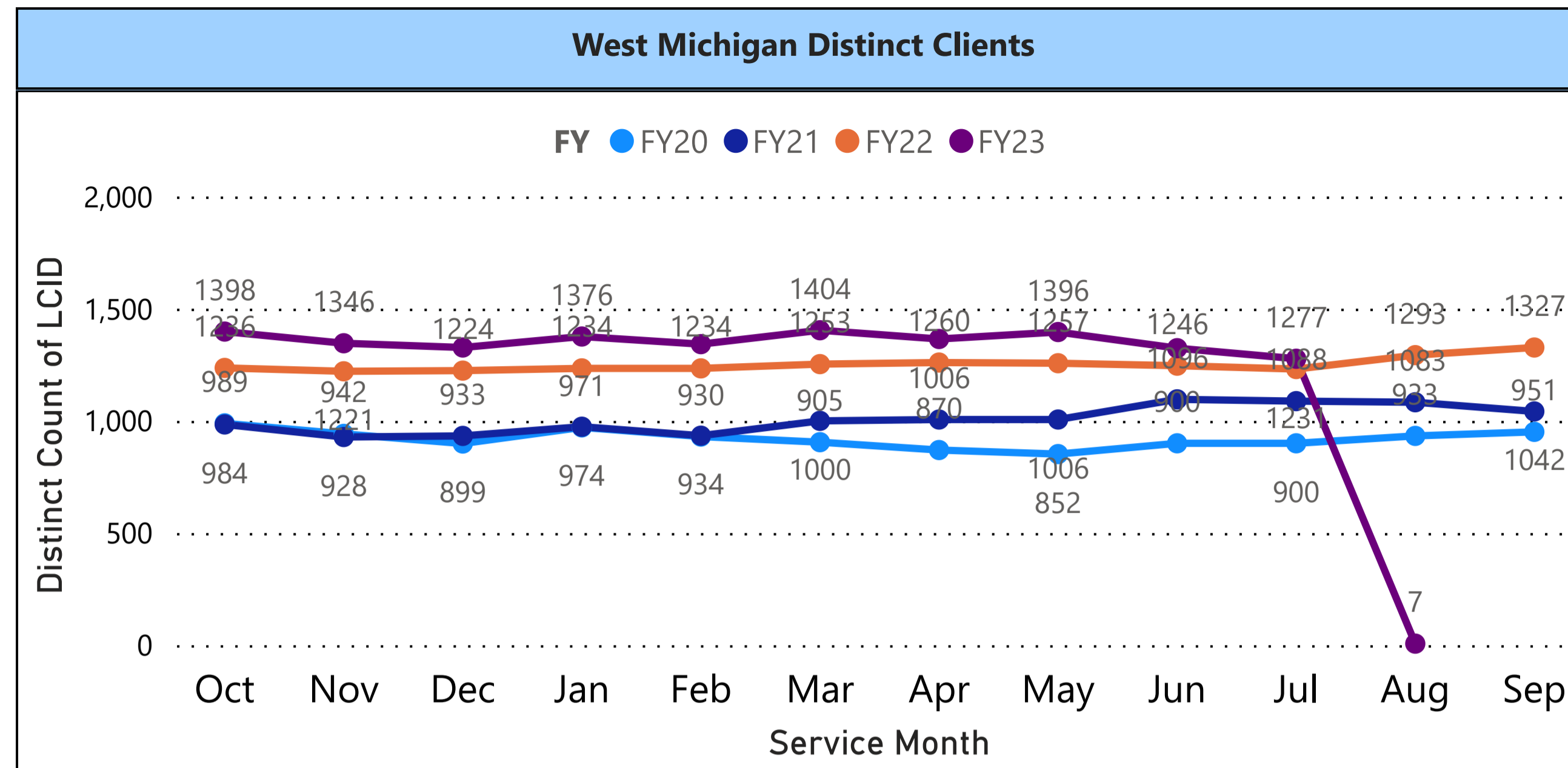


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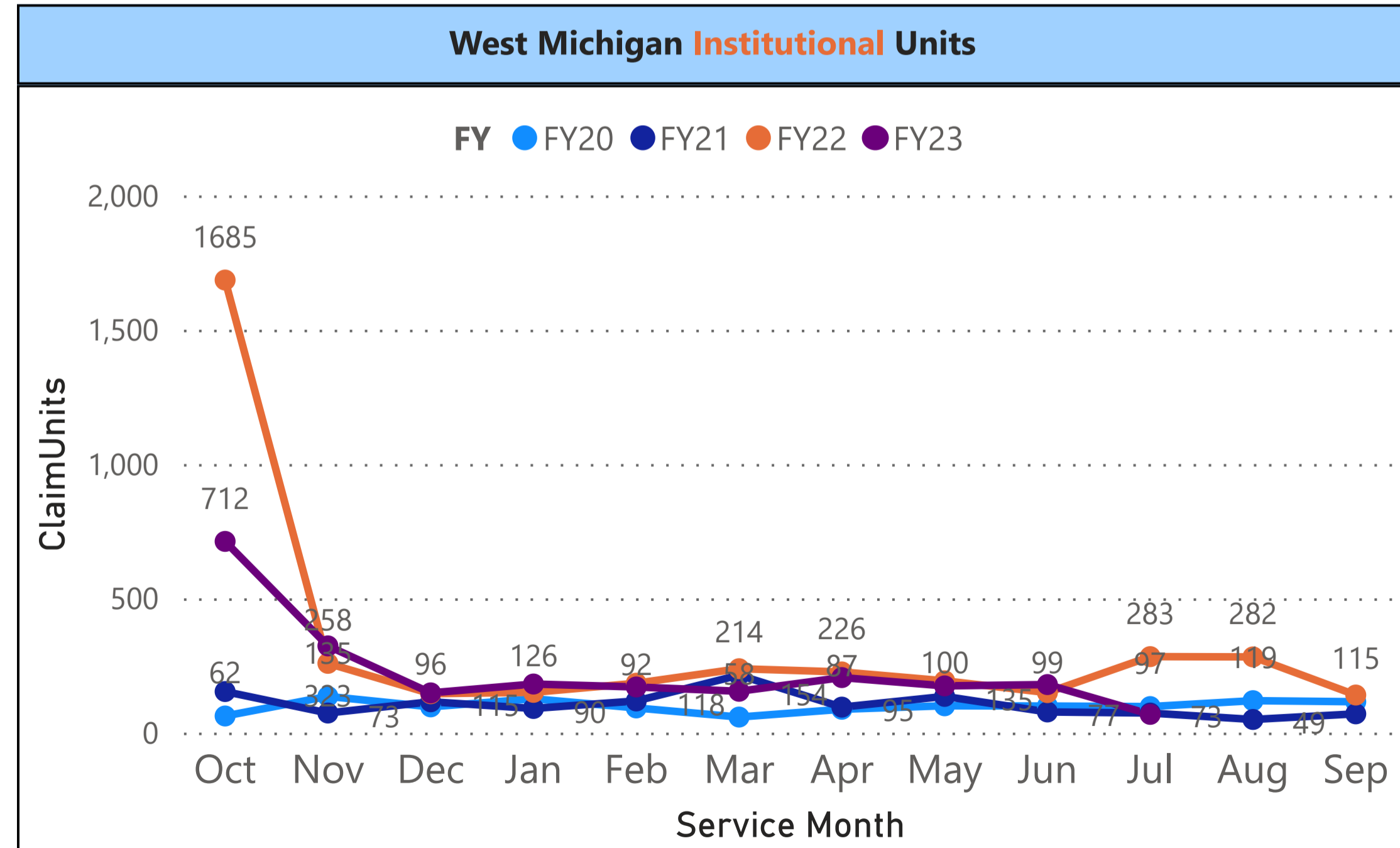
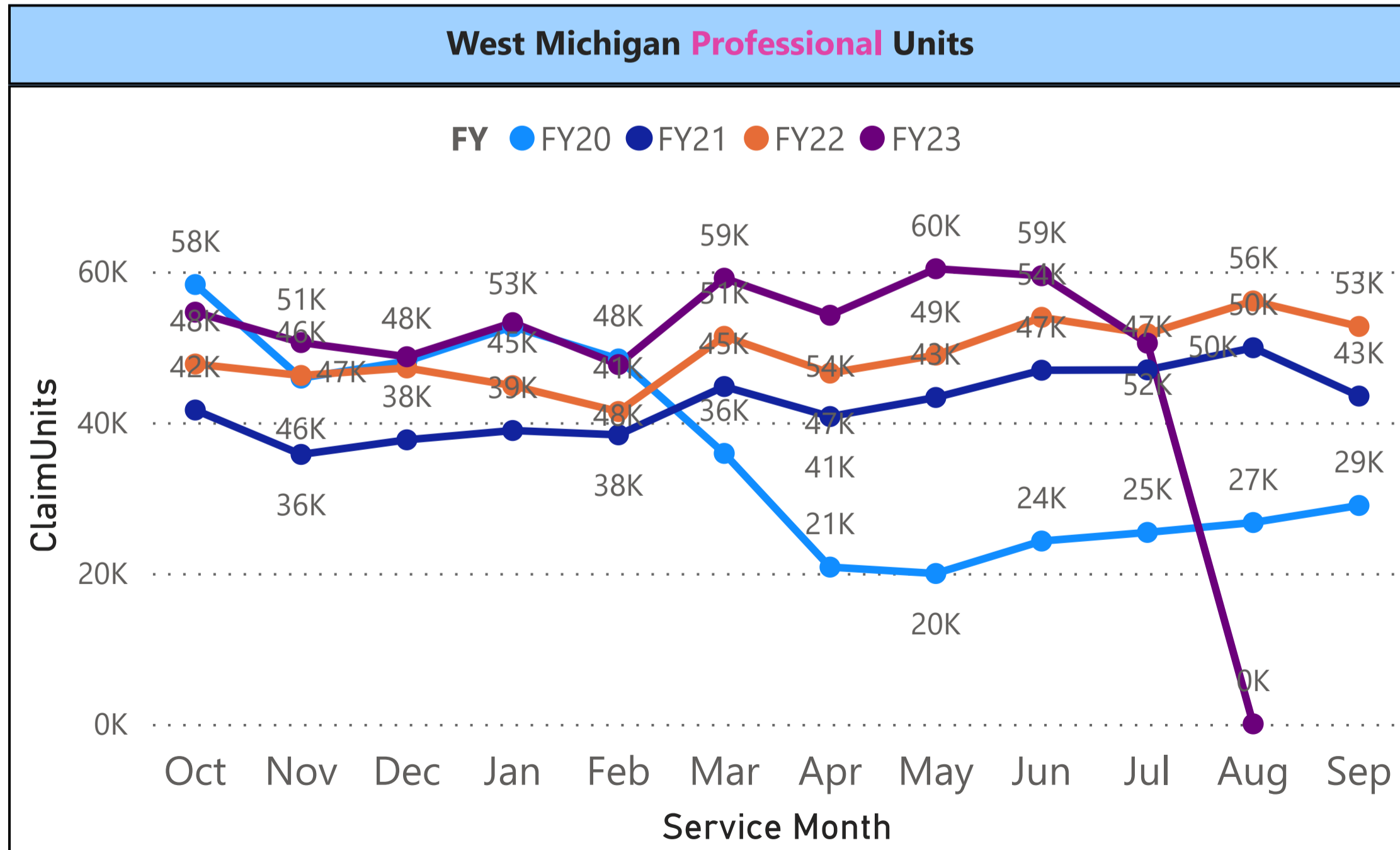


