



Agenda

TO: Community Mental Health Services Board Members
FROM: Janet Thomas, Chair, via Julia Rupp, Executive Director
SUBJECT: Full Board Meeting
November 22, 2013
8:00 AM – Mental Health Center

- 1) Call to Order Action
- 2) Approval of Minutes of October 25, 2013
(Previously Forwarded) Action
- 3) Committee Reports
 - A) Program/Personnel Committee Action
(Attachment #1)
 - B) Recipient Rights Advisory Committee Action
(Attachment #2)
 - C) Finance Committee Action
(Attachment #3)
- 4) Items for Consideration
 - A) Motion to Amend Contract with Preferred Employment and Living
Supports, LLC Action
(Attachment #4)
 - B) Motion to Reclassify Position Action
(Attachment #5)
- 5) Old Business
 - A) Lakeshore Regional Entity Update Information
 - B) Interim Analysis of Expenditures Information
(Attachment #6)

- C) Interim Analysis of Revenues
(Attachment #7) Information
- D) Interim Balance Sheets of October 2013
(Attachment #8) Information
- 6) New Business
- 7) Communication
 - A) FridayFacts of November 15, 2013
(Attachment #9) Information
 - B) Director's Report
(To be distributed) Information
- 8) Audience Participation
- 9) Adjournment Action

/jvv

c: The Muskegon Chronicle
County Administration

**COMMUNITY MENTAL HEALTH SERVICES OF MUSKEGON COUNTY
PROGRAM/PERSONNEL COMMITTEE REPORT TO CMH BOARD**

Via Cheryl Natte, Committee Vice-Chairperson

1. The Program/Personnel Committee met on November 08, 2013.
2. There were no action items.
3. Reports were given on the HSAG Review and Plan of Correction, and the Jail Diversion Data for FY2013.

/jvv

COMMUNITY MENTAL HEALTH SERVICES OF MUSKEGON COUNTY

PROGRAM/PERSONNEL COMMITTEE MEETING MINUTES

Friday, November 08, 2013

8 a.m.

Mental Health Center – Board Room B

CALL TO ORDER

The regular meeting of the Program/Personnel Committee was called to order by Cheryl Natte, Committee Chair, at 8:00 am.

ROLL CALL

Committee Members Present: Cheryl Natte, Chuck Buzzell, Bonnie Gonzalez, Jeff Fortenbacher, Ken Shelton, Michael Willacker, Janet Thomas

Committee Members Excused: None

Add'l Board Members Present: Charles Nash

Also Present: Julia Rupp, David Parnin, Judy Cohen, Stacey Cornett, Pam Beane, Kate Loveland, Mel Hesselink, Suzanne Beckeman, Dr. Ron Kidder, Joy Vander Ven

Guests: None

APPROVAL OF MINUTES

It was moved by Mr. Buzzell, supported by Ms. Thomas, to approve the minutes of the October 11, 2013, meeting as written.

MOTION CARRIED.

ITEMS FOR CONSIDERATION

There were no items for consideration.

OLD BUSINESS

There was no old business.

NEW BUSINESS

Suzanne Beckeman, RN, reported on the program offered at CMH to assist individuals with smoking cessation. The seven-week CMH program focuses on the three link chain of addiction with a panel of former smokers providing support. The stop date for smoking on CMH property is November 21, which is also the date a no-smoking county-wide ordinance goes to the county commissioners for vote. As part of the county ordinance, if a person gets a ticket for smoking in a non-designated area, they can take one of these courses in lieu of paying a fine.

Pam Beane provided information on CMH services for veterans. Meetings have been held with the Veteran's Administration (VA) and progress has been made in the coordination of hospitalization and/or psychiatric services. The VA has developed an intensive case management team for veterans in the Battle Creek area and plans to expand to additional areas within Michigan. Discussion was held regarding local services available to veterans. It was asked if counseling is available for spouses of veterans with PTSD. Ms. Rupp stated the County Veterans Affairs group is available to offer this service.

Dave Parnin thanked the board members and staff at CMH who are veterans. Breakfast was provided after the meeting in their honor.

COMMUNICATION

Report on HSAG August 13, 2013, Review and Plan of Correction

Jail Diversion Data for FY2013

FridayFacts of November 01, 2013

DIRECTOR'S COMMENTS

There were no director's comments.

AUDIENCE PARTICIPATION

Kate Loveland and Mel Hesselink, veterans on staff at Community Mental Health who were in attendance, offered insight from a veteran's perspective during discussions at the meeting.

ADJOURNMENT

There being no further business to come before the committee, the meeting adjourned at 8:47 a.m.

Respectfully,

Cheryl Natte
Program Committee Chairperson

JV²

COMMUNITY MENTAL HEALTH SERVICES OF MUSKEGON COUNTY

**RECIPIENT RIGHTS ADVISORY COMMITTEE
REPORT TO CMH BOARD**

via Ken Shelton, Committee Chairperson

1. The Recipient Rights Advisory Committee met on November 8, 2013.
- * 2. It was recommended, and I move, to approve the Recipient Rights Report for the month of October 2013.

/jv²

COMMUNITY MENTAL HEALTH SERVICES OF MUSKEGON COUNTY

RECIPIENT RIGHTS ADVISORY COMMITTEE MEETING MINUTES

Friday, November 8, 2013

8 a.m.

Mental Health Center – Board Room B

CALL TO ORDER

The regular meeting of the Recipient Rights Advisory Committee was called to order by Ken Shelton, Committee Chair, at 8:47 a.m.

ROLL CALL

Committee Members Present: Cheryl Natte, Chuck Buzzell, Bonnie Gonzalez, Jeff Fortenbacher, Ken Shelton, Mike Willacker, Janet Thomas

Committee Members Excused: None

Add'l Board Members Present: Charles Nash

Also Present: Julia Rupp, Dave Parnin, Judy Cohen, Stacey Cornett, Dr. Ron Kidder, Kate Loveland, Mel Hesselink, Joy Vander Ven

Guests: None

APPROVAL OF MINUTES

It was moved by Ms. Thomas, seconded by Ms. Gonzalez, to approve the minutes of the October 11, 2013, meeting as written.

