COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN
REGULAR BOARD MEETING
705 N. Zeeb Rd, Ann Arbor, MI
Wednesday, May 11, 2016
6:00 PM

Agenda

		Guide
I.	Call to Order	1 min
II.	Roll Call	2 min
III.	Consideration to Adopt the Agenda as Presented	2 min
IV.	Consideration to Approve the Minutes of the 4-13-16 Regular Meeting and Waive the Reading Thereof (Board Action) {Attachment #1}	2 min
V.	Audience Participation (5 minutes per participant)	
VI.	PIHP CEO Report to the Board	40 min

a. March Finance Report {Attachment #2}
b. CLS Utilization and Rate Presentation – James Colaianne {Attachment #3}
c. Board Action Request {Attachment #4}
   Consideration to Approve a 6% Rate Increase for CLS Providers for the final six months in FY 16.
d. CEO Performance Metrics for Second Quarter FY 16 (January – March) {Attachment #5}
   i. Status Report on Care Coordination with Medicaid Health Plans {Attachment #5a}
   ii. Care Coordination with Medicaid Health Plans Policy {Attachment #5b}
e. SUD Request for Information (RFI)
f. Health Endowment Fund Grant Update
g. Section 298 Update

VII.	Old Business	15 min

a. Board Action Request {Attachment #6}
   Consideration to approve Sections 3 of the CMHPSM Board Governance Policy Manual
b. MACMHB Report – Jan Plas and others

VIII.	New Business	15 min

a. Section 4 of the Board Governance Policy Manual {Attachment #7}

IX. Adjournment

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN
REGULAR BOARD MEETING MINUTES
April 13, 2016

Members Present: Greg Lane, Jan Plas, Sandra Libstorff, Lisa Berry-Bobovski, Charles Coleman, Kent Martinez-Kratz, Charles Londo, Judy Ackley, Barb Cox, Robin Damschroder

Members Absent: Patricia Spriggel, Ralph Tillotson, Bob Wilson

Staff Present: Connie Conklin, Sandy Keener, Stephannie Weary, Marci Scalera, Jane Terwilliger, Trish Cortes, Lisa Jennings, Suzanne Stolz

Others Present: Lori Lutomski, Derek Miller (Roslund Prestage & Company)

I. Call to Order
Meeting called to order at 6:00 p.m. by Board Chair G. Lane

II. Roll Call

III. Consideration to Adopt the Agenda as Presented

Motion by C. Londo, supported by K. Martinez-Kratz, to approve the agenda
Motion carried

IV. Consideration to Approve the Minutes of the January 13, 2016 Regular Meeting and Waive the Reading Thereof

Motion by C. Coleman, supported by L. Berry-Bobovski, to approve the minutes of January 13, 2016 Regular Meeting and waive the reading thereof
Motion amended to approve the minutes of February 10, 2016 Regular Meeting and waive the reading thereof
Motion carried as amended

V. Audience Participation

VI. PIHP Managing Director Report to the Board
a. RPC Audited Financial Statements Presentation
- D. Miller, of Roslund Prestage & Company, presented the independent auditor's report for FY 2015.

b. Board Action Request
Consideration to approve the FY 15/16 1st Amended Budget
- S. Stolz presented the proposed adjustments.

Motion by L. Berry-Bobovski, supported by K. Martinez-Kratz, to approve the FY 15/16 1st amended budget
Motion carried

Ackley	Y	Londo	Y

Berry-Bobovski	Y	Martinez-Kratz	Y
Coleman	Y	Plas	Y
Cox	Y	Spriggel	Absent
Damschroder	Y	Tillotson	Absent
Lane	Y	Wilson	Absent
Libstorff	Y		

c. PIHP Crisis Manual Update
- J. Terwilliger presented the Crisis Manual's table of contents and introduction.

d. CEO Performance Metrics Report – 1st Quarter, FY 16
- J. Terwilliger presented the performance metrics for Oct. – Dec. 2015.

e. State Budget Update
- J. Terwilliger provided an update on the state budget process for FY 2017.

VII. Old Business

a. Board Action Request
Consideration to approve Section 1 of the Board Governance Policy Manual

Motion by R. Damschroder, supported by J. Ackley, to approve Section 1 of the Board Governance Policy Manual
Motion carried

b. Board Action Request
Consideration to approve Section 2 of the Board Governance Policy Manual

Motion by J. Plas, supported by B. Cox, to approve Section 2 of the Board Governance Policy Manual
Motion carried

c. Report from MACMHB
- MACMHB Spring Conference: 5/9/16-5/11/16.
- MACMHB is doing an update on its budget. The principle changes involve the computer system.
- MACMHB will propose a 7% dues increase for CMHs and PIHPs.

VIII. New Business

a. Board Action Request:
Motion by C. Coleman, supported by J. Plas, to approve the authorization of the Chief Executive Officer to sign the Lenawee Community Mental Health Authority Recovery System of Care (ROSC) Core Provider contract amendment for Substance Use Disorder services
Motion carried

Ackley	Y	Londo	Y
Berry-Bobovski	Y	Martinez-Kratz	Y
Coleman	Y	Plas	Y
Cox	Y	Spriggel	Absent
Damschroder	Y	Tillotson	Absent
Lane	Y	Wilson	Absent
Libstorff	Y		

Board Action Request:

Motion by J. Ackley, supported by K. Martinez-Kratz, to approve the authorization of the Chief Executive Officer to sign the Ann Arbor Treatment Services, LLC – Contract for CMHPSM SUD for medication assisted treatment (MAT) for Monroe and Washtenaw residents
Motion carried

b. Section 3 of the Board Governance Policy Manual
Section 3 will be submitted for board approval at the May 11, 2016 Regional Board meeting.

c. 2016 National Conference Updates
- S. Libstorff and G. Lane provided some highlights from the conference.

IX. Adjournment

Motion by C. Londo, supported by C. Coleman, to adjourn the meeting
Motion carried

Meeting adjourned at 6:57 p.m.

