
Meeting Agenda
BOARD OF DIRECTORS
Lakeshore Regional Entity
September 27, 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.
 - September 27, 2023, Board of Directors meeting agenda (*Attachment 1*)
 - August 23, 2023, Board of Directors meeting minutes (*Attachment 2*)
5. Community Advisory Panel (*Attachment 3*)
6. Reports –
 - a. LRE Leadership (*Attachment 4, 5, 6*)
7. Chairperson’s Report – Mr. Stek
 - a. September 20, 2023, Executive Committee (*Attachment 7*)
8. Action Items –
 - a. FY2024 MDHHS/PIHP Contract (Contract available upon request)
Suggested Motion: To approve LRE CEO to fully executive the FY24 MDHHS/PIHP contract.
 - b. LRE Office Space Lease (*Attachment 8*)
Suggested 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.
 - c. LRE FY2024 Contracts (*Attachment 9*)
Suggested Motion: To approve LRE CEO to fully execute contracts to allocate funds for the purposes and amounts defined in Attachment 9.
9. Financial Report and Funding Distribution – Ms. Chick (*Attachment 10*)
 - a. FY2023, August Funds Distribution (*Attachment 11*)
Suggested Motion: To approve the FY2023, July Funds Distribution as presented.
 - b. LRE FY2023 Budget Amendment #2 (*Attachment 12*)
Suggested Motion: To approve LRE FY2023 Budget Amendment #2 as presented.

c. LRE FY2024 Annual Budget (*Attachment 13*)

Suggested Motion: To approve the LRE FY2024 Annual Budget

d. Statement of Activities as of 7/31/2023 with Variance Reports (*Attachment 14*)

e. Monthly FSR (*Attachment 15*) –

10. CEO Report – Ms. Marlatt-Dumas

11. Board Member Comments

12. Public Comment

13. Upcoming LRE Meetings

- October 18, 2023 – Executive Committee, 1:00PM
- October 25, 2023 – LRE Executive Board Meeting, 1:00 PM

Meeting Minutes
BOARD OF DIRECTORS
Lakeshore Regional Entity
August 23, 2023 – 1:00 PM

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

WELCOME AND INTRODUCTIONS – Mr. Bacon

Mr. Bacon called the August 23, 2023, LRE Board meeting to order at 1:05 PM.

ROLL CALL/CONFLICT OF INTEREST QUESTION – Mr. Bacon

In Attendance: Ron Bacon, Janice Hilleary, Sara Hogan, Richard Kanten, Alice Kelsey, Ron Sanders, Stan Stek, Janet Thomas

Absent: Jon Campbell, Jack Greenfield, Susan Meston, Andrew Sebolt, Jim Storey

PUBLIC COMMENT

None.

CONSENT ITEMS:

LRE 23-49 Motion: To approve by consent the following items.

- August 23, 2023, Board of Directors meeting agenda
- July 26, 2023, Board of Directors meeting minutes

Moved: Ron Sanders Support: Stan Stek

MOTION CARRIED

GOVERNANCE COMMITTEE

Ms. Thomas reports that the Governance committee met on 2 separate occasions to discuss recommendations for LRE Board Chairperson and Vice Chairperson. The recommendation that the committee is bringing for is to nominate Mr. Stek as Chairperson and Ms. Thomas as Vice Chairperson for a term of 6 months. After 6 months the Governance Committee will reconvene and discuss alternatives to take the positions.

There were concerns voiced regarding the process of the Governance Committee. Ms. Marlatt-Dumas reads an email from Mr. Storey that he has requested be brought to the Boards attention as he is unable to be present the Board meeting. Mr. Storey is recommending this topic be tabled until further deliberation can be made as he has concerns regarding the entire process of the Governance Committee. Ms. Kelsey also states that she has concerns that the two people that brought forth the motion to disburse the deficit funds with little discussion are going to be the Board leadership.

Mr. Stek comments that there is a fair representation of what happened in the Governance meeting minutes. He also comments that there is not a written process, and the committee was appointed by the full Board during the last meeting and acted in good faith. Mr. Stek states that when the Governance Committee was approved there were no objections or concerns brought to the table. Ms. Thomas comments that she will step back if it is the desire of the Board to nominate Mr. Storey as Vice Chairperson.

LRE 23-50 Motion: To approve the nomination of Jim Storey as Vice Chairperson.

Moved: Alice Kelsey Support: Sara Hogan
ROLL CALL VOTE
MOTION CARRIED

LRE 23-51 Motion: To approve Stan Stek as LRE Board Chairperson and Jim Storey as Vice Chairperson for a 6-month term.

Moved: Ron Bacon Support: Janet Thomas
ROLL CALL VOTE
MOTION CARRIED

LRE 23-52 Motion: To approve appointment of Janet Thomas as a member of the LRE Executive Committee.

Moved: Stan Stek Support: Ron Bacon
ROLL CALL VOTE
MOTION CARRIED

LEADERSHIP BOARD REPORTS

LRE Leadership reports are included in the packet for information.

CHAIRPERSON'S REPORT

August 16, 2023, Executive Committee (EC) Meeting Minutes are included in packet for information.

FINANCIAL REPORT AND FUNDING DISTRIBUTION

FY2023 July Funds Distribution

LRE 23-53 Motion: To approve the FY2023, July Funds Distribution as presented.

Moved: Stan Stek Support: Alice Kelsey
MOTION CARRIED

Statement of Activities as of 6/30/2023 with Variance Report-

Included in the Board packet for information.

Monthly FSR-

Included in the Board packet for information.

Ms. Chick reports that N180 has requested additional PA2 funds. This will be brought to the LRE Oversight Policy Board (OPB) during the next scheduled meeting. The OPB is the body that oversees PA2 funds and approves disbursements.

There is discussion regarding CMHs expenditures and overspending. The CMHs do have a spending plan that is followed throughout the year, but Medicaid services are mandated by the State to be provided to individuals. Ms. Marlatt-Dumas explains that the CMHs are their own organizations, and it is for their CEO/CFO to work at keeping a balanced budget.

CEO REPORT

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

- LRE continues to reach the benchmark with BHTEDs and will continue to work on improving.
- The Quality PIP was submitted, and LRE was validated at 100%. Congratulations to all who worked on this collaborative effort.
- LRE is working with CMHs on the restricted account. Muskegon County does not intend to withdraw their lawsuit against the LRE. The intention is to leave it open until the recoupment year is past.
- LRE reached out to MDHHS regarding the additional waiver slots, and we are hoping to hear shortly if we will receive more.
- LRE continues to work with the state on BHH/OHH, but this will not be implemented until FY25.
- LRE was given another extension until August 31, to complete the audit. We are waiting for MDHHS' explanation about why they are not approving the FSRs.
- Wakely will continue to work on the ISF analysis. A presentation will be brought to the Board when it is completed and reviewed by the Ops Council.
- There is a meeting scheduled today with MDHHS regarding draft rates.
- The State is scheduling 2 meetings with all PIHPs to discuss provider network capacity and a meet and greet with MDHHS staff.
- Walk a mile information is out and the link can be found in the CEO report.
- CMHAM has Board Works videos that can assist in understanding the role of Board members. <https://cmham.org/education-events/boardworks/>

BOARD MEMBER COMMENTS

Mr. Bacon thanks Board members for their patience while he was interim Board Chairperson.

PUBLIC COMMENT

Ms. Marlatt-Dumas announces that if any board members would like to attend the Fall CMHAM conference to reach out to Ms. Dyga.

UPCOMING LRE MEETINGS

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

ADJOURN

Mr. Bacon adjourned the August 23, 2023, LRE Board of Directors meeting at 2:11 PM.

Ron Bacon, Board Secretary

Minutes respectfully submitted by:
Marion Dyga, Executive Assistant

CONSUMER ADVISORY PANEL MEETING AGENDA

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

Virtual Teams Meeting or Call In

Sharon, Lynette B., Tamara M., John M., Robert C., Sharon P., Jennifer E., Shawnee T.

CMH: Kelly Betts, Max Knoth, Cathy Potter, Anna Bednarek, Jodi Bray

LRE: Stephanie VanDerKooi, Michelle Anguiano, Mari Hesselink

1. Welcome and Introductions.
 - a. Review of the September 14, 2023, Agenda
 - b. Review of the June 8, 2022, Meeting Minutes

2. Member Stories – Limit 5 minutes
 - a. Member Experiences

3. LRE Updates
 - i. LRE Veteran Navigator (VN)
 - LRE Veteran Navigator, Eric Miller, has resigned and will now be working as the VN at the state level. This position will be posted on the LRE website. The goal is to have this position filled by 10/1.

 - ii. LRE Annual Public Budget Meeting
 - September 27, 2023 – 11:00 AM, prior to the Board meeting. The budget will then be brought for Board approval during the Board meeting.
 - The budget meeting will be available via ZOOM, contact Marion for ZOOM link.

 - iii. New LRE Board Officers
 - There have been changes to the Board officer positions due to Mark DeYoung, Chair, and Linda Garzelloni, Vice Chair both resigning from the LRE Board. The official LRE Board slate of officers is as follows:
 - Chairperson – Stan Stek (Kent, N180)
 - Vice Chairperson – Jim Storey (Allegan, OnPoint)
 - Ron Bacon – (Lake, Mason, Oceana, WM CMH)

4. Regional Updates –

Stephanie presents the website and explains how to navigate to the different areas that any of the below referenced items can be found. All items below can be found on LRE’s website – www.l sre.org.

- i. HSAG (Health Services Advisory Group) Items –
 - Provider Directory – The information on the Provider Directory includes information about regional CMHs and their provider network. Provider Network information includes contact info., services provided and accommodations for individuals, such as wheelchair accessibility and interpreter services etc. The site is accessible through computer and phone.
 - CPGs (MDHHS & APA)
 - Clinical Practice Guideline – This is available and shows guidelines in practice for different diagnoses.
 - Customer Service Report
 - Michelle Anguiano, CS Manager displays the annual CS report and explains the information given. LRE reviews and is responsible for all grievance/appeals and state fair hearings.
 - 95 total Grievances –The information is broken down by CMH and total number of grievances. Regional CMHs and LRE receive grievances, and this is the total of both. After the grievances are received, an investigation is completed, and we work toward a resolution.
 - Grievance Categories:
 - Service Timeliness
 - Service Environment
 - Quality of Care
 - Abuse, Neglect, Exploitation
 - Access and Availability
 - Accommodations
 - Financial and Billing Matters
 - Interaction with Provider or Plan
 - Member Rights
 - 102 total Appeals– Michelle explains when an appeal is appropriate and that any individual has the right to appeal a decision – termination or denial of service, reduction of service. This information is also broken down by CMH.
 - The breakdown of appeals that were upheld (agreed with CMH) overturned (agreed with individual), and partially upheld or partially overturned (half for CMH and half for individual).

- Many services appealed were requesting inpatient hospitalization that were denied. Other examples are reductions of CLS, targeted case management denials etc.
- 11 total State fair hearings – These hearings occur when an individual goes through the hearing/appeal process and would like it to move to a state fair hearing.
- 521 total Customer Service phone calls.

Questions:

- Why are N180 appeals so much higher than the other CMHs?
 - They are the largest CMH in the region organization in the region and they also have a walk-in center.
- Are there enough staff to handle the workload at N180?
 - All CMHs are in need of social workers but N180 does not have a lot of in-house positions as they contract with many providers.
- Customer Satisfaction (CS) Report (*Attachment 3*)
 - Mari reviews the CS Report with the CAP group. This is a snapshot report with a more robust review being completed and put into the year end annual report.
 - A positive is that a higher number of surveys have been completed.
- Grievance and Appeals Education
 - LRE would like any ideas or suggestions on how to distribute the grievance and appeals process and information, so individuals are aware of their rights and the process.
 - Individuals receive a Guide to Service which explains grievances and appeals.
 - CMHs put posters out, LRE and CMH websites, each CMH has their own CS representative to explain the process.
 - Suggestions:
 - Make the website more user friendly.
 - Put CS contact information from each organization in a flyer or in the newsletter.
 - Poster or flyers that immigrants could see that might not have internet.
 - Have info at clubhouses, such Mel Trotter.
 - Training of front desk and case worker staff either know how or can explain the process. Better overall training for the staff.

- OnPoint is planning to publish a newsletter and will include this type of information. There will also be information in the lobby of OnPoint.

5. State Updates –

i. Legislative Update (*Attachment 4*)

- This document is updated monthly and displays bills within Michigan and at the Federal level. Breaks down what is being proposed either in Mental Health and SUD, who is sponsoring and if there is an action to take.
- Yellow highlights are new items, grey is older items and after 6 months items are taken off.
- There is also an area that describes local issues and challenges. There is another area that is misc.
- Stephanie comments that there are a number of bill presently regarding SUD.
- There is a movement to have tobacco licensed the same way alcohol is at stores.
- 4576/4577 – There has been no movement.

ii. Walk-a-Mile Information

- Lynette - There was a good turnout but not as big as in the past and it was well put together. She comments that she would like to see more promotion.
- Tamara – HW had 27 individuals attend. Senator Snyder and Rep. Bumstead’s team spoke with them. They were able to sit in a live session in which the HW individuals were introduced, and Fox 17 was there.
- Next year will be the 20th anniversary of Walk a Mile.
- If there are any ideas for future speakers for the rally this would be a great group to send that in. There is also a need for someone to sing the national anthem.

6. LRE Board Meeting

September 27, 2023 – LRE Board Meeting

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

Call-in information will be posted on the LRE website

7. Upcoming CAP Meetings for **2023** (2nd Thursday of every third month [Quarterly] - 1:00 pm to 3:00 pm)

September 14, December 14

8. Other:

- We would like to begin discussing goals for 2024 at the December meeting.
 - Create a resource manual.
 - People that this group would like to have attend meetings.
- Send any resources for specialized services to LRE.
- Newsletter – The newsletter will have info on grievance / appeals, NABDs. If there are any suggestions for the newsletter send to Mari – marih@lsre.org or Marion – mariond@lsre.org

FUTURE AGENDA ITEMS

Chief Operating Officer (Stephanie VanDerKooi)
Report to the Board of Directors
September 27, 2023

Veteran Navigator: Eric Miller the LRE Veteran Navigator has accepted a Statewide Veteran Navigator position for MDHHS. LRE is so excited for his new role but saddened he will be leaving his post at the LRE. The Veteran Navigation position is posted on our LRE Website. Please share this information with anyone who might be interested in pursuing this position.

Oversight Policy Board (OPB): The OPB met September 6th and the group approved PA2/Liquor Tax budgets for FY24 as well as made recommendations for this board to approve the FY24 SUD budgets. 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 7th. We are still looking forward to the Department's approval of the plan. Once the plan has been approved, it will be shared across the region. KWB Strategies will be enlisted to help demonstrate outcomes.

Contracts FY24: The LRE contracts department has been working feverishly on getting contracts FY24 ready for providers. Significant changes were made to the boilerplate and attachments for the specialty contract grants. In today's packet Board members will find an extensive motion showcasing several contracts we plan to move forward to continue the great work of this region.

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) 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)
- **(Federal) Hill Day:** The National Council for Mental Wellbeing is hosting an annual Hill Day virtually, 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. Here is the link to register (virtual event):
 - [Hill Day at Home 2023 \(eventscribe.net\)](https://www.eventscribe.net)

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

CCBHC (Certified Community Behavioral Health Center): Regional meetings with the CCBHC partners (WCMCHS and HealthWest) continue and we are now extending the welcome to all CMHSP's. The LRE is excited that as of October 1st all CMHSP's will be in the CCBHC Demonstration project, all were certified by MDHHS.

CCBHC August enrollments:

HW- Medicaid: 11 Non-Medicaid: 54

WCMCH- MCD: 51 Non: 7

Report Submission Tracking – August 2023

The LRE submitted a total of 30 reports to MDHHS. All reports were completed and submitted on or before the deadline.

August 2023	Total Number of Reports	30		
	Number of Late Reports	0		
	Percentage of Late Reports	0%		
	<hr/>			
	Report Name	Report Type	Days Late	Reason
	N/A	N/A	N/A	

CLINICAL/UM – Liz Totten

During the month of August, the UM/Clinical Department participated in meetings with several of our regions' Medicaid Health Plans(MHP) to review joint metrics data, review impact of process change implementation and develop future implementation strategies. MHP's have also joined collaborative education efforts by participating in our Regional Integrated Health Workgroup meetings when requested. The meetings provide a doorway to two-way communication and education between CMHSPs and MHP Leads which increases staff knowledge and ultimately improves member access and care. LRE UM Department have also volunteered participation in state-wide additional PIHP/MHP Workgroup efforts in FY24. to review

MDDHS continues to solicit feedback related to Conflict-Free Access and Planning options as well as Person-Centered Planning Implementation Guide. Workgroups were cancelled during the month of August as MDHHS works internally to address concerns and provide future directions to PIHPs/CMHSPs.

UM/Clinical Department FY23 Q3 Prescreen/Continued Stay Review Audits are in process and feedback meetings have been scheduled. FY 23 CMHSP MCG audits thus far, have shown regional consistency in adherence to Milliman Care Guidelines (MCG) for utilization management of Higher Level of Care (HLOC) decisions across the region.

INTEGRATED HEALTHCARE – Tom Rocheleau

In August 2023, monthly joint care coordination meetings continue to take place with each of the 6 Medicaid Health Plans that serve the LRE region. During the August meetings, 48 consumers were discussed with their respective MHPs related to their potential or continued benefit from having an interactive care plan within the State's claims database, CC360, and subsequently improving the care

they receive and their quality of life, removing barriers, and decreasing unnecessary utilization of crisis services. There were 13 consumers discussed with their MHPs, wherein an interactive care plan was not created, but joint collaboration took place resulting in a Single Episode of Care (SEC). This data continues to indicate the CMHSPs and MHPs are working hard to identify new members for integrated care plan discussions.

CUSTOMER SERVICES– Michelle Anguiano & Mari Hesselink

Customer Services participated in the HSAG audit review. HSAG noted the NABD, grievance and appeals quarterly audits were a good way to track and follow through with ensuring consistency throughout the region.

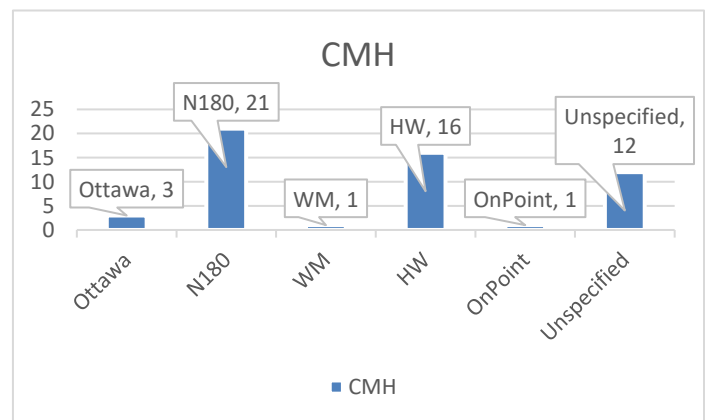
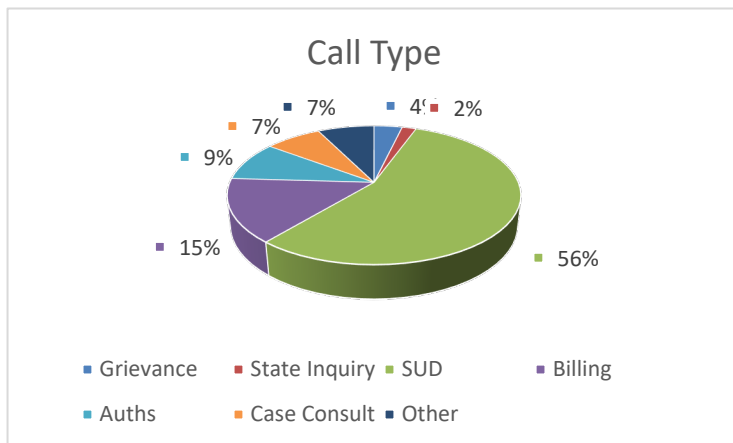
The customer satisfaction survey was approved for the MSHIP and YSS for next year. This will allow for CCBHC requirements for survey data to be met.

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).

The 2023 Guide to Services has been approved by the State and is out for print and the Spanish version is being created. The Guide to Services is available on our website under customer services.

We are focusing on the strategic plan for 2024 and goals for the customer services team.

Following is a graph of the number and type of Customer Services Phone Calls we received during the month of August as a region and then broken out by each CMHSP:



CREDENTIALING – Pam Bronson, Credentialing Specialist

The Credentialing Committee reviewed and approved 6 organizational providers for credentialing/re-credentialing in August. There hasn't been any movement or changes with the Universal Credentialing system over the last month. There have been a few process questions where MDHHS has emailed the UC Team for input, but no dates for roll out or training yet.

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

LRE Provider Network Managers are working on drafting FY24 contracts. LRE will implement Value-Based Agreements with several in-region Inpatient Psychiatric Providers, to continue to support improved quality care.

SUD TREATMENT – Amanda Tarantowski, SUD Treatment Manager

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

- Oversaw the successful addition of a new Women’s Designated Program in Muskegon
- Attended/Passed the SUD section of the HSAG Audit
- Had Women’s Specialty Services (WSS) meetings with WMCMH
- Attended Opiate Summit in Muskegon
- Attended Tall Cop Training in Grand Rapids

SUD/GAMBLING PREVENTION – Amy Embury, SUD Prevention Manager

Synar was completed during the month of June with each of the 7 county Prevention Providers Designated Youth Tobacco Use Representatives (DYTUR) support. This project is part of a larger effort to determine the sales rates of tobacco, vaping and alternative nicotine products to individuals under the age of 21 as part of Michigan's compliance with the Synar amendment and observance of the federal Tobacco 21 law. The Synar amendment holds states to a Retailer Violation Rate of twenty percent or less. Failure to complete this project successfully, may result in significant loss of federal dollars for substance abuse prevention and treatment in Michigan.

MDHHS is responsible for the random draw of retailers taken from the Tobacco Master Retailer List (a list of businesses that sell tobacco, vapor, or alternative nicotine products). Sample lists were supplied by MDHHS to ten regional behavioral health entities, the Prepaid Inpatient Health Plans (PIHP). Each PIHP is responsible for Synar survey implementation in its respect region. The survey involves visiting randomly selected outlets that sell tobacco products, vapor products, and/or alternative nicotine products, either over the counter or through vending machines. Every county has a Designated Youth Tobacco Use Representative (DYTUR) that organizes their county efforts with an underage inspector and serves as the adult chaperone. The LRE also oversees the No Cigs for our Kids Campaign which provides vendor education in efforts to aid retailer compliance. Please see [Attachment 2](#) for the 2023 LRE Synar Infographic for compliance checks results and [Attachment 3](#), LRE No Cigs for Kids Infographic, for each county’s DYTUR contact information.

Talksooner September Campaign - [Attachment 4](#)

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

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

CMHSP	Overdue Certifications	Overdue Guardian Consents	Inactive Consumers
OnPoint	1	0	2
HealthWest	0	1	
Network180	3	1	2
Ottawa	0	0	
West Michigan	0	0	

We filled 4 slots in the month of August 1 went to Ottawa CMH, 1 to Network 180, and 2 went to HealthWest. We had 3 slots to fill for September and 1 has been approved for Ottawa CMH and 2 are pending at MDHHS for Network 180. We have 17 complete packets and 11 packets that are pending due to goals, objectives, or needing updates to other required documents. Below is a chart of slot utilization in region 3.

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

Reminder that the enrollment deadline is always the 15th 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.

The MDHHS Waiver audit that was completed last fall October-November 2022 was officially concluded September 8, 2023. They concluded that all corrective actions had been initiated or completed. A huge thank you and congratulations to those that worked on that project. MDHHS will complete the next waiver audit in fiscal year 2025.

Children’s Waiver Program (CWP)

90 children are open and enrolled in the Children’s Waiver Program for September. We have 4 children that are currently invited to enroll on the Children’s waiver, one with a July start date, one with an August start date, and two with an October start date. We had four prescreens that were submitted in August and one already submitted in September. We currently have nineteen scored prescreens that are on the weighing list that have not yet to be invited to join the CWP. Of the nineteen prescreens that are currently on the weighing list, three have been submitted by OnPoint, 10 by Network 180, three by HealthWest, two by Ottawa, and one by West Michigan.

CMHSP	# Enrolled
HealthWest	7 (1 invited)
Network 180	65 (3 invited)
On Point	5
Ottawa	12
West Michigan	1

1915(i)SPA:

MDHHS Updates:

- MDHHS's deadline for iSPA compliance to 10/1/2023. It is expected that all iSPA cases will be enrolled in the WSA by that date. MDHHS had an internal deadline of 9/17/23 to have cases entered so that they had time to review and approve before the deadline.
- Currently as a region the LRE is at a 103% enrollment rate. Please see Attachment 5 for updated data.
- 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.
- Beginning 10/1/23, all iSPA cases must be enrolled in the WSA and approved by MDHHS prior to starting services.
- The LRE has developed a 1915(i)SPA Policy and Procedure that is in the final stages of approval.

SEDW:

- We currently have 92 open cases.
 - Allegan – 6
 - HealthWest – 16
 - Network180 – 46
 - Ottawa – 19
 - West MI – 4
- The LRE is working to reinstate the Regional SEDW Workgroup on a quarterly basis. The CMHSP SEDW Leads and Arbor Circle will hold the first scheduled meeting on Tuesday September 19th at 1pm.
- Post-Covid PHE Changes for the SEDW include the push to move all Wraparound services back to in-person. Verbal Consents are no longer being accepted by MDHHS on FCA forms. All signatures must be obtained to enroll or renew a case in the WSA.
- MDHHS held a Waiver Feedback session on 9/14 to discuss any requested updates to the SEDW for the upcoming Waiver Renewal. This was well attended by members of our Region, and excellent feedback and suggestions were provided to MDHHS.



Lakeshore Regional Entity's Legislative Update – 9/19/2023



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

ATTACHMENT 1

STATE LEGISLATION

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

BILLS & REGULATIONS PERTAINING TO MENTAL HEALTH

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

BILLS & REGULATIONS PERTAINING TO SUD

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

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	Preemption one pager (d31hzlkh6di2h5.cloudfront.net) 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. Click here to sign the petition!
	HB 4049	A bill to require CRA to consider all applications by spouses of government officials for licensed marijuana establishments, and to not deny them based on their spouse's government affiliation.	Pat Outman	1/31/23 - Introduced and referred to Committee on Regulatory Reform
	HB 4061	Kratom Consumer Protection Act: A bill to regulate the distribution, sale, and manufacture of kratom products	Lori Stone	2/1/23 - Introduced and referred to Committee on Regulatory Reform
	SB 133	A bill to provide for the review and prevention of deaths from drug overdose; allow for creation of overdose fatality review teams and power and duties of those teams; and for other purposes	Sean McCann	3/2/23-Introduced and referred to Committee on Health Policy
	HB 4430	A bill to require all marijuana sales to provide safety information at the point of sale. Safety info includes: Safe storage, proper disposal, poison control information and the following statements: (A) To avoid dangerous drug interactions, it is recommended that you consult with your prescriber or pharmacist before consuming this product. (B) Exercise care if you consume this product with alcohol. (C) Consuming this product with a controlled substance could increase the risk of side effects or overdose. (D) Do not operate heavy machinery or	Veronica Paiz	4/19/23-introduced and referred to Committee on Regulatory Reform

BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
		perform other dangerous tasks under the influence of this product unless you know how this product affects you.		
	SB 180/179	Allow the Cannabis Regulatory Agency (CRA) to enter into an agreement with an Indian tribe pertaining to marijuana related business if the agreement and the Indian tribe met certain conditions. It prohibits the CRA from employing any individual with pecuniary interests in tribal marijuana; and specifies that sales of marijuana by a tribal marijuana business on Indian lands would be exempt from the State's 10% excise tax on marijuana. Require the Department of Treasury to deposit money into the Marihuana Regulation Fund that was collected under an Indian Tribe Agreement.	Roger Hauck	6/14/23-Passed Senate and received in House Committee on Regulatory Reform
	SB 141/HB 4201	The bill would amend the Michigan Liquor Control Code to eliminate a January 1, 2026, sunset on provisions that allow a qualified licensee to fill and sell qualified containers with alcoholic liquor for the purpose of off-the-premises consumption and to deliver alcoholic liquor to a consumer in the State if the qualified licensee meets certain conditions.	Mallory McMorrow & Kristian Grant	6/13/23 - Passed Senate, referred for second reading in House Committee on Regulatory Reform. 5/3/23 - Passed House, referred to Senate Committee on Regulatory Affairs 7/19/23-Assigned PA 0095'23 with immediate effect
	HB 4833	The bill would amend the public health code to eliminate the requirement for acute care and behavioral health hospitals to carry a SUD Service Program license. The issue was identified 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	Sean McCann	7/19/23-Assigned PA 0096'23 with immediate effect

BILLS & REGULATIONS PERTAINING TO SUD

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

FEDERAL LEGISLATION

BILLS & REGULATIONS PERTAINING TO MENTAL HEALTH				
Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE

BILLS & REGULATIONS PERTAINING TO SUD				
Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	H.Res. 39	A res. Requesting that all illicit fentanyl and illicit fentanyl-related substances should be permanently placed in Schedule I; and for other purposes.	Neal Dunn	1/17/23-Introduced and referred to Committee on Energy and Commerce & Committee on the Judiciary 1/27/23 - Referred to the House Subcommittee on Health.
	N/A – Proposed Rule	There is a proposed rule by the Substance Abuse and Mental Health Services Administration (SAMHSA) that would permanently allow providers to prescribe buprenorphine specifically for opioid use disorder treatment without an in-person visit in an opioid treatment program, but this is still in the proposal phase with comments due on Feb. 14, 2023.	SAMHSA	12/16/22 – Proposed 2/14/23 – Public Comment Due Federal Register :: Medications for the Treatment of Opioid Use Disorder
	HR 901	To require the Food and Drug Administration to prioritize enforcement of disposable electronic nicotine delivery system products.	Sheila Cherfilus-McCormick	2/09/2023 - Referred to the House Committee on Energy and Commerce. 2/17/23 - Referred to the House Subcommittee on Health.
	S. 464	A bill to amend the Internal Revenue Code of 1986 to deny the deduction for advertising and promotional expenses for tobacco products and electronic nicotine delivery systems.	Jeanne Shaheen	2/16/2023 - Read twice and referred to the Committee on Finance.
	HR 610	Marijuana 1-3 Act of 2023: A bill to provide for the rescheduling of marijuana into schedule III of the Controlled Substances Act.	Gregory Steube	1/27/23 - Referred to the Committee on Energy and

BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
				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	Rick Scott	03/27/2023 Read twice and referred to the committee on the Judiciary

BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
		improve postmortem toxicology testing, data linkage across data systems throughout the United States, electronic death reporting, or the comprehensiveness		
	HR 1734	TRANQ Research Act: To require coordinated National Institute of Standards and Technology science and research activities regarding illicit drugs containing xylazine, novel synthetic opioids, and other substances of concern, and for other purposes.	Mike Collins	03/29/2023 Ordered to be Reported (Amended) by the Yeas and Nays: 36 – 0 5/15/23 - Passed in House, Received in Senate 6/26/23 – Passed in Senate
	S 606	To require the Food and Drug Administration to revoke the approval of one opioid pain medication for each new opioid pain medication approved.	Joe Manchin	03/01/2023 - Read twice and referred to the Committee on Health, Education, Labor, and Pensions
	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
	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

BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	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.
	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	Brett Guthrie Bill Cassidy	7/11/2023 – Introduced in House, referred to House Energy and Commerce Committee

BILLS & REGULATIONS PERTAINING TO SUD

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

BILLS & REGULATIONS PERTAINING TO SUD

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

LEGISLATIVE CONCERNS

LOCAL THREATS AND CHALLENGES

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

MISCELLANEOUS UPDATES

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

	ISSUE	SUMMARY	COUNTY	ADDITIONAL INFORMATION/LINKS
		the program better and collecting input about potential changes to the new contracts.		
	CMS Plan for States to Use Medicaid for Incarcerated Substance Use Treatment	Recently, the Director of the Office of National Drug Control Policy (ONDCP), Dr. Rahul Gupta, announced that all federal prisons will offer medication-assisted treatment (MAT) for substance use disorder by this summer. Additionally, Dr. Gupta noted that the Centers for Medicare and Medicaid Services (CMS) will release guidance to support states in using Medicaid 1115 waivers to cover substance use treatment for people who are incarcerated		A disappointing report card for primary care - POLITICO (relevant information is about halfway down the page)
	Post-Pandemic Telehealth Policy	The recently released Michigan Medicaid bulletin reflects all of the recommendations of the CMHA Behavioral Telehealth Advisory Group		Final Bulletin MMP 23-10-Telemedicine.pdf (govdelivery.com)
	Biden-Harris Administration Announce New Proposed Parity Rules	The Biden Administration’s new proposal would significantly strengthen the nation’s parity enforcement and ensure that people with mental health and substance use conditions do not face arbitrary barriers to receiving care. The proposed rule is aimed at improving health plan compliance with the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA), which requires health plans to provide mental health and substance use coverage at parity with medical/surgical coverage. A public comment period on the proposed rule will follow.		7/25/2023: Departments of Labor, Health and Human Services, Treasury announce proposed rules to strengthen Mental Health Parity and Addiction Equity Act HHS.gov
***	Hill Day at Home 2023 (National Council for Mental Wellbeing)	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.		Registration is open now.
***	Opioid Settlement Participation Deadline Extended to September 20	The deadline for local governments and counties to register to receive funds from the multibillion-dollar Walgreens National Opioids Settlement has been extended to September 20. The extension will give additional time to local governments in Michigan to sign on to receive direct payments. Michigan Attorney General Dana Nessel is encouraging municipalities that have not yet joined the settlement to complete their participation forms by the deadline.		Opioid Settlement Participation Deadline Extended to September 20, AG Nessel Urges Michigan Municipalities to Sign Up

Elected Officials

FEDERAL

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

STATE

STATE	
Find Your State Senator	Home Page Find Your Senator - Michigan Senate (https://senate.michigan.gov/FindYourSenator/)

STATE

Find Your State Representative

[Michigan House - Home Page](https://www.house.mi.gov/)
(<https://www.house.mi.gov/>)

2023 Tobacco Sales Compliance Check Results



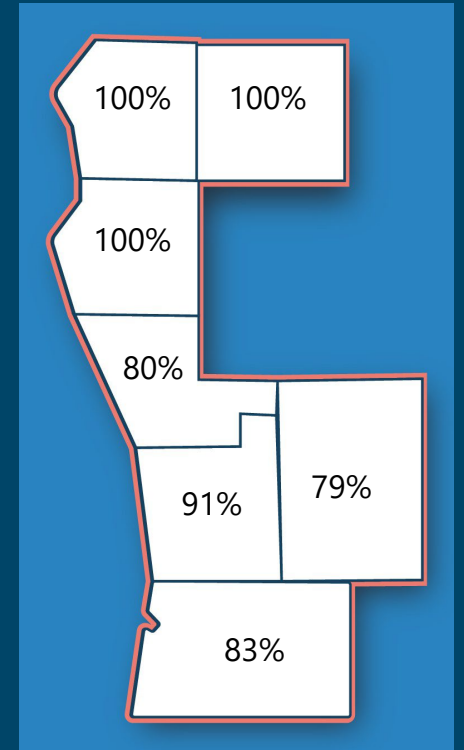
Compliance rate = the percentage of retailers that did not sell a tobacco product to a decoy under the age of 21.

LRE sample selected by MDHHS = 51, Inspected = 49 (2 do not sell tobacco)

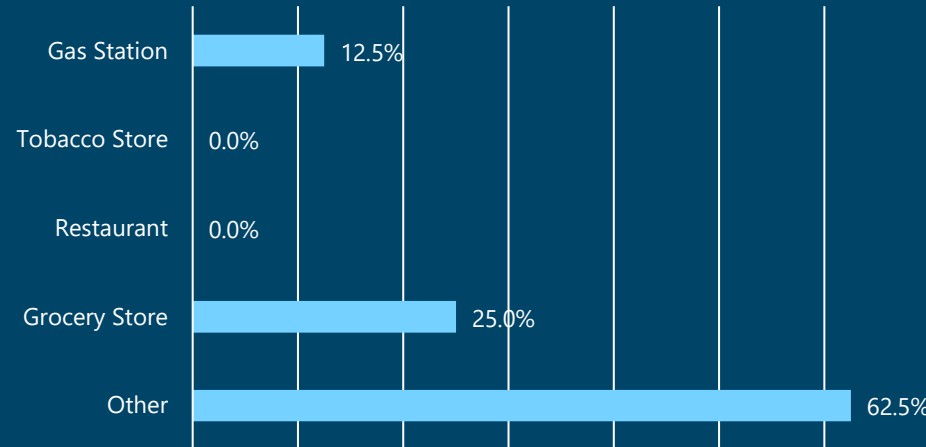


ATTACHMENT 2

Compliance Rates by County



Violation Rate by Vendor Type



KNOW THE FACTS

The Toll of Tobacco in Michigan

Data and source information can be found at tobacco-freekids.org



ATTACHMENT 3

YOUTH TRENDS

3,200



The number of youth (under 18) who become new daily smokers each year.

AMONG MICHIGAN HIGH SCHOOL STUDENTS...

4.5



The percent who smoke, compared to 4.6 percent nationally.

20.8



The percent who use e-cigarettes, compared to 11.3 percent nationally.

HEALTH IMPACT

32.3



The percent of cancer deaths in Michigan attributed to smoking.

16,200



The number of Michigan adults who die each year from smoking.

Smoking kills more people than alcohol, AIDS, car crashes, illegal drugs, murders, and suicides combined — and thousands more die from other tobacco-related causes — such as fires caused by smoking (more than 1,000 deaths/year nationwide) and smoke- less tobacco use.

FINANCIAL BURDEN

\$4,620



The amount per household of state and federal taxes Michigan residents pay for smoking-caused government expenditures.

\$11.5 billion



The amount of smoking-caused productivity losses.

\$5.33 billion



The amount of annual health care costs directly caused by smoking.

DESIGNATED YOUTH TOBACCO USE REPRESENTATIVES

Allegan County

Heidi Denton
(269) 633-9719
hdenton@onpointallegan.org

Kent County

Ally Kaza
(616) 367-0575
ally.kaza@kentcountymi.gov

Lake County

Heather Czarnecki
(231) 03-1812
hczarnecki@dhd10.org

Mason County

Grace Richardson
(231) 316-8583
grichardson@dhd10.org

Muskegon County

Danielle Hall
(231) 724-1211
Hallda@co.muskegon.mi.us

Oceana County

Philip Santellan
(231) 383-6541
psantellan@dhd10.org

Ottawa County

Tim Findlay
(616) 393-5776
tfindlay@miottawa.org

The mission of No Cigs for Kids is to educate tobacco retailers about compliance with the youth tobacco act and reduce the number of vendors selling tobacco to minors.

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



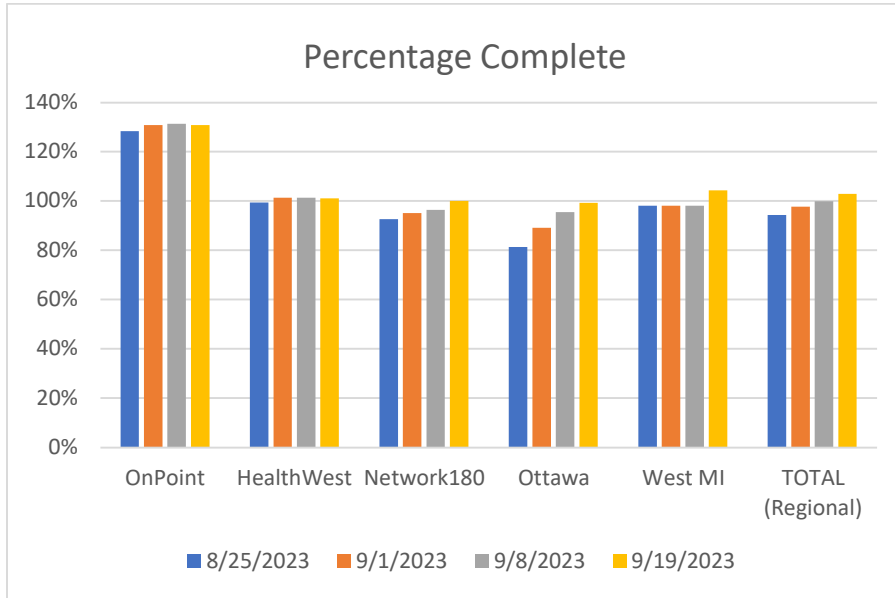
5,000
TALKSOONER FLIERS
ON
5,000
PIZZA ORDERS

5,000 COMPLIMENTARY
PIZZA CUTTERS

3+ MEDIA STORIES



TalkSooner.org



GOAL:

50% Enrollment by April 1, 2023

75% by July 1, 2023

100% by October 1, 2023

CMHSP	8/25/2023	9/1/2023	9/8/2023	9/19/2023
OnPoint	128%	131%	131%	130.8%
HealthWest	99%	101%	101%	101.1%
Network180	93%	95%	96%	100.0%
Ottawa	81%	89%	95%	99.3%
West MI	98%	98%	98%	104.3%
TOTAL (Regional)	94%	98%	100%	102.9%

CMHSP	Total Expected Cases Reported by CMH	Currently Enrolled - 9/8/23	Currently Enrolled - 9/19/23	Withdrawn - 9/8/23	Withdrawn - 9/19/23	Total Pending in WSA Queue - 9/19/23
OnPoint	169	222	221	282	282	0
HealthWest	450	456	455	425	425	0
Network180	814	801	814	330	330	0
Ottawa	570	544	566	74	75	0
West MI	305	299	318	241	242	0
TOTAL (Regional)	2308	2322	2374	1352	1354	0



Information Officer Report – September 2023

9/20/2023

Summary:

1. MCIS Software:

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

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

2. Data Analytics and Reporting:

New implementations:

- Critical Incidents Dashboard – still in development.
- BHTEDS SUD Open Admissions, by number of days since most recent encounter – in development.

