AGENDA

BAY ARENAC BEHAVIORAL HEALTH
BOARD OF DIRECTORS
PROGRAM COMMITTEE MEETING

Thursday, May 9, 2024 at 5:00 pm

Room 225, Behavioral Health Center, 201 Mulholland Street, Bay City, MI 48708

Committee Members:	Present	Excused	Absent	Committee Members:	Present	Excused	Absent	Others Present:
Chris Girard, Ch				Pam Schumacher				BABH: Heather Beson, Joelin Hahn, Chris Pinter, Rachel Lemiesz, and Sara McRae
Jerome Crete				Robert Pawlak, Ex Off				
Sally Mrozinski				Richard Byrne, Ex Off				
Toni Reese								Legend: M-Motion; S-Support; MA-Motion Adopted; AB-Abstained

	Agenda Item	Discussion	Motion/Action
1.	Call To Order & Roll Call		
2.	Public Input (Maximum of 3 Minutes)		
3.	Nomination & Elections 3.1) Committee Chair 3.2) Committee Vice Chair		3.1) Consideration of nomination to elect _____ as Committee Chair 3.2) Consideration of nomination to elect _____ as Committee Vice Chair
4.	Clinical Program Review 4.1) Residential Services, R. Lemiesz		4.1) No action necessary
5.	Unfinished Business 5.1) None		
6.	New Business 6.1) Conflict Free Access & Planning Update, C. Pinter		6.1) No action necessary

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	6.2) Expansion of Inpatient Pediatric Psychiatric Beds, C. Pinter 6.3) Revised General Fund (GF) Eligibility Plan, J. Hahn 6.4) Strategic Initiatives Update, H. Beson & J. Hahn		6.2) No action necessary 6.3) No action necessary 6.4) No action necessary
7.	Adjournment	M - S - pm	MA

Behavioral Health Managed Care Service Provision and Authorities

Authority	Behavioral Health 1115 Waiver	Behavioral Health Covered EPSDT	Behavioral Health Covered State Plan	Children's Waiver 1915(c)	SED Waiver 1915(c)	Habilitation Supports Waiver 1915(c)	1915 (i) SPA
Services	• PIHP Managed Care Authority • **SUD Services**	• ABA • Community Living Supports • Home-Based • Family Support & training • Peer Delivered or operated services • Prevention Direct Service Models • Skill Building • Supported/integrated Employment • Supports Coordination • Wraparound	• Assertive Community Training • Assessments • Behavior Treatment Review • Child Therapy • Clubhouse Psychosocial Rehabilitation • Crisis Intervention & Residential • Family Therapy • Health Services • Individual & Group Therapy • Inpatient Psych Hospitalization • Intensive Crisis Stabilization • Medication Admin/Review • Nursing Facility MH Monitoring • OT, PT, Speech • **Peer-delivered or -operated services** • Personal Care in Specialized Homes • **Supports Coordination** • Targeted Case Management • Telemedicine • Transportation • Treatment Planning	• Community Living Supports • Enhanced Transportation • Environmental Accessibility Adaptations (EAA) • Family Support & Training • Fiscal Intermediary • Non-family training • Respite • Specialized Medical Equipment & Supplies • Specialty Services **NEW** • Overnight Health and Safety Support	• Community Living Supports • Child Therapeutic Foster Care • Family Support & Training • Non-family training • Therapeutic Activities • Therapeutic Overnight Camp • Community Transition Services • Respite • Wraparound **NEW** • Fiscal Intermediary • Overnight Health and Safety Support	• Community Living Supports • Enhanced Medical Equipment & Supplies • Enhanced Pharmacy • Environmental Modifications • Family Support & Training • Goods and Services • Out-of-home non-vocational habilitation • Personal Emergency Response System (PERS) • Prevocational Services • Private Duty Nursing • Respite • Supported/Integrated Employment **NEW** • Fiscal intermediary • Non-family Training • Overnight Health and Safety Support	1. Community Living Supports 2. Enhanced Pharmacy 3. Environmental Modifications 4. Family Support & Training 5. Fiscal Intermediary 6. Housing Assistance 7. Specialized Medical Equipment & Supplies (Assistive Tech) 8. Respite 9. Skill Building 10. Supported/Integrated Employment 11. Vehicle Modification (Assistive Tech)

Chris Pinter

From: Chris Pinter
Sent: Wednesday, April 24, 2024 11:54 AM
To: Jordan, Kristen (DHHS)
Subject: More on conflict free access and planning
Attachments: USDHHS Use of 1915i Medicaid Option for MH and SUD, November 2016.pdf

Hi Kristen,

Since I know that this has become your "favorite" subject in the last year:

See excerpt from "The Use of 1915(i) Medicaid Plan Option for Individuals with Mental Health and Substance Use Disorders", USDHHS, Assistant Secretary for Planning and Evaluation, Office of Disability, Aging and Long Term Care Policy, November 2016, pg. 23 (bold and italics added):

> Conflict-Free Case Management
>
> ***Experts and officials noted that the requirement of conflict-free case management is imposed administratively, not required by statute***. CMS thus may have flexibility to reinterpret the requirement.
>
> Our informants explained that any such reinterpretations would need to retain safeguards against undue influence exerted by those who have financial interests at stake. *At the same time, a revised approach to conflict-free case management could let beneficiaries obtain advice from providers with whom they have longstanding relationships of trust.* ***State officials suggested the example of limiting conflicts when a provider furnishes advice by determining case management reimbursement without regard to volume of services provided. Advice could also be required to include full disclosure, in plain language, of the provider's financial interests. As a final example, when a state administers 1915(i) together with other coverage vehicles for HCBS, states might be allowed to use common conflict avoidance rules for all vehicles.***

All of these examples could apply to Michigan and be implemented without unnecessarily disrupting the established delivery system.

For example, most CMHSPs are essentially prepaid on a capitated basis through the shared risk PIHP contract, thus there is no direct pecuniary relationships to assessment, planning and case management services **and** the volume of services delivered. However, **CMHSPs themselves *would* be required to safeguard this conflict for any *other* providers in their network**. This particularly applies to the largest individual CMHSPs for Wayne, Oakland, Macomb, Genesee and Kent Counties.

In addition, CMHSPs could also formally disclose the ownership, control and financial interests of the organization to all consumers detailing our public responsibility as an instrument of the county for carrying out a government responsibility transferred from the state by statutory process. We have been disclosing these interests to MDHHS and the PIHPs since 2007.

And lastly, the conflict free strategies ALREADY approved by CMS for the other Medicaid coverage vehicles (i.e. 1115, 1915c) could also be extended to the 1915(i) services.

Chris

Chris Pinter

From: Monique Francis <MFrancis@cmham.org>
Sent: Wednesday, May 8, 2024 11:23 AM
To: Monique Francis
Cc: Robert Sheehan; Alan Bolter
Subject: Next phase of Conflict-Free advocacy initiative to kick off

To: CEOs of CMHs, PIHPs, and Provider Alliance members; CMHA Officers; Members of the CMHA Board of Directors and Steering Committee; CMH & PIHP Board Chairpersons
From: Robert Sheehan, CEO, CMH Association of Michigan
Re: Next phase of Conflict-Free advocacy initiative to kick off

As you know, many of you, CMHA, persons served, and our allies have repeatedly expressed deep concern regarding the MDHHS approach to meeting the federal Conflict-Free Access and Planning (CFAP).

ADVOCACY WORK TO DATE: The advocacy work by many of you and CMHA, over the last few months, has included:

1. The development of a sound **list of concerns and recommended alternative approaches to meeting the CFAP requirements** (a document that you have seen in a number of CMHA-related venues and publications)
2. **Support for the work of the representatives of the CMH, PIHP, and provider on the MDHHS CFAP Workgroup**. The members of that workgroup were strong champions for the system and those served by the system and voiced their concerns, repeatedly, regarding the Department's proposed CFAP approach. Unfortunately, because the members of this Workgroup were not supportive of the Department's CFAP direction, the Workgroup was disbanded.
3. **Insisting that MDHHS listen to the voices of those served by our system**. As a result, MDHHS held **Listening Sessions** to obtain the views of persons served. Those listening sessions underscored the concerns of persons served. Some of the views expressed by persons served include:

    - "I think [Separating access/planning from direct service] could be problematic due to a person having to repeat providing their info…"
    - "Having to go from here, to here, to here to do it when being in a place where I need help would be a lot. It's a lot to ask one person to go through."
    - "The concern is the challenge is managing [different organizations] that need to be in alignment with one another. The management now is already a concern.
    - "…if no communication or miscommunication this will be hard because it will be left to person with disabilities to relay info."
    - "Between the point of access and referral, things get dropped and lost."
    - "It feels like the game it goes through several people and it is not the same in the end after it has moved through all the steps."

4. CMHA has **met with MDHHS leadership**, repeatedly, over the past several months – with greater frequency and intensity over the past several weeks, to express our concerns and those of you, our members, regarding the Department's approach to CFAP.

Unfortunately, the Department is continuing to pursue its proposed approach to CFAP, in spite of the concerns raised via the venues outlined above.

NEXT PHASE OF ADVOCACY: Due to the unwillingness of MDHHS to alter its CFAP course of action, CMHA will be launching a grassroots and legislative strategy in the coming days**. Look for the call to action, from Alan Bolter, CMHA's Associate Director, headed your way in the next few days**. We ask that you take the actions that Alan requests, in his call to action/Action Alert.

Chris Pinter

From: Chris Pinter
Sent: Thursday, April 25, 2024 2:54 PM
To: Rep. Timothy Beson (District 96)
Subject: Follow-up to Section 1965(1)(h) of PA 166 of 2022

Representative Beson,

I hope this message finds you well. I believe from our earlier conversations that you were the driving force behind Section 1965(1)(h) of Public Act 166 of 2022 which included the following (italics added):

> *Sec. 1965. (1) From the funds appropriated in part 1 for behavioral health care services and facilities, the department shall allocate $170,600,000.00 to increase behavioral health service and facility capacity. From the funds allocated in this section, the department must allocate all of the following:*
>
> > *(h) $5,000,000.00 to create a 1-time grant for capital expenditures for not less than 1 hospital to increase the number of inpatient pediatrics psychiatric beds located in a county with a population between 190,000 and 191,000, or 103,000 and 104,000, according to the most recent federal decennial census.*

This is either Saginaw or Bay Counties. We had some initial discussion with McLaren Bay Region in 2023 and they were not interested in increasing any of their inpatient beds for children. McLaren was in the middle of adding geriatric psychiatric beds to the Bay City campus at the time and have since replaced their CEO.

