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Meeting Agenda  
**BOARD OF DIRECTORS**  
Lakeshore Regional Entity  
December 20, 2023 – 1:00 PM  
GVSU Muskegon Innovation Hub  
200 Viridian Dr, Muskegon, MI 49440

1. Welcome and Introductions – Mr. Stek
2. Roll Call/Conflict of Interest Question – Mr. Stek
3. Public Comment (Limited to agenda items only)
4. Consent Items:  
***Suggested Motion:*** To approve by consent the following items.
  - December 20, 2023, Board of Directors meeting agenda (*Attachment 1*)
  - November 15, 2023, Board of Directors meeting minutes (*Attachment 2*)
5. Community Advisory Panel (CAP) (*Attachment 3*)
6. Reports –
  - a. LRE Leadership (*Attachment 4*)
7. LRE CEO Evaluation – Human Resources
8. Chairperson’s Report – Mr. Stek
  - a. December 13, 2023, Executive Committee (*Attachment 5*)
9. Action Items –
  - a. Community Advisory Panel (CAP) Membership (*Attachment 6, 7*)  
***Suggested Motion:*** To approve membership of Cindy Boerema and James Sibley representing Lake, Mason, and Oceana Counties onto the Community Advisory Panel as recommended by the members of CAP.
  - b. 2023 Corporate Compliance Plan (*Attachment 8*)  
***Suggested Motion:*** To approve extending the 2023 Corporate Compliance Plan for 3 months, through March 2024.
10. Financial Report and Funding Distribution – Ms. Chick (*Attachment 9*)
  - a. FY2024, November Funds Distribution (*Attachment 10*)  
***Suggested Motion:*** To approve the FY2023, September Funds Distribution as presented.
  - b. LRE FY2024 Budget Amendment #1 (*Attachment 11*)  
***Suggested Motion:*** To approve LRE FY2024 Budget Amendment #2 as presented.
  - c. Statement of Activities as of 10/31/2023 with Variance Reports (*Attachment 12*)

d. Monthly FSR (*Attachment 13*) –

11. CEO Report – Ms. Marlatt-Dumas

12. Board Member Comments

13. Public Comment

14. Upcoming LRE Meetings

- January 17, 2024 – Executive Committee, 1:00PM
- January 24, 2024 – LRE Executive Board Meeting, 1:00 PM

Meeting Minutes  
**BOARD OF DIRECTORS**

Lakeshore Regional Entity  
November 15, 2023 – 1:00 PM

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

WELCOME AND INTRODUCTIONS – Mr. Stek

Mr. Stek called the November 15, 2023, LRE Board meeting to order at 1:04 PM.

ROLL CALL/CONFLICT OF INTEREST QUESTION – Mr. Stek

**In Attendance:** Ron Bacon, Jon Campbell, Sara Hogan, Richard Kanten, Alice Kelsey, Susan Meston, Andrew Sebolt, Stan Stek, Jim Storey, Janet Thomas, Craig Ven Beek

**Absent:** Linda Dunmore, Patricia Gardner, Janice Hilleary, Ron Sanders

PUBLIC COMMENT

None.

CONSENT ITEMS:

**LRE 23-64 Motion:** To approve by consent the following items.

- November 15, 2023, Board of Directors meeting agenda
- October 25, 2023, Board of Directors meeting minutes

Moved: Ron Bacon                      Support: Janet Thomas

MOTION CARRIED

LEADERSHIP BOARD REPORTS

LRE Leadership report is included in the packet for information.

FY21 AUDIT PRESENTATION

Presentation is included in the packet and Mr. Derek Miller, RPC is presenting.

Note:

- FY21 audit was submitted to MDHHS on October 31, 2023.
- The submission date for FY22 audit is December 31, 2023.

LRE CEO EVALUATION PROCESS REVIEW

- The evaluation period is from March 2023 through February 2024. There will be specific questions for Board members, PIHP staff and CMH CEOs
- An email from LRE Human Resources will be sent out to Board members with a link to the evaluation form.

- The evaluation form is due back January 10.
- The Executive Committee will review the compiled information and present it to the full board during the January Board meeting.
- The compensation negotiations will be completed in February and the Executive Committee will present a recommendation to the full Board during the February Board meeting.

CHAIRPERSON’S REPORT

November 8, 2023, Executive Committee (EC) Meeting Minutes are included in packet for information.

ACTION ITEMS

**LRE 23-65 Motion:** To approve the 2024 LRE Risk Management Strategic Plan.

Moved: Ron Bacon                      Support: Jon Campbell

MOTION CARRIED

The Risk Management Strategy Plan is completed annually under the MDHHS contract. The template is the same as that was used for FY23. This document includes the most current data that we have from the PIHP and the CMHs. Please note that this document is preliminary data and could change throughout the year due to the change in revenue, enrollments etc. This is monitored monthly in the regional monthly FSR.

Q: How many other PIHPs show a deficit in their RMS plan?

A: Uncertain as we do not review other PIHP RMS plans, but it may be discussed at the statewide PIHP CFO Forum.

**LRE 23-66 Motion:** To approve the 2024 QAPIP as presented.

Moved: Janet Thomas                      Support: Richard Kanten

MOTION CARRIED

FINANCIAL REPORT AND FUNDING DISTRIBUTION

**FY2023 September Funds Distribution**

**LRE 23-67 Motion:** To approve the FY2024, October Funds Distribution as presented.

Moved: Ron Bacon                      Support: Jim Storey

MOTION CARRIED

**Statement of Activities as of 9/30/2023 with Variance Report-**

Included in the Board packet for information.

- Note: This is preliminary and does not have all accruals and is expected to change. There are many year end payments that have not yet been closed out.

- CCBHC Quality Bonus incentive is a pass through and gets paid out to the CCBHCs. This is reported on revenues and expenditures.
- \$18 million under budget for expenditures which includes LRE's contingency fund which is the amount we can utilize within the LRE, and a portion may or may not go into the ISF depending on year-end closeout reports.
- Will not know the final amount going into the ISF until the close of the fiscal year.

### **Monthly FSR-**

Included in the Board packet for information.

- This document is through September and is a preliminary document as the end of year final will not be complete until February and is likely to change.

### CEO REPORT

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

- New Veteran Navigator Autumn Hartpence. Don Avery, Provider Network Manager, has resigned and will begin at N180. Interviews for the Clinical Manager position are being scheduled.
- Working with Consultants for continued Board member education.
- Thanks to George Motakis, LRE CCO during Compliance Week.
- HealthWest litigation is still standing.
- Continue to work with the State regarding the re-allocation of HSW slots.
  - There would be approximately \$17 million in additional revenue if we receive the asked for slots. The slots are given to highest need not divided by CMH.
- Working with the state on becoming OHH/BHH (Opioid Health Home/Behavioral Health Home).
- Working with Kristin Jordan on reducing the \$200,000 sanction. The last sanction report is due next month.
- Working with N180 to resolve issues with meeting Autism access need. We (LRE/N180) are creating a model that will be brought to MDHHS.
- LRE is completing a boilerplate CMH contract which will be reviewed by LRE Executive Team and the CMH CEOs.
- The Legislative Document is included in the report. Please note House bill 4644 – effective date July 1.
- Board headshots information will be sent out by Ms. Moran.
- CMHAM has Board Works videos that can assist in understanding the role of Board members. <https://cmham.org/education-events/boardworks/>

### BOARD MEMBER COMMENTS

NA

### PUBLIC COMMENT

NA

UPCOMING LRE MEETINGS

- December 13, 2023 – Executive Committee, 1:00PM
- December 14, 2023 – LRE Community Advisory Panel, 1:00 PM
- December 20, 2023 – LRE Executive Board Meeting, 1:00 PM  
**GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440**

ADJOURN

Mr. Stek adjourned the November 15, 2023, LRE Board of Directors meeting at 1:51 PM.

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Ron Bacon, Board Secretary

Minutes respectfully submitted by:  
Marion Dyga, Executive Assistant

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**CONSUMER ADVISORY PANEL MEETING NOTES**

Thursday, December 14, 2023 – 1:00 PM to 3:00 PM

Virtual Teams Meeting or Call In

Present: Lynette B., Sharon H., John M., Tamara M., Angie K., Robert C., Jennifer E., Sharon P.

Guests: Cindy Boerema, James Sibley

CMH: Lori Schummer (WM), Chelsea Clark (Ottawa), Cathy Potter (OnPoint), Kelly Betts (HW), Max Knoth (Ottawa), Jodi Bray (WM)

LRE: Mari Hesselink, Stephanie VanDerKooi, Michelle Anguiano

1. Welcome and Introductions.
  - i. Review of the December 14, 2023, Agenda
  - ii. Review of the September 14, 2022, Meeting Minutes
  
2. Member Stories – Limit 5 minutes
  - i. Member Experiences
    - Cindy discusses that she has been very happy with her son's programs as they keep him very productive.
  
3. Consumer Advisory Panel
  - i. Recommended New CAP Members representing Lake, Mason, Oceana Counties (WM CMH)
    1. Cindy Boerema
    2. James Sibley

James is very passionate about having a safe environment for individuals utilizing services and for the staff providing those services. He also would like to make sure that our youth are being educated in areas such as suicide prevention.

Motion: To approve membership of Ms. Cindy Boerema and Mr. James Sibley to the LRE Community Advisory Panel and to recommend to the full LRE Board to approve membership

Moved: John Mills  
MOTION CARRIED  
UNANIMOUS

Support: Lynette Bilski

ii. CAP 2024 Goals Discussion

- Awareness of Opioid issues and cultural issues in the school system and school age children.
- Guest to discuss resources for individuals released from prison and how to get the services needed.
- Guest to discuss more peer support specialists within the region to help individuals navigate the system and resources.
  - Put together a handbook with resources for every county.
  - Provide housing updates from different counties.
- Kelly Betts will send a listing of meetings for 2024 that are held to discuss MH/SUD services.
- What are CMHs currently doing i.e. Recovery Day Events
  - ✚ Group members could discuss with their CMH groups if there are any areas that LRE could collaborate.
    - OnPoint – Health Resource Fair
    - WM –
      - Meeting with law enforcement and a panel of CMH workers and parents with children with disabilities. There was discussion on how officers can handle situations with individuals with disabilities.
      - Radio Station
      - Partner with Hospital and law enforcement to disburse information.
    - HW – Health and Wellness Picnic
    - N180 – Does have an event but there may be some issues with transportation for some individuals.
- Advocacy
  - Sharon is part of a disability legislative caucus board that she is suggesting having another person from LRE attend. Sharon will send the information.

iii. CAP Newsletter Review

- The newsletter is sent out every quarter. The focus is on mental health, substance use disorders, services, spotlight of individuals in services and data/information in these areas.
  - Request to include resources for a specific area that is highlighted.
- If there is any information or ideas for the newsletter, please send to Mari at [marih@lsre.org](mailto:marih@lsre.org) and/or Marion Moran at [mariond@lsre.org](mailto:mariond@lsre.org).

4. LRE Updates

i. Staffing Updates

- New LRE Veteran Navigator – Autumn Hartpence

- Email: [autumnh@lsre.org](mailto:autumnh@lsre.org)
- Phone: 231-260-0721
- [Veteran Services page – LRE Website](#)
- LRE will be hiring another IT person.
- New Clinical Manger will start at the beginning of the year.

## 5. Regional Updates

### i. Historical Deficit Update

- LRE paid the historical deficit to the CMHSPs in full.
- LRE has submitted the last written report for the corrective action plan.
- MDHHS has lifted the \$200,000 sanction.
- The N180 lawsuit has been dropped.

### ii. 2023 Customer Satisfaction Survey/Member Experience Report – (*Attachment 6*)

- This document has been shared with this group previously but has since been turned into a PowerPoint presentation. We are bringing it back to present updates that have been made.
- Mari reviews the updates with the members.

## 6. State Updates

### i. Legislative Update

- This document is updated monthly and lists out state legislation and federal legislation regarding Mental Health and SUD.
- Yellow highlights are new items and gray highlighted items are older information that will soon be taken off the document.
- SB – Senate Bill, HB – House Bill
- Includes the person that is sponsoring and action dates.
- Summary of what is happening with each Bill.
- Contact information for local reps and senators has been added.

