

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

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GROUP MEETING: Region 10 PIHP Board  
PLACE: Region 10 PIHP  
3111 Electric Ave., Port Huron, MI  
Date: March 17, 2023  
TIME: 9:00 a.m.  
PRESIDING: Lori Curtiss, Chairperson

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PRESENT: Ronald Barnard, Kathryn Boles, Lori Curtiss, Dr. Niketa Dani, DeElla Johnson, Joyce Johnson, Bob Kozfkay, Elva Mills, Chad Polmanteer, Edwin Priemer, Wayne Strandberg, Nancy Thomson, Bobbie Umbreit

ABSENT: Gary Jones, Ken Lemmons

ALSO PRESENT: *Region 10 PIHP Staff:* Jim Johnson, Chief Executive Officer; Kelly VanWormer, Chief Operations Officer; Richard Carpenter, Chief Financial Officer; Lauren Campbell, Quality Manager; Kristen Potthoff, Corporate Compliance Officer; Robin Kalbfleisch, Recording Secretary

*CMH Staff:* Lauren Emmons, Lapeer CMH; Wil Morris, Sanilac CMH; Dan Russell, GHS

GUESTS: None

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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

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

IV. APPROVAL OF PREVIOUS MEETING MINUTES

A. January 20, 2023 (*Action*)

It was moved by Ms. Boles, seconded by Ms. Thomson, to approve the January 20, 2023, meeting minutes as presented. **MOTION CARRIED**

B. February 17, 2023 (*Action*)

It was moved by Ms. Joyce Johnson, seconded by Ms. Thomson, to approve the February 17, 2023, meeting minutes as presented. **MOTION CARRIED**

V. **FINANCE**

A. FY2023 Budget

1. Monthly Finance Report – December 2022 (*Action*)

Mr. Carpenter presented the monthly finance report for December with the January report.

2. Monthly Finance Report – January 2023 (*Action*)

Mr. Carpenter stated that eligibility continues to trend up month over month due to the Public Health Emergency (PHE). We have received information from the Department on the unwinding of the PHE and should see an impact on eligibility in June 2023. PIHPs have had discussions with MDHHS about increasing the rate per eligible as the number of eligibles decrease, in order to keep the revenue steady with what was anticipated. A mid-year rate adjustment has been acknowledged by the Department as something that needs to be done and they should be scheduling a rate setting meeting with the PIHPs soon.

Mr. Carpenter stated that Medicaid ISF number has been updated for the FY2022 year-end reporting. There is a difference of opinion between the Department and Region 10 on how the ISF is allowed to be funded. Region 10 interprets the funding of the ISF is on a “per year” basis, and the Department has stated it is on a “one-time” basis. The balance listed in this report is using our interpretation of the funding language in our contract, but we are actively discussing this with the Department. Historically, we have been able to put up to 7.5% in the ISF each year, but the contract language changed when the state moved to contracting through the Bureau of Grants and Purchasing. The ISF amount may change if we do not prevail and are required to use the “one-time” basis. There was additional discussion about potential recourses if we do not prevail with keeping up to 7.5% per year.

There is a surplus for Traditional Medicaid of about \$10 million and Healthy Michigan has a surplus of about \$4.5 million. Approximately \$1.5 million has been redirected into CCBHC from Traditional Medicaid and about three quarters of a million redirected from Healthy Michigan. There could be up to a \$40 million lapse at the end of the year, some of which may be able to go into the ISF, depending on the outcome of the discussion with the Department.

It was moved by Mr. Kozfkay, seconded by Dr. Dani, to approve the Monthly Finance Reports for December 2022 and January 2023, as presented. **MOTION CARRIED**

3. Monthly Payment Report – December 2022 (*Action*)

Presented by Mr. Carpenter. He noted that the Rehmann payment includes the deposit for the new contract.

It was moved by Ms. Thomson, seconded by Ms. Boles, to approve the Monthly Payment Report for December 2022, as presented. **MOTION CARRIED**

4. Monthly Payment Report – January 2023 (*Action*)

Presented by Mr. Carpenter.

It was moved by Ms. Boles, seconded by Ms. Thomson, to approve the Monthly Payment Report for January 2023, as presented. **MOTION CARRIED**

B. PBIP Request (*Action*)

Mr. Carpenter presented a memo detailing a PBIP request from GHS for up to \$3 million for capital improvements at their new location at the former Baker College Campus. There is approximately \$8.5 million currently in PBIP funds and we expect to receive an additional approximate amount of \$2.2 million in PBIP funds. The recommendation is to approve this request for an amount not to exceed 25% of the PBIP balance on April 30, 2023, or \$3 million, whichever is less, and enter into a repayment agreement with GHS.