BABHA recognizes the need to have more children's psychiatric beds available in order to reduce demand on families and emergency rooms during a crisis situation. We also have board members that would like to move this important opportunity forward. The difficulty may be convincing McLaren or Health Source Saginaw to expand children's beds to access these grant funds.

BABHA would be interested in partnering with your office to arrange an opportunity to discuss this further with the administration at either hospital to identify a path to expand children's beds in our area. I am sure Saginaw CMH would also support us, particularly if we approached Health Source Saginaw, with whom we both have a strong relationship. We would also be willing to investigate any other possibilities for these funds such as a children's crisis residential or stabilization unit if this would also be an option.

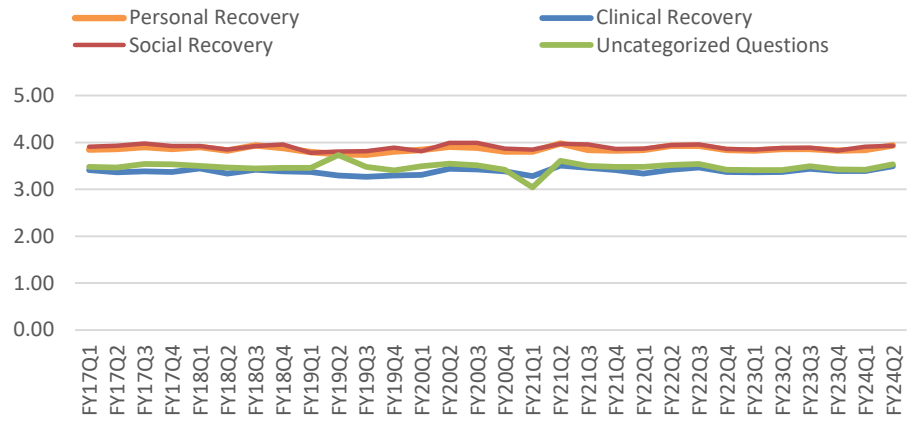
Any guidance that you could offer on this matter would be very much appreciated.

Christopher Pinter
Chief Executive Officer
Bay-Arenac Behavioral Health

Indicators for Program Committee

Adults w/ Mental Illness Demonstrating Improvement (Recovery Assessment Scale)

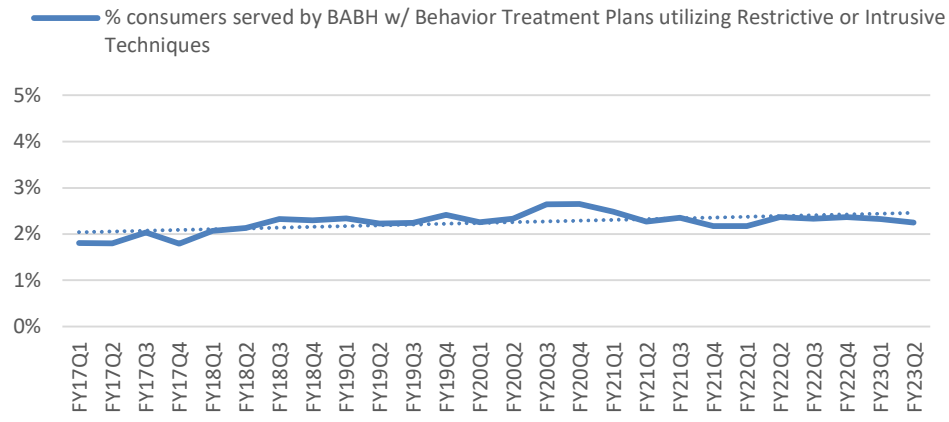
Updated 4/16/2024 **Through FY24Q2**



Notes:

Use of Restrictive or Intrusive Behavioral Interventions

Updated 5/1/2024 **Through FY23Q2**

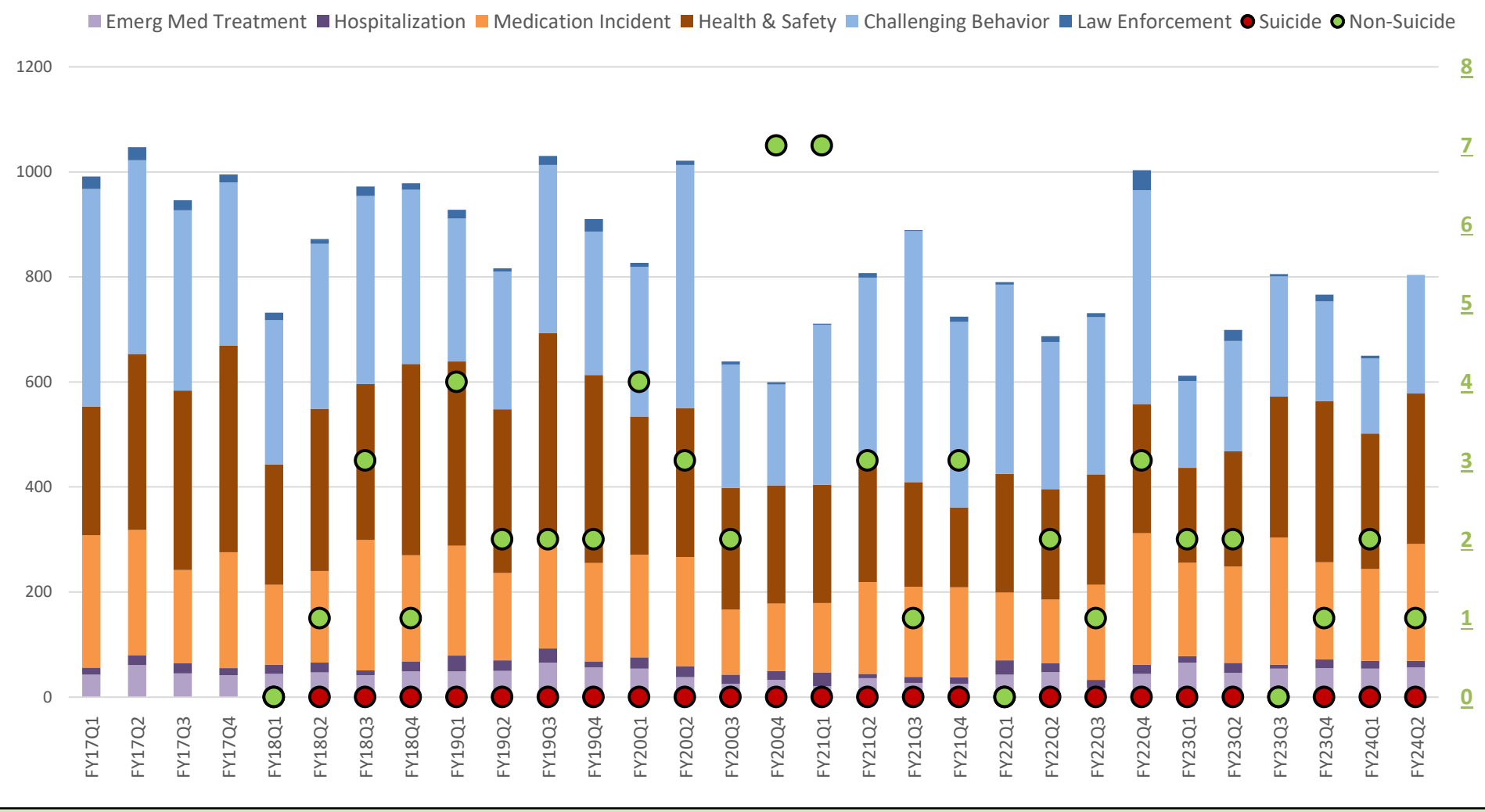


Notes:

04/14/22: Expect numbers to increase due to improvements in reporting/counting
10/12/21: Committee continuing to looking harder at meds, so may continue to be an increase.
04/08/21: Changes due to ABA have levelled off.
10/08/19: Trend upward attributed to ABA treatments and increased awareness of what is considered intrusive - i.e., more accurate reporting.

Incident Reports 24 Hour Residential

Updated 5/1/2024 **Through FY24Q2**

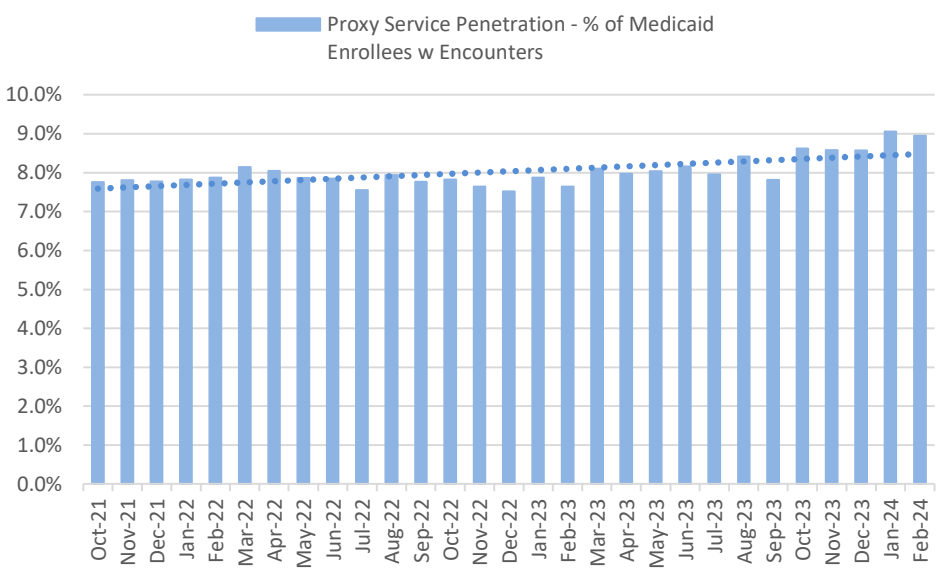


Notes:

10/14/21: IR reporting has fallen during the staffing emergency and pandemic.
09/09/20: Increase in challenging behaviors for FY20Q2 was the result of one consumer experiencing significant difficulties.

