

**SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY
REGULAR MONTHLY BOARD MEETING MINUTES
AUGUST 9, 2021 – 5:15 PM
ROOM 190/191**

PRESENT: Jill Armentrout, Mike Cierzniewski, Andrea Schrems, Robert Woods, Jane Sills, Cym Winiecke, Steve Fresorger, John Pugh, Leola Wilson

ABSENT: Larry Jones, Tracey Raquepaw, Jordan Wise

GUESTS:

STAFF: Sandra Lindsey, AmyLou Douglas, Laura Argyl, Ryan Mulder

I. CALL TO ORDER

Tracey Raquepaw, Chair called the meeting to order at 5:17 p.m. A quorum was established and verification of posting was determined.

II. PUBLIC PARTICIPATION

There was no public participation.

III. APPROVAL OF BOARD MINUTES

A. Board Meeting – July 12, 2021

Motion made by Robert Woods and supported by Cym Winiecke to approve the July 12, 2021 SCCMHA Board Meeting minutes. Motion carried.

IV. APPROVAL OF COMMITTEE REPORTS

A. Recipient Rights Committee – No Meeting
Robert Woods, Chair – Leola Wilson, Vice Chair
Reported by Robert Woods.

Motion made by Leola Wilson and supported by Mike Cierzniewski to receive & file this report as written. Motion carried.

B. Governance Committee – No Meeting
Larry Jones, Chair – Mike Cierzniewski, Vice Chair

C. Executive Limitations – No Meeting
Andrea Schrems, Chair – John Pugh, Vice Chair

D. Ends Committee – No Meeting
Jill Armentrout, Chair – Jane Sills, Vice Chair

V. IT ANNUAL REPORT

AmyLou Douglas, CIO and Chief Quality and Compliance Officer reviewed the IT Annual Report. See pages 20 – 23 in tonight's packet.

Motion made by Robert Woods and supported by Cym Winiecki to receive & file The IT Annual Report as presented. Motion carried.

VI. CEO REPORT

Annual Report for FY 2020/2021

SCCMHA Administration is pleased to announce the publication of our Annual Report for FY 2020/21 titled *Adapting, Transforming and Creating Opportunity in Response to the Pandemic*. SCCMHA Board members also received a hard copy with the board meeting materials this month. As per our reporting requirements to the County of Saginaw, the report was sent electronically to Commissioner Michael Webster, the Chairman of the Saginaw County Board of Commissioners and Robert Belleman, County Controller, on July 26, 2021 to be sure we met the July 31st reporting deadline. Hard copies have also been delivered to the Commission offices so each member has a hard copy. In addition, the electronic distribution process to the many partners and friends of SCCMHA is underway which involves the sending of an email with cover memo from myself that includes a link to the report which has been posted to our website. Additional hard copies are distributed at health fairs and public meetings including our annual Public Hearing. The report is quite text dense this year, but SCCMHA Administration wanted the report to both memorialize significant events concerning the COVID-19 Pandemic and to thank the many people and organizations that provided heroic service to consumers and families and helped SCCMHA manage the pandemic. We also wanted to provide a public thank you to those that helped us manage the flood threat last year at the Albert and Woods Center and the County of Saginaw for their assistance with public bond funding of numerous capital projects.

Extensive Service Coding Revisions from MDHHS/Milliman for 10-1-21 Implementation

Late last month (7-26-21) MDHHS and their actuary Milliman, after 18 months of work on the new Standardized Costing /Service Code Planning, revealed the final PIHP/CMHSP Service Code and Service Code Modifier changes that need to be implemented by 10/1/21. The changes are voluminous and the state-wide system including, SCCMHA have 8 weeks to; modify our EHR, Sentri II and our data warehouse, Oasis, ready provider contracts for the new service billing codes and related rate changes and train the entire network workforce in the use of the new codes. A new FY 22 SCCMHA Standardized Costing/Coding Implementation Team has been named and their work to lead the necessary changes in the next 8 weeks is underway. Matt Briggs, Director for Contracts and Facilities, is the group's facilitator/ chair and he is joined by the following cross functional staff experts charged with the critical change management:

Mary Hart, Accounting Supervisor, Finance Department

Vurlia Wheeler, Supervisor, Care Management and Utilization

Dave Dunham, IT Senior Systems Analyst /Oasis Warehouse

Ben Pelkki, IT Systems Analyst / Sentri II

Kristie Wolbrert, Executive Director for Clinical Programs and Services and her Executive Assistant Allison Kalmes-Hald

Kim Hall, Entitlements Supervisor, Finance Department. who will be managing the voluminous related tasks and communications for the team.

