

Meeting Agenda
BOARD OF DIRECTORS
Lakeshore Regional Entity
May 24, 2023 – 1:00 PM
GVSU Muskegon Innovation Hub
200 Viridian Dr, Muskegon, MI 49440

1. Welcome and Introductions – Mr. DeYoung
 - Ms. Jane Verduin Resignation
 - Mr. Jim Storey reappointed to LRE Board by OnPoint
 - Janice Hilleary appointed by HealthWest

2. Roll Call/Conflict of Interest Question – Mr. DeYoung
3. Public Comment (Limited to agenda items only)
4. Consent Items:
Suggested Motion: To approve by consent the following items.
 - May 24, 2023, Board of Directors meeting agenda (*Attachment 1*)
 - April 26, 2023, Board of Directors meeting minutes (*Attachment 2*)

5. Reports –
 - a. LRE Leadership (*Attachment 3, 4, 5*)

6. Chairperson’s Report – Mr. DeYoung
 - a. May 17, 2023, Executive Committee (*Attachment 6*)

7. Action Items –
 - i. LRE Strategic Plan
Suggested Motion: To approve the LRE 2023 Strategic Plan as presented

 - ii. Executive Committee Member
Suggested Motion: To approve appointment of Ron Bacon to the LRE Executive Committee

 - iii. LRE Board Secretary Position
Suggested Motion: To approve appointment of recommended Board Director to complete the term of LRE Board Secretary

8. Financial Report and Funding Distribution – Ms. Chick (*Attachment 7*)
 - a. FY2023, April Funds Distribution (*Attachment 8*)
Suggested Motion: To approve the FY2023, April Funds Distribution as presented

- b. Statement of Activities as of 3/31/2023 with Variance Reports (*Attachment 9*)
- c. Monthly FSR (*Attachment 10*) –

9. CEO Report – Ms. Marlatt-Dumas

10. Board Member Comments

11. Public Comment

12. Upcoming LRE Meetings

- June 8, 2023 – Community Advisory Panel (CAP), 1:00 PM
- June 21, 2023 – Executive Committee, 1:00PM
- June 28, 2023 – LRE Executive Board Meeting, 1:00 PM

[GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440](#)

13. Adjourn

Meeting Minutes
BOARD OF DIRECTORS

Lakeshore Regional Entity

April 26, 2023 – 1:00 PM

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

WELCOME AND INTRODUCTIONS – Mr. DeYoung

Mr. DeYoung called the April 26, 2023, LRE Board meeting to order at 1:12 PM.

ROLL CALL/CONFLICT OF INTEREST QUESTION – Mr. DeYoung

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

Absent: Jim Storey

PUBLIC COMMENT

None.

CONSENT ITEMS:

LRE 23-13 Motion: To approve by consent the following items.

- April 26, 2023, Board of Directors meeting agenda
- March 22, 2023, Board of Directors meeting minutes

Moved: Janet Thomas

Support: Ron Bacon

Roll Call

MOTION CARRIED

LEADERSHIP BOARD REPORTS

LRE Leadership reports are included in the packet for information.

CHAIRPERSON'S REPORT

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

ACTION ITEMS

LRE 23-14 Motion: To approve the additional SUD Block Grant funding allocation for Network180 as presented

Moved: Jack Greenfield

Support: Ron Bacon

Roll Call

MOTION CARRIED

LRE 23-15 Motion: To approve the contract for the Transitioning Quality Manager in the amount of \$52,000

Moved: Janet Thomas Support: Jon Campbell
Roll Call

MOTION CARRIED

FINANCIAL REPORT AND FUNDING DISTRIBUTION

FY2023 March Funds Distribution

LRE 23-16 Motion: To approve the FY2023, March Funds Distribution as presented

Moved: Stan Stek Support: Ron Bacon
Roll Call

MOTION CARRIED

Statement of Activities as of 2/28/2023 with Variance Report-

Included in the Board packet for information.

- Ms. Chick notes that this report is through February 2023 and informs that the legal expense line will most likely have to be increased.
- The question was asked if the region will receive any funds from the Opioid settlement.
 - The PIHPs will not receive those funds. The settlement will be disbursed directly to local municipalities. The region is reaching out to the separate municipalities with the offer to work with them.

Monthly FSR (December and January)-

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

- HealthWest will be contracting with Rehman to help with their finance processes.
- Projections are based on actual revenue and then projected through the rest of the year.
- Based on projections we will have a surplus of \$8 million but that will most likely change through the year due to the impact of the PHE unwind and eligibility redetermination. LRE is projecting about a \$3 million reduction from the \$8 million, leaving about \$5 million.
- CCBHC – there will be redistribution of supplemental funding and an overall decrease with West Michigan CMH being impacted more than HealthWest.

CEO REPORT

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

- Ms. Marlatt-Dumas would like to thank the LRE staff for their work in the finance department.
- Ms. Marlatt-Dumas congratulates the LRE Chief Compliance Officer for passing the compliance examination.

- Mr. Bill Riley is working with LRE Executive Committee on a new CEO evaluation process.
- LRE received a staff retention grant and will be determining specific goals for staff to accomplish to receive it.
- LRE has filed for a change of venue for the N180 lawsuit to be moved to Muskegon County.
- LRE met with the new project lead from Wakely and look forward to completing the ISF and rate analyses.
- LRE is applying different strategies to try to project what our rates will be as the Public Health Emergency unwinds.
- There is a chance for the other 3 CMHs in our Region to be included in the CCBHC demonstration. Network180, OnPoint and Ottawa CMH all plan to apply.
- CMHAM has Board Works videos that can assist in understanding the role of Board members. <https://cmham.org/education-events/boardworks/>

BOARD MEMBER COMMENTS

Mr. DeYoung updates that he had spoken with Senator Debbie Stabenow’s associate about this region being the only region in the state that are moving to all CCBHC status. She said that Senator Stabenow would be very interested in hearing more about this.

Mr. Greenfield requested a copy of the Dec Action be sent to the Board Directors. Mr. Greenfield also comments that timely/accurate data reporting is very important and should continue to be watched closely.

Mr. DeYoung congratulates OnPoint on their ribbon cutting and would like to thank everyone that attended.

PUBLIC COMMENT

UPCOMING LRE MEETINGS

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

ADJOURN

Mr. DeYoung adjourned the April 26, 2023, LRE Board of Directors meeting at 2:07 PM.

Jane Verduin, Board Secretary

Minutes respectfully submitted by:
Marion Dyga, Executive Assistant

Chief Operating Officer (Stephanie VanDerKooi)
Report to the Board of Directors
May 24, 2023

MDHHS SUD Recovery Infrastructure Support Grant:

LRE has been awarded the “Substance Use Disorder Treatment and Recovery Infrastructure Support” grant from the MDHHS for fiscal year 2023. The LRE will act as the fiduciary, with the total award being allocated to Our Hope Association’s new campus in Walker, to assist with service expansion offering more long-term residential beds to women and opening a new withdrawal management unit for women in October. The grant’s timeline is currently June 1, 2023- September 30, 2023, with the possibility of continuation funding.

While Our Hope’s clients primarily reside in Region 3 (LRE)s, they also serve individuals from Regions 4 (SWMBH) and 5 (Midstate). We celebrate this step forward for women’s treatment in West Michigan and will continue to work toward expanded access for other populations within our care.

Oversight Policy Board: The next meeting of the LRE Oversight Policy Board is scheduled for Wednesday, June 7 at 4:00 PM. The meeting will be held in the Board Room at Community Mental Health of Ottawa County.

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

Synar: The annual Synar (youth tobacco checks) will be conducted June 1-June 30th and the following sample size was drawn by MDHHS. Results of these checks will be provided to the board in July.

County	Synar Checks to be conducted
Allegan County	6
Kent County	21
Lake County	1
Mason County	1
Muskegon County	10
Oceana County	1
Ottawa County	11
LRE Total	51

CCBHC (Certified Community Behavioral Health Center): The most recent update to the CCBHC handbook (version 6) has been released by the state. We continue to hold regional meetings with HealthWest and West Michigan CMH.

CCBHC enrollments for the month:

HealthWest: Medicaid - 257; Non-Medicaid 47

West Michigan: Medicaid 52; Non-Medicaid 13

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

SUD Prevention Procurement: On May 19th the LRE will release the SUD Prevention Procurement materials. Currently, a notification is available on the [LRE website](#).

Report Submission Tracking – April 2023

The LRE submitted a total of 53 reports to MDHHS. All reports were completed and submitted on time.

April 2023	Total Number of Reports	53
	Number of Late Reports	0
	% Late reports	0%
	Average Number of Days Late	0

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

Over the past month, the Autism team completed the West Michigan Site Review, and reviewed action plans from Ottawa county. The team has continued with production and implementation of the new data file submission format for ABA services. This will replace the WSA, which is no longer active for ABA services. Other activities include review of policy bulletins in preparation for the end of the public health emergency and providing technical assistance to CMHSPs. The number of ABA beneficiaries enrolled as of April are noted below. Updated numbers will be provided in the coming months as the new file submission becomes effective.

Current Enrollments (Regional Total: 1,833)

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

CLINICAL/UM – Liz Totten

Throughout the month of April, the UM/Clinical Department worked with member CMHSP’s to ensure each had access to the MDHHS Customer Relations Management System (CRM) and provided support to CMHSPs in submitting Home Based Certification. All CMHSP's have submitted certification applications, which are currently under review by LRE. After any needed changes are made, applications will be submitted to MDHHS. LRE UM/Clinical Department has also been working with the regional CMHSPs to understand and review Conflict Free Access and Planning (CFA&O) options presented by MDHHS. The Regional CFA&P Workgroup will continue to review proposed options and provide feedback to MDHHS through monthly MDHHS CFA&P Workgroup. The UM/Clinical Department is pleased to participate in the new Statewide UM Workgroup which will kick-off on May 9, 2023. This monthly UM focused meeting will be comprised of UM Directors or equivalents from each PIHP.

INTEGRATED HEALTHCARE – Tom Rocheleau

Monthly joint care coordination meetings with each of the 6 Medicaid Health Plans that serve the LRE region continue. During the April meetings, 43 consumers were discussed with their respective MHPs related to their potential or continued benefit from having an interactive care plan within the State’s

claims database, CC360, and subsequently improving the care they receive and their quality of life, removing barriers, and decreasing unnecessary utilization of crisis services. There were 10 consumers discussed with their MHPs, wherein an interactive care plan was not created, but joint collaboration took place resulting in a Single Episode of Care (SEC). While this was a slight decrease from March, this data continues to indicate the CMHSPs and MHPs are working hard to identify new members for integrated care plan discussions. Five new interactive care plans were opened in April.

CUSTOMER SERVICES/PRIORITY POPULATION– Michelle Anguiano & Mari Hesselink
1st Quarter Audit Results:

- 25 total grievance samples were reviewed from the 5 CMHSP’s in Region #3. The first sample was 30 total grievances.
- The total score from the audit was 79.96%
- This is the second audit, first audit 80.11%
- 50 total Notice of Adverse Benefit Determination (NABD) samples were reviewed from the 5 CMHSP’s in Region # 3. 66 samples were reviewed in 1st audit.
- The total score between the 5 CMHSP’s was 83.33% 1st audit score was 91.65%
- 20 total appeals samples were reviewed from the 5 CMHSP’s in Region #3.
- The total score from the audit was 97.5%



Satisfaction Survey Launch

The 2023 LRE Satisfaction Survey was distributed to member CMHSPs on May 3. Each CMHSP were provided with instructions, LRE Survey Policy and Procedure, a paper copy of the survey, a CMH-specific link to the electronic survey, and a CMH-Specific QR code. The CMHSPs and Providers have been very receptive to the new survey process and have been communicating regularly with the LRE regarding provider feedback, suggestions, clarifications, or questions. We acknowledge that further survey additions/revisions are necessary in the future, especially regarding state requirements for CCBHC. The survey has been submitted to Voices for Health for translation into Spanish.

The survey workgroup will meet in June to discuss administration, results, and any issues encountered during the "snapshot" month.

Community Advisory Panel Newsletter

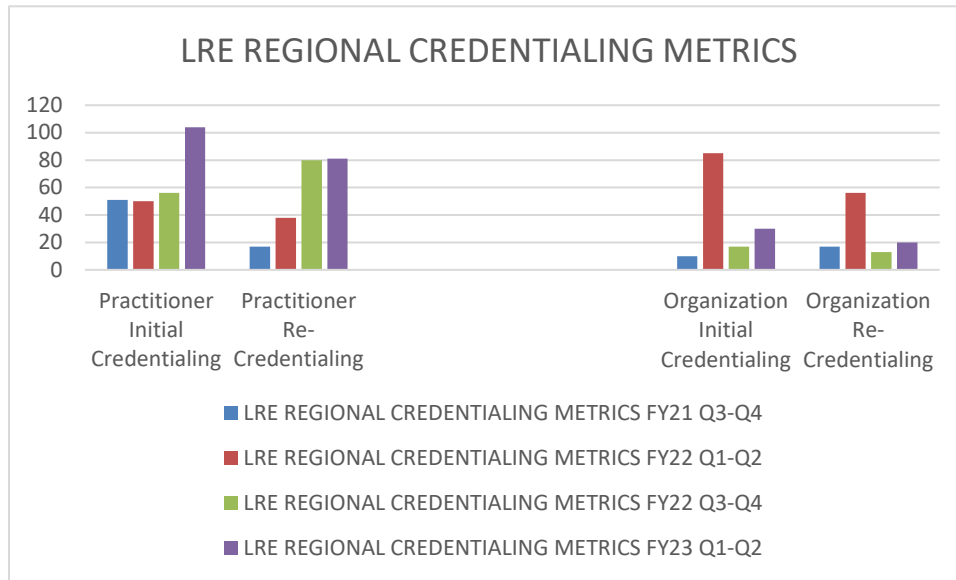
The Community Advisory Panel (CAP) has released the first issue of the Community Newsletter. This newsletter is created for consumers, by consumers. Information is focused on sharing local events, success stories, artwork and other consumer submissions, community resources, highlighting new programs or exciting news from the CMHs/LRE, and providing information that is generally helpful to those receiving services and their families. The first issue contains a "CAP Spring Spotlight"; the issue highlighted Joseph Reid and his organization, a very active Mental Health Advocate who has been in services for many years. There is a section all about the Lakeshore Guide to Services, upcoming events, uplifting quotes, and a section called "Artist's Alley" where consumers can share their artwork, poetry, or stories.

Consumers in the region are encouraged to contact LRE Customer Services if they have any artwork, testimonies, or other information they would like to submit for consideration. A new issue of the newsletter will be available bi-annually. If submissions increase, we are prepared to offer a new issue quarterly.

CREDENTIALING - Pam Bronson (Credentialing Specialist):

In April, the Credentialing Committee reviewed and approved 12 organizational providers for credentialing/re-credentialing. As of this writing, there has not been any further communication from MDHHS on the Universal Credentialing system.

The following data was submitted to MDHHS by May 15, for credentialing and re-credentialing of individuals and organizations in the Region.



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

PNMs continue to work on revised FY24 contracts, including the LRE/CMHSP agreement and the provider common contract. To enhance network efficiencies, LRE is finalizing a procedure, with collaboration from CMHSP contract and network leadership, to regionalize the collection of provider Disclosure of Ownership forms. This will reduce administrative burden for both providers and CMHSP staff, while reducing risk of improperly screening excluded entities and individuals. LRE is currently completing the Provider Network Adequacy Mid-Year report due to MDHHS May 31. Region 3 providers, consistent with statewide trends,

are experiencing significant staffing challenges, but overall Region 3 Members have adequate capacity to meet the needs of beneficiaries.

SUD TREATMENT - Amanda Tarantowski, SUD Treatment Manager

LRE SUD Treatment Manager attended the National Prescription Drug Abuse Summit in Atlanta Georgia. Much of the focus was on Opiate Settlement dollars, new drug trends, rural treatment development and new women’s treatment strategies. This knowledge will be used to help programming in the region. Additionally, there was an opportunity to attend the Lake County Community Assessment and the Dangers of Vaping Marijuana Training.

SUD/GAMBLING PREVENTION – Amy Embury

TalkSooner.org

NEWS ALERT - Spring 2023

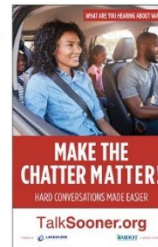
4-20 Day: Changing the Narrative:

In today’s cannabis culture, 4-20 Day (April 20) has long been considered an unofficial “high holiday,” with 4-20 messaging moving from niche audiences to mainstream. Talksooner.org recently partnered with the cities of Grand Rapids and Grand Haven to change the narrative of 4-20 Day to “Talksooner Day,” with Mayors Rosalynn Bliss and Catherine McNally each issuing official Proclamations.



Family Car Rides Make the Chatter Matter!

We’re thrilled to team up again with the Michigan Department of Transportation (MDOT) to create healthier communities. All 77 MDOT rest areas and welcome centers now feature our “Make the Chatter Matter” posters, inviting parents/caregivers to consider family car rides – from quick visits for groceries to longer road trips – the ideal “vehicle” to host informal conversations about substance use prevention.



What’s Hiding in Plain Sight:

At first glance, it may look like an ordinary highlighter or water bottle, but beware of concealment or stash containers, which are trending among some teens. Appearing as common objects, they provide “secret” openings for stashing substances, and even extend to hats, backpacks, shoes and more. Check out our Virtual Teen Room on talksooner.org, and ways you can have calm, cool & collected conversations with your teen should you come across one of these containers.



Don’t forget to follow us on FB for all the buzz!



Check out www.talksooner.org (disponible en español!), today!

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

HSW Board Report 5/16/2023:

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

CMHSP	Overdue Certifications	Overdue Guardian Consents	Inactive Consumers
Onpoint	2	2	1
HealthWest	0	0	1
Network180	2	1	4
Ottawa	0	0	
West Michigan	0	2	

We had 4 open slots for April enrollment. 1 of those slots went to a children’s waiver age off from Network 180. 2 slots went to HealthWest and 1 to Ottawa County. We have 3 slots for the month of May, 2 will be going to Network 180, 1 of which is a children’s waiver age off and 1 to Ottawa. We have 15 complete packets and 9 packets that are pending due to goals, objectives, or needing updates to other required documents. Below is a chart of slot utilization in region 3.

	October	November	December	January	February	March	April
Used	629	628	628	628	628	628	629
Available	0	1	1	1	1	1	0
% Used	100	99.8	99.8	99.8	99.8	99.8	100
	May						
Used	627						
Available	2						
% Used	99.7						

Reminder: The enrollment deadline is always the 15th of the month. If the LRE is not notified of a disenrollment immediately, there is a possibility of missing that deadline and, therefore, the payment, while also having individuals waiting to be enrolled. For example, if we have a death in December and we don’t find out about it until June we have missed out on 5 months of payments.

With the Public Health Emergency (PH) unwinding, there will be greater focus from MDHHS on making sure that recertification documents and pendbacks are submitted timely. All recertifications are due within 365 days and any pendbacks of recertifications or initial enrollment packets are due within 15 business days.

Correspondence was received from MDHHS on May 15th that the department will be back June 21-June 30 for a 90-day review of the corrective action plans put in place from the fall waiver audit. Work is underway with the CMHSPs to ensure documentation is ready in time for the CAP review.

Children’s Waiver Program (CWP)

85 children are open and enrolled in the Children’s Waiver Program for March. We have two cases that were invited to join the CWP, one for enrollment in April and one in May. Both cases invited to join are from Network 180. One prescreen from HealthWest has already been submitted to MDHHS for May. We currently have fourteen scored prescreens that are on the weighing list and yet to be invited to join the CWP. Of the fourteen prescreens that are currently on the weighing list, three of the prescreens were submitted in October, one was submitted in December, three were submitted in January, two in February, four in March and one in April. Nine of the prescreens on the weighing list are from Network 180, three are from Ottawa, one is from On Point, and one from HealthWest.

CMHSP	# Enrolled
HealthWest	6
Network 180	64
On Point	4
Ottawa	10
West Michigan	1

SEDW:

- There are currently have 91 open cases.
 - Allegan – 6
 - HealthWest – 17
 - Network180 – 46
 - Ottawa – 18
 - West MI – 4
- The SEDW program continues to run smoothly overall. Cases are being submitted on time, recertified and disenrolled when appropriate. Enrollments seem to be increasing over the last couple of months, with 25 cases in total enrolled since 4/1.
- MDHHS continues to highlight the use of therapeutic activities for SEDW services. MDHHS would like to see this service be utilized more where possible, as they feel it is an under-utilized service statewide.

1915(i)SPA:

MDHHS Updates:

- MDHHS's deadline for iSPA compliance to 10/1/2023. It is expected that all iSPA cases are enrolled in the WSA by that date.
- The Medicaid Provider Manual (MPM) was updated on 4/1/23 to include the 1915(i)SPA language from the 11/1/22 Memo. The B3 and B3W language has been removed.
- MDHHS met with PIHP Leads on 4/18/23 to discuss the (i)SPA data. The LRE’s reported numbers from the CMHSPs seemed to align other Regions. MDHHS is beginning to use the data to establish new benchmarks for enrollment. MDHHS recently created a report with new projected numbers that are much closer to what the LRE and other PIHPs were reporting. Initially when enrollment numbers were projected, MDHHS only removed cases that were on one of the waivers and did not include cases that were covered under EPSDT or CCBHC. The new projections have removed those as well. As a result, LRE can continue to use expected numbers for tracking. The next identified goal is 75% enrollment by July 1.

Regional Updates:

- The Regional iSPA Workgroup continues to meet monthly, with representation from each CMHSP, as well as attending the statewide meetings. The CMHSP Leads and staff assisting them for this program are doing a tremendous amount of work, and the LRE is appreciative of the time and effort put towards this program. Time and staffing continue to be the most reported roadblocks to CMHSPs being able to identify cases and enter data into the WSA.
- As of the last state report, the LRE has the second highest number of enrollments in statewide, and the second highest percentage of enrollments. Based in the CMHSPs reported expected number of enrollees, 3 of 5 CMHSP already have over 60% enrollment, and are on track to meet the 75% enrollment goal by 7/1. See the attached graphs for more details on enrollment progress in the Region.



Lakeshore Regional Entity's Legislative Update – 5/15/2023

This document contains a summary and status of bills in the House and Senate, and other political and noteworthy happenings that pertain to both mental and behavioral health, and substance use disorder in Michigan and the United States.



Prepared by Melanie Misiuk, SEDW & 1915(i)SPA Specialist & Stephanie VanDerKooi, Chief Operating Officer

Highlight = new updates
Highlight = old bill, no longer active

STATE LEGISLATION

BILLS & REGULATIONS PERTAINING TO MENTAL HEALTH				
Priority	BILL #	SUMMARY	SPONSOR	ACTION DATE
	SB 27	Legislation that would require insurers to provide coverage for mental health and substance abuse disorder services on the same level as that of coverage for physical illness. Federal law requires mental health coverage to be equal to physical illness. The bill would require insurance coverage for mental health conditions, including substance use disorders, to be no more restrictive than insurance coverage for other medical conditions.	Sarah Anthony	1/18/23 – Introduced to the Senate; Referred to Committee on Health Policy

BILLS & REGULATIONS PERTAINING TO SUD				
Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	<i>HB 6474</i>	<i>A bill to prohibit municipalities from adopting ordinances that would require caregivers or qualified medical marijuana patients to report use or growth, pay a tax to municipality, grow marijuana according to the MRTMA, forced inspections of property by municipality, among other requirements that would create an undue burden on caregiver or qualified medical marijuana patient</i>	<i>Steve Carra</i>	<i>11/9/22-Introduced and referred to Committee on Regulatory Reform</i>
	<i>S 1170/1171</i>	<i>Bills to make prescribers and agencies who are trained to distribute naloxone immune from prosecution for distribution, administration, or failure to administer naloxone.</i>	<i>Dale Zorn</i>	<i>9/20/22-Introduced and referred to Committee on Health Policy and Human Services</i>
	<i>SB 1222-1223</i>	<i>A two-bill package designed to extend the capture of liquor tax revenue that counties use for substance abuse programs. Beginning in 2023, the baseline allocation in liquor tax dollars for counties will increase by approximately 48 percent (\$25 million). It is an amendment to the State</i>	<i>Wayne Schmidt</i>	<i>12/29/22 – signed by the Governor</i>

BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
		<i>Convention Facilities Authority Act. Current law states 50 percent of the liquor tax revenue received by counties must be allocated to substance abuse programs. SBs 1222-23 will change that requirement to 40 percent (though no less than the amount allocated in FY22). This will be a significant increase in funds toward substance abuse programs, and an increase in the amount counties can allocate to their general funds. 2021-SFA-1222-F.pdf (mi.gov)</i>		
	TBD	Keep MI Kids Tobacco Free Alliance is working on a legislative package that will address the areas of Tobacco Retail Licensure, Taxation on Vaping Products & Parity, Ending the Sale of Flavored Tobacco, and Preemption Removal (Restoration of local authority to regulate tobacco control at the municipal level)	Keep MI Kids Tobacco Free Alliance Sam Singh	Preemption one pager (d31hzhk6di2h5.cloudfront.net)
	HB 4049	A bill to require CRA to consider all applications by spouses of government officials for licensed marijuana establishments, and to not deny them based on their spouse's government affiliation.	Pat Outman	1/31/23 - Introduced and referred to Committee on Regulatory Reform
	HB 4061	Kratom Consumer Protection Act: A bill to regulate the distribution, sale, and manufacture of kratom products	Lori Stone	2/1/23 - Introduced and referred to Committee on Regulatory Reform
	SB 133	A bill to provide for the review and prevention of deaths from drug overdose; allow for creation of overdose fatality review teams and power and duties of those teams; and for other purposes	Sean McCann	3/2/23-Introduced and referred to Committee on Health Policy
	HB 4430	A bill to require all marijuana sales to provide safety information at the point of sale. Safety info includes: Safe storage, proper disposal, poison control information and the following statements: (A) To avoid dangerous drug interactions, it is recommended that you consult with your prescriber or pharmacist before consuming this product. (B) Exercise care if you consume this product with alcohol. (C) Consuming this product with a controlled substance could increase the risk of side effects or overdose. (D) Do not operate heavy machinery or perform other dangerous tasks under the influence of this product unless you know how this product affects you.	Veronica Paiz	4/19/23-introduced and referred to Committee on Regulatory Reform

FEDERAL LEGISLATION

BILLS & REGULATIONS PERTAINING TO MENTAL HEALTH

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	S 606	To require the Food and Drug Administration to revoke the approval of one opioid pain medication for each new opioid pain medication approved.	Joe Manchin	03/01/2023-Read twice and referred to the Committee on Health,

BILLS & REGULATIONS PERTAINING TO MENTAL HEALTH

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
				Education, Labor, and Pensions

BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	HR 8454	Medical Marijuana and Cannabidiol Research Expansion Act: <i>Establishes a new, separate registration process to facilitate research on marijuana; directs DEA to follow specified procedures to register practitioners to conduct marijuana research, and manufacturers to supply marijuana for research; Bill also includes various other provisions including: require the DEA to assess whether there is an adequate and uninterrupted supply of marijuana for research purposes; prohibit the Department of Health and Human Services (HHS) from reinstating the interdisciplinary review process for marijuana research; allow physicians to discuss the potential harms and benefits of marijuana and its derivatives (including CBD) with patients; and require HHS, in coordination with the National Institutes of Health and relevant federal agencies, to report on the therapeutic potential of marijuana for various conditions such as epilepsy, as well as the impact on adolescent brains and on the ability to operate a motor vehicle.</i>	Earl Blumenauer	11/16/22-Passed Senate 12/2/22 – Became Law H.R.8454 - 117th Congress (2021-2022): Medical Marijuana and Cannabidiol Research Expansion Act Congress.gov Library of Congress
	HR 9221	Bruce’s Law: <i>This bill reauthorizes certain grants through FY2027 and sets out other activities to address drug overdoses, with a particular focus on contamination with fentanyl or other synthetic opioids.</i>	David Trone	10/20/22-Introduced and referred to House Committee on Energy and Commerce 10/24/22 – Referred to the Subcommittee on Health
	H.Res. 39	A res. Requesting that all illicit fentanyl and illicit fentanyl-related substances should be permanently placed in Schedule I; and for other purposes.	Neal Dunn	1/17/23-Introduced and referred to Committee on Energy and Commerce & Committee on the Judiciary 1/27/23 - Referred to the House Subcommittee on Health.
	N/A – Proposed Rule	There is a proposed rule by the Substance Abuse and Mental Health Services Administration (SAMHSA) that would permanently allow providers to prescribe buprenorphine specifically for opioid use disorder treatment without an in-person visit in an opioid treatment program, but this is still in the proposal phase with comments due on Feb. 14, 2023.	SAMHSA	12/16/22 – Proposed 2/14/23 – Public Comment Due Federal Register :: Medications for the Treatment of Opioid Use Disorder
	HR 901	To require the Food and Drug Administration to prioritize enforcement of disposable electronic nicotine delivery system products.	Sheila Cherfilus-McCormick	2/09/2023 - Referred to the House Committee on Energy and Commerce.

BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
				2/17/23 - Referred to the House Subcommittee on Health.
	S. 464	A bill to amend the Internal Revenue Code of 1986 to deny the deduction for advertising and promotional expenses for tobacco products and electronic nicotine delivery systems.	Jeanne Shaheen	2/16/2023 - Read twice and referred to the Committee on Finance.
	HR 610	Marijuana 1-3 Act of 2023: A bill to provide for the rescheduling of marijuana into schedule III of the Controlled Substances Act.	Gregory Steube	1/27/23 - Referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary
	HR 467	HALT Fentanyl Act (S.1141): This bill places fentanyl-related substances as a class into schedule I of the Controlled Substances Act; the bill establishes a new, alternative registration process for schedule I research that is funded by the Department of Health and Human Services or the Department of Veterans Affairs or that is conducted under an investigative new drug exemption from the Food and Drug Administration.	H. Morgan Griffith/Bill Cassidy 5	03/24/2023 Ordered to be Reported (Amended) by the Yeas and Nays: 27 – 19 (S)-3/30/23-Read twice and referred to the Committee on the Judiciary.
	HR 1291	Stopping Overdoses of Fentanyl Analogues Act: To amend the Controlled Substances Act to list fentanyl-related substances as schedule I controlled substances.	Scott Fitzgerald	03/01/2023 Referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary
	HR 1839	Combating Illicit Xylazine Act (S.993): To prohibit certain uses of xylazine.	Jimmy Panetta/ Catherine Cortez Masto 7	03/28/2023 Referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary (S)-3/28/23-Read twice and referred to the Committee on the Judiciary
	S.983	Overcoming Prevalent Inadequacies in Overdose Information Data Sets Act or “OPIOIDS” Act: The Attorney General may award grants to States, territories, and localities to support improved data and surveillance on opioid-related overdoses, including for activities to improve postmortem toxicology testing, data linkage across data systems throughout the United States, electronic death reporting, or the comprehensiveness	Rick Scott	03/27/2023 Read twice and referred to the committee on the Judiciary
	HR 1734	TRANQ Research Act: To require coordinated National Institute of Standards and Technology science and research activities regarding illicit drugs containing xylazine, novel synthetic opioids, and other substances of concern, and for other purposes.	Mike Collins	03/29/2023 Ordered to be Reported (Amended) by the Yeas and Nays: 36 - 0

LEGISLATIVE CONCERNS

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

MISCELLANEOUS UPDATES

ISSUE	SUMMARY	COUNTY	ADDITIONAL INFORMATION/LINKS
FY24 State Budget Recommendations	<p>Governor Whitmer’s FY2024 State Budget Recommendation includes the following areas related to behavioral health and SUD:</p> <ul style="list-style-type: none"> • \$300 million for student mental health to ensure students’ needs can be identified and provided with the right support. • \$210.1 million for Direct Care Worker Wages (\$74.5 million general fund) to increase wage support to direct care professionals providing Medicaid behavioral health services, care at skilled nursing facilities, community-based supports through MI Choice, MI Health Link, and Home Help programs and in-home services funded through area agencies on agencies. These funds support an increase that would average about \$1.50 / hour (10%) • \$5 million for behavioral health recruitment supports (general fund) that would fund scholarships and other recruiting tools to attract and support people interested in training to become behavioral health providers. 		<p>Access budget material at:</p> https://www.michigan.gov/budget
MIHealthyLife	In fall 2023, MDHHS will ask Medicaid health plans for new contract proposals to provide health services to people enrolled in Medicaid, including Behavioral Health. MDHHS is providing a survey for stakeholders to submit ideas to make the program better and collecting input about potential changes to the new contracts.		MIHealthyLife (michigan.gov)

ISSUE	SUMMARY	COUNTY	ADDITIONAL INFORMATION/LINKS
CMS Plan for States to Use Medicaid for Incarcerated Substance Use Treatment	Recently, the Director of the Office of National Drug Control Policy (ONDCP), Dr. Rahul Gupta, announced that all federal prisons will offer medication-assisted treatment (MAT) for substance use disorder by this summer. Additionally, Dr. Gupta noted that the Centers for Medicare and Medicaid Services (CMS) will release guidance to support states in using Medicaid 1115 waivers to cover substance use treatment for people who are incarcerated		A disappointing report card for primary care - POLITICO (relevant information is about halfway down the page)
Post-Pandemic Telehealth Policy	The recently released Michigan Medicaid bulletin reflects all of the recommendations of the CMHA Behavioral Telehealth Advisory Group		Final Bulletin MMP 23-10-Telemedicine.pdf (govdelivery.com)

THE LRE COMMUNITY NEWSLETTER

April 2023



Community Advisory Panel

The Lakeshore Regional Entity's **Community Advisory Panel (CAP)** is a group of people who are passionate about the behavioral health system in West Michigan and have partnered with Lakeshore Regional Entity to improve and enhance the quality of these services.

Please take some time to read the wonderful stories inside our spring newsletter highlighting some of the events, activities and resources available in our West Michigan Community!

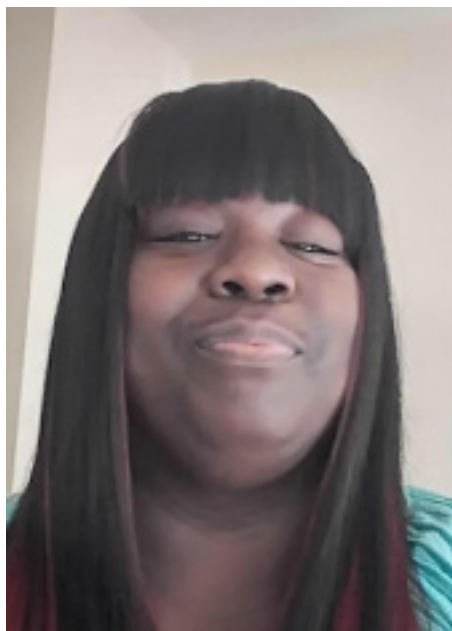
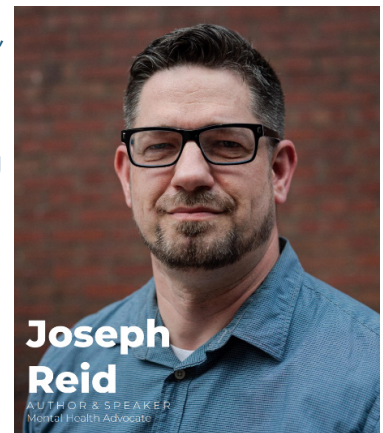
We love to share encouraging stories and inspiring artwork from all over West Michigan! If you would like to have your artwork, stories, or poetry featured in a future issue, please send it to **LRE Customer Services: 5000 Hakes Drive, Norton Shores MI, 49441**. You can also email written pieces and pictures to marih@lsre.org.



Community Advisory Panel Spring Spotlight: [Broken-People.org](https://www.broken-people.org)

Joseph Reid is the founder and Executive Director of [Broken People](https://www.broken-people.org), an international mental health peer support group. He is the best-selling author of **Broken Like Me, An Insider's Toolkit for Mending Broken People**, and has helped thousands of people with his writing since its publication in the summer of 2021. He is also very active as a Peer Support Specialist, Family Advocate, and In Your Own Voice presenter with NAMI Kent County (National Alliance on Mental Illness), the nation's largest grassroots mental health nonprofit organization.

Joe and his team at [Broken-People.org](https://www.broken-people.org) are deeply committed to providing support not only to people personally struggling with mental wellness, but also to people who have someone in their lives that they care about who may be struggling. Their advocacy efforts reach out into our communities, our legislators and state, and unites individuals all over the world. Broken People is a wonderful resource for anyone who would like to learn more about mental health or get involved locally.