Recently updated/enhanced:

- Penetration Rates – added visibility to actual numerator/denominator counts.
- CCBHC Audit Detail – added Fund Source and provided additional filter by procedure code.
- KPI Dashboard – refocused Key Performance Indicator Dashboard on actionable measures supporting organizational goals; added ability to filter data by Medicaid Health Plan.
- Provider Audits Dashboard – Added provider name and address to the Provider Response page.

3. Encounter reporting to MDHHS:

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

BH-TEDS reporting to MDHHS: FY23 BH-TEDS: BHTEDS records continue to be reported in relatively good volume across the region. Some CMHs who have areas of softness in the volume of certain record types are addressing those issues via formal plans of correction tied to the CMH IT Site Review process.

FY24 BHTEDS: CMH systems are implementing changes late this month for new BHTEDS data capture requirements that will go into effect in October (related to new FY24 BHTEDS Coding Instructions). Many of those changes are focused on refinements in how employment status information is captured, and how data for youth involved with the juvenile justice system are captured and documented in BHTEDS.

4. HSAG Performance Measure Validation (PMV) Audit – Draft Report. Our PMV virtual review with HSAG was held on July 13th. The audit included a thorough review of all IT systems (and associated business processes) which gather and submit data used in calculating the quality indicators used in the Michigan Mission Based Performance Indicator System (MMBPIS).

LRE received the draft report from HSAG last week. The results were **good**. After thorough examination of LRE's processes and after reviewing detailed data for randomly selected cases, HSAG validated all of LRE's indicators with a "**Reportable**" designation, indicating that each indicator was deemed to be compliant with the State's specifications and that all the indicator rate totals can be used and reported with confidence.

Additionally, HSAG found that the LRE PIHP had sound internal data management processes and maintained sufficient oversight of its CMHSP processes and data submissions. HSAG also noted that LRE had followed up appropriately on HSAG’s recommendations from last year’s PMV report.

HSAG cited as specific strengths:

- LRE’s efforts toward data quality improvement and CMHSP oversight through real-time monitoring using its Power BI technology dashboards.
- In addition to reviewing the performance indicator submissions from the CMHSPs, LRE implemented a new process that used tracking reports to monitor quality and timeliness. Executive leadership at both LRE and the CMHSPs collaborated based on review of the reports and were able to address timeliness issues more efficiently. LRE noted substantial improvements and consistency in obtaining timely data as a result of this new process.

Opportunities for improvement:

LRE’s indicator data was found to be “Reportable”, meaning that there was no material bias identified that would put the MDHHS MMBPIS indicator totals at risk of inaccuracy. However, not all of the sampled data was found to be in full alignment with all reporting requirements. HSAG provided follow-up recommendations to assist us in correcting these minor defects to further improve our MMBPIS data accuracy in the coming year.



Data Source: LRE_DW_CorporateInfo.LRE_Encounters

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

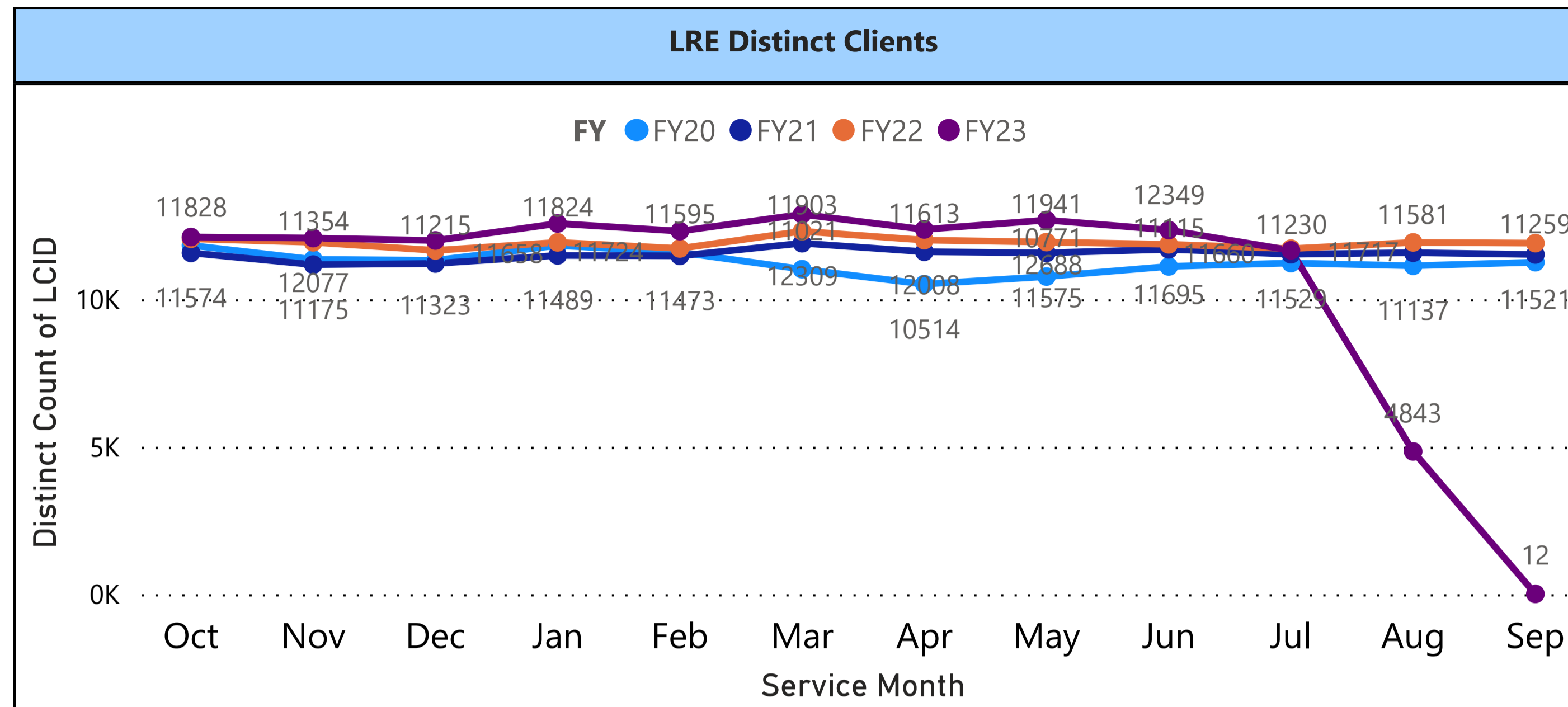
Reports in Dashboard:

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

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

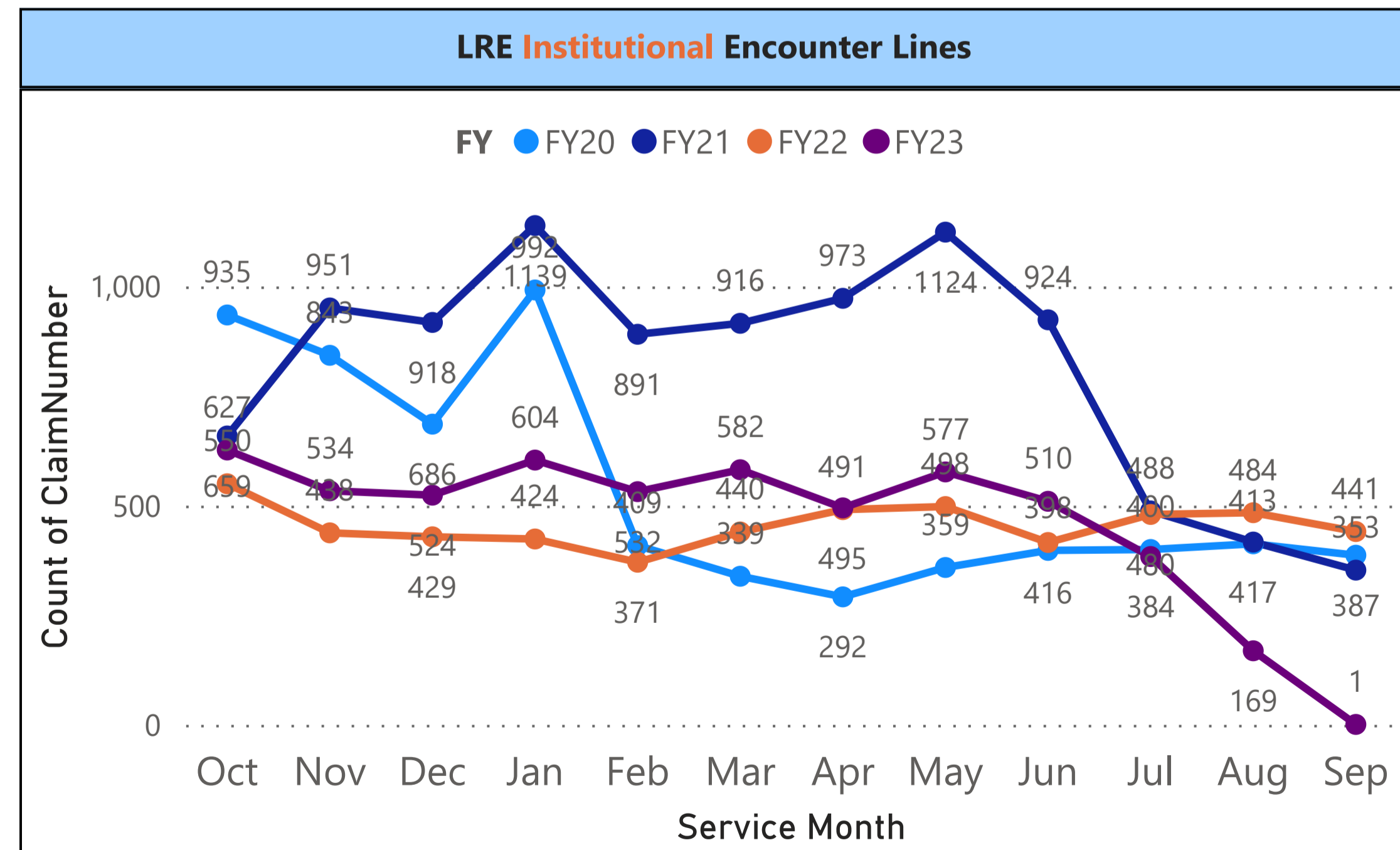
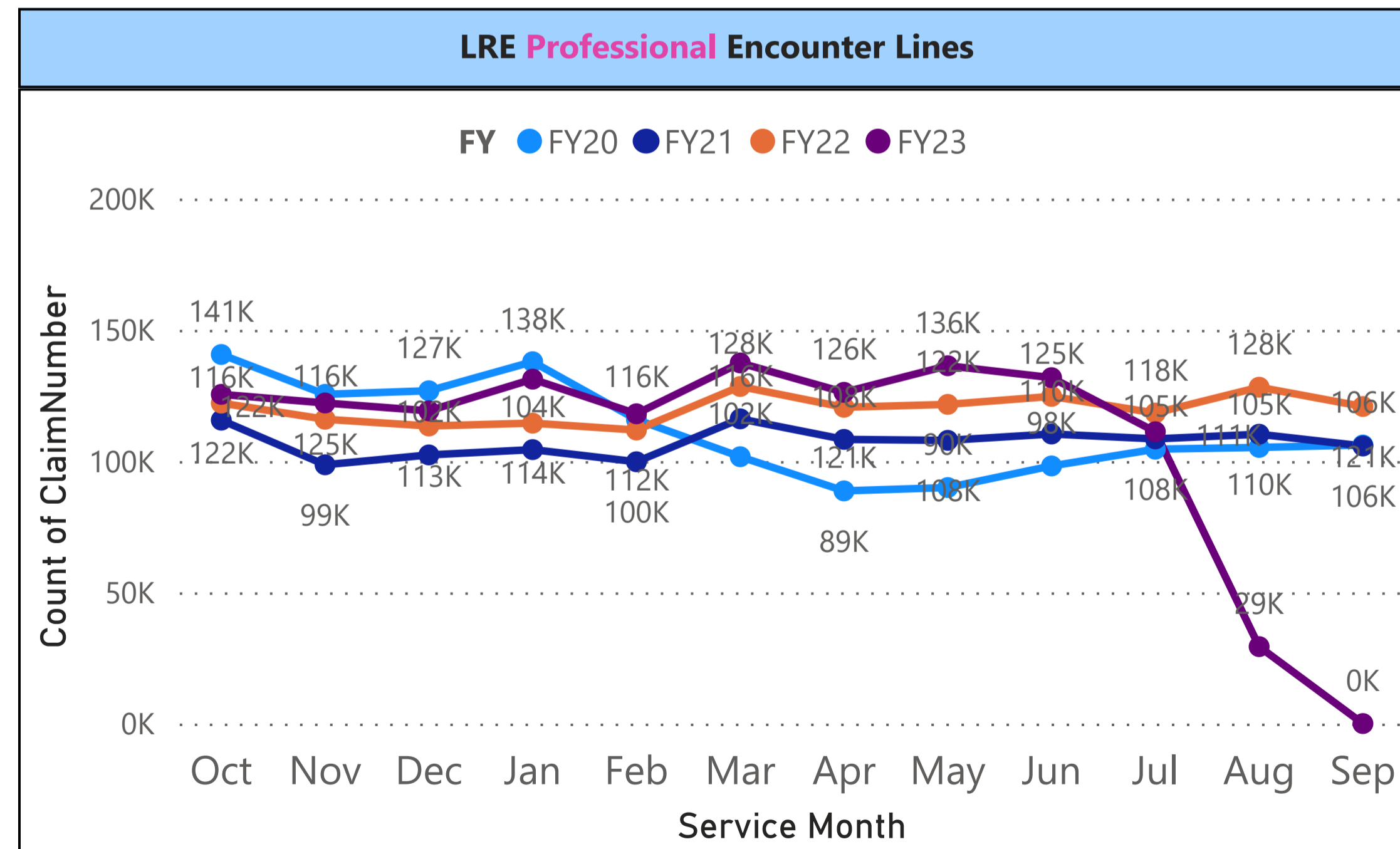


LRE Behavioral Health



FY: All

- Select all
- FY20
- FY21
- FY22
- FY23

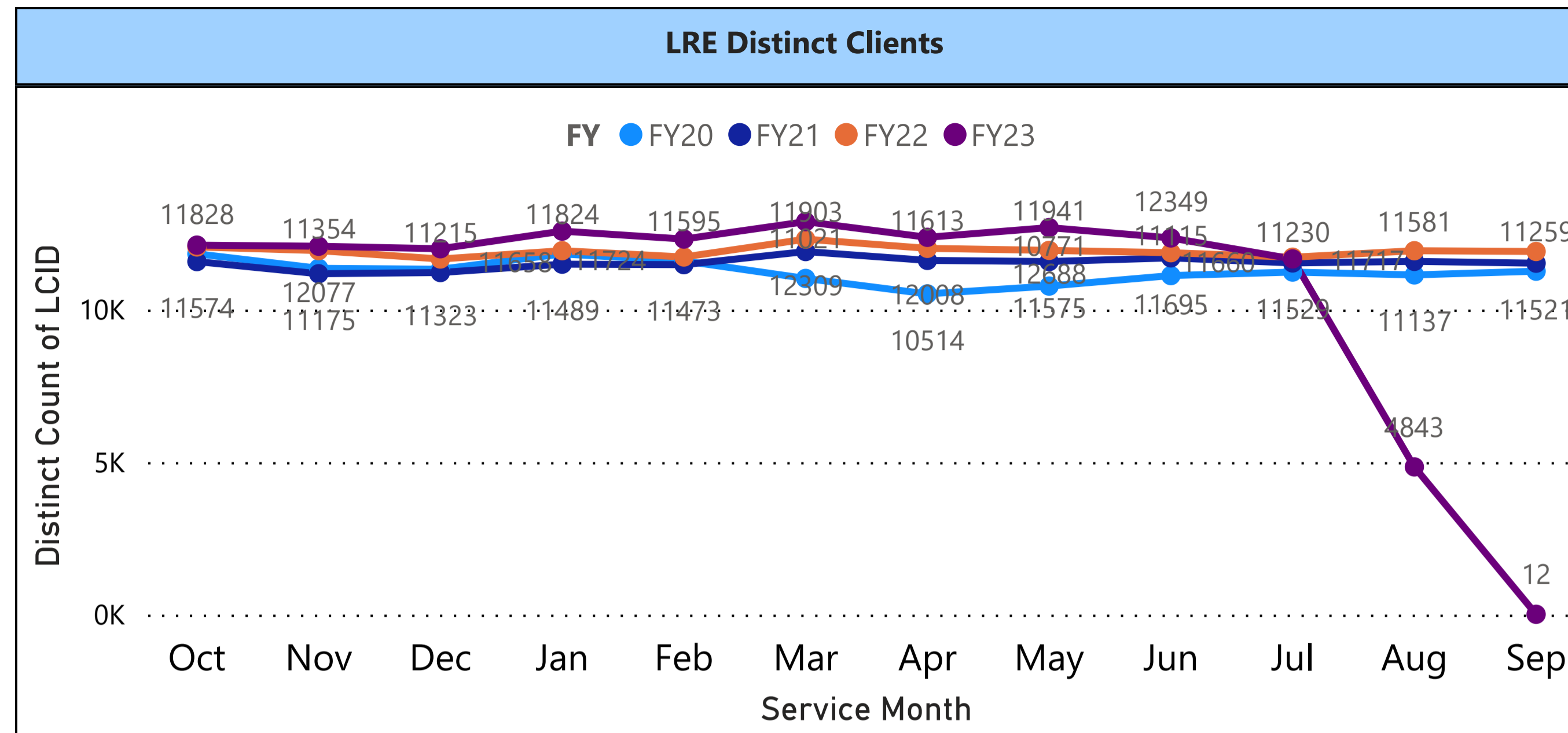


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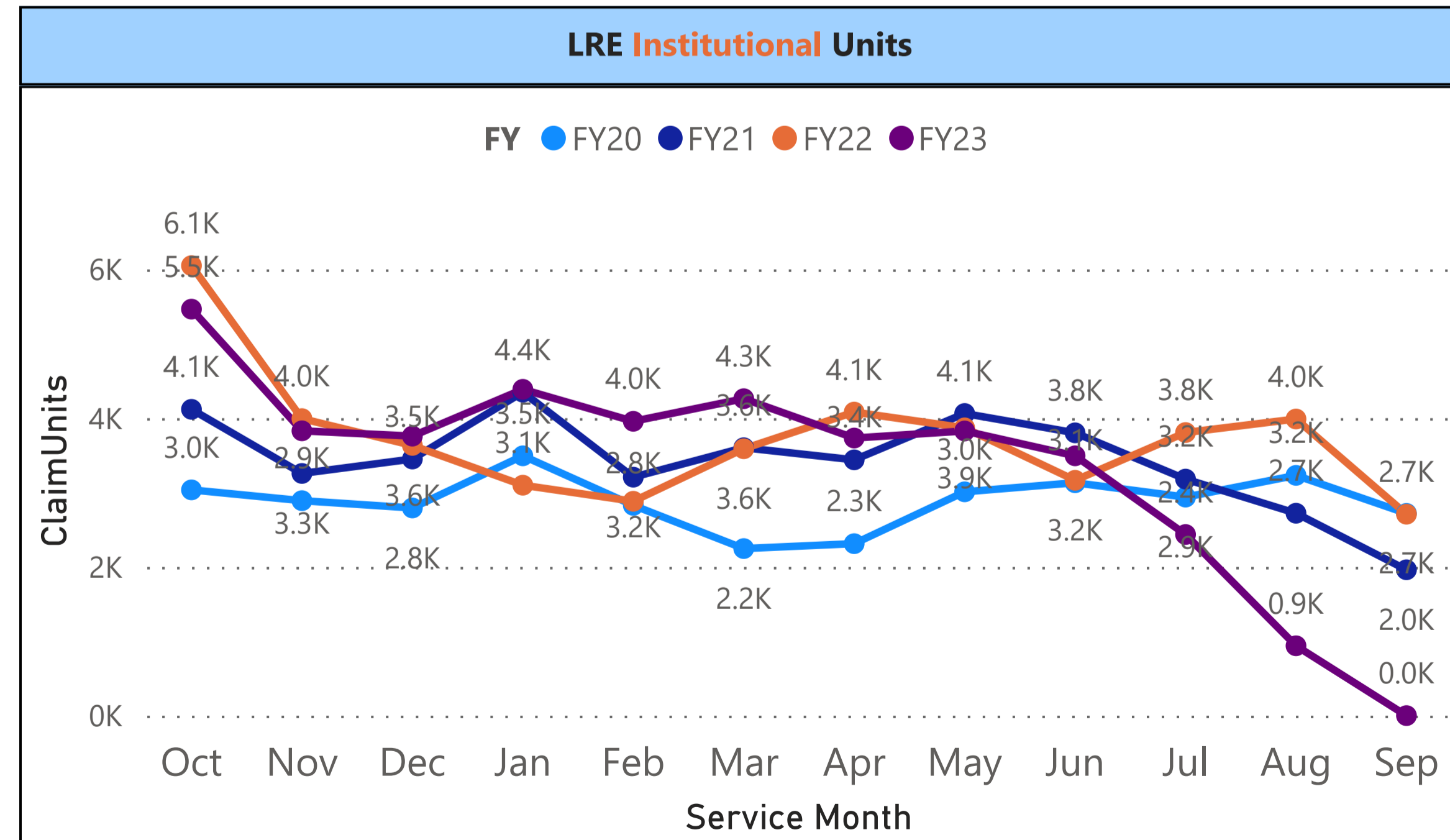
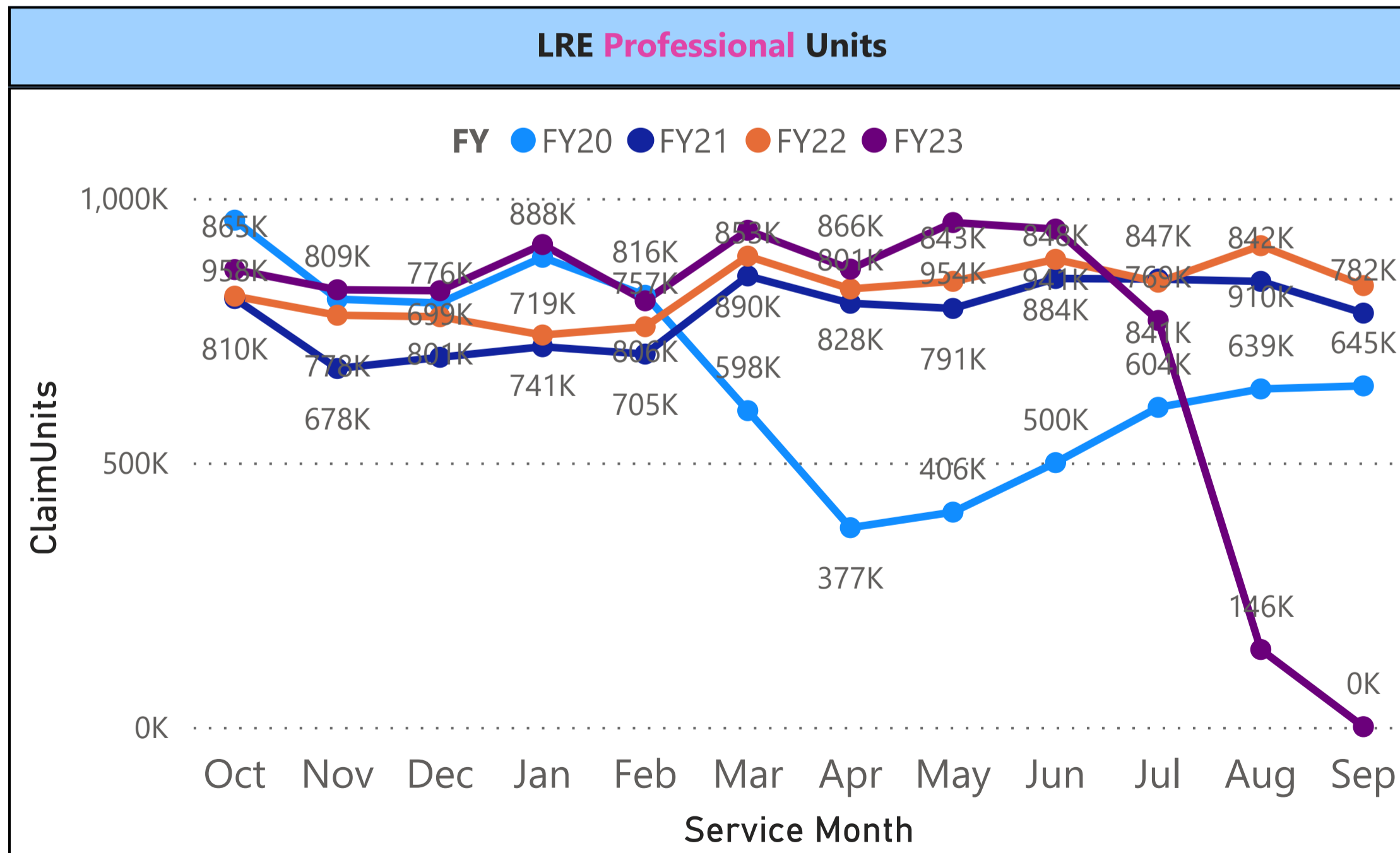


LRE Behavioral Health



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- FY23

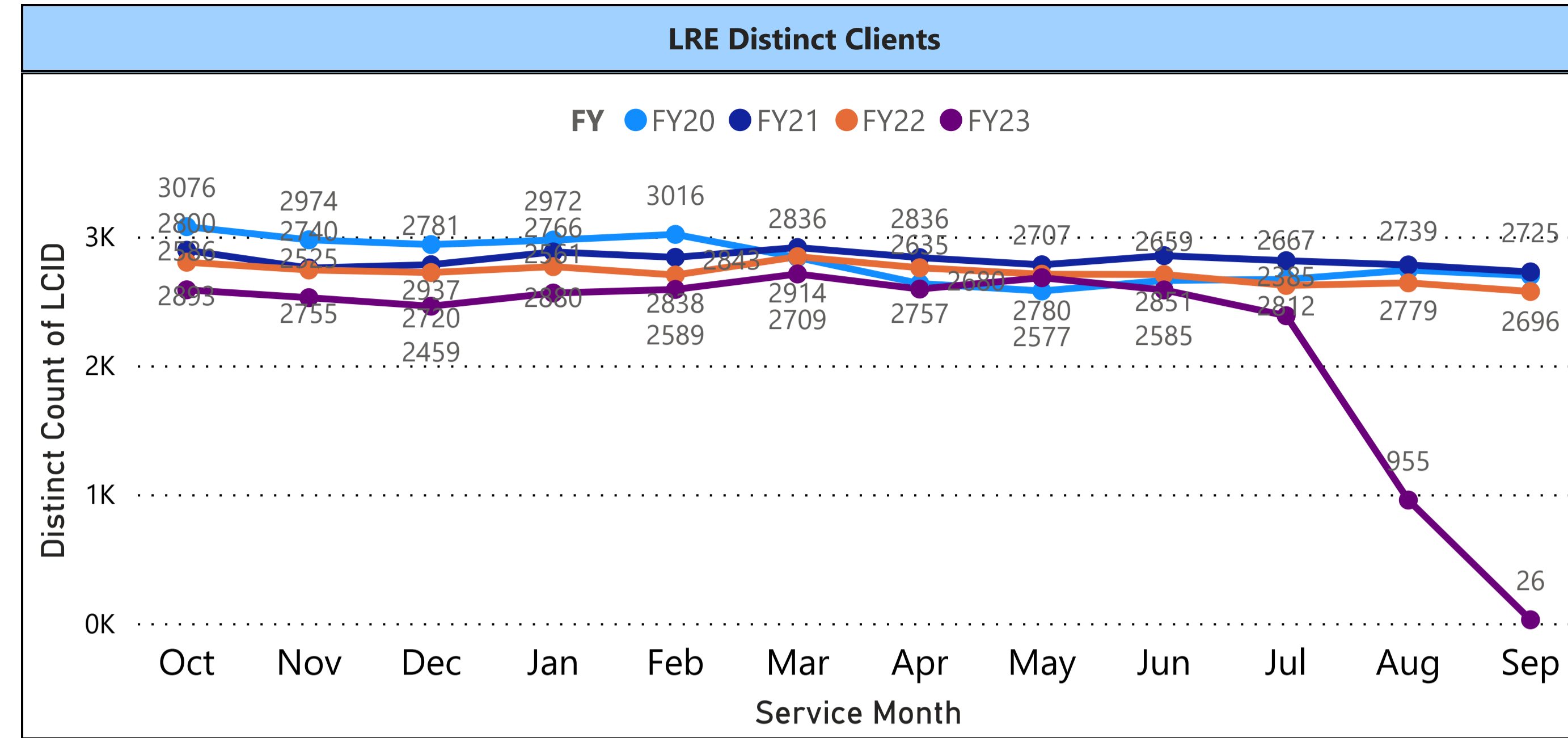


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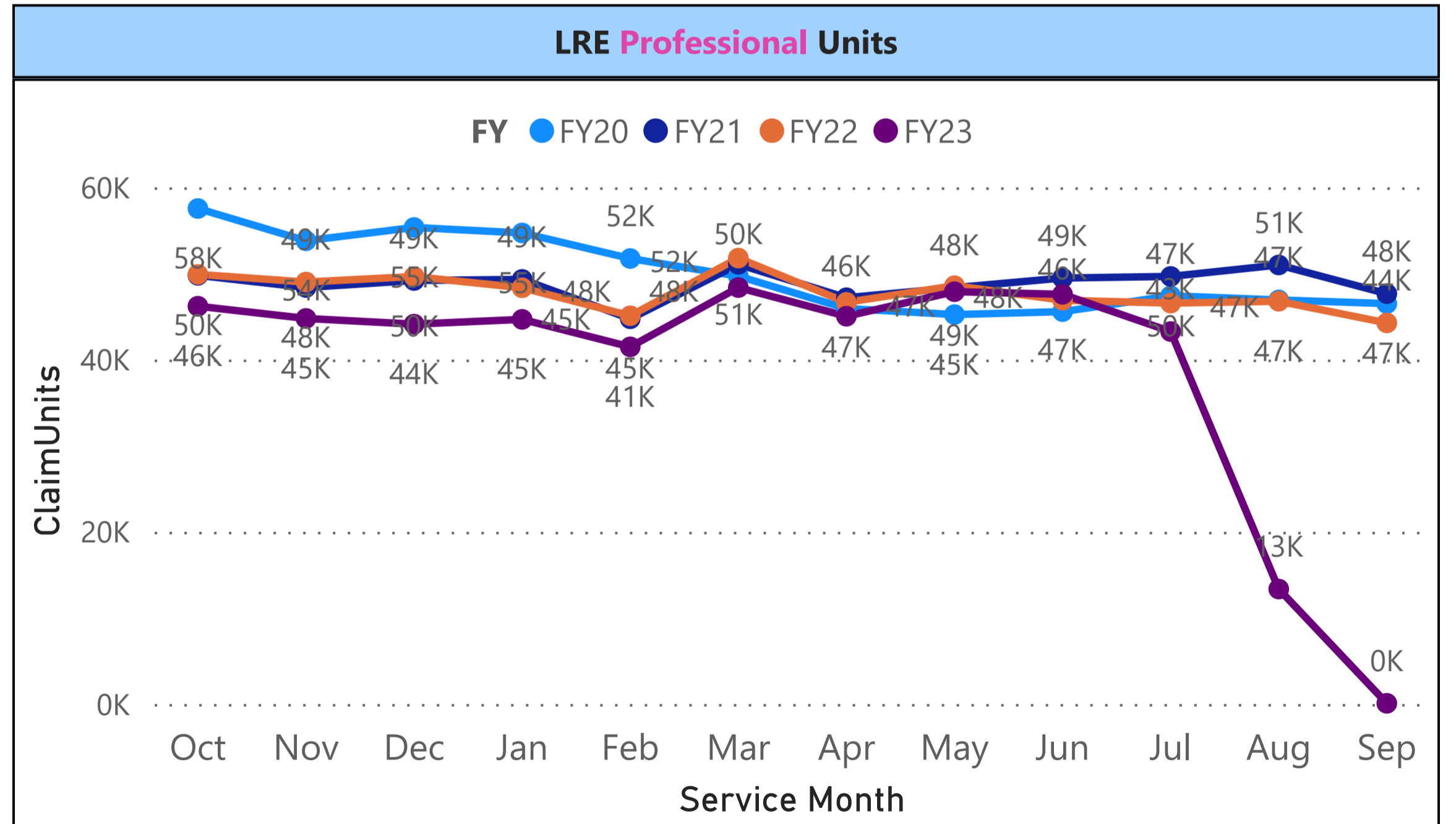
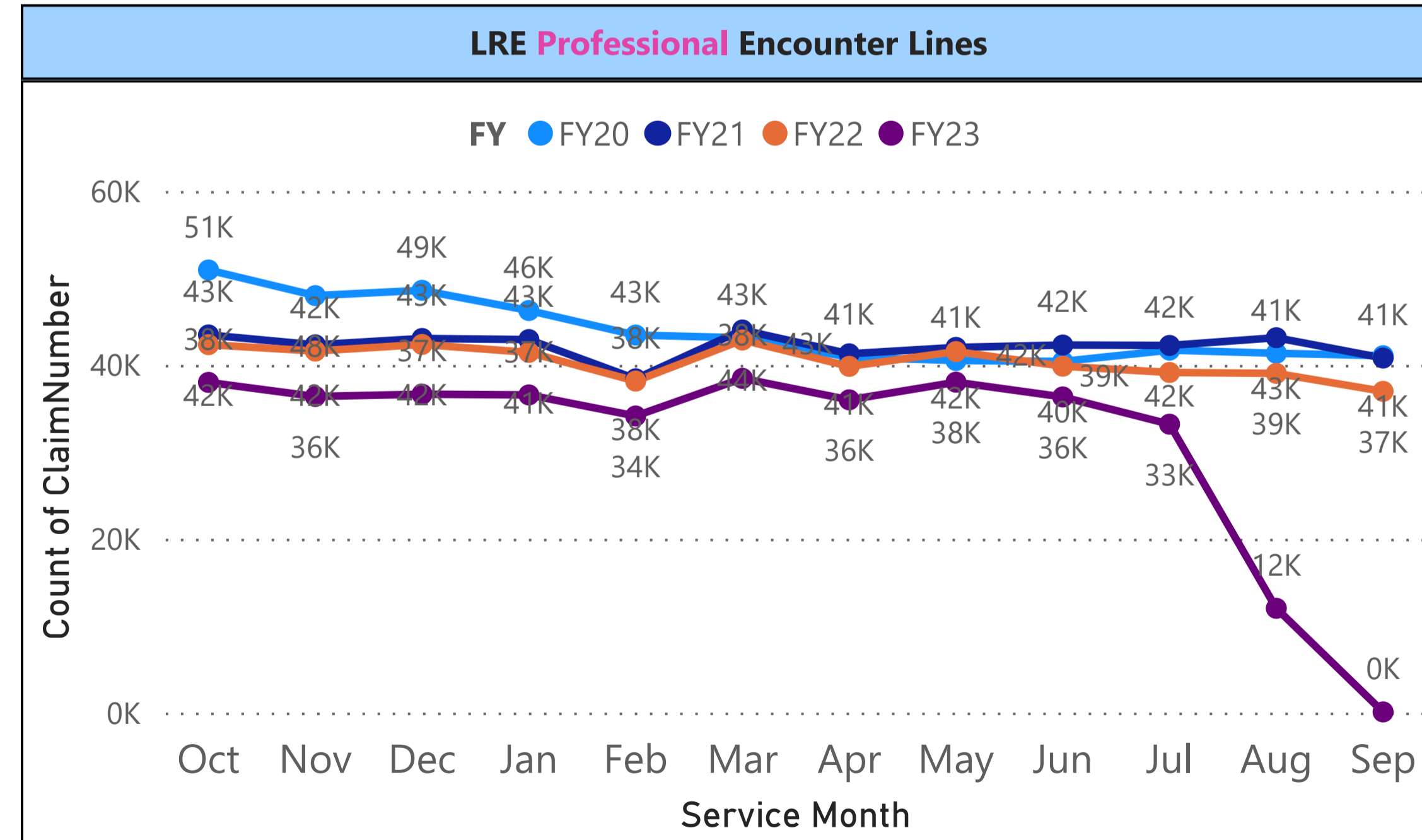


