COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN

BOARD MEETING

Patrick Barrie Room

3005 Boardwalk Dr., Ste. 200, Ann Arbor, MI

Wednesday, June 12, 2024, 6:00 PM

To join by telephone:	**To join by computer:**
1-616-272-5542	**Click here to join the meeting**
Meeting ID: 921 554 805#	Meeting ID: 215 700 449 069, Passcode: U8jauV

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 4-10-2024 Meeting and Waive the Reading Thereof {Att. #1}	2 min
V.	Audience Participation (3 minutes per participant)	
VI.	Old Business	20 min
VII.	New Business	30 min
VIII.	Reports to the CMHPSM Board	30 min
IX.	Adjournment	

VI. Old Business — 20 min

a. Board Information: Finance Report through April 30, 2024 {Att. #2}
b. Board Information: CEO Performance Goals
c. Board Information: Monroe FY2023 Financial Update

VII. New Business — 30 min

a. Board Action: Conflict Free Access and Planning Resolution {Att. #3}
b. Board Action: 3005 Boardwalk Office Space Lease Option Renewal {Att. #4}
c. Board Action: Quality Manager Position Reclassification {Att. #5}
d. Board Action: Business Expense Reimbursement Board Governance Policy {Att. #6}
e. Board Action: FY2024 Q1&Q2 QAPIP Status Report {Att. #7}
f. Board Action: 5-Year Proclamation Michelle Sucharski {Att. #8}
g. Board Action: Internal Service Fund Resolution {Att. #9}

VIII. Reports to the CMHPSM Board — 30 min

a. Board Information: Substance Use Services Department Update {Att. #10}
b. Board Information: SUD Oversight Policy Board {Att. #11}
c. Board Information: CEO Report to the Board {Att. #12}

CMHPSM Mission Statement

Through effective partnerships, the CMHPSM shall ensure and support the provision of quality integrated care that focuses on improving the health and wellness of people living in our region.

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN
REGULAR BOARD MEETING MINUTES
April 10, 2024

Members Present for In-Person Quorum:	Judy Ackley, Rebecca Curley, LaMar Frederick, Bob King, Molly Welch Marahar, Rebecca Pasko, Mary Serio, Holly Terrill
Members Not Present For In-Person Quorum:	Patrick Bridge, Mary Pizzimenti, Alfreda Rooks, Annie Somerville, Ralph Tillotson
Staff Present:	Kathryn Szewczuk, Stephannie Weary, James Colaianne, Matt Berg, Nicole Adelman, Connie Conklin, Stacy Pijanowski, Lisa Graham, Trish Cortes
Guests Present:	Derek Miler

I. Call to Order
Meeting called to order at 6:02 p.m. by Board Chair Bob King.

II. Roll Call
- Quorum confirmed.

III. Consideration to Adopt the Agenda as Presented
Motion by M. Welch Marahar, supported by H. Terrill, to approve the agenda
Motion carried

IV. Consideration to Approve the Minutes of the February 14, 2024 Meeting and Waive the Reading Thereof
Motion by M. Welch Marahar, supported by M. Serio, to approve the minutes of the 02/14/2024 meeting and waive the reading thereof
Motion carried

V. Audience Participation
None

VI. Guest Presentation
a. FY2023 Financial Audit Presentation – Roslund, Prestage & Co.
   - The annual audit results summary was presented by Derek Miller.
   - Per D. Miller, there were no issues or concerns found.
   - The line item for the Board Per Diem may be miscoded. M. Berg will research and correct as needed.

VII. Old Business
a. Board Information: Finance Report through February 29, 2024
   - M. Berg presented.
b. Board Information: CEO Performance Review
   - The CEO Performance Review Committee met before the board meeting.
   - M. Serio provided an overview of the responses to each question.

- The committee would like the board to consider a better structure for the goals in order to reflect what James is doing.
- New CEO goals will be presented at the June board meeting.

VIII. New Business

a. Board Action: FY2018-19 Deficit Resolution

Motion by M. Welch Marahar, supported by M. Serio, to approve the utilization of $2,376,421 of FY2020 and FY2021 Performance Based Incentive Pool (PBIP) funding to utilize towards deficit repayment as originally reported prior to the MDHHS one-time exception approval

Motion carried

Roll Call Vote

Yes: Ackley, Curley, Frederick, King, Welch Marahar, Pasko, Serio, Terrill,

No:

Not present for in-person vote: Bridge, Pizzimenti, Rooks, Somerville, Tillotson

b. Board Action: Proposed FY2024 Budget Revision

Motion by M. Welch Marahar, supported by L. Frederick, to approve the included revisions to the FY2024 CMHPSM operating budget

Motion carried

Roll Call Vote

Yes: Ackley, Curley, Frederick, King, Welch Marahar, Pasko, Serio, Terrill,

No:

Not present for in-person vote: Bridge, Pizzimenti, Rooks, Somerville, Tillotson

c. Board Review: Annual Bylaws and Board Governance Review

- There were no updates to the policies that were recommended for renewal (agenda items i – vii) and no action was needed by the board.

Recommend Renewal

i. Board Governance Manual
ii. CMHPSM Organizational Bylaws
iii. CMHPSM CEO Authority – Employee Position Control and Compensation
iv. CMHPSM CEO General Scope of Authority
v. Conflict of Interest Policy
vi. Investing
vii. Procurement

Recommend Potential Updates / Further Review in June 2024

viii. Financial Stability & Risk Reserve Management
ix. (Internal Procedure to Governance Policy) Business Expense Reimbursement

IX. Reports to the CMHPSM Board

a. Board Information: FY2024-26 Strategic Plan Report
- J. Colaianne provided an update on the Strategic Plan.

b. Board Information: SUD Oversight Policy Board
- The most recent OPB meeting was in February.
- Some of meeting actions:
  - PA2 mini grant awarded
  - OPB discussed the RFP release, which happened this week.
  - 2 policies were approved.
  - The It Is Possible campaign was reviewed.

c. Board Information: CEO Report to the Board
   - J. Colaianne's written report includes updates from staff, regional and state levels. Please see the report in the board packet for details.

Monroe Update

- L. Graham provided an overview of Monroe's $3.6 million total deficit for FY23. Inpatient hospitalization and specialized residential were the 2 high cost services. L. Graham indicated that she had reported a $2 million deficit in the fall of 2023, and the final FY2023 deficit amount was calculated at the end of February 2024 and reported to ROC and the PIHP. Monroe is currently showing a Medicaid surplus for FY2024, and L. Graham is confident that the surplus will continue.
- The Incurred But Not Reported (IBNR) report was not included in forecasting before but is now built into Monroe's financial monitoring process.
- J. Ackley expressed concern with how long it took for Monroe to realize they were going into this deficit.
- L. Graham believes they have the processes in place now to identify any issues sooner.
- B. King questioned the confidence level of the PIHP CEO in the financial status of Monroe for FY2024.
- J. Colaianne provided some additional information on processes related to CMH financial status reporting and that the Regional Financial Stability & Risk Reserve policy will be under review prior to the June board of directors meeting.
- M. Serio asked for clarification on the length of the financial consultant contract in Monroe.
- L. Graham advised that she would like to eventually hire her own CFO, but it's very difficult to find the talent. She and the board will continue to evaluate on an annual basis. Currently, there is a 5-year contract with Rehman Robson for CFO service, but there is an early exit clause if Monroe decides to hire a CFO.

X. Adjournment

Motion by M. Welch Marahar, supported by J. Ackley, to adjourn the meeting
Motion carried

- The meeting was adjourned at 7:19 p.m.

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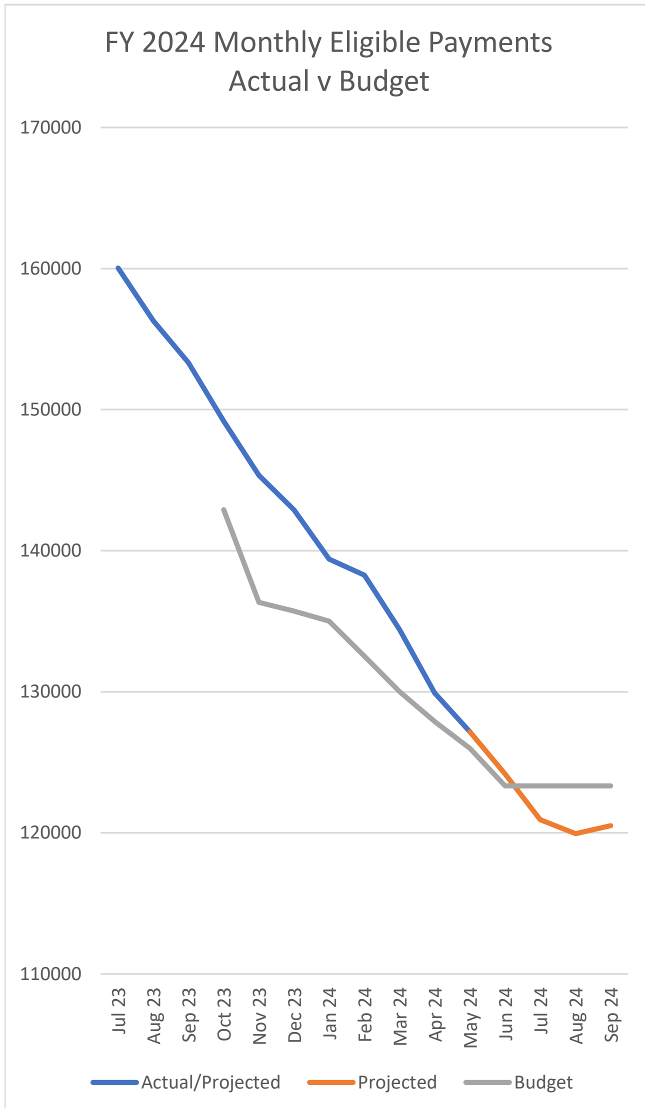
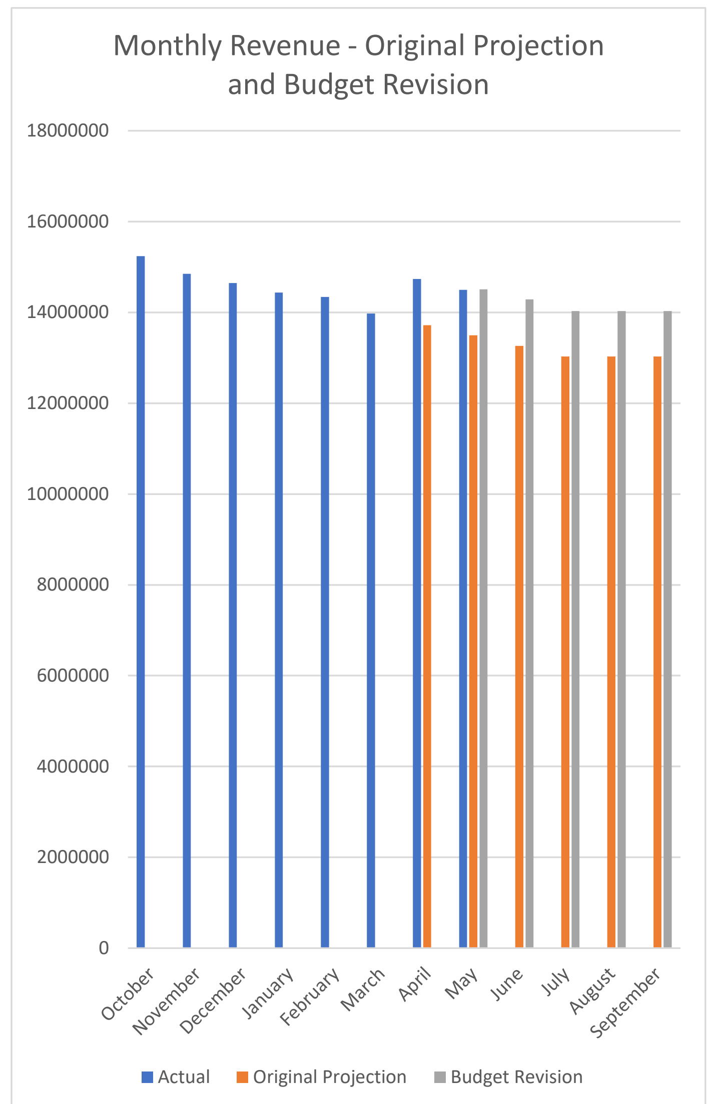
Rebecca Pasko, CMHPSM Board Secretary

DRAFT

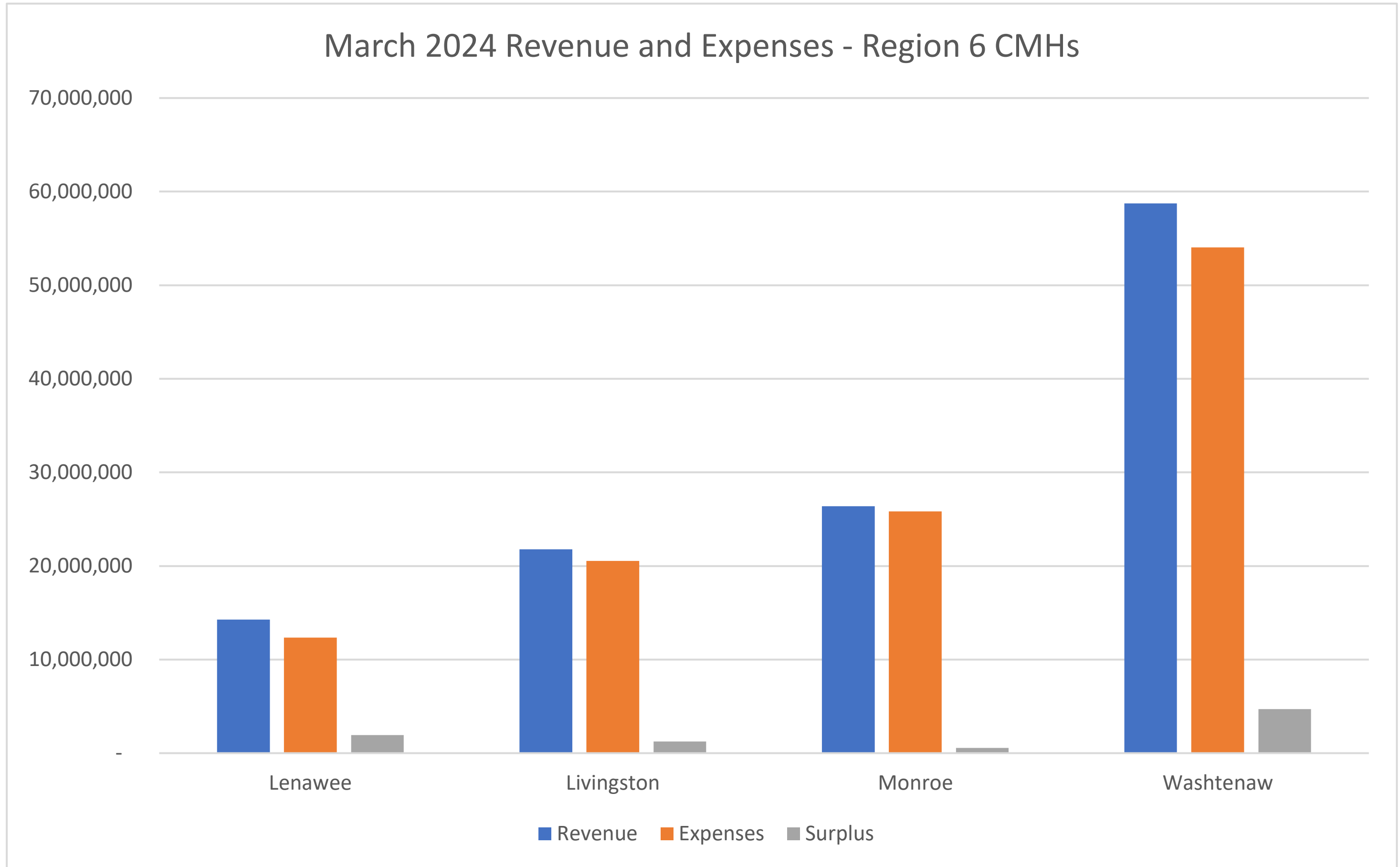
Community Mental Health Partnership of Southeast Michigan
Financial Summary for April 30, 2024





Operating Activities	Budget R1 FY 2024	YTD Budget	YTD Actual	Actual to Budget	Percent Variance	Projected Year-End	Projected to Budget
MH Medicaid Revenue	253,779,643	149,544,653	150,542,353	997,700	0.7%	253,779,643	-
MH Medicaid Expenses	250,021,112	145,445,595	145,911,568	(465,974)	-0.3%	250,261,501	-
MH Medicaid Net	3,758,531	4,099,058	4,630,785	531,727	13.0%	3,518,142	-
SUD/Grants Revenue	23,550,266	13,698,887	14,767,713	1,068,826	7.8%	23,942,433	392,167
SUD/Grants Expenses	22,005,574	12,781,486	13,781,255	(999,769)	-7.8%	22,005,574	-
SUD/Grants Net	1,544,692	917,401	986,458	69,057	-7.5%	1,936,859	392,167
PIHP							
PIHP Revenue	2,069,180	1,233,552	1,252,565	19,013	1.5%	2,069,180	-
PIHP Expenses	3,185,842	1,638,945	1,522,940	(116,004)	7.1%	3,185,842	-
PIHP Total	(1,116,662)	(405,393)	(270,375)	135,017	33.3%	(1,116,662)	-
Total Revenue	**279,399,089**	**164,477,091**	**166,562,631**	**2,085,540**	**1.3%**	**279,791,256**	**392,167**
Total Expenses	**275,212,528**	**159,866,025**	**161,215,764**	**(1,349,739)**	**-0.8%**	**275,452,917**	**240,389**
Total Net	**4,186,561**	**4,611,066**	**5,346,867**	**735,801**	**16.0%**	**4,338,339**	**151,778**

Regional CMH Revenue and Expenses
Regional Charts



March 2024	Lenawee	Livingston	Monroe	Washtenaw	Region
Medicaid Revenue	13,006,977	20,564,475	19,610,462	44,809,530	97,991,444
Healthy Michigan Revenue	1,268,908	1,233,855	1,204,839	3,077,628	6,785,230
CCBHC Revenue			5,572,671	10,858,818	16,431,489
Revenue Subtotal	14,275,885	21,798,330	26,387,972	58,745,976	121,208,163
Medicaid Expenses	(10,845,917)	(18,837,881)	(19,165,699)	(38,996,173)	(87,845,670)
Healthy Michigan Expenses	(1,512,401)	(1,709,199)	(1,128,912)	(3,743,380)	(8,093,892)
CCBHC Expenses			(5,548,647)	(11,310,922)	(16,859,569)
Expense Subtotal	(12,358,318)	(20,547,080)	(25,843,258)	(54,050,475)	(112,799,131)
TotalMedicaid/HMP Surplus(Deficit)	1,917,567	1,251,250	544,714	4,695,501	8,409,032
Surplus Percent of Revenue	14.7%	6.1%	2.8%	10.5%	8.6%

Community Mental Health Partnership of Southeast Michigan
Preliminary Statement of Revenue and Expenses Notes
Period Ending April 30, 2024

SUMMARY PAGE

1. The following chart compares the liquid assets of CMHPSM at the start of FY 2024 and at the end of the reporting period, April 30, 2024.