## 7. LRE Board Meeting

**December 20, 2023 – LRE Board Meeting**

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

**Call-in information will be posted on the LRE website**

## 8. Upcoming CAP Meetings for **2024** (2<sup>nd</sup> Thursday of every third month [Quarterly] - 1:00 pm to 3:00 pm)

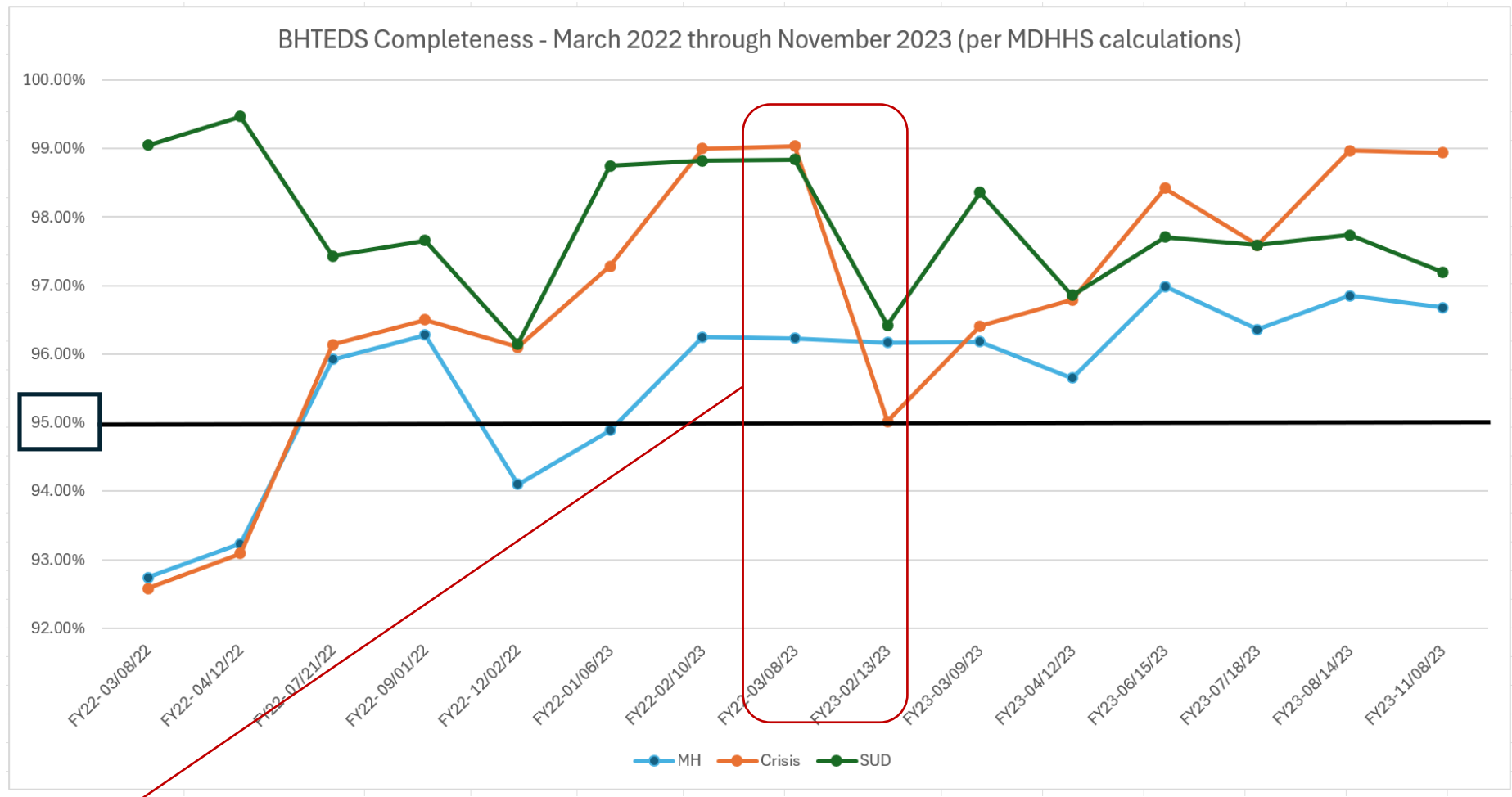
March 14, June 13, September 12, December 12

## 9. Other:



12/13/2023 IoneM

**LRE BHTEDS Improvements over time – Compliance and Rate Setting Impacts**



This drop-off is a typical event in the annual changeover from one fiscal year to the next. The CMHs are often focused on getting the prior fiscal year complete, and sometimes that means the start of the new fiscal year lags a bit at first. The impact of these improvements will not be seen until FY25 rates are calculated.

It is noted that our SUD rate has declined over the past 18 months. Maintaining the best possible completeness is an ongoing continuous improvement cycle. BHTEDS is typically changed by MDHHS annually. When new requirements are added those often make complete record submission more challenging.

**BHTEDS – Improvement in collection of Veteran and Military fields:**

Over the last few years, MDHHS has incentivized improved data collection for Veterans and Military related data fields via the annual Performance Bonus Incentive Program. These year-over-year stats show LRE’s improvement from FY20 through FY23.

BHTEDS Admissions Records ▾

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**Pages** <<

Introduction

Filters

Veteran Status/Service ...

Family Mil/Branch

Vet Resource

**Mil trend by Region, ...**

Vet trend by Year/Qtr

Mil Svc Era trend by Ye...

Fam Mil trend by Year/...

Branch trend by Year/...

Vet Resources trend by...

Admissions by Mil Bra...

Adm by Mil Svc Era

Adm by Emp Status

**BHTEDS ADMISSIONS**

Showing Percentage counts of "Not Collected" used for all the Military fields by Fiscal Year(s)

(This page does not include SUD records in the calculation of % "Not Collected")

BHTEDS Division of Data

Mental Health

Fiscal Year		% Veteran Status Not Collected	Fiscal Year		% Military Service Era Not Collected	Fiscal Year		% Family Military Not Collected	Fiscal Year		% Branch Not Collected
+	FY20	5.1%	+	FY20	7.1%	+	FY20	10.6%	+	FY20	6.8%
+	FY21	3.6%	+	FY21	4.6%	+	FY21	4.9%	+	FY21	4.5%
+	FY22	1.9%	+	FY22	2.4%	+	FY22	3.4%	+	FY22	2.3%
+	FY23	2.1%	+	FY23	2.4%	+	FY23	2.4%	+	FY23	2.3%

Fiscal Year		% Vet Resources Not Collected
+	FY20	11.5%
+	FY21	5.2%
+	FY22	3.6%
+	FY23	2.6%

Description of Terms used in this dashboard

**Veteran Status**  
Indicates whether the individual has served in the uniformed services (Army, Navy, Air Force, Marine Corps, Coast Guard, or Public Health Service Commissioned Corps).

**Military Service Era**  
Indicates the most recent Military Service Era in which the individual served or was in the reserves, regardless of Veteran Status.

**Family Military**  
Indicates whether or not an individual and/or their family member(s) have served in the military.

**Branch**  
Indicates which branch of service the individual's most recent Military Service Era was in, regardless of Veteran Status.

**Veteran Resources**  
Indicates whether or not an individual and/or member of his/her family is connected to veteran-related resources.

Earliest Selected Quarter
Lastest Selected Quarter

Count of BHTEDS records
Latest BHTEDS Data Refresh Date

FY20Q1
FY23Q4

36,074
11/29/2023

**BHTEDS – Increase in Full Record Exceptions (“FRE”)**

If data collection is not fully complete for all required data fields, some of them can be “skipped” (marked ‘not collected’) so that the BHTEDS record can still be submitted into the MDHHS system. An option for Full Record Exception (“FRE”) can be flagged on the record which allows many other fields to then also be “skipped”. It is advised to keep the use of this option to a minimum, since it discourages completeness in data collection.

Year over year, LRE has been moving in the wrong direction here. This is being studied and referred to CMHs for follow-up.

	A	B	C	D	E	F	G	H	I	J
1										
2	<b>BHTEDS</b>								11/8/2023	
3	<b>Use of " MH Full Record Exception = 09 'Other' " on 'M' (Mental Health) admissions, by year, 2019 through 2023</b>									
4										MDHHS Reporting Guidelines for MH Full Record Exception field:
5										If 09 - Other is reported, track the ‘other’ reason(s) as PIHPs will report a summary of ‘other’ exceptions annually to MDHHS.
6		<b>MHFullRecordException</b>	<b>Cnt2019</b>	<b>Cnt2020</b>	<b>Cnt2021</b>	<b>Cnt2022</b>	<b>Cnt2023</b>	<b>Total</b>		
7		02 - No	6,766	4,794	6,233	6,367	5,332	29,492		
8		03 - Yes, Crisis Only Service	2,349	0	0	0	0	2,349		
9		04 - Yes, Co-located Service	206	201	319	320	146	1,192		
10		05 - Yes, School Prevention Services Only	9	1	0	7	1	18		
11		06 - Yes, Family Subsidy Services Only	2	0	1	7	6	16		
12		07 - Yes, Early On Services Only	5	5	2	6	4	22		
13		08 - Yes, Assessment Only	789	1,410	1,079	334	249	3,861		
14		09 - Yes, Other	987	828	1,544	2,299	2,347	8,005		
15		Total (all BHTEDS 'M' records):	11,113	7,239	9,178	9,340	8,085	44,955		
16		'09' % of total:	8.88%	11.44%	16.82%	24.61%	29.03%	17.81%	<-----	This appears to be getting progressively worse over time.

Identified issues and potential remediations (thus far) include:

If missing LOCUS score is the only reason someone is choosing “FRE”, and if the LOCUS score is not required for the individual (e.g.: child, or SUD or IDD only, etc.) then “96” (not applicable) can be selected instead of “FRE”.

If psychiatric inpatient only and if CMH is not the primary payer, there is another “FRE” code now (new for FY24) that can be used for those. Instead of ‘09’ (other) we can use ‘10’ (Yes, Inpatient Hospital Services where MDHHS managed funds are the secondary payer for services).

If hinged to a crisis event, perhaps a Q record is more warranted (vs an M record with “FRE”)?

Some CMHs have indicated that as they have worked harder to gather and submit more BHTEDS records (in those cases where they were previously unable to submit them), many of those additional records are coming in as “FRE” records, resulting in a higher percentage of “FRE” records overall.

## BHTEDS and Medicaid Rate Setting Factors

### BHTEDS Performance Improvement Report (PowerBI Dashboard) – Rate Setting Tab (new)

This new dashboard page provides a view of **completeness by data element** for those that are used in the Milliman Medicaid rate setting process.

BHTEDS Performance Improvement Report

Search

Pages: Introduction, **Rate Setting**, MDHHS Data Cleanup, Record Detail, Data Source & Definitions

File | Export | Share | Chat in Teams | Explore this data | Get insights | Edit

### Rate Setting - Percent of Elements "Not Collected"

This report shows the percentage of all BHTEDS records where the field was reported with "Not Collected - MH BHTEDS full record exception" or "Not Collected".  
*Selecting these options will impact State Funding rates.*

**GOAL:** To improve data completeness for fields that have been flagged by MDHHS by reducing the utilization of "Not Collected". CMHSPs should gather more complete values in these data elements and submit BHTEDS Change records.

CMH:  Select all,  OnPoint,  HealthWest,  Network 180,  Ottawa,  West Michigan

FY:  Select all,  FY24,  FY23,  FY22,  FY21,  FY20

Total Count: **10,405**  
 BHTEDS Refresh Date: **10/31/2023**  
 (M) = MH Admit, (E) = MH Discharge

CMH	(M) Marital Status	(E) Marital Status	(M) Grade Level	(E) Grade Level	(M) School Attend	(E) School Attend	(M) Special Ed	(E) Special Ed	(M) Prim Substance	(E) Prim Substance	(M) Prim Route	(E) Prim Route	(M) Prim Freq	(E) Prim Freq	(M) LOCUS	(E) LOCUS	(M) Enroll Resources	(M) Min Wage
OnPoint	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
HealthWest	1.0%	0.0%	1.4%	0.2%	0.3%	0.1%	0.3%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.3%	0.4%	0.9%	0.4%
Network 180	2.3%	0.0%	3.1%	1.8%	0.8%	0.7%	0.9%	0.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	49.0%	44.6%	5.1%	0.9%
Ottawa	3.5%	0.0%	3.6%	7.0%	0.7%	1.5%	0.7%	1.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	5.9%	2.4%	1.7%	0.1%
West Michigan	0.5%	0.0%	1.4%	0.5%	0.1%	0.0%	0.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3.7%	1.7%	1.1%	0.1%
<b>Total</b>	<b>1.8%</b>	<b>0.0%</b>	<b>2.2%</b>	<b>1.8%</b>	<b>0.5%</b>	<b>0.5%</b>	<b>0.5%</b>	<b>0.5%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>20.7%</b>	<b>18.8%</b>	<b>2.7%</b>	<b>0.5%</b>

CMH	(E) Min Wage	(M) Num Of Dep	(E) Num Of Dep	(M) Sec Freq	(E) Sec Freq	(M) Sec Route	(E) Sec Route	(M) Sec Sub	(E) Sec Sub	(M) Tert Freq	(E) Tert Freq	(M) Tert Route	(E) Tert Route	(M) Tert Sub	(E) Tert Sub	(M) Vet Status	(E) Vet Status	(M) Cor Status	(E) Cor Status	(M) Self Help	(E) Self Help
OnPoint	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	95.1%	94.9%
HealthWest	0.3%	1.5%	0.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.8%	0.0%	1.0%	0.8%	95.4%	95.9%
Network 180	0.6%	17.9%	12.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	4.2%	0.0%	8.1%	5.9%	97.6%	99.2%
Ottawa	0.0%	4.3%	8.0%	0.1%	0.0%	0.1%	0.0%	0.1%	0.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.5%	0.0%	3.2%	6.7%	93.6%	93.2%
West Michigan	0.0%	1.4%	0.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.5%	0.0%	0.5%	0.7%	94.3%	97.1%	
<b>LRE Total Avg</b>	<b>0.3%</b>	<b>8.3%</b>	<b>6.6%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>2.2%</b>	<b>0.0%</b>	<b>4.0%</b>	<b>3.6%</b>	<b>95.9%</b>	<b>96.9%</b>

LOCUS score is a key component of the Milliman rate setting algorithm. We are researching this to see where we can make improvements.

**Note:** The "Self Help" element is only applicable to those with co-occurring MH/SUD conditions

**BHTEDS (SUD) Open Episodes with No Recent Encounters (New Dashboard)**

Older SUD episodes of care that were never properly closed out (discharged) can interfere with the acceptance of new/future admissions for the same patient. Closing those older/inactive episodes is an ongoing performance improvement process. This new dashboard assists in making those more visible to help us segment that work and get it accomplished. This is an MDHHS objective as well as an LRE objective.

