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Meeting Agenda  
**BOARD OF DIRECTORS**  
Lakeshore Regional Entity  
January 24, 2024 – 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.
  - January 24, 2024, Board of Directors meeting agenda (*Attachment 1*)
  - December 20, 2023, Board of Directors meeting minutes (*Attachment 2*)
5. Reports –
  - a. LRE Leadership (*Attachment 3*)
6. Chairperson’s Report – Mr. Stek
  - a. January 17, 2024, Executive Committee (*Attachment 4*)
7. LRE CEO Evaluation Summary – Human Resources  
**Suggested Motion:** To approve moving into closed session to discuss the LRE CEO evaluation as requested by the LRE CEO.
8. Action Items –
  - a. LRE Board Policy and Procedure (*Attachment 5, 6*)  
**Suggested Motion:** To approve LRE Board Policy and Procedure
    - i. 10.22 New Board Member Orientation Policy
    - ii. 10.22a New Board Member Orientation Procedure
9. Financial Report and Funding Distribution – Ms. Chick (*Attachment 7*)
  - a. FY2024, December Funds Distribution (*Attachment 8*)  
**Suggested Motion:** To approve the FY2024, December Funds Distribution as presented.
  - b. Statement of Activities as of 11/30/2023 with Variance Reports (*Attachment 9*)
  - c. Monthly FSR (*Attachment 10*) –
10. CEO Report – Ms. Marlatt-Dumas
11. Board Member Comments

12. Public Comment

13. Upcoming LRE Meetings

- February 21, 2024 – Executive Committee, 1:00PM
- February 28, 2024 – LRE Executive Board Meeting, 1:00 PM

Meeting Minutes  
**BOARD OF DIRECTORS**  
Lakeshore Regional Entity  
December 20, 2023 – 1:00 PM

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

WELCOME AND INTRODUCTIONS – Mr. Stek

Mr. Stek called the December 20, 2023, LRE Board meeting to order at 1:03 PM.

Mr. Stek is unable to attend the entire Board meeting. Mr. Bacon will stand in as alternate during the last half of the Board meeting.

ROLL CALL/CONFLICT OF INTEREST QUESTION – Mr. Stek

**In Attendance:** Ron Bacon, Linda Dunmore, Patricia Gardner, Janice Hilleary, Sara Hogan, Richard Kanten, Alice Kelsey, Ron Sanders, Andrew Sebolt, Stan Stek, Janet Thomas, Craig Ven Beek

**Absent:** Jon Campbell, Jim Storey (online)

PUBLIC COMMENT

None.

CONSENT ITEMS:

**LRE 23-68 Motion:** To approve by consent the following items.

- December 20, 2023, Board of Directors meeting agenda
- November 15, 2023, Board of Directors meeting minutes

Moved: Patricia Gardner

Support: Ron Bacon

MOTION CARRIED

COMMUNITY ADVISORY PANEL

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

LEADERSHIP BOARD REPORTS

LRE Leadership report is included in the packet for information.

- Ms. Myers report highlights the importance of submitting BHTEDs and the impact on compliance and rates. The LRE region has continuously improved BHTEDs submissions, although it is an ongoing task.
- Ms. Myers explains the impact of the overuse of full records exceptions (FREs) in relation to BHTEDS completeness and rates. A key reason for the increase in full records

exception (FRE) is because CMHs are working harder to complete BHTEDs and in doing so there is some data being missed and marked as an FRE which will negatively impact the rate setting process. The FREs only occur on the mental health side and not on the SUD BHTEDs.

- Ms. Myers concludes that completing accurate data is tied to the rates and amount of funding that the region receives. Milliman will look at risk factors and apply a methodology that will dole funds out to each PIHP. Overall completeness and individual program completeness must continue to improve as they all have an impact on rates.

#### LRE CEO EVALUATION UPDATE

- The evaluation period is from March 2023 through February 2024. There will be specific questions for Board members, PIHP staff and CMH CEOs.
- An email from LRE Human Resources will be sent out to Board members with a link to the evaluation form. The evaluation form is due back January 10.
- The Executive Committee will review the compiled information and present it to the full board during the January Board meeting.
- The compensation negotiations will be completed in February and the Executive Committee will present a recommendation to the full Board during the February Board meeting.

#### CHAIRPERSON'S REPORT

December 13, 2023, Executive Committee (EC) Meeting Minutes are included in packet for information.

#### ACTION ITEMS

**LRE 23-69 Motion:** To approve membership of Cindy Boerema and James Sibley representing Lake, Mason, and Oceana Counties onto the Community Advisory Panel as recommended by the members of CAP.

Moved: Janet Thomas                      Support: Ron Bacon

MOTION CARRIED

**LRE 23-70 Motion:** To approve extending the 2023 Corporate Compliance Plan for 3 months, through March 2024.

Moved: Ron Bacon                      Support: Sara Hogan

MOTION CARRIED

Ms. Gardner recommends LRE review the Corporate Compliance Training Attestation form and make revisions regarding code of conduct and ethics as it is not included in the compliance plan and should not be included in the attestation. She also recommends reviewing language around reporting violations to make language broader as opposed to being specific to oneself and other

Board members. Ms. Gardner also suggests that the training be reviewed by the Executive Committee.

Ms. Marlatt-Dumas explains that there are various reasons that the CC plan will need to be reworked and that is the reason for the extension. LRE will note the recommendations and include them as the plan is updated.

## FINANCIAL REPORT AND FUNDING DISTRIBUTION

### **FY2024 November Funds Distribution**

**LRE 23-71 Motion:** To approve the FY2024, November Funds Distribution as presented.

Moved: Janet Thomas                      Support: Craig Van Beek  
MOTION CARRIED

**LRE 23-72 Motion:** To approve LRE FY2024 Budget Amendment #2 as presented.

Moved: Ron Bacon                      Support: Richard Kanten  
MOTION CARRIED

### **Statement of Activities as of 10/31/2023 with Variance Report-**

Included in the Board packet for information.

### **Monthly FSR-**

Included in the Board packet for information.

- The FSR has been updated for easier review.
- N180 is working to submit a revised spending plan in January.

## CEO REPORT

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

- Welcome to Ms. Linda Dunmore, new LRE Board member.
- LRE would like to recognize Stephanie VanDerKooi, Amanda Tarantowski and Amy Embury and the outstanding work they have done on the LRE's SUD Strategic Plan and being one of the best in the state of Michigan.
- CCBHC demonstration is included in the packet.
- LRE is working with MDHHS to reallocate more waiver slots to this region. There are 364 slots open within the state that MDHHS is looking at reallocating. Ms. Marlatt-Dumas would like to the Board members to understand that LRE is not a revenue making organization, but we will continue to work on areas that can maximize regional funding.
- LRE is working with the state to become an OHH/BHH. If approved this would begin in 2025.
- FY21 audit has been completed and submitted to MDHHS.
  - The state has withdrawn the \$200 thousand sanction.

- Target is to complete and submit the FY22 audit on time on December 31.
- The state is working to settle FY18-21.
- LRE will continue to work with N180 on autism and LRE will present a temporary solution to address the waiting list.
- Continue to work to update the CMH contract.
- CMHAM has Board Works videos that can assist in understanding the role of Board members. <https://cmham.org/education-events/boardworks/>

#### BOARD MEMBER COMMENTS

NA

#### PUBLIC COMMENT

NA

#### UPCOMING LRE MEETINGS

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

#### ADJOURN

Mr. Bacon adjourned the December 20, 2023, LRE Board of Directors meeting at 2:11PM.

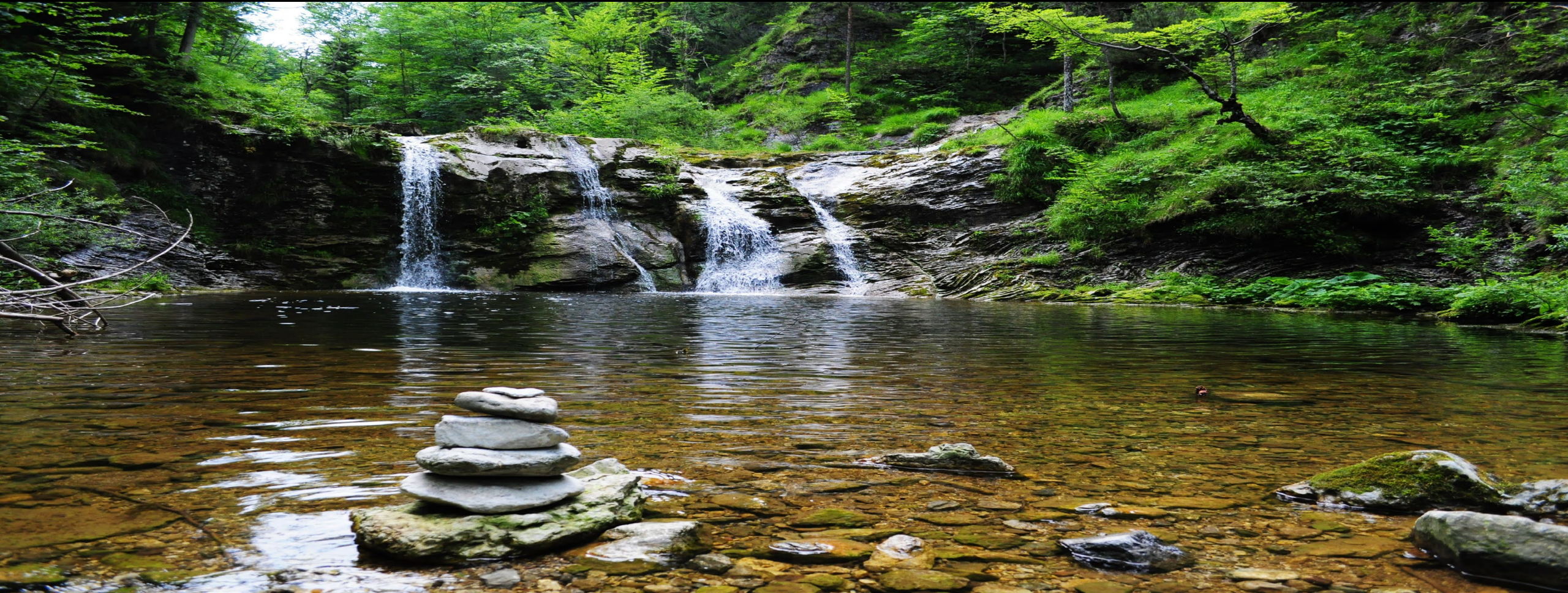
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Ron Bacon, Board Secretary

Minutes respectfully submitted by:  
Marion Dyga, Executive Assistant

# 2023 Member Experience Report

Attachment 3



Nov. 2023



Prepared by: M. Hesselink  
Customer Services

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# **Notable Changes to Survey Administration, Format, and Interpretation From FY22 to FY23**

## Significant changes made to survey administration in FY23

Prior to August 2022, the satisfaction survey was administered regionally by Beacon Health Options. At that time, there were no clear administrative guidelines regarding implementation or participation within the region, leading to:

- Low participation
- Lack of documentation
- Data that showed little variation in satisfaction over multiple survey periods
- Regional confusion on procedure

To address these issues, the LRE created and implemented a Satisfaction Survey Workgroup comprised of LRE Customer Services staff, LRE IT department, and representatives from each CMHSP. This group created and implemented the revised survey tool, policy 6.11, and procedure 6.11a to outline the requirements for administration, participation, follow-up, and response.

The new policy clarifies processes that were previously undocumented:

- Frequency and length of administration
- Identification of responsible parties
- Required domains
- Participation expectations
- Follow-up calls
- Data dissemination
- Evaluation
- Reporting requirements

## Significant changes made to survey format in FY23

- Questions were reduced from 20 to 14, not including demographics or comments
- FY21-22 survey was visually cluttered
  - Bounding boxes and “score” replaced with check points
- Font size did not meet accessibility requirements
  - Font size increased from 9 to a minimum of 12-pt
- QR Codes made available for recipient convenience
- FY21-22 survey reflected Beacon Health Options in the header. This was removed.

## Significant changes were made to survey interpretation in FY23

A review of FY21-22 survey data showed little variance in the expression of satisfaction among all domains, resulting in a reflection of consistent satisfaction over multiple survey periods. The Customer Satisfaction Survey Workgroup deemed the following changes necessary for more accurate data collection:

- Response options were changed from a 6-pt Likert scale with a N/A option to a 4-pt Likert scale with a N/A option
  - Previous survey contained the options 'Mildly Agree' and 'Mildly Disagree'. These options added no value to the data and contributed to document clutter.
  - Revised scale allows more concise reflection of satisfaction
  
- Three questions were changed to a Yes/No scale with a N/A option
  - "I have been given information about my rights"
  - "I know how to file a grievance (complaint) if I am unhappy"
  - "I know how to file an appeal if I do not agree with a decision that changes or denies my services"

## Significant changes made to survey questions in FY23

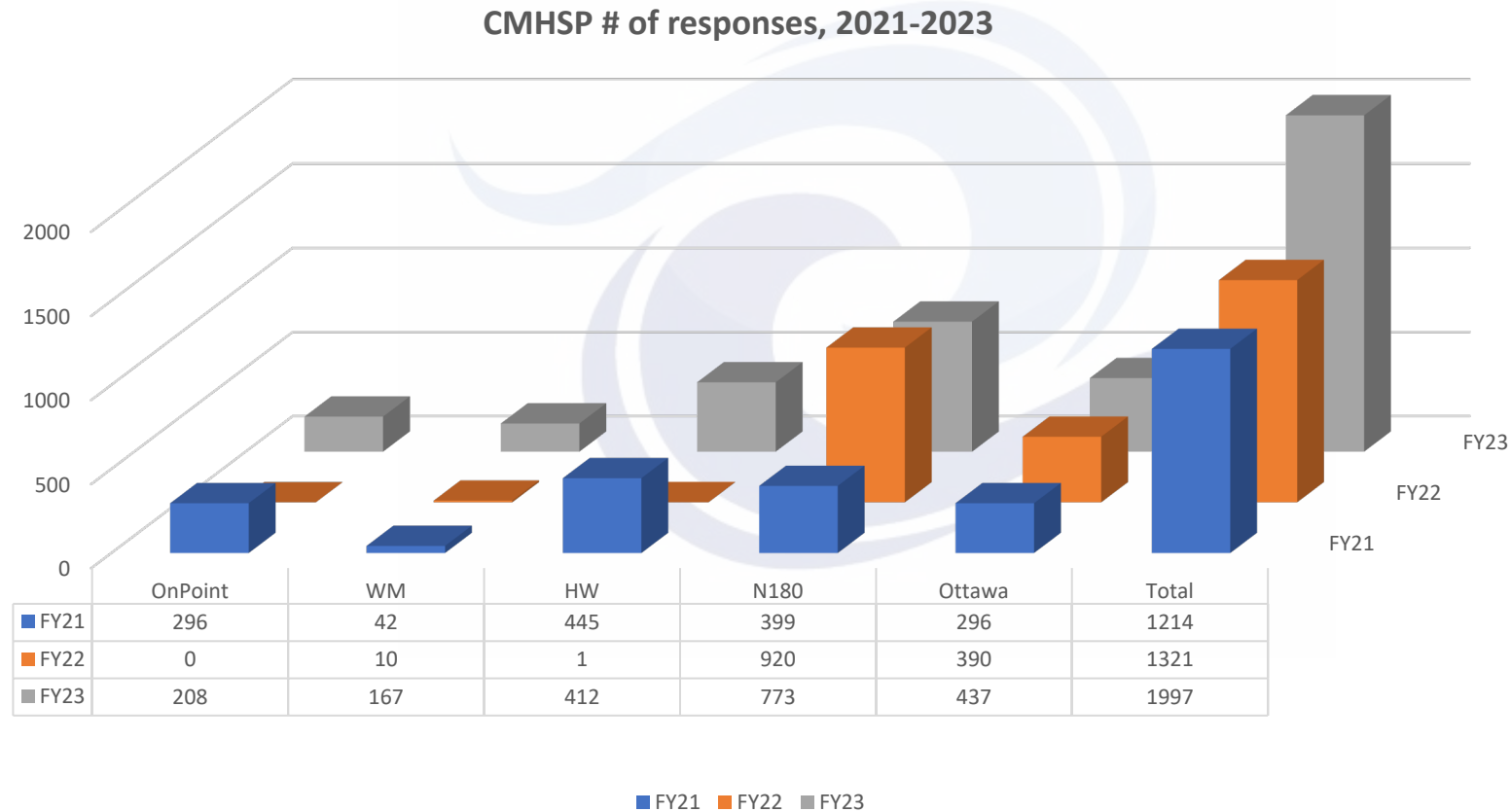
- Questions were revised to increase understanding, accessibility, and inclusion
  - Changes based on feedback from the LRE Community Advisory Panel and Survey Workgroup
  - Terms relating to specific staff (case manager, therapist, etc.) were changed to “worker(s)” to clarify reference to any staff that serve the recipient
  - Separate questions provided the opportunity for the recipient to express satisfaction/dissatisfaction with specific staff
  - Demographic information was expanded to include additional gender options to foster acceptance and inclusivity
  - Age options were further broken down to allow for more specific data collection on individuals served
  
- Questions were added to target further areas of importance within the region
  - Questions relating to receiving information about rights, grievances, and appeals
  - Question regarding recipient’s knowledge of who to contact if they need help when the office is closed
  
- Redundant or unnecessary questions were removed
  - Duplicative questions were either revised for clarity or removed
  - 4 Questions regarding telehealth were removed as CMHSPs have returned to in-person services



# **Response Rate Comparison of FY21 - FY23**

## Response rates improved in FY23

- Participation improved significantly for 4 of 5 CMHSPs between FY22 and FY23
- Increase attributed to formation of survey workgroup, standardized administration procedure, and policy implementation which occurred in 2023





# **LRE Customer Satisfaction Survey**

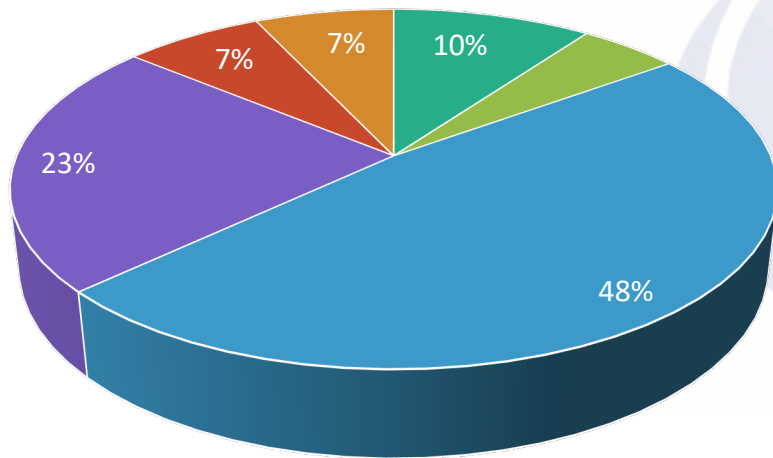
## **Revised Tool: Demographics**



## Demographics-Age

- The majority of respondents were between the ages of 25 and 49.