Asset Type	Description	September 2023	April 2024
Cash	Operations	4,225,892	6,248,552
	Total Cash	4,225,892	6,248,552
Investments	CD		
	Money Market	12,549,074	11,352,661
	US Treasuries	20,465,890	10,381,697
	Total Investments	33,014,964	21,734,357
Total Liquid Assets		37,240,856	27,982,910

Medicaid Mental Health

1. Medicaid revenue and expenses are both within 1% of budget.

Medicaid and Grant SUS

1. Substance Use revenue is about 7.8% over budget. This is mostly due to increased grant expenditures
2. Substance Use expenses are (7.8%) over budget. This is also due to increased grant spending.
3. This report shows use of the PA2 Reserve. We expect the reserve use to go away when we receive the third quarter PA2 payment. The third quarter is usually the largest payment of the year.

PIHP Administration

1. PIHP revenue is on budget.
2. PIHP expenses are below budget due to open positions and contract coming in below budget.

FY 2018 & FY 2019 DEFICIT UPDATE

The following charts were copied from the FY 23 Financial Audit presented to the Board in April of 2024.

Note 6 shows the amount of Funds held by the CMHs for Fiscal Year 2020, 2021 and 2022. These amounts will be cost settled when FY 2018 & 2019 are cost settled with the state.

Note 7 Shows the total amount due to the PIHP from MDHHS as of 9/20/22. This amount includes $10,997,115 due to the PIHP for Fiscal Year 2018 & 2019.

Note 10 shows the total amount due from the PIHP to the CMHs. This amount includes the $10,997,115 due from MDHHS. It does not include the $14,885,793 paid to the CMHs in October and November of 2023.

NOTE 6 - DUE FROM AFFILIATE PARTNERS

Due from other affiliate partners as of September 30th consists of the following:

Description	Amount
Lenawee Community Mental Health Authority	7,786,456
Community Mental Health Services of Livingston County	8,766,003
Monroe Community Mental Health Authority	1,287,300
Washtenaw County Community Mental Health	16,001,339
Totals	33,841,098

NOTE 7 - DUE FROM MDHHS

Due from MDHHS as of September 30th consists of the following:

Description	Amount
Due from MDHHS - PBIP/Withhold	2,260,510
Due from MDHHS - FY18 State Shared Risk	7,517,412
Due from MDHHS - FY19 State Shared Risk	3,479,703
Due from MDHHS - HRA 4th Quarter	1,465,772
Grants Receivable	3,375,324
Totals	18,098,721

NOTE 10 - DUE TO AFFILIATE PARTNERS

Due to Affiliate Partners as of September 30th consists of the following:

Description	Amount
Lenawee Community Mental Health Authority	107,250
Community Mental Health Services of Livingston County	3,853,816
Monroe Community Mental Health Authority	10,339,564
Washtenaw County Community Mental Health	16,808,548
Total	31,109,178

Community Mental Health Partnership of Southeast Michigan
Preliminary Statement of Revenues and Expenditures
For the Period Ending April 30, 2024

	Budget R1 FY 2024	YTD Budget	YTD Actual	Actual to Budget	Percent Variance	Projected Year-End	Projected O(U) Budget
MEDICAID							
MEDICAID REVENUE							
Medicaid/Medicaid CCBHC	128,391,843	74,895,242	75,472,965	577,723	0.8%	128,391,843	-
Medicaid Waivers	61,704,640	35,994,373	35,845,527	(148,847)	-0.4%	61,704,640	-
HMP/HMP CCBHC	14,272,296	8,325,506	8,652,993	327,487	3.9%	14,272,296	-
Medicaid Autism	17,600,547	10,266,986	10,453,459	186,474	1.8%	17,600,547	-
Prior Year Carry Forward	3,849,666	3,849,666	3,849,666	-	0.0%	3,849,666	-
Prior Year Recovery	(345,001)	(258,751)	(258,751)	-	0.0%	(345,001)	-
Behavioral Health Home	1,213,586	707,925	600,164	(107,761)	-15.2%	1,213,586	-
CCBHC	21,692,066	12,653,705	12,816,329	162,624	1.3%	21,692,066	-
HRA Revenue	5,400,000	3,110,000	3,110,000	-	0.0%	5,400,000	-
Medicaid Revenue	**253,779,643**	**149,544,653**	**150,542,353**	**997,700**	**0.7%**	**253,779,643**	**-**
MEDICAID EXPENDITURES							
IPATax	2,481,014	1,087,204	1,087,204	-	0.0%	2,481,014	-
HRA Payments	5,400,000	3,110,000	3,110,000	-	0.0%	5,400,000	-
Lenawee CMH						-	-
Medicaid (b) & 1115i	17,931,110	10,459,814	10,423,357	36,457	0.3%	17,931,110	-
Medicaid Waivers	7,197,756	4,198,691	4,110,715	87,976	2.1%	7,197,756	-
Healthy Michigan Expense	2,537,816	1,480,393	1,480,393	(0)	0.0%	2,537,816	-
Autism Medicaid	1,096,819	639,811	639,811	0	0.0%	1,096,819	-
Behavioral Health Homes	51,164	29,846	25,582	4,264	14.3%	51,164	-
DHIP		-	28,063	(28,063)		56,126	56,126
Lenawee CMH Total	**28,814,665**	**16,808,555**	**16,707,921**	**100,634**	**0.6%**	**28,870,791**	**56,126**
Livingston CMH							-
Medicaid (b) & 1115i	26,133,028	15,244,266	15,171,350	72,916	0.5%	26,133,028	-
Medicaid Waivers	9,929,468	5,792,190	5,764,457	27,732	0.5%	9,929,468	-
Healthy Michigan Expense	2,467,711	1,439,498	1,439,498	0	0.0%	2,467,711	-
Autism Medicaid	5,309,239	3,097,056	3,097,056	0	0.0%	5,309,239	-
Behavioral Health Homes	76,122	44,405	38,061	6,343	14.3%	76,122	
DHIP		-	55,067	(55,067)		110,134	110,134
Livingston CMH Total	**43,915,568**	**25,617,415**	**25,565,490**	**51,925**	**0.2%**	**44,025,702**	**110,134**
Monroe CMH							-
Medicaid	22,189,214	12,943,708	12,870,792	72,916	0.6%	22,189,214	-
Medicaid Waivers	11,799,227	6,882,882	6,767,230	115,652	1.7%	11,799,227	-
Healthy Michigan	2,860,301	1,668,509	1,668,509	(0)	0.0%	2,860,301	-
Autism Medicaid	2,066,470	1,205,441	1,205,441	0	0.0%	2,066,470	-
CCBHC Supplemental	7,191,388	4,194,976	4,793,117	(598,140)	-14.3%	7,191,388	-
CCBHC Base Capitation	6,000,000	3,500,000	3,500,000	-	0.0%	6,000,000	-
Behavioral Health Homes	335,062	195,453	167,531	27,922	14.3%	335,062	-
DHIP		-	27,534	(27,534)		55,067	55,067
Monroe CMH Total	**52,441,662**	**30,590,970**	**31,000,153**	**(409,184)**	**-1.3%**	**52,496,729**	**55,067**
							-
Washtenaw CMH							-
Medicaid	49,969,192	29,148,695	29,002,863	145,833	0.5%	49,969,192	-
Medicaid Waivers	32,610,867	19,023,006	18,640,349	382,657	2.0%	32,610,867	-
Healthy Michigan Expense	6,155,256	3,590,566	3,590,566	-	0.0%	6,155,256	-
Autism Medicaid	7,423,397	4,330,315	4,330,315	(0)	0.0%	7,423,397	-
CCBHC Supplemental	11,800,970	6,883,899	7,654,583	(770,684)	-11.2%	11,800,970	-
CCBHC Base Capitation	8,500,000	4,958,333	4,958,333	-	0.0%	8,500,000	
Behavioral Health Homes	508,521	296,637	254,260	42,377	14.3%	508,521	-
DHIP		-	9,531	(9,531)		19,062	19,062
Washtenaw CMH Total	**116,968,203**	**68,231,452**	**68,440,801**	**(209,349)**	**-0.3%**	**116,987,265**	**19,062**
Medicaid Expenditures	**250,021,112**	**145,445,595**	**145,911,568**	**(465,974)**	**-0.3%**	**250,261,501**	**240,389**
Medicaid Total	**3,758,531**	**4,099,058**	**4,630,785**	**531,727**	**13.0%**	**3,518,142**	**(240,389)**

Community Mental Health Partnership of Southeast Michigan
Preliminary Statement of Revenues and Expenditures
For the Period Ending April 30, 2024

	Budget R1 FY 2024	YTD Budget	YTD Actual	Actual to Budget	Percent Variance	Projected Year-End	Projected O(U) Budget
SUD/GRANTS							
SUD/GRANTS REVENUE							
Healthy Michigan Plan SUD	8,667,532	5,056,060	5,270,160	214,100	4.2%	9,034,560	367,028
Medicaid SUD	4,172,534	2,433,978	2,424,835	(9,143)	-0.4%	4,156,861	(15,673)
PA2 - Tax Revenue (Est)	1,397,444	776,407	776,407	(0)	0.0%	1,397,444	-
PA2 - Use of Reserve (Est)	0	-	236,067	236,067	0.0%	0	-
Federal/State Grants	8,702,756	5,076,608	5,683,736	607,129	12.0%	8,743,568	40,812
Opioid Health Homes	610,000	355,833	376,508	20,675	5.5%	610,000	-
SUD/Grants REVENUE	**23,550,266**	**13,698,887**	**14,767,713**	**1,068,826**	**7.8%**	**23,942,433**	**392,167**
				0			
SUD/GRANTS EXPENDITURES				0			
SUD Administration							
Salaries & Fringes	1,227,918	661,187	582,529	(78,658)	11.9%	1,227,918	-
Indirect Cost Recovery	(427,500)	(249,375)	(210,546)	38,829	15.6%	(427,500)	-
SUD Administration	**800,418**	**411,812**	**371,983**	**(39,829)**	**-9.7%**	**800,418**	**-**
Lenawee SUD Services	1,911,748	1,115,186	1,181,145	65,959	-5.9%	1,911,748	-
Livingston SUD Services	2,250,253	1,312,648	1,347,343	34,695	-2.6%	2,250,253	-
Monroe SUD Services	3,731,736	2,176,846	2,339,965	163,119	-7.5%	3,731,736	-
Washtenaw SUD Services	7,709,340	4,497,115	4,736,995	239,880	-5.3%	7,709,340	-
Opioid Health Homes	488,000	284,667	237,172	(47,495)	16.7%	488,000	-
Veteran Navigation	205,383	119,807	109,542	(10,265)	8.6%	205,383	-
COVID Grants	2,655,383	1,548,973	1,794,160	245,186	-15.8%	2,655,383	-
SOR	1,998,619	1,165,861	1,296,386	130,525	-11.2%	1,998,619	-
Gambling Prevention Grant	24,520	14,303	31,900	17,597	-123.0%	24,520	-
Tobacco/Other	90,880	53,013	208,891	155,877	-294.0%	90,880	-
Women's Specialty Services	139,294	81,255	125,775	44,520	-54.8%	139,294	-
		-					
SUD/Grants Expenditures	**22,005,574**	**12,781,486**	**13,781,255**	**(999,769)**	**-7.8%**	**22,005,574**	**-**
SUD/Grants Total	**1,544,692**	**917,401**	**986,458**	**69,057**	**-7.5%**	**1,936,859**	**392,167**
PIHP							
PIHP REVENUE							
Incentives (Est)	1,890,000	1,102,500	1,102,500	-	0.0%	1,890,000	-
Local Match	159,180	119,385	119,385	-	0.0%	159,180	-
Other Income	20,000	11,667	30,680	19,013	163.0%	20,000	-
PIHP Revenue	**2,069,180**	**1,233,552**	**1,252,565**	**19,013**	**1.5%**	**2,069,180**	**-**
PIHP EXPENDITURES							
PIHP Admin							
Local Match	159,180	92,855	119,385	26,530	0.0%	159,180	-
Salaries & Fringes	1,801,909	831,650	762,020	(69,630)	-8.4%	1,801,909	-
Contracts	797,672	465,309	416,677	(48,632)	-10.5%	797,672	-
Other Expenses	424,081	247,381	224,365	(23,016)	-9.3%	424,081	-
PIHP Admin	**3,182,842**	**1,637,195**	**1,522,447**	**(114,748)**	**7.0%**	**3,182,842**	**-**
							-
Board Expense	3,000	1,750	493	(1,257)	-71.8%	3,000	-
PIHP Expenditures	**3,185,842**	**1,638,945**	**1,522,940**	**(116,004)**	**7.1%**	**3,185,842**	**-**
PIHP Total	**(1,116,662)**	**(405,393)**	**(270,375)**	**135,017**	**-33.3%**	**(1,116,662)**	**-**
							-
Organization Total	**4,186,561**	**4,611,066**	**5,346,867**	**735,801**	**16.0%**	**4,338,339**	**151,778**
Totals							
Revenue	279,399,089	164,477,091	166,562,631	2,085,540	**-1.3%**	279,791,256	392,167
Expenses	275,212,528	159,866,025	161,215,764	(1,349,739)	**0.8%**	275,452,917	240,389
Net	4,186,561	4,611,066	5,346,867	735,801	**16.0%**	4,338,339	151,778

CMHPSM REGION SIX CMHSP PARTNERS

Lenawee Community Mental Health Authority

Livingston County Community Mental Health Authority

Monroe County Community Mental Health Authority

Washtenaw County Community Mental Health

CMHPSM BOARD OF DIRECTORS

Judy Ackley
Patrick Bridge
Rebecca Curley
LaMar Frederick
Bob King
Molly Welch Marahar
Rebecca Pasko
Mary Pizzimenti
Alfreda Rooks
Mary Serio
Annie Somerville
Holly Terrill
Ralph Tillotson

CMHPSM CEO

James Colaianne

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN (REGION 6) REGIONAL BOARD OF DIRECTORS RESOLUTION OPPOSING THE MDHHS PROPOSED IMPLEMENTATION OF CONFLICT FREE ACCESS AND PLANNING IN THE PUBLIC BEHAVIORAL HEALTH SYSTEM

WHEREAS, the Community Mental Health Partnership of Southeast Michigan (CMHPSM) is a regional entity created in 2014 by four (4) Community Mental Health Service Programs (CMHSPs): Lenawee Community Mental Health Authority, Livingston County Community Mental Health Authority, Monroe County Community Mental Health Authority and Washtenaw County Community Mental Health, to serve as the Pre-Paid Inpatient Health Plan (PIHP) for Lenawee, Livingston, Monroe and Washtenaw counties.

WHEREAS, the CMHPSM is engaged in a Medicaid specialty services contract with the Michigan Department of Health and Human Services (MDHHS) to provide services within our four-county region, which has been designated by MDHHS as Region Six (6).

WHEREAS, the CMHPSM Regional Board of Directors includes three (3) members appointed by each of the four CMHSPs within our region, and one (1) member appointed by our Regional Substance Use Disorder Oversight Policy Board. Per the Michigan Mental Health Code, at minimum 50% of our Regional Board members are individuals with primary and/or secondary experience with public behavioral health services.

