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Meeting Agenda  
**BOARD OF DIRECTORS**  
Lakeshore Regional Entity  
August 28, 2024 – 1:00 PM  
GVSU Muskegon Innovation Hub  
200 Viridian Dr, Muskegon, MI 49440

1. Welcome and Introductions – Mr. Stek
2. Roll Call/Conflict of Interest Question – Mr. Stek
3. Public Comment (Limited to agenda items only)
4. Consent Items:  
***Suggested Motion:*** To approve by consent the following items.
  - August 28, 2024, Board of Directors meeting agenda (*Attachment 1*)
  - July 24, 2024, Board of Directors meeting minutes (*Attachment 2*)
5. FY25 MDHHS/PIHP Contract Discussion – Robert Sheehan (*Attachment 3*)
6. Reports –
  - a. CEO – Ms. Marlatt-Dumas (*Attachment 4*)
  - b. LRE Leadership – (*Attachment 5*)
7. Chairperson’s Report – Mr. Stek
  - a. July 17, 2024, Executive Committee (*Attachment 6*)
8. Governance Committee –
  - a. August 11, 2024, Governance Committee (*Attachment 7*)
9. Action Items – NA
10. Financial Report and Funding Distribution – Ms. Chick (*Attachment 8*)
  - a. FY2024, July Funds Distribution (*Attachment 9*)  
***Suggested Motion:*** To approve the FY2024, July Funds Distribution as presented.
  - b. Statement of Activities as of 6/30/2024 with Variance Reports (*Attachment 10*)
  - c. Monthly FSR (*Attachment 11*)
11. Board Member Comments
12. Public Comment
13. Upcoming LRE Meetings
  - September 12, 2025 – Community Advisory Panel, 1:00 PM
  - September 18, 2024 – Executive Committee, 1:00PM

- September 25, 2024 – LRE Executive Board Work Session (LRE Annual Public Budget Hearing), 11:00 AM
- September 25, 2024 – LRE Executive Board Meeting, 1:00 PM

Meeting Minutes  
**BOARD OF DIRECTORS**

Lakeshore Regional Entity

July 24, 2024 – 1:00 PM

GVSU Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440

WELCOME AND INTRODUCTIONS – Mr. Stek

Mr. Stek called the July 24, 2024, LRE Board meeting to order at 1:04 PM.

ROLL CALL/CONFLICT OF INTEREST QUESTION – Mr. Stek

**In Attendance:** Ron Bacon, Jon Campbell, Linda Dunmore, Patricia Gardner, O’Nealya Gronstal, Janice Hilleary, Sara Hogan, Richard Kanten, Alice Kelsey, Andrew Sebolt, Stan Stek, Jim Storey, Craig Van Beek

**Online:** Jim Storey

PUBLIC COMMENT

None.

CONSENT ITEMS:

**LRE 24-29 Motion:** To approve by consent the following items.

- July 24, 2024, Board of Directors meeting agenda
- June 26, 2024, Board of Directors meeting minutes

Moved: Patricia Gardner

Support: Ron Bacon

MOTION CARRIED

LEADERSHIP BOARD REPORTS

a. CEO Report – Ms. Marlatt-Dumas

- In July we will begin the Board officer’s election process. The details are in the CEO report.
- LRE staff have been working on external audit reviews completed by Health Services (HSAG).
- There is no new information regarding HAB Waiver, but MDHHS is supposed to announce the new methodology in July. LRE has asked for an additional 200 slots.
- LRE/N180 met with MDHHS regarding clarification around the CAP.

- MDHHS has stated that the PIHP/CMH contract should mirror the MDHHS/PIHP contract. The LRE and CMHs will meet to continue to work on finalizing the contract.
  - N180, LRE and EC met to discuss the N180 deficit including regional impact and strategies to address the deficit. Network180 has requested a mid-year cost settlement that would be \$8.1 million. LRE is determining next steps and will send out an email in answer.
  - There is a resolution included in the Board packet opposing language in the PIHP contract that caps the amount of ISF regions can hold.
  - The Governance Committee will be appointed this month. The timeline for Board officers is included in the CEO report.
- b. LRE Leadership Report – Stephanie VanDerKooi  
Stephanie reviews PP that is available upon request.
- Synar – 90.5% compliance rate.
  - The COVID19 grant will end this year and AARPA will end at the end of the next FY. The LRE is working with providers to prepare for the end of grants.
  - SOR 4 is a 3-year grant that will take the place of the SOR 3 grant. This grant is about \$1 million less than previous years.
  - CCBHC – Cherry Health has applied to become a CCBHC and LRE is working with them toward implementation.
  - Autism CAP – LRE is working with N180 which is going well. Currently they have met every goal.
  - The Network Adequacy Report with an executive summary is included in the Board packet.

#### CHAIRPERSON’S REPORT

July 17, 2024, Executive Committee meeting minutes are included in the packet for information.

- Mr. Stek notes that the EC has engaged with N180 and LRE to work on the pending deficit issues and strategies that can be put in place to address the deficit.
- The LRE CEO contract was discussed.

#### GOVERNANCE COMMITTEE

**LRE 24-30 Motion:** To approve the following Board members to serve as the Governance Committee for the purpose of bringing a recommendation for the 2025 slate of Board officers to the full Board during the August 28, 2024, meeting.

#### **Appointments:**

Allegan (OnPoint) – Alice Kelsey

Muskegon (HW) – Janice Hilleary

Kent (N180) - Patricia Gardner

Ottawa (CMHOC) – Richard Kanten  
Lake, Mason, Oceana (WM) – Ron Bacon

ACTION ITEMS

**LRE 24-31 Motion:** To approve the resolution in response to proposed language by MDHHS for Fiscal Year 2025 limiting the funding and use of the Internal Service Fund (ISF) as presented.

Moved: Richard Kanten      Support: Jon Campbell  
MOTION CARRIED

**LRE 24-32 Motion:** To approve the amended LRE CEO contract as presented.

The amended contract is through March 2, 2025, with a retroactive income reinstatement from 2024. The Executive Committee will complete a quasi-review in September 2024 to determine if a recommendation will be made to the full Board regarding any additional economic increase.

Moved: Patricia Gardner      Support: Janet Thomas  
MOTION CARRIED

FINANCIAL REPORT AND FUNDING DISTRIBUTION

CFO Report is included in the Board packet for information.

**FY2024 June Funds Distribution**

**LRE 24-33 Motion:** To approve the FY2024, June Funds Distribution as presented.

Moved: Ron Bacon      Support: Andrew Sebolt  
MOTION CARRIED

**Statement of Activities as of 5/31/2024 with Variance Report-**

Included in the Board packet for information.

**Monthly FSR-**

Included in the Board packet for information.

- The ongoing disenrollments are expected to continue through June. There has been no discussion of any additional rate change. The PIHPs are submitting additional information and working with CMHAM to present to MDHHS.

BOARD MEMBER COMMENTS

NA

PUBLIC COMMENT

NA

### UPCOMING LRE MEETINGS

- August 21, 2024 – Executive Committee, 1:00PM
- August 28, 2024 – LRE Executive Board Work Session, 11:00 AM  
GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440
- August 28, 2024 – LRE Executive Board Meeting, 1:00 PM  
GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440

### OTHER

### ADJOURN

Mr. Stek adjourned the July 24, 2024, LRE Board of Directors meeting at 2:03 PM.

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Ron Bacon, Board Secretary

Minutes respectfully submitted by:  
Marion Moran, Executive Assistant

**From:** [Robert Sheehan](#)  
**To:** [meghan.rooney](#); [ekurtz@nmre.org](#); [Joseph Sedlock](#); [Mary Marlatt-Dumas](#); [Brad Casemore](#); [colaiannej@cmhpsm.org](#); [Jim Johnson](#); [traci.smith@mccmh.net](#); [Manny Singla](#); [lasenbyd@oaklandchn.org](#)  
**Cc:** [Alan Bolter](#)  
**Subject:** FY 25 MDHHS-PIHP contract - a few thoughts  
**Attachments:** [image001.png](#)

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PIHP CEOs,

Recognizing that the negotiations around the MDHHS-PIHP contract are between you and the Department – CMHA is not a party to the contract but rather represents the interests of the PIHPs, the contract holders and the stakeholders to these contracts - we want to provide you with a few thoughts related to these negotiations. If a discussion around this topic would help, do not hesitate to contact me and we can schedule such a discussion.

ISF LANGUAGE IN CONTRACT: The FY 25 MDHHS-PIHP contract, as issued by MDHHS, contains language, from what we have heard (we have not seen the contract; we typically do not until long after it is signed), that will cause significant portions of the ISFs held by the state's PIHPs to revert to the state. Concern around this language is what prompted CMHA to support the resolution of Region 10 (with similar resolutions from other PIHPs) in opposition to this contract language.

Talk within MDHHS indicates that the Department is willing to rethink the size of the ISF that can be held by the state's PIHPs and other risk-related and rate-setting issues that are related to the need, by the state's PIHPs, to hold substantial ISFs. However, if the state's proposed FY 25 contract language around this issue is signed by the state's PIHPs, without changes, the negotiations start with contract language that represents the Department's position and requires the state's PIHPs to negotiate to get that changed; rather than good-faith negotiations that would require both parties to negotiate to change the current language, that in the FY 24 contract.

WASKUL LAWSUIT SETTLEMENT-RELATED LANGUAGE IN CONTRACT: You may remember that there are several conditions that must be met before the Waskul lawsuit settlement, between MDHHS and the plaintiffs, can be implemented. In addition to the judge accepting the settlement and CMS approving of the terms of the settlement, the language implementing the terms of the settlement must be agreed to by the state's PIHPs with that agreement reflected in their contracts. As you know, CMHA, the CMH Partnership of Southeast Michigan, Washtenaw CMH, and the CMHA membership have expressed deep concern over the impact of the settlement proposed by MDHHS and the plaintiffs.

CMHA RECOMMENDATION ON BOTH FRONTS: As you and CMHA have indicated, these two sections of the FY 25 MDHHS-PIHP contract, as proposed by the Department, pose serious threats to the state's PIHPs, CMHSPs, providers and those served by these systems.

Given the gravity of these threats, CMHA urges the PIHP CEOs, with the support of their boards of directors, to indicate that the signing of the FY 25 MDHHS-PIHP contracts, by the state's PIHPs, does not include agreement with either of these changes to the contract. This fact can be signaled by:

- Striking-through and initialing, these sections, with the current ISF language re-inserted (if the electronic contract processing system allows for such changes, as it did in the hardcopy contract processing days) or
- Including language, as an addendum to the contract that is signed by each PIHP, that indicates that the contract, as signed by each PIHP, does not include the Waskul language (referencing the actual language proposed by the Department) nor the Department's ISF language (replacing that language with the current, FY 24, contract language).

A number of you have indicated concerns relative to making such changes in the contracts as provided by MDHHS. However, such unilateral contract changes, by MDHHS, are not binding upon the state's PIHPs, unless the PIHPs sign the contracts with the Department-proposed changes. The risk of the state halting funding for the state's PIHPs, due to the signing of contracts, as revised by the state's PIHPs, as we have outlined above, is nonexistent. Any threat of not funding the state's public mental health system is an empty one, flying in the face of the Mental Health Code and in the face of the political heat that would ensue. As an example, the recent article in the Macomb paper related to the ISF issue has been the kind of heat that the Department fears.

Again, if a discussion around this topic would help, do not hesitate to contact me and we can schedule such a discussion.

Robert Sheehan  
Chief Executive Officer  
Community Mental Health Association of Michigan  
2<sup>nd</sup> Floor  
507 South Grand Avenue  
Lansing, MI 48933  
517.374.6848 main  
517.237.3142 direct  
[www.cmham.org](http://www.cmham.org)





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**CEO Report**  
**August 28th, 2024**

Every day is a good day, but today is a Great Day to be a part of the Lakeshore Regional Entity!

**PIHP/REGIONAL Update**

1. **LRE Updates**

- LRE staff participated in a full day of the External Quality Review on Friday August 23, 2024, with Health Services Advisory Group (HSAG). The review focused on LRE compliance to the federal managed care regulations. THANK YOU to the LRE staff for all their work on this. It is a very heavy lift.
- Bob Sheehan, CMHA, will be attending the August LRE BOD meeting to provide insight into the current challenges with the FY 25 MDHHS/PIHP contract.

2. **Regional Updates**

- Funding Revenue Streams/HAB Waiver Slots/Behavioral Health Homes/Opioid Health Homes
  - HAB Waiver  
*Update:* The new slot allocation methodology for HSW slots that was tentatively scheduled for July 2024 has not been released. LRE has been in communication with MDHHS, who has stated that they are drafting a communication for review and approval. They hope to send this out very soon.
  - Opioid Health Home/Behavioral Health Home (OHH/BHH)  
*Update:* LRE has received communication from at least one CMH that they would like to move forward on the OHH.
  - BHTEDs  
*Update:* The LRE plans to provide a presentation during the August LRE BOD meeting regarding the current progress in this area.
- Autism
  - Network 180/LRE Corrective Action Plan with MDHHS  
*Update:* LRE continues to work with Network180 to work on the completion of their ABA CAP and are very happy with the progress made by N180 thus far. We are also sending weekly updates to MDHHS to report on the progress. N180 has been working diligently to progress on

the ABA CAP. The LRE staff meet regularly internally and with N180 staff to discuss strategies to assist with CAP completion as well. The next deadline for LRE and Network180 is the end of August. There is some concern that the next standard may not be met, LRE is working with N180 to determine this. The LRE believes that the two entities need to strategize over the approach to address this with MDHHS.

- Regional Autism

**Update:** With the assistance of LRE IT staff, we continue to use the new Power BI report around Autism Encounter data to give LRE better insight into ABA services around the region. With these reports and others already in production we can monitor ABA program delivery and monitor trends in the data that may need further investigation. The LRE autism staff continue to meet CMHs partners to discuss their ABA processes and plans for addressing waitlists they may have. LRE and the regions CMHs also continue to work together on the new autism rates workgroup that began in March, but due to new legislation related to behavior tech's base rate, the group has had to wait for clarification before recommendations can be made. LRE staff will continue to monitor trends in the data and discuss them at the monthly ROAT meetings.

- PIHP/CMHSP Contract

**Note:** MDHHS has stated in writing that the PIHP/CMH contract should mirror the MDHHS/PIHP boilerplate contract with the necessary organizational revisions and with the understanding that there are numerous areas that are non-negotiable within the MDHHS/PIHP contract which then flows down to the PIHP/CMH contract.

**Update:** Early in September LRE will send out the CMHSPs specialty grant contract (Mental Health Block Grant, SOR 4, etc.), there will also be a separate contract for PA2 funds. The LRE wants to ensure that these are sent out before the CMHs board meetings in September for a smooth transition into FY25.

The CMHSP Contract was sent to the CMHs with feedback due on 8/23/2024.

The ask from the LRE was to put feedback into two different categories. The categories were:

1. Do not necessarily love the language but can make it work, and
2. Cannot move forward with this language.

The plan is to get clarification through legal and/or MDHHS on what is negotiable of those two categories, and then negotiate where we can to make the contract more workable.

- Network 180 Funding Request – Recovery Plan

***Update:***

- The meeting scheduled for August 8<sup>th</sup> was canceled due to a conflict in scheduling. Network180 prepared a presentation which was used for a meeting held on 8/21/2024 at the LRE Executive Committee. The presentation is attached to the Executive Committee meeting minutes.
- LRE received a request from Network180 on 7/19/2024 for a Mid-Year settlement for FY 2024 in the amount of the deficit balance as of May 31, 2024. The amount of N180's deficit through May is about \$8.15 million. LRE is working with LRE legal regarding this request as it is outside standard operating procedures, it does not align with the current LRE By-Laws or LRE Operating Agreement.
  - ***Update:*** LRE denied the request for a Mid-year cost settlement, however identified a solution for Network180's cash flow issue. LRE leadership and Network180 entered into an agreement for a cash advancement of their anticipated PMPM to alleviate the cash flow issue at N180.

Other LRE Business:

- **Election of Board Officers** – Timeline:
  - i. **July** - the LRE BOD appoints the Governance Committee (1 member from each county).
  - ii. **August** - the Governance Committee meets, develops a slate of officers and contacts members to discern interest. During the August BOD meeting the recommended slate of officers will be presented, as well as any other nominations taken from the floor.
  - iii. **September** - election of the new slate of officers and development/appointment of Executive Committee (dependent on new slate of officers).
  - iv. **October** - the newly elected officers will begin their term, and the newly appointed Executive Committee will meet at the regularly scheduled meeting.

## **STATE OF MICHIGAN/STATEWIDE ACTIVITIES**

### **Legislative Update:**

Details can be found in the full Legislative Update attached to this report.

## **UP AND COMING**

### **Walk A Mile**

Due to a scheduling error at the Capitol, the Walk A Mile Event has been changed from September 12<sup>th</sup>, and will now be taking place on **Tuesday, September 17<sup>th</sup>**.

[Walk A Mile Information Packet](#)

### **Walk of Hope** (flyer is attached to the end of this report)

West Michigan CMH is holding an event to raise awareness about suicide prevention, promoting mental health and wellbeing, and sharing resources. Thursday September 26<sup>th</sup>, 2024, to be held at WMCMH in Ludington, MI.

Report by Mary Marlatt-Dumas, CEO  
Lakeshore Regional Entity



# Lakeshore Regional Entity’s Legislative Update – 08/15/2024



This document contains a summary and status of bills in the House and Senate, and other political and noteworthy happenings that pertain to both mental and behavioral health, and substance use disorder in Michigan and the United States.

Prepared by Melanie Misiuk, SEDW & 1915(i)SPA Specialist & Stephanie VanDerKooi, Chief Operating Officer

Highlight = new updates

Highlight = old bill, no longer active

Highlight = Suggestions for Action & Supported/ Opposed by CMHAM (Community Mental Health Association of Michigan)

## STATE LEGISLATION

BILLS & REGULATIONS PERTAINING TO MENTAL HEALTH				
Priority	BILL #	SUMMARY	SPONSOR	ACTION DATE
	SB 27	Legislation that would require insurers to provide coverage for mental health and substance abuse disorder services on the same level as that of coverage for physical illness. Federal law requires mental health coverage to be equal to physical illness. The bill would require insurance coverage for mental health conditions, including substance use disorders, to be no more restrictive than insurance coverage for other medical conditions.  *Supported by CMHAM	Sarah Anthony	1/18/23 – Introduced to the Senate; Referred to Committee on Health Policy 10/12/23 – Reported favorably with substitute; Referred to committee oof the whole with substitute 10/18/23 – Passed the Senate, Referred to House Committee on Insurance and Financial Services 5/1/24 – Passed the House, returned to the Senate 5/14/24 – Presented to Governor 5/22/24 – Signed by the Governor, Assigned PA 0041’24
***	HB 4576 & 4577	Reintroduced versions of Sen. Shirkey’s legislation (SB 597 & 598) from 2022. Legislation to create an integrated plan to merge the administration and provision of Medicaid physical health care services and behavioral health specialty services.  *Opposed by CMHAM	Curtis VanderWall	5/16/23 – Introduced, read, and referred to Committee on Health Policy
	HB 4320 & 4387	<i>Provides for penalties for coercing a vulnerable adult into providing sexually explicit visual material; and provides sentencing guidelines for crime of coercing vulnerable adult into providing sexually explicit visual material</i>	Sharon MacDonell	3/22/23 – Introduced; referred to Committee on Families, Children and Seniors 6/27/23 – Referred to a second reading 10/5/23 – Read a second time; substitute adopted; placed on third reading

**BILLS & REGULATIONS PERTAINING TO MENTAL HEALTH**

Priority	BILL #	SUMMARY	SPONSOR	ACTION DATE
				10/17/23 – Referred to Committee on Civil Rights, Judiciary, and Public Safety 11/7/23 – Reported favorably without amendment; Referred to Committee of the Whole 12/31/23 – Signed by the Governor, assigned PA 275'23 & 276'23
	HB 4081	Establishes a minimum number of school counselors to be employed by a school district, intermediate school district or public school academy	Felicia Brabec	2/14/23 – Introduced; referred to Committee on Health Policy
	HB 4523	Modifies eligibility for mental health court for those with violent offenses	Kara Hope	5/4/23 – Introduced; referred to Committee on Judiciary 6/7/23 - reported with recommendation with substitute (H-1), referred to a second reading 10/31/23 – read a third time, passed given immediate effect 11/1/23 - Referred to Committee on Civil Rights, Judiciary, and Public Safety 2/22/24 – Passed the House, Returned to the Senate 5/15/24 – Presented to the Governor 5/22/24 – Approved by the Governor, Assigned PA 44/24 with immediate effect.
	HB 4579, 4580, & 4131	Requires reimbursement rate for telehealth visits to be the same as office visits  *Supported by CMHAM	Natalie Price, Felicia Brabec	5/16/23 – Introduced; referred to Committee on Health Policy 10/31/23 – Referred to a second reading 11/14/23 – Referred to Committee on Health Policy 3/14/24 – Referred to Committee of the Whole 4/17/24 – Placed on order of third reading with substitute 5/23/24 – Presented to the Governor 6/6/24 – Approved by the Governor, Assigned PA 51'24 with immediate effect.
	HB 4649	Require height-adjustable, adult-sized changing tables in public restrooms	Lori Stone	5/23/23 – Introduced; referred to Committee on Regulatory Reform
	HB 4745-	Bills related to access to assisted outpatient treatment, outpatient treatment for misdemeanor offenders, hospital evaluations, mediation, and competency exams	Brian BeGole, Donni Steele, Tom Kuhn, Mark	6/14/23 – Introduced; referred to Committee on Health Policy