LRE Substance Use Disorder



FY: All

- Select all
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- FY23

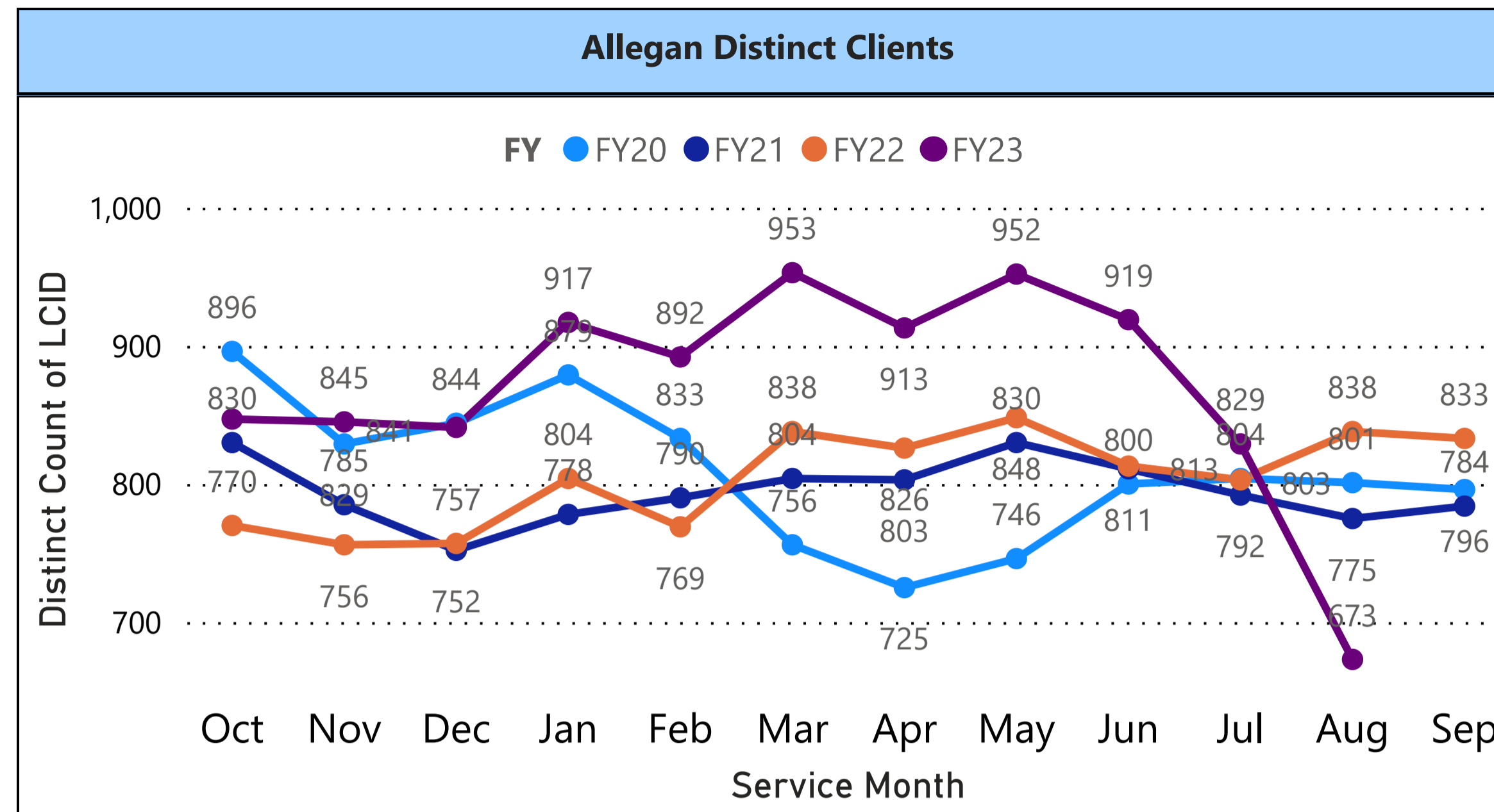


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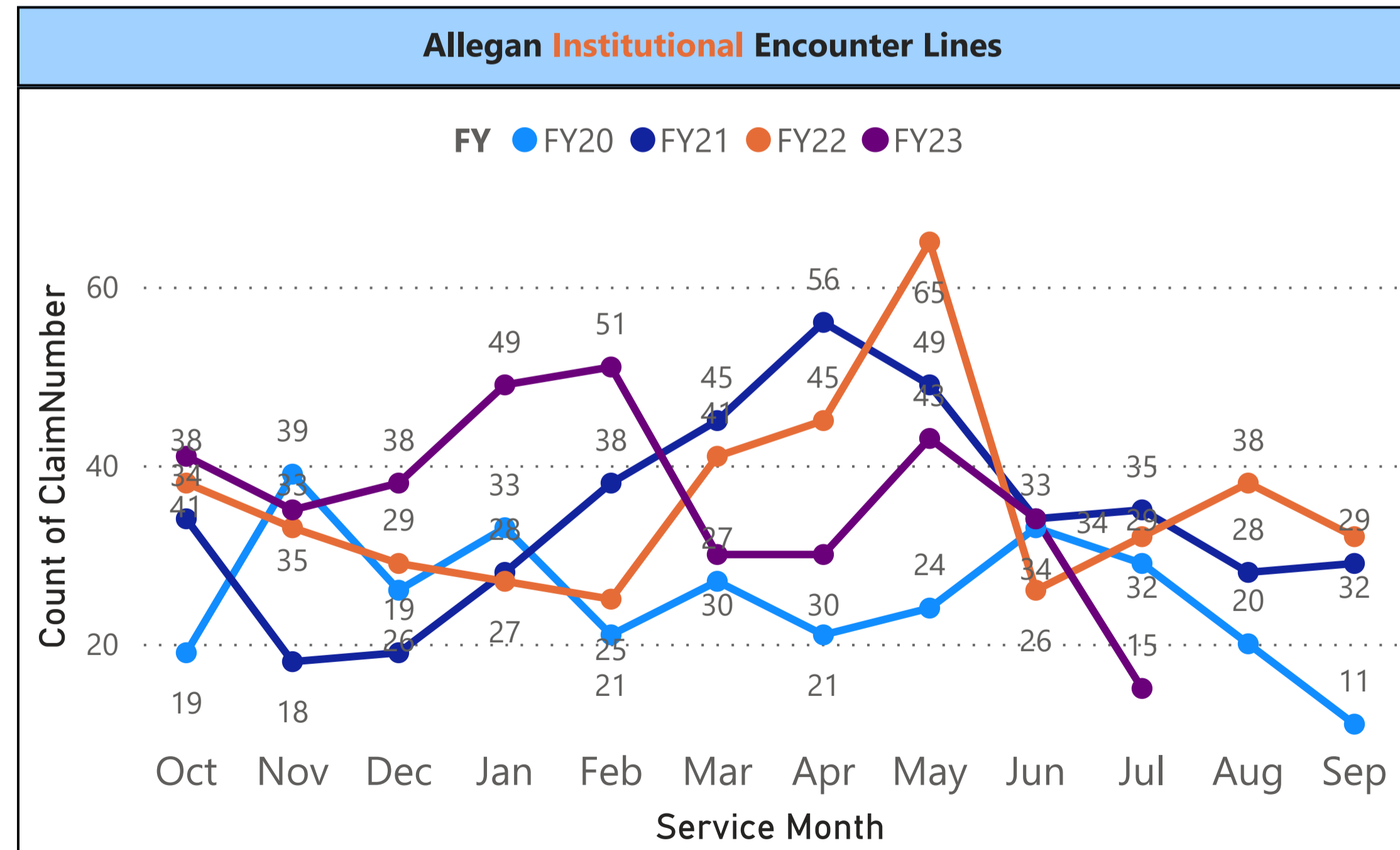
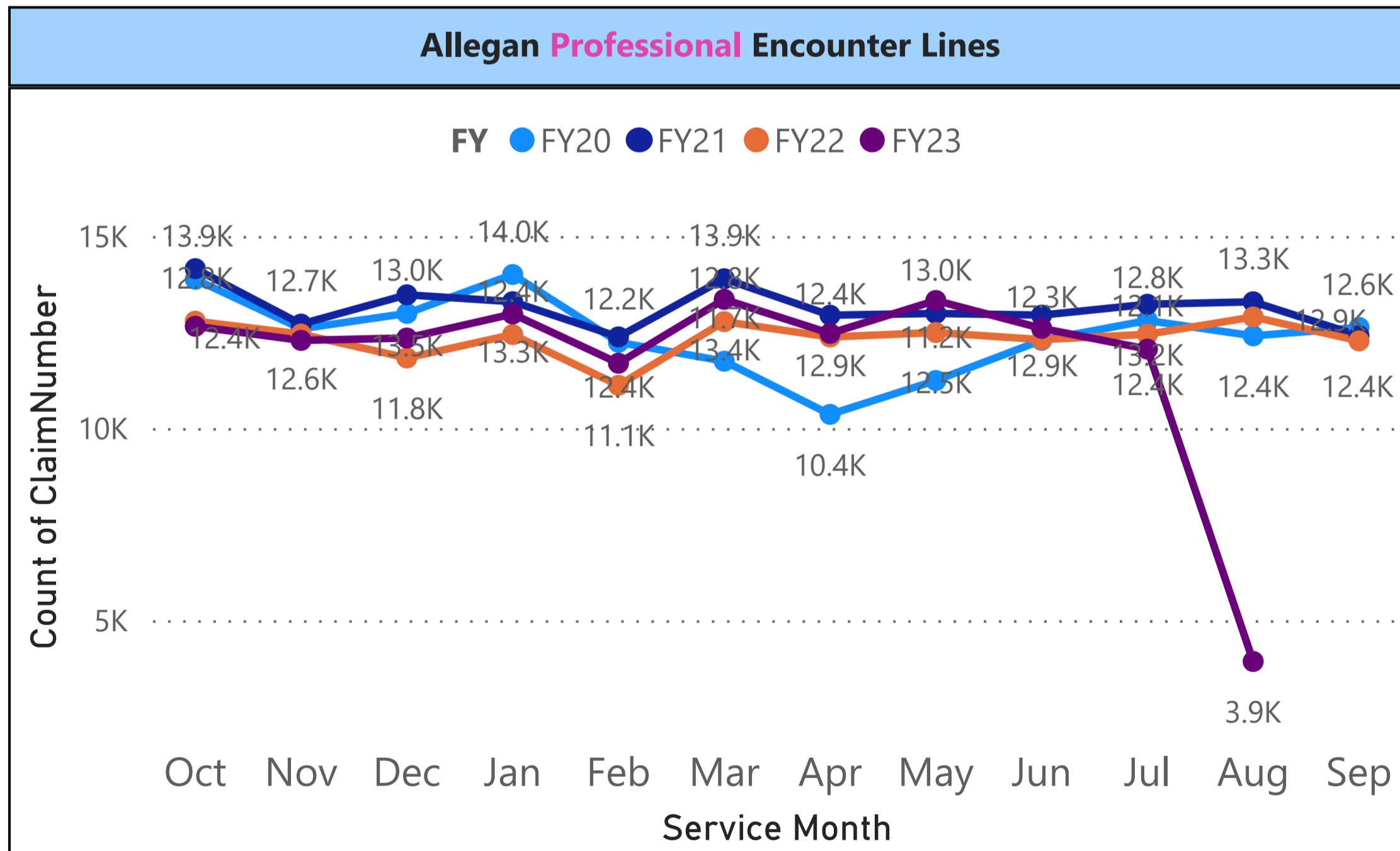


Allegan Behavioral Health



FY: All

- Select all
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- FY21
- FY22
- FY23

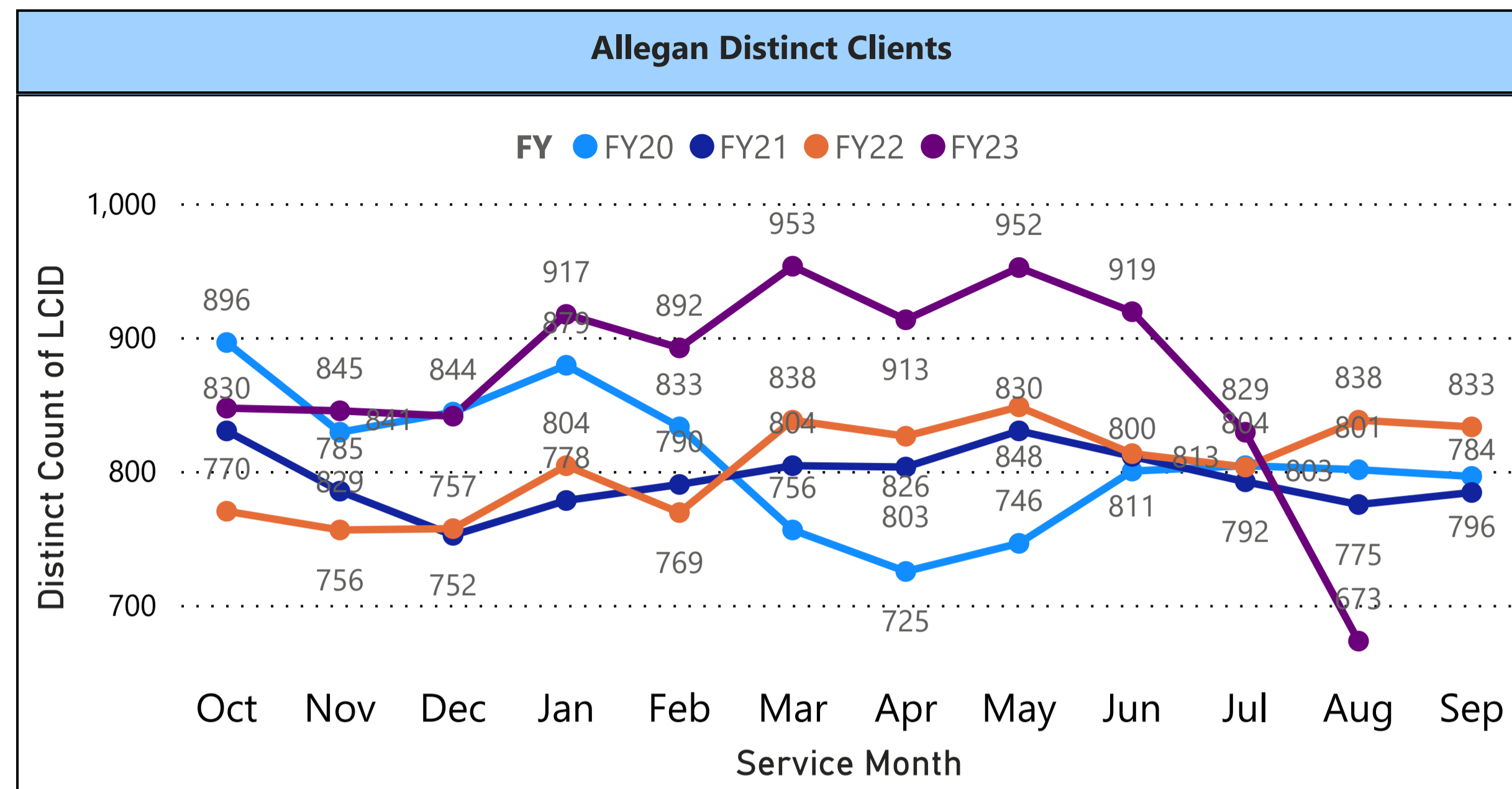


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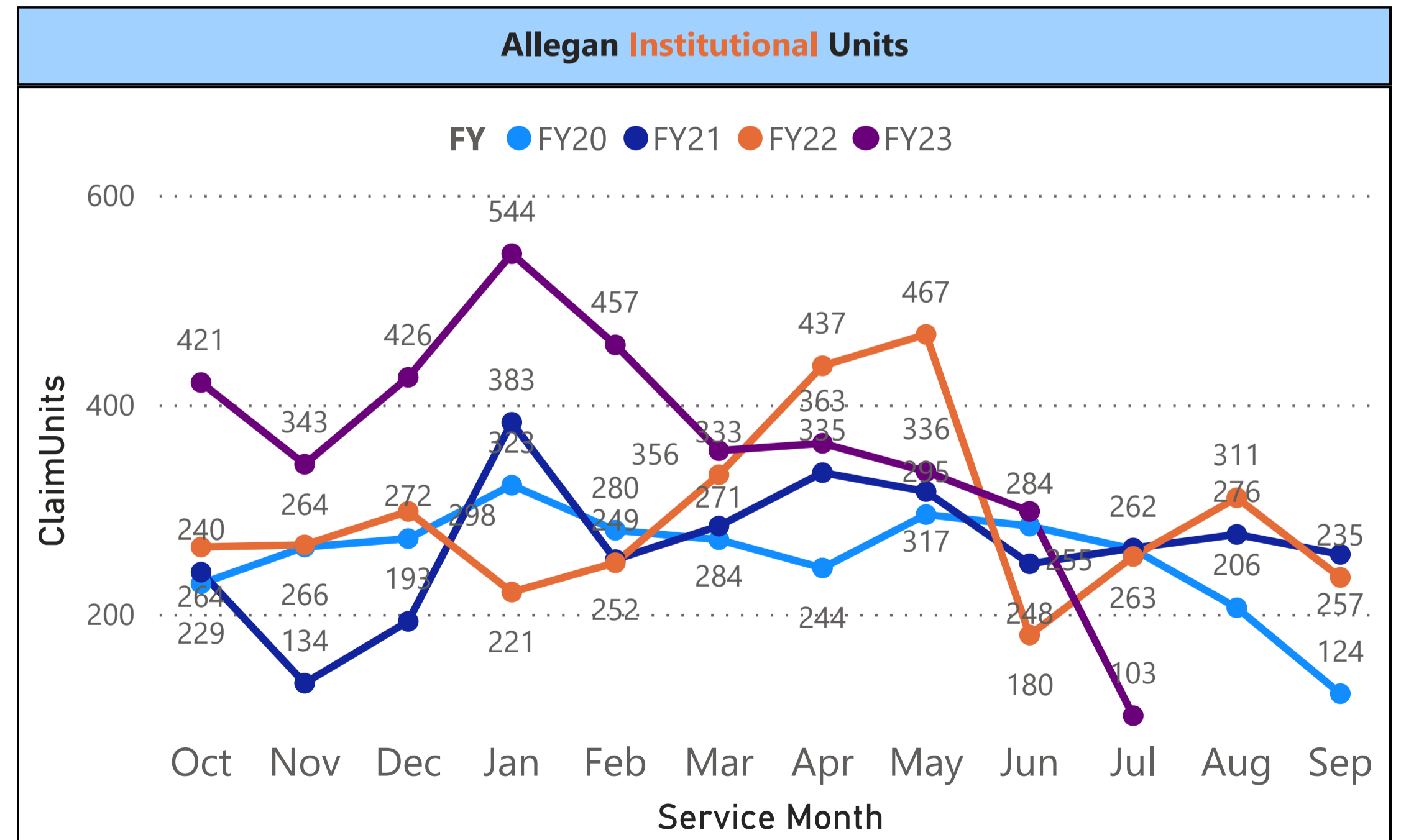
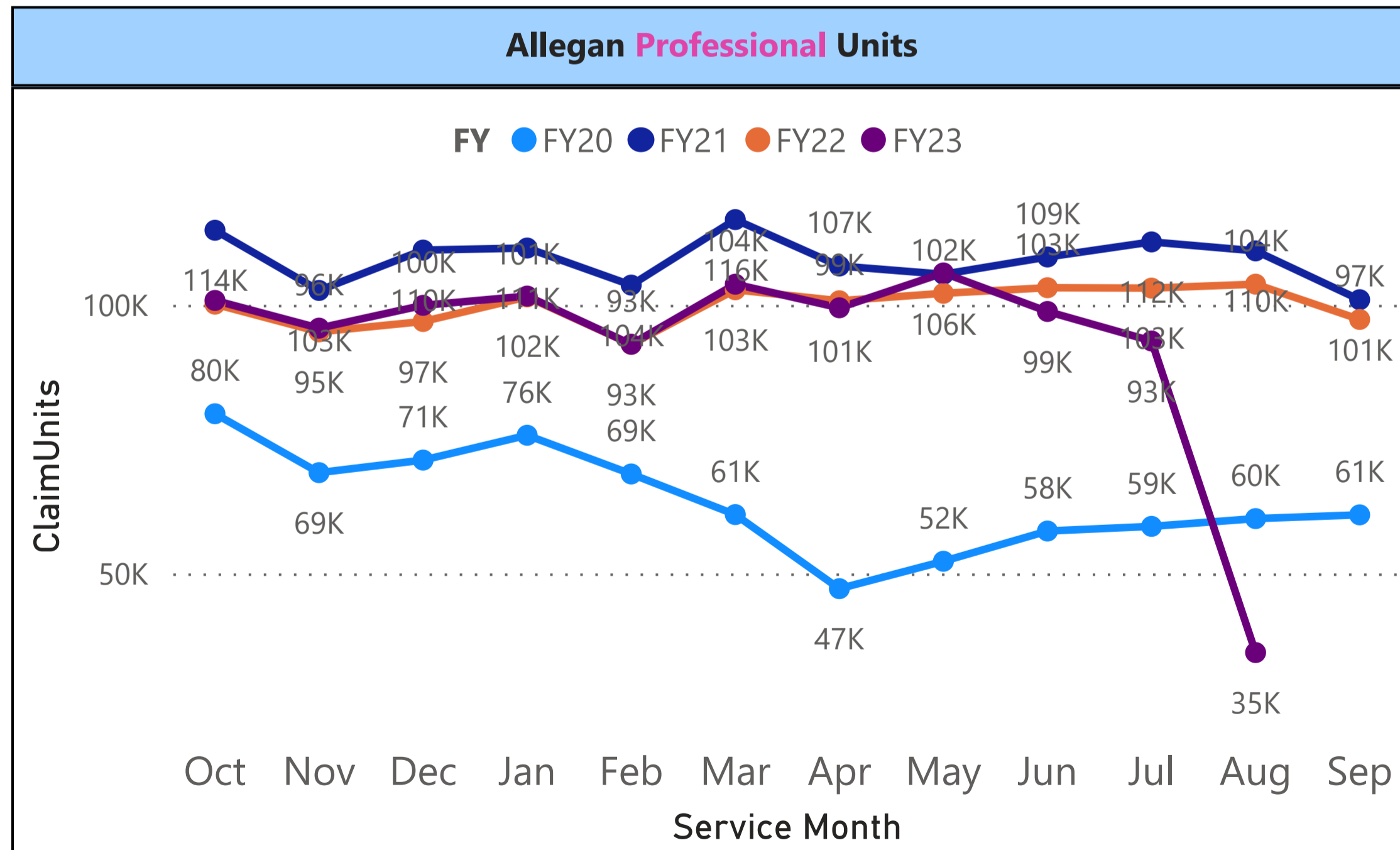


Allegan Behavioral Health



FY: All

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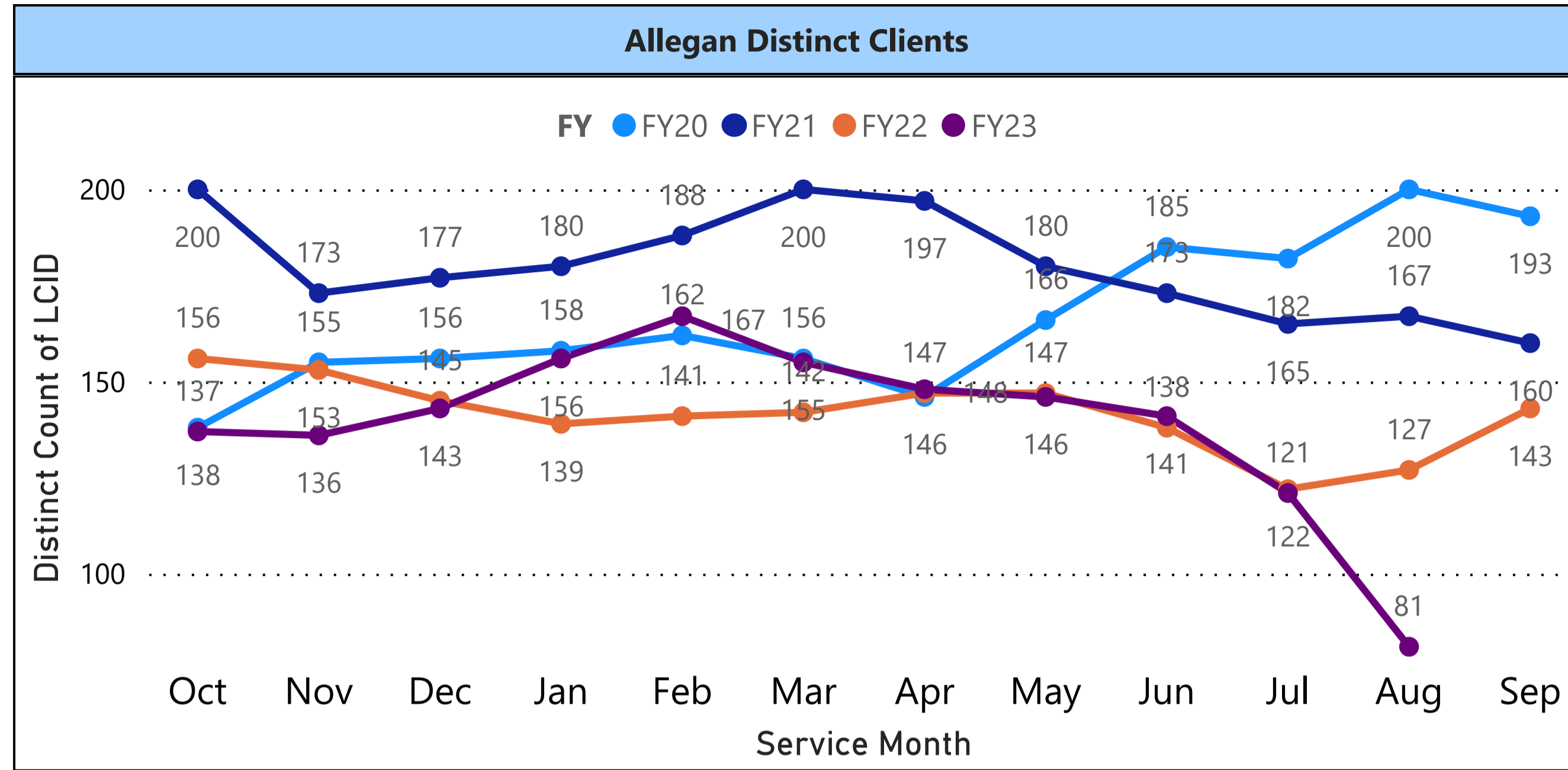


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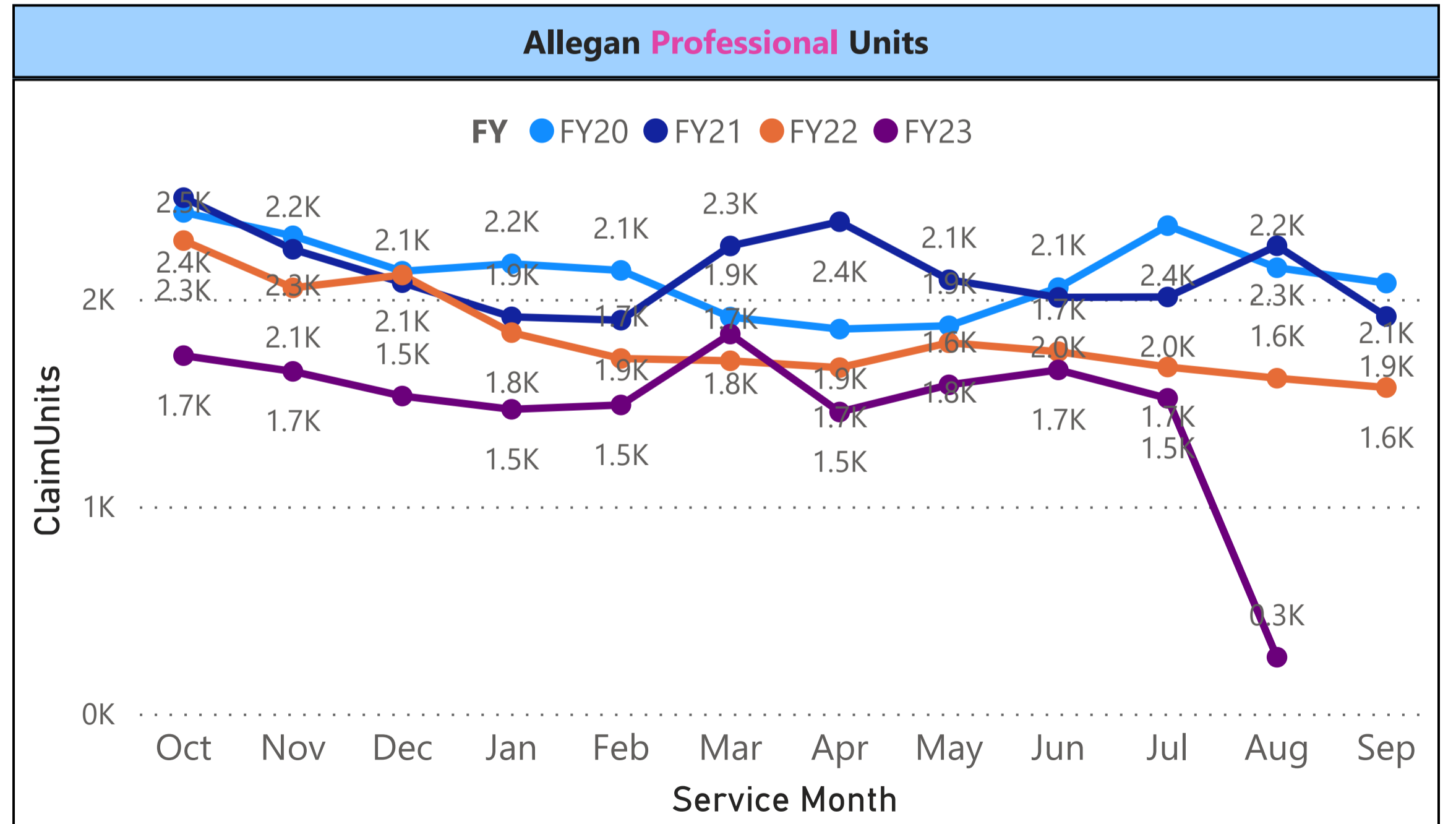
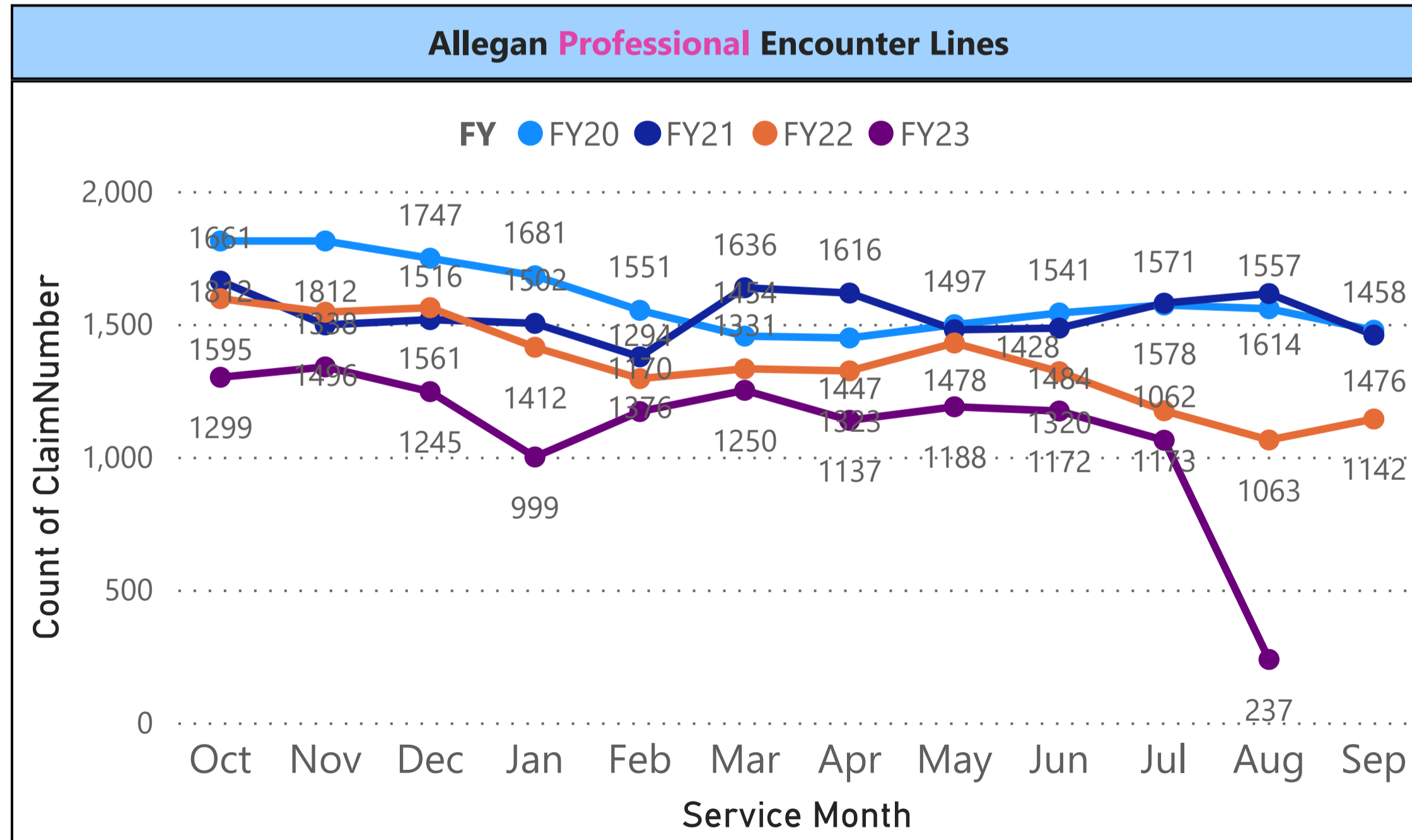


Allegan Substance Use Disorder



FY: All

- Select all
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- FY21
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- FY23

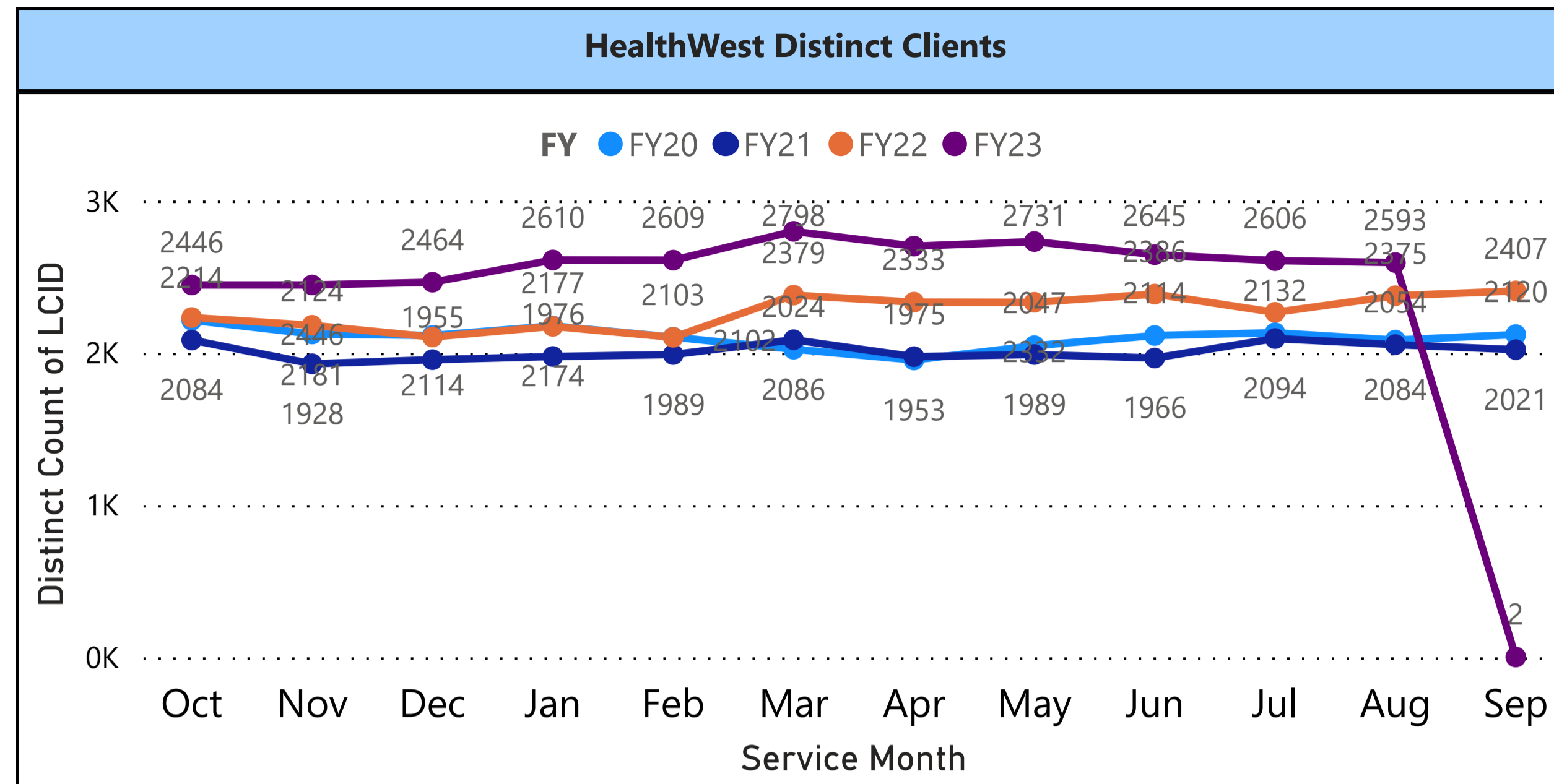


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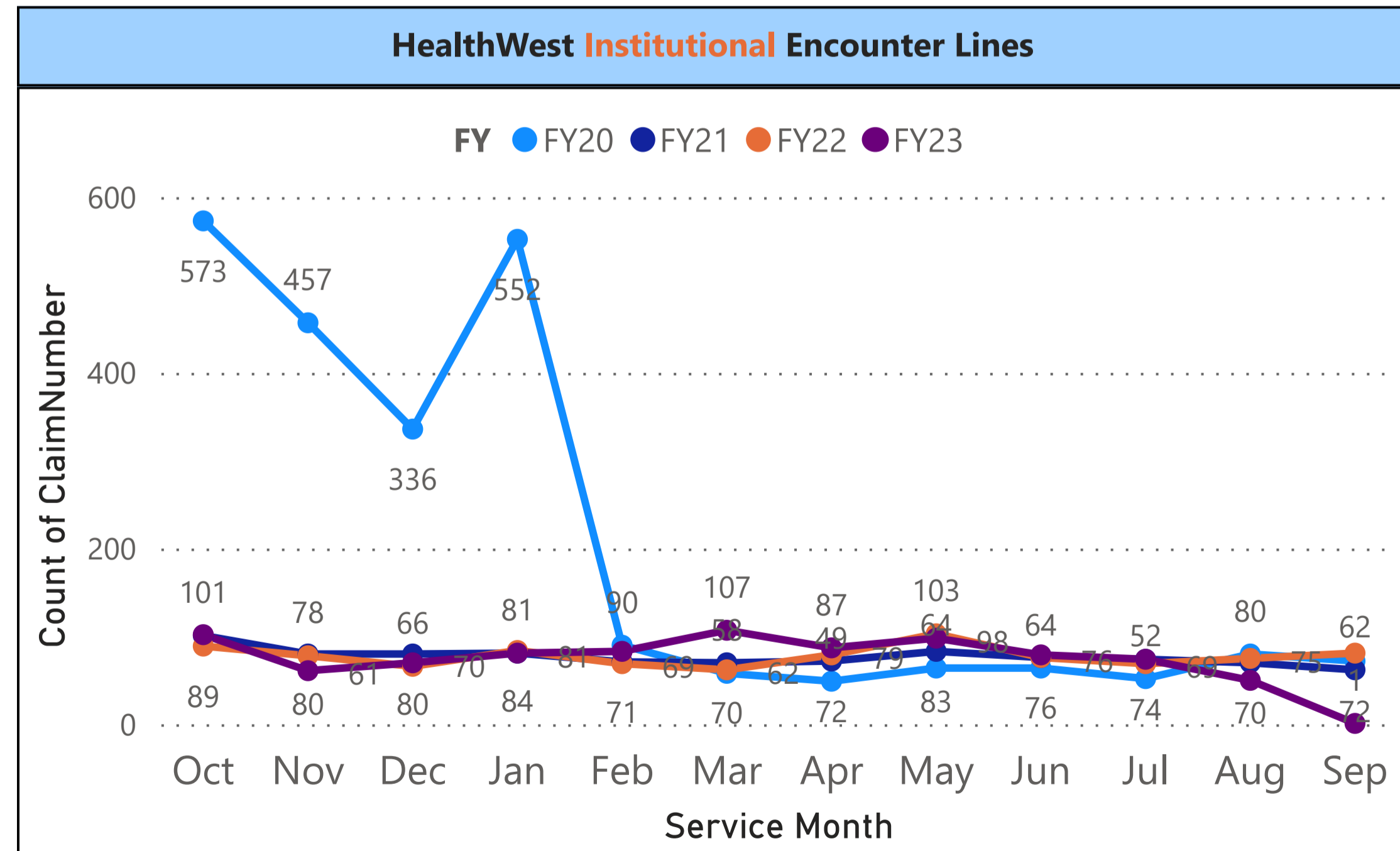
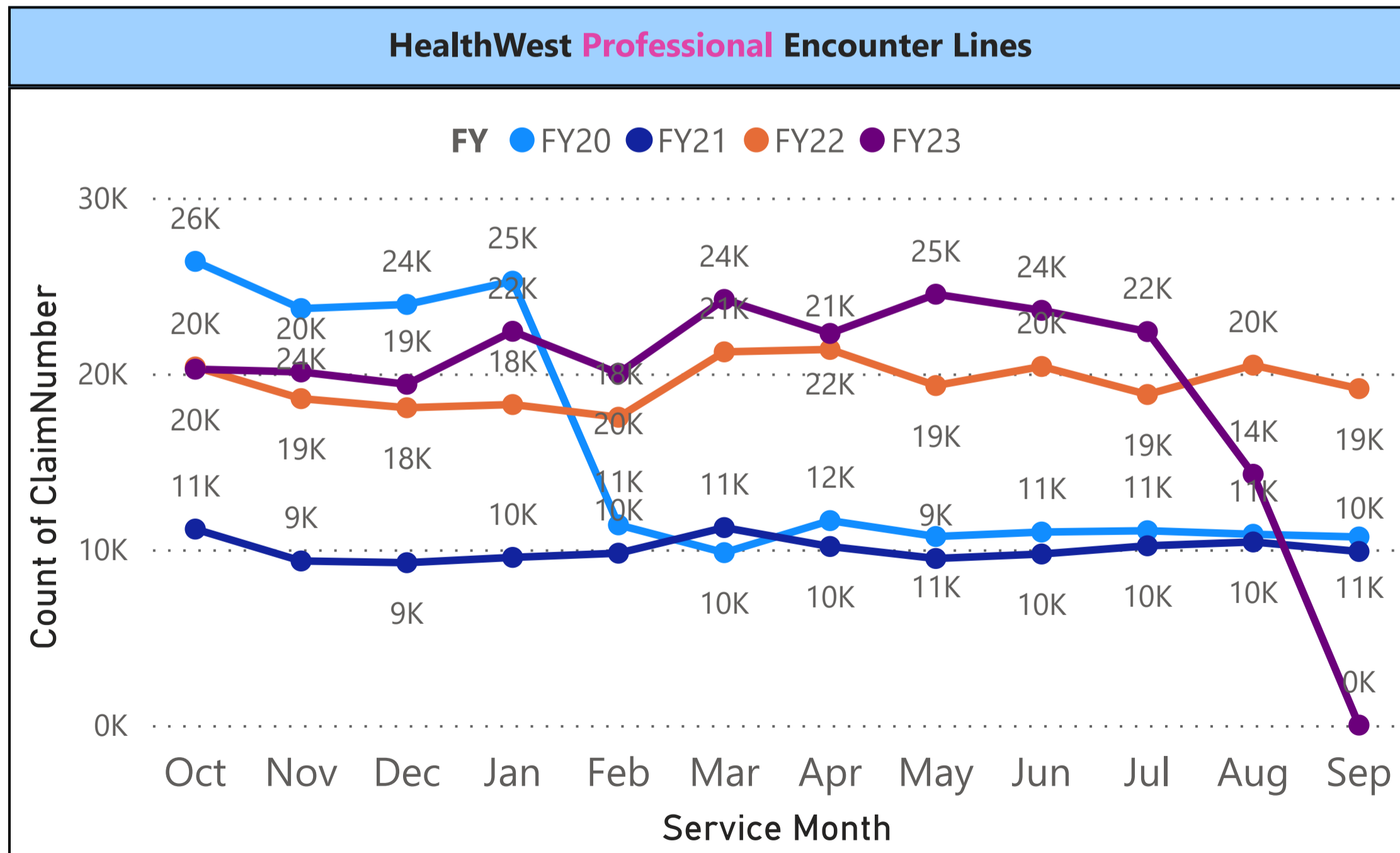


