

Region 10
Genesee • Lapeer • Sanilac • St. Clair Counties

GROUP MEETING: Region 10 PIHP Board
PLACE: Region 10 PIHP – Summit Conf. Room
 311 Electric Ave., Suite A, Port Huron, MI
DATE: October 19, 2018
TIME: 9:00 a.m.
PRESIDING: Lori Curtiss, Chairperson

PRESENT: Steve Armstrong, Lori Curtiss, Terry Bankert, Ronald Barnard, Wanda Cole (by phone), Dr. Niketa Dani, DeElla Johnson, Joyce Johnson, Gary Jones (by phone), Linda Keller, Robert Kozfkay, Elva Mills, Ed Priemer, Ed Rieves, Wayne Strandberg,

ABSENT: None

ALSO PRESENT: *Region 10 PIHP Staff:* Jim Johnson, CEO; Tom Butler, CFO; Kim Prowse – SUD Director; Pattie Hayes – Administrative Director; Kristen Potthoff – Contract Management/Corporate Compliance; Robin Kalbfleisch, Recording Secretary

CMH Staff: Wil Morris, Sanilac CMH

GUESTS: None

I. CALL TO ORDER

The meeting was called to order at 9:00 a.m. by Chairperson Curtiss.

II. CITIZENS WISHING TO ADDRESS THE BOARD

None

III. AGENDA CHANGES

None

It was moved by Ms. Mills, seconded by Mr. Priemer, to approve the meeting agenda as presented.

MOTION CARRIED

IV. APPROVAL OF PREVIOUS MEETING MINUTES

It was moved by Mr. Rieves, seconded by Ms. Joyce Johnson, to approve the September 21, 2018 meeting minutes as presented. **MOTION CARRIED**

V. FINANCE

A. FY2018 Budget

1. Monthly Finance Report – August 2018 (*Action*)

Mr. Butler presented the Finance report for August. There was increase in DAB, TANF, and HM revenue for July and August which is due to the supplemental received from the State.

There is currently a surplus of \$17.5 million in Traditional Medicaid and \$5.6 of Medicaid Savings. There is a deficit of \$3.3 million in Healthy Michigan, which the surplus in Traditional Medicaid will be used to cover. The remaining surplus will be put into savings to be carried forward into FY2019. Total projected to be carried forward into the ISF is \$16.7 million and \$11.4 million into Medicaid Savings.

Ms. Curtiss inquired why the PA2 funds were negative. Mr. Johnson stated it is due to the timing of getting the funds from the state.

It was moved by Ms. Keller, seconded by Mr. Strandberg, to receive the Finance Report for August 2018 as presented. **MOTION CARRIED**

2. Payment Report – August 2018 (*Action*)

Report presented by Mr. Butler.

It was moved by Ms. Keller, seconded by Mr. Strandberg, to approve the Payment Report for August 2018 as presented. **MOTION CARRIED**

B. Rehmann CFO Contract

Mr. Johnson referenced the revised contract located within the folder. He reviewed the outlined proposed duties for Rehmann. The term of this agreement is 11 months and the duties would transition to Mr. Butler during that time. Ms. Keller stated that she could not support this contract as the Region has already paid 1 year of double salaries for the CFO position and this should have been a sufficient amount of time to transition the CFO responsibilities to Mr. Butler. She recommended that a plan to bring Mr. Butler up to speed within 60 days be brought to the next Board meeting. Mr. Armstrong stated that due to the size and complexity of the budget, he would support this letter for 11 months. Ms. Mills agrees with Ms. Keller's recommendation for a 60 day plan. Mr. Barnard supports this letter for a term of 11 months only. Mr. Johnson stated there are two key issues coming up where assistance from Rehmann is needed, and those are the upcoming year-end audit and reporting to the state. Mr. Jones recommended contracting Rehmann by project rather than timeframe, with a detailed plan for transition to Mr. Butler. There was additional discussion regarding the complexity of the issues and possible risks involved.