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Bob Wilson, CMHPSM Board Secretary

COMMUNITY MENTAL HEALTH PARTNERSHIP of Southeast Michigan

Financial Highlights
For the Period Ending March 31, 2016

Statement Of Revenue and Expenses:

1. Revenue

- Medicaid Carryforward and Healthy Michigan Plan Carryforward are over budget due to recognition at year end for the closing process for financial reporting status.
- Autism Medicaid is under budget due timing. Autism is payment delayed. The first payment was received in March.
- SUD Block Grant and PA2 revenues are under budget due to delayed implementation of programs. Expenditures correlate with revenues.

2. Expenditures

- SUD Expenditures are under budget and correlate with revenues.
- Administrative costs are under budget due to timing of conferences and vacant positions.

CMHPSM Strategies:

1. CMHPSM will collaborate with CMHSP's to establish a consistent and reasonable methodology to balance the budget as a PIHP in whole.

2. CMHPSM will continue to trend Traditional Medicaid Eligibles and HMP Enrollees to project deviations of funding from MDHHS.

3. A second budget amendment will be presented to the board in June, including the CMHSP contract amended amounts.

4. CMHPSM will coordinate with CMHSP's to continue to monitor budgets regularly, maintain a shared decision model, and present recommendations to the board.

Community Mental Health Partnership of Southeast Michigan
Statement of Revenues and Expenditures
For the Quarter Ending March 31, 2016

	1st Amend Budget	YTD Actual	YTD Budget	YTD Actual O/(U) Budget	
Operating Revenue					
Medicaid Capitation	$134,282,264	$67,155,870	$67,141,132	$14,738	
Medicaid Carryforward	1,473,549	-	736,775	(736,775)	a
Healthy Michigan Plan	12,188,927	6,146,789	6,094,464	52,325	
Healthy Michigan Carryforward	5,224,847	-	2,612,424	(2,612,424)	a
Autism	1,661,715	124,355	830,858	(706,502)	b
Medicaid Health Home-Washtenaw On	419,801	389,208	209,901	179,308	c
10% Health Home Match Washtenaw	41,980	38,852	20,990	17,862	
SUD Community Grant	3,767,460	1,855,752	1,883,730	(27,978)	
SUD PA2 - Cobo Tax Revenue	2,105,798	388,606	1,052,899	(664,293)	d
Local Match	1,577,780	788,890	788,890	-	
Other Revenue	217,567	136,552	108,784	27,769	
Total Revenue	**$162,961,688**	**$77,024,874**	**$81,480,844**	**$(4,455,970)**	
Funding For CMHSP Partners					
Lenawee CMHSP	16,987,987	8,416,767	8,493,994	(77,227)	
Livingston CMHSP	23,466,599	11,457,019	11,733,300	(276,280)	
Monroe CMHSP	25,356,719	12,576,535	12,678,360	(101,825)	
Washtenaw CMHSP	64,704,549	32,388,988	32,352,275	36,713	
Total Funding For CMHSP Partners	**$ 130,515,854**	**$ 64,839,309**	**$65,257,927**	**$(418,618)**	
Funding For SUD Services					
Lenawee County	1,278,823	473,609	639,412	(165,803)	d
Livingston County	1,614,420	585,757	807,210	(221,453)	d
Monroe County	1,506,177	593,908	753,089	(159,181)	d
Washtenaw County	4,026,893	2,040,428	2,013,447	26,982	
Total Funding For SUD Services	**$ 8,426,313**	**$ 3,693,702**	**$4,213,157**	**$(519,455)**	
Other Contractual Obligations					
Hospital Rate Adjuster	2,122,900	1,079,625	1,061,450	18,175	
USE and HICA Tax	9,967,501	4,921,403	4,983,751	(62,348)	
Local Match	1,577,780	788,890	788,890	-	
10% Health Home Match Washtenaw	41,980	38,825	20,990	17,835	
Total Other Costs	**$13,710,161**	**$6,828,742**	**$6,855,081**	**$(26,338)**	
CMHPSM Administrative Costs					
Salary& Fringe	1,768,037	749,209	884,019	(134,809)	e
Administrative Contracts	1,031,952	575,783	515,976	59,807	
Board Expense	12,980	2,517	6,490	(3,973)	
All Other Costs	168,136	57,226	84,068	(26,842)	
Total Administrative Expense	**$2,981,105**	**$1,384,734**	**$1,490,553**	**$(105,818)**	
Risk Reserve Provision	**$2,581,623**		**1,290,812**	(1,290,812)	
Carry Forward	**$4,746,632**		**2,373,316**	(2,373,316)	
Total Expense	**$162,961,688**	**$76,746,487**	**$81,480,844**	**$(4,734,357)**	
Revenues over (under) Expenditures	**$0**	**$278,387**	**$0**		

a - Timing difference, recognization will occur at year end corresponding to expenditures.
b - Timing difference, Autism benefit receipts delayed.
c - Correlates with Home Health expenditures, budget to be amended.
d - New program implementation delay.
e - Administration continues under budget due to vacant positions throughout the year.