Respondent Age



■ Under 18   ■ 18-24   ■ 25-49

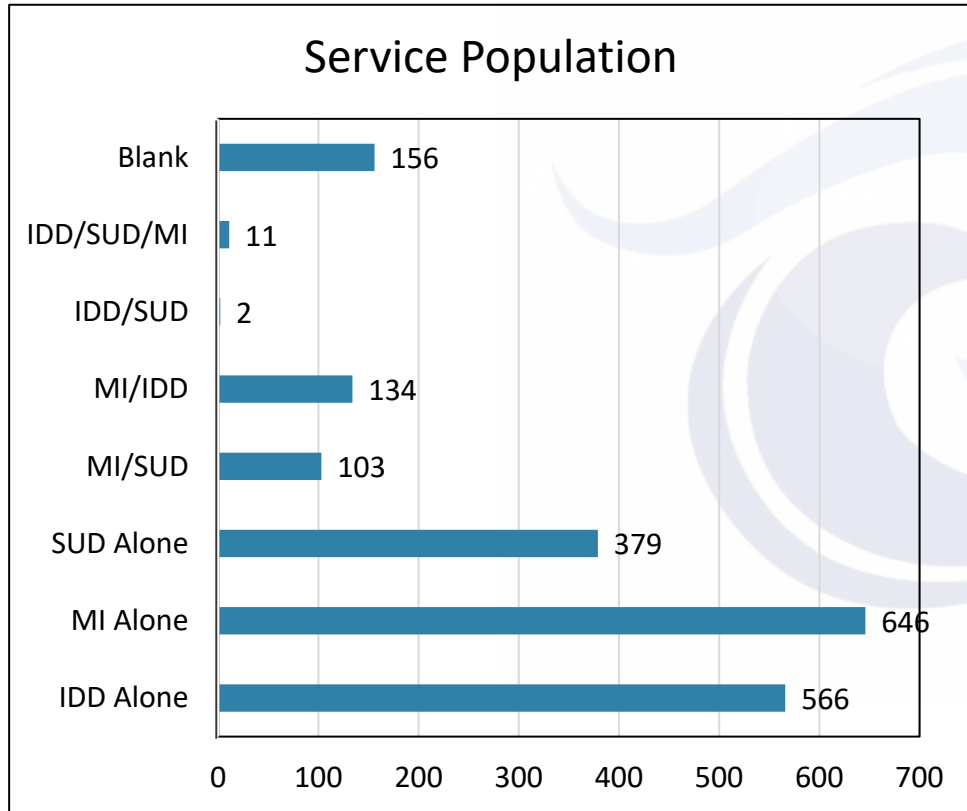
### # of Responses Per Age Range

Under 18	198
18-24	91
25-49	962
50-64	461
65+	129
Blank	156

Total: 1997

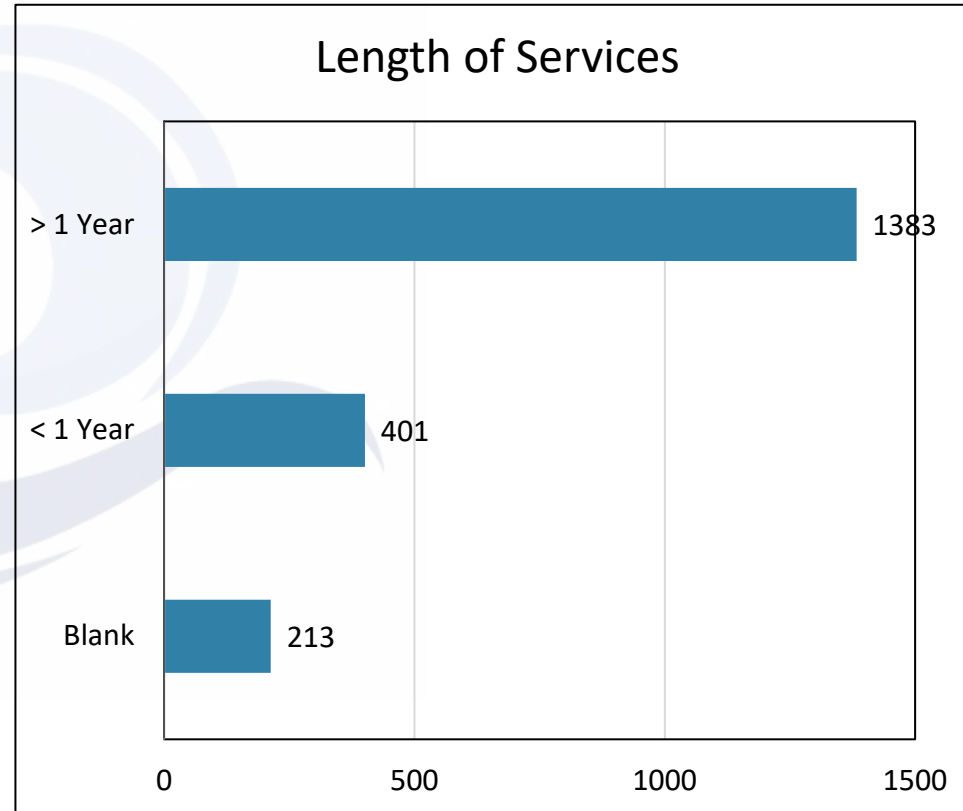
## Demographics-Service Population

- Service population choices included Mental Illness, Substance Use Disorder, Intellectual and/or Developmental Disability, and combinations of one or more



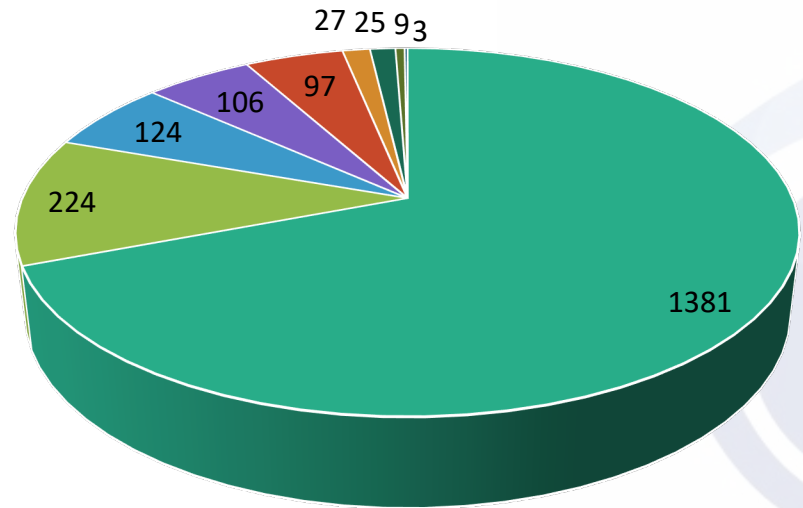
## Demographics- Length of Services

- Choices include less than one year, greater than one year



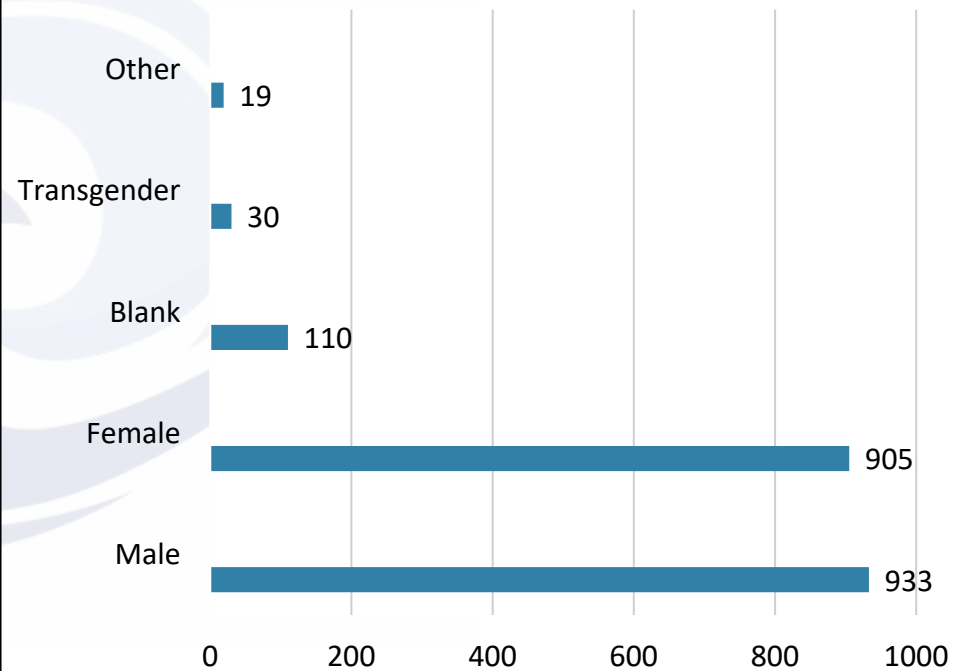
## Demographics-Ethnicity & Gender

### Respondent Ethnicity by #



- White
- Black
- Blank
- Other
- Hispanic
- Asian
- American Indian
- Middle Eastern
- Pac. Islander

### Respondent Gender by #





# **LRE Customer Satisfaction Survey Revised Tool: FY23 Responses By Domain**

## Methodology

The FY23 Customer Satisfaction Survey was administered between May 8<sup>th</sup> and September 30<sup>th</sup> to adults receiving Substance Use Disorder and Mental Health services, individuals receiving Long Term Supports and Services, and youth receiving Mental Health services.

- The survey consisted of 14 service questions matching the following domains: Access and Availability, Long Term Supports and Services (LTSS), Outcomes, and Quality measures.
- Questions left blank or a response choice of “Does Not Apply” are removed from the sample.
- An option was included to specify if the individual filling out the survey was a parent or guardian of the member, completing it on their behalf
- To obtain individual domain scores, each response was assigned the following numerical values:

Survey Values
Strongly Agree = 4
Agree = 3
Disagree = 2
Strongly Disagree = 1
Doesn't Apply = 0 (excluded from calculation)

**The following questions did not follow the Likert Scale; they instead reflect a yes/no choice option:**

- I know how to file a complaint/grievance.
- I know how to file an appeal.
- I was given information about my rights.

## Access and Availability

Regional Satisfaction reflected in percentages

	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
▪ I have options for how I connect with my treatment team member(s): Phone, online, in person, etc.	44.7	45.7	3.3	3.0	3.3
▪ The location of my appointments worked for me.	48.7	46.0	1.3	1.7	2.3
▪ The dates and times of my appointments worked for me.	45.2	47.4	2.6	2.3	2.5
▪ I know the number to call if I need help after-hours, on the weekend, or during a holiday.	35.3	41.1	11.7	4.5	7.4

The following question utilized a Yes/No subscale:

	YES	NO
▪ I have been given information about my rights.	96.3	3.7

## Analysis of Satisfaction: Access and Availability

Likert Score Review- Individual CMHSPs and Regional Average

The LRE considers any question that scores at or above a 3.0 out of 4.0 on the Likert scale to be satisfactory. Scores below a 3.0 require an improvement plan.

- Respondents reported overall satisfaction with access and availability regarding options for contact and the location/time of appointments.
- A notable portion of respondents reported they did not know what number to call when the office is closed. The regional average is 2.9, which does not meet the 3.0 threshold.

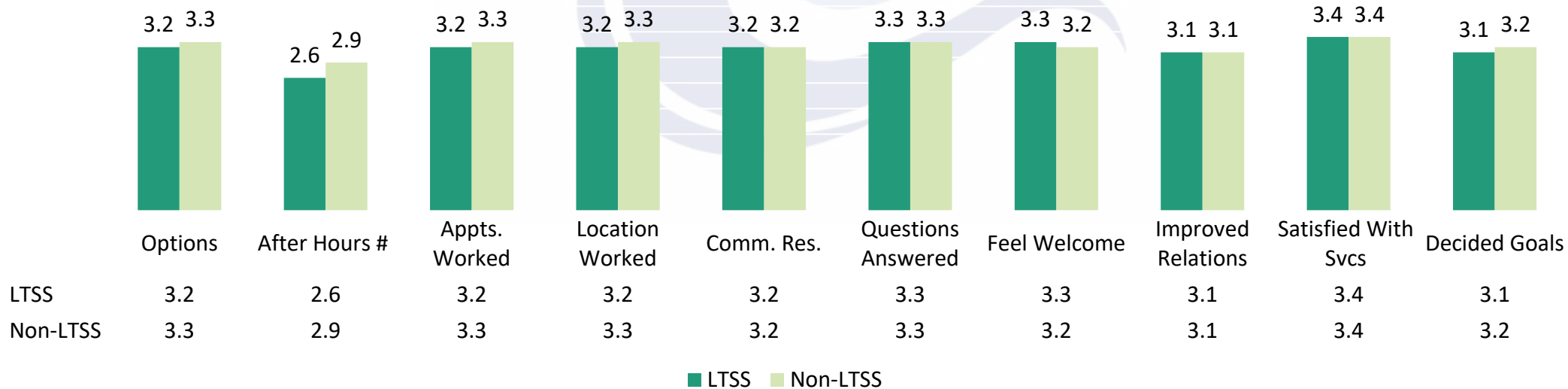
CMHSP	I have options	I know # to call	Appts. Worked	Location Worked
West MI	3.4	3.2	3.5	3.5
Ottawa	3.4	2.8	3.4	3.4
Network 180	3.3	2.9	3.3	3.3
OnPoint	3.3	2.8	3.3	3.2
Healthwest	3.2	3.1	3.3	3.3
Regional Average	3.3	2.9	3.3	3.3

# Analysis of Satisfaction: Long Term Supports and Services (LTSS) Population

## Likert Scale Question Comparison

- Long Term Supports and Services (LTSS) recipients are adults or youth who receive home or institution-based services due to physical functional impairments, intellectual/developmental disabilities, or severe mental illness in conjunction with medically complex conditions. The population reflected in this survey includes all individuals who self-reported receiving home and community-based services (HCBS), and/or residing in an adult foster care or other assisted living situation.
- 199 of survey respondents were identified as receiving LTSS. When their responses were separated from the other populations, several average scores were slightly lower than or equal to those of the non-LTSS populations.
- The data point regarding knowledge of numbers to call when the office is closed (After Hours #) may be lower in the LTSS population due to the living/staffing situations common to individuals receiving LTSS.

LTSS Comparison- All Areas

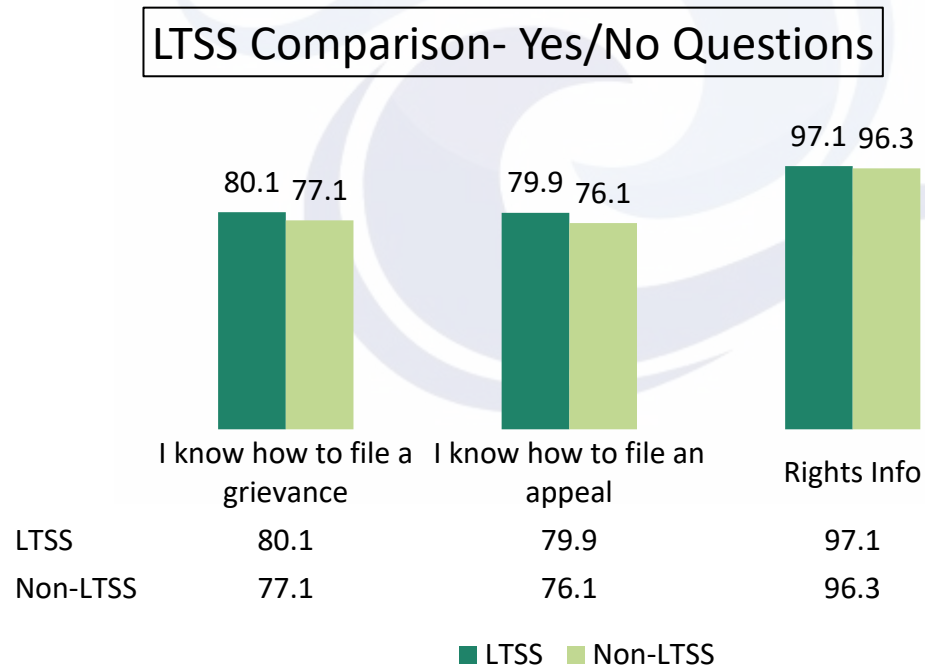




## Analysis of Satisfaction: LTSS Population

Yes/No Question Comparison

- The LTSS population reported slightly higher knowledge of how to file a grievance or an appeal than the non-LTSS population, as well as reflecting that they were given information about their rights.



## Analysis of Satisfaction: LTSS Population- Continued Challenges

- During the first week of survey collection, the electronic survey separated Case Manager, Counselor, Supports Coordinator, and Psychiatrist into individual questions, while the paper survey combined them into one question. This discrepancy caused some of the data entered by staff from the paper survey to misalign with the data fields in the electronic version, rendering the data points for these 4 questions invalid as they may not accurately reflect the true intent of the respondent. The questions below were the only ones affected by the discrepancy.

- 
- I am satisfied with my case manager.
  - I am satisfied with my supports coordinator,
  - I am satisfied with my counselor.
  - I am satisfied with my psychiatrist.

## Quality

Satisfaction reflected in percentages

	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
▪ My treatment team helped me connect with community resources and supports.	41.2	45.2	3.0	2.8	7.7
▪ My treatment team answered any questions I had about my treatment.	43.6	48.5	2.5	1.2	4.2
▪ I feel welcome when I go into an office for an appointment.	46.7	41.7	1.3	1.0	9.2

The following questions utilized a Yes/No subscale

	YES	NO
▪ I know how to file a grievance (complaint) if I am unhappy.	74.5	25.5
▪ I know how to file an appeal if I do not agree with a decision that changes or denies my services.	74.8	25.2

## Analysis of Satisfaction: Quality- Likert Scale

The LRE considers any question that scores at or above a 3.0 out of 4.0 on the Likert scale be satisfactory. Scores below a 3.0 require an improvement plan.

- Respondents reported a high degree of satisfaction with their treatment team’s efforts to connect them with community resources and supports and answer any questions they had. Many respondents reported feeling welcome when they entered their provider’s office for services.
- The following regional quality data points met the LRE 3.0 threshold. Individual CMHSPs that score below the threshold must internally address these data points.

CMHSP	Connect with Resources	Questions Answered	I Feel Welcome
West MI	3.3	3.5	3.4
Ottawa	3.1	3.3	3.2
Network 180	3.2	3.3	3.5
OnPoint	2.7	3.2	2.9
Healthwest	3.2	3.4	3.5
Regional Average	3.2	3.3	3.2

## Analysis of Satisfaction: Quality- Yes/No

The LRE considers any question that scores at or above an 80% on the Yes/No scale to be satisfactory. Scores below this threshold require an improvement plan.

- Results varied among CMHSPs, but overall, the LRE region did not meet the 80% threshold for knowledge of the grievance and appeals processes. LRE Customer Services is working with the CMHSP's to provide more education about grievances and appeals to persons served.

