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Meeting Agenda  
**BOARD OF DIRECTORS**  
Lakeshore Regional Entity  
October 25, 2023 – 1:00 PM  
GVSU Muskegon Innovation Hub  
200 Viridian Dr, Muskegon, MI 49440

1. Welcome and Introductions – Mr. Stek
2. Roll Call/Conflict of Interest Question – Mr. Stek
3. Public Comment (Limited to agenda items only)
4. Consent Items:  
***Suggested Motion:*** To approve by consent the following items.
  - October 25, 2023, Board of Directors meeting agenda (*Attachment 1*)
  - September 27, 2023, Board of Directors meeting minutes (*Attachment 2*)
5. Reports –
  - a. LRE Leadership (*Attachment 3, 4*)
6. Chairperson’s Report – Mr. Stek
  - a. October 18, 2023, Executive Committee (*Attachment 5*)
7. Action Items –
  - a. 2024 LRE Board Meeting Schedule (*Attachment 6*)  
***Suggested Motion:*** To approve the 2024 LRE Board Meeting Schedule.
8. Financial Report and Funding Distribution – Ms. Chick (*Attachment 7*)
  - a. FY2023, September Funds Distribution (*Attachment 8*)  
***Suggested Motion:*** To approve the FY2023, September Funds Distribution as presented.
  - b. Statement of Activities as of 8/31/2023 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
  - November 8, 2023 – Executive Committee, 1:00PM
  - November 15, 2023 – LRE Executive Board Meeting, 1:00 PM

Meeting Minutes  
**BOARD OF DIRECTORS**

Lakeshore Regional Entity  
September 27, 2023 – 1:00 PM

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

WELCOME AND INTRODUCTIONS – Mr. Stek

Mr. Stek called the September 27, 2023, LRE Board meeting to order at 1:00 PM.

Welcome new LRE Board Members: Linda Dunmore (Muskegon, HW), Patricia Gardner (Kent, N180), Pastor Craig Van Beek (Allegan, OnPoint)

Mr. Jack Greenfield has resigned from the LRE Board and we would like to thank him for his many years of contribution and dedication to this organization.

ROLL CALL/CONFLICT OF INTEREST QUESTION – Mr. Stek

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

**Absent:** Ron Sanders, Linda Dunmore

PUBLIC COMMENT

None.

CONSENT ITEMS:

**LRE 23-54 Motion:** To approve by consent the following items.

- September 27, 2023, Board of Directors meeting agenda
- August 23, 2023, Board of Directors meeting minutes

Moved: Patricia Gardner

Support: Janet Thomas

MOTION CARRIED

COMMUNITY ADVISORY PANEL

September 14, 2023, meeting minutes are included in packet for information.

LEADERSHIP BOARD REPORTS

LRE Leadership reports are included in the packet for information.

- Ms. VanDerKooi would like to thank Mr. Eric Miller who was the LRE Veteran Navigator (VN) but will now be moving to a State VN position.

## CHAIRPERSON'S REPORT

September 20, 2023, Executive Committee (EC) Meeting Minutes are included in packet for information.

- The Board Governance policies had been previously tabled. Mr. Stek will work with Ms. Marlatt-Dumas to update those policies and bring them back to the Board for approval.

## ACTION ITEMS

**LRE 23-55 Motion:** To approve LRE CEO to fully executive the FY24 MDHHS/PIHP contract.

Moved: Ron Bacon                      Support: Patricia Gardner

MOTION CARRIED

**LRE 23-56 Motion:** To approve LRE CEO to fully executive the LRE offices building lease Amendment #3 agreement with Leestma Management Horizon, LLC for 10/1/2023 through 9/30/2026.

Moved: Richard Kanten                      Support: Jim Storey

MOTION CARRIED

**LRE 23-57 Motion:** To approve LRE CEO to fully execute contracts to allocate funds for the purposes and amounts defined in Attachment 9.

Moved: Janet Thomas                      Support: Ron Bacon

MOTION CARRIED

Question: Are there any additional funding sources and are there any significant changes in expenditures?

- There are no new funding sources.
- There was a decrease in the Gambling Disorder Grant due to a state error last year.
- The COVID Grant is sunsetting.
- The Drug Free Community Support Grant was a 5-year grant that will end next fiscal year. LRE will not be the fiduciary for that again.

## FINANCIAL REPORT AND FUNDING DISTRIBUTION

### **FY2023 August Funds Distribution**

**LRE 23-58 Motion:** To approve the FY2023, August Funds Distribution as presented.

Moved: Andrew Sebolt                      Support: Jim Storey

MOTION CARRIED

**LRE 23-59 Motion:** To approve LRE FY2023 Budget Amendment #2 as presented.

Moved: Ron Bacon                      Support: Jon Campbell  
MOTION CARRIED

**LRE 23-60 Motion:** To approve the LRE FY2024 Annual Budget.

Moved: Janet Thomas                      Support: Ron Bacon  
MOTION CARRIED

Question: Are there items in the budget that have made the audits problematic that we can change moving forward?

- Until the cost settlement is completed back to FY18 then we cannot put the audits to rest. The state has sent a cost settlement letter that we do not agree with and are working with legal and the state to work on the issues. We believe that their process is not in line with the judgement and LRE may have to have the judge clarify his intent. There is also a hearing scheduled in December regarding the sanction, but if we can work this out, we may not need to move forward with the hearing.
- The potential sanction is not included in the budget. We are unsure of the impact on ISF. Ms. Chick clarifies that the rates we have received are draft and this budget may change and if so, we will bring amendments to the Board.
- Spending plans will be updated when LRE receives the final rates.

**Statement of Activities as of 7/31/2023 with Variance Report-**

Included in the Board packet for information.

- The LRE admin. line is about \$2.7 million under budget and was moved to the ISF line.

**Monthly FSR-**

Included in the Board packet for information.

- Surplus funds from a CCBHC are retained by the CCBHC and do not go into the regional ISF or MC Savings.

**CEO REPORT**

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

- Quality PIP received validation at 100%.
- Continue to meet with Kristen Jordan Bi-Weekly. LRE spoke with her about the cost settlement report.
- September is Recovery month.
- All historical deficit funds have been disbursed to the CMHs.
- Continue to discuss and ask for additional HSW slots.
- Attached is a cost settlement letter from MDHHS. LRE does not agree with the process because it does not seem to align with the intent of the judgement from the DEC action.

We have not agreed to it and will discuss it further with the state. If we cannot come to an agreement, we may have to take it back to the judge for clarification.

- If we agree to the states process, we could lapse \$10-\$15 million back to the state.
- LRE has an extension through October 15.
- The sanction may be lifted if we can work through the cost settlements and complete the audits.
- Ms. Chick also comments that there is discussion regarding language in the contract as it states we can put 7.5% into the ISF per year. The state is maintaining that the intent was a cap of 7.5% total.
- Bob Sheehan has also agreed to work with our legal. Ms. Marlatt-Dumas will meet with him today.

Can we consider a bifurcated response that we could accept partially or for a certain number of years? It could be an avenue because anything is viable if it can get us to move this forward. We can look at many options.

- LRE's legal would like to meet with MDHHS and then we could possibly have a recommendation for the Board by next month.
- The state would have LRE use one pot of funds where the judgement does not limit that. Also, if we are not allowed to report the negative balance in our ISF then we would report at \$0 which would change the amounts and cause LRE to incur surpluses that would have to be sent back to MDHHS and would seriously deplete our funding savings.
- LRE will continue to work on this and bring options to the Board.
- Wakely will present the ISF analysis at the October Work Session.
- MDHHS is scheduling meetings with all the PIHPs. The meetings have been going well. There will be an in-person meeting in October with LRE staff.
- CMHAM has Board Works videos that can assist in understanding the role of Board members. <https://cmham.org/education-events/boardworks/>

#### BOARD MEMBER COMMENTS

Ms. Kelsey comments that the workload that includes CCBHC is an enormous workload and would like to make sure LRE has budgeted enough for staff to make sure we can handle the additional workload.

#### PUBLIC COMMENT

NA

#### UPCOMING LRE MEETINGS

- October 18, 2023 – Executive Committee, 1:00PM
  - October 25, 2023 – LRE Executive Board Meeting, 1:00 PM
- GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440**

ADJOURN

Mr. Stek adjourned the September 27, 2023, LRE Board of Directors meeting at 2:28 PM.

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Ron Bacon, Board Secretary

Minutes respectfully submitted by:  
Marion Dyga, Executive Assistant

**Chief Operating Officer (Stephanie VanDerKooi)**  
**Report to the Board of Directors**  
**October 25, 2023**

**Veteran Navigator:** More than 30 applications for this position were received. Four individuals were selected to be interviewed, and the job offer will be made to one of the candidates in the coming days.

**Opioid Health Home (OHH)/Behavioral Health Home (BHH):** Currently, Substance Use Disorder (SUD) treatment services in the region are managed by the member CMHSPs. Region 3 is the only PIHP in Michigan that does not centralize SUD. Lakeshore Regional Entity cannot participate in OHH and BHH due to current regulations that require centralization of SUD Services. LRE is actively working with MDHHS to make changes to the OHH and BHH procedure manual to ensure there is a way the services can be provided in this region. The goal is to work on language changes and state and federal approvals to ensure that LRE and its consumers can be served using these models starting FY25.

- **What is an Opioid Health Home (OHH)?** An OHH is a program that provides comprehensive care management and coordination services to Medicaid beneficiaries with opioid use disorder. The OHH functions as the central point of contact for directing patient-centered care across the broader health care system. Enrolled beneficiaries work with an interdisciplinary team of providers to develop an individualized recovery care plan to best manage their care. The model also elevates the role and importance of peer recovery coaches and community health workers to foster direct empathy and connection to improve overall health and wellness. In doing so, this will attend to a beneficiary's complete health and social needs. Participation is voluntary, and enrolled beneficiaries may opt out at any time .
- **What is a Behavioral Health Home (BHH)?** A BHH is a model of care that provides comprehensive care management and coordination services to Medicaid beneficiaries with a serious mental illness or serious emotional disturbance. The BHH functions as the central point of contact for directing patient-centered care across the broader health care system. Beneficiaries work with an interdisciplinary team of providers to develop a person-centered health action plan to best manage their care. Behavioral Health Home receives reimbursement for providing the following federally mandated core services: Comprehensive Care Management, Care Coordination, Health Promotion, Comprehensive Transitional Care, Individual and Family Support, Referral to Community and Social Services .

***SUD Prevention and Treatment Resources***

The MIRecovery Oversight Workgroup has worked closely with GoMedia to create an explainer video for providers to ensure their understanding and promotion of this tool as a valuable resource. Please view the link at this link: [https://youtu.be/M7RH\\_NmJ\\_As?si=0086niH1IR7lpIQ2](https://youtu.be/M7RH_NmJ_As?si=0086niH1IR7lpIQ2)

***Oversight Policy Board (OPB):*** The next meeting is scheduled for December 6, 2023 at 4pm.

***Substance Use Disorder Strategic Plan:*** The three-year plan was submitted to MDHHS on Friday July 7<sup>th</sup>. We look forward to the department's approval of the plan. At this point, LRE is moving forward with the plan as is. KWB Strategies will be engaged to help demonstrate outcomes.

***Contracts FY24:*** All contracts have been distributed. 38 of the 60 contracts distributed have been signed, many more will be signed at the end of the month once the Board of Directors at our CMHSPs and providers approve the signatures by their CEO's. Significant changes were made to the boilerplate

and attachments for the specialty contract grants. The LRE team has been available to answer any questions related to the new format.

**Legislative Update:** The most updated version of the grid outlining proposed legislation related to behavioral health at both the State and Federal Level is included as *Attachment 1*. This grid is updated monthly, and new legislation is highlighted in yellow for ease of identification. The Board may want to pay attention to the following Legislation:

- **(State) HB 4707:** The bill would amend the Insurance Code to require health insurers in Michigan to provide coverage for medically necessary treatment of a mental health or substance abuse disorder. The bill would set requirements for coverage of out-of-network services and emergency services, as well as requirements related to prior authorization, utilization review, and the determination of level of care for insured individuals. The bill states that it would not apply to any entity or contracting provider that performs utilization review or utilization management functions on an insurer's behalf. This bill is supported by Community Mental Health Association of Michigan (CMHAM) and they had sent an advocacy alert on October 11, 2023.
- **(State) Keep Michigan Kids Tobacco Free:** This group is pushing to have stronger tobacco prevention laws in our state. One way they are moving this along is by asking individuals to sign the petition supporting a ban on all flavored tobacco products (link is below). The goal is to have a statewide list of supporters to accompany this issue when it is brought before the Legislature. Banning the sale of menthol tobacco products and all flavored tobacco products, including e-cigarettes, would help prevent a new generation of tobacco users. This would save millions of lives, reduce health care costs, and ensure equitable approach to better health in the United States. Many states and localities have already banned flavored tobacco products, including menthol, to protect kids and reduce health related disparities in certain communities.