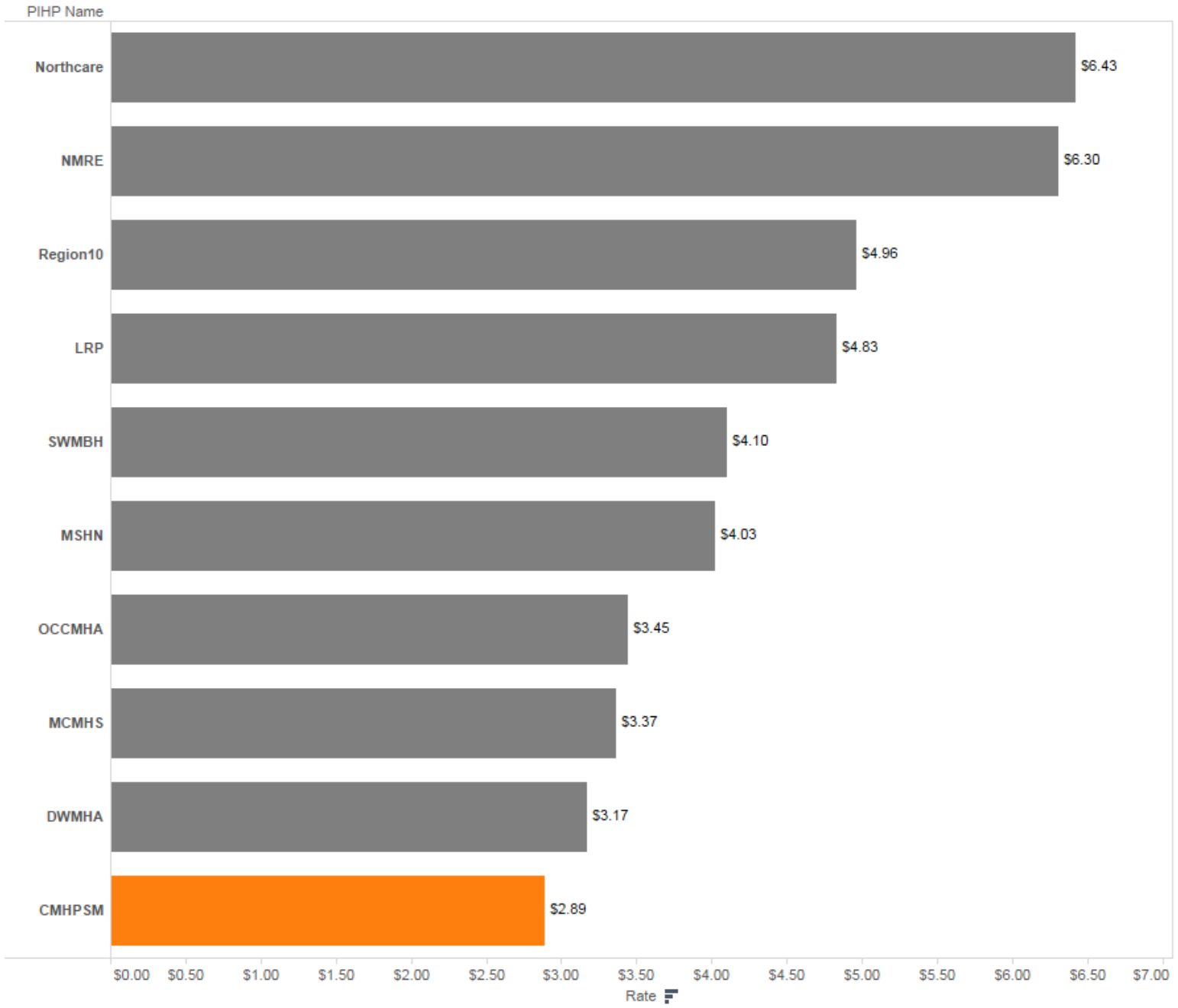
COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN
Projected Summary by Funding Source
FY 2015/2016

		Original Budget	Projected Use of Funding Source	Over (Under) Final Budget to Actual
MEDICAID	Lenawee	15,450,000	14,150,000	(1,300,000)
	Livingston	21,405,000	21,855,056	450,056
	Monroe	23,675,000	23,825,000	150,000
	Washtenaw	59,950,000	59,350,000	(600,000)
	Medicaid Total	**120,480,000**	**119,180,056**	**(1,299,944)**
HMP	Lenawee	1,500,000	1,500,000	-
	Livingston	1,800,000	1,719,136	(80,864)
	Monroe	2,000,000	1,649,156	(350,844)
	Washtenaw	5,200,000	4,751,896	(448,104)
	HMP Total	**10,500,000**	**9,620,188**	**(879,812)**

