



Southwest Michigan Behavioral Health Board Meeting

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November 12, 2021

9:30 am to 11:00 am

(d) means document provided

Draft: 11/5/21

1. **Welcome Guests/Public Comment**
2. **Agenda Review and Adoption (d)**
3. **Financial Interest Disclosure Handling (M. Todd)**
 - None Scheduled
4. **Consent Agenda**
 - a. October 8, 2021 SWMBH Board Meeting Minutes (d) pg.3
 - b. Credentialing of Behavioral Health Practitioners (M. Todd) (d) pg.7
 - c. Credentialing of Organizational Providers (M. Todd) (d) pg.15
5. **Operations Committee**
 - Operations Committee Minutes September 29, 2021 (d) pg.21
6. **Ends Metrics Updates (*Requires motion)**

Is the Data Relevant and Compelling? Is the Executive Officer in Compliance? Does the Ends need Revision?

 - a. * Integrated Care (S. Green) (to be displayed)
 - b. * Fiscal Year 2021 Health Services Advisory Group (HSAG) External Quality Compliance Results (J. Gardner) (d) pg.23
 - c. * Fiscal Year 2021 Health Services Advisory Group (HSAG) Performance Measure Validation Audit (J. Gardner) (d) pg. 25
7. **Board Actions to be Considered**
 - a. Executive Officer Performance Evaluation (Executive Committee)
 - b. Membership in Michigan Consortium for Healthcare Excellence (B. Casemore)
 - c. December Holiday Luncheon
8. **Board Policy Review**

Is the Board in Compliance? Does the Policy Need Revision?

 - a. BG-003 Unity of Control (d) pg.30
 - b. EO-002 Monitoring Executive Performance (d) pg.31

9. Executive Limitations Review

Is the Executive Officer in Compliance with this Policy? Does the Policy Need Revision?

- BEL-010 RE 501 (c) (3) Representation (E. Krogh) (d) pg.33

10. Board Education

- a. Fiscal Year 2021 Year to Date Financial Statements (T. Dawson) (d) pg.36
- b. Calendar Year 2022 Live Meeting Requirements (B. Casemore) (d) pg.44
- c. Certified Community Behavioral Health Clinics (CCBHC) (S. Weigandt) (d) pg.47
- d. Opioid Health Homes (OHH) (J. Smith) (d) pg.69
- e. Annual Program Integrity - Compliance Program Effectiveness Evaluation (M. Todd) (d) pg.71
- f. Fiscal Year 2021 CMHSP Site Review Results (M. Todd) (d) pg.76
- g. Year End Success and Accomplishments Summary (B. Casemore) (d)pg.94

11. Communication and Counsel to the Board

- a. December 10, 2021 Board Agenda
- b. Board Member Attendance Roster (d) pg.112
- c. Red Rose Citation Award (<https://wwmt.com/news/local/kalamazoo-leader-receives-posthumous-red-rose-citation-award>)
- d. Behavioral Health System Transformation (d) pg.113
- e. December Board Policy Direct Inspection – BEL-003 Asset Protection (S. Barnes)

12. Public Comment

13. Adjournment

SWMBH adheres to all applicable laws, rules, and regulations in the operation of its public meetings, including the Michigan Open Meetings Act, MCL 15.261 – 15.275.

SWMBH does not limit or restrict the rights of the press or other news media.

Discussions and deliberations at an open meeting must be able to be heard by the general public participating in the meeting. Board members must avoid using email, texting, instant messaging, and other forms of electronic communication to make a decision or deliberate toward a decision and must avoid "round-the-horn" decision-making in a manner not accessible to the public at an open meeting.

**Next Board Meeting
December 10, 2021
9:30 am - 11:00 am**

Southwest Michigan

BEHAVIORAL HEALTH

Board Meeting Minutes
October 8, 2021
9:30 am-11:00 am
GoTo Webinar and Conference Call
Draft: 10/11/21

Members Present via virtual: Edward Meny, Tom Schmelzer, Terry Proctor, Patricia Gunther, Susan Barnes, Ruth Perino

Members Absent: Marcia Starkey, Carol Naccarato

Guests Present via virtual: Bradley Casemore, Executive Officer, SWMBH; Michelle Jacobs, Senior Operations Specialist & Rights Advisor, SWMBH; Tracy Dawson, Chief Financial Officer, SWMBH; Mila Todd, Chief Compliance & Privacy Officer, SWMBH; Jonathan Gardner, Director of Quality Assurance & Performance Improvement, SWMBH; Richard Thiemkey, Barry County CMH; Brad Sysol, Summit Pointe; Sue Germann, Pines BH; Kris Kirsch, St. Joseph CMH; Deb Hess, Van Buren CMH; Ric Compton, Riverwood; Jon Houtz, Pines BH Alternate; Tim Smith, Woodlands; Jeff Patton, ISK

Welcome Guests

Edward Meny called the meeting to order at 9:30 am.

Public Comment

None

Agenda Review and Adoption

Motion Tom Schmelzer moved to accept the agenda with revisions proposed by Brad Casemore.
Second Susan Barnes
Motion Carried

Financial Interest Disclosure Handling

None

Consent Agenda

Motion Ruth Perino moved to approve the September 10, 2021, Board meeting minutes as presented.
Second Pat Gunther
Motion Carried

Credentialing of Behavioral Health Practitioners and Credentialing of Organizational Providers will be moved to the November 12, 2021 SWMBH Board meeting.

Operations Committee

Operations Committee Minutes August 25, 2021

Edward Meny reviewed the minutes as documented. There were no questions, and the minutes were accepted.

Operations Committee Quarterly Report

Debra Hess reported as documented.

Ends Metrics

Home Adult Benefit Waiver

Jonathan Gardner reported as documented. Discussion followed.

Motion Tom Schmelzer moved that the data is relevant and compelling, the Executive Officer is in compliance and the ends do not need revision.

Second Ruth Perino

Motion Carried

Board Actions to be Considered

Fiscal Year 2022 SWMBH Budget

Tracy Dawson reported as documented. Discussion followed.

Motion Susan Barnes moved to approve the Fiscal Year 2022 Regional budget as presented with a stipulation that the Fiscal Year 2022 budget will be restated for discussion and possible action at the February 2022 Board meeting, or earlier if management should so choose.

Second Ruth Perino

Roll call vote	Edward Meny	yes
	Tom Schmelzer	yes
	Terry Proctor	yes
	Ruth Perino	yes
	Pat Guenther	yes
	Susan Barnes	yes

Motion Carried

Fiscal Year 2022 Program Integrity Compliance Plan

Mila Todd reported as documented.

Motion Ruth Perino moved to approved the Fiscal Year 2022 Program Integrity Compliance Plan as presented.

Second Pat Guenther

Motion Carried

December Holiday Event

Board Members discussed the possibility of a holiday luncheon in December. Board agreed to make a decision at the November 12, 2021 Board meeting. Brad Casemore reminded Board that unless Michigan Open Meetings Act is revised the Board must meet live beginning January of 2022. Individuals will have exemptions.

Community Mental Health Association of Michigan (CMHAM) Member Assembly Delegates

Brad Casemore reported as documented, noting prior appointees.

Motion Ruth Perino moved to appoint Tom Schmelzer and Edward Meny as voting Member Assembly Delegates for 2021.

Second Terry Proctor

Motion Carried

Board Policy Review

EO-003 Emergency Executive Officer Succession

Edward Meny reported as documented.

Motion Tom Schmelzer moved that the Executive Officer is in compliance and policy EO-003 Emergency Executive Officer Succession does not need revision.

Second Susan Barnes

Motion Carried

Executive Limitations Review

BEL-008 Communication and Counsel

Tom Schmelzer reported as documented.

Motion Tom Schmelzer moved that the Executive Officer is in compliance with policy BEL-008 Communication and Counsel and the policy does not need revision.

Board Education

Fiscal Year 2021 Year to Date Financial Statements

Tracy Dawson reported as documented.

Michigan Municipal Risk Management Authority

Tracy Dawson reported as documented.

Michigan Consortium for Healthcare Excellence

Brad Casemore reported as documented.

Compliance Role & Function

Mila Todd reported as documented.

Communication and Counsel to the Board

November 12, 2021, Draft Board Agenda

Brad Casemore noted the document in the packet for the Board's review.

Board Member Attendance Roster

Brad Casemore noted the document in the packet for the Board's review.

Mental Health Listening Tours

Brad Casemore reported as documented, and debriefed the members on the 10/7/21 listening tour.

Community Mental Health Association of Michigan Fiscal Year 2022 Conference Report and Final Budget

Brad Casemore reported as documented.

6th Annual Healthcare Policy Forum

Brad Casemore debriefed board members on the 10/1/21 6th Annual Healthcare Policy Forum and thanked those Board members that attended. Discussion followed.

November Executive Officer Performance Evaluation Review

Brad Casemore reminded members of the Executive Officer evaluation at November’s Board meeting.

Public Comment

None

Adjournment

Motion Tom Schmelzer moved to adjourn at 11:10 am

Second Ruth Perino

Unanimous Voice Vote

Motion Carried

DRAFT



Section: Provider Network Management	Policy Name: Credentialing & Re-Credentialing: Behavioral Health Practitioners	Policy Number: 02.02
Owner: Chief Compliance & Privacy Officer	Reviewed By: Mila Todd	Total Pages: 7
Required By: <input checked="" type="checkbox"/> BBA <input checked="" type="checkbox"/> MDHHS <input checked="" type="checkbox"/> NCQA <input type="checkbox"/> Other (please specify): _____	Final Approval By: Approved by SWMBH Board	Date Approved: 11/12/2021
Application: <input checked="" type="checkbox"/> SWMBH Staff/Ops <input checked="" type="checkbox"/> Participant CMHSPs <input checked="" type="checkbox"/> SUD Providers <input checked="" type="checkbox"/> MH/IDD Providers <input type="checkbox"/> Other (please specify): _____	Line of Business: <input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> Other (please specify): _____ <input checked="" type="checkbox"/> Healthy Michigan <input checked="" type="checkbox"/> SUD Block Grant <input checked="" type="checkbox"/> SUD Medicaid <input checked="" type="checkbox"/> MI Health Link	Effective Date: 1/1/14

Policy: Southwest Michigan Behavioral Health (SWMBH) and its participant Community Mental Health Service Providers (CMHSP) will ensure the credentialing and re-credentialing of behavioral health practitioners whom they employ, contract with, and who fall within their scope of authority. The credentialing process will be completed in compliance 42 CFR 422.204 and National Council for Quality Assurance (NCQA) credentialing standards. Practitioners may not provide care for SWMBH members until they have been credentialed in accordance with this policy.

SWMBH and its participant Community Mental Health (CMH) agencies will not discriminate against any provider solely on the basis of race, ethnic/national identity, gender, age, sexual orientation, licensure, registration or certification. SWMBH and its participant CMHSPs will not discriminate against health care professionals who serve high-risk populations or those that specialize in the treatment of conditions that require costly treatment.

Purpose: To ensure that all customers receiving services within the SWMBH Prepaid Inpatient Health Plan (PIHP) receive care from practitioners who are properly credentialed, licensed and/or qualified.

Scope: SWMBH Provider Network Management
Participant CMHSPs
Network Providers

Responsibilities: SWMBH Provider Network Management, Participant CMHSPs, and network providers must follow the below requirements as it relates to credentialing activities.



Definitions:

- A. **Practitioner:** A professional who provides health care services within the scope of practice that he/she is legally authorized to do so by the State in which he or she delivers the services.

Standards and Guidelines:

A. **Credentialing**

1. Credentialing will be completed for all practitioners as required by this policy and all applicable Michigan and Federal laws. Specifically, the following types of practitioners will be credentialed:
 - a. Physicians (M.D.s or D.O.s)
 - b. Physician Assistants
 - c. Psychologists (Licensed, Limited License, and Temporary License),
 - d. Licensed Master's Social Workers, Licensed Bachelor's Social Workers, Limited License Social Workers, and Registered Social Service Technicians
 - e. Licensed Professional Counselors
 - f. Board Certified Behavior Analysts
 - g. Nurse Practitioners, Registered Nurses, and Licensed Practical Nurses
 - h. Occupational Therapists and Occupational Therapist Assistants
 - i. Physical Therapists and Physical Therapist Assistants
 - j. Speech Pathologists

B. **Credentialing Criteria and Application Process**

1. Practitioners requesting inclusion in the SWMBH provider network will complete the current formal SWMBH Credentialing Application or another application approved by SWMBH. The application will be processed by designated credentialing staff.
2. SWMBH will require completed credentialing applications, with signed and dated attestations regarding accuracy and completeness of information, ability to perform duties, lack of present illegal drug use, history of loss of license and any felony convictions, and consent allowing verification of license, education, competence and any other related information.
3. Credentialing staff will verify information obtained in the credentialing application as described in section III.B.4, below. Copies of verification sources will be maintained in the practitioner credentialing file. When source documentation is not electronically dated, staff will sign and date with the current date. The verification timeframe will not exceed one-hundred-eighty (180) days.
4. Credentialing criteria for physicians and practitioners, and verification methods, are as follows:

Credentialing Criteria	Verification Method(s)
Current valid and unrestricted license to practice in the state in which the practitioner practices	<ul style="list-style-type: none"> • Verification of the license will be made directly with state licensing agency internet web site (LARA website for the state of Michigan http://w3.lara.state.mi.us/free/)
A valid and unrestricted Drug Enforcement Agency (DEA) or Controlled Dangerous Substance (CDS) for those practitioners who prescribe medication.	<ul style="list-style-type: none"> • A DEA or CDS may be verified by a copy of the DEA or CDS certificate provided by the practitioner, with the state licensing agency via internet website, or the National Information Service (NTIS) database.



Credentialing Criteria	Verification Method(s)
(If a practitioner's DEA certificate is pending, the practitioner may make arrangements with a participating practitioner to write all prescriptions requiring a DEA number until the practitioner has a valid DEA certificate and the practitioner will provide documentation of such arrangement in writing.)	
Work history for the past five years, with each gap in work history exceeding six (6) months clarified in writing from the practitioner.	<ul style="list-style-type: none"> • Work history is verified through practitioner's credentialing application. • Verbal explanation from the applicant may be accepted for gaps in work history between 6 and 12 months. Gaps in work history greater than 12 months must be explained in writing.
Board certification, or education appropriate to license and area of practice.	<ul style="list-style-type: none"> • Verification of education shall be completed through primary source verification to the educational institution or certification board. Because medical specialty boards verify education and training, verification of board certification fully meets the requirement for verification of education. If a practitioner is not board certified, verification of the medical education at the highest level is verified. • The American Medical Association (AMA) or American Osteopathic Association (AOA) Master Files may be used as the source for education verification for physicians. • The Educational Commission for Foreign Medical Graduates (ECFMG) may be used to verify education of foreign physicians educated after 1986 (for practitioners who are not board certified and verification of completion of a residency program or graduation from a foreign medical school are not verifiable with the primary source).
Current professional liability insurance meeting the standards defined by contract.	<ul style="list-style-type: none"> • Copy of current certificate of insurance.



Credentialing Criteria	Verification Method(s)
No malpractice lawsuits and/or judgments from within the last ten (10) years.	<ul style="list-style-type: none"> • A query to the National Practitioner Data Bank (NPDB) will be completed via web-based access to the NPDB site for each practitioner. The NPDB query contains malpractice history which was reported by malpractice carriers to the NPDB. • A written description of any malpractice lawsuits and/or judgments from the last ten (10) years will be provided either by the practitioner or their malpractice carrier.
The practitioner must not be excluded from participation in Medicare, Medicaid, or other federal contracts, and must not have opted out of Medicare if he/she will be providing Medicare services.	<ul style="list-style-type: none"> • Queries will be made to the System for Award Management (SAM) and the Office of Inspector General (OIG) to ensure that practitioners have not been suspended or debarred from participation with Medicare, Medicaid or other Federal contracts. • A query will be made at http://www.wpsmedicare.com/j8macpartb/departments/enrollment/b_opt_enroll.shtml to verify that the practitioner has not opted out of Medicare, if a Medicare provider.
No state sanctions or restrictions on licensure in the past ten (10) years.	<ul style="list-style-type: none"> • Verification of the license will be made directly with state licensing agency internet web site (LARA website for the state of Michigan http://w3.lara.state.mi.us/free/)

C. Temporary/Provisional Credentialing Process

1. Temporary or provisional status can be granted one time to practitioners until formal credentialing is completed.
2. Providers seeking temporary or provisional status must complete a signed application with attestation.
3. A decision regarding temporary /provisional credentialing shall be made within 31 days of receipt of application.
4. In order to render a temporary / provisional credentialing decision, verification will be conducted of:
 - a. Primary-source verification of a current, valid license to practice.
 - b. Primary-source verification of the past five years of malpractice claims or settlements from the malpractice carrier, or the results of the National Practitioner Data Bank (NPDB) query.
 - c. Medicare/Medicaid sanctions
5. Each factor must be verified within 180 calendar days of the provisional credentialing decision. The organization shall follow the same process for presenting provisional credentialing files to the Credentialing Committee or medical director as it does for its regular credentialing process.



6. Temporary / Provisional credentialing status shall not exceed 60 days, after which time the credentialing process shall move forward according to this credentialing policy.

D. Re-credentialing Criteria and Application Process

1. Re-credentialing will be completed for all participating physicians and other participating practitioners at least every two (2) years for those providing Medicaid services, and every three (3) years for those providing Medicare services only. The Credentialing Committee may recommend re-credentialing for a lesser period of time.
2. Every practitioner will complete or update the current formal SWMBH Credentialing Application and related materials required for the re-credentialing process. Additionally, the practitioner will provide the relative information supporting any changes in their credentials. The application will be processed by the credentialing staff.
3. Re-credentialing criteria and application processing includes review of the re-credentialing application for completeness and accuracy. Primary source verification and re-credentialing criteria for physicians and practitioners is as previously outlined in Section A.1. with the exception of the following:
 - a. Education, Training and Work History: Education and Training are considered 'static' and no re-verification is conducted during re-credentialing. However, work history may change and will be re-verified.
 - b. Board Certification will be re-verified.
 - c. The practitioner is required to sign and date the attestation statement attesting to the correctness and completeness of the application. The practitioner is required to sign any relevant addenda concerning the following: 1) the reasons for inability to perform essential functions, 2) lack of present illegal drug use, 3) history of loss of license, 4) history of loss or limitation of privileges, 5) current malpractice coverage that was not provided with the re-credentialing application and signed attestation.
 - d. Quality information and member complaint data will be considered at re-credentialing.
 - e. To ensure quality and safety of care between credentialing cycles, SWMBH performs on-going monitoring of:
 - i. Member complaints, adverse events, and information from quality improvement activities related to identified instances of poor quality,
 - ii. Any incidences of Medicaid and Medicare sanctions and,
 - iii. Restrictions and/or sanctions on licensure and/or certification.

E. Practitioner Right for Request for Review

1. The Applicants Rights for Credentialing and Re-credentialing will be included in the initial credentialing packet sent to Applicants applying to be providers in the SWMBH provider network.
2. Applicants have the right, upon request, to be informed of the status of their application. Applicants may contact the credentialing staff via telephone, in writing or email as to the status of their application.
3. Applicants have the right to review the information submitted in support of their credentialing application. This review is at the applicant's request. The following information is excluded from a request to review information:



- a. Southwest Michigan Behavioral Health is not required to provide the applicant with information that is peer-review protected.
- b. Information reported to the National Practitioner Data Bank (NPDB).
- c. Criminal background check data.
4. Should the information provided by the applicant on their application vary substantially from the information obtained and/or provided to Southwest Michigan Behavioral Health by other individuals or organizations contact as part of the credentialing and/or re-credentialing process, credentialing staff will contact the applicant within 180 days from the date of the signed attestation and authorization statement to advise the applicant of the variance and provide the applicant with the opportunity to correct the information if it is erroneous.
5. The applicant will submit any corrections in writing within fourteen (14) calendar days to the credentialing staff. Any additional documentation will be date stamped and kept as part of the applicant's credentialing file.

F. Credentialing Decisions

1. Credentialing decisions shall be made in accordance with SWMBH policies 02.02 (Clean Credentialing & Re-Credentialing Files) and 02.05 (Credentialing Committee, Confidentiality of Credentialing Records, & Provider Nondiscrimination). Practitioners not selected for inclusion in the network will be given written notice of the reason for the decision.

G. Reporting Requirements.

1. Participant CMHSPs shall submit a monthly credentialing report to SWMBH, utilizing the MDHHS credentialing report template.

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Procedures: None

Effectiveness Criteria: N/A

References: 42 CFR § 438.214 (a-e)
Michigan Department of Community Health / PIHP contract attachment P.7.1.1
Public Act 218 as amended by Act 59 section 400.734b
42 FR 422.204
NQCA CR 1, CR 2, CR 3, CR 4

Attachments: 02.02A Applicant Credentialing Rights



Revision History

Revision #	Revision Date	Revision Location	Revision Summary	Revisor
1	5/18/15	N/A: before new template	N/A: before new template	N/A: before new template
2	12/1/16	N/A: before new template	N/A: before new template	N/A: before new template
3	5/10/17	N/A: before new template	N/A: before new template	N/A: before new template
4	12/14/18	N/A	Annual Board approval as required per MDHHS contract	Mila Todd & SWMBH Board
5	01/10/20	N/A	Annual Board approval as required per MDHHS contract	Mila Todd & SWMBH Board
<u>6</u>	<u>09/28/21</u>	<u>Paragraph G</u>	<u>Added Reporting Requirements</u>	<u>Mila Todd</u>
<u>7</u>	<u>10/15/21</u>	<u>N/A</u>	<u>Reviewed by Regional PNM Committee</u>	<u>N/A</u>
<u>8</u>	<u>11/12/21</u>	<u>N/A</u>	<u>Annual Board approval as required per MDHHS contract</u>	<u>Mila Todd & SWMBH Board</u>





Section: Provider Network Management	Policy Name: Credentialing & Re-Credentialing: Organizational Providers	Policy Number: 02.03
Owner: Director of Provider Network Management	Reviewed By: Mila Todd	Total Pages: 5
Required By: <input checked="" type="checkbox"/> BBA <input checked="" type="checkbox"/> MDHHS <input checked="" type="checkbox"/> NCQA <input type="checkbox"/> Other (please specify): _____	Final Approval By: Approved by SWMBH Board	Date Approved: 11/12/2019
Application: <input checked="" type="checkbox"/> SWMBH Staff/Ops <input checked="" type="checkbox"/> Participant CMHSPs <input checked="" type="checkbox"/> SUD Providers <input checked="" type="checkbox"/> MH/IDD Providers <input type="checkbox"/> Other (please specify): _____	Line of Business: <input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> Other (please specify): <input checked="" type="checkbox"/> Healthy Michigan <input checked="" type="checkbox"/> SUD Block Grant <input checked="" type="checkbox"/> SUD Medicaid <input checked="" type="checkbox"/> MI Health Link	Effective Date: 1/1/14

Policy: Southwest Michigan Behavioral Health (SWMBH) and its participant Community Mental Health Service Providers (CMHSP) will credential and re-credential behavioral health organizational providers with whom they contract and that fall within their scope of authority and action.

Neither SWMBH nor its participant CMHSPs will discriminate against any provider solely on the basis of licensure, registration or certification. Neither SWMBH nor its participant CMHSPs will discriminate against health care professionals or organizations who serve high-risk populations or those that specialize in the treatment of conditions that require costly treatment.

Purpose: To ensure that all customers served receive care from licensed organizational providers who are properly credentialed, licensed and/or qualified.

Scope: SWMBH Provider Network Management
Participant CMHSPs
Network Providers

Responsibilities: SWMBH Provider Network Management, participant CMHSPs, and network providers will follow the requirements listed herein as it relates to credentialing.

Definitions: None



Standards and Guidelines:

A. Credentialing of Licensed Behavioral Health Facilities

1. Before executing an initial contract and at least every 2 years thereafter, SWMBH and its participant CMHSPs will require licensed behavioral health facilities (i.e., acute care psychiatric facilities, specialized residential homes, crisis residential providers, substance abuse residential and detoxification facilities, and substance abuse outpatient facilities) wishing to provide contracted services in the SWMBH network to submit a fully completed application, using the current approved SWMBH Organizational Credentialing Application. The application will contain:
 - a. A signed and dated statement from an authorized representative.
 - b. Documentation collected and verified for health care facilities will include (as applicable), but are not limited to, the following information:

Documentation Requirement	Clean File Criteria
Complete application with a signed and dated statement from an authorized representative of the facility attesting that the information submitted with the application is complete and accurate to the facilities' knowledge, and authorization SWMBH or CMHSP to collect any information necessary to verify the information in the credentialing application.	Complete application with no positively answered attestation questions.
State licensure information. License status and any license violations or special investigations incurred during the past five years or during the current credentialing cycle will be included in the credentialing packet for committee consideration.	No license violations and no special state investigations in time frame (in past five years for initial credentialing and past two years for re-credentialing).
Accreditation by a national accrediting body (if such accreditation has been obtained). Substance abuse treatment providers are required to be accredited. If an organization is not accredited, an on-site quality review will occur by SWMBH or CMHSP provider network staff prior to contracting.	Full accreditation status during the last accreditation review or no plan of correction for an on-site pre-credentialing site review. SWMBH recognizes the following accrediting bodies: CARF, Joint Commission, DNV Healthcare, NCQA, CHAPS, COA, and AOA.
Primary-source verification of the past five years of malpractice claims or settlements from the malpractice carrier, or the results of the National Practitioner Data Bank (NPDB) query.	No malpractice lawsuits and/or judgments from within the last ten (10) years.
Verification that the providers has not been excluded from Medicare/Medicaid participation.	Is not on the OIG Sanctions list /SAM List
A copy of the facility's liability insurance policy declaration sheet.	Current insurance coverage meeting contractual expectations.

Any other information necessary to determine if the facility meets the network-based health benefits plan participation criteria that the network-based health benefits plan has established for that type of facility.	Information provided as requested by SWMBH or CMHSP.
Quality information will be considered at re-credentialing.	Grievance and appeals and recipient rights complaints are within the expected threshold given the provider size, MMBPIS and other performance indicators if applicable meet standard.

2. During initial credentialing and at re-credentialing, SWMBH or participant CMHSPs will submit credentialing packets along with primary source verifications and other supporting documentation to its Credentialing Committee for a decision regarding the inclusion on the SWMBH Provider Network. Packets will be reviewed for completeness prior to committee meeting. If files meet clean file criteria in every category listed, the medical director or designee may sign off to approve the provider, in lieu of taking to Credentialing Committee.
3. During initial credentialing and at re-credentialing, SWMBH and its participant CMHSPs will ensure that organizational providers are notified of the credentialing decision in writing within 10 business days following a decision. In the event of an adverse credentialing decision the organizational provider will be notified of the reason in writing and of their right to and process for appealing /disputing the decision in accordance with SWMBH policy 02.14.

B. Temporary/Provisional Credentialing Process

1. Temporary or provisional status can be granted one time to organizations until formal credentialing is completed.
2. Providers seeking temporary or provisional status must complete a signed application with attestation.
3. A decision regarding temporary/provisional credentialing shall be made within 31 days of receipt of application.
4. In order to render a temporary/provisional credentialing decision, verification will be conducted of:
 - a. Primary-source verification of a current, valid license.
 - b. Primary-source verification of the past five years of malpractice claims or settlements from the malpractice carrier, or the results of the National Practitioner Data Bank (NPDB) query.
 - c. Medicare/Medicaid sanctions
5. Each factor must be verified within 180 calendar days of the provisional credentialing decision. The organization shall follow the same process for presenting provisional credentialing files to the Credentialing Committee or medical director as it does for its regular credentialing process.
6. Temporary / Provisional credentialing status shall not exceed 60 days, after which time the credentialing process shall move forward according to this credentialing policy.



