Meeting Agenda

BOARD OF DIRECTORS

Lakeshore Regional Entity

November 17, 2022 – 1:00 PM

GVSU Muskegon Innovation Hub

200 Viridian Dr, Muskegon, MI 49440

1. Welcome and Introductions –
2. Roll Call/Conflict of Interest Question –
3. Public Comment (Limited to agenda items only)
4. Consent Items:

   Suggested Motion: To approve by consent the following items.
   - November 17, 2022, Board of Directors meeting agenda *(Attachment 1)*
   - October 20, 2022, Board of Directors meeting minutes *(Attachment 2)*

5. Reports –
   a. LRE Leadership *(Attachment 3, 4, 5)*
6. Chairperson's Report – Mr. DeYoung
   a. November 9, 2022, Executive Committee *(Attachment 6)*

7. Action Items –
   a. LRE Policies

      Suggested Motion: To approve LRE Policies:
      i. Medicaid Grievance and Appeals/Due Process *(Attachment 7)*

8. Financial Report and Funding Distribution – Ms. Chick *(Attachment 8)*
   a. FY2022, October Funds Distribution *(Attachment 9)*

      Suggested Motion: To approve the FY2022, October Funds Distribution as presented
   b. Statement of Activities as of 9/30/2022 with Variance Reports *(Attachment 10)*
   c. Bucket Report (*Attachment 11)* –

9. CEO Report – Ms. Marlatt-Dumas
10. Board Member Comments
11. Public Comment
12. Upcoming LRE Meetings
    - December 7, 2022 – LRE Executive Committee, 3:00 PM
    - December 8, 2022 – LRE Consumer Advisory Panel, 1:00 PM
    - December 15, 2022 – LRE Executive Board Meeting, 1:00 PM
13. Adjourn

Meeting Minutes
BOARD OF DIRECTORS
Lakeshore Regional Entity
October 20, 2022 – 1:00 PM
GVSU Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440

WELCOME AND INTRODUCTIONS – Mr. DeYoung
Mr. DeYoung called the October 20, 2022, LRE Board meeting to order at 1:05 PM.

ROLL CALL/CONFLICT OF INTEREST QUESTION – Mr. DeYoung
In Attendance: Ron Bacon, Mark DeYoung, Matt Fenske, Patricia Gardner, Linda Garzelloni Jack Greenfield, Sara Hogan, Alice Kelsey, Dawn Rodgers-DeFouw, Ron Sanders, John Snider, Stan Stek, Janet Thomas, Jane Verduin

PUBLIC COMMENT
None.

CONSENT ITEMS:
LRE 22-69 Motion: To approve by consent the following items.

- October 20, 2022, Board of Directors meeting agenda
- September 15, 2022, Board of Directors meeting minutes

Moved: Patricia Gardner Support: John Snider
ROLL CALL VOTE
MOTION CARRIED

CONSUMER ADVISORY PANEL
Meeting minutes are included in packet for information.

LEADERSHIP BOARD REPORTS
LRE Leadership reports are included in packet for information.

- LRE Website Walk Through
  - Goals - visually appealing and more user friendly
  - Calendar - locations and links to LRE meetings
  - Timeline - middle of November 2022
  - Suggestion: Rethink the picture on front page
  - If there is any additional feedback, contact Ms. VanDerKooi at stephaniev@lsre.org
- Provider Network Adequacy Report
  - This report is a contract requirement and looks at individual counties and across county lines. It ensures that there is an adequate provider network within the LRE region. This information also serves to help in planning for future access and to address any trends that may come up. This is how the state gages how the region is preparing for future needs.

- There is a section that addresses access for people that need special accommodations.
- Mr. Avery would like to thank CMH staff for their work on this.

CHAIRPERSON'S REPORT

October 12, 2022, Executive Committee Meeting Minutes are included in packet for information.

- ADA Exemptions Recommendation

  There is discussion regarding ADA accommodations and if COVID should be considered for an accommodation. Mr. Stek reads through a brief of what he believes to be sufficient opinion from the AG, stating that COVID should be considered under ADA for an accommodation. Mr. Stek also would like the Board members to recognize that ADA supersedes the OMA. The way that the bylaws read does not allow for consideration of allowing for any disability. Mr. Stek comments that the wording in LRE bylaws is under question of being compliant under federal law and suggests having the bylaws reviewed for revision. Furthermore, there is not a set policy or procedure written to ask for an accommodation when needed. Mr. Stek comments that there is no additional cost or undue burden to LRE as the means for virtually attending is already in place and used.

  Mr. DeYoung agrees that there should be a written policy/procedure that defines a path for the consideration of an exemption. Mr. Fenske comments that there are numerous organizations that are handling this differently and suggests the Executive Committee review Mr. Stek's written brief as well as obtain any other outside expertise needed and make a recommendation to the Board.

  Ms. Garzelloni comments that the bylaws language change is easy but who makes the decision and what guidelines to follow are difficult. Language or policy/procedure should include guidelines such as, decision maker, qualified disability (case by case), and accommodation parameters.

LRE 22-70 Motion: To refer the question of what amendment to the bylaws and policies is required to bring us into compliance with the ADA and bring the recommendation back to the full LRE board.

Moved: Stan Stek Support: Linda Garzelloni
ROLL CALL VOTE
MOTION CARRIED

ACTION ITEMS

LRE 22-71 Motion: To approve the 2022 LRE Network Adequacy Report
Moved: Jack Greenfield Support: Patricia Gardner
ROLL CALL VOTE
MOTION CARRIED

LRE 22-72 Motion: To approve LRE Policies #

a. 4.5 Notification of Network Changes
b. 5.1 Person Centered Planning

Moved: Janet Thomas Support: Stan Stek
ROLL CALL VOTE
MOTION CARRIED

LRE 22-73 Motion: To approve LRE CEO to fully execute contracts to allocate funds for the purposes and amounts defined in Attachment 12

Moved: Linda Garzelloni Support: Matt Fenske
ROLL CALL VOTE
MOTION CARRIED

FINANCIAL REPORT AND FUNDING DISTRIBUTION

FY2022 September Funds Distribution

LRE 22-74 Motion: To approve the FY2022, September Funds Distribution as presented

Moved: Stan Stek Support: Matt Fenske
ROLL CALL VOTE
MOTION CARRIED

Statement of Activities as of 8/31/2022 with Variance Report-

Included in the Board packet for information.

Member Bucket Reports-

Included in the Board packet for information.

- CCBHC is not recorded separately at this time. Once LRE receives the FSRs from the state we will begin separating this out. LRE/CMHs will also begin using the same template FSRs which will break out CCBHC.

CEO REPORT

Included in the Board packet for information.

- LRE has filed the declaratory action. MDHHS asked for an extension which was given after agreement to meet with Ms. Marlatt-Dumas regarding other matters that they had originally refused.
- LRE plan of correction was accepted. LRE has appointed an internal workgroup to complete and submit proofs. The due date to the state is January 8, 2023.
- There are rumors that a bill that has been packaged together by Sen. Shirkey, and Rep. Whiteford that will section out children services which divides the MH system even further. CMHAM is sending out alerts and meeting with advocates.

- New York times article link is included that discusses CCBHC and the role it will play in addressing mental health needs.

BOARD MEMBER COMMENTS

- Mr. Greenfield states his appreciation for the strategic planning session during the work session.
    - Mr. DeYoung appreciates the input from the new board members.
- Mr. DeYoung reminds board member that there is still time to sign up for the Fall conference and to vote for the OnPoint individual to become a member of the CMHAM board.

PUBLIC COMMENT

None.

UPCOMING LRE MEETINGS

- November 9, 2022 – LRE Executive Committee, 3:00 PM
- November 17, 2022 – LRE Executive Board Meeting, 1:00 PM

ADJOURN

Mr. DeYoung adjourned the October 20, 2022, LRE Board of Directors meeting at 2:40 PM.

_____ _____

Jane Verduin, Board Secretary

Minutes respectfully submitted by:
Marion Dyga, Executive Assistant

LAKESHORE REGIONAL ENTITY

Chief Operating Officer (Stephanie VanDerKooi)
November 17, 2022 - Report to the Board of Directors

Oversight Policy Board (OPB)- The Intergovernmental Agreement will expire December 31, 2022. This agreement is between the seven counties served in Region 3 and establishes the purpose and membership of the OPB. New agreements, that will be in effect 1/1/23 – 12/31/24, have been distributed to all county administrators.

CCBHC (Certified Community Behavioral Health Center) – Meetings between the state and PIHPs are ongoing. The LRE hosts regional meetings with HealthWest and West Michigan CMH to ensure this project is operating smoothly.

Current CCBHC enrollments:
WMCMH: assigned in October: Medicaid: 62 and non-Medicaid 55
YTD: 1847 (Medicaid); 326 (non-Medicaid)

HW: assigned in October: Medicaid 32, non-Medicaid 14;
YTD: 3,240 (Medicaid); 409 (non-Medicaid)

Website: The newly designed LRE website (www.lsre.org) will be launched the week of November 14, 2022. The website is more visually appealing, and work has been done to make it easier for the user to locate information.

FY22 Report Submission Analysis: As the LRE began to take over reporting responsibilities from Beacon Health Options in recent months, LRE created a tracking mechanism to ensure reports are submitted timely. In FY22, LRE submitted 186 reports to MDHHS. A report tracking spreadsheet has been created that allows for monitoring of upcoming reports due and tracking of important factors related to report submission (e.g., changes in due date, frequency of submission, or factors which lead to the late submission of a report).

With the completion of FY22, an analysis of LRE Report Submission was generated. LRE submitted three late reports (~2% of total reports). For those reports submitted late, the average number of days late a report was submitted was 29 days. Following is a list of late reports along with justification for the late submission.

TOTAL NUMBER OF FY22 REPORTS	186
Number of Late Reports	3
% Late reports	2%
Average Number of Days Late	29

Report Name	Department	Days Late	Reason
Mid-Year Status Report	Finance	101	Late FSR submissions from CMHSPs contributed to LRE staff not being able to manage the reporting timeliness for this report. Lack of financial staffing led to the report not being submitted timely.
Michigan Gambling Disorder Prevention Project (MGDPP) 3Q Narrative Report	SUD Prevention	70	Attempted to populate by due date - it was not open by MDHHS to complete. Completed 9/23/22 (never received notification it was open to populate)
DHHS Incentive Payment DHIP Report	Finance	2	Notification from MDHHS on 4/6/22 indicated due date of 4/30/22. Late Submission due to not receiving reports from the CMHs by their deadline of 4/25/22. Late submissions from Allegan, HW, Ottawa, & N180.

October 2022 Report Submission Analysis: A new LRE Report Tracking Spreadsheet has been implemented for FY23, which reflects changes to the Schedule E of the MDHHS/PIHP Contract. Currently LRE is tracking a total of 192 reports which will be submitted to MDHHS between October 2022 and September 2023.

In October, LRE submitted 17 reports to MDHHS. All reports were submitted on time or prior to the deadline. Two reports were not submitted by the due date outlined in the contract with MDHHS, as the deadlines for these reports were extended by MDHHS via email communication.

Total Number of October 2022 Reports	17
Number of Late Reports	0
% Late reports	0%
Average Number of Days Late	0

AUTISM SERVICES/ Behavioral Health Treatment (BHT) – Justin Persoon

Over the past month, the Autism team reviewed action plans from OnPoint following their recent site review. The team also spent a great deal of time processing ABA service enrollments and discharges, providing technical assistance to CMHSPs. The Autism ROAT has worked to ensure reporting requirements can be met if the WSA reporting system is decommissioned. Revisions are underway for the ABA handbook, transition guidelines, and participation agreement to make these documents more readable for beneficiaries. Focus remains on solutions to provider staffing difficulties. We have seen improvement toward increasing family involvement and treatment outcomes using Power BI reports as performance measures.

Current Enrollments (Regional Total: 1,704)

CMHOC	HealthWest	Network 180	On Point	WMCMHS
276	149	1,101	136	43

CLINICAL/UM – Liz Totten

During the month of October, UM CSR Workgroup worked to finalize the regional continued stay review and stepdown process. A final organizational procedure will be reviewed by CEOs in early December.

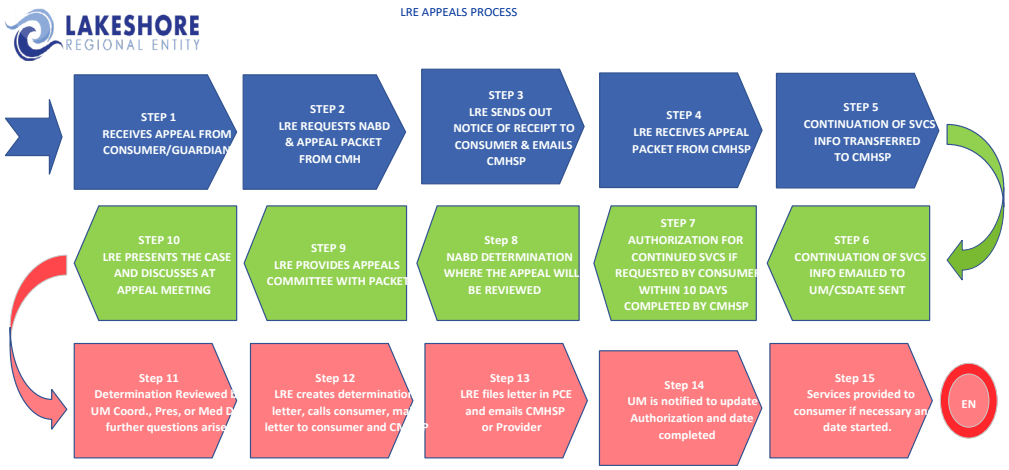
Clinical/UM departments continue to collaborate with Providers Network Manager and LRE IT department to create a more efficient and effective process for Follow-Up After Hospitalization (FUH) reporting/joint care coordination. A regional FUH workgroup will kick off later this month to review and solidify our regional process. UM Clinical Department also worked diligently on HSAG Corrective Action Plan (CAP). Many action items in the CAP are either underway or have been completed.

INTEGRATED HEALTHCARE – Tom Rocheleau

In October 2022, monthly joint care coordination meetings with each of the 6 Medicaid Health Plans that serve the LRE region continued. During the October meetings, 45 consumers were discussed with their respective MHPs to determine potential or continued benefit from having an interactive care plan. The plans focus on improving care and quality of life by removing barriers and decreasing unnecessary utilization of crisis services. There were 8 consumers discussed with their MHPs wherein an interactive care plan was not created, but collaboration took place resulting in a Single Episode of Care (SEC). In addition, 3 new interactive care plans were opened in October.

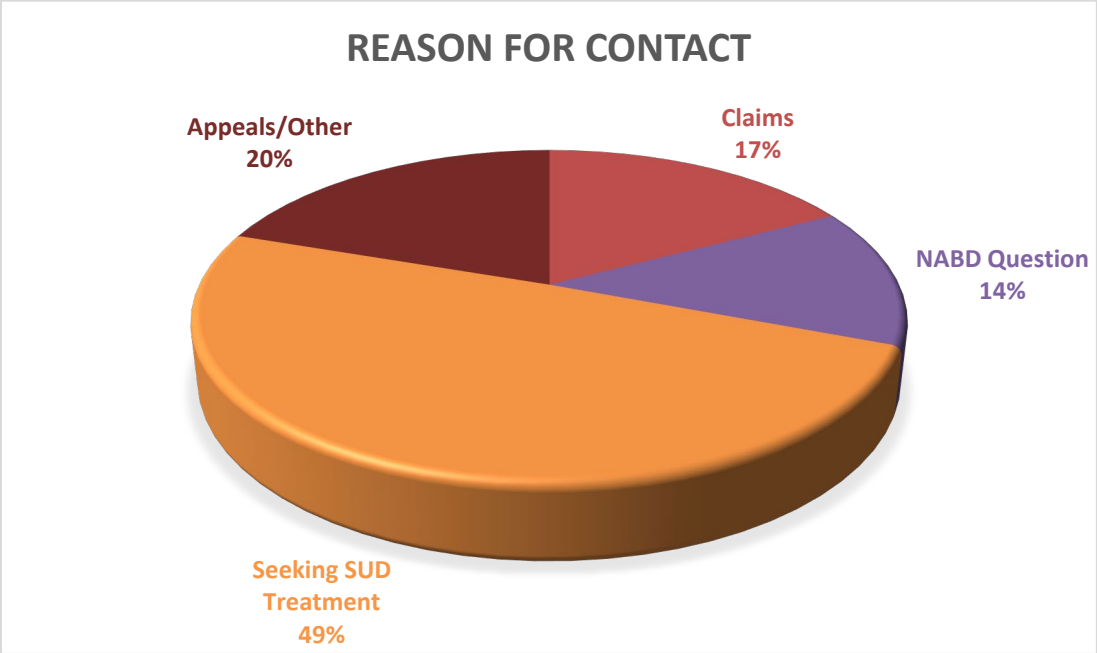
CUSTOMER SERVICES– Michelle Anguiano & Mari Hesselink

The team has reviewed the HSAG compliance report and has developed the necessary adjustments that required correction. Quarterly random sample grievance, appeal, and adverse benefits determination (ABD) audits have been assembled in the PCE systems and quarterly audits will begin January, 2023. The audit template and instructions will be rolled out to the CMHSP's in the region in December 2022. These audits will provide more oversight between the LRE and the CMHSP's grievance and appeals system. It will also ensure that each CMHSP is consistent with state standards. The grievance and appeals due process policy has been adjusted to meet compliance standards. Several process flow charts have been formed to create more uniform communication between the CMSP's and the LRE.



Breakdown of Customer Services Calls (October):

- Total of **81** calls made during business hours
- **38** calls were transferred to LRE from the SAMHSA Hotline for SUD treatment
- **2** calls were direct requests for SUD treatment
- **14** calls were providers seeking claims status
- **11** calls were consumers that did not understand the NABD they received
- **16** calls were appeals requests, or other concerns.



<u>CREDENTIALING</u> - Pam Bronson (Credentialing Specialist):

In October, the Credentialing Committee reviewed and approved 12 organizational providers for credentialing/re-credentialing. The Universal Credentialing workgroup has begun viewing live demonstrations of the CRM system, offering suggested changes, and ironing out the details. MDHHS is anticipating a roll out of the new system possibly as early as April 2023.

<u>PROVIDER NETWORK MANAGEMENT</u> – Don Avery, Jim McCormick

A contracting process is under development to assure effective, efficient management of LRE-held contracts. Extension to the CMHSP subcontract has been issued; the FY23 contract will be issued prior to January 1, 2023. Currently working with CMHSP contract staff to evaluate provider boilerplate. Will be presenting at the upcoming CMHA Improving Outcomes Conference on value-based contract development with inpatient hospitals and partnering with NMRE to present on network adequacy standards.

<u>SUD TREATMENT</u> - Amanda Tarantowski, SUD Treatment Manager

Significant amount of time was spent preparing proofs for the MDHHS SUD audit. All proofs were submitted to the states FTP site one day early. Results of the audit will be released to the board

when they become available. Annual Women's Specialty Services (WSS) site visits were completed.

<u>SUD PREVENTION</u> – Amy Embury

SUD Prevention requested, and has received, additional COVID 19 Supplemental funding for FY2023. These funds will be distributed to all contracted LRE SUD Prevention providers in the coming weeks. These additional dollars will support their Request for Proposals continuation or enhancement of prevention programming that began with the distribution of funds at the end of FY21 and continued through FY22.

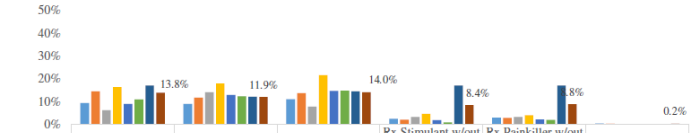
KWB Strategies has been working diligently to monitor and trend key indicators build within the LRE Substance Use Disorder Strategic Plan.

Below are two examples of indicators that are targeted with the LRE SUD Strategic Plan and those of prevention providers:

Alcohol and Other Drug Use and Risk Factors, LRE Region

Survey Year: 2021/2022

Percentage of High School Students reporting Recent Use of the Following, LRE Region by County

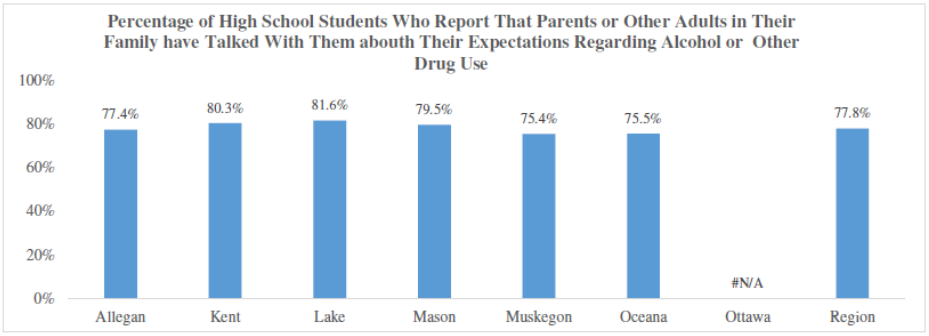


	Alcohol	Marijuana	Electronic Vapor	Rx Stimulant w/out a Rx	Rx Painkiller w/out a Rx	Heroin*
Allegan	9.3%	8.9%	10.9%	2.4%	2.9%	0.2%
Kent	14.5%	11.7%	13.6%	1.9%	2.7%	0.2%
Lake	6.2%	14.0%	7.6%	3.2%	3.1%	0.0%
Mason	16.3%	17.9%	21.6%	4.5%	3.9%	0.0%
Muskegon	8.9%	12.8%	14.6%	1.7%	2.1%	0.1%
Oceana	10.8%	12.2%	14.8%	0.8%	1.8%	0.0%
Ottawa	16.9%	12.1%	14.4%	16.9%	16.9%	
Region	13.8%	11.9%	14.0%	8.4%	8.8%	0.2%

Alcohol and Other Drug Use and Risk Factors, LRE Region

Survey Year: 2021/2022

Percentage of High School Students Who Report That Parents or Other Adults in Their Family have Talked With Them abouth Their Expectations Regarding Alcohol or Other Drug Use



These are indicators collected through the Michigan Profile for Healthy Youth (MiPHY) and the YAS (Ottawa County only). The MIPHY is an online student health survey offered by the Michigan Departments of Education and Health and Human Services to support a local and regional needs assessment. The MiPHY provides student results on health risk behaviors including substance use, violence, physical activity, nutrition, sexual behavior, and emotional health in grades 7, 9,

and 11. The survey also measures risk and protective factors most predictive of alcohol, tobacco, and other drug use and violence. MiPHY results, along with other school-reported data, will help schools make data-driven decisions to improve prevention and health promotion programming. The Ottawa County Youth Assessment Survey (YAS) is a locally developed teen survey similar to the MIPHY.

WAIVERS – Kim Keglovitz / Melanie Misiuk/Stewart Mills

Habilitation Supports Waiver (HSW)

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

	CMHOC	HW	N180	ONPPOINT	WMCMHS
Overdue Certifications	0	0	9	0	4
Overdue Guardian Consents	1	1	0	8	5
Inactive Consumers		1			

Region 3 filled open slots in October with two clients from Network 180. A HealthWest enrollment for September was also approved in October (delay was due to a BH-TEDs issue). There are currently four open slots for November enrollment. We have 10 complete packets and 10 packets that are pending due to goals, objectives, or other updates needed to required documents. Following is a chart of slot utilization in region 3 for fiscal year 2022 and the first month of fiscal year 2023.

	10/21	**11/21**	**12/21**	**1/22**	**2/22**	**3/22**	**4/22**	**5/22**	**6/22**	**7/22**	**8/22**	**9/22**	**10/22**
Used	629	629	628	628	629	626	626	626	624	628	627	627	629
Available	0	0	1	1	0	3	3	3	5	1	2	2	0
% Used	100	100	99.8	99.8	100	99.5	99.5	99.5	99.2	99.8	99.7	99.7	100

Reminder that the enrollment deadline is always the 15th of the month. If the LRE is not notified of a disenrollment right away, we could miss the deadline for the month and therefore the payment while we have people waiting to be enrolled.

The public health emergency was extended in October for another 3 months. This puts the expiration of the appendix k flexibilities out into the summer of 2023.

Children's Waiver Program (CWP)

84 children are open and enrolled in the Children's Waiver Program for October. We have 6 children that have been invited to enroll on the Children's waiver. 5 of the invited cases are from Network 180 and 1 from Ottawa. 9 prescreens were submitted in October, 6 by Network 180, 2 by Ottawa, and 1 by On Point. 4 of the prescreens submitted in October have already been invited. 2 prescreens were pended back and need updated information. MDHHS continues to report that there are still open slots for the CWP but we currently we have 3 scored prescreens that have not been invited to join the CWP.

	CMHOC	**HealthWest**	**Network 180**	**On Point**	**WMCMHS**
# Enrolled	11	8	61	3	1

1915(i)SPA:

MDHHS Updates:

MDHHS's deadline extension request was approved on 9/30/22. This extends the deadline for iSPA compliance to 10/1/2023. It is required that all iSPA cases be enrolled in the WSA by that date. The final Policy Bulletin was released on 11/1 and has been distributed to all CMHSP leads.

As of October 1, 2022, all regions in the state should be actively enrolling existing and incoming eligible iSPA Cases. Cases do not need to be enrolled if the service is already covered under another waiver (EPSDT if under 21, or CCBHC).

Regional Updates:

- The Regional iSPA Workgroup has been meeting monthly, with representation from each CMHSP. Staff continue to attend the statewide meetings.
- All CMHs have enrolled cases in the WSA except for West MI. There was an issue with the iSPA lead being provided access at the state level. This has been corrected and the WM lead will be trained on the platform.
- CMHSPs in the region have reported that identification of cases to be enrolled is time consuming.
- At the request of one of our CMHSPs, LRE staff have contacted other regions to understand how other organizations using PCE have implemented a program/report within their EHR that helps to identify cases.

SEDW:

The region currently has 70 open cases:

CMHOC	HealthWest	Network 180	On Point	WMCMHS
7	14	33	3	3

All recertifications/disenrollment were completed on time this month!

LRE is hosting MDHHS to provide SEDW 101 training and refresher for PIHP and CMHSP leads, staff, and providers on December 7th. This will provide needed updates and information for providers on the SED waiver and process. Anyone involved in any part of the SEDW process is welcomed and encouraged to attend.

Stay Outta The Danger Zone Logo Revision

Current

New

We researched and vetted an easier, more contemporary and professional brand/image to enhance awareness and engagement among key audiences. Input was garnered from invested partners such as regional prevention providers, gambling disordered trained clinicians, LRE staff, peer recovery services and a targeted college marketing class.

With the design in place, efforts are underway to refresh the stayouttathedangerzone.com website, to align with the logo/brand look/feel.

LAKESHORE REGIONAL ENTITY

Information Officer Report – November 2022

Summary:

1. **MCIS Software**:
   No changes this last period.
   Currently in development, PCE Systems is working to onboard the 6006 file (Third Party Liability Coverages) from MDHHS into the PIHP applications.

2. **Data Analytics and Reporting:**
   New efforts currently underway in this area include:
   - Production deployment of new regional LOCUS assessment dashboard.
   - Enhancements to the LRE internal CCBHC Dashboard.
   - Examination of LRE's ADT data stores to assess for UM reporting opportunities.

3. **FY22 data reporting to MDHHS**:
   FY22 Encounter reporting overall is showing good volumes from HealthWest, Ottawa and West Michigan CMH through September, which would be expected at this point. September service volumes appear under-reported from Network180 and OnPoint at this time, as compared with typical submission patterns. OnPoint has recently reported some systems issues within their EMR system impacting their ability to successfully submit encounters – they are keeping LRE up to date on their progress as they are addressing and resolving those issues. Please see also the encounter graphs attached.
   FY23 Encounter reporting is just beginning to come in. Our first significant volumes of October services are anticipated to come into the PIHP system at the end of November.

   FY22 BH-TEDS: BH-TEDS reporting volumes for FY22 related records continue to come in with good volume from all CMHs. MDHHS completeness stats have not been calculated since 9/1/2022. We anticipate that those will likely be shared with us again in early December.
   FY23 BH-TEDS: BH-TEDS reporting for FY23 related records are just beginning to come in.

4. **Preparations for FY22 year-end financial reporting**:
   The LRE IT and Finance departments have been actively collaborating on preparations for the coming year-end financial reporting season. The Period 2 EQI (October 2021 through May 2022) provided a great opportunity for us to pull our new financial analyst resources fully into this process from the PIHP perspective, allowing for knowledge sharing and cross training experiences so that we will be more fully prepared for the coming (Period 3) final year-end reporting cycle.

