LAKESHORE REGIONAL ENTITY

Meeting Agenda
BOARD OF DIRECTORS
Lakeshore Regional Entity
July 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.
   - July 24, 2024, Board of Directors meeting agenda *(Attachment 1)*
   - June 26, 2024, Board of Directors meeting minutes *(Attachment 2)*

5. Reports –
   a. CEO – Ms. Marlatt-Dumas *(Attachment 3)*
   b. LRE Leadership – *(Attachment 4)*

6. Chairperson's Report – Mr. Stek
   a. July 17, 2024, Executive Committee *(Attachment 5)*

7. Governance Committee Appointments (1 Representative from each CMH)

8. Action Items –
   a. Resolution Opposing Proposed MDHHS ISF Contract Language *(Attachment 6)*
      Suggested Motion: To approve the resolution in response to proposed language by MDHHS for Fiscal Year 2025 limiting the funding and use of the Internal Service Fund (ISF) as presented.

   b. CEO Contract
      Suggested Motion: To approve the amended LRE CEO contract as presented.

9. Financial Report and Funding Distribution – Ms. Chick *(Attachment 7)*
   a. FY2024, June Funds Distribution *(Attachment 8)*
      Suggested Motion: To approve the FY2024, June Funds Distribution as presented.

   b. Statement of Activities as of 5/31/2024 with Variance Reports *(Attachment 9)*
   c. Monthly FSR (*Attachment 10)*
10. Board Member Comments
11. Public Comment

5000 Hakes Drive, Norton Shores MI 49441
Phone: 231-769-2050
Fax: 231-269-2071

12. Upcoming LRE Meetings

- August 21, 2024 – Executive Committee, 1:00PM
- August 28, 2024 – LRE Executive Board Work Session, 11:00 AM
- August 28, 2024 – LRE Executive Board Meeting, 1:00 PM

Meeting Minutes
BOARD OF DIRECTORS
Lakeshore Regional Entity
June 26, 2024 – 1:00 PM
GVSU Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440

WELCOME AND INTRODUCTIONS – Mr. Stek
Mr. Stek called the June 26, 2024, LRE Board meeting to order at 1:13 PM.

ROLL CALL/CONFLICT OF INTEREST QUESTION – Mr. Stek
In Attendance: Ron Bacon, Jon Campbell, Linda Dunmore, O'Nealya Gronstal, Janice Hilleary, Richard Kanten, Alice Kelsey, Stan Stek, Jim Storey, Janet Thomas, Craig Van Beek

Online: Jim Storey
Absent: Sara Hogan, Patricia Gardner, Andrew Sebolt

PUBLIC COMMENT
None.

CONSENT ITEMS:

LRE 24-25 Motion: To approve by consent the following items.
- June 26, 2024, Board of Directors meeting agenda
- May 22, 2024, Board of Directors meeting minutes

Moved: Ron Bacon Support: Jon Campbell
MOTION CARRIED

COMMUNITY ADVISORY PANEL
The June 13, 2024, Community Advisory Panel meeting minutes are included in the packet for information.

LRE FY23 AUDIT PRESENTATION
Mr. Miller from Roslund Prestage reviews the audit presentation included in the packet.
Mr. Miller notes that all past financial audits have been completed and LRE is now up to date.

LEADERSHIP BOARD REPORTS
Ms. VanDerKooi reviews the
- LRE Annual Impact Report
  FY23 Annual Report is located on LRE website and is a great resource for Board members.

Board member requests:
  - Add number of covered lives to the report
  - Check to make sure the prevention resources area available at all rest areas.

- Cannabis Oversight
  - Ms. VanDerKooi notes that there were not enough precautions put in place to protect youth when Cannabis was legalized. The attached document reviews the oversight process.
  - Ms. VanDerKooi also notes that there is a cap on the number of retailers, and location of establishments (e.g. schools).

CHAIRPERSON'S REPORT

The June 18, 2024, Executive Committee meeting minutes are included in the packet for information.

ACTION ITEMS

LRE 24-26 Motion: To approve Board Policy 10.2 – Committee Structure as presented.

Moved: Janet Thomas Support: Richard Kanten
MOTION CARRIED

LRE 24-27 Motion: To approve the LRE CEO to sign a statement of support opposing the Washtenaw lawsuit.

Moved: Ron Bacon Support: O'Nealya Gronstal
MOTION CARRIED

FINANCIAL REPORT AND FUNDING DISTRIBUTION

CFO Report is included in the Board packet for information.

There is a funding issue with the rate adjustment the state sent out. There was a projected $116 million that should have been put into the mental health system but there has only been $40 million that has been pushed out by the state. The distribution of funds is not equal but depends on the risk factors of each PIHP. With the total rate increase at the end of the fiscal year there would be 6 PIHPs with a surplus while the others would not be able to close the gap in funding, including the LRE.

FY2024 May Funds Distribution

LRE 24-28 Motion: To approve the FY2024, May Funds Distribution as presented.

Moved: Ron Bacon Support: Jon Campbell

MOTION CARRIED

Statement of Activities as of 4/30/2024 with Variance Report-
Included in the Board packet for information.

- The revenues are under budget by est. $4 million.
- HRA is over by about 33% due to an add on adjustment. These funds are a pass through by the LRE.

Monthly FSR-
Included in the Board packet for information.

- There has been little change from the previous month.
- A new page has been added to the FSR that gives a summary of deficits/surpluses with HMP and Medicaid combined, and Autism separated.

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

- Autism Manager, Ms. Sara Reterstoff.
- SOR 3 Audit has been completed and LRE is in perfect compliance.
- MDHHS will be rolling out a new allocation methodology for waiver slots. During the process the state had asked for information regarding slot usage from the PIHPs. The LRE has submitted that an additional 200 slots could be utilized within this region.
- N180 has met the first 2 standards deadlines outlined in the Autism corrective action plan (CAP).
- The LRE continue to work on the PIHP/CMH contract. There have been 2 meetings scheduled with CMH representatives to review the document.
- LRE will receive the SOR 4 grant. The grant will be est. $1 million less than the previous SOR grant years. The LRE is very excited to continue with the work being completed with these funds.
- A board resolution will be submitted for approval in July regarding the language around the ISF in the PIHP/MDHHS contract.
- July will begin the officer's election process. The details are in the CEO report.
- CMHAM has Board Works videos that can assist in understanding the role of Board members. https://cmham.org/education-events/boardworks/

BOARD MEMBER COMMENTS
NA

PUBLIC COMMENT
NA

UPCOMING LRE MEETINGS

- July 17, 2024 – Executive Committee, 1:00PM

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

OTHER

ADJOURN

Mr. Stek adjourned the June 26, 2024, LRE Board of Directors meeting at 2:24 PM.

Ron Bacon, Board Secretary

Minutes respectfully submitted by:
Marion Moran, Executive Assistant

LAKESHORE REGIONAL ENTITY

CEO Report
July 24th, 2024

Every day is a good day, but today is a Great Day to be a part of the Lakeshore Regional Entity!

PIHP/REGIONAL Update

1. **LRE Updates**
   LRE staff have been working diligently to submit documentation for the three components of the External Quality Review which is completed by Health Services Advisory Group (HSAG). The LRE team participated in the Performance Measure Validation (PMV), as well as the Network Adequacy Validation (NAV) portion of the review on Friday, July 19th. THANK YOU to the staff for all their work on this, as well as THANK YOU to the CMH staff that collaborated with LRE to accomplish this requirement.

2. **Regional Updates**
   - Funding Revenue Streams/HAB Waiver Slot/Behavioral Health Homes/Opioid Health Homes
     - HAB Waiver
       Update: The new slot allocation methodology for HSW slots is tentatively scheduled for July 2024. Currently, information has not yet been released.

     - Autism
       Update:
       - LRE has developed several dashboards to assist Network180 and the other CMHs to identify where they are outliers in comparison to each other. The dashboards are intended to support all members in managing the care of those in the Autism program. LRE believes that the data identifies areas to improve utilization management, which may decrease Autism expenses for Network180.
       - LRE, Network 180 and MDHHS met on July 19th to address areas that warranted clarification in the CAP. MDHHS did provide further explanation following the meeting regarding technical elements that surfaced during the meeting.

   - PIHP/CMHSP Contract
     Note: MDHHS has stated in writing that the PIHP/CMH contract should mirror the MDHHS/PIHP boilerplate contract with the necessary organizational revisions

and with the understanding that there are numerous areas that are non-negotiable within the MDHHS/PIHP contract which then flows down to the PIHP/CMH contract.
Update: Currently, the contract is completed and ready for review. A complete packet that includes the final draft contract and policies/procedures will be sent out the week of July 22nd for CMHSPs to review. The CMHs will be given the opportunity to submit feedback to LRE.

- Opioid Health Home/Behavioral Health Home (OHH/BHH)
  Update: A Presentation will be given during Board Work Session that gives detailed information and is included in the Work Session packet.

- Network 180 Funding Request – Recovery Plan
  Update: LRE leadership, Network 180, and two members of the EC met with N180 on July 16th. Network180 provided a presentation outlining revenue and their projected expenditures. All parties involved have another meeting scheduled for August 8th. The LRE has requested an update on items in N180's Recovery Plan that addresses strategies for cost containment.
  - LRE received a request from Network180 on 7/19/2024 for a Mid-Year settlement for FY24 in the amount of their deficit balance as of May 31, 2024. The amount of N180's deficit through May is est. $8.15 million. LRE is working with LRE legal as the request is outside standard operating procedures and does not align with the current LRE By-Laws or LRE Operating Agreement.

Other LRE Business:

- **Board Resolution** – A resolution is provided in the Board packet supporting an ISF language change in the MDHHS/PIHP contract. The language, if left in will cap the ISF at 7.5%. The proposed language will align more with funding the ISF to what is actuarial determined to be the correct amount by region. Other PIHPs are bringing the same resolution to their Boards.
- **Election of Board Officers** – Timeline:
  i. **July** - the LRE BOD appoints the Governance Committee (1 member from each county).
  ii. **August** - the Governance Committee meets, develops a slate of officers and contracts members to discern interest. During the August BOD meeting the recommended slate of officers will be presented, as well as any other nominations taken from the floor.
  iii. **September -** election of the new slate of officers and development/appointment of Executive Committee (dependent on new slate of officers).

iv. **October** - the newly elected officers will begin their term and the newly appointed Executive Committee will meet at the regularly scheduled meeting.

STATE OF MICHIGAN/STATEWIDE ACTIVITIES

Legislative Update:
Details can be found in the full Legislative Update attached to this report.

UP AND COMING

Walk A Mile Save the Date
The 2024 Walk a Mile will be held in Lansing, Mi on September 12, 2024.

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

Lakeshore Regional Entity's Legislative Update – 07/15/2024

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. *Supported by CMHAM	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 5/1/24 – Passed the House, returned to the Senate 5/14/24 – Presented to Governor 5/22/24 – Signed by the Governor, Assigned PA 0041'24
***	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. *Opposed by CMHAM	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*

BILLS & REGULATIONS PERTAINING TO MENTAL HEALTH				
Priority	**BILL #**	**SUMMARY**	**SPONSOR**	**ACTION DATE**
				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* *12/31/23 – 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 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* *2/22/24 – Passed the House, Returned to the Senate* *5/15/24 – Presented to the Governor* *5/22/24 – Approved by the Governor, Assigned PA 44/24 with immediate effect.*
	HB 4579, 4580, & 4131	Requires reimbursement rate for telehealth visits to be the same as office visits *Supported by CMHAM	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 3/14/24 – Referred to Committee of the Whole 4/17/24 – Placed on order of third reading with substitute 5/23/24 – Presented to the Governor 6/6/24 – Approved by the Governor, Assigned PA 51'24 with immediate effect.
	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-	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	6/14/23 – Introduced; referred to Committee on Health Policy

BILLS & REGULATIONS PERTAINING TO MENTAL HEALTH				
Priority	**BILL #**	**SUMMARY**	**SPONSOR**	**ACTION DATE**
	4749		Tisdel	
	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. 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.	Kelly Breen	7/18/23 – Introduced; Referred to Committee on Judiciary 10/11/23 – Reported with recommendation with substitute (H-1); Referred to a second reading 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. 6/11/24 – Referred to a second reading
	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* *1/11/24 – Returned to the House* *1/18/24 – defeated Roll Call* *5/9/24 – Vote reconsidered, passed, returned to Senate* *5/14/24 = Ordered enrolled* *5/29/24 – Presented to Governor* *6/11/24 – Approved by Governor, Assigned PA 0050'24 with immediate effect*
	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

BILLS & REGULATIONS PERTAINING TO MENTAL HEALTH				
Priority	**BILL #**	**SUMMARY**	**SPONSOR**	**ACTION DATE**
	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.
	SB 806	A bill to amend the current law to require a psychological evaluation on a minor in a hospital emergency room due to a mental health episode within three hours of being notified.	Roger Hauck	4/9/24 – Introduced, Referred to Committee on Health Policy
	HB 4841	A bill to amend the Adult Foster Care Facility Licensing Act to provide new requirements and procedures for adult foster care facilities and for the Department of Licensing and Regulatory Affairs (LARA) in regulating those facilities. Including requiring homes to have an LPN and Social Worker on staff, new trainings, medications adminitrastion restrictions, and civil and financial penalties for licensing violations. *CMHAM concerned about adding to administrative burdens and increasing costs with already existing workforce challenges	Stephanie Young	6/22/23 – Introduced, read a first time, referred to Committee on Families, Children, and Seniors.
	SB 939	A bill to provide for licensing of adult psychiatric residential treatment facilities; to allow for psychiatric services to be provided under a residential psychiatric program in adult psychiatric residential treatment facilities; to establish standards of care for adult psychiatric residential treatment facilities; to provide for the powers and duties of certain state departments and agencies; to prescribe certain fees; and to provide for penalties and remedies.	Rosemary Bayer	6/25/24 – Introduced, Referred to Committee on Civil Rights, Judiciary, and Public Safety

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	**Protect MI Kids Bill Package:** 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	Preemption one pager (d31hzlhk6di2h5.cloudfront.net) 10/17/23 – Anticipating Senator Singh will be introducing the bill package this week. 11/9/23 – Introduced, Referred to Committee on Regulatory Affairs 6/20/24 – Submitted Testimony in front of the Senate 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	Veronica Paiz	4/19/23-introduced and referred to Committee on Regulatory Reform

BILLS & REGULATIONS PERTAINING TO SUD				
Priority	**BILL #**	**SUMMARY**	**SPONSOR(s)**	**STATUS/ACTION DATE**
		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.		
	SB 180/179	*Allow the Cannabis Regulatory Agency (CRA) to enter into an agreement with an Indian tribe pertaining to marijuana related business if the agreement and the Indian tribe met certain conditions. It prohibits the CRA from employing any individual with pecuniary interests in tribal marijuana; and specifies that sales of marijuana by a tribal marijuana business on Indian lands would be exempt from the State's 10% excise tax on marijuana. Require the Department of Treasury to deposit money into the Marihuana Regulation Fund that was collected under an Indian Tribe Agreement.*	*Roger Hauck*	*6/14/23-Passed Senate and received in House Committee on Regulatory Reform* *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*
	SB 141/HB 4201	*The bill would amend the Michigan Liquor Control Code to eliminate a January 1, 2026, sunset on provisions that allow a qualified licensee to fill and sell qualified containers with alcoholic liquor for the purpose of off-the-premises consumption and to deliver alcoholic liquor to a consumer in the State if the qualified licensee meets certain conditions.*	*Mallory McMorrow & Kristian Grant*	*6/13/23 - Passed Senate, referred for second reading in House Committee on Regulatory Reform.* *5/3/23 - Passed House, referred to Senate Committee on Regulatory Affairs* *7/19/23-Assigned PA 0095'23 with immediate effect*
	HB 4833	The bill would amend the public health code to eliminate the requirement for acute care and behavioral health hospitals to carry a SUD Service Program license. The issue was identified through a LARA workgroup revealing duplicate licensure in some circumstances. The endeavor is to clean up the duplication and reduce burden on LARA as well as our members.	Ranjeev Puri	6/22/23 - referred to Committee on Health Policy
	HB 4913	A bill to criminalize all possession or distribution of Xylazine under the Controlled Substances Act.	Kelly Breen	7/18/23-Introduced and referred to Committee on Judiciary
	SB 247	*The bill would allow the holder of a special license issued by the MLCC to sell and serve alcoholic liquor on the premises of a licensed public area of a facility used for intercollegiate athletic events on dates and times other than the dates and times provided to the MLCC. A licensee that had been issued a catering permit could deliver and serve alcoholic liquor at a private event on the premises on dates and times other than the dates and times provided to the MLCC.*	*Sean McCann*	*7/19/23-Assigned PA 0096'23 with immediate effect*
	HB 4734/4735 /4736	A bill package to require all school districts to have an opioid antagonist in each school building, and at least one trained staff in each building; require local health departments to provide antagonist and training to schools & staff.	David Prestin John Fitzgerald Matt Koleszar	6/13/23-Introduced and referred to Committee on Education
	HB 4322	The bill would allow individuals who are 19 years of age or older to be employed at or volunteer for marijuana establishments, with the direct supervision of a person 21+.	Kevin Coleman	6/28/23-Read a third time in House, substitute adopted, and postponed temporarily
	HB 4600	The bill would prohibit the CRA from denying an application based on spouses of applicants	Mike McFall	5/18/23-Introduced and referred to Committee on

BILLS & REGULATIONS PERTAINING TO SUD				
Priority	**BILL #**	**SUMMARY**	**SPONSOR(s)**	**STATUS/ACTION DATE**
		holding positions in certain governmental bodies		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 4601	The bill to include within a Cannabis Processor License the ability to extract THC concentrates and package for sale on the premises; allow for transfer of products amongst other licensed establishments both on the same location and to other locations; prohibit the denial of a license based upon the background check of an applicant's spouse.	Mike McFall	5/23/23-Introduced and referred to Committee on Regulatory Reform 9/12/23 – Reported with recommendation without amendment, referred to a second reading. 9/28/23 – Read a second time; placed on third reading
***	HB 4707	The bill would amend the Insurance Code to require health insurers in Michigan to provide coverage for medically necessary treatment of a mental health or substance abuse disorder. The bill would set requirements for coverage of out-of-network services and emergency services, as well as requirements related to prior authorization, utilization review, and the determination of level of care for insured individuals. The bill states that it would not apply to any entity or contracting provider that performs utilization review or utilization management functions on an insurer's behalf. ***Supported by CMHAM.	Felicia Brabec	6/7/23 – Introduced, read, and referred to Committee on Insurance and Financial Services 6/21/23 – Reported with recommendation without amendment, referred to a second reading 10/24/23 – Read a second time, placed on third reading 10/25/23 – Removed from the House Agenda **CMHAM REQUEST FOR ACTION:** We are asking you to reach out to your legislators (House & Senate) and the Governor and URGE them to support HB 4707 and encourage their leadership to bring the bill up for a vote in the fall legislative session. HB 4707 will go a long way in improving people's lives across the state.
	HB 4213	*The bill would require telemedicine coverage for SUD and behavioral health services* **Supported by CMHAM*	*Christine Morse*	*3/8/23 – Introduced; Referred to Committee on Health Policy* *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* *4/17/24 – Placed on order of third reading* *5/23/24 – Presented to the Governor*