BHTEDS (SUD) Open Episodes with no Recent E...

Search

2
⚙️
⬇️
?
👤

Pages

Introduction

Days Open

Open No Encounters

Data Sources & Definiti...

### BHTEDS SUD Open Episode and Number of Days Since Most Recent Encounter

Columns in WHITE are sourced from BHTEDS, Columns in GRAY are sourced from Encounters

CMH ConsumerID	LCID	Service Start Date	Days episode Open	Date of most recent Encounter	Days since most recent Encounter	QTR	CMH	(Code) Treatment Setting Desc	Minimum CPT Code	Minimum CPT Code Desc	Maximum CPT Code	Maximum CPT Code Desc
		10/12/2022	414	10/18/2022	408	FY23Q1		(7) Ambulatory - non-intensive O/P	90832	PSYCHOTHERAPY	90832	PSYCHOTHERAPY
		10/20/2022	406	11/7/2022	388	FY23Q1		(6) Ambulatory - IOP	90832	PSYCHOTHERAPY	90832	PSYCHOTHERAPY
		10/18/2022	408	11/10/2022	385	FY23Q1		(6) Ambulatory - IOP	90834	PSYCHOTHERAPY 45 MINUTES	90834	PSYCHOTHERAPY 45 MIN
		11/28/2022	367	12/6/2022	359	FY23Q1		(7) Ambulatory - non-intensive O/P	90834	PSYCHOTHERAPY 45 MINUTES	90834	PSYCHOTHERAPY 45 MIN
		10/10/2022	416	11/7/2022	388	FY23Q1		(7) Ambulatory - non-intensive O/P	90837	PSYCHOTHERAPY	90837	PSYCHOTHERAPY
		10/17/2022	409	10/18/2022	408	FY23Q1		(7) Ambulatory - non-intensive O/P	90837	PSYCHOTHERAPY	90837	PSYCHOTHERAPY
		10/3/2022	423	10/3/2022	423	FY23Q1		(7) Ambulatory - non-intensive O/P	H0001	SUD ASSESSMENT	H0001	SUD ASSESSMENT
		10/3/2022	423	10/3/2022	423	FY23Q1		(7) Ambulatory - non-intensive O/P	H0001	SUD ASSESSMENT	H0001	SUD ASSESSMENT
		10/4/2022	422	10/4/2022	422	FY23Q1		(6) Ambulatory - IOP	H0001	SUD ASSESSMENT	H0001	SUD ASSESSMENT
		10/4/2022	422	10/4/2022	422	FY23Q1		(7) Ambulatory - non-intensive O/P	H0001	SUD ASSESSMENT	H0001	SUD ASSESSMENT
		10/17/2022	409	10/17/2022	409	FY23Q1		(6) Ambulatory - IOP	H0001	SUD ASSESSMENT	H0001	SUD ASSESSMENT
		10/19/2022	407	10/26/2022	400	FY23Q1		(7) Ambulatory - non-intensive O/P	H0001	SUD ASSESSMENT	H0001	SUD ASSESSMENT
		10/26/2022	400	10/26/2022	400	FY23Q1		(7) Ambulatory - non-intensive O/P	H0001	SUD ASSESSMENT	H0001	SUD ASSESSMENT
		11/1/2022	394	11/1/2022	394	FY23Q1		(7) Ambulatory - non-intensive O/P	H0001	SUD ASSESSMENT	H0001	SUD ASSESSMENT
		11/2/2022	393	11/9/2022	386	FY23Q1		(7) Ambulatory - non-intensive O/P	H0001	SUD ASSESSMENT	H0001	SUD ASSESSMENT
		11/4/2022	391	11/4/2022	391	FY23Q1		(6) Ambulatory - IOP	T1040	CCBHC services - per diem	H0001	SUD ASSESSMENT
		11/7/2022	388	11/9/2022	386	FY23Q1		(7) Ambulatory - non-intensive O/P	H0001	SUD ASSESSMENT	H0001	SUD ASSESSMENT
		11/9/2022	386	11/9/2022	386	FY23Q1		(7) Ambulatory - non-intensive O/P	H0001	SUD ASSESSMENT	H0001	SUD ASSESSMENT
		11/14/2022	381	11/30/2022	365	FY23Q1		(6) Ambulatory - IOP	H0001	SUD ASSESSMENT	H0001	SUD ASSESSMENT
		11/16/2022	379	11/16/2022	379	FY23Q1		(7) Ambulatory - non-intensive O/P	H0001	SUD ASSESSMENT	H0001	SUD ASSESSMENT

**FY**

Select all

FY24

FY23

FY22

FY21

FY20

FY19

**QTR**

Select all

FY23Q4

FY23Q3

FY23Q2

FY23Q1

FY13Q4

FY13Q3

**CMH**

Select all

HealthWest

Network 180

OnPoint

Ottawa

West Michigan

**Days Episode Open**

Select all

0-3 Months

3-6 Months

6-12 Months

Over a Year Old

**Days Since Most Recent Encounter**

Select all

6-12 Months

Over a Year Old

**(Code) Treatment Setting**

Select all

(2) Detox 24-hr free-standing residential

(5) Rehab/residential - long term

(6) Ambulatory - IOP

(7) Ambulatory - non-intensive O/P

Date of BHTEDS Refresh

11/29/2023

Date of Encounters Refresh

11/28/2023

Count of Clients

54

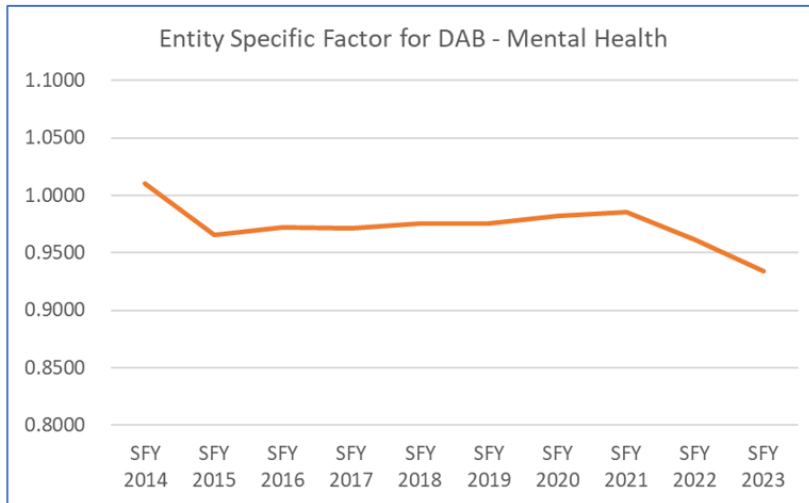
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**Wakely Analysis of LRE’s FY22 and FY23 Medicaid Funding Rates.**

December 2022 analysis found the impact of declining BHTEDS risk factors for DAB clients was significantly impactful to the FY22/FY23 Medicaid funding rate decreases that we experienced.

## LRE Region 3 Entity Specific Factor Review

### Entity Specific Factors – DAB-Mental Health



Rating Period	Factor
2Q-4Q 2014	1.010
SFY 2015	0.966
SFY 2016	0.972
SFY 2017	0.972
SFY 2018	0.976
SFY 2019	0.976
SFY 2020	0.982
SFY 2021	0.985
SFY 2022	0.961
SFY 2023	0.935

- DAB-Mental Health represents about 50% of total LRE capitation revenue\*
- The entity specific factor for this population/benefit have decreased by 5% from SFY 2021 to SFY 2023, which amounts to an approximate 2.5% decrease in revenue during that time

# LRE Region 3 Entity Specific Factor Review

## DAB-Mental Health Risk Scores Over Time

### Avg. Raw Risk Score

	Region 3			
	SFY 2020	SFY 2021	SFY 2022	SFY 2023
BHTEDS:	3.7719	4.1657	4.1509	4.4127
Without BHTEDS:	0.0055	0.0172	0.0555	0.0415
<b>Total:</b>	<b>0.9631</b>	<b>0.9386</b>	<b>0.8958</b>	<b>0.8792</b>

	Statewide			
	SFY 2020	SFY 2021	SFY 2022	SFY 2023
BHTEDS:	3.5877	3.8896	3.8968	4.1426
Without BHTEDS:	0.0300	0.0527	0.0434	0.0291
<b>Total:</b>	<b>0.9976</b>	<b>0.9980</b>	<b>0.9947</b>	<b>0.9863</b>

### BHTEDS Completion %\* Comparison

	SFY 2020	SFY 2021	SFY 2022	SFY 2023
Region 3:	25.4%	22.2%	20.5%	19.2%
Statewide:	27.2%	24.6%	24.7%	23.3%
<b>Reg 3 % of Statewide:</b>	<b>93.5%</b>	<b>90.2%</b>	<b>83.1%</b>	<b>82.3%</b>

- The entity specific factor is primary based on LRE’s raw risk score *relative* to the Statewide risk score (i.e., LRE’s normalized risk score)
- Raw risk scores are driven by members with completed BHTEDs
- LRE’s decreasing DAB-Mental Health entity specific factor appears to be caused by LRE’s BHTEDS Completion % declining over time at a faster rate than the Statewide Completion %



\*BHTEDS Completion % represents members with completed BHTEDs among all DAB members

**Rate Setting Factors Monitoring Dashboard (Still in Development):**

This new dashboard will eventually be expanded to include additional pages. In its initial version, this targeted list is intended to show the cost of encounters, by client, which are not “covered” by an applicable BHTEDS that Milliman would use in the rate setting process. This will help focus improvement efforts on those records which will be the most impactful to the next Medicaid rate setting cycle (and allows the dashboard user to focus the view on DAB clients specifically).

Rate Setting Factors Monitoring

Search

File Export Share Chat in Teams Explore this data Get insights Edit

**LAKESHORE REGIONAL ENTITY**

### Clients with Missing BHTEDS

Member Code	LCID	Medicaid ID	CMH Consumer ID	FY	Rate Group Fund	Division	Encounter Lines	Total Cost	Total Units	Min Svc Dt	Max Svc Dt	Min CPT Code	Max CPT Code
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	FY23	DAB	Mental Health	287	\$257,816.48	550	12/16/2022	9/12/2023	99212	T1020
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	FY23	DAB	Mental Health	377	\$205,092.45	29995	10/1/2022	9/30/2023	H2000	T1017
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	FY23	DAB	Mental Health	377	\$201,170.58	23397	10/1/2022	9/30/2023	H2000	T1017
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	FY23	DAB	Mental Health	762	\$197,948.36	783	10/1/2022	9/30/2023	H0032	T1020
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	FY23	DAB	Mental Health	746	\$196,248.41	779	10/1/2022	9/30/2023	H2000	T1020
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	FY23	HMP	Mental Health	743	\$195,637.93	773	10/1/2022	9/30/2023	H2000	T1020
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	FY23	DAB	Mental Health	740	\$195,125.36	770	10/1/2022	9/30/2023	H2016	T1020
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	FY23	DAB	Mental Health	741	\$194,947.82	771	10/1/2022	9/30/2023	H2000	T1020
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	FY23	DAB	Mental Health	610	\$193,552.15	12791	10/1/2022	9/30/2023	H2000	T1020
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	FY23	DAB	Mental Health	564	\$192,271.27	17311	10/1/2022	9/30/2023	H2000	T1020
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	FY23	DAB	Mental Health	703	\$185,484.14	736	10/1/2022	9/30/2023	H2000	T1020
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	FY23	DAB	Mental Health	710	\$162,638.90	9378	10/3/2022	9/29/2023	97151	T1017
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	FY23	DAB	Mental Health	772	\$130,622.86	7800	10/1/2022	9/29/2023	97151	T2025
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	FY23	DAB	Mental Health	954	\$123,106.36	8798	10/1/2022	9/29/2023	92523	T2025
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	FY23	DAB	Mental Health	48	\$117,401.75	712	10/1/2022	9/28/2023	99214	T1020
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	FY23	TANF	Mental Health	605	\$103,987.92	6575	10/3/2022	9/29/2023	97151	T1017
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	FY23	DAB	Mental Health	162	\$102,825.32	500	12/6/2022	9/30/2023	99213	S5111
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	FY23	GF	Mental Health	120	\$98,121.60	300	11/7/2022	11/14/2022	0912	H2011
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	FY23	DAB	Mental Health	51	\$96,564.08	777	10/1/2022	9/26/2023	H0032	T1020
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	FY23	GF	Mental Health	240	\$93,024.60	240	10/18/2022	1/18/2023	90791	T1023
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	FY23	GF	SUD	156	\$86,896.56	626	10/4/2022	9/25/2023	H0002	H0004
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	FY23	GF	Mental Health	90	\$78,880.80	240	12/16/2022	1/3/2023	0913	H2011
<b>Total</b>													