### I know how to file a grievance...

CMHSP	% Yes	% No
West MI	77.8	22.2
Ottawa	78.4	21.6
Network 180	77.6	22.4
OnPoint	65.0	35.0
Healthwest	80.5	19.5
Regional Average	77.8	22.2

### I know how to file an appeal...

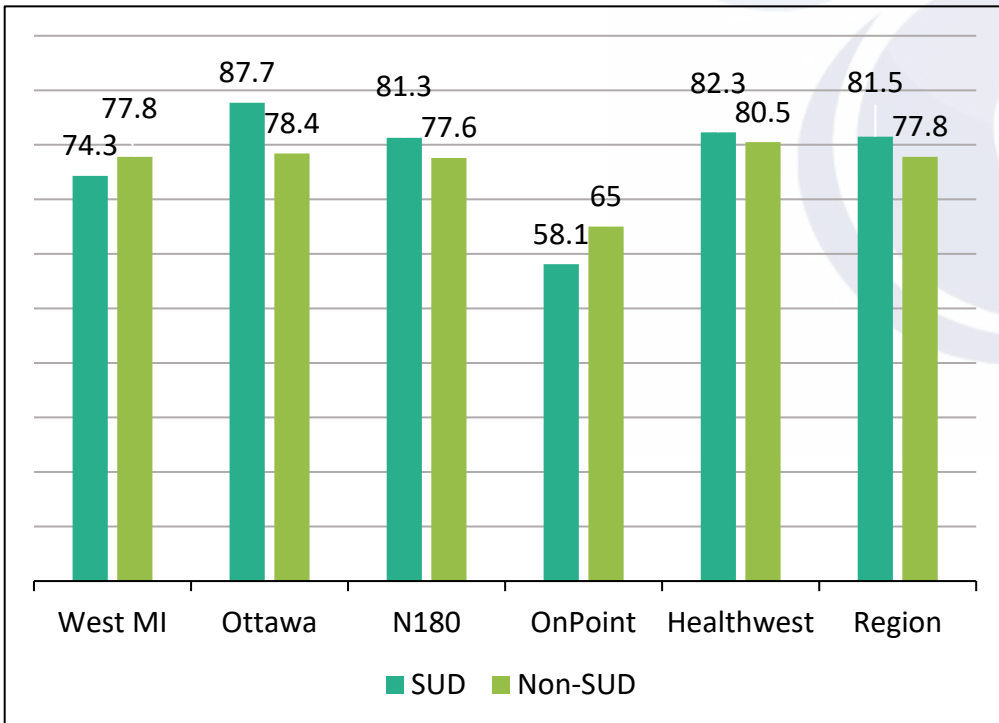
CMHSP	% Yes	% No
West MI	77.1	22.9
Ottawa	78.2	21.8
Network 180	74.9	25.1
OnPoint	68.2	31.8
Healthwest	79.8	20.2
Regional Average	77.1	22.9

## Analysis of Satisfaction: Quality- Yes/No SUD vs. Non-SUD Comparison

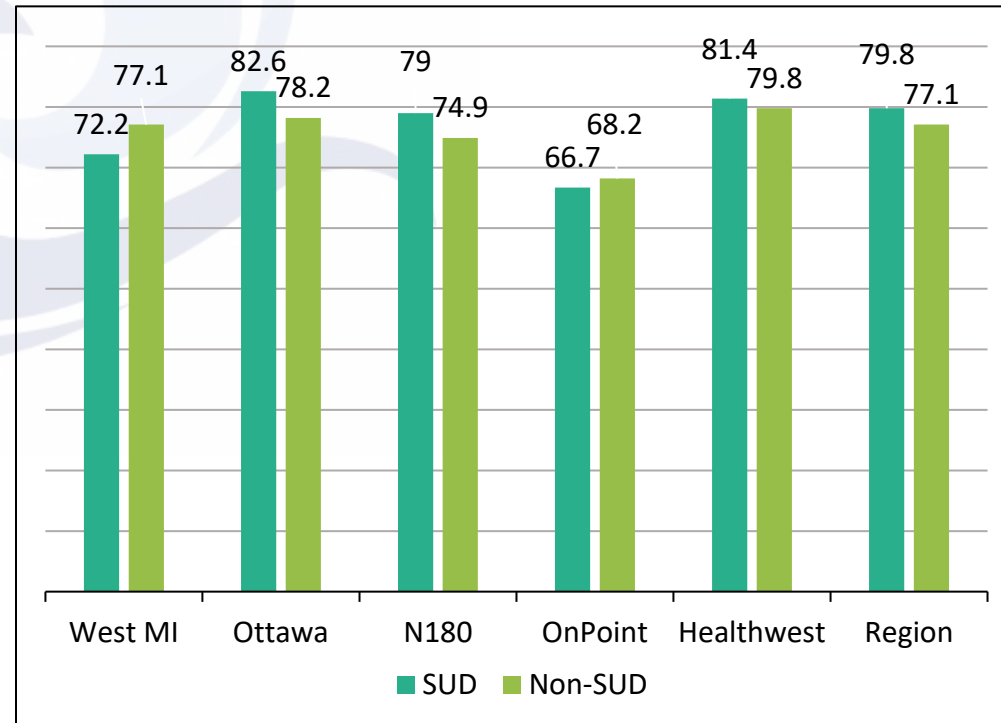
% of members reporting they know how to file a grievance or an appeal

- 651 Respondents self-identified as receiving Substance Use Disorder services.
- This analysis is in response to questions regarding the possibility that the SUD population is not as well informed on these processes, which may have led to lower individual and regional scores on these data points.
- Comparison between SUD and Non-SUD providers shows that members receiving SUD services report a higher degree of knowledge on both grievances and appeals than those receiving services from Non-SUD providers. Only 2 of the CMHSPs had higher scores among Non-SUD providers in both categories.

I know how to file a grievance...



I know how to file an appeal...



## Outcomes

Regional Satisfaction reflected in percentages

	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
▪ The treatment I received has helped me improve relationships with family, friends, and the community.	41.4	46.0	3.7	2.0	6.9
▪ I am satisfied with the help I have received.	46.7	46.9	3.0	2.0	1.3

## Analysis of Satisfaction: Outcomes- Likert Scale

The LRE considers any question that scores at or above a 3.0 out of 4.0 on the Likert scale to be satisfactory. Scores below a 3.0 require an improvement plan.

- Respondents reported a high degree of satisfaction with the overall service they received in Region 3, and the majority indicated that the services they received have improved their relationships with friends, family, and the community.

CMHSP	Treatment Improved Relationships	Satisfied With Help I received
West MI	3.2	3.5
Ottawa	3.0	3.3
Network 180	3.2	3.4
OnPoint	2.9	3.3
Healthwest	3.3	3.4
Regional Average	3.1	3.4



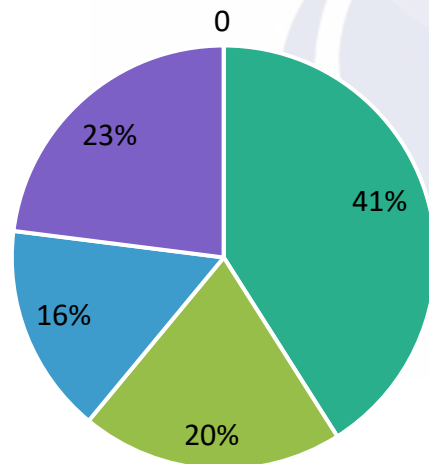


# Member Feedback

## Comment Section: Follow-Up Requirement

- The Satisfaction Survey contained an area which allowed respondents to leave a comment, suggestion, feedback, or other written response. The following slide contains some of these responses.
- The survey also contained a space for the respondent to leave their name and phone number **IF** they would like someone to call them to discuss their experience.
- The LRE IT department programmed the Fastlane survey collection program to automatically generate an email to the appropriate individual at the CMHSP each time a respondent filled out their name and phone number.
  - Calls must be made within 4 days of request
- The CMHSP staff would then return and document each call. These call logs are to be reported to the LRE for tracking purposes.

Follow-Up Request:%



■ OnPoint ■ Healthwest ■ N180 ■ Ottawa ■ WM

Follow-Up Requests: #

OnPoint:	72
Healthwest:	36
Network 180:	29
Ottawa:	41
<u>West MI:</u>	<u>0</u>
Total:	178

## Members shared positive feedback regarding their experiences with the CMHSPs and network providers:

*"...There are just so many issues that parents face, and it is so nice to be able to go someplace (HealthWest) and sit down with **people who understand**. And people who can help you **find resources** that you need, give you advice, and just **listen to you** without judgement. It's really important and I just want to thank you guys for having that Coffee with Kevin. Thank you very much!"*

*I feel that I am benefiting from my current services at OnPoint - **tremendously**. Without these services, I would be (and was) laying on the floor, traumatized, in my section 8 apartment.*

*"We do not know what our family would do without our care team at Ottawa CMH. They are **invaluable** to my brother who has schizophrenia."*

*I love how well my treatment plan [at Pine Rest, N180] is **tailored** around not only myself but my loved ones as well!"*

*"We appreciate the **speedy, friendly, and helpful timing** in all your help for services. Thank you very much (Ottawa CMH)."*

*I'm **very pleased** with the support my sister received (at OnPoint). Thank you.*

*"The whole staff here [at South Side Health Center, N180] has been **supportive** in my journey towards a healthier life and they have **always been there** when I needed them. I don't know where I would be without them!"*

*"Both [my workers] have helped me in every aspect of my life. I can now do things for myself and my children that I **never dreamed possible!** (West MI CMH)"*

*"Healthwest saved my life, my case manager is like a mother figure who has encouraged me to push forward and reach my goals. I love all the support they have given me over the years!"*

*"I love (West MI) CMH! People are so **friendly!**"*

## Members shared suggestions on how the region could improve:

*“There are not enough respite providers/services, would like to see that improved.”*

*“Wish you had a young adult program for Autism”*

*“I have no idea who to call and speak with during off hours.”*

*“I would like help in connecting with peers in the community, and to know more about community resources.”*

*“We should be allowed to use video calls for appointments like we did during Covid, this is way easier for some of us than trying to get to an office, especially if the weather gets bad.”*

*“It takes a long time to get a case manager, you need to hire more workers.”*

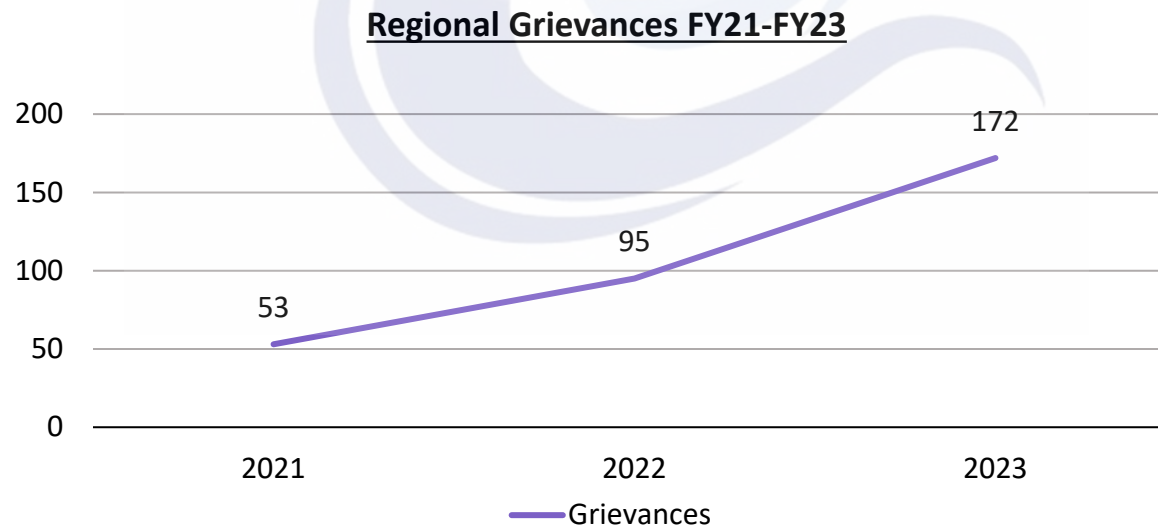
# Grievances



## Regional Grievance Historic Overview: FY21-FY23

Member grievances reported by CMHSPs

- Oversight of the grievance process was taken over by LRE in August of 2022 when the contract with Beacon Health Options ended. This change provided the opportunity to evaluate the grievance process and identify barriers, leading to an increase in knowledge of and participation with the procedure as it is outlined in the Contract between MDHHS and the PIHP.
- Member grievances reported by the CMHSPs increased significantly from 53 in FY21 to 172 in FY23, indicating that efforts to ensure the grievance process is easily accessible by recipients through the CMHSPs/provider network have been successful.
- The increase in grievances has allowed the PIHP to better target areas requiring improvement.
- No additional grievances were generated from the customer satisfaction survey comments and follow-up.



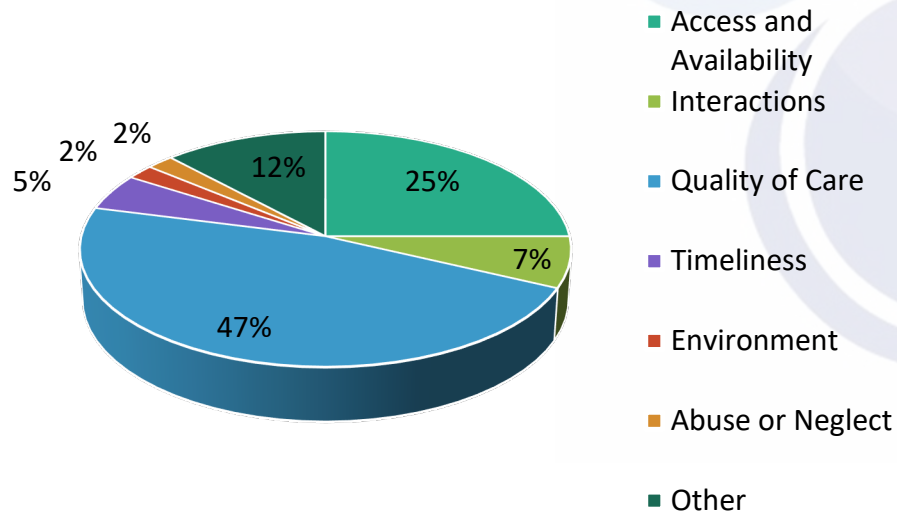
# Regional Reported Grievance Review: Categories and Determination Comparison FY22

Grievances Reported by CMHSPs

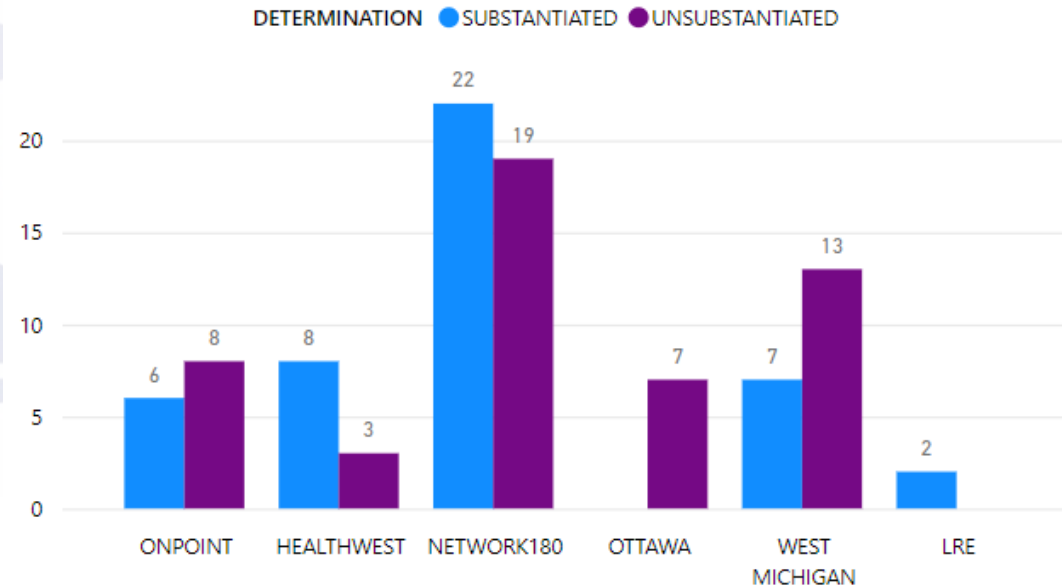
- 95 Grievances were reported for Region 3 in FY22
- Most grievances concerned Quality of Care followed by Access and Availability
- 50 grievances were unsubstantiated, 45 were substantiated (meaning that there was enough information to determine that the grievance was legitimate and in favor of the complainant)

## FY22 Results

### Grievance Category



### Count of Closed Cases by Grievance Determination



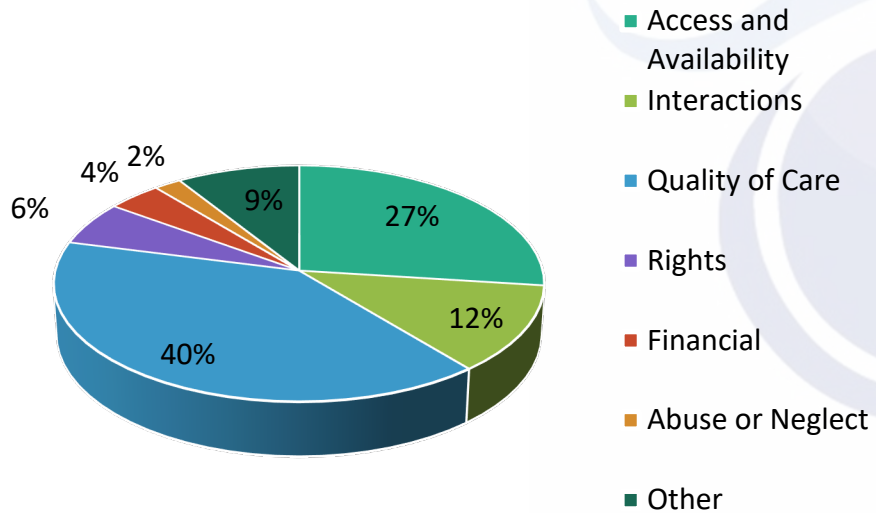
# Regional Reported Grievance Review: Categories and Determination FY23

Grievances Reported by CMHSPs

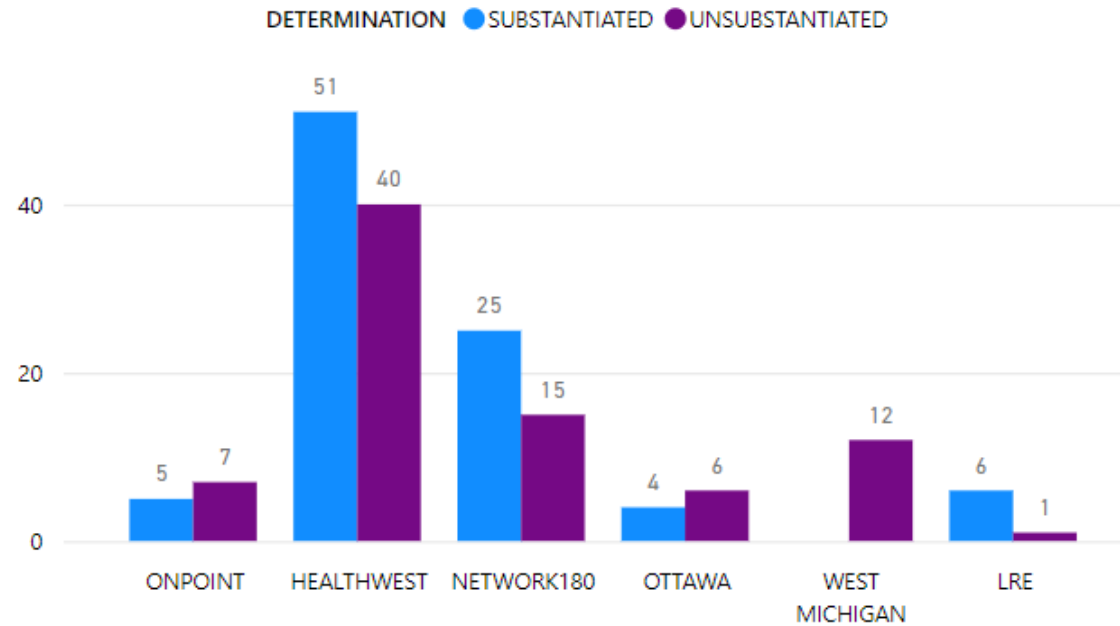
- 172 Grievances were reported for Region 3 in FY23; an increase of 77 from FY22
- Most grievances concerned Quality of Care followed by Access and Availability
- 81 grievances were unsubstantiated, 91 were substantiated (meaning that there was enough information to determine that the grievance was legitimate and in favor of the complainant)

## FY23 Results

### Grievance Category



### Count of Closed Cases by Grievance Determination







# Summary & Recommendations for FY24

## Summary

- There were significant changes to the survey between FY21 and FY23. The revised Customer Satisfaction Survey tool utilized in FY23 allowed for Region 3 to better identify areas of dissatisfaction than in years past.
- Grievances have increased from 53 to 172 since LRE took control of the process from Beacon Health Services in August 2022, demonstrating that the changes to administration, policy, and process have been beneficial.
- Top-scoring areas of satisfaction include:
  - Overall satisfaction with the help received
  - Satisfaction with LTSS
  - I have been given information on my rights
- Primary areas requiring improvement are:
  - Knowledge of and access to the Grievance and Appeals processes
  - Knowledge of who to contact on a weekend, after-hours, or on a holiday if assistance is needed
- Comparison of SUD and Non-SUD recipients shows a marginal level of difference in grievance/appeal knowledge
- Comparison of LTSS and Non-LTSS recipients demonstrates a slightly higher level of satisfaction and knowledge by LTSS recipients

## Recommendations

- On September 14<sup>th</sup>, 2023, the results of the Customer Satisfaction Survey were reviewed with the LRE Community Advisory Panel (CAP). They made the following suggestions on how to educate members on grievances and appeals:
  - Make the website more user friendly
  - Put CS information from each organization in a flyer or in the newsletter
  - Posters or flyers for people that may not have internet access
  - Place information at clubhouses
  - Train front desk staff and case workers to explain the process.
  - Increase training for all staff.
- LRE Customer Services staff met individually with each CMHSP to review their results and discuss any required improvement plans for areas of dissatisfaction that did not meet the established threshold. The following are improvements that have been suggested and/or implemented by the region in response to these discussions:
  - Create and implement updated training on Grievances and Appeals for contracted providers
  - LRE Audit of CMHSP Grievances to ensure quality, timeliness, provider participation, and reporting
  - Create rack cards/magnets/etc. that members can take home for a quick reference regarding after-hours assistance
  - Continue standardization of processes and procedures throughout the region, delineated in policy

**LRE Customer Services will continue to monitor improvement plans with the CMHSPs and their provider network and conduct further trainings as needed.**

**In compliance with CCBHC requirements, Region 3 will be utilizing the YSS and MISHP surveys in FY24, replacing the LRE Customer Satisfaction Survey. This will allow the LRE to compare satisfaction data with other PIHPs in the state as well as nationally.**



## Customer Services Contacts

Michelle Anguiano, LMSW, CAADC  
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1-231-638-9244

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1-231-670-2813

Customer Services Toll-Free Line: 1-800-897-3301

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**EXECUTIVE COMMITTEE SUMMARY**

Wednesday, January 17, 2024, 12:30 PM

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

**WELCOME and INTRODUCTIONS**

- i. Review of January 17, 2024, Meeting Agenda
- ii. Review of December 13, 2023, Meeting Minutes

The January 17, 2024, agenda and the December 13, 2023, meeting minutes are accepted as presented.

