COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN
REGULAR BOARD MEETING
Teleconference Meeting
Wednesday, May 13, 2020 – 6:00 PM

Dial-in Number Options:
1-312-626-6799; 1-646 876-9923;
or 1-346-248-7799
Meeting ID: 443 799 086

Join by Computer:
https://zoom.us/j/443799086

Please wait to be admitted from the Zoom waiting room at 6:00 pm.

Agenda

		Guide
I.	Call to Order	1 min
II.	Roll Call	2 min
III.	Consideration to Adopt the Agenda as Presented	2 min
IV.	Consideration to Approve the Minutes of the 4-08-20 Regular Meeting and Waive the Reading Thereof {Att. #1}	2 min
V.	Audience Participation (5 minutes per participant)	
VI.	Old Business	40 min

a. May Finance Report – FY20 as of March 31st {Att. #2}
b. Board Action Request {Att. #2a}
Consideration to Approve the proposed FY2020 Budget Amendment #1 with allocations as presented
c. Board Action Request {Att. #3a, 3b}
Consideration to approve the proposed revisions to the CMHPSM Board Governance Manual
d. Board Action Request {Att. #7a, 7b}
Consideration to approve the annual plan for quality assessment and improvement activities during the fiscal year 2020
e. Board Action Requests {Att. #4a-d}
Consideration to approve the 4 Board Governance Policies as presented
- ⟩ CEO General Scope of Authority {4a}
- ⟩ Procurement {4b}
- ⟩ Investing {4c}
- ⟩ Financial Stability and Risk Reserve Management {4d}

VII.	New Business	15 min

a. Board Action Request {Att. #5}
Consideration to approve the CEO to execute the presented contracts/amendments

VIII.	Reports to the CMHPSM Board	20 min

a. Report from the SUD Oversight Policy Board (OPB)
b. CEO Report to the Board {Att. #6}

…continued on the next page

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

IX. Closed Session (Non-Board Members will be returned to the Zoom waiting room)
   a. CEO Evaluation Committee Report
   b. Legal Update

X. Return from Closed Session (The public will be readmitted from the Zoom meeting room)

XI. Adjournment

Regional Board Action Request – Annual Quality Assessment and Performance Improvement Program (QAPIP) Plan for FY20

Board Meeting Date:	May 13, 2020
Action Requested:	Approve the annual plan for quality assessment and improvement activities during the fiscal year 2020.
Background:	The CMHPSM, as a Pre-paid Inpatient Health Plan is required, annually, to assess the need for improvement throughout the regional administrative and service functions and to prepare a plan to make quality improvements that will ensure that recipients of services are provided high quality, timely, cost effective supports and services.
Connection to:	PIHP/MDDHS Contract, AFP, Regional Strategic Plan and Shared Governance Model Quality Assessment/Performance Improvement Program and Standards
Recommend:	Approval

Attachment #7b – May 2020

COMMUNITY MENTAL HEALTH PARTNERSHIP of Southeast Michigan

The Quality Assessment and Performance Improvement Program Annual Plan

FY 2020

I. Purpose

The purpose of the Community Mental Health Partnership of Southeast Michigan's (CMHPSM) Quality Assessment and Performance Improvement Program (QAPIP) Annual Plan is to establish goals for Fiscal Year (FY) 20 to meet the overall regional Quality Improvement (QI) framework for quality and accountability for consumer care. This occurs through the work of PIHP staff, standing committees, ad hoc teams, and performance measures. The QAPIP establishes processes that promote ongoing systematic evaluation of important aspects of service delivery. The program promotes ongoing improvement and replication of strengths and focuses attention on ensuring that the safety of consumers is addressed through the delivery of services while addressing the requirements of network providers and CMHPSM staff and programs.

II. Organizational Structure, Vision, Mission, and Values

The CMHPSM is a Regional Entity formed by four Community Mental Health Programs including the Lenawee Community Mental Health Authority (LCMHA), Livingston County Community Mental Health Authority (LCCMHA), Monroe Community Mental Health Authority (MCMHA) and Washtenaw County Community Mental Health (WCCMH). The CMHPSM established a QAPIP designed to assure consistently high-quality services across the region. Overseeing this expectation is the Clinical Performance Team (CPT), which is comprised of appointed staff and consumers from each of the four counties as well as the CMHPSM Chief Operating Officer, CMHPSM Chief Information Officer, CMHPSM Health Data Analyst, and CMHPSM Compliance Manager. Historically, the CMHPSM has worked together to develop a common strategic plan and performance improvement system operating with the same vision, mission, and values. This includes a "shared governance" approach.

The Vision, Mission and Values for the Community Mental Health Partnership of Southeast Michigan are:

Vision: The CMHPSM will address the challenges confronting people living in our region by influencing public policy and participating in initiatives that reduce stigma and disparities in health care delivery while promoting recovery and wellness.

Mission: Through effective partnerships, the CMHPSM ensures and supports the provision of high-quality integrated care that is cost effective and focuses on improving the health and wellness of people living in our region.

Values:

- Strength Based and Recovery Focused
- Trustworthiness and Transparency
- Accountable and Responsible
- Shared governance
- Innovative and Data driven decision making
- Learning Organization

III. Definitions

Confidential Record of Consumer Treatment (CRCT) refers to the CMHPSM electronic health record (EHR) co-created and shared by the region. This a primary resource for data entry by local CMHSP and contractual staff, data collection, and has been Meaningful Use Certified. This is an example of a standardized and centralized business process.

External Quality Review (EQR) means the analysis and evaluation by an External Quality Review Organization of aggregated information on quality, timeliness and access to health care services that the CMHPSM furnish to consumers.

Quality Assessment refers to a systematic evaluation process for ensuring compliance with specifications, requirements or standards and identifying indicators for performance monitoring and compliance with standards.

Quality Assurance refers to a broad spectrum of evaluation activities aimed at ensuring compliance with minimum quality standards. The primary aim of quality assurance is to demonstrate that a service or product fulfills or meets a set of requirements or criteria. QA is identified as focusing on "outcomes," and CQI identified as focusing on "processes" as well as "outcomes."

Quality Improvement refers to ongoing activities aimed at improving performance as it relates to efficiency, effectiveness, quality, performance of services, processes, capacities, and outcomes. It is the continuous study and improvement of the processes of providing services to meet the needs of the individual and others.

Quality as it pertains to Managed Care Rules and External Quality Review (EQR) standards, means the degree to which the CMHPSM increases the likelihood of desired outcomes of its enrollees through 1) Its structural and operational characteristics. 2) The provision of services that are consistent with current professional, evidenced based knowledge. 3) Interventions for performance improvement.

Validation means the review of information, data and procedures to determine the extent to which they are accurate, reliable, free from bias and in accord with standards for data collection and analysis.

Outcomes means changes in consumer health, functional status, satisfaction or goal achievement that result from health care of supportive services.

IV. Organizational System

The structure of the QAPIP includes the Clinical Performance Team (CPT) serving as the regional Performance Improvement Committee and the Improving Practices Leadership Team. Membership includes consumers, clinical staff, PIHP staff, and performance improvement staff from each of the CMHSPs within the region. The PIHP Compliance

Manager and a CMHPSM Chief Executive Officer (CEO) from the Regional Operations Committee (ROC) also serve on the committee. The CMHPSM CEO serves as a coach and a liaison to enhance and ensure communication.

In its efforts to monitor and facilitate the Performance Improvement program, the committee works with stakeholders, regional staff and other committees to measure improvements. Members gather information from various stakeholders, define desired performance, evaluate performance and/or gaps, complete root cause analyses, develop interventions, implement interventions, evaluate the quality of the interventions put into place and examine the capacity to support and sustain improved performance.

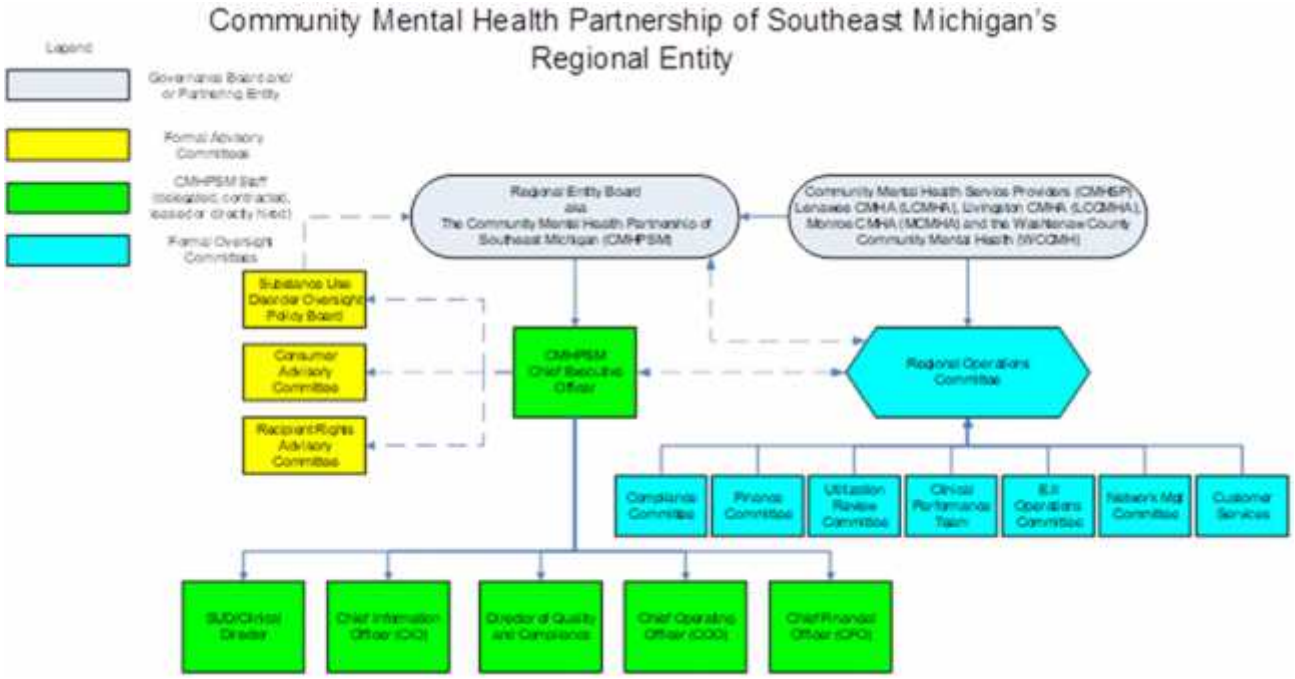
Some of the CPT members serve as liaisons to other regional committees. Examples include the Regional Consumer Advisory Committee, Utilization Review Committee, Electronic Health Record Operations (EOC) Committee, Customer Services Committee, Network Management Committee, Compliance Committee and other population specific administrator's groups. These members gather information, exchange information, data, questions and concerns with other committees in order to facilitate cross functional improvement opportunities. Members also have the responsibility to ensure communication amongst and between committees. The committees and work groups maintain meeting minutes and reports to track their project progress.

CPT determines the frequency in which these committees and workgroups report their progress to CPT. Reporting usually happens on a quarterly basis, however the committee may increase or decrease the frequency when appropriate to do so. The CPT also takes meeting minutes to document these activities. The meeting minutes from CPT, as well as other committees, work groups, and board activities are made available to the public upon request.

A majority of the QAPIP operations are conducted at the local level by designated CPT and EOC Liaisons from each CMHSP. They are also staffed by the CMHPSM to provide leadership, expert level data analytics and data report writing to support the local CPT Liaisons efforts including, but not limited to, Performance Improvement Project (PIP) studies. CPT and EOC Liaisons are assigned the responsibility to ensure the collecting, reviewing and cleaning local data, ensuring follow through on local compliance needs, and conducting performance improvement initiatives within their local CMHSP. They also help to ensure that local staff receive training for the implementation of performance improvement projects. Training is documented and made available to the CMHPSM to review fidelity.

Another significant responsibility of the CPT is to ensure clear and consistent communications. CPT meet monthly to share insights, address regional concerns and support each other in performance improvement efforts. After meetings are held, CPT Liaisons ensure communication about the progress of QAPIP projects to their staff, local Boards, consumers and community stakeholders. Communication may include posting QI plans on local websites, newsletters, internal communications boards, staff meetings, and community meetings. The PIHP Quality and Compliance staff collaborate with CPT to identify opportunities for improvement, sets priorities, develops the annual QAPIP plan, reviews progress made and

writes the annual QAPIP evaluation. The CPT reviews the QAPIP plan and evaluation and may make revision suggestions. The CMHPSM reports QAPIP activities (annual plan, quarterly/semi-annual progress and annual evaluation) to the Regional Operations Committee (ROC). The ROC is comprised of the four CMHSP Executive Directors, the CMHPSM Substance Use Disorder Director, and the CMHPSM CEO. Annually, the CMHPSM and/or CEO present the QAPIP plan and evaluation to the Regional Board for final approval, as well as a semi-annual progress review. The CMHPSM CEO and the Regional Board provides monitoring and oversight of these functions. The chart below summarizes the flow of organizational operations. For FY 20 the position of Director of Quality and Compliance is being reconfigured as a Compliance Manager position, supervised by the Chief Operating Officer.



I. Identified Areas for Improvement

The CMHPSM Annual QAPIP plan consists of the following ongoing performance improvement projects:

- State mandated Performance Improvement Projects
- PI data reported to the State each fiscal year per the Michigan Department of Health and Human Services (MDHHS) Contract
- PI projects recommended/chosen by the CMHPSM as special projects for the fiscal year

II. Performance Improvement Projects

The CMHPSM is required to document quality and performance improvement efforts, including special Performance Improvement Projects (PIP) to evaluate and improve clinical aspects of care. There are two pre-existing projects which will be worked on this year. More specifically, the Admission Discharge Transfer (ADT) Study and the Consumer(s) with Schizophrenia and Diabetes who had an HbA1c and LDL-C test during the report period.

1) Admission Discharge Transfer Study

Based on the results of the "Shared Metrics Projects Between the CMHPSM, CMHSPs and Michigan Medicaid Health Plans" in the FY 19 QAPIP evaluation, CMHPSM will continue this study in FY 20 with the goal of the improvements in this study impacting better outcomes with the shared metrics project.

Summary: To help consumers transition in and out of inpatient settings, reduce avoidable re-admissions and improve overall consumer outcomes by focusing on implementing admission, discharge and transfer (ADT) alerts and develop clinical protocols for staff to manage these alerts.