Proxy Service Penetration - % of Medicaid Enrollees w Encounters

Updated 4/26/2024 **Through Feb-24**

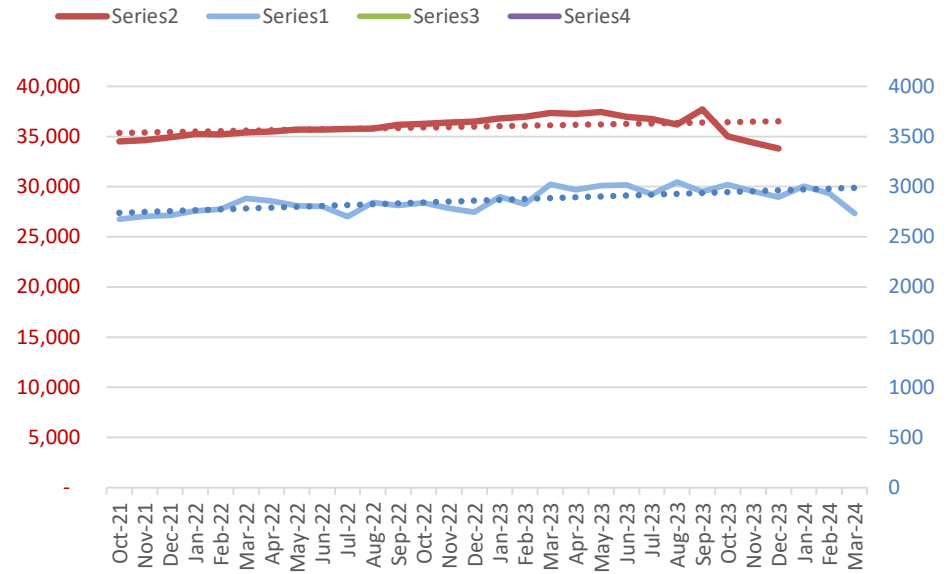


Notes

10/14/21: Reduction in penetration rate is believed to be due to some improvement in availability of Medicaid Health Plan behavioral health services, annual verification of eligibility via clinical assessments (went in effect in FY19 or so), and reduction in program capacity due to tightness of the LMSW job market.
FY20Q2: This is a BABHA designed proxy measure for the MSHN service penetration rate data report (which is not consistently available and does not appear to match sent encounters until year end)

Proxy Service Penetration - # of Medicaid Enrollees & People w Encounters

Updated 4/26/2024 **Through Mar-24**

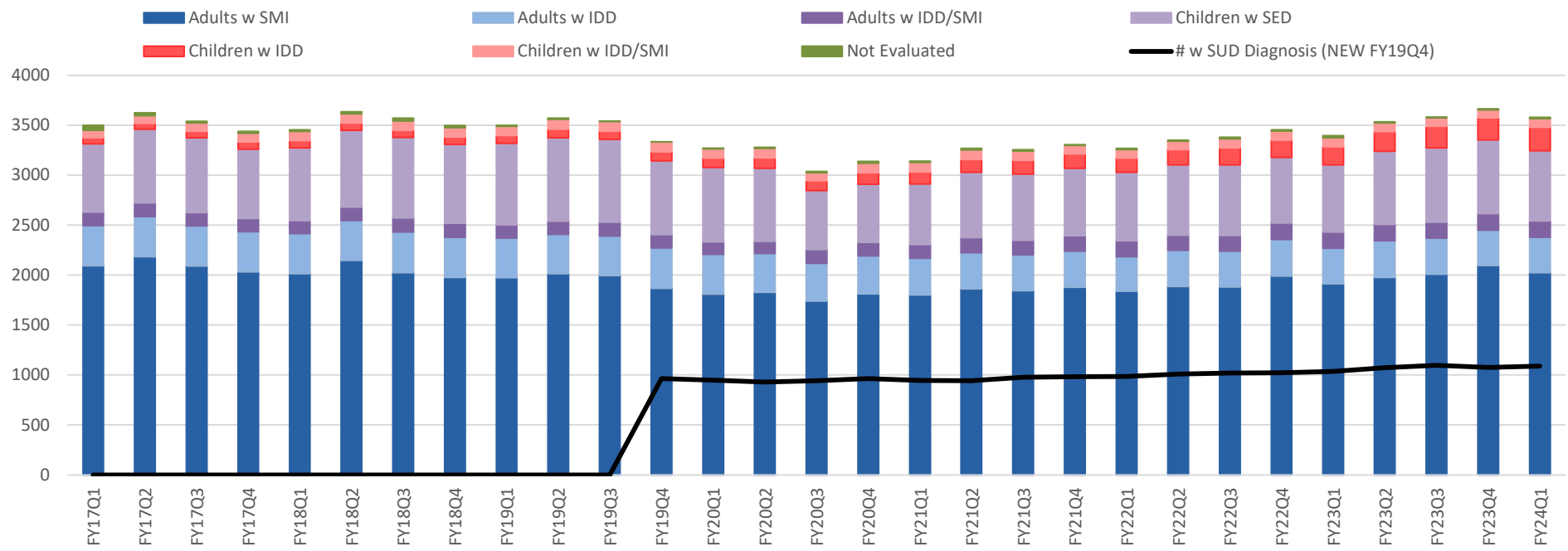


Notes

FY20Q2: This is a BABHA designed proxy measure showing the trends in Medicaid eligibles vs. # of people served

People Served, By Population and Age

Updated 03/12/24 **Through FY24Q1**



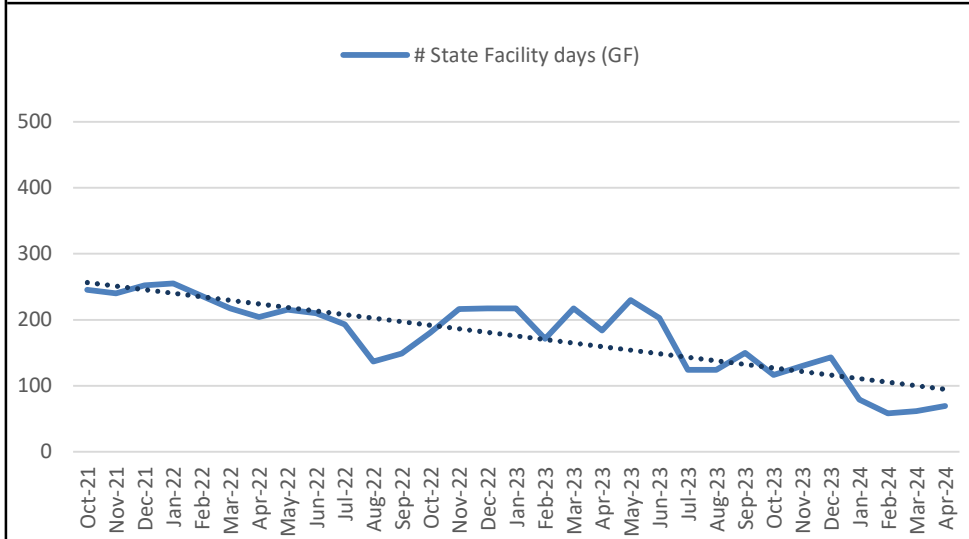
Notes:

10/14/21: Reduction in MI Adult is believed to be due to some improvement in availability of Medicaid Health Plan outpatient therapy services, annual verification of eligibility via clinical assessments (went in effect in FY19 or so), and reduction in program capacity due to tightness of the LMSW job market.
FY19Q4: Graph revised to filter IDD population by adult and child; and to add # served with co-occurring disorders (**ignore zero values for SUD prior to FY19Q4 - not actual counts**)
FY19Q3: SUD tracking was inadvertently discontinued FY15Q3 and resumed FY19Q3
FY19Q2: Decline in adults with SMI expected to recover to some extent once data can be refreshed after MBPA claims are current for FY18 (gap in submission between April and late summer due to transition in their claims submission process.
FY16Q1: BH-TEDS implemented including revised disability designation categories; data counts switched from YTD to Qtr

Additional Indicators for Strategic Leadership Team

State Facility Days Per Month

Updated 5/2/2024 **Through Apr-24**

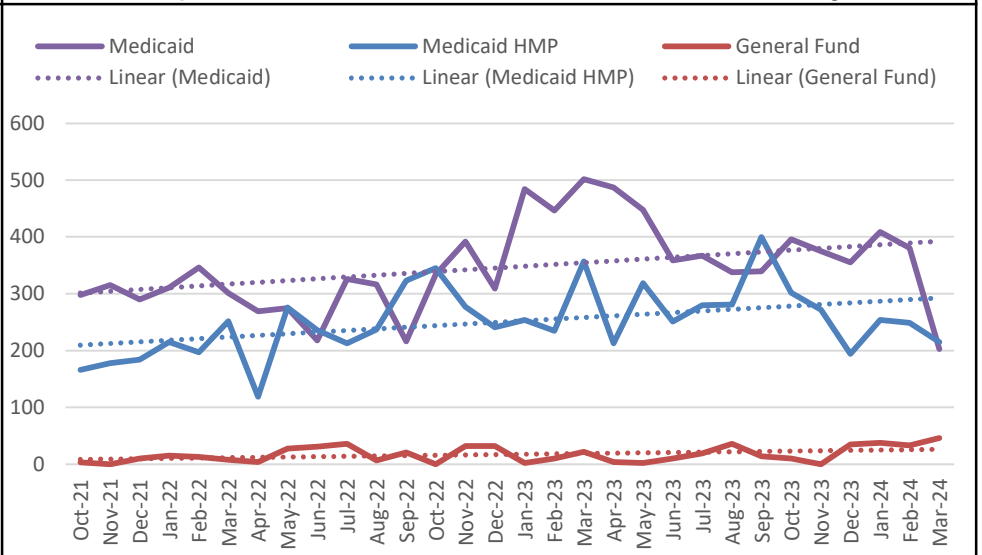


Notes:

10/14/21: Have had an increase due to a couple of adolescents with extended stays.
06/28/22: Once discharged, kids are now going into DHS system; they are having trouble with finding placements. State is supposed to be addressing.