BILLS & REGULATIONS PERTAINING TO SUD				
Priority	**BILL #**	**SUMMARY**	**SPONSOR(s)**	**STATUS/ACTION DATE**
				6/6/24 – Approved by the Governor, assigned PA 54'24
	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 participate in a secular treatment program online if one is not available locally	Betsy Coffia	5/30/23 – Introduced, Read, and referred to the Committee on Judiciary
	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 3/6/24 – Referred to a second reading 4/18/24 – Read a second time, placed on a third reading 4/24/24 – Read a third time, passed 4/30/24 – 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*

BILLS & REGULATIONS PERTAINING TO SUD				
Priority	**BILL #**	**SUMMARY**	**SPONSOR(s)**	**STATUS/ACTION DATE**
				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*
	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
	S 57 & 58	*Makes nitrous canisters "drug paraphernalia" Bills to ban the sale of nitrous canisters if there is reason to believe they will be used to introduce an illicit substance into the body. Provides for legal penalties for anyone who sells canisters the same as penalties for selling drug paraphernalia*	*Stephanie Chang* *Joseph Bellino*	*11/18/23 - Passed Senate* *2/21/24 - Received, read 2x in House* *3/12/24 – Approved by Governor and assigned with immediate effect PA 0018'24*
	HB 5554 & 5555	Bills would weaken Michigan's smoke-free air protections by allowing hookah lounges to acquire liquor, food and/or restaurant licenses.	Mike Harris Alabas Farhat	3/12/24 – Introduced, read a first time, referred to Committee on Regulatory Reform

BILLS & REGULATIONS PERTAINING TO SUD				
Priority	**BILL #**	**SUMMARY**	**SPONSOR(s)**	**STATUS/ACTION DATE**
	HB 5529	Amend the Michigan Regulation and Taxation of Marihuana Act to allow the Cannabis Regulatory Agency (CRA) to do both of the following: • Establish and operate a marijuana reference laboratory. • Collect, transport and possess marijuana for the purpose of testing and conducting research in support of CRA investigations and the development and optimization of testing methods performed through the CRA reference laboratory.	Tyrone Carter	3/12/24 - Committee on Regulatory Reform & referred for second reading
	S 807	Bill to allow individuals who are 19 years of age or older to be employed by or volunteer for marihuana establishments.	Sean McCann	4/9/24 – Introduced, referred to committee on Regulatory Affairs
	HB 5178 & 5179	A bill to amend the Public Health Code to explicitly allow a person to establish a needle and hypodermic syringe access program1 if they are authorized to do so by the Department of Health and Human Services (DHHS), a local health officer, a local health department, or another governmental entity	Carrie Rheingans	10/18/23 – Introduced, read a first time, referred to Committee on Health Policy 6/13/24 – Passed House

FEDERAL LEGISLATION

BILLS & REGULATIONS PERTAINING TO MENTAL HEALTH				
Priority	**BILL #**	**SUMMARY**	**SPONSOR(s)**	**STATUS/ACTION DATE**
***	S. 2993	Ensuring Excellence in Mental Health Act: The legislation would amend the Social Security Act and the Public Health Service Act to permanently authorize Certified Community Behavioral Health Clinics (CCBHCs) – it establishes a federal definition of CCBHCs into law and create the infrastructure needed to achieve the long-term vision of the model. *Supported by CMHAM	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 Federal Register :: Medications for the Treatment of Opioid Use Disorder
	S. 464	A bill to amend the Internal Revenue Code of 1986 to deny the deduction for advertising and promotional expenses for tobacco products and electronic nicotine delivery systems.	Jeanne Shaheen	2/16/2023 - Read twice and referred to the Committee on Finance.
	HR 610	Marijuana 1-3 Act of 2023: A bill to provide for the rescheduling of marijuana into schedule III of the Controlled Substances Act.	Gregory Steube	1/27/23 - Referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary
	HR 467	HALT Fentanyl Act (S.1141): This bill places fentanyl-related substances as a class into schedule I of the Controlled Substances Act; the bill establishes a new, alternative registration process for schedule I research that is funded by the Department of Health and Human Services or the Department of Veterans Affairs or that is conducted under an investigative new drug exemption from the Food and Drug Administration.	H. Morgan Griffith/Bill Cassidy 5	03/24/2023 Ordered to be Reported (Amended) by the Yeas and Nays: 27 – 19 (S)-3/30/23-Read twice and referred to the Committee on the Judiciary. 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.

BILLS & REGULATIONS PERTAINING TO SUD				
Priority	**BILL #**	**SUMMARY**	**SPONSOR(s)**	**STATUS/ACTION DATE**
	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
	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. *(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.)*	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. (*Reauthorize Block Grant Funding for current programs, and expansion of MAT Studies for OUD, FASD support, and others.)*	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. *(More than 12 states currently have laws prohibiting the purchase, use, or possession of fentanyl testing strips)*	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 11/3/23 – Referred to the Committee on Health
	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 01/18/2024 - Referred to the Subcommittee on Nutrition, Foreign Agriculture, and Horticulture
	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

BILLS & REGULATIONS PERTAINING TO SUD				
Priority	**BILL #**	**SUMMARY**	**SPONSOR(s)**	**STATUS/ACTION DATE**
	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
	H.R. 7283	**Examining Opioid Treatment Infrastructure Act of 2024**: To direct the Comptroller General of the United States to evaluate and report on the inpatient and outpatient treatment capacity, availability, and needs of the United States; including the barriers (including technological barriers) at the Federal, State, and local levels to real-time reporting of de-identified information on drug overdoses and ways to overcome such barriers.	Bill Foster	02/07/2024 - Referred to the Committee on Energy and Commerce, and in addition to the Committee on Natural Resources
	S 3701	**FACTS Act:** To establish education partnership programs between public schools and public health agencies to prevent the misuse and overdose of synthetic opioids by youth	Margaret Wood Hassan	1/31/2024 - Read twice and referred to the Committee on Health, Education, Labor, and Pensions
	S Con Res 27 & H Con Res 87	**Randy's Resolution:** Recognizing the need for research, education, and policy development regarding high-potency marijuana. Whereas increased potency levels correspond with greater health risks, with research showing that daily use of THC with a potency greater than 15 percent results in a 5 times increased risk of psychosis; Whereas only 3 States have enacted potency caps on marijuana flower or concentrates; Whereas the use of high-potency marijuana has been linked to potential adverse health effects, including mental health disorders and cognitive impairment; Whereas education and awareness programs are essential to inform the public about the potential risks associated with the use of high-potency marijuana.	Pete Sessions (HR) Pete Ricketts (S)	1/31/2024 - Referred to the House Committee on Energy and Commerce. 2/01/2024 - Referred to the Committee on Health, Education, Labor, and Pensions.
	S. 3653	**Resources to Prevent Youth Vaping Act:** This bill directs the Food and Drug Administration (FDA) to collect user fees on products that it deems by regulation to be tobacco products, including electronic nicotine delivery systems, and addresses related issues. Currently, the FDA is authorized to collect user fees only on specific classes of tobacco products. The bill also requires each tobacco manufacturer and importer to periodically submit certain information related to the tobacco products that it sells or distributes in the United States.	Jean Shaheen	1/24/2024 - Read twice and referred to the Committee on Health, Education, Labor, and Pensions
	HR 7715	**VAPE Imports Act:** To authorize additional funding for Food and Drug Administration monitoring and prevention of illicit nicotine products at ports of entry, and for other purposes.	Ruben Gallego	03/19/2024 – Introduced, Referred to the House Committee on Energy and Commerce. 03/22/2024 - Referred to the Subcommittee on Health

BILLS & REGULATIONS PERTAINING TO SUD				
Priority	**BILL #**	**SUMMARY**	**SPONSOR(s)**	**STATUS/ACTION DATE**
	HR 7827	To amend the Federal Food, Drug, and Cosmetic Act to encourage the development of vaccines to prevent, treat, or mitigate opioid, cocaine, methamphetamine, or alcohol use disorder, to establish an x-prize for the development of such a vaccine, and for other purposes.	David Schweikert	3/26/24 – Introduced, and Referred to the House Committee on Energy and Commerce 3/29/24 – Referred to the subcommittee on Health
	HR 8323 & S 4286	To provide emergency assistance to States, territories, Tribal nations, and local areas affected by substance use disorder, including the use of opioids and stimulants, and to make financial assistance available to States, territories, Tribal nations, local areas, public or private nonprofit entities, and certain health providers, to provide for the development, organization, coordination, and operation of more effective and cost efficient systems for the delivery of essential services to individuals with substance use disorder and their families.	Raskin & Warren	5/8/24 – Referred to the Committee on Energy and Commerce, and in addition to the Committees on Natural Resources, the Judiciary, and Oversight & Accountability. Read Twice and referred to the Committee on Health, Education, Labor, and Pensions
	S 4112	To provide protections from prosecution for drug possession to individuals who seek medical assistance when witnessing or experiencing an overdose	Booker	4/11/24 – Read twice and referred to the Committee on the Judiciary
	S 4226	To decriminalize and deschedule cannabis, to provide for reinvestment in certain persons adversely impacted by the War on Drugs, to provide for expungement of certain cannabis offenses	Booker	5/1/24 – Read twice and referred to the Committee on Finance

LEGISLATIVE CONCERNS

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

MISCELLANEOUS UPDATES

	ISSUE	SUMMARY	COUNTY	ADDITIONAL INFORMATION/LINKS
	FY24 State Budget Recommendations	Governor Whitmer's FY2024 State Budget Recommendation includes the following areas related to behavioral health and SUD: • $300 million for student mental health to ensure students' needs can be identified and provided with the right support. • $210.1 million for Direct Care Worker Wages ($74.5 million general fund) to increase wage support to direct care professionals providing Medicaid behavioral health services, care at skilled nursing facilities, community-based supports through MI Choice, MI Health Link, and Home Help programs and in-home services funded through area agencies on agencies. These funds support an increase that would average about $1.50 / hour (10%) • $5 million for behavioral health recruitment supports (general fund) that would fund scholarships and other recruiting tools to attract and support people interested in training to become behavioral health providers.		Access budget material at: https://www.michigan.gov/budget
	MIHealthyLife	In fall 2023, MDHHS will ask Medicaid health plans for new contract proposals to provide health services to people enrolled in Medicaid, including Behavioral Health. MDHHS is providing a survey for stakeholders to submit ideas to make the program better and collecting input about potential changes to the new contracts.		MIHealthyLife (michigan.gov)
	CMS Plan for States to Use Medicaid for Incarcerated Substance Use Treatment	Recently, the Director of the Office of National Drug Control Policy (ONDCP), Dr. Rahul Gupta, announced that all federal prisons will offer medication-assisted treatment (MAT) for substance use disorder by this summer. Additionally, Dr. Gupta noted that the Centers for Medicare and Medicaid Services (CMS) will release guidance to support states in using Medicaid 1115 waivers to cover substance use treatment for people who are incarcerated.		A disappointing report card for primary care - POLITICO (relevant information is about halfway down the page)
	Post-Pandemic Telehealth Policy	The recently released Michigan Medicaid bulletin reflects all of the recommendations of the CMHA Behavioral Telehealth Advisory Group.		Final Bulletin MMP 23-10-Telemedicine.pdf (govdelivery.com)

	ISSUE	SUMMARY	COUNTY	ADDITIONAL INFORMATION/LINKS
	Biden-Harris Administration Announce New Proposed Parity Rules	The Biden Administration's new proposal would significantly strengthen the nation's parity enforcement and ensure that people with mental health and substance use conditions do not face arbitrary barriers to receiving care. The proposed rule is aimed at improving health plan compliance with the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA), which requires health plans to provide mental health and substance use coverage at parity with medical/surgical coverage. A public comment period on the proposed rule will follow.		7/25/2023: Departments of Labor, Health and Human Services, Treasury announce proposed rules to strengthen Mental Health Parity and Addiction Equity Act | HHS.gov
	US Congress Mental Health Caucus	Congress has newly established a Mental Health Caucus in both the House and the Senate. 107 Representatives and 33 Senators are involved. Some key focus points are Childrens' Mental Health, 988 Support, expanding CCBHCs, and the Safer Communities Act (H.R.7272).		Mental Health Caucus | (house.gov) H.R.7272 - 118th Congress (2023-2024): Shining a Spotlight on Safer Communities Act | Congress.gov | Library of Congress
	Marijuana Reclassification	Reports state the DEA is planning to reclassify marijuana as a lower-risk drug, moving it from a Schedule 1 to a Schedule 3. This sets to benefit scientific research on the effects of marijuana by eliminating the restrictions that exist for Schedule 1 drugs.		DEA to reclassify marijuana as a lower-risk drug, reports say | Ars Technica
	CMHA ACTION ALERT	Please tell your Legislators to Oppose Unnecessary and Complicated Changes to Michigan's Mental Health System: We are asking you to reach out to your legislators (House & Senate) and the Governor and URGE them to push MDHHS to halt the implementation of its approach to meeting the federal Conflict-Free Access and Planning (CFA&P) requirements related to Medicaid mental health services. Additionally, we would like them to encourage MDHHS to seek an alternative approach with CMS (Centers for Medicare & Medicaid Services) to comply with federal regulations before making a final decision and push to include the boilerplate language in the FY25 (as well as FY24 supplemental budget) MDHHS budget.		Advocacy • CMHAM - Community Mental Health Association of Michigan
	Opioid Settlement	Currently 71 of 83 counties in Michigan have taken the Opioid Settlement dollars. 51% of the counties have not yet spent any of the money, and are still completing needs assessments and other processes to determine how best to use the funds. Counties have been actively submitting Technical Assistance request to the Michigan Association of Counties for how to use and account for these funds. MAC will be holding webinars with peer-to-peer learning opportunities, has created toolkits for counties to use, and will be implementing a statewide survey and report for this program.		Opioid Settlement Resource Center - The Michigan Association of Counties (micounties.org)

	ISSUE	SUMMARY	COUNTY	ADDITIONAL INFORMATION/LINKS
	State FY 2025 Budget	The State Budget for Fiscal Year 2025 was approved by the legislature on July 1, 2024. This included budget increases for Medicaid Mental Health Services, Medicaid Substance Abuse Services, Autism Services, and CCBHCs. There is also an increase in the Direct Care Wage to provide an additional $0.20 per hour.		Link to bill (MDHHS starts on page 319): 2024-SCB-0747.pdf (mi.gov) Link to analysis (MDHHS starts on page 75): Conference Report Summary (6/26/2024) (mi.gov)
	U.S. Supreme Court to Hear Case regarding E-Cigarettes	U.S. Supreme Court agrees to hear a case involving FDA marketing denial orders for Flavored E-Cigarettes. The Supreme Court will decide whether to uphold previous lawsuits that would allow e-cigarettes that with “kid-friendly” flavors to stay on the market.		U.S. Supreme Court Agrees to Hear… | Campaign for Tobacco-Free Kids (tobaccofreekids.org)

Elected Officials

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

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

LAKESHORE REGIONAL ENTITY

FY2023 NETWORK ADEQUACY NARRATIVE REPORT

MAY 2024

EXECUTIVE SUMMARY

Lakeshore Regional Entity (LRE) is required to comply with Code of Federal Regulations (CFR) at 42 CFR Parts 438.68 and 457.1218 and Michigan Department of Health and Human Services (MDHHS) Network Adequacy Standards. MDHHS has developed specialty behavioral health time/distance standards and Medicaid enrollee-to-provider ratios for services congruent with community need and statewide strategic priorities. Services for adults include Assertive Community Treatment, Crisis Residential Programs, Inpatient Psychiatric, Opioid Treatment Programs (OTP), and Psychosocial Rehabilitation Programs (Clubhouses); for children, services include Crisis Residential Programs, Home-Based, Inpatient Psychiatric, and Wraparound Services. Time/distance standards are categorized by urban/rural geographies and frontier status and apply to all services. The enrollee-to-provider ratio standards apply to all services except inpatient psychiatric services.

The Network Adequacy Report includes Network Adequacy Standard Outcomes for Fiscal Year (FY) FY2023 (10/1/2022-9/30/2023) and provides a comprehensive evaluation of the LRE's network adequacy and strategic initiatives to enhance service availability and capacity and highlights the deficiencies and proactive measures being implemented to address these gaps.

SUMMARY OF NETWORK ADEQUACY STANDARD OUTCOMES

ADULT SERVICES

- Inpatient services met the 100% standard across all counties.
- ACT and Crisis Residential services were above 98% across all counties.
- OTP services ranged from 69% in Lake to 99% in other counties.
- Clubhouse services had 0% in Allegan, Lake, and Mason but 99% in other counties.

PEDIATRIC SERVICES

- Crisis Residential services had significant variance, with Muskegon at 24% and others at 67% to 99%.
- Home-based, Wraparound, and Inpatient services were generally above 90% across all counties except Mason and Oceana for Crisis Residential and Inpatient services, which were lower.

KEY INITIATIVES

Key initiatives include the planned implementation of Behavioral Health Homes (BHH) and Opioid Health Homes (OHH) in Region 3 starting in FY2025. These programs aim to expand integrated, person-centered care for individuals with serious mental illness and opioid use disorder. The BHH initiative focuses on improving health outcomes through coordinated services, while the OHH program aims to reduce opioid-related harms by integrating addiction treatment with physical and mental health services.

Additionally, the report outlines an expected increase in inpatient psychiatric bed availability in Region 3. Corewell Health Helen DeVos Children's Hospital is set to open a 12-bed pediatric medical psychiatric unit, the first of its kind in Michigan, to treat pediatric behavioral health patients with additional medical complexities. Additionally, Southridge Psychiatric Hospital, a UHS/Trinity Health joint venture, is scheduled to open in southwest Kent County in 2025, will add ninety-six adult and geriatric beds, with plans to include adolescent beds pending approval from MDHHS.

CHALLENGES

The report identifies significant challenges that LRE must address to improve network adequacy. One primary challenge is workforce shortages, particularly in rural areas, which impact the ability to deliver timely and effective services. Recruitment and retention of qualified healthcare professionals remain a critical issue, necessitating innovative solutions to attract and maintain a skilled workforce.

Another challenge is the need for enhanced infrastructure to support integrated care models. Implementing BHH and OHH requires substantial investment in technology and facilities to ensure seamless coordination of care. LRE must also navigate regulatory hurdles and secure adequate funding to sustain these initiatives over the long term.

LRE encountered significant barriers in reporting of FY23 Network Adequacy. MDHHS was not able to meet their stated deadlines for providing updated reporting template/format. The changes in reporting requirements and format were more substantial than anticipated and deviated drastically from the methodology LRE had used in the past, particularly in the calculations of Time/Distance Standards.

