



COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN
REGULAR BOARD MEETING
705 N. Zeeb Road, Ann Arbor, MI 48103
February 11, 2015
6:00 pm

Agenda

	<u>Guide</u>
I. Call to Order	1 min
II. Roll Call	1 min
III. Consideration to Adopt the Agenda as Presented (Board Action)	2 min
IV. Consideration to Approve the Minutes of the 1-14-15 Regular Meeting and Waive the Reading Thereof (Board Action) {Attachment #1}	2 min
V. Audience Participation (5 minutes per participant)	
VI. Communications to the Regional Board	
VII. Managing Director Report to the Board	40 min
a. Quarterly Finance Status Report {Attachments #2a, 2b, 2c, 2d, 2e, 2f}	
b. Update on WCHO and PIHP transition plan/time line {Attachment #3}	
VIII. Old Business	5 min
a. Managing Director Contract for 2014(Board Action) {Attachments #4, 4a}	
IX. New Business	40 min
a. Preparation for Tom Renwick, MDCH in March (Discussion)	
b. Contract Approval Bergbower and Assoc. (Board Action) {Attachment #5}	
c. New Positions at the CMHPSM (Board Action) {Attachment #6}	
d. Zenith data analytics contract (Board Action) {Attachment #7}	
e. New Managing Director search committee {Attachments #8, 8a}	
X. MACMHB information	5 min
XI. Adjournment	

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN
REGULAR BOARD MEETING MINUTES
January 14, 2015



Members Present: Jan Plas, Tom Biggs, Lisa Berry-Bobovski, Barb Spalding, Judy Ackley, Charles Londo, Ralph Tillotson, Bob Wilson, Greg Lane, Charles Coleman, Sandra Libstorff

Members Absent: Barbara Levin Bergman, Peg Ball

Staff Present: Mary O'Hare, Jane Terwilliger, Connie Conklin, Sandy Keener, Stephannie Weary, Steve Holda, Marci Scalera, Marie Irwin, James Colaianne, Jackie Sproat, Kristen Ora, Sally Amos O'Neal, Katie Kettner Postmus

Others Present: Jim Spalding

- 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 T. Biggs, to approve the agenda
Motion carried

- IV. Consideration to Approve the Minutes of the December 10, 2014 Regular Meeting and Waive the Reading Thereof

Motion by J. Ackley, supported by C. Coleman, to approve the minutes of December 10, 2014 and waive the reading thereof
Motion carried

- V. Audience Participation
- None

- VI. Communication to the Regional Board

Washtenaw Community Health Organization (WCHO)

- A taskforce in Washtenaw County decided to reorganize CMH services in Washtenaw County. The taskforce has made a recommendation to dissolve the UCA agreement which would dissolve the WCHO, and go back to the "agency within the county" model of CMHSP. The recommendations will go for final approval by the Washtenaw County Commissioners in February
- Legal counsel will be consulted regarding the region's legal founding agreements.
- The region will also consult with the auditing firm to make sure financial tracking mechanisms are in place and correct.
- M. O'Hare will arrange for a visit from Tom Renwick from MDCH to get the state's perspective on the Washtenaw transition, in February if possible.

Attachment 1

- Functions that are shared with WCHO and the region are being reviewed by the directors. A gap analysis will be brought back to regional board in February.
- The WCHO as a previous PIHP has been closed out; all funds have been transferred to the region.
- The Office of Recipient Rights is a regionally-coordinated program, but is a CMHSP responsibility. Currently all Rights officers are employed by WCHO. It has been a very successful model, but it's not one that PIHP can take on. Currently, Rights coverage is an arrangement between WCHO and the 4 other counties.
- Board members should email any other questions to M. O'Hare.

Managing Director Contract

- M. O'Hare signed her retirement papers from Washtenaw County this morning.
- G. Lane intends to bring the Managing Director contract to the February meeting for Regional Board approval.

PIHP Office Space

- The plan is for the region to lease a separate suite in the Zeeb office on the 2nd floor, in addition to maintaining the SUD space. Other space will be considered if necessary and for comparison.

VII. Managing Director Report to the Board

- a. Regional Finance Report {Attachments #2}
 - Revenue as projected has so far come in somewhat shorter than was anticipated based on what the state had projected. Staff will not consider budget adjustments until a full quarter of information has come in.
 - The February report will include expense, which will indicate if there is a need to adjust allocations.
- b. Requirement to conduct data analytics
 - PIHPs have been charged with utilizing data analytics.
 - J. Sproat and M. O'Hare have been in talks with a few other regions regarding contracting for software and analysis of consumer health data.
 - In February M. O'Hare will bring some information about a firm that staff have reviewed and think would be a good provider of these services.
- c. Monroe awarded Jail Diversion Grant
 - Monroe was awarded an adult block grant for a pilot jail diversion program.
 - A full-time master's level professional and part-time certified peer specialist will work in the jail.
- d. Update on DCH/PIHP activities/discussion
 - PIHP directors met with MDCH last week.
 - Regarding the Medicaid health plan re-bid, MDCH will be using the prosperity regions (in this region that includes Lenawee, Livingston, Monroe and Washtenaw, plus Jackson and Hillsdale counties). This alignment is for physical health. There is no plan to reorganize the PIHPs at this time. An RFP will be released in February.

VIII. Old Business

- a. Managing Director Lease extension and Contract update
 - The lease with the WCHO was extended, while the contract is being finalized.

IX. New Business

- a. Employee Handbook and Human Resources policies (Att. #3)

Motion by J. Plas, supported by R. Tillotson, to approve the CMHPSM Employee Handbook and Human Resource policies

Motion carried

- b. Vision and Goals Discussion (Att #4 and #5)
 - i. Managing Director contract - February
 - ii. Managing Director search – starting in February
 - iii. Financial Policies/Principles
 - iv. Shared Governance/One Business
 - Board discussed some short-term goals:
 - An organizational structure that's successful
 - Data analysis
 - Funding stream review and oversight
 - Regional Principles and Strategies document from 2006 will need to be updated to reflect current reality. Board members agreed that regional finance directors will update the principles and strategies document.
 - There will be a regional finance policy that will address differences in budget vs. actuals, fiscal accountability, and risk strategy.
- X. MACMHB Information
- The next conference is February 9-11 in Kalamazoo. There will be a PIHP Board leadership and PIHP director meeting on Tuesday from 3-5.
- XI. Other
- XII. Adjournment
- Meeting adjourned at 7:30 p.m.

