

**NORTHERN MICHIGAN REGIONAL ENTITY
BOARD OF DIRECTORS MEETING
10:00AM – JANUARY 26, 2022
GAYLORD BOARDROOM**

ATTENDEES:	Roger Frye, Ed Ginop, Randy Kamps, Terry Larson, Christian Marcus, Gary Nowak, Jay O'Farrell, Justin Reed, Richard Schmidt, Karla Sherman, Don Smeltzer, Joe Stone, Don Tanner
VIRTUAL ATTENDEES:	Gary Klacking (West Branch), Mary Marois (Destin, FL)
NMRE/CMHSP STAFF:	Joanie Blamer, Eugene Branigan, Christine Gebhard, Chip Johnston, Eric Kurtz, Tema Pefok, Diane Pelts, Sara Sircely, Nena Sork, Deanna Yockey, Carol Balousek, Lisa Hartley
PUBLIC:	Chip Cieslinski, Dave Freedman, Jim Harrington

CALL TO ORDER

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

ROLL CALL

Let the record show that all Board Members were in attendance for the meeting on this date, either in person or virtually.

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 to any of the meeting Agenda items were declared.

APPROVAL OF AGENDA

Let the record show that Annual Compliance Training added to the Agenda.

MOTION BY JOE STONE TO APPROVE THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS MEETING AGENDA FOR JANUARY 26, 2022 AS AMENDED; SUPPORT BY KARLA SHERMAN. MOTION CARRIED.

APPROVAL OF PAST MINUTES

Let the record show that the December minutes of the NMRE Governing Board were included in the materials for the meeting on this date.

MOTION BY ROGER FRYE TO APPROVE THE MINUTES OF THE DECEMBER 22, 2021 MEETING OF THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS; SUPPORT BY GARY NOWAK. MOTION CARRIED.

CORRESPONDENCE

- 1) The minutes from the January 6, 2022 PIHP CEO meeting.
- 2) The minutes from the January 10, 2022 Directors Forum meeting.
- 3) CMS staff vaccination requirements infographic.
- 4) Michigan Psychiatric Care Improvement Project (MPCIP) December 2021 Update.

- 5) Michigan Integration Efforts January 2022 Update.
- 6) Memorandum from Audra Parsons at MDHHS dated January 11, 2022 regarding the Managed Care Program Annual Report (MCPAR).
- 7) Memorandum from Jeffery Wieferich at MDHHS dated January 7, 2022 regarding the Temporary Waiver of Child Mental Health Provider Qualifications.
- 8) The Health Safety Net Coalition's Recommended Investments and Requests.
- 9) Letter to Bob Sheehan (CMHAM) from Jeffery Wieferich (MDHHS) dated January 5, 2022 regarding the halt in participation in Standard Cost Allocation workgroups.
- 10) Photographs of Michigan's Medicaid Health Plan offices versus Community Mental Health Services Providers titled "A Picture Is Worth a Thousand Words."
- 11) Draft minutes of the January 12, 2022 NMRE Regional Finance Committee meeting.

Mr. Kurtz drew attention to visual comparison represented in the photographs titled "A Picture Is Worth a Thousand Words."

ANNOUNCEMENTS

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

PUBLIC COMMENTS

Let the record show that the members of the public attending the meeting virtually were recognized.

REPORTS

Executive Committee Report

Let the record show that no meetings of the NMRE Executive Committee have occurred since the December Board Meeting.

CEOs Report

The NMRE CEO Monthly Report for January 2022 was included in the materials for the meeting on this date. Mr. Kurtz noted that he and NMRE Managing Director of Substance Use Disorder Services, Sara Sircely, presented on the Opioid Health Home to the Northern Lakes CMHA Board on January 20th. Mr. Kamps thanked Mr. Kurtz and Ms. Sircely for the well-organized presentation.