HealthWest Behavioral Health



FY: All

- Select all
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- FY22
- FY23

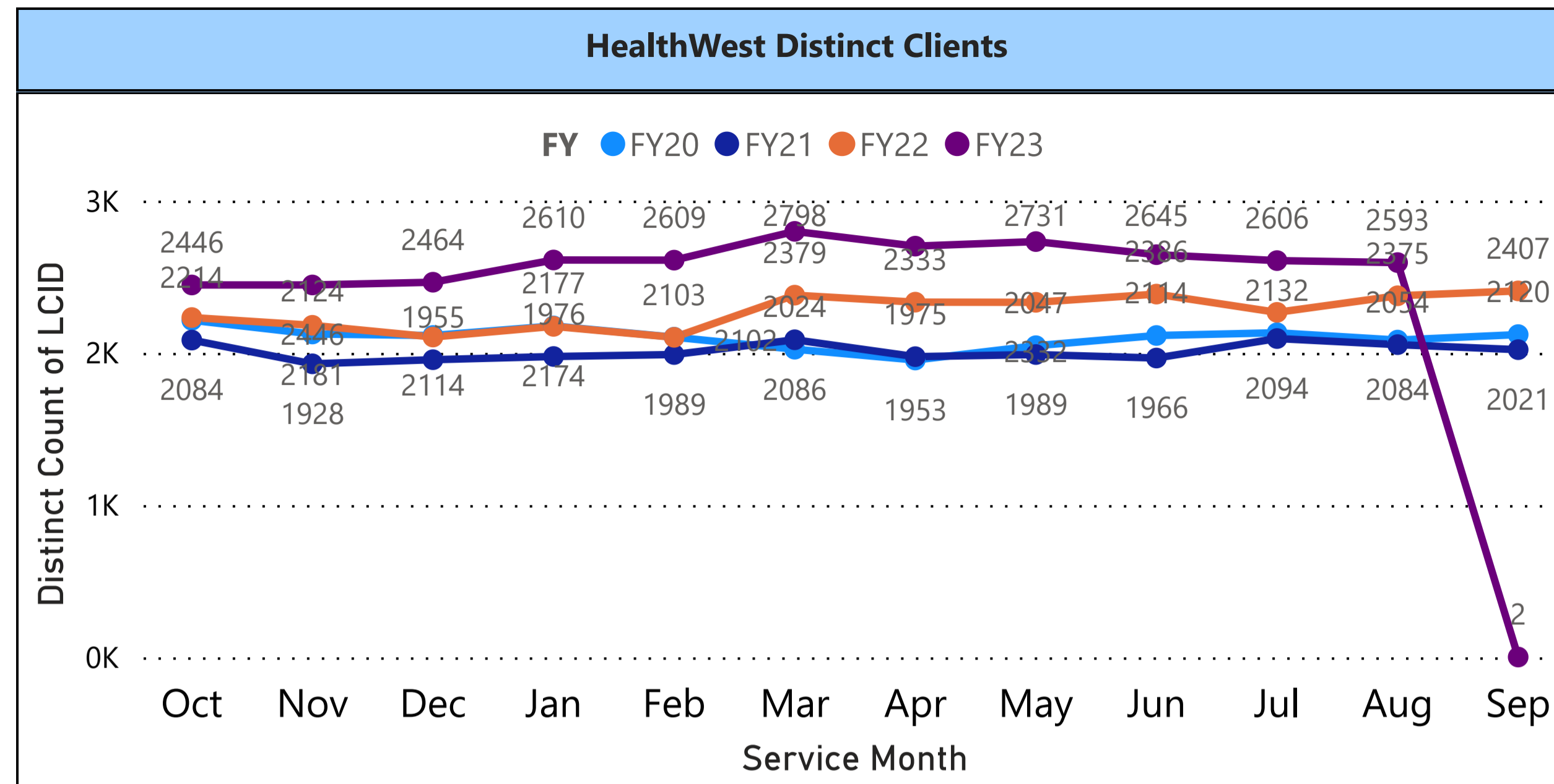


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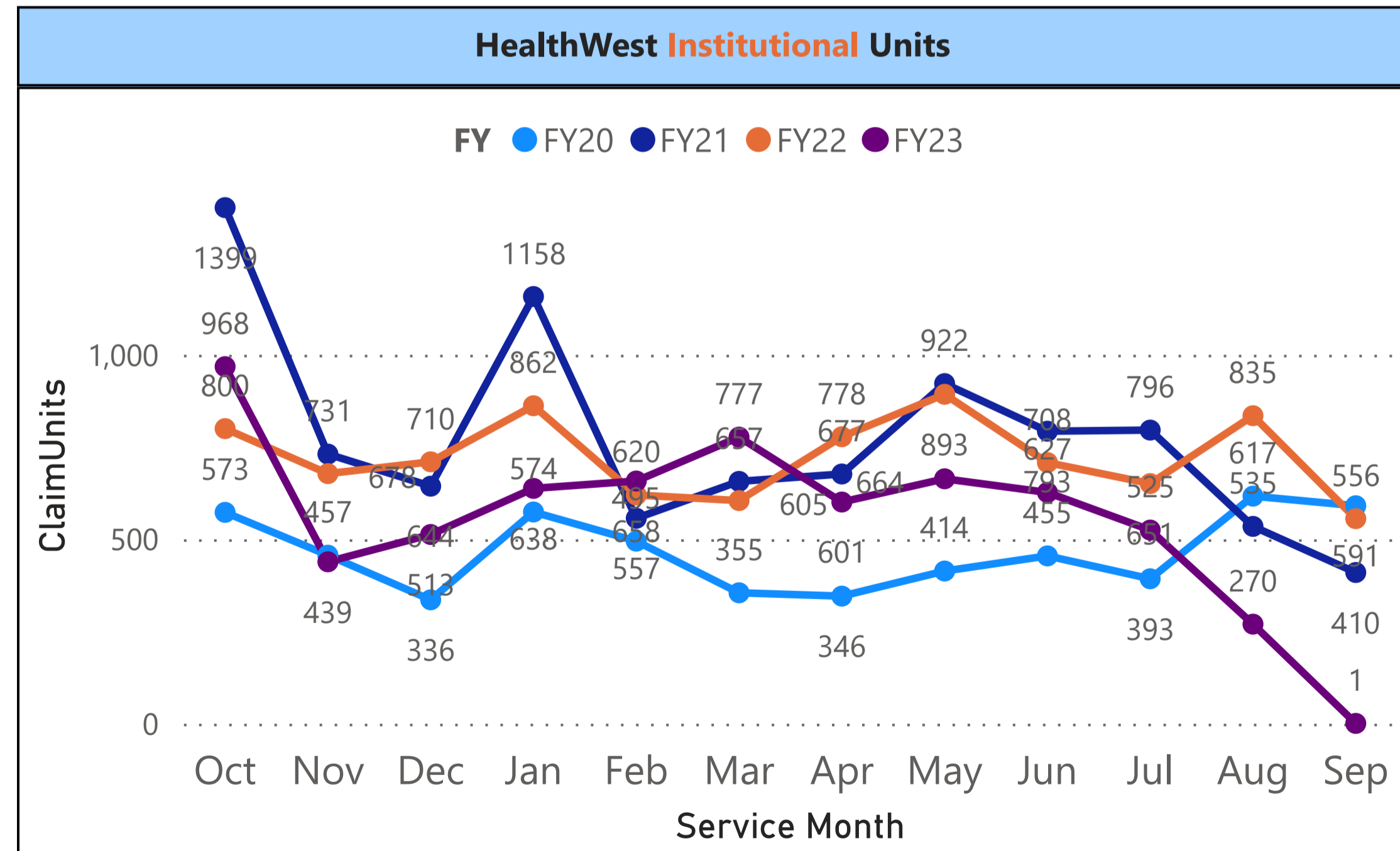
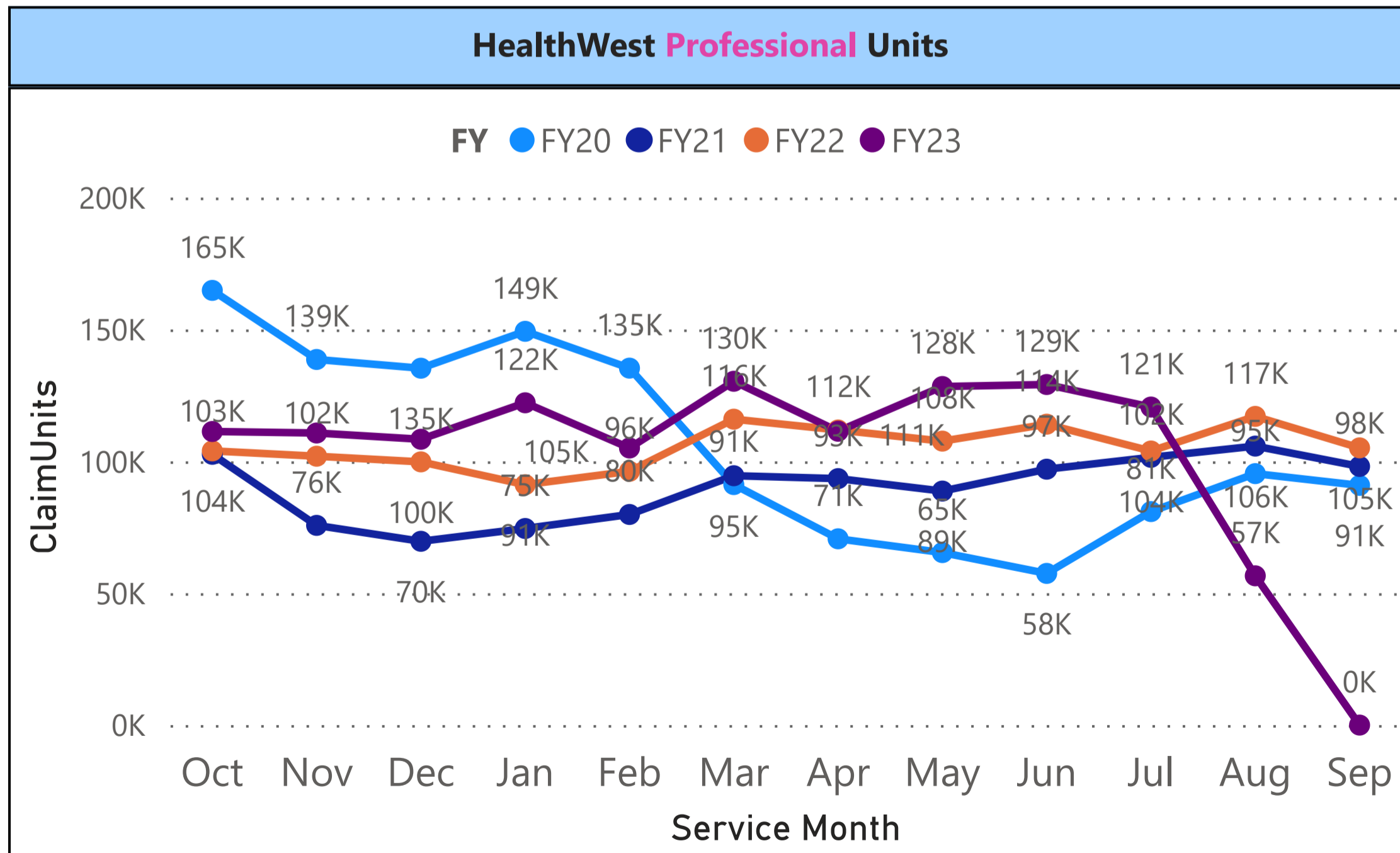


HealthWest Behavioral Health



FY: All

- Select all
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- FY23

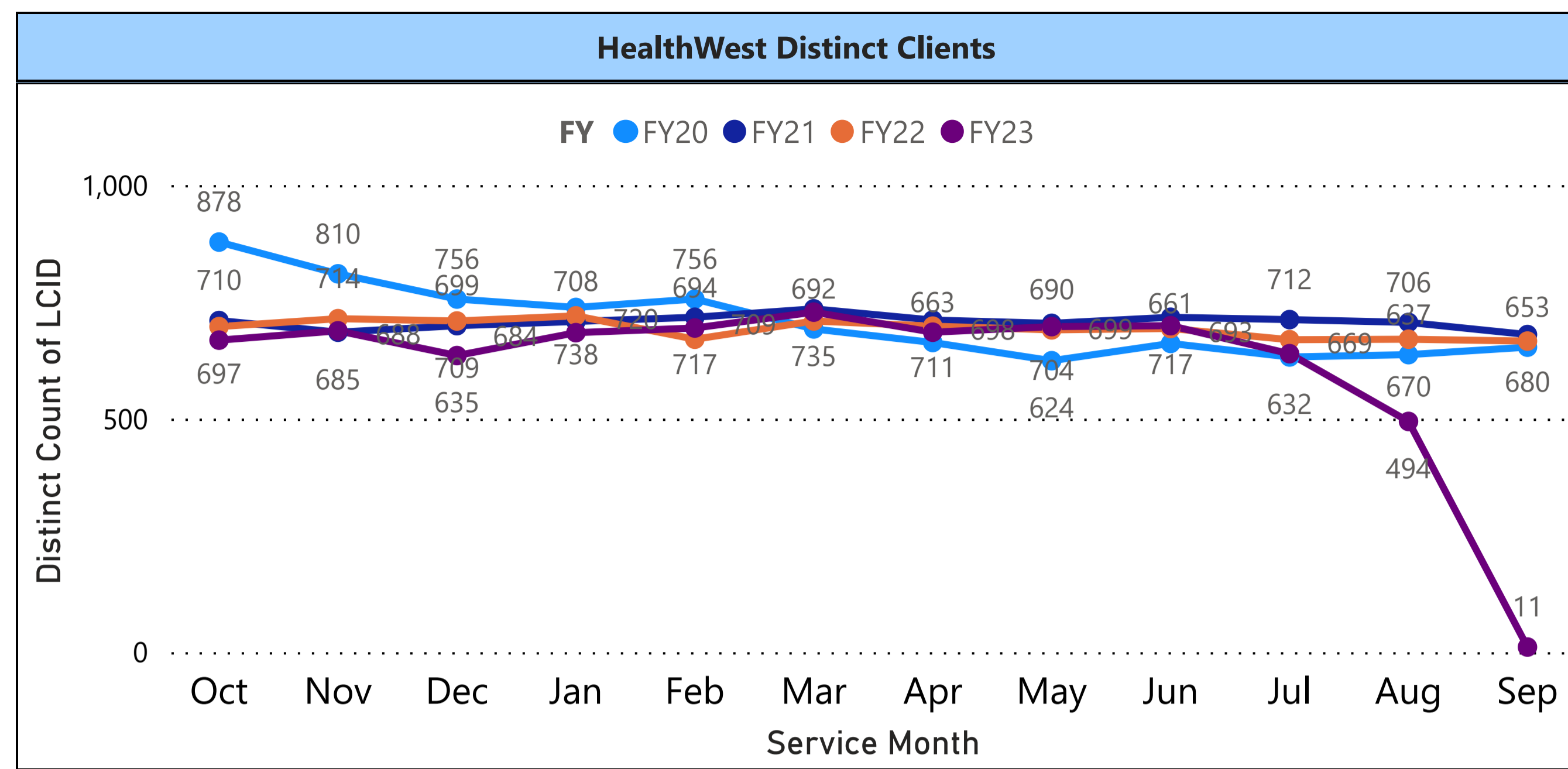


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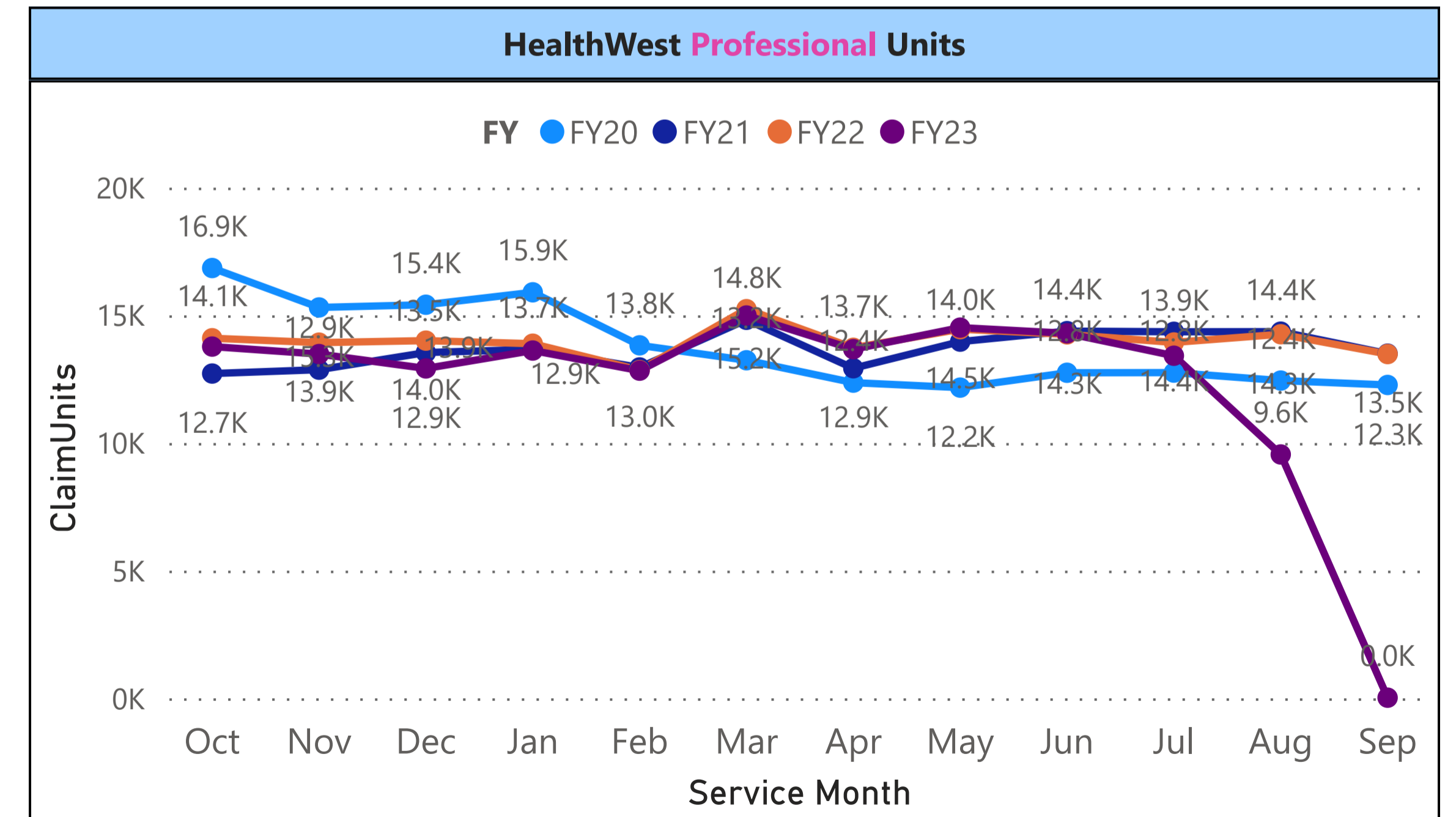
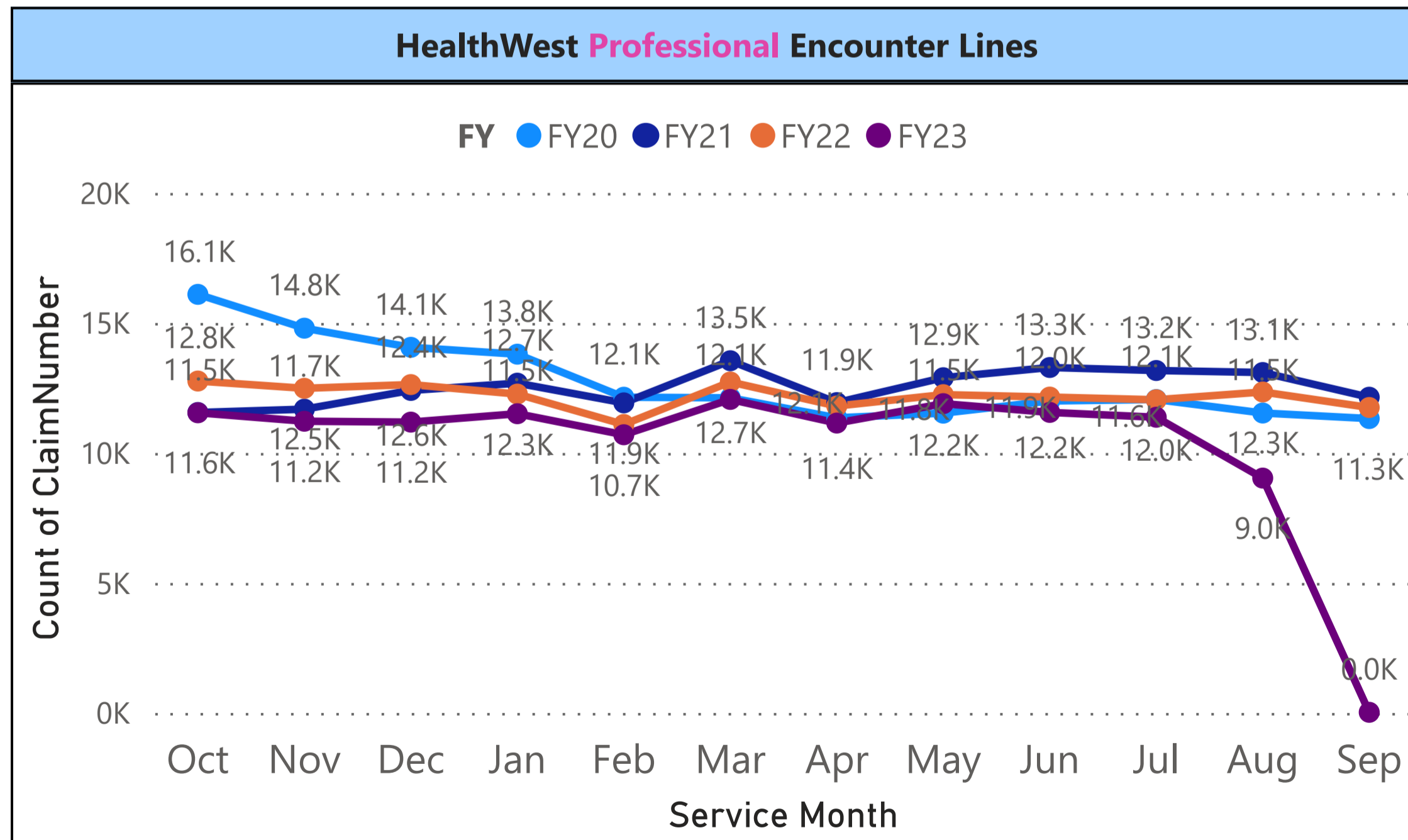


HealthWest Substance Use Disorder



FY: All

- Select all
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- FY23

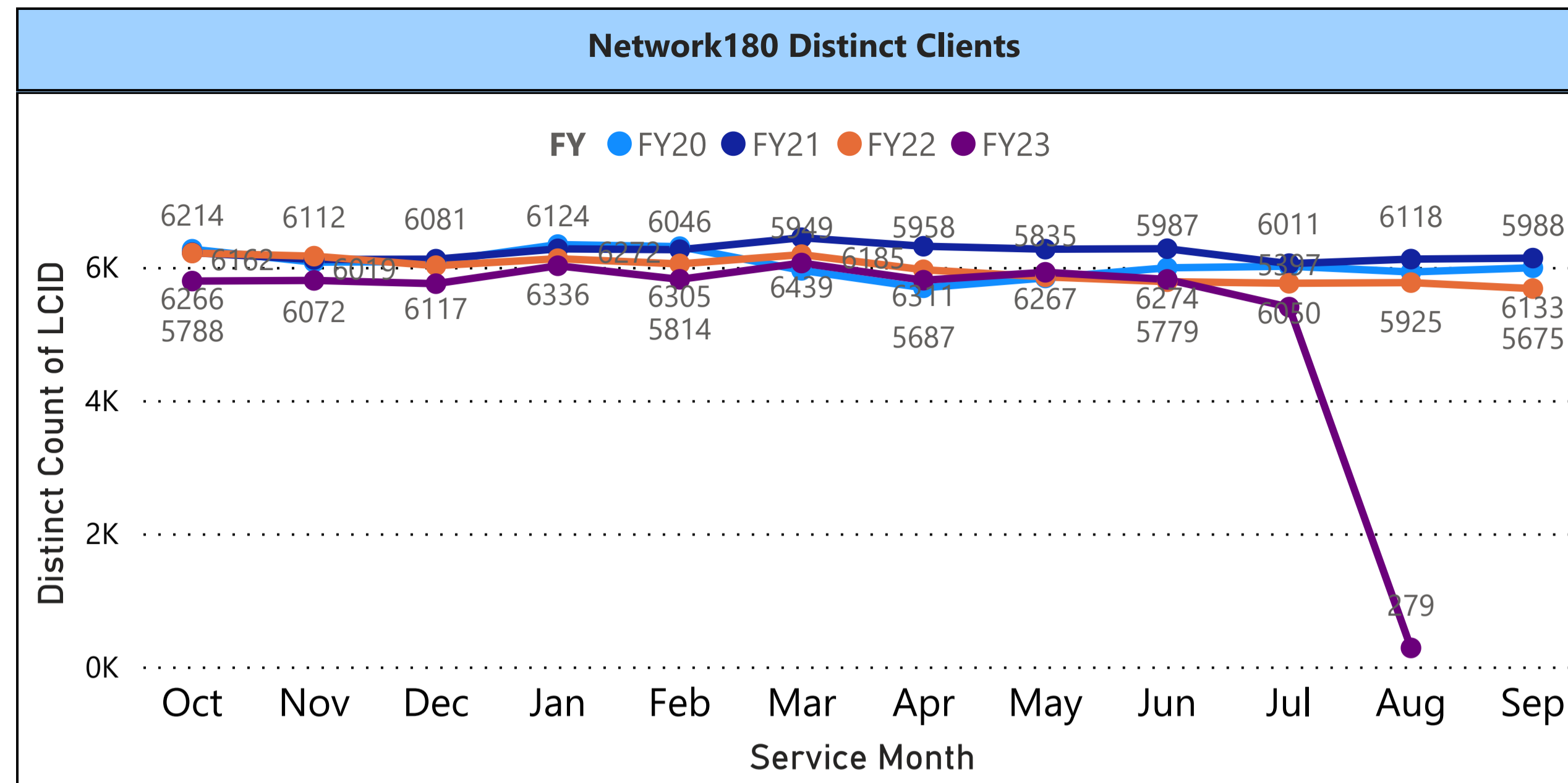


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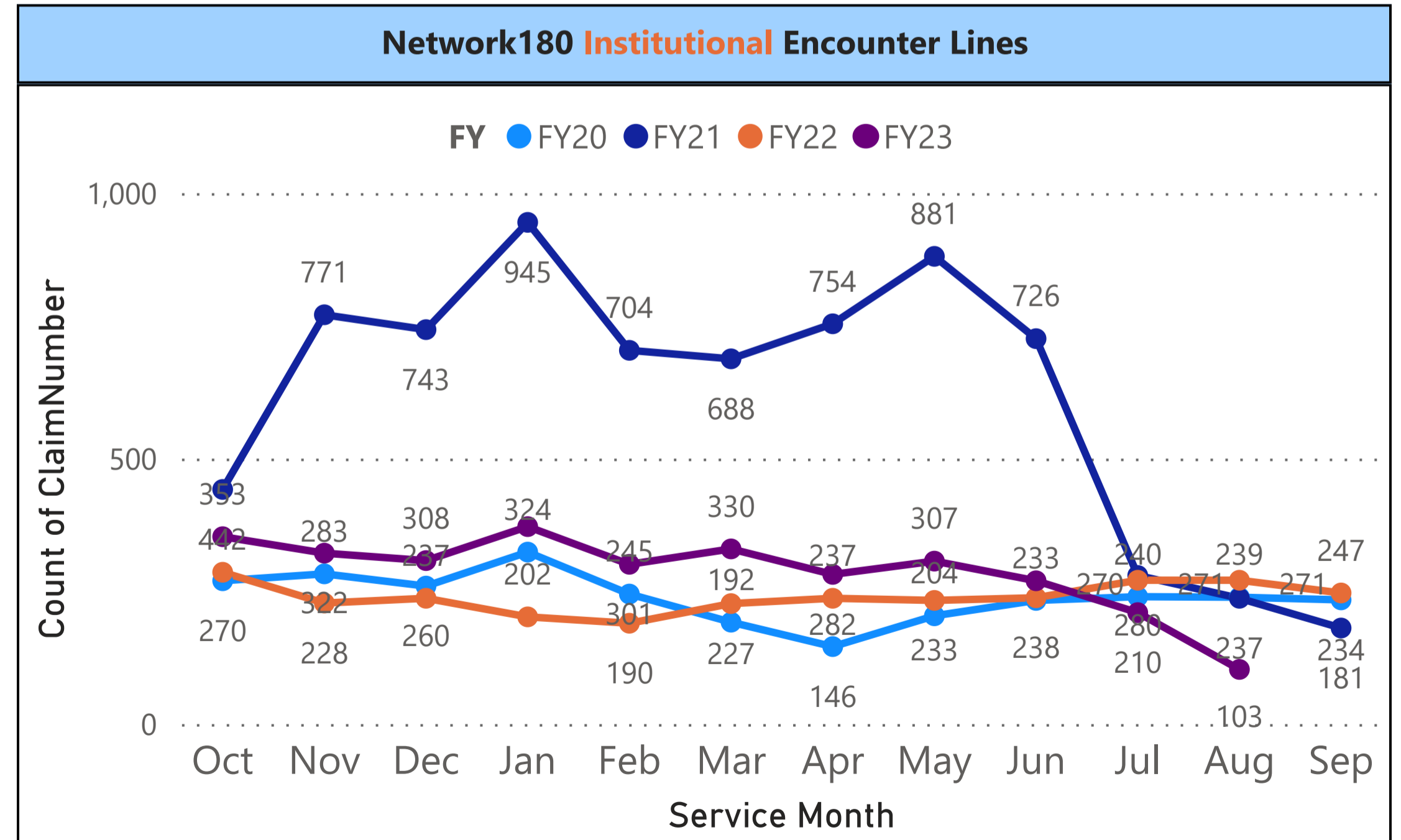
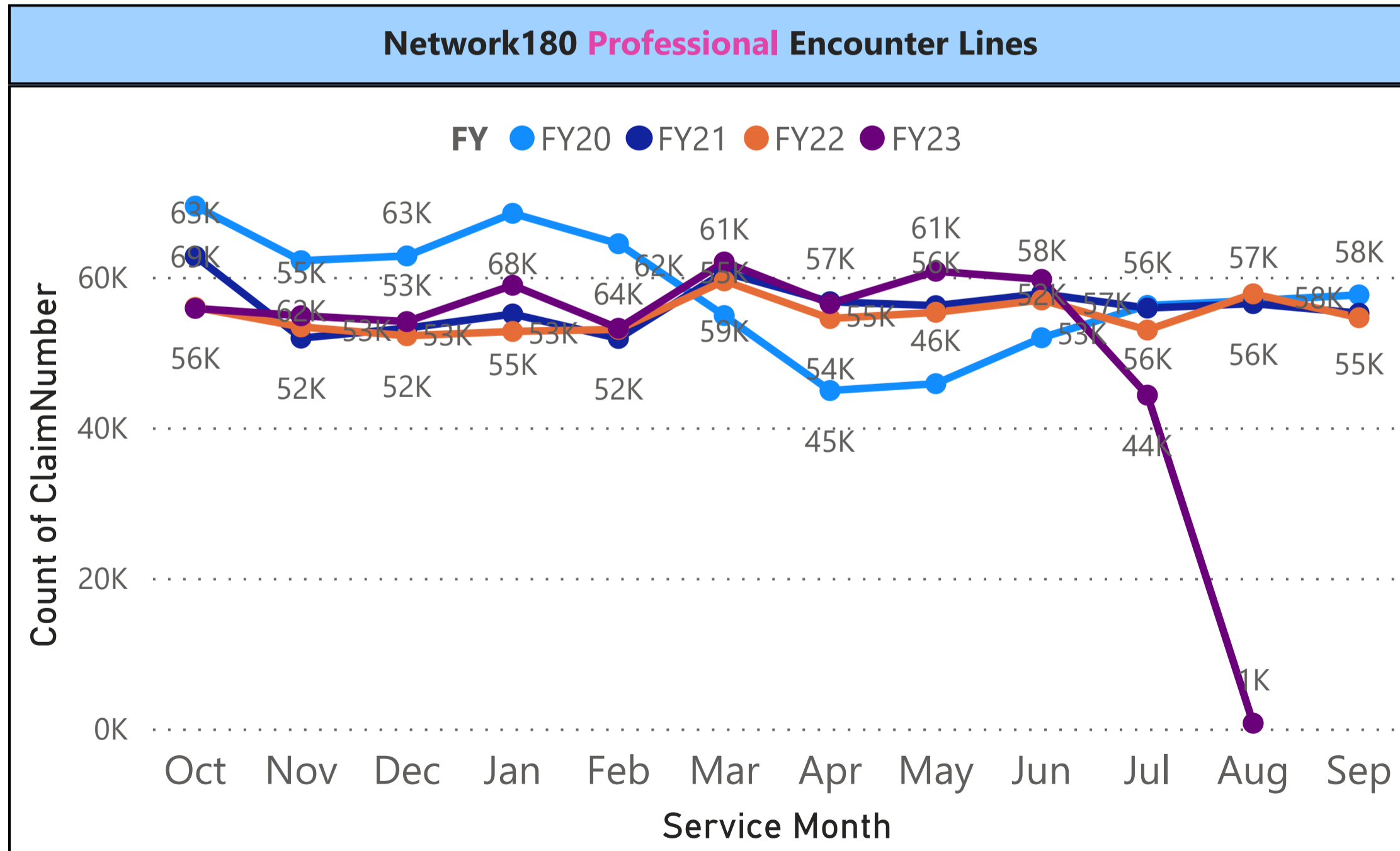


Network180 Behavioral Health



FY: All

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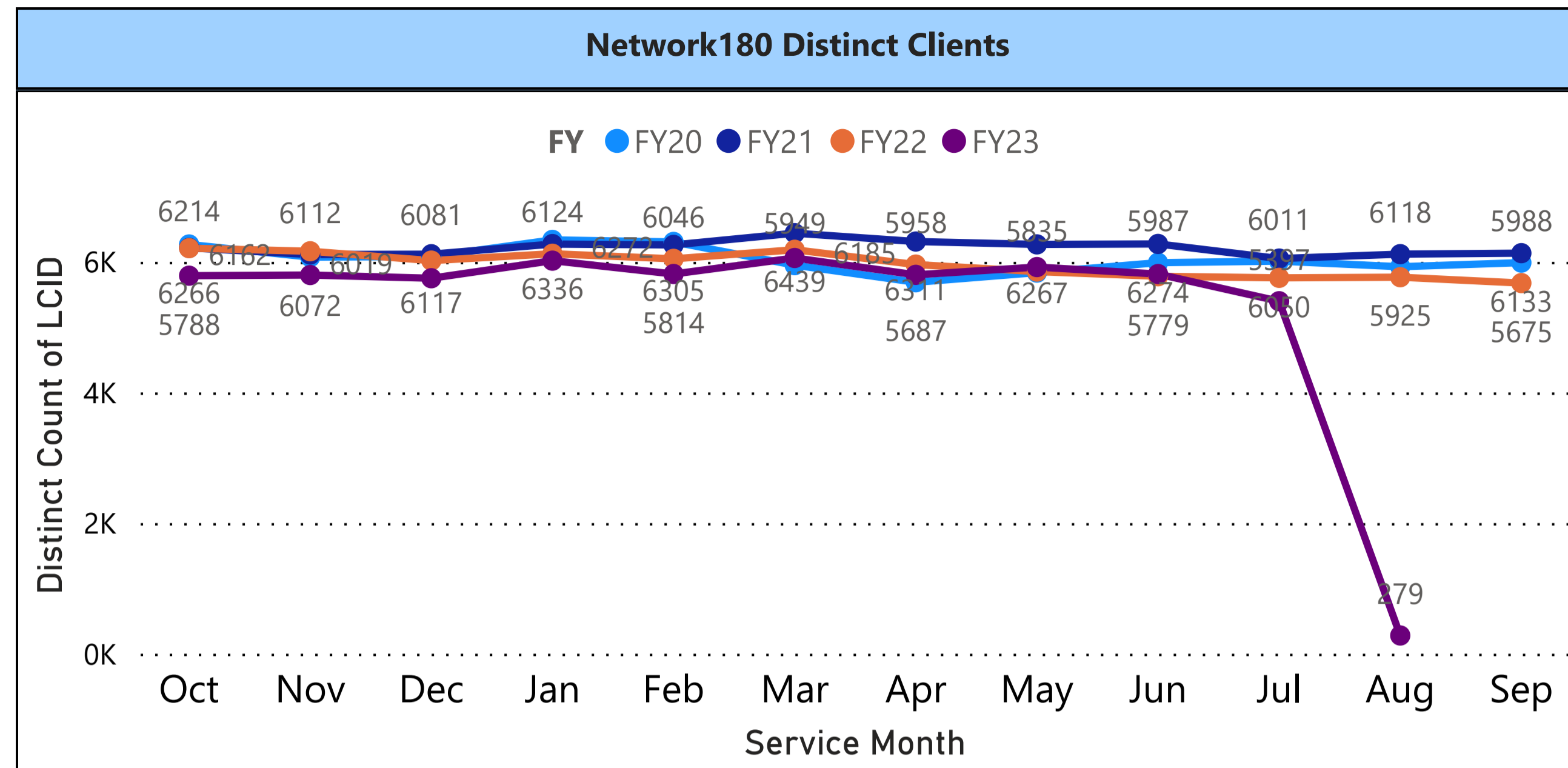


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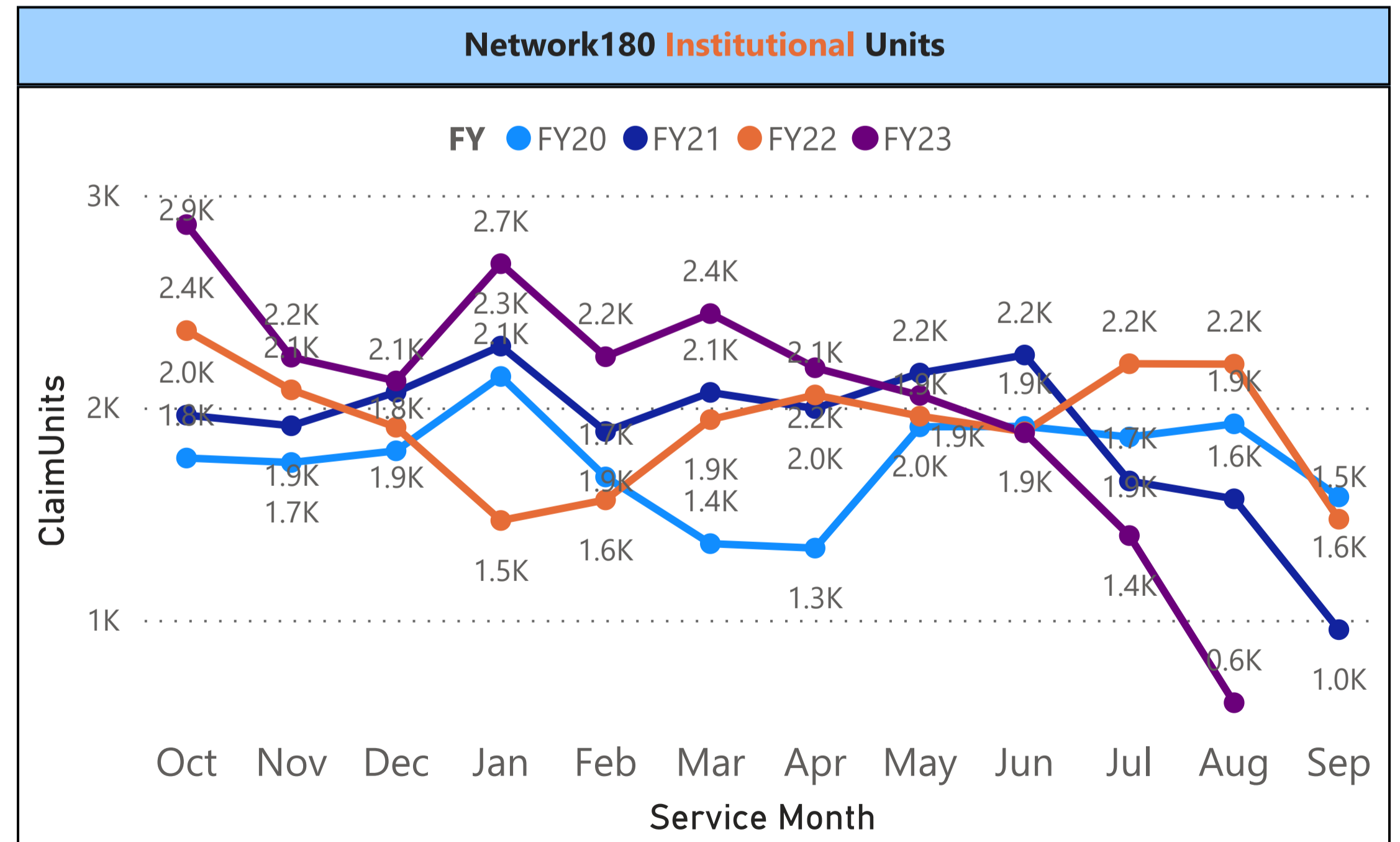
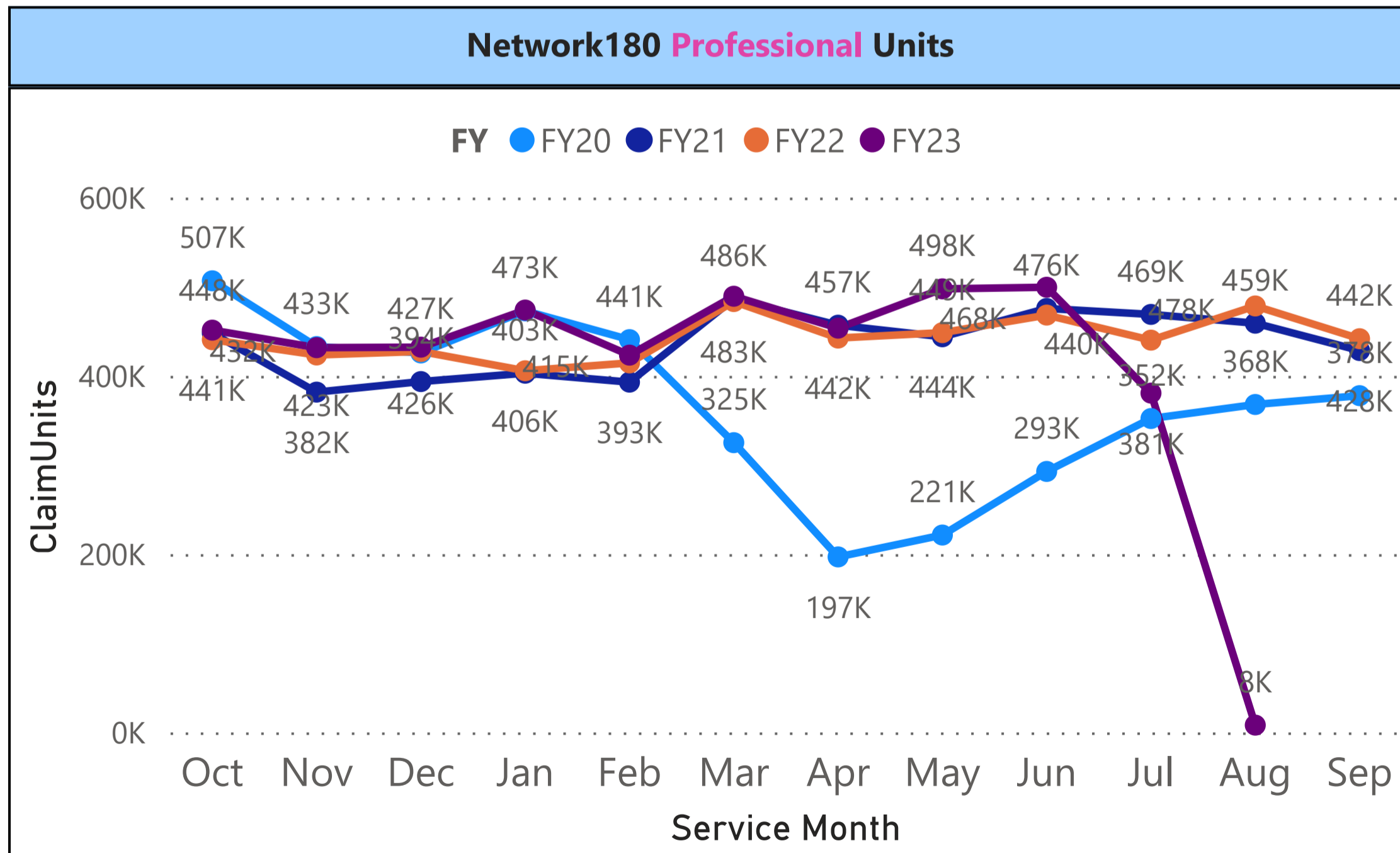