Lisa Berry-Bobovski, CMHPSM Board Secretary

Community Mental Health Partnership of Southeast Michigan

FINANCIAL HIGHLIGHTS

December FYTD Report

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

a. Revenue

- Medicaid Revenue for December is \$83,000 lower than the November revenue received and continues to run under budget with YTD deficit of (\$856,801).
- Medicaid Carryforward from FY14 is no longer being projected for use in FY15. While FY14 reports have not been finalized; current FY14 data shows a greater need for Medicaid funding than projected at the time the budget was developed.
- Healthy Michigan revenue continues to trend over budget.
- Health Home revenue for Washtenaw continues to be under budget. Revenue is tied directly to enrollees in the program.

b. Funding for CMHSP Partners

- While Traditional Medicaid funding from MDCH has been below the Budget amount, the Affiliate Partners have still been paid 1/12 of the amounts assumed for them in the Budget.
- FYTD Actual Affiliate Partner payments are greater than budget due to HMP payments (HMP funding from MDCH exceeds budget assumption) and MICHild Payments.
- Lower than budget Health Home payments to Washtenaw offsets their higher HMP and MICHild payments.

c. Funding for SUD Services

- Expenses are running closer to budget for Prevention and Treatment service, while Washtenaw fee for service claims continue to be under budget.
- The incurred but not yet reported (IBNR) report is still in development.

d. CMHPSM Administrative Costs

- Expenses are running under budget overall. Salary and Fringe costs should increase as the CMHPSM becomes fully staffed with all benefits in place. The Administrative contracts (primarily WCHO staff costs) will also decrease as the CMHPSM employee transfers are completed

2. Statement Of Net Position:

- a. The Fund Balance of \$1,974,662 under the Operations Fund is restricted and not local in nature as it is for the Affiliate Partners. It represents surplus funding (both Carryforward and FY 2015) and ultimately will be cost settled and returned to MDCH if required.
- b. The Medicaid ISF Fund Balance is also restricted, and represents the total transfer of ISF from WCHO to CMHPSM.

3. Summary Of Revenues & Expenses:

- a. As noted above, Medicaid Revenue is lower than budget. As the budget amounts of Medicaid Funding have been paid to the Affiliate Partners (CMHPSM Expense) this has created a Medicaid deficit. The deficit will be funded with either excess funding paid to the Affiliate Partners or ISF.
- b. As noted above, HMP Revenue is greater than budget. While the actual HMP Funding for each Affiliate Partner has been paid to each of them, the combination of higher State Funding and lower than budget requirement for use of the Substance Use Disorder portion of the funding, has resulted in an overall HMP surplus.
- c. The SUD Other surplus is consistent with the Budget which showed that there would be excess PA2 funding in FY 2015.

4. Medicaid Quarterly Cost Settlement:

- a. As committed to the Board when the budget was approved, the 1st quarter projected expenses for Medicaid and Healthy Michigan were reported by the Affiliate Partners.
- b. Medicaid:
 - Lenawee, Livingston and Monroe received more funding from the CMHPSM than was required.
 - Washtenaw expenses were slightly higher than the revenue received.
- c. Healthy Michigan:
 - Lenawee and Livingston received more funding from the CMHPSM than was required.
 - Monroe and Washtenaw expenses were higher than the revenue received.
- d. Discussions will take place at ROC to determine the best way to address the recoupment of surplus funding distributed and the funding of those deficits identified by the Affiliate Partners.

CMHPSM Strategies:

1. Review budgets with Affiliate Partners and discuss the impact of discontinuing the payment of funds that were included in budgets as FY14 carryforward.
2. Policies will be put in place to support the allocation of funding (including ISF) to the Affiliate Partners. Policies will also support any re-allocation of funding as a result of the Quarterly Cost Settlement Process so that clear rationale describing the circumstances is made available (e.g., preventable versus non-preventable causes).
3. Track Traditional Medicaid Eligibles and HMP Enrollees to understand and project changes and how they will impact funding from MDCH.
4. The CMHPSM will support the Affiliate Partners to make sure Consumers are enrolled in the correct Benefit Program so that funding to the CMHPSM is maximized.

Community Mental Health Partnership of Southeast Michigan
STATEMENT OF REVENUES, EXPENSES CHANGES IN NET POSITION
For the Three Months Ending 12/31/2014

	Original Budget	YTD Actual	YTD Budget	YTD Actual O/(U) Budget	
Operating Revenue					
Medicaid Capitation	\$134,000,000	\$32,643,200	\$33,500,001	(\$856,801)	
Medicaid Carryforward	4,230,523	0	1,057,632	(\$1,057,632)	
Healthy Michigan Plan	11,853,261	3,327,350	2,963,315	\$364,035	
Autism	199,791	0	49,949	(\$49,949)	
Medicaid Health Home - Washtenaw Only	1,129,388	88,899	282,348	(\$193,449)	
10% Health Home Match for Washtenaw	0	8,889	0	\$8,889	
MiChild	0	104,275	0	\$104,275	
SUD Community Grant	3,767,460	941,868	941,865	\$3	
SUD PA2 - Cobo Tax Revenue	3,717,346	929,337	929,337	\$0	
Other Revenue - Local Match and Block Grant	1,802,780	417,941	450,696	(\$32,755)	
Total Operating Revenue	\$160,700,549	\$38,461,759	\$40,175,143	\$(1,713,384)	1a.
Funding For CMHSP Partners					
Lenawee CMHSP	\$18,564,355	\$4,700,695	\$4,641,089	\$59,606	
Livingston CMHSP	23,315,961	5,875,384	5,828,990	46,394	
Monroe CMHSP	25,430,465	6,412,465	6,357,616	54,848	
WCHO CMHSP	66,361,425	16,474,923	16,590,357	(116,842)	
Total Funding For CMHSP Partners	\$133,672,206	\$33,463,467	\$33,418,052	\$44,006	1b.
Funding For SUD Services					
Lenawee County	\$1,022,761	\$237,529	\$255,691	(\$18,162)	
Livingston County	1,309,226	305,138	327,307	(\$22,169)	
Monroe County	1,143,346	257,800	285,837	(\$28,037)	
Washtenaw County	3,203,188	707,372	800,799	(\$93,427)	
Total Funding For SUD Services	\$6,678,521	\$1,507,839	\$1,669,634	\$(161,795)	1c.
Other Contractual Obligations					
Hospital Rate Adjuster	\$2,035,776	\$525,782	\$508,944	\$16,838	
USE and HICA Tax	9,903,982	2,419,334	2,475,996	(56,662)	
Local Match	1,577,780	394,445	394,445	0	
10% Health Home Match for Washtenaw	0	8,889	0	8,889	
Total Other Costs	\$13,517,538	\$3,348,450	\$3,379,385	\$(30,935)	
CMHPSM Administrative Costs					
Salary & Fringe	\$1,384,053	\$130,663	\$346,010	(\$215,347)	
Administrative Contracts	363,245	234,772	90,813	\$143,959	
All Other Costs	182,894	5,417	45,722	(\$40,305)	
Total Administrative Expense	\$1,930,192	\$370,852	\$482,545	\$(111,693)	
Total Operating Expense	\$155,798,457	\$38,690,608	\$38,949,616	\$(260,417)	
Operating Income (Loss)	\$4,902,092	\$(228,849)	\$1,225,527	\$(1,452,967)	
Non-Operating Revenues					
Interest Revenue	\$0	\$0	\$0	\$0	
Change In Net Position	\$4,902,092	\$(228,849)	\$1,225,527	\$(1,452,967)	

1a. Current year Medicaid revenue continues to be under budget. December revenue is less than what was received in November but greater than what was received in October. A separate report compares Medicaid Revenue received through January 2015 to the budget.

The budgeted projection for carryforward was based on preliminary reporting. As FY14 reports are being finalized we are no longer projecting carry forward being available for use in FY15.

1b. Medicaid funding for affiliates has been paid out at 1/12 of budget. Healthy Michigan and MiChild funding is based on actual amounts received from MDCH. The WCHO under budget amount is a combination of Healthy Michigan and MiChild being over budgeted amounts and Health Homes being paid out as actual revenue is received.

1c. ROSC payments are being made at budgeted levels. Fee for Service in Washtenaw and Monroe are currently running under budget.