Data Source: LRE_DW_CorporateInfo.LRE_Encounters

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

Reports in Dashboard:

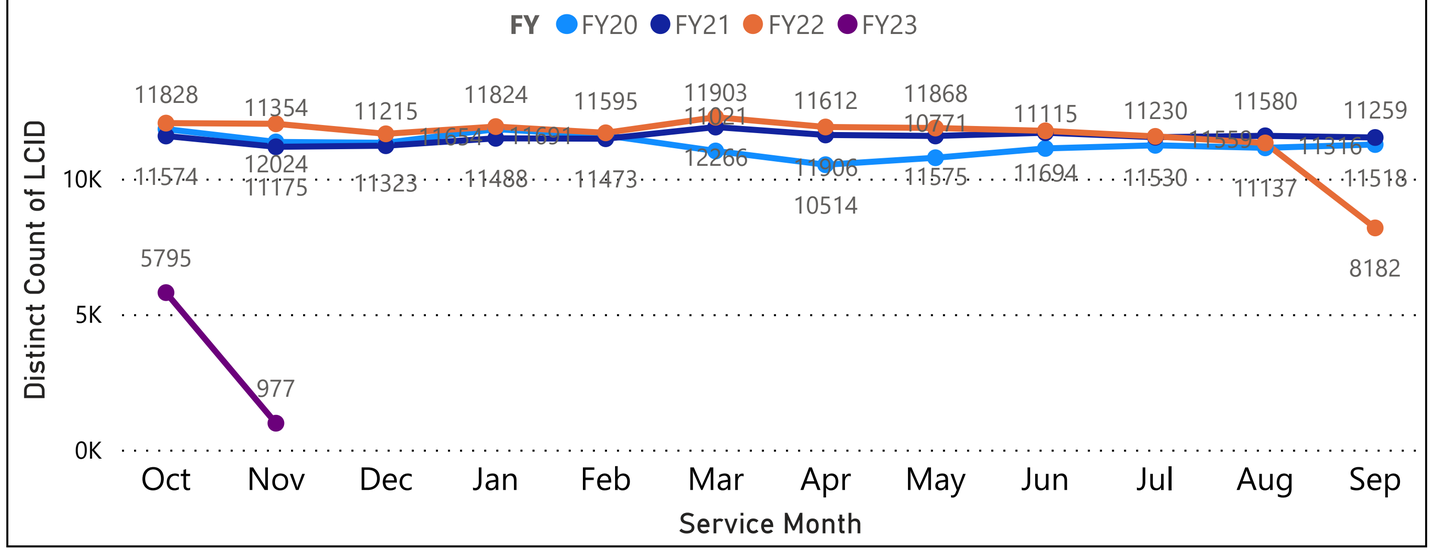
1. **LRE - MH Lines** - Shows distinct client count and mental health encounter line totals for both Professional and Institutional type transactions for the LRE as a whole.
2. **LRE - MH Units** - Shows distinct client count and mental health encounter claim unit totals for both Professional and Institutional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