Unlicensed Community Living Supports Regional Rate Increase

Community Mental Health Partnership of Southeast Michigan

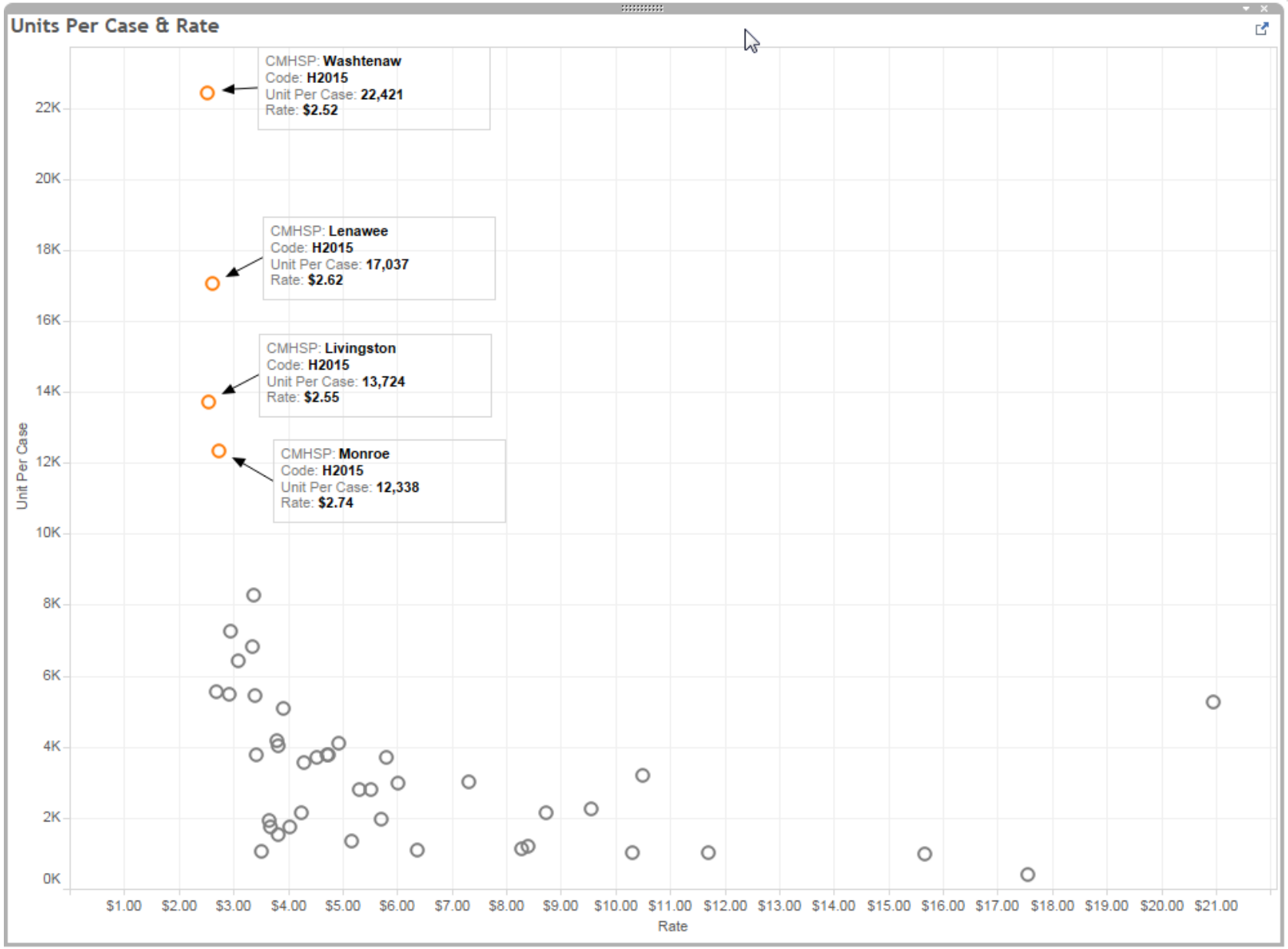
James Colaianne



FY2012-14 H2015 Rate

CMHPSM region had the lowest unit rate for H2015 CLS from FY2012 – FY2014.

(Statewide data does not have detail regarding shared service data which impacts this analysis)



2014 Average Annual H2015 Units Per Case & Rate

CMHPSM region had the four highest CMHSPs for H2015 units per case in 2014.

Washtenaw: 22,421

Lenawee: 17,037

Livingston: 13,724

Monroe: 12,338

Statewide Average: 2,413

CLS Rate Increase Rationale

- Increase ability for contracted providers to retain and recruit staff in an increasingly competitive labor market in our region.
- Increase unlicensed CLS service capacity as we move towards more independent living settings within the region.
- No changes to the CLS reimbursement rate since 2008:
  - $3.85 / 15 minutes, $15.40 / hour
- Utilization for unlicensed CLS services has increased:
  - Increase in number of unique consumers authorized for CLS
  - Increase in units per case
  - Decrease in shared CLS, increase in 1:1 CLS staffing situations.
- Increase in provider requests related to insufficient reimbursement rate.

Date	Michigan Minimum Hourly Wage	Inflation adjusted CLS Rate if increased at same rate as minimum wage.
1/1/2007	$6.95	$15.40
1/1/2008	$7.15	$15.64 ($0.24)
7/1/2008	$7.40	$15.89 ($0.49)
9/1/2014	$8.15	$16.64 ($1.24)
1/1/2016	$8.50	$16.99 ($1.59)
1/1/2017	$8.90	$17.39 ($1.99)
1/1/2018	$9.25	$17.74 ($2.34)