Community Mental Health Partnership of Southeast Michigan
STATEMENT OF NET POSITION
As of 12/31/2014

	Operations Fund	Medicaid ISF Fund
Assets		
Current Assets		
Cash Position	\$4,780,188	\$8,791,664
Due From MDCH	750,168	0
Due From Affiliate Partners	2,850,184	0
Accounts Receivable, Net	142,951	0
Prepaid Items	899	0
Total Current Assets	\$8,524,390	\$8,791,664
Noncurrent Asset		
Cap. Assets Not Being Depreciated	0	0
Cap. Assets Being Depreciated, Net	0	0
Total Noncurrent Assets	\$0	\$0
Total Assets	\$8,524,390	\$8,791,664
Liabilities		
Accounts Payable	\$2,431,188	\$0
Accrued Liabilities	238,197	0
Due To MDCH	473,983	0
Due To Affiliate Partners	3,406,360	0
Unearned Revenue	0	0
Total Liabilities	\$6,549,728	\$0
Net Position		
Net Investment In Capital Assets	\$0	\$0
Unrestricted/Restricted Fund Balance	1,974,662	8,791,664
Total Net Position	\$1,974,662	\$8,791,664

CMHPSM
SUMMARY OF REVENUE AND EXPENSE
December 2014 FYTD

Att #2d - February 2015

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	\$ 32,643,200.34	\$ 104,275.16	\$ -	\$ -	\$ 3,327,349.82	\$ 88,899.12	\$ 941,868.00	\$ 23,496.26	\$ 37,129,088.70
Carry Forward	-	-	-	-	-	-	-	-	-
Local Revenue From Affiliates	-	-	-	-	-	-	-	394,445.00	394,445.00
Local Match Health Homes	-	-	-	-	-	-	-	8,889.91	8,889.91
PA2/COBO Tax Funding	-	-	-	-	-	-	929,337.00	-	929,337.00
Redirected Funding	-	-	-	-	-	-	-	-	-
Total Revenues	<u>\$ 32,643,200.34</u>	<u>\$ 104,275.16</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 3,327,349.82</u>	<u>\$ 88,899.12</u>	<u>\$ 1,871,205.00</u>	<u>\$ 426,831.17</u>	<u>\$ 38,461,760.61</u>
Expenses									
<u>Funding Payments To Partners</u>									
Lenawee	\$ 4,304,946.21	\$ 15,571.79	\$ -	\$ -	\$ 380,176.80	\$ -	\$ -	\$ -	\$ 4,700,694.80
Livingston	5,465,114.31	27,134.75	-	-	377,841.57	-	-	5,293.43	5,875,384.06
Monroe	5,902,295.04	16,185.40	-	-	493,984.16	-	-	-	6,412,464.60
Washtenaw	15,303,464.34	29,057.36	-	-	1,041,281.96	82,916.21	-	18,202.83	16,474,922.70
Total Affiliate Payments	<u>\$ 30,975,819.90</u>	<u>\$ 87,949.30</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 2,293,284.49</u>	<u>\$ 82,916.21</u>	<u>\$ -</u>	<u>\$ 23,496.26</u>	<u>\$ 33,463,466.16</u>
<u>Funding for County SUD Programs</u>									
Lenawee	\$ 60,724.00	\$ -	\$ -	\$ -	\$ 30,362.25	\$ -	\$ 146,442.25	\$ -	\$ 237,528.50
Livingston	39,212.25	-	-	-	20,541.00	-	245,385.00	-	305,138.25
Monroe	11,746.00	-	-	-	19,746.00	-	226,308.42	-	257,800.42
Washtenaw	108,126.25	-	-	-	119,997.50	-	479,247.90	-	707,371.65
Total SUD Expenses	<u>\$ 219,808.50</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 190,646.75</u>	<u>\$ -</u>	<u>\$ 1,097,383.57</u>	<u>\$ -</u>	<u>\$ 1,507,838.82</u>
<u>Other Operating Costs</u>									
Hospital Rate Adjuster Payment	\$ 525,782.05	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	525,782.05
Local Match For Medicaid Draw Down	-	-	-	-	-	-	-	394,445.00	394,445.00
Local Match Health Homes	-	-	-	-	-	-	-	8,889.91	8,889.91
MH & SUD Use Tax	1,950,385.47	6,208.07	10,187.56	-	244,291.22	5,316.16	-	7,950.73	2,224,339.21
MH & SUD HICA Claims Tax	172,166.00	1,136.00	2,364.00	447.00	18,215.00	666.75	-	-	194,994.75
Total Operating Costs	<u>\$ 2,648,333.52</u>	<u>\$ 7,344.07</u>	<u>\$ 12,551.56</u>	<u>\$ 447.00</u>	<u>\$ 262,506.22</u>	<u>\$ 5,982.91</u>	<u>\$ -</u>	<u>\$ 411,285.64</u>	<u>\$ 3,348,450.92</u>
<u>Personnel & Administrative Costs</u>									
Administration	\$ 100,127.13	\$ 284.29	\$ -	\$ -	\$ 7,412.88	\$ -	\$ -	\$ -	\$ 107,824.30
Compliance	1,628.42	4.62	-	-	120.56	-	-	-	1,753.60
Finance	20,204.56	57.37	-	-	1,495.84	-	-	-	21,757.77
Human Resources	1,213.32	3.44	-	-	89.81	-	-	-	1,306.57
Information Management	90,342.46	256.51	-	-	6,688.47	-	-	-	97,287.44
Network Management-Credentialing	81.10	0.23	-	-	6.00	-	-	-	87.33
Service Supports/Assessments	17,716.82	50.30	-	-	1,311.66	-	-	-	19,078.78
SUD Administration	17,749.26	-	-	-	15,394.49	-	88,612.37	-	121,756.12
All Other	-	-	-	-	-	-	-	-	-
Total Personnel & Admin. Costs	<u>\$ 249,063.07</u>	<u>\$ 656.76</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 32,519.71</u>	<u>\$ -</u>	<u>\$ 88,612.37</u>	<u>\$ -</u>	<u>\$ 370,851.91</u>
Total Expenses	<u>\$ 34,093,024.99</u>	<u>\$ 95,950.13</u>	<u>\$ 12,551.56</u>	<u>\$ 447.00</u>	<u>\$ 2,778,957.17</u>	<u>\$ 88,899.12</u>	<u>\$ 1,185,995.94</u>	<u>\$ 434,781.90</u>	<u>\$ 38,690,607.81</u>
Revenues Over/(Under) Expenses	\$ (1,449,824.65)	\$ 8,325.03	\$ (12,551.56)	\$ (447.00)	\$ 548,392.65	\$ (0.00)	\$ 685,209.06	\$ (7,950.73)	\$ (228,847.20)

Community Mental Health Partnership Of Southeast Michigan
MEDICAID COST SETTLEMENT
 FY 2015 Quarter 1 (Oct. - Dec. 2014)