**MDHHS UPDATES**

- i. Meetings
  - Bi-Weekly
    - Ms. Marlatt-Dumas meets continuously with Kristen Jordan to discuss decreased revenue due to re-enrollment issues. Ms. Marlatt-Dumas will be part of a PIHP workgroup along with CMHAM that will advocate to the state regarding revenue. All 10 PIHPs will produce data in March to show the gap to the state.
- ii. HSW Slots Update
  - Ms. Marlatt-Dumas continues to ask the state to reallocate at least 200 open slots to LRE, but they continue to go through the process with CMS.
  - Midstate Health Network (MSHN) has been on a CAP for 5 years due to being unable to fill all their waiver slots. Due to this issue, MSHN sent a letter to MDHHS requesting they be allowed to immediately and permanently transfer 30 slots to this region, which the state approved.
  - The slots are not yet available for LRE to fill until they are transferred within the WSA system. The LRE communicated to each CMH that they should begin submitting packets so they can start being categorized by highest need. The goal is to have the slots filled by the middle/end of February.
  - There is another PIHP that will be asking their Board for approval to release their unused slots to LRE as well. The LRE will continue to advocate for more slots from MDHHS.
  - The slots are allocated by the highest need which are determined by a workgroup. LRE did run a report that is based on encounters and on services of individuals that qualify for the waiver that gives an estimate of how the slots may be disbursed to the CMHs, but the end determination will be by the workgroup.

### iii. Re-enrollment Issues Update

- There have been issues with re-enrollment. There were 17 cases of HAB waiver clients we did not get paid for that LRE is looking into. Typically, HAB waiver cases are IDD and fall under DABs. This population should never come off Medicaid, but we are seeing these individuals fall off due to:
  1. During the re-enrollment process we are seeing the individuals moving to Plan First which has no mental health services included in the coverage and is a family planning benefit.
  2. The individuals are falling off and not re-enrolling. The CMHs are working on this with DHS as much as possible. DHS employees complete the enrollment process.
  3. They are being put on a spenddown which should not be happening.
- Ms. Marlatt-Dumas is working with Kristen Jordan on this and sending her data. There may be a possible disconnect between the Bridge and Champs systems that is creating statewide issues. The Bridge system enrolls individuals and Champs system is for payment of services.
- The investigation and tracking of this re-enrollment issue has been moved to the top of LRE HAB waiver staff's priority list.
- Individuals are falling off at a higher rate than the state's assumption during rate setting so we are not receiving adequate rates. This is consistent across the state but at this point in different populations. If MDHHS adjusts the rate it will not be retroactive rate adjustment, they will adjust going forward and annualize over the last 6 months of the year.

### LRE BOARD POLICIES/PROCEDURES

The Executive Committee are recommending these be brought to the full Board for approval.

- 10.22 New Board Member Orientation Policy
- 10.22a New Board Member Orientation Procedure

### BOARD MEETING AGENDA ITEMS

- CEO Evaluation
- Action Items:
  - i. Policy 10.22/Procedure 10.22a

### BOARD WORK SESSION AGENDA

Ms. Marlatt-Dumas will contact Allan Bolter about presenting to the Board during the Work Session. If he cannot attend the Work Session will be cancelled.

### OTHER

N180 submitted a request to LRE for additional funding. The Operations Council will meet and review this request. There are questions and clarifications that will be part of the CMH CEOs discussion. Mr. Stek comments that it is the responsibility of LRE to verify and address the request.

UPCOMING MEETINGS

- January 24, 2024 – LRE Executive Board Meeting, 1:00 PM  
GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440
- February 21, 2024 – Executive Committee, 1:00PM
- February 28, 2024 – LRE Executive Board Meeting, 1:00 PM  
GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440

ADJOURN

## Policy #10.22

<b>POLICY TITLE:</b> LRE Board of Director's Orientation	<b>POLICY #</b> 10.22	<b>REVIEW DATES</b>	
<b>Topic Area:</b> LRE Board Policies	<b>ISSUED BY:</b> Chief Executive Officer		
<b>Applies to:</b> LRE Board of Directors, LRE CEO			
<b>Developed and Maintained by:</b> LRE CEO or Designee			
<b>Supersedes:</b> N/A	<b>Effective Date:</b> 6/28/2023	<b>Revised Date:</b>	

### I. PURPOSE

In order that newly appointed Board members may cast informed votes and function effectively as Lakeshore Regional Entity (LRE) Board members, the Board and Chief Executive Officer (CEO) will extend to them the fullest measures of courtesy and cooperation and will make every reasonable effort to orient newly appointed Board members to the organizations purpose, strategic direction and Board functions, policies, procedures and current issues.

### II. POLICY

The Board, through the CEO, will provide new members with copies of or access to appropriate publications, such as the LRE policy manual, the region's Operating Agreement, the Board Bylaws, its Strategic Plan and current fiscal year budget.

The Board Chairperson, CEO and Deputy Director will schedule and arrange for an orientation session for new Board members as soon as practicable after appointment. A reasonable amount of time will be provided for discussion of the following possible topics:

1. The roles, responsibilities and conduct of the Board and individual members;
2. The Board fiduciary responsibility and integrity obligations;
3. Basic operational procedures of the Board;
4. Placement of items on the agenda;
5. The role of councils, committees, subcommittees and advisory committees;
6. Conflict of Interest;
7. Appropriate responses of an individual member when a request or complaint is made directly to him/her by a regional stakeholder, consumer, provider or community member;
8. How Board members, in fulfilling their duties, may request information concerning the organizations operations, finances and personnel;
9. Protocol for interacting with the media; and
10. Other relevant topics.



**III. APPLICABILITY AND RESPONSIBILITY**

This policy applies to the Entity Board of Directors.

**IV. MONITORING AND REVIEW**

This policy is reviewed by the CEO and designee on an annual basis.

**V. DEFINITIONS**

CEO: Chief Executive Officer  
 LRE: Lakeshore Regional Entity  
 SUD: Substance Use Disorder

**VI. REFERENCES AND SUPPORTING DOCUMENTS**

PIHP-MDCH Contract  
 Open Meetings Act

**VII. RELATED POLICIES AND PROCEDURES**

Board Governance  
 Board Member Conduct  
 Conflict of Interest

**VIII. CHANGE LOG**

Date of Change	Description of Change	Responsible Party
June 28, 2023	NEW	Chief Executive Officer

## ORGANIZATIONAL PROCEDURE

<b>PROCEDURE # 10.22a</b>	<b>EFFECTIVE DATE</b>	<b>REVISED DATE</b>
<b>TITLE: LRE Board of Directors Orientation</b>		
<b><u>ATTACHMENT TO</u></b>	<b>REVIEW DATES</b>	
<b>POLICY #: 10.21</b>		
<b>POLICY TITLE: LRE Board of Directors Orientation</b>		
<b>CHAPTER: 10 LRE Board Policies</b>		

### I. Purpose

The purpose of this procedure is to provide a means to orient new members of the Lakeshore Regional Entity (LRE) Board of Directors and Substance Use Disorder (SUD) Policy Oversight Board.

### II. Application

All new members of the LRE Board of Directors as appointed by the CMHSP Board of Directors or Substance Use Disorder Policy Oversight Board Members as appointed by his or her County's Board of Commissioners.

### III. PROCEDURES

#### LRE BOARD OF DIRECTORS

1. When appointed, the CMHSP Director will forward contact information to the LRE CEO and Executive Assistant.
2. The CEO will arrange a meeting with the newly appointed Board Member and one of the other representatives from that CMHSP, if possible.
3. During the meeting, the CEO will provide the following information:
  - a. LRE Board Meeting Schedule
  - b. List of LRE Board Members and Committee Members
  - c. LRE Bylaws
  - d. LRE Operating Agreement
  - e. LRE Strategic Plan
  - f. LRE Organizational Chart
  - g. Contact Information for LRE CEO and Executive Assistant
  - h. LRE Board Governance Policy
  - i. LRE Conflict of Interest Policy
  - j. LRE Corporate Compliance Plan
  - k. Acronym List
  - l. LRE Member Handbook
  - m. OMA Handbook
  - n. PIHP Map

4. The CEO will also explain the Board meeting schedule, per diem policy, and provide necessary paperwork relating to these payments.
5. At the New Member’s first Board meeting:
  - a. The LRE Chairperson will introduce the New Board Member.
  - b. New Board Member will be given an opportunity to share background, interest, etc. with the Board.
  - c. Other Board Members will introduce themselves to the new Board Member.

**SUD POLICY OVERSIGHT BOARD**

1. When notified by a County that a new member has been appointed, the LRE CEO will contact the individual to schedule a meeting, prior to the next SUD Policy Oversight Board meeting, if possible.
2. The LRE CEO and the LRE COO will meet with the new Board Member. During the meeting, the following information will be provided:
  - a. PA 500 of 2012
  - b. LRE SUD Policy Oversight Board Bylaws
  - c. LRE Mission and Vision Statements
  - d. LRE Organizational Chart
  - e. List of LRE SUD Policy Oversight Board Members
  - f. Contact information for the LRE CEO and Executive Assistant
  - g. LRE SUD Conflict of Interest Policy and related forms
  - h. Acronym list
  - i. LRE Member Handbook
  - j. Current FY Budget for SUD Services
3. The CEO will also explain the SUD Policy Oversight Board meeting schedules, per diem policy, and provide necessary paperwork relating to these payments.
4. At the new Member’s First SUD Policy Oversight Board Meeting:
  - a. The COO will introduce the new Board Member
  - b. The New Board Member will be given an opportunity to share background, interest, etc. with the SUD Policy Oversight Board
  - c. Other SUD Policy Oversight Board Members will introduce themselves to the new Board Member.

**IV. CHANGE LOG**

Date of Change	Description of Change	Responsible Party
	NEW	Chief Executive Officer

## Lakeshore Regional Entity Board Financial Officer Report for January 2024 1/24/2024

- **Disbursements Report** – A motion is requested to approve the December 2023 disbursements. A summary of those disbursements is included as an attachment.
- **Statement of Activities** – Report through November is included as an attachment. This is a preliminary report. Figures may change based on the final FY2023 financial statements due to accruals, other year-end entries, the external audit, and the CMHSP final FSRs.
- **LRE Combined Monthly FSR** – The November LRE Combined Monthly FSR Report is included as an attachment for November’s meeting. Expense projections, as reported by each CMHSP, are noted. An actual **surplus** through November of \$9.8 million, a projected annual **deficit** of \$18.8 million and a budgeted **deficit** of \$2.2 million regionally (Medicaid and HMP, excluding CCBHC) is shown in this month’s report. All CMHSPs have an actual surplus. All CMHSPs have a projected surplus, except Network180 with a projected **deficit** of \$22.1 million, OnPoint with a projected **deficit** of \$478 thousand, and West Michigan with a projected **deficit** of \$264 thousand. All CMHSPs have a budgeted surplus, except Network180 with a budgeted **deficit** of \$7 million.

CCBHC activity is included in this month’s report showing an actual **deficit** of \$1.7 million and a projected **surplus** of \$9.8 million, which the CCBHCs will retain and use in subsequent years. A budgeted **surplus** of \$7.6 million is shown.

Lakeshore Regional Entity  
 FY2024 FSR Monthly Comparison of Surplus/(Deficit)

Actual	Oct	Nov	Change
HW	1,026,730	3,107,460	2,080,730
N180	165,809	759,302	593,493
OnPoint	358,611	925,043	566,432
Ottawa	3,447,859	4,673,590	1,225,731
WM	146,548	323,797	177,249
<b>Total</b>	<b>5,145,557</b>	<b>9,789,192</b>	<b>4,643,635</b>

Projection	Oct	Nov	Change
HW	4,668,224	3,624,722	(1,043,502)
N180	(6,972,029)	(22,055,426)	(15,083,397)
OnPoint	8,048	(477,886)	(485,934)
Ottawa	(595,855)	388,401	984,256
WM	467	(264,270)	(264,737)
<b>Total</b>	<b>(2,891,145)</b>	<b>(18,784,459)</b>	<b>(15,893,314)</b>

Proposed Spending Plan/Budget	Oct	Nov	Change
HW	4,668,225	4,668,225	-
N180	(6,972,029)	(6,972,029)	-
OnPoint	8,048	8,048	-
Ottawa	79,645	79,645	-
WM	467	467	-
<b>Total</b>	<b>(2,215,644)</b>	<b>(2,215,644)</b>	-

Base Capitation Only. Does not include CCBHC activity.

A draft of this report was reviewed by Finance ROAT on January 17, 2024, and is expected to be reviewed by Operations Advisory Council on January 25, 2024.

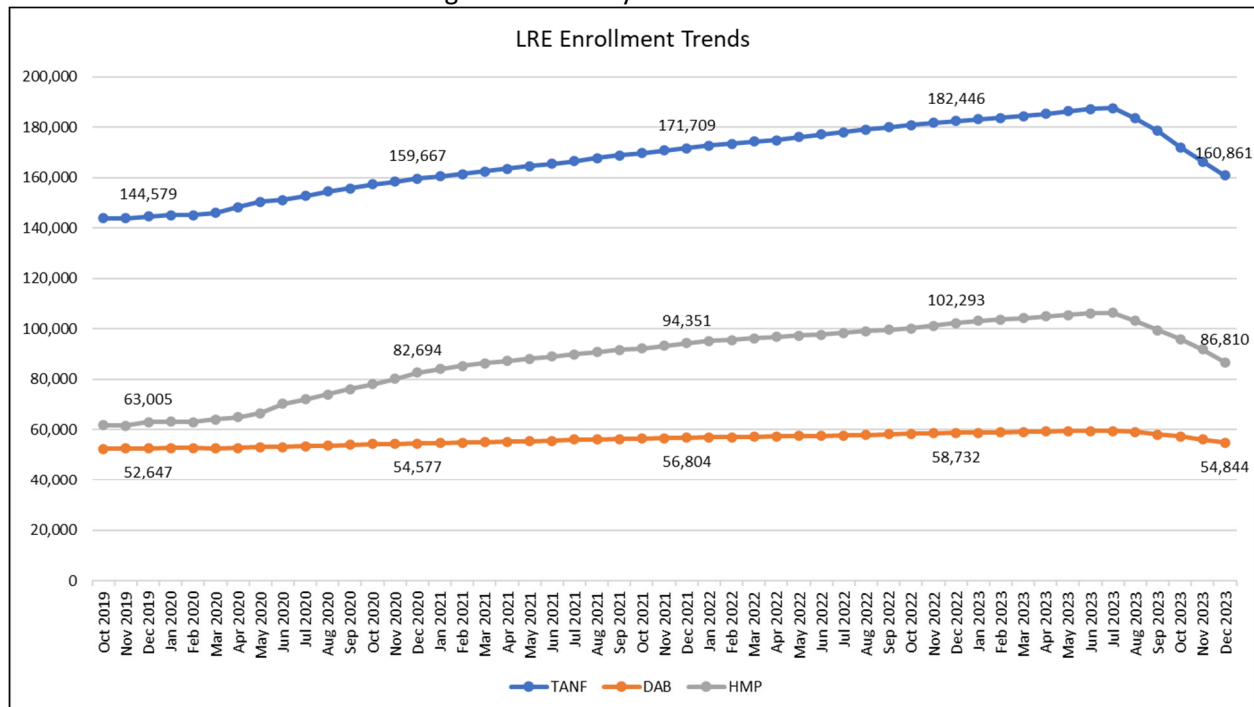
- **Cash Flow Issues** – On December 21, 2023, OnPoint reported a potential cash flow issue due to the continued decline in capitation revenue and timing of CCBHC Supplemental payments. They indicated that they would be closely monitoring payment amounts over the next several weeks and communicate with the LRE if there actually will be an issue.

- FY 2024 Revenue Projections** – Updated revenue and membership projections by program and Member CMHSP are below. Overall, projected revenue decreased \$6.4 million from the November projections. Approximately \$2.7 million is attributable to decreased enrollment. The remaining \$3.7 million is a decrease in CCBHC supplemental revenue due to revised daily visit projections. The current projections are a total of \$17.2 million less than the initial FY24 projections used for the budget in September. Medicaid disenrollments continue to exceed the assumptions used in the initial projections. Medicaid, Healthy Michigan, and Waiver projections are based on the final FY24 rates and actual year-to-date revenue received from MDHHS. CCBHC projections are based on MDHHS's PPS-1 rates and projected utilization (daily visits) provided by the CCBHCs.