C. Assessment of Other Behavioral Health Organizations (other than acute care psychiatric facilities, specialized residential homes, crisis residential providers, substance abuse residential and detoxification facilities, and substance abuse outpatient facilities)

1. Before executing an initial contract, SWMBH and participant CMHSP will require other behavioral health organizations not listed in section A to provide:
 - a. State and federal license, if applicable
 - b. Current W-9
 - c. Verification of liability insurance coverage
 - d. Accreditation status, if applicable
2. If the provider is not accredited and will be providing services at their place of business (ambulatory clinics), an on-site quality review must occur prior to contracting. SWMBH recognizes the following accrediting bodies: CARF, Joint Commission, DNV Healthcare, CHAPS, NCQA, COA, and AOA.
3. SWMBH or the participant CMHSP will verify that the provider has not been excluded from Medicare participation (is not on the OIG Sanctions list/SAM List).
4. SWMBH or the participant CMH will verification that the provider has met all state and federal licensing and regulatory requirements, if applicable.

D. Organizational providers may be held responsible for credentialing and re-credentialing their direct employed and subcontracted professional service providers per SWMBH or SWMBH CMHSP contractual requirements. They shall maintain written policies and procedures consistent with SWMBH and MDHHS credentialing policies and any other applicable requirements. SWMBH or a participant CMHSP shall verify through on-site reviews and other means as necessary that the organizational provider's credentialing practices meet applicable policies and requirements.

D.E. Reporting Requirements. Participant CMHSPs shall submit a monthly credentialing report to SWMBH, utilizing the MDHHS credentialing report template.

Procedures: None

Effectiveness Criteria: N/A

References: NCQA Credentialing and Credentialing CR8
MDHHS-PIHP Contract P.7.1.1
BBA § 438.214

Attachments: None



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Southwest Michigan

BEHAVIORAL HEALTH

Operations Committee Meeting Minutes **Meeting: September 29, 2021 10:00am-1:00pm**

Members Present via phone – Brad Casemore, Jeannie Goodrich, Jeff Patton, Richard Thiemkey, Sue Germann, Kris Kirsch, Tim Smith, Ric Compton, Debbie Hess

Guests present via phone – Tracy Dawson, Chief Financial Officer, SWMBH; Mila Todd, Chief Compliance Officer, SWMBH; Natalie Spivak, Chief Information Officer, SWMBH; Joel Smith, Substance Use Treatment and Prevention Director, Michelle Jacobs, Senior Operations Specialist and Rights Advisor, SWMBH; Pat Davis, ISK; Moira Kean, Senior Clinical Data Analyst, SWMBH; Sally Weigandt, CCBHC Coordinator, SWMBH

Call to Order – Tim Smith began the meeting at 10:15 am.

Review and approve agenda – Agenda approved and Rich Thiemkey volunteered to be the facilitator for the October Operations Committee Meeting.

Review and approve minutes from 8/25/21 Operations Committee Meeting – Minutes were approved by the Committee.

CMH Updates – CMHSP CEOs shared current updates and highlighted ongoing staffing shortages, grants, Electronic Health Records system change, and work regarding ASAM Assessment Tool and CCBHC implementation.

Fiscal Year 2022 Draft Budget – Tracy Dawson reported that Fiscal Year 2022 draft Budget will be ready on Monday for Board approval on 10/8/21. The Budget is looking positive.

Fiscal Year 2021 Year to Date Financials – Tracy Dawson reported as documented.

System Transformation Updates – Operations Committee discussed House and Senate proposals and staff anxiety and pressure due to legislative proposals and continuation of .

CCBHC Update – Sally Weigandt stated that CCBHC will “go live” 10/1/21 and gave the following updates:

- Many items are still in development and the State is aware of those.
- Two trainings are to be conducted for Database Security Application (DSA) and Waiver Support Application (WSA).
- Customer Relationship Management (CRM) is up and running.
- Funding for non-Medicaid individuals will be paid for with Mental Health Block grant dollars.
- There are provisional and full certificate status being issued. One or the other is required to get paid.

- Subgroup work continues regarding screenings, authorizations, data processes, encounters, WSA, automation, reporting requirements, finance, budget and payments.
- American Rescue Plan Act CCBHC grant RFI was released 9/28/21 with a submission deadline of 10/12/21. SWMBH and CMHSPs to review.

Independent Rate Model Report – Tracy Dawson reported as documented.

MDHHS/BHDDA Initiatives-Jon Villasurda – Brad Casemore stated that SWMBH was not able to schedule Jon Villasurda for today’s meeting but will reach out to him for the October 27th meeting.

Holiday Event – Brad Casemore asked group about gathering for a holiday luncheon. Group agreed not to meet at this time.

Fiscal Year 2021 CMHSP Site Review Results – Brad Casemore stated that the report will be presented at the October 27th Operations Committee meeting.

Relias Population Health Overview and Demonstration – Moira Kean reported as documented. Discussion followed.

American Society of Addiction Medicine (ASAM) Continuum of Care Installation – Joel Smith noted that 154 clinicians (93% regionally) have completed the ASAM assessment tool trainings. SmartCare installed tool into system on 9/25/21 with “go live” on track for 10/1/21. Brad reminded the group that in the past we collectively identified, funded, and commissioned SWMBH Managed Care Information Systems and/or CMH Electronic Medical Record development plans to reduce duplicate data entry, and enhance completeness/accuracy/timeliness of data exchanges and data analytics. The Operations Committee can consider placing such an item on future agendas and create a specific ask related thereto for regional Committee inquiry, perhaps Regional Information Technology Committee and Finance Committee. SWMBH and CMH SMEs could participate in such a conversation at Operations Committee meetings.

KB .vs Lyon Lawsuit/MI Kids Now – Brad Casemore reported as documented.

Rep Whiteford Meeting – Brad Casemore stated that more information after the 10/1/21 event will be developed on meeting with Rep Whiteford.

October 1, 2021 Public Policy Event – Brad Casemore noted the document in the packet for the committee’s review.

October 8, 2021 SWMBH Board Agenda – Brad Casemore noted the draft agenda in the packet for the committee’s review.

October 27, 2021 Operations Committee Meeting Agenda – Brad Casemore noted the draft agenda in the packet for the committee’s review.

Regional Approach to Productivity Standards – Sue Germann inquired about getting together regionally to discuss methodology for approach to regional productivity standards. Discussion followed.

Adjourned – Meeting adjourned at 12:00pm

2021 Health Service Advisory Group (HSAG) External Quality Review (EQR) Audit Update

Audit Overview: The compliance reviews in Michigan consist of 13 standards or program areas. MDHHS requested that HSAG conduct a review of the first six standards in Year One (SFY 2021). The remaining seven standards will be reviewed in Year Two (SFY 2022). In Year Three (SFY 2023), a comprehensive review will be conducted on each element scored as *Not Met* during the SFY 2021 and SFY 2022 compliance reviews. **Error! Reference source not found.** outlines the standards reviewed over the new three-year review cycle. Please find the standards that were selected for review as well as detailed scoring on the following pages of this summary report.

- The audit took place via a remote audit on July 26, 2021.
- Draft results of the audit were received by SWMBH on September 24th with the final report being received on November 1, 2021.

Board Ends Metric:

PERFORMANCE METRIC DESCRIPTION	STATUS
<p>2021 Health Service Advisory Group (HSAG) External Quality Compliance Review. All standards and corrective action plans evaluated will receive a score of 90% or designation that the standard has been "Met."</p> <p>Metric Measurement Period: (10/1/20 - 9/30/21) Metric Board Report Date: November 12, 2021 (dependent on the final completion date of the annual audit report)</p> <p>Measurement: Results are verified, certified by the MDHHS/HSAG annual audit report.</p> <p><u>The number of standards/elements identified as "Met."</u> Total number of standards/elements evaluated</p> <p>Possible Points: 1 point awarded upon official Board approval.</p>	<p>Not Completed Successfully</p> <p>Results by Year:</p> <ul style="list-style-type: none"> ▪ FY 21 – 86% ▪ FY 20 – 90% ▪ FY 19 – 89% <p>Executive Owners: All SL's</p>

Results by Standard:

Compliance Review Standard		Total Elements	Total Applicable Elements	Number of Elements			Total Compliance Score
				M	NM	NA	
I	Member Rights and Member Information	19	19	16	3	0	84%
II	Emergency and Poststabilization Services*	10	10	10	0	0	100%
III	Availability of Services	7	7	6	1	0	86%
IV	Assurances of Adequate Capacity and Services	4	4	1	3	0	25%
V	Coordination and Continuity of Care	14	14	12	2	0	86%
VI	Coverage and Authorization of Services	11	11	11	0	0	100%
Total		65	65	56	9	0	86%

M = Met; NM = Not Met; NA = Not Applicable

Total Elements: The total number of elements within each standard.

Total Applicable Elements: The total number of elements within each standard minus any elements that were *NA*. This represents the denominator.

Total Compliance Score: The overall percentages were obtained by adding the number of elements that received a score of *Met* (1 point), then dividing this total by the total number of applicable elements.

*Performance in Standard II should be interpreted with caution as there were noted opportunities for all PIHPs statewide to enhance documentation to support the applicability of the federal requirements to the scope of the PIHPs' services. The PIHPs' progress in implementing HSAG's recommendations will be further assessed for continued compliance in future reviews.

Overview of Results:

Southwest Michigan Behavioral Health demonstrated compliance in 56 of 65 elements, with an overall compliance score of 86 percent, indicating that some program areas had the necessary policies, procedures, and initiatives in place to carry out many required functions of the contract, while other areas demonstrated opportunities for improvement to operationalize the elements required by federal and State regulations. Detailed findings, including recommendations for program enhancements, are documented in Appendix A—Compliance Review Tool. OVERVIEW Region 4 SFY 2021 Compliance Review Page 1-4 State of Michigan R4-Southwest_MI2021_PiHP_CR_Report_F1_1021 Corrective Action Process For any elements scored Not Met, Southwest Michigan Behavioral Health is required to submit a CAP to bring the element into compliance with the applicable standard(s). The process for submitting the CAP and the criteria used to evaluate the sufficiency of the CAP are described in Section 3.

Table 1-1—Three-Year Cycle of Compliance Reviews

Standard	Year One (SFY 2021)	Year Two (SFY 2022)	Year Three (SFY 2023)
Standard I—Member Rights and Member Information	✓		Review of PIHP implementation of Year One and Year Two corrective action plans (CAPs)
Standard II—Emergency and Poststabilization Services	✓		
Standard III—Availability of Services	✓		
Standard IV—Assurances of Adequate Capacity and Services	✓		
Standard V—Coordination and Continuity of Care	✓		
Standard VI—Coverage and Authorization of Services	✓		
Standard VII—Provider Selection		✓	
Standard VIII—Confidentiality		✓	
Standard IX—Grievance and Appeal Systems		✓	
Standard X—Subcontractual Relationships and Delegation		✓	
Standard XI—Practice Guidelines		✓	
Standard XII—Health Information Systems		✓	
Standard XIII—Quality Assessment and Performance Improvement Program		✓	

Background

According to federal requirements located within Title 42 of the Code of Federal Regulations (42 CFR) §438.358, the state, an agent that is not a Medicaid prepaid inpatient health plan (PIHP), or its external quality review organization (EQRO) must conduct a review within a three-year period to determine a Medicaid PIHP's compliance with the standards set forth in 42 CFR §438—Managed Care Subpart D, the disenrollment requirements and limitations described in §438.56, the enrollee rights requirements described in §438.100, the emergency and poststabilization services requirements described in §438.114 and the quality assessment and performance improvement requirements described in §438.330.

To comply with the federal requirements, the Michigan Department of Health and Human Services (MDHHS), Behavioral Health and Developmental Disabilities Administration (BHDDA) contracted with Health Services Advisory Group, Inc. (HSAG) as its EQRO to conduct compliance reviews of its contracted PIHPs responsible for the delivery of Medicaid waiver benefits for people with intellectual and developmental disabilities (IDD), serious mental illness (SMI), and serious emotional disturbance (SED), and prevention and treatment services for substance use disorders (SUDs).¹⁻¹

2021 Health Service Advisory Group (HSAG) Performance Measure Validation Audit Update

- The audit took place via a remote audit on July 17th.
- Results of the audit were received by SWMBH on September 26th. SWMBH was given 2 weeks to provide comment back to HSAG.
- SWMBH received the final report back from HSAG on November 1, 2021.
- The primary goal of the audit is to evaluate; data control, data integration, data validation, encounter submission accuracy, BH TEDs validation, data accuracy, performance indicator accuracy and other methods of data exchange.
- The previous year (FY20) 47 elements were evaluated for compliance and this year (FY21) that went down to 38 elements, due to the new performance indicator readiness section being removed from the audit tool.
- SWMBH has routinely been amongst the highest scoring/performing PIHP over the past 5 years on the Performance Measure Validation Audit.

Board Ends Metric:

PERFORMANCE METRIC DESCRIPTION	STATUS
<p>2021 HSAG Performance Measure Validation Audit Passed with (95% of Measures evaluated receiving a score of "Met")</p> <p>Metric Measurement Period: (1/1/2021 - 6/30/21) Metric Board Report Date: November 12, 2021 (dependent on the final completion date of the annual audit report)</p> <p>Measurement: Results are verified, certified by the MDHHS/HSAG annual audit report.</p> <p><u>Number of Critical Measures that achieved the status of "Met," "Achieved," or "Reportable."</u> Total number of critical measures evaluated by HSAG</p> <p>Possible Points: 1 point awarded.</p>	<p>Not Completed Successfully</p> <p>2021 Results: 34/38 (89.4%) of measures evaluated achieved full compliance.</p> <p>Executive Owners: Natalie Spivak and Jonathan Gardner</p>

This does not meet *successful completion of our 2021 Board Ends Metric*, which indicates: **95% of Elements Evaluated/Measured, shall receive a score of "Met"**.

The scoring designation for each of the 38 elements that were reviewed include:

➤ **Accepted, Reportable or Met**

As you can see from the Overall performance results Table; 34/38 or 89.4% of the Total elements evaluated received a designation score of Met, Reportable or Accepted.

Scoring Category	Performance Results
Accepted	2/3 – 66% Data Integration, Data Control and Performance Indicator Documentation Elements Evaluated were “ <i>Accepted</i> ” and met full compliance standards.
Reportable	10/11 – 90.9% of Performance Indicators Evaluated were “ <i>Reportable</i> ” and compliant with the State’s specifications and the percentage reported.
Met	11/13 – 84.6% Data Integration and Control Elements Evaluated “ <i>Met</i> ” full compliance standards.
Met	11/11 – 100% Numerator and Denominator Elements Evaluated “ <i>Met</i> ” full compliance standards.

HSAG SUMMARY REPORT:

Validation Team

HSAG’s validation team was composed of a lead auditor and several validation team members. HSAG assembled the team based on the skills required for the validation of the PIHPs’ performance indicators.

Error! Reference source not found. describes each team member’s role and expertise.

Table 1—Validation Team

Name and Role	Skills and Expertise
Christopher Tax, MBA <i>Associate Director, Audits Operations, Data Science & Advanced Analytics (DSAA); Lead Auditor</i>	Multiple years of experience conducting financial audits and EQR with a focus on process efficiencies and integrity of documentation.
Jacilyn Daniel, MAS <i>Auditor, DSAA; PIHP PMV Project Manager</i>	Multiple years of experience conducting audits related to performance measurement, electronic health records (EHRs), medical billing, data integration and validation, and care management.
Ron Holcomb <i>Source Code Reviewer</i>	Multiple years of audit-related experience; statistics, analysis, and source code/programming language knowledge.
Matt Kelly, MBA <i>Auditor, DSAA; Source Code Liaison</i>	Multiple years of systems analysis, quality improvement, data review and analysis, and healthcare industry experience.

Technical Methods of Data Collection and Analysis

The CMS PMV Protocol identifies key types of data that should be reviewed as part of the validation process. The list below indicates the type of data collected and how HSAG conducted an analysis of the data:

- **Information Systems Capabilities Assessment Tool (ISCAT) and Mini-ISCAT**—The PIHPs and CMHSPs were required to submit a completed ISCAT that provided information on their information systems; processes used for collecting, storing, and processing data; and processes used for performance measure calculation. Upon receipt by HSAG, the ISCAT(s) and Mini-ISCAT(s) underwent a cursory review to ensure each section was complete and all applicable attachments were present. HSAG then thoroughly reviewed all documentation, noting any potential issues, concerns, and items that needed additional clarification.
- **Source code (programming language) for performance indicators**—PIHPs and CMHSPs that calculated the performance indicators using computer programming language were required to submit source code for each performance indicator being validated. HSAG completed line-by-line review on the supplied source code to ensure compliance with the State-defined performance indicator specifications. HSAG identified areas of deviation from the specifications, evaluating the impact to the indicator and assessing the degree of bias (if any). PIHPs/CMHSPs that did not use computer programming language to calculate the performance indicators were required to submit documentation describing the actions taken to calculate each indicator.
- **Performance indicator reports**—HSAG also reviewed the PIHPs' SFY 2020 performance indicator reports. The previous year's reports were used along with the current reports to assess trending patterns and rate reasonability.
- **Supporting documentation**—The PIHPs and CMHSPs submitted documentation to HSAG that provided additional information to complete the validation process, including policies and procedures, file layouts, system flow diagrams, system log files, and data collection process descriptions. HSAG reviewed all supporting documentation, with issues or clarifications flagged for follow-up. This additional documentation also included measure-level detail files provided for each indicator for data verification.

PMV Activities

HSAG conducted PMV virtually with each PIHP. HSAG collected information using several methods including interviews, system demonstration, review of data output files, primary source verification, observation of data processing, and review of data reports. The virtual review activities are described as follows:

- **Opening session**—The opening session included introductions of the validation team and key PIHP staff members involved in the performance measure validation activities. Discussion during the session covered the review purpose, the required documentation, basic meeting logistics, and queries to be performed.
- **Evaluation of system compliance**—The evaluation included a review of the information systems, focusing on the processing of enrollment and disenrollment data. Additionally, HSAG evaluated the processes used to collect and calculate the performance indicators, including **accurate numerator and**

denominator identification, and algorithmic compliance (which evaluated whether rate calculations were performed correctly, all data were combined appropriately, and numerator events were counted accurately). Based on the desk review of the ISCAT(s) and Mini-ISCAT(s), HSAG conducted interviews with key PIHP and CMHSP staff members familiar with the processing, monitoring, and calculation of the performance indicators. HSAG used interviews to confirm findings from the documentation review, expand or clarify outstanding issues, and verify that written policies and procedures were used and followed in daily practice.

- **Overview of data integration and control procedures**—The overview included discussion and observation of source code logic, a review of how all data sources were combined, and how the analytic file used for reporting the performance indicators was generated. HSAG performed primary source verification to further validate the output files. HSAG also reviewed any supporting documentation provided for data integration. This session addressed data control and security procedures as well.
- **Primary Source Verification (PSV)**—HSAG performed additional validation using PSV to further validate the output files. PSV is a review technique used to confirm that the information from the primary source matches the output information used for reporting. Each PIHP and CMHSP provided HSAG with measure-level detail files which included the data the PIHPs had reported to MDHHS. HSAG selected a random sample from the submitted data, then requested that the PIHPs provide proof-of-service documents or system screen shots that allowed for validation against the source data in the system. During the pre-PMV and virtual review, these data were also reviewed for verification, both live and using screen shots in the PIHPs' systems, which provided the PIHPs an opportunity to explain processes regarding any exception processing or any unique, case-specific nuances that may not impact final indicator reporting. Instances could exist in which a sample case is acceptable based on clarification during the virtual review and follow-up documentation provided by the PIHPs. Using this technique, HSAG assessed the PIHPs' processes used to input, transmit, and track the data; confirm entry; and detect errors. HSAG selected cases across indicators to verify that the PIHPs have system documentation which supports that the indicators appropriately include records for measure reporting. This technique does not rely on a specific number of cases for review to determine compliance; rather, it is used to detect errors from a small number of cases. If errors were detected, the outcome was determined based on the type of error. For example, the review of one case may have been sufficient in detecting a programming language error and, as a result, no additional cases related to that issue may have been reviewed. In other scenarios, one case error detected may have resulted in the selection of additional cases to better examine the extent of the issue and its impact on reporting.
- **Closing conference**—The closing conference summarized preliminary findings based on the review of the ISCAT and the virtual meeting and reviewed the documentation requirements for any post-virtual review activities.

HSAG conducted several interviews with key **Southwest Michigan** staff members who were involved with any aspect of performance indicator reporting.

Strengths, Opportunities for Improvement, and Recommendations

By assessing Southwest Michigan's performance and performance measure reporting process, HSAG identified the following areas of strength and opportunities for improvement. Along with each opportunity for improvement, HSAG has also provided a recommendation to help target improvement.

Strengths

Strength: Southwest Michigan continued to diligently work with its CMHSPs on ensuring state-indicated benchmarks were being met. Southwest Michigan was providing timely reporting to the CMHSPs to ensure they were aware of their progress in meeting State thresholds. The PIHP's CAPs helped document and institute direction in order to improve rates with individual CMHSPs.

Strength: Southwest Michigan had also taken additional strides to better report BH-TEDS data. The PIHP directly deployed additional validation checks within its system to strengthen the completeness of the data being entered. Some of the additional checks were to create "stops" if a required field was not populated and also provide additional drop-down designations in required fields to help create continuity in reporting. These additional checks were above and beyond the already 1,300 validation checks that were being done previously through automated validation.

Opportunities for Improvement

Weakness: During initial review of the member-level file detail provided to HSAG and during PSV, it was noted that non-Medicaid members were being included reporting for Indicators #1, #2, and 3.

Why the weakness exists: Non-Medicaid members were included in the member-level detail file submission provided to HSAG for Indicators #1, #2, and #3.

Recommendation: While Southwest Michigan provided updated files, the PIHP should implement additional validation checks to ensure requirements within the MDHHS Codebook are being met with regard to appropriate populations being included in performance indicator reporting.

Southwest Michigan

BEHAVIORAL HEALTH

Section: Board- Policy Board-Management	Policy Number: BG-003	Pages: 1
Subject: Delegation Unity of Control	Required By: Policy Governance	Accountability: SWMBH Board
Application: <input checked="" type="checkbox"/> SWMBH Governance Board <input type="checkbox"/> SWMBH EO		Required Reviewer: SWMBH Board
Effective Date: 11.18.2013	Last Review Date: 11.13.20	Past Review Dates: 11.14.14, 11.13.15, 11.11.16, 11.10.17, 11.9.18, 11.8.19

I. PURPOSE:

Only officially passed motions of the Board are binding on the EO.

II. POLICY:

1. Decisions or instructions of individual Board Members, Officers, or Committees are not binding on the Executive Officer (EO) except in instances when the Board has specifically authorized such exercise of authority.

2. In the case of Board Members or Committees requesting information or assistance without Board authorization the EO can refuse such requests that require, in the EO's opinion, a material amount of staff time or funds, or are disruptive.

Southwest Michigan

BEHAVIORAL HEALTH

Section: Board Policy – Executive Limitations		Policy Number: EO-002	Pages: 2
Subject: Monitoring of Executive Officer Performance		Required By: Policy Governance	Accountability: SWMBH Board
Application: <input type="checkbox"/> SWMBH Governance Board <input checked="" type="checkbox"/> SWMBH EO			Required Reviewer: SWMBH Board
Effective Date: 03.14.14	Last Review Date: 11.13.20	Past Review Dates: 07.11.2014, 03.13.15, 05.13.16 11.11.16, 11.10.17, 11.9.18, 10.11.19	

I. PURPOSE:

To ensure Executive Officer performance is monitored and evaluated.

II. POLICY:

Monitoring Executive Officer, EO, performance is synonymous with monitoring organizational performance against Board policies on Ends and on Executive Limitations. Any evaluation of EO performance, formal or informal, may be derived from these monitoring data.

III. STANDARDS:

Accordingly,

1. The purpose of monitoring is to determine the degree to which Board policies are being fulfilled. Information that does not do this will not be considered to be monitoring.
2. A given policy may be monitored in one or more of three ways; with a balance of using all of the three types of monitoring:
 - a. Internal report: Disclosure of compliance information to the Board from the Executive Officer.
 - b. External report: Discovery of compliance information by a disinterested, external auditor, inspector or judge who is selected by and reports directly to the Board. Such reports must assess Executive Officer performance only against policies of the Board, not those of the external party unless the Board has previously indicated that party's opinion to be the standard.
 - c. Direct Board inspection: Discovery of compliance information by a Board Member, a Committee or the Board as a whole. This is a Board inspection of documents, activities or circumstances directed by the Board which allows a "prudent person" test of policy compliance.
3. Upon the choice of the Board, any policy can be monitored by any method at any time. For regular monitoring, however, each Ends and Executive Limitations policy will be classified by the Board according to frequency and method.
 - a. Internal
 - b. External

c. Direct Inspection

4. Each November the Board will have a formal evaluation of the EO. This evaluation will consider monitoring data as defined here and as it has appeared over the calendar year.
5. The Executive Committee, (Chair, Vice Chair, and Secretary), will take data and information from the bulleted documents below upon which the annual performance of the EO will be evaluated. The overall evaluation consists of compliance with Executive Limitations Policies, Ends Interpretation and Ends Monitoring reports and supporting documentation, (as per the Board developed schedule), and follow through on Board requests, (what we ask for in subsequent meetings and what we want to see on the agendas). For the performance review the following should be documents given the Executive Committee at least one month prior, (October), to the Board EO evaluation, (November).
 - Minutes of all meetings
 - Ends Monitoring reports for the past year along with the Ends Interpretation for each Ends Monitoring report
 - Any supporting Ends documentation
 - Ends Monitoring Calendar
 - Other policies monitoring calendar



Executive Limitations
Monitoring to Assure Executive Performance
Board Date November 12, 2021

Policy Number: BEL-010

Policy Name: Regional Entity 501 (c) 3 Representation

Assigned Reviewer: Erik Krogh

PURPOSE:

To define the SWMBH Executive Officer role and responsibilities in conjunction with SWMBH MCHE membership. On August 12, 2016, the SWMBH Board approved the revised Bylaws presented by the MASACA Board including the fact that the name will be changed to the Michigan Consortium for Healthcare Excellence (MCHE) and on October 5, 2016, the MASACA/MCHE Board accepted the revised MCHE Bylaws. On October 11, 2019, the SWMBH Board reaffirmed its support to continue as a Member of MCHE.

II. POLICY:

1. The SWMBH Board has approved SWMBH becoming a Member of MCHE; and
2. The EO of SWMBH is hereby authorized to serve as SWMBH's representative and a Director of the MCHE Board, the latter being subject to the approval of the Members of MCHE in accordance with its Bylaws; and
3. The EO is hereby authorized and directed to execute and deliver any and all instruments, certificates, agreements, and other documents necessary for SWMBH to hold a membership interest in MCHE; and
4. The SWMBH Board will evaluate on at least an annual basis in October of each year whether SWMBH will continue to hold a membership interest in MCHE or withdraw from such membership.

III. STANDARDS:

Accordingly, the Executive Officer as SWMBH representative to MCHE shall:

1. Provide semi-annual written MCHE status reports to the SWMBH Board in April and October; and
EO Response: The EO presented written reports to the Board in April and November 2021.
2. Provide verbal reports to the SWMBH Board if there are items of importance which in the Executive Officer's judgment materially affect favorably or unfavorably SWMBH's core roles, strategy, or finances; and
EO Response: There were no topics worthy of verbal report during this Policy review period.

3. Present MCHE Articles of Incorporation revisions to the Board prior to voting on them; and

EO Response: There were no MCHE Articles of Incorporation revisions during this Policy review period.

4. Present MCHE Bylaws revisions to the Board prior to voting on them and after the adoption of them by MCHE Board; and

EO Response: There were no MCHE Bylaws revisions during this Policy review period.

5. Adhere to the Board standard that total direct fiscal year annual costs payable to MCHE shall not exceed \$5,000, absent prior official approval of the Board.

EO Response: The only costs payable to MCHE in the report period were formally Board-approved in September.