[Sign the Petition — Tobacco Free \(keepmikiidstobaccofree.com\)](https://www.KeepMichiganKidsTobaccoFree.com)

If the Board would like to take action on any of the proposed bills, please advise and the LRE team can formulate a plan.

**CCBHC (Certified Community Behavioral Health Center):** Regional meetings with the CCBHC partners (WCMHS and HealthWest) continue and we are now extending the welcome to all CMHSP's. The LRE is also working on creating a year 2 summary of efforts.

**CCBHC September enrollments:**

HW- Medicaid 5; Non-Medicaid 20

WCMH- Medicaid 85; Non-Medicaid 19

**FY2023 Report Submission Tracking**

In FY2022, LRE implemented a new process for tracking the submission of required reports. Below is the End of Year report for FY2023. LRE tracked the submission of 449 reports in FY2023, with a late submission of a total of six reports (1%).

The report tracking tool has been updated and improved effective October 1, 2023.



FY2023: 10/1/2022 - 9/30/2023

<b>Total Number of Reports</b>	<b>449</b>
Number of Late Reports	6
Percentage of Late Reports	1%
Average Number of Days Late	8

Report Name	Report Type	Due Date	Days Late	Reason
Clubhouse Engagement Project Quarterly Narrative Report	Non-Financial Reporting	11/15/2022	31	Report was completed prior to the deadline, but was not submitted due to a missed email. This report was also missing in our tracking system, but is now accounted for.
ACT/IDDT Team Survey	Non-Financial Reporting	11/10/2022	3	Late submission of report due to LRE staff missing email request for this one time report. MDHHS had the wrong LRE staff contact for this request, which has been updated.
Fiscal Questionnaire	Financial Reporting	2/13/2023	3	Account was inactivated and the file couldn't be uploaded on 2/10/23. State activated the account on 2/13/23 and report was uploaded.
Encounter Quality Initiative Report (EQI)	Financial Reporting	2/28/2023	1	Per email communication from MDHHS 2/28/23, extension to 3/3/23 due to Ottawa CMH not having reports completed on 2/28/23. Report submitted on 3/4/23.
PIHP TIN Expenditure Summary	Financial Reporting	2/28/2023	1	Per email communication from MDHHS 2/28/23, extension to 3/3/23 due to Ottawa CMH not having reports completed on 2/28/23. Report submitted on 3/4/23.
Medical Loss Ratio	Financial Reporting	2/28/2023	1	Per email communication from MDHHS 2/28/23, extension to 3/3/23 due to Ottawa CMH not having reports completed on 2/28/23. Report submitted on 3/4/23.
Behavioral Health Workforce Stabilization Support Narrative Report	Non-Financial Reporting	7/17/2023	14	This report was not reflected in the tracking spreadsheet, so it was missed. Now reflected in the tracking document.

**INTEGRATED HEALTHCARE – Tom Rocheleau**

In September 2023, monthly joint care coordination meetings occurred with each of the 6 Medicaid Health Plans (MHPs) that serve the LRE region. During the September meetings, 54 consumers were discussed with their respective MHPs related to their potential for or continued benefit from having an interactive care plan within the State’s claims database, CC360, and subsequently improving their care and 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). This data continues to indicate the CMHSPs and MHPs are working hard to identify new members for integrated care plan discussions. In addition, 4 new care plans were opened during the month of September.

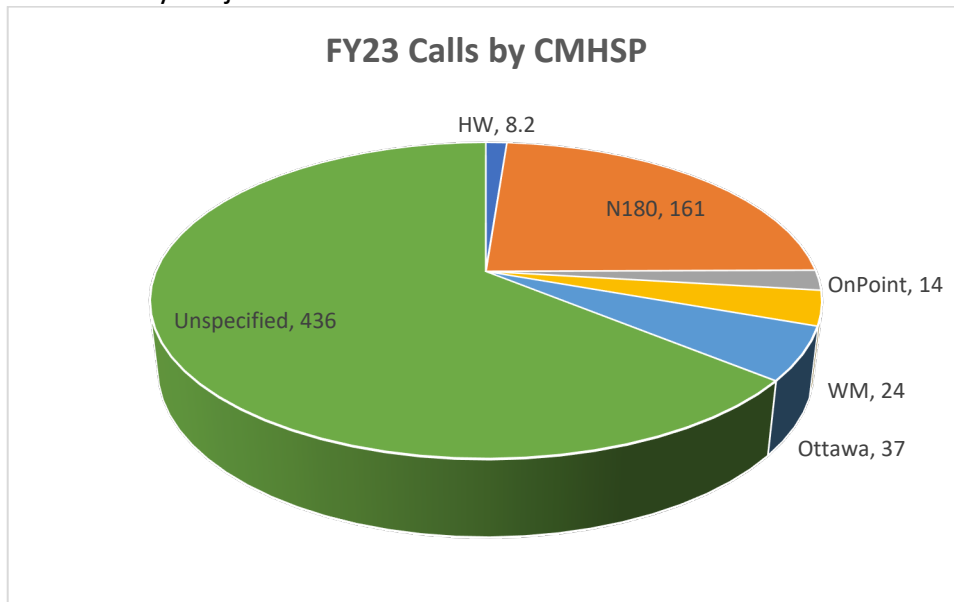
**CUSTOMER SERVICES– Michelle Anguiano & Mari Hesselink**

Customer Services is looking at an end of the year grievance and appeals training for all CMHSP staff. We are finalizing end of the year data and looking at trends and goals for 2024.

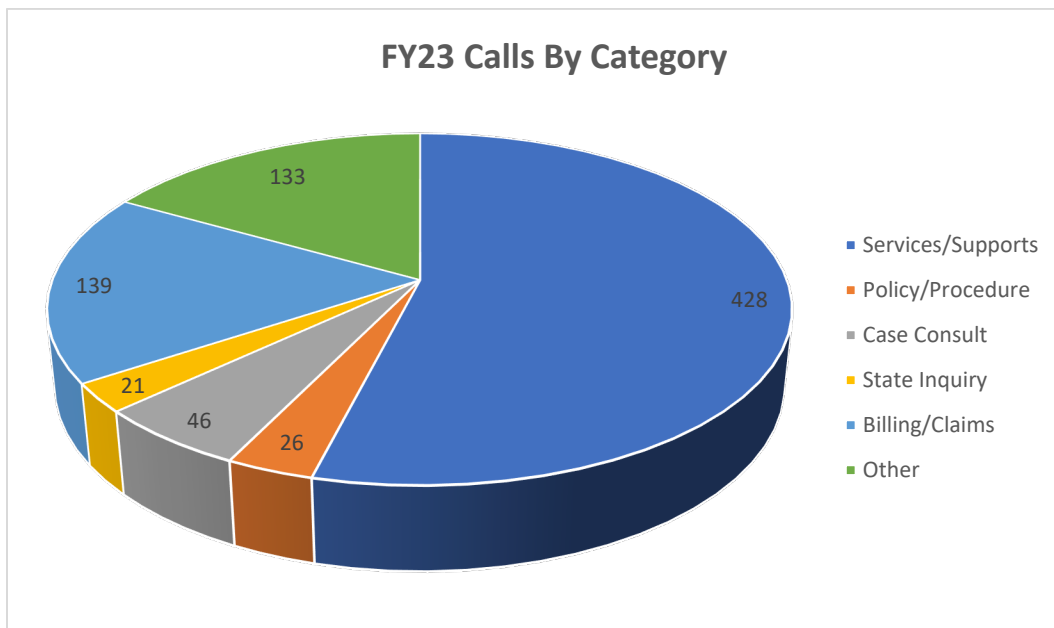
The customer satisfaction survey was approved for the MSHIP and YSS for next year. We are looking at what format to utilize and how often to do a push for the year.

Customer Services continues to provide quarterly trainings for regional CMH staff and providers to help ensure that we are working collectively to provide the people we would work with understandable documents (ie: person center writing training and NABD training). We have a NABD training scheduled for October 27, 2023 with over 130 people signed up.

In FY23, Lakeshore regional entity received and recorded 793 calls to the customer services line. A breakdown of calls by subject is below.



The majority of calls were unspecified, but the largest portion were related to Network 180 followed by Ottawa CMH.



More than half of the calls received were regarding individuals attempting to receive SUD services. These individuals were referred to their respective CMHSPs. The second most frequent category of calls involved providers or individuals seeking information regarding claims, billing, or Medicaid authorizations for medical procedures. This category has increased during the later half of FY23.

**CREDENTIALING – Pam Bronson, Credentialing Specialist**

The Credentialing Committee reviewed and approved 20 organizational providers for credentialing/re-credentialing in September. MDHHS requested two PIHP contacts be identified as Super Users for the new Universal Credentialing process—Pam Bronson and Don Avery will be the LRE representatives. There will be training for Super Users in the next month.

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

With FY2024 Contracts completed, PN Managers are planning for FY24 projects which include evaluation of inpatient hospital rates, contracts, and continued expansion of the value-based reimbursement model, finalizing an updated LRE/Member CMHSP Boilerplate Contract, and other various projects outlined in LRE strategic plan as well as recommendations from HSAG. In September, LRE met with MDHHS to discuss upcoming changes to reporting requirements and monitoring processes of Network Adequacy Standards. In October, PN Managers met with MDHHS to discuss the development and implementation of value-based purchasing with inpatient hospitals and will continue to collaborate through the expansion of this model.

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

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

- Attended the statewide Substance Use Disorder Conference in Lansing and shared many of the sessions materials with the SUD ROAT.
- Attended Perinatal SUD Training
- Spent considerable time preparing contracts for SUD Treatment

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

**Gambling Prevention:** The LRE received notice on October 3<sup>rd</sup>, 2023 of a revised budget allocation for this current FY24 Gambling Disorder Prevention allocation to **\$221,306**. All contracts and provider project proposals had just been completed and approved prior based on an allocation amount of \$171,801. We will be working with regional partners to ensure the reallocation of these funds using the LRE Problem Gambling Needs Assessment.

**Talksooner** is excited to reignite their partnership with University of Michigan Health-West. They will be promoting a slide in their digital screensavers, which are displayed on thousands of computers and monitors throughout the hospital, which includes [30 locations](#).

**Hey Parents!**  
Need help with the drug talk?

Check out  
**[www.talksooner.org](http://www.talksooner.org)**  
(¡disponible en español!)

Brought to you in partnership with:

**Any Way You Slice It, Prevention Matters – please see the attached overview of this successful campaign.**

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

Below is a chart of overdue recertifications and guardian consents. Recertifications are due annually and guardian consents are due every three years.

CMHSP	Overdue Certifications	Overdue Guardian Consents	Inactive Consumers
OnPoint	1	0	3
HealthWest	0	3	
Network180	6	1	3
Ottawa	0	0	
West Michigan	0	0	

We filled 3 slots in the month of September 1 went to Ottawa CMH and 2 to Network 180. We had 4 slots to fill for October. 2 packets for Network 180 and 2 packets for Ottawa are currently pending enrollment at MDHHS for October. We have 2 children’s waiver age off packets to enroll for the month of November. We have 20 complete packets and 14 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	624						
Available	5						
% Used	99.2						

	May	June	July	August	September
Used					
Available					
% Used					

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

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

### Children's Waiver Program (CWP)

92 children are open and enrolled in the Children's Waiver Program for October. We have 1 child that is currently invited to enroll on the Children's waiver with an August start date. We had five prescreens that were submitted in September. We currently have twenty-one scored prescreens that are on the weighing list that have not yet to be invited to join the CWP. Of the twenty-one prescreens that are currently on the weighing list, one was submitted by OnPoint, fourteen by Network 180, three by HealthWest, two by Ottawa, and one by West Michigan.

CMHSP	# Enrolled
HealthWest	7
Network 180	67 (1 invited)
On Point	5
Ottawa	12
West Michigan	1

### 1915(i)SPA:

#### MDHHS Updates:

- MDHHS's deadline for iSPA compliance was 10/1/2023. The LRE was at a 104% enrollment rate by the 10/1 deadline, based on the CMHSP reported projections.
- MDHHS sent a report on 10/2 outlining several hundred cases that they believed should have been entered into the WSA based on service encounters for the last three months. The CMHSPs reviewed their lists and have extended due dates to enter any cases that do still need to be entered.
- 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.
- The LRE 1915(i)SPA Policy and Procedure has been approved and is now operational.
- As of 10/1/23, all iSPA cases must be enrolled in the WSA and approved by MDHHS prior to starting services.
- MDHHS' current focus is now on recertifying cases, including those that have become overdue while focusing on initial enrollments.