FY 2024 Revenue Projection								
Total LRE				CMHSPs Breakdown (Net of CCBHC)				
	FY24 Initial Budget Projection	FY24 Current Budget Projection	FY24 Initial to Current Change	FY24 Initial to Current %Change	FY24 Initial Budget Projection	FY24 Current Budget Projection	FY24 Initial to Current Change	
MCD - MH	\$ 207,190,112	\$ 202,523,639	\$ (4,666,473)	-2.25%	MCD - MH			
MCD - SUD	\$ 8,537,141	\$ 8,339,141	\$ (197,999)	-2.32%	OnPoint	\$ 17,284,157	\$ 16,434,168	\$ (849,989)
HMP - MH	\$ 17,316,375	\$ 18,213,227	\$ 896,852	5.18%	Healthwest	\$ 40,828,236	\$ 39,260,586	\$ (1,567,649)
HMP - SUD	\$ 10,968,901	\$ 11,594,902	\$ 626,002	5.71%	Network180	\$ 106,864,576	\$ 106,758,442	\$ (106,134)
Autism	\$ 43,425,979	\$ 42,787,020	\$ (638,959)	-1.47%	Ottawa	\$ 28,947,323	\$ 27,522,090	\$ (1,425,233)
Waiver	\$ 54,702,000	\$ 52,278,242	\$ (2,423,757)	-4.43%	West Michigan	\$ 13,265,820	\$ 12,548,352	\$ (717,468)
CCBHC MCD Base Cap	\$ 28,080,950	\$ 24,198,660	\$ (3,882,289)	-13.83%	<b>Total MCD - MH</b>	<b>\$ 207,190,112</b>	<b>\$ 202,523,639</b>	<b>\$ (4,666,473)</b>
CCBHC HMP Base Cap	\$ 8,816,400	\$ 5,835,043	\$ (2,981,357)	-33.82%	MCD - SUD			
CCBHC MCD Supplementa	\$ 33,570,184	\$ 31,675,720	\$ (1,894,464)	-5.64%	OnPoint	\$ 710,483	\$ 684,181	\$ (26,302)
CCBHC HMP Supplementa	\$ 9,710,407	\$ 7,862,873	\$ (1,847,534)	-19.03%	Healthwest	\$ 1,744,259	\$ 1,678,458	\$ (65,801)
LRE Admin	\$ 13,922,556	\$ 13,922,556	\$ -	0.00%	Network180	\$ 4,367,218	\$ 4,344,112	\$ (23,106)
ISF	\$ -	\$ -	\$ -	-	Ottawa	\$ 1,139,694	\$ 1,081,652	\$ (58,042)
IPA	\$ 4,392,823	\$ 4,250,103	\$ (142,719)	-3.25%	West Michigan	\$ 575,487	\$ 550,738	\$ (24,749)
<b>Total Region</b>	<b>\$ 440,633,827</b>	<b>\$ 423,481,128</b>	<b>\$ (17,152,699)</b>	<b>-3.89%</b>	<b>Total MCD - SUD</b>	<b>\$ 8,537,141</b>	<b>\$ 8,339,141</b>	<b>\$ (197,999)</b>
Total CMHSPs					HMP - MH			
	FY24 Initial Budget Projection	FY24 Current Budget Projection	FY24 Initial to Current Change	FY24 Initial to Current %Change	OnPoint	\$ 1,562,109	\$ 1,480,605	\$ (81,504)
OnPoint	\$ 39,564,765	\$ 37,965,526	\$ (1,599,240)	-4.04%	Healthwest	\$ 3,506,666	\$ 3,275,912	\$ (230,754)
Healthwest	\$ 88,836,402	\$ 85,811,510	\$ (3,024,893)	-3.41%	Network180	\$ 8,581,263	\$ 9,969,267	\$ 1,388,004
Network180	\$ 202,488,593	\$ 193,080,331	\$ (9,408,262)	-4.65%	Ottawa	\$ 2,937,540	\$ 2,821,280	\$ (116,260)
Ottawa	\$ 58,464,588	\$ 56,587,895	\$ (1,876,693)	-3.21%	West Michigan	\$ 728,797	\$ 666,164	\$ (62,634)
West Michigan	\$ 32,964,100	\$ 31,863,207	\$ (1,100,893)	-3.34%	<b>Total HMP - MH</b>	<b>\$ 17,316,375</b>	<b>\$ 18,213,227</b>	<b>\$ 896,852</b>
<b>Total CMHSPs</b>	<b>\$ 422,318,448</b>	<b>\$ 405,308,468</b>	<b>\$ (17,009,980)</b>	<b>-4.03%</b>	HMP - SUD			
Average PMPM					OnPoint	\$ 992,950	\$ 948,284	\$ (44,665)
	FY24 Initial Budget Projection	FY24 Current Budget Projection	FY24 Initial to Current Change		Healthwest	\$ 2,304,644	\$ 2,159,336	\$ (145,308)
OnPoint	\$ 129.34	\$ 128.71	\$ (0.63)		Network180	\$ 5,420,235	\$ 6,334,397	\$ 914,162
Healthwest	\$ 126.38	\$ 126.17	\$ (0.20)		Ottawa	\$ 1,776,945	\$ 1,710,640	\$ (66,305)
Network180	\$ 108.60	\$ 106.84	\$ (1.76)		West Michigan	\$ 474,127	\$ 442,245	\$ (31,882)
Ottawa	\$ 107.13	\$ 107.59	\$ 0.46		<b>Total HMP - SUD</b>	<b>\$ 10,968,901</b>	<b>\$ 11,594,902</b>	<b>\$ 626,002</b>
West Michigan	\$ 131.36	\$ 131.24	\$ (0.12)		Autism			
<b>Total CMHSPs</b>	<b>\$ 115.07</b>	<b>\$ 114.14</b>	<b>\$ (0.93)</b>		OnPoint	\$ 3,869,583	\$ 3,789,250	\$ (80,333)
					Healthwest	\$ 8,901,598	\$ 8,739,847	\$ (161,751)
					Network180	\$ 21,692,163	\$ 21,500,001	\$ (192,161)
					Ottawa	\$ 6,399,627	\$ 6,255,622	\$ (144,005)
					West Michigan	\$ 2,563,008	\$ 2,502,299	\$ (60,709)
					<b>Total Autism</b>	<b>\$ 43,425,979</b>	<b>\$ 42,787,020</b>	<b>\$ (638,959)</b>
Member Month Projection					Waiver			
	FY24 Initial Budget Projection	FY24 Current Budget Projection	FY24 Initial to Current Change		OnPoint	\$ 6,882,345	\$ 6,365,899	\$ (516,446)
OnPoint	305,898	294,974	(10,924)		Healthwest	\$ 13,617,785	\$ 12,764,155	\$ (853,630)
Healthwest	702,952	680,117	(22,834)		Network180	\$ 21,763,578	\$ 20,980,196	\$ (783,382)
Network180	1,864,549	1,807,164	(57,385)		Ottawa	\$ 8,734,882	\$ 8,668,034	\$ (66,848)
Ottawa	545,720	525,946	(19,774)		West Michigan	\$ 3,703,410	\$ 3,499,958	\$ (203,452)
West Michigan	250,952	242,783	(8,168)		<b>Total Waiver</b>	<b>\$ 54,702,000</b>	<b>\$ 52,278,242</b>	<b>\$ (2,423,757)</b>
<b>Total Member Months</b>	<b>3,670,069</b>	<b>3,550,985</b>	<b>(119,085)</b>					

CMHSPs Breakdown - CCBHC			
	FY24 Initial Budget Projection	FY24 Current Budget Projection	FY24 Initial to Current Change
<b>MCD - CCBHC Base Capitation</b>			
OnPoint	\$ 1,847,952	\$ 1,847,952	\$ -
Healthwest	\$ 7,178,609	\$ 7,178,609	\$ -
Network180	\$ 12,411,447	\$ 8,529,158	\$ (3,882,289)
Ottawa	\$ 2,763,358	\$ 2,763,358	\$ -
West Michigan	\$ 3,879,583	\$ 3,879,583	\$ -
<b>Total</b>	<b>\$ 28,080,950</b>	<b>\$ 24,198,660</b>	<b>\$ (3,882,289)</b>
<b>HMP - CCBHC Base Capitation</b>			
OnPoint	\$ 297,906	\$ 297,906	\$ -
Healthwest	\$ 1,631,905	\$ 1,631,905	\$ -
Network180	\$ 4,808,317	\$ 1,826,960	\$ (2,981,357)
Ottawa	\$ 662,433	\$ 662,433	\$ -
West Michigan	\$ 1,415,840	\$ 1,415,840	\$ -
<b>Total</b>	<b>\$ 8,816,400</b>	<b>\$ 5,835,043</b>	<b>\$ (2,981,357)</b>
<b>MCD - CCBHC Supplemental Revenue</b>			
OnPoint	\$ 5,073,882	\$ 5,073,882	\$ -
Healthwest	\$ 7,321,626	\$ 7,321,626	\$ -
Network180	\$ 12,586,316	\$ 10,691,851	\$ (1,894,464)
Ottawa	\$ 3,930,417	\$ 3,930,417	\$ -
West Michigan	\$ 4,657,943	\$ 4,657,943	\$ -
<b>Total</b>	<b>\$ 33,570,184</b>	<b>\$ 31,675,720</b>	<b>\$ (1,894,464)</b>
<b>HMP - CCBHC Supplemental Revenue</b>			
OnPoint	\$ 1,043,399	\$ 1,043,399	\$ -
Healthwest	\$ 1,801,075	\$ 1,801,075	\$ -
Network180	\$ 3,993,480	\$ 2,145,946	\$ (1,847,534)
Ottawa	\$ 1,172,369	\$ 1,172,369	\$ -
West Michigan	\$ 1,700,084	\$ 1,700,084	\$ -
<b>Total</b>	<b>\$ 9,710,407</b>	<b>\$ 7,862,873</b>	<b>\$ (1,847,534)</b>

- 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 – December 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 2023. The state’s actuary expects most disenrollments to occur August 2023 – July 2024.



- **Funding Issues** – Bruce Bridges presented the following updated data at the January 18, 2024 CMHAM Contract and Financial Issues (CFI) meeting:

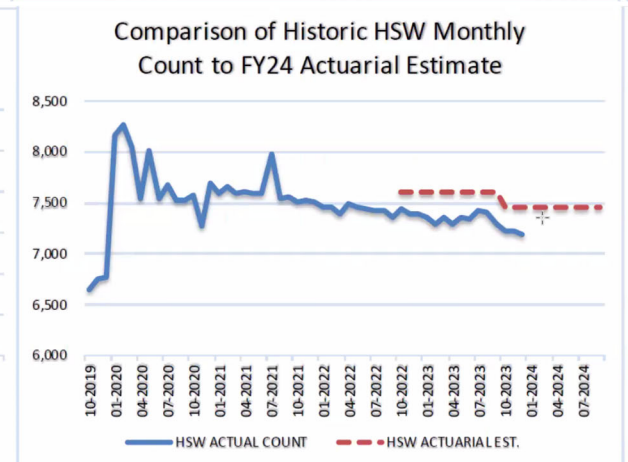
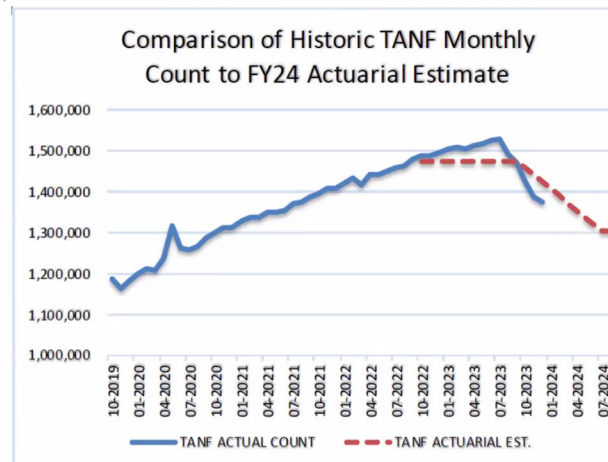
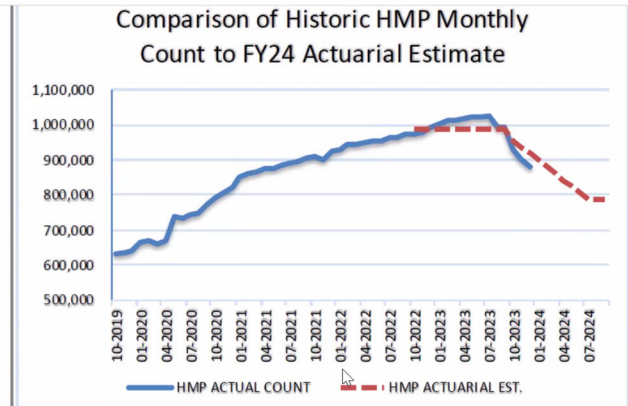
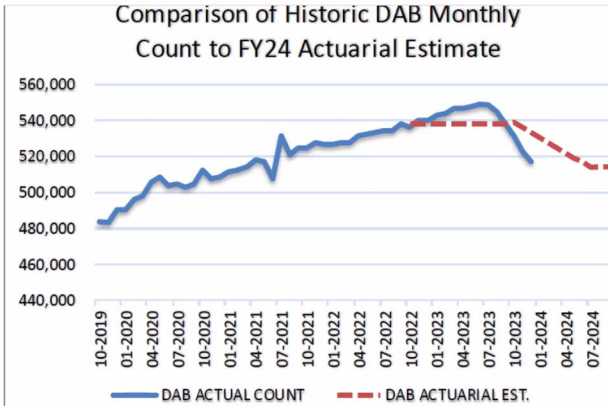
**Community Mental Health Association of Michigan - Comparison of Actuarial Projected Funding versus Actual Funding Advances FY24**

As of: **1/10/24**

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	\$ 553,815,349	\$ 528,597,130	3	(\$25,218,219)	95.4%
DAB Capitation Substance Use Disorder	\$ 11,120,277	\$ 10,420,121	3	(\$700,155)	93.7%
TANF Capitation Behavioral Health	\$ 99,967,031	\$ 96,501,669	3	(\$3,465,362)	96.5%
TANF Capitation Substance Use Disorder	\$ 12,374,112	\$ 12,298,345	3	(\$75,768)	99.4%
HSW,CWP, & SED Payments	\$ 166,375,000	\$ 159,375,043	3	(\$6,999,957)	95.8%
HMP Capitation Behavioral Health	\$ 81,840,471	\$ 79,910,459	3	(\$1,930,012)	97.6%
HMP Capitation Substance Use Disorder	\$ 37,289,554	\$ 36,784,042	3	(\$505,512)	98.6%
Autism all Populations	\$ 80,816,933	\$ 76,623,748	3	(\$4,193,185)	94.8%
<b>Total:</b>	<b>\$ 1,043,598,728</b>	<b>\$ 1,000,510,557</b>	-	<b>(\$43,088,171)</b>	<b>95.9%</b>

Capitation Populations	*Projected Per Certification Document	Actual Paid Census	Difference	As a Percentage
DAB Average Population per month	524,336	523,978	(358)	99.9%
TANF Average Population per month	1,368,450	1,396,706	28,256	102.1%
HMP Average Population per month	857,058	904,107	47,050	105.5%
HSW Average paid per month	7,457	7,216	(241)	96.8%

\* Population projection is from appendix 5 of Capitation Rate Certification Document



	Pre PHE Population & estimates			PHE Population Counts and Estimate					Post PHE Pop. Counts & Projections				
	FY2017	FY2018	FY2019	FY2020	FY2021	FY2022	8 mos. FY23	Jul-23 only	Aug-23	Sep-23	Oct-23	Nov-23	Dec-24
Average Monthly Population Count	494,523	486,399	482,976	497,564	516,245	530,463	543,771	548,267	544,510	538,319	531,386	523,183	517,365
Count of Actual Paid DABs	508,330	499,352	491,640	501,741	497,356	521,724	537,992	537,992	542,647	542,647	524,336	524,336	524,336
Actuarial Est. Count for DABs	508,330	499,352	491,640	501,741	497,356	521,724	537,992	537,992	542,647	542,647	524,336	524,336	524,336
Count of Actual Paid TANFs	1,197,913	1,194,655	1,173,523	1,231,816	1,342,262	1,434,557	1,502,845	1,528,387	1,492,444	1,470,988	1,425,280	1,388,656	1,376,181
Actuarial Est. Count for TANFs	1,014,848	1,180,800	1,176,693	1,209,485	1,228,809	1,371,533	1,473,957	1,473,957	1,484,159	1,484,159	1,368,450	1,368,450	1,368,450
Count of Actual Paid HMPs *	634,760	657,358	638,148	692,330	860,359	941,721	1,000,377	1,024,578	991,469	960,759	930,049	901,621	880,651
Actuarial Est. Count for HMPs **	602,504	636,886	647,446	683,935	699,134	935,964	987,416	987,416	1,005,478	1,005,478	857,058	857,058	857,058
Count for Actual paid HSWs			7,467	7,540	7,603	7,448	7,363	7,429	7,416	7,297	7,223	7,230	7,194
HSW prior period paid net count			128	5	34	>1	>1	0	0	0	0	7	(59)
Actuarial Est. Count for HSWs	7,727	7,684	7,608	7,637	7,416	7,417	7,606	7,606	7,606	7,606	7,457	7,457	7,457

\* Data for July 23 and September 23 are Estimated as a result of Large Retro Adjustments for prior Months  
 \*\* Actuarial Estimates prior to FY20 for HMP were derived from documents other than the annual certification



- **Legal Expenses** – Below, this chart contains legal expenses of the LRE that have been billed to the LRE to date for FY2022 and FY2023. No legal expenses have been billed to the LRE for FY2024 to date.

LAKESHORE REGIONAL ENTITY LEGAL EXPENSES REPORT December 31, 2023		
4/30/2022	BYLAWS/OPERATING AGREEMENT	5,700.00
7/28/2022	BYLAWS/OPERATING AGREEMENT	6,500.00
	<b>BYLAWS/OPERATING AGREEMENT TOTAL</b>	<b>12,200.00</b>
11/30/2021	CCHBC SUPPORT	812.50
	<b>CCHBC SUPPORT TOTAL</b>	<b>812.50</b>
2/11/2022	GENERAL/OTHER	325.00
1/16/2023	GENERAL/OTHER	10,000.00
2/3/2023	GENERAL/OTHER	250.00
12/20/2023	GENERAL/OTHER	5,000.00
	<b>GENERAL/OTHER TOTAL</b>	<b>15,575.00</b>
10/31/2021	HEALTHWEST LITIGATION	5,368.74
3/31/2022	HEALTHWEST LITIGATION	2,016.00
4/30/2022	HEALTHWEST LITIGATION	9,388.80
6/24/2022	HEALTHWEST LITIGATION	13,782.40
3/31/2023	HEALTHWEST LITIGATION	6,992.00
4/30/2023	HEALTHWEST LITIGATION	3,728.00
11/30/2023	HEALTHWEST LITIGATION	281.60
	<b>HEALTHWEST LITIGATION TOTAL</b>	<b>41,557.54</b>
10/31/2021	MANAGED CARE/MDHHS CONTRACT	17,058.00
11/30/2021	MANAGED CARE/MDHHS CONTRACT	9,992.00
12/31/2021	MANAGED CARE/MDHHS CONTRACT	5,202.00
1/25/2022	MANAGED CARE/MDHHS CONTRACT	23,501.31
2/17/2022	MANAGED CARE/MDHHS CONTRACT	9,280.00
2/17/2022	MANAGED CARE/MDHHS CONTRACT	17,125.00
2/28/2022	MANAGED CARE/MDHHS CONTRACT	20,051.20
2/28/2022	MANAGED CARE/MDHHS CONTRACT	6,312.50
3/31/2022	MANAGED CARE/MDHHS CONTRACT	4,032.00
4/11/2022	MANAGED CARE/MDHHS CONTRACT	421.50
6/24/2022	MANAGED CARE/MDHHS CONTRACT	2,863.57
7/25/2022	MANAGED CARE/MDHHS CONTRACT	6,788.23
8/22/2022	MANAGED CARE/MDHHS CONTRACT	4,437.50
8/25/2022	MANAGED CARE/MDHHS CONTRACT	16,806.40
9/29/2022	MANAGED CARE/MDHHS CONTRACT	20,832.00
9/30/2022	MANAGED CARE/MDHHS CONTRACT	23,104.65
10/31/2022	MANAGED CARE/MDHHS CONTRACT	9,307.00
11/30/2022	MANAGED CARE/MDHHS CONTRACT	33,792.00
11/30/2022	EARLY PAYMENT DISCOUNT	(5,068.80)
12/31/2022	MANAGED CARE/MDHHS CONTRACT	31,494.10
1/31/2023	MANAGED CARE/MDHHS CONTRACT	25,683.40
2/28/2023	MANAGED CARE/MDHHS CONTRACT	7,472.60
3/31/2023	MANAGED CARE/MDHHS CONTRACT	3,371.20
4/30/2023	MANAGED CARE/MDHHS CONTRACT	16,563.20
5/31/2023	MANAGED CARE/MDHHS CONTRACT	5,928.00
6/30/2023	MANAGED CARE/MDHHS CONTRACT	12,537.60
7/31/2023	MANAGED CARE/MDHHS CONTRACT	7,768.80
7/31/2023	EARLY PAYMENT DISCOUNT	(3,321.04)
8/31/2023	MANAGED CARE/MDHHS CONTRACT	1,302.40
9/30/2023	MANAGED CARE/MDHHS CONTRACT	2,810.40
10/31/2023	MANAGED CARE/MDHHS CONTRACT	3,547.20
11/30/2023	MANAGED CARE/MDHHS CONTRACT	563.20
	<b>MANAGED CARE/MDHHS CONTRACT TOTAL</b>	<b>341,559.12</b>
2/28/2023	NETWORK 180 LITIGATION	2,674.00
3/31/2023	NETWORK 180 LITIGATION	29,167.33
4/30/2023	NETWORK 180 LITIGATION	105.60
5/31/2023	NETWORK 180 LITIGATION	2,283.20
6/30/2023	NETWORK 180 LITIGATION	13,840.80
7/31/2023	NETWORK 180 LITIGATION	3,665.60
8/31/2023	NETWORK 180 LITIGATION	1,137.60
	<b>NETWORK 180 LITIGATION TOTAL</b>	<b>52,874.13</b>
	<b>GRAND TOTAL</b>	<b>\$ 464,578.29</b>



**BOARD ACTION REQUEST**

**Subject: December 2023 Disbursements**

Meeting Date: January 24, 2024

**RECOMMENDED MOTION:**

To approve the December 2023 disbursements of \$9,217,444.12 as presented.