Community Inpatient Days Per Fund Source

Updated 4/29/2024 **Through Mar-24**

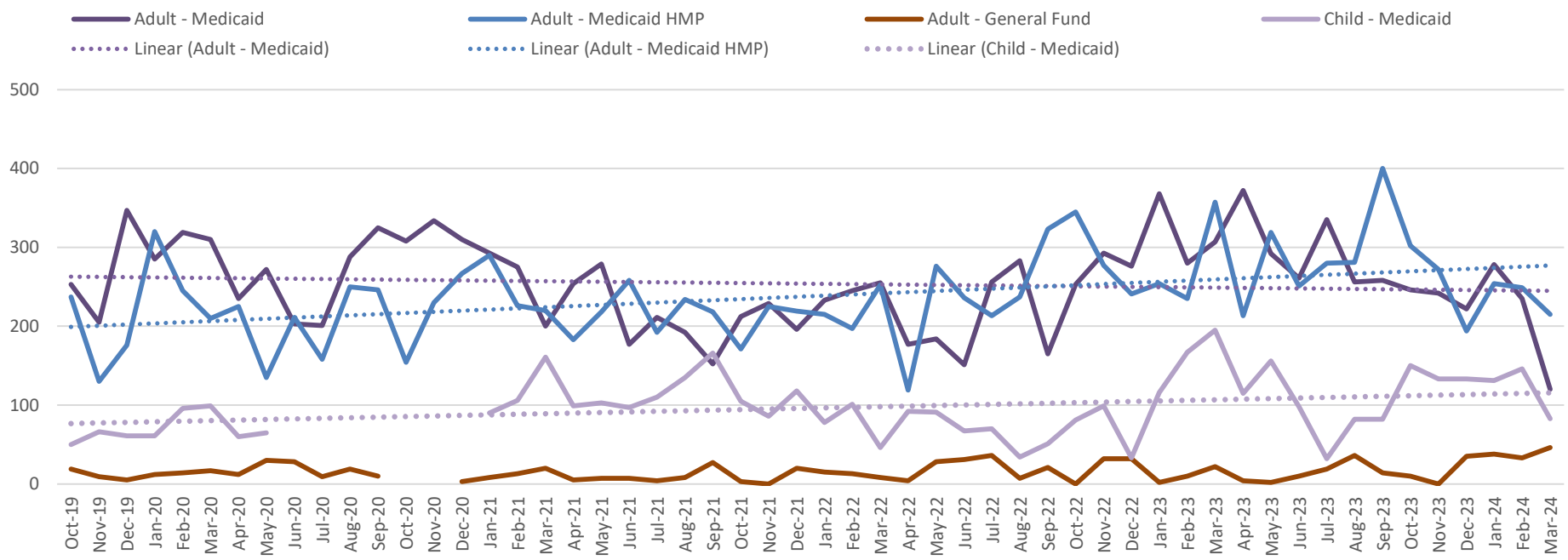


Notes:

10/08/19: People eligible for HMP are reaching the end of the four year cycle; need to monitor closely
01/08/19: Inpatient days are increasing at least in part due to extended stays while waiting for state centers

Inpatient Days Per Month - By Age Group

Updated 4/29/2024 **Through Mar-24**

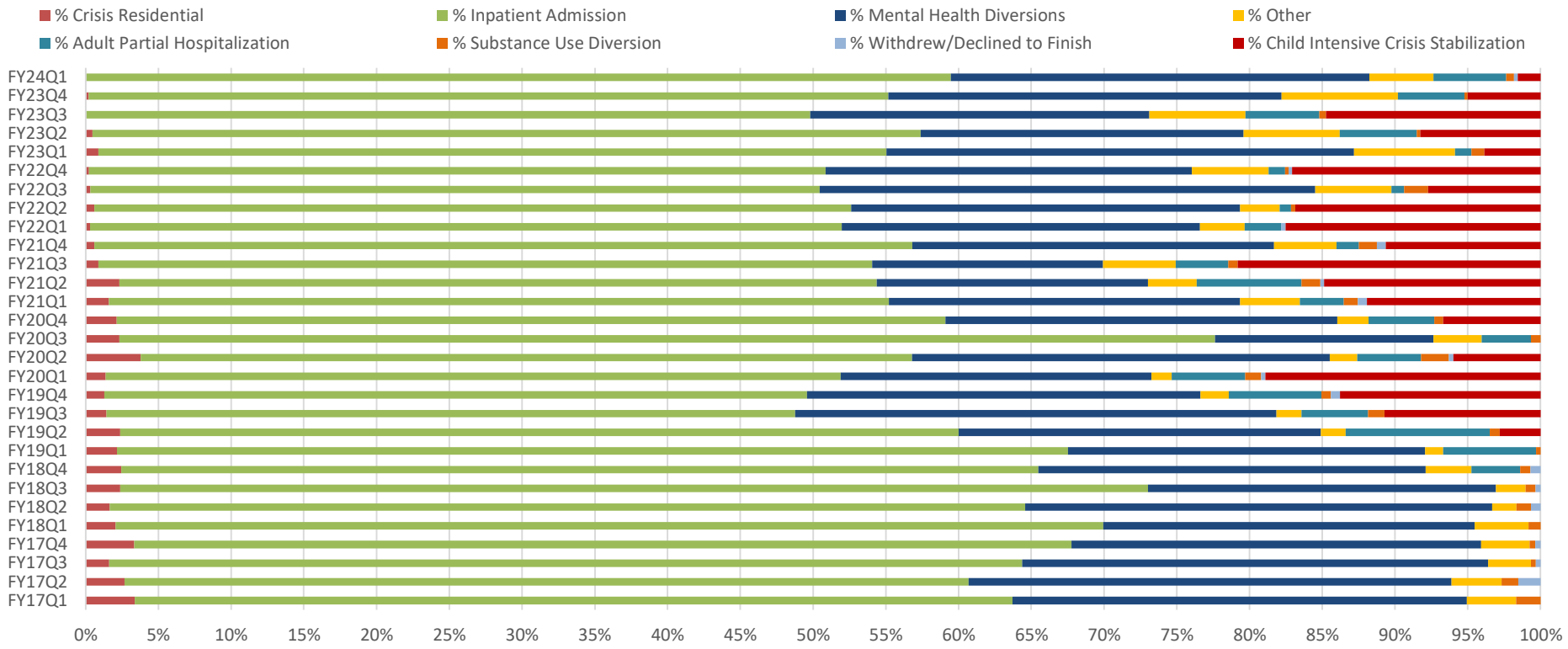


Notes:

04/08/21: Addition of Children's Mobile Crisis Response Team service has helped decrease inpatient stays for children
11/11/19: New graph

% of Pre-Admission Screening Dispositions By Type for Adults/Children

Updated 03/12/24 **Through FY24Q1**

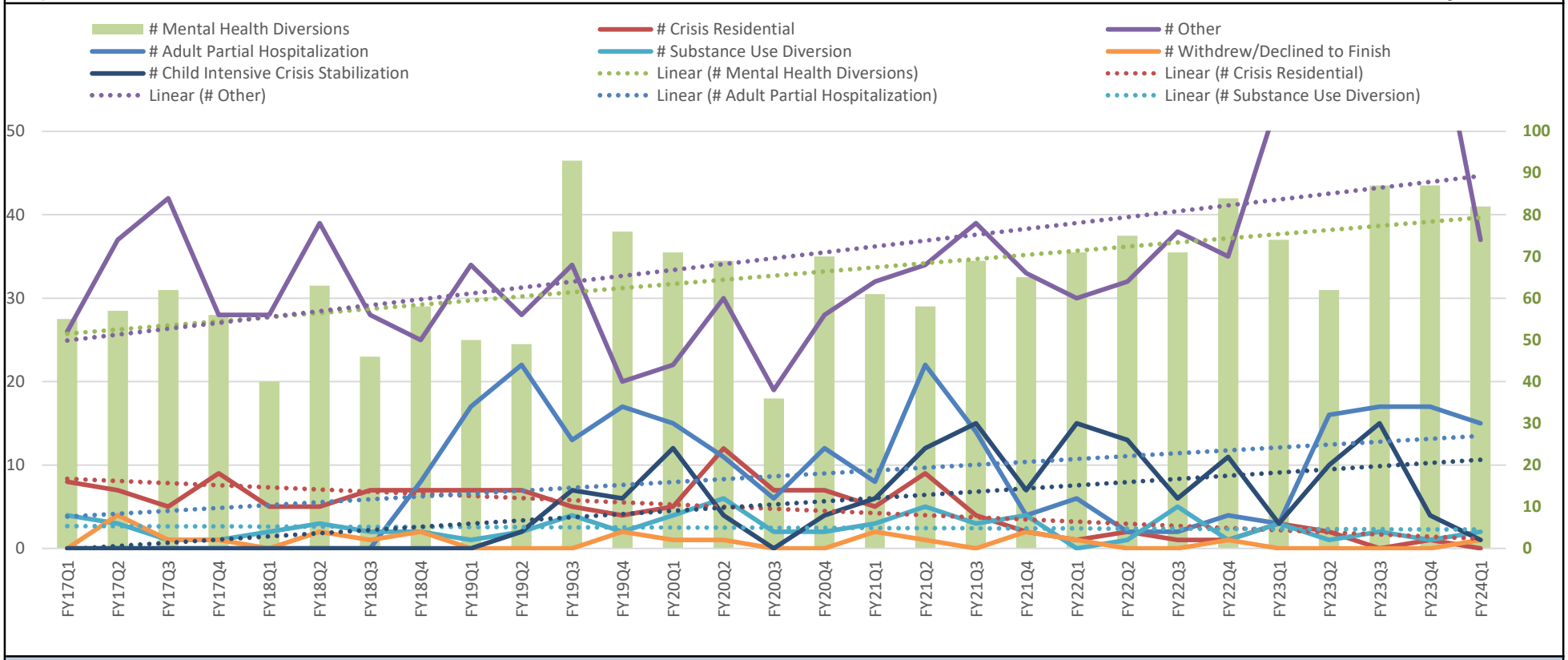


Notes:

11/11/19: New graph
04/08/21: Addition of Children's Mobile Crisis Response Team service has helped decrease inpatient stays for children
10/13/22: The SUD diversion counts people whose primary diagnosis is SUD.

