

CEO Report
April 21, 2022

Hello and good afternoon, it is a Great Day to be a part of the Lakeshore Regional Entity!

1. Coronavirus Tracker – Last updated: Wednesday, April 13 @ 4:13 pm.

- The average number of COVID-19 infections jumped nearly 36 percent in the past week in Michigan, averaging 950 confirmed cases per day as of Wednesday, up from 697 a week ago.
- Over the past week, there have been 6,651 confirmed infections, compared to 4,876 the prior week.
- Despite the increase, hospitalizations remain relatively steady. There are now 496 patients state-wide compared to 511 on Monday and 470 a week ago.
- The increase may be attributable to an omicron subvariant, BA.2, which is considered more transmissible than omicron but also less likely to result in severe illness.
- Still, for the unvaccinated, the elderly and those with underlying health conditions, COVID-19 continues to pose a serious health risk.
- The state also reported 77 additional confirmed COVID-19 deaths on Wednesday, or an average of 11 per day over the past week.
- Since the initial omicron wave peaked, average daily deaths have plummeted. The state was averaging nearly 100 daily COVID-19 deaths in mid-January, falling to less than 10 by April 1.

As of April 12, 2022, the Secretary of Health and Human Services in Washington, DC signed a “**Renewal of Determination that a Public Health Emergency Exists**”. The PHE is renewed for 90 days.

As the COVID-19 pandemic wanes, the federal government is expected to end the national public health emergency as soon as mid-July. That would also end one of the health emergency’s broadest protections: a ban on states removing anyone from Medicaid rolls. Since the pandemic began, nearly 600,000 additional Michigan residents have received these insurance benefits. Health advocates warn that many low-income people rightfully entitled to Medicaid will not know how to preserve coverage.

2. Beacon Contract Update

Beacon and LRE continue with the de-implementation activities kicked off on 2/7/22.

Beacon’s senior project lead from the Implementation team continues to coordinate with all Beacon leads and LRE to insure a thoughtful, smooth transition. The main steering group meets monthly as well as other subgroups meetings to assure that the necessary level of detail is reviewed in each area (some examples- Appeals, SIU, Finance, Reporting, Clinical, etc.).

These subgroup results are then also communicated to the overall de-implementation project team. One of the major areas of focus and work has been daily meetings in assisting the LRE in building/developing and testing their data warehouse and Power BI reports.

- Finance
 - Provided LRE Finance YTD March 2022 Revenue Projections
 - Provided LRE Finance a draft document of step-by-step instructions to process MDHHS rate changes as it relates to the Revenue Projection file
- Integrated Healthcare

In March, monthly joint care coordination meetings were held with each of the Medicaid Health Plans that serve this region. During the February meetings, 56 consumers were discussed with their respective MHPs related to their potential or continued benefit from having an interactive care plan within the State's claims database, CC360, and subsequently improving the care they receive and their quality of life, removing barriers, and decreasing unnecessary utilization of crisis services. There were 9 consumers discussed with their MHPs, wherein an interactive care plan was not created, but joint collaboration took place. During March, there were 4 new interactive care plans opened, with agreement by the respective CMHs and Medicaid Health Plans.

LRE clinical leadership staff have been attending these meetings, to prepare for taking over this responsibility. The Beacon clinical staff that do the Integrated Healthcare work (in collaboration with the MHPs and CMHs), have also met with LRE's clinical leadership, to offer support and education around the MDHHS contractual requirements specific to this work.

3. **Historical Deficit**

The process around the historical deficit and resolution continues to be a focus of the LRE.

4. **Managed Care Regulation Updates**

- Medicaid Verification ("MEV"): LRE continues MEVs for the remaining CMHSPs.
- Michigan's Mission-Based Performance Indicators System ("MMBPIS"): For FY22 Q1, LRE met or exceeded the threshold for all MMBPIS indicators and has for the last seven (7) quarters. LRE has also matched or exceeded most of the indicators when compared to the State averages for the last six (6) quarters. MDHHS has not released the FY22 Q1 state-wide MMBPIS report at the time of this report.
- Performance Improvement Programs ("PIP"): LRE submitted a QAPIP topic to MDHHS/HSAG in February 2022. LRE is validating the revised data set from

MDHHS/HSAG to confirm that data used for LRE's submitted QAPIP topic is integrous.