# West Michigan Behavioral Health



**FY: All**

- Select all
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- FY21
- FY22
- FY23



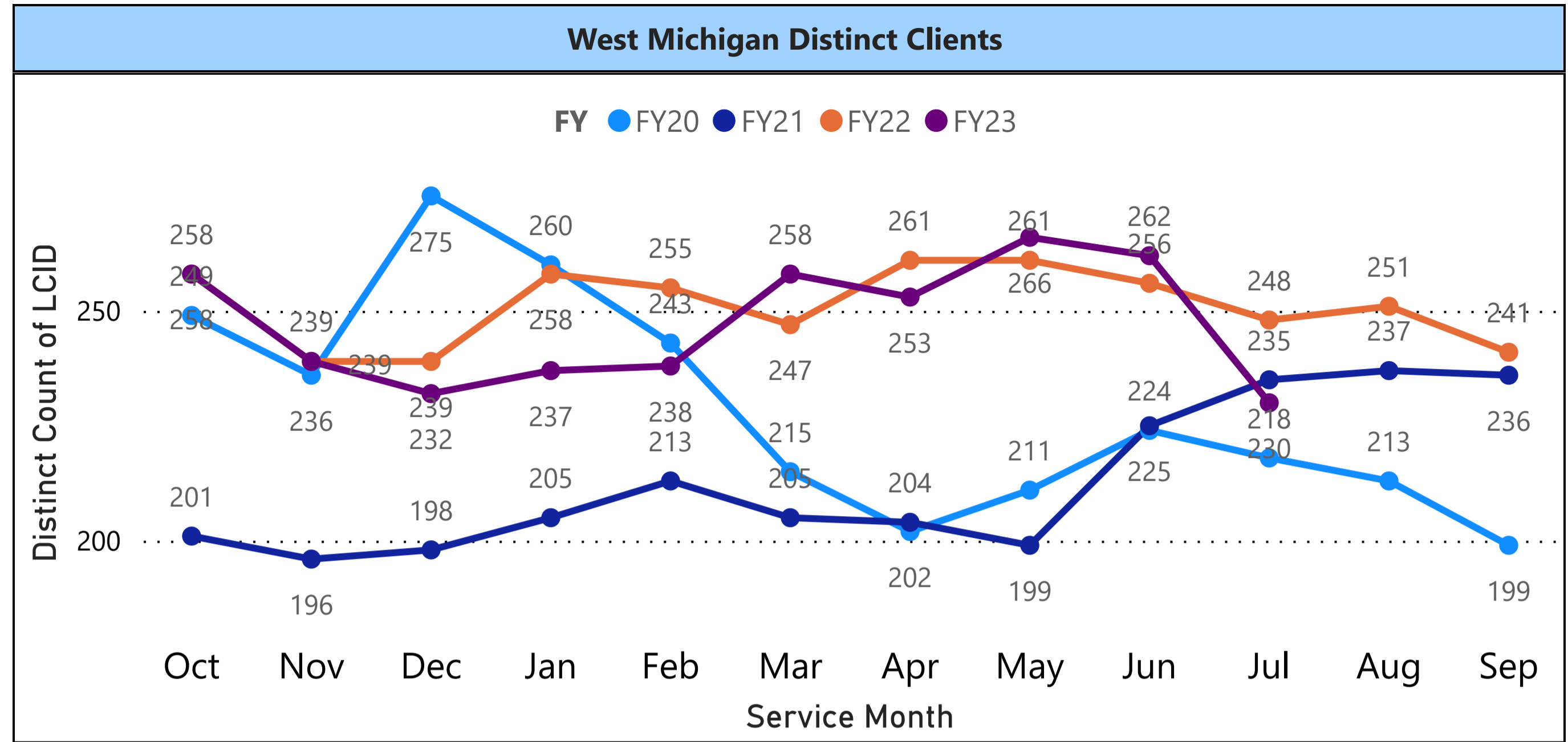
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Latest ProcessDate



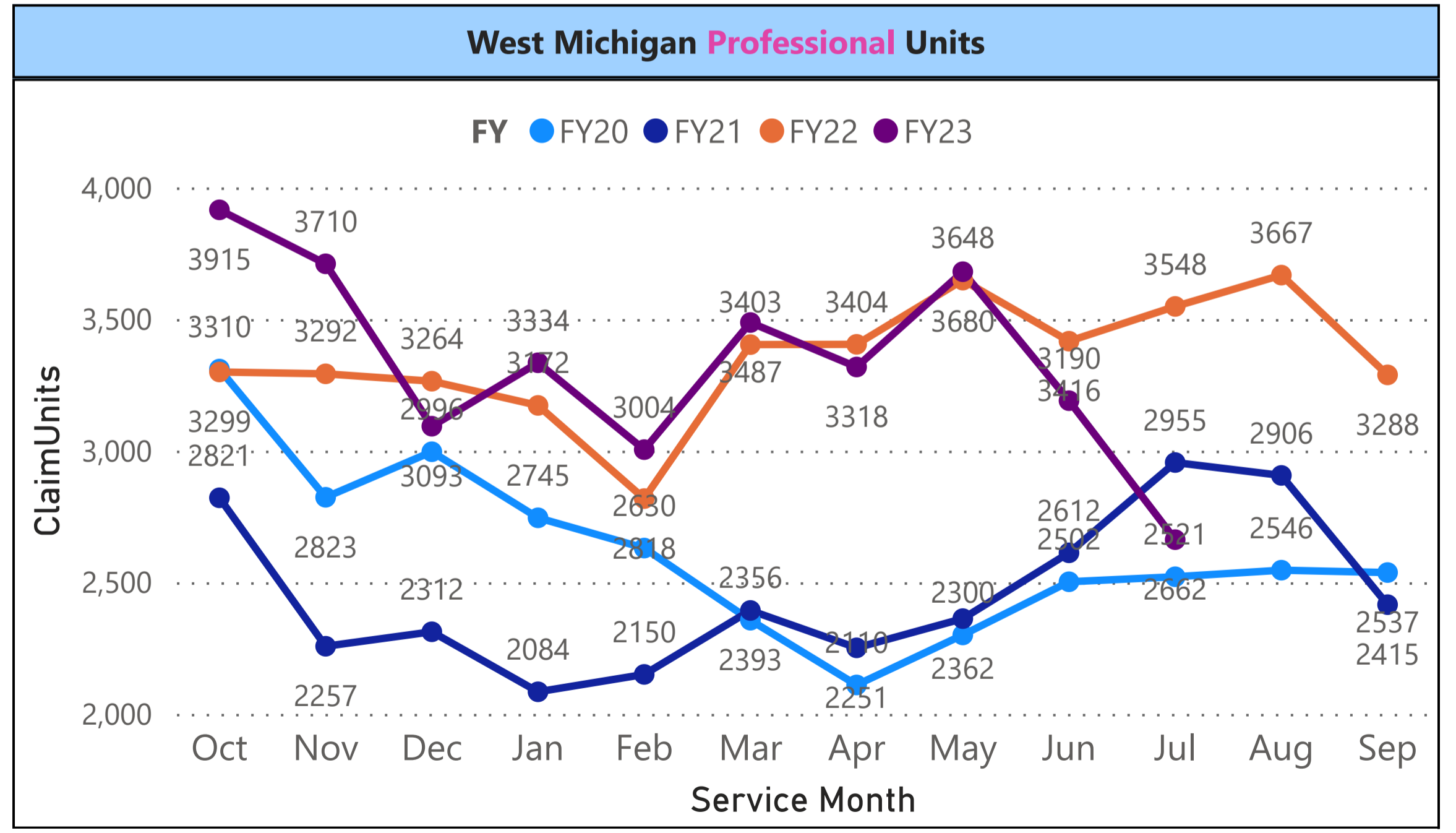
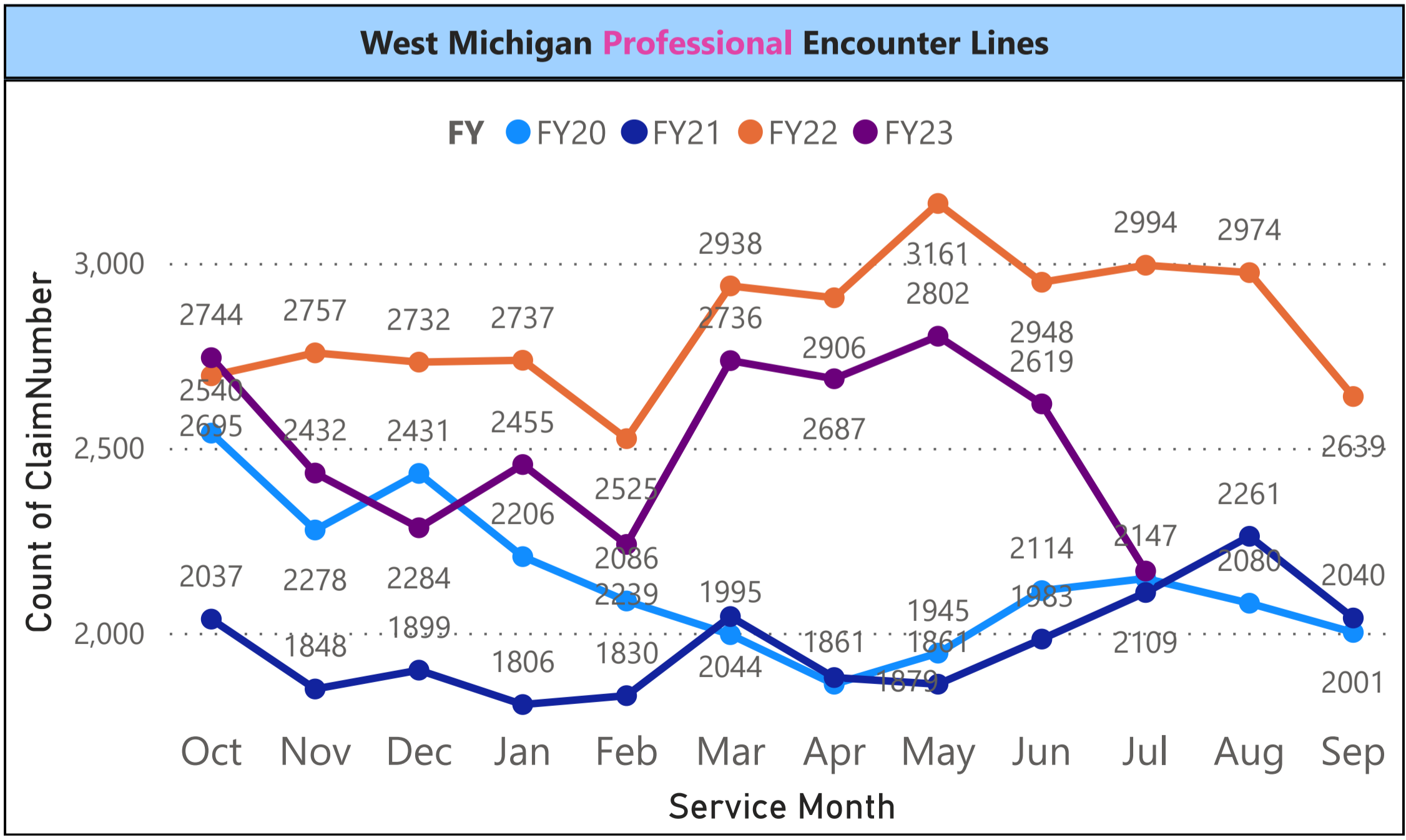


# West Michigan Substance Use Disorder



**FY: All**

- Select all
- FY20
- FY21
- FY22
- FY23



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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

August 23, 2023

### HSAG:

1. Performance Measurement Validation (PMV): On July 28, 2023, LRE timely submitted follow-up documentation to HSAG. LRE awaits HSAG's PMV Draft Report.
2. Compliance Review (CR): On August 16, 2023, HSAG conducted its FY23 Compliance Review to Validate LRE's CAP Remediation efforts stemming from HSAG's FY21 and FY22 Compliance Reviews, which audited Standards I – VI and Standards VII – XIII, respectively.