MOTION CARRIED.

ITEMS FOR CONSIDERATION

Motion to Accept Recipient Rights Report for October 2013

It was moved by Ms. Thomas, seconded by Ms. Gonzalez, to approve the Recipient Rights Report for October 2013.

MOTION CARRIED.

For the month of October 2013 there were 42 CMH and 93 provider employees trained:

Rights Updates CMH	30
Rights Updates Provider	28
New Employee Training CMH	8
New Employee Training Provider	32
Respite Training Provider	2

Special Inservice Provider	0
HIPAA Training CMH	2
HIPAA Training Provider	16
Corporate Compliance Training CMH	2
Corporate Compliance Training Provider	15
NAPPI/Rights/Clinical Training Provider	0
RROAM Quarterly Meeting CMH	0
Medicaid Fair Hearing Office Training CMH	0
DCH-ORR Roundtable	0
Recipient Rights Conference	4

For this period, there were 594 incident reports and 72 rights allegations.

Statistical data showing type and code was provided for review, as well as graphs regarding the data. Discussion was held regarding this month's incident reports.

There were 2 deaths reported in October 2013.

OLD BUSINESS

There was no old business.

NEW BUSINESS

There was no new business.

COMMUNICATIONS

There was no new communication.

DIRECTOR'S COMMENTS

There were no director's comments.

AUDIENCE PARTICIPATION

There was no audience participation.

ADJOURNMENT

There being no further business to come before the committee, the meeting adjourned at 8:53 a.m.

Respectfully,

Ken Shelton
Community Mental Health Board Chairperson

/mt

COMMUNITY MENTAL HEALTH SERVICES OF MUSKEGON COUNTY

FINANCE COMMITTEE REPORT TO CMH BOARD

via I. John Snider II, Chair

1. The Finance Committee met on November 15, 2013.
2. The Finance Committee received the following reports for information: Medicaid Eligibles by County and Program. The Interim Analysis of Expenditures; Interim Analysis of Revenues; Interim Balance Sheets of October 2013; CMH Expenditures Financial Statement; Finance Update – Interest Earnings, Public Act 423, Fees & Inpatient Account Summary; Budget Variance Analysis Report; and Year End Projection Trends Report were not available for distribution.
- * 3. It was recommended, and I move, to approve expenditures for the month ending October 31, 2013, in the total amount of \$4,240,532.24.
- * 4. It was recommended, and I move, to approve the addition of Physical Therapy Services to Community Mental Health's contract with PNA LTD/Homcare, Inc., at the rates of \$65.00 per visit for a Physical Therapist and \$47.00 per visit for a Physical Therapist Assistant, effective December 1, 2013, through September 30, 2014.
- * 5. It was recommended, and I move, to authorize the Community Mental Health Services of Muskegon County Executive Director to enter into Hospital Reimbursement Adjustment (HRA) agreements with those Community Inpatient Hospitals in which either Ottawa or Muskegon affiliates paid for inpatient care of their consumers during FY 2012, or the Michigan Department of Community Health has established our agency as one of the payees for the facility for October 01, 2013, through December 31, 2013.
- * 6. It was recommended, and I move, to authorize a request for pricing for leases of seven vehicles from the State Vehicle Procurement list to replace or supplement vehicles for Community Mental Health.
- * 7. It was recommended, and I move, to authorize Community Mental Health to amend the FY14 contract extension with Mercy Health-Hackley Behavioral Health to increase their rates effective November 1, 2013, through September 30, 2014, to \$876.00 per day for Adult Inpatient Services and \$976.00 per day for Adult Inpatient Co-Occurring DD/MI Services.
- * 8. It was recommended, and I move, to authorize the Community Mental Health Executive Director to sign a contract with those service vendors/providers who have submitted written agreements to continue service provision at the Fiscal Year 2012/2013 rates for the time period effective October 1, 2013, through September 30, 2014.
- * 9. It was recommended, and I move, to authorize the reclassification of Masters Level Clinician position #X53303 (NX 00240) to a Supports Coordinator/CBS position (NX 00150) effective December 11, 2013, with the funding for this position staying in org 7320.

COMMUNITY MENTAL HEALTH SERVICES OF MUSKEGON COUNTY

FINANCE COMMITTEE MEETING MINUTES

Friday, November 15, 2013

8:00 a.m.

Mental Health Center

Board Room

CALL TO ORDER

The regular meeting of the Finance Committee was called to order by Chair Snider at 8:00 a.m.

ROLL CALL

Committee Members Present: John Snider, Scott Plummer, Bonnie Gonzalez, Dr. Rem Sprague, Charles Nash, Janet Thomas

Committee Members Excused: Terry Sabo, Chuck Buzzell

Add'l Board Members Present: None

Also Present: Julia Rupp, Thomas Best, Judy Cohen, Dave Parnin, Joy Vander Ven, Margaret Tietze

Guests: None

MINUTES

It was moved by Dr. Sprague, seconded by Ms. Gonzalez, to approve the minutes of the October 18, 2013, meeting as written. MOTION CARRIED.

ITEMS FOR CONSIDERATION

A. Approval of Expenditures for October 2013

It was moved by Ms. Thomas, seconded by Ms. Gonzalez, to approve expenditures for the month ending October 31, 2013, in the total amount of \$4,240,532.24.

MOTION CARRIED.

B. Interim Analysis of Expenditures

The Interim Analysis of Expenditures was not available for distribution.

C. Interim Analysis of Revenues

The Interim Analysis of Revenues was not available for distribution.

D. Interim Balance Sheets of October 2013

The Interim Balance Sheets of October 2013 were not available for distribution.

E. CMH Expenditures Financial Statement

The CMH Expenditures Financial Statement was not available for distribution.

