Attachment 1

Meeting Agenda
BOARD OF DIRECTORS
Lakeshore Regional Entity
October 20, 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.
   - October 20, 2022, Board of Directors meeting agenda *(Attachment 1)*
   - September 15, 2022, Board of Directors meeting minutes *(Attachment 2)*

5. Consumer Advisory Panel *(Attachment 3)*
6. Reports –
   a. LRE Leadership *(Attachment 4, 5, 6)*
      i. LRE Website Walk Through – Ms. VanDerKooi
      ii. Provider Network Adequacy Report – *(Attachment 7)*
7. Chairperson's Report – Mr. DeYoung
   a. October 12, 2022, Executive Committee *(Attachment 8)*
      i. ADA Exemptions Recommendation *(Attachment 9)*

8. Action Items –
   a. 2022 LRE Network Adequacy Report
      Suggested Motion: To approve the 2022 LRE Network Adequacy Report

   b. LRE Policies
      Suggested Motion: To approve LRE Policies:
      i. 4.5 Notification of Network Changes *(Attachment 10)*
      ii. 5.1 Person Centered Planning *(Attachment 11)*

   c. Contracts *(Attachment 12)*
      Suggested Motion: To approve LRE CEO to fully execute contracts to allocate funds for the purposes and amounts defined in Attachment 12

9. Financial Report and Funding Distribution – Ms. Chick *(Attachment 13)*
   a. FY2022, September Funds Distribution *(Attachment 14)*
      Suggested Motion: To approve the FY2022, September Funds Distribution as presented
   b. Statement of Activities as of 8/31/2022 with Variance Reports *(Attachment 15)*
   c. Bucket Report (*Attachment 16)* –

10. CEO Report – Ms. Marlatt-Dumas
11. Board Member Comments
12. Public Comment
13. Upcoming LRE Meetings
    - November 9, 2022 – LRE Executive Committee, 3:00 PM
    - November 17, 2022 – LRE Executive Board Meeting, 1:00 PM
14. Adjourn

Meeting Minutes

BOARD OF DIRECTORS

Lakeshore Regional Entity

September 15, 2022 – 1:00 PM

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

WELCOME AND INTRODUCTIONS – Mr. DeYoung

Mr. DeYoung called the September 15, 2022, LRE Board meeting to order at 1:06 PM.

ROLL CALL/CONFLICT OF INTEREST QUESTION – Mr. DeYoung

In Attendance: Ron Bacon, Mark DeYoung, Matt Fenske, Patricia Gardner, Jack Greenfield, Alice Kelsey, Ron Sanders, John Snider, Stan Stek, Janet Thomas, Jane Verduin

Absent: Dawn Rodgers-DeFouw, Linda Garzelloni

PUBLIC COMMENT

None.

CONSENT ITEMS:

LRE 22-61 Motion: To approve by consent the following items.

- September 15, 2022, Board of Directors meeting agenda
- July 21, 2022, and September 7, 2022, Board of Directors meeting minutes

Moved: Jane Verduin Support: Ron Sanders

MOTION CARRIED

SEPTEMBER 7, 2022, BOARD MEETING RATIFICATION OF ACTION ITEMS

LRE 22-62 Motion: To ratify Board actions from the September 7, 2022, Board meeting as listed below:

i. LRE 22-50 Motion: To approve by consent the following items.
September 7, 2022, Board of Directors meeting agenda

ii. LRE 22-51 Motion: To approve adding ADA Exemption Discussion item to the September 7, 2022, LRE Board meeting agenda

iii. LRE 22-52 Motion: To approve the amended September 7, 2022, Agenda

iv. LRE 22-53 Motion: To appoint all members present to the Nominating Committee to recommend to the full Board the 2023 slate of LRE Board officers

v. LRE 22-54 Motion: To move the nomination for Chairperson be closed

vi. LRE 22-55 Motion: To appoint by roll call the LRE Board Chairperson
Mark DeYoung - 7
Linda Garzelloni – 3

vii. LRE 22-56 Motion: Move to close the nomination for Vice Chairperson and cast a unanimous ballot for Ms. Garzelloni as Vice Chairperson

viii. LRE 22-57 Motion: Move to close the nomination for Secretary and cast a unanimous ballot for Ms. Verduin as Secretary

ix. LRE 22-58 Motion: To approve appointment of the 2022/2023 slate of officers for the LRE Executive Board to include:
Chairperson – Mark DeYoung
Vice Chairperson – Linda Garzelloni
Secretary – Jane Verduin
as recommended by the full Board nominating committee present

x. LRE 22-59 Motion: To approve the appointment of the additional 2 Executive Committee members to represent the 2 CMHs not represented on the slate of officers - Matt Fenske representing Ottawa CMH and Jack Greenfield representing Network180

xi. LRE 22-60 Motion: To approve the 2023 Executive Board meeting schedule as presented

Moved: John Snider Support: Matt Fenske
ROLL CALL VOTE - UNANIMOUS
MOTION CARRIED

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

- LRE Utilization Management Plan

CHAIRPERSON'S REPORT
August 8, 2022, Executive Committee Meeting Minutes are included in packet for information.

ACTION ITEMS
LRE 22-63 Motion: To approve LRE Quality Policies #

a. 7.1 QAPIP
b. 7.2 Quality Management Committee
c. 7.3 Critical Incident Reporting and Event (CIRE)
d. 7.7 CMHSP Member Monitoring
e. 7.8 Medicaid Event Verification
f. 7.10 Behavior Treatment Plan Review Committee

Moved: Patricia Gardner Support: Janet Thomas
ROLL CALL VOTE - UNANIMOUS
MOTION CARRIED

LRE 22-64 Motion: to approve rescinding LRE Quality Policies #

a. 7.5 Conducting Research
b. 7.6 Corporate Compliance

Moved: Jack Greenfield Support: Alice Kelsey
ROLL CALL VOTE - UNANIMOUS
MOTION CARRIED

LRE 22-65 Motion: To approve LRE CEO to fully execute the contracts for the LRE Medicaid Event Verification Audit Specialist, the LRE Veteran Navigator and Grand Rapids Red Project

Moved: Janet Thomas Support: John Snider
ROLL CALL VOTE - UNANIMOUS
MOTION CARRIED

FINANCIAL REPORT AND FUNDING DISTRIBUTION

FY2022 July and August Funds Distribution

LRE 22-66 Motion: To approve the FY2022, July and August Funds Distribution as presented

Moved: Matt Fenske Support: Ron Bacon
ROLL CALL VOTE - UNANIMOUS
MOTION CARRIED

Statement of Activities as of 6/30/2022 and 7/31/2022 and Variance Report-
Included in the Board packet for information.

Member Bucket Reports-
Included in the Board packet for information.

Ms. Chick explains:

- There has historically been a large swing at the end of the fiscal year when all final expenditures are in vs. projected expenditures. There are several factors that impact the swing. A large factor this year will be due to the many providers rate increases. It can be difficult to predict.

BUDGET AMENDMENT #3 TO FY22 BUDGET

Ms. Chick explains that this will be the final budget amendment for FY22.

PA2 Reduction – LRE is able to roll over PA2 funds to use in future years. The Oversight Policy Board determines how PA2 funds are used.

LRE 22-67 Motion: To approve the Amendment #3 to the FY22 LRE Budget

Moved: Patricia Gardner Support: Ron Sanders
ROLL CALL VOTE – UNANIMOUS
MOTION CARRIED

FY2023 LRE BUDGET

LRE 22-68 Motion: To approve the FY2023 LRE Budget

Moved: Ron Sanders Support: Ron Bacon
ROLL CALL VOTE - UNANIMOUS
MOTION CARRIED

CEO REPORT

Included in the Board packet for information.

- LRE served the State of Michigan with a declaratory action. The State had asked for an extension which we will give them but with some conditions. The Dec action says that we have the money to pay the past liabilities. The hope is that the court orders us to pay the CMHs. Ms. Marlatt-Dumas will continue to update Board members.
- LRE received a letter from the State with concerns regarding financial management and reporting. LRE has submitted a plan of correction and are waiting for a response.
- LRE will recommend a contract with Wakely Actuarial to assist us in reviewing rates.
- The discussion regarding COVID as it pertains to ADA will be brought back to the October Board. LRE legal is reviewing.
- The CMHs continue to take on more and more projects from the State that they are required to complete with little extra capacity for doing so.
- CCBHC sites will be able to be added. We are waiting on more direction from CMS.
- Walk-a-Mile was held today.

BOARD MEMBER COMMENTS

- Ms. Gardner comments that it would be helpful to have the financial materials on the Friday before the Board meeting.
- Mr. Stek appreciates that the ADA for Board meetings is being investigated. Mr. Stek asks if there is anything specific to look for in the demographic analysis? Ms. Myers comments that the graphs are subsequent to a conversation that was had at a previous Board meeting. The enrolled and served demographics, is for Board members to review and give feedback. If they feel it is relevant, then LRE will continue to provide it for the Board. LRE staff would also like to hear if there is other information that the Board would like to review monthly.
    i. Give an explanation of what the information means, such as the variance explanations in the finance document.
    ii. Evidence of underserved populations? Do the stats suggest that is an issue across the region? Are there few clients using more services or vice versa? How are we utilizing and how do we compare.

iii. If there are trends in data.

- Mr. DeYoung will discuss beginning Work Sessions a half hour earlier with Executive Committee.

PUBLIC COMMENT

Jacquie Johnson, CEO Thresholds a provider in Kent County. Ms. Johnson appreciates the discussion about the needs of the provider network and that LRE is trying to help. She explains that the DCW funds are not allowed to be used for overtime and given the economic climate they are down over 20% in staffing and have a large amount of overtime which they do not get reimbursed for. She appreciates anything that the LRE and CMHs can do. Nursing homes can use these funds for overtime, but BH providers cannot.

UPCOMING LRE MEETINGS

- October 12, 2022 – LRE Executive Committee, 3:00 PM
- October 20, 2022 – LRE Executive Board Meeting, 1:00 PM

ADJOURN

Mr. DeYoung adjourned the September 15, 2022, LRE Board of Directors meeting at 2:30 PM.

Jane Verduin, Board Secretary

Minutes respectfully submitted by:
Marion Dyga, Executive Assistant

LAKESHORE REGIONAL ENTITY

CONSUMER ADVISORY PANEL MEETING NOTES
Thursday, September 8, 2021 – 1:00 PM to 3:00 PM
Virtual Teams Meeting or Call in

Present: Dawn M., Lynette B., John M., Sharon H., Shawnee T.
CMH Staff: Sam Potter (N180), Cathy Potter (OnPoint), Ann Bednarek (Ottawa), Kelly Betts (HW), Erika Eldredge (WM)
LRE Staff: Stephanie VanDerKooi, Michelle Aguiano, Mari Hesselink, Jim McCormick

1. Welcome and Introductions.
    a. Review of the September 8, 2022, Agenda
    b. Review of the June 9, 2022, Meeting Minutes

2. Member Stories – Limit 5 minutes
    i. Member Experiences
        - John has accepted a position with OnPoint on the Assertive Community Treatment (ACT) team. He is very honored to be able to work within the community. This would be a great story to put into the LRE newsletter.

          Action: Greg Opsommer will contact John for details

        - Sharon would like to discuss nursing homes and rehab. She has been utilizing the rehab/nursing home and comments that people are not treated the equally. While she was there she had to be her own advocate to make sure to receive the care she needed.

3. LRE Staff Members
    i. Jim McCormick – Provider Network Manager
        - Jim and Don work closely with the regional CMHs. Their function is to promote effectiveness between the CMH, providers and LRE. They are the liaisons between the leadership of each organization. Some of their duties have been to create focus groups with different providers in the region, work on contracts and provider rates, and monitoring performance of our network to be sure of network capacity.

    ii. Mari Hesselink – Customer Services Specialist

- Mari previously worked at NMRE in the UP. She ran their CAP group while she worked there. She is looking forward to working with this group as she will be the lead LRE staff person for this group in this region.

4. Consumer Advisory Panel
    i. Rebranding of CAP Follow-up
        - Cathy (OnPoint) commented that OnPoint individuals communicated that they liked Community not Consumer.
        - Sharon comments that she likes Community and inclusive.
        - Sam comments that N180's group changed the name to Lived Experiences Advisory Committee.
        - Dawn comments that she prefers not to use Consumer and likes Community.
        - The group has decided to take the word Consumer out of the title. The 2 choices are.
            - Community Advisory Committee
            - Community Advisory Partners

        Action:
            - Put back on agenda
            - Member will take this back to their CMH groups to discuss.
            - Informational Brochure about this group – Greg Opsommer

    ii. Goals for 2023
    Mari comments that at NMRE some goals were to educate the community and getting people involved to support and uplift the community.
    Ideas -
        - Community event that all CMHs worked on together.
        - Community picnic
        - Information for regional newsletter would be submitted – art, stories/experiences, poetry
            - Dawn would like to submit her artwork and discuss it
        - Sharon suggests a mental/physical health day
        - Lynette suggests working more with other advocacy groups around the state or have them attend our meetings
        - Videos of our group with stories
        - Have a booth at community events with information/resources

5. LRE Updates
    i. LRE Staffing Update

- Organizational Chart
    - Stewart Mills, Autism and Waiver Specialist
    - Mari Hesselink, Customer Services Specialist
    - Hired 2 financial analysts
    - Hired 2 for site/quality reviews

ii. LRE Refresh Update/Suggestions from CAP

- LRE continues to work on the draft website. We would like a space on the website for this group and would like any ideas that this group may have.
    - Dawn suggests analyzing how user friendly the new website is after it is up and running.

6. Regional Updates –
    i. LRE Operating Agreement and Bylaws
        - The LRE Operating Agreement and Bylaws have been amended and have been passed. The LRE Board will have different representation model. As of now each county will have 3 Board members that are appointed by the CMH Board.

    ii. LRE Strategic Planning Update
        - Information gathering surveys will be completed to help inform the LRE strategic plan. After this information is gathered, we will bring to our Board in October. The strategic plan timeline for completion is estimated at 6 months.

    iii. MDHHS/LRE Settlement Agreement Update
        - LRE continues to work through the settlement agreement. We provide progress reports to the State monthly.
        - LRE continues to work with legal around the past liability issue.

    iv. Beacon Transition Update
        - On June 30 the contract with Beacon had ended. LRE has hired staff to complete the functions that were delegated to Beacon.
        - Customer Services phone line is open 8am-5pm, Monday - Friday

7. State Updates –
    i. Walk-a-Mile
        - September 15, 2022
        - https://cmham.org/education-events/walk-a-mile-rally/

    ii. Statewide Suicide Line (988)
        - This line is for anyone regardless of insurance.
        - Lifeline (988lifeline.org)

    iii. System Redesign

- There has been no movement as of now. MDHHS has been making some changes within their organization.

8. LRE Board Meeting
   September 7, 2022 – Special Board Meeting
   September 15, 2022 – Regular Board Meeting
   GVSU Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440
   Call-in information will be posted on the LRE website
9. Upcoming CAP Meetings for **2022** (2nd Thursdays of every third month [Quarterly] - 1:00 pm to 3:00 pm)
   September 8, December 8

10. Other:

FUTURE AGENDA ITEMS

LAKESHORE REGIONAL ENTITY

Chief Operating Officer (Stephanie VanDerKooi)
October - Report to the Board of Directors

Oversight Policy Board (OPB) met September 28, 2022 the group approved the PA 2 (Liquor Tax funds) for FY23 and reviewed the past quarters SUD activity among LRE staff and providers. The group will be meeting for FY23 at the Ottawa County Community Mental Health, Board Room from 4:00-6:00pm on the following dates: March 1; June 7; September 6; and December 6. The group determined to cancel the December 2022 meeting due to lack of agenda items.

CCBHC (Certified Community Behavioral Health Center) – Monthly meetings with 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: 1 and non-Medicaid 2
HW: assigned in October: Medicaid 90, non-Medicaid 28

MDHHS Waiver/SUD Audit – LRE staff (Kim Keglovitz, Patricia Genesky, and I) have worked over the course of the last two months to gather all proofs for the audit. The time that MDHHS will be reviewing is October 19-November 30th. We anticipate getting our results at the end of the year. LRE would like to thank our CMH staff who helped get in all the proofs on time. This was a great regional team effort.

FY 22 Wrap Up: The Operations team has a large number of year end and 4th quarter reports that are all due this month to MDHHS.

AUTISM SERVICES– Justin Persoon

Over the past month, the Autism team prepared for and completed the site review for Health West, and reviewed action plans from Network 180. The team additionally spent much time month processing ABA service enrollments and discharges, providing technical assistance to CMHSPs. Within the Autism ROAT we have approved treatment guidelines, continued work toward increasing family involvement and treatment outcomes, and troubleshoot solutions to provider staffing difficulties. We have also begun preliminary discussion on the development of regional ABA service delivery reports.

Current Autism Benefit Enrollments:
1,749 children are open to the Autism Benefit.

Current Enrollments:
- OnPoint – 129
- HealthWest – 146
- Network 180 – 1,167
- Ottawa – 265
- West Michigan – 42

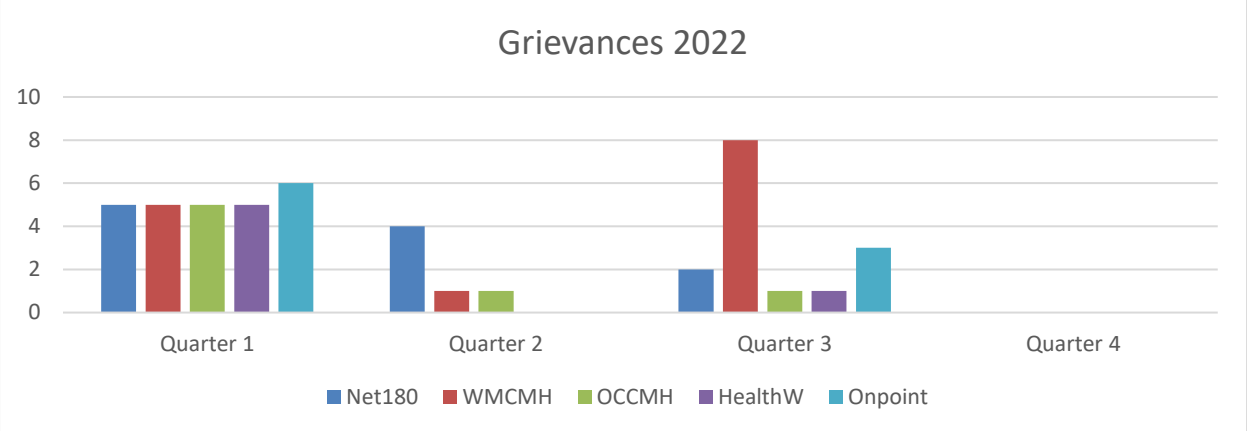
CLINICAL/UM – Liz Totten

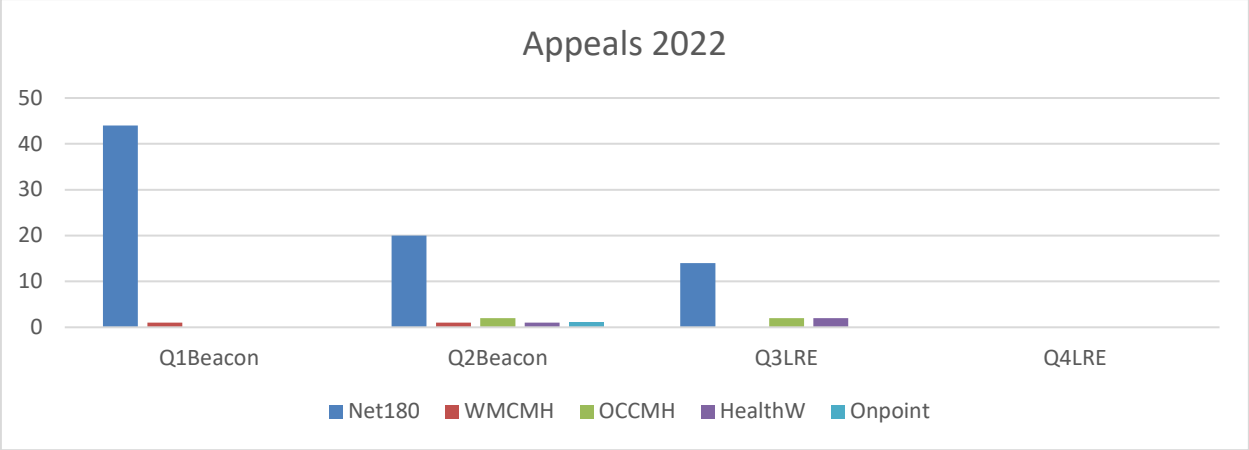
During the month of September, the UM/Clinical Department and CMHSP UM ROAT members worked to finalize recommendations for our new Interrater Reliability (IRR) annual training, examination and oversight procedure. LRE and CMHSP CSR workgroup continued to collaborate on the content and design of a regional Continued Stay Review and Higher Level of Care Step Down process. This workgroup will finalize recommendations by early November. The Clinical Department continues to serve and provide regional feedback to various MDHHS workgroups/ projects related to SIS, LOCUS, and Conflict Free Access and Planning. A regional Conflict Free Access and Planning workgroup has also begun to review, frame, inform and provide feedback to MDHHS workgroup discussions. The UM/Clinical Department/LRE IT continues to work within ROATS to design more robust, effective, and meaningful data reports that provide a sharper view of regional success as well as targeting potential areas of improvement.

INTEGRATED HEALTHCARE – Tom Rocheleau

In September 2022, monthly joint care coordination meetings continue to take place with each of the 6 Medicaid Health Plans that serve the LRE region. During the September meetings, 38 consumers were discussed with their respective MHPs related to their potential or continued benefit from having an interactive care plan within the State's claims database, CC360, and subsequently improving the care they receive and their quality of life, removing barriers, and decreasing unnecessary utilization of crisis services. There were 6 consumers discussed with their MHPs, wherein an interactive care plan was not created, but joint collaboration took place resulting in a Single Episode of Care (SEC). In September, there were 4 new interactive care plans opened.

CUSTOMER SERVICES– Michelle Anguiano & Mari Hesselink





Beacon was including provider disputes as appeals: 27 in Q1 and 22 in Q2
In Q1:11 overturned appeals; Q2:3 overturned appeals; Q3:3 overturned appeals

CREDENTIALING - Pam Bronson (Credentialing Specialist):
In September, the Credentialing Committee reviewed and approved 6 organizational providers for credentialing/re-credentialing. Work has wrapped up with MDHHS on the Universal Credentialing project. We are excited to begin viewing live demonstrations of our work in the CRM system in late October/early November.

PROVIDER NETWORK MANAGEMENT – Don Avery, Jim McCormick
PNM completed the regional Provider Network Adequacy Report (PNAR), which is a managed care requirement. The PNAR assesses adequate capacity for the service needs of Medicaid Eligible Beneficiaries in the region. LRE will be issuing extensions to the CMHSP contracts in order to draft a new contract based on MDHHS requirements. Once the LRE has incorporated all MDHHS contractual changes into the CMH contracts, new agreements will be issued.

SUD TREATMENT - Amanda Tarantowski, SUD Treatment Manager
The SUD Treatment Provider Manual is now completed. The LRE would like to thank the CMHSPs' SUD Directors for their time on this project.

Attended the 23rd Annual State Substance Use Disorder conference at the DeVos Center. Attended some great trainings on SUD treatment as it relates to opiates and stimulants. This information will be shared with the filed to help further the knowledge base of our CMH and SUD provider staff.

SUD PREVENTION – Amy Embury

TalkSooner.org

NEWS ALERT - Oct./Nov. 2022

Prevention Goes the Distance:
From community parades to football tailgates, Talksooner's Wrapped Vehicle has been putting prevention on the map throughout LRE's 7-county footprint. Our bilingual wrapped design garners great attention about Talksooner.org and the many resources and talking tips available to parents/caregivers as they navigate these important conversations about youth substance use prevention.

Fennville Homecoming/Marching Band

A Streaming Success:
As families readied for a new school year, Talksooner provided a first-ever *Community Conversation: The Truth About Youth Vaping* presentation, along with the Kent County Health Department and WOOD-TV's Maranda as our emcee. More than 600 individuals/parents/families streamed along with us to hear first-hand accounts about the realities of youth vaping, and resources. Check it out, here.

Maranda Where You Live

HEALTH DEPARTMENT

Making Headlines:
You've likely heard/seen recent national, state and local headlines about a new "rainbow fentanyl" that has a similar look to candy. Talksooner's prevention experts are often sought after to provide insights into new drug trends, or offering insights into ways busy families can engage in conversation with their tweens/teens.

Check us out on Facebook, and tell your friends to follow us!

Check out www.talksooner.org (¡disponible en español!), today!

WAIVERS – Kim Keglovitz / Melanie Misiuk/Stewart Mills

Habilitation Supports Waiver (HSW)

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

Region 3 filled the 6 open slots for September with 5 clients from Network 180 and 1 from HealthWest. The HealthWest packet is currently still pending enrollment due to a BH-TEDs issue. There are 2 open slots for October enrollment, 1 of which will be going to Network 180

Children's Waiver age off. We currently do not have any openings for November enrollment. We have 9 complete packets and 10 packets that are pending due to goals, objectives, or needing updates to other required documents. Below is a chart of slot utilization in region 3.

	October	**November**	**December**	**January**	**February**	**March**	**April**
Used	629	629	628	628	629	626	626
Available	0	0	1	1	0	3	3
% Used	100	100	99.8	99.8	100	99.5	99.5
	May	**June**	**July**	**August**	**Sept**		
Used	626	624	628	627	627		
Available	3	5	1	2	2		
% Used	99.5	99.2	99.8	99.7	99.7		

Reminder that the enrollment deadline is always the 15th of the month. If the LRE is not notified of a disenrollment right away, we could miss the deadline for the month and therefore the payment while we have people waiting to be enrolled. For example, if we have a death in December and we don't find out about it until June we have missed out on 5 months of payments.

The public health emergency is likely going to be extended another 3 months which will put the end of the appendix k flexibilities for the waiver out until summer 2023.

Children's Waiver Program (CWP)

81 children are open and enrolled in the Children's Waiver Program for October. There are 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 On Point. 4 prescreens were submitted by Network 180 in September. MDHHS continues to report that there are still open slots for the CWP and because of this there are currently no children

CMHSP	**Overdue Certifications**	**Overdue Guardian Consents**	**Inactive Consumers**
Onpoint	0	10	
HealthWest	0	1	1
Network180	11	0	
Ottawa	0	1	
West Michigan	9	4	

throughout the state who are on the waiting list. 1 Prescreen as already been submitted for October.

CMHSP	**# Enrolled**
HealthWest	8
Network180	59
Onpoint	2
Ottawa	11
West Michigan	1

1915(i)SPA:

MDHHS Updates:

1. Extension Request – MDHHS is requesting an extension of the deadline for compliance from 10/1/22 to 10/1/23. The public comment period ended on 9/1, and MDHHS is still waiting on a final response from CMS.
2. Policy Update - Public comment for the 1915(i)SPA Policy language ended 8/12. MDHHS is working on a consultative summary, and they will update the MPM accordingly.
3. All 10 regions have completed their WSA User and Operational Trainings, so everyone should be up and running statewide.

Regional Updates:

1. CMHSPs are beginning to enroll identified iSPA cases into the WSA. There have been a few technical glitches that the State is working on, but overall, it is going fairly smooth.
2. All CMHs were supposed to be entering cases by 10/1 into the WSA, but a WSA issue has put this on hold until yesterday 10/10. MDHHS had asked that we not enter any new cases until the issue is resolved, so we were in a "pause" for a bit. However, every CMH had entered a case prior to 10/1 in the WSA, so now that we can restart, we should be able to pick back up at that point.
3. There are a few issues with gaining access to the WSA, which we are working through with the individuals involved and MDHHS, but overall, there have not been a huge number of technical issues.
4. The Regional iSPA Workgroup has been meeting monthly, with representation from each CMHSP, as well as attending the statewide meetings.
5. This group has been working well together to identify issues, suggestions to help other CMHs, and providing great feedback to the Region and MDHHS.
6. One issue brought up to the group was about identifying potential iSPA cases in CMH EHRs, specifically PCE systems. I reached out to other regions to see if they could provide any help and received feedback from Regions 1 and 6 that has been helpful. These tips and tools have been presented to the regional workgroup to review. If they determine they will be helpful, then can move forward with their respective IT departments to implement it into their workflow processes.

Serious Emotional Disturbances Waiver (SEDW):

We currently have 75 open cases.

- Allegan – 3
- HealthWest – 17
- Network180 – 34
- Ottawa – 18
- West MI – 3

MDHHS will be providing an SEDW 101 training and refresher for PIHP and CMHSP leads and providers in the coming weeks (date TBD). This will provide needed updates and information for providers on the SEDW waiver and process.

VETERAN NAVIGATOR REPORT
Submitted by: Eric Miller
Year: 2022 Quarter: 4th

The Veteran Navigator (VN) role was created to assist veterans and military families of all branches, eras, and discharge types. The VN works to connect veterans and their families to federal, state, and local resources to offer support for issues regarding mental health, substance use disorders, housing, and other unique circumstances that may impact veterans.

Outreach:	Identify and engage veterans and their families.	# Community Members Reached: 50

-The Ottawa County Veterans Alliance (OCVA) has been meeting monthly helping to connect Veterans and Veteran Resources. The focus is to connect veterans and screen for a risk of suicide.

-Planned and participated in the Kent County Veterans Resource Fair where we do outreach to veterans about the Veteran Navigator Program.

Support:	Work with individual veterans to assess their needs, connect to services, and address challenges that negatively affect their health and well-being.	# New veterans Served: 26

- Assisted 10 Veterans with starting or increasing their Veteran Benefits with the VA, they are still in process as this takes time.
- Connected Veterans that are dealing with homelessness in the area due to rising housing costs.
- Worked with a group of volunteers to help clear out clutter on two different houses for two different Veterans.
- Worked with the VA social workers to assist veterans that are in need of services that the VA cannot provide.
- Assisted a veteran in receiving $2,000 in tools to help start his career as a mechanic.
- Helped a veteran with car and employment issues.

Referrals:	Establish a robust referral network to assist veterans in accessing services and supports to meet their needs.	# Stakeholder Collaborations this Quarter:20

-OCVA network and CMH training to improve the referral network.

-Participate in outreach such as golf outings and resource fairs.

-Connected with education experts

Expertise:	Training and assistance for local organizations and groups to effectively engage and support veterans.	# of trainings/ consults provided this quarter: *2*

-Completed two trainings for Ottawa CMH in Military cultural competency and how to better help assist Veterans when they present to the CMH

LAKESHORE REGIONAL ENTITY

Information Officer Report – October 2022

Summary:

1. **MCIS Software**:
   FY23 changes for both BHTEDS and Encounters, as required by MDHHS, are now in effect in the LRE PIHP system.

2. **Data Analytics and Reporting:**
   New efforts currently underway in this area include:
   - Development of a regional LOCUS assessment dashboard.
   - Updates to OIG Data Mining dashboards to align them with the state's new reporting template.
   - Building automation around the LRE data warehouse "data state monitoring activities", allowing LRE IT staff a quick and consolidated "at a glance" view showing the freshness each of the data objects on which LRE's corporate dashboards are built.

3. **FY22 data reporting to MDHHS**:
   FY22 Encounter reporting overall is showing good volumes through August, which would be expected at this point in time. Please see also the encounter graphs attached.
   FY22 BH-TEDS: BH-TEDS reporting volumes for FY22 related records are coming in with good volume from all CMHs. BHTEDS for FY22 have recently been frozen/captured by MDHHS and forwarded to federal Substance Abuse and Mental Health Services Administration (SAMHSA) .

4. **HSAG Compliance Audit – Draft Report:**
   LRE recently received a draft report from the HSAG Compliance Audit, and we are combing through that now to fully understand the results and to identify any subsequent feedback/response that may need to be returned to HSAG.

5. **Provider Data has been vetted, validated and entered into the LRE "LIDS" system:**
   This task included examination and comparison of multiple sources of provider information including provider identification information in the encounter submissions, the provider directory files submitted by each CMH to LRE, and LRE's own Provider Network and credentialing information stores. Information was also verified, where possible, via lookups to external resources (such as MDHHS LARA licensing site).
   Many thanks to the Quality and Credentialling teams at LRE for their huge effort and collaboration with LRE IT in pulling this data fully into focus!
   In the near term, this critical task was required to support the LRE provider site review process.
   Going forward, LRE will be able to use this centralized store of provider information to provide clarity and assistance to everyone in the region who interacts with our contracted providers. It will also be helpful when LRE needs to provide lists of providers for external partners such as MDHHS, and to others as well such as to other health plans via Health Information Exchange (HIE).
   In the longer view, LRE's "LIDS" system will eventually be able to cross-check and validate provider identifying information when encounters are submitted into the PIHP system, providing real-time feedback to the submitter regarding any inconsistent or potentially inaccurate provider information.

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.

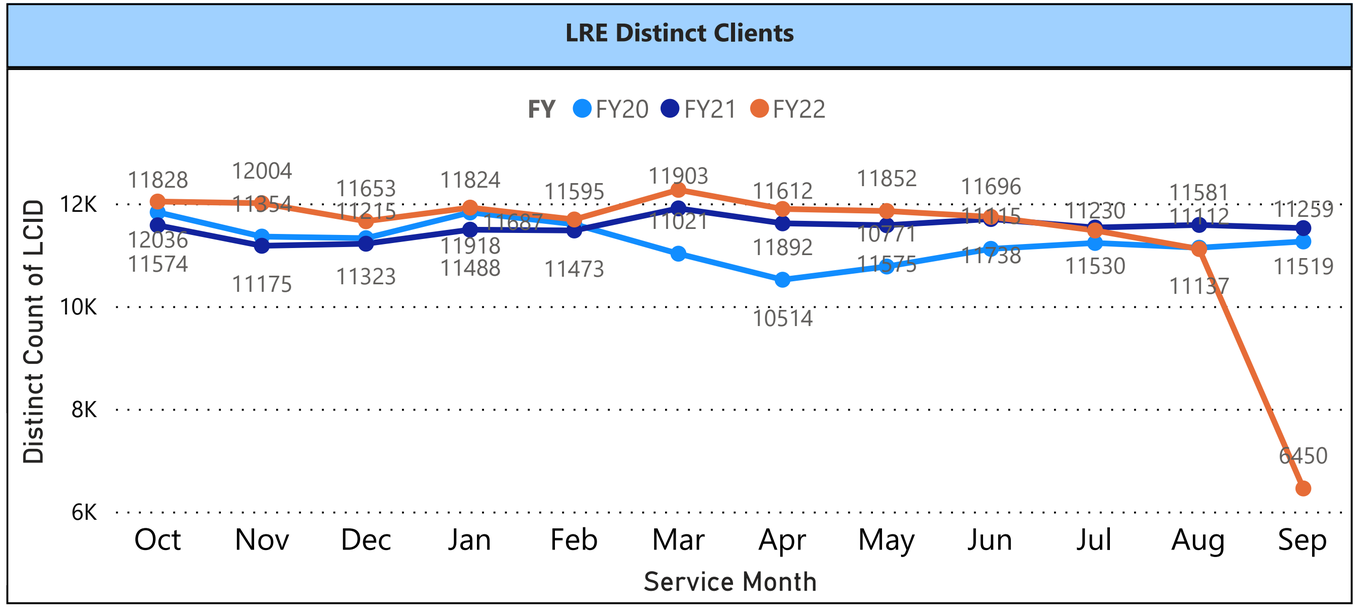
Reports in Dashboard:

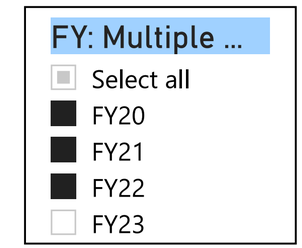
1. **LRE - MH Lines** - Shows distinct client count and mental health encounter line totals for both Professional and Institutional type transactions for the LRE as a whole.
2. **LRE - MH Units** - Shows distinct client count and mental health encounter claim unit totals for both Professional and Institutional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

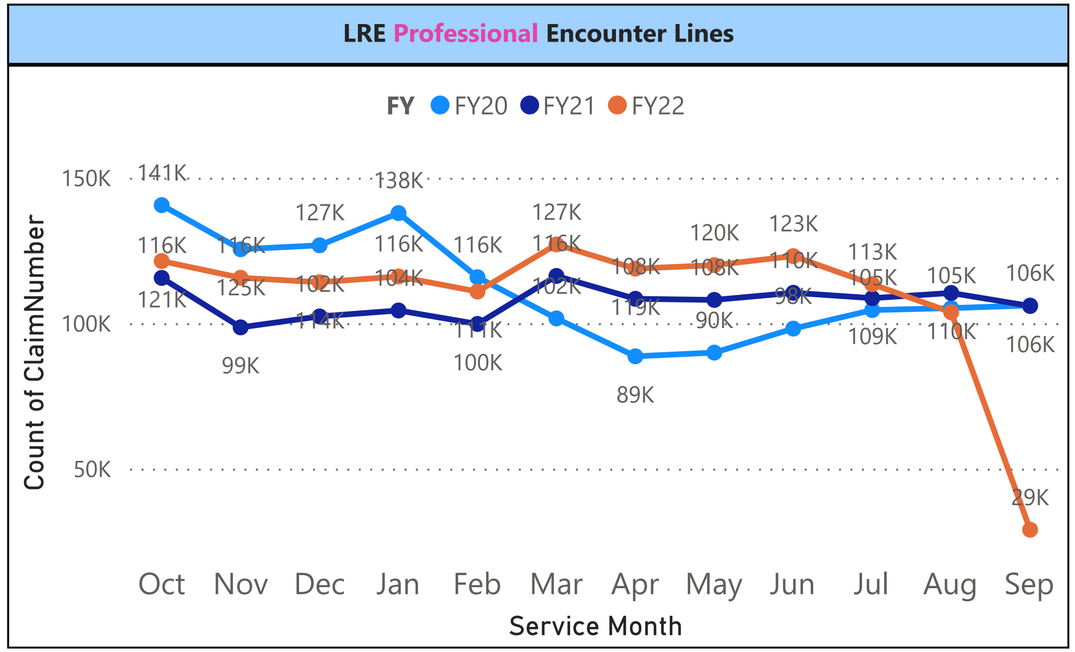
Notes: Items 4-6 above are repeated for each individual CMHSP.