Southwest Michigan

BEHAVIORAL HEALTH

Section: Board Policy – Executive Limitations		Policy Number: BEL-010	Pages: 1
Subject: Regional Entity 501 (c)(3) Representation		Required By: Policy Governance	Accountability: SWMBH Board
Application: <input checked="" type="checkbox"/> SWMBH Governance Board <input checked="" type="checkbox"/> SWMBH EO			Required Reviewer: SWMBH Board
Effective Date: 02.13.2015	Last Review Date: 12/11/20	Past Review Dates: 2.13.15, 3.11.16, 10.14.16, 10.13.17, 10.12.18, 11.8.19	

I. **PURPOSE:**

To define the SWMBH Executive Officer role and responsibilities in conjunction with SWMBH MCHE membership. On August 12, 2016, the SWMBH Board approved the revised Bylaws presented by the MASACA Board including the fact that the name will be changed to the Michigan Consortium for Healthcare Excellence (MCHE) and on October 5, 2016, the MASACA/MCHE Board accepted the revised MCHE Bylaws. On October 11, 2019 the SWMBH Board reaffirmed its support to continue as a Member of MCHE.

II. **POLICY:**

1. The SWMBH Board has approved SWMBH becoming a member of MCHE; and
2. the EO of SWMBH is hereby authorized to serve as SWMBH's representative and a Director of the MCHE Board, the latter being subject to the approval of the Board Members of MCHE in accordance with its Bylaws; and
3. the EO is hereby authorized and directed to execute and deliver any and all instruments, certificates, agreements and other documents necessary for SWMBH to hold a membership interest in MCHE; and
4. the SWMBH Board will evaluate on at least an annual basis in October of each year whether SWMBH will continue to hold a membership interest in MCHE or withdraw from such membership.

III. **STANDARDS:**

Accordingly, the Executive Officer as SWMBH representative to MCHE shall

1. Provide semi-annual written MCHE status reports to the SWMBH Board in April and October; and
2. Provide verbal reports to the SWMBH Board if there are items of importance which in the Executive Officer's judgment materially affect favorably or unfavorably SWMBH's core roles, strategy or finances; and
3. Present MCHE Articles of Incorporation revisions to the Board prior to voting on them; and
4. Present MCHE Bylaws revisions to the Board prior to voting on them and also after the adoption of them by MCHE Board;
5. Adhere to the Board standard that total direct fiscal year annual costs payable to MCHE shall not exceed \$5,000, absent prior official approval of the Board. In the event of an urgent payment required, EO shall contact SWMBH Board Chair for guidance.

	E	F	G	H	J	K	L	M	N	O	P	Q	R	S
1	Southwest Michigan Behavioral Health				Mos in Period									
2	For the Fiscal YTD Period Ended 9/30/2021				P12FYTD21		12							
3	(For Internal Management Purposes Only)													
4	INCOME STATEMENT				TOTAL	Medicaid Contract	Healthy Michigan Contract	Autism Contract	MI Health Link	MH Block Grant Contracts	SA Block Grant Contract	SA PA2 Funds Contract	SWMBH Central	Indirect Pooled Cost
5														
6														
7	REVENUE													
16	Contract Revenue	325,861,085	241,878,519	47,178,569	22,728,283	4,476,167	-	6,641,701	1,848,005	1,109,842	-	-	-	
17	DHHS Incentive Payments	654,452	654,452	-	-	-	-	-	-	-	-	-	-	
18	Grants and Earned Contracts	255,045	-	-	-	-	255,045	-	-	-	-	-	-	
19	Interest Income - Working Capital	16,147	-	-	-	-	-	-	-	-	16,147	-	-	
20	Interest Income - ISF Risk Reserve	1,079	-	-	-	-	-	-	-	-	1,079	-	-	
21	Local Funds Contributions	1,726,192	-	-	-	-	-	-	-	-	1,726,192	-	-	
22	Other Local Income	-	-	-	-	-	-	-	-	-	-	-	-	
23														
24	TOTAL REVENUE	328,514,000	242,532,971	47,178,569	22,728,283	4,476,167	255,045	6,641,701	1,848,005	2,853,260	-	-	-	
25														
26	EXPENSE													
27	Healthcare Cost													
28	Provider Claims Cost	24,116,184	3,857,903	7,903,617	-	4,049,172	109,973	5,931,560	1,457,249	806,710	-	-	-	
29	CMHP Subcontracts, net of 1st & 3rd party	237,381,730	193,541,072	23,495,964	18,451,857	1,483,080	-	409,756	-	-	-	-	-	
30	Insurance Provider Assessment Withhold (IPA)	3,368,742	3,368,742	-	-	-	-	-	-	-	-	-	-	
31	Medicaid Hospital Rate Adjustments	4,117,344	4,117,344	-	-	-	-	-	-	-	-	-	-	
32	MHL Cost in Excess of Medicare FFS Cost	-	1,364,825	-	-	(1,364,825)	-	-	-	-	-	-	-	
33														
34	Total Healthcare Cost	268,984,000	206,249,886	31,399,581	18,451,857	4,167,427	109,973	6,341,317	1,457,249	806,710	-	-	-	
35	Medical Loss Ratio (HCC % of Revenue)	82.4%	85.0%	66.6%	81.2%	93.1%		95.5%	78.9%					
37	Administrative Cost													
38	Purchased Professional Services	436,451	-	-	-	-	-	-	-	436,451	-	-	-	
39	Administrative and Other Cost	8,350,238	-	-	-	-	180,741	170,384	-	7,993,272	5,840	-	-	
40	Interest Expense	-	-	-	-	-	-	-	-	-	-	-	-	
41	Depreciation	23,911	-	-	-	-	-	-	-	23,911	-	-	-	
42	Functional Cost Reclassification	-	-	-	-	-	-	-	-	-	-	-	-	
43	Allocated Indirect Pooled Cost	0	-	-	-	-	-	-	-	5,840	(5,840)	-	-	
44	Delegated Managed Care Admin	18,057,696	14,755,495	1,790,474	1,399,215	112,512	-	-	-	-	-	-	-	
45	Apportioned Central Mgd Care Admin	0	7,001,678	1,113,733	654,481	196,227	10,312	230,968	-	(9,207,399)	-	-	-	
46														
47	Total Administrative Cost	26,868,296	21,757,173	2,904,207	2,053,696	308,739	191,053	401,352	-	(747,924)	0	-	-	
48	Admin Cost Ratio (MCA % of Total Cost)	9.1%	9.5%	8.5%	10.0%	6.9%		6.0%	0.0%	3.1%				
49														
50	Local Funds Contribution	1,726,192	-	-	-	-	-	-	-	1,726,192	-	-	-	
51	PBIP Transferred to CMHPs	-	-	-	-	-	-	-	-	-	-	-	-	
52														
53	TOTAL COST after apportionment	297,578,488	228,007,058	34,303,788	20,505,553	4,476,167	301,025	6,742,669	1,457,249	1,784,977	0	-	-	
54														
55	NET SURPLUS before settlement	30,935,513	14,525,912	12,874,781	2,222,729	-	(45,980)	(100,968)	390,756	1,068,282	(0)	-	-	
56	Net Surplus (Deficit) % of Revenue	9.4%	6.0%	27.3%	9.8%	0.0%	-18.0%	-1.5%	21.1%	37.4%				
58	Prior Year Savings	-	-	-	-	-	-	-	-	-	-	-	-	
59	Change in PA2 Fund Balance	(289,788)	-	-	-	-	-	-	(289,788)	-	-	-	-	
60	ISF Risk Reserve Abatement (Funding)	(1,079)	-	-	-	-	-	-	-	(1,079)	-	-	-	
61	ISF Risk Reserve Deficit (Funding)	-	-	-	-	-	-	-	-	-	-	-	-	
62	Settlement Receivable / (Payable)	-	12,738,582	(10,515,852)	(2,222,729)	-	-	100,968	(100,968)	-	-	-	-	
63	NET SURPLUS (DEFICIT)	30,644,646	27,264,494	2,358,928	-	-	(45,980)	-	-	1,067,204	(0)	-	-	
64	HMP & Autism is settled with Medicaid													
65														
66	SUMMARY OF NET SURPLUS (DEFICIT)													
67	Prior Year Unspent Savings	-	-	-	-	-	-	-	-	-	-	-	-	
68	Current Year Savings	22,622,707	20,263,778	2,358,928	-	-	-	-	-	-	-	-	-	
69	Current Year Public Act 2 Fund Balance	-	-	-	-	-	-	-	-	-	-	-	-	
70	Local and Other Funds Surplus/(Deficit)	8,021,939	7,000,715	-	-	-	(45,980)	-	-	1,067,204	(0)	-	-	
72	NET SURPLUS (DEFICIT)	30,644,646	27,264,494	2,358,928	-	-	(45,980)	-	-	1,067,204	(0)	-	-	
73														

	F	G	H	I	J	K	L	M	N	O	P	Q	R		
1	Southwest Michigan Behavioral Health				Mos in Period										
2	For the Fiscal YTD Period Ended 9/30/2021				12										
3	(For Internal Management Purposes Only)				ok										
4	INCOME STATEMENT				Total SWMBH	SWMBH Central	CMH Participants	Barry CMHA	Berrien CMHA	Pines Behavioral	Summit Pointe	Woodlands Behavioral	Integrated Services of Kalamazoo	St Joseph CMHA	Van Buren MHA
5															
6	Medicaid Specialty Services				HCC%	79.1%	75.8%	78.1%	79.2%	77.5%	78.9%	81.3%	77.9%	80.0%	
7	Subcontract Revenue	241,878,519	16,241,804	225,636,715	9,869,267	44,561,706	12,647,974	40,853,632	12,177,089	69,509,060	15,012,369	21,005,619			
8	Incentive Payment Revenue	654,452	40,241	614,210	19,062	56,126	107,487	153,552	3,706	217,092	46,595	10,590			
9	Contract Revenue	242,532,971	16,282,045	226,250,926	9,888,328	44,617,832	12,755,461	41,007,184	12,180,796	69,726,152	15,058,964	21,016,209			
10															
11	External Provider Cost	149,600,678	3,857,903	145,742,775	5,082,832	28,266,860	6,884,361	27,965,265	7,478,486	49,567,123	8,914,825	11,583,024			
12	Internal Program Cost	50,213,700	-	50,213,700	3,351,816	10,085,412	2,846,685	9,581,959	2,838,130	8,337,424	5,258,115	7,914,158			
13	SSI Reimb, 1st/3rd Party Cost Offset	(932,323)	-	(932,323)	(8,842)	(129,025)	(54,436)	(300,025)	-	(341,212)	(28,743)	(70,039)			
14	Insurance Provider Assessment Withhold (IPA)	7,486,086	7,486,086	-	-	-	-	-	-	-	-	-			
15	MHL Cost in Excess of Medicare FFS Cost	(230,768)	(230,768)	-	-	-	-	-	-	-	-	-			
16	Total Healthcare Cost	206,137,373	11,113,221	195,024,153	8,425,806	38,223,246	9,676,611	37,247,199	10,316,615	57,563,335	14,144,197	19,427,144			
17	Medical Loss Ratio (HCC % of Revenue)	85.0%	68.3%	86.2%	85.2%	85.7%	75.9%	90.8%	84.7%	82.6%	93.9%	92.4%			
18															
19	Managed Care Administration	21,869,685	7,001,678	14,868,007	923,683	2,914,774	820,916	2,587,402	967,050	4,587,195	718,380	1,348,608			
20	Admin Cost Ratio (MCA % of Total Cost)	9.6%	3.1%	6.5%	9.9%	7.1%	7.8%	6.5%	8.6%	7.4%	4.8%	6.5%			
21															
22	Contract Cost	228,007,058	18,114,899	209,892,160	9,349,489	41,138,021	10,497,527	39,834,601	11,283,665	62,150,529	14,862,577	20,775,751			
23	Net before Settlement	14,525,912	(1,832,854)	16,358,766	538,840	3,479,811	2,257,934	1,172,583	897,131	7,575,623	196,387	240,457			
24															
25	Prior Year Savings	-	-	-	-	-	-	-	-	-	-	-			
26	Internal Service Fund Risk Reserve	-	-	-	-	-	-	-	-	-	-	-			
27	Contract Settlement / Redistribution	12,738,582	29,097,348	(16,358,766)	(538,840)	(3,479,811)	(2,257,934)	(1,172,583)	(897,131)	(7,575,623)	(196,387)	(240,457)			
28	Net after Settlement	27,264,494	27,264,494	-	-	-	-	-	-	-	-	-			
29															
30	Eligibles and PMPM														
31	Average Eligibles	165,454	165,454	165,454	8,845	31,742	9,555	31,474	9,876	43,261	13,618	17,083			
32	Revenue PMPM	\$ 122.16	\$ 8.20	\$ 113.95	\$ 93.16	\$ 117.14	\$ 111.25	\$ 108.57	\$ 102.78	\$ 134.31	\$ 92.15	\$ 102.52			
33	Expense PMPM	\$ 114.84	\$ 9.12	\$ 105.72	\$ 88.09	\$ 108.00	\$ 91.55	\$ 105.47	\$ 95.21	\$ 119.72	\$ 90.95	\$ 101.35			
34	Margin PMPM	\$ 7.32	\$ (0.92)	\$ 8.24	\$ 5.08	\$ 9.14	\$ 19.69	\$ 3.10	\$ 7.57	\$ 14.59	\$ 1.20	\$ 1.17			
35															
36	Medicaid Specialty Services														
37	Budget v Actual														
38															
39	Eligible Lives (Average Eligibles)														
40	Actual	165,454	165,454	165,454	8,845	31,742	9,555	31,474	9,876	43,261	13,618	17,083			
41	Budget	150,993	150,993	150,993	7,748	29,128	8,480	28,644	8,958	39,711	12,462	15,862			
42	Variance - Favorable / (Unfavorable)	14,461	14,461	14,461	1,097	2,614	1,075	2,830	918	3,550	1,156	1,221			
43	% Variance - Fav / (Unfav)	9.6%	9.6%	9.6%	14.2%	9.0%	12.7%	9.9%	10.2%	8.9%	9.3%	7.7%			
44															
45	Contract Revenue before settlement														
46	Actual	242,532,971	16,282,045	226,250,926	9,888,328	44,617,832	12,755,461	41,007,184	12,180,796	69,726,152	15,058,964	21,016,209			
47	Budget	220,267,012	13,619,650	206,647,362	8,964,288	40,729,621	11,431,915	37,670,135	11,284,238	63,146,116	13,680,397	19,740,654			
48	Variance - Favorable / (Unfavorable)	22,265,959	2,662,395	19,603,563	924,041	3,888,211	1,323,546	3,337,050	896,558	6,580,036	1,378,567	1,275,554			
49	% Variance - Fav / (Unfav)	10.1%	19.5%	9.5%	10.3%	9.5%	11.6%	8.9%	7.9%	10.4%	10.1%	6.5%			
50															
51	Healthcare Cost														
52	Actual	206,137,373	11,113,221	195,024,153	8,425,806	38,223,246	9,676,611	37,247,199	10,316,615	57,563,335	14,144,197	19,427,144			
53	Budget	200,605,056	11,107,500	189,497,556	7,937,062	36,301,670	10,260,756	34,382,774	9,465,273	59,240,604	14,369,174	17,540,243			
54	Variance - Favorable / (Unfavorable)	(5,532,318)	(5,721)	(5,526,596)	(488,744)	(1,921,576)	584,146	(2,864,425)	(851,342)	1,677,269	224,977	(1,886,901)			
55	% Variance - Fav / (Unfav)	-2.8%	-0.1%	-2.9%	-6.2%	-5.3%	5.7%	-8.3%	-9.0%	2.8%	1.6%	-10.8%			
56															
57	Managed Care Administration														
58	Actual	21,869,685	7,001,678	14,868,007	923,683	2,914,774	820,916	2,587,402	967,050	4,587,195	718,380	1,348,608			
59	Budget	21,458,469	7,449,248	14,009,220	591,926	2,674,245	866,979	2,352,332	861,137	4,720,823	899,797	1,041,981			
60	Variance - Favorable / (Unfavorable)	(411,216)	447,570	(858,787)	(331,757)	(240,529)	46,063	(235,070)	(105,913)	133,629	181,416	(306,626)			
61	% Variance - Fav / (Unfav)	-1.9%	6.0%	-6.1%	-56.0%	-9.0%	5.3%	-10.0%	-12.3%	2.8%	20.2%	-29.4%			

	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	Southwest Michigan Behavioral Health												
2	For the Fiscal YTD Period Ended 9/30/2021												
3	(For Internal Management Purposes Only)												
4	INCOME STATEMENT	Total SWMBH	SWMBH Central	CMH Participants	Barry CMHA	Berrien CMHA	Pines Behavioral	Summit Pointe	Woodlands Behavioral	Integrated Services of Kalamazoo	St Joseph CMHA	Van Buren MHA	
5													
62													
63	Total Contract Cost												
64	Actual	228,007,058	18,114,899	209,892,160	9,349,489	41,138,021	10,497,527	39,834,601	11,283,665	62,150,529	14,862,577	20,775,751	
65	Budget	222,063,525	18,556,748	203,506,777	8,528,988	38,975,916	11,127,736	36,735,106	10,326,410	63,961,427	15,268,971	18,582,224	
66	Variance - Favorable / (Unfavorable)	(5,943,534)	441,849	(6,385,383)	(820,501)	(2,162,105)	630,209	(3,099,495)	(957,255)	1,810,898	406,394	(2,193,527)	
67	% Variance - Fav / (Unfav)	-2.7%	2.4%	-3.1%	-9.6%	-5.5%	5.7%	-8.4%	-9.3%	2.8%	2.7%	-11.8%	
68													
69	Net before Settlement												
70	Actual	14,525,912	(1,832,854)	16,358,766	538,840	3,479,811	2,257,934	1,172,583	897,131	7,575,623	196,387	240,457	
71	Budget	(1,796,513)	(4,937,098)	3,140,586	435,300	1,753,705	304,179	935,029	957,827	(815,311)	(1,588,574)	1,158,430	
72	Variance - Favorable / (Unfavorable)	16,322,425	3,104,244	13,218,180	103,540	1,726,106	1,953,755	237,554	(60,697)	8,390,934	1,784,961	(917,973)	
73													
74													

	F	G	H	I	J	K	L	M	N	O	P	Q	R		
1	Southwest Michigan Behavioral Health				Mos in Period										
2	For the Fiscal YTD Period Ended 9/30/2021				12										
3	(For Internal Management Purposes Only)				ok										
4	INCOME STATEMENT				Total SWMBH	SWMBH Central	CMH Participants	Barry CMHA	Berrien CMHA	Pines Behavioral	Summit Pointe	Woodlands Behavioral	Integrated Services of Kalamazoo	St Joseph CMHA	Van Buren MHA
5															
75	Healthy Michigan Plan				HCC%	9.5%	14.1%	8.6%	11.2%	11.1%	10.2%	7.5%	12.0%	9.0%	
76	Contract Revenue	47,178,569	10,451,039	36,727,531	1,855,406	7,319,219	1,734,365	6,759,950	2,002,463	10,656,318	2,866,753	3,533,057			
77															
78	External Provider Cost	20,893,397	7,903,617	12,989,779	771,667	2,276,960	714,311	2,340,808	500,103	4,320,825	936,055	1,129,049			
79	Internal Program Cost	10,506,185	-	10,506,185	800,005	1,926,796	651,994	3,009,145	830,540	988,882	1,250,369	1,048,454			
80	Insurance Provider Assessment Withhold (IPA)	-	-	-	-	-	-	-	-	-	-	-			
81	Total Healthcare Cost	31,399,581	7,903,617	23,495,964	1,571,672	4,203,756	1,366,305	5,349,954	1,330,643	5,309,707	2,186,425	2,177,503			
82	Medical Loss Ratio (HCC % of Revenue)	66.6%	75.6%	64.0%	84.7%	57.4%	78.8%	79.1%	66.5%	49.8%	76.3%	61.6%			
83															
84	Managed Care Administration	2,904,207	1,113,733	1,790,474	172,295	320,564	115,911	371,638	124,731	423,128	111,048	151,160			
85	Admin Cost Ratio (MCA % of Total Cost)	8.5%	3.2%	5.2%	9.9%	7.1%	7.8%	6.5%	8.6%	7.4%	4.8%	6.5%			
86															
87	Contract Cost	34,303,788	9,017,350	25,286,438	1,743,967	4,524,320	1,482,216	5,721,592	1,455,373	5,732,835	2,297,473	2,328,663			
88	Net before Settlement	12,874,781	1,433,688	11,441,093	111,439	2,794,900	252,149	1,038,358	547,090	4,923,483	569,280	1,204,394			
89															
90	Prior Year Savings	-	-	-	-	-	-	-	-	-	-	-			
91	Internal Service Fund Risk Reserve	-	-	-	-	-	-	-	-	-	-	-			
92	Contract Settlement / Redistribution	(10,515,852)	925,240	(11,441,093)	(111,439)	(2,794,900)	(252,149)	(1,038,358)	(547,090)	(4,923,483)	(569,280)	(1,204,394)			
93	Net after Settlement	2,358,928	2,358,928	-	-	-	-	-	-	-	-	-			
94															
95	Eligibles and PMPM														
96	Average Eligibles	68,486	68,486	68,486	3,464	13,687	3,244	12,428	4,116	19,568	5,331	6,650			
97	Revenue PMPM	\$ 57.41	\$ 12.72	\$ 44.69	\$ 44.64	\$ 44.56	\$ 44.55	\$ 45.33	\$ 40.55	\$ 45.38	\$ 44.82	\$ 44.28			
98	Expense PMPM	41.74	10.97	30.77	41.96	27.55	38.08	38.36	29.47	24.41	35.92	29.18			
99	Margin PMPM	\$ 15.67	\$ 1.74	\$ 13.92	\$ 2.68	\$ 17.02	\$ 6.48	\$ 6.96	\$ 11.08	\$ 20.97	\$ 8.90	\$ 15.09			
100															
101	Healthy Michigan Plan														
102	Budget v Actual														
103															
104	Eligible Lives (Average Eligibles)														
105	Actual	68,486	68,486	68,486	3,464	13,687	3,244	12,428	4,116	19,568	5,331	6,650			
106	Budget	52,365	52,365	52,365	2,543	10,834	2,465	9,345	3,201	14,696	4,100	5,182			
107	Variance - Favorable / (Unfavorable)	16,121	16,121	16,121	921	2,853	779	3,084	915	4,871	1,231	1,468			
108	% Variance - Fav / (Unfav)	30.8%	30.8%	30.8%	36.2%	26.3%	31.6%	33.0%	28.6%	33.1%	30.0%	28.3%			
109															
110	Contract Revenue before settlement														
111	Actual	47,178,569	10,451,039	36,727,531	1,855,406	7,319,219	1,734,365	6,759,950	2,002,463	10,656,318	2,866,753	3,533,057			
112	Budget	41,693,914	7,842,087	33,851,826	1,679,970	6,802,860	1,627,199	6,171,036	2,043,439	9,659,308	2,628,375	3,239,640			
113	Variance - Favorable / (Unfavorable)	5,484,656	2,608,951	2,875,704	175,436	516,359	107,166	588,914	(40,976)	997,010	238,378	293,417			
114	% Variance - Fav / (Unfav)	13.2%	33.3%	8.5%	10.4%	7.6%	6.6%	9.5%	-2.0%	10.3%	9.1%	9.1%			
115															
116	Healthcare Cost														
117	Actual	31,399,581	7,903,617	23,495,964	1,571,672	4,203,756	1,366,305	5,349,954	1,330,643	5,309,707	2,186,425	2,177,503			
118	Budget	27,429,953	6,188,839	21,241,114	1,143,389	3,557,938	1,054,162	5,487,010	863,489	5,580,023	1,393,161	2,161,942			
119	Variance - Favorable / (Unfavorable)	(3,969,628)	(1,714,779)	(2,254,850)	(428,282)	(645,818)	(312,143)	137,057	(467,154)	270,315	(793,263)	(15,561)			
120	% Variance - Fav / (Unfav)	-14.5%	-27.7%	-10.6%	-37.5%	-18.2%	-29.6%	2.5%	-54.1%	4.8%	-56.9%	-0.7%			
121															
122	Managed Care Administration														
123	Actual	2,904,207	1,113,733	1,790,474	172,295	320,564	115,911	371,638	124,731	423,128	111,048	151,160			
124	Budget	2,617,692	1,066,951	1,550,741	85,271	262,104	89,071	375,399	78,559	444,666	87,240	128,431			
125	Variance - Favorable / (Unfavorable)	(286,516)	(46,782)	(239,734)	(87,024)	(58,460)	(26,840)	3,761	(46,172)	21,538	(23,808)	(22,729)			
126	% Variance - Fav / (Unfav)	-10.9%	-4.4%	-15.5%	-102.1%	-22.3%	-30.1%	1.0%	-58.8%	4.8%	-27.3%	-17.7%			
127															
128	Total Contract Cost														
129	Actual	34,303,788	9,017,350	25,286,438	1,743,967	4,524,320	1,482,216	5,721,592	1,455,373	5,732,835	2,297,473	2,328,663			
130	Budget	30,047,644	7,255,790	22,791,855	1,228,660	3,820,041	1,143,233	5,862,409	942,048	6,024,689	1,480,401	2,290,373			

	F	G	H	I	J	K	L	M	N	O	P	Q	R	
1	Southwest Michigan Behavioral Health			Mos in Period										
2	For the Fiscal YTD Period Ended 9/30/2021			12										
3	(For Internal Management Purposes Only)			ok										
4	INCOME STATEMENT			Total SWMBH	SWMBH Central	CMH Participants	Barry CMHA	Berrien CMHA	Pines Behavioral	Summit Pointe	Woodlands Behavioral	Integrated Services of Kalamazoo	St Joseph CMHA	Van Buren MHA
5														
140	Autism Specialty Services			HCC%	7.5%	5.2%	10.1%	3.8%	6.8%	6.0%	7.8%	6.6%	6.8%	
141	Contract Revenue	22,728,283	293,228	22,435,055	1,181,642	4,234,704	1,107,973	4,183,728	1,075,137	6,543,934	1,833,075	2,274,862		
142														
143	External Provider Cost	16,355,698	-	16,355,698	-	4,947,582	463,497	1,837,430	783,724	5,536,785	1,171,283	1,615,397		
144	Internal Program Cost	2,096,159	-	2,096,159	580,111	1,235	4,318	1,439,616	3,306	-	21,779	45,794		
145	Insurance Provider Assessment Withhold (IPA)	-	-	-	-	-	-	-	-	-	-	-		
146	Total Healthcare Cost	18,451,857	-	18,451,857	580,111	4,948,817	467,815	3,277,046	787,030	5,536,785	1,193,062	1,661,192		
147	Medical Loss Ratio (HCC % of Revenue)	81.2%	0.0%	82.2%	49.1%	116.9%	42.2%	78.3%	73.2%	84.6%	65.1%	73.0%		
148														
149	Managed Care Administration	2,053,696	654,481	1,399,215	63,595	377,380	39,687	227,642	73,774	441,224	60,595	115,318		
150	Admin Cost Ratio (MCA % of Total Cost)	10.0%	3.2%	6.8%	9.9%	7.1%	7.8%	6.5%	8.6%	7.4%	4.8%	6.5%		
151														
152	Contract Cost	20,505,553	654,481	19,851,072	643,706	5,326,197	507,502	3,504,688	860,804	5,978,009	1,253,657	1,776,509		
153	Net before Settlement	2,222,729	(361,254)	2,583,983	537,936	(1,091,492)	600,470	679,040	214,333	565,926	579,417	498,353		
154	Contract Settlement / Redistribution	(2,222,729)	361,254	(2,583,983)	(537,936)	1,091,492	(600,470)	(679,040)	(214,333)	(565,926)	(579,417)	(498,353)		
155	Net after Settlement	(0)	(0)	-	-	-	-	-	-	-	-	-		
156														
157														
158	SUD Block Grant Treatment			HCC%	0.2%	0.8%	0.2%	0.2%	0.0%	0.5%	0.0%	0.2%	0.4%	
159	Contract Revenue	6,641,701	6,021,637	620,064	83,240	195,296	25,911	-	60,955	111,957	78,969	63,736		
160														
161	External Provider Cost	5,931,740	5,931,560	180	180	-	-	-	-	-	-	-		
162	Internal Program Cost	409,576	-	409,576	83,333	115,868	19,782	-	69,585	1,457	28,520	91,031		
163	Insurance Provider Assessment Withhold (IPA)	-	-	-	-	-	-	-	-	-	-	-		
164	Total Healthcare Cost	6,341,317	5,931,560	409,756	83,513	115,868	19,782	-	69,585	1,457	28,520	91,031		
165	Medical Loss Ratio (HCC % of Revenue)	95.5%	98.5%	66.1%	100.3%	59.3%	76.3%	0.0%	114.2%	1.3%	36.1%	142.8%		
166														
167	Managed Care Administration	230,968	230,968	-	-	-	-	-	-	-	-	-		
168	Admin Cost Ratio (MCA % of Total Cost)	3.5%	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		
169														
170	Contract Cost	6,572,285	6,162,528	409,756	83,513	115,868	19,782	-	69,585	1,457	28,520	91,031		
171	Net before Settlement	69,416	(140,891)	210,308	(273)	79,427	6,129	-	(8,629)	110,501	50,448	(27,296)		
172	Contract Settlement	100,968	311,275	(210,308)	273	(79,427)	(6,129)	-	8,629	(110,501)	(50,448)	27,296		
173	Net after Settlement	170,384	170,384	-	-	-	-	-	-	-	-	-		
174														
175														