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

LAKESHORE REGIONAL ENTITY

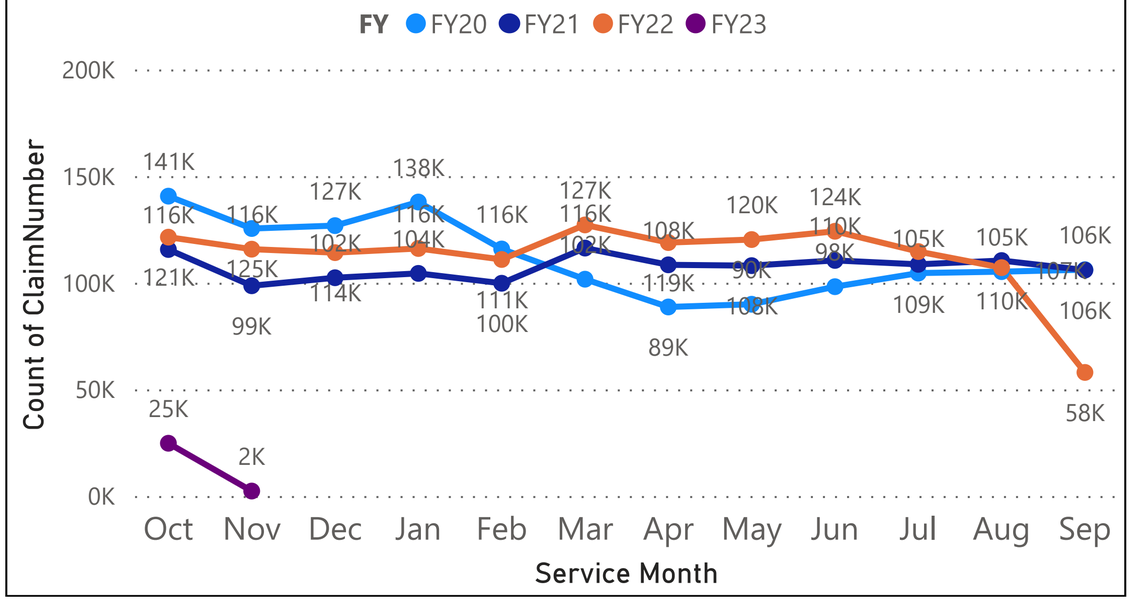
LRE
Behavioral Health

LRE Distinct Clients

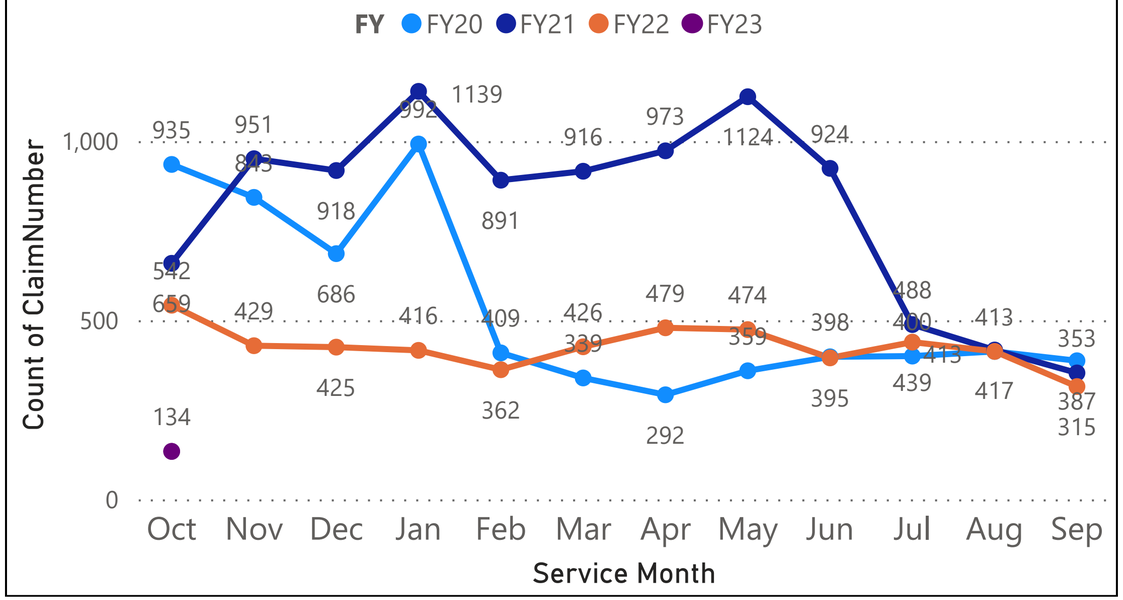


FY: All
- Select all
- FY20
- FY21
- FY22
- FY23

LRE Professional Encounter Lines



LRE Institutional Encounter Lines



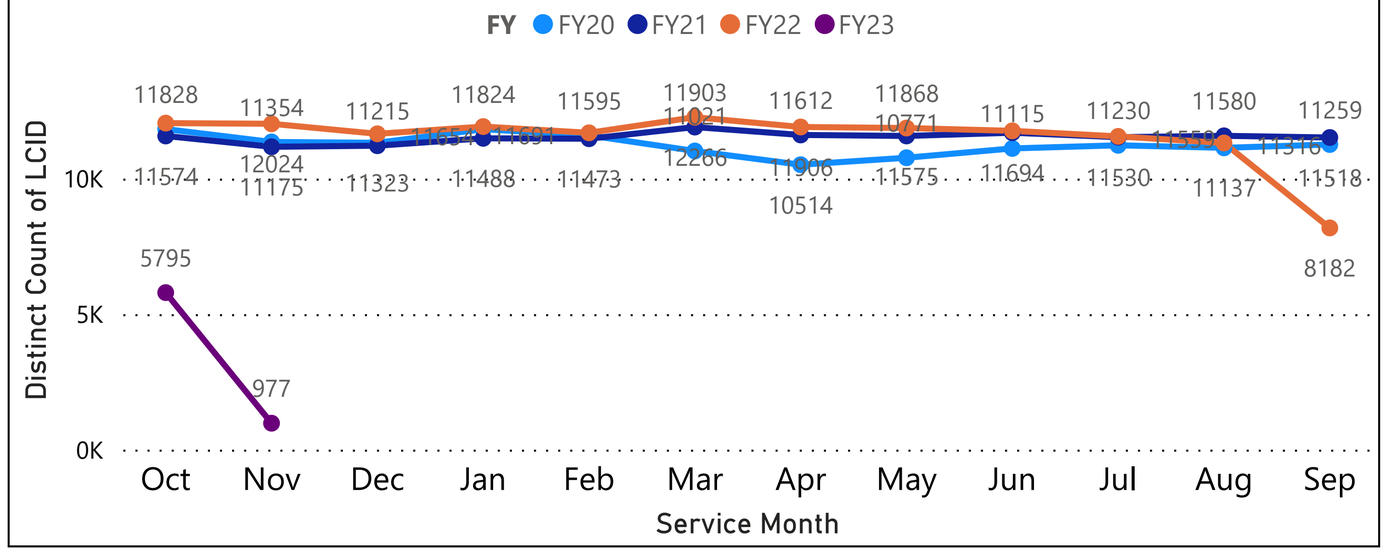
11/9/2022 4:23:20 PM

Latest ProcessDate

LAKESHORE REGIONAL ENTITY

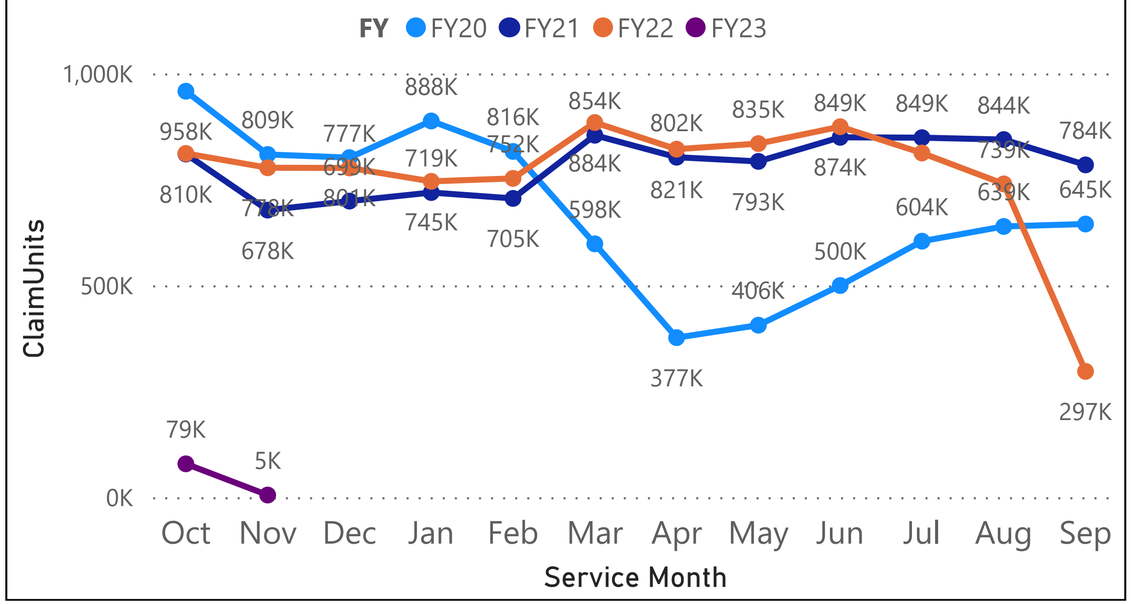
LRE
Behavioral Health

LRE Distinct Clients

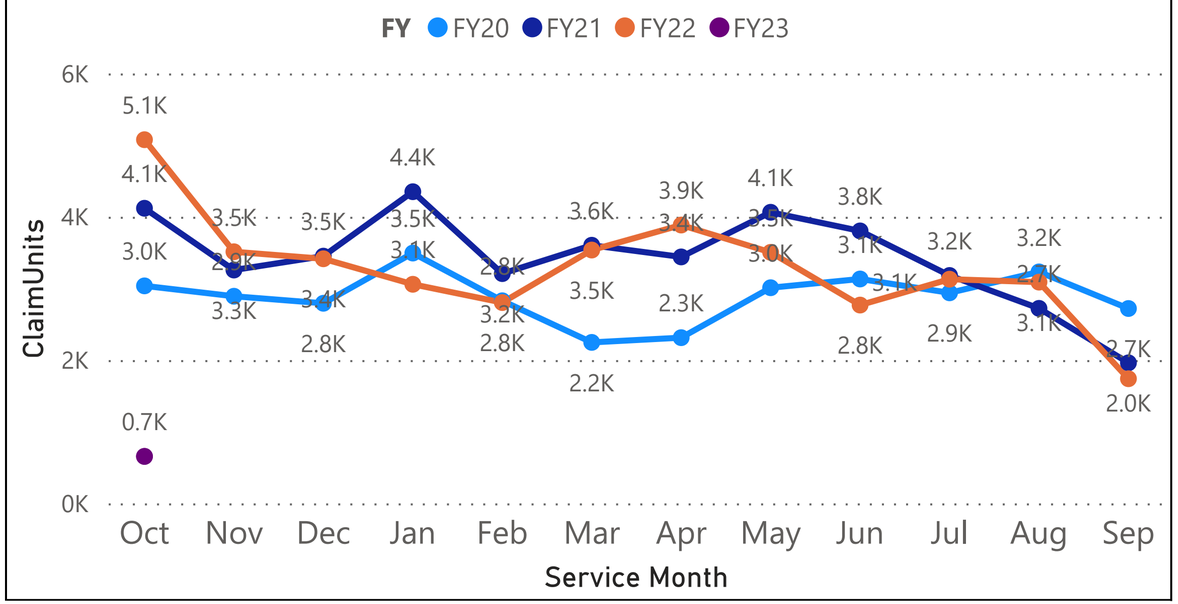


FY: All
- Select all
- FY20
- FY21
- FY22
- FY23

LRE Professional Units



LRE Institutional Units



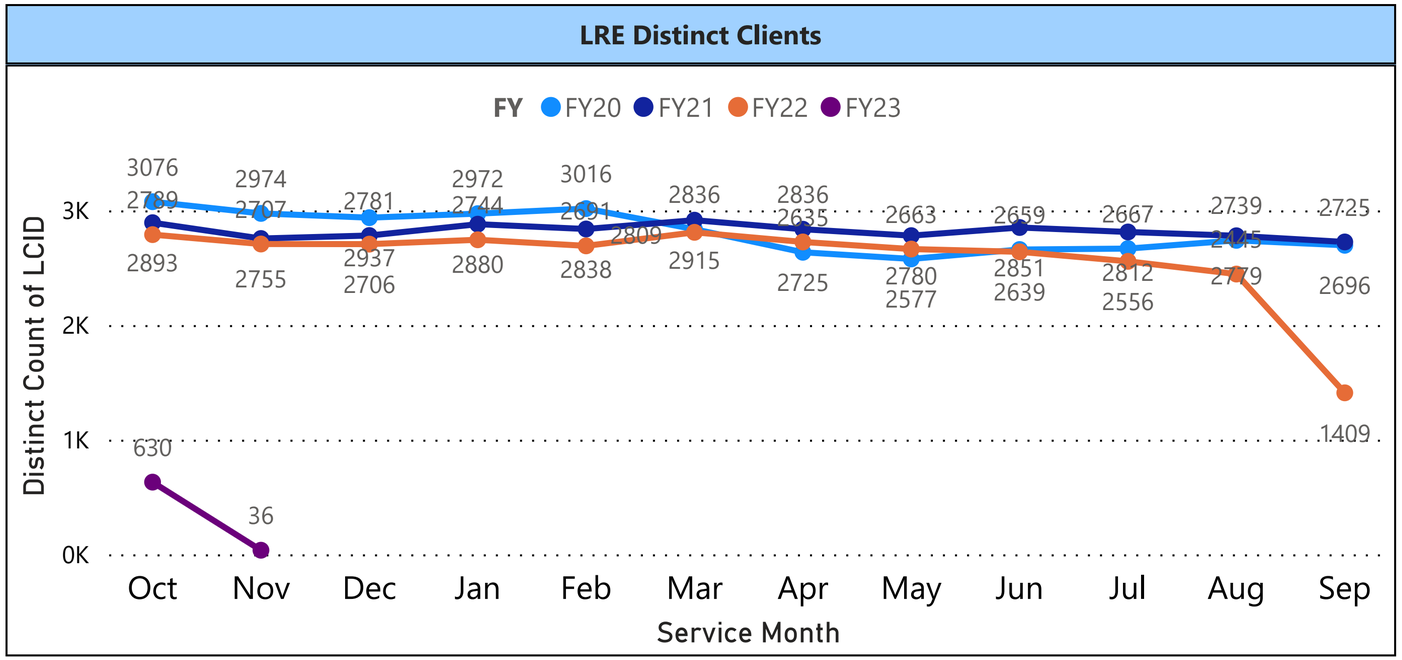
11/9/2022 4:23:20 PM

Latest ProcessDate

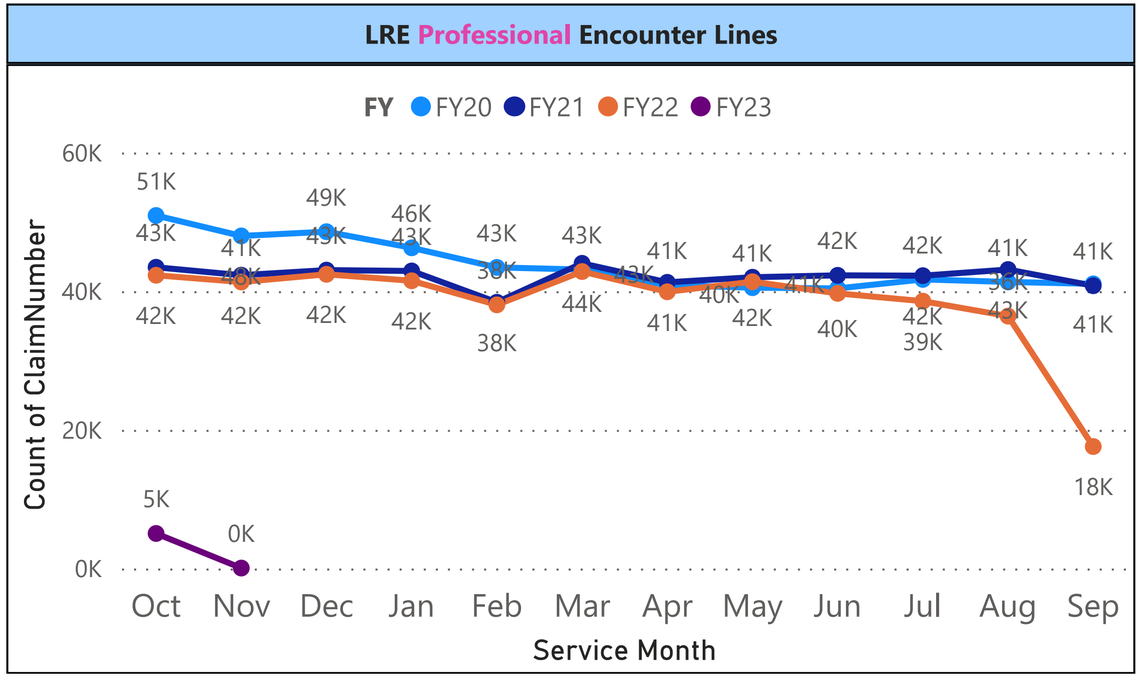
LAKESHORE REGIONAL ENTITY

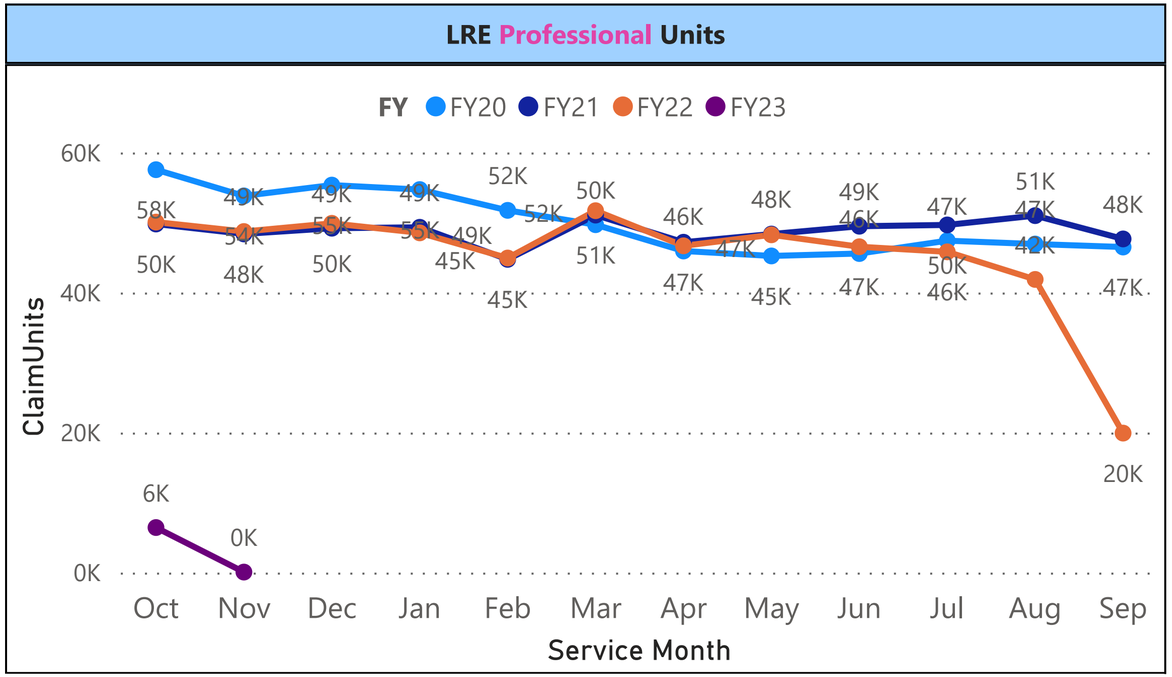
LRE

Substance Use Disorder



FY: All
- Select all
- FY20
- FY21
- FY22
- FY23





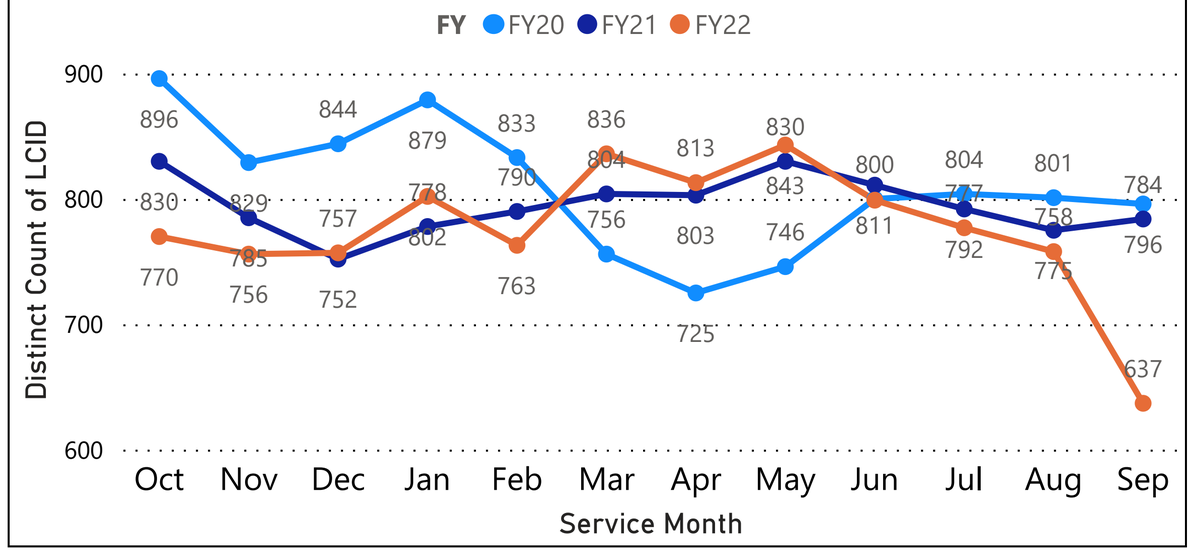
11/9/2022 4:25:54 PM

Latest ProcessDate

LAKESHORE REGIONAL ENTITY

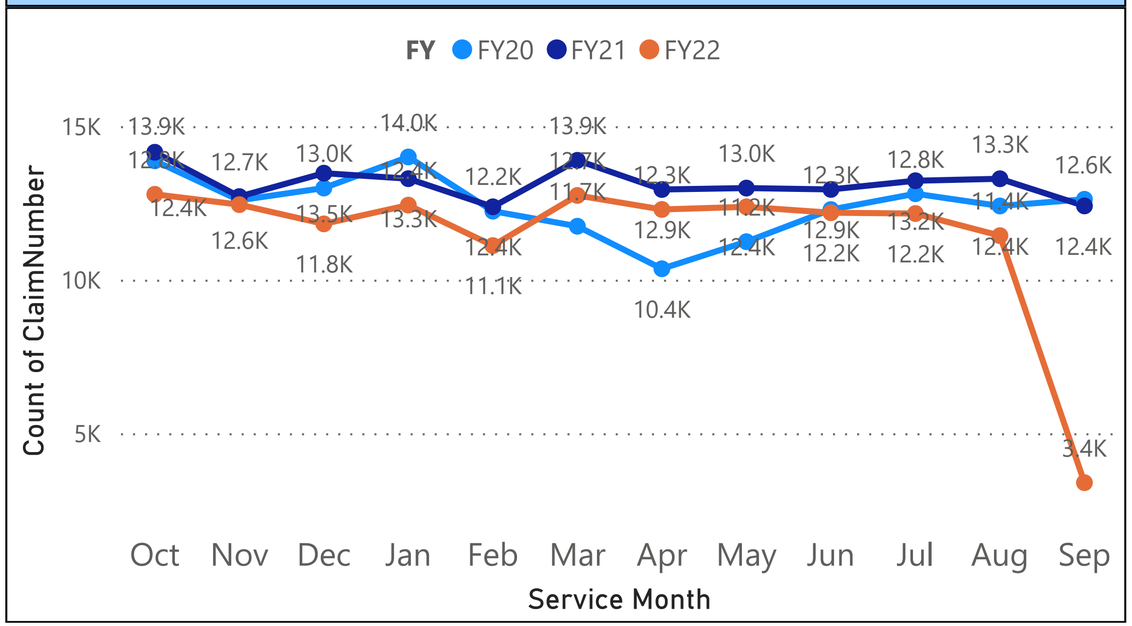
Allegan Behavioral Health

Allegan Distinct Clients

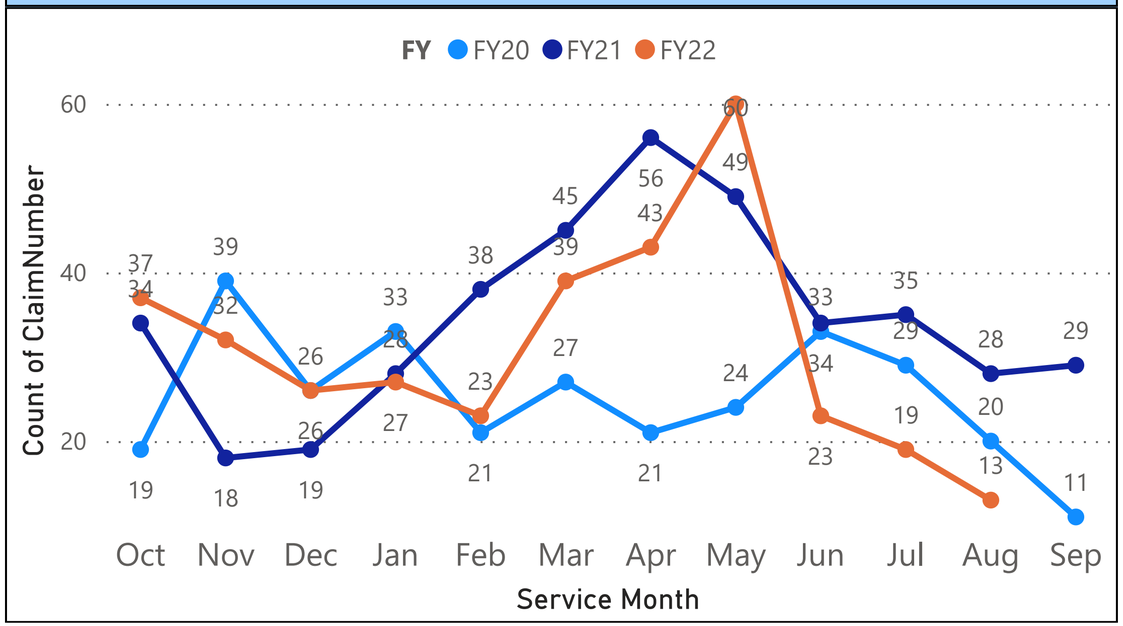


FY: All
- Select all
- FY20
- FY21
- FY22

Allegan Professional Encounter Lines



Allegan Institutional Encounter Lines



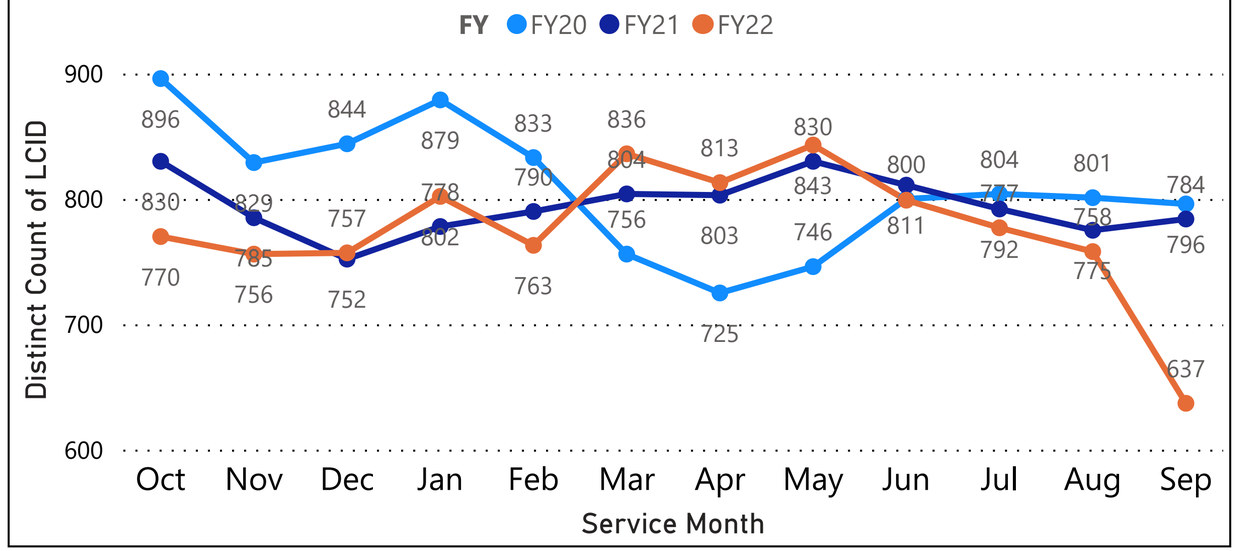
10/12/2022 3:07:59 PM

Latest ProcessDate

LAKESHORE REGIONAL ENTITY

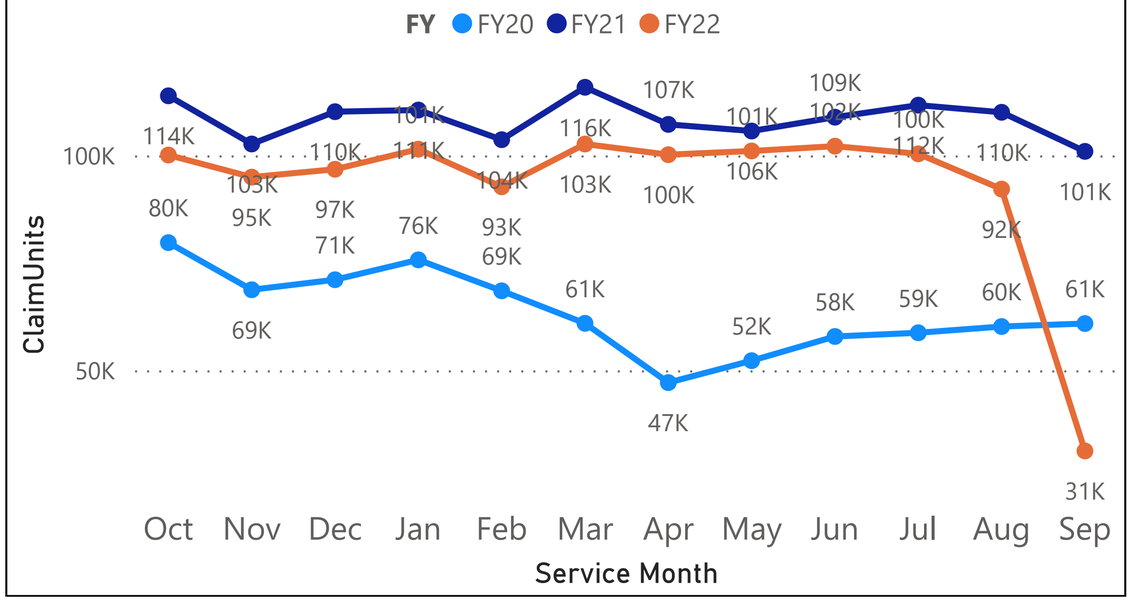
Allegan Behavioral Health

Allegan Distinct Clients

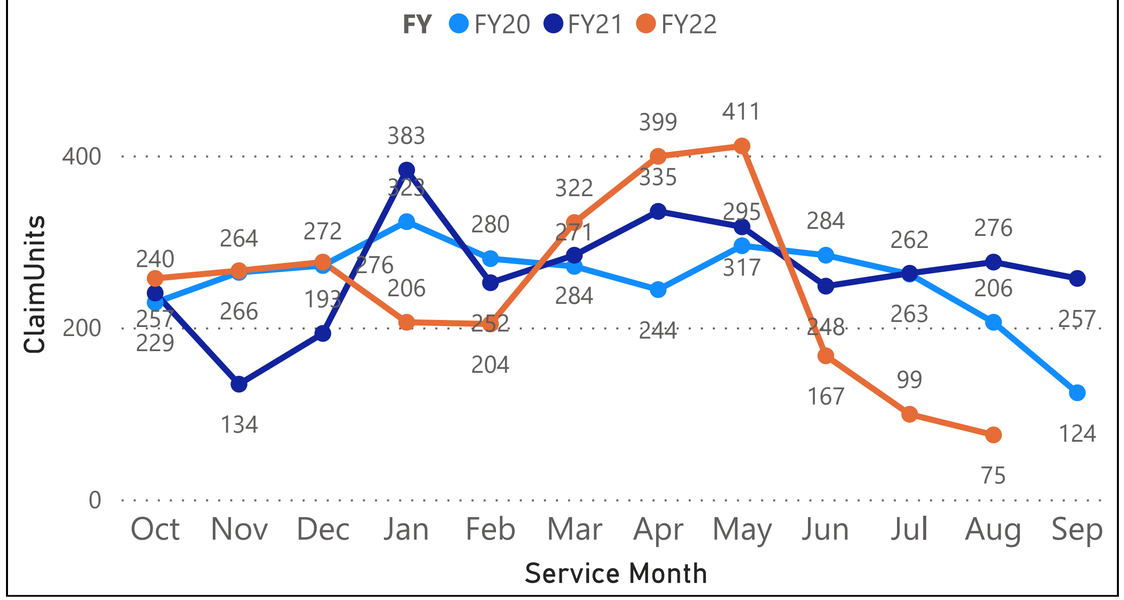


FY: All
- Select all
- FY20
- FY21
- FY22

Allegan Professional Units



Allegan Institutional Units

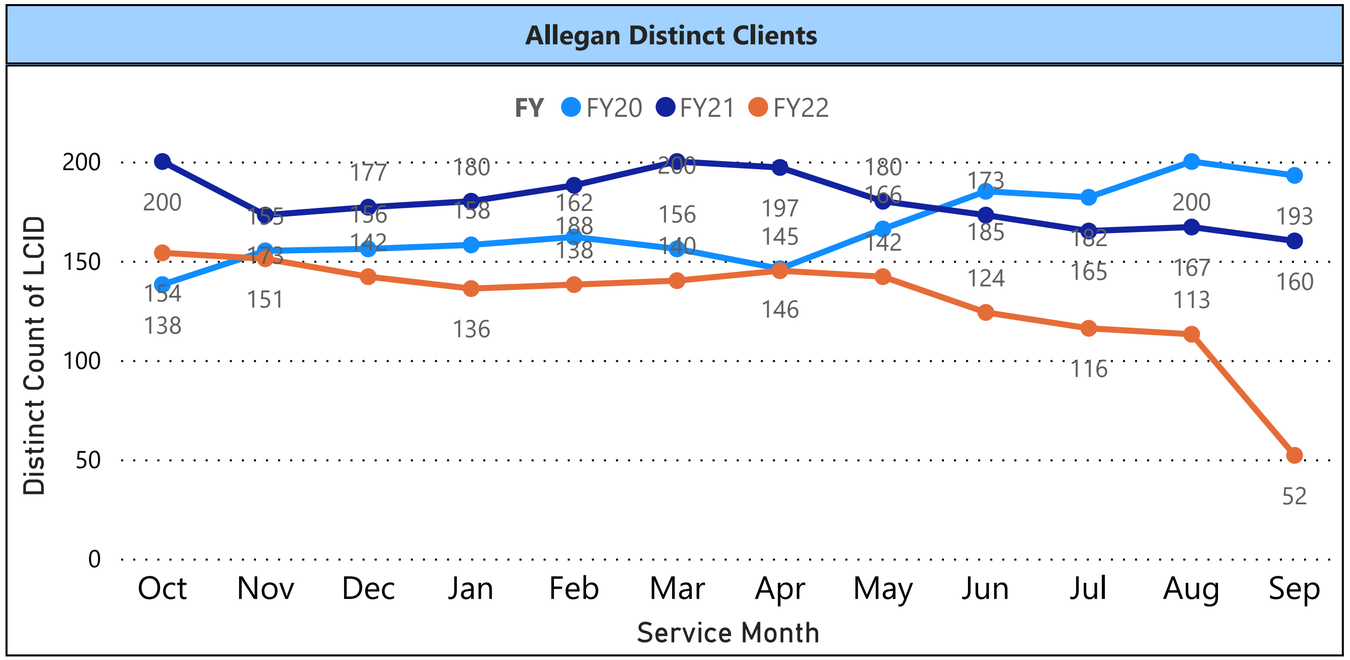


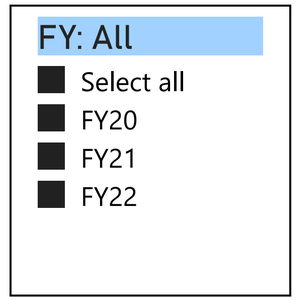
10/12/2022 3:07:59 PM

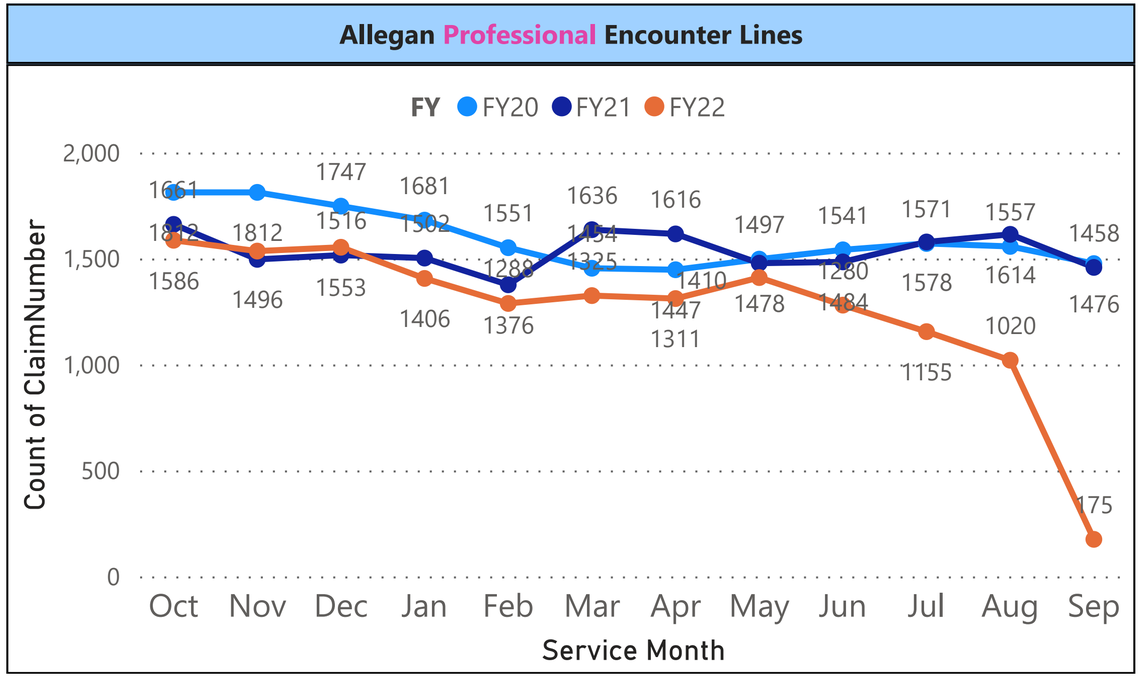
Latest ProcessDate

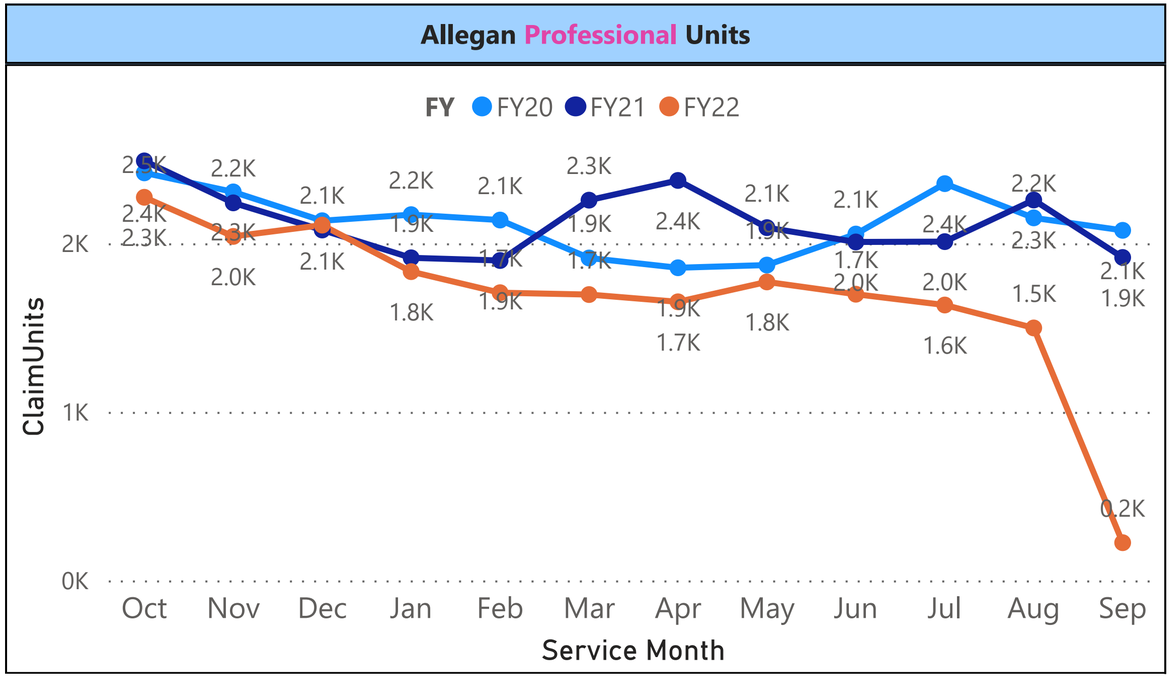
LAKESHORE REGIONAL ENTITY

Allegan
Substance Use Disorder









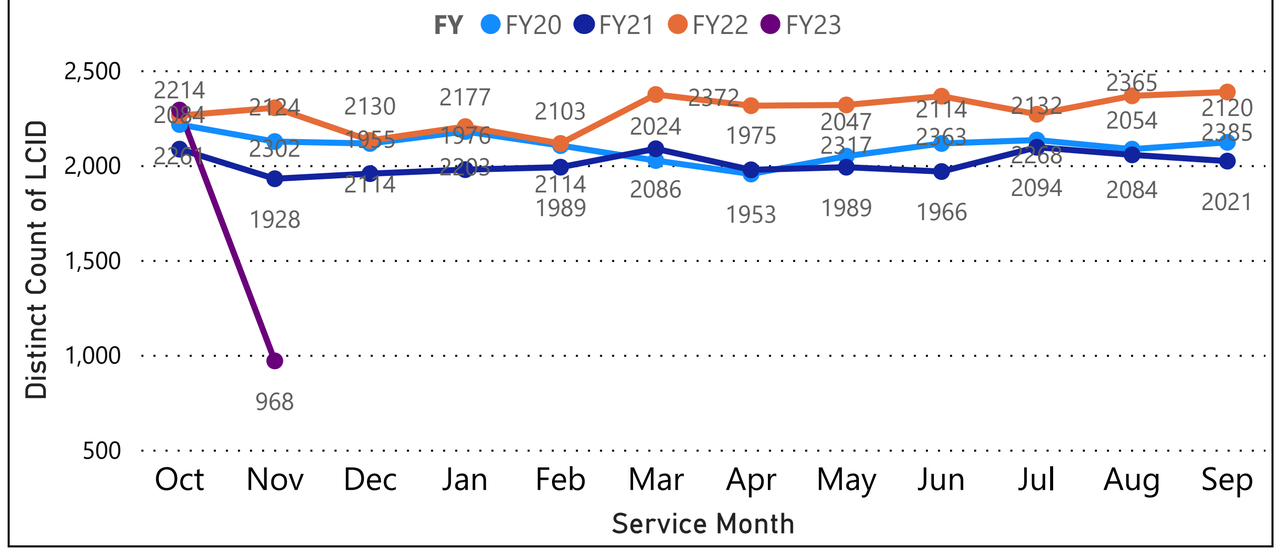
11/9/2022 4:10:59 PM

Latest ProcessDate

LAKESHORE REGIONAL ENTITY

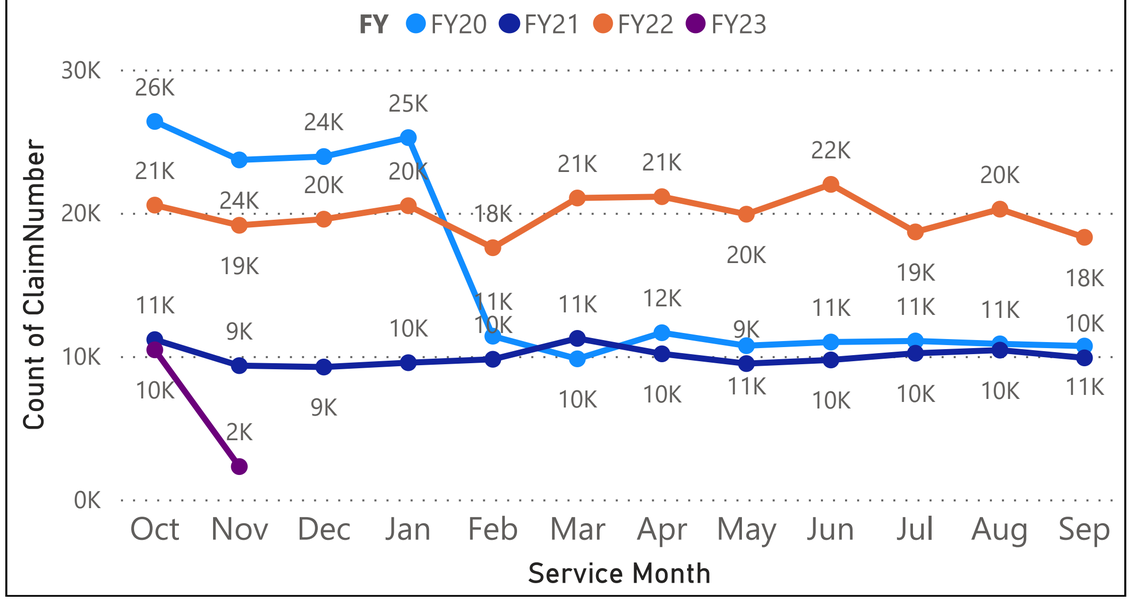
HealthWest Behavioral Health

HealthWest Distinct Clients

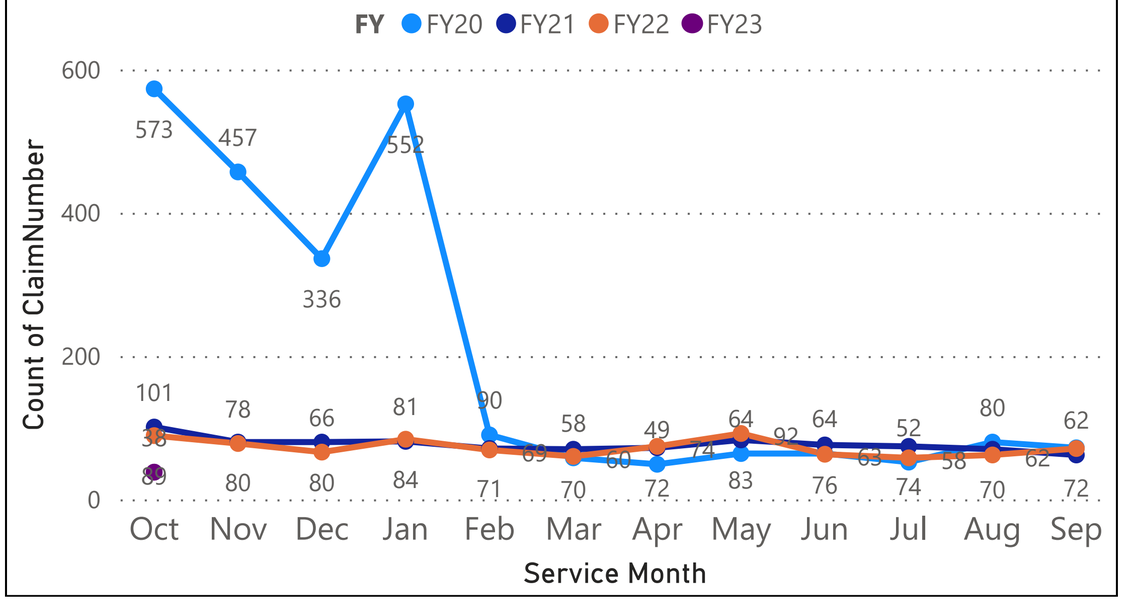


FY: All
- Select all
- FY20
- FY21
- FY22
- FY23

HealthWest Professional Encounter Lines



HealthWest Institutional Encounter Lines



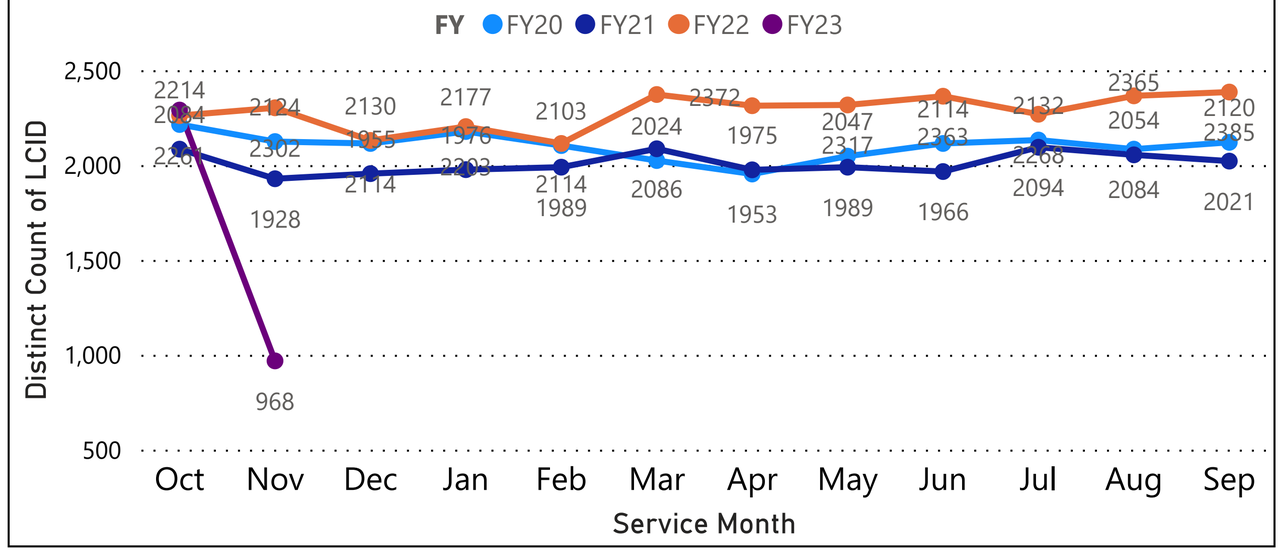
11/9/2022 4:16:49 PM

Latest ProcessDate

LAKESHORE REGIONAL ENTITY

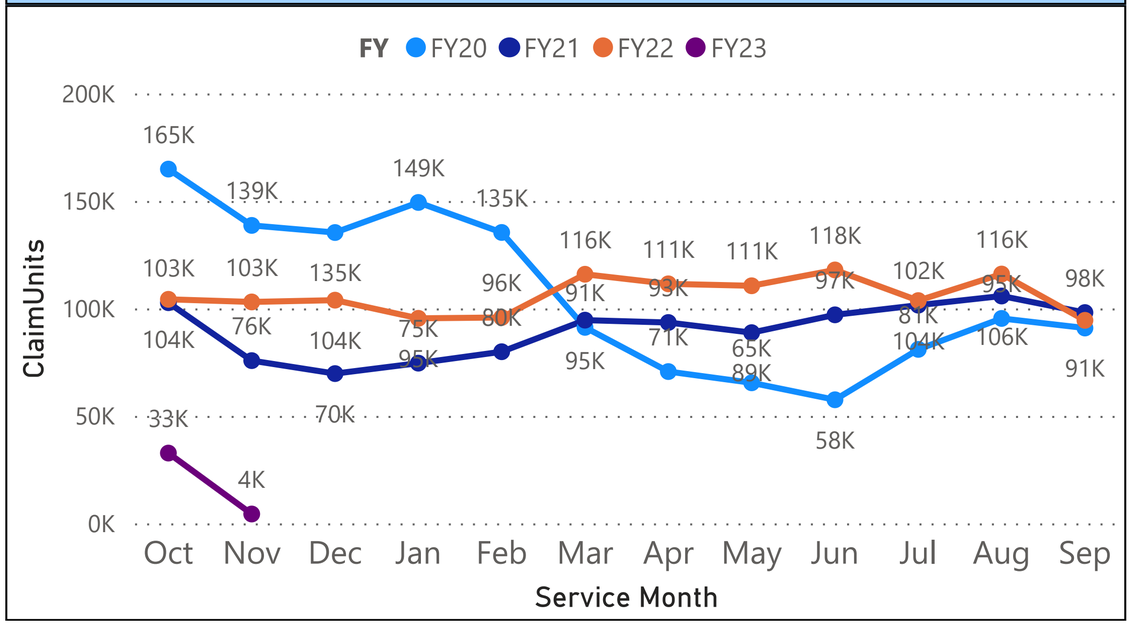
HealthWest Behavioral Health

HealthWest Distinct Clients

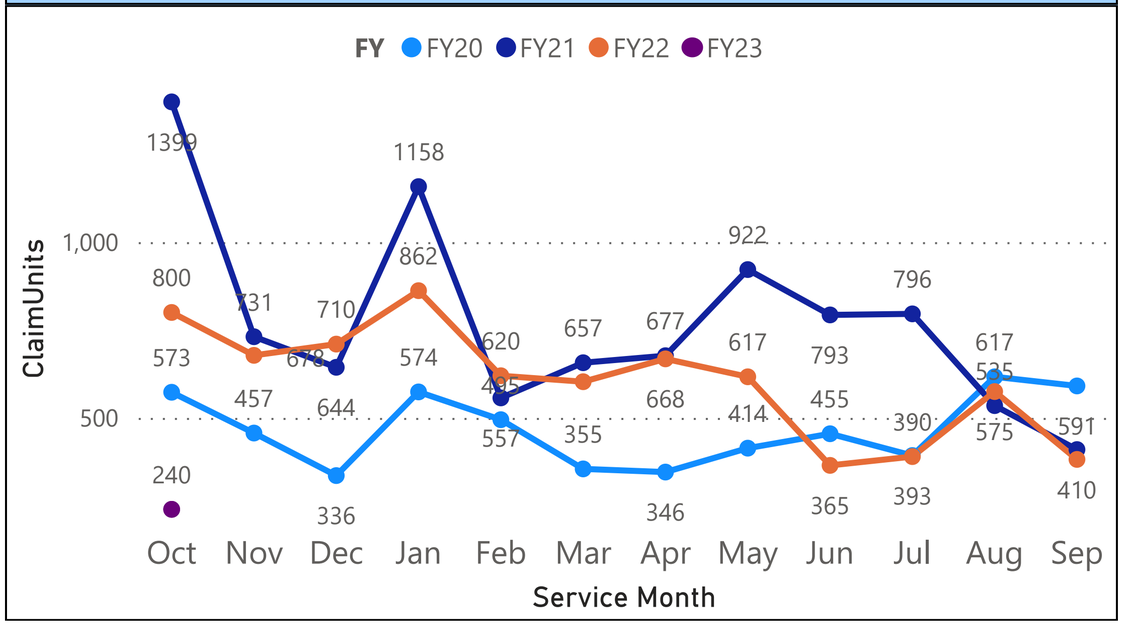


FY: All
- Select all
- FY20
- FY21
- FY22
- FY23

HealthWest Professional Units



HealthWest Institutional Units

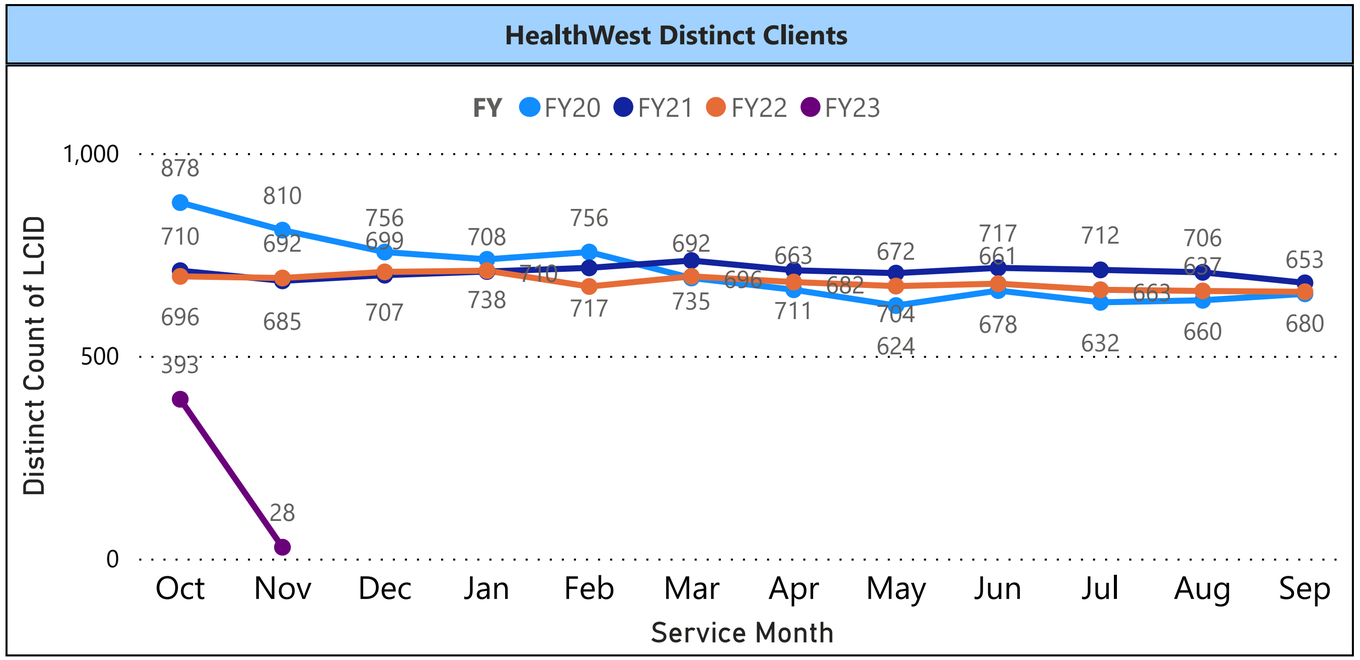


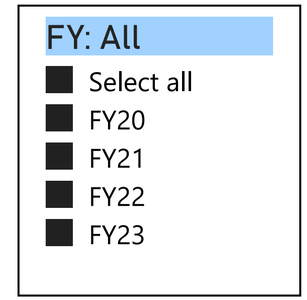
11/9/2022 4:16:49 PM

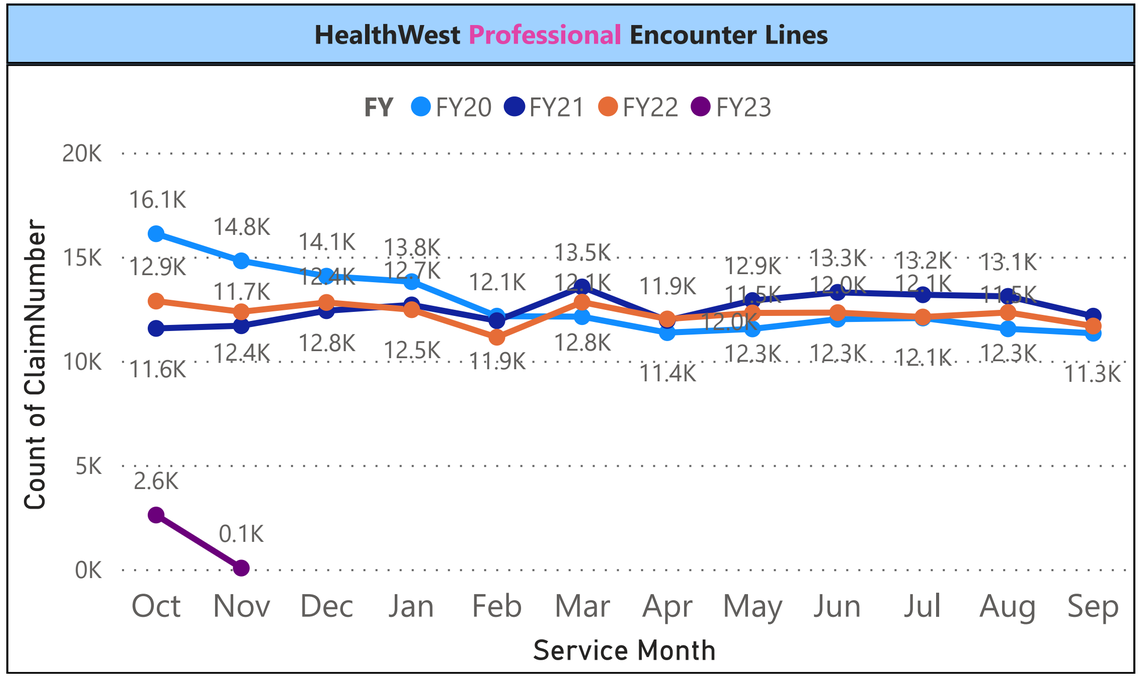
Latest ProcessDate

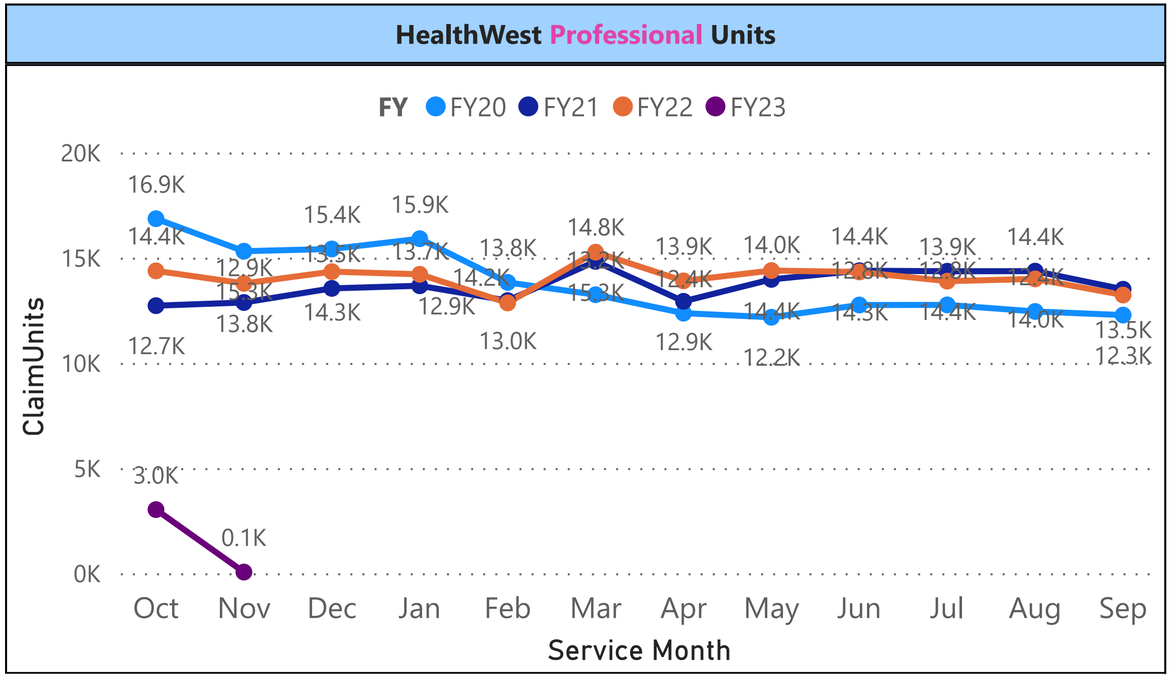
LAKESHORE REGIONAL ENTITY

HealthWest
Substance Use Disorder









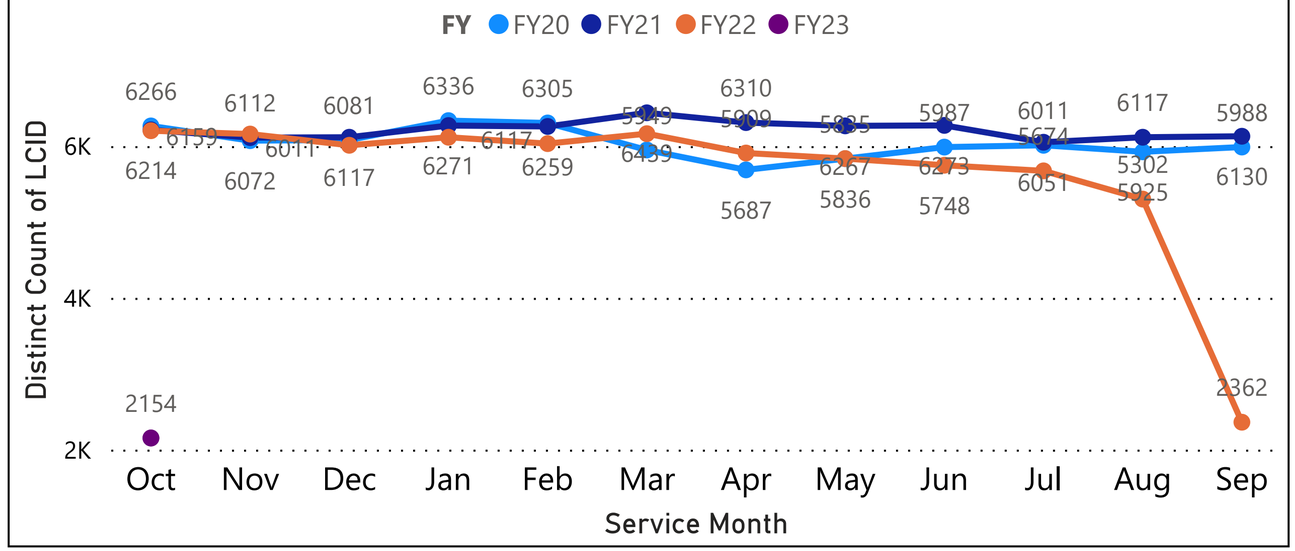
11/9/2022 4:25:49 PM

Latest ProcessDate

LAKESHORE REGIONAL ENTITY

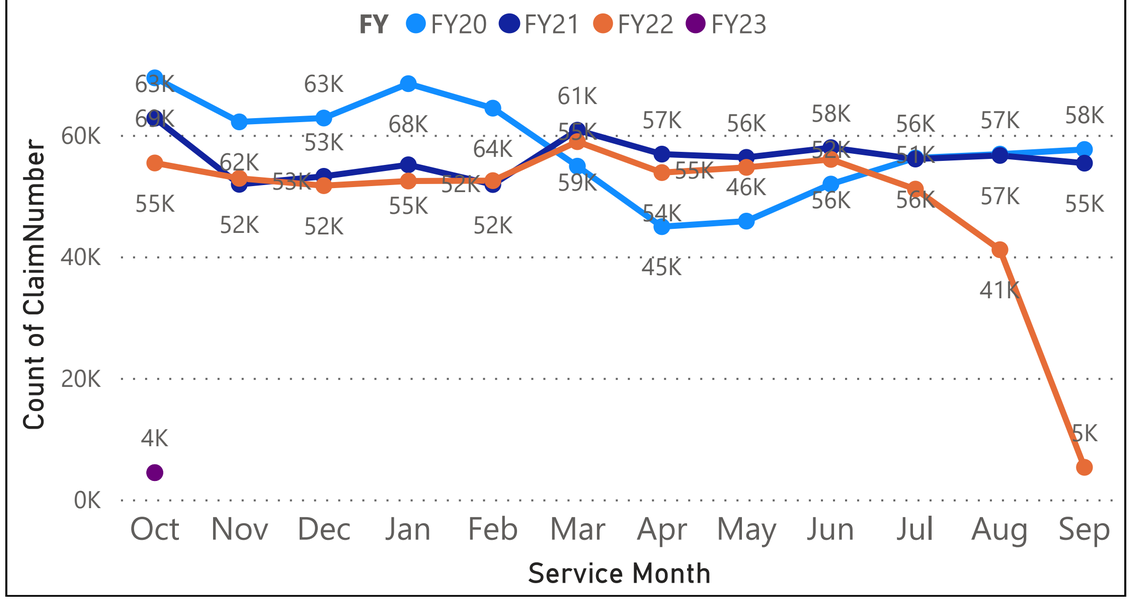
Network180 Behavioral Health

Network180 Distinct Clients

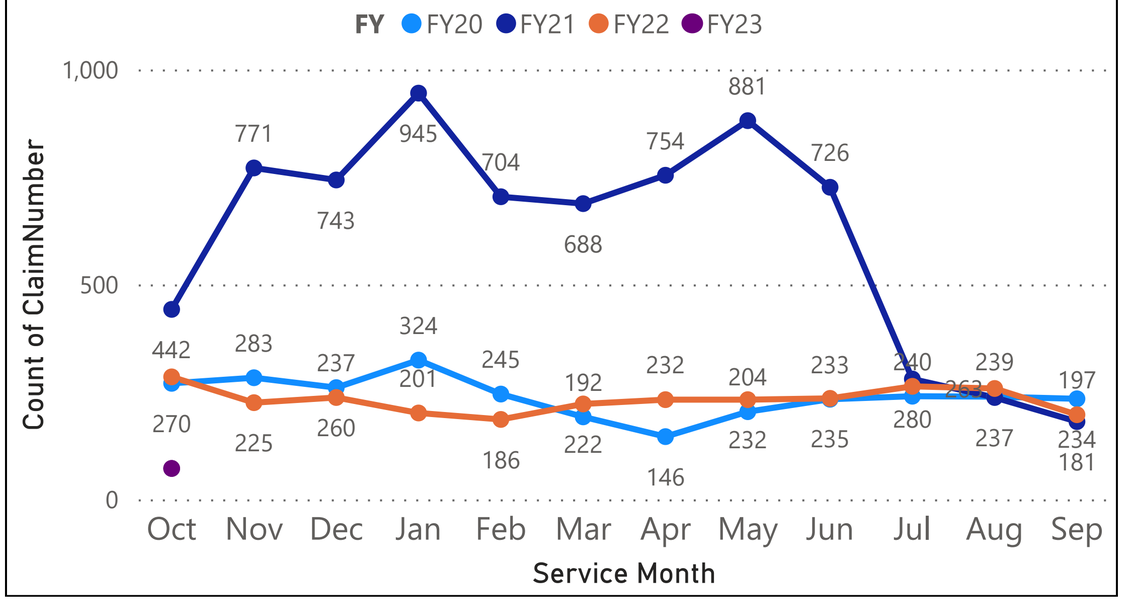


FY: All
- Select all
- FY20
- FY21
- FY22
- FY23

Network180 Professional Encounter Lines



Network180 Institutional Encounter Lines



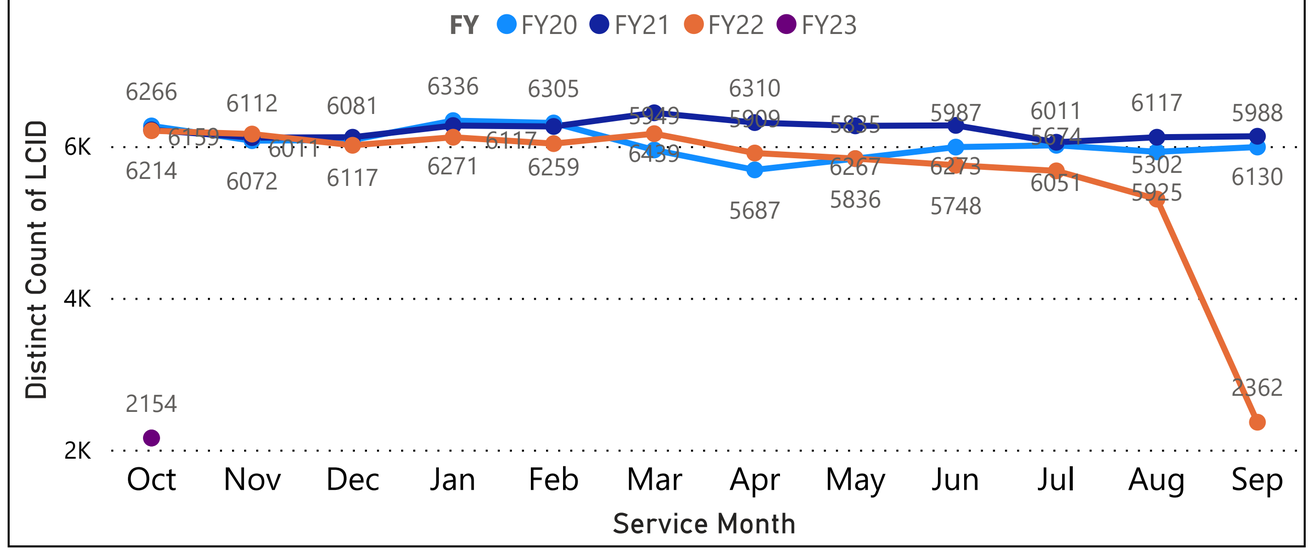
11/9/2022 4:19:48 PM

Latest ProcessDate

LAKESHORE REGIONAL ENTITY

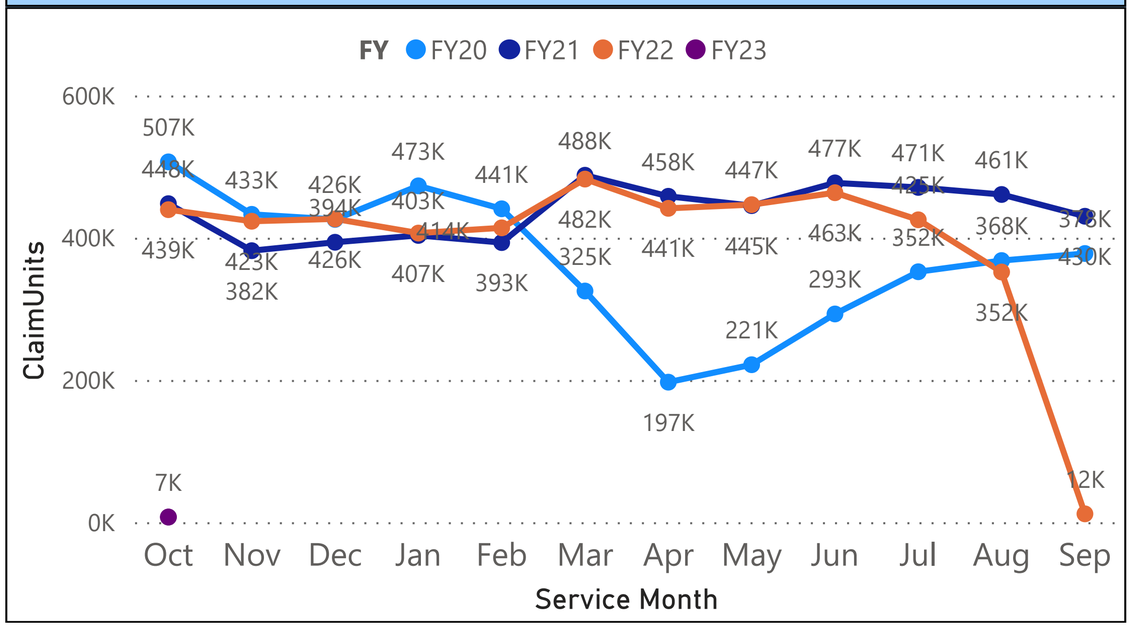
Network180 Behavioral Health

Network180 Distinct Clients

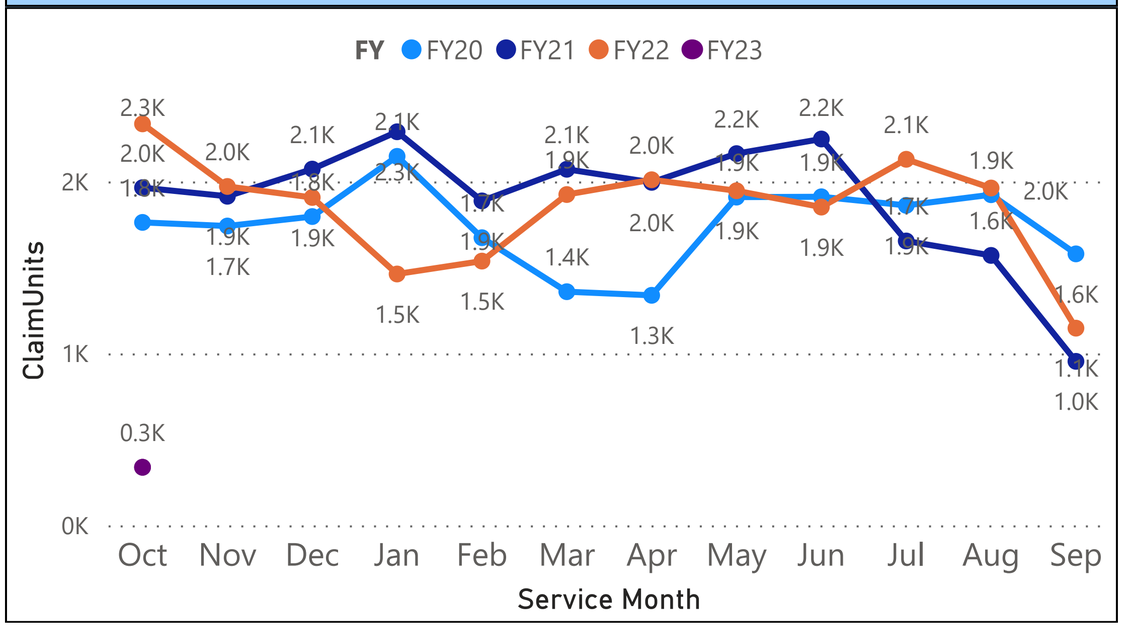


FY: All
- Select all
- FY20
- FY21
- FY22
- FY23

Network180 Professional Units



Network180 Institutional Units

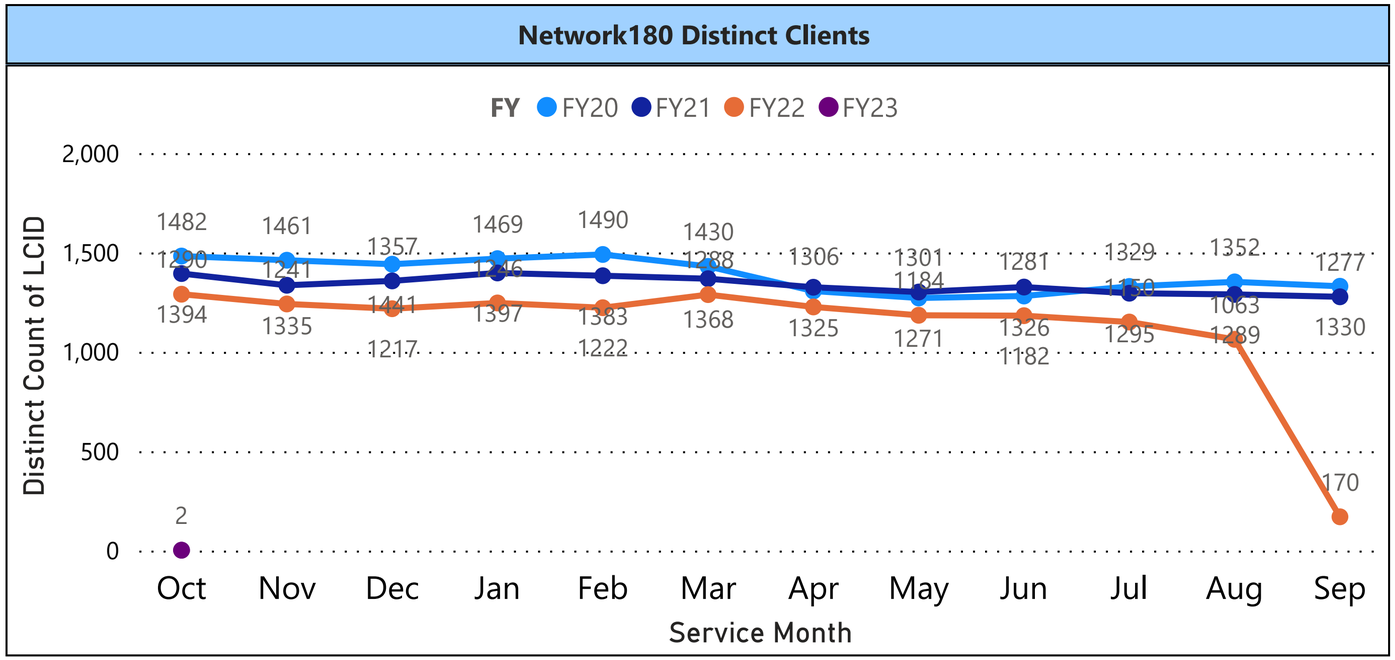


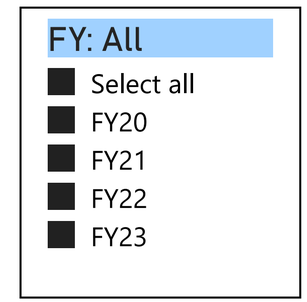
11/9/2022 4:19:48 PM

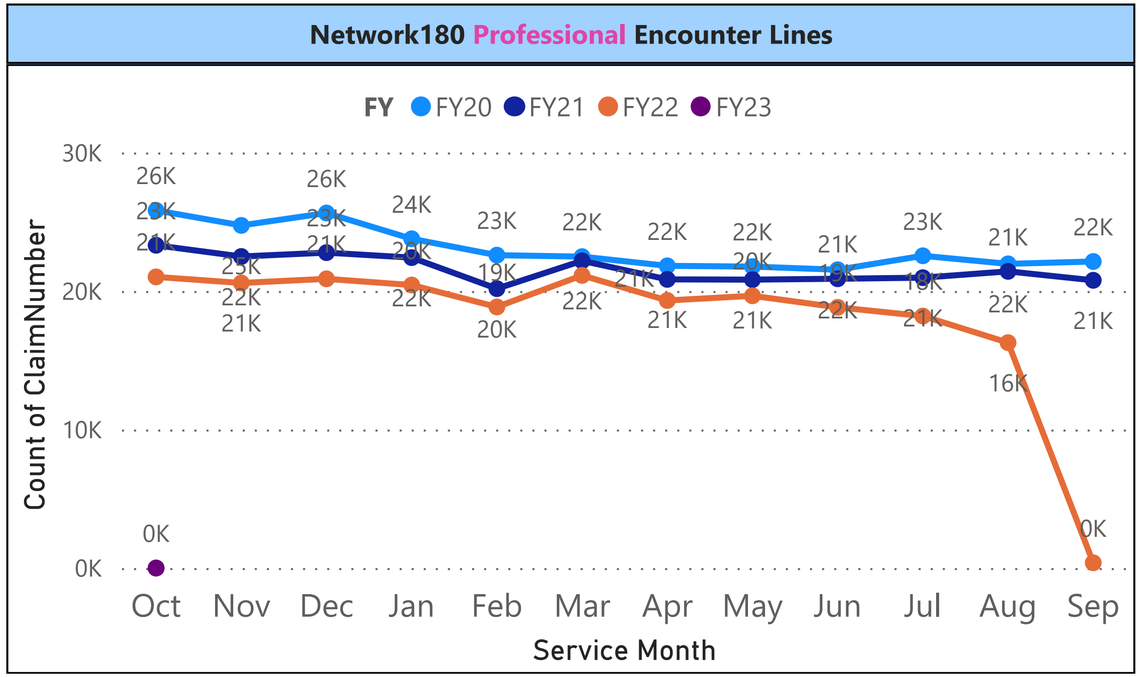
Latest ProcessDate

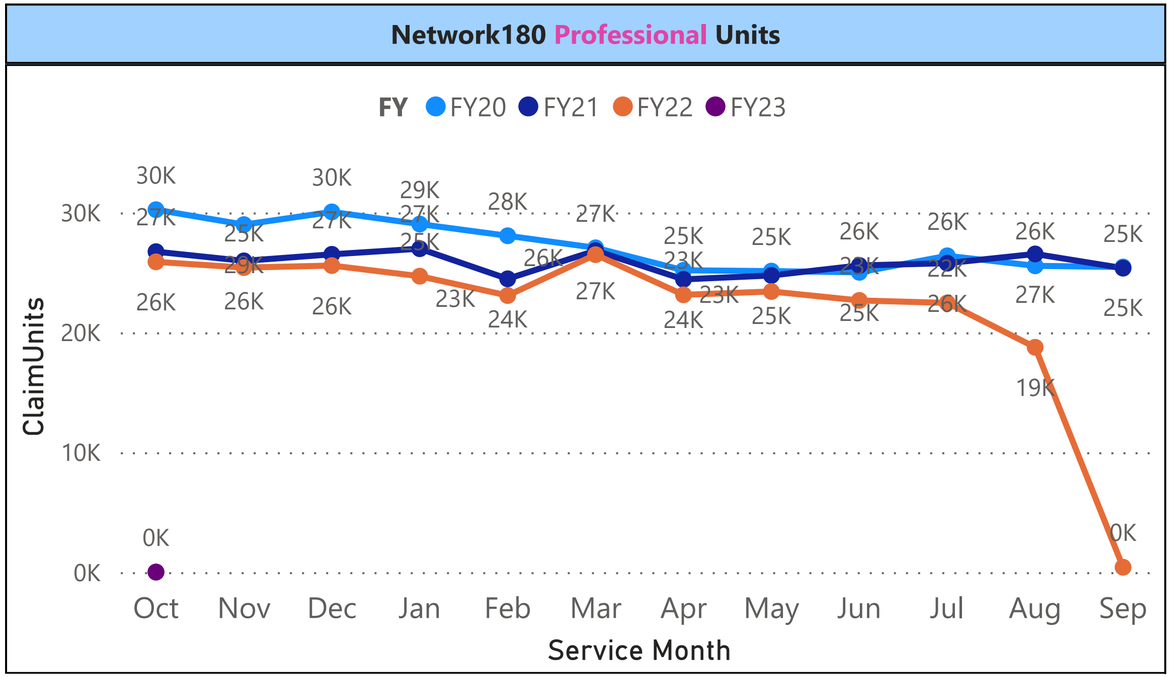
LAKESHORE REGIONAL ENTITY

Network180
Substance Use Disorder









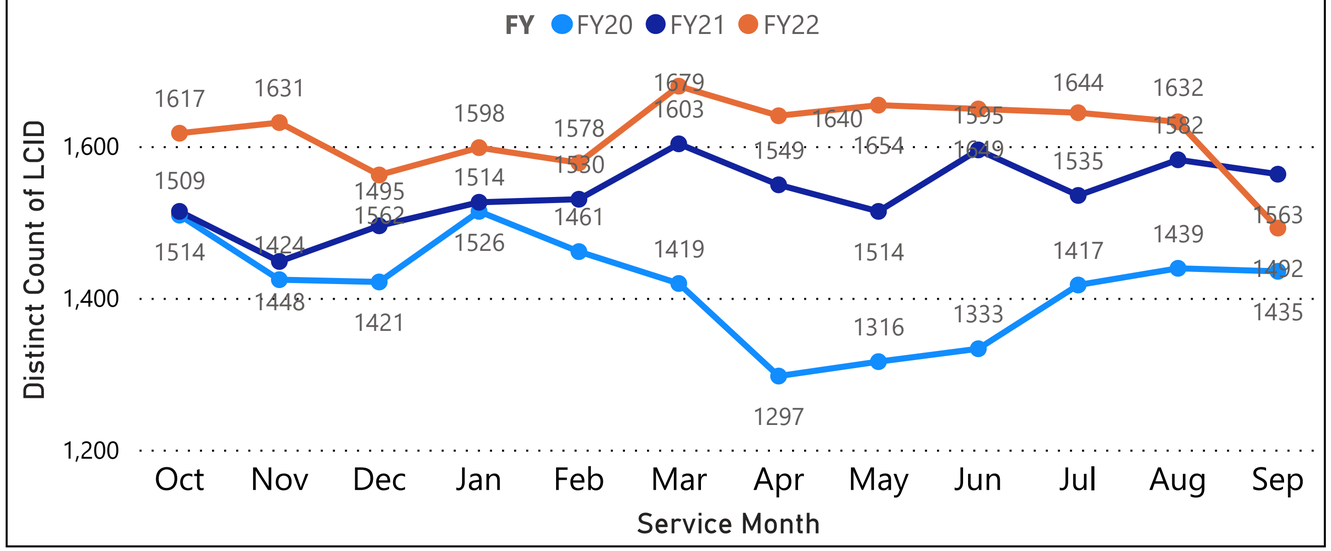
11/9/2022 4:25:43 PM

Latest ProcessDate

LAKESHORE REGIONAL ENTITY

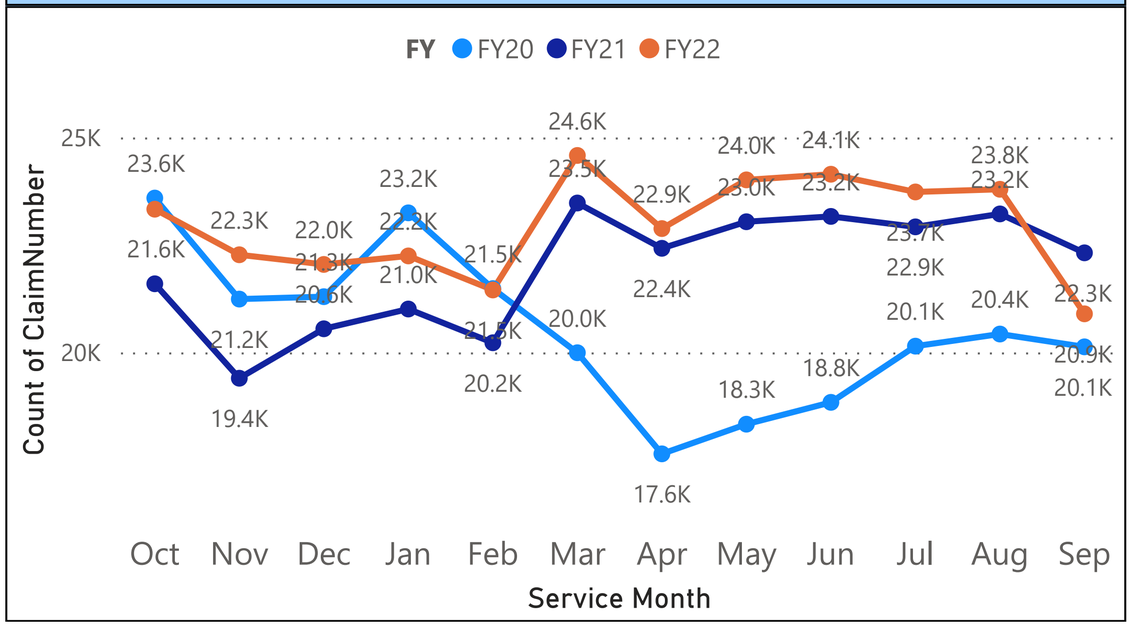
Ottawa Behavioral Health

Ottawa Distinct Clients

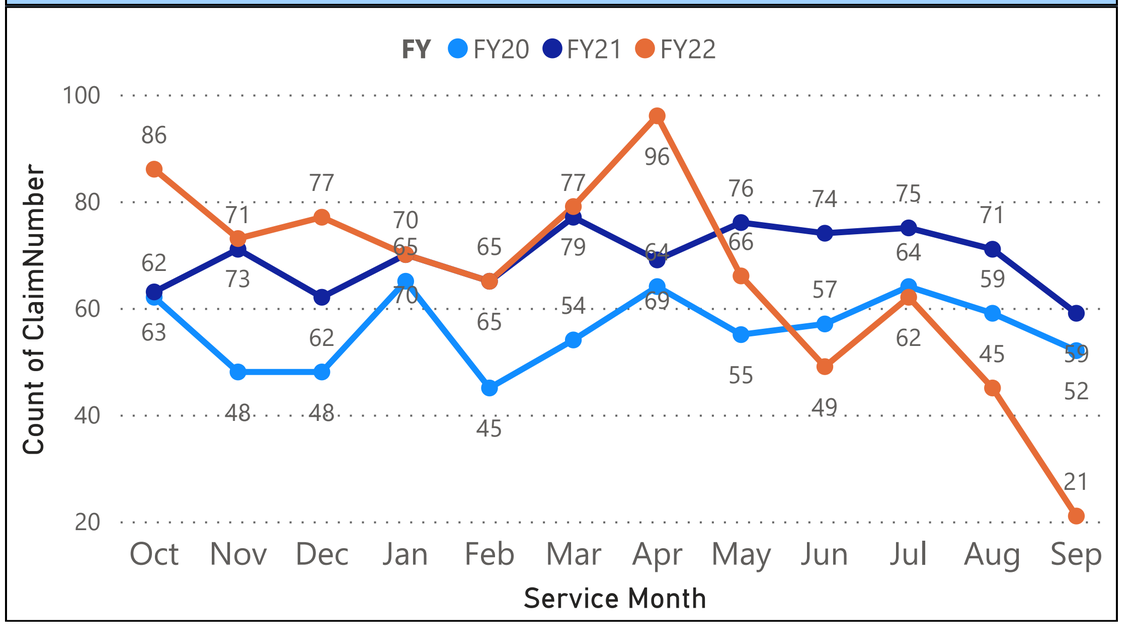


FY: All
- Select all
- FY20
- FY21
- FY22

Ottawa Professional Encounter Lines



Ottawa Institutional Encounter Lines



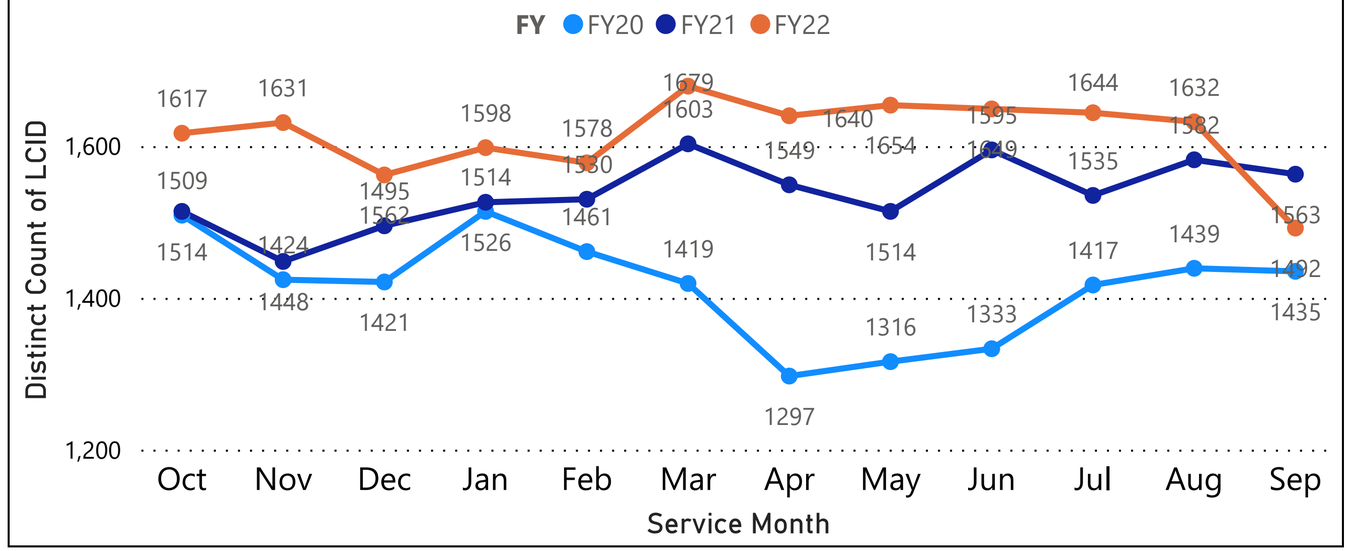
11/9/2022 4:07:33 PM

Latest ProcessDate

LAKESHORE REGIONAL ENTITY

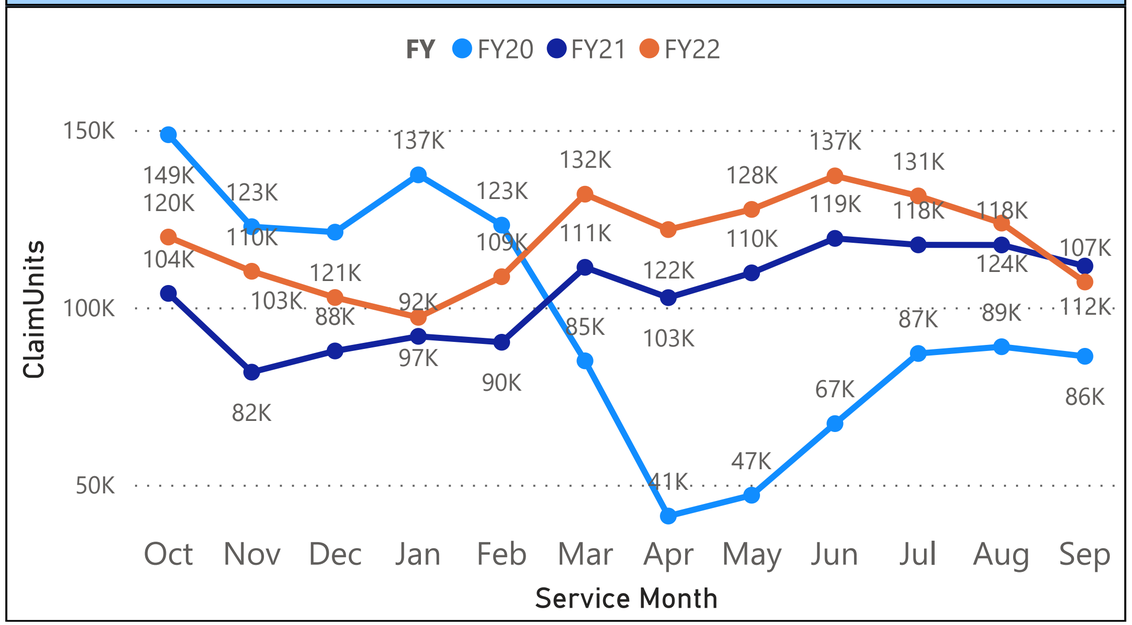
Ottawa Behavioral Health

Ottawa Distinct Clients