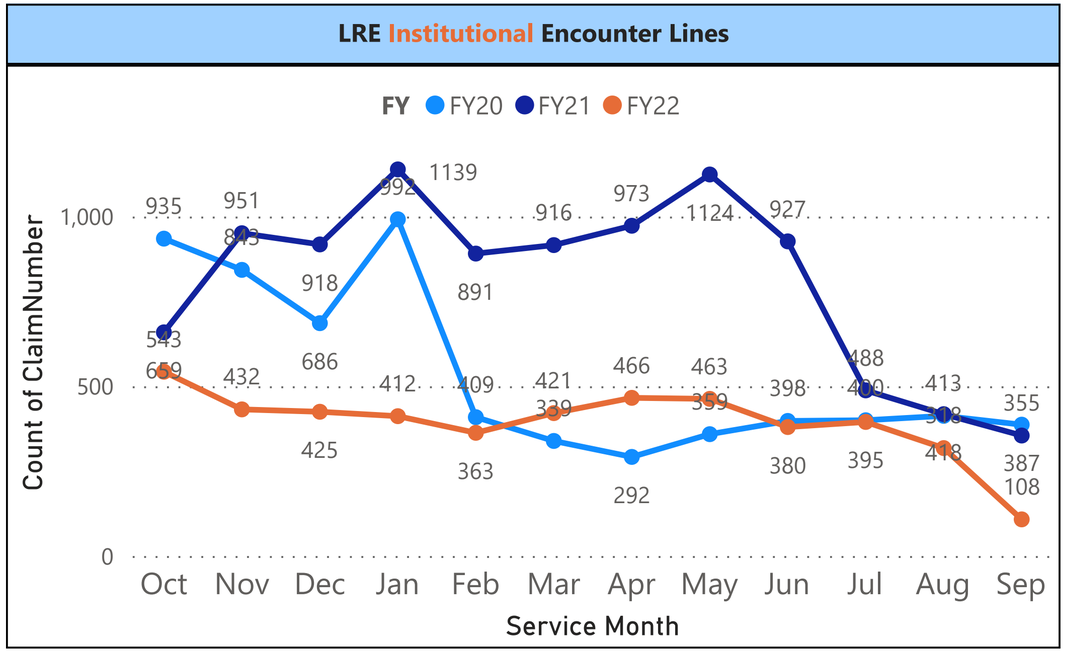
LAKESHORE REGIONAL ENTITY

LRE
Behavioral Health









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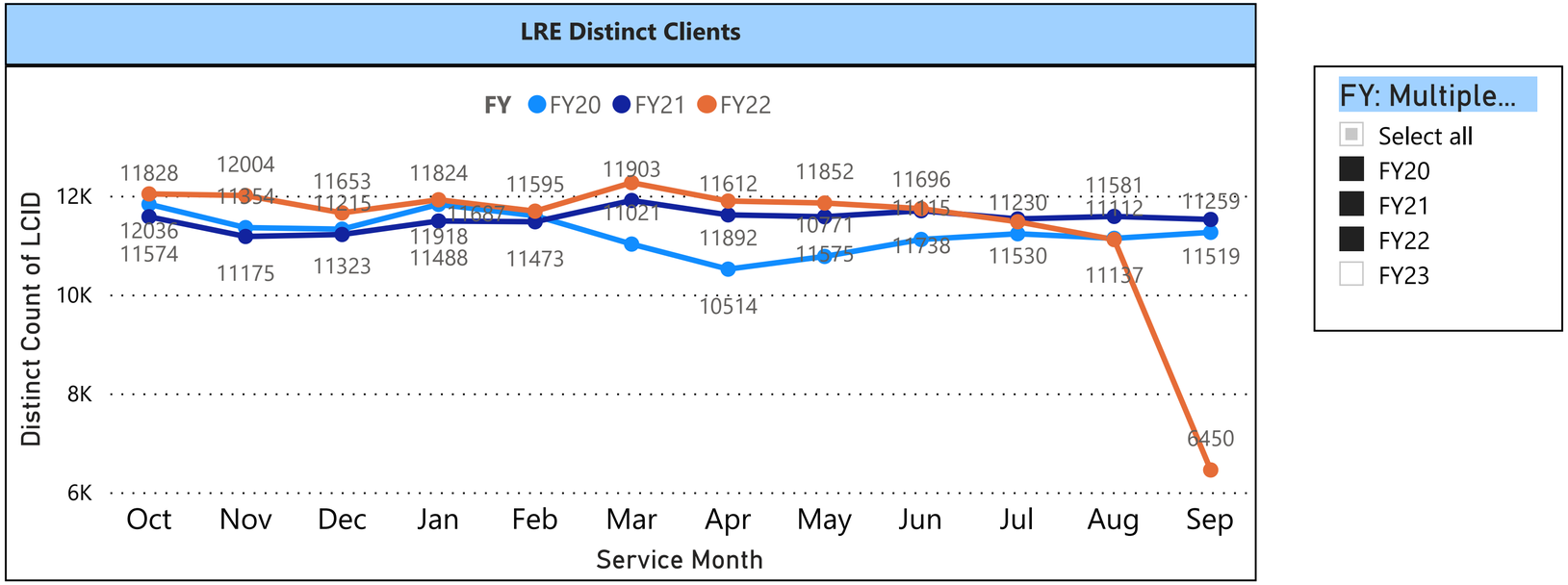
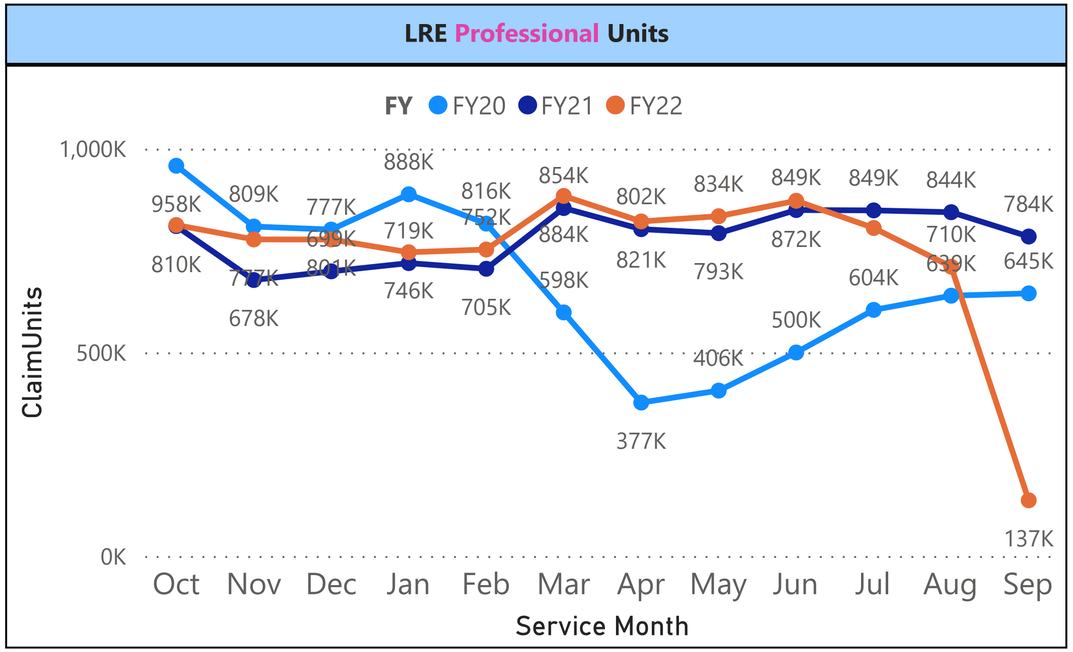
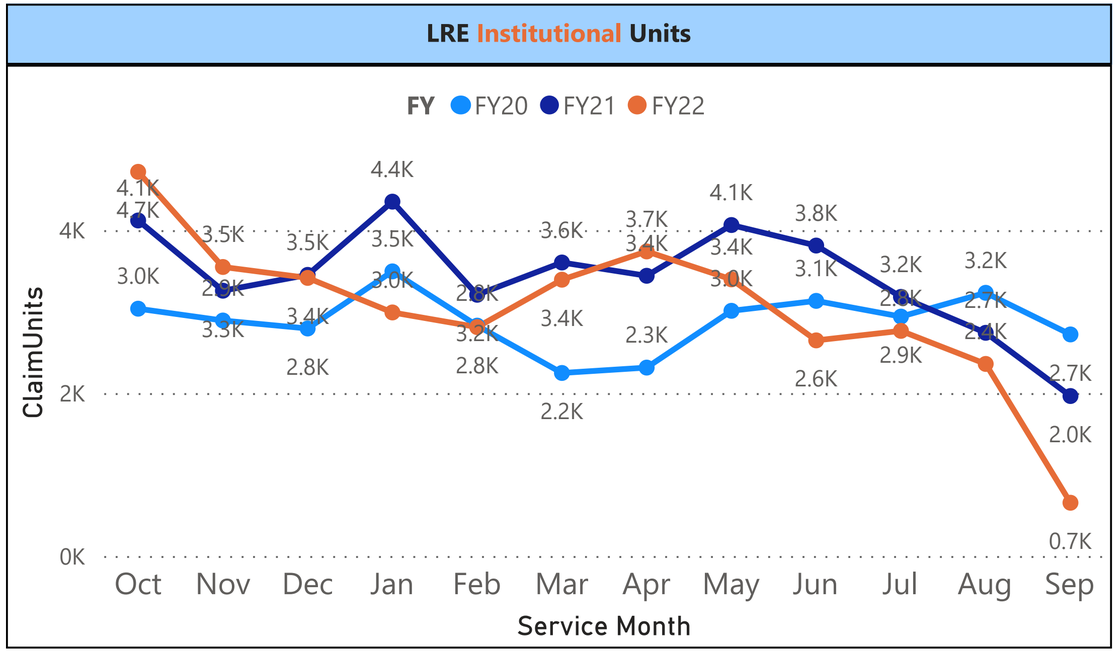
Latest ProcessDate

LAKESHORE REGIONAL ENTITY

LRE
Behavioral Health







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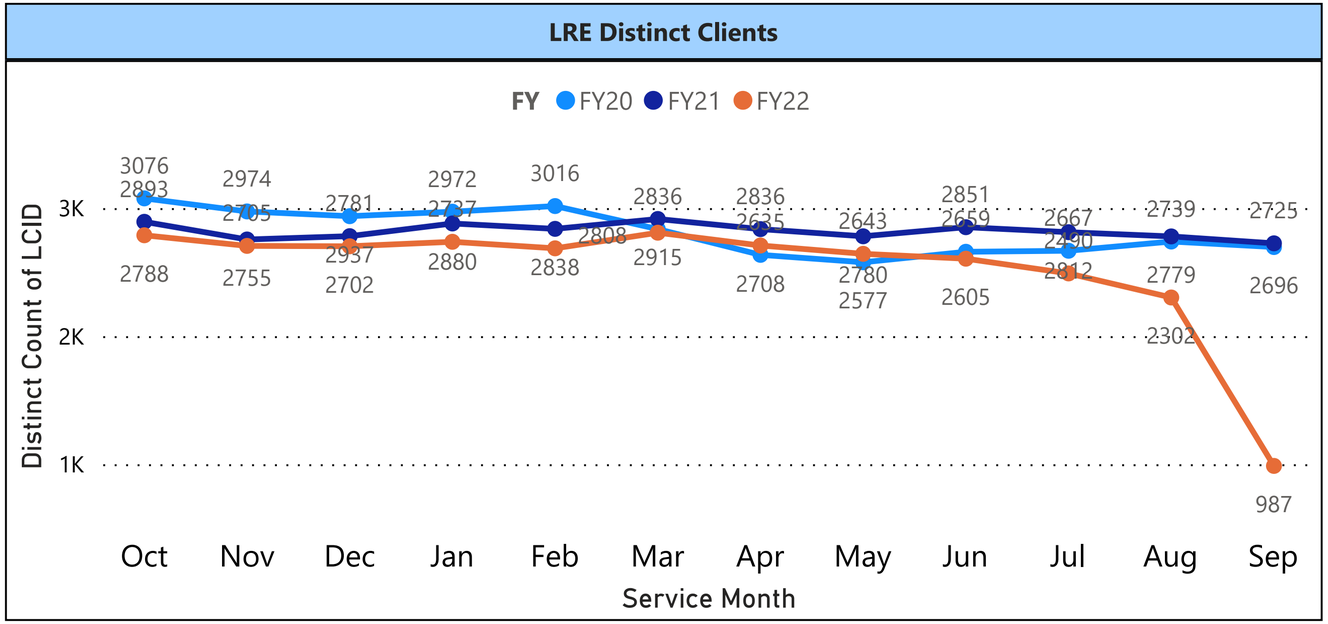
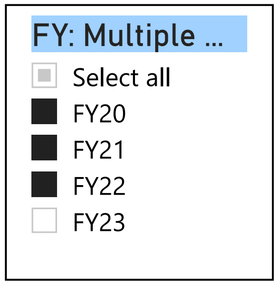
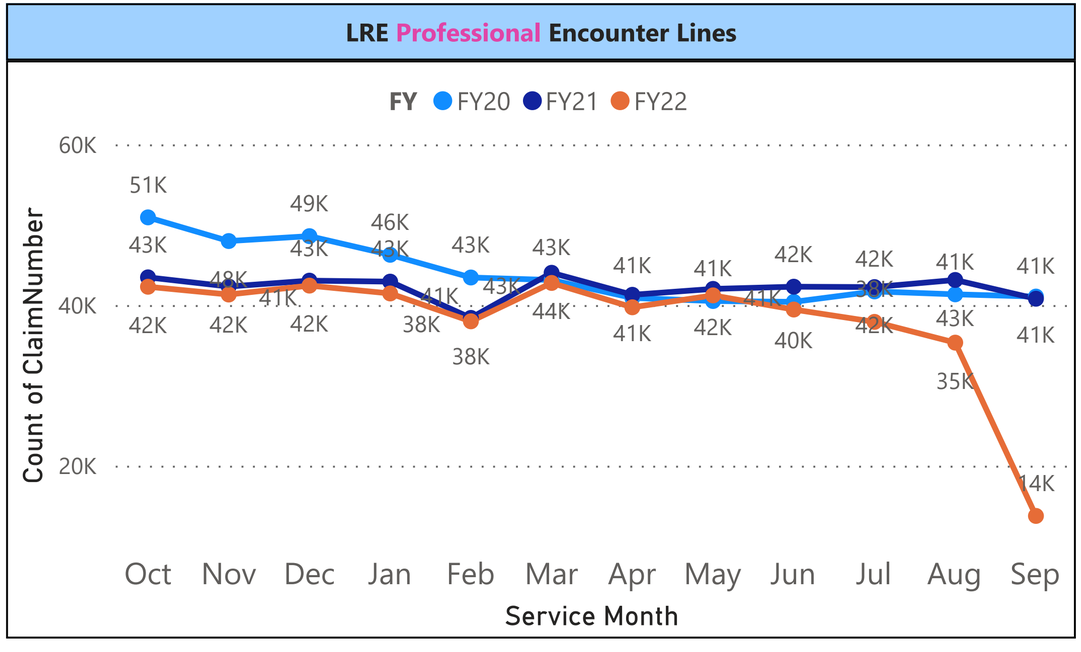
LAKESHORE REGIONAL ENTITY

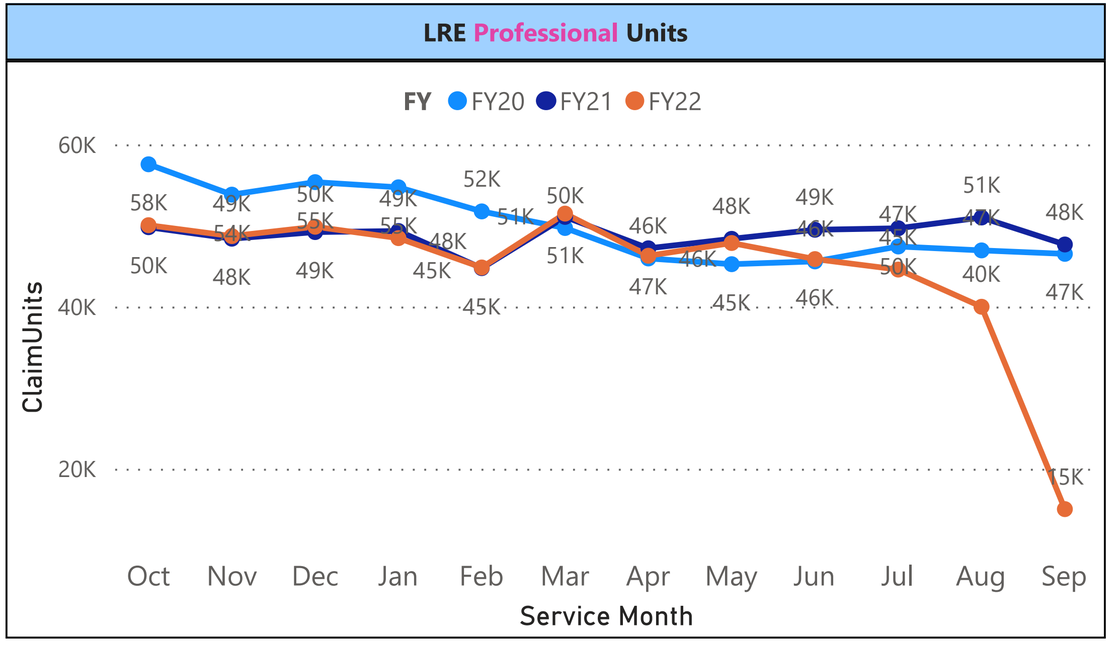
LRE

Substance Use Disorder









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LAKESHORE REGIONAL ENTITY

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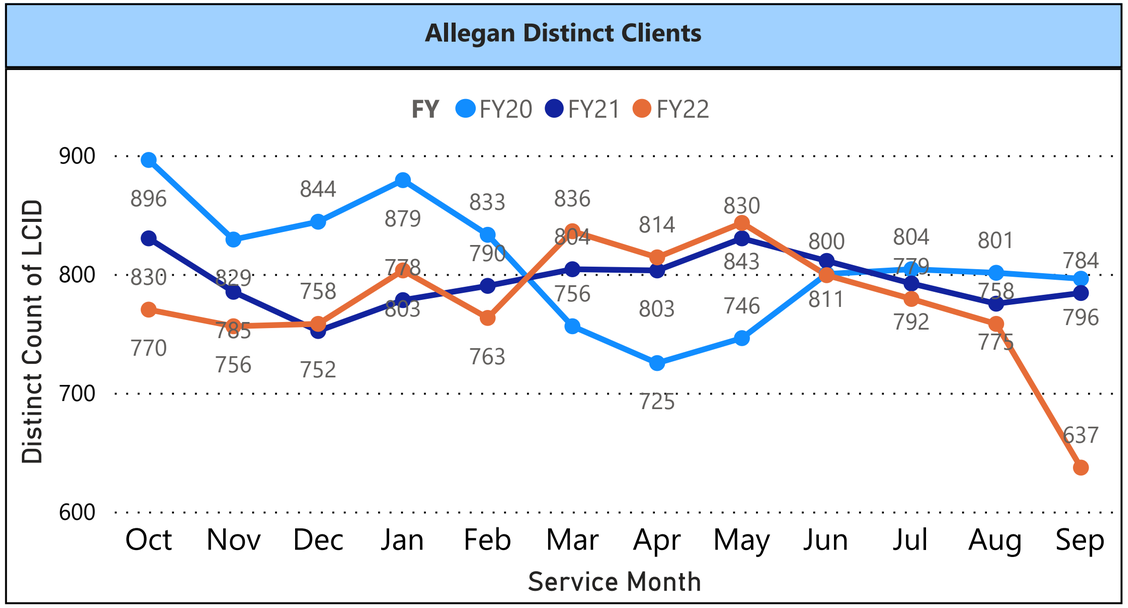

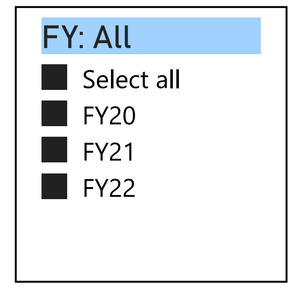

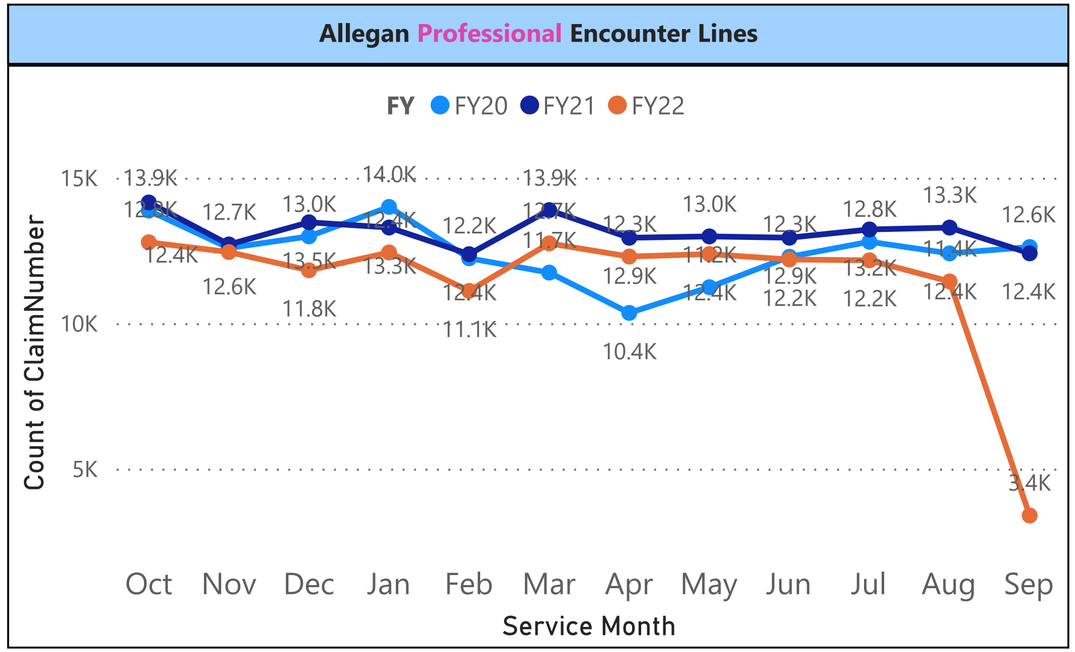

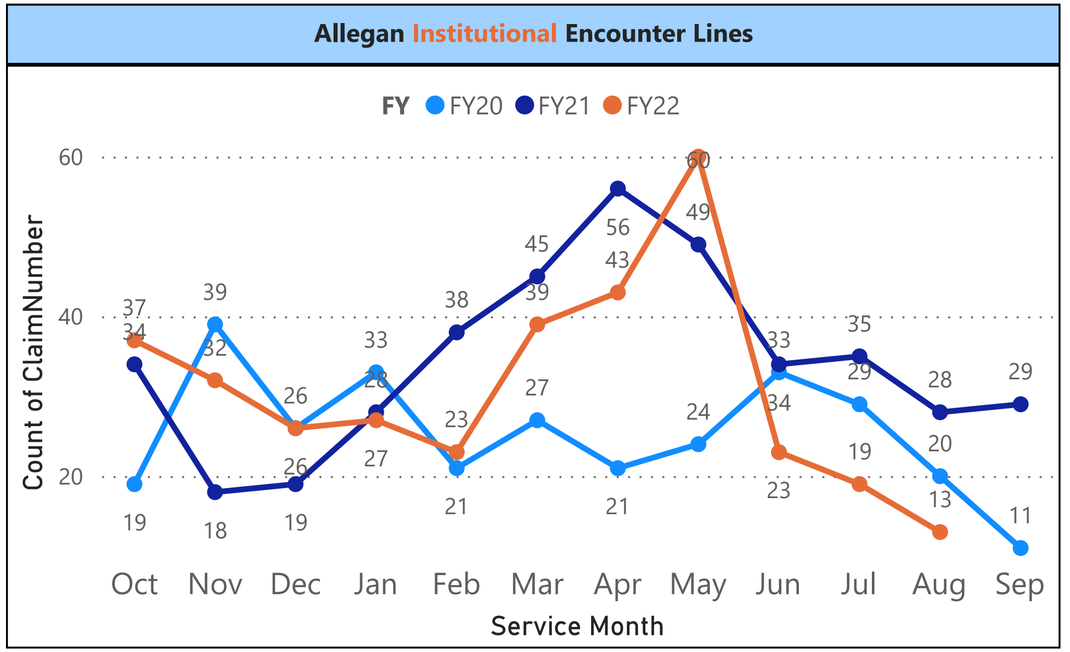

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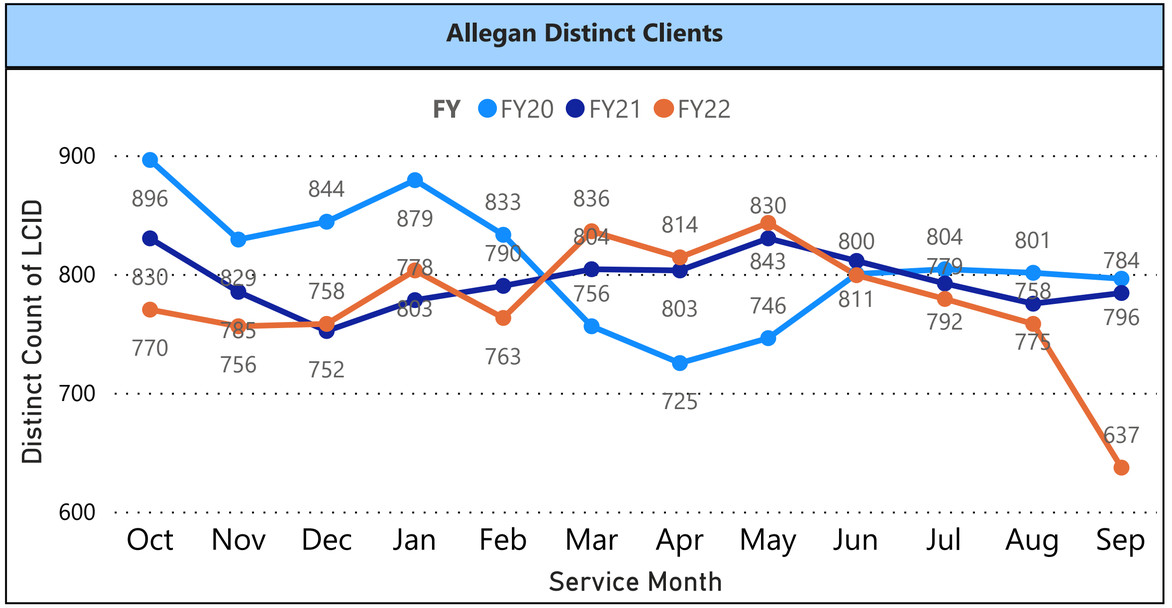

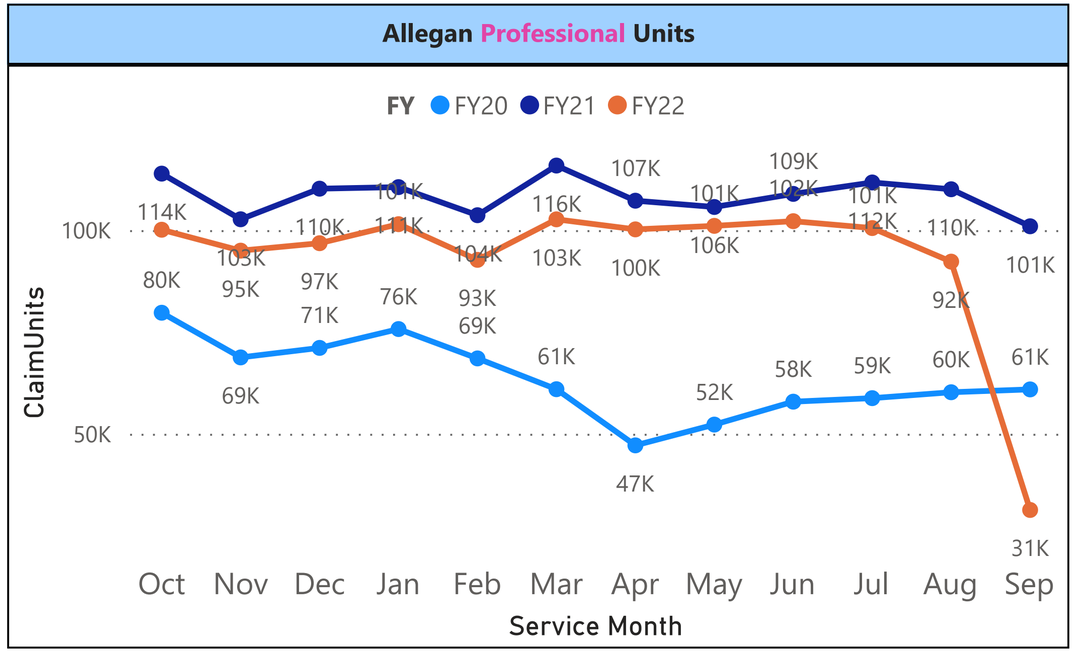

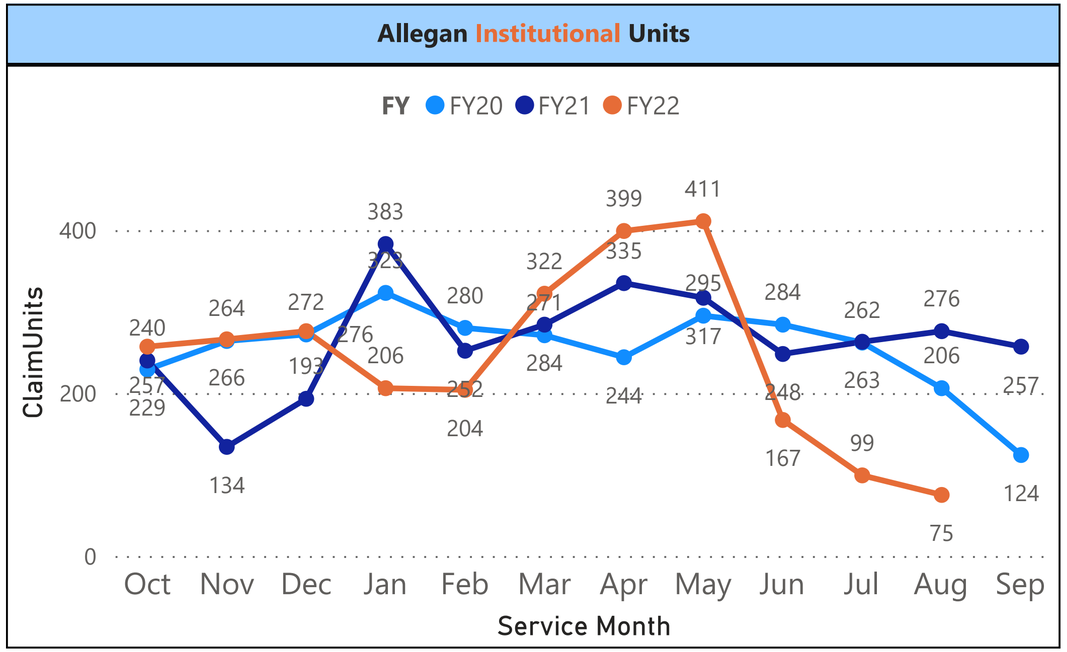

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LAKESHORE REGIONAL ENTITY

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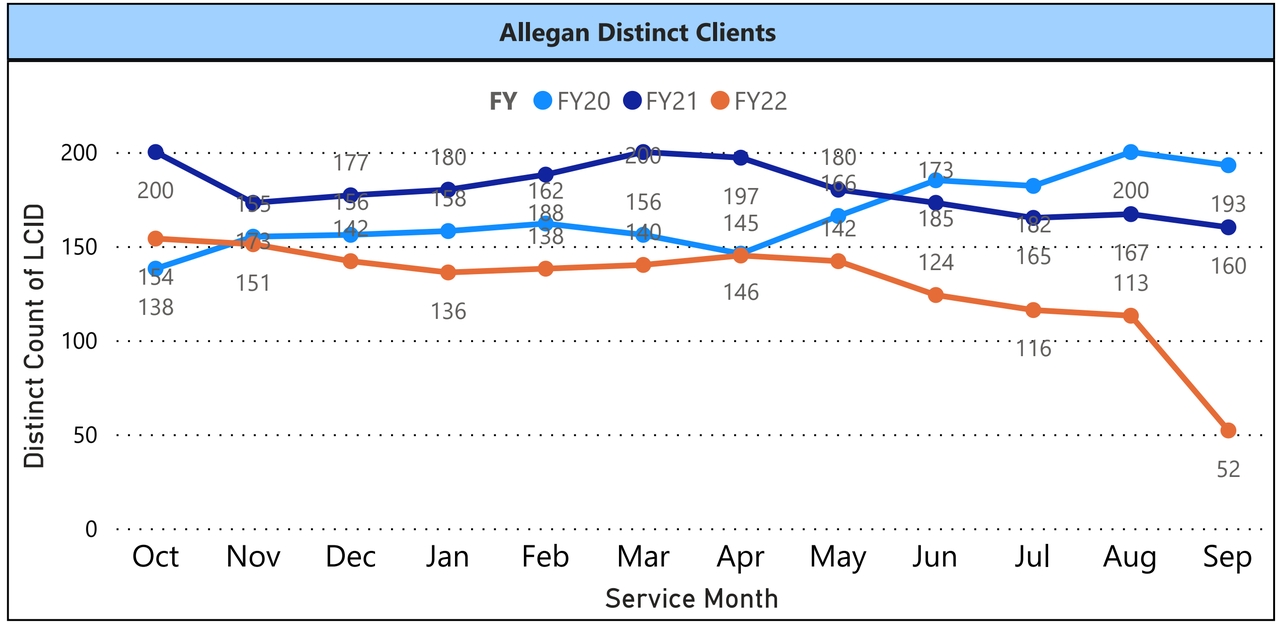
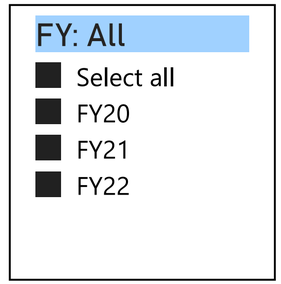
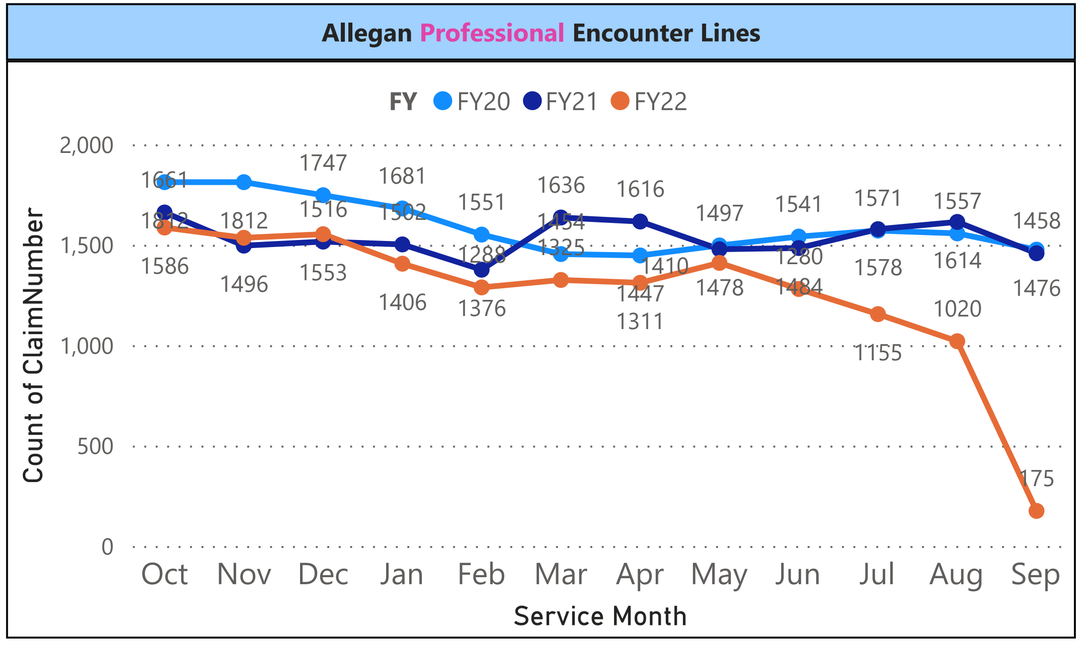
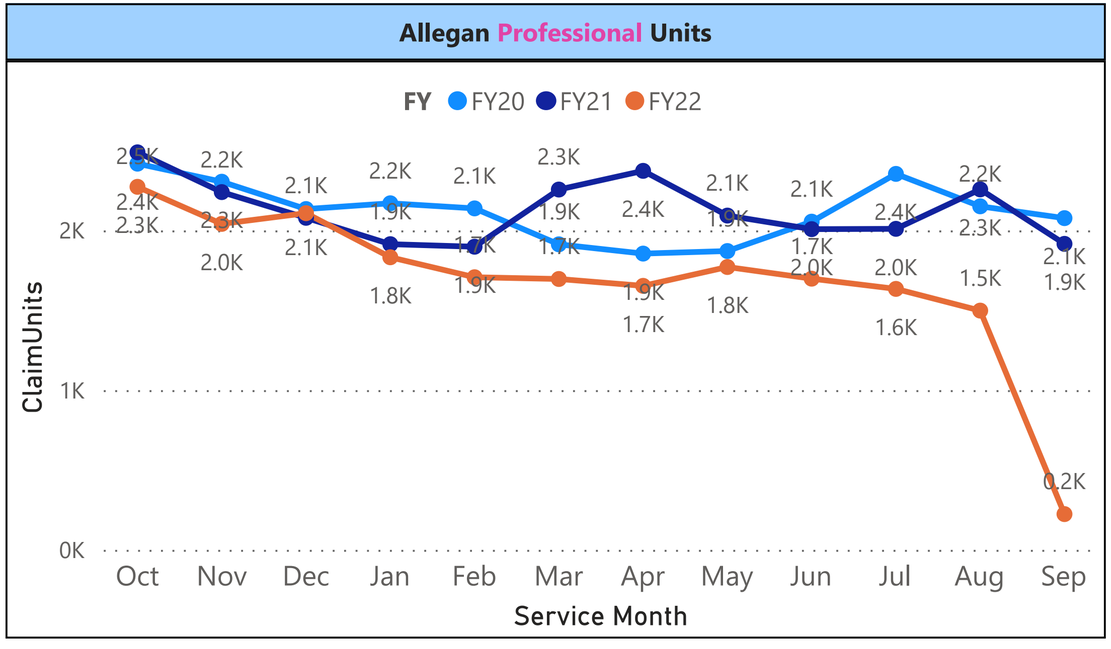
Substance Use Disorder









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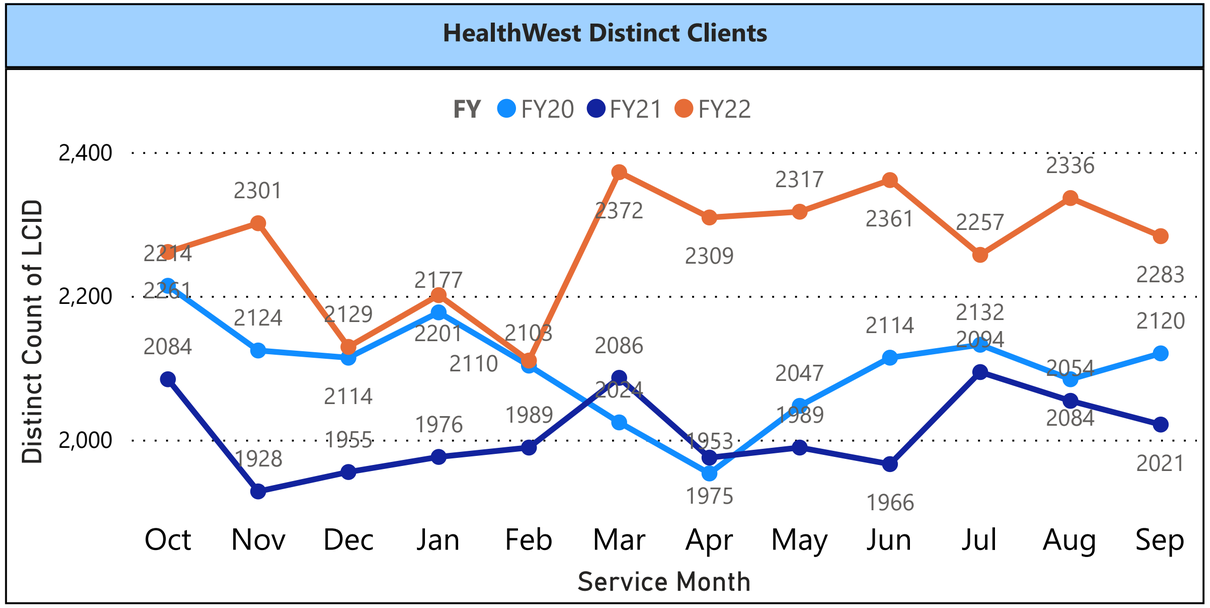
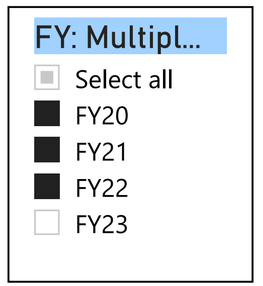
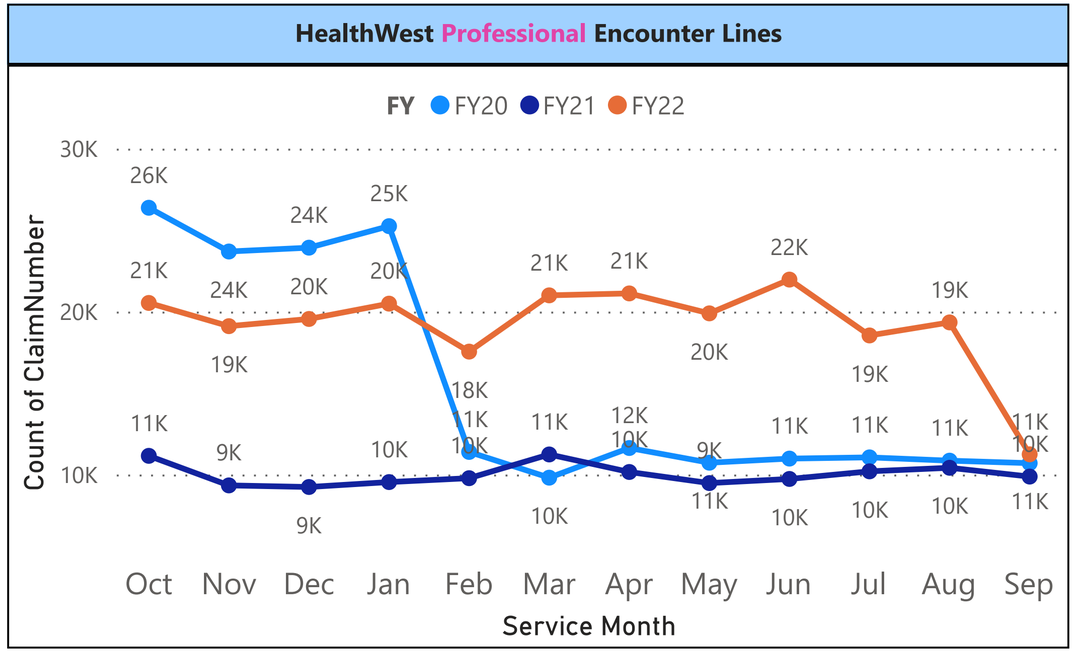
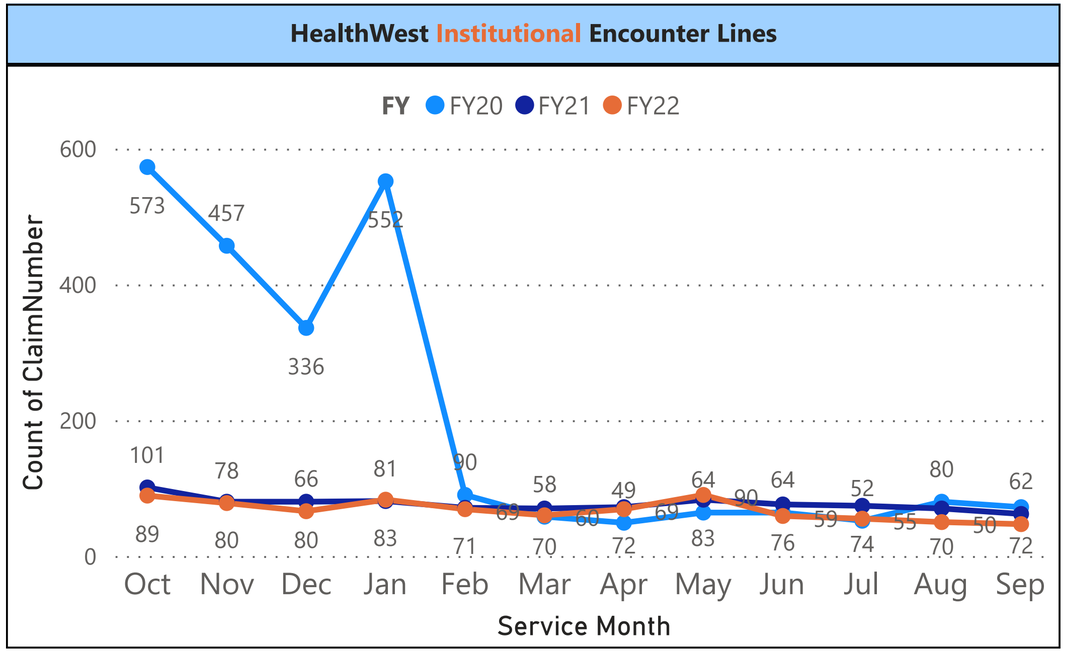
LAKESHORE REGIONAL ENTITY