	F	G	H	I	J	K	L	M	N	O	P	Q	R	
1	Southwest Michigan Behavioral Health			Mos in Period										
2	For the Fiscal YTD Period Ended 9/30/2021			12										
3	(For Internal Management Purposes Only)			ok										
4	INCOME STATEMENT			Total SWMBH	SWMBH Central	CMH Participants	Barry CMHA	Berrien CMHA	Pines Behavioral	Summit Pointe	Woodlands Behavioral	Integrated Services of Kalamazoo	St Joseph CMHA	Van Buren MHA
5														
176	SWMBH CMHP Subcontracts													
177	Subcontract Revenue	318,427,072	33,007,707	285,419,365	12,989,554	56,310,925	15,516,223	51,797,310	15,315,644	86,821,271	19,791,165	26,877,273		
178	Incentive Payment Revenue	654,452	40,241	614,210	19,062	56,126	107,487	153,552	3,706	217,092	46,595	10,590		
179	Contract Revenue	319,081,523	33,047,948	286,033,575	13,008,615	56,367,051	15,623,710	51,950,862	15,319,351	87,038,362	19,837,760	26,887,863		
180														
181	External Provider Cost	192,781,513	17,693,080	175,088,433	5,854,679	35,491,401	8,062,170	32,143,503	8,762,312	59,424,733	11,022,164	14,327,470		
182	Internal Program Cost	63,225,621	-	63,225,621	4,815,264	12,129,312	3,522,779	14,030,721	3,741,561	9,327,763	6,558,783	9,099,438		
183	SSI Reimb, 1st/3rd Party Cost Offset	(932,323)	-	(932,323)	(8,842)	(129,025)	(54,436)	(300,025)	-	(341,212)	(28,743)	(70,039)		
184	Insurance Provider Assessment Withhold (IPA)	7,486,086	7,486,086	-	-	-	-	-	-	-	-	-		
185	MHL Cost in Excess of Medicare FFS Cost	(230,768)	(230,768)	-	-	-	-	-	-	-	-	-		
186	Total Healthcare Cost	262,330,128	24,948,399	237,381,730	10,661,101	47,491,688	11,530,513	45,874,198	12,503,873	68,411,283	17,552,204	23,356,869		
187	Medical Loss Ratio (HCC % of Revenue)	82.2%	75.5%	83.0%	82.0%	84.3%	73.8%	88.3%	81.6%	78.6%	88.5%	86.9%		
188														
189	Managed Care Administration	27,058,556	9,000,860	18,057,696	1,159,573	3,612,718	976,514	3,186,682	1,165,554	5,451,546	890,024	1,615,085		
190	Admin Cost Ratio (MCA % of Total Cost)	9.4%	3.1%	6.2%	9.8%	7.1%	7.8%	6.5%	8.5%	7.4%	4.8%	6.5%		
191														
192	Contract Cost	289,388,685	33,949,259	255,439,426	11,820,674	51,104,406	12,507,027	49,060,881	13,669,427	73,862,830	18,442,227	24,971,954		
193	Net before Settlement	29,692,838	(901,311)	30,594,149	1,187,942	5,262,645	3,116,682	2,889,982	1,649,924	13,175,533	1,395,533	1,915,909		
194														
195	Prior Year Savings	-	-	-	-	-	-	-	-	-	-	-		
196	Internal Service Fund Risk Reserve	-	-	-	-	-	-	-	-	-	-	-		
197	Contract Settlement	100,968	30,695,117	(30,594,149)	(1,187,942)	(5,262,645)	(3,116,682)	(2,889,982)	(1,649,924)	(13,175,533)	(1,395,533)	(1,915,909)		
198	Net after Settlement	29,793,806	29,793,806	(0)	0	-	-	-	-	0	-	0		
199														
200														

	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	Southwest Michigan Behavioral Health												
2	For the Fiscal YTD Period Ended 9/30/2021												
3	(For Internal Management Purposes Only)												
4	INCOME STATEMENT												
5													
201	State General Fund Services												
202	Contract Revenue												
203													
204	External Provider Cost												
205	Internal Program Cost												
206	SSI Reimb, 1st/3rd Party Cost Offset												
207	Total Healthcare Cost												
208	Medical Loss Ratio (HCC % of Revenue)												
209													
210	Managed Care Administration												
211	Admin Cost Ratio (MCA % of Total Cost)												
212													
213	Contract Cost												
214	Net before Settlement												
215													
216	Other Redistributions of State GF												
217	Contract Settlement												
218	Net after Settlement												
219													

Act No. 54
Public Acts of 2021
Approved by the Governor
July 13, 2021
Filed with the Secretary of State
July 13, 2021
EFFECTIVE DATE: July 13, 2021

**STATE OF MICHIGAN
101ST LEGISLATURE
REGULAR SESSION OF 2021**

Introduced by Reps. Bellino and Alexander

ENROLLED HOUSE BILL No. 4603

AN ACT to amend 1976 PA 267, entitled “An act to require certain meetings of certain public bodies to be open to the public; to require notice and the keeping of minutes of meetings; to provide for enforcement; to provide for invalidation of governmental decisions under certain circumstances; to provide penalties; and to repeal certain acts and parts of acts,” by amending section 3a (MCL 15.263a), as amended by 2020 PA 254.

The People of the State of Michigan enact:

Sec. 3a. (1) A meeting of a public body held, in whole or in part, electronically by telephonic or video conferencing in compliance with this section and, except as otherwise required in this section, all of the provisions of this act applicable to a nonelectronic meeting, is permitted by this act in the following circumstances:

(a) Before March 31, 2021 and retroactive to March 18, 2020, any circumstances, including, but not limited to, any of the circumstances requiring accommodation of absent members described in section 3(2).

(b) Subject to subdivision (d), on and after March 31, 2021 through December 31, 2021, only those circumstances requiring accommodation of members absent for the reasons described in section 3(2). For the purpose of permitting an electronic meeting due to a local state of emergency or state of disaster, this subdivision applies only as follows:

(i) To permit the electronic attendance of a member of the public body who resides in the affected area.

(ii) To permit the electronic meeting of a public body that usually holds its meetings in the affected area.

(c) Subject to subdivision (d), after December 31, 2021, only in the circumstances requiring accommodation of members absent due to military duty as described in section 3(2).

(d) On and after March 31, 2021, for a public body that is an agricultural commodity group, any circumstances, including, but not limited to, any of the circumstances requiring accommodation of absent members described in section 3(2). As used in this subdivision, “agricultural commodity group” means any of the following:

(i) A committee as that term is defined in section 2 of the agricultural commodities marketing act, 1965 PA 232, MCL 290.652.

(ii) The state beef industry commission created in section 3 of the beef industry commission act, 1972 PA 291, MCL 287.603.

(iii) The potato industry commission created in section 2 of 1970 PA 29, MCL 290.422.

(iv) The Michigan bean commission created in section 3 of 1965 PA 114, MCL 290.553.

(2) A meeting of a public body held electronically under this section must be conducted in a manner that permits 2-way communication so that members of the public body can hear and be heard by other members of the public body, and so that public participants can hear members of the public body and can be heard by members of the public body and other participants during a public comment period. A public body may use technology to facilitate typed public comments during the meeting submitted by members of the public participating in the meeting that may be read to or shared with members of the public body and other participants to satisfy the requirement under this subsection that members of the public be heard by others during the electronic meeting and the requirement under section 3(5) that members of the public be permitted to address the electronic meeting.

(3) Except as otherwise provided in subsection (8), a physical place is not required for an electronic meeting held under this section, and members of a public body and members of the public participating electronically in a meeting held under this section that occurs in a physical place are to be considered present and in attendance at the meeting for all purposes.

(4) If a public body directly or indirectly maintains an official internet presence that includes monthly or more frequent updates of public meeting agendas or minutes, the public body shall, in addition to any other notices that may be required under this act, post advance notice of a meeting held electronically under this section on a portion of the public body’s website that is fully accessible to the public. The public notice on the website must be included on either the homepage or on a separate webpage dedicated to public notices for nonregularly scheduled or electronic public meetings that is accessible through a prominent and conspicuous link on the website’s homepage that clearly describes its purpose for public notification of nonregularly scheduled or electronic public meetings. Subject to the requirements of this section, any scheduled meeting of a public body may be held as an electronic meeting under this section if a notice consistent with this section is posted at least 18 hours before the meeting begins. Notice of a meeting of a public body held electronically must clearly explain all of the following:

(a) Why the public body is meeting electronically.

(b) How members of the public may participate in the meeting electronically. If a telephone number, internet address, or both are needed to participate, that information must be provided specifically.

(c) How members of the public may contact members of the public body to provide input or ask questions on any business that will come before the public body at the meeting.

(d) How persons with disabilities may participate in the meeting.

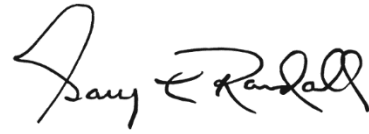
(5) Beginning on the effective date of the amendatory act that added this section, if an agenda exists for an electronic meeting held under this section by a public body that directly or indirectly maintains an official internet presence that includes monthly or more frequent updates of public meeting agendas or minutes, the public body shall, on a portion of the website that is fully accessible to the public, make the agenda available to the public at least 2 hours before the electronic meeting begins. This publication of the agenda does not prohibit subsequent amendment of the agenda at the meeting.

(6) A public body shall not, as a condition of participating in an electronic meeting of the public body held under this section, require a person to register or otherwise provide his or her name or other information or otherwise to fulfill a condition precedent to attendance, other than mechanisms established and required by the public body necessary to permit the person to participate in a public comment period of the meeting.

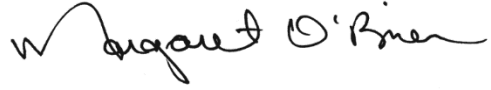
(7) Members of the general public otherwise participating in a meeting of a public body held electronically under this section are to be excluded from participation in a closed session of the public body held electronically during that meeting if the closed session is convened and held in compliance with the requirements of this act applicable to a closed session.

(8) At a meeting held under this section that accommodates members absent due to military duty or a medical condition, only those members absent due to military duty or a medical condition may participate remotely. Any member who is not on military duty or does not have a medical condition must be physically present at the meeting to participate.

This act is ordered to take immediate effect.



Clerk of the House of Representatives



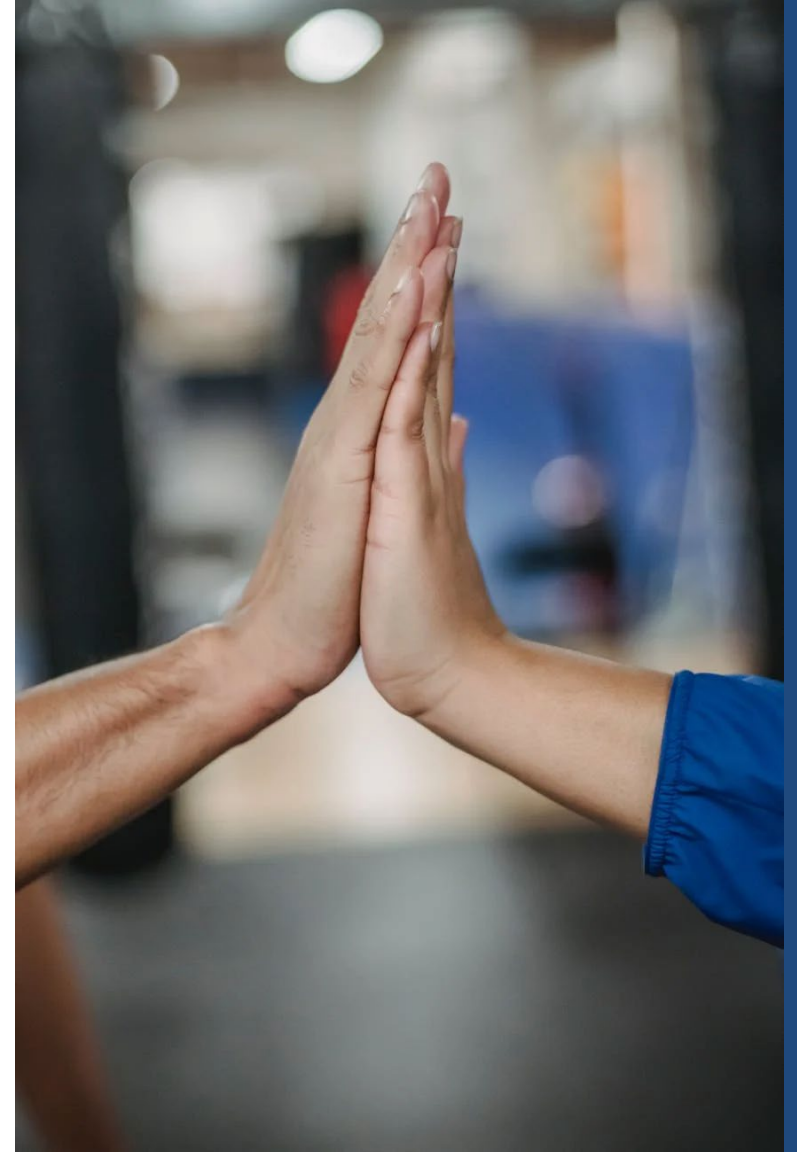
Secretary of the Senate

Approved _____

Governor

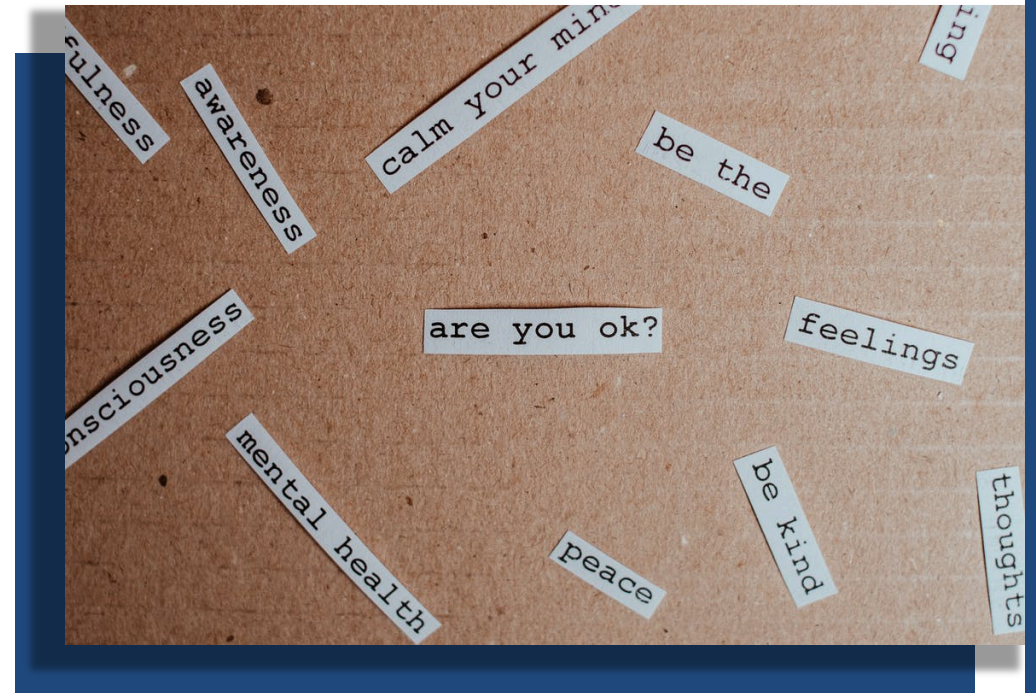
Certified Community Behavioral Health Clinics

CCBHC



A National Movement

- Build a sustainability-financed model for care delivery
- Ensure access to evidence-based mental health and substance use treatment
- Hold providers to a high standard regarding timeliness of access, quality reporting, staffing, and coordination with vital community entities
 - Emergency departments, police departments, schools, FQHCs, etc.
- CCBHC was created under Section 223 of the federal Protecting Access to Medicare Act of 2014





What is a CCBHC?

“A CCBHC is a specially-designed clinic that receives flexible funding to expand the scope of mental health and substance use services available in their community. CCBHCs provide care for people with unmet needs.”

-The National Council of Mental Wellbeing



CCBHC: Two Ways

Substance Abuse and Mental Health Services Association (SAMSHA) Expansion Grants

- Awarded to individual CMHSPs that apply for the grant funding
- Typically used to develop the infrastructure (staffing, training, expand hours, etc.) needed to serve or prioritize a target population
- Barry, Berrien, Calhoun, Branch, and Kalamazoo are current SAMSHA grantees

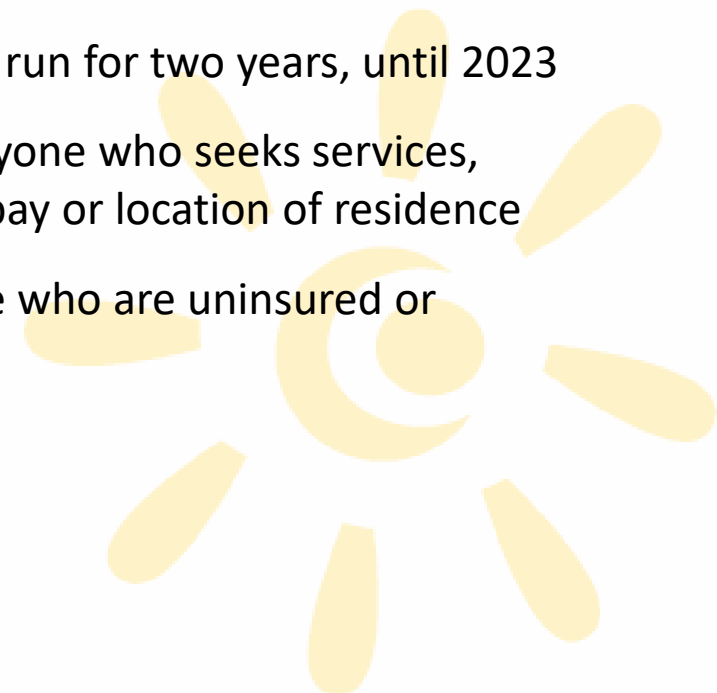
Centers for Medicare and Medicaid Services (CMS) State Demonstrations

- Awarded to states to implement CCBHC in selected CMHSPs/non-profits and is funded by a Prospective Payment System (PPS)
- Developed to test CCBHC effectiveness in increasing access to high-quality mental health and SUD services
- Michigan was selected as a demonstration state in 2020; Eleven CMHSPs and 3 non-profits are apart of the state demonstration



MI CCBHC Demonstration

- MI CCBHC Demonstration started October, 1st 2021
- In our region:
 - Integrated Services of Kalamazoo
 - St. Joseph Community Mental Health
- Demonstration is set to run for two years, until 2023
- CCBHCs are to serve anyone who seeks services, regardless of ability to pay or location of residence
 - This includes those who are uninsured or underinsured



Nine Core CCBHC Services

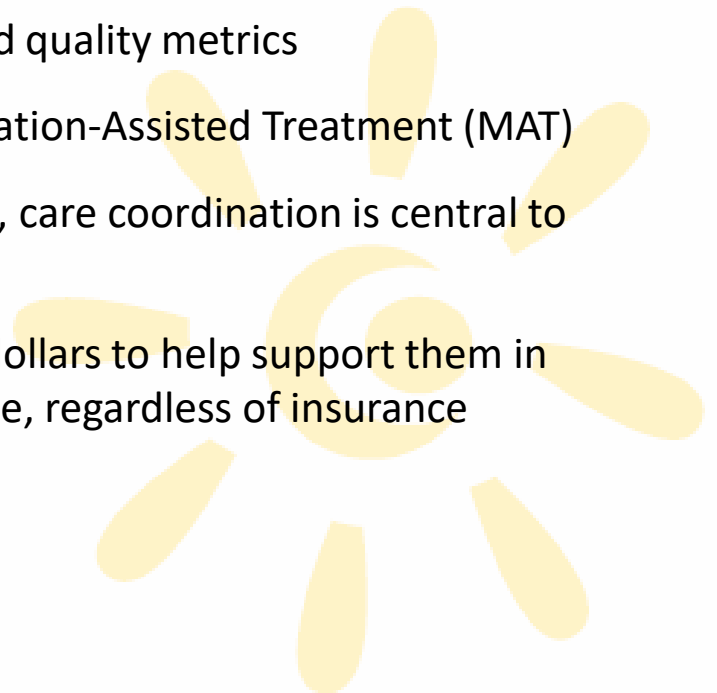
1. Crisis mental health services, including 24-hour mobile crisis teams, emergency crisis intervention services, and crisis stabilizations
2. Screening, assessment, and diagnosis, including risk assessment
3. Patient-centered treatment planning or similar processes, including risk assessment and crisis planning
4. Outpatient mental health and substance use services
5. Outpatient clinic primary care screening and monitoring of key health indicators and health risk
6. Targeted case management
7. Psychiatric rehabilitation services
8. Peer support and counselor services and family supports
9. Intensive, community-based mental health care for members of the armed forces and veterans, particularly those members and veterans located in rural areas





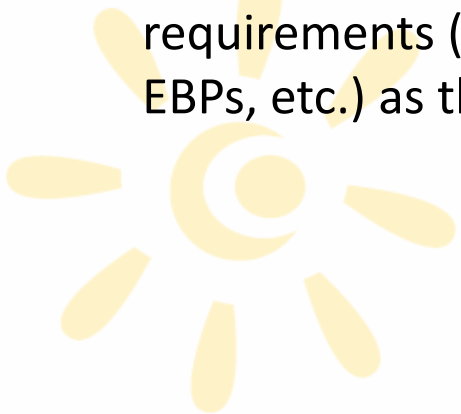
How does CCBHC differ from business as usual?

- CCBHCs must provide timely access to services to all that seek them
- CCBHCs offer 24/7 mobile crisis response
- CCBHC services require the use of a specific set of evidence-based practices (EBPs)
- CCBHCs must report on standardized quality metrics
- CCBHCs are required to offer Medication-Assisted Treatment (MAT)
- When receiving services at a CCBHC, care coordination is central to services
- CCBHCs can draw down additional dollars to help support them in providing high-quality care to anyone, regardless of insurance coverage



Designated Collaborating Organizations (DCOs)

- CCBHCs must provide all nine core services either directly or through other contracted providers
- Contracted providers under the CCBHC are called Designating Collaborating Organizations or DCOs
- DCOs can provide any of the nine core services and are treated as a direct extension of the CCBHC, proper
- DCOs *must* meet all of the same service requirements (e.g., timely access, quality reporting, EBPs, etc.) as the CCBHC

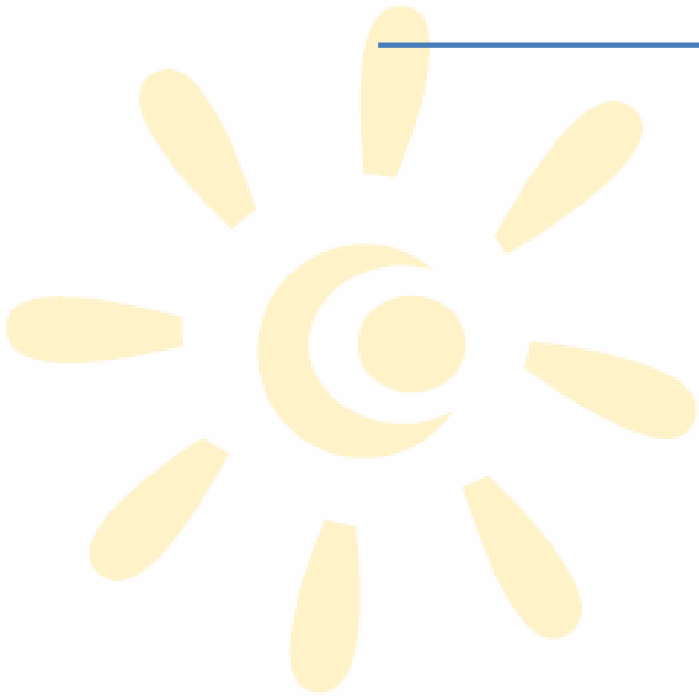


Who is eligible for CCBHC services?