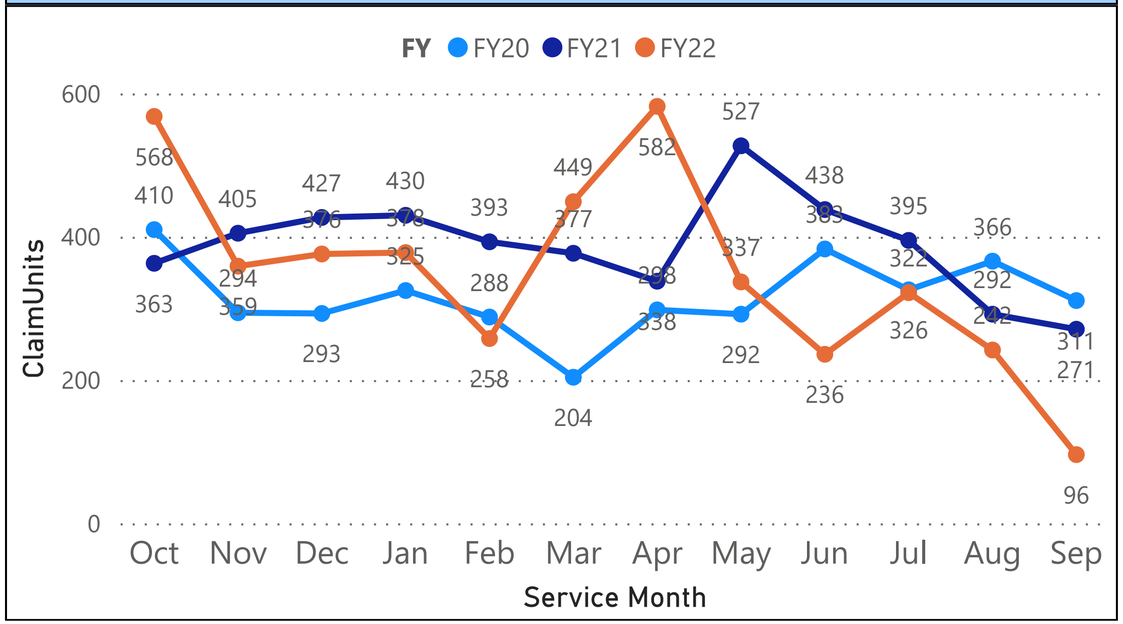


FY: All
- Select all
- FY20
- FY21
- FY22

Ottawa Professional Units



Ottawa Institutional Units

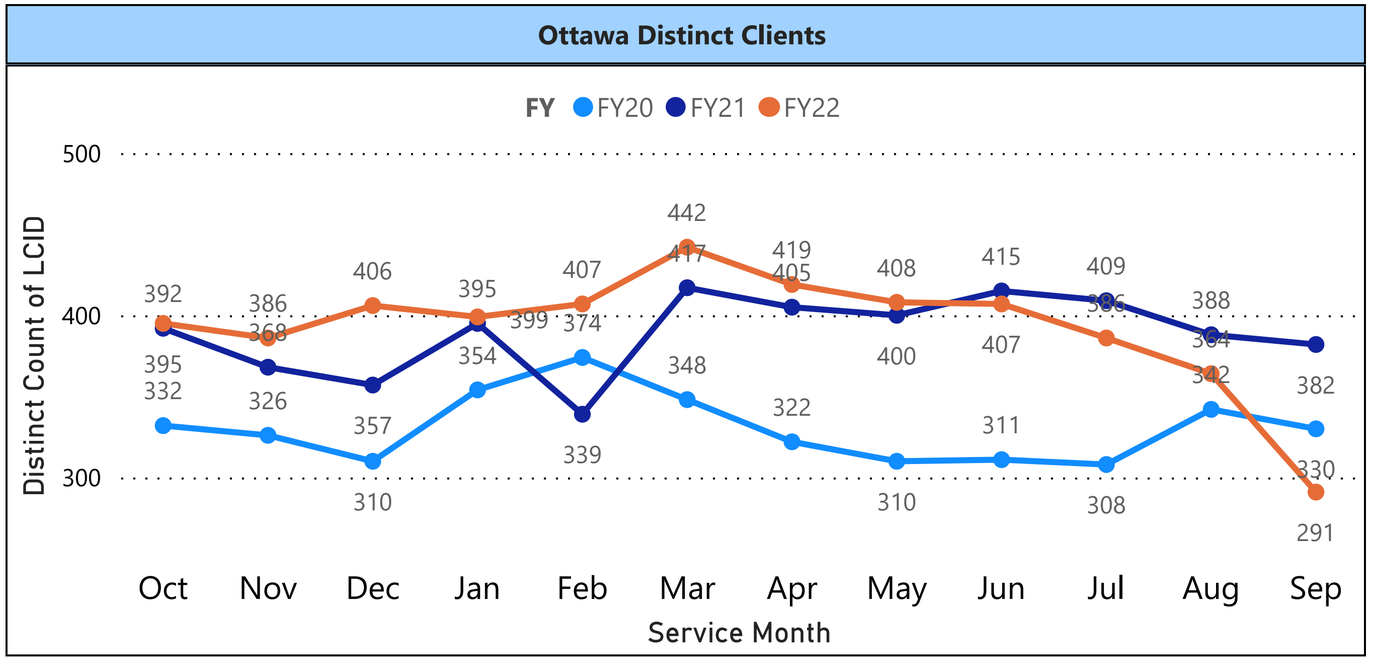


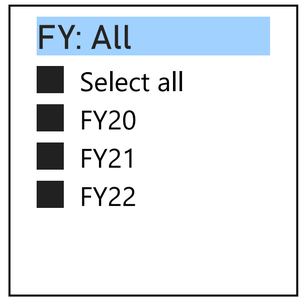
11/9/2022 4:07:33 PM

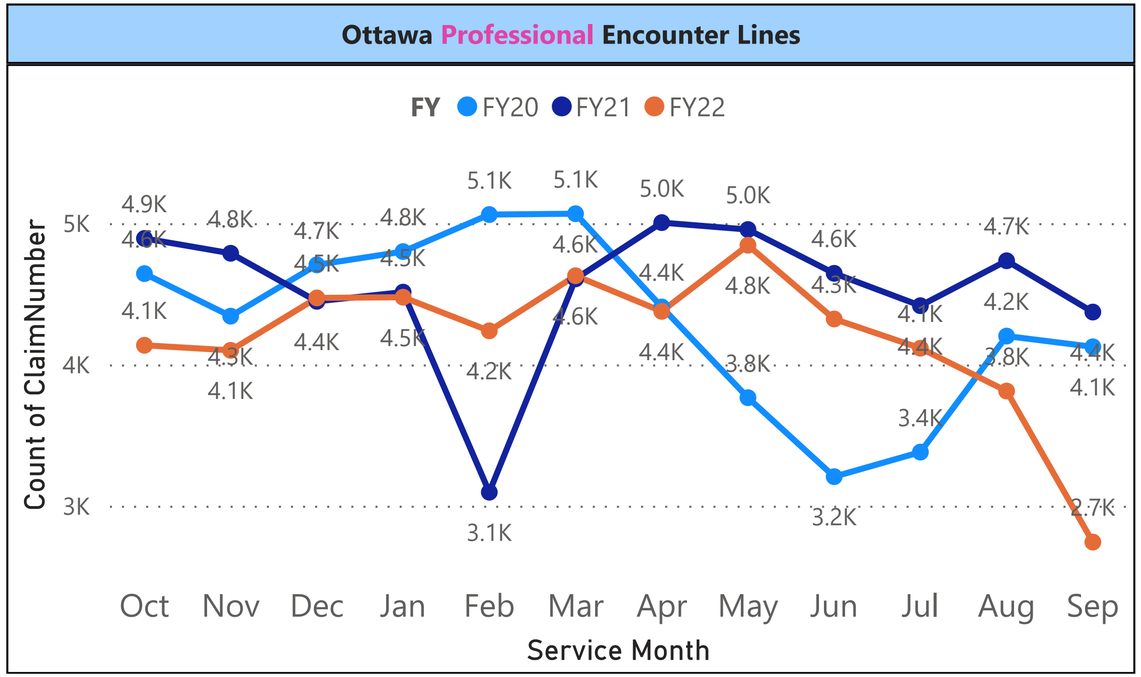
Latest ProcessDate

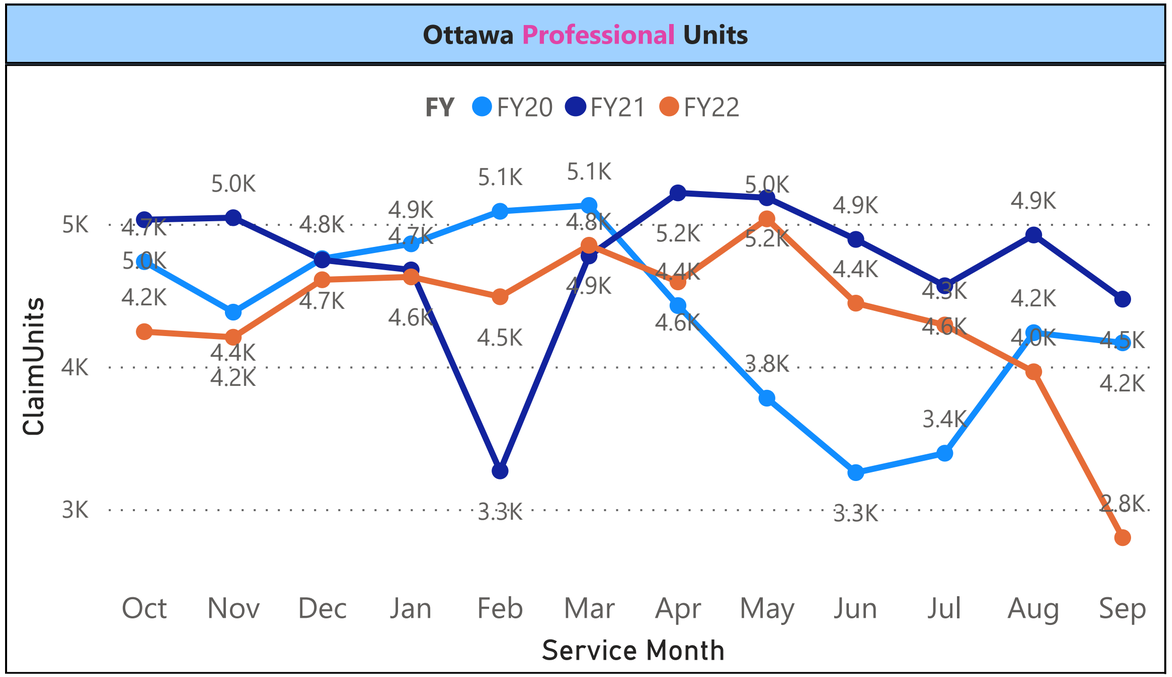
LAKESHORE REGIONAL ENTITY

Ottawa
Substance Use Disorder









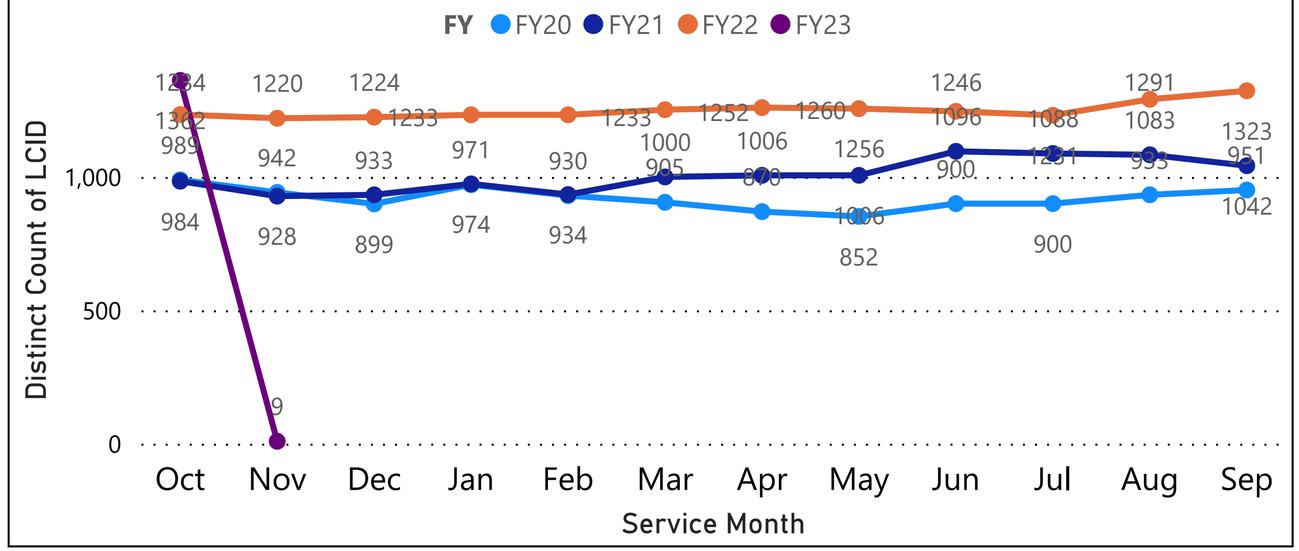
11/9/2022 4:10:59 PM

Latest ProcessDate

LAKESHORE REGIONAL ENTITY

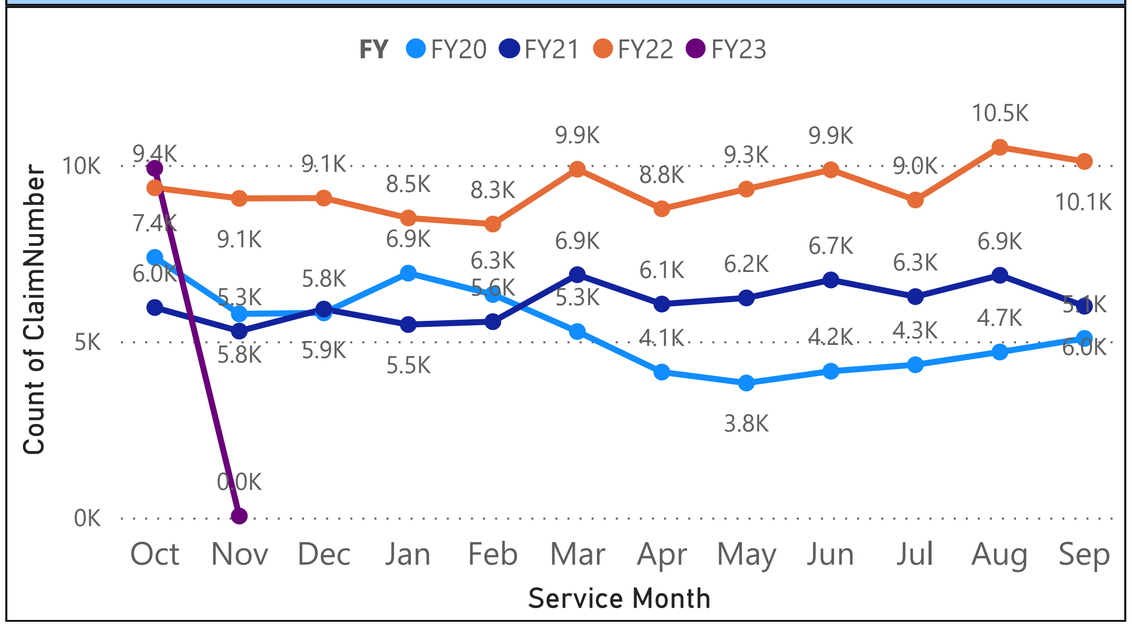
West Michigan Behavioral Health

West Michigan Distinct Clients

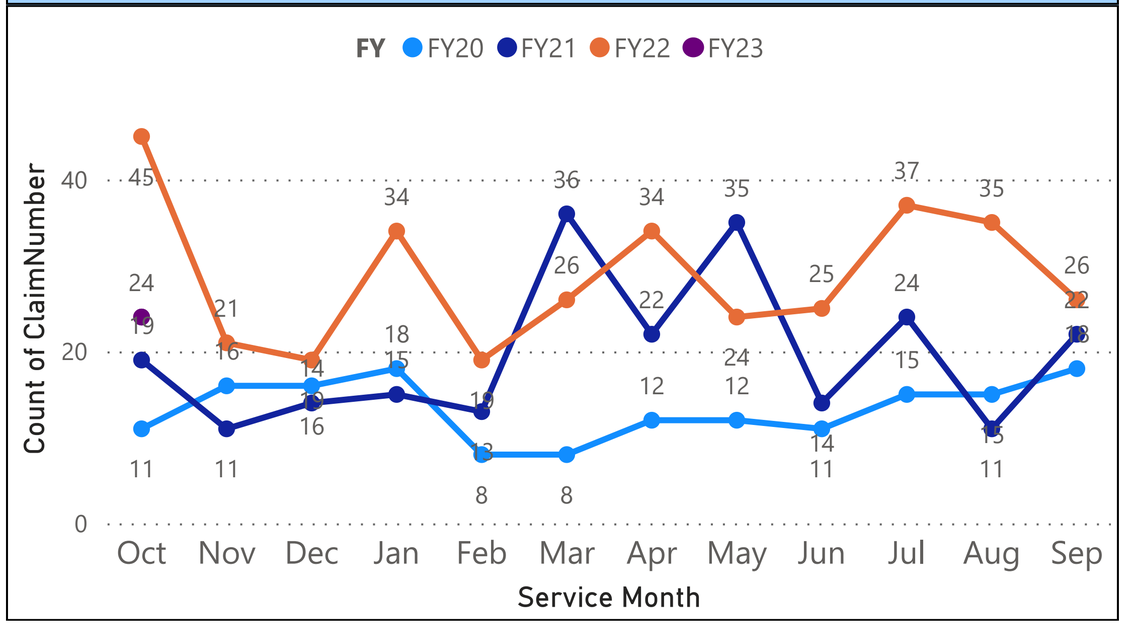


FY: All
- Select all
- FY20
- FY21
- FY22
- FY23

West Michigan Professional Encounter Lines



West Michigan Institutional Encounter Lines



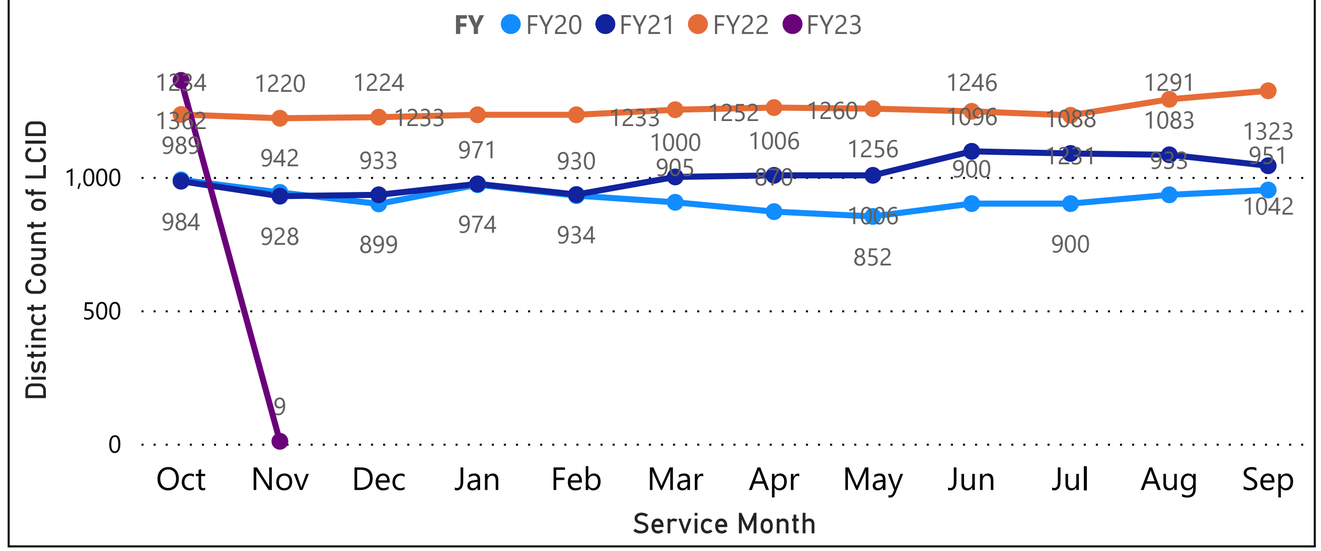
11/9/2022 4:23:20 PM

Latest ProcessDate

LAKESHORE REGIONAL ENTITY

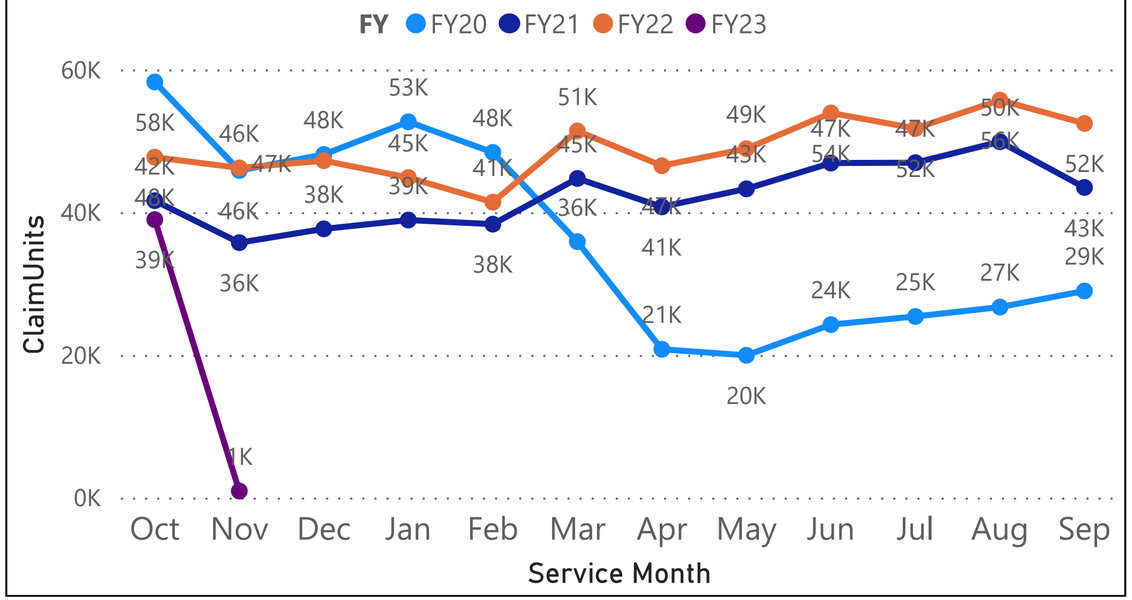
West Michigan Behavioral Health

West Michigan Distinct Clients

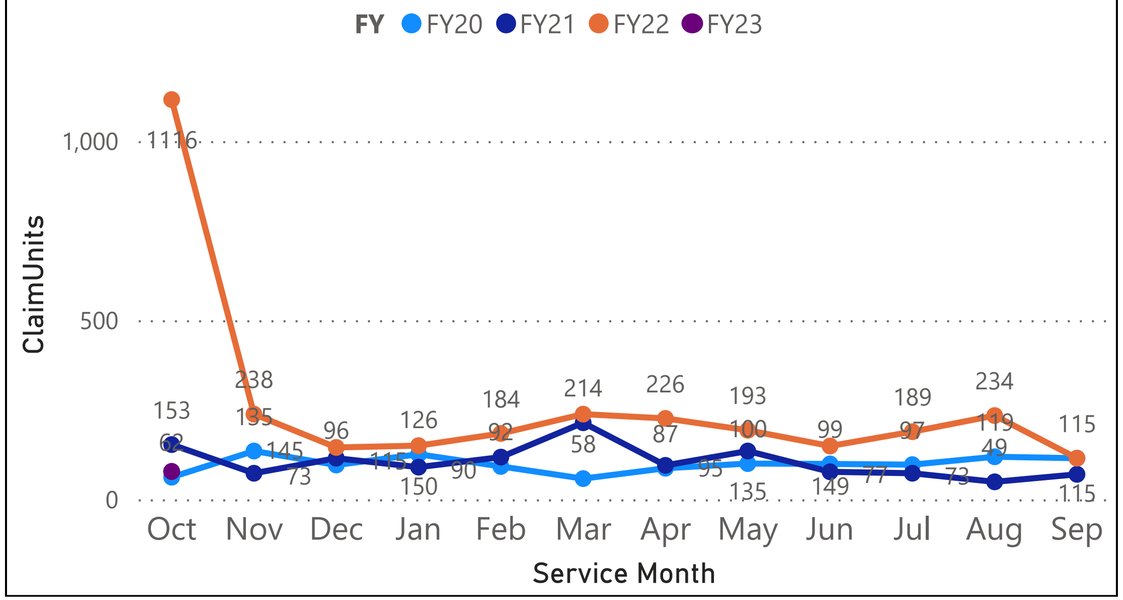


FY: All
- Select all
- FY20
- FY21
- FY22
- FY23

West Michigan Professional Units



West Michigan Institutional Units

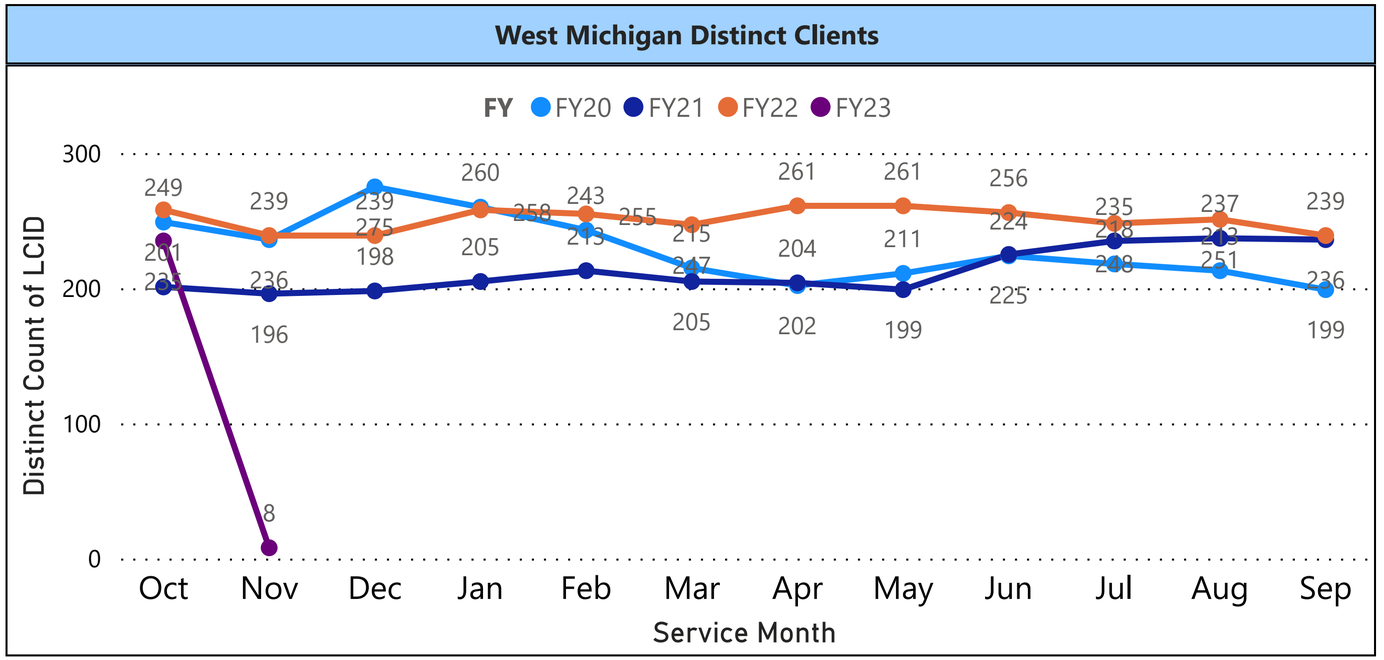


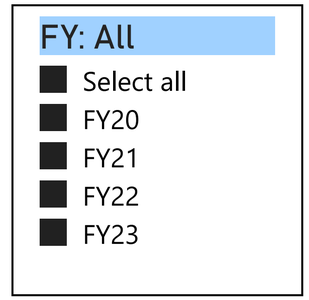
11/9/2022 4:23:20 PM

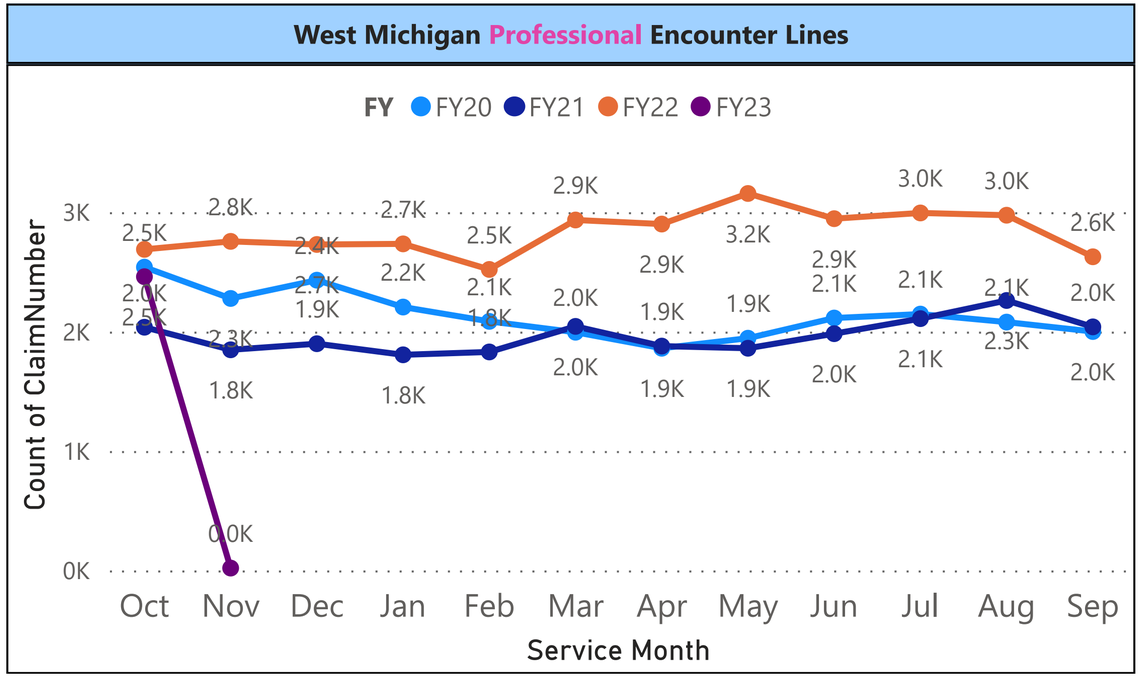
Latest ProcessDate

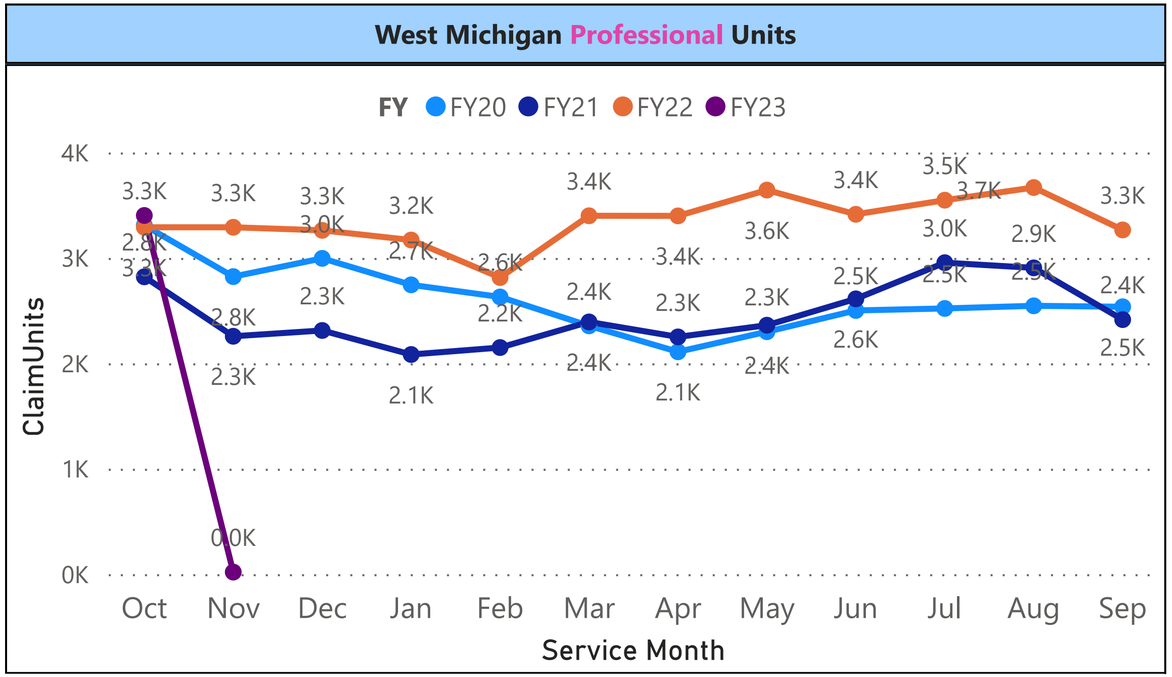
LAKESHORE REGIONAL ENTITY

West Michigan Substance Use Disorder









11/9/2022 4:25:54 PM

Latest ProcessDate

Data Sources and Definitions

Data Source LRE_DW_CorporateInfo.LRE_Encounters

Definitions

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

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

Encounter Lines: Count of ClaimNumber

Units: Sum of ClaimUnits

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

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

Professional Lines and Units: TransactionType = Professional

Institutional Lines and Units: TransactionType = Institutional

Fiscal Year: FY

LAKESHORE REGIONAL ENTITY

Chief Quality Officer - Report to the Board of Directors

November 17, 2022

HSAG: LRE continues to develop its correction action plan for any "Not Met" Element resulting from HSAG's FY22 Compliance Review, as HSAG and MDHHS requires 100% remediation. LRE will timely submit is correction action plan on or before the December 5, 2022, deadline.

CMHSP SITE REVIEWS:

- LRE completed Ottawa, West Michigan, and N180 Site Reviews for FY22.
- OnPoint and HealthWest are in the midst of their CAP Process.

NEW LRE SITE REVIEW MODEL: With LRE's new CMHSP Site Review Model, LRE continues to review and revise its CMHSP Site Review tools for completion by December 31, 2022. LRE continues to work with PCE to streamline and customize the Site Review Tools contained in LIDS for more efficient utilization, reports, and CAP process.

NON-CMHSP SITE REVIEWS:

- **SUD FACILITIES:** LRE has hired two independent consultants to complete the SUD Site Reviews and train the LRE Quality staff in SUD auditing.
- **SPECIALIZED RESIDENTIAL AFCs & NON-AFCs:** Since May 1, 2022, LRE has completed more than over 235 Facilities Review. LRE is finalizing reports and plans of correction. LRE has found that the majority of the out-of-compliance elements, which require plans of correction, are related to HCBS requirements. LRE is working closely with each provider to educate and train in resolving any non-compliant HCBS element.

LRE continues to develop the policy, procedure, and workflows for all Non-CMHSP Site Reviews. LRE continues to review and revise its Non-CMHSP Review tools for completion by December 31, 2022.

HOME AND COMMUNITY-BASED SERVICES ("HCBS"): Upon finalizing it HCBS priority list, which is based on whether a setting is on Heightened Scrutiny or requested an HCBS Provisional over the last several years, LRE commenced auditing these settings to ensure continued compliance with the HCBS Final Rule. LRE has offered HCBS collaboration sessions with all Regional CMHSPs and any provider with which Region 3 contracts. Several CMSHPs and providers have requested and received an HCBS collaboration session. LRE has also provided HCBS Basics training as well as "How to Write an HCBS Compliant IPOS" training to those who requested it. LRE plans to launch these tools on the LRE website once it goes "live."