F. Finance Update – Interest Earnings, Public Act 423, Fees and State Inpatient Account Summary

The Finance Update was not available for distribution.

G. Budget Variance Analysis Report

The Budget Variance Analysis Report was not available for distribution.

H. Year End Projection Trends

The Year End Projection Trends were not available for distribution.

I. Medicaid Eligibles by County and Program

Mr. Best presented the Medicaid Eligibles report for Board member review.

J. Approval to Contract with PNA LTD/Homcare, Inc.

It was moved by Ms. Thomas, seconded by Mr. Plummer, to approve the addition of Physical Therapy Services to Community Mental Health's contract with PNA LTD/Homcare, Inc., at the rates of \$65.00 per visit for a Physical Therapist and \$47.00 per visit for a Physical Therapist Assistant, effective December 1, 2013, through September 30, 2014.

MOTION CARRIED.

K. Approval to Enter into Hospital Rate Adjustment Agreements

It was moved by Ms. Thomas, seconded by Ms. Gonzalez, to authorize the Community Mental Health Services of Muskegon County Executive Director to enter into Hospital Reimbursement Adjustment (HRA) agreements with those Community Inpatient Hospitals in which either Ottawa or Muskegon affiliates paid for inpatient care of their consumers during FY 2012, or the Michigan Department of Community Health has established our agency as one of the payees for the facility for October 01, 2013, through December 31, 2013.

MOTION CARRIED with Dr. Sprague abstaining.

L. Authorization to Obtain Request for Pricing for the State Vehicle Procurement List

It was moved by Dr. Sprague, seconded by Ms. Thomas, to authorize a request for pricing for leases of seven vehicles from the State Vehicle Procurement list to replace or supplement vehicles for Community Mental Health.

MOTION CARRIED.

M. Approval to Amend Contract with Mercy Health – Hackley Behavioral Health

It was moved by Mr. Plummer, seconded by Ms. Thomas, to authorize Community Mental Health to amend the FY14 contract extension with Mercy Health-Hackley Behavioral Health to increase their rates effective November 1, 2013, through September 30, 2014, to \$876.00 per day for Adult Inpatient Services and \$976.00 per day for Adult Inpatient Co-Occurring DD/MI Services.

MOTION CARRIED with Dr. Sprague abstaining.

N. Approval of Contract with Vendors/Providers at Continuation Rates

It was moved by Ms. Thomas, seconded by Mr. Plummer, to authorize the Community Mental Health Executive Director to sign a contract with those service vendors/providers who have submitted written agreements to continue service provision at the Fiscal Year 2012/2013 rates for the time period effective October 1, 2013, through September 30, 2014.

MOTION CARRIED.

O. Approval to Reclassify Agency Position

It was moved by Dr. Sprague, seconded by Ms. Gonzalez, to authorize the reclassification of Masters Level Clinician position #X53303 (NX 00240) to a Supports Coordinator/CBS position (NX 00150) effective December 11, 2013 with the funding for this position staying in org 7320.

MOTION CARRIED.

OLD BUSINESS

There was no old business.

NEW BUSINESS

There was no new business.

COMMUNICATIONS

-) Audit Planning Document from BDO USA

DIRECTOR'S COMMENTS

Ms. Rupp reported that we are monitoring our Medicaid, General Fund, and ABW expenditures carefully. While we realize that Medicaid expansion will have an effect on CMH finances, projections are difficult. One focus is to increase our competencies, and assign fee screeners to assist in determining our client's ability to pay.

AUDIENCE PARTICIPATION

There was no audience participation.

There being no further business to come before the Committee, the meeting adjourned at 8:35 a.m.

Respectfully,

John Snider
Committee Chairperson

/jvv

REQUEST FOR COMMUNITY MENTAL HEALTH BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE Full Board	BUDGETED X	NON BUDGETED	PARTIALLY BUDGETED
REQUESTING DIVISION Network Development	REQUEST DATE November 22, 2013	REQUESTOR SIGNATURE Judy Cohen, Network Manager	
<u>SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)</u>			
<p>Approval is requested for Community Mental Health Services of Muskegon County (CMH) to add a per diem Community Living Supports rate to CMH's contract with Preferred Employment and Living Supports, LLC, (1735 Peck Street, Muskegon, MI 49441), effective November 1, 2013, through September 30, 2014. This per diem rate allows for a consumer to participate in board-related activities outside of Muskegon County. The billing code for the per diem rate is H2016, and will be billed at the rate of \$160.00 per day plus incurred expenses.</p>			
<u>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</u>			
<p>I move to amend the contract with Preferred Employment and Living Supports, LLC, to add a per diem Community Living Supports rate of \$160.00 plus incurred expenses effective November 1, 2013, through September 30, 2014.</p>			
COMMITTEE DATE	COMMITTEE APPROVAL _____ Yes _____ No _____ Other		
BOARD DATE	BOARD APPROVAL _____ Yes _____ No _____ Other		

REQUEST FOR COMMUNITY MENTAL HEALTH BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE Full Board	BUDGETED X	NON BUDGETED	PARTIALLY BUDGETED
REQUESTING DIVISION Administration	REQUEST DATE November 22, 2013		REQUESTOR SIGNATURE Cyndi Blair, Medical Services Manager
SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)			
<p>Authorization is requested for Community Mental Health Services of Muskegon County (CMH) to reclassify the current Mid-Level Medical Practitioner position #X56204 (NX 00432), to a 32-Hour per week General Psychiatrist position (NX 00600), effective December 11, 2013. The total increased cost for FY 2014 for this change would be \$59,493. CMH has the funds to cover these increased expenditures. The total cost increase to the County General Fund would be \$1,362. However, these funds are already budgeted, and no additional funds are actually being requested from the County General fund. This position is currently funded in org 7323, and the funding for this reclassified position would stay in org 7323.</p> <p>The reason for this requested change is that one of our current Psychiatrists has asked for a reduction in hours from full time down to 32-hours per week. This change will allow us to maintain as many psychiatric prescriber hours as possible while still honoring this request. This is extremely important due to such a limited availability of psychiatrists.</p>			
SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)			
<p>I move to authorize the reclassification of Mid-Level Practitioner position #X56204 (NX 00432) to a 32-hour/week General Psychiatrist position (NX 00600) effective December 11, 2013 with the funding for this position staying in org 7323.</p>			
COMMITTEE DATE	COMMITTEE APPROVAL _____ Yes _____ No _____ Other		
BOARD DATE	BOARD APPROVAL _____ Yes _____ No _____ Other		

