



PREPAID INPATIENT HEALTH PLAN

Our Mission: Promoting opportunities for Recovery, Discovery, Health and Independence for individuals receiving services through ease of access, high quality of care and best value.

Region 10 PIHP Board Meeting Minutes

March 15, 2024, 9:00 a.m.

Region 10 PIHP

2186 Water Street, Port Huron, MI 48060

Board Members Present: Ron Barnard, Lori Curtiss (virtual), Dr. Niketa Dani (virtual), John Groustra, Ted Hammon, (arrival 9:08 a.m.), Gary Jones (virtual), Bob Kozfkay, Ken Lemons, Ed Priemer, Nancy Thomson, Bobbie Umbreit (virtual), Rex Ziebarth

Board Members Absent: DeElla Johnson, Joyce Johnson, Chad Polmanteer

Staff Present: *Region 10 PIHP Staff:* Jim Johnson, Chief Executive Officer; Richard Carpenter, Chief Financial Officer (virtual); Carrie Benacquisto, Finance Director; Lauren Campbell, Quality Manager; Robin Kalbfleisch, Recording Secretary

CMH Staff: Wil Morris, Sanilac CMH (virtual); Brooke Sankiewicz, Lapeer CMH; Dan Russell, GHS

Guests: None

1. Call to Order:

Called to order at 9:01 a.m. by Vice Chairperson Kozfkay.

2. Citizens Wishing to Address the Board

None

3. Agenda Changes (Action Item)

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

4. Approval of Previous Meeting Minutes (Action Item)

It was moved by Ms. Thomson, seconded by Mr. Hammon, to approve the February 16, 2024, meeting minutes as presented. **MOTION CARRIED**

5. Finance

A. Monthly Finance Report – January 2024 (Action Item)

Mr. Carpenter referenced the downward trend in eligibles. This was anticipated but is decreasing faster than anticipated. Region 10 and the other PIHPs are putting together a trend analysis to start advocacy efforts with the Department. They are scheduled to meet with the Department next Thursday to discuss rates.

Mr. Carpenter noted that revenue is also decreasing, however, the decrease in DAB revenue is surprising. We are starting to see at the state-wide level as individuals are being re-enrolled in Medicaid, they are being put in Plan First or Healthy Michigan. He stated that individuals in Plan First do not qualify for behavioral health benefits and their services with the CMHs would go through the General Fund, noting that it's important that individuals are in the right categories in order to receive sufficient funding.

Under traditional Medicaid, he has been working with Lapeer on their monthly financial statements so the Lapeer figures in this report show a trend and will be back to showing actuals on next month's report. Traditional Medicaid has a surplus of about \$12.6 million. Healthy Michigan also shows a trend for Lapeer, with next month's reports expected to show actual, and has a surplus of about \$851,000. There is currently about \$59 million in risk reserves. Mr. Carpenter also reviewed the CCBHC Medicaid financials, showing an approximate \$858,000 deficit, which will be made whole by the state. CCBHC Healthy Michigan shows a deficit of about \$191,000 which will be a receivable from the state.

It was moved by Mr. Barnard, seconded by Ms. Thomson, to approve the Monthly Finance report for January 2024 as presented. **MOTION CARRIED**

B. Monthly Payment Report – January 2024 (Action Item)

Mr. Carpenter presented the January 2024 report and stated the HRA payments are not in this report as MDHHS is waiting for approval from CMS.

It was moved by Ms. Thomson, seconded by Mr. Lemons, to approve the Monthly Payment report for January 2024 as presented. **MOTION CARRIED**

C. SUD Max Service Rates (Action Item)

Mr. Carpenter presented the updated max rates for service codes 90834, 90837, H0001, T1012, H0010, and H0018. Changes occurred after a review of claims payments showed that our max rate is consistently below what our providers are charging us. We also compared the rates to what other PIHPs are paying for these services. Another change was to the T1040 max rate, which was changed to zero. This is because the state mandated rates for the qualifying CCBHC services. The new methodology requires that we pay for the qualifying services, and no longer pay for the T1040.

It was moved by Mr. Barnard, seconded by Ms. Thomson, to approve the SUD Max Service Rates as presented. **MOTION CARRIED**

6. Quality Management

A. FY2024 Quality Improvement Program and Workplan (Action Item)

Ms. Campbell presented the revised report that was originally presented in October 2023. There is a revision to section X.A. in the program description regarding the assessments of member's experience and to the member's experience goal within the workplan. The recommendation is to discontinue the Recovery Self-Assessment Survey (RSA). This was discussed with CMH and SUD treatment providers who felt it was an administrative burden. It was discovered also that it is not a required survey, and Region 10 will focus more on the Customer Satisfaction Survey and will evaluate the questions to ensure they adequately address recovery. Ms. Campbell stated the recommendations from the



FY2023 RSA survey will still be addressed. There was no feedback from Board members about the change to this report.