It was moved by Ms. Boles, seconded by Dr. Dani, to approve the request by GHS for up to \$3 million of PBIP funds. **MOTION CARRIED**

C. SUD Treatment Providers Retention Payments (*Action*)

Mr. Carpenter presented a memo detailing a recommendation for a retention program for the SUD treatment providers to provide an amount of \$3,000 per employee within our geographic boundaries and to endorse the CMHSP partners to implement similar programs. This would total approximately \$15 million, which was included in the FY2023 budget. Mr. Kozfkay inquired if there was any concern about the potential revenue decrease later in the year due to the ending of the PHE. Mr. Carpenter has no concern as we currently have enough money to cover this program.

It was moved by Ms. Boles, seconded by Ms. Thomson, to approve the proposed one-time \$3,000 retention payments as presented. There was discussion regarding if it would be beneficial to delay until June and Mr. Carpenter felt it should be started before the end of the PHE. **MOTION CARRIED**

D. SUD Network Staff Recruitment (*Action*)

Mr. Johnson presented on providing funds for SUD providers in our network to assist in their recruiting efforts because the network is still experiencing capacity issues. This would be similar to the staffing crisis stabilization program conducted last year. Providers would be able to request up to \$500,000 to assist with their recruiting efforts in this fiscal year. He referenced the handout showing funding paid to providers in FY2022. Mr. Johnson recommends rolling out this program as soon as possible and allowing him to approve funding requests for up to \$500,000. A report would be provided at Board meetings showing funding requested.

It was moved by Mr. Kozfkay, seconded by Ms. Thomson, to approve funds of up to \$500,000 per provider to assist them with staff recruitment in FY2023. **MOTION CARRIED**

E. Audit Plan

Mr. Carpenter presented the Audit Plan from the independent auditing firm, BDO, which is a standard document for governmental entities. He highlighted the responsibilities and scope and noted that they are now required to include significant areas of risk within this report, which are items that have always been in place but must now be in writing. He also highlighted the independence section and the

appendix, which is considered standard “best practices” that must be provided to all entities. The audit is currently in process and is dependent on audits of the four CMHSPs, which are not all complete yet.

## VI. BUILDING UPDATE

Ms. VanWormer presented an update on the building. The windows arrived on March 6<sup>th</sup> and have been installed. Carpet installation will start next week. The drywallers will be back next week to finish work around the windows. Painting is currently in process, with most areas having the first coat done. The flooring schedule has been moved up two weeks, and tile work has started in the bathrooms. There will be a full building inspection today and ceiling tiles can be installed once that is done. DTE cancelled the scheduled cut off of the electrical service for the work on the switchgear and generator, so that needs to be rescheduled. The data wiring has been completed, and once the flooring is done, the computer storage racks can be completed, and the installation of computer equipment can be done to connect the data throughout the building. We have met with the security team again and have completed installation of the fire alarm panels and smoke alarms. The external LED lights have been installed and the wall lights near the exterior doors will be replaced. We are working on getting bids for the parking lot and landscaping work. It was noted that there will be no delay to the move if the parking lot is not completed in time. Other items coming up including cabinetry installation, interior signage, and phone system set-up.

The incoming calls will be handled by the emergency after-hours call center on June 1<sup>st</sup> as staff will be attending an all staff meeting while the office is being moved. Region 10 Access staff will take calls at the new building beginning on June 2<sup>nd</sup>. It was noted that St. Clair CMH IT staff is providing support until we move to the new building and are also currently working with IT Resources who will continue assisting us with our IT needs at the new building. Ms. VanWormer noted that staff will have new phone numbers at the new building, however, we are keeping the Access 800 numbers and main line, and our two fax numbers.

## VII. QUALITY MANAGEMENT

### A. FY2023 1Q Quality Improvement (QI) Workplan (*Action*) 1. FY2023 1Q QI Plan Summary

Ms. Campbell presented the first quarter report. She noted that during the FY2022 Compliance Review, there was a recommendation by HSAG to enhance the minutes with Board of Director feedback on the Quality Improvement Program and Workplan. Ms. Campbell stated a standing agenda item will be added to the internal Quality Improvement meetings to review any feedback received. She reviewed in detail the summary page showing the status of the goals for FY2023. She noted that the Supports Intensity Scale (SIS) will be discontinued on March 23<sup>rd</sup>, so the goal will be removed from the FY2023 workplan. No feedback from Board members was received.