Financial Report

November 2021

- Traditional Medicaid showed \$33,635,159 in revenue, and \$28,596,944 in expenses, resulting in a net surplus of \$5,038,215. Medicaid ISF was reported as \$9,298,750 based on the interim FSR. Medicaid Savings was reported as \$11,296,664.
- Healthy Michigan Plan showed \$5,294,270 in revenue, and \$3,738,856 in expenses, resulting in a net surplus of \$1,555,414. HMP ISF was reported as \$7,059,746 based on the interim FSR. HMP savings was reported as \$5,061,832.
- Net Position* showed net surplus Medicaid and HMP of \$6,593,629. Medicaid carry forward was reported as \$16,358,496. The total Medicaid and HMP Current Year Surplus was reported as \$21,510,645. Medicaid and HMP combined ISF was reported as \$16,358,496; the total Medicaid and HMP net surplus, including carry forward and ISF was reported as \$37,869,141.
- Health Home showed \$186,406 in revenue, and \$151,675 in expenses, resulting in a net surplus of \$34,731.
- SUD showed all funding source revenue of \$3,835,348, and \$2,915,418 in expenses, resulting in a net surplus of \$919,930. Total PA2 funds were reported as \$5,949,601.

The direct care wage surplus was reported as \$1.4M.

Mr. Kamps commented that the region should be creating spending plans for surplus funds to avoid a lapse to the State. Mr. Kurtz responded that “FY22 Budget Stabilization” is a current standing Operations Committee meeting Agenda item for discussion. Ms. Gebhard noted that she would like to hire additional staff, but recruitment efforts have been fruitless. Ms. Sherman acknowledged the need to have competitive wages/salaries and benefits. Mr. Marcus expressed frustration with the lack of communication from MDHHS and not knowing what’s in the mid-year supplemental budget adjustment. Mr. Reed stressed the need for affordable housing in Grand Traverse County. Mr. Kamps emphasized the need to enhance the status of the behavioral health industry in terms of its value to society. Mr. Reed added that outreach to educational systems is needed.

Mr. Marcus referred to the January 10th Directors Forum Meeting minutes announcing the movement of five BHDDA positions to the newly formed Health and Aging Services Administration (HASA); he asked whether this would affect our system in a positive way regarding administrative demands. Mr. Kurtz responded that moving the BHDDA staff over to Medicaid will not likely help with the administrative demands; overregulating paperwork/billing requirements, etc. were cited as deterrents to working in behavioral health. Mr. Kamps requested a list of “stupid rules” to which the PIHPs/CMHSPs are being held so that he can present it to his legislators.

Mr. Stone asked how the FY22 revenue/expenses compare to the budget. Ms. Yockey responded that, at two months into the fiscal year, revenue is \$400K above Q1 FY21. Mr. Stone asked whether something can be done now (rather than the end of the year) to get spending plans in place. Ms. Gebhard responded that the Operations Committee is working on implementing crisis residential units within the NMRE Region; bids have been issued to remodel a home in Gaylord to meet this need.

MOTION BY ROGER FRYE TO APPROVE THE NORTHERN MICHIGAN REGIONAL ENTITY MONTHLY FINANCIAL REPORT FOR NOVEMBER 2021; SUPPORT BY GARY NOWAK. MOTION CARRIED.

Operations Committee

The minutes from January 18, 2022 were included in the materials for the meeting on this date. Mr. Kurtz explained that the 1915(i) waiver will authorize the provision of Home & Community Based Services to Medicaid beneficiaries with a serious emotional disturbance, serious mental illness and/or intellectual/developmental disability; the potential impact to Region 2 was provided as approx. 2800 individuals.

Mr. Kamps asked what can be done to increase enrollment in the Behavioral Health Home; Northern Lakes CMHS currently has 75 individuals enrolled (18,000 potential eligible enrollees have been identified regionwide.) Mr. Johnston referred to the “Health Safety Net Coalition Requests” included in the meeting packet under “Correspondence;” he noted no funding was requested to expand the Behavioral Health Home. In contrast, millions in additional funding were requested for the Certified Community Behavioral Health Centers (CCBHC). According to a report on expenditures from CMHAM, CCBHC is overspent \$3.8M as of December 31, 2021. The BHH is a model that works in rural areas and is creating local dollars.

NMRE SUD Oversight Board Report

Let the record show that the next meeting of the NMRE Substance Use Disorder Oversight Board is scheduled for March 7, 2022 at 10:00AM in the Gaylord Conference Room.