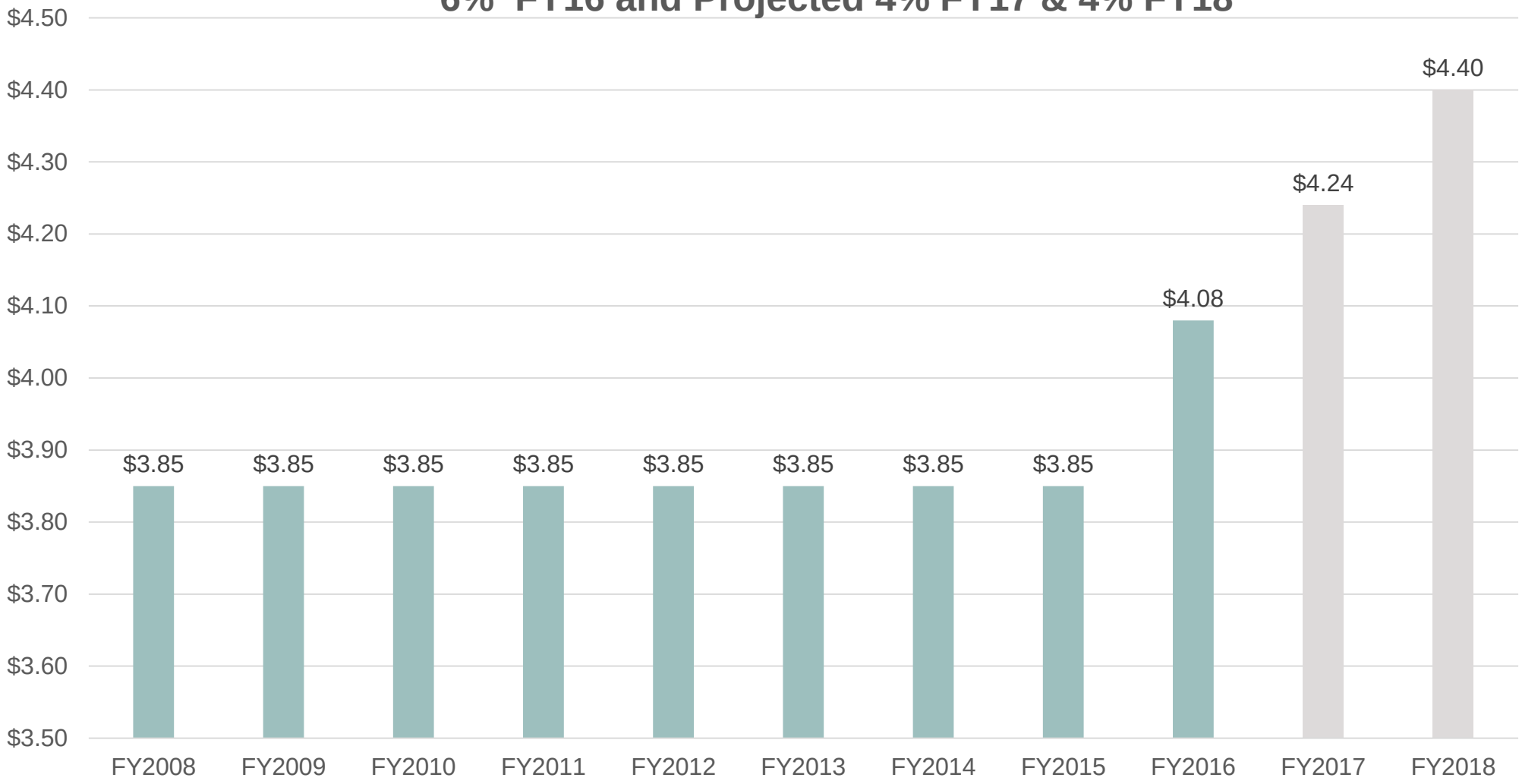
Minimum Wage Adjusted CLS Rate

CLS Rate has not been adjusted from 2008 until present and is still $3.85 per 15 minutes or $15.40 per hour.

Proposed Rate Increases

- Increase Unlicensed CLS rate in three structured stages: FY16 6%, FY17 TBD, FY18 TBD
  - FY16 – Proposing a 6% Rate Increase ($3.85 per 15 minutes to $4.08 per 15 minutes)
  - FY17 & FY18 - Regional Finance will review the funding projections, service utilization and provider network capacity related to calculating structural increases percentages to be built into the FY17-18 CLS service contracts. FY17 & 18 projected at 4% only for the purposes of this presentation.

Unlicensed CLS 15 Minute Rate History
6% FY16 and Projected 4% FY17 & 4% FY18



CMHPSM to CMHSP Contract Amendments	Existing FY16 Contract Amount – Traditional Medicaid	Increase in Traditional Medicaid Amount	FY16 Amended Contract Amount – Traditional Medicaid
Lenawee	$15,300,000	$150,000	**$15,450,000**
Livingston	$21,000,000	$405,000	**$21,405,000**
Monroe	$23,100,000	$575,000	**$23,675,000**
Washtenaw	$58,700,000	$1,250,000	**$59,950,000**

CMHPSM to CMHSP FY16 Contract Amendments

Reflects increase in FY16 funding to cover CLS 6% rate increase.

Minimum Wage Increase Date	Minimum Hourly Wage	Adjusted CLS Rate by Min Wage Increases (Difference from $15.40)	CLS Rate Increase Proposal 6% FY16 FY17* FY18**
1/1/2007	$6.95	$15.40	$15.40
1/1/2008	$7.15	$15.64 ($0.24)	$15.40
7/1/2008	$7.40	$15.89 ($0.49)	$15.40
9/1/2014	$8.15	$16.64 ($1.24)	$15.40
1/1/2016	$8.50	$16.99 ($1.59)	$16.32
1/1/2017	$8.90	$17.39 ($1.99)	$16.96*
1/1/2018	$9.25	$17.74 ($2.34)	$17.60**

Minimum Wage Increase % vs Proposed CLS Rate Increase %

Proposed Rate Increases:

6% increase in FY2016

*TBD Projected 4% in FY2017

**TBD Projected 4% in FY2018

	94% Medicaid	1.75% HMP	1.5% Other	Total CMHPSM Funding Increase	FY16 CMHSP Proj. Local General Fund Cost
Lenawee	$126,603	$2,357	$2,020	$130,980	$3,704
Livingston	$377,207	$7,022	$6,019	$390,249	$11,035
Monroe	$539,979	$10,053	$8,617	$558,649	$15,797
Washtenaw	$1,168,498	$21,754	$18,646	$1,208,898	$34,185
CMHPSM Region	**$2,212,287**	**$41,186**	**$35,302**	**$2,288,775**	

Attachment #4 – May 2016

Regional Board Action Request –

Board Meeting Date:

Action Requested: Approve the amendment of FY16 CMHSP contracts to increase Medicaid Funding for the CLS Rate increases for the following amounts:

Lenawee	$ 150,000
Livingston	$ 405,000
Monroe	$ 575,000
Washtenaw	$1,250,000

Background: The funding associated with a CLS rate long-term increase of 6% for the entirety of FY16 will be included in a revised CMHPSM expense budget and amendments to the CMHPSM-CMHSP contracts. The budget will be updated in the second amendment presented in June.

Connection to PIHP/MDCH Contract, Regional Strategic Plan or Shared Governance Model:

PIHP/MDCH Contract Section 8.0 Contract Financing
CMHPSM Regional Agreements

Recommend: Approval

CEO Performance Metrics Report
October 2015 through March 2016
(FY 16 Year to Date)
May 11, 2016

The performance metrics approved by the CMHPSM Board of Directors at its January 13, 2016 are listed below:

1. Compliance with MDHHS/PIHP Contract requirements as evidenced by satisfactory completion of the MDHHS Site Review Survey, the SUD audit by MDHHS, and the EQR conducted by HSAG. The reviews and audits occur at different times throughout the year.

Status: There is no data this quarter. The MDHHS Site and SUD Reviews will occur later this year and have not been scheduled yet. The External Quality Review (EQR) has been scheduled for July.

2. Satisfactory organization performance as evidenced by timely submission of financial reports and other required reports to MDHHS. The indicators associated with the performance withhold in the MDHHS contract are the main focus.

Status: The attached graph displays the status of the indicators for items 2 and 4. From January through March 2016, we submitted the 4 required year-end financial reports on time. Indicator 2 includes the coordination metrics for the PIHPs and the Medicaid Health Plans (MHPs). The first required status report was submitted on May 6. MDHHS extended the due date for all PIHPs and MHPs from May 1 to May 6 as it had not communicated how reporting was to occur. The PIHPs and the MHPs continue to meet together jointly on the second and fourth Thursdays of each month to address the shared metrics from MDHHS. These meetings are going well and the PIHPs and MHPs expect to meet all the milestones included in our contracts within the timeframes established by MDHHS. The next required status report is due July 1, 2016.