HealthWest Behavioral Health









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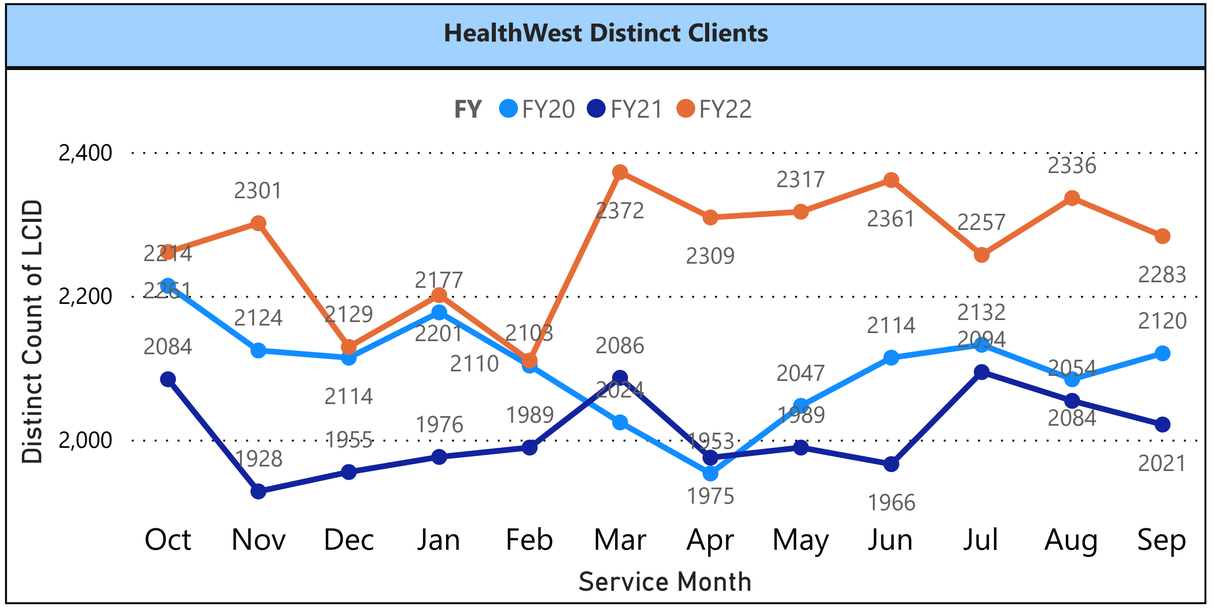
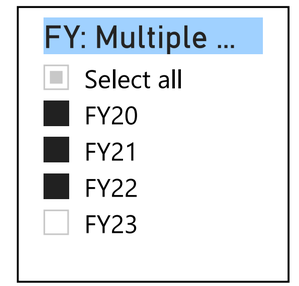
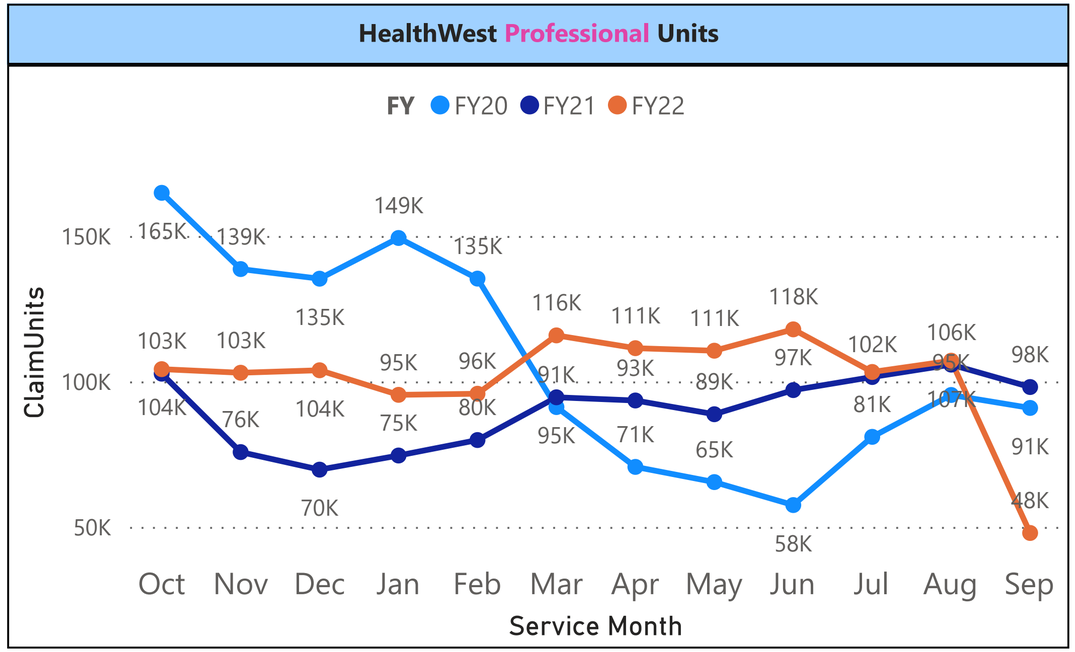
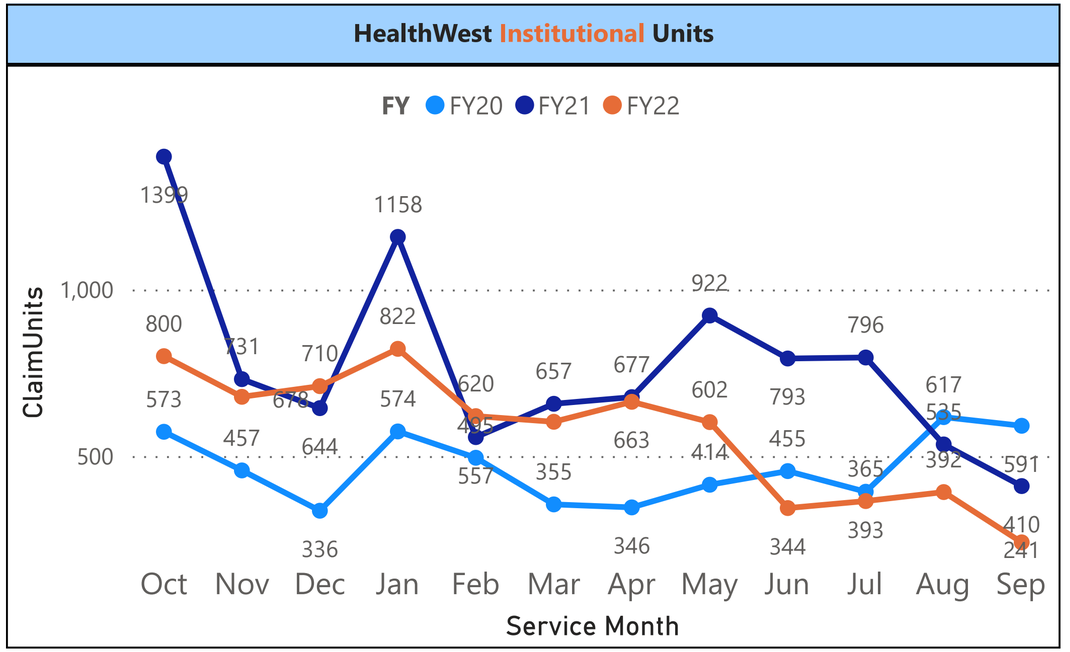
LAKESHORE REGIONAL ENTITY

HealthWest Behavioral Health









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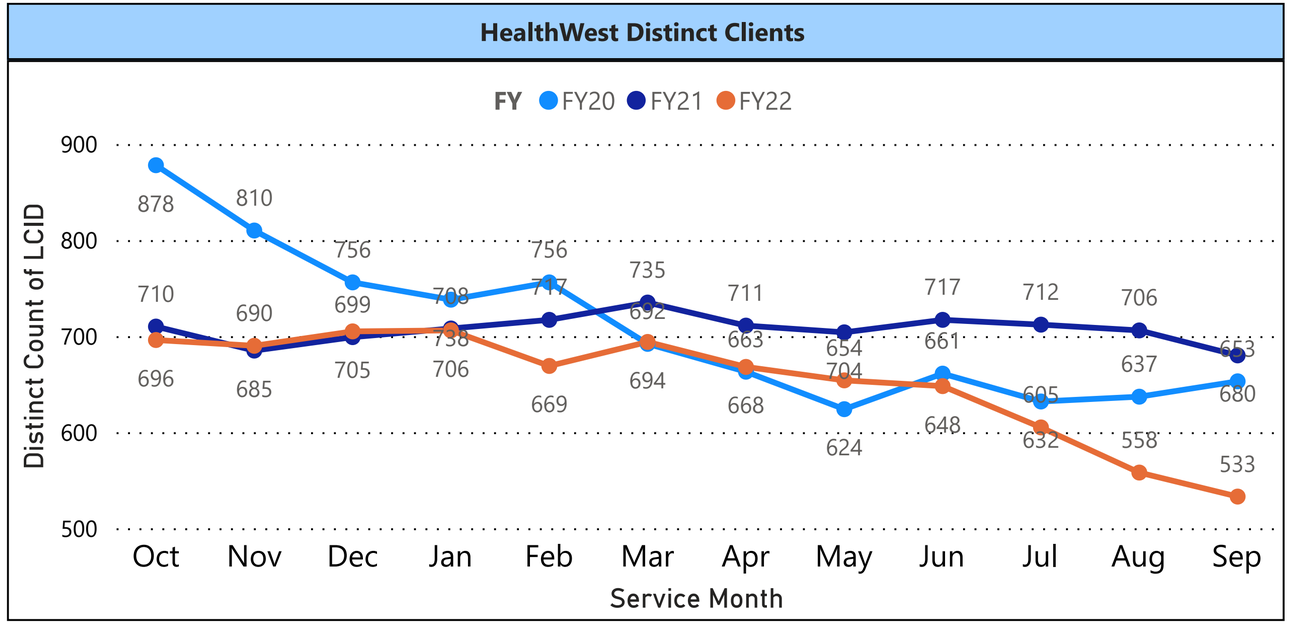
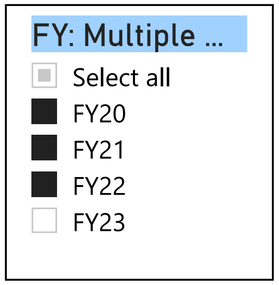
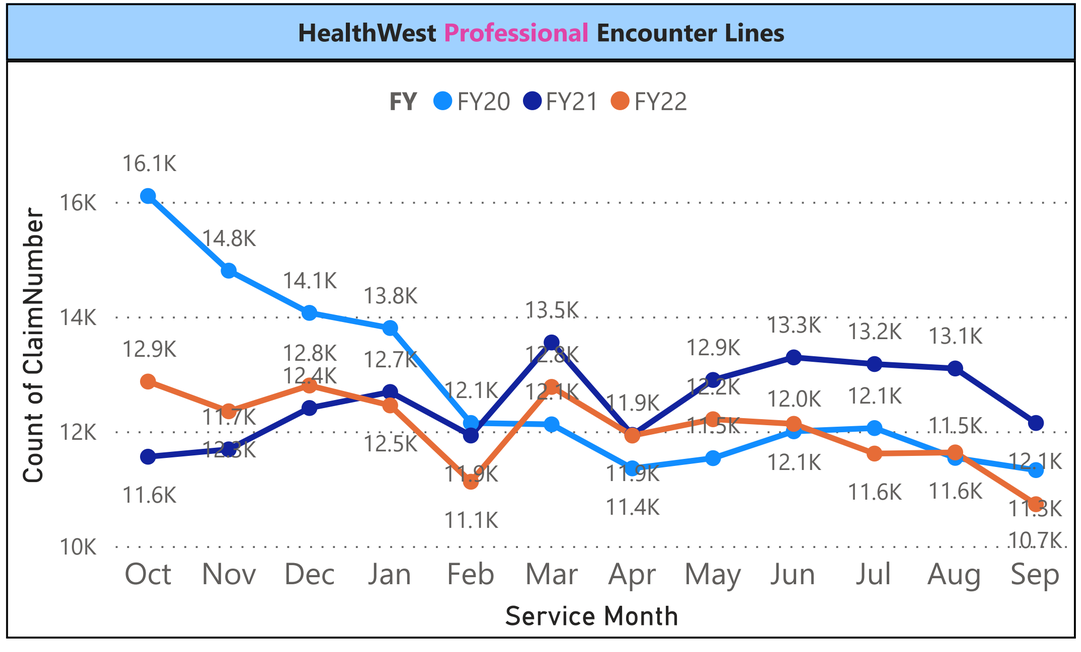
Latest ProcessDate

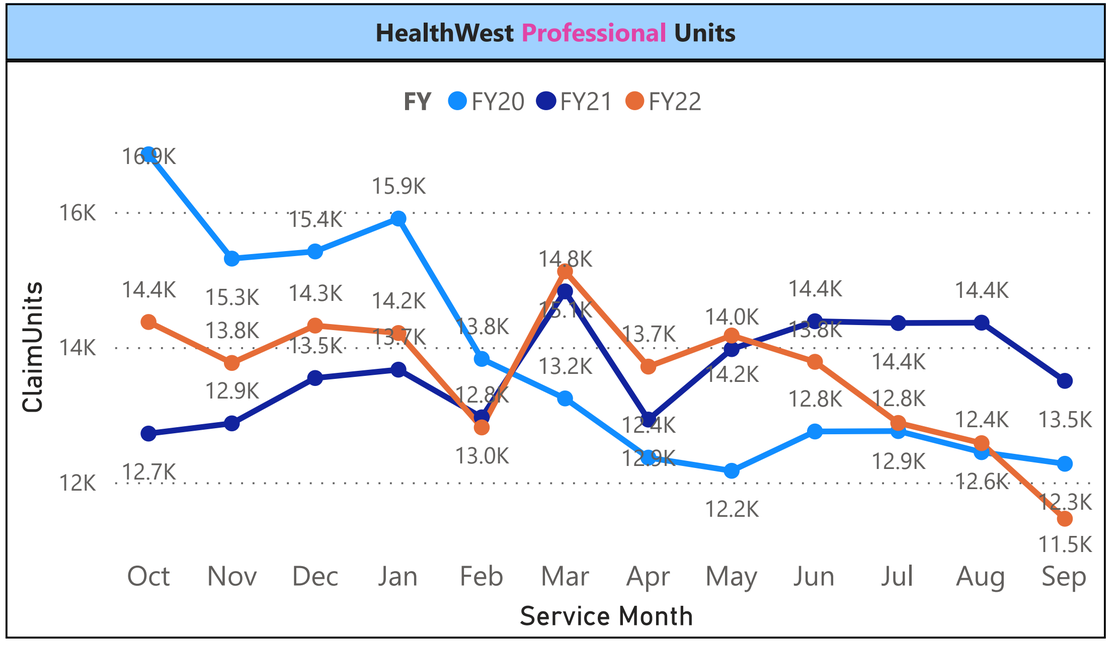
LAKESHORE REGIONAL ENTITY

HealthWest
Substance Use Disorder









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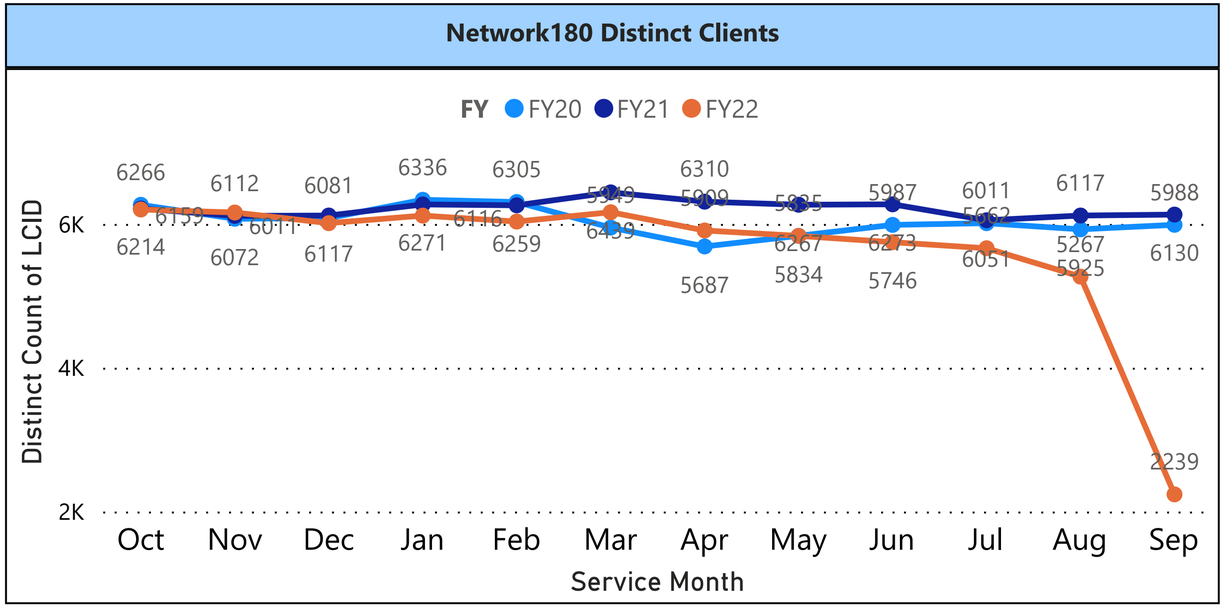
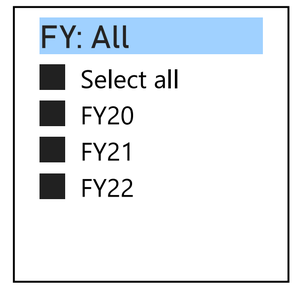
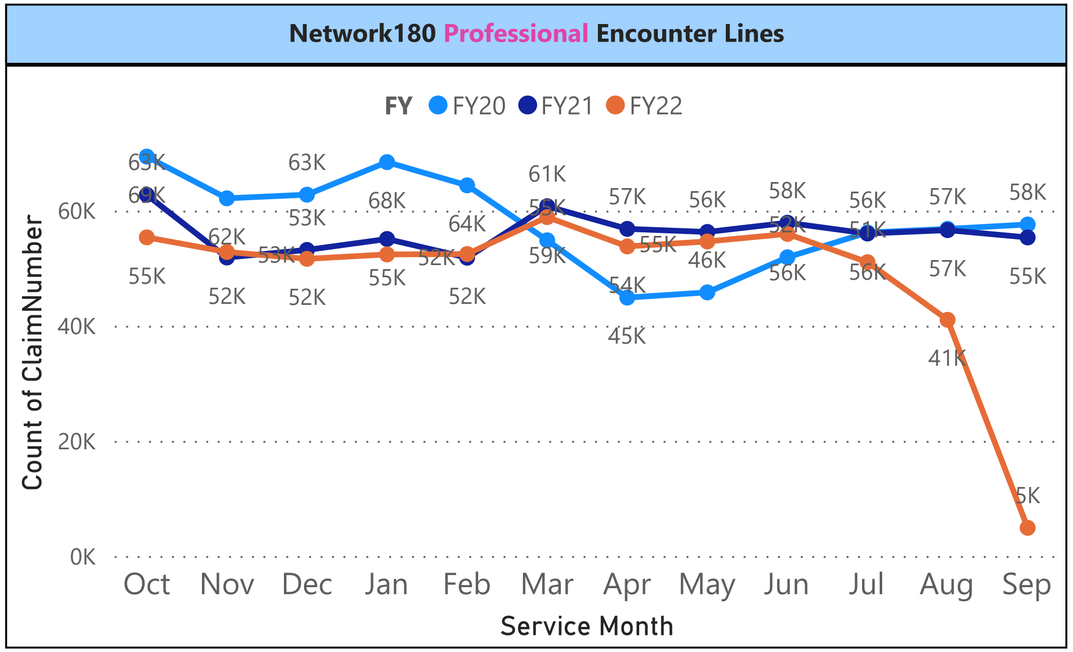
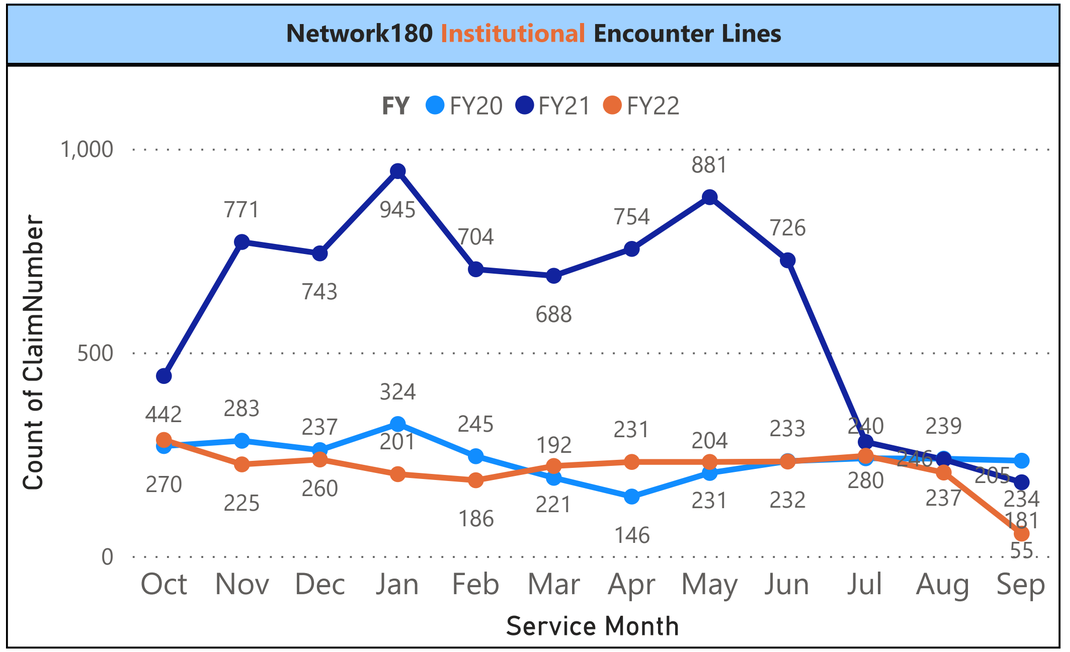
LAKESHORE REGIONAL ENTITY

Network180 Behavioral Health









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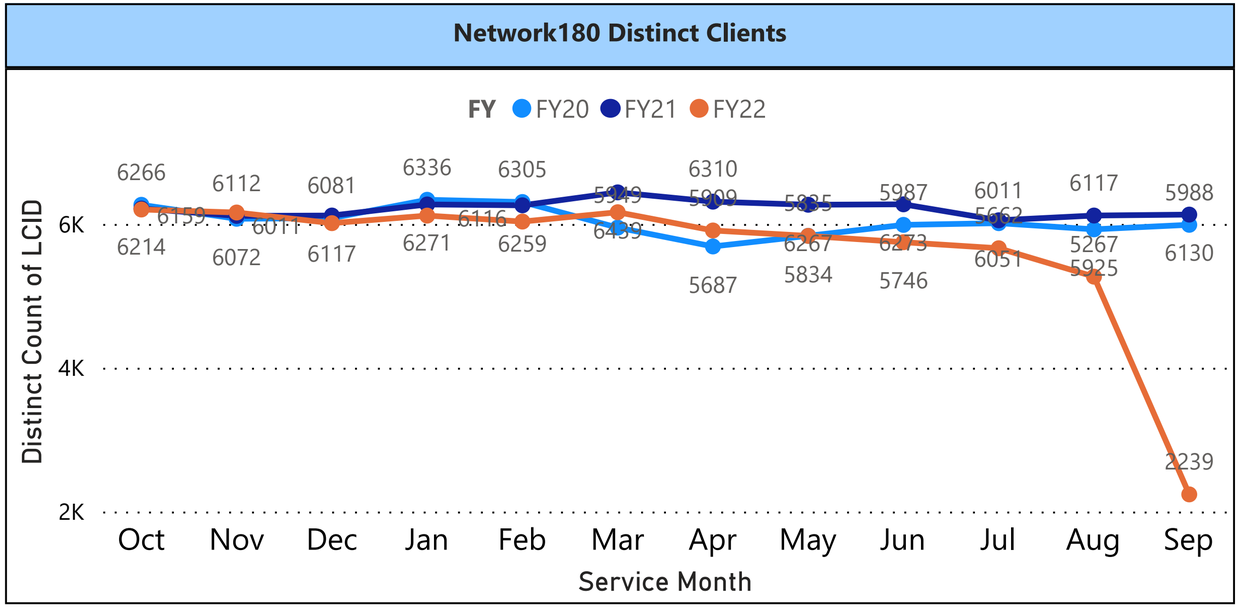
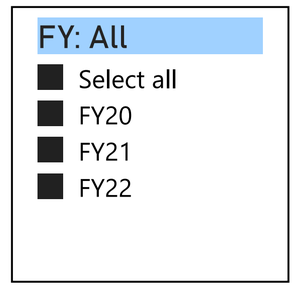
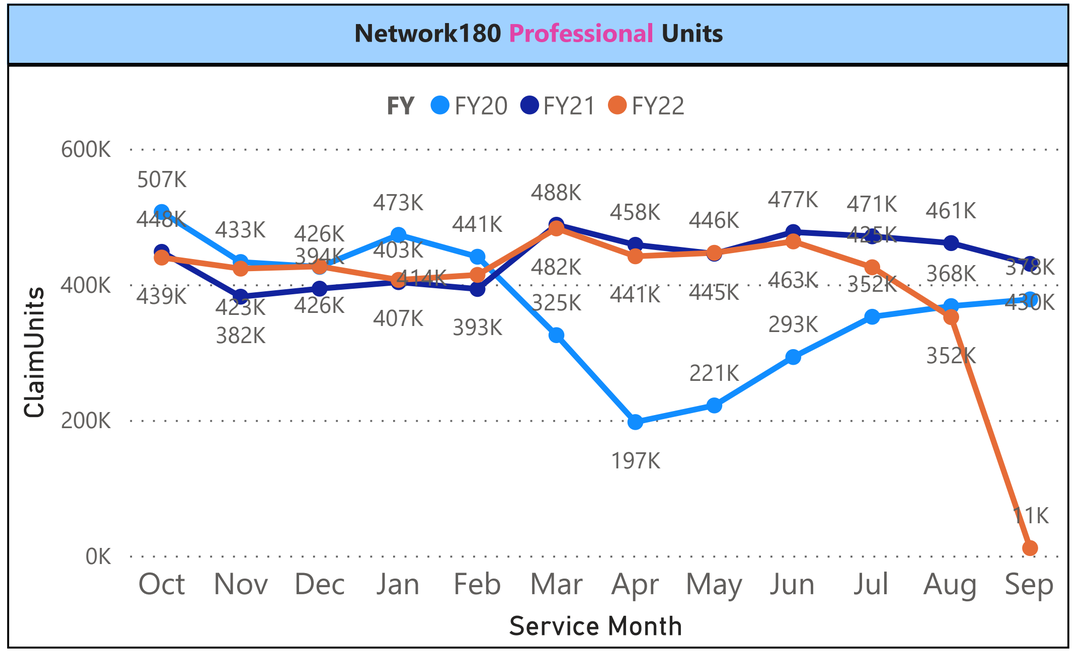
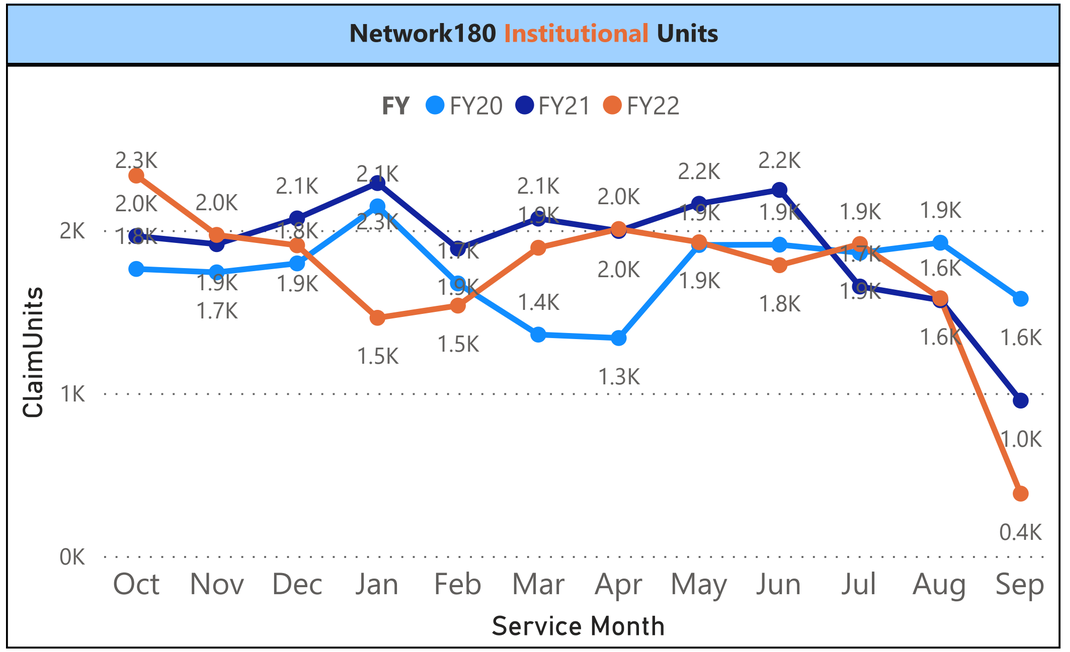
LAKESHORE REGIONAL ENTITY

Network180 Behavioral Health









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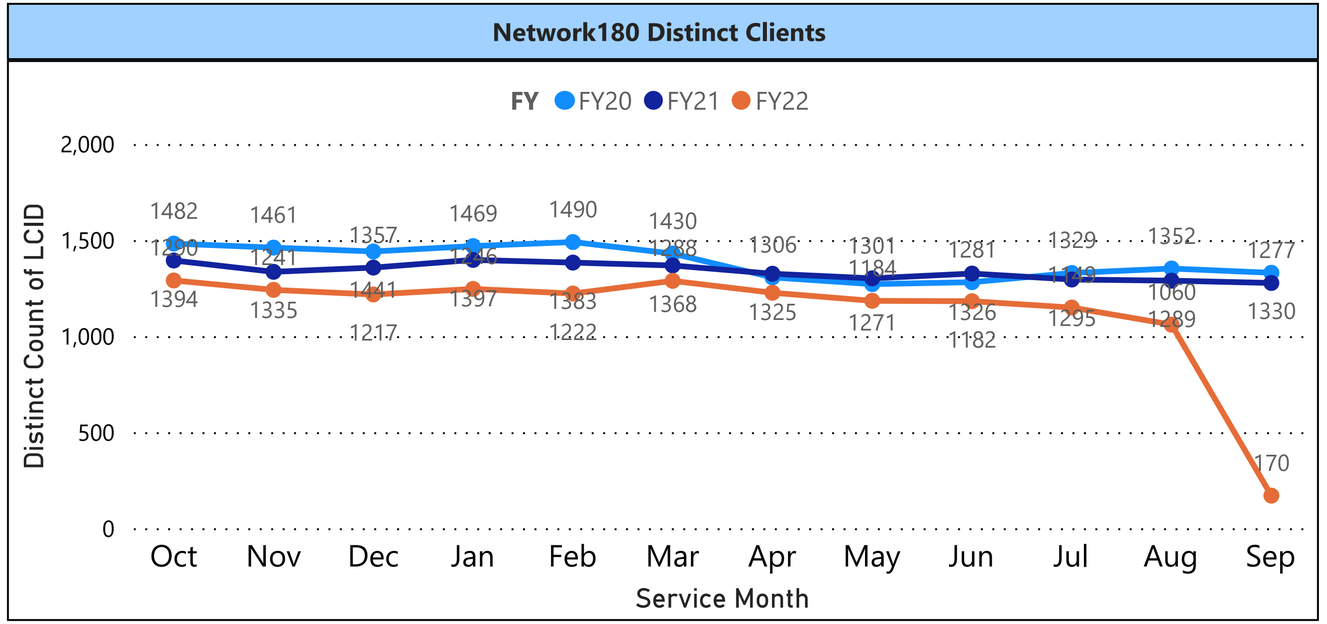
Latest ProcessDate

LAKESHORE REGIONAL ENTITY

Network180

Substance Use Disorder



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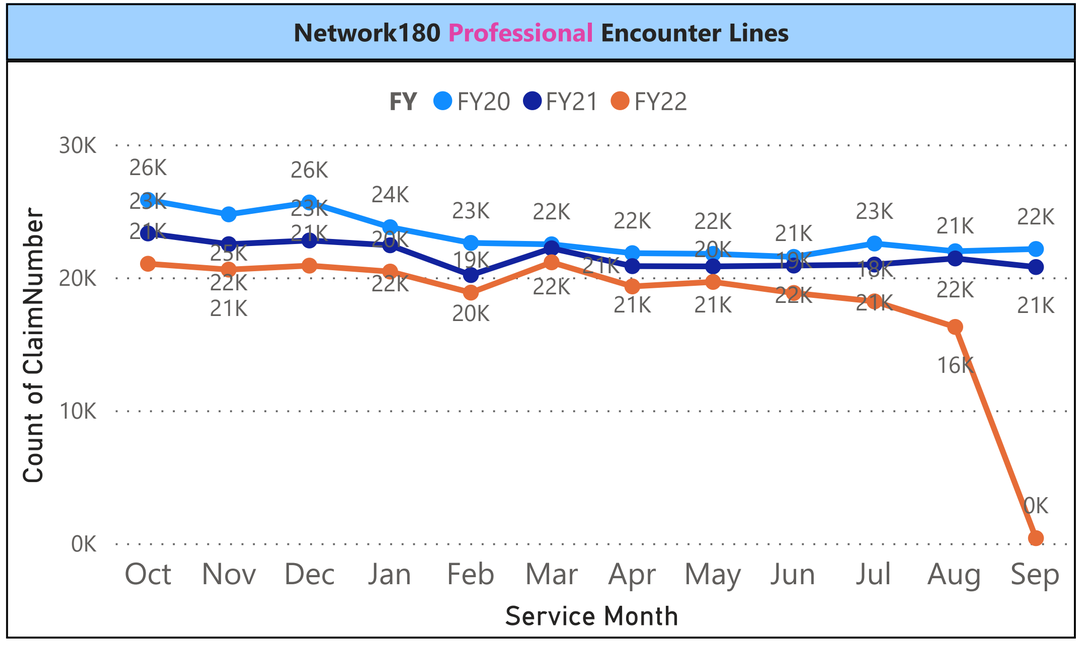

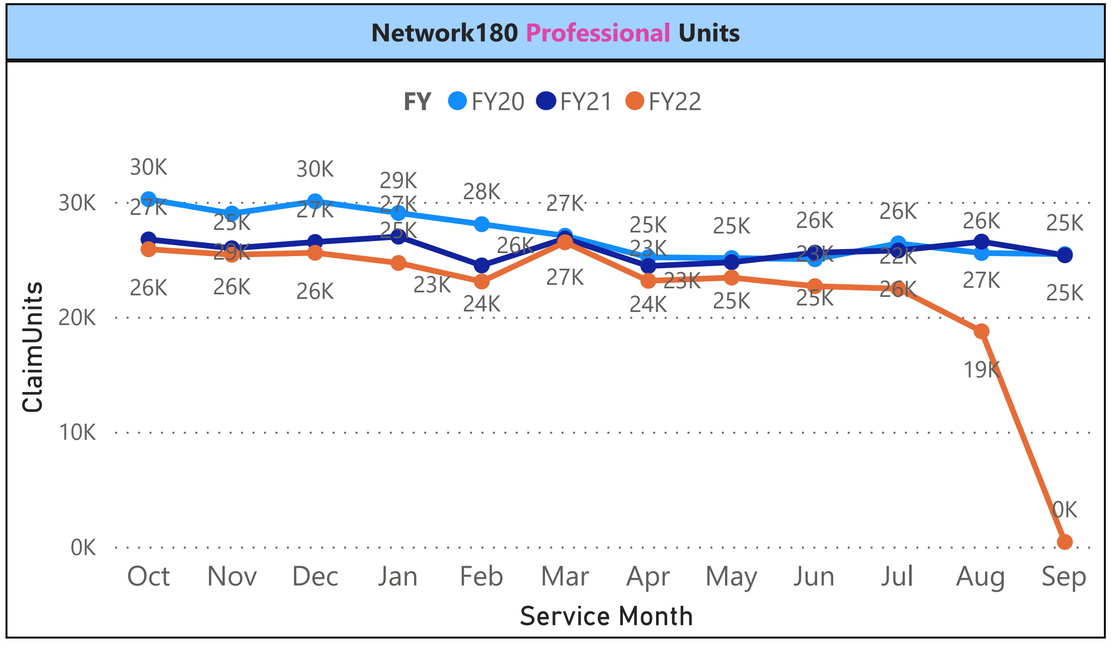

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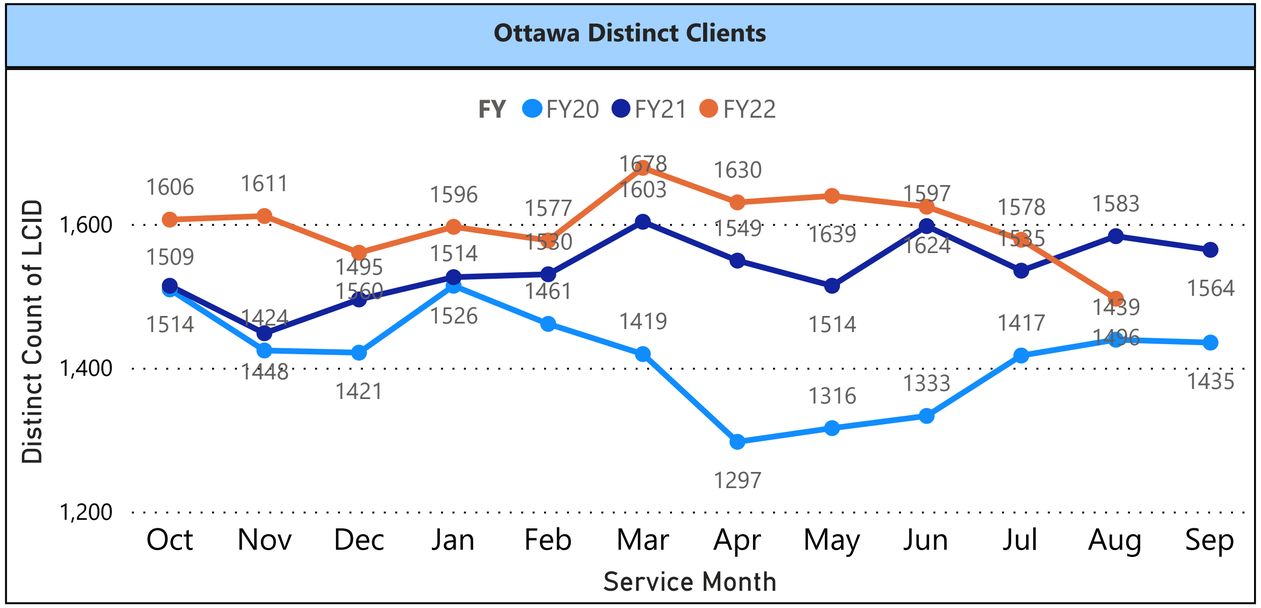
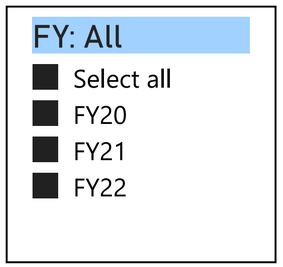
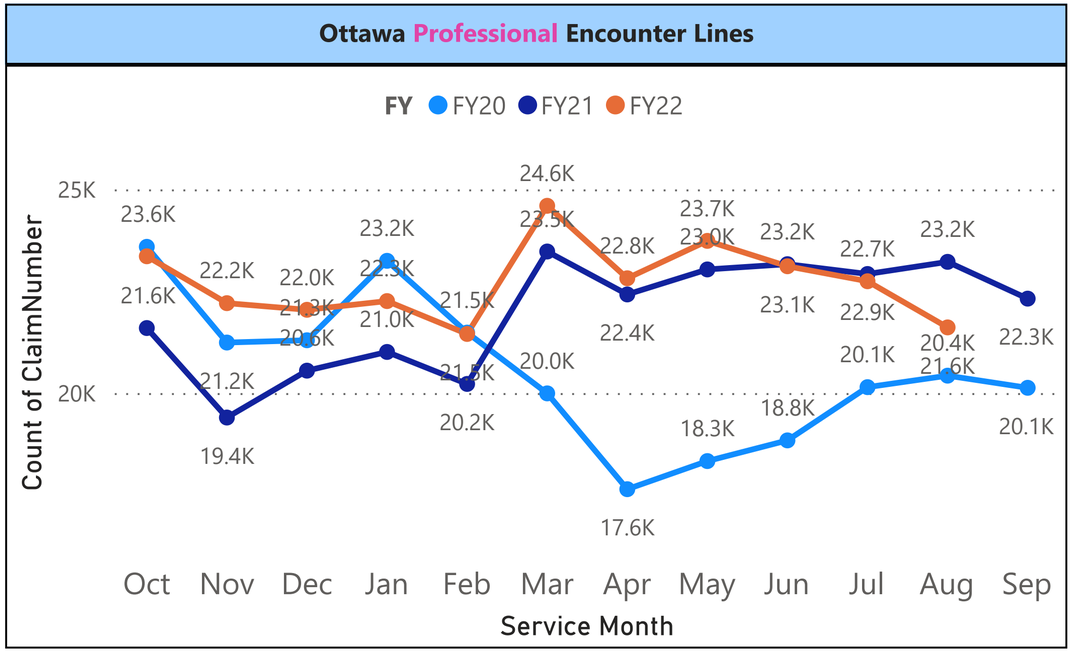
Latest ProcessDate