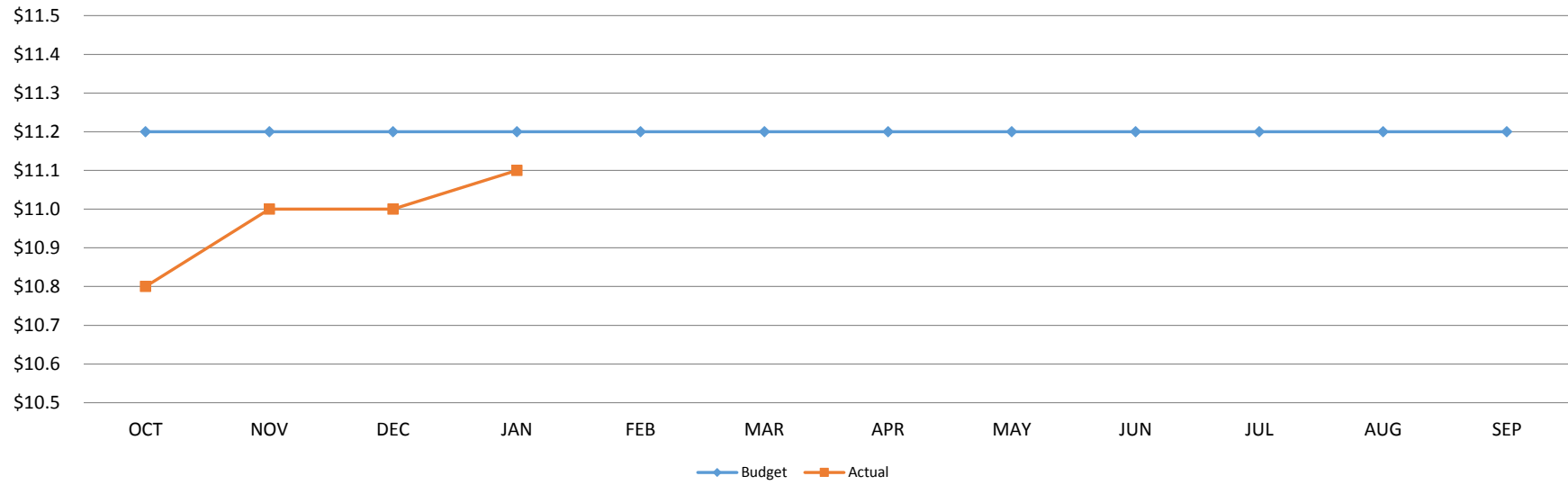
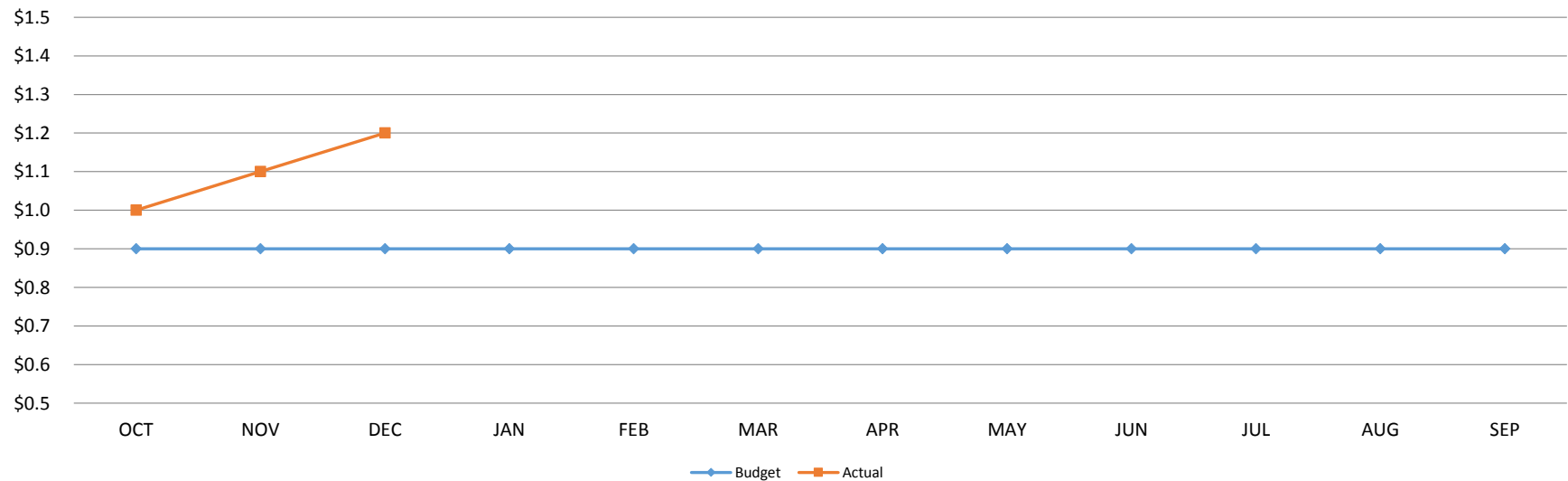
Traditional Medicaid					
	Lenawee	Livingston	Monroe	Washtenaw	Total Affiliate Partners
Payments To Affiliate Partners	\$ 4,304,946.21	\$ 5,465,114.31	\$ 5,902,295.04	\$ 15,303,464.34	\$ 30,975,819.90
Funding Required	3,362,547.00	5,136,828.00	5,643,984.00	15,489,652.77	29,633,011.77
Surplus/(Deficit)	<u>\$ 942,399.21</u>	<u>\$ 328,286.31</u>	<u>\$ 258,311.04</u>	<u>\$ (186,188.43)</u>	<u>\$ 1,342,808.13</u>
Memo:					
S/(D) Percent Of Payments	21.89%	6.01%	4.38%	-1.22%	4.34%
Memo:					
Mental Health Portion Of Medicaid Revenue Received By CMHPSM From MDCH					\$ 32,444,805.02
Mental Health Budgeted Medicaid Funding From MDCH					33,125,001.00
MDCH Funding Received Over/(Under) Budgeted Funding					<u>\$ (680,195.98)</u>

Healthy Michigan Plan					
	Lenawee	Livingston	Monroe	Washtenaw	Total Affiliate Partners
Payments To Affiliate Partners	\$ 380,176.80	\$ 377,841.57	\$ 493,984.16	\$ 1,041,281.96	\$ 2,293,284.49
Funding Required	234,740.00	374,115.00	577,906.00	1,435,621.51	2,622,382.51
Surplus/(Deficit)	<u>\$ 145,436.80</u>	<u>\$ 3,726.57</u>	<u>\$ (83,921.84)</u>	<u>\$ (394,339.55)</u>	<u>\$ (329,098.02)</u>
Memo:					
S/(D) Percent Of Payments	38.26%	0.99%	-16.99%	-37.87%	-14.35%
Memo:					
Mental Health Portion Of HMP Revenue Received By CMHPSM From MDCH					\$ 2,488,499.63
Mental Health Budgeted HMP Funding From MDCH					2,223,204.00
MDCH Funding Received Over/(Under) Budgeted Funding					<u>\$ 265,295.63</u>

MONTHLY FUNDING TRENDS

FY 2015

Att #2f - February 2015

FY 2015 Monthly Medicaid Capitation Funding (Mils.)**FY 2015 Monthly HMP Capitation Funding (Mils.)**