**BILLS & REGULATIONS PERTAINING TO MENTAL HEALTH**

Priority	BILL #	SUMMARY	SPONSOR	ACTION DATE
	4749		Tisdell	
	HB 4171	Modifies the priority of a professional guardian.	Curtis VanderWall	3/2/23 – Introduced; Read; referred to Committee on Judiciary
***	HB 4909-12 & 5047	<p>HB 4909-12 would institute long-awaited reforms to Michigan’s guardianship statutes, and HB 5047 would create the Office of State Guardian.</p> <p>Supported by the Department of Attorney General, Disability Rights Michigan, the Michigan Elder Justice Initiative, AARP, Alzheimer’s Association, and The Michigan Long Term Care Ombudsman Program.</p>	Kelly Breen	<p>7/18/23 – Introduced; Referred to Committee on Judiciary</p> <p>10/11/23 – Reported with recommendation with substitute (H-1); Referred to a second reading</p> <p>10/24/23 – Read a third time</p> <p>10/25/23 – Referred to Committee on Civil Rights, Judiciary, and Public Safety</p>
	HB 5184 & 5185	<p>Legislation would remove the social work test as a criterion for social work licensure and replace it with the strengthening of the supervised clinical experience requirements already required for licensure.</p> <p>*Supported by CMHAM</p>	Felicia Brabec	<p>10/19/23 – Introduced, Read a first time, Referred to Committee on Health Policy</p> <p>11/9/23 – CMHAM (Bob Sheehan) provided testimony in favor of the bills.</p>
	HB 5276-5280	A bill to create the office of mental health and suicide prevention in the Michigan veterans affairs agency and provide for its powers and duties; and to provide for the powers and duties of certain state governmental officers and entities.	Jennifer Conlin	<p>10/26/23 – Introduced, read a first time, referred to Committee on Military, Veterans, and Homeland Security.</p> <p>6/11/24 – Referred to a second reading</p>
	SB 227	Would amend the childcare licensing Act to allow for emergency physical management/therapeutic de-escalation (certain levels of restraint & seclusion) in certain children’s residential settings.	<p>Dan Lauwers</p> <p>Kevin Hertel</p> <p>Stephanie Chang</p>	<p>3/22/23 – Introduced</p> <p>10/12/23-11/8/23 – Read several times, voted on, vote reconsidered, enrollment vacated</p> <p>1/10/24 – Returned to Senate</p> <p>1/11/24 – Returned to the House</p> <p>1/18/24 – defeated Roll Call</p> <p>5/9/24 – Vote reconsidered, passed, returned to Senate</p> <p>5/14/24 = Ordered enrolled</p> <p>5/29/24 – Presented to Governor</p> <p>6/11/24 – Approved by Governor, Assigned PA 0050’24 with immediate effect</p>
	HB 4693	Would allow for remote participation for a CMH & PIHP meeting	John Fitzgerald	5/30/23 – Introduced, read, referred to Committee on Local Government and Municipal Finance

## BILLS & REGULATIONS PERTAINING TO MENTAL HEALTH

Priority	BILL #	SUMMARY	SPONSOR	ACTION DATE
	HB 5343-5347	The “Advancing MI Health” Package seeks to increase access to care by cutting red tape encountered by many mental and behavioral health practitioners in applying to join insurance network panels. Additionally, the package assists the State of Michigan in monitoring health insurers’ compliance with federal laws mandating coverage parity for mental and behavioral health services.	Noah Arbit Felicia Brabec Betsy Coffia Denise Mentzer	11/14/23 – Introduced, read, referred to Committee on Health Policy.
	HB 5371 & 5372	The department must develop a prospective payment system under the medical assistance program for funding certified community behavioral health clinics. The payment system must fully comply with all federal payment methodologies. The department must submit to the federal Centers for Medicare Medicaid Services any approval request necessary for a Medicaid 1115 waiver.	Felicia Brabec Phil Green	11/14/23 – Introduced, read, referred to Committee on Health Policy.
	SB 625&626	These bills would address Limited Licensed Psychologists and the ability or inability to diagnose Autism.	Michael Webber Sam Singh	11/1/23 - Introduced, referred to Committee on Health Policy.
	SB 806	A bill to amend the current law to require a psychological evaluation on a minor in a hospital emergency room due to a mental health episode within three hours of being notified.	Roger Hauck	4/9/24 – Introduced, Referred to Committee on Health Policy
	HB 4841	A bill to amend the Adult Foster Care Facility Licensing Act to provide new requirements and procedures for adult foster care facilities and for the Department of Licensing and Regulatory Affairs (LARA) in regulating those facilities. Including requiring homes to have an LPN and Social Worker on staff, new trainings, medications adminitration restrictions, and civil and financial penalties for licensing violations.  *CMHAM concerned about adding to administrative burdens and increasing costs with already existing workforce challenges	Stephanie Young	6/22/23 – Introduced, read a first time, referred to Committee on Families, Children, and Seniors.
	SB 939	A bill to provide for licensing of adult psychiatric residential treatment facilities; to allow for psychiatric services to be provided under a residential psychiatric program in adult psychiatric residential treatment facilities; to establish standards of care for adult psychiatric residential treatment facilities; to provide for the powers and duties of certain state departments and agencies; to prescribe certain fees; and to provide for penalties and remedies.	Rosemary Bayer	6/25/24 – Introduced, Referred to Committee on Civil Rights, Judiciary, and Public Safety



**BILLS & REGULATIONS PERTAINING TO SUD**

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
***	SB 649 & 650 SB 651 & 652 SB 648 SB 647 SB 654 SB 653	<b>Protect MI Kids Bill Package:</b> Keep MI Kids Tobacco Free Alliance is working on a legislative package that will address the areas of Tobacco Retail Licensure, Taxation on Vaping Products & Parity, Ending the Sale of Flavored Tobacco, and Preemption Removal (Restoration of local authority to regulate tobacco control at the municipal level)	Keep MI Kids Tobacco Free Alliance Sam Singh John Cherry Stephanie Chang Paul Wojno Sue Shink Mary Cavanaugh	<a href="https://d31hzhk6di2h5.cloudfront.net">Preemption one pager (d31hzhk6di2h5.cloudfront.net)</a>  10/17/23 – Anticipating Senator Singh will be introducing the bill package this week. 11/9/23 – Introduced, Referred to Committee on Regulatory Affairs 6/20/24 – Submitted Testimony in front of the Senate Committee on Regulatory Affairs
	HB 4049	A bill to require CRA to consider all applications by spouses of government officials for licensed marijuana establishments, and to not deny them based on their spouse’s government affiliation.	Pat Outman	1/31/23 - Introduced and referred to Committee on Regulatory Reform
	HB 4061	Kratom Consumer Protection Act: A bill to regulate the distribution, sale, and manufacture of kratom products	Lori Stone	2/1/23 - Introduced and referred to Committee on Regulatory Reform
	<u>SB 133</u>	<i>A bill to provide for the review and prevention of deaths from drug overdose; allow for creation of overdose fatality review teams and power and duties of those teams; and for other purposes</i>	<u>Sean McCann</u>	<i>3/2/23-Introduced and referred to Committee on Health Policy 10/5/23 – Reported and referred by committee of the whole favorably with substitute; passed roll call 10/10/23 – Referred to Committee on Health Policy 11/2/23 – Referred to second reading 11/8/23 - read a second time, placed on immediate passage, passed; given immediate effect, returned to Senate 11/9/23 - ORDERED ENROLLED 12/6/23 - PRESENTED TO GOVERNOR 12/13/23 – Approved by Governor 12/29/23 – Assigned PA 0313’23</i>
	HB 4430	A bill to require all marijuana sales to provide safety information at the point of sale. Safety info includes: Safe storage, proper disposal, poison control information and the following statements: (A) To avoid dangerous drug interactions, it is recommended that you consult with your prescriber or pharmacist before consuming this product. (B) Exercise care if you consume this	Veronica Paiz	4/19/23-introduced and referred to Committee on Regulatory Reform

**BILLS & REGULATIONS PERTAINING TO SUD**

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
		product with alcohol. (C) Consuming this product with a controlled substance could increase the risk of side effects or overdose. (D) Do not operate heavy machinery or perform other dangerous tasks under the influence of this product unless you know how this product affects you.		
	<i>SB 180/179</i>	<i>Allow the Cannabis Regulatory Agency (CRA) to enter into an agreement with an Indian tribe pertaining to marijuana related business if the agreement and the Indian tribe met certain conditions. It prohibits the CRA from employing any individual with pecuniary interests in tribal marijuana; and specifies that sales of marijuana by a tribal marijuana business on Indian lands would be exempt from the State's 10% excise tax on marijuana. Require the Department of Treasury to deposit money into the Marihuana Regulation Fund that was collected under an Indian Tribe Agreement.</i>	<i>Roger Hauck</i>	<i>6/14/23-Passed Senate and received in House Committee on Regulatory Reform 10/5/23 – Reported with recommendation without amendment; referred to second reading; place on third reading; passed by ¾ vote; returned to Senate 10/10/23 – Ordered enrolled 10/24/23 – Signed by Governor and given immediate effect, assigned PA 0166'23</i>
	<i>SB 141/HB 4201</i>	<i>The bill would amend the Michigan Liquor Control Code to eliminate a January 1, 2026, sunset on provisions that allow a qualified licensee to fill and sell qualified containers with alcoholic liquor for the purpose of off-the-premises consumption and to deliver alcoholic liquor to a consumer in the State if the qualified licensee meets certain conditions.</i>	<i>Mallory McMorrow &amp; Kristian Grant</i>	<i>6/13/23 - Passed Senate, referred for second reading in House Committee on Regulatory Reform. 5/3/23 - Passed House, referred to Senate Committee on Regulatory Affairs 7/19/23-Assigned PA 0095'23 with immediate effect</i>
	HB 4833	The bill would amend the public health code to eliminate the requirement for acute care and behavioral health hospitals to carry a SUD Service Program license. The issue was identified through a LARA workgroup revealing duplicate licensure in some circumstances. The endeavor is to clean up the duplication and reduce burden on LARA as well as our members.	Ranjeev Puri	6/22/23 - referred to Committee on Health Policy
	HB 4913	A bill to criminalize all possession or distribution of Xylazine under the Controlled Substances Act.	Kelly Breen	7/18/23-Introduced and referred to Committee on Judiciary
	<i>SB 247</i>	<i>The bill would allow the holder of a special license issued by the MLCC to sell and serve alcoholic liquor on the premises of a licensed public area of a facility used for intercollegiate athletic events on dates and times other than the dates and times provided to the MLCC. A licensee that had been issued a catering permit could deliver and serve alcoholic liquor at a private event on the premises on dates and times other than the dates and times provided to the MLCC.</i>	<i>Sean McCann</i>	<i>7/19/23-Assigned PA 0096'23 with immediate effect</i>
	HB 4734/4735 /4736	A bill package to require all school districts to have an opioid antagonist in each school building, and at least one trained staff in each building; require local health departments to provide antagonist and training to schools & staff.	David Prestin John Fitzgerald Matt Koleszar	6/13/23-Introduced and referred to Committee on Education
	HB 4322	The bill would allow individuals who are 19 years of age or older to be employed at or volunteer for marijuana establishments, with the direct supervision of a person 21+.	Kevin Coleman	6/28/23-Read a third time in House, substitute adopted, and postponed temporarily
	HB 4600	The bill would prohibit the CRA from denying an application based on spouses of applicants	Mike McFall	5/18/23-Introduced and referred to Committee on

**BILLS & REGULATIONS PERTAINING TO SUD**

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
		holding positions in certain governmental bodies		Regulatory Reform 9/12/23 – Reported with recommendation without amendment, referred to a second reading. 9/28/23 – Read a second time; placed on third reading
	HB 4601	The bill to include within a Cannabis Processor License the ability to extract THC concentrates and package for sale on the premises; allow for transfer of products amongst other licensed establishments both on the same location and to other locations; prohibit the denial of a license based upon the background check of an applicant’s spouse.	Mike McFall	5/23/23-Introduced and referred to Committee on Regulatory Reform 9/12/23 – Reported with recommendation without amendment, referred to a second reading. 9/28/23 – Read a second time; placed on third reading
***	HB 4707	The bill would amend the Insurance Code to require health insurers in Michigan to provide coverage for medically necessary treatment of a mental health or substance abuse disorder. The bill would set requirements for coverage of out-of-network services and emergency services, as well as requirements related to prior authorization, utilization review, and the determination of level of care for insured individuals. The bill states that it would not apply to any entity or contracting provider that performs utilization review or utilization management functions on an insurer’s behalf. <b>***Supported by CMHAM.</b>	Felicia Brabec	6/7/23 – Introduced, read, and referred to Committee on Insurance and Financial Services 6/21/23 – Reported with recommendation without amendment, referred to a second reading 10/24/23 – Read a second time, placed on third reading 10/25/23 – Removed from the House Agenda  <b>CMHAM REQUEST FOR ACTION: We are asking you to reach out to your legislators (House &amp; Senate) and the Governor and URGE them to support HB 4707 and encourage their leadership to bring the bill up for a vote in the fall legislative session. HB 4707 will go a long way in improving people’s lives across the state.</b>
	HB 4213	<i>The bill would require telemedicine coverage for SUD and behavioral health services</i>  <i>*Supported by CMHAM</i>	Christine Morse	3/8/23 – Introduced; Referred to Committee on Health Policy 10/31/23 – Referred to second reading 11/9/23 - read a second time, placed on immediate passage, passed; given immediate effect 11/14/23 – Referred to Committee on Health Policy 4/17/24 – Placed on order of third reading 5/23/24 – Presented to the Governor

**BILLS & REGULATIONS PERTAINING TO SUD**

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
				6/6/24 – Approved by the Governor, assigned PA 54'24
	HB 4690	Secular Recovery Bill: This bill would amend the Code of Criminal Procedure to require a court that orders a defendant to attend a court-ordered substance use disorder recovery program as part of a sentence or deferred proceeding to ask on the record whether the defendant has an objection to a religious element of that program. If the defendant objects to a religious element, the court would have to identify a secular treatment program that the defendant confirms on the record eliminates their religious objection. The court would have to allow the defendant to participate in a secular treatment program online if one is not available locally	Betsy Coffia	5/30/23 – Introduced, Read, and referred to the Committee on Judiciary
	S 542	A bill to allow government agencies who are providing opioid antagonists free of charge the choice of formulation, dosage, and route of administration for opioid antagonists	Kevin Hertel	10/3/23-Introduced and referred to Committee on Health Policy
	HB 5078	A bill to allow a dispensing prescriber or pharmacist may dispense an opioid antagonist to any of the following: (a) An individual patient at risk of experiencing an opioid-related overdose. (b) A family member, friend, or other individual in a position to assist an individual at risk of experiencing an opioid-related overdose.	Carrie Rheingans	10/4/23-Introduced and referred to Committee on Health Policy 3/6/24 – Referred to a second reading 4/18/24 – Read a second time, placed on a third reading 4/24/24 – Read a third time, passed 4/30/24 – Referred to Committee on Health Policy
	HB 5063 & 5064	A bill to protect the use of Medical Marijuana-A qualifying patient who has been issued and possesses a registry card must not be denied any right or privilege and it allows students to be treated with medical marijuana and CBD products during school; a public school or nonpublic school shall do all of the following: (a) Authorize a qualified guardian of a qualified pupil to administer a marihuana-infused product or CBD product to the qualified pupil on the school premises, on a school bus, or at a school-sponsored activity in a location off of the school premises at which the use of a marihuana-infused product or CBD product is not prohibited. (b) Authorize a designated staff member to administer a marihuana-infused product or CBD product to a qualified pupil as described in subsection (2). (c) Authorize a qualified pupil to use or self-administer a marihuana-infused product or CBD product under the direct supervision of a designated staff member as described in subsection	Dylan Wegela Jimmie Wilson Jr.	9/28/23-Introduced and referred to Committee on Regulatory Reform
	S 466	<i>The bill would amend Part 126 (Smoking in Public Places) of the Public Health Code to allow a cigar bar that met specified conditions and whose smoking ban exemption had lapsed to requalify for the exemption if the owner or operator of the bar filed an affidavit certifying those conditions.</i>	Kristen McDonald Rivet	9/6/23 – Introduced, Referred to Committee on Regulatory Affairs 10/10/23 – Referred to Committee on the Whole 10/24/23 – Referred to Committee on Regulatory Reform

**BILLS & REGULATIONS PERTAINING TO SUD**

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
				<p>11/9/23 – rule suspended, motion to discharge committee approval, read a second time, read a third time, passed; given immediate effect, returned to Senate, given immediate effect, ordered enrolled</p> <p>12/6/23 – presented to the Governor</p> <p>12/13/23 – Approved by Governor</p> <p>12/29/23 – Assigned PA 0318'23 with immediate effect</p>
	HB 5198	An act to prohibit the selling, giving, or furnishing of tobacco products, vapor products, and alternative nicotine products to minors; to prohibit the purchase, possession, or use of tobacco products, vapor products, and alternative nicotine products by minors; Disallow all references to cake, candy, cupcake, pastry, pie, or any variation thereof in any advertising. Disallow reference to any food product marketed to children-cereal, ice cream, juice, Disallow references to any character/personality/celebrity, video game, mythical creature or school supply. To regulate the retail sale of tobacco products, vapor products, alternative nicotine products, and liquid nicotine containers; To prohibit certain practices that relate to the distribution and sale of certain vapor products; To authorize the seizure, forfeiture, and destruction of certain vapor products; To prescribe penalties and civil sanctions; and to prescribe the powers and duties of certain state and local agencies and departments-Compliance checks	Alabas Farhat	10/24/23- Introduced and referred to Committee on Regulatory Reform
	S 57 & 58	Makes nitrous canisters “drug paraphernalia” Bills to ban the sale of nitrous canisters if there is reason to believe they will be used to introduce an illicit substance into the body. Provides for legal penalties for anyone who sells canisters the same as penalties for selling drug paraphernalia	Stephanie Chang Joseph Bellino	<p>11/18/23 - Passed Senate</p> <p>2/21/24 - Received, read 2x in House</p> <p>3/12/24 – Approved by Governor and assigned with immediate effect PA 0018'24</p>
	HB 5554 & 5555	Bills would weaken Michigan’s smoke-free air protections by allowing hookah lounges to acquire liquor, food and/or restaurant licenses.	Mike Harris Alabas Farhat	3/12/24 – Introduced, read a first time, referred to Committee on Regulatory Reform

**BILLS & REGULATIONS PERTAINING TO SUD**

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	HB 5529	Amend the Michigan Regulation and Taxation of Marihuana Act to allow the Cannabis Regulatory Agency (CRA) to do both of the following: <ul style="list-style-type: none"> <li>• Establish and operate a marijuana reference laboratory.</li> <li>• Collect, transport and possess marijuana for the purpose of testing and conducting research in support of CRA investigations and the development and optimization of testing methods performed through the CRA reference laboratory.</li> </ul>	Tyrone Carter	3/12/24 - Committee on Regulatory Reform & referred for second reading
	S 807	Bill to allow individuals who are 19 years of age or older to be employed by or volunteer for marihuana establishments.	Sean McCann	4/9/24 – Introduced, referred to committee on Regulatory Affairs
	HB 5178 & 5179	A bill to amend the Public Health Code to explicitly allow a person to establish a needle and hypodermic syringe access program <sup>1</sup> if they are authorized to do so by the Department of Health and Human Services (DHHS), a local health officer, a local health department, or another governmental entity	Carrie Rheingans	10/18/23 – Introduced, read a first time, referred to Committee on Health Policy 6/13/24 – Passed House

**FEDERAL LEGISLATION**

**BILLS & REGULATIONS PERTAINING TO MENTAL HEALTH**

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
***	S. 2993	Ensuring Excellence in Mental Health Act: The legislation would amend the Social Security Act and the Public Health Service Act to permanently authorize Certified Community Behavioral Health Clinics (CCBHCs) – it establishes a federal definition of CCBHCs into law and create the infrastructure needed to achieve the long-term vision of the model.  *Supported by CMHAM	Debbie Stabenow	09/28/2023 - Read twice and referred to the Committee on Finance.

## BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	H.Res. 39	A res. Requesting that all illicit fentanyl and illicit fentanyl-related substances should be permanently placed in Schedule I; and for other purposes.	Neal Dunn	1/17/23-Introduced and referred to Committee on Energy and Commerce & Committee on the Judiciary 1/27/23 - Referred to the House Subcommittee on Health.
	N/A – Proposed Rule	There is a proposed rule by the Substance Abuse and Mental Health Services Administration (SAMHSA) that would permanently allow providers to prescribe buprenorphine specifically for opioid use disorder treatment without an in-person visit in an opioid treatment program, but this is still in the proposal phase with comments due on Feb. 14, 2023.	SAMHSA	12/16/22 – Proposed 2/14/23 – Public Comment Due  <a href="#">Federal Register :: Medications for the Treatment of Opioid Use Disorder</a>
	S. 464	A bill to amend the Internal Revenue Code of 1986 to deny the deduction for advertising and promotional expenses for tobacco products and electronic nicotine delivery systems.	Jeanne Shaheen	2/16/2023 - Read twice and referred to the Committee on Finance.
	HR 610	Marijuana 1-3 Act of 2023: A bill to provide for the rescheduling of marijuana into schedule III of the Controlled Substances Act.	Gregory Steube	1/27/23 - Referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary
	HR 467	HALT Fentanyl Act (S.1141): This bill places fentanyl-related substances as a class into schedule I of the Controlled Substances Act; the bill establishes a new, alternative registration process for schedule I research that is funded by the Department of Health and Human Services or the Department of Veterans Affairs or that is conducted under an investigative new drug exemption from the Food and Drug Administration.	H. Morgan Griffith/Bill Cassidy 5	03/24/2023 Ordered to be Reported (Amended) by the Yeas and Nays: 27 – 19 (S)-3/30/23-Read twice and referred to the Committee on the Judiciary. 5/17/2023 - Placed on Union Calendar #47 5/25/2023 – House adopted the amendment 5/30/2023 – Received in Senate and referred to the committee on the Judiciary.
	HR 1291	Stopping Overdoses of Fentanyl Analogues Act: To amend the Controlled Substances Act to list fentanyl-related substances as schedule I controlled substances.	Scott Fitzgerald	03/01/2023 Referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary 3/10/23 - Referred to the Subcommittee on Health.

**BILLS & REGULATIONS PERTAINING TO SUD**

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	HR 1839	Combating Illicit Xylazine Act (S.993): To prohibit certain uses of xylazine.	Jimmy Panetta/ Catherine Cortez Masto 7	03/28/2023 Referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary (S)-3/28/23-Read twice and referred to the Committee on the Judiciary 4/7/23 – Referred to the Subcommittee on Health
	S.983	Overcoming Prevalent Inadequacies in Overdose Information Data Sets Act or “OPIOIDS” Act: The Attorney General may award grants to States, territories, and localities to support improved data and surveillance on opioid-related overdoses, including for activities to improve postmortem toxicology testing, data linkage across data systems throughout the United States, electronic death reporting, or the comprehensiveness.	Rick Scott	03/27/2023 Read twice and referred to the committee on the Judiciary
	S 606	To require the Food and Drug Administration to revoke the approval of one opioid pain medication for each new opioid pain medication approved.	Joe Manchin	03/01/2023 - Read twice and referred to the Committee on Health, Education, Labor, and Pensions
	HR 2867 & S 1235	Bruce’s Law: Re-introduced as new bills (formerly HR 9221 in 2022). To establish an awareness campaign related to the lethality of fentanyl and fentanyl-contaminated drugs, to establish a Federal Interagency Work Group on Fentanyl Contamination of Drugs, and to provide community-based coalition enhancement grants to mitigate the effects of drug use.	David Trone & Lisa Murkowski	04/20/2023 - Read twice and referred to the Committee on Health, Education, Labor, and Pensions. 04/25/2023 - Referred to the House Committee on Energy and Commerce 04/28/2023 – Referred to the Subcommittee on Health
***	HR 2891 & S 1323	SAFE Banking Act: To create protections for financial institutions that provide financial services to State-sanctioned marijuana businesses and service providers for such businesses, and for other purposes. ***The LRE opposes this bill, as it indirectly supports the federal legalization of marijuana.	David Joyce & Jeff Merkley	5/3/23 - Referred to Subcommittee on Economic Opportunity 5/11/23 - Referred to Committee on Banking, Housing, and Urban Affairs



**BILLS & REGULATIONS PERTAINING TO SUD**

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
***	S 2860	SafER Banking Act: To create protections for financial institutions that provide financial services to State-sanctioned marijuana businesses and service providers for such businesses, and for other purposes.	Jeff Merkley	9/20/2023 - Read twice and referred to the committee on Banking, Housing, and Urban Affairs. 9/28/2023 - Placed on Senate Legislative Calendar under General Orders. Calendar No. 215. 12/6/23 - Committee on Banking, Housing, and Urban Affairs. Hearings held.
	HR 3375	To establish programs to address addiction and overdoses caused by illicit fentanyl and other opioids, and for other purposes.	Ann Kuster	05/16/2023-Referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary 5/19/2023 – Referred to the Subcommittee on Health
	HR 4106	To amend the 21st Century Cures Act to expressly authorize the use of certain grants to implement substance use disorder and overdose prevention activities with respect to fentanyl and xylazine test strips.	Jasmine Crockett	06/14/2023 - Referred to the House Committee on Energy and Commerce 06/16/2023 - Referred to the Subcommittee on Health.
	S. 1785	To establish programs to address addiction and overdoses caused by illicit fentanyl and other opioids; i.e, enhanced surveillance, collection of overdose data, increase fentanyl detection and screening abilities, and other purposes.	Ed. Markey	05/31/2023 Read twice and referred to the Committee on Health, Education, Labor, and Pensions
	HR 3563	STRIP Act: To amend the Controlled Substances Act to exempt from punishment the possession, sale, or purchase of fentanyl drug testing equipment.	Jasmine Crockett	05/22/2023 - Referred to the Committee on the Judiciary, and in addition to the Committee on Energy and Commerce 05/26/2023 - Referred to the Subcommittee on Health.

**BILLS & REGULATIONS PERTAINING TO SUD**

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	S. 1080	Cooper Davis Act – This legislation would require Big Tech to take a more proactive role against drug dealing on their social media platforms. It will amend the Controlled Substances Act to require electronic communication service providers and remote computing services to report to the Attorney General certain controlled substances violations. <i>(Any and all electronic communications programs/applications will be required to submit reports of communications that include the sale of any counterfeit or illicit substance within a reasonable time; failure to do so will result in penalties.)</i>	Roger Marshall	3/30/2023 - Read twice and referred to the Committee on the Judiciary. 7/13/2023 - Committee on the Judiciary. Ordered to be reported with an amendment in the nature of a substitute favorably. 09/05/2023 - Committee on the Judiciary. Reported by Senator Durbin with an amendment in the nature of a substitute. Without written report, Placed on Senate Legislative Calendar under General Orders. Calendar No. 200.
	HR 3684	To direct the Secretary of Defense to establish a grant program for using psychedelic substances to treat certain conditions, and for other purposes.	Dan Crenshaw	5/25/2023-Referred to the House Committee on Armed Services.
	HR 4531 & S 2433	Support for Patients and Communities Reauthorization Act: The bill was originally passed in 2018. This bill would reauthorize certain programs under the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act, and for other purposes. <i>(Reauthorize Block Grant Funding for current programs, and expansion of MAT Studies for OUD, FASD support, and others.)</i>	Brett Guthrie Bill Cassidy	7/11/2023 – Introduced in House, referred to House Energy and Commerce Committee 7/19/23 - Ordered to be Reported (Amended) by the Yeas and Nays: 49 – 0 07/20/2023 Read twice and referred to the Committee on Health, Education, Labor, and Pensions 9/28/23 – Committee consideration and mark-up sessions held; ordered to be reported in the Nature of a Substitute (Amended) by the Yeas and Nays: 29-3. 12/12/23 - Passed/agreed to in House: On motion to suspend the rules and pass the bill, as amended Agreed to by the Yeas and Nays: (2/3 required): 386 - 37
	HR 3521	Saving America’s Future by Educating Kids Act of 2023: To direct the Secretary of Education to develop and disseminate an evidence-based curriculum for kindergarten through grade 12 on the dangers of vaping and misusing opioids, synthetic drugs, and related substances	Alexander Mooney	5/18/2023 - Referred to the House Committee on Education and the Workforce.

**BILLS & REGULATIONS PERTAINING TO SUD**

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	HR 4105 & S 1475	To amend the Controlled Substances Act to prohibit certain acts related to fentanyl, analogues of fentanyl, and counterfeit substances, Drug Enforcement Administration shall establish and implement an operation and response plan to address counterfeit fentanyl or methamphetamine substances that includes specific ways that prevention and education efforts stop the use of counterfeit pills, how ongoing efforts are effective in increasing education and prevention, how they are tailored to youth and teen access, and how those programs can be tailored, adjusted, or improved to better address the flow of counterfeit fentanyl or methamphetamine; and for other purposes.	Ken Buck Chuck Grassley	05/09/2023 - Read twice and referred to the Committee on the Judiciary 06/16/2023 - Referred to the Subcommittee on Health
	HR 3570	To provide public awareness and outreach regarding the dangers of fentanyl, to expand the grants authorized under the Comprehensive Opioid Abuse Grant Program, to expand treatment and recovery services for people with opioid addictions, and to increase and to provide enhanced penalties for certain offenses involving counterfeit pills.	Sheila Jackson Lee	05/26/2023 - Referred to the Subcommittee on Health.
	HR 4582	Protecting Kids from Fentanyl Act of 2023: To amend the Public Health Service Act to authorize the use of Preventive Health and Health Services Block Grants to purchase life-saving opioid antagonists for schools and to provide related training and education to students and teachers, and for other purposes.	Doug Lamborn	07/12/2023 - Referred to the House Committee on Energy and Commerce. 07/14/2023 Referred to the Subcommittee on Health.
	S 2699	Opioid RADAR Act: To combat the fentanyl crisis by: 1. Secretary of Health and Human Services may award grants to States, territories, and localities to support improved data and surveillance on opioid-related overdoses, including for activities to improve postmortem toxicology testing, data linkage across data systems throughout the United States, electronic death reporting, or the comprehensiveness of data on fatal and nonfatal opioid-related overdoses. 2. Director of the Centers for Disease Control and Prevention, in collaboration with the Attorney General or their designee, shall carry out a pilot program to award grants on a competitive basis to municipal wastewater treatment facilities in order to conduct wastewater analysis to determine the prevalence of certain illicit substances, such as fentanyl or xylazine, 3. The Secretary may award grants to eligible entities to provide for the administration, at public and private elementary and secondary schools under the jurisdiction of the eligible entity, of drugs and devices for emergency treatment of known or suspected opioid overdose.	Rick Scott	07/27/2023 - Read twice and referred to the Committee on Health, Education, Labor, and Pensions.
	S 2484	To ensure that States do not prohibit an individual from obtaining, possessing, distributing, or using life-saving drug testing technologies, and for other purposes. <i>(More than 12 states currently have laws prohibiting the purchase, use, or possession of fentanyl testing strips)</i>	Cory Booker	07/25/2023 - Read twice and referred to the Committee on the Judiciary

**BILLS & REGULATIONS PERTAINING TO SUD**

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	HR 5040	To amend the Intelligence Reform and Terrorism Prevention Act of 2004 to limit the consideration of marihuana use when making a security clearance or employment suitability determination, and for other purposes.	Jamie Raskin	07/27/2023 - Referred to the House Committee on Oversight and Accountability 9/20/2023 - Committee Consideration and Mark-up Session Held, Ordered to be Reported in the Nature of a Substitute (Amended) by the Yeas and Nays: 30 - 14.
	S 2650	To establish a Commission on the Federal Regulation of Cannabis to study a prompt and plausible pathway to the Federal regulation of cannabis, and for other purposes	John Hickenlooper	07/27/2023 - Read twice and referred to the Committee on the Judiciary 9/20/23 – Committee consideration and mark-up sessions held; ordered to be reported in the Nature of a Substitute (Amended) by the Yeas and Nays: 30-14
	HR 5625	To establish education partnership programs between public schools and public health agencies to prevent the misuse and overdose of synthetic opioids by youth	Suzanne Bonamici	09/21/2023 - Referred to the Committee on Education and the Workforce, and in addition to the Committee on Energy and Commerce
	HR 5506	HANDS Act: To amend titles XVIII and XIX of the Social Security Act and title 10, United States Code, to provide no-cost coverage for the preventive distribution of opioid overdose reversal drugs.	Brittany Pettersen	09/14/2023 - Referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, and Armed Services
	HR 5420	Workplace Overdose Reversal Kits to Save Lives Act: To require the Secretary of Labor to issue guidance and regulations regarding opioid overdose reversal medication and employee training via OSHA	Bonnie Watson-Coleman	9/12/2023 - Referred to the House Committee on Education and the Workforce
	HR 5323	Stop Pot Act: To amend title 23, United States Code, to establish a national requirement against the use of marijuana for recreational purposes.	Chuck Edwards	9/05/2023 Referred to the Subcommittee on Highways and Transit
	HR 5715 & S2929	Tobacco Tax Equity Act of 2023: This bill increases the excise tax on cigarettes and cigars and equalizes tax rates among all other tobacco products. It also imposes a tax on nicotine for use in vaping.	Raja Krishnamoorthi	9/26/2023 Referred to the House Committee on Ways and Means 09/26/2023 Read twice and referred to the Committee on Finance
	HR 5652	Stop Overdose in Schools Act: To amend the 21st Century Cures Act to require funds to be set aside for opioid reversal agent administration training in schools, and for other purposes.	Newhouse	9/21/2023 Referred to the House Committee on Energy and Commerce

**BILLS & REGULATIONS PERTAINING TO SUD**

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	HR 5801	Preventing Overdoses with Test Strips Act: To ensure that expenses relating to the acquisition or use of devices for use in the detection of fentanyl, xylazine, and other emerging adulterant substances, including test strips, are allowable expenses under any grant, contract, or cooperative agreement entered into by the Substance Abuse and Mental Health Services Administration under this Act.	Josh Gottheimer	9/28/2023 Referred to the House Committee on Energy and Commerce. 9/28/2023 Read twice and referred to the Committee on Health, Education, Labor, and Pensions
	S2919	ALERT Communities Act : Administrator of the Drug Enforcement Administration, shall develop and make publicly available research and marketing frameworks for developing, improving, and evaluating test strip technology for detecting fentanyl and other dangerous substances; The Secretary of Health and Human Services shall— conduct a study on the impact of the availability, accessibility, and usage of drug checking supplies, including test strips, on frequency of overdose, overdose deaths, and engagement in substance use disorder treatment and report the findings to Congress.	Margaret Wood Hassan	9/26/2023 Read twice and referred to the Committee on Health, Education, Labor, and Pensions
	S2946	School Access to Naloxone Act of 2023: To amend the Public Health Service Act to provide funding for trained school personnel to administer drugs and devices for emergency treatment of known or suspected opioid overdose	Jeff Merkley	9/27/2023 Read twice and referred to the Committee on Health, Education, Labor, and Pensions
	S 3070	Youth Prevention and Recovery Reauthorization Act: A bill to reauthorize funding to hospitals, local governments, and other eligible entities to increase access to opioid addiction medications for adolescents and young adults who have been diagnosed with opioid use disorder, improve local awareness among youth of the risks associated with fentanyl, and train healthcare providers, families, and school personnel on the best practices to support children and adolescents with opioid use disorder. Reauthorize the Youth Prevention and Recovery Initiative, which has provided three-year grants to youth-focused entities for carrying out substance use disorder treatment, prevention, and recovery support services. The legislation also expanded an existing youth substance use disorder program to include services for young adults as well as children and adolescents.	Gary Peters	10/18/23 – Introduced; Read twice and referred to the Committee on Health, Education, Labor, and Pensions.
	HR 3721	United States Postal Service Shipping Equity Act: This bill authorizes the mailing of alcoholic beverages by certain entities in accordance with the delivery requirements otherwise applicable to a privately carried shipment; directs the U.S. Postal Service (USPS) to prescribe regulations (1) requiring direct delivery to a duly authorized agent at a postal facility or to the addressee, who must be at least 21 years of age and present a valid, government-issued photo identification at the time of delivery; (2) prohibiting such alcoholic beverages from being for resale or any other commercial purpose; and (3) requiring such entity to certify that the mailing is not in violation of applicable laws or regulations and to provide other information as directed by the USPS.	Newhouse	5/25/2023 Referred to the Committee on Oversight and Accountability, and in addition to the Committee on the Judiciary

**BILLS & REGULATIONS PERTAINING TO SUD**

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	S. 3006	SAFE in Recovery Act: To create a Task Force amongst government agency stakeholders to create and ensure a streamlined process for families to receive comprehensive wraparound services if a member is undergoing SUD Treatment	Ed Markey	10/03/2023 - Read twice and referred to the Committee on Health, Education, Labor, and Pensions.
	HR 6038 & S. 3108	PROTECT Act - Preventing Opportunities for Teen E-Cigarette and Tobacco Addiction Act: bill to amend the Public Health Service Act to provide for and fund a Reducing Youth Use of E-Cigarettes Initiative- 1. Research on products, patterns of use, initiation of cigarette use following vaping, demographic patterns of use, means of access, media and exposure to advertising, marketing, reasons for use, extent of dependency, quitting resources for youth, nicotine levels and biomarkers of exposure. 2. Collaboration to develop medical and treatment guidance on youth nicotine interventions and identifying promising strategies to prevent and reduce use, develop new cessation methods and quit support 3. Increasing access to treatment, and identifying effective messaging.	Debbie Wasserman-Schultz	10/25/2023 - Referred to the House Committee on Energy and Commerce 11/3/23 – Referred to the Committee on Health
	HR 6251	HERO Act: To establish a grant program to provide schools with opioid overdose reversal drugs, to direct schools receiving Federal funds to report to certain Federal information systems any distribution of an opioid overdose reversal drug	Adam Schiff	11/06/2023 - Referred to the Committee on Energy and Commerce, and in addition to the Committee on Education and the Workforce
	HR 6243	To direct the Secretary of Labor to issue an occupational safety and health standard that requires employers to keep opioid overdose reversal drugs onsite and develop and implement training plans to respond to drug overdose emergencies and to amend the Omnibus Crime Control and Safe Streets Act of 1968 to expand the grants authorized under the Comprehensive Opioid Abuse Grant Program.	Ruben Gallego	11/06/2023 - Referred to the Committee on Education and the Workforce, and in addition to the Committee on the Judiciary
	HR 6144	Combatting Fentanyl Poisonings Act of 2023: To award grants to State and local law enforcement agencies to assist such agencies in planning, designing, establishing, or operating locally based, proactive programs to combat the sale, marketing, or distribution of controlled substances	Mike Garcia	11/01/2023 - Referred to the House Committee on the Judiciary
	HR 5905 & S 3039	Federal Kratom Consumer Protection Act : To require Congress to hold at least one hearing regarding Kratom and potential dangers, benefits, contribution to drug overdose deaths, and other topics. Within 2 years, the FDA must establish safety guidelines and testing as compatible with other adult dietary supplements.	Mark Pocan	10/25/2023 - Referred to the House Committee on Energy and Commerce
	HR 5592	Validating Independence for State Initiatives on Organic Natural Substances Act of 2023: To prohibit the use of Federal funds from preventing a State from implementing their own laws with respect to psilocybin.	Robert Garcia	09/20/2023 - Referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary

**BILLS & REGULATIONS PERTAINING TO SUD**

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	HR 6028	States Reform Act of 2023: A bill to remove Cannabis from the list of Scheduled Substances, defer to states on prohibition, and decriminalize cannabis offenses.	Nancy Mace	10/25/2023 - Referred to the Committee on Energy and Commerce, and in addition to the Committees on the Judiciary, Natural Resources, Agriculture, Transportation and Infrastructure, Armed Services, Ways and Means, Small Business, Veterans' Affairs, Oversight and Accountability, Education and the Workforce, aviation, coast guard and maritime transportation, Highways and transit, railroads, pipelines, and hazardous materials, and Foreign Affairs 01/18/2024 - Referred to the Subcommittee on Nutrition, Foreign Agriculture, and Horticulture
	HR 5601	MORE Act: A bill that removes marijuana from the list of scheduled substances under the Controlled Substances Act and eliminates criminal penalties for an individual who manufactures, distributes, or possesses marijuana. Also 1. requires the Bureau of Labor Statistics to regularly publish demographic data on cannabis business owners and employees, 2. establishes a trust fund to support various programs and services for individuals and businesses in communities impacted by the war on drugs, 3. imposes an excise tax on cannabis products produced in or imported into the United States and an occupational tax on cannabis production facilities and export warehouses, 4. makes Small Business Administration loans and services available to entities that are cannabis-related legitimate businesses or service providers, 5. prohibits the denial of federal public benefits to a person on the basis of certain cannabis-related conduct or convictions, 6. prohibits the denial of benefits and protections under immigration laws on the basis of an event (e.g., conduct or conviction) relating to possession or use of cannabis that is no longer prohibited under the bill, 7. establishes a process to expunge convictions and conduct sentencing review hearings related to federal cannabis offenses, and 8. directs the Government Accountability Office to study the societal impact of cannabis legalization.	Jerrold Nadler	09/21/2023 - Referred to the Subcommittee on Highways and Transit
	HR 3721	United States Postal Service Shipping Equity Act: This bill authorizes the mailing of alcoholic beverages by certain entities in accordance with the delivery requirements otherwise applicable to a privately carried shipment; directs the U.S. Postal Service (USPS) to prescribe regulations (1) requiring direct delivery to a duly authorized agent at a postal facility or to the addressee, who must be at least 21 years of age and present a valid, government-issued photo identification at the time of delivery; (2) prohibiting such alcoholic beverages from being for resale or any other commercial purpose; and (3) requiring such entity to certify that the mailing is not in violation of applicable laws or regulations and to provide other information as directed by the USPS.	Dan Newhouse	5/25/2023 Referred to the Committee on Oversight and Accountability, and in addition to the Committee on the Judiciary