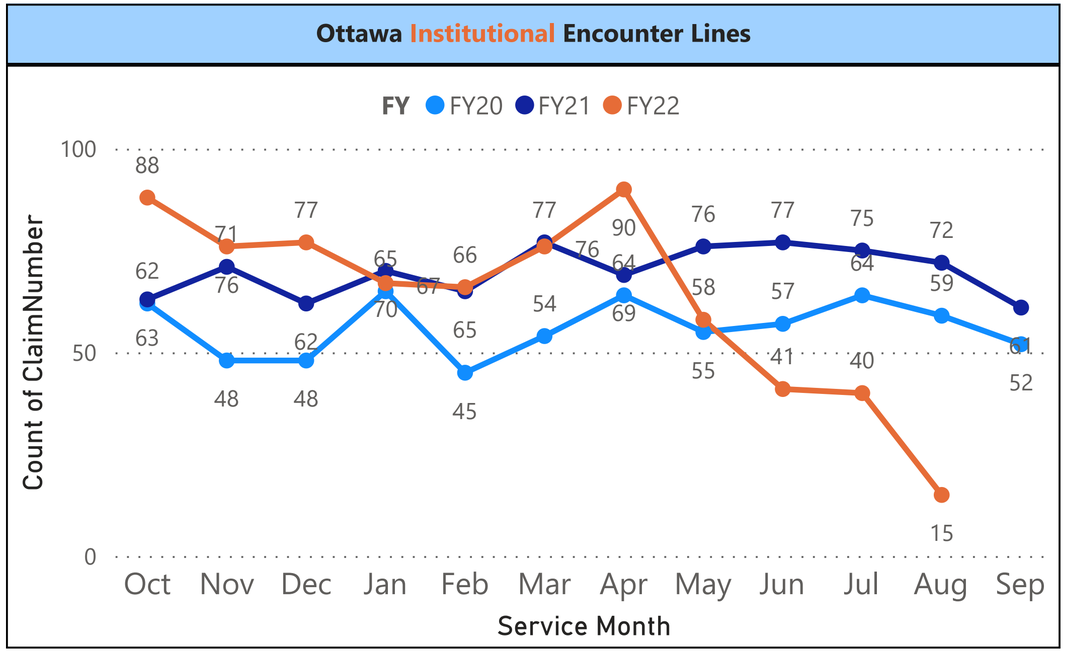
LAKESHORE REGIONAL ENTITY

Ottawa Behavioral Health









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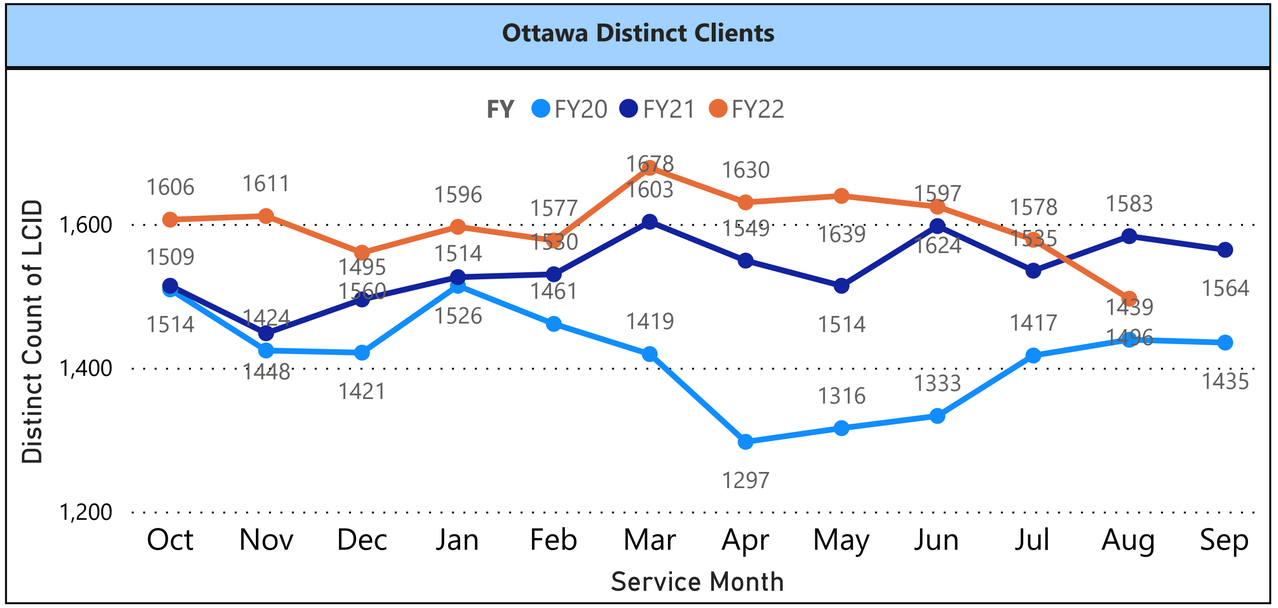
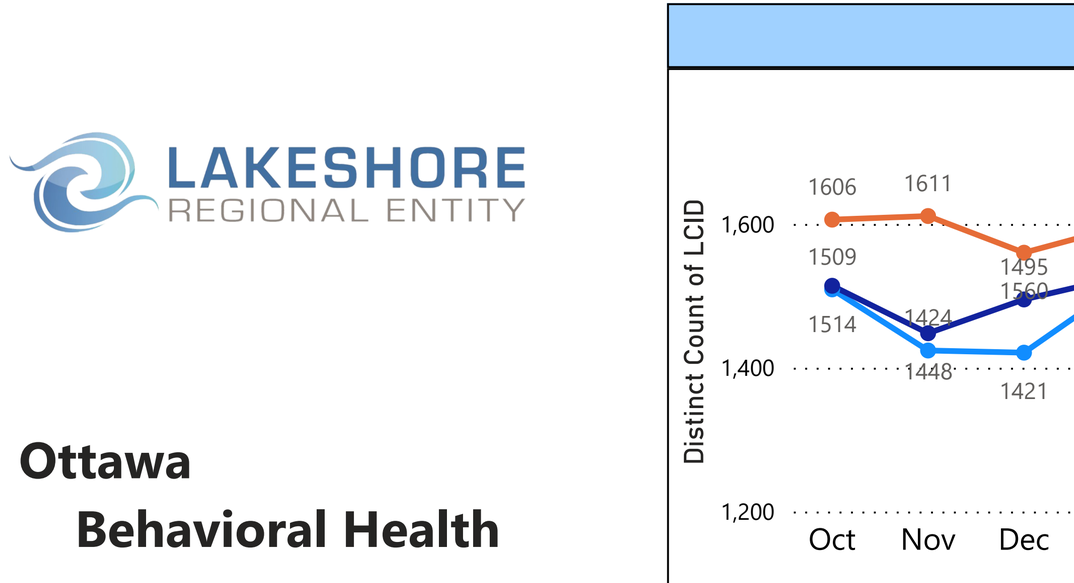
Latest ProcessDate

LAKESHORE REGIONAL ENTITY

Ottawa Behavioral Health





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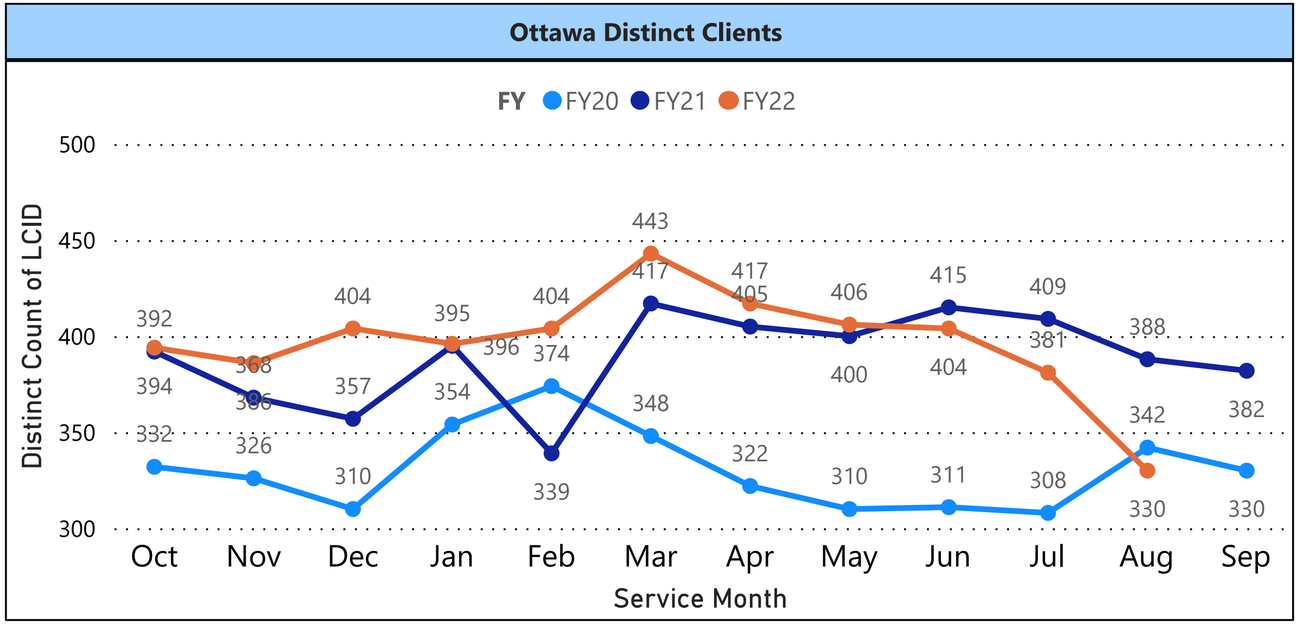
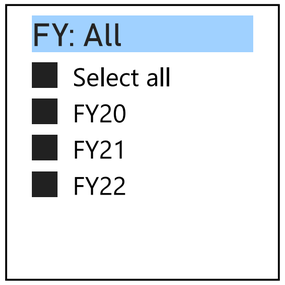
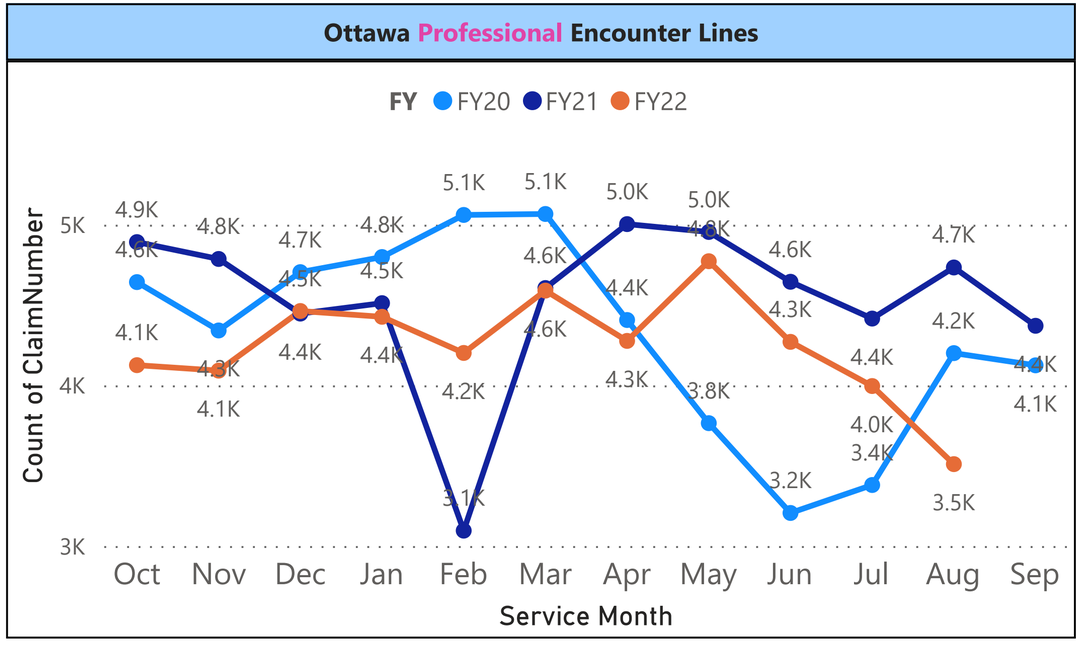
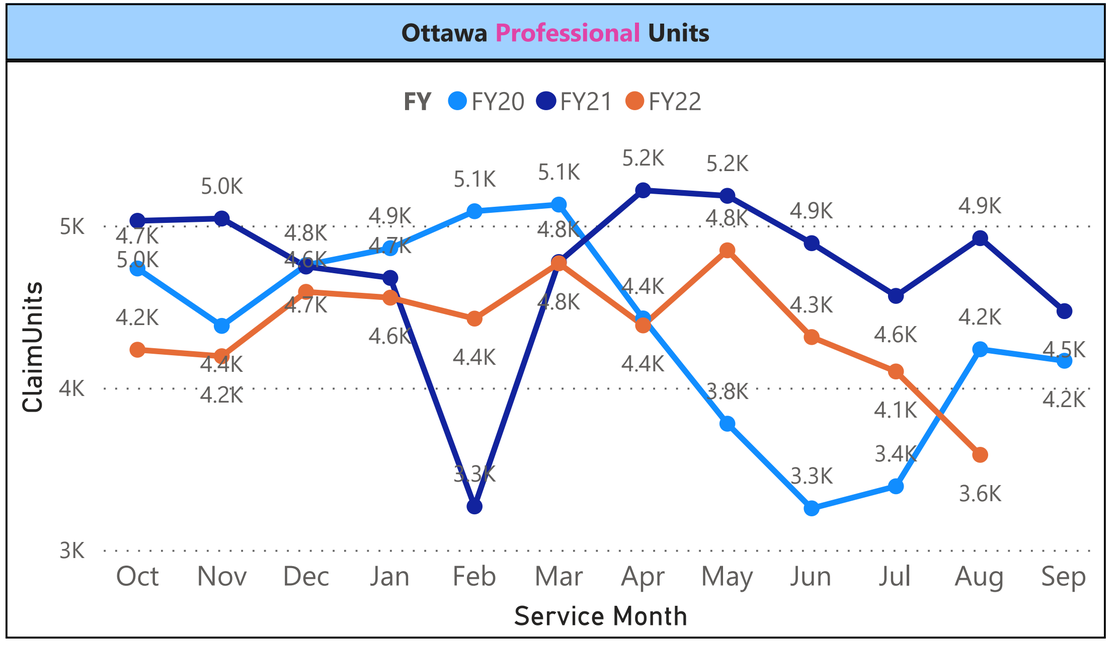
LAKESHORE REGIONAL ENTITY

Ottawa
Substance Use Disorder









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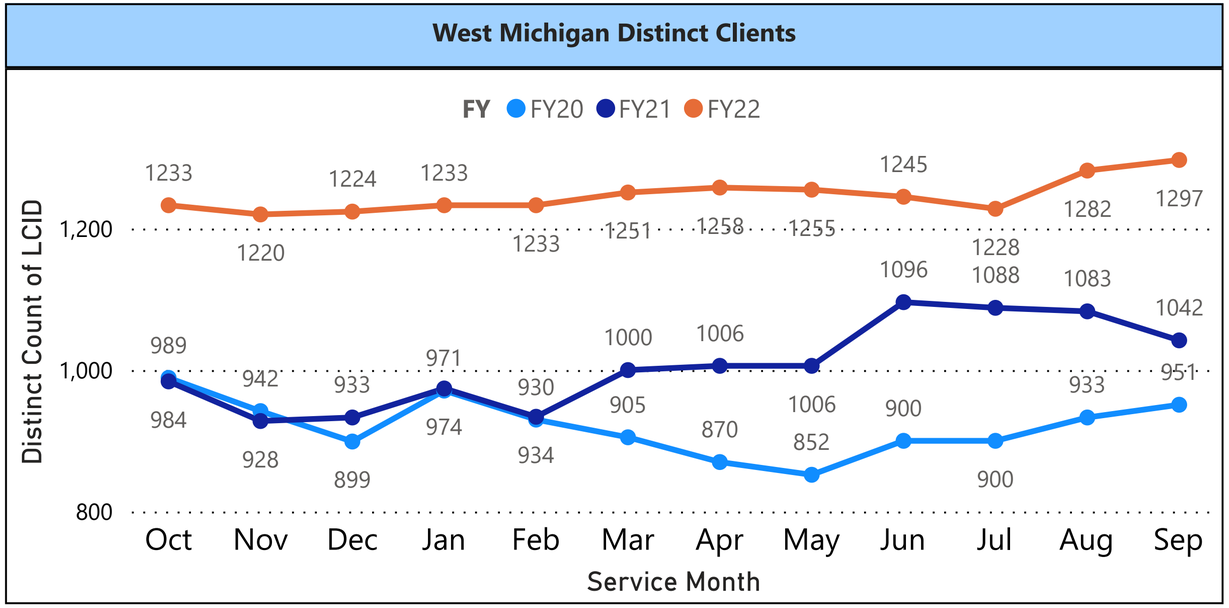
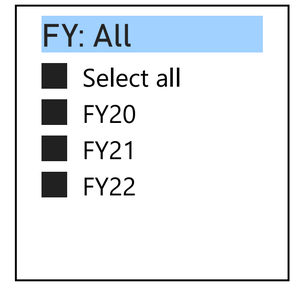
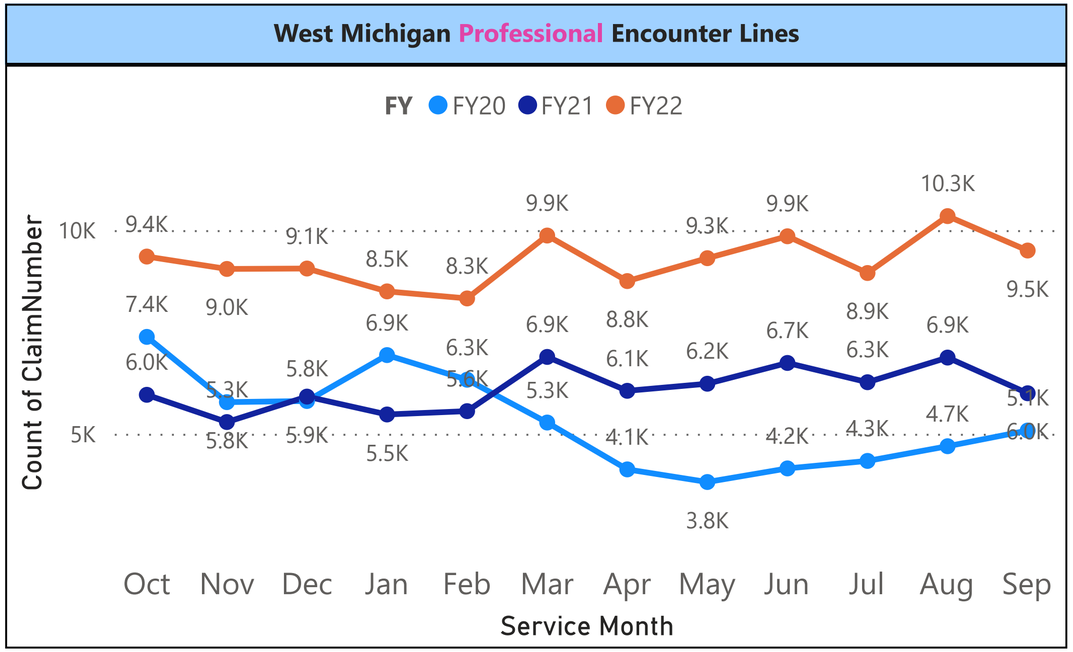
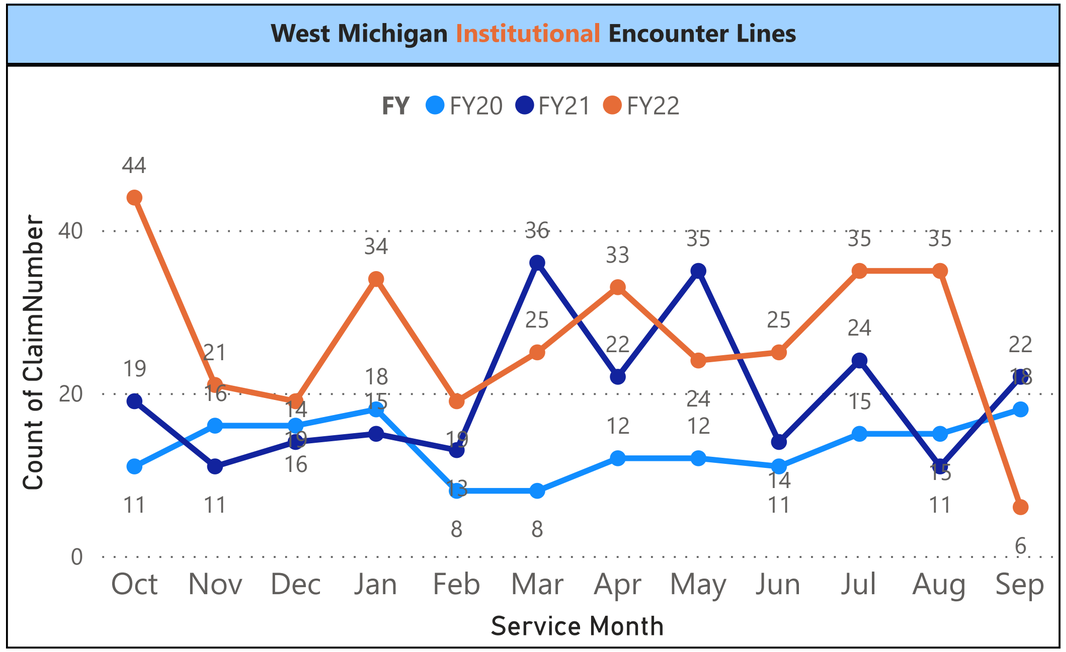
LAKESHORE REGIONAL ENTITY

West Michigan Behavioral Health









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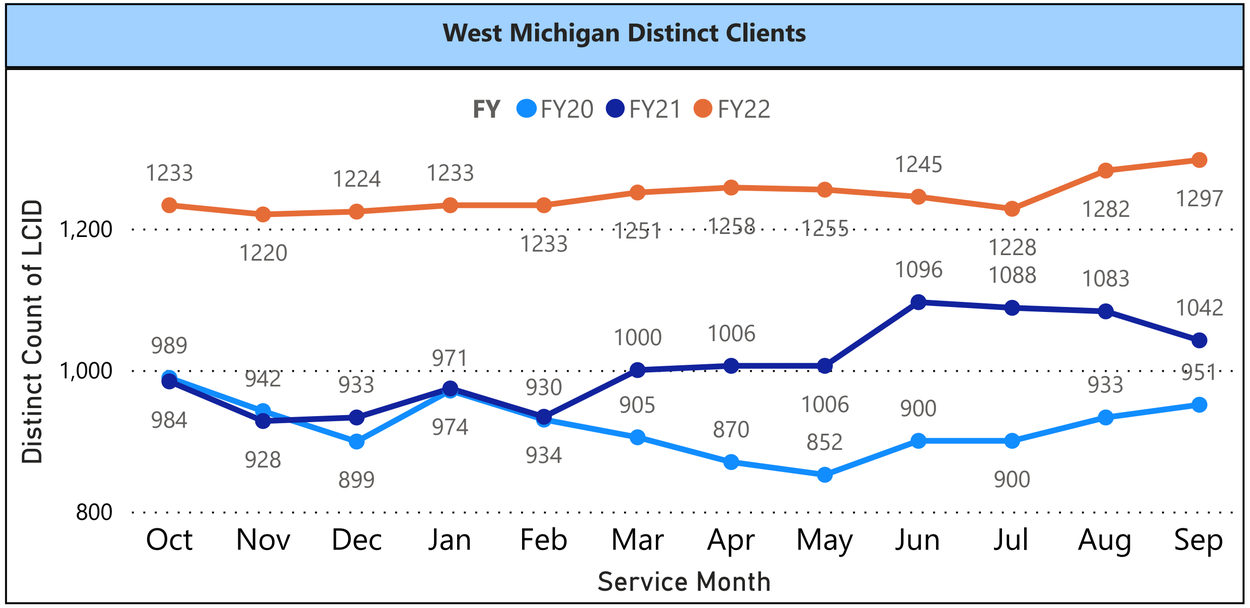
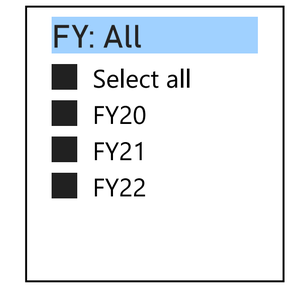
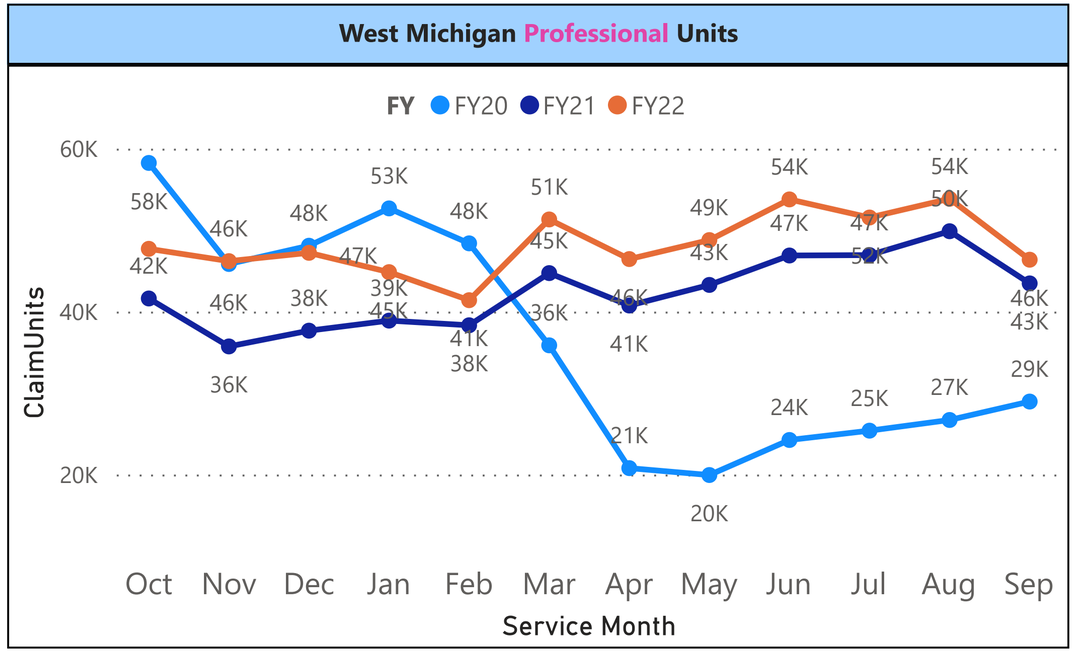
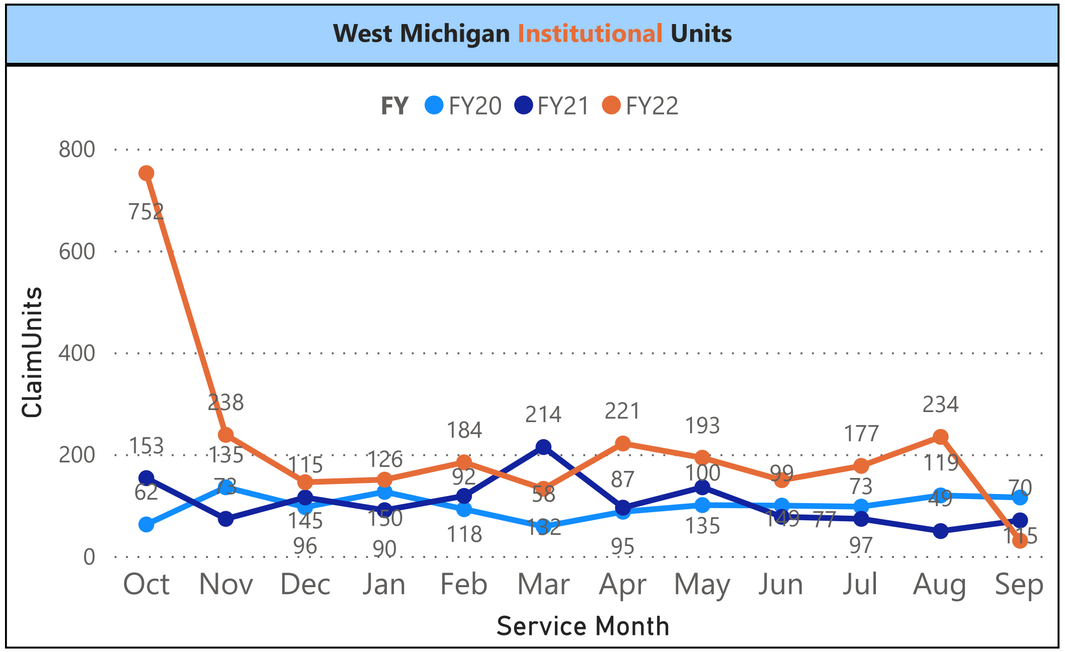
LAKESHORE REGIONAL ENTITY

West Michigan Behavioral Health









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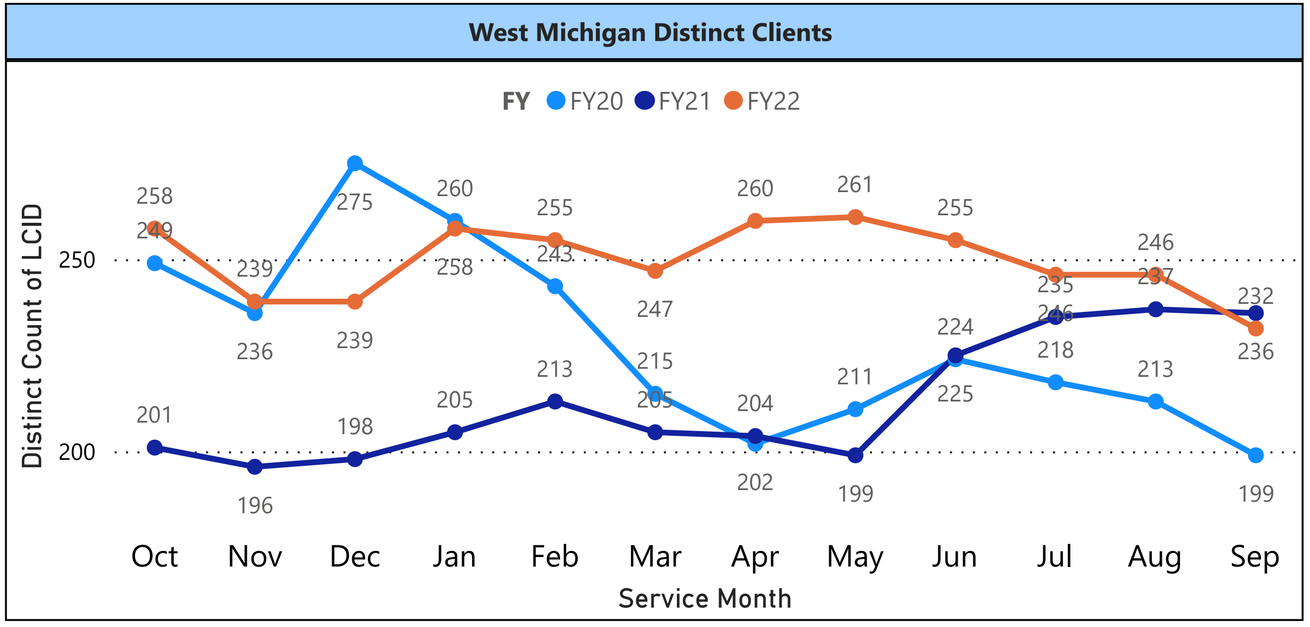
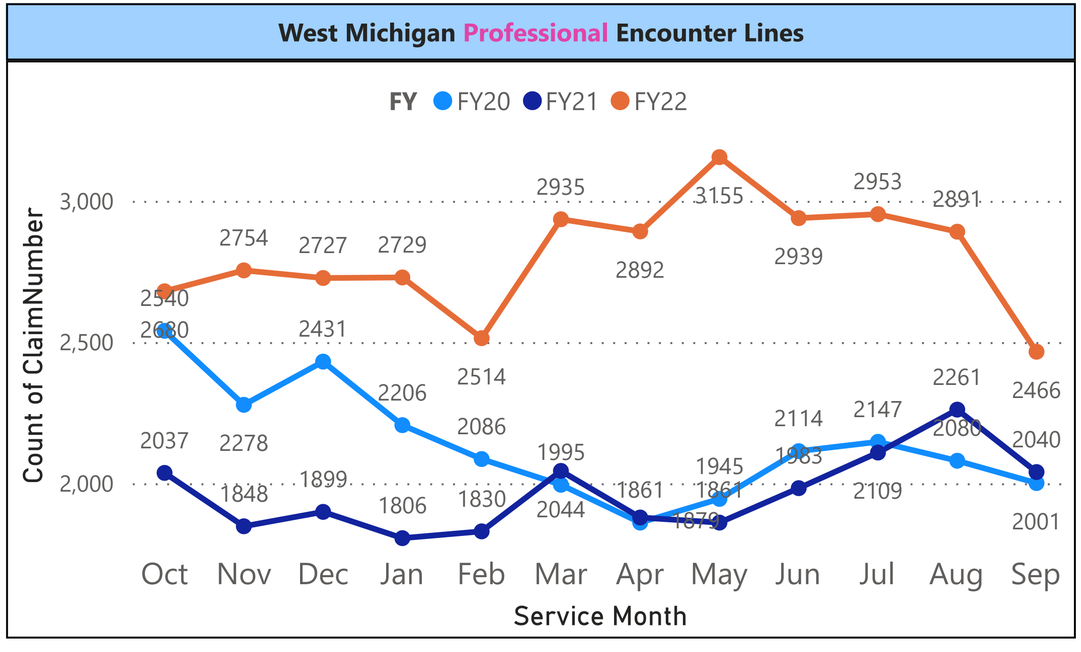
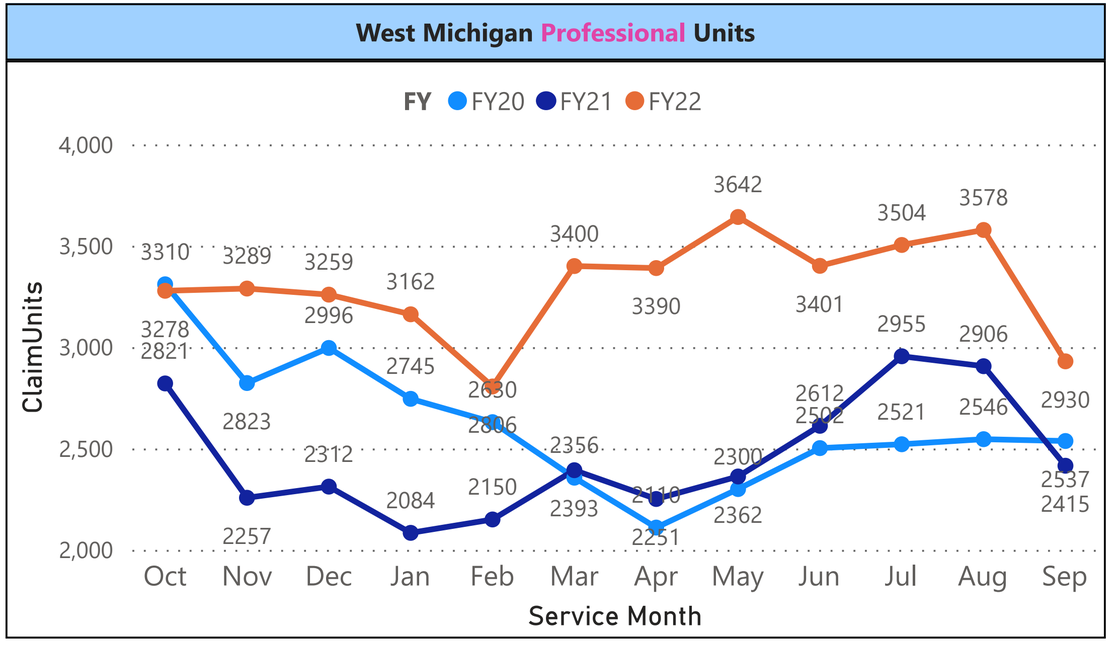
LAKESHORE REGIONAL ENTITY

West Michigan Substance Use Disorder







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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

October 20, 2022

HSAG: HSAG released its ***Draft*** Review of the HSAG FY22 Compliance Review of LRE, scores of which can be found below. HSAG is expected to release the Final Review near the beginning of November 2022.

Table 12—Summary of Standard Compliance Scores

Standard	Total Elements	Total Applicable Elements	Number of Elements			Total Compliance Score
			M	*NM*	*NA*	
Standard VII—Provider Selection	16	16	13	3	0	**81%**
Standard VIII—Confidentiality	11	11	9	2	0	**82%**
Standard IX—Grievance and Appeal Systems	38	38	33	5	0	**87%**
Standard X—Subcontractual Relationships and Delegation	5	5	3	2	0	**60%**
Standard XI—Practice Guidelines	7	7	6	1	0	**86%**
Standard XII—Health Information Systems	12	11	9	2	1	**82%**
Standard XIII—Quality Assessment and Performance Improvement Program	30	30	26	4	0	**87%**
Total	**119**	**118**	**99**	**19**	**1**	**84%**

M = Met; NM = Not Met; NA = Not Applicable

Total Elements: The total number of elements within each standard.

Total Applicable Elements: The total number of elements within each standard minus any elements that were *NA*. This represents the denominator.

Total Compliance Score: The overall percentages were obtained by adding the number of elements that received a score of *Met* (1 point), then dividing this total by the total number of applicable elements.

From a historical perspective, LRE scored significantly higher than in previous HSAG audits in five (5) of the seven (7) standards (see green highlight below). For two standards, LRE declined by 1% and 22% (see red highlight below). In addition, for FY22, LRE received 19 "Not Met" scores as compared to 40 in FY18 and 29 in FY19.

HSAG Compliance Review - Historical Comparison:

		17 Standards; State Focused	17 Standards; State Focused	13 Standards; Federal & State Combined	13 Standards; Federal & State Combined	
		LRE	LRE & CMHSPs*	BEACON/LRE	LRE/BEACON	
		FY18	FY19	FY21	FY22	
		Full Audit	Full Audit	Full Audit	Full Audit	
OLD STANDARD	**NEW STANDARD**	**2017-2018**	**2018-2019**	**2020-2021**	**2021-2022**	**Change**
Standard XIV—Appeals + **Standard VII**—Grievance Process	**Standard IX**—Grievance and Appeal Systems	80.5	Not Audited	Not Audited	87	7
Standard I—QAPIP Plan and Structure + **Standard II**—Quality Measurement and Improvement	**Standard XIII**—Quality Assessment and Performance Improvement Program	Not Audited	63	Not Audited	87	24
Standard III—Practice Guidelines	**Standard XI**—Practice Guidelines	Not Audited	75	Not Audited	86	11
Standard XVI—Confidentiality of Health Information	**Standard VIII**—Confidentiality	Not Audited	20	Not Audited	82	62
Standard XVII—Management Information Systems	**Standard XII**—Health Information Systems	83	Not Audited	Not Audited	82	-1
Standard X—Provider Network + **Standard XI**—Credentialing	**Standard VII**—Provider Selection	92	56	Not Audited	81	7
Standard IX—Subcontracts and Delegation	**Standard X**—Subcontractual Relationships and Delegation	82	Not Audited	Not Audited	60	-22

LRE pivots to developing Corrective Action Plans as HSAG requires 100% remediation, which are due to HSAG at the end of November.

CMHSP SITE REVIEWS:

- LRE completed Ottawa and West Michigan Site Reviews earlier this year
- LRE is finalizing N180's CAP process.
- OnPoint and HealthWest are in the midst of their CAP Process.

NEW LRE SITE REVIEW MODEL: LRE's new CMHSP Site Review Model pivots away from full scale annual audits to an interim year CAP remediation during odd fiscal years with a full scale audit in even fiscal years. LRE has adopted a Site Review Model that incorporates more corrective action plan remediation and finalized the CMHSP Site Review Calendar for FY23, which was presented to QI ROAT in September 2022 with no objections.

- **Hybrid Engagement:** Starting FY23, when conducting CMHSP Site Reviews, LRE will engage in a hybrid model that consists of a live, virtual meeting between LRE and the CMSHP Site Review Lead for a maximum of five (5) business days, with varying time blocks each day depending on the number of charts being reviewed. LRE utilization of a hybrid model will compress the Site Review timeline, minimize the need for the Request for Information tool, and maximize efficiencies for all parties.
- **FY23 Site Review Calendar:** After input from the CMHSPs, LRE has scheduled FY23's CMHSP Site Reviews as indicated below. LRE is finalizing the time blocks for each day for review with the CMHSPs, at which time LRE auditors will begin to block time in their calendars.

Starting November 1, 2022, LRE will begin 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 170 Facilities Reviews and scheduled an additional 35. 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 continues to develop the policy, procedure, and workflows for all Non-CMHSP Site Reviews. Starting October 17, 2022, LRE will begin to review and revise its Non-CMHSP Review tools for completion by December 31, 2022.

HOME AND COMMUNITY-BASED SERVICES ("HCBS"): LRE has finalized a provider list of settings that MDHHS has issued an HCBS survey by MDHHS or requested/granted an HCBS Provisional. LRE is utilizing this provider list to prioritize Facilities Reviews to ensure compliance with the HCBS Final Rule ahead of the March 17, 2023, deadline. HCBS trainings, newsletter, and tools are under development.

MEDICAID VERIFICATION ("MEV"): For FY22 Q2, LRE reviewed 1,967 claim lines totaling $460,237.88 for all five (5) Member CMHSPs inclusive of 49 providers and across all service types. LRE determined that claims totaling $4,748.68, or 1.03%, needed recoupment, which was primarily the result of duplicative billing at one CMSHP. CMHSPs continue to perform very well in spite of the much higher sampling rates and increased audit frequency.

QAPIP – FY23: LRE continues developing new reporting templates for the QAPIP as well as the QAPIP Annual Effectiveness Review. Specifically, LRE is reformatting its report template to align with MDHHS's QAPIP Reporting Requirements, HSAG Compliance Standards, and MDHHS Contractual Obligations. LRE has implemented a QAPIP Planning Template that requires each LRE Subject Matter Expert to provide information for integration into the QAPIP for a more robust outcome at the end of FY23.

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.

Attachment 7

Provider Network Adequacy Report

September 2022

Approved by LRE Board of Directors:

Table of Contents

Background

As a Prepaid Inpatient Health Plan (PIHP), the Lakeshore Regional Entity (LRE) manages specialty Medicaid services under contract with the Michigan Department of Health and Human Services (MDHHHS) to residents in the region who have Medicaid and who are eligible for services as defined in the Michigan Mental Health Code and MDHHS standards for access to care. LRE is responsible, under 42 CFR §438.68, for assuring the adequacy of its provider network to meet the behavioral health needs for people with mental illness, developmental disability, and/or substance use disorders over its targeted area. LRE is a member-sponsored health plan comprised of the following Community Mental Health Services Programs (CMHSP):

- Community Mental Health of Ottawa County
- HealthWest – serving Muskegon County
- Network180 – serving Kent County
- OnPoint – serving Allegan County
- West Michigan Community Mental Health – serving Lake, Mason, and Oceana counties

LRE subcontracts with each CMHSP, who in turn directly operates or subcontracts for the provision of Medicaid funded specialty supports and services for their defined geographic area. In addition to the management of Medicaid specialty supports and services, LRE is responsible for substance use disorder treatment and prevention services, including Medicaid funded PA2, MI Child, and related Block Grant funding for substance use disorder treatment and prevention services across the seven-county area. As the public health plan for the region, LRE is responsible for the management and oversight of delivery of required services.

Assuring an adequate provider network across the defined geographic area, LRE must:

- Annually assess the adequacy of its network to meet its contractual and regulatory obligations to provide access and service delivery for the defined array of specialty Medicaid services to the specified population.
- Be responsible for maintaining and continually evaluating an effective provider network adequate to fulfill the obligations of its contract with MDHHS, regardless of any function(s) it has delegated to its CMHSP members.
- Assess network adequacy using an objective assessment of enrollee needs that is not tempered by the availability or lack of resources to fulfill that need.
- Act upon the results of the assessment to establish and fund an adequate provider network.
- Coordinate and collaborate with CMHSP members to ensure ongoing adequacy of service, developing work plans to address identified or potential inadequacies.

This document outlines LRE's assessment of such network adequacy to assure that eligible residents within the seven-county LRE catchment have adequate and timely access to necessary supports and services, as defined and required by MDHHS.