Director of Social Media **Marva Couch**

I was born and raised in Detroit and I currently live in Romulus, Michigan. I am an ordained minister and a playwright. I went to school for business administration. I lived for years with crushing depression until one day I began to see a therapist to begin dealing with my issues. One of the areas of mental health that has a special place for me is self-esteem. I believe when we feel good about ourselves that's one victory we have won. My motto is always keep a humble servants heart.

Broken-People.org

Why the name Broken People?

“When I am at my lowest, when I am feeling the most depressed, the best way I have to describe how I feel is Broken. I created this group for people who may be searching for others who feel broken, just like me.”

Founder-Joe Reid



The Four Priorities of Broken-People.org

1. To end suicide.
2. To compassionately steer anyone struggling with suicidal ideation toward hope and life through peer support and resources.
3. To comfort the challenged and challenge the comfortable.
4. To encourage and practice communication, cooperation, and collaboration among mental health organizations.

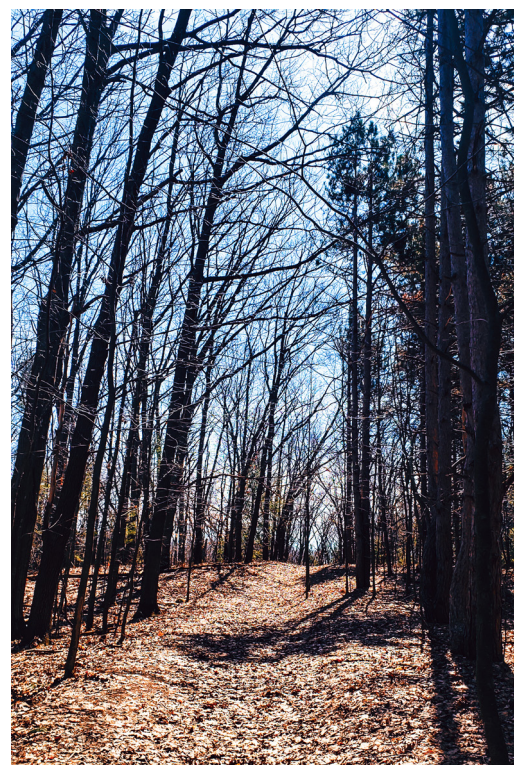
Dream Statement

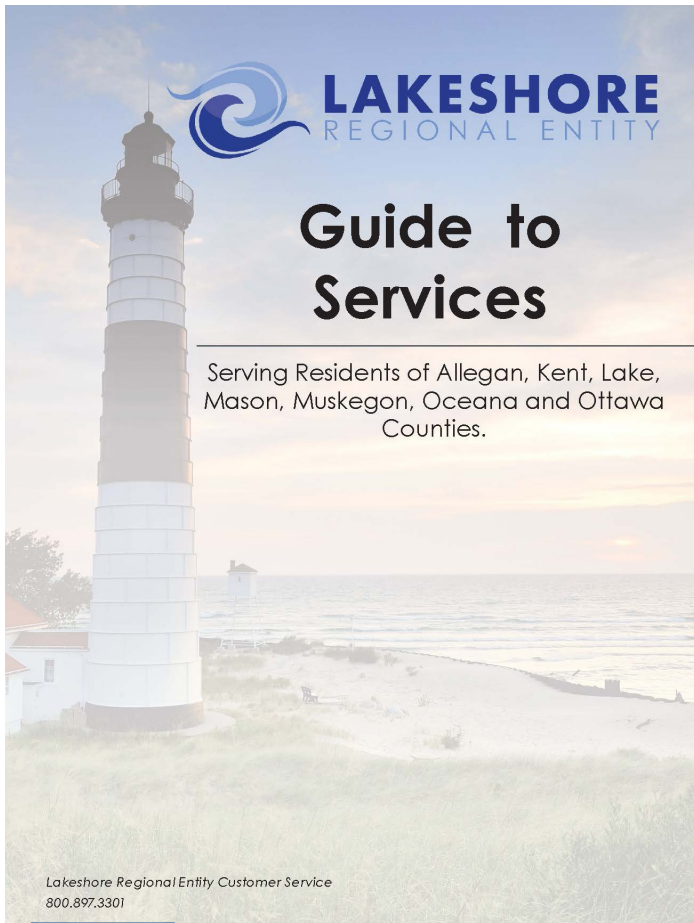
We have a dream to end suicide.

We have a dream that those with and without a mental illness will be able to find support and encouragement from each other, understanding that we are not all that different.

We have a dream that barriers such as race, gender, religion, financial status, sexual orientation, height, weight, and any other form or possibility of prejudice will be eradicated from receiving quality physical and mental health care worldwide.

We have a dream that strategic vulnerability will become a social norm.





Guide to Services

You may recognize the cover of this book; when you first ask for services, you may have been given either a paper copy, or a link to view and download it on the internet. You may have been offered one and chose not to take it, thinking it was just another stack of paper that would get lost or thrown away.

However; the **Lakeshore Regional Entity Guide to Services** is one of the most useful books you can have if you or a loved one are getting services from a Community Mental Health Service Provider (CMHSP) or substance use disorder provider in the Lakeshore region! It is your personal guide to navigating Medicaid behavioral health services. Let's take a closer look at what this what this amazing book can tell you.

The LRE Guide to Services covers a lot of information, including:

- Contact information for the LRE and CMHSPs
- Emergency and after-hours numbers
- Safety guidelines and program specific rules
- Customer Services
- Language and accessibility information
- What services are offered and how to get them
- Payment for services
- Your rights, including how to make a complaint if you feel your rights were violated
- How to file a grievance (complaint) if you are unhappy
- How to file an appeal if you don't agree with a change to your services, or you ask for a service and are told you can't have it.
- Person-centered planning
- Out-of-network services
- Advocacy and resources
- Information about advance directives and guardianship

As you can see, there is a ton of information in this book! You can ask for a FREE copy of the Guide to Services a few different ways:

1. **Call or stop by your local CMHSP and ask for a copy**
2. **Call the LRE Customer Services line at 1-800-897-3301 and ask for a copy.**
3. **Visit the CMH websites below:**





For **Mental Health.** For **Worldwide Change.**
For **Everyone.**

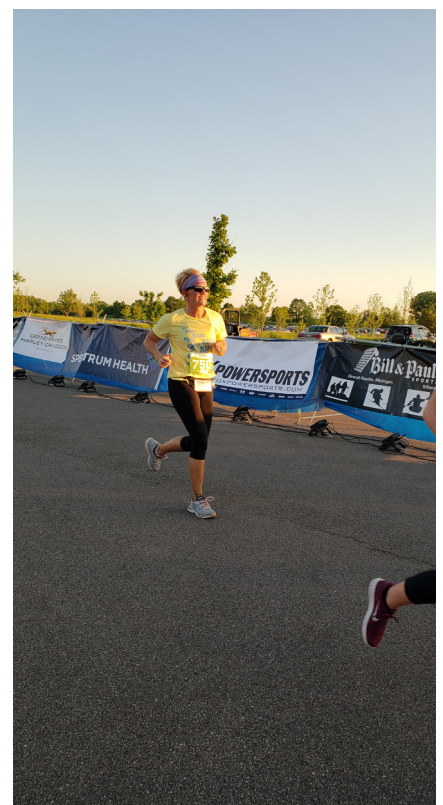
We know you believe mental health matters. The One Series is back, complete with an exciting addition and a big change! With the Hope Network One in Five Series, get moving in honor of the One in Five who face a mental illness. Whether it's running a team marathon, walking a virtual 5K, donning a cape and skipping through the streets of Grand Rapids...each move is part of a movement that's turning the conversation about mental health issues into action. The One in Five is us and the people we love.

The numbers demand our attention:

- More than 50% of people will be diagnosed with a mental illness or disorder at some point in their lives
- Nearly 60% of mental illness goes untreated
- Depression is the #1 cause of illness and disability worldwide

UPCOMING EVENTS:

- **Heroes for Hope 5K and Kids Run** presented by Celebration Cinema (Sunday, May 7 – Studio Park, Downtown Grand Rapids, Michigan)
- **One in Five Team Marathon and 5K** (Friday, June 2 – Millennium Park, Grand Rapids, Michigan)
- **World Mental Health Day Virtual 5K/10K** (October 4-10 – Worldwide)





Featured Artist: **Emily Tippet**

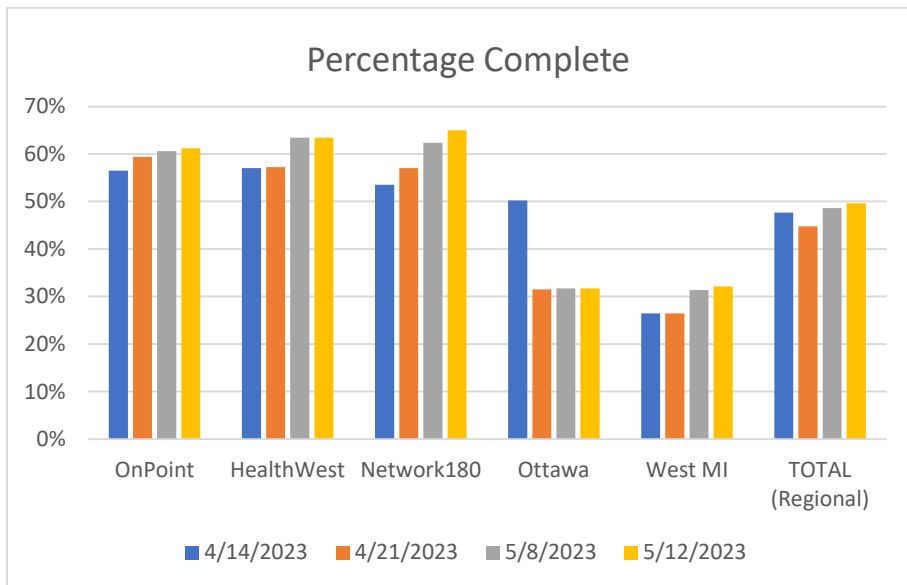
“ Growing up with an abusive narcissist, I faced a lot of trauma. I was left in a world of darkness. The day I decided to push out that darkness to heal and learn who I am without the pain, I found the light. Painting has been a big part of my therapy, and there are days I can see the darkness trying to come back but I remember what my sister always tells me: You are amazing and loved. I see that life really is good, and art is a healthy outlet I needed in order to grow.” ~Emily



When the World says, “*Give Up,*”

Hope whispers,
“***Try it one more time.***”

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



GOAL:

50% Enrollment by April 1, 2023

75% by July 1, 2023

100% by October 1, 2023

CMHSP	4/14/2023	4/21/2023	5/8/2023	5/12/2023
OnPoint	56%	59%	61%	61%
HealthWest	57%	57%	63%	63%
Network180	54%	57%	62%	65%
Ottawa	50%	32%	32%	32%
West MI	26%	26%	31%	32%
TOTAL (Regional)	48%	45%	49%	50%

CMHSP	Total Expected Cases Reported by CMH	Currently Enrolled - 5/8/23	Currently Enrolled - 5/12/23	Withdrawn - 5/8/23	Withdrawn - 5/12/23	Total Pending in WSA Queue - 5/12/23
OnPoint	170	103	104	275	275	1
HealthWest	500	317	317	363	364	0
Network180	831	518	540	299	299	0
Ottawa	650	206	206	19	19	0
West MI	567	178	182	185	186	0
TOTAL (Regional)	2468	1322	1349	1141	1143	1

**Ottawa's total cases are estimated. Numbers have been updated based on new information and what was reported to MDHHS, however we are still waiting to confirm the total numbers.*



Information Officer Report – May 2023

5/17/2023

Summary:

1. **MCIS Software:**

With the end of the Pandemic Health Emergency (PHE) declaration on 5/12/2023, PCE Systems is working diligently to unwind the special exceptions in their CMH and PIHP systems that have been in place during the PHE.

2. **Data Analytics and Reporting:**

New implementations in progress:

- LRE Claim Volume Per Member Per Month

Recently updated/enhanced:

- KPI Dashboard – re-alignment to focus these on state/regional improvement goals and strategic planning direction.
- Autism Dashboard (refinements on the service average display)
- HLOC Authorization Data Integrity Dashboard (add visual cues to highlight highest priorities)
- Grievance and Appeals (added new page – break out by provider)

3. **Encounter reporting to MDHHS:**

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

BH-TEDS reporting to MDHHS:

FY23 BH-TEDS: MDHHS completeness measurement have not been re-evaluated since last period (4/12/2023). LRE BH-TEDS continue to be reported in good volume from all CMHSPs.

4. **LRE has submitted its Encounter Data Validation (EDV) Audit materials to HSAG:**

HSAG has been contracted by MDHHS to conduct an **Encounter Data Validation (EDV)** audit of all the Michigan managed care entities, including PIHPs, in SFY 2023. Our desk audit materials were submitted on time to HSAG on the due date (5/15/2023). For additional background details regarding the EDV audit, please see page 2 of this report.

5. **LRE will submit its Performance Measure Validation (PMV) Audit materials to HSAG later this week.**

Materials are being prepared now for submission to HSAG in preparation for our annual **Performance Measure Validation (PMV)** Audit. This audit includes a thorough review of all the IT systems (and business processes associated with them) which gather and submit data used in calculating the quality indicators used in the **Michigan Mission Based Performance Indicator System (MMBPIS)**. Our documentation will be submitted to HSAG by May 19th, and our virtual audit review with them will be in mid-July.

Encounter Data Validation (EDV) Audit - Additional Details:

Overview

Pursuant to Title 42 of the Code of Federal Regulations (42 CFR) §438.242, the Michigan Department of Health and Human Services (MDHHS) must ensure that each of its contracted Medicaid managed care entities (MCEs) maintains a health information system that collects, analyzes, integrates, and reports data on areas including, but not limited to, utilization, claims, grievances and appeals, and disenrollment for other than loss of Medicaid eligibility. MDHHS must also review and validate encounter data collected, maintained, and submitted by the MCEs to ensure that it is a complete and accurate representation of the services provided to its Medicaid members. Accurate and complete encounter data are critical to the success of a managed care program. Therefore, MDHHS requires its contracted Medicaid MCEs to submit high-quality encounter data. MDHHS relies on the quality of these encounter data submissions to accurately and effectively monitor and improve the program's quality of care, generate accurate and reliable reports, develop appropriate capitated rates, and obtain complete and accurate utilization information.

During state fiscal year (SFY) 2023, MDHHS contracted with Health Services Advisory Group, Inc. (HSAG), to conduct an encounter data validation (EDV) study. In alignment with the Centers for Medicare & Medicaid Services (CMS) External Quality Review (EQR) *Protocol 5. Validation of Encounter Data Reported by the Medicaid and CHIP Managed Care Plan: An Optional EQR-Related Activity*, February 2023 (CMS EQR Protocol 5)¹, HSAG will conduct the following activities for the EDV study:

- Information systems (IS) review—assessment of MDHHS' and the MCEs' information systems and processes. The goal of this activity is to examine the extent to which MDHHS' and the MCEs' IS infrastructures are likely to collect and process complete and accurate encounter data. This activity corresponds to Activity 1: Review State Requirements and Activity 2: Review the MCP's Capability in the CMS EQR Protocol 5.
- Administrative profile—analysis of MDHHS' electronic encounter data completeness, accuracy, and timeliness. The goal of this activity is to evaluate the extent to which the encounter data in MDHHS' encounter data warehouse are complete, accurate, and submitted by the MCEs in a timely manner for encounters with dates of service from October 1, 2021, through September 30, 2022. This activity corresponds to Activity 3: Analyze Electronic Encounter Data in the CMS EQR Protocol 5.

¹ Department of Health and Human Services, Centers for Medicare & Medicaid Services. *EQR Protocol 5 Validation of Encounter Data Reported by the Medicaid and CHIP Managed Care Plan*. Protocol 5. February 2023. Available at: <https://www.medicaid.gov/medicaid/quality-of-care/medicaid-managed-care/quality-of-care-external-quality-review/index.html>



Data Source: LRE_DW_CorporateInfo.LRE_Encounters

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

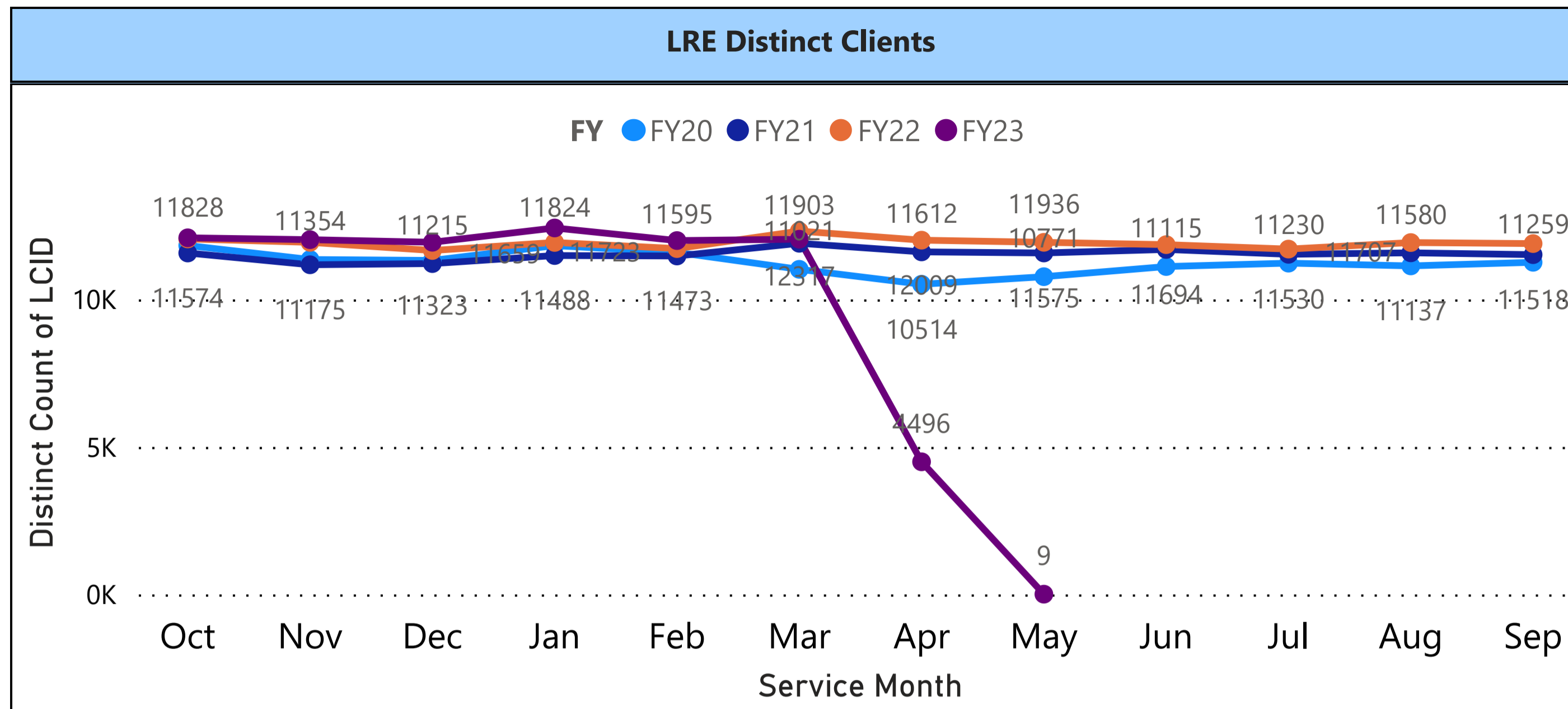
Reports in Dashboard:

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

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

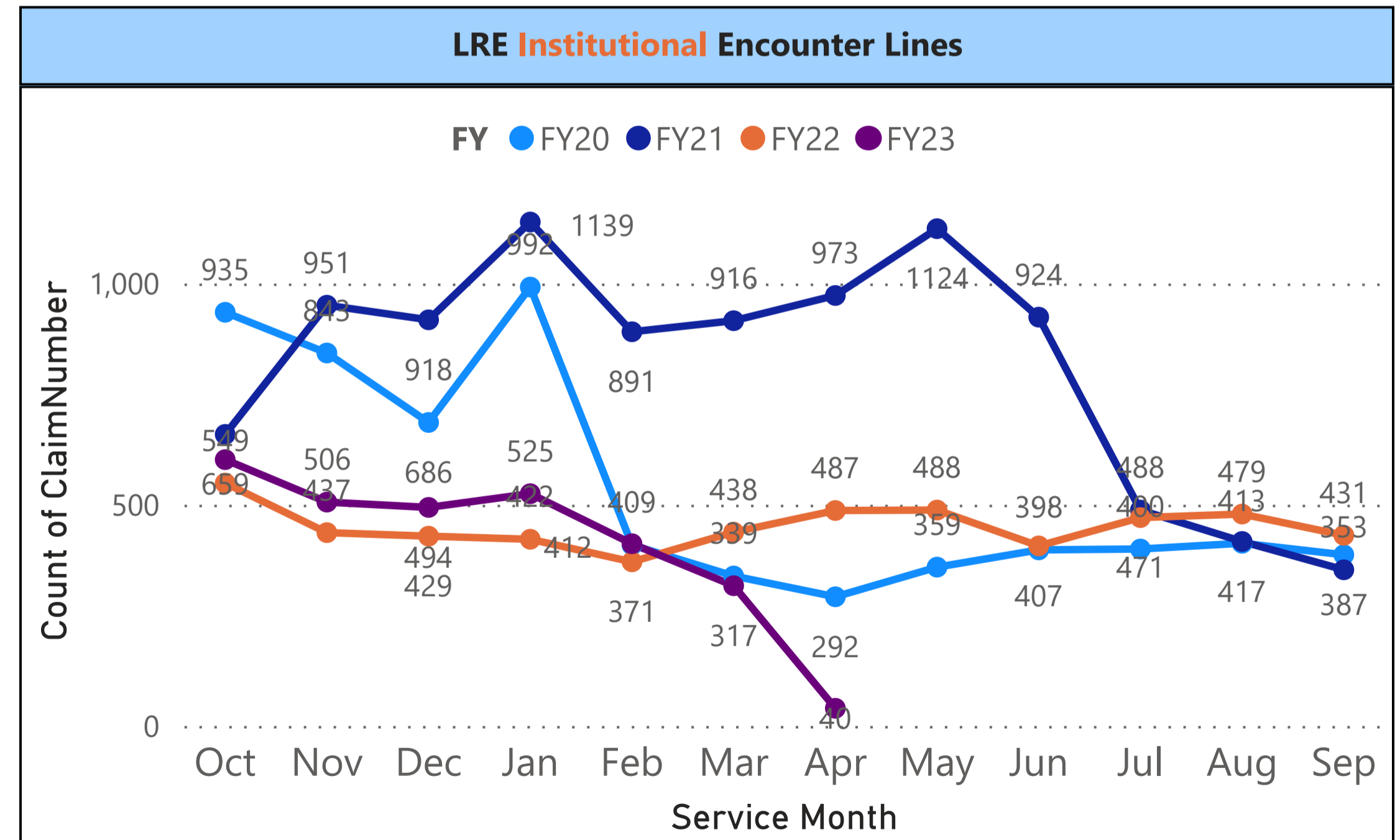
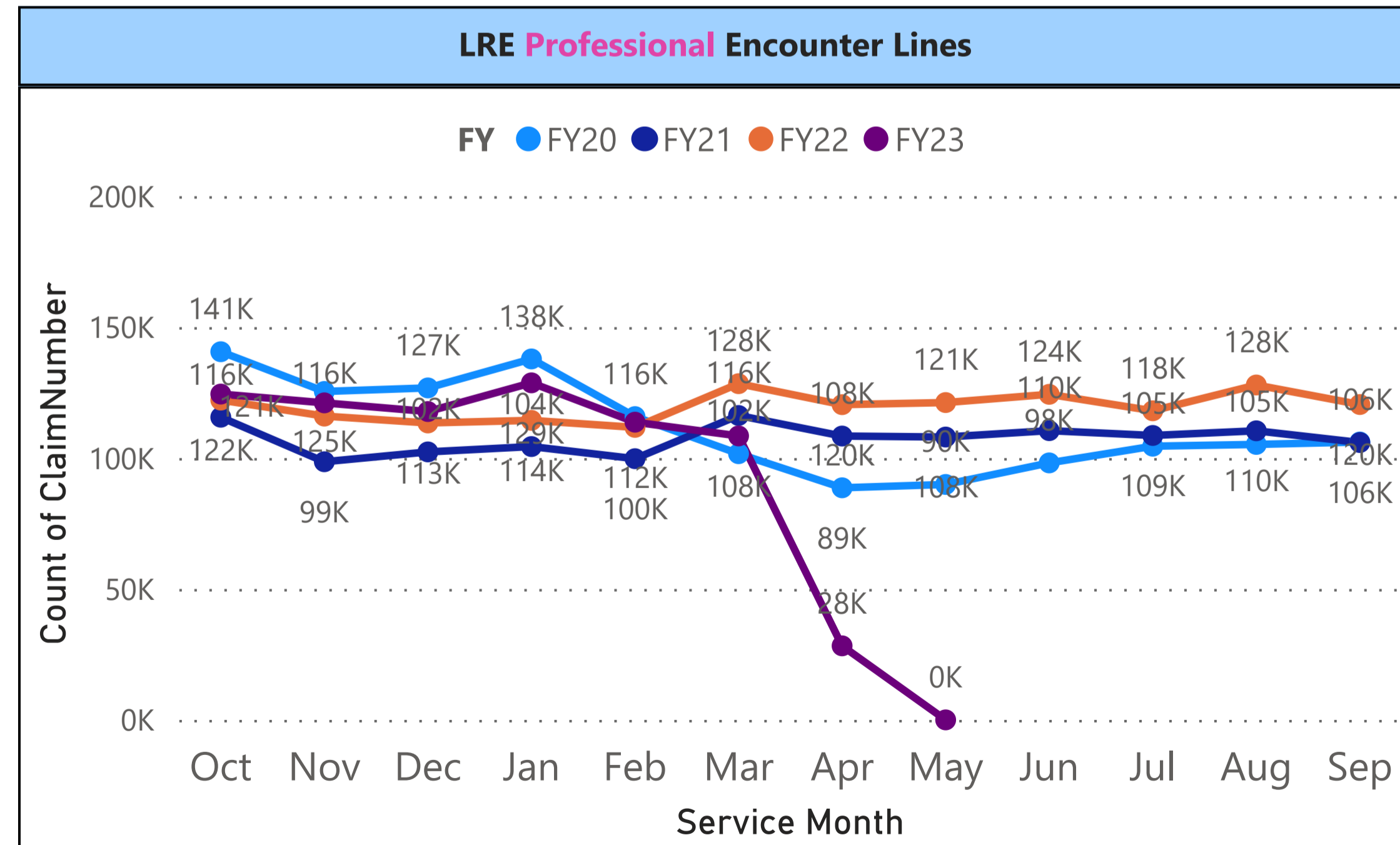


LRE Behavioral Health



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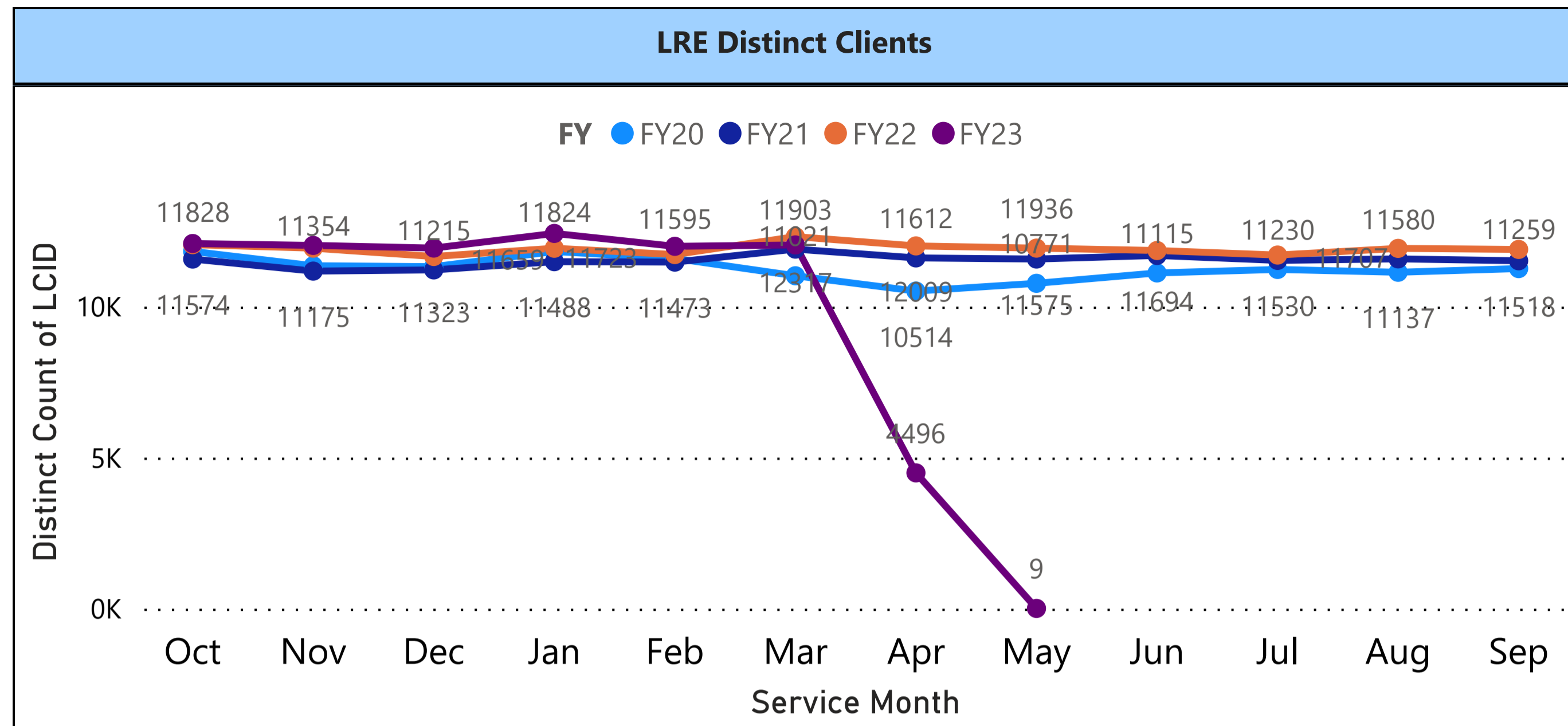


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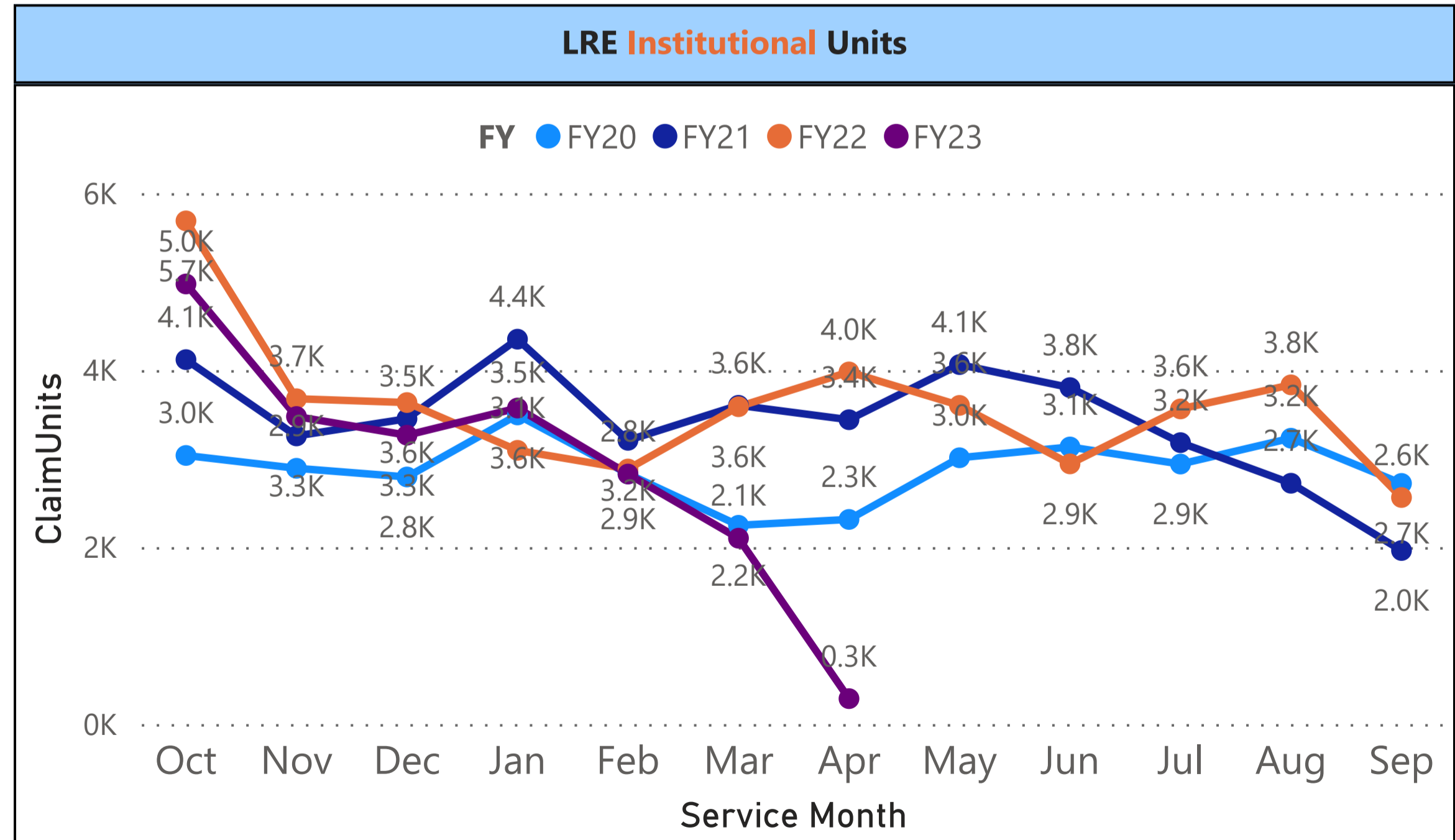
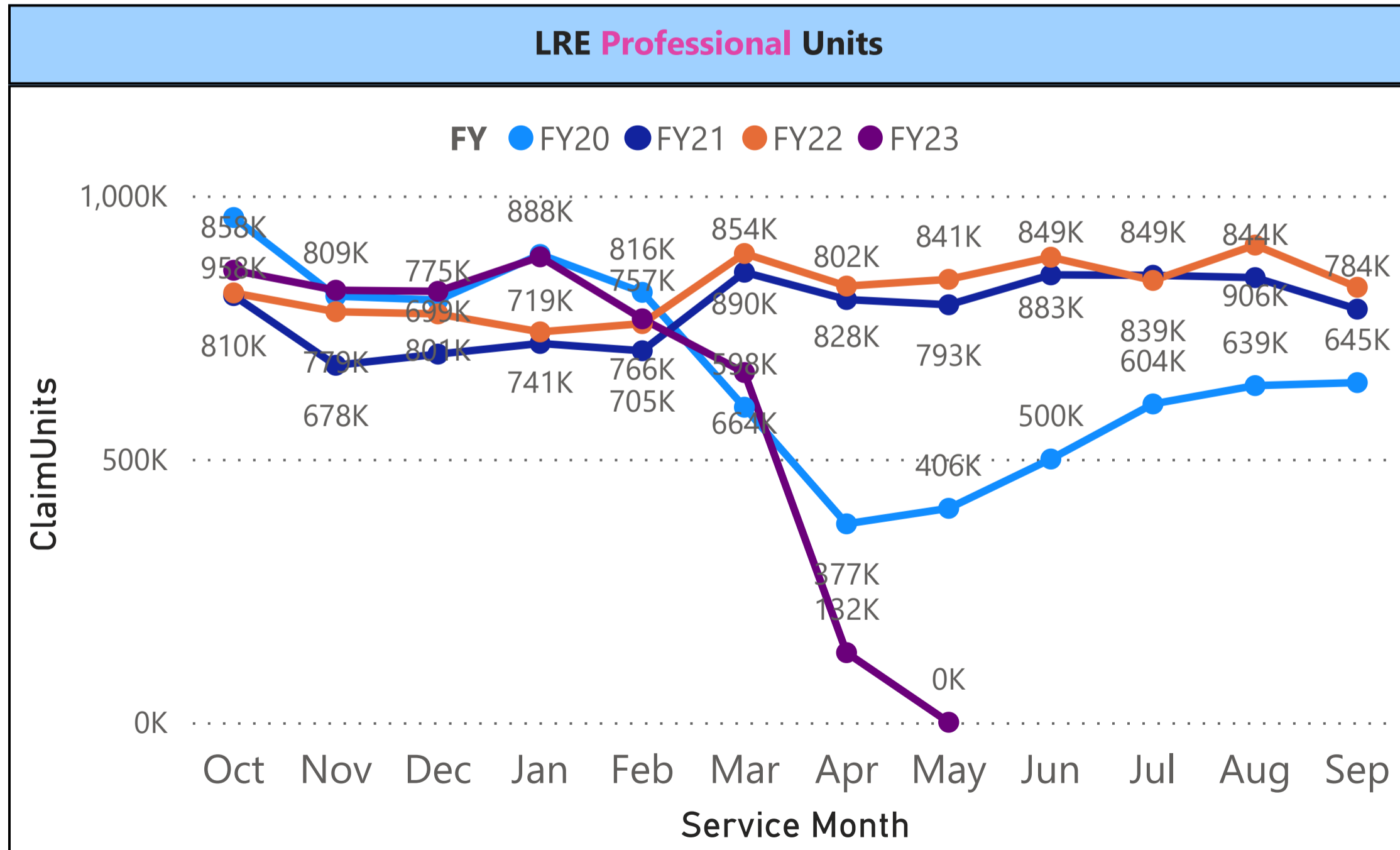