LRE attended the MDHHS HCBS PIHP Leads meeting on Friday, October 21, 2022. LRE, and other PIHPs, left the Department's meeting with several unanswered questions. On November 9, 2022, LRE hosted a PIHP Leads meeting to develop a list of questions for the Department to eliminate duplication of efforts and waste of Department resources in answering the same question multiple times if each PIHP developed its own list. LRE sent the HCBS PIHP Leads questions to MDHHS on November 10, 2022, for its response. MDHHS has offered a one-hour meeting to discuss the list of questions. MDHHS has indicated that only PIHPs leads are allowed to attend the meeting.

On November 10, 2022, LRE timely submitted its response to MDHHS' Proposed Draft Policy 2225 that speaks to Non-Emergency Involuntary Discharges and Emergency Involuntary Discharges along with the Appeals processes for both discharges. MDHHS requires that all PIHPs, CMHSPs, and providers use this policy, once finalized, for any discharges related to HCBS Heightened Scrutiny and non-compliant settings.

QAPIP – FY23: LRE is finalizing its FY23 QAPIP for the LRE Executive Team's and Board's review in December 2022. LRE must submit the FY23 QAPIP to MDHHS on February 28, 2023.

CRITICAL INCIDENT REBOOT: Starting October 1, 2022, MDHHS will require a new process for submitting critical incidents. LRE is working very closely with PCE to implement a technology solution prior to the first submission deadline of December 31, 2022.

MASTER PROVIDER LIST: LRE Quality Department is working very closely with LRE IT Department to operationalize a Region 3 Master Provider List within the PCE LIDS environment.

LAKESHORE REGIONAL ENTITY

EXECUTIVE COMMITTEE SUMMARY
Wednesday, November 9, 2022, 3:00 PM

Present: Mark DeYoung, Matt Fenske, Linda Garzelloni, Jack Greenfield, Jane Verduin
LRE: Mary Marlatt-Dumas, Stephanie VanDerKooi, Stacia Chick

WELCOME

i. November 9, 2022, Meeting Agenda
ii. October 12, 2022, Meeting Minutes

Motion: To approve the November 9, 2022, meeting agenda and the October 12, 2022, meeting minutes as presented

Moved: Matt Fenske Support: Jane Verduin
MOTION CARRIED

LRE/NETWORK180 MEDIATOR SEARCH UPDATE

LRE sent out an RFP and have been contacted by 3 organizations. LRE is reaching out for additional information. One of the organizations was a recommendation from Bob Sheehan, and another from Muskegon. Ms. Garzelloni comments that Ms. Kesteloot-Scarborough would be a great choice and has shown interest, but she will be leaving for Mexico in December.

N180 has recommended using Bill Riley. Ms. Marlatt-Dumas spoke with Jeff Wieferich whose recommendation was to use a formal mediation organization as Mr. Riley does not have formal training. Mr. Riley may have a better role after the mediation process is complete to help with action items. Mr. Ward comments that Mr. Riley was an option that was approved by his Board, but they were also fine with using another organization. Mr. Ward would like to review and vet the other options and will submit additional mediators.

Executive Committee members had further discussion regarding using the dispute resolution process in conjunction with mediation. The overall opinion was that both parties are past the dispute resolution process and mediation would be the best option to move forward.

Action Item:

i. RFP and Mediation organization information will be sent to Mr. Ward.
ii. Mr. Ward submit any additional names to LRE for mediation

LRE CAP UPDATE

LRE submits updates quarterly to MDHHS. The next submission is due next week Thursday. LRE has not yet received any feedback except when being asked about the Bucket report. Ms. Chick and the regional CFOs will be working on changing the format of the Bucket report.

MDHHS REQUEST FOR EVALUATION

Mary met with MDHHS to discuss their expectations and to discuss some of the challenges within the Region. LRE received a follow up email asking for additional information and to complete a provider rates evaluation. According to MDHHS there is a perception that the Region is sitting on funds and providers are communicating that they are not being funded properly. There was also a report from N180 to MDHHS about LRE impeding access to services by holding funds for the ISF. Both were the rationale that was given for the evaluation to be done. LRE is in the process of information gathering. The submission deadline is December 15.

There was discussion at the Finance ROAT about how to fund the ISF. When Ms. Marlatt-Dumas first began she had numerous discussions with Bill Riley about the states expectation to aggressively fund the ISF, which was also approved by the LRE Board. The ISF is not held for the PIHP it is used as a safety net for CMHs if a budget is overspent. There is such a large swing in the projected expenditures, and we are hoping that working with Wakely will help with some of these items. The contract states that a PIHP should have an adequate ISF which is another item that Wakely will analyze.