NEW BUSINESS

Let the record show that there was no New Business on the Agenda for the meeting on this date.

OLD BUSINESS

BHH TCM vs. CSM

TCM and BHH Guidance from Lindsay Naeyaert dated January 19, 2022 was included in the materials for the meeting on this date. It was concluded that TCM and BHH do have service overlap but are not wholly duplicative; meaning, BHH and TCM can be billed in the same month. Specific services were identified that cannot be billed to both TCM and BHH in the same calendar month.

The NMRE will likely need to more closely monitor Individual Plans of Services to ensure that there is no overlap of services being provided by the BHH.

Senate Bills/Northern Michigan Counties Association (NMCA) Meeting

An email from Alan Bolter (CMHAM) dated January 14, 2022 announcing Sen. Shirkey’s expected attendance at the NMCA meeting on February 7th was included in the materials for the meeting on this date. The recipient rights components included in SB 598 were discussed.

PRESENTATION

NMRE Chief Compliance and Quality Officer, Tema Pefok, was in attendance to provide updates to the Board on the NMRE’s Quality Assessment and Performance Improvement Program (QAPIP) and Compliance Workplan and provide the Board’s Annual Compliance Training.

FY21 Quality Assessment and Performance Improvement Program (QAPIP) Review and FY22 Workplan

Ms. Pefok provided a summary overview of the NMRE’s FY21 QAPIP and the Goals and Objectives in the FY22 Workplan.

FY22 QAPIP Workplan Goals	Objectives
1. The NMRE will conduct Performance Improvement Projects (PIPs) that will include ongoing measurements and intervention, demonstrable and sustained improvement in significant aspects of clinical and non-clinical services that are expected to have positive impact on health outcomes and member satisfaction.	1. The NMRE Data Analyst will continue to collect ADHD data and share with the CMHSPs to conduct analysis and follow-up with individuals that meet criteria. This data will be discussed quarterly with the Compliance and Quality Oversight Committee (QOC) to identify areas for improvement. 2. The Compliance and Quality Team will work with HSAG and MDHHS to identify a new PIP starting FY22.
2. The NMRE Compliance and Quality Team will work with IT and QOC to develop a standardized method to collect data on risk events and sentinel events.	1. The NMRE Compliance and Quality Team will draft a form that will be used to collect risk event data from the CMHSPs. 2. The NMRE Compliance and Quality Team will share the Risk Event Reporting form with the CMHSPs and continue to educate them on how to complete the form and the importance of this activity.

	<ol style="list-style-type: none"> 3. The NMRE Compliance and Quality Team will review the reporting process and requirements of the vent data with the Providers to avoid under reporting. 4. Through the annual site review process, the Compliance and Quality Team will check to assure that interventions are improving patient safety. This will be done by reviewing the data submitted, which will include the number of events. 5. The analysis of Sentinel Events, Critical Incidents, and Risk Events will include a review of data per event type per 1,000 members to complete a comparative analysis and trend these data over time.
<ol style="list-style-type: none"> 3. The NMRE will continue to conduct quantitative and qualitative assessments of member experiences with services. These assessments will be representative of the persons served and the services and supports offered. 	<ol style="list-style-type: none"> 1. The NMRE will revise survey questions to assure the right questions are asked and that the questions are returning meaningful data. 2. The NMRE will work with Providers to identify ways to implement surveys in a way that will not cause survey fatigue amongst participants. 3. The NMRE will take specific actions on individual cases of the survey results, as appropriate. 4. Survey results will be shared with the QOC to discuss and identify possible solutions to resolve areas of dissatisfaction on an ongoing basis.
<ol style="list-style-type: none"> 4. The NMRE will measure its performance using standardized indicators based on the systemic, ongoing collection and analysis of valid and reliable data. 	<ol style="list-style-type: none"> 1. The NMRE QOC will monitor comparative provider performance of quarterly MMBPIS measures within 30 days of the quarterly report from MDHHS. 2. The NMRE will share performance data with the CMHSPs for their review. These data will be discussed quarterly by the QOC. 3. The NMRE QOC will continue to monitor the impact of removing exceptions for Performance Indicators Tables 2 and 3.
<ol style="list-style-type: none"> 5. The Compliance and Quality Team will continue to monitor its Provider Network at least annually. 	<ol style="list-style-type: none"> 1. The NMRE will coordinate and conduct site reviews annually for all contracted services providers. 2. The NMRE will monitor and follow-up with Corrective Action Plans (CAPs) to assure that they are being implemented as stated by Providers. 3. The NMRE QOC will receive regular updates from the providers on the progress of the site review CAPs. 4. The NMRE will perform quarterly audits to verify Medicaid and Health Michigan Plan

