

**NORTHERN MICHIGAN REGIONAL ENTITY  
BOARD OF DIRECTORS MEETING  
10:00AM, NOVEMBER 22, 2017  
GAYLORD UNIVERSITY CENTER**

<b>BOARD MEMBERS IN ATTENDANCE:</b>	<b>Carol Crawford, Roger Frye, Ed Ginop, Annie Hooghart, Randy Kamps, Gary Klacking, Gary Nowak, Jay O'Farrell, Dennis Priess, Richard Schmidt, Joe Stone, Don Tanner, Nina Zamora</b>
<b>BOARD MEMBERS ABSENT:</b>	<b>Terry Larson, Karla Sherman</b>
<b>STAFF IN ATTENDANCE:</b>	<b>Karan Bingham, Richard Carpenter, Christine Gebhard, Sandy Kintz, Eric Kurtz, Mary Marlatt-Dumas, Brian Martinus, Diane Pelts, Paul Rebandt, Becky Vincent, Dee Whittaker</b>

CALL TO ORDER

Let the record show that Chairman Randy Kamps called the meeting to order at 10:00AM.

ROLL CALL

Let the record show that Terry Larson and Karla Sherman were absent with notice for the meeting on this date; all other NMRE Board Members were in attendance.

PLEDGE OF ALLEGIANCE

Let the record show that the Pledge of Allegiance was recited as a group.

ACKNOWLEDGEMENT OF CONFLICT OF INTEREST

Let the record show that no conflicts of interest were expressed with any of the meeting agenda items.

APPROVAL OF PAST MINUTES

The October meeting minutes were included in the materials packet for the meeting on this date.

**MOTION MADE BY JOE STONE TO APPROVE THE MINUTES OF THE OCTOBER 25, 2017 MEETING OF THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS, SECOND BY ANNIE HOOGHART. MOTION CARRIED.**

APPROVAL OF AGENDA

No additions or changes were proposed to the agenda for the meeting on this date.

**MOTION MADE BY GARY NOWAK TO APPROVE THE AGENDA FOR THE NOVEMBER 22, 2017 MEETING OF THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS, SECOND BY ROGER FRYE. MOTION CARRIED.**

CORRESPONDENCE

- The minutes from the November 2, 2017 PIHP CEO meeting.
- The Michigan Inpatient Psychiatric Admissions Discussion (MiPAD) Sub-Workgroup draft list of recommendations. Christine Gebhard asked if a priority report will be distributed. Mr. Kurtz said that yes, recommendations for the legislature will be shared. There is a question of whether the Finance & Reimbursement portion of workgroup will continue to meet in the future.

- The MACMHB [now Community Mental Health Association of Michigan (CMHAM)] Cares Task Force Suggestions. Mr. Kurtz noted the issue of “Dedicated and Reliable SUD Funding”. A portion (4%) of alcohol taxes and fees would be used to fund SUD services. Mr. Priess asked whether this would be an additional tax; Mr. Kurtz responded, no, it would come from existing liquor tax.
- Information provided by Alan Bolter, Associate Director of Community Mental Health Association of Michigan, regarding Provider Enrollment Fitness Criteria, including the proposed policy.
- The National Association of County Behavioral Health & Developmental Disability Directors (NACBHDD) Board meeting minutes dated November 12<sup>th</sup> – 14<sup>th</sup>.
- Boilerplate Section 298 Summary by Eric Kurtz to the NMRE Board dated November 23, 2017, as requested during the October Board meeting. (More on 298 under the BHH Pilot on page 4.)

#### ANNOUNCEMENTS

Let the record show that no announcements were made during the meeting on this date.

#### PUBLIC COMMENTS

Let the record show that NMRE team members present were introduced to the Board.

#### REPORTS

##### **Board Chair Report/Executive Committee**

Let the record show that no Executive Committee meetings have occurred, and no report was given on this date.