of Inpatient Admission Alternatives by Type for Adults/Children

Updated 03/12/24 **Through FY24Q1**

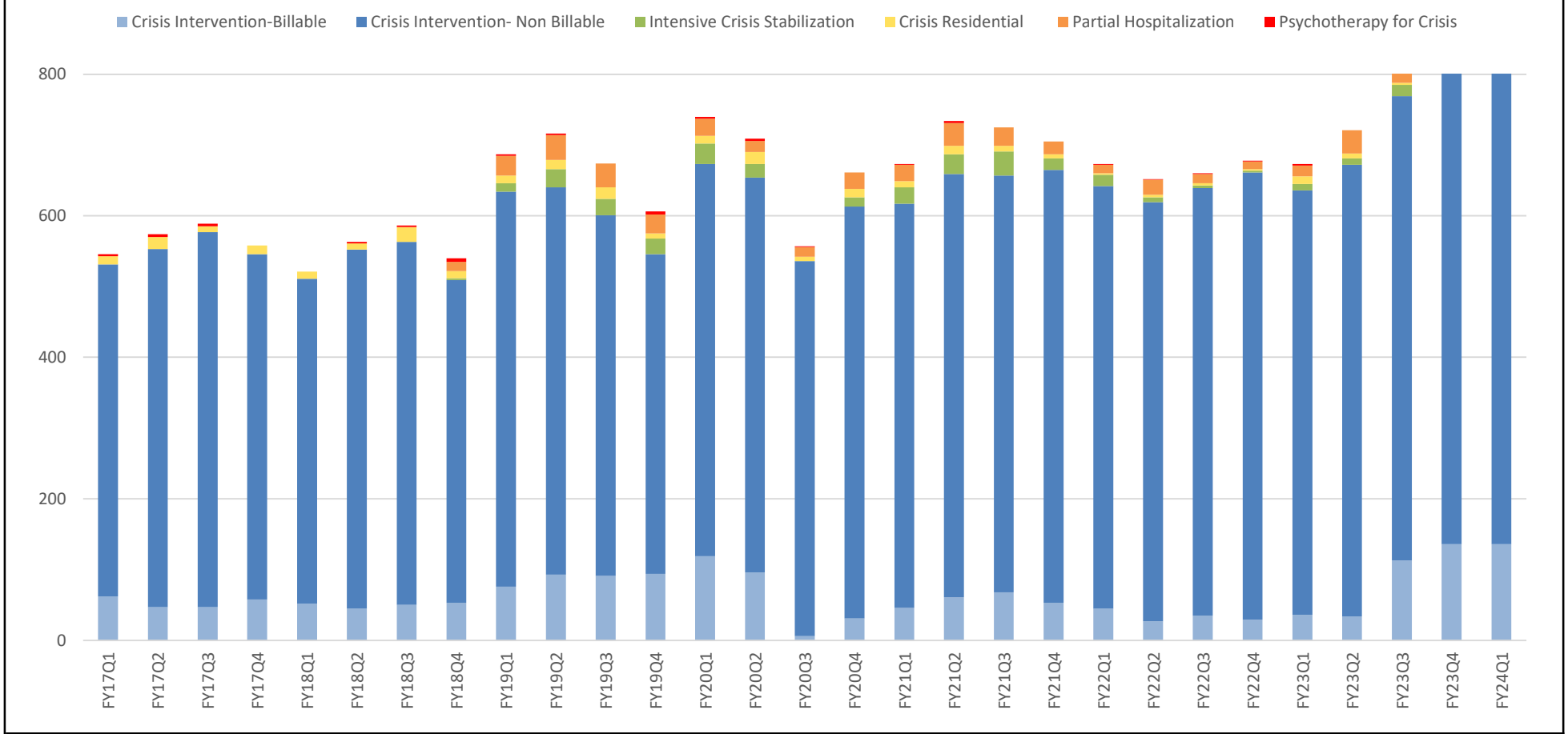


Notes:

10/13/22: New Graph.

Adults/Children Who Received Emergency Services

Updated 03/12/24 **Through FY24Q1**

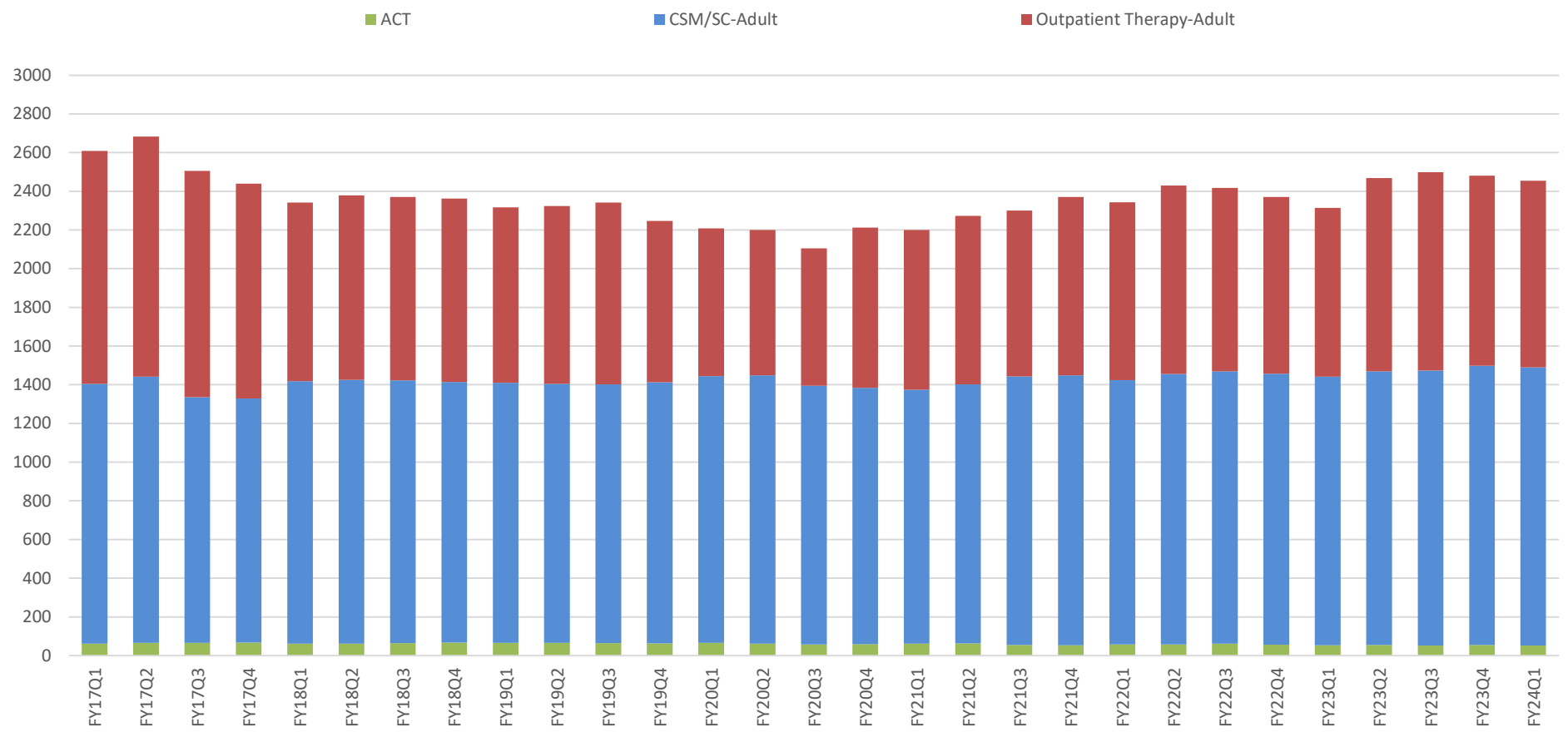


Notes:

FY20Q1: New graph

Adults Who Received Core Services

Updated 03/12/24 **Through FY24Q1**

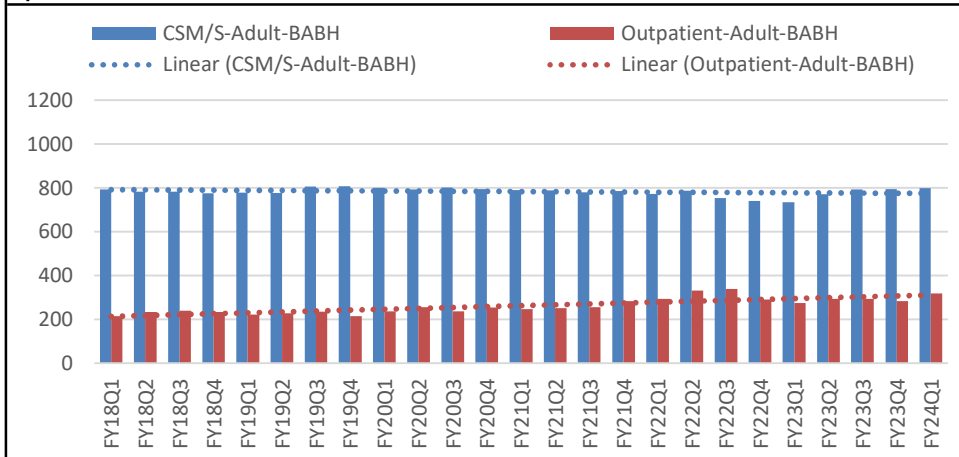


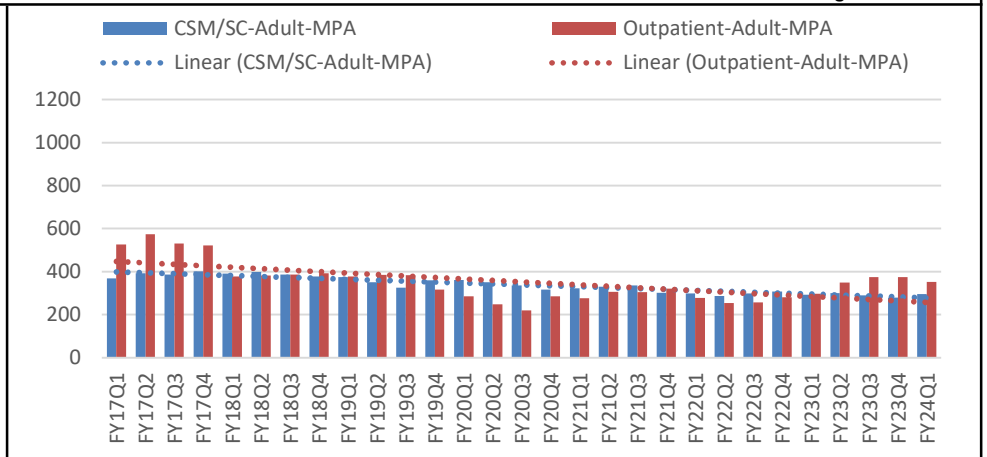
Notes:

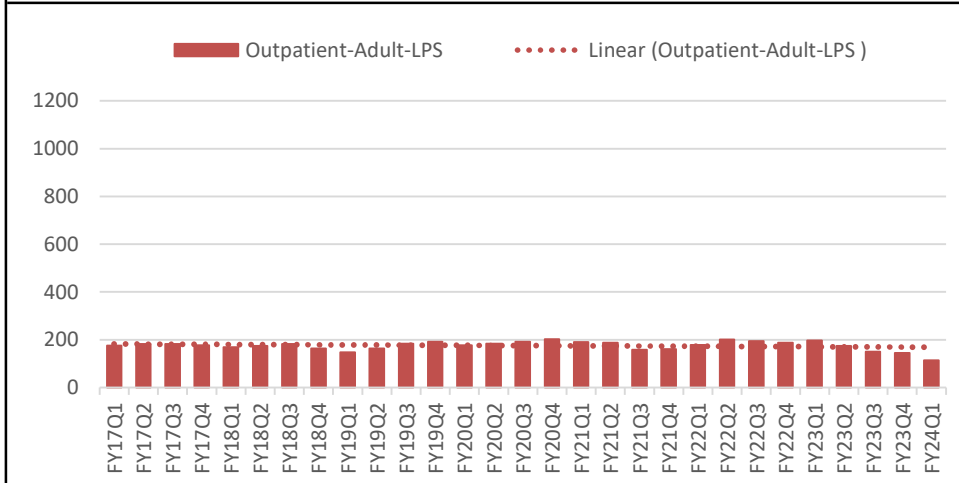
FY17: Decrease may be due to effect of emphasis on medical necessity in clinical assessment and training of primary providers; and for outpatient, difficulty in hiring LMSW's impacting ability to serve Medicare

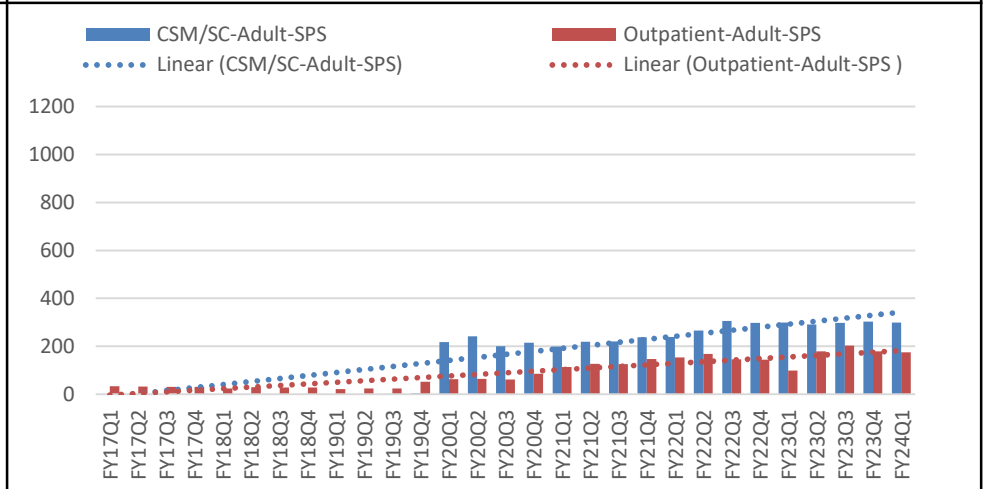
Adults Who Received Core Services

Updated 3/12/2024 **Through FY24Q1**









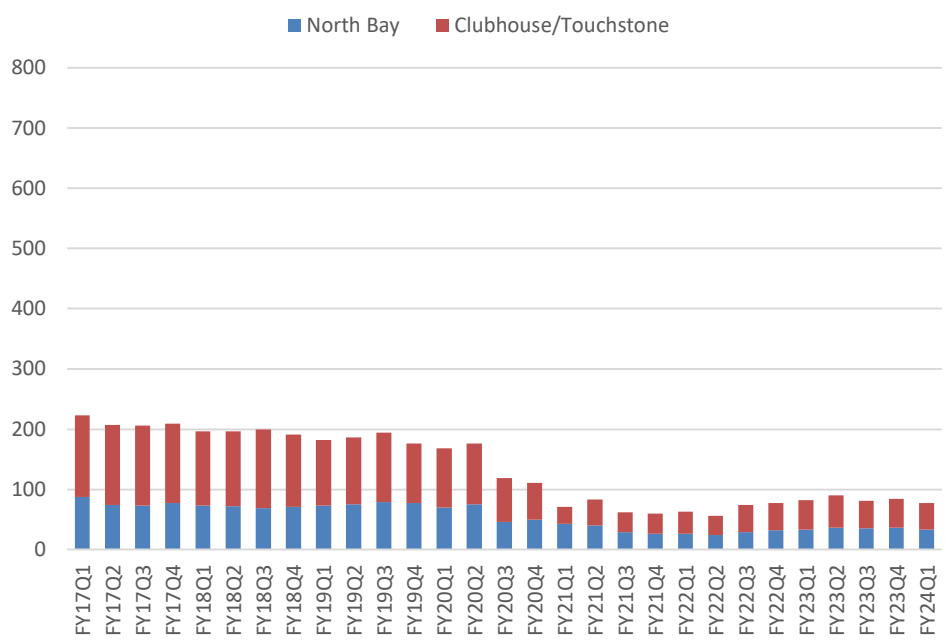
Notes:

01/17/19: Per MPA - Have spikes when: other clinics hold on referrals; volumes of GF consumers screened for service; COFR referrals; those who had a treatment episode and return; awhose who did not discharge due to appeal/grievance who return w/ mixed results or because they are concerned w/ access to medications vs TCM/SC.

01/08/19: Decrease in BABH CSM may be due to effect of emphasis on medical necessity in clinical assessment and training of primary providers; for outpatient, difficulty in hiring LMSW's impacting ability to serve Medicare

Adults Who Received Day Activity Serv. (CLS) & Psycho-Social Rehab

Updated 03/12/24 **Through FY24Q1**

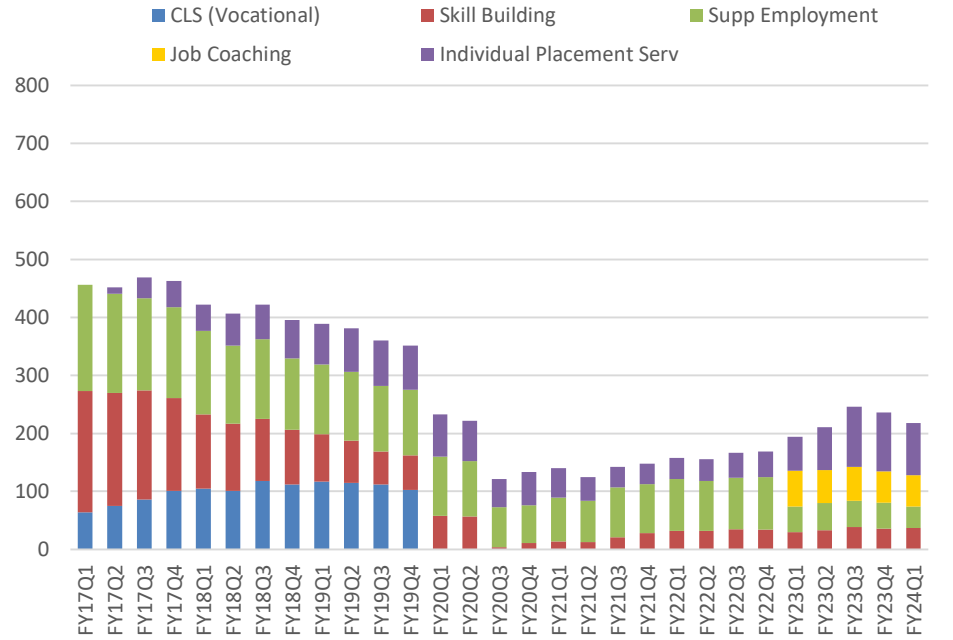


Notes:

10/14/21: North Bay has provided some CLS settings in home settings during the pandemic, but center-based services had to be cancelled.
10/13/22: The Clubhouse has become accredited which transitioned to a more structured day so some people quit attending because they prefer a drop in style program.; but those who need the structure are benefiting.

Adults Who Received Services in Vocational Settings

Updated 03/12/24 **Through FY24Q1**

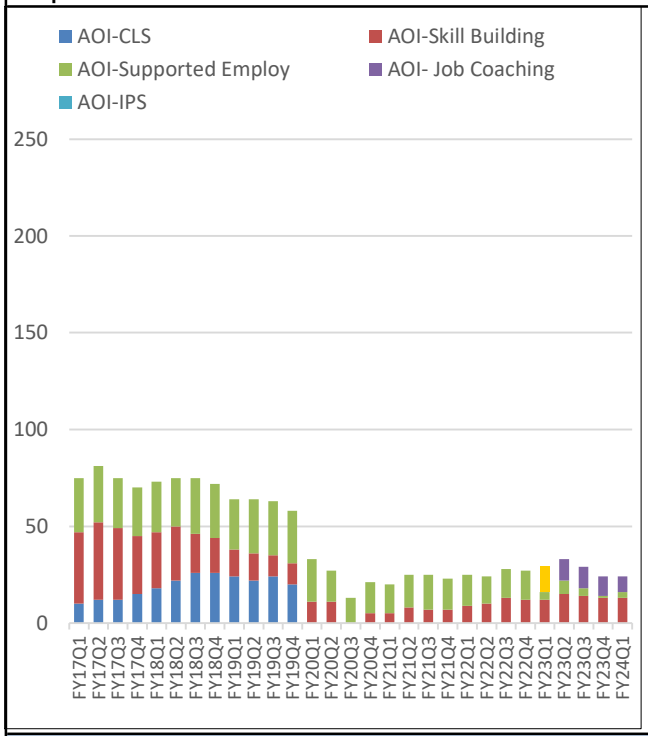


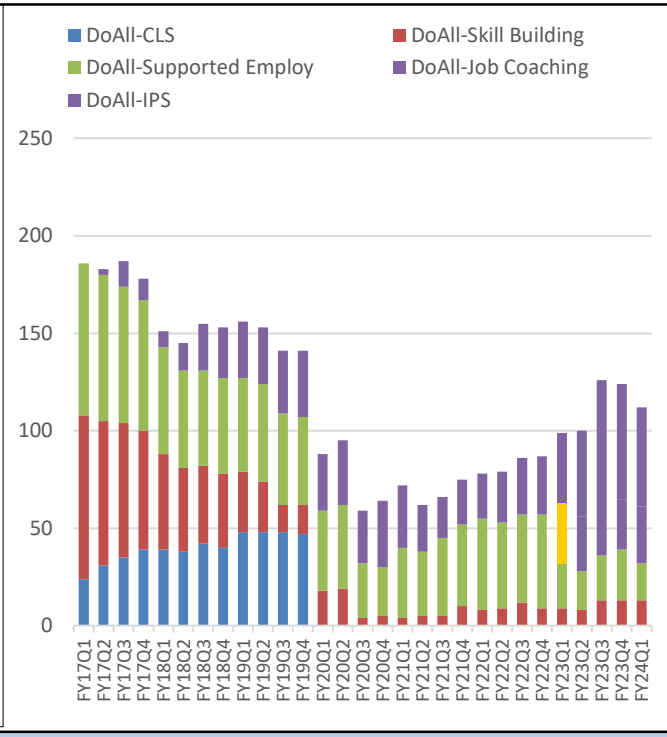
Notes:

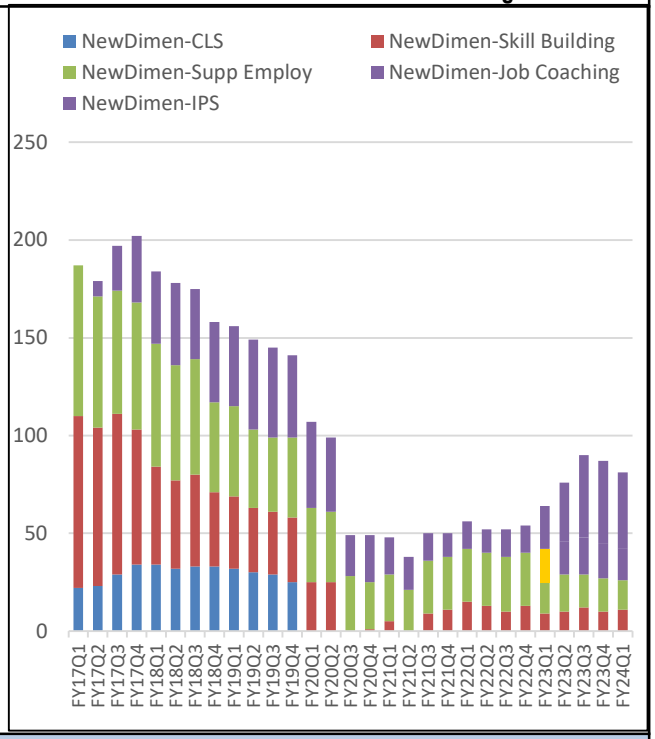
3/6/23: Code changes effective 10/1/2022 - added job coaching H2025 includes all modifers. Supported Employment H2023 Includes 2Y & 3Y. IPS H2023 Y5
10/14/21: Vocational services could not be readily delivered via telehealth during the pandemic.
FY20Q1: CLS Service removed from vocational contracts

Adults Who Received Services in Vocational Settings

Updated 3/12/2024 **Through FY24Q1**





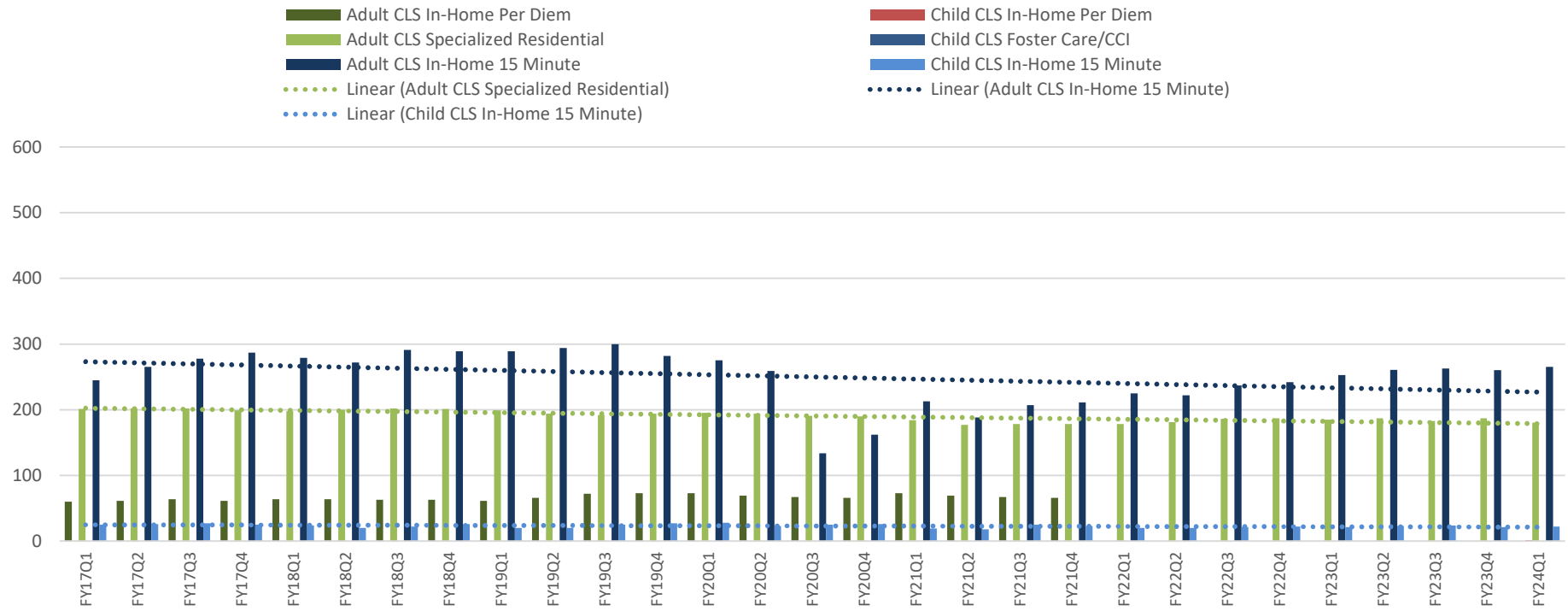


Notes:

3/6/23: Code changes effective 10/1/2022 - added job coaching H2025 includes all modifers. Supported Employment H2023 Includes 2Y & 3Y. IPS H2023 Y5
FY20Q1: CLS Service removed from vocational contracts

Adults and Children Who Received Community Living Supports

Updated 03/12/24 **Through FY24Q1**

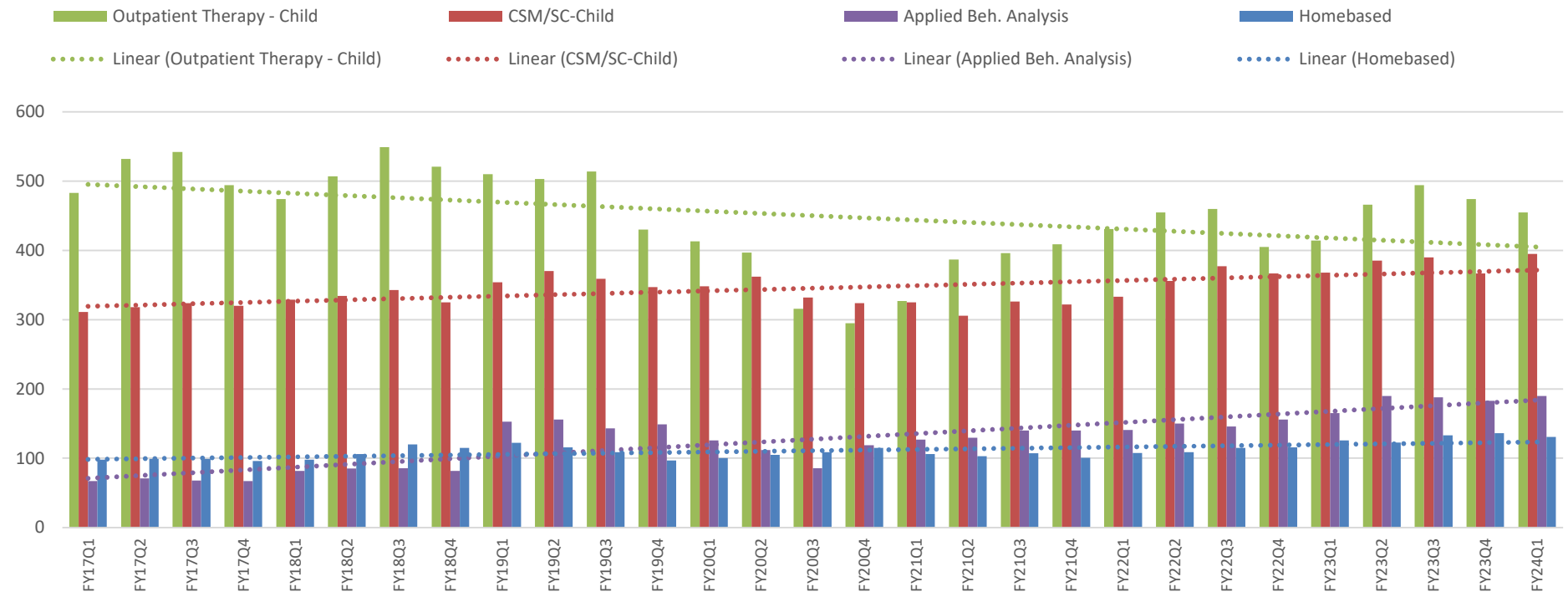


Notes:

10/14/21: Many people are waiting for services due to the CLS staffing crisis; also some services have been cancelled by families due to the pandemic. Per Diems outside of specialized residential discontinued by MDHHS.