LAKESHORE REGIONAL ENTITY

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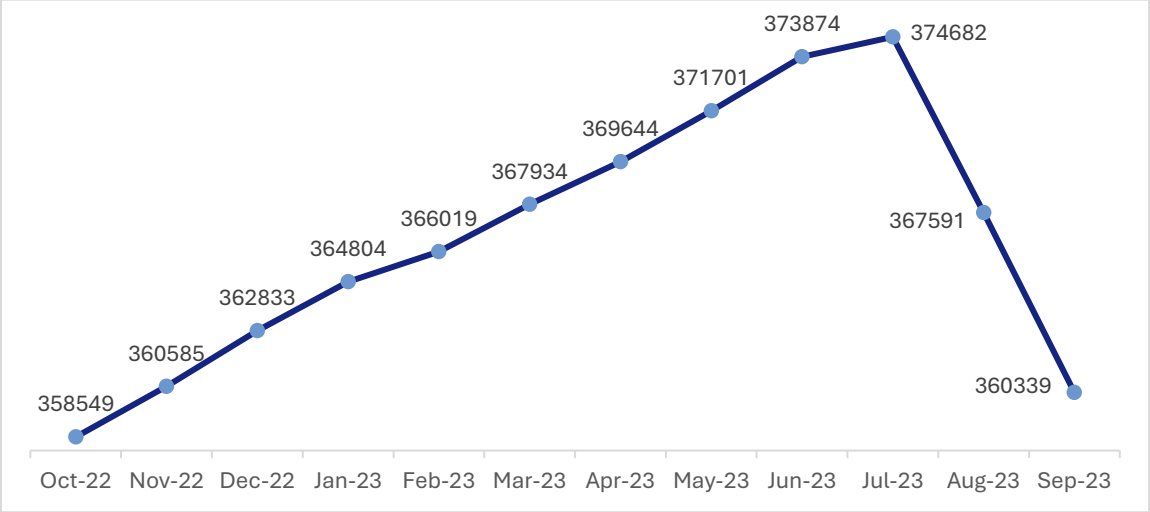
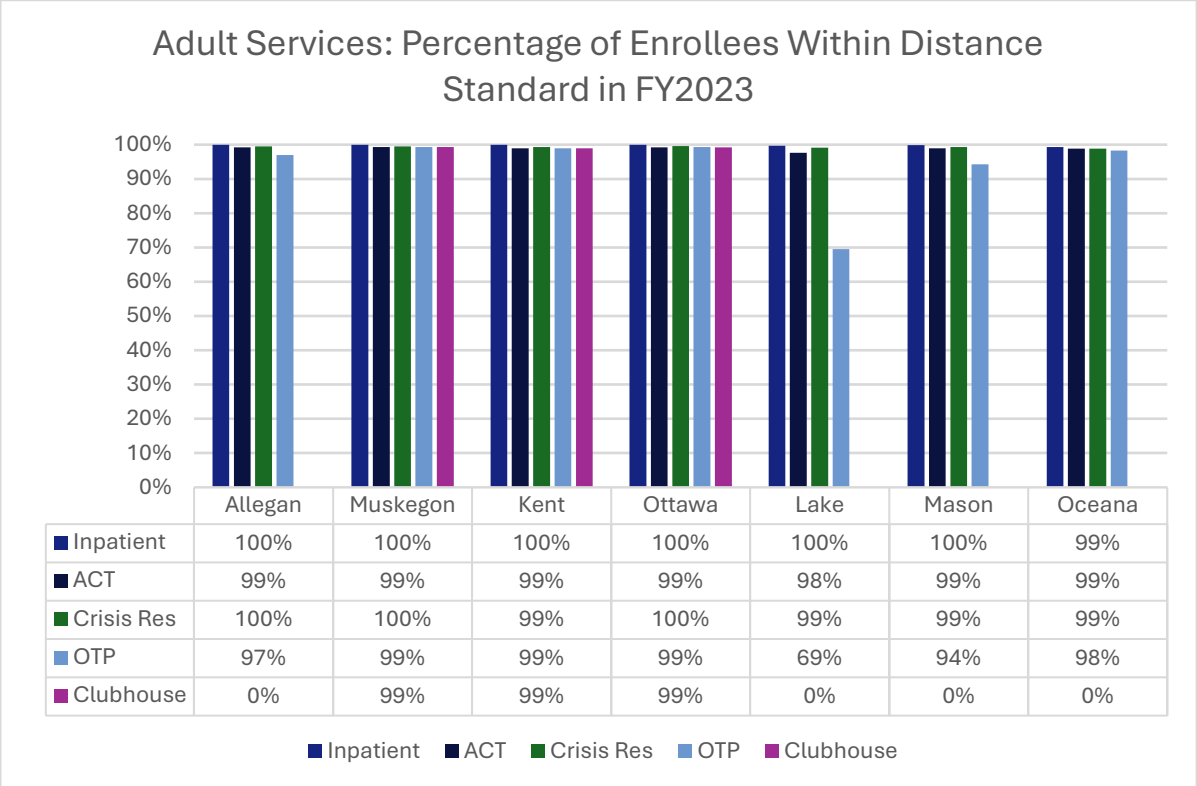
NETWORK ADEQUACY STANDARDS

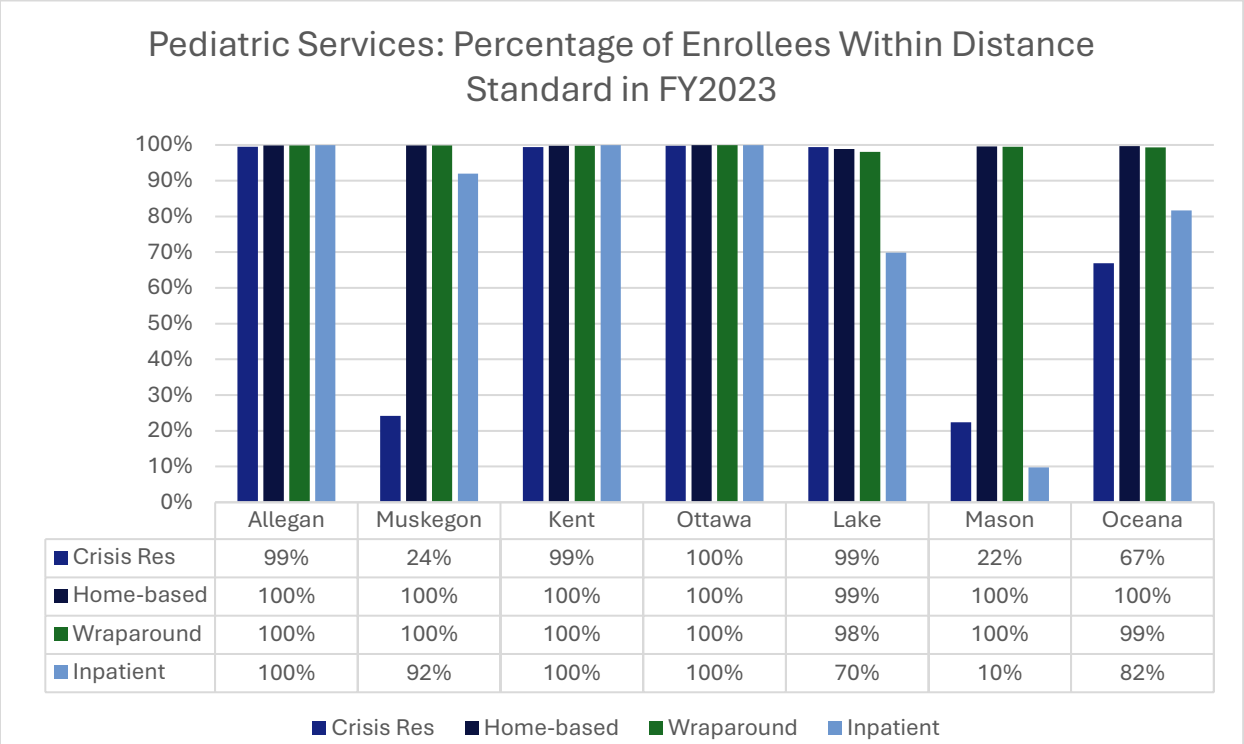
FY2023 REGION 3 TOTAL ENROLLEE COUNTS



TIME & DISTANCE STANDARDS



	Allegan	Muskegon	Kent	Ottawa	Lake	Mason	Oceana
Inpatient	100%	100%	100%	100%	100%	100%	99%
ACT	99%	99%	99%	99%	98%	99%	99%
Crisis Res	100%	100%	99%	100%	99%	99%	99%
OTP	97%	99%	99%	99%	69%	94%	98%
Clubhouse	0%	99%	99%	99%	0%	0%	0%



	Allegan	Muskegon	Kent	Ottawa	Lake	Mason	Oceana
Crisis Res	99%	24%	99%	100%	99%	22%	67%
Home-based	100%	100%	100%	100%	99%	100%	100%
Wraparound	100%	100%	100%	100%	98%	100%	99%
Inpatient	100%	92%	100%	100%	70%	10%	82%

LIMITED ENGLISH PROFICIENCY

The CFR at 42 CFR Part 438.68(c) and 438.206(b)(1) require that States developing network adequacy standards must consider the ability of network providers to communicate with limited English proficient enrollees in their preferred language. The PIHP must maintain and monitor a network of appropriate providers that is sufficient to provide adequate access to all services covered under contract for all enrollees, including those with limited English proficiency.

LRE NARRATIVE RESPONSE

LRE ensures its provider network provides adequate access to enrollees with limited English proficiency (LEP) by implementing a comprehensive strategy that ensures robust language support services through continuous provider training as well as monitoring and oversight activities. This strategy aligns with the requirements outlined in 42 CFR Part 438.68(c) and 438.206(b)(1) and is reinforced through annual audits and the integration of policies and procedures, as well as LRE's contract with Member Community Mental Health Service Programs (CMHSPs). LRE Policy and Contracts require language assistance and accommodations be made available to anyone with LEP, including those persons served through contractual arrangement. Notices of such requirements are provided to recipients at initial intake and onset of clinical services. Additionally, CMHSPs maintain contracts to provide written translation upon request. All language assistance and translation services are provided at no cost to the beneficiary. Any provider considered through Member CMHSPs procurement processes are required to demonstrate ability to meet LEP standards of the CMHSP, LRE, and the state.

ENSURING ADEQUATE ACCESS FOR LEP ENROLLEES

1. LANGUAGE SUPPORT SERVICES:

Interpretation and Translation Services: Real-time interpretation services are offered in person, phone, and video to assist LEP enrollees. Essential documents, including consent forms, treatment plans, and patient education materials, are translated into the primary languages spoken by the enrollee population.

Bilingual Staff and Providers: Efforts are made to actively recruit and maintain a network of bilingual providers and staff proficient in the languages most commonly spoken by the enrollee population, including clinical staff and customer service representatives.

2. TRAINING AND EDUCATION:

LEP Cultural Competency Training: All providers and staff within LRE's network undergo regular cultural competency training which includes education on effectively communicating with LEP individuals, understanding cultural nuances, and using interpretation services.

MONITORING AND OVERSIGHT ACTIVITIES

1. ANNUAL AUDITS:

Member CMHSP Audits: LRE conducts annual audits of Member CMHSPs to verify compliance with language access requirements. These audits review policies, procedures, documentation of language services provided, and utilization of interpretation services.

CMHSP Desk Audit Tool – Standard I: Member Rights and Information requires Member CMHSPs to submit policies, procedures, and evidence of compliance with MDHHS/PIHP Contract, Customer Service Standards, Mental Health Code Act 258 of 1974 - 330.1755, 42 CFR 438.10, 438.100, 45 CFR 164.524 and 164.526.

- Standard 1.4 requires Member CMHSPs maintain Policies and member materials which include the enrollee's right to receive information about available treatment options and alternatives, presented in a manner appropriate to the enrollee's condition and ability to understand, and submission of Recipient Rights brochures, polices/procedures, Member Handbook as evidence.
- Standard 1.10 requires Member CMHSPs ensure Written materials, including information developed by LRE, are available in the prevalent non-English languages of the service area (spoken as the primary language by more than 5% of the population in LREs Region, with submission of samples of written materials in languages meeting LEP requirements.
- Standard 1.11 requires Member CMHSPs to ensure oral interpretation of all languages is available free of charge with submission of policies, contract for language interpreter, Member Handbook, as evidence.
- Standard 1.16 requires Member CMHSPs to ensure written material are available in alternative formats and in an appropriate manner that takes into consideration the special needs of those who, for example, are visually impaired or have limited reading proficiency. Large print in a font size no smaller than 18 point, with submission of examples of materials in alternative formats as evidence.
- Standard 1.18 requires Member CMHSPs to ensure Enrollees / potential enrollees are informed that information is available in alternative formats and how to access those formats and how to access those formats.
- Standard 1.19 requires Member CMHSPs ensure adequate and advance notices meet the language and alternative format needs of the consumer.

CMHSP Desk Audit Tool – Standard III: Availability of Services requires Member CMHSPs to submit policies, procedures, and evidence of compliance with 42 CFR 438.206.

- Standard 3.2 requires Member CMHSPs to maintain and monitor a network of appropriate providers that is supported by written agreements and is sufficient to provide adequate access to all services covered under the contract for all enrollees, including those with limited English proficiency or physical or mental disabilities.
- Standard 3.18 requires Member CMHSPs to ensure services are delivered in a culturally competent manner to all enrollees, including those with limited English proficiency and diverse cultural and ethnic backgrounds, disabilities, and regardless of sex.

Corrective Actions: In cases of non-compliance, LRE collaborates with Member CMHSPs and providers to develop and implement corrective action plans, which may involve additional training, increasing bilingual staff, or enhancing access to interpretation services.

Policies and Procedures: Annual audits also encompass a thorough review of LRE and Member CMHSPs' policies and procedures related to language access to ensure they are up-to-date and effectively implemented.

LRE Policy 6.9 Information Accessibility/Limited English Proficiency

LRE Policy 6.8 Enrollee Rights

2. ENROLLEE GRIEVANCES:

In compliance with 42 CFR 438.400, LRE ensures impartial local level review of Grievances when Enrollees are dissatisfied with LRE and/or the Member CMHSP services including issues related to LEP Requirements. Grievances could include but are not limited to; quality of care or services provided, aspects of interpersonal relationships between a service provider and the Enrollee, failure to respect the Enrollee's rights regardless of whether remedial action is requested, or the Enrollee's dispute regarding an extension of time proposed by the PIHP to make a service authorized decision.

LRE Policy 6.1 Medicaid Grievance and Appeals – Due Process

Grievance Procedure and Resolution: LRE has a formal grievance process in place for enrollees who encounter barriers to accessibility. The resolution of these grievances is closely monitored to ensure timely and effective responses.

LRE Procedure 6.1a Due Process – Medicaid Grievance and Appeals

3. LRE CONTRACT WITH MEMBER CMHSPS:

Contractual Obligations: The LRE's contract with Member CMHSPs includes specific provisions requiring compliance with federal language access standards. These contracts mandate that CMHSPs maintain and monitor a network of providers capable of serving LEP enrollees.

Contract Performance Monitoring: The PIHP and LRE regularly monitor the performance of Member CMHSPs against these contractual obligations, ensuring that language access services are effectively provided.

By integrating these methods, LRE ensures its provider network can deliver high-quality care to all enrollees, including those with limited English proficiency. These efforts demonstrate a commitment to equitable behavioral healthcare access and compliance with state and federal regulations, enhancing the overall health outcomes of the diverse populations served.

CULTURAL COMPETENCE

The CFR at 42 CFR Part 438.68(c) and 438.206(c)(2) require that States developing network adequacy standards must consider the ability of network providers to ensure culturally competent communications. The PIHP must promote delivery of services in a culturally competent manner to all enrollees, including those with diverse cultural and ethnic backgrounds, disabilities, and regardless of sex.

LRE NARRATIVE RESPONSE

LRE ensures its Member CMHSPs and provider network deliver services in a culturally competent manner through required compliance with cultural competence standards, and training requirements and programs. LRE requires services to be provided in a culturally competent manner, whether provided directly by a Member CMHSP or through sub-contractual arrangements of Member CMHSPs. Member CMHSPs and Providers are required by contract to adhere to LRE and MDHH's standards for culturally competent services, including compliance with applicable laws. Any provider considered through Member CMHSPs procurement process is required to demonstrate its ability to meet Cultural Competency standards of LRE, and the state. These measures align with the requirements outlined in 42 CFR Part 438.68(c) and 438.206(c)(2).

ENSURING CULTURAL COMPETENCE STANDARDS:

Provider Training: LRE mandates cultural competence training for all staff and network provider staff. Training topics include cultural awareness, effective communication strategies, and understanding the unique needs of diverse populations.

Cultural Sensitivity Policies: LRE requires Member CMHSPs and Providers implementation and adherence to policies that promote cultural sensitivity in service delivery, ensuring respect for cultural differences and accommodating diverse health beliefs and practices. The following are examples:

- LRE Policy 13.10 – Equity in Service Provision
- MDHHS Policies and Practice Guidelines, including Inclusion Practice Guideline

MONITORING AND OVERSIGHT ACTIVITIES

1. ANNUAL AUDITS:

LRE conducts annual audits of Member CMHSPs to ensure compliance with cultural competence standards. These audits review training records, policies, and the implementation of culturally competent practices.

Policy and Procedure Reviews: Annual audits also include a review of LRE and Member CMHSP policies and procedures related to cultural competence to ensure they are current and effectively applied.

Corrective Actions: When non-compliance is identified, LRE collaborates with Member CMHSPs and providers to develop and implement corrective action plans, which may include additional training or policy revisions.

2. LRE CONTRACT WITH CMHSPS

Contractual Obligations: LRE's contracts with Member CMHSPs include specific provisions requiring compliance with cultural competence standards. These contracts mandate that CMHSPs deliver culturally competent care and maintain and monitor a network of providers capable of delivering culturally competent care.

- LRE Policy 13.10 – Equity in Service Provision
- MDHHS Policies and Practice Guidelines, including Inclusion Practice Guideline

Performance Monitoring: LRE regularly monitors the performance of Member CMHSPs against these contractual obligations to ensure that culturally competent services are effectively provided.

3. ENROLLEE GRIEVANCES:

In compliance with 42 CFR 438.400, LRE ensures impartial local level review of Grievances when Enrollees are dissatisfied with LRE and/or the Member CMHSP services including issues related to Cultural Competency Requirements. Grievances could include but are not limited to; quality of care or services provided, aspects of interpersonal relationships between a service provider and the Enrollee, failure to respect the Enrollee's rights regardless of whether remedial action is requested, or the Enrollee's dispute regarding an extension of time proposed by the PIHP to make a service authorized decision.