	FEB	MARCH	APRIL
Financial/Governance			
	<p>CMHPSM independent Credit Card Capacity</p> <p>Begin monitoring the monthly expenses from the CMHSPs for closer tracking due to revenue loss</p>	<p>Draft Finance Policy and Principles to Regional Finance Committee</p> <p>Engage Cohl, Stoker and Toskey to redraft the resolutions and founding documents for the partnership of CMHPSM</p> <p>Full budget impact and recommended actions to Regional Board</p>	<p>Draft Finance Policy and Principles to Board for Approval</p> <p>Report to Regional Board on necessary legal documents changes for review</p> <p>Update on Board membership from Washtenaw</p>
Regional Entity Staffing for PIHP Functions			
	<p>Identify key new positions for PIHP to accommodate changes to staff sharing</p> <p>Position requests and salary classifications brought to Board</p> <ul style="list-style-type: none"> • Systems Administrator • Health Data Analyst • Additional IM position • Regional Financial Officer 	<p>Positions Posted and Interview Team Selected</p> <p>Applications Due end of March</p>	<p>Interviews and Selection Process with Immediate Start date</p>
Technology Capacity			
	<p>Separation of network server</p> <p>Separate all technology equipment shared with WCHO</p>	<p>Transfer the contract management and contract holder for Electronic Health Record from WCHO to CMHPSM</p> <p>Prepare to Rebid the vendor contract for the Electronic Health Record</p>	

	FEB	MARCH	APRIL
Regional Entity Office Space			
	<p>Review space needs (square footage, build out and furniture) with Washtenaw County for Zeeb Rd space</p> <p>Locate comparable leased spaces in same area</p>	<p>Choose most advantageous space and lease cost</p> <p>Lease to Regional Board for approval</p>	<p>Plan move for end of April/May</p>
PIHP Contract Compliance and Performance			
	<p>Prepare for upcoming site reviews:</p> <p>MDCH Waiver CAP Review (February)</p> <p>Autism CAP Review (Spring)</p> <p>EQR Compliance (June)</p> <p>Create monitoring plan for contracted providers and CMHSPs</p>	<p>Begin annual desk audits and schedule site visits</p>	<p>Begin site monitoring for contracts</p> <p>Create credentialing plan for contract transfer to Washtenaw from WCHO for remainder of FY2015</p>

**EMPLOYMENT CONTRACT
BETWEEN
COMMUNITY MENTAL HEALTH PARTNERSHIP
OF SOUTHEAST MICHIGAN
AND
MARY O'HARE**

THIS CONTRACT, is made and entered into this 16th day of February, 2015, by and between the COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN (hereinafter referred to as the "Employer") and MARY O'HARE (hereinafter referred to as the "Employee").

W I T N E S S E T H:

WHEREAS, the Employer requires the services of a qualified person to serve as the Managing Director; and

WHEREAS, the Employee desires to provide such services and is qualified to perform the same.

NOW, THEREFORE, for and in consideration of the mutual covenants hereinafter contained, IT IS HEREBY AGREED as follows:

I. **AT WILL EMPLOYMENT.** The Employer hereby employs the Employee and the Employee accepts employment in the "at will" position of Managing Director of Community Mental Health Partnership of Southeast Michigan upon the terms and conditions herein set forth.

II. **DUTIES.**

- A. The Employee shall perform such duties and responsibilities as required and directed by the Employer's Board Bylaws and/or Operating Agreement, and in accordance with the laws of the State of Michigan, and shall perform such other duties and functions as may be required.
- B. The Employer reserves the right to delineate and assign further duties and functions for the Managing Director as it deems necessary and in the best interest for the administration of its programs.
- C. The Employee agrees to represent the Employer and its essential interests at appropriate meetings and by means of correspondence as authorized by policy or directives of the Employer.
- D. **Work Hours.** It is understood and agreed by the parties that in order to perform the expectations of the Employer under this contract the Managing Director shall devote (1) whatever time and attention is necessary and (2) that the endeavor shall require at a minimum the full time effort of at least forty (40) hours per week toward the

discharge of the Managing Director duties and responsibilities set forth in this Contract.

III. **TERM.**

- A. The term of this Contract shall be for a twelve (12) month period commencing February __, 2015, and terminating January 31, 2016, subject to the early termination provision of this Contract.
- B. Notwithstanding the provisions of this section or any other provision in this Contract to the contrary, it is expressly understood and agreed by the Employer and the Employee that this Contract is at all times subject to the Employer's right and the Employee's right to termination this Contract as set forth in Sections I and V.

IV. **PERFORMANCE EVALUATION.** Performance criteria and a performance appraisal format may be provided to the Employee by the Employer as soon as feasible following the outset of the contract period, i.e., January __, 2016, and thereafter as changed or altered in the Board's sole discretion.

V. **TERMINATION.**

- A. It is understood and agreed that the Employee is employed at the will and pleasure of the Employer and may be terminated from employment with or without cause by the Employer as follows:

1. **Without Cause -**

- (a) The Employee's employment contract may be terminated "without cause" by a majority vote of the total number of directors of the Employer's Board.
- (b) **Severance Salary Continuation.** In the event that the Employee's employment is terminated without cause pursuant to this provision, the Employer shall pay the Employee her biweekly salary for a maximum period of three (3) months subject to normal withholdings, provided there is at least three (3) months left in the contract term. In the event the Employee is employed in another full-time professional capacity during the three (3) month severance period the biweekly salary continuation shall terminate.

2. **With Cause -**

- (a) The Employer may terminate the employment contract of the Employee "for cause" by a majority vote of the total number of directors of the Employer's Board.

(b) Cause. For purposes of this section, "Cause" shall be defined to include but not be limited to:

- (1) the conviction of or guilty plea or no contest to a felony or misdemeanor, or
- (2) embezzlement, or
- (3) dishonesty, or
- (4) theft, or
- (5) misappropriation of funds, or
- (6) insubordination, or
- (7) sexual harassment of employees or clients, or
- (8) unauthorized use of employers property, equipment, or facilities, or
- (9) falsification or unauthorized alteration of Employer's documents or records, or
- (10) improper use of leave time including falsification of information to secure such leave time, or
- (11) incompetency or neglect of duty, or
- (12) illegal activity on Employer's premises, or
- (13) a pattern of failure to work cooperatively with community service agencies and/or courts, or
- (14) any other material breach of the Employee's obligations under this contract.
- (15) failure to take corrective action as stated under section IV.B.

(c) Any termination for cause shall be effective immediately, and the Employee's compensation shall be terminated immediately. In the event the Employee's employment is terminated by the Board for just cause and the Employee disputes same, that dispute shall be submitted to binding arbitration in accordance with the Employment Dispute Resolution Rules established by the American Arbitration Association. The arbitrator shall have no authority to reinstate the Employee, to add to, subtract from, or modify this Agreement, nor provide the Employee any compensation in excess of that which is authorized under this Agreement for termination without cause.

- B.
1. The Employee may voluntarily terminate her employment under this Contract at any time upon the giving of forty-five (45) calendar days written advance notice to the Employer.
 2. Such voluntary termination shall take effect on the last day of such forty-five (45) calendar day period, or sooner if mutually agreed upon.

3. The Employee's compensation shall cease as of the effective date of such termination.
4. In the event the Employee fails to give required advance notice of such voluntary termination, she shall be deemed to have waived any right to claim entitlement to accrued but unused benefits.

VI. **COMPENSATION.** The Employer shall pay to the Employee an salary of One Hundred Thirteen Thousand Four Hundred Thirty-Nine and no/100 Dollars (\$113,439.00).

The Employer shall pay the salary and withhold any amounts required to be withheld by federal, state or local income, social security, other tax laws or insurance co-pays from any payments to be made by it to the Employee under this Contract.