**COMMUNITY MENTAL HEALTH
INTERIM ANALYSIS OF EXPENDITURES
October 31, 2013**

	APPROVED BUDGET	Y - T - D EXPENDITURES	Y - T - D UNEXPENDED	% OF BUDGET UNDER (OVER)
1 DD Skill Building	\$ 3,314,861	\$ 143,329	\$ 3,171,532	4.0%
2 DD Clinic	939,290	31,389	907,901	5.0
3 Vocational Services	478,188	20,093	458,096	4.1
4 Clubhouse	501,281	26,843	474,438	3.0
Subtotal Skill Building	<u>5,233,620</u>	<u>221,654</u>	<u>5,011,966</u>	4.1
5 DD Supports Coordination	2,779,861	111,623	2,668,238	4.3
6 MI Adult Supports Coordination	3,102,756	97,955	3,004,801	5.2
7 Intensive Case Management	759,211	29,479	729,732	4.5
Subtotal Supports Coord.	<u>6,641,828</u>	<u>239,057</u>	<u>6,402,771</u>	4.7
8 Youth Community Based Services	249,944	11,939	238,005	3.6
9 Autism Program	421,039	24,783	396,256	2.4
10 MI Outpatient	3,204,559	60,106	3,144,453	6.5
11 Transition Age Team	359,416	18,934	340,482	3.1
12 Nursing	789,750	64,903	724,847	0.1
13 Psychiatry	-	53,632	(53,632)	NA
14 ACT	1,695,670	62,458	1,633,212	4.6
15 Home Based	830,431	31,009	799,422	4.6
16 Integrated Health	99,060	4,911	94,149	3.4
17 Infant Mental Health HomeBased Tea	525,331	13,713	511,618	5.7
18 DD Outpatient	1,149,850	26,209	1,123,641	6.1
19 Intake/Crisis Intervention	1,182,869	41,036	1,141,833	4.9
Subtotal Clinic Services	<u>10,507,919</u>	<u>413,631</u>	<u>10,094,288</u>	4.4
20 Kenneth L. Brinks Facility	1,990,332	75,997	1,914,335	4.5
21 Indian Bay	789,858	36,422	753,436	3.7
22 Children's Waiver	173,100	-	173,100	8.3
Subtotal Residential	<u>2,953,290</u>	<u>112,419</u>	<u>2,840,871</u>	4.5
23 Wraparound Services	247,268	11,636	235,632	3.6
24 Community Recovery Services	44,400	-	44,400	8.3
25 Court Collaboration	571,352	21,380	549,972	4.6
26 SED Waiver	97,530	(134)	97,664	8.5
27 Integrated Health #2	140,000	9,713	130,287	1.4
28 CMH Primary Care Integration Proj.	18,000	-	18,000	8.3
29 HUD Supportive Housing Grant	102,000	17,235	84,765	(8.6)
30 HUD Supportive Housing Grant #2	16,275	2,760	13,515	(8.6)
31 MC3 Program	34,125	-	34,125	8.3
32 Center for Positive Living Supports	89,992	5,332	84,660	2.4
33 HUD Supportive Housing Grant #3	22,225	3,504	18,721	(7.4)
34 HUD Supportive Housing Grant #4	20,925	3,487	17,438	(8.3)
35 Homeless Project	166,033	8,772	157,261	3.0
Subtotal Other	<u>1,570,125</u>	<u>83,685</u>	<u>1,486,440</u>	3.0
36 Clerical Services	-	78,240	(78,240)	NA

COMMUNITY MENTAL HEALTH
INTERIM ANALYSIS OF EXPENDITURES
October 31, 2013

PRELIMINARY REPORT

	APPROVED BUDGET	Y - T - D EXPENDITURES	Y - T - D UNEXPENDED	% OF BUDGET UNDER (OVER)
37 Lakeshore Behavioral Health Allianc	7,877,469	2,539,940	5,337,529	(23.9)
38 Inpatient-MI Adult	1,348,750	-	1,348,750	8.3
39 Inpatient-MI Child	288,700	-	288,700	8.3
40 HRA Adjuster	424,100	128,178	295,922	(21.9)
41 MI Adult Vocational Services	219,675	-	219,675	8.3
42 DD Vocational Services	2,321,100	-	2,321,100	8.3
43 DD In Home Support Services	1,645,625	4,167	1,641,458	8.1
44 Consumer Run Program	109,365	9,114	100,251	0.0
45 DD Respite	743,625	35,634	707,991	3.5
46 Health Services	343,650	2,817	340,833	7.5
47 MI Child Respite	44,025	185	43,840	7.9
48 MI Adult Partial Hospitalization	15,275	-	15,275	8.3
49 MI Child Residential	156,225	-	156,225	8.3
50 DD Residential	12,972,647	3,798	12,968,849	8.3
51 MI Adult Residential	2,973,789	3,202	2,970,587	8.2
52 State Inpatient	1,630,090	-	1,630,090	8.3
53 Utilization Management	453,547	16,124	437,423	4.8
54 Network Development	236,612	7,089	229,523	5.3
55 IS Management	569,265	56,292	512,973	(1.6)
56 QI & Training	262,698	25,695	237,003	(1.4)
57 Managed Care Administration	1,930,192	171,302	1,758,890	(0.5)
58 Managed Care Finance	529,904	55,964	473,940	(2.2)
59 Customer Services	352,703	13,570	339,133	4.5
	<u>37,449,031</u>	<u>3,073,071</u>	<u>34,375,960</u>	<u>0.1</u>
Subtotal	64,355,813	4,221,758	60,134,055	1.8
60 State Facility -Local Match	<u>170,243</u>	<u>14,187</u>	<u>156,056</u>	<u>0.0</u>
Grand Total	<u>\$ 64,526,056</u>	<u>\$ 4,235,945</u>	<u>\$ 60,290,111</u>	<u>1.8%</u>