**SEDW:**

- There are currently 95 open cases in the region.
  - Allegan – 8
  - HealthWest – 17
  - Network180 – 46
  - Ottawa – 20
  - West MI – 4
  
- The LRE reinstated the Regional SEDW Workgroup on a quarterly basis. The CMHSP SEDW Leads and Arbor Circle met on Tuesday September 19<sup>th</sup> at 1pm to discuss updates to the program from the region and MDHHS, Technical Assistance, and training needs. The next meeting is in December.
  
- MDHHS is working on a formal process for enrolling SEDW cases into the iSPA when needed when beneficiaries are disenrolled from the waiver. A formal process is already in place for this with the HSW, and MDHHS is planning to do something similar for the SEDW.



# Lakeshore Regional Entity's Legislative Update – 10/17/2023

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.  <b>*Supported by CMHAM</b>	Sarah Anthony	1/18/23 – Introduced to the Senate; Referred to Committee on Health Policy <b>10/12/23 – Reported favorably with substitute; Referred to committee of the whole with substitute</b>
<b>***</b>	HB 4576 & 4577	Reintroduced versions of Sen. Shirkey's legislation (SB 597 & 598) from 2022. Legislation to create an integrated plan to merge the administration and provision of Medicaid physical health care services and behavioral health specialty services.  <b>*Opposed by CMHAM</b>	Curtis VanderWall	5/16/23 – Introduced, read, and referred to Committee on Health Policy
	HB 4320 & 4387	Provides for penalties for coercing a vulnerable adult into providing sexually explicit visual material; and provides sentencing guidelines for crime of coercing vulnerable adult into providing sexually explicit visual material	Sharon MacDonell	3/22/23 – Introduced; referred to Committee on Families, Children and Seniors 6/27/23 – Referred to a second reading <b>10/5/23 – Read a second time; substitute adopted; placed on third reading</b>
	HB 4081	Establishes a minimum number of school counselors to be employed by a school district, intermediate school district or public school academy	Felicia Brabec	2/14/23 – Introduced; referred to Committee on Health Policy
	HB 4495 & 4496	Provides general changes to the medical assistance program	Will Snyder Graham Filler	5/2/23 – Introduced; referred to Committee on Health Policy 6/13/23 – Passed House

**BILLS & REGULATIONS PERTAINING TO MENTAL HEALTH**

Priority	BILL #	SUMMARY	SPONSOR	ACTION DATE
				6/27/23 – Passed Senate 7/10/23 – Presented to Governor 7/19/23 – Approved by the Governor; Filed with Secretary of State; assigned PA 98'23 with immediate effect
	HB 4523	Modifies eligibility for mental health court for those with violent offenses	Kara Hope	5/4/23 – Introduced; referred to Committee on Judiciary 6/7/23 - reported with recommendation with substitute (H-1), referred to a second reading
	HB 4579 & 4580	Requires reimbursement rate for telehealth visits to be the same as office visits <b>*Supported by CMHAM</b>	Natalie Price, Felicia Brabec	5/16/23 – Introduced; referred to Committee on Health Policy
	HB 4649	Require height-adjustable, adult-sized changing tables in public restrooms	Lori Stone	5/23/23 – Introduced; referred to Committee on Regulatory Reform
	HB 4745-4749	Bills related to access to assisted outpatient treatment, outpatient treatment for misdemeanor offenders, hospital evaluations, mediation, and competency exams	Brian BeGole, Donni Steele, Tom Kuhn, Mark Tisdell	6/14/23 – Introduced; referred to Committee on Health Policy
	HB 4171	Modifies the priority of a professional guardian.	Curtis VanderWall	3/2/23 – Introduced; Read; referred to Committee on Judiciary
***	HB 4909-12 & 5047	HB 4909-12 would institute long-awaited reforms to Michigan’s guardianship statutes, and HB 5047 would create the Office of State Guardian.  <b>Supported by the Department of Attorney General, Disability Rights Michigan, the Michigan Elder Justice Initiative, AARP, Alzheimer’s Association, and The Michigan Long Term Care Ombudsman Program.</b>	Kelly Breen	7/18/23 – Introduced; Referred to Committee on Judiciary 10/11/23 – Reported with recommendation with substitute (H-1); Referred to a second reading



## BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
***	TBD	Keep MI Kids Tobacco Free Alliance is working on a legislative package that will address the areas of Tobacco Retail Licensure, Taxation on Vaping Products & Parity, Ending the Sale of Flavored Tobacco, and Preemption Removal (Restoration of local authority to regulate tobacco control at the municipal level)	Keep MI Kids Tobacco Free Alliance Sam Singh	<a href="https://d31hzlhk6di2h5.cloudfront.net">Preemption one pager (d31hzlhk6di2h5.cloudfront.net)</a>  10/17/23 – Anticipating Senator Singh will be introducing the bill package this week.  To support the upcoming legislation that would ban the sales of all flavored tobacco products, including menthol, the Alliance has launched an online petition to gather support from individuals around the state. The goal is to have a large list of Michiganders signing this petition before the bills are introduced this fall.  <a href="#">Click here to sign the petition!</a>
	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 10/5/23 – Reported and referred by committee of the whole favorably with substitute; passed roll call 10/10/23 – Referred to Committee on Health Policy
	HB 4430	A bill to require all marijuana sales to provide safety information at the point of sale. Safety info includes: Safe storage, proper disposal, poison control information and the following statements: (A) To avoid dangerous drug interactions, it is recommended that you consult with your prescriber or pharmacist before consuming this product. (B) Exercise care if you consume this product with alcohol. (C) Consuming this product with a controlled substance could increase the risk of side effects or overdose. (D) Do not operate heavy machinery or perform other dangerous tasks under the influence of this product unless you know how this product affects you.	Veronica Paiz	4/19/23-introduced and referred to Committee on Regulatory Reform
	SB 180/179	Allow the Cannabis Regulatory Agency (CRA) to enter into an agreement with an Indian tribe pertaining to marijuana related business if the agreement and the	Roger Hauck	6/14/23-Passed Senate and received in House Committee on Regulatory Reform

## BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
		Indian tribe met certain conditions. It prohibits the CRA from employing any individual with pecuniary interests in tribal marijuana; and specifies that sales of marijuana by a tribal marijuana business on Indian lands would be exempt from the State's 10% excise tax on marijuana. Require the Department of Treasury to deposit money into the Marihuana Regulation Fund that was collected under an Indian Tribe Agreement.		10/5/23 – Reported with recommendation without amendment; referred to second reading; place on third reading; passed by ¾ vote; returned to Senate 10/10/23 – Ordered enrolled
	SB 141/HB 4201	The bill would amend the Michigan Liquor Control Code to eliminate a January 1, 2026, sunset on provisions that allow a qualified licensee to fill and sell qualified containers with alcoholic liquor for the purpose of off-the-premises consumption and to deliver alcoholic liquor to a consumer in the State if the qualified licensee meets certain conditions.	Mallory McMorrow & Kristian Grant	6/13/23 - Passed Senate, referred for second reading in House Committee on Regulatory Reform. 5/3/23 - Passed House, referred to Senate Committee on Regulatory Affairs 7/19/23-Assigned PA 0095'23 with immediate effect
	HB 4833	The bill would amend the public health code to eliminate the requirement for acute care and behavioral health hospitals to carry a SUD Service Program license. The issue was identified through a LARA workgroup revealing duplicate licensure in some circumstances. The endeavor is to clean up the duplication and reduce burden on LARA as well as our members.	Ranjeev Puri	6/22/23 - referred to Committee on Health Policy
	HB 4913	A bill to criminalize all possession or distribution of Xylazine under the Controlled Substances Act.	Kelly Breen	7/18/23-Introduced and referred to Committee on Judiciary
	SB 247	The bill would allow the holder of a special license issued by the MLCC to sell and serve alcoholic liquor on the premises of a licensed public area of a facility used for intercollegiate athletic events on dates and times other than the dates and times provided to the MLCC. A licensee that had been issued a catering permit could deliver and serve alcoholic liquor at a private event on the premises on dates and times other than the dates and times provided to the MLCC.	Sean McCann	7/19/23-Assigned PA 0096'23 with immediate effect
	HB 4734/4735 /4736	A bill package to require all school districts to have an opioid antagonist in each school building, and at least one trained staff in each building; require local health departments to provide antagonist and training to schools & staff.	David Prestin John Fitzgerald Matt Koleszar	6/13/23-Introduced and referred to Committee on Education
	HB 4322	The bill would allow individuals who are 19 years of age or older to be employed at or volunteer for marijuana establishments, with the direct supervision of a person 21+.	Kevin Coleman	6/28/23-Read a third time in House, substitute adopted, and postponed temporarily
	HB 4600	The bill would prohibit the CRA from denying an application based on spouses of applicants holding positions in certain governmental bodies	Mike McFall	5/18/23-Introduced and referred to Committee on Regulatory Reform 9/12/23 – Reported with recommendation without amendment, referred to a second reading. 9/28/23 – Read a second time; placed on third reading

## BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	HB 4601	The bill to include within a Cannabis Processor License the ability to extract THC concentrates and package for sale on the premises; allow for transfer of products amongst other licensed establishments both on the same location and to other locations; prohibit the denial of a license based upon the background check of an applicant's spouse.	Mike McFall	5/23/23-Introduced and referred to Committee on Regulatory Reform 9/12/23 – Reported with recommendation without amendment, referred to a second reading. 9/28/23 – Read a second time; placed on third reading
***	HB 4707	The bill would amend the Insurance Code to require health insurers in Michigan to provide coverage for medically necessary treatment of a mental health or substance abuse disorder. The bill would set requirements for coverage of out-of-network services and emergency services, as well as requirements related to prior authorization, utilization review, and the determination of level of care for insured individuals. The bill states that it would not apply to any entity or contracting provider that performs utilization review or utilization management functions on an insurer's behalf. ***Supported by CMHAM.	Felicia Brabec	6/7/23 – Introduced, read, and referred to Committee on Insurance and Financial Services 6/21/23 – Reported with recommendation without amendment, referred to a second reading  <b>CMHAM REQUEST FOR ACTION:</b> We are asking you to reach out to your legislators (House & Senate) and the Governor and URGE them to support HB 4707 and encourage their leadership to bring the bill up for a vote in the fall legislative session. HB 4707 will go a long way in improving people's lives across the state.
	HB 4213	The bill would require telemedicine coverage for SUD and behavioral health services  *Supported by CMHAM	Christine Morse	3/8/23 – Introduced; Referred to Committee on Health Policy
	HB 4690	<b>Secular Recovery Bill:</b> This bill would amend the Code of Criminal Procedure to require a court that orders a defendant to attend a court-ordered substance use disorder recovery program as part of a sentence or deferred proceeding to ask on the record whether the defendant has an objection to a religious element of that program. If the defendant objects to a religious element, the court would have to identify a secular treatment program that the defendant confirms on the record eliminates their religious objection. The court would have to allow the defendant to participate in a secular treatment program online if one is not available locally	Betsy Coffia	5/30/23 – Introduced, Read, and referred to the Committee on Judiciary

## FEDERAL LEGISLATION

BILLS & REGULATIONS PERTAINING TO MENTAL HEALTH				
Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
***	S. 2993	Ensuring Excellence in Mental Health Act: The legislation would amend the Social Security Act and the Public Health Service Act to permanently authorize Certified Community Behavioral Health Clinics (CCBHCs) – it establishes a federal definition of CCBHCs into law and create the infrastructure needed to achieve the long-term vision of the model.	Debbie Stabenow	09/28/2023 - Read twice and referred to the Committee on Finance.
		*Supported by CMHAM		

BILLS & REGULATIONS PERTAINING TO SUD				
Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	H.Res. 39	A res. Requesting that all illicit fentanyl and illicit fentanyl-related substances should be permanently placed in Schedule I; and for other purposes.	Neal Dunn	1/17/23-Introduced and referred to Committee on Energy and Commerce & Committee on the Judiciary 1/27/23 - Referred to the House Subcommittee on Health.
	N/A – Proposed Rule	There is a proposed rule by the Substance Abuse and Mental Health Services Administration (SAMHSA) that would permanently allow providers to prescribe buprenorphine specifically for opioid use disorder treatment without an in-person visit in an opioid treatment program, but this is still in the proposal phase with comments due on Feb. 14, 2023.	SAMHSA	12/16/22 – Proposed 2/14/23 – Public Comment Due  <a href="#">Federal Register :: Medications for the Treatment of Opioid Use Disorder</a>
	HR 901	To require the Food and Drug Administration to prioritize enforcement of disposable electronic nicotine delivery system products.	Sheila Cherfilus-McCormick	2/09/2023 - Referred to the House Committee on Energy and Commerce. 2/17/23 - Referred to the House Subcommittee on Health.
	S. 464	A bill to amend the Internal Revenue Code of 1986 to deny the deduction for advertising and promotional expenses for tobacco products and electronic nicotine delivery systems.	Jeanne Shaheen	2/16/2023 - Read twice and referred to the Committee on Finance.