WHEREAS, the CMHPSM Regional Board of Directors unanimously passed a resolution in June 2023 opposing all four models proposed by MDHHS, and the recent decisions announced by MDHHS in March and April 2024 are not substantially different from those models.

WHEREAS, in March and April 2024 MDHHS has announced its decision to require CMHSPs to separate service assessment and planning from service delivery, requiring beneficiaries to receive the assessment and planning services from one entity and ongoing direct services from another, separate entity by October 1, 2024.

WHEREAS, the April 2024 MDHHS decision proposed conflict free access and planning systemic changes:

- Creates barriers to access to care instead of improving access to care.
- Imparts an additional unneeded layer of bureaucracy between consumers/individuals served and service delivery.
- Ignores, at best, and disregards, at worst, input from persons with lived experience that have consistently stated that the available procedural safeguards are preferable to systemic/structural upheaval inherent in MDHHS announced decisions;
- Creates unnecessary and inefficient systemic changes, including the potential to increase navigational barriers for persons served, when structures already exist that meet conflict free access and planning in the public behavioral health system;
- Is in conflict with the statutory responsibilities of CMHSPs under Michigan law;
- Erroneously implies profit-driven or undue enrichment motives on the part of governmental entities (CMHSPs and PIHPs) instead of recognizing what is actually a formal transfer of governmental responsibility from the State to the Counties for the delivery of public behavioral health services;

- Ignores the capitation-based financing of the Michigan public behavioral health system, which is actuarily calculated on a regional population basis and does not vary by volume of individuals served by a CMHSP versus an external provider negating any conflicts of interest in service planning and service delivery;
- Ignores Michigan's current PIHP shared risk (with MDHHS) financing system which already mitigates against conflict and self-interest;
- Is in conflict with the Certified Community Behavioral Health Clinic (CCBHC) model currently being implemented and expanded in Michigan;
- Does not include a realistic timeline to implement, notwithstanding all of the other issues with the proposed plan.

WHEREAS, the four (4) CMHSPs in Region 6, and the CMHPSM, are all governmental entities operating without profit retention in delivering medically necessary behavioral health services to qualified individuals within Region 6, directly or through contracts with external service provider entities.

THEREFORE, BE IT RESOLVED that for the reasons expressed herein, the Community Mental Health Regional Board of Directors strongly opposes the MDHHS announced structural strategy for compliance with the federal Conflict Free Access and Planning Rules.

BE IT FURTHER UNANIMOUSLY RESOLVED THAT the CMHPSM Board of Directors requests MDHHS reconsider its current direction and to honor CMS waiver approval of procedural mitigation of conflict, and to pursue CMS approval of strengthened procedural safeguards against conflict of interest in Michigan. The CMHPSM Regional Board urges further dialogue between MDHHS and the PIHP/CMHSP system in identifying controls, procedures, and/or separations of duties that currently exist or that could be potentially expanded upon without a wholesale upheaval of the public behavioral health system.

On behalf of the Community Mental Health Partnership of Southeast Michigan Board of Directors by its Officers:

____

Bob King, CMHPSM Board Chairperson

Washtenaw County Community Mental Health

____

Judy Ackley, CMHPSM Vice-Chairperson

Lenawee Community Mental Health Authority

____

Rebecca Pasko, CMHPSM Secretary

Monroe County Community Mental Health Authority

Attachment #3a – June 2024

Regional Board Action Request – Conflict Free Access and Planning Resolution

Board Meeting Date:	June 12, 2024
Action Requested:	Approval for the Officers of the CMHPSM Board of Directors to sign the attached resolution and for CMHPSM staff to submit the resolution to MDHHS and other relevant stakeholders.
Background:	MDHHS has announced its decision to require CMHSPs to separate service assessment and planning from service delivery, requiring beneficiaries to receive the assessment and planning services from one entity and ongoing direct services from another, separate entity by October 1, 2024.
Connection to:	MDHHS/PIHP Master Contract
Recommend:	Approval

Attachment #4 – June 2024

Regional Board Action Request – Office Space Lease Option Extension Notice

Board Meeting Date:	June 12, 2024
Action Requested:	Approve the CMHPSM CEO to initiate a letter exercising the CMHPSM option to renew our lease at 3005 Boardwalk for five years at 3% annual increases.
Background:	The CMHPSM entered into a five-year and three-month lease for our office space at 3005 Boardwalk, Suite 200, Ann Arbor MI 48108 in October 2019 with an option for an additional five (5) years at 3% annual increases. Year 5 = April 1, 2024 - March 31, 2025: $135,059.64 Option Year 1: (+3%) $139,111.43 Option Year 2: (+3%) $143,284.77 Option Year 3: (+3%) $147,583.32 Option Year 4: (+3%) $152,010.81 Option Year 5: (+3%) $156,571.14
Connection to:	PIHP/MDHHS Contract, AFP, Regional Strategic Plan and Shared Governance Model
Recommend:	Approval

Attachment #5 – June 2024

Regional Board Action Request – Reclassification of CMHPSM Position #127

Board Meeting Date:	June 12, 2024
Action Requested:	Approve the re-classification of position #127 Operations Specialist (Tier B) to #127 Quality Manager (Tier C) effective July 8, 2024.
Background:	The CMHPSM Leadership team has assessed a revised job description and reviewed the position's responsibilities utilizing the CMHPSM Classification and Compensation Position Point Factor Assessment. The revised job description has been included in the Board packet and has been scored within the Tier C range. In FY2024, Tier B positions have a salary range of $56,952-$81,057 and Tier C positions have a salary range of $60,363-$87,535.

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

The Compliance and Quality Manager position has been revised to solely focus on regional compliance activities and the quality focused activities will be moved to the Quality Manager position.

Recommend: Approval

Community Mental Health Partnership of Southeast Michigan
Job Description

Job Title: ~~Operations Specialist~~Quality Manager

Supervision Received: Chief Operating Officer

Tier: ~~B~~C

Starting Salary Range: ~~56,952 – 81,057~~$60,363 – $70,538

FLSA Exempt Status: Exempt

Full Salary Range: $60,363 (Step 0) – $87,535 (Step 8)

Last Updated: ~~October 2, 2023~~

Position Status: Full-time

Job Summary

Under administrative supervision of the Chief Operating Officer, the ~~Operations Specialist~~Quality Manager coordinates operations for the Community Mental Health Partnership of Southeast Michigan, a four-county prepaid inpatient health plan. The o~~O~~perations department handles a broad range of organizational activities including both internal projects and external contracting and monitoring functions with the provider network. The ~~Operations Specialist~~Quality Manager manages and coordinates certain functions related to maintaining contracts, regional provider network data, internal and external communications, procurement, customer service, quality improvement, monitoring and auditing. The ~~Regional Operations Specialist~~Quality Manager provides organization and operational skills across the four-county region and with external partners/stakeholders to ensure structures, composition and workplans support consistent implementation of these functions.

Essential Duties and Responsibilities

- Obtain, process, analyze, organize, and produce reports from various data sets utilized within the role.
- Interpret and communicate work procedures and company policies to internal and external employees.
- Maintain general organization and file management of regional operation functions including provider contracts, administrative contracts, provider communications, coordinating and submission of regional information to MDHHS or other payer organizations
- Compile data from multiple sources, generate reports, identify, and correct errors or discrepancies, and review against reporting submission criteria
- Communicate with external agencies to discuss and clarify data submission requirements; ensure adjustments are made when notified of changes to reporting requirements or procedures
- Make decisions about which data meet reporting requirements; ensure data are included on correct report and document reasons for decision to include/exclude
- Provide direction on data collection procedures to improve quality of data
- Provide regional and state partners with data that facilitates the provision of the highest quality of service
- Facilitate regional meetings to ensure information is disseminated, resources are available, and issues are resolved
- Diagnose, analyze, and resolve problems with systems and processes; determine and correct root causes
- Engage in process improvement activities to maintain complete and accurate data
- Review reports received from external agencies; identify and correct errors or discrepancies in data
- Meet with staff or providers to review and interpret data and reports
- Monitor data entry, assess training needs to improve reporting process; design and deliver training to staff and provider
- Develop, implement, and maintain processes to track and maintain contract functions, including but not limited to maintaining templates, ensuring execution of contracts, and tracking and reporting contract data.

- Develop, implement, and maintain processes related to provider network adequacy including contractual compliance, service analyses, financial reimbursement analyses, general and targeted provider communications and other operational initiatives.
- Develop, implement, and maintain processes related to vendor and service procurement and purchasing.
- Develop, implement, and maintain processes to track and manage PIHP auditing functions, including but not limited to assisting with audits, compilation of data, and outcomes/reporting writing, and monitoring corrective action plans.
- Develop, implement, and maintain processes to track and manage customer services data, including but not limited to assisting with data cleaning, data entry, compilation of data, and data reporting.
- Develop, implement, and maintain processes to track and manage PIHP quality improvement functions, including but not limited to assisting with data cleaning, data entry, compilation of data, and data reporting.
- Develop and monitor the phases of projects within the organization. Provide planning, budgeting, monitoring and reporting of individual projects. The CMHPSM administers a variety of internal, regional, external projects from ad-hoc one-time projects to sustained long-term initiatives.

Quality Management

- Oversee the development and implementation of the CMHPSM Quality Assessment and Performance Improvement Program (QAPIP) description, annual plan and evaluation, and quarterly reporting.
  - Oversee the development and implementation of the CMHPSM Quality Assessment and Performance
  - Improvement Program (QAPIP) workplan, including data analysis, performance measures, and any needed regional or local actions to achieve performance measures.
  - Oversees the development and implementation of state and federal ~~perfoamnce~~performance improvement projects, including project development and analysis, use of assurance
- Ensures performance assessments are conducted at each partnering CMHSP.
- Ensures quality and performance improvement measures are implemented and monitoring of compliance and corrective action plans with these standards are followed by the CMHSP and SUD provider network.
- Ensures regulatory and corporate compliance is managed in relationship to quality and performance improvement functions.
- Ensures research and program evaluation protocols are followed and administered.
- Ensures quality improvement activities are implemented.
- Provides leadership and PIHP-level monitoring in the analysis of critical incidents, risk events and sentinel events in the CMHSP and SUD systems of care
- Provides leadership to the regional committees in the areas of quality and performance improvement, including regional committees and state councils/work groups.
- Works in collaboration with CMHPSM information systems and Information Management staff in addressing quality management related to IT/IS functions in the region.

Supervisory Responsibilities

- This position does not supervise other employees but may direct, schedule or train other positions as directed by the COO.

Other Duties and Responsibilities

- Special projects, as assigned
- Other duties as requested, directed, or assigned

Education and Experience Requirements

- Equivalent to a bachelor's degree in Public Administration, Business Administration, Project Management, Contract Management, Operations Management, Social Work or other closely related fields

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At least one year of related experience; experience in a public agency or healthcare agency, preferred

- Or any equivalent combination of education, experience, and training that provides the required knowledge, skills, and abilities

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Competencies Required

- Knowledge of business and management principles involved in strategic planning, resource allocation, leadership technique and coordination of people and resources
- Knowledge of applicable laws, regulations, policies and procedures and ability to interpret and disseminate information
- Must be proficient in Microsoft Excel, Word, Outlook, proficiency in PowerPoint, Publisher, Visio a plus
- Ability to maintain composure and display tact and professionalism in all interactions
- Knowledge of reporting requirements, as defined by state and federal entities
- Knowledge of applicable laws and regulations and ability to interpret and disseminate information
- Skill in evaluating information to determine compliance with standards
- Ability to understand implications of new information for current and future decision-making
- Ability to identify, analyze and solve complex problems
- Skill in working with large amounts of data or information, interpreting records, identifying trends, detecting errors and preparing reports
- Ability to make timely decisions using sound and accurate judgment
- Skill in consulting with others when planning, making decisions and improving processes
- Ability to think strategically, identify threats and opportunities and plan for future needs
- Knowledge of the principles and application of project management and change management
- Skill in resolving conflict and negotiating
- Ability to keep commitments and take responsibility for own actions
- Ability to organize, prioritize and plan work activities and projects to meet deadlines
- Ability to work independently and collaborate as part of a team
- Ability to make timely decisions using sound and accurate judgment within specified constraints
- Ability to build and maintain effective working relationships with others
- Ability to express ideas effectively and adapt message to audience orally and in writing
- Ability to adapt to frequently changing circumstances and demands
- Ability to gather and or analyze data sets
- Ability to organize large amounts of documentation for data reporting or auditing purposes
- Ability to adapt verbal or written communication style to broad audience
- Ability to initiate and manage projects with little direction
- Ability to apply strategic thinking to complex situations
- Attention to detail and quality
- Ability to motivate self to complete tasks with minimal supervision
- Ability to interpret and apply policies and procedures appropriately
- Knowledge of safety and security principles and a commitment to safety and security

Physical Demands and Work Environment

The physical demands and work environment described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Duties require sufficient mobility to work in a normal office setting and use standard office equipment including a computer, vision to read printed materials and a computer screen and hearing and speech sufficient to communicate in person or over the telephone.

Special Position Requirements
This position requires possession of a valid Michigan driver's license or method of transportation to travel within the CMHPSM region and to meetings outside of the region when requested.

Please note this job description is not designed to cover or contain a comprehensive listing of activities, duties or responsibilities that are required of the employee for this job. Duties, responsibilities, and activities may change at any time with or without notice.

This document does not create an employment contract, implied or otherwise, other than an "at will" relationship.

This job description has been approved by the Chief Executive Officer:

Signature_________________________________ Date __________________________

Employee signature below constitutes employee's understanding of the requirements, essential functions and duties of the position.

Name _________________________________

Signature_______________________________ Date __________________________

Community Mental Health Partnership of Southeast Michigan
Job Description

Job Title: Quality Manager

Supervision Received: Chief Operating Officer

Tier: C

Starting Salary Range: $60,363 – $70,538

FLSA Exempt Status: Exempt

Full Salary Range: $60,363 (Step 0) – $87,535 (Step 8)

Last Updated:

Position Status: Full-time

Job Summary
Under administrative supervision of the Chief Operating Officer (COO), the Quality Manager coordinates operations for the Community Mental Health Partnership of Southeast Michigan, a four-county prepaid inpatient health plan. The operations department handles a broad range of organizational activities including both internal projects and external contracting and monitoring functions with the provider network. The Quality Manager manages and coordinates certain functions related to maintaining contracts, regional provider network data, internal and external communications, procurement, customer service, quality improvement, monitoring and auditing. The Quality Manager provides organization and operational skills across the four-county region and with external partners/stakeholders to ensure structures, composition and workplans support consistent implementation of these functions.

Essential Duties and Responsibilities
- Obtain, process, analyze, organize, and produce reports from various data sets utilized within the role.
- Interpret and communicate work procedures and company policies to internal and external employees.
- Maintain general organization and file management of regional operation functions including provider contracts, administrative contracts, provider communications, coordinating and submission of regional information to MDHHS or other payer organizations
- Compile data from multiple sources, generate reports, identify, and correct errors or discrepancies, and review against reporting submission criteria
- Communicate with external agencies to discuss and clarify data submission requirements; ensure adjustments are made when notified of changes to reporting requirements or procedures
- Make decisions about which data meet reporting requirements; ensure data are included on correct report and document reasons for decision to include/exclude
- Provide direction on data collection procedures to improve quality of data
- Provide regional and state partners with data that facilitates the provision of the highest quality of service
- Facilitate regional meetings to ensure information is disseminated, resources are available, and issues are resolved
- Diagnose, analyze, and resolve problems with systems and processes; determine and correct root causes
- Engage in process improvement activities to maintain complete and accurate data
- Review reports received from external agencies; identify and correct errors or discrepancies in data
- Meet with staff or providers to review and interpret data and reports
- Monitor data entry, assess training needs to improve reporting process; design and deliver training to staff and provider
- Develop, implement, and maintain processes to track and maintain contract functions, including but not limited to maintaining templates, ensuring execution of contracts, and tracking and reporting contract data.

- Develop, implement, and maintain processes related to provider network adequacy including contractual compliance, service analyses, financial reimbursement analyses, general and targeted provider communications and other operational initiatives.
- Develop, implement, and maintain processes related to vendor and service procurement and purchasing.
- Develop, implement, and maintain processes to track and manage PIHP auditing functions, including but not limited to assisting with audits, compilation of data, and outcomes/reporting writing, and monitoring corrective action plans.
- Develop, implement, and maintain processes to track and manage customer services data, including but not limited to assisting with data cleaning, data entry, compilation of data, and data reporting.
- Develop, implement, and maintain processes to track and manage PIHP quality improvement functions, including but not limited to assisting with data cleaning, data entry, compilation of data, and data reporting.
- Develop and monitor the phases of projects within the organization. Provide planning, budgeting, monitoring and reporting of individual projects. The CMHPSM administers a variety of internal, regional, external projects from ad-hoc one-time projects to sustained long-term initiatives.