LRE Behavioral Health



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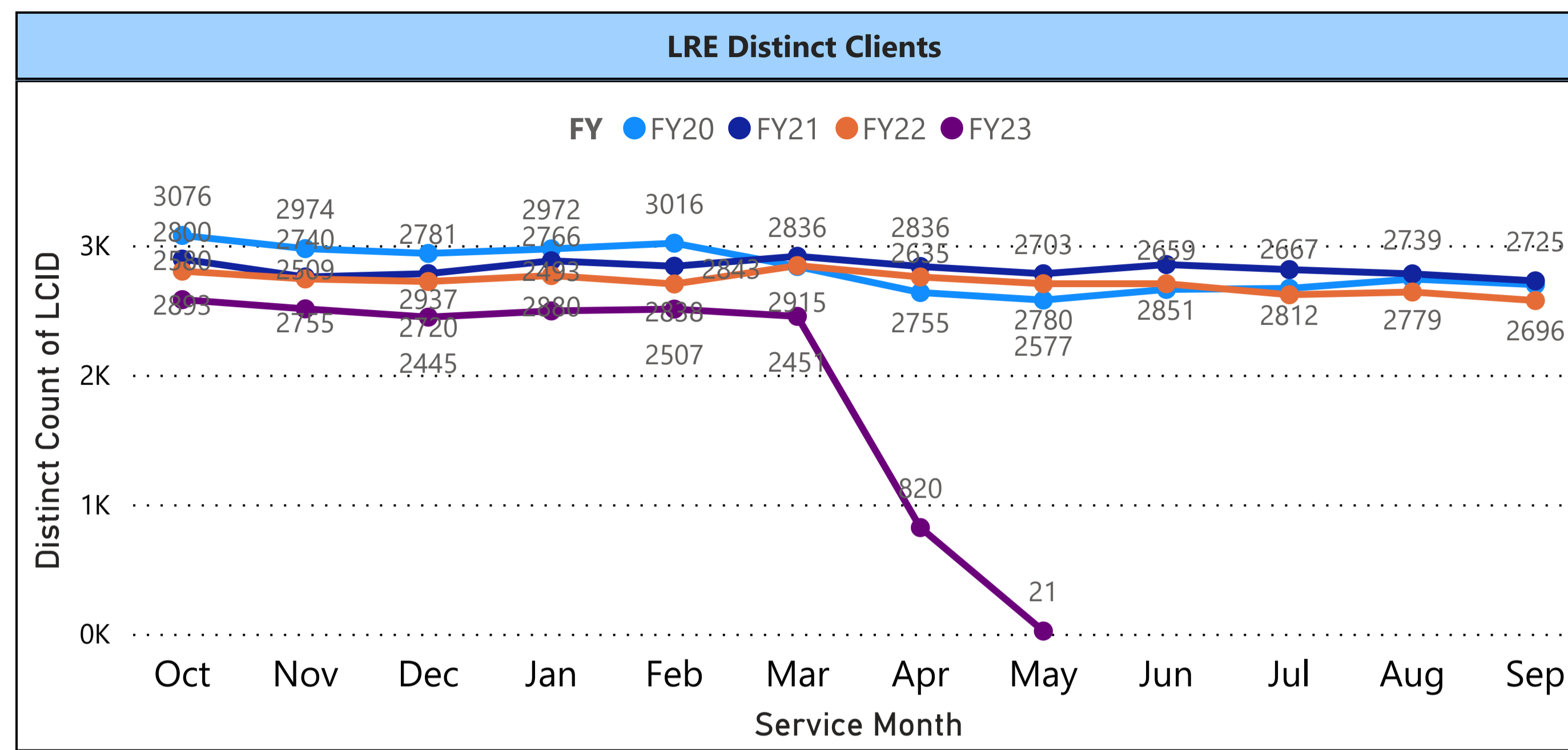


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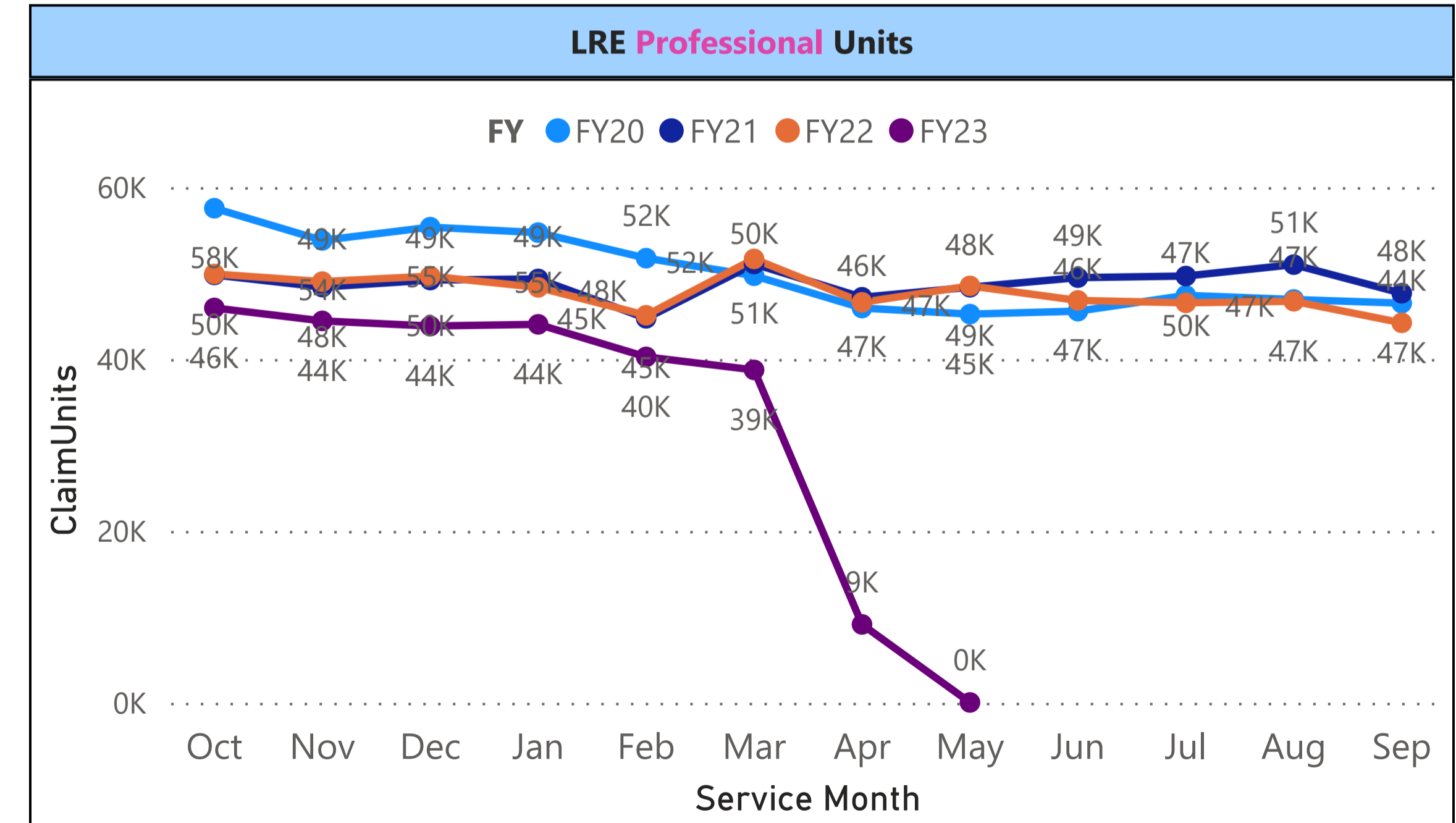
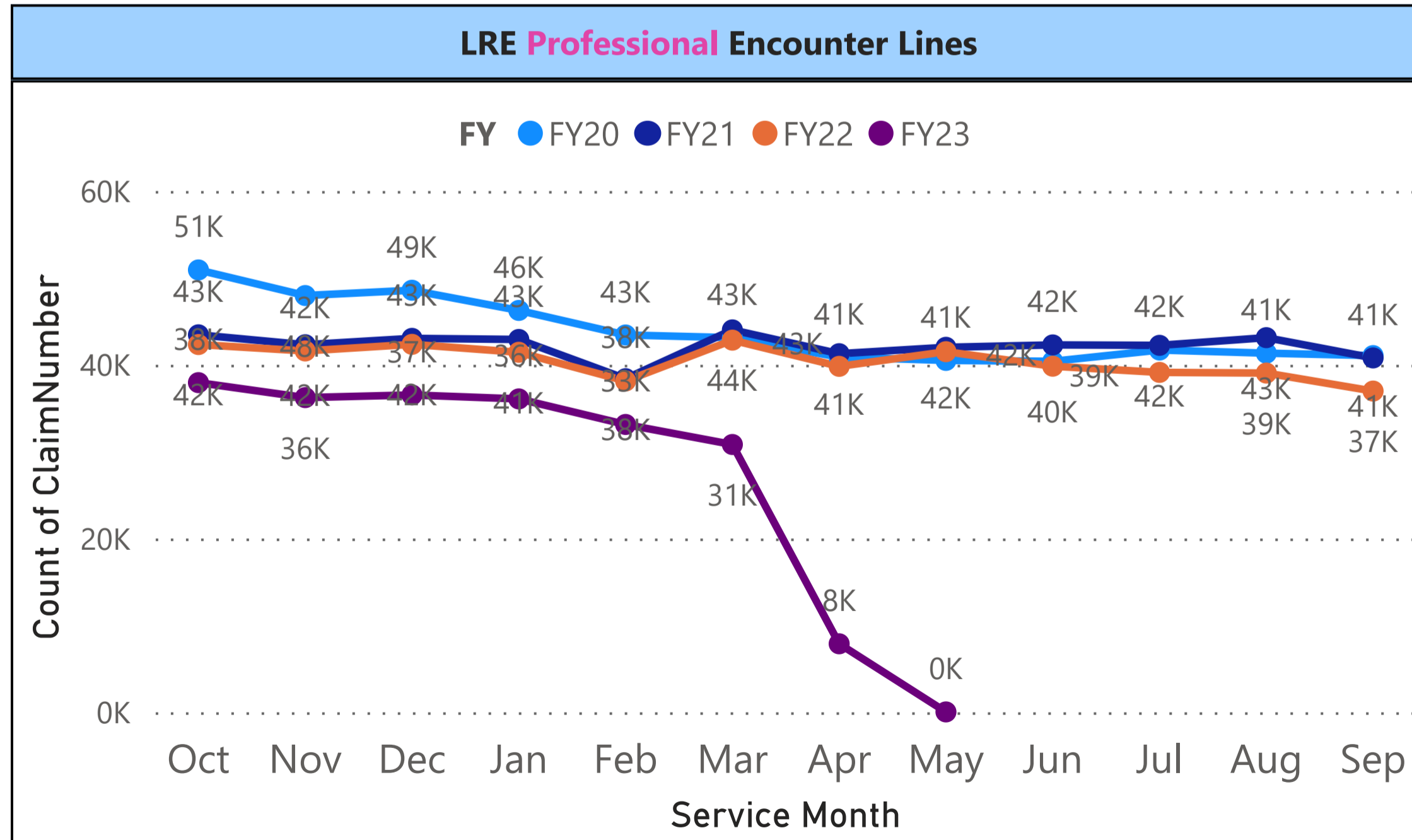


LRE Substance Use Disorder



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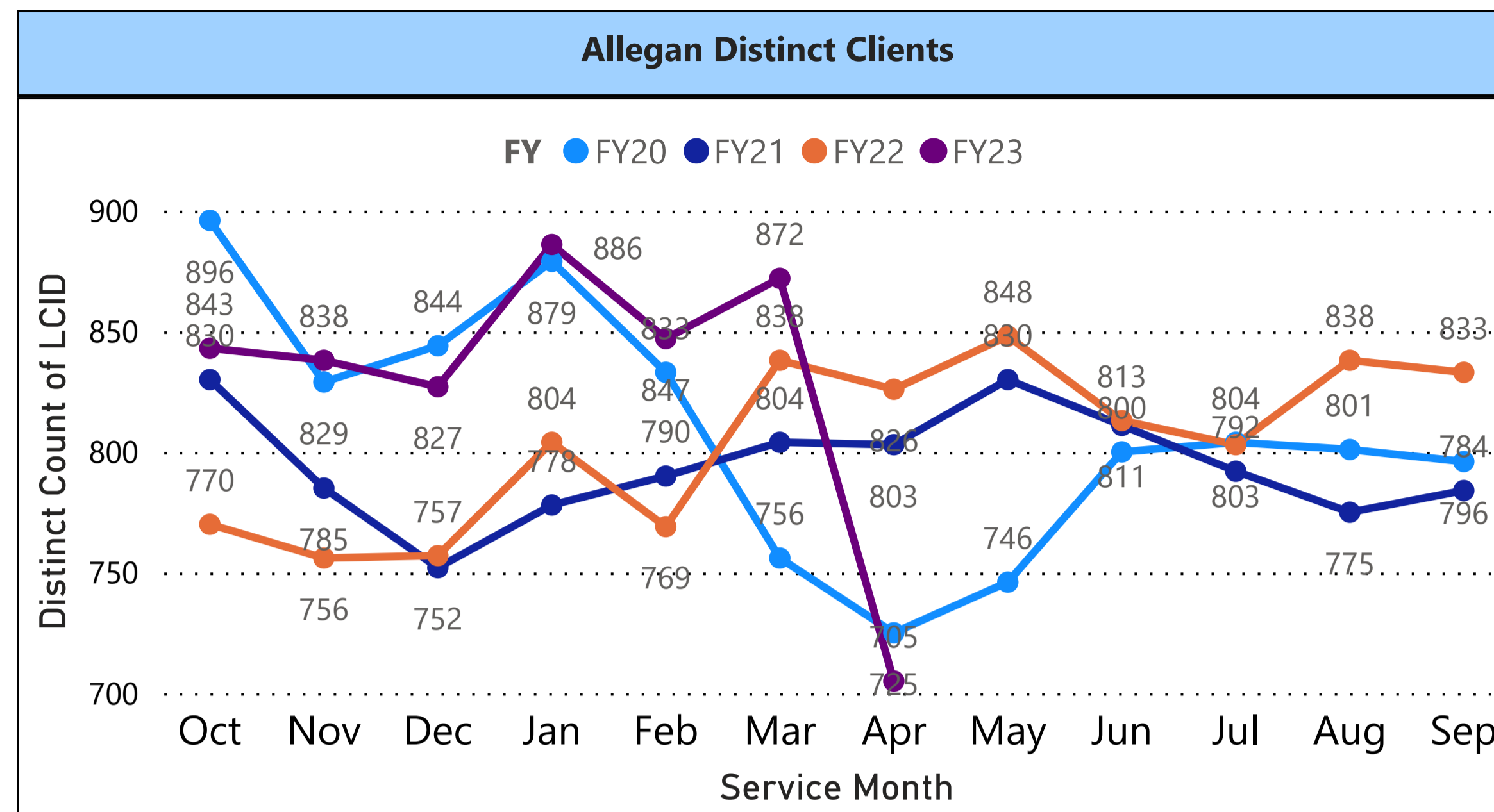


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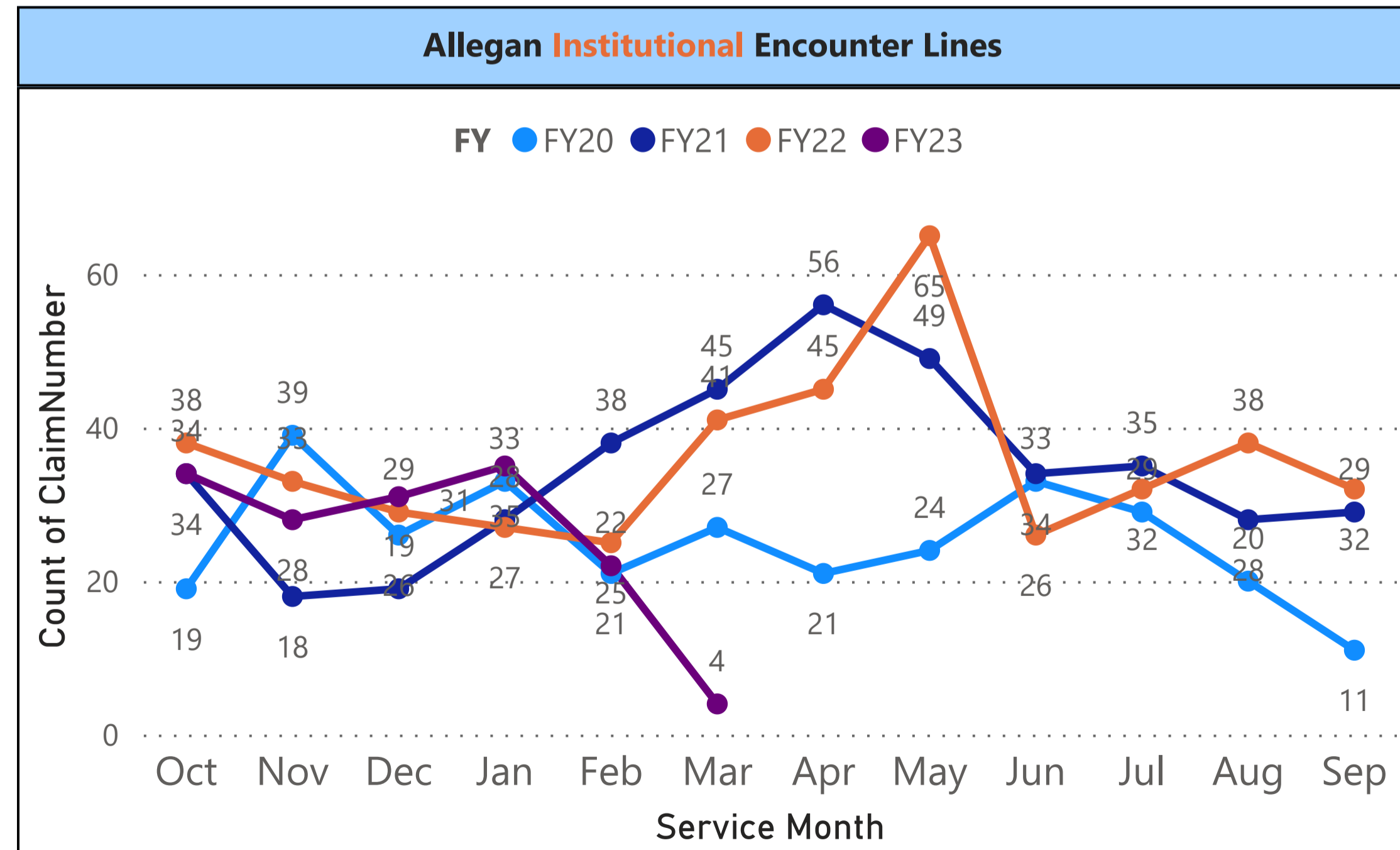
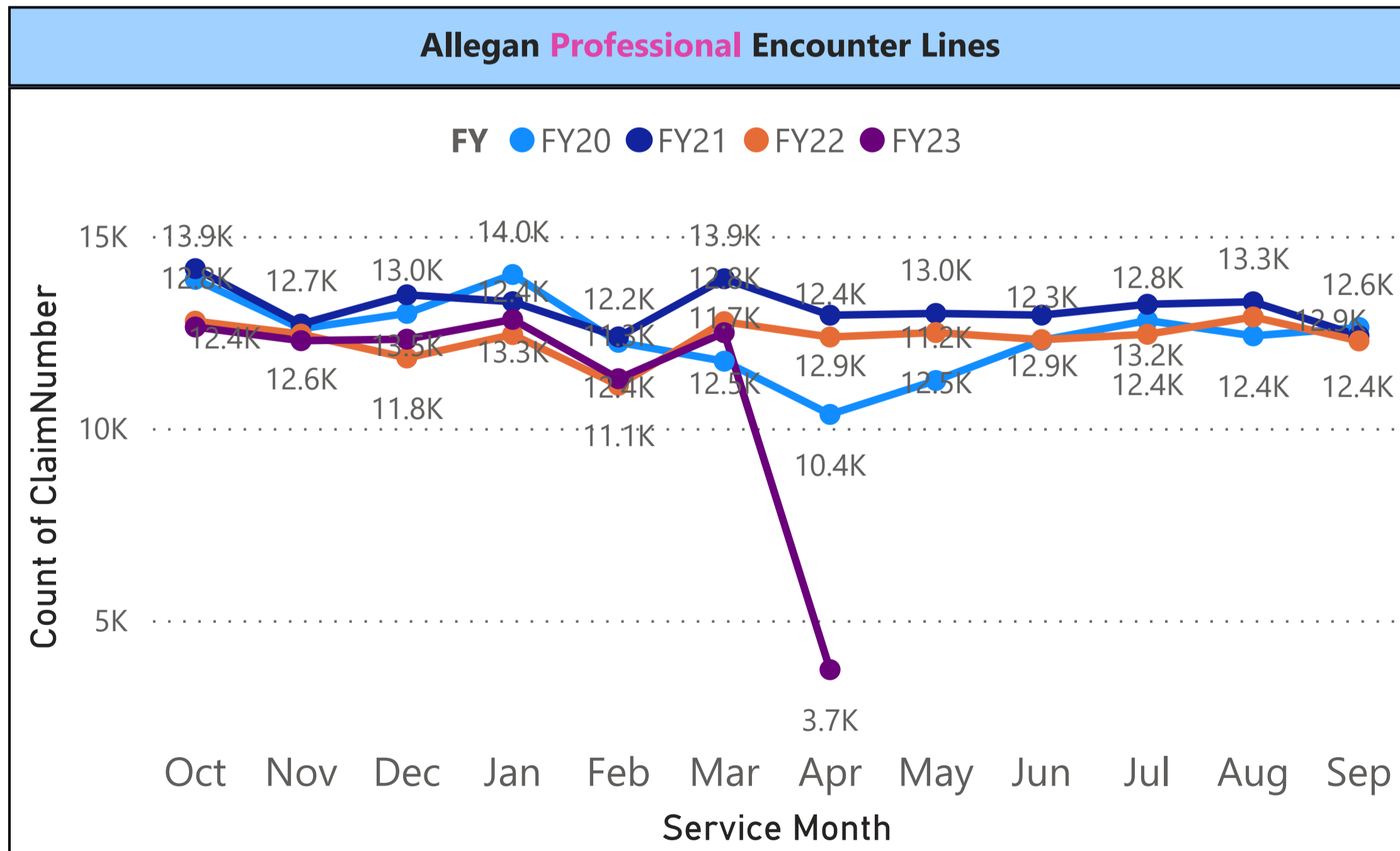


Allegan Behavioral Health



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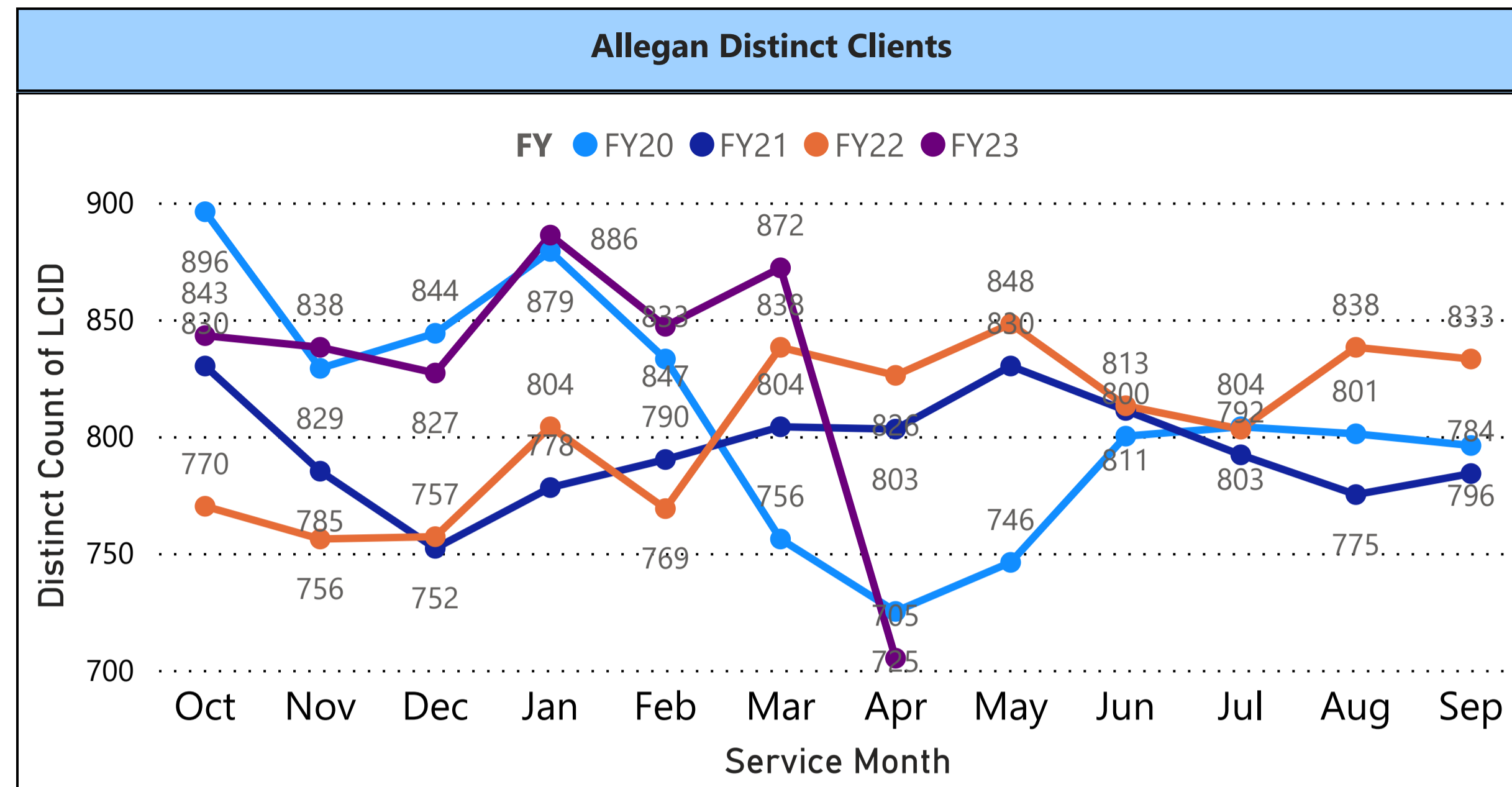


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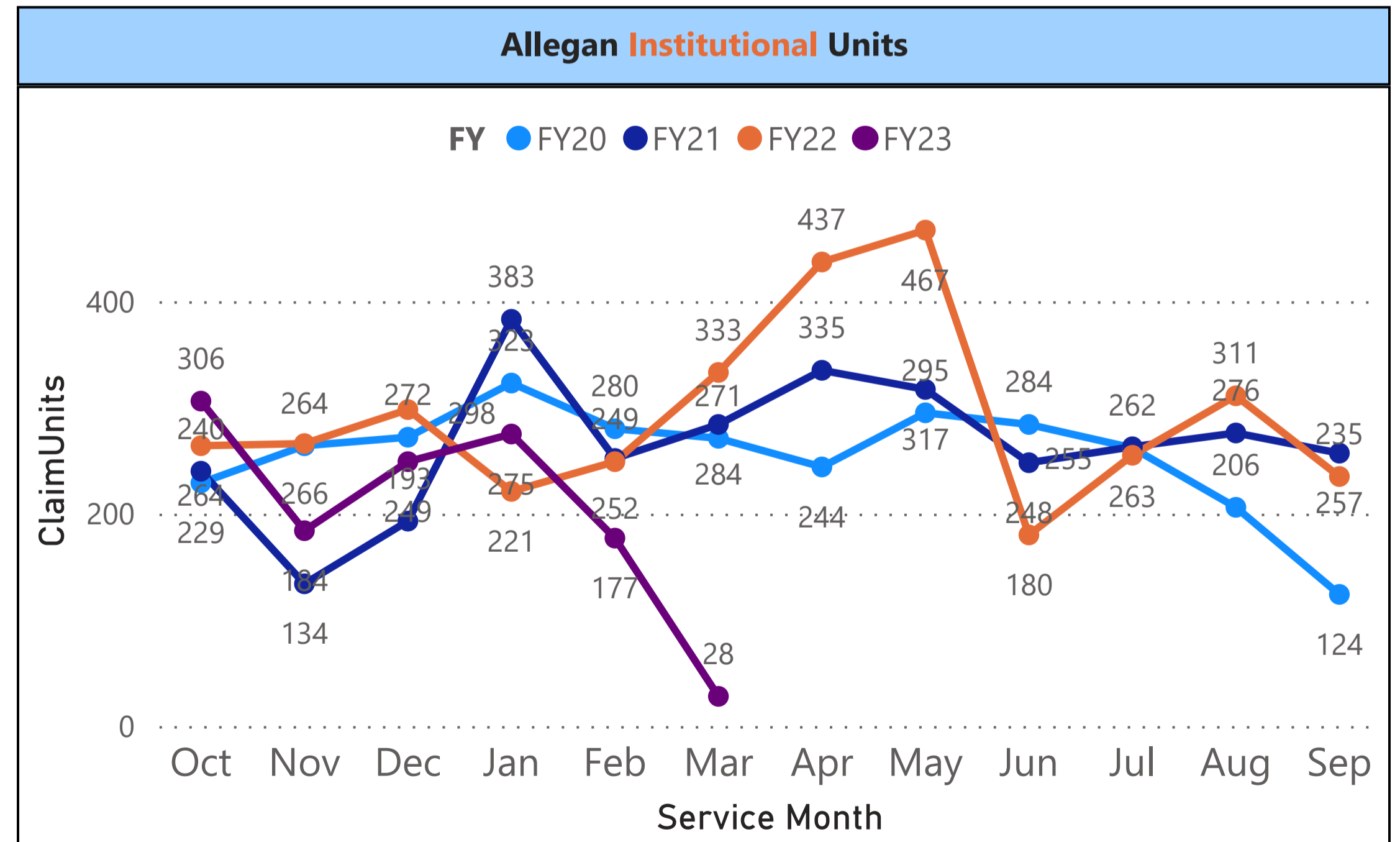
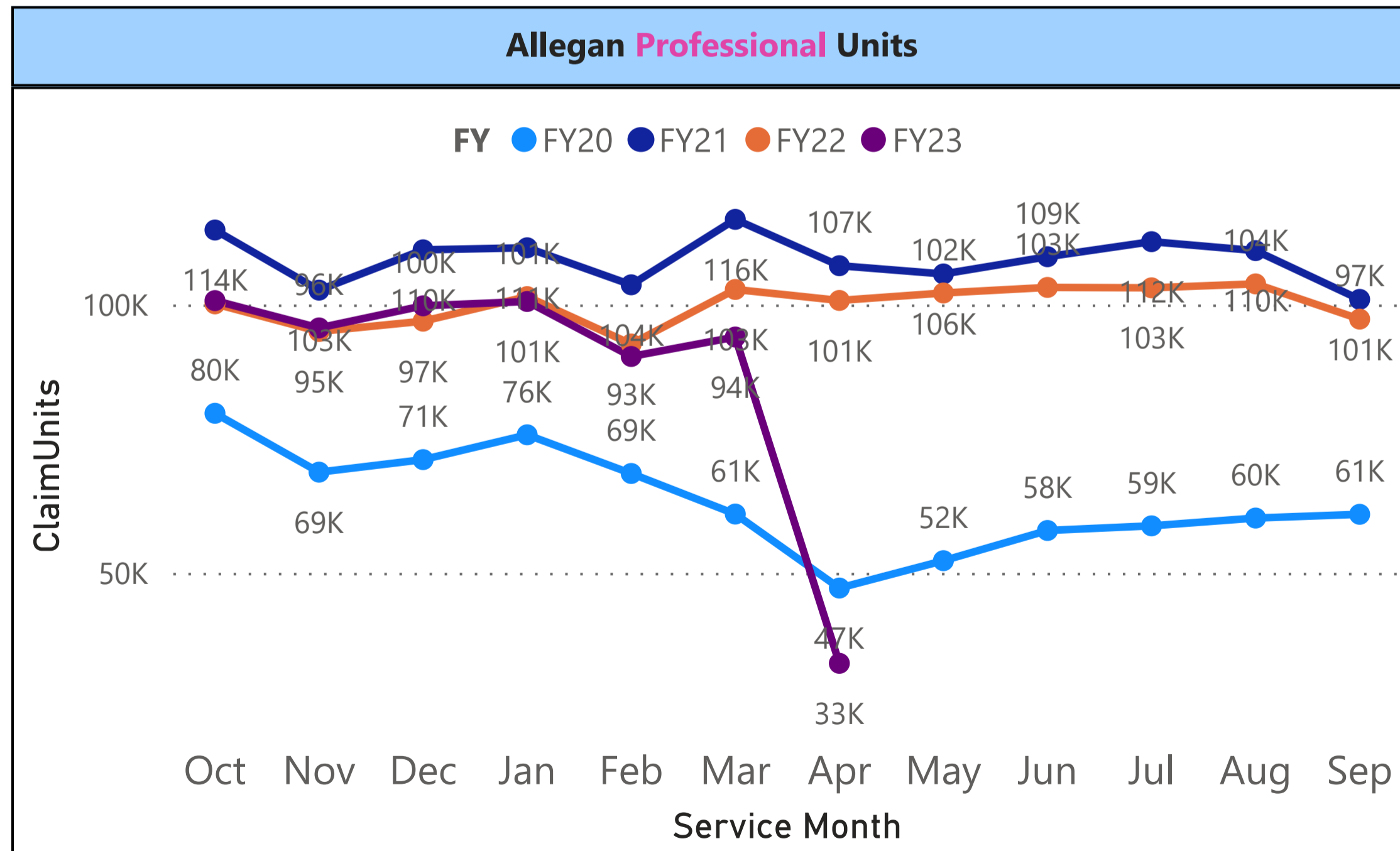