**BILLS & REGULATIONS PERTAINING TO SUD**

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	HR 610	Marijuana 1-3 Act of 2023: A bill to provide for the rescheduling of marijuana into schedule III of the Controlled Substances Act.	Gregory Steube	1/27/23 - Referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary
	HR 467	HALT Fentanyl Act (S.1141): This bill places fentanyl-related substances as a class into schedule I of the Controlled Substances Act; the bill establishes a new, alternative registration process for schedule I research that is funded by the Department of Health and Human Services or the Department of Veterans Affairs or that is conducted under an investigative new drug exemption from the Food and Drug Administration.	H. Morgan Griffith/Bill Cassidy 5	03/24/2023 Ordered to be Reported (Amended) by the Yeas and Nays: 27 – 19 (S)-3/30/23-Read twice and referred to the Committee on the Judiciary. 5/17/2023 - Placed on Union Calendar #47 5/25/2023 – House adopted the amendment 5/30/2023 – Received in Senate and referred to the committee on the Judiciary.
	HR 1291	Stopping Overdoses of Fentanyl Analogues Act: To amend the Controlled Substances Act to list fentanyl-related substances as schedule I controlled substances.	Scott Fitzgerald	03/01/2023 Referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary 3/10/23 - Referred to the Subcommittee on Health.
	HR 1839	Combating Illicit Xylazine Act (S.993): To prohibit certain uses of xylazine.	Jimmy Panetta/ Catherine Cortez Masto 7	03/28/2023 Referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary (S)-3/28/23-Read twice and referred to the Committee on the Judiciary 4/7/23 – Referred to the Subcommittee on Health
	S.983	Overcoming Prevalent Inadequacies in Overdose Information Data Sets Act or “OPIOIDS” Act: The Attorney General may award grants to States, territories, and localities to support improved data and surveillance on opioid-related overdoses, including for activities to improve postmortem toxicology testing, data linkage across data systems throughout the United States, electronic death reporting, or the comprehensiveness	Rick Scott	03/27/2023 Read twice and referred to the committee on the Judiciary
	HR 1734	TRANQ Research Act: To require coordinated National Institute of Standards and Technology science and research activities regarding illicit drugs containing xylazine, novel synthetic opioids, and other substances of concern, and for other purposes.	Mike Collins	03/29/2023 Ordered to be Reported (Amended) by the Yeas and Nays: 36 – 0 5/15/23 - Passed in House, Received in Senate 6/26/23 – Passed in Senate

## BILLS & REGULATIONS PERTAINING TO SUD

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, Education, Labor, and Pensions
	HR 2867 & S 1235	Bruce's Law: Re-introduced as new bills (formerly HR 9221 in 2022). To establish an awareness campaign related to the lethality of fentanyl and fentanyl-contaminated drugs, to establish a Federal Interagency Work Group on Fentanyl Contamination of Drugs, and to provide community-based coalition enhancement grants to mitigate the effects of drug use.	David Trone & Lisa Murkowski	04/20/2023 - Read twice and referred to the Committee on Health, Education, Labor, and Pensions. 04/25/2023 - Referred to the House Committee on Energy and Commerce 04/28/2023 – Referred to the Subcommittee on Health
***	HR 2891 & S 1323	SAFE Banking Act: To create protections for financial institutions that provide financial services to State-sanctioned marijuana businesses and service providers for such businesses, and for other purposes. ***The LRE opposes this bill, as it indirectly supports the federal legalization of marijuana.	David Joyce & Jeff Merkley	5/3/23 - Referred to Subcommittee on Economic Opportunity 5/11/23 - Referred to Committee on Banking, Housing, and Urban Affairs
***	S 2860	SafER Banking Act: To create protections for financial institutions that provide financial services to State-sanctioned marijuana businesses and service providers for such businesses, and for other purposes.	Jeff Merkley	9/20/2023 - Read twice and referred to the committee on Banking, Housing, and Urban Affairs.
	HR 3375	To establish programs to address addiction and overdoses caused by illicit fentanyl and other opioids, and for other purposes.	Ann Kuster	05/16/2023-Referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary 5/19/2023 – Referred to the Subcommittee on Health
	HR 4106	To amend the 21st Century Cures Act to expressly authorize the use of certain grants to implement substance use disorder and overdose prevention activities with respect to fentanyl and xylazine test strips.	Jasmine Crockett	06/14/2023 - Referred to the House Committee on Energy and Commerce 06/16/2023 - Referred to the Subcommittee on Health.
	S. 1785	To establish programs to address addiction and overdoses caused by illicit fentanyl and other opioids; i.e, enhanced surveillance, collection of overdose data, increase fentanyl detection and screening abilities, and other purposes.	Ed. Markey	05/31/2023 Read twice and referred to the Committee on Health, Education, Labor, and Pensions
	HR 3563	To amend the Controlled Substances Act to exempt from punishment the possession, sale, or purchase of fentanyl drug testing equipment.	Jasmine Crockett	05/22/2023 - Referred to the Committee on the Judiciary, and in addition to the Committee on Energy and Commerce 05/26/2023 - Referred to the Subcommittee on Health.

**BILLS & REGULATIONS PERTAINING TO SUD**

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	S. 1080	Cooper Davis Act – This legislation would require Big Tech to take a more proactive role against drug dealing on their social media platforms. It will amend the Controlled Substances Act to require electronic communication service providers and remote computing services to report to the Attorney General certain controlled substances violations. <i>(Any and all electronic communications programs/applications will be required to submit reports of communications that include the sale of any counterfeit or illicit substance within a reasonable time; failure to do so will result in penalties.)</i>	Roger Marshall	3/30/2023 - Read twice and referred to the Committee on the Judiciary. 7/13/2023 - Committee on the Judiciary. Ordered to be reported with an amendment in the nature of a substitute favorably. 09/05/2023 - Committee on the Judiciary. Reported by Senator Durbin with an amendment in the nature of a substitute. Without written report, Placed on Senate Legislative Calendar under General Orders. Calendar No. 200.
	HR 3684	To direct the Secretary of Defense to establish a grant program for using psychedelic substances to treat certain conditions, and for other purposes.	Dan Crenshaw	5/25/2023-Referred to the House Committee on Armed Services.
	HR 4531 & S 2433	Support for Patients and Communities Reauthorization Act: The bill was originally passed in 2018. This bill would reauthorize certain programs under the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act, and for other purposes. <i>(Reauthorize Block Grant Funding for current programs, and expansion of MAT Studies for OUD, FASD support, and others.)</i>	Brett Guthrie Bill Cassidy	7/11/2023 – Introduced in House, referred to House Energy and Commerce Committee 7/19/23 - Ordered to be Reported (Amended) by the Yeas and Nays: 49 – 0 07/20/2023 Read twice and referred to the Committee on Health, Education, Labor, and Pensions 9/28/23 – Committee consideration and mark-up sessions held; ordered to be reported in the Nature of a Substitute (Amended) by the Yeas and Nays: 29-3.
	HR 3521	Saving America’s Future by Educating Kids Act of 2023: To direct the Secretary of Education to develop and disseminate an evidence-based curriculum for kindergarten through grade 12 on the dangers of vaping and misusing opioids, synthetic drugs, and related substances	Alexander Mooney	5/18/2023 - Referred to the House Committee on Education and the Workforce.
	HR 4105 & S 1475	To amend the Controlled Substances Act to prohibit certain acts related to fentanyl, analogues of fentanyl, and counterfeit substances, Drug Enforcement Administration shall establish and implement an operation and response plan to address counterfeit fentanyl or methamphetamine substances that includes specific ways that prevention and education efforts stop the use of counterfeit pills, how ongoing efforts are effective in increasing education and prevention, how they are tailored to youth and teen access, and how those programs can be tailored, adjusted, or improved to better address the flow of counterfeit fentanyl or methamphetamine; and for other purposes.	Ken Buck Chuck Grassley	05/09/2023 - Read twice and referred to the Committee on the Judiciary 06/16/2023 - Referred to the Subcommittee on Health

## BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	HR 3570	To provide public awareness and outreach regarding the dangers of fentanyl, to expand the grants authorized under the Comprehensive Opioid Abuse Grant Program, to expand treatment and recovery services for people with opioid addictions, and to increase and to provide enhanced penalties for certain offenses involving counterfeit pills.	Sheila Jackson Lee	05/26/2023 - Referred to the Subcommittee on Health.
	HR 4582	Protecting Kids from Fentanyl Act of 2023: To amend the Public Health Service Act to authorize the use of Preventive Health and Health Services Block Grants to purchase life-saving opioid antagonists for schools and to provide related training and education to students and teachers, and for other purposes.	Doug Lamborn	07/12/2023 - Referred to the House Committee on Energy and Commerce.
	S 2699	Opioid RADAR Act: To combat the fentanyl crisis by: 1. Secretary of Health and Human Services 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 of data on fatal and nonfatal opioid-related overdoses. 2. Director of the Centers for Disease Control and Prevention, in collaboration with the Attorney General or their designee, shall carry out a pilot program to award grants on a competitive basis to municipal wastewater treatment facilities in order to conduct wastewater analysis to determine the prevalence of certain illicit substances, such as fentanyl or xylazine, 3. The Secretary may award grants to eligible entities to provide for the administration, at public and private elementary and secondary schools under the jurisdiction of the eligible entity, of drugs and devices for emergency treatment of known or suspected opioid overdose.	Rick Scott	07/27/2023 - Read twice and referred to the Committee on Health, Education, Labor, and Pensions.
	S 2484	To ensure that States do not prohibit an individual from obtaining, possessing, distributing, or using life-saving drug testing technologies, and for other purposes. <i>(More than 12 states currently have laws prohibiting the purchase, use, or possession of fentanyl testing strips)</i>	Cory Booker	07/25/2023 - Read twice and referred to the Committee on the Judiciary
	HR 5040	To amend the Intelligence Reform and Terrorism Prevention Act of 2004 to limit the consideration of marijuana use when making a security clearance or employment suitability determination, and for other purposes.	Jamie Raskin	07/27/2023 - Referred to the House Committee on Oversight and Accountability
	S 2650	To establish a Commission on the Federal Regulation of Cannabis to study a prompt and plausible pathway to the Federal regulation of cannabis, and for other purposes	John Hickenlooper	07/27/2023 - Read twice and referred to the Committee on the Judiciary 9/20/23 – Committee consideration and mark-up sessions held; ordered to be reported in the Nature of a Substitute (Amended) by the Yeas and Nays: 30-14



**BILLS & REGULATIONS PERTAINING TO SUD**

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	HR 5625	To establish education partnership programs between public schools and public health agencies to prevent the misuse and overdose of synthetic opioids by youth	Suzanne Bonamici	09/21/2023 - Referred to the Committee on Education and the Workforce, and in addition to the Committee on Energy and Commerce
	HR 5506	To amend titles XVIII and XIX of the Social Security Act and title 10, United States Code, to provide no-cost coverage for the preventive distribution of opioid overdose reversal drugs.	Brittany Petersen	09/14/2023 - Referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, and Armed Services
	HR 5420	To require the Secretary of Labor to issue guidance and regulations regarding opioid overdose reversal medication and employee training via OSHA	Bonnie Watson-Coleman	9/12/2023 - Referred to the House Committee on Education and the Workforce
	HR 5323	Stop Pot Act: To amend title 23, United States Code, to establish a national requirement against the use of marijuana for recreational purposes.	Chuck Edwards	9/05/2023 Referred to the Subcommittee on Highways and Transit