Understanding the Population in the LRE

Population Trends

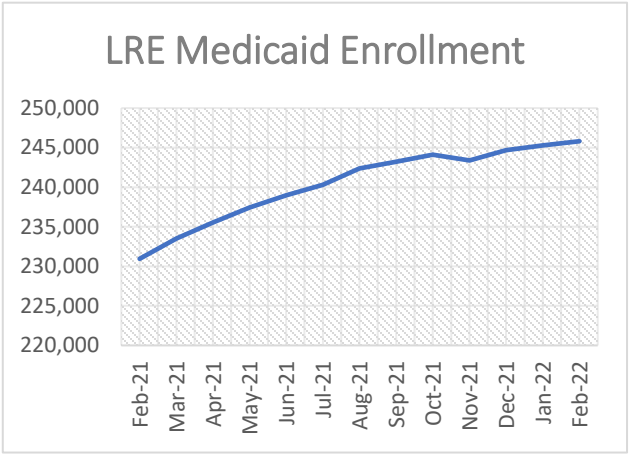
The following table shows the number of people residing in each CMHSP area, total number of persons served, and total Medicaid enrolled served according to the most recent available population data[1].

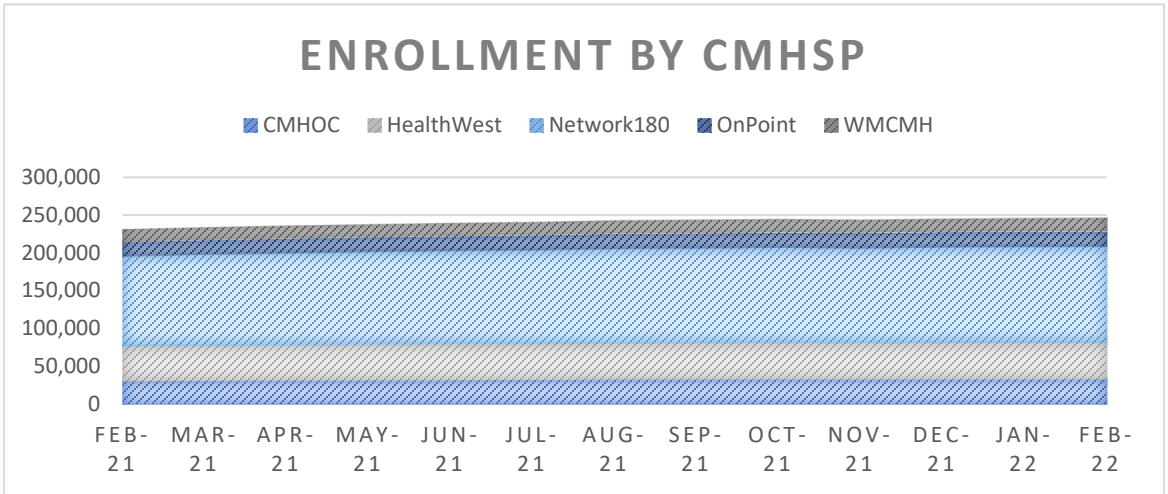
CMHSP	Census	Total Served	Medicaid Served	Enrolled	% Total Served to Population	% Served to Enrolled	% Enrolled to Population
CMHOC	302,680	3751	3433	55679	1.2%	6.7%	18.4%
Healthwest	176,552	6361	5874	71731	3.6%	8.9%	40.6%
Network180	669,044	13018	12286	192423	1.9%	6.8%	28.8%
OnPoint	122,320	1672	1596	32451	1.4%	5.2%	26.5%
WMCMH	68,007	2856	2488	26762	4.2%	10.7%	39.4%

LRE is home to 3 of the 5 fastest growing counties within the state, with Ottawa County ranked as the fastest growing at 14.7% growth since 2010. No county within the LRE catchment area reported population loss, with only Mason and Oceana remaining close to steady.

Medicaid Enrollment

As the chart to the right demonstrates, Medicaid Enrollment increased steadily from February 2021 to February 2022, in part, due to automatic enrollment practices enacted during the COVID19 pandemic. Once the Public Health Emergency (PHE) is rescinded and the practice of automatic re-enrollment is no longer practice, it is expected that enrollment numbers will decline. Medicaid enrollment increased for each CMHSP within the region. The graph below shows the growth by CMHSP.

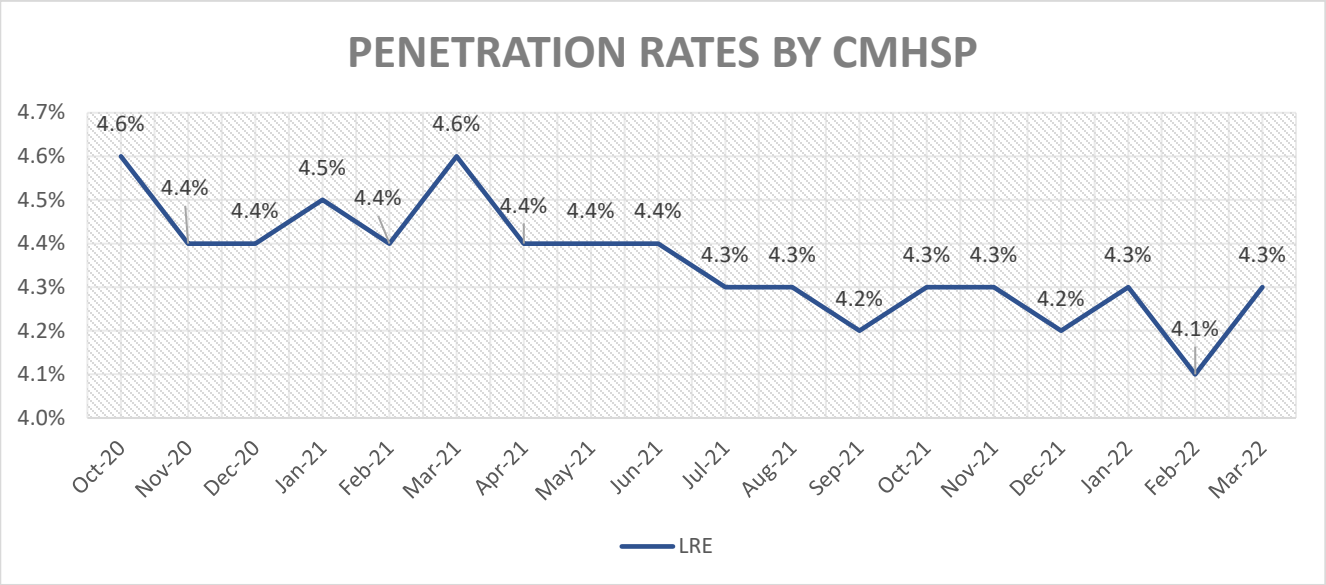




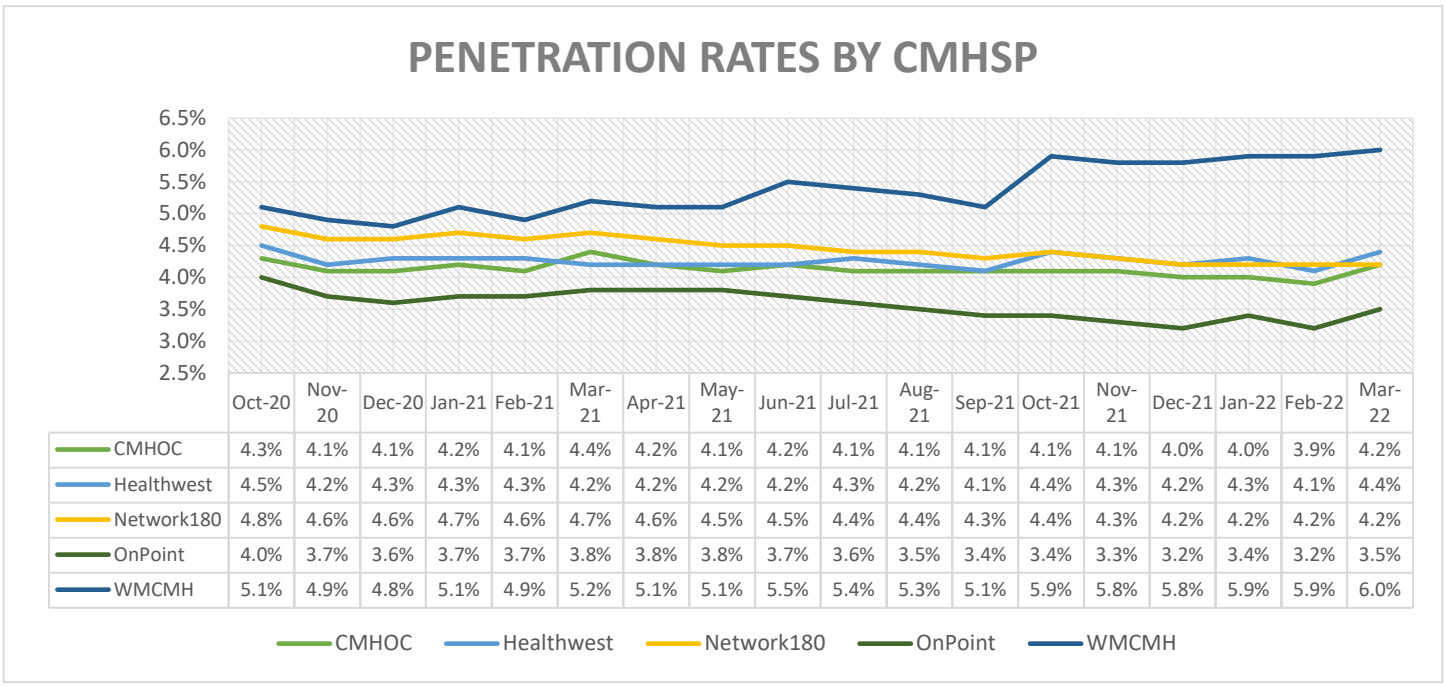
[1] Population of Counties in Michigan (2022) (worldpopulationreview.com)

Penetration Rates

The following table shows the Penetration Rates from October 2020 to March 2022.



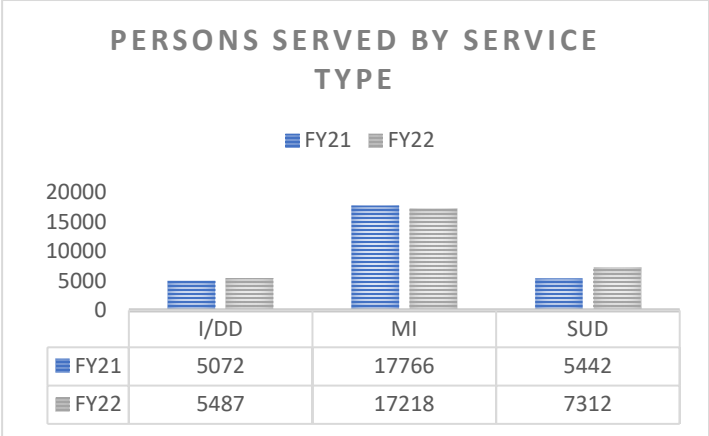
The following chart shows penetration rate by CMHSP.



	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
CMHOC	4.3%	4.1%	4.1%	4.2%	4.1%	4.4%	4.2%	4.1%	4.2%	4.1%	4.1%	4.1%	4.1%	4.1%	4.0%	4.0%	3.9%	4.2%
Healthwest	4.5%	4.2%	4.3%	4.3%	4.3%	4.2%	4.2%	4.2%	4.2%	4.3%	4.2%	4.1%	4.4%	4.3%	4.2%	4.3%	4.1%	4.4%
Network180	4.8%	4.6%	4.6%	4.7%	4.6%	4.7%	4.6%	4.5%	4.5%	4.4%	4.4%	4.3%	4.4%	4.3%	4.2%	4.2%	4.2%	4.2%
OnPoint	4.0%	3.7%	3.6%	3.7%	3.7%	3.8%	3.8%	3.8%	3.7%	3.6%	3.5%	3.4%	3.4%	3.3%	3.2%	3.4%	3.2%	3.5%
WMCMH	5.1%	4.9%	4.8%	5.1%	4.9%	5.2%	5.1%	5.1%	5.5%	5.4%	5.3%	5.1%	5.9%	5.8%	5.8%	5.9%	5.9%	6.0%

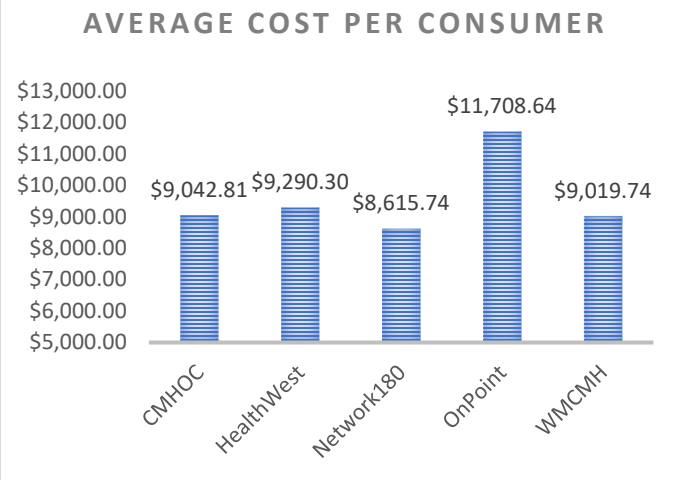
Data on Population Served and Costs

The graph displays the number of persons served, adult and adolescent, across the two previous years of service. The counts of unique users for population designation.



	I/DD	MI	SUD
FY21	5072	17766	5442
FY22	5487	17218	7312

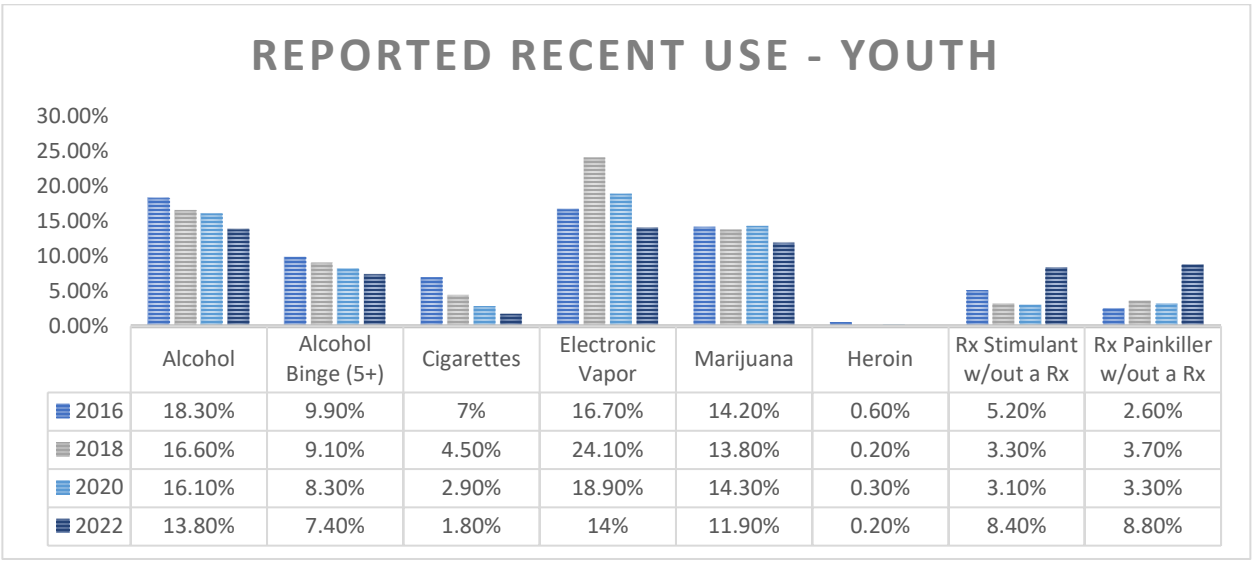
The graph below depicts the cost per case, inclusive of all services, for FY22, by CMHSP.



Substance Use

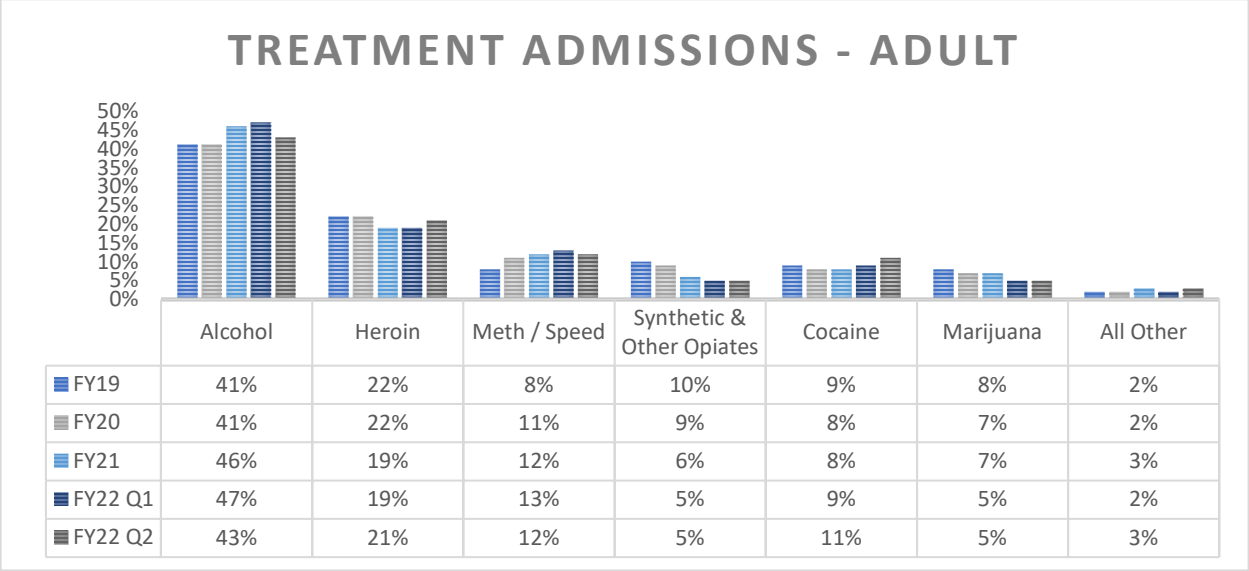
LRE regularly monitors adult and adolescent substance use trends to identify treatment needs across the region. LRE-run prevention services use substance use data to focus resources on patterns of emergent use both for adults and adolescents.

Below is a breakdown of the percentage of High School Students who reported use of substance by category within the last thirty days at the time of survey.



	Alcohol	Alcohol Binge (5+)	Cigarettes	Electronic Vapor	Marijuana	Heroin	Rx Stimulant w/out a Rx	Rx Painkiller w/out a Rx
2016	18.30%	9.90%	7%	16.70%	14.20%	0.60%	5.20%	2.60%
2018	16.60%	9.10%	4.50%	24.10%	13.80%	0.20%	3.30%	3.70%
2020	16.10%	8.30%	2.90%	18.90%	14.30%	0.30%	3.10%	3.30%
2022	13.80%	7.40%	1.80%	14%	11.90%	0.20%	8.40%	8.80%

The chart below indicates percentage of treatment admissions of adults, by substance.

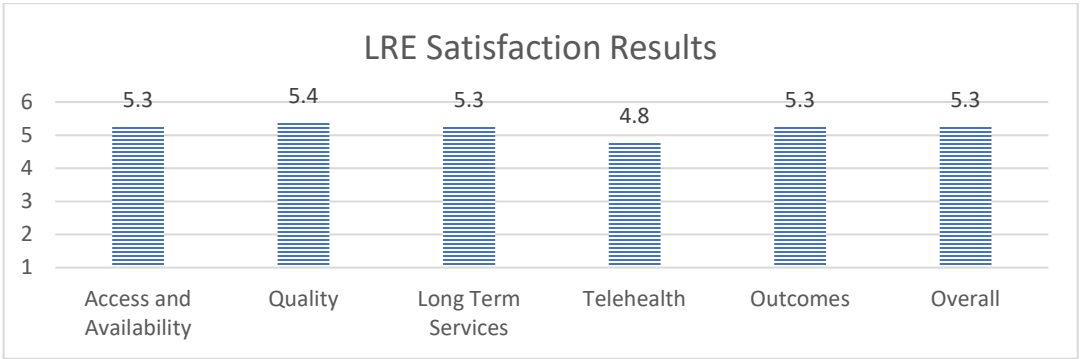


	Alcohol	Heroin	Meth / Speed	Synthetic & Other Opiates	Cocaine	Marijuana	All Other
FY19	41%	22%	8%	10%	9%	8%	2%
FY20	41%	22%	11%	9%	8%	7%	2%
FY21	46%	19%	12%	6%	8%	7%	3%
FY22 Q1	47%	19%	13%	5%	9%	5%	2%
FY22 Q2	43%	21%	12%	5%	11%	5%	3%

Consumer Satisfaction

LRE monitors program performance and satisfaction with services across all services categories, populations served, and along multiple satisfaction measures focused on service accessibility and provision. LRE collects satisfaction data using a standardized assessment tool developed internally through collaboration with Customer Services and Quality staff from Member CMHSPs.

The standardized satisfaction tool uses a 6-point Likert scale to score consumer and guardian responses in the following areas: (1) Access and Availability, (2) Long Term Services, (3) Telehealth, (4) Quality, and (5) Service Outcomes. LRE and Member staff evaluate scores for each CMHSPs and regionally. The analysis seeks to identify trends—either problem areas across multiple Members, with specific measurement areas, or any downward trends—to allow for proactive steps to be taken to address any noted concerns.



Satisfaction Results are reported for FY21Q1 to FY22Q4 to date

Overall, LRE reports a high level of satisfaction across all measurement domains. In addition to aggregate monitoring of satisfaction at the local and regional level, the satisfaction tool offers respondents and opportunity to request follow up from a representative from the Member's staff pertaining to specific concerns noted. This allows respondents to address any specific concerns or issues and offers an immediate avenue for resolution via a direct contact from Member staff.

Service Availability and Accessibility

Time and Distance Standards

Effective January 1, 2019, MDHHS issued MSA18-49, establishing standards for time and distance for service accessibility. Those standards are further defined procedurally and are as follows.

LRE monitors network performance against time and distance standards using Rural and Urban Commuting Areas (RUCA) for communities within the LRE catchment. LRE is a mix of rural and urban settings. Known addresses for consumers were geocoded using a POSTGIS database. Contracted provider addresses were then geocoded into the database. The distance between the consumer address and the nearest contracted provider were calculated, with compliance measured if the distance between the two addresses was below the urban or rural threshold (as defined by RUCA). The below chart shows the percent of eligible enrollees within the time and distance standards for defined services based on known address and the location address of the nearest available provider.

Time and Distance Standards for Inpatient Psychiatric Services

Adults

Service	Frontier	Rural	Urban
Inpatient Psychiatric	150 minutes/125 miles	90 minutes/60 miles	30 minutes/30 miles
All Other Select Services	90 minutes/90 miles	60 minutes/60 miles	30 minutes/30 miles

Pediatrics

Service	Frontier	Rural	Urban
Inpatient Psychiatric	330 minutes/355 miles	120 minutes/125 miles	60 minutes/60 miles
All Other Select Services	90 minutes/90 miles	60 minutes/60 miles	30 minutes/30 miles

Medicaid Enrollee-to-Provider Ratio Standards for Select Services

Adult Standards

Adult Services	Standard
Assertive Community Treatment	30,000:1 (Medicaid Enrollee to Provider Ratio)
Psychosocial Rehabilitation (Clubhouses)	45,000:1 (Medicaid Enrollee to Provider Ratio)
Opioid Treatment Programs[4]	35,000:1 (Medicaid Enrollee to Provider Ratio)
Crisis Residential[5]	16 beds per 500,000 Total Population

Pediatric Standards

Children's Services	Standard
Home-Based	2,000:1 (Medicaid Enrollee to Provider Ratio)
Wraparound	5,000:1 (Medicaid Enrollee to Provider Ratio)
Crisis Residential[6]	8-12 beds per 500,000 Total Population

LRE compliance to time and distance standards

	ACT	Clubhouse	Opioid Treatment	Crisis Residential - Adult	Crisis Residential - Youth	Inpatient - Adult	Inpatient - Youth	Wraparound	Home Based
Allegan	99.20%	85.3%	97.2%	99.3%	99.9%	100.0%	100.0%	99.9%	99.9%
Kent	99.60%	99.5%	99.5%	99.7%	99.8%	99.9%	100.0%	99.8%	99.8%
Lake	97.90%	0%	70.8%	70.8%	6.0%	100.0%	100.0%	98.7%	98.7%
Mason	99.10%	0%	91.9%	92.1%	0.1%	100.0%	100.0%	99.7%	99.7%
Muskegon	99.50%	99.5%	99.5%	99.5%	22.5%	100.0%	100.0%	100.0%	100.0%
Oceana	98.90%	0%	97.3%	97.9%	59.1%	99.6%	99.9%	99.2%	99.2%
Ottawa	99.70%	99.7%	99.7%	99.8%	100.0%	100.0%	100.0%	100.0%	100.0%

LRE compliance to ratio standards for select services

	Youth			Adult			
	Home Based	Wraparound	Crisis Residential	ACT	Clubhouse	OTP	Crisis Residential
Allegan	Met	Met	Not Met	Met	Met	Met	Met
Kent	Met	Met	Not Met	Met	Met	Met	Met
Lake	Met	Met	Not Met	Met	Not Met	Met	Met

Mason	Met	Met	Not Met	Met	Not Met	Met	Met
Muskegon	Met	Met	Not Met	Met	Met	Met	Met
Oceana	Met	Met	Not Met	Met	Not Met	Met	Met
Ottawa	Met	Met	Not Met	Met	Met	Met	Met

Overall, LRE adheres to the time and distance standards as required by MDHHS in MSA Policy 18-49, with the following exceptions:

- West Michigan Community Mental Health does not currently operate a program utilizing the Clubhouse model. WMCMH offers a direct-run community-based program to support individuals with Intellectual and Developmental Disabilities and Mental Illness with skill building and support/integrated employment services. This program is operated in each of the three WMCMH counties and is available to anyone with an I/DD or MI diagnosis with a goal towards building employment skills.
- Due to the rural nature of Lake, Mason, and Oceana counties, some enrollees fall outside the established time and distance standards for crisis residential, especially children's crisis residential. LRE Members maintain contracts with out-of-region providers to ensure crisis residential beds are available.

Accommodations

LRE ensures services are accessible for those with mobility or other physical accommodation needs. In FY23, LRE will collect individual site data on specific ADA accommodations available at provider and service locations. As needed to ensure timely access to medically necessary services, LRE will ensure, free-of-charge to the individual, accommodations are made available to persons receiving services.

Interpreters and language translators are available at each Member and network provider for individuals with Limited English Proficiency (LEP). Sign language interpreters for individuals with hearing impairments and audio alternatives for people with visual impairments are also widely available and free-of-charge for persons requiring such supports.

Timeliness of Service, MMBPIS

MDHHS requires PIHPs to report various data related to timely access to care and follow-up care after psychiatric hospitalization or detoxification services, known as the Michigan Mission Based Performance Indicator System (MMBPIS). Overall, LRE performs well, meeting most MMBPIS benchmarks. When performance fails to meet minimum levels, plans of correction are required to ensure performance measures are met.

MMBPIS is regularly discussed regionally, with Members collectively addressing performance issues and challenges. The performance of individual Members is shared at QIROAT and, as need, additional MMBPIS-focused meetings are held with key regional partners.

FY22 Q1&2 MMBPIS Outcomes					
MMBPIS Indicator	Description / Standard	FY22 - Q1		FY22 - Q2	
		LRE	State Average	LRE	State Average
Indicator 1a - Child	*Percent of Child Pre-admission Screening Dispositions - 3 Hours or Less* ***Standard: 95%***	99.7%	98.9%	98.2%	98.8%
Indicator 1b - Adult	*Percent of Adult Pre-admission Screening Dispositions - 3 Hours or Less* ***Standard: 95%***	98.8%	98.4%	98.5%	98.6%
Indicator 2	*Percent of Individuals Receiving a Completed Biopsychosocial Assessment within 14 days of a Non-emergency Request for Service (all populations)*	73.4%	59.6%	66.0%	54.1%
Indicator 2e	*Percent of New Individuals Receiving a Face-to-face Service for Treatment or Supports within 14 Days of a Non-Emergency Request for Services for Individuals with Substance Use Disorders*	68.5%	71.8%	67.7%	70.9%
Indicator 3	*Percent of New Individuals Starting any Medically Necessary On-going Covered Service within 14 Days of Completing a Non-emergency Biopsychosocial Assessment (all populations)*	74.4%	77.5%	59.8%	75.0%
Indicator 4a(1)	*Percent of Children Discharged from a Psychiatric Inpatient Unit Who are Seen for Follow-up Care within 7 Days* ***Standard: 95%***	96.5%	92.3%	92.1%	90.3%
Indicator 4a(2)	*Percent of Adults Discharged from a Psychiatric Inpatient Unit Who are Seen for Follow-up Care within 7 Days* ***Standard: 95%***	97.3%	92.0%	95.1%	88.9%
Indicator 4b	*Percent of Discharges from a SUD Detox Unit Who are Seen for Follow-up Care within 7 Days* ***Standard: 95%***	97.7%	97.7%	94.8%	96.3%
Indicator 5	*Percent of Area Medicaid Recipients Having Received PIHP Managed Services*	5.33%	6.30%	5.36%	6.51%
Indicator 6	*Percent of Habilitation Supports Waiver (HSW) Enrollees who Received at Least One HSW Service Each Month Other Than Supports Coordination*	77.2%	88.5%	90.6%	92.2%
Indicator 10a - Children	*Percent of Children Readmitted to Inpatient Psychiatric Hospitals Within 30 Days of Discharge from an Inpatient Psychiatric Hospital* ***Standard: 15% or less***	6.0%	7.4%	18.3%	7.1%
Indicator 10b - Adults	*Percent of Adults Readmitted to Inpatient Psychiatric Hospitals Within 30 Days of Discharge from an Inpatient Psychiatric Hospital* ***Standard: 15% or less***	9.8%	11.4%	7.4%	11.4%

Mental Health Service Availability in the LRE Provider Network

Service	CMHOC	HealthWest	Network180	OnPoint	WMCMH
Assertive Community Treatment	D	D	D	D	D
Autism - Applied Behavioral Analysis	C	DC	C		C
Autism - Assessment	C	DC	C	C	D
Autism - Psychological Testing	C	DC	C	DC	D
Behavior Treatment Services	DC	D	C		DC
Clubhouse Psychosocial Services	C	D	C	C	
Community Living Supports (CLS) – 15 Min	DC	C	C		
Community Living Supports (CLS) – Per Diem	C	C	C	C	C
Community Living Supports (CLS) – Therapeutic Camping (Respite)	C	DC	C		C
Crisis Intervention Services	D	D	DC	D	D
Crisis Residential Services	C	DC	C	C	C
Drop-In Centers (Peer Operated)	C	C	C	C	
Enhanced Medical Equipment and Supplies / Pharmacy	C		C	D	C
Environmental Modifications	C	C	C	D	C
Family Psycho-Education (EBP)	D	D	C	D	D
Family Support and Training (EBP)	D	D	C	DC	D
Fiscal Intermediary Services	C	C	C	C	C
Goods and Services	C			C	D
Health Services	DC	DC	DC	D	DC
Home-Based Services	DC	D	C	D	D
Home-Based Services- Infant Mental Health	C	D	C	D	D
Housing Assistance	D	D	DC	D	DC
Inpatient Psychiatric Hospital Treatment	C	C	C	C	C
Intensive Crisis Stabilization Services	D	D	DC	D	C
Intermediate Care Facility for IDD					
Medication Administration	D	DC	DC	DC	DC
Mobile Crisis	D	D	D	D	D
Nursing Facility Mental Health Monitoring	C	DC	C	C	C
Nutritional Services	C		C	DC	C
Out-of-Home Non-Vocational Habilitation	C	DC	C	C	D
Partial Hospitalization Services	C	C	C	C	C
Peer Support Services	DC	D	DC	DC	D
Personal Care in a Licensed Specialized Residential Setting	C	C	C	C	C
Physical Therapy (PT) / Occupational Therapy (OT)	C	D	C	DC	C
Psychiatric Evaluation/Medication Review	D	DC	DC	DC	DC
Psychological Testing	DC	DC	C	DC	C
Prevention - Child Care Expulsion	D	D			
Prevention - School Success Program	C	D			
Prevention - Children of Adults with MI/Int. Svcs.		D	C		
Prevention - Parent Education		D	C		D
Pre-Vocational Services	C	DC	C	DC	C
Private Duty Nursing	C	C	C	C	C
Respite Care	C	C	C	C	C
Supports Intensity Scale – Face-to-Face Assessment	D	E	C	D	C
Skill Building Assistance	C	DC	D	DC	DC
Speech, Hearing, and Language Therapy	C	D	C	C	C
Supported Employment	C	DC	C	DC	DC
Supports Coordination	DC	DC	DC	DC	DC
Targeted Case Management	DC	DC	DC	DC	DC
Telemedicine/Telepsych	DC	D	DC	DC	DC
Therapy - Family Therapy	DC	DC	C	DC	D
Therapy - Individual and Group Therapy - MI Adult	DC	D	DC	DC	DC
Therapy - Individual Therapy - SED	DC	DC	C	DC	D
Transportation	C	DC	C	C	D
Wraparound Services	C	D	C	C	D

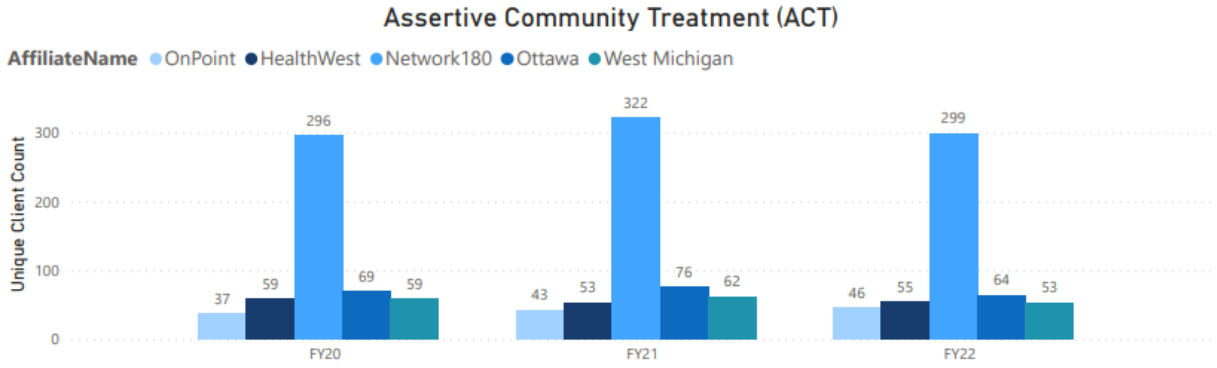
Method of Provision: D=direct-run, C= through contractual arrangements, or DC= both direct-run and contractual arrangement.

Mental Health Services Adequacy Analysis

To ensure an adequate network of providers to meet the mental health service needs for people in the LRE catchment, LRE analyzes the composition of its network based on provider type, location, and service capacity. LRE maintains dashboards through PowerBI that allows for real-time display of unique client counts, total encounters, costs, and other relevant service data based on the service being reviewed. The encounter data displayed below encompasses service provision from FY21 through FY22 current data, allowing for encounter reporting and processing lag times.

Assertive Community Treatment

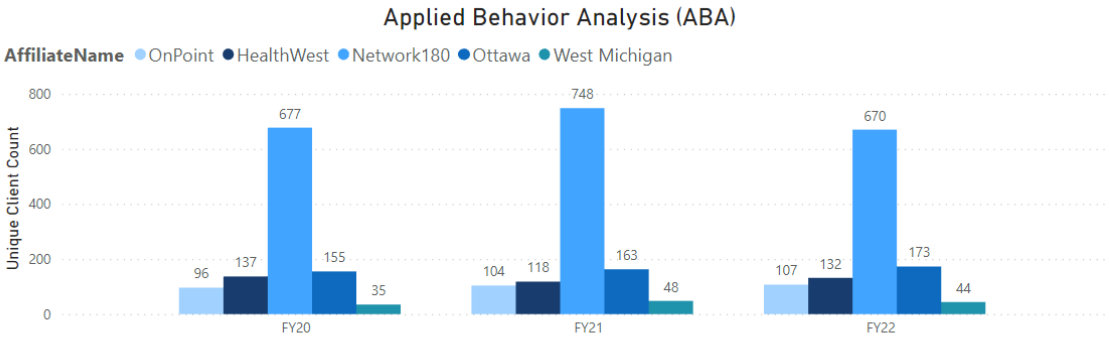
Assertive Community Treatment (ACT) is a therapeutic set of intensive clinical, medical and psychosocial services provided by a mobile multi-disciplinary treatment team that includes case/care management, psychiatric services, counseling/psychotherapy, housing support, Substance Use Disorder treatment, and employment and rehabilitative services provided in the Medicaid Provider Manual. ACT includes availability of multiple daily contacts and 24-hour, 7-days-per-week crisis availability provided by the multi-disciplinary ACT team which includes psychiatric and skilled medical staff.



FY	OnPoint	HealthWest	Network180	Ottawa	West Michigan
FY20					
GENERAL FUND	7	7	54	14	10
HMP	7	15	72	22	10
MEDICAID	31	47	234	42	47
FY21					
GENERAL FUND	3	3	25	10	9
HMP	11	10	66	24	13
MEDICAID	31	41	250	48	45
FY22					
GENERAL FUND	3	4	16	5	6
HMP	17	16	62	20	8
MEDICAID	40	43	230	39	45

Autism – Applied Behavioral Analysis

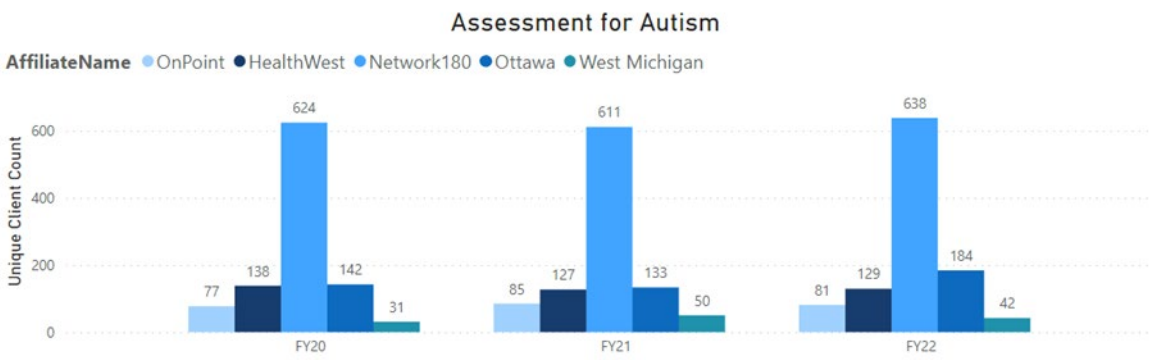
Behavior Health Treatment (BHT) services are a comprehensive and intensive set of behavioral services available to Medicaid beneficiaries with a diagnosis of Autism. BHT services include comprehensive behavioral assessment and treatment plan developed by a Board Certified Behavior Analyst (BCBA); Direct behavior intervention provided by a Behavior Technician (BT) under the supervision of a BCBA for up to 40 hours per week; Social skills group services; Family Guidance services delivered by a BCBA directly with caregivers of a consumer.



FY	OnPoint	HealthWest	Network180	Ottawa	West Michigan
FY20					
GENERAL FUND	4	2	13	2	
HMP			6	4	
MEDICAID	96	136	670	151	35
FY21					
GENERAL FUND		2	7	1	1
HMP			6	5	
MEDICAID	104	117	742	159	48
FY22					
GENERAL FUND		3	9	1	
HMP			4	3	
MEDICAID	107	131	663	173	44
MICHILD	1				

Autism – Assessment

The Comprehensive Diagnostic Evaluation must be performed before the child receives BHT services. The comprehensive diagnostic evaluation is a neurodevelopmental review of cognitive, behavioral, emotional, adaptive, and social functioning, and should include validated evaluation tools. Based on the evaluation, the practitioner determines the child's diagnosis, recommends general ASD treatment interventions, and refers the child for BHT services, which is provided and supervised by a BCBA. The Comprehensive Diagnostic Evaluations is performed by a Qualified Licensed Practitioner (QLP) working within their scope of practice and who is qualified and experienced in diagnosing ASD.



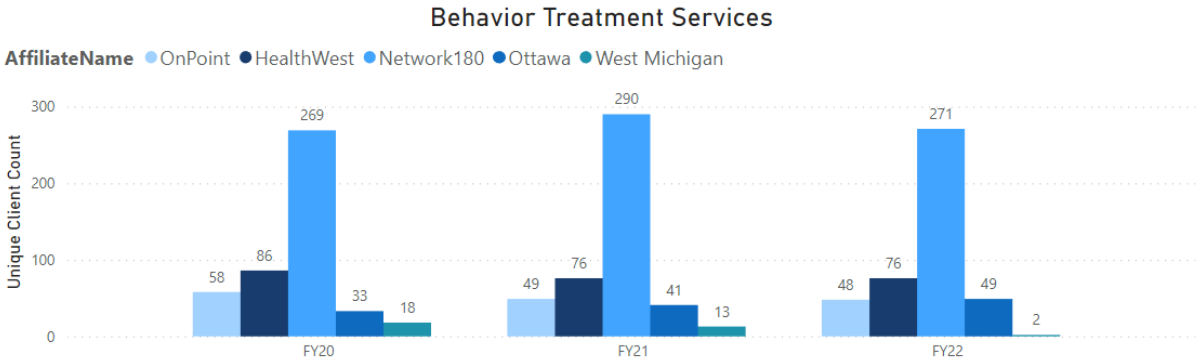
FY	OnPoint	HealthWest	Network180	Ottawa	West Michigan
FY20					
GENERAL FUND		2	6	1	
HMP			5	3	
MEDICAID	77	137	617	140	31
FY21					
GENERAL FUND			3		
HMP			6	2	
MEDICAID	85	127	604	131	50
FY22					
GENERAL FUND	1	1	3		
HMP			2	4	
MEDICAID	81	128	633	182	42

Autism – Psychological Testing

Psychological testing is performed as part of the comprehensive diagnostic evaluation for autism. Evaluators use as many or as few psychological tests as is necessary to fully inform the diagnostic and evaluative process.

Behavior Treatment Services

Behavior treatment services utilize assessment and interventions for the purpose of treating, managing, controlling, or extinguishing behaviors that place an individual or others at risk of significant harm or injury. Assessments are utilized to rule medical causes for behavior prior to planning and implementation. Individual behavior treatment plans are developed to ameliorate or eliminate the need for restrictive or intrusive interventions in the future. Behavior treatment plans utilize education, behavioral techniques and interventions which are supported by peer-reviewed literature and practice guidelines to ensure the use of least restrictive measures and interventions.