It was moved by Mr. Bankert, seconded by Ms. Keller, to approve a Rehmann contract to support the Region 10 PIHP CEO and CFO for a term of six months with review at five months to determine if additional time is needed. Additional discussion ensued. Roll call vote: Mr. Armstrong-Nay, Mr. Bankert-Aye, Mr. Barnard-Nay, Ms. Cole-Aye, Chairperson Curtiss-Nay, Dr. Dani-Nay, Ms. D. Johnson-Nay, Ms. J. Johnson-Nay, Mr. Jones-Aye, Ms. Keller-Aye, Mr. Kozfkay-Nay, Ms. Mills-Aye, Mr. Priemer-Nay, Mr. Rieves-Aye, Mr. Strandberg-Nay. Ayes-6. Nays-9. **MOTION FAILED by roll call vote**

It was moved by Mr. Barnard, seconded by Mr. Armstrong, to accept the Rehmann contract to support the Region 10 PIHP CEO and CFO for a term of November 1, 2018 to September 30, 2019, as presented. Ms. Keller recommended that a report of the progress of the transition be reported to the Board each month. Roll call vote: Mr. Armstrong-Aye, Mr. Bankert-Nay, Mr. Barnard-Aye, Ms. Cole-Nay, Chairperson Curtiss-Aye, Dr. Dani-Aye, Ms. D. Johnson-Aye, Ms. J. Johnson-Nay, Mr. Jones-Nay, Ms. Keller-Nay, Mr. Kozfkay-Aye, Ms. Mills-Nay, Mr. Priemer-Aye, Mr. Rieves-Nay, Mr. Strandberg-Aye. Ayes-8. Nays-7. **MOTION CARRIED by roll call vote**

Chairperson Curtiss requested an outline at the next meeting in November of how the transition will be accomplished within the next 11 months.

VI. CONTRACT AMENDMENT

A. FY19 MDHHS / PIHP Contract Amendment # 1

Ms. Potthoff reviewed the summary of changes to the MDHHS-PIHP FY19 Contract.

There were changes to Financial Management System, Quality Assessment / Performance Improvement Program and Standards, MDHHS Funding, Substance Use Disorder Services, and Contract Attachments. She noted there will be a CMH contract amendment.

It was moved by Ms. Keller, seconded by Mr. Barnard, to approve the FY19 MDHHS-PIHP Contract Amendment # 1 as presented. **MOTION CARRIED**

VII. QUALITY IMPROVEMENT

A. FY18 Quality Improvement Work Plan Final Report

Ms. Hayes reviewed the Quality Improvement Plan and noted there were no major red flags or areas that needed to be highlighted. She stated that all goals are reviewed monthly at the Committee and Quality Improvement Committee meetings.

It was moved by Mr. Rieves, seconded by Mr. Priemer, to approve the FY18 Quality Improvement Work Plan Final Report as presented. **MOTION CARRIED**

B. FY19 Quality Improvement Program and Work Plan

Ms. Hayes reported that many of the goals are continued from FY18. A new goal was added, which is the Performance Improvement Project # 1 Tobacco Cessation. Goals that were changed include HCBS, Financial Management, Grievance and Appeals, and Autism.

It was moved by Ms. J. Johnson, seconded by Ms. Keller, to approve the FY19 Quality Improvement Work Plan Final Report as presented. **MOTION CARRIED**

C. FY18 3rd Quarter Performance Indicator Report

Ms. Hayes reviewed the 3rd Quarter Performance Indicator Report. At the PIHP level all indicators were met except for indicator #10a and b. Performance Indicator # 2 was not met by Lapeer CMH. Performance Indicator #3 was not met by St. Clair CMH. Performance indicator #10a was not met by GHS and Sanilac; and #10b was not met by GHS. A root cause analysis and plan of improvement was submitted to the PIHP by each CMH that did not meet the standards. She reviewed the

summaries of the root cause analyses and corrective action plans included at the end of the report, as previously requested by this Board.