3. Satisfactory relationship with the CMHPSM Board of Directors as evidenced by Board feedback regarding CEO communication with the Board as a whole that keeps the Board informed of relevant trends, material external and internal changes that impact the operational or financial status of the CMHPSM, particularly changes in the assumptions upon which any Board Policy has previously been established, threatened or pending lawsuits, and any adverse media coverage. Feedback could be collected on a quarterly basis through Board meeting surveys.

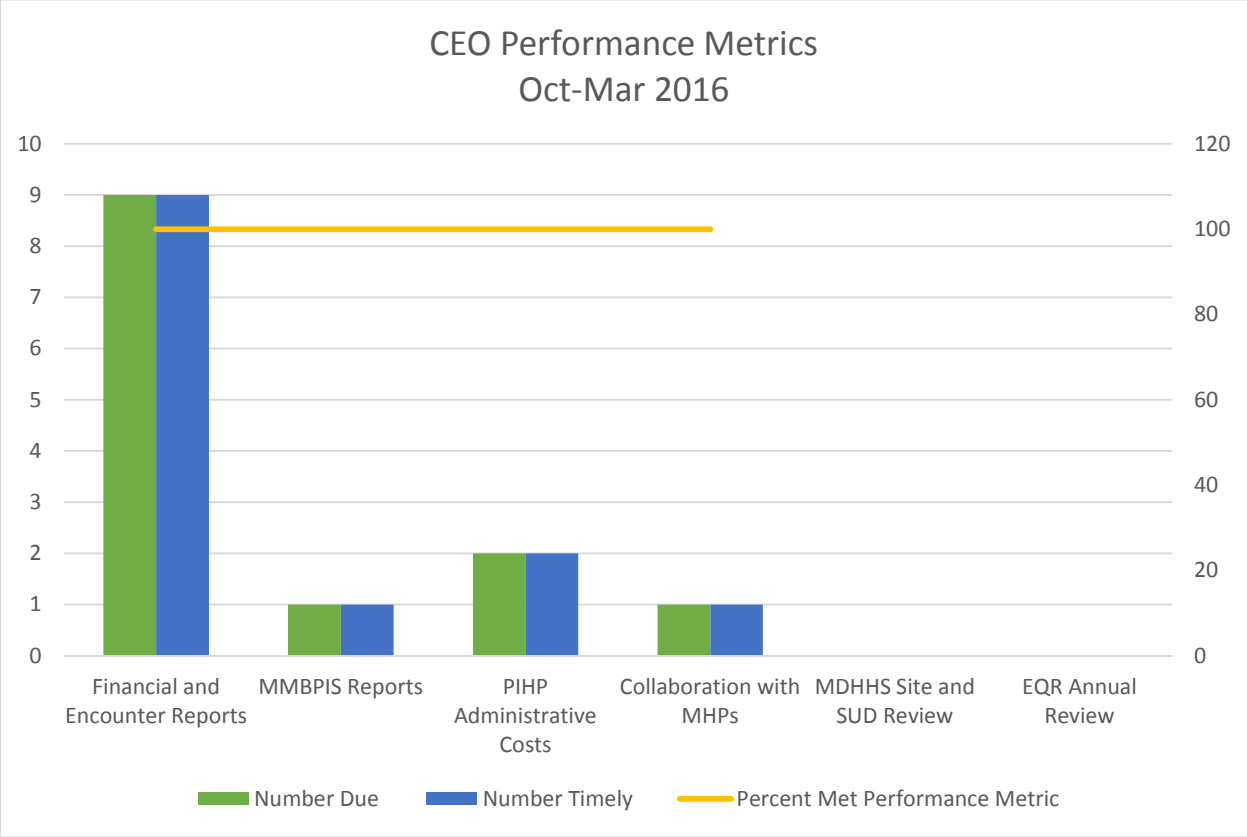
Status: There is no data this quarter. A survey tool or method for collecting this data has not been established, yet. However, each CMHPSM Board Meeting Agenda includes a report from the CEO.

4. Satisfactory management of PIHP administrative costs as evidenced by quarterly budget to actual reports.

Status: The budget to actual costs are reported to the Board during Board meetings. The attached graph displays the status of this indicator.

5. Development of a 3-5 year Strategic Plan with quarterly progress reports to the Board.

Status: Due the questions about the future for PIHPs that have developed during the State Budget process, we have not begun a formal Strategic Planning Process, yet. However, we have been assessing our performance as a PIHP and our role within the four county region. At an All Staff Meeting held in March 2016, we evaluated our internal functioning as a team and the external challenges faced by the CMHPSM. We have 3 internal work groups to address areas for improvement and growth identified. These are Building Teamwork, Staff Development, and PIHP Marketing and Branding. I anticipate that we will undertake a more formal, directed strategic planning process by October 2016.



Respectfully Submitted

Jane Terwilliger, LMSW
CEO

Attachment #5a – May 2016

Community Mental Health Partnership of Southeast Michigan
Status Report on Care Coordination with Medicaid Health Plans
January 1, 2016 through April 30, 2016

Category	Description	Criteria/Deliverables	Status
1. **Identification of and Access to Data on Joint Members** (20 points)	Systems and processes related to regular, meaningful exchange of clinically relevant data between entities • Identification of Shared Members • Bi-directional Exchange (from Contract) • CC360 o Regular Reports o Customizable Extracts • MiHIN o Use Cases o Active Care Relationship Service o Admission, Discharge, Transfer (ADT) Messaging	a) By March 1, 2016 PIHP and MHP will attend a meeting convened by MDHHS to discuss CC360 and MiHIN application and potential use as data sources b) By May 1, 2016 PIHP and MHP will submit policies/processes to demonstrate that they have systems and processes in place to confidentially do the following: a. On a monthly basis, identify which members are assigned to an MHP and have sought services through the PIHP. This should include but is not limited to the following data elements (name, DOB, Medicaid ID number, providers seen, medications, diagnoses)? b. Receive information from electronic sources such as CC360 or HIT/HIE including: ▪ Which reports are received at what interval including customizable extracts and how this information is shared between PIHP and MHP c. Participate with MIHIN including: ▪ Which Use Cases they are participating in ▪ Active Care Relationships are being established for shared members ▪ ADT messaging is being received and appropriately shared	1. CMHPSM representatives—CEO and Compliance Officer—attended the MDHHS sponsored meeting on February 5, 2016. 2. Complete. a. The CMHPSM Policy for Care Coordination with Medicaid Health Plans approved 4/25/16 by the CMHPSM Regional Operations Committee is attached. b. Ongoing participation in meetings with the MHPs and PIHPS for the development of CC360 reports to be used jointly to identify and document Care Coordination activities. CC360 reports will include consumer demographic information and other required elements. Meeting minutes are attached. c. CMHPSM participates with MiHIN and has had a QDSA (Quality Data Sharing Agreement) between the PIHP and MiHIN that lists general rules about sharing data in MiHIN's HIE system in Michigan. The CMHPSM participates in 3 ADT Use Cases and MOAC user groups. ADTs are provided to CMHSPs.