Network180 Behavioral Health



FY: All

- Select all
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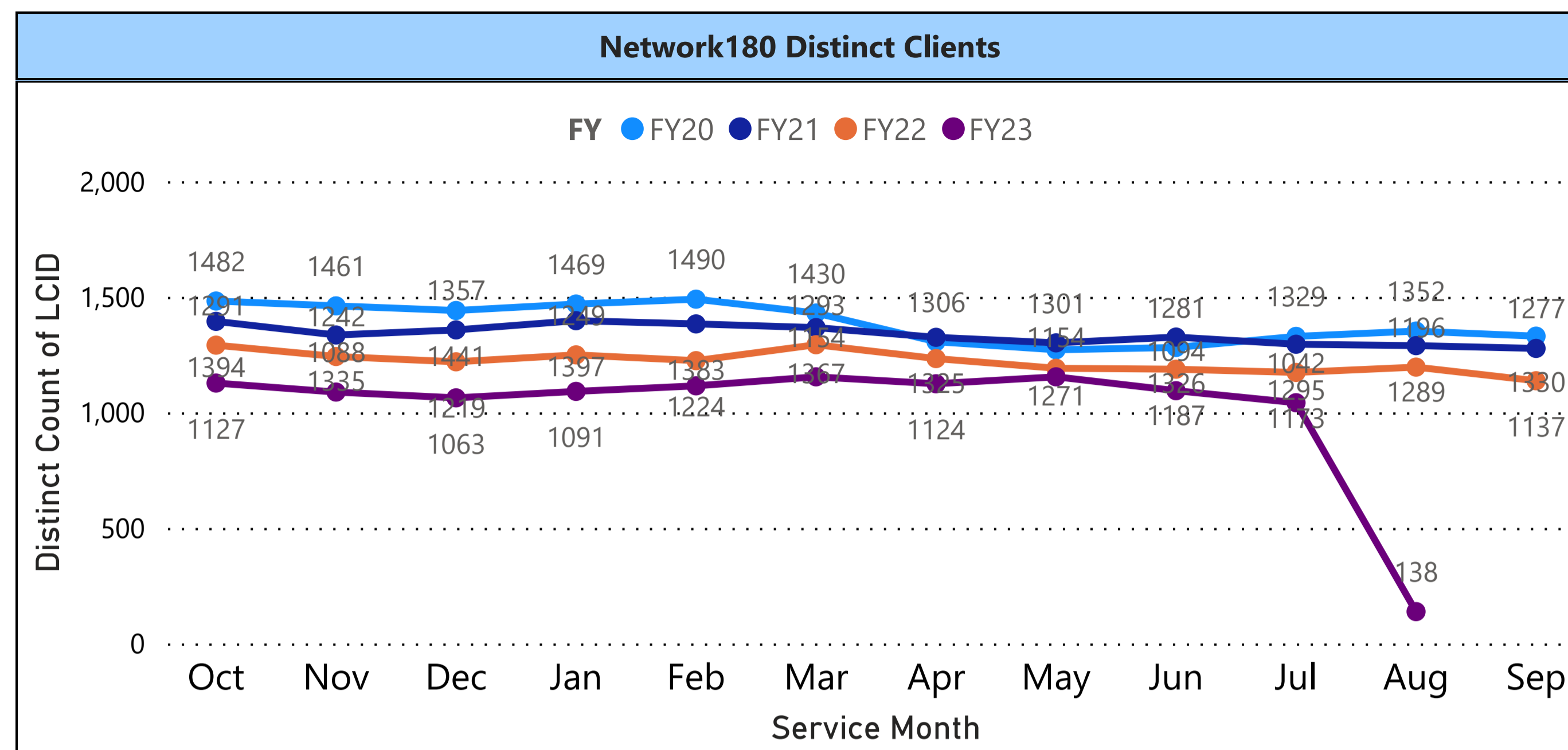


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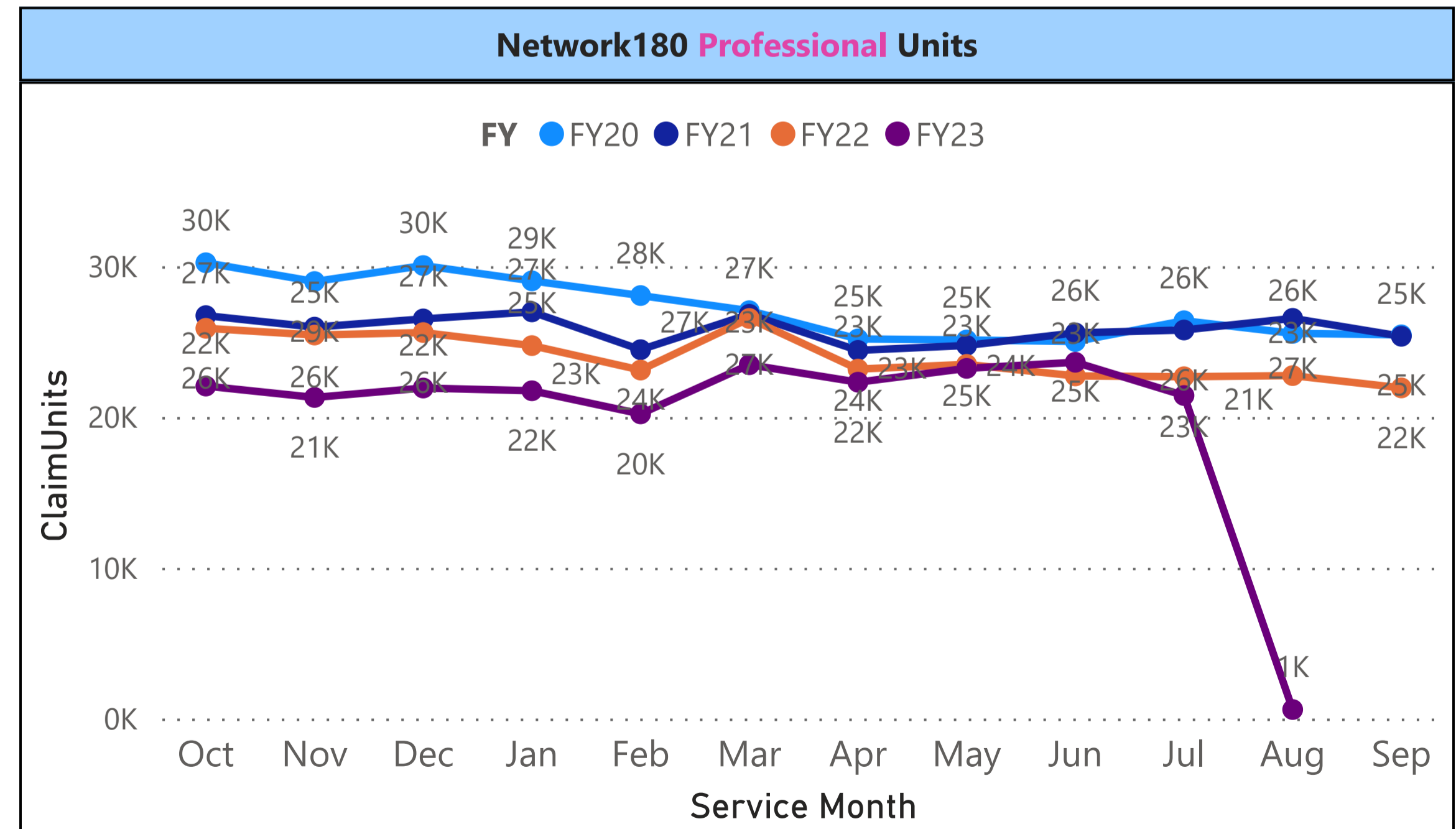
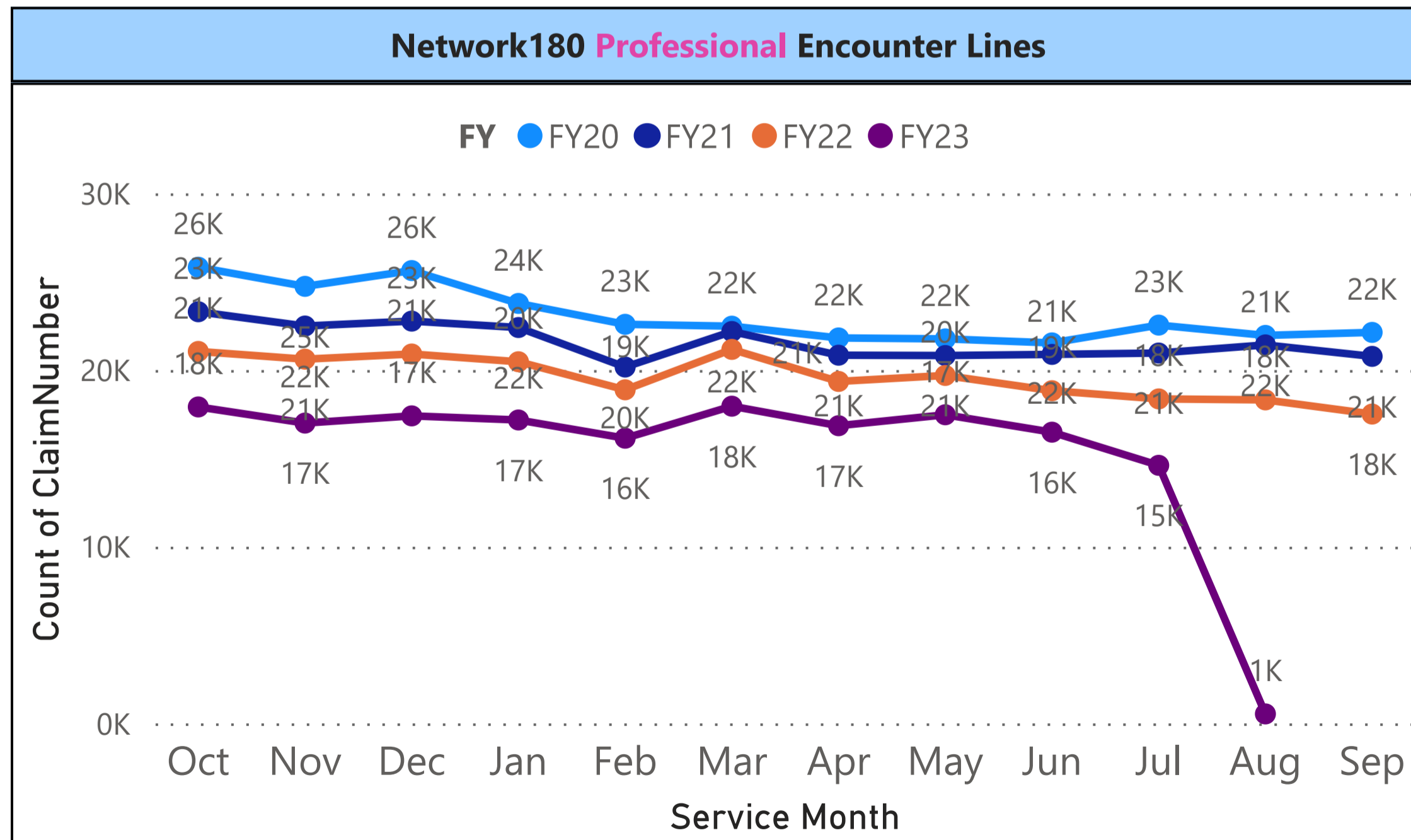


Network180 Substance Use Disorder



FY: All

- Select all
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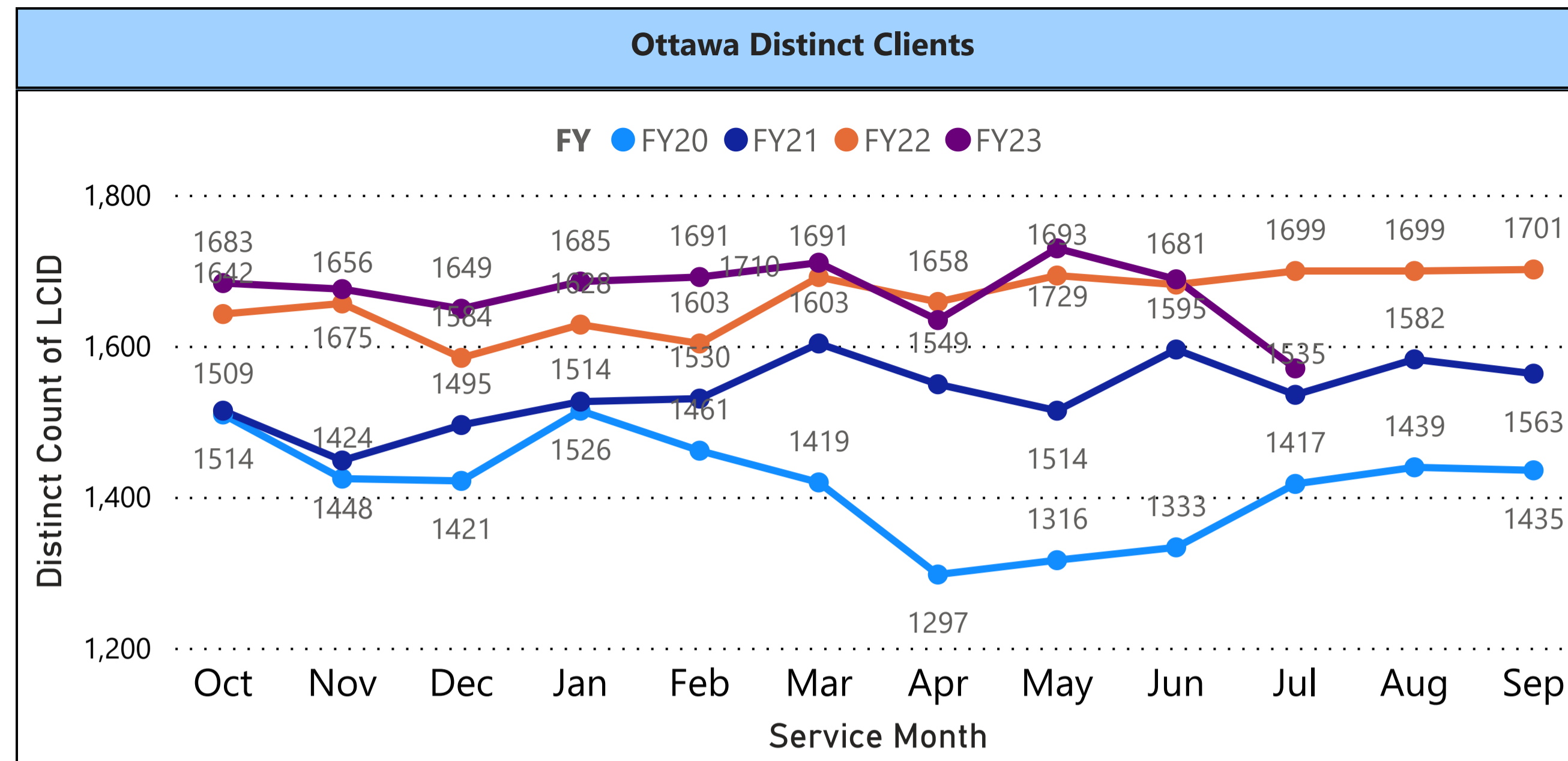


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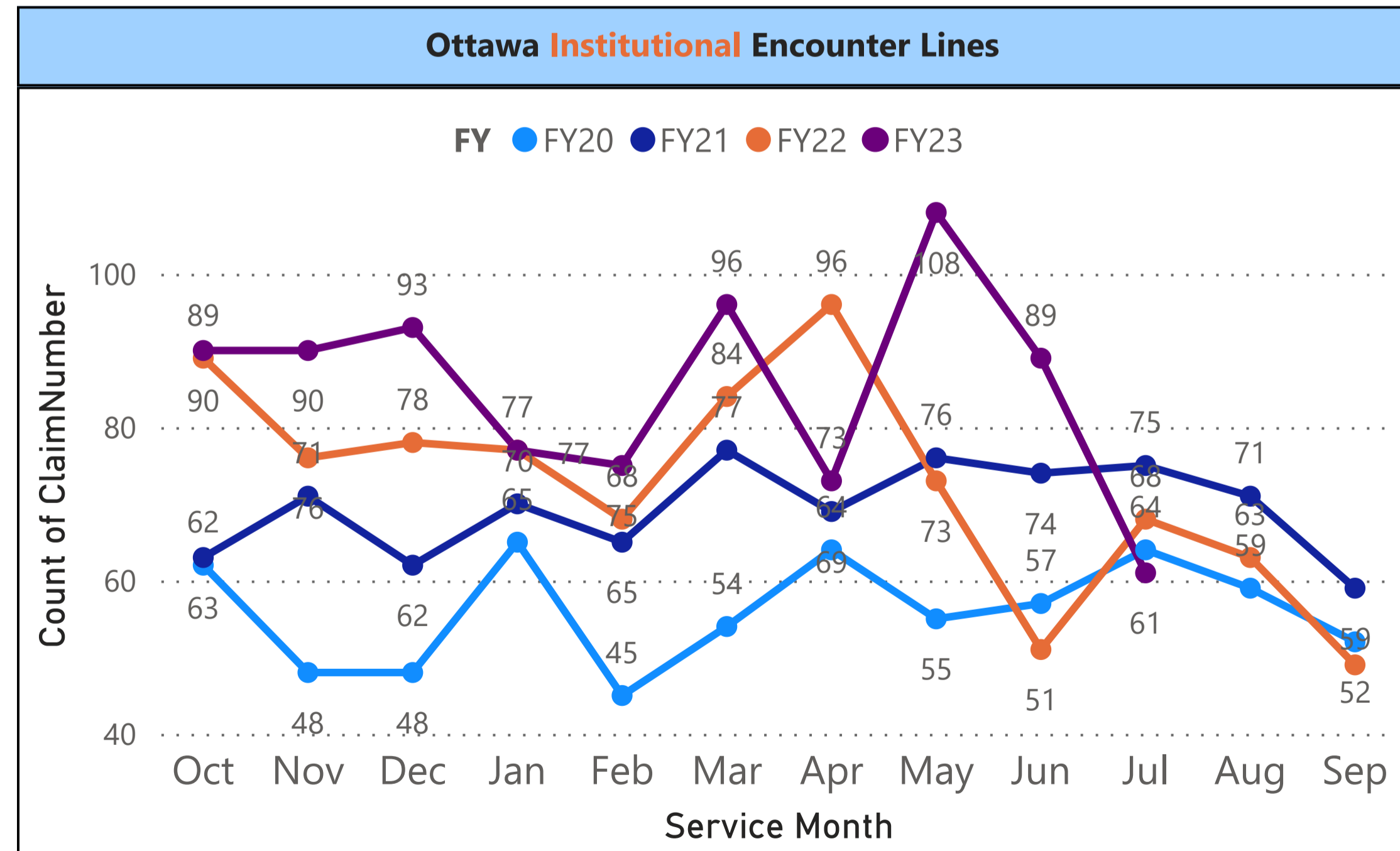
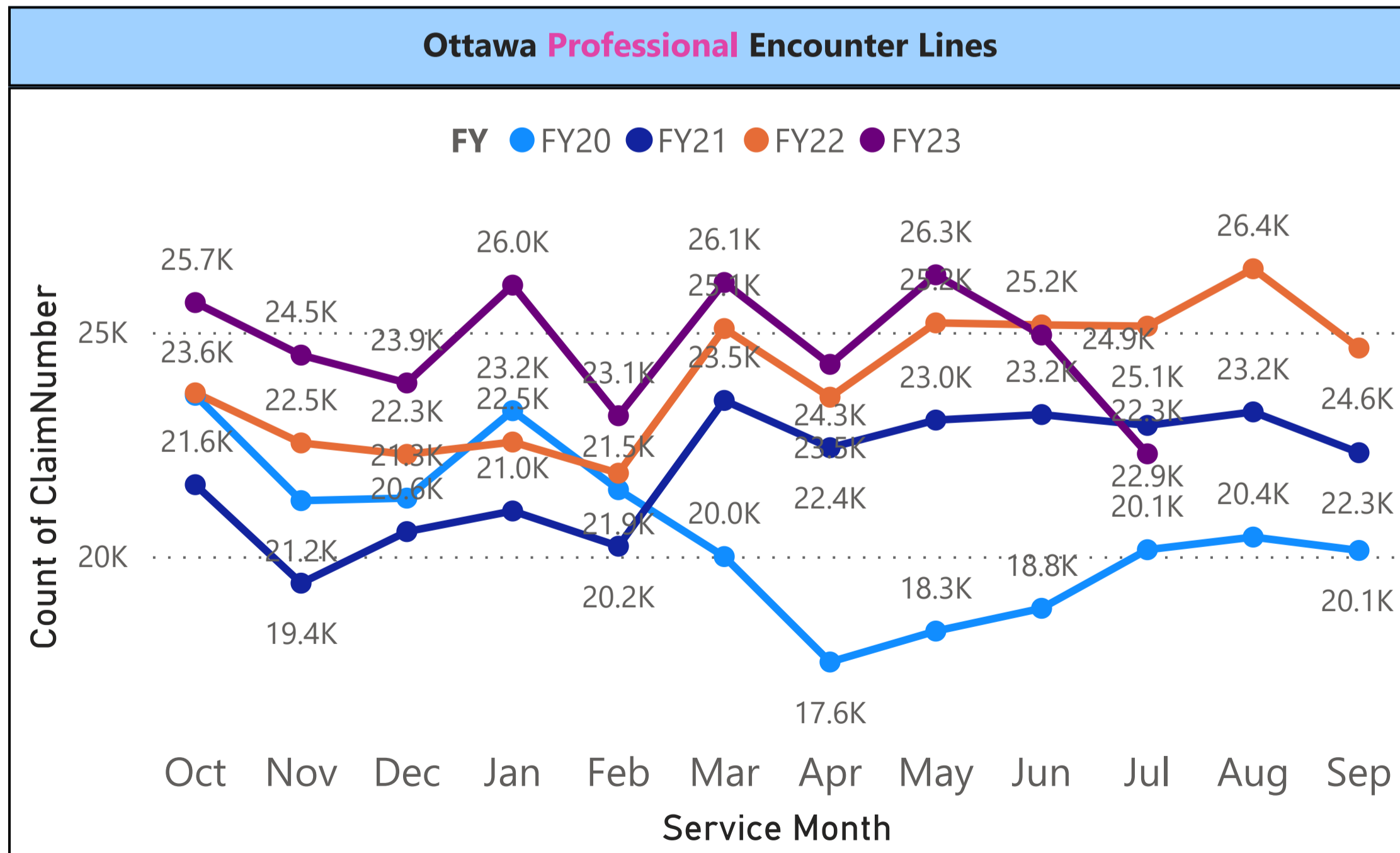


Ottawa Behavioral Health



FY: All

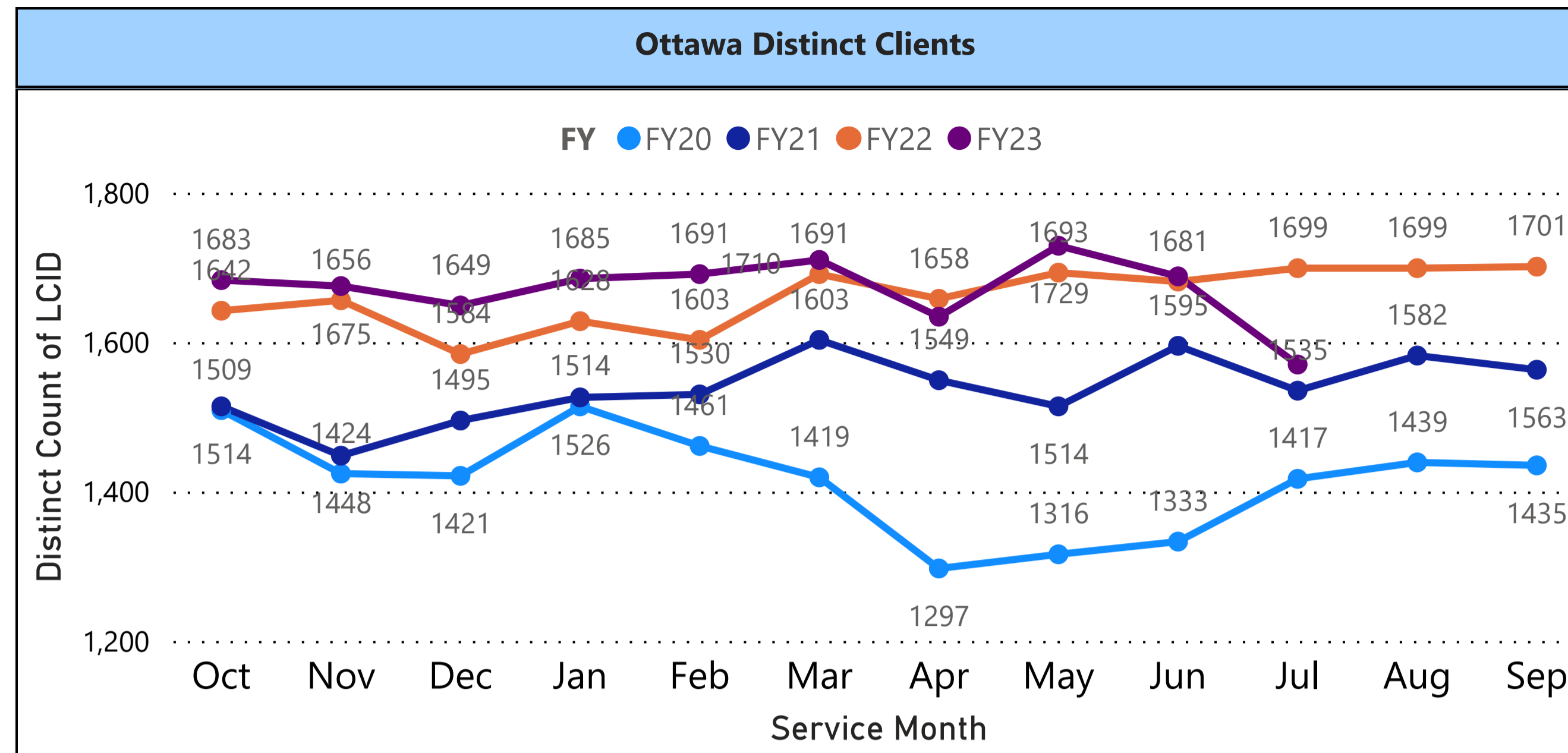
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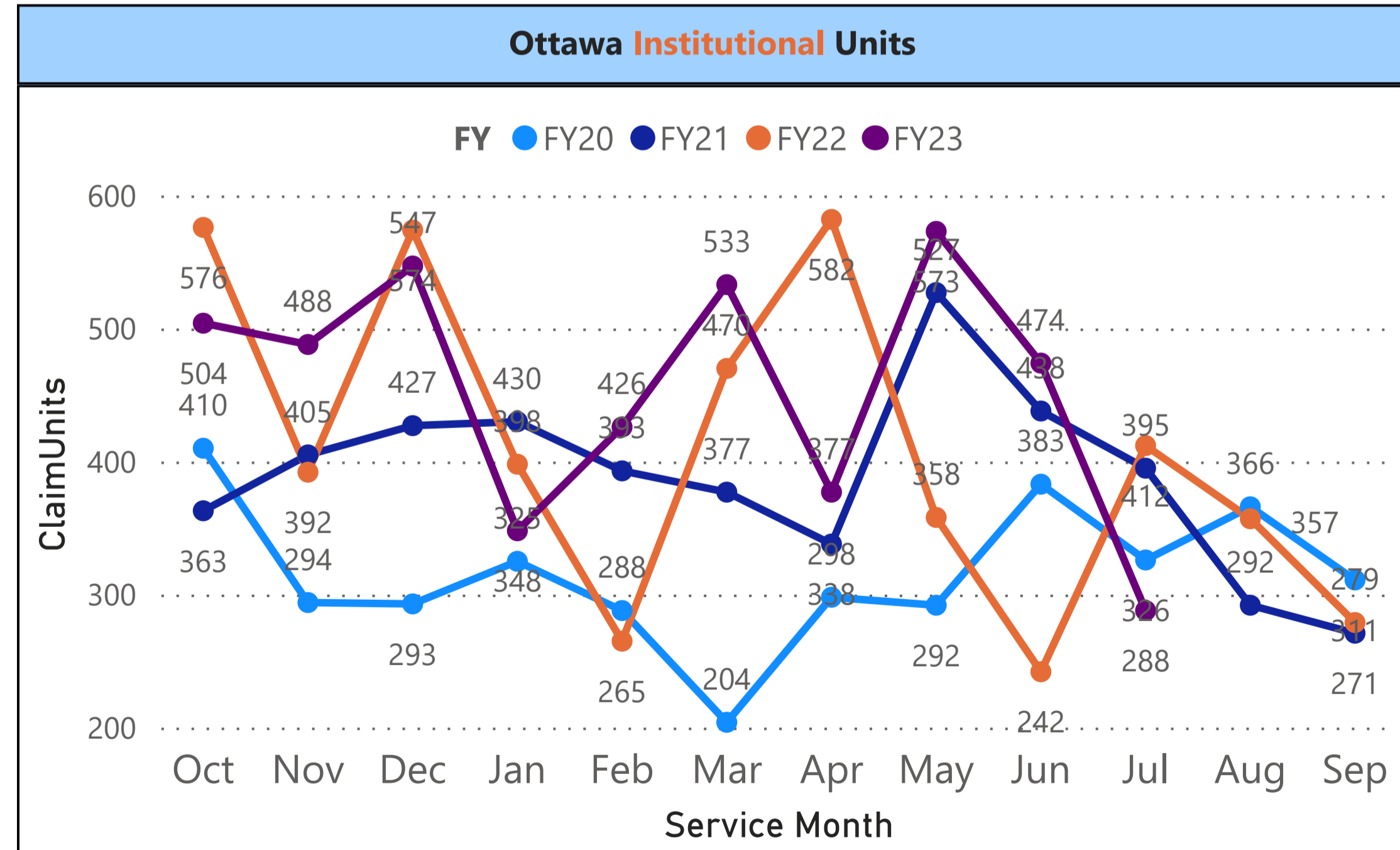
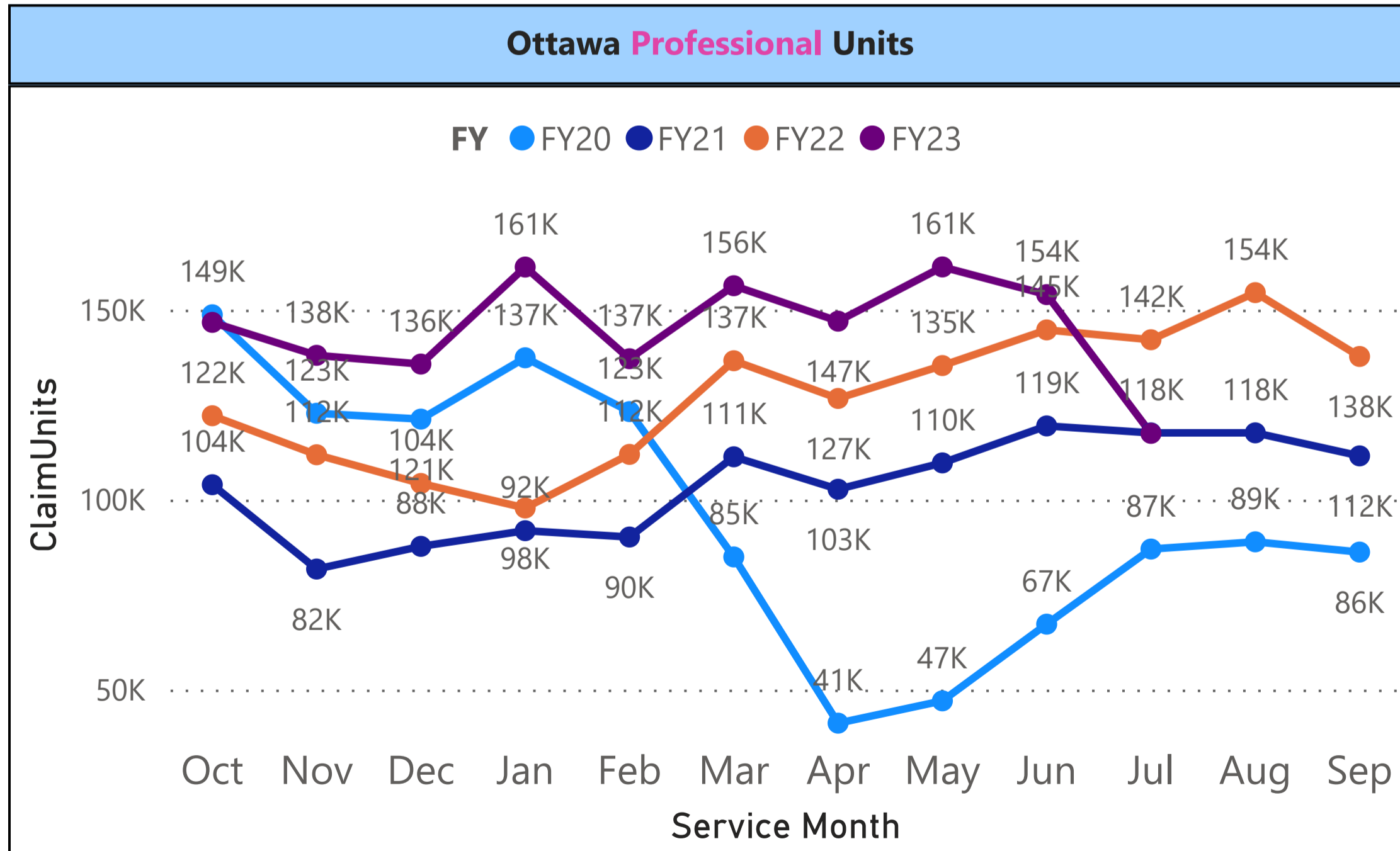
Latest ProcessDate

Ottawa Behavioral Health



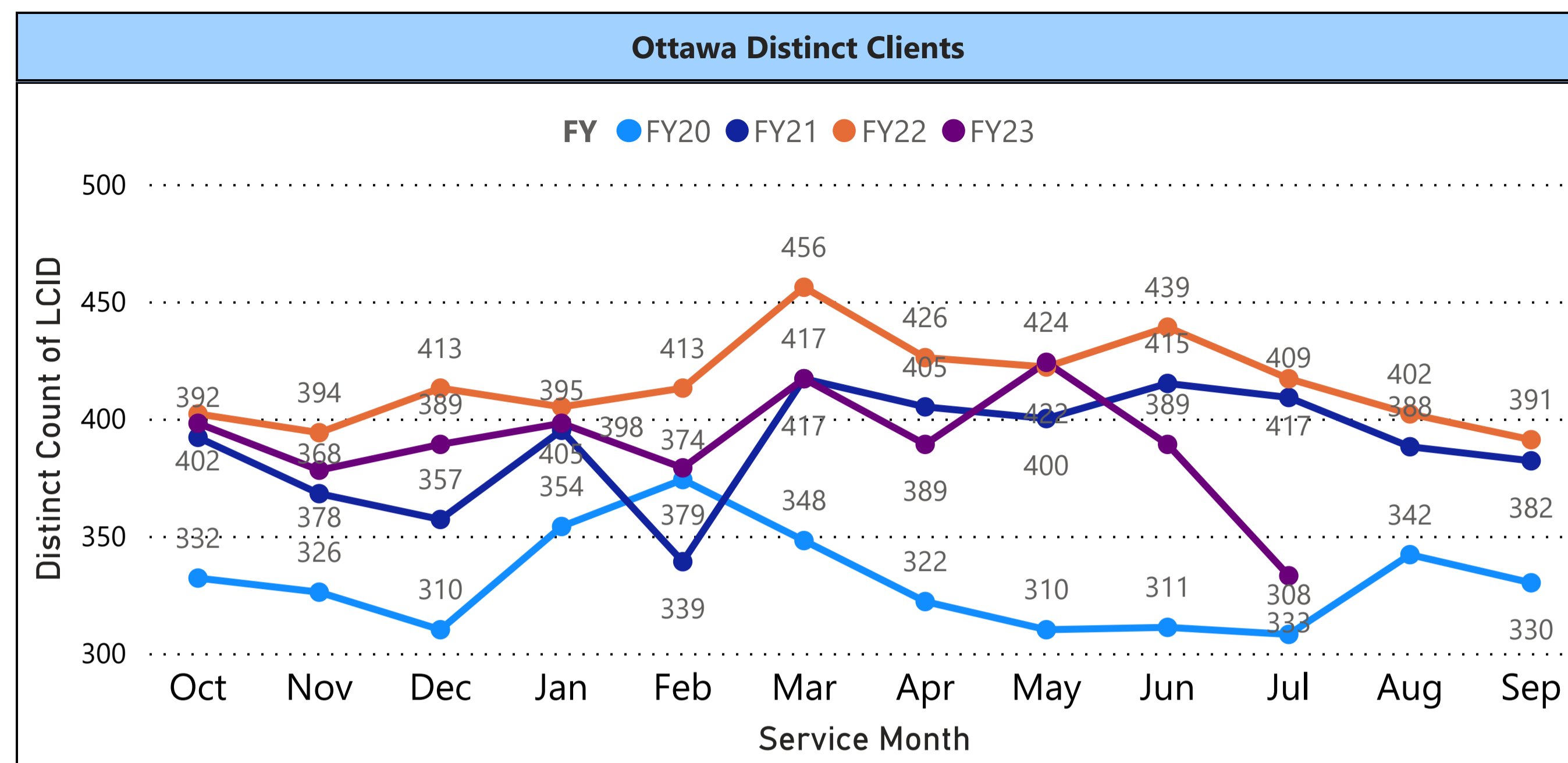
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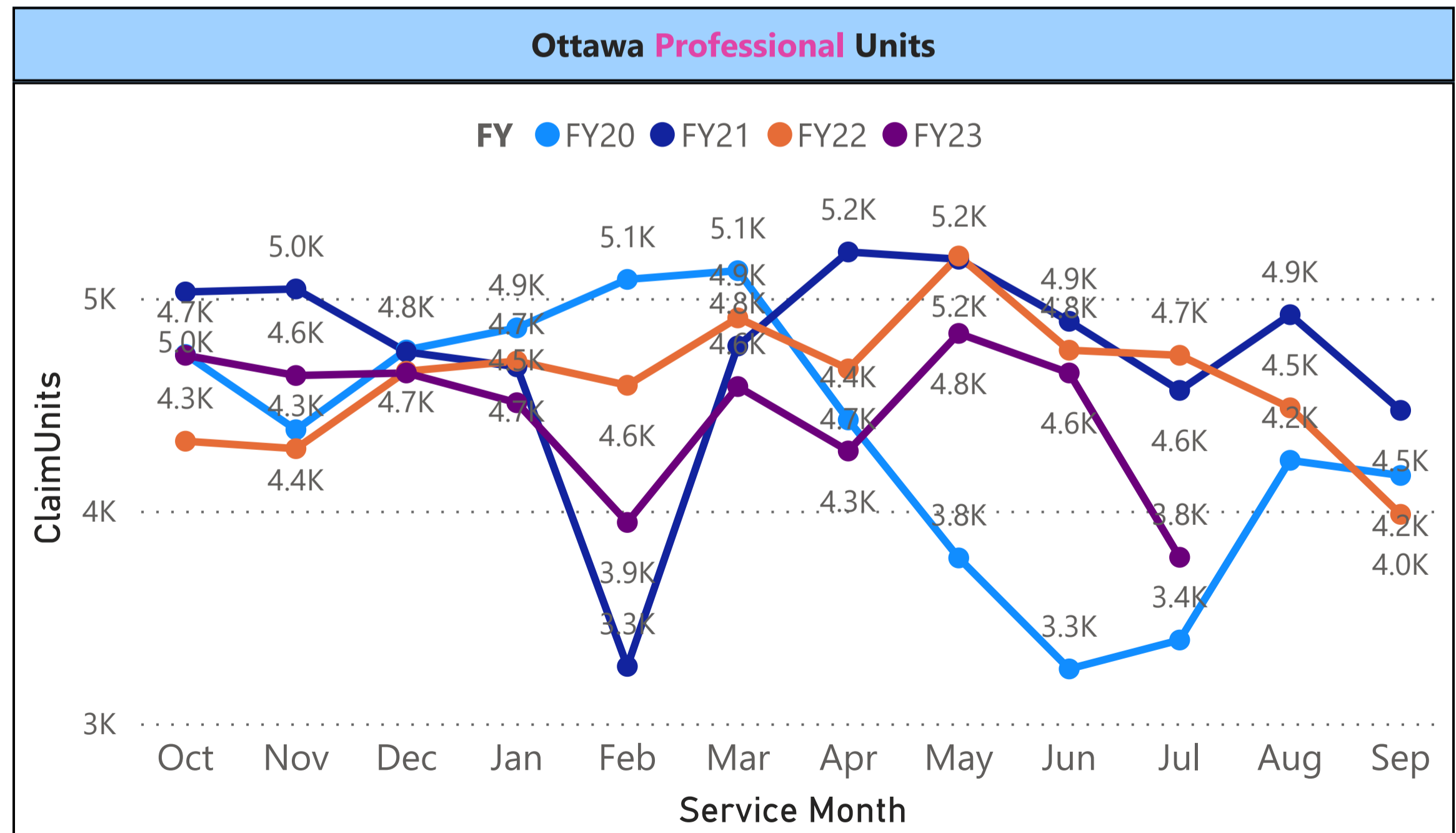
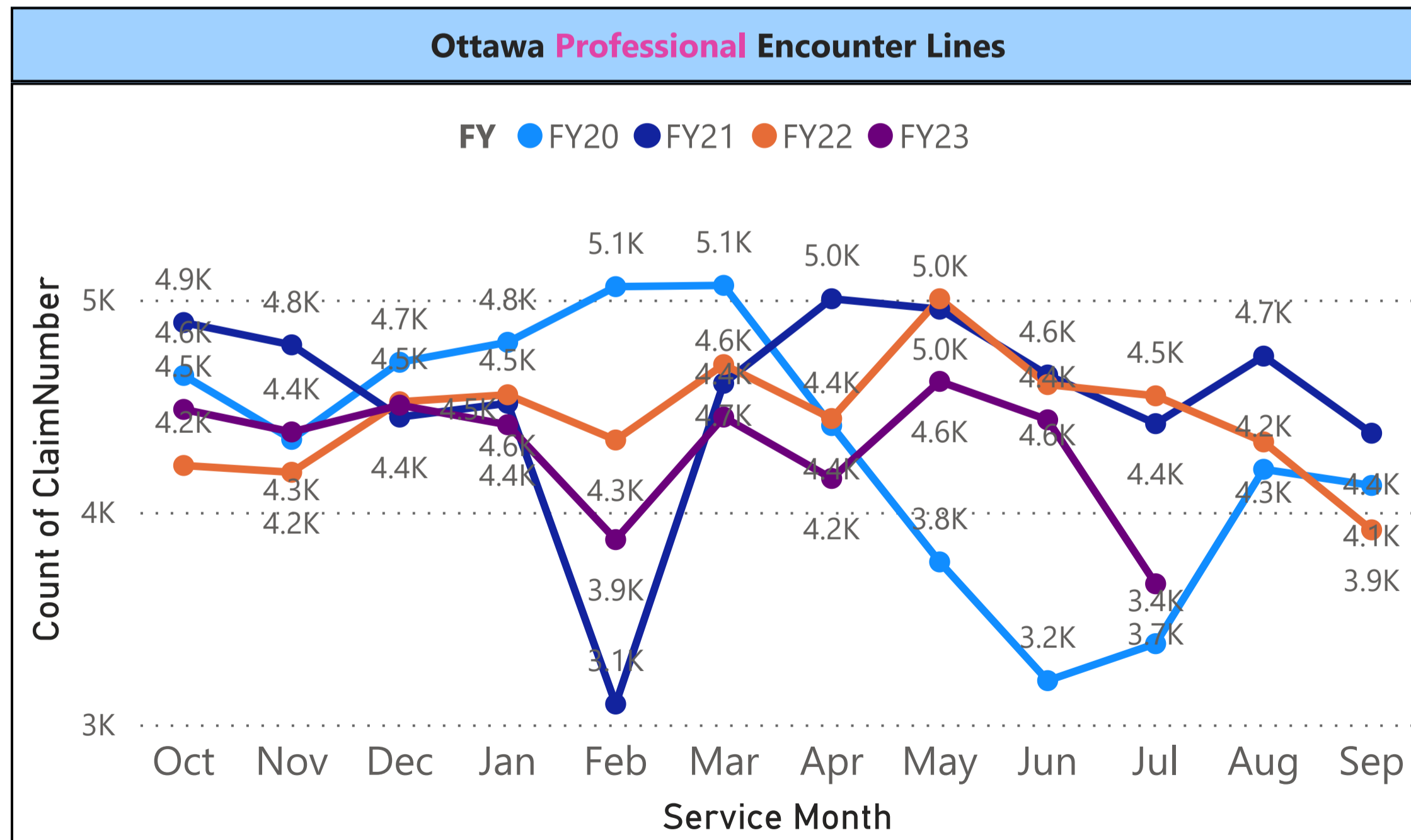