This group will lead the change effort to implement the new codes and modifiers and will be working down-stream for additional assistance from supervisors and others in their chains of command. These changes will touch every service we provide or buy from our network.

MDHHS MiCAL Customer Relations Management Software Roll Out for 10-1-21 Implementation

(Legislated through PA 12 of 2020, PA 166 of 2020)

(See board packet meeting attachment "Michigan Psychiatric Care Improvement Project" document, bottom of pg. 2)

MDHHS has been working on the MiCAL Project for many months now. You may recall my mentioning MiCAL in connection to the new state 24/7 behavioral health crisis and access telephone and text lines under development for all Michiganders. In fact, the new MiCAL Crisis and Access Lines are being piloted in the UP and Oakland County this summer. Common Ground is the organization staffing the service 24/7.

In the meanwhile,

MiCAL is the platform that will not only support state crisis and access lines but it also has other functionality that MDHHS is rolling out for the start of FY 2022. This additional functionality is called the MiCAL Customer Relationship Management module or (CRM). The CRM is a PHI protected portal for the exchange of key information and documents. The CRM will serve these distinct functions for the interface between MDHHS and the PIHPs and CMHSPs:

- A. Customer Inquiry -for the processing and related communication tracking of system complaints to legislators, the Governor's office, or MDHHS directly.
- B. CMHSP Certifications – every CMHSP needs to be recertified by MDHHS to specific MHC standards every three years. The CRM will also be the platform for the exchange of information and documents for programmatic MDHHS Certification for Children's Diagnostic and Treatment Centers, Wraparound Programs at the 46 CMHSPs across the state and other specific program certifications. We have just recently learned that the new CCBHC Certification for the 14 demonstration sites this fall will also be supported by the MiCAL CRM.
- C. Contract Compliance – the CRM will lastly serve as the platform for the exchange of information and documents for the monitoring of CMHSP and PIHP contract compliance generally and MDHHS Programmatic Audits and related CMHSP Plans of Correction and monitoring.

SCCMHA presently has 13 staff members enrolled with MiCAL as CRM Users with different functional permissions to use the platform depending on their agency function. Training in the use of the CRM for these staff will commence this month. As UP and Oakland the MiCAL Crisis and Access Service pilots work out the bugs the service will expand across the state in FY 2022 and when the service comes to Saginaw we will have additional clinical crisis staff also enrolled as MiCAL users.

MDHHS CCBHC Demonstration Site Certification by 10-1-21

The MDHHS is working with SAMHSA to finalize the criteria and process for the certification of the 14 sites named in their demonstration as a CCBHC Expansion State. The following are the names demonstration sites eligible for MDHHS CCBHC Certification.

- Kalamazoo Community Mental Health and Substance Abuse Services
- Saginaw County Community Mental Health Authority
- West Michigan CMHSP
- The Right Door (Ionia CMHSP)
- Macomb Co. PIHP/CMHSP
- Washtenaw County CMHSP

- HealthWest (Muskegon CMHSP)
- Clinton Eaton Ingham Community Mental Health Authority
- Easter Seals Michigan (nonprofit in Oakland Co.)
- Genesee Health System CMHSP
- St. Clair County Community Mental Health
- Community Mental Health & Substance Abuse Services of St. Joseph County
- The Guidance Center (non-profit in Wayne Co)
- CentraWellness Network (Manistee Benzie Co. CMHSP)

The CCBHC Site certification is going to largely be a virtual document-based endeavor using the MiCAL CRM already mentioned in this report. It will require sites like SCCMHA to provide voluminous documents and attestation to meeting the following requirements and federal standards:

- a. Clinical and Non-Clinical Staffing- This section includes standards for specific credentialed staff and their training requirements. CCBHCs are required to use a collaborative care model to provide an interdisciplinary team-based set of services to provide whole person care in concert with primary care providers.
- b. Availability and Accessibility of Services- Standards in this section are about the work site environmental conditions including welcoming and safe environments, accessibility, hours of operation, ability to serve regardless to ability to pay, insurance type or residence. These standards also include provisions for person centered planning and medical necessity determination. CCBHCs must also meet standards for timeliness for screening, assessment, referral, service initiation and crisis intervention.
- c. Care Coordination- This section requires care coordination across a spectrum of health services and written agreements with a list of local partner agencies like FQHCs, Indigenous Tribes, VA, Juvenile and Criminal Justice Agencies, Child Welfare, Homeless Shelters, Medication Assisted Treatment providers and End of Life /Palliative Care agencies. This section also has requirements for technology capabilities and requires interface with the MiCAL Crisis and Access Line.
- d. Scope of Services -CCBHCs must provide 9 core services (Treatment Planning, Screening, Assessment, Diagnosis and Risk Assessment; Outpatient MH and SUD Service; Crisis Service, Psychosocial Rehabilitation; Outpatient, Primary Care Screening and Monitoring; Peer, Family Support and Counseling Service; Targeted Case Management; and Community Based Care for Veterans. These services must be delivered with person-centered, family-centered and recovery-based orientation, respecting the consumer's needs, preferences and values. CCBHCs must have the ability to serve Transitioned Aged Youth, Veteran's and Military Families. Lastly in this section is the requirement to provide 11 specific clinical Evidenced Based Practices.
- e. Data Collection, Quality and Tracking- Standards require CCBHCs to collect, report and track encounter, outcome and quality data. The data must be used to develop, implement, and maintain a continuous quality improvement (CQI) plan for clinical services and clinical management.
- f. Organizational Authority, Governance and Accreditation- Standards in this section refer to the organizational status of CCBHCs under IRS rules, and the requirements for consumer representation on the governing body which we already meet as per the Michigan Metal Health Code as a CMHSP. As we are CARF accredited already we meet the required standard.

Other CCBHC Expectations Required for MDHHS Demonstration Certification

1. Must be enrolled in the Michigan Medicaid program and in compliance with all applicable program policies,
 2. Must be certified by the State of Michigan,
 3. Must adhere to all federal and state laws regarding Section 223 of the federal Protecting Access to Medicare Act of 2014 (PAMA), including the capacity to perform all CCBHC required services specified by CMS,
 4. Participate in state sponsored activities designed to support CCBHC's in transforming service delivery. This includes a mandatory CCBHC orientation for providers and clinical support staff before the program is implemented,
 5. Recommend CCBHC beneficiary assignment to PIHPs,
 6. Participate in ongoing technical assistance (including but not limited to trainings and webinars),
 7. Participate in ongoing individual assistance (including but not limited to audits, site visits, trainings, etc., provided by State and/or State contractual staff),
 8. Support CCBHC team participation in all related activities and trainings, including coverage of travel costs associated with attending CCBHC activities,
 9. Adhere to all applicable privacy, consent, and data security statutes,
 10. Enhance beneficiary access to behavioral and physical health care,
 11. Possess the capacity to electronically report to the State and/or its contracted affiliates information regarding service provision and outcome measures,
 12. Practice in accordance with accepted standards and guidelines and comply with all applicable policies published in the Michigan Medicaid Provider Manual,
13. If working with a Delegated Collaborative Organization (DCO), the CCBHC must meet the published federal standards.

FY 2022 Annual Public Hearing on Budget and Strategic Plan, October 7, 2021

SCCMHA Administration has set the date for our MHC required Public Hearing for Thursday, October 7th at 5:30 p.m. As has been out custom for decades, we will be sharing the FY22 SCCMHA Budget publicly at this event as well as an update to the SCCMHA Strategic Plan.

The Finance Department staff are very busy preparing the FY 22 SCCMHA Preliminary Budget as per the schedule Laura Argyle, CFO/COO, shared with the Executive Limitations Committee in June. The schedule has the FY 22 SCCMHA Preliminary Budget being presented to the Executive Limitations Committee for review on September 25th and to the full Board on September 13th.