HSAG stated that LRE had made “exceptional” and “remarkable improvement” in compliance with Standards I – XIII over the last year.

HSAG has requested 23 pieces of follow-up documentation for eight (8) Standards and 11 Element. LRE Subject Matter Experts are collecting the follow-up documentation for timely submission on Friday, August 18, 2023, by 5 p.m. EST.

So long as the follow-up documentation meets with HSAG's approval, LRE anticipates 100% compliance with all Standards, except for Standard XII – Health Information System; Elements 7 & 8, which will not be validated.<sup>1</sup>

3. Performance Improvement Program (PIP): On August 10, 2023, HSAG fully validated LRE's PIP. (Attachment 1). LRE is proceeding with its non-clinical and clinical interventions by creating a workgroup with CMHSP representation from Quality, Clinical, and Access.
4. Follow-Up to HSAG Recommendations in FY22 Technical Report: On August 17, 2023, HSAG requested follow-up regarding HSAG Recommendations from its FY22 Technical Report. LRE is preparing its responses to three HSAG Recommendations, which must be submitted by October 3, 2023.

### CMHSP SITE REVIEWS:

1. Status of CMHSP Site Reviews:
  - a. Ottawa: Site Review complete, CAP complete, and final report distributed.
  - b. West Michigan: Site Review complete, CAP complete, and final report distributed.
  - c. N180: Site Review complete and final report distributed. N180 submitted its CAP; LRE reviewed CAP. N180 in the process of revising any denied CAPs.
  - d. OnPoint: N180: Site Review complete and draft report distributed. OnPoint is working on their

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<sup>1</sup> Standard XII, Element 7. The PIPHP must implement an Application Programming Interface (API) as specified in 42 CFR §431.60 (member access to and exchange of data) as if such requirements applied directly to the MCO. Information must be made accessible to its current members or the members' personal representatives through the API as follows:

- a. Data concerning adjudicated claims, including claims data for payment decisions that may be appealed, were appealed, or are in the process of appeal, and provider remittances and member cost-sharing pertaining to such claims, no later than one (1) business day after a claim is processed.
- b. Encounter data no later than one (1) business day after receiving the data from providers compensated on the basis of capitation payments.
- c. All other encounter data, including adjudicated claims and encounter data from any subcontractors.
- d. Clinical data, including laboratory results, no later than one (1) business day after the data is received by the MCO.
- e. Information about covered outpatient drugs and updates to such information, including, where applicable, preferred drug list information, no later than one (1) business day after the effective date of any such information or updates to such information. 42 CFR §438.242(b)(5); 42 CFR §431.60.

Standard XII, Element 8. The MCO must maintain a publicly accessible standards-based API described in 42 CFR §431.70 (access to published provider directory information), which must include all information specified in 42 CFR §438.10(h)(1) and (2). 42 CFR §438.242(b)(6); 42 CFR §431.70; 42 CFR §438.10(h)(1-2).

CAP, which is due September 13, 2023.

- e. HealthWest: HealthWest received its notification letter on August 1, 2023. LRE will conduct HealthWest’s Site Review from September 12 - 15, 2023.

2. CMHSP Site Review Results as of August 17, 2023:

CMHSP	FY23				FY22			
	Desk Audit	Program Specific Audit	Clinical Audit	Credentialing Audit	Desk Audit	Program Specific Audit	Clinical Audit	Credentialing Audit
CMH of Ottawa County	100.0%	88.0%	94.0%	96.0%	97.3%	95.9%	91.2%	92.8%
N180	99.4%	100.0%	95.7%	96.9%	98.4%	98.6%	96.0%	93.7%
West Michigan	100.0%	100.0%	96.3%	91.3%	99.0%	96.9%	93.2%	92.5%
OnPoint	88.6%	87.3%	91.5%	90.1%	91.9%	96.3%	95.0%	85.9%
<b>Region 3 Overall</b>	<b>97.0%</b>	<b>93.8%</b>	<b>94.4%</b>	<b>93.6%</b>	<b>96.7%</b>	<b>96.9%</b>	<b>93.9%</b>	<b>91.2%</b>

LRE is aggregating and reviewing FY22 Site Review data on a Regional-level in an attempt to identify any systemic issues, if they exist. Throughout this Site Review season, LRE is developing procedures and job aids to ensure proper documentation of the CMHSP Site Review process. Quality continues to interface with LRE IT to develop standardized reports for improved data analysis and report communications with CMHSPs. LRE deployed an Audit PowerBI Dashboard that drastically reduced report writing and CAP development times.

**Appendix B: State of Michigan 2022-23 PIP Validation Tool  
Decrease in Racial Disparity Between Whites and African Americans/Blacks  
for Region 3 - Lakeshore Regional Entity**

**Attachment 1**

Demographic Information			
<b>PIHP Name:</b>	Region 3 - Lakeshore Regional Entity		
<b>Project Leader Name:</b>	Wendi M. Price	<b>Title:</b>	Chief Quality Officer
<b>Telephone Number:</b>	231.286.2042	<b>Email Address:</b>	<a href="mailto:wendip@lsre.org">wendip@lsre.org</a>
<b>PIP Title:</b>	Decrease in Racial Disparity Between Whites and African Americans/Blacks		
<b>Submission Date:</b>	July 14, 2023		
<b>Resubmission Date:</b>			

**Appendix B: State of Michigan 2022-23 PIP Validation Tool  
Decrease in Racial Disparity Between Whites and African Americans/Blacks  
for Region 3 - Lakeshore Regional Entity**

Evaluation Elements	Critical	Scoring	Comments
<b>Performance Improvement Project Validation</b>			
<b>Step 1. Review the Selected PIP Topic: The PIP topic should be selected based on data that identify an opportunity for improvement. The goal of the project should be to improve member health, functional status, and/or satisfaction. The topic may also be required by the State. The PIP topic:</b>			
1. Was selected following collection and analysis of data. N/A is not applicable to this element for scoring.	C*	<i>Met</i>	
2. Has the potential to affect member health, functional status, and/or satisfaction. The scoring for this element will be <i>Met</i> or <i>Not Met</i> .		<i>Met</i>	
<b>Results for Step 1</b>			
<b>Total Evaluation Elements**</b>	<b>2</b>	<b>1</b>	<b>Critical Elements***</b>
<i>Met</i>	2	1	<i>Met</i>
<i>Partially Met</i>	0	0	<i>Partially Met</i>
<i>Not Met</i>	0	0	<i>Not Met</i>
<i>N/A</i>	0	0	<i>N/A</i>
<p>* "C" in this column denotes a <i>critical</i> evaluation element.  ** This is the total number of <i>all</i> evaluation elements for this step.  *** This is the total number of critical evaluation elements for this step.</p>			

**Appendix B: State of Michigan 2022-23 PIP Validation Tool**  
**Decrease in Racial Disparity Between Whites and African Americans/Blacks**  
**for Region 3 - Lakeshore Regional Entity**

Evaluation Elements	Critical	Scoring	Comments
<b>Performance Improvement Project Validation</b>			
<b>Step 2. Review the PIP Aim Statement(s): Defining the statement(s) helps maintain the focus of the PIP and sets the framework for data collection, analysis, and interpretation. The statement:</b>			
1. Stated the area in need of improvement in clear, concise, and measurable terms. <i>N/A</i> is not applicable to this element for scoring	C*	<i>Met</i>	
<b>Results for Step 2</b>			
<b>Total Evaluation Elements**</b>	<b>1</b>	<b>1</b>	<b>Critical Elements**</b>
<i>Met</i>	1	1	<i>Met</i>
<i>Partially Met</i>	0	0	<i>Partially Met</i>
<i>Not Met</i>	0	0	<i>Not Met</i>
<i>N/A</i>	0	0	<i>N/A</i>
* "C" in this column denotes a <i>critical</i> evaluation element. ** This is the total number of <i>all</i> evaluation elements for this step. *** This is the total number of critical evaluation elements for this step.			

**Appendix B: State of Michigan 2022-23 PIP Validation Tool**  
**Decrease in Racial Disparity Between Whites and African Americans/Blacks**  
**for Region 3 - Lakeshore Regional Entity**

Evaluation Elements	Critical	Scoring	Comments
<b>Performance Improvement Project Validation</b>			
<b>Step 3. Review the Identified PIP Population: The PIP population should be clearly defined to represent the population to which the PIP Aim statement and indicator(s) apply, without excluding members with special healthcare needs. The PIP population:</b>			
1. Was accurately and completely defined and captured all members to whom the PIP Aim statement(s) applied. <i>N/A</i> is not applicable to this element for scoring.	C*	<i>Met</i>	
<b>Results for Step 3</b>			
<b>Total Evaluation Elements**</b>	<b>1</b>	<b>1</b>	<b>Critical Elements**</b>
<i>Met</i>	1	1	<i>Met</i>
<i>Partially Met</i>	0	0	<i>Partially Met</i>
<i>Not Met</i>	0	0	<i>Not Met</i>
<i>N/A</i>	0	0	<i>N/A</i>
* "C" in this column denotes a critical evaluation element. ** This is the total number of all evaluation elements for this step. *** This is the total number of critical evaluation elements for this step.			