- Any one with a mental health or SUD diagnosis is eligible for CCBHC services
- The mental health or SUD diagnosis does not need to be the primary diagnosis
- Those with a dual diagnosis of intellectual disability/developmental disability are eligible for CCBHC services

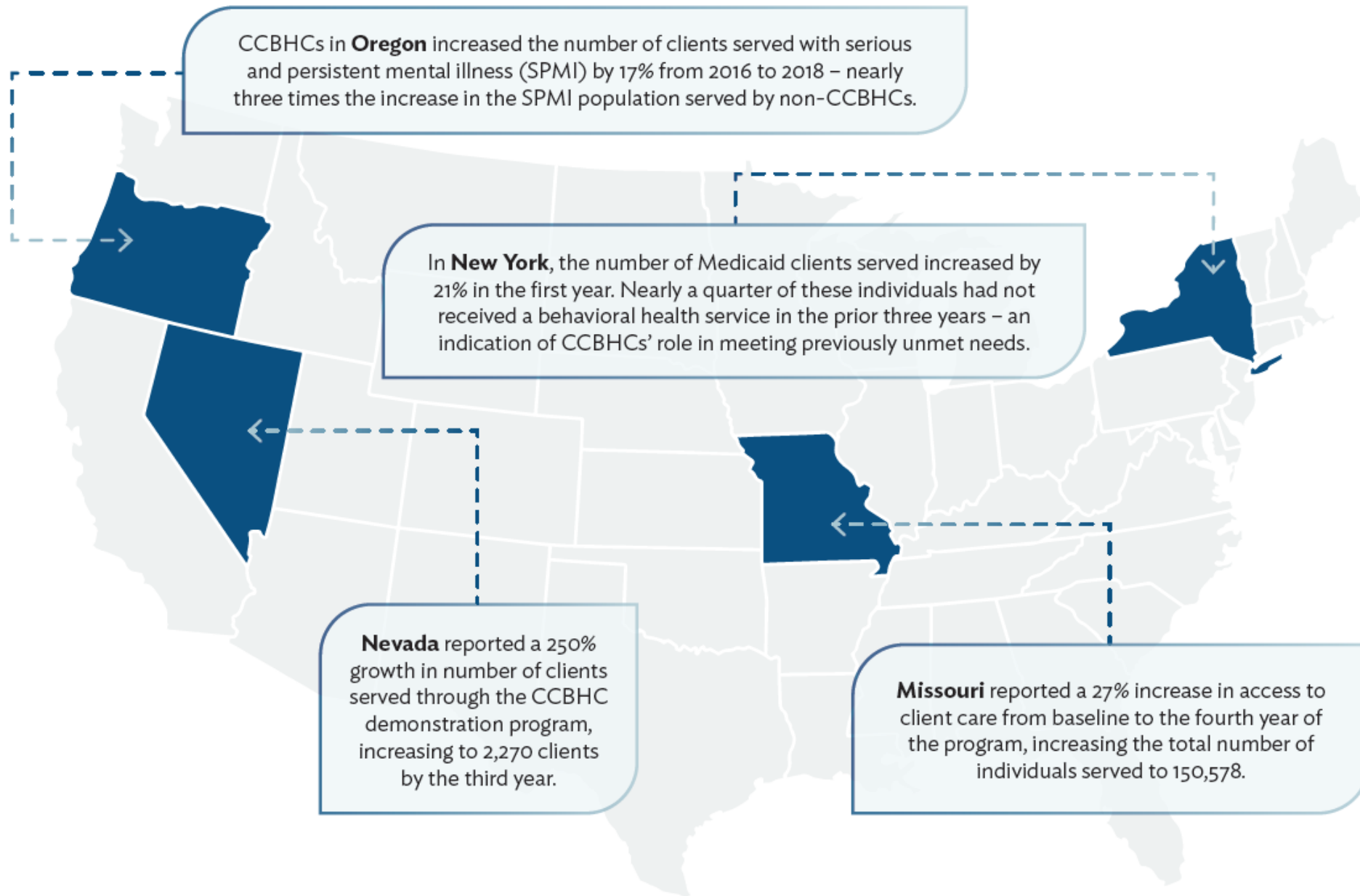


Impact of CCBHCs



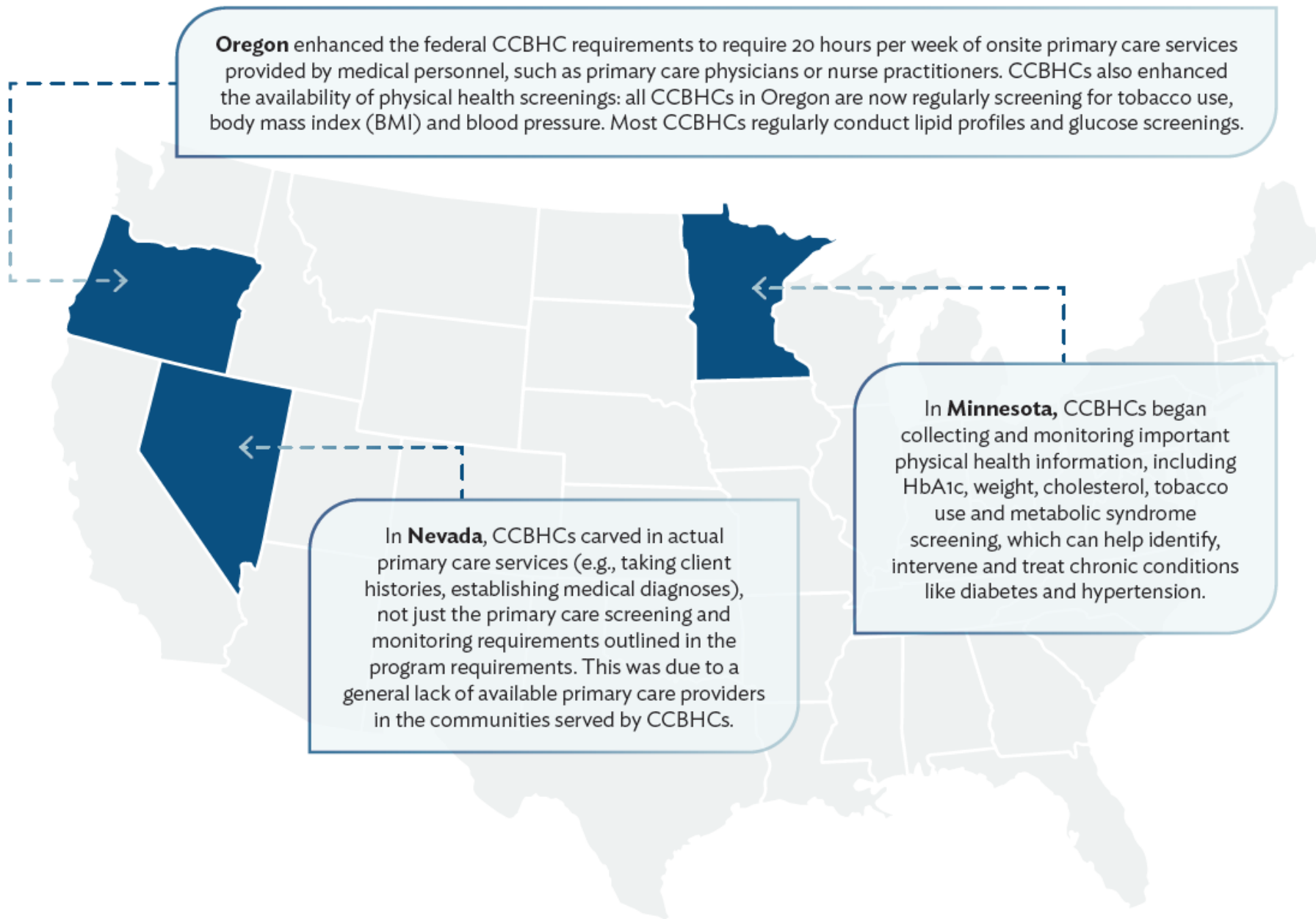
Increased Access to Care





Increased Integration of Physical and Mental Health Care





Other Impacts of CCBHCs

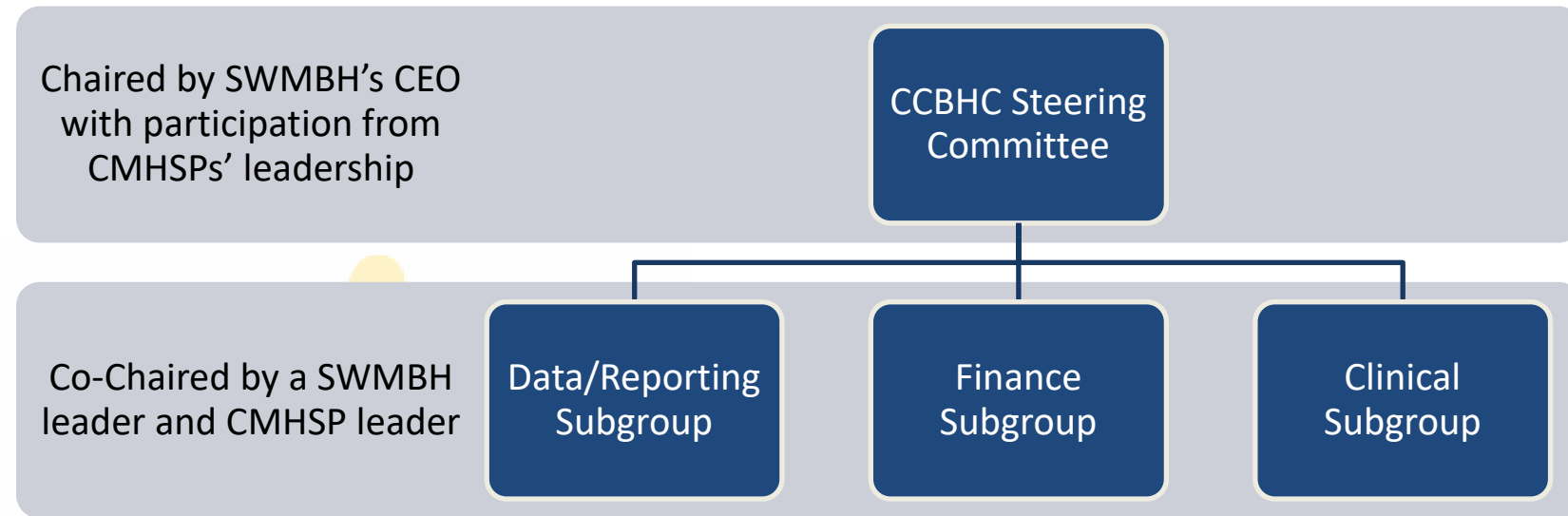
- CCBHCs participating in the demonstration program hired an average of 117 new staff position each, with a median of 43 new staff.
- Minnesota, Missouri, New Jersey, Nevada, and Oregon reported that CCBHC led to a significant expansion of peer workers and family support specialists
- In New York, there was a reported 54% decrease in the number of CCBHC clients using behavioral health inpatient care, which translated to a 27% decreased in monthly costs.
- Increased utilization of evidence-based practices
- Expanded use of electronic health records and health information exchange
- Improved capacity to engage in care coordination with health system partners

Regional Support for CCBHC

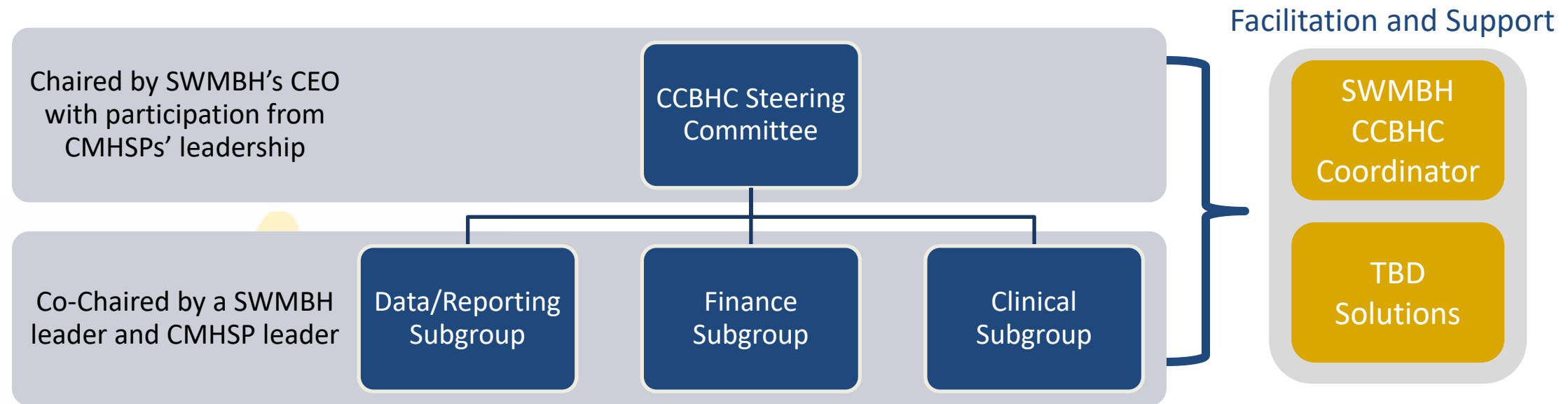
Chaired by SWMBH's CEO
with participation from
CMHSPs' leadership

CCBHC Steering
Committee

Regional Support for CCBHC



Regional Support for CCBHC



Who to Contact for Services?



- Southwest Michigan Behavioral Health
 - (800) 781-0353
- Integrated Services of Kalamazoo
 - (269) 373-6000 or (888) 373-6200
- St. Joseph Community Mental Health
 - (269) 467-1000 or (800) 622-3967



Thank you! Questions?



Contact Information:

CCBHC Coordinator
sally.weigandt@swmbh.org
Office: (269) 488-6595
Cell: (269) 568-5510
Southwest Michigan Behavioral Health

References/Resources

- Michigan Department of Health and Human Services. (2021, September 01). *Certified Community Behavioral Health Clinic (CCBHC) Handbook*. michigan.gov, Retrieved October 11, 2021, from https://www.michigan.gov/documents/mdhhs/CCBHC_Demonstration_Handbook_736297_7.pdf
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- National Council for Mental Wellbeing. (2021). *Transforming state behavioral health systems: Findings from states on the impact of CCBHC implementation*. Retrieved from https://www.thenationalcouncil.org/wp-content/uploads/2021/10/21.10.04_CCBHC-State-Impact-Report.pdf?daf=375ateTbd56
- National Council for Mental Wellbeing. (n.d.). *Certified Community Behavioral Health Clinics Moving Beyond “Business as Usual” to Fill the Addiction and Mental Health Treatment Gap*. CCBHC Success Center. Retrieved October 11, 2021, from https://www.thenationalcouncil.org/wp-content/uploads/2020/08/080520_NCBH_CCBHCFactSheet_v2.pdf?daf=375ateTbd56
- Matulis, R. (2021, October 4). *Transforming state behavioral health systems: findings from states on the impact of CCBHC implementation*. National Council of Mental Wellbeing. Retrieved October 11, 2021. from https://www.thenationalcouncil.org/wp-content/uploads/2021/10/21.10.04_CCBHC-State-Impact-Report.pdf?daf=375ateTbd56



Opioid Health Home FY21 Summary

Overview:

Starting October 1, 2020, SWMBH implemented Opioid Health Home (OHH) in Kalamazoo and Calhoun counties. The Opioid Health Home service model is designed to help Medicaid and Healthy Michigan Plan beneficiaries with an opioid use disorder manage their conditions through an intensive level of care management and care coordination. The Opioid Health Home is centered on whole-person, team-based care, with peer recovery coaches at the center of care.

Providers:

Summit Pointe – Calhoun County

Victory Clinical Services – Calhoun County

Victory Clinical Services – Kalamazoo County

Care Team Members:

- A Behavioral Health Specialist
- A Nurse Care Manager
- A Recovery Coach, Community Health Worker, and/or Medical Assistant
- Access to a Medical Consultant
- Access to a Psychiatric Consultant

What does OHH do?

- OHH provides additional support from an integrated team of providers who can:
 - Coordinate care with other doctors/specialists/providers for customers.

- Help advocate for proper care for customers.
- Help customers understand and manage other conditions they may have.
- Refer customers to resources focusing on overall health.
- Assist customers with housing, legal issues, transportation, employment, educational goals, etc.
- Connect customers to community resources.
- OHH is an additional service. Customers continue to participate in SUD therapy and/or Medication Assisted Treatment.

Year One Highlights:

- Successful implementation of OHH at three provider sites: Summit Pointe, Victory Clinical Services (Calhoun County), and Victory Clinical Services (Kalamazoo County).
- Enrolled almost 500 unique customers.
- Averaging about 340 customers enrolled per month.
- Provided over 6,200 OHH services.
- Facilitated training opportunities to community health outreach workers.
- 90% of clients at all three sites are receiving at least one service (the minimum) each month.
- Review of care plans and consultation with OHH providers:
 - Clients are getting physical health concerns managed - focus on dental and vision.
 - Clients have obtained housing.
 - Clients have been disenrolling due to feeling that they can take care of their needs on their own.

Looking Towards Year two:

- COVID challenged planning and implementation.
- Continue to work with Health Management Associates to streamline and standardize paperwork, processes, and data collection.
- Explore improving efficiencies for outcome collection and reporting.
- Expand to other counties within the region when available.

SWMBH FY 2021 Program Integrity - Compliance Board Report
10/01/2020 – 09/30/2021

Train & Educate

Audit & Monitor

Report & Evaluate

Date Prepared: November 3, 2021

Chief Compliance Officer: Mila C. Todd

1. Compliance Allegations/Reports:

Issue Reported	#	Investigation Opened		Investigation Completed		Complaint Substantiated		Outcome
		Yes	No	Yes	No	Yes	No	
Provider qualifications and billing practices for psych services.	2021-01		X	N/A			N/A	Preliminary information gathering regarding provider's qualifications and proposed billing practices. Not utilized in our Region.
Referral from CMH regarding contracted provider staff person billing for telehealth services in increments above what was actually delivered.	2021-02	X		X		X		Referred to OIG.
SUD provider documentation and billing issues.	2021-03	X		X		X		Corrective Action Plans required and approved through the SWMBH Compliance Committee. 32 claims reverted and recouped.
CMH referral to SWMBH – contracted provider reported that a staff person was providing but not documenting services.	2021-04	X		X		X		CMH referred to SWMBH. Claims without supporting documentation were reverted from Medicaid.
Anonymous report regarding CMH clinical and documentation practices.	2021-05	X		X		X	X	Coordinated review between SWMBH Compliance and SWMBH Clinical Quality. Only 1 of the 4 allegations was substantiated. CMH submitted a Corrective

SWMBH FY 2021 Program Integrity - Compliance Board Report
10/01/2020 – 09/30/2021

Train & Educate			Audit & Monitor			Report & Evaluate		
								Action Plan that was approved by the SWMBH Compliance Committee.
CMH report regarding Medication Reviews and face-to-face requirements	2021-06	X		X			X	Affected claims were reversed from Medicaid.
CMH referral to SWMBH – SWMBH contracted SUD provider has unsecure PHI and violations of ethical requirements.	2021-07	X		X		X		Referred to SWMBH SUD Recipient Rights Advisor for investigation. Substantiated possible ethics violation.
CMH referral to SWMBH – CMH substantiated fraud in telehealth billing for a therapist.	2021-08	X		X		X		SWMBH completed an expanded investigation and substantiated Abusive billing practices. Unable to substantiate fraud.
Fiscal Intermediary provider rounding claims times inappropriately.	2021-09	X		X		X		SWMBH completed an investigation and substantiated rounding of claims. CAP required of the provider.
Coordination of Benefits review.	2021-10	X		X		X		SWMBH conducted an investigation and discovered inappropriate use of the EOB section for customers with an ATP and not a primary insurance. Resulted in \$10.00 recoupment
Autism provider – duplicate claims billed and paid.	2021-11	X		X		X		SWMBH conducted an expanded investigation

SWMBH FY 2021 Program Integrity - Compliance Board Report
10/01/2020 – 09/30/2021

Train & Educate			Audit & Monitor			Report & Evaluate		
								and substantiated abusive billing practices (duplicate claims) identified thirty-one (31) duplicate claims, totaling \$5736.70 (recouped)
SUD Detox and Residential provider – anonymous reports regarding provider qualifications and service provision.	2021-12	X		X			X	Investigation conducted in concert with Provider Network – the reports were not substantiated during the PN onsite review.
Anonymous report regarding CMH documentation.	2021-13	X		X			X	Investigation was conducted – it was determined that services were provided according to the treatment plan.
SUD provider – gap in treatment plan dates.	2021-14	X		X			X	Investigation was conducted and it was determined that there was no gap in treatment plans
Autism provider – billing claims in excess of units authorized.	2021-15	X		X		X		Investigation was conducted by Van Buren Compliance Department – resulting in confirmation of abusive billing practices/ providing more care than in the treatment plan \$252,885 in recoupment
Fiscal Intermediary provider rounding claims times inappropriately.	2021-16	X		X		X		Investigation of rounding HCPC codes

SWMBH FY 2021 Program Integrity - Compliance Board Report
10/01/2020 – 09/30/2021

Train & Educate		Audit & Monitor		Report & Evaluate			
							inappropriately. The investigation confirmed Recoupment of \$370.59 and CAP required.
CMH duplicate payment of claims.	2021-17	X		X		X	Double payment of claims occurred when checks were voided and re-issued. This issue was corrected within SmartCare system.
SUD provider billing telehealth place of service for non-telehealth claims.	2021-18	X		X		X	Investigation conducted around telehealth claims. Documentation didn't match – provider corrected 40 claims place of service codes.
Autism provider billing.	2021-19	X		X		X	Investigation into the improper use of modifiers. The investigation confirmed improper use of HO modifier. Correction of claims and a CAP was required.
Total	19	18	1	18	1	14	5

2. Privacy/Security Allegations/Reports

A total of sixty-four (64) incidents were reported to the SWMBH Breach Team during Fiscal Year 2021. The Breach Team reviewed each incident and evaluated whether an exception applies under the law, and the probability of compromise to the Protected Health Information used or disclosed. Of the sixty-four (64) incidents reviewed, NONE were determined to be reportable.

3. Planned Audits

SWMBH FY 2021 Program Integrity - Compliance Board Report
10/01/2020 – 09/30/2021

Train & Educate

Audit & Monitor

Report & Evaluate

Audit	# Services/Claims Reviewed	Result/Progress	Recoupments
Medicaid Verification			
Quarter 1	465	Complete	28 recoupments (\$4,635.40)
Quarter 2	465	Complete	25 recoupments (\$3,454.15)
Quarter 3	465	Complete	16 recoupments (\$1,508.38)
Quarter 4	465	In Process	
MI Health Link			
FY20 Quarter 1	240	Completed	2 recoupments (\$51.10)
FY20 Quarter 2	239	Completed	None
FY20 Quarter 3	284	Completed	1 recoupment (\$137.47)
FY20 Quarter 4	276	Completed	1 recoupments (\$850.74)
FY21 Quarter 1	242	Completed	1 recoupment (\$861.71)
FY21 Quarter 2	240	Completed	1 recoupment (\$4,323.07)
FY21 Quarter 3	254	In Process	
FY21 Quarter 4	240	In Process	
SUD Block Grant Claims			
Quarter 1	60	Complete	5 recoupments (\$415)
Quarter 2	60	Complete	1 recoupment (\$83.44)
Quarter 3	60	Complete	None
Quarter 4	60	In Progress	
SUD Coordination of Benefits			
Quarter 1	30	Completed	1 recoupment (\$10)
Quarter 2	30	Completed	2 recoupments (\$306.00)
Quarter 3	30	Completed	2 recoupments (\$276.50)
Quarter 4	30	In Progress	



Fiscal year 2021(October 1, 2020- September 30, 2021)
SWMBH Participant Community Mental Health Site
Review Summary Results

Subcontractual Relationships & Delegation

- Managed Care Rules require the following (42 CFR §438.230):
 - PIHPs remain ultimately responsible for adhering to and complying with the terms of their contract with the State;
 - All contracts between the PIHP and a subcontractor must be in writing and specify:
 - Any delegated activities or obligations, and related reporting responsibilities;
 - That the subcontractor agrees to perform the delegated activities in compliance with the PIHP's contract obligations;
 - A method for revocation of the delegation of activities or obligations, or specify other remedies in instances where the PIHP determines that the subcontractor has not performed satisfactorily;
 - That the subcontractor agrees to comply with all applicable Medicaid laws, regulations, including applicable subregulatory guidance, and contract provisions.
- FY21 MDHHS-PIHP Contract requires annual monitoring



Subcontractual Relationships & Delegation

How does SWMBH satisfy these requirements:

Written Delegation Memorandum Of Understanding with each participant CMHSP, which specify:

- SWMBH is ultimately responsible for its obligations under its MDHHS contract;

- Which activities are delegated to the participant CMHSP;

- Applicable reporting responsibilities;

- Method for revocation of a delegated activity, as well as other remedies in instances where SWMBH has determined a CMHSP has not performed satisfactorily.

Annual Participant CMHSP Site Reviews



CMHSP Site Review Process

- Conducted annually
- Combination of a desk audit and on-site review
- Reviews all delegated functions
 - Any functions that are not in full compliance with MDHHS, 42 CFR § 438 (Managed Care), and SWMBH requirements require corrective action plans to be submitted by the participant CMHSP and approved by SWMBH
- SWMBH monitors select clinical programs each year for program and staffing fidelity, and adherence to MDHHS contractual requirements for specialty services
 - Clinical requirements not meeting 90% compliance require corrective action plans
- SWMBH staff work with participant CMHSP staff throughout the year to implement improvements in areas needing attention



FY21 CMHSP Site Review Process

- Focused Review
- Administrative Review: For certain elements where a CMH received a score of 100% during the previous review, CMHs could attest that policies and processes had no substantive changes from the previous review year and did not have to provide proofs.
- Full File Reviews completed for Denials, Grievances & Appeals, and Credentialing/Staff Training.
- Clinical File Reviews (MH and SUD) were focused on Corrective Action Plan monitoring, and only reviewed those elements where a CMH was required to submit a Corrective Action Plan during the previous review year.



Clinical Quality Scores FY20 Corrective Action Plan Monitoring

FY21 CMH Clinical Quality Monitoring Results

CMH	Overall Compliance Score
Barry	2/2
Berrien	6/6
Branch	5/5
Calhoun	3/5
Cass	15/22
Kalamazoo	2/2
St. Joseph	5/5
Van Buren	10/12

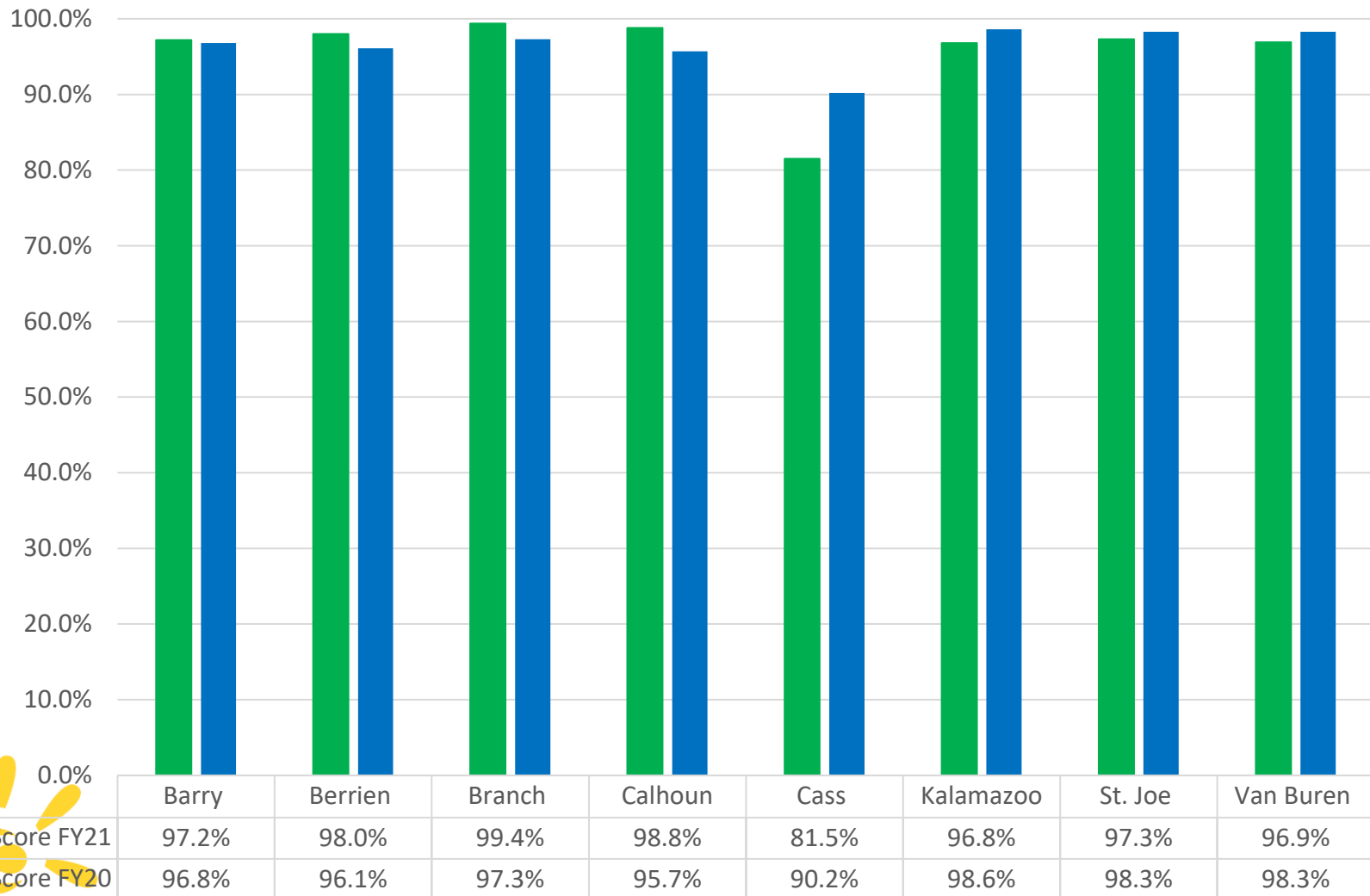
Clinical SUD Scores FY20 Corrective Action Plan Monitoring