<u>Quality Management</u>

- Oversee the development and implementation of the CMHPSM Quality Assessment and Performance Improvement Program (QAPIP) description, annual plan and evaluation, and quarterly reporting.
  - Oversee the development and implementation of the CMHPSM Quality Assessment and Performance
  - Improvement Program (QAPIP) workplan, including data analysis, performance measures, and any needed regional or local actions to achieve performance measures.
  - Oversees the development and implementation of state and federal performance improvement projects, including project development and analysis, use of assurance
- Ensures performance assessments are conducted at each partnering CMHSP.
- Ensures quality and performance improvement measures are implemented and monitoring of compliance and corrective action plans with these standards are followed by the CMHSP and SUD provider network.
- Ensures regulatory and corporate compliance is managed in relationship to quality and performance improvement functions.
- Ensures research and program evaluation protocols are followed and administered.
- Ensures quality improvement activities are implemented.
- Provides leadership and PIHP-level monitoring in the analysis of critical incidents, risk events and sentinel events in the CMHSP and SUD systems of care
- Provides leadership to the regional committees in the areas of quality and performance improvement, including regional committees and state councils/work groups.
- Works in collaboration with CMHPSM information systems and Information Management staff in addressing quality management related to IT/IS functions in the region.

Supervisory Responsibilities

- This position does not supervise other employees but may direct, schedule or train other positions as directed by the COO.

Other Duties and Responsibilities

- Special projects, as assigned
- Other duties as requested, directed, or assigned

Education and Experience Requirements

- Equivalent to a bachelor’s degree in Public Administration, Business Administration, Project Management, Contract Management, Operations Management, Social Work or other closely related fields
- At least one year of related experience

- Or any equivalent combination of education, experience, and training that provides the required knowledge, skills, and abilities

Competencies Required

- Knowledge of business and management principles involved in strategic planning, resource allocation, leadership technique and coordination of people and resources
- Knowledge of applicable laws, regulations, policies and procedures and ability to interpret and disseminate information
- Must be proficient in Microsoft Excel, Word, Outlook, proficiency in PowerPoint, Publisher, Visio
- Ability to maintain composure and display tact and professionalism in all interactions
- Knowledge of reporting requirements, as defined by state and federal entities
- Knowledge of applicable laws and regulations and ability to interpret and disseminate information
- Skill in evaluating information to determine compliance with standards
- Ability to understand implications of new information for current and future decision-making
- Ability to identify, analyze and solve complex problems
- Skill in working with large amounts of data or information, interpreting records, identifying trends, detecting errors and preparing reports
- Ability to make timely decisions using sound and accurate judgment
- Skill in consulting with others when planning, making decisions and improving processes
- Ability to think strategically, identify threats and opportunities and plan for future needs
- Knowledge of the principles and application of project management and change management
- Skill in resolving conflict and negotiating
- Ability to keep commitments and take responsibility for own actions
- Ability to organize, prioritize and plan work activities and projects to meet deadlines
- Ability to work independently and collaborate as part of a team
- Ability to make timely decisions using sound and accurate judgment within specified constraints
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- Ability to express ideas effectively and adapt message to audience orally and in writing
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- Ability to adapt verbal or written communication style to broad audience
- Ability to initiate and manage projects with little direction
- Ability to apply strategic thinking to complex situations
- Attention to detail and quality
- Ability to motivate self to complete tasks with minimal supervision
- Ability to interpret and apply policies and procedures appropriately
- Knowledge of safety and security principles and a commitment to safety and security

Physical Demands and Work Environment

The physical demands and work environment described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Duties require sufficient mobility to work in a normal office setting and use standard office equipment including a computer, vision to read printed materials and a computer screen and hearing and speech sufficient to communicate in person or over the telephone.

Special Position Requirements
This position requires possession of a valid Michigan driver's license or method of transportation to travel within the CMHPSM region and to meetings outside of the region when requested.

Please note this job description is not designed to cover or contain a comprehensive listing of activities, duties or responsibilities that are required of the employee for this job. Duties, responsibilities, and activities may change at any time with or without notice.

This document does not create an employment contract, implied or otherwise, other than an "at will" relationship.

This job description has been approved by the Chief Executive Officer:

Signature_________________________________ Date __________________________

The signature below constitutes the employee's understanding of the requirements, essential functions and duties of the position.

Name _________________________________

Signature_______________________________ Date ___________________________

Attachment #6 – June 2024

Regional Board Action Request – Business Expense Reimbursement

Board Meeting Date:	June 12, 2024
Action Requested:	Approval of Business Expense Reimbursement Board Governance Policy
Background:	The previous operational procedure was out-of-date and did not include Board members as eligible individuals for business expense reimbursement. As the revised policy would apply to CMHPSM employees, Board members, Interns, and Volunteers we propose a transition to a Board Governance Policy. A copy of the current operational policy / procedure is attached and would be revoked effective June 30, 2024 with approval of this Business Expense Reimbursement policy.

Connection to PIHP/MDHHS Contract, Regional Strategic Plan or Shared Governance Model: The CMHPSM Regional Board of Directors provides oversight of CMHPSM implementation of the PIHP/MDHHS Contract through the CMHPSM Governance Policy Manual and Board Governance policies.

Recommend: Approval

Community Mental Health Partnership of Southeast Michigan		***Policy:*** ***Business Expense Reimbursement***
CMHPSM Board Governance		
Original Approval Date: 6/12/2024?	Date of Board Approval: 6/12/2024?	Date of Implementation: 7/1/2024

I. POLICY/PURPOSE

The Community Mental Health Partnership of Southeast Michigan (CMHPSM) recognizes that eligible individuals associated with the CMHPSM may have business related expenses that necessitate financial reimbursement. The CMHPSM is a governmental entity entrusted with managing taxpayer funds that are used to support vital services for individuals with mental health, intellectual or developmental disabilities, and/or substance use disorders within our region. All expenses covered by this policy should reflect our stewardship of these funds. Violations of the standards within this policy may result in disciplinary action, intentional abuses of the standards within this policy may be grounds for immediate termination.

It is the policy of the CMHPSM that all pre-approved expenses incurred by eligible individuals that meet the standards identified within this policy will be eligible for appropriate reimbursement. Expenses generally fit within the following categories: general work-related mileage, pre-approved event or conference travel expenses, or pre-approved programmatic reimbursable business expenses initially covered by non-CMHPSM funds. Eligible individuals shall utilize all required processes and forms, and meet all standards outlined within this policy to be eligible for reimbursement.

II. REVISION HISTORY

DATE	MODIFICATION
6/12/2024	Transition from Operational Procedure to Board Governance Policy
6/16/2016	CMHPSM Operational Procedure Created

III. APPLICATION

This policy applies to the individuals or groups identified:

☒ CMHPSM PIHP Staff, Board Members, Interns & Volunteers
☐ Regional Partner CMHSP Staff, Board Members, Interns & Volunteers
Service Providers of the CMHPSM and/or Regional CMHSP Partners:
☐ Mental Health / Intellectual DD Service Providers
☐ SUD Treatment Providers ☐ SUD Prevention Providers
☐ Other as listed:

IV. DEFINITIONS

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, intellectual/developmental disabilities, and substance use disorder services.

Eligible Individuals: Employees, board members, students, or volunteers eligible for travel reimbursement through the CMHPSM under this policy.

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

Regular Work Location: A CMHPSM employee's assigned regular work location is typically the CMHPSM office building. Fully remote employees, co-located employees, or non-employees (board member, volunteer, student/intern) would identify their home or their other regular designated work location (such as permanent assignment to a CMHSP office space) as their regular work location.

Temporary Work Location: A work location that a CMHPSM employee is assigned to outside their home or the CMHPSM offices for a period of less than one (1) year. An example could be temporary co-location at a CMHSP office space within our region for work purposes on a temporary basis.

V. STANDARDS

A. General Personal Vehicle Mileage Expenses
   1. Pre-Approval
      a. Generally day-to-day personal vehicle mileage for CMHPSM business purposes does not require pre-authorization. Eligible individuals should seek clarification from their direct supervisor or the CMHPSM human resources department for more information on eligible business cases.
   2. General
      a. Business travel in a personal vehicle from the eligible individual's assigned regular workplace to other locations for business purposes is generally eligible for CMHPSM mileage expense reimbursement.
      b. A CMHPSM employee's assigned regular work location is usually their CMHPSM assigned office building. Fully remote employees, or non-employees (board member, volunteer, student/intern) would use their home or their regular CMHPSM designated workspace.
      c. Hybrid employees should utilize the CMHPSM office building as their assigned regular workplace unless pre-approved to use another location by their supervisor.

d. Travel between an individual's home and regular workspace is not eligible for reimbursement, as those are commuting expenses.
e. Travel related to temporary work assignments would generally be reimbursable, but would require pre-approval from the CMHPSM CEO.
f. Whenever general business travel begins or ends at an eligible individual's home, reimbursement will be based upon the mileage from their home to the regular work location and return home while deducting the mileage from their home to their regular work location workspace and return.
g. All eligible business travel will be reimbursed at the annual IRS standard business mileage rate on a per mile basis. IRS "business use" travel rates can be found here: https://www.irs.gov/tax-professionals/standard-mileage-rates
h. Mileage should be calculated utilizing an actual logged odometer trip basis or utilizing Google Maps, MapQuest, Apple Maps or a similar tool to track the actual mileage on the route driven.
i. Care should be taken to drive the most efficient routes possible when traveling and non-official CMHPSM business mileage must be deducted from all reimbursement requests.
j. Parking expenses are generally reimbursable, care should be used when incurring parking costs in relation to cost effectiveness, location, and safety. While receipts are not generally required for parking expenses, they may be required if expenses are determined to be excessive.
k. Moving violations, parking violations or other similar fines are not eligible for reimbursement.
l. All personal vehicle mileage should be submitted for reimbursement no later than 45 days after the date traveled. Eligible individuals should typically submit reimbursement forms on at least a monthly basis to ensure compliance with the IRS taxable income rules.

B. Event/Meeting/Conference Expense Reimbursement
1. Pre-Approval
a. All conference, training, meeting and/or event travel requires pre-authorization by a direct supervisor and/or the CMHPSM CEO to be eligible for either employee reimbursement or direct CMHPSM funding.
2. General
a. All conference, training, meeting and/or event travel will be reimbursed only when all standards within this policy have been followed.
b. Individuals seeking conference, training, meeting and/or event travel pre-approval should attempt to register for any and all early bird, member, or governmental entity rates when eligible.
c. Individuals must estimate all projected expenses when submitting a conference pre-approval request form with the information

available at the time of the request.

   d. The CMHPSM will utilize CMHPSM pre-payment sources (credit card, checks, ACH payments) as the primary funding option for most conference, training, meeting and/or event travel. Individuals should only utilize the employee reimbursement process when CMHPSM pre-payment for these expenses are not available.
   e. The CMHPSM will not advance funds related to mileage or meal and incidental expenses. Those expenses must be reported after the travel has occurred.

3. Same Day Travel
   a. All out-of-region (outside Lenawee, Livingston, Monroe and Washtenaw) conference, training, meeting and/or event travel that does not require an overnight stay will be reimbursed at 75% the Meals and Incidental Expense rates per the GSA database.
   b. Any in-region (Lenawee, Livingston, Monroe and Washtenaw) conference, training, meeting and/or event travel Meals and Incidental Expense reimbursement would need CEO approval of some extenuating circumstance. Reimbursement would not exceed 75% the Meals and Incidental Expense rates per the GSA database, but may be reduced further.
4. Out-of-State Travel
   a. All travel expenses incurred outside of the State of Michigan need to be pre-authorized by the CMHPSM CEO. No reimbursement will be made for out-of-state travel that is not pre-authorized directly by the CMHPSM CEO. All requested out-of-state travel must be essential and reflect a need that cannot be met within a reasonable time frame within the State of Michigan.
5. Lodging Reimbursement
   a. Eligible individuals needing lodging for official business, conference, training or other events should request the most cost effective option available.
   b. All lodging must be requested
6. Meal and Incidentals Expense Reimbursement
   a. The CMHPSM will utilize the U.S. General Services Administration Travel Per Diem rates for reimbursement of Meals and Incidental Expenses (M&IE). https://www.gsa.gov/travel/plan-book/per-diem-rates
   b. The eligible individual will be eligible for reimbursement of meals and incidental expenses at the fiscal year rates identified for the specific city the expense was incurred, or at the standard rate, if the city is not listed in the GSA database.
   c. Meals pre-paid through a training or conference registration must be deducted from the (M&IE) reimbursement request.
   d. The first and last day of travel are reimbursed at 75% M&IE rate per the GSA database.

e.

FY2024 Example	Standard	Grand Rapids	Traverse City
M&IE Total	$59	$64	$64
First and Last Day of Travel	$44.25	$48.00	$48.00
Breakfast	$13	$14	$14
Lunch	$15	$16	$16
Dinner	$26	$29	$29
Incidental Expenses	$5	$5	$5

f. *Example A: If an eligible individual travels to Traverse City on Monday, attends a conference Tuesday morning through Thursday afternoon returning home Thursday, where breakfast and lunch are provided Tuesday and Wednesday, and only breakfast provided on Thursday. Reimbursement would require deductions of breakfast and lunch on Tuesday and Wednesday, the breakfast deduction on Thursday, and Monday and Thursday would be 75% per diem as first and last day of travel no matter when travel occurs.*

In this example, the eligible individual would request reimbursement for M& IE expenses utilizing the Traverse City rates from the GSA table for the appropriate fiscal year:

Example A	Monday (75% First)	Tuesday	Wednesday	Thursday (75% Last)
M&IE Total	$48.00	$64	$64	$48.00
Breakfast Deduction	N/A	Yes, -$14	Yes, -$14	Yes, -$14
Lunch Deduction	N/A	Yes, -$16	Yes, -$16	No
Dinner Deduction	No	No	No	No
Total Reimbursement	**$48.00**	**$34**	**$34**	**$34.00**

g. *Example B: An eligible individual is conducting a single day 4 hour site audit of a provider in the Lansing area. Reimbursement for single day travel would utilize the 75% M&IE expense table, with Lansing being the standard GSA rate:*

Example B	(75% First/Only Day)
M&IE Total	$44.25
Breakfast Deduction	N/A
Lunch Deduction	N/A
Dinner Deduction	No
Total Reimbursement	**$44.25**

h. Eligible individuals are not required to provide any documentation or receipts for per diem covered GSA M&IE expenses.
i. No meal or incidental expenses above the GSA per diem rates will be considered for reimbursement.

C. Pre-Approved Personal Purchase of Goods and Services for Reimbursement by the CMHPSM
1. Certain business needs may arise in an emergent manner which require the utilization of personal funds to cover a CMHPSM business purchase of goods or services. All such purchases must be pre-authorized prior to any such purchase from the CMHPSM CEO or their designee.
2. An individual covered by this policy should attempt to purchase all CMHPSM goods and services directly with CMHPSM funds and should only request pre-approval to use personal funds as the last resort.
3. An individual covered by this policy that does not obtain pre-approval from the CMHPSM CEO or their designee prior to making such a purchase, **does so at the risk of not being reimbursed** by the CMHPSM.
4. The CMHPSM reserves the right to determine reimbursement eligibility for all personal purchases of goods and services made on behalf of the CMHPSM at all times.
5. The CMHPSM will require proof of purchase, proof of payment source, and proof of delivery prior to any reimbursement of a pre-approved personal purchase.
6. All such purchases must follow the CMHPSM procurement policy found here: https://www.cmhpsm.org/governance-policies

D. General Exclusions
1. Non-reimbursable Miscellaneous Itemized Expenses
a. Eligible individuals will NOT be reimbursed for the following expenses, this list is not all inclusive and expenses may be ineligible, individuals should seek pre-approval for other miscellaneous expenses:
b. Airline or airport lounge or club fees
c. Alcoholic beverages
d. Any expenses related to personal or vacation days
e. Baby-sitting or child care
f. Clothing expenses
g. Food delivery or room service fees
h. Hotel cleaning or damage fees
i. In-flight expenses (wi-fi, in-flight movies, etc.)
j. Loss of personal property
k. Luggage
l. Medical expenses
m. Mini-bar products
n. Parking or traffic tickets

o. Personal care expenses
p. Personal entertainment expenses (books, golf, movies, sports or entertainment events, video rental, etc.)
q. Tobacco products
r. Travel companion expenses
s. TSA pre-check or other convenience fees
t. Political or charitable fundraisers or similar events

2. If an eligible individual has any uncertainty on the potential reimbursement of an expense they should inquire with their supervisor or the CMHPSM Human Resources department prior to incurring that expense.

E. Expense Reimbursement Forms
1. Regular Business Mileage
   a. The current year business expense reimbursement form can be found on the CMHPSM employee hub forms page in Microsoft Teams.
2. Event/Meeting/Conference Expense Reimbursement
   a. The current calendar year conference pre-approval form can be found on the CMHPSM employee hub forms page in Microsoft Teams.
   b. The current calendar year business expense reimbursement form can be found on the CMHPSM employee hub forms page in Microsoft Teams.
   c. A per diem calculation worksheet will also be found on the CMHPSM employee hub page in Microsoft Teams for inclusion of Meal and Incidental travel expenses.
3. Pre-Approved Personal Purchase of Goods and Services for Reimbursement by the CMHPSM
   a. A purchase request form must be submitted utilizing the employee purchase reimbursement option, and must be approved prior to the employee making any purchases to be eligible for reimbursement. The purchase request form can be found on the CMHPSM employee hub forms page in Microsoft Teams.
   b. The current calendar year business expense reimbursement form can be found on the CMHPSM employee hub forms page in Microsoft Teams. This form will be utilized in conjunction with the pre-approved purchase form, and all supporting purchase documentation to obtain reimbursement for employee purchased goods or services.
4. Any expense reimbursements submitted more than 60 days after travel expense was incurred may be taxable as income to the individual and appropriate tax withholdings will be made by the CMHPSM.
5. Individuals must seek exemption from sales or use tax whenever possible, as the CMHPSM is tax-exempt as a governmental entity in the

State of Michigan. Some hotel, local, facility, or other similar taxes or fees may not be able to be waived per our status. Please see the CMHPSM's tax exempt form for more information or contact your supervisor, the regional coordinator or the CMHPSM CEO. Individuals may be required to seek removal of sales or use tax prior to reimbursement or to work with the CMHPSM finance department in such efforts. The CMHPSM while not required to reimburse individuals for sales or use tax expenses may elect to do so per the discretion of the CMHPSM CEO or their designee. Typically these tax reimbursements would be low dollar sales or use taxes (less than $10) which would incur an administrative expense that would exceed potential sales tax reimbursement.