Community Mental Health Partnership of Southeast Michigan/PIHP	***Policy and Procedure*** ***Care Coordination with Medicaid Health Plan***
Department: **Author: J. Terwilliger**	**Local Policy Number (if used)**
Regional Operations Committee Approval Date **4/25/2016**	**Implementation Date** **4/30/2016**

I. PURPOSE

To promote the achievement of wellness and improved health care outcomes for all individuals served, the Community Mental Health Partnership of Southeast Michigan and its provider network shall identify individuals mutually served by the CMHPSM and the Medicaid Health Plans and shall actively engage in care coordination activities to reduce barriers to care, coordinate services, and improve access to needed services or supports.

II. REVISION HISTORY

DATE	REV. NO.	MODIFICATION

III. APPLICATION

This policy applies to all staff, students, volunteers, and contractual organizations receiving any funding directly or sub-contractually, within the provider network of the Community Mental Health Partnership of Southeast Michigan (CMHPSM).

IV. DEFINITIONS

Care Coordination: A set of activities by which systems of care (MHP or PIHP) assure that mutually served individuals with high critical care needs have a coordinated care plan that is not duplicative, and is designed to assure the individual receives better care and has better outcomes at a better cost. Care Coordination at the systems level often does not directly involve the individual or the providers, but rather focuses on improving access to care and eliminating system barriers. Care Coordination with the individual is best done at the level where active care is provided such as between primary care providers and behavioral health providers with the individual as an active participant.

Care Connect 360: A claims based Electronic Health Record (EHR) developed by the Michigan Department of Health and Human Services (MDHHS) that stores and reports health

care utilization data for Medicaid recipients. Care Connect 360 is the agreed upon "truth source" for Care Coordination activities between Michigan's Medicaid Health Plans (MHPs) and Prepaid Inpatient Hospital Plans (PIHPs).

Community Mental Health Partnership Of Southeast Michigan (CMHPSM): The Regional Entity that serves as the PIHP for Lenawee, Livingston, Monroe and Washtenaw for mental health, developmental disabilities, and substance use disorder services.

Community Mental Health Services Program (CMHSP): A program operated under chapter 2 of the Mental Health Code as a county community mental health agency, a community mental health authority, or a community mental health organization.

Health Insurance Portability and Accountability Act (HIPAA): Federal legislation designed to provide privacy and security standards to protect patients' medical records and other health information provided to health plans, doctors, hospitals and other health care providers.

Medicaid Health Plans: One of six health plans contracted by the Michigan Department of Health and Human Services to provide physical health care coverage to Medicaid recipients residing in the four county region served by the CMHPSM.

Michigan Health Information Network (MiHIN): The health information network that has been created in Michigan to coordinate and facilitate building a statewide capability to securely, electronically exchange health information.

Mutually Served Consumers: Medicaid beneficiaries who are enrolled in a Medicaid Health Plan and have received at least one Medicaid service through a PIHP during a six month period.

Regional Entity: The entity established under section 204b of the Michigan Mental Health Code to provide specialty services and supports.

Stratification of High Need Individuals: The indicators developed collaboratively by the PIHPs and representatives of the Medicaid Health Plans that will be used to identify mutually served individuals with chronic health conditions who are determined to be high utilizers of service and in need of MHP to PIHP care coordination activities.

V. POLICY

It is the policy of the CMHPSM as a Prepaid Inpatient Health Plan responsible for services to individuals enrolled in Medicaid, to coordinate care provided to individuals with the Medicaid Health Plans also managing services for those individuals. It is further the policy of the CMHPSM to work cooperatively with other MHP/PIHPs to jointly identify priority need populations for purposes of care coordination. In support of this policy, the CMHPSM shall work to secure appropriate consents, share necessary electronic data, and conduct routine care coordination activities necessary to fulfill this policy.

VI. STANDARDS

A. The CMHPSM will maintain Memorandums of Understanding (MOUs) with the Medicaid Health Plans providing coverage for individuals with Medicaid residing in the CMHPSM region.
B. The CMHPSM will maintain and expand its capacity to receive information from electronic sources, such as MiHIN and Care Connect 360, in order to support care coordination activities for the Medicaid consumers served and identify individuals who may be in need of such services.
C. At least monthly, the CMHPSM will identify Medicaid recipients who are assigned to a MHP and have sought services through the CMHPSM provider network.
D. The CMHPSM will utilize the MDHHS Care Connect 360, a data warehouse maintained by MDHHS, to identify those Medicaid recipients whose physical and mental health conditions indicate the need for care coordination between the CMHPSM and the MHP.
E. All Care Coordination activities will comply with the confidentiality standards contained in 42 CFR, HIPAA and the Michigan Mental Health Code.
F. Care Coordination is both the responsibility of the CMHPSM and the local CMHSPs that serve the individuals in their communities.

VII. PROCEDURE

The CMHPSM shall be responsible for the following:

A. Shared Member List
    1. Using CareConnect360, generate the Shared Member List report on a monthly basis, or more frequently if needed. The Shared Member List report identifies members assigned to a specific MHP that have received services through a specified PIHP.
    2. The Shared Member List will include the data elements: Name, DOB, Medicaid ID, Providers seen, medications, diagnoses. Additional elements will be included as needed.
    3. MHP and PIHP agree to reconcile any members listed that may or may not be actively receiving services.