FY21 CMH Clinical SUD Monitoring Results

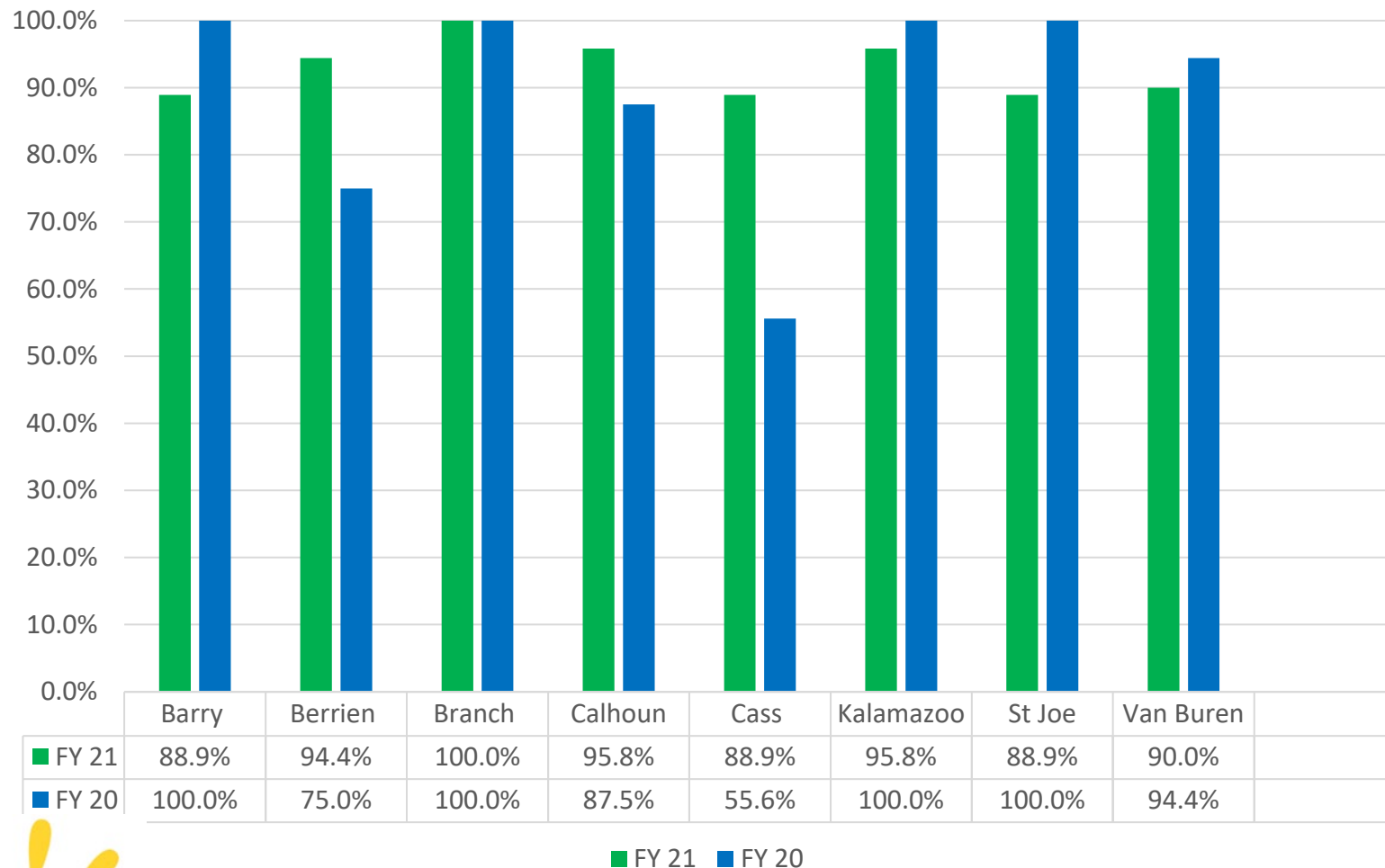
CMH	Overall Compliance Score
Barry	4/5
Berrien	14/14
Branch	7/7
Calhoun	15/16
Cass	2/2
Kalamazoo	9/10
St. Joseph	7/8
Van Buren	4/5