**Appendix B: State of Michigan 2022-23 PIP Validation Tool  
Decrease in Racial Disparity Between Whites and African Americans/Blacks  
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Evaluation Elements	Critical	Scoring	Comments
<b>Performance Improvement Project Validation</b>			
<b>Step 4. Review the Sampling Method: (If sampling was not used, each evaluation element will be scored Not Applicable [N/A]). If sampling was used to select members in the population, proper sampling methods are necessary to provide valid and reliable results. Sampling methods:</b>			
1. Included the measurement period for the sampling methods used (e.g., baseline, Remeasurement 1).		N/A	
2. Included the title of each indicator.		N/A	
3. Included the sampling frame size for each indicator.		N/A	
4. Included the sample size for each indicator.	C*	N/A	
5. Included the margin of error and confidence level for each indicator.		N/A	
6. Described the method used to select the sample.		N/A	
7. Allowed for the generalization of results to the population.	C*	N/A	
<b>Results for Step 4</b>			
<b>Total Evaluation Elements**</b>	<b>7</b>	<b>2</b>	<b>Critical Elements**</b>
<i>Met</i>	0	0	<i>Met</i>
<i>Partially Met</i>	0	0	<i>Partially Met</i>
<i>Not Met</i>	0	0	<i>Not Met</i>
<i>N/A</i>	7	2	<i>N/A</i>
<p>* "C" in this column denotes a <i>critical</i> evaluation element.  ** This is the total number of <i>all</i> evaluation elements for this step.  *** This is the total number of critical evaluation elements for this step.</p>			

**Appendix B: State of Michigan 2022-23 PIP Validation Tool  
Decrease in Racial Disparity Between Whites and African Americans/Blacks  
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Evaluation Elements	Critical	Scoring	Comments
<b>Performance Improvement Project Validation</b>			
<b>Step 5. Review the Selected Performance Indicator(s): A performance indicator is a quantitative or qualitative characteristic or variable that reflects a discrete event or a status that is to be measured. The selected indicator(s) should track performance or improvement over time. The indicator(s) should be objective, clearly and unambiguously defined, and based on current clinical knowledge or health services research. The indicator(s) of performance:</b>			
1. Were well-defined, objective, and measured changes in health or functional status, member satisfaction, or valid process alternatives.	C*	<i>Met</i>	
2. Included the basis on which the indicator(s) was developed, if internally developed.		<i>Met</i>	
<b>Results for Step 5</b>			
<b>Total Evaluation Elements**</b>	<b>2</b>	<b>1</b>	<b>Critical Elements**</b>
<i>Met</i>	2	1	<i>Met</i>
<i>Partially Met</i>	0	0	<i>Partially Met</i>
<i>Not Met</i>	0	0	<i>Not Met</i>
<i>N/A</i>	0	0	<i>N/A</i>
* "C" in this column denotes a <i>critical</i> evaluation element. ** This is the total number of <i>all</i> evaluation elements for this step. *** This is the total number of critical evaluation elements for this step.			

**Appendix B: State of Michigan 2022-23 PIP Validation Tool**  
**Decrease in Racial Disparity Between Whites and African Americans/Blacks**  
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Evaluation Elements	Critical	Scoring	Comments
<b>Performance Improvement Project Validation</b>			
<b>Step 6. Review the Data Collection Procedures: The data collection process must ensure that the data collected on the indicator(s) were valid and reliable. Validity is an indication of the accuracy of the information obtained. Reliability is an indication of the repeatability or reproducibility of a measurement. Data collection procedures include:</b>			
1. Clearly defined sources of data and data elements collected for the indicator(s). <i>N/A is not applicable to this element for scoring.</i>		<i>Met</i>	
2. A clearly defined and systematic process for collecting baseline and remeasurement data for the indicator(s). <i>N/A is not applicable to this element for scoring.</i>	C*	<i>Met</i>	
3. A manual data collection tool that ensured consistent and accurate collection of data according to indicator specifications.	C*	<i>N/A</i>	
4. The percentage of reported administrative data completeness at the time the data are generated, and the process used to calculate the percentage.		<i>Met</i>	
<b>Results for Step 6</b>			
<b>Total Evaluation Elements**</b>	<b>4</b>	<b>2</b>	<b>Critical Elements**</b>
<i>Met</i>	3	1	<i>Met</i>
<i>Partially Met</i>	0	0	<i>Partially Met</i>
<i>Not Met</i>	0	0	<i>Not Met</i>
<i>N/A</i>	1	1	<i>N/A</i>
* "C" in this column denotes a <i>critical</i> evaluation element. ** This is the total number of <i>all</i> evaluation elements for this step. *** This is the total number of critical evaluation elements for this step.			

<b>Results for Step 1 - 6</b>			
<b>Total Evaluation Elements</b>	<b>17</b>	<b>8</b>	<b>Critical Elements</b>
<i>Met</i>	9	5	<i>Met</i>
<i>Partially Met</i>	0	0	<i>Partially Met</i>
<i>Not Met</i>	0	0	<i>Not Met</i>
<i>N/A</i>	8	3	<i>N/A</i>

**Appendix B: State of Michigan 2022-23 PIP Validation Tool  
Decrease in Racial Disparity Between Whites and African Americans/Blacks  
for Region 3 - Lakeshore Regional Entity**

Evaluation Elements	Critical	Scoring	Comments
<b>Performance Improvement Project Validation</b>			
<b>Step 7. Review Data Analysis and Interpretation of Results: Clearly present the results for each indicator. Describe the data analysis performed, the results of the statistical analysis, and a narrative interpretation for each indicator. Through data analysis and interpretation, real improvement, as well as sustained improvement, can be determined. The data analysis and interpretation of the indicator outcomes:</b>			
1. Included accurate, clear, consistent, and easily understood information in the data table.	C*	<i>Not Assessed</i>	
2. Included a narrative interpretation of results that addressed all requirements.		<i>Not Assessed</i>	
3. Addressed factors that threatened the validity of the data reported and ability to compare the initial measurement with the remeasurement.		<i>Not Assessed</i>	
<b>Results for Step 7</b>			
<b>Total Evaluation Elements**</b>	<b>3</b>	<b>1</b>	<b>Critical Elements***</b>
<i>Met</i>	0	0	<i>Met</i>
<i>Partially Met</i>	0	0	<i>Partially Met</i>
<i>Not Met</i>	0	0	<i>Not Met</i>
<i>N/A</i>	0	0	<i>N/A</i>
* "C" in this column denotes a <i>critical</i> evaluation element. ** This is the total number of <i>all</i> evaluation elements for this step. *** This is the total number of critical evaluation elements for this step.			

**Appendix B: State of Michigan 2022-23 PIP Validation Tool  
Decrease in Racial Disparity Between Whites and African Americans/Blacks  
for Region 3 - Lakeshore Regional Entity**

Evaluation Elements	Critical	Scoring	Comments
<b>Performance Improvement Project Validation</b>			
<b>Step 8. Assess the Improvement Strategies: Interventions were developed to address causes/barriers identified through a continuous cycle of data measurement and data analysis. The improvement strategies were developed from an ongoing quality improvement process that included:</b>			
1. A causal/barrier analysis with a clearly documented team, process/steps, and quality improvement tools.	C*	<i>Met</i>	
2. Barriers that were identified and prioritized based on results of data analysis and/or other quality improvement processes.		<i>Met</i>	
3. Interventions that were logically linked to identified barriers and have the potential to impact indicator outcomes.	C*	<i>Met</i>	
4. Interventions that were implemented in a timely manner to allow for impact of indicator outcomes.		<i>Met</i>	
5. An evaluation of effectiveness for each individual intervention.	C*	<i>Met</i>	
6. Interventions that were continued, revised, or discontinued based on evaluation data.		<i>Met</i>	
<b>Results for Step 8</b>			
<b>Total Evaluation Elements**</b>	<b>6</b>	<b>3</b>	<b>Critical Elements***</b>
<i>Met</i>	6	3	<i>Met</i>
<i>Partially Met</i>	0	0	<i>Partially Met</i>
<i>Not Met</i>	0	0	<i>Not Met</i>
<i>N/A</i>	0	0	<i>N/A</i>
<p>* "C" in this column denotes a <i>critical</i> evaluation element.  ** This is the total number of <i>all</i> evaluation elements for this step.  *** This is the total number of critical evaluation elements for this step.</p>			

**Appendix B: State of Michigan 2022-23 PIP Validation Tool  
Decrease in Racial Disparity Between Whites and African Americans/Blacks  
for Region 3 - Lakeshore Regional Entity**

Results for Step 7 - 8				
Total Evaluation Elements	9	4	Critical Elements	
<i>Met</i>	6	3	<i>Met</i>	
<i>Partially Met</i>	0	0	<i>Partially Met</i>	
<i>Not Met</i>	0	0	<i>Not Met</i>	
<i>N/A</i>	0	0	<i>N/A</i>	

**Appendix B: State of Michigan 2022-23 PIP Validation Tool  
Decrease in Racial Disparity Between Whites and African Americans/Blacks  
for Region 3 - Lakeshore Regional Entity**

Evaluation Elements	Critical	Scoring	Comments
<b>Performance Improvement Project Validation</b>			
<b>Step 9. Assess the likelihood that Significant and Sustained Improvement Occurred: Significant improvement in performance is evaluated based on evidence that there was statistically significant improvement over baseline indicator performance OR significant clinical improvement in processes and outcomes OR significant programmatic improvement in processes and outcomes. Sustained improvement is only assessed after statistically significant improvement over baseline indicator performance has been demonstrated. Sustained improvement is achieved when repeated measurements over comparable time periods demonstrate statistically significant improvement over baseline indicator performance.</b>			
1. The remeasurement methodology was the same as the baseline methodology.		<i>Not Assessed</i>	
2. The Performance Indicator(s) met the State-specific goal of eliminating the existing disparity.		<i>Not Assessed</i>	
3. At least one of the following was demonstrated: <input type="checkbox"/> <i>Statistically significant</i> improvement over baseline indicator performance (95 percent confidence level, $p < 0.05$ ). <input type="checkbox"/> Significant <i>clinical</i> improvement in processes and outcomes. <input type="checkbox"/> Significant <i>programmatic</i> improvement in processes and outcomes.		<i>Not Assessed</i>	
4. Sustained statistically significant improvement over baseline indicator performance was demonstrated through repeated measurements over comparable time periods.		<i>Not Assessed</i>	
<b>Results for Step 9</b>			
<b>Total Evaluation Elements**</b>	<b>4</b>	<b>0</b>	<b>Critical Elements***</b>
<i>Met</i>	0	0	<i>Met</i>
<i>Partially Met</i>	0	0	<i>Partially Met</i>
<i>Not Met</i>	0	0	<i>Not Met</i>
<i>N/A</i>	0	0	<i>N/A</i>
** This is the total number of <i>all</i> evaluation elements for this step.			
*** This is the total number of critical evaluation elements for this step.			

**Appendix B: State of Michigan 2022-23 PIP Validation Tool**  
**Decrease in Racial Disparity Between Whites and African Americans/Blacks**  
**for Region 3 - Lakeshore Regional Entity**

Table B-1—2022—23 PIP Validation Tool Scores for Decrease in Racial Disparity Between Whites and African Americans/Blacks for Region 3 - Lakeshore Regional Entity										
Review Step	Total Possible Evaluation Elements (Including Critical Elements)	Total Met	Total Partially Met	Total Not Met	Total N/A	Total Possible Critical Elements	Total Critical Elements Met	Total Critical Elements Partially Met	Total Critical Elements Not Met	Total Critical Elements N/A
1. Review the PIP Topic	2	2	0	0	0	1	1	0	0	0
2. Review the PIP Aim Statement(s)	1	1	0	0	0	1	1	0	0	0
3. Review the Identified PIP Population	1	1	0	0	0	1	1	0	0	0
4. Review the Sampling Method	7	0	0	0	7	2	0	0	0	2
5. Review the PIP Indicator(s) of Performance	2	2	0	0	0	1	1	0	0	0
6. Review the Data Collection Procedures	4	3	0	0	1	2	1	0	0	1
7. Review Data Analysis and Interpretation of Results	3	Not Assessed				1	Not Assessed			
8. Assess the Improvement Strategies	6	6	0	0	0	3	3	0	0	0
9. Assess the Likelihood that Significant and Sustained Improvement Occurred	4	Not Assessed				0	Not Assessed			
<b>Totals for All Steps</b>	<b>30</b>	<b>15</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>12</b>	<b>8</b>	<b>0</b>	<b>0</b>	<b>3</b>

Table B-2—2022—23 PIP Validation Overall Score for Decrease in Racial Disparity Between Whites and African Americans/Blacks for Region 3 - Lakeshore Regional Entity	
Percentage Score of Evaluation Elements <i>Met</i> *	<b>100%</b>
Percentage Score of Critical Elements <i>Met</i> **	<b>100%</b>
Validation Status***	<b><i>Met</i></b>

\* The percentage score for all evaluation elements *Met* is calculated by dividing the total number *Met* by the sum of all evaluation elements *Met*, *Partially Met*, and *Not Met*.