Action: The committee would like Ms. Chick to explain and put the risk corridor percentages into her Board Report.

DEC ACTION UPDATE

- **Escrow Account**
  Ms. Marlatt-Dumas discussed with legal about putting funds into an escrow agreement. LRE will have to pay for an organization to keep those funds in an escrow. If we put those funds into an escrow, we will be unable to tap into them if a CMH needs additional money. Legal stated that no funds can go back to the state until the dec action is complete.
- **HW Letter**
  LRE received a letter form HW with an ask to pay the past liabilities. Ms. Rupp put into the letter that this was put it into our risk plan for last year. But the LRE Board discussed and decided not to move forward unless there was agreement from MDHHS. If LRE had moved forward another letter of non-compliance would have most likely been sent as well as cancelling the LRE contract.

  Ms. Garzelloni comments that she would rather we have the state in disagreement than the CMHs and would like the LRE to reconsider its strategy on this matter. Ms. Marlatt-Dumas comments that because we have already filed the dec action there may be a negative impact if those amounts are paid before the judge gives a ruling. Ms. Marlatt-Dumas has asked legal to write a letter explaining the ramifications if LRE pays the past liabilities before a ruling.

LRE just received the response from the state that they submitted to the judge. LRE has until 12/10 to respond to MDHHS' response after which the judge can make a ruling, but we are unsure of how long that will take. If the judge rules against LRE then there will be no ability to pay the liabilities even if a CMHs brings the LRE to court.

Action: The committee would like Ms. Chick to put the balance of the ISF and how much is owed to each CMH for past liabilities.

OMA ADA OPINION LETTER

Put back on the December agenda to discuss further.

BOARD MEETING AGENDA ITEMS

BOARD WORK SESSION AGENDA

- Strategic Plan
- Finance Policies

OTHER

UPCOMING MEETINGS

- November 17, 2022, 2022 – LRE Executive Board Meeting, 1:00 PM
  GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440
- December 7, 2022 – LRE Executive Committee, 3:00 PM
- December 8, 2022 – LRE Consumer Advisory Panel, 1:00 PM
- December 15, 2022 – LRE Executive Board Meeting, 1:00 PM
  GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440

ADJOURN

Policy 6.1

POLICY TITLE: MEDICAID GRIEVANCE AND APPEALS – DUE PROCESS	POLICY # 6.1	ADAPTED FROM	
Topic Area: CUSTOMER SERVICE		REVIEW DATES	
Applies to: LRE, All Member CMHSPs **Review Cycle:** Annual **Developed and Maintained by:** LRE CEO and Designee	**ISSUED BY:** Chief Executive Officer **APPROVED BY:** Board of Directors	11/21/13 6/21/2018	1/1/2015
Supersedes: N/A	**Effective Date:** January 1, 2014	**Revised Date:** 5/19/22	

I. POLICY

The Lakeshore Regional Entity (LRE)oversees the appeal grievance processes, consistent with federal and state guidelines to the Community Mental Health Services Programs (CMHSP) with oversight and monitoring by LRE, including:

2.A local grievance process for any recipient of the PIHP to express dissatisfaction about any matter other than those that meet the definition of an "Adverse Benefit Determination" or those that meet the definition of a Recipient Rights issue

3.Complaints should be resolved at the level closest to service delivery when possible but information regarding access to all complaint resolution processes will be provided to the Medicaid Enrollee.

4. All processes will promote the resolution of concerns and improvement of the quality of care.

5. Each CMHSP member shall have a local procedure in place that is in compliance with the Michigan Department of Health and Human Services (MDHHS), Grievance and Appeal Technical Requirement and 42 CFR 438 Subpart F – Grievance System.

1. Lakeshore Regional Entity is responsible for the appeals and state fair hearing process, consistent with federal and state guideline.

PURPOSE

The purpose is to have appeals, grievances, and hearings processes in place to ensure recipients' due process rights under the federal regulations and contract requirements.

6. APPLICABILITY AND RESPONSIBILITY

This policy applies to LRE and member CMHSPs.

7. MONITORING AND REVIEW

The CEO and designee will review this policy on an annual basis.