- QAPIP:
 - FY21: LRE submitted its FY21 QAPIP Corrective Action Plan Status Update and awaits feedback from MDHHS.
 - FY22: MDHHS returned LRE's FY22 QAPIP with comments. LRE is reviewing MDHHS's comments and preparing a response. LRE is also reformatting its QAPIP template to emulate MDHHS's QAPIP Reporting Requirements.
- Site Review:
 - CMHOC (Ottawa) – LRE completed the Ottawa CMHSP Site Review on March 25, 2022, which incorporated a considerable process change as well as many form revisions. At the exit meeting, LRE, for the first time ever, presented to Ottawa CMHSP its preliminary score of 90.4%. LRE communicated to Ottawa CMHSP that it has the opportunity, until April 15, 2022, to submit additional, requested documentation which LRE will consider and, if appropriate, improve the preliminary score. On April 22, 2022, LRE will recalculate the overall, final score and submit it to Ottawa CMHSP. After April 22, 2022, LRE and Ottawa CMHSP will pivot to developing plans of correction for those areas that did not meet the compliance threshold.
 - WMCMH – LRE will begin the West Michigan CMHSP Site Review on April 18, 2022, through May 4, 2022.
 - Network180 – LRE will begin the Network180 CMHSP Site Review on June 1, 2022, through June 30, 2022.
- General Quality Team Update:
 - Quality Team - Restructuring & Hiring: LRE is restructuring the Quality Team to facilitate cross-training among staff and improve services to the CMHSPs. LRE has added one (1) FTE to the Quality Team; the new hire will begin April 18, 2022.
 - Serious Emotional Disturbance (“SED”): LRE currently has 69 open cases: Allegan – 1; HealthWest – 15; N180 – 39; Ottawa – 10; and West MI – 4, with one (1) pending cases awaiting enrollment. LRE is evaluating whether to launch a Regional SEDW Workgroup to provide technical assistance, assist with case transfers, and encourage collaboration across the Region.

- Home and Community-Based Services (“HCBS”): LRE has completed all non-responder surveys and submitted these to MDHHS on March 31, 2022. LRE’s efforts now pivot to validating HCBS providers, which will be completed by July 1, 2022. On April 8, 2022, MDHHS released its first Heightened Scrutiny Public Review for Region 5, which provides the public opportunity to view evidence as to why a setting was placed on Heightened Scrutiny and to make comment. LRE will continue with HCBS surveying ensuring compliance and identifying settings that may need to be placed on Heightened Scrutiny. MDHHS will, with the PIHPs assistance, revamp HCBS surveys as necessary.
- 1915(i)SPA: MDHHS is transitioning all specialty behavioral health services & supports from the 1915(b)(3) authority to a 1115 Behavioral Health Demonstration and 1915(i) HCBS State Plan. LRE has identified CMHSP Leads for inclusion in the project meetings and trainings with MDHHS. LRE held its first Regional Workgroup Meeting on March 16, 2022. MDHHS will conduct its first Operational Training for the Region on April 13, 2022. Following demonstration, MDHHS will conduct WSA testing the week of April 25, 2022. MDHHS applied for a deadline extension until October 1, 2023, which is expected to be granted. MDHHS released Public Comment1 on April 7, 2022, which remains open until May 12, 2022. (MI_Behavioral_Health_1115_Demonstration_STCs_ME_4-4-22_750723_7.pdf (michigan.gov) pp. 17-18). MDHHS expects to “Go Live” starting July 1, 2022. Additionally, with MDHHS reorganizing BHDDA, MDHHS decided to align the 1915(i)SPA under the Adult Bureau even though 1915(i)SPA services include children. MDHHS will coordinate any 1915(i)SPA child cases with the Children’s Bureau as needed.

5. System Redesign Proposals

Michigan Senate Bills 597 & 598 have had no movement since last meeting. Current status: The Michigan Senate advanced SBs 597 & 598 from General Orders to 3rd reading of bills or final passage, which is a procedural step in the process – and can be done on a voice vote (without counting Ys or Ns).

In order for a bill to advance on 3rd reading/final passage it requires a record roll call vote. It seems clear that SBs 597 & 598 do not have sufficient support in the Michigan Senate to pass, currently.

CMHA has been working with a solid coalition of stakeholders that range from the Michigan Sheriffs Association, Michigan Association of Counties, Organized Labor groups, Michigan Catholic Conference, and several advocacy groups.

6. Updates from Lansing

- Governor Whitmer signed bills that support health professionals working in medically underserved communities. Together, Senate Bills 246 and 435 increase loan forgiveness for health professionals who work in medically underserved communities as part of the Michigan Essential Health Provider Program. The bills increase the loan forgiveness to a maximum of \$300,000 over the course of 10 years and expand the physician specializations that qualify for the essential health provider repayment program.
- Senate Bill 246 was sponsored by Senator Curt VanderWall (Ludington) – The bill offers tuition relief for medical students that sign contracts in the areas of need. Mental Health professionals are not eligible for this program.
- Key Details:
 - Increases the maximum allowable loan repayment from \$200,000 to \$300,000, over a maximum of 10 years.
 - Allows individuals to get up to \$40K/year
 - Individuals must work in a DHHS-designated “resource shortage area”
 - Adds “attend a mental health professional program” to the list of eligible university program applicants
 - Adds to the list of “designated mental health professionals” licensed master social workers.