**BILLS & REGULATIONS PERTAINING TO SUD**

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	S. 3579 & H.R. 6982	The GRIT Act would set aside a portion of the federal sports excise tax revenue to fund programs for gambling addiction prevention, treatment, and research. The GRIT Act provides direct and vital support to state health agencies and nonprofits addressing problem gambling. It also creates investment in best practices and comprehensive research at the national level.	Richard Blumenthal (S) Andrea Salinas (HR)	Senate: 01/11/2024 – Introduced, Read twice and referred to the Committee on Health, Education, Labor, and Pensions House: 01/11/2024 – Introduced, Referred to the House Committee on Energy and Commerce
	H.R. 7283	<b>Examining Opioid Treatment Infrastructure Act of 2024:</b> To direct the Comptroller General of the United States to evaluate and report on the inpatient and outpatient treatment capacity, availability, and needs of the United States; including the barriers (including technological barriers) at the Federal, State, and local levels to real-time reporting of de-identified information on drug overdoses and ways to overcome such barriers.	Bill Foster	02/07/2024 - Referred to the Committee on Energy and Commerce, and in addition to the Committee on Natural Resources
	S 3701	<b>FACTS Act:</b> To establish education partnership programs between public schools and public health agencies to prevent the misuse and overdose of synthetic opioids by youth	Margaret Wood Hassan	1/31/2024 - Read twice and referred to the Committee on Health, Education, Labor, and Pensions
	S Con Res 27 & H Con Res 87	<b>Randy's Resolution:</b> Recognizing the need for research, education, and policy development regarding high-potency marijuana. Whereas increased potency levels correspond with greater health risks, with research showing that daily use of THC with a potency greater than 15 percent results in a 5 times increased risk of psychosis; Whereas only 3 States have enacted potency caps on marijuana flower or concentrates; Whereas the use of high-potency marijuana has been linked to potential adverse health effects, including mental health disorders and cognitive impairment; Whereas education and awareness programs are essential to inform the public about the potential risks associated with the use of high-potency marijuana.	Pete Sessions (HR) Pete Ricketts (S)	1/31/2024 - Referred to the House Committee on Energy and Commerce. 2/01/2024 - Referred to the Committee on Health, Education, Labor, and Pensions.
	S. 3653	<b>Resources to Prevent Youth Vaping Act:</b> This bill directs the Food and Drug Administration (FDA) to collect user fees on products that it deems by regulation to be tobacco products, including electronic nicotine delivery systems, and addresses related issues. Currently, the FDA is authorized to collect user fees only on specific classes of tobacco products. The bill also requires each tobacco manufacturer and importer to periodically submit certain information related to the tobacco products that it sells or distributes in the United States.	Jean Shaheen	1/24/2024 - Read twice and referred to the Committee on Health, Education, Labor, and Pensions
	HR 7715	<b>VAPE Imports Act:</b> To authorize additional funding for Food and Drug Administration monitoring and prevention of illicit nicotine products at ports of entry, and for other purposes.	Ruben Gallego	03/19/2024 – Introduced, Referred to the House Committee on Energy and Commerce. 03/22/2024 - Referred to the Subcommittee on Health



### BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	HR 7827	To amend the Federal Food, Drug, and Cosmetic Act to encourage the development of vaccines to prevent, treat, or mitigate opioid, cocaine, methamphetamine, or alcohol use disorder, to establish an x-prize for the development of such a vaccine, and for other purposes.	David Schweikert	3/26/24 – Introduced, and Referred to the House Committee on Energy and Commerce 3/29/24 – Referred to the subcommittee on Health
	HR 8323 & S 4286	To provide emergency assistance to States, territories, Tribal nations, and local areas affected by substance use disorder, including the use of opioids and stimulants, and to make financial assistance available to States, territories, Tribal nations, local areas, public or private nonprofit entities, and certain health providers, to provide for the development, organization, coordination, and operation of more effective and cost efficient systems for the delivery of essential services to individuals with substance use disorder and their families.	Raskin & Warren	5/8/24 – Referred to the Committee on Energy and Commerce, and in addition to the Committees on Natural Resources, the Judiciary, and Oversight & Accountability. Read Twice and referred to the Committee on Health, Education, Labor, and Pensions
	S 4112	To provide protections from prosecution for drug possession to individuals who seek medical assistance when witnessing or experiencing an overdose	Booker	4/11/24 – Read twice and referred to the Committee on the Judiciary
	S 4226	To decriminalize and deschedule cannabis, to provide for reinvestment in certain persons adversely impacted by the War on Drugs, to provide for expungement of certain cannabis offenses	Booker	5/1/24 – Read twice and referred to the Committee on Finance

### LEGISLATIVE CONCERNS

#### LOCAL THREATS AND CHALLENGES

	ISSUE	SUMMARY	COUNTY	ADDITIONAL INFORMATION/LINKS
	<b>End of PHE Medicaid Beneficiary Renewals</b>	MDHHS has started mailing renewal letters for Medicaid redeterminations following the end of the Public Health Emergency . Emergency Medicaid coverage protection extended during the COVID-19 pandemic expired on April 1st. This could result in up to 400,000 Michigan residents losing Medicaid coverage.		<a href="http://www.Michigan.gov/2023BenefitChanges">www.Michigan.gov/2023BenefitChanges</a> <a href="#">Medicaid review could drop 400,000 Michigan residents from coverage   Bridge Michigan</a>

## MISCELLANEOUS UPDATES

	ISSUE	SUMMARY	COUNTY	ADDITIONAL INFORMATION/LINKS
	<b>FY24 State Budget Recommendations</b>	<p>Governor Whitmer’s FY2024 State Budget Recommendation includes the following areas related to behavioral health and SUD:</p> <ul style="list-style-type: none"> <li>• \$300 million for student mental health to ensure students’ needs can be identified and provided with the right support.</li> <li>• \$210.1 million for Direct Care Worker Wages (\$74.5 million general fund) to increase wage support to direct care professionals providing Medicaid behavioral health services, care at skilled nursing facilities, community-based supports through MI Choice, MI Health Link, and Home Help programs and in-home services funded through area agencies on agencies. These funds support an increase that would average about \$1.50 / hour (10%)</li> <li>• \$5 million for behavioral health recruitment supports (general fund) that would fund scholarships and other recruiting tools to attract and support people interested in training to become behavioral health providers.</li> </ul>		<p>Access budget material at:  <a href="https://www.michigan.gov/budget">https://www.michigan.gov/budget</a></p>
	<b>MIHealthyLife</b>	<p>In fall 2023, MDHHS will ask Medicaid health plans for new contract proposals to provide health services to people enrolled in Medicaid, including Behavioral Health. MDHHS is providing a survey for stakeholders to submit ideas to make the program better and collecting input about potential changes to the new contracts.</p>		<p><a href="https://michigan.gov/MIHealthyLife">MIHealthyLife (michigan.gov)</a></p>
	<b>CMS Plan for States to Use Medicaid for Incarcerated Substance Use Treatment</b>	<p>Recently, the Director of the Office of National Drug Control Policy (ONDCP), Dr. Rahul Gupta, announced that all federal prisons will offer medication-assisted treatment (MAT) for substance use disorder by this summer. Additionally, Dr. Gupta noted that the Centers for Medicare and Medicaid Services (CMS) will release guidance to support states in using Medicaid 1115 waivers to cover substance use treatment for people who are incarcerated.</p>		<p><a href="#">A disappointing report card for primary care - POLITICO</a> (relevant information is about halfway down the page)</p>
	<b>Post-Pandemic Telehealth Policy</b>	<p>The recently released Michigan Medicaid bulletin reflects all of the recommendations of the CMHA Behavioral Telehealth Advisory Group.</p>		<p><a href="#">Final Bulletin MMP 23-10-Telemedicine.pdf (govdelivery.com)</a></p>

	ISSUE	SUMMARY	COUNTY	ADDITIONAL INFORMATION/LINKS
	<b>Biden-Harris Administration Announce New Proposed Parity Rules</b>	The Biden Administration's new proposal would significantly strengthen the nation's parity enforcement and ensure that people with mental health and substance use conditions do not face arbitrary barriers to receiving care. The proposed rule is aimed at improving health plan compliance with the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA), which requires health plans to provide mental health and substance use coverage at parity with medical/surgical coverage. A public comment period on the proposed rule will follow.		7/25/2023: <a href="#">Departments of Labor, Health and Human Services, Treasury announce proposed rules to strengthen Mental Health Parity and Addiction Equity Act   HHS.gov</a>
	<b>US Congress Mental Health Caucus</b>	Congress has newly established a Mental Health Caucus in both the House and the Senate. 107 Representatives and 33 Senators are involved. Some key focus points are Childrens' Mental Health, 988 Support, expanding CCBHCs, and the Safer Communities Act (H.R.7272).		<a href="#">Mental Health Caucus   (house.gov)</a>  <a href="#">H.R.7272 - 118th Congress (2023-2024): Shining a Spotlight on Safer Communities Act   Congress.gov   Library of Congress</a>
	<b>Marijuana Reclassification</b>	Reports state the DEA is planning to reclassify marijuana as a lower-risk drug, moving it from a Schedule 1 to a Schedule 3. This sets to benefit scientific research on the effects of marijuana by eliminating the restrictions that exist for Schedule 1 drugs.		<a href="#">DEA to reclassify marijuana as a lower-risk drug, reports say   Ars Technica</a>
	<b>CMHA ACTION ALERT</b>	Please tell your Legislators to Oppose Unnecessary and Complicated Changes to Michigan's Mental Health System: We are asking you to reach out to your legislators (House & Senate) and the Governor and URGE them to push MDHHS to halt the implementation of its approach to meeting the federal Conflict-Free Access and Planning (CFA&P) requirements related to Medicaid mental health services. Additionally, we would like them to encourage MDHHS to seek an alternative approach with CMS (Centers for Medicare & Medicaid Services) to comply with federal regulations before making a final decision and push to include the boilerplate language in the FY25 (as well as FY24 supplemental budget) MDHHS budget.		<a href="#">Advocacy • CMHAM - Community Mental Health Association of Michigan</a>
	<b>Opioid Settlement</b>	Currently 71 of 83 counties in Michigan have taken the Opioid Settlement dollars. 51% of the counties have not yet spent any of the money, and are still completing needs assessments and other processes to determine how best to use the funds. Counties have been actively submitting Technical Assistance request to the Michigan Association of Counties for how to use and account for these funds. MAC will be holding webinars with peer-to-peer learning opportunities, has created toolkits for counties to use, and will be implementing a statewide survey and report for this program.		<a href="#">Opioid Settlement Resource Center - The Michigan Association of Counties (micounties.org)</a>

	ISSUE	SUMMARY	COUNTY	ADDITIONAL INFORMATION/LINKS
	<b>State FY 2025 Budget</b>	The State Budget for Fiscal Year 2025 was approved by the legislature on July 1, 2024. This included budget increases for Medicaid Mental Health Services, Medicaid Substance Abuse Services, Autism Services, and CCBHCs. There is also an increase in the Direct Care Wage to provide an additional \$0.20 per hour.		<p>Link to bill (MDHHS starts on page 319): <a href="#">2024-SCB-0747.pdf (mi.gov)</a></p> <p>Link to analysis (MDHHS starts on page 75): <a href="#">Conference Report Summary (6/26/2024) (mi.gov)</a></p>
	<b>U.S. Supreme Court to Hear Case regarding E-Cigarettes</b>	U.S. Supreme Court agrees to hear a case involving FDA marketing denial orders for Flavored E-Cigarettes. The Supreme Court will decide whether to uphold previous lawsuits that would allow e-cigarettes that with “kid-friendly” flavors to stay on the market.		<a href="#">U.S. Supreme Court Agrees to Hear...   Campaign for Tobacco-Free Kids (tobaccofreekids.org)</a>

## Elected Officials

FEDERAL			
	NAME	NATIONAL OFFICE CONTACT INFORMATION	LOCAL OFFICE CONTACT INFORMATION
US Senate	Debbie Stabenow	731 Hart Senate Office Building Washington, D.C. 20510-2204 Phone: (202) 224-4822	1025 Spaulding Avenue Southeast Suite C Grand Rapids, MI 49546 Phone: (616) 975-0052
US Senate	Gary Peters	Hart Senate Office Building Suite 724 Washington, D.C. 20510 Phone: (202) 224-6221	110 Michigan Street NW Suite 720 Grand Rapids, MI 49503 Phone: (616) 233-9150
US Representative	Bill Huizenga	2232 Rayburn HOB Washington, D.C. 20515 Phone: (202) 225-4401	170 College Ave. Suite 160 Holland, MI 49423 Phone: (616) 251-6741
US Representative	Hillary Scholten	1317 Longworth House Office Building Washington, DC 20515 Phone: (202) 225-3831	110 Michigan Street NW Grand Rapids, MI 49503 Phone: (616) 451-8383
US Representative	John Moolenaar	246 Cannon House Office Building Washington, DC 20515 Phone: (202) 225-3561	8980 North Rodgers Court Suite H Caledonia, MI 49316 Phone: (616) 528-7100

STATE	
Find Your State Senator	<a href="https://senate.michigan.gov/FindYourSenator/">Home Page Find Your Senator - Michigan Senate</a> ( <a href="https://senate.michigan.gov/FindYourSenator/">https://senate.michigan.gov/FindYourSenator/</a> )
Find Your State Representative	<a href="https://www.house.mi.gov/">Michigan House - Home Page</a> ( <a href="https://www.house.mi.gov/">https://www.house.mi.gov/</a> )



# JOIN US FOR A WALK OF HOPE



**Walk of Hope is an event to:**

Raise awareness about suicide prevention

Promote mental health and wellbeing

Share resources

Please join us for this **FREE** community event to raise awareness, promote hope and healing, and break the stigma around suicide! Open to the public!

**WHEN: THURSDAY, SEPTEMBER 26, 2024**

- |                   |   |
|-------------------|---|
| 2:30 PM – 3:30 PM | Registration, conversation, sign making                                     |
| 3:30 PM           | Welcome and send off  |
| 3:30 PM – 4:00PM  | 1 mile walk   |
| 4:00 PM – 4:30 PM | Rally: Speakers including survivor story & moment of silence in remembrance |

**WHERE: Meet at WCMCMH, 920 Diana St., Ludington, MI**

**WHAT: 1 mile walk**

*\*Event will move to Ludington Area Center for the Arts in case of rain.*

Transportation available with advance arrangements made with your WCMCMH care team or request assistance on your registration form.

QUESTIONS? Contact Lori Schummer at 1-800-992-2061

**WEAR PURPLE  
OR TEAL TO  
SHOW YOUR  
SUPPORT**

**THIS PROJECT WAS FUNDED BY THE LEE & JOAN SCHOENHERR FUND OF THE  
COMMUNITY FOUNDATION FOR MASON COUNTY**





LRE Data Improvement Initiatives Update – August 2024

Ione Myers - Chief Information Officer

August 22, 2024



## MDHHS reported BHTEDS “Dangling Admissions”

In February 2024, MDHHS reported “Dangling Admissions” to all PIHPs. A “Dangling Admission” occurs when a BHTEDS admission is reported to MDHHS, and then:

- Services to the individual ended but no BHTEDS discharge was sent (discharge overdue).
- Services to the individual continue but no BHTEDS update was sent (update overdue).

LRE’s list of “Dangling Admissions” included 6,856 records that needed to be addressed. MDHHS requested that these be resolved by 7/31/2024.

**Progress to date:** 6,583 (96%) have been corrected as of 8/9/2024.

“**Overdue BHTEDS Dashboard**” dashboard created to help prevent future occurrences.



## BHTEDS Completeness

MDHHS 8/16/2024 BHTEDS completeness reports show LRE is above the required 95% compliance threshold for all 3 measures (Mental Health, Crisis Only, SUD).

Our ranking among PIHPs currently remains relatively low:

Mental Health: 8 of 10

Crisis Only: 9 of 10

SUD: 9 of 10

## MH BHTEDS Completeness by CMHSP

<b>Mental Health (non-Crisis) BHTEDS Completeness - by CMH:</b>			
	<u>Denominator</u>	<u>Numerator</u>	<u>% Complete</u>
OnPoint	2,267	2,255	99.47%
HealthWest	4,505	4,485	99.56%
Network180	9,107	8,622	94.67%
Ottawa	2,591	2,544	98.19%
West Michigan	1,932	1,922	99.48%
	<b>20,402</b>	<b>19,828</b>	<b>97.19%</b>

<b>Mental Health (Crisis Only) BHTEDS Completeness - by CMH:</b>			
	<u>Denominator</u>	<u>Numerator</u>	<u>% Complete</u>
OnPoint	318	312	98.11%
HealthWest	885	884	99.89%
Network180	2,601	2,476	95.19%
Ottawa	701	667	95.15%
West Michigan	516	513	99.42%
	<b>5,021</b>	<b>4,852</b>	<b>96.63%</b>

# BHTEDS Completeness – Mental Health

## Mental Health:

FY24 MH Encounters w/BH-TEDS records				
Encounters: 10/01/2023 -06/30/2024*			BH-TEDS: 07/01/2022 - 08/16/2024	
Region Name	Submitter ID	Distinct Count of Individuals With		Current Completion Rate
		Non-H0002 & Non-Crisis, Non-OBRA Assessment & Non-Transportation Encounters	Non-H0002, Non-Crisis, Non-Health Home, Non-OBRA Assessment & Non-Transportation Encounters But NO BH-TEDS Record Since 07/01/2022	
CMH Partnership of SE MI	00XT	11,125	103	99.07%
Detroit/Wayne	00XH	56,767	4,192	92.62%
Lakeshore Regional Entity	00ZI	20,181	573	97.16%
Macomb	00GX	13,472	198	98.53%
Mid-State Health Network	0107	41,653	1,267	96.96%
NorthCare Network	0101	6,008	16	99.73%
Northern MI Regional Entity	0108	11,769	246	97.91%
Oakland	0058	24,016	471	98.04%
Region 10	0109	20,814	100	99.52%
Southwest MI Behavioral Health	0102	<u>25,933</u>	<u>249</u>	99.04%
Statewide		231,738	7,415	96.80%



# BHTEDS Completeness – Crisis Only

## Crisis Only:

FY24 Crisis Encounters w/BH-TEDS records				
Encounters: 10/01/2023 -06/30/2024**			BH-TEDS: 07/01/2022 - 08/16/2024	
Region Name	Submitter ID	Distinct Count of Individuals With		Current Completion Rate
		Crisis Encounters	Crisis Encounters But NO BH-TEDS Record Since 07/01/2022	
CMH Partnership of SE MI	00XT	2,540	36	98.58%
Detroit/Wayne	00XH	7,547	89	98.82%
Lakeshore Regional Entity	00ZI	4,950	169	96.59%
Macomb	00GX	1,749	76	95.65%
Mid-State Health Network	0107	9,635	252	97.38%
NorthCare Network	0101	1,670	4	99.76%
Northern MI Regional Entity	0108	3,599	88	97.55%
Oakland	0058	2,760	11	99.60%
Region 10	0109	2,885	56	98.06%
Southwest MI Behavioral Health	0102	3,579	1	99.97%
Statewide		40,914	782	98.09%

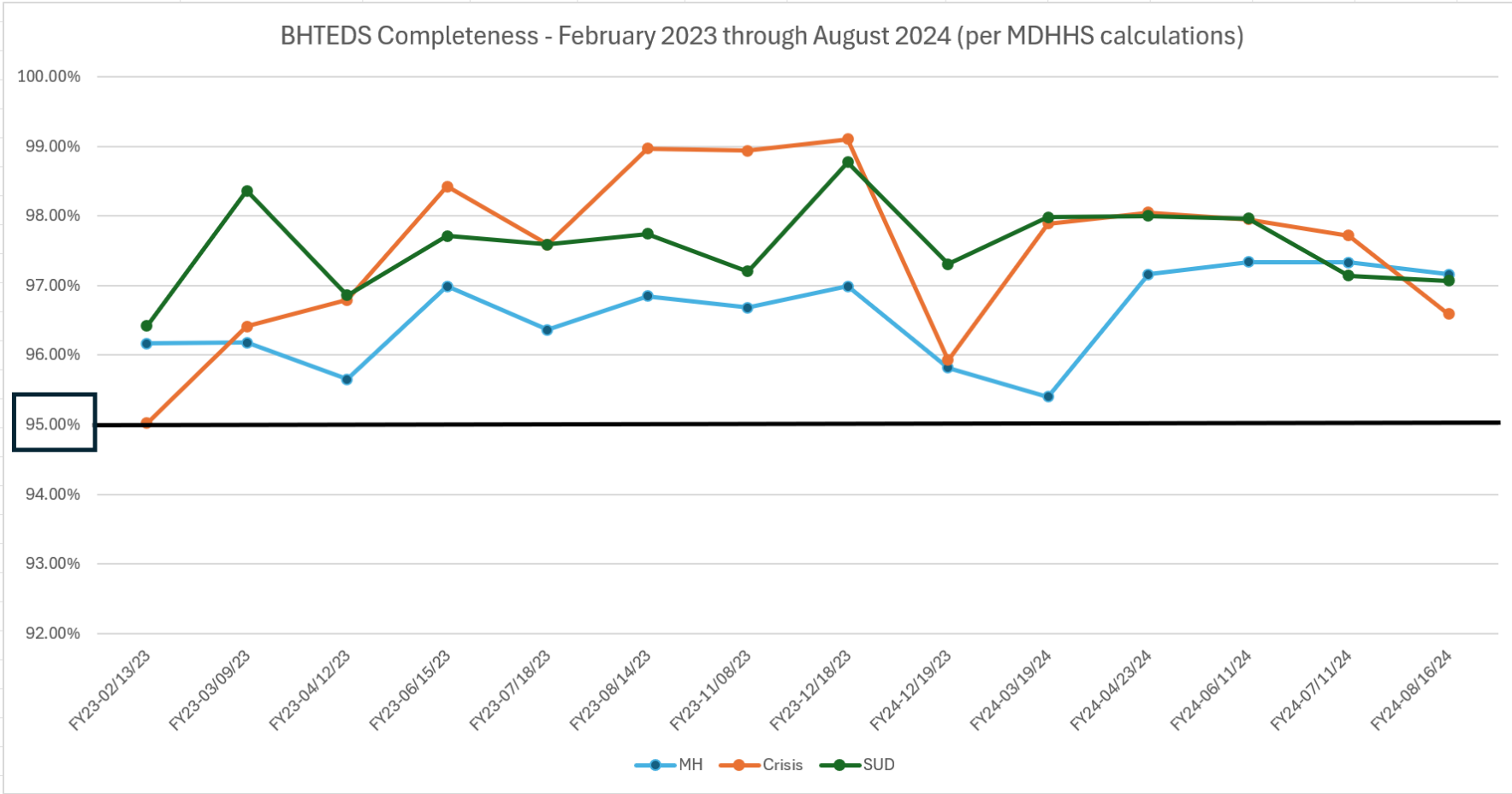
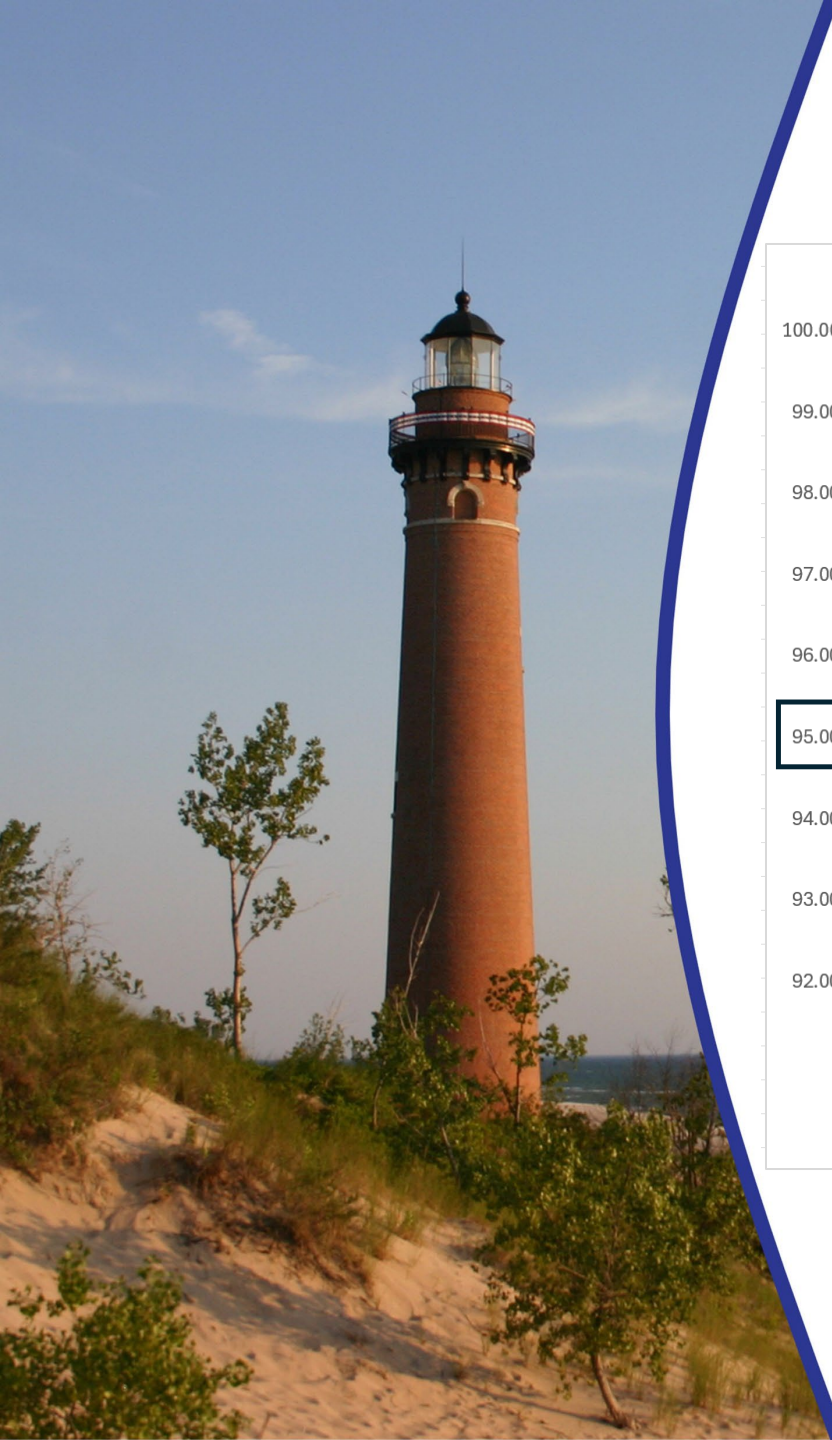
# BHTEDS Completeness - SUD

## Substance Use Disorder (SUD):

FY24 SUD Encounters w/BH-TEDS records				
Encounters: 10/01/2023 - 06/30/2024***			Does Not Have Open Admission at Time of Encounter as of 08/16/2024	
Region Name	Submitter ID	Distinct Count of Individuals With		Completion Rate
		Non-Health Home Encounters	Non-Health Home Encounters But NO BH-TEDS Record	
CMH Partnership of SE MI	00XT	2,555	15	99.41%
Detroit/Wayne	00XH	6,597	3	99.95%
Lakeshore Regional Entity	00ZI	4,907	144	97.07%
Macomb	00GX	3,325	9	99.73%
Mid-State Health Network	0107	7,665	19	99.75%
NorthCare Network	0101	1,488	0	100.00%
Northern MI Regional Entity	0108	3,250	30	99.08%
Oakland	0058	2,638	1	99.96%
Region 10	0109	4,218	13	99.69%
Salvation Army	002Y	247	83	66.40%
Southwest MI Behavioral Health	0102	4,697	238	94.93%
Statewide		41,587	555	98.67%



# LRE BHTEDS Completeness Trend

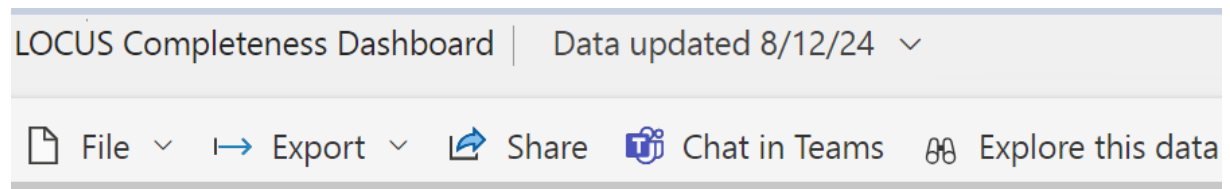


# LOCUS Scores

**LOCUS scores on BHTEDS are used by Milliman in Medicaid rate setting.**

To assist CMHSPs in tracking and improving LOCUS completeness, LRE has created:

- **LOCUS Completeness Dashboard** – shows where an adult MI person served has no LOCUS score.

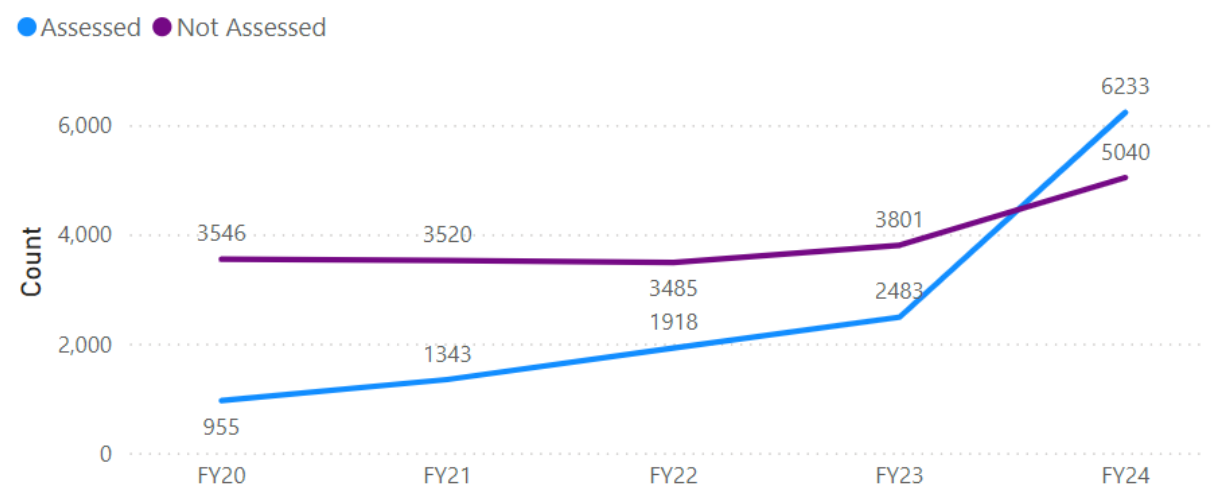


File Export Share Chat in Teams Explore this data



## Clients Assessed vs Not Assessed

Count of Assessed vs Not Assessed by FY



*Note: The live dashboard also includes a detailed page with client specific information (not shown here).*

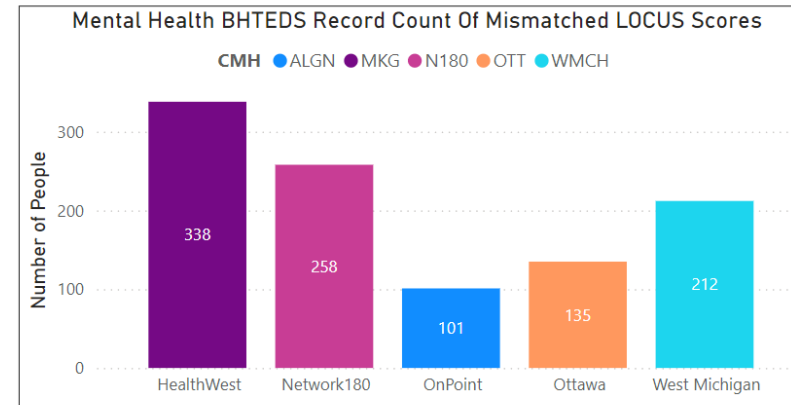
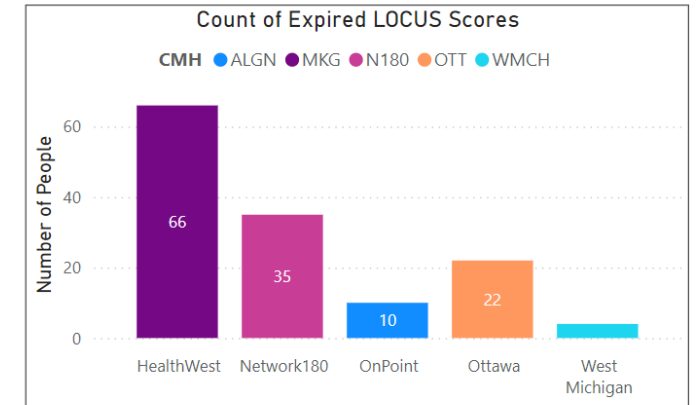
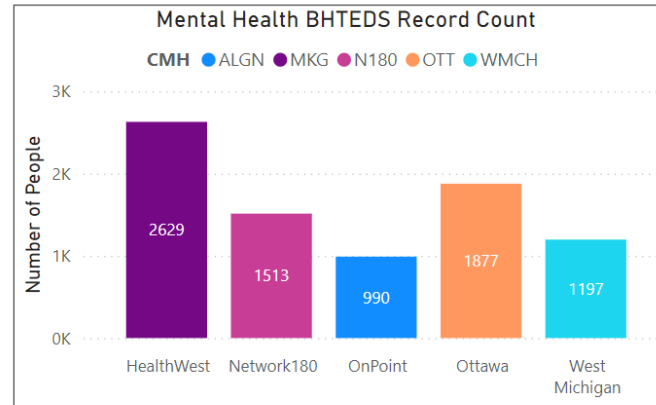
# LOCUS Scores

## LOCUS Score Differences (Rate Setting Factors Monitoring dashboard)

Shows where the LOCUS score reported to LRE in the CMH LOCUS detail file does not match the LOCUS score on the BHTEDS record for that individual.



### LOCUS Summary



Most Recent BHTEDs Refresh Date: 8/8/2024

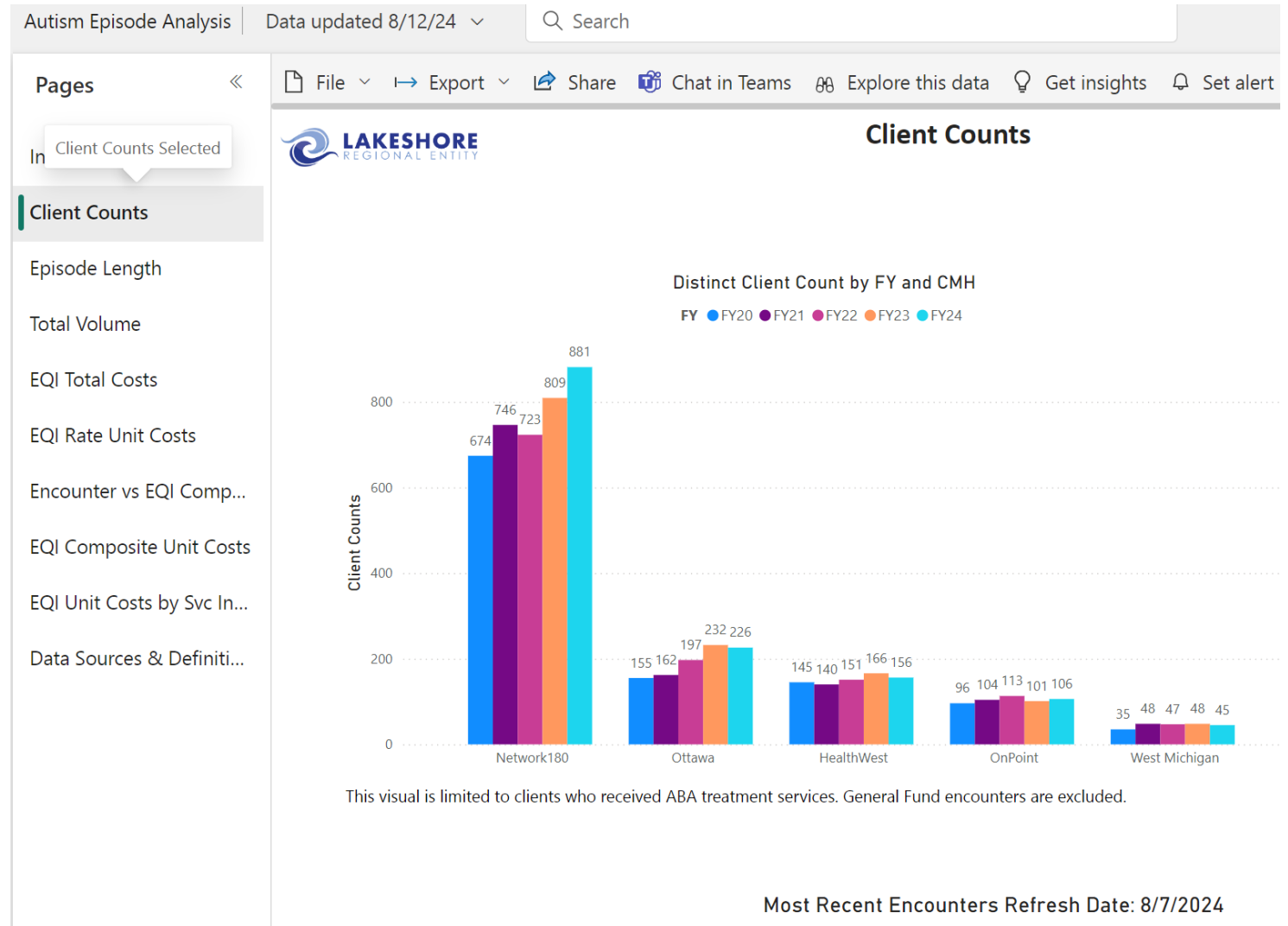
*Note: The live dashboard also includes a detailed page with client specific information (not shown here).*



# Autism Data Analysis

## LRE continues to move forward analysis of Autism Services

### Autism Episode Analysis Dashboard – comparing our CMHSPs to each other:



# Autism Data Analysis

## Data Summary Extracts – comparing ourselves to other PIHPs

LRE is reaching across to willing counterparts in other regions to compare basic statistics from our region to theirs, such as the number of individuals who received their first ABA treatment more than 90 days after an assessment determined them to be eligible for ABA services.

## Independent ABA Program Analysis/Evaluation

LRE contracted with an experienced evaluator in 2022 to perform an analysis of the LRE ABA Program. This exercise is being continued/advanced now with the additional 2 years of service experience.

# Q&A

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**EXECUTIVE COMMITTEE SUMMARY**

What Wednesday, August 21, 2024, 1:00 PM

Present: Ron Bacon, Stan Stek, Janet Thomas, Richard Kanten

Absent: Jim Storey

LRE: Mary Marlatt-Dumas, Stephanie VanDerKooi, Stacia Chick

N180: Amy Rottman, Beverly Ryskamp, Stacey O'Toole

WELCOME and INTRODUCTIONS

- i. Review of August 21, 2024, Meeting Agenda
- ii. Review of July 17, 2023, Meeting Minutes

The August 21, 2024, agenda and the July 17, 2024, meeting minutes are accepted as presented.

DEFICIT IMPACT AND REGIONAL STRATEGY PRESENTATION – N180

Ms. Rottman explains that this document was created by N180 leadership. The strategies outlined will not address the entire deficit but N180 will continue to work on additional strategies. There has not been any new information regarding an additional increase in revenue for FY2024. Ms. Dumas comments that Ms. Kristen Jordan (MDHHS) communicated that an increase is still being evaluated but if there is an increase it will not address the needs of this region.

**Revenue Strategies** – Network180 will continue to advocate for another rate increase for FY24. The 2025 rates are not yet known so the rate increase amount in the presentation, \$3.5 million, is uncertain.

**BHTEDS** – An increase in BHTEDS reporting could have a potential impact of \$2.5 million but is also a projection and will not have an impact until 2026 due to rates being completed on a 2 year look back. Network180's strategy is to change the process from administrative staff entering data to clinical staff entering data. Although it is hard to quantify what the impact will be in rate setting as PIHPs are not given the assumptions used in the rate setting formula. Also, the PIHPs are competing against each other so the PIHPs that has a better % will receive a greater amount. This information is not included in the 2025 projections due to the ambiguousness of the data.

**ABA Cost Management** – The Vineland tool will put in place a framework that will allow N180 to systematically provide better management of services. The goal is to enable N180 to step down individuals that no longer need these services or could be better served with other services. The Vineland tool has been used since the inception of ABA services, is used by other regional CMHs and is acceptable to LRE.

**Specialized Residential** – H2016 and T1020 codes are Per Diem Services allowable in a specialized residential home. N180 utilizes out of county providers for high acuity individuals because the providers in county would not take these more challenging individuals. N180 plans to approach existing providers to open homes that will be able to place these individuals. N180 is



uncertain if the in-county providers will consider this, and it will still be a high cost. Although, by bringing them back into the county they will be closer to other providers and will enable N180 to work with them with a smaller margin. If the existing providers are still not interested, then N180 could RFP for services or N180 may open and run the homes. The issue with the cost of specialized residential needs is a statewide issue.

Program Closures – Effective in 2025 there will be program closures, 988 answering center and the Street Reach program. The needs met with Street Reach will be absorbed into other programs. There will also be provider rate freezes, which is not a reduction in current rates but a freeze on additional increases. Network180 will also consider hiring freezes on vacant positions.

The current year deficit is at \$19,324,604 and the assumed deficit for FY25 is \$15,824,604 which is contingent on an assumed revenue increase of \$3.5 million. The previously explained strategies could decrease the deficit to possibly \$6,524,604. Ms. Rottman explains that when they complete a spending plan the deficit may grow larger due to items such as CCBHC. Ms. Rottman comments that she cannot confidently say that they will be able to balance out, but they will continue to work toward that goal.

The spending plan that N180 submitted to LRE for FY2025 shows an \$11 million deficit. Ms. Rottman comments CCBHC is negatively impacting the deficit. They do not know what the PPS payment will be so they are uncertain about what the revenue will be. LRE is concerned that the information given by N180 will not address the \$19 million deficit in FY25 but is willing to assist N180 in any way possible.

N180 believes this is a revenue issue and to make significant cost savings they would have to make significant cuts in services for individuals that the N180 Board may not allow. They welcome any help but must look at it strategically so as not to negatively impact individuals.

Other areas that are being reviewed are inpatient spending and addressing outliers in provider rates. Ms. Dumas comments that another revenue reduction that may be coming that would have a negative impact for N180 will be Cherry Health becoming a CCBHC which reduces capitation that N180 receives.

LRE would be willing to contract with a UM expert to consult with N180. Ms. Ryskamp believes there are opportunities in how services are managed that would help with their situation and a consultant could help play a role. Although N180 is cautious regarding tighter management of services due to historical issues and would need regional alignment. There is potential but there has to be agreement region wide which would be fundamental to success.

Q: What is the timeline for addressing the specialized residential as it is very time consuming to either RFP or bring those services in?

A: This is the starting point, and a timeline has not yet been established.

Q: What is the timeline for hiring freezes and can LRE have a list of those frozen with a breakdown of open positions?

A: That is an ongoing process and there has not been an analysis completed.

Q: Have existing salaries been considered being frozen?

A: Yes.

Q: Can N180 complete an analysis of the original FY24 spending plan submission to current?

A: Yes, N180 can provide this information. N180 asks that LRE submit questions in writing with specifics to what is being asked for.

Ms. Dumas comments that it would be helpful to have an analysis and breakdown of the decreases that are in the presentation. This would help the LRE to give additional recommendations. Ms. Rottman comments that N180 will have to have the request for information in writing to enable them to put it together.

Ms. Dumas recommends bringing in a 3<sup>rd</sup> party to review N180 utilization management which would also support their funding request. N180 would also like to review processes within the region and other CMHs and may not need to have an external review. Mr. Stek comments that we could explore hiring a 3<sup>rd</sup> party and bring that back for further discussion.

Next Steps:

- Ms. Dumas will reach out to a consultative individual for information and bring back for discussion.
- LRE will articulate additional informational asks and send them to N180.

BOARD MEETING AGENDA ITEMS

- i. Governance Committee Recommendation

BOARD WORK SESSION AGENDA

- i. Annual Compliance Training – Wendi Price
  - If Board members are not available to attend the compliance training they will be required to schedule another time to complete as it is a federal requirement.

OTHER

- Mr. Stek reminds members that a process for reviewing the LRE CEO will have to be scheduled before the September Board meeting.
- A meeting will be scheduled with EC/LRE/N180 tentatively 2 weeks out.
- Mr. Sheehan has agreed to attend the Board meeting to discuss the PIHP contract.

UPCOMING MEETINGS

- August 28, 2024 – LRE Executive Board Work Session, 11:00 AM  
GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440
- August 28, 2024 – LRE Executive Board Meeting, 1:00 PM  
GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440
- September 12, 2024 – Community Advisory Committee, 1:00 PM
- September 18, 2024 – Executive Committee, 1:00PM
- September 25, 2024 – LRE Executive Board Work Session, 11:00 AM  
GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440
- September 25, 2024 – LRE Executive Board Meeting, 1:00 PM  
GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440

# Network180

# Financial Strategies

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AUGUST 2024



# Revenue Strategies

1. Joint Network180/LRE Advocacy with MDHHS for Increased Revenue
  - Additional 2024 rate increase
  - Rectify ongoing drops in Medicaid enrollment
  - Advocacy around geographic factors
  - 2024 adjustment \$3.5 million
  - 2025 Rate certification Increase \$3.5 million
2. LOCUS and BH-TEDS Completion
  - Dedicated project management and clinical staff time
  - New clinical workflows to ensure LOCUS is complete at all appropriate junctures in service
  - Increase BH-TEDS clinical vs admin discharges
  - Revenue Increase of \$2.5 million

*\*This is not expected to have a significant impact on 2025*



# FY25 Impact – Cost Management Strategies

## 1. Behavioral Health Treatment Services

- Ensure criteria for medical necessity for ABA
- Offer less intensive behavioral health treatment services (family training, respite)
- Use Vineland in UM reviews for established clients
- Reduction of \$4 million

## 2. Specialized Residential

- Ensure criteria for medical necessity for H2016 and T1020
- Increase independence by offering community-based services
- Reduce dependence on out-of-county providers
- Reduction \$1 million

# Program Closures

- Discontinued serving as 988 answering center for 616 area code.
  - Though this offered the potential for improved coordination and access for 988 callers to local crisis services, staff to answer these calls did not have a dedicated funding source. Network180 will continue to answer its own Access Line 24/7 and will closely coordinate with the State's 988 centralized answering contractor, Common Ground.
  - Reduction \$200,00
- Sunset the *Street Reach* program contracted through Pine Rest
  - Network180's Crisis Center, Co-Response with GRPD, and HOT team largely meet the needs this program historically targeted.
  - Reduction \$600,000
- Provider rate freezes for FY 2025
- Reviewing all Network180 vacancies and freezing hiring if possible

# Summary

## **FY 2024:**

Current year deficit	\$	19,324,604
Potential revenue increase		3,500,000
		<hr/>
Final current year deficit	\$	15,824,604

## **FY 2025:**

Status Quo Spending/revenue assumed deficit	\$	15,824,604
Assumed revenue increase		3,500,000
Reduction in ABA		(4,000,000)
Specialized residential		(1,000,000)
Close Street Reach		(600,000)
Discontinue 988		(200,000)
		<hr/>
Current projected deficit for 2025	\$	6,524,604

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LRE GOVERNANCE COMMITTEE  
**Tuesday, August 13, 2024 – 3:00 PM**

Present: Alice Kelsey, Patricia Gardner, Janice Hileary, Richard Kanten, Ron Bacon

1. Welcome
2. Current LRE Executive Board Officers
  - a. Current Officers
    - Chairperson – Stan Stek
    - Vice-Chairperson – Jim Storey
    - Secretary – Ron Bacon
  - b. Current Executive Committee:
    - Ron Bacon (Secretary) – Lake, Mason, Oceana (WM CMH)
    - Richard Kanten – Ottawa (Ottawa CMH)
    - Jim Storey – Allegan (OnPoint)
    - Stan Stek – Kent (Netork180)
    - Janet Thomas – Muskegon (HealthWest)

3. Discussion

There was discussion about a discrepancy in the bylaws regarding officer terms. The bylaws state that the election of officers is an annual procedure but then also state that the terms are for 2 years. The Board will have to amend the bylaws after deciding if the terms will be for 1 or 2 years.

The group discussed possible members and agreed to recommend the Board members below for the 24/25 slate of officers.

Chair-Person – Patricia Gardner  
Vice Chair-Person – Janet Thomas  
Secretary – Ron Bacon

Ms. Gardner and Mr. Bacon were meeting participants and stated they would agree to serve in the officer positions if approved by Board members. Ms. Hileary contacted Ms. Thomas, and she has stated she is willing to serve as the Vice Chair.

The group would also like to recommend that Mr. Storey be appointed to the Executive Committee representing Allegan County. Mr. Kanten would be interested in staying on the Executive Committee representing Ottawa County but has no interest in an officer position.

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## Lakeshore Regional Entity Board Financial Officer Report for August 2024 8/28/2024

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- **Disbursements Report** – A motion is requested to approve the July 2024 disbursements. A summary of those disbursements is included as an attachment.
- **Statement of Activities** – Report through June is included as an attachment.
- **LRE Combined Monthly FSR** – The June LRE Combined Monthly FSR Report is included as an attachment for this month’s meeting. Expense projections, as reported by each CMHSP, are noted. An actual **surplus** through June of \$1.2 million, a projected annual **deficit** of \$17.2 million, and a budgeted **deficit** of \$486 thousand regionally (Medicaid and HMP, excluding CCBHC) is shown in this month’s report. All CMHSPs have an actual **surplus** except Network180 who has a **deficit** of \$11.4 million and West Michigan CMH with a **deficit** of \$322 thousand. HealthWest, OnPoint, and West Michigan CMH have projected **surpluses**. Network180 has a projected **deficit** of \$19.3 million, and CMH of Ottawa County \$708 thousand. All CMHSPs have a budgeted **surplus**, except Network180 with a budgeted **deficit** of \$7 million.

CCBHC activity (excluding PIHP activity) is included in this month’s report showing an actual **deficit** of \$4.8 million (excluding LRE activity), which is the responsibility of the CCBHCs and not the PIHP. A projected **deficit** of \$5.9 million and a budgeted **surplus** of \$1.7 million is shown.

The projected deficit continues to increase month over month for the region, which is alarming. It is imperative that we address the financial stability of the region and work to develop a plan to ensure the region is able to meet all of its contractual obligations.

- **FY2025 Rate Setting** – PIHPs do not yet have final rates for FY2025. MDHHS has scheduled a rate setting meeting with the PIHPs on September 6, 2024.
- **Cash Flow Issues** – On July 16, 2024 Network180 reported a cash flow issue and indicated that they may be requesting a mid-year cost settlement. On July 19, 2024 Network180 sent an official request for a FY2024 Mid-Year Settlement. In lieu of a mid-year settlement, LRE and Network180 entered into a cash advancement agreement on August 6, 2024 in the amount of \$8,152,848 and funds were transferred to Network180 on August 7, 2024.
- **FY22 MDHHS Cost Settlement** – On July 24, 2024, LRE received the Medicaid Managed Specialty Supports and Services Concurrent 1915(b)(c) Waiver Contract – Final Financial Status Report and Contract Reconciliation and Cash Settlement for Fiscal Year 2021/2022 letter from MDHHS. The report included the following statement:

*\*Note: A condition of the approved reporting exception was that the contribution to the ISF would be calculated prior to utilization on the prior year deficits and would not exceed the maximum allowed for the FY22 contract period. The \$55,382,038 ISF balance reflected in the compliance examined FSR exceeds the maximum allowed, \$28,292,826, for the contract year. The table above reflects the maximum allowed ISF balance for the contract year and the ending balance after funding the prior year deficits.*

This results in a reduction of the ending reserve balances (savings and ISF) for FY22 in the amount of \$13.7 million and a lapse of funds back to MDHHS in the amount of \$13.7 million. LRE has responded back to MDHHS indicating that we are not in agreement with the settlement. LRE believes the historical deficits were to be deducted from the ISF prior to the maximum allowed calculation. LRE CEO has requested a meeting with MDHHS to discuss this. LRE legal counsel and our external audit firm have been contacted regarding this.

- **FY25 CMHSP Spending Plans/Budgets** – Spending Plans/Budgets were due from the CMHSPs to LRE on August 16, 2024. The net of those spending plans/budgets show a regional **deficit** of \$11,475,464 as of 8/21/24 and \$10,033,376 as of 8/26/24 (revision due to Healthwest submitting a revised spending plan on 8/23/24) as follows:

FY25 Spending Plan Summary As of 8/21/24		FY25 Spending Plan Summary As of 8/26/24	
Surplus/(Deficit)	CMHSP	Surplus/(Deficit)	CMHSP
	1 Healthwest	1,442,086	Healthwest
(11,066,374)	N180	(11,066,374)	N180
44,938	OnPoint	44,938	OnPoint
267,670	Ottawa	267,670	Ottawa
(721,696)	WCMCMH	(721,696)	WCMCMH
<u>(11,475,461)</u>	<u>Total</u>	<u>(10,033,376)</u>	<u>Total</u>

The LRE Executive Committee of the Board, LRE Staff, and Network180 staff have met and will continue to meet to address the deficit at Network180 for FY2024 and FY2025. Network180’s CFO reviewed a Financial Strategies presentation with the LRE Executive Committee on August 21, 2024. She indicated verbally at that meeting that Network180 would not have a balanced budget for FY2025 as previously communicated by Network180’s CEO. Network180’s financial strategies to partially address the FY2025 projected deficit include a reduction in expenditures of \$5.8m and an assumed revenue increase of \$3.5m. Those strategies still result in a projected deficit for FY2025 of \$11,066,374 for Network180.

LRE did not receive CMH of Ottawa County’s spending plan/budget until the afternoon of August 21, 2024, so no conversation has yet occurred regarding this between CMHOC and LRE.

The FY25 Spending Plan Summary as of 8/21/24 above was shared with Finance ROAT on August 21, 2024, and they were informed that per the Operating Agreement, the LRE will be requiring submission of a planned funding adjustment request from the two CMHSP Members who submitted a deficit spending plan. The planned funding adjustment request would then have to be approved by all the CMHSP Members per the Operating Agreement. The revised summary was shared with Finance ROAT on August 26, 2024.

- FY 2024 Revenue Projections** – Updated revenue and membership projections by program and Member CMHSP are below. July FY2024 revenue projections include the actual April - September rate adjustments included in the state’s finalized rate certification. The July revenue projection decreased \$181,476 from the June projection to \$430.08 million. This was due to continued disenrollments related to the end of the PHE. There were also updates made to CCBHC daily visit projections. Changes to Network 180 daily visits shifted \$1.46 million of base capitation to CCBHC from traditional Medicaid and HMP and increased supplemental revenue \$167,080. After the initial projections, subsequent updates were made to Ottawa CCBHC Daily Visit projections. These updates shifted \$997,397 of base capitation from CCBHC to traditional Medicaid and HMP. This also decreased additional supplemental revenue for Ottawa \$1.5 Million. The result is a projection of \$428.6 million for the region. Overall this is a \$12 million change or -2.7% decline from the original projections. Please reference the last column of the Executive Summary below for a breakdown by CMHSP and funding bucket.

FY 2024 Revenue Projection					CMHSPs Breakdown (Net of CCBHC)			
Total LRE								
	FY24 Initial Budget Projection	FY24 Current Budget Projection	FY24 Initial to Current Change	FY24 Initial to Current %Change	FY24 Initial Budget Projection	FY24 Current Budget Projection	FY24 Initial to Current Change	
MCD - MH	\$ 207,190,112	\$ 203,277,243	\$ (3,912,869)	-1.89%	<b>MCD - MH</b>			
MCD - SUD	\$ 8,537,141	\$ 8,197,441	\$ (339,699)	-3.98%	OnPoint	\$ 17,284,157	\$ 16,549,823	\$ (734,334)
HMP - MH	\$ 17,316,375	\$ 17,816,070	\$ 499,695	2.89%	Healthwest	\$ 40,828,236	\$ 39,577,798	\$ (1,250,437)
HMP - SUD	\$ 10,968,901	\$ 11,312,658	\$ 343,757	3.13%	Network180	\$ 106,864,576	\$ 106,154,312	\$ (710,264)
Autism	\$ 43,425,979	\$ 45,005,001	\$ 1,579,022	3.64%	Ottawa	\$ 28,947,323	\$ 28,475,461	\$ (471,862)
Waiver	\$ 54,702,000	\$ 51,879,721	\$ (2,822,279)	-5.16%	West Michigan	\$ 13,265,820	\$ 12,519,849	\$ (745,971)
CCBHC MCD Base Cap	\$ 28,080,950	\$ 23,330,056	\$ (4,750,893)	-16.92%	<b>Total MCD - MH</b>	\$ 207,190,112	\$ 203,277,243	\$ (3,912,869)
CCBHC HMP Base Cap	\$ 8,816,400	\$ 6,570,924	\$ (2,245,476)	-25.47%	<b>MCD - SUD</b>			
CCBHC MCD Supplemental	\$ 33,570,184	\$ 32,775,049	\$ (795,135)	-2.37%	OnPoint	\$ 710,483	\$ 666,038	\$ (44,446)
CCBHC HMP Supplemental	\$ 9,710,407	\$ 10,243,356	\$ 532,949	5.49%	Healthwest	\$ 1,744,259	\$ 1,667,210	\$ (77,049)
LRE Admin	\$ 13,922,556	\$ 13,922,556	\$ -	0.00%	Network180	\$ 4,367,218	\$ 4,240,781	\$ (126,438)
ISF	\$ -	\$ -	\$ -	-	Ottawa	\$ 1,139,694	\$ 1,085,729	\$ (53,965)
IPA	\$ 4,392,823	\$ 4,228,962	\$ (163,860)	-3.73%	West Michigan	\$ 575,487	\$ 537,685	\$ (37,802)
<b>Total Region</b>	<b>\$ 440,633,827</b>	<b>\$ 428,559,038</b>	<b>\$ (12,074,789)</b>	<b>-2.74%</b>	<b>Total MCD - SUD</b>	<b>\$ 8,537,141</b>	<b>\$ 8,197,441</b>	<b>\$ (339,699)</b>
<b>Total CMHSPs</b>					<b>HMP - MH</b>			
	FY24 Initial Budget Projection	FY24 Current Budget Projection	FY24 Initial to Current Change	FY24 Initial to Current %Change	OnPoint	\$ 1,562,109	\$ 1,320,914	\$ (241,195)
OnPoint	\$ 39,564,765	\$ 38,628,227	\$ (936,538)	-2.37%	Healthwest	\$ 3,506,666	\$ 3,246,139	\$ (260,526)
Healthwest	\$ 88,836,402	\$ 89,260,898	\$ 424,496	0.48%	Network180	\$ 8,581,263	\$ 9,587,693	\$ 1,006,430
Network180	\$ 202,488,593	\$ 195,124,028	\$ (7,364,565)	-3.64%	Ottawa	\$ 2,937,540	\$ 2,968,225	\$ 30,684
Ottawa	\$ 58,464,588	\$ 55,458,116	\$ (3,006,472)	-5.14%	West Michigan	\$ 728,797	\$ 693,098	\$ (35,699)
West Michigan	\$ 32,964,100	\$ 31,936,249	\$ (1,027,850)	-3.12%	<b>Total HMP - MH</b>	<b>\$ 17,316,375</b>	<b>\$ 17,816,070</b>	<b>\$ 499,695</b>
<b>Total CMHSPs</b>	<b>\$ 422,318,448</b>	<b>\$ 410,407,519</b>	<b>\$ (11,910,929)</b>	<b>-2.82%</b>	<b>HMP - SUD</b>			
<b>Average PMPM</b>					OnPoint	\$ 992,950	\$ 847,991	\$ (144,958)
	FY24 Initial Budget Projection	FY24 Current Budget Projection	FY24 Initial to Current Change		Healthwest	\$ 2,304,644	\$ 2,135,377	\$ (169,267)
OnPoint	\$ 129.34	\$ 132.15	\$ 2.81		Network180	\$ 5,420,235	\$ 6,064,039	\$ 643,804
Healthwest	\$ 126.38	\$ 132.79	\$ 6.42		Ottawa	\$ 1,776,945	\$ 1,802,561	\$ 25,616
Network180	\$ 108.60	\$ 108.12	\$ (0.48)		West Michigan	\$ 474,127	\$ 462,689	\$ (11,438)
Ottawa	\$ 107.13	\$ 105.83	\$ (1.30)		<b>Total HMP - SUD</b>	<b>\$ 10,968,901</b>	<b>\$ 11,312,658</b>	<b>\$ 343,757</b>
West Michigan	\$ 131.36	\$ 132.77	\$ 1.41		<b>Autism</b>			
<b>Total CMHSPs</b>	<b>\$ 115.07</b>	<b>\$ 116.14</b>	<b>\$ 1.07</b>		OnPoint	\$ 3,869,583	\$ 3,967,461	\$ 97,879
					Healthwest	\$ 8,901,598	\$ 9,157,948	\$ 256,350
					Network180	\$ 21,692,163	\$ 22,651,623	\$ 959,460
					Ottawa	\$ 6,399,627	\$ 6,562,484	\$ 162,856
					West Michigan	\$ 2,563,008	\$ 2,665,485	\$ 102,477
					<b>Total Autism</b>	<b>\$ 43,425,979</b>	<b>\$ 45,005,001</b>	<b>\$ 1,579,022</b>
<b>Member Month Projection</b>					<b>Waiver</b>			
	FY24 Initial Budget Projection	FY24 Current Budget Projection	FY24 Initial to Current Change		OnPoint	\$ 6,882,345	\$ 6,078,271	\$ (804,074)
OnPoint	305,898	292,304	(13,594)		Healthwest	\$ 13,617,785	\$ 12,240,434	\$ (1,377,351)
Healthwest	702,952	672,188	(30,764)		Network180	\$ 21,763,578	\$ 21,602,766	\$ (160,812)
Network180	1,864,549	1,804,630	(59,918)		Ottawa	\$ 8,734,882	\$ 8,554,256	\$ (180,626)
Ottawa	545,720	524,036	(21,683)		West Michigan	\$ 3,703,410	\$ 3,403,393	\$ (299,417)
West Michigan	250,952	240,542	(10,410)		<b>Total Waiver</b>	<b>\$ 54,702,000</b>	<b>\$ 51,879,721</b>	<b>\$ (2,822,279)</b>
<b>Total Member Months</b>	<b>3,670,069</b>	<b>3,533,700</b>	<b>(136,369)</b>					

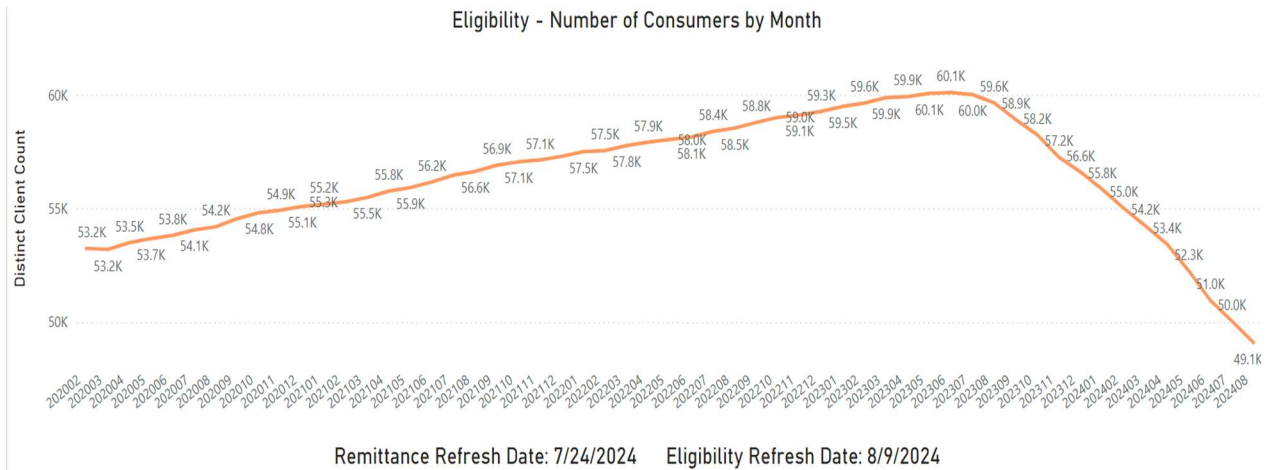


CMHSPs Breakdown - CCBHC				
	FY24 Initial Budget Projection	FY24 Current Budget Projection	FY24 Intitial to Current Change	
<b>MCD - CCBHC Base Capitation</b>				
OnPoint	\$ 1,847,952	\$ 1,881,018	\$	33,065
Healthwest	\$ 7,178,609	\$ 6,336,673	\$	(841,936)
Network180	\$ 12,411,447	\$ 9,291,646	\$	(3,119,801)
Ottawa	\$ 2,763,358	\$ 1,941,137	\$	(822,221)
West Michigan	\$ 3,879,583	\$ 3,879,583	\$	-
<b>Total</b>	<b>\$ 28,080,950</b>	<b>\$ 23,330,056</b>	<b>\$</b>	<b>(4,750,893)</b>
<b>HMP - CCBHC Base Capitation</b>				
OnPoint	\$ 297,906	\$ 532,594	\$	234,688
Healthwest	\$ 1,631,905	\$ 1,608,943	\$	(22,962)
Network180	\$ 4,808,317	\$ 2,526,290	\$	(2,282,027)
Ottawa	\$ 662,433	\$ 487,257	\$	(175,176)
West Michigan	\$ 1,415,840	\$ 1,415,840	\$	-
<b>Total</b>	<b>\$ 8,816,400</b>	<b>\$ 6,570,924</b>	<b>\$</b>	<b>(2,245,476)</b>
<b>MCD - CCBHC Supplemental Revenue</b>				
OnPoint	\$ 5,073,882	\$ 5,071,207	\$	(2,675)
Healthwest	\$ 7,321,626	\$ 10,199,499	\$	2,877,873
Network180	\$ 12,586,316	\$ 10,130,727	\$	(2,455,589)
Ottawa	\$ 3,930,417	\$ 2,715,672	\$	(1,214,744)
West Michigan	\$ 4,657,943	\$ 4,657,943	\$	-
<b>Total</b>	<b>\$ 33,570,184</b>	<b>\$ 32,775,049</b>	<b>\$</b>	<b>(795,135)</b>
<b>HMP - CCBHC Supplemental Revenue</b>				
OnPoint	\$ 1,043,399	\$ 1,712,909	\$	669,511
Healthwest	\$ 1,801,075	\$ 3,090,877	\$	1,289,802
Network180	\$ 3,993,480	\$ 2,874,151	\$	(1,119,329)
Ottawa	\$ 1,172,369	\$ 865,335	\$	(307,035)
West Michigan	\$ 1,700,084	\$ 1,700,084	\$	-
<b>Total</b>	<b>\$ 9,710,407</b>	<b>\$ 10,243,356</b>	<b>\$</b>	<b>532,949</b>

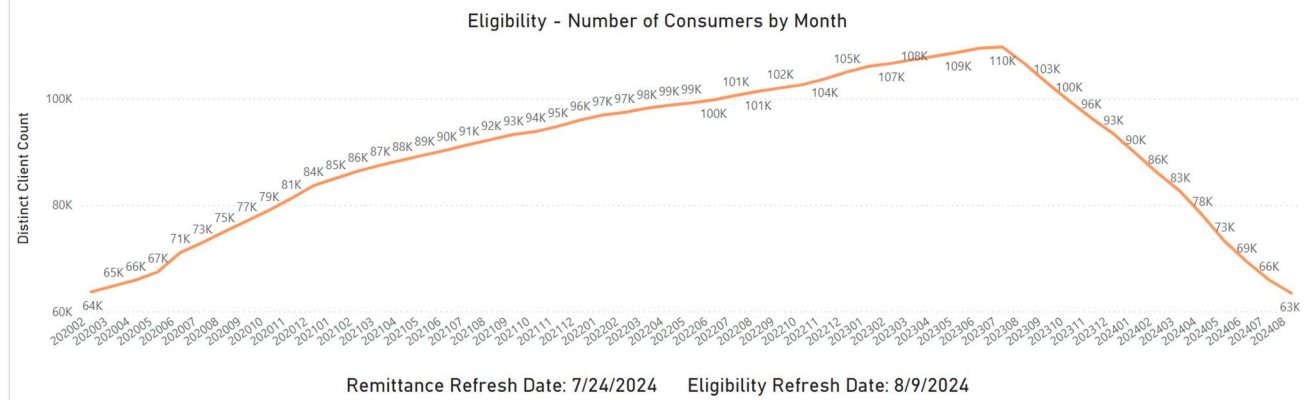


- Financial Data/Charts** – The charts below show regional eligibility trends by population. The number of Medicaid eligible individuals in our region determines the amount of revenue the LRE receives each month. Data is shown for October 2019 – August 1<sup>st</sup>, 2024. The LRE also receives payments for other individuals who are not listed on these charts but are eligible for behavioral health services (i.e. individuals enrolled and eligible for the Habilitation Supports Waiver (HSW) program). Due to the end of the PHE, Medicaid eligibility redeterminations resumed in July 2023. The state’s actuary expects most disenrollments to occur August 2023 – July 2024.

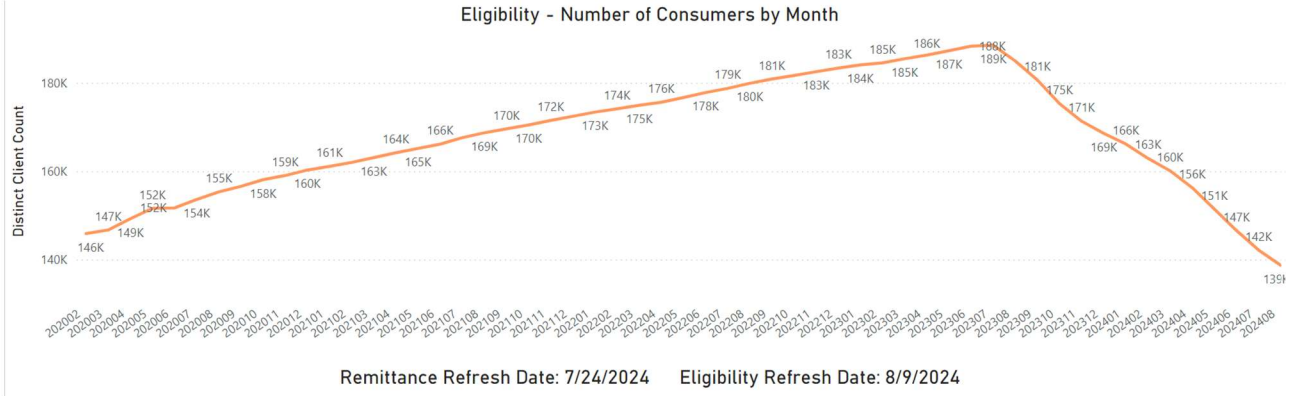
**DAB (Data as of 8/09/24)**



**HMP (Data as of 8/09/24)**



# TANF (Data as of 8/16/24)



- **Legal Expenses** – Below, this chart contains legal expenses of the LRE that have been billed to the LRE to date for FY2022 through FY2024.

LAKESHORE REGIONAL ENTITY LEGAL EXPENSES REPORT July 31, 2024		
4/30/2022	BYLAWS/OPERATING AGREEMENT	5,700.00
7/28/2022	BYLAWS/OPERATING AGREEMENT	6,500.00
	<b>BYLAWS/OPERATING AGREEMENT TOTAL</b>	<b>12,200.00</b>
11/30/2021	CCHBC SUPPORT	812.50
	<b>CCHBC SUPPORT TOTAL</b>	<b>812.50</b>
2/11/2022	GENERAL/OTHER	325.00
1/16/2023	GENERAL/OTHER	10,000.00
2/3/2023	GENERAL/OTHER	250.00
12/20/2023	GENERAL/OTHER	5,000.00
1/31/2024	GENERAL/OTHER	5,000.00
2/29/2024	GENERAL/OTHER	5,000.00
3/31/2024	GENERAL/OTHER	5,000.00
4/8/2024	GENERAL/OTHER	5,000.00
5/22/2024	GENERAL/OTHER	5,000.00
6/28/2024	GENERAL/OTHER	5,000.00
7/30/2024	GENERAL/OTHER	5,000.00
	<b>GENERAL/OTHER TOTAL</b>	<b>50,575.00</b>
10/31/2021	HEALTHWEST LITIGATION	5,368.74
3/31/2022	HEALTHWEST LITIGATION	2,016.00
4/30/2022	HEALTHWEST LITIGATION	9,388.80
6/24/2022	HEALTHWEST LITIGATION	13,782.40
3/31/2023	HEALTHWEST LITIGATION	6,992.00
4/30/2023	HEALTHWEST LITIGATION	3,728.00
11/30/2023	HEALTHWEST LITIGATION	281.60
1/31/2024	HEALTHWEST LITIGATION	105.60
	<b>HEALTHWEST LITIGATION TOTAL</b>	<b>41,663.14</b>
10/31/2021	MANAGED CARE/MDHHS CONTRACT	17,058.00
11/30/2021	MANAGED CARE/MDHHS CONTRACT	9,992.00
12/31/2021	MANAGED CARE/MDHHS CONTRACT	5,202.00
1/25/2022	MANAGED CARE/MDHHS CONTRACT	23,501.31
2/17/2022	MANAGED CARE/MDHHS CONTRACT	9,280.00
2/17/2022	MANAGED CARE/MDHHS CONTRACT	17,125.00
2/28/2022	MANAGED CARE/MDHHS CONTRACT	20,051.20
2/28/2022	MANAGED CARE/MDHHS CONTRACT	6,312.50
3/31/2022	MANAGED CARE/MDHHS CONTRACT	4,032.00
4/11/2022	MANAGED CARE/MDHHS CONTRACT	421.50
6/24/2022	MANAGED CARE/MDHHS CONTRACT	2,863.57
7/25/2022	MANAGED CARE/MDHHS CONTRACT	6,788.23
8/22/2022	MANAGED CARE/MDHHS CONTRACT	4,437.50
8/25/2022	MANAGED CARE/MDHHS CONTRACT	16,806.40
9/29/2022	MANAGED CARE/MDHHS CONTRACT	20,832.00
9/30/2022	MANAGED CARE/MDHHS CONTRACT	23,104.65
10/31/2022	MANAGED CARE/MDHHS CONTRACT	9,307.00
11/30/2022	MANAGED CARE/MDHHS CONTRACT	33,792.00
11/30/2022	EARLY PAYMENT DISCOUNT	(5,068.80)
12/31/2022	MANAGED CARE/MDHHS CONTRACT	31,494.10
1/31/2023	MANAGED CARE/MDHHS CONTRACT	25,683.40
2/28/2023	MANAGED CARE/MDHHS CONTRACT	7,472.60
3/31/2023	MANAGED CARE/MDHHS CONTRACT	3,371.20
4/30/2023	MANAGED CARE/MDHHS CONTRACT	16,563.20
5/31/2023	MANAGED CARE/MDHHS CONTRACT	5,928.00
6/30/2023	MANAGED CARE/MDHHS CONTRACT	12,537.60
7/31/2023	MANAGED CARE/MDHHS CONTRACT	7,768.80
7/31/2023	EARLY PAYMENT DISCOUNT	(3,321.04)
8/31/2023	MANAGED CARE/MDHHS CONTRACT	1,302.40
9/30/2023	MANAGED CARE/MDHHS CONTRACT	2,810.40
10/31/2023	MANAGED CARE/MDHHS CONTRACT	3,547.20
11/30/2023	MANAGED CARE/MDHHS CONTRACT	563.20
12/31/2023	MANAGED CARE/MDHHS CONTRACT	5,000.00
2/29/2024	MANAGED CARE/MDHHS CONTRACT	76.00
	<b>MANAGED CARE/MDHHS CONTRACT TOTAL</b>	<b>346,635.12</b>
2/28/2023	NETWORK 180 LITIGATION	2,674.00
3/31/2023	NETWORK 180 LITIGATION	29,167.33
4/30/2023	NETWORK 180 LITIGATION	105.60
5/31/2023	NETWORK 180 LITIGATION	2,283.20
6/30/2023	NETWORK 180 LITIGATION	13,840.80
7/31/2023	NETWORK 180 LITIGATION	3,665.60
8/31/2023	NETWORK 180 LITIGATION	1,137.60
3/31/2024	NETWORK 180 LITIGATION	1,154.40
	<b>NETWORK 180 LITIGATION TOTAL</b>	<b>54,028.53</b>
	<b>GRAND TOTAL</b>	<b>\$ 505,914.29</b>




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**BOARD ACTION REQUEST**

**Subject: July 2024 Disbursements**

Meeting Date: August 28, 2024

**RECOMMENDED MOTION:**

To approve the July 2024 disbursements of \$35,572,754.32 as presented.

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**SUMMARY OF REQUEST/INFORMATION:**

<b>Disbursements:</b>	
Allegan County CMH	\$3,036,672.34
Healthwest	\$6,894,718.65
Network 180	\$16,185,977.75
Ottawa County CMH	\$4,611,593.61
West Michigan CMH	\$2,512,566.06
SUD Prevention Expenses	\$111,138.40
Local Match Payment	\$251,887.00
MICHIGAN IPA TAX - QUARTERLY	\$1,228,041.90
SUD Public Act 2 (PA2)	\$197,359.36
Administrative Expenses	\$542,799.25
<b>Total:</b>	<b>\$35,572,754.32</b>

93.76% of Disbursements were paid to Members and SUD Prevention Services.

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*I affirm that all payments identified in the monthly summary above are for previously appropriated amounts.*

**STAFF:** *Stacia Chick*

**DATE:** *8/20/2024*

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**Statement of Activities - Actual vs. Budget**  
**Fiscal Year 2023/2024**  
As of Date: 6/30/24

Change in Net Assets	Year Ending 9/30/2024	6/30/2024		
	FY24 Budget <i>Amendment 2</i>	Budget to Date	Actual	Actual to Budget Variance
<b>Operating Revenues</b>				
Medicaid, HSW, SED, & Children's Waiver	277,612,682	208,209,512	209,259,541	1,050,030
Autism Revenue	42,278,498	31,708,874	35,199,493	3,490,620
DHS Incentive	471,247	353,435	203,854	(149,581)
Healthy Michigan	29,016,501	21,762,376	25,234,786	3,472,410
Performance Bonus Incentive	2,819,234	2,114,425	-	(2,114,425)
CCBHC Quality Bonus Incentive	1,745,775	1,309,331	-	(1,309,331)
Hospital Rate Adjuster (HRA)	12,576,256	9,432,192	9,802,098	369,906
Member Local Contribution to State Medicaid	1,007,548	755,661	755,661	-
Medicaid CCBHC Base Capitation	23,389,790	17,542,342	17,082,522	(459,820)
Healthy Michigan CCBHC Base Capitation	6,046,769	4,535,077	4,639,491	104,414
Medicaid CCBHC Supplemental Revenue	34,550,918	25,913,188	16,618,175	(9,295,013)
Healthy MI CCBHC Supplemental Revenue	9,822,186	7,366,639	7,631,005	264,366
MDHHS Grants	13,907,354	10,430,516	8,974,275	(1,456,241)
PA 2 Liquor Tax	3,748,366	2,811,274	3,120,334	309,060
Non-MDHHS Grants: DFC	141,701	106,276	100,004	(6,271)
Interest Earnings	640,059	480,044	923,153	443,109
Miscellaneous Revenue	5,500	4,125	3,000	(1,125)
<b>Total Operating Revenues</b>	<b>459,780,382</b>	<b>344,835,287</b>	<b>339,547,393</b>	<b>(5,287,894)</b>
<b>Expenditures</b>				
Salaries and Fringes	5,012,275	3,759,206	3,395,807	(363,399)
Office and Supplies Expense	273,326	204,995	135,751	(69,243)
Contractual and Consulting Expenses	809,861	607,396	465,121	(142,275)
Managed Care Information System (PCE)	305,200	228,900	221,400	(7,500)
Legal Expense	217,500	163,125	45,893	(117,232)
Utilities/Conferences/Mileage/Misc Exps	7,304,395	5,478,296	90,265	(5,388,031)
Grants - MDHHS & Non-MDHHS	545,800	409,350	254,492	(154,858)
Hospital Rate Adjuster / Taxes	16,783,457	12,587,593	17,728,770	5,141,177
Prevention Expenses - Grant & PA2	3,807,966	2,855,975	2,589,638	(266,337)
Member Payments - Medicaid/HMP	338,564,315	253,923,236	256,318,861	2,395,625
Member Payments - CCBHC Capitation	29,436,558	22,077,419	21,722,014	(355,405)
Member Payments - CCBHC Supplemental	44,373,103	33,279,827	25,293,186	(7,986,641)
Member Payments - PA2 Treatment	1,956,008	1,467,006	627,786	(839,220)
Member Payments - Grants	9,383,070	7,037,303	5,721,449	(1,315,854)
Local Contribution to State Medicaid	1,007,548	755,661	755,661	-
<b>Total Expenditures</b>	<b>459,780,382</b>	<b>344,835,287</b>	<b>335,366,093</b>	<b>(9,469,193)</b>
<b>Total Change in Net Assets</b>	<b>(0)</b>	<b>(0)</b>	<b>4,181,299</b>	<b>4,181,299</b>

**Statement of Activities**  
**Budget to Actual Variance Report**  
 For the Period ending June 30, 2024

As of Date: 6/30/24

**Operating Revenues**

Medicaid/HSW/SED/CWP	N/A - Closely aligned with the current budget projections.
Autism Revenue	Revenue expected to decline throughout FY24 due to declining Medicaid enrollments and increased utilization. Will be monitored for budget adjustments.
DHS Incentive	This revenue is received quarterly beginning in April.
Healthy Michigan	Less capitated Healthy Michigan funding being utilized for CCBHC Healthy MI than expected. Revenue expected to decline throughout FY24 due to declining Medicaid enrollments. Will be monitored for budget adjustments.
Performance Bonus Incentive	Revenue is received after the end of the fiscal year if health plan performance metrics are met.
CCBHC Quality Bonus	Revenue is received after the end of the fiscal year if health plan performance metrics are met.
Hospital Rate Adjuster	Revenue is received quarterly and is higher than projected due to a significant HRA add-on rate adjustment approved by CMS. Budget will be adjusted on the next amendment.
Member Local Match Revenue	N/A - Closely aligned with the current budget projections.
Medicaid CCBHC Base Capitation	N/A - Closely aligned with the current budget projections.
Healthy MI CCBHC Base Capitation	N/A - Closely aligned with the current budget projections.
Medicaid CCBHC Supplemental Revenue	Lower than expected CCBHC daily visits. Working with CCBHCs to revise their daily visit projections and revise revenue projections if necessary.
Healthy MI CCBHC Supplemental Revenue	Higher than expected CCBHC daily visits. Working with CCBHCs to revise their daily visit projections and revise revenue projections if necessary.
MDHHS Grants	MDHHS grant reimbursements are typically 45 days in arrears and SUD grant payments are received quarterly.
PA 2 Liquor Tax	PA2 revenues are received quarterly, after the Department of Treasury issues payments to the counties. Initial payments were received in the 2nd quarter.
Non-MDHHS Grants: DFC	Grant funds are requested when provider expenditures are reported. All funds are projected to be spent this fiscal year.
Interest Revenue	Will be monitored for adjustments during the next amendment.
Miscellaneous Revenue	Revenue may be received throughout the year, but the budgeted amount is not guaranteed.

