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 Ms. Cole, seconded by Ms. Keller, to approve the revised meeting agenda as presented. **MOTION CARRIED**

IV. APPROVAL OF PREVIOUS MEETING MINUTES

It was moved by Ms. Keller, seconded by Ms. Cole, to approve the February 15, 2019 meeting minutes as presented. **MOTION CARRIED**

V. FINANCE

A. FY2019 Budget

   
   Presented by Mr. Carpenter. Eligibility trend is lower than the prior year; the revenue trend is higher than last year. Traditional Medicaid currently has a surplus of about $5 million; Healthy
Michigan has a deficit of $1.2 million. There is a fully funded ISF of $16,000,853 and Medicaid Savings of $12,418,941. He stated there is a risk of having funds returned and there have been discussions among the CFOs about this. He will be doing an analysis to determine the actual risk so the group can determine an appropriate spending plan. Ms. Keller inquired about the possibility of directing any extra funds to another agency in need. Mr. Carpenter stated that a transfer cannot be done with Medicaid funds as it can with General Funds. Mr. Johnson noted that we are currently not up to capacity with our autism providers, so we are underspent in autism. When we have the capacity, the autism spending will increase.

It was moved by Dr. Dani, seconded by Ms. Keller, to receive the January 2019 Monthly Finance Report as presented. **MOTION CARRIED**

   Presented by Mr. Carpenter.

   It was moved by Ms. Keller, seconded by Dr. Dani, to receive the January 2019 Monthly Payment Report as presented. **MOTION CARRIED**

   Mr. Carpenter left the meeting at 9:11 a.m.

B. Financial Staffing Update

   Mr. Johnson presented an Executive Summary for the Financial Services RFP that was issued. He reported that only one response had been received. Outreach was done to other potential vendors to see if they would be interested in responding to the RFP if we removed the requirement for an onsite presence, and their responses were all “no”. The one response to the RFP was from Rehmann. The Review Committee reviewed Rehmann’s submission and recommends entering into a new two-year contract with Rehmann after the changes listed on the Executive Summary are made. Mr. Johnson differs from the Review Committee’s recommendations and states that he would agree with a 3 year contract because we have a “120-day termination clause” and it would be a better price. He stated the main concern is that we maintain compliance with federal and state laws and our contracts, which contracting with Rehmann will allow us to do. We will continue to look for a CFO and Financial Accountant and will eventually be able to decrease our use of Rehmann’s services as we increase our own capacity. There was additional discussion about the cost of contracting for these services and the lack of options.

   It was moved by Mr. Barnard, seconded by Dr. Dani, to approve Mr. Johnson to negotiate a financial services contract with Rehmann. Roll call: Mr. Bankert-Aye, Mr. Barnard-Aye, Ms. Cole-Aye, Ms. Curtiss-Aye, Dr. Dani-Aye, Ms. D. Johnson-Aye, Ms. J. Johnson-Aye, Mr. Jones-Aye, Ms. Keller-Aye, Ms. Mills-Aye, Mr. Strandberg-Aye. Ayes-11, Nayes-0. **MOTION CARRIED by roll call vote**

VI. **CONTRACT AMENDMENTS**

A. MDHHS-PIHP FY2019 Contract Amendment No. 2

   Ms. Potthoff presented a summary of the second MDHHS-PIHP contract amendment for FY19 that was just received last week. She reviewed each change listed on the summary page including details of language removed or added. There was a question regarding how the changes to the Grievance and Appeal Technical Requirement will affect the PIHP. Ms. Potthoff stated that we have the option to extend the notice, but they have just added wording that means more protections for the enrollees.
Mr. Johnson stated that many of the updates are CMS “suggestions” due to the new waivers. There is nothing substantial within this amendment that impacts our ability to provide services.

It was moved by Ms. Keller, seconded by Ms. Cole, to approve MDHHS-PIHP FY2019 Contract Amendment No. 2 as presented. **MOTION CARRIED**

B. FY19 PIHP-CMH Amendment No. 2

Ms. Potthoff presented a PIHP-CMH Amendment summary document and reviewed details of each change. There will be an additional update to the PIHP-CMH contracts based on the MDHHS-PIHP Amendment presented in VI.A above.

It was moved by Ms. Mills, seconded by Ms. Cole, to approve the FY19 PIHP-CMH Amendment No. 2 as presented. **MOTION CARRIED**

VII. POLICIES

Chairperson Curtiss presented a memo that summarizes the seven policies brought to the Board for approval.