LRE Policy 6.1 Medicaid Grievance and Appeals – Due Process

Grievance Procedure and Resolution: LRE has a formal grievance process in place for enrollees who encounter barriers to accessibility. The resolution of these grievances is closely monitored to ensure timely and effective responses.

LRE Procedure 6.1a Due Process – Medicaid Grievance and Appeals

Through these methods, LRE ensures its provider network can deliver high-quality, culturally competent care to Medicaid enrollees from diverse backgrounds. These efforts demonstrate a commitment to equity in Behavioral healthcare access and compliance with regulations, enhancing the overall health outcomes of the populations served.

PHYSICAL ACCESSIBILITY

The CFR at 42 CFR Part 438.68(c) and 438.206(c)(3) require that States developing network adequacy standards must consider and the PIHP must ensure the ability of network providers to provide physical access, reasonable accommodations, and accessible equipment for Medicaid enrollees with physical or mental disabilities.

LRE NARRATIVE RESPONSE

LRE ensures its Member CMHSP's and provider network offers physical access, reasonable accommodations, and accessible equipment for Medicaid enrollees with physical and/or mental disabilities through a comprehensive strategy. This strategy involves compliance with accessibility standards, rigorous monitoring and oversight activities, and detailed provider directory listings. These measures align with the requirements outlined in 42 CFR Part 438.68(c) and 438.206(c)(3).

ENSURING PHYSICAL ACCESS AND REASONABLE ACCOMMODATIONS

1. ACCESSIBILITY STANDARDS:

Facility Accessibility: LRE ensures that all provider facilities comply with the Americans with Disabilities Act (ADA) standards for accessible design. This includes features such as ramps, wide doorways, accessible restrooms, and elevators.

2. REASONABLE ACCOMMODATIONS:

Individualized Care Plans: LRE Requires development of individualized care plans that include reasonable accommodations based on the specific needs of enrollees with disabilities. This may involve extended appointment times, the presence of support personnel, or the provision of auxiliary aids.

Communication Supports: Providers offer various communication supports such as sign language interpreters, TTY devices, and written materials in accessible formats (e.g., braille, large print).

3. PROVIDER DIRECTORY:

Detailed Provider ADA Listings: LRE's provider directory includes specific information about the accessibility features and accommodations available at each provider's facility. This helps enrollees with disabilities identify providers who can meet their specific needs. Listings detail accessible parking, entrance ramps, elevator access, availability of accessible medical equipment, and communication supports.

MONITORING AND OVERSIGHT ACTIVITIES

1. ANNUAL AUDITS:

Member CMHSP Audits: LRE conducts annual audits of Member CMHSPs to ensure compliance of Member CMHSPs and Providers adhere to accessibility standards. These audits review documentation of accommodations provided, address the physical accessibility capabilities of provider facilities, and the implementation of reasonable accommodations.

Policy and Procedure Reviews: The annual audits also include a review of LRE and Member CMHSP policies and procedures related to accessibility to ensure they are current and effectively applied.

Corrective Actions: When non-compliance is identified, LRE collaborates with Member CMHSPs and providers to develop and implement corrective action plans, which may include additional training, facility modifications, or the procurement of accessible equipment.

2. LRE CONTRACT WITH MEMBER CMHSPS:

Contractual Obligations: LRE's contracts with Member CMHSPs include specific provisions requiring compliance with federal accessibility standards. These contracts mandate that CMHSPs maintain and monitor a network of providers capable of accommodating enrollees with disabilities.

Performance Monitoring: LRE regularly monitors the performance of Member CMHSPs against these contractual obligations to ensure that accessibility services are effectively provided.

3. ENROLLEE GRIEVANCES:

In compliance with 42 CFR 438.400, LRE ensures impartial local level review of Grievances when Enrollees are dissatisfied with LRE and/or the Member CMHSP services including issues related to physical accessibility. Grievances could include but are not limited to; quality of care or services provided, aspects of interpersonal relationships between a service provider and the Enrollee, failure to respect the Enrollee's rights regardless of whether remedial action is requested, or the Enrollee's dispute regarding an extension of time proposed by the PIHP to make a service authorized decision.

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Grievance Procedure and Resolution: LRE has a formal grievance process in place for enrollees who encounter barriers to accessibility. The resolution of these grievances is closely monitored to ensure timely and effective responses.

LRE Procedure 6.1a Due Process – Medicaid Grievance and Appeals

Through these methods, LRE ensures its provider network can deliver high-quality, accessible care to Medicaid enrollees with physical and/or mental disabilities. These efforts demonstrate a commitment to equity in healthcare access and compliance with federal regulations, enhancing the overall health outcomes of the diverse populations served.

TIMELY APPOINTMENTS

The CFR at 42 CFR Part 438.68 and 438.206(c)(1) require that the State must ensure that each contract with a PIHP complies with timely access to care and services, taking into account the urgency of the need for services. The PIHP must ensure that providers offer hours of operation that are no less than the hours of operation offered to commercial enrollees or comparable to Medicaid FFS, if the provider serves only Medicaid enrollees. The PIHP must make services included in the contract available 24 hours a day, 7 days a week, when medically necessary.

LRE NARRATIVE RESPONSE

LRE complies with the requirements of 42 CFR Part 438.68 and 438.206(c)(1), and MDHHS Access Standards through a combination of strategic planning, provider agreements, rigorous monitoring, and oversight activities.

ENSURING TIMELY ACCESS TO CARE AND SERVICES

Contractual Agreements: LRE includes specific clauses in its contracts that mandate adherence to MDHHS Access Standards. LRE regularly monitors the performance of Member CMHSPs against these contractual obligations to ensure that accessibility services are effectively provided.

Prioritization/Priority Protocols: LRE ensures the establishment of protocols to prioritize urgent and emergent needs. Providers and staff are trained to assess the urgency of each case and to offer timely appointments based on the medical necessity of the situation.

Comparable Hours: LRE monitors providers to ensure their hours of operation are no less than those offered to commercial enrollees or Medicaid FFS. This includes regular business hours as well as extended hours during evenings and weekends.

24/7 Availability: Contracts also stipulate that services must be available 24/7 when medically necessary.

MMBPIS Indicators: LRE and Member CMHSPs monitor and report on MMBPIS Indicators which include metrics for timely access.

MONITORING AND OVERSIGHT ACTIVITIES

1. ANNUAL AUDITS:

Member CMHSP Audits: LRE conducts annual audits of Member CMHSPs to ensure compliance of Member CMHSPs and Providers with MDHHS Access Standards.

Policy and Procedure Reviews: The annual audits also include a review of LRE and Member CMHSP policies and procedures related to Access Standards and Timely Appointments to ensure they are current and effectively applied.

Corrective Actions: When non-compliance is identified, LRE collaborates with Member CMHSPs and providers to develop and implement corrective action plans, which may include additional training, facility modifications, or the procurement of accessible equipment.

2. NETWORK ADEQUACY ASSESSMENT

LRE conducts regular reviews of its provider network to ensure adequacy and compliance with access standards. This includes evaluating the geographic distribution of providers and their availability to meet enrollee needs.

Timeliness Metrics: LRE tracks key metrics related to appointment wait times, response times for urgent care, and the availability of 24/7 services. These metrics are analyzed to identify and address potential gaps in access.

3. ENROLLEE APPEALS AND GRIEVANCES:

In compliance with 42 CFR 438.400, LRE requires a Notice of Adverse Benefit Determination (NABD) when a decision that adversely impacts the Medicaid Enrollee's claim for services including failure to provide services in accordance with MDHHS Access Standards.

LRE Policy 6.1 Medicaid Grievance and Appeals – Due Process

Grievance and Appeal Procedure and Resolution: The NABD informs beneficiaries of their right to file a local (internal) appeal, the rights to a State Fair Hearing, the right to file a grievance, the right to file a Recipient Rights Violation complaint, and the right to a second opinion.

LRE Procedure 6.1a Due Process – Medicaid Grievance and Appeals

These efforts demonstrate a commitment to maintaining high standards of care for Medicaid enrollees, ensuring compliance with federal regulations, and improving outcomes for the populations served.

EXPECTED ENROLLMENT AND UTILIZATION

The CFR at 42 CFR Part 438.68(c) and 438.207(b) require that the State must consider certain elements, including anticipated Medicaid enrollment, expected utilization of services, and the characteristics and health care needs of specific Medicaid populations covered in the PIHP contract. The PIHP must give assurances to the State that the PIHP has the capacity to serve the expected enrollment in its service area. This includes offering an appropriate range of specialty services and that Long Term Supports and Services (LTSS) is adequate for the anticipated number of enrollees for the service area, and maintaining a network of providers that is sufficient in number, mix, and geographic distribution to meet the needs of the anticipated number of enrollees in the service area.

LRE NARRATIVE RESPONSE

LRE ensures its provider network has the capacity to serve the expected enrollment in its service area through data analysis, strategic planning, and continuous monitoring and oversight. This approach aligns with the requirements outlined in 42 CFR Part 438.68(c) and 438.207(b), ensuring that LRE can meet the needs of its Medicaid populations.

LRE Policy 4.2 – Provider Network and Contract Management outlines requirements and standards for assessment of Service Capacity and Expected Enrollment.

ENSURING CAPACITY TO SERVE EXPECTED ENROLLMENT

1. DATA ANALYSIS AND FORECASTING:

LRE uses historical data, demographic trends, and actuarial projections to estimate expected enrollment numbers and utilization rates. This analysis considers population growth, changes in Medicaid eligibility, and trends in healthcare utilization among specific Medicaid populations. The end of the public health emergency introduces complexities in tracking Medicaid disenrollment, requiring LRE to closely monitor these fluctuations and adjust accordingly.

2. NETWORK ADEQUACY PLANNING:

Region 3 Member CMHSPs actively engage and procure new providers to fill identified gaps in the network. LRE requires providers to report their capacity to accept new patients, meet the expected demand for services, and ensure this is reflected in the provider directory.

3. CAPACITY MONITORING:

Utilization Tracking: LRE continuously tracks service utilization rates through data dashboards to monitor demand and identify trends. This includes analyzing a mix of claims, encounter, and service utilization data.

Network Performance Metrics: Key performance indicators (KPIs) such as provider-to-enrollee ratios, service penetration rates, and provider network adequacy are regularly reviewed to ensure the network meets required standards.

Provider Procurement: Region 3 Member CMHSPs actively engage and procure new providers to fill identified gaps in the network.

Provider Capacity Reporting: LRE requires providers to report their capacity to accept new patients, meet the expected demand for services, and ensure this is reflected in the provider directory.

Medicaid Disenrollment Monitoring: With the end of the public health emergency, LRE has implemented systems to monitor Medicaid disenrollment by tracking disenrollment rates and projected funding implications.

MONITORING AND OVERSIGHT ACTIVITIES

1. ANNUAL AUDITS:

Member CMHSP Audits: LRE conducts annual audits of Member CMHSPs to ensure compliance of Member CMHSPs and Providers adhere to accessibility standards. These audits review documentation of accommodations provided, address the physical accessibility capabilities of provider facilities, and the implementation of reasonable accommodations.

CMHSP Desk Audit Tool – Standard IV: Assurances of Adequate Capacity and Services requires Member CMHSPs to submit policies, procedures, and evidence of compliance with MDHHS/PIHP Contract, 42 CFR 438.207 and 438.68.

- Standard 4.1 ensures CMHSPs offer an appropriate range of services that is adequate for the anticipated number of enrollees for the service area.
- Standard 4.2 ensures CMHSPs maintain a network of providers that is sufficient in number, mix, and geographic distribution to meet the needs of the anticipated number of enrollees in the service area.
- Standard 4.3 ensures CMHSPs notify LRE any time there has been a meaningful change in the operations that would affect the adequacy of capacity and services, including, changes in services, benefits, geographic service area, composition of or payments to its provider network, enrollment of a new population.
- Standard 4.4 ensures CMHSP compliance with submission of Network Data to meet LRE's requirements for reporting Network Adequacy Standards, including, but not limited to, anticipated Medicaid enrollment, expected utilization of services, characteristics and health care needs of specific Medicaid populations, numbers and types (in terms of training, experience, and specialization) of network providers required to furnish the contracted Medicaid services, network providers who are not accepting new Medicaid patients, ability of network providers to communicate with limited English proficient enrollees in their preferred language, ability of network providers to ensure physical access, reasonable accommodations, culturally competent communications, and accessible equipment for Medicaid enrollees with physical or mental disabilities, and availability of triage lines or screening systems, as well as the use of telemedicine, e-visits, and/or other evolving and innovative technological solutions.

Policy and Procedure Reviews: The annual audits also include a review of LRE and Member CMHSP policies and procedures related to accessibility to ensure they are current and effectively applied.

Corrective Actions: When non-compliance is identified, LRE collaborates with Member CMHSPs and providers to develop and implement corrective action plans, which may include additional training, facility modifications, or the procurement of accessible equipment.

2. LRE CONTRACT WITH MEMBER CMHSPS:

Contractual Obligations: LRE's contracts with Member CMHSPs requires CMHSPs to maintain a maintain a network of providers that is sufficient in number, mix, and geographic distribution to meet the needs of the anticipated number of enrollees in the service area.

Performance Monitoring: LRE regularly monitors the performance of Member CMHSPs against these contractual obligations to ensure that accessibility services are effectively provided.

SUD TREATMENT SERVICE DELIVERY

The CFR at 42 CFR Part 438.68(c) and 438.207(b) require that the State must consider certain elements, including anticipated Medicaid enrollment, expected utilization of services, and the characteristics and health care needs of specific Medicaid populations covered in the PIHP contract. Additionally, the MDHHS/PIHP Contract states that PIHPs must enter into network provider agreements for SUD Treatment with organizations that provide services based on the American Society of Addiction Medicine (ASAM) Level of Care (LOC).

The State Approved ASAM SUD Treatment Providers can be found in the MDHHS Customer Relationship Management (CRM) System.

LRE NARRATIVE RESPONSE

SUD TREATMENT SERVICE DELIVERY OVERSIGHT & MONITORING

1. REGION 3 DECENTRALIZATION OF SUD SERVICE DELIVERY

Since 2014, LRE has maintained a system for providing SUD treatment and recovery services which delegates responsibility for managing treatment and recovery services to each of the five member CMHSP's through subcontracts.

2. SUD REGIONAL OPERATIONS ADVISORY TEAM (ROAT)

SUD ROAT advises LRE and CMHSP Leadership on the provision of SUD Treatment Services and focuses on SUD treatment concerns within the region. Respecting that the needs of individuals served and communities vary across the region, SUD ROAT informs, advises, and works with LRE and CMHSP Leadership to bring local perspectives, local needs, and greater vision to the operations of LRE so that effective and efficient service delivery systems are in place that represent best practice and result in positive outcomes for the people served in the region.

3. SUD STRATEGIC PLAN

A Strategic Plan for SUD Treatment services was developed to guide efforts during FY21 through FY23. This plan identified priority areas with metrics to monitor progress. An overview of the plan and evaluation framework is provided in the LRE SUD Treatment Logic Model.

ACCESS TO SERVICES

1. SUMMARY OF TRENDS FOR TARGETED METRICS:

The following provides a summary of trends in targeted metrics related to access for these prioritized populations as identified within the Strategic Plan.

Targeted Metrics: Access		FY19	FY20	FY21	FY22	FY23	Trend* FY19-23
Criminal Justice Involved	↑ admissions with legal status as on probation (% of all admissions)	21.0%	20.0%	20.0%	22.0%	24.0%	↗
	↑ admissions with legal status as diversion pre or post booking (% of all admissions)	0.4%	0.3%	0.3%	0.5%	0.2%	→
	↑ admissions with legal status as 'in jail' (% of all admissions)	8.0%	7.0%	6.0%	8.0%	6.0%	→
Persons with Opioid Use Disorder (OUD)	↓ avg days between request for medication assisted treatment (MAT) and first service	13.7	7.0	13.4	5.6	7.4	↘
	Maintain an average wait time of less than 3 days for persons with IVDU	6.6	6.4	9.8	7.1	8.0	↗
	↓ average days' time to service for Outpatient Level of Care for persons with intravenous drug use (IVDU)	9.5	6.3	9.5	5.5	7.5	↘
Older Adults	↑ in # of admissions for individuals aged 55-69	597	473	579	585	648	↗

* Improving Worsening Relatively stable

2. CRIMINAL JUSTICE

In April of 2020, the LRE became responsible for supporting SUD treatment services for individuals transitioning into the community who are on probation after having been incarcerated. Working together with the Michigan Department of Corrections, the LRE has partnered with the SUD ROAT to identify ways to improve coordination and services for this population as they return to their communities. MDOC representatives attend meetings quarterly to discuss challenges and foster coordination. In March 2022, MDOC reported challenges with provider communication. CMHSP Members communicated with the provider network and the issue has not since been reported as a problem. Efforts to expand services in the jail have been a priority, primarily with State Opioid Response funds. Medication assisted treatment (MAT) services are now offered in 5-of-7 county jails in the region. In FY21, Muskegon County established a peer recovery coach in the jail to support individuals receiving MAT while incarcerated to engage in services following release. In FY23 the LRE hired a Priority Population Specialist to support coordination between MDOC and CMHSPs for this population.

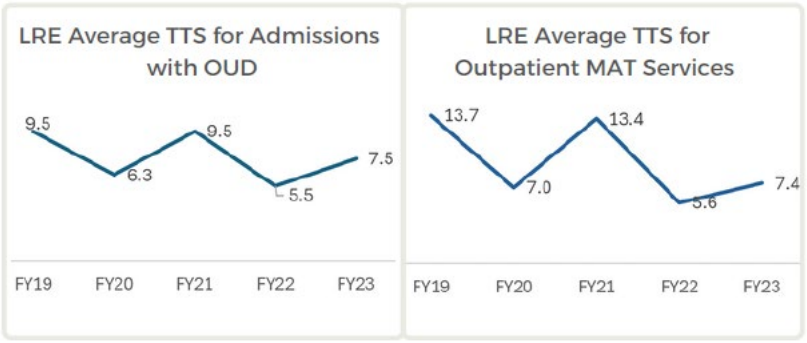
Data Highlights: Between FY19 and FY23, the percentage of admissions for individuals whose legal status was identified as 'on parole' or 'on probation' increased (from 24% to 33%) and the percentage of admissions for individuals 'in jail' decreased slightly. Less than 1% of admissions reported the legal status as a 'pre booking' or 'post booking' diversion. The percentage of admissions for individuals on probation in FY23 was highest in Mason (40%) and Allegan (36%) Counties and has been increasing in Muskegon County.

3. PERSONS WITH OUD

In recent years, the rate of opioid use and the need for treatment for individuals with an opioid use disorder (OUD) increased significantly. Of note was the need for increased medication assisted treatment (MAT) throughout the region.