The work group plans to achieve the following goals by the end of FY 20:

1. Alerts per consumer served will be greater than prior quarters.
2. Continue to develop and refine a formal protocol regarding how to respond to alerts that results in effective and efficient outcomes.
3. Continue to develop an indicator that measures the extent to which the protocol is followed.
4. A goal (either a threshold to hit or significant improvement from baseline) and timeline will be developed for the new indicator.
5. Work through Health Information Exchange errors.
6. Work with MiHIN to address technology barriers. (In order to receive ADTs, the demographics entered by hospitals must match the region's entered patient demographics).

2) Consumer(s) with Schizophrenia and Diabetes who had an HbA1c and LDL-C test during the report period.

During FY 18, Michigan Department of Health and Human Services (MDHHS) had the region select a new PIP project. The region selected the Consumer(s) with Schizophrenia and Diabetes who had an HbA1c and LDL-C test during the report period. In preparation for selecting a new study, the CMHPSM conducted a review of peer reviewed literature to help determine the selection. Per the American Diabetes Association, Strategies for Improving Care, Diabetes Care, 2016, the following was indicated: Severe mental disorder that includes schizophrenia, bipolar disorder, and depression is increased 1.7-fold in people with diabetes (1). The prevalence of type 2 diabetes is two–three times higher in people with schizophrenia, bipolar disorder, and schizoaffective disorder than in the general population (2). A meta-analysis showed a significantly increased risk of incident depression (relative risk [RR] = 1.15), and, in turn, depression was associated with a significantly increased risk of diabetes (RR = 1.6) (3). The American Diabetes Association's Improving Care Strategies offers a chronic care model which has been shown to be an effective framework for improving the quality of diabetes care. Furthermore, tailoring a treatment to vulnerable populations which are served at the CMHPSM (consumers with intellectual/developmental disabilities, severe emotional disturbances, severe and persistent mental illness and substance use disorders, health disparities, ethnic/cultural and socio-economical differences, access to health care, lack of health insurance, homelessness, food insecurity, etc.

In addition to conducting a literature review, MDHHS added to the CMHPSM's contract language as it relates to care coordination with the PIHPs, MHPs and CMHSPs, to improve the health and quality of life for consumers 18-64 years old with Schizophrenia and Bipolar Disorder whom are using antipsychotic medications (SSD) by ensuring diabetes screening. The CMHPSM selected the study topic based upon its history of integrated health initiatives, review of peer reviewed literature and revised contract language.

Summary: The PIHP's targeted interventions for Medicaid eligible patient(s) with schizophrenia and diabetes will result in an increase in the proportion of those patients receiving a HbA1c and LDL-C test during the report period.

The work group plans to achieve the following goals by the end of FY 20:

1) The PIHP's targeted interventions for Medicaid eligible patient(s) with schizophrenia and diabetes will result in an increase in the proportion of those patients receiving a HbA1c and LDL-C test during the report period.
2) Labs may be entered as discrete fields into the regional electronic health record and/or collected from Great Lake Health Connect (GLHC) lab feed and/or CC360 claims data.
3) The baseline measurement was 8/1/2017 to 7/31/2018. The FY19 (remeasurement 1) the data period is 5/1/2019-4/30/202020. (The 2018 HEDIS technical specification will be used as our guide during the life of the study).

4) The FY20 (remeasurement 2) the data period is 5/1/2020-4/30/2020. (The 2018 HEDIS technical specification will be used as our guide during the life of the study).
5) Prepare for the Health Services Advisory Group (HSAG) - External Quality Review (EQR) for study methodology validation.

The CMHPSM Chief Operating Officer/Compliance Manager will report to CPT on a quarterly basis regarding these projects.

III. Performance Improvement Data Reported to MDHHS

Per the contract between CMHPSM and MDHHS, the CMHPSM is responsible for the collecting and reporting of performance improvement data to MDHHS each fiscal year. On a monthly basis, data is cleaned and aggregated by designated staff. Each quarter, the data is reported to the State. If an indicator fails to meet the specified State target, the responsible party (CMHPSM and/or CMHSP) will complete a data reporting form.

For FY 20 there are three changes to the MMBPIS indicators:

Indicator 2a. The percentage of new persons during the quarter receiving a completed bio-psycho-social assessment within 14 calendar days of a non-emergency request for service.

Quarterly reports will be submitted to MDHHS
For the PIHP all Medicaid beneficiaries will be included and for the CMHSP for all consumers will be included in the data.
The scope is: MI adults, MI children, I/DD adults, and I/DD children

Indicator 2.b. The percentage of new persons during the quarter receiving a face-to-face service for treatment or supports within 14 calendar days of a non-emergency request for service for persons with Substance Use Disorders.

There is no standard for 1st year of implementation, the state will use FY 20 data determine a baseline.

Indicator 3. Percentage of new persons during the quarter starting any medically necessary on-going covered service within 14 days of completing a non-emergent biopsychosocial assessment.

Quarterly reports will be submitted to MDHHS
For the PIHP all Medicaid beneficiaries will be included and for the CMHSP for all consumers will be included in the data.
The scope is: MI adults, MI children, I/DD adults, and I/DD children

If an indicator fails to meet the State target for one quarter, the responsible party must complete the data reporting form and submit a corrective action plan (CAP). The plan shall address systemic issues, how these issues will be resolved, and a timeframe shall be specified for expected improvements. The CMHPSM has oversight for annually reviewing the data for improvement opportunities. Any areas of low performance may become projects for the

current or following year. The remaining performance improvement data indicators are listed in the table below.

Standard Annual Performance Improvement Data

Michigan Mission Based Performance Indicator System	PIHP Data Reported to MDHHS
<u>Access</u> Pre-Admission Screening within 3 hours Face-to-Face meeting within 14 days of service request (MA/GF) Ongoing Service within 14 Days of Follow up Care Provided within 7 Days of Inpatient Discharge Medicaid recipients who received PIHP Services (all populations) <u>Adequacy/Appropriateness</u> HWS receiving at least 1 HWS service per month not SC) <u>Efficiency</u> Percent of total expenditures spent on PIHP Admin functions. <u>Outcomes</u> % Adults served by PIHP in competitive labor force (DD/MI) % Adults served by PIHP who earn minimum wage (DD/MI) MI and DD children and adults readmitted to inpatient PY unit within 30 days of discharge. # of substantiated ORR complaints per thousand Medicaid beneficiaries (Abuse I and II, and Neglect I and II) Adults with DD living in private residence Adults with SMI living in private residence % Children w/DD (not CWS) receiving at least one service each month other than case management/respite.	Demographic Data (Treatment Episode Data) Encounter Data Habilitation Support Waiver Encounters Health and Other Conditions (Hearing, Vision, Health Conditions DD Proxy Measures for People with a Developmental Disability ORR complaints Sentinel Events Deaths Critical Events Data Behavior Treatment Data (including data on the use of intrusive and restrictive techniques and debriefing data) Jail Diversion Data All Direct/Contracted Services MH Services only Percent Served by Funding Source Total unduplicated consumers served. Most frequently used CPT codes CPT Codes used by each population MIA DDA MIC DDC Children served by DHS (MI/DD; SUD) Medicaid Utilization and Aggregated Net Cost Report Aggregate CAFAS Data

Review and analysis of the performance improvement data helps to identify regional opportunities for improvement which may become a special quality improvement project to achieve the specified targets. A summary of improvement projects is listed below.

IV. Special Quality Improvement Projects Chosen by the CMHPSM

Each year special projects are chosen to improve the overall system of care. These projects may promote either compliance, program integrity, consumer voice, consumer engagement, staff development, improved clinical services and/or improved consumer outcomes. There were four projects carried forward from the previous fiscal year(s). Projects carried forward include the Medication Labs Project (formerly a PIP project rolled into the region's strategic plan), Enhanced Compliance Monitoring Project, Customer Satisfaction Survey and Recovery Self-Assessment Survey.

A. Medication Labs Project

Summary: To increase medication labs entered into the Electronic Health Record Lab Module for Medicaid and Non-Medicaid consumers prescribed psychotropic medications.

The work group plans to achieve the following goals by the end of FY20:

1. Continue to increase percent of Medicaid consumers being prescribed antipsychotics who have all required labs entered as discrete values in the electronic health record and/or are retrieved from GLHC health information exchange lab feeds.

B. Regional Customer Services: Consumer Satisfaction Survey

Over the past six fiscal years the Performance Improvement program has improved the consumer satisfaction survey process in order to obtain reliable feedback from consumers and their families and/or guardians to be used to improve services across the region. For FY 20 revisions were made to the customer satisfaction survey. During FY 20, the Regional Customer Services Team will be working with the Population Specific Administrators Groups to determine survey statements and to administer the surveys. The assessment of consumer experience will be expanded this fiscal year to identify population specific data for those receiving LTSS and HCBS waiver services, incorporate grievance data, appeals data, and the trends from the Adult In-Person Survey from the National Core indicator data. If there are recommendations to modify the surveys, review and approval will be obtained from the ROC. A random sample of consumers, families and/or guardians from all populations served will be asked to participate in these surveys. The committee will collect and analyze the data. Information obtained may be used to implement interventions to further customer satisfaction. This will be reported to CPT on an annual basis by the Regional Customer Services Committee.

C. Recovery Self-Assessment (RSA)

During FY 20, the CMHPSM will distribute the Recovery Self-Assessment-Revised survey to the contracted providers in its four-county region that use the Recovery Oriented System of Care (ROSC) model. The counties that the survey will be distributed to Lenawee, Livingston,

Monroe, and Washtenaw. The CMHPSM will accurately assess and measure the effectiveness of substance-use disorder (SUD) and community mental health (CMH) providers in the implementation of recovery focused services from the perspective of consumers, provider staff, and administrative staff.

Measurement

The Recovery Self-Assessment (RSA) Survey will be designed with the intent to accurately gain feedback from consumers, provider staff, and administrators. The survey will be administered in 3 separate versions: Consumers, Provider Staff and Administrators. Each survey will be broken down into five domains: 1. Life Goals, 2. Involvement, 3. Diversity of Treatment Options, 4. Choice and 5. Individually Tailored Services. Each survey question will contain an answer choice based on a 5-point Likert Scale:

1 = Strongly Disagree
2 = Disagree
3= I am neutral
4 = Agree
5= Strongly Agree
NA = Not Applicable DK = Don't Know
Additionally, the survey will contain a comment box.

Method

The RSA Survey will be distributed to Administrators, Provider Staff, and Consumers both electronically and in paper form using the Survey Monkey Software. After the survey period will be closed, the surveys will be analyzed using Microsoft Excel.

The CMHPSM SUD Director will report to CPT and the ROC on bi-annual basis regarding this project.

V. Shared Metrics Projects Between the CMHPSM, CMHSPs and the Michigan Medicaid Health Plans

A. Care Coordination for High Consumer Utilizers Project

Per the MDHHS PIHP Contract, the CMHPSM will engage in care coordination with the CMHSPs and Medicaid Health Plans. The following activities will occur for FY 20:

- The CMHPSM Regional Data Coordinator will facilitate monthly meetings with the CMHSPs and the Medicaid Health Plans regarding consumers with the highest utilization via the Stratification Report.
- Care coordination activities will be recorded into the electronic health record and the CC360 file.
- The CMHPSM will continue to evaluate the needs for reports to capture care coordination and utilization of services.
- The region will use data from the reports to analyze trends, etc.

The CMHPSM CEO will report on a semi-annual basis to CPT and/or the ROC regarding this project.

The FY 19 Care Coordination for "High Consumer Utilizers Project and Protocol for Diabetes Screening for Consumers with Schizophrenia and Bipolar Disorder Using Anti-Psychotic Medication Whom are Mutually Served by the PIHP, CMHSP and Medicaid Health Plan(s)" project was discontinued by MDHHS in the FY 20 contract.

B. Performance Bonus Joint MHP/PIHP Metrics

During FY2019, Medicaid Health Plans (MHPs) and Prepaid Inpatient Health Plans (PIHPs) had the opportunity to review and validate measure data for two performance measures: Plan All-Cause Readmissions (PCR) and Follow-up after Emergency Department Visit for Alcohol and Other Drug Dependence (FUA).

Per the FY 20 MDHHS PIHP contract, there are three shared metrics data-based projects between the CMHPSM, CMHSPs and the Michigan Medicaid Health Plans:

1. Follow-Up after Hospitalization for Mental Illness (30 days) (FUH)
2. Follow-Up after Emergency Department (ED) Visit for Alcohol and Other Drug Dependence (FUA)
3. Plan All-Cause Readmissions (PCR)

1. Follow-Up after Hospitalization for Mental Illness (30 days)

The percentage of discharges for individuals age six (6) and older, who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses, and who had a follow-up visit with a mental health practitioner within 30 days of discharge.
The minimum standard for ages six (6) to 20 is at least 70%.
The minimum standard for ages 21 and older is at least 58%.

2. Follow-Up after Emergency Department (ED) Visit for Alcohol and Other Drug Dependence

The percentage of emergency department (ED) visits for individuals age 13 and older with a principle diagnosis of alcohol or other drug (AOD) abuse or dependence, who also had a follow up visit for AOD within 30 days of the ED visit.
This measure is Informational Only (baseline data collected FY 20)

3. Plan All-Cause Readmissions (PCR) and Follow-up after Emergency Department Visit for Alcohol and Other Drug Dependence (FUA) Projects

Plan All-Cause Acute 30-Day Readmissions The percentage of acute inpatient and observation stays during the measurement period that were followed by an unplanned acute readmission for any diagnosis within 30 days. 18 to 64 years old.
This measure is Informational Only (baseline data collected FY 20)

The CMHPSM plans to achieve the following goals by the end of FY 20 for the three shared metrics:

1) Event level data will be provided by MDHHS for both measures for the measurement period determined by MDHHS.
2) CMHPSM participation in data validation activities with MDHHS, findings of efforts to review and validated activities, noting discrepancies found that may impact measure results and well as actions take to address data issues.
3) Determine if there are racial disparities.
4) Explore how performance may be improved via the Clinical Performance Team, Regional Electronic Health Record Committee and other relevant regional workgroups through tasks including but not limited to the following:
    a) Collect, review and evaluate the timeliness and cleanliness of outcome data.
    b) Intervene on a local level to address any barriers to timely and clean data.
    c) Examine data to ensure adherence to project protocols.
    d) Consult data exchange vendors such as PCE (electronic health record vendor) and/or Great Lakes Health Connect (health highway data exchange vendor) and Medicaid Health Plans.
    e) Route information about the Performance Measures to the Regional Operations Committee on a quarterly basis.

The CMHPSM Chief Operations Officer and/or Compliance Manager will report to CPT on a quarterly basis regarding these projects.