6. CMHPSM Regional Board Members should seek reimbursement for eligible expenses from their home CMHSP whenever possible per Article V. Board of Directors Section M. Stipends of the CMHPSM Bylaws. Oversight Policy Board Members, including the Oversight Policy Board Member appointed to the CMHPSM Regional Board should discuss all training, event or conference requests with the CMHPSM CEO or their designee. The CMHPSM Board of Directors may establish a Board expense budget which identifies an allocation intended for such reimbursement requests.

VI. EXHIBITS/REFERENCES

IRS Mileage Reimbursement Rates:
https://www.irs.gov/tax-professionals/standard-mileage-rates

GSA Meal and Incidental Expense Rates:
https://www.gsa.gov/travel/plan-book/per-diem-rates

All CMHPSM forms related to this policy can be found on the CMHPSM Microsoft Teams – Employee Hub – Employee Forms pages.

Non-employee eligible individuals should contact the CMHPSM Regional Coordinator for access to CMHPSM pre-approval and reimbursement forms.

Community Mental Health Partnership of Southeast Michigan/PIHP	CMHPSM Employee Travel Policy
Department: Author: Jane Terwilliger	Local Policy Number (if used)
CMHPSM Leadership Team Approval Date 6/16/2016	Implementation Date 6/16/2016

REVOKED EFFECTIVE JUNE 30, 2024

I. PURPOSE

The Community Mental Health Partnership of Southeast Michigan (CMHPSM) recognizes that employees and interns may be required to travel during the course of their work for the CMHPSM. It is the intent of the CMHPSM to provide for the reasonable expenses associated with that travel.

II. REVISION HISTORY

DATE	REV. NO.	MODIFICATION
	1	

III. APPLICATION

This policy applies to all staff, students, and volunteers of the CMHPSM.

IV. DEFINITIONS

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.

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

V. POLICY

All travel expenses reimbursed by CMHPSM shall be both necessary and reasonable. In administering this policy it is the intent that employees or other agents of the CMHPSM neither gain nor loose personal funds due to expenses incurred during authorized travel.

REVOKED EFFECTIVE JUNE 30, 2024

VI. STANDARDS

A. All employees are required to drive their own vehicles in the course of their employment and to maintain adequate insurance coverage on those vehicles.
B. Travel expenses for pre-approved CMHPSM business will include: mileage reimbursement for travel in a personal automobile, public transportation costs when determine more efficient and/or cost effective, meals, gratuities, and lodging. Other expenses such as tolls, public transportation, and parking fees will be considered, also.
C. It is the responsibility of each employee to accurately record requests for travel reimbursement on the appropriate form and for the immediate supervisor to review and approve such requests.
D. While traveling, employees are considered representatives of the CMHPSM while traveling on company business. As such, personal behavior must be conducted so that others do not interpret negative impressions. The employee should carefully monitor personal appearance and alcohol consumption.
E. All employees shall seek approval for CMHPSM travel from their immediate supervisor. Travel itineraries shall be left with supervisors so that important communications can be made. Travel outside of the Continental United States requires approval from the CEO.
F. The CMHPSM does not reimburse employees for personal expenses. Family members or companions traveling with employees are considered a personal expense. Stays longer than those required by the CMHPSM are personal expenses.
G. Expenses for private transportation shall be reimbursed at the rate published by the IRS for automobiles and the actual cost for non-automobile private transportation.
H. Transportation costs, either by personal vehicle or public transportation, shall be reimbursed at the lowest travel cost approved by the CEO. When traveling out-of-state, reimbursement will be limited to most economical means of transportation (e.g. lowest air or train fare). Staff electing not to utilize the most economical means of transportation shall be responsible for the cost over and above the most economical means of travel.
I. Employees using their personal vehicle to conduct CMHPSM related business shall be reimbursed at the standard mileage rate as published by the IRS. Mileage may be claimed according to the following guidelines.
   - Actual point-to-point miles can be used or mileage can be calculated using the Map Quest website.
   - Any miles driven in excess of point-to-point should be reported as vicinity miles on a separate line. These miles must be accompanied by an itinerary of the day or otherwise explained.
   - Where assignments start and/or terminate at the employee's home, reimbursement will be based from the home to the field assignment and return provided that the total miles driven do not exceed the total

miles had the assignment started and terminated at the official workstation.

- Reimbursement will not be allowed for travel between an employee's home and official workstation.

J. Employees shall stay in accommodations considered average for the area in which they are traveling unless they are traveling to a conference type event. For in-state travel, overnight hotel accommodations are permitted if the destination for the traveler is in excess of 100 miles. The CEO may grant an exception in certain circumstances. (Refer to http://www.gsa.gov/portal/category/21287 for maximum Per Diem reimbursement rates for lodging.)

K. Employees are encouraged to dine at establishments considered average in price for the area in which they are traveling. (Refer to http://www.gsa.gov/portal/category/21287 for maximum Per Diem reimbursement rates for meals.) Timeframes for departing and arriving and distance travelled to approved conferences, meetings, and other events determine whether or not meals will be reimbursed.

For meal reimbursement the following timeframes must be used:

Breakfast – Travel must commence PRIOR to 6:00 AM & extend beyond 8:30 AM
Lunch – Travel must commence PRIOR to 11:30 AM & extend beyond 2:00 PM
Dinner – Travel must commence PRIOR to 6:30 PM & extend beyond 8:00 PM

Distance criteria:

Meals may be reimbursed when the location of the approved conference, meeting, or other event is at least 50 miles from the individual's primary work site provided the meal occurs directly following the meeting (i.e. a lunch following a meeting in Lansing that concludes at 12:30 p.m.).

- Original Itemized, dated receipts must be attached to the expense reimbursement form; copies will not be permitted. The receipt should be cash register generated and include the place, date, time of the purchase, and amount paid to verify the correct reimbursement amount. Credit card statements are not acceptable in lieu of a receipt.

- The meal must be purchased within the starting and ending time of travel, following the meeting, or between two sessions of the same event when a meal is not provided. For example, items purchased at a grocery store the night before travel occurs are not reimbursable. Only single meal items consumed during the meal

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period are acceptable. Bulk quantity items such as bags of apples, loaves of bread, cases of water, etc. will not be allowed.

- For full-day meals (breakfast, lunch and dinner) with an over-night stay, the meals and receipts will be considered in total (not individually) and cannot exceed the total meal reimbursement for the day.

- The actual amount paid for food, non-alcoholic drink, sales tax and tip is reimbursable up to the allowable meal rate. If the tip amount is not printed on the receipt, a handwritten notation of the amount of the tip is acceptable.

- Meal reimbursement requests made by an employee cannot include the purchase of a meal intended for someone other than the employee. Only the actual amount expended, up to the allowable rate, will be reimbursed.

- The amount of reimbursement will be the amount of the actual meal expense, as noted on the receipt, or the allowed meal rate, whichever is less.

- Any exceptions to the above will be evaluated on an individual basis.

If lodging or other travel includes a breakfast or other meal, the traveler generally is not entitled to reimbursement for that meal.

However, when a provider offers a limited selection such as a continental breakfast with a small selection of rolls, Danish, donuts, etc., coffee and perhaps juice and fruit or the meal is found to be inadequate, reimbursement can be sought with sufficient justification (i.e., receipts, explanation) for reimbursement. CMHPSM considers all alcoholic beverages to be a personal expense.

L. Cars should only be rented when required by the travel itinerary. Economy or mid-size class should be requested depending on the circumstance. Luxury rentals are considered a personal expense.

M. The following are not allowable expenses for reimbursement:
- Political donations, charitable donations, or gifts
- Tickets to political events, charitable fund raisers, and retirement dinners. The actual cost of the meal provided at the event may be allowable with prior approval by the Department Head or her/his designee.
- Parking tickets are not allowable and are the responsibility of the traveler.

N. The CMHPSM does not advance funds for travel, however, will purchase tickets for public transportation, such as air fare, as approved.

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VII. EXHIBITS

VIII. REFERENCES

REVOKED EFFECTIVE JUNE 30, 2024

COMMUNITY MENTAL HEALTH PARTNERSHIP of Southeast Michigan

FY2024 QAPIP Measures of Performance Q1 and Q2 Status Report

Green- Meeting or Exceeding State Benchmark	White – in-process or data is not yet available, or data is not yet due as of this status report.	Orange – Not currently meeting benchmark as of this status report.	Grey – No benchmark or establishing baseline.
Performance measures that are new or revised for FY24 are highlighted in yellow.			

Michigan Mission Based Performance Indicator System (MMBPIS)	Reason for Measure	Q1	Q2	FY24 QAPIP Page(s)
CMHPSM will meet or exceed the standard for Indicator 1: Percentage of Children who receive a Prescreen within 3 hours of request (Standard is 95% or above) Children needing emergent services assessed within 3 hours	A state access requirement to ensure quick response if a child is in crisis. Children in crisis receive an assessment in 3 hours.	Met	Data not yet due to state	Pages 23-24
CMHPSM will meet or exceed the standard for Indicator 1: Percentage of Adults who receive a Prescreen within 3 hours of request (Standard is 95% or above) Adults needing emergent services assessed within 3 hours	A state access requirement to ensure quick response if an adult is in crisis. Adults in crisis receive an assessment in 3 hours.	Met	Data not yet due to state	Pages 23-24
CMHPSM will meet or exceed the standard for Indicator 2. A The percentage of new persons during the quarter receiving a completed bio psychosocial assessment within 14 calendar days of a non-emergency request for service (reported by four sub-populations: **MI-adults, MI-children, IDD-adults, IDD-children**.) Performance measured by total % of all populations (total numerator/denominator) **CMHPSM FY24 Performance Measure: reach or exceed the 75th Percentile (62%)**	A state access requirement that people needing an assessment for mental health services receive the assessment within 14 days. Prevents long wait times for people in need of help. There was not a state required performance % until FY24. Data is still included as not met if people miss or reschedule their appointment.	Not Met Regional average is 48% for all combined populations	Data not yet due to state	Pages 23-24
CMHPSM will meet or exceed the standard for Indicator 2 e. The percentage of new persons during the quarter receiving a face-to-face service	A state access requirement that people deemed to need substance use services receive the service within 14 days.	Not Met	Data not yet due to state	Pages 23-24

for treatment or supports within 14 calendar days of a non-emergency request for service for **persons with substance use disorders.** Performance measured by total % of all populations (total numerator/denominator) **CMHPSM FY24 Performance Measure: reach or exceed the 50TH Percentile (68.2%)**	Prevents long wait times for people in need of Substance Use Services (SUS). There was not a state required performance % until FY24. Data is still included as not met if people miss or reschedule their appointment.	Regional average is 64.5%		
CMHPSM will meet or exceed the standard for Indicator 3 Percentage of new persons during the quarter starting any needed on-going service within 14 days of completing a non-emergent biopsychosocial assessment (reported by four sub-populations: MI-adults, MI-children, IDD-adults, and IDD-children). Performance measured by total % of all populations (total numerator/denominator) CMHPSM FY22 Baseline = 74.5% = 50TH – 75TH Percentile **FY24 Performance Measure: reach or exceed the 75TH Percentile (83.8%)**	A state access requirement that people deemed to need mental health services receive the service within 14 days. Prevents long wait times for people in need of CMH services. There was not a state required performance % until FY24. Data is still included as not met if people miss or reschedule their appointment.	Met for Adults with an Intellectual/ Developmental Disability. Not Met for Children or Adults with a Mental Illness. Not Met for Children with an Intellectual/ Developmental Disability.	Data not yet due to state	Pages 23-24
CMHPSM will meet or exceed the standard for Indicator 4a1: Follow-Up within 7 Days of Discharge from a Psychiatric Unit (Standard is 95% or above) (Child)	A state quality measure that CHILDREN who are seen soon after an inpatient psychiatric stay have a better chance of stabilizing/staying in their community and not needing to be re-admitted if they are seen close to discharge.	Not Met 5/42 cases were readmitted resulting in not met	Data not yet due to state	Pages 23-24
CMHPSM will meet or exceed the standard for Indicator 4a2: Follow-Up within 7 Days of Discharge from a Psychiatric Unit (Standard is 95% or above) (Adult)	A state quality measure that ADULTS who are seen soon after an inpatient psychiatric stay have a better chance of stabilizing/staying in their community and not needing to be re-admitted if they are seen close to discharge.	Not Met 12/185 cases were readmitted resulting in not met	Data not yet due to state	Pages 23-24
CMHPSM will meet or exceed the standard for Indicator 4b: Follow-Up within 7 Days of Discharge from a Detox Unit (Standard is 95% or above)	A state quality measure that people who are seen soon after a Substance use detox stay have a better chance of stabilizing/getting the care they need in their community	Met	Data not yet due to state	Pages 23-24

	without having to be re-admitted if they are seen close to discharge.			
CMHPSM will meet or exceed the standard for Indicator 10: Re-admission to Psychiatric Unit within 30 Days (Standard is 15% or less) (Child)	A state quality measure that seeks to prevent children from being re-admitted to an inpatient psychiatric shortly after having been in an inpatient psychiatric unit.	Not Met 9/50 children re-admitted w/in 30 days	Data not yet due to state	Pages 23-24
CMHPSM will meet or exceed the standard for Indicator 10: Re-admission to Psychiatric Unit within 30 Days (Standard is 15% or less) (Adult)	A state quality measure that seeks to prevent adults from being re-admitted to an inpatient psychiatric shortly after having been in an inpatient psychiatric unit.	Met	Data not yet due to state	Pages 23-24
CMHPSM will demonstrate and increase in compliance with access standards for the SUD priority populations. (Compared to FY23 Data)	People with more urgent needs/issues in seeking substance use services need to be screened and admitted to a SUD provider more quickly.	Not Met Screen FY23 Screen: 85% Q1 Screen: 84.3% Met Admission FY23 Admit: 45% Q1Admit: 45.7%	Met Screen FY23 Screen: 85% Q2 Screen: 89.5% Met Admission FY23 Admit: 45% Q1Admit: 48.47%	Page 14 Page 47
Behavioral Health Treatment Episode Data Set (BHTEDS) Data	**Reason for Measure**			
A. Analyze and monitor BHTEDS records to improve housing and employment outcomes for persons served. B. Maintain overall BHTEDS completion rates to state 95% standard during FY2024. Improve crisis encounter BHTEDs completion to 95% during FY2024.	BHTEDS is data added to service encounters the region sends to the state that gives information on demographics and social outcomes of people we serve; the state uses this data for future improvement initiatives. A. No measure set yet for reporting people's housing and employment. The state is reviewing what improvement will mean for each PIHP. B. Because the BHTEDS data has important information about how people we serve are doing, the state requires that data is completed on time and accurately.	A. CMHPSM is participating in state project B. Met	A. CMHPSM is participating in state project B. Met	Page 24
Performance Improvement Projects	**Reason for Measure**			
PIP 1: The racial disparities of no-shows for the initial Biopsychosocial Assessment (BPS) in	Our region is required to do a PI project specific to reducing racial disparities in people accessing services. Our project is	Not Met	Not Met	Pages 26-27

individuals accessing CMH services will be reduced or eliminated. (FY242 Baseline)	reducing the disparities we found between black and white people seeking to have an initial assessment to get help in our region.	There continues to be a racial disparity in 1 county of the region	There continues to be a racial disparity in 1 county of the region	
PIP 2: Overall increase in performance in new persons receiving a completed bio-psycho-social initial assessment within 14 calendar days of a non-emergency request for service.	Our region is required to pick a 2nd PI project, we chose increasing all completing an initial assessment as studies show the sooner someone starts treatment the better chance of improving their social determinants of health. This is tied to MMBPIS Indicator #2a	Not Met	Not Met	Pages 26-27
Assessment of Member Experiences	**Reason for Measure**			
Percentage of children and/or families indicating satisfaction with mental health services. (Standard 85%/) Percentage of adults indicating satisfaction with mental health services. (Standard 85%) Percentage of individuals indicating satisfaction with long-term supports and services. (Standard 85%) Create plan for improvement in areas that fell below the 85% threshold: My phone calls are returned by the next day 83.4 If I have a concern or a problem I know how to contact Customer Services to file a compliant 76.5	Each year the Regional Customer Services Committee ensures people have a voice in how they experience service and supports in our system. One of these ways is by conducting an annual survey and using that feedback for improvements.	FY24 survey completed FY24 Data to be collected and reviewed end of FY	FY24 survey completed FY24 Data to be collected and reviewed end of FY	Page 36
Percentage of consumers indicating satisfaction with SUD services. (Standard 85% OR 3 Likert score)	Each year the Regional Co-Occurring Workgroup uses the Recovery Self-Assessment survey tool to give people and providers a voice in how they experience substance use service and supports in our system. annually with both providers and persons served. That feedback is used by each CMH to seek improvements.	FY24 Data to be collected and reviewed end of FY	FY24 Data to be collected and reviewed end of FY	Pages 36-37
Member Appeals and Grievance Performance Summary	**Reason for Measure**			