**SUMMARY OF REQUEST/INFORMATION:**

<b><u>Disbursements:</u></b>	
Allegan County CMH	\$1,073,029.96
Healthwest	\$2,299,038.64
Network 180	\$2,635,273.02
Ottawa County CMH	\$1,312,928.11
West Michigan CMH	\$978,793.22
SUD Prevention Expenses	\$292,072.31
SUD Public Act 2 (PA2)	\$124,744.19
Administrative Expenses	\$501,564.67
<b>Total:</b>	<b>\$9,217,444.12</b>

93.21% 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:** *1/17/2024*



**Statement of Activities - Actual vs. Budget**  
**Fiscal Year 2023/2024**

As of Date: 11/30/23

Change in Net Assets	Year Ending 9/30/2024	11/30/2023		
	FY24 Budget <i>Amendment 1</i>	Budget to Date	Actual	Actual to Budget Variance
<b>Operating Revenues</b>				
Medicaid, HSW, SED, & Children's Waiver	279,931,132	46,655,189	48,753,742	2,098,554
Autism Revenue	42,777,367	7,129,561	7,866,044	736,483
DHS Incentive	471,247	78,541	-	(78,541)
Healthy Michigan	27,036,467	4,506,078	6,553,334	2,047,257
Performance Bonus Incentive	2,819,234	469,872	-	(469,872)
CCBHC Quality Bonus Incentive	1,745,775	290,963	-	(290,963)
Hospital Rate Adjuster (HRA)	12,576,256	2,096,043	-	(2,096,043)
Member Local Contribution to State Medicaid	1,007,548	167,925	167,925	(0)
Medicaid CCBHC Base Capitation	28,080,950	4,680,158	2,629,535	(2,050,623)
Healthy Michigan CCBHC Base Capitation	8,816,400	1,469,400	738,694	(730,706)
Medicaid CCBHC Supplemental Revenue	33,570,184	5,595,031	3,342,137	(2,252,893)
Healthy MI CCBHC Supplemental Revenue	9,710,407	1,618,401	1,874,187	255,785
MDHHS Grants	13,785,130	2,297,522	32,371	(2,265,150)
PA 2 Liquor Tax	3,748,366	624,728	-	(624,728)
Non-MDHHS Grants: DFC	142,215	23,703	12,764	(10,939)
Interest Earnings	640,059	106,677	98,119	(8,558)
Miscellaneous Revenue	5,500	917	730	(186)
<b>Total Operating Revenues</b>	<b>466,864,237</b>	<b>77,810,706</b>	<b>72,069,582</b>	<b>(5,741,124)</b>
<b>Expenditures</b>				
Salaries and Fringes	4,582,141	763,690	741,082	(22,608)
Office and Supplies Expense	276,380	46,063	29,004	(17,059)
Contractual and Consulting Expenses	1,022,279	170,380	76,974	(93,406)
Managed Care Information System (PCE)	305,200	50,867	49,200	(1,667)
Legal Expense	217,500	36,250	4,392	(31,858)
Utilities/Conferences/Mileage/Misc Exps	7,519,057	1,253,176	41,898	(1,211,278)
Grants - MDHHS & Non-MDHHS	545,800	90,967	37,802	(53,165)
Hospital Rate Adjuster / Taxes	16,833,924	2,805,654	-	(2,805,654)
Prevention Expenses - Grant & PA2	3,808,480	634,747	302,540	(332,207)
Member Payments - Medicaid/HMP	339,245,933	56,540,989	60,082,151	3,541,162
Member Payments - CCBHC Capitation	36,897,349	6,149,558	3,368,228	(2,781,330)
Member Payments - CCBHC Supplemental	43,280,591	7,213,432	2,243,500	(4,969,932)
Member Payments - PA2 Treatment	2,421,130	403,522	22,939	(380,583)
Member Payments - Grants	8,900,924	1,483,487	472,979	(1,010,508)
Local Contribution to State Medicaid	1,007,548	167,925	167,925	(0)
<b>Total Expenditures</b>	<b>466,864,237</b>	<b>77,810,706</b>	<b>67,640,613</b>	<b>(10,170,093)</b>
<b>Total Change in Net Assets</b>	<b>(0)</b>	<b>(0)</b>	<b>4,428,969</b>	<b>4,428,969</b>



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

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

**As of Date: 11/30/23**

**Operating Revenues**

Medicaid/HSW/SED/CWP	Less capitated Medicaid funding being utilized for CCBHC Medicaid than expected. Revenue expected to decline throughout FY24 due to declining Medicaid enrollments. Will be monitored for budget adjustments.
Autism Revenue	Revenue expected to decline throughout FY24 due to declining Medicaid enrollments. Will be monitored for budget adjustments.
DHS Incentive	This revenue is received quarterly beginning in April.
Healthy Michigan	Less capitated Healthy Michigan funding being utilized for CCBHC Healthy MI than expected. Revenue expected to decline throughout FY24 due to declining Medicaid enrollments. Will be monitored for budget adjustments.
Performance Bonus Incentive	Revenue is received after the end of the fiscal year if health plan performance metrics are met.
CCBHC Quality Bonus	Revenue is received after the end of the fiscal year if health plan performance metrics are met.
Hospital Rate Adjuster	Revenue is received quarterly. First quarter payment is expected in January.
Member Local Match Revenue	N/A - Closely aligned with the current budget projections.
Medicaid CCBHC Base Capitation	Lower than expected CCBHC daily visits. Working with CCBHCs to revise their daily visit projections and revise revenue projections if necessary.
Healthy MI CCBHC Base Capitation	Lower than expected CCBHC daily visits. Working with CCBHCs to revise their daily visit projections and revise revenue projections if necessary.
Medicaid CCBHC Supplemental Revenue	Lower than expected CCBHC daily visits. Working with CCBHCs to revise their daily visit projections and revise revenue projections if necessary.
Healthy MI CCBHC Supplemental Revenue	Higher than expected CCBHC daily visits. Working with CCBHCs to revise their daily visit projections and revise revenue projections if necessary.
MDHHS Grants	MDHHS grant reimbursements are typically 45 days in arrears and SUD grant payments are received quarterly.
PA 2 Liquor Tax	PA2 revenues are received quarterly, after the Department of Treasury issues payments to the counties. Initial payments are expected in the 2nd quarter.
Non-MDHHS Grants: DFC	Provider billings for grant draw down/reimbursement are behind.
Interest Revenue	Will be monitored for adjustments during the next amendment
Miscellaneous Revenue	Revenue may be received throughout the year, but the budgeted amount is not guaranteed.

**Expenditures**

Salaries and Fringes	N/A - Closely aligned with the current budget projections.
Office and Supplies	Currently under budget. Will monitor for possible future budget amend.
Contractual/Consulting	Currently under budget. Will monitor for possible future budget amend.
Managed Care Info Sys	N/A - Closely aligned with the current budget projections.
Legal Expense	Currently under budget. Will monitor for possible future budget amend.
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 days in arrears. In addition, as noted above, some grants are being paid quarterly.
HRA/Taxes	IPA & HRA taxes are paid quarterly. First quarter HRA payment will be made in quarter two.
Prevention Exps - Grant/PA2	MDHHS SUD grant payments are made quarterly, pending receipt of an Operating Advance from MDHHS.
Member Med/HMP Payments	Revenue expected to decline throughout FY24 due to declining Medicaid enrollments, resulting in lower payment to Members. Will be monitored for budget adjustments.
Member CCBHC Capitation	Lower than expected CCBHC daily visits. Working with CCBHCs to revise their daily visit projections and revise revenue projections if necessary.
Member CCBHC Supplemental	Lower than expected CCBHC daily visits. Working with CCBHCs to revise their daily visit projections and revise revenue projections if necessary.
Member PA2 Tx Payments	Billings against this line item typically occur after other grant funding is applied. Spending is based on projections and will be monitored for amendments.
Member Grant Payments	Most of these payments are billed to the LRE and paid by MDHHS 45 days in arrears. In addition, as noted above, some grants are being paid quarterly.
Local Contribution to State Medicaid	N/A - Closely aligned with the current budget projections.

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

**Lakeshore Regional Entity Combined Monthly FSR Summary**  
**FY 2024**  
**November 2023 Reporting Month**  
**Reporting Date: 1/17/24**

ACTUAL:	HealthWest	Network180	OnPoint	Ottawa	West Michigan	LRE	Total
<b>Distributed Medicaid/HMP Revenue</b>							
<b>Total Distributed Medicaid/HMP Revenue</b>	11,852,539	31,140,084	5,103,748	8,778,598	3,674,025	968,760	61,517,754
<b>Total Capitated Expense</b>	8,745,078	30,380,782	4,178,705	4,105,008	3,350,228	968,760	51,728,562
<b>Actual Surplus (Deficit)</b>	3,107,460	759,302	925,043	4,673,590	323,797	-	9,789,192
<b>% Variance</b>	26.22%	2.44%	18.12%	53.24%	8.81%	0.00%	
<b>Information regarding Actual (Threshold: Surplus of 5% and deficit of 1%)</b>	October and November expenses coming under what is expected due to a large number of FTE openings and a hold on Provider Network increases	Network180 is experiencing increase demands in autism and specialized residential services. In order to serve individuals as required, expenses will exceed distributed revenue. Additionally, revenue projections continue to fall monthly as enrollment trends downward.	Increased surplus is due to revised identification of services classified as CCBHC versus nonCCBHC. OnPoint is working on validating this data and updating our projections.	Reporting ACTUALS paid through 11/30/23.	Provider contract adjustments and union contract increases both take effect 1/1/24. WM is also experiencing Medicaid revenue declining as we move through the year related to the restatement of annual Medicaid enrollment.		
<b>PROJECTION:</b>	<b>HealthWest</b>	<b>Network180</b>	<b>OnPoint</b>	<b>Ottawa</b>	<b>West Michigan</b>	<b>LRE</b>	<b>Total</b>
<b>LRE Revenue Projections as of: November</b>							
<b>Total Projected Medicaid/HMP Revenue</b>	68,581,743	164,120,653	29,915,583	48,416,919	20,529,844	61,651,134	393,215,875
<b>Total Capitated Expense Projections</b>	64,957,021	186,176,079	30,393,469	48,028,518	20,794,114	61,651,134	412,000,335
<b>Projected Surplus (Deficit)</b>	3,624,722	(22,055,426)	(477,886)	388,401	(264,270)	-	(18,784,459)
<b>% Variance</b>	5.29%	-13.44%	-1.60%	0.80%	-1.29%	0.00%	
<b>Information regarding Projections (Threshold: Surplus of 5% and deficit of 1%)</b>	As we fill positions and complete provider network January 1st increases, we will see this decline slightly.	Network180 is experiencing increase demands in autism and specialized residential services. In order to serve individuals as required, expenses will exceed distributed revenue. Additionally, revenue projections continue to fall monthly as enrollment trends downward.	OnPoint is reviewing our projected spending in light of the new decreased revenue projections. A revised spending plan will be prepared.	Less than threshold for explanation	WM is experiencing Medicaid revenue declining as we move through the year related to the restatement of annual Medicaid enrollment.		
<b>PROPOSED SPENDING PLAN:</b>	<b>HealthWest</b>	<b>Network180</b>	<b>OnPoint</b>	<b>Ottawa</b>	<b>West Michigan</b>	<b>LRE</b>	<b>Total</b>
Submitted to the LRE as of:	11/1/2023	9/22/2023	11/4/2023	11/6/2023	11/3/2023		
<b>Medicaid/HMP Revenue</b>			<b>DRAFT ONLY - NOT ACCEPTED AS FINAL</b>				
<b>Total Budgeted Medicaid/HMP Revenue</b>	69,625,245	166,119,203	30,401,517	48,979,645	20,794,581	13,922,556	349,842,747
<b>Total Budgeted Capitated Expense</b>	64,957,020	173,091,232	30,393,469	48,900,000	20,794,114	13,922,556	352,058,391
<b>Budgeted Surplus (Deficit)</b>	4,668,225	(6,972,029)	8,048	79,645	467	-	(2,215,644)
<b>% Variance</b>	6.70%	-4.20%	0.03%	0.16%	0.00%	0.00%	
<b>Information regarding Spending Plans (Threshold: Surplus of 5% and deficit of 1%)</b>	Built in a projected surplus to the spending plan. This was done to accommodate a greater decline in the medicad population.	Network180 has significant unmet service need in autism and specialized residential services and a very fragile provider network. In order to maintain a provider network to provide required services, rate increases from 3-5% are necessary. Additionally, revenue projections continue to fall monthly as enrollment trends downward.	Less than threshold for explanation	Less than threshold for explanation	Less than threshold for explanation		
<b>Variance between Projected and Proposed Spending Plan</b>	(1,043,503)	(15,083,397)	(485,934)	308,756	(264,737)	-	(16,568,815)
<b>% Variance</b>	-1.50%	-9.08%	-1.60%	0.63%	-1.27%	0.00%	
<b>Explanation of variances between Projected and Proposed Spending Plan (Threshold: Surplus of 5% and deficit of 1%)</b>		Network180 is experiencing increase demands in autism and specialized residential services. In order to serve individuals as required, expenses will exceed distributed revenue.		Less than threshold for explanation			

Lakeshore Regional Entity Combined Monthly FSR Summary  
 FY 2024  
 November 2023 Reporting Month  
 Reporting Date: 1/17/24

CCBHC ACTIVITY							
	HealthWest	Network180	OnPoint	Ottawa	West Michigan	LRE	Total
<b>ACTUAL:</b>							
Distributed Medicaid/HMP CCBHC Revenue							
Total Distributed Medicaid/HMP CCBHC Revenue	3,756,878	543,112	1,608,627	1,172,384	1,938,423	119,991	9,139,415
Total Capitated CCBHC Expense	3,680,002	3,007,137	1,382,184	805,109	1,918,144	15,943	10,808,518
Actual CCBHC Surplus (Deficit)	76,877	(2,464,024)	226,443	367,275	20,279	104,048	(1,669,103)
% Variance	2.05%	-453.69%	14.08%	31.33%	1.05%	86.71%	
<b>Information regarding CCBHC Actual (Threshold: Surplus of 5% and deficit of 1%)</b>	Less than threshold for explanation.  Surplus retained by CCBHC to be used in subsequent fiscal year.	As Network180 continues to implement CCBHC, daily visits have not ramped up during the first few months, but we expect this to stabilize over the year.  Deficit is the responsibility of the CCBHC and not the PHP.	Surplus retained by CCBHC to be used in subsequent fiscal year.	Exceeding preliminary daily visit projections.  Surplus retained by CCBHC to be used in subsequent fiscal year.	Less than threshold for explanation  Surplus retained by CCBHC to be used in subsequent fiscal year.	Surplus is used to cover PHP administration on traditional capitation administration expenses.	
<b>PROJECTION:</b>							
LRE CCBHC Revenue Projections *							
Total Projected Medicaid/HMP CCBHC Revenue	17,933,215	33,799,561	8,263,139	8,528,576	11,653,450	719,945	80,897,886
Capitated CCBHC Expense Projections							
Total Capitated CCBHC Expense Projections	22,785,722	21,675,464	6,422,864	8,440,000	11,653,450	95,658	71,073,159
Projected CCBHC Surplus (Deficit)	(4,852,507)	12,124,096	1,840,275	88,576	-	624,287	9,824,727
% Variance	-27.06%	35.87%	22.27%	1.04%	0.00%	86.71%	
<b>Information regarding CCBHC Projections (Threshold: Surplus of 5% and deficit of 1%)</b>	Services are projected to come in higher than is anticipated in base and supplemental. I would anticipate as services are provided this to close the gap.	Network180 has contacted the LRE about revising the LRE revenue projections. As Network180 is working with DCOs, we expect our daily visit projections to change.		Less than threshold for explanation	Less than threshold for explanation	Surplus is used to cover administration on traditional capitation administration expenses.	
<b>PROPOSED SPENDING PLAN:</b>							
Submitted to the LRE as of:	11/1/2023	9/22/2023	11/4/2023	11/6/2023	11/3/2023		
Medicaid/HMP Revenue							
Total Budgeted Medicaid/HMP CCBHC Revenue	17,933,215	33,799,561	8,263,139	8,528,576	11,653,450	719,945	80,897,886
Total Budgeted Capitated CCBHC Expense	22,785,723	23,854,690	6,422,864	8,440,000	11,653,450	95,658	73,252,385
Budgeted Surplus (Deficit)	(4,852,508)	9,944,870	1,840,275	88,576	-	624,287	7,645,501
% Variance	-27.06%	29.42%	22.27%	1.04%	0.00%	86.71%	
<b>Information regarding CCBHC Spending Plans (Threshold: Surplus of 5% and deficit of 1%)</b>	Built in a projected surplus to the spending plan. This was done to accommodate a greater decline in the medicaid population.			Less than threshold for explanation	Less than threshold for explanation	Surplus is used to cover administration on traditional capitation administration expenses.	
<b>Variance between CCBHC Projected and Proposed Spending Plan</b>	1	2,179,226	-	-	-	-	2,179,227
% Variance	0.00%	6.45%	0.00%	0.00%	0.00%	0.00%	
<b>Explanation of variances between CCBHC Projected and Proposed Spending Plan (Threshold: Surplus of 5% and deficit of 1%)</b>	Less than threshold for explanation	Network180 has contacted the LRE about revising the LRE revenue projections. As Network180 is working with DCOs, we expect our daily visit projections to change.	Less than threshold for explanation	Less than threshold for explanation	Less than threshold for explanation	Less than threshold for explanation	

**CEO Report**  
**January 24, 2024**

HAPPY NEW YEAR!!!!