COMMUNITY MENTAL HEALTH
INTERIM ANALYSIS OF REVENUES
October 31, 2013

	APPROVED BUDGET	Y - T - D AMOUNT EARNED	Y - T - D AMOUNT REC'D	ADJUSTMENTS SHORT (OVER)
1 DD Skill Building	\$ 3,314,861	\$ 143,329	\$ 44	\$ 143,285
2 DD Clinic	939,290	31,389	363	31,026
3 Vocational Services	478,188	20,093	2,231	17,862
4 Clubhouse	501,281	26,843	476	26,367
Subtotal Skill Building	5,233,620	221,654	3,114	218,540
5 DD Supports Coordination	2,779,861	111,623	1,557	110,066
6 MI Adult Supports Coordination	3,102,756	97,955	4,624	93,331
7 Intensive Case Management	759,211	29,479	1,021	28,458
Subtotal Supports Coord.	6,641,828	239,057	7,202	231,856
8 Youth Community Based Services	249,944	11,939	0	11,939
9 Autism Program	421,039	24,783	0	24,783
10 MI Outpatient	3,204,559	60,106	4,894	55,212
11 Transition Age Team	359,416	18,934	-	18,934
12 Nursing	789,750	64,903	1,056	63,847
13 Psychiatry	-	53,632	-	53,632
14 ACT	1,695,670	62,458	2,019	60,439
15 Home Based	830,431	31,009	449	30,560
16 Integrated Health	99,060	4,911	-	4,911
17 Infant Mental Health HomeBased Team	525,331	13,713	0	13,713
18 DD Outpatient	1,149,850	26,209	672	25,537
19 Intake/Crisis Intervention	1,182,869	41,036	3,860	37,176
Subtotal Clinic Services	10,507,919	413,631	12,950	400,682
20 Kenneth L. Brinks Facility	1,990,332	75,997	0	75,997
21 Indian Bay	789,858	36,422	7,183	29,239
22 Children's Waiver	173,100	-	-	-
Subtotal Residential	2,953,290	112,419	7,183	105,237
23 Wraparound Services	247,268	11,636	615	11,021
24 Community Recovery Services	44,400	-	370	(370)
25 Court Collaboration	571,352	21,380	4,643	16,737
26 SED Waiver	97,530	(134)	151	(285)
27 Integrated Health #2	140,000	9,713	-	9,713
28 CMH Primary Care Integration Proj.	18,000	-	150	(150)
29 HUD Supportive Housing Grant	102,000	17,235	5,072	12,163
30 HUD Supportive Housing Grant #2	16,275	2,760	-	2,760
31 MC3 Program	34,125	-	40	(40)
32 Center for Positive Living Supports	89,992	5,332	-	5,332
33 HUD Supportive Housing Grant #3	22,225	3,504	-	3,504
34 HUD Supportive Housing Grant #4	20,925	3,487	-	3,487
35 Homeless Project	166,033	8,772	810	7,962
Subtotal Other	1,570,125	83,685	11,851	71,834
36 Clerical Services	-	78,240	-	78,240

COMMUNITY MENTAL HEALTH

October 31, 2013

	APPROVED BUDGET	Y - T - D AMOUNT EARNED	Y - T - D AMOUNT REC'D	ADJUSTMENTS SHORT (OVER)
37 Lakeshore Behavioral Health Alliance	7,877,469	2,539,940	2,576,061	(36,121)
38 Inpatient-MI Adult	1,348,750	-	101,026	(101,026)
39 Inpatient-MI Child	288,700	-	-	-
40 HRA Adjuster	424,100	128,178	128,178	-
41 MI Adult Vocational Services	219,675	-	858	(858)
42 DD Vocational Services	2,321,100	-	3,631	(3,631)
43 DD In Home Support Services	1,645,625	4,167	-	4,167
44 Consumer Run Program	109,365	9,114	429	8,685
45 DD Respite	743,625	35,634	6,785	28,849
46 Health Services	343,650	2,817	1,671	1,146
47 MI Child Respite	44,025	185	302	(117)
48 MI Adult Partial Hospitalization	15,275	-	3,172	(3,172)
49 MI Child Residential	156,225	-	-	-
50 DD Residential	12,972,647	3,798	151,964	(148,167)
51 MI Adult Residential	2,973,789	3,202	24,108	(20,906)
52 State Inpatient	1,630,090	-	124,210	(124,210)
53 Utilization Management	-	16,124	-	16,124
54 Network Development	-	7,089	-	7,089
55 IS Management	-	56,292	-	56,292
56 QI & Training	-	25,695	-	25,695
57 Managed Care Administration	4,334,921	171,302	50,813	120,489
58 Managed Care Finance	-	55,964	-	55,964
59 Customer Services	-	13,570	-	13,570
	<u>37,449,031</u>	<u>3,073,071</u>	<u>3,173,211</u>	<u>(100,140)</u>
Subtotal	64,355,813	4,221,758	3,215,509	1,006,249
60 State Facility -Local Match	<u>170,243</u>	<u>14,187</u>	<u>14,187</u>	<u>0</u>
Grand Total	<u>\$ 64,526,056</u>	<u>\$ 4,235,945</u>	<u>\$ 3,229,696</u>	<u>\$ 1,006,249</u>