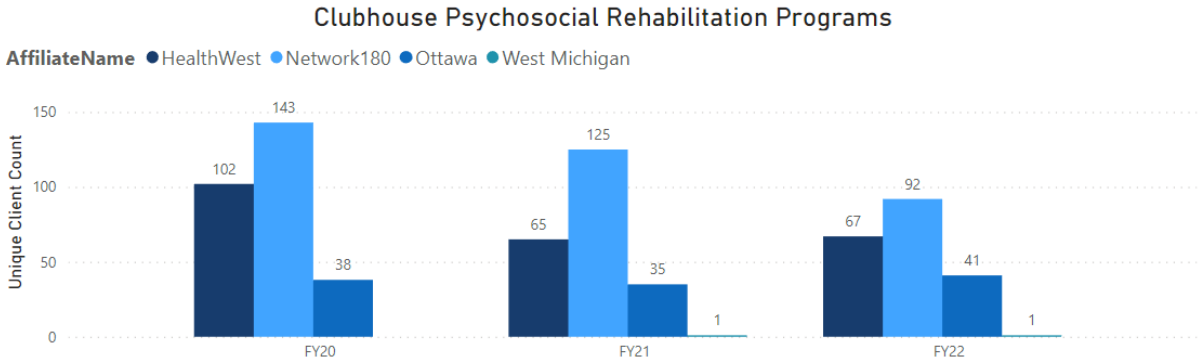


FY	OnPoint	HealthWest	Network180	Ottawa	West Michigan
FY20					
GENERAL FUND	2	2	11	1	
HMP	3	2	10		
MEDICAID	55	85	259	32	18
FY21					
HMP		2	6		
MEDICAID	49	75	287	41	13
FY22					
GENERAL FUND		1	1	1	
HMP			2		
MEDICAID	48	76	269	49	2

Clubhouse Psychosocial Services

A Clubhouse is a community-based program organized to support Individuals living with mental illness. Participants are known as Clubhouse members, and member choice is a key feature of the model. Clubhouses are vibrant, dynamic communities where meaningful work opportunities drive the need for member participation, thereby creating an environment where empowerment, relationship-building, skill development and related competencies are gained.

Comprehensive opportunities are provided within the Clubhouse, including supports and services related to employment, education, housing, community inclusion, wellness, community resources, advocacy, and recovery. In addition, members participate in the day-to-day decision-making and governance of the program.



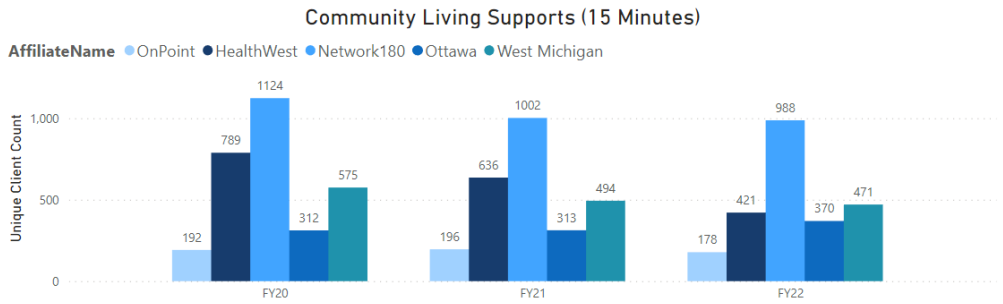
FY	HealthWest	Network180	Ottawa	West Michigan
FY20				
GENERAL FUND	12	21	4	
HMP	16	10	4	
MEDICAID	83	120	37	
FY21				
GENERAL FUND	2	11	2	
HMP	2	6	1	
MEDICAID	63	110	32	1
FY22				
GENERAL FUND	1	8	3	
HMP	3	5	2	
MEDICAID	64	80	36	1

Community Living Supports (CLS)

Community Living Supports (CLS) are medically necessary supports and services used to increase or maintain personal self-sufficiency to facilitate an Individual's achievement of his/her greatest potential and goals of community inclusion and participation, independence or productivity when identified in the individual plan of service as one or more goals developed during person-centered planning.

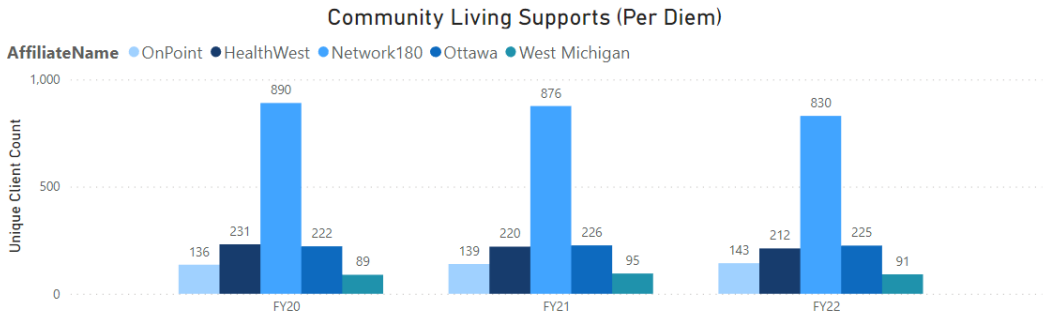
CLS provides training and/or teaching to the Individual on how to do certain activities by assisting, prompting, reminding, cueing, observing, guiding and/or training in the following activities: meal preparation, laundry, routine, seasonal, and heavy household care and maintenance, activities of daily living (e.g., bathing, eating, dressing, personal hygiene), and shopping for food and other necessities of daily living.

CLS – 15 Minutes



FY	OnPoint	HealthWest	Network180	Ottawa	West Michigan
FY20					
GENERAL FUND	9	44	77	8	43
HMP	2	127	32	5	86
MEDICAID	190	680	1096	308	477
FY21					
GENERAL FUND		27	15	4	24
HMP	1	104	20	16	68
MEDICAID	195	509	983	294	410
FY22					
GENERAL FUND	1	14	10	4	16
HMP	1	43	15	20	58
MEDICAID	178	371	968	347	415

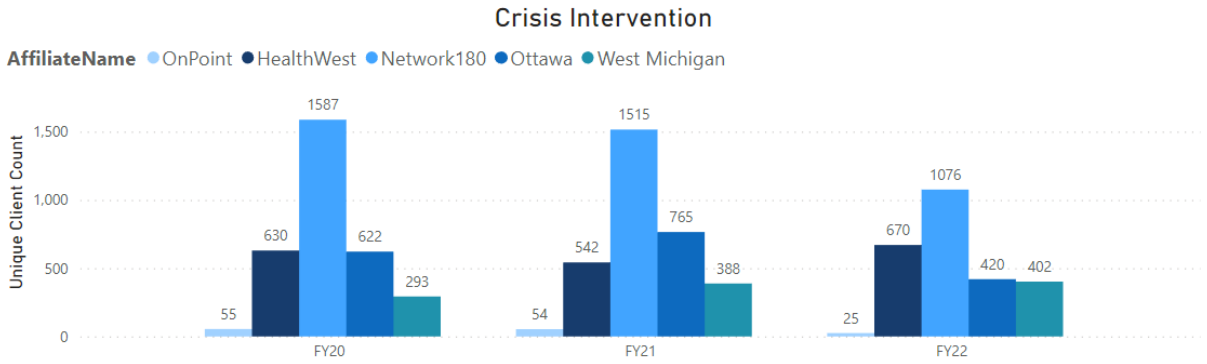
CLS – Per Diem



FY	OnPoint	HealthWest	Network180	Ottawa	West Michigan
FY20					
GENERAL FUND	5	12	84	14	2
HMP	6	7	31	6	1
MEDICAID	130	229	864	218	88
FY21					
GENERAL FUND		2	19	6	
HMP	4	4	24	1	1
MEDICAID	135	217	850	223	94
FY22					
GENERAL FUND		3	10	4	
HMP	9	1	21	2	1
MEDICAID	137	210	810	220	91

Crisis Intervention

Crisis Intervention services are unscheduled activities conducted for the purpose of resolving a crisis situation requiring immediate attention. Activities include crisis response, crisis line, assessment, referral, and direct therapy.

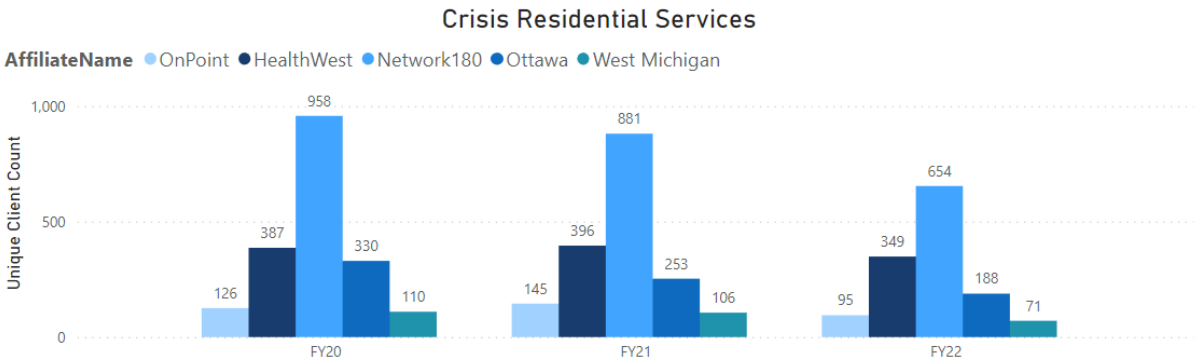


FY	OnPoint	HealthWest	Network180	Ottawa	West Michigan
FY20					
GENERAL FUND	6	79	331	217	80
HMP	3	183	468	239	95
MEDICAID	46	380	810	176	126
FY21					
GENERAL FUND	7	63	205	232	86
HMP	3	176	500	320	153
MEDICAID	44	307	819	231	155
FY22					
GENERAL FUND	3	87	160	95	74
HMP	2	167	312	192	150
MEDICAID	20	424	606	136	187

Crisis Residential

Crisis residential services are intended to provide a short-term alternative to inpatient psychiatric services for Individuals experiencing an acute psychiatric crisis when clinically indicated. Services may only be used to avert an inpatient psychiatric admission, or to shorten the length of an inpatient stay.

Services must be provided to beneficiaries in licensed crisis residential foster care or group home settings not exceeding 16 beds in size. Homes/settings must have appropriate licensure from the state and must be approved by MDHHS to provide specialized crisis residential services.

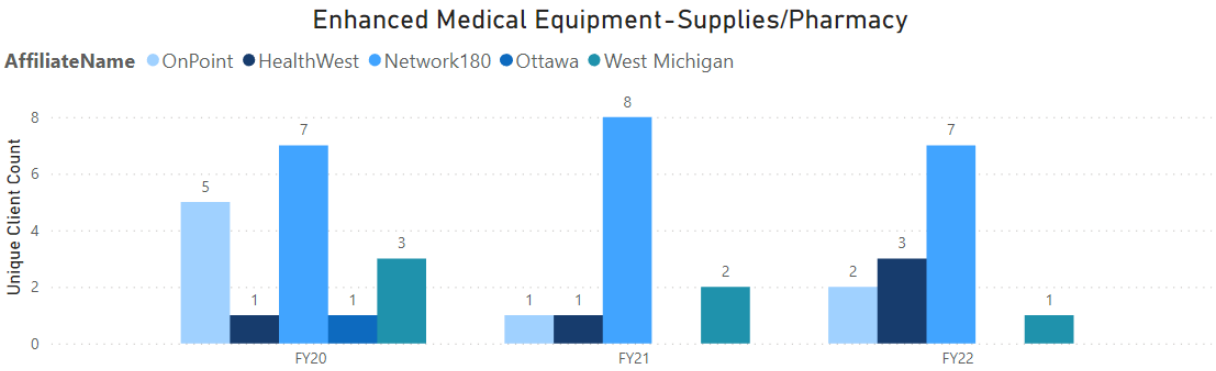


FY	OnPoint	HealthWest	Network180	Ottawa	West Michigan
FY20					
GENERAL FUND	10	13	67	30	7
HMP	69	198	542	190	64
MEDICAID	51	182	366	119	42
FY21					
GENERAL FUND	6	14	38	17	5
HMP	89	211	562	163	66
MEDICAID	51	174	291	77	36
FY22					
GENERAL FUND	4	13	32	16	4
HMP	52	176	352	110	45
MEDICAID	40	166	275	66	23

Enhanced Medical Equipment and Supplies / Pharmacy

Enhanced Medical Equipment is an item or set of items that enable the individual to increase his/her ability to perform activities of daily living with a greater degree of independence than without them; to perceive, control, or communicate with the environment in which he/she lives. These are items that are not available through other Medicaid coverage or through other insurances. These items must be specified in the individual plan of service. All items must be ordered by a physician on a prescription.

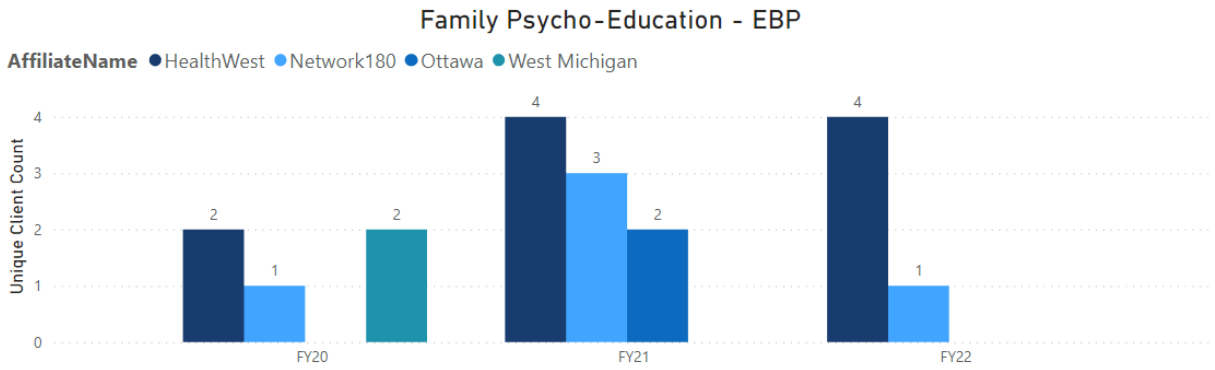
Physician-ordered, nonprescription "medicine chest" items as specified in the beneficiary's support plan. Items that are not of direct medical or remedial benefit to the beneficiary are not allowed.



FY	OnPoint	HealthWest	Network180	Ottawa	West Michigan
FY20					
HMP			1		
MEDICAID	5	1	7	1	3
FY21					
MEDICAID	1	1	8		2
FY22					
MEDICAID	2	3	7		1

Family Psycho-Education (EBP)

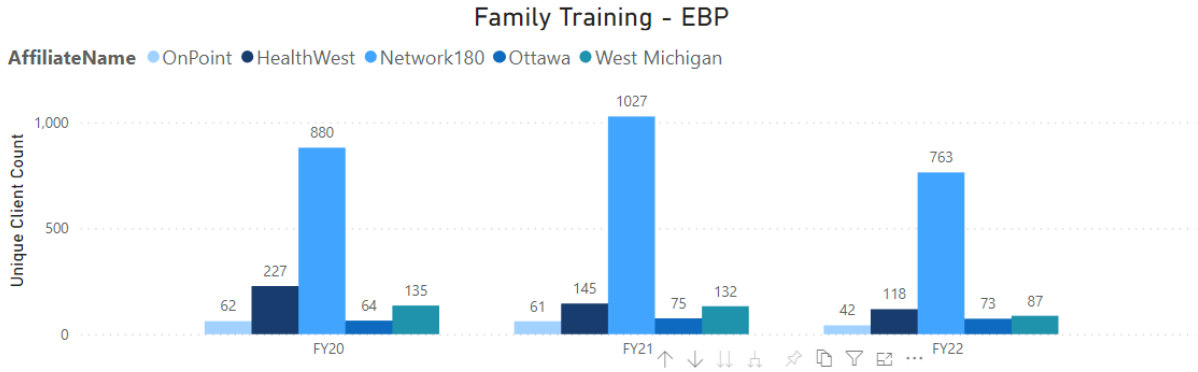
Services provided under the SAMHSA model for individuals with serious mental illness and their families. This evidence-based practice (EBP) includes family educational groups, skills workshops, and joining.



FY	HealthWest	Network180	Ottawa	West Michigan
FY20				
HMP		1		1
MEDICAID	2			1
FY21				
GENERAL FUND	1			
HMP		1	2	
MEDICAID	3	2		
FY22				
HMP	2			
MEDICAID	2	1		

Family Support and Training

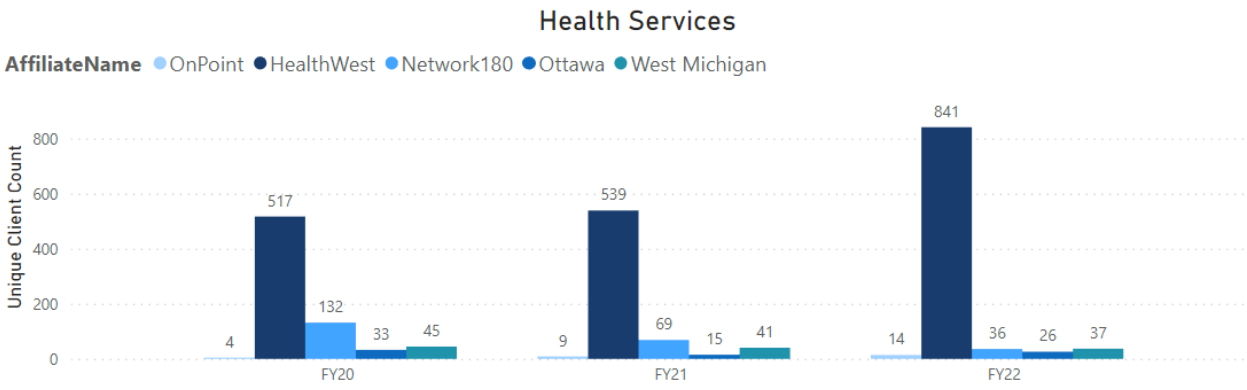
Family-focused services provided to family (natural or adoptive parents, spouse, children, siblings, relatives, foster family, in-laws, and other unpaid caregivers) of persons with serious mental illness, serious emotional disturbance or developmental disability for the purpose of assisting the family in relating to and caring for a relative with one of these disabilities. The services target the family members who are caring for and/or living with an Individual receiving mental health services. The service is to be used in cases where the Individual is hindered or at risk of being hindered in his/her ability to achieve goals.



FY	OnPoint	HealthWest	Network180	Ottawa	West Michigan
FY20					
GENERAL FUND		2	23		2
HMP	2		1		
MEDICAID	61	227	868	64	134
FY21					
GENERAL FUND		1	12	1	1
HMP	1		1		
MEDICAID	60	145	1018	74	131
FY22					
GENERAL FUND		7	9		
HMP	1			2	
MEDICAID	41	113	759	71	87

Health Services

Health Services are provided for purposes of improving the Individual's overall health and ability to care for health-related needs. This includes nursing services (on a per-visit basis, not on-going hourly care), dietary/nutritional services, maintenance of health and hygiene, teaching self-administration of medication, care of minor injuries or first aid, recognizing early symptoms of illness and teaching the beneficiary to seek assistance in case of emergencies. A registered nurse, nurse practitioner, physician's assistant, or dietician must provide these services, according to their scope of practice. Health services must be carefully coordinated with the beneficiary's health care plan so that the PIHP does not provide services that are the responsibility of the MHP.

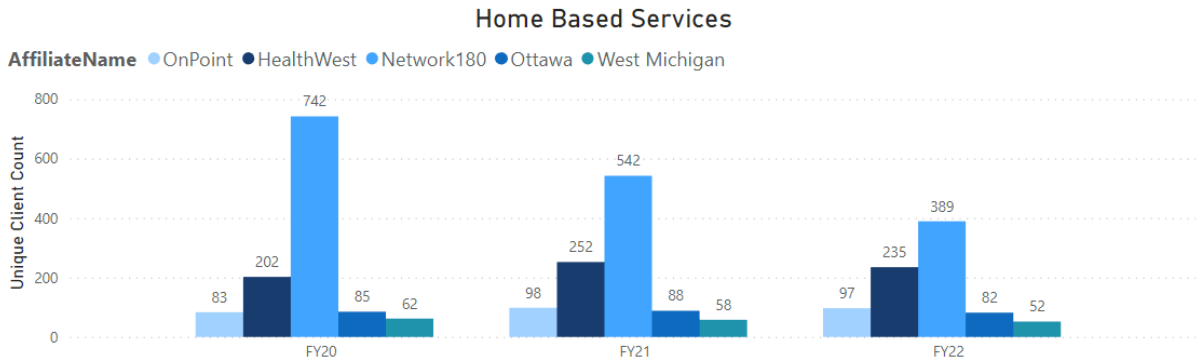


FY	OnPoint	HealthWest	Network180	Ottawa	West Michigan
FY20					
GENERAL FUND		24	2	1	2
HMP		69	4	2	
MEDICAID	4	441	129	30	45
FY21					
GENERAL FUND		22			
HMP		86	2		
MEDICAID	9	436	67	15	41
FY22					
GENERAL FUND		33	1		
HMP	1	147	1		
MEDICAID	14	667	34	26	37

Home-Based Services

Home-based services programs combine services to restore or enhance social, psychological, or biophysical functioning of individuals, couples, or families and/or individual therapy, family therapy, group therapy, crisis intervention, case management, and collateral contacts. The family is defined as immediate or extended family or individual(s) acting in the role of family.

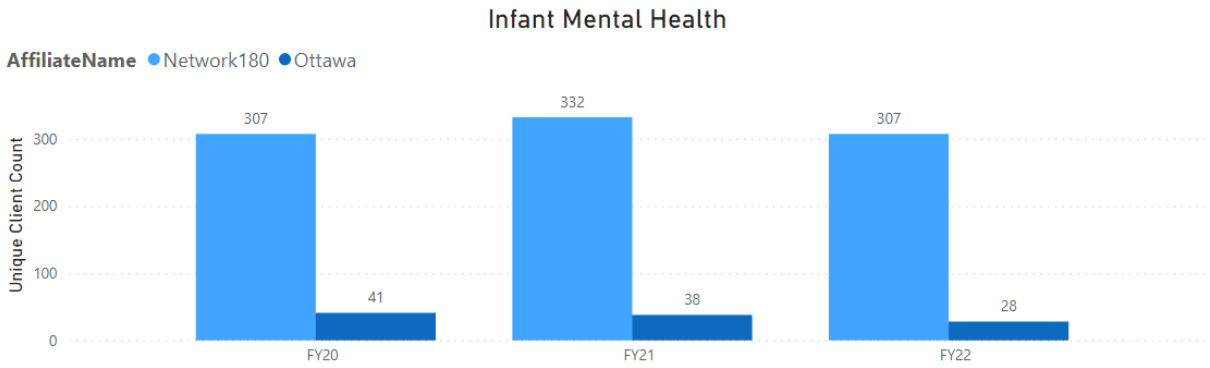
Services provided in a home-based services program range from assisting beneficiaries to link to other resources that might provide food, housing, and medical care, as well as providing more therapeutic interventions such as family therapy or individual therapy, or services to restore or enhance functioning for individuals, couples, or families.



FY	OnPoint	HealthWest	Network180	Ottawa	West Michigan
FY20					
GENERAL FUND	2	8	30	1	
HMP		2	1		
MEDICAID	83	199	727	85	62
FY21					
GENERAL FUND	1	10	18	4	2
HMP		1			
MEDICAID	98	244	530	85	57
FY22					
GENERAL FUND	5	8	9	3	
HMP		4			1
MEDICAID	95	228	382	82	52
MICHILD	3				

Home-Based Services- Infant Mental Health

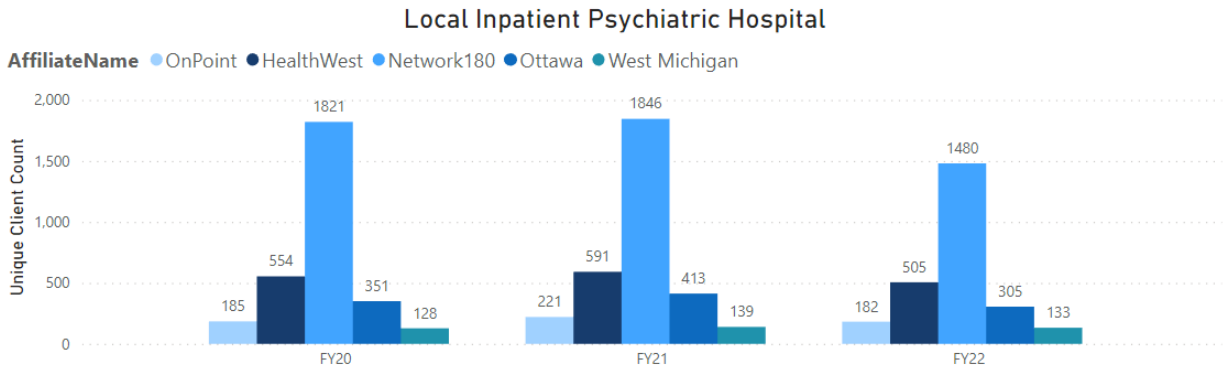
Infant Mental Health provides home-based parent-infant support and intervention services to families where the parent's condition and life circumstances, or the characteristics of the infant, threaten the parent-infant attachment and the consequent social, emotional, behavioral and cognitive development of the infant. Services reduce the incidence and prevalence of abuse, neglect, developmental delay, behavioral and emotional disorder.



FY	Network180	Ottawa
FY20		
GENERAL FUND	10	3
HMP	1	
MEDICAID	306	41
FY21		
GENERAL FUND	5	1
HMP	7	
MEDICAID	326	37
FY22		
GENERAL FUND	6	4
HMP	3	
MEDICAID	300	28

Inpatient Psychiatric Hospital Treatment

Services provided in a licensed inpatient facility. Inpatient psychiatric care may be used to treat a person with mental illness who requires care in a 24-hour medically structured and supervised facility. The SI/IS criteria for admission are based upon the assumption that the beneficiary is displaying signs and symptoms of a serious psychiatric disorder, demonstrating functional impairments, and manifesting a level of clinical instability (risk) that, either individually or collectively, are of such severity that treatment in an alternative setting would be unsafe or ineffective.

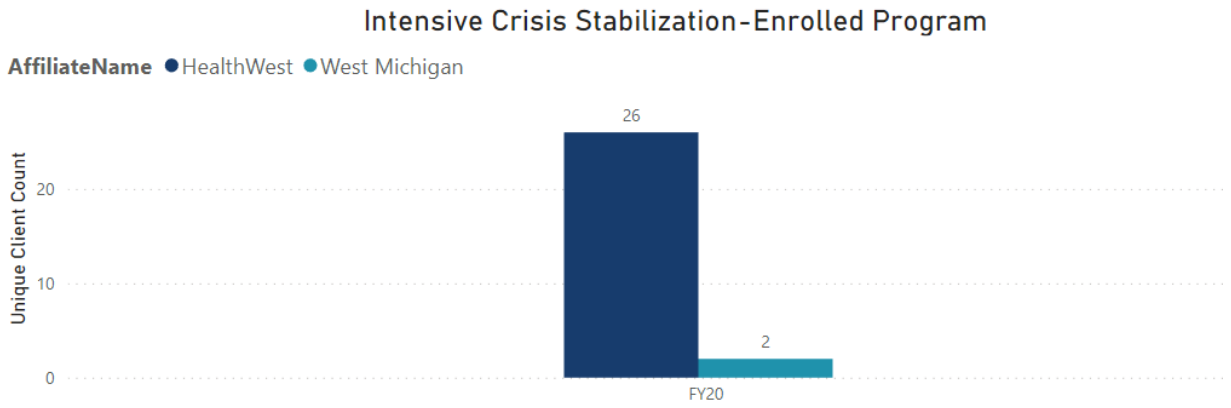


FY	OnPoint	HealthWest	Network180	Ottawa	West Michigan
FY20					
GENERAL FUND	22	31	194	25	9
HMP	76	237	664	156	45
MEDICAID	99	298	982	174	76
FY21					
GENERAL FUND	9	22	139	28	5
HMP	94	234	725	145	48
MEDICAID	120	341	1001	240	86
FY22					
GENERAL FUND	6	11	115	24	2
HMP	67	210	558	121	51
MEDICAID	113	286	811	162	80

Intensive Crisis Stabilization Services

Intensive Crisis Stabilization Services are structured treatment and support activities provided by a multidisciplinary team and designed to provide a short-term alternative to inpatient psychiatric services. A crisis situation is one in which an Individual is experiencing a serious mental illness or a developmental disability, or a child is experiencing a serious emotional disturbance, and one of the following applies:

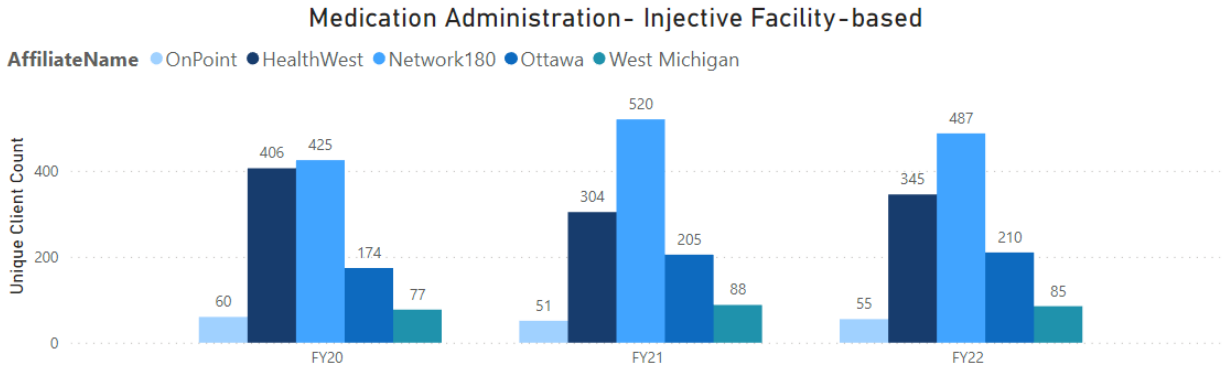
- The Individual can reasonably be expected within the near future to physically injure himself or another Individual, either intentionally or unintentionally.
- The Individual is unable to provide him/herself clothing, or shelter, or to attend to basic physical activities such as eating, toileting, bathing, grooming, dressing, or ambulating, and this inability may lead in the near future to harm to the Individual or to another Individual.
- The Individual's judgment is so impaired that he/she is unable to understand the need for treatment and, in the opinion of the mental health professional, his/her continued behavior, as a result of the mental illness, developmental disability, or emotional disturbance, can reasonably be expected in the near future to result in physical harm to the Individual or to another Individual.



FY	HealthWest	West Michigan
FY20		
GENERAL FUND	2	1
MEDICAID	24	1

Medication Administration

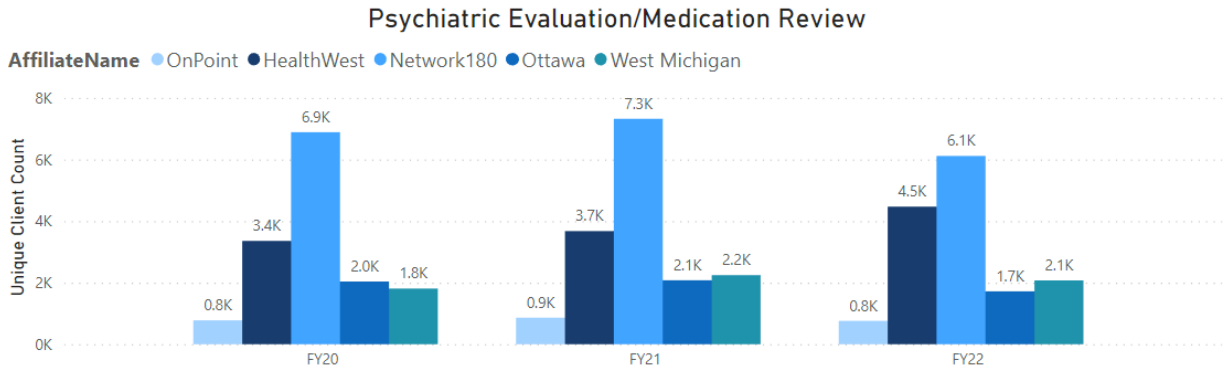
Professionals and individuals who work in health care settings can perform medication administration within their scope of practice and training. Education and training must be completed per established state, federal and agency guidelines.



FY	OnPoint	HealthWest	Network180	Ottawa	West Michigan
FY20					
GENERAL FUND	5	27	39	27	14
HMP	20	83	135	52	9
MEDICAID	38	332	286	113	61
FY21					
GENERAL FUND	3	12	29	16	12
HMP	20	65	145	59	9
MEDICAID	29	238	363	145	69
FY22					
GENERAL FUND	4	12	23	8	10
HMP	17	92	128	59	11
MEDICAID	41	268	349	143	70

Medication Review

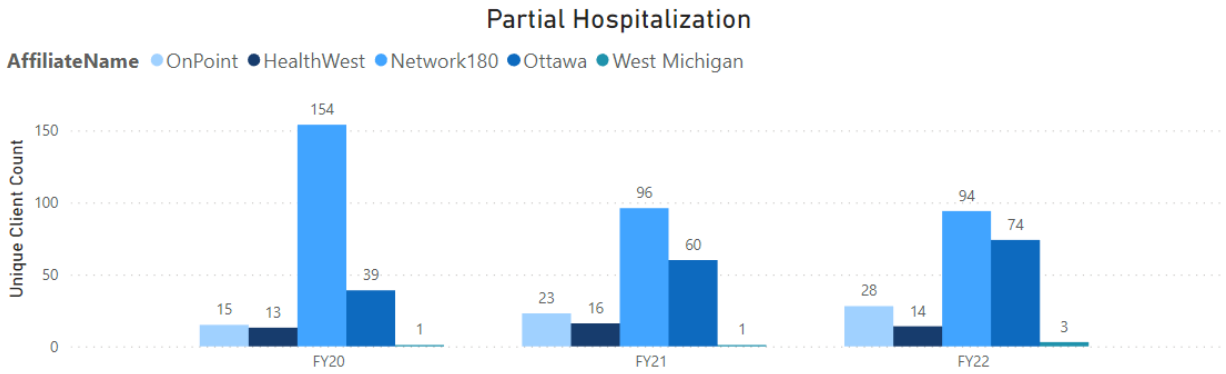
Medication Review is evaluating and monitoring medications, their effects, and the need for continuing or changing the medication regimen. A physician, physician assistant, nurse practitioner, registered nurse, licensed pharmacist, or a licensed practical nurse assisting the physician may perform medication reviews. Medication review includes the administration of screening tools for the presence of extra pyramidal symptoms and tardive dyskinesia secondary to untoward effects of neuroactive medications.



FY	OnPoint	HealthWest	Network180	Ottawa	West Michigan
FY20					
GENERAL FUND	57	265	667	164	323
HMP	186	852	1818	437	518
MEDICAID	550	2297	4517	1477	1003
FY21					
GENERAL FUND	53	307	524	187	366
HMP	218	985	1940	434	645
MEDICAID	596	2426	4950	1486	1278
FY22					
GENERAL FUND	40	389	432	110	288
HMP	167	1215	1553	370	549
MEDICAID	564	2994	4167	1248	1274
MICHILD	1				

Partial Hospitalization Services

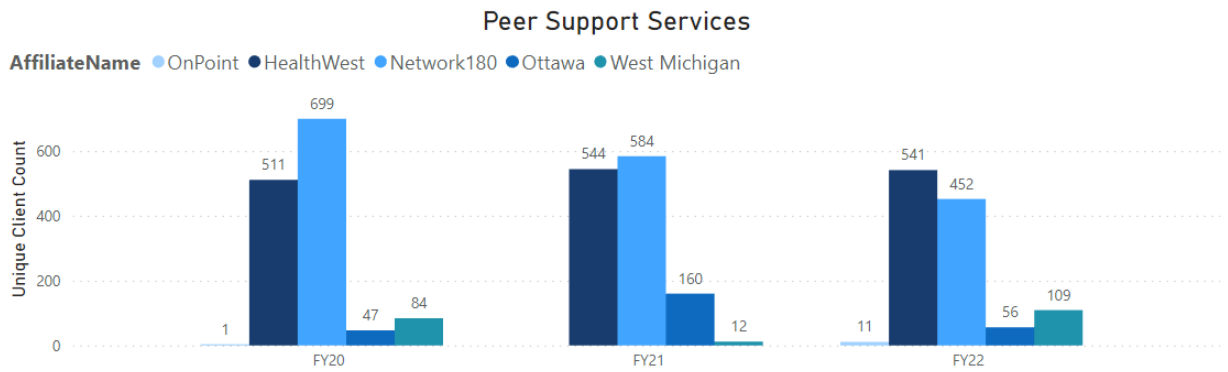
Partial hospitalization services may be used to treat a person with mental illness who requires intensive, highly coordinated, multi-modal ambulatory care with active psychiatric supervision. Treatment, services and supports are provided for six or more hours per day, five days a week. The use of partial hospitalization as a setting of care presumes that the beneficiary does not currently need treatment in a 24-hour protective environment. Conversely, the use of partial hospitalization implies that routine outpatient treatment is of insufficient intensity to meet the beneficiary's present treatment needs.



FY	OnPoint	HealthWest	Network180	Ottawa	West Michigan
FY20					
GENERAL FUND	2		14	1	
HMP	5	5	39	14	
MEDICAID	8	8	101	25	1
FY21					
GENERAL FUND		1	8	5	
HMP	9	3	28	19	
MEDICAID	14	12	60	36	1
FY22					
GENERAL FUND	2		4	7	
HMP	4	3	30	33	1
MEDICAID	23	11	60	34	2

Peer Support Services

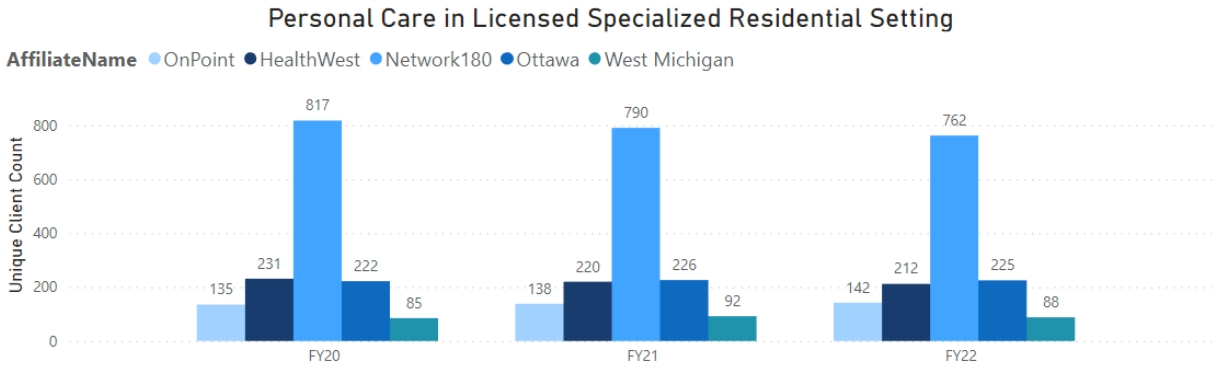
Services provided by certified Mental Health Peer Support Specialists/Youth Peer Support Specialists. Peer specialist services provide individuals with opportunities to support, mentor and assist beneficiaries to achieve community inclusion, participation, independence, recovery, resiliency and/or productivity. Peers are individuals who have a unique background and skill level from their experience in utilizing services and supports to achieve their personal goals of community membership, independence and productivity. Peers have a special ability to gain trust and respect of other beneficiaries based on shared experience and perspectives with disabilities, and with planning and negotiating human services systems.



FY	OnPoint	HealthWest	Network180	Ottawa	West Michigan
FY20					
GENERAL FUND		31	106	5	22
HMP	1	209	277	24	35
MEDICAID		308	363	20	32
FY21					
GENERAL FUND		20	46	51	
HMP		212	218	81	
MEDICAID		323	348	33	12
FY22					
GENERAL FUND		22	26	7	3
HMP	4	179	143	28	26
MEDICAID	7	368	297	22	91

Personal Care in a Licensed Specialized Residential Setting

Personal care services are those services provided in accordance with an individual plan of service to assist a beneficiary in performing his/her own personal daily activities. Services may be provided only in a licensed foster care setting with a specialized residential program certified by the state.

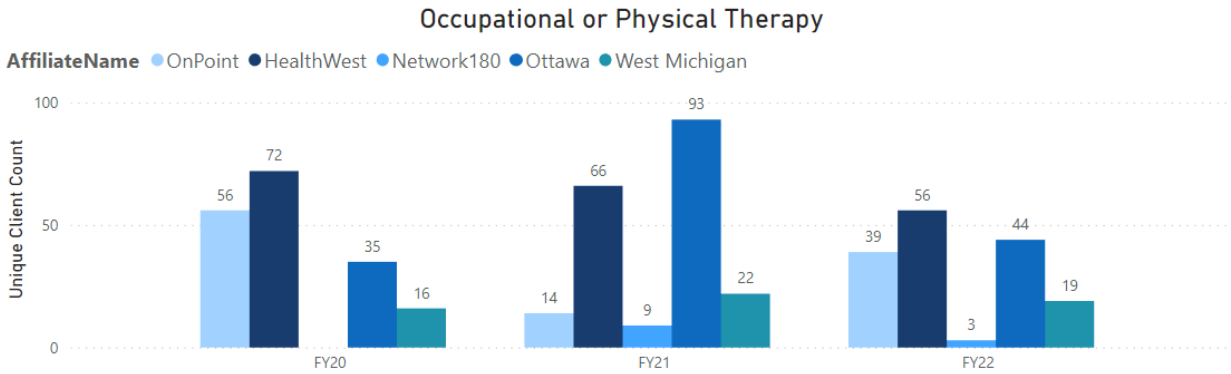


FY	OnPoint	HealthWest	Network180	Ottawa	West Michigan
FY20					
GENERAL FUND	5	12	74	14	2
HMP	6	7	24	6	1
MEDICAID	129	229	799	218	84
FY21					
GENERAL FUND		2	15	6	
HMP	4	4	15	1	1
MEDICAID	134	217	773	223	91
FY22					
GENERAL FUND		3	4	4	
HMP	9	1	16	2	1
MEDICAID	136	210	749	220	88

Physical Therapy (PT) / Occupation Therapy (OT)

Physical therapy (PT) must be rehabilitative, active or restorative and designed to correct or compensate for a medical problem. Physical therapy services must require the skills, knowledge and education of a PT or PTA to provide therapy. Treatment is performed through the use of therapeutic exercises and rehabilitative procedures.