Sen. Mike Shirkey /Rep. Mary Whiteford System Redesign Update

The two legislative proposals on System Redesign remain a threat to the PIHP/CMHSP system and the consumers, families and communities depending upon it. The proposed legislation from Sen. Shirkey is the most pressing concern as the amendments to the Mental Health Code and Social Welfare Act amendments are in place and when the legislature returns to session Lansing insiders believe it could very well make it out of committee. CMHA has recently issued an additional Action Alert which was forward to you recently to send to your legislators and the Governor's office. We have also sent it out to other associates and agencies asking them to do the same.

I have an upcoming meeting of PIHP/CMHSP CEOs and CMHA this week and will bring more updated information to the Board meeting.

CMHA Meeting with PIHP/CMHSP CEOs on Advocacy Strategy 8-5-21

CMHA reviewed the politics and strategy surrounding the 2 different legislative System Redesign Proposals coming out of the MI Senate leadership under Sen. Shirkey and the other from the MI House under Mary Whiteford. Both are unacceptable and will eliminate the PIHPs and erode the authority and ability of CMHSPs to provide the specialty benefit. Both claim no harm to CMHSPs but that will not be the reality. The Shirkey/Senate plan is the advocacy priority right now, as it will be referred to the Senate Government Operations Committee (the only senate committee that Sen. Shirkey chairs) very shortly and it is believed that it will come out from the committee untouched and move to the Senate floor in the next 4-6 weeks parallel to the FY 22 State Budget process. Here is a strong likelihood that the proposal will be embodied in budget boiler plate language that would amend the Michigan Mental Health Code and Social Welfare Act to allow it to proceed. The article about this proposal in Crain's last week quoted Sen. Shirkey as indicating that this proposal was his singular priority while he remains in the Michigan Senate (this is his last term).

The advocacy of killing this proposal was discussed in some detail at the meeting. Detail in this report is not being included in this report for obvious reasons, as it is a public document as it is a part of our Board Minutes for the August meeting.

The proposal from Mary Whiteford is on a slower track and she is not supporting the Shirkey Bill at this point as she of course has her own. We will build our advocacy around that fact.

There has been an interesting development with regard to a recently released publication from Milliman the MDHHS actuary, titled "Medicaid Managed Care Financial Results for 2020". The report includes a variety of metrics for state Medicaid Managed Care Plans under contract to state governments across the country. CMHA is using the report on the 10 Michigan Medicaid Health Plans as a part of their advocacy with legislators and state advocacy organizations as it reveals an eye-popping Medical Loss Ratio (MLR). MLR this refers to the percentage of paid state capitation revenue to the plans that supports direct services vs the percentage of profit and administration. Michigan's collective MLR of 79% in FY 2020 was the second lowest in the country meaning that the combined profit and administration percentage for Medicaid Health Plans in Michigan is at a 21%. The MLR for the 10 PIHPs in comparison, runs between 6%- 9% administration with of course no profit margin.

MSHN Annual Quality Assurance Review/Program Audit (July 20 & 21, 2021)

Last month MSHN conducted their Annual Quality Assurance Review/Audit on July 20 & 21. In the packet you will find a document titled *2021 MSHN Quality Assurance Review Outline*. This document describes the various tools, medical chart specific elements and policies and other documents included in the review. It was included in the board packet and it is included in the CEO Report this month, to give board members a sense of the scope and depth of the review of our entire network not just the Board Operated Program. To prepare for the review, SCCMHA had to load documented evidence describing how we met the standards listed in the outline two weeks before the scheduled review. The staff initials in the "primary" column delineate those staff members largely supervisors and above, responsible for that section of the review. They

not only needed to compile documents that were loaded into the MSHN BOX Portal but were also the experts that the MSHN team members interviewed or went to if they had questions about related uploaded documents. The SCCMHA team did a great job in preparing documents for up loading and addressing any and all MSHN related questions. As you can imagine this was an onerous task especially with the many other projects being managed this year and the challenges posed daily by the pandemic.

A brief overview of the volume and nature of subjects under review:

- Delegated Managed Care Review Tool - consists of 15 sections, 191 standards. 373 files were uploaded.
- Program Specific – Non-Waiver Tool - consists of 9 programs, 58 standards. 118 files were uploaded.
- Program Specific – Waiver Specific Standards and Staff Credentialing - consists of 4 programs, 43 standards. 171 files were uploaded.