Ottawa Substance Use Disorder



FY: All

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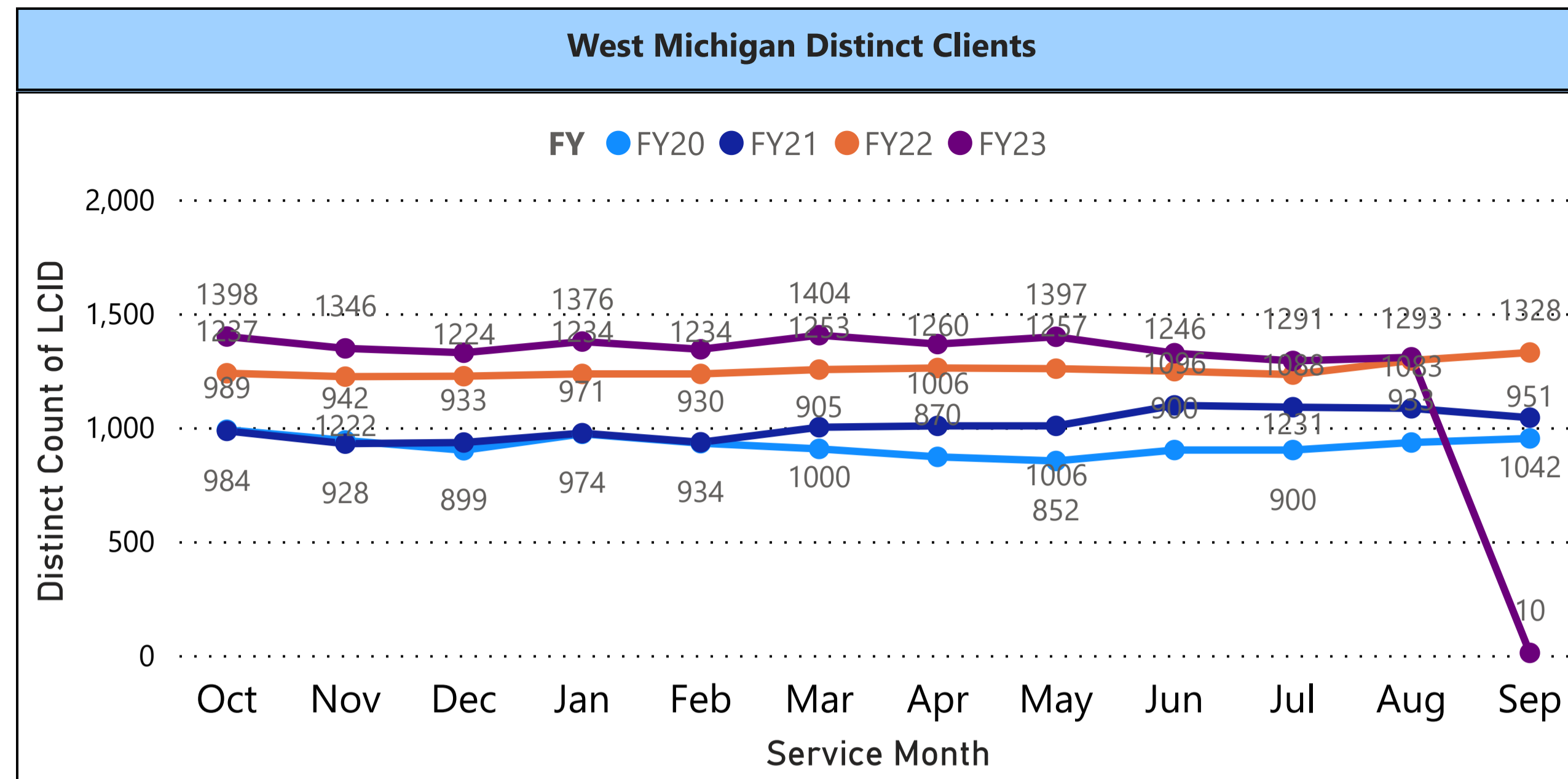


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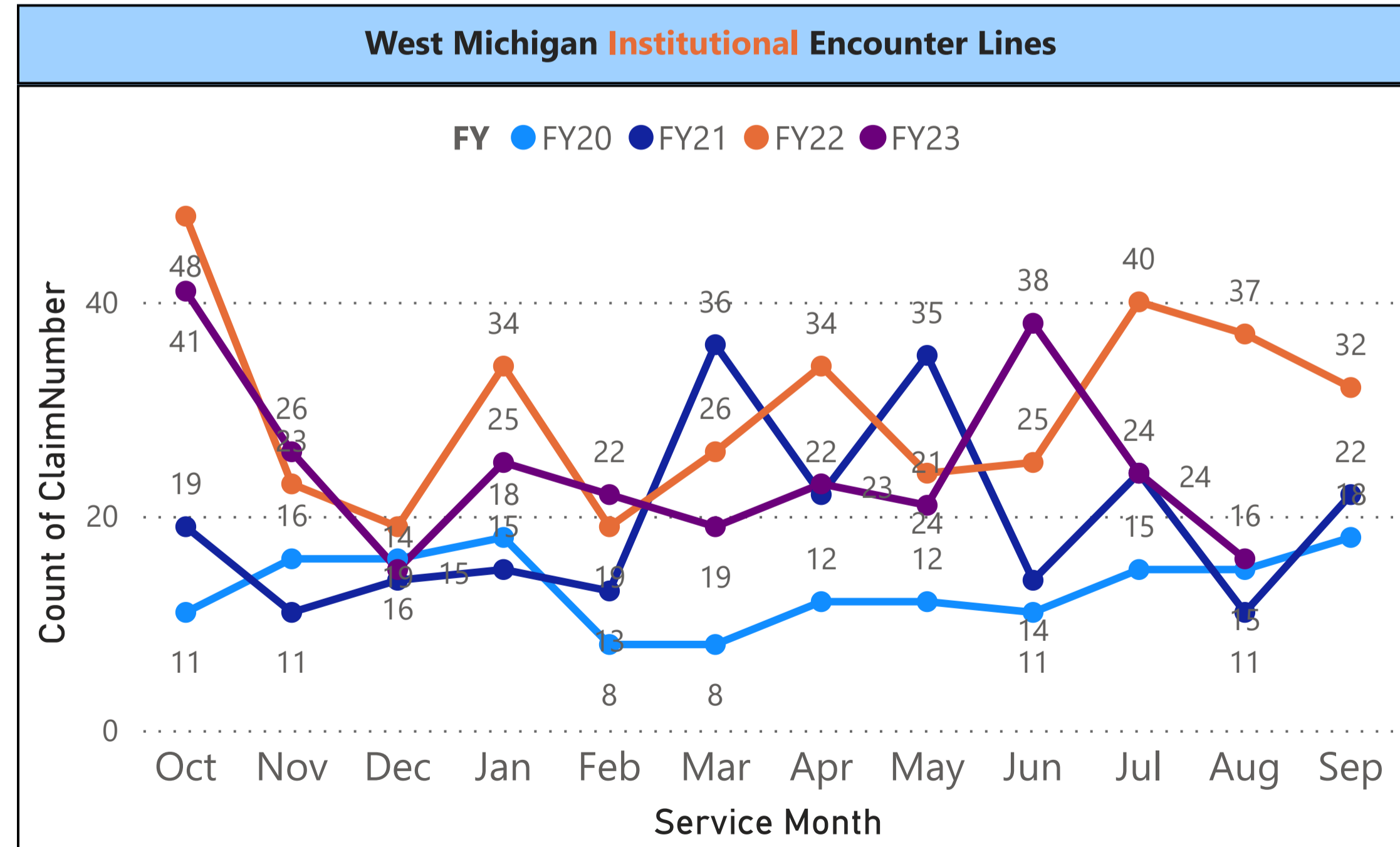
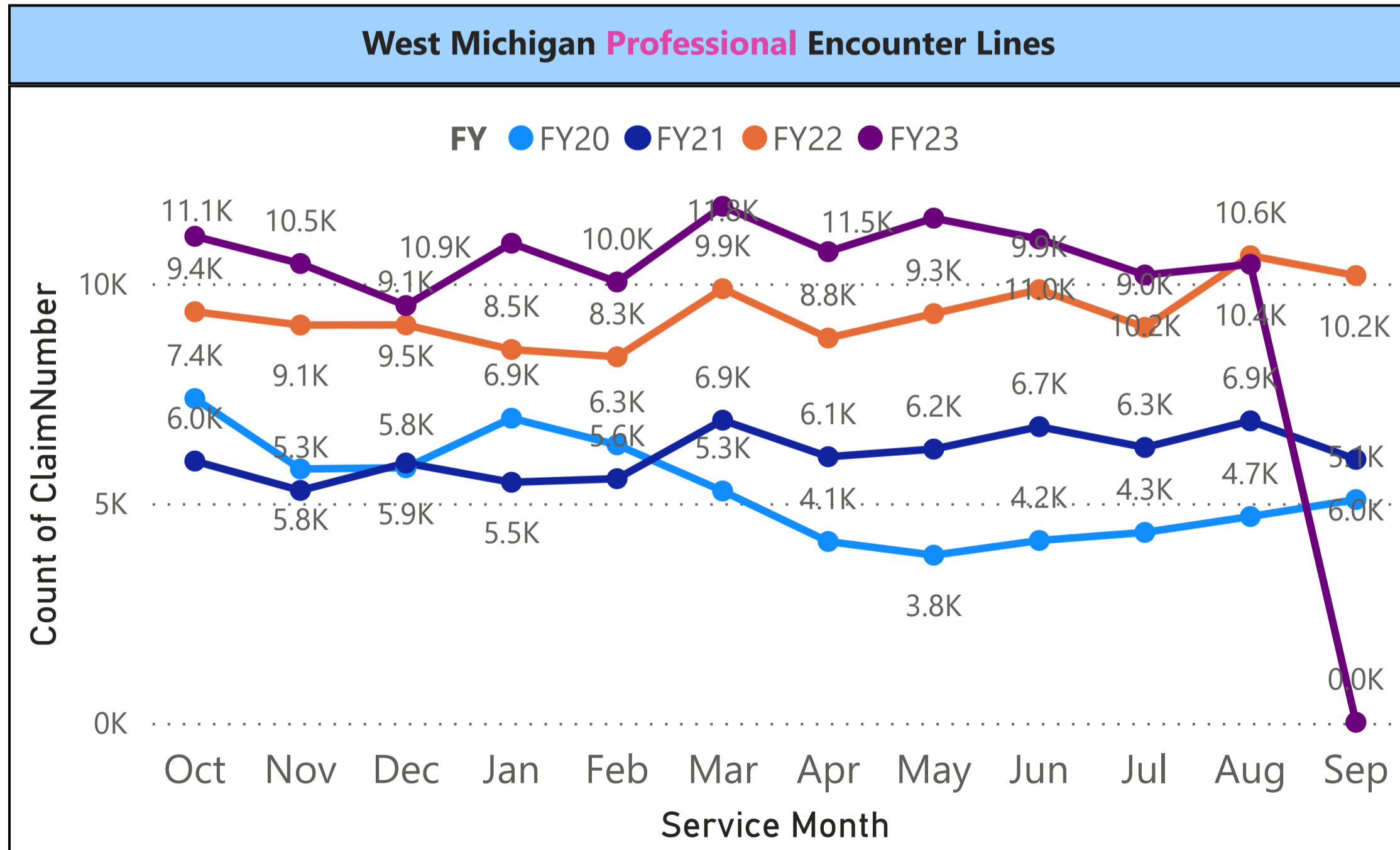


West Michigan Behavioral Health



FY: All

- Select all
- FY20
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- FY23

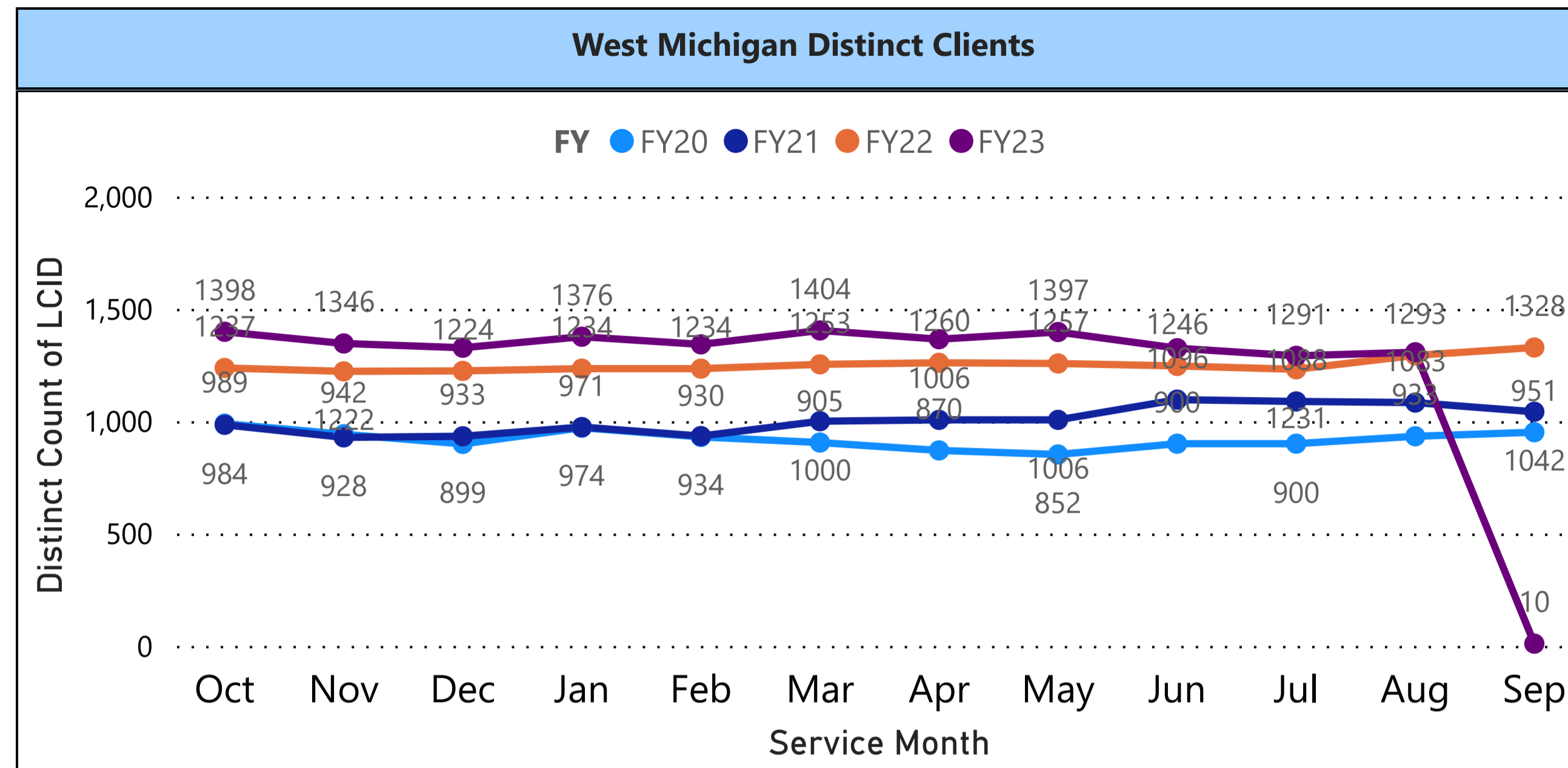


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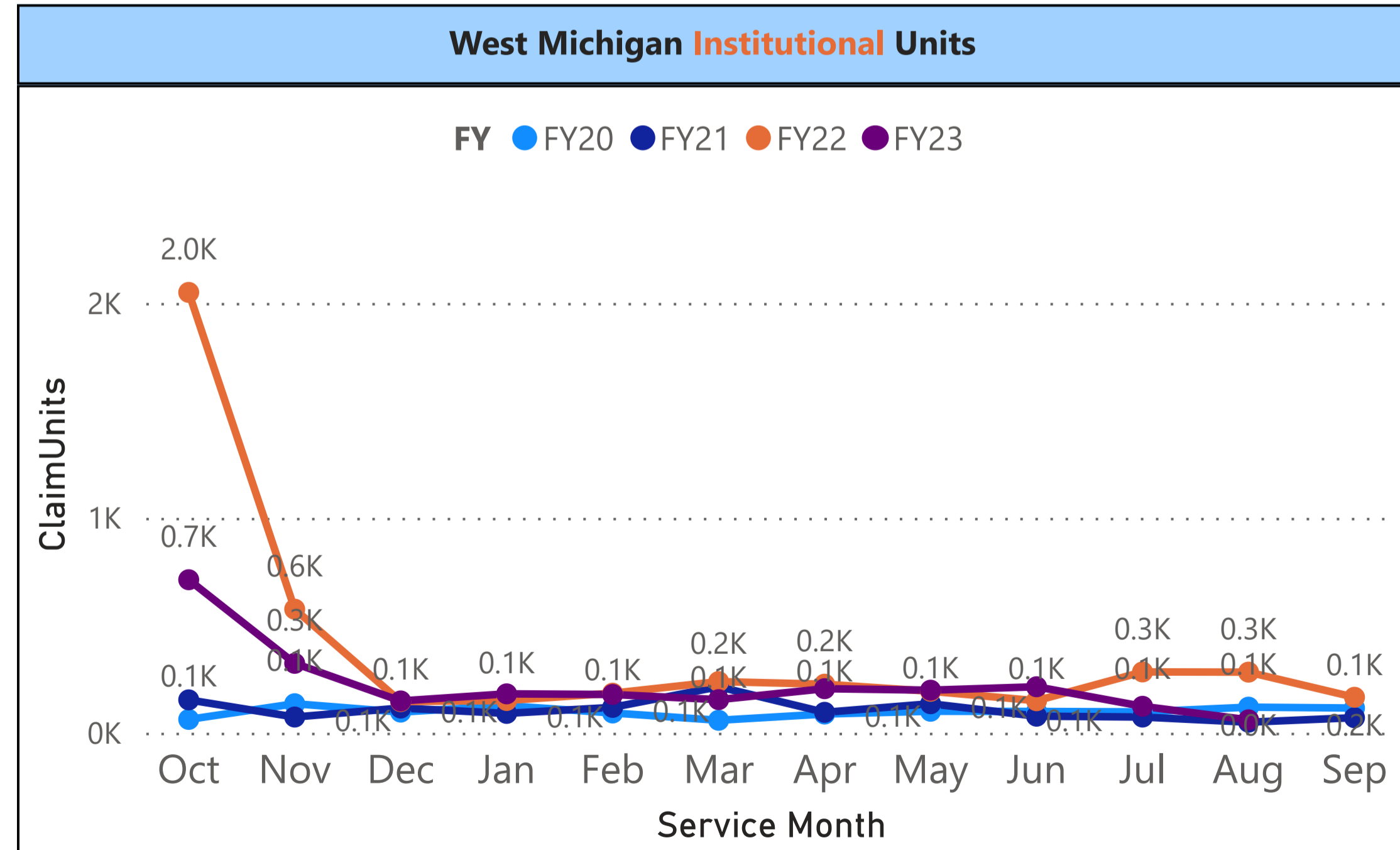
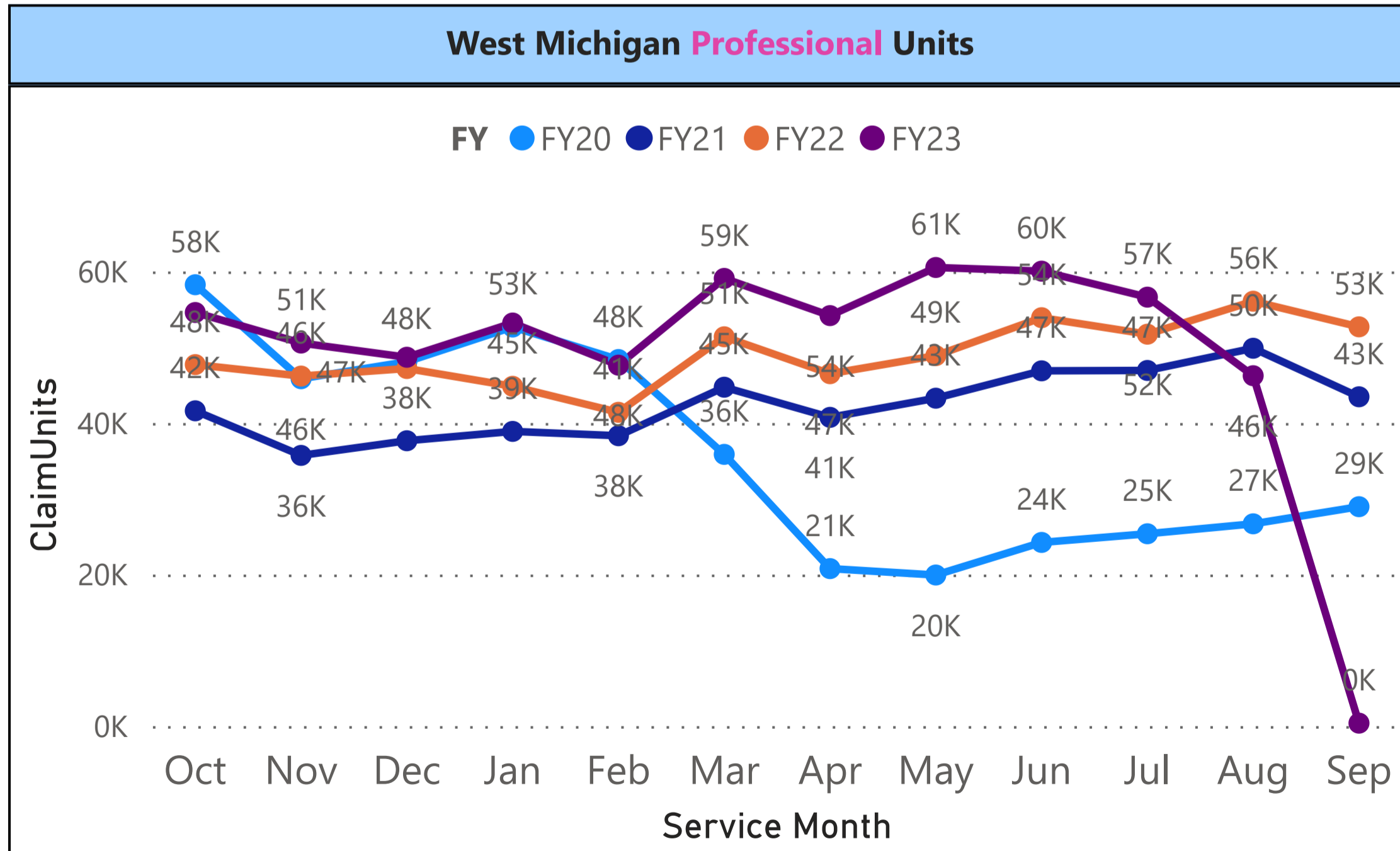


West Michigan Behavioral Health



FY: All

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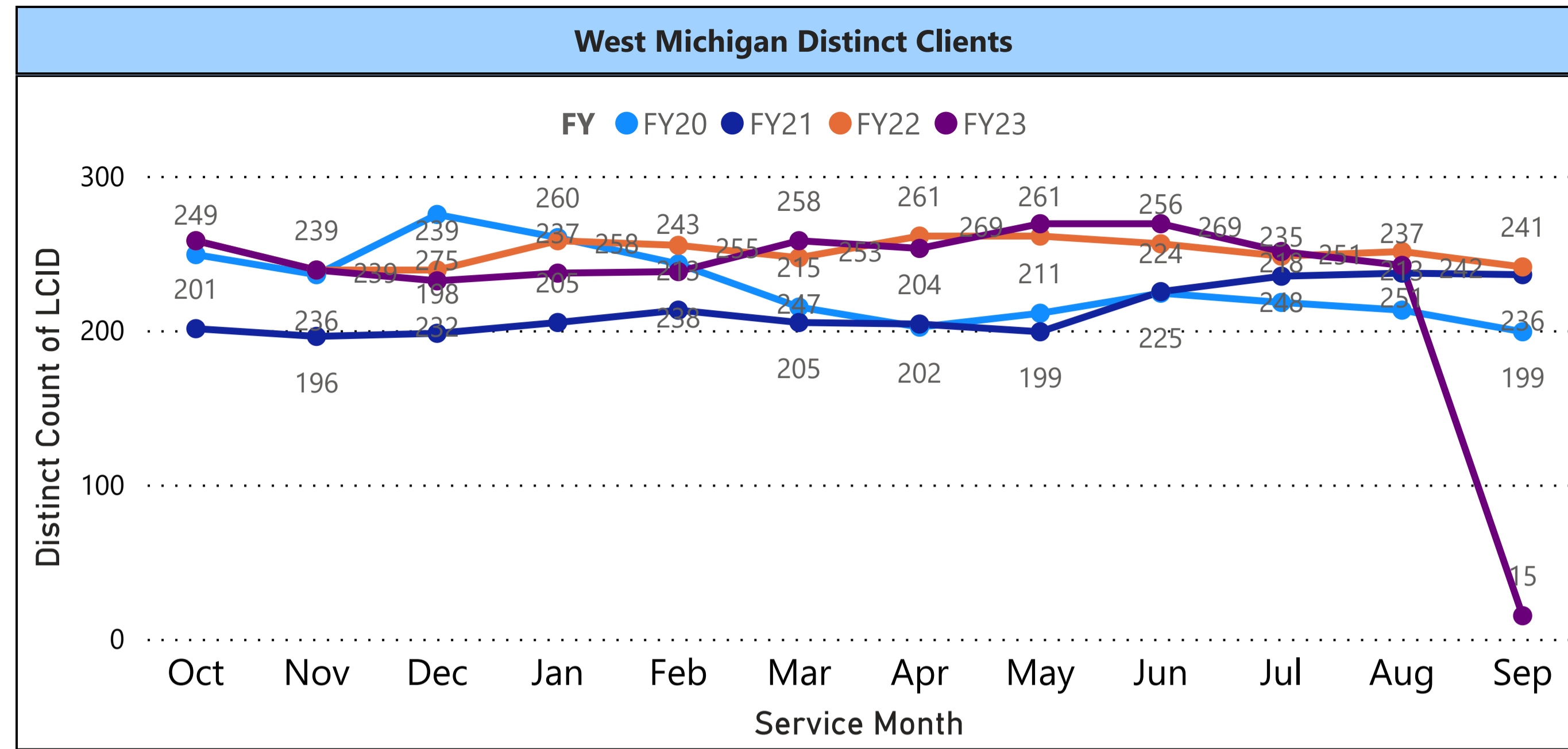


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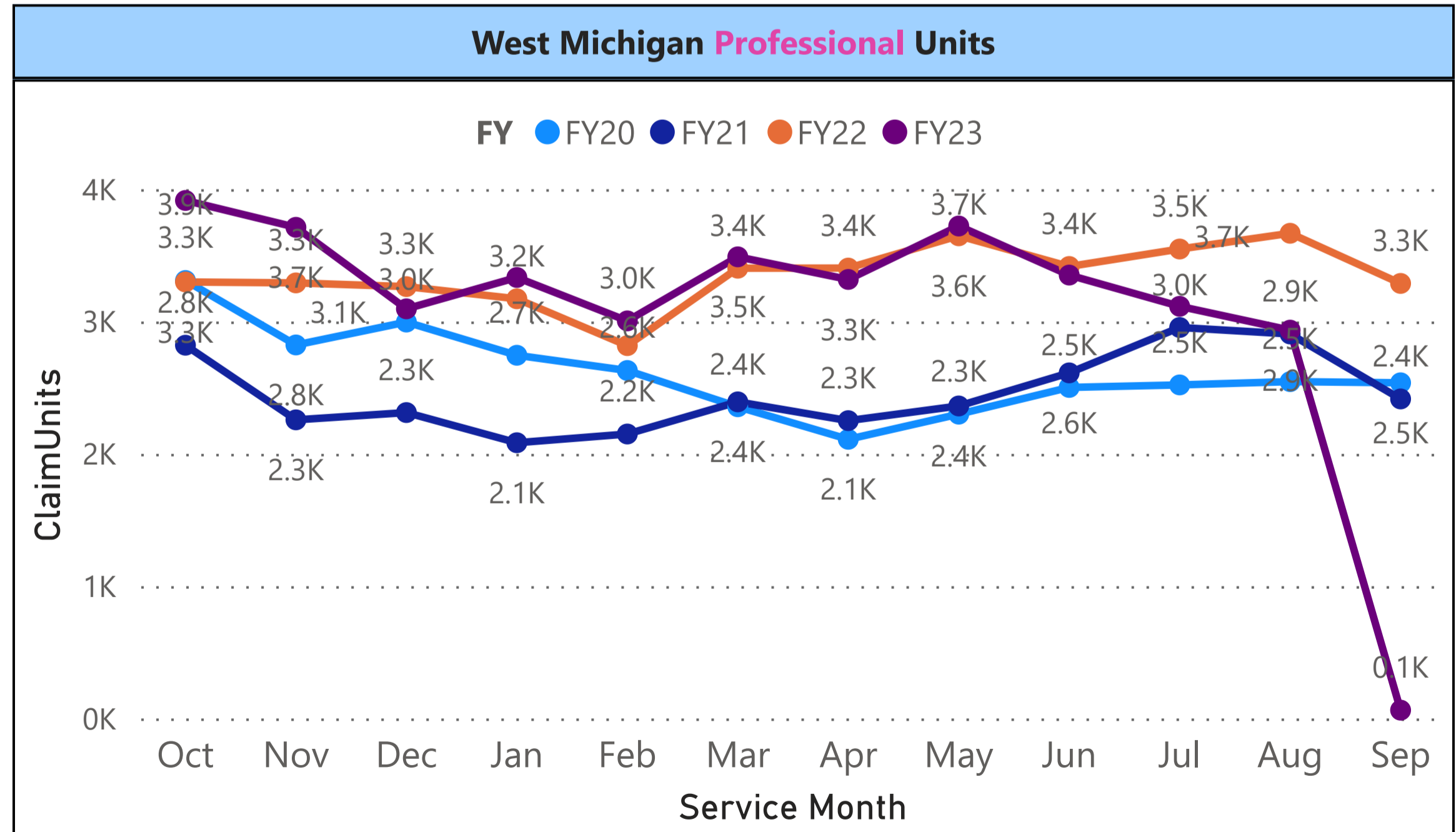
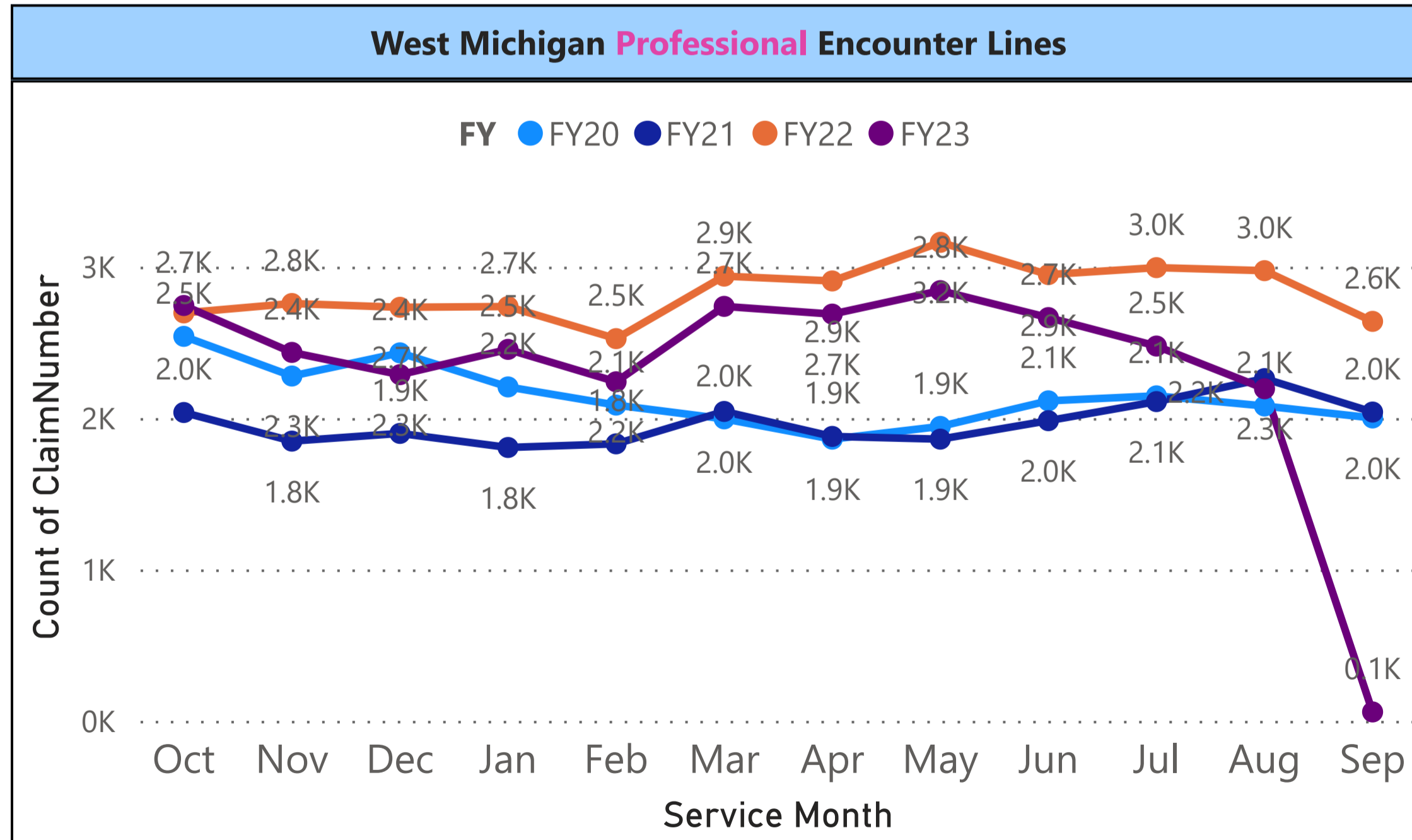


West Michigan Substance Use Disorder



FY: All

- Select all
- FY20
- FY21
- FY22
- FY23



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Latest ProcessDate



Data Sources and Definitions

Data Source

LRE_DW_CorporateInfo.LRE_Encounters

Definitions

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

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

Encounter Lines: Count of ClaimNumber

Units: Sum of ClaimUnits

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

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

Professional Lines and Units: TransactionType = Professional

Institutional Lines and Units: TransactionType = Institutional

Fiscal Year: FY

Chief Quality Officer - Report to the Board of Directors

September 27, 2023

HSAG:

1. Performance Measurement Validation (PMV): HSAG fully validated Region 3. (Available upon request)
2. Compliance Review (CR): LRE awaits HSAG's Draft Report. However, if LRE's follow-up documentation meets with HSAG's approval, LRE anticipates 100% compliance with all Standards, except for Standard XII – Health Information System; Elements 7 & 8, which will not be validated.¹
3. Performance Improvement Program (PIP): On August 10, 2023, HSAG fully validated LRE's PIP. (Attachment 1). LRE is proceeding with its non-clinical and clinical interventions by creating a workgroup with CMHSP representation from Quality, Clinical, and Access.
4. Follow-Up to HSAG Recommendations in FY22 Technical Report: LRE is preparing its responses to HSAG three Recommendations, which must be submitted by October 2, 2023.

CMHSP SITE REVIEWS:

1. Status of CMHSP Site Reviews:
 - a. Ottawa: Site Review complete, CAP complete, and final report distributed.
 - b. West Michigan: Site Review complete, CAP complete, and final report distributed.
 - c. N180: Site Review complete, CAP complete, and final report distributed.
 - d. OnPoint: N180: Site Review complete and draft report distributed. OnPoint is working on their CAP, which is due September 22, 2023.
 - e. HealthWest: LRE is reviewing follow-up documentation and, if applicable, rescoring audits, which is due September 25, 2023. LRE is preparing draft reports and preparing the request for CAP, which will be distributed September 29, 2023.
2. CMHSP Site Review Results as of September 20, 2023:

For FY23 CMHSP Site Review Season, LRE focused on Corrective Action Plan (CAP) remediation validation for Desk and Program Specific Audits for those audits that fell below 95% in FY22.

- **Desk Audits:** LRE fully validated Ottawa and West Michigan CMHSPs Desk Audit CAP remediation efforts with a score of 100%. In addition, West Michigan scored an unprecedented 100% in its Health Information Systems audit. Overall, Region 3 scored 1.8% lower in FY23 than FY22 for Desk Audits. (See Table 1).

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

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

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

- **Program Specific Audits:** LRE fully validated N180 and West Michigan CMHSPs Program Specific CAP remediation efforts with a score of 100%. Overall, Region 3 scored 3.3% lower in FY23 than FY22 for Desk Audits. (See Table 1).

During FY23, LRE conducted 216 Clinical Chart Audits and 376 Credentialing Audits.