Allegan Behavioral Health



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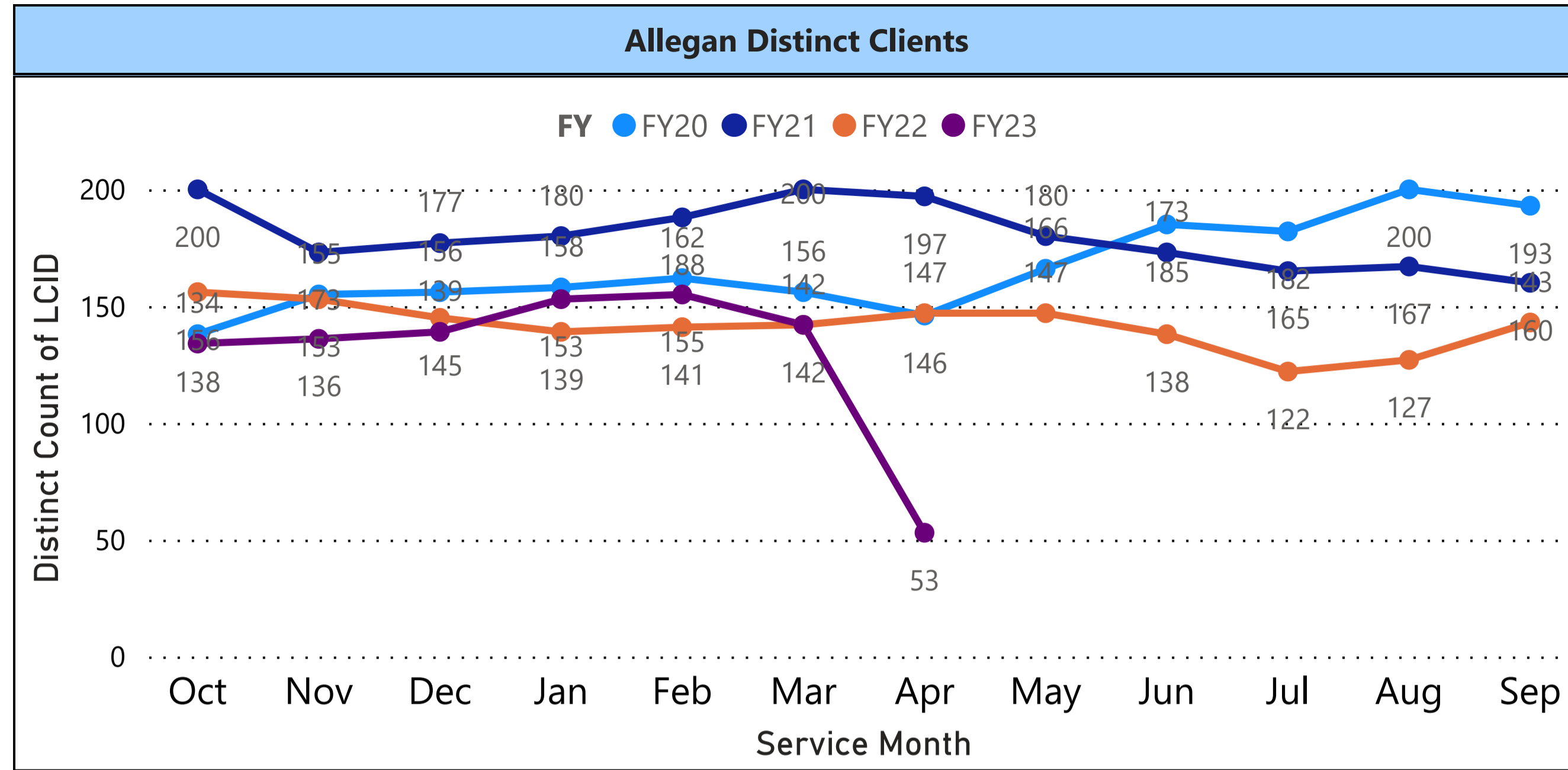


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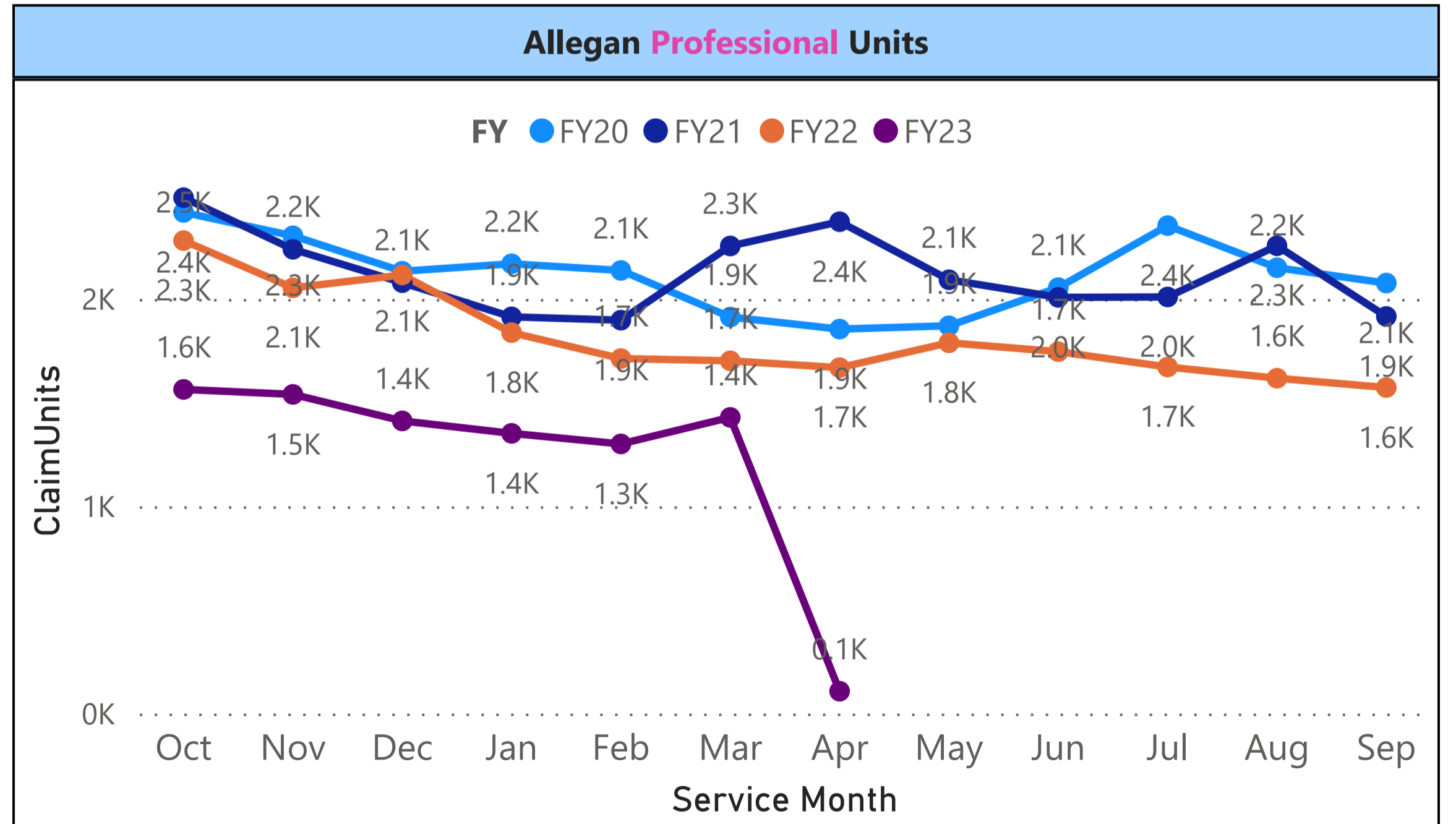
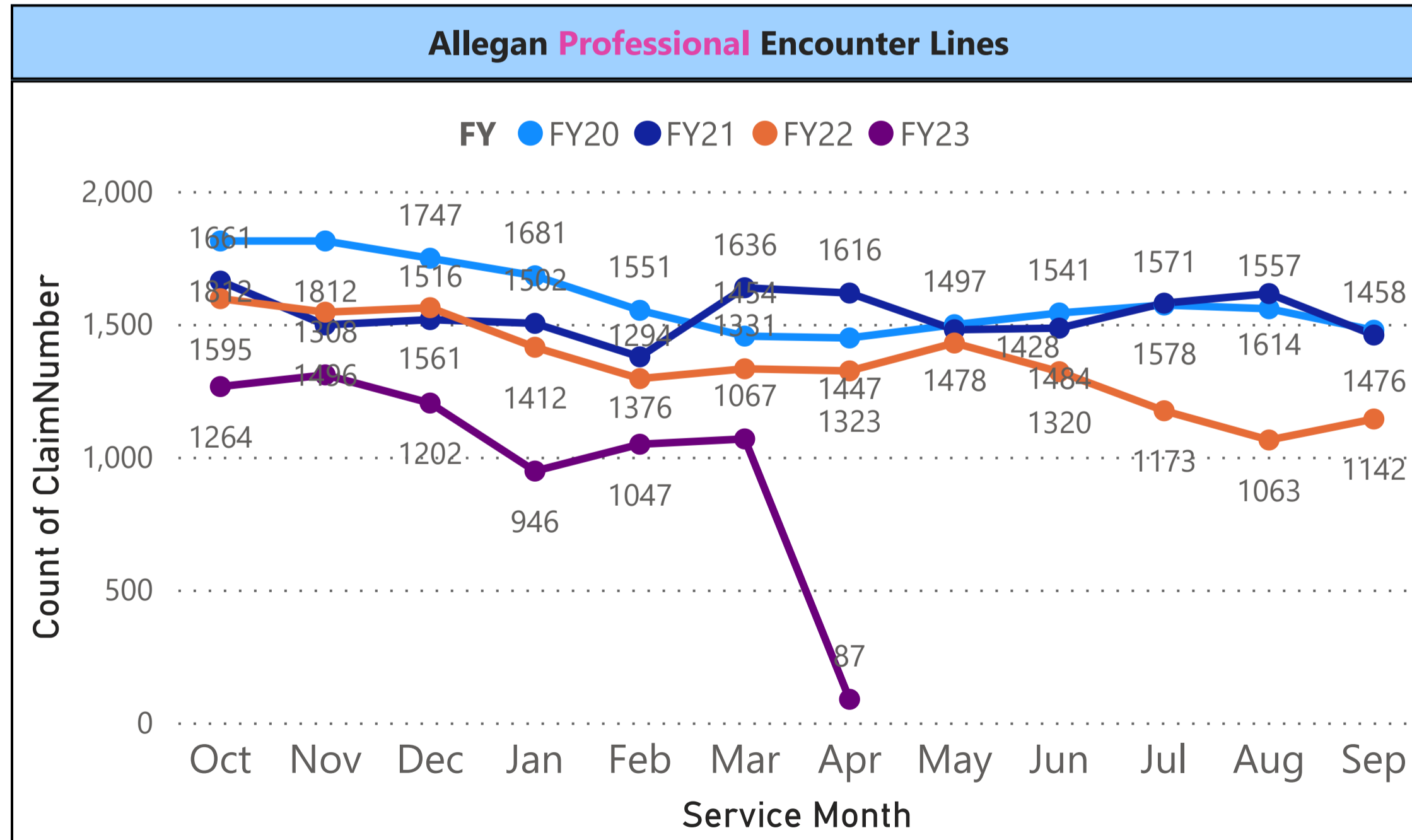


Allegan Substance Use Disorder



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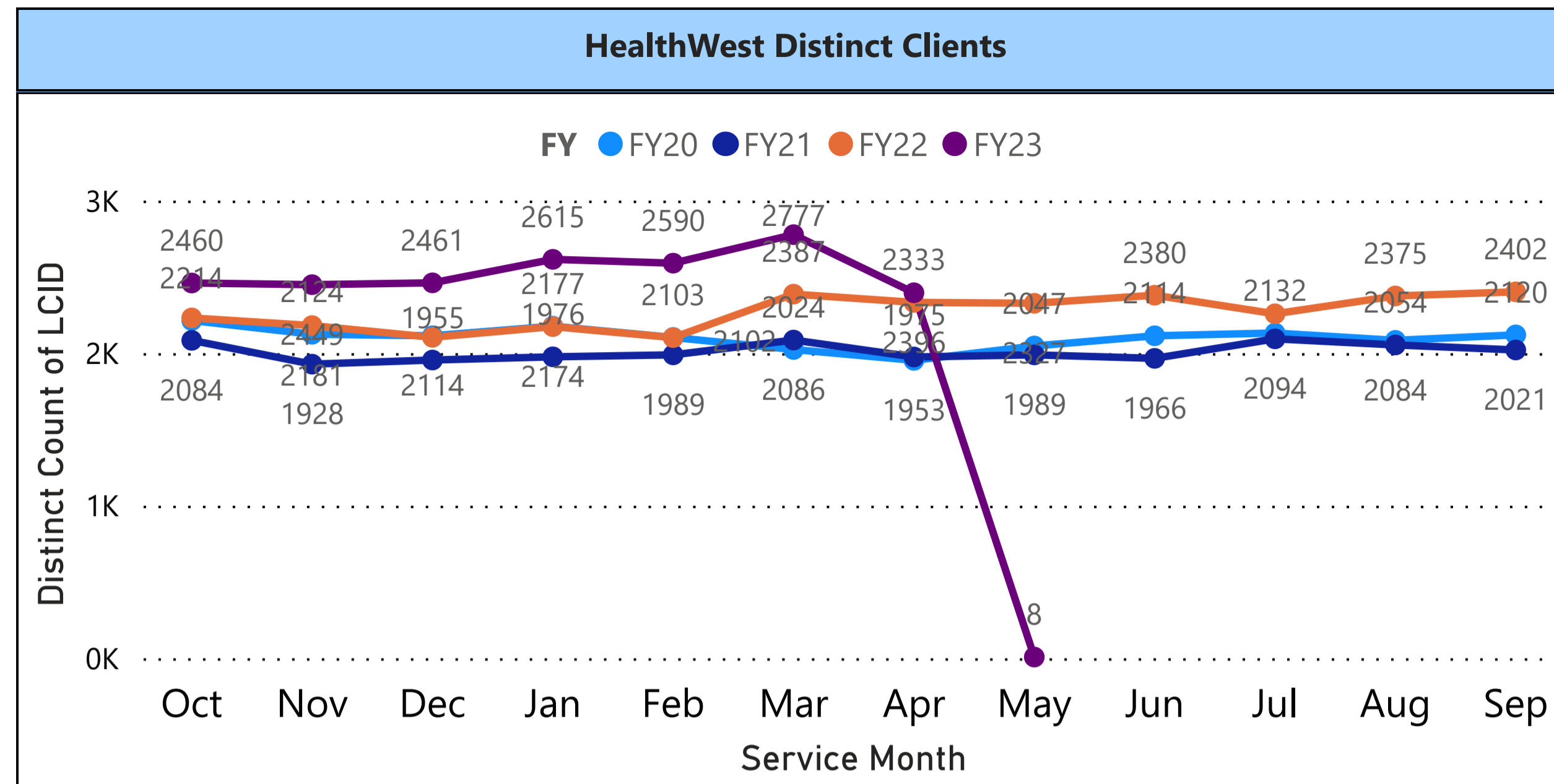


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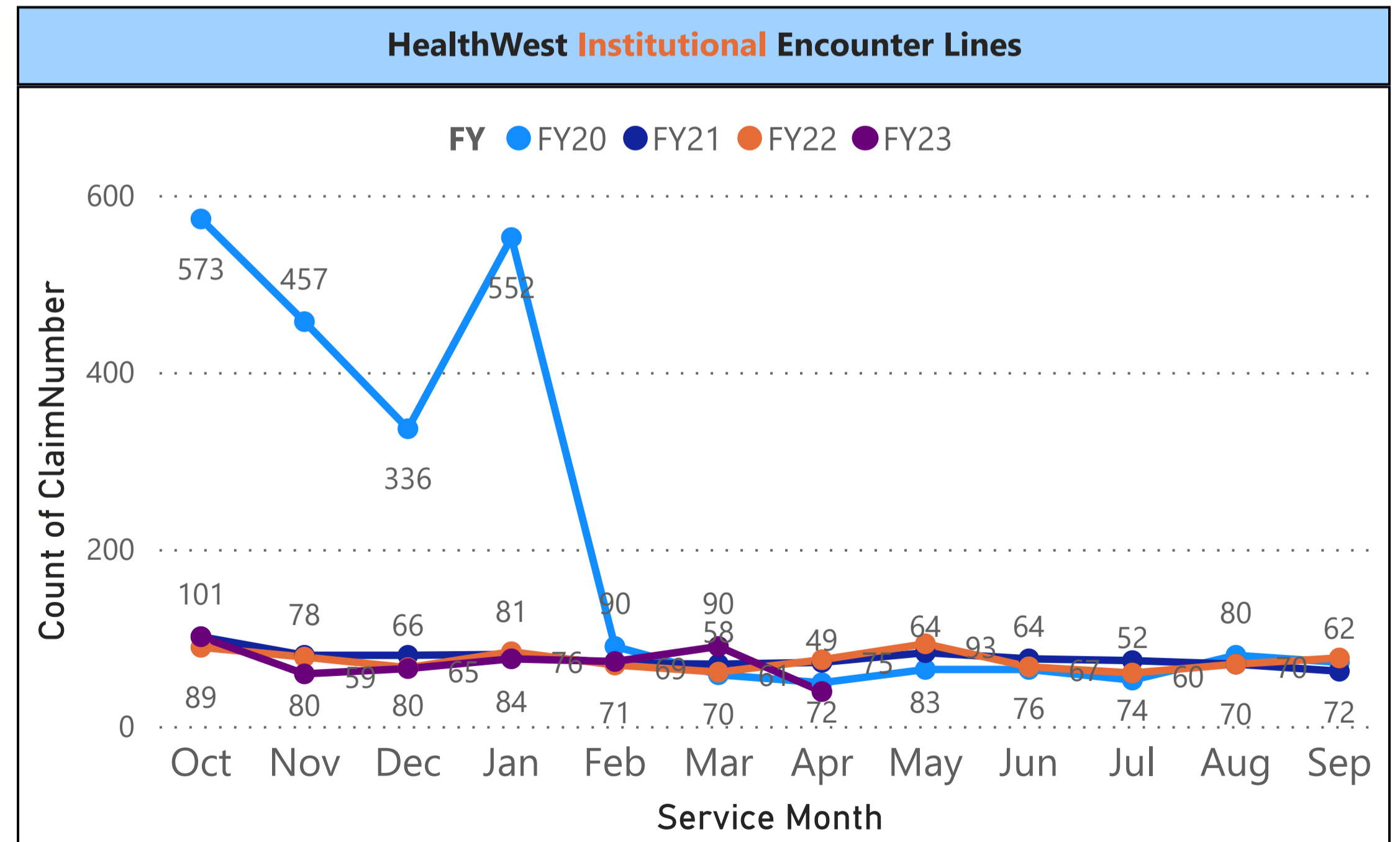
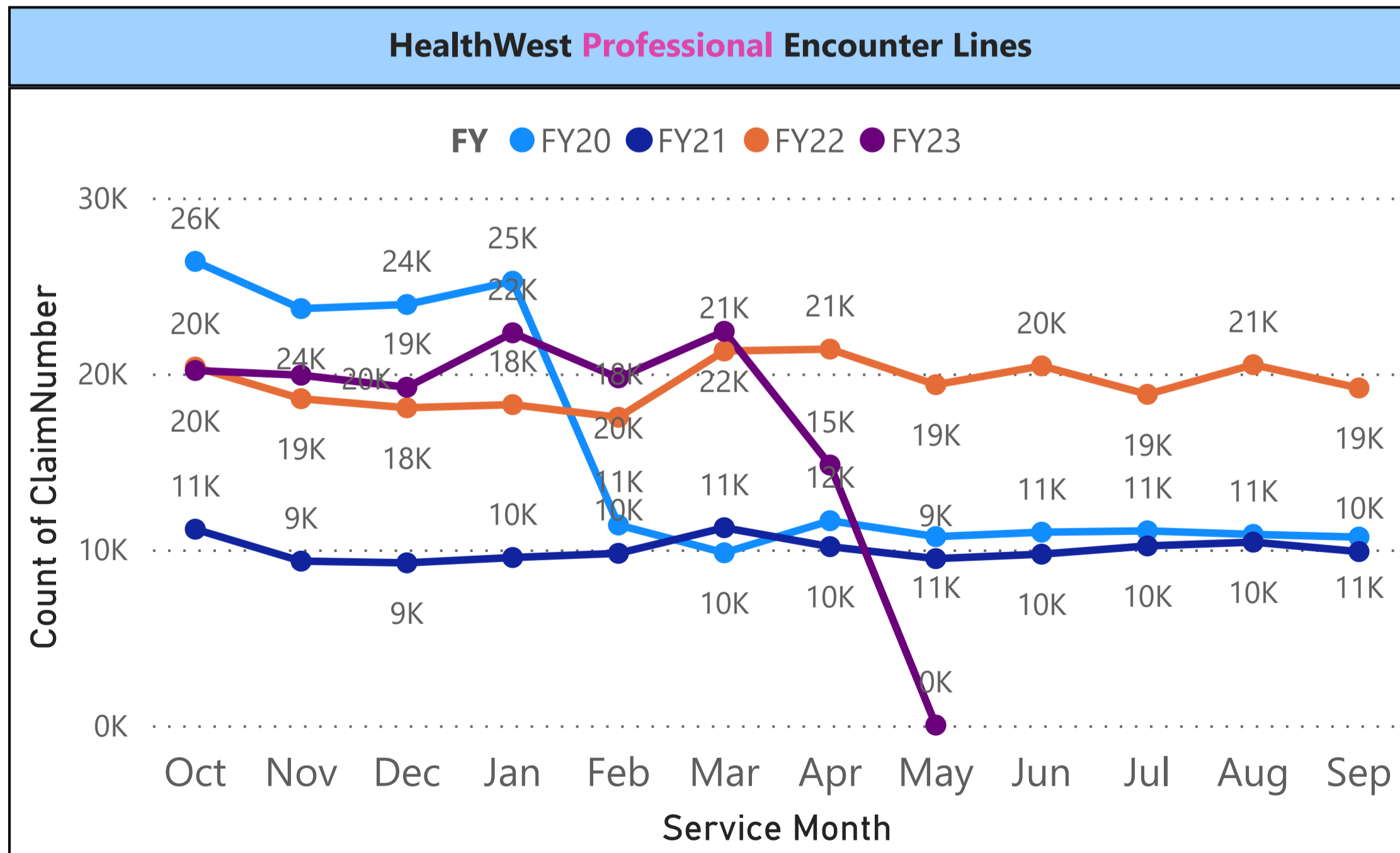


HealthWest Behavioral Health



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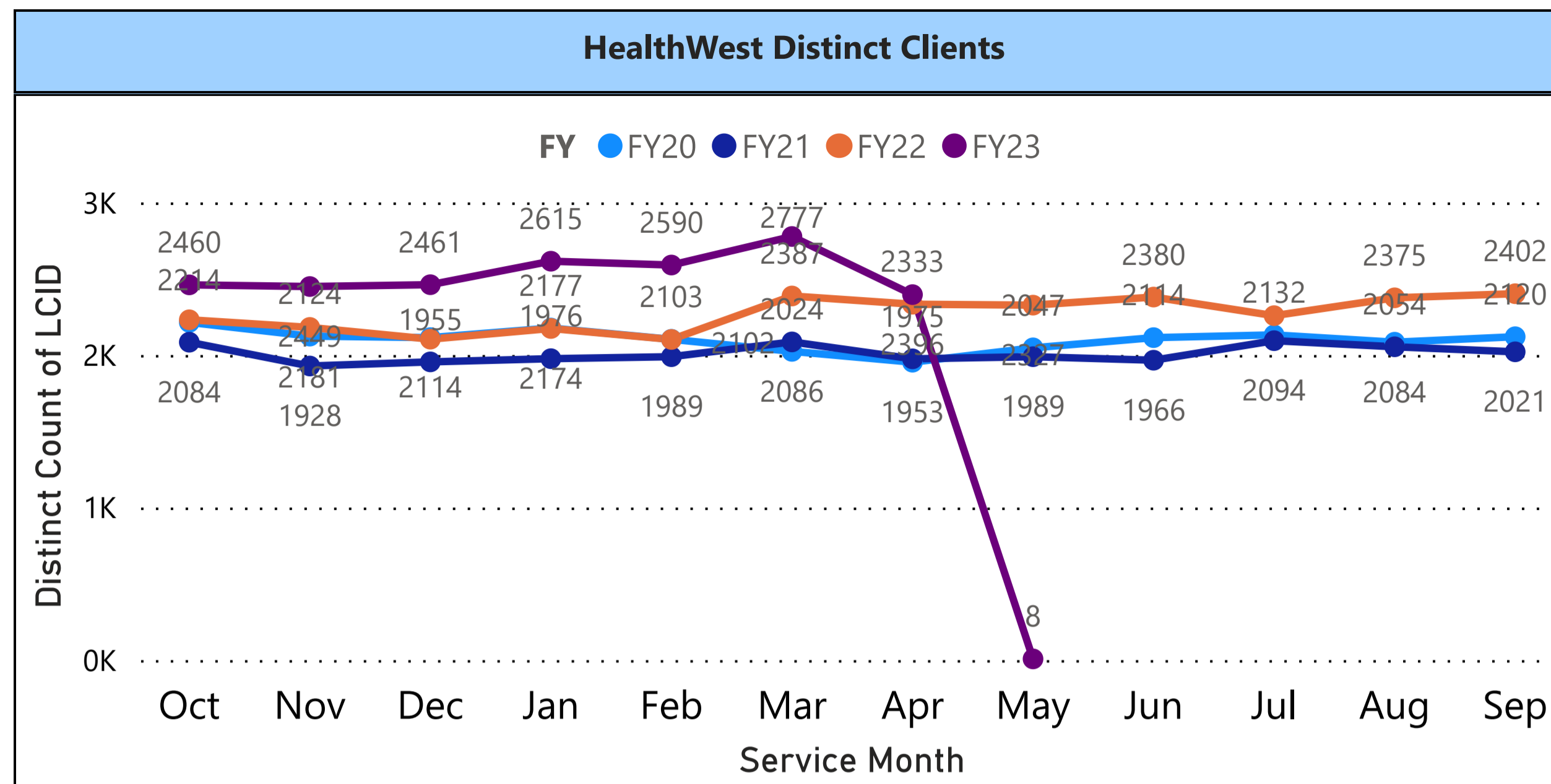


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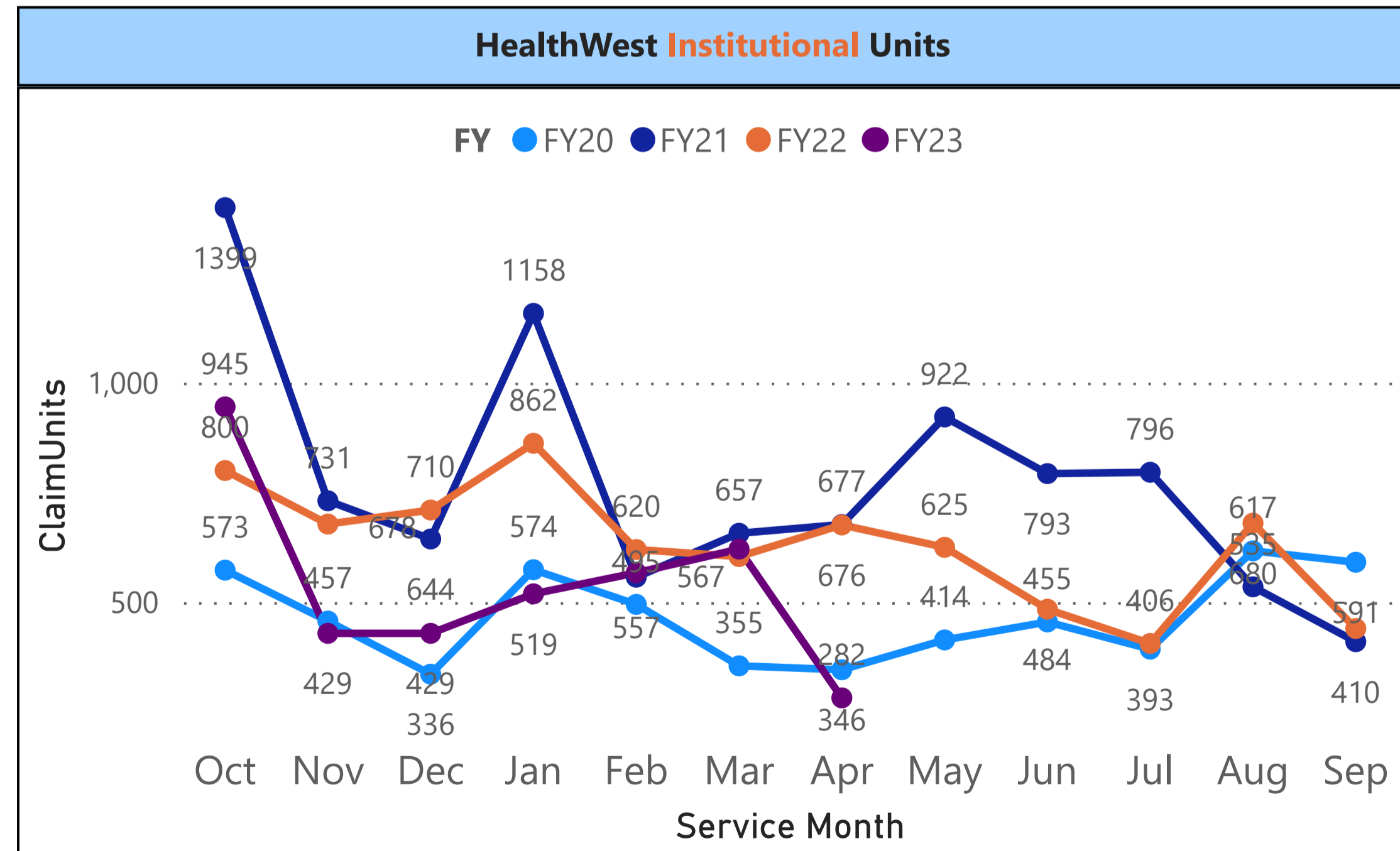
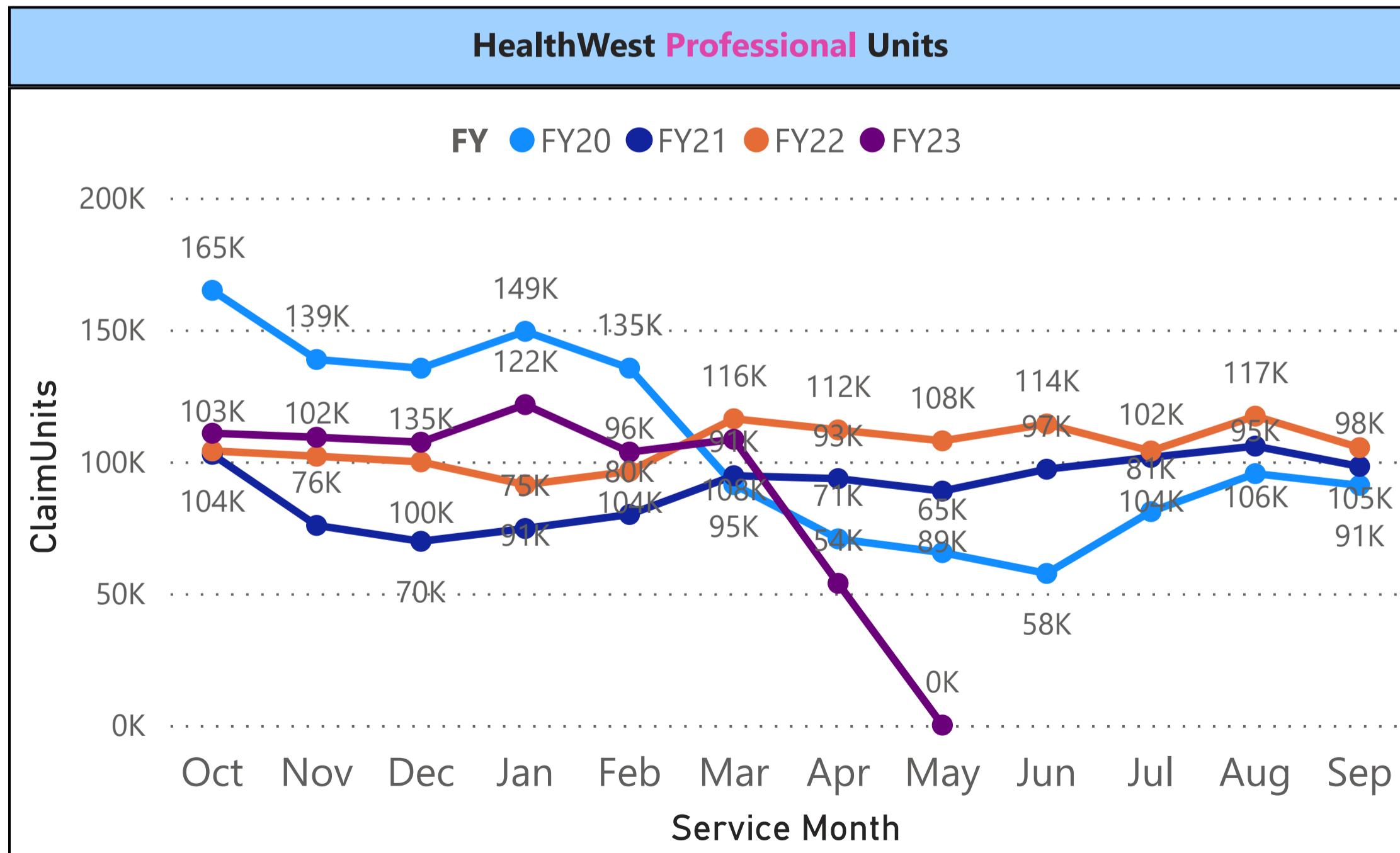


HealthWest Behavioral Health



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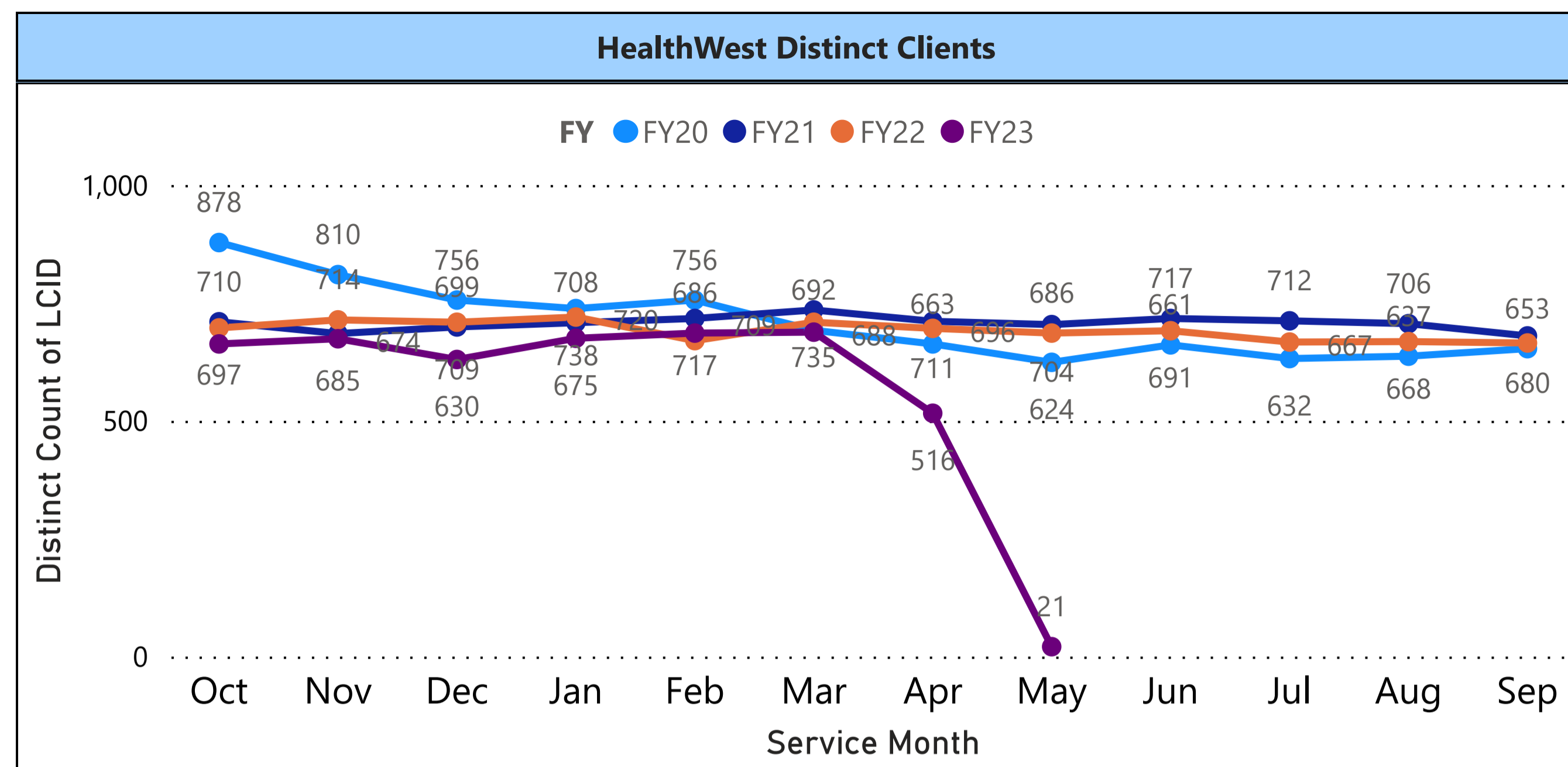