Data Highlights: Between FY19 and FY23, the average time to service (TTS) for individuals with an OUD ranged from a low of 6.5 in FY22 to a high of 9.5 in FYs 19 and 21. During FY21 delays in TTS were primarily due to medication assisted treatment (MAT) caused by intermittent use of a waitlist at a provider in Muskegon County. This improved in FY22, with the TTS for Muskegon County's MAT services from 28.5 in FY21 and to 4.7 in FY22 and 7.2 in FY23. When trends in time to service for MAT are reviewed by county,

TTS in FYs 22 and 23 was highest in Allegan County at 9.8 and 14.8, respectively. In FY23, the remaining counties range from a low of 4.5 in Oceana to a high of 9.8 in Lake.



4. RURAL COMMUNITIES

Access to services in rural areas has been identified as a challenge. Counties considered rural in the LRE region include Allegan, Lake, Mason, and Oceana. During FY22 a provider in Allegan was identified with extensive delays in TTS and a corrective action plan was put in place with some improvement reflected in FY23 data. In addition, it was identified that some providers were using an incorrect date for the request for service for referred individuals. During FY23, the LRE worked to ensure the date of request for service was accurately recorded.

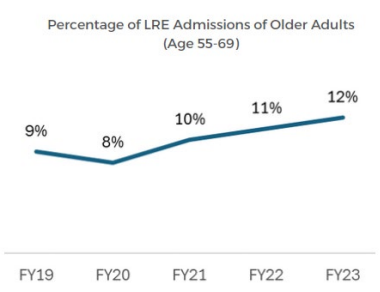
Data Highlights: Time to Service (TTS) for Outpatient services increased between FY20 and FY21 and has remained high. Among rural counties, the TTS for Outpatient services has been increasing with substantial increases between FY22 and FY23 for each rural county. It should be noted that: TTS does not provide adjustments for limited client availability which delays the appointment or for the client rescheduling their appointment. Interim services are provided in some instances, such as peer recovery coach support, which are not reflected in the BHTEDS due to being funded by other sources.

5. OLDER ADULTS

Improving access to services for older adults is currently a state-mandated priority. Planned efforts in the LRE region include promoting availability of services and the ability to access services, as well as providing training for providers on addressing behavioral health needs of older adults. LRE leadership participated in state-level strategic planning for older adult services. The LRE discussed older adults at the SUD ROAT and prevention meetings to assess community readiness for providing services for older adults. Potential trainings available to providers were reviewed and state trainings on the topic were promoted.

Data Highlights: The number of admissions in the region for older adults decreased in FY20 which may have been due to Covid-19 restrictions. The percentage of admissions that were for older adults has been increasing since FY20 to a high of 12% in FY23.

Admissions Older Adults	FY19	FY20	FY21	FY22	FY23
	597	473	579	585	648



ENGAGEMENT AND RETENTION

The following provides a summary of trends in targeted metrics related to engagement and retention in care identified in the Strategic Plan.

Targeted Metrics: Engagement and Retention			FY19	FY20	FY21	FY22	FY23	Trend* FY19-23
Integrated Treatment	↑ in % of clients w/ co-occurring diagnosis who received integrated svcs		6.0%	7.0%	11.0%	14.0%	20.0%	↗
Continuity of Care	↑ % of clients discharged from ST residential that transitioned to the next level of care w/in 7 days		27.9%	24.8%	25.3%	29.4%	36.5%	→
	↓ average # days between discharge and admission to next level of care following ST residential	w/in 7 days	2.0	2.4	1.6	1.8	1.1	→
		7+ days	17.5	17.6	17.2	16.6	15.4	↘→
		Overall	7.8	9.1	9.1	8.3	7.1	→
	↓ % of discharges from detox and ST Res with reason as 'completed treatment'	Detox	25.2%	19.0%	18.2%	18.5%	29.7%	↗
		ST Res	67.6%	73.4%	70.5%	54.8%	71.0%	→
	↑ % discharges from residential svcs w/reason as 'transfer/ completed level of care'	Detox	41.8%	51.7%	53.0%	49.1%	44.2%	↘↗
		ST Res	1.7%	1.5%	1.9%	18.1%	4.7%	↗
Initial Engagement	↓ % of treatment episodes with no 2nd visit		11.8%	11.4%	10.1%	10.9%	8.0%	↘→
	↑ clients seen for a 2nd encounter w/in 14 days of 1st service (of those w/ a 2nd encounter)		87.4%	88.3%	88.0%	89.5%	92.7%	↗

* Improving Worsening Relatively stable

CONNECTION TO COMMUNITY SUPPORTS

The following provides a summary of trends in targeted metrics related to connecting clients to community supports identified in the Strategic Plan.

Targeted Metrics: Community Supports		FY19	FY20	FY21	FY22	FY23	Trend* FY19-23
Support Groups	↑ % of discharges with clients reporting attendance at a support group in past 30 days	18%	23%	19%	21%	29%	↗
Women's Specialty Services	↑ # of pregnant women served	102	80	61	52	64	↘
	↑ # of pregnant women served by a Women's Specialty Provider	45	39	22	25	24	↘

* Improving Worsening Relatively stable

LRE SUD SPECIFIC POLICIES AND PROCEDURES

- LRE Policy 12.1 – Ensuring the Rights of Persons Serves
- LRE Procedure 12.1a – Recipient Rights Procedure
- LRE Policy 12.3 – Release of Information
- LRE Policy 12.4 – PA2 Reserve Fund Distribution
- LRE Procedure 12.4a – Use of Reserve PA2 Funds for Special Projects
- LRE Procedure 12.4b – Requesting Additional PA2 Funds

ADDITIONAL INFORMATION

PIHPs must take into account different community characteristics, as well as patterns of care and the manner in which enrollees are likely to access care. Understanding and ensuring access to appropriate service providers is important to network adequacy.

LRE NARRATIVE RESPONSE

LRE ensures network adequacy by tailoring its provider network to the unique characteristics and needs of each region. This involves analyzing demographic data, health needs assessments, and care utilization patterns to strategically recruit providers and optimize service delivery. LRE ensures a geographically diverse network, focusing on underserved areas to enhance local access to care.

Annual audits and continuous monitoring of provider performance and enrollee satisfaction help maintain compliance with network adequacy standards. Community engagement through feedback and public forums informs network planning and adjustments. Contracts with Member CMHSPs include specific provisions for maintaining network adequacy, ensuring that services are accessible, culturally competent, and responsive to regional trends.

1. SPECIALIZED OR UNIQUE SERVICES IN YOUR REGION

HOUSING EFFORTS

Network 180 partnered with Mel Trotter (who provides services to individuals who are experiencing homelessness) to have two Recovery Coaches engage with guests at Mel Trotter's Engagement Center.

Community Mental Health of Ottawa County has begun to provide outreach and services with Refresh (a shower program for individuals experiencing homelessness).

Network 180 is working with Pine Rest and Grand Rapids Housing Commission to place a Clinician and a Recovery Coach on-site at Adam's Park Apartments.

NETWORK180 CRISIS CENTER

In FY23, Network180 and Trinity Health Grand Rapids continued development of the Behavioral Health Crisis Center (BHCC) located in Grand Rapids. The Center is expected to open in June 2024 and will provide walk-in behavioral health services 24-hours a day, seven days a week. The primary feature of the BHCC is the Crisis Stabilization Unit (CSU), which provides rapidly accessible intensive treatment for up to sixteen patients at a time. While most behavioral health crises can stabilize within 24 hours, the CSU provides a space for patients to remain in a safe, secure, and supportive setting for up to 72 hours. People experiencing a mental health crisis often end up in emergency rooms seeking help. Medical clearance is necessary to find placement in a psychiatric facility. If this placement is not available, the wait in an emergency room can be very traumatizing for the individual and places great strain on health care workers. In addition to walk-in appointments, the BHCC offers a secure bay for law enforcement and EMS to bring people in for help. By diverting people experiencing a mental health or substance use crisis away from jail and emergency rooms and connecting them to the behavioral services they need, the BHCC will reduce the strain placed on emergency departments and law enforcement. This revolutionary model of bringing together medical and behavioral health care through a collaboration of public and private entities is the first of its kind in the state. The result is the creation of a 'no wrong door' system of crisis care for all Kent Country's adults, regardless of income, insurance type or zip code. The BHCC is a hub for connecting people in crisis to the right care, at the right intensity, at the right time. [as reported by Trinity Health]

2. STRENGTHS AND CHALLENGES OF THE PIHP AND/OR PROVIDER NETWORK

STRENGTHS

1. CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS (CCBHC)

All five Member CMHSPs in Region 3 are now CCBHCs. As an "all CCBHC" region, LRE invested in additional features and flexibilities on our CCBHC dashboard to help meet the complex information needs of various business units including finance, clinical, and quality teams at both the PIHP and CMHSP level.

2. GRANTS

LRE continues to obtain various Grant funding to support unique opportunities and innovative projects across the region.

LRE SUD Sponsored Trainings:

- LRE supported the keynote speaker for the 2023 Lakeshore_Muskegon Community Opiate Task Force Summit held August 18,_2023, featuring Dr. Alexander Elswick.
- LRE sponsored three webinars on Emerging Drug Trends presentations with Karen Williams.
    - Brain Chemistry: It's What Drugs of Abuse Mess With
    - The Teen Brain & Drugs: Why They Are at the Greatest Risk!
    - The Science of Hope: The Foundation of Resilience, Motivation & Recovery.
- Provided eighty-five virtual scholarships to LRE SUD Prevention Coalitions for professionals and key sector representatives for up-to-date drug recognition education from a national presenter, Jermaine Galloway aka "Tall Cop."

State Opioid Response (SOR3):

- In FY23, LRE implemented evidence-based prevention programming in schools and juvenile justice settings in five counties.
- Made considerable progress in implementing jail-based medication assisted treatment (MAT) in Lake, Mason, Oceana, Ottawa, and Muskegon counties. Served 468 individuals with jail-based medications for opioid use disorder (MOUD) throughout the region.
- A mobile care unit was outfitted, operationalized, and is now serving areas of need within Kent, Ottawa, and Allegan counties. It served 1,031 individuals throughout the region this year, and report 73 LIVES SAVED through their Naloxone Distribution program.
- Provided free Suboxone to 308 individuals for help with Opiate Use Disorder.

Gambling Disorders:

- Supported four local provider projects to address prevention and treatment for gambling disorders in the LRE region with allocations totaling $157,935.
- The regional gambling website, StayOuttaTheDangerZone.com, was updated and promoted during Problem Gambling Awareness Month through a multi-media campaign conducted in partnership with the Sports Director of WZZM/Channel 13 website. The campaign achieved 296,000 impressions, reaching 36,000 people during March and April of 2023.

Smoking Cessation:

- Grant funds continue to be distributed to all Region 3 PIHP Member CMHSPs. The funds pay for staff time, indirect costs, supplies, and materials to develop and maintain trainers to provide training in the DIMENSIONS smoking cession curriculum. Peers and staff were trained in the DIMENSIONS curriculum and provide cessation groups in their communities.

Behavioral Health Services for Native Americans:

- In FY23, 77 Native American individuals received various culturally relevant behavioral health services.

COVID-19 Supplemental Funding:

- During FY23, SUD Prevention funding provided programming support for youth summits, public messaging campaigns and opportunities for parent/youth education. One provider program demonstrated a 17% increase in knowledge of risks and consequences and perception of harm regarding alcohol and marijuana for youth who participated in programming. Region-wide, SUD related professionals were able to participate and offer professional development summits and conferences.
- COVID Grant Funds earmarked for treatment were used to support new pilot programs and initiatives. Kent County opened an Engagement Center within a homeless shelter, staffed with recovery coaches who are charged with building relationships with individuals and working with them on stages of change. This program has successfully referred many clients to formal treatment. We are also supporting a sober living home for mothers with children, as a transitional living environment between formal treatment and independent living. Ottawa County has begun offering same day medications for opioid use disorder, a model that seems to relate to improved long-term outcomes for clients. We have also been able to support evidence-based contingency management programs for clients, as well as staff development and retention opportunities for clinical staff that weathered the storms of COVID and remained in the system, committed to our clients.

SUD Treatment Infrastructure Grant:

- LRE was able to assist Our Hope Association in securing a $495,000 grant to open an expanded residential treatment facility with an on-site detox program.

Hispanic Behavioral Health Servies Grant:

- In FY23, 129 LatinX individuals received culturally relevant behavioral health services.

CHALLENGES

1. RESOURCE ALLOCATION:

While capitated payments can control costs, they can also lead to underfunding if the payment rates do not adequately cover the costs of providing high-quality care, resulting in limited resources for certain services or populations.

2. PROVIDER AVAILABILITY AND ACCESS:

As previously discussed, LRE faces a shortage of qualified staff and providers, making it difficult to maintain an adequate network and limit access to necessary services, particularly in rural or underserved areas. LRE and Member CMHSPs are actively engaged in recruitment and procurement efforts to ensure network adequacy.

3. REGULATORY AND ADMINISTRATIVE BURDENS:

PIHPs operate under extensive regulatory requirements and administrative processes that are ever changing. Complying with these regulations can be resource-intensive and at times can detract from service provision.

4. DATA MANAGEMENT AND INTEGRATION:

Effective operations rely on robust data management and integration of systems to track outcomes, manage care, and report on performance. These systems can be costly and technologically challenging. LRE has made significant improvements in recent years with the development and maintenance of various

dashboards, and development of internal LRE and regional workgroups aimed at improvement of data flow processes and assurance of data integrity.

5. ABA SERVICE PROVISION:

Evaluating, authorizing, and providing Applied Behavior Analysis (ABA) services for children presents a complex set of challenges. These challenges span various dimensions, including availability of provider organizations, staffing, time constraints, inter-system collaboration, and managing systemic changes. Each of these factors contributes to the difficulty of delivering effective ABA services.

Provider Limitations: In FY23, LRE saw a number of new ABA Providers paneled in Region 3. While the increase in the number of providers has made an impact, we continue to face challenges with Providers ability to hire and maintain qualified staff. Additionally, Providers must manage referrals to treatment from both Medicaid and non-Medicaid sources. Such decisions have impacts on providers given the typical discrepancies between Medicaid funding and rates with other payors.

Lack of Qualified Staff: Even when ABA Services are direct run by CMHSPs, or provider organizations are available, there is a significant shortage of qualified staff. ABA therapy requires highly trained professionals, such as Board-Certified Behavior Analysts (BCBAs) and Registered Behavior Technicians (RBTs). The rigorous training and certification process, coupled with the demanding nature of the work, contributes to a high turnover rate. This staffing shortfall not only limits the number of children who can receive services but also affects the consistency and effectiveness of the therapy provided. Another limiting factor to finding qualified staff is that many providers share professional staff throughout the region and many RBTs will frequently move from one ABA provider to another as many providers in the region are drawing from the same pool of employees to reach capacity.

Limited Time Window for Service Provision for Children in School: Children who are in school have a narrow window during which they can receive ABA services. Typically, ABA therapy sessions are scheduled outside of school hours, which limits the time available for these essential interventions. Coordinating schedules to fit within these constraints can be challenging for both families and providers. Furthermore, the limited time may not be sufficient to achieve the desired therapeutic outcomes, especially for children who require intensive intervention.

Lack of System Collaboration and Understanding Between the Public Behavioral Health System and Education System: Inter-system collaboration issues between the public behavioral health system and the education system adds another layer of difficulty. No guidance has been given to provide clarity on responsibilities for ABA, funding implications for ABA services during the day, or how to incorporate ABA into school-based IEPs. Without directives from MDHHS and the Department of Education, the systems have had to navigate these challenges alone. CMHSPs report an unwillingness on the part of many ISDs for these types of conversations.

Managing System Change: Systemic changes which are not developed with the input and feedback of key stakeholders in the public behavioral health system further complicates the provision of ABA services. One example is the impact of expansion of ABA service availability to age 21 without building in the infrastructure across the state to support the increase in the number of eligible beneficiaries. At the time of expansion, the system had not yet stabilized for service provision for children aged 0-6. Children over the age of six are enrolled in school, and the vast majority of ABA service provision challenges faced in Region 3 are isolated to children aged 8-21. Another example is the discontinuation of the Waiver Support Application for Autism Services without establishment of mechanisms or systems to manage authorizations for this population. System changes such as these can disrupt established processes and funding streams, leading to uncertainty and instability for both providers and families. Adjusting to new systems and regulations requires considerable time and resources, which can detract from direct service provision. PIHPs, CMHSPs, and Providers must navigate new administrative requirements adding to the overall complexity.

To address these challenges, a concerted effort is required to expand the availability of provider organizations and increase the number of qualified staff. Enhancing collaboration between the public behavioral health system and education system is crucial for creating a cohesive approach to service delivery. Additionally, stakeholders must work together to manage systemic changes smoothly, ensuring adequate resource allocation and continuity of care for children receiving ABA services.

3. SUCCESSES AND OPPORTUNITIES FOR IMPROVEMENT AT THE PIHP AND/OR PROVIDER NETWORK

SUCCESSES

1. DEVELOPMENT AND IMPLEMENTATION OF QUARTERLY CUSTOMER SERVICE AUDITS

In FY23, LRE developed and implemented quarterly audits of grievances, appeals, and notice of adverse benefit determination denials. In response to a subsequent identified need for improvement in NABD documentation and utilization of Person-Centered Writing, LRE developed and offered periodic trainings. Over 750 CMHSP staff have attended these trainings.

2. NEW CUSTOMER SATISFACTION SURVEY

Customer Satisfaction Surveys play a crucial role in LRE and CMHSPs evaluation of its provider network. In FY23, LRE in collaboration with member CMHSPs, created and implemented a customer satisfaction survey and corresponding/procedures to ensure consistency in the region.

CMHSP	Number of Completed Surveys
HealthWest	389
Network180	642
OnPoint	189
CMH of Ottawa Co.	433
West Mi. CMH	160
TOTAL	**1822**

3. AUTISM SERVICES – SYSTEM IMACTS

In 2023 the LRE has been focused on improving consistency and access to ABA services. To that end, the LRE brought together key stakeholders to identify and provide recommendations to improve ABA service across the region. We facilitated a quarterly Autism Provider work group to improve regional consistency. LRE disseminated the regional guidelines and provided regional trainings on ABA service guidelines. Additionally, LRE developed improved data processes to better understand how ABA services are being utilized within the region.

With input from regional CMH service providers, LRE developed and implemented a comprehensive data tracking system. During the months leading up to April 2023 we worked with IT and autism staff to create the data points needed to continue to monitor services and enrollment. This ABA file submission form has since gone live and provides a view of all ABA services across the region which helps provide oversite and support regionally. By the end of FY23, all five CMH boards have consistently submitted their ABA data to the LRE monthly.

4. VETERAN NAVIGATOR

LRE Veteran Navigator coordinates resources of support for Veterans within Region 3. The VN does this through connecting with individual veterans, creating partnerships with organizations who provide resources to veterans, participating and leading coalitions to better serve Veterans, and acting as an

expert for organizations within the region that are working to improve service delivery to Veterans. In Fiscal Year 2023, the Veteran Navigator focused on building referral connections within Region 3 and creating new partnerships with twenty-one community organizations.