Encounters Refresh Date: 11/28/2023

Member Code: All, FY23

Rate Group Fund: Select all, DAB, GF, HMP, TANF

**BHTEDS Completeness – FY23 as of 11/08/2023**

FY23 MH Encounters w/BH-TEDS records				
Encounters: 10/01/2022 - 09/30/2023*			BH-TEDS: 07/01/2021 - 11/08/2023	
Region Name	Submitter ID	Distinct Count of Individuals With		Current Completion Rate
		Non-H0002 & Non-Crisis, Non-OBRA Assessment & Non-Transportation	Non-H0002, Non-Crisis, Non-Health Home, Non-OBRA Assessment & Non-Transportation Encounters But NO BH-TEDS Record Since 07/01/2020	
CMH Partnership of SE MI	00XT	12,205	178	98.54%
Detroit/Wayne	00XH	60,310	4,411	92.69%
Lakeshore Regional Entity	00ZI	21,542	715	96.68%
Macomb	00GX	14,559	454	96.88%
Mid-State Health Network	0107	44,959	1,585	96.47%
NorthCare Network	0101	6,494	36	99.45%
Northern MI Regional Entity	0108	13,482	357	97.35%
Oakland	0058	26,084	639	97.55%
Region 10	0109	21,847	123	99.44%
Southwest MI Behavioral Health	0102	25,702	301	98.83%
Statewide		247,184	8,799	96.44%
<b>Key</b>				
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 - 09/30/2023**			BH-TEDS: 07/01/2021 - 11/08/2023	
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	3,096	48	98.45%
Detroit/Wayne	00XH	10,147	83	99.18%
Lakeshore Regional Entity	00ZI	6,599	70	98.94%
Macomb	00GX	2,150	80	96.28%
Mid-State Health Network	0107	12,705	338	97.34%
NorthCare Network	0101	2,081	4	99.81%
Northern MI Regional Entity	0108	4,473	85	98.10%
Oakland	0058	3,378	11	99.67%
Region 10	0109	3,637	49	98.65%
Southwest MI Behavioral Health	0102	4,108	0	100.00%
Statewide		52,374	768	98.53%
<b>Key</b>				
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 10/01/2022-09/30/2023***			Does Not Have Open Admission at Time of Encounter as of 11/08/2023	
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	2,952	18	99.39%
Detroit/Wayne	00XH	7,891	2	99.97%
Lakeshore Regional Entity	00ZI	5,933	166	97.20%
Macomb	00GX	3,834	12	99.69%
Mid-State Health Network	0107	11,357	1,141	89.95%
NorthCare Network	0101	1,867	1	99.95%
Northern MI Regional Entity	0108	3,950	43	98.91%
Oakland	0058	3,214	1	99.97%
Region 10	0109	5,036	16	99.68%
Salvation Army	002Y	171	48	71.93%
Southwest MI Behavioral Health	0102	5,735	207	96.39%
Statewide		51,940	1,655	96.81%
<b>Key</b>				
95.00+ = Compliant		***Encounters = All SUD encounters <b>excluding</b> H0038, H2034, S0280, S0281, & T1040		
90.00-94.99				
85.00-89.99				
<85.00				

**FY23 BHTEDS Completeness stats as of 11/8/2023 (Rank among all PIHP regions):**

<u>Encounters</u>	<u>Lakeshore</u>	<u>Statewide Average</u>	<u>LRE Rank (among all PIHPs)</u>
MH	<u>96.68 %</u>	<u>96.44%</u>	8 <sup>th</sup>
Crisis Only	<u>98.94%</u>	<u>98.53%</u>	5 <sup>th</sup>
SUD	<u>97.20%</u>	<u>96.81 %</u>	8 <sup>th</sup>

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**EXECUTIVE COMMITTEE SUMMARY**

Wednesday, December 13, 2023, 1:00 PM

Present: Ron Bacon, Richard Kanten, Stan Stek, Jim Storey, Janet Thomas  
LRE: Mary Marlatt-Dumas, Stephanie VanDerKooi, Stacia Chick

WELCOME and INTRODUCTIONS

- i. Review of December 13, 2023, Meeting Agenda
- ii. Review of November 8, 2023, Meeting Minutes

The December 13, 2023, agenda and the November 8, 2023, meeting minutes are accepted as presented.

MDHHS UPDATES

- i. Meetings
  - Bi-Weekly
    - Continue to meet with Kristen Jordan steadily.
    - Ms. Jordan asked how LRE will handle the \$2.2 million deficit showing in the Risk Management Strategy. The LRE will give her an update in January.
      - The deficit is higher than when reported to MDHHS and revenues are trending downward.
      - DABs are declining at 76%, TANF at 67% and HMP at 47%. The DABs numbers are very close to pre-pandemic numbers.
      - There does appear to be a statewide issue with individuals being placed in inappropriate programs such as people being put into correctional MC that have never been incarcerated. Another example are individuals being placed in Family Planning that has no behavioral health benefit.
      - If individuals are not filling out the forms completely, they will be put into the lesser plan i.e. Family Planning.
      - Mr. Stek comments that this was an issue that happened previously, and individuals were being put on HMP because it is an easier enrollment process.
      - The PIHP CEO group would like to wait until January before taking any action. The group has also asked MDHHS to begin tracking this.
      - LRE is looking at where individuals are going that are coming off DABs. Ione will be reviewing this information at the Board meeting.
      - LRE will keep the Board updated.
- ii. Sanction Update

- The \$200 thousand sanction has been withdrawn. The LRE also submitted the last sanction report in November.

### iii. HSW Slots Update

- LRE sent information regarding statewide open slots to Kristen Jordan.
- There was discussion about the need to reallocate slots at the PIHP meeting and there was one region that stated they would like to have their unused slots reallocated to a region that would utilize them.
- Calculating the average costs of 200 slots there would be \$15.3 million in additional revenue added to the region.
- LRE has completed an analysis based on encounters that will help us to preliminarily determine the top 200 individuals that could possibly be put on the waiver if we received extra slots. The slots are ranked by the highest need not by county/CMH.

### HEALTHWEST LAWSUIT UPDATE

- Currently, a document is being completed stating the lawsuit will be dismissed without prejudice. The LRE has not yet received that.

### CEO EVALUATION

- The evaluation will be sent out by this Friday (12/15) and if responses are received by the Executive Committee by Tuesday (12/19) then the evaluation will be sent on Wednesday (12/20) to the full Board.

### BOARD MEETING AGENDA ITEMS

- CEO Evaluation
- Action Items:
  - i. New CAP Members
  - ii. Corporate Compliance Plan – pending any changes.

### BOARD WORK SESSION AGENDA

No work session.

### OTHER

### UPCOMING MEETINGS

- December 20, 2023 – LRE Executive Board Meeting, 1:00 PM  
GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440
- January 17, 2024 – Executive Committee, 1:00PM, Virtual
- January 24, 2024 – LRE Executive Board Meeting, 1:00 PM  
GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440

### ADJOURN



**Application for Membership on (choose):**

- Legislative & Advocacy Committee (LAC)
- Consumer Advisory Panel (CAP)

The Lakeshore Regional Entity (LRE) Board appoints individuals who are served by its services to advise the organization on matters related to legislation, advocacy and consumer engagement.

**Contact Information**

Name	Cindy Boerema
Street Address	[REDACTED]
City ST ZIP Code	[REDACTED]
Cell Phone	[REDACTED]
Home Phone	[REDACTED]
Work Phone	[REDACTED]
E-Mail Address	[REDACTED]

**Regional Representation**

The LRE seeks representation from individuals in the following locations. In which area do you reside?

- Allegan County (served by Allegan CMH)
- Kent County (served by Network180)
- Muskegon County (served by HealthWest)
- Ottawa County (served by Ottawa CMH)
- Lake County (served by West Michigan CMH)
- Oceana County (served by West Michigan CMH)
- Mason County (served by West Michigan CMH)

**Interest in Serving**

The LRE seeks individuals with lived experience who are willing to serve. Please share your areas of expertise, checking all that apply:

- I am:  a  Primary or  Secondary Consumer  LRE Board Member
- Service Provider (agency)  Community Member/Representative

Consumer Population Relationship:

- Services for persons with Developmental or Intellectual Disabilities
- Services for persons with Mental Illness
- Services for persons with Serious Emotional Disturbance (children)
- Services for persons with Substance Use Disorders
- Other services (describe):

**Time Commitment**

Both the LAC and the CAP meet a minimum of 4 time per year\*. We request that you commit to attending all meetings. Can you make this commitment? Please note that attendance by tele-conference and virtual platforms is also available.

- Yes
- Yes, with accommodation
- No

\*Meeting frequency may vary as agreed upon by the committee.

### Special Skills or Qualifications

Summarize special skills, qualifications, or interests you have acquired from employment, previous volunteer work, or through other activities.

--

### Previous Board/Committee Experience

Please tell us about your previous experiences serving on boards or committees.

--

### How Did You Hear About Us?

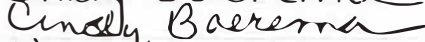
<input type="checkbox"/>	From a current LAC/CAP Member (Their name: _____)		
<input checked="" type="checkbox"/>	CMH/Customer Services	<input type="checkbox"/>	Social Media
<input type="checkbox"/>	CMH Website	<input type="checkbox"/>	LRE Website
<input type="checkbox"/>	Other: _____		

### Person to Notify in Case of Emergency (optional)

Name	_____
Street Address	_____
City ST ZIP Code	_____
Home Phone	_____
Work Phone	_____
E-Mail Address	_____

### Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as an LAC or CAP member, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	Cindy Boerema
Signature	
Date	NOV 4 - 2023

### Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

**When finished – please return form to the Customer Services representative of your area CMH agency.**



### Application for Membership on (choose):

- Legislative & Advocacy Committee (LAC)  
 Consumer Advisory Panel (CAP)

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### Contact Information

Name	JAMES E. SIDLEY
Street Address	[REDACTED]
City ST ZIP Code	[REDACTED]
Cell Phone	
Home Phone	[REDACTED]
Work Phone	[REDACTED]
E-Mail Address	

### Regional Representation

The LRE seeks representation from individuals in the following locations. In which area do you reside?

- Allegan County (served by Allegan CMH)       Lake County (served by West Michigan CMH)  
 Kent County (served by Network 180)       Oceana County (served by West Michigan CMH)  
 Muskegon County (served by HealthWest)       Mason County (served by West Michigan CMH)  
 Ottawa County (served by Ottawa CMH)

### Interest in Serving

The LRE seeks individuals with lived experience who are willing to serve. Please share your areas of expertise, checking all that apply:

- I am:  a  Primary or  Secondary Consumer       LRE Board Member  
 Service Provider (agency)       Community Member/Representative

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 Services for persons with Substance Use Disorders  
 Other services (describe):

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Both the LAC and the CAP meet a minimum of 4 time per year\*. We request that you commit to attending all meetings. Can you make this commitment? Please note that attendance by tele-conference and virtual platforms is also available.

- Yes  
 Yes, with accommodation  
 No

\*Meeting frequency may vary as agreed upon by the committee.

### Special Skills or Qualifications

Summarize special skills, qualifications, or interests you have acquired from employment, previous volunteer work, or through other activities.

--

### Previous Board/Committee Experience

Please tell us about your previous experiences serving on boards or committees.

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### How Did You Hear About Us?

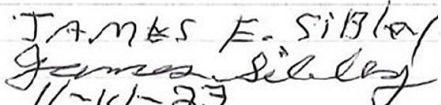
<input type="checkbox"/>	From a current LAC/CAP Member (Their name: _____)		
<input checked="" type="checkbox"/>	CMH/Customer Services	<input type="checkbox"/>	Social Media
<input type="checkbox"/>	CMH Website	<input type="checkbox"/>	LRE Website
<input type="checkbox"/>	Other: _____		

### Person to Notify in Case of Emergency (optional)

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

### Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as an LAC or CAP member, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	JAMES E. SIBLEY
Signature	
Date	11-11-23

### Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

**When finished – please return form to the Customer Services representative of your area CMH agency.**



**CORPORATE COMPLIANCE PLAN**  
**December 2022 (Fiscal Year 2023)**

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## ORGANIZATIONAL STRUCTURE

The Lakeshore Regional Entity (LRE) serves as the Medicaid Prepaid Inpatient Health Plan (PIHP) for the following seven county region:

Allegan County:	OnPoint (Allegan County Community Mental Health Services)
Kent County:	Network 180 (Kent County Mental Health Authority)
Lake County:	West Michigan Community Mental Health System
Mason County:	West Michigan Community Mental Health System
Muskegon County:	Health West
Oceana County:	West Michigan Community Mental Health System
Ottawa County:	Community Mental Health of Ottawa County

The Member Community Mental Health Service Programs have elected to configure LRE under the Michigan Mental Health Code Section 3301.1204b.

### LRE as the PIHP

LRE serves as the Medicaid Prepaid Inpatient Health Plan (PIHP) for the region with authority and accountability for operations and fulfillment of applicable federal and state statutory, regulatory, and contractual obligations related to the applicable waiver(s) and MDHHS contract(s). The role of LRE as the PIHP is defined in federal statute, specifically 42CFR 438 and the MDHHS/PIHP Contract.

LRE contracts with MDHHS for The Medicaid Managed Specialty Supports and Services 1115 Demonstration Waiver, 1915 (c)/(i) Waiver Program(s), the Healthy Michigan Program, the Flint 1115 Waiver and Substance Use Disorder Community Grant Programs

## LRE: MISSION, VISION, and VALUES

### MISSION:

Through regional support and leadership for collaboration and innovation, we work to strengthen the public behavioral health system and ensure excellence in services.

### VISION:

The vision of the Lakeshore Regional Entity is to promote the efficiency and effectiveness of the Members by jointly serving as the PIHP for Medicaid Specialty Behavioral Health Services for the region. Behavioral Health Services include services for persons with developmental disabilities, adults with mental illness, children with emotional disturbance and persons with substance use disorders. The Lakeshore Regional Entity seeks to build upon and maximize the unique strengths of the individual Member Boards serving Allegan, Kent, Lake, Mason, Muskegon, Oceana, and Ottawa Counties, while establishing a regional organization and identity that supports an essential standard for services. The Lakeshore Regional Entity will promote performance that supports and advocates for and is informed by the needs of the individuals the Entity serves across the region.

