

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN
REGULAR BOARD MEETING

705 N. Zeeb Road, Ann Arbor, MI 48103

January 13, 2016

6:00 pm



Agenda

	<u>Guide</u>
I. Call to Order	1 min
II. Roll Call	2 min
III. Consideration to Adopt the Agenda as Presented (Board Action)	2 min
IV. Consideration to Approve the Minutes of the 12-9-15 Regular Meeting and Waive the Reading Thereof (Board Action) {Attachment #1}	2 min
V. Audience Participation (5 minutes per participant)	
VI. Communication to the Regional Board	2 min
VII. PIHP CEO Report to the Board	40 min
a. PIHP CFO—welcome Suzanne Stolz	
b. FY 15 Year End Medicaid Snapshot by CMHSP (Handout)	
c. December Finance Report {Attachments #2, 2a-b}	
d. WCCMH Update—FY 16 Progress Report (Presentation)	
e. PIHP Strategic Planning Process	
f. National Council Annual Conference {Attachment #3}	
g. Status of PIHP Bylaws Approval	
h. PIHP Crisis Manual Update	
VIII. Old Business	15 min
a. Governance Policies Drafts {Attachment #4}	
b. CEO Performance Measures Update {Attachment #5} (Board Action)	
IX. New Business	15 min
a. Revised Job Description and Organizational Chart {Attachment #6, 6a} (Board Action)	
b. Recommendation for Salary Increase {Attachment #7, 7a} (Board Action)	
X. Adjournment	

**COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN
REGULAR BOARD MEETING MINUTES
December 9, 2015**



Members Present: Greg Lane, Jan Plas, Lisa Berry-Bobovski, Patricia Spriggle, Robin Damschroder, Ralph Tillotson, Charles Londo, Judy Ackley, Barb Cox, Kent Martinez-Kratz

Members Absent: Bob Wilson, Sandra Libstorff, Charles Coleman

Staff Present: Connie Conklin, Sandy Keener, Stephannie Weary, Marci Scalera, Marie Irwin, James Colaianne, Trish Cortes, GERALYN HARRIS

Others Present: Lori Lutomski

- I. Call to Order
Meeting called to order at 6:00 p.m. by Board Chair G. Lane
- II. Roll Call
- III. Consideration to Adopt the Agenda as Presented

**Motion by R. Tillotson, supported by J. Plas, to approve the agenda
Motion carried**

- Addition to New Business: MACMHB Update

- IV. Consideration to Approve the Minutes of the November 11, 2015 Regular Meeting and Waive the Reading Thereof

**Motion by J. Plas, supported by K. Martinez-Kratz, to approve the minutes of November 11, 2015 Regular Meeting and waive the reading thereof
Motion carried**

- V. Audience Participation
- VI. Communication to the Regional Board
None
- VII. PIHP CEO Report to the Board
 - J. Terwilliger advised that, as the Monroe CMHA director, she sent out periodic updates to the board of directors that were helpful, and will do the same at the regional level once she's gotten settled in. Also, in order to get to know Washtenaw better, J. Terwilliger will do some "meet and greets."
 - a. October Finance Report
 - Medicaid capitation is a statewide issue. The state has fixed an eligibility issue, and the November revenue was above October's number.
 - Healthy Michigan revenue is under budget. The plan is to use more carry-forward than was budgeted to continue to provide services. Any carry-forward that isn't spent for this fiscal year will revert back to the state.

Attachment #1 – January 2016

- Actual Affiliate Partner payments are less than budget due to Healthy Michigan and Autism payments.
- b. PIHP CFO Update
 - Suzanne Stolz from CEI has accepted the CFO position, with a January 4, 2016 start-date.
- c. Amended Bylaws Approval/Filing Timeline
 - The CMHPSM regional board forwarded recommended update to the bylaws, going to the CMHSP boards for approval. Approvals and filings should all be completed in January, 2016.
- d. Debarment Policy Requirements for Regional Board Members
 - J. Colaianne advised of the new policy's requirement.
 - During the External Quality Review, the region didn't do well in the area regarding debarment. Anyone receiving federal funding (including board members, executive senior leadership at CMHs and providers) must adhere to the policy requirements.
 - The region will only require social security numbers if other elements are flagged: date of birth, first name, last name, middle initial.
 - Information will be collected at the local boards.
- e. WCCMH Contract Extension through FY 2016
 - Washtenaw CMHA received the contract extension through the end of FY 16.
 - Washtenaw County contracted with HMA to do a review of the funding and finances for the mental health department and services of Washtenaw County. A preliminary report will be released 12/17, with a final report by 12/23.
 - The study was commissioned by the Washtenaw Board of Commissioners.
- f. MDHHS Waiver/SUD Audit Results
 - Results haven't been received yet. There were some areas for improvement.