VI. PIHP-only Performance Bonus/Pay for Performance Measure

For FY 20 a PIHP specific performance bonus measure was added to the MDHHS contract:

IET-AD: Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment

HEDIS specifications are used for this measure, and the measure is informational only for FY20, with an assumption that validation work will inform future efforts to set a benchmark.

Measure

Percentage of beneficiaries age 18 to 64 with a new episode of alcohol or other drug (AOD) abuse or dependence during the measurement period who initiated or engaged in treatment:

Initiation of AOD Treatment: Percentage of beneficiaries who initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication treatment within 14 days of the diagnosis.

Engagement of AOD Treatment: Percentage of beneficiaries who initiated treatment and who had two or more additional AOD services or medication treatment within 34 days of the initiation visit

Measurement Period: Informational only June 2020 for calendar year 2019
Measured annually

The IET includes some beneficiary denominator events connected to the numerator for MMBPIS Indicator 2b (The percentage of new persons during the quarter receiving a face to face service for treatment or supports within 14 calendar days of a non-emergency request for service for persons with Substance Use Disorders). While there is no standard

for the first year of implementation with either IET-AD or Indicator 2b, the CMHPSM will need to incorporate and include Indicator 2b when analyzing results or opportunities for improvement with IET.

On 1/30/2020 MDHHS sent IET event level files to each PIHP. A data validation Q&A meeting occurred with MDHHS and PIHPs on 2/21/20, with PIHP validation files submitted to MDHHS by March 31, 2020. During the week of 4/27/2020 MDHHS will schedule a meeting with PIHPs to share IET validation results.

The CMHPSM will explore how performance may be improved in collaboration with the Clinical Performance Team, the CMHPSM SUD Committee, Regional Electronic Health Record Committee and other relevant regional workgroups through tasks including but not limited to the following:

a) Collect, review and evaluate the timeliness and cleanliness of outcome data.
b) Intervene on a local level to address any barriers to timely and clean data.
c) Examine data to ensure adherence to project protocols.

VII. Critical and Sentinel Event Data Review

The CMHPSM will review critical event and sentinel event data both qualitatively and quantitatively on a regular basis. The evaluation will include analysis for any potential trends or performance improvement opportunities, to use lessons learned for any system or program/consumer care changes that could be expanded locally or regionally, opportunities to improve consumer safety, and to ensure policy and procedures related to sentinel and critical events are being followed.

The CPT Committee will ensure completion of quarterly reviews of CMH related critical incidents, sentinel events, and risk events, including ; reviewing the appropriate use of root cause analyses and corrective actions; making recommendations for improvement when trends are identified; determining educational needs for staff and providers; and monitoring compliance of delegated functions related to critical incidents, sentinel events, and risk events.
Critical and sentinel events related to SUD providers and individuals receiving SUD services is reported bi-annually therefore SUD event data will be reviewed by the CPT Committee biannually using the same review criteria as CMH events data.

VIII. Behavioral Health Treatment Episode Data Set (BHTEDS) and Veteran Services Navigator (VSN) Data Collection

Additions to the Performance Bonus Section of the PIHP contract for FY20 includes the use and monitoring of complete BHTEDS submissions (for MI or IDD/MI only) and ensuring required elements of military/veteran status in supporting accurate data for the identification of enrollees who may be eligible for services through the Veterans' Administration.

MDHHS has changed the criteria in which a BHTEDS submission counts. Prior to FY 20 a BHTEDS was counted if one had been created anytime since FY 16. Beginning FY20, BHTEDS submissions will count only if it was created in the last 15 months from the encounter. This supports completion of a BHTEDS in the consumer record at least annually, either as an intake or an update from the annual re-assessment process.

The data collection period is the current FY 20, with the measurement period for BH-TEDS data quality monitoring occurring 10/01/19 – 3/31/20. PIHPs are to monitor records showing "not collected" by 6/1/20 and submit a one to two-page narrative report on regional findings and any actions taken to improve and maintain data quality on BH-TEDS military and veteran fields.

The CMHPSM will assess data on BHTEDS "not collected" military and veteran fields and how performance may be improved in collaboration with the Clinical Performance Team, the CMHPSM SUD Committee, Regional Electronic Health Record Committee and other relevant regional workgroups through tasks including but not limited to the following:

a) Collect, review and evaluate the timeliness and cleanliness of outcome data.
b) Intervene on a local level to address any barriers to timely and clean data.
c) Examine data to ensure adherence to project protocols.

Conclusion

The QAPIP establishes a framework which champions a systematic evaluation of the important components of the delivery of services, as well as, clarifies the persons and systems responsible (leadership staff, committees and the regional board) for the approval and ongoing monitoring of the plan. This QAPIP has a balance of administrative and clinical project plans to promote excellent service delivery. This structure will drive and support the CMHPSM and CMHSPs to complete their designated functions better than previous years.

Respectfully Submitted,

CJ Witherow, Chief Operations Officer
Community Mental Health Partnership of Southeast Michigan – Region 6

Literature Review References:

1. Osborn DPJ, Wright CA, Levy G, King MB, Deo R, Nazareth I. Relative risk of diabetes, dyslipidemia, hypertension and the metabolic syndrome in people with severe mental illnesses: systematic review and metaanalysis. BMC Psychiatry 2008; 8:84

2. Correll CU, Detraux J, De Lepeleire J, De Hert M. Effects of antipsychotics, antidepressants and mood stabilizers on risk for physical diseases in people with schizophrenia, depression and bipolar disorder. World Psychiatry 2015; 14:119–136

3. Mezuk B, Eaton WW, Albrecht S, Golden SH. Depression and type 2 diabetes over the lifespan: a meta-analysis. Diabetes Care 2008; 31:2383–2390

4. American Diabetes Association. Strategies for improving care. Sec. 1. In Standards of Medical Care in Diabetesd2016. Diabetes Care 2016;39(Suppl. 1): S6–S12

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN
REGULAR BOARD MEETING MINUTES
April 8, 2020

Members Present: Judy Ackley, Greg Adams, Roxanne Garber, Bob King, Sandra Libstorff, Charles Londo, Caroline Richardson, Sharon Slaton, Ralph Tillotson

Members Absent: Susan Fortney, Gary McIntosh, Katie Scott

Staff Present: Kathryn Szewczuk, Stephannie Weary, Lisa Jennings, James Colaianne, Connie Conklin, Dana Darrow, Trish Cortes, CJ Witherow, Matt Berg

Others Present:

I. Call to Order
Meeting called to order at 6:02 p.m. by Board Chair S. Slaton.
Meeting held remotely via Zoom conference line and software.

II. Roll Call
- An electronic quorum of members present was confirmed.

III. Consideration to Adopt the Agenda as Presented

Motion by R. Tillotson, supported by C. Richardson, to approve the agenda
Motion carried

- Agenda addition: Board Action Request for emergency funding

IV. Consideration to Approve the Minutes of the March 11, 2020 Regular Meeting and Waive the Reading Thereof

Motion by J. Ackley, supported by R. Garber, to approve the minutes of the March 11, 2020 regular meeting and waive the reading thereof
Motion carried

V. Audience Participation
None

VI. Old Business
a. April Finance Report – FY20 as of February 29th
- M. Berg presented. Discussion followed.
- Staff provided details about the PIHP and region's COVID-19.
- The Board reviewed the allocations proposed in the presented Board Action Request to approve the recommended funding to be allocated to the CMHSPs to assist the regional provider network in delivering critical essential face-to-face services.

Motion by C. Richardson, supported by B. King, to approve the recommended funding to be allocated to the CMHSPs to assist the regional provider network in delivering essential face-to-face services
Motion carried

Ackley	Yes	Londo	Yes
Adams	Yes	McIntosh	Absent
Fortney	Absent	Richardson	Yes
Garber	Yes	Scott	Absent
King	Yes	Slaton	Yes
Libstorff	Yes	Tillotson	Yes

b. CMHPSM Board Bylaws
   - No changes were suggested by staff.

Motion by G. Adams, supported by R. Garber, to approve the CMHPSM Board Bylaws as presented
Motion carried

c. CEO Authority Control – Employee Position Control and Compensation Policy
   - Informational presentation of the finalized policy. No action was needed.

d. CEO Evaluation Committee Update
   - C. Richardson reported that the evaluation survey was sent electronically to those who were identified at last month's board meeting. The due date for the survey is 4/10/20.
   - The results will come back to the board next month.

VII. New Business

a. Preliminary FY20 Budget Amendment Discussion
   - M. Berg provided an overview of the changes to the budget that will likely be proposed at next month's board meeting.

b. Board Action Request
   Consideration to approve the CEO to execute the presented contracts/amendments
   - C. Witherow presented the requested contracts/amendments.

Motion by J. Ackley, supported by B. King, to approve the presented contracts/amendments
Motion carried

c. Board Action Request
   Consideration to approve the FY19 QAPIP Evaluation
   - For future reports, the Board requested indicators noting what is going well and what needs more focus.

- Regarding corrective action plans for providers, the Board requested to see details rather than just "yes" or "no" results.
- The Board requested to see the denominators for the data presented.
- C. Witherow proposed bringing the data to the board on a quarterly basis, with context, rather than holding it all for the 1-time annual review by the Board.

Motion by R. Garber, supported by J. Ackley, to approve the FY19 QAPIP Evaluation
Motion carried

d. Board Action Request
Consideration to approve the FY20 QAPIP Plan

Motion by B. King, supported by G. Adams, to move the FY20 QAPIP Plan agenda item to the May Board meeting
Motion carried

e. Board Action Request
Consideration to approve the proposed revisions to the CMHPSM Board Governance Manual

Motion by C. Londo, supported by B. King, to move the CMHPSM Board Governance Manual agenda item to the May Board meeting
Motion carried

f. Board Action Requests
Consideration to approve the 4 Board Governance Policies as presented

- CEO General Scope of Authority
- Procurement
- Investing
- Financial Stability and Risk Reserve Management

Motion by C. Londo, supported by R. Garber, to move the Board Governance Policies agenda items to the May Board meeting
Motion carried

VIII. Reports to the CMHPSM Board

a. Report from the SUD Oversight Policy Board (OPB)
- OPB cancelled its March and April meetings.

b. CEO Report to the Board
- The state's PIHPs and CMHs meet with the department twice a week. The ROC meets after those meetings.
- CMH directors reported that service isn't being adversely affected by COVID-19.
- C. Richard noted that there are a lot of homegrown efforts going on re: personal protection equipment (PPE), and expressed concern that there's not an awareness of the CMHs' needs.
- The Board requested to be kept apprised of the needs of the CMHs, updated as often as possible, in order to advocate on behalf of the CMHs.

IX. Adjournment

Motion by C. Richardson, supported by B. King, to adjourn the meeting
Motion carried

- Meeting adjourned at 8:06 p.m.

_____
Judy Ackley, CMHPSM Board Secretary

Community Mental Health Partnership of Southeast Michigan
Financial Summary for March 31, 2020

Summary of Financial Package

Balance Sheet Description	2019	2020
Operating Cash	1,971,231	3,612,173
Restricted Cash	6,434,509	6,992,496
Due from Others	12,392,508	14,280,369
Prepaid	55,848	129,007
Capital Assets	52,000	32,500
Total Assets	**20,906,096**	**25,046,545**
Payables & Accruals	(917,920)	(789,206)
Due to Others	(16,179,534)	(28,690,407)
Deferred Revenue	(6,434,509)	(6,992,496)
Operating Surplus	(2,941,801)	(1,098,282)
Fund Balance	5,567,669	12,523,846
Total Liabilities & Fund E	**(20,906,096)**	**(25,046,545)**

Schedule of non-HSW Eligibles Paid by Service Month and Month of Payment

Count	Service Month							Eligibles
Payment Month	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	in Payment
Oct 2019	110,894							110,894
Nov 2019	3,916	110,620						114,548
Dec 2019	1,062	4,619	110,788					116,489
Jan 2020	1,949	2,168	5,048	111,335				120,822
Feb 2020	594	1,067	2,176	4,889	111,886			120,767
Mar 2020	246	523	868	1,848	4,028	111,544		119,091
Apr 2020	43	381	691	1,130	2,187	4,948	112,936	122,403
	118,704	119,378	119,571	119,202	118,101	116,492	112,936	
Eligible Per Service Month								

Operating Activities	Proposed Budget	Original Budget	YTD Budget	YTD Actual	Actual O(U) Budget	Percent Variance	Projected Year-End	Projected O(U) Budget
MH Medicaid Revenue	169,306,792	165,558,291	82,779,146	82,251,338	(527,807)	-0.6%	169,306,792	(3,748,501)
MH Medicaid Expenses	169,306,792	165,558,291	82,779,146	82,025,378	(753,768)	0.9%	169,306,792	3,748,501
MH Medicaid Net	(0)	-	-	225,960	225,960		-	-
SUD/Grants Revenue Tot	18,784,766	17,138,163	8,569,082	7,652,451	916,631	10.7%	18,784,766	(1,646,602)
SUD/Grants Total Expen	18,261,491	15,952,411	7,976,205	7,591,436	(384,770)	-4.8%	18,261,491	2,309,081
SUD/Grants Net	523,274	1,185,753	592,876	61,015	531,861	89.7%	523,274	662,478
PIHP								
PIHP Revenue Total	6,712,883	6,323,003	3,161,502	3,108,128	53,374	1.7%	6,712,883	(389,880)
PIHP Expenses Total	6,261,247	7,508,756	3,754,378	3,048,453	705,925	18.8%	6,261,247	(1,247,509)
PIHP Total	451,636	(1,185,753)	(592,876)	59,675	(652,551)	110.1%	451,636	(1,637,389)
Total Revenue	**194,804,440**	**189,019,457**	**94,509,729**	**93,011,917**	**442,198**	**0.5%**	**194,804,441**	**(5,784,983)**
Total Expenses	**193,829,530**	**189,019,458**	**94,509,729**	**92,665,267**	**(432,612)**	**-0.5%**	**193,829,530**	**4,810,073**
Total Net	**974,910**	**(0)**	**0**	**346,650**	**346,650**		**974,910**	**974,910**

FY 19 to 20 Comparison	2019	2020	Difference
Revenue at March 31	86,620,951	91,341,962	4,721,011
Annual Revenue Actual/I	178,446,158	194,804,440	16,358,282

Community Mental Health Partnership of Southeast Michigan
Preliminary Statement of Revenue and Expenses Notes
For the Period Ending March 31, 2020

1. This month's financial package includes a proposed budget revision, a new format for the financial statement, and in the cover sheet, a summary balance sheet comparing FY 19 to FY 20 at March 31. The bulk of these notes will cover how the proposed budget was calculated and an explanation of a few changes in line items.