1. The percentage (rate per 100) of Medicaid appeals which are resolved in compliance with state and federal timeliness and documentation standards including the written disposition letter (30 calendar days) of a standard request for appeal. (Standard 95%) 2. An improvement from FY2023 in the percentage of appeals cases that meet documentation requirements in the EHR.	Ensuring that people served who appeal a negative decision made about their services get timely and clear information about the results of their appeal, and this improves over time. 2. Improvement = increase audit score of FY24 monitoring from FY23 performance	1. Timeliness: Met 2. Documentation: Not Met	1. Timeliness: Met 2. Documentation: Not Met	Pages 36-38
1. The percentage (rate per 100) of Medicaid grievances are resolved with a compliant written disposition sent to the consumer within 90 calendar days of the request for a grievance. (Standard 95%) 2. An improvement from FY2023 in the percentage of grievance cases that meet documentation requirements in the EHR.	Ensuring that people served who have a grievance about their experience with the CMH system get timely and clear information about the results of their grievance, and this improves over time.	1. Timeliness: Met 2. Documentation: Not Met	1. Timeliness: Met 2. Documentation: Not Met	Pages 36-38
Adverse Event Monitoring and Reporting	**Reason for Measure**			
The rate of critical incidents per 1000 persons served will demonstrate a decrease from previous year. (CMHSP) (excluding deaths)	Ensuring critical events that risk the health, safety, or provider network of those we serve will decrease over time as efforts to improve quality of care increase.	Slight Increase (4.14 from 4 per 1,000)	Data Pending	Pages 28-30
The rate, per 1000 persons served, of Non-Suicide Death will demonstrate a decrease from previous year. (CMHSP) (Natural Cause, Accidental, Homicidal)	Ensuring unexpected deaths of those we serve will decrease over time as efforts to improve quality of care increase.	Met	Data Pending	Pages 28-30
Ensure compliance with timely and accurate reporting of critical and sentinel events (100%) 100% CEs reporting 100% timely reporting	Ensuring the PIHP meets reporting timelines when a critical event occurs.	Met	Met	
Quarterly report and analysis of type, trends over time (including mortality), events per 1,000, regional trends over time for the fiscal year, analysis of trends by service, engagement in treatment, precipitating events. Analysis of CE trends for potential PI projects	The PIHP is required by the state to analyze major event data for trends and any improvements we could apply.	Met	Met	Pages 28-30

The rate, per 1000 persons served, of Sentinel Events will demonstrate a decrease from the previous year.	Ensuring major events that affect the health & safety of those we serve will decrease over time as efforts to improve quality of care increase.	No Sentinels Events occurred in FY24Q1	No Sentinels Events occurred in FY24Q2	Pages 28-30
Individuals involved in the review of sentinel events must have the appropriate credentials to review the scope of care. 100% reported to PIHP and state 100% timeframes met 3day review of critical events (CEs) that are sentinel events (SEs) 100% RCA completion	Ensuring major events that have affected those we serve or reviewed using required criteria to prevent such further events.	No Sentinels Events occurred in FY24Q1	No Sentinels Events occurred in FY24Q2	Pages 28-30
Joint Metrics	**Reason for Measure**			
Collaboration meeting completed between entities for the ongoing coordination and integration of services. (100%)	The state requires certain measures that the PIHPs and the Medicaid Health Plans share – called Joint Metrics - to promote integrated care between the two systems, so how both perform affects the incentive payments each receive.	Met	Met	Pages 25-26
The percentage of discharges for adults (18 years or older) who were hospitalized for treatment of selected mental illness and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with mental health practitioner within 30 Days. FUH Report, Follow-Up After Hospitalization Mental Illness **Adult (Standard-58%)** Measurement period will be calendar year 2023.	Measures how quickly within 30 an adult was seen for a mental health service days after an inpatient psychiatric hospitalization. Having services/supports closer to discharge can result in better outcomes and reduce recurrence of the need for urgent/emergency care.	Met Data is provided by the state and there is a significant lag in the data, most recent data (9/30/23) shows 67.7%	Met	Pages 25-26
The percentage of discharges for children (ages 6-17 years) who were hospitalized for treatment of selected mental illness and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with mental health practitioner within 30 Days. FUH Report, Follow-Up After Hospitalization Mental Illness **Child (Standard-70%)**	Measures how quickly within 30 days a child was seen for a mental health service after an inpatient psychiatric hospitalization. Having services/supports closer to discharge can result in better outcomes and reduce recurrence of the need for urgent/emergency care.	Met Data is provided by the state and there is a significant lag in the data, most recent data (9/30/23) shows 80.5%	Met	Pages 25-26

Measurement period will be calendar year 2023.				
Follow-up After Hospitalization (FUH) for Mental Illness within 30 Days Racial/ethnic group disparities will be reduced for beneficiaries six years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with mental health practitioner within 30 Days. CMHPSM will reduce the racial/ethnic disparity between the index population and at least one minority group. (Disparities will be calculated using the scoring methodology developed by MDHHS to detect statistically significant differences) Measurement period for addressing racial/ethnic disparities will be a comparison of calendar year 2022 with calendar year 2023.	For these Follow-up After Hospitalization (FUH) measures, goals include reducing racial disparities.	Reduction in disparities from most recent 2023 state data (9/30/23) compared to 2022	Reduction in disparities from most recent 2023 state data (9/30/23) compared to 2022	Pages 25-26
Follow up After (FUA) Emergency Department Visit for Alcohol and Other Drug Dependence: CMHPSM will reduce the disparity between the index population and at least one minority group. For beneficiaries 13 years and older with an Emergency Department (ED) visit for alcohol and other drug dependence that had a follow-up visit within 30 days. (Disparities will be calculated using the scoring methodology developed by MDHHS to detect statistically significant differences) Measurement period for addressing racial/ethnic disparities will be a comparison of calendar year 2022 with calendar year 2023	Measures if our region is reducing the racial disparities between people with substance use seen for a substance use service within 30 days after presenting at an Emergency Dept for SU reasons. Having services/supports closer to the ED visit can reduce recurrence of the need for urgent/emergency care and increase opportunities for recovery.	Reduction in disparities from most recent 2023 state data (9/30/23) compared to 2022	Reduction in disparities from most recent 2023 state data (9/30/23) compared to 2022	Pages 25-26
PIHP Performance Based Incentive Payments	**Reason for Measure**			
Implement data driven outcomes measurement to address social determinants of health.	A new measure for FY24, that seeks to improve housing and employment for people served, reported the BHTEDS of our	Report not yet due	Report not yet due	Page 24

Analyze and monitor Behavioral Health Treatment Episode Data Set (BHTEDS) records to improve housing and employment outcomes for persons served. Measurement period is prior fiscal year. Use most recent update or discharge BH-TEDS record during the measurement period, look back to most recent prior update or admission record. Submit completed report to state.	service encounters. PIHPs are to oversee Behavioral Health Treatment Episode Data Set (BHTEDS) records and ensure this information is being completed and included			
Percentage of Adults Age 18 and Older with Schizophrenia or Schizoaffective Disorder who were Dispensed and Remained on an Antipsychotic Medication for at Least 80 Percent of their Treatment Period (SAA-AD): CMHPSM will participate in DHHS-planned and DHHS provided data validation activities and meetings and return completed data validation template to state 120 calendar days from January 31, 2024.	Ensures those adults with Schizophrenia or Schizoaffective Disorder who are taking antipsychotic prescribed medications remain on their medications as this is an indicator that supports their stability and recovery. The state sends the PIHP the data, and the PIHP validates that data. The measure the PIHP is held to is we participate in this data validation activity so the state has accurate data for trending/analysis.	Data provided by the state. CMHPSM Is meeting state requirements.	Data provided by the state. CMHPSM Is meeting state requirements.	Page 25
CMHPSM will reduce the disparity between the index population and at least one minority group regarding the percentage of adolescents and adults with a new episode of alcohol or other drug (AOD) abuse or dependence who initiate treatment within 14 calendar days of the diagnosis received: (**1. Initiation of AOD Treatment)** Data will be stratified and provided by the State by race/ethnicity Measurement period will be a comparison of calendar year 2022 with Calendar year 2023.	Measures if our region is reducing the racial disparities between people with substance use starting treatment within 14 days after an intake.	Reduction in disparities from most recent 2023 state data (9/30/23) compared to 2022	Reduction in disparities from most recent 2023 state data (9/30/23) compared to 2022	Page 25
CMHPSM reduce the disparity between the index population and at least one minority group regarding the percentage of adolescents and adults with a new episode of alcohol or other drug (AOD) abuse or dependence who initiated	Measures if our region is reducing the racial disparities between people with substance use receiving services within 34 days starting treatment with a provider.	Reduction in disparities from most recent 2023 state data (9/30/23) compared to 2022	Reduction in disparities from most recent 2023 state data (9/30/23) compared to 2022	Page 25

treatment and who had two or more additional AOD services or Medication Assisted Treatment (MAT) within 34 calendar days of the initiation visit. **(2. Engagement of AOD Treatment)** Data will be stratified and provided by the State by race/ethnicity Measurement period will be a comparison of calendar year 2022 with Calendar year 2023.				
CMHPSM will increase participation in patient-centered medical homes/health homes. (narrative report)	A narrative report sent to the state every December that describes how each entity in the region increases integrated health initiatives in their community, including health homes, as these support better outcomes for people we serve.	Due 12/2024	Due 12/2024	Page 25
Priority Measures	**Reason for Measure**			
Clinical SUD				
CMHPSM SUD providers will meet ASAM continuum completion rates (Target 75%) CMHPSM SUD providers will improve meeting priority population timelines (Target 75%) Screening requirement met 85.1% Admission requirement met 45.8% CMHPSM SUD provider will show a decrease in open SUD wrapper admissions without service and an increase in closed cases. (30%) Monthly data reviews and quarterly data analysis reporting**.** (Target 95%)	These are measures and targets created by the region to improve access to SUD services and accurate data in our region, and to better monitor people's access to SUD services. ASAM Continuums are done by SUD Providers. Priority Population Screening is done by SUD Access. Priority Population Admissions are done by SUU providers.	**ASAM:** Not Met 64.1% **Priority Population**: Screening: 84.3% Admission:45.7% **Decrease in open admission w/no service**: Improvement of 23% from 39% last quarter **Monthly Review**: Met **Quarterly Analysis:** Met	**ASAM**: Not Met 59.7% **Priority Population:** Screening: 89.5% Admission: 48.4% **Decrease in open admission w/no service:** Data Not Yet finalized. **Monthly Review**: Met **Quarterly Analysis:** Met	Pages 25-26
Utilization Management/LTSS	**Committee**			
1. Correct timeframes used for advance action notice (Target 100%) 2. Accurate use of reduction, suspension, or termination decisions. (Target 100%)	Measures to ensure if services a person is receiving are being reduced or ended, this Adverse Benefit Decision (ABD) is clearly explained to them and they are given a	1. Timeframes Met 2. Accurate use of decision: Met 3. Accuracy of documentation: Not	1. Timeframes Met 2. Accurate use of decision: Met 3. Accuracy of documentation: Not	Pages 32-34

3. Adverse Benefit Decisions (ABDs) provide service denial reasons in language understandable to person served. 4. Analyze type of denial, accuracy of service and denial decision explanation, and compliance with timeframes.	window of time to ask continue these services while appealing the decision. The PIHP tracks data and conducts monitoring of cases.	Met @ 100%, created new training procedure for staff 4. Monitoring: Met	Met @ 100%, created new training procedure for staff 4. Monitoring: Met	
Assess overutilization of services: Review of psychiatric inpatient recidivism as potential overutilization of higher level of care, using following factors: • Persons receiving Long Term Serves and Supports (LTSS), and/or on c waiver • Services/status, type, and service utilization before first admission • Type or change in the services/IPOS after the first and/or second admission • Engagement obstacles • If hospitalization known or managed by CMH • Compliance with MMBPIS Indicator 4a	PIHPs are required by federal Medicaid Managed Care standards to conduct overutilization and underutilization projects. CMHPSM partners agreed to create an overutilization project based on re-admission to an inpatient psychiatric unit within 30 days as overutilization of that service, with the aim of helping people served. The bulleted factors are analyzed for any trends or improvements that would reduce psychiatric inpatient recidivism.	Data Analysis Met MMBPIS Indicator 4a Not met for Children or Adults (see Pg. 2 of this report)	Data Analysis Met MMBPIS Indicator 4a Not met for Children or Adults (see Pg. 2 of this report)	Pages 32-36
Underutilization project: Assess HSW members not receiving monthly services that qualify them for HSW enrollment as potential underutilization, including potential risks of maintaining HSW enrollment with the ending of public health emergency and subsequent enrollment exceptions. Including following factors: • Utilization of monthly habilitative services • Authorized services vs utilized services • Service delays and proper ABD notice where applicable • Person given choice of provider and HSW services	PIHPs are required by federal Medicaid Managed Care standards to conduct overutilization and underutilization projects. CMHPSM partners agreed to create an underutilization project based on	Slight increase in compliance from previous quarter (FY23 Q4): 88.75 to 89.25% receiving monthly service	No change in compliance from previous quarter (FY24 Q4) 88.75 to 89.25% receiving monthly service	Pages 32-34

Evidence of use of parity program for those with established Level of Care (LOC) in CMHPSM reviews of CMHSPs clinical records for all populations (Standard 90%). A parity LOC is completed for each person served, including the accurate population The relevant and appropriate level of care assessment is completed for each person served prior to authorizations being completed. If the exception process is used, the reason for the exception is documented and reviewed at the supervisory level.	The state required each PIHP to develop a parity program to promote consistent behavioral health service decisions and prevent too many or too few services being authorized. Level of care systems are based on population served and levels of need assessed by clinical staff. Higher levels = higher/more complex needs, larger array of services, larger number of services. The Regional Utilization Management/Review Committee reviews whether our region is using the LOC system compliantly and analyzes any trends for improvements.	Q1 Regional Average I/DD Adult 80.0% I/DD Youth 83.1% MI/SMI Adult 69.2% SED Youth 81.3%	Q2 Regional Average I/DD Adult 79.3% I/DD Youth 86.2% MI/SMI Adult 72.5% SED Youth 83.5%	Pages 32-34
Consistent regional service benefit is achieved as demonstrated by the percent of outliers (exceptions) to level of care benefit packages (Standard <=5%). Measurement period is FY23	If an exception is made in the parity program (someone needs less or more of the Level of Care service array they qualify for) the reason is clearly documented and reviewed by a supervisor. Exceptions of over 5% indicate the need to review possible errors in the system or its use.	Met: 1.1% Exceptions 22/1931	Met: 1.4% Exceptions 33/2294	Pages 32-34
Percent of acute service cases reviewed that met medical necessity criteria as defined by MCG behavioral health guidelines. (Target 100%). Implement an inner rater reliability with the MCG Indicia parity system for psychiatric inpatient, crisis residential, and partial hospitalization service decisions. Baseline measurement period is Q1 of FY24 =	Part of the state parity requirements include all PIHPs use the same service decision guidelines for emergent, and urgent service (inpatient psychiatric, partial hospitalization, crisis residential), to try to ensure consistent decisions for people in crisis. The state contracted to use guidelines by vendor MCG Health. The Regional Utilization Management/Review Committee reviews whether our region is checking inner rater reliability in using this system and analyzes any trends for improvements.	Met 100% Passed Reliability Testing	Met 100% Passed Reliability Testing	Pages 32-34
Behavior Treatment				
Consistent quarterly reporting of BTC data (100%) Consistent data analysis of BTC data (100%)	Anyone we serve who has a restriction related to behaviors that put their health & safety at risk must be reviewed by a special	Met	Met	Pages 30-31

	committee and receive care based on a plan created by specialized behavior staff. These committees maintain data to ensure the least restrictive options are used, they are required to report this data to the PIHP, and the PIHP is required to analyze it and address any trends for improvements. The measure is that this analysis occurs quarterly			
The percentage of individuals who have an approved Behavior Treatment Plan which includes restrictive and intrusive techniques.	This measures the percentage of people with behavioral needs that have restrictions compared to those with behavioral needs who do not have restrictions, to check that our region is not over-applying restrictions without cause. The measure is that this analysis occurs quarterly	Met	Met	Pages 30-31
Clinical Practice Guidelines (CPGs)				
CPGs reviewed at least bi-annually.	There is a federal requirement that PIHP's review clinical practice guidelines every year to make sure current evidence-based and best clinical practices are being used.	Met	Met	Page 32
CPGs published to both provider network and members.	There is a federal requirement that PIHP's make the clinical practice guidelines used in our region available to people served and providers.	Met	Met	Page 32
Provider Monitoring				
Licensed providers will demonstrate an increase in compliance with staff qualifications, credentialing and recredentialing requirements.	As part of quality care and to meet Medicaid requirements, all provider types must meet qualifications to provide services. This includes checks to ensure they have not committed Medicaid fraud or abused vulnerable people.	Data reviewed, submitted to the state May and November of each year	Data reviewed, submitted to the state May and November of each year	Pages 38-42
Non-licensed providers will demonstrate an increase in compliance with staff qualifications, and training requirements.		In process for FY24	In process for FY24	Pages 38-42