VIII. Old Business

- a. Governance Policies Timeline
 - G. Lane presented the timeline.
- b. CEO Performance Measures Update
 - The Board reviewed the proposed evaluation updates and possible indicators.
 - Next month J. Terwilliger will present the proposed areas for evaluation.

IX. New Business

- a. Annual Approval of Employee Handbook and Policies

Motion by J. Plas, supported by J. Ackley, to approve the changes to the CMHPSM Employee Handbook

Motion carried

- b. CMHPSM Conference Room Policy

Motion by K. Martinez-Kratz, supported by R. Tillotson, to approve the new CMHPSM Conference Room Policy

Motion carried

- c. Contract Approval

Motion by L. Berry-Bobovski, supported by R. Tillotson, to approve the contract for Eastern Michigan University to assume the Communities That Care Contract
Motion carried

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

d. MACMHB

- J. Plas advised of 2 votes that will take place at the January conference. Representatives for CMHPSM need to be determined.
- The directors' forum is next week. Topics will include a new state direction, such as talk of eliminating the PIHPs. There will be an update on this at the January CMHPSM Regional Board meeting.
- C. Londo would like to understand the rationale of eliminating the PIHPs. He requested to see a copy of the white papers that have examined the system. J. Terwilliger will distribute the white papers. J. Plas, P. Spriggle and R. Tillotson requested hard copies, rather than electronic copies.

X. Adjournment

Motion by R. Tillotson, supported by L. Berry-Bobovski, to adjourn the meeting
Motion carried

- Meeting adjourned at 6:48 p.m.

Bob Wilson, CMHPSM Board Secretary

Community Mental Health Partnership of Southeast Michigan

FINANCIAL HIGHLIGHTS

November FYTD Report

1. Statement Of Revenue, Expense & Change Net Position:

a. Revenue

- Medicaid Revenue for November is \$37,262 over budget and includes an adjustment for the October payment.
- Healthy Michigan revenue is under budget (\$369,457). The November payment was slightly higher than October, however, the actual paid rates per eligible are less than what was projected at the time the budget was adopted and we anticipate using carry forward to bridge the gap.
- Autism funding is received on a five month lag.

b. Funding for CMHSP Partners and SUD Services

- Actual Affiliate Partner payments are less than budget due to Autism payments. We will begin making Autism payments when the revenue is received in March.

c. Funding for SUD Services

- Expenses are under budget – new programs for FY2016 have not been fully implemented yet.

d. CMHPSM Administrative Costs

- Administrative expenses are running under budget. We currently have three vacant positions that will be filled in January.

2. Summary Of Revenues & Expenses by Fund:

- a. The shortfall in Healthy Michigan will be covered with FY2015 carry forward. The carry forward dollars will be recorded when FY2015 is finalized.
- b. SUD Other surplus is a combination of PA2 and Block Grant funding. New programs are being implemented in FY2016 and full operations have not been achieved at this time.

Community Mental Health Partnership of Southeast Michigan
STATEMENT OF REVENUES, EXPENSES CHANGES IN NET POSITION
 For the Two Months Ending 11/30/2015