### VALUES:

- **Local Solutions – Value Local Differences:** We value locally unique service systems that are responsive to local needs, partnerships, and available resources.
- **Fiscal Responsibility – Accountable and Responsible with funds:** Transparent and accountable use of public funds. Maximize available resources.
- **Collaborative Relationships – Foster Effective Partnerships:** Nurture collaboration based on mutual trust and shared commitment to quality. Approach all interactions with respect, openness, and a commitment to proactively resolve conflict.
- **Innovation – Boldly Pursue Excellence:** Pursue audacious goals by challenging the status quo and trying new things. Actively work to identify and support opportunities for innovation.
- **Integrity:** Commitment to achieving performance, ethically, effectively, and professionally.

## OVERVIEW

This Corporate Compliance Plan documents LRE's approach to assuring that federal and state regulatory and contractual obligations related to compliance of the Prepaid Inpatient Health Plan (PIHP) are fulfilled.

The LRE Corporate Compliance Plan addresses the LRE's regulatory compliance obligations as a Prepaid Inpatient Health Plan (PIHP) and how, where it has obligations, it will oversee the PIHP functions it delegates to the Member Community Mental Health Service Providers (CMHSP). The LRE's Corporate Compliance Program is designed to further LRE's commitment to comply with applicable laws, promote quality performance throughout the LRE region, and maintain a working environment for all LRE personnel that promotes honesty, integrity, and high ethical standards.

The LRE's Corporate Compliance Program is an integral part of the LRE's vision, and all LRE personnel, Member CMSHPs and contracted and sub-contracted Providers are expected to support the corporate compliance program.

The LRE's compliance plan is a high-level compliance program comprised of the following eight principal elements as outlined in the Federal Sentencing Guidelines:

1. Standards, Policies, and Procedures – The development and distribution of written standards of conduct, policies, and procedures that promote the LRE's commitment to full compliance with Federal and State laws that are accessible and applicable to all company employees. These policies and procedures will incorporate the culture of compliance into our day-to-day operations and will address specific areas of potential fraud, waste, and abuse.
2. Compliance Program Administration – The designation of a Chief Compliance Officer and a Compliance Oversight Committee that is charged with the responsibility and authority of operating and monitoring the compliance program to make sure that it is implemented, reviewed, and revised, as appropriate in an effective manner.
3. Screening and Evaluation of Employees, Physicians, Vendors, and other Agents – The application of risk-based due diligence to third party relationships and the demonstration that processes are in place to identify and disclose conflicts of interest, assure inclusion of compliance obligations, verify background checks are conducted in accordance with applicable rules and laws, monitor government sanction list for excluded individuals, and assure corrective action is taken based on all findings.
4. Communication, Education, and Training on Compliance Issues – The development and implementation of appropriately tailored training programs, education, and communication programs for all employees. Effectuate lines of communication between the Chief Compliance Officer, all employees, and all members in the region.

5. Monitoring, Auditing, and Internal Reporting Systems – The use of audits or other risk evaluation techniques to monitor compliance and assist in the reduction of identified problem areas within delivered services, claims processing, and managed care functions. The use of efficient and trusted mechanisms where employees can contact the Chief Compliance Officer through a hotline to receive complaints, the adoption of procedures to protect the anonymity of complainants, and to protect callers from retaliation.
6. Discipline for Non-Compliance – The development of disciplinary mechanisms to consistently enforce standards across the organization and the development of policies addressing dealings with sanctioned and other specified individuals.
7. Investigations and Remedial Measures – The development of policies to respond to detected offenses, to initiate corrective action to prevent similar offenses, and to report to Government authorities when appropriate.
8. Risk Assessment – The development of a Risk Assessment plan that will be used to identify, analyze, and address the risks the organization faces and how well the current systems in place are able to prevent those risks.

The LRE’s Corporate Compliance Program is committed to the following goals:

- Minimize organizational risk and improve compliance with the service provision, documentation, and billing requirements of Medicaid;
- Maintain adequate internal controls throughout the region and provider network;
- Encourage the highest level of ethical and legal behavior from all employees and providers;
- Educate employees, contract providers, board members, and stakeholders on their responsibilities and obligations to comply with applicable local, state, and federal laws; and
- Provide oversight and monitor functions.

## **LEGAL AND REGULATORY STANDARDS**

There are numerous laws that affect the regulatory compliance of the LRE and its provider network; however, in formalizing the PIHP’s compliance program, the legal basis of the LRE compliance program centers around four key laws and statutes:

- **The Affordable Care Act (2010)**  
This Act requires the PIHP to have a written and operable compliance program capable of preventing, identifying, reporting, and ameliorating fraud, waste and abuse across the PIHP’s provider network. All programs funded by the PIHP including CMHSPs, sub-contract provider organizations and practitioners, board members and others involved in rendering PIHP covered services fall under the purview and scope of LRE’s compliance program.

- **The Federal False Claims Act**

This Act applies when a company or person knowingly presents (or causes to be presented) to the Federal government (or any entity on its behalf) a false or fraudulent claim for payment; knowingly uses (or causes to be used) a false record or statement to get a claim paid; conspires with others to get a false or fraudulent claim paid; or knowingly uses (or causes to be used) a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the Federal government (or its designated entity).

- **The Michigan False Claims Act**

This Act prohibits fraud in the obtaining of benefits or payments in conjunction with the MI Medical assistance program; to prohibit kickbacks or bribes in connection with the program to prohibit conspiracies in obtaining benefits or payments; and to authorize the MI Attorney General to investigate alleged violations of this Act.

- **The Anti-Kickback Statute**

This Act prohibits the offer, solicitation, payment or receipt of remuneration, in cash or in kind, in return for or to induce a referral for any service paid for or supported by the Federal government or for any good or service paid for in connection with consumer service delivery.

There are numerous Federal and State regulations that affect the LRE compliance program. Some of these laws not referenced above include but are not limited to:

**Federal and State Laws and Rules**

- Michigan Mental Health Code, Public Health Code and Administrative Rules
- Requirements as identified in the MDHHS contract
- Requirements as identified by the Office of Inspector General
- Technical Assistance Advisories, as required
- Medicaid State Plan
- Waiver Applications
- Medical Services Administration (MSA) Policy Bulletins
- Michigan Whistleblowers Act, Act 469 of 1980
- Home and Community Based Final Rules

**Federal Medicaid Law, Regulations, and Related Items**

- Social Security Act of 1964 (Medicare and Medicaid)
- Balanced Budget Act of 1997
- Deficit Reduction Act/Medicaid Integrity Program of 2005
- Anti-kickback Statute
- Code of Federal Regulations
- 42 CFR Part 2 Confidentiality of Alcohol and Drug Use Patient Records
- State Operations Manual
- Letters to State Medicaid Directors

- Technical Assistance Tools
- Quality Improvement Systems for Managed Care (QISMC)
- Guide to Encounter Data Systems
- Office of Management and Budget (OMB) Circulars
- Government Accounting Standards Board (GASB)
- The Balanced Budget Act of 1997

### **Other Relevant Legislation**

- Privacy and Security requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)
- False Claim Act (Federal and Michigan)
- Provisions from Public Act 368 of 1978 – revised – Article 6 Substance Abuse
- Office of Inspector General Annual Work Plan
- Stark Law
- Health Information Technology for Economic and Clinical Health Act (HITECH) Act
- American with Disabilities Act of 1990
- State of Michigan MDHHS/PIHP contract provisions
- Michigan State Licensing requirements
- Michigan Medical Records Act
- Civil Monetary Penalty Law of 1981

The LRE Compliance Plan is subject to the following conditions:

- A. LRE’s Chief Compliance Officer (CCO) may recommend modifications, amendments, or alterations to the written Corporate Compliance Plan as necessary and will communicate any changes promptly to all personnel and to the Board of Directors.
- B. This document is not intended to, nor should be construed as, a contract or agreement, and does not grant any individual or entity employment or contract rights.

## **DEFINITIONS AND TERMS**

These terms have the following meaning throughout this Compliance Plan.

1. **Compliance investigation:** the observation or study of suspected fraud, abuse, waste, or reported violations of applicable laws and regulations for all Medicaid covered services by close examination and systematic inquiry.
2. **Abuse:** Practices that are inconsistent with sound fiscal, business, or clinical practices, and result in an unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards of care. It also includes beneficiary practices that result in unnecessary cost to the Medicaid program. (42 CFR § 455.2)

3. **Fraud (Federal False Claims Act):** Is an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable Federal or State law including but not limited to the Federal False Claims Act and the Michigan False Claims Act. (42 CFR § 455.2)
4. **Fraud (MI Medicaid False Claims Act):** Michigan law permits a finding of Medicaid fraud based upon “constructive knowledge.” This means that if the course of conduct reflects a systematic or persistent tendency to cause inaccuracies” then it may be fraud, rather than simply a good faith error or mistake. (Public Act 421 of 2008, effective 1/6/2009)
5. **Waste:** Overutilization of services, or other practices that result in unnecessary costs. Generally, not considered caused by criminally negligent actions but rather the misuse of resources.
6. **Member CMSHPs:** Member CMSHPs hold a subcontract with LRE to provide supports and services to adults and children with mental illness, developmental disabilities, and co-occurring mental health and substance abuse disorders to Plan Members and to perform various delegated managed care functions consistent with LRE policy. “Member CMSHPs” includes the agency itself as well as those acting on its behalf, regardless of the employment or contractual relationship.
7. **Contracted Providers:** substance abuse, hospital, and other Providers throughout the LRE region with which the LRE directly holds a contract to provide Medicaid covered mental health and substance abuse services.
8. **Subcontracted Providers:** various Providers throughout the LRE region that contract directly with one or more of the Member CMSHPs to provide covered mental health and substance abuse services.

## STRUCTURE OF THE COMPLIANCE PROGRAM

### A. General Structure

- The LRE Board of Directors: The Board of Directors is responsible for the review and approval of the Compliance Plan and Policies, and review of matters related to the Compliance Program.
- The LRE Compliance Oversight Committee: The Compliance Oversight Committee (COC) provides guidance, supervision, and coordination for compliance efforts at the LRE. The COC is comprised of the LRE Chief Executive Officer, Chief Operating Officer, Chief Financial Officer, Chief Quality Officer, Chief Compliance Officer, and Chief Information Officer. Legal Counsel will be an ad-hoc member of the COC. In addition, other members of the LRE not mentioned above may be asked to participate in the COC on a case-by-case basis to provide consultation on specific areas of expertise. The COC will meet quarterly and when otherwise needed to address specific impromptu matters.

- The LRE Chief Compliance Officer: The Chief Compliance Officer has primary responsibility for ensuring that the LRE maintains a successful Compliance Program. In particular, the Chief Compliance Officer oversees the implementation and effectiveness of the Compliance Plan and Compliance Policies, serves as the Chair of the Compliance Regional Operations Advisory Team (ROAT) and the LRE COC, provides consultative support to the provider network and has the responsibility for the day-to-day operations of the compliance program.
- The Compliance Regional Operations Advisory Team: The Compliance ROAT advises on matters involving compliance with contractual requirements and all related Federal and State laws and regulations, inclusive of the Office of Inspector General guidelines and the 42 CFR 438.608. The committee is comprised of the LRE Chief Compliance Officer and the compliance officers of each CMHSP Participant.
- Operations Council: The Operations Council reviews reports concerning compliance matters as identified by the Compliance ROAT and reported by the LRE Chief Executive Officer. The Operations Council shall be comprised of the Chief Executive Officers or Executive Directors of each CMHSP Participant and the LRE Chief Executive Officer.

## **B. The LRE Chief Compliance Officer**

The LRE designates the Chief Compliance Officer who will be given sufficient authority and control to oversee and monitor the Compliance Program related Policies and Procedures, including but not limited to the following:

- Oversight of internal (PIHP Audits) and external provider network audits (MDHHS Audit) and monitoring activities outlined in the compliance plan.
- Directs and is accountable for the implementation and enforcement of the Compliance Plan.
- Serves as chair of the LRE's COC and the Compliance ROAT.
- Provides leadership to the LRE compliance activity and consultative support to CMHSP Participants/SUD Providers.
- Responsible for oversight of the LRE's efforts to maintain compliance with Federal and State regulations and contractual obligations.

## **C. The Compliance Regional Operations Advisory Team (ROAT)**

The Compliance ROAT will consist of the LRE Chief Compliance, and the CMHSP Participants' Compliance Officers appointed by the CMHSP Participant's. The Compliance ROAT will meet on the first Wednesday of each month and shall be responsible for the following:

- Advising the LRE Compliance Officer and assisting with the development, implementation, operation, and distribution of the Compliance Plan and supporting LRE policies and procedures.
- Reviewing and recommending changes or revisions to the Compliance Plan and related policies and procedures and developing new policies and procedures as needed.
- Evaluating the effectiveness of the Compliance Plan.
- Determining the appropriate strategy to promote compliance with the Compliance Plan and detect potential violations and areas of risk as well as areas of focus.
- Recommending and monitoring the development of internal systems and controls to carry out the Compliance Plan and supporting policies as part of daily operations.