Delegated / Administrative Function Review

Overall Scores by CMHSP

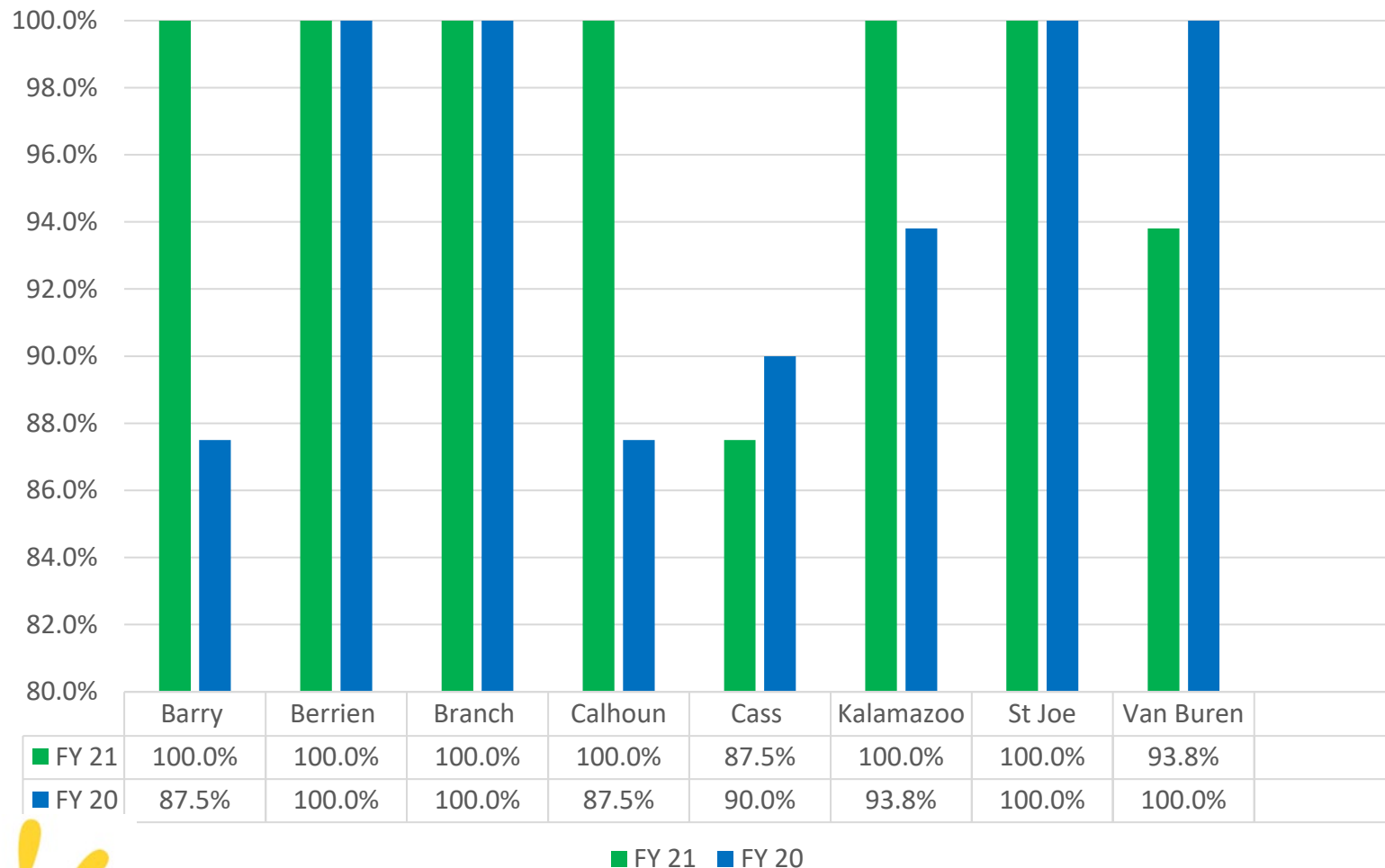


CMHSP Oversight and Monitoring: Utilization Management and Access



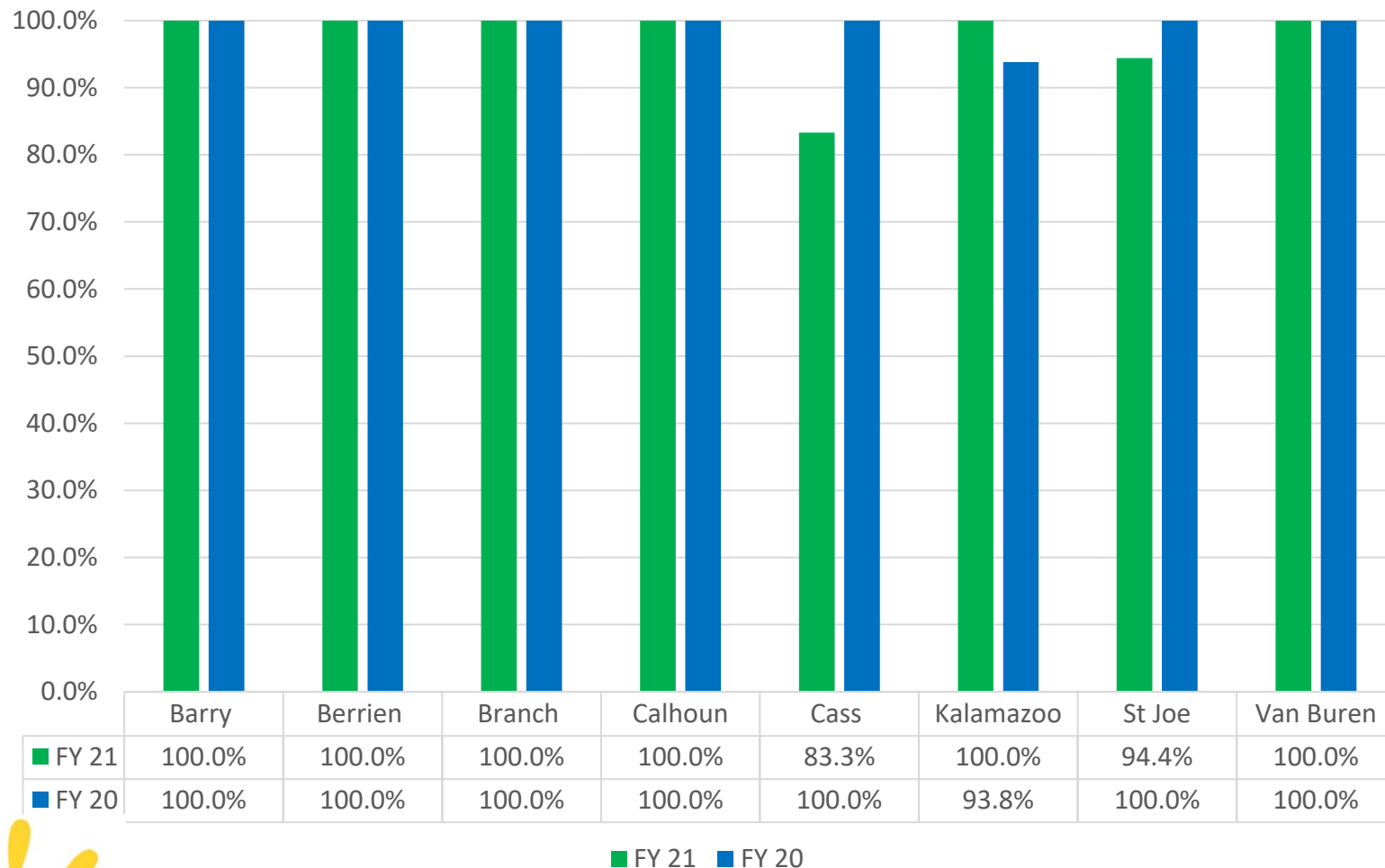
CMHSP Oversight and Monitoring

Claims



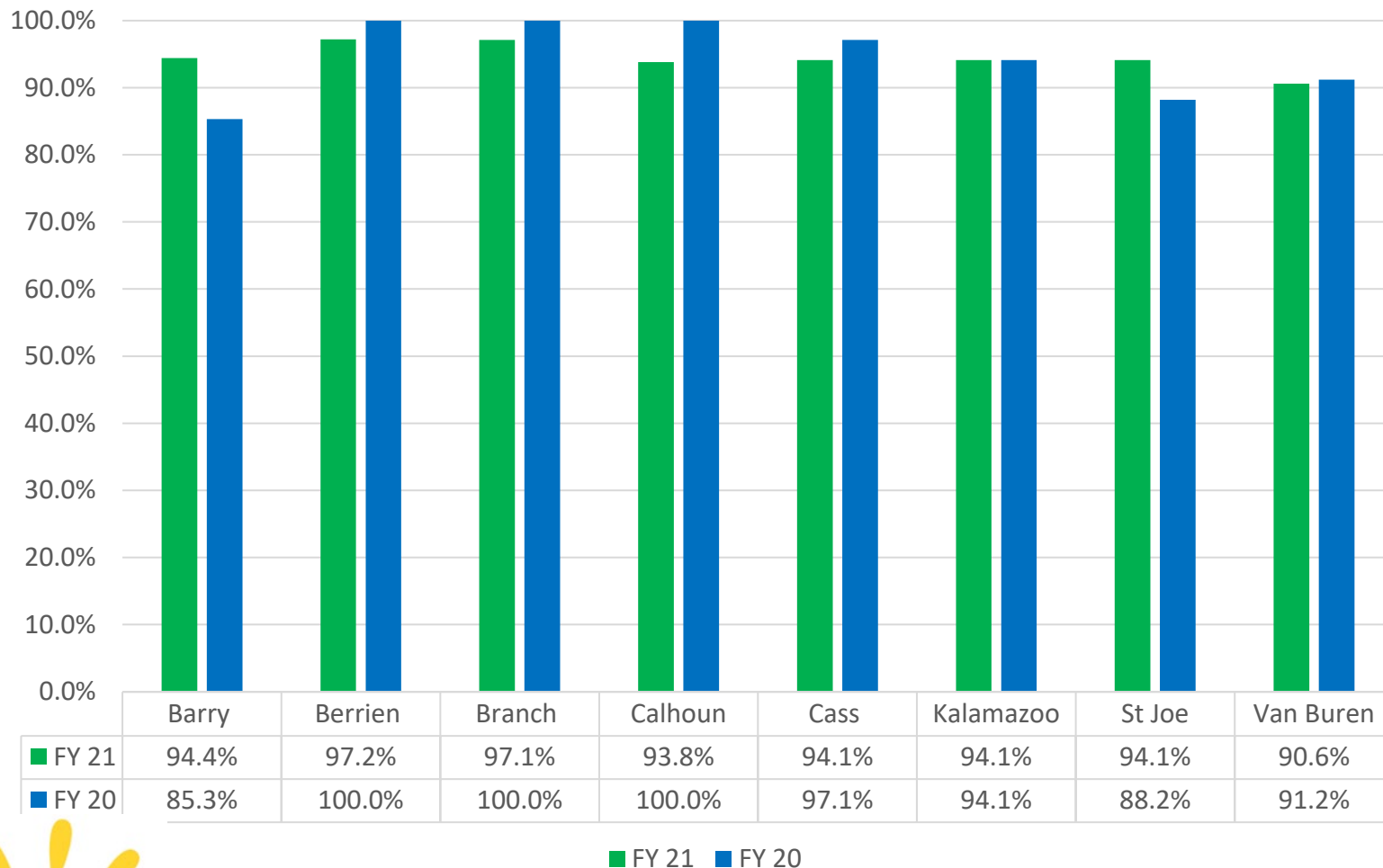
CMHSP Oversight and Monitoring

Compliance Program



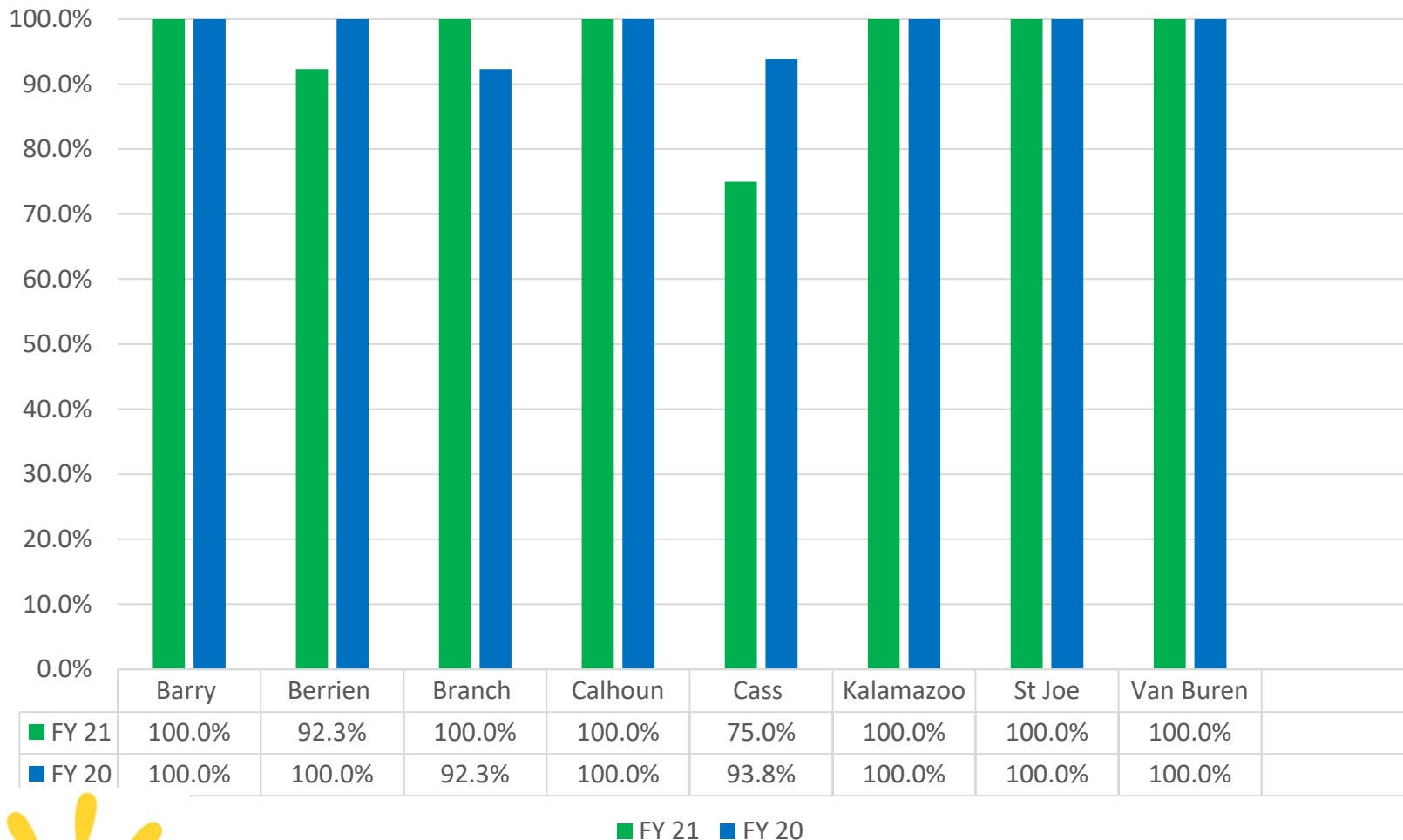
CMHSP Oversight and Monitoring

Credentialing



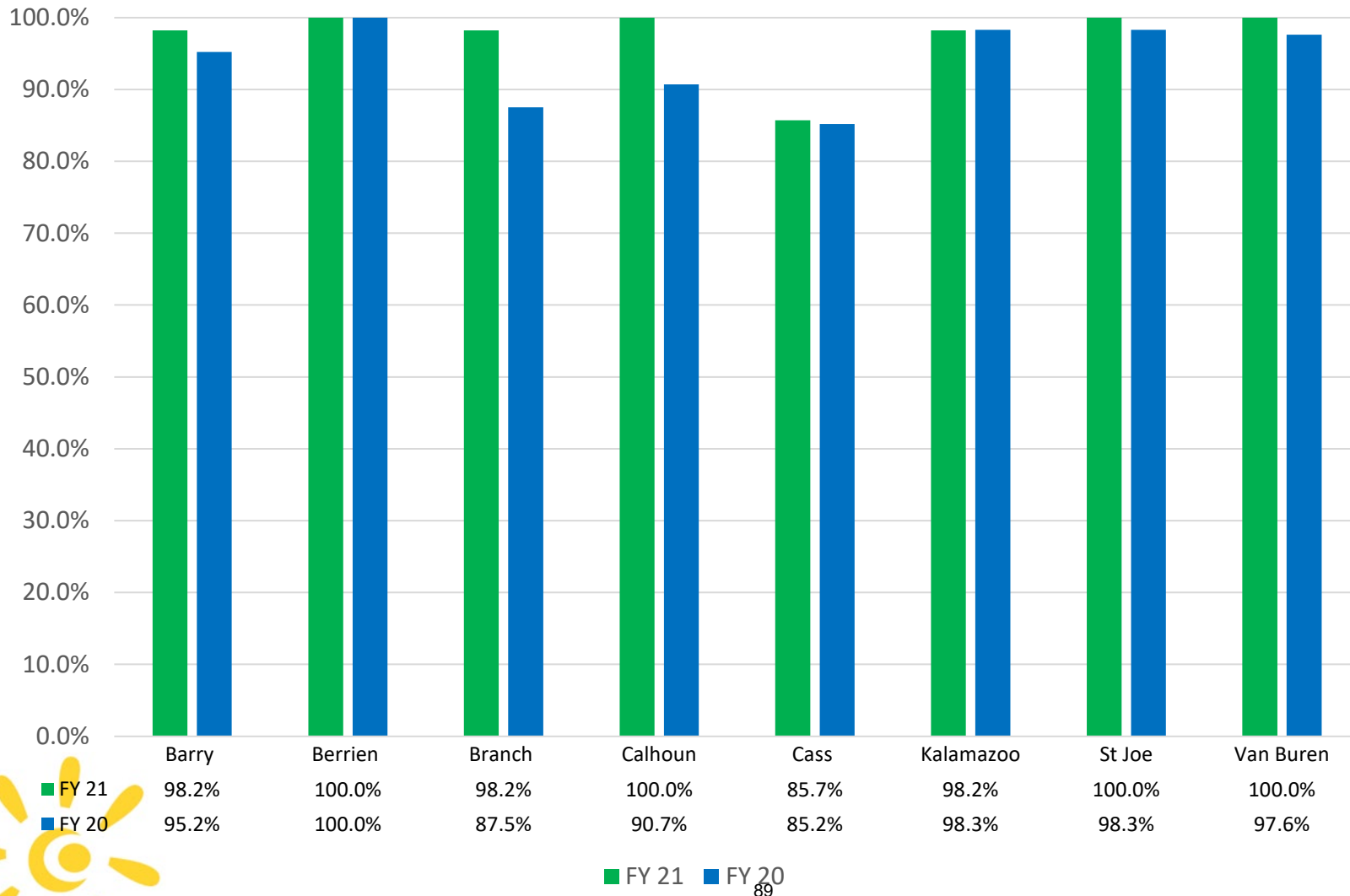
CMHSP Oversight and Monitoring

Customer Services



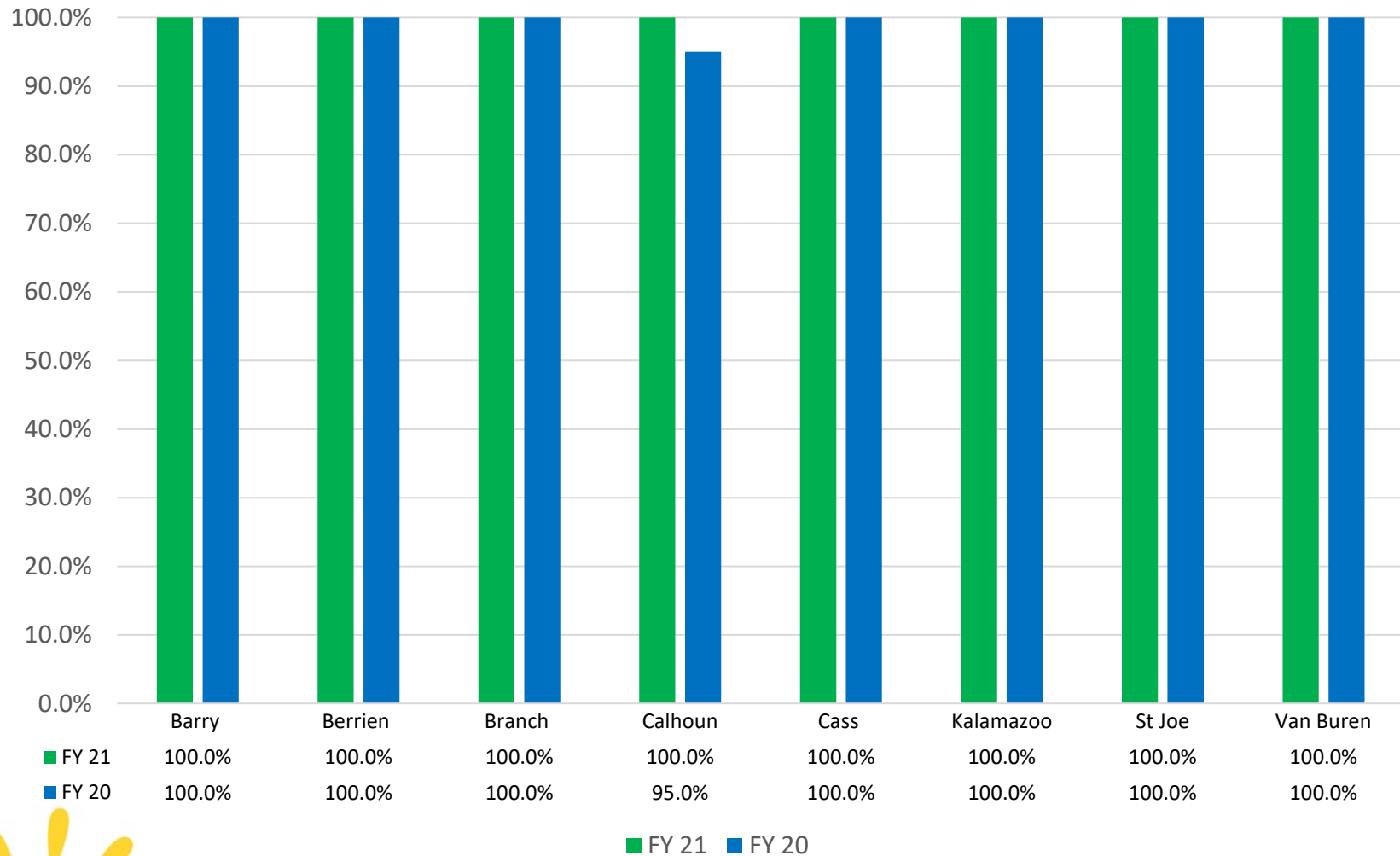
CMHSP Oversight and Monitoring

Grievances and Appeals



CMHSP Oversight and Monitoring

Provider Network



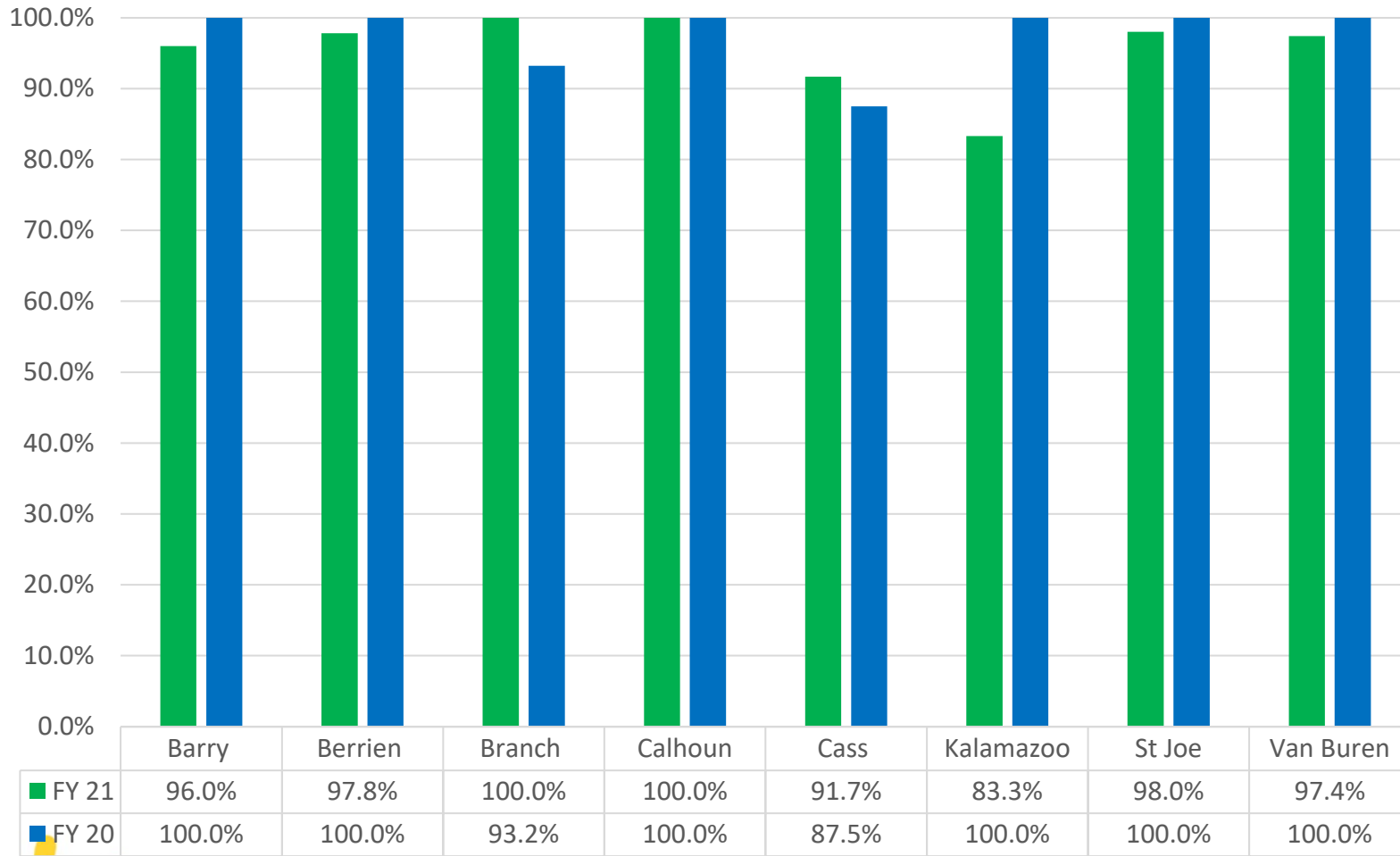
CMHSP Oversight and monitoring

Quality Improvement



CMHSP Oversight and Monitoring

Staff Training

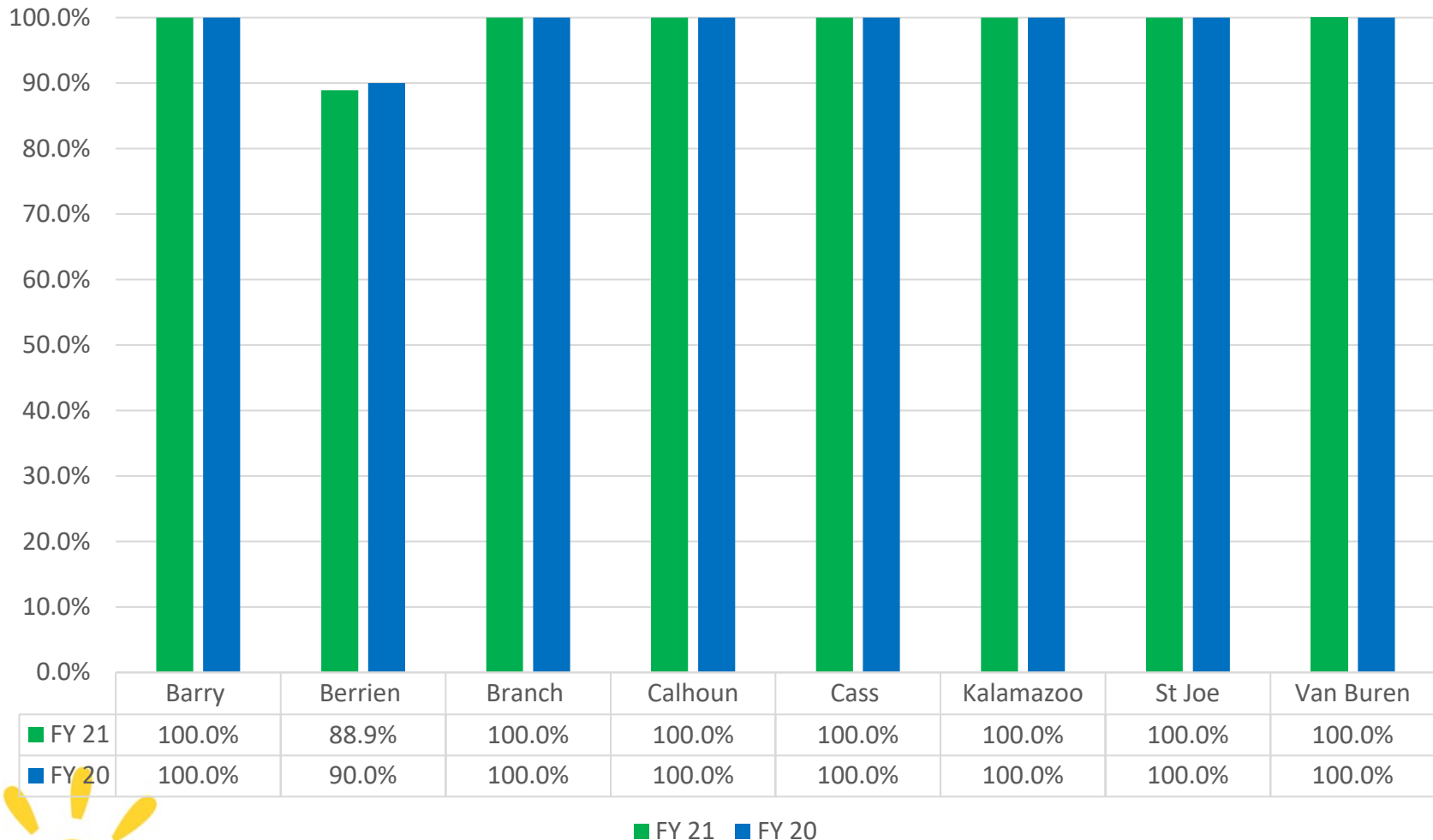


■ FY 21 ■ FY 20



CMHSP Oversight and Monitoring

SUD Administrative –EBP Fidelity



2021 Southwest Michigan Behavioral Health Successes and Accomplishments

Covid-19 Response Efforts:

- SWMBH continued to revise and train on our Covid-19 Response Plan.
- Infection control trainings, policy, and procedures were provided to staff, and attestations were required for staff completion.
- SWMBH actively engaged and participated in Local, State, and Federal Covid-19 workgroups and calls.
- Acted as regional distribution site for PPE distribution from State of Michigan for our CMHSP's and network providers.
- Successfully reopened the SWMBH offices full time in June with a hybrid work model.
- Encouraged and advocated for staff vaccination resulting in current 89% vaccination rate among SWMBH staff.
- Implemented electronic daily screens and measurement of staff comfort level within office safety.
- SWMBH has published multiple Member and Staff Newsletters, featuring guidance on emotional support, member access options, and the latest updates and trends on Covid-19 upstream guidance.
- SWMBH acted as a critical source of guidance for our External Stakeholder partners, supporting telehealth services, distributing personal protective equipment, and implementing new technology to provide consistent and improved communications.

Executive Officer Memberships, Engagements, and Accomplishments:

- Provided nearly 5 million in Provider Network Stability Payments.
- Executive Officer serves as Board Member of the Michigan Consortium of Healthcare Excellence (MCHE)
- Executive Officer is a Voting Delegate/SWMBH representative for the Community Mental Health Association of Michigan (CMHAM).
- Continued to develop Public Policy/Legislative Initiatives committee as a shared structure and process to improve SWMBH's & CMHSP's interaction, relations with, and value to state and federal elected officials and their senior staff.
- Organized the 6th Annual Regional Healthcare Policy Forum on October 1, 2021, comprised of state, and local presenters.
- Participated/Joined/Attended various State and Community Behavioral Health Transformation/Redesign meetings/hearings/tours.
- Governor's appointment as member of the Mental Health Diversion Council.

Finance:

- FY 20 Financial Audit issued with Clean Opinion.
- FY20 Compliance and Single Audits issued without findings.

FY 2021 Public Policy and Legislative Initiatives:

Date	Event Name	Attendees
10/16/2020	5th Annual Regional Healthcare Policy Forum	104 Registrants from Region 4, State of Michigan, and Washington D.C.
11/12/2020	CA vs TX: Breaking Down the SCOTUS Argument- Webinar	National attendance
2/3/2021	Public Policy Committee	Committee Members
2/11/2021	2021 Governor's Budget	State-wide attendees--B. Casemore
2/17/2021	House Appropriations Standing Committee	Full Committee - M.A. Bush
2/17/2021	Appropriations Subcommittee on HHS	Full Committee - M.A. Bush
2/17/2021	Senate Committee on Appropriations	Full Committee - M.A. Bush
2/18/2021	ACAP Fly-In Conference	ACAP Members
2/23/2021	ACAP Elected Officials Visits	ACAP Members
2/23/2021	NACBHDD	Annual Conference Attendees
2/25/2021	NACBHDD	Annual Conference Attendees
3/2/2021	NACBHDD	NACBHDD Conference Attendees
3/2/2021	NACBHDD	NACBHDD Conference Attendees
3/4/2021	NACBHDD	NACBHDD Conference Attendees
3/11/2021	NACBHDD	NACBHDD Conference Attendees
3/18/2021	NACBHDD	NACBHDD Conference Attendees
3/23/2021	NACBHDD	NACBHDD Conference Attendees
3/25/2021	NACBHDD	NACBHDD Conference Attendees
3/31/2021	MAHP	Meeting with Dominic Pallone, CEO
4/13/2021	Senate Appropriations Committee Meeting	Health and Human Services Hearing
4/13/2021	Senate Appropriations Committee Meeting	Health and Human Services Hearing
4/13/2021	2021 Michigan Mental Health Diversion Council	Governor Appointment
5/5/2021	Public Policy Committee	Committee Members
5/6/2021	Phone Conference	Brad Casemore, Sarah Ameter, Sherri Boyd
5/6/2021	Advocacy Meeting	Brad Casemore, Sherri Boyd
5/7/2021	Phone Conference	Brad Casemore, Rep. Haadsma, Paul Egnatuk
5/14/2021	Capitoline Call	PIHPs and Brian Thiel
5/20/2021	NAMI Call	Brad Casemore and Kevin Fisher
6/8/2021	2021 Michigan Mental Health Diversion Council	Governor Appointment
7/9/2021	Capitoline Call	PIHPs and Brian Thiel
7/14/2021	Public Policy Committee	Committee Members
7/27/2021	Battle Creek Police Department Fusion Center Concept	Invitees
8/13/2021	Capitoline Call	PIHPs and Brian Thiel
9/1/2021	Public Policy Committee	Committee Members
9/10/2021	Capitoline Call	PIHPs and Brian Thiel
9/14/2021	2021 Michigan Mental Health Diversion Council	Governor Appointment
9/17/2021	Legislative Breakfast	Coalition
9/20/2021	Healthcare Forum discussion	Brad Casemore and Rep. Mary Whiteford
9/21/2021	Senator Shirkey Hearing	Brad Casmore
9/28/2021	Senate Committee on Government Operations	Committee Members
various	Behavioral Health Transformation/Redesign	various meetings and calls throughout the reporting year

Operations

- Developed and implemented COVID 19 work plan.
- Successfully maintained business functions via remote work and reduced office hours until full reopening June 1st.
- Review and continue work on improving the office space to be more conducive to the hybrid work model and encourage collaboration.
- Conducted two Cultural Insights Pulse surveys and ongoing work aimed at improving retention and employee engagement. Employee engagement and satisfaction scores continue to be overall positive, but we continue work in this area given the current environment.
- Completed salary market analysis for all SWMBH positions.
- Processed 12,560 Michigan Health Link mental health claims.
- Processed 410,224 SUD claims from all funding sources.

Veteran Navigator:

- Conducted meetings with 62 new Veterans or Veteran family members (VFM).
- Worked with a total of 96 Veterans or VMF's.
- Contacted over 150 veterans through 2 live events and in person cold contacting.
- Enrolled 18 veterans with VA healthcare.
- Assisted 12 Veterans with first time VA disability claims or increased claims.
- Established a connection with the Battle Creek VA office of Compensated Work Therapy to provide one on one assistance with veteran issues.
- Served as the region 8 VCAT president for the year.
- Participated in 45 virtual meetings for Veterans and 4 live Veteran meetings.

Certified Community Behavioral Health Clinics (CCBHC):

- Developed and carried out a regional steering committee, along with three subgroups, to implement a regional CCBHC work plan.
- Participated in MDHHS's CCBHC training and technical assistance series.
- Provided feedback and questions to MDHHS to help shape the development of the CCBHC Demonstration Handbook.
- Served as a liaison for CCBHC for the region in communicating requirements from MDHHS to the CCBHCs as well as communicating needs from the CCBHCs to MDHHS.
- Designed and developed regional CCBHC workflows related to encounter reporting and payment; WSA enrollment and disenrollment; access, screening, and authorization; and joint care coordination.
- Provided education on CCBHC to the Recovery Oriented Systems of Care Committee.
- Processed over 300 enrollment recommendations from regional CCBHCs in the WSA.
- Designed and developed CCBHC marketing materials for both consumers and providers.

Information Technology

Audits:

- Contributed to the HSAG Performance Measure Verification audit.
- Completed 2020 Aetna security audit and corrective action plan.
- Completed SWMBH Risk Assessment.
- Completed audit of software licenses and Active Directory user accounts.

Reports:

- Recreated Milliman Member Level Risk Data Reports and Prevalence Reports for CMHs and reviewed ISK concerns with MDHHS and Milliman.
- Revised Hospital Follow-up report's data source with 2021 diagnosis codes.
- Modified SmartCare Report – Missing Discharges with no Service Activity.
- Reported Sacred Heart active clients and BHTEDS SUD Admissions.
- Created File Exchange Dashboard - CMH File Processing History.
- Created New Affiliate Batch version of bubble dashboard.
- Created Encounter Analysis Dashboard to see the impact of COVID on service delivery.
- Evaluated SUD OHH Case Rate - Need to report just one encounter per month for S0280 with modifiers.
- Created MIHealthlink ICO Report for QAPI.
- Improved SUD Encounter Error report and with debugging of issues reduced errors by 90%.

State Reporting:

- Completed FY2020 Encounter Data Quality Reports.
- Created EQI Enrollment dataset.
- Assisted Quality department with MMBPIS 2E measure calculations and reporting.
- Pulled data for new MDHHS quarterly reports concerning Member Appeals, Member Grievances, Provider Credentialing, and Service Authorization Denials.
- Completed IDD BHTEDS questionnaire.
- Provided Community Living Supports data to BHDDA.

Development:

- Completed version 1.5 of a new Provider Network tracking application.
- Created Veteran Navigator Database and Report.
- Wrote custom application interface between Microsoft Azure and Airtable.
- Moved Azure Service Bus to new Subscription and moved Azure DevOps to SWMBH instance.
- Rebuilt 820 and 834 Load and Dataset.
- Built new Electronic Data Interchange application and sunset leased EDI program.
- Provided 820/834 files to Summit Pointe in EDI format.
- Created CCBHC Roster Extract File.
- Created ETL (Extract, Transform Load) to load ADT data into SWMBH SQL.
- Worked on Provider Directory to meet OIG specifications.
- Resolved bugs in data exchange handler codes.
- Volunteered to participate in e-consent pilot project with Midstate and Detroit Wayne.

Implementations:

- Completed implementation of Relias Population Performance tool.
- Replaced Moses Walker Community room Audio Visual equipment with new monitor, speakers, and microphone to enhance hybrid meetings. Moved old Click Share equipment to Garden Room.
- Completed implementation of MCG Parity program.
- Purchased and Tested Meeting Owl Pro device for use in conference rooms.
- Prepared office for soft and official re-openings.
- Created new Tableau Server instance for testing.
- Implemented Mobile Device Management on SWMBH owned cell phones.
- Activated Data Loss Prevention tools to prevent staff from e-mailing Protected Health Information.
- Implemented Task Fire application to integrate with Aunalytics Help Desk software.
- Implemented Phish ER tool for cleaning up infected e-mail.
- Worked with Streamline to complete BHTEDS dual entry project application.
- Implemented new Behavioral Health Encounter Edits.

Support:

- Assisted with Aetna and Meridian rate settlements for 2019 and 2020.
- Developed a responsibility Matrix for Aunalytics and SWMBH IT.
- Helped negotiate Relias contract renewal.
- Pulled list of Interact clients for ISK.
- Configured VanBuren, Cass and Branch file extracts and FTP folders for PCE conversion.
- Replaced e-mail of large files with secure FTP process.
- Replaced 20 older Laptops with new HP models.
- Researched encounter errors for Promedica. All failed encounters have been accepted by MDHHS.
- Assisted with moving Utilization Management and Customer Service offices to the second floor.
- Moved Cisco Expressway Edge application to Aunalytics data center which improved Call Center connectivity.
- Researched and trialed multifactor authentication products.
- Analyzed HRA Inpatient Encounters for incorrect NPI numbers and notified CMHSPs.

Security:

- Provided quarterly Phishing simulations and education to all SWMBH staff. Achieved 100% training compliance.
- Completed the 2021 network penetration test with no high or critical vulnerabilities.
- Removed Adobe Flash Player from all laptops.
- Strengthened the waivers request and approval process.

BHTEDS:

- Cleared CMHSP persistent BHTEDs errors.
- Reviewed lengthy open SUD BHTEDS episodes.
- Completed BHTEDS and Encounter year-end reporting.
- Developed BH TEDS - New Tableau quality check dashboard.

- Developed Missing BHTEDS SmartCare Report for Sub Capitated CMHs

Staffing:

- Welcomed two new team members to IT as Clinical Data Analyst.

Clinical Quality

Clinical Trainings:

- Provided clinical training at 9 events, training 334 attendees on the following topics: Ethical Considerations for Coaches, Medical Necessity Guidelines for Applied Behavior Analysis, LGBTQ+ Diversity, Clinical Supervision, and Charting the Life Course tools for Person-Centered Planning.
- 99 individuals took part in the Living Works Start a suicide prevention training.

Levels of Care:

- Developed Level of Care monitoring reports for adults with I/DD and persons with Substance Use Disorders (SUD).
- Continued upkeep, maintenance, and distribution of Adults with Serious Mental Illness (SMI) and Youth with Severe Emotional Disturbances (SED) Level of Care reports.
- Monitored I/DD, SMI, SED, and SUD populations' utilization in the Regional Utilization Management Committee using Level of Care Reports.
- Assisted CMHs with transitions of care, case consultation, and follow up regarding challenging cases.

Home and Community-Based Services (HCBS) Rule:

- Partnered with local Community Mental Health Services Providers attending relevant meetings for education and technical assistance for Home and Community-Based Services.
- Participated in monthly state meetings and quarterly Implementation Advisory Group meetings to enhance communications and coordination of consumer care.
- Ensured that 322 corrective action plans for HCBS compliance for those receiving Michigan's Medicaid Specialty Supports and Services Plan (aka - B3 services include: Skill building, Supported Employment, and Community Living Supports) were fully implemented.
- Approved 45 new provider sites through the provisional approval process.
- Ensured individual CMHSP partners were in line with service provision, medical necessity criteria and reduce waste.
- Implemented a Board-Certified Behavior Analyst (BCBA) consultation process to assist CMHSPs when making authorization decisions where service requests did not align with utilization management review standards.
- Assisted with MDHHS driven guidance and coordination to assist families receiving ABA services or working to begin services during COVID-19 pandemic without delays or interruptions to services.
- Completed first-year audits and provided feedback for improvement to 4 new ABA providers within our region.

Clinical Data Analytics:

- Expanded the MHL population report to address utilization trends for SMI and IDD services among LOCUS and SIS recipients, respectively.
- Expanded the Medicaid/Healthy MI service utilization tool to address SMI service utilization

among individuals with overdue or missing LOCUS scores.

- Updated and calculated HEDIS metrics SSD, IET, and SAA for the MHL population for CY 2020.
- Calculated CY 2020 Medicaid/Healthy MI performance for SSD PIP; submitted 2021 PIP update documentation.
- Generated regular mailing lists for individuals on antipsychotics in need of a glucose or hbA1c screening.
- Stratified Region 4 metric performance by race/ethnicity for HEDIS measures FUA, IET-14, IET-34, and SSD (in addition to FUH-A, FUH-C, and PCR), and evaluated for the presence of racial disparities between white, African American, and Hispanic/Latino populations in measure performance.
- Developed tool for determining ideal candidates for available HAB waiver slots based on support needs (assessed via SIS) and service utilization.

Clinical Quality Reviews:

- Clinical and SUD Quality teams completed reviews for 42 different service providers across 5 different service lines (General CMHSP Clinical and SUD Quality, Psychiatric Inpatient, Applied Behavior Analysis, and Crisis Residential).
- Reviewed 345 individual case files and provided feedback on ways to meet higher clinical standards.
- Managed, reviewed, and accepted 268 unique Corrective Action Plans implemented as a result of audit results.

Supports Intensity Scale (SIS) Assessments:

- Regional assessors continue to meet twice a month (Regional meetings and informal SIS talk) to discuss administrative updates, assessor accomplishments, productivity, QA activities, and SIS content and training exercises to avoid drift within the region.
- Quarterly in-services are held to orient CMH staff/any interested party about the SIS-A interview.
- SIS declines are uploaded at the beginning of each month to SIS online. The State has been working on how the decline data can help reflect overall SIS data and completion rates across the state.
- Working with CMH's to follow the steps in the SIS decline process and complete the SIS decline form, being specific on the conversations that led up to the decline and the reasons the SIS is being declined. This will assist in gathering data for the state.
- Assessors worked with compliance dept to modify the SIS scheduling form and document consent for virtual SIS assessments on the SIS profile form, SIS scheduling form, and in SmartCare.
- Still experiencing ups and down in productivity due to cancellations, respondent no shows, lack of tech for telehealth, supports coordinator turnover, AFC home being short staffed.
- Assessors are being creative to boost productivity offering to assist with scheduling.
- Starting to see an increase in bookings for initial SIS assessments for youth 16-17 age group.

Habilitation Support Waiver (HSW):

- SWMBH has filled 99.84% of (710) available Habilitation Waiver slots provided by the State from October 1, 2020 through September 30, 2021.
- SWMBH has achieved the Board Ends Metric goal of 'keeping 98% of HSW slots full throughout

the year' for the past 4 years.

- SWMBH has continued to have the best HSW slot utilization rate throughout the State of Michigan over the past 4 years.
- SWMBH has met the State's HSW recertification compliance goal for the 14 consecutive quarters.
- SWMBH has facilitated an annual residential living arrangement project, geared towards supporting documentation and Behavioral Health Treatment Episode Data Set (BH TEDs) for 80 individuals to ensure proper payment rates and ensure the quality of data reporting.

Applied Behavior Analysis (ABA) – Autism Benefits/Services:

- Continued implementation of our monthly performance monitoring system, which significantly decreased the total number of out of compliance cases (for time to ABA treatment, Individual Plan of Service (IPOS) completion, and evaluation updates) across the region.
- Maintained 668 Autism Client Cases (up from 527 in 2020) and worked with CMHSP partners to close out cases that had been left open unnecessarily to reflect proper enrollment numbers within the region.
- Completed ABA audits for 17 providers within the region, totaling 108 clinical case files and managing 26 corrective action plans.
- Continued implementation of a new utilization management review processes alongside individual CMHSP partners to ensure service provision is in line with medical necessity and reduce waste.
- Continued implementation of a BCBA consultation process to assist CMHSPs when making authorization decisions where service requests did not align with utilization management review standards.
- Assisted with MDHHS driven guidance and coordination to assist families receiving ABA services or working to begin services during COVID-19 pandemic without delays or interruptions to services.
- Completed first-year audits and provided feedback for improvement to 4 new ABA providers within our region.

Compliance

- FY21 Q1-Q3 Medicaid Services Verification Review results 95% so far (1,395 claims reviewed, 69 of those being invalid).
- Received a PASS on all contractually required quarterly reports submitted to the MI OIG, which outline Regional compliance activities.

Provider Network/SUD/Operations

- Implemented FY22 code/modifier changes based on newly released MDHHS code sets for FY22 contracts.
- FY21 CMH Site review process was modified to recognize areas where CMHs performed well the previous year and monitor areas where corrective action plans were previously required. File review sessions were held on a single day via a virtual platform so reviewers and CMH subject matter experts could discuss the files as they were being reviewed.

Utilization Management

- Completed 1,142 MI Health Link Level of Care Utilization System (LOCUS) Assessments.
- Completed 2,142 MI Health Link Care Coordination Plans.
- Completed 34,992 total authorizations for service.
- Completed 19,525 Prospective Review SUD events (American Society of Addiction Medicine (ASAMs) are in a portion of these).
- Completed 2,208 concurrent reviews for psychiatric hospitalizations and crisis residential stays.
- Handled 16,752 incoming Substance Use Disorder (SUD) calls with an average phone queue time of 7 seconds.
- Handled 3,395 incoming Michigan Health Link (MHL) calls with an average phone queue time of 8 seconds.
- Completed 5,986 American Society of Addiction Medicine (ASAM) assessments for clients diagnosed with a Substance Use Disorder (SUD).
- Successfully integrated Indicia into SWMBH's Streamline SmartCare MCIS to utilize MCG medical necessity criteria for behavioral health treatment services as part of Michigan's parity project.

Member Services

- Updates to the Medicaid Customer Handbook per contract updated language.
 - Maintained 7 SWMBH brochures.
 - Published 2 Member newsletters.
 - Participated in Walk A Mile, Recovery Institute's Recovery Fair and Growlers games to promote Substance Use Disorder, Prevention, Gambling, and our Veteran Navigator programs.
 - Made over 809 follow up calls to members discharged from Substance Use Disorder residential settings.
 - For non-MHL Funding Sources October 2020 - June 2021*
 - Completed 6 State Fair Hearings throughout the region.
 - Completed 91 Grievances throughout the region.
 - Completed 40 Local Level Appeals throughout the region.
 - For MHL Funding first 3 Quarters (January 2021-September 2021)
 - Completed 0 State Fair Hearings region wide.
 - Completed 7 Grievances throughout the region.
 - Completed 3 Local Level Appeals throughout the region.
 - Initiated the Building Better Lives project focusing on improving members lives through Self Determination, Person Centered Planning, Independent Facilitation, Grievance and Appeals, and Advance Directives.
 - Maintained the Customer Advisory Committee virtually
 - Increased stipend and differentiated between in-person rate/participation and virtual.
 - Supported CAC members to participate in local and state level events.
- *QTR 4 has not been reported by CMHs yet*

Outreach:

- Created SWMBH Facebook page to provide resources and guidance to anyone seeking additional information on key Behavioral Health, Mental Health, Substance Use Treatment and Gambling Addiction resources.

- 55 posts made through SWMBH Facebook page, providing resources through MyStrength for consumers.
- 31 Gambling Awareness posts provided through the SWMBH Facebook page, providing guidance and resources.
- 114,256 SWMBH Facebook page reach (up 787.6%).
- Created a partnership with the Kalamazoo Growlers to outreach on three different prevention programs for Problem Gambling, Substance Use Disorder and Veteran Navigator Program.