	Original Budget	YTD Actual	YTD Budget	YTD Actual O/(U) Budget
Operating Revenue				
Medicaid Capitation	\$132,668,900	\$22,148,745	\$22,111,483	\$37,262
Medicaid Carryforward	0	0	0	0
Healthy Michigan Plan	13,355,100	1,856,393	2,225,850	(369,457)
Healthy Michigan Carryforward	1,332,382	0	222,064	(222,064)
Autism	1,661,715	0	276,953	(276,953)
Medicaid Health Home-Washtenaw Only	419,801	126,078	93,289	32,789
10% Health Home Match Washtenaw	41,980	12,608	9,329	3,279
MIChild	0	65,234	0	65,234
SUD Community Grant	3,767,460	615,676	627,910	(12,234)
SUD PA2 - Cobo Tax Revenue	2,105,798	350,966	350,966	0
Other Revenue	1,795,347	262,963	299,225	(36,262)
Total Operating Revenue	\$157,148,483	\$25,438,663	\$26,217,069	\$(778,406) 1a
Funding For CMHSP Partners				
Lenawee CMHSP	\$16,987,987	\$2,810,991	\$2,831,331	\$(20,340)
Livingston CMHSP	23,466,599	3,816,076	3,911,100	(95,024)
Monroe CMHSP	25,356,719	4,192,615	4,226,120	(33,505)
Washtenaw CMHSP	64,704,549	10,785,908	10,805,844	(19,936)
Total Funding For CMHSP Partners	\$130,515,854	\$21,605,590	\$21,774,395	\$(168,805) 1b
Funding For SUD Services				
Lenawee County	\$1,278,823	\$137,721	\$213,137	\$(75,416)
Livingston County	1,614,420	189,537	269,070	(79,533)
Monroe County	1,506,177	154,288	251,029	(96,741)
Washtenaw County	4,026,893	570,340	671,149	(100,809)
Total Funding For SUD Services	\$8,426,313	\$1,051,886	\$1,404,385	\$(352,499) 1c
Other Contractual Obligations				
Hospital Rate Adjuster	\$2,122,900	\$355,201	\$353,817	\$1,384
USE and HICA Tax	9,967,501	1,594,726	1,661,250	(66,524)
Local Match	1,577,780	262,964	262,964	0
10% Health Home Match Washtenaw	41,980	12,608	9,329	3,279
Total Other Costs	\$13,710,161	\$2,225,499	\$2,287,360	\$(61,861)
CMHPSM Administrative Costs				
Salary & Fringe	\$1,768,037	\$214,872	\$294,673	\$(79,801)
Administrative Contracts	1,055,751	183,192	179,392	3,800
Board Expense	15,190	420	2,532	(2,112)
All Other Costs	142,126	9,914	23,688	(13,774)
Total Administrative Expense	\$2,981,104	\$408,398	\$500,285	\$(91,887) 1d
Total Operating Expense	\$155,633,432	\$25,291,373	\$25,966,425	\$(675,052)
Operating Income (Loss)	\$1,515,051	\$147,290	\$250,644	\$(103,354)
Non-Operating Revenues				
Interest Revenue	\$0	\$0	\$0	\$0
Change In Net Position	\$1,515,051	\$147,290	\$250,644	\$(103,354)

1a The Medicaid revenue received in November included an adjustment for October. Year to date Medicaid revenue exceeds the budget projection. Healthy Michigan revenue was higher in November but is still under the budget projection. Carry forward revenue will not be recorded until FY2015 is finalized.

1b Payments to CMHPSM partners are being made at budgeted levels. Payments for Autism will not be made until FY2016 funds are received at the PIHP starting in March.

1c SUD expenses are currently under budget. New projects awarded in FY2016 have not been fully implemented yet.

1d Administration expenses are currently under budget. We anticipate all open positions will be filled in January.

Community Mental Health Partnership Of Southeast Michigan
SUMMARY OF REVENUE AND EXPENSE BY FUND
 November Report 2016 FYTD