5. HEALTH DATA EXCHANGE – CARE COORDINATION (FUH)

A regional workgroup was formed in December 2022 to improve the quality, timeliness, and effectiveness of the Follow Up after Hospitalization (FUH) data submitted regularly to the MDHHS CC360 system (MDHHS then shares this data with Medicaid Health Plans to help coordinate timely follow-up appointments after hospital discharge). The previous process required 15 PIHP staff hours per week and resulted in one file submission per week. After troubleshooting and addressing barriers in clinical and IT systems, the new process resulted in an 80% reduction in PIHP staff hours and a 56% decrease in data errors in CMHSP file submissions from the PIHP. It also provides for two file submissions per week instead of one so that data delivered to our Medicaid Health Plan partners is more timely and, therefore, more actionable.

6. IMPROVEMENT IN BHTEDS

Efforts at accelerating BHTEDS (client demographic) submissions to MDHHS resulted in LRE seeing steady improvements in completeness over time and staying above the MDHHS required 95% completeness threshold throughout most of FY23.

7. LOCUS EVALUATION

LRE has been studying its regional LOCUS ´ data along several key dimensions to gain an understanding of how frequently the LOCUS is administered, how often the calculated score is overridden by a higher or lower score based on clinical judgment, to monitor consistency and fidelity to the tool, and to evaluate its potential uses for further data analytics to inform and guide future regional Utilization Management projects.

OPPORTUNITIES

1. PROVIDER RECRUITMENT AND RETENTION:

LRE recognizes the critical need for a robust and skilled workforce. By partnering with key stakeholders, LRE will continue to advocate and address the shortage of qualified staff and providers through strategizing recruitment approaches and incentives to retain our valued employees.

2. STREAMLINE ADMINISTRATIVE PROCESSES:

Efficiency in administrative processes is essential for maximizing direct service provision. LRE is continuously exploring ways to streamline and simplify regulatory and administrative requirements. This includes standardizing regional processes and procedures, automating routine tasks, and enhancing data management systems, reducing the burden on providers, and allowing them to focus more on treatment.

3. ADDRESS INFRASTRUCTURE NEEDS

Infrastructure development is vital for improving behavioral healthcare accessibility and quality. LRE is committed to ongoing efforts to expand access to residential treatment facilities and implement integrated care models, such as BHH and OHH. These initiatives aim to provide comprehensive, coordinated care that meets the diverse needs of our patients.

4. BARRIERS TO CARE AND/OR NETWORK ADEQUACY IMPLEMENTATION

BARRIERS TO CARE

1. STAFFING SHORTAGES

The shortage of behavioral health workers, especially direct care workers, has become increasingly concerning in Michigan, reflecting nationwide trends. These workers play a vital role in offering support and assistance to individuals with mental health or SUD. Several factors contribute to this shortage: a growing demand for behavioral health services due to heightened awareness, shifting societal attitudes, and the lingering mental health effects of the COVID-19 pandemic. Direct care workers often receive lower wages and fewer benefits compared to counterparts in other healthcare sectors, posing challenges in attracting and retaining qualified individuals. The demanding nature of the work, coupled with limited career advancement opportunities and burnout, results in high turnover rates among behavioral health workers. Furthermore, the aging workforce exacerbates the shortage, as many current workers are nearing retirement age, leading to a loss of experienced professionals. While efforts have been made which have softened the effects of this shortage, LRE continues to see a major impact of this shortage affecting CMHSPs and their provider network.

2. LACK OF STATE HOSPITAL BEDS

The decrease in the availability of State Hospital Beds presents a significant barrier to accessing behavioral health services in Michigan. The recent continued decrease in available beds leads challenges in accessing timely and appropriate care for the most vulnerable and complex individuals in our communities. Adequate investment in community care settings and collaboration among stakeholders is essential to ensure adequate resources and timely access to behavioral health services for all individuals in need.

NETWORK ADEQUACY IMPLEMENTATION BARRIERS

LRE encountered significant barriers in reporting of FY23 Network Adequacy. MDHHS did not meet their stated deadlines for providing the updated reporting template/format. The changes in reporting requirements and format were more substantial than anticipated and deviated drastically from the methodology LRE had used in the past, particularly in the calculations of Time/Distance Standards.

1. TIME/DISTANCE CALCULATIONS:

Reporting is at the county level because West Michigan CMH has three counties in its catchment area. Since Allegan County is historically split between rural and urban populations, LRE has made the rural/urban determinations based on the ZIP code of the Medicaid-eligible individuals in the region using Rural/Urban Commuting Area (RUCA) designations.

There are separate entries for West Michigan and each of its counties in the PNAR Template because Time/Distance Reporting is at the county level. The other metrics do not have the county detail attached to the individual records, so all other metrics outside of Time/Distance are reported under West Michigan CMH.

2. SERVICE TIMELINESS:

According to the PNAR Template Instructions, the timeliness standards begin with MMBPIS Indicator 3 individuals for the denominator and add the additional requirement that the individual also have an authorization within the fiscal year for a particular service. This additional restriction on the denominator criteria is frequently giving small N Counts where statistics are no longer reliable. Additionally, authorizations may never result in an encounter for a variety of reasons. Requiring an even more restrictive numerator criteria to a single service is frequently resulting in poor results that are not reflective of LRE performance of timely service delivery in a broader context.

5. EXPLANATIONS OF SERVICE RANGE/AVAILABILITY DEFICIENCIES

Identified deficiencies regarding service range and availability have been thoroughly evaluated and explained in other sections of the report. Please refer to the respective sections for detailed explanations of these deficiencies and the corresponding evaluation findings.

6. FUTURE PIHP AND ORG. PROVIDER PLANS TO INCREASE CAPACITY/ADEQUACY.

1. BHH & OHH IMPLEMENTATION

LRE is planning for the hopeful implementation of BHH and OHH in Region 3 starting in Fiscal Year 2025. The BHH initiative will expand the provision of integrated, person-centered care for individuals with serious mental illness and severe emotional disturbance, improving health outcomes through coordinated services. The OHH program will increase access for treatment of opioid use disorder by integrating addiction treatment with physical and mental health services and reduce opioid-related harms.

Our implementation strategy includes engaging key stakeholders, ensuring adequate workforce training, and developing the necessary infrastructure to support integrated care. LRE is committed to improving health and well-being in our community through these innovative models and looks forward to the various positive impacts they will bring to Region 3.

2. COREWELL HEALTH HELEN DEVOS CHILDREN'S HOSPITAL MED/PSYCH UNIT

Corewell Health Helen DeVos Children's Hospital plans to open a 12-bed pediatric "medical psychiatric" unit in the coming months. This unit is the first med/psych unit in Michigan and will treat pediatric behavioral health patients with additional medical complexities.

3. UHS/TRINITY HEALTH TO OPEN A NEW PSYCH HOSPITAL, SOUTHRIDGE IN 2025

Construction on a new psychiatric hospital in southwest Kent County proceeds on schedule toward a 2025 opening that will add new capacity for inpatient psychiatric services. The new facility, to be located near the Trinity Health Medical Center in Byron Center, will accommodate up to ninety-six adult and geriatric beds. UHS/Trinity Health have expressed a desire to add adolescent beds to this facility and did state they planned to submit a CON to MDHHS for approval.

7. SUD PREVENTION SERVICE DELIVERY DATA AND NARRATIVE

NUMBER OF PERSONS SERVED:

County	Persons Served
Allegan	10,922
Kent	36,131
Lake, Mason, and Oceana	6,686
Muskegon	7,986
Ottawa	7,103
TOTAL	**66,828**

ESTIMATED REACH:

Estimated reach is collected for activities when an official count of persons is not possible. Providers estimate that they have achieved more than 2.4 million impressions in FY23 through campaigns such as TalkSooner, Above the Influence, and others.

HOURS OF SERVICE:

Prevention Strategy	Persons Served
Education	2,902
Community-Based	5,025
Environmental	980
Information Dissemination	623
Student Assistance/Prevention Assessment	979
Alternative	541
TOTAL	**11,049**

PREVENTION GOAL AREAS

Efforts throughout the region are developed to align with the LRE's regional prevention strategic plan. A corresponding logic model provides a framework for how local efforts across the region work together to cumulatively impact regional priorities. Each provider uses local data to determine which priorities of the LRE strategic plan to address within their area.

1. REDUCE UNDERAGE ALOCHOL USE

- Reducing Youth Access
- Increased Awareness of Consequences
- Promoting Accurate Perceptions of Use

2. REDUCE UNDERAGE MARIJUANA USE

- Reducing youth access
- Increasing perception of risk

3. REDUCE UNDERAGE TOBACCO USE, INCLUDING VAPING

- Reducing youth access
- Increasing perception of risk

4. REDUCE OPIOID AND PRESCRIPTION DRUG MISUSE

- Reducing youth access
- Increasing perception of risk

5. REDUCE EARLY INITIATION OF SUBSTANCE USE

- Increase perception of risk
- Association with positive peers
- Promote positive family dynamics
- Coping with life stressors

LRE WEBSITE – SUD PREVENTION

The LRE Website has a page dedicated to SUD Prevention Providers which contains LRE's Prevention Philosophy, Goals, Strategic Plans, Campaigns, and Required Provider Reports.

MONITORING AND COMPLIANCE ASSURANCE OF SUD PREVENTION SERVICES

LRE ensures the effective monitoring and compliance of SUD Prevention Services through a structured framework of contractual agreements and detailed requirements outlined in the SUD Prevention Provider Manual and SUD Prevention Special Provisions to establish clear standards and expectations for service delivery.

1. CONTRACTUAL AGREEMENTS AND REQUIREMENTS

Contracts with SUD prevention service providers explicitly outline the standards for service delivery, including adherence to evidence-based practices, reporting requirements, and performance metrics. Contracts include specific compliance clauses that mandate providers to follow guidelines set forth in the Prevention Providers Operations Manual and SUD Prevention Special Provisions.

The SUD Prevention Provider Manual and Special Provisions are regularly updated to reflect new data, emerging best practices, and changes in regulatory requirements. Providers are required to stay informed of these updates and integrate them into their service delivery models.

Through this framework of contractual agreements, detailed guidelines, and monitoring activities, LRE ensures that SUD prevention services are delivered effectively, efficiently, and in compliance with established standards.

8. ANY OTHER INFORMATION

PROVIDER NETWORK ADVISORY COMMITTEE

The Provider Network Advisory Committee is hosted by LRE and comprised of representatives from Member CMHSPs and regional provider leadership. The committee focuses on sharing regional updates, assessing training needs, and discussing system changes to address regional needs. By reviewing performance metrics and ensuring compliance, the committee helps maintain high-quality care for Medicaid enrollees and fosters continuous collaborative evaluation and improvement in service delivery.

The Provider Network Advisory Committee Meeting Minutes can be found on LRE's website under For Providers.

LAKESHORE REGIONAL ENTITY

EXECUTIVE COMMITTEE SUMMARY
What Wednesday, July 17, 2024, 9:00 AM

Present: Ron Bacon, Stan Stek, Janet Thomas
Absent: Richard Kanten, Jim Storey

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

WELCOME and INTRODUCTIONS

i. Review of July 17, 2024, Meeting Agenda
ii. Review of June 18, 2023, Meeting Minutes

The July 17, 2024, agenda and the June 18, 2024, meeting minutes are accepted as presented.

MEETING UPDATES

i. MDHHS
    - LRE continues to meet with MDHHS to discuss several topics such as:
        - clarification on how to operationalize items around ABA services that MDHHS reqested. LRE and N180 have asked for a meeting to answer questions,
        - CCBHC and OHH/BHH.
    - There has been nothing new regarding additional rate adjustments. The Association is still actively advocating for a rate adjustment and the PIHPs are gathering deficit information to submit.

LRE/N180 CORRECTIVE ACTION PLAN UPDATE

LRE has been meeting weekly with N180 but both parties have decided to move meetings to bi-weekly. N180 is working to meet the next requirement in the CAP and LRE is submitting weekly reports. LRE has received no feedback on the reports being submitted.

LRE, N180 and EC met yesterday to discuss Autism, but the broader conversation was around N180s total projected deficit. The conversation was constructive with N180 speaking to reasons for the deficit and strategies that can be pursued to close that gap such as utilization management and BHTEDs reporting. Autism is not the only area of issue that accounts for the deficit and N180 will be reviewing those areas and determining strategies to address costs. The group agreed to advocate for more revenue from the state, N180 will continue to work on BHTEDs and identify strategies that both LRE and N180 can support. Another meeting will be scheduled for 2 weeks out. These strategies may not have a significant impact on the projected $16 million deficit for this year but will hopefully have an impact next year. There is continued concern that N180s deficit will significantly lower the region's ISF.

There was discussion about the region moving back to the historical autism funding methodology that would favor N180 while having a negative impact on other CMHs within the

region. The LRE will continue to send out data on areas that is showing a discrepancy and investigate with N180.

CCBHC UPDATE

Cherry Health, a regional provider and FQHC, is applying to become a CCBHC in Kent County. Cherry Health's FQHC status makes them the only CCBHC/FQHC and are being considered more of a pilot. There are several concerns that have been discussed with MDHHS. The LRE has met with Cherry Health to begin planning implementation and has scheduled a reoccurring weekly meetings.

There are concerns regarding setting up an adjudication and authorization system due to the short turnaround time and cost. The state will not know if Cherry's application is approved until the beginning of August while implementation will begin on October 1. The LRE has a 1% admin. allowance which we are unsure at this time if that will cover costs entirely and will be dependent on the volume of individuals using their services. There may be a cash flow issue if LRE is unable to stand up the claims department by 10/1. LRE did ask the state if N180 could handle the payment piece, but it has been determined that it would be a conflict of interest. Another area of concern is that funding for individuals will come out of N180s Medicaid revenue.

N180 comments that another challenge is that N180 is defined as the prescreening unit for Kent County and determines if an individual goes into a CCBHC service or an inpatient service. The home CMH should be included in the conversation.

PIHP/MDHHS ISF CONTRACT LANGUAGE RESOLUTION

PIHPs would like to remove the ISF language that limits the amount of ISF that can be held by a PIHP from the MDHHS contract, and are asking the Board to support the resolution. The Executive Committee recommends that the full board approve the resolution.

BOARD MEETING AGENDA ITEMS

- Action Items
    i. CEO Contract
    ii. Resolution of Opposing ISF Language MDHHS/PIHP Contract
    iii. Board Policy 1.1 – Conflict of Interest
        - Change the wording to allow for a Board member to remain present during discussion and vote of an item that they may have a COI and not asked to leave the room – page 2 B.
        - When covered person is a Board member the Board Chair will make the determination with the exception that the person with COI is the Board Chair then the Vice Chair will make the determination.
        - Include in the policy that the LRE will provide and keep an updated list of vendors.
            - Keep an ongoing list of vendors, singing conflict of interest and compliance training will be changed to align with each other.
        - LRE will discuss with CMH CEOs during Ops Council and determine if the policy should go back to the Compliance ROAT for changes or if the policy will move forward to the July Board meeting.

BOARD WORK SESSION AGENDA

i. OHH/BHH Presentation (30-45 minutes)

LRE CEO CONTRACT DISCUSSION

EC, CEO and Human Resources remained while others were asked to leave the meeting for discussion.

OTHER

UPCOMING MEETINGS

- July 24, 2024 – LRE Executive Board Work Session, 11:00 AM
  GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440
- July 24, 2024 – LRE Executive Board Meeting, 1:00 PM
  GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440
- August 21, 2024 – Executive Committee, 1:00PM
- August 28, 2024 – LRE Executive Board Work Session, 11:00 AM
  GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440
- August 28, 2024 – LRE Executive Board Meeting, 1:00 PM
  GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440

ADJOURN

LAKESHORE REGIONAL ENTITY

Resolution of the Lakeshore Regional Entity (LRE) Board of Directors in response to Proposed Language by the Michigan Department of Health and Human Services (MDHHS) for Fiscal Year 2025 Limiting the Funding and Use of the Internal Service Fund (ISF)

WHEREAS, The LRE is a Prepaid In-patient Health Plan (PIHP) in accordance with section 204(b) of Michigan's Mental Health Code under a master Medicaid specialty supports and services contract with the Michigan Department of Health and Human Services (MDHHS).

WHEREAS, LRE's function as a PIHP is to manage and fund a service provider network for approximately 30,000 Lakeshore residents at more than 400 service sites across the counties of Allegan, Kent, Lake, Mason, Muskegon, Oceana and Ottawa.

WHEREAS, People who receive public behavioral health services through LRE's provider network include those who have an intellectual or developmental disability, mental health concerns, or substance use disorder. Most of these individuals have Medicaid insurance coverage.

WHEREAS, Under federal regulation as a managed care entity, the PIHP is responsible for assuring financial stability and its ability to pay expenses, ensuring that persons served are not liable for these costs.

WHEREAS, The Master Medicaid Specialty Supports and Services contract provides for the establishment of an Internal Service Fund (ISF) as the mechanism by which a PIHP may retain adequate funds to ensure financial stability and the ability to pay Medicaid billable expenses.

WHEREAS, MDHHS is proposing language in the master Medicaid specialty supports and services contract for fiscal year 2025 that arbitrarily caps the amount of funding allowed to be retained by the PIHP and inappropriately shifts the current risk-sharing arrangement between the parties to the financial benefit of MDHHS.

WHEREAS, The proposed change represents a material change in the operation of the Medicaid State Plan in that the risk sharing arrangement approved by the Center for Medicare and Medicaid Services would be fundamentally altered.

WHEREAS, After careful review, LRE has concluded that the proposed contract language:

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Phone: 231-769-2050
Fax: 231-269-2071

- Limits the funding of the ISF to an amount that is not actuarily sound;

- Limits the funding of the ISF to an amount that is not considered best practice for operating reserves of governmental entities as proposed by the Government Finance Officers Association (GFOA);

- Overreaches and attempts to contractually limit LRE's ability to operate independently as a PIHP and appropriately manage its risk;

- Would (if enforced) require LRE to return funding rightfully earned and retained from a prior contractual period.

THEREFORE, BE IT UNANIMOUSLY RESOLVED THAT, the LRE Board of Directors strongly encourages the MDHHS to remove the proposed language for fiscal year 2025 that limits limiting the funding and use of the ISF and to honor:

- The PIHP's right to manage its business operations including the management of its contractual risk through an appropriately funding ISF;

- Generally Accepted Accounting Principles (GAAP) that already provide appropriate limitations on the establishment, purpose, and accounting for an ISF;

- Generally Accepted Actuarial Principles and Methodologies (GAAPM) that already provide appropriate limitations on determining adequate funding for an ISF;

- Federal Regulations codified in 2 CFR and 42 CFR that already provide appropriate limitation on allowable costs and utilization of ISF funding.