## LEGISLATIVE CONCERNS

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

## MISCELLANEOUS UPDATES

MISCELLANEOUS UPDATES			
ISSUE	SUMMARY	COUNTY	ADDITIONAL INFORMATION/LINKS
<b>FY24 State Budget Recommendations</b>	<p>Governor Whitmer’s FY2024 State Budget Recommendation includes the following areas related to behavioral health and SUD:</p> <ul style="list-style-type: none"> <li>• \$300 million for student mental health to ensure students’ needs can be identified and provided with the right support.</li> <li>• \$210.1 million for Direct Care Worker Wages (\$74.5 million general fund) to increase wage support to direct care professionals providing Medicaid behavioral health services, care at skilled nursing facilities, community-based supports through MI Choice, MI Health Link, and Home Help programs and in-home services funded through area agencies on agencies. These funds support an increase that would average about \$1.50 / hour (10%)</li> <li>• \$5 million for behavioral health recruitment supports (general fund) that would fund scholarships and other recruiting tools to attract and support people interested in training to become behavioral health providers.</li> </ul>		<p>Access budget material at:</p> <a href="https://www.michigan.gov/budget">https://www.michigan.gov/budget</a>
<b>MIHealthyLife</b>	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.		<a href="#">MIHealthyLife (michigan.gov)</a>

	ISSUE	SUMMARY	COUNTY	ADDITIONAL INFORMATION/LINKS
	<b>CMS Plan for States to Use Medicaid for Incarcerated Substance Use Treatment</b>	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 href="#">A disappointing report card for primary care - POLITICO</a> (relevant information is about halfway down the page)
	<b>Post-Pandemic Telehealth Policy</b>	The recently released Michigan Medicaid bulletin reflects all of the recommendations of the CMHA Behavioral Telehealth Advisory Group		<a href="#">Final Bulletin MMP 23-10-Telemedicine.pdf (govdelivery.com)</a>
	<b>Biden-Harris Administration Announce New Proposed Parity Rules</b>	The Biden Administration's new proposal would significantly strengthen the nation's parity enforcement and ensure that people with mental health and substance use conditions do not face arbitrary barriers to receiving care. The proposed rule is aimed at improving health plan compliance with the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA), which requires health plans to provide mental health and substance use coverage at parity with medical/surgical coverage. A public comment period on the proposed rule will follow.		7/25/2023: <a href="#">Departments of Labor, Health and Human Services, Treasury announce proposed rules to strengthen Mental Health Parity and Addiction Equity Act   HHS.gov</a>
***	<b>Hill Day at Home 2023 (National Council for Mental Wellbeing)</b>	Join the National Council for Mental Wellbeing for our annual Hill Day at Home, on October 18, from 1- 4pm ET. Hill Day is an opportunity to urge law makers to support mental health and substance use policies without ever having to leave the comfort of your home or office. Hill Day at Home will feature educational panels and expert speakers on a wide range of topics, including 988 and crisis care, Certified Community Behavioral Health Centers (CCBHCs), substance use disorders, and more.		<a href="#">Registration is open now.</a>

## Elected Officials

<b>FEDERAL</b>			
	<b>NAME</b>	<b>NATIONAL OFFICE CONTACT INFORMATION</b>	<b>LOCAL OFFICE CONTACT INFORMATION</b>
US Senate	Debbie Stabenow	731 Hart Senate Office Building Washington, D.C. 20510-2204 Phone: (202) 224-4822	1025 Spaulding Avenue Southeast Suite C Grand Rapids, MI 49546 Phone: (616) 975-0052
US Senate	Gary Peters	Hart Senate Office Building Suite 724 Washington, D.C. 20510 Phone: (202) 224-6221	110 Michigan Street NW Suite 720 Grand Rapids, MI 49503 Phone: (616) 233-9150
US Representative	Bill Huizenga	2232 Rayburn HOB Washington, D.C. 20515 Phone: (202) 225-4401	170 College Ave. Suite 160 Holland, MI 49423 Phone: (616) 251-6741
US Representative	Hillary Scholten	1317 Longworth House Office Building Washington, DC 20515 Phone: (202) 225-3831	110 Michigan Street NW Grand Rapids, MI 49503 Phone: (616) 451-8383
US Representative	John Moolenaar	246 Cannon House Office Building Washington, DC 20515 Phone: (202) 225-3561	8980 North Rodgers Court Suite H Caledonia, MI 49316 Phone: (616) 528-7100

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

# SERVING UP PREVENTION

## Participating PIZZA SHOPS

Cadena Brothers, Muskegon County

Don Petrino's Pizzeria, Ottawa County

Chuckwagon, Mason County

Russo's, Kent County

Pompeii's, Lake County

ANYWAY YOU SLICE IT,  
PREVENTION MATTERS



5,000

TALKSOONER FLIERS  
ON

5,000

PIZZA ORDERS

5,000 COMPLIMENTARY  
PIZZA CUTTERS



TalkSooner.org

3+ MEDIA STORIES



Total TV & WEB AUDIENCE

193,153

TOTAL PR VALUE \$45,262.53

What they're saying



“WOULD YOU CONSIDER THIS CAMPAIGN HAVING POSITIVE VALUE TO YOUR CUSTOMERS?”

100%

MIKE AND SHAY RUSSO

TalkSooner.org

## Chief Quality Officer - Report to the Board of Directors

October 25, 2023

**CMHSP SITE REVIEWS:** LRE has completed all FY23 Site Reviews and distributed final reports to each CMHSP. OnPoint and HealthWest continue to work on the Corrective Action Plans, which are due October 25<sup>th</sup> and 27<sup>th</sup>, respectively. For FY23, Region 3's aggregate Site Review results remained the same over FY22.

CMHSP	FY23				FY22				% Change Year over Year			
	Desk Audit	Program Specific Audit	Clinical Audit	Credentialing Audit	Desk Audit	Program Specific Audit	Clinical Audit	Credentialing Audit	Desk Audit	Program Specific Audit	Clinical Audit	Credentialing Audit
CMH of Ottawa County	100.0%	88.0%	94.0%	96.0%	97.3%	95.9%	91.2%	92.8%	2.7%	-7.9%	2.8%	3.2%
N180	99.4%	100.0%	95.7%	96.9%	98.4%	98.6%	96.0%	93.7%	1.0%	1.4%	-0.3%	3.2%
West Michigan	100.0%	100.0%	96.3%	91.3%	99.0%	96.9%	93.2%	92.5%	1.0%	3.1%	3.1%	-1.2%
OnPoint	88.6%	87.3%	91.5%	90.1%	91.9%	96.3%	95.0%	85.9%	-3.3%	-9.0%	-3.5%	4.2%
HealthWest	96.3%	88.0%	95.2%	96.1%	93.4%	96.4%	92.7%	89.6%	2.9%	-8.4%	2.5%	6.5%
<b>Region 3 Totals by Audit Type</b>	<b>95.3%</b>	<b>94.0%</b>	<b>94.1%</b>	<b>95.2%</b>	<b>96.4%</b>	<b>96.7%</b>	<b>94.2%</b>	<b>92.0%</b>	<b>-1.1%</b>	<b>-2.7%</b>	<b>-0.1%</b>	<b>3.2%</b>
<b>Region 3 Total Aggregate</b>	<b>94.2%</b>				<b>93.9%</b>				<b>0.3%</b>			

**NON-CMHSP REVIEWS:** LRE is scheduling FY24 SUD Treatment, Inpatient Providers, and Crisis Residential Providers Site Reviews. LRE is also scheduling and conducting FY24 Facilities Reviews for Specialized Residential, Non-Licensed, and Non-Specialized Residential Settings.

**FY23 Q3 MMBPIS:** All CMHSPs met the MMBPIS compliance thresholds for Indicators 1, 4b, and 10 (all populations) as well as Indicator 4a for Adult and Aggregate. West Michigan CMH was the only CMHS that did not meet the Indicator 4a Adult threshold of 95% by rendering a 90% compliance rate. For Indicator 4a Child, Region 3 delivered a rate of 92.9%, which is 2.1% below the 95% compliance threshold, driven by OnPoint (60%), Ottawa (60%), and West Michigan (90.9%). In FY24 for Indicators 2a and 3, MDHHS implemented compliance thresholds of 62% and 72.9%, respectively. For FY23 Q3, Region 3 averages 55.5% for Indicator 2a citing the two top reasons for non-compliance being 1) Client No Show at a rate of 24.2% with HealthWest contributing 17.1% to the non-compliance and 2) Staffing Issue/Resource Shortage at a rate of 23.7% with OnPoint at 13.1% and N180 at 9.8% driving the non-compliance. Region 3 averages 64% for Indicator 3 citing the three top reasons for non-compliance being 1) Staffing Issue/Resource Shortage at a rate of 23.7% with OnPoint at 13.1% and N180 at 9.8% driving the non-compliance, 2) Client No Show at a rate of 24.2% with HealthWest making up 17.1% of the non-compliance, and 3) Systems Issues at a rate of 15.5% with HealthWest contributing 15.0% to the non-compliance.

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**EXECUTIVE COMMITTEE SUMMARY**

Wednesday, October 18, 2023, 1:00 PM

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

**WELCOME and INTRODUCTIONS**

- i. Review of October 18, 2023, Meeting Agenda
- ii. Review of September 20, 2023, Meeting Minutes

The October 18, 2023, agenda and the September 20, 2023, meeting minutes are accepted as presented.

**MDHHS UPDATES**

- i. Meetings
  - Bi-Weekly
    - LRE is meeting weekly with Kristin Jordan with current discussion around completing the cost settlements process and the compliance audits. MDHHS has clarified that LRE is able to use either the MC Savings or ISF. LRE will use the ISF.
    - LRE's lapse amounts for the cost settlements do not coincide with MDHHS amounts. MDHHS is using the original FSR amounts reported and LRE is using the revised FSR amounts. MDHHS has stated they will not accept any revisions to the previous years' FSRs and that LRE must use the original FSR for the compliance audits. However, the LRE FSR must match what our CMH FSRs reported and there were some revisions subsequent to the original submissions and why there is a difference in the lapse amounts.
    - LRE's preliminary draft numbers are below, and these are subject to change per completing the audits.
      - FY21 – \$4.2 million lapse with a fully funded ISF and MC Savings.
      - FY22 there is no lapse.
      - FY23 is not complete.
    - The preliminary numbers (FY23), if submitted information stays the same, are showing that the region will lapse the \$4.2 million in FY21, but we will only be \$200-\$400 thousand short of being fully funded in MC Savings while ISF will be fully funded for this fiscal year.
    - MDHHS is projecting LRE to lapse \$12 million if they use the initial FSR submissions. If MDHHS continues to use these numbers LRE may want to consider going back to the judge for clarification.



- October 31 is the targeted deadline for completing FY21, December 31 FY22 and will continue to work on FY23. At this time MDHHS has also stated that they will be unable to waive the \$200 thousand sanction. If the information submitted is accurate and the region is almost fully funded, we can decide if we should continue with the hearing.
- In Person Meet and Greet
  - MDHHS Contract Provider Network staff came to LRE offices. They are meeting with all the PIHPs.
  - There was discussion about the PIHP contract and areas of concern.

#### WAKELY RATES/ISF ANALYSIS UPDATE

- Jason Stading will be attending the Board meeting virtually to give a presentation on the ISF analysis. The analysis has been sent to the CMH CEOs for review.
- An analysis of DABS was completed showing risk factors continue to drop. Also there will be further review of the funding around the CCBHCs.
- Jason Stading will be available to answer questions and is willing to come back to Board if needed. The presentation will include best case and worst-case scenarios.
- Mr. Stek recommends that Wakely educate the Board members about what the actuarial process is.
- Mr. Storey recommends case study examples to help with understanding.
- What is the cost of the actuarial process?
  - LRE has budgeted \$80 thousand.

#### 2024 EXECUTIVE COMMITTEE MEETING SCHEDULE

- The Executive Committee accepts the 2024 meeting schedule and will keep the meetings virtual and re-evaluate virtual vs. in-person in 6 months.

#### BOARD MEETING AGENDA ITEMS

- i. Mr. Stek requests that one member of LRE leadership give an oral report each month at the Board meeting.
- ii. Action Items
  - 2024 Board Meeting Schedule

#### BOARD WORK SESSION AGENDA

- i. Wakely Presentation

#### OTHER

CEO Evaluation Process – Human Resources will initiate the process in November. Mr. Stek will work with LRE to complete.

#### UPCOMING MEETINGS

- October 25, 2023 – LRE Executive Board Meeting, 1:00 PM  
**GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440**

- November 8, 2023 – Executive Committee, 1:00PM, Virtual
- November 15, 2023 – LRE Executive Board Meeting, 1:00 PM  
GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440

ADJOURN

## 2024 EXECUTIVE BOARD MEETING SCHEDULE

Lakeshore Regional Entity Board of Directors meetings are scheduled to begin at 1:00 PM. Unless otherwise noted, prior to each Board Meeting a Work Session is scheduled for 11:00 AM.