Credentialing and re-credentialing of organizational providers meet all state/federal requirements and timelines.		Met for providers credentialed Q1	Met for providers credentialed Q2	Pages 38-42
Credentialing and re-credentialing of LIP providers meet all state/federal requirements and timelines.		Met for providers credentialed Q1	Met for providers credentialed Q2	Pages 38-42
Complete assessment of FY24 CMHPSM audits of CMH delegated functions and development performance improvement projects where indicated based on findings and resultant CAPs.	Measure to ensure CMHs are compliant with the functions delegated to them by the PIHP. This is conducted through both state audits and PIHP audits.	MDHHS Review CAP in progress PIHP audits to be scheduled	MDHHS Review CAP in progress 2 of 4 PIHP audits completed; full completion by end of FY24	Pages 38-42
CMHPSM will demonstrate an increase in applicable providers within the network that are "in compliance" with the Home and Community Based Services (HCBS) rule. (MDHHS HCBS CAP Guidance form).	Home and Community Based Services (HCBS) rules ensure people served have the same freedoms where they live and work that all people outside the CMH system have, and can't be placed in settings that don't support these freedoms. Providers are assessed for any restrictions in their setting or sites that unduly limit freedoms. People can't be placed in provider settings/sites not meeting rules and those providers can't receive Medicaid funds for sites not meeting the rule.	Process still being developed by state	Process still being developed by state	Pages 38-42
Health Home (OHH, BHH, CCBHC) Performance Measures	**Reason for Measure**			
Meet or exceed Opioid Health Home (OHH) performance benchmarks.	Opioid Health Homes provide comprehensive care management and service coordination to people with an opioid use disorder. If certain quality measures are met bonus funds are provided to use for more resources to better help people. Most measures include reducing Emergency Department (ED) visits, follow	Met for FY23 Pending end of FY24	Met for FY23 Pending end of FY24	

	up care from ED, and timely access to substance use services.			
Meet or exceed Behavioral Health Home (BHH) performance benchmarks.	Behavioral Health Homes provide coordinated primary, mental health, and social services for people with a mental illness. If certain quality measures are met bonus funds are provided to use for more resources to better help people. Most measures include reducing Emergency Department (ED) visits, certain medical goals like controlling high blood pressure, and access to preventive health services.	Met for FY23Pending end of FY24	Met for FY23Pending end of FY24	
Meet or exceed federally defined Quality Bonus Payment (QBP) measures and benchmarks for Certified Community Behavioral Health Clinics (CCBHC).	CCBHCs provide coordinated care for mental health and substance use issues. If certain quality measures are met bonus funds are provided to use for more resources to better help people. Most measures are assessing for depression and suicide risk, follow up care after hospitalization, and timely access to substance use services.	Met for FY23 Pending end of FY24	Met for FY23 Pending end of FY24	

Attachment #7a – June 2024

Regional Board Action Request – Quality Assessment and Performance Improvement Program (QAPIP) Status Report for Q1 and Q2 of FY2024

Board Meeting Date:	June 12, 2024
Action Requested:	Approve the Quality Assessment and Performance Improvement Program (QAPIP) Status Report for Q1 and Q2 of FY2024.
Background:	The CMHPSM is committed to ensuring quality service provision through review of evidence and the monitoring of the health and welfare of the region's recipients by developing a quality management program. Some of the key functions of a Quality Management Program include ensuring the Regional Board is informed of the progress of QAPIP Program on a regular basis and has the opportunity to provide feedback. QAPIP status reports are also thoroughly reviewed by our regional committees and CMHSP partners.
Connection to:	PIHP/MDHHS Contract, AFP, Regional Strategic Plan and Shared Governance Model
Recommend:	Approval

Regional Board Action Request

Board Meeting Date: June 12, 2024

Action Requested: Approving the CMHPSM Board Chair to sign the formal proclamation acknowledging the five years of service by Michelle Sucharski to the PIHP region as a CMHPSM employee.

Background: Michelle Sucharski reached her five-year anniversary on June 3, 2024. In her role as the Chief Information Officer, Michelle joined the CMHPSM roughly a year after our transition to our new electronic health record (EHR). Michelle has been instrumental in the improvements that have been made to our EHR and serves as the primary regional contact between our organization and PCE Systems, our EHR vendor. Michelle works with individuals across our region in a shared governance fashion to improve the design, usability, and overall functionality of the EHR while maintaining security and accuracy within service data. Michelle also manages our internal Information Technology needs at the PIHP and leads a strong Information Management team that ensures all regional staff have access to reports and analyses that drive efficient work practices. We appreciate all the quality work Michelle has delivered over her five years at the CMHPSM.

Recommend: Approval for the CMHPSM Board Chair to sign the proclamation as attached.

WHEREAS, the Community Mental Health Partnership of Southeast Michigan through effective partnerships, ensures and supports the provision of quality integrated care that focuses on improving the health and wellness of people living in our region; and

WHEREAS, Michelle Sucharski as of June 3, 2019 has been employed with the CMHPSM for five years and has striven to accomplish the mission of the Community Mental Health Partnership of Southeast Michigan as a Chief Information Officer; and

Now, therefore, the Community Mental Health Board of Directors does hereby proclaim their appreciation to Michelle Sucharski for her five years of service to the region, today June 12, 2024.

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Bob King

CMHPSM Board Chair

CMHPSM REGION SIX CMHSP PARTNERS

Lenawee Community Mental Health Authority

Livingston County Community Mental Health Authority

Monroe County Community Mental Health Authority

Washtenaw County Community Mental Health

CMHPSM BOARD OF DIRECTORS

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CMHPSM CEO

James Colaianne

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN (REGION 6) REGIONAL BOARD OF DIRECTORS RESOLUTION OPPOSING THE PROPOSED INTERNAL SERVICE FUND (ISF) LANGUAGE PROPSOED IN THE FY2025 CONTRACT

WHEREAS, the Community Mental Health Partnership of Southeast Michigan (CMHPSM) is a regional entity created in 2014 by four (4) Community Mental Health Service Programs (CMHSPs): Lenawee Community Mental Health Authority, Livingston County Community Mental Health Authority, Monroe County Community Mental Health Authority and Washtenaw County Community Mental Health, to serve as the Pre-Paid Inpatient Health Plan (PIHP) for Lenawee, Livingston, Monroe and Washtenaw counties.

WHEREAS, the CMHPSM is engaged in a Medicaid specialty services contract with the Michigan Department of Health and Human Services (MDHHS) to provide services within our four-county region, which has been designated by MDHHS as Region Six (6).

WHEREAS, the CMHPSM Regional Board of Directors includes three (3) members appointed by each of the four CMHSPs within our region, and one (1) member appointed by our Regional Substance Use Disorder Oversight Policy Board. Per the Michigan Mental Health Code, at minimum 50% of our Regional Board members are individuals with primary and/or secondary experience with public behavioral health services.

WHEREAS, under federal regulation as a managed care entity, the PIHP is responsible to assure solvency to adequately ensure that its Medicaid enrollees will not be liable should the PIHP become insolvent.

WHEREAS, the master Medicaid specialty supports and services contract provides for the establishment of an Internal Service Fund (ISF) as the mechanism by which a PIHP may retain adequate funds to ensure solvency.

WHEREAS, MDHHS has proposed language in the master Medicaid specialty supports and services contract for fiscal 2025 that would arbitrarily cap the amount of funding allowed to be retained by the PIHP and inappropriately shift the current risk sharing arrangement between the parties to the financial benefit of MDHHS.

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

WHEREAS, after careful review, the conclusions of the CMHPSM Board are that the proposed fiscal year 2025 contract language:

- Limits the funding of the ISF to an amount that is less than what is actuarily sound;
- Limits the funding of the ISF to an amount that is less that what is considered best practice for operating reserves of governmental entities as proposed by the Government Finance Officers Association (GFOA);
- Overreaches and attempts to contractually limit CMHPSM's ability to operate as a prepaid inpatient health plan and appropriately manage its risk;

THEREFORE, BE IT UNANIMOUSLY RESOLVED THAT, in the strongest possible terms, and for the reasons noted herein, the CMHPSM Board of Directors opposes the MDHHS proposed language for fiscal year 2025.

BE IT FURTHER UNANIMOUSLY RESOLVED THAT, the CMHPSM Board of Directors requests MDHHS to remove the proposed language limiting the funding and use of the ISF and to honor:

- The PIHP's right to manage its business operations including the management of its contractual risk through an appropriately funding ISF;
- Generally Accepted Accounting Principles (GAAP) that already provide appropriate limitations on the establishment, purpose, and accounting for an ISF;
- Generally Accepted Actuarial Principles and Methodologies (GAAPM) that already provide appropriate limitations on determining adequate funding for an ISF;
- Federal Regulations codified in 2 CFR and 42 CFR that already provide appropriate limitation on allowable costs and utilization of ISF funding.

On behalf of the Community Mental Health Partnership of Southeast Michigan Board of Directors by its Officers:

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Bob King, CMHPSM Board Chairperson

Washtenaw County Community Mental Health

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Judy Ackley, CMHPSM Vice-Chairperson

Lenawee Community Mental Health Authority

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Rebecca Pasko, CMHPSM Secretary

Monroe County Community Mental Health Authority

Attachment #9a – June 2024

Regional Board Action Request – FY2025 Internal Service Fund (ISF) Contract Language

Board Meeting Date: June 12, 2024

Action Requested: Approval for the Officers of the CMHPSM Board of Directors to sign the attached resolution and for CMHPSM staff to submit the resolution to MDHHS and other relevant stakeholders.

Background: MDHHS has presented FY2025 contract language to the PIHP system which would artificially limit the ISF to a percentage that may or may not be actuarily sufficient to manage financial risk in our region. The attached resolution opposes the MDHHS announced contractual language changes related to the use and maximum funding level of the ISF at the PIHP.

Connection to: MDHHS/PIHP Master Contract

Recommend: Approval

SUBSTANCE USE SERVICES

TREATMENT AND PROGRAMS

Regional Board Presentation

June 2024

FUND SOURCES

- Medicaid/HMP
- Substance Abuse Block Grant
- PA2
- State Opioid Response 3 (SOR 4 in FY25)
- COVID Block Grant (over 3/14/24)
- American Rescue Plan Act (ARPA)

COMMUNITY MENTAL HEALTH PARTNERSHIP of Southeast Michigan

SERVICES

- Substance Use Disorder (SUD) Treatment
- Priority Populations
  - Pregnant Injection Drug Users (IDU)
  - Pregnant Individuals
  - IDU
  - People at risk of losing their children due to substance use
  - MDOC referred
- Opioid Health Homes (soon to be SUD Health Homes)

COMMUNITY MENTAL HEALTH PARTNERSHIP of Southeast Michigan

ACCESS TO SUD TREATMENT

- Each CMH supports their own Access Departments and have staff specifically trained in SUD and ASAM Criteria
- Screenings are conducted and referrals made based on medical necessity and individual choice
- Priority Populations:
  - After Access screening and referral, supports Access staff, provider and individual needing services to facilitate timely admission.

COMMUNITY MENTAL HEALTH PARTNERSHIP of Southeast Michigan

GRANT FUNDED PROGRAM EXAMPLES

- Prevention
- DYTUR
- Screening, Referral and Brief Intervention
- Engagement Centers
- Youth Outreach
- Recovery Support Services
- Anchor Institutions
- Recovery Housing
- Youth Sober Events
- Project ASSERT
- Rapid Opioid OD Team
- Recovery Community Orgs
- OD Education and Naloxone Distr.
- Harm Reduction
- Syringe Service Programs
- Jail Based MAT/MOUD

COMMUNITY MENTAL HEALTH PARTNERSHIP of Southeast Michigan

GRANT FUNDED PROGRAMS

- Gambling Disorder Prevention Program
- Veterans Navigator Program
- Michigan Partnership to Advance Coalitions (MI PAC)

CMHPSM Website

[SUBSTANCE USE SERVICES GUIDE]

COMMUNITY MENTAL HEALTH PARTNERSHIP of Southeast Michigan

FY24 – FY26 STRATEGIC PLAN PREVENTION PRIORITIES

- Reduce childhood and underage drinking
- Reduce prescription and over the counter substance misuse
- Reduce youth access to/use of tobacco and electronic nicotine products
- Reduce youth access to tobacco and nicotine
- Reduce illicit substance use
- *Added to RFP2025: Reduce youth use of marijuana*

COMMUNITY MENTAL HEALTH PARTNERSHIP of Southeast Michigan

FY24-FY26 STRATEGIC PLAN TREATMENT AND RECOVERY PRIORITIES

- Reduction in health disparities among high-risk populations receiving prevention, treatment and recovery services.
- Expansion and enhancement of an array of services within the Recovery Oriented System of Care
- Increase sustainability of programming with diversified funding

COMMUNITY MENTAL HEALTH PARTNERSHIP of Southeast Michigan

WHAT WE'RE WORKING ON NOW

- RFP 2025 CMHPSM Grant Funding Allocations
- Recovery Incentives Pilot
- OHH to SUD HH
- Statewide Monitoring Reciprocity Tool

COMMUNITY MENTAL HEALTH PARTNERSHIP of Southeast Michigan

Oversight Policy Board Minutes
April 25, 2024
Patrick Barrie Conference Room
3005 Boardwalk Drive, Suite 200
Ann Arbor, MI 48108

Members Present: Mark Cochran, Amy Fullerton, Annette Gontarski, Molly Welch Marahar, Dave Oblak, Dave O'Dell, Monique Uzelac, Tom Waldecker

Members Absent: Jamie Dean, Ricky Jefferson, Frank Sample, David Stimpson, Ralph Tillotson

Guests:

Staff Present: Stephannie Weary, James Colaianne, Nicole Adelman, Matt Berg, James Luckey, Michelle Sucharski, CJ Witherow, Stacy Pijanowski, Jackie Bradley (Lenawee), Alyssa Tumolo

Board Vice-Chair M. Cochran called the meeting to order at 9:32 a.m.

1. Introductions
   - OPB Chair Susan Longsworth has resigned from the OPB because she has been appointed as a judge in Livingston County, which presents a conflict of interest.

2. Approval of the Agenda
   Motion by M. Welch Marahar, supported by D. Oblak, to approve the agenda
   Motion carried

3. Approval of the February 22, 2024 Oversight Policy Board minutes
   Motion by M. Welch Marahar, supported by D. Oblak, to approve the February 22, 2024 OPB minutes
   Motion carried

4. Audience Participation
   - None

5. Old Business
   a. Finance Report
      M. Berg presented. Discussion followed.
   b. FY24 Funding Update
      - The COVID Block Grant (BG) was scheduled to end 3/15/24, and funding for COVID (BG) programs was going to be replaced with PA2, and then ARPA instead. Then the COVID (BG) was extended through 3/14/25. So now the ARPA funds that were going to be used can be saved for something else, to be determined, some likely extended to next FY.

6. New Business
   a. June Meeting Special Election
      - With S. Longsworth's resignation from the OPB, a new Chair will be needed for the rest of her term, which ends on 9/30/24.
      - Per the OPB bylaws, only one individual appointed by each county may serve as an officer.

DRAFT

- M. Welch Marahar is the current OPB Secretary (Washtenaw) and did offer to serve as Chair if no one else is able.
- M. Cochran is the current OPB Vice-Chair (Monroe).
- A. Gontarski volunteered to serve as chair through 9/30/24. She will be added to the ballot for the June special election.

b. June Meeting FY25 RFP PA2 Funding Decisions

- A quorum will be needed for PA2 funding recommendations that will go to the Regional Board in August for preliminary review.

c. PA2 Request

- Home of New Vision will host a 5-day CCAR peer training and a 1-day Stand with Trans training. The request is for food for both trainings.
  Motion by M. Welch Marahar, supported by D. O'Dell, to Approval for the use of $2,600 of PA2 (interest) funds from across counties to support Home of New Vision's Connecticut Community for Addiction Recovery (CCAR) training and Stand with Trans training for the region to occur in June or July
  Motion carried

d. Priority Population Update

- The priority population position is required and funded by MDHHS. The region chose to split the role's duties between 2 SUD Care Navigator positions, which is 1/2 priority population work and 1/2 utilization management.
- There have been ongoing challenges statewide with the MDOC system moving to utilizing the PIHP system starting in 2020. Those challenges continue. A new staff person has been hired by MDOC to work with PIHPs and MDOC staff. MDOC agents continue to mostly circumvent the PIHP system to get individuals into residential cognitive behavioral programs instead of sending them to the PIHP where medical necessity, voluntary treatment, and provider choice are required and respected. Dave Oblack and Annette Gontarski discussed the additional need to educate judges which Nicole said she would bring back to the statewide discussion.
- N. Adelman shared challenges and success in the program thus far, and year-to-data data:
  - 262 individuals served by SUD Care Navigators
  - 240 (92%) confirmed admissions
  - 183 (76%) admitted within the appropriate time frame

7. Report from Regional Board

- The Regional Board's CEO Evaluation Committee provided an overview on the CEO performance at the recent board meeting. Per M. Welch Marahar, the results were overarchingly great, but the committee would like a better way to structure the CEO goals to reflect the work that he's doing.
- The prior years' deficit repayment arrangement is being finalized.
- The FY25 budget was revised to reflect a significant rate change that is being implemented this month.
- The Regional Board reviewed the board governance manual and most of the board policies. The Financial Stability and Risk Reserve Management policy is going under further review and possible updates.
- A new business expense reimbursement process is going to the Regional Board in June.
- There was an error in the annual audit report that reflected computer hardware costs in the board diem line item.
- J. Colaianne provided an update on the Monroe CMH FY23 deficit, which was discussed at the Regional Board meeting.