Att. #2b - January 2016

Summary Of Revenue & Expense	Funding Source								Total Funding Sources
	Medicaid	MiChild	Autism -- Medicaid	Autism -- MiChild	Healthy Michigan	Health Home	SUD Other	Other	
Revenues									
Funding From MDCH	\$ 22,148,745.15	\$ 65,233.88	\$ -	\$ -	\$ 1,856,392.67	\$ 126,077.61	\$ 615,676.00	\$ -	\$ 24,812,126.31
Carry Forward	-	-	-	-	-	-	-	-	-
Affiliate Local For Medicaid Draw Down	-	-	-	-	-	-	-	262,963.00	262,963.00
Washtenaw Local For HH 10% Match	-	-	-	-	-	-	-	12,607.76	12,607.76
PA2/COBO Tax Funding	-	-	-	-	-	-	350,966.00	-	350,966.00
Other	-	-	-	-	-	-	-	-	-
Total Revenues	\$ 22,148,745.15	\$ 65,233.88	\$ -	\$ -	\$ 1,856,392.67	\$ 126,077.61	\$ 966,642.00	\$ 275,570.76	\$ 25,438,663.07
Expenses									
Funding Payments To Partners									
Lenawee	\$ 2,550,000.00	\$ 10,991.50	\$ -	\$ -	\$ 249,999.71	\$ -	\$ -	\$ -	\$ 2,810,991.21
Livingston	3,500,000.00	16,076.03	-	-	299,999.97	-	-	-	3,816,076.00
Monroe	3,850,000.00	9,280.68	-	-	333,333.86	-	-	-	4,192,614.54
Washtenaw	9,783,333.34	18,315.80	-	-	866,666.45	117,592.59	-	-	10,785,908.18
Total Affiliate Payments	\$ 19,683,333.34	\$ 54,664.01	\$ -	\$ -	\$ 1,749,999.99	\$ 117,592.59	\$ -	\$ -	\$ 21,605,589.93
Funding for County SUD Programs									
Lenawee	\$ 32,831.00	\$ -	\$ -	\$ -	\$ 61,352.00	\$ -	\$ 43,537.70	\$ -	\$ 137,720.70
Livingston	33,825.00	-	-	-	53,977.00	-	101,735.00	-	189,537.00
Monroe	19,772.57	180.00	-	-	32,934.75	-	101,400.43	-	154,287.75
Washtenaw	114,452.00	-	-	-	230,362.75	-	225,525.55	-	570,340.30
Total SUD Expenses	\$ 200,880.57	\$ 180.00	\$ -	\$ -	\$ 378,626.50	\$ -	\$ 472,198.68	\$ -	\$ 1,051,885.75
Other Operating Costs									
Hospital Rate Adjuster Payment	\$ 355,201.13	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 355,201.13
Local Match For Medicaid Draw Down	-	-	-	-	-	-	-	262,963.00	262,963.00
Local Match Health Homes	-	-	-	-	-	-	-	12,607.76	12,607.76
MH & SUD Use Tax	1,334,751.78	3,887.99	-	-	110,628.76	7,539.44	-	-	1,456,807.97
MH & SUD HICA Claims Tax	123,004.00	526.00	-	-	13,444.00	945.58	-	-	137,919.58
Total Operating Costs	\$ 1,812,956.91	\$ 4,413.99	\$ -	\$ -	\$ 124,072.76	\$ 8,485.02	\$ -	\$ 275,570.76	\$ 2,225,499.44
Administrative Cost Allocation	\$ 310,571.90	\$ 818.73	\$ -	\$ -	\$ 56,200.21	\$ -	\$ 40,806.77	\$ -	\$ 408,397.61
Total Expenses	\$ 22,007,742.72	\$ 60,076.73	\$ -	\$ -	\$ 2,308,899.46	\$ 126,077.61	\$ 513,005.45	\$ 275,570.76	\$ 25,291,372.73
Revenues Over/(Under) Expenses	\$ 141,002.43	\$ 5,157.15	\$ -	\$ -	\$ (452,506.79)	\$ -	\$ 453,636.55	\$ -	\$ 147,290.34



Memorandum

Date: January 5, 2016

To: CMHPSM Board of Directors

From: Jane Terwilliger, CEO

Re: Attendance at National Council Conference March 6-9, 2016

Now that the CMHPSM has become more stable as a new organization, it is a good time to look toward the future and create a strategic vision. In Michigan there are a variety of opportunities and challenges facing the public mental health system. Among the opportunities are the increased integration of primary care, behavioral health care and SUD services; the creation of Certified Community Behavioral Health Centers (CCBHCs); and closer collaborative relationships with the Medicaid Health Plans that will improve the coordination of care for our consumers. Among the challenges are the opioid epidemic; the ability to demonstrate positive outcomes for consumers at a reasonable cost; population health management; and the implementation of performance incentives as both a contractor for MDHHS and a payer to the PIHP network.