The Not Assessed and Not Applicable scores have been removed from the scoring calculations.

\*\* The percentage score of critical elements *Met* is calculated by dividing the total critical elements *Met* by the sum of the critical elements *Met*, *Partially Met*, and *Not Met*.

\*\*\* Validation Status: See confidence level definitions on next page.



**EVALUATION OF THE OVERALL VALIDITY AND RELIABILITY OF PIP RESULTS**

**HSAG assessed the validity and reliability of the results based on CMS validation protocols and determined whether the State and key stakeholders can have confidence in the reported PIP findings. Based on the validation of this PIP, HSAG’s assessment determined the following:**

- Met:*** High confidence/confidence in reported PIP results. All critical evaluation elements were *Met* , and 80 to 100 percent of all evaluation elements were *Met* across all steps.
- Partially Met:*** Low confidence in reported PIP results. All critical evaluation elements were *Met* , and 60 to 79 percent of all evaluation elements were *Met* across all steps; or one or more critical evaluation elements were *Partially Met* .
- Not Met:*** No confidence in reported PIP results. All critical evaluation elements were *Met* , and less than 60 percent of all evaluation elements were *Met* across all steps; or one or more critical evaluation elements were *Not Met* .

**Validation Status:** ***Met***

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**EXECUTIVE COMMITTEE SUMMARY**

Wednesday, August 16, 2023, 1:00 PM

Present: Ron Bacon, Jack Greenfield, Richard Kanten, Jim Storey

LRE: Mary Marlatt-Dumas, Stacia Chick

WELCOME and INTRODUCTIONS

- i. Review of August 16, 2023, Meeting Agenda
- ii. Review of July 19, 2023, Meeting Minutes

The August 16, 2023, agenda and the July 19, 2023, meeting minutes are accepted as presented.

MDHHS UPDATES

- Ms. Marlatt-Dumas updates that there are two meetings scheduled with MDHHS. The first will occur on 9/18/23 regarding the provider network and what barriers/challenges there are regionally. They specifically asked for a representative from the Autism Department.
- The second meeting will occur on 10/16/23 and will be an in person meet and greet at LRE offices. These meetings are being scheduled with all the PIHPs.
- LRE has reached out to Kristen Jordan, MDHHS, to resume the regularly scheduled meetings.

DEFICIT PAYMENT/MOTION 23-23 UPDATE

- During the July Board meeting there was approval to amend Motion 23-23. The amended language has been agreed on and currently all the agreements have gone out to the CMHs for signature. When the agreements have been signed and the restricted account information is given then LRE will send out the final 20% of the deficit amounts as stated in the motion.

NETWORK180 (N180) ADDITIONAL FUNDING REQUEST

- N180 has made a formal request for additional funding over their PMPM. The LRE sent a letter informing N180 that we are waiting for additional information and on the approval/disapproval by CMH CEOs (per LRE Operating Agreement) of this request. This item is on the agenda to discuss during today's Ops meeting and to take a formal vote.
- If the CEOs vote no on this request LRE will send out a denial letter on behalf of the region.

COMPLIANCE AUDIT UPDATE

- LRE received communication from MDHHS indicating they were not approving the FY18-20 revised FSRs that were submitted per our legal stating that we had a negative ISF balance. This is supported by accounting standards, specifically GASB 10.

- LRE legal asked for an explanation for the denial. Their legal stated contract non-compliance but did not give a citation of contract non-compliance. LRE legal has asked for this to be cited and LRE is still waiting for MDHHS to respond.
- LRE is waiting for the response from the state before completing the FSRs. There is currently an extension through August 31. An extension may allow for the possibility of the \$200,0000 sanction being lifted but we must wait for an answer regarding the FSRs.
- The FY20 audit had some issues with the reconciliation figures not matching but we are currently working through this with the state.
- Mr. Greenfield asks if this has an impact on the amount of funds that can be put into the ISF? Ms. Chick reports that the issues we are having with the previous year's FSRs have an impact on the amount that we have in the ISF/MC Savings. When we have the information LRE will be able to calculate the impact.

#### WAKELY RATES/ISF ANYALYSIS UPDATE

- Wakely gave a presentation to the CMH CEOs and their finance staff regarding the ISF analysis. Wakely will be presenting at the August work session.
- Wakely has asked us not to send out the presentation early as the information could easily be misinterpreted.

#### CCBHC UPDATE

- LRE is waiting for communication from MDHHS if the CMHs have been approved for the demonstration.

#### CMHSP/PIHP CONTRACT UPDATE

- The contract between the PIHP/CMH will be extended for 6 months (March 2024) to continue to work on and to enable us to align our contract with MDHHS/PIHP contract. The PIHP/MDHHS contract is still being negotiated, as well.

#### PERFORMANCE IMPROVEMENT PROJECT (PIP) UPDATE

- This is the first year that Ms. Price (LRE CQO) has submitted the PIP and Ms. Marlatt-Dumas would like to recognize her and the Quality Team on receiving a 100% with no exceptions.

#### GOVERNANCE COMMITTEE UPDATE

- Mr. Bacon updated that the Governance Committee met and is prepared to give a recommendation at the August Board for a temporary Chair and Vice Chair. The recommendation is for Mr. Stek as Chair and Ms. Thomas as Vice Chair for a period of 6 months at which time the Governance Committee will reconvene for reconsideration of these positions. Mr. Bacon will continue to fulfill the role of Board Secretary.
- Mr. Storey asks if there was an audio recording of this meeting. Ms. Marlatt-Dumas updates that there is not an audio recording, but meeting minutes record the recommendation. Mr. Storey is concerned that there was not a roll call vote during the Governance Committee showing each members' vote for the recommendation.

- Mr. Bacon would like to be clear that the recommendation from the Governance Committee is a recommendation only and that other nominations for officer positions can be put on the floor during the Board meeting.

#### LRE POLICIES UPDATE

- The Board members have asked for more time to review the policies. Ms. Marlatt-Dumas will also have a conversation with the CMH CEOs who have questions about the Governance policies.

#### BOARD MEETING AGENDA ITEMS

Nothing additional to add.

#### BOARD WORK SESSION AGENDA

Wakely will be presenting at the Work Session.

#### OTHER

- Mr. Greenfield comments Ms. Marlatt-Dumas' evaluation goals were approved during the July Board meeting. There have been good discussions during EC meetings regarding her goals. Mr. Greenfield asks that moving forward the EC continues to revisit any needs that she may have to assist her in her CEO position and to continue to review the goals set for her. He also comments that he appreciates that the CMH CEOs continue to attend these meetings.

#### UPCOMING MEETINGS

- August 23, 2023 – LRE Executive Board Meeting, 1:00 PM  
GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440
- September 14, 2023 – Community Advisory Panel, 1:00 PM
- September 20, 2023 – Executive Committee, 1:00PM
- September 27, 2023 – LRE Executive Board Meeting, 1:00 PM  
GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440

#### ADJOURN

## Lakeshore Regional Entity Board Financial Officer Report for August 2023 8/23/2023

- **Disbursements Report** – A motion is requested to approve the July 2023 disbursements. A summary of those disbursements is included as an attachment.
- **Statement of Activities** – Report through June is included as an attachment. This is a preliminary report. Figures may 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 June LRE Combined Monthly FSR Report is included as an attachment for August’s meeting. Expense projections, as reported by each CMHSP, are noted. An actual surplus through June of \$3.2 million, a projected annual surplus of \$7.8 million and a budgeted surplus of \$10.9 million regionally (Medicaid and HMP, excluding CCBHC) is shown in this month’s report. All CMHSPs have an actual surplus, except Network180 with an actual deficit of \$5.1 million. All CMHSPs have a projected surplus, except Network180 with a projected deficit of \$1.8 million. All CMHSPs have a budgeted surplus. Below is a monthly comparison of the surplus/(deficit) reported in the monthly FSRs for the Member CMHSPs.

Lakeshore Regional Entity  
 FY2023 FSR Monthly Comparison of Surplus/(Deficit)

	Oct	Nov	Change	Dec	Change	Jan	Change	Feb	Change	Mar	Change	Apr	Change	May	Change	June	Change
Actual	2,682,480	5,868,687	3,186,207	5,607,901	(260,786)	(1,707,073)	(7,314,974)	(2,814,960)	(1,707,887)	(81,340)	2,733,611	6,205,577	6,286,928	6,337,683	132,705	1,430,379	(4,907,304)
N180	1,859,481	(659,560)	(2,519,041)	(369,066)	290,494	(218,052)	151,074	(151,281)	66,771	(290,605)	(139,328)	(1,023,418)	(732,809)	(3,028,203)	(2,004,760)	(5,089,355)	(2,061,133)
OnPoint	246,147	297,376	49,229	668,050	370,674	772,385	104,335	470,249	(302,138)	1,228,199	757,960	1,206,401	(21,738)	1,243,807	37,406	1,116,684	(127,123)
Ottawa	2,138,468	1,197,944	(940,524)	5,003,221	3,805,277	5,338,898	335,677	5,285,162	(63,738)	4,733,649	(637,373)	2,449,442	(2,284,207)	5,851,267	3,401,825	5,500,234	(351,033)
WM	329,077	360,999	31,922	578,414	217,415	949,601	371,187	1,689,859	740,258	209,270	(1,480,589)	275,602	66,332	262,864	(12,739)	204,260	(98,604)
Total	7,257,683	7,065,446	(192,237)	11,488,520	4,423,074	5,135,759	(6,352,761)	4,479,029	(656,730)	5,799,160	1,320,131	9,113,604	3,314,444	10,667,418	1,553,813	3,162,202	(7,505,216)
Projection	19,175,963	6,906,852	(12,269,111)	5,922,933	(883,919)	4,665,099	(1,207,834)	5,477,809	812,710	5,407,593	(70,216)	3,880,197	(1,327,396)	6,544,789	2,654,592	6,228,067	(316,722)
N180	1,174,124	(57,250)	(1,231,374)	(505,119)	(447,829)	(546,239)	(41,120)	(1,181,316)	(635,077)	3,790,156	4,971,472	(1,626,688)	(5,416,844)	(1,906,060)	(279,372)	(1,788,250)	117,810
OnPoint	2,496,026	954,680	(1,541,346)	365,874	(888,806)	293,151	(72,723)	287,160	(23,991)	618,753	351,593	694,872	76,119	1,108,630	413,758	1,357,571	248,941
Ottawa	(1,204,837)	1,005,316	2,210,153	1,178,355	173,039	1,835,852	637,497	1,962,922	127,070	1,583,693	(379,229)	1,333,087	(250,606)	1,302,391	(30,696)	1,958,746	656,354
WM	1,693,834	1,693,834	-	1,695,885	2,291	2,097,218	401,333	1,827,064	(270,154)	(899,019)	(2,726,083)	129,963	1,028,982	(90,959)	(220,922)	74,056	163,015
Total	23,334,910	10,503,192	(12,831,718)	8,667,928	(1,845,264)	8,345,081	(312,849)	8,353,639	6,508	10,501,176	2,147,537	4,411,431	(6,069,742)	6,958,792	2,547,361	7,830,190	871,388
Proposed Spending Plan/Budget	Oct	Nov	Change	Dec	Change	Jan	Change	Feb	Change	Mar	Change	Apr	Change	May	Change	June	Change
HW	5,850,996	5,850,996	-	5,850,996	-	5,850,996	-	5,850,996	-	5,850,996	-	5,850,996	-	5,850,996	-	5,850,996	-
N180	1,886,358	1,886,358	-	1,886,358	-	1,886,358	-	1,886,358	-	1,886,358	-	1,886,358	(0)	1,886,358	-	1,886,358	-
OnPoint	2,501,588	2,501,588	-	2,501,588	-	2,501,588	-	2,501,588	-	2,501,588	-	2,501,588	0	2,501,588	-	2,501,588	-
Ottawa	4,049,008	1,005,316	(3,043,692)	1,005,316	-	1,005,316	-	1,005,316	-	1,005,316	-	627,021	(379,233)	627,021	-	627,021	-
WM	3,587,342	1,526,411	(2,060,931)	1,526,411	-	1,526,411	-	1,526,411	-	1,526,411	-	0	798,388	0	0	0	0
Total	17,875,294	12,769,669	(5,105,625)	12,769,669	-	12,769,669	-	12,769,669	-	10,447,870	(2,321,799)	10,865,962	418,092	10,865,962	-	10,865,962	-