- **Clinical Chart Audits:** LRE determined that HealthWest, Ottawa, and West Michigan CMHSPs improved clinical chart performance by an average of 3% over FY22. (See Table 1). LRE identified systemic issues with clinical charts for each CMHSP to assist CMHSPs in prioritizing resources to improve compliance.
- **Credentialing & Training Audits:** LRE determined that HealthWest, OnPoint, Ottawa, and N180 CMHSPs improved credentialing and training performance by an average of 4.3% over FY22. (See Table 1). LRE identified systemic issues with credentialing and training for each CMHSP to assist CMHSPs in prioritizing resources to improve compliance.

CMHSP	FY23				FY22			
	Desk Audit	Program Specific Audit	Clinical Audit	Credentialing Audit	Desk Audit	Program Specific Audit	Clinical Audit	Credentialing Audit
CMH of Ottawa County	100.0%	88.0%	94.0%	96.0%	97.3%	95.9%	91.2%	92.8%
N180	99.4%	100.0%	95.7%	96.9%	98.4%	98.6%	96.0%	93.7%
West Michigan	100.0%	100.0%	96.3%	91.3%	99.0%	96.9%	93.2%	92.5%
OnPoint	88.6%	87.3%	91.5%	90.1%	91.9%	96.3%	95.0%	85.9%
HealthWest	90.8%	70.0%	95.2%	96.1%	93.4%	96.4%	92.7%	89.6%
Region 3 Totals by Audit Type	94.6%	93.4%	94.1%	95.2%	96.4%	96.7%	94.2%	92.0%
Region 3 Total Aggregate	94.4%				93.9%			

Table 1

LRE is partnering with each CMHSP to remediate and validate the Corrective Action Plans for each opportunity for improvement.

Throughout FY23 Site Review season, LRE is developing procedures and job aids to ensure proper documentation of the CMHSP Site Review process. Quality continues to interface with LRE IT to develop standardized reports for improved data analysis and report communications with CMHSPs. LRE deployed an Audit PowerBI Dashboard that drastically reduced report writing and CAP development times.

LRE is finalizing its CMHSP Site Review Tools. LRE will commence using the new Facilities Review Tool on October 15, 2023.

NON-CMHSP REVIEWS:

1. **SUD Treatment Providers:**
 - a. **Status of SUD Treatment Site Reviews:**
 - For FY23 year-to-date, LRE has completed 20 SUD Treatment Site Reviews.
 - LRE continues to conduct SUD Treatment Site Reviews and distribute Corrective Action Plans following the results of the Desk, Clinical, and Credentialing Audits.

- For FY23 thus far, SUD Providers have scored as follows:

SUD Audit Type	Compliance Rate
Clinical	94.0%
Credentialing	91.6%
Desk	86.3%
Program Specific	92.0%
Residential	94.0%
Recipient Rights	100%

2. **Specialized Residential, Non-AFC, & Autism Providers:**

a. Status of Specialized Residential, Non-AFC, and Autism Facilities Reviews:

- LRE continues to conduct Facilities Reviews at a rate of 20 per month, which has slowed due to the HCBS training required to have providers demonstrate compliance with the HCBS Final Rule.
- LRE has distributed Corrective Action Plans following the results of the Facilities Review.
- As of September 20, 2023, Specialized Residential, Non-AFC, and Autism Providers performed very well with a **98.3% compliance rate**. The greatest opportunities for improvement relate to the understanding of how to operationalize the HCBS Final Rule. LRE continues to coach these providers on the HCBS Final Rule Regulations and how best to demonstrate compliance, which is now required by MDHHS and CMS as of March 17, 2023.

3. **Inpatient Providers:**

a. Status of Inpatient Site Reviews:

- LRE is awaiting proofs from Holland Hospital and was required to rescheduled Trinity Health at its request.
- LRE has distributed Corrective Action Plans following the results of the Inpatient Site Reviews.
- As of September 20, 2023, Inpatient Providers performed very well with a **98.5% compliance rate**, which is up from 97.4% in FY22.

LRE continues to develop the policy, procedure, and workflows for all Non-CMHSP Reviews. LRE has finalized its Facilities Review Tool, which incorporates pinpoint citations and expectations related to proofs to demonstrate compliance. QI ROAT reviewed the revised Tool in July 2023. LRE will commence using the new Facilities Review Tool on October 1, 2023.

HOME AND COMMUNITY-BASED SERVICES (“HCBS”): CMS has advised that it will not complete its review of the more than 440 provider files MDHHS sent to CMS for consideration of removal from the Heightened Scrutiny status until October 2024. Recall that if CMS does not agree with MDHHS’ recommendations, MDHHS will inform LRE and the setting that it must immediately begin discharging consumers. MDHHS has stated it is finalizing HCBS job aids/FAQs and preparing an HCBS training for stakeholders. MDHHS has hired TBD Solutions

to develop an ongoing compliance monitoring procedure. LRE has provided extensive feedback on the procedure development.

Through the FY23 Facilities Review Audits, LRE has identified approximately 30 settings not compliant with the HCBS Final Rule. LRE continues to work with providers that are non-compliant with the HCBS Final Rule as it relates to properly documenting restrictions in Individual Plans of Service and, if applicable, Behavior Treatment Plans, and well as ensure locks are installed where Regulation requires and removed where Regulation restricts ensuring compliance through CAP remediation validation.

LRE has conducted HCBS training for all but one Member CMHSP and in some cases, CMHSPs have asked LRE to conduct multiple trainings to various groups depending on their charter (Case Managers, Behavior Treatment Committees, Office of Recipient Rights, etc.). LRE will conduct the HCBS Final Rule training to the Customer Services (CS) ROAT and Clinical ROAT last month. LRE is revising its HCBS Policies and developing HCBS Procedures.

LRE is completing its next round of remediation validation for the CY23 Quarter 1 survey as identified by MDHHS.

CRITICAL INCIDENT REBOOT: LRE continues to electronically uploading the Critical Incident (CI) data into MDHHS’ CRM Platform. MDHHS notifies LRE when an incident is out of compliance requires remediation, and LRE works with the CMHSPs to remediate each issue and communicates resolution with MDHHS. MDHHS’ CRM Platform for Critical Incidents has increased remediation demands on LRE and CMHSPs. LRE IT developed a Critical Incident PowerBI Dashboard. Quality staff continue to reconcile the data within the PowerBI Dashboard with the Critical Incident data submitted to MDHHS.

MASTER PROVIDER DIRECTORY ROAD MAP: LRE’s Master Provider Directory Workgroup has finalized all workflows, identified all unmet needs, and prioritized all unmet needs. LRE is preparing to meet with its EHR vendor to negotiate next steps towards developing IT technical specifications and their eventual implementation over the next 24 months.

MEDICAID VERIFICATION (“MEV”): LRE is on schedule with its MEV audits.

Audit Timeframe	Audit Month – Member CMHSP	Status
FY23 Q1 Oct 2022 – Dec 2022	January 2023: OnPoint, West Michigan, HealthWest February 2023: N180 March 2023: Ottawa, SUD	Report Complete
FY23 Q2 Jan 2023 – March 2023	April 2023: OnPoint, West Michigan, HealthWest May 2023: N180 June 2023: Ottawa, SUD	Report Complete
FY23 Q3 April 2023 – June 2023	July 2023: OnPoint, West Michigan, HealthWest August 2023: N180 September 2023: Ottawa, SUD	Work in Progress
FY23 Q4 July 2023 – Sept 2023	October 2023: OnPoint, West Michigan, HealthWest November 2023: N180 December 2023: Ottawa, SUD	On-Deck
FY24 Q1 Oct 2023 – Dec 2023	January 2024: OnPoint, West Michigan, HealthWest February 2024: N180 March 2024: Ottawa, SUD	N/A

FY24 Q2 Jan 2024 – March 2024	April 2024: OnPoint, West Michigan, HealthWest May 2024: N180 June 2024: Ottawa, SUD	N/A
FY24 Q3 April 2024 – June 2024	July 2024: OnPoint, West Michigan, HealthWest August 2024: N180 September 2024: Ottawa, SU	N/A
FY24 Q4 July 2024 – Sept 2024	October 2024: OnPoint, West Michigan, HealthWest November 2024: N180 December 2024: Ottawa, SUD	N/A

For FY23 Q2, LRE audited 3,143 claim lines totaling approximately \$843,419.00 Medicaid dollars for 504 unique consumers for SUD and non-SUD services across 61 providers. LRE required recoupment from one CMHSP for a total of \$5,094.23 due to insufficient documentation to support the service. (Attachment 2).

LRE found the following FY23 Q2 performance by CMHSP:

CMHSP	MEV Compliance Rate	Recoupment
HealthWest	98.11%	\$36,899.10
OnPoint	100%	
Ottawa	98.61%	
N180	100%	
West Michigan	100%	

EXECUTIVE COMMITTEE SUMMARY

Wednesday, September 20, 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 September 20, 2023, Meeting Agenda
- ii. Review of August 16, 2023, Meeting Minutes

The September 20, 2023, agenda and the August 16, 2023, meeting minutes are accepted as presented.

MDHHS UPDATES

- i. Meetings
 - Bi-Weekly
 - Meetings with MDHHS have resumed with Kristin Jordan. The main topic at the last meeting was the cost settlement.
 - Provider Network Meeting
 - This took place this week and went well. LRE staff shared concerns regarding IP rates being higher in this region than anywhere else in the state.
 - In Person Meet and Greet
 - The in-person meeting with MDHHS is scheduled for October 16. Some of the topics that have been discussed with other PIHPs are the make-up of the region (LRE/CMH # of staff, enrollees served), CS and RR functions, UM, provider network oversight, regional successes, strengths, and barriers, MDHHS concerns.
- ii. Cost Settlement Letter
 - MDHHS sent a communication last week regarding the cost settlement process as it relates to the deficit payments and previous years FSRs. The LRE does have some concerns that we will communicate back to them. The target completion date for FY21 audit is the end of October and the FY22 completion target date is December.
 - LRE is scheduled to meet with MDHHS tomorrow (9/21) to discuss further. An update, if any, will be brought to the September Board meeting.
 - The cost settlement process used in region 3 will be the same cost settlement process MDHHS uses for Region 6.

- iii. LRE received the hearing notice regarding the \$200,000 sanction that will take place in December. If LRE can come to an agreement with MDHHS they may waive the sanction.
- iv. Disclosure of Ownership (DOO) Request
 - MDHHS requested a DOO from LRE Board Directors, CEO, CFO, CIO and from CMHSPS and their Board members. There were 3 CMHSPs that did not have DOOs in place in which LRE sent non-compliance letters.
 - N180 did have a document that was unclear if it met requirements therefore it was sent to MDHHS for approval.

IPA TAX UPDATE

- Network180 caught an issue with revenues compared to what was actually received. There was about a \$2.3 million variance. LRE investigated the issue immediately and what was found was that the IPA taxes were not being deducted from CMHs revenue projections in the revenue projections document that is updated monthly. The revenue projections were overstated by about \$5 million in total. The revenue projections document has been corrected but in doing so decreased the revenue projections for all the CMHs. The IPA taxes were paid but not recorded accurately on the revenue document.
- This error has been corrected. There will be an impact to N180 with an additional est. \$2.5 million added to their projected deficit and WM that previously did not have a projected deficit but will now have an est. \$319,000 projected deficit. The impact on the other CMHs will only decrease their lapse amount.

DEFICIT PAYMENT/MOTION 23-23 UPDATE

- As of yesterday, HW final deficit payment was paid to them.
- The County of Muskegon lawsuit is still open. They have stated that their intent is to wait until May of next year before withdrawing, which would be past the date that the funds could be recouped.
- Mr. Stek recommends letting the suit sit but, if need be, he and Ms. Thomas can meet with the county to discuss. Ms. Marlatt will speak with legal counsel.

NETWORK180 (N180) ADDITIONAL FUNDING REQUEST

- Network180 requested an additional \$25 million for FY24 but the Operations Council voted the request down. A letter of denial was sent to Network180.

WAKELY RATES/ISF ANALYSIS UPDATE

- LRE and CMHs met with Wakely on 3 different occasions. Wakely has made updates to their report regarding CCBHC. The ISF analysis is to make sure the PIHP is not overfunding the ISF but to make sure there is enough in it to cover any future issues.
- There has been a discrepancy regarding what the state is saying and what the contract states about funding the ISF/MC Savings. The contract says 7.5% per year but the state's stance is 7.5% total. There is one PIHP that is intending to keep the compounded amount and others that are supporting that stand.
- Wakely will present to the LRE Board in October.

BOARD MEETING AGENDA ITEMS

i. Action Items

- LRE Office Space Lease – Amendment 3 (*Attachment 5*)
- FY24 Contracts
- OnPoint appointed a new Board member Pastor Craig Van Beek
- FY23 Budget Amendment
- FY24 Annual Budget

BOARD WORK SESSION AGENDA

Annual Budget Presentation

OTHER

UPCOMING MEETINGS

- September 27, 2023 – LRE Executive Board Meeting, 1:00 PM
GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440
- October 18, 2023 – Executive Committee, 1:00PM, Virtual
- October 25, 2023 – LRE Executive Board Meeting, 1:00 PM
GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440

ADJOURN

THIRD AMENDMENT TO LEASE AGREEMENT

THIS THIRD AMENDMENT is made as of _____, 2023 by and between **LEESTMA MANAGEMENT HORIZON, LLC.**, a Michigan Limited Liability Company, (“LANDLORD”) and successor in interest to **BOARDWALK COMMERCIAL, LLC.**, and **LAKESHORE REGIONAL ENTITY** (“TENANT”).

RECITALS

A. AMG Management LLC., predecessor in interest to Boardwalk Commercial, LLC., predecessor in interest to Leestma Management Horizon, LLC, and Lakeshore Regional Entity entered into that certain Lease Agreement dated April 26, 2016, with respect to the certain premises located at 5000 Hakes Drive, Norton Shores, MI 49441, Suites 250, 400 and 500 which is comprised of approximately 7,285 square feet of rentable space.

B. WHEREAS Landlord and Tenant desired to extend the Lease for a term of three (3) years and amended the Lease on January 15, 2019. The Tenant desired to contract the Leased Premises and relinquish Suites 400 and 500 which represented approx. 5,285 rentable square feet. The total Leased Premises was revised to be 2,000 rentable square feet and is Suite 250 and the expiration date is December 31, 2021.

C. WHEREAS Landlord and Tenant entered into that certain 2nd Amendment to the Lease Agreement dated March 31, 2021, and expanded the Leased Premises to include Suite 100 which is approx. 3,804 rentable square feet. The total measurement of the revised Leased Premises is now 5,804 rentable square feet. The Landlord and Tenant agreed to extend the Lease for a period of twenty-one (21) months with an expiration date of September 30, 2023.

AGREEMENT

For valuable consideration, whose receipt and sufficiency are acknowledged, Landlord and Tenant agree as follows:

1. Landlord and Tenant agree to extend the Lease for a period of three (3) years beginning on October 1, 2023 expire on September 30, 2026.

2. Base rent for this term shall be as follows:

Periods	Suite 100	Suite 250	Total Monthly
Oct 1, 2023-Sept 30, 2024	\$5,194.77	\$2,731.82	\$7,926.59
Oct 1, 2024-Sept 30, 2025	\$5,350.62	\$2,813.77	\$8,164.39
Oct 1, 2025-Sept 30, 2026	\$5,511.14	\$2,898.19	\$8,409.32

3. Base Rent includes Tenant’s Pro-Rata Share of all common area maintenance, insurance, taxes, and special assessments. The Lease Agreement is FULL GROSS; Tenant is not responsible for any Additional Rents. All costs of utilities used in the Premises are included within the Full Gross lease rate.

4. All other terms and conditions of the original lease agreement shall remain in full force and effect.

[Signatures to appear on the following page]

IN WITNESS WHEREOF, the parties have signed this Lease Agreement as of the day and year first written above.

LANDLORD
LEESTMA MANAGEMENT HORIZON,
LLC

Ryan M. Leestma
Its: Manager

TENANT
LAKESHORE REGIONAL ENTITY

By: Mary Marlatt-Dumas

Its: Chief Executive Officer

CONTRACT/ VENDOR AGENCY NAME	FUNDING SOURCE	DESCRIPTION	TOTAL
Arbor Circle	Comprehensive Servies for Behavioral Health	Hispanic Behavioral Health Services	\$51,500
Arbor Circle	COVID-19 Substance Use and Gambling Services-2024	Prevention 3 ARPA Prevention II COVID	\$63,908
Arbor Circle	Substance Use and Gambling Services-2024	SOR3 - Prev Prevention Michigan Gambling Disorder prevention Project	\$425,408
Arbor Circle	PA2	PA2 - Prev	\$234,597
CMH of Ottawa County	COVID-19 Substance Use and Gambling Services-2024	Prevention 3 - ARPA	\$388,810
		Prevention II COVID	
		ARPA Treatment	
		COVID Treatment	
CMH of Ottawa County	Substance Use and Gambling Services-2024	SUD Administration	\$992,266
		SOR 3- OEND	
		SOR3 Jail based MOUD	
		WSS	
		Access Management	
		SOR3 OUD/Stud Recovery	
		SUD Treatment	
CMH of Ottawa County	PA2	PA2- Prev	\$350,485
		PA-2 SUD Treatment	
CMH of Ottawa County	Medicaid, MH Block Grant, HMP, SUD Block Grant, PA2 Clubhouse, Tobacco Cessation, SOR, ARPA, staffing hours	Service Agreement - Executive Assistant	\$56,989
Deb Fiedler		Quality Improvement Transition Manager	\$102,000
Dickinson-Wright		Legal Servies for LRE	\$200,000
District Health Department 10	DRUG FREE COMMUNITIES SUPPORT PROGRAM GRANTS	OCEANA COUNTY'S "LEADING EFFORTS AGAINST ALCOHOL AND DRUGS" COALITION	\$100,000
District Health Department 10	Substance Use and Gambling Services-2024	Michigan Gambling Disorder prevention Project	\$134,273
		SOR3- Prev; Prevention	

CONTRACT/ VENDOR AGENCY NAME	FUNDING SOURCE	DESCRIPTION	TOTAL
District Health Department 10	PA2	PA2-Prev	\$60,702
Grand Rapids Red Project	Substance Use and Gambling Services-2024	SOR 3 Mobile Health Unit	\$142,826
HealthWest	COVID-19 Substance Use and Gambling Services-2024	ARPA Treatment	\$50,000
HealthWest	Substance Use and Gambling Services-2024	SDA	\$1,773,528
		SOR 3 Recovery Housing	
		SOR 3- OUD/STUD Recovery	
		SOR3 Jail based MOUD	
		WSS	
		SUD Treatment	
		SOR 3- OUD/STUD Treatment	
	SUD Administration		
Jill Osterhout		Medicaid Events Verification Specialist	\$83,038
Kent County Health Department	COVID-19 Substance Use and Gambling Services-2024	Prevention 3 - ARPA	\$46,667
		Prevention II COVID	
Kent County Health Department	Substance Use and Gambling Services-2024	SOR3- Prev	\$307,773
		Prevention	
Kent County Health Department		PA2- Prev	\$180,000
KWB Strategies	Substance Use and Gambling Services-2024	SUD Treatment	\$51,934
	Comprehensive Services for Behavioral Health	Veteran Navigator	
		CCBHC Non-Medicaid Operations Support	
	COVID-19 Substance Use and Gambling Services-2024	Prevention 3 - ARPA	
	Substance Use and Gambling Services-2024	Michigan Gambling Disorder prevention Project	
		Prevention	
Substance Use and Gambling Services-2024	SUD Treatment		

CONTRACT/ VENDOR AGENCY NAME	FUNDING SOURCE	DESCRIPTION	TOTAL
Leestma Management - Horizon, LLC		Office lease	\$95,119
Network180	Comprehensive Services for Behavioral Health	Peer Driven Tobacco Cessation	\$104,500
		Clubhouse Engagement	
Network180	COVID-19 Substance Use and Gambling Services-2024	Prevention II COVID	\$429,006
		ARPA Treatment	
		COVID Treatment	
Network180	Substance Use and Gambling Services-2024	SDA	\$4,035,605
		SUD Access Management	
		SUD Administration	
		Prevention	
		WSS	
		SOR3 OEND	
		SOR 3 Peer Outreach and Linkage	
		SOR 3 Jail-based MOUD	
SUD Treatment			
Network180	PA2	PA2-Prev	\$1,647,774
		PA2 Treatment	
OnPoint	Comprehensive Services for Behavioral Health	Peer Driven Tobacco Cessation	\$69,500
OnPoint	Substance Use and Gambling Services-2024	SOR 3 OEND	\$932,612
		SOR 3 Jail-based MOUD	
		SOR 3 Recovery Housing	
		SOR3 - Prev	
		SOR 3 OUD/SUD Treatment	
		SOR 3 Peer Outreach and Linkage	
		WSS	
		Access Management	
		SDA	
		SUD Administration	
Prevention			
OnPoint	PA2	PA2 - Prev	\$191,925

CONTRACT/ VENDOR AGENCY NAME	FUNDING SOURCE	DESCRIPTION	TOTAL
Ottawa County Department of Public Health	Substance Use and Gambling Services-2024	SOR3 - Prev	\$113,000
		Prevention	
Ottawa County Department of Public Health	PA2	PA2- Prev	\$71,822
PCE Systems		LIDS MCIS System software / hosting	\$305,200
Public Health Muskegon County	Substance Use and Gambling Services-2024	SOR3 - Prev	\$190,732
		Michigan Gambling Disorder prevention Project	
		Prevention	
Public Health Muskegon County	PA2	PA2-Prev	\$209,424
Seyferth	Substance Use and Gambling Services-2024	Michigan Gambling Disorder prevention Project	\$59,000
		Prevention	
US Signal			\$59,500
Wakely		ISF Analysis	\$110,000
Wedgwood Christian Services	Substance Use and Gambling Services-2024	Prevention	\$70,000
Wedgwood Christian Services	PA2	PA2 Prev	\$65,000
West Michigan CMH System	Comprehensive Services for Behavioral Health	Peer Driven Tobacco Cessation	\$59,500
West Michigan CMH System	COVID-19 Substance Use and Gambling Services-2024	COVID- Treatment	\$65,000
West Michigan CMH System	Substance Use and Gambling Services-2024	WSS	\$596,887
		SOR 3 Recovery Housing	
		SOR 3 Jail based MOUD	
		SOR 3 OUD/STUD Recovery	
		SDA	
		SOR 3 OEND	
		SOR 3 Peer Outreach and Linkage	
SOR 3 OUD/SUD Treatment			

CONTRACT/ VENDOR AGENCY NAME	FUNDING SOURCE	DESCRIPTION	TOTAL
		SUD Treatment	
Zenith Technology Solutions Inc. (ZTS)			\$150,000

Lakeshore Regional Entity Board

Financial Officer Report for September 2023

9/27/2023

- **Disbursements Report** – A motion is requested to approve the August 2023 disbursements. A summary of those disbursements is included as an attachment.
- **Statement of Activities** – Report through July 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.
- **FY23 Budget Amend 2** – A motion is requested to approve the FY23 Budget Amend 2, the final amend of the fiscal year.
- **FY24 Initial Budget** - A motion is requested to approve the FY24 Initial Budget.
- **LRE Combined Monthly FSR** – The July LRE Combined Monthly FSR Report is included as an attachment for September’s meeting. Expense projections, as reported by each CMHSP, are noted. An actual surplus through July of \$9.3 million, a projected annual surplus of \$3.5 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 \$3.5 million. All CMHSPs have a projected surplus, except Network180 with a projected deficit of \$4.4 million and West Michigan with a projected deficit of \$319 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
N180	1,859,481	(659,560)	(2,519,041)	(369,056)	290,494	(218,052)	151,014	(151,281)	66,771	(290,609)	(139,328)	(1,023,418)	(732,809)	(3,028,203)	(2,004,785)	(5,089,355)	(2,061,152)	(3,474,488)	1,614,867
OnPoint	248,147	297,376	49,229	668,050	370,674	772,385	104,335	470,249	(302,136)	1,228,199	757,950	1,206,401	(21,798)	1,243,807	37,406	1,116,684	(127,123)	1,471,619	354,935
Ottawa	2,138,498	1,197,944	(940,554)	5,003,221	3,805,277	5,338,898	335,677	5,285,162	(53,736)	4,733,649	(951,513)	2,449,442	(2,284,207)	5,851,267	3,401,825	5,500,234	(351,033)	5,148,302	(351,932)
WM	329,077	360,999	31,922	578,414	217,415	949,601	371,187	1,689,859	740,258	209,270	(1,480,589)	275,002	66,332	262,894	(12,739)	204,260	(58,654)	212,724	8,464
Total	7,257,853	7,065,446	(192,237)	11,488,520	4,423,074	5,135,759	(6,352,761)	4,479,029	(658,730)	5,799,160	1,320,131	9,113,604	3,314,444	10,697,418	1,553,813	3,162,202	(7,505,216)	9,286,265	6,124,063

Projection	Oct	Nov	Change	Dec	Change	Jan	Change	Feb	Change	Mar	Change	Apr	Change	May	Change	June	Change	July	Change
N180	1,174,124	(57,296)	(1,231,416)	(335,119)	(447,929)	(546,239)	(441,299)	(1,161,316)	(635,071)	3,790,158	4,971,472	(1,628,698)	(5,416,844)	(1,506,969)	(279,373)	(1,738,250)	117,810	(4,432,875)	(2,644,625)
OnPoint	2,496,026	954,680	(1,541,346)	365,874	(598,808)	293,151	(72,723)	287,160	(25,991)	618,753	351,593	694,872	76,119	1,108,630	413,758	1,357,571	248,941	787,735	(659,836)
Ottawa	(1,204,837)	1,005,316	2,210,453	1,178,355	173,039	1,835,852	657,497	1,982,922	(27,070)	1,583,693	(379,229)	1,333,087	(250,606)	1,302,981	(30,696)	1,958,748	656,355	854,831	(1,103,915)
WM	1,693,634	1,693,634	-	1,695,885	2,251	2,097,218	401,333	1,827,064	(270,154)	(899,019)	129,963	1,028,962	(90,959)	(220,922)	74,056	165,015	(318,962)	(393,039)	-
Total	23,334,910	10,503,192	(12,831,718)	8,657,928	(1,845,264)	8,345,081	(312,847)	8,353,639	8,558	10,501,176	2,147,537	4,411,431	(6,089,745)	6,958,792	2,547,361	7,830,190	871,398	3,476,469	(4,353,731)

Proposed Spending Plan/Budget	Oct	Nov	Change	Dec	Change	Jan	Change	Feb	Change	Mar	Change	Apr	Change	May	Change	June	Change	July	Change
N180	1,886,360	1,886,358	(2)	1,886,358	-	1,886,358	-	1,886,358	-	1,886,358	-	1,886,358	(0)	1,886,358	-	1,886,358	-	1,886,358	(1,921,426)
OnPoint	2,501,588	2,501,588	-	2,501,588	-	2,501,588	-	2,501,588	-	2,501,588	-	2,501,588	(0)	2,501,588	-	2,501,588	-	2,501,588	(0)
Ottawa	4,049,008	1,005,316	(3,043,692)	1,005,316	-	1,005,316	-	1,005,316	-	1,005,316	-	627,021	(378,295)	627,021	-	627,021	-	627,021	(0)
WM	3,587,342	1,525,411	(2,061,931)	1,525,411	-	1,525,411	-	1,525,411	-	(196,388)	-	(2,321,799)	0	796,388	0	796,388	-	796,388	(0)
Total	17,875,294	12,769,869	(5,105,625)	12,769,869	-	12,769,869	-	12,769,869	-	10,447,670	(2,321,799)	10,865,962	(418,092)	10,865,962	-	10,865,963	-	7,058,179	(3,807,704)

Base Capitation Only. Does not include CCBHC activity.

CCBHC activity is included in this month’s report showing an actual surplus of \$2 million and a projected surplus of \$2.1 million, which will primarily be retained by the CCBHCs to be used to cover CCBHC expenditures in subsequent fiscal years. A budgeted surplus of \$168 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 September 20, 2023, and reviewed by Operations Advisory Council on September

20, 2023. This reporting template is still a work in progress and changes throughout the year are anticipated.

- **Cash Flow Issues** – No Member CMHSP has reported any cash flow issues.
- **ISF/Medicaid Savings Estimate & Audit Update** – On September 12, 2023, the LRE received communication from MDHHS regarding cost settlement for fiscal years 2018-2022. The letter indicates that the State only accepts the financial status reports (FSRs) originally submitted by the LRE and those FSRs should be the basis of the FY21 and FY22 Compliance Examinations. The letter also indicates that Medicaid Savings will be utilized to cover the historical deficit. The LRE is working with legal and our auditors to determine next steps.

The State has granted an audit extension for the FY22 Compliance Examination and Single Audit to October 15, 2023 at this time. However, our auditors have given a timeline of October 31, 2023 for completion of the FY21 audits and December 31, 2023. The LRE CEO and CFO will be met with MDHHS on September 21, 2023 to discuss the process outlined in the letter and the timeline provided by the auditors. The State verbally agreed to those timelines and requested that an extension request be sent to the Audit and Review Section of MDHHS, which was done on September 21, 2023.

The LRE will continue to work with auditors and legal to determine what options are available and what impact this will have on the previously reported ISF/Medicaid Savings.

- **FY 2023 Rate Setting Update** – On September 23, 2023 the LRE received an August to September 2023 capitation rate amendment which reflected the following updates:
 - The anticipated enrollment drop expected from the resumption of Medicaid eligibility redeterminations as a result of the continuous eligibility expiration
 - The anticipated change in Medicaid population acuity due to the enrollment drop

The rate amendment reflects a state-wide increase in revenue of \$2.5 million; however, the LRE is only projected to receive an additional \$50 thousand in revenue for the last two months of fiscal year 2023.

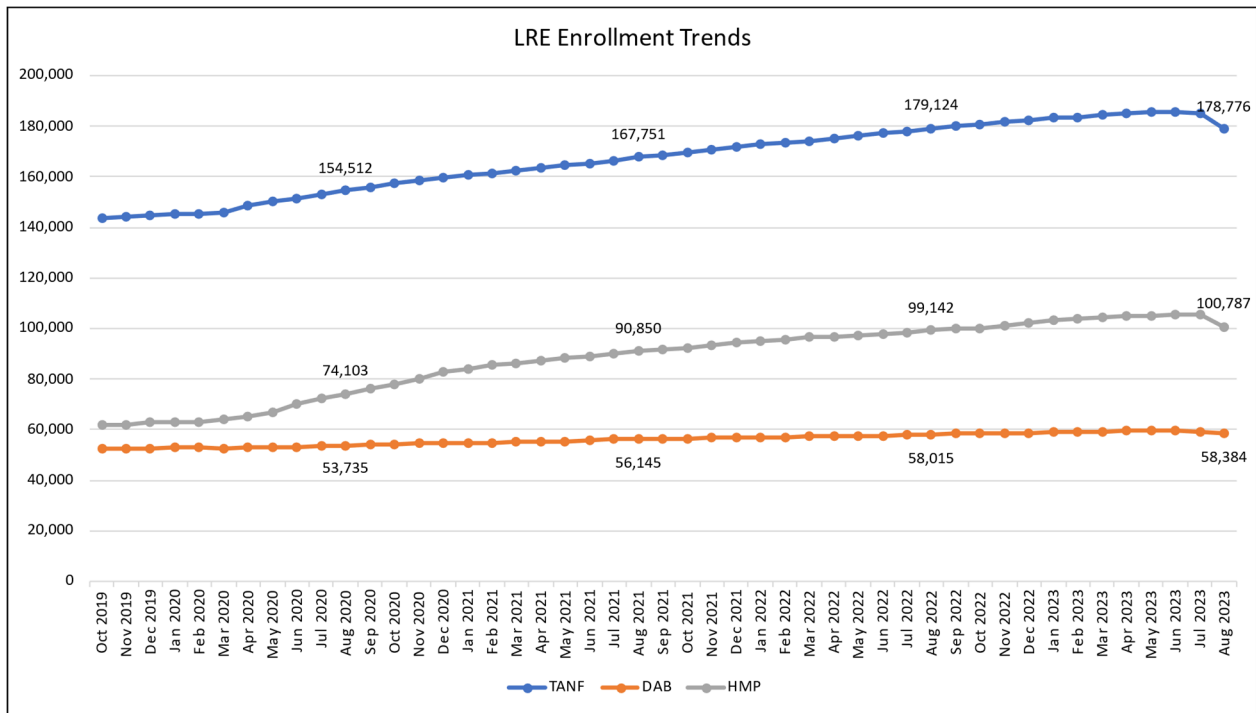
- FY 2023 Revenue Projections** – Updated revenue and membership projections by program and Member CMHSP are below. Milliman estimates that 70% of the pandemic related growth in enrollments would drop off due to redeterminations, an increase from their previous projection of 60%. August projections assume that 30% of people added during the pandemic would remain Medicaid eligible. Our original projections assumed that enrollment would return to pre-pandemic levels. Although redeterminations resumed in July, most disenrollments were delayed until August, and are expected to continue through July 2024, leveling-off in August/ September 2024. Milliman expects the largest proportion of redeterminations to occur between July and August 2023. Consistent with this, in August, the enrolled population decreased by 6,573 and unenrolled by 2,635. Overall, projected revenue decreased \$6.57 million from the July projections. This decline is attributed to the disenrollment assumptions that were applied for August and September as outlined above and a correction related to the IPA taxes not being deducted from the CMHSP's revenue.

FY 2023 Revenue Projection									
Total LRE					CMHSPs Breakdown				
	FY 23 Initial Budget Projection	FY23 Current Budget Projection	FY23 Intitial to Current Change	FY23 Intitial to Current %Change		FY 23 Initial Budget Projection	FY23 Current Budget Projection		Change
MCD - MH	\$ 230,503,748	\$ 226,115,952	\$ (4,387,796)	-1.90%	MCD - MH				
MCD - SUD	\$ 8,922,063	\$ 9,987,050	\$ 1,064,987	11.94%	Allegan	\$ 18,969,153	\$ 18,671,794	\$	(297,359)
HMP - MH	\$ 35,267,839	\$ 38,240,497	\$ 2,972,658	8.43%	Healthwest	\$ 46,816,052	\$ 45,784,973	\$	(1,031,079)
HMP - SUD	\$ 20,373,667	\$ 18,726,203	\$ (1,647,464)	-8.09%	Network180	\$ 117,079,439	\$ 114,802,078	\$	(2,277,361)
Autism	\$ 44,763,182	\$ 43,908,843	\$ (854,339)	-1.91%	Ottawa	\$ 30,887,650	\$ 30,606,407	\$	(281,243)
Waiver	\$ 46,509,162	\$ 44,161,538	\$ (2,347,624)	-5.05%	West Michigan	\$ 16,751,454	\$ 16,250,700	\$	(500,754)
LRE Admin	\$ 8,451,024	\$ 13,922,556	\$ 5,471,532	64.74%	Total MCD - MH	\$ 230,503,748	\$ 226,115,952	\$	(4,387,796)
ISF	\$ -	\$ -	\$ -	-	MCD - SUD				
IPA	\$ 4,902,840	\$ 5,053,653	\$ 150,813	3.08%	Allegan	\$ 730,726	\$ 810,815	\$	80,089
Total Region	\$ 399,693,525	\$ 400,116,293	\$ 422,768	0.11%	Healthwest	\$ 1,897,354	\$ 2,117,785	\$	220,431
Total CMHSPs					Network180	\$ 4,481,652	\$ 5,023,495	\$	541,842
	FY 23 Initial Budget Projection	FY23 Current Budget Projection	FY23 Intitial to Current Change	FY23 Intitial to Current %Change	Ottawa	\$ 1,138,491	\$ 1,281,502	\$	143,012
Allegan	\$ 34,101,811	\$ 33,717,439	\$ (384,372)	-1.13%	West Michigan	\$ 673,840	\$ 753,453	\$	79,614
Healthwest	\$ 80,471,573	\$ 79,266,964	\$ (1,204,609)	-1.50%	Total MCD - SUD	\$ 8,922,063	\$ 9,987,050	\$	1,064,987
Network180	\$ 190,822,853	\$ 188,242,877	\$ (2,579,976)	-1.35%	HMP - MH				
Ottawa	\$ 53,873,029	\$ 53,455,565	\$ (417,464)	-0.77%	Allegan	\$ 2,697,512	\$ 2,896,432	\$	198,919
West Michigan	\$ 27,070,395	\$ 26,457,238	\$ (613,157)	-2.27%	Healthwest	\$ 7,106,018	\$ 7,574,113	\$	468,095
Total CMHSPs	\$ 386,339,661	\$ 381,140,083	\$ (5,199,578)	-1.35%	Network180	\$ 17,910,233	\$ 19,530,837	\$	1,620,604
Average PMPM					Ottawa	\$ 5,066,277	\$ 5,576,627	\$	510,350
	FY 23 Initial Budget Projection	FY23 Current Budget Projection		Change	West Michigan	\$ 2,487,798	\$ 2,662,490	\$	174,691
Allegan	\$ 100.97	\$ 96.36	\$	(4.62)	Total HMP - MH	\$ 35,267,839	\$ 38,240,497	\$	2,972,658
Healthwest	\$ 101.53	\$ 98.40	\$	(3.13)	HMP - SUD				
Network180	\$ 91.31	\$ 87.44	\$	(3.86)	Allegan	\$ 1,541,824	\$ 1,416,714	\$	(125,110)
Ottawa	\$ 90.89	\$ 85.42	\$	(5.47)	Healthwest	\$ 4,222,890	\$ 3,837,291	\$	(385,599)
West Michigan	\$ 95.99	\$ 92.27	\$	(3.72)	Network180	\$ 10,362,966	\$ 9,525,523	\$	(837,443)
Total CMHSPs	\$ 94.34	\$ 90.30	\$	(4.04)	Ottawa	\$ 2,794,857	\$ 2,607,853	\$	(187,004)
					West Michigan	\$ 1,451,130	\$ 1,338,821	\$	(112,308)
					Total HMP - SUD	\$ 20,373,667	\$ 18,726,203	\$	(1,647,464)
					Autism				
					Allegan	\$ 3,937,779	\$ 3,904,783	\$	(32,996)
					Healthwest	\$ 9,028,145	\$ 9,002,268	\$	(25,877)
					Network180	\$ 22,522,287	\$ 21,985,575	\$	(536,712)
					Ottawa	\$ 6,591,085	\$ 6,440,699	\$	(150,386)
					West Michigan	\$ 2,683,886	\$ 2,575,519	\$	(108,367)
					Total Autism	\$ 44,763,182	\$ 43,908,843	\$	(854,339)
					Waiver				
					Allegan	\$ 6,224,816	\$ 6,016,902	\$	(207,915)
					Healthwest	\$ 11,401,115	\$ 10,950,535	\$	(450,579)
					Network180	\$ 18,466,274	\$ 17,375,369	\$	(1,090,905)
					Ottawa	\$ 7,394,670	\$ 6,942,477	\$	(452,193)
					West Michigan	\$ 3,022,287	\$ 2,876,255	\$	(146,032)
					Total Waiver	\$ 46,509,162	\$ 44,161,538	\$	(2,347,624)
Member Month Projection									
	FY 23 Initial Budget Projection	FY23 Current Budget Projection		Change					
Allegan	337,728	349,928		12,200					
Healthwest	792,624	805,574		12,950					
Network180	2,089,944	2,152,702		62,758					
Ottawa	592,704	625,767		33,063					
West Michigan	282,012	286,731		4,719					
Total Member Months	4,095,012	4,220,702		125,690					

- FY 2024 Rate Setting Update** – A Redetermination and PIHP FY23/FY24 Rates meeting occurred on August 23, 2023. The State’s actuary reported that they are now projecting a 70% decrease in the enrollment growth since 2020, up from 60% they previously reported. The State’s Actuarial division reported on September 21, 2023, at the MDHHS CCBHC PIHP Bimonthly Meeting, that they are expecting to send out final FY24 rates on Monday, September 25, 2023.
- FY 2024 Revenue Projections** – Updated revenue projections were completed based on the rate information received as a result of the August 23, 2023 rate setting meeting. Spending Plans have been received from all five member CMHSPs. As of September 21, 2023, the LRE is continuing to work with the member CMHSPs to finalize those Spending Plans.