B. Information Exchange
    1. Send and receive information from multiple electronic sources. This includes: CC360 export lists and other affordable health information exchanges that are pertinent to the coordination plan process.
    2. Accept CC360 extracts that are generated at monthly intervals to update or refresh information about shared members and coordination planning.

C. Participate with MiHIN as needed to develop a data sharing relationship
        1. Build and send monthly Active Care Relationship (ACRS) for shared members.
        2. Receive Admission, Discharge, and Transfer (ADT) messages for more timely hospital information.
        3. Exchange this information for shared members.

D. Participate in Care Coordination meetings with individual MHPs regarding mutually served consumers who have been determined through CC 360 to meet the agreed upon criteria for Care Coordination. CMHSPs will be included in these meetings as appropriate.

VIII. EXHIBITS

Care Coordination Template to be attached when completed by PIHP/MHP Workgroup

IX. REFERENCES

Reference:	Check if applies:	Standard Numbers:
45 CFR Parts 160 & 164 (Health Information Portability and Accountability Act (HIPAA) and HITECH Act of 2010	X	
42 CFR Part 2 (Substance Abuse)	X	
Michigan Mental Health Code Act 258 of 1974	X	
The Joint Commission - Behavioral Health Standards	X	
Michigan Department of Health and Human Services (MDHHS) Medicaid Managed Specialty Supports and Services FY 16 Contract	X	
Michigan Medicaid Provider Manual	X	
Michigan Health Plan/ Prepaid Inpatient Health Plan Collaborative Agreement	X	

Section 3: GOVERNANCE PROCESS

3.0 *GOVERNING STYLE*

The Board will govern with an emphasis on (a) outward vision, (b) diversity in viewpoints, (c) strategic leadership, (d) clear distinction of Board and CEO roles, (e) collective rather than individual decisions and, (f) proactivity.

The Board must insure that all divergent views are considered in making decisions, yet must resolve into a single organizational position. Once a decision is made the Board must speak in one voice publicly.

Accordingly:

1. The Board will establish written policies reflecting the Board's values and perspectives. The Board's major policy focus will be on the intended long-term impacts outside the organization, not on the administrative or programmatic means of attaining those effects.

2. The Board will enforce discipline whenever needed. Discipline will apply to matters such as attendance, preparation for meetings, violation of policies, and disrespect for roles.

3. Continual Board development will include orientation of new Board Members and periodic Board discussion of process improvement.

4. The Board will listen respectfully to citizen comments and assure that an internal process is in place to follow up on the concerns expressed.

3.1 *BOARD RESPONSIBILITIES/DUTIES*

The Board will ensure appropriate organizational and CEO performance and promote a link between the regional community and the CMHPSM.

Further, by way of example, but not limited to the following:

1. Meetings
   - (a) Attend Board meetings
   - (b) If unable to attend Board meetings provide advance notice to the CEO and Board Chair
   - (b) Be prepared and on time
   - (c) Listen with an open mind
   - (d) Participate in discussion and encourage dialogue
   - (e) Make decisions in the best interest of the PIHP region
   - (f) Speak with one voice after a decision has been made

2. Board Member Personal Development
    (a) Complete Board orientation and training
    (b) Commit to ongoing development of Board Member skills

3. Operational Policies
    (a) Relevant operational policies applicable to the Board are included by reference—Business Expense Reimbursement

3.2 *BOARD MEMBER ETHICS*

The Board commits itself and its members to ethical, businesslike, and lawful conduct, including proper use of authority and appropriate decorum when acting as Board Members.

Further, by way of example, but not limited to the following:

1. Operate with the best interest of the PIHP region in mind.

2. Recuse from conflict of interest.

3. Board Members will not use their board position to obtain employment in the organization for themselves, family members, or close associates. Should a Board Member apply for employment, he or she must first resign from the Board.

4. Board Members shall not attempt to exercise individual authority over the organization.

5. The Board will not evaluate, either formally or informally, any staff other than the CEO.

6. Board Members will respect confidentiality.

3.3 *BOARD CHAIR'S ROLE*

The Board Chair assures the integrity of the Board's process and, represents the Board to outside parties. The Board Chair has no authority to make decisions about policies created by the Board nor authority to supervise or direct the CEO.

3.4 *POLICY REVIEW AND AMENDMENT (presented for review 1-13-16)*

1. The Board Bylaws and Board Policies shall be reviewed in April of every year.
2. Board Policies may be suspended, rescinded, or amended by 3/4 of the serving

membership and will be superseded by any change in federal or state law.

3.5 *COST OF GOVERNANCE*

The Board will invest in its governance capacity.

Accordingly:

1. Board members shall be compensated at the rate of the appointing CMHSP per meeting for attendance at all Board meetings, assigned committee meetings, workshops, required training, and other Board approved functions. Board members are entitled to one meeting allowance per day.
2. Travel expenses shall be reimbursed by the appointing CMHPSM

The Board shall be informed of its budget and expenses.

Section 4: BOARD-CEO LINKAGE

4.0 *GOVERNANCE-MANAGEMENT CONNECTION*

The Board shall appoint a CEO of the Community Mental Health Partnership of Southeast Michigan who meets the standards of training and experience established by the Michigan Department of Health and Human Services (MDHHS). The Board shall establish general policy guidelines within which the CEO shall execute the duties and responsibilities of a Pre-Paid Health Plan as required by state and federal laws, rules, regulations, and the Medicaid Specialty Supports and Services contract with the MDHHS.

4.1 *CEO's RESPONSIBILITIES*

The CEO of the CMHPSM shall function as the chief executive and administrative officer of the PIHP and shall execute and administer the program in accordance with the approved annual plan and operating budget, the general policy guidelines established by the Board, the applicable governmental procedures and policies, and the provisions of the Mental Health Code. The CEO has the authority and responsibility for supervising all employees. The terms and conditions of the CEO's employment, including tenure of service, shall be as mutually agreed to by the Board and the CEO and shall be specified in a written contract.

4.2 *MONITORING CEO PERFORMANCE* *(presented for review 1-13-16)*

There will be systematic and objective monitoring of the CEO's job performance and achievement of organizational goals as agreed upon.