This year's National Council Conference offers a variety of speakers and workshops that focus on the opportunities and challenges the CMHPSM and the CMHSPs will face. This conference is the largest behavioral health conference that addresses both mental health and SUD services and their integration with primary care. It is for these reasons that I believe it is critical that the CMHPSM send staff to the conference. The total cost would be approximately \$5000 and would include travel, registration, hotel stay, and meals for two people. In the PIHP administrative budget this would be budget neutral.



Memorandum

Date: January 13, 2016
To: CMHPSM Board of Directors
From: Jane Terwilliger, CEO
Re: Proposed Governance Policies

The two Board Governance Policies for review in January 2016 are the policies that address the process for the Board reviewing its Bylaws and the Monitoring of CEO Performance and Evaluation. Below is suggested language for each policy. Please review and provide input by January 27, 2016. These policies will be presented at the February Board meeting for final review and approval.

BYLAWS AND POLICY REVIEW AND AMENDMENT

1. The Board Bylaws and Board Policies shall be reviewed in April of every year.
2. Policies may be suspended, rescinded, or amended by 3/4 of the serving membership and will be superseded by any change in federal or state law.

MONITORING CEO PERFORMANCE

There will be systematic and objective monitoring of the CEO's job performance and achievement of organizational goals according to an agreed upon work plan.



Regional Board Action Request

Board Meeting Date: January 13, 2016

Action Requested: Approve CEO Performance Review Indicators

Background:

At the last Board meeting I agreed to develop indicators for the performance objectives that will be the basis of my evaluation and performance review. Below are the goals with recommended indicators and review timelines.

1. Compliance with MDHHS/PIHP Contract requirements as evidenced by satisfactory completion of the MDHHS Site Review Survey, the SUD audit by MDHHS, and the External Quality Review (EQR) conducted by HSAG. These reviews and audits occur at different times throughout the year.
2. Satisfactory organizational performance as evidenced by timely submission of financial reports and other required reports to MDHHS. These occur throughout the year and could be reported on at least a semi-annual basis.
3. Satisfactory relationship with the CMHPSM Board of Directors as evidenced by Board feedback regarding CEO communication with the Board as a whole that keeps the Board informed of relevant trends, material external and internal changes the impact the operational or financial status of the CMHPSM, particularly changes in the assumptions upon which any Board Policy has previously been established, threatened or pending lawsuits, and any adverse media coverage. Feedback could be collected on a quarterly basis through Board meeting surveys.
4. Satisfactory management of PIHP administrative costs as evidenced by quarterly budget to actual reports.

The annual evaluation will occur in December 2016 and the data for the indicators will be collected throughout the year.

Connection to PIHP/MDCH Contract, Regional Strategic Plan or Shared Governance Model: Standards for CEO Performance review are included in the CEO's Employment Contract.