VII. **BENEFITS.**

- A. Holiday. The Employee shall enjoy the same paid holidays as supervisory employees who hold department head or managerial positions.
- B. Paid Time Off.
 1. The Employee shall receive eighteen (18) days of paid time off, which shall include vacation and sick time.
 2. In the event this contract is terminated early, the amount of paid time off to be payable shall be proportionate to the last date worked less time used or paid as compensation in lieu of.
- C. Health/Medical/Dental/Life Insurance. See Attachment "A".
- D. Bereavement Leave. The Employee shall receive the same paid bereavement leave as supervisory/managerial employees.
- E. Pension. See Attachment "A".

VIII. **EXPENSE REIMBURSEMENT.**

- A. The Employer shall reimburse the Employee on a monthly basis for all approved business expenses, including travel, mileage at the current IRS rate, incurred in the course of her employment consistent with policies regarding reimbursement of such matters and the annual budget for such expenses as approved by the Employer.
- B. The Employee shall submit appropriate detailed expense records supported by receipts on a monthly basis to the Employer.

- C. No reimbursement shall be made to the Employee unless specifically allowed by the Reimbursement Policy and then must be approved by the Finance Director.

IX. **AVAILABILITY OF FUNDS.** This Contract shall be subject to the commitment of sufficient funds.

X. **OUTSIDE EMPLOYMENT.** The Employee shall not engage in any employment or business outside this Contract except as specifically approved in writing by the Employer and under the following circumstances:

- A. In the event the Employee is approved by the Board to engage in outside or supplemental employment, he/she shall:
 - 1. Not engage in such activity during the Employee's regularly scheduled working hours.
 - 2. Not use the name of the Employer as a credential in advertising or soliciting customers or clients.
 - 3. Not use Employer supplies, facilities, staff or equipment in conjunction with any outside or supplemental employment or private practice.
 - 4. Maintain a clear separation of outside or supplemental employment from activities performed for the Employer.
 - 5. Not cause any incompatibility, conflict of interest, or any possible appearance of conflict of interest, or any impairment of the independent and impartial performance of the Employee's duties.
- B. The Employer shall not be liability, either directly or indirectly, for any activities performed in conjunction with supplemental employment.

XI. **APPLICABLE LAW.** This Contract shall be governed by and construed in accordance with the laws of the State of Michigan.

XII. **NONDISCRIMINATION.** The Employee, as required by law, shall not discriminate against any person seeking services at or employee or applicant for employment with respect to hire, tenure, terms, conditions, or privileges of employment, or matters directly or indirectly related to employment because of race, color, height, weight, marital status, religion, national origin, age, sex, or handicap. Breach of this section may be regarded as a material breach of this Contract and just cause for termination.

XIII. **PROFESSIONAL LIABILITY INSURANCE**. The Employer shall provide the Managing Director with professional liability insurance coverage in the performance and execution of the duties and functions of his/her employment.

XIV. **MERGER OF PRIOR AGREEMENTS**. This Contract supersedes all prior contracts, agreements, oral or written, between the parties herein defined, and expresses the whole and entire agreement between the parties.

XV. **WAIVERS**.

A. No failure or delay on the part of either of the parties to this Contract in exercising any right, power, or privilege hereunder shall operate as a waiver thereof, nor shall a single or partial exercise of any right, power, or privilege preclude any other or further exercise of any other right, power, or privilege.

B. The waiver by either party of a breach of any provision of this Contract by the other party shall not operate or be construed as a waiver of any subsequent breach of such party.

XVI. **ASSIGNMENT OR SUBCONTRACTING**. The Employee may not assign, subcontract, or otherwise transfer her duties and/or obligations under this Contract, in whole or in part.

XVII. **RETURN OF PROPERTY**. Upon termination of employment, the Employee shall return all documents, correspondence, files, papers or property of any kind, of all type or nature pertaining to the Employer, which the Employee may possess or control, and shall sign a statement verifying return of such property.

XVIII. **EMPLOYEE'S BEST EFFORTS**. The Employee agrees that all services required by this Agreement will be performed faithfully and to the best of the Employee's ability, experience, and talents.

XIX. **MODIFICATION OF CONTRACT**. Modifications, amendments, or waiver of any provisions of this Contract may be made only by the written mutual consent of the parties hereto.

XX. **DISREGARDING TITLES**. The titles of the section set forth in this Contract are inserted for the convenience of reference only and shall be disregarded when construing or interpreting any of the provision of this Contract.

XXI. **NOTICES**. Any notice required or permitted to be given under this Contract shall be deemed properly given if in writing and if mailed by first-class mail, to the residence of the Managing Director as appearing on the records of the Employer, or to the principle office of the Employer, to the attention of its Chairperson.

XXII. **INVALID PROVISIONS**. If any provision of this Contract is held to be invalid, the remainder of the Contract shall not be affected thereby, except where the invalidity of the provision would result in the illegality and/or enforceability of this Contract.

IN WITNESS WHEREOF, the parties have fully executed this Contract on the day and the year first above written.

WITNESSED BY:

EMPLOYER:
COMMUNITY MENTAL HEALTH
PARTNERSHIP OF SOUTHEAST
MICHIGAN

Date

By: _____
, Its Chairperson

EMPLOYEE

Date

By: _____
Mary M. O'Hare

APPROVED AS TO FORM:
COHL, STOKER & TOSKEY, P.C.

By: _____
Peter A. Cohl

N:\Client\CMHPSM\Agreements\Employment Agrs\Managing Director Agr - O'Hare - Final 2-5-2015.doc

ATTACHMENT A

CHMPISM Employee Benefits Overview

Plan Design	PPO with a Health Savings Account (HSA)	
	In Network	Out of network
Deductible Individual	2,000/year	4,000/year
Deductible Family	4,000/year	8,000/year
Annual Maximum out of pocket - Individual	4,500/year	9,000/year
Annual Maximum out of pocket - Family	9,000/year	18,000/year
Health Savings Account	CMHPSM will sponsor an HSA account for the organization. Each eligible employee will be responsible to fund his/her own HSA account (optional to employees).	
Office visits primary	80% covered after deductible	60% covered after deductible
Specialist	80% covered after deductible	60% covered after deductible
Chiropractic	80% covered after deductible	60% covered after deductible
Preventative Care	100% Covered	Not covered
Hospitalization Services	80% covered after deductible	60% covered after deductible
Emergency Room	80% covered after deductible	80% covered after deductible
Pharmacy	In Network	Out of Network
Generic	1-30 day period \$15 after deductible	\$15 after deductible + 20% of approved amount
	31-60 day period \$30 after deductible	31-60 day period No coverage
	61-83 day period \$35 after deductible	61-83 day period No coverage
	84-90 day period \$35 after deductible	84-90 day period No coverage
Preferred Brand	1-30 day period \$50 after deductible	\$50 after deductible + 20% of approved amount
	31-60 day period \$100 after deductible	31-60 day period No coverage
	61-83 day period \$140	61-83 day period No coverage
	84-90 day period \$140	84-90 day period No coverage
Non-Preferred Brand	1-30 day period \$70 or 50% of approved amount (no more than \$100)	1-30 day period \$70 or 50% of approved amount (no more than \$100) + additional 20% approved amount
	31-60 day period No coverage	31-60 day period No coverage
	61-83 day period No coverage	61-83 day period No coverage
	84-90 day period \$200 or 50% of approved amount (no more than \$290)	84-90 day period No coverage

Dental Coverage	Dental Guard Preferred	
Individual Deductible	\$0	\$0
Family Deductible	\$0	\$0
Applies to Preventative	No	No
Annual Maximum	\$1,500	
Services and Percent Covered		
Preventative exams cleaning	100%	
Diagnostic X-rays	100%	
Basic restorative	80%	
Major restorative	50%	
Prosthodontics	50%	
Orthodontia	50% (lifetime max \$1,000)	
Vision Coverage		
	Exams \$10	Up to \$40
	Lens \$55/Frames \$130 allowance	
LIFE	2 X base salary, max of \$200,000	
STD	60% of weekly wages, \$750/week max	
LTD	60% of monthly wage to a maximum of \$7500/month	



Regional Board Action Request – CMHPSM Contract for Managing Director

Board Meeting Date: February 11, 2015

Action Requested: Approve the contract for Managing Director between the CMHPSM and Mary O'Hare with the associated total compensation.