2. In April MDHHS gave a onetime rate increase to adjust for underpayments during the first six months. This one-time adjustment was made at different rates for different categories of eligibles. For CMHPSM, this increase averaged to 11.62% or about 1.6% per month. Going forward in 2020 the rates CMHPSM receives from MDHHS will be about 1.6% higher than the rates in the first six months. This change is included in the Proposed Budget

3. In October 2019, MDHHS instituted a new system for calculating the number of eligible for which they paid in each month. Under the new system, MDHHS will go back six months to calculate new eligibles. The result of this new system is that there is a lag in receiving payments for service months. On average, we only receive payment for 92.5% of the eligibles in the month of payment. It was not until April that we received the final payment for October. (See cover sheet.) An estimate of the value of this lag, $1,675,000, is included on the proposed budget. It is on a separate line so that it is not included in the cash CMHs will expect before September 30.

4. The allocation between MH and SUD Administrative Expenses was not changed on this proposed budget. After looking at work loads and duties of the staff, we anticipate changing the allocation for 2021.

5. In conversations with the CMH CFOs, no unexpected expenses due to COVID or other issues were noted so far in 2020. The proposed budget will pay each CMH slightly more than in the original budget and we are not forecasting a Medicaid deficit for this year. It is unclear how COVID will impact expenses in April forward. No adjustments have been made tot his budget for expenses due to COVID.

6. In April we saw a 1.25% increase in current month eligibles. This increase May be due to COVID. This increase is consistent with other trends and was used to calculate future payments. No other changes were made to eligible based on COVID. We will watch the numbers closely and track any increase in eligible likely due to COVID.

7. A line item called "PIHP Allocation" was added to make clear what portion of Medicaid supports the PIHP.

8. The significant variances from the original budget, more SUD revenue and reduced Administrative expenses, have been discussed in previous notes, but I would be happy to address them if there are any questions.

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEASTERN MICHIGAN
March 31, 2020 Detailed Financial Report with Proposed Budget Revision (New Format)
(Please note, report done in accounting format, revenue=negative, expense=positive.

	Proposed Budget	Original Budget	YTD Budget	YTD Actual	Actual O(U) Budget	Percent Variance	Projected Year-End	Projected O(U) Budget
MH MEDICAID								
MH Medicaid Revenue								
Medicaid (b), (b3) & 1915i	(92,039,547)	(92,470,651)	(46,235,326)	(44,590,597)	(1,644,728)	-3.6%	(92,039,547)	(431,104)
Medicaid HSW	(44,448,501)	(46,803,340)	(23,401,670)	(21,803,902)	(1,597,768)	-6.8%	(44,448,501)	(2,354,839)
MCAID Children's Waiver	(1,284,633)		-	(649,376)	649,376		(1,284,633)	1,284,633
MCAID SED Waiver	(278,211)		-	(153,943)	153,943		(278,211)	278,211
Healthy Michigan Revenue	(11,232,346)	(10,958,928)	(5,479,464)	(5,423,327)	(56,137)	-1.0%	(11,232,346)	273,418
HMP Autism	(33,660)		-	(8,180)	8,180		(33,660)	33,660
Medicaid Autism	(13,280,310)	(10,290,788)	(5,145,394)	(6,706,176)	1,560,782	30.3%	(13,280,310)	2,989,522
Medicaid DHS Incentive	(215,000)	(215,000)	(107,500)		(107,500)	-100.0%	(215,000)	-
HRA MCAID Revenue	(2,457,532)	(2,457,532)	(1,228,766)	(1,586,200)	357,434	29.1%	(2,457,532)	-
HRA HMP Revenue	(2,362,052)	(2,362,052)	(1,181,026)	(1,329,636)	148,610	12.6%	(2,362,052)	-
Deferred MC/HMP	(1,675,000)				-		(1,675,000)	1,675,000
MH Medicaid Revenue Total	(169,306,792)	(165,558,291)	(82,779,146)	(82,251,338)	(527,807)	-0.6%	(169,306,792)	3,748,501
MH Medicaid Expenditures								
HRA MC	2,457,532	2,457,532	1,228,766	1,586,200	357,434	29.1%	2,457,532	-
HRA HMP	2,362,052	2,362,052	1,181,026	1,329,636	148,610	12.6%	2,362,052	-
					-			-
Lenawee CMH MH Medicaid					-			-
Medicaid (b), (b3) & 1915i	12,518,757	12,427,458	8,837,300	6,035,659	(2,801,640)	-31.7%	12,518,757	91,299
Medicaid HSW	5,022,439	5,247,142	-	2,322,534	2,322,534		5,022,439	(224,703)
Children's Waiver	86,811		-	48,633	48,633		86,811	86,811
Healthy Michigan Expense	1,685,817	1,739,957	869,979	708,079	(161,899)	-18.6%	1,685,817	(54,140)
MCAID & HMP Autism	1,270,741	1,003,806	501,903	634,237	132,334	26.4%	1,270,741	266,935
Medicaid DHIP	36,579		-	14,826	14,826		36,579	36,579
Lenawee CMH Total	20,621,143	20,418,363	10,209,181	9,763,968	(445,213)	-4.4%	20,621,143	202,780
								-
Livingston CMH MH Medicaid								-
Medicaid (b), (b3) & 1915i	16,883,259	16,760,135	12,194,495	8,139,913	(4,054,582)	-33.2%	16,883,259	123,124
Medicaid HSW	7,302,159	7,628,855	-	3,604,663	3,604,663		7,302,159	(326,696)
Children's Waiver	291,435		-	163,269	163,269		291,435	291,435
SED Waiver	81,067		-	42,091	42,091		81,067	81,067
Healthy Michigan Expense	2,273,555	2,346,571	1,173,286	954,942	(218,343)	-18.6%	2,273,555	(73,016)
MCAID & HMP Autism	4,812,823	3,690,076	1,845,038	2,472,979	627,941	34.0%	4,812,823	1,122,747
Medicaid DHIP	122,800		-	49,772	49,772		122,800	122,800
Livingston CMH Total	31,767,099	30,425,637	15,212,819	15,427,629	214,811	1.4%	31,767,099	1,341,462
								-
Monroe CMH MH Medicaid								-
Medicaid (b), (b3) & 1915i	18,903,862	18,765,995	13,349,450	9,114,105	(4,235,344)	-31.7%	18,903,862	137,867
Medicaid HSW	7,593,187	7,932,903	-	3,728,927	3,728,927		7,593,187	(339,716)
Children's Waiver	105,413		-	59,055	59,055		105,413	105,413
Healthy Michigan Expense	2,545,656	2,627,410	1,313,705	1,069,230	(244,475)	-18.6%	2,545,656	(81,754)
MCAID & HMP Autism	2,495,867	1,968,108	984,054	1,247,908	263,854	26.8%	2,495,867	527,759
Medicaid DHIP	88,834		-	36,005	36,005		88,834	88,834
Monroe CMH Total	31,732,819	31,294,416	15,647,209	15,255,231	(391,978)	-2.5%	31,732,819	438,403
								-
Washtenaw CMH MH Medicaid								-
Medicaid (b), (b3) & 1915i	41,498,691	43,814,183	33,227,556	20,007,734	(13,219,822)	-39.8%	41,498,691	(2,315,492)
Medicaid HSW	24,177,379	22,640,929	-	11,818,501	11,818,501		24,177,379	1,536,450
Children's Waiver	657,280		-	368,224	368,224		657,280	657,280
SED Waiver	210,775		-	109,436	109,436		210,775	210,775
Healthy Michigan Expense	5,588,348	5,767,820	2,883,910	2,347,227	(536,683)	-18.6%	5,588,348	(179,472)
MCAID & HMP Autism	4,522,176	3,467,323	1,733,662	2,323,635	589,973	34.0%	4,522,176	1,054,853
Medicaid DHIP	44,417		-	18,003	18,003		44,417	44,417
Washtenaw CMH Total	76,699,066	75,690,255	37,845,128	36,992,759	(852,369)	-2.3%	76,699,066	1,008,811
PIHP Allocation	3,667,080	2,910,036	1,455,019	1,669,955	214,936	14.8%	3,667,080	757,044
								-
Medicaid Expenditures Total	169,306,792	165,558,291	82,779,146	82,025,378	(753,768)	-0.9%	169,306,792	3,748,501
Medicaid Total	(0)	-	1	(225,960)	(225,961)		(0)	(0)

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEASTERN MICHIGAN
March 31, 2020 Detailed Financial Report with Proposed Budget Revision (New Format)
(Please note, report done in accounting format, revenue=negative, expense=positive.

	Proposed Budget	Original Budget	YTD Budget	YTD Actual	Actual O(U) Budget	Percent Variance	Projected Year-End	Projected O(U) Budget
SUD/Grants								
SUD/Grants REVENUE								
SUD Medicaid	(3,590,995)	(2,572,636)	(1,286,318)	(1,520,331)	(234,013)	18.2%	(3,590,995)	(1,018,359)
SUD Healthy Michigan Plan	(6,308,102)	(4,693,453)	(2,346,727)	(3,046,336)	(699,610)	29.8%	(6,308,102)	(1,614,648)
SUD Community Block Grant	(3,694,050)	(3,694,050)	(1,847,025)	(1,506,987)	340,038	-18.4%	(3,694,050)	0
SUD PA2 - Cobo Tax Revenue	(1,844,101)	(1,860,059)	(930,030)	(922,051)	7,979	-0.9%	(1,844,101)	15,958
SUD PA2 - Cobo Tax Use of Reser	(1,564,432)	(1,564,432)	(782,216)		782,216	-100.0%	(1,564,432)	0
State Grants	(1,783,085)	(2,753,533)	(1,376,767)	(656,745)	720,021	-52.3%	(1,783,085)	970,448
SUD/Grants REVENUE Total	**(18,784,766)**	**(17,138,163)**	**(8,569,082)**	**(7,652,451)**	916,631	-10.7%	**(18,784,766)**	(1,646,602)
SUD/Grants EXPENDITURES								
All SUD Administration								
Salaries & Fringes	706,448	594,681	297,340	337,111	39,770	13.4%	706,448	111,767
Contracts	77,431	107,912	53,956	33,247	(20,709)	-38.4%	77,431	(30,481)
Board Expense	221	7,680	3,840	40	(3,800)	-99.0%	221	(7,459)
Other Expenses	12,155	23,547	11,774	6,325	(5,448)	-46.3%	12,155	(11,392)
Indirect Cost Recovery	(61,200)		0	(25,239)	(25,239)		(61,200)	(61,200)
All SUD Administration Total	**735,055**	**733,820**	**366,910**	**351,483**	(15,426)	-4.2%	**735,055**	1,236
Lenawee County SUD Services	2,890,089	2,195,015	1,097,508	1,143,899	46,391	4.2%	2,890,089	695,074
Livingston County SUD Services	2,134,624	1,957,859	978,930	928,060	(50,870)	-5.2%	2,134,624	176,765
Monroe County SUD Services	3,109,315	2,088,693	1,044,347	1,364,705	320,358	30.7%	3,109,315	1,020,622
Washtenaw County SUD Services	7,605,604	6,223,491	3,111,746	3,058,782	(52,964)	-1.7%	7,605,604	1,382,113
Veteran Navigation	81,870	80,000	40,000	38,292	(1,708)	-4.3%	81,870	1,870
State Targeted Response	737,300	1,068,295	534,148	311,107	(223,040)	-41.8%	737,300	(330,995)
State Opioid Response	727,494	943,385	471,693	281,178	(190,515)	-40.4%	727,494	(215,891)
State Opioid Response Supplemental	108,823	294,120	147,060	48,926	(98,134)	-66.7%	108,823	(185,297)
Gambling Prevention Grant	53,750	200,000	100,000	22,729	(77,271)	-77.3%	53,750	(146,250)
Clubhouse and PMTO Grants	77,566	167,733	83,867	42,276	(41,591)	-49.6%	77,566	(90,167)
SUD/Grants Total Expenditures	**18,261,491**	**15,952,411**	**7,976,205**	**7,591,436**	(384,770)	-4.8%	**18,261,491**	2,309,081
SUD/Grants Total	**(523,274)**	**(1,185,753)**	**(592,876)**	**(61,015)**	531,861	-89.7%	**(523,274)**	662,478
PIHP								
PIHP REVENUE								
Performance Based Incentive I	(1,503,267)	(1,503,267)	(751,634)	(751,000)	634	-0.1%	(1,503,267)	-
MDHHS Withold	(120,000)	-	-		-		(120,000)	120,000
Local Match	(1,259,140)	(1,577,780)	(788,890)	(629,570)	159,320	-20.2%	(1,259,140)	318,640
Interest Income	(163,395)	(331,920)	(165,960)	(57,603)	108,357	-65.3%	(163,395)	168,525
PIHP Allocation	(3,667,080)	(2,910,036)	(1,455,019)	(1,669,955)	(214,936)	69.2%	(3,667,080)	757,044
PIHP Revenue Total	(6,712,883)	(6,323,003)	(3,161,502)	(3,108,128)	53,374	-1.7%	(6,712,882)	(389,879)
PIHP Expenses								
PIHP Admin								
IPA MCAID	1,348,121	1,348,121	674,061	690,440	16,379	2.4%	1,348,121	-
IPA HMP	337,030	337,030	168,515	168,515	-	0.0%	337,030	-
Local Match	1,259,140	1,577,780	788,890	629,570	(159,320)	-20.2%	1,259,140	(318,640)
Salaries & Fringes	1,083,865	1,441,708	720,854	489,451	(231,403)	-32.1%	1,083,865	(357,843)
Contracts	601,130	1,170,253	585,127	258,567	(326,560)	-55.8%	601,130	(569,123)
Other Expenses	126,669	206,019	103,010	58,820	(44,189)	-42.9%	126,669	(79,350)
Indirect Cost Recovery	-	(78,172)	(39,086)		39,086	-100.0%	-	78,172
ISF Transfer	1,503,267	1,503,267	751,633	751,633	(0)	0.0%	1,503,267	-
PIHP Admin Total	6,259,222	7,506,006	3,753,003	3,046,995	(706,007)	-18.8%	6,259,222	(1,246,784)
								-
Board Expense	2,025	2,750	1,375	1,458	83	6.0%	2,025	(725)
								-
PIHP Expenses Total	6,261,247	7,508,756	3,754,378	3,048,453	(705,925)	-18.8%	6,261,247	(1,247,509)
PIHP Total	(451,636)	1,185,753	592,876	(59,675)	(652,551)	-110.1%	(451,635)	(1,637,388)
								-
Organization Total	(974,910)	(0)	(0)	(346,650)	(346,650)		(974,910)	(974,910)