It was moved by Ms. Thomson, seconded by Mr. Lemons, to approve the amended FY2024 Quality Improvement Program and Workplan as presented. **MOTION CARRIED**

7. Executive Committee

A. Meeting Minutes (3.6.24)

Mr. Kozfkay presented the minutes from the Executive Committee meeting and reviewed the section regarding virtual attendance. Mr. Johnson is investigating the meeting requirements and there will be more information forthcoming.

Mr. Johnson reviewed the discussion regarding the SOR grant requirements not being met, requiring the costs of services to be reallocated to other sources. This included \$116,000 in PA2 funds that were presented to the SUD Oversight Policy Board for endorsement.

Mr. Kozfkay also stated that discussion occurred regarding the new Board subcommittee that has been formed.

8. Substance Use Disorder

A. Meeting Minutes (3.12.24)

Mr. Johnson reviewed the minutes from the meeting, which included reappointment of Board members, the retirement of Michael Slater, and endorsement of a PA2 request.

B. PA 2 Request (Action Item)

The PA2 request for the SOR services in the amount of \$116,000 (\$66,934 from Genesee County and \$49,066 from St. Clair County) was endorsed by the GHS and St. Clair CMH members.

It was moved by Mr. Hammon, seconded by Mr. Groustra, to approve the use of PA 2 funds in the amount of \$116,000 (\$66,934 from Genesee County and \$49,066 from St. Clair County) to use towards FY2023 SUD treatment services as presented. **MOTION CARRIED**

9. Director's Report

SOR Funding: Mr. Johnson reported the Region 10 is currently preparing a Corrective Action Plan regarding the SOR funding that will be brought to this Board in the future. This will be added to our Quality Improvement (QI) Plan.

Conflict Free Access & Planning (CFAP): The state has scheduled a meeting with the PIHPs for March 22nd. The state will likely lay out the parameters for CFAP implementation at that meeting and how they expect them to be applied in the public behavioral health system. These parameters will affect all PIHPs differently. The implementation date is still scheduled for October 1, 2024. Mr. Johnson has scheduled a meeting for March 25th with the Region 10 CMHSP CEOs to discuss the parameters provided at the state's meeting. Mr. Johnson will update the Board at the next meeting.



Rate Adjustment: There is a Medicaid rate adjustment scheduled to be rolled out in April, but we are unsure of what that will be. There is a meeting next week with the CFOs.

State Level: Mr. Johnson provided a summary of the special election coming up in April, with Democrats expected to remain in those House seats. He reported there was also draft language submitted regarding the Open Meetings Act (OMA) to expand exceptions for attendance to include PIHPs and CMHSPs. This would also allow virtual attendance at meetings. Mr. Johnson will keep an eye on this to see if anything is introduced.

Federal Level: Congress previously passed two continuing resolutions, one extended federal funding for certain programs through March 8th and one for other programs through March 22nd. The resolution that ended March 8th was replaced by a “minibus” bill that extends the funding for those programs out through September 30th. One of the provisions within that resolution includes language that prohibits the termination of Medicaid enrollment due to incarceration – coverage would only be suspended. There is also language regarding establishing CCBHC services as an option under Medicaid. This means that states that have CCBHC demonstrations will make it easier to transition individuals to Medicaid when the demonstration ends. The continuing resolution that ends on March 22nd will be more contentious to find a resolution to as it includes funding for DHHS, Homeland Security, Defense, Ukraine, etc. The President has also released his proposed budget of \$7.3 trillion for FY25.

10. Any Other Business to Properly Come Before the Board

Mr. Kozfkay reported that Board members have received a complaint letter by email. He and Chairperson Curtiss have discussed and believe the Executive Committee should meet to discuss and bring information to the Board meeting. There were no questions at this time.

11. Citizens Wishing to Address the Board

None

12. Adjournment (Action Item)

With no further business to discuss, Vice Chairperson Kozfkay adjourned the meeting at 9:42 a.m.

Respectfully submitted,

Reviewed and approved,

Robin Kalbfleisch,
Recording Secretary

Ken Lemons
Secretary