Background: The Board Officers received a draft contract for the Managing Director from Cohl, Stoker & Toskey, negotiated the compensation parameters of the contract and came to agreement with Mary O'Hare. The contract and a spreadsheet indicating the total cost to the CMHPSM for this contract are attached.

				Full year FY2015 Budget for Managing Director position
CMHPSM Budget FY2015	\$104,000.00	\$47,579.00	\$151,579.00	
Salary and Fringe Expense:	Salary	Fringe	Total	
Total annual at new rate	\$113,439.00	\$24,649.00	\$138,088.00	

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

AFP Section 2.1.1 Chief Executive Officer

RECOMMENDATION: Approval

Regional Board Action Request – Contracts

Just a note about this new Board Action Request-Contracts: It is the intent of the CMHPSM staff to bring all regular contracts for approval during the budget process. These would be contracts with our provider network and or standard administrative services. In the event that circumstances change, we will use this form to indicate new or amended contracts for required services as listed in the PIHP/MDCH contract that fall outside of the Managing Director Authority. For all other contract proposals for discussion and approval by the Regional Board we will continue to use the regular Regional Board Action Request format.

Board Meeting Date: February 11, 2015

Action(s) Requested: Approval of the contracts, agreements and/or amendments listed below.

Organization - Background	Term / Type	Amount / Funding Source
Karen Bergbower & Associates – Contractor will provide DYTUR services within Monroe County on a contractual basis for the CMHPSM, this service was previously provided by SEMCA utilizing SEMCA internal staffing. The CMHPSM currently contracts with DYTUR service providers within Lenawee, Livingston and Washtenaw counties and will integrate Monroe using the same model.	2/1/2015 – 9/30/2015 New Contract	\$28,575.00 SUD State Agreement

Recommend: Approval



Regional Board Action Request –Organizational Chart and Position Creation

Board Meeting Date: February 11, 2015

Action Requested: Approve the position creations for the positions: **Systems Administrator, Regional Health Data Analyst, PIHP Finance Officer and Regional Information Management** with the associated salary scales for these positions.

Background: In Response to the Application for Participation requirements for key leadership positions, the CMHPSM established a model of sharing positions with the WCHO in order to share costs of fulfilling the required functions. At the time this was a reasonable approach since the CMHPSM was in a start-up mode as an organization. There was always an intent to review this periodically to see if it was still a working model. However, the changes in Washtenaw County have necessitated having a different plan. The following four positions are those that were previously shared or purchased from the WCHO and are functions that are still required by the PIHP. The budget impact for filling these positions is attached.

Systems Administrator – This is a newly created skilled technical and leadership role responsible for ensuring the continuity of operation for all of the major systems used by the PIHP and by some of the regional CMHSP partners. This includes network systems management, network and data security, website, financial system, EHR, statistical and report-writing software as well as the integration of all of the above. This position is also responsible for making recommendations for, purchasing, tracking and maintaining all networked hardware and personal computer devices used at the PIHP. The Systems Administrator will also take a leadership role in working with technology vendors to ensure the on-going compliance with DCH technology requirements.

Regional Health Data Analyst – This is a currently funded position at the WCHO that is 50% funded by the PIHP and partially grant funded. This technical position is already responsible for the statistical analysis required for the regional performance Improvement projects and other data sets collected and reviewed by various committees. The additional responsibilities will include the data queries and analysis related to the population health analytics required of the PIHP, producing products for use by the Board and committees that will allow monitoring of trends, outliers and on-going service delivery issues.

PIHP Finance Officer- This position will take a leadership role for the current status and future projections of all regional funds, participate in and contribute to the finance related groups at the state level, lead the budget process for the regional partners and produce all reports necessary for Board financial decision making. The Finance Officer acts as the chief finance officer and works in tandem with the Finance Director to ensure all financial and reporting obligations are met and conducted according to contract definitions and general accounting principles.

Regional Information Management – TBD

Several additional positions at the WCHO may no longer be available to the region but it is yet to be determined which functions need to be maintained and which can be discontinued at the regional level. This position may be in support of general IT operations, data analytics, data reporting or a leadership level responsibility.

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

Performance Objectives: **Ensure adequate infrastructure to complete all necessary functions of the PIHP**

Recommend: Approval



Regional Board Action Request –Data analytics/population health management contract with Zenith Technology Solutions.

Board Meeting Date: February 11, 2015

Action Requested: Authorize the signature of the Managing Director on the contract with Zenith Technology Solutions in collaboration with Region 3, Region 5 and Region 10.

Background: The FY15 CMHPSM contract with the Michigan Department of Community Health (MDCH) requires use of data analytics and CareConnect360 extracts of primary care Medicaid claims. Some internal capacity currently exists to meet this requirement, however, not in the areas of predictive modeling. Predictive modeling allows a health plan to get out in front of beneficiaries health needs, and focus on preventing adverse health events. The CMHPSM is one of only two PIHPs in Michigan that hasn't already implemented a data analytics/population health program, or isn't in the final stages of contracting in order to roll out a program by this spring.

Our current contract with MDCH also requires collaboration with Medicaid Health Plans. Implementing a data analytics/population health tool will allow us to work more effectively with health plans in making data-based decisions and producing measurable outcomes.

A rare opportunity currently exists for the CMHPSM to collaborate with three other PIHPs in order to implement a data analytics/population health program at a reduced cost. The PIHPs currently involved in the collaboration include Lakeshore Regional Entity, Mid-State Health Network, and Region 10. This collaboration presents significant opportunities for us, including:

- the ability to compare our own aggregate health plan data with other health plans to identify trends and outliers,
- sharing of knowledge services across PIHPs, and
- access to a powerful healthcare data analytics tool at a reduced cost.

Pending contract approval, the CMHPSM will have 17 user licenses for the data analytics/population health software tool. The below data and reference sets would be included:

Data Sets:

- All current QI and TEDS data (which will transition to BH-TEDS on 10-1-15)
- Current CareConnect360 extract data
- MDCH eligibility files
- Michigan's Mission-Based Performance Indicator System, v6.0 (MMBPIS)
- Reporting Codebooks (CMHSP, PIHP), Templates (CMHSP, PIHP)
- All current MI/DD SUD encounter data
- Addiction Severity Index (ASI)
- Authorization Information
- Critical Incident Data
- CAFAS / PECFAS
- LOCUS / CALOCUS
- Supports Intensity Scale (SIS)

Reference Sets:

- Clinical Classifications Software (CCS) for ICD-9-CM (with update to ICD-10 as necessary)
- Chronic Condition Indicator (CCI) for ICD-9-CM (with update to ICD-10 as necessary)
- National Plan and Provider Enumeration System (NPDES)
- ICD9/10 Codes
- NDC Drug Database
- AMA CPT/HCPCS Codes
- LOINC, SNOMED Codes
- RxNorm

The Data Analytics Engine will include the following functionality:

- Interactive Visual Analysis with advanced drill through to individual records, zooming and attribute highlighting for unprecedented insight into data.
- Rich set of pre-configured chart types.
- Drag and drop capabilities for interacting with data.
- Highly responsive end-user experience, especially when working with large datasets and big data.
- Graphical and responsive dashboards.
- Secure, web-based access to assets controlled at multiple levels - Region/PIHP, CMH, Provider.
- Ability to create custom analysis views, interactive reports and dashboard.
- Ability to schedule reports and optionally mail them.
- Ability to export data in a variety of industry standard formats.