##### **CEO’s Report**

The report for November 2017 was included in the materials packet for the meeting on this date.

Mr. Kurtz spoke about a meeting on November 14<sup>th</sup> with Munson Behavioral Health leadership, through Gabe Schneider, Government Relations Specialist, to discuss problems, pediatric psychiatric services, bed capacity, etc. He felt it was a good, productive discussion. Don Tanner spoke about the difficulty he has experienced in treating his son’s needs. Diane Pelts asked whether there has been any discussion of the Interstate Nursing Licensure Compact or utilizing psychiatric nurse practitioners. Mr. Kurtz responded it was part of the recruitment discussion, but no new information was provided.

##### **Financial Reports**

The NMRE Financial Report for September 2017 was included in the materials packet for the meeting on this date. Richard Carpenter commented that it takes some time to close the end of the year (NMRE and the five CMHSPs). Preliminary numbers are provided in the report; these will change as year-end documents roll in. Mr. Carpenter drew attention to the decline in DAB eligible, noting it is a statewide problem. He met with CEOs November 21<sup>st</sup> to present on the analysis. A two-year period was reviewed (FY16-FY17). An individual was identified as DAB if a DAB payment was every received in the two-year timeframe. Payments other than DAB were then looked at for the identified individuals (TANF, HMP). The underlying premise is that once DAB, it is not likely they would not qualify, due to the nature of the benefit. The analysis revealed payments to the NMRE were distributed for the wrong category to the tune of \$995K for FY16, and \$2.9M for FY17, for a total of \$3.98M. PIHP CEOs are addressing what can be done to make it right. Mr. Tanner asked whether the error can affect rates. Mr. Carpenter said he thinks it could, but the analysis is too preliminary to know where the conversation is going to go. Mr. Kamps asked how that jives with Milliman. Mr. Carpenter explained that Milliman’s findings were based on eligibility (which can be retroactive). It doesn’t affect how we were paid. The analysis gives an actual dollars and cents impact. Milliman took two points in time and compared them; the analysis took a month-by-month look. Mr. Carpenter asserted that the analysis looked at a different part of the problem and not in direct

conflict with Milliman's findings. Mr. Kamps asked whether it could be attributed to a coding problem. Mr. Carpenter said it might be that individuals are encouraged to come in with Healthy Michigan Plan (HMP). Mr. Stone agreed saying, the worker in the office takes the information, the information goes to the State, and the State puts them in HMP.

Mr. Kamps emphasized the need to know exactly what Milliman did. Mr. Carpenter referenced a presentation by Milliman during a recent rate setting meeting; he said he would have to go back to see how the results were determined. He added that the Board could pursue getting something in writing. Mr. Kamps maintained that if we can clearly identify how Milliman did the analysis and we can clearly show underpayment, we're in a good position. Mr. Carpenter provided Mr. Kamps with the analysis on this date. The CEO's will determine what the next steps might be. Mr. Kurtz commented that who the CEOs meet with is key. The number statewide is huge (\$80M). It will be necessary to look at what is in the appropriation, whether we are running under, and what was included, and whether this was a strategy to keep us under the appropriation. The CEOs will likely meet with the budget office, with Alan Bolter and Bob Sheehan (CMHAM). Mr. Bolter and Mr. Sheehan are also meeting with key legislators on the matter.

Christine Gebhard expressed that there are two issues: 1) the FY16 & FY17 retro payments and; 2) moving forward to get the problem fixed. She noted that getting the problem fixed should be the focus, so we don't continue to lose funding. Mr. Kurtz suggested we search by Medicaid ID (DAB to HMP) and crosswalk with eligibility files to get people back into the proper benefit; this should not require the full enrollment packet, which creates lag time to process. It was noted that consumers don't see any difference in services so there is no incentive from DHHS office. Mr. Kurtz commented he's heard the problem is "fixed" three separate times. Dennis Priess identified that it's not just a revenue issue, it's an expense issue as well, as the DAB population is very expensive to serve. Mr. Kamps asked whether, at some point, it affects the array of benefits. Mr. Stone responded, if HMP (ACA) goes away, it will. Mr. Kamps voiced the need to contact Alan Bolter and enlist advocacy groups. Ms. Gebhard noted that recent changes to HMP eligibility criteria could cause people to be bounced off the benefit. Mr. Kurtz said that although assurance has been given that identified individuals won't be moved to the marketplace, it's inevitable that some will.