In addition to the 3 tools listed above, there were chart specific reviews and document reviews which consisted of SCCMHA staff training and credentialing files, Adverse Benefit Determination – Grievance Appeal Review, Critical Incidents Submission process and chart review, BH-TEDS, Encounters and Contracted Provider Network Chart Reviews. The number of charts and files are also on the outline.

I attended the Exit Conference for the review where MSHN discussed preliminary findings. We did very well on balance. We will have some plans of correction to submit but we knew what they were going to be going into the audit. MSHN has 30 days from the end of the audit to send us their written report.

CMHA Fall Conference, October 25 & 26, 2021, at the Grand Traverse Resort in Traverse City

Included in the Board packet is information on the CMHA Annual Fall Conference “Together We Thrive”, which will be held in person at the Grand Traverse Resort in Traverse City. The Conference is also going to have virtual attendance options for some sessions (4 keynote addresses and 8 workshops). The program for this event has not yet been released but it would be helpful if you could give some thoughtfulness now about whether you want to attend in person and alert Ryan so that he can make hotel room reservations as they book up really quickly. I strongly encourage your attendance either in person or virtually.

CMHA PAC Campaign

Information about the CMHA PAC Campaign has been included in the Board packet for your reference. Historically our practice has been for board members to make a contribution to the PAC in an amount equal to a board meeting stipend. PAC rules in our state require that people not organizations make donations to PACs and so if you wish to participate you need to write a check or make your contribution online as SCCMHA cannot make a contribution for you.

This is a year like no other with the threats posed by the MI Legislature for System Redesign and so many new legislators serving that know little about the public mental health system in both the MI Senate and MI House of Representatives. Supporting the CMHA PAC is more important than ever.

I have already made my contribution online; I encourage you to do the same. Contributions can be made online at: <https://cmham.org/public-policy/cmh-pac/>

Motion made by Robert Woods and supported by Leola Wilson to receive & file this report as written. Motion carried.

VII. BOARD ACTION

A. Approval of Special Year End COVID-19 Staff and Contracted Network Recognition & Retention Payment Plan

Sandra Lindsey reviewed her 8/3/21 memo (see pages 42-43). See document for details.

Motion made by Robert Woods and supported by John Pugh to approve the SCCMHA COVID-19 Recognition and Retention Payment Plan for Staff Members and Contracted Network providers (organizations and 1099 contractors) delivering consumer services, not to exceed \$2.2 million, to be implemented before September 30, 2021 with thanks and gratitude for all of their efforts to support the continuation of service delivery and the mission of SCCMHA this year. Motion carried.

VIII. BOARD INFORMATION

- A. CMHA Weekly Update – 07/02/21 link:** <https://cmham.org/wp-content/uploads/2021/07/Weekly-Update-7.2.21.pdf>
- B. CMHA Weekly Update – 07/09/21 link:** <https://cmham.org/wp-content/uploads/2021/07/Weekly-Update-7.9.21.pdf>
- C. CMHA Weekly Update – 07/16/21 link:** <https://cmham.org/wp-content/uploads/2021/07/Weekly-Update-7.16.21-1.pdf>
- D. CMHA Weekly Update – 07/23/21 link:** <https://cmham.org/wp-content/uploads/2021/07/Weekly-Update-7.23.21.pdf>
- E. CMHA Weekly Update – 07/30/21 link:** <https://cmham.org/wp-content/uploads/2021/07/Weekly-Update-7.30.21.pdf>

IX. MEDIA / PUBLICATIONS

- A. SCCMHA Annual Report 'Adapting, Transforming and Creating Opportunity in Response to the Pandemic**
- B. CMHA: Within Our Reach CONCRETE APPROACHES TO BUILDING A WORLD CLASS PUBLIC MENTAL HEALTH SYSTEM**

X. OTHER ITEMS OF INTEREST

XI. ADJOURNMENT

Motion by Robert Woods and supported by Cym Winiecke to adjourn this meeting at 6:28 pm. Motion carried.

**Minutes prepared by:
Ryan Mulder
Executive Assistant to CEO**