Community Mental Health Partnership of Southeast Michigan
Preliminary Statement of Revenues and Expenditures (Old Format)
For the Period Ending March 31, 2020

	Proposed Budget Revision	FY20 Budget	Budget to date	YTD Actual	YTD Actual O/(U) Budget	Percent Variance Actual to Budget	Projected YE	Projected O/(U) Budget
Operating Revenue								
Medicaid Capitation SP/B3/1915i	94,497,080	95,143,183	47,571,592	46,176,798	(1,394,794)	-3.02%	94,497,080	(646,103)
Medicaid Capitation HSW	44,448,501	46,803,340	23,401,670	21,803,902	(1,597,768)	-7.33%	44,448,501	(2,354,839)
Medicaid Captiation CWP	1,284,633	-	-	649,376	649,376	100.00%	1,284,633	1,284,633
Medicaid Captiation SEDW	278,211	-	-	153,943	153,943	100.00%	278,211	278,211
State Withold	120,000						120,000	
All Incentives	1,718,267	1,503,268	751,634	751,000	(634)	-0.08%	1,718,267	214,999
Medicaid SUD Capitation	3,590,995	2,572,636	1,286,318	1,520,331	234,013	15.39%	3,590,995	1,018,359
Healthy Michigan Plan	13,594,398	13,320,980	6,660,490	6,752,963	92,473	1.37%	13,594,398	273,418
Healthy Michigan Plan SUD	6,308,102	4,693,454	2,346,727	3,046,336	699,609	22.97%	6,308,102	1,614,648
Autism	13,313,970	10,290,788	5,145,394	6,714,356	1,568,962	23.37%	13,313,970	3,023,182
SUD Community Block Grant	5,264,155	5,999,850	2,999,925	2,060,436	(939,489)	-45.60%	5,264,155	(735,695)
Block Grants	212,981	447,733	223,867	103,297	(120,570)	-116.72%	212,981	(234,752)
SUD PA2 - Cobo Tax Revenue	1,844,101	1,860,059	930,030	922,051	(7,979)	-0.87%	1,844,101	(15,958)
SUD PA2 - Cobo Tax Use of Reserve	1,564,432	1,564,432	782,216		(782,216)	0.00%	1,564,432	-
Local Match	1,259,140	1,577,780	788,890	629,570	(159,320)	-25.31%	1,259,140	(318,640)
Other Revenue	163,395	331,920	165,960	57,603	(108,357)	-188.11%	163,395	(168,525)
Accrued Medicaid Revenue	1,675,000	-	-	-	-	0.00%	1,675,000	1,675,000
Total Revenue	**$ 191,137,361**	**$ 186,109,423**	**$ 93,054,712**	**$ 91,341,962**	**$ (1,712,750)**	**-1.88%**	**$ 191,137,361**	**$ 5,027,938**
Funding For CMHSP Partners								
Lenawee CMHSP	20,621,143	20,418,362	10,209,181	9,763,968	(445,213)	-4.56%	20,621,143	202,781
Livingston CMHSP	31,767,099	30,425,637	15,212,819	15,427,630	214,812	1.39%	31,767,099	1,341,462
Monroe CMHSP	31,732,819	31,294,417	15,647,209	15,255,231	(391,978)	-2.57%	31,732,819	438,402
Washtenaw CMHSP	76,699,066	75,690,255	37,845,128	36,992,758	(852,370)	-2.30%	76,699,066	1,008,811
Total Funding For CMHSP Partners	**$ 160,820,127**	**$ 157,828,671**	**$ 78,914,336**	**$ 77,439,587**	**$ (1,474,749)**	**-1.90%**	**$ 160,820,127**	**$ 2,991,456**
Funding For SUD Services								
Lenawee County	2,857,417	2,195,015	1,097,508	1,125,525	28,018	2.49%	2,857,417	662,402
Livingston County	1,787,193	1,957,859	978,930	743,885	(235,045)	-31.60%	1,787,193	(170,666)
Monroe County	2,986,798	2,088,693	1,044,347	1,241,048	196,702	15.85%	2,986,798	898,105
Washtenaw County	7,115,181	6,223,491	3,111,746	2,806,493	(305,253)	-10.88%	7,115,181	891,690
SUD Grants	993,044			578,495			993,044	
State Targeted Response	650,346	974,954	487,477	272,484	(214,993)	-78.90%	650,346	(324,608)
State Opioid Response	759,730	1,116,363	558,181	297,038	(261,143)	-87.92%	759,730	(356,633)
Total Funding For SUD Services	**$ 17,149,709**	**$ 14,556,375**	**$ 7,278,187**	**$ 7,064,968**	**$ (791,714)**	**-11.21%**	**$ 17,149,709**	**$ 2,593,334**

Community Mental Health Partnership of Southeast Michigan
Preliminary Statement of Revenues and Expenditures (Old Format)
For the Period Ending March 31, 2020

Other Contractual Obligations								
Hospital Rate Adjuster (Est)	4,819,584	4,819,584	2,409,792	2,915,836	506,044	17.36%	4,819,584	-
Insurance Provider Assessment Tax (Est)	1,685,151	1,685,151	842,576	858,955	16,380	1.91%	1,685,151	-
Local Match (Est)	1,259,140	1,577,780	788,890	629,570	(159,320)	-25.31%	1,259,140	(318,640)
Total Other Costs	**$ 7,763,875**	**$ 8,082,515**	**$ 4,041,258**	**$ 4,404,361**	**$ 363,104**	**8.24%**	**$ 7,763,875**	**$ (318,640)**
CMHPSM Administrative Costs								
Salaries & Fringes	2,015,072	2,317,605	1,158,803	930,774	(228,029)	-24.50%	2,015,072	(302,533)
Administrative Contracts	757,127	1,536,417	768,209	334,089	(434,120)	-129.94%	757,127	(779,290)
Board Expense	446	2,750	1,375	40	(1,335)	-3337.50%	446	(2,304)
All Other Costs	152,826	281,822	140,911	69,861	(71,050)	-101.70%	152,826	(128,996)
Total Administrative Expense	**$ 2,925,472**	**$ 4,138,594**	**$ 2,069,297**	**$ 1,334,764**	**$ (734,533)**	**-55.03%**	**$ 2,925,472**	**$ (1,213,122)**
Risk Reserve Provision	**$ 1,503,267**	**$ 1,503,268**	**$ 751,634**	**$ 751,633**	(1)	**-**	**$ 1,503,267**	**$ (1)**
Total Expense	**$ 190,162,449**	**$ 186,109,423**	**$ 93,054,711**	**$ 90,995,313**	**$ (2,059,398)**	**-2.26%**	**$ 190,162,449**	**$ 4,053,027**
Revenues over (under) Expenditures	**$ 974,912**	**$ -**	**$ 0**	**$ 346,649**	**$ (346,649)**		**$ 974,912**	**$ 974,912**

Community Mental Health Partnership of Southeast Michigan
Received and Distributed by Fund Source
FY 19/20

		October	November	December	January	February	March	April	May	June	July	August	September	YTD
State Plan/B3/1915i	Receipts	$ 7,274,210	$ 7,349,346	$ 7,384,564	$ 7,500,406	$ 7,518,851	$ 7,502,409							**$ 44,529,787**
	Distributions													
	Lenawee CMHSP	993,884	993,356.71	999,494.27	1,056,028	977,383	1,015,513							**$ 6,035,659**
	Livingston CMHSP	1,340,389	1,339,677.62	1,347,954.97	1,424,198	1,318,134	1,369,559							**$ 8,139,913**
	Monroe CMHSP	1,500,808	1,500,011.38	1,509,279.36	1,594,647	1,475,890	1,533,469							**$ 9,114,105**
	Washtenaw CMHSP	3,294,648	3,292,899.10	3,313,244.63	3,500,648	3,239,946	3,366,347							**$ 20,007,733**
		$ 7,129,730	$ 7,125,945	$ 7,169,973	$ 7,575,521	$ 7,011,354	$ 7,284,888	$ -	$ -	$ -	$ -	$ -	$ -	**$ 43,297,411**
C-Waivers	Receipts	$ 3,285,042	$ 3,320,771	$ 3,335,249	$ 4,003,243	$ 4,438,425	$ 4,224,492							**$ 22,607,222**
(HSW, CWP, SEDW)	Distributions													
	Lenawee CMHSP	382,345	386,272.77	383,510.50	408,530	414,403	396,106							**$ 2,371,167**
	Livingston CMHSP	538,087	543,259.01	559,406.59	650,082	778,082	741,106							**$ 3,810,023**
	Monroe CMHSP	558,997	564,329.46	540,713.91	705,562	745,012	673,367							**$ 3,787,981**
	Washtenaw CMHSP	1,760,349	1,781,085.00	1,818,623.00	2,182,532	2,437,554	2,358,108							**$ 12,338,251**
		$ 3,239,779	$ 3,274,946	$ 3,302,254	$ 3,946,706	$ 4,375,051	$ 4,168,687	$ -	$ -	$ -	$ -	$ -	$ -	**$ 22,307,423**
Autism	Receipts	$ 1,114,871	$ 1,102,030	$ 1,121,788	$ 1,137,223	$ 1,124,595	$ 1,113,848							**$ 6,714,355**
	Distributions													
	Lenawee CMHSP	110,482	110,318.15	111,111.53	115,241	106,063	81,021							**$ 634,236**
	Livingston CMHSP	406,140	405,538.89	408,455.37	423,635	389,898	439,312							**$ 2,472,979**
	Monroe CMHSP	216,616	216,294.83	217,850.34	225,946	207,953	163,248							**$ 1,247,908**
	Washtenaw CMHSP	381,614	381,048.48	383,788.84	398,051	366,352	412,780							**$ 2,323,634**
		$ 1,114,851	$ 1,113,200	$ 1,121,206	$ 1,162,873	$ 1,070,266	$ 1,096,361	$ -	$ -	$ -	$ -	$ -	$ -	**$ 6,678,757**
HMP	Receipts	$ 868,480	$ 878,904	$ 889,272	$ 943,651	$ 932,058	$ 913,056							**$ 5,425,421**
	Distributions													
	Lenawee CMHSP	113,426	114,940.07	115,965.53	123,205	121,196	119,347							**$ 708,080**
	Livingston CMHSP	152,971	155,012.43	156,395.41	166,158	163,449	160,956							**$ 954,942**
	Monroe CMHSP	171,279	173,564.45	175,112.94	186,044	183,011	180,219							**$ 1,069,230**
	Washtenaw CMHSP	375,999	381,017.25	384,416.59	408,414	401,755	395,626							**$ 2,347,228**
		$ 813,675	$ 824,534	$ 831,890	$ 883,821	$ 869,411	$ 856,148	$ -	$ -	$ -	$ -	$ -	$ -	**$ 5,079,480**
Total Receipts		**$ 12,542,603**	**$ 12,651,051**	**$ 12,730,873**	**$ 13,584,523**	**$ 14,013,929**	**$ 13,753,805**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 79,276,785**
Total Distributions		**$ 12,298,035**	**$ 12,338,626**	**$ 12,425,324**	**$ 13,568,920**	**$ 13,326,082**	**$ 13,406,084**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 77,363,070**

Note: Distributions are based on amounts actually received less HRA, taxes and Administration of 1.57%.

Attachment #2a – May 2020

Regional Board Action Request – FY20 Budget Amendment #1

Board Meeting Date: May 13, 2020

Action Requested: Approve the proposed FY2020 Budget Amendment #1 with allocations as presented.

Background: The FY2020 budget is representative and in an adherence to the contracts entered into with the Michigan Department of Health and Human Services (MDHHS).

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

PIHP/MDHHS Contract Section 8.0 Contract Financing
CMHPSM Regional Agreements

Recommend: Approval

Regional Board Action Request – Board Governance Policy Manual

Board Meeting Date: May 13, 2020

Action Requested: Review and approve the staff recommended revisions to the Board Governance Policy Manual as included in Attachment 3a.

Background: The Board Governance Policy manual identifies a number of Board and Organizational standards. Staff recommended revisions include a number of updates and clarifications related to Board Governance practices.

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

Recommend: Approval

Community Mental Health Partnership of Southeast Michigan

Board Governance Policy Manual

TABLE OF CONTENTS

SECTION 1: MISSION, VISION AND VALUES

1.0 MISSION, VISION AND VALUES

Mission: Through effective partnerships, the CMHPSM ensures and supports the provision of high-quality integrated care that is cost effective and focuses on improving the health, wellness, and quality of life for people living in our region.

Vision: The CMHPSM will address the challenges confronting people living in our region by influencing public policy and participating in initiatives that reduce stigma and disparities in health care delivery while promoting recovery and wellness.

Values:

- Strength Based and Recovery Focused
- Trustworthiness and Transparency
- Accountable and Responsible
- Shared Governance
- Innovative and Data Driven Decision Making
- Learning Organization

1.1 BYLAWS AND POLICY REVIEW AND AMENDMENT

The Board will review the regional mission, vision, and values statements for relevance to current needs and interest of the four county partners at least every two years. The Board will ensure stakeholder involvement in the review of the mission, vision and values.

SECTION 2: CEO RESPONSIBLITIES

2.0 EXECUTIVE RESPONSIBLITIES

The CEO shall ensure that all practices, activities, decisions, and/or organizational circumstances shall be lawful, prudent and in compliance with commonly accepted business and professional ethics. The CEO will recommend either new or revised Board Governance policies to address areas of non-compliance.

2.1 TREATMENT OF CONSUMERS

With respect to interactions with and services provided to consumers or those applying to be consumers, the CEO shall ensure the CMHPSM has an established process that is followed to monitor conditions and procedures employed across the four county region so that services and supports are provided in a manner that is dignified, respectful, appropriate, not unnecessarily intrusive, and promotes safety. Services and supports shall be delivered in accordance with the CMHPSM Mission and Vision statements.

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2.2 TREATMENT OF STAFFPERSONS

The CEO shall promote working conditions for the staff that are fair, dignified, respectful, organized, and clear.

Further, by way of example, but not limited to the following:

1. Operate with written personnel rules which: (a) clarify rules for staff, (b) provide for effective handling of grievances, and (c) protect against wrongful conditions, such as discrimination, harassment, nepotism and/or preferential treatment for personal reasons.
2. Produce and continually update the CMHPSM employee handbook which establishes the general expectations and principles of employment, operational policies, employee benefit and leave provisions and general standards of conduct for employees.
3. Have a process to administer exit interviews and staff satisfaction surveys.
4. Ensure each employee of the CMHPSM shall have due process in the event of an adverse disciplinary action.
5. Within fiscal constraints, provide necessary resources to staff for the performance of their job duties.
6. Have a process to ensure job descriptions, work plans and assigned outcomes for staff persons are continually assessed.
7. Staff shall have work performance appraisals at minimum annually.