Base Capitation Only. Does not include CCBHC activity.

CCBHC activity is included in this month’s report showing an actual surplus of \$2.4 million and a projected surplus of \$3.6 million, which will primarily be retained by the CCBHCs to be used to cover CCBHC expenditures in subsequent fiscal years. A budgeted surplus of \$187 thousand is shown. The CCBHC activity is primarily for the LRE only and does not reflect all of 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 August 16, 2023, and reviewed by Operations Advisory Council on August 16, 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** – On July 14, 2023, the State Attorney General’s office sent communication to the LRE’s legal team indicating that the amended FSR submissions on March 7, 2022 will not be accepted nor approved by the Department. On July 20, 2023, the LRE’s legal team responded to the AG’s office asking for clarification on why the FSRs were not accepted or approved by the department. On August 3, 2023, the AG’s office responded that the LRE’s revised FSRs cannot be accept nor approved by the Dept. because the were no compliant with the contract’s financial reporting requirements and the FSRs were not audited per contract compliance exam guidelines. On August 3, 2023 the LRE’s legal team indicated that they would ask the AG’s office to outline which contract requirements specifically the LRE was not in compliance with. As of August 16, 2023, no response from the AG’s office has been received. The LRE will continue to work with auditors and legal to determine what options are available and what impact this will have on the previously reported ISF/Medicaid Savings.
- **FY 2024 Rate Setting Update** – Since July 14, 2023 no additional rate setting information has been provided by the State. A Redetermination and PIHP FY23/FY24 Rates meeting has been scheduled for August 23, 2023.
- **FY 2024 Revenue Projections** –No changes to FY 2024 revenue projections have been made since last month since no additional information has been provided by the State. Member CMHSPs were asked at the July Finance ROAT meeting to utilize those projections for their FY2024 Proposed Spending Plans/Budgets, which were due to the LRE on August 11, 2023. As of August 16, 2023, only two Member CMHSPs have submitted their spending plans. The remaining three Member CMHSPs indicated at the Finance ROAT meeting on August 16, 2023 that they would submit their plans by the end of the week. Additional information may be provided at the August Board meeting if the plans are received in time to provide an update.

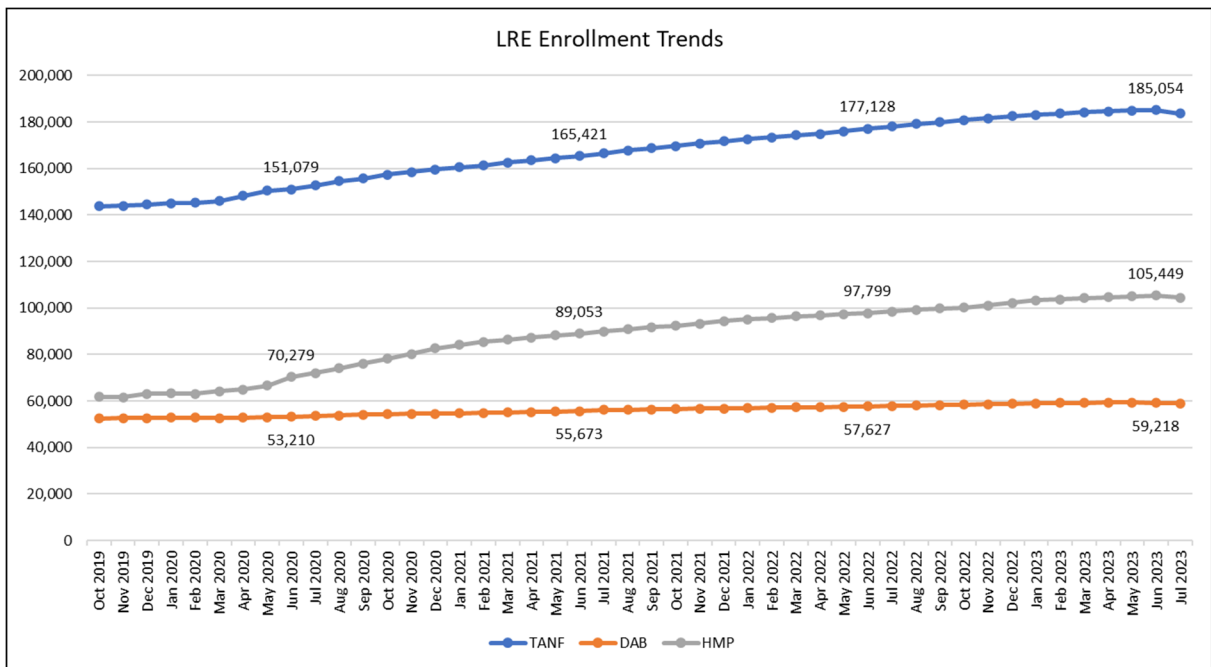
- FY 2023 Revenue Projections** – Updated revenue and membership projections by program and Member CMHSP are below. In the FY24 Draft Capitation Rate setting materials, Milliman estimated that 60% of the pandemic related growth in enrollments would drop off due to redeterminations and 40% of people added during the pandemic would remain Medicaid eligible. Our original projections assumed that enrollment would return to pre-pandemic levels. Additionally, although redeterminations resumed in July, most disenrollments have been delayed until August, and are expected to continue through August 2024. Our previous projections assumed that disenrollments would begin in July. There was a decline in enrolled population of 230 and an increase in unenrolled of 648 indicating the delay in redeterminations is still ongoing. Overall there was a \$1.0 million decline in projected revenue from the revised June projections. This decline is attributed to the disenrollment assumptions that were applied for August and September as outlined above.

FY 2023 Revenue Projection										
Total LRE										
	FY 22 Budget	FY 23 Initial Budget	FY22 to FY23 Initial		FY23 Current Budget	FY22 to FY23		FY23 Initial to		FY23 Initial
	Projection	Projection	Change	Initial %	Projection	Current Change	Current %	Current Change	Current	to Current
				Change			Change			%Change
MCD - MH	\$ 213,135,026	\$ 230,503,748	\$ 17,368,722	8.15%	\$ 231,249,988	\$ 18,114,962	8.50%	\$ 746,240	\$ 746,240	0.32%
MCD - SUD	\$ 8,189,247	\$ 8,922,063	\$ 732,815	8.95%	\$ 10,000,543	\$ 1,811,295	22.12%	\$ 1,078,480	\$ 1,078,480	12.09%
HMP - MH	\$ 32,718,689	\$ 35,267,839	\$ 2,549,150	7.79%	\$ 38,850,597	\$ 6,131,908	18.74%	\$ 3,582,758	\$ 3,582,758	10.16%
HMP - SUD	\$ 18,646,066	\$ 20,373,667	\$ 1,727,601	9.27%	\$ 19,397,981	\$ 751,915	4.03%	\$ (975,686)	\$ (975,686)	-4.79%
Autism	\$ 41,587,466	\$ 44,763,182	\$ 3,175,717	7.64%	\$ 43,732,220	\$ 2,144,755	5.16%	\$ (1,030,962)	\$ (1,030,962)	-2.30%
Waiver	\$ 41,989,313	\$ 46,509,162	\$ 4,519,850	10.76%	\$ 44,267,680	\$ 2,278,368	5.43%	\$ (2,241,482)	\$ (2,241,482)	-4.82%
LRE Admin	\$ 12,451,370	\$ 8,451,024	\$ (4,000,346)	-32.13%	\$ 13,922,556	\$ 1,471,186	11.82%	\$ 5,471,532	\$ 5,471,532	64.74%
ISF	\$ 28,393,407	\$ -	\$ (28,393,407)	-100.00%	\$ -	\$ (28,393,407)	-100.00%	\$ -	\$ -	-
IPA	\$ 4,711,498	\$ 4,902,840	\$ 191,342	4.06%	\$ 5,059,873	\$ 348,375	7.39%	\$ 157,033	\$ 157,033	3.20%
<b>Total Region</b>	<b>\$ 401,822,082</b>	<b>\$ 399,693,525</b>	<b>\$ (2,128,557)</b>	<b>-0.53%</b>	<b>\$ 406,481,438</b>	<b>\$ 4,659,357</b>	<b>1.16%</b>	<b>\$ 6,787,914</b>	<b>\$ 6,787,914</b>	<b>1.70%</b>

Total CMHSPs										
	FY 22 Budget	FY 23 Initial Budget	FY22 to FY23 Initial		FY23 Current Budget	FY22 to FY23		FY23 Initial to		FY23 Initial
	Projection	Projection	Change	Initial %	Projection	Current Change	Current %	Current Change	Current	to Current
				Change			Change			%Change
Allegan	\$ 31,638,150	\$ 34,101,811	\$ 2,463,661	7.79%	\$ 34,252,956	\$ 2,614,806	8.26%	\$ 151,145	\$ 151,145	0.44%
Healthwest	\$ 70,438,581	\$ 80,471,573	\$ 10,032,992	14.24%	\$ 80,494,882	\$ 10,056,301	14.28%	\$ 23,309	\$ 23,309	0.03%
Network180	\$ 180,590,423	\$ 190,822,853	\$ 10,232,430	5.67%	\$ 191,463,907	\$ 10,873,484	6.02%	\$ 641,054	\$ 641,054	0.34%
Ottawa	\$ 49,281,634	\$ 53,873,029	\$ 4,591,395	9.32%	\$ 54,400,943	\$ 5,119,309	10.39%	\$ 527,914	\$ 527,914	0.98%
West Michigan	\$ 24,317,020	\$ 27,070,395	\$ 2,753,376	11.32%	\$ 26,886,322	\$ 2,569,302	10.57%	\$ (184,073)	\$ (184,073)	-0.68%
<b>Total CMHSPs</b>	<b>\$ 356,265,807</b>	<b>\$ 386,339,661</b>	<b>\$ 30,073,854</b>	<b>8.44%</b>	<b>\$ 387,499,009</b>	<b>\$ 31,233,203</b>	<b>8.77%</b>	<b>\$ 1,159,349</b>	<b>\$ 1,159,349</b>	<b>0.30%</b>

- 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 – July 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). Disenrollments due to the end of the PHE are not yet being realized.