8. DEFINITIONS

Adverse Benefit Determination: A decision that adversely impacts the Medicaid Enrollee's claim for services due to: (42 CFR 438.400)

- Denial or limited authorization of a requested service, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting, or effectiveness of a covered benefit. 42 CFR 438.400 (b)(1).
- Reduction, suspension, or termination of a previously authorized service. 42 CFR 438.400(b)(2).
- Denial, in whole or in part, of payment for a service. 42 CFR 438.400(b)(3).
- Failure to make a standard Service Authorization decision and provide notice about the decision within 14 calendar days from the date of receipt of a standard request for service. 42 CFR 438.210(d)(1).
- Failure to make an expedited Service Authorization decision within seventy-two (72) hours after receipt of a request for expedited Service Authorization. 42 CFR 438.210(d)(2).
- Failure to provide services within 14 calendar days of the start date agreed upon during the person-centered planning (PCP) meeting and as authorized by the PIHP. 42 CFR 438.400(b)(4).
- Failure of the PIHP to resolve standard appeals and provide notice within 30 calendar days from the date of a request for a standard appeal. 42 CFR 438.400(b)(5); 42 CFR 438.408(b)(2).
- Failure of the PIHP to resolve expedited appeals and provide notice within 72 hours from the date of a request for an expedited appeal. 42 CFR 438.400(b)(5); 42 CFR 438.408(b)(3).
- Failure of the PIHP to resolve grievances and provide notice within 90 calendar days of the date of the request. 42 CFR 438.400(b)(5); 42 CFR 438.408(b)(1).
- For a resident of a rural area with only one Managed Care Organization (MCO), the denial of the Enrollee's request to exercise his/her right, under § 438.52(b)(2)(ii), and to obtain services outside the network. 42 CFR 438.400(b)(6).
- Denial of the Enrollee's request to dispute a financial liability, including cost-sharing, copayments, premiums, deductibles, coinsurance, and other Enrollee financial responsibility. 42 CFR 438.400(b)(7).

Adequate Notice of Adverse Benefit Determination: Written statement advising the Enrollee of a decision to deny or limit authorization of Medicaid services requested, which

notice must be provided to the Medicaid Enrollee on the same date the Adverse Benefit Determination takes effect. 42 CFR 438.404(c)(2).

Advance Notice of Adverse Benefit Determination: Written statement advising the Enrollee of a decision to reduce, suspend, or terminate Medicaid services currently provided, which notice must be provided to the Medicaid Enrollee at least 10 calendar days prior to the proposed date the Adverse Benefit Determination takes effect. 42 CFR 438.404(c)(1); 42 CFR 431.211.

Appeal: A review at the local level by the PIHP of an Adverse Benefit Determination, as defined above. 42 CFR 438.400.

Authorization of Services: The processing of requests for initial and continuing services delivery. 42 CFR 438.210(b).

Consumer: Broad, inclusive reference to an individual requesting or receiving mental health services delivered and/or managed by the PIHP, including Medicaid beneficiaries, and all other recipients of the PIHP and/or the CMHSP services.

Enrollee: A Medicaid beneficiary who is currently enrolled in an MCO, PIHP, Prepaid Ambulatory Health Plan (PAHP), Primary Care Case Manager (PCCM), or Primary Care Case Management (PCCM) Entity in a managed care program. 42 CFR 438.2.

Expedited Appeal: The expeditious review of an Adverse Benefit Determination, requested by the Enrollee or the Enrollee's provider, when the appropriate party determines that taking the time for a standard resolution could seriously jeopardize the Enrollee's life, physical, or mental health, or ability to attain, maintain, or regain maximum function. If the Enrollee requests the expedited review, the PIHP determines if the request is warranted. If the Enrollee's provider makes the request, or supports the Enrollee's request, the PIHP must grant the request. 42 CFR 438.410(a).

Grievance: The Enrollee's expression of dissatisfaction about the PIHP and/or the CMHSP services issues, other than an Adverse Benefit Determination. Possible subjects for grievances 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. 42 CFR 438.400.

Grievance Process: Impartial local level review of the Enrollee's Grievance.

Grievance and Appeal System: The processes the PIHP implements to handle Appeals of Adverse Benefit Determinations and Grievances, as well as the processes to collect and track information about them. 42 CFR 438.400.

Medicaid Services: Services provided to the Enrollee under the authority of the Medicaid State Plan, 1915(c) Habilitation Supports Waiver, and/or Section 1915(b)(3) of the Social Security Act (SSA).

Notice of Resolution: Written statement of the PIHP of the resolution of an Appeal or Grievance, which must be provided to the Enrollee as described in 42 CFR 438.408.

Service Authorization: The PIHP processing of requests for initial and continuing authorization of services, either approving or denying as requested, or authorizing in an amount, duration, or scope less than requested, all as required under applicable law,

including but not limited to 42 CFR 438.210.

State Fair Hearing: Impartial state-level review of the Medicaid Enrollee's appeal of an Adverse Benefit Determination presided over by a MDHHS Administrative Law Judge. Also referred to as an "Administrative Hearing". The State Fair Hearing Process is set forth in detail in Subpart E of 42 CFR Part 431.

9. RELATED POLICIES AND PROCEDURES

A. LRE Customer Service Policies and Procedures
B. LRE Quality Policies and Procedures
C. LRE Corporate Compliance Plan
D. LRE QAPIP

10. REFERENCES/LEGAL AUTHORITY

A. MDHHS Medicaid Specialty Supports and Services Contract
B. MDHHS Appeal and Grievance Resolution Processes Technical Requirement
C. 42 CFR 438.10
D. 42 CFR 431.200
E. 42 CFR 438.400
F. 42 CFR 438.404(c)(1)
G. 42 CFR 431.211
H. 42 CFR 431
I. MI Mental Health Code
J. LRE Provider Service Contract

11. CHANGE LOG

Date of Change	Description of Change	Responsible Party
8.2021		CEO

Organizational Procedure

PROCEDURE TITLE: DUE PROCESS- GRIEVANCE AND APPEALS		
Topic Area: **CUSTOMER SERVICES** **Related Policy**: 6.1 Medicaid Grievance and Appeals **Applies to:** LRE, Member CMHSPs, Network Providers **Review Cycle:** Annual **Developed and Maintained by:** CEO and Designee **Supersedes:** N/A	**ISSUED BY:** Chief Executive Officer **APPROVED BY:**	**REVIEW DATES** 4/22/20 **Effective Date:** 6/21/2018	**Revised Date:** May 19, 2022

I. PURPOSE

To ensure Lakeshore Regional Entity (LRE), Member Community Mental Health Programs (CMHSPs) and the Provider Network have due process systems in place that meet MDHHS requirements. In instances where the due process-grievances and appeals procedure is delegated, consider "PIHP" the delegated entity.

II. PROCEDURES

The following standards and procedures shall be applied.

A. General Standards

1. Consumers of publicly funded services may access several options to pursue the resolution of complaints. These options include the 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.
2. During the initial contact with "Access", the applicant shall be provided information on the due process system.
3. Individuals who wish to file a complaint may do so independently or with the assistance of Customer Services, other available staff, or a person of their choosing. A provider may not refuse to assist the individual who needs help in filing a complaint and submitting that complaint for resolution.
4. PIHP/CMHSP/organizational providers will provide reasonable assistance to complete forms and take procedural steps. This includes, but is not limited to, auxiliary aids and services, upon request, such as providing interpreter services and toll-free numbers that have adequate TTY/TTD and interpreter capability.
5. The PIHP/CMHSP must provide information about the due process/grievance and appeals system to all providers and subcontractors at the time they enter a contract.
6. Record of all grievance and appeals will be maintained including:
   a. General description of the reason for the grievance or appeal.

b. The date received.
c. The date of each review, or if applicable, the review meeting.
d. The resolution at each level of the appeal or grievance, if applicable.
e. Name of the covered individual for whom the appeal or grievance was filed.

7. The PIHP will monitor as outlined in the contract.
8. PIHP/CMHSP communication will meet all MDHHS content requirements. When applicable, MDHHS standardized notification templates will be used including adverse benefit determination letters, acknowledgement receipts, extension communication, resolution determinations.
9. PIHP/CMHSPs ensure the individual(s) who make decisions of grievances are individuals:
    a. Were not involved in any previous level of review or decision-making, nor a subordinate of any such individual.
    b. When the grievance/appeal involves (i.) clinical issues, or (ii.) denial of expedited resolution of Appeal, are individual(s) who have appropriate clinical expertise, as determined by the State, in treating the individual's conditions or disease.
    c. Consider all comments, documents, records, and other information submitted by the individual or their representative without regard to whether such information was considered in the initial Adverse Benefit Determination.

B. Grievances

Grievances are expressions of dissatisfaction about services other than Adverse Benefit Determinations.

1. A grievance may be filed at any time by the Beneficiary, guardian, parent of minor child, legal representative.
2. A grievance may be filed orally or in writing.
3. Must be resolved within **90 calendar days** from the date of receipt.
4. A state fair hearing is only allowed if the grievance is resolved past the **90-calendar day** timeframe requirement.
5. An extension for grievance resolution and notice timeframe may be extended for up to **14 calendar days** if the individual requests an extension, or if the PIHP shows to the satisfaction of the state that there is a need for additional information on how the delay is in the individual's best interest.
6. If the Grievance resolution timeframe is extended, the PIHP must complete all of the following:
    a. Make reasonable efforts to give the individual prompt oral notice of the delay.
    b. Within **2 calendar days**, give the individual written notice of the reason for the decision to extend the timeframe and inform the individual of the right to file a grievance if they disagree with the decision.
    c. Resolve the grievance as expeditiously as the individual's health condition requires and not later than the date the extension expires.

7. Resolution of Notice shall contain:
    a. The results of the Grievance process.
    b. The date of the Grievance process was concluded.
    c. Notice of the Beneficiary's right to request a State Fair Hearing if the notice of resolution is more than **90 calendar days** from the date of the grievances, and
    d. Instructions on how to access the State Fair Hearing process, if applicable.

C. Notice of Adverse Benefit Determination

The PIHP, Member CMHSPs, and organizational providers will utilize the Notice of Adverse Benefit Determination as identified by MDHHS, for any decisions that adversely impacts Beneficiary's services or supports.

1. Content of the notice must include:
    a. A description of the determination, i.e., termination, denial, suspension, etc.
    b. The reason for the determination.
    c. The policy/authority relied upon making the decision.
    d. The effective date of the determination.
    e. The right to file an Appeal and instructions on how to do so.
    f. The right to a State Fair Hearing should the PIHP fail to provide timely notice, or failure to provide Notice of Resolution within the required timeframes.
    g. The circumstances under which an expedited appeal can be requested and instructions for doing so.
    h. The explanation the individual may represent themselves or use legal counsel, a relative, a friend, or other spokesperson, or the legal representative of a deceased member's estate.
    i. The right for the Beneficiary to be provided upon request and free of charge, reasonable access to and copies of all documents, records, and other information relevant to the Beneficiary's Adverse Benefit Determination (including medical necessity criteria, processes, strategies, or evidentiary standards used in setting coverage limits).
    j. The Beneficiary's right to have benefits continue pending resolution of the Appeal; instructions on how to request benefit continuation. (Advance Notice only).
    k. That 42 CFR 440.230(d) provides the basic legal authority for an agency to place appropriate limits on a service based on such criteria as medical necessity or on utilization control procedures.
2. Timing of Notices
    a. Adequate notice is given/mailed to the Individual/Guardian on the effective date. Adequate notice is used in the following determinations:
        i. Denial of payment for services requested (not currently provided), notice must be provided to the Enrollee at the time of the action affecting the claim.
        ii. For a Service Authorization decision that denies or limits services, notice must be provided to the individual within **14 calendar days** following receipt of the request for service for standard authorization

decisions, or **within 72 hours** after the receipt of a request for an expedited authorization decision.

b. Service authorization decisions not reached within **14 calendar days** for a standard request, or **72 hours** for an expedited request, (which constitutes a denial and is thus an adverse benefit determination) on the date that the timeframes expire.
c. Extensions on Timeframes: The PIHP may be able to extend the standard (14 calendar day) or expedited (72 hour) Service Authorization timeframes for up to an additional **14 calendars days** if the individual requests the extension, or if the PIHP can show that there is a need for additional information and the extension is in the individual's best interest. If the PIHP extends the timeframe NOT at the request of the individual, the PIHP must:
    i. make reasonable efforts to give the individual oral notice of the delay.
    ii. within 2 calendar days, provide the individual written notice of the right to file a Grievance if they disagree with that decision.
    iii. Issue and carry out its determination as expeditiously as the individual's health condition requests and no later than the date the extension expires. in certain circumstances. If so, the PIHP must:
d. Advance Notice of Adverse Benefit Determination is given/mailed to Beneficiary/Guardian a minimum of **10 calendar days** prior to the proposed effective date of the determination for reductions, suspensions, or termination of previously authorized/currently provided Medicaid Services.
e. Limited Exceptions: The PIHP may mail and adequate notice of action not later than the date of the action to terminate, suspend, or reduce previously authorized services **IF**:
    i. There is factual information confirming the death of the individual.
    ii. The PIHP receives a clear written statement signed by the individual that they no longer wish services, or that gives information that requires the termination or reduction of services and indicates that the individual understands that this must be the result of supplying that information.
    iii. The individual has been admitted to an institution where they are ineligible under Medicaid for further services.
    iv. The individuals' whereabouts are unknown, and the post office returns agency mail directed to them indicating no forwarding address.
    v. The PIHP establishes that the individual has been accepted for Medicaid services by another local jurisdiction, State, territory, or commonwealth.
    vi. A change in the level of medical care is prescribed by the individual's physician.
    vii. Then notice involves an adverse determination made with regard to the preadmission screening requirements of section 1919(e)(7) of the SSA.
    viii. The date of the action will occur in less than **10 calendar days**.

ix. The PIHP has facts (preferably verified through secondary sources) indicating that action should be taken because of probable fraud by the individual (in this case, the PIHP may shorten the period of the advance notice to **5 calendar days** before the date of action).

D. Appeals

Beneficiary/Beneficiaries may pursue the option to dispute/appeal any Adverse Benefit Determination. The Appeal is the first step of appeal and must be completed prior to the State Fair Hearing.

1. Individuals are given **60 calendar days** from the date of the Notice of Adverse Benefit Determination to request the Appeal.
2. The individual may request an Appeal either orally or in writing. Unless the individual requests an expedited resolution,. Oral inquiries seeking to appeal an Adverse Benefit Determination are treated as requests for filing to establish the earliest possible filing date for the appeal. A provider or other authorized representative may file an appeal on an individual's behalf with written permission from the individual.
3. Upon request, the individual will be given assistance from staff in the filing process, including explanation of the process and/or completing forms. This also includes but not limited to providing interpretive services, auxiliary aids and services upon request, and toll-free number with interpreter capabilities.
4. Expedited Appeals: Expedited appeals are available where the PIHP determines (at the request form the individual or the provider indicates (in making a request on the Individual's behalf or supporting the individual's request) that the timeframe for the standard resolution could seriously jeopardize the Individual's life, physical or mental health or ability to attain, maintain, or regain maximum function. The PIHP may not take punitive action against a provider who requests an expedited resolution or supports an individual's appeal.
    a. If a request for expedited appeal is denied, the PIHP must:
        i. Transfer the appeal to the timeframe for standard resolution.
        ii. Make reasonable efforts to give the individual prompt oral notice or the denial.
        iii. Within two **(2) calendar days** with a written notice of the reason for the decision to extend the timeframe and inform the individual of the right to file a grievance if they disagree with the decision.
        iv. Resolve the appeal as expeditiously as the individual's health condition requires, but not to exceed **30 calendar days.**
    b. If the request is granted PIHP must resolve the Appeal and provide notice of resolution with **72 hours** after the PIHP receives the request for expedited resolution of the appeal.
    c. If members request a copy of their case file in advance of an expedited appeal resolution, the PIHP would take actions to ensure that members would receive the file sufficiently (e.g., overnight mail, in-person drop-off, secure email with member permission).
5. The PIHP may extend the resolution and notice timeframe by up to **14 calendar**

days if the individual requests and extension, or if the PIHP shows the satisfaction of the State that there is a need for additional information, and how the delay is in the individual's best interest. If the PIHP extends the resolution/notice timeframes, it must complete **all** of the following:

a. Make reasonable efforts to give the individual prompt oral notice of the delay.
b. Within **2 calendar days**, give the individual written notice of the reason for the decision to extend the timeframe and inform the Beneficiary of the right to file a grievance if they disagree with the decision.
c. Resolve the appeal as expeditiously as the individual's health condition requires and not later than the date the extension expires.

6. Notice of Resolution shall contain:
   a. A general description of the reason for appeal.
   b. The date received.
   c. The date the review process.
   d. The results of the appeal process.
   e. The date of resolution.
   f. If the resolution is not resolved wholly in favor of the individual, the notice must also include:
      i. The right to a State Fair Hearing, instructions on how to file
      ii. Timeframe of **120 calendar days** to request a State Fair Hearing.
      iii. The right to have services continue, if all conditions are met in section F. of this policy, and instructions on how to request service continuation.
      iv. Potential liability for the cost of those benefits if the hearing decision uphold the PIHP's Adverse Benefit Determination.

E. State Fair Hearing

1. Individuals have the right to an impartial review by a state level administrative law judge (State Fair Hearing), after notice of resolution of the Appeal upholding an Adverse Benefit Determination.
2. A State Fair Hearing is allowed if the PIHP fails to adhere to the notice and timing requirements for the resolution of grievances and appeals.
3. The PIHP may not limit or interfere with an individual's freedom to make a request for a State Fair Hearing.
4. Individuals are given **120 calendar days** from the date of the Notice of Resolution from the PIHP Appeal process to file a State Fair Hearing.
5. The PIHP must include as parties to the State Fair Hearing:
   a. The member and his or her representative.
   b. The legal respresentative of a deceased member's estate.
   c. The PIHP.

F. Continuation of Benefits Pending Appeal

1. Beneficiary may request services to continue while waiting for appeal if all the following are true:
   a. The Beneficiary files the appeal in a timely manner, within **10 calendar days** of the date of the notice, before or on the effective date indicated on the notice.
   b. The appeal involves an Adverse Benefit Determination of termination,

reduction, or suspension of a previously authorized service.

c. The services were ordered by an authorized provider.
d. The Beneficiary must ask for it.

2. Benefits must continue (if all conditions above are met) until one of the following occurs:
   a. The Beneficiary withdraws the appeal.
   b. The Beneficiary fails to request a State Fair Hearing and continuation of benefits within **10 calendar days** after the PIHP sends the Beneficiary the Notice of Resolution, upon completion of the appeal.
   c. The State Fair Hearing office issues a hearing decision adverse to the individual.
   d. The duration of the previously authorized service has ended.
3. If the individual's services were reduced, terminated, or suspended without an advance notice, the PIHP must reinstate services to the level before the action.

III. APPLICABILITY AND RESPONSIBILITY

This procedure applies to LRE CEO and designee, Member CMHSPs, and Network Providers.

IV. MONITORING AND REVIEW

The LRE Chief Executive Officer will review this procedure on an annual basis.

V. DEFINITIONS

Access: The entry point to the Prepaid Inpatient Health Plan (PIHP), sometimes called an "access center," where Medicaid beneficiaries call or go to request behavioral health services.

Adverse Benefit Determination: A decision that adversely impacts a Medicaid beneficiary's claim for services.

Additional Mental Health Services: Supports and services available to Medicaid Beneficiary/Beneficiaries who meet the criteria for specialty services and supports, under the authorization of Section 1915 (b)(3) of the Social Security Act. Also referred to as "B3" waiver services.

Adequate Notice of Adverse Benefit Determination: Written statement advising the Beneficiary of a decision to deny or limit authorization of Medicaid services requested, which notice must be provided to the Medicaid Beneficiary on the same date the Adverse Benefit Determination takes effect.

Advance Notice of Adverse Benefit Determination: Written statement advising the Beneficiary of a decision to reduce, suspend or terminate Medicaid services currently provided/mailed to the Medicaid Beneficiary at least 10 calendar days prior to the proposed date the Adverse Benefit Determination is to take effect.

Appeal: A review at the local level by a PIHP of an Adverse Benefit Determination.

Applicant: A person, or his/her legal representative, who makes a request for mental health or substance use disorder services.

Authorization of Services: The processing of requests for initial and continuing service delivery. *See Service Authorization.*

Consumer: Broad, inclusive reference to an individual requesting or receiving mental health services delivered and/or managed by the PIHP, including Medicaid beneficiaries, and all other recipients of PIHP/CMHSP services.

Due Process: The process the PIHP implements to handle Appeals of Adverse Benefit Determinations and Grievances, as well as the processes to collect and track information about them.

Expedited Appeal: The expeditious review of an Adverse Benefit Determination, requested by an individual or the individual's provider, when the appropriate party determines that taking the time for a standard resolution could seriously jeopardize the Beneficiary's life, physical or mental health, or ability to attain, maintain, or regain maximum function. If the Beneficiary request the expedited review, the PIHP determines if the request is warranted. If the Beneficiary's provider makes the request, or supports the Beneficiary's request, the PIHP must grant the request.

Grievance: Medicaid Beneficiary's expression of dissatisfaction about PIHP/CMHSP service issues, other than an Adverse Benefit Determination. Possible subjects for grievances include, but are not limited to, quality of care or services provided, aspects of interpersonal relationships between a service provider and the Beneficiary, failure to respect the Beneficiary's rights regardless of whether remedial action is requested, or an individual dispute regarding an extension of time proposed by the PIHP to make a service authorized decision.

Grievance Process: Impartial local level review of an individual's grievance.

Hearing Officer: Staff person assigned to coordinate the State Fair Hearing process, representing the PIHP/CMHSP/Provider Network.

Individual: A person who is currently enrolled in an MCO, PIHP, PAHP, PCCM, or PCCM entity in a given managed care program. Also referred to interchangeably, for purposes of this procedure, as beneficiary or Enrollee.

Medicaid Services: Services provided to an individual under the authority of the Medicaid State Plan, 1915 (c) Habilitation Supports Waiver, and/or Section 1915 (b)(3) of the Social Security Act.

Mental Health Professional: A person who is trained and experienced in mental illness or intellectual/developmental disabilities, as identified per MDHHS staff qualification criteria.

Notice of Resolution: Written statement from the PIHP of the resolution of a Grievance or Appeal, which must be provided to the Beneficiary, as described in 42 CFR 438.408.

Organizational Provider: Entities under contract with the PIHP that directly employ and/or contract with individuals to provide specialty services and supports. Examples of organizational providers include, but are not limited to CMHSPs, hospitals, psychiatric hospitals, partial hospitalization programs, substance use disorder providers, case management programs, assertive community treatment programs, and skill building programs.

PIHP: An acronym for Prepaid Inpatient Health Plan. A PIHP is an organization that manages the Medicaid mental health, developmental disabilities, and substance abuse services in their geographic area under contract with the State. There are 10 PIHPs in Michigan and each one is organized as a Regional Entity or a Community Mental Health Services Program according to the Mental Health Code.

Recipient Rights Complaint: Written or verbal statement by an individual, or anyone acting on behalf of the Beneficiary, alleging a violation of a Michigan Mental Health Code protected right cited in Chapter 7, which is resolved though the processes established in Chapter 7a.

Second Opinion: A request for another assessment by an applicant who has been denied mental health services or a recipient who is seeking and has been denied hospitalization.
Service Authorization: PIHP processing of requests for initial and continuing authorization of services, either approving or denying as requested, or authorizing in an amount, duration, or scope less than requested, all as requested under the applicable law, including but not limited to 42 CFR 438.201.
SSA- Social Security Act
State Fair Hearing: Impartial state level review for a Medicaid Beneficiary's appeal of an Adverse Benefit Determination, presided over by a MDHHS Administrative Law Judge. Also referred to as "Administrative Hearing". This State Fair Hearing Process is set forth in detail in Subpart E of 42 CFR Part 431.

VI. RELATED POLICIES AND PROCEDURES

A. LRE Customer Service Policies and Procedures
B. LRE Compliance Policies and Procedures
C. LRE Compliance Plan

VII. REFERENCES/LEGAL AUTHORITY

A. MDHHS Medicaid Specialty Supports and Services Contract
B. MDHHS Appeal and Grievance Resolution Processes Technical Requirement
C. 42 CFR 438.10
D. 42 CFR 431.200
E. 42 CFR 438.400
F. 42 CFR 438.404(c)(1)
G. 42 CFR 431.211
H. 42 CFR 431
I. MI Mental Health Code
J. LRE Provider Service Contract

VIII. CHANGE LOG

Date of Change	Description of Change	Responsible Party
5/19/22	Changed from policy to procedure	CEO

LAKESHORE REGIONAL ENTITY

Lakeshore Regional Entity Board
Financial Officer Report for November 2022

- **Disbursements Report** – A motion is requested to approve the October 2022 disbursements. A summary of those disbursements is included as an attachment.

- **Statement of Activities** – Report through September is included as an attachment. This is a preliminary report. Figures will change on the final FY2022 financial statements based on accruals, other year-end entries, the external audit, and the CMHSP final FSRs that are due in February.

- **Bucket Report –** September 2022 Bucket Report is included as an attachment for today's meeting. Expense projections, as reported by each CMHSP, are noted. COVID has continued to impact spending, service demand, and staffing. An approximate deficit of $2.7 million regionally (Medicaid and HMP) is shown on this month's report, which does not include the projected DCW surplus or the $22.7 million in surplus that is being withheld to put into the ISF/Medicaid Savings for FY22. The total regional surplus is projected to be $46.4 million, which includes FY21 ISF of $26.5 million and budgeted FY22 ISF/Medicaid Savings of $22.7 million. The FY22 ISF/Medicaid Savings for FY22 was reduced by $4.6 million due to providing funds to Network 180 in September to address cash flow issues. The projected DCW lapse for the region is $10.4 million. Our region is projecting to receive approximately $23 million in total for DCW in FY22.

  Summary of FY22 Member CMHSP Medicaid/HMP Surplus/(Deficit), excluding DCW thru September:

OnPoint	$ 1,191,268
Healthwest	($ 2,727,186)
Network180	($ 1,904,438)
Ottawa	($ 256,567)
West Michigan	$ 957,641
Total	($ 2,739,282)

  Note: The amount of surplus for Healthwest and West Michigan is likely to change depending on the amount they may potentially be able to reserve or any amount due to them based on CCBHC reconciliation. MDHHS has not yet provided the FY22 PIHP to CCBHC reconciliation template to determine these amounts.

- **FY 2023 Revenue Projections** – Updated revenue and membership projections by program and CMHSP are below. The FY23 October revenue projection includes an overall increase of approximately $2.48 million from the initial projections used for the FY23 budget in September. The final FY23 rates were not available when the initial projections were calculated. These projections are based on the actual FY23 rates and on the actual October revenue received from MDHHS.