Recommend: Approval



Regional Board Action Request

Board Meeting Date: January 13, 2016

Action Requested: Approve Updated CMHPSM Organizational Chart

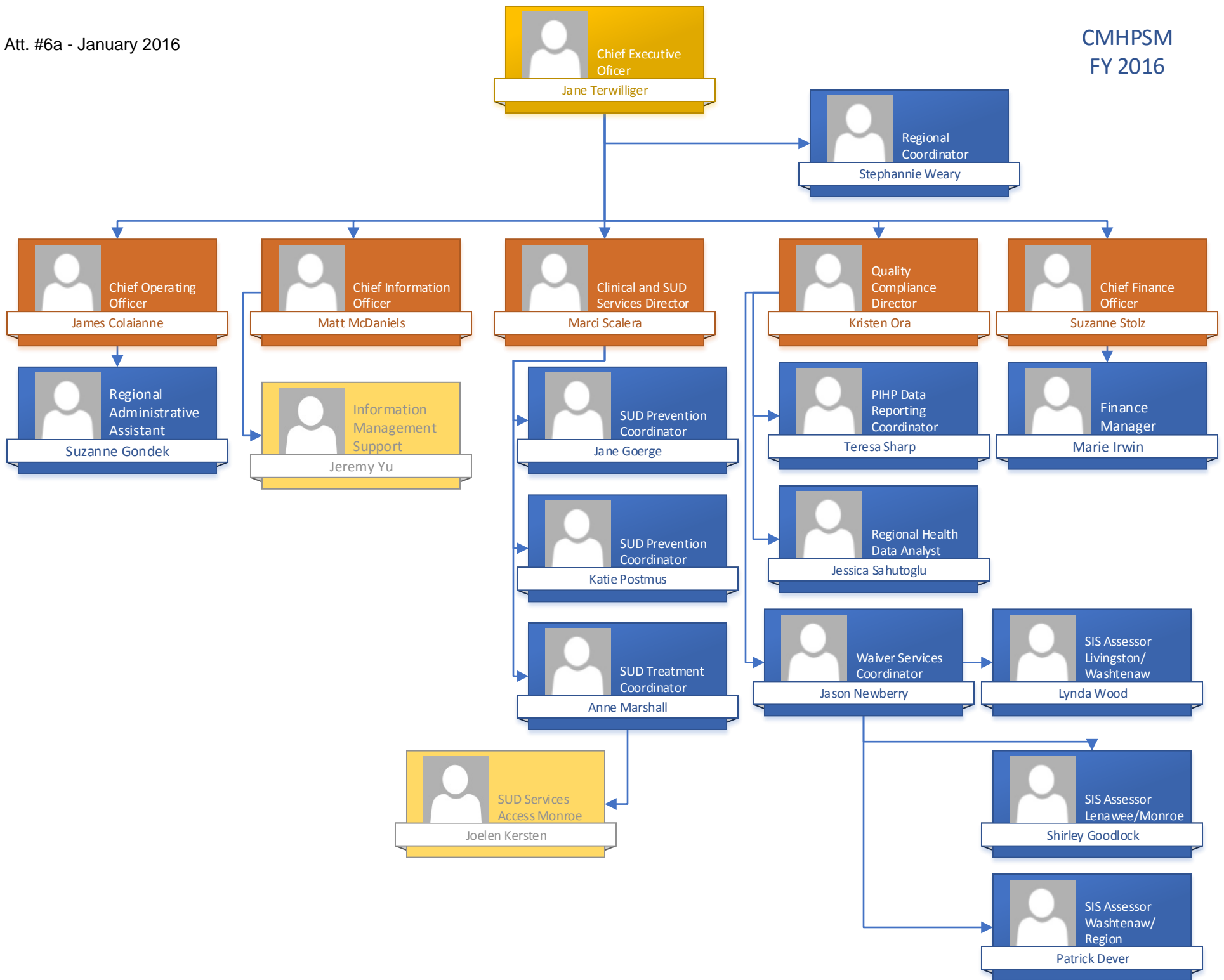
Background:

Over the past year the MDHHS has added responsibilities and changed its expectations for the PIHPs. With the requirements associated with the HCBS Waiver Transition Plan and the expansion of the Autism Waiver and the transfer of the Children's Waiver enrollment to the PIHPs, it has been determined that it is more efficient for the PIHP to directly manage the responsibilities and processes associated with these waivers. The CMHPSM has hired a Waiver Coordinator who will manage the waivers and oversee the 3 SIS Assessors. The Waiver Coordinator reports to the Director of Quality and Compliance. (See attached Organizational Chart)

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

The addition/expansion of the responsibility for the Home and Community Based Waiver Transition, the Children's Waiver and the Expanded Autism Waiver are included in the FY 2016 MDHHS/CMHPSM Contract. CMHPSM Policies require the CEO to bring changes to the Organizational Chart to the CMHPSM Board of Directors.

Recommend: Approval





Attachment #7 – January 2016

Regional Board Action Request

Board Meeting Date: January 13, 2016

Action Requested: Review Scope of Duties for position of Director of Quality and Compliance

Background: Since 2014 when the job description for the Director of Quality and Compliance was developed and approved, the scope of the job has changed significantly. Initially, only 2 staff reported to this position and the responsibility for the Home and Community Based Waiver, the Children's Waiver, and the Autism Waiver were managed by local CMHSPs. Washtenaw managed the application and enrollment process for all the Home and Community Based Services waivers (HCBS) across the region and Livingston did the same for the Autism waivers. Each CMH managed the Children's Waiver applications and enrollments for their local consumers. The CMHPSM SIS Assessors—2 staff who administer the Severity and Intensity Scale (SIS) assessment as required by MDHHS to consumers with an intellectual/developmental disability—were supervised by the Managing Director.