8. SUS Director Updates
   a. CEO Update
      - Conflict Free Access and Planning Project – could significantly affect staffing at the PIHP related to utilization management. The state's goal is to ensure no conflict in the role of planning vs. the role of performing the service. There is concern that it may affect consumer care.
   b. Strategic Planning
      - The PIHP has a health equity team that meets monthly.
      - The RFP was released recently.
      - All rest on track as planned
   c. Staffing
      - The SUD Care Navigator position open and posted, as is one Finance and one Operations position
   d. ASAM Criteria 4th Edition
      - Significant change is happening and will take time to implement, not until next FY. Nicole will send the significant differences to OPB.
   e. Updating Policies
      - Some policies need to be updated, pending updates to the state's policies.

9. Adjournment **(Board Action)**
   Motion by T. Waldecker, supported by A. Fullerton, to adjourn the meeting
   Motion carried

   - The meeting was adjourned at 10:36 a.m.

***Next meeting: Thursday, June 27, 2024**
Location 3005 Boardwalk, Suite 200; Patrick Barrie Room

DRAFT

CEO Report

Community Mental Health Partnership of Southeast Michigan

Submitted to the CMHPSM Board of Directors

June 5, 2024 for the June 12, 2024 Meeting

CMHPSM Update

- Since our last Board meeting the CMHPSM held an all-staff meeting on Monday May 13, 2024.
- We are looking into scheduling an employee retreat this summer focused on staff input on the mission, vision and values, and potential re-branding of the CMHPSM.
- The CMHPSM leadership team continues to meet on a weekly basis on Tuesday mornings. We have expanded the first meeting of each month to include the three additional staff that supervise staff at the CMHPSM. These leadership/manager meetings will allow the CMHPSM to ensure standardization of human resource efforts related to the supervision of CMHPSM staff.
- Our team is in the middle of processing and scoring RFP and RFQ responses related to FY2025 Substance Use Services programming. We received many high-quality responses and look forward to compiling FY2025 award recommendations to the Substance Use Disorder Oversight Policy Board and Regional Board after responses are scored and prioritized.

CMHPSM Staffing Update

- The CMHPSM currently has three open posted positions, SUD Treatment Care Navigator, Compliance Manager, and an Operations Assistant that we are actively interviewing candidates for in June.
- We recently hired a new Financial Accountant and Analyst who joined us on June 3, 2024, welcome to Mattie McIntire.
- More information and links to job descriptions and application information can be found here: https://www.cmhpsm.org/interested-in-employment

Regional Update

- Our regional committees continue to meet using remote meeting technology and expect we will continue to do so until that option is no longer feasible.
- The Regional Operations Committee continues to schedule to meet on a weekly basis.

Statewide Update

- The CMHPSM was informed by MDHHS on May 24 that they received notice from SAMHSA that there will not be COVID Block Grant continuation funding available for FY2024 or beyond. On March 14, MDHHS indicated COVID Block Grant funding was available for substance use service programming in FY2024 beyond the March 15, 2024 expiration. MDHHS has now indicated that American Rescue Plan Act (ARPA) funds will be available to cover the substance use service programs previously funded by COVID Block Grant. We are cautiously reviewing service budgets and proposals against this changing FY2024 and FY2025 revenue picture.
- PIHP statewide CEO meetings are being held remotely on a monthly basis. Since our last Regional Board meeting, the PIHP CEOs met on June 4, 2024.
- The PIHP CEOs met with MDHHS behavioral health leadership staff on June 6, 2024. I provide a summary of those meetings to our regional CMHSP directors at our Regional Operations Committee meetings.
- We are planning on bringing a draft budget framework in August and then bringing the final budget package in September for FY2025.
- Hospital Rate Adjuster (HRA) payments have increased substantially in FY2024. The CMHPSM receives a quarterly report of inpatient psychiatric hospital encounters and associated rate adjuster payment schedule for our region. The HRA payments increased from $308 per day in FY2023 to $622 per day in FY2024. These payments are revenue neutral to the CMHPSM, we pass through the HRA payments to each hospital based upon the MDHHS payment schedule. These payments are an add-on to the inpatient psychiatric rates paid by our CMHSPs to each hospital.
- The CMHPSM is sending feedback on the FY2025 boilerplate PIHP/MDHHS contract by the MDHHS deadline of June 7, 2024. There are numerous changes being made from the FY2024 boilerplate that require significant comment, specifically the sections related to the Internal Service Fund (ISF) funding and expenditure limitations for FY2025.

- The CMHPSM received notice on June 5, 2024 that MDHHS is moving forward with a replacement for the SIS assessment for those in our system with intellectual and/or developmental disabilities. The SIS assessment was disbanded by MDHHS in spring 2023 and will be replaced by the WHODAS 2.0. The general tentative timeline for WHODAS 2.0 implementation is as follows:
    - MDHHS defining implementation details (current)
    - Begin gathering steering committee members (Fall 2024)
    - Steering Committee launched (Winter 2025)
    - Training (Spring 2025)
    - Implementation (Fall 2026)

Legislative Updates

- Nicole Adelman, our Substance Use Services Director, testified to the Health Policy Subcommittee on Behavioral House on Thursday May 23rd. Nicole presented with Joel Smith from Southwest Michigan Behavioral Health on substance use services trends, grant funding and opioid settlement funding. Their presentation to the House subcommittee is attached to this report and was well received by those in attendance.

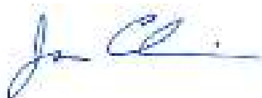
Future Updates

- We are planning to cover the following items at our upcoming CMHPSM Regional Board of Directors meetings:

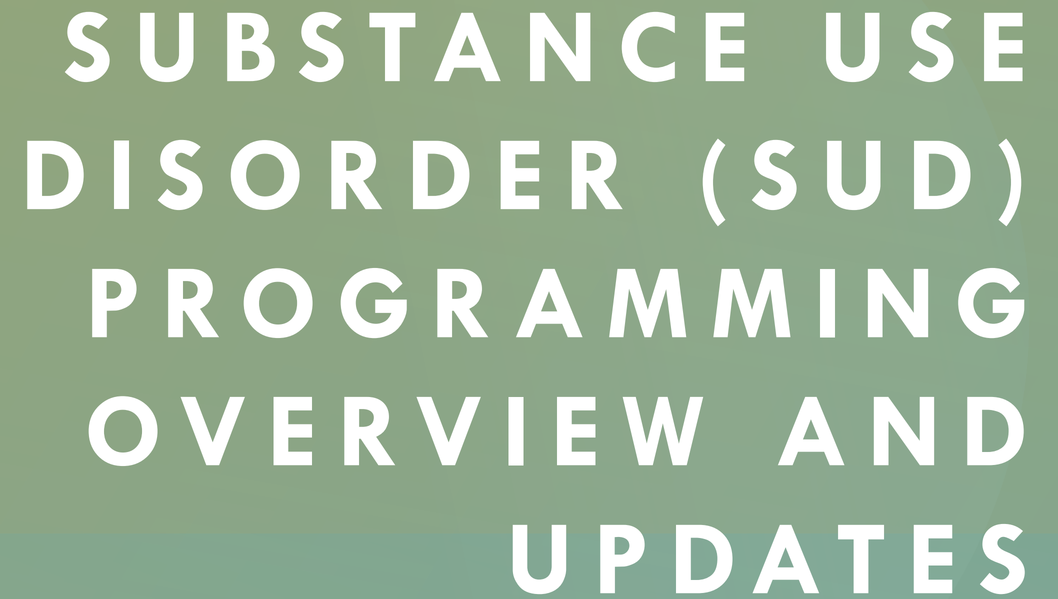
  August 2024
  - Financial Stability and Risk Reserve Management Policy
  - Board Member Conflict of Interest Renewal
  - FY2025 Budget Preview

  September 2024
  - FY2025 Budget Review

Respectfully Submitted,



James Colaianne, MPA

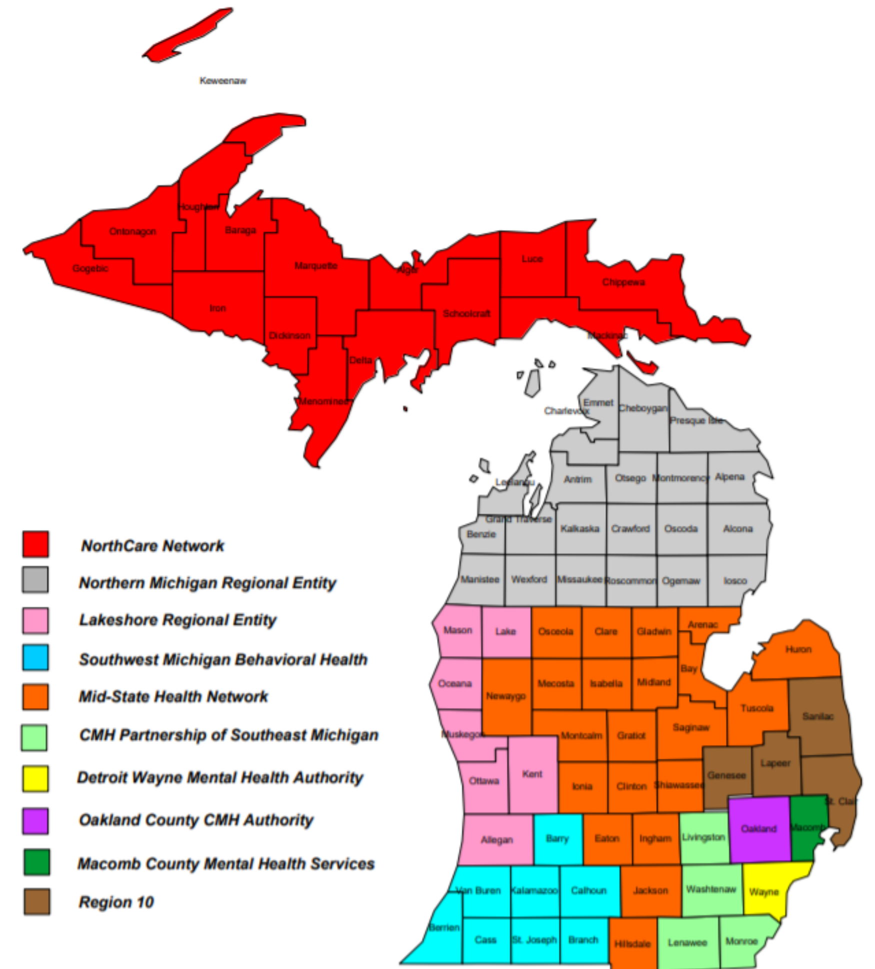


SUBSTANCE USE DISORDER (SUD) PROGRAMMING OVERVIEW AND UPDATES

- Nicole Adelman, MPH, Substance Use Services Director, CMH Partnership of Southeast Michigan
- Dani Meier, PhD, MSW, MA, Chief Clinical Director, Mid-State Health Network
- Joel A. Smith, LMSW, Director of Substance Use Disorder Services, Southwest Michigan Behavioral Health

PRE-PAID INPATIENT HEALTH PLAN (PIHP) OVERVIEW

- PIHP Structure in the State of Michigan
- Role of SUD Treatment, Recovery Support, Harm Reduction, and Prevention Services
  - Levels of Care – from early intervention services to withdrawal management and residential services
- Various Contractual Requirements and Responsibilities for SUD Network:
  - Managing funding, managed care operations, monitoring of providers via site reviews, credentialing of providers, etc.
- MH vs SU(D)



PIHP FUNDING FOR SUD SERVICES

- PIHPS receive Medicaid capitation funding for each region specific to SUD Services
- SUD Block Grant:
  - Essential to funding key Treatment and Prevention programs
  - Priority Populations
  - Safety net for those Individuals who do not have Insurance
  - Covers Services and Recovery Supports that Medicaid does not cover:
    - Residential treatment room and board costs
    - Recovery Housing
    - Prevention Services

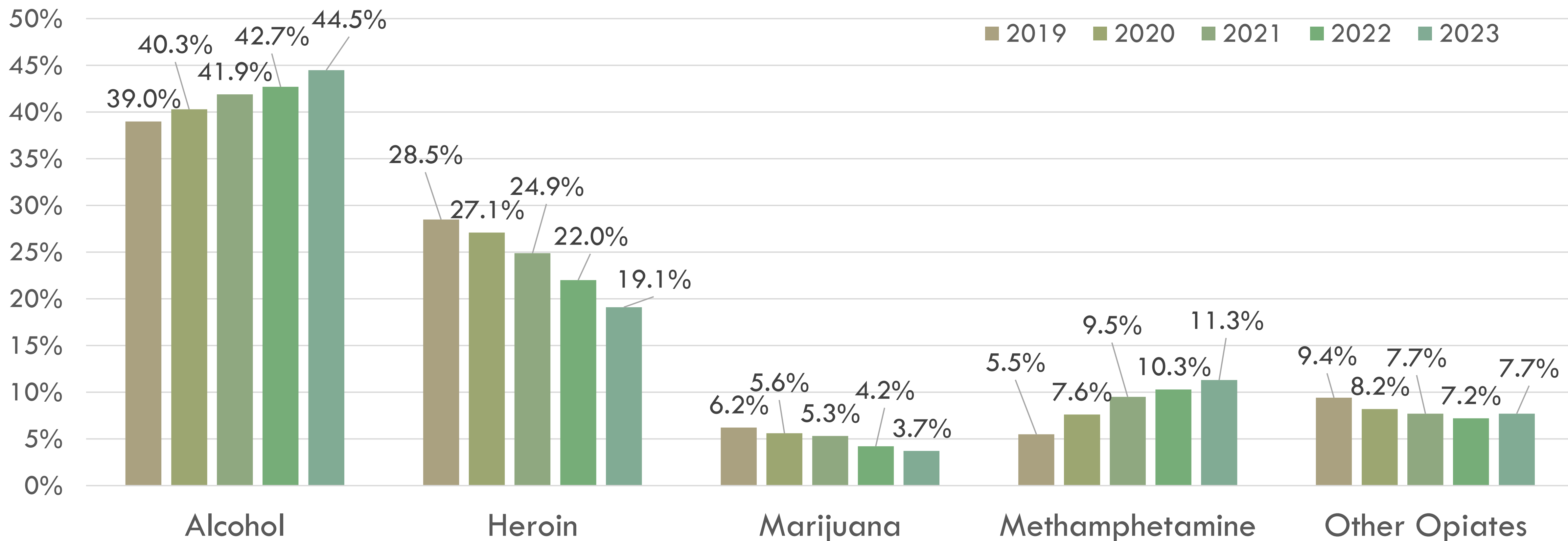
FEDERAL GRANT FUNDING

- Abundant now
- COVID, COVID Supplemental, ARPA, SOR: provided innumerable services and program expansion
  - These funding sources are finite and not all services are sustainable through Medicaid or Block Grant
- When supplemental federal funding ends, service reductions are likely; any agency specific allocations will limit broader community/regional funding.
- Flexible spending is ideal when possible

OPIOID SETTLEMENT FUNDING

- PIHPs have the expertise, data, goals, and connections to counties and municipalities.
- PIHPs are all state-designated Community Mental Health Entities with statutory roles and authorities for substance use disorder prevention and treatment planning.
- PIHPs are a willing partner to any eligible county and municipality to help leverage the treatment and prevention systems in place
- House Health DHHS Appropriations Subcommittee has included $30 million of state opioid settlement funds in their fiscal year 2025 budget to move to, and through PIHPs/CMHEs, to communities and citizens in immediate need.
    - We believe this would result in rapid and impactful substance use disorder and opioid overdose prevention and treatment services in all participating communities.

SUBSTANCE USE TRENDS – STATE OF MICHIGAN



Source: MDHHS, BH TEDS

MULTIPLE PATHS TO RECOVERY AND PROMISING PRACTICES:

- Harm Reduction and Safe Syringe
- Naloxone Accessibility
- Engagement Centers and Recovery Community Organizations
- Recovery Housing
- Opioid Health Homes and SUD Health Homes
- Project ASSERT and Quick Response Teams
- Jail-Based Treatment including the full range of DEA approved Medication Assisted Treatment medications & Re-entry Supports

GAPS IN SERVICES AND CHALLENGES:

- Health Disparities and Stigma
- Rural Areas:
  - Easy access to providers
  - Transportation
  - Phone/computer/internet availability
- Adequate and Affordable Housing
- Services to Youth
- Workforce Shortage

RECOVERY DOES HAPPEN