ON BEHALF OF THE LRE PIHP BOARD OF DIRECTORS BY ITS OFFICERS ON July 24, 2024.

5000 Hakes Drive, Norton Shores MI 49441
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Fax: 231-269-2071

Lakeshore Regional Entity Board
Financial Officer Report for July 2024
7/24/2024

- **Disbursements Report** – A motion is requested to approve the June 2024 disbursements. A summary of those disbursements is included as an attachment.

- **Statement of Activities** – Report through May is included as an attachment.

- **LRE Combined Monthly FSR –** The May LRE Combined Monthly FSR Report is included as an attachment for this month's meeting. Expense projections, as reported by each CMHSP, are noted. An actual **deficit** through May of $684 thousand, a projected annual **deficit** of $15.9 million, and a budgeted **deficit** of $1.2 million regionally (Medicaid and HMP, excluding CCBHC) is shown in this month's report. All CMHSPs have an actual surplus except Network180 who has a **deficit** of $8.2 million and West Michigan CMH with a **deficit** of $301 thousand. HealthWest and OnPoint have projected **surpluses**. Network180 has a projected **deficit** of $16.6 million, CMH of Ottawa County $1.2 million, and West Michigan $472 thousand. All CMHSPs have a budgeted surplus, except Network180 with a budgeted **deficit** of $7 million and CMH of Ottawa County with a budgeted deficit of $29 thousand.

  CCBHC activity is included in this month's report showing an actual **deficit** of $2.6 million, which is the responsibility of the CCBHCs and not the PIHP. A projected **deficit** of $5.9 million and a budgeted **surplus** of $2.1 million is shown.

- **Cash Flow Issues** – On July 16, 2024 Network180 reported a cash flow issue and indicated that they may be requesting a mid-year cost settlement.

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- **FY 2024 Revenue Projections** – Updated revenue and membership projections by program and Member CMHSP are below. June FY2024 revenue projections include the actual April - September rate adjustments included in the state's finalized rate certification. The June revenue projection decreased $260,330 from the May projection to $430.2 million. Overall projected revenue has decreased $10.4 million from the initial budgeted amount, due to changes in the CCBHCs' daily visit projections and greater than expected disenrollments due to the end of the Public Health Emergency. Please reference the last column of the Executive Summary below for a breakdown by CMHSP and funding bucket.

FY 2024 Revenue Projection

Total LRE

	FY24 Initial Budget Projection	FY24 Current Budget Projection	FY24 Intitial to Current Change	FY24 Intitial to Current %Change
MCD - MH	$ 207,190,112	$ 203,556,671	$ (3,633,441)	-1.75%
MCD - SUD	$ 8,537,141	$ 8,221,205	$ (315,936)	-3.70%
HMP - MH	$ 17,316,375	$ 18,111,863	$ 795,488	4.59%
HMP - SUD	$ 10,968,901	$ 11,540,922	$ 572,022	5.21%
Autism	$ 43,425,979	$ 44,986,140	$ 1,560,161	3.59%
Waiver	$ 54,702,000	$ 51,905,219	$ (2,796,780)	-5.11%
CCBHC MCD Base Cap	$ 28,080,950	$ 23,389,790	$ (4,691,160)	-16.71%
CCBHC HMP Base Cap	$ 8,816,400	$ 6,046,769	$ (2,769,631)	-31.41%
CCBHC MCD Supplementa	$ 33,570,184	$ 34,550,918	$ 980,734	2.92%
CCBHC HMP Supplementa	$ 9,710,407	$ 9,822,186	$ 111,778	1.15%
LRE Admin	$ 13,922,556	$ 13,922,556	$ -	0.00%
ISF	$ -	$ -	$ -	
IPA	$ 4,392,823	$ 4,208,053	$ (184,769)	-4.21%
Total Region	**$ 440,633,827**	**$ 430,262,292**	**$ (10,371,535)**	**-2.35%**

Total CMHSPs

	FY24 Initial Budget Projection	FY24 Current Budget Projection	FY24 Intitial to Current Change	FY24 Intitial to Current %Change
OnPoint	$ 39,564,765	$ 38,608,204	$ (956,561)	-2.42%
Healthwest	$ 88,836,402	$ 89,320,674	$ 484,272	0.55%
Network180	$ 202,488,593	$ 195,194,700	$ (7,293,893)	-3.60%
Ottawa	$ 58,464,588	$ 57,027,272	$ (1,437,317)	-2.46%
West Michigan	$ 32,964,100	$ 31,980,833	$ (983,267)	-2.98%
Total CMHSPs	**$ 422,318,448**	**$ 412,131,682**	**$ (10,186,766)**	**-2.41%**

Average PMPM

	FY24 Initial Budget Projection	FY24 Current Budget Projection	FY24 Intitial to Current Change
OnPoint	$ 129.34	$ 132.71	$ 3.37
Healthwest	$ 126.38	$ 133.54	$ 7.16
Network180	$ 108.60	$ 108.74	$ 0.14
Ottawa	$ 107.13	$ 109.37	$ 2.24
West Michigan	$ 131.36	$ 133.30	$ 1.95
Total CMHSPs	**$ 115.07**	**$ 117.21**	**$ 2.14**

Member Month Projection

	FY24 Initial Budget Projection	FY24 Current Budget Projection	FY24 Intitial to Current Change
OnPoint	305,898	290,929	(14,969)
Healthwest	702,952	668,890	(34,062)
Network180	1,864,549	1,795,054	(69,494)
Ottawa	545,720	521,409	(24,311)
West Michigan	250,952	239,912	(11,039)
Total Member Months	**3,670,069**	**3,516,194**	**(153,875)**

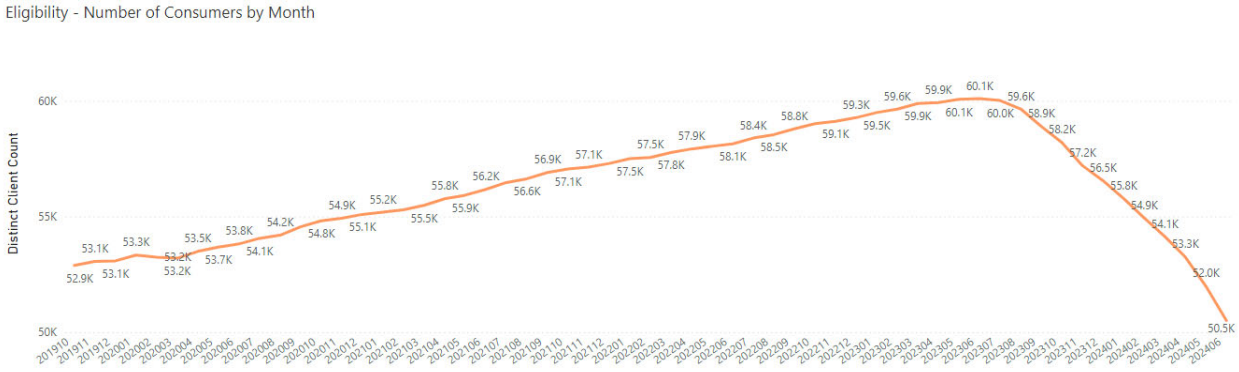
CMHSPs Breakdown (Net of CCBHC)

	FY24 Initial Budget Projection	FY24 Current Budget Projection	FY24 Intitial to Current Change
MCD - MH			
OnPoint	$ 17,284,157	$ 16,567,788	$ (716,369)
Healthwest	$ 40,828,236	$ 39,666,591	$ (1,161,645)
Network180	$ 106,864,576	$ 107,028,384	$ 163,808
Ottawa	$ 28,947,323	$ 27,745,345	$ (1,201,978)
West Michigan	$ 13,265,820	$ 12,548,563	$ (717,257)
Total MCD - MH	**$ 207,190,112**	**$ 203,556,671**	**$ (3,633,441)**
MCD - SUD			
OnPoint	$ 710,483	$ 667,221	$ (43,263)
Healthwest	$ 1,744,259	$ 1,671,081	$ (73,178)
Network180	$ 4,367,218	$ 4,281,282	$ (85,936)
Ottawa	$ 1,139,694	$ 1,061,569	$ (78,125)
West Michigan	$ 575,487	$ 540,053	$ (35,434)
Total MCD - SUD	**$ 8,537,141**	**$ 8,221,205**	**$ (315,936)**
HMP - MH			
OnPoint	$ 1,562,109	$ 1,315,472	$ (246,637)
Healthwest	$ 3,506,666	$ 3,234,753	$ (271,913)
Network180	$ 8,581,263	$ 10,009,596	$ 1,428,333
Ottawa	$ 2,937,540	$ 2,854,289	$ (83,252)
West Michigan	$ 728,797	$ 697,754	$ (31,044)
Total HMP - MH	**$ 17,316,375**	**$ 18,111,863**	**$ 795,488**
HMP - SUD			
OnPoint	$ 992,950	$ 848,794	$ (144,156)
Healthwest	$ 2,304,644	$ 2,134,430	$ (170,214)
Network180	$ 5,420,235	$ 6,351,682	$ 931,447
Ottawa	$ 1,776,945	$ 1,737,966	$ (38,979)
West Michigan	$ 474,127	$ 468,050	$ (6,077)
Total HMP - SUD	**$ 10,968,901**	**$ 11,540,922**	**$ 572,022**
Autism			
OnPoint	$ 3,869,583	$ 3,972,154	$ 102,571
Healthwest	$ 8,901,598	$ 9,147,170	$ 245,572
Network180	$ 21,692,163	$ 22,640,334	$ 948,171
Ottawa	$ 6,399,627	$ 6,567,372	$ 167,745
West Michigan	$ 2,563,008	$ 2,659,111	$ 96,103
Total Autism	**$ 43,425,979**	**$ 44,986,140**	**$ 1,560,161**
Waiver			
OnPoint	$ 6,882,345	$ 6,039,048	$ (843,297)
Healthwest	$ 13,617,785	$ 12,230,659	$ (1,387,126)
Network180	$ 21,763,578	$ 21,689,506	$ (74,071)
Ottawa	$ 8,734,882	$ 8,532,154	$ (202,728)
West Michigan	$ 3,703,410	$ 3,413,852	$ (289,558)
Total Waiver	**$ 54,702,000**	**$ 51,905,219**	**$ (2,796,780)**

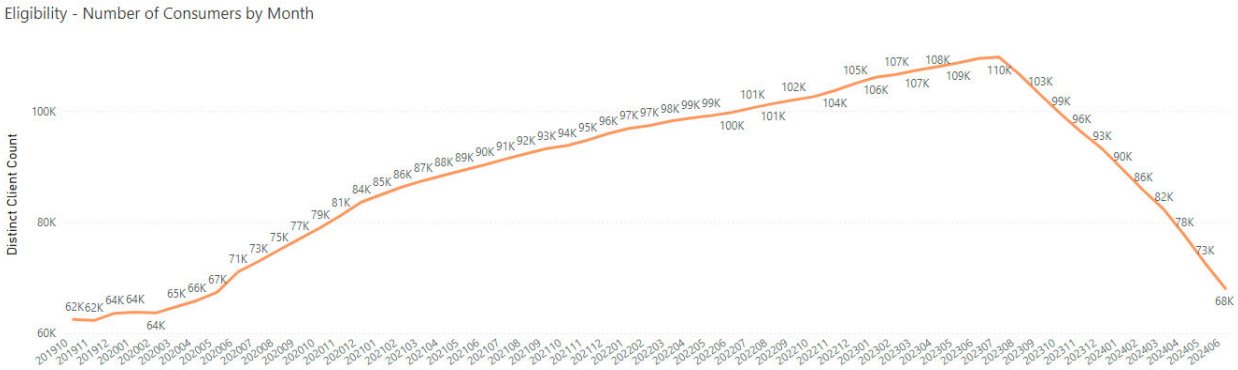
CMHSPs Breakdown - CCBHC			
	FY24 Initial Budget Projection	FY24 Current Budget Projection	FY24 Intitial to Current Change
MCD - CCBHC Base Capitation			
OnPoint	$ 1,847,952	$ 1,881,018	$ 33,065
Healthwest	$ 7,178,609	$ 6,336,673	$ (841,936)
Network180	$ 12,411,447	$ 8,529,158	$ (3,882,289)
Ottawa	$ 2,763,358	$ 2,763,358	$ -
West Michigan	$ 3,879,583	$ 3,879,583	$ -
Total	**$ 28,080,950**	**$ 23,389,790**	**$ (4,691,160)**
HMP - CCBHC Base Capitation			
OnPoint	$ 297,906	$ 532,594	$ 234,688
Healthwest	$ 1,631,905	$ 1,608,943	$ (22,962)
Network180	$ 4,808,317	$ 1,826,960	$ (2,981,357)
Ottawa	$ 662,433	$ 662,433	$ -
West Michigan	$ 1,415,840	$ 1,415,840	$ -
Total	**$ 8,816,400**	**$ 6,046,769**	**$ (2,769,631)**
MCD - CCBHC Supplemental Revenue			
OnPoint	$ 5,073,882	$ 5,071,207	$ (2,675)
Healthwest	$ 7,321,626	$ 10,199,499	$ 2,877,873
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	$ -
Total	**$ 33,570,184**	**$ 34,550,918**	**$ 980,734**
HMP - CCBHC Supplemental Revenue			
OnPoint	$ 1,043,399	$ 1,712,909	$ 669,511
Healthwest	$ 1,801,075	$ 3,090,877	$ 1,289,802
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	$ -
Total	**$ 9,710,407**	**$ 9,822,186**	**$ 111,778**

- **Financial Data/Charts** – The charts below show 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 – June 2024. 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.

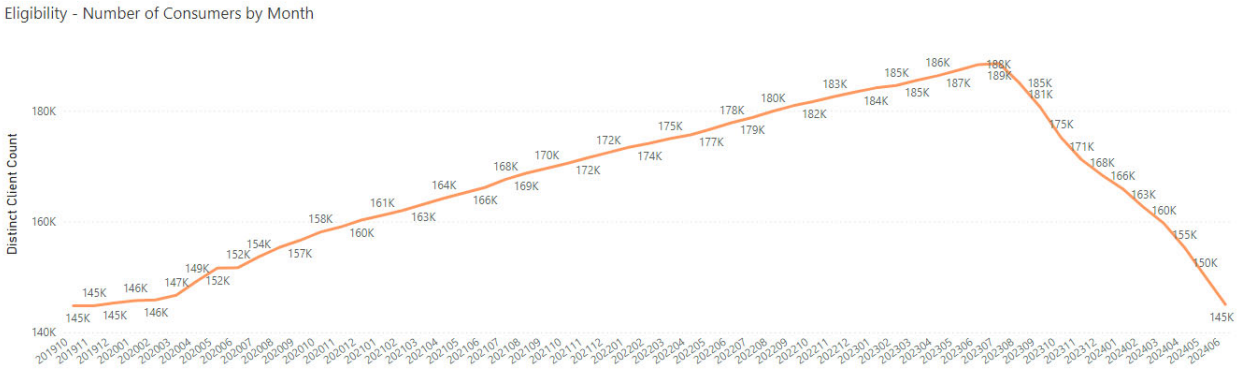
DAB (Data as of 7/14/24)



HMP (Data as of 7/14/24)



TANF (Data as of 7/14/24)



- **Legal Expenses –** Below, this chart contains legal expenses of the LRE that have been billed to the LRE to date for FY2022 through FY2024.

LAKESHORE REGIONAL ENTITY
LEGAL EXPENSES REPORT
June 30, 2024

4/30/2022	BYLAWS/OPERATING AGREEMENT	5,700.00
7/28/2022	BYLAWS/OPERATING AGREEMENT	6,500.00
	BYLAWS/OPERATING AGREEMENT TOTAL	**12,200.00**
11/30/2021	CCHBC SUPPORT	812.50
	CCHBC SUPPORT TOTAL	**812.50**
2/11/2022	GENERAL/OTHER	325.00
1/16/2023	GENERAL/OTHER	10,000.00
2/3/2023	GENERAL/OTHER	250.00
12/20/2023	GENERAL/OTHER	5,000.00
1/31/2024	GENERAL/OTHER	5,000.00
2/29/2024	GENERAL/OTHER	5,000.00
3/31/2024	GENERAL/OTHER	5,000.00
4/8/2024	GENERAL/OTHER	5,000.00
	GENERAL/OTHER TOTAL	**35,575.00**
10/31/2021	HEALTHWEST LIGITATION	5,368.74
3/31/2022	HEALTHWEST LIGITATION	2,016.00
4/30/2022	HEALTHWEST LIGITATION	9,388.80
6/24/2022	HEALTHWEST LIGITATION	13,782.40
3/31/2023	HEALTHWEST LIGITATION	6,992.00
4/30/2023	HEALTHWEST LIGITATION	3,728.00
11/30/2023	HEALTHWEST LIGITATION	281.60
1/31/2024	HEALTHWEST LIGITATION	105.60
	HEALTWEST LITIGATION TOTAL	**41,663.14**
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
9/30/20203	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
12/31/2023	MANAGED CARE/MDHHS CONTRACT	5,000.00
2/29/2024	MANAGED CARE/MDDHS CONTRACT	76.00
	MANAGED CARE/MDHHS CONTRACT TOTAL	**346,635.12**
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
3/31/2024	NETWORK 180 LITIGATION	1,154.40
	NETWORK 180 LITIGATION TOTAL	**54,028.53**
	GRAND TOTAL	$ **490,914.29**

LAKESHORE REGIONAL ENTITY

BOARD ACTION REQUEST
Subject: June 2024 Disbursements
Meeting Date: July 24, 2024

RECOMMENDED MOTION:

To approve the June 2024 disbursements of $34,961,898.78 as presented.