Mr. Carpenter reviewed the remainder of the September Financial Report. Preliminary numbers show a Medicaid surplus of \$3.8M, autism deficit of \$2.4M – \$2.5M, HMP deficit of \$1.3M. The three numbers net close to zero depending on where autism falls. The November 10<sup>th</sup> interim FSR showed no lapse for FY17. Mr. Carpenter thanked the CMHSPs for the spending push at the end of the year. The Autism settlement will occur in February 2018.

Mr. Kamps noted the \$15K overage for Board spending. Mr. Stone remarked that it reflects 0.01% of the budget.

Mr. Priess inquired about whether the SUD over-expenditures are coming in line. Mr. Carpenter said we should start to see some movement in the October report. With the increase in cap payment, that number should drop significantly. Mr. Kurtz added that the NMRE is moving forward with Request for Information (RFI) process.

#### NEW BUSINESS

##### **SUD Board Update**

The NMRE SUD Policy Oversight Board met on Monday, November 6, 2017. Minutes were not available on this date but will be posted on the nmre.org website.

**MOTION MADE BY JOE STONE TO APPROVE THE FIVE ITEMS RECOMMENDED BY THE NORTHERN MICHIGAN REGIONAL ENTITY SUBSTANCE USE DISORDER POLICY OVERSIGHT BOARD ON NOVEMBER 6, 2017, SECOND BY GARY NOWAK.**

Discussion: Richard Schmidt commented that one of the liquor tax requests would take funds from all the counties, though, potentially, not all counties (based on use). The SUD Board approved the total which will be assigned per county at year-end.

**Voting took place on Mr. Stone's motion. MOTION CARRIED.**

**SUD Liquor Tax Policy**

A slight change was made to the NMRE SUD Liquor tax policy to allow continued funding to services that have proved to be effective.

**MOTION MADE TO APPROVE THE CHANGES TO THE NORTHERN MICHIGAN REGIONAL ENTITY SUBSTANCE USE DISORDER LIQUOR TAX POLICY AS PRESENTED ON THIS DATE, SECOND BY ROGER FRYE. MOTION CARRIED.**

OLD BUSINESS

**SUD Health Home Update**

Mr. Kurtz shared the he heard weekly meetings are beginning to discuss the development of the pilot. Work will begin by getting something to present to CMS. Outpatient providers and FQHCs are being brought in to conversations regarding processes. Support for the endeavor has been positive.

**BHH Home Pilot**

Mr. Kurtz stated that he is working on a narrative to expand the Behavior Health Home Pilot under the current arrangement to the 21-counties to serve more individuals. This might require a slight Amendment. No new information was available to report.

The following two documents were distributed to the Board on this date:

- Expectations and Parameters for the Section 298 Pilots (white paper)
- Section 298 Barriers to Implementation report (FY18 Appropriation Act – Public act 107 of 2017) dated November 1, 2017