	claims/encounters submitted by Providers. This will include verifying data elements from individual claims/encounters to ensure proper codes are used.
6. The NMRE will update and improve its Provider Directory and work with Providers in the region to update their Directories accordingly.	<ol style="list-style-type: none"> 1. The NMRE will gather information from its Providers about physical accommodations such as ramps, restrooms, electronic doors, exam rooms, etc. specific to each location. 2. The NMRE will create a more user-friendly interface; rather than a spreadsheet platform, the NMRE will include drop-down options, more visible links to CMHSP pages, and maps with travel distances.
7. The NMRE will update and improve its Network Adequacy Plan to include time/distance standards within the region.	<ol style="list-style-type: none"> 1. The NMRE will create a report that will allow users to determine mileage from a geographic location to a Provider site using Network Adequacy Standards for each individual mental health and SUD services provider. 2. Once the NMRE's Network Adequacy Plan is in place, it will be made accessible to the public through its website.
8. The NMRE Compliance and Quality Team will conduct quarterly reviews and analysis of data from the CMHSPs where intrusive or restrictive techniques have been approved for use with members and where physical management or 911 calls to law enforcement have been used in an emergency behavioral crisis.	<ol style="list-style-type: none"> 1. The NMRE will monitor that only techniques permitted by the Technical Requirements for Behavior Treatment Plans that have been approved during person-centered planning by the member and his/her guardian may be used through the annual site review process. 2. The NMRE QOC will oversee the operations of the behavioral health treatment operations by reviewing data and trends. 3. The NMRE QOC will quarterly review/discuss behavior treatment data; this includes trend analyses received from individual CMHSPs.
9. The NMRE will continue to improve the process to provide quarterly updates to the Governing Body regarding QAPIP activities.	<ol style="list-style-type: none"> 1. QAPIP activities will be reviewed and evaluated by the NMRE QOC quarterly. 2. The QAPIP quarterly evaluation report will be shared with the NMRE Governing Board.

MOTION BY GARY NOWAK TO APPROVE THE NORTHERN MICHIGAN REGIONAL ENTITY FISCAL YEAR 2021 QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT PROGRAM SUMMARY AND THE FISCAL YEAR 2022 QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT PROGRAM WORKPLAN; SUPPORT BY KARLA SHERMAN. MOTION CARRIED.

Review of FY21 Compliance Summary and FY22 Compliance Workplan

Ms. Pefok provided a summary overview of the NMRE's FY21 Compliance Program and the Goals and Objectives in the FY22 Workplan.

Board Annual Compliance Training for FY22

Ms. Pefok provided that Board with its Annual Compliance Training for 2022. The training objectives were stated as:

- Understand the purpose of the Compliance Program
- Describe key elements of the Compliance Program
- Understand safeguards around confidential information
- Understanding the role of Board Members with respect to identifying and reporting compliance issues/concerns.

COMMENTS

Board

- Mr. Stone reminded Board Members to watch the Governor's State of the State address later on this date.
- Mr. Stone noted that a recent CMHAM Zoom meeting was hacked; attendees will now be required to wait in the virtual lobby before being admitted to meetings.
- Mr. Frye voiced support for Canadian truckers opposing a cross-border vaccine mandate.

Staff/CMHSP CEOs

Ms. Gebhard announces that she will be retiring from her position as CEO of North Country CMHA effective July 1, 2022.

MEETING DATES

The next meeting of the NMRE Board of Directors was scheduled for 10:00AM on February 23, 2022.

ADJOURN

Let the record show that Mr. Tanner adjourned the meeting at 12:04PM.