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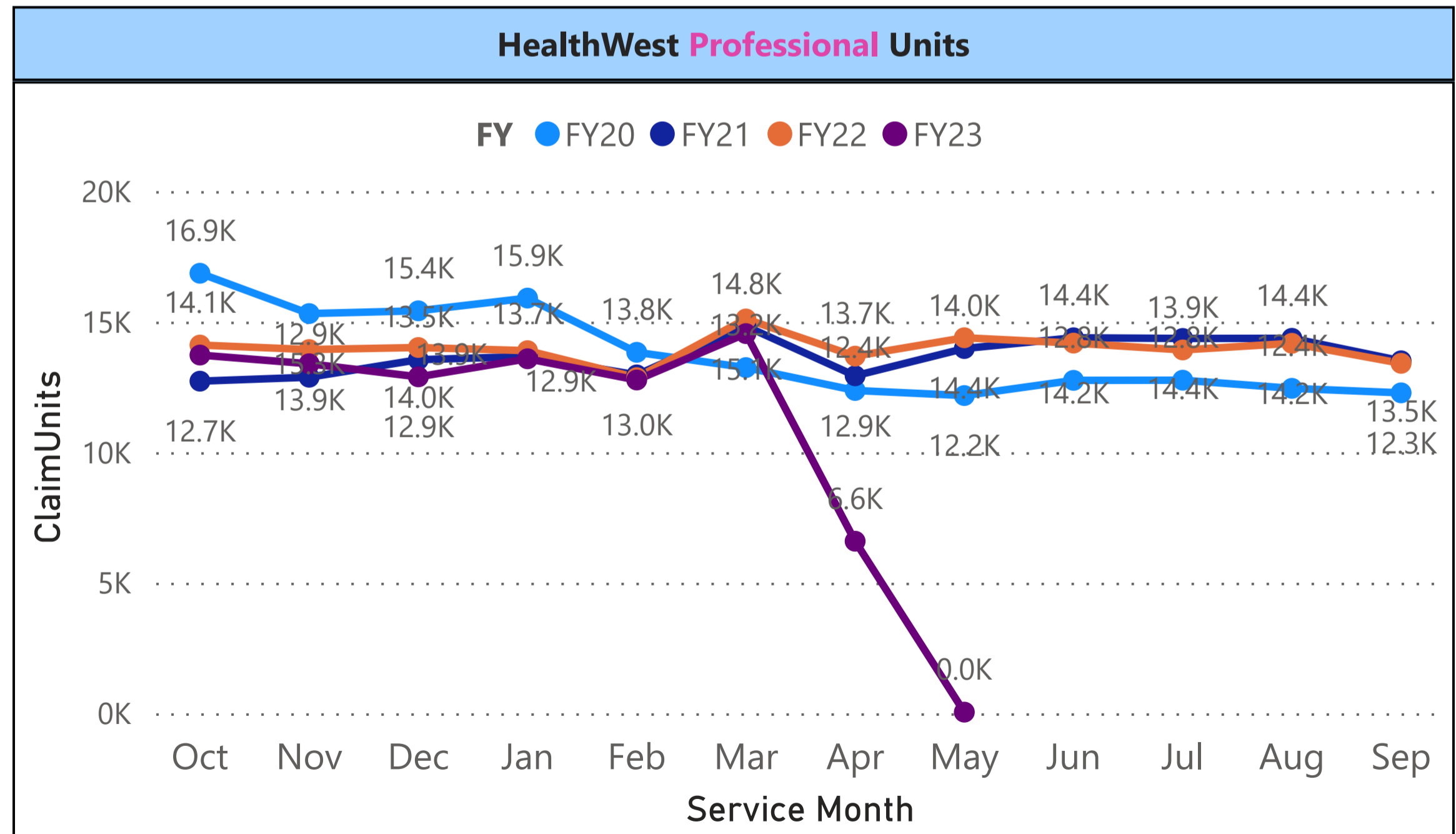
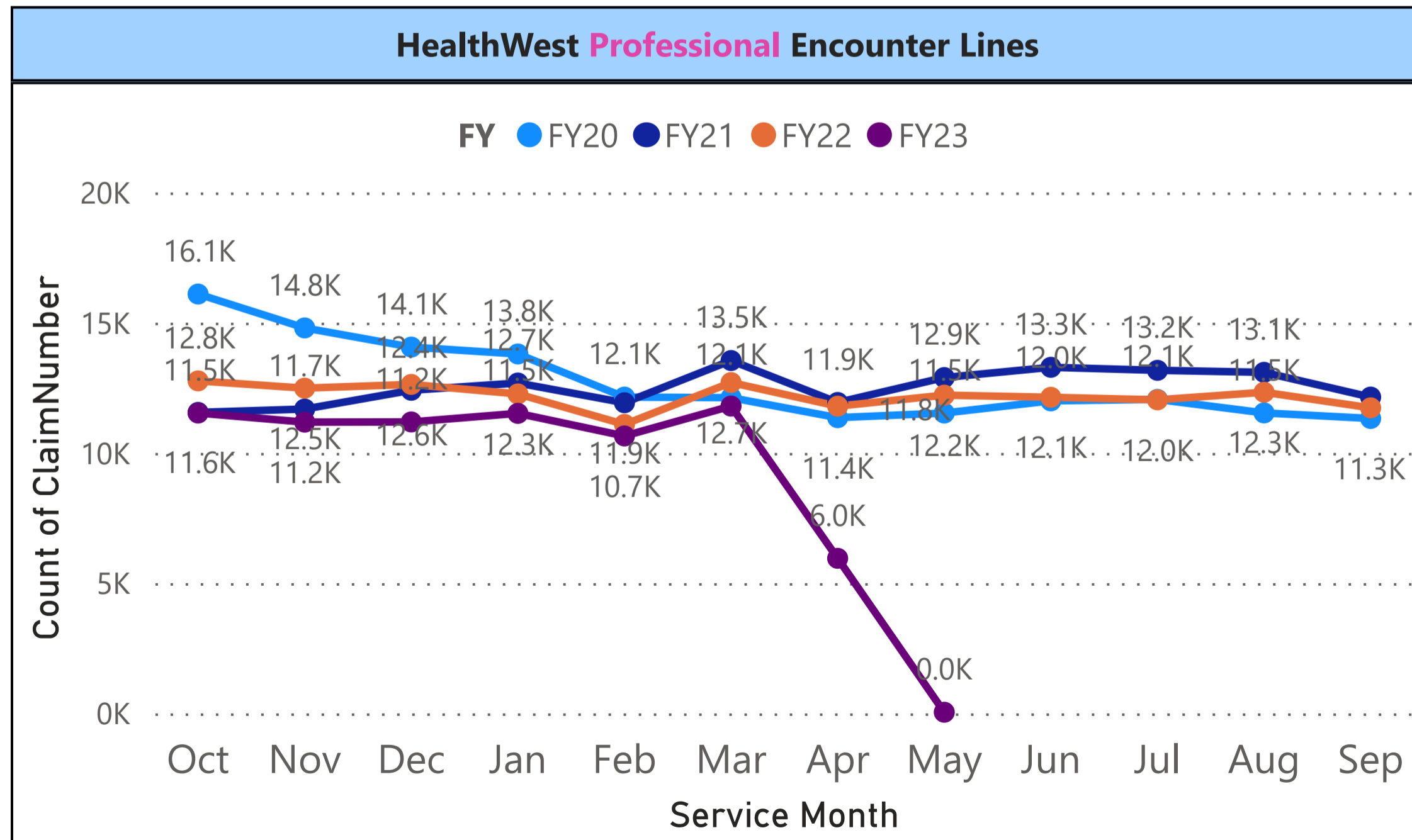


HealthWest Substance Use Disorder



FY: All

- Select all
- FY20
- FY21
- FY22
- FY23

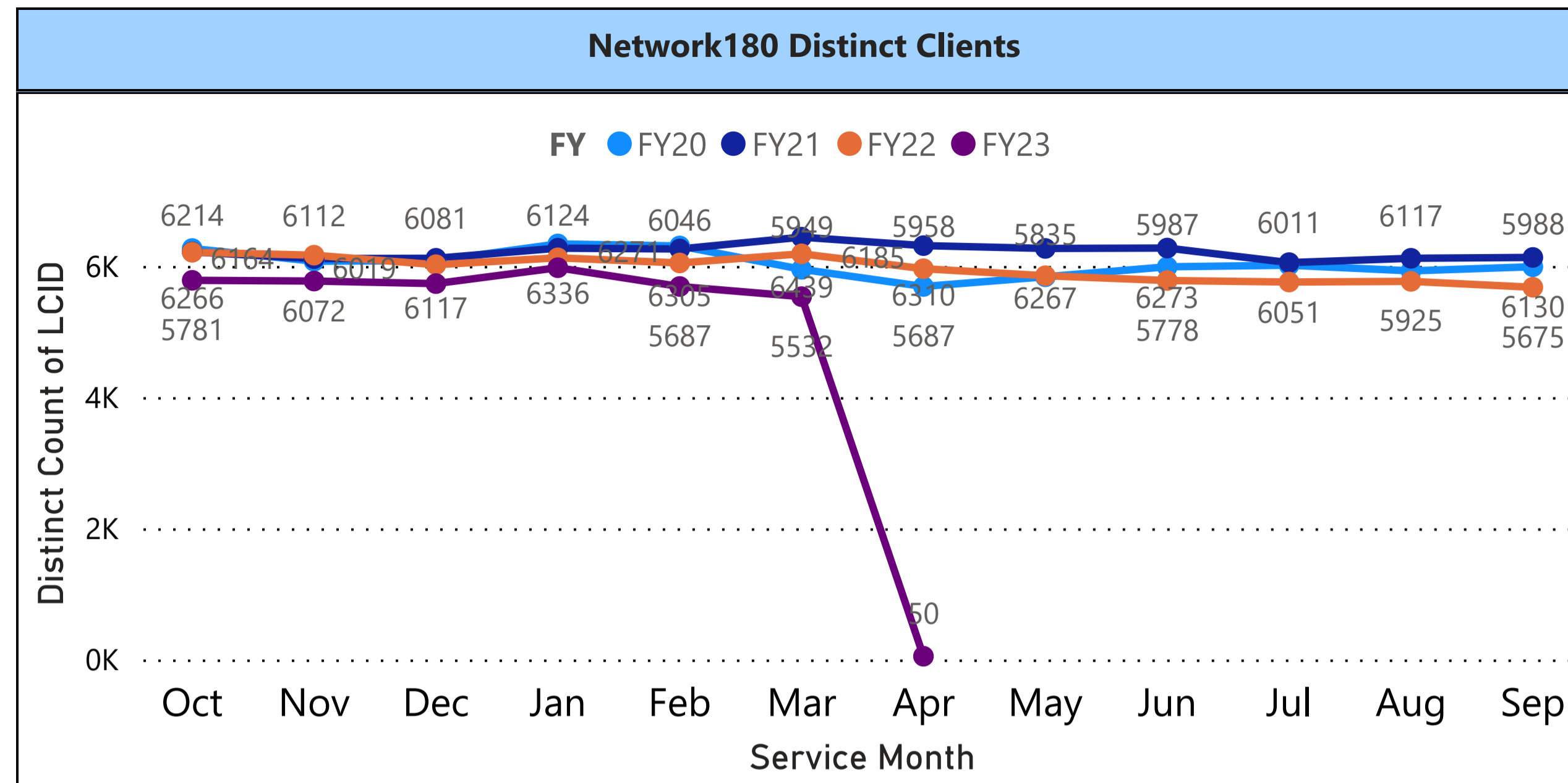


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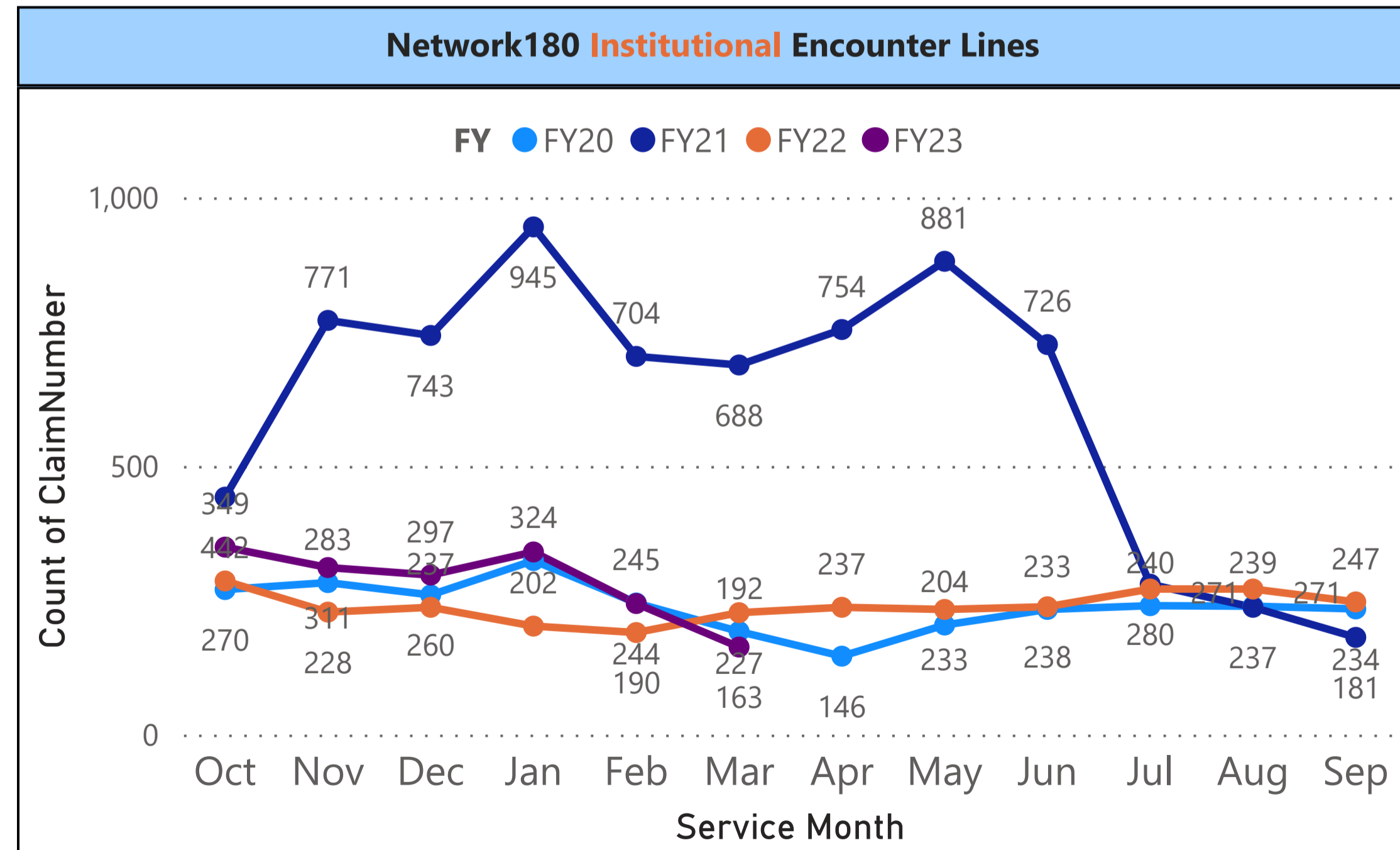
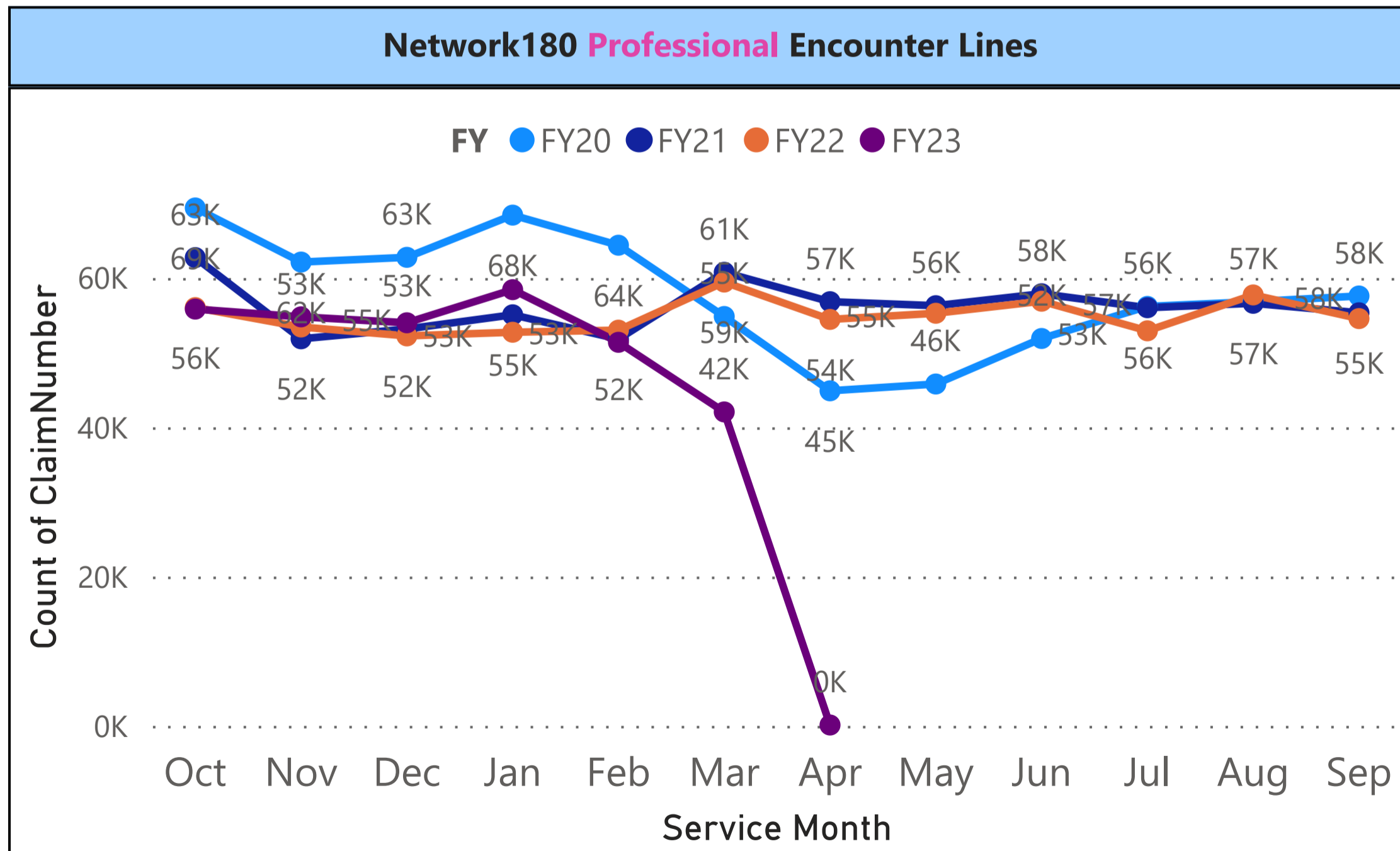


Network180 Behavioral Health



FY: All

- Select all
- FY20
- FY21
- FY22
- FY23

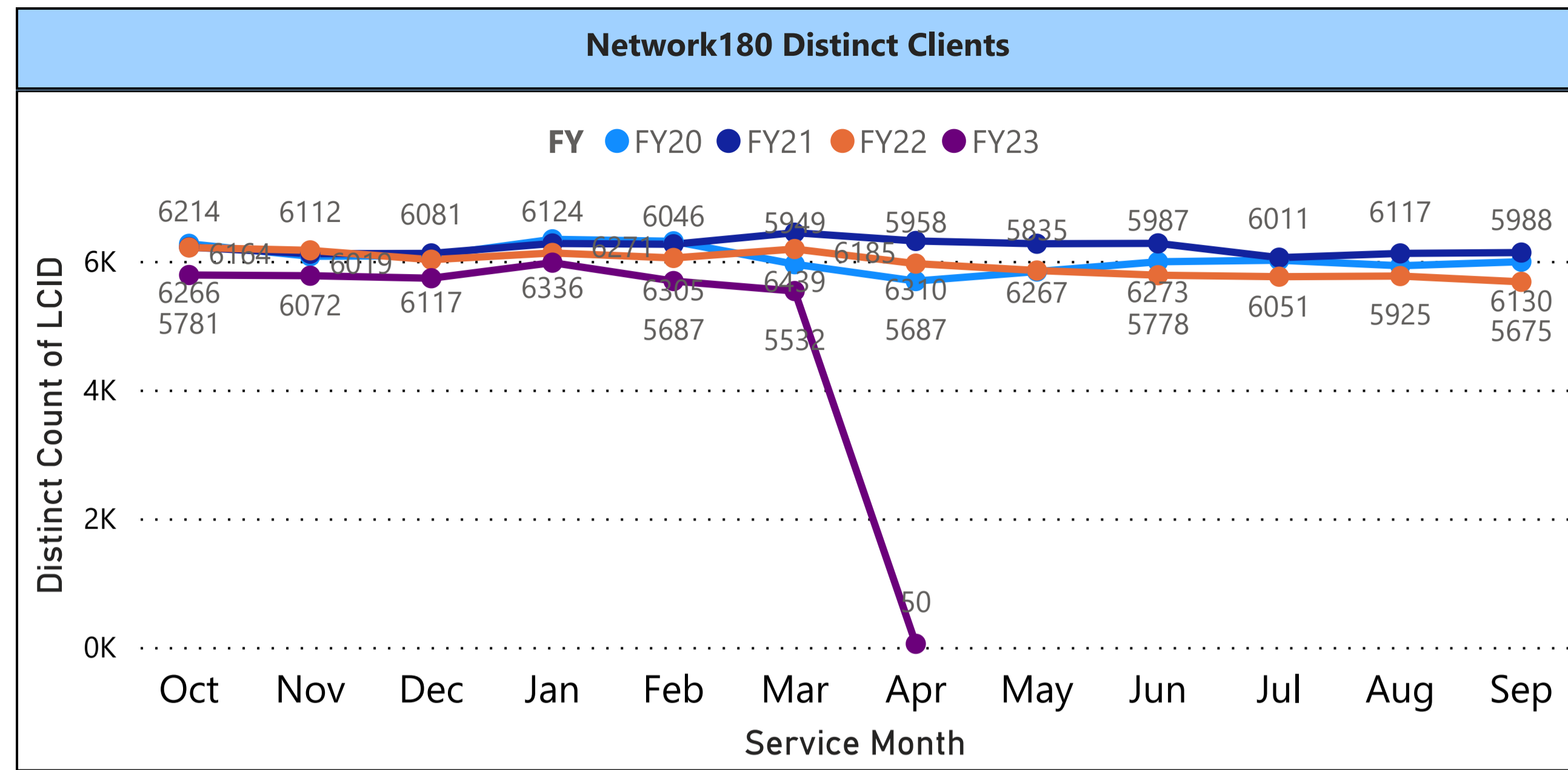


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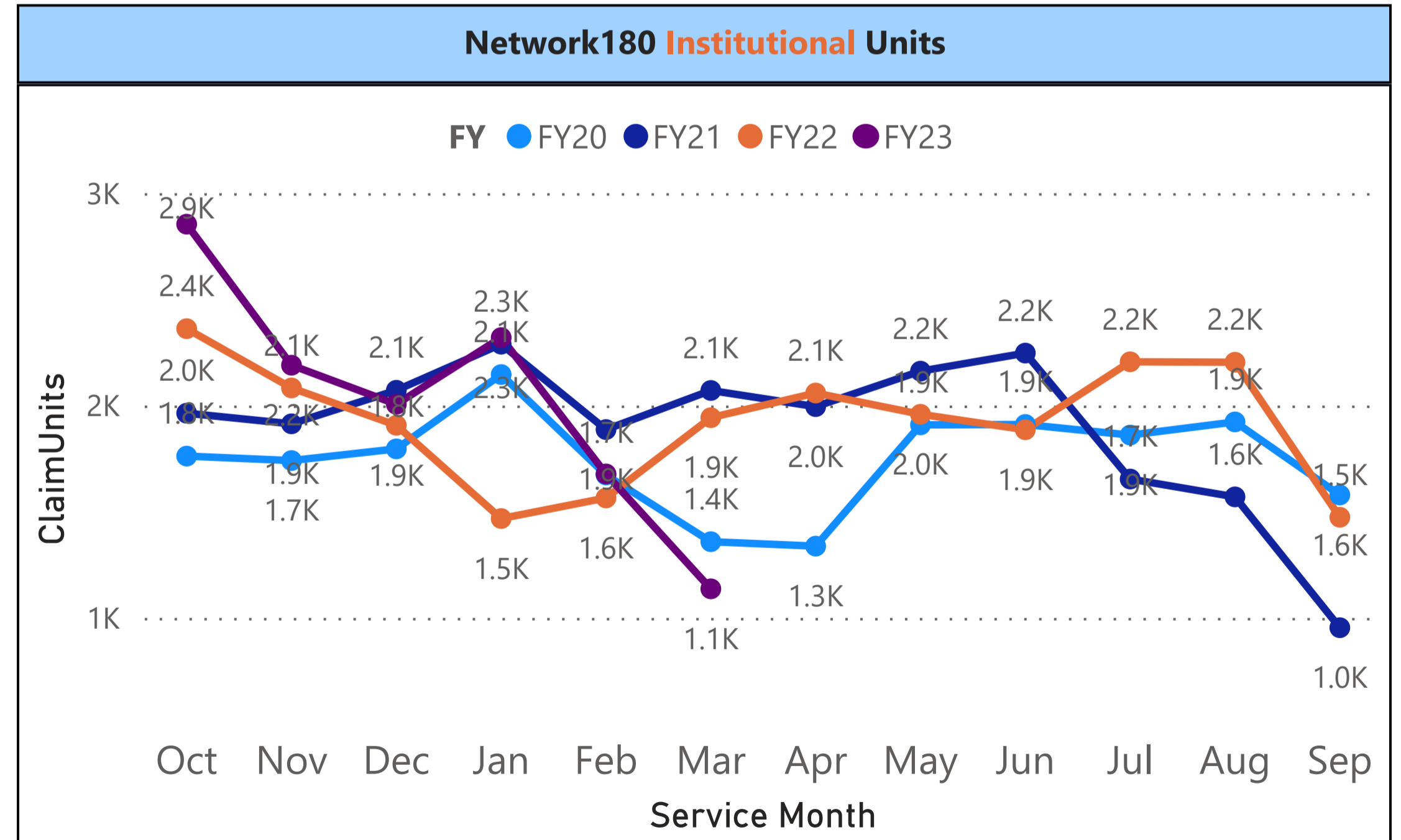
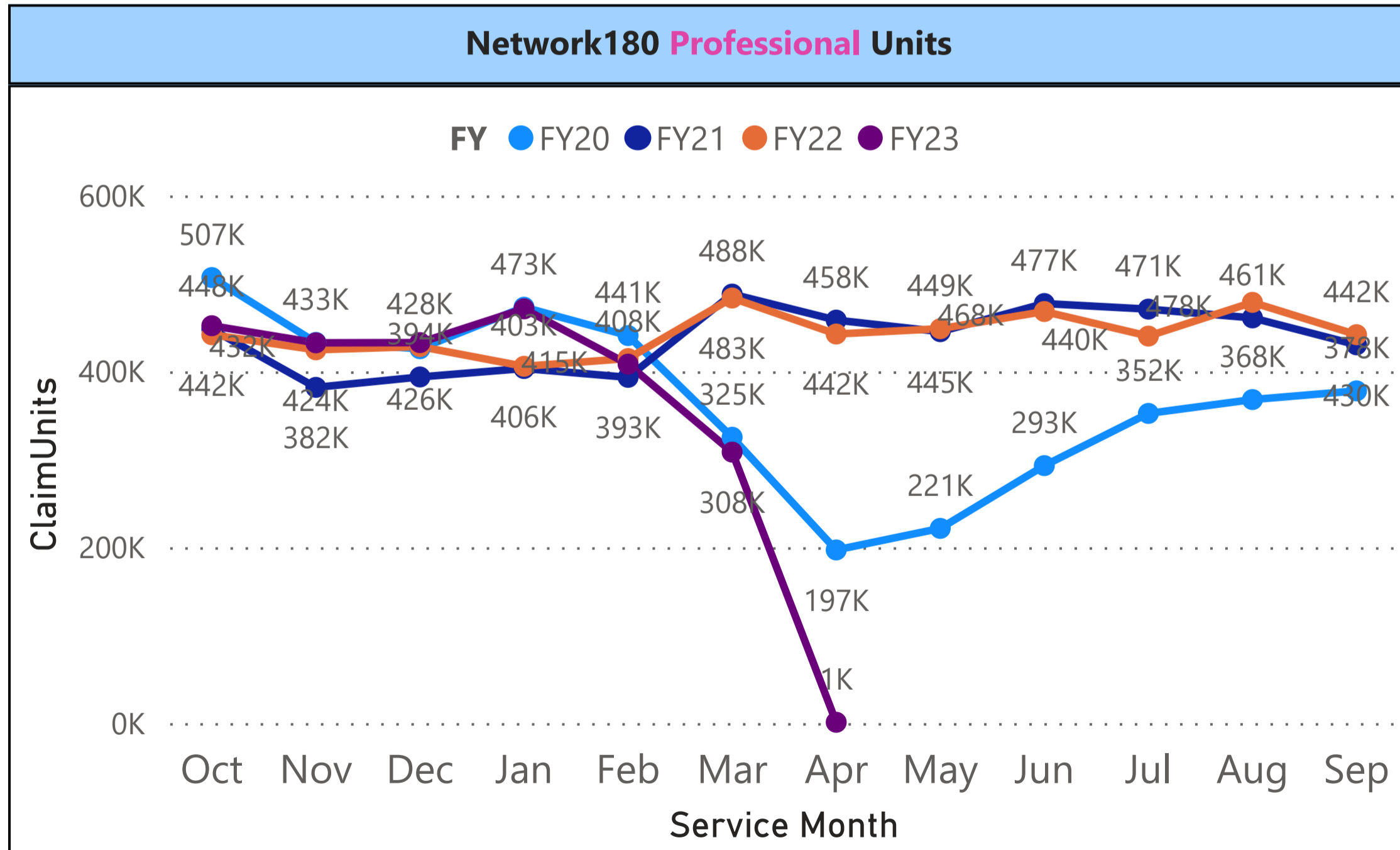


Network180 Behavioral Health



FY: All

- Select all
- FY20
- FY21
- FY22
- FY23

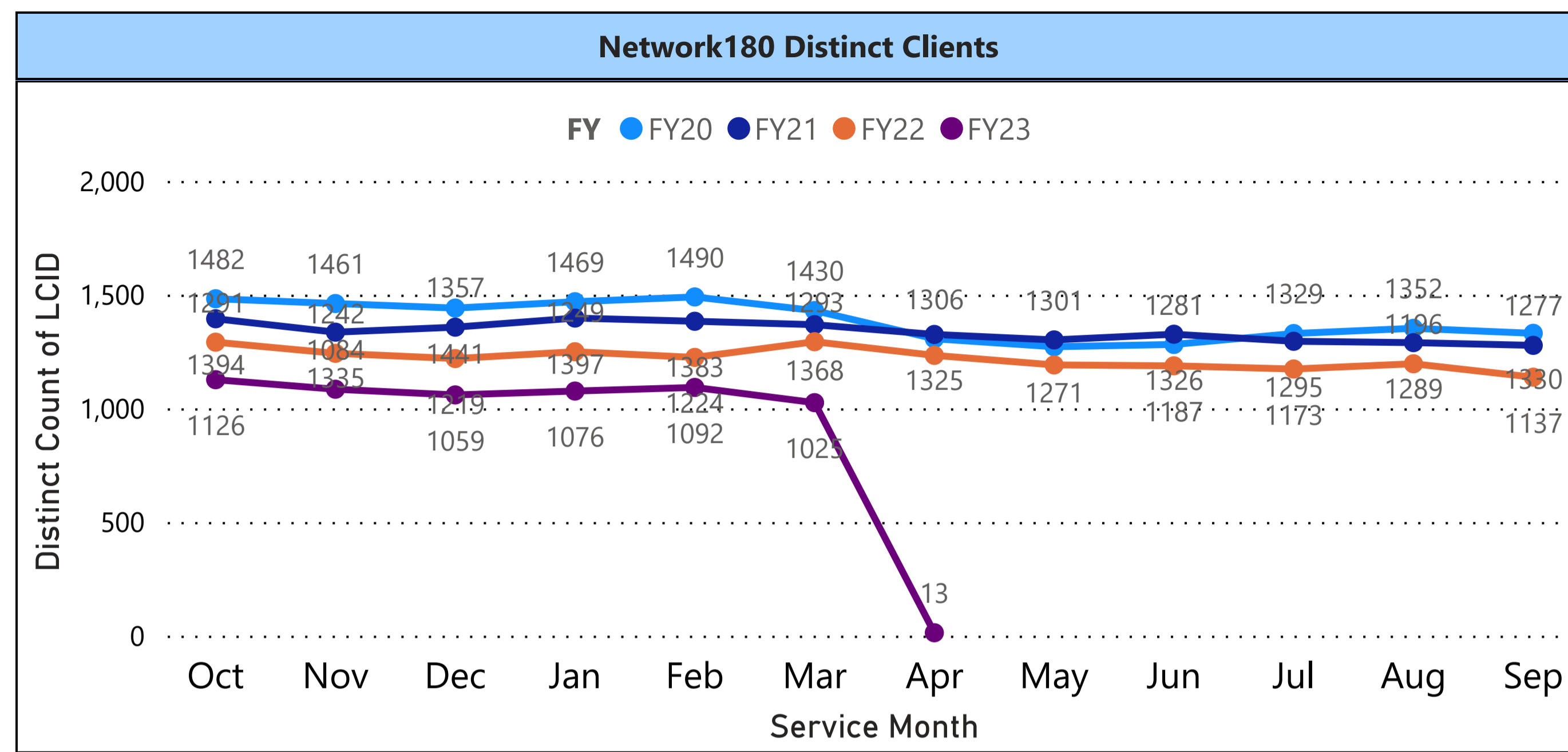


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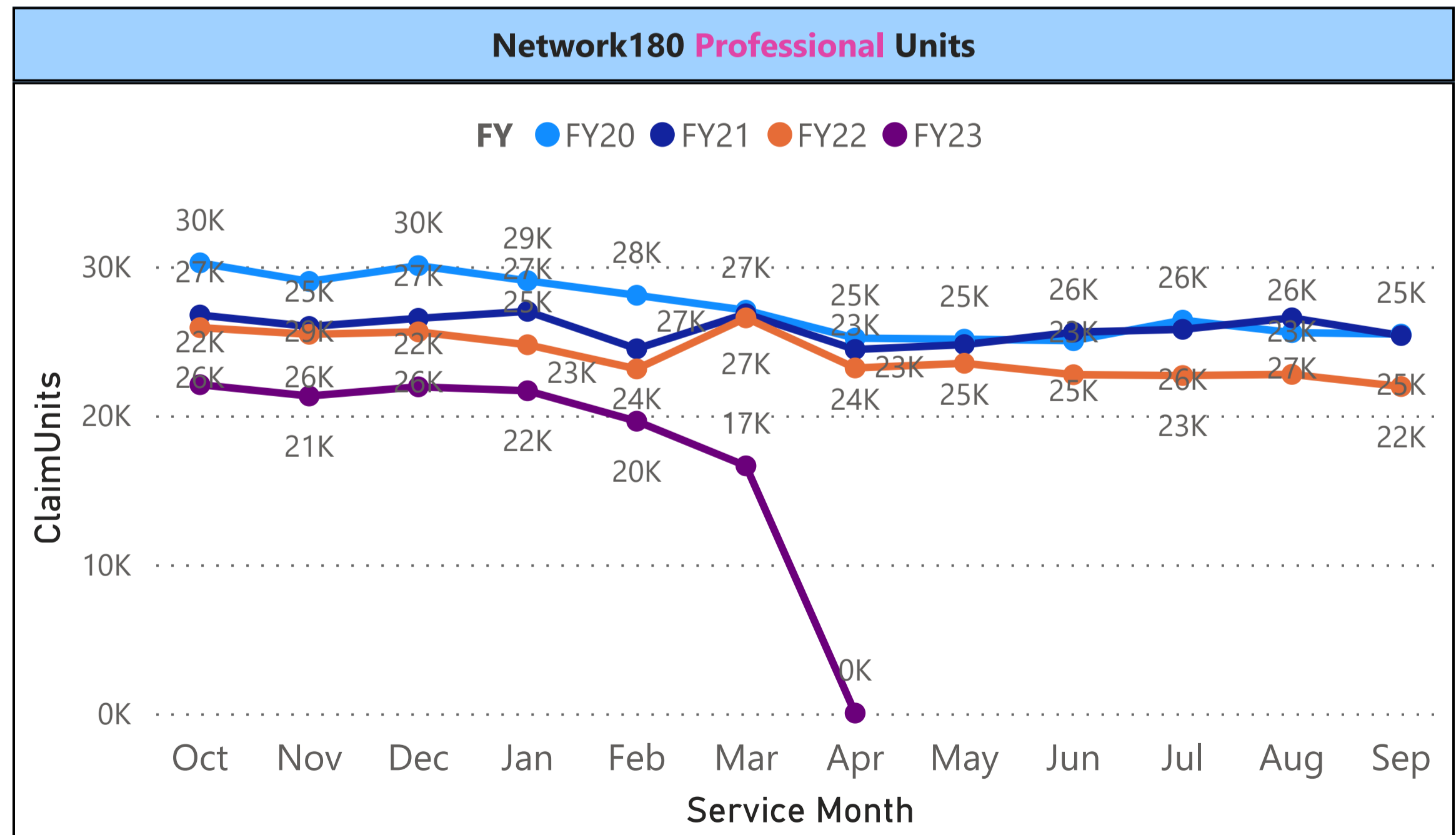
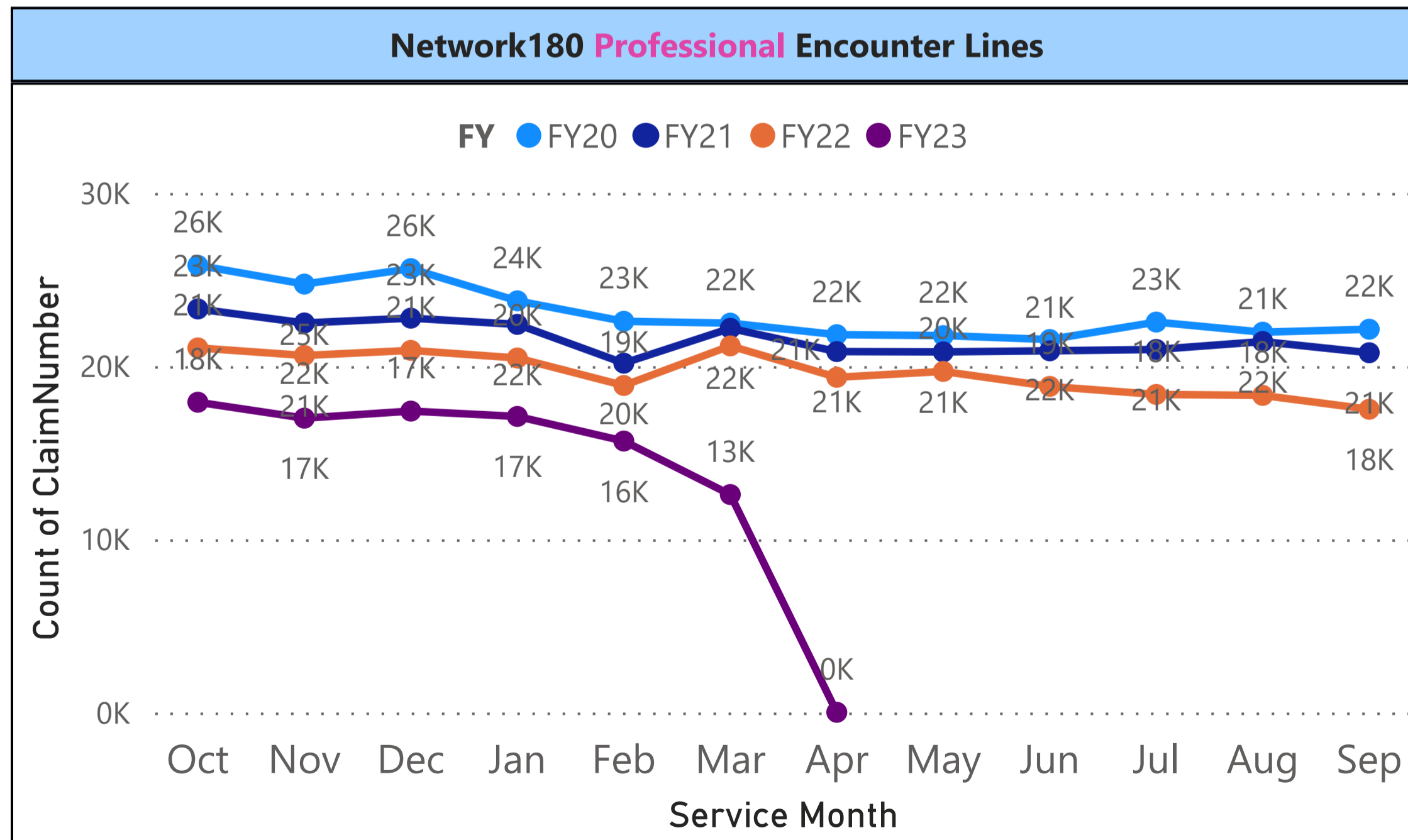