Over the past year the MDHHS has added responsibilities and changed its expectations for the PIHPs. With the requirements associated with the HCBS Waiver Transition Plan and the expansion of the Autism Waiver and the transfer of the Children's Waiver enrollment to the PIHPs, it has been determined that it is more efficient for the PIHP to directly manage the responsibilities and processes associated with these waivers. The CMHPSM has hired a Waiver Coordinator who will manage the waivers and oversee the 3 PIHP SIS Assessors. The Waiver Coordinator reports to the Director of Quality and Compliance.

The number of consumers and the amount of the PIHP budget impacted by the changes to these waivers significantly increases the responsibility of the Director of Quality and Compliance. The predicted FY 16 Medicaid revenue from the HCBS waivers is \$44,597,445 and the prediction for the Autism waiver, not including the expansion is \$1,661,715. The changes highlighted in the attached job description and CMHPSM organizational chart indicate the increase in the scope of responsibility. In addition to responsibility for all the waivers, this position has responsibility for 6 staff—3 directly supervised and 3 who report to the Waiver Coordinator.

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

The increase in scope is directly tied to the new mandates and responsibilities MDHHS has added to the PIHP since this position was created and the consolidated of the enrollment and management of the HCBS, Children's and Autism Waivers at the CMHPSM.

Recommend: Approval to increase salary from \$84,150 to \$87,516. The salary range for this position is \$75,000 to \$108,000. The individual in this position has been recommended to receive the Board



approved 2% performance based increase and that amount is included in the \$84,150. The additional salary increase of 4% is based solely on the change in scope of responsibility.



Community Mental Health Partnership of Southeast Michigan Job Description

Job Title: Director of Quality and Compliance

Supervision Received: PIHP CEO

Position ID: DIR23001

Salary Range: 75,000 – 108,000

FLSA Exempt Status: Exempt

Position Status: Full-time

Last Review/Approval:

Job summary

Under administrative supervision of the PIHP **CEO**, the Director of Quality and Compliance organizes, prioritizes, assigns, coordinates and disseminates information regarding **MDHHS** contract standards and applicable federal laws to staff members and the provider network. The Quality and Compliance Director is responsible for monitoring and evaluating all aspects of the CMHPSM Quality Assessment and Performance Improvement Program (QAPIP) and monitoring the delegated functions related to Access/Eligibility determinations, Utilization Management, Network Management and Customer Services, including Due Process. The Quality and Compliance Director will provide leadership and oversight to the region in these areas and will ensure committee structures, composition and work plans support consistent implementation of these functions. The Quality and Compliance Director manages all Medicaid contractual review processes and provides oversight for corrective action planning and implementation. The Director of Quality and Compliance **manages and oversees the administration of the Medicaid Super Waivers—Children’s Waiver, Home and Community Based (HCBS) Waiver, Autism Waiver—and the implementation of the HCBS Transition across the PIHP region. Additional responsibilities include the direct supervision of assigned staff and oversight of the SIS assessment process.**

Essential Duties and Responsibilities

- Communicates regularly with the PIHP **CEO**, CMHPSM staff members, regional committees and partner CMHSP staff and Executive Directors.
- Participates in the development of the CMHPSM’s mission, vision, goals and other strategic planning activities
- Oversees and provides guidance and troubleshooting for compliance and quality issues by phone, email and in person
- Oversees monitoring of PIHP delegated functions, reviews corrective action findings and plans improvements
- Manages external federal and state audits
- Manages inquiries for potential fraud or abuse of public funds
- Researches, reviews, analyzes and writes reports of findings for various audits and inquiries
- Compiles annual quality improvement plan, analyzes data and trends, identifies opportunities for improvement, measures performance and reports outcomes
- Directs, develops, measures performance, schedules, trains, disciplines and coaches professional and support staff; recommends selection, promotion, compensation and termination of direct reports
- Attends various meetings and acts as chair, as needed
- Exercises discretion and judgment when representing the position of the CMHPSM
- Establishes and maintains effective working relationships with the CMHPSM Regional Board, staff members, community members and various public and private organizations

- Understands, adheres to and maintains competency with MDHHS, PIHP and applicable accreditation standards, policies, procedures and contract requirements of all applicable funding sources.