2.3 COMPENSATION AND BENEFITS

The CEO shall administer board approved competitive compensation and benefits for CMHPSM employees.

2.4 FINANCIAL BOARD GOVERNANCE POLICIES

The CEO and CFO shall ensure the financial policies and practices of the CMHPSM meet state and federal requirements and are compliant with Generally Accepted Accounting Practices (GAAP).

Financial Board Governance Policies which shall be approved by the Board include:

A. Procurement
B. Investing—
C. CEO General Scope of Authority
D. CEO Authority for Position Control and Compensation
E. Financial Stability and Risk Reserve Management

1. The CEO and CFO shall review the financial policies annually and make recommendations to the Board for revisions, amendments when needed. All approved CMHPSM Board Governance Policies can be found on the CMHPSM website: www.cmhpsm.org/governance-policies

2.5 EMERGENCY CEO SUCCESSION

To protect the CMHPSM from sudden loss of CEO Services, the CEO shall have no fewer than two

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other executives familiar with Board and CEO issues and processes.

2.6 COMMUNICATION AND SUPPORT TO THE BOARD

The CEO shall keep the CMHPSM Board informed and supported in its work.

Further, by way of example, but not limited to the following:

1. Submit monitoring data required to the Board in a timely, accurate, and understandable fashion, directly addressing provisions of Board Policies being monitored.

2. Keep the Board informed of relevant trends, anticipated adverse media coverage, threatened or pending lawsuits and material external and internal changes, particularly changes in the assumptions upon which any Board Policy has previously been established.

3. Advise the Board if, in the CEO'S opinion, the Board is not in compliance with its own policies on Governance Process and Board – CEO Linkage, through the Board Chair.

    a) If there is a breakdown in the relationship between the Board Chair and the CEO, the CEO shall inform the full CMHPSM Board of Directors of the breakdown.
    b) In the event the CMHPSM Board is unable to resolve the issues, the leadership of the CMHSPs that appoint the CMHSP members to the CMHPSM Board shall meet to address the issues and develop recommendations for the CMHPSM Board to act upon.

4. Marshal for the Board information from as many staff and external perspectives, on issues and options as needed for fully informed Board choices.

5. Provide a mechanism for official Board communications.

6. The CEO shall provide a compliance report to the Board at least annually and any time there are any serious violations at either the CMHPSM or the CMHSPs. This report shall include a review of the implementation of operational policies to ensure that areas of noncompliance are identified and addressed before the noncompliance results in sanctions from regulatory bodies.

7. Report in a timely manner an actual or anticipated noncompliance with any Board Policy.

2.7 REGIONAL RESOURCES

The CEO shall be informed and take advantage of collaboration, partnerships and innovative relationships with agencies and organizations, including state, regional and county specific resources. The CEO shall also stay abreast of current affairs as they apply to this industry through conferences and seminars.

SECTION 3: GOVERNANCE PROCESS

Deleted: (see policy on Monitoring CEO Performance)

3.0 GOVERNING STYLE

The Board will govern with an emphasis on (a) outward vision, (b) diversity in viewpoints, (c) strategic leadership, (d) clear distinction of Board and CEO roles, (e) collective rather than individual decisions and, (f) proactivity.

The Board must ensure that all divergent views are considered in making decisions, yet must resolve into a single organizational position. Once a decision is made the Board must speak in one voice publicly.

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Accordingly:

1. The Board will establish written policies reflecting the Board's values and perspectives. The Board's major policy focus will be on the intended long-term impacts outside the organization, not on the administrative or programmatic means of attaining those effects.

2. The Board will enforce discipline whenever needed. Discipline will apply to matters such as attendance, preparation for meetings, violation of policies, and disrespect for roles.

3. Continual Board development will include orientation of new Board Members and periodic Board discussion of process improvement.

4. The Board will listen respectfully to citizen comments and assure that an internal process is in place to follow up on the concerns expressed.

3.1 BOARD RESPONSIBILITIES/DUTIES

The Board will ensure appropriate organizational and CEO performance and promote a link between the regional community and the CMHPSM.

Further, by way of example, but not limited to the following:

1. Meetings
   - (a) Attend Board meetings
   - (b) If unable to attend Board meetings provide advance notice to the CEO and Board Chair
   - (c) Be prepared and on time
   - (d) Listen with an open mind
   - (e) Participate in discussion and encourage dialogue
   - (f) Make decisions in the best interest of the PIHP region
   - (g) Speak with one voice after a decision has been made

2. Board Member Personal Development
   - (a) Complete Board orientation and training
   - (b) Commit to ongoing development of Board Member skills

3. Operational Policies
   - (a) Follow all relevant CMHPMS operational policies applicable to Board Members

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3.2 BOARD MEMBER ETHICS

The Board commits itself and its members to ethical, businesslike, and lawful conduct, including proper use of authority and appropriate decorum when acting as Board Members.

Further, by way of example, but not limited to the following:

1. Operate with the best interest of the PIHP region in mind.
2. Recuse from any issues where a potential conflict of interest exists.
3. Board Members will not use their board position to obtain employment in the organization for themselves, family members, or close associates. Should a Board Member apply for employment, he or she must first resign from the Board.
4. Board Members shall not attempt to exercise individual authority over the organization.
5. The Board will not evaluate, either formally or informally, any staff other than the CEO.
6. Board Members will respect confidentiality.

3.3 BOARD CHAIR'S ROLE

The Board Chair assures the integrity of the Board's process and, represents the Board to outside parties. The Board Chair has no authority to make decisions about policies created by the Board nor authority to individually supervise or direct the CEO.

3.4 POLICY REVIEW AND AMENDMENT

1. The Board Policy Governance Manual, Bylaws of the CMHPSM, and Board Governance Policies shall be reviewed in April of every year.
2. Board Governance 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.

3.5 COST OF GOVERNANCE

The Board will invest in its governance capacity.

Accordingly:

1. Board members shall be compensated at the rate of the appointing CMHSP per meeting for attendance at all Board meetings, assigned committee meetings, workshops, required training, and other Board approved functions. Board members are entitled to one meeting allowance per day.
2. Travel expenses shall be reimbursed by the appointing CMHSP

3. The Board shall be informed of its budget and expenses.

SECTION 4: BOARD-CEO LINKAGE

4.0 GOVERNANCE-MANAGEMENT CONNECTION

The Board shall appoint a CEO of the Community Mental Health Partnership of Southeast Michigan who meets the standards of training and experience established by the Michigan Department of Health and Human Services (MDHHS). The Board shall establish general policy guidelines within which the CEO shall execute the duties and responsibilities of a Pre-Paid Inpatient Health Plan as required by state and federal laws, rules, regulations, and the Medicaid Specialty Supports and Services contract with the MDHHS.

4.1 CEO'S RESPONSIBILITIES

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The CEO of the CMHPSM shall function as the chief executive and administrative officer of the CMHPSM/PIHP and shall execute and administer the program in accordance with the approved annual plan and operating budget, the general policy guidelines established by the CMHPSM Board, the applicable governmental procedures and policies, and the provisions of the Mental Health Code. The CEO has the authority and responsibility for supervising all employees. The terms and conditions of the CEO's employment, including tenure of service, shall be as mutually agreed to by the Board and the CEO and shall be specified in a written contract.

4.2 MONITORING CEO PERFORMANCE

There will be systematic and objective monitoring of the CEO's job performance and achievement of organizational goals as agreed upon.

MOST RECENT BOARD REVIEW / APPROVAL DATE

Board Chairperson Date

Board Secretary Date

Revision History

- *Revision made 8-8-2018 include updates to Mission, Vision, and Values statements; review dates of Financial policies cited in 2.4.1; and inclusion of attachments of the financial policies cited in 2.4.1*
- *Revisions include table of contents formatting, updates and clarifications throughout the document. A tracked changes version identifying edits will be retained for reference.*

Regional Board Action Request – CEO General Scope of Authority Board Governance Policy

Board Meeting Date: May 13, 2020

Action Requested: Review and approve the staff recommended revisions to the Board Governance Policy: CEO General Scope of Authority as included in Attachment 4a.

Background: The CMHPSM Board Governance policies are to be reviewed annually every April. Staff recommended revisions to the CEO General Scope of Authority Board Governance policy include a number of position reference updates, revisions and clarifications.

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

Recommend: Approval

Community Mental Health Partnership of Southeast Michigan	Policy: Chief Executive Officer General Scope of Authority	
CMHPSM Board Governance		
	Date of Board Approval 4/8/2020	Date of Implementation 4/8/2020

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I. PURPOSE

This policy shall govern the authority of the Community Mental Health Partnership of Southeast Michigan (CMHPSM) Chief Executive Officer, as the chief administrative officer of the CMHPSM, to implement approved policies and to provide leadership and management in PIHP/Regional Entity operations to carry out the CMHPSM Board's over-all purpose and goals.

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II. REVISION HISTORY

Revision Date	Modification	Implementation Date
8/13/2014	Original Policy Board Approval	8/14/2014
4/1/2020	Revisions to CEO Title, Board Review	

III. POLICY

It is the policy of the CMHPSM that the Chief Executive Officer has the necessary decision-making authority for decisions relating to how CMHPSM purposes and policies are operationalized and how organizational goals are attained; for decisions involving intermediate and short-range commitment and control of resources; and for PIHP/Regional Entity operations in collaboration with the Regional Operations Committee and the CMHPSM Operating Agreement.

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IV. DEFINITIONS

Community Mental Health Partnership of Southeast Michigan (CMHPSM): The Regional Entity that serves as the PIHP for Lenawee, Livingston, Monroe and Washtenaw counties for mental health, intellectual/developmental disabilities, and substance use disorder services.

Operating Agreement: The Agreement by and between the CMHPSM Partner CMHSP Boards to set forth the terms and conditions of the operation of the CMHPSM in accordance with the CMHPSM Bylaws and Shared Governance documents.

V. STANDARDS

A. The Chief Executive Officer shall be authorized to approve expenditures and execute contracts for amounts up to $25,000.
B. The Chief Executive Officer shall be authorized to sign all contracts above $25,000 that have been duly approved by the CMHPSM Board and are in conformity with the annual budget.
C. The Chief Executive Officer shall be authorized to sign and execute all revenue and grant award contracts.
D. The Chief Executive Officer shall be authorized to sign renewals and/or extensions of leases which have been duly approved by the CMHPSM Board.
E. The Chief Executive Officer shall be authorized to open, close, and maintain control records of bank accounts with prior approval of the CMHPSM Board.

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F. The Chief Executive Officer shall be authorized to delay the issuance of checks in order to benefit the cash flow and investment levels of the organization.

G. The Chief Executive Officer shall be the signor of all CMHPSM bank accounts with additional signors to be the Chief Financial Officer and a designee of the Chief Executive Officer.

H. The Chief Executive Officer shall be the signor of all checks issued by the CMHPSM with additional signors to be the Chief Financial Officer and a designee of the Chief Executive Officer.

I. The Chief Executive Officer shall be authorized to represent the CMHPSM in negotiating the Medicaid Specialty Supports and Services contracts with the Michigan Department of Health and Human Services (MDHHS) and the CMHSP Partners.

J. The Chief Executive Officer shall be authorized to communicate with approved legal counsel on PIHP/Regional Entity matters.

K. The Chief Executive Officer shall be authorized to hire, supervise and terminate employees consistent with CMHPSM Board approved Board Governance policies and enter into agreements related to the leasing of CMHPSM personnel from a CMHSP Partner or another entity.

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Regional Board Action Request – Procurement Board Governance Policy

Board Meeting Date: May 13, 2020

Action Requested: Review and approve the staff recommended revisions to the Board Governance Policy: Procurement as included in Attachment 4b.

Background: The CMHPSM Board Governance policies are to be reviewed annually every April. Staff recommended revisions to the Procurement Board Governance policy include a number of position reference updates, revisions and clarifications.

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

Recommend: Approval

Community Mental Health Partnership of Southeast Michigan	*Policy:* *Procurement of Goods and Services*	
CMHPSM Board Governance		
	Date of Approval 4/8/2020	Date of Implementation 4/9/2020

Deleted: PIHP Operations

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I. PURPOSE

To establish a policy and standards that the CMHPSM will abide by based upon current federal, state, and all other applicable regulations when purchasing goods and/or services.

II. REVISION HISTORY

Revision Date	Modification	Implementation Date
09/13/17	Updated to reflect 42 CFR.	9/13/17
4/8/2020	Updated to reflect CEO title change, and Board review	4/9/2020

III. POLICY

It is the policy of the CMHPSM that all procurement of goods and services will follow all federal and state regulations, the standards outlined in this policy and/or any other related CMHPSM operational policies. The CMHPSM will utilize procurement processes that are fair and competitive, allowing the organization to conduct business in the most efficient, cost-effective manner as good stewards of public funding.

IV. DEFINITIONS

Community Mental Health Services Program (CMHSP) – An agency formed under Act 258 of the Public Acts of 1974 as amended (the Mental Health Code) responsible for the delivery of mental health services.

FAR – Federal Acquisition Regulations Volume I & II

Micro-Purchase Threshold – procurement of goods or services in which the aggregate amount does not exceed the micro-purchase threshold of $3,000.00. FAR Subpart 2.1

P.O. – Purchase Order, purchase orders are used for purchases and contracts over $3,000.00.

RFP – Request for Proposals

RFI – Request for Information

RFQ – Request for Quotes

Specialty Service Contract – CMHPSM contract with direct service providers of mental health or substance use disorder services, other than CMHPSM-CMHSP agreements.

V. STANDARDS

A. CMHPSM Procurement Thresholds

1. All CMHPSM staff will follow the appropriate approval process and meet all requirements identified for each amount and type of purchase or contract. CMHPSM procurement thresholds are found in Exhibit A.

    a. No procurement thresholds will be manipulated through multiple purchase orders, separate contracts or any other method to artificially stay beneath the cost limit of the threshold.

    b. Procurement thresholds for purchases of goods, supplies or materials relates to single purchases from a single vendor at one point in time.

    c. Procurement thresholds for purchases of services with a contract relate to the term of the contract (if the term is less than one year), or relate to the current fiscal year.

    d. All purchases of goods and services over $3,000.00 require a purchase order.

    e. Equipment or asset purchases over $5,000.00 per unit or item will be depreciated according to GAAP.

B. Credit Card Utilization

1. Credit card purchases can be used only within the micro purchase threshold and must follow the CMHPSM Issuance and Use of Credit Cards Policy. The use of credit cards for low-cost or quantity purchases, especially in the case of infrequently used vendors, is the preferred purchase method to reduce administrative costs in the Finance Department.