Network180 Substance Use Disorder



FY: All

- Select all
- FY20
- FY21
- FY22
- FY23

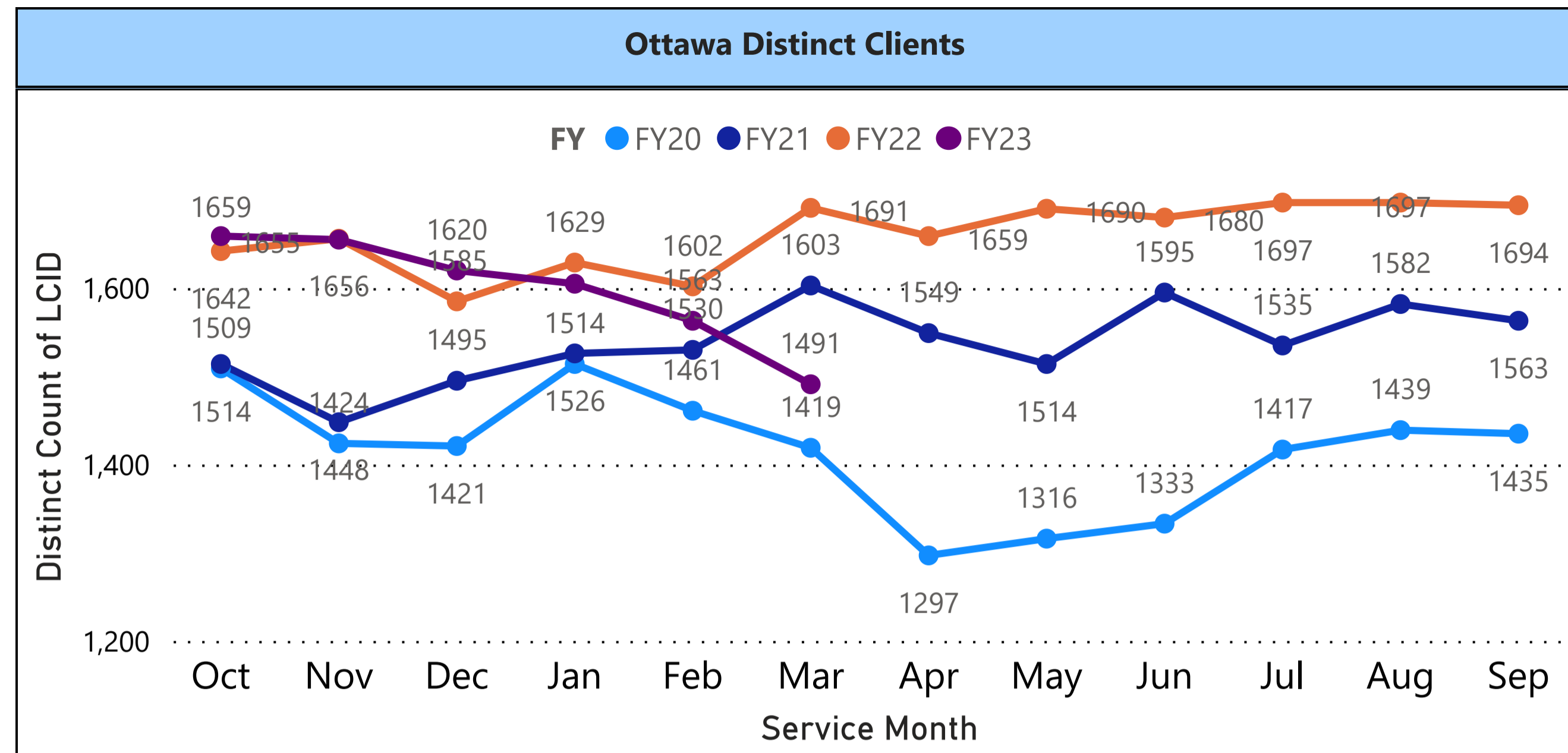


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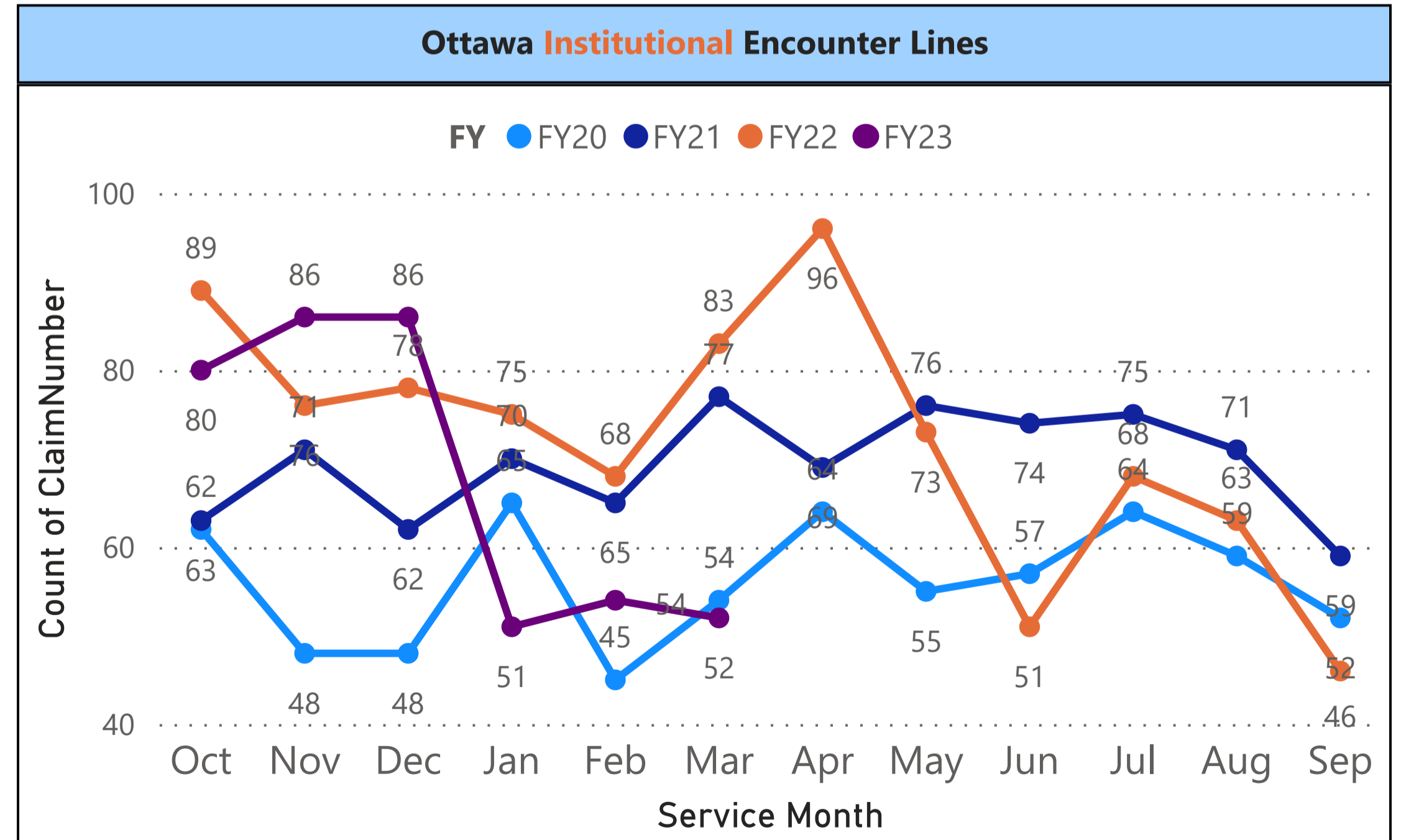
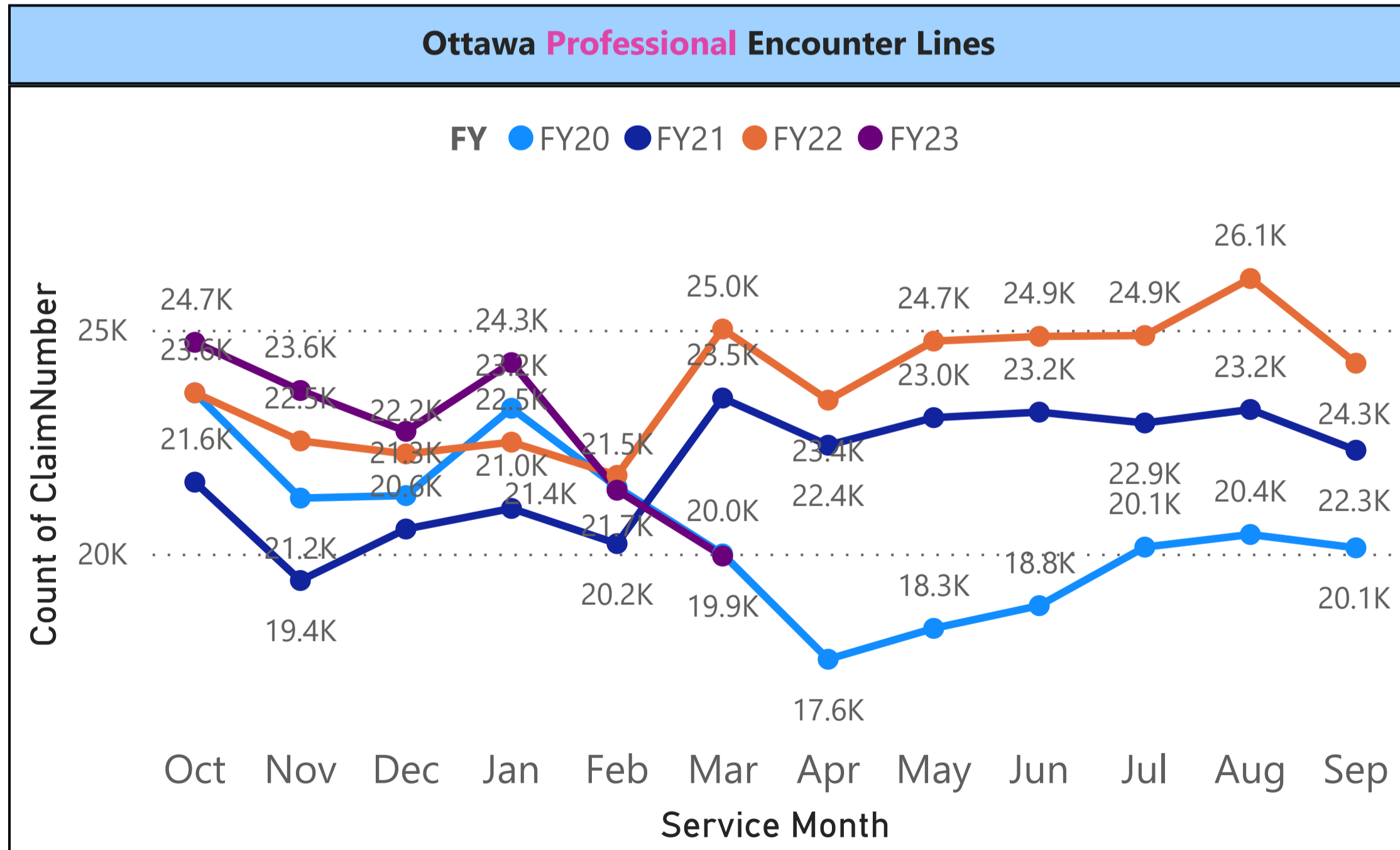


Ottawa Behavioral Health



FY: All

- Select all
- FY20
- FY21
- FY22
- FY23

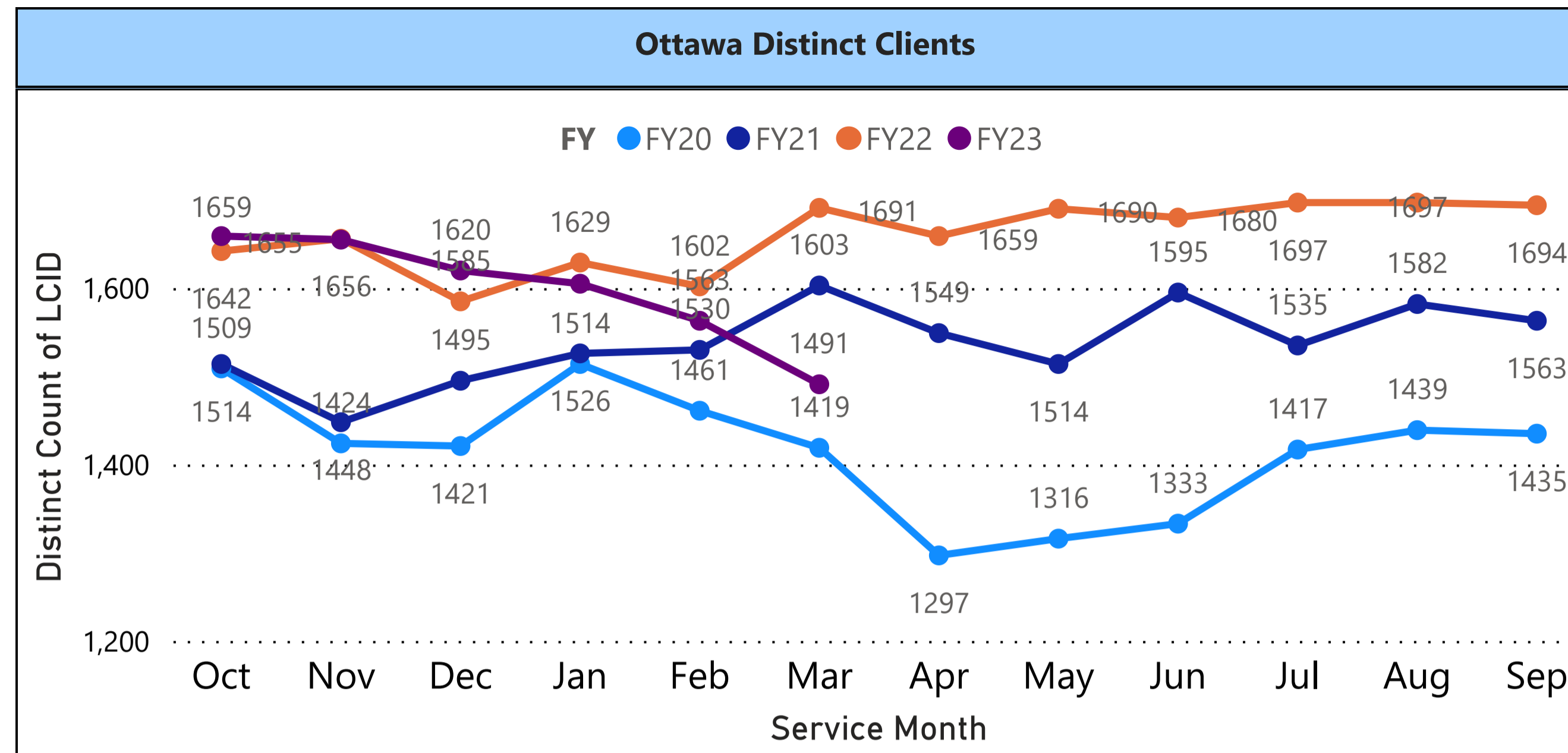


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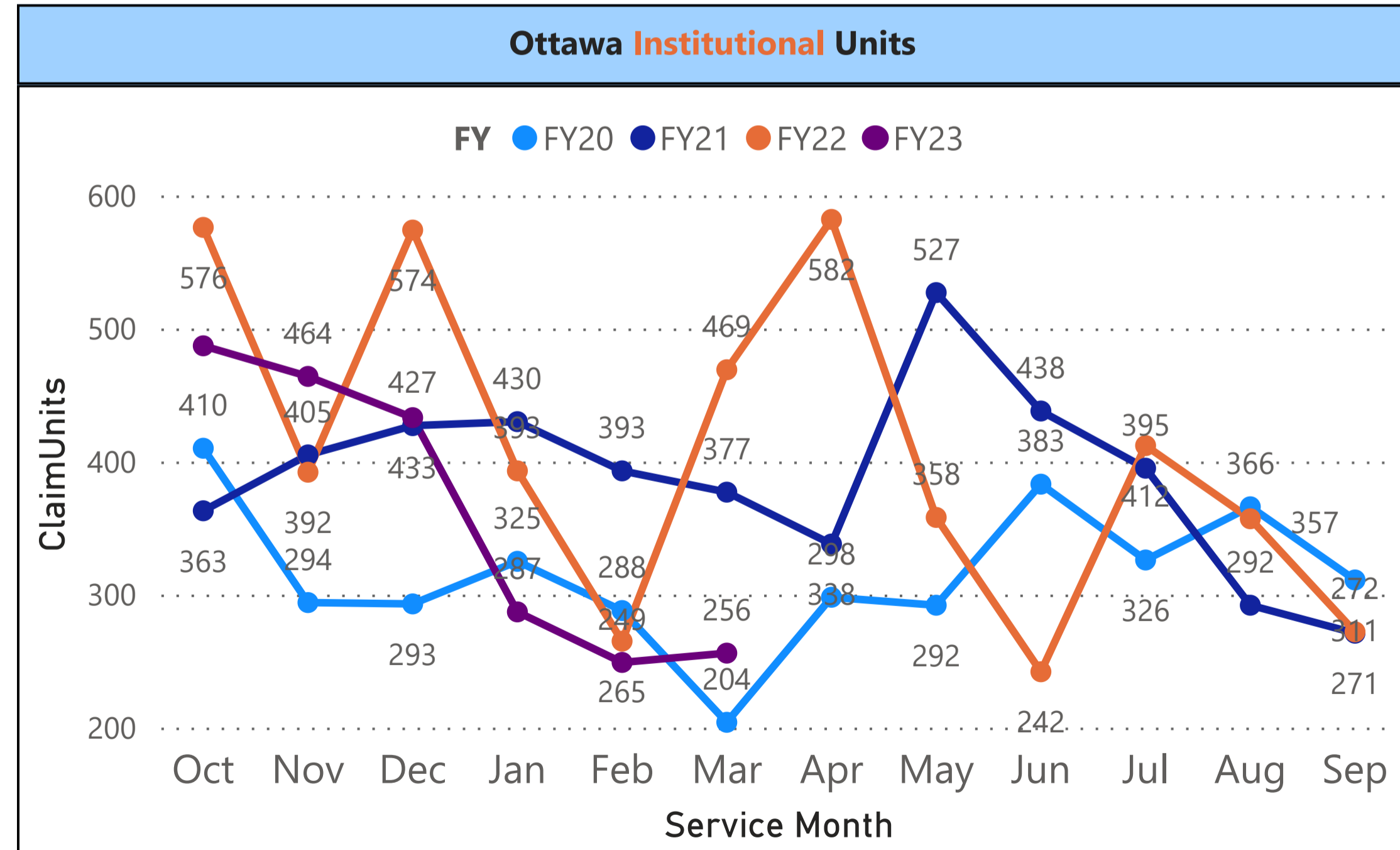
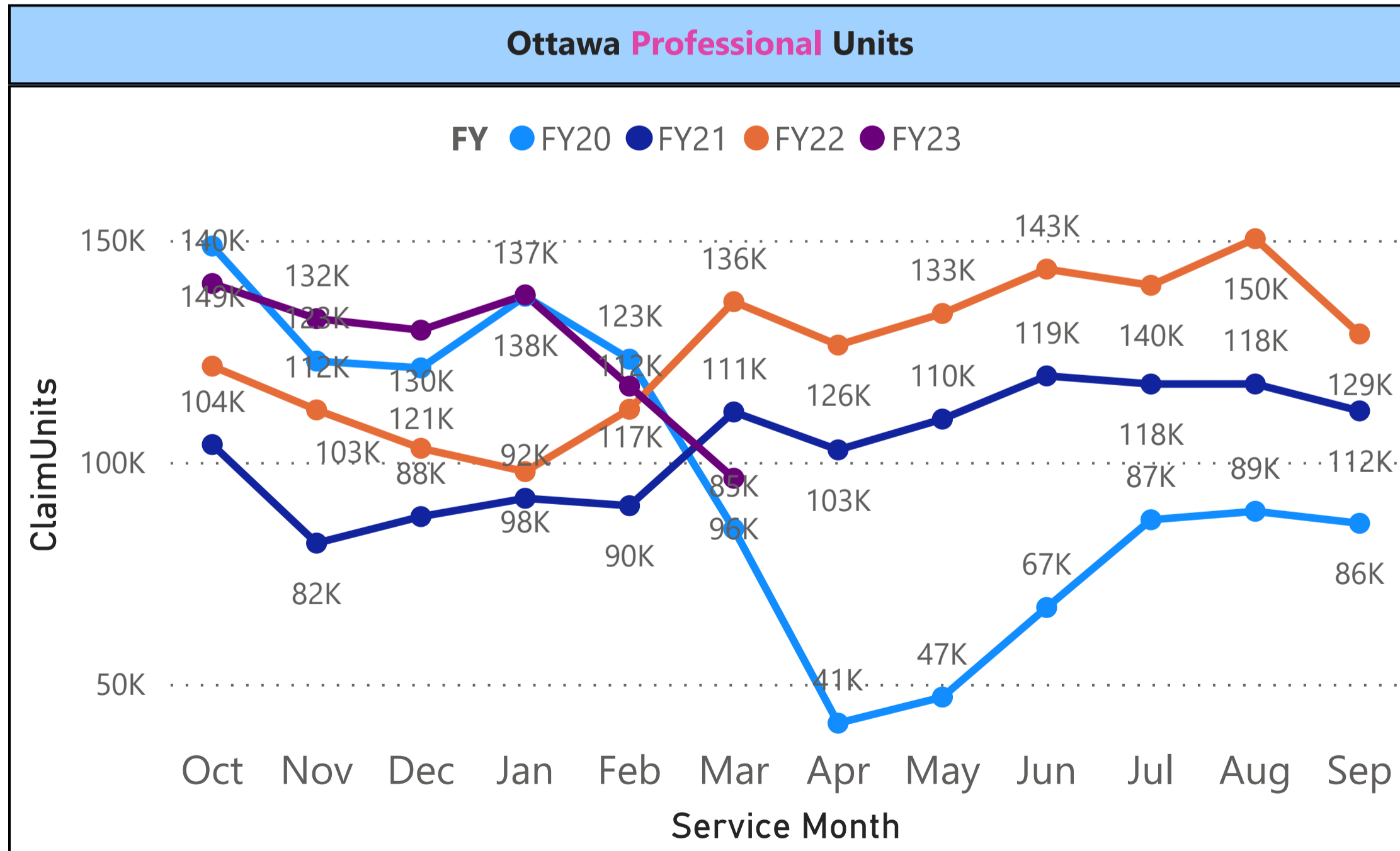


Ottawa Behavioral Health



FY: All

- Select all
- FY20
- FY21
- FY22
- FY23

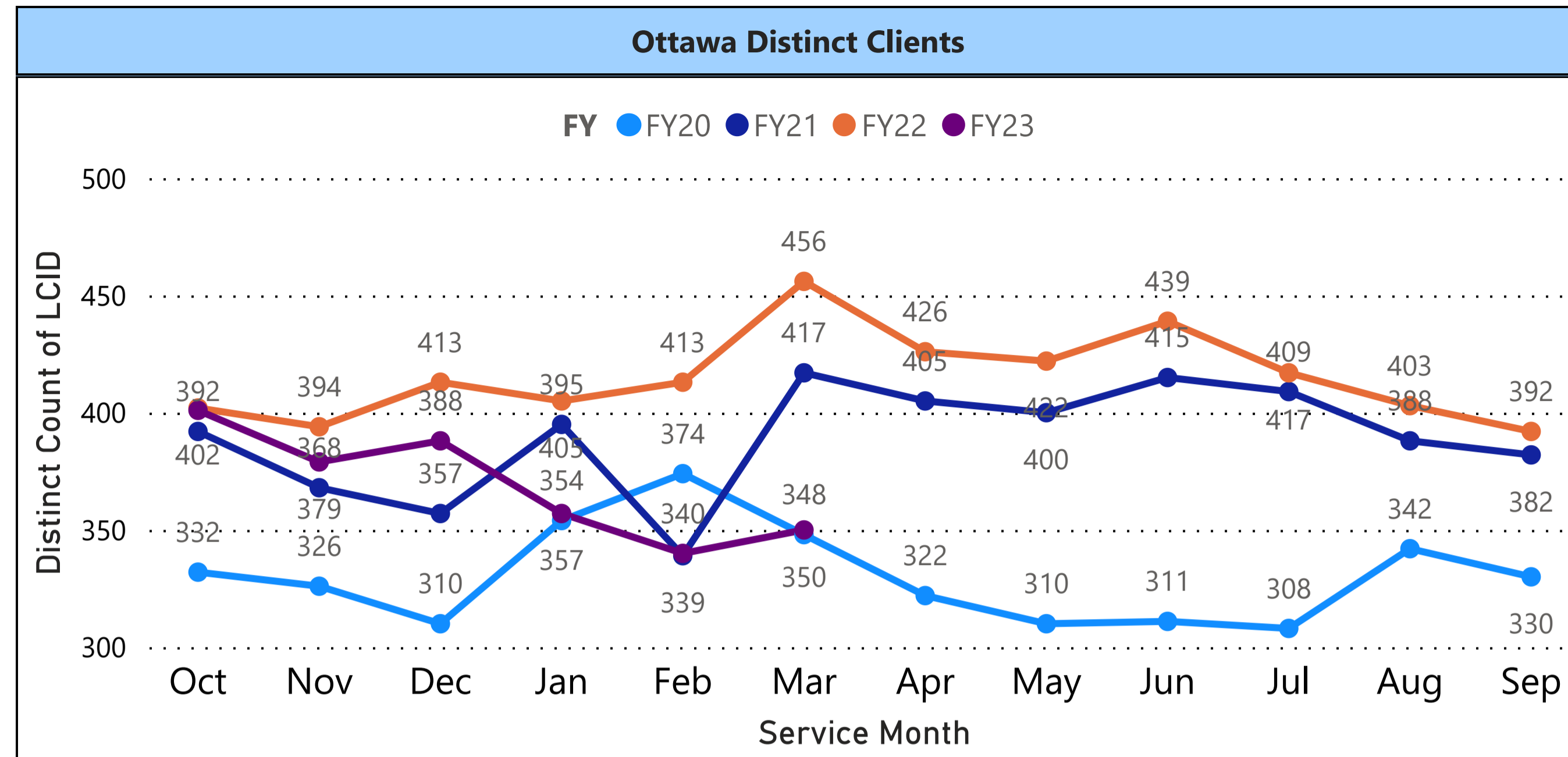


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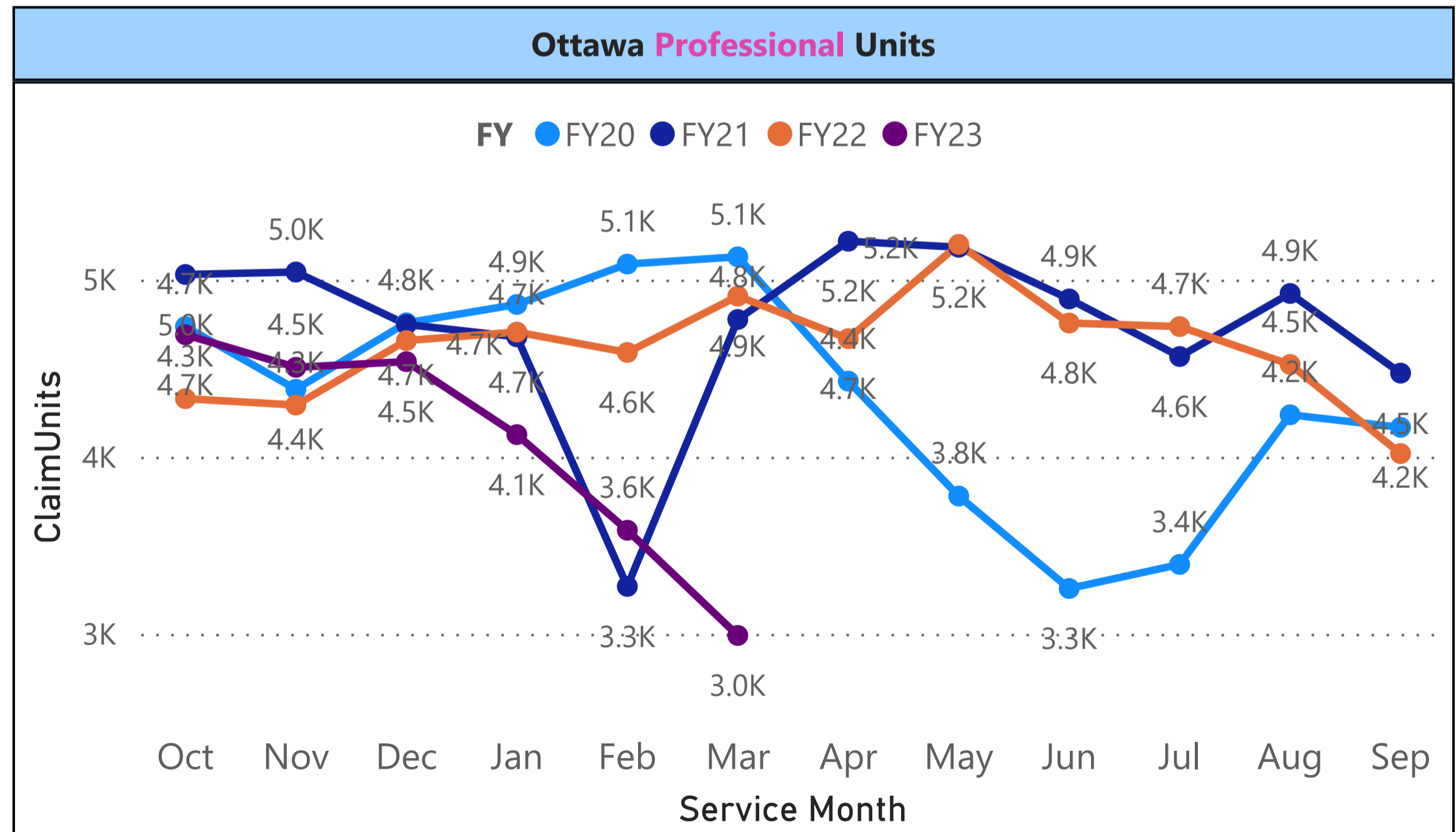
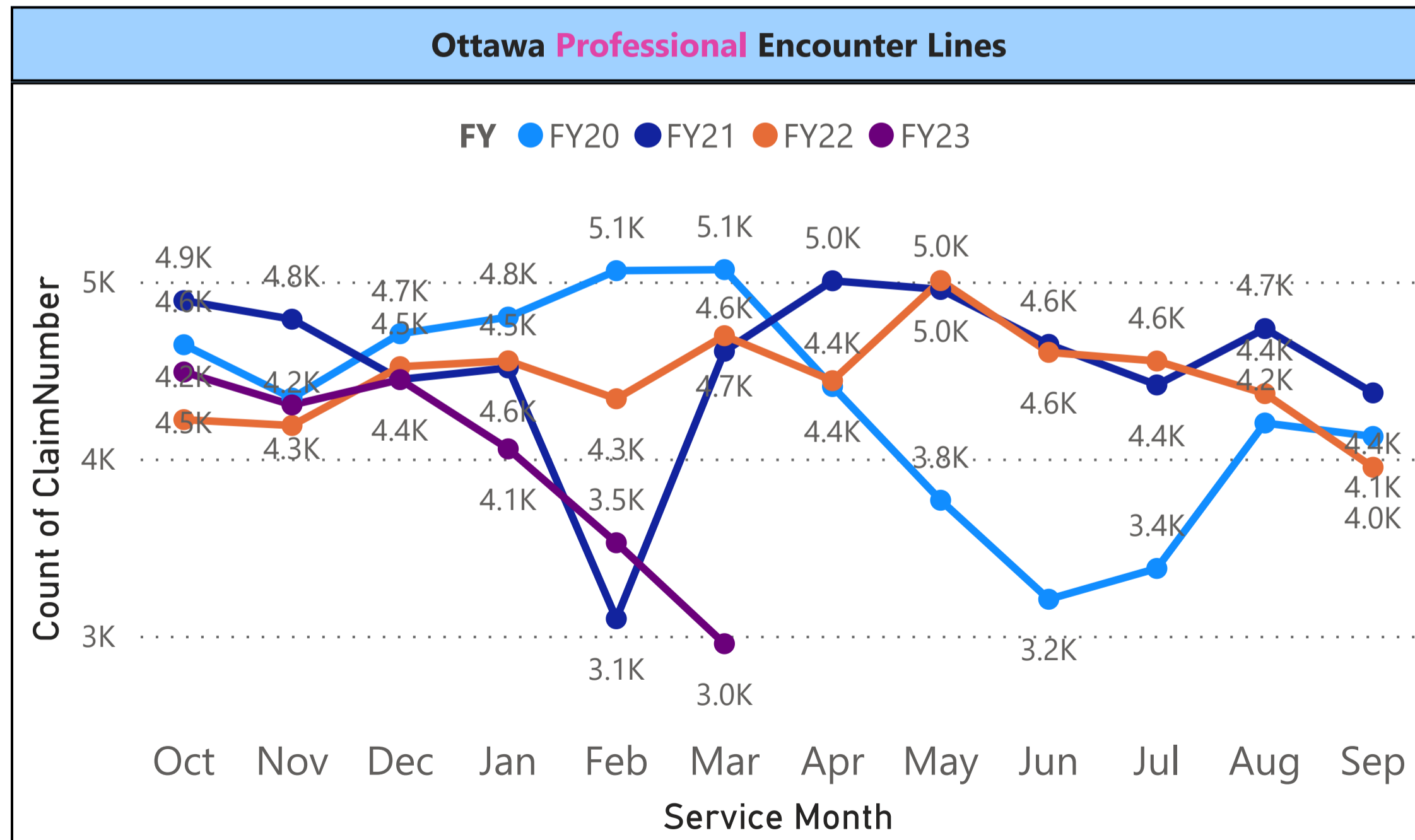