<b>DATE</b>	<b>LOCATION</b>	<b>ADDRESS</b>
January 24, 2024	Muskegon Innovation Hub	200 Viridian Dr., Muskegon, MI 49440
February 28, 2024	Muskegon Innovation Hub	200 Viridian Dr., Muskegon, MI 49440
March 27, 2024	Muskegon Innovation Hub	200 Viridian Dr., Muskegon, MI 49440
April 24, 2024	Muskegon Innovation Hub	200 Viridian Dr., Muskegon, MI 49440
May 22, 2024	Muskegon Innovation Hub	200 Viridian Dr., Muskegon, MI 49440
June 26, 2024	Muskegon Innovation Hub	200 Viridian Dr., Muskegon, MI 49440
July 24, 2024	Muskegon Innovation Hub	200 Viridian Dr., Muskegon, MI 49440
August 28, 2024	Muskegon Innovation Hub	200 Viridian Dr., Muskegon, MI 49440
September 25, 2024	Muskegon Innovation Hub	200 Viridian Dr., Muskegon, MI 49440
October 23, 2024	Muskegon Innovation Hub	200 Viridian Dr., Muskegon, MI 49440
November 20, 2024	Muskegon Innovation Hub	200 Viridian Dr., Muskegon, MI 49440
December 18, 2024	Muskegon Innovation Hub	200 Viridian Dr., Muskegon, MI 49440

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# Lakeshore Regional Entity Board Financial Officer Report for October 2023

## 10/25/2023

- Disbursements Report** – A motion is requested to approve the September 2023 disbursements. A summary of those disbursements is included as an attachment.
- Statement of Activities** – Report through August is included as an attachment. This is a preliminary report. Figures may change based on the final FY2022 financial statements due to accruals, other year-end entries, the external audit, and the CMHSP final FSRs.
- LRE Combined Monthly FSR** – The August LRE Combined Monthly FSR Report is included as an attachment for October’s meeting. Expense projections, as reported by each CMHSP, are noted. An actual surplus through August of \$7.2 million, a projected annual surplus of \$3.2 million and a budgeted surplus of \$7 million regionally (Medicaid and HMP, excluding CCBHC) is shown in this month’s report. All CMHSPs have an actual surplus, except Network180 with an actual deficit of \$3.7 million and West Michigan with an actual deficit of \$427 thousand. All CMHSPs have a projected surplus, except Network180 with a projected deficit of \$3.4 million and West Michigan with a projected deficit of \$377 thousand. All CMHSPs have a budgeted surplus, except Network180 with a budgeted surplus of \$1.9 million. Below is a monthly comparison of the surplus/(deficit) reported in the monthly FSRs for the Member CMHSPs.

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

Actual	Oct	Nov	Change	Dec	Change	Jan	Change	Feb	Change	Mar	Change	Apr	Change	May	Change	June	Change	July	Change	August	Change
HW	2,852,480	2,968,687	3,198,207	5,007,001	(260,798)	(1,707,073)	(2,374,874)	(2,214,960)	(1,160,883)	(11,349)	2,753,811	6,205,577	6,286,806	6,337,683	(32,169)	4,430,370	(4,807,804)	5,928,107	4,497,728	4,944,907	(219,101)
N180	1,859,481	(650,560)	(2,519,041)	(359,090)	290,494	(218,052)	151,014	(151,281)	66,771	(200,600)	(139,328)	(1,028,418)	(732,809)	(3,028,201)	(2,004,785)	(5,059,355)	(2,061,762)	(3,474,488)	5,614,887	(3,695,165)	(233,677)
OnPoint	248,147	297,376	49,229	668,050	370,674	772,385	104,335	470,249	(302,136)	1,228,150	787,850	1,206,401	(21,789)	1,243,807	37,406	1,116,684	(127,123)	1,471,810	354,835	1,576,840	705,221
Otawia	2,138,468	1,197,044	(840,554)	5,003,221	3,805,277	5,338,568	338,677	5,285,162	(63,738)	4,733,049	(691,513)	2,449,482	(2,384,207)	8,851,287	3,497,829	5,000,234	(331,033)	5,148,302	(377,323)	4,307,832	(240,870)
WM	320,077	360,999	31,822	578,414	217,415	949,601	375,187	1,589,859	740,258	209,270	(1,480,589)	275,602	66,332	282,854	(12,739)	204,200	(58,804)	212,724	8,464	(425,907)	(639,421)
<b>Total</b>	<b>7,257,683</b>	<b>7,065,440</b>	<b>(192,237)</b>	<b>11,488,520</b>	<b>4,423,074</b>	<b>5,135,759</b>	<b>(6,352,781)</b>	<b>4,479,029</b>	<b>(656,730)</b>	<b>5,799,160</b>	<b>1,320,131</b>	<b>9,113,604</b>	<b>3,314,444</b>	<b>10,667,418</b>	<b>1,553,813</b>	<b>3,162,202</b>	<b>(7,595,218)</b>	<b>9,286,265</b>	<b>6,124,663</b>	<b>7,299,307</b>	<b>(2,076,958)</b>
<b>Projection</b>	<b>Oct</b>	<b>Nov</b>	<b>Change</b>	<b>Dec</b>	<b>Change</b>	<b>Jan</b>	<b>Change</b>	<b>Feb</b>	<b>Change</b>	<b>Mar</b>	<b>Change</b>	<b>Apr</b>	<b>Change</b>	<b>May</b>	<b>Change</b>	<b>June</b>	<b>Change</b>	<b>July</b>	<b>Change</b>	<b>August</b>	<b>Change</b>
HW	19,175,963	6,908,852	(12,268,111)	5,922,933	(882,819)	4,665,099	(1,257,834)	5,477,809	812,710	5,407,593	(70,216)	3,880,197	(1,507,386)	6,544,789	2,664,592	6,228,087	(316,722)	6,585,751	357,684	5,525,042	(1,059,809)
N180	1,174,124	(57,250)	(1,231,474)	(505,119)	(447,829)	(548,239)	(41,120)	(1,181,316)	(639,077)	3,760,158	4,977,472	(1,624,588)	(5,416,844)	(1,908,050)	(279,372)	(1,789,250)	117,810	(4,432,976)	(2,644,835)	(3,404,836)	1,028,040
OnPoint	2,469,028	956,880	(1,512,148)	365,874	(880,866)	293,151	(72,720)	297,190	(26,981)	618,763	351,893	964,872	76,119	1,108,830	413,749	1,357,571	248,847	787,735	(668,616)	787,735	-
Otawia	(1,204,637)	1,005,316	2,210,153	1,178,355	173,039	1,835,852	687,497	1,982,022	127,070	1,583,693	(373,225)	1,333,087	(250,606)	1,302,391	(30,696)	1,955,740	656,358	854,831	(1,163,316)	717,533	(137,288)
WM	1,893,834	1,863,834	-	1,895,885	2,297	2,097,218	491,333	1,827,064	(276,154)	(896,016)	2,147,537	126,963	1,028,982	(80,459)	(220,922)	74,059	165,015	(318,962)	(393,038)	(376,639)	(87,953)
<b>Total</b>	<b>23,334,910</b>	<b>10,503,182</b>	<b>(12,831,728)</b>	<b>8,687,928</b>	<b>(1,845,246)</b>	<b>8,345,081</b>	<b>(312,847)</b>	<b>8,383,639</b>	<b>8,558</b>	<b>10,501,176</b>	<b>2,147,537</b>	<b>4,411,431</b>	<b>(6,089,749)</b>	<b>6,958,792</b>	<b>2,547,381</b>	<b>7,830,190</b>	<b>871,398</b>	<b>3,476,459</b>	<b>(4,353,731)</b>	<b>3,245,439</b>	<b>(227,020)</b>
<b>Proposed Spending Plan/Budget</b>	<b>Oct</b>	<b>Nov</b>	<b>Change</b>	<b>Dec</b>	<b>Change</b>	<b>Jan</b>	<b>Change</b>	<b>Feb</b>	<b>Change</b>	<b>Mar</b>	<b>Change</b>	<b>Apr</b>	<b>Change</b>	<b>May</b>	<b>Change</b>	<b>June</b>	<b>Change</b>	<b>July</b>	<b>Change</b>	<b>August</b>	<b>Change</b>
HW	5,850,999	5,850,999	-	5,850,999	-	5,850,999	-	5,850,999	-	5,850,999	-	5,850,999	-	5,850,999	-	5,850,999	-	5,850,999	-	5,850,999	-
N180	1,880,358	1,880,358	(0)	1,880,358	-	1,880,358	-	1,880,358	-	1,880,358	-	1,880,358	-	1,880,358	-	1,880,358	-	1,880,358	(1,021,423)	(3,807,794)	(1,021,423)
OnPoint	2,501,588	2,501,588	-	2,501,588	-	2,501,588	-	2,501,588	-	2,501,588	-	2,501,588	-	2,501,588	-	2,501,588	(0)	2,501,588	(0)	2,501,588	-
Otawia	4,049,008	1,005,316	(3,043,692)	1,005,316	-	1,005,316	-	1,005,316	-	1,005,316	-	627,021	(378,239)	627,021	-	627,021	(0)	627,021	(0)	627,021	-
WM	3,587,342	1,525,411	(2,061,931)	1,525,411	-	1,525,411	-	1,525,411	-	1,525,411	-	796,388	0	796,388	0	796,388	0	796,388	0	796,388	0
<b>Total</b>	<b>17,879,294</b>	<b>12,769,659</b>	<b>(5,109,635)</b>	<b>12,769,659</b>	<b>-</b>	<b>12,769,659</b>	<b>-</b>	<b>12,769,659</b>	<b>-</b>	<b>10,447,870</b>	<b>(2,321,789)</b>	<b>10,895,962</b>	<b>418,092</b>	<b>10,895,962</b>	<b>-</b>	<b>10,895,962</b>	<b>-</b>	<b>7,058,179</b>	<b>(3,807,794)</b>	<b>7,058,179</b>	<b>-</b>

Base Capex Only. Does not include CCBHC activity.

CCBHC activity is included in this month’s report showing an actual surplus of \$1.8 million and a projected surplus of \$1.6 million, which will primarily be retained by the CCBHCs to be used to cover CCBHC expenditures in subsequent fiscal years. A budgeted surplus of \$94 thousand is shown. The CCBHC activity is primarily for the LRE only and does not reflect all of the activity at the CCBHC level due to different reporting requirements for the PIHP versus the CCBHC.

This report was reviewed by Finance ROAT on October 16, 2023, and reviewed by Operations Advisory Council on October 18, 2023.

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

- **FY 2023 Revenue Projections** – Updated revenue and membership projections by program and Member CMHSP are not yet available for September because the State made an error in the September payment file, which is not being rectified by the State until October 19, 2023. If available, an update will be provided at or before the LRE Board meeting.
- **FY 2024 Revenue Projections** – FY24 final rates were received in September. However, due to the error made in the FY23 September payment, the FY24 Final Revenue Projections could not be completed until that payment was corrected by the State. If available, an update will be provided at or before the LRE Board meeting.
- **Financial Data/Charts** – Can not be updated until the September payment is corrected by the State. If available, an update will be provided at or before the LRE Board meeting.