C. Code of Ethics

1. All CMHPSM employees will conduct CMHPSM business operations in an ethical manner which meets the standards of all applicable laws, regulations and CMHPSM policies and procedures.

2. Gifts from vendors and contractors- The CMHPSM Board members, CMHPSM Chief Executive Officer and any CMHPSM employees involved in the procurement or contract development processes are not able to accept gifts of any value from potential or current contractors or vendors.

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D. Procedures and Forms

1. CMHPSM Staff will utilize the most recent versions of any procurement, contract request, credit card pre-approval or any other relevant forms. All forms developed for procurement within the CMHPSM shall meet the standards and regulations referenced in this policy.

E. Informal Procurement

1. CMHPSM staff procuring goods or services within the Micro-Purchase Threshold are not required to utilize, but can use an informal procurement process such as: obtaining multiple verbal bids, utilizing a preferred vendor with reduced government pricing, etc. CMHPSM staff are to be good stewards of public funds, and to provide the best value to the CMHPSM organization as a whole.

F. Formal Competitive Procurement

1. Procurement of goods and services that exceed the Micro-Purchase Threshold must utilize formal procurement procedures, unless a bid waiver is approved by the Chief Executive Officer. Formal procurement procedures include the following:

   a. *Procurement of Goods, Administrative & Professional Services, Leases or Other Non-Specialty Service Contracts* – CMHPSM will utilize appropriate approvals, procurement processes and regulations related to non-specialty services. RFPs, RFQs and RFIs may be used as outlined in the standards of this policy.

   b. *Procurement of Specialty Service Contracts* – All MDHHS rules and regulations outlined in the MDHHS-CMHPSM agreements will be followed by the CMHPSM when contracting for any specialty service contracts. Specialty service contracts are used for all clinical service provision agreements, including Mental Health and Substance Use Disorder services, excluding CMHPSM to CMHSP agreements. Procurement of specialty service contracts must utilize one of the following procurement methods in conjunction with an RFP, RFQ or RFI, unless a bid waiver is approved by the Chief Executive Officer.

      i. Selective Contracting – CMHPSM may purchase services from a limited number of providers who agree to fulfill contractual obligations for an agreed upon price. The managing entity identifies the specific services to be provided, seeks proposals price bids, and awards contracts to the best bidders. Contracts are let only with a sufficient number of providers to assure adequate access to services. The prospect of increased volume induces providers to bid lower prices.

      ii. Procurement to Obtain Best Prices Without Selective Contracting – Under an "any willing and qualified provider" process, bids can be solicited and used to set prices for a service, and then contracts or provider agreements can be

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offered to any qualified provider that is willing to fulfill the contract and meet the bid price.

c. *RFP/RFQ/RFI* – Requests for Proposals, Quotes or Information are used to fairly procure goods and services in certain situations.

i. Requests for Information – RFIs are used primarily for pilot programs, system development or a service that is unfamiliar to the CMHPSM. Respondents are asked to propose information, asked to identify a problem and provide a solution or propose a unique solution to an issue. A RFI is often used in conjunction with a RFQ.

ii. Requests for Quotes – RFQs are usually used when the CMHPSM has identified a specific need for a good or service and is requesting a total project cost, service rate or cost structure. RFQs can be used or are often used after an RFI is issued to complete the procurement process.

iii. Requests for Proposals – RFPs are used when more information than solely service cost is requested from respondents. RFPs often require respondents to write a proposal which answers narrative questions, provides cost or rate information and describes vendor experience or expertise in particular fields or projects.

iv. Regulations – RFPs, RFQs and RFIs will follow all applicable Federal Acquisition Regulations, specifically FAR Subpart 15. The CMHPSM will follow all FAR regulations related to solicitation, competition, evaluation, award documentation and retention of competitive procurement.

1) *Electronic Notification* – CMHPSM staff will utilize the most cost-effective, efficient means for notification and solicitation of competitive procurement. In most cases electronic bid notification systems will be used.
2) *Retention* – CMHPSM will follow state of Michigan guidelines related to the retention of RFP materials, specifically General Retention Schedule #20: Community Mental Health Services Programs.

G. Bid Waiver or Non-competitive Procurement

1. A non-competitive process may be used in the following situations:

a. The service is available only from a single source.

b. There is a public exigency or emergency that will not permit a delay for a competitive bid.

c. After solicitation of a number of sources, competition is determined inadequate.

d. The services involved are professional (clinical) services of limited quantity or duration.

e. The services involved are professional (administrative) services which do not constitute comprehensive management services or significant automated data processing services.

f. The services are unique and/or the selection of the service provider has been delegated to the consumer under a self-determination program.

g. The services are existing residential services where continuity of care arrangements is of paramount concern.

h. With other public entities in accordance with the Intergovernmental Contract Act 35 of 1951.

H. Best Value and Quality Determinations

1. CMHPSM can utilize measures such as: best value, service or material quality, organizational references, past organizational performance and/or CMHPSM staff experience, rather than relying solely on the lowest cost bidder in any procurement determinations.

I. Federal Funding Eligibility (Debarment, State Eligibility)

1. Whether a competitive procurement or noncompetitive solicitation process is used, the managing entity must ensure that organizations or individuals selected and offered contracts have not been previously sanctioned by the Medicaid program resulting in prohibition of their participation in the program. Individuals and organizations contracting with the CMHPSM must be verified to be eligible for federal participation prior to purchasing goods or services by meeting the following standards: Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or PIHP; Have not—within a three-year period preceding this agreement—been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; Violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; Are not presently indicted or otherwise criminally or civilly charged by a government entity (federal, state or local) with commission of any of the offenses enumerated above; Have not—within a three-year period preceding an agreement—had one or more public transactions (federal, state or local) terminated for cause or default.

J. Federal & State Requirements

1. CMHPSM will ensure full compliance with all of the applicable: Federal CFR regulations, OMB Circulars and any other federal, state or local laws or regulations. The CMHPSM will also ensure compliance with its current Medicaid Agreement with the State of Michigan and the Michigan Medicaid Manual. Federal Acquisition Regulations, CFR regulations and OMB circulars will guide any procurement issues not specifically addressed in the standards of this policy.

K. Affirmative Steps

1. CMHPSM must take all necessary affirmative steps to assure that minority businesses, women's business enterprises, and labor area surplus firms are used when possible. The affirmative steps must include those set forth at 2 C.F.R. § 200.321(b). See Chapter V, ¶ 6.

L. Maintaining Records

1. The Uniform Rules require CMHPSM to maintain records sufficient to detail the history of a procurement. These records include, but are not limited to, the following: rationale for method of procurement, selection of contract type, contractor selection or rejection, and the basis for contract price. 2 C.F.R. § 200.318(i)

VI. EXHIBITS

A. CMHPSM Procurement Thresholds, Approvals and Requirements Table:

		Procurement Type		
		Purchase of Goods	**Administrative, Professional Service Contract, Lease**	**Specialty Service Contracts (Direct Mental Health or Substance Use Disorder Service)**
Procurement Threshold	**Micro Purchase $3,000.00 and under.**	**Approver:** Chief Executive Officer or Chief Executive Officer Designee **Requirement:** No formal quotes required.	**Approver:** Chief Executive Officer **Requirement:** No formal quotes required.	**Approver:** All specialty service contracts require CMHPSM Board approval. **Requirement:** RFP/RFQ/RFI or bid waiver signed by Chief Executive Officer.
	Chief Executive Officer $3,000.01-$25,000.00	**Approver:** Chief Executive Officer **Requirement:** 1. Written quotes required or bid waiver signed by Chief Executive Officer. 2. Purchase Order Required	**Approver:** Chief Executive Officer **Requirement:** 1. Written quotes required or bid waiver signed by Chief Executive Officer. 2. Purchase Order Required	
	CMHPSM Board $25,000.01 and over.	**Approver:** CMHPSM Board Approval **Requirement:** 1. RFP/RFQ/RFI or bid waiver signed by Chief Executive Officer. 2. Purchase Order Required	**Approver:** CMHPSM Board Approval **Requirement:** 1. RFP/RFQ/RFI or bid waiver signed by Chief Executive Officer. 2. Purchase Order Required	

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VII. REFERENCES

- Federal Acquisition Regulation – Volume I: Parts 1 to 51 (Subparts 2.1 and 15); Volume II: Parts 52, 53
- 41 U.S.C. 57(a) and (b) Anti-Kickback Act of 1986
- 45 CFR Part 92: Title 45 – Public Welfare, Subtitle A – Department of Health and Human Services, Part 92 – Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments, 92.36 Procurement
- 2 CFR Part 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards

- MCL Act 317 of 1968 – Contracts of Public Servants with Public Entities (15.321 - 15.3300) [Updated 12/19/2008]
- Intergovernmental Contract Act 35 of 1951
- Current MDHHS Contract Attachment: Procurement Technical Requirement

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Regional Board Action Request – Investing Board Governance Policy

Board Meeting Date: May 13, 2020

Action Requested: Review and approve the staff recommended revisions to the Board Governance Policy: Investing as included in Attachment 4c.

Background: The CMHPSM Board Governance policies are to be reviewed annually every April. Staff recommended revisions to the Investing Board Governance policy include a number of position reference updates, revisions and clarifications.

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

Recommend: Approval

Community Mental Health Partnership of Southeast Michigan		***Policy:*** ***Investing***
CMHPSM Board Governance		
	Date of Board Approval 4/8/2020	Date of Implementation 4/9/2020

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I. PURPOSE

It is the policy of the Community Mental Health Partnership of Southeast Michigan (CMHPSM) to invest its funds in a manner which will provide the highest investment return with the maximum security while meeting the daily cash flow needs of the CMHPSM and comply with all State Statutes governing the investment of public funds.

II. REVISION HISTORY

Revision Date	**Modification**	**Implementation Date**
5/14/2014	Original Board Approval	5/15/2014
4/8/2020	Revisions to CEO title, annual Board review	4/9/2020

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III. **SCOPE**

This investment policy applies to all financial assets of the CMHPSM. These assets are accounted for in the various funds of the CMHPSM and may include General Fund, Special Revenue Funds, Debt Service Funds, Capital Project Funds, Enterprise Funds, Internal Service Funds and any new fund established by the CMHPSM.

IV. OBJECTIVES

The primary objectives, in priority order, or the CMHPSM's investment activities shall be:

Safety – Safety of principal is the foremost objective of the investment program. Investments shall be undertaken in a manner that seeks to insure the preservation of capital in the overall portfolio.

Diversification – The investments will be diversified by security type and institution in order that potential losses on individual securities do not exceed the income generated from the remainder of the portfolio.

Liquidity – The investment portfolio shall remain sufficiently liquid to meet all operating requirements that may be reasonably anticipated.

Return on Investment – The investment portfolio shall be designed with the objective of obtaining a rate of return throughout the budgetary and economic cycles, taking into account the investment risk constraints and the cash flow characteristics of the portfolio.

V. DELEGATION OF AUTHORITY TO MAKE INVESTMENTS

Authority to manage the investment program is derived from the Michigan Mental Health Code, Act 258 of the Public Acts of 1974 as amended Chapter 2 section 330.1205 (4) (g). Management responsibility for the investment program is hereby delegated to the Chief Executive Officer or their designee, who shall establish written procedures and internal controls for the operation of the investment program consistent with this investment policy. Procedures should include references to: safekeeping, delivery vs. payment, investment accounting, repurchase agreements, wire transfer agreements, collateral/depository agreement and banking service contracts. No person may engage in an investment transaction except as provided under the terms of this policy and the procedures established by the Chief Executive Officer or their designee. The Chief Executive Officer or their designee shall be responsible for all transactions undertaken and shall establish a system of controls to regulate the activities or subordinate officials.

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VI. LIST OF AUTHORIZED INVESTMENTS

The CMHPSM is limited to investments authorized by Public Act 20 of 1943, as amended with the exception of mutual funds having a fluctuating per share value.

VII. SAFEKEEPING AND CUSTODY

All security transactions, including collateral for repurchase agreements and financial institution deposits, entered into by the CMHPSM shall be on a cash (or delivery vs. payment) basis. Securities may be held by a third party custodian designated by the Chief Executive Officer or their designee and evidenced by safekeeping receipts as determined by the Chief Executive Officer or their designee. Quarterly reports on the investments will be reviewed with the CMHPSM Board.

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VIII. PRUDENCE

Investments shall be made with judgment and care, under circumstances then prevailing, which persons of prudence, discretion and intelligence exercise in the management of their own affairs, not for speculation, but for investment, considering the probable safety of their capital as well as the probable income to be derived.

IX. DEFINITIONS

Community Mental Health Partnership of Southeast Michigan (CMHPSM): The Regional Entity that serves as the PIHP for Lenawee, Livingston, Monroe and Washtenaw counties for mental health, intellectual/developmental disabilities, and substance use disorder services.

Generally Accepted Accounting Principles: Accounting principles that are the standards, conventions, and rules accountants follow in recording and summarizing transactions, and in the preparation of financial statements.

X. EXHIBITS

1. Acknowledgement of Receipt of Investment Policy and Agreement to Comply Form

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XI. REFERENCES

1. Michigan Mental Health Code, Act 258 of the Public Acts of 1974 as amended Chapter 2 section 330.1205 (4) (g)
2. Public Act 20 of 1943, as amended

EXHIBIT 1

ACKNOWLEDGEMENT OF RECEIPT OF THE COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHGAN (CMHPSM) INVESTMENT POLICY AND AGREEMENT TO COMPLY FORM

I, _____, do hereby acknowledge receipt of the CMHPSM's Investment Policy.

I further agree to comply with the requirements of Public Act 20 of 1943, as amended, and the Investment Policy of the CMHPSM. Any investment not conforming with the statute or the policy will be disclosed promptly to the CMHPSM Chief Executive Officer and its Board.

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Type or Print Name and Title

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Regional Board Action Request – Financial Stability and Risk Reserve Management Board Governance Policy

Board Meeting Date: May 13, 2020

Action Requested: Review and approve the staff recommended revisions to the Board Governance Policy: Financial Stability and Risk Reserve Management as included in Attachment 4d.

Background: The CMHPSM Board Governance policies are to be reviewed annually every April. Staff recommended revisions to the Financial Stability and Risk Reserve Management Board Governance policy include a number of position reference updates, revisions and clarifications.

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

Recommend: Approval

Attachment #4d – May 2020

Community Mental Health Partnership of Southeast Michigan		***Policy:*** ***Financial Stability & Risk Reserve Management***
CMHPSM Board Governance		
	Date of Board Approval 4/8/2020	Date of Implementation 4/9/2020

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I. PURPOSE

It is the policy of the Community Mental Health Partnership of Southeast Michigan (CMHPSM) to manage funding from the State of Michigan consistent with State Contracts, 2 CFR 200 Uniform Guidance, and prudent financial practices.