Ottawa Substance Use Disorder



FY: All

- Select all
- FY20
- FY21
- FY22
- FY23

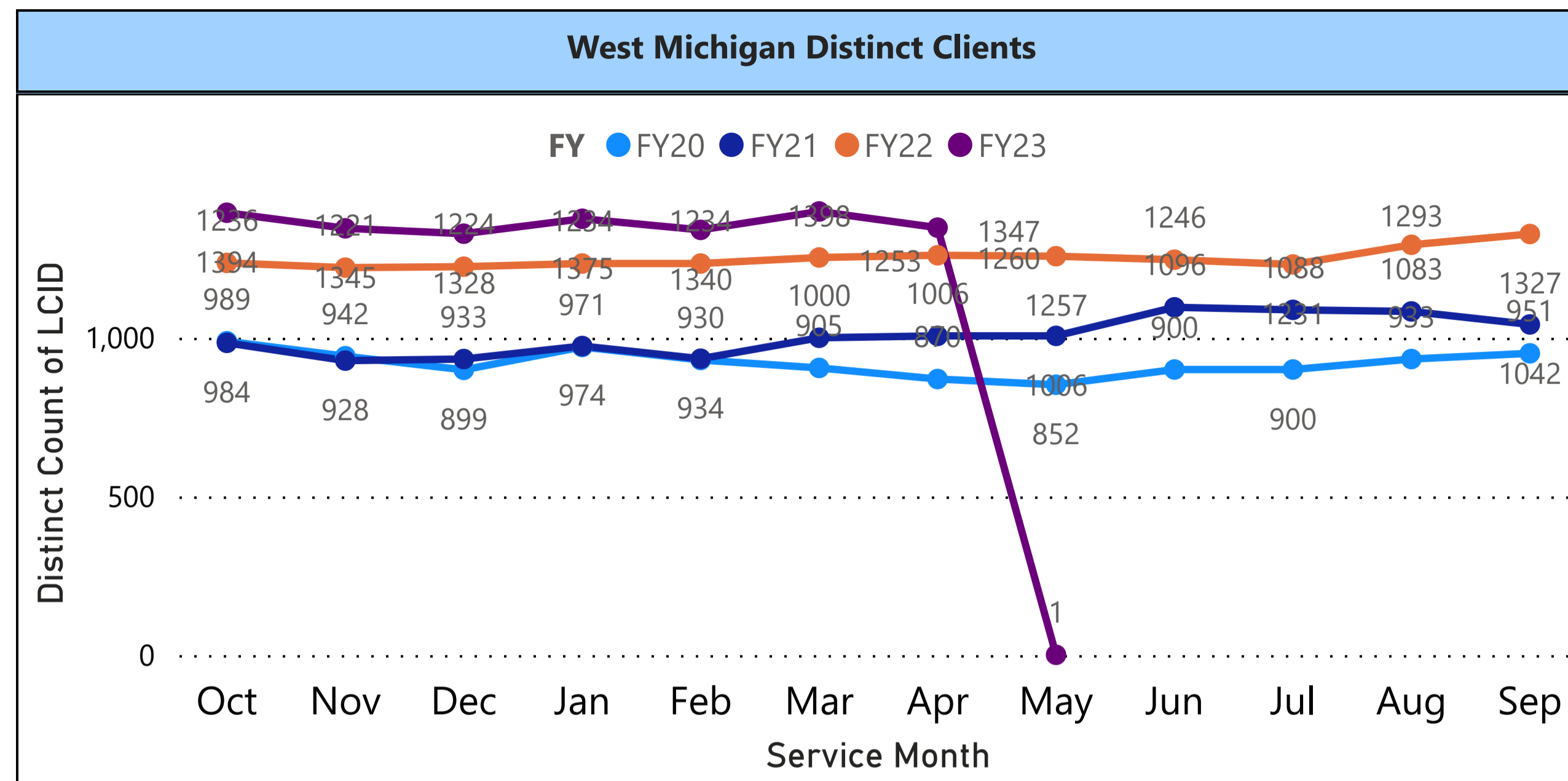


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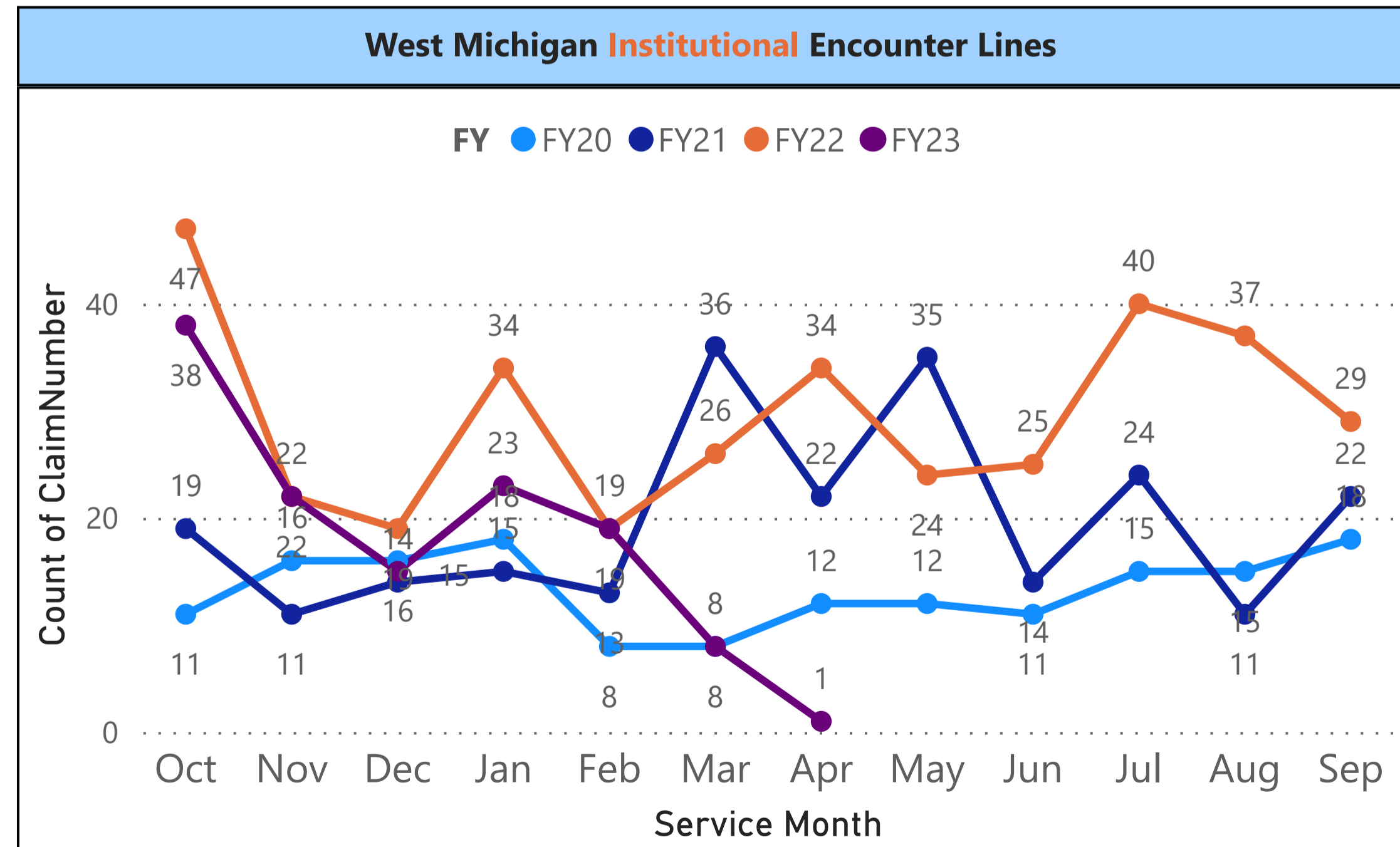
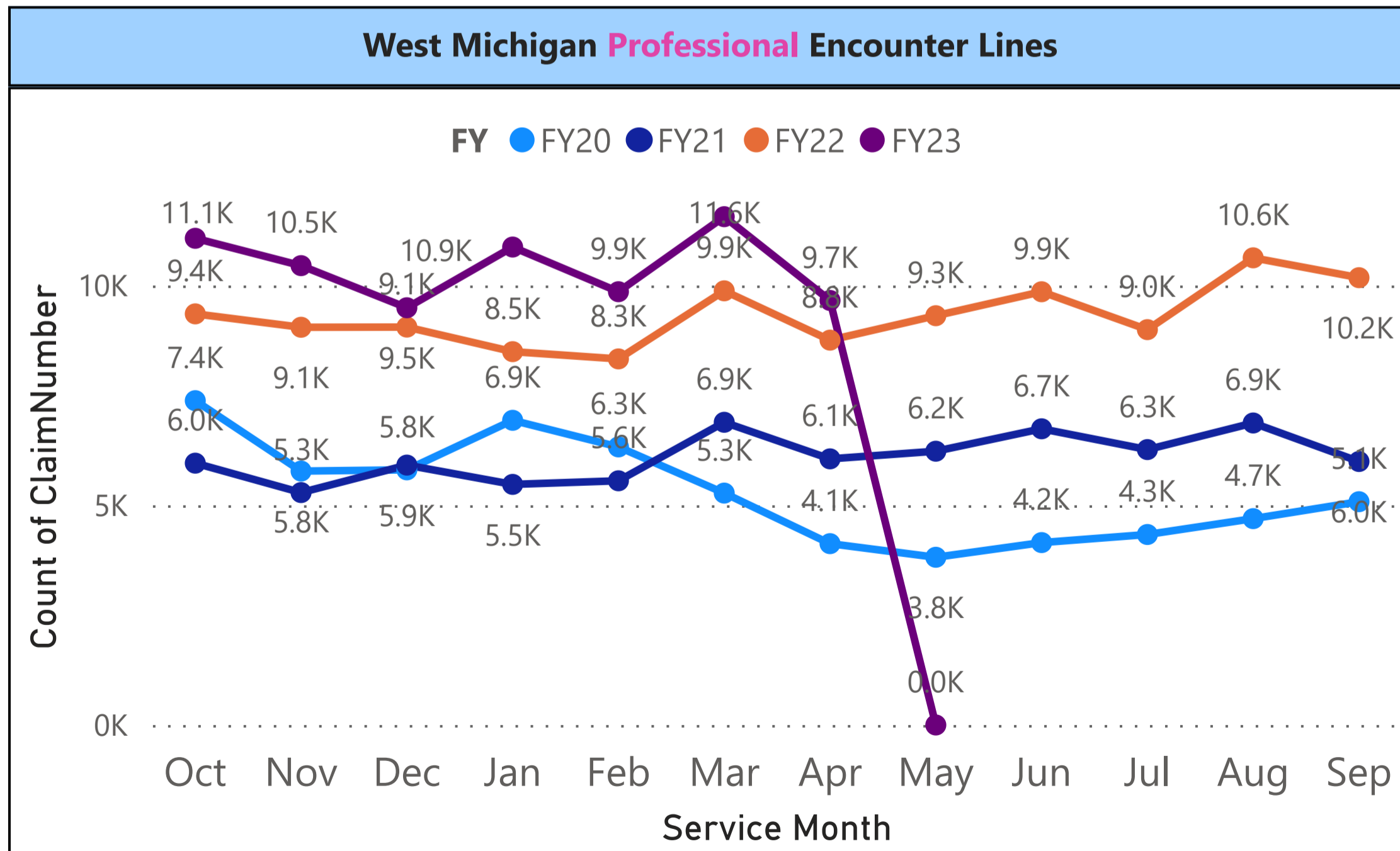


West Michigan Behavioral Health



FY: All

- Select all
- FY20
- FY21
- FY22
- FY23

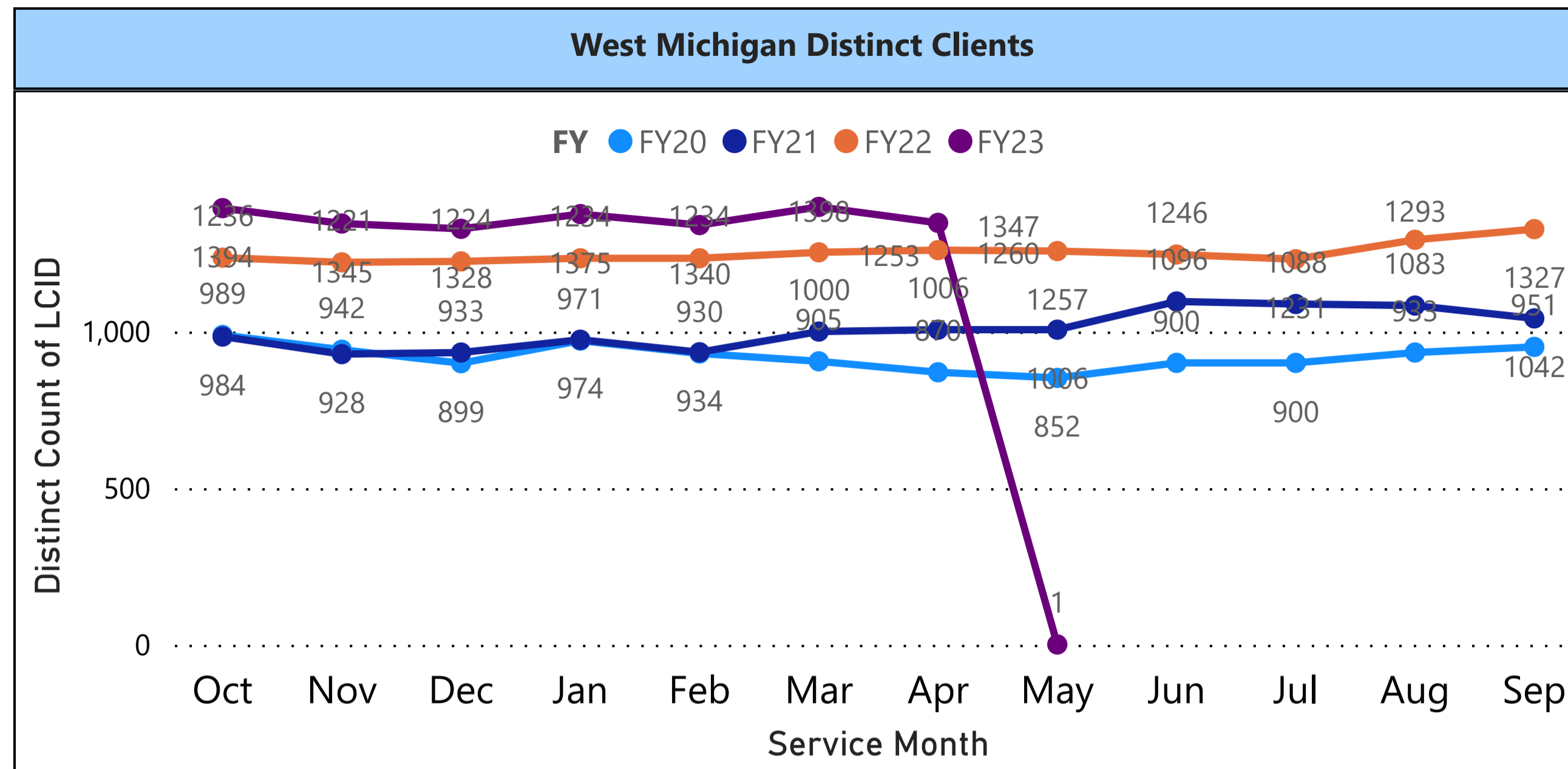


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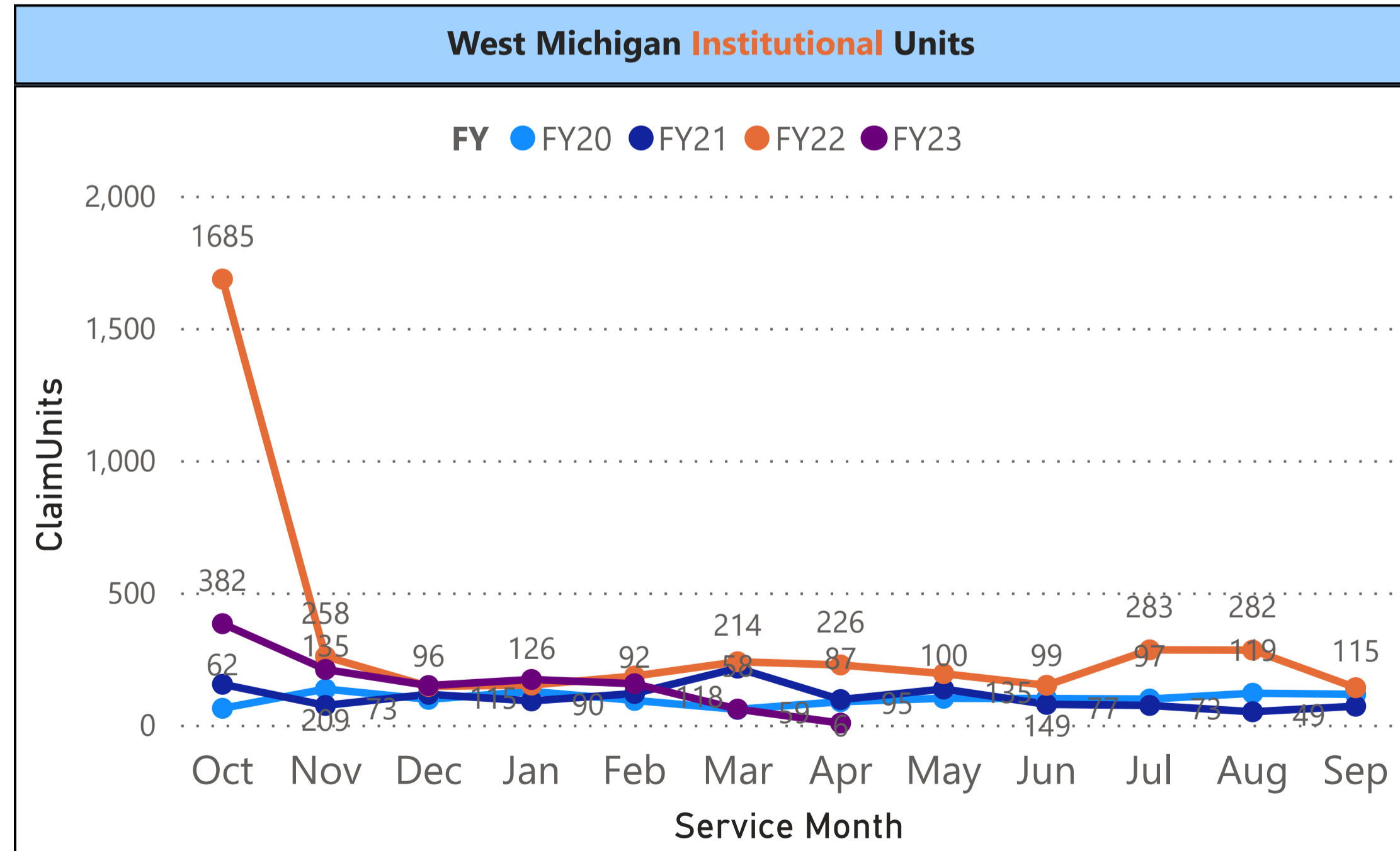
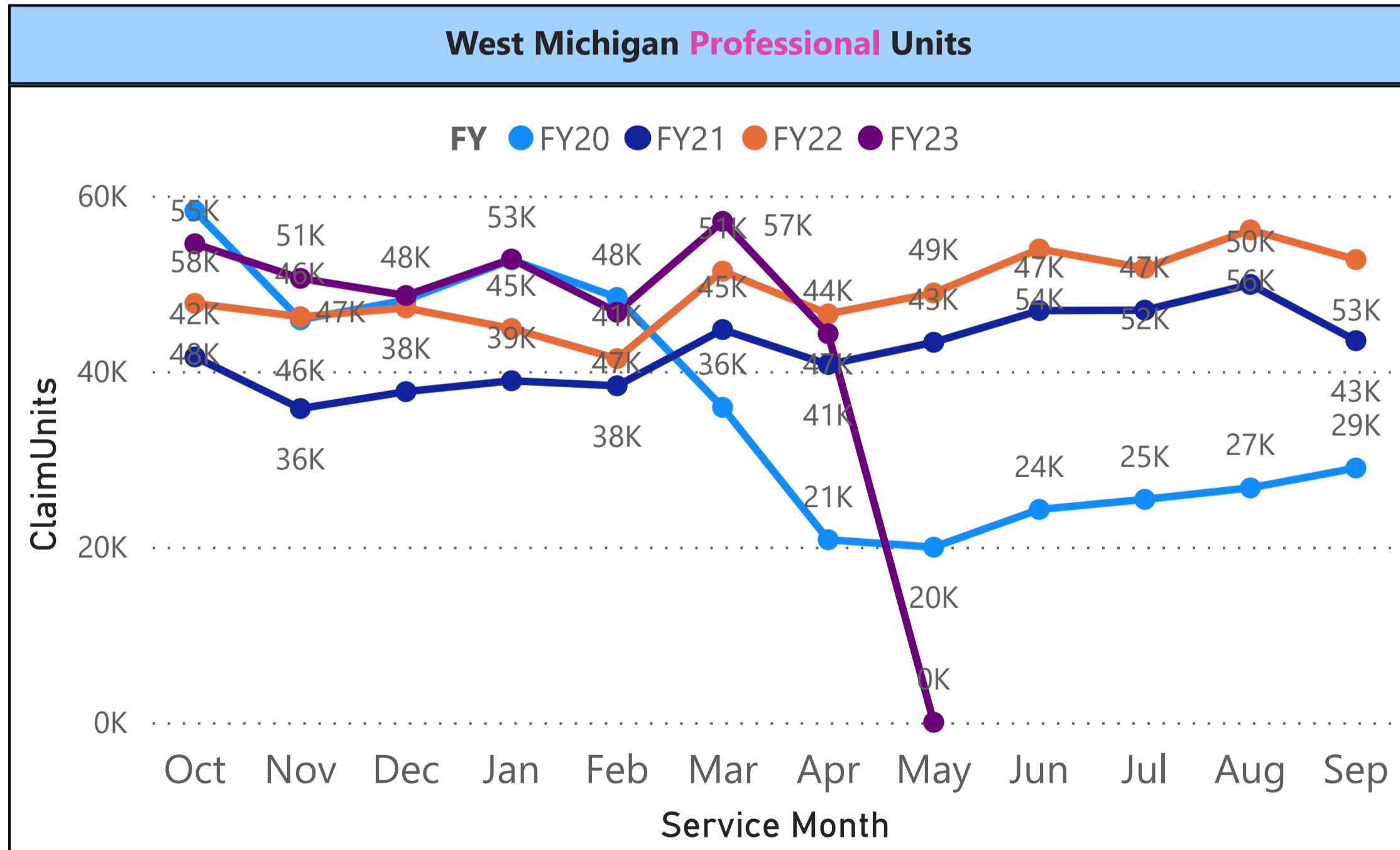


West Michigan Behavioral Health



FY: All

- Select all
- FY20
- FY21
- FY22
- FY23

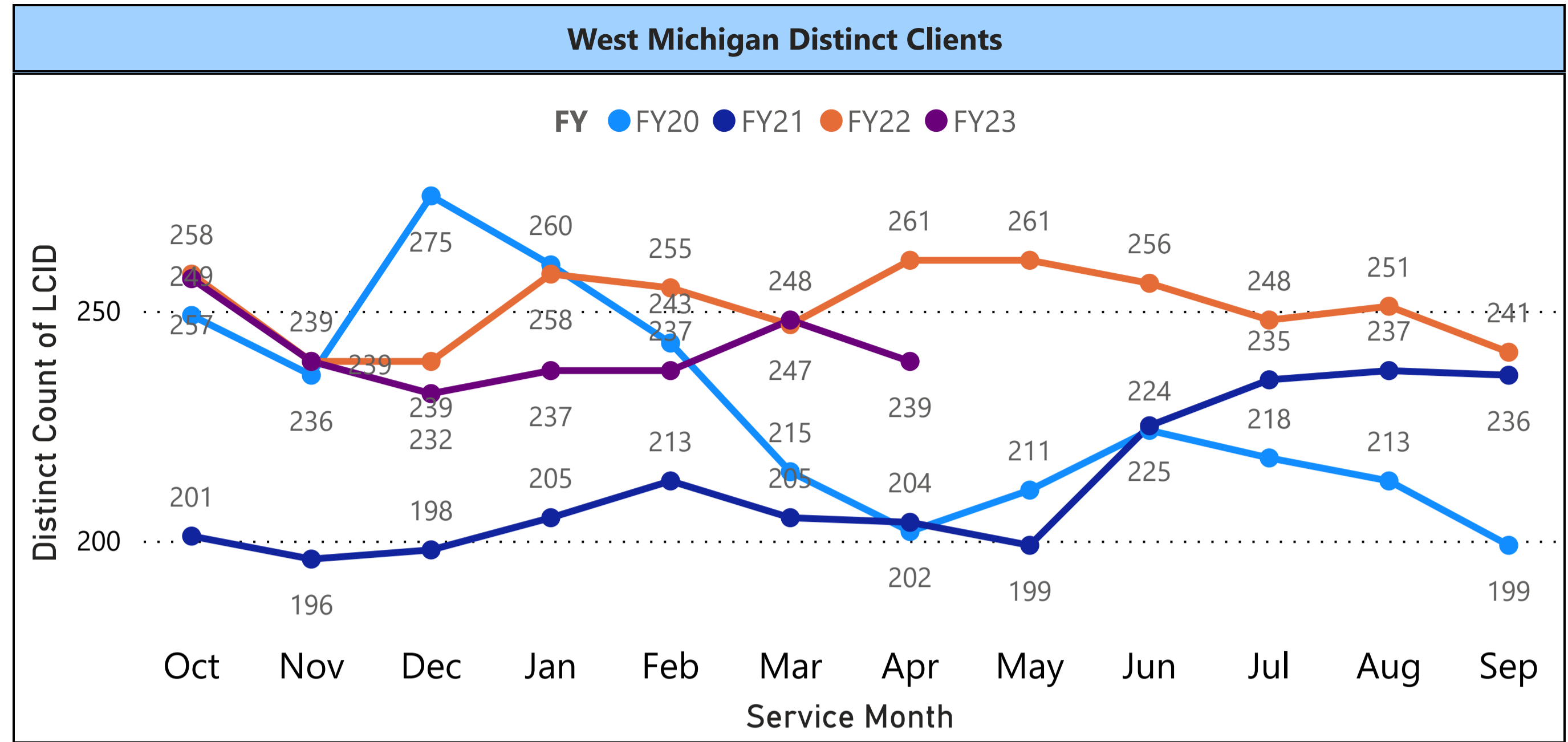


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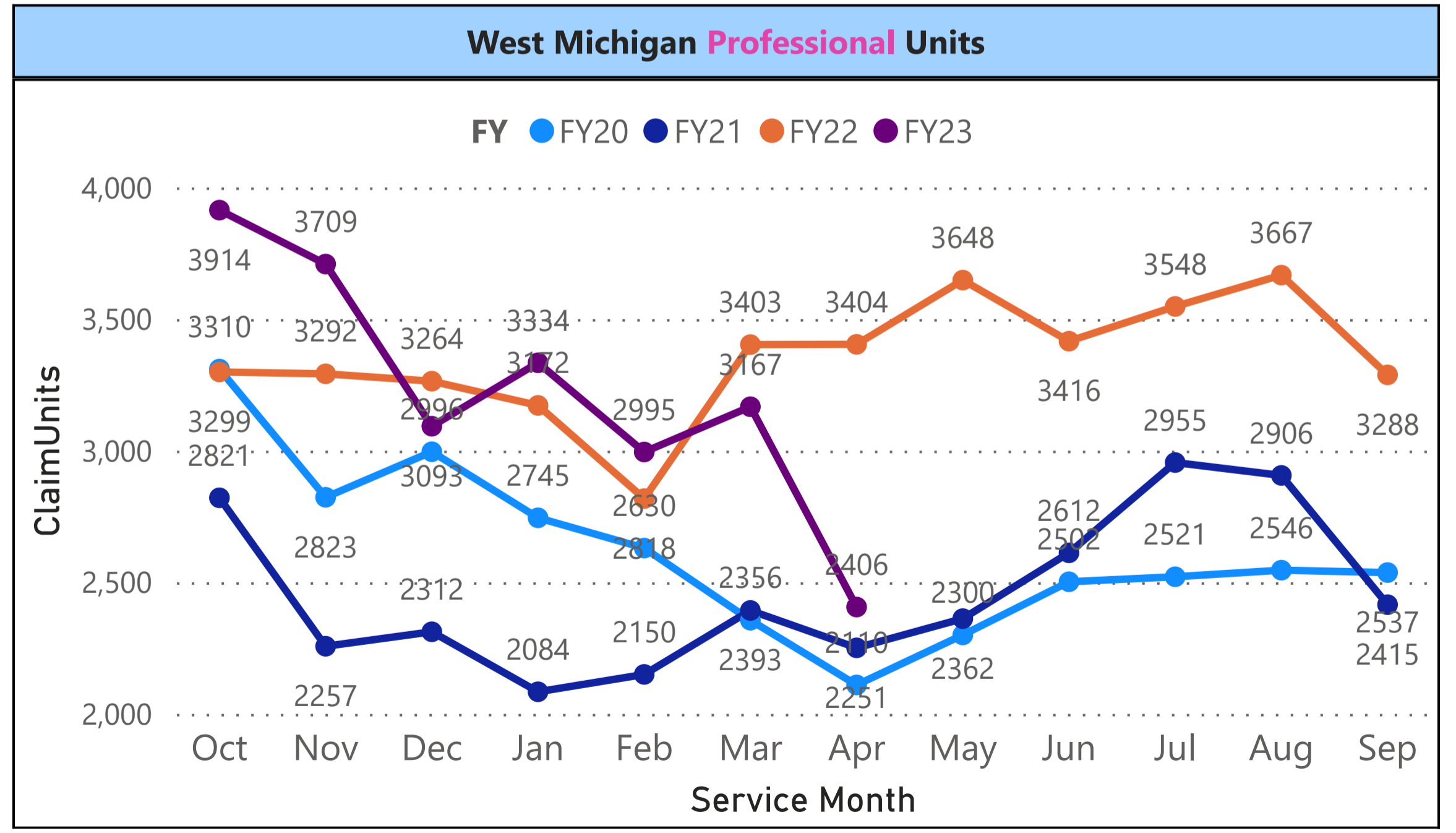
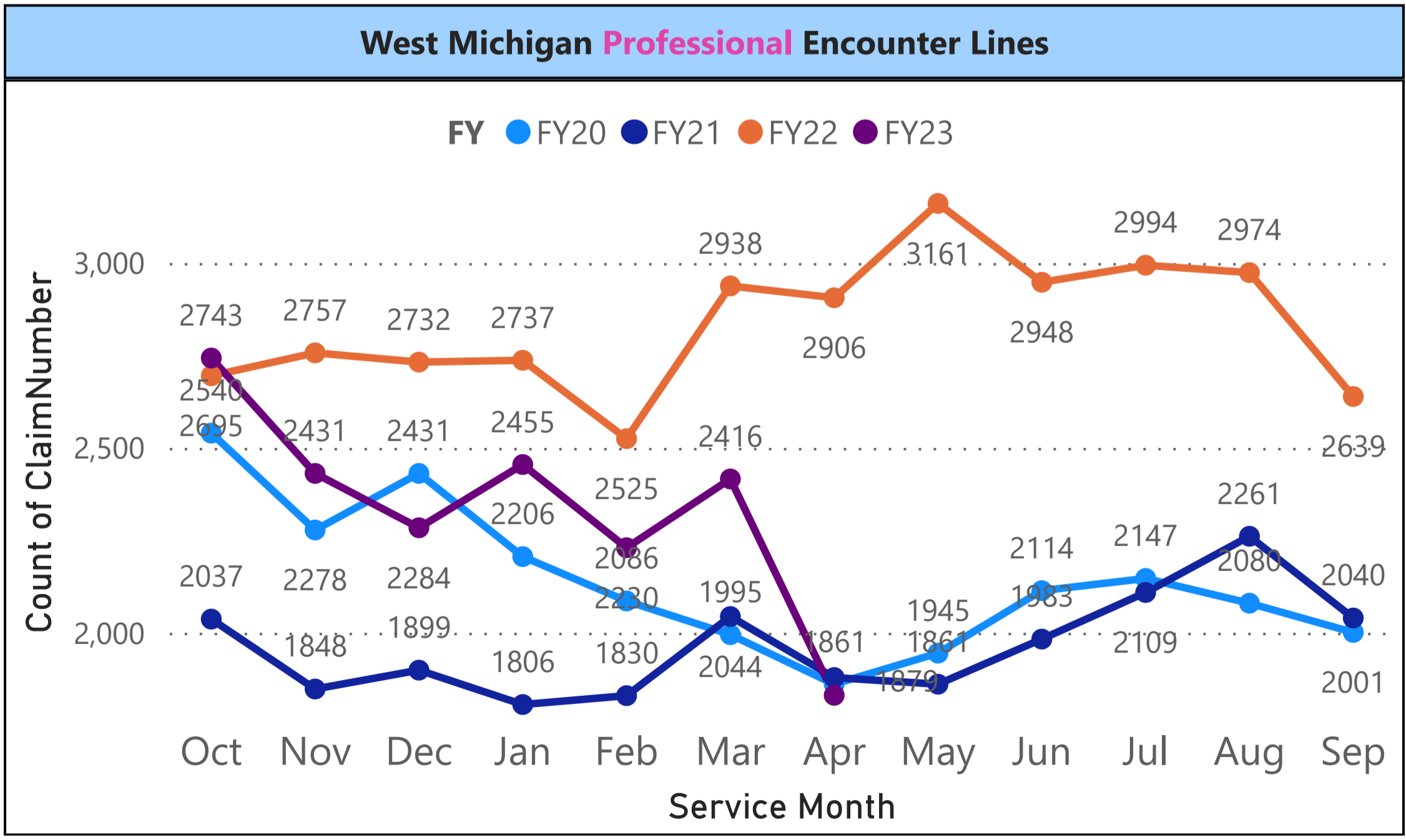


West Michigan Substance Use Disorder



FY: All

- Select all
- FY20
- FY21
- FY22
- FY23



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Data Sources and Definitions

Data Source

LRE_DW_CorporateInfo.LRE_Encounters

Definitions

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

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

Encounter Lines: Count of ClaimNumber

Units: Sum of ClaimUnits

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

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

Professional Lines and Units: TransactionType = Professional

Institutional Lines and Units: TransactionType = Institutional

Fiscal Year: FY

Chief Quality Officer - Report to the Board of Directors

May 24, 2023

HSAG: LRE continues to review and, where possible, implement HSAG’s recommendations for all “Met” Elements, which will be audited by HSAG in July 2023 along with the FY21 & FY22 CAPs. LRE continues to make progress towards all its HSAG CAPs for FY21 and FY22.

- **PMV:** LRE timely submitted its FY23 PMV to HSAG on April 19, 2023.