- **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 September 30, 2023		
4/30/2022	BYLAWS/OPERATING AGREEMENT	5,700.00
7/28/2022	BYLAWS/OPERATING AGREEMENT	6,500.00
	<b>BYLAWS/OPERATING AGREEMENT TOTAL</b>	<b>12,200.00</b>
11/30/2021	CCHBC SUPPORT	812.50
	<b>CCHBC SUPPORT TOTAL</b>	<b>812.50</b>
2/11/2022	GENERAL/OTHER	325.00
1/16/2023	GENERAL/OTHER	10,000.00
2/3/2023	GENERAL/OTHER	250.00
	<b>GENERAL/OTHER TOTAL</b>	<b>10,575.00</b>
10/31/2021	HEALTHWEST LITIGATION	5,368.74
3/31/2022	HEALTHWEST LITIGATION	2,016.00
4/30/2022	HEALTHWEST LITIGATION	9,388.80
6/24/2022	HEALTHWEST LITIGATION	13,782.40
3/31/2023	HEALTHWEST LITIGATION	6,992.00
4/30/2023	HEALTHWEST LITIGATION	3,728.00
	<b>HEALTHWEST LITIGATION TOTAL</b>	<b>41,275.94</b>
10/31/2021	MANAGED CARE/MDHHS CONTRACT	17,058.00
11/30/2021	MANAGED CARE/MDHHS CONTRACT	9,992.00
12/31/2021	MANAGED CARE/MDHHS CONTRACT	5,202.00
1/25/2022	MANAGED CARE/MDHHS CONTRACT	23,501.31
2/17/2022	MANAGED CARE/MDHHS CONTRACT	9,280.00
2/17/2022	MANAGED CARE/MDHHS CONTRACT	17,125.00
2/28/2022	MANAGED CARE/MDHHS CONTRACT	20,051.20
2/28/2022	MANAGED CARE/MDHHS CONTRACT	6,312.50
3/31/2022	MANAGED CARE/MDHHS CONTRACT	4,032.00
4/11/2022	MANAGED CARE/MDHHS CONTRACT	421.50
6/24/2022	MANAGED CARE/MDHHS CONTRACT	2,863.57
7/25/2022	MANAGED CARE/MDHHS CONTRACT	6,788.23
8/22/2022	MANAGED CARE/MDHHS CONTRACT	4,437.50
8/25/2022	MANAGED CARE/MDHHS CONTRACT	16,806.40
9/29/2022	MANAGED CARE/MDHHS CONTRACT	20,832.00
9/30/2022	MANAGED CARE/MDHHS CONTRACT	23,104.65
10/31/2022	MANAGED CARE/MDHHS CONTRACT	9,307.00
11/30/2022	MANAGED CARE/MDHHS CONTRACT	33,792.00
11/30/2022	EARLY PAYMENT DISCOUNT	(5,068.80)
12/31/2022	MANAGED CARE/MDHHS CONTRACT	31,494.10
1/31/2023	MANAGED CARE/MDHHS CONTRACT	25,683.40
2/28/2023	MANAGED CARE/MDHHS CONTRACT	7,472.60
3/31/2023	MANAGED CARE/MDHHS CONTRACT	3,371.20
4/30/2023	MANAGED CARE/MDHHS CONTRACT	16,563.20
5/31/2023	MANAGED CARE/MDHHS CONTRACT	5,928.00
6/30/2023	MANAGED CARE/MDHHS CONTRACT	12,537.60
7/31/2023	MANAGED CARE/MDHHS CONTRACT	7,768.80
7/31/2023	EARLY PAYMENT DISCOUNT	(3,321.04)
8/31/2023	MANAGED CARE/MDHHS CONTRACT	1,302.40
	<b>MANAGED CARE/MDHHS CONTRACT TOTAL</b>	<b>334,638.32</b>
2/28/2023	NETWORK 180 LITIGATION	2,674.00
3/31/2023	NETWORK 180 LITIGATION	29,167.33
4/30/2023	NETWORK 180 LITIGATION	105.60
5/31/2023	NETWORK 180 LITIGATION	2,283.20
6/30/2023	NETWORK 180 LITIGATION	13,840.80
7/31/2023	NETWORK 180 LITIGATION	3,665.60
8/31/2023	NETWORK 180 LITIGATION	1,137.60
	<b>NETWORK 180 LITIGATION TOTAL</b>	<b>52,874.13</b>
	<b>GRAND TOTAL</b>	<b>\$ 452,375.89</b>



**BOARD ACTION REQUEST**

**Subject: September 2023 Disbursements**

Meeting Date: October 25, 2023

**RECOMMENDED MOTION:**

To approve the September 2023 disbursements of \$37,984,958.36 as presented.

**SUMMARY OF REQUEST/INFORMATION:**

<b><u>Disbursements:</u></b>	
Allegan County CMH	\$2,442,069.66
Healthwest	\$11,047,305.07
Network 180	\$16,335,980.32
Ottawa County CMH	\$4,584,096.41
West Michigan CMH	\$2,605,425.36
SUD Prevention Expenses	\$197,003.09
Local Match Payment	\$0.00
Hospital Reimbursement Adjuster (HRA)	\$0.00
MICHIGAN IPA TAX - QUARTERLY	\$0.00
SUD Public Act 2 (PA2)	\$223,498.73
Administrative Expenses	\$549,579.72
<b>Total:</b>	<b>\$37,984,958.36</b>

98.55% 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:** *10/16/2023*



### Statement of Activities - Actual vs. Budget

Fiscal Year 2022/2023

As of Date: 8/31/23

Change in Net Assets	Year Ending 9/30/2023	8/31/2023		
	FY23 Budget <i>Amendment 2</i>	Budget to Date	Actual	Actual to Budget Variance
<b>Operating Revenues</b>				
Medicaid, HSW, SED, & Children's Waiver	280,714,819	257,321,917	254,316,144	(3,005,774)
Autism Revenue	43,908,843	40,249,773	41,650,937	1,401,164
DHS Incentive	471,247	431,976	240,918	(191,058)
Healthy Michigan	51,783,146	47,467,884	50,994,421	3,526,537
Performance Bonus Incentive	2,819,234	2,584,298	-	(2,584,298)
CCBHC Quality Bonus Incentive	0	0	1,647,687	1,647,687
Hospital Rate Adjuster (HRA)	12,576,256	11,528,235	9,432,192	(2,096,043)
Member Local Contribution to State Medicaid	1,007,548	923,586	923,585	(0)
Medicaid CCBHC Base Capitation	18,525,931	16,982,103	15,438,275	(1,543,828)
Healthy Michigan CCBHC Base Capitation	5,183,554	4,751,591	4,319,629	(431,962)
Medicaid CCBHC Supplemental Revenue	6,208,093	5,690,752	4,438,433	(1,252,319)
Healthy MI CCBHC Supplemental Revenue	2,110,316	1,934,456	2,436,515	502,059
CCBHC General Funds	493,278	452,172	493,278	41,107
MDHHS Grants	14,041,993	12,871,827	7,351,293	(5,520,534)
PA 2 Liquor Tax	4,649,131	4,261,703	3,706,190	(555,513)
Non-MDHHS Grants: DFC	145,202	133,102	100,512	(32,590)
Interest Earnings	640,059	586,721	524,480	(62,240)
Miscellaneous Revenue	5,500	5,042	-	(5,042)
<b>Total Operating Revenues</b>	<b>445,284,150</b>	<b>408,177,138</b>	<b>398,014,489</b>	<b>(10,162,648)</b>
<b>Expenditures</b>				
Salaries and Fringes	4,135,207	3,790,606	3,898,299	107,693
Office and Supplies Expense	255,770	234,456	145,249	(89,206)
Contractual and Consulting Expenses	984,053	902,049	664,461	(237,587)
Managed Care Information System (PCE)	305,200	279,767	270,600	(9,167)
Legal Expense	242,153	221,974	217,797	(4,176)
Utilities/Conferences/Mileage/Misc Exps	5,362,968	4,916,054	199,175	(4,716,879)
Grants - MDHHS & Non-MDHHS	951,478	872,188	315,246	(556,942)
Hospital Rate Adjuster / Taxes	17,629,909	16,160,750	12,874,630	(3,286,120)
Prevention Expenses - Grant & PA2	4,129,892	3,785,734	3,709,134	(76,601)
CCBHC Quality Bonus Incentive	-	0	823,844	823,844
Member Payments - Medicaid/HMP	362,852,433	332,614,730	330,435,799	(2,178,931)
Member Payments - CCBHC Capitation	23,709,485	21,733,694	19,757,906	(1,975,788)
Member Payments - CCBHC Supplemental	8,318,409	7,625,208	5,994,505	(1,630,703)
Member Payments - CCBHC GF & Grants	736,038	674,702	736,038	61,337
Member Payments - PA2 Treatment	3,391,942	3,109,280	766,032	(2,343,248)
Member Payments - Grants	8,634,459	7,914,921	5,716,093	(2,198,828)
Contribution to ISF/Savings	2,637,206	2,417,439	-	(2,417,439)
Local Contribution to State Medicaid	1,007,548	923,586	1,091,510	167,925
<b>Total Expenditures</b>	<b>445,284,150</b>	<b>408,177,137</b>	<b>387,616,318</b>	<b>(20,560,819)</b>
<b>Total Change in Net Assets</b>	<b>0</b>	<b>0</b>	<b>10,398,171</b>	<b>10,398,171</b>





**Statement of Activities**  
**Budget to Actual Variance Report**  
**For the Period ending August 31, 2023**

As of Date: 8/31/23

**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 is received quarterly beginning in April. Final two payments will be received next fiscal year.
Healthy Michigan	Less capitated Healthy Michigan funding being utilized for CCBHC Healthy MI than expected.
Performance Bonus Incentive	Revenue is received after the end of the fiscal year if health plan performance metrics are met.
CCBHC Quality Bonus	Revenue is received after the end of the fiscal year if health plan performance metrics are met.
Hospital Rate Adjuster	Revenue is received quarterly. Fourth quarter payment is expected in FY24.
Member Local Match Revenue	N/A - Closely aligned with the current budget projections.
Medicaid CCBHC Base Capitation	Less Medicaid/CCBHC being served than expected.
Healthy MI CCBHC Base Capitation	Less capitated Healthy Michigan funding being utilized for CCBHC Healthy MI than expected.
Medicaid CCBHC Supplemental Revenue	Less Medicaid/CCBHC mild-to-moderate being served than expected.
Healthy MI CCBHC Supplemental Revenue	More Healthy Michigan CCBHC mild-to-moderate being served than expected.
CCBHC General Funds	On target - Total revenue received in quarter three.
MDHHS Grants	SUD grant payments are received quarterly. Quarter 4 and final closeout payments expected in FY24.
PA 2 Liquor Tax	PA2 revenues are received after the Department of Treasury issues payments to the counties. Final payments received in FY24.
Non-MDHHS Grants: DFC	Revenue is under due to provider billing delays. But total revenue is expected for FY23.
Interest Revenue	More interest was earned earlier in the fiscal year on LRE's CD.
Miscellaneous Revenue	No miscellaneous funds received as of this report. Funds received periodically for regional trainings.

**Expenditures**

Salaries and Fringes	N/A - Closely aligned with the current budget projections.
Office and Supplies	Additional year end expenses and billings expected in the next 2 months.
Contractual/Consulting	Additional year end expenses and billings expected in the next 2 months.
Managed Care Info Sys	N/A - Closely aligned with the current budget projections.
Legal Expense	N/A - Closely aligned with the current budget projections.
Utilities/Conf/Mileage/Misc	This line item includes the LRE's contingency fund. Final reconciliation expected in FY24.
Grants - MDHHS & Non-MDHHS	Most of these payments are billed to the LRE and paid by MDHHS 45-60 days in arrears. In addition, some grants are paid quarterly.
HRA/Taxes	On target - Final payments are made in FY24.
Prevention Exps - Grant/PA2	N/A - Closely aligned with the current budget projections.
CCBHC Quality Bonus	FY22 earnings received in FY23 for CCBHC performance metrics met. Payment made to Member subsequent to reporting period.
Member Med/HMP Payments	N/A - Closely aligned with the current budget projections.
Member CCBHC Capitation	#REF!
Member CCBHC Supplemental	Less capitated Healthy Michigan funding being utilized for CCBHC Healthy MI than expected.
Member CCBHC GF & Grants	On Target - total expenditures were paid in previous quarters.
Member PA2 Tx Payments	Billings against this line item typically occur after other grant funding is exhausted. Final closeout payments to occur in FY24.
Member Grant Payments	Quarter 4 and final expense reimbursements expected in FY24.
Contribution to ISF/Savings	Expenditures will not be booked here until after final closeout, in FY24.
Local Contribution to State Medicaid	N/A - Closely aligned with the current budget projections.