SUMMARY OF REQUEST/INFORMATION:

Disbursements:	
Allegan County CMH	$3,430,619.27
Healthwest	$7,399,981.66
Network 180	$16,237,902.03
Ottawa County CMH	$4,616,605.40
West Michigan CMH	$2,697,390.15
SUD Prevention Expenses	$61,349.67
Local Match Payment	$251,887.00
Hospital Reimbursement Adjuster (HRA)	$0.00
MICHIGAN IPA TAX - QUARTERLY	$0.00
SUD Public Act 2 (PA2)	$38,947.69
Administrative Expenses	$227,215.91
Total:	**$34,961,898.78**

98.52% 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:** ***7/16/2024***

LAKESHORE REGIONAL ENTITY

Statement of Activities - Actual vs. Budget
Fiscal Year 2023/2024
As of Date: 5/31/24

Change in Net Assets	Year Ending 9/30/2024	5/31/2024		
	FY24 Budget *Amendment 2*	Budget to Date	Actual	Actual to Budget Variance
Operating Revenues				
Medicaid, HSW, SED, & Children's Waiver	277,612,682	185,075,121	188,545,687	3,470,566
Autism Revenue	42,278,498	28,185,665	31,217,206	3,031,541
DHS Incentive	471,247	314,165	203,854	(110,311)
Healthy Michigan	29,016,501	19,344,334	23,409,316	4,064,982
Peformance Bonus Incentive	2,819,234	1,879,489		(1,879,489)
CCBHC Quality Bonus Incentive	1,745,775	1,163,850		(1,163,850)
Hospital Rate Adjuster (HRA)	12,576,256	8,384,171	9,802,098	1,417,927
Member Local Contribution to State Medicaid	1,007,548	671,699	671,699	(0)
Medicaid CCBHC Base Capitation	23,389,790	15,593,193	12,943,963	(2,649,230)
Healthy Michigan CCBHC Base Capitation	6,046,769	4,031,179	3,486,318	(544,861)
Medicaid CCBHC Supplemental Revenue	34,550,918	23,033,945	13,280,198	(9,753,747)
Healthy MI CCBHC Supplemental Revenue	9,822,186	6,548,124	7,142,212	594,088
MDHHS Grants	13,907,354	9,271,569	5,806,697	(3,464,872)
PA 2 Liquor Tax	3,748,366	2,498,910	1,678,865	(820,045)
Non-MDHHS Grants: DFC	141,701	94,467	100,004	5,537
Interest Earnings	640,059	426,706	865,817	439,111
Miscellaneous Revenue	5,500	3,667	3,000	(667)
Total Operating Revenues	**459,780,382**	**306,520,255**	**299,156,934**	**(7,363,320)**
Expenditures				
Salaries and Fringes	5,012,275	3,341,517	2,957,753	(383,763)
Office and Supplies Expense	273,326	182,217	139,242	(42,975)
Contractual and Consulting Expenses	809,861	539,907	375,495	(164,413)
Managed Care Information System (PCE)	305,200	203,467	196,800	(6,667)
Legal Expense	217,500	145,000	35,893	(109,107)
Utilities/Conferences/Mileage/Misc Exps	7,304,395	4,869,597	199,675	(4,669,922)
Grants - MDHHS & Non-MDHHS	545,800	363,867	212,086	(151,780)
Hospital Rate Adjuster / Taxes	16,783,457	11,188,971	12,204,574	1,015,602
Prevention Expenses - Grant & PA2	3,807,966	2,538,644	2,214,730	(323,914)
Member Payments - Medicaid/HMP	338,564,315	225,709,543	231,280,729	5,571,186
Member Payments - CCBHC Capitation	29,436,558	19,624,372	16,430,283	(3,194,089)
Member Payments - CCBHC Supplemental	44,373,103	29,582,069	22,867,885	(6,714,184)
Member Payments - PA2 Treatment	1,956,008	1,304,005	471,892	(832,113)
Member Payments - Grants	9,383,070	6,255,380	4,774,854	(1,480,526)
Local Contribution to State Medicaid	1,007,548	671,699	671,699	(0)
Total Expenditures	**459,780,382**	**306,520,255**	**295,033,590**	**(11,486,664)**
Total Change in Net Assets	**(0)**	**(0)**	**4,123,344**	**4,123,344**

LAKESHORE REGIONAL ENTITY

Statement of Activities
Budget to Actual Variance Report

For the Period ending May 31, 2024

As of Date: 5/31/24

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 and increased utilization. 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.
Peformance 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 and is higher than projected due to a significant HRA add-on rate adjustment approved by CMS. Budget will be adjusted on the next amendment.
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 were received in the 2nd quarter.
Non-MDHHS Grants: DFC	Grant funds are requested when provider expenditures are reported. All funds are projected to be spent this fiscal year.
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	Currently under budget. Position vacancies existed and will be monitored for possible future budget amend.
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 was recerived and paid out in April which included a significant increase.
Prevention Exps - Grant/PA2	MDHHS SUD grant payments are made quarterly. Some dollars remain unallocated, pending provider requests.
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. Budgets were 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.

Lakeshore Regional Entity Combined Monthly FSR Summary
FY 2024
May 2024 Reporting Month
Reporting Date: 7/19/24

ACTUAL:	HealthWest	Network180	OnPoint	Ottawa	West Michigan	LRE	Total
Total Distributed Medicaid/HMP Revenue	45,945,060	116,527,158	19,662,153	32,723,123	13,922,519	4,199,773	232,979,786
Total Capitated Expense	41,623,074	124,680,006	18,177,730	30,760,304	14,223,182	4,199,773	233,664,069
Actual Surplus (Deficit)	4,321,986	(8,152,848)	1,484,423	1,962,820	(300,664)	-	(684,282)
% Variance	9.41%	-7.00%	7.55%	6.00%	-2.16%	0.00%	
Information regarding Actual (Threshold: Surplus of 5% and deficit of 1%)	HealthWest planned for expenses to be 6.7% less than revenue to account for our historic swings. We continue to maintain a positive variance, however, we are reviewing Autism rates increases that are determental to our providers.	Network180 is experiencing increase demands in autism and specialized residential services. Additionally, revenue projections fell for the first eight months of the year. Even with the increased revenue rates, in order to serve individuals as required.	Surplus is due to higher than projected services being categorized as CCBHC. Further, onPoint has intentionally held on certain expenditures and adding of new positions due to declining revenue projections. We expect this surplus to continue to reduce in future months, with the steep decline in enrollment. Note: Last month 8.92%	Ongoing payroll increases related to Union increase will continue to reduce surplus for remainder of fiscal year.	West Michigan is experiencing increased demand in Community Inpatient services.	Less than threshold for explanation.	

PROJECTION:	HealthWest	Network180	OnPoint	Ottawa	West Michigan	LRE	Total
LRE Revenue Projections as of:							
May Revised							
Total Projected Medicaid/HMP Revenue	68,219,076	170,621,337	29,530,365	48,444,779	20,321,988	18,113,595	355,251,141
	-	-	-	-	-	-	
Expense Projections							
Total Capitated Expense Projections	66,634,611	187,253,361	28,688,703	49,674,437	20,794,114	18,113,595	371,158,821
Projected Surplus (Deficit)	1,584,465	(16,632,024)	841,662	(1,229,657)	(472,126)	-	(15,907,679)
% Variance	2.32%	-9.75%	2.85%	-2.54%	-2.32%	0.00%	
Information regarding Projections (Threshold: Surplus of 5% and deficit of 1%)	Less than threshold for explanation	Network180 is experiencing increase demands in autism and specialized residential services. Additionally, revenue projections fell for the first eight months of the year. Even with the increased revenue rates, in order to serve individuals as required.	Less than threshold for explanation.	Projected expenses based on current service activity levels.	Medicaid projections have increased due to rebasing of Medicaid capitation rates. Even with the rate rebasing the funding falls short as enrollment continues to trend downward.	Less than threshold for explanation.	

PROPOSED SPENDING PLAN:	HealthWest	Network180	OnPoint	Ottawa	West Michigan	LRE	Total
Submitted to the LRE as of:	11/1/2023	9/22/2023	6/7/2024	5/9/2024	11/3/2023		
Medicaid/HMP Revenue			DRAFT ONLY - NOT ACCEPTED AS FINAL				
Total Budgeted Medicaid/HMP Revenue	69,625,245	166,119,203	29,788,300	50,310,887	20,794,581	13,922,556	350,560,773
Total Budgeted Capitated Expense	64,957,020	173,091,232	28,688,702	50,339,727	20,794,114	13,922,556	351,793,352
						-	
Budgeted Surplus (Deficit)	4,668,225	(6,972,029)	1,099,598	(28,840)	467	-	(1,232,579)
% Variance	6.70%	-4.20%	3.69%	-0.06%	0.00%	0.00%	
Information regarding Spending Plans (Threshold: Surplus of 5% and deficit of 1%)	HW is working diligently on an updated spending plan.	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.	Less than threshold for explanation.	
Variance between Projected and Proposed Spending Plan	(3,083,760)	(9,659,995)	(257,936)	(1,200,817)	(472,593)	-	(14,675,100)
% Variance	-4.43%	-5.82%	-0.87%	-2.39%	-2.27%	0.00%	
Explanation of variances between Projected and Proposed Spending Plan (Threshold: Surplus of 5% and deficit of 1%)	HW is working diligently on an updated spending plan.	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.	Mid-year spending plan adjustment in May accounted for pending payroll increases, monthly projection based on current service activity,	Medicaid projections have increased due to rebasing of Medicaid capitation rates. Even with the rate rebasing the funding falls short as enrollment continues to trend downward.	Less than threshold for explanation.	

CCBHC Activity is primarily for LRE activity only. Does not reflect all the activity at the CCBHC level due to different reporting requirements for the PIHP vs. the CCBHC.

Lakeshore Regional Entity Combined Monthly FSR Summary
FY 2024
May 2024 Reporting Month
Reporting Date: 7/19/24

CCBHC ACTIVITY

ACTUAL:	HealthWest	Network180	OnPoint	Ottawa	West Michigan	LRE	Total
Distributed Medicaid/HMP CCBHC Revenue							
Total Distributed Medicaid/HMP CCBHC Revenue	12,621,089	15,303,612	6,892,646	5,018,467	7,884,292	721,802	48,374,631
Total CCBHC Expense	16,257,180	17,421,137	5,519,055	3,811,438	7,884,292	63,455	50,956,557
Actual CCBHC Surplus (Deficit)	(3,636,091)	(2,117,525)	1,373,591	1,207,028	-	658,347	(2,581,926)
% Variance	-28.81%	-13.84%	19.93%	24.05%	0.00%	91.21%	
Information regarding CCBHC Actual (Threshold: Surplus of 5% and deficit of 1%)	CCBHC costs contine to be higher than our PPS. Rehmann is analyzing our fee schedule and we will be updating this within the next month. HealthWest has created an internal project improvement team of leadership and executive members to thoroughly analyze CCBHC services, productivity, and rates. So far we have been able to reduce the negative variance by 1.64%	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. LRE Note: Deficit is the responsibility of the CCBHC and not the PIHP.	OnPoint has provided more daily visits than projected, resulting in higher revenue and surplus. LRE Note: Surplus is retained by the CCBHC and not the PIHP.	CCBHC expense activity lower than anticipated.	Less than threshold for explanation.	Surplus is used to cover PIHP administration on traditional capitation administration expenses.	

PROJECTION:	HealthWest	Network180	OnPoint	Ottawa	West Michigan	LRE	Total
Total Projected Medicaid/HMP CCBHC Revenue	21,235,992	24,822,814	9,197,728	8,528,576	11,653,450	1,082,703	76,442,908
Total CCBHC Expense Projections	25,885,770	28,391,953	8,770,290	7,565,932	11,653,450	95,183	82,362,578
Projected CCBHC Surplus (Deficit)	(4,649,778)	(3,569,139)	427,438	962,644	-	987,520	(5,919,670)
% Variance	-21.90%	-14.38%	4.65%	11.29%	0.00%	91.21%	
Information regarding CCBHC Projections (Threshold: Surplus of 5% and deficit of 1%)	CCBHC costs contine to be higher than our PPS. Rehmann is analyzing our fee schedule and we will be updating this within the next month. HealthWest has created an internal project improvement team of leadership and executive members to thoroughly analyze CCBHC services, productivity, and rates. So far we have been able to reduce the negative variance by 1.64%. LRE Note: Deficit is the responsibility of the CCBHC and not the PIHP.	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. LRE Note: Deficit is the responsibility of the CCBHC and not the PIHP.	Less than threshold for explanation.	CCBHC expense activity lower than anticipated.	Less than threshold for explanation.	Surplus is used to cover PIHP administration on traditional capitation administration expenses.	

PROPOSED SPENDING PLAN:	HealthWest	Network180	OnPoint	Ottawa	West Michigan	LRE	Total
Submitted to the LRE as of:	11/1/2023	9/22/2023	6/7/2024	5/9/2024	11/3/2023		
Total Budgeted Medicaid/HMP CCBHC Revenue	17,933,215	33,799,561	8,962,199	8,523,464	11,653,450	1,082,703	81,954,592
Total Budgeted CCBHC Expense	22,785,723	28,651,554	8,194,559	8,440,000	11,653,450	95,183	79,820,468
Budgeted Surplus (Deficit)	(4,852,508)	5,148,007	767,640	83,464	-	987,520	2,134,124
% Variance	-27.06%	15.23%	8.57%	0.98%	0.00%	91.21%	
Information regarding CCBHC Spending Plans (Threshold: Surplus of 5% and deficit of 1%)	HW is working diligently on an updated spending plan.	No variance explanation provided by N180 to LRE.	OnPoint has provided more daily visits than projected, resulting in higher revenue and surplus.	Less than threshold for explanation.	Less than threshold for explanation.	Surplus is used to cover PIHP administration on traditional capitation administration expenses.	

Variance between CCBHC Projected and Proposed Spending Plan	202,730	(8,717,145)	(340,203)	879,180	-	-	(8,053,794)
% Variance	1.13%	-25.79%	-3.80%	10.31%	0.00%	0.00%	
Explanation of variances between CCBHC Projected and Proposed Spending Plan (Threshold: Surplus of 5% and deficit of 1%)	Less than threshold for explanation	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.	Change in projected surplus from spending plan is due to more services being categorized as CCBHC.	Mid-year spending plan adjustment in May accounted for pending payroll increases, monthly projection based on current service activity.	Less than threshold for explanation.	Less than threshold for explanation.	

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

Actual	Oct	Nov	*Change*	Dec	*Change*	Jan	*Change*	Feb	*Change*	Mar	*Change*	April	*Change*	May	*Change*
HW	1,026,730	3,107,460	*2,080,730*	5,579,467	*2,472,007*	3,199,392	*(2,380,075)*	3,605,190	*405,798*	3,645,112	*39,922*	4,121,059	*475,947*	4,321,986	*200,927*
N180	165,809	759,302	*593,493*	289,272	*(470,030)*	204,160	*(85,112)*	(1,777,913)	*(1,982,073)*	(4,556,100)	*(2,778,187)*	(7,040,896)	*(2,484,796)*	(8,152,848)	*(3,596,748)*
OnPoint	358,611	925,043	*566,432*	1,450,703	*525,660*	2,032,241	*581,538*	1,333,301	*(698,940)*	2,074,950	*741,649*	1,529,935	*(545,015)*	1,484,423	*(590,527)*
Ottawa	3,447,859	4,673,590	*1,225,731*	2,874,179	*(1,799,411)*	3,822,418	*948,239*	3,032,139	*(790,280)*	2,997,878	*(34,261)*	3,674,280	*676,402*	1,962,820	*(1,035,058)*
WM	146,548	323,797	*177,249*	196,638	*(127,159)*	221,256	*24,618*	263,777	*42,521*	(194,679)	*(458,456)*	(252,186)	*(57,507)*	(300,664)	*(105,984)*
Total	5,145,557	9,789,192	*4,643,635*	10,390,259	*601,067*	9,479,467	*(910,792)*	6,456,493	*(3,022,974)*	3,967,160	*(2,489,333)*	2,032,192	*(1,934,969)*	(684,282)	*(5,127,390)*

Projection	Oct	Nov	*Change*	Dec	*Change*	Jan	*Change*	Feb	*Change*	Mar	*Change*	April	*Change*	May	*Change*
HW	4,668,224	3,624,722	*(1,043,502)*	2,921,274	*(703,448)*	2,243,222	*(678,052)*	1,896,615	*(346,607)*	487,028	*(1,409,587)*	1,014,668	*527,640*	1,584,465	*1,097,438*
N180	(6,972,029)	(22,055,426)	*(15,083,397)*	(17,050,789)	*5,004,637*	(19,607,308)	*(2,556,519)*	(15,887,604)	*3,719,704*	(16,512,771)	*(625,167)*	(15,000,462)	*1,512,308*	(16,632,024)	*(119,253)*
OnPoint	8,048	(477,886)	*(485,934)*	708,344	*1,186,230*	(137,133)	*(845,477)*	1,502,157	*1,639,290*	1,502,157	-	1,099,597	*(402,560)*	841,662	*(660,495)*
Ottawa	(595,855)	388,401	*984,256*	931,628	*543,227*	(403,186)	*(1,334,814)*	(281,286)	*121,900*	(2,110,937)	*(1,829,651)*	(1,400,740)	*710,197*	(1,229,657)	*881,280*
WM	467	(264,270)	*(264,737)*	(584,357)	*(320,087)*	(836,946)	*(252,589)*	(480,749)	*356,197*	(480,749)	-	(217,496)	*263,253*	(472,126)	*8,623*
Total	(2,891,145)	(18,784,459)	*(15,893,314)*	(13,073,900)	*5,710,559*	(18,741,351)	*(5,667,451)*	(13,250,867)	*5,490,484*	(17,115,272)	*(3,864,405)*	(14,504,433)	*2,610,839*	(15,907,679)	*1,207,593*

Proposed Spending Plan/Budget	Oct	Nov	*Change*	Dec	*Change*	Jan	*Change*	Feb	*Change*	Mar	*Change*	April	*Change*	May	*Change*
HW	4,668,225	4,668,225	-	4,668,225	-	4,668,225	*(0)*	4,668,225	-	4,668,225	-	4,668,225	-	4,668,225	-
N180	(6,972,029)	(6,972,029)	-	(6,972,029)	-	(6,972,029)	*0*	(6,972,029)	-	(6,972,029)	-	(6,972,029)	-	(6,972,029)	-
OnPoint	8,048	8,048	-	8,048	-	8,048	*0*	8,048	-	8,048	-	1,099,598	*1,091,550*	1,099,598	*1,091,550*
Ottawa	79,645	79,645	-	79,645	-	79,645	-	79,645	-	(28,840)	*(108,485)*	(28,840)	-	(28,840)	-
WM	467	467	-	467	-	467	-	467	-	467	*0*	467	-	467	-
Total	(2,215,644)	(2,215,644)	-	(2,215,644)	-	(2,215,644)	*(0)*	(2,215,644)	-	(2,324,129)	*(108,485)*	(1,232,579)	*1,091,550*	(1,232,579)	*1,091,550*

Base Capitation Only. Does not include CCBHC activity.

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

ACTUAL:	HealthWest	Network180	OnPoint	Ottawa	West Michigan	Total
Distributed Medicaid/HMP						
Medicaid/HMP	1,470,148	(3,860,484)	(25,670)	1,284,045	(1,492,857)	(2,624,817)
Autism	2,851,838	(4,292,364)	1,510,093	678,774	1,192,193	1,940,534
Total Distributed Medicaid/HMP Revenue	4,321,986	(8,152,848)	1,484,423	1,962,820	(300,664)	(684,282)

PROJECTION:	HealthWest	Network180	OnPoint	Ottawa	West Michigan	Total
Distributed Medicaid/HMP						
Medicaid/HMP	(2,275,235)	(12,741,252)	(1,688,745)	(1,076,274)	(1,884,193)	(19,665,700)
Autism	3,859,700	(3,890,772)	2,530,408	(153,383)	1,412,067	3,758,020
Total Distributed Medicaid/HMP Revenue	1,584,465	(16,632,024)	841,662	(1,229,657)	(472,126)	(15,907,679)