7. National News

- Telehealth in Medicare: The Consolidated Appropriations Act, 2022 makes several changes aimed at expanding and extending telehealth flexibilities, including:
 - The removal of geographic requirements and expansion of originating sites for telehealth services; an expansion of practitioners eligible to furnish telehealth services — to include occupational therapists, physical therapists, speech-language pathologists, and audiologists; a delay to the in-person requirements under Medicare for mental health services furnished through telehealth and telecommunications technology; and an authorization for the furnishing of audio-only telehealth services.
 - Each of the aforementioned changes would be effective for 151 days after the conclusion of the COVID-19 Public Health Emergency.
- Substance Abuse and Mental Health Services Administration (SAMHSA): \$6.5 billion in funding for SAMHSA – an increase of \$530 million above the FY 2021 enacted level. SAMHSA funding includes:

- A \$100 million increase to the Mental Health Block Grant (MHBG), including an increase to the mental health crisis systems set-aside in the MHBG to five percent of the total.
 - \$3.9 billion for substance use treatment, including continued funding for opioid prevention and treatment, recovery, and tribal focused treatment efforts. This includes \$1.85 billion for the Substance Abuse Prevention and Treatment Block Grant (SABG); \$1.525 billion for State Opioid Response Grants; \$34.9 million for Pregnant & Postpartum Women; \$13 million for Building Communities of Recovery; and \$101 million for Medication Assisted Treatment.
 - \$315 million to fund Certified Community Behavioral Health Clinics Expansion Grants.
 - Includes \$101.6 million for the National Suicide Prevention Lifeline (Lifeline) to support the implementation of the Lifeline's new 988 number and \$38.8 million for Garrett Lee Smith Youth Suicide Prevention grants.
 - Provides \$5 million to establish an office dedicated to the implementation of the 988 Lifeline and coordination of crisis care across Department of Health and Human Services operating divisions, including Centers for Medicare & Medicaid Services (CMS) and HRSA. The office will support technical assistance and coordination of the nation's crisis care network, the implementation of the 988 Lifeline, and the development of a crisis care system with the objective of expanding crisis care services and follow-up care, including through services provided by, Community Mental Health Centers, CCBHCs, and other community providers.
 - Increases for mental health resources for children and youth, including \$120 million for Project AWARE; \$81.8 million for the National Child Traumatic Stress Initiative; and \$10 million for Infant and Early Childhood Mental Health.
 - Creates a new Mental Health Crisis Response Partnership Pilot Program, which will provide \$10 million to help communities create mobile behavioral health crisis response teams.
- Health Resources and Services Administration (HRSA): \$8.9 billion for HRSA, an increase of \$1.4 billion above the 2021 enacted level. The amount includes:
 - \$1.3 billion for HRSA's Bureau of Health Professions programs to support health workforce development, including \$24 million for the Substance Use Disorder Treatment and Recovery Loan Repayment Program.
 - \$1 billion for programs to improve maternal and child health, including \$6.5 million for Screening and Treatment for Maternal Depression and Related Disorders
 - \$366 million for Rural Health Programs.

ANNOUNCEMENTS:

Upcoming Board Training

Save the date for June 16th from 9-12 pm the work session will be focused on a training for Board Members on governance model and expectations and responsibilities of Board Members of the LRE. This was originally planned for May however needed to be moved back due to the Improving Outcomes Conference and LRE Staff attending the conference.

18th Annual ‘Walk a Mile in My Shoes’ Rally

The 18th Annual ‘Walk a Mile in My Shoes’ Rally will be held IN PERSON on the State Capitol Lawn in Lansing, on September 15, 2022. Each year, this event draws upwards of 2,500 advocates from across Michigan to the Capitol Building to support public behavioral healthcare. This rally aims to highlight the need for increased funding for mental health services, raises awareness of behavioral health needs in health and policy discussions and works to banish behavioral health stigmas. There are more than 300,000 citizens in Michigan who seek behavioral health services. Mark your calendars and make plans to join us on Thursday, September 15, 2022, as we rally together on the Capitol Lawn for increased mental health funding and the need for behavioral health to be continually included in policy discussions.

To access the most up to date information, check the CMHA website at:

<https://cmham.org/education-events/walk-a-mile-rally/>

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