CMHSP SITE REVIEWS: LRE commenced its FY23 CMHSP Site Review Season in March 2023. LRE has completed its Site Reviews of Ottawa and West Michigan. LRE finalized its Audit Power BI Dashboard for CMHSP Site Reviews and continues developing more efficient workflows for Audit Responses. LRE has commenced aggregating FY23 Site Review data on a Regional level to identify any systemic issues, if they exist. LRE will also utilize the Audit Power BI Dashboard for its FY23 Site Reviews to validate FY22 remediation efforts by CMHSPs. LRE continues developing procedures and job aids to ensure proper documentation of the CMHSP Site Review process. LRE will conduct N180’s Site Review the week of May 22, 2023.

NON-CMHSP SITE REVIEWS: LRE is finalizing the Non-CMHSP Site Review Procedure with deployment expected Region wide starting FY24.

- **SUD FACILITIES:**
 - ✓ LRE continues to conduct SUD Treatment Site Reviews.
 - ✓ LRE has distributed Corrective Action Plans following the results of the Desk Audits and enhanced Clinical and Credentialing Audits.
- **SPECIALIZED RESIDENTIAL:**
 - ✓ Since May 1, 2022, LRE has completed 313 Facilities Reviews with an average compliance rate of 98.6%
 - ✓ LRE’s compliance rate for Specialized Residential AFCs continues to average 98%.
 - ✓ LRE continues finalizing reports and CAPs, while working closely with each provider to educate and train in resolving any non-compliant element.
 - ✓ LRE continues to track any outstanding CAPs with most out of compliance elements being related to the HCBS Final Rule and fire inspections:

Audit Category	Audit Question
HCBS	6. All bedrooms have appropriate keyed locks (individually keyed, non-locking against egress).
HCBS	13b. If restrictions affect other members of the home, each resident in the home has documentation of the restriction in the IPOS documenting how they can overcome the restriction.
HCBS	12b. If restrictions exist, the individual(s) in the home requiring a restriction has documentation of health/safety rationale in the IPOS.
HCBS	5. Home is free from physical barriers to common areas (i.e. Kitchen, Living Area, Laundry Room, etc.).
HCBS	2. Home is free of Lock/Alarms on exterior doors.
Safety	10. Includes: Testing and Maintenance policy for Smoke Detector.
Safety	9. Includes: Testing and Maintenance policy for Carbon Monoxide Detector.
HCBS	9. All bathrooms have appropriate privacy locks (non-locking against egress).

Safety	1. There is documentation in the home that the fire alarm system is inspected each year by a licensed electrician or fire inspector as required.
Safety	3. Carbon Monoxide: Installed and tested and Documentation is present.
Safety	4. Smoke Detectors: Installed and tested and Documentation is present.
Safety	7. Fire extinguishers are monitored and serviced as needed (minimally annually), not expired and documentation is present.

HOME AND COMMUNITY-BASED SERVICES (HCBS): As mentioned in the CQO April 2023 Report, CMS and MDHHS expect all providers rendering services that fall within the purview of the HCBS Final Rule to be compliant with the HCBS Final Rule in perpetuity. MDHHS is taking strides to transition from the planning/initial assessment phase of the HCBS Final Rule to the implementation/monitoring phase of the HCBS Final Rule. MDHHS is requesting comments and feedback from PIHP HCBS Leads only at this point in time. LRE is formulating its comments and feedback for submission to MDHHS for its consideration.

As provided for in the CQO April 2023 Report, MDHHS has mandated a quarterly survey for various consumer and provider groups, which commenced mid-March 2023 with final provider submission required by April 21, 2023. For any incomplete survey, either by provider or consumer, MDHHS designate the setting as being on Heightened Scrutiny and the “Shut the Front Door” Policy will be triggered for current and future admissions. On April 18, 2023, twenty-three (23) providers/consumers had not completed the first quarter surveys. Efforts by LRE’s HCBS Manager resulted in one facility not completed three surveys. LRE is collaborating with MDHHS as to next steps as it relates to this single provider.

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

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

Quality Assessment and Performance Improvement Program (QAPIP) – FY23: MDHHS reviewed LRE’s FY23 QAPIP, which was submitted in a new, streamlined format that tracks to the Managed Care Regulations and MDHHS QAPIP Policy. MDHHS provided minor comments but with no directive to alter the FY23 QAPIP. MDHHS also commented that it was “...very impressed with LRE’s new design of their QAPIP. This was so easy to read and review and much appreciated.”

LRE PERFORMANCE IMPROVEMENT PROJECTS (PIP): LRE’s two PIPs center around HEDIS® 30-day Follow-Up after Hospitalization for Mental Illness (FUH). LRE and its CMHSPs developed new FUH reporting standards and workflows that were deployed on April 3, 2023, as an administrative intervention with the anticipation that more formal reporting standards and timelines will improve LRE’s FUH performance. Due to the lag in FUH data availability, LRE will not be able to measure the results of this administrative intervention for 60-90 days. LRE has also been meeting with its MHPs to determine what collaborative training and awareness efforts exist as a secondary intervention. LRE is also developing an initiative that leverages the Michigan Mission Based Performance Indicator System (MMBPIS) Indicator 4a 7-day FUH by focusing on developing initiatives with CMHSPs emphasizing the need for outreach efforts, in some form, prior to discharge, within 24 hours of discharge, and following a missed follow-up appointment. LRE is also investigating the percentage of consumers admitted into inpatient settings for mental illness treatment but who are not engaged in services prior to admission and how that percentage correlates to the no-show rate.



CRITICAL INCIDENT REBOOT: MDHHS launched a new Critical Incident CRM module in December 2022. LRE collaborated with its EHR vendor to develop an appropriate interface that supports LRE’s collection of Critical Incident and Risk Events. In April 2023, LRE was able to automatically upload its Critical Incident data into MDHHS’ CRM module instead of hand entering the data. LRE experienced no issues uploading the data; however, there were challenges with communications and responses post upload due to background programming in MDHHS’ CRM module. LRE continues to work with MDHHS to develop enhancements to the CRM module.

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

MEDICAID VERIFICATION (MEV): LRE continues conducting its FY23 Q2 MEV audit.

MICHIGAN MISSION BASED PERFORMANCE INDICATOR SYSTEM (MMBPIS): On March 31, 2023, LRE timely submitted its MMBPIS data for FY23 Q1. On April 13, 2023, LRE received MDHHS’ MMBPIS Consultative Draft, which compares all PIHPs MMBPIS reporting. LRE met the thresholds for Indicators 1, 4a – Adults, 4b, and 10. LRE fell below the threshold for Indicator 4a – Children but was above the State average by 1.4%. (Attachment A). For Indicators 2a and 3, LRE’s results continued to decline quarter over quarter that was driven by Workforce Shortages, 31.1% of the time, and Client No Show, 22.7% of the time. (Attachment A). LRE is finalizing the MMBPIS Power BI Dashboard for better data analysis and trending.

Lakeshore Regional Entity
MMBPIS Performance Indicator Dashboard
FY 2023

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

MMBPIS Indicator #	PIHP Quarterly Measures	Target	Oct-Dec 22	Q1 State Avg	Jan-Mar23	Q2 State Avg	Apr-Jun23	Q3 State Avg	July-Sept23	Q4 State Avg
Indicator #1	% of Pre-Admission Screening Dispositions 3 hrs or less - Children	95%	97.6%	98.5%						
	% of Pre-Admission Screening Dispositions 3 hrs or less - Adults	95%	98.2%	98.2%						
Indicator #2	F/F Assessment within 14 days --MIC	N/A	58.9%	48.8%						
	F/F Assessment within 14 days --MIA	N/A	55.6%	53.0%						
	F/F Assessment within 14 days --DDC	N/A	60.6%	46.6%						
	F/F Assessment within 14 days --DDA	N/A	66.2%	50.9%						
	F/F Assessment within 14 days --LRE Total	N/A	57.9%	51.6%						
Indicator #3	Start of Service Within 14 Days --MIC	N/A	52.6%	70.1%						
	Start of Service Within 14 Days --MIA	N/A	56.3%	71.7%						
	Start of Service Within 14 Days --DDC	N/A	64.1%	77.2%						
	Start of Service Within 14 Days --DDA	N/A	59.5%	74.1%						
	Start of Service Within 14 Days --LRE Total	N/A	55.3%	71.8%						
Indicator #4a	% Seen Within 7 Days of Inpatient Discharge - Children	95%	93.6%	92.2%						
	% Seen Within 7 Days of Inpatient Discharge - Adults	95%	96.2%	90.1%						
Indicator #4b	% Seen Within 7 Days of SA Detox Unit Discharge -SUD	95%	98.1%	96.6%						
Indicator #10	Inpatient Recidivism Rate - Children	15% or less	9.9%	6.9%						
	Inpatient Recidivism Rate - Adults	15% or less	8.9%	11.6%						
MDHHS collects and reports the following indicators										
Indicator #2e	F/F Service for Treatment Support within 14 days --SUD	MDHHS INFO	67.2%	70.0%						
Indicator #5	% of Area Medicaid Having Received PIHP Managed Services	MDHHS INFO	5.18%	6.4%						
Indicator #6	% of HSW Enrollees in Quarter who Received at Least 1 HSW Service each Month other than Support Coordination	MDHHS INFO	95.3%	94.4%						

EXECUTIVE COMMITTEE SUMMARY

Wednesday, May 17, 2023, 1:00 PM

Present: Mark DeYoung, Linda Garzelloni, Jack Greenfield, Jane Verduin

Absent: Richard Kanten

LRE: Mary Marlatt-Dumas, Stacia Chick, Stephanie VanDerKooi

WELCOME

- i. Review of May 17, 2023, Meeting Agenda
- ii. Review of April 19, 2023, Meeting Minutes

The May 17, 2023, agenda and the April 19, 2023, meeting minutes are accepted as presented.

MDHHS UPDATES

- i. Dec Action
 - LRE Legal sent a letter to MDHHS to request a timeline of when they will send the funds due to us. The letter includes the submitted plan to resolve the historical deficit in FY18/19 by splitting the deficit amount between MDHHS/LRE (MDHHS-55%, LRE-45%) in which the court ruled to uphold as part of the agreement that led to LRE coming off sanctions. There has been no response as of this meeting. LRE legal intends to follow up with MDHHS by next week if we do not hear back about the letter that was sent.
 - Ms. Marlatt-Dumas updates that LRE is working with the CMHs and would like to see where CMH compliance audits land before paying out our portion (45% or \$13 million). After the compliance audits are completed the LRE will know how much is left in the ISF/MC savings. This will continue to be discussed during the scheduled financial meetings with EC and CMH CEO/CFOs.
 - There is further discussion about when LRE should pay out our share (45%) \$13 million. This could be approved during the next Board meeting to move forward immediately, or LRE can wait for a couple weeks when the audits are complete and the situation with the state is known. LRE would like to move forward with paying the \$13 million out but thinks it is premature to discuss moving forward with the additional \$16 million without knowing what the state is going to do.
 - Some of our CMH members have informed LRE that MDHHS has asked CMHs for copies of their bylaws. Ms. Doyle inquired why the bylaws were needed and was informed that MDHHS were updating records.
 - Mr. DeYoung suggests discussing this further during the next scheduled financial meeting on Tuesday when more information has been gathered. The group agrees and will continue the discussion then.

ii. Jeff Wieferich Meeting

- The meetings continue to go well.
- Ms. Marlatt-Dumas discussed HAB Waiver slots with Mr. Wieferich. The region has historically been under the state average but continues to utilize and have need of more HAB waiver slots. Mr. Wieferich noted that this is an opportune time to re-evaluate the slot allocations as there are other PIHPs that do not utilize all of their slots. Ms. Marlatt-Dumas requested 269 slots to bring the region up to the state average. He said he would work internally to try to get the slots needed for this region.
- An email was sent out from MDHHS informing us that Mr. Wieferich will no longer be with MDHHS, and we are unsure who will take his place. When his replacement is communicated out Ms. Marlatt-Dumas will request a meeting so not to lose any ground with evaluating the HAB Waiver slots.

LRE CEO EVALUATION PROCESS/TOOL

- Mr. Riley and Ms. Marlatt-Dumas have been meeting to revamp the CEO Evaluation process. They have been reviewing evaluations from numerous other organizations. A draft has been completed and will be sent out to the Executive Committee for review.
- The question was asked if the new evaluation will still include input from LRE staff and CMH CEOs. This has not been included but Ms. Marlatt-Dumas suggest that this input could be gathered and submitted with the evaluation but not be a scored piece of the evaluation.

BOARD MEETING AGENDA ITEMS

- i. Action Item: Approval of Ron Bacon as Jane Verduin’s replacement on Executive Committee per West Michigan CMH recommendation.
- ii. Mr. DeYoung updates that Jim Storey has been reappointed to the LRE Board by OnPoint Board for the next 3-year term.

BOARD WORK SESSION AGENDA

- i. LRE Strategic Plan
- ii. LRE Finance Workshop

OTHER

- Board Secretary – Mr. DeYoung will contact Mr. Bacon to discuss nominating him to replace Ms. Verduin as the new Board Secretary.

UPCOMING MEETINGS

- May 24, 2023 – LRE Executive Board Meeting, 1:00 PM
GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440
- June 8, 2023 – Community Advisory Panel (CAP), 1:00 PM

- June 21, 2023 – Executive Committee, 1:00PM
- June 28, 2023 – LRE Executive Board Meeting, 1:00 PM
GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440

ADJOURN

Lakeshore Regional Entity Board Financial Officer Report for May 2023 5/17/2023

- **Disbursements Report** – A motion is requested to approve the April 2023 disbursements. A summary of those disbursements is included as an attachment.
- **Statement of Activities** – Report through March is included as an attachment. This is a preliminary report. Figures will change based on the final FY2022 financial statements due to accruals, other year-end entries, the external audit, and the CMHSP final FSRs.
- **LRE Combined Monthly FSR** – The February LRE Combined Monthly FSR Report is included as an attachment for May’s meeting. Expense projections, as reported by each CMHSP, are noted. An actual surplus through March of \$5.8 million, a projected annual surplus of \$4.6 million and a budgeted surplus of \$10.4 million regionally (Medicaid and HMP, excluding CCBHC) is shown in this month’s report. All CMHSPs have an actual surplus except Health West with an actual deficit of \$81 thousand and Network180 with an actual deficit of \$291 thousand. All CMHSPs have a projected surplus, except Network180 with a projected deficit of \$2.1 million and West Michigan with a projected deficit of \$900 thousand. All CMHSPs have a budgeted surplus except West Michigan with a budgeted deficit of \$800 thousand.

CCBHC activity is included in this month’s report showing no actual, projected or budgeted surplus or deficit. The CCBHC activity is for the LRE only and does not reflect the activity at the CCBHC level due to different reporting requirements for the PIHP versus the CCBHC. This report was reviewed by Finance ROAT on May 17, 2023, and reviewed by Operations Advisory Council on May 17, 2023. This reporting template is still a work in progress and changes throughout the year are anticipated.

- **Cash Flow Issues** – No Member CMHSP has reported any cash flow issues. Network180 indicated at the Regional Financial Discussion Meeting on May 12, 2023, that it would have a cash flow issue if previous cost settlement amounts due from Network180 to the LRE were paid.

- ISF/Medicaid Savings Estimate –

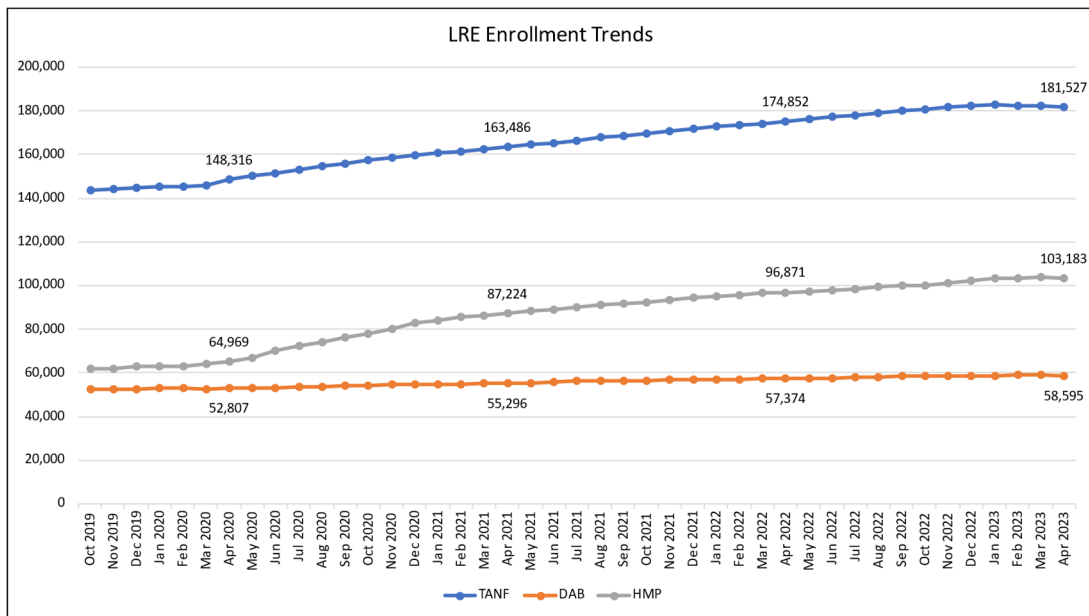
ISF/Savings Estimates

FY2023

5/17/2023

Medicaid	Healthy Michigan Total		
\$ 23,016,692.00	\$ 5,233,397.00	\$ 28,250,089.00	Projected FY22 ISF Ending Balance
\$ 9,024,818.00	\$ 9,808,574.00	\$ 18,833,392.00	Projected FY22 Savings Ending Balance
\$ 2,570,273.00	\$ (696,983.00)	\$ 1,873,290.00	Projected FY23 ISF Contribution
\$ (5,836,954.00)	\$ 8,590,166.00	\$ 2,753,212.00	Projected FY23 Savings Contribution
\$ 28,774,829.00	\$ 22,935,154.00	\$ 51,709,983.00	Total Projected FY23 ISF/Savings Ending Balance
\$ 25,586,965.00	\$ 4,536,414.00	\$ 30,123,379.00	Total Projected FY23 ISF Ending Balance
\$ 25,586,965.00	\$ 4,536,414.00	\$ 30,123,379.00	7.5% ISF Maximum Allowable Funding
\$ -	\$ -	\$ -	ISF Over (Under) Maximum
		\$ 21,586,604.00	Total Projected FY23 Savings Ending Balance
		\$ 20,182,663.93	5% Savings Maximum Allowable Funding (Band 1)
		\$ 9,940,715.07	2.5% Savings Maximum Allowable Funding (Band 2)
		\$ 30,123,379.00	Total Savings Maximum Allowable Funding
		\$ (8,536,775.00)	Savings Over (Under) Maximum
		\$ 51,709,983.00	Total Projected ISF/Savings FY23 Ending Balance
		\$ 60,246,758.00	Maximum Allowable Funding
		\$ (8,536,775.00)	ISF/Savings Over (Under) Maximum

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



- Rate Setting Update** – In May, the LRE received updated PIHP rates from MDHHS adjusted beginning in May for DCW. Revised Revenue Projections show an approximate \$3.1 million decrease in revenue for the region, which includes the region’s projections of decreases in enrollment due to Medicaid Redeterminations beginning in June.

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

CCBHC PPS-1 Rates changed in May, retroactive back to 10/1/22. The Supplemental Rates paid from MDHHS to the PIHPs were reduced. The overall rate for HealthWest decreased by 3% and the overall rate for West Michigan decreased by 18%.

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

LAKESHORE REGIONAL ENTITY LEGAL EXPENSES REPORT April 30, 2023		
4/30/2022	BYLAWS/OPERATING AGREEMENT	5,700.00
7/28/2022	BYLAWS/OPERATING AGREEMENT	6,500.00
	BYLAWS/OPERATING AGREEMENT TOTAL	12,200.00
11/30/2021	CCHBC SUPPORT	812.50
	CCHBC SUPPORT TOTAL	812.50
2/11/2022	GENERAL/OTHER	325.00
1/16/2023	GENERAL/OTHER	10,000.00
2/3/2023	GENERAL/OTHER	250.00
	GENERAL/OTHER TOTAL	10,575.00
10/31/2021	HEALTHWEST LITIGATION	5,368.74
3/31/2022	HEALTHWEST LITIGATION	2,016.00
4/30/2022	HEALTHWEST LITIGATION	9,388.80
6/24/2022	HEALTHWEST LITIGATION	13,782.40
3/31/2023	HEALTHWEST LITIGATION	6,992.00
	HEALTHWEST LITIGATION TOTAL	37,547.94
10/31/2021	MANAGED CARE/MDHHS CONTRACT	17,058.00
11/30/2021	MANAGED CARE/MDHHS CONTRACT	9,992.00
12/31/2021	MANAGED CARE/MDHHS CONTRACT	5,202.00
1/25/2022	MANAGED CARE/MDHHS CONTRACT	23,501.31
2/17/2022	MANAGED CARE/MDHHS CONTRACT	9,280.00
2/17/2022	MANAGED CARE/MDHHS CONTRACT	17,125.00
2/28/2022	MANAGED CARE/MDHHS CONTRACT	20,051.20
2/28/2022	MANAGED CARE/MDHHS CONTRACT	6,312.50
3/31/2022	MANAGED CARE/MDHHS CONTRACT	4,032.00
4/11/2022	MANAGED CARE/MDHHS CONTRACT	421.50
6/24/2022	MANAGED CARE/MDHHS CONTRACT	2,863.57
7/25/2022	MANAGED CARE/MDHHS CONTRACT	6,788.23
8/22/2022	MANAGED CARE/MDHHS CONTRACT	4,437.50
8/25/2022	MANAGED CARE/MDHHS CONTRACT	16,806.40
9/29/2022	MANAGED CARE/MDHHS CONTRACT	20,832.00
9/30/2022	MANAGED CARE/MDHHS CONTRACT	23,104.65
10/31/2022	MANAGED CARE/MDHHS CONTRACT	9,307.00
11/30/2022	MANAGED CARE/MDHHS CONTRACT	33,792.00
11/30/2022	EARLY PAYMENT DISCOUNT	(5,068.80)
12/31/2022	MANAGED CARE/MDHHS CONTRACT	31,494.10
1/31/2023	MANAGED CARE/MDHHS CONTRACT	25,683.40
2/28/2023	MANAGED CARE/MDHHS CONTRACT	7,472.60
3/31/2023	MANAGED CARE/MDHHS CONTRACT	3,371.20
	MANAGED CARE/MDHHS CONTRACT TOTAL	293,859.36
2/28/2023	NETWORK 180 LITIGATION	2,674.00
3/31/2023	NETWORK 180 LITIGATION	29,167.33
	NETWORK 180 LITIGATION TOTAL	31,841.33
	GRAND TOTAL	\$ 386,836.13



BOARD ACTION REQUEST

Subject: April 2023 Disbursements

Meeting Date: May 24, 2023

RECOMMENDED MOTION:

To approve the April 2023 disbursements of \$33,252,310.31 as presented.

SUMMARY OF REQUEST/INFORMATION:

<u>Disbursements:</u>	
Allegan County CMH	\$3,105,265.51
Healthwest	\$7,531,120.86
Network 180	\$14,394,315.81
Ottawa County CMH	\$4,896,632.55
West Michigan CMH	\$2,761,170.91
SUD Prevention Expenses	\$85,959.77
SUD Public Act 2 (PA2)	\$37,955.06
Administrative Expenses	\$439,889.84
Total:	\$33,252,310.31

98.68% of Disbursements were paid to Members and SUD Prevention Services.

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

STAFF: Stacia Chick

DATE: 5/15/2023

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

As of Date: 3/31/23

Change in Net Assets	Year Ending	3/31/2023		
	9/30/2023	Budget to Date	Actual	Actual to Budget Variance
	FY23 Budget <i>Amendment 1</i>			
Operating Revenues				
Medicaid, HSW, SED, & Children's Waiver	285,537,018	142,768,509	146,314,351	3,545,842
Autism Revenue	43,517,457	21,758,729	22,741,901	983,172
DHS Incentive	471,247	235,624	-	(235,624)
Healthy Michigan	62,732,364	31,366,182	30,050,339	(1,315,843)
Performance Bonus Incentive	2,819,234	1,409,617	-	(1,409,617)
Hospital Rate Adjuster (HRA)	9,518,432	4,759,216	2,379,608	(2,379,608)
Local Match Revenue (Members)	1,007,548	503,774	335,849	(167,925)
CCBHC Supplemental Revenue	13,064,253	6,532,127	4,949,471	(1,582,655)
CCBHC General Funds	693,898	346,949	-	(346,949)
MDHHS Grants	13,155,178	6,577,589	4,261,012	(2,316,577)
PA 2 Liquor Tax	3,249,131	1,624,566	502,433	(1,122,133)
Non-MDHHS Grants: DFC	125,000	62,500	78,304	15,804
Interest Revenue	299,487	149,744	158,548	8,804
Miscellaneous Revenue	15,500	7,750	-	(7,750)
Total Operating Revenues	436,205,747	218,102,874	211,771,815	(6,331,059)
Expenditures				
Salaries and Fringes	3,871,353	1,935,677	2,085,994	150,317
Office and Supplies Expense	259,630	129,815	90,060	(39,755)
Contractual and Consulting Expenses	888,445	444,223	329,288	(114,935)
Managed Care Information System (PCE)	305,200	152,600	147,600	(5,000)
Legal Expense	242,153	121,077	155,135	34,058
Utilities/Conferences/Mileage/Misc Exps	8,355,776	4,177,888	127,517	(4,050,371)
Grants - MDHHS & Non-MDHHS	989,860	494,930	174,655	(320,275)
Taxes, HRA, and Local Match	15,503,880	7,751,940	5,124,582	(2,627,358)
Prevention Expenses - Grant & PA2	3,034,456	1,517,228	1,525,991	8,763
Contribution to ISF/Savings	-	-	-	-
Member Payments - Medicaid/HMP	356,798,513	178,399,257	178,135,139	(264,118)
Member Payments - CCBHC Capitation	20,545,519	10,272,760	10,667,623	394,864
Member Payments - CCBHC Supplemental	13,064,253	6,532,127	5,234,215	(1,297,911)
Member Payments - CCBHC General Funds	693,898	346,949	-	(346,949)
Member Payments - PA2 Treatment	2,001,942	1,000,971	370,493	(630,478)
Member Payments - Grants	9,650,869	4,825,435	2,870,317	(1,955,118)
Total Expenditures	436,205,747	218,102,874	207,038,608	(11,064,265)
Total Change in Net Assets	-	-	4,733,206	4,733,207



Statement of Activities Budget to Actual Variance Report

For the Period ending March 31, 2023

As of Date: 3/31/23

Operating Revenues

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

Expenditures

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



Lakeshore Regional Entity Combined Monthly FSR Summary
FY 2023
March 2023 Reporting Month
Reporting Date: 05/17/2023

ACTUAL:	HealthWest	Network180	OnPoint	Ottawa	West Michigan	LRE	Total
Distributed Medicaid/HMP Revenue							
Medicaid	23,787,280	66,903,438	12,624,131	18,763,092	6,535,091	2,313,140	130,926,173
Autism	4,650,999	11,342,022	2,054,333	3,259,239	1,324,904	265,456	22,896,953
Healthy Michigan	4,656,508	14,857,384	2,248,030	4,054,275	890,310	356,997	27,063,504
Total Distributed Medicaid/HMP Revenue	33,094,787	93,102,844	16,926,494	26,076,606	8,750,305	2,935,593	180,886,630
Capitated Expense							
Medicaid	27,594,081	70,775,113	12,907,215	16,898,573	7,474,417	2,313,140	137,962,539
Autism	1,166,885	10,803,419	955,550	2,257,498	383,784	265,456	15,832,592
Healthy Michigan	4,415,170	11,814,921	1,835,530	2,186,887	682,834	356,997	21,292,339
Total Capitated Expense	33,176,136	93,393,453	15,698,295	21,342,957	8,541,035	2,935,593	175,087,470
Actual Surplus (Deficit)	(81,349)	(290,609)	1,228,199	4,733,649	209,270	-	5,799,160
% Variance	-0.25%	-0.31%	7.26%	18.15%	2.39%	0.00%	
Information regarding Actual (Threshold: Surplus of 5% and deficit of 1%)	The deficit reduced because the revenue for CCBHC Medicaid and HMP was being deducted twice from this area.	Less than threshold for explanation	Spending is in line with board approved budget and initial spending plan, actual expenses came in lower than IBNR estimate from February report.	Annual rate increases are slowly starting to reduce surplus variance which was decreased by \$377,342 from February to current reporting.	Less than threshold for explanation		
PROJECTION:							
LRE Revenue Projections as of:							
March							
Medicaid	49,883,174	139,459,869	26,059,696	39,518,102	13,928,404	14,587,680	283,436,926
Autism	8,896,901	21,592,669	3,851,317	6,348,639	2,512,400	1,955,249	45,157,174
Healthy Michigan	8,835,939	28,576,673	4,254,035	8,024,828	1,606,002	2,277,176	53,574,652
Total Projected Medicaid/HMP Revenue	67,616,014	189,629,210	34,165,048	53,891,569	18,046,806	18,820,105	382,168,751
Expense Projections							
Medicaid	50,247,619	144,666,521	27,354,516	39,407,536	16,373,472	14,587,680	292,637,345
Autism	4,075,184	22,878,477	2,212,105	6,889,244	1,213,176	1,955,249	39,223,435
Healthy Michigan	7,885,618	24,168,729	3,979,674	6,011,096	1,359,177	2,277,176	45,681,469
Total Capitated Expense Projections	62,208,421	191,713,727	33,546,295	52,307,876	18,945,825	18,820,105	377,542,249
Projected Surplus (Deficit)	5,407,593	(2,084,517)	618,753	1,583,693	(899,019)	-	4,626,502
% Variance	8.00%	-1.10%	1.81%	2.94%	-4.98%	0.00%	
Information regarding Projections (Threshold: Surplus of 5% and deficit of 1%)	The HealthWest projection is getting much closer to our 5% threshold. We are on target to meet that.	Updated revenue projection for DCW changes and expected redeterminations calculated by the LRE	Less than threshold for explanation	Less than threshold for explanation	WM is working to evaluate how to manage capitation shortage after the release of the FY23 CCBHC PPS-1 rates.		
PROPOSED SPENDING PLAN:							
Submitted to the LRE as of:	12/8/2022	9/19/2022	10/18/2022	1/13/2023	5/12/2023		
Medicaid/HMP Revenue							
Medicaid	50,592,580	138,477,148	26,226,787	39,308,314	13,545,763	14,637,966	282,788,559
Autism	8,877,222	21,807,343	3,848,342	6,357,597	2,520,352	1,962,200	45,373,056
Healthy Michigan	9,801,631	28,885,568	4,320,883	8,034,599	2,083,323	2,239,706	55,365,711
Total Budgeted Medicaid/HMP Revenue	69,271,433	189,170,059	34,396,012	53,700,511	18,149,438	18,839,873	383,527,325
Capitated Expense							
Medicaid	52,832,547	136,680,342	26,869,897	39,188,982	16,373,472	14,637,966	286,583,207
Autism	2,409,949	22,686,387	1,961,305	6,016,974	1,213,176	1,962,200	36,249,991
Healthy Michigan	8,177,941	27,916,973	3,063,222	7,489,239	1,359,177	2,239,706	50,246,259
Total Budgeted Capitated Expense	63,420,437	187,283,702	31,894,424	52,695,195	18,945,825	18,839,873	373,079,456
Budgeted Surplus (Deficit)	5,850,996	1,886,358	2,501,588	1,005,316	(796,388)	-	10,447,869
% Variance	8.45%	1.00%	7.27%	1.87%	-4.39%	0.00%	
Information regarding Spending Plans (Threshold: Surplus of 5% and deficit of 1%)	Spending Plan in development.	Less than threshold for explanation	Based on Board approved budget.	Less than threshold for explanation	WM is working to evaluate how to manage capitation shortage after the release of the FY23 CCBHC PPS-1 rates.		
Variance between Projected and Proposed Spending Plan	(443,403)	(3,970,875)	(1,882,835)	578,377	(102,631)	-	(5,821,368)
% Variance	-0.64%	-2.10%	-5.47%	1.08%	-0.57%	0.00%	
Explanation of variances between Projected and Proposed Spending Plan (Threshold: Surplus of 5% and deficit of 1%)	Less than threshold for explanation	Spending Plan expenses match N180 FY23 Board Approved Budget on 9/19/22, plus increase for H0020 to \$19 per unit and 3% SUD Rate increase. Projection matches LRE revenue projection, which was finalized after the N180 Board approved budget	Budget was prepared at the beginning of the year before SUD rate changes were known.	Less than threshold for explanation	Less than threshold for explanation		

Lakeshore Regional Entity Combined Monthly FSR Summary
 FY 2023
 March 2023 Reporting Month
 Reporting Date: 05/17/2023

CCBHC ACTIVITY							
ACTUAL:	HealthWest	Network180	OnPoint	Ottawa	West Michigan	LRE	Total
Distributed Medicaid/HMP CCBHC Revenue							
Medicaid CCBHC Base Capitation	5,048,468				3,241,948		8,290,416
Medicaid CCBHC Supplemental	1,810,358				914,317		2,724,675
Healthy Michigan CCBHC Base Capitation	1,205,682				1,171,524		2,377,206
Healthy Michigan CCBHC Supplemental	567,153				358,587		925,740
Total Distributed Medicaid/HMP CCBHC Revenue	8,631,662	-	-	-	5,686,376	-	14,318,038
Capitated CCBHC Expense							
Medicaid CCBHC	6,858,826				4,156,265		11,015,091
Healthy Michigan CCBHC	1,772,835				1,530,111		3,302,947
Total Capitated CCBHC Expense	8,631,662	-	-	-	5,686,376	-	14,318,038
Actual CCBHC Surplus (Deficit)	-	-	-	-	-	-	-
% Variance	0.00%				0.00%		
Information regarding CCBHC Actual (Threshold: Surplus of 5% and deficit of 1%)	Less than threshold for explanation				Less than threshold for explanation		
PROJECTION:	HealthWest	Network180	OnPoint	Ottawa	West Michigan	LRE	Total
LRE CCBHC Revenue Projections *							
Medicaid CCBHC Base Capitation	10,096,936				6,483,896		16,580,832
Medicaid CCBHC Supplemental	3,620,717				1,828,634		5,449,350
Healthy Michigan CCBHC Base Capitation	2,411,364				2,343,049		4,754,413
Healthy Michigan CCBHC Supplemental	1,134,307				717,174		1,851,481
Total Projected Medicaid/HMP CCBHC Revenue	17,263,324	-	-	-	11,372,752	-	28,636,076
Capitated CCBHC Expense Projections							
Medicaid CCBHC	13,717,653				8,312,530		22,030,182
Healthy Michigan CCBHC	3,545,671				3,060,223		6,605,894
Total Capitated CCBHC Expense Projections	17,263,324	-	-	-	11,372,752	-	28,636,076
Projected CCBHC Surplus (Deficit)	-	-	-	-	-	-	-
% Variance	0.00%				0.00%		
Information regarding CCBHC Projections (Threshold: Surplus of 5% and deficit of 1%)	Less than threshold for explanation				Less than threshold for explanation		
PROPOSED SPENDING PLAN:	HealthWest	Network180	OnPoint	Ottawa	West Michigan	LRE	Total
Submitted to the LRE as of:	12/8/2022	9/19/2022	10/18/2022	1/13/2023	5/12/2023		
Medicaid/HMP Revenue							
Medicaid CCBHC Base Capitation	9,239,326				6,444,913		15,684,239
Medicaid CCBHC Supplemental	4,126,582				1,616,229		5,742,811
Healthy Michigan CCBHC Base Capitation	1,747,430				2,161,893		3,909,324
Healthy Michigan CCBHC Supplemental	1,369,610				722,173		2,091,783
Total Budgeted Medicaid/HMP CCBHC Revenue	16,482,949	-	-	-	10,945,208	-	27,428,157
Capitated Expense							
Medicaid CCBHC	13,365,909				8,061,142		21,427,050
Healthy Michigan CCBHC	3,117,041				2,884,066		6,001,107
Total Budgeted Capitated CCBHC Expense	16,482,949	-	-	-	10,945,208	-	27,428,157
Budgeted Surplus (Deficit)	-	-	-	-	-	-	-
% Variance	0.00%				0.00%		
Information regarding CCBHC Spending Plans (Threshold: Surplus of 5% and deficit of 1%)	Less than threshold for explanation				Less than threshold for explanation		
Variance between CCBHC Projected and Proposed Spending Plan	-				-		-
% Variance	0.00%				0.00%		
Explanation of variances between CCBHC Projected and Proposed Spending Plan (Threshold: Surplus of 5% and deficit of 1%)	Less than threshold for explanation				Less than threshold for explanation		

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