A. QAPIP #01.04.01
B. Satisfaction Surveys # 01.04.03
C. PIHP Network of Service Providers # 01.06.02
D. Training # 02.01.02
E. Customer Services # 05.02.01
F. Collaborative Work Between Health Care # 06.02.01
G. MHP-PIHP Coordination and Integration of Care # 06.02.02

It was moved by Mr. Bankert, seconded by Ms. Keller, to approve policies: QAPIP #01.04.01, Satisfaction Surveys # 01.04.03, PIHP Network of Service Providers # 01.06.02, Training # 02.01.02, Customer Services # 05.02.01, Collaborative Work Between Health Care # 06.02.01, and MHP-PIHP Coordination and Integration of Care # 06.02.02 as presented. **MOTION CARRIED**

VIII. QUALITY IMPROVEMENT

A. FY19 Quality Improvement Program Revision

Ms. Hayes presented the changes to the Quality Improvement Program. Sections updated include: the organizational structure; “Periodic Quantitative and Qualitative Assessments of Member Experiences with Services” section in order to align with the HSAG tool; and “Assurance of Practitioner Licensure, Credentialing, Staff Qualification, and Staff Training” section to align with the HSAG tool. Ms. Keller inquired if these changes had to also be put in provider contracts. Ms. Hayes responded that much of this language is already in the contracts and we are aligning the contracts, QI Program, and policies.

It was moved by Ms. Mills, seconded by Ms. Cole, to approve the FY19 Quality Improvement Program Revision as presented. **MOTION CARRIED**
IX. **SUBSTANCE USE DISORDERS**

A. Meeting Minutes 3.12.19

Ms. Cole stated they have had a hard time meeting quorum for the past two months. Oversight Board Member Denise Foote resigned recently, and Ed Rieves has not been attending. Mr. Johnson stated he will reach out to him. She stated the By-Laws need to be revised, but they have not been able to approve the revisions due to not meeting quorum.

X. **DIRECTOR’S REPORT**

298 - Mr. Johnson reported that the Department recently met with the proposed pilot CMHs and PIHPs in those regions. Discussed at the meeting was a document regarding 298 Transition Strategy Planning. They felt the PIHPs and CMHs should answer some of the questions together to help with the transition. However, the PIHPs/CMHs felt the Department needs to offer more guidance on transition of many of the functions, specifically those that will be going to the MHPs. They are scheduled to meet again on April 30th. A revised 298 Transition Strategy Planning document will be sent out soon. The RFP for the unenrolled population has been sent to the Department of Technology and Budget to review before it is issued.

Waiver – There have been ongoing discussions between the Department and CMS regarding the (c) Waiver and 1115 Waiver. Additional discussions have been taking place on the (b)3. The Department is trying to avoid using an (i) waiver, but the potential still remains that the (b)3s could be included in an (i) waiver. They are still on track for implementation by October 1st.

Budget Proposal – The Governor submitted and 298 was included in her proposal. The House and Senate will submit their own proposals and then a committee will be formed to look at all three. Approval is expected in early June.

Medicaid Service Agency (MSA) – They are looking at the potential of doing retroactive payments to PIHP capitation back to date of eligibility. Currently, capitation payments do not start until the individuals are approved to receive Medicaid. This is in the early stages and there are still many issues to be worked out.

Integrated Care for Kids – New grants up to $16 million over 7 years from the CMS Center for Medicare and Medicaid Innovation. The grants are for development and implementation of a payment and local service delivery model that supports innovations to improve the health of children, not to fund services. There will be eight states awarded the grants with only one per state. MDHHS will be doing an RFI and will partner with up to five different organizations to submit proposals, knowing only one can be approved. The organizations that submit a proposal will have to work with the PIHP and all the Health Plans in the area. 298 Pilot county sites are excluded. The program will start January 1, 2020.

XI. **ANY OTHER BUSINESS TO PROPERLY COME BEFORE THE BOARD**

Mr. Emmons reported that Lapeer CMH has entered into an agreement with Region 10 to hire a Recovery Coach to work with Hamilton Healthcare with Medication Assisted Treatment using Vivitrol and they gave their first shot this week.
XII. CITIZENS WISHING TO ADDRESS THE BOARD

None

XIII. ADJOURNMENT

Motion by Ms. Mills to adjourn the meeting. With no further business to discuss, Chairperson Curtiss adjourned the meeting at 10:28 a.m.

Respectfully submitted, Reviewed and approved,

Robin Kalbfleisch Wanda Cole
Recording Secretary Region 10 Board Secretary/Designee