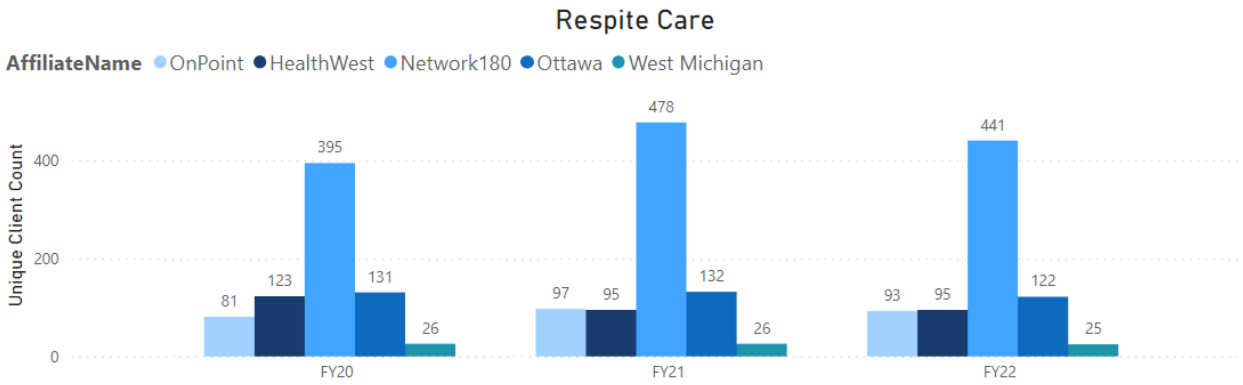
Occupational therapy (OT) must be rehabilitative, active or restorative and designed to correct or compensate for a medical problem interfering with age-appropriate functional performance. Occupational therapy services must require the skills, knowledge, and education of a licensed occupational therapist, licensed occupational therapy assistant, or Orientation and Mobility specialist.



FY	OnPoint	HealthWest	Network180	Ottawa	West Michigan
FY20					
GENERAL FUND	1	1			1
HMP		2			
MEDICAID	56	70		35	16
FY21					
GENERAL FUND		1			
HMP				1	
MEDICAID	14	65	9	92	22
FY22					
HMP				1	
MEDICAID	39	56	3	43	19

Respite Care

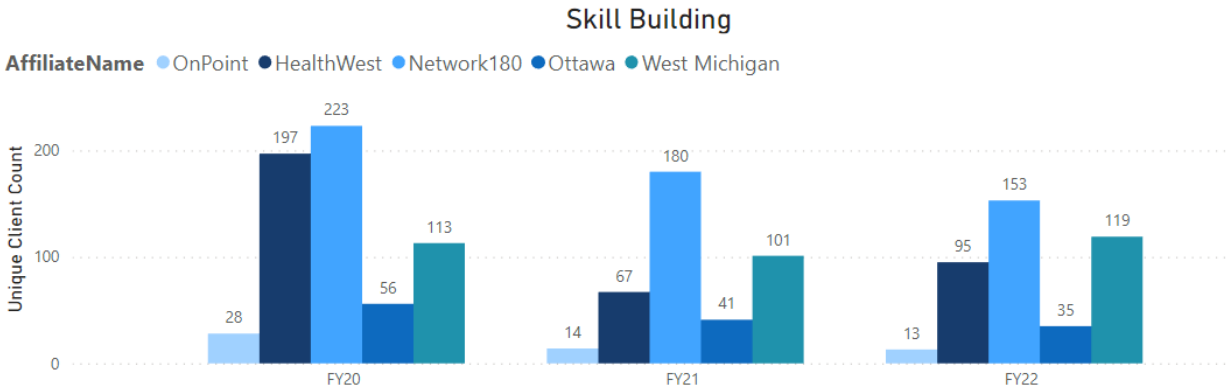
Respite care services are provided to the child on an intermittent or short-term basis because of the absence or need for relief of the parent. Respite is intended to support the parent who is the primary caregiver. This service can be provided by a qualified provider under contract with the CMHSP in the child's home, foster home, group home, licensed respite care facility, licensed camp, or the home of a friend or relative. A parent or guardian may not be considered a provider, nor be reimbursed for this service.



FY	OnPoint	HealthWest	Network180	Ottawa	West Michigan
FY20					
GENERAL FUND		2	7	2	
HMP		1	5	2	
MEDICAID	81	123	391	129	26
FY21					
GENERAL FUND		1	5		
HMP			5	1	
MEDICAID	97	94	470	131	26
FY22					
GENERAL FUND		1	4	1	
HMP			3	1	
MEDICAID	93	94	435	120	25

Skill Building Assistance

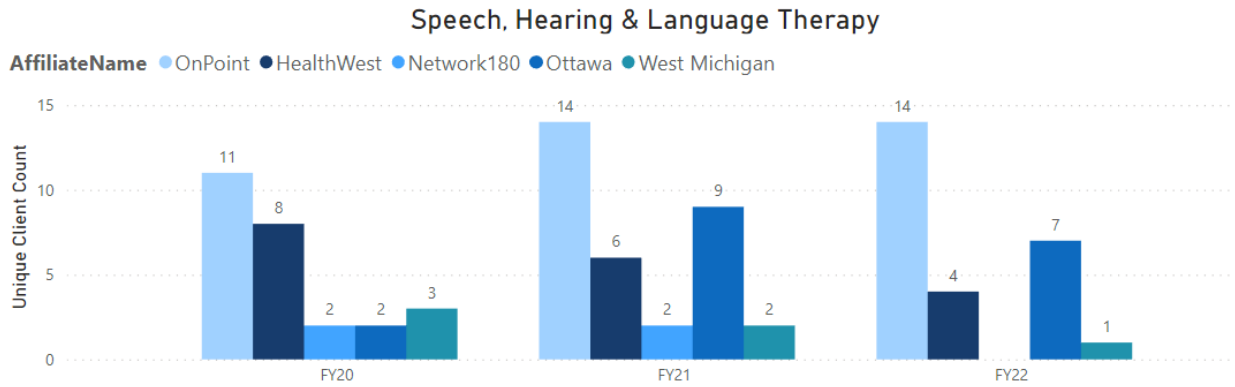
Skill Building Assistance consists of activities identified in the individual plan of services and designed by a professional within his/her scope of practice that assist a beneficiary to increase his economic self-sufficiency and/or to engage in meaningful activities such as school, work, and/or volunteering. The services provide knowledge and specialized skill development and/or support. Skill-building assistance may be provided in the beneficiary's residence or in community settings.



FY	OnPoint	HealthWest	Network180	Ottawa	West Michigan
FY20					
GENERAL FUND	1	14	17	2	7
HMP	1	15	5	1	3
MEDICAID	27	179	218	56	106
FY21					
GENERAL FUND		2	4		4
HMP		2	3		3
MEDICAID	14	64	176	41	96
FY22					
GENERAL FUND		3	1		2
HMP		19	2		3
MEDICAID	13	76	150	35	115

Speech, Hearing, and Language Therapy

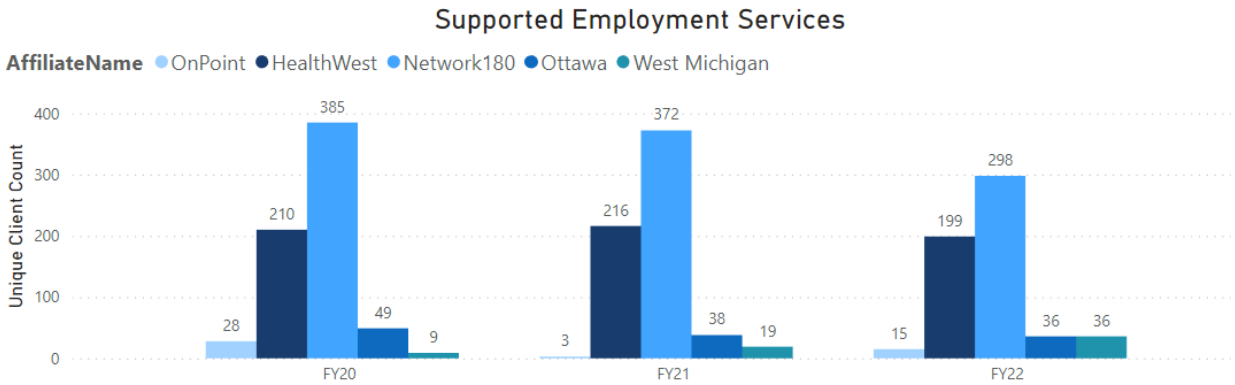
Speech, language, and hearing therapy must be a diagnostic or corrective service to teach compensatory skills for deficits that directly result from a medical condition. This service is provided to beneficiaries with a diagnosed speech, language or hearing disorder adversely affecting the functioning of the beneficiary. Speech, language, and hearing therapy must require the skills, knowledge and education of a fully licensed speech-language pathologist or audiologist to provide the therapy.



FY	OnPoint	HealthWest	Network180	Ottawa	West Michigan
FY20					
GENERAL FUND			1		
MEDICAID	11	8	2	2	3
FY21					
MEDICAID	14	6	2	9	2
FY22					
MEDICAID	14	4		7	1

Supported Employment

Supported employment is the combination of ongoing support services and paid employment that enables the beneficiary to work in the community. It is community-based, taking place in integrated work settings where workers with disabilities work alongside people who do not have disabilities. Supported employment is for beneficiaries with severe disabilities who require ongoing intensive supports such as job coach, employment specialist, or personal assistant, and for beneficiaries who require intermittent or diminishing amounts of supports from a job coach, employment specialist or personal assistant.



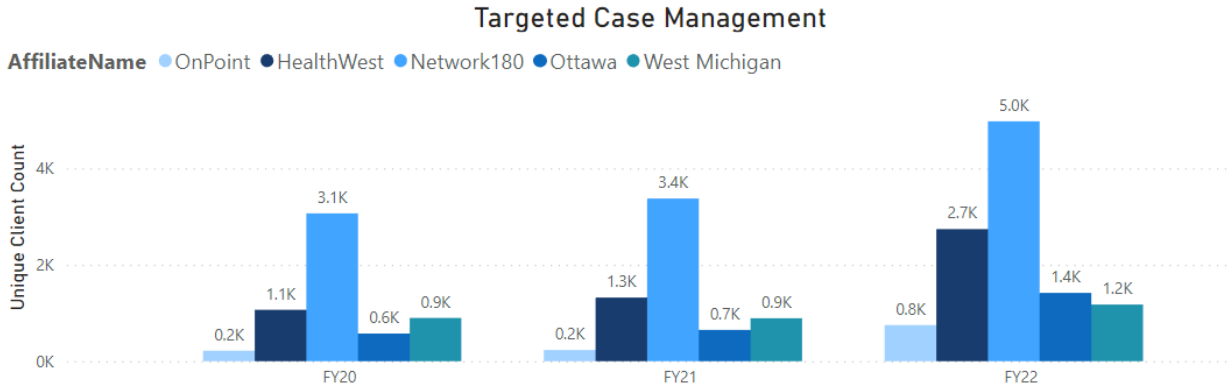
FY	OnPoint	HealthWest	Network180	Ottawa	West Michigan
FY20					
GENERAL FUND	1	6	44	2	1
HMP	4	67	71	2	3
MEDICAID	25	174	313	48	6
FY21					
GENERAL FUND		8	6		1
HMP		80	62	1	1
MEDICAID	3	134	311	37	17
FY22					
GENERAL FUND		3	4		1
HMP	2	79	33	1	3
MEDICAID	13	136	263	35	33

Supports Coordination

Supports Coordination is provided to assure the provision of supports and services required to meet the participant's health and welfare needs in a home and community-based setting. Without these supports and services, the participant would otherwise require institutionalization. The supports coordination functions to be performed and the frequency of face-to-face and other contacts are specified in the participant's plan of service. The frequency and scope of supports coordination contacts must take into consideration health and safety needs of the participant.

Targeted Case Management

Targeted case management is a covered service that assists beneficiaries to design and implement strategies for obtaining services and supports that are goal-oriented and individualized. Services include assessment, planning, linkage, advocacy, coordination and monitoring to assist beneficiaries in gaining access to needed health and dental services, financial assistance, housing, employment, education, social services, and other services and natural supports developed through the person-centered planning process. Targeted case management is provided in a responsive, coordinated, effective and efficient manner focusing on process and outcomes.



FY	OnPoint	HealthWest	Network180	Ottawa	West Michigan
FY20					
GENERAL FUND	26	86	273	62	71
HMP	51	273	469	123	126
MEDICAID	158	841	2512	428	754
FY21					
GENERAL FUND	12	64	143	54	62
HMP	54	365	452	164	135
MEDICAID	172	931	2858	457	724
FY22					
GENERAL FUND	17	130	108	35	61
HMP	67	552	372	142	201
MEDICAID	693	2159	4559	1258	996
MICHILD	6				

Therapy

Family Therapy

Family Therapy is therapy for a beneficiary and family member(s), or other person(s) significant to the beneficiary, for the purpose of improving the beneficiary/family function.

Individual and Group Therapy – MI Adult

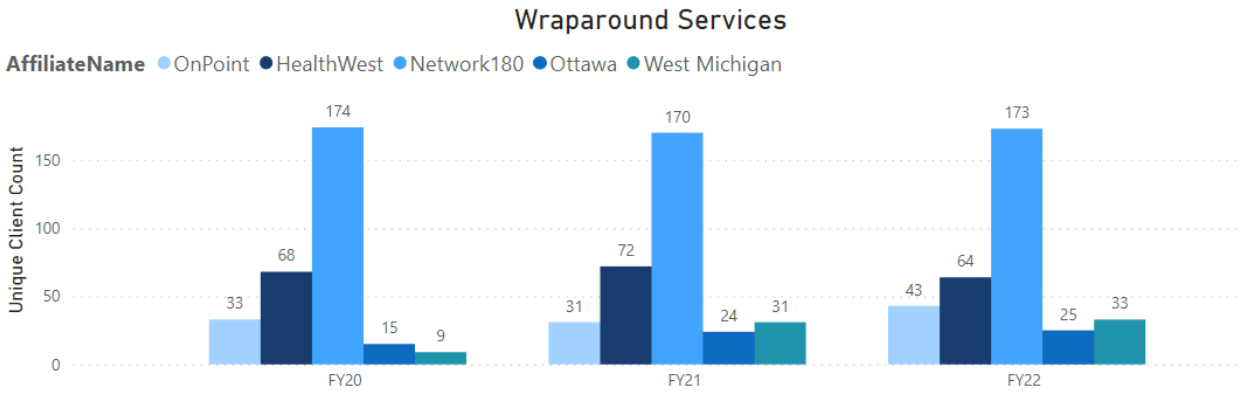
Face-to-face counseling with three or more beneficiaries, and can include didactic lectures, therapeutic interventions/counseling, and other group related activities. Treatment activity designed to reduce maladaptive behaviors, maximize behavioral self-control or restore normalized psychological functioning, reality orientation, re-motivation, and emotional adjustment, thus enabling improved functioning and more appropriate interpersonal and social relationships. Evidence-based practices (such as IDDT/COD and DBT) are included in this coverage.

Individual Therapy – SED

Treatment activity designed to reduce maladaptive behaviors, maximize behavioral self-control or restore normalized psychological functioning, reality orientation, re-motivation, and emotional adjustment, thus enabling improved functioning and more appropriate interpersonal and social relationships.

Wraparound Services

Wraparound services for children and adolescents is a highly-individualized planning process facilitated by specialized supports coordinators. Wraparound utilizes a Child and Family Team, with team members determined by the family and often representing multiple agencies and informal supports. The Child and Family Team creates a highly individualized Wraparound plan with the child/youth and family that consists of mental health specialty treatment, services and supports covered by the Medicaid mental health state plan, waiver, B3 services and other community services and supports.



FY	OnPoint	HealthWest	Network180	Ottawa	West Michigan
FY20					
GENERAL FUND	1	4	12		
MEDICAID	33	67	171	15	9
FY21					
GENERAL FUND		1	5		1
MEDICAID	31	71	168	24	31
FY22					
GENERAL FUND	2	3	5		2
MEDICAID	43	63	170	25	33

Substance Use Disorder Service Availability in the LRE Provider Network

Service	CMHOC	HealthWest	Network180	OnPoint	WMCMH
Harm Reduction (Medication Training and Naloxone Distribution)	C	DC	C	C	DC
Long-term Residential	C		C	C	C
Methadone	C	C	C	C	DC
Outpatient Treatment	C	DC	C	DC	D
Pharmacological Support	C	C	C	C	DC
Recovery Residence	C	C	C	C	C
Recovery Support Services	C	DC	C	C	D
Short-Term Residential (Intensive Stabilization)	C	C	C	C	C
Sub-acute Detox	C	DC	C	C	C
SUD Community Based Case Management	C	DC	DC	C	D

Method of Provision: D=direct-run, C= through contractual arrangements, or DC= both direct-run and contractual arrangement.

Substance Use Disorder Services Adequacy Analysis

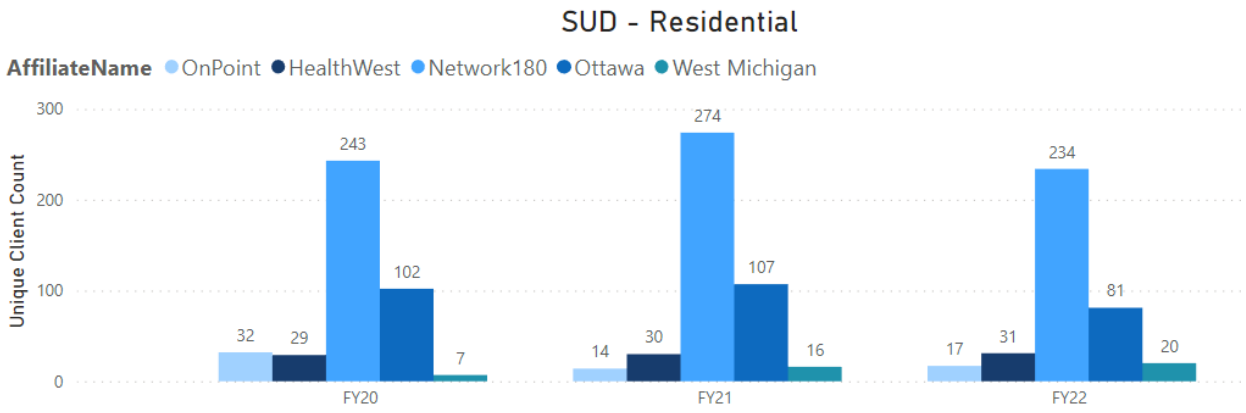
To ensure an adequate network of providers to meet the substance use disorder treatment needs for people in the LRE catchment, LRE analyzes the composition of its network based on provider type, location, and service capacity. LRE maintains dashboards through PowerBI that allows for real-time display of unique client counts, total encounters, costs, and other relevant service data based on the service being reviewed. The encounter data displayed below encompasses service provision from FY21 through FY22 current data, allowing for encounter reporting and processing lag times.

Harm Reduction (Medication Training and Naloxone Distribution)

Harm Reduction recognizes that offering abstinence only treatment services is ineffective in reducing the risk of drug use. Harm Reduction addresses broader social and health issues by engaging with users in a way that reduces the likelihood of overdose death, serious infection caused by unsterile drug injection, and chronic diseases such as HIV/HCV. The Grand Rapids Red Project partners with LRE Members to provide Naloxone kits and training and other resources to reduce the risk of overdose deaths. Additionally, WMCMH has used grant money to purchase retrofitted vending machines capable of dispensing naloxone free-of-charge to any community member. A machine is located in each of their three main county offices.

Long-term Residential

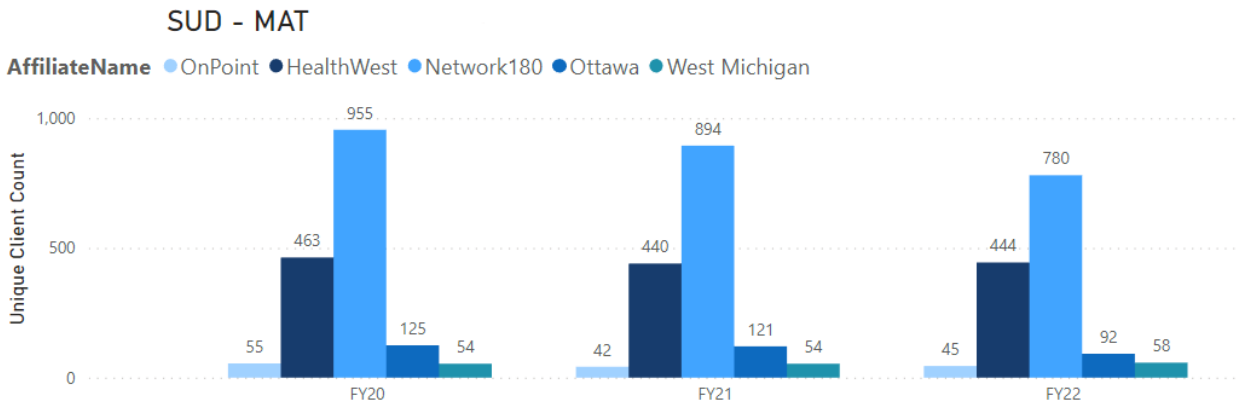
Residential Treatment is defined as intensive therapeutic service which includes overnight stay and planned therapeutic, rehabilitative, or didactic counseling to address cognitive and behavioral impairments for the purpose of enabling the beneficiary to participate and benefit from less intensive treatment. Residential treatment must be staffed 24-hours-per-day.



FY	OnPoint	HealthWest	Network180	Ottawa	West Michigan
FY20					
GENERAL FUND	2	1	11	11	
HMP	21	19	152	72	4
MEDICAID	11	10	91	26	3
FY21					
GENERAL FUND			13	8	
HMP	8	17	195	73	8
MEDICAID	6	14	80	29	8
FY22					
GENERAL FUND		1	10	3	2
HMP	12	21	142	51	12
MEDICAID	5	10	83	29	7

Methadone

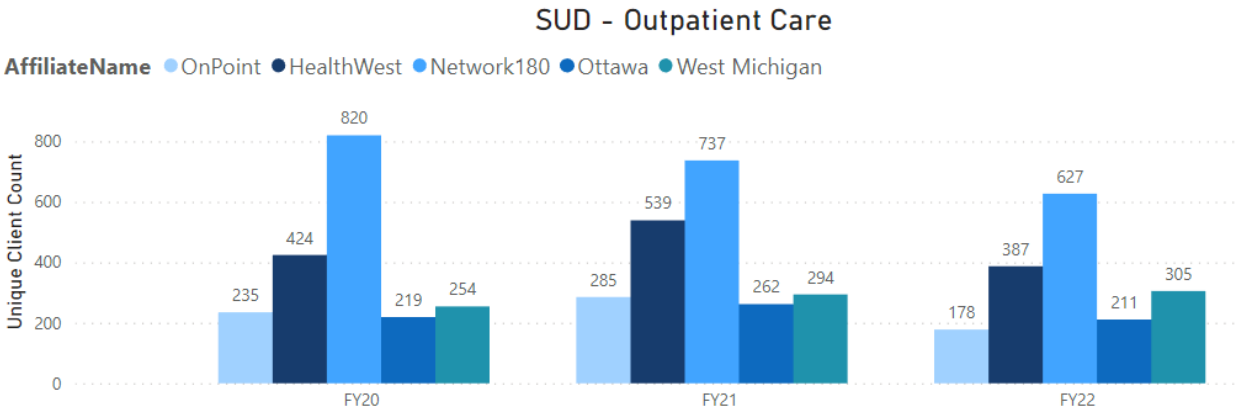
Opiate-dependent beneficiaries may be provided chemotherapy using methadone as an adjunct to a treatment service. Methadone must be administered by an appropriately licensed MD/DO, physician's assistant, nurse practitioner, registered nurse, licensed practical nurse, or pharmacist.



FY	OnPoint	HealthWest	Network180	Ottawa	West Michigan
FY20					
GENERAL FUND	7	80	280	39	5
HMP	27	240	497	67	17
MEDICAID	34	265	392	49	39
FY21					
GENERAL FUND	1	33	127	16	3
HMP	26	279	528	74	16
MEDICAID	21	179	312	41	40
FY22					
GENERAL FUND	1	30	56	7	4
HMP	28	253	465	54	16
MEDICAID	26	345	292	34	51

Outpatient Treatment

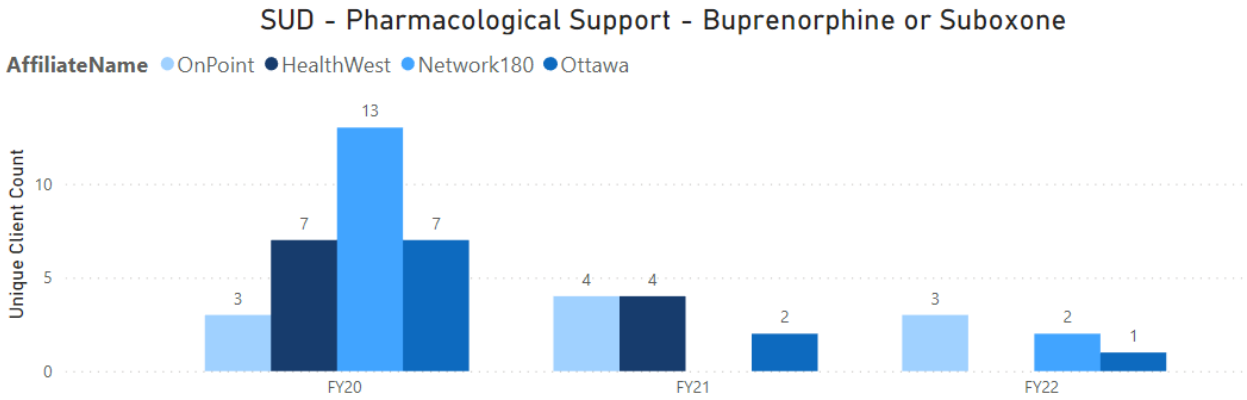
Face-to-face counseling with three or more beneficiaries, and can include didactic lectures, therapeutic interventions/counseling, and other group related activities. Treatment activity designed to reduce maladaptive behaviors, maximize behavioral self-control or restore normalized psychological functioning, reality orientation, re-motivation, and emotional adjustment, thus enabling improved functioning and more appropriate interpersonal and social relationships.



FY	OnPoint	HealthWest	Network180	Ottawa	West Michigan
FY20					
GENERAL FUND	55	43	173	36	48
HMP	127	262	426	144	153
MEDICAID	73	144	346	49	87
FY21					
GENERAL FUND	40	30	76	35	30
HMP	156	329	406	175	184
MEDICAID	95	202	308	70	101
FY22					
GENERAL FUND	11	13	58	20	36
HMP	106	209	340	128	182
MEDICAID	66	194	247	67	161

Pharmacological Support

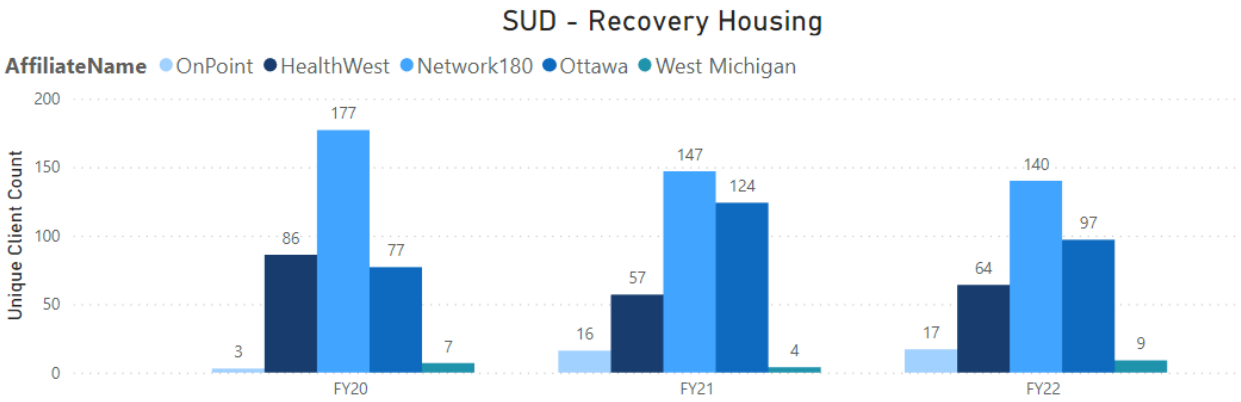
Medication Assisted Treatment to address opiate-dependent beneficiaries using Suboxone as an adjunct to other treatment services. Suboxone must be administered by an appropriately licensed MD/DO, physician's assistant, nurse practitioner, registered nurse, licensed practical nurse, or pharmacist.



FY	OnPoint	HealthWest	Network180	Ottawa
FY20				
GENERAL FUND			1	1
HMP	2	4	10	4
MEDICAID	1	4	2	2
FY21				
GENERAL FUND				1
HMP	2	1		
MEDICAID	2	3		1
FY22				
GENERAL FUND			1	1
HMP	2		1	
MEDICAID	1			

Recovery Residence

Recovery Residences are supportive living environments for individuals recovering from alcohol or other drug dependence that typically offer an alcohol- and drug-free environment, peer encouragement and accountability, support for continuing participation in treatment or ongoing recovery services and other forms of necessary assistance.



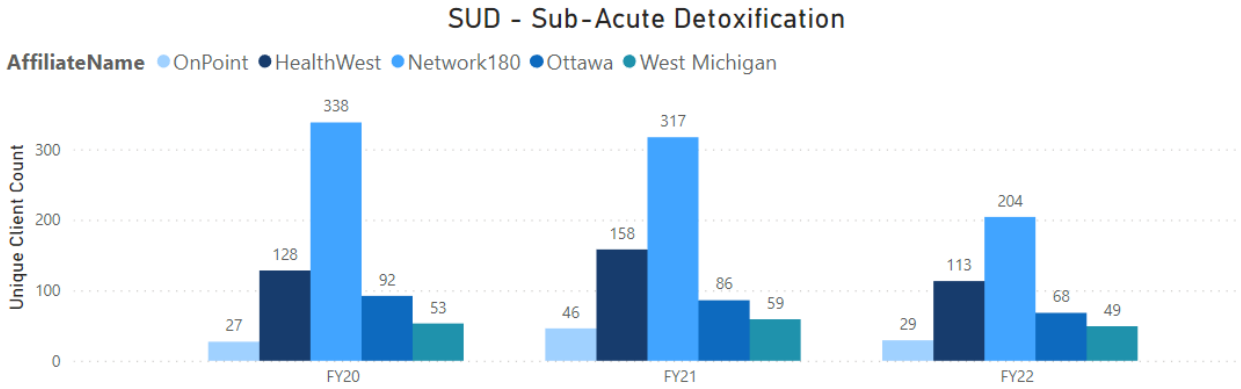
FY	OnPoint	HealthWest	Network180	Ottawa	West Michigan
FY20					
GENERAL FUND		5	4	15	
HMP	2	63	163	62	7
MEDICAID	1	25	14	5	
FY21					
GENERAL FUND		2	4	50	
HMP	11	44	131	64	4
MEDICAID	5	11	17	14	
FY22					
GENERAL FUND	1	1	3	8	
HMP	13	51	122	75	6
MEDICAID	4	15	16	15	3

Recovery Support Services

To support and promote recovery and prevent relapse through supportive services that result in the knowledge and skills necessary for an individual's recovery. Peer recovery programs are designed and delivered primarily by individuals in recovery (Recovery Coach) and offer social, emotional, and/or educational supportive services to help prevent relapse and promote recovery.

Sub-acute Detoxification

Sub-acute detoxification is defined as supervised care for the purpose of managing the effects of withdrawal from alcohol and/or other drugs as part of a planned sequence of addiction treatment. Detoxification is limited to the stabilization of the medical effects of the withdrawal and to the referral to necessary ongoing treatment and/or support services.

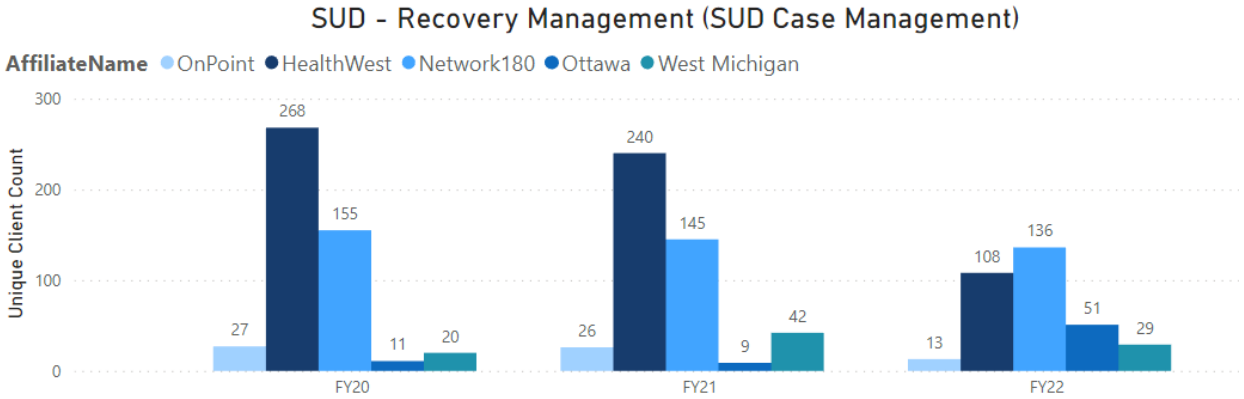


FY	OnPoint	HealthWest	Network180	Ottawa	West Michigan
FY20					
GENERAL FUND	4	1	28	7	4
HMP	16	93	246	68	35
MEDICAID	7	36	67	18	14
FY21					
GENERAL FUND	3	3	22	6	7
HMP	32	80	238	72	36
MEDICAID	12	93	62	11	17
FY22					
GENERAL FUND	3	4	18	3	4
HMP	16	85	145	48	28
MEDICAID	10	24	43	17	17

SUD Community Based Case Management

SUD Community Based Case Management is a service to treat substance use disorders for individuals with chronic, relapsing and severe symptoms as well as multiple failed treatment attempts with an emphasizes on trauma-informed treatment approaches that supports people who have co-occurring mental health and substance use disorders. The goal of SUD Community Based Case Management is harm reduction, positive rapport building that leads to treatment engagement and diversion from high cost and emergent services.

A team of SUD Treatment Professionals includes a Recovery/Case Manager, Recovery Coach, and Therapist who use evidence-based interventions to educate and engage individuals to take an active role in their recovery. All interventions are tailored to meet a person where they are and consider their needs and choices in planning treatment.



FY	OnPoint	HealthWest	Network180	Ottawa	West Michigan
FY20					
GENERAL FUND	3	24	18		3
HMP	14	158	29	7	11
MEDICAID	14	110	127	4	6
FY21					
GENERAL FUND		11	6	3	3
HMP	12	120	42	5	25
MEDICAID	14	121	111	1	14
FY22					
GENERAL FUND	1	2	9	8	1
HMP	8	43	35	38	17
MEDICAID	6	65	101	7	11

Review and Analysis of Contracted Network Providers

LRE recognizes in most cases services provided by local providers with whom LRE and its Members have established relationships often result in better treatment outcomes and a more efficient use of public resources. To this end, LRE, in partnership with Member CMHSPs, manages and maintains a network of locally contracted providers sufficient for the provision of services in the amount, scope, and duration for individuals within the regional catchment area. Either directly or through contractual arrangements, LRE and its Members ensure the timely provision of all medically necessary supports and services. While LRE retains monitoring and oversight responsibility for the overall provider milieu of the region, each CMHSP Member is contractually responsible for the composition and adequacy of a local provider network to meet the services needs of Beneficiaries in their defined geographic area. Providers currently available within the network can be located through LRE's website. CMHSP Members submit a monthly provider file that is used to populate a dynamic, searchable Provider Directory for anyone looking for available service providers.

In accordance with 42 CFR §438.206(b)(4), LRE has policies in place to ensure services are available outside the provider network if the current network of providers is unable to provide the necessary supports and services to eligible Beneficiaries. Out-of-network providers are engaged through single case agreement, as necessary, until such time that services are available within the regional network.

In addition to ensuring adequacy of service availability and accessibility, LRE conducts period quality reviews of both CMHSP Members and contracted network providers. Through combined site visits and administrative and clinical desk audits, LRE assesses the quality and effectiveness of services, provider compliance with contractual and legal requirements, and overall network performance. Data from the site visit and clinical review processes are used to identify areas for improvement and larger performance trends within the region. Through a formal process requiring written plans of correction (POC) from Members and network providers, LRE ensures an environment of continuous quality improvement in both administrative management and clinical provision across the region.

Identified Barriers and Challenges

Impacts of Pandemic on Service Provision

LRE, its Members, and contracted network providers have been and continue to be significantly impacted by the effects of the global pandemic. The immediate impact of the early days of COVID-19 forced providers to minimize risk through face-to-face contact with persons served. This took the form of increased provision of services via tele-technologies, either via video or telephonically, as appropriate to the specific service and condition of the individual, and/or increased safety measures to protect staff, consumers, and the public when face-to-face services were a necessary part of the service. These additional measures added complexity, time, resources, and stress to clinical and frontline staff focused on providing high-quality supports and services, leading to a high degree burnout and turnover.

Initially, service encounters regionally dropped significantly. Over time, encounters have neared pre-pandemic levels. However, even as the state rebounded from the worst period of infection, not all clinical or frontline staff were comfortable returning to face-to-face service provision. Additionally, some consumers expressed a desire to continue meeting via technologies.

In response, LRE added, in 2021, a series of questions to its satisfaction survey tool to assess performance and perception of services provided via telehealth. As LRE anticipates the ending of the Public Health Emergency (PHE), efforts are being undertaken to reduce the expected impact of ending auto-enrollment.

Workforce shortage

A lack of qualified, trained staff is the biggest challenge facing LRE, its Members, and contracted provider network. Staffing shortages have impacted service delivery and business operation at all levels of all organizations but is particularly impactful at the service level. Difficulty hiring licensed clinicians with the appropriate experience and training for specialty populations has increased the risk of wait lists and delays for accessing some services. An inability to hire frontline staff for ABA, Specialized Residential, CLS, or other community-based programs has forced contracted providers to leave bed openings unfilled due to lack of staff coverage to maintain a safe and therapeutic environment and create wait lists or other delays in service provision.

LRE monitors provider staffing needs and the impact on service availability and timeliness. While the LRE has not conducted a formal analysis of staffing needs across provider network, including both Member and contracted provider staffing needs, it has been estimated that contracted autism providers require as many as 300 additional behavior technicians to meet service capacity needs. LRE has worked with Network180 to address Specialized residential providers have denied or delayed placement into open licensed beds due to staff shortages in homes.

Increased costs/$$/Stability payments

LRE has undertaken numerous efforts to support providers throughout the pandemic and subsequent staffing crisis exacerbated by the pandemic. Over the past 2+ years, LRE has worked with its Members to plan for and provide Stability funding upon request from providers in need of additional financial resources to combat budgetary constraints imposed by higher wages, increased over time, and higher costs for service provision, including but not limited to, depending on program type, increased food, high staff turnover, and additional expenses to maintain health and safety (personal protection and cleaning supplies).

To date, LRE Members have provided more than $8M to providers in the form of one-time stabilization payments, increased wages, increased reimbursement rates to combat rising costs, and for hiring or retention bonuses for provider staff to encourage and support hiring an adequate number of qualified frontline staff. LRE, in partnership with Member CMHSPs, has established a process for requesting and evaluating requests for additional/enhanced funding to ensure timely, adequate, and prudent provision of financial supports to Member and contracted service providers.

Conclusion

Ongoing Monitoring

LRE prioritizes timely access to high-quality behavioral health services for its region’s Medicaid Beneficiaries. LRE partners with Members on the development and implementation of activities designed to improve, enhance, and promote adequate service capacity. Where inadequacies have been noted in this report, LRE will ensure effective, timely remediation activities occur.

LRE recognizes, too, that network adequacy is an ongoing effort, requiring dedicated resources and planning. To that end, LRE is developing a dynamic data-driven system to monitor encounter reporting by service line and identification of potential emerging capacity issues preventing timely access to medically necessary services. The creation of Dashboards will allow for updated monitoring of aspects related to service provision, including time and distance standards, wait times for services, MMBPIS compliance, and encounter trending quarterly and across fiscal years. Any issues identified through regular monitoring can then be addressed before or shortly after risk of non-compliance.

Recommendations

LRE has the following recommendations based on the findings and information gathered in this report.

1. Conduct an extensive exploration of staff openings across the region
    - LRE, in partnership with CMHSP Members, will conduct an comprehensive review of current staffing needs at identified programs. The intent is to quantify the staffing needs of regional providers.
2. Increase ABA Capacity
    - Multiple CMHSP Members report inadequate capacity for ABA services, including a need for additional behavior technicians and assessors. Each part of the ABA service array has “pinch points” that result in delays or wait lists for eligible children.
3. OnPoint and WMCMH Clubhouse
    - Currently, OnPoint and WMCMH do not offer Clubhouse Model services. LRE will engage with each Member for exploration into the needs and barriers for this service within their geographic area.
4. SUD Treatment prepare for higher capacity needs based on sharp increase in youth stimulant and painkiller use.
    - Due to the significant increase in youth stimulant and painkiller use, SUD Treatment providers must be prepared to address this as a treatment need. Prevention services focus on youth substance use, but preparing treatment providers for increased need will be critical to meet the expected future needs of today’s youth.
5. Prioritize crisis bed availability
    - The region lacks adequate children’s crisis beds based on the local population.

LAKESHORE REGIONAL ENTITY

EXECUTIVE COMMITTEE SUMMARY
Wednesday, October 12, 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. October 12, 2022, Meeting Agenda
ii. August 10, 2022, Meeting Minutes

Motion: To approve the October 12, 2022, meeting agenda and the August 10, 2022, meeting minutes as presented

Moved: Matt Fenske Support: Jack Greenfield
MOTION CARRIED

LRE CAP TO MDHHS LETTER OF ACCEPTANCE

The original plan of correction (POC) was sent to MDHHS and was rejected for not having enough detailed information. The LRE resubmitted a new plan of correction that was accepted with a few additional items that need to be addressed. MDHHS has made it very clear that the LRE should be better managing the region including timely and accurate reporting.

LRE has 90 days (January 28, 2022) to submit proofs showing that we accomplished the time-lined items in our POC. There is an internal workgroup that will be completing the proofs. Some items that will be addressed:

- Due to continued misinterpretation of the Bucket Report, LRE is changing to a monthly financial status report template (FSRs). Another reason we are looking to move to the FSR is because the CMHs are required to complete an FSR for the State. So, it is not new template, and the State will understand how to read it.
- There is also a reporting grid that was already in the works prior to this and is almost complete. The goal is to insert this reporting grid into the CMH contract.
- LRE has also hired 2 additional Finance staff, one of which worked in another PIHP.