#### **D. The LRE Compliance Oversight Committee (COC)**

The LRE COC will meet at minimum quarterly and whenever unique situations arise that require such a meeting. The duties and responsibilities of the COC are as follows:

- Review the Compliance Plan and related policies to ensure they adequately address legal requirements and identified risk areas;
- Analyze the regulatory environment and the legal requirements with which it must comply and specific risk areas;
- Analyze the effectiveness of the compliance program and make recommendations;
- Assist the Chief Compliance Officer with developing policies and procedures to promote compliance with the Compliance Plan;
- Assess existing policies and procedures that address these areas for possible incorporation into the compliance program;
- Assist the Chief Compliance Officer with identifying potential risk areas and violations;
- Advise and assist the Chief Compliance Officer with compliance initiatives;
- Work with appropriate departments, as well as affiliated providers, to develop standards of conduct and policies and procedures that promote compliance to legal and ethical standards;
- Recommend and monitor, in conjunction with the relevant functional area leaders, the development of internal and external systems and controls to carry out LRE's standards, policies and procedures as part of its daily operations;
- Determine the appropriate strategy and approach to promote compliance with the LRE compliance program and detection of any potential violations, such as through hotlines and other fraud reporting mechanisms;
- Develop a system to solicit, evaluate, and respond to complaints and problems;
- Monitor internal and external audits and investigations for the purpose of identifying risk areas and implement corrective and preventative action;
- Assist in the development of program measurements to evaluate the compliance program effectiveness;

- Ensure compliance issues are appropriately communicated to the departments, CEO, Executive Leadership committee, Board of Directors, and affiliated Providers, as needed; and
- Address other functions as requested by the CEO, CCO, and Board of Directors.

## **APPLICATION OF COMPLIANCE PLAN**

As a regional PIHP, this Compliance Plan is intended to provide the framework for the LRE to comply with all applicable laws, regulations, and program requirements. It is the LRE's intent that all its compliance policies and procedures should promote integrity, support objectivity, and foster trust throughout the service region. This Plan applies to all LRE operational activities, administrative actions, and includes those activities that come within Federal and State oversight of PIHPs.

LRE personnel are subject to the requirements of this plan as a condition of employment. All LRE personnel are required to fulfill their duties in accordance with LRE's Compliance Plan, human resource and operational policies, and to promote and protect the integrity of LRE. Failure to do so will result in discipline, up to and including termination of employment depending on the egregiousness of the offense. Disciplinary action may also be taken against a supervisory employee who directs or approves an employee's improper conduct, is aware of the improper conduct and does not act appropriately to correct it, or who fails to properly exercise appropriate supervision over an employee.

LRE directly and indirectly, through its Member CMSHPs, contracts services for adults and children with mental illness, developmental disabilities, and co-occurring mental health and substance abuse disorders within its seven counties (Allegan, Kent, Lake, Mason, Muskegon, Oceana, and Ottawa counties).

The LRE Corporate Compliance Plan applies to all contracted and subcontracted providers receiving payment through LRE and/or through the PIHP managed care functions. All Member CMSHPs and contracted and subcontracted providers, including their officers, employees, servants, and agents, are subject to the requirements of this Plan as applicable to them and as stated within the applicable contracts. Failure to follow the LRE Compliance Plan and cooperate with the compliance program will result in remediation effort attempts and contract action, if needed.

The LRE Corporate Compliance Plan, standards, and policies included or referenced herein are not exhaustive or all inclusive. All LRE personnel, Member CMSHPs and providers are required to comply with all applicable laws, rules and regulations including those that are not specifically addressed in the Corporate Compliance Plan.

## SECTION I – STANDARDS OF CONDUCT

### **LRE Personnel and Board of Directors Standards of Conduct**

To safeguard the ethical and legal standards of conduct, LRE will enforce policies and procedures that address behaviors and activities within the work setting, including but not limited to the following:

1. Confidentiality: LRE is committed to protecting the privacy of its consumers. Board members and LRE personnel are to comply with the Michigan Mental Health Code, Section, 330.1748, 42 CFR Part 2 relative to substance abuse services, and all other privacy laws as specified under the Confidentiality section of this document.
2. Harassment: LRE is committed to an environment free of harassment for Board members and LRE personnel. LRE will not tolerate harassment based on sex, race, color, religion, national origin, citizenship, chronological age, sexual orientation, or any other condition, which adversely affects their work environment. LRE has a strict non-retaliation policy prohibiting retaliation against anyone reporting suspected or known compliance violations.
3. Conflict of Interest: LRE Board members and personnel will avoid any action that conflicts with the interest of the organization. All Board members and personnel must disclose any potential conflict of interest situations that may arise or exist. LRE will maintain standards establishing a clear separation of any supplemental employment in terms of private practice and outside employment from activities performed for LRE.
4. Reporting Suspected Fraud: LRE Board members and personnel must report any suspected or actual “fraud, abuse or waste” (consistent with the definitions as set forth in this Plan) of any LRE funds to the organization.
5. Culture: LRE Board members, Executive Officer and management personnel will establish at LRE, and encourage throughout its region, cultures that promote prevention, detection, and resolution of instances of misconduct in order to conform to applicable laws and regulations. LRE will assist Member CMSHPs, contracted and subcontracted providers in adopting practices that promote compliance with Medicaid fraud, abuse, and waste program requirements. The LRE Compliance Plan and program will be enforced consistently.
6. Delegation of Authority: LRE Board members, Executive Officer and management personnel will use due care not to delegate substantial discretionary authority to individuals whom they know, or should have known through due diligence, have a propensity to engage in illegal activities.

7. Excluded Individuals: LRE will perform or cause to be performed criminal records checks and sanctions screenings on potential LRE personnel and shall avoid placing untrustworthy or unreliable employees in key positions.
8. LRE Board members and LRE personnel are expected to participate in compliance training and education programs.
9. LRE Board members and LRE personnel are expected to cooperate fully in any investigation.
10. Reporting: All LRE Board members and LRE personnel have the responsibility of ensuring the effectiveness of the organization's Compliance Program efforts by actively participating in the reporting of suspected violations of the Compliance Plan or policies and the standards stated in this Code of Conduct and Ethics.
11. Gifts from Consumers/Members: LRE personnel are prohibited from soliciting tips, personal gratuities or gifts from members or member families. Additionally, LRE personnel are prohibited from accepting gifts or gratuities of more than nominal value. LRE generally defines "nominal" value as \$25.00 per gift or less. If a member or other individual wishes to present a monetary gift of more than nominal value, he or she should be referred to the Executive Officer.
12. Gifts Influencing Decision-Making: LRE personnel will not accept from anyone gifts, favors, services, entertainment, or other things of value to the extent that decision-making or actions affecting LRE might be influenced. Similarly, the offer or giving of money, services, or other things of value with the expectation of influencing the judgment or decision-making process of any purchaser, supplier, customer, member, government official, or other person by any LRE personnel, or the LRE is absolutely prohibited. Any such conduct should be reported immediately to the CO, or through the LRE Compliance Hotline at 1-800-420- 3592.
13. Gifts from Existing Vendors: LRE personnel may accept gifts from vendors, suppliers, contractors, or other persons that have nominal values as defined in LRE financial and compliance policies. LRE expects LRE personnel to exercise good judgment and discretion in accepting gifts. If any LRE personnel have any concerns regarding whether a gift should be accepted, the person should consult with his or her supervisor. LRE personnel will not accept excessive gifts, meals, expensive entertainment or other offers of goods or services, which has a more than a nominal value as defined in LRE financial and compliance policies.
14. Vendor Sponsored Entertainment: At a vendor's invitation, LRE personnel may accept meals or refreshments of nominal value at the vendor's expense. Occasional attendance at local theater or sporting events, or similar activity at a vendor's expense may also be accepted provided that, a business representative of the vendor attends with LRE

personnel. Such activities are to be reported to the Compliance Officer by LRE personnel.

15. **Purchasing and Supplies:** It is the policy of LRE to ensure that all rental, lease, and purchasing agreements are structured in accordance with applicable federal and state self-referral and anti-kickback regulations as well as federal guidelines regarding tax-exempt organizations. All agreements must be commensurate with the fair market value for equipment or space.
16. **All subcontractor and supplier arrangements** will be managed in a fair and reasonable manner, consistent with all applicable laws and good business practices. Subcontractors, suppliers, and vendors will be selected based on objective criteria including quality, technical excellence, price, delivery, and adherence to schedules, services, and maintenance of adequate sources of supply. Purchasing decisions will be made on the supplier's ability to meet needs and not on personal relationships or friendships. LRE will always employ the highest ethical standards in business practices in source selection, negotiation, determination of contract awards, and the administration of purchasing activities.
17. **Marketing:** Marketing and advertising practices are defined as those activities used by LRE to educate the public, provide information to the community, increase awareness of services, and recruit employees or contractual providers. LRE will present only truthful, fully informative, and non-deceptive information in any materials or announcements. All marketing materials will reflect available services.

The federal Anti-kickback Statute (section 1128B[b] of the Social Security Act) makes it a felony, punishable by criminal penalties, to offer, pay, solicit, or receive "remuneration" as an inducement to generate business compensated by Medicaid programs. Therefore, all direct-to-consumer marketing activities require advance review by the Compliance Oversight Committee or designee if the activity involves giving anything of value directly to a consumer.

18. **Financial Reporting:** LRE shall ensure integrity of all financial transactions. Transactions shall be executed in accordance with established policies and procedures and with federal and state law and recorded in conformity with generally accepted accounting principles or any other applicable criteria.

All financial reports, accounting records, research reports, expense accounts, time sheets and other documents will accurately and clearly represent the relevant facts or the true nature of a transaction. No undisclosed or unrecorded funds or assets will be established for any purpose.

LRE will not tolerate improper or fraudulent accounting, documentation, or financial reporting. LRE personnel have a duty to make reasonable inquiry into the validity of

financial information reporting. In addition to employee discipline and termination, LRE may terminate the contractual arrangement involving any contracted provider due to fraudulent accounting, documentation, or financial reporting.

LRE shall develop internal controls and obtain an annual independent audit of financial records; shall ensure that reimbursement for services billed is accurate, appropriate, and based on complete documentation; and shall maintain accountability of assets.

19. Third Party Billing and Governmental Payers: LRE is committed to truthful billing that is supported by complete and accurate documentation. LRE personnel may not misrepresent charges to, or on behalf of, a consumer or payer.

LRE must comply with all payment requirements for government- sponsored programs. All LRE personnel must exercise care in any written or oral statement made to any government agency. LRE will not tolerate false statements by LRE personnel to a governmental agency. Deliberate misstatements to governmental agencies or to other payers will expose the individual to potential criminal penalties and termination.

20. Responding to Government Investigations: LRE will fully comply with the law and cooperate with any reasonable demand made in a governmental investigation. LRE personnel may not conceal, destroy, or alter any documents, lie, or make misleading statements to governmental representatives. LRE personnel may not aid in any attempt to provide inaccurate or misleading information or obstruct, mislead, or delay the communication of information or records relating to a possible violation of the law.

It is crucial that the legal rights of LRE personnel and LRE are protected. If any LRE personnel receives an inquiry, a subpoena, or other legal documents requiring information about LRE business or operation, whether at home or in the workplace, from any government agency, LRE requests that the person notify LRE's Executive Officer or the Compliance Officer immediately.

LRE will distribute the Code of Conduct and Ethics to all LRE personnel upon hire who shall certify in writing that they have received, read, and will abide by the organization's Code. In addition to the Code, all LRE personnel will be familiar with and agree to abide by all LRE operational and human resources policies and procedures. All operational and human resources policies and procedures are available to LRE personnel through the LRE intranet and the shared drive.

### **Member CMSHP and Contracted and Subcontracted Provider Relationships**

It is the policy of the LRE to ensure that all direct and subcontracted provider contractual arrangements are structured in accordance with Federal and State laws and regulations and are in the best interest of the organization and the consumers we serve. To meet all standards ethically and legally, the LRE will strictly adhere to the following:

1. LRE does not receive or provide any inducement for referrals. Consumer referrals and intakes will be accepted based on the consumer's needs, eligibility, and our ability to provide the services needed.
2. No employee, Member CMSHP, or contracted or subcontracted provider, or any other person acting on behalf of the organization is permitted to solicit or receive anything of value, directly or indirectly, in exchange for the referral of consumers.
3. LRE does not enter into financial arrangements with physicians that are designed to provide inappropriate remuneration to the organization in return for the physician's ability to provide services to state and federal health care program beneficiaries.
4. LRE does not enter into contractual relationships with individuals, agents, or agencies that have been convicted of a criminal offense related to health care or that are listed by a Federal agency as debarred, excluded, or otherwise ineligible for participation in Federal health care programs. Reasonable and prudent background investigations will be completed prior to entering a contractual relationship with all individuals, agents, or agencies.
5. All Member CMSHP, contracted and subcontracted provider personnel have the responsibility of ensuring the effectiveness of LRE's Compliance Program efforts by actively participating in the reporting of suspected violations.

Member CMSHPs and contracted and subcontracted providers will be required to have written standards of legal and ethical conduct of their own. Member CMSHPs and contracted or subcontracted providers having developed their own standards of conduct will be required to provide evidence of such for inclusion in the contractor file.

Member CMSHPs and contracted and subcontracted providers will be familiar with and agree to abide by the LRE Compliance Plan and all applicable policies and procedures as incorporated into relevant contracts. All policies and procedures relevant to the Member CMSHPs and Providers are available via the LRE Internet Website at [www.lsre.org](http://www.lsre.org). Member CMSHPs and contracted and subcontracted providers are responsible for monitoring and staying informed of regulatory developments independent of LRE Compliance Program efforts.