The following are examples of analysis included in the base package:

- Resource Utilization Band Distribution
- Adjusted Clinical Groups Distribution (ACG)
- Aggregated Diagnosis Groups Distribution (ADG)
- Expanded Diagnosis Clusters Distribution (EDC)
- Chronic Conditions Analysis
- Comorbidity Analysis
- Penetration Rates
- Medication Adherence
- High Utilizers – ER, IP Services
- Major Reasons for ER Use
- Medicaid Health Plan (MHP) Served
- Medicaid Health Plan (MHP) Funded BH Services
- Medicaid Health Plan (MHP) Treated BH Conditions
- Services Delivered Variance

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

1. FY15 PIHP/MDCH Contract sections 7.4 The PIHP will initiate affirmative efforts to ensure the integration of primary and specialty behavioral health services for Medicaid beneficiaries.
2. FY15 PIHP/MDCH Contract attachment P13.0.B, Application for Participation, Functions Supporting Integrated Care.

Performance Objectives:

Recommend: Approval



Community Mental Health Partnership of Southeast Michigan Job Description

Job Title: PIHP Managing Director

Supervision: Reports Directly to Regional Board

Position ID: xxxxxxxxxx

Salary Range: Negotiated Contract with Regional Board

FLSA Exempt Status: Exempt

Position Status: Full-time

Last Review/Approval:

Summary:

The four Boards of the Community Mental Health Partnership of Southeast Michigan (CMHPSM) that includes the Community Mental Health Services Programs (CMHSP) of Lenawee, Livingston, Monroe and Washtenaw Counties, have agreed to partner and operate a Medicaid Prepaid Inpatient Health Plan (PIHP) through the creation of a regional entity per section 1204b of the Michigan Mental Health Code. The **PIHP Managing Director** of the CMHPSM will direct staff with guidance from the CMHPSM Regional Board to ensure the regulatory and statutory requirements of the PIHP are met or exceeded while supporting the independence and uniqueness of each partnering community. The PIHP Managing Director carries out these responsibilities as the chief administrative officer of the CMHPSM. The PIHP Managing Director serves as the lead person in collaboration with the CMHSP partners in negotiating and coordinating the Medicaid contract for services within the region and ensures the CMHPSM operates within the parameters of the contract between the CMHPSM and the Michigan Department of Community Health.

Essential Responsibilities

Leadership:

1. Participates in the development of the CMHPSM's mission, vision, goals, and other strategic planning activities.
2. Demonstrates commitment to the values of person centered planning, recovery, resiliency, self-determination, and a meaningful life in the community for all consumers served by the CMHPSM.
3. Assures alignment of all staff within areas of responsibility with the Mission, Vision, Strategic Plan, and Budget. Monitors progress toward achievement of strategic goals, strategic initiatives, and the annual plans.
4. Promotes and encourages performance improvement activities at all levels within the PIHP.
5. Oversees and provides guidance in the program evaluation and planning activities for the areas of responsibility.
6. Participates in a leadership role on CMHPSM committees and work groups. Represents the CMHPSM while collaborating with regional Partners in the development and operation of an integrated regional system of care.

Management:

1. Establishes an overall management structure for the CMHPSM based on principles of shared governance
2. Exercises executive authority and responsibility for supervising all employees including the authority to hire and terminate employees consistent with approved CMHPSM Board Policies, Operational Policies, and any agreements

related to the leasing of PIHP personnel from a CMHPSM Partner or another entity. Provides leadership and technical assistance to support employees.

3. Responsible for the development and implementation of systems and operating procedures that support regulatory and contractual compliance for the delivery of Medicaid funded specialty supports and services.
4. Directs the analysis of performance indicators for financial management, PIHP network management, information systems, quality standards and PIHP functions delegated to Partner CMHSPs, collection of valid data to evaluate community needs, community and consumer satisfaction and compliance with Michigan Department of Community Health indicators of performance.
5. Assures the overall financial integrity of the PIHP.
6. Participates on the Regional Operations Committee along with the Executive Directors of the partner CMHSPs. In cooperation with the members of the ROC, prepares reports and information for review and consideration by the CMHPSM Board of Directors.
7. In collaboration with the regional partners, facilitates the development of state and federal grant proposals for new/revised programs or services.
8. Maintains a positive public relations posture for the PIHP speaking to community groups, receiving news media representatives, and preparing releases as necessary.
9. Coordinates with representatives of other units of government within the region as appropriate to minimize duplication or enhance service delivery.

Corporate Compliance:

1. Complies with and maintains competence in federal, state and MDCH standards, policies, and requirements as well as applicable funding sources.
2. Complies with federal and MDCH policies, standards and procedures.
3. Maintains competence in HIPAA and other regulatory requirements.
4. Works as a Team Player within the entire CMHPSM structure.
5. Ensures that the staff are trained and evaluated on their knowledge of and adherence to compliance policies and procedures specific to their jobs.
6. Understands and adheres to CMHPSM compliance standards as they appear in established policies and procedures.

Education and Experience Requirements:

Master's degree in the field of social work, psychology, nursing, health administration or related field or graduate degree and experience in law or public administration. A minimum of five years post education experience as upper level manager/administrator and a minimum of 3 years' experience in health or human services. Experience with Medicaid and or managed care preferred.

Professional licensure through the State of Michigan associated with degree field desirable, e.g. LMSW or LLP

The qualifications listed above are guidelines for hiring. Other combinations of education and experience that could provide the necessary knowledge, skills and abilities to perform the job successfully 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 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
- 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

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed must be representative of the knowledge, skills, minimum education, training, licensure, experience, and/or ability required. 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.

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:

CMHPSM Regional Board

Date _____

Community Mental Health Partnership of Southeast Michigan PIHP Managing Director Hire Timeline

Date	Action	Status
2/11/15	Form Ad Hoc committee to review job description and compile important attributes for search	
3/11/15	Ad Hoc committee reports back to Board Regional Board decision to hire search firm or use internal processes	
4/30/15	Position posted and available for application Interview and Selection committee formed	
6/1/15	Applications and resumes due back	
6/10/15	Report to Regional Board on application pool Decision to move ahead to interview or continue to hold open	
7/1/15 – 7/31/15	Contact candidates for interviews Interview committee meets to draft questions Candidates first round interviews	
8/12/15	Final Candidates second round interviews with the Regional Board	
8/31/15	Decision by Regional Board on Final Selection	
9/30/15	Contract negotiated and signed	
10/1/15	New Managing Director (CEO) start date	
12/1/15	Overlap of new and existing Managing Director completed	