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



Lakeshore Regional Entity Combined Monthly FSR Summary

FY 2023  
August 2023 Reporting Month  
Reporting Date: 10/16/2023

ACTUAL:	HealthWest	Network180	OnPoint	Ottawa	West Michigan	LRE	Total
<b>Distributed Medicaid/HMP Revenue</b>							
Medicaid	42,110,648	123,978,868	23,162,941	35,036,514	12,857,443	4,137,880	241,284,294
Autism	8,520,315	20,819,390	3,696,652	6,099,813	2,435,265	566,774	42,138,209
Healthy Michigan	8,167,896	27,434,785	4,071,569	7,721,418	8,593	690,927	48,095,189
<b>Total Distributed Medicaid/HMP Revenue</b>	<b>58,798,859</b>	<b>172,233,043</b>	<b>30,931,162</b>	<b>48,857,745</b>	<b>15,301,301</b>	<b>5,395,581</b>	<b>331,517,691</b>
<b>Capitated Expense</b>							
Medicaid	43,955,181	129,396,914	23,588,456	33,903,713	13,730,490	4,137,880	248,712,635
Autism	2,332,926	23,522,861	2,084,757	4,998,179	561,175	566,774	34,066,672
Healthy Michigan	7,560,855	23,011,433	3,681,109	5,148,221	1,436,533	690,927	41,529,078
<b>Total Capitated Expense</b>	<b>53,848,962</b>	<b>175,931,208</b>	<b>29,354,322</b>	<b>44,050,113</b>	<b>15,728,198</b>	<b>5,395,581</b>	<b>324,308,384</b>
<b>Actual Surplus (Deficit)</b>	<b>4,949,897</b>	<b>(3,698,165)</b>	<b>1,576,840</b>	<b>4,807,632</b>	<b>(426,897)</b>	<b>-</b>	<b>7,209,307</b>
<b>% Variance</b>	<b>8.42%</b>	<b>-2.15%</b>	<b>5.10%</b>	<b>9.84%</b>	<b>-2.79%</b>	<b>0.00%</b>	
<b>Information regarding Actual (Threshold: Surplus of 5% and deficit of 1%)</b>	Closing in the new year. Paying additional provider stability payments.	Change in YTD revenue from LRE projection in July to current projection as of August was \$3.6M	Spending is in line with board approved budget and initial spending plan. Surplus is consistent with prior months, as expected. OnPoint had some one-time expenses in September, and expects the final surplus to be less than 5%.	% variance down from previous month (11.59%) anticipate revenues to expenses gap will continue to narrow for remainder of FY23 - Q4.	Wm based spending on the LRE revenue projections and we will not be able to adjust spending this late in the fiscal year to come in alignment with the LRE's latest revenue projections.		
<b>PROJECTION: LRE Revenue Projections as of: August</b>							
Medicaid	46,701,545	137,200,942	25,499,510	38,830,387	13,315,999	14,557,414	276,105,798
Autism	9,002,268	21,985,575	3,904,783	6,440,699	2,675,519	2,024,743	45,933,586
Healthy Michigan	8,566,451	29,056,360	4,313,146	8,184,480	1,596,742	2,394,052	54,111,230
<b>Total Projected Medicaid/HMP Revenue</b>	<b>64,270,264</b>	<b>188,242,877</b>	<b>33,717,439</b>	<b>53,455,565</b>	<b>17,488,259</b>	<b>18,976,209</b>	<b>376,150,614</b>
<b>Expense Projections</b>							
Medicaid	47,951,107	141,376,249	26,632,880	40,534,844	15,015,013	14,557,414	286,067,506
Autism	2,545,010	25,311,909	2,201,166	6,352,937	1,352,427	2,024,743	39,788,191
Healthy Michigan	8,248,205	24,959,555	4,095,658	5,850,251	1,497,756	2,394,052	47,045,477
<b>Total Budgeted Expense Projections</b>	<b>58,744,322</b>	<b>191,647,713</b>	<b>32,929,704</b>	<b>52,738,032</b>	<b>17,865,195</b>	<b>18,976,209</b>	<b>372,901,175</b>
<b>Projected Surplus (Deficit)</b>	<b>5,525,942</b>	<b>(3,404,836)</b>	<b>787,735</b>	<b>717,533</b>	<b>(376,936)</b>	<b>-</b>	<b>3,249,439</b>
<b>% Variance</b>	<b>8.60%</b>	<b>-1.81%</b>	<b>2.34%</b>	<b>1.34%</b>	<b>-2.16%</b>	<b>0.00%</b>	
<b>Information regarding Projections (Threshold: Surplus of 5% and deficit of 1%)</b>	Spending is 2% higher than the surplus that we are aiming for. HealthWest's spending plan continues to 5.8% positive variance built in for last minute items due to historical swings and expected revenue reductions. We anticipate expense will continue to go up and remain within our 5.8% goal.	Change in YTD revenue from LRE projection in July to current projection as of August was \$3.6M	Less than threshold for explanation	Less than threshold for explanation	Wm based spending on the LRE revenue projections and we will not be able to adjust spending this late in the fiscal year to come in alignment with the LRE's latest revenue projections.		
<b>PROPOSED SPENDING PLAN: Submitted to the LRE as of:</b>							
Medicaid/HMP Revenue	12/6/2022	9/7/2023	10/18/2022	6/9/2023	6/9/2023		
Medicaid	50,592,580	139,117,631	26,226,787	37,997,693	13,748,030	14,637,966	282,320,687
Autism	8,877,222	27,128,569	3,848,342	6,663,994	2,533,303	1,962,200	51,013,630
Healthy Michigan	9,801,631	26,619,545	4,320,883	8,381,507	1,583,863	2,239,706	52,947,135
<b>Total Budgeted Medicaid/HMP Revenue</b>	<b>69,271,433</b>	<b>192,865,745</b>	<b>34,396,012</b>	<b>53,043,194</b>	<b>17,865,195</b>	<b>18,839,873</b>	<b>386,281,452</b>
<b>Capitated Expense</b>							
Medicaid	52,832,547	145,025,753	26,869,897	40,534,844	15,015,013	14,637,966	294,916,020
Autism	2,409,949	24,664,846	1,961,305	6,002,636	1,352,427	1,962,200	38,353,363
Healthy Michigan	8,177,941	25,096,572	3,063,222	5,878,693	1,497,756	2,239,706	45,953,890
<b>Total Budgeted Capitated Expense</b>	<b>63,420,437</b>	<b>194,787,171</b>	<b>31,894,424</b>	<b>52,416,174</b>	<b>17,865,195</b>	<b>18,839,873</b>	<b>379,223,273</b>
<b>Budgeted Surplus (Deficit)</b>	<b>5,850,996</b>	<b>(1,921,426)</b>	<b>2,501,588</b>	<b>627,021</b>	<b>0</b>	<b>-</b>	<b>7,058,179</b>
<b>% Variance</b>	<b>8.45%</b>	<b>-1.00%</b>	<b>7.27%</b>	<b>1.18%</b>	<b>0.00%</b>	<b>0.00%</b>	
<b>Information regarding Spending Plans (Threshold: Surplus of 5% and deficit of 1%)</b>	Expenses based on HW Board approved budget	Less than threshold for explanation	Based on OnPoint Board approved budget.	Less than threshold for explanation	Less than threshold for explanation		
<b>Variance between Projected and Proposed Spending Plan</b>	(325,054)	(1,483,410)	(1,713,853)	90,512	(376,936)	-	(3,808,740)
<b>% Variance</b>	<b>-0.47%</b>	<b>-0.77%</b>	<b>-4.98%</b>	<b>0.17%</b>	<b>-2.11%</b>	<b>0.00%</b>	
<b>Explanation of variances between Projected and Proposed Spending Plan (Threshold: Surplus of 5% and deficit of 1%)</b>	Budgeted a surplus and still carrying a surplus.	Less than threshold for explanation	Budget was prepared at the beginning of the year before SUD rate changes were known. OnPoint has also added a number of positions based on increased utilization, and worked with contracted service providers to supplement staffing vacancies, resulting in current projections being higher than initial spending plan.	Less than threshold for explanation	Wm based spending on the LRE revenue projections and we will not be able to adjust spending this late in the fiscal year to come in alignment with the LRE's latest revenue projections.		

Lakeshore Regional Entity Combined Monthly FSR Summary  
 FY 2023  
 August 2023 Reporting Month  
 Reporting Date: 10/16/2023

CCBHC ACTIVITY							
ACTUAL:	HealthWest	Network180	OnPoint	Ottawa	West Michigan	LRE	Total
Distributed Medicaid/HMP CCBHC Revenue							
Medicaid CCBHC Base Capitation	11,139,101				6,017,375	-	17,156,477
Medicaid CCBHC Supplemental	4,032,248				1,715,549	142,030	5,889,826
Healthy Michigan CCBHC Base Capitation	2,607,874				2,204,188	-	4,812,062
Healthy Michigan CCBHC Supplemental	1,305,947				684,460	77,968	2,068,375
<b>Total Distributed Medicaid/HMP CCBHC Revenue</b>	<b>19,085,169</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>10,621,572</b>	<b>219,998</b>	<b>29,926,740</b>
Capitated CCBHC Expense							
Medicaid CCBHC	14,045,396				8,039,982	105,377	22,190,755
Healthy Michigan CCBHC	2,922,345				2,994,309	28,082	5,944,737
<b>Total Capitated CCBHC Expense</b>	<b>16,967,741</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>11,034,291</b>	<b>133,459</b>	<b>28,135,492</b>
<b>Actual CCBHC Surplus (Deficit)</b>	<b>2,117,428</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>(412,718)</b>	<b>86,539</b>	<b>1,791,248</b>
<b>% Variance</b>	<b>11.09%</b>				<b>-3.89%</b>	<b>39.34%</b>	
<b>Information regarding CCBHC Actual (Threshold: Surplus of 5% and deficit of 1%)</b>	Surplus is retained by the CCBHC to be used in subsequent fiscal years.				Deficit is retained by the CCBHC.	Surplus offsets traditional Medicaid and HMP expenses.	
<b>PROJECTION:</b>							
LRE CCBHC Revenue Projections *							
Medicaid CCBHC Base Capitation	12,151,747				6,564,410	-	18,716,157
Medicaid CCBHC Supplemental	4,398,816				1,871,508	154,942	6,425,265
Healthy Michigan CCBHC Base Capitation	2,844,953				2,404,569	-	5,249,522
Healthy Michigan CCBHC Supplemental	1,424,669				746,684	85,057	2,256,410
<b>Total Projected Medicaid/HMP CCBHC Revenue</b>	<b>20,820,185</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>11,587,170</b>	<b>239,998</b>	<b>32,647,353</b>
Capitated CCBHC Expense Projections							
Medicaid CCBHC	15,460,105				8,939,488	114,957	24,514,550
Healthy Michigan CCBHC	3,211,851				3,290,496	30,635	6,532,982
<b>Total Capitated CCBHC Expense Projections</b>	<b>18,671,956</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>12,229,984</b>	<b>145,592</b>	<b>31,047,533</b>
<b>Projected CCBHC Surplus (Deficit)</b>	<b>2,148,228</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>(642,814)</b>	<b>94,406</b>	<b>1,599,820</b>
<b>% Variance</b>	<b>10.32%</b>				<b>-5.55%</b>	<b>39.34%</b>	
<b>Information regarding CCBHC Projections (Threshold: Surplus of 5% and deficit of 1%)</b>	Surplus is retained by the CCBHC to be used in subsequent fiscal years.				Deficit is retained by the CCBHC.	Surplus offsets traditional Medicaid and HMP expenses.	
<b>PROPOSED SPENDING PLAN:</b>							
Submitted to the LRE as of:	HealthWest 12/8/2022	Network180 9/7/2023	OnPoint 10/18/2022	Ottawa 6/9/2023	West Michigan 6/9/2023	LRE	Total
Medicaid/HMP Revenue							
Medicaid CCBHC Base Capitation	9,239,326				6,463,513	-	15,702,839
Medicaid CCBHC Supplemental	4,126,582				1,978,533	154,942	6,260,056
Healthy Michigan CCBHC Base Capitation	1,747,430				2,360,375	-	4,107,805
Healthy Michigan CCBHC Supplemental	1,369,610				731,510	85,057	2,186,177
<b>Total Budgeted Medicaid/HMP CCBHC Revenue</b>	<b>16,482,949</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>11,533,930</b>	<b>239,998</b>	<b>28,256,877</b>
Capitated Expense							
Medicaid CCBHC	13,365,909				8,442,045	114,957	21,922,911
Healthy Michigan CCBHC	3,117,041				3,091,885	30,635	6,239,561
<b>Total Budgeted Capitated CCBHC Expense</b>	<b>16,482,949</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>11,533,930</b>	<b>145,592</b>	<b>28,162,471</b>
<b>Budgeted Surplus (Deficit)</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>94,406</b>	<b>94,406</b>
<b>% Variance</b>	<b>0.00%</b>				<b>0.00%</b>	<b>39.34%</b>	
<b>Information regarding CCBHC Spending Plans (Threshold: Surplus of 5% and deficit of 1%)</b>	Less than threshold for explanation				Less than threshold for explanation	Surplus offsets traditional Medicaid and HMP expenses.	
<b>Variance between CCBHC Projected and Proposed Spending Plan</b>	<b>(2,148,228)</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>642,814</b>	<b>(188,812)</b>	<b>1,505,414</b>
<b>% Variance</b>	<b>-13.03%</b>				<b>5.57%</b>	<b>-78.67%</b>	
<b>Explanation of variances between CCBHC Projected and Proposed Spending Plan (Threshold: Surplus of 5% and deficit of 1%)</b>	Projected is coming in higher than initial spending plan.				Projected is coming in lower than initial spending plan.	Surplus offsets traditional Medicaid and HMP expenses.	

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