All LRE personnel, Member CMSHPs, contracted and subcontracted providers will refrain from conduct that may violate the Medicaid anti-kickback, false claims or physician self-referral laws and regulations. A false claim includes the following: billing for services not rendered; misrepresenting services actually rendered; falsely certifying that certain services were medically necessary; or submitting a claim for payment that is inconsistent with or contrary to Medicaid payment requirements. In general, these laws prohibit:

- Submission of false, fraudulent, or misleading claims for payment, the knowing use of a false record or statement to obtain payment on false or fraudulent claims paid by the

United States government, or the conspiracy to defraud the United States government by getting a false or fraudulent claim allowed or paid. If the claims submitted are knowingly false or fraudulent then the False Claims Act has been violated;

- Knowingly and willfully making false representation to any person or entity in order to gain or retain participation in the Medicaid program or to obtain payment for any service from the United States government;
- A physician (or immediate family member of the physician) who has a financial relationship with an entity from referring a Medicaid patient to the entity for the provision of certain “designated health services” unless an exception applies, or an entity from billing an individual, third-party payer; or other entity for any designated health services provided pursuant to a prohibited referral; and
- Knowingly and willfully making or causing to be made any false statement or representation of a material fact in any application (claim) for benefits or payments under a Federal health care program.

## **SECTION II - COMPLIANCE OFFICER AND COMPLIANCE OVERSIGHT COMMITTEE**

The LRE CEO will designate a Chief Compliance Officer (CCO), who will be given sufficient authority to oversee and monitor the Compliance Plan, including but not limited to the following:

- Recommending revisions/updates to the Compliance Plan, policies, and procedures to reflect organizational, regulatory, contractual, and statutory changes.
- Reporting on a regular basis the status of the implementation of the Compliance Plan and related compliance activities.
- Assuring and/or coordinating compliance training and education efforts for LRE personnel, Member CMSHPs and contracted and subcontracted providers.
- Assuring continuing analysis, technical expertise and knowledge transmission of corporate compliance requirements and prepaid health plan performance in keeping with evolving federal requirements and MDHHS contractual obligations and standards.
- Coordinating and oversight of audits and monitoring activities
- Performing or causing to be performed risk assessments, verification audits, and on-site monitoring consistent with the approved annual PIHP compliance work plan(s) intended to reduce the risk of criminal conduct at LRE, Member CMSHPs, contracted and subcontracted providers.
- Ensure coordinating efforts with human resources, Provider Network Manager and other relevant departments regarding employee certifications/licensures, background checks, sanctions screenings, and privileging and credentialing.
- Developing and modifying policy and programs that encourage the reporting of suspected fraud and other potential problems without fear of retaliation.
- Independently investigating and acting on matters related to compliance.
- Drafting and maintaining LRE Board and executive reports including annual Compliance Program Evaluation.

The authority given the CCO will include the ability to review all LRE, Member CMSHP, contracted and subcontracted provider Medicaid and Healthy Michigan documents and other information relevant to compliance activities, including, but not limited to, consumer records, billing records, employee records and contracts and obligations of LRE consistent with Section XVIII of the Medicaid Subcontracting Agreement.

LRE maintains and charters a Compliance Oversight Committee (COC) that oversees the implementation and operation of the LRE Compliance Program. The COC reviews reports and recommendations made by the LRE CO regarding compliance activities. This includes data regarding compliance generated through audits, monitoring, and individual reporting. Based on these reports, the CCO will make recommendations to the Executive Leadership regarding the efficiency of the LRE Compliance Plan and program.

### **SECTION III - COMPLIANCE TRAINING AND EDUCATION**

Proper and continuous training and education of LRE personnel at all levels is a significant element of an effective compliance program. Therefore, LRE will establish a regular training program consistent with applicable compliance policies that covers the provisions of the Code of Conduct and Ethics, as well as the processes for obtaining advice and reporting misconduct. Training is provided upon hire for new employees; annual and periodic retraining is provided to existing LRE personnel and, as applicable, independent contractors.

LRE Board members and personnel will be scheduled to receive LRE's compliance program training on the Compliance Plan and Code at orientation or within thirty (30) days of employment. Tailored training may be required for employees involved in specific areas of risk and the CO will coordinate and schedule this as needed and will supplement with training and/or newsletters, e-mails and in-services. Records will be maintained on all formal training and educational activities. Training is considered a condition of employment and failure to comply will result in appropriate disciplinary action.

### **SECTION IV - COMPLIANCE REPORTING AND ONGOING COMMUNICATION**

All LRE Board members and personnel must be familiar with applicable federal and state laws and regulations as well as LRE policies and procedures. Any LRE Board member and personnel that know, or has reason to believe, that an employee of, or independent professional providing services to, LRE is not acting in compliance with federal and state laws and regulations should report such matters to the CO. Reporting of suspected violations may be accomplished through a verbal, written, or anonymous report using the following mechanisms:

- LRE Telephone Hot Line – Suspected compliance violations or questions can be made to a toll-free hot line. The number is 1-800-420-3592 and includes confidential voice mail.
- LRE Electronic Mail (E-Mail) – Suspected compliance violations or questions can be sent electronically via e-mail to the Chief Compliance Officer at [compliance@lsre.org](mailto:compliance@lsre.org).
- Mail Delivery – Suspected compliance violations or questions can be mailed to:

Attn: George Motakis  
Chief Compliance Officer  
Lakeshore Regional Entity  
5000 Hakes Drive  
Suite 250  
Norton Shores, Michigan 49441

- In Person - Suspected compliance violations or questions can be made in person to LRE's CCO at the above address.

### **Whistleblower Protections for LRE Personnel**

Employees who make good faith reports of violations of federal or state law are protected by state and federal whistleblower statutes, as more fully described below.

Under the Federal False Claims Act and the Michigan Medicaid False Claims Act, employees who report violations in good faith are entitled to protection from disciplinary actions taken by their employer.

The Federal False Claims Act, 31 USC §§3729 through 3731, provides for administrative remedies, encourages enactment of parallel State laws pertaining to civil and criminal penalties for false claims and statements, and provides “whistle-blower” protection for those making good faith reports of statutory violations.

Under the Michigan Medicaid False Claims Act, an employer shall not discharge, demote, suspend, threaten, harass, or otherwise discriminate against an employee in the terms and conditions of employment because the employee initiates, assists in, or participates in a proceeding or court action under this act or because the employee cooperates with or assists in an investigation under this act. This prohibition does not apply to an employment action against an employee who the court finds: (i) brought a frivolous claim, as defined in section 2591 of the revised judicature act of 1961, 1961 PA236, MCL §600.2591; or (ii) planned, initiated, or participated in the conduct upon which the action is brought; or (iii) is convicted of criminal conduct arising from a violation of that act.

An employer who acts against an employee in violation of the Michigan Medicaid False Claims Act is liable to the employee for all of the following:

1. Reinstatement to the employee's position without loss of seniority;
2. Two times the amount of lost back pay;
3. Interest on the back pay;
4. Compensation for any special damages; and,
5. Any other relief necessary to make the employee whole.

Under the Federal False Claims Act, any employee who is discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in the terms and conditions of employment by his or her employer because of lawful acts done by the employee on behalf of the employee or others in furtherance of an action under this section, including investigation for, initiation of, testimony for, or assistance in an action filed or to be filed under this section, shall be entitled to all relief necessary to make the employee whole. Such relief shall include reinstatement with the same seniority status such employee would have had but for the discrimination, two times the amount of back pay, interest on the back pay, and compensation for any special damages sustained because of the discrimination, including litigation costs and reasonable attorneys' fees. An employee may bring an action in the appropriate district court of the United States for the relief provided in this subsection.

Partly because of their status as primary contracted agents performing delegated managed care functions and to minimize regional risk and harm, Member CMSHPs will report suspected compliance issues within three business days or less to the LRE Compliance Officer when one or more of the following criteria are met:

1. During an inquiry by the Member CMSHP compliance officer there is determined to be (reasonable person standard) Medicaid fraud, abuse, or waste as defined by federal statute, CMS, HHS OIG and applicable Michigan statute or regulation; or
2. Prior to any self-disclosure to any federal, state or Medicaid authority. In no way is this intended to nor should it be interpreted as a requirement or request to violate the letter or spirit of federal or Michigan reporting and whistleblower statutes or related regulations; or
3. When a Member CMSHP knows or (reasonable person standard) suspects that an action or failure to act in the organization or its contractors would result in the improper application or improper retention of Medicaid funds.

Participant CMHPSs shall undertake fraud, waste and abuse prevention, detection, and surveillance measures per contractual obligations and industry standards.

#### **A. Reporting of Suspected Violations or Misconduct**

The LRE shall maintain a reporting system that provides a clear process and guidelines for reporting potential offenses or issues.

The LRE board members, employees, contractual providers, consumers, and others are to report suspected violations or misconduct to the LRE Chief Compliance Officer or the appropriate CMHSP Participant/SUD Provider Compliance Officer and/or designee as outlined below. Suspected violations or misconduct may be reported by phone/voicemail, email, in person, or in writing (mail delivery).

LRE employees, consumers, contractual providers, and CMHSP Participant/SUD Provider staff who make good faith reports of violations of federal or state law are protected by state and federal whistleblower statutes, which includes protections from disciplinary actions such as demotions, suspension, threats, harassment, or other discriminatory actions against the employee by the employer.

**Violations Involving Suspected Fraud, Waste, or Abuse:**

- LRE board members, employees, contractual providers, and the provider network will report all suspected fraud and abuse to the Chief Compliance Officer. The report will be submitted in writing utilizing the Office of Inspector General (OIG) Fraud Referral Form.
- The LRE Chief Compliance Officer will complete a preliminary investigation, as needed, to determine if a suspicion of fraud exists.
- If there is suspicion of fraud, the LRE Chief Compliance Officer will report the suspected fraud and abuse to the MDHHS Office of Inspector General using the OIG Fraud Referral Form.
- The LRE Chief Compliance Officer will inform the appropriate provider network member when a report is made to the MDHHS Office of Inspector General.
- The LRE will follow the guidance/direction provided by the MDHHS Office of Inspector General regarding investigation and/or other required follow up.
- The LRE and the provider network will cooperate fully with investigations involving the MDHHS Office of Inspector General and/or the Department of Attorney General and adhere to any subsequent legal action that may result from such investigation.

**Suspected Violations (NOT Involving Fraud, Waste, or Abuse) and/or Misconduct:**

- LRE employees will report all suspected violations or misconduct (not involving suspected fraud or abuse) directly to the LRE Chief Compliance Officer for investigation. If the suspected violation involves the Chief Compliance Officer, the report will be made to the LRE Chief Executive Officer. Information provided shall at a minimum include the following:
  - Provider Information, if applicable (Name, Address, Phone Number, NPI Number, Email)
  - Complainant Information (Name, Address, Phone Number, NPI number [if applicable], Medicaid ID # [if applicable], Email)
  - Consumer Information, if applicable (Name, Address, Phone Number, Email)
  - Summary of the violation and/or misconduct
  - Date(s) of the violation and/or misconduct
  - Supporting documentation, if any (i.e. claims data, audit findings, etc.)
  - Action, if any, taken prior to submitting the violation

- Any suspected violations regarding the LRE Chief Executive Officer will be reported to the LRE Chief Compliance Officer and/or the LRE Board Chairperson/Executive Committee for investigation.
- CMHSP Participant/SUD Provider staff with firsthand knowledge of activities or omissions that may violate applicable laws and regulations (not involving suspected fraud or abuse) are required to report such wrongdoing to the LRE Chief Compliance Officer or to the CMHSP Participant/SUD Provider Compliance Officer. The CMHSP Participant/SUD Provider Compliance Officer will review reported violations to determine the need to report to the LRE Chief Compliance Officer. The review will be based on but not limited to: external party involvement, Medicaid recipient services, practices and/or system-wide process applicability.
- The Provider Network (CEO)/Executive Director(ED) and/or designee, shall inform, in writing, the LRE Chief Executive Officer (CEO) of any material notice to, inquiry from, or investigation by any Federal, State, or local human services, fiscal, regulatory, investigatory (excluding Recipient Rights related to non-PIHP activities), prosecutory, judicial, or law enforcement agency or protection and/or advocacy organization regarding the rights, safety, or care of a recipient of Medicaid services. The Provider Network CEO/ED shall inform, in writing, the LRE CEO immediately of any subsequent findings, recommendations, and results of such notices, inquiries, or investigations.
- Reports of suspected violations or misconduct may be made on a confidential basis to the extent possible.

## **B. Process for Investigation**

All reports involving suspected fraud, waste, and abuse will follow the guidance/direction of the MDHHS Office of Inspector General for any required investigation.

### **Expectations on fraud referrals:**

If the CMHSP participant identifies a credible allegation of fraud with an overpayment of \$5,000 or more, the CMHSP must use the OIG Fraud Referral Form to refer the case to MDHHS-OIG. The allegation must be an intentional deception, misrepresentation, or action made by an individual, provider, or other entity with knowledge that the action could result in some sort of benefit.

- Opinions/feelings are not enough to demonstrate a credible allegation of fraud.
- Fraud referrals must not be sent until there is enough documentation to support the allegation.
- Failure to produce records or documentation in records not sufficient to support claims is not an automatic conclusion of fraud. The intent component is critical and must be present.

The CMHSP participant should not be initiating claim adjustments or recovery when there is a credible allegation of fraud until MDHHS-OIG advises the CMHSP participant to proceed.

- Cases with findings indicating waste, error, and abuse are reported on a quarterly basis and authorization to proceed with recovery and correction of encounter claims is not required.

All reports of suspected wrongdoing, not involving fraud or abuse, shall be investigated promptly following the process outlined in the LRE Compliance Investigation Procedure.