CASH BALANCES IN THE THREE FUNDS FOR FY 2014

	MENTAL HEALTH	INTERNAL SERVICE	CMH CLIENT	TOTAL ALL
OCTOBER, 2012	\$7,884,970	\$3,686,039	\$328,843	\$11,899,852
NOVEMBER, 2012	\$7,504,255	\$3,686,991	\$300,452	\$11,491,698
DECEMBER, 2012	\$7,579,833	\$3,557,929	\$305,772	\$11,443,534
JANUARY, 2013	\$8,668,109	\$3,558,090	\$316,805	\$12,543,004
FEBRUARY, 2013	\$7,592,461	\$3,558,226	\$454,926	\$11,605,613
MARCH, 2013	\$7,061,447	\$3,558,368	\$449,304	\$11,069,119
APRIL, 2013	\$6,865,340	\$3,558,524	\$300,042	\$10,723,906
MAY, 2013	\$6,739,535	\$3,558,675	\$308,180	\$10,606,390
JUNE, 2013	\$7,013,992	\$3,558,811	\$300,842	\$10,873,645
JULY, 2013	\$6,737,111	\$3,558,972	\$293,501	\$10,589,584
AUGUST, 2013	\$5,604,103	\$3,559,118	\$293,905	\$9,457,126
SEPT.-PRELIM., 2013	\$5,766,587	\$3,559,270	\$291,175	\$9,617,032
SEPT.-FINAL-??, 2013	\$6,482,940	\$3,559,270	\$291,175	\$10,333,385
OCTOBER, 2013	\$6,570,738	\$3,559,421	\$284,675	\$10,414,834

15-Nov-13 BKC (Cash Balances in the Different Funds)

**COMMUNITY MENTAL HEALTH
INTERIM BALANCE SHEET 2220
MENTAL HEALTH
October 31, 2013**

ASSETS

	THIS YEAR	LAST YEAR
Cash	\$ 6,570,737.95	\$ 8,343,969.89
Imprest Cash	5,300.00	5,300.00
Accounts Receivable-General	(80.00)	135,815.36
Accounts Receivable-Accruals	517,207.39	175,662.74
Interest Receivable	15,539.17	9,365.33
Due From Employees	1,175.97	-
Due From Other Funds	78,091.73	718,059.51
Prepaid Expenses	128,618.79	147,230.20
Asset Sale Proceeds Clearing Account	(5,555.11)	-
Due From State	(135,301.07)	367,318.27
Total Assets	<u><u>\$ 7,175,734.82</u></u>	<u><u>\$ 9,902,721.30</u></u>

LIABILITIES AND EQUITY

Accounts Payable	\$ 413,323.23	\$ 694,457.95
Deferred Revenue	3,577,718.83	2,145,662.73
Due to Ottawa County	1,887.50	223,536.00
Undistributed Receipts	13,570.58	(12,109.57)
Prior year due to State	804,578.00	4,883,723.23
HAB Supports Waiver	1,465,299.65	90,829.54
State Advance	(686,777.51)	(73,453.81)
Capitation Medicaid	2,016,783.86	235,087.09
Adult Benefit Waiver	(229,999.02)	19,381.45
Medicaid - B3 Services	(1,581,044.19)	282,177.52
MI Child	5,235.30	-
Due to Public Act 423	88,427.66	76,600.11
Accrued Wages and Fringes	168,600.87	218,699.00
Donations - Lilac St	50,000.00	50,000.00
Fund Balance**	\$1,068,130.06	1,068,130.06
Total Liabilities and Equity	<u><u>\$ 7,175,734.82</u></u>	<u><u>\$ 9,902,721.30</u></u>

Fund Balance at beginning of year	-	-
Adult Benefit Waiver Reserve	1,053,770.78	1,053,770.78
MICHILD Reserve	14,359.28	14,359.28
**Total Fund Balance	<u>1,068,130.06</u>	<u>1,068,130.06</u>

Current period profit/(loss)	-	-
Fund Balance at end of period	<u><u>\$ 1,068,130.06</u></u>	<u><u>\$ 1,068,130.06</u></u>

Transferred to County Equipment Revolving Account for:

Mental Health Center Building (6660-0000-349220)	\$2,337,058.10	\$2,273,029.54
Future Equipment Purchases (6660-0000-349222)	\$500,000.00	\$500,000.00

**COMMUNITY MENTAL HEALTH
INTERIM BALANCE SHEET 6772
CMH ISF FUND
October 31, 2013**

ASSETS	THIS YEAR	LAST YEAR
Cash	\$ 3,559,420.74	\$ 3,686,537.69
Total Assets	<u><u>\$ 3,559,420.74</u></u>	<u><u>\$ 3,686,537.69</u></u>
LIABILITIES AND EQUITY		
Accounts Payable	\$ -	\$ -
Deferred Revenue	2,897.57	498.52
Due to Fund 2220 CMH	-	129,516.00
Fund Balance **	3,556,523.17	3,556,523.17
	<u><u>\$ 3,559,420.74</u></u>	<u><u>\$ 3,686,537.69</u></u>
Retained Earnings	\$ -	\$ -
General Fund Reserve	-	-
Medicaid Reserve	3,556,523.17	3,556,523.17
**Total Fund Balance	<u><u>\$ 3,556,523.17</u></u>	<u><u>\$ 3,556,523.17</u></u>

COMMUNITY MENTAL HEALTH
INTERIM BALANCE SHEET 7930
CMH CLIENT FUNDS
October 31, 2013

ASSETS	THIS YEAR	LAST YEAR
Cash	\$ 284,674.50	\$ 323,221.21
Imprest Cash	\$ 1,500.00	\$ 1,500.00
Due From Other Funds	\$ 3,276.09	\$ 3,276.09
Total Assets	<u>\$ 289,450.59</u>	<u>\$ 327,997.30</u>
LIABILITIES AND EQUITY		
Accounts Payable	\$ -	\$ -
Interest Payable	\$ 21.87	\$ -
Undistributed Receipts	289,428.72	327,997.30
	<u>\$ 289,450.59</u>	<u>\$ 327,997.30</u>