FY 2024 Revenue Projection									
Total LRE				CMHSPs Breakdown					
	FY23 Budget Projection (August)	FY24 Current Budget Projection	FY23 to FY24 Current Change	FY23 to FY24 Current % Change	FY23 Budget Projection (August)	FY24 Initial Budget Projection	FY24 Current Budget Projection		Change
MCD - MH	\$ 226,115,932	\$ 205,675,585	\$ (22,440,347)	-9.92%					
MCD - SUD	\$ 9,847,050	\$ 8,149,956	\$ (1,697,094)	-18.39%	Allegan	\$ 18,671,794	\$ 17,628,958	\$ 16,941,362	\$ (1,730,432)
HMP - MH	\$ 38,240,897	\$ 16,796,849	\$ (21,444,049)	-56.08%	Healthwest	\$ 45,784,973	\$ 43,773,040	\$ 40,007,751	\$ (5,777,230)
HMP - SUD	\$ 18,726,203	\$ 10,714,364	\$ (8,011,838)	-42.78%	Network180	\$ 114,802,078	\$ 110,633,408	\$ 105,320,701	\$ (9,481,377)
Autism	\$ 43,908,843	\$ 44,647,077	\$ 738,233	1.68%	Ottawa	\$ 30,606,407	\$ 29,409,075	\$ 28,483,488	\$ (1,122,919)
Walker	\$ 44,161,538	\$ 54,518,907	\$ 10,357,369	23.45%	West Michigan	\$ 16,250,700	\$ 15,579,636	\$ 12,922,281	\$ (3,328,419)
CCBHC MCD Base Cap	\$ -	\$ 27,747,426	\$ 27,747,426		Total MCD - MH	\$ 226,115,932	\$ 217,036,117	\$ 205,675,585	\$ (22,440,347)
CCBHC HMP Base Cap	\$ -	\$ 8,304,976	\$ 8,304,976						
CCBHC MCD Supplemental	\$ -	\$ 32,214,873	\$ 32,214,873						
CCBHC HMP Supplemental	\$ -	\$ 9,258,912	\$ 9,258,912						
LRE Admin	\$ 13,922,556	\$ 13,922,556	\$ -	0.00%	Total MCD - SUD	\$ 9,847,050	\$ 8,155,470	\$ 8,149,956	\$ (1,697,094)
ISF	\$ -	\$ -	\$ -		Allegan	\$ 810,815	\$ 740,224	\$ 679,398	\$ (131,417)
IPA	\$ 5,052,653	\$ 4,450,035	\$ (602,617)	-11.94%	Healthwest	\$ 2,117,785	\$ 1,938,957	\$ 1,666,965	\$ (450,819)
Total Region	\$ 400,118,293	\$ 434,903,117	\$ 34,784,824	8.69%	Network180	\$ 5,023,495	\$ 4,596,526	\$ 4,169,524	\$ (853,970)
					Ottawa	\$ 1,281,502	\$ 1,185,378	\$ 1,087,560	\$ (193,942)
					West Michigan	\$ 773,453	\$ 694,385	\$ 546,509	\$ (226,943)
					Total MCD - SUD	\$ 9,847,050	\$ 8,155,470	\$ 8,149,956	\$ (1,697,094)
Total CMHSPs				HMP - MH					
	FY23 Budget Projection (August)	FY24 Current Budget Projection	FY23 to FY24 Current Change	FY23 to FY24 Current % Change					Change
Allegan	\$ 33,717,439	\$ 39,178,091	\$ 5,460,652	16.20%	Allegan	\$ 2,896,432	\$ 2,304,985	\$ 1,500,180	\$ (1,396,251)
Healthwest	\$ 79,266,964	\$ 87,749,279	\$ 8,482,315	10.70%	Healthwest	\$ 7,574,113	\$ 5,943,486	\$ 3,386,911	\$ (4,187,182)
Network180	\$ 188,242,877	\$ 201,171,122	\$ 12,928,246	6.87%	Network180	\$ 10,530,837	\$ 15,458,082	\$ 8,373,205	\$ (11,157,632)
Ottawa	\$ 53,455,565	\$ 55,721,155	\$ 2,265,590	4.24%	Ottawa	\$ 5,576,627	\$ 4,458,463	\$ 2,845,576	\$ (2,731,050)
West Michigan	\$ 26,452,238	\$ 32,708,877	\$ 6,256,639	23.65%	West Michigan	\$ 2,662,490	\$ 2,080,005	\$ 690,557	\$ (1,971,933)
Total CMHSPs	\$ 381,146,083	\$ 434,526,525	\$ 53,380,441	9.28%	Total HMP - MH	\$ 30,240,437	\$ 26,245,020	\$ 16,796,449	\$ (13,444,045)
Average PMPM				HMP - SUD					
	FY23 Budget Projection (August)	FY24 Current Budget Projection							Change
Allegan	\$ 97.25	\$ 126.64		Allegan	\$ 1,416,714	\$ 1,287,401	\$ 956,002	\$ (460,112)	
Healthwest	\$ 99.59	\$ 123.39		Healthwest	\$ 3,817,291	\$ 3,485,931	\$ 2,249,266	\$ (1,568,025)	
Network180	\$ 88.64	\$ 106.38		Network180	\$ 9,525,523	\$ 8,661,120	\$ 5,324,946	\$ (4,200,577)	
Ottawa	\$ 85.42	\$ 100.77		Ottawa	\$ 2,607,853	\$ 2,378,104	\$ 1,726,096	\$ (881,747)	
West Michigan	\$ 93.47	\$ 129.25		West Michigan	\$ 1,238,821	\$ 1,214,006	\$ 857,464	\$ (381,357)	
Total CMHSPs	\$ 90.30	\$ 112.04		Total HMP - SUD	\$ 18,726,203	\$ 17,626,563	\$ 10,714,364	\$ (8,011,838)	
Member Month Projection				Autism					
	FY23 Budget Projection (August)	FY24 Current Budget Projection							Change
Allegan	\$ 349,928	\$ 309,361		Allegan	\$ 3,904,783	\$ 3,888,638	\$ 3,977,275	\$ 72,492	
Healthwest	\$ 805,574	\$ 711,157		Healthwest	\$ 9,002,268	\$ 8,956,110	\$ 9,116,987	\$ 114,718	
Network180	\$ 2,152,702	\$ 1,891,117		Network180	\$ 21,985,575	\$ 22,048,431	\$ 22,362,976	\$ 377,401	
Ottawa	\$ 625,767	\$ 552,957		Ottawa	\$ 6,440,699	\$ 6,448,522	\$ 6,555,902	\$ 115,204	
West Michigan	\$ 286,731	\$ 253,070		West Michigan	\$ 2,575,529	\$ 2,564,151	\$ 2,633,837	\$ 58,439	
Total Member Months	\$ 4,226,702	\$ 3,717,662		Total Autism	\$ 43,908,843	\$ 43,365,853	\$ 44,647,077	\$ 738,233	
				Walker					
									Change
Allegan	\$ -	\$ -		Allegan	\$ 6,016,902	\$ 6,209,961	\$ 6,660,136	\$ 643,235	
Healthwest	\$ -	\$ -		Healthwest	\$ 10,950,535	\$ 11,406,278	\$ 13,388,342	\$ 2,437,627	
Network180	\$ -	\$ -		Network180	\$ 17,375,369	\$ 18,182,321	\$ 21,820,210	\$ 4,444,841	
Ottawa	\$ -	\$ -		Ottawa	\$ 6,942,477	\$ 7,439,019	\$ 8,645,719	\$ 1,703,241	
West Michigan	\$ -	\$ -		West Michigan	\$ 2,876,255	\$ 2,949,476	\$ 3,304,079	\$ 428,424	
Total Walker	\$ -	\$ -		Total Walker	\$ 44,161,538	\$ 46,287,054	\$ 54,518,907	\$ 10,357,369	
				CCBHC - CMHSPs Breakdown					
	FY23 Budget Projection (August)	FY24 Initial Budget Projection	FY24 Current Budget Projection	Change					Change
Allegan	\$ -	\$ -	\$ 1,819,808	\$ 1,819,808					
Healthwest	\$ -	\$ -	\$ 7,143,682	\$ 7,143,682					
Network180	\$ -	\$ -	\$ 12,216,192	\$ 12,216,192					
Ottawa	\$ -	\$ -	\$ 2,730,299	\$ 2,730,299					
West Michigan	\$ -	\$ -	\$ 3,837,445	\$ 3,837,445					
Total	\$ -	\$ -	\$ 27,747,426	\$ 27,747,426					
				HMP - CCBHC Base Capitation					
Allegan	\$ -	\$ -	\$ 293,368	\$ 293,368					
Healthwest	\$ -	\$ -	\$ 1,623,965	\$ 1,623,965					
Network180	\$ -	\$ -	\$ 4,732,673	\$ 4,732,673					
Ottawa	\$ -	\$ -	\$ 654,508	\$ 654,508					
West Michigan	\$ -	\$ -	\$ 1,400,462	\$ 1,400,462					
Total	\$ -	\$ -	\$ 8,704,976	\$ 8,704,976					
				MCD - CCBHC Supplemental Revenue					
Allegan	\$ -	\$ -	\$ 5,302,027	\$ 5,302,027					
Healthwest	\$ -	\$ -	\$ 7,356,553	\$ 7,356,553					
Network180	\$ -	\$ -	\$ 12,781,571	\$ 12,781,571					
Ottawa	\$ -	\$ -	\$ 2,274,641	\$ 2,274,641					
West Michigan	\$ -	\$ -	\$ 4,700,081	\$ 4,700,081					
Total	\$ -	\$ -	\$ 32,214,873	\$ 32,214,873					
				HMP - CCBHC Supplemental Revenue					
Allegan	\$ -	\$ -	\$ 1,047,936	\$ 1,047,936					
Healthwest	\$ -	\$ -	\$ 1,809,015	\$ 1,809,015					
Network180	\$ -	\$ -	\$ 4,069,124	\$ 4,069,124					
Ottawa	\$ -	\$ -	\$ 717,375	\$ 717,375					
West Michigan	\$ -	\$ -	\$ 1,715,462	\$ 1,715,462					
Total	\$ -	\$ -	\$ 9,358,912	\$ 9,358,912					

- Financial Data/Charts** – The chart below shows regional eligibility trends by population. The number of Medicaid eligible individuals in our region determines the amount of revenue the LRE receives each month. Data is shown for October 2019 – August 2023. The LRE also receives payments for other individuals who are not listed on these charts but are eligible for behavioral health services (i.e. individuals enrolled and eligible for the Habilitation Supports Waiver (HSW) program). Due to the end of the PHE, Medicaid eligibility redeterminations resumed in July with many disenrollments occurring in August.



- **Funding Issues** – Bruce Bridges presented the following updated data at the September 21, 2023 CMHAM Contract and Financial Issues (CFI) meeting:

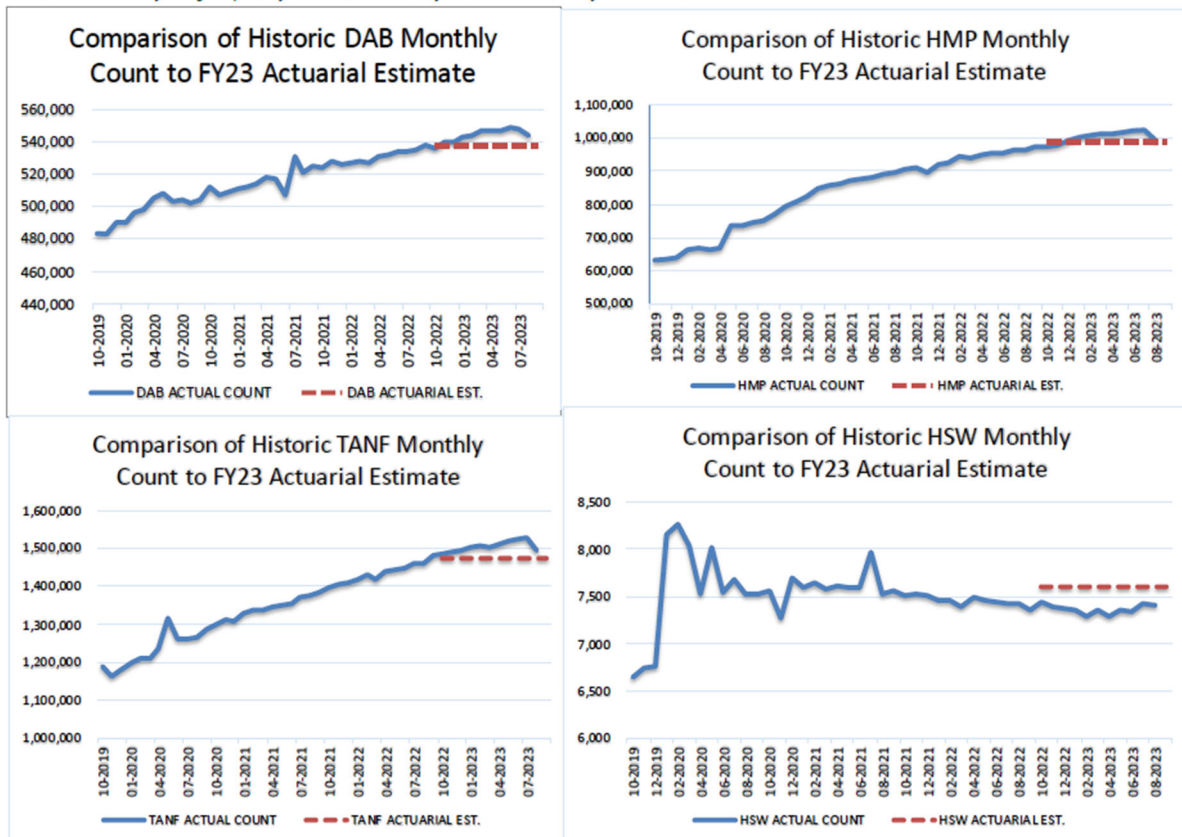
Community Mental Health Association of Michigan - Comparison of Actuarial Projected Funding versus Actual Funding Advances FY23
As of: 9/12/23

Funding per Date Comparison *	YTD of Projected Funding in Certification	Actual Advanced on A YTD Basis	Number of Months of Advances	Year to Date Over+ & (Under -)	Percentage Advanced
DAB Capitation Behavioral Health	\$ 1,824,279,282	\$ 1,825,059,187	11	\$779,905	100.0%
DAB Capitation Substance Use Disorder	\$ 38,133,333	\$ 36,752,658	11	(\$1,380,676)	96.4%
TANF Capitation Behavioral Health	\$ 373,756,064	\$ 379,728,010	11	\$5,971,945	101.6%
TANF Capitation Substance Use Disorder	\$ 43,083,333	\$ 44,810,270	11	\$1,726,937	104.0%
HSW,CWP, & SED Payments	\$ 527,575,338	\$ 507,643,203	11	(\$19,932,135)	96.2%
HMP Capitation Behavioral Health	\$ 323,100,000	\$ 326,291,204	9	\$3,191,204	101.0%
HMP Capitation Substance Use Disorder	\$ 126,675,000	\$ 129,490,977	9	\$2,815,977	102.2%
Autism all Populations	\$ 247,500,000	\$ 248,921,557	11**	\$1,421,557	100.6%
CCBHC Demonstration	\$ 112,040,945	\$ 97,134,078	11	(\$14,906,867)	86.7%
Total:	\$ 3,616,143,296	\$ 3,595,831,144	-	(\$20,312,153)	99.4%

Capitation Populations	*Projected Per Certification Document	Actual Paid Census	Difference	As a Percentage
DAB Average Population per month	537,992	544,266	6,274	101.2%
TANF Average Population per month	1,473,957	1,505,740	31,782	102.2%
HMP Average Population per month	987,416	1,000,377	12,961	101.3%
HSW Average paid per month	7,606	7,363	(243)	96.8%

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

** There is a small HMP funding component for Autism services that information is not included for two months



Public Health Emergency Comparison	DAB	HMP	TANF	All Populations
Approx. Monthly PHE Start Count	486,718	642,395	1,182,755	2,311,868
Current Actuarial Expectation Count/Mo.	537,992	987,416	1,473,957	2,999,365
Difference	51,274	345,021	291,203	687,498
% Higher than PHE Start:	11%	54%	25%	30%

- **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 August 31, 2023		
4/30/2022	BYLAWS/OPERATING AGREEMENT	5,700.00
7/28/2022	BYLAWS/OPERATING AGREEMENT	6,500.00
	BYLAWS/OPERATING AGREEMENT TOTAL	12,200.00
11/30/2021	CCHBC SUPPORT	812.50
	CCHBC SUPPORT TOTAL	812.50
2/11/2022	GENERAL/OTHER	325.00
1/16/2023	GENERAL/OTHER	10,000.00
2/3/2023	GENERAL/OTHER	250.00
	GENERAL/OTHER TOTAL	10,575.00
10/31/2021	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
	HEALTHWEST LITIGATION TOTAL	41,275.94
10/31/2021	MANAGED CARE/MDHHS CONTRACT	17,058.00
11/30/2021	MANAGED CARE/MDHHS CONTRACT	9,992.00
12/31/2021	MANAGED CARE/MDHHS CONTRACT	5,202.00
1/25/2022	MANAGED CARE/MDHHS CONTRACT	23,501.31
2/17/2022	MANAGED CARE/MDHHS CONTRACT	9,280.00
2/17/2022	MANAGED CARE/MDHHS CONTRACT	17,125.00
2/28/2022	MANAGED CARE/MDHHS CONTRACT	20,051.20
2/28/2022	MANAGED CARE/MDHHS CONTRACT	6,312.50
3/31/2022	MANAGED CARE/MDHHS CONTRACT	4,032.00
4/11/2022	MANAGED CARE/MDHHS CONTRACT	421.50
6/24/2022	MANAGED CARE/MDHHS CONTRACT	2,863.57
7/25/2022	MANAGED CARE/MDHHS CONTRACT	6,788.23
8/22/2022	MANAGED CARE/MDHHS CONTRACT	4,437.50
8/25/2022	MANAGED CARE/MDHHS CONTRACT	16,806.40
9/29/2022	MANAGED CARE/MDHHS CONTRACT	20,832.00
9/30/2022	MANAGED CARE/MDHHS CONTRACT	23,104.65
10/31/2022	MANAGED CARE/MDHHS CONTRACT	9,307.00
11/30/2022	MANAGED CARE/MDHHS CONTRACT	33,792.00
11/30/2022	EARLY PAYMENT DISCOUNT	(5,068.80)
12/31/2022	MANAGED CARE/MDHHS CONTRACT	31,494.10
1/31/2023	MANAGED CARE/MDHHS CONTRACT	25,683.40
2/28/2023	MANAGED CARE/MDHHS CONTRACT	7,472.60
3/31/2023	MANAGED CARE/MDHHS CONTRACT	3,371.20
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)
	MANAGED CARE/MDHHS CONTRACT TOTAL	333,335.92
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
	NETWORK 180 LITIGATION TOTAL	51,736.53
	GRAND TOTAL	\$ 449,935.89



BOARD ACTION REQUEST

Subject: August 2023 Disbursements

Meeting Date: September 27, 2023

RECOMMENDED MOTION:

To approve the August 2023 disbursements of \$40,916,018.68 as presented.

SUMMARY OF REQUEST/INFORMATION:

<u>Disbursements:</u>	
Allegan County CMH	\$4,234,923.44
Healthwest	\$7,182,542.85
Network 180	\$17,484,822.68
Ottawa County CMH	\$4,496,891.58
West Michigan CMH	\$1,970,988.17
SUD Prevention Expenses	\$174,203.03
Hospital Reimbursement Adjuster (HRA)	\$3,617,460.00
SUD Public Act 2 (PA2)	\$177,311.50
Administrative Expenses	\$1,576,875.43
Total:	\$40,916,018.68

87.25% 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: 9/19/2023



Proposed Statement of Revenues, Expenditures & Changes in Fund Balance
Fiscal Year Ending 9/30/2023

	FY 2022/2023 Am 1 Budget	FY 2022/2023 Am 2 Budget	Increase / (Decrease)	Change %
Revenue				
Regional Operating Revenue				
Mental Health State Plan & 1915(i)	\$ 214,761,304	\$ 226,566,231	\$ 11,804,927	5.5%
Habilitation Supports Waiver (HSW)	41,535,890	39,872,972	(1,662,918)	-4.0%
Children's Waiver	2,613,068	2,844,744	231,676	8.9%
SED Waiver	1,023,235	1,443,823	420,589	41.1%
DHS Incentive Payment	471,247	471,247	-	0.0%
Autism Revenue	43,517,457	43,908,843	391,386	0.9%
Mental Health Healthy Michigan	39,257,124	33,056,943	(6,200,180)	-15.8%
Mental Health Block Grant - Veteran Navigator	110,000	110,000	-	0.0%
Block Grants - Hisp BH, Native Am, Tob, Clubhse,				3.8%
ARPA CCBHC	713,560	741,028	27,468	
Substance Use Gambling, ARPA & DFC	1,009,060	820,912	(188,148)	-18.6%
Substance Use State Plan	10,012,234	9,987,050	(25,184)	-0.3%
Substance Use Healthy Michigan	19,214,908	18,726,203	(488,705)	-2.5%
Substance Use Block, State Opioid Response, COVID-19	11,447,558	12,515,255	1,067,697	9.3%
Performance Bonus Incentive Pool	2,819,234	2,819,234	-	0.0%
Substance Use PA2 Liquor Tax	3,249,131	4,649,131	1,400,000	43.1%
Medicaid CCBHC Base Capitation	15,591,288	18,525,931	2,934,643	18.8%
Healthy Michigan CCBHC Base Capitation	4,260,333	5,183,554	923,221	21.7%
Medicaid CCBHC Supplemental	9,783,024	6,208,093	(3,574,931)	-36.5%
Healthy Michigan CCBHC Supplemental	3,281,229	2,110,316	(1,170,913)	-35.7%
CCBHC General Funds	693,898	493,278	(200,620)	-28.9%
Hospital Rate Adjuster (HRA)	9,518,432	12,576,256	3,057,824	32.1%
Interest Earnings	299,487	640,059	340,572	113.7%
Member Local Contribution to State Medicaid	1,007,548	1,007,548	-	0.0%
Miscellaneous Revenue	15,500	5,500	(10,000)	-64.5%
Total Revenue	\$ 436,205,747	\$ 445,284,150	\$ 9,078,403	
Expense				
Regional Operating Expenses				
Administration expense	\$ 13,922,557	\$ 11,285,351	\$ (2,637,206)	-18.9%
Block Grants -				
Gamb/Veterans/Hisp/Tob/NatAm	989,860	951,478	(38,382)	-3.9%
SUD Prevention Direct Expenses	3,034,456	2,905,963	(128,493)	-4.2%
Hospital Rate Adjustment / Taxes	14,496,332	17,629,909	3,133,577	21.6%
Operating Expense - Member Payments	402,754,995	408,866,695	6,111,700	1.5%
Contribution to ISF/Savings	-	2,637,206	2,637,206	0.0%
Direct Care Wage Lapse	-	-	-	0.0%
Local Contribution to State Medicaid	1,007,548	1,007,548	-	0.0%
Total Expense	\$ 436,205,747	\$ 445,284,150	\$ 9,078,402	
Revenue Over/(Under) Expense	(0)	0		



Proposed Statement of Revenues, Expenditures & Changes in Fund Balance
Fiscal Year Ending 9/30/2024

	FY 2022/2023	FY 2023/2024	Increase /	Change
	Final Am 2	Initial	(Decrease)	%
	Budget	Budget		
Revenue				
Regional Operating Revenue				
Mental Health State Plan & 1915(i)	\$ 226,566,231	\$ 222,048,177	\$ (4,518,054)	-2.0%
Habilitation Supports Waiver (HSW)	39,872,972	49,521,854	9,648,882	24.2%
Children's Waiver	2,844,744	3,242,736	397,993	14.0%
SED Waiver	1,443,823	1,754,317	310,494	21.5%
DHS Incentive Payment	471,247	471,247	-	0.0%
Autism Revenue	43,908,843	44,647,077	738,233	1.7%
Mental Health Healthy Michigan	33,056,943	16,796,449	(16,260,495)	-49.2%
Mental Health Block Grant - Veteran Navigator	110,000	110,000	-	0.0%
Block Grants - Hisp BH, Native Am, Tob, Clubhse,				
ARPA CCBHC	741,028	435,800	(305,228)	-41.2%
Substance Use Gambling, ARPA & DFC	820,912	965,861	144,949	17.7%
Substance Use State Plan	9,987,050	8,149,956	(1,837,094)	-18.4%
Substance Use Healthy Michigan	18,726,203	10,714,364	(8,011,838)	-42.8%
Substance Use Block, State Opioid Response,				
COVID-19	12,515,255	11,941,134	(574,121)	-4.6%
Performance Bonus Incentive Pool	2,819,234	2,819,234	-	0.0%
Substance Use PA2 Liquor Tax	4,649,131	3,748,366	(900,766)	-19.4%
Medicaid CCBHC Base Capitation	18,525,931	27,747,426	9,221,496	49.8%
Healthy Michigan CCBHC Base Capitation	5,183,554	8,704,976	3,521,422	67.9%
Medicaid CCBHC Supplemental	6,208,093	32,214,873	26,006,780	418.9%
Healthy Michigan CCBHC Supplemental	2,110,316	9,358,912	7,248,596	343.5%
CCBHC General Funds	493,278	-	(493,278)	-100.0%
Hospital Rate Adjuster (HRA)	12,576,256	12,576,256	-	0.0%
Interest Earnings	640,059	640,059	-	0.0%
Member Local Contribution to State Medicaid	1,007,548	1,007,548	-	0.0%
Miscellaneous Revenue	5,500	5,500	-	0.0%
Total Revenue	\$ 445,284,150	\$ 469,622,121	\$ 24,337,971	
Expense				
Regional Operating Expenses				
Administration expense	\$ 11,285,351	\$ 13,922,557	\$ 2,637,206	23.4%
Block Grants - Gambl/Veterans/Hisp/Tob/NatAm	951,478	670,800	(280,678)	-29.5%
SUD Prevention Direct Expenses	2,905,963	3,152,694	246,731	8.5%
Hospital Rate Adjustment / Taxes	17,629,909	17,026,291	(603,618)	-3.4%
Operating Expense - Member Payments	408,866,695	433,842,231	24,975,536	6.1%
Contribution to ISF/Savings	2,637,206	-	(2,637,206)	-100.0%
Local Contribution to State Medicaid	1,007,548	1,007,548	-	0.0%
Total Expense	\$ 445,284,150	\$ 469,622,121	\$ 24,337,972	
Revenue Over/(Under) Expense	0	(0)		



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

As of Date: 7/31/23

Change in Net Assets	Year Ending 9/30/2023	7/31/2023		
	FY23 Budget <i>Amendment 1</i>	Budget to Date	Actual	Actual to Budget Variance
Operating Revenues				
Medicaid, HSW, SED, & Children's Waiver	285,537,018	237,947,515	245,244,123	7,296,608
Autism Revenue	43,517,457	36,264,548	37,930,574	1,666,027
DHS Incentive	471,247	392,706	240,918	(151,787)
Healthy Michigan	62,732,364	52,276,970	50,402,285	(1,874,685)
Performance Bonus Incentive	2,819,234	2,349,362		(2,349,362)
Hospital Rate Adjuster (HRA)	9,518,432	7,932,027	9,432,192	1,500,165
Local Match Revenue (Members)	1,007,548	839,623	587,736	(251,887)
CCBHC Supplemental Revenue	13,064,253	10,886,878	6,607,710	(4,279,167)
CCBHC General Funds	693,898	578,248	493,278	(84,970)
MDHHS Grants	13,155,178	10,962,648	7,071,046	(3,891,602)
PA 2 Liquor Tax	3,249,131	2,707,609	3,435,038	727,429
Non-MDHHS Grants: DFC	125,000	104,167	100,512	(3,655)
Interest Revenue	299,487	249,573	524,480	274,908
Miscellaneous Revenue	15,500	12,917	-	(12,917)
Total Operating Revenues	436,205,747	363,504,789	362,069,894	(1,434,895)
Expenditures				
Salaries and Fringes	3,871,353	3,226,128	3,451,122	224,995
Office and Supplies Expense	259,630	216,358	131,023	(85,336)
Contractual and Consulting Expenses	888,445	740,371	573,210	(167,161)
Managed Care Information System (PCE)	305,200	254,333	246,000	(8,333)
Legal Expense	242,153	201,794	215,357	13,563
Utilities/Conferences/Mileage/Misc Exps	8,355,776	6,963,147	203,655	(6,759,491)
Grants - MDHHS & Non-MDHHS	989,860	824,883	299,557	(525,327)
Taxes, HRA, and Local Match	15,503,880	12,919,900	14,831,529	1,911,629
Prevention Expenses - Grant & PA2	3,034,456	2,528,713	3,043,530	514,816
Contribution to ISF/Savings	-	-	-	-
Member Payments - Medicaid/HMP	356,798,513	297,332,094	299,336,125	2,004,031
Member Payments - CCBHC Capitation	20,545,519	17,121,266	17,849,688	728,422
Member Payments - CCBHC Supplemental	13,064,253	10,886,878	4,954,351	(5,932,526)
Member Payments - CCBHC General Funds	693,898	578,248	493,278	(84,970)
Member Payments - PA2 Treatment	2,001,942	1,668,285	681,213	(987,072)
Member Payments - Grants	9,650,869	8,042,391	5,163,908	(2,878,483)
Total Expenditures	436,205,747	363,504,789	351,473,546	(12,031,244)
Total Change in Net Assets	-	-	10,596,348	10,596,348



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

As of Date: 7/31/23

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. Amounts are based on encounter data that supports services to Foster Care and CPS children. Adjustments to be made during next amendment.
Healthy Michigan	N/A - Closely aligned with the current budget projections.
Performance Bonus Incentive	Revenue is received after the end of the fiscal year if health plan performance metrics are met.
Hospital Rate Adjuster	Revenue is received quarterly. Fourth quarter payment is expected in FY24. Adjustment to be made in next amendment.
Local Match Revenue	Local match requirement for FY23 was reduced. Adjustment to be made during next amendment.
CCBHC Supplemental Revenue	Rates were decreased for FY23. Adjustment to be made during next amendment.
CCBHC General Funds	Funds received were less than projected. Adjustments to be made during next amendment.
MDHHS Grants	SUD grant payments changed to quarterly in FY23. Recent allocation increases will be drawn down as the year goes on.
PA 2 Liquor Tax	PA2 revenues are received after the Department of Treasury issues payments to the counties. More payments are expected for the 3rd quarter.
Non-MDHHS Grants: DFC	N/A - Closely aligned with the current budget projections.
Interest Revenue	Interest earned on savings, including the LRE's CD, is up.
Miscellaneous Revenue	No miscellaneous funds received as of this report. Funds are expected periodically throughout the year for trainings and Talksooner subscriptions.

Expenditures

Salaries and Fringes	Slightly over budget due to a new grant for workforce stabilization that the LRE received for retention bonuses tied to wellness activities and training. Adjustments to be made during next amendment.
Office and Supplies	Spending is under, adjustments to be made during amendment.
Contractual/Consulting	Spending is under, adjustments to be made during amendment.
Managed Care Info Sys	N/A - Closely aligned with the current budget projections.
Legal Expense	Actual expenditures are exceeding current target. Adjustments to be made during next amendment.
Utilities/Conf/Mileage/Misc	This line item includes the LRE's contingency fund and will be monitored for adjustments during the next amendment.
Grants - MDHHS & Non-MDHHS	Most of these payments are billed to the LRE and paid by MDHHS 45-60 days in arrears. In addition, as noted above, some grants are being paid quarterly.
Taxes/HRA/Local Match	Actual HRA expenditures are exceeding current target. Adjustments to be made during next amendment.
Prevention Exps - Grant/PA2	Proposed amendments will result in a closer alignment of budget to actual in this category.
Contribution to ISF	N/A - Spending will be monitored per LRE's Risk Management Plan
Member Med/HMP Payments	N/A - Closely aligned with the current budget projections.
Member CCBHC Capitation	N/A - Closely aligned with the current budget projections.
Member CCBHC Supplemental	CCBHC PPS-1 Supplemental Payments are based on actual eligible daily visits reported. PPS-1 rates were decreased retroactively for FY23. Adjustments to be made during next amendment.
Member CCBHC GF	Amount for FY23 was reduced. Planned amendment will adjust to actual revenue/expenditures.
Member PA2 Tx Payments	Billings against this line item typically occur after other grant funding is applied. Spending will be monitored to assess deferrals for future use.
Member Grant Payments	Proposed amendments will result in a closer alignment of budget to actual in this category.



Lakeshore Regional Entity Combined Monthly FSR Summary

FY 2023
July 2023 Reporting Month
Reporting Date: 09/20/2023

	HealthWest	Network180	OnPoint	Ottawa	West Michigan	LRE	Total
ACTUAL:							
Distributed Medicaid/HMP Revenue							
Medicaid	38,402,682	112,666,815	21,089,121	31,831,158	10,907,551	3,711,101	218,608,429
Autism	7,758,235	18,955,908	3,367,229	5,553,357	2,216,345	496,222	38,347,295
Healthy Michigan	7,500,640	24,992,670	3,708,071	7,024,740	1,447,238	613,045	45,286,403
Total Distributed Medicaid/HMP Revenue	53,661,556	156,615,393	28,164,421	44,409,255	14,571,134	4,820,367	302,242,127
Capitated Expense							
Medicaid	39,023,281	118,406,617	21,629,856	30,380,136	12,389,666	3,711,101	225,540,657
Autism	2,059,507	20,831,172	1,757,008	4,365,870	647,895	496,222	30,157,673
Healthy Michigan	6,650,661	20,852,092	3,305,939	4,514,947	1,320,850	613,045	37,257,532
Total Capitated Expense	47,733,449	160,089,881	26,692,802	39,260,953	14,358,411	4,820,367	292,955,863
Actual Surplus (Deficit)	5,928,107	(3,474,488)	1,471,619	5,148,302	212,724	-	9,286,265
% Variance	11.05%	-2.22%	5.23%	11.59%	1.46%	0.00%	
Information regarding Actual (Threshold: Surplus of 5% and deficit of 1%)	Expenses shift from straight Medicaid and HMP to CCBHC. And June capitated expense was overstated due to more expenses being moved to grant funding last month than what HW had noted. This report now lists actual to match. Consistent with April and May. To ensure this does not continue to occur, Rehrmann (contracted for financial assistance) is finalizing HW's standardized reports this month and those calculations will be used going forward.	Additional \$1.4m for PA2 reduced deficit of \$5,089,355 from prior month. Remaining deficit is being assessed internally by N180.	Spending is in line with board approved budget and initial spending plan. Surplus is consistent with prior months, as expected.	% variance down from previous month (13.79%) anticipate revenues to expenses gap will continue to narrow for remainder of FY.	Less than threshold for explanation	Less than threshold for explanation	
PROJECTION:							
LRE Revenue Projections as of:							
August							
Medicaid	46,842,546	137,200,942	25,499,510	38,830,387	13,365,224	14,604,871	276,343,480
Autism	9,002,268	21,985,575	3,904,783	6,440,699	2,575,519	1,987,334	45,896,177
Healthy Michigan	8,623,691	29,056,360	4,313,146	8,184,480	1,605,470	2,384,005	54,167,150
Total Projected Medicaid/HMP Revenue	64,468,505	188,242,877	33,717,439	53,455,565	17,546,213	18,976,209	376,406,808
Expense Projections							
Medicaid	47,320,590	142,914,334	26,632,880	40,534,844	15,015,013	14,604,871	287,022,532
Autism	2,497,408	24,664,846	2,201,166	6,352,937	1,352,427	1,987,334	39,056,118
Healthy Michigan	8,064,756	25,096,572	4,095,658	5,712,953	1,497,756	2,384,005	46,851,699
Total Capitated Expense Projections	57,882,754	192,675,752	32,929,704	52,600,734	17,865,195	18,976,209	372,930,348
Projected Surplus (Deficit)	6,585,751	(4,432,875)	787,735	854,831	(318,982)	-	3,476,459
% Variance	10.22%	-2.35%	2.34%	1.60%	-1.82%	0.00%	
Information regarding Projections (Threshold: Surplus of 5% and deficit of 1%)	Spending is 4.42% higher than the surplus that we are aiming for. HealthWest's spending plan has a planned 5.8% positive variance built in for last minute items due to historical swings and expected revenue reductions. We anticipate expense will continue to go up and remain within our 5.8% goal.	Impact of error in LRE revenue projection will need to be assessed for remaining deficit. IPA correction reduced revenue projection by \$2,578,551. Deficit in excess of IPA correction is \$1,854,324. It is being assessed internally at N180. Revenue projections from June also decreased by about \$1.1m due to decrease in enrollment.	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. IPA correction reduced revenue projection by \$343,361.	Less than threshold for explanation	
PROPOSED SPENDING PLAN:							
Submitted to the LRE as of:							
Medicaid/HMP Revenue							
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
Total Budgeted Medicaid/HMP Revenue	69,271,433	192,865,745	34,396,012	53,043,194	17,865,195	18,839,873	386,281,452
Capitated Expense							
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	3,053,222	5,878,693	1,497,756	2,239,706	45,953,890
Total Budgeted Capitated Expense	63,420,437	194,787,171	31,884,424	52,416,174	17,865,195	18,839,873	379,223,273
Budgeted Surplus (Deficit)	5,850,996	(1,921,426)	2,501,588	627,021	0	-	7,058,179
% Variance	8.45%	-1.00%	7.27%	1.18%	0.00%	0.00%	
Information regarding Spending Plans (Threshold: Surplus of 5% and deficit of 1%)	Based on Board approved budget.	A deficit spending plan was submitted by N180 on 9/7/23. N180 reported revenue in their spending plan from the calculated need to meet expenditures and not based on LRE revenue projections, resulting in \$4.6m higher revenue being reported by N180 than the LRE in their spending plan. The expenditures that will now be covered by the additional \$1.4m of PA2 were not removed from the spending plan. If the LRE's revenue projections had been used and the expenses reduced by \$1.4m, then the spending plan deficit would be \$5m. \$2.5m resulting from the IPA correction, leaving \$2.5m for N180 to address.	Based on OnPoint Board approved budget.	Less than threshold for explanation	Less than threshold for explanation	Less than threshold for explanation	
Variance between Projected and Proposed Spending Plan							
Spending Plan	734,755	(2,511,449)	(1,713,853)	227,810	(318,983)	-	(3,581,720)
% Variance	1.06%	-1.30%	-4.98%	0.43%	-1.79%	0.00%	
Explanation of variances between Projected and Proposed Spending Plan (Threshold: Surplus of 5% and deficit of 1%)	Less than threshold for explanation	Impact of error in LRE revenue projection will need to be assessed.	Budget was prepared at the beginning of the year before SLD 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. IPA correction reduced revenue projection by \$343,361.	Less than threshold for explanation	

Lakeshore Regional Entity Combined Monthly FSR Summary
 FY 2023
 July 2023 Reporting Month
 Reporting Date: 09/20/2023

CCBHC ACTIVITY							
ACTUAL:	HealthWest	Network180	OnPoint	Ottawa	West Michigan	LRE	Total
Distributed Medicaid/HMP CCBHC Revenue							
Medicaid CCBHC Base Capitation	10,008,955				5,429,320	-	15,438,276
Medicaid CCBHC Supplemental	3,612,998				1,560,413	136,444	5,309,855
Healthy Michigan CCBHC Base Capitation	2,323,094				1,996,534	-	4,319,629
Healthy Michigan CCBHC Supplemental	1,143,072				615,524	75,003	1,833,599
Total Distributed Medicaid/HMP CCBHC Revenue	17,088,120	-	-	-	9,601,791	211,447	26,901,358
Capitated CCBHC Expense							
Medicaid CCBHC	12,595,248				6,992,652	56,337	19,644,237
Healthy Michigan CCBHC	2,600,014				2,613,518	14,918	5,228,449
Total Capitated CCBHC Expense	15,195,262	-	-	-	9,606,170	71,255	24,872,686
Actual CCBHC Surplus (Deficit)	1,892,858	-	-	-	(4,378)	140,192	2,028,671
% Variance	11.08%				-0.05%	66.30%	
Information regarding CCBHC Actual (Threshold: Surplus of 5% and deficit of 1%)	Surplus is retained by the CCBHC to be used in subsequent fiscal years.				Less than threshold for explanation	Surplus offsets traditional Medicaid and HMP expenses.	
PROJECTION:							
LRE CCBHC Revenue Projections *							
Medicaid CCBHC Base Capitation	12,010,747				6,515,184	-	18,525,931
Medicaid CCBHC Supplemental	4,335,597				1,872,496	163,732	6,371,825
Healthy Michigan CCBHC Base Capitation	2,787,713				2,395,841	-	5,183,554
Healthy Michigan CCBHC Supplemental	1,371,687				738,629	90,004	2,200,319
Total Projected Medicaid/HMP CCBHC Revenue	20,505,743	-	-	-	11,522,150	253,736	32,281,629
Capitated CCBHC Expense Projections							
Medicaid CCBHC	15,411,425				8,517,634	67,605	23,996,664
Healthy Michigan CCBHC	3,177,635				2,906,617	17,901	6,102,153
Total Capitated CCBHC Expense Projections	18,589,060	-	-	-	11,424,251	85,506	30,098,817
Projected CCBHC Surplus (Deficit)	1,916,683	-	-	-	97,899	168,230	2,182,812
% Variance	9.35%				0.85%	66.30%	
Information regarding CCBHC Projections (Threshold: Surplus of 5% and deficit of 1%)	Surplus is retained by the CCBHC to be used in subsequent fiscal years.				Less than threshold for explanation	Surplus offsets traditional Medicaid and HMP expenses.	
PROPOSED SPENDING PLAN:							
Submitted to the LRE as of:	12/8/2022	9/7/2023	10/18/2022	6/9/2023	6/9/2023		
Medicaid/HMP Revenue							
Medicaid CCBHC Base Capitation	9,239,326				6,463,513	-	15,702,839
Medicaid CCBHC Supplemental	4,126,582				1,978,533	163,732	6,268,847
Healthy Michigan CCBHC Base Capitation	1,747,430				2,360,375	-	4,107,805
Healthy Michigan CCBHC Supplemental	1,369,610				731,510	90,004	2,191,124
Total Budgeted Medicaid/HMP CCBHC Revenue	16,482,949	-	-	-	11,533,930	253,736	28,270,615
Capitated Expense							
Medicaid CCBHC	13,365,909				8,442,045	67,605	21,875,558
Healthy Michigan CCBHC	3,117,041				3,091,885	17,901	6,226,826
Total Budgeted Capitated CCBHC Expense	16,482,949	-	-	-	11,533,930	85,506	28,102,385
Budgeted Surplus (Deficit)	-	-	-	-	-	168,230	168,230
% Variance	0.00%				0.00%	66.30%	
Information regarding CCBHC Spending Plans (Threshold: Surplus of 5% and deficit of 1%)	Less than threshold for explanation				Less than threshold for explanation	Surplus offsets traditional Medicaid and HMP expenses.	
Variance between CCBHC Projected and Proposed Spending Plan	(1,916,683)	-	-	-	(97,899)	(336,461)	2,014,582
% Variance	-11.63%				-0.85%	-132.60%	
Explanation of variances between CCBHC Projected and Proposed Spending Plan (Threshold: Surplus of 5% and deficit of 1%)	Projected is coming in higher than initial spending plan.				Less than threshold for explanation	Surplus offsets traditional Medicaid and HMP expenses.	

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