It was moved by Ms. Thomson, seconded by Ms. DeElla Johnson, to approve the FY2023 1<sup>st</sup> Quarter Quality Improvement (QI) Workplan, as presented. **MOTION CARRIED**

### B. FY2022 Performance Indicator Report – 4<sup>th</sup> Quarter (*Action*)

Ms. Campbell presented the 4<sup>th</sup> quarter report. Indicators that were not met include: 4.a.1 Sanilac County CMH; 4.a.2. St. Clair CMH; 4.b. Region 10 PIHP SUD; 10.a. St. Clair CMH; and 10.b. Lapeer CMH. She noted that indicator 5 numbers will change due to Medicaid redetermination. Also, Indicators 8 and 13 still have 2021 numbers. She reviewed the Root Cause Analyses / Corrective Action Plans. There was further discussion about indicator 4.b. for the SUD system.

It was moved by Ms. Joyce Johnson, seconded by Ms. Thomson, to approve the FY2022 Performance Indicator Report for the 4<sup>th</sup> Quarter, as presented. **MOTION CARRIED**

#### VIII. END OF PUBLIC HEALTH EMERGENCY

Ms. Potthoff stated that the federal PHE is scheduled to expire at the end of the day on May 11th. Those in Michigan who are no longer eligible for Medicaid will receive information about other health care coverage options. MDHHS has several resources for beneficiaries and is also launching a multi-media campaign to ensure beneficiaries are aware of the upcoming changes. Region 10 continues to review all of the information and will ensure that the providers receive up-to-date information as it is received. There was discussion about resources for individuals no longer eligible for Medicaid.

#### IX. DIRECTOR'S REPORT

End of PHE: The ending of the PHE is a double hit on the finance side. We will see enrollees drop and the Federal Medical Assistance Percentage (FMAP) will decrease. We had received a 6% increase of FMAP during the pandemic. Of every Medicaid dollar, .71 was federal funds and the rest state funds; after the pandemic it will be closer to .65 of every dollar will be federal and the rest state.

SUD Recruitment Program: As we start to report on the recruitment initiatives, we will have our new Substance Use Disorder (SUD) Director, Rusmira Bektas, come to the Board meetings to present the reports.

Peer Recovery Support: We have hired a Peer Recovery Support staff using ARPA grant funds with the intent of helping with engagement of people receiving referrals for SUD services and following up with no-shows for appointments. We will bring reports in the future with the number of people he is able to connect with.

Supports Intensity Scale (SIS): The state announced suddenly the discontinuation of the SIS assessment tool. This tool was considered burdensome by many support staff. In addition, the state identified security issues with the online platform. The end date is March 23, 2023. The state still needs to have a functional assessment tool and are looking at options.

CCBHC: The state has received guidance regarding expansion of the CCHBC demonstration projects. Other CCBHCs will be able to be added to the demonstrations but must be added on the same timeline as the current CCBHCs, meaning they must be added on October 1<sup>st</sup>. The state must also determine if they have the funds add CCBHCs, so they have not yet decided if they will do the expansion.

State Budget: The expectation this year is that the final budget will look like the Governor's final proposal since both chambers have majority Democratic control.

*Ms. Umbreit, Ms. Thomson, and Ms. DeElla Johnson left the meeting.*

#### X. FY2023 STRATEGIC PLAN

Chairperson Curtiss referenced the CEO job description included in the packet. She would like to identify goals that fall within the job description and lay out the strategic plan accordingly. Mr. Johnson stated there are four relevant documents for creating the new strategic plan: CEO job description, mission and vision statement, strategic plan update, and the Quality Improvement Plan. Chairperson Curtiss stated the target of the strategic plan should be working towards the mission. This statement should be available for reference at each of our board meetings and should also be reviewed formally each year. There was additional discussion about how the strategic plan should be formatted, including short- and long-term goals. Chairperson Curtiss suggested that she, Mr. Johnson, and Ms. VanWormer meet to create a draft outline prior to the next meeting, and then bring the draft to the next Board meeting. Also, between now and the next Board meeting, each Director can review the four relevant documents to bring back ideas to the next meeting. The agenda for the April meeting will be

restructured to focus on the strategic plan. If it is determined that a separate meeting is needed in April, we will arrange it at that time. Mr. Johnson stated that Directors can email or call him prior to the next meeting if they would like to provide ideas or ask questions.

XI. ANY OTHER BUSINESS TO PROPERLY COME BEFORE THE BOARD

None

XII. CITIZENS WISHING TO ADDRESS THE BOARD

None

XIII. ADJOURNMENT

It was moved by Ms. Joyce Johnson, seconded by Dr. Dani, to adjourn the meeting. With no further business to discuss, Chairperson Curtiss adjourned the meeting at 10:56 a.m.

Respectfully submitted,

Robin Kalbfleisch  
Recording Secretary

Reviewed and approved,

Region 10 PIHP Board  
Secretary / Designee