“Prompt response” is defined as action taken within 15 business days of receipt by the PIHP of the information regarding a potential compliance problem.

The investigation process and outcome will be documented and will include at a minimum the following (as identified on the required OIG report template):

- Date of Complaint
- Consumer Name (if applicable)
- Provider Name (if applicable)
- Source of the Complaint/Activity (Identify how the report was received such as phone, hotline, anonymous, etc)
- Activity Type (audit, complaint, referral, etc.)
- Medicaid ID# (if applicable)
- Target of Activity (indicate whether the report involves a provider, consumer, etc.)
- Provider Type (Group home, Facility, etc.)
- Time Period Covered (enter a date range that the activity occurred)
- Summary of the Complaint/Activity
- Codes Involved in Complaint/Activity (If Applicable)
- Total Amount Paid Relating to Activity (If Applicable)
- Overpayment Identified (If Applicable)
- Date the Initial Review was Completed (for determining if further action is needed such as reporting to OIG)
- Was Potential Fraud Identified (Yes or No)
- Date Referred to MDHHS OIG (If Applicable)
- Date Final Notice sent to Provider (If Applicable for matters of overpayment, etc.)
- Total Overpayment Amount Identified (If Applicable)
- Total Number of Paid Claims Related to Overpayment (If Applicable)
- Total Collection Amount (If Applicable)
- Date the Complaint was Resolved
- Summary of the Findings

In conducting the investigation, judgment shall be exercised, and consideration shall be given to the scope and materiality consistent with the nature of the concern. Each investigation must be carefully documented to include a report describing the disclosures, the investigative process, the conclusions reached and the recommended corrective action, when such is necessary. No one involved in the process of receiving and investigating reports shall communicate any information about a report or investigation, including the fact that a report has been received or an investigation is ongoing, to anyone within the LRE who is not involved in the investigation process or to anyone outside of the LRE without the prior approval of the LRE Chief Compliance Officer. All LRE employees, Provider Network staff, and subcontractors are expected to cooperate fully with investigation efforts.

The LRE Chief Compliance Officer and the CMHSP Participant/SUD Provider Compliance Officers must report any conflict of interest that may exist when investigating a report of suspected wrongdoing or misconduct. If a conflict of interest does exist, the LRE Chief Compliance Officer will be responsible for securing an appropriate source to complete the investigation, which may

include utilizing the Chief Compliance Officer, one of the Provider Network Compliance Officers or an external source if necessary.

## **SECTION V - COMPLIANCE AUDITING, MONITORING, AND RISK EVALUATION**

The LRE CCO is responsible for monitoring compliance activities and operations within LRE. The CCO must then report any determinations of noncompliance to the CEO, the COC, and the CCO will identify, interpret, and determine standards of compliance through internal and external audits, and other monitoring functions. The CCO shall prepare an Auditing and Monitoring Plan addressing identified risk areas.

Monitoring and Auditing: The LRE believes that a thorough and ongoing evaluation of the various aspects of LRE's Compliance Plan is crucial to its success. To evaluate the effectiveness of the Plan, the LRE will employ a variety of monitoring and auditing techniques, including but not limited to, the following:

- Periodic interviews with personnel within LRE, Member CMSHPs, and contracted and subcontracted providers regarding their perceived levels of compliance within their departments or areas of responsibilities;
- Questionnaires developed to poll personnel within LRE, Member CMSHPs, contracted and subcontracted providers regarding compliance matters including the effectiveness of training/education;
- Information gained from written reports from LRE compliance staff utilizing audit and assessment tools developed to track all areas of compliance;
- Audits designed and performed by internal and/or external auditors utilizing specific compliance guidelines;
- Incidents of alleged noncompliance reports are investigated.
- Member CMSHPs, contracted and subcontracted providers are encouraged to perform auditing and monitoring functions involving Medicaid covered services through their own compliance program efforts.

The LRE CCO, legal counsel, COC, and as appropriate, other LRE personnel will take actions to ensure the following:

- Access to and familiarity with the latest HHS OIG compliance guidelines and current enforcement priorities; and
- Assessment of the baseline risk of any significant issues regarding non-compliance with laws or regulations in accordance with LRE's Compliance Plan.

The CCO is also responsible to ensure a risk assessment is performed annually with the results integrated into the daily operations of the organization.

## **SECTION VI - ENFORCEMENT OF COMPLIANCE POLICIES AND STANDARDS**

### **Corrective Actions and Prevention:**

If an internal investigation substantiates a reported violation, corrective action will be initiated as identified within the LRE policies and procedures and the LRE subcontracts with the CMHSP Participant/SUD Providers including, as appropriate, making prompt restitution of any overpayment amounts, notifying the appropriate governmental agency, the provision of a corrective action plan from the designated Provider Network member (as necessary) including follow-up monitoring of adequate implementation, and implementing system changes to prevent a similar violation from recurring in the future.

Basis for Member CMSHP, Contracted, or Subcontracted Provider Corrective Action: Monitoring and auditing, and reports of questionable practices may form the basis for imposing corrective action.

### **Elements of a Member CMSHP, Contracted or Subcontracted Provider a Corrective Action Plan:**

As appropriate given the nature of the noncompliance, a corrective action plan submitted to LRE for approval shall include:

- A description of how the issue(s) identified was immediately corrected OR the reason the issue(s) cannot be immediately corrected (i.e. the consumer has been discharged).
- A description of the steps put to be put into place to prevent the issue(s), or a similar issue(s), from occurring again (i.e. staff training, process redesign, etc.)
- A description of the quality assurance program put into place for monitoring purposes to ensure the corrective action plan is effective and/or similar issues do not occur.

Depending on the seriousness of the offense, the resulting action for LRE staff could include additional training, written reprimand, suspension, or termination of employment. The resulting action for the provider network would also depend on the seriousness of the offense and could include additional training, written reprimand, suspension, letter of contract non-compliance, and termination of contract.

## **SECTION VII - CONFIDENTIALITY AND PRIVACY**

All LRE Board members, LRE personnel, Member CMSHPs, and contracted and subcontracted providers must conduct themselves in accord with the principle of maintaining the confidentiality of consumers' information in accordance with all applicable laws and regulations, including but not limited to the Michigan Mental Health Code and the Privacy and Security Regulations issued pursuant to HIPAA and recent updated HITECH revisions, and 42 CFR Part 2 as it relates to substance abuse records. All will refrain from disclosing any personal or confidential information concerning members unless authorized by laws relating to confidentiality of records and protected health information. If specific questions arise regarding the obligation to maintain the confidentiality of information or the appropriateness of releasing

information, LRE Board members, LRE personnel, and Member CMSHPs should seek guidance from the Compliance Officer/ Privacy Officer, or anonymously through the LRE corporate compliance hotline at 1-800-420-3592.

## References, Legal Authority, and Supporting Documents

1. Managing Compliance Program Effectiveness: A Resource Guide  
<https://oig.hhs.gov/documents/toolkits/928/HCCA-OIG-Resource-Guide.pdf>
2. Federal Sentencing Guidelines Section 8  
<https://www.ussc.gov/guidelines/2021-guidelines-manual-annotated>
3. DOJ Compliance Guidance  
<https://www.justice.gov/criminal-fraud/page/file/937501/download>
4. United States Department of Justice, Criminal Division, Evaluation of Corporate Compliance Program  
<https://www.justice.gov/criminal-fraud/page/file/937501/download>
5. United States Attorney Manual (USAM)  
<https://www.justice.gov/jm/jm-9-28000-principles-federal-prosecution-business-organizations#9-28.800>
6. Guidelines for Constructing a Compliance Program for Medicaid Managed Care Organizations and Prepaid Health Plans, Medicaid Alliance for Program Safeguards, May 2002  
<https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/FraudAbuseforProfs/Downloads/mccomplan.pdf>
7. Anti-kickback Statute (section 1128B[b] of the Social Security Act)  
[http://www.ssa.gov/OP\\_Home/ssact/title11/1128B.htm](http://www.ssa.gov/OP_Home/ssact/title11/1128B.htm)  
<https://oig.hhs.gov/compliance/safe-harbor-regulations>
8. False Claims Act  
<https://oig.hhs.gov/fraud>  
<http://www.legislature.mi.gov>
9. 42 USC 139a(a); Section 1902(a) of the Social Security Act (AKA the Deficit Reduction Act of 2005)  
<http://www.cms.hhs.gov/deficitreductionact>
10. Michigan Mental Health Code  
[http://www.legislature.mi.gov/\(S\(ea1olrem4pvgdzylgs0hay4e\)\)/mileg.aspx?page=GetObject&objectname=mcl-Act-258-of-1974](http://www.legislature.mi.gov/(S(ea1olrem4pvgdzylgs0hay4e))/mileg.aspx?page=GetObject&objectname=mcl-Act-258-of-1974)
11. Department of Health and Human Services, Office of Inspector General  
<https://oig.hhs.gov>
12. Michigan Public Health Code  
<http://www.legislature.mi.gov/documents/mcl/pdf/mcl-act-368-of-1978.pdf>
13. Code of Federal Regulations (Title 42, Part 2 and Title 45, Part 160 & 164) <http://www.ecfr.gov/cgi-bin/ECFR?page=browse>

# THE LAKESHORE REGIONAL ENTITY

## COMPLIANCE OFFICER CONTACT INFORMATION

George V. Motakis  
Chief Compliance Officer  
Lakeshore Regional Entity  
5000 Hakes Drive  
Suite 250  
Norton Shores, Michigan 49441  
Compliance Hotline: 1-800-420-3592  
Compliance Fax: 231-769-2075  
Compliance Officer: 231-769-2079  
E-mail: [georgem@lsre.org](mailto:georgem@lsre.org)

### CMHSP Compliance Officer

Allegan County:	OnPoint (Allegan County Community Mental Health Services)	Mandy Padget Director of Quality Improvement and Compliance Tel: 269-673-6617, Ext.2718 Fax: 269-686-5201 E-mail: <a href="mailto:mpadget@onpointallegan.org">mpadget@onpointallegan.org</a>
Kent County:	Network 180 (Kent County Mental Health Authority)	Stacey O'Toole Director of Quality, Data Analytics, and Compliance Tel: 616-825-5400 E-mail: <a href="mailto:stacey.otoole@network180.org">stacey.otoole@network180.org</a>
Lake County: Mason County: Oceana County:	West Michigan Community Mental Health System	Devon Hernandez Director of Corporate Compliance and Risk Management Tel: 231-843-7298 Fax: 231-845-7095 E-mail: <a href="mailto:devonh@WCMCHS.org">devonh@WCMCHS.org</a>
Muskegon County:	Health West	Linda Closz CCBHC Project Manager and Corporate Compliance Officer Tel: 231-724-3631 Fax: 231-724-3659 E-mail: <a href="mailto:linda.closz@healthwest.net">linda.closz@healthwest.net</a>
Ottawa County:	Community Mental Health of Ottawa County	Kristen Henninges Compliance Program Coordinator Tel: 616-393-5685 Fax: 616-393-5687 E-mail: <a href="mailto:khenninges@miottawa.org">khenninges@miottawa.org</a>

MDHHS Medicaid Fraud Hotline: 1-855-MI-FRAUD (1-855-643-7283)  
HHS/OIG Hotline: 1-800-HHS-TIPS (1-800-447-8477)

**LRE PERSONNEL COMPLIANCE CERTIFICATION FORM**

1. I have received, read, and understand the LRE Compliance Plan, Code of Conduct and Ethics, and related policies and procedures.
2. I pledge to act in compliance with and abide by the Code of Conduct and Ethics and LRE Compliance Plan during the entire term of my employment and/or contract.
3. I acknowledge that I have a duty to report to the Chief Compliance Officer any alleged or suspected violation of the Code of Conduct and Ethics, agency policy, or applicable laws and regulations.
4. I will seek advice from my supervisor or the Chief Compliance Officer concerning appropriate actions that I may need to take in order to comply with the Code of Conduct and Ethics or Compliance Plan.
5. I understand that failure to comply with this certification or failure to report any alleged or suspected violation of the Code of Conduct and Ethics or Compliance Plan may result in disciplinary action up to and including termination of employment or contract.
6. I agree to participate in any future compliance trainings as required and acknowledge my attendance at such trainings as a condition of my continued employment/contract.
7. I agree to disclose the existence and nature of any actual or potential conflict of interest to the Chief Compliance Officer. Further, I certify that I am not aware of any current conflicts of interest.

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Board/Employee/Provider/Contractor Signature

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Date

**LRE BOARD OF DIRECTORS COMPLIANCE CERTIFICATION FORM**

1. I have received, read, and understand the LRE Compliance Plan and Code of Conduct and Ethics.
2. I pledge to act in compliance with and abide by the Code of Conduct and Ethics and LRE Compliance Plan during the entire term of my Board service.
3. I acknowledge that I have a duty to report to the LRE Chief Compliance Officer any alleged or suspected violation of the Code of Conduct and Ethics or related laws and regulations by myself, another Board Member, or any other person.
4. I will seek advice from the LRE Board Chairman or the LRE Chief Compliance Officer concerning appropriate actions that I may need to take to comply with the Code of Conduct and Ethics or Compliance Plan.
5. I understand that failure to comply with any part of this certification may result in my removal from the Board of Directors.
6. I agree to participate in future Board compliance trainings as required.
7. I agree to disclose the existence and nature of any actual or potential conflict of interest to the Board Chairman and Chief Compliance Officer. Further, I certify that I have disclosed all current conflicts of interest.

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Board Member Signature

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Date