Mr. Greenfield comments that he hopes we do not lose some of the information that is on the Bucket report. LRE will continue to give the Board updates as we move forward, and a work session will be used to walk through changed reporting formats that are developed for Board reports. Ms. Garzelloni notes that the LRE has hired additional finance staff which is helpful but how will we work with the CMHs who are understaffed to produce the reports. LRE will continue to work with them.

There is further discussion about funding the ISF and how it should be prioritized. It is noted that there were no established guidelines on prioritization and no agreement that it should be funded

regardless of outlying circumstances. The ISF should be prioritized while taking into consideration other items such as cash flow issues, etc.

Ms. Marlatt-Dumas discusses the large swing of $42 million that our region had last fiscal year and that we need, as a region, to be closer to projections to be able to run efficiently. Having a fully funded ISF balance comes into play when CMHs projected budgets are different than actual. The Board had approved funding the ISF up front along with the State accepting the Risk Management Plan that was submitted which also had this same language in it. There will be additional discussions around funding the ISF with the Board. This year the region will have a fully funded ISF and Savings according to the Bucket report. It should be noted that this will depend on whether we will be able to pay the CMHs for the past liabilities.

Mr. Greenfield comments that it may be helpful to have the Finance ROAT and Operations Committee making a recommendation to the LRE Board. He also comments that there has to be buy in from all the CMHs and there has to be flexibility built into the plan. Ms. Chick comments that LRE could build into our risk management plan a caveat around paying the past liabilities and being able to update that plan depending on that. Ms. Chick comments that the risk management plan is reviewed with the Finance ROAT and Operations Committee before being submitted.

DEC ACTION UPDATE

The Declaratory (Dec) action has been filed, and the State has asked for an extension. Mr. Marlatt-Dumas is undecided about granting that request. She asked for a meeting with the State who declined due to the Dec action. She has spoken with legal about this because there is still a need to communicate with the State about other items.

The Dec action does not state that there was any mismanagement of funds or wrongdoing on the part of LRE. It states that the CMHs are owed a certain amount of money that we have available to us to pay. The objective is to have the judge order us to pay the CMHs. If the judge comes back with a ruling stating, we cannot pay the CMHs there are no other revenues even if the CMHs sue LRE we have no way to pay them as the state maintains we cannot use our funds to pay them.

OMA ADA OPINION LETTER

Attached to the packet is the legal opinion letter about ADA exemption as it pertains to COVID, and Ms. Marlatt-Dumas has also spoke with several PIHPs. The legal opinion along with PIHP CEOs state that COVID is not covered under the ADA exemptions and the original OMA is being followed. The LRE Board will have to make the final decision. Additionally, 4 of the 5 CMHs do not give an exemption, Network180 is the only CMH that gives the exemption.

Mr. DeYoung notes that all the other meetings that he attends follows the OMA ruling, Mr. Fenske agrees. Mr. Greenfield is not comfortable making a recommendation to the Board without fully understanding why some counties are able to grant the accommodation for COVID while others do not. LRE will follow up with ADA regulations to determine the guidelines of a policy/procedure.

Motion: To make the recommendation to the full LRE Board to support the recommendation of the LRE legal counsel as stated in his opinion letter that COVID is not a condition of the ADA and does not qualify as an exemption for accommodation.

Moved: Matt Fenske Support: Linda Garzelloni
MOTION CARRIED

LRE CONTRACTS BOARD PRESENTATION FORMAT

- Contracts: Decisions
  - Only bring the contracts over 50,000
  - Do not need to see the full contract
  - All contracts will be approved at 1 time
  - There will be a brief description with general information and the dollar amount

BOARD MEETING AGENDA ITEMS

- LRE new website walkthrough
- ADA accommodation

BOARD WORK SESSION AGENDA

- LRE Strategic Plan

OTHER
UPCOMING MEETINGS

- October 19, 2022 – Meeting with Network180, 10:00 AM, LRE Office
- October 20, 2022 – LRE Executive Board Meeting, 1:00 PM
  GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440
- November 9, 2022 – LRE Executive Committee, 3:00 PM, LRE Office
- November 17, 2022 – LRE Executive Board Meeting, 1:00 PM
  GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440

ADJOURN

Attachment 9

STEVEN E BURNHAM
ATTORNEY AT LAW
10286 N RIVERVIEW
PLAINWELL, MICHIGAN 49080
269.744.1489
seburnham@msn.com

October 10, 2022

Mary Marlatt-Dumas
Chief Executive Officer
Lakeshore Regional Entity
5000 Hakes Drive, Suite 250
Norton Shores, MI 49441

RE: Michigan's Open Meetings Act interaction with COVID-19, the ADA, and Reasonable Accommodation

Dear Ms. Marlatt-Dumas,

On February 04, 2022, the Michigan Attorney General issued Opinion No. 7318 (OAG 7318), discussing the interaction between the Americans with Disabilities Act (ADA), 42 USC 12131 *et. seq*., the Rehabilitation Act, MCL 395.81 *et. seq*., and the Michigan Open Meetings Act (OMA), MCL 15.261 *et. seq*. The more specific question was directed towards the impact of COVID-19 on the reasonable accommodation requirements of the ADA on the Open Meetings Act. The opinion is pretty straight forward and contains a good recitation of the applicable statutes. I do not intend to walk through the relevant statutes referenced in her opinion as they seem clear.

QUESTION:

Was the Lakeshore Regional Entity (LRE) required to make a reasonable accommodation under the ADA for purposes of a meeting conducted under the OMA, specific to COVID-19. Specially adjourning a properly noticed meeting, with a quorum, due to a member unable to attend, purportedly because of having contracted COVID.

RESPONSE:

NO. The Attorney General Opinion is clear that the LRE was correct in concluding that this particular set of circumstances did not qualify as a disability for purposes of making the requested accommodation under the ADA. COVID-19, in and of itself is not a qualifying 'disability' under the ADA.

DISCUSSION:

The Attorney General's opinion drew a number of conclusions that are relevant to our discussion.

1. OPEN MEETINGS ACT. The Open Meeting Act, MCL 15.261 et. seq. does not create any affirmative duty to accommodate an individual's request for accommodation to participate in a public meeting.

2. OMA CHANGES DURING COVID. The Michigan Open Meetings Act (OMA), as most are familiar with, requires public bodies to conduct its deliberative process in public. MCL 15.263(1) When COVID-19 struck, the OMA was amended to permit some flexibility on the physical space/physical presence requirements. See SB 1108 (2020). During the pandemic many Executive Orders were issued in an attempt to allow public bodies the ability to continue conducting necessary business. (See Executive Order 2020-154 and many others).
3. COVID ALLOWANCES SUNSET. The vast majority of the procedures to accommodate the effects of COVID-19 restrictions sunsetted on January 01, 2022. MCL 15.263(3a)(1)(c)- with the exception of active military duty. (MCL 15.263(2)). The conclusion to draw from the sunsetting of the bills is the return to in person meetings, particularly for purposes of quorum and voting for board members. She also referenced "[T]he legislature's clear intent behind the OMA as to have in-person meetings."
4. ADA AND REHABILITATION ACT. The Attorney General goes on to reference how the Americans with Disability Act, 42 USC 12131 *et. seq*. and the Rehabilitation Act, MCL 395.81 *et. seq,* apply to public boards by concluding:

   "[T]he [ADA] and Rehabilitation Act require state and local boards….to provide reasonable accommodations, which could include an option to participate virtually, to qualified individuals with a disability who request an accommodation in order to fully participate as a board or commission member or as a member of the general public in meetings that are required by the [OMA] to be held in a place available to the general public."
5. DEFINITION OF A DISABILITY. The Opinion also references the definition of a disability under the ADA by citing (in part) 42 USC 12102(1)(A) as follows "when seeking an accommodation to fully participate in board meetings, a board member or a member of the general public must show that have a 'disability' and that they are a 'qualified individual with a disability'. Further citing that section by concluding that a disability that is most relevant to our conversation is "a physical or mental impairment that substantially limits one or more of the major life activites of such individual."
6. ACCOMMODATION. If a qualified individual with a disability makes a request the next step is to determine if the modification or accommodation is reasonable. 28 CFR 35.130(b)(7).A modification or accommodation 'is reasonable unless it requires a "fundamental alteration in the nature of a program 'or imposes' undue financial and administrative burdens.''' 28 CFR 35.150(a)(3).
7. FACT-DEPENDENT, CASE BY CASE DETERMINATION. The Attorney General correctly concludes that "all showings of a 'disability' under the ADA are heavily fact-dependent and resolved on a case-by-case basis, it cannot be stated that, in all situations, an immune-compromised individual is a 'qualified individual with a disability.'

CONCLUSION

The Attorney General Opinion acknowledges that during the pandemic the Michigan Open Meeting Act was amended to allow public bodies to continue to function with the inability to gather in person. Further she concludes that those amendments have expired, and the OMA as currently written only allows for virtual attendance for those actively serving in the military. That, of course is balanced by the requirements of the Americans with Disability Act. Concluding that on a case-by-case basis, a qualified individual with a qualified disability can request for an accommodation which may include an option to participate virtually. OAG 7318 (2022).

Upon each request for an accommodation, the LRE should ask the following questions:

a. Does the individual have a qualifying disability that would affect the individual's ability to physically attend the public meeting; and
b. Is the requested accommodation reasonable.

Each time is a fact-specific determination based on the individual's disability, the requested accommodation and will be on a case-by-case basis.

If you have any questions about this brief opinion, please contact me.

Sincerely,

Steven E Burnham
Attorney at Law
269.744.1489

Policy 4.5

POLICY TITLE:	**NOTIFICATION OF NETWORK CHANGES**	**POLICY # 4.5**	
Topic Area:	**Provider Network Management**		**REVIEW DATES**
Applies to:	Entity Staff and Operations, Member CMHSPs and Contracted Providers	**ISSUED BY:** Chief Executive Officer	8/21/14 / 4/2020 12/16/2021
Review Cycle:	Annually		
Developed and Maintained by:	CEO and Designee	**APPROVED BY:** Board of Directors	
Supersedes:	N/A	**Effective Date:** January 1, 2014	**Revised Date:** 12/16/2021

I. POLICY

Lakeshore Regional Entity (the "Entity") and its Member Community Mental Health Service Programs (CMHSPs) will have procedures in place to promptly address changes in their provider network that negatively impact access to care for beneficiaries of behavioral health services in the Region 3.

MEMBER CMHSP RESPONSIBLITIES:

A. It is the responsibility of Member CMSHPs to notify LRE within three (3) business days of any significant changes in their provider network including:
   - An occurrence that requires that relocation of any PIHP or Provider Panel Service site, governance, or administrative operation for more than 24 hours.
   - The conviction of a PIHP or provider panel staff member for any offense that is related to the performance of job duties / responsibilities.
   - At any time that there have been significant changes that would affect adequate capacity and services.

B. Member CMHSPs will make a good faith effort to give written notice of termination of a contracted provider to each enrollee who received his or her primary care from, or was seen on a regular basis by, the terminated provider. Notification to the enrollee must be provided by the later of thirty (30) calendar days prior to the effective date of the termination, or fifteen (15) calendar days after receipt or issuance of the termination notice.

LRE RESPONSIBILITIES:

A. Upon receipt of notice from member CMHSPs, the LRE shall immediately notify MDHHS of any changes to the composition of the provider network organizations that negatively affect access to care.
B. LRE will monitor Member performance through the annual site visit process.

II. PURPOSE

To ensure that there are sufficient, adequate, and available services within the LRE service area and to ensure that beneficiaries are informed of any changes to the provider network.

III. APPLICABILITY AND RESPONSIBILITY

This policy applies to LRE Operations LRE member CMHSPs, and LRE Provider Network.

IV. MONITORING AND REVIEW

This policy will be reviewed by the Chief Operations Officer on an annual basis.

V. DEFINITIONS

N/A

VI. RELATED POLICIES AND PROCEDURES

A. LRE Customer Service Policies and Procedures
B. LRE Provider Network Policies and Procedures

VII. REFERENCE/LEGAL AUTHORITY

A. 42 CFR 438.10
B. MDHHS Medicaid Specialty Supports and Services Contract

VIII. CHANGE LOG

Date of Change	Description of Change	Responsible Party
2021	Annual Review	COO, Provider Network Managers

Policy 5.1

POLICY TITLE:	PERSON- CENTERED PLANNING	POLICY # 5.1	
Topic Area:	UTILIZATION MANAGEMENT	Page 1 of 4	REVIEW DATES
Applies to:	LRE Staff and Operations, Member CMHSP's and Contracted Providers	ISSUED BY: Chief Executive Officer	8/21/14 11/1/15 9/21/2017
Review Cycle:	Annually	APPROVED BY: Board of Directors	
Developed and Maintained by:	CEO and Designee		
Supersedes:	N/A	Effective Date: January 1, 2014	Revised Date:

I. POLICY

Person-Centered Planning (PCP) is a process mandated through the Michigan Mental Health Code (MMHC) for all individuals/families receiving publicly funded mental health services. It shall be the policy of Lakeshore Regional Entity (LRE), Member Community Mental Health Service Programs (CMHSP) and contracted providers to adopt the Michigan Department of Health and Human Services (MDHHS) Policy and Practice Guideline on Person-Centered Planning.

Standards and Guidelines

All persons requesting services through LRE shall have their Individual Plan of Service (IPOS) developed through a person-centered planning process. Each Member CMHSP and its contracted providers shall establish procedures and provide supplemental information for carrying out the Person-Centered Planning Practice Guidelines.

The policy is intended to outline the required elements of Person/Family Centered Planning as required by LRE and informed by the Michigan Medicaid Provider Manual (MMPM), Section 2:

a. A preliminary plan of service is developed within seven (7) days of the commencement of services that will include a treatment plan, a support plan, or both.
b. Consumers are given information as needed on the array of mental health services, community resources and available providers.
c. Ensure that for each Person/Family Centered Plan, a pre-planning meeting is completed that includes addressing the information below. Documentation should reflect that the process took place in a timely manner (Items below are not required for those who receive short term outpatient therapy only, medication only, or those who are incarcerated)
    i. Who to invite;

ii. Where and when to have the meeting;
iii. What will be discussed, and not discussed, at the meeting;
iv. Any accommodations the consumer may need to meaningfully participate;
v. Who will facilitate the meeting;
vi. Who will record what is discussed at the meeting; and
vii. The pre-planning meeting is to be completed with sufficient time to take all necessary/ preferred actions.

d. Provide information/education on what an Independent (or External) Facilitator (IF) is and how to request the use of one. Not required for consumers receiving short term outpatient therapy or medication only. Consumers must have a choice of at least two facilitators.
e. Home and Community Based Settings must be addressed within the person-centered planning process and be documented in the person-centered plan. Any modifications of the conditions under 42 CFR §441.301 must be supported by a specific assessed need and justified in the person-centered service plan. The following requirements must be documented in the person-centered service plan:
    a. Identify a specific and individualized assessed need.
    b. Document the positive interventions and supports used prior to any modifications to the person-centered service plan.
    c. Document less intrusive methods of meeting the need that have been tried but did not work.
    d. Include a clear description of the condition that is directly proportionate to the specific assessed need.
    e. Include regular collection and review of data to measure the ongoing effectiveness of the modification.
    f. Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.
    g. Include the informed consent of the member.
    h. Include an assurance that interventions and supports will cause no harm to the member.
f.
g. Each plan is individualized to meet the consumer's medically necessary identified needs and includes:
    i. A description and documentation of the consumer's individually identified goals, preferences, strengths, abilities, and natural supports.
    ii. Outcomes identified by the consumer and the steps to achieve the outcomes.
    iii. Risk factors and measures in place to minimize them, including backup plans and strategies.

iv. Services and supports needed to achieve the outcomes (including community resources and other publicly funded programs such as Home Help).
v. Amount, scope, and duration of medically necessary services and supports authorized by and obtained through the CMHSP.
vi. Estimated/prospective cost of services and supports authorized by the community mental health system.
vii. Roles and responsibilities of the consumer, the CMHSP staff, allies, and providers in implementing the plan.
viii. The plan should be written in plain language that is easily understood by the individual and others supporting them. The language in the service plan must also be understandable by individuals with disabilities and those with limited English proficiency, in accordance with federal law.
ix. The plan should be finalized and include informed consent of the individual and their representative (if applicable).
x. Signatures on the plan should include the consumer, their representative (if applicable) and the providers responsible for the implementation of the plan (at a minimum, this includes the person or entity responsible for coordinating the individual's services and supports).

h. A plan of service shall be completed within 30 days of the initial psychosocial assessment absent extenuating circumstances. The plan of service shall be kept current and modified when needed (reflecting changes in the intensity of the consumer's needs, changes in the consumer's condition as determined through the PCP process or changes in the consumer's preferences for support). A review of the plan can be requested at any time by the consumer or his/her guardian. A formal review of the plan with the consumer and his/her guardian or authorized representative shall occur at least every 12 months or more frequently if the consumer requests it or there is a change in service needs. Reviews should work from the existing plan of service to amend or update it as circumstances, needs, preferences or goals change or to develop a completely new plan if so desired by the consumer.
i. The consumer is provided a copy of the plan within 15 business days of the conclusion of the PCP process.
j. There is a process to identify and train staff at all levels on the philosophy of PCP. Staff who are directly involved in the implementation of the PCP are provided with additional training, including direct care level staff being trained on consumer specific plans of service.

II. PURPOSE

To establish the standards that define, guide and detail how LRE and its provider network comply with the State laws and MDHHS Contractual requirements pertaining to the practice of Person-Centered Planning including the MDHHS Person-Centered Planning Policy and Practice Guideline. LRE and its Member CMHSPs shall have a consistent service philosophy across its network of care related to Person/Family Centered Planning. LRE promotes a

Person/Family Centered approach to the development of the individual plan of service and the delivery of supports and services in accordance with established state and federal regulations

III. APPLICABILITY AND RESPONSIBILITY

The policy applies to Lakeshore Regional Entity staff and operations, Member CMHSP's and any regional organization that develop an IPOS.

IV. LRE OVERSIGHT

The LRE will perform annual site reviews of member CMHSPs clinical charts to ensure service plans include all documentation required to meet both state and federal regulations.

V. MONITORING AND REVIEW

This policy will be monitored by the CEO or designee on an annual basis.

VI. DEFINITIONS

Independent Facilitator (IF): A person the individual chooses to facilitate and support him/her in the Person-Centered Planning process. An individual can be his/her own Independent Facilitator. An Independent Facilitator:

- Responds directly to one's dreams, desires and personal goals.
- Coordinates the planning process, assures that the IPOS is clear to all planning participants, and is ready for implementation.
- Is someone that the individual trusts or someone trained as an IF;
- Can be someone other than the person's existing Supports Coordinator/Case Manager, is not an employee of the agency serving the individual. The IF does not have any other role with the organization from which the individual receives his/her services.

Individual Plan of Service (IPOS): A written Individualized Plan of Service directed by the individual as required by the Michigan Mental Health Code. This may be referred to as a treatment plan or a support plan.

Person-Centered Planning: A process for planning and supporting the individual receiving services that builds upon the individual's capacity to engage in activities that promote community life and honor the individual's preferences, choices, and abilities. The person-centered planning process involves families, friends, and professionals as the individual desires or requires.

Self-Determination (SD): A set of principles that people with disabilities should have the support to be part of their communities, so they can live the lives they want. In

arrangements that support Self-Direction, an individual controls an individual budget for his/her IPOS. The individual chooses who supports him/her and when and how that support is provided.

Home and Community-Based Setting (HCBS): A home and community-based services setting is where an individual lives or where an individual receives services, either in one's home or in the community.

VII. REFERENCES/LEGAL AUTHORITY

- MDHHS Person-Centered Planning Policy and Practice Guidelines
- Home and Community Based Settings 42 CFR §441.301(c)(4)(vi)(A) through (D)
- LRE Policy 5.0 Utilization Management Policy
- LRE Policy 5.9 Practice Guidelines Policy
- Michigan Medicaid Provider Manual (Section 17.2 - Criteria for Authorizing B3 Supports and Services)

VIII. CHANGE LOG

Date of Change	Description of Change	Responsible Party
8/21/2014	New Policy	Chief Clinical Officer
11/1/2015	Annual Review	Chief Clinical Officer
9/21/2017	Annual Review	Chief Clinical Officer
6/16/2022	Annual Review	CEO and Designee
9/30/22	Added 42 CFR §441.301	UM/Clinical Manager

Board Motion: To approve LRE CEO to fully execute contracts to allocate funds for the purposes and amounts defined below.

All contracts are for Fiscal Year 2023, from October 1, 2022, through September 30, 2023

Contract Name		Value	Type	Description
Arbor Circle	Renewal	$613,777	Provider	Prevention services, MH Block Grant, Prevention, SUD Block Grant, SOR, ARPA, PA2
Community Mental Health of Ottawa County	Renewal	$55,749,904	Provider	Medicaid, MH Block Grant, HMP, SUD Block Grant, PA2 Clubhouse, Tobacco Cessation, SOR, ARPA, staffing hours
Deb Fiedler	Renewal	$51,000	Contract Staff	QI Support
District Health Department #10	Renewal	$352,643	Provider	Prevention services, COVID19, Federal Block Grant, SUD Block Grant, SOR, ARPA, PA2
Family Outreach Center	Renewal	$234,340	Provider	Prevention services, MH Block Grant, COVID19, SUD Block Grant, ARPA, PA2
Healthwest	Renewal	$89,825,335	Provider	Medicaid, CCBHC, MH Block Grant, HMP, SUD Block Grant, PA2 Clubhouse, Tobacco Cessation, SOR, ARPA
Kent County Health Department	Renewal	$490,339	Provider	Prevention services, COVID19, SOR, ARPA, SUD Block Grant, PA2
KWB Strategies	Renewal	$63,000	Vendor	Program evaluation, prevention data services, and strategic planning
Mercy Health	Renewal	$92,921	Provider	Prevention services, COVID19, ARPA, SUD Block Grant, PA2
Network180	Renewal	$196, 491,258	Provider	Medicaid, MH Block Grant, HMP, SUD Block Grant, PA2 Clubhouse, Tobacco Cessation, SOR, ARPA, Prevention services
OnPoint	Renewal	$35,482,553	Provider	Medicaid, MH Block Grant, HMP, SUD Block Grant, PA2 Clubhouse, Tobacco Cessation, SOR, ARPA, Prevention services

Ottawa County Department of Public Health	Renewal	$98,332	Provider	Prevention services, COVID19, SOR, ARPA, SUD Block Grant, PA2
PCE Systems	Renewal	$295,200	Vendor	MCIS System Software/hosting services
Public Health of Muskegon County	Renewal	$419,264	Provider	Prevention services, COVID19, SUD Block Grant, SOR, ARPA, PA2
Seyferth PR	Renewal	$132,000	Vendor	Marketing/PR for prevention services and LRE rebranding, LRE website
US Signal	Renewal	$83,400	Vendor	Cloud database services
Wakely	New	$80,000	Consulting	Actuarial services
Wedgwood	Renewal	$182,077	Provider	Prevention services, COVID19, ARPA, SUD Block Grant, PA2
West Michigan Community Mental Health	Renewal	$29, 694, 427	Provider	Medicaid, CCBHC, MH Block Grant, HMP, SUD Block Grant, PA2 Clubhouse, Tobacco Cessation, SOR, ARPA
Zenith Technology Solutions (ZTS)	Renewal	$132,000	Vendor	Data analytics and hosting services

Note: ARPA= American Rescue Plan Act, SOR= State Opioid Response, HMP= Healthy Michigan Plan

LAKESHORE REGIONAL ENTITY

Lakeshore Regional Entity Board
Financial Officer Report for October 2022

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

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

- **Bucket Report** –August 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 surplus of $8.6 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 $60.5 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 $10.6 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 July:

OnPoint	$ 1,893,628
Healthwest	$ 6,246,473
Network180	($ 1,771,155)
Ottawa	$ 1,687,098
West Michigan	$ 591,640
Total	$ 8,647,684

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

- **FY 2022 Revenue Projections** – Updated revenue and membership projections by program and CMHSP are below. The FY22 September revenue projection includes an overall decrease of approximately $1.1 million from the projections reported on in last month's report. The decrease in revenue is primarily due to a decrease in the DAB and HSW membership.

FY 2022 Revenue Projection

Total LRE

	Budget Projection	Current Projection	Change
MCD - MH	$ 210,718,637	$ 212,696,488	$ 1,977,851
MCD - SUD	$ 8,001,719	$ 8,216,949	$ 215,230
HMP - MH	$ 29,893,170	$ 32,953,350	$ 3,060,180
HMP - SUD	$ 17,253,882	$ 18,760,576	$ 1,506,694
Autism	$ 40,680,921	$ 41,768,489	$ 1,087,567
Waiver	$ 43,041,569	$ 41,314,565	$ (1,727,004)
LRE / Beacon Admin	$ 13,703,413	$ 11,920,272	$ (1,783,141)
ISF	$ 27,975,737	$ 28,309,741	$ 334,004
IPA	$ 4,530,922	$ 4,753,001	$ 222,078
Total Region	**$ 395,799,970**	**$ 400,693,430**	**$ 4,893,460**

Total CMHSPs

	Budget Projection	Current Projection	Change
Allegan	$ 31,540,674	$ 31,631,515	$ 90,840
Healthwest	$ 67,233,116	$ 70,265,449	$ 3,032,333
Network180	$ 179,037,751	$ 180,370,571	$ 1,332,820
Ottawa	$ 47,943,777	$ 49,243,895	$ 1,300,118
West Michigan	$ 23,834,580	$ 24,198,987	$ 364,408
Total CMHSPs	**$ 349,589,898**	**$ 355,710,417**	**$ 6,120,519**

	Budget Projection	Current Projection	Change
Allegan	$ 100.52	$ 96.34	$ (4.18)
Healthwest	$ 90.98	$ 91.74	$ 0.77
Network180	$ 92.75	$ 88.92	$ (3.82)
Ottawa	$ 89.57	$ 86.02	$ (3.55)
West Michigan	$ 89.62	$ 88.05	$ (1.57)
Total CMHSPs	**$ 92.38**	**$ 89.60**	**$ (2.77)**

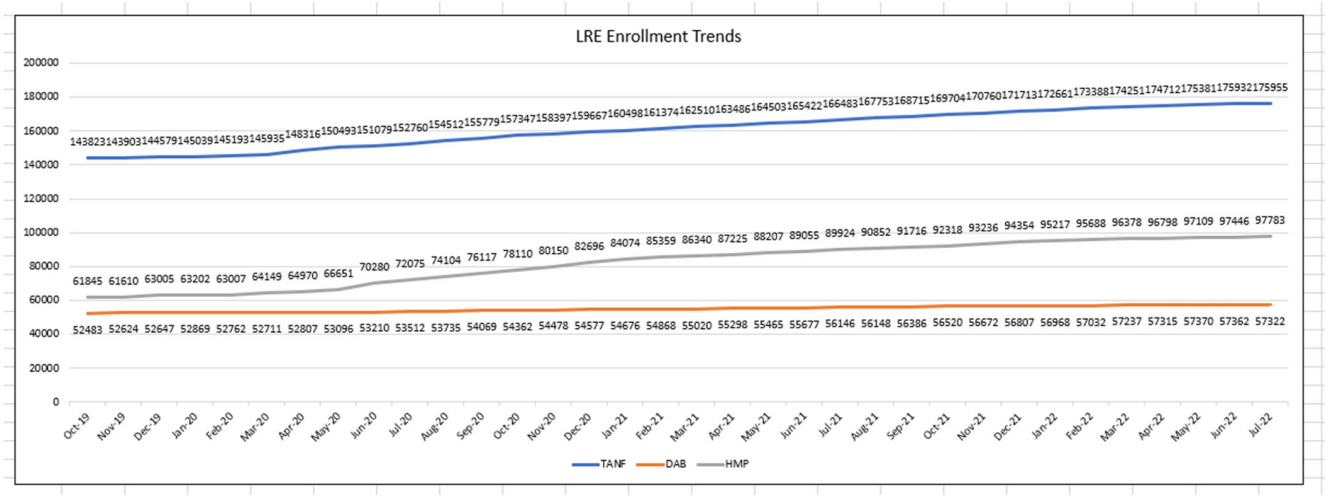
Member Month Projection

	Budget Projection	Current Projection	Change
Allegan	313,775	328,330	14,554
Healthwest	739,013	765,881	26,867
Network180	1,930,418	2,028,426	98,008
Ottawa	535,257	572,442	37,184
West Michigan	265,944	274,835	8,890
Total Member Months	**3,784,409**	**3,969,913**	**185,504**

CMHSPs Breakdown

	Budget Projection	Current Projection	Change
MCD - MH			
Allegan	$ 18,771,464	$ 18,459,835	$ (311,629)
Healthwest	$ 43,407,881	$ 43,566,936	$ 159,055
Network180	$ 104,964,414	$ 106,642,731	$ 1,678,317
Ottawa	$ 28,142,172	$ 28,556,664	$ 414,493
West Michigan	$ 15,432,707	$ 15,470,322	$ 37,616
Total MCD - MH	**$ 210,718,637**	**$ 212,696,488**	**$ 1,977,851**
MCD - SUD			
Allegan	$ 657,600	$ 674,221	$ 16,622
Healthwest	$ 1,728,516	$ 1,751,393	$ 22,878
Network180	$ 4,015,409	$ 4,123,969	$ 108,560
Ottawa	$ 987,793	$ 1,044,850	$ 57,057
West Michigan	$ 612,402	$ 622,516	$ 10,114
Total MCD - SUD	**$ 8,001,719**	**$ 8,216,949**	**$ 215,230**
HMP - MH			
Allegan	$ 2,279,184	$ 2,522,701	$ 243,516
Healthwest	$ 6,109,782	$ 6,622,721	$ 512,939
Network180	$ 15,209,606	$ 16,775,526	$ 1,565,919
Ottawa	$ 4,121,180	$ 4,682,269	$ 561,088
West Michigan	$ 2,173,416	$ 2,350,135	$ 176,718
Total HMP - MH	**$ 29,893,170**	**$ 32,953,350**	**$ 3,060,180**
HMP - SUD			
Allegan	$ 1,297,699	$ 1,419,455	$ 121,756
Healthwest	$ 3,634,023	$ 3,885,446	$ 251,423
Network180	$ 8,776,141	$ 9,561,244	$ 785,102
Ottawa	$ 2,280,070	$ 2,544,947	$ 264,877
West Michigan	$ 1,265,948	$ 1,349,484	$ 83,535
Total HMP - SUD	**$ 17,253,882**	**$ 18,760,576**	**$ 1,506,694**
Autism			
Allegan	$ 3,372,448	$ 3,546,148	$ 173,699
Healthwest	$ 2,717,486	$ 4,724,271	$ 2,006,785
Network180	$ 27,361,988	$ 25,657,587	$ (1,704,401)
Ottawa	$ 6,045,185	$ 6,184,290	$ 139,105
West Michigan	$ 1,183,815	$ 1,656,194	$ 472,379
Total Autism	**$ 40,680,921**	**$ 41,768,489**	**$ 1,087,567**
Waiver			
Allegan	$ 5,162,279	$ 5,009,155	$ (153,124)
Healthwest	$ 9,635,429	$ 9,714,682	$ 79,254
Network180	$ 18,710,193	$ 17,609,515	$ (1,100,677)
Ottawa	$ 6,367,378	$ 6,230,876	$ (136,502)
West Michigan	$ 3,166,291	$ 2,750,337	$ (415,954)
Total Waiver	**$ 43,041,569**	**$ 41,314,565**	**$ (1,727,004)**

- **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 – July 2022. 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
  - 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
  - Review of FY23 Financial Reporting Calendar to be included in the FY23 CMHSP Contract
  - Completion of the FY22 Period 2 EQI Report – due to MDHHS 10/21/22
  - 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

- **Legal Expenses –** Below, this chart contains legal expenses of the LRE for fiscal year 2022 that have been billed to the LRE to date.

LAKESHORE REGIONAL ENTITY LEGAL EXPENSES REPORT OCTOBER 20, 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
	MANAGED CARE/MDHHS CONTRACT TOTAL	**164,703.21**
	GRAND TOTAL	**$ 208,596.65**

LAKESHORE REGIONAL ENTITY

BOARD ACTION REQUEST
Subject : September 2022 Disbursements
Meeting Date October 20, 2022

RECOMMENDED MOTION:

To approve the September 2022 disbursements of $31,422,790.11 as presented.

SUMMARY OF REQUEST/INFORMATION:

Disbursements:	
Allegan County CMH	$2,026,150.65
Healthwest	$5,132,040.55
Network 180	$17,018,188.21
Ottawa County CMH	$3,334,804.27
West Michigan CMH	$2,480,815.39
SUD Prevention Expenses	$320,028.28
Local Match Payment	$0.00
Hospital Reimbursement Adjuster (HRA)	$0.00
MICHIGAN IPA TAX - QUARTERLY	$0.00
SUD Public Act 2 (PA2)	$218,200.88
Beacon Health Options	$438,435.17
Administrative Expenses	$454,126.71
Total:	**$31,422,790.11**

97.14% 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: 10/19/2022**

Attachment 15

LAKESHORE REGIONAL ENTITY

Statement of Activities - Actual vs. Budget
Fiscal Year 2021/2022
As of Date: 8/31/22

Change in Net Assets	Year Ending 9/30/2022 FY22 Budget *Amend 3*	8/31/2022 Budget to Date	Actual	Actual to Budget Variance
Operating Revenues				
SUD Block Grant & State Opioid	11,464,052	10,508,714	7,151,422	(3,357,292)
Autism Revenue	46,382,571	42,517,357	42,646,697	129,340
PA 2 Liquor Tax	2,838,859	2,602,287	2,850,982	248,695
Interest Revenue	81,024	74,272	85,457	11,186
Peformance Bonus Incentive	2,419,516	2,217,890	-	(2,217,890)
Local Match Revenue (Members)	2,040,096	1,870,088	1,525,901	(344,187)
Hospital Rate Adjuster (HRA)	10,523,333	9,646,389	7,892,500	(1,753,889)
MH Block Grant - Veterans Navigator	110,000	100,833	94,193	(6,640)
Block Grants - HispBH/NatAm/TobCess/Clubhouse	403,410	369,793	132,943	(236,850)
Substance Use: Gambling, MI Youth Tx & DFC	394,830	361,928	294,183	(67,745)
DHS Incentive	693,363	635,583	229,799	(405,784)
Medicaid, HSW, SED, & Children's Waive	290,494,482	266,286,609	269,975,730	3,689,122
Healthy Michigan	60,233,531	55,214,070	48,957,868	(6,256,202)
CCBHC Supplemental Revenue	9,107,979	8,348,981	8,421,335	72,354
Miscellaneous Revenue	15,500	14,208	11,625	(2,583)
Total Operating Revenues	**437,202,546**	**400,769,001**	**390,270,635**	**(10,498,365)**
Expenditures				
Salaries and Fringes	3,009,371	2,758,590	2,833,333	74,743
Office and Supplies Expense	259,630	237,994	323,013	85,019
Contractual and Consulting Expenses	956,848	877,111	712,833	(164,278)
MCIS	305,200	279,767	270,600	(9,167)
Data Analytics	173,750	159,271	125,000	(34,271)
Utilities/Conferences/Mileage/Misc Exps	3,203,930	2,936,936	221,829	(2,715,107)
Block Grants - Gambl/Veter/HispBH/NatAm/TobCe	908,240	832,553	346,917	(485,636)
Taxes, HRA, and Local Match	18,444,749	16,907,687	11,411,594	(5,496,092)
Prevention Expenses	3,057,068	2,802,312	2,973,654	171,342
Beacon Health Options - MCO Contract	4,008,538	3,674,493	4,008,538	334,045
Contribution to ISF/Savings	22,677,291	20,787,517	-	(20,787,517)
Direct Care Wage Lapse	10,242,134	9,388,623	-	(9,388,623)
Member Payments	369,955,797	339,126,147	324,144,871	(14,981,276)
Total Expenditures	**437,202,546**	**400,769,001**	**347,372,182**	**(53,396,818)**
Total Change in Net Assets	**0**	**0**	**42,898,453**	**42,898,453**

LAKESHORE REGIONAL ENTITY

Statement of Activities
Budget to Actual Variance Report
For the Period ending August 31, 2022

As of Date: 8/31/22

Operating Revenues

SUD Block Grant	Grant reimbursements are 45 to 60 days after billings are submitted. COVID block grant expenditures are also under and 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 August 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	N/A - Closely aligned with the current budget projections.

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 quarters 3 and 4 are not included; the final HRA payment for FY22 will be made in FY23; 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	Contract ended June 30. Final expenditures and closeout was slightly lower than budgeted.
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.

Attachment 16

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

Time Period	Mental Health (MH) OnPoint	Healthwest	Network180	Ottawa	West MI	LRE & MCO Admin	Total	Substance Use Disorder (SUD) OnPoint	Healthwest	Network180	Ottawa	West MI	LRE & MCO Admin	Total	MH & SUD Total
Oct - August															
Net Med: 1115/HSW/CW/SED	(1,077,611)	225,183	(11,847,844)	(976,706)	2,225,059	2,099,470	(9,352,449)	339,516	4,549	726,190	237,797	(114,192)	270,126	1,463,987	(7,888,462)
Net Med: HealthyMI	(65,705)	(985,161)	(602,652)	3,131,100	(612,287)	(309,389)	555,906	812,825	1,736,842	3,711,724	1,223,377	444,097	375,053	8,303,918	8,859,824
Net Autism	1,541,042	231,924	4,996,519	1,493,018	706,368	169,505	9,138,376	-	-	-	-	-	-	-	9,138,376
Net General Fund	47,058	135,658	-	1,644,025	(65,521)	-	1,761,220	-	-	-	-	-	-	-	1,761,220
Net Block Grant	-	-	-	-	-	8,210	8,210	23,173	(109,695)	-	115,220	-	172,045	200,743	208,953
Net PA2	-	-	-	-	-	-	-	-	(7,749)	-	(543)	-	-	(8,292)	(8,292)
Net Medicaid Savings Proje	-	-	-	-	-		-	-	-	-	-	-		-	-
Net ISF Projection	2,173,906	5,056,130	7,268,067	3,359,048	1,706,487	-	19,563,638	152,679	411,108	997,780	261,728	143,853	-	1,967,147	21,530,785
Subtotal	2,618,689	4,663,734	(185,910)	8,650,485	3,960,105	1,967,797	21,674,901	1,328,193	2,035,054	5,435,694	1,837,579	473,759	817,224	11,927,502	33,602,403
August Full Year Projection															
Net Med: 1115/HSW/CW/SED/CCBHC	(1,339,039)	2,400,500	(11,211,500)	(3,214,082)	81,780	-	(13,282,341)	400,372	(72,790)	885,729	347,013	(122,296)	-	1,438,027	(11,844,314)
Net Med: DCW Lapse	(348,861)	(3,237,122)	(4,075,754)	(1,964,593)	(979,388)	-	(10,605,718)	(1,364)	(68,072)	-	-	-	-	(69,436)	(10,675,154)
Net Med: HealthyMI	41,802	(331,022)	106,263	1,369,494	(645,673)	-	540,864	939,132	1,881,479	4,746,219	1,403,192	493,013	-	9,463,034	10,003,897
Net Autism	1,851,360	2,368,306	3,702,135	1,781,483	784,817	-	10,488,101	-	-	-	-	-	-	-	10,488,101
Net General Fund	22,733	430,776	-	1,944,453	-	-	2,397,963	-	-	-	-	-	-	-	2,397,963
Net Block Grant	-	-	-	-	-	-	-	-	308,499	-	90,695	52,569	-	451,763	451,763
Net PA2	-	-	-	-	-	-	-	-	167,771	-	(2,150)	74,964	-	240,585	240,585
Net Medicaid Savings Proje	632,194	1,256,218	2,969,272	823,975	120,105		5,801,764	(36,453)	99,991	238,033	60,576	348,125		710,273	6,512,038
Net ISF Projection	2,357,602	5,474,512	8,245,335	3,640,729	1,844,177	-	21,562,354	166,559	448,481	1,088,487	285,521	156,931	-	2,145,979	23,708,333
Total	3,217,790	8,362,169	(264,249)	4,381,457	1,205,818	-	16,902,987	1,468,246	2,765,358	6,958,468	2,184,847	1,003,305	-	14,380,225	31,283,211
Risk excluding DCW	554,123	4,437,785	(7,403,102)	(63,106)	220,924	-	(2,253,377)	1,339,504	1,808,688	5,631,947	1,750,204	370,716	-	10,901,060	8,647,684
%of Budget	1.87%	6.55%	-4.31%	-0.14%	0.84%	0.00%	-0.68%	63.98%	32.08%	41.74%	48.76%	18.79%	0.00%	38.83%	*PENDING*

FY Changes in Projected Med/HMP Spending

	Jul 2022 MH	Aug 2022 MH	Difference	%of Budget	FY21 Spend
OnPoint	26,947,000	26,839,010	(107,990)	-0.39%	25,469,646
Healthwest	57,557,430	58,435,642	878,212	1.40%	55,025,900
N180	168,049,745	168,356,172	306,427	0.19%	155,094,698
Ottawa	42,598,608	42,598,608	-	0.00%	32,981,495
West MI	23,287,375	24,330,745	1,043,370	4.25%	20,272,938
LRE & Beacon	10,829,085	11,139,539	310,454	2.79%	9,391,031
	329,269,243	331,699,716	**2,430,473**		**298,235,708**

	Jul 2022 SUD	Aug 2022 SUD	Difference	%of Budget	FY21 Spend
OnPoint	754,570	754,219	(351)	-0.02%	1,586,665
Healthwest	3,449,729	3,829,959	380,230	6.74%	4,079,154
N180	7,785,143	7,862,201	77,059	0.57%	8,098,231
Ottawa	2,160,626	1,839,333	(321,293)	-8.95%	1,850,758
West MI	1,664,440	1,601,936	(62,504)	-3.17%	1,342,753
LRE & Beacon	1,451,417	1,285,470	(165,947)	-12.91%	1,720,794
	17,265,924	17,173,118	**(92,806)**		**18,678,355**

Total Medicaid Surplus/(Deficit) Projection (Med 1115/HSW/CW/SED + Autism), Excluding DCW	(1,356,213)
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:	47,820,769
Healthy Michigan Plan Surplus/(Deficit) Projection	10,003,897
Projected MDHHS Performance Bonus	2,726,969
Projected Reserve Total At Year End:	60,551,635

ISF @ 7.5%	$ 28,368,766.65
Savings @ 7.5%	$ 28,368,766.65
Total Max Allowed	$ 56,737,533.29