Michigan Health Link and Integrated Care Programs:

- Coordinated and facilitated ongoing SWMBH Integrated Care Team monthly meetings with each of the seven Medicaid Health Plans in the region with goals to reduce ED utilization and inpatient admissions for individuals opened to Integrated Care Teams during FY20.
- There was a 43.9 % reduction in ER claims and 73.3% reduction in inpatient episodes, for the six months prior to ICT involvement versus six months post ICT involvement. Overall, there were less ED claims this year than in years prior (65.1% decrease). It is speculated that this could have been affected by COVID and that people were less likely to use the ED until they were severely ill.
- Participated in 84 Integrated Care Team meetings with MHPs to coordinate care, follow up on care post- hospitalization, and work toward providing resources and support to encourage appropriate utilization of health services.
- Developed and Implemented Transition Navigator supports, a Mental Health Block Grant. The position assists members from discharge to engagement with outpatient services who have a behavioral health inpatient stay or SUD residential stay. This short-term care management modeled program assists with member provider advocacy, transportation to appointments, disease education, an integrated care focus and more. 127 members have engaged in Transition Navigation. Of those 127, 59 were from a behavioral health inpatient stay and 68 were from a residential SUD/detox setting. We have begun to see decrease in recidivism but are just now beginning to have enough information to formulate data and a report, so additional reporting will come in FY22.
- We have supported the PIHP/MHP Joint Workgroup monthly by minute-taking as well as joining in on subgroups. We have supported upgrades to CC360 related to risk stratification criteria. We were integral in the conversation of CC360 providing SUD diagnoses on ED ADTs, which was granted, and a report created. We believe this will greatly affect our ability to affect measure such as FUA and IET.
- Implemented Performance Improvement Plan (PIP) targeting diabetes screening measure for individuals meeting criteria who are mutually served by PIHP and MHP not engaged with CMH services. Initiatives encompassed outreach to Medicaid Health Plan (MHP) regarding performance outcome goals and objectives and seeking opportunities to leverage MHP provider and member notification to encourage members to get diabetes screening to improve performance measurements. We send 2 rounds of engagement letters to members who had not yet met the criteria and have some feedback from members that because of the letter they were going to ask their doctor about the need to be screened for diabetes.
- Received 2 new Private Duty Nursing (PDN) members in our region and completed initial assessment process. Completed redetermination assessment review for 4 members in region to

ensure medical necessity was documented and supported for care. Provided PDN authorizations for this member. This required collaboration and extra supports due to COVID as well as staffing needs, and the Integrated Care Team worked extensively with our CMHs to meet the needs of the members.

- Participated in monthly joint coordination meetings with a Medicaid Health Plan (MHP) (Aetna) and FQHC reviewing members who are high Emergency Department (ED)/Inpatient (IP) utilizers. The goal of coordination is to address barriers to care, social determinants of health and other issues that would lead to a decrease of unnecessary utilization of services.
- Participated in monthly joint coordination meetings with hospital system (Lakeland Health Network) to further enhance integrated care services in the patient population of high ED utilizers. Collaborative goal is to improve patient outcomes and reduce barriers to proper healthcare by improving outpatient utilization management and social support infrastructure. Meetings result in increased collaboration, members being connected to needed community resources, and emergency department staff being notified of behavioral health services upon admission to the emergency department which helps to guide their treatment plans.
- Followed workflow process for Complex Case Management. We outreached members who met the eligibility of having complex medical needs and frequent IP or ED visits. Outreach was extremely challenging due to the COVID19 pandemic and SWMBH staffing needs which are now filled. Population analysis was completed, feedback received from the NCQA accreditation process and the program eligibility criteria and processes are being assessed and updated accordingly.
- Expanded and documented the process for ensuring support and resources during care transitions for MI Health Link members in collaboration with ICOs. Provided education to ICO care coordinators about the PIHP system and SWMBH to continue to help improve integration, coordination and partnerships.
- Established guidelines to coordinate on members through discharge, until follow up is complete 30 days post-discharge. This process has resulted in members receiving after care, being educated about the importance of after care and resolution of access issues.
- Provided continuous collaborative member oversight and clinical reviews for CMHs and providers to ensure quality care.
- Participated in monthly Statewide PIHPs and MHPs collaborative process improvement workgroup meetings to improve systems effectiveness and health outcomes for the beneficiaries mutually served. A key strategic area of process development and implementation is the creation of the Statewide follow-up after hospitalization (FUH) reporting structure. Through this initiative we provide weekly data extractions and uploads to the Michigan Department of Health and Human Services (MDHHS) computer information system for PIHP, MHPs and CMH's access to improve the beneficiary post-discharge process.
- The Integrated Care team collaborated with IT to develop a report to automate the process and utilize the EHR at a higher functionality. This project was started in FY20, but we continued to collaborate and refine the program throughout FY21. It is now a part of weekly processes and functions well.
- Actively participated in program development of Kalamazoo Defenders serving on 4 committees of a Kalamazoo County non-profit organization that serves adults who allegedly have committed a crime and are struggling with underlying causes and conditions. SWMBHs Integrated Care

department maintains a distance presence as a resource and partner.

- Ongoing assessment of health disparities related to FUA and FUH. Integrated Care is working to identify gaps and possible resolutions to closing disparate gaps in care and access to care. This year, Integrated Care worked extensively with each Medicaid Health Plan to establish barriers, gaps, ways to partner, and more. We met frequently with health plans to discuss current efforts to reduce health disparities and collaborate where needed. We partnered with one health plan, Meridian, in February 2021 to share social media posts educating members, attempting to break stigma and encourage healthcare and follow-up care for minority members. We also partnered with Meridian to create a follow-up after hospitalization flyer that we sent to providers (hospitals) and put in the SWMBH provider network newsletter. Meridian also shared that flyer with their providers. We continue the ongoing work of breaking down barriers to health inequities and disparities.
- Collaborated with other departments within SWMBH to effectively meet NCQA and other requirements.
- Participated with 3 other PIHPs in development of a proposal for MDHHS for care management of members unenrolled in a health plan who have complex medical needs. This proposal was delivered to MDHHS in May 2021.

Substance Use Disorder (SUD) Interventions

Naloxone/Narcan Program:

- Trained community members in overdose education and naloxone distribution (2,694 kits distributed).
 - Over 120 overdose reversals were reported by community members.
 - Partnered with 92 first responder agencies (law enforcement agencies and fire departments) distributing over 1,174 naloxone kits region wide.
 - 137 overdose reversals were reported by first responder agencies
- Completed year two of the State Opioid Response (SOR2) grant which:
 - Provided \$1,385,000 of additional funding.
 - Expanded prevention programming to youth community centers and disparate populations.
 - Allow for the continuation of various overdose education and naloxone distribution activities.
 - Provided funding for Recovery Home staffing for 6 houses.
 - Funded Recovery Coach outreach services in Kalamazoo and Berrien counties.
 - Maintained the utilization of recovery coaches in emergency departments using.
 - Project ASSERT (Alcohol & Substance abuse Services, Education and Referral to Treatment) in Kalamazoo, Calhoun, and Berrien counties.
 - Initiated Recovery Coach services in Van Buren county.
 - Added SUD specific case management positions in Berrien, Branch, St. Joe, and Cass counties.
 - Expanded SUD services in the St. Joe county jail.
- Completed State Opioid Response No Cost Extension (SOR) grant of \$1,460,996. Programming for this grant included:
 - Medication-assisted treatment (methadone) in the Kalamazoo County jail.
 - Expanding youth and family prevention programming the evidence-based practices:
 - Guiding Good Choices, Prime for Life, Life Skills Training and Project Towards No Drug Abuse.

- Implementing SBIRT in two Federally Qualified Health Clinics (FQHC) by utilizing recovery coaches in St. Joe and Kalamazoo counties; implemented contingency management at one FQHC.
- Supported the staffing at recovery centers in Berrien County and Calhoun County.
- Supported the Opioid Overdose Response Program (OORP) in Kalamazoo County.
- Staffing support for the development and implementation of a safe syringe/harm reduction program in Kalamazoo County, including outreach to homeless encampments which served over 200 customers.
- Outreach Recovery Coach in Kalamazoo county.
- Applied for and received \$1,297,873 of COVID19 Supplemental funding. Programming for FY21 included:
 - Expanding prevention services
 - Additional staff support for the Recovery Center in Berrien county.
 - Additional training for prevention providers
 - Unspent funding can be carried over
- Completed Partnership for Success (PFS) Grant in St. Joe and Van Buren counties. Focus of the PFS Grant:
 - Services for persons who are already using but, who do not yet meet criteria for addiction diagnosis (early intervention)
 - Services for the Hispanic Community (identified as the local group most affected by healthcare disparity): SWMBH developed a Prime-for-Life Program service in Spanish Language provided on-line for the two PFS counties; SWMBH plans to expand the offer to the other counties in the region in FY'22.
- Implemented ASAM Continuum assessment:
 - Trained over 150 clinicians
 - Interface with SWMBH's MCIS was completed and functional by 10/1/21 meeting MDHHS deadline.
- Wrote and submitted 3-year SUD Strategic Plan to MDHHS.
- Provided SUD treatment services to almost 5,000 customers.
- Provided PA2 funding and oversight to 53 treatment programs.
- Gambling Disorder Prevention Program:
 - Completed two prevention campaigns that included a focused campaign on sports betting.
 - Participated in National Problem Gambler Awareness Month by implementing social media messaging and conducting gambling screenings at SUD providers.
 - Implemented standardized gambling screening for all SWMBH SUD calls.
 - Maintained WinThemBack.org where individuals are re-directed to the SWMBH.org website to access problem gambling symptoms, warning signs, and risk factors.
- Maintained the addition of an Addictionologist for consultation and integration of substance use disorders and medical care.
- Despite significant school and site closures and disruptions brought about by the COVID-19 health crisis, SUD prevention providers were able to make necessary adjustments in order to meet the challenge of serving youth, families, adults and other community partners through education/curriculum-based programs in every single county, through in-person programming

and virtual facilitation of groups. Altogether, providers were able to start and complete 175 education-based groups (with multiple sessions), serving a total of 2,979 persons.

- Collected over 12,000 pounds of unused and expired medication through year-round efforts maintained by local programs (Pharmacy collection program is not counted in this number).
- Synar tobacco retailer compliance measure: Score of 91.7% compliance level (Synar is named after Mike Synar, who was the Congressman who sponsored the Bill).
- All ten SUD prevention providers surpassed the required minimum performance rating of 85%.
- Assisted and trained providers in entering accurate, timely, and complete BH TEDS admissions to meet/exceed MDHHS standard of 95% matching admission to encounters.
- Implemented Opioid Health Home in two counties (Kalamazoo and Calhoun).
- Successful implementation of Opioid Health Home.
- Enrolled almost 500 unique customers.
- Enrollment averages about 340 customers.
- Provided over 6,200 OHH services
- Facilitated training opportunities to community health outreach workers.
- Partnered with Health Management Associates to identify clinical standards of care
- Provided technical assistance to OHH partners
- Assisted and supported both prevention and treatment providers with the transition to telehealth/telephonic services during the COVID-19 pandemic.
- Continued sustainability assistance for providers.

Grants:

- Transition Navigator Grant to assist adults with SMI or Co-Occurring Disorders in inpatient psychiatric hospitals or other residential settings to transition home or to a safe environment for further recovery. - \$298, 880.
- Transportation to and return from Crisis Housing in Kalamazoo or Grand Rapids. 101,120
- Veterans Navigator Grant for \$100,000
- Clubhouse Spend-down Grant for \$100,000 to cover services for those with Medicaid spend downs in Clubhouse.
- Under COVID 19 Mental Health Block grants issued in summer of FY21 we received two different grants both seeking the workforce development of peers or persons with lived experience as Outreach workers and designed to help people with the effects of the Covid pandemic.
 - Family Warmline and Family Outreach workers for children and families with SED children as well as the Gatekeeper program for suicide awareness and prevention for Middle schools and High school students through Gryphon Place. Each CMH will have \$100,000 per year to employ outreach workers who have lived experience. \$366,000 for FY21
 - \$291,000 was received and distributed for Crisis Training and Outreach workers, for Adults with Mental Illness and Co-occurring disorders throughout the pandemic and for assistance in managing symptoms through Outreach workers with lived experience and/or training as Community Health outreach workers.

Quality Assurance and Key Performance Metrics

- Updated all Quality policies and procedures to meet current NCQA accreditation standards, as well as State and Federal contractual obligations.
- Organized, distributed, and completed analysis on Regional Survey projects, such as; The annual consumer satisfaction survey, the Person in Recovery Survey, Utilization Management Access Survey, and the Physical Health/Behavioral Health Communications Survey.
- Collected information for the annual Performance Bonus Incentive Project (PBIP) Narrative Report, which represents a collection of Regional achievement in the areas of: Comprehensive Care, Patient-Centered Medical Homes, Coordination of Care, Accessibility to Services and Quality and Safety of Care.
- Achieved 100% Compliance Score on the 2020 Performance Bonus Incentive Program (PBIP) Narrative report, translating into \$1,765,032.62 in achieved bonus award from MDHHS.
- Achieved National Committee for Quality Assurance (NCQA) Managed Behavioral Health Care Organization Reaccreditation for the Medicare Business Line.
- Achieved 100% of possible 2020 Meridian Health Plan Quality Withhold measures, which allowed SWMBH to capture/retain all bonus dollars.
- Achieved 90% of possible 2020 Aetna Health Plan Quality Withhold Measures, which allowed SWMBH to capture/retain all bonus dollars.
- Met 100% of MI Health Link contractual obligations and completed 11 monthly core reports, 4 quarterly reports, and many Adhoc reports reflecting access measures and analysis.
- Improved MI Health Link Level II Assessment follow-up rates: (follow-up with patients released from an inpatient facility with 15 days or less).
 - o 2019 – 99.11% 2020 - 99.44% 2021 – 99.63%
- Achieved a (+1.72%) improvement in the ‘Improved Functioning’ category in our 2020 Customer Satisfaction Survey Scores (Adult Survey – MHSIP).
- Achieved a (1.74%) improvement in the ‘Improved Outcomes’ category in our 2020 Customer Satisfaction Survey Scores (Youth Survey – YSS).
- Achieved a (+0.14 point) Overall improvement in our 2020 Self Recovery (SUD) Survey Scores over the previous year’s results:
 - o 2017 – 4.18 2018 – 4.13 2019 – 4.22 2020 – 4.36
- Improved analysis and reports developed in Tableau Data Analytics tool around Functional Assessment tools, including Level of Care Utilization System; Supports Intensity Scale, American Society of Addiction Medicine, and Child and Adolescent Functional Assessments Scale.
- Helped to organize and facilitate 11 annual audits/reviews by various oversight agencies, including (HSAG, MDHHS, NCQA, Aetna, and Meridian).
- Led and facilitated the formulation of the 2021-2022 Board Ends Metrics in collaboration with all SWMBH functional areas and Regional Committees.
- Helped to facilitate Regional response efforts regarding the MDHHS 2021-2022 Strategic Pillars.
- Formulated monthly MHL analysis reports on key metric areas, which allowed SWMBH to identify areas of improvement.
- Facilitated Regional Quality Management Committee and MI Health Link Committee Meetings, along with identification of Regional Improvement efforts and Performance Improvement Projects.

Board Ends Metrics Achieved during FY 2021 (October 1, 2020 – September 30, 2021)

Board Ends Metric	Metric Result	Board Approved Date
2020 PBIP Narrative Report Achieve 95% of Performance Based Incentive Program monetary award based on MDHHS specifications.	Metric Achieved Notice provided by MDHHS on 1/29/2021 SWMBH submitted required report on 11/13/2020 100% of metrics achieved and 100% of bonus earned (\$2,894,028.48)	Board Presentation and Approval on: 3/9/21
2020 PBIP Metrics Reports Achieve the following Joint expectations for the MHP's and SWMBH. There are 100 points possible for this bonus metric in CY20	Metric Achieved Notice provided by MDHHS on 1/29/2021 SWMBH submitted required report on 11/13/2020 100% of metrics achieved and 100% of bonus earned (\$2,894,028.48)	Board Presentation and Approval on: 3/9/21
2020 Customer Satisfaction Surveys collected by SWMBH are at or above the SWMBH 2019 results for the following categories: Mental Health Statistic Improvement Project Survey (MHSIP) tool. (Improved Functioning) Youth Satisfaction Survey (YSS) tools. (Improved Outcomes)	Metric Achieved The Annual Satisfaction Survey Project was completed on 2/5/2021. The MHSIP (adult) 'Improved Functioning' category observed an improvement of +1.72% (86.82%) over the previous year's result (85.1%). The YSS (youth) 'Improved Outcomes' category observed an improvement of +1.74% (83.04%) over the previous year's result (81.30%).	Board Presentation and Approval on: 3/9/21
2020 Health Service Advisory Group (HSAG) External Quality Compliance Review (90% of Sections evaluated receiving a score of "Met").	Metric Achieved On December 18, 2020 SWMBH was notified by HSAG that is received a score of 99% on the 2020 audit cycle. This score makes SWMBH the highest scoring PIHP for the 2nd consecutive year.	Board Presentation and Approval on: 3/9/21

Each quarter, at least 53% of parents/or caregivers of youth and young adults who are receiving applied behavior analysis (ABA) for Autism will receive Family Behavior Treatment Guidance. This service supports families in implementing procedures to teach new skills and reduce challenging behaviors.	<p>Metric Achieved</p> <p>Q1: 65.2% Q2: 62.7% Q3: 68.2% Q4: 58.8%</p> <p>895/1405 = 63.72% average</p>	Board Presentation and Approval on: 3/9/21
Achieve a 4-percentage point improvement in the rate of Diabetes screenings for consumers with schizophrenia or Bipolar Disorder who are using Antipsychotic Medications.	<p>Metric Achieved</p> <p>Target: 76% Current Status: 80%</p>	Board Presentation and Approval on: 6/11/21
SWMBH will achieve 90% of available monetary bonus award for achievement of quality withhold performance measures identified in the (2020-2021) MHL Integrated Care Organization (ICO) contracts.	<p>Metric Achieved</p> <p>Meridian = 100% Aetna = 89%</p> <p>Total Percentage Achieved: 94.5%</p>	Board Presentation and Approval on: 4/9/21
48/56 or 85% of State Measured MMBPIS Indicators will be at or above the State benchmark for 4 quarters for FY20	<p>Metric Achieved</p> <p>Current Status: Q1:15/16 Q2: 8/8 Q3: 6/7 Q4: 6/7</p> <p>Total Percentage Achieved 35/38 = 92.1%</p>	Board Presentation and Approval on: 4/9/21
SWMBH will achieve Recertification of National Committee for Quality Assurance (NCQA) – Managed Behavioral Healthcare Organization Medicare Service Line.	<p>Metric Achieved</p> <p>SWMBH was awarded a 1-year reaccreditation by NCQA on March 25, 2021.</p> <p>SWMBH's Current Accreditation is through June 25, 2022</p>	Board Presentation and Approval on: 4/9/21
Regional Habilitation Supports (HSW) Waiver slots are full at 98% throughout the year. (10/1/20 – 9/30/21)	<p>Metric Achieved</p> <p>99.9% of HSW slots have been filed in FY 21, per the MDHHS status report.</p>	Board Presentation and Approval on:10/8/2021

	*SWMBH has been the best performing PIHP in the State for 4 consecutive years.	
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Audits and Accreditations:

- Successfully achieved National Committee for Quality Assurance (NCQA), Managed Behavioral Health Organization (MBHO) Reaccreditation for the SWMBH Medicare Business Line, which is good until June 25, 2022.
- Created comprehensive NCQA worksheets to assist SWMBH departments toward earning 3-year accreditation in 2022; complete with NCQA language, requirements, scores, workplan, and assignment of duties with bi-weekly meetings to monitor progress.
- Coordinated NCQA gap analysis to include data collection from ICOs, MiHIN, MHL Members, MHL Providers, MDHHS and SWMBH leadership.
- Successful Financial Compliance Audit with no findings.
- Successful Completion of the 2020 Health Service Advisory Group (HSAG) – Performance Measure Validation Audit; with 37 out of 37 total elements evaluated, receiving a designation score of “Met,” “Reportable” or “Accepted,” which represents 100% compliance.
- Achieved a 99% Compliance rate on our 2020 Health Service Advisory Group (HSAG) External Quality Review meeting 267/269 elements evaluated. (*Best amongst all Michigan PIHP’s)
- 100% Compliance on 2021 Aetna Annual Delegation Audit, which includes reviews of: Case Management, Customer Service, Grievance and Appeals and Utilization Management.
- 100% Compliance on 2021 Aetna (Medicare) Compliance Program Effectiveness Audit.
- 100% Compliance on 2021 Aetna Claims Audit.
- 100% Compliance on 2021 Meridian Health Plan Delegated Credentialing Audit.
- Participated and achieved full compliance during the 2021 Meridian Center for Medicare/Medicaid Service. (CMS) Service Authorization Requests, Appeals and Grievances (SARAG) Delegation Audit.
- Participated and achieved full compliance during the Aetna CMS SARAG Delegation Audit.
- Achieved 100% compliance on 2021 MDHHS Substance Use Disorder (SUD) Administrative Audit.
- Worked with IT to automate a very time-consuming step of the monthly SARAG data pull, resulting in a significantly quicker process with reduced manual labor every month.
- Researched new 2022 CMS SARAG regulations and coordinated meetings with ICOs and SWMBH point persons so that SWMBH is ready to implement the necessary changes on January 1, 2022.
- Improved working relationships and trust between SWMBH and ICOs through ongoing collaboration and partnership around JOCs and SARAG deliverables.

2021 SWMBH Board Member & Board Alternate Attendance												
Name:	January	February	March	April	May	June	July	August	September	October	November	December
Board Members:												
Ruth Perino (Barry)												
Edward Meny (Berrien)												
Tom Schmelzer (Branch)												
Marcia Starkey (Calhoun)												
Terry Proctor (Cass)												
Erik Krogh (Kalamazoo)												
Carole Naccarto (St. Joe)												
Susan Barnes (Van Buren)												
Alternates:												
Robert Becker (Barry)												
Randy Hyrns (Berrien)												
Jon Houtz (Branch)												
Kathy-Sue Vette (Calhoun)												
Jeanne Jourdan (Cass)												
Patricia Guenther (Kalamazoo)												
Cathi Abbs (St. Joe)												
Angie Dickerson (Van Buren)												

as of 8/13/21

Patrick Garrett (Calhoun)												
Mary Middleton (Cass)												

Green = present

Red = absent

Black = not a member

Gray = meeting cancelled

1	Total other state restricted revenues	0
2	State general fund/general purpose	\$ 0
3	Sec. 152. DEPARTMENT OF HEALTH AND HUMAN	
4	SERVICES	
5	(1) APPROPRIATION SUMMARY	
6	GROSS APPROPRIATION	\$ 348,000,000
7	Interdepartmental grant revenues:	
8	Total interdepartmental grants and	
9	intradepartmental transfers	0
10	ADJUSTED GROSS APPROPRIATION	\$ 348,000,000
11	Federal revenues:	
12	Total other federal revenues	348,000,000
13	Special revenue funds:	
14	Total local revenues	0
15	Total private revenues	0
16	Total other state restricted revenues	0
17	State general fund/general purpose	\$ 0
18	(2) ONE-TIME APPROPRIATIONS	
19	Behavioral health provider recruitment	\$ 15,000,000
20	Child advocacy centers	8,000,000
21	Clinical integration fund	25,000,000
22	Community mental health services programs	
23	integration readiness	50,000,000
24	Community substance use disorder prevention,	
25	education, and treatment grants	10,000,000
26	Crisis stabilization units	10,000,000
27	Department of health and human services	
28	integration readiness	10,000,000

1	Greenlawn enhancements	3,000,000
2	Hawthorn Center expansion	5,000,000
3	Hospital infrastructure enhancements	20,000,000
4	Infrastructure grants to enhance pediatric	
5	inpatient services	100,000,000
6	Jail diversion fund	15,000,000
7	Mental health block grant	10,000,000
8	Michigan essential health provider loan	
9	repayment program	25,000,000
10	Northern Michigan psychiatric hospital bed	
11	investment	5,000,000
12	Psychiatric residential treatment facilities	10,000,000
13	Recovery high schools and recovery community	
14	organizations	2,000,000
15	State psychiatric capital outlay investment	25,000,000
16	GROSS APPROPRIATION	\$ 348,000,000
17	Appropriated from:	
18	Federal revenues:	
19	Coronavirus state fiscal recovery fund	348,000,000
20	State general fund/general purpose	\$ 0

PART 2

PROVISIONS CONCERNING APPROPRIATIONS

FOR FISCAL YEAR 2021-2022

GENERAL SECTIONS

Sec. 201. Pursuant to section 30 of article IX of the state constitution of 1963, total state spending from state sources under part 1 for the fiscal year ending September 30, 2022 is

04075'21



SB 597 – S-2 (Shirkey) 10/26/21











- Reconfigures the phases so that the first phase focuses specifically on children (both foster youth and those with an SMI or SED), the second phase focuses on SMI/SED adults, the third phase focuses on individuals with a SUD diagnosis, and the I/DD population is in the fourth phase (there were only 3 phases initially, as the first phase originally included both kids and adults with an SMI or SED diagnosis).
- Extends the duration of each phase from 18 months to 2 years.
- Extends the full integration date from 2026 to 2030 (to account for the new phase timeline).
- Adds language that would allow MDHHS to terminate a phase if it is deemed unsuccessful (in consultation with the behavioral health accountability council).
- Requires the behavioral health accountability council to conduct their own evaluation of each implementation phase and provide MDHHS with the results of their evaluation. The council's results could ultimately be used in the department's separate evaluation and final determination of their findings.
- Adds the Michigan Association of Alcoholism and Drug Abuse Counselors to the definition of "interested parties". This addition is to ensure that there is sufficient SUD representation in the development of the integration plan.
- Adds language to ensure that in the development of the metrics, MDHHS and representatives of the interested parties ensure they are:
 - Tailored to each of the populations included in the specific phase(s) of implementation;
 - Take into consideration lessons learned from any past integration efforts (this could include the CCBHCs, the CHIRs, or other integration pilots, but no specific pilot is referenced in the bill);
 - Are developed and made publicly available at least 6 months before the phase of implementation
- Requires that any GF money distributed to the CMHs or other providers (as determined by the department) must receive 100% of the intended reward -- no administrative fees would be permitted.

SB 598 – S-2 (Bizon) 10/26/21

- The bill wipes out the CMH system – Sec. 203. Throughout this chapter, a specialty integrated plan is not responsible for the duties set forth in this chapter until after completion of a successful transition under the social welfare act, 1939 PA 280, MCL 400.1 to 400.119b. After the specialty integrated plan has completed a successful transition, the specialty integrated plan shall take over the duties set forth in this and the community mental health services program shall no longer be responsible for those duties. The behavioral health accountability council shall determine the successful transition at each phase of integration establishing when the specialty integrated plan is responsible and the community mental health services program is no longer responsible.
- The bill makes numerous language modifications to align with the changes made in SB 597, including the updated metrics, evaluation, timelines, responsibilities of the council, and phases.

- Adds the following additional members to the behavioral health accountability council:
 - The director of the office of recipient rights;
 - One individual representing an organization or institution with experience in research on physical and behavioral health;
 - One individual representing a private provider or agency of SUD services.

Changes must be made to the current mental health (behavioral health) system in Michigan. For the disability community, these elements are essential:

<ul style="list-style-type: none"> ▪ All services are available, under uniform statewide policies, no matter where you live in Michigan. Criteria for who receive services needs to be the same across Michigan. 	
<ul style="list-style-type: none"> ▪ The Michigan Department of Health and Human Services is the direct administrator and makes sure community (Community Mental Health and others) and hospital contracts are followed for quality, compliance with state regulations, and protection of recipient well-being. This means enforcement, consequences, and/or sanctions. 	
<ul style="list-style-type: none"> ▪ Local delivery, control, and coordination of seamless services (medical and mental health) based on individual needs, no matter the payer (including people without Medicaid). Financial integration does not improve service coordination at the person level. 	
<ul style="list-style-type: none"> ▪ To prevent conflicts of interest, independent case management services are provided by those who are not paid by any of the service providers, including Community Mental Health. 	
<ul style="list-style-type: none"> ▪ Individuals receiving mental health (behavioral health) services decide what services they need through a process called person-centered planning. 	
<ul style="list-style-type: none"> ▪ All people no matter their disability, direct their own services and have control over public money spent on them, no matter where they live in Michigan. 	
<ul style="list-style-type: none"> ▪ Families, with guidance from their children when old enough, decide their needed services following family-driven/youth-guided practice. 	
<ul style="list-style-type: none"> ▪ An independent statewide system resolves complaints, grievances, appeals, and rights issues. 	
<ul style="list-style-type: none"> ▪ A publicly managed system that is accountable to the community must be open to the community and follows the Open Meetings and Freedom of Information Acts. 	
<ul style="list-style-type: none"> ▪ Direct Care Workers are paid a competitive wage with benefits. 	

Endorsed by the following organizations:

