Mission: To promote hope, recovery, resilience, quality of life and wellness in Washtenaw County by providing high quality, integrated services to eligible individuals.

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH (WCCMH)
BOARD MEETING AGENDA
4135 Washtenaw Ave, Ann Arbor, MI
Learning Resource Center, Michigan Conference Room
November 15, 2019
9:30AM-11:30AM

I. Introductions

II. Audience Participation (see guidelines below) (5 minutes)

III. Board Response to Audience Participation (5 minutes)

IV. Consent Agenda (Attachment #1) (5 minutes) ACTION
   A. WCCMH Board Meeting Minutes and Actions-10/18/19 (Attachment #1A)
   B. WCCMH Board Closed Session Minutes-10/18/19 (Attachment #1B) ***
   C. WCCMH Program-Quality Committee Meeting Minutes and Actions-10/7/19 (Attachment #1C)
   D. WCCMH Millage Advisory Committee Meeting Minutes and Actions-10/7/19 (Attachment #1D)
   E. WCCMH Board Officer and Committee Spreadsheet 4/1/19-3/31/20 (Attachment #E)
   F. WCCMH 2020 Board and Board Committee Schedule (Attachment #1F)
   G. WCCMH Board Members Terms Expiring 3/31/20 (Attachment #1G)
   H. CMHPSM Ability to Pay Policy (Attachment #1H)
   I. CMHPSM Financial Audits of Contractors (Attachment #1I)

V. Treasurer’s Report
   - No report

VI. Executive Director Report- T. Cortes (15 minutes)

VII. Millage Report- T. Cortes/L. Gentz (15 minutes)

VIII. CMHPSM Regional Update (15 minutes)
   - September 25, 2019 CMHPSM Special Board Meeting Minutes and Actions (Attachment #2)
   - October 9, 2019 CMHPSM Board Meeting Minutes and Actions (Attachment #2A)
   - November 13, 2019 meeting update

IX. New Business (50 minutes)
   - WCCMH Contracts and Leases (Attachment #3) ACTION
   - WCCMH Executive Director Authorizations (Attachment #3A) ACTION
   - Diversion Council Update
   - Grievance and Appeals Presentation-(Attachment #4) K. Snay

X. Old Business
   - None

XI. Items for Future Discussions (5 minutes)
   - ABLE Change
   - Housing
   - Funding Crisis

XII. Adjournment of Public Meeting

*** Attachment #1B WCCMH Board Closed Session Minutes will be distributed to WCCMH Board members only

Audience Participation Guidelines:
   - Three (3) minutes are allowed per speaker
   - Speakers are asked to bring a copy of their concerns/comments in writing
   - Resolutions on issues will be brought to the appropriate committee as necessary
CONSENT AGENDA

A. WCCMH Board Meeting Minutes and Actions-10/18/19
B. WCCMH Board Closed Session Minutes-10/18/19 ***
C. WCCMH Program-Quality Committee Meeting Minutes and Actions-10/7/19
D. WCCMH Millage Advisory Committee Meeting Minutes and Actions-10/7/19
E. WCCMH Board Officer and Committee Spreadsheet 4/1/19-3/31/20
F. WCCMH 2020 Board and Board Committee Schedule
G. WCCMH Board Members Terms Expiring on 3/31/20
H. CMHPSM Ability to Pay Policy
I. CMHPSM Financial Audits of Contractors

*** Attachment #1B WCCMH Board Closed Session Minutes will be distributed to WCCMH Board members only
J. Martin called the meeting to order at 9:30 am.

J. Martin stated that due to scheduling conflicts C. Hedger was not able to attend this meeting to discuss the board stipends, so this agenda item will be moved to a future agenda item.

J. Martin stated that the WCCMH Board will move into closed session at the end of the meeting to discuss the WCCMH Executive Director evaluation.

I. Introductions
   • None

II. Audience Participation
    • None

III. Board response to audience participation
     • None

IV. Consent Agenda Actions
    • WCCMH Board Meeting Minutes and Actions-8/16/19
    • WCCMH Budget-Finance and Program-Quality Committee Combined Meeting Minutes and Actions-8/12/19
    • WCCMH Budget-Finance and Program-Quality Committee Combined Meeting Minutes and Actions-9/9/19
    • WCCMH Millage Advisory Committee Meeting Minutes and Actions-8/12/19
    • WCCMH Millage Advisory Committee Meeting Minutes and Actions-9/9/19
    • WCCMH Executive Committee Meeting Minutes and Actions-6/10/19
    • WCCMH Contracts and Leases-9/9/19
    • WCCMH Contracts and Leases-10/7/19
    • WCCMH Executive Director Authorizations
    • CMHPSM Oversight Policy Board Re-Appointment for Charles Coleman
    • WCCMH Consumer Advisory Council Meeting Minutes and Actions-6/12/19
    • WCCMH Consumer Advisory Council Meeting Minutes and Actions-7/10/19
    • WCCMH Consumer Advisory Council Meeting Minutes and Actions-8/14/19
MOTION BY K. SCOTT, SUPPORTED BY K. WALKER TO APPROVE THE WASHTENAW COUNTY COMMUNITY MENTAL HEALTH CONSENT AGENDA DATED OCTOBER 18, 2019 AS PRESENTED.

MOTION CARRIED

V. Financial Status Report

- N. Phelps reviewed the financial status report for the month ending August 31, 2019.
- Medicaid Enrollees were 32,095 in August 2019.
- Healthy Michigan Enrollees in August 2019 were 15,118.
- Medicaid consumers served through August 2019 are 3,976. This is 256 more consumers served than the same period last year.
- ABA Waiver consumers served through August 2019 were 239. This is 58 more consumers served than the same period last year.
- General Fund consumers served through August 2019 are 936. This is 92 more consumers served than the same period last year.
- Healthy Michigan consumers served through August 2019 are 1,198. This is 36 more consumers served than the same period last year.
- CLS costs to date are $24.6 Million. This is $410,000 over budget.
- Community Inpatient costs to date total $5.4 Million. This is $443,000 over budget.
- Licensed Residential costs to date are $10.4 Million. This is $79,000 under budget.
- Applied Behavior Analysis/Autism service costs to date are $3.6 Million. This is $1.0 Million over budget.
- Medicaid, Healthy Michigan and Autism funds are coming in on budget.
- Financial performance by funding source:
  - Medicaid is showing a deficit of $6.4 Million.
  - Healthy Michigan is showing a deficit of $2.8 Million.
  - State General Funds is showing a deficit of $207,000.
  - Local Funds are showing a surplus of $228,000 through August 2019.
- WCCMH currently has no fund balance available for fiscal year 2019.
- K. Walker asked about the status of the cost settlement funding. N. Phelps stated that she hasn’t received an update on the status of this yet.
- B. King asked if there were any cuts to CLS. N. Phelps stated that no cuts were made to CLS rates in regard to the FY2020 WCCMH Budget.
MOTION BY K. WALKER, SUPPORTED BY C. RICHARDSON TO ACCEPT THE WASHTENAW COUNTY COMMUNITY MENTAL HEALTH TREASURERS REPORT FOR THE PERIOD ENDING AUGUST 31, 2019.

MOTION CARRIED

VI. Executive Director Report

- T. Cortes presented the Executive Director report to the board.
- The Community Living Supports (CLS) providers received good news about the Home Help Program rates increasing from $14.50 to $16.08 in addition to the 25-cent pass through. This is a standardized rate for all agencies around the state now.
- The Diversion Council met this week and there are many grant opportunities. Request to move the Diversion Council to new business under the November agenda.
- M. Harding stated that there is a 3-month extension for the CCBHC budget through November 21st. WCCMH has received a 2nd year approval for CCBHC funding. It is still hopeful that Michigan will be selected as an expansion state.
- County issued an RFP for Utilization Management consultant. There is an interview committee that should be reviewing this soon.
- 298 is officially done and there should be an announcement soon. The pilots are considered completed but there might be a different variation of this coming back through the state.
- T. Cortes will send out the public testimony documents/presentations from the MDHHS public hearings.
- T. Cortes will check with the Board Association about the State CARES hotline and will send information to the board.
- Dave Schneider has been contracted with the department to work on a redesign of the Department system.
- The pending litigation has been to the Circuit Court. Judge Connors suggested this should go to the Court of Claims. Suggestion by our attorney to appeal this decision in Circuit Court and will also file with the Court of Claims.
- The self-determination court cases are being appealed by the plaintiffs. This is paid through by the County and then routes back to CMH thorough the Cost Allocation Plan (CAP).
- J. Martin acknowledged that the last few months have been CMH budget focused and would like to move forward on refocusing on the core work and look at the downsized administrative team. There have been adjustments in job descriptions and look at how the changes has been spread amongst staff.
- Need to develop Medicaid reserves to be a part of the new structural changes whatever they need to be. The region has the potential to have 7.5% of their budget for Medicaid reserves and the other for-profit Medicaid centers could keep 14% of their budget for Medicaid reserves. If we would have had Medicaid reserves, then we wouldn't have had the funding issues that we had in FY19.
- The Celebration of Success event that is scheduled for October 28th will recognize Sheriff Clayton and Commissioner LaBarre for their support for the WCCMH services
- J. Martin suggested putting the Millage Report as a standing agenda item for the WCCMH Board.

VII. CMHPSM Regional Update

- August 14, 2019 meeting minutes were reviewed.
- September 11, 2019 meeting minutes were reviewed.
- October 9, 2019 Regional update
  - T. Cortes presented the regional update to the WCCMH Board.
o J. Colaianne who was the Chief Operating Officer and interim CEO was appointed as the new Regional CEO.

o The Regional offices will be moving out of their current space at Zeeb and will be relocating to the new site on Boardwalk Street in Ann Arbor soon.

o Regional Officers were appointed:
  ▪ S. Slaton-Chair
  ▪ C. Richardson-Vice-Chair
  ▪ J. Ackley-Secretary

o The Regional Chief Financial Officer and Chief Operations Officer search is still ongoing.

VIII. New Business

• WCCMH Board Stipends
  ▪ J. Martin notified the board that C. Hedger was unable to attend this meeting due to scheduling conflicts.
  ▪ R. Dornbos will work with C. Hedger to attend a WCCMH Board meeting soon to discuss the board stipends.

• WCCMH Consumer Advisory Council (CAC) Report
  ▪ M. Hershberger presented the WCCMH Consumer Advisory Council Report to the Board.
  ▪ M. Hershberger invited the board to attend the Celebration of Success & Staff Appreciation event that is scheduled for October 28, 2019 at St. Luke Church, 4205 Washtenaw Ave, Ann Arbor beginning at 6:00pm. The flyer is included in the consent agenda portion of this meeting packet.
  ▪ Over 65-70 people were nominated for this year’s event.
  ▪ CAC helps to encourage the Speaker’s Bureau that goes to Universities and Schools in the area.
  ▪ Last year the Speakers Bureau spoke in approximately 32 classes with Bureau Representatives that speaking at these events.
  ▪ S. Amos O’Neal acknowledged M. Hershberger for all his efforts with the CAC.

• Youth Mapping Overview
  ▪ L. Gentz presented the Youth Mapping Overview and the Youth Systems Alignment to the board.

MOTION BY B. KING, SUPPORTED BY C. COLLINS TO MOVE THE WCCMH BOARD INTO CLOSED SESSION TO DISCUSS THE WASHTENAW COUNTY COMMUNITY MENTAL HEALTH EXECUTIVE DIRECTOR EVALUATION.

MOTION CARRIED

WCCMH Board moved into closed session at 10:30am.

MOTION BY K. WALKER, SUPPORTED BY B. KING TO RESUME THE PUBLIC MEETING OF THE WCCMH BOARD.

MOTION CARRIED

WCCMH Board resumed the public meeting at 10:44am.

IX. Old Business

• None
MOTION BY K. WALKER, SUPPORTED BY B. KING TO ADJOURN THE PUBLIC MEETING.

MOTION CARRIED

X. Items for future discussion
   • ABLE Change
   • Housing
   • Funding crisis

WCCMH Board public meeting adjourned at 10:46am.
WASHTENAW COUNTY COMMUNITY MENTAL HEALTH AGENCY (WCCMH) PROGRAM-QUALITY COMMITTEE MEETING MINUTES DRAFT
4135 Washtenaw Ave, Ann Arbor, MI Learning Resource Center, Michigan Conference Room
October 7, 2019 3:00 pm


MEMBERS ABSENT: K. Scott


OTHERS PRESENT: L. Lutomski, M. Creekmore

K. Walker called the meeting to order at 3:05 P.M.

I. Introductions
   • L. Lutomski from Synod introduced her intern Lindsey to the committee.

II. Audience Participation
   • None

III. Board Response to Audience Participation
   • None

IV. Budget-Finance and Program-Quality Committee Combined Minutes and Actions from 9/9/19
   • Budget-Finance Committee and Program-Quality Combined Minutes and Actions of 9/9/19 were reviewed.

MOTION BY N. GRABNER SUPPORTED BY S. ANTONOW TO APPROVE THE MINUTES AND ACTIONS FROM THE SEPTEMBER 9, 2019 BUDGET-FINANCE AND PROGRAM-QUALITY COMMITTEE COMBINED MEETING AS PRESENTED.

MOTION CARRIED

V. Discussion Items
   • Organizations Update
     o T. Cortes discussed the staffing changes at the Region.
       ▪ J. Colaianne who was the previous Chief Operating Officer (COO) and interim Chief Executive Officer (CEO) has been appointed to the CEO position.
       ▪ The COO position will be posted soon.
       ▪ The Regional Chief Finance Officer (CFO) has resigned so this position will be posted soon.
     o T. Cortes stated that the budget for CMH was passed and with the new budget a few people have been taking over for the vacated positions.
       ▪ S. Antonow asked how many staff were let go or transitioned to another position. T. Cortes stated that 12 full-time and/or contracted staff from Administration were affected.
The data reporter contract was terminated. This staff had 18 years of experience and is training new staff to learn this. She stressed that this will take some time and that staff will do their best to get the information to the board.

- The Performance Improvement (PI) Department went from 2 full-time staff to 1 full-time staff.
- The full-time electronic health record staff will be retiring so the 1 full-time staff from PI went to this position.

VI. Old Business
- Performance Metrics Discussion
  - L. Higle discussed the 2 documents that were distributed at the meeting.
  - The monthly management report is reviewed regularly with the staff and the internal report is being looked at in house monthly.
  - Request to look at monitoring case load sizes
  - B. King requested input from the consumers, providers and employees.
  - T. Cortes stated that the Consumer Advisory Council (CAC) reports to the CMH Board quarterly. The provider network meets quarterly and reports out to WCCMH Management.
  - B. King requested a staff satisfaction survey so that the board can hear what the employee satisfaction is with the organization.
  - Suggestion to have access to self-care within the clinical environment with employees.
  - T. Cortes mentioned that the County is working on this as a department and will bring this forward once it is done.
  - Suggestion to look at the hospital satisfaction surveys to see if anything would be relevant to CMH staff.
  - Suggestion to have productivity on the report along with benchmarking with the region.
  - Request to bring provider network dashboard to the CMH Board for review.

VII. New Business
- CCBHC Update
  - T. Cortes stated that the CCBHC is looking into having 2 additional states added as distribution states, with Michigan possibly being one of these states.
  - Michigan Department of Health & Human Services (MDHHS) reached out to the certified sites to inquire on interest to become a distribution site. Additional funding would be coming to the actual sites and not through the region.
  - The would allow WCCMH to expand access to people without regard to their insurance or the symptoms.
  - Reminder that WCCMH is already is an expansion site so the organization is already doing the requirements for CCBHC which would make for an easy transition.

VIII. Items for Future Discussions
- Rehman Financial Analysis
- Community Living Supports funding model/utilization
- Review program performance indicators

IX. Meeting adjourned at 3:51 pm.
WASHTENAW COUNTY COMMUNITY MENTAL HEALTH AGENCY (WCCMH)
MILLAGE ADVISORY COMMITTEE MEETING MINUTES DRAFT
4135 Washtenaw Ave, Ann Arbor, MI
Learning Resource Center, Michigan Conference Room
October 7, 2019 4:00pm


MEMBERS ABSENT: K. Scott, F. Brabec, A. Dusbiber, J. Martin, R. Rion


OTHERS PRESENT: M. Creekmore, J. Gardner, E. Spanier, L. Lutomski, M. Williams-Boydston

N. Graebner called the meeting to order at 4:03 pm.

I. Introductions
   • Morgan from OCED to present the RFP later in the meeting

II. Audience Participation
   • None

III. Millage Advisory Committee Minutes and Actions from 9/9/19
   • The Millage Advisory Committee Minutes and Actions from 9/9/19 were reviewed.
   • Correction in minutes to state under New Business-NAMI proposal presentation should state “J. Gardner stated that all the staff are part time and they don’t receive benefits.”

MOTION BY K. WALKER SUPPORTED BY A. CARLISLE TO APPROVE THE MILLAGE ADVISORY COMMITTEE MINUTES AND ACTION FROM SEPTEMBER 9, 2019 WITH CHANGES LISTED ABOVE.

MOTION CARRIED

IV. Discussion Items
   • Millage Process, Investments and Progress Update
     o L. Gentz stated that the Anti-Stigma Campaign mini-grants have received great response.
     o Anti-stigma has contracted with an artist and there should be 5 pieces of artwork and 2 videos by November.
     o Staff will review the local map that came from Policy Resource Associates and meet with local leaders to get a better sense of what is happening within Washtenaw County to compare with the local mapping systems. There is a meeting scheduled for this week to look at gaps and staff will update the WCCMH Board at the 10/18/19 meeting.

V. CARES Program Update
   • M. Tasker stated that they are in the process of finalizing a dashboard and should have that soon.
   • To date they have had 434 referrals with an actual intake of 279 of the 434 referrals
   • The team is looking into a way to measure clients that are referred externally.
• Averaging 50-60 referrals per month.
• Of the 279 there were 129 psych evaluations
• Age range is 25-29 at 105 people
• One positive outcome has been the hospitalization rate for the CARES clients is at zero since they have been in the CARES system.
• The new location is still under construction with no definitive completion date at this time.

VI. Old Business
• B. King asked about the rate of pay for the NAMI staff as discussed at the September Millage Advisory Committee (MAC) meeting. This information will be brought forward at the November MAC meeting.

VII. New Business
• Supportive Housing RFP update
  o M. Williams Boydston from OCED presented the update on the Supportive Housing RFP.
  o There will be a review committee and one of the members will be from the Millage Advisory Committee.
  o OCED will review all requests and submit to the review committee.
  o Millage Advisory Committee will review applications and submit them to the WCCMH Board.

MOTION BY D. JACKSON, SUPPORTED BY C. COLLINS TO APPROVE THE SCOPE OF SERVICES FOR SUPPORTIVE HOUSING PROJECT AS PRESENTED.

MOTION CARRIED

• Financial Budget Update
  o N. Phelps presented the Millage and CCBHC Grant Budget to Actuals for the period ending August 31, 2019.
  o N. Phelps asked the committee what information they would like when they look at budget updates.
  o Suggestion to show geographic impact on the spending for public review.

• Washtenaw County Sheriff’s Office (WCSO) Millage Update
  o D. Jackson presented the update from the WCSO to the committee
  o The Sequential intercept mapping process was reviewed by WCSO and how it affects them.
  o Information showed to expand a support program for moms/children for higher crime neighborhoods, road patrol lead program allows officers to partner up with other services within our community.
  o WCSO will be hiring a diversion officer soon.
  o The re-entry services program is in process that shows how to help with the jail exit and re-entry into the community. Looking to hire staff for this position.
  o Community Corrections in year one hired a full-time staff to meet the needs.
  o WCSO is dispatch for the entire county now.

VIII. Items for Future Discussion
• Process Development for Requests for Millage Funds
• NAMI project budget status-November

IX. Meeting adjourned at 5:01 PM
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<th>Term Expires</th>
<th>Exec (meets quarterly)</th>
<th>Budget-Finance (meets monthly)</th>
<th>Program-Quality (meets monthly)</th>
<th>CMHPSM (meets monthly)</th>
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| Total current assigned to Committees | 6 | 6 | 7 | 3 |

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<th># board members required for committee-per Bylaws</th>
<th>7 (4 officers, 2 additional board members and immediate past board chair) (Executive Director is an ex-officio member)</th>
<th>4 (Treasurer and not less than 3 other Board members)</th>
<th>4 (Vice Chair and not less than 3 other board members)</th>
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Quorum for CARES/Millage Advisory Committee: 7/13
## 2019 WCCMH BOARD & BOARD COMMITTEE MEETING SCHEDULE

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<th>Program-Quality Committee</th>
<th>Budget-Finance Committee</th>
<th>Executive Committee</th>
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<td><strong>Program-Quality and Budget-Finance combine their meetings quarterly</strong></td>
<td><strong>Budget-Finance and Program-Quality combined quarterly meeting</strong></td>
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</table>
WCCMH Board member’s term expiring on 3/31/20

1. Suzie Antonow-St. Joseph Mercy Hospital
2. Carly Collins-Michigan Medicine Hospital
3. Ricky Jefferson-Washtenaw County Board of Commissioners
4. Patricia Spriggel-Primary Consumer
I. PURPOSE

To establish a regional ability-to-pay policy in accordance with Michigan’s Mental Health Code, Act 258, 1974 as amended.

II. REVISION HISTORY

<table>
<thead>
<tr>
<th>DATE</th>
<th>REV. NO.</th>
<th>MODIFICATION</th>
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<tr>
<td>5-3-13</td>
<td>1</td>
<td>Revised to reflect the new regional entity effective January 1, 2014.</td>
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<tr>
<td>10-1-18</td>
<td>2</td>
<td>Revised to update standards.</td>
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</table>

III. APPLICATION

This policy applies to staff involved in the ability to pay process, assessing, reassessing, and monitoring a consumer’s ability to pay.

IV. POLICY

No person shall be denied services due to an inability to pay. Fees for each service are provided in accordance with all applicable laws, regulations and the requirements of payers and in keeping with sound accounting practices. Reimbursement is sought for all services provided in accordance with all applicable laws, regulations and the requirements of payers.

V. DEFINITIONS

**Ability to Pay** – Ability of a consumer or responsible party to pay for the cost of services.

**Coordination of Benefits** – process of payments by primary and secondary insurers that assures Community Mental Health Partnership of Southeast Michigan (CMHPSM) is the payer of last resort.

**Customary rates for services** – total amount to be paid for a unit of service as set by the CMHPSM.
**Full financial determination** — takes into consideration total financial status including but not limited to income, expenses, number and condition of dependents, assets and liabilities.

**Income** — responsible party’s current annualized Michigan taxable income.

**Insurance benefits** — payment in accordance with insurance coverage for the cost of health care services provided to an individual.

**Medicaid eligible** — person who has applied for Medicaid and is determined to be eligible by the Michigan Department of Human Services (MDHS).

**Residential services** — 24-hour dependent care and treatment service provided by adult foster care facilities under contract by a community mental health services program or provided directly by a community mental health services program or substance use disorder residential treatment facilities

**Responsible party** - person who is financially liable for services provided to the consumer. This person includes the individual and, as applicable, the individual’s spouse, guardian and parent, or parent of a minor.

VI. **STANDARDS**

A. The ability-to-pay determination will take place prior to starting services or, in the case of emergency, as soon as it is clinically appropriate.

B. Consumers who either opt out of the ability to pay process or refuse to supply financial and/or insurance information shall be assessed full customary rate for service.

C. The total combined financial liability of the responsible parties shall not exceed the customary rate of the services.

D. Charges to consumers for services provided by out of network providers will not exceed ability to pay for in network providers. When there is a discrepancy in cost for the same services the consumer will be charged the lower of the costs.

E. A responsible party shall only have one ability-to-pay determination in place at any given time.

F. A responsible party who is determined to be Medicaid eligible shall be assigned a zero ability to pay, unless otherwise provided for under Medicaid policy.

G. Respite ability-to-pay calculation is included in the over ability to pay monthly amount but is applied as a daily, 30 day (30) amount.

H. All consumers shall be notified of their right to appeal an ability to pay determination.

I. Consumer’s ability to pay will be reassessed a minimum of once annually or upon significant changes in the responsible party’s financial situation.
A new ability to pay needs to be completed as soon as possible when there is a negative change in Medicaid eligibility (ie: HMP → MA(s), full MA → MA(s) or complete loss of Medicaid).

J. A parent shall not be determined to have an ability to pay for more than one (1) individual at any one time and a parent’s total liability for two (2) or more individuals shall not exceed a combined total of eighteen (18) years.

K. Insurance benefits that cover services, either in part or whole are considered as part of the individual’s ability to pay. Individual fees are assessed when insurance benefits are unavailable or pay for only part of the cost or have been depleted.

L. A full financial is required:
   1. For residential stays
   2. For inpatient stays of more than sixty-one (61) days
   3. When a consumer requests one and
   4. When a consumer states they are unable to pay the determined ability-to-pay amount.

VII. EXHIBITS
   Public Mental Health System Ability-To-Pay Schedule

VIII. REFERENCES

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<tr>
<th>Reference:</th>
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<th>Standard Numbers:</th>
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<td>42 CFR Part 2 (Substance Abuse)</td>
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<tr>
<td>Michigan Mental Health Code Act 258 of 1974</td>
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<td>Chapters 2A, 8</td>
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<td>The Joint Commission - Behavioral Health Standards</td>
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<td>PA 500/501</td>
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<td>Substance Abuse Administrative Rules</td>
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### Michigan Department of Community Health
### Public Mental Health System Ability-To-Pay Schedule

for Adult Non-Residential, Adult Inpatient Psychiatric
and Crisis Residential of less than 61 consecutive days,
and Parental Liability

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For state taxable income over $50,000.00, ability to pay shall be 15% of that income.
I. PURPOSE

To establish guidelines and standards regarding the financial audit obligations outlined in provider contracts, and to provide guidelines for exempting a contractual provider from the independent auditor requirements.

II. REVISION HISTORY

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III. APPLICATION

All contractual providers of Community Mental Health Partnership of Southeast Michigan (CMHPSM) and the Community Mental Health Service Providers (CMHSP).

IV. POLICY

It is the policy of the CMHPSM that annual audits conform to Generally Accepted Auditing Standards (GAAS) and all applicable federal and state laws and regulations regarding accounting practices and standards.

V. DEFINITIONS

Annual Audit: An audit of the contractor’s financial records performed annually by an independent auditor or audit firm. An annual audit shall include a separate section of all activities funded under the terms of the contract.

Community Mental Health Partnership of Southeast Michigan (CMHPSM): The Regional Entity that serves as the PIHP for Lenawee, Livingston, Monroe and Washtenaw for mental health, developmental disabilities, and substance use disorder services.
Community Mental Health Services Program (CMHSP): A program operated under chapter 2 of the Mental Health Code as a county community mental health agency, a community mental health authority, or a community mental health organization.

Contractual Provider: Any agency or organization that provides direct support services to consumers within CMHPSM, with the exclusion of hospitals. Also referred to as “contractor.”

Financial Compilation: A compilation of the contractor’s financial records presented in the format of financial statements regarding assets, liabilities, revenue and expenses. Program Audit: An audit of the contractor’s financial records that relate to the services provided on behalf of a CMHSP provided by an independent auditor or audit firm. A program audit shall report on the contractor’s adherence to the terms of the contract between the contractor and the CMHSP, including the accuracy of expenses and revenue reported.

Regional Entity: The entity established under section 204b of the Michigan Mental Health Code to provide specialty services and supports for people with mental health, developmental disabilities, and substance use disorder needs.

VI. STANDARDS

A. Each contractor of CMHPSM is required to submit an annual audit performed by an independent auditor or accounting firm.
B. Each Contractor shall submit to the CMHSP the agency’s Plan of Correction to address audit exceptions, comments, and/or recommendations, and submit progress reports periodically.
C. A Contractor may be permitted to waive the annual audit requirement if they meet the criteria for exemption and return an “Annual Audit Waiver Request” form to the CMHSP. The contractor must meet one of the following three criteria in order to be granted an Audit Waiver:
   1. Contractor provides services to 6 (six) or less CMHSP consumers per year.
   2. Contractor receives $30,000 or less annually from entire CMHPSM to provide services to consumers.
   3. Contractor employs ten (10) or less employees or full-time equivalents (FTE).
D. Each Contractor may be required to submit to the CMHSP a program audit or financial compilation in lieu of or in addition to the annual audit.
E. If an Audit Waiver is approved, a Financial Compilation will be required.
F. A financial compilation does not need to be conducted by an independent auditor or audit firm; however, it must be attested to by the Contractor’s Executive Director and Financial Officer.

VII. EXHIBITS

A. None

VIII. REFERENCES

A. CMHPSM Provider Contract
B. Generally Accepted Accounting Principles (GAAP)
   [http://www.fasab.gov/accepted.html](http://www.fasab.gov/accepted.html)
C. Generally Accepted Auditing Standards (GAAS)
   2 CFR Part 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards

### VII. PROCEDURES

<table>
<thead>
<tr>
<th>WHO</th>
<th>DOES WHAT</th>
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</table>
| Contracting Agency   | 1. A new Audit Waiver Request must be submitted for each contract cycle. Contractor has until the end of the 3rd quarter to submit the Audit Waiver Request to the CMHSP.  
                          2. Assures timely completion of all audits.  
                          3. Submits Annual Audit or Financial Compilation to the CMHSP on or before 180 days after the close of the Contractor’s fiscal year.  
                          4. May submit in writing to the CMHSP up to two 30-day requests for extensions of the submission date. Request(s) shall include an explanation of extenuating circumstances for delay. “The audit is not yet completed” is not considered an extenuating circumstance. |
| CMHSP Designee       | 1. If an audit includes audit exceptions and/or auditor comments, requires Contractor to submit a Financial Plan of Correction within thirty (30) days of the issuance of the audit.  
                          2. If a Financial Compilation indicates a financial concern, requires Contractor to submit a Financial Plan of Correction within thirty (30) days of the submission of the Financial Compilation.  
                          3. The following will occur if an audit or financial compilation is not submitted on or before the due date, the Contractor has not been approved for an extension, or extension has expired: a. Provider will be issued a reminder notice after requirement is 15 days past due b. After 30 days past due the Provider may be placed on provisional contract status until the requirement is met. c. After 45 days past due, additional sanctions may be imparted including a formal finance review, up to contract termination.  
                          4. May approve up to two (2) 30-day extensions of the audit submission date if there are extenuating circumstances. |
<table>
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</table>
| Contracting Agency                        | 1. Submit to the CMHSP a Financial Plan of Correction for any audit exceptions, comments, and/or recommendations noted by the independent auditor or audit firm within thirty (30) days of issuance of the audit.  
2. Submit status reports and products or other evidence of corrections as required under the Plan of Correction.  
3. Failure to submit, comply with, or attain outcomes of a required Financial Plan of Correction may be cause for contract sanctions, up to and including contract termination.  
4. The CMHSP may require the addition of concerns or issues in the Plan of Correction. |
| CMHSP Designee                           | 1. If approved, verifies Contractor eligibility for Annual Audit Waiver at the end of contract cycle.  
2. Notifies local Board of any Contractor that has a Plan of Correction.  
3. Reviews Plan of Correction submitted by Contractor. May add additional requirements.  
4. Makes recommendation about the feasibility of maintaining a Provider on the Network Panel regarding financial status.  
5. Sends to Contractor regular invoices indicating amount withheld due to late audit submission.  
6. Sends to Contractor written notification when a required Financial Plan of Correction has been successfully met. |
COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN
SPECIAL BOARD MEETING MINUTES
September 25, 2019

Members Present: Judy Ackley, Greg Adams, Charles Coleman, Susan Fortney (phone), Roxanne Garber, Bob King (phone), Sandy Libstorff, Charles Londo, Katie Scott, Sharon Slaton, Caroline Richardson, Ralph Tillotson

Members Absent: Gary McIntosh

Staff Present: Kathryn Szewczuk, Stephannie Weary, Lisa Jennings, James Colaianne, Suzanne Stolz, Trish Cortes, Connie Conklin, Dana Darrow, Christina Biddle, Teresa Sharp

Others Present: Lori Lutomski, Steve Holda, Amanda Horgan

I. Call to Order
Meeting called to order at 6:05 p.m. by Board Chair C. Londo.

II. Roll Call
• A quorum of members present was confirmed.

III. Consideration to Adopt the Agenda as Presented

Motion by R. Tillotson, supported by C. Richardson, to approve the agenda as amended
Motion carried

• Add to New Business: Board action request for the lease agreement for the new office location.

IV. New Business

Motion by R. Garber, supported by C. Coleman, to approve the lease agreement for the new office space as presented, to be executed by the CMHPSM Interim CEO
Motion carried

<table>
<thead>
<tr>
<th></th>
<th>Ackley</th>
<th>Yes</th>
<th>Libstorff</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adams</td>
<td></td>
<td>Yes</td>
<td>Londo</td>
<td>Yes</td>
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<td>Yes</td>
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<td>Fortney</td>
<td></td>
<td>Yes</td>
<td>Richardson</td>
<td>Yes</td>
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</tbody>
</table>
V. Audience Participation
None

VI. New Business
a. CEO Candidate Interviews
   i. Amanda Horgan
   ii. James Colaianne

   • Board members interviewed the final 2 candidates for the Chief Executive Officer position. Deliberation and straw poll followed.

Motion by G. Adams, supported by K. Scott, to appoint James Colaianne as permanent CEO, and to authorize the Board Chair to negotiate the CEO contract
Motion carried

<table>
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<td>Yes</td>
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<td>Yes</td>
<td>Slaton</td>
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<td></td>
<td></td>
<td>Tillotson</td>
<td>Yes</td>
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VII. Adjournment

Motion by R. Tillotson, supported by J. Ackley, to adjourn the meeting
Motion carried

Meeting adjourned at 9:40 p.m.

Judy Ackley, CMHPSM Board Secretary
COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN
REGULAR BOARD MEETING MINUTES
October 9, 2019

Members Present: Judy Ackley, Susan Fortney, Roxanne Garber, Sandra Libstorff, Charles Londo, Sharon Slaton, Ralph Tillotson

Members Absent: Greg Adams, Charles Coleman, Bob King, Gary McIntosh, Caroline Richardson, Katie Scott

Staff Present: Kathryn Szewczuk, Stephannie Weary, Lisa Jennings (phone), James Colaianne, Trish Cortes, Connie Conklin, Dana Darrow

Others Present: Lori Lutomski

I. Call to Order
Meeting called to order at 6:00 p.m. by Board Chair C. Londo.

II. Roll Call
• A quorum of members present was confirmed.

III. Consideration to Adopt the Agenda as Presented

Motion by R. Tillotson, supported by R. Garber, to approve the agenda
Motion carried

IV. Consideration to Approve the Minutes of the September 11, 2019 Regular Meeting and Waive the Reading Thereof

Motion by R. Garber, supported by S. Slaton, to approve the minutes of September 11, 2019 Regular Meeting and waive the reading thereof
Motion carried

V. Consideration to Approve the Minutes of the September 25, 2019 Special Meeting and Waive the Reading Thereof

Motion by R. Tillotson, supported by J. Ackley, to approve the minutes of September 25, 2019 Special Meeting and waive the reading thereof
Motion carried

VI. Audience Participation
None

VII. Election of Regional Board Officers
• C. Londo withdrew from consideration for the Board Chair position.
Motion by S. Libstorff, supported by R. Garber, to name the following slate of officers:

<table>
<thead>
<tr>
<th>Chair</th>
<th>Vice-Chair</th>
<th>Secretary</th>
</tr>
</thead>
<tbody>
<tr>
<td>S. Slaton</td>
<td>C. Richardson</td>
<td>J. Ackley</td>
</tr>
</tbody>
</table>

Motion carried
- S. Slaton assumed the Board Chair role at this point in the meeting.

VIII. Old Business
a. October Finance Report
   - J. Colaianne presented. Discussion followed.
   - D. Darrow will be covering some of the CFO duties. The PIHP may use a temporary staffing agency for an additional accountant, which would come to the Regional Board for approval.

b. Board Action Request
   Consideration to authorize the Board Chair to sign the negotiated contract between the CMHPSM and CEO James Colaianne

Motion by R. Garber, supported by R. Tillotson, to authorize the Board Chair to sign the negotiated contract between the CMHPSM and CEO James Colaianne

Motion carried

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<td>Tillotson</td>
<td>Yes</td>
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IX. New Business

X. Reports to the CMHPSM Board
a. Report from the SUD Oversight Policy Board
   - J. Colaianne provided an overview of the recent OPB meeting. See the OPB minutes in the Regional Board meeting packet for details.

b. CEO Report to the Board
   - J. Colaianne presented. See the CEO Report in the Regional Board meeting packet for details.

c. Move Update
• J. Colaianne provided an update on the office move, which is on target for the planned December 1 date.

XI. Closed Session

Lawsuit

*Motion by J. Ackley, supported by R. Tillotson, to enter closed session*
Motion carried

• Regional Board entered closed session at 6:40 p.m.

*Motion by S. Fortney, supported by R. Garber, to bring the Regional Board back into open session*
Motion carried

• Regional Board re-entered open session at 6:50 p.m.

XII. Adjournment

*Motion by R. Tillotson, supported by R. Garber, to adjourn the meeting*
Motion carried

• Meeting adjourned at 6:52 p.m.

Judy Ackley, CMHPSM Board Secretary
**ACTION REQUESTED:** To approve the following contract(s):

**BACKGROUND:**

1. Washtenaw Intermediate School District (WISD) - will provide the UMatter/Mental Health Stigma Reduction Mini Grant Project and the 31n Match.
2. NAMI- will develop a community outreach and education strategy focused on youth and parents to educate about early assessment and intervention, service navigation, reduction of stigma and building and maintaining social supports in targeted communities in Washtenaw County.
3. Corner Health Center- WCCMH will provide up to 6 hours/week of Psychiatry services.
4. JYB Homecare – will provide Community Living Supports and Respite services.

**Service Contracts**

<table>
<thead>
<tr>
<th>Contractor</th>
<th>Funding</th>
<th>Estimated Budget</th>
<th>Contract Term</th>
<th>Service Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. WISD</td>
<td>Millage</td>
<td>$165,930</td>
<td>October 1, 2019-September 30, 2021</td>
<td>UMatter/31n Match</td>
</tr>
<tr>
<td>2. NAMI</td>
<td>Millage</td>
<td>$158,400</td>
<td>October 1, 2019-September 30, 2020</td>
<td>Community Outreach and Education</td>
</tr>
<tr>
<td>3. Corner Health Center</td>
<td>Revenue</td>
<td>$31,200</td>
<td>October 1, 2019-September 30, 2020</td>
<td>Psychiatry Services</td>
</tr>
<tr>
<td>4. JYB Homecare</td>
<td>Medicaid</td>
<td>Per consumer authorizations</td>
<td>December 1, 2019-September 30, 2020</td>
<td>CLS and Respite</td>
</tr>
</tbody>
</table>

**RECOMMENDATIONS:** To approve the contract(s) listed above.
Executive Director Contract Authorizations
November 2019 Finance Committee Meeting

ACTION REQUESTED:  Acceptance of the Executive Director’s signature on contracts with a value of less than $25,000

Contracts

<table>
<thead>
<tr>
<th>Contractor</th>
<th>Amount</th>
<th>Term</th>
<th>Purpose</th>
<th>Approval Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jeff Hackett</td>
<td>$1,045</td>
<td>11/1/2019-12/31/2019</td>
<td>Mental Health First Aid Trainings</td>
<td></td>
</tr>
</tbody>
</table>

Recommendation:  Acceptance
Grievance & Appeals

November 2019
Grievance and Appeal System

- Process in place for consumers that promotes the resolution of concerns
- Consumers/legal representatives shall be informed of their right to access the grievance and appeal process
- Grievance is an expression of dissatisfaction about any matter related to PIHP/CMHSP service issue, other than an adverse benefit determination or action, which does not involve a Recipient Rights complaint.
- Grievance process is an impartial local level review of a consumer’s grievance
- Local appeal is a request for the PIHP/CMHSP to review a denial, suspension, termination, or reduction of CMH services at the local level
An appeal is a consumer’s request to review a decision that has been made about services they are already getting or a service request. An appeal can happen when:

- A consumer is denied a service they asked for
- A consumer doesn’t get the amount of services they asked for (and aren’t satisfied with why they didn’t get everything they asked for)
- It takes longer than 14 days to answer a consumer’s request for a service
- It takes longer than 14 days in providing a service to a consumer when they’ve been approved for the service (unless the consumer agrees to a different start date)
- A service a consumer is already getting is suspended, reduced, or terminated.
Local Level Appeal Timelines

- **Medicaid Local Level Appeals**
  - Appeal must be received within 60 days of the date of the ABD
  - When an appeal is received, it must be acknowledged in writing within 5 calendar days to the consumer/legal representative
  - May continue services if the appeal request is received within 10 days of the notice of the Adverse Benefit Determination and includes a written request to continue
  - Shall be completed within 30 days of receipt of the request. The 30 day timeframe may be extended by up to 14 days if requested

- **Non Medicaid Local Level Appeals**
  - Appeal must be received within 30 days of the date of the negative action notice
  - When an appeal is received, it must be acknowledged in writing within 5 calendar days to the consumer/legal representative
  - May continue services if the appeal request is received within 30 days of the negative action notice and includes a written request to continue
  - Shall be completed within 45 days of receipt of the request.
State Level Appeal Timelines

- **Medicaid State Level Appeals**
  - After the local appeal process has been exhausted, a Medicaid consumer may request a State Fair Hearing.
  - A State Fair Hearing must be requested no later than 120 calendar days from the date of the PIHP/CMHSP notice of resolution.

- **Non Medicaid/General Fund State Level Appeals**
  - After the local appeal process has been exhausted, a non Medicaid consumer may request the MDHHS Alternative Dispute Resolution Process.
  - The MDHHS Alternative Dispute Resolution must be requested within 10 days from the date of the PIHP/CMHSP notice of resolution.
Questions?