Children Who Received Core Services

Updated 03/12/24 **Through FY24Q1**

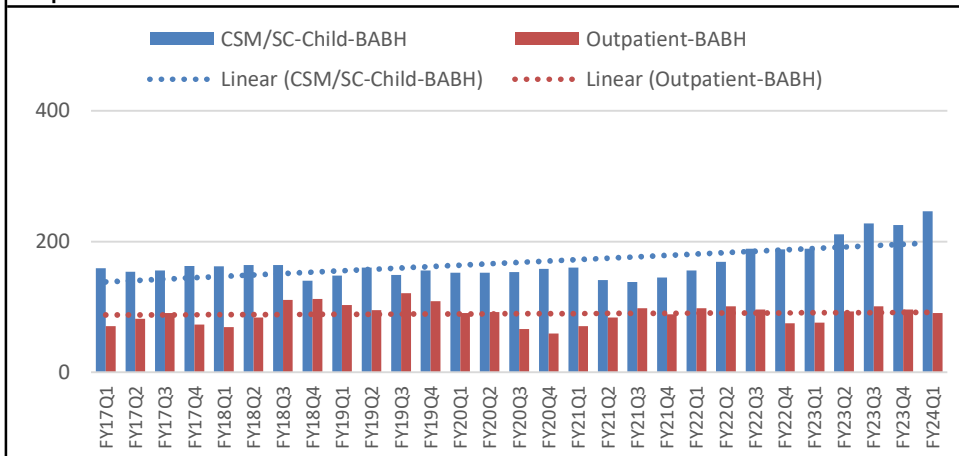


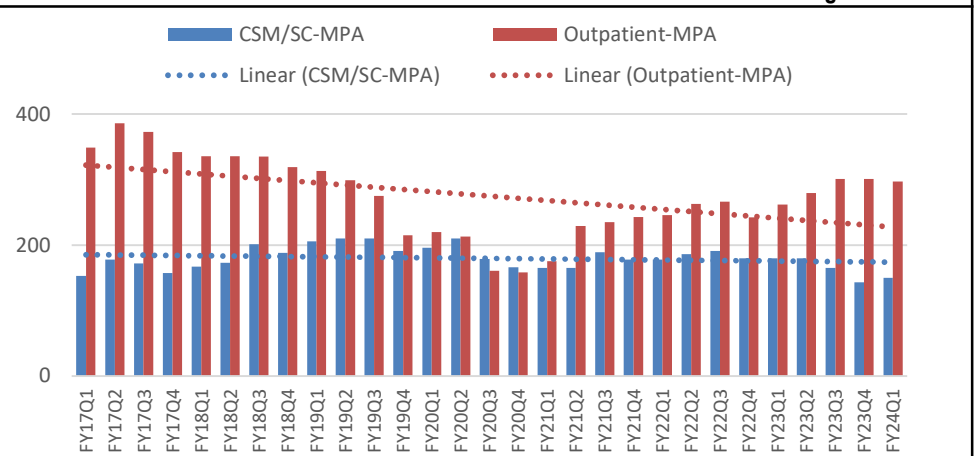
Notes:

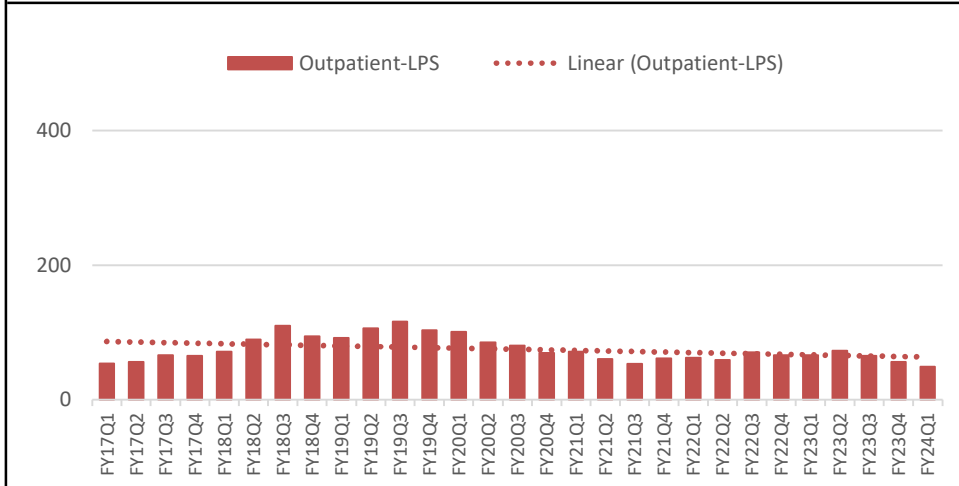
10/14/21: Services fell off due to the pandemic; not all services could be delivered via telehealth.
10/13/22: State is mandating provision of at least a service like case management while people wait for ABA services, hence the increase; the problem is people may not qualify for ABA.

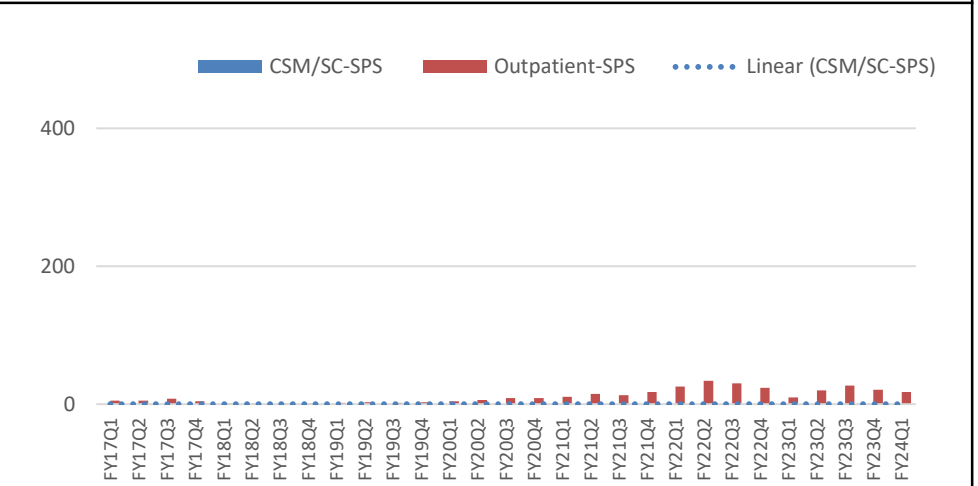
Children Who Received Core Services

Updated 3/12/2024 **Through FY24Q1**





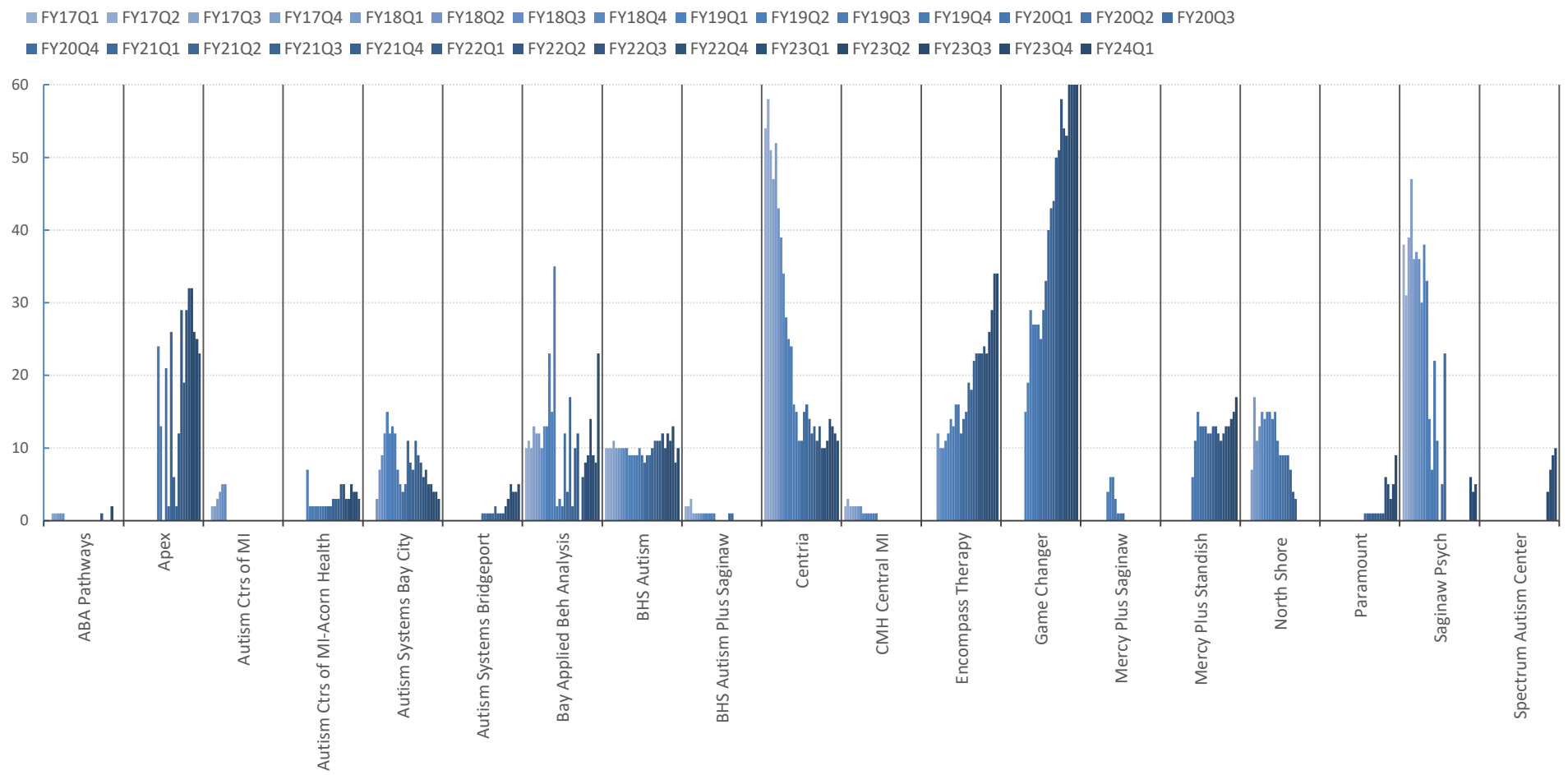




Notes:

Children Who Received Core Services

Updated 3/12/2024 **Through FY24Q1**



Notes:

10/13/22: We anticipate growth in the volumes for Paramount as they are increasing their services.