FY 2023 Revenue Projection

Total LRE

	FY 22 Budget Projection	FY 23 Initial Budget Projection	FY22 to FY23 Initial Change	FY22 to FY23 Initial % Change	FY23 Current Budget Projection	FY22 to FY23 Current Change	FY22 to FY23 Current % Change	FY23 Intitial to Current Change	FY23 Intitial to Current %Change
MCD - MH	$ 213,135,026	$ 230,503,748	$ 17,368,722	8.15%	$ 227,464,491	$ 14,329,465	6.72%	$ (3,039,257)	-1.32%
MCD - SUD	$ 8,189,247	$ 8,922,063	$ 732,815	8.95%	$ 9,953,278	$ 1,764,031	21.54%	$ 1,031,216	11.56%
HMP - MH	$ 32,718,689	$ 35,267,839	$ 2,549,150	7.79%	$ 37,702,038	$ 4,983,348	15.23%	$ 2,434,199	6.90%
HMP - SUD	$ 18,646,066	$ 20,373,667	$ 1,727,601	9.27%	$ 18,810,725	$ 164,660	0.88%	$ (1,562,941)	-7.67%
Autism	$ 41,587,466	$ 44,763,182	$ 3,175,717	7.64%	$ 43,373,572	$ 1,786,107	4.29%	$ (1,389,610)	-3.10%
Waiver	$ 41,989,313	$ 46,509,162	$ 4,519,850	10.76%	$ 46,060,511	$ 4,071,198	9.70%	$ (448,652)	-0.96%
LRE Admin	$ 12,451,370	$ 8,451,024	$ (4,000,346)	-32.13%	$ 13,922,556	$ 1,471,186	11.82%	$ 5,471,532	64.74%
ISF	$ 28,393,407	$ -	$ (28,393,407)	-100.00%	$ -	$ (28,393,407)	-100.00%	$ -	
IPA	$ 4,711,498	$ 4,902,840	$ 191,342	4.06%	$ 4,894,904	$ 183,406	3.89%	$ (7,936)	-0.16%
Total Region	**$ 401,822,082**	**$ 399,693,525**	**$ (2,128,557)**	**-0.53%**	**$ 402,182,075**	**$ 359,993**	**0.09%**	**$ 2,488,550**	**0.62%**

Total CMHSPs

	FY 22 Budget Projection	FY 23 Initial Budget Projection	FY22 to FY23 Initial Change	FY22 to FY23 Initial % Change	FY23 Current Budget Projection	FY22 to FY23 Current Change	FY22 to FY23 Current % Change	FY23 Intitial to Current Change	FY23 Intitial to Current %Change
Allegan	$ 31,638,150	$ 34,101,811	$ 2,463,661	7.79%	$ 34,241,725	$ 2,603,575	8.23%	$ 139,914	0.41%
Healthwest	$ 70,438,581	$ 80,471,573	$ 10,032,992	14.24%	$ 80,254,135	$ 9,815,554	13.93%	$ (217,438)	-0.27%
Network180	$ 180,590,423	$ 190,822,853	$ 10,232,430	5.67%	$ 188,136,699	$ 7,546,277	4.18%	$ (2,686,153)	-1.41%
Ottawa	$ 49,281,634	$ 53,873,029	$ 4,591,395	9.32%	$ 53,674,945	$ 4,393,311	8.91%	$ (198,084)	-0.37%
West Michigan	$ 24,317,020	$ 27,070,395	$ 2,753,376	11.32%	$ 27,057,111	$ 2,740,091	11.27%	$ (13,285)	-0.05%
Total CMHSPs	**$ 356,265,807**	**$ 386,339,661**	**$ 30,073,854**	**8.44%**	**$ 383,364,615**	**$ 27,098,808**	**7.61%**	**$ (2,975,046)**	**-0.77%**

	FY 22 Budget Projection	FY 23 Initial Budget Projection	FY23 Current Budget Projection	Change
Allegan	$ 97.34	$ 100.97	$ 100.94	$ (0.04)
Healthwest	$ 92.56	$ 101.53	$ 101.95	$ 0.43
Network180	$ 89.80	$ 91.31	$ 90.36	$ (0.95)
Ottawa	$ 87.08	$ 90.89	$ 89.66	$ (1.24)
West Michigan	$ 89.29	$ 95.99	$ 96.30	$ 0.31
Total CMHSPs	**$ 90.53**	**$ 94.34**	**$ 93.77**	**$ (0.57)**

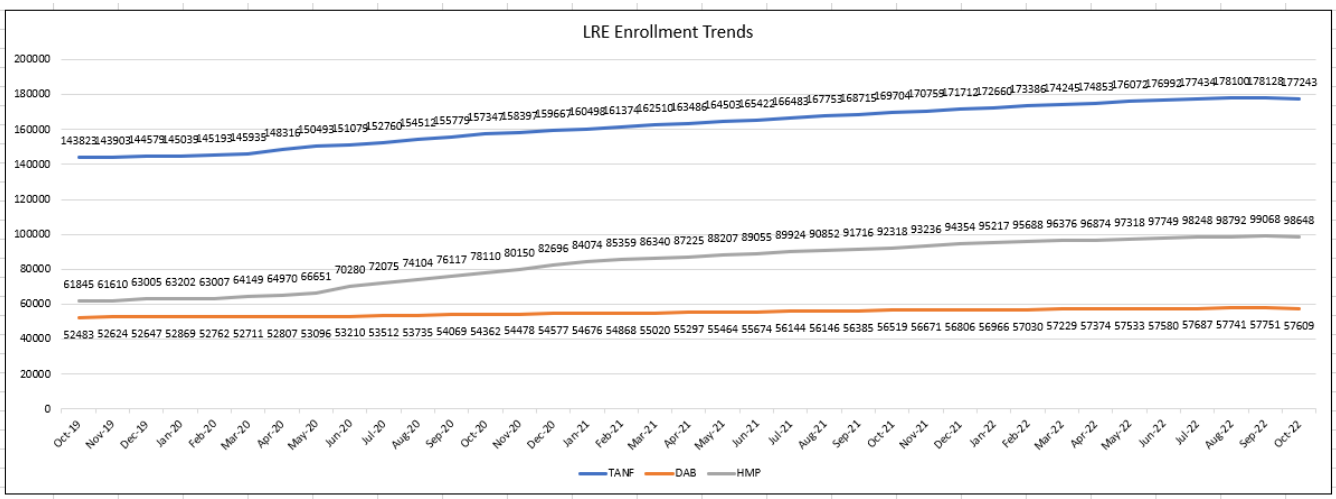
Member Month Projection

	FY 22 Budget Projection	FY 23 Initial Budget Projection	FY23 Current Budget Projection	Change
Allegan	325,041	337,728	339,233	1,505
Healthwest	761,004	792,624	787,153	(5,471)
Network180	2,010,987	2,089,944	2,082,161	(7,783)
Ottawa	565,936	592,704	598,662	5,958
West Michigan	272,333	282,012	280,961	(1,051)
Total Member Months	**3,935,299**	**4,095,012**	**4,088,170**	**(6,842)**

CMHSPs Breakdown

	FY 22 Budget Projection	FY 23 Initial Budget Projection	FY23 Current Budget Projection	Change
		MCD - MH		
Allegan	$ 18,459,689	$ 18,969,153	$ 19,010,994	$ 41,841
Healthwest	$ 43,665,225	$ 46,816,052	$ 46,376,571	$ (439,481)
Network180	$ 106,890,686	$ 117,079,439	$ 115,029,099	$ (2,050,340)
Ottawa	$ 28,593,576	$ 30,887,650	$ 30,569,891	$ (317,758)
West Michigan	$ 15,525,850	$ 16,751,454	$ 16,477,935	$ (273,519)
Total MCD - MH	**$ 213,135,026**	**$ 230,503,748**	**$ 227,464,491**	**$ (3,039,257)**
		MCD - SUD		
Allegan	$ 671,848	$ 730,726	$ 815,889	$ 85,163
Healthwest	$ 1,749,475	$ 1,897,354	$ 2,126,808	$ 229,454
Network180	$ 4,108,629	$ 4,481,652	$ 4,994,880	$ 513,228
Ottawa	$ 1,038,301	$ 1,138,491	$ 1,258,966	$ 120,476
West Michigan	$ 620,994	$ 673,840	$ 756,735	$ 82,895
Total MCD - SUD	**$ 8,189,247**	**$ 8,922,063**	**$ 9,953,278**	**$ 1,031,216**
		HMP - MH		
Allegan	$ 2,508,410	$ 2,697,512	$ 2,851,713	$ 154,201
Healthwest	$ 6,590,924	$ 7,106,018	$ 7,582,937	$ 476,920
Network180	$ 16,644,528	$ 17,910,233	$ 19,195,680	$ 1,285,447
Ottawa	$ 4,645,779	$ 5,066,277	$ 5,418,511	$ 352,234
West Michigan	$ 2,329,049	$ 2,487,798	$ 2,653,196	$ 165,398
Total HMP - MH	**$ 32,718,689**	**$ 35,267,839**	**$ 37,702,038**	**$ 2,434,199**
		HMP - SUD		
Allegan	$ 1,412,762	$ 1,541,824	$ 1,427,345	$ (114,479)
Healthwest	$ 3,868,962	$ 4,222,890	$ 3,915,578	$ (307,312)
Network180	$ 9,498,255	$ 10,362,966	$ 9,534,913	$ (828,053)
Ottawa	$ 2,525,248	$ 2,794,857	$ 2,570,471	$ (224,385)
West Michigan	$ 1,340,839	$ 1,451,130	$ 1,362,418	$ (88,711)
Total HMP - SUD	**$ 18,646,066**	**$ 20,373,667**	**$ 18,810,725**	**$ (1,562,941)**
		Autism		
Allegan	$ 3,522,099	$ 3,937,779	$ 3,855,584	$ (82,196)
Healthwest	$ 4,686,111	$ 9,028,145	$ 8,864,247	$ (163,898)
Network180	$ 25,577,745	$ 22,522,287	$ 21,693,924	$ (828,363)
Ottawa	$ 6,155,560	$ 6,591,085	$ 6,371,803	$ (219,282)
West Michigan	$ 1,645,950	$ 2,683,886	$ 2,588,014	$ (95,872)
Total Autism	**$ 41,587,466**	**$ 44,763,182**	**$ 43,373,572**	**$ (1,389,610)**
		Waiver		
Allegan	$ 5,063,342	$ 6,224,816	$ 6,280,201	$ 55,385
Healthwest	$ 9,877,884	$ 11,401,115	$ 11,387,993	$ (13,121)
Network180	$ 17,870,579	$ 18,466,274	$ 17,688,202	$ (778,072)
Ottawa	$ 6,323,169	$ 7,394,670	$ 7,485,303	$ 90,633
West Michigan	$ 2,854,338	$ 3,022,287	$ 3,218,812	$ 196,525
Total Waiver	**$ 41,989,313**	**$ 46,509,162**	**$ 46,060,511**	**$ (448,652)**

- **Financial Data/Charts** – Below, this chart contains an annual and monthly comparison of the number of individuals in our region who are eligible for each program. The number of eligible individuals in our region determines the amount of revenue the LRE receives each month. Data is shown for October 2019 – October 2023. The LRE also receives payments for other individuals who are not listed on these charts but are eligible for behavioral health services (i.e. individuals enrolled and eligible for the Habilitation Supports Waiver (HSW) program).



- **Finance ROAT –** The Finance ROAT is currently undertaking several projects:
  - Development of the Finance ROAT Charter, which did not exist previously – Now complete
  - Review of CMHSP Standard Cost Allocation Methodology and implementation
  - Review and revise existing policies and procedures
  - Development of new procedures
  - Reviewing/Revising FY23 Spending Plans
  - Reviewing/Revising FY23 Revenue Projections
  - Development of the Regional LRE EDIT (Encounter Data Integrity Team) Workgroup
  - Follow up on action items from the MDHHS CAP Response
  - Development of the new FY23 Monthly FSR
  - Review of the FY23 Risk Management Strategy Plan – due to MDHHS 12/30/22

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

LAKESHORE REGIONAL ENTITY LEGAL EXPENSES REPORT NOVEMBER 17, 2022		
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
	GENERAL/OTHER TOTAL	**325.00**
10/31/2021	HEALTWEST LITIGATION	5,368.74
3/31/2022	HEALTWEST LITIGATION	2,016.00
4/30/2022	HEALTWEST LITIGATION	9,388.80
6/24/2022	HEALTWEST LITIGATION	13,782.40
	HEALTWEST LITIGATION TOTAL	**30,555.94**
10/31/2021	MANAGED CARE/MDHHS CONTRACT	17,058.00
11/30/2021	MANAGED CARE/MDHHS CONTRACT	9,992.00
12/31/2021	MANAGED CARE/MDHHS CONTRACT	5,202.00
1/25/2022	MANAGED CARE/MDHHS CONTRACT	23,501.31
2/17/2022	MANAGED CARE/MDHHS CONTRACT	9,280.00
2/17/2022	MANAGED CARE/MDHHS CONTRACT	17,125.00
2/28/2022	MANAGED CARE/MDHHS CONTRACT	20,051.20
2/28/2022	MANAGED CARE/MDHHS CONTRACT	6,312.50
3/31/2022	MANAGED CARE/MDHHS CONTRACT	4,032.00
4/11/2022	MANAGED CARE/MDHHS CONTRACT	421.50
6/24/2022	MANAGED CARE/MDHHS CONTRACT	2,863.57
7/25/2022	MANAGED CARE/MDHHS CONTRACT	6,788.23
8/22/2022	MANAGED CARE/MDHHS CONTRACT	4,437.50
8/25/2022	MANAGED CARE/MDHHS CONTRACT	16,806.40
9/29/2022	MANAGED CARE/MDHHS CONTRACT	20,832.00
9/30/2022	MANAGED CARE/MDHHS CONTRACT	23,104.65
	MANAGED CARE/MDHHS CONTRACT TOTAL	**187,807.86**
	GRAND TOTAL	**$ 231,701.30**

- **Risk Corridor and ISF –** In the LRE Executive Committee meeting on 11/09/2022, risk corridor information was requested. Below is an excerpt from the PIHP Master Contract with MDHHS:

7. Risk Corridor

The shared risk arrangements must cover all MMSSSP Programs. The risk corridor is administered across all services, with no separation for mental health and substance abuse funding.

A. The Contractor must retain unexpended risk-corridor-related funds between 95% and 100% of said funds. The Contractor must retain 50% of unexpended risk-corridor related funds between 90% and 95% of said funds. The Contractor must return unexpended risk-corridor-related funds to the MDHHS between 0% and 90% of said funds and 50% of the amount between 90% and 95%.

B. The Contractor may retain funds as noted above, except as specified in Section 1.1.D. Transition.

C. The Contractor must be financially responsible for liabilities incurred above the risk corridor-related operating budget between 100% and 105% of said funds contracted.

D. The Contractor will be responsible for 50% of the financial liabilities above the risk corridor-related operating budget between 105% and 110% of said funds contracted.

E. The Contractor will not be financially responsible for liabilities incurred above the risk corridor-related operating budget over 110% of said funds contracted.

F. The assumption of a shared-risk arrangement between the Contractor and the State will not permit the Contractor to overspend its total operating budget for any fiscal year.

G. The Contractor must not pass on, charge, or in any manner shift financial liabilities to Medicaid beneficiaries resulting from Contractor financial debt, loss and/or insolvency.

H. The Contractor's financial responsibility for liabilities for costs between 100% and 110% must first be paid from the Contractor's Internal Service Fund (ISF) for risk funding or insurance for cost over-runs. The ISF balance must be tracked by Medicaid and Healthy Michigan funds contributed. Each portion of the ISF must retain its character as Medicaid and Healthy Michigan Funds, but may be used for risk financing across the Medicaid and Healthy Michigan programs. Medicaid ISF amounts may be used for Medicaid or Healthy Michigan cost over runs into the risk corridor and Healthy Michigan ISF amounts may be used for Medicaid or Healthy Michigan cost over runs into the risk corridor.

I. If the Contractor's liability exceeds the amount available from ISF and insurance, then other funding available to the Contractor may be utilized in accordance with the terms of the Contractor's Risk Management Strategy.

J. General Restrictions

Use of funds held in the ISF must be restricted to the following:

1. The Contractor must restrict the use of the ISF to the defined purpose. The defined purpose of the ISF is to secure funds necessary to meet expected future risk corridor requirements established in accordance with the State/Contractor Contract between the Contractor and the State. All expenses, for the purpose intended to be financed from the ISF, must be made from the ISF. No expenses from this fund will be match able--only the payments to the ISF will be match able. No other expenses may be paid from the ISF.
2. Payment of the Contractor's risk corridor obligation.
3. The Contractor may invest ISF funds in accordance with statutes regarding investments (e.g., Mental Health Code 330.1205, Sec. 205(g). The earnings from the investment of ISF funds must be used to fund the risk reserve requirements of the ISF in accordance with 2 CFR 200 Subpart E Cost Principles.
4. The ISF may not loan or advance funds to any departments, agencies, governmental funds, or other entities in accordance with 2 CFR 200 Subpart E.
5. Funds paid to the ISF must not be used to meet federal cost sharing or used to match federal or State funds pursuant to 2 CFR 200 Subpart E.
6. State funds paid to the ISF must retain its character as State funds in accordance with the Mental Health Code and must not be used as local funds.

K. General Accounting Standards

The ISF must be established and accounted for in compliance with the following standards:

1. Generally accepted accounting principles (GAAP).
2. GASB Statement No. 10, Accounting and Financial Reporting for Risk Financing and Related Insurance Issues, or other current standards.
3. Financial Accounting Standards Board (FASB) Statement No. 60, Accounting and Reporting by Insurance Enterprises, or other current standards.
4. FASB Statement No.5, Accounting for Contingencies, or other current standards.

5. 2 CFR 200 Subpart E, Cost Principles, or other current standards.
6. Other financing provisions contained in the State/Contractor Contract.
7. The financial requirements set forth in the 1115 and 1915 (i) Waiver.

L. Financing

The State will immediately notify the Contractor of modifications in funding commitments in this Contract under the following conditions:

1. Action by the Michigan State Legislature or by the Center for Medicare and Medicaid Services that removes any State funding for, or authority to provide for, specified services.
2. Action by the Governor pursuant to the Constitution 1963, Article 5, Section 20 that removes the State's funding for specified services or that reduces the State's funding level below that required to maintain services on a statewide basis.
3. A formal directive by the Governor, or the Michigan Department of Technology, Management and Budget (DTMB) on behalf of the Governor, requiring a reduction in expenditures.

The balance of the ISF at the end of FY2021 was approximately $26.5 million. It is projected to be $28.3 million at the end of FY2022; however, that amount will not be determined until after the final FY2022 FSR is complete in February 2023.

- **Historical Deficit –** In the LRE Executive Committee meeting on 11/09/2022, historical deficit information was requested. The total amount is $$29,453,009 and approximately $4.3 million of that amount is the State's portion of the risk corridor that is owed to the LRE from MDHHS for fiscal years 2018 and 2019. The State has not cost settled with the LRE for FY2018 or FY2019.

LAKESHORE REGIONAL ENTITY

BOARD ACTION REQUEST
Subject : October 2022 Disbursements
Meeting Date November 17, 2022

RECOMMENDED MOTION:

To approve the October 2022 disbursements of $35,077,049.76 as presented.

SUMMARY OF REQUEST/INFORMATION:

Disbursements:	
Allegan County CMH	$3,279,113.59
Healthwest	$7,306,766.61
Network 180	$16,459,446.61
Ottawa County CMH	$4,889,859.86
West Michigan CMH	$2,361,103.96
SUD Prevention Expenses	$60,162.89
Local Match Payment	$0.00
Hospital Reimbursement Adjuster (HRA)	$0.00
MICHIGAN IPA TAX - QUARTERLY	$0.00
SUD Public Act 2 (PA2)	$290,217.26
Beacon Health Options	$0.00
Administrative Expenses	$430,378.98
Total:	**$35,077,049.76**

98.76% 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: 11/17/2022**

LAKESHORE REGIONAL ENTITY

Statement of Activities - Actual vs. Budget
Fiscal Year 2021/2022
As of Date: 9/30/22

Change in Net Assets	Year Ending 9/30/2022 FY22 Budget *Amend 3*	9/30/2022 Budget to Date	9/30/2022 Actual	9/30/2022 Actual to Budget Variance
Operating Revenues				
SUD Block Grant & State Opioid	11,464,052	11,464,052	8,569,580	(2,894,472)
Autism Revenue	46,382,571	46,382,571	46,619,493	236,923
PA 2 Liquor Tax	2,838,859	2,838,859	3,126,241	287,382
Interest Revenue	81,024	81,024	94,150	13,126
Peformance Bonus Incentive	2,419,516	2,419,516	-	(2,419,516)
Local Match Revenue (Members)	2,040,096	2,040,096	1,652,886	(387,210)
Hospital Rate Adjuster (HRA)	10,523,333	10,523,333	7,892,500	(2,630,833)
MH Block Grant - Veterans Navigator	110,000	110,000	106,366	(3,634)
Block Grants - HispBH/NatAm/TobCess/Clubhouse	403,410	403,410	164,244	(239,166)
Substance Use: Gambling, MI Youth Tx & DFC	394,830	394,830	346,752	(48,078)
DHS Incentive	693,363	693,363	336,756	(356,607)
Medicaid, HSW, SED, & Children's Waive	290,494,482	290,494,482	295,154,034	4,659,552
Healthy Michigan	60,233,531	60,233,531	54,016,601	(6,216,930)
CCBHC Supplemental Revenue	9,107,979	9,107,979	9,884,102	776,123
Miscellaneous Revenue	15,500	15,500	11,625	(3,875)
Total Operating Revenues	**437,202,546**	**437,202,546**	**427,975,331**	**(9,227,215)**
Expenditures				
Salaries and Fringes	3,009,371	3,009,371	3,192,798	183,427
Office and Supplies Expense	259,630	259,630	355,234	95,604
Contractual and Consulting Expenses	956,848	956,848	810,726	(146,122)
MCIS	305,200	305,200	295,200	(10,000)
Data Analytics	173,750	173,750	125,000	(48,750)
Utilities/Conferences/Mileage/Misc Exps	3,203,930	3,203,930	236,553	(2,967,377)
Block Grants - Gambl/Veter/HispBH/NatAm/TobCe	908,240	908,240	406,263	(501,977)
Taxes, HRA, and Local Match	18,444,749	18,444,749	12,659,180	(5,785,569)
Prevention Expenses	3,057,068	3,057,068	3,435,395	378,327
Beacon Health Options - MCO Contract	4,008,538	4,008,538	4,008,538	(0)
Contribution to ISF/Savings	22,677,291	22,677,291	-	(22,677,291)
Direct Care Wage Lapse	10,242,134	10,242,134	-	(10,242,134)
Member Payments	369,955,797	369,955,797	358,288,669	(11,667,128)
Total Expenditures	**437,202,546**	**437,202,546**	**383,813,556**	**(53,388,990)**
Total Change in Net Assets	**0**	**0**	**44,161,775**	**44,161,775**

LAKESHORE REGIONAL ENTITY

Statement of Activities
Budget to Actual Variance Report

For the Period ending September 30, 2022

As of Date: 9/30/22

Operating Revenues

SUD Block Grant	Grant reimbursements are 45 to 60 days after billings are submitted. COVID & SUD block grant expenditures are also under. COVID carryfoward requests have been made.
Autism Revenue	N/A - Closely aligned with the current budget projections.
PA 2 Liquor Tax	Actual PA2 revenues will exceed the amount budgeted to cover fiscal year expenditures. Surplus amounts will be deferred for use in future years.
Interest Revenue	Interest earned on savings, including the LRE's CD, is trending higher than expected.
Peformance Bonus Incentive	Revenue is received after the end of the fiscal year if health plan performance metrics are met.
Local Match Revenue (Members)	Local match requirement for FY22 was reduced.
Hospital Rate Adjuster (HRA)	Revenue is received quarterly. Fourth quarter payment will be received in FY23.
MH Block Grant - Veterans Navigator	Aligned with the current projections. Additional revenue to support final expenditures will be received.
Block Grants -HispBH/NatAm/TobCess/Clubhse	Grant revenues not received for September yet. Clubhouse and Native American grant funding will be underutilized.
Sub Use Gambling Prev & MYTIE	MI Youth grant not used. For the other grants, additional revenues are expected as additional expenditures are reported.
DHS Incentive	This revenue is received quarterly beginning in April and is based on encounter data that supports services to Foster Care and CPS children.
Medicaid B, B3 and HSW	N/A - Closely aligned with the current budget projections.
Healthy Michigan	Aligned with the current projections. Additional revenue will be received into FY23.
CCBHC Supplemental Revenue	Supplemental Revenue is closely aligned with the current budget projections. CCBHC GF revenue received in September accounts for the increase.

Expenditures

Salaries and Fringes	N/A - Closely aligned with the current budget projections.
Office and Supplies Expense	Over budget in this line item but under budget in Utilities/Conf/Mileage/Misc to offset this overage.
Contractual & Consulting Expenses	Legal and IT Consulting is under budget. However, legal billings are expected to be close to budget for the fiscal year.
MCIS	N/A - Closely aligned with the current budget projections.
Data Analytics	No additional projects were required to be outsourced. This line item is expected to be under.
Utilities/Conf/Mleage/Misc Exps	This line item includes the LRE's contingency fund and is expected to remain under budget at year end.
Block Grants -Veterans/HispBH/NatAm/TobCess	Most of these payments are billed to the LRE and paid by MDHHS 45-60 days in arrears. In addition, as noted above, some grants will be underspent.
Taxes, HRA and Local Match	IPA taxes for 1 quarter is not included; our Local Match requirement for FY22 was reduced.
Prevention Expenses	This line item is expected to be close to budget after all FY22 expenditures are received and processed.
Beacon Health Options	N/A - Contract ended June 30. Final expenditures match budget projections.
Contribution to ISF	Not yet recorded.
DCW Lapse	To be recorded in FY23 after FY22 expenditures are finalized.
Member Payments	N/A - Closely aligned with the current budget projections.

LAKESHORE REGIONAL ENTITY

FY2022 September Bucket Report - Full Year Projections
Net Position By Member, By Fund Source

Attachment 11
-156930.7089

		Mental Health (MH)							Substance Use Disorder (SUD)							MH & SUD
Time Period		OnPoint	Healthwest	Network180	Ottawa	West MI	LRE & MCO Admin	Total	OnPoint	Healthwest	Network180	Ottawa	West MI	LRE & MCO Admin	Total	Total
Oct - September																
Net	Med: 1115/HSW/CW/SED	(1,719,421)	(3,887,343)	(18,139,425)	(3,727,878)	(803,048)	2,421,308	(25,855,806)	326,525	(1,423)	765,792	(142,652)	-	351,169	1,299,411	(24,556,396)
Net	Med: HealthyMI	(333,965)	(589,317)	(951,368)	3,033,376	232,679	(258,307)	1,133,098	848,826	1,887,549	4,414,866	1,185,359	-	382,729	8,719,328	9,852,426
Net	Autism	1,576,475	364,587	5,152,313	1,783,725	-	195,977	9,073,077	-	-	-	-	-	-	-	9,073,077
Net	General Fund	120,857	650,217	-	1,638,240	-	-	2,409,314	-	-	-	-	-	-	-	2,409,314
Net	Block Grant	-	-	-	-	-	0	0	40,774	(85,959)	-	5,030	-	203,240	163,085	163,085
Net	PA2	-	-	-	-	-	-	-	-	(1,998)	-	-	-	-	(1,998)	(1,998)
Net	Medicaid Savings Proje	-	-	-	-	-		-	-	-	-	-	-		-	-
Net	ISF Projection	2,353,577	5,457,003	8,224,158	3,632,108	1,836,585	-	21,503,431	166,562	448,358	1,088,515	285,554	156,886	-	2,145,877	23,649,307
	Subtotal	1,997,523	1,995,146	(5,714,322)	6,359,571	1,266,216	2,358,978	8,263,113	1,382,687	2,246,528	6,269,173	1,333,290	156,886	937,137	12,325,702	20,588,815
September																
Full Year Projection																
Net	Med: 1115/HSW/CW/SED/CCBHC	(1,658,095)	(2,213,200)	(11,450,268)	(3,768,990)	(3,562,098)	-	(22,652,651)	342,141	(48,441)	826,413	(140,229)	207,818	-	1,187,702	(21,464,948)
Net	Med: DCW Lapse	(358,651)	(3,069,570)	(4,036,072)	(1,952,699)	(895,676)	-	(10,312,668)	(13,677)	(81,553)	-	-	-	-	(95,230)	(10,407,898)
Net	Med: HealthyMI	(171,181)	(4,701,737)	100,829	886,871	1,688,797	-	(2,196,422)	882,546	1,914,417	4,909,066	1,223,527	966,931	-	9,896,487	7,700,066
Net	Autism	1,795,857	2,321,776	3,709,521	1,542,254	1,656,194	-	11,025,601	-	-	-	-	-	-	-	11,025,601
Net	General Fund	74,907	606,918	-	1,881,937	-	-	2,563,762	-	-	-	-	-	-	-	2,563,762
Net	Block Grant	-	-	-	-	-	-	-	24,830	261,939	-	5,030	-	-	291,799	291,799
Net	PA2	-	-	-	-	-	-	-	-	167,771	-	-	-	-	167,771	167,771
Net	Medicaid Savings Proje	-	-	-	-	-		-	-	-	-	-	-		-	-
Net	ISF Projection	2,353,577	5,457,003	8,224,158	3,632,108	1,836,585	-	21,503,431	166,562	448,358	1,088,515	285,554	156,886	-	2,145,877	23,649,307
	Total	2,036,413	(1,598,811)	(3,451,831)	2,221,480	723,802	-	(68,947)	1,402,403	2,662,491	6,823,994	1,373,883	1,331,635	-	13,594,407	13,525,460
	Risk excluding DCW	(33,420)	(4,593,161)	(7,639,917)	(1,339,865)	(217,108)	-	(13,823,471)	1,224,688	1,865,975	5,735,479	1,083,298	1,174,749	-	11,084,190	(2,739,282)
	%of Budget	-0.11%	-6.80%	-4.46%	-2.93%	-0.81%	0.00%	-4.20%	58.49%	33.10%	42.50%	30.18%	38.21%	0.00%	37.99%	***PENDING***

FY Changes in Projected Med/HMP Spending

	Aug 2022 MH	Sep 2022 MH	**Difference**	%of Budget	**FY21 Spend**
OnPoint	26,839,010	27,374,660	535,650	1.96%	25,469,646
Healthwest	58,435,642	67,260,709	8,825,067	14.08%	55,025,900
N180	168,356,172	168,356,172	-	0.00%	155,094,698
Ottawa	42,598,608	43,775,559	1,176,951	2.77%	32,981,495
West MI	24,330,745	25,351,572	1,020,827	4.06%	20,272,938
LRE & Beacon	11,139,539	11,139,539	-	0.00%	9,391,031
	331,699,716	343,258,212	**11,558,496**		**298,235,708**

	Aug 2022 SUD	Sep 2022 SUD	Difference	%of Budget	**FY21 Spend**
OnPoint	754,219	868,989	114,770	5.48%	1,586,665
Healthwest	3,829,959	3,770,864	(59,095)	-1.05%	4,079,154
N180	7,862,201	7,759,369	(102,832)	-0.76%	8,098,231
Ottawa	1,839,333	2,506,498	667,165	18.59%	1,850,758
West MI	1,601,936	1,900,107	298,172	9.70%	1,342,753
LRE & Beacon	1,285,470	1,286,341	871	0.07%	1,720,794
	17,173,118	18,092,168	**919,050**		**18,678,355**

Total Medicaid Surplus/(Deficit) Projection (Med 1115/HSW/CW/SED + Autism), Excluding DCW	(10,439,347)
Actual FY21 ISF/Medicaid Savings	26,499,692
Budgeted FY22 ISF/Medicaid Savings Contribution	22,677,291
Total Reserves:	49,176,983
Projected Medicaid ISF/Savings At Year End:	38,737,635
Healthy Michigan Plan Surplus/(Deficit) Projection	7,700,066
Projected MDHHS Performance Bonus*	-
Projected Reserve Total At Year End:	46,437,701

ISF @ 7.5%	$ 28,309,740.71
Savings @ 7.5%	$ 28,309,740.71
Total Max Allowed	$ 56,619,481.42
Difference	$ 10,181,780.27

* It was determined by Operations Committee that the FY22 Performance Bonus funds would be paid out to the CMHSPs and therefore, none of these funds will be avaialbe to put into reserves.