Michigan Association of
COMMUNITY MENTAL HEALTH
Boards

November 15, 2013

FRIDAYFACTS - 7 pages

TO: CMH Executive Directors
Chairpersons and Delegates
Provider Alliance
Executive Board

FROM: Michael Vizena, Executive Director
Alan Bolter, Associate Director

RE: - **HHS Announces Access Point Grant Funding**
- **CMS Issues New Guidance on Medicare Integrated Care Billing**
- **Legislative Update**
- **Health Michigan Waiver Submitted**
- **Enrollment Numbers Are Low for Insurance Exchange**
- **National Update**
- **Federal Parity Rules Finalized**
- **National Council Offers MMA Training in Michigan**
- **MACMHB Meetings for November**

HHS Announces Access Point Grant Funding

On November 7, the U.S. Department of Health and Human Services (HHS) announced \$150 million in funding under the Affordable Care Act to support 236 new Health Center sites across the country, expanding access to health care to more than 1.25 million additional patients nationwide. Congratulations to the nine Michigan organizations that are receiving a total of over \$6.2 million in Fiscal Year 2014 new access point funding. This will enable them to provide care to an estimated additional 42,210 Michigan residents. [READ MORE](#)

"We are thrilled to be able to provide additional Affordable Care Act resources to health centers to establish new sites," said the U.S. Department of Health and Human Services' Health Resources and Services Administration (HRSA) Administrator Mary K. Wakefield, Ph.D., R.N. "With these new funds, health centers will provide more individuals and families across the country with access to high quality affordable health care."

Included in the grantees are two MACMHB members - Cherry Street Health Services (Grand Rapids - \$858,333) and Community Mental Health and Substance Abuse

Services of St. Joseph County [CMHSAS-SJC] (\$812,500), as well as the Detroit Central City Community Mental Health (\$793,758). According to Elizabeth O'Dell, CEO - "CMHSAS-SJC has been on a journey to integrated mental health and primary care since 2008. The FQHC grant will afford our county partners and our agency with the ability to move forward in two distinct ways. First, we will be able to fully integrate our behavioral services into a primary care setting as opposed to collocating and second we will be able to transform the manner in which we now deliver services into a rural health home model. This is an exciting opportunity."

CMS Issues New Guidance on Medicare Integrated Care Billing

The Centers for Medicare and Medicaid Services (CMS) recently released new guidance on same day billing in Medicare. The guidance strengthens support for integrated primary and behavioral healthcare integration because Medicare Part B pays for reasonable and necessary integrated health care services when they are furnished on the same day, to the same patient, by the same professional or a different professional.

What does CMS' new guidance mean for an integrated healthcare provider? In the guidance, CMS states, "Integration...is an approach to health care that can better address the needs of all individuals, including those with mental health and substance use conditions." The agency provides specific guidance on same day billing for mental health, which applies also to addiction treatment.

Healthcare providers that integrate primary and behavioral health services understand that same day billing is vital to providing the most cost effective and efficient care for people living with mental illnesses and addictions.

Many Medicaid programs pattern their billing off Medicare allowances, and this new guidance could support a better understanding for state Medicaid on same day prohibitions. Currently, nearly half of the states do not allow same day billing. So, despite behavioral health-primary care partnerships, the two providers cannot bill for the services they provide on the same day.

CMS' new guidance presents an opportunity to educate key audiences on integration and billing. MACMHB continues to work in partnership with the Michigan Primary Care Association with the state Medicaid office about how it can best support our members local and state integration innovations.

Read the Guidance: **Same Day Billing for Mental Health Services and Primary Care Services.**

LEGISLATIVE UPDATE

Healthy Michigan Waiver Submitted

On Friday (11/8) the state of Michigan submitted the Healthy Michigan Plan waiver to the Centers for Medicare & Medicaid Services (CMS). Governor Snyder called it "another step closer to having a healthier, more productive workforce."

The amendment itself raises that prospect, saying: "The central features of this waiver program are to extend health care coverage to low-income Michigan citizens who are uninsured or underinsured and to implement systemic innovations to improve quality and stabilize health care costs. Other key features include: the advancement of health information technology; structural incentives for healthy behaviors and personal responsibility; encouraging use of high value services; and promoting the overall health and well-being of Michigan citizens. From the economic perspective, these working individuals will now have health care coverage creating a healthier workforce. A healthier workforce attracts new business and helps existing businesses grow and expand."

DCH Director Jim Haveman said he expected the waiver request to get federal approval no later than Christmas and possibly sooner. Presuming the waiver request is approved, under the law passed eligible individuals could begin getting benefits from Medicaid in April (because the Legislature did not give the law, PA 107 of 2013, immediate effect). The waiver filing came not quite two months after Mr. Snyder signed the law.

He backed the state expanding Medicaid eligibility to those persons with incomes of 133 percent of the federal poverty level in February, and the issue - as well as Mr. Snyder and Republican legislators who supported the proposal - was targeted by tea party activists to stop.

When the Patient Protection and Affordable Care Act was passed in 2010 all states were to increase eligibility for Medicaid, but the U.S. Supreme Court held that proposal was unconstitutional.

While individuals will not be able to sign up for the program until the spring, Mr. Haveman said he hoped to begin to provide information to the public through websites and toll-free phone numbers within a few weeks.

Enrollment Numbers Are Low for Insurance Exchange

Just 1,329 Michiganders have completed enrollment in a health insurance plan through the deeply troubled federal exchange in the first month of operations, a pace that would put enrollment numbers a whopping 95 percent below the forecast for enrollment in the first year.

The U.S. Department of Health and Human Services released the much-anticipated numbers Wednesday of how many people have enrolled and attempted to enroll in an insurance plan through either state-run exchanges or through the federal exchange, which has suffered severe technological failures that, if not corrected soon, could put the viability of the entire Patient Protection and Affordable Health Care Act at risk.