Mr. Kurtz reviewed the white paper. The November reporting timeline to legislators is being met. The stated timeline was described as “aggressive”. Boilerplate language to change Social Security Administration (SSA) was developed to exempt pilots from carve-out language. More updates will be coming forward in the weeks to come. Mr. Stone asked whether there have been any “volunteers” for the pilots. Mr. Kurtz responded, he has heard “what if” scenarios if no one comes forward. Chris Priest, would end up “forcing” someone into the pilot. It is unlikely that more than three applications would be received. The RFI process will likely be similar to the “old time” 298 models project. The RFI is just the first step of full-blown procurement. Mr. Kamps asked whether the Evaluator will evaluate ongoing, or right before launch. Mr. Kurtz guessed that it would happen until the end. As a region, there it reemphasizes our commitment to pursue the avenues we’re pursuing. The Kent County pilot is turning into a demonstration. Mr. Priess asked how SUD services fit in the pilots? Mr. Kurtz expressed the intent is to move the funding to the CMHSP. He said he is unsure how many CMHSPs are managing the SUD funding currently, or managing that level of service. There is no specific information regarding block grant funding. Mr. Kurtz is advocating that the fee-for-service population stay with PIHP (25% of enrolled individuals), and that SUD funding stays where it is.

## PRESENTATION

### **Veteran Navigator Update**

Brian Martinus discussed his role as Veteran Navigator for the NMRE. He came to the NMRE in October as Command Chaplain for the 46<sup>th</sup> Military Police Command out of Lansing. He is currently working with Veteran Service Officers within the region, speaking at Veterans Coalition meetings, providing education, making referrals, and spreading the word about this service. He is working with other PIHP Veteran Navigators to develop a statewide training plan. Trainings are currently being arranged on Bulletproof Mind and Eye Movement Desensitization and Reprocessing (EMDR) for provider staff. Gary Nowak asked what services are covered by the grant? Mr. Martinus responded that he can use the funds to service veterans in the local community and to get specialized treatment opportunities. Data showing services to Veterans was distributed to the group. Mary Marlatt-Dumas explained that the data represents a drop but noted that current collection is limited to only those Veterans deployed to combat. This will be addressed with regional clinical leadership and quality improvement staff. Diane Pelts commented that the VA Mental Health Summit in July touched on the overall misunderstanding regarding service benefits (Tricare); these are provided to a small segment of Veterans. Mr. Martinus noted some changes are coming forward with Tricare. Mr. Martinus is scheduling visits to the five regional CMHSPs.

### **Consumer Relations Update**

Karan Bingham was introduced to the Board as the NMRE's Consumer Relations Specialist. She is working with the CMHSPs' Customer Services representatives to implement some changes per Managed Care Rules (based on the Triple Aim) and the BBA. Amendment No.1 to the MDHHS-PIHP Contract for FY18 called for changes to Grievance and Appeal processes. Forms, notices, letters, brochures, posters, etc. are being updated to reflect the changes. Feedback from the October 27, 2017 Day of Recovery was distributed and reviewed. Mr. Kurtz commented that this was a very positive event with top notch speakers. Ms. Bingham is working with the Regional Entity Partners (REP) Consumer Advisory group to develop the next topics (May 2018). The NMRE Guide to Services has been updated per MDHHS-PIHP Contract, and to be more inclusive of SUD services.

## BOARD COMMENTS

- Mr. Stone discussed the suggestion made during the last Board meeting of reducing the number of Association conferences from three to two. He said it will be discussed during the next meeting; there are pros and cons on both sides.
- Jay O'Farrell commented on the grassroots effort to put recreational marijuana on the ballot in November; the petition received 150,000 more signatures than needed.
- Mr. Tanner noted a typo in the draft Operations Committee Minutes dated November 13<sup>th</sup> which will be corrected.
- Mr. Kamps stated the evaluation of the NMRE CEO was scheduled for November. Given that Eric Kurtz has not been employed at the NMRE for a year yet, he proposed postponing the evaluation until November 2018. The Board agreed.
- Mr. Nowak wished everyone a happy thanksgiving and safe travels to those departing for the holiday.

## MEETING DATES

The next meeting of the NMRE Board of Directors is scheduled for December 27, 2017 in the Cross Street conference room in Gaylord. Carol Crawford indicated she has a scheduling conflict and will be absent.

## ADJOURN

Let the record show that Mr. Kamps adjourned the meeting at 11:43AM.