It is a Great Day to be a part of the Lakeshore Regional Entity!

**PIHP/REGIONAL Update**

1. **LRE Updates**

- Currently the LRE has 2 open positions that are posted on the website: Quality Assistant, and Part-Time Data Analyst.

2. **Regional Updates**

- Historical Deficit Update  
*Update:* The Muskegon lawsuit against the LRE for 2017-2019 historical deficit has been dismissed without prejudice.
- Funding Revenue Streams/HAB Waiver Slot/Behavioral Health Homes/Opioid Health Homes
  - Priority for LRE remains tracking the drop in regional revenue. The decrease can be broken down into two primary areas presently:
    - HSW clients being placed in Plan First, put on a spend down, or losing Medicaid altogether. The LRE is tracking the movement of beneficiaries regarding MA designation, as well as if they are dropping off the enrollment and capitated payment. LRE plans to give MDHHS a monthly report to help in identifying why this is occurring.
    - The other issue is the MA rates. LRE will be participating with two other PIHPs to attend a joint meeting with MDHHS and CMHAM. The purpose is to provide aggregated data to show how the revenue is dropping at a faster rate than Milliman factored when determining the rates. All 10 PIHPs will be working to provide MDHHS with further analysis towards the end of March.
  - It is imperative that CMHs develop a containment plan to keep expenditures as low as possible until MDHHS/Milliman can make a determination about rates.
  - HAB Waiver – During weekly meetings with MDHHS there has been ongoing discussion about the allocation of HSW slots. Region 3 has

historically been under the state average number of slots although we consistently utilize every slot and have a need for more. LRE has requested 269 additional waiver slots which will bring us up to the state average. Mr. Wiefenich has agreed to review this request internally and stated that this is a good opportunity because the state is re-evaluating the waiver slots because their 372 report is being completed for CMS.

**Update:** LRE received 30 slots from MSHN. Thank you to Region 5 for this action. As stated in an email communication earlier this month, the slots have not been loaded into the WSA yet. LRE met with MDHHS on Friday, 1/19/2024 where they asked for information which was provided to them before COB on Friday. Currently there are 25 packets ready for enrollment, and 14 waiting for updates.

- FY 18-22 Cost Settlement with MDHHS and LRE Financial Audits –
  - FY 22 financial audit was submitted prior to the 12/31/23 deadline.
  - LRE staff continue to work with MDHHS on the cost settlement process for FYs18 - 21. This would bring LRE current with MDHHS on the cost settlement process.
  
- Autism
  - The joint presentation between LRE/N180 to MDHHS has been scheduled for 1/31/2024. The presentation is to recommend a potential short-term solution to address the children's autism access issue.
  
- PIHP/CMHSP Contract
  - The LRE has received all feedback from the CMHs concerning the new PIHP/CMHSP boilerplate contract. A grid has been developed containing all feedback and LRE is working with legal to update the draft boilerplate. The LRE will continue to give updates as we move forward on this project. LRE would like to thank the Members for the time that was put into the feedback.

## **STATE OF MICHIGAN/STATEWIDE ACTIVITIES**

### **Legislative Update:**

- The LRE met with Alan Bolter, Associate Director of CMHA, to discuss a strategy for meeting with legislatures in Region 3. The LRE is developing one-page documents highlighting areas in need of legislative support. More to come on this in the future.



The LRE would like to highlight the following bills as action items:

State Legislation:	Federal Legislation
<ul style="list-style-type: none"><li>• SB 27</li><li>• HB 4576 &amp; 4577, 4579 &amp; 4580, 4707, 4213</li><li>• Keep MI Kids Tobacco Free Alliance Bill Package (SB 649 &amp; 650, SB 651 &amp; 652, SB 648, SB 647, SB 654, SB 653)</li></ul>	<ul style="list-style-type: none"><li>• S. 2993, 1323, 2860</li><li>• HR 2891</li><li>• S. 3579 &amp; HR 6982 (GRIT Act)</li></ul>

Details can be found in the full Legislative Update Report attached to the end of this document.

### **OTHER**

- Winter CMHA Board Association Winter Conference is scheduled for February 5<sup>th</sup> – 7<sup>th</sup>. If there is any LRE BOD that would like to attend, please contact Marion about the registration process and lodging.
- **Board Works Videos Available Online:**  
The CMHA BoardWorks program was developed to assist Board members in fulfilling their obligations as CMH leaders, directors of policy, and advocates for those they serve. Traditionally, these modules have been offered at conferences and through DVDs. CMHA now offers updated modules available for viewing on our website. The following BoardWorks modules are currently available with more to come! Click [here](#) to view.
  - Foundations – Intended Beneficiary Command
  - Foundations – Public Policy
  - Management – Systems
  - Current and Future Funding for CMHSPs and PIHPs (formerly Budgets)
  - Leadership – Participatory Governance and Ethical Implications (formerly Character)

Report by Mary Marlatt-Dumas, CEO, Lakeshore Regional Entity



# Lakeshore Regional Entity’s Legislative Update – 01/16/2024



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

Highlight = Suggestions for Action & Supported/ Opposed by CMHAM (Community Mental Health Association of Michigan)

## STATE LEGISLATION

BILLS & REGULATIONS PERTAINING TO MENTAL HEALTH				
Priority	BILL #	SUMMARY	SPONSOR	ACTION DATE
	SB 27	Legislation that would require insurers to provide coverage for mental health and substance abuse disorder services on the same level as that of coverage for physical illness. Federal law requires mental health coverage to be equal to physical illness. The bill would require insurance coverage for mental health conditions, including substance use disorders, to be no more restrictive than insurance coverage for other medical conditions.  <b>*Supported by CMHAM</b>	Sarah Anthony	1/18/23 – Introduced to the Senate; Referred to Committee on Health Policy 10/12/23 – Reported favorably with substitute; Referred to committee oof the whole with substitute 10/18/23 – Passed the Senate, Referred to House Committee on Insurance and Financial Services
***	HB 4576 & 4577	Reintroduced versions of Sen. Shirkey’s legislation (SB 597 & 598) from 2022. Legislation to create an integrated plan to merge the administration and provision of Medicaid physical health care services and behavioral health specialty services.  <b>*Opposed by CMHAM</b>	Curtis VanderWall	5/16/23 – Introduced, read, and referred to Committee on Health Policy
	HB 4320 & 4387	Provides for penalties for coercing a vulnerable adult into providing sexually explicit visual material; and provides sentencing guidelines for crime of coercing vulnerable adult into providing sexually explicit visual material	Sharon MacDonell	3/22/23 – Introduced; referred to Committee on Families, Children and Seniors 6/27/23 – Referred to a second reading 10/5/23 – Read a second time; substitute adopted; placed on third reading 10/17/23 – Referred to Committee on Civil Rights, Judiciary, and Public Safety 11/7/23 – Reported favorably without amendment; Referred to Committee of the Whole

**BILLS & REGULATIONS PERTAINING TO MENTAL HEALTH**

Priority	BILL #	SUMMARY	SPONSOR	ACTION DATE
				11/14/23 – Signed by the Governor, assigned PA 275'23 & 276'23
	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	<i>Provides general changes to the medical assistance program</i>	Will Snyder Graham Filler	5/2/23 – Introduced; referred to Committee on Health Policy 6/13/23 – Passed House 6/27/23 – Passed Senate 7/10/23 – Presented to Governor 7/19/23 – Approved by the Governor; Filed with Secretary of State; assigned PA 98'23 with immediate effect
	HB 4523	Modifies eligibility for mental health court for those with violent offenses	Kara Hope	5/4/23 – Introduced; referred to Committee on Judiciary 6/7/23 - reported with recommendation with substitute (H-1), referred to a second reading 10/31/23 – read a third time, passed given immediate effect 11/1/23 - Referred to Committee on Civil Rights, Judiciary, and Public Safety
	HB 4579, 4580, & 4131	Requires reimbursement rate for telehealth visits to be the same as office visits <b>*Supported by CMHAM</b>	Natalie Price, Felicia Brabec	5/16/23 – Introduced; referred to Committee on Health Policy 10/31/23 – Referred to a second reading 11/14/23 – Referred to Committee on Health Policy
	HB 4649	Require height-adjustable, adult-sized changing tables in public restrooms	Lori Stone	5/23/23 – Introduced; referred to Committee on Regulatory Reform
	HB 4745-4749	Bills related to access to assisted outpatient treatment, outpatient treatment for misdemeanor offenders, hospital evaluations, mediation, and competency exams	Brian BeGole, Donni Steele, Tom Kuhn, Mark Tisdell	6/14/23 – Introduced; referred to Committee on Health Policy
	HB 4171	Modifies the priority of a professional guardian.	Curtis VanderWall	3/2/23 – Introduced; Read; referred to Committee on Judiciary
***	HB 4909-12 & 5047	HB 4909-12 would institute long-awaited reforms to Michigan’s guardianship statutes, and HB 5047 would create the Office of State Guardian.	Kelly Breen	7/18/23 – Introduced; Referred to Committee on Judiciary 10/11/23 – Reported with recommendation with

## BILLS & REGULATIONS PERTAINING TO MENTAL HEALTH

Priority	BILL #	SUMMARY	SPONSOR	ACTION DATE
		Supported by the Department of Attorney General, Disability Rights Michigan, the Michigan Elder Justice Initiative, AARP, Alzheimer's Association, and The Michigan Long Term Care Ombudsman Program.		substitute (H-1); Referred to a second reading 10/24/23 – Read a third time 10/25/23 – Referred to Committee on Civil Rights, Judiciary, and Public Safety
	HB 5184 & 5185	Legislation would remove the social work test as a criterion for social work licensure and replace it with the strengthening of the supervised clinical experience requirements already required for licensure.  *Supported by CMHAM	Felicia Brabec	10/19/23 – Introduced, Read a first time, Referred to Committee on Health Policy 11/9/23 – CMHAM (Bob Sheehan) provided testimony in favor of the bills.
	HB 5276-5280	A bill to create the office of mental health and suicide prevention in the Michigan veterans affairs agency and provide for its powers and duties; and to provide for the powers and duties of certain state governmental officers and entities.	Jennifer Conlin	10/26/23 – Introduced, read a first time, referred to Committee on Military, Veterans, and Homeland Security.
	SB 227	Would amend the childcare licensing Act to allow for emergency physical management/therapeutic de-escalation (certain levels of restraint & seclusion) in certain children's residential settings.	Dan Lauwers Kevin Hertel Stephanie Chang	3/22/23 – Introduced 10/12/23-11/8/23 – Read several times, voted on, vote reconsidered, enrollment vacated 1/10/24 – Returned to Senate
	HB 4693	Would allow for remote participation for a CMH & PIHP meeting	John Fitzgerald	5/30/23 – Introduced, read, referred to Committee on Local Government and Municipal Finance
	HB 5343-5347	The "Advancing MI Health" Package seeks to increase access to care by cutting red tape encountered by many mental and behavioral health practitioners in applying to join insurance network panels. Additionally, the package assists the State of Michigan in monitoring health insurers' compliance with federal laws mandating coverage parity for mental and behavioral health services.	Noah Arbit Felicia Brabec Betsy Coffia Denise Mentzer	11/14/23 – Introduced, read, referred to Committee on Health Policy.
	HB 5371 & 5372	The department must develop a prospective payment system under the medical assistance program for funding certified community behavioral health clinics. The payment system must fully comply with all federal payment methodologies. The department must submit to the federal Centers for Medicare Medicaid Services any approval request necessary for a Medicaid 1115 waiver.	Felicia Brabec Phil Green	11/14/23 – Introduced, read, referred to Committee on Health Policy.
	SB 625&626	These bills would address Limited Licensed Psychologists and the ability or inability to diagnose Autism.	Michael Webber Sam Singh	11/1/23 - Introduced, referred to Committee on Health Policy.

**BILLS & REGULATIONS PERTAINING TO SUD**

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
***	SB 649 & 650 SB 651 & 652 SB 648 SB 647 SB 654 SB 653	<b>Protect MI Kids Bill Package:</b> 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 John Cherry Stephanie Chang Paul Wojno Sue Shink Mary Cavanaugh	<a href="https://d31hzhk6di2h5.cloudfront.net">Preemption one pager (d31hzhk6di2h5.cloudfront.net)</a>  10/17/23 – Anticipating Senator Singh will be introducing the bill package this week. 11/9/23 – Introduced, Referred to Committee on Regulatory Affairs
	HB 4049	A bill to require CRA to consider all applications by spouses of government officials for licensed marijuana establishments, and to not deny them based on their spouse’s government affiliation.	Pat Outman	1/31/23 - Introduced and referred to Committee on Regulatory Reform
	HB 4061	Kratom Consumer Protection Act: A bill to regulate the distribution, sale, and manufacture of kratom products	Lori Stone	2/1/23 - Introduced and referred to Committee on Regulatory Reform
	SB 133	A bill to provide for the review and prevention of deaths from drug overdose; allow for creation of overdose fatality review teams and power and duties of those teams; and for other purposes	Sean McCann	3/2/23-Introduced and referred to Committee on Health Policy 10/5/23 – Reported and referred by committee of the whole favorably with substitute; passed roll call 10/10/23 – Referred to Committee on Health Policy 11/2/23 – Referred to second reading 11/8/23 - read a second time, placed on immediate passage, passed; given immediate effect, returned to Senate 11/9/23 - ORDERED ENROLLED 12/6/23 - PRESENTED TO GOVERNOR 12/13/23 – Approved by Governor 12/29/23 – Assigned PA 0313’23
	HB 4430	A bill to require all marijuana sales to provide safety information at the point of sale. Safety info includes: Safe storage, proper disposal, poison control information and the following statements: (A) To avoid dangerous drug interactions, it is recommended that you consult with your prescriber or pharmacist before consuming this product. (B) Exercise care if you consume this product with alcohol. (C) Consuming this product with a controlled substance could increase the risk of side effects or overdose. (D) Do not operate heavy machinery or perform other dangerous tasks under the influence of this product unless you know how this product affects you.	Veronica Paiz	4/19/23-introduced and referred to Committee on Regulatory Reform
	SB 180/179	Allow the Cannabis Regulatory Agency (CRA) to enter into an agreement with an	Roger Hauck	6/14/23-Passed Senate and received in House

**BILLS & REGULATIONS PERTAINING TO SUD**

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
		<i>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.</i>		<i>Committee on Regulatory Reform 10/5/23 – Reported with recommendation without amendment; referred to second reading; place on third reading; passed by ¾ vote; returned to Senate 10/10/23 – Ordered enrolled 10/24/23 – Signed by Governor and given immediate effect, assigned PA 0166'23</i>
	<i>SB 141/HB 4201</i>	<i>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.</i>	<i>Mallory McMorrow &amp; Kristian Grant</i>	<i>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</i>
	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
	<i>SB 247</i>	<i>The bill would allow the holder of a special license issued by the MLCC to sell and serve alcoholic liquor on the premises of a licensed public area of a facility used for intercollegiate athletic events on dates and times other than the dates and times provided to the MLCC. A licensee that had been issued a catering permit could deliver and serve alcoholic liquor at a private event on the premises on dates and times other than the dates and times provided to the MLCC.</i>	<i>Sean McCann</i>	<i>7/19/23-Assigned PA 0096'23 with immediate effect</i>
	HB 4734/4735 /4736	A bill package to require all school districts to have an opioid antagonist in each school building, and at least one trained staff in each building; require local health departments to provide antagonist and training to schools & staff.	David Prestin John Fitzgerald Matt Koleszar	6/13/23-Introduced and referred to Committee on Education
	HB 4322	The bill would allow individuals who are 19 years of age or older to be employed at or volunteer for marijuana establishments, with the direct supervision of a person 21+.	Kevin Coleman	6/28/23-Read a third time in House, substitute adopted, and postponed temporarily
	HB 4600	The bill would prohibit the CRA from denying an application based on spouses of applicants holding positions in certain governmental bodies	Mike McFall	5/18/23-Introduced and referred to Committee on Regulatory Reform 9/12/23 – Reported with recommendation without amendment, referred to a second reading. 9/28/23 – Read a second time; placed on third

**BILLS & REGULATIONS PERTAINING TO SUD**

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	HB 4601	The bill to include within a Cannabis Processor License the ability to extract THC concentrates and package for sale on the premises; allow for transfer of products amongst other licensed establishments both on the same location and to other locations; prohibit the denial of a license based upon the background check of an applicant's spouse.	Mike McFall	reading 5/23/23-Introduced and referred to Committee on Regulatory Reform 9/12/23 – Reported with recommendation without amendment, referred to a second reading. 9/28/23 – Read a second time; placed on third reading
***	HB 4707	The bill would amend the Insurance Code to require health insurers in Michigan to provide coverage for medically necessary treatment of a mental health or substance abuse disorder. The bill would set requirements for coverage of out-of-network services and emergency services, as well as requirements related to prior authorization, utilization review, and the determination of level of care for insured individuals. The bill states that it would not apply to any entity or contracting provider that performs utilization review or utilization management functions on an insurer's behalf. <b>***Supported by CMHAM.</b>	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 10/24/23 – Read a second time, placed on third reading 10/25/23 – Removed from the House Agenda  <b>CMHAM REQUEST FOR ACTION: We are asking you to reach out to your legislators (House &amp; Senate) and the Governor and URGE them to support HB 4707 and encourage their leadership to bring the bill up for a vote in the fall legislative session. HB 4707 will go a long way in improving people's lives across the state.</b>
	HB 4213	The bill would require telemedicine coverage for SUD and behavioral health services  <b>*Supported by CMHAM</b>	Christine Morse	3/8/23 – Introduced; Referred to Committee on Health Policy 10/31/23 – Referred to second reading 11/9/23 - read a second time, placed on immediate passage, passed; given immediate effect 11/14/23 – Referred to Committee on Health Policy
	HB 4690	Secular Recovery Bill: This bill would amend the Code of Criminal Procedure to require a court that orders a defendant to attend a court-ordered substance use disorder recovery program as part of a sentence or deferred proceeding to ask on the record whether the defendant has an objection to a religious element of that program. If the defendant objects to a religious element, the court would have to identify a secular treatment program that the defendant confirms on the record eliminates their religious objection. The court would have to allow the defendant to	Betsy Coffia	5/30/23 – Introduced, Read, and referred to the Committee on Judiciary

**BILLS & REGULATIONS PERTAINING TO SUD**

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
		participate in a secular treatment program online if one is not available locally		
	S 542	A bill to allow government agencies who are providing opioid antagonists free of charge the choice of formulation, dosage, and route of administration for opioid antagonists	Kevin Hertel	10/3/23-Introduced and referred to Committee on Health Policy
	HB 5078	A bill to allow a dispensing prescriber or pharmacist may dispense an opioid antagonist to any of the following: (a) An individual patient at risk of experiencing an opioid-related overdose. (b) A family member, friend, or other individual in a position to assist an individual at risk of experiencing an opioid-related overdose.	Carrie Rheingans	10/4/23-Introduced and referred to Committee on Health Policy
	HB 5063 & 5064	A bill to protect the use of Medical Marijuana-A qualifying patient who has been issued and possesses a registry card must not be denied any right or privilege and it allows students to be treated with medical marijuana and CBD products during school; a public school or nonpublic school shall do all of the following: (a) Authorize a qualified guardian of a qualified pupil to administer a marihuana-infused product or CBD product to the qualified pupil on the school premises, on a school bus, or at a school-sponsored activity in a location off of the school premises at which the use of a marihuana-infused product or CBD product is not prohibited. (b) Authorize a designated staff member to administer a marihuana-infused product or CBD product to a qualified pupil as described in subsection (2). (c) Authorize a qualified pupil to use or self-administer a marihuana-infused product or CBD product under the direct supervision of a designated staff member as described in subsection	Dylan Wegela Jimmie Wilson Jr.	9/28/23-Introduced and referred to Committee on Regulatory Reform
	S 466	The bill would amend Part 126 (Smoking in Public Places) of the Public Health Code to allow a cigar bar that met specified conditions and whose smoking ban exemption had lapsed to requalify for the exemption if the owner or operator of the bar filed an affidavit certifying those conditions.	Kristen McDonald Rivet	9/6/23 – Introduced, Referred to Committee on Regulatory Affairs 10/10/23 – Referred to Committee on the Whole 10/24/23 – Referred to Committee on Regulatory Reform 11/9/23 – rule suspended, motion to discharge committee approval, read a second time, read a third time, passed; given immediate effect, returned to Senate, given immediate effect, ordered enrolled 12/6/23 – presented to the Governor 12/13/23 – Approved by Governor 12/29/23 – Assigned PA 0318'23 with immediate effect



**BILLS & REGULATIONS PERTAINING TO SUD**

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	HB 5198	An act to prohibit the selling, giving, or furnishing of tobacco products, vapor products, and alternative nicotine products to minors; to prohibit the purchase, possession, or use of tobacco products, vapor products, and alternative nicotine products by minors; Disallow all references to cake, candy, cupcake, pastry, pie, or any variation thereof in any advertising. Disallow reference to any food product marketed to children-cereal, ice cream, juice, Disallow references to any character/personality/celebrity, video game, mythical creature or school supply. To regulate the retail sale of tobacco products, vapor products, alternative nicotine products, and liquid nicotine containers; To prohibit certain practices that relate to the distribution and sale of certain vapor products; To authorize the seizure, forfeiture, and destruction of certain vapor products; To prescribe penalties and civil sanctions; and to prescribe the powers and duties of certain state and local agencies and departments-Compliance checks	Alabas Farhat	10/24/23- Introduced and referred to Committee on Regulatory Reform

## FEDERAL LEGISLATION

BILLS & REGULATIONS PERTAINING TO MENTAL HEALTH				
Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
***	S. 2993	<p>Ensuring Excellence in Mental Health Act: The legislation would amend the Social Security Act and the Public Health Service Act to permanently authorize Certified Community Behavioral Health Clinics (CCBHCs) – it establishes a federal definition of CCBHCs into law and create the infrastructure needed to achieve the long-term vision of the model.</p> <p style="background-color: #90EE90;">*Supported by CMHAM</p>	Debbie Stabenow	09/28/2023 - Read twice and referred to the Committee on Finance.