**Expenditures**

Salaries and Fringes	Currently under budget. Position vacancies existed and will be monitored for possible future budget amend.
Office and Supplies	Currently under budget. Will monitor for possible future budget amend.
Contractual/Consulting	Currently under budget. Will monitor for possible future budget amend.
Managed Care Info Sys	N/A - Closely aligned with the current budget projections.
Legal Expense	Currently under budget. Will monitor for possible future budget amend.
Utilities/Conf/Mileage/Misc	This line item includes the LRE's contingency fund and will be monitored for adjustments during the next amendment.
Grants - MDHHS & Non-MDHHS	Most of these payments are billed to the LRE and paid by MDHHS 45 days in arrears. In addition, as noted above, some grants are being paid quarterly.
HRA/Taxes	IPA & HRA taxes are paid quarterly. First quarter HRA payment was received and paid out in April which included a significant increase.
Prevention Exps - Grant/PA2	MDHHS SUD grant payments are made quarterly. Some dollars remain unallocated, pending provider requests.
Member Med/HMP Payments	N/A - Closely aligned with the current budget projections.
Member CCBHC Capitation	N/A - Closely aligned with the current budget projections.
Member CCBHC Supplemental	Lower than expected CCBHC daily visits. Working with CCBHCs to revise their daily visit projections and revise revenue projections if necessary.
Member PA2 Tx Payments	Billings against this line item typically occur after other grant funding is applied. Budgets were based on projections and will be monitored for amendments.
Member Grant Payments	Most of these payments are billed to the LRE and paid by MDHHS 45 days in arrears. In addition, as noted above, some grants are being paid quarterly.
Local Contribution to State Medicaid	N/A - Closely aligned with the current budget projections.

Lakeshore Regional Entity Combined Monthly FSR Summary  
 FY 2024  
 June 2024 Reporting Month  
 Reporting Date: 8/19/24

ACTUAL:	HealthWest	Network180	OnPoint	Ottawa	West Michigan	LRE	Total
Total Distributed Medicaid/HMP Revenue	51,505,856	130,396,529	22,076,906	42,022,107	15,449,375	7,173,767	268,624,542
Total Capitated Expense	46,422,111	141,810,161	20,224,093	36,074,701	15,771,403	7,173,767	267,476,236
Actual Surplus (Deficit)	5,083,745	(11,413,632)	1,852,813	5,947,406	(322,028)	-	1,148,305
% Variance	9.87%	-8.75%	8.39%	14.15%	-2.08%	0.00%	
<b>Information regarding Actual</b> (Threshold: Surplus of 5% and deficit of 1%)	HealthWest planned for expenses to be 6.7% less than revenue to account for our historic swings. We continue to maintain a positive variance, however, we are reviewing Autism rates increases that are detrimental to our providers.	Network180 is experiencing increase demands in autism and specialized residential services. Additionally, revenue projections fell for the first nine months of the year. Even with the increased revenue rates, in order to serve individuals as required.	Surplus is due to higher than projected services being categorized as CCBHC. Further, onPoint has intentionally held on certain expenditures and adding of new positions due to declining revenue projections. We expect this surplus to continue to reduce in future months, with the steep decline in enrollment. Note: Last month 7.55%	Updated spending plan to realign funding between Traditional Medicaid and CCBHC. Revenues at 89% distribution based on projections, expenditures at 61%, anticipated to catch up to revenues in Q4.	West Michigan experienced increased demand in Community Inpatient services. Expenses are coming back into alignment as the fiscal year continues.	Less than threshold for explanation.	
<b>PROJECTION:</b> LRE Revenue Projections as of: <i>June Revised</i>							
Total Projected Medicaid/HMP Revenue	68,084,682	170,538,966	29,410,476	49,496,092	20,327,383	18,130,610	355,988,209
Total Capitated Expense Projections	66,634,611	189,863,570	28,313,730	50,204,488	20,066,511	18,130,610	373,213,519
Projected Surplus (Deficit)	1,450,071	(19,324,604)	1,096,746	(708,396)	260,872	-	(17,225,311)
% Variance	2.13%	-11.33%	3.73%	-1.43%	1.28%	0.00%	
<b>Information regarding Projections</b> (Threshold: Surplus of 5% and deficit of 1%)	Less than threshold for explanation.	Network180 is experiencing increase demands in autism and specialized residential services. Additionally, revenue projections fell for the first nine months of the year. Even with the increased revenue rates, in order to serve individuals as required.	Less than threshold for explanation.	Expense projections based on Q3 expenses and revised spending plan.	Less than threshold for explanation.	Less than threshold for explanation.	
<b>PROPOSED SPENDING PLAN:</b> Submitted to the LRE as of:							
Medicaid/HMP Revenue	11/1/2023	9/22/2023	6/7/2024	8/16/2024	8/12/2024		
Total Budgeted Medicaid/HMP Revenue	69,625,245	166,119,203	29,788,300	50,550,063	20,438,999	13,922,556	350,444,367
Total Budgeted Capitated Expense	64,957,020	173,091,232	28,688,702	50,204,488	20,066,511	13,922,556	350,930,510
Budgeted Surplus (Deficit)	4,668,225	(6,972,029)	1,099,598	345,575	372,488	-	(486,143)
% Variance	6.70%	-4.20%	3.69%	0.68%	1.82%	0.00%	
<b>Information regarding Spending Plans</b> (Threshold: Surplus of 5% and deficit of 1%)	HealthWest had a planned surplus in order to cover any historical swings in year end.	Network180 has significant unmet service need in autism and specialized residential services and a very fragile provider network. In order to maintain a provider network to provide required services, rate increases from 3-5% are necessary. Additionally, revenue projections continue to fall monthly as enrollment trends downward.	Less than threshold for explanation.	Less than threshold for explanation.	Less than threshold for explanation.	Less than threshold for explanation.	
<b>Variance between Projected and Proposed Spending Plan</b>	(3,218,153)	(12,352,575)	(2,852)	(1,053,971)	(111,617)	-	(16,739,168)
% Variance	-4.62%	-7.44%	-0.01%	-2.09%	-0.55%	0.00%	
<b>Explanation of variances between Projected and Proposed Spending Plan</b> (Threshold: Surplus of 5% and deficit of 1%)	HealthWest had a planned surplus in order to cover any historical swings in year end.	Network180 is experiencing increase demands in autism and specialized residential services. In order to serve individuals as required, expenses will exceed distributed revenue.	Less than threshold for explanation.	Expense projections based on Q3 expenses and revised spending plan.	Less than threshold for explanation.	Less than threshold for explanation.	



Lakeshore Regional Entity Combined Monthly FSR Summary  
 FY 2024  
 June 2024 Reporting Month  
 Reporting Date: 8/19/24

CCBHC ACTIVITY							
	HealthWest	Network180	OnPoint	Ottawa	West Michigan	LRE	Total
<b>ACTUAL:</b>							
Distributed Medicaid/HMP CCBHC Revenue							
Total Distributed Medicaid/HMP CCBHC Revenue	14,067,789	17,515,546	7,735,480	5,404,981	8,786,100	837,259	54,307,102
Total CCBHC Expense	19,120,279	19,695,982	6,133,676	4,252,975	9,155,285	63,928	58,422,125
Actual CCBHC Surplus (Deficit)	(5,052,490)	(2,180,435)	1,601,804	1,152,006	(369,185)	773,331	(4,115,023)
% Variance	-35.92%	-12.45%	20.71%	21.31%	-4.20%	92.36%	
<b>Information regarding CCBHC Actual (Threshold: Surplus of 5% and deficit of 1%)</b>	CCBHC costs continue to be higher than our PPS. Rehmann is analyzing our fee schedule and we will be updating this within the next month. HealthWest has created an internal project improvement team of leadership and executive members to thoroughly analyze CCBHC services, productivity, and rates. So far we have been able to reduce the negative variance by 1.64%.  LRE Note: Deficit is the responsibility of the CCBHC and not the PIHP.	As Network180 continues to implement CCBHC, daily visits have not ramped up during the first few months, but we expect this to stabilize over the year.  LRE Note: Deficit is the responsibility of the CCBHC and not the PIHP.	OnPoint has provided more daily visits than projected, resulting in higher revenue and surplus.  LRE Note: Surplus is retained by the CCBHC and not the PIHP.	Updated spending plan to address CCBHC surplus.  LRE Note: Surplus is retained by the CCBHC and not the PIHP.	CCBHC expense is higher due to increasing staff cost. West Michigan has implemented processes to enhance productivity and reduce service cost.	Surplus is used to cover PIHP administration on traditional capitation administration expenses. Amount may be incorrect because MDHHS has not provided the new FY24 CCBHC PIHP Administrative rates.	
<b>PROJECTION:</b>							
Total Projected Medicaid/HMP CCBHC Revenue	21,235,992	24,822,814	9,197,728	6,009,401	11,653,450	1,116,346	73,956,596
Total CCBHC Expense Projections	24,385,771	27,368,756	8,587,146	6,009,401	12,464,281	85,238	78,900,593
Projected CCBHC Surplus (Deficit)	(3,149,779)	(2,545,942)	610,582	(0)	(810,831)	1,031,108	(4,943,997)
% Variance	-14.83%	-10.28%	6.64%	0.00%	-6.96%	92.36%	
<b>Information regarding CCBHC Projections (Threshold: Surplus of 5% and deficit of 1%)</b>	CCBHC costs are higher than anticipated. HW is implementing productivity standards.  LRE Note: Deficit is the responsibility of the CCBHC and not the PIHP.	As Network180 continues to implement CCBHC, daily visits have not ramped up during the first few months, but we expect this to stabilize over the year.  LRE Note: Deficit is the responsibility of the CCBHC and not the PIHP.	OnPoint has provided more daily visits than projected, resulting in higher revenue and surplus.  LRE Note: Surplus is retained by the CCBHC and not the PIHP.	Less than threshold for explanation.	CCBHC expense is higher due to increasing staff cost. West Michigan has implemented processes to enhance productivity and reduce service cost.  LRE Note: Deficit is the responsibility of the CCBHC and not the PIHP.	Surplus is used to cover PIHP administration on traditional capitation administration expenses. Amount may be incorrect because MDHHS has not provided the new FY24 CCBHC PIHP Administrative rates.	
<b>PROPOSED SPENDING PLAN:</b>							
Submitted to the LRE as of:	11/1/2023	9/22/2023	6/7/2024	8/16/2024	8/12/2024		
Total Budgeted Medicaid/HMP CCBHC Revenue	17,933,215	33,799,561	8,962,199	6,009,401	11,769,698	1,116,346	79,590,419
Total Budgeted CCBHC Expense	22,785,723	27,349,789	8,194,559	6,009,401	12,464,281	85,238	76,888,990
Budgeted Surplus (Deficit)	(4,852,508)	6,449,772	767,640	-	(694,583)	1,031,108	2,701,430
% Variance	-27.06%	19.08%	8.57%	0.00%	-5.90%	92.36%	
<b>Information regarding CCBHC Spending Plans (Threshold: Surplus of 5% and deficit of 1%)</b>	CCBHC costs are higher than anticipated. HW is implementing productivity standards.	Network180's initial spending plan showed CCBHC would produce a surplus of revenue over expenses based on PPS-1 amounts and projected daily visits.	OnPoint has provided more daily visits than projected, resulting in higher revenue and surplus.	Less than threshold for explanation.	CCBHC expense is higher due to increasing staff cost. West Michigan has implemented processes to enhance productivity and reduce service cost.	Surplus is used to cover PIHP administration on traditional capitation administration expenses. Amount may be incorrect because MDHHS has not provided the new FY24 CCBHC PIHP Administrative rates.	
<b>Variance between CCBHC Projected and Proposed Spending Plan</b>							
% Variance	1,702,729 9.49%	(8,995,714) -26.61%	(157,059) -1.75%	(0) 0.00%	(116,248) -0.99%	- 0.00%	(7,645,427)
<b>Explanation of variances between CCBHC Projected and Proposed Spending Plan (Threshold: Surplus of 5% and deficit of 1%)</b>	CCBHC services continue to grow and HW is working on staffing updates and productivity standards to better align with the needs.	As Network180 continues to implement CCBHC, daily visits have not ramped up during the first few months, but we expect this to stabilize over the year.	Change in projected surplus from spending plan is due to more services being categorized as CCBHC.	Less than threshold for explanation.	Less than threshold for explanation.	Less than threshold for explanation.	

Lakeshore Regional Entity  
FY2024 FSR Monthly Comparison of Surplus/(Deficit)

Actual	Oct	Nov	Change	Dec	Change	Jan	Change	Feb	Change	Mar	Change	April	Change	May	Change	June	Change
HW	1,026,730	3,107,460	2,080,730	5,579,467	2,472,007	3,199,392	(2,380,075)	3,605,190	405,798	3,645,112	39,922	4,121,059	475,947	4,321,986	200,927	5,083,745	761,759
N180	165,809	759,302	593,493	289,272	(470,030)	204,160	(85,112)	(1,777,913)	(1,982,073)	(4,556,100)	(2,778,187)	(7,040,896)	(2,484,796)	(8,152,848)	(1,111,951)	(11,413,632)	(3,260,784)
OnPoint	358,611	925,043	566,432	1,450,703	525,660	2,032,241	581,538	1,333,301	(698,940)	2,074,950	741,649	1,529,935	(545,015)	1,484,423	(45,512)	1,852,813	368,391
Ottawa	3,447,859	4,673,590	1,225,731	2,874,179	(1,799,411)	3,822,418	948,239	3,032,139	(790,280)	2,997,878	(34,261)	3,674,280	676,402	1,962,820	(1,711,460)	5,947,406	3,984,586
WM	146,548	323,797	177,249	196,638	(127,159)	221,256	24,618	263,777	42,521	(194,679)	(458,456)	(252,186)	(57,507)	(300,664)	(48,478)	(322,028)	(21,364)
<b>Total</b>	<b>5,145,557</b>	<b>9,789,192</b>	<b>4,643,635</b>	<b>10,390,259</b>	<b>601,067</b>	<b>9,479,467</b>	<b>(910,792)</b>	<b>6,456,493</b>	<b>(3,022,974)</b>	<b>3,967,160</b>	<b>(2,489,333)</b>	<b>2,032,192</b>	<b>(1,934,969)</b>	<b>(684,282)</b>	<b>(2,716,474)</b>	<b>1,148,305</b>	<b>1,832,588</b>

Projection	Oct	Nov	Change	Dec	Change	Jan	Change	Feb	Change	Mar	Change	April	Change	May	Change	June	Change
HW	4,668,224	3,624,722	(1,043,502)	2,921,274	(703,448)	2,243,222	(678,052)	1,896,615	(346,607)	487,028	(1,409,587)	1,014,668	527,640	1,584,465	569,797	1,450,071	(134,394)
N180	(6,972,029)	(22,055,426)	(15,083,397)	(17,050,789)	5,004,637	(19,607,308)	(2,556,519)	(15,887,604)	3,719,704	(16,512,771)	(625,167)	(15,000,462)	1,512,308	(16,632,024)	(1,631,562)	(19,324,604)	(2,692,580)
OnPoint	8,048	(477,886)	(485,934)	708,344	1,186,230	(137,133)	(845,477)	1,502,157	1,639,290	1,502,157	-	1,099,597	(402,560)	841,662	(257,935)	1,096,746	255,084
Ottawa	(595,855)	388,401	984,256	931,628	543,227	(403,186)	(1,334,814)	(281,286)	121,900	(2,110,937)	(1,829,651)	(1,400,740)	710,197	(1,229,657)	171,082	(708,396)	521,262
WM	467	(264,270)	(264,737)	(584,357)	(320,087)	(836,946)	(252,589)	(480,749)	356,197	(480,749)	-	(217,496)	263,253	(472,126)	(254,629)	260,872	732,997
<b>Total</b>	<b>(2,891,145)</b>	<b>(18,784,459)</b>	<b>(15,893,314)</b>	<b>(13,073,900)</b>	<b>5,710,559</b>	<b>(18,741,351)</b>	<b>(5,667,451)</b>	<b>(13,250,867)</b>	<b>5,490,484</b>	<b>(17,115,272)</b>	<b>(3,864,405)</b>	<b>(14,504,433)</b>	<b>2,610,839</b>	<b>(15,907,679)</b>	<b>(1,403,246)</b>	<b>(17,225,311)</b>	<b>(1,317,631)</b>

Proposed Spending Plan/Budget	Oct	Nov	Change	Dec	Change	Jan	Change	Feb	Change	Mar	Change	April	Change	May	Change	June	Change
HW	4,668,225	4,668,225	-	4,668,225	-	4,668,225	(0)	4,668,225	-	4,668,225	-	4,668,225	-	4,668,225	-	4,668,225	-
N180	(6,972,029)	(6,972,029)	-	(6,972,029)	-	(6,972,029)	0	(6,972,029)	-	(6,972,029)	-	(6,972,029)	-	(6,972,029)	-	(6,972,029)	-
OnPoint	8,048	8,048	-	8,048	-	8,048	0	8,048	-	8,048	-	1,099,598	1,091,550	1,099,598	-	1,099,598	-
Ottawa	79,645	79,645	-	79,645	-	79,645	-	79,645	-	(28,840)	(108,485)	(28,840)	-	(28,840)	-	345,575	374,415
WM	467	467	-	467	-	467	-	467	-	467	0	467	-	467	-	372,488	372,021
<b>Total</b>	<b>(2,215,644)</b>	<b>(2,215,644)</b>	<b>-</b>	<b>(2,215,644)</b>	<b>-</b>	<b>(2,215,644)</b>	<b>(0)</b>	<b>(2,215,644)</b>	<b>-</b>	<b>(2,324,129)</b>	<b>(108,485)</b>	<b>(1,232,579)</b>	<b>1,091,550</b>	<b>(1,232,579)</b>	<b>-</b>	<b>(486,143)</b>	<b>746,436</b>

Base Capitation Only. Does not include CCBHC activity.

**Lakeshore Regional Entity**  
**FY2024 FSR Monthly Comparison of Surplus/(Deficit) Detail**  
**(Excluding CCBHC)**

ACTUAL:	HealthWest	Network180	OnPoint	Ottawa	West Michigan	Total
Distributed Medicaid/HMP						
Medicaid/HMP	1,808,061	(5,721,147)	246,480	5,317,304	(1,627,844)	22,855
Autism	3,275,684	(5,692,485)	1,606,333	630,102	1,305,816	1,125,450
Total Distributed Medicaid/HMP Revenue	5,083,745	(11,413,632)	1,852,813	5,947,406	(322,028)	1,148,305
PROJECTION:	HealthWest	Network180	OnPoint	Ottawa	West Michigan	Total
Distributed Medicaid/HMP						
Medicaid/HMP	(2,504,638)	(15,174,355)	(763,869)	(972,511)	(1,422,886)	(20,838,259)
Autism	3,954,710	(4,150,249)	1,860,615	264,115	1,683,758	3,612,949
Total Distributed Medicaid/HMP Revenue	1,450,071	(19,324,604)	1,096,746	(708,396)	260,872	(17,225,311)