Nationally, just 106,185 have completed enrollment and purchased a health insurance plan, and three-quarters of those came from the state-run exchanges, which have had a less troubled rollout than the federal exchange, although The New York Times reported this week that the difficulties at the state exchanges, while not of the catastrophic nature at the federal exchange, are still significant.

In Michigan, 23,987 completed applications representing 44,025 people. Of the 44,025, 34,197 have been determined eligible to enroll with 12,468 of those eligible for financial assistance. Some 4,978 were determined eligible for Medicaid or the Children's Health Insurance Program. The remaining 4,850 are pending review.

There is one caveat: Numbers for states in the federal exchange, like Michigan, do not include applications made via paper or through call centers. Health and Human Services said nationally some 259,107 applications arrived via those methods.

State officials had estimated 360,000 in Michigan would sign up for the exchange in the first year. But if the current pace continues, just 16,000 will do so. The data reflects activity from October 1 through November 2.

NATIONAL UPDATE

Federal Parity Rules Finalized

Last Friday, the federal agencies charged with implementing the Mental Health Parity and Addiction Equity Act released their much-anticipated final regulations detailing how parity must be applied to insurance plans. Health and Human Services Secretary Kathleen Sebelius made the historic announcement at the Carter Center Mental Health Symposium in Atlanta, noting that 62 million Americans are expected to gain access to comprehensive mental health and addiction treatment benefits under the law.

The 2008 parity law required health plans that offer mental health and/or substance use benefits to do so without imposing copayments, benefit limitations, and other restrictions that are more stringent than those imposed on medical/surgical benefits. Interim regulations outlining parity requirements for employer-sponsored plans were issued in early 2010, but several critical gaps left consumers with many questions about their rights under the law and insurance companies unclear about how to bring their plans into compliance.

Final regulations strengthen parity protections

The new rules fill these gaps and reinforce the standards set forth in the interim rule. They prohibit insurers from imposing co-payments, coinsurance, or other financial requirements on mental health and substance use services that are more restrictive than those imposed on medical/surgical services. This basic parity test applies to “quantitative” benefit limitations – such as outpatient visit caps – as well as “non-quantitative” limitations like formulary design, medical necessity criteria, and prior authorization requirements.

Mental health and addiction advocates applauded several key points of clarification in the final rule:

1. **Scope of service:** The rule extended parity requirements to intermediate levels of care (such as intensive outpatient, partial hospitalization and residential treatment) that were not addressed in the interim rule. The National Council and other advocates had expressed concern that without clear guidance, important services such as residential substance abuse treatment would not be protected under the parity law. Now, insurance plans must cover these intermediate care settings with no more restrictions than those imposed on inpatient or outpatient medical/surgical care settings.
2. **Standards of care:** The interim rule had included an exception to the parity requirements when “clinically recognized standards of care” dictate a certain approach to behavioral health treatment that differs from medical/surgical treatment. Many of the comments HHS received about the interim rule expressed concern that this exception could be interpreted too broadly, having the unintended consequence of allowing discriminatory coverage of mental health and addiction benefits. The final rule removes this exception.
3. **Disclosure and transparency:** The final rule strengthens Insurance companies are required to disclose in writing an analysis of how non-quantitative treatment limits (NQTLs) are applied on medical and behavioral conditions covered by the plan, including what processes, strategies, evidentiary standards and other factors plans use to apply NQTLs. During appeals, plans must provide claimants with the evidence used to make benefit determinations within 30 days of the request.
4. **Non-quantitative treatment limitations:** The interim rule described certain NQTLs that were subject to parity requirements, leading some readers to believe that parity applied only to those listed NQTLs. The final rule clarifies that the parity law applies to all NQTLs, whether or not they are specifically listed. For example, plans may not impose geographic location, facility type,

provider specialty or other limitations on mental health and substance use benefits unless they are imposed comparably on medical/surgical benefits.

National Council Offers MMA Training in Michigan

The National Council has recently announced a series of regional Middle Management Academies in 2014, including one in Michigan, March 10-13th. The Middle Management Academy is a 3.5 day in-person training program that empowers middle managers with the best-in-practice management and leadership skills to become more effective as change agents within their agencies. We're really excited about the opportunity to make the MMA more accessible to middle managers in your area.

Register today!

- March 10-13 in Grand Rapids, Michigan
- April 30-May 3 in Washington, D.C. (right before the **National Council Conference**)
- September 7-10 in Lincoln, Nebraska

What is the Middle Management Academy?

The Middle Management Academy is the only program of its kind for future healthcare leaders. Steeped in proven business strategy, the Middle Management Academy is an intensive, practical, and highly interactive training that helps participants understand what great managers do differently. It has graduated more than 1,500 managers to the leadership fast track and has earned the appreciation of participants, as well as their CEOs.

Who Should Attend the Middle Management Academy?

Healthcare managers and supervisors who've recently stepped into management roles without formal training Experienced healthcare managers and supervisors who want to enhance their skills and contributions

Register today by clicking the link below to guarantee your staff a spot on the fast track to success. Space is limited and filled on a first-come-first-served basis.

https://ncc.expoplanner.com/index.cfm?do=reg.flow&event_id=9

Interested in joining the conversation? Join the newly launched **Middle Management Academy Facebook group**! Questions? Contact Jordan Winn at **JordanW@TheNationalCouncil.org**.

MACMHB Meetings for October, 2013

(all meetings are at the MACMHB offices unless otherwise indicated)

- November 19th, 1:00 p.m. - Children's Issues Committee
- November 20th, 9:30 a.m. - Legislation Committee
- November 20th, 1:00 p.m. - Policy Committee
- November 21st, 9:30 a.m. - Member Services Committee
- November 21st, 1:00 p.m. - Contract and Financial Issues Committee
- November 25th, 10:00 a.m. - Provider Alliance

Have a Great Weekend!