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

## BILLS & REGULATIONS PERTAINING TO SUD

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

**BILLS & REGULATIONS PERTAINING TO SUD**

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	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 6/26/23 – Message on Senate action sent to the House 12/4/23 - Mr. Lucas moved that the House suspend the rules and agree to the Senate amendment; DEBATE - The House proceeded with forty minutes of debate on the motion to suspend the rules and agree to the Senate amendment to H.R. 1734; On motion that the House suspend the rules and agree to the Senate amendment Agreed to by voice vote; Motion to reconsider laid on the table Agreed to without objection. 12/14/23 – Presented to the President 12/19/23 – Signed by the President, became Public Law No.: 118-23.
	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

**BILLS & REGULATIONS PERTAINING TO SUD**

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
***	S 2860	SafER Banking Act: To create protections for financial institutions that provide financial services to State-sanctioned marijuana businesses and service providers for such businesses, and for other purposes.	Jeff Merkley	9/20/2023 - Read twice and referred to the committee on Banking, Housing, and Urban Affairs. 9/28/2023 - Placed on Senate Legislative Calendar under General Orders. Calendar No. 215. 12/6/23 - Committee on Banking, Housing, and Urban Affairs. Hearings held.
	HR 3375	To establish programs to address addiction and overdoses caused by illicit fentanyl and other opioids, and for other purposes.	Ann Kuster	05/16/2023-Referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary 5/19/2023 – Referred to the Subcommittee on Health
	HR 4106	To amend the 21st Century Cures Act to expressly authorize the use of certain grants to implement substance use disorder and overdose prevention activities with respect to fentanyl and xylazine test strips.	Jasmine Crockett	06/14/2023 - Referred to the House Committee on Energy and Commerce 06/16/2023 - Referred to the Subcommittee on Health.
	S. 1785	To establish programs to address addiction and overdoses caused by illicit fentanyl and other opioids; i.e, enhanced surveillance, collection of overdose data, increase fentanyl detection and screening abilities, and other purposes.	Ed. Markey	05/31/2023 Read twice and referred to the Committee on Health, Education, Labor, and Pensions
	HR 3563	STRIP Act: To amend the Controlled Substances Act to exempt from punishment the possession, sale, or purchase of fentanyl drug testing equipment.	Jasmine Crockett	05/22/2023 - Referred to the Committee on the Judiciary, and in addition to the Committee on Energy and Commerce 05/26/2023 - Referred to the Subcommittee on Health.

**BILLS & REGULATIONS PERTAINING TO SUD**

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	S. 1080	Cooper Davis Act – This legislation would require Big Tech to take a more proactive role against drug dealing on their social media platforms. It will amend the Controlled Substances Act to require electronic communication service providers and remote computing services to report to the Attorney General certain controlled substances violations. <i>(Any and all electronic communications programs/applications will be required to submit reports of communications that include the sale of any counterfeit or illicit substance within a reasonable time; failure to do so will result in penalties.)</i>	Roger Marshall	3/30/2023 - Read twice and referred to the Committee on the Judiciary. 7/13/2023 - Committee on the Judiciary. Ordered to be reported with an amendment in the nature of a substitute favorably. 09/05/2023 - Committee on the Judiciary. Reported by Senator Durbin with an amendment in the nature of a substitute. Without written report, Placed on Senate Legislative Calendar under General Orders. Calendar No. 200.
	HR 3684	To direct the Secretary of Defense to establish a grant program for using psychedelic substances to treat certain conditions, and for other purposes.	Dan Crenshaw	5/25/2023-Referred to the House Committee on Armed Services.
	HR 4531 & S 2433	Support for Patients and Communities Reauthorization Act: The bill was originally passed in 2018. This bill would reauthorize certain programs under the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act, and for other purposes. <i>(Reauthorize Block Grant Funding for current programs, and expansion of MAT Studies for OUD, FASD support, and others.)</i>	Brett Guthrie Bill Cassidy	7/11/2023 – Introduced in House, referred to House Energy and Commerce Committee 7/19/23 - Ordered to be Reported (Amended) by the Yeas and Nays: 49 – 0 07/20/2023 Read twice and referred to the Committee on Health, Education, Labor, and Pensions 9/28/23 – Committee consideration and mark-up sessions held; ordered to be reported in the Nature of a Substitute (Amended) by the Yeas and Nays: 29-3. 12/12/23 - Passed/agreed to in House: On motion to suspend the rules and pass the bill, as amended Agreed to by the Yeas and Nays: (2/3 required): 386 - 37
	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.

## BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	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. 07/14/2023 Referred to the Subcommittee on Health.
	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

## BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	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 9/20/2023 - Committee Consideration and Mark-up Session Held, Ordered to be Reported in the Nature of a Substitute (Amended) by the Yeas and Nays: 30 - 14.
	S 2650	To establish a Commission on the Federal Regulation of Cannabis to study a prompt and plausible pathway to the Federal regulation of cannabis, and for other purposes	John Hickenlooper	07/27/2023 - Read twice and referred to the Committee on the Judiciary 9/20/23 – Committee consideration and mark-up sessions held; ordered to be reported in the Nature of a Substitute (Amended) by the Yeas and Nays: 30- 14
	HR 5625	To establish education partnership programs between public schools and public health agencies to prevent the misuse and overdose of synthetic opioids by youth	Suzanne Bonamici	09/21/2023 - Referred to the Committee on Education and the Workforce, and in addition to the Committee on Energy and Commerce
	HR 5506	HANDS Act: To amend titles XVIII and XIX of the Social Security Act and title 10, United States Code, to provide no-cost coverage for the preventive distribution of opioid overdose reversal drugs.	Brittany Pettersen	09/14/2023 - Referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, and Armed Services
	HR 5420	Workplace Overdose Reversal Kits to Save Lives Act: To require the Secretary of Labor to issue guidance and regulations regarding opioid overdose reversal medication and employee training via OSHA	Bonnie Watson-Coleman	9/12/2023 - Referred to the House Committee on Education and the Workforce
	HR 5323	Stop Pot Act: To amend title 23, United States Code, to establish a national requirement against the use of marijuana for recreational purposes.	Chuck Edwards	9/05/2023 Referred to the Subcommittee on Highways and Transit
	HR 5715 & S2929	Tobacco Tax Equity Act of 2023: This bill increases the excise tax on cigarettes and cigars and equalizes tax rates among all other tobacco products. It also imposes a tax on nicotine for use in vaping.	Raja Krishnamoorthi	9/26/2023 Referred to the House Committee on Ways and Means 09/26/2023 Read twice and referred to the Committee on Finance
	HR 5652	Stop Overdose in Schools Act: To amend the 21st Century Cures Act to require funds to be set aside for opioid reversal agent administration training in schools, and for other purposes.	Newhouse	9/21/2023 Referred to the House Committee on Energy and Commerce



**BILLS & REGULATIONS PERTAINING TO SUD**

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	HR 5801	Preventing Overdoses with Test Strips Act: To ensure that expenses relating to the acquisition or use of devices for use in the detection of fentanyl, xylazine, and other emerging adulterant substances, including test strips, are allowable expenses under any grant, contract, or cooperative agreement entered into by the Substance Abuse and Mental Health Services Administration under this Act.	Josh Gottheimer	9/28/2023 Referred to the House Committee on Energy and Commerce. 9/28/2023 Read twice and referred to the Committee on Health, Education, Labor, and Pensions
	S2919	ALERT Communities Act : Administrator of the Drug Enforcement Administration, shall develop and make publicly available research and marketing frameworks for developing, improving, and evaluating test strip technology for detecting fentanyl and other dangerous substances; The Secretary of Health and Human Services shall— conduct a study on the impact of the availability, accessibility, and usage of drug checking supplies, including test strips, on frequency of overdose, overdose deaths, and engagement in substance use disorder treatment and report the findings to Congress.	Margaret Wood Hassan	9/26/2023 Read twice and referred to the Committee on Health, Education, Labor, and Pensions
	S2946	School Access to Naloxone Act of 2023: To amend the Public Health Service Act to provide funding for trained school personnel to administer drugs and devices for emergency treatment of known or suspected opioid overdose	Jeff Merkley	9/27/2023 Read twice and referred to the Committee on Health, Education, Labor, and Pensions
	S 3070	Youth Prevention and Recovery Reauthorization Act: A bill to reauthorize funding to hospitals, local governments, and other eligible entities to increase access to opioid addiction medications for adolescents and young adults who have been diagnosed with opioid use disorder, improve local awareness among youth of the risks associated with fentanyl, and train healthcare providers, families, and school personnel on the best practices to support children and adolescents with opioid use disorder. Reauthorize the Youth Prevention and Recovery Initiative, which has provided three-year grants to youth-focused entities for carrying out substance use disorder treatment, prevention, and recovery support services. The legislation also expanded an existing youth substance use disorder program to include services for young adults as well as children and adolescents.	Gary Peters	10/18/23 – Introduced; Read twice and referred to the Committee on Health, Education, Labor, and Pensions.
	HR 3721	United States Postal Service Shipping Equity Act: This bill authorizes the mailing of alcoholic beverages by certain entities in accordance with the delivery requirements otherwise applicable to a privately carried shipment; directs the U.S. Postal Service (USPS) to prescribe regulations (1) requiring direct delivery to a duly authorized agent at a postal facility or to the addressee, who must be at least 21 years of age and present a valid, government-issued photo identification at the time of delivery; (2) prohibiting such alcoholic beverages from being for resale or any other commercial purpose; and (3) requiring such entity to certify that the mailing is not in violation of applicable laws or regulations and to provide other information as directed by the USPS.	Newhouse	5/25/2023 Referred to the Committee on Oversight and Accountability, and in addition to the Committee on the Judiciary

## BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	S. 3006	SAFE in Recovery Act: To create a Task Force amongst government agency stakeholders to create and ensure a streamlined process for families to receive comprehensive wraparound services if a member is undergoing SUD Treatment	Ed Markey	10/03/2023 - Read twice and referred to the Committee on Health, Education, Labor, and Pensions.
	HR 6038 & S. 3108	PROTECT Act - Preventing Opportunities for Teen E-Cigarette and Tobacco Addiction Act: bill to amend the Public Health Service Act to provide for and fund a Reducing Youth Use of E-Cigarettes Initiative- 1. Research on products, patterns of use, initiation of cigarette use following vaping, demographic patterns of use, means of access, media and exposure to advertising, marketing, reasons for use, extent of dependency, quitting resources for youth, nicotine levels and biomarkers of exposure. 2. Collaboration to develop medical and treatment guidance on youth nicotine interventions and identifying promising strategies to prevent and reduce use, develop new cessation methods and quit support 3. Increasing access to treatment, and identifying effective messaging.	Debbie Wasserman-Schultz	10/25/2023 - Referred to the House Committee on Energy and Commerce
	HR 6251	HERO Act: To establish a grant program to provide schools with opioid overdose reversal drugs, to direct schools receiving Federal funds to report to certain Federal information systems any distribution of an opioid overdose reversal drug	Adam Schiff	11/06/2023 - Referred to the Committee on Energy and Commerce, and in addition to the Committee on Education and the Workforce
	HR 6243	To direct the Secretary of Labor to issue an occupational safety and health standard that requires employers to keep opioid overdose reversal drugs onsite and develop and implement training plans to respond to drug overdose emergencies and to amend the Omnibus Crime Control and Safe Streets Act of 1968 to expand the grants authorized under the Comprehensive Opioid Abuse Grant Program.	Ruben Gallego	11/06/2023 - Referred to the Committee on Education and the Workforce, and in addition to the Committee on the Judiciary
	HR 6144	Combatting Fentanyl Poisonings Act of 2023: To award grants to State and local law enforcement agencies to assist such agencies in planning, designing, establishing, or operating locally based, proactive programs to combat the sale, marketing, or distribution of controlled substances	Mike Garcia	11/01/2023 - Referred to the House Committee on the Judiciary
	HR 5905 & S 3039	Federal Kratom Consumer Protection Act : To require Congress to hold at least one hearing regarding Kratom and potential dangers, benefits, contribution to drug overdose deaths, and other topics. Within 2 years, the FDA must establish safety guidelines and testing as compatible with other adult dietary supplements.	Mark Pocan	10/25/2023 - Referred to the House Committee on Energy and Commerce
	HR 5592	Validating Independence for State Initiatives on Organic Natural Substances Act of 2023: To prohibit the use of Federal funds from preventing a State from implementing their own laws with respect to psilocybin.	Robert Garcia	09/20/2023 - Referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary

**BILLS & REGULATIONS PERTAINING TO SUD**

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	HR 6028	States Reform Act of 2023: A bill to remove Cannabis from the list of Scheduled Substances, defer to states on prohibition, and decriminalize cannabis offenses.	Nancy Mace	10/25/2023 - Referred to the Committee on Energy and Commerce, and in addition to the Committees on the Judiciary, Natural Resources, Agriculture, Transportation and Infrastructure, Armed Services, Ways and Means, Small Business, Veterans' Affairs, Oversight and Accountability, Education and the Workforce, aviation, coast guard and maritime transportation, Highways and transit, railroads, pipelines, and hazardous materials, and Foreign Affairs
	HR 5601	MORE Act: A bill that removes marijuana from the list of scheduled substances under the Controlled Substances Act and eliminates criminal penalties for an individual who manufactures, distributes, or possesses marijuana. Also 1. requires the Bureau of Labor Statistics to regularly publish demographic data on cannabis business owners and employees, 2. establishes a trust fund to support various programs and services for individuals and businesses in communities impacted by the war on drugs, 3. imposes an excise tax on cannabis products produced in or imported into the United States and an occupational tax on cannabis production facilities and export warehouses, 4. makes Small Business Administration loans and services available to entities that are cannabis-related legitimate businesses or service providers, 5. prohibits the denial of federal public benefits to a person on the basis of certain cannabis-related conduct or convictions, 6. prohibits the denial of benefits and protections under immigration laws on the basis of an event (e.g., conduct or conviction) relating to possession or use of cannabis that is no longer prohibited under the bill, 7. establishes a process to expunge convictions and conduct sentencing review hearings related to federal cannabis offenses, and 8. directs the Government Accountability Office to study the societal impact of cannabis legalization.	Jerrold Nadler	09/21/2023 - Referred to the Subcommittee on Highways and Transit
	HR 3721	United States Postal Service Shipping Equity Act: This bill authorizes the mailing of alcoholic beverages by certain entities in accordance with the delivery requirements otherwise applicable to a privately carried shipment; directs the U.S. Postal Service (USPS) to prescribe regulations (1) requiring direct delivery to a duly authorized agent at a postal facility or to the addressee, who must be at least 21 years of age and present a valid, government-issued photo identification at the time of delivery; (2) prohibiting such alcoholic beverages from being for resale or any other commercial purpose; and (3) requiring such entity to certify that the mailing is not in violation of applicable laws or regulations and to provide other information as directed by the USPS.	Dan Newhouse	5/25/2023 Referred to the Committee on Oversight and Accountability, and in addition to the Committee on the Judiciary

	S. 3579 & H.R. 6982	The GRIT Act would set aside a portion of the federal sports excise tax revenue to fund programs for gambling addiction prevention, treatment, and research. The GRIT Act provides direct and vital support to state health agencies and nonprofits addressing problem gambling. It also creates investment in best practices and comprehensive research at the national level.	Richard Blumenthal (S) Andrea Salinas (HR)	Senate: 01/11/2024 – Introduced, Read twice and referred to the Committee on Health, Education, Labor, and Pensions House: 01/11/2024 – Introduced, Referred to the House Committee on Energy and Commerce
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## LEGISLATIVE CONCERNS

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

## MISCELLANEOUS UPDATES

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

	ISSUE	SUMMARY	COUNTY	ADDITIONAL INFORMATION/LINKS
	<b>CMS Plan for States to Use Medicaid for Incarcerated Substance Use Treatment</b>	Recently, the Director of the Office of National Drug Control Policy (ONDCP), Dr. Rahul Gupta, announced that all federal prisons will offer medication-assisted treatment (MAT) for substance use disorder by this summer. Additionally, Dr. Gupta noted that the Centers for Medicare and Medicaid Services (CMS) will release guidance to support states in using Medicaid 1115 waivers to cover substance use treatment for people who are incarcerated		<a href="#">A disappointing report card for primary care - POLITICO</a> (relevant information is about halfway down the page)
	<b>Post-Pandemic Telehealth Policy</b>	The recently released Michigan Medicaid bulletin reflects all of the recommendations of the CMHA Behavioral Telehealth Advisory Group		<a href="#">Final Bulletin MMP 23-10-Telemedicine.pdf (govdelivery.com)</a>
	<b>Biden-Harris Administration Announce New Proposed Parity Rules</b>	The Biden Administration's new proposal would significantly strengthen the nation's parity enforcement and ensure that people with mental health and substance use conditions do not face arbitrary barriers to receiving care. The proposed rule is aimed at improving health plan compliance with the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA), which requires health plans to provide mental health and substance use coverage at parity with medical/surgical coverage. A public comment period on the proposed rule will follow.		7/25/2023: <a href="#">Departments of Labor, Health and Human Services, Treasury announce proposed rules to strengthen Mental Health Parity and Addiction Equity Act   HHS.gov</a>

## Elected Officials

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