II. REVISION HISTORY

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Revision Date	Modification	Implementation Date
8/9/2017	Original Board Approval	8/9/2017
4/8/2020	Reviewed	4/9/2020

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III. SCOPE

The Financial Stability & Risk Reserve Management policy applies to all Community Mental Health Service Programs (CMHSPs) and Substance Use Disorder (SUD) Core Providers who affiliated with the CMHPSM.

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IV. OBJECTIVES

The primary objectives of the Financial Stability & Risk Reserve Management policy are to protect the financial stability of the Region, ensure medically necessary services are provided to Consumers who are served by the CMHSPs affiliated with the CMHPSM and to ensure compliance with State contracts.

V. STANDARDS

The CMHSPs shall have a sufficient capacity of staff and/or contracted providers to ensure that medically necessary services can be furnished to Consumers promptly and without compromise to quality of care at a reasonable cost. Utilizing a person-centered individual plan of service, the CMHSPs shall provide, or authorize the provision of, services in the amount, for the duration, and with a scope that is appropriate to reasonably achieve the purpose of the service for the Consumer.

As it pertains to this Policy, the CMHPSM Chief Financial Officer will be responsible to maintain effective communications with the Finance Officers of the CMHSPs and SUD Core Providers in order to obtain up-to-date financial information as noted below. The

CFO will communicate this information and advise the CMHPSM Chief Exceutive Officer on its impact on the financial status of the Regional Entity. The CMHPSM CEO will ensure that the appropriate level of financial status details are made available to the Regional Board in a timely manner.

In order to achieve the objectives of this Policy, the following standards and practices will be followed:

A. BUDGET PROCESS

- CMHSP budgets will be developed using revenue projections proposed by the CMHPSM and approved by the Regional Finance Committee and Regional Operating Committee.
- Regional Board approval of the CMHPSM budget is required prior to funding being made available to the CMHSPs.
- Budget expenditures at the CMHSPs will not exceed the revenue projections as denoted in the most current CMHPSM Regional Board approved budget.
- Budget amendments will be presented to the CMHPSM Regional Board as recommended by the Regional Finance Committee and the Regional Operations Committee.
- If significant changes such as new service provision modalities, administrative operations, labor agreements, etc. are anticipated in an upcoming budget year, detailed projected financial information will be provided to the CMHPSM prior to inclusion in an upcoming budget.
- The CMHPSM must develop an internal PIHP administrative budget sufficient to maintain compliance with the PIHP Medicaid Managed Specialty Supports and Services Contract with the Michigan Department of Health and Human Services.
- The total CMHPSM budget, including the PIHP administration budget, must be balanced with the revenues being projected to be received from the Michigan Department of Health and Human Services (MDHHS).

B. REPORTING

- The CMHPSM and CMHSPs must produce accurate reports of their fiscal year-to-date (FYTD) actual expenditures versus their annual budget in a traditional Revenue and Expense format, as well as a FYTD Fund Source Report on a monthly basis. The CMHSPs will provide this and other requested financial data to the CMHPSM according to an established and agreed upon schedule.
- CMHSP and PIHP expenditure information will be reviewed with the CMHPSM Board at its monthly Board meeting in order to keep the Board appraised of the financial condition of the Region, and to inform the Board when financial issues arise that could present a risk to the overall fiscal health of the Regional.

C. SIGNIFICANT VARIANCES TO BUDGET

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- If the monthly FYTD financial report indicates that significant underspending or overspending is occurring at a CMHSP, then that CMHSP will be required to present to the Board an explanation on the variance. A significant amount of underspending or overspending shall be defined as a 5% or greater variance from the most recent Board approved budget revenue. Similarly, the CMHPSM will present an explanation to the CMHPSM Board when significant underspending or overspending is occurring within the PIHP internal administrative budget. A corrective action may be required by the CMHPSM Board when significant underspending or overspending occurs within the Region.

- If a corrective action plan is required and the goals are not met, then the PIHP may conduct an operational review of the CMHSP.
  - An operational review may include examinations of the contracts, costs, level of Consumer service provision and other items as deemed necessary to understand the overspending or underspending situation.
  - An initial consultative review lead by the CMHPSM will be conducted by individuals from the CMHPSM, as well as all CMHSPs, who are recognized as subject matter experts in the areas that will be reviewed.
  - If the initial consultative review assessment indicates that the issues are structural and not able to be resolved within the current year, then external consultants may be brought in to provide assistance with the development of a corrective action plan that will resolve the budget issue.
  - Recommendations to address a shortfall at one of the CMHSPs may include the redistribution of available funds within the region, as long as the use of such funding does not adversely impact the delivery of services within the Region.
  - Recommendations may also include the use of available Internal Service Fund (ISF) in the present year, if there are significant revenue changes by the State, new high-cost Consumers enrolled by a CMHSP, increased utilization or changes to the State's requirement on how services are to be provided to Consumers.
  - If the consultative review assessments determine that a significant budget variance is derived from a local CMHSP's financial management factors, that CMHSP would be required to submit a budget for the following fiscal year that would not require the ongoing use of ISF revenue.

- Corrective Action Plans may include the consideration of alternative sourcing options for service provision or other financial actions which would not disrupt the provision of services.

D. USE OF INTERNAL SERVICE FUND BALANCE

- The ISF should be the option of last resort to address present fiscal year budget overruns.

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- Generally, use of the ISF should only be requested if there are significant revenue changes by the State, new high-cost Consumers enrolled by a CMHSP, increased utilization or changes to the State's requirement on how services are to be provided to Consumers.

VI. DEFINITIONS

Community Mental Health Partnership of Southeast Michigan (CMHPSM): The Regional Entity that presently serves as the PIHP for Lenawee, Livingston, Monroe and Washtenaw counties for mental health, intellectual/developmental disabilities, and substance use disorder services.

Community Mental Health Service Program (CMHSP): Separate legal entities that the CMHPSM contracts with for the provision of Medicaid services to residents of the Counties served by the CMHPSM.

Generally Accepted Accounting Principles: Accounting principles that are the standards, conventions, and rules accountants follow in recording and summarizing transactions, and in the preparation of financial statements.

Internal Service Fund (ISF): The Internal Service Fund (ISF) is one method for securing funds as part of the overall strategy for covering risk exposure under the MDHHS/PIHP Medicaid Managed Specialty Supports and Services Contract. The ISF should be kept at a minimum to assure that the overall level of PIHP funds are directed toward consumer services.

2 CFR 200 - Uniform Administrative Requirements, Cost Principles and Audit Requirements For Federal Awards

Regional Operating Committee (ROC): Committee comprised of the Executive Directors of the CMHSPs and the Managing Director of the CMHPSM.

VII. REFERENCES

1. Agreement Between Michigan Department of Community Health And PIHP: CMH PARTNERSHIP OF SOUTHEAST MI For The Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program(s), the Healthy Michigan Program and Substance Use Disorder Community Grant Programs

2. 2 CFR 200 - Uniform Administrative Requirements, Cost Principles and Audit Requirements For Federal Awards

3. Agreement Between CMHPSM And the Lenawee, Livingston, Monroe and Washtenaw County CMHSPs For The Provision Of Medicaid Services To Residents Of Their Respective Counties.

Attachment #5 – May 2020

Regional Board Action Request – Contracts

Board Meeting Date: May 13, 2020

Action(s) Requested: Approval for the CEO to execute the contracts/amendments listed below.

Organization - Background	Term	Funding Level	Funding Source	Agreement Type
Lenawee CMH – Master contract with Lenawee CMH that funds services covered by Medicaid, Healthy Michigan, Autism, Children's Waiver, SED Waiver and delegated functions provided within Lenawee county.	10/1/2019 – 9/30/2020	Total budgeted funding level increase from $20,418,362 to $20,621,144.	Specific funding source levels identified in Budget Amendment	Contract Amendment
Livingston CMH – Master contract with Livingston CMH that funds services covered by Medicaid, Healthy Michigan, Autism, Children's Waiver, SED Waiver and delegated functions provided within Livingston county.	10/1/2019 – 9/30/2020	Total budgeted funding level increase from $30,425,637 to $31,767,098.	Specific funding source levels identified in Budget Amendment	Contract Amendment
Monroe CMH – Master contract with Monroe County CMH that funds services covered by Medicaid, Healthy Michigan, Autism, Children's Waiver, SED Waiver and delegated functions provided within Monroe county.	10/1/2019 – 9/30/2020	Total budgeted funding level increase from $31,294,417 to $31,732,820.	Specific funding source levels identified in Budget Amendment	Contract Amendment
Washtenaw County CMH – Master contract with Washtenaw County CMH that funds services covered by Medicaid, Healthy Michigan, Autism, Children's Waiver, SED Waiver and delegated functions provided within Washtenaw county.	10/1/2019 – 9/30/2020	Total budgeted funding level increase from $75,690,255 to $76,699,065.	Specific funding source levels identified in Budget Amendment	Contract Amendment

CMHPSM Staff Recommendation: Approval

CEO Report

Community Mental Health Partnership of Southeast Michigan

Submitted to the CMHPSM Board of Directors

May 6, 2020 for the May 13, 2020 Meeting

CMHPSM CEO'S REPORT TO
COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN
BOARD OF DIRECTORS
May 6, 2020

CMHPSM Update

- The CMHPSM office continues to be closed to the public and have had limited essential staff visiting the office to take care of work that can only be done while on site.
- April CMHPSM all staff meetings were held remotely on April 13, 2020 and then April 27, 2020. We are set to meet with all staff on Monday May 11, 2020 and Tuesday May 26, 2020. The CMHPSM leadership team is meeting on a weekly basis while we are working remotely.
- Planning around a safe return to the office has begun to determine the best plan for when individuals can return to the office. We will continue to monitor the functionality and productivity levels of staff working from home during the pandemic.
- CMHPSM reorganization work has been put on hold as staff respond to the COVID-19 situation. Leadership staff will revisit this task when more attention can be placed on the planning.
- The CMHPSM has transitioned to a new Human Resources and payroll software vendor. Payroll has been implemented and employee performance reviews have been revised and setup within Paychex. Work has begun on moving trainings into the Paychex training system.
- CMHPSM Mission Vision and Values are being reviewed by our staff and have been discussed at our last all staff meetings.
- We have begun to review the 2017-2020 strategic plan and will bring an update to the CMHPSM Board in June. A 2021 strategic plan is in the process of being developed and will include a new 2021-2023 Substance Use Disorder strategic plan as required of all PIHPs to be submitted to MDHHS by July 2020.
- The CMHPSM CEO will execute the FY20 Amendment #3 to the PIHP/MDHHS master contract. The changes include new capitation rate certifications, federal regulation reference updates, MDHHS reporting grid revisions and some other edits.

CMHPSM Staffing Update

- The CMHPSM continues to have two open positions:
  - A Supports Intensity Scale Assessor position is not being actively recruited at this time.
  - The Director of Quality and Compliance position has been transitioned to a Compliance and Quality Manager position that will report to the Chief Operating Officer. The CMHPSM is currently reviewing the job description and assessing the appropriate time to post for this position. The COO is serving as our designated HIPAA Privacy Officer until this position is filled.

- Anyone interested in obtaining additional information about our open CMHPSM positions should visit our website at: https://www.cmhpsm.org/interested-in-employment

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Regional Update

- The CMHPSM continues to sort through the abundance of information that is being released related to COVID-19 and its impact on our region.
- We have established a webpage for general COVID-19 resources and information: https://www.cmhpsm.org/covid19
- We have also established a webpage for provider information related to service delivery changes during this pandemic: https://www.cmhpsm.org/covid19provider
- Individuals receiving Behavioral Health and/or Substance Use Disorder services Consumers can access targeted information at the following webpage: https://www.cmhpsm.org/covid19consumers
- The CMHPSM established a webpage and email address for individuals, organizations or suppliers to contact us in relation to personal protection equipment donations or supply availability. CMHPSM regional needs are published here https://www.cmhpsm.org/donations and those interested can contact us through email at: donation@cmhpsm.org or at our direct number: 734-344-6079.
- Livingston CMH took delivery of our first regional PPE supply from MDHHS. We thank the State for their actions which have provided much needed PPE.
- MDOC implementation. Our region began taking new referrals for certain individuals previously served through separate MDOC provider networks on April 1, 2020. Our staff worked in March to bring MDOC providers online in our region, and began transitioning those served in to our EHR system and provider network.
- We have also worked to make significant changes to our EHR system related to the temporary requirement changes related to delivering services in this new environment. Many services are now being delivered through telemedicine or telephonically by our provider network and thus reporting requirements in our systems needed to be updated to reflect these changes.
- Our CMHPSM one-time provider critical essential rate increase was implemented across the region to help providers stabilize their work force with additional revenue. The funding was pushed out by the PIHP to the CMHSPs which immediately turned the funding around to the providers of the CMHPSM identified services.
- Rate Setting meetings are occurring for both FY20 and FY21 rate sets. There are expectations that FY20 rates will be revised again to reflect a $2/hour premium pay funding increase. The CMHPSM is anxiously awaiting updates around this initiative and has begun internal regional preparations with the information we currently have available.
- The CMHPSM has continued to update its FY2020 regional revenue projection tool and has updated it with all payment and eligibles data received through April. The tool was revised to include three rate sets:
  1. October 2019 – March 2020
  2. April 2020
  3. May 2020 – September 2020

- The Regional Operations Committee continues to meet at minimum twice a week. The remote meetings are allowing our region to share best practices while obtaining a regional picture of our COVID-19 pandemic response.

- CMHPSM regional finance staff have completed our FY2017 contract reconciliation processes and we continue to lobby for an expedited review of FY2018 contract reconciliation and cost settlements activities.

Statewide Update

- We still continue to have discussions with MDHHS related to outstanding habilitation support waiver payments related to FY2019. Most of our FY2020 HSW payment issues have been rectified, but we continue to work with MDHHS on outstanding FY2019 HSW payments.
- The PIHP has been represented at twice a week meetings with MDHHS related to COVID-19 pandemic responses that began in mid-March. These meetings have been helpful in ascertaining the MDHHS response to COVID-19 and to provide our region's input to MDHHS. Beginning with the meeting on March 31, 2020 the CMHSP directors have joined the twice weekly meetings.
- PIHP CEO meetings are continuing on a monthly basis remotely.
- Discussions continue related to the various emergency waivers and MDHHS COVID funding that impact our service delivery systems, funding and requirements.

Respectfully Submitted,

James Colaianne, MPA