It was moved by Ms. J. Johnson, seconded by Ms. D. Johnson, to approve the FY18 3rd Quarter Performance Indicator Report as presented. **MOTION CARRIED**

D. FY18 Customer Satisfaction Survey Report

Ms. Hayes stated there were 1,772 surveys received from adults and 702 surveys from the SUD network. She reviewed the responses received and stated that the ratings received showed overall favorable levels of customer satisfaction. Ms. Hayes reviewed the recommendations made based on the results, which included the PIHP, CMH and SUD clinical leaders providing feedback to practitioners; exploring evidence-based in-service opportunities regarding clinical interventions and or skill development activities that address symptom reduction in adults and improved interactions with family and others for children; and additional in-service opportunities in the rational management of customer expectations pertaining to treatment / service experience and treatment outcomes.

E. FY18 Validation of Performance Measures Report

Ms. Hayes presented the report showing results from the July 2018 site visit. She reviewed the performance indicators that were validated, as well as the pre-audit and on-site activities and methods used. The validations process and findings were all acceptable with no major concerns noted. Ms. Keller requested that the staff are made aware that they did an outstanding job.

F. FY17-18 PIP Validation Report

Ms. Hayes reported that this is a new Performance Improvement Project for Medical Assistance for Tobacco Use Cessation. The goal is “to improve the medical assistance services pertaining to tobacco use cessation for PIHP members with serious mental illness who have been identified as tobacco users.” The Design Stage was reviewed by HSAG and all areas were met. The next stages are Implementation and Outcomes.

VIII. SUBSTANCE USE DISORDERS

A. SUD Oversight Committee Meeting (10.9.18)

Ms. Prowse reviewed the meeting minutes. Highlights included a Region 10 job posting for a SOR Coordinator which is fully funded through the SOR Grant and a LARA public hearing regarding the changes in the LARA administrative rules.

IX. DIRECTOR’S REPORT

HCBS – The Heightened Scrutiny Review Team is being assembled and will be trained. This group will consist of providers, advocates and some PIHP staff. The survey of provisional providers was due October 5th. The PIHPs & CMHs cannot contract with providers who have not responded to the survey.

298 – The RFP for one of the current PIHPs to manage the unenrolled population in the pilot areas will be out by January. The first transition meeting with the Department and representatives from the CMHSPs and PIHPs in the pilot areas will be on October 30th.

Waivers – The 1115 Waiver will soon just include the SUD system. Over the course of time, managed care authority and other things in the 1915c Waiver will be amended into the 1115 Waiver.

The 1915c services will remain as they are now. New services, Fiscal Intermediary and Non-family training, will be added to the HAB Support Waiver. The B3 services will become a 1915i Waiver. The assessment for eligibility for these services will have to be done by an independent party. The plan is to go live on October 1, 2019.

GAIN – This tool requires a diagnosis, and in Michigan, practitioners must have a Master’s level in order to provide a diagnosis. The State is still working on this in order to comply with state laws while administering the instrument state-wide.

Network Adequacy Standards – A draft of the revised standards will be sent out in the next couple of weeks. PIHPs will be able to recommend alterations to the standards that better fit their region, as long as there is rationale on how they will continue to adequately serve the population those services are intended to cover.

Behavioral Health Fee Schedule – The group has met once in order to discuss setting up acceptable rate bands for unit costs across the state.

Performance Indicator Workgroup – This group has been looking at revising the performance improvement standards in order to help the system improve.

SIS Parity Group – This group continues to meet.

X. ANY OTHER BUSINESS TO PROPERLY COME BEFORE THE BOARD

A. CEO Performance Evaluation

Chairperson Curtiss asked that Board members complete the CEO Evaluation Form and return within 2 – 3 weeks. Mr. Johnson’s anniversary date is coming up in the beginning of December, so this process will need to be done before then.

Chairperson Curtiss reminded the Board that the Board Retreat will be held on November 16th from 9:00 – noon. Lunch will be provided, and the November Board meeting will take place at 1:00 p.m.

XI. CITIZENS WISHING TO ADDRESS THE BOARD

None

XII. ADJOURNMENT

Mr. Rieves motioned to adjourn the meeting. With no further business to discuss, Chairperson Curtiss adjourned the meeting at 11:06 a.m.

Respectfully submitted,

Reviewed and approved,

Robin Kalbfleisch
Recording Secretary

Wanda Cole
Region 10 Board Secretary/Designee