- **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 July 31, 2023		
4/30/2022	BYLAWS/OPERATING AGREEMENT	5,700.00
7/28/2022	BYLAWS/OPERATING AGREEMENT	6,500.00
	<b>BYLAWS/OPERATING AGREEMENT TOTAL</b>	<b>12,200.00</b>
11/30/2021	CCHBC SUPPORT	812.50
	<b>CCHBC SUPPORT TOTAL</b>	<b>812.50</b>
2/11/2022	GENERAL/OTHER	325.00
1/16/2023	GENERAL/OTHER	10,000.00
2/3/2023	GENERAL/OTHER	250.00
	<b>GENERAL/OTHER TOTAL</b>	<b>10,575.00</b>
10/31/2021	HEALTHWEST LITIGATION	5,368.74
3/31/2022	HEALTHWEST LITIGATION	2,016.00
4/30/2022	HEALTHWEST LITIGATION	9,388.80
6/24/2022	HEALTHWEST LITIGATION	13,782.40
3/31/2023	HEALTHWEST LITIGATION	6,992.00
4/30/2023	HEALTHWEST LITIGATION	3,640.00
	<b>HEALTHWEST LITIGATION TOTAL</b>	<b>41,187.94</b>
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
3/31/2023	MANAGED CARE/MDHHS CONTRACT	3,371.20
4/30/2023	MANAGED CARE/MDHHS CONTRACT	16,328.80
5/31/2023	MANAGED CARE/MDHHS CONTRACT	2,212.00
5/31/2023	MANAGED CARE/MDHHS CONTRACT	3,716.00
6/30/2023	MANAGED CARE/MDHHS CONTRACT	12,537.60
	<b>MANAGED CARE/MDHHS CONTRACT TOTAL</b>	<b>328,653.76</b>
2/28/2023	NETWORK 180 LITIGATION	2,674.00
3/31/2023	NETWORK 180 LITIGATION	29,167.33
4/30/2023	NETWORK 180 LITIGATION	103.20
5/31/2023	NETWORK 180 LITIGATION	2,274.40
6/30/2023	NETWORK 180 LITIGATION	13,840.80
	<b>NETWORK 180 LITIGATION TOTAL</b>	<b>48,059.73</b>
	<b>GRAND TOTAL</b>	<b>\$ 441,488.93</b>



**BOARD ACTION REQUEST**

**Subject: July 2023 Disbursements**

Meeting Date: August 23, 2023

**RECOMMENDED MOTION:**

To approve the July 2023 disbursements of \$33,117,666.99 as presented.

**SUMMARY OF REQUEST/INFORMATION:**

<b><u>Disbursements:</u></b>	
Allegheny County CMH	\$1,477,604.17
Healthwest	\$7,029,098.70
Network 180	\$16,116,772.72
Ottawa County CMH	\$4,572,660.28
West Michigan CMH	\$2,509,083.78
SUD Prevention Expenses	\$166,765.04
SUD Public Act 2 (PA2)	\$215,520.11
Administrative Expenses	\$1,030,162.19
<b>Total:</b>	<b>\$33,117,666.99</b>

96.87% 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:** 8/15/2023



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

As of Date: 6/30/23

Change in Net Assets	Year Ending 9/30/2023	6/30/2023		
	FY23 Budget <i>Amendment 1</i>	Budget to Date	Actual	Actual to Budget Variance
<b>Operating Revenues</b>				
Medicaid, HSW, SED, & Children's Waiver	285,537,018	214,152,764	220,475,087	6,322,323
Autism Revenue	43,517,457	32,638,093	34,151,465	1,513,372
DHS Incentive	471,247	353,435	123,901	(229,534)
Healthy Michigan	62,732,364	47,049,273	45,306,134	(1,743,139)
Performance Bonus Incentive	2,819,234	2,114,426	-	(2,114,426)
Hospital Rate Adjuster (HRA)	9,518,432	7,138,824	5,814,732	(1,324,092)
Local Match Revenue (Members)	1,007,548	755,661	503,774	(251,887)
CCBHC Supplemental Revenue	13,064,253	9,798,190	6,338,334	(3,459,856)
CCBHC General Funds	693,898	520,424	493,278	(27,146)
MDHHS Grants	13,155,178	9,866,384	5,585,908	(4,280,476)
PA 2 Liquor Tax	3,249,131	2,436,848	1,985,148	(451,701)
Non-MDHHS Grants: DFC	125,000	93,750	86,010	(7,740)
Interest Revenue	299,487	224,615	183,263	(41,352)
Miscellaneous Revenue	15,500	11,625	-	(11,625)
<b>Total Operating Revenues</b>	<b>436,205,747</b>	<b>327,154,310</b>	<b>321,047,033</b>	<b>(6,107,277)</b>
<b>Expenditures</b>				
Salaries and Fringes	3,871,353	2,903,515	3,189,407	285,892
Office and Supplies Expense	259,630	194,723	119,853	(74,869)
Contractual and Consulting Expenses	888,445	666,334	535,116	(131,218)
Managed Care Information System (PCE)	305,200	228,900	221,400	(7,500)
Legal Expense	242,153	181,615	148,270	(33,345)
Utilities/Conferences/Mileage/Misc Exps	8,355,776	6,266,832	214,890	(6,051,942)
Grants - MDHHS & Non-MDHHS	989,860	742,395	266,090	(476,305)
Taxes, HRA, and Local Match	15,503,880	11,627,910	11,130,107	(497,803)
Prevention Expenses - Grant & PA2	3,034,456	2,275,842	2,509,388	233,546
Contribution to ISF/Savings	-	-	-	-
Member Payments - Medicaid/HMP	356,798,513	267,598,885	269,228,898	1,630,013
Member Payments - CCBHC Capitation	20,545,519	15,409,139	15,779,700	370,561
Member Payments - CCBHC Supplemental	13,064,253	9,798,190	4,243,970	(5,554,220)
Member Payments - CCBHC General Funds	693,898	520,424	493,278	(27,146)
Member Payments - PA2 Treatment	2,001,942	1,501,457	607,500	(893,956)
Member Payments - Grants	9,650,869	7,238,152	4,744,817	(2,493,334)
<b>Total Expenditures</b>	<b>436,205,747</b>	<b>327,154,310</b>	<b>313,432,683</b>	<b>(13,721,627)</b>
<b>Total Change in Net Assets</b>	<b>-</b>	<b>-</b>	<b>7,614,349</b>	<b>7,614,349</b>



**Statement of Activities  
Budget to Actual Variance Report**

**For the Period ending June 30, 2023**

**As of Date: 6/30/23**

**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 is received quarterly beginning in April. Amounts are based on encounter data that supports services to Foster Care and CPS children. Adjustments to be made during next amendment.
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. Third quarter payment is expected in quarter four.
Local Match Revenue	Local match requirement for FY23 was reduced. Adjustment to be made during next amendment.
CCBHC Supplemental Revenue	Rates were decreased for FY23. Adjustment to be made during next amendment.
CCBHC General Funds	Funds received were less than projected. Adjustments to be made during next amendment.
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 3rd 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 lower than expected. Adjustment to be made during next amendment.
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	Partially over budget due to a new grant for workforce stabilization that the LRE received for retention bonuses tied to wellness activities and training. Adjustments to be made during next amendment.
Office and Supplies	Spending is under but some budgeted expenditures are planned for later in the year.
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	Spending is under but some budgeted expenditures are planned for later in the year.
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	N/A - Closely aligned with the current budget projections.
Prevention Exps - Grant/PA2	Proposed amendments will result in a closer alignment of budget to actual in this category.
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	N/A - Closely aligned with the current budget projections.
Member CCBHC Supplemental	CCBHC PPS-1 Supplemental Payments are based on actual eligible daily visits reported. PPS-1 rates were decreased retroactively for FY23. Adjustments to be made during next amendment.
Member CCBHC GF	Amount for FY23 was reduced. Planned amendment will adjust to actual revenue/expenditures.
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	Proposed amendments will result in a closer alignment of budget to actual in this category.

For internal use only. This report has not been audited, and no assurance is provided.

**Lakeshore Regional Entity Combined Monthly FSR Summary**  
**FY 2023**  
**June 2023 Reporting Month**  
**Reporting Date: 08/16/2023**