Utilization Management

- PIHP Utilization Review
- Participates in ensuring consistent Access and Eligibility Determination across the region
- In conjunction with the regional partnership, develops Utilization Management protocols and works with CMHSPs on local implementation
- Provides leadership to the regional Utilization Management/Review Committee
- Ensures accreditation and MDHHS standards are met across the CMHPSM

Customer Services

- Ensures customer services are compliant with 42CFR 438.10.2
- Ensures approval by MDHHS of annual provision of the Customer Services Handbook
- Ensures customer involvement, empowerment and active participation in PIHP planning and monitoring
- Ensures customer complaint, grievances and appeals are followed by each CMHSP in the region
- Provides leadership to the regional Customer Services Committee and Due Process Sub-committee

Quality Management

- Prepares the Quality Assessment and Performance Improvement Program (QAPIP) description, annual plan and evaluation
- Ensures performance assessments are conducted at each partnering CMHSP
- Ensures on-site monitoring of providers in the provider network is conducted
- Ensures regulatory and corporate compliance is managed
- Ensures research and program evaluation protocols are developed, administered and followed
- Ensures quality improvement activities are implemented
- Provides leadership for analysis of critical incidents and sentinel events
- Provides leadership to the regional Performance Improvement Committee, Performance Improvement Liaisons Committee, Compliance Committee, EII Operations Committee, Mental Illness Administrators', Developmental Disabilities and Children's Administrators groups
- Represents the region on the MDHHS Quality Improvement Council and other state groups as needed
- Provides direct supervision and coaching for the CMHPSM Statistician and Data Coordinator

Super Waiver Management and Oversight

- Provides oversight to ensure the regional coordination of waiver applications and program requirements are met
- Provides leadership to ensure that the CMHPSM is represented in regards to waiver activities with MDHHS.
- Provides leadership regarding the super waivers to the regional Compliance Committee, Provider Network and Developmental Disabilities Administrator's group

- Provides direct supervision and coaching to the Waiver Coordinator
- Ensures that the Waiver Coordinator provides adequate supervision and coaching for the Supports Intensity Scale (SIS) staff whom work primarily off site
- Disseminates federal and state level information to ensure the development and implementation and of the regional HCBS Transition

Education and Experience Requirements

1. Master's degree in the field of Social Work, Psychology, Nursing, Public Administration or other related Behavioral or Medical Science required
2. Minimum of three years of professional experience in a managed care, community mental health or substance use disorder services setting is required
3. Minimum of one year of experience in Utilization Review or Management processes
4. Experience with research, data and program evaluation, healthcare funding, program planning and administration, and the provision of clinical services, desirable

Licenses and Certifications

- Professional licensure through the State of Michigan necessary to carry out the tasks of the position is required, e.g. LMSW or LLP

The qualifications listed above are guidelines. Other combinations of education and experience that could provide the necessary knowledge, skills and abilities to perform the job shall be considered.

Competencies Required

- Ability to read and interpret contract and other legal documents
- Ability to gather and or analyze data sets
- Skill in designing policies and procedures and facilitating process improvement
- Ability to organize large amounts of documentation for auditing purposes
- Ability to use judgment when producing appropriate documentation to meet external requirements
- Ability to adapt verbal or written communication style to broad audience
- Ability to resolve issues for a wide variety of individuals and agencies
- Ability to initiate and manage projects with little direction
- Skill in providing leadership and professionalism in all interactions
- Skill in identifying and managing changes to policies and procedures
- Skill in delegating tasks appropriately
- Ability to effectively manage direct reports to produce desired outcomes
- Ability to judge quality and plan for improvements
- Skill in inspiring ethical behavior and resolving ethical dilemmas
- Ability to apply strategic thinking to complex situations
- Ability to adapt to frequently changing circumstances

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:

CEO _____ Date _____

Position authorized by CMHPSM Regional Board Date: August 13, 2014
Position update authorized by CMHPSM Board Date:

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

Employee _____ Date _____