ACTUAL:	HealthWest	Network180	OnPoint	Ottawa	West Michigan	LRE	Total
<b>Distributed Medicaid/HMP Revenue</b>							
Medicaid	34,678,015	101,184,806	18,964,279	28,584,752	10,893,903	3,465,617	197,771,372
Autism	6,988,356	17,064,956	3,028,486	4,999,395	1,990,769	438,356	34,510,319
Healthy Michigan	6,849,177	22,454,055	3,332,474	6,304,635	132,340	524,963	39,597,643
<b>Total Distributed Medicaid/HMP Revenue</b>	<b>48,515,548</b>	<b>140,703,817</b>	<b>25,325,239</b>	<b>39,888,782</b>	<b>13,017,012</b>	<b>4,428,936</b>	<b>271,879,334</b>
<b>Capitated Expense</b>							
Medicaid	40,949,853	108,126,093	19,599,078	27,056,034	11,072,973	3,465,617	210,269,649
Autism	1,914,836	18,533,251	1,564,930	3,556,407	588,609	438,356	26,596,388
Healthy Michigan	4,220,480	19,133,828	3,044,547	3,776,108	1,151,169	524,963	31,851,095
<b>Total Capitated Expense</b>	<b>47,085,169</b>	<b>145,793,172</b>	<b>24,208,555</b>	<b>34,388,548</b>	<b>12,812,752</b>	<b>4,428,936</b>	<b>268,717,132</b>
<b>Actual Surplus (Deficit)</b>	<b>1,430,379</b>	<b>(5,089,355)</b>	<b>1,116,684</b>	<b>5,500,234</b>	<b>204,260</b>	<b>-</b>	<b>3,162,202</b>
<b>% Variance</b>	<b>2.95%</b>	<b>-3.62%</b>	<b>4.41%</b>	<b>13.79%</b>	<b>1.57%</b>	<b>0.00%</b>	
<b>Information regarding Actual</b> (Threshold: Surplus of 5% and deficit of 1%)	Less than threshold for explanation	Deficit expected to lessen with true up payments based on current revenue projections. Expecting an actual deficit consistent with the projected deficit of \$1.79M. N180 has also submitted a request for an additional PA2 allocation in the amount of \$1.4M to cover a portion of the deficit. Request will be reviewed by the Oversight Policy Board on 9/6/23. No contingency plan at this time if the PA2 request is not approved.	Less than threshold for explanation	% variance down from previous month (16.67%) anticipate revenues to expenses gap will continue to narrow for MCD and Autism services.	Less than threshold for explanation	Less than threshold for explanation	
<b>PROJECTION:</b>							
<b>LRE Revenue Projections as of:</b>							
<i>June Revised</i>							
Medicaid	48,086,078	140,240,882	26,031,198	39,748,688	13,690,523	14,717,369	282,514,738
Autism	8,983,295	21,938,741	3,889,531	6,431,267	2,562,343	1,973,685	45,778,862
Healthy Michigan	8,892,014	29,750,435	4,417,742	8,379,525	1,686,384	2,282,053	55,408,154
<b>Total Projected Medicaid/HMP Revenue</b>	<b>65,961,387</b>	<b>191,930,058</b>	<b>34,338,471</b>	<b>54,559,480</b>	<b>17,939,251</b>	<b>18,973,107</b>	<b>383,701,754</b>
	(0)	-	-	-	-	-	-
<b>Expense Projections</b>							
Medicaid	50,052,899	144,483,797	26,758,264	40,534,844	15,015,013	14,717,369	291,562,186
Autism	3,053,115	24,070,779	2,297,237	6,352,937	1,352,427	1,973,685	39,100,179
Healthy Michigan	6,627,307	25,163,731	3,925,399	5,712,953	1,497,756	2,282,053	45,209,199
<b>Total Capitated Expense Projections</b>	<b>59,733,320</b>	<b>193,718,308</b>	<b>32,980,900</b>	<b>52,600,734</b>	<b>17,865,195</b>	<b>18,973,107</b>	<b>375,871,564</b>
<b>Projected Surplus (Deficit)</b>	<b>6,228,067</b>	<b>(1,788,250)</b>	<b>1,357,571</b>	<b>1,958,746</b>	<b>74,056</b>	<b>-</b>	<b>7,830,190</b>
<b>% Variance</b>	<b>9.44%</b>	<b>-0.93%</b>	<b>3.95%</b>	<b>3.59%</b>	<b>0.41%</b>	<b>0.00%</b>	
<b>Information regarding Projections</b> (Threshold: Surplus of 5% and deficit of 1%)	Spending is 1% higher than the surplus that we are aiming for. HealthWest's spending plan has a planned 5.8% positive variance built in for last minute items due to historical swings and expected revenue reductions. We anticipate expense will continue to go up and remain within our 5.8% goal.	Less than threshold for explanation	Less than threshold for explanation	Less than threshold for explanation	Less than threshold for explanation	Less than threshold for explanation	
<b>PROPOSED SPENDING PLAN:</b>							
Submitted to the LRE as of:							
	HealthWest 12/8/2022	Network180 9/19/2022	OnPoint 10/18/2022	Ottawa 6/9/2023	West Michigan 6/9/2023	LRE	Total
<b>Medicaid/HMP Revenue</b>							
Medicaid	50,592,580	138,477,148	26,226,787	37,997,693	13,748,030	14,637,966	281,680,204
Autism	8,877,222	21,807,343	3,848,342	6,663,994	2,533,303	1,962,200	45,692,404
Healthy Michigan	9,801,631	28,865,568	4,320,893	8,381,507	1,583,863	2,239,706	55,213,158
<b>Total Budgeted Medicaid/HMP Revenue</b>	<b>69,271,433</b>	<b>189,170,059</b>	<b>34,396,012</b>	<b>53,043,194</b>	<b>17,865,195</b>	<b>18,839,873</b>	<b>382,585,766</b>
<b>Capitated Expense</b>							
Medicaid	52,832,547	136,680,342	26,869,897	40,534,844	15,015,013	14,637,966	286,570,609
Autism	2,409,949	22,686,387	1,961,305	6,002,636	1,352,427	1,962,200	36,374,903
Healthy Michigan	8,177,941	27,916,973	3,063,222	5,878,693	1,497,756	2,239,706	48,774,291
<b>Total Budgeted Capitated Expense</b>	<b>63,420,437</b>	<b>187,283,702</b>	<b>31,894,424</b>	<b>52,416,174</b>	<b>17,865,195</b>	<b>18,839,873</b>	<b>371,719,804</b>
<b>Budgeted Surplus (Deficit)</b>	<b>5,850,996</b>	<b>1,886,358</b>	<b>2,501,588</b>	<b>627,021</b>	<b>0</b>	<b>-</b>	<b>10,865,962</b>
<b>% Variance</b>	<b>8.45%</b>	<b>1.00%</b>	<b>7.27%</b>	<b>1.18%</b>	<b>0.00%</b>	<b>0.00%</b>	
<b>Information regarding Spending Plans</b> (Threshold: Surplus of 5% and deficit of 1%)	Based on Health West Board approved budget.	Less than threshold for explanation	Based on OnPoint Board approved budget.	Less than threshold for explanation	Less than threshold for explanation	Less than threshold for explanation	
<b>Variance between Projected and Proposed Spending Plan</b>							
	377,071	(3,674,607)	(1,144,017)	1,331,725	74,056	-	(3,035,773)
<b>% Variance</b>	<b>0.54%</b>	<b>-1.94%</b>	<b>-3.33%</b>	<b>2.51%</b>	<b>0.41%</b>	<b>0.00%</b>	
<b>Explanation of variances between Projected and Proposed Spending Plan</b> (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	Budget was prepared at the beginning of the year before SUD rate changes were known. OnPoint has also added a number of positions based on increased utilization, and worked with contracted service providers to supplement staffing vacancies, resulting in current projections being higher than initial spending plan.	Less than threshold for explanation	Less than threshold for explanation	Less than threshold for explanation	

Lakeshore Regional Entity Combined Monthly FSR Summary  
 FY 2023  
 June 2023 Reporting Month  
 Reporting Date: 08/16/2023

CCBHC ACTIVITY							
	HealthWest	Network180	OnPoint	Ottawa	West Michigan	LRE	Total
<b>ACTUAL:</b>							
Distributed Medicaid/HMP CCBHC Revenue							
Medicaid CCBHC Base Capitation	8,968,816				4,977,832	-	13,946,648
Medicaid CCBHC Supplemental	3,217,862				1,377,758	130,876	4,726,497
Healthy Michigan CCBHC Base Capitation	2,099,380				1,803,658	-	3,903,039
Healthy Michigan CCBHC Supplemental	1,003,957				545,362	71,950	1,621,269
<b>Total Distributed Medicaid/HMP CCBHC Revenue</b>	<b>15,290,015</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>8,704,611</b>	<b>202,827</b>	<b>24,197,453</b>
Capitated CCBHC Expense							
Medicaid CCBHC	10,587,773				6,523,769	49,398	17,160,940
Healthy Michigan CCBHC	2,175,505				2,468,681	13,340	4,657,527
<b>Total Capitated CCBHC Expense</b>	<b>12,763,279</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>8,992,451</b>	<b>62,738</b>	<b>21,818,467</b>
<b>Actual CCBHC Surplus (Deficit)</b>	<b>2,526,737</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>(287,840)</b>	<b>140,089</b>	<b>2,378,986</b>
<b>% Variance</b>	<b>16.53%</b>				<b>-3.31%</b>	<b>69.07%</b>	
Information regarding CCBHC Actual (Threshold: Surplus of 5% and deficit of 1%)	Surplus is retained by the CCBHC to be used in subsequent fiscal years.				West Michigan will utilize surplus from FY22 to cover deficit in current year if necessary.	Surplus offsets traditional Medicaid and HMP expenses.	
<b>PROJECTION:</b>							
LRE CCBHC Revenue Projections *							
Medicaid CCBHC Base Capitation	11,958,421				6,637,110	-	18,595,531
Medicaid CCBHC Supplemental	4,290,483				1,837,010	174,502	6,301,996
Healthy Michigan CCBHC Base Capitation	2,799,174				2,404,878	-	5,204,051
Healthy Michigan CCBHC Supplemental	1,338,609				727,150	95,934	2,161,693
<b>Total Projected Medicaid/HMP CCBHC Revenue</b>	<b>20,386,687</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>11,606,148</b>	<b>270,436</b>	<b>32,263,270</b>
Capitated CCBHC Expense Projections							
Medicaid CCBHC	14,238,284				8,517,634	65,864	22,821,782
Healthy Michigan CCBHC	2,922,907				2,906,617	17,787	5,847,310
<b>Total Capitated CCBHC Expense Projections</b>	<b>17,161,191</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>11,424,251</b>	<b>83,650</b>	<b>28,669,092</b>
<b>Projected CCBHC Surplus (Deficit)</b>	<b>3,225,496</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>181,897</b>	<b>186,785</b>	<b>3,594,178</b>
<b>% Variance</b>	<b>15.82%</b>				<b>1.57%</b>	<b>69.07%</b>	
Information regarding CCBHC Projections (Threshold: Surplus of 5% and deficit of 1%)	Surplus is retained by the CCBHC to be used in subsequent fiscal years.				Less than threshold for explanation	Surplus offsets traditional Medicaid and HMP expenses.	
<b>PROPOSED SPENDING PLAN:</b>							
Submitted to the LRE as of:	12/8/2022	9/19/2022	10/18/2022	6/9/2023	6/9/2023		
Medicaid/HMP Revenue							
Medicaid CCBHC Base Capitation	9,239,326				6,463,513	-	15,702,839
Medicaid CCBHC Supplemental	4,126,582				1,978,533	174,502	6,279,617
Healthy Michigan CCBHC Base Capitation	1,747,430				2,360,375	-	4,107,805
Healthy Michigan CCBHC Supplemental	1,369,610				731,510	95,934	2,197,054
<b>Total Budgeted Medicaid/HMP CCBHC Revenue</b>	<b>16,482,949</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>11,533,930</b>	<b>270,436</b>	<b>28,287,315</b>
Capitated Expense							
Medicaid CCBHC	13,365,909				8,442,045	65,864	21,873,817
Healthy Michigan CCBHC	3,117,041				3,091,885	17,787	6,226,712
<b>Total Budgeted Capitated CCBHC Expense</b>	<b>16,482,949</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>11,533,930</b>	<b>83,650</b>	<b>28,100,529</b>
<b>Budgeted Surplus (Deficit)</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>186,785</b>	<b>186,785</b>
<b>% Variance</b>	<b>0.00%</b>				<b>0.00%</b>	<b>69.07%</b>	
Information regarding CCBHC Spending Plans (Threshold: Surplus of 5% and deficit of 1%)	Less than threshold for explanation				Less than threshold for explanation	Surplus offsets traditional Medicaid and HMP expenses.	
<b>Variance between CCBHC Projected and Proposed Spending Plan</b>	<b>(3,225,496)</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>(181,897)</b>	<b>(373,571)</b>	<b>3,407,393</b>
<b>% Variance</b>	<b>-19.57%</b>				<b>-1.58%</b>	<b>-138.14%</b>	
Explanation of variances between CCBHC Projected and Proposed Spending Plan (Threshold: Surplus of 5% and deficit of 1%)	Projected is coming in higher than initial spending plan.				Projected is coming in higher than initial spending plan.	Projected is coming in higher than initial spending plan.	

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