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Meeting Agenda  
**BOARD OF DIRECTORS**  
Lakeshore Regional Entity  
September 25, 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.
  - September 25, 2024, Board of Directors meeting agenda (*Attachment 1*)
  - August 28, 2024, Board of Directors meeting minutes (*Attachment 2*)
5. Community Advisory Panel – (*Attachment 3*)
6. Reports –
  - a. CEO – Ms. Marlatt-Dumas (*Attachment 4*)
  - b. LRE Leadership – (*Attachment 5*)
7. Chairperson’s Report – Mr. Stek
  - a. September 18, 2024, Executive Committee (*Attachment 6*)
8. LRE Slate of Officers – (*Attachment 7*)
9. Action Items –
  - i. MDHHS/PIHP Contract  
**Suggested Motion:** To approve LRE CEO to modify and sign the FY25 MDHHS/PIHP contract.
  - ii. PIHP/CMHSP Contract  
**Suggested Motion:** To approve LRE CEO to execute the PIHP/CMHSP contract extension.
  - iii. FY25 LRE Contracts (*Attachment 8*)  
**Suggested Motion:** To approve LRE CEO to fully execute contracts to allocate funds for the purposes and amounts defined in Attachment #8.
10. Financial Report and Funding Distribution – Ms. Chick (*Attachment 9*)
  - a. FY2024, August Funds Distribution (*Attachment 10*)  
**Suggested Motion:** To approve the FY2024, August Funds Distribution as presented.
  - b. FY2024 Budget Amendment (*Attachment 11*)  
**Suggested Motion:** To approve the budget amendment #3 to the FY24 budget

c. FY25 Budget (*Attachment 12*)

***Suggested Motion:*** To approve the FY25 Budget as presented

d. Statement of Activities as of 7/31/2024 with Variance Reports (*Attachment 13*)

e. Monthly FSR (*Attachment 14*)

11. LRE CEO Review

12. Board Member Comments

13. Public Comment

14. Upcoming LRE Meetings

- October 16, 2024 – Executive Committee, 1:00PM
- October 23, 2024 – LRE Executive Board Work Session, 11:00 AM  
GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440
- October 23, 2024 – LRE Executive Board Meeting, 1:00 PM  
GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440

Meeting Minutes  
**BOARD OF DIRECTORS**

Lakeshore Regional Entity

August 28, 2024 – 1:00 PM

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

WELCOME AND INTRODUCTIONS – Mr. Stek

Mr. Stek called the August 28, 2024, LRE Board meeting to order at 1:01 PM.

ROLL CALL/CONFLICT OF INTEREST QUESTION – Mr. Stek

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

**Online:** Jon Campbell

**Absent:** Andrew Sebolt, Richard Kanten

PUBLIC COMMENT

Mr. Witte shared a resolution from the OnPoint Board to the LRE Board regarding the upcoming election for the new slate of LRE Board officers. The resolution is attached to the meeting minutes.

CONSENT ITEMS:

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

- August 28, 2024, Board of Directors meeting agenda
- July 24, 2024, Board of Directors meeting minutes

Moved: Ron Bacon                      Support: Craig VanBeek

MOTION CARRIED

FY25 MDHHS/PIHP CONTRACT DISCUSSION – ROBERT SHEEHAN

Mr. Sheehan from Community Mental Health Association of Michigan (CMHAM) is online to discuss contract language in the FY25 MDHHS/PIHP contract. Ms. Marlatt-Dumas comments that she will need guidance from the Board regarding how to move forward with the new contract.

Mr. Sheehan explains that the PIHP contracts are for the most part identical to each other with one contract team representing all PIHPs that negotiates with MDHHS, this gives solidarity when it comes to the contract. There are times when the state makes comments that items in the contract are non-negotiable, which is not the case. Mr. Sheehan discusses contract items that need further discussion.

The first item is the Internal Service Fund (ISF) in which the contract states that there is a capped amount of 7.5 % that can be put in and any surplus above that must be sent back to the state. The risk corridor amount that a PIHP is obligated to pay (due to overages) before the state's obligation in the risk sharing relationship is 107.5 %. If overages happen in one year, the following year a PIHP will have no reserves left because the 7.5% capped amount will have been spent to cover the previous year 107.5% risk corridor. This does not allow for the PIHP to recover quickly. The PIHPs have communicated to the MDHHS that there must be an opportunity that allows PIHPs to cover multiple years. Additionally, there is the issue of the 2-year look back for rate setting instead of using current data.

The 7.5% cap amount that has been determined was developed with a rationale that is not public knowledge with no awareness of the methodology used for the model. LRE contracted with Wakely to complete an ISF analysis which showed LRE should have 15% to hold the region over for a 2-year period.

The next item is the Waskul lawsuit language. The Waskul language has been put into the contract without the lawsuit being settled. The increase in wage is not across the board but limited to 7% of clients that received supports in home. This will draw workers away from other positions that are already difficult to retain. While there is agreement that the increase in wages is needed the increase has to include all positions.

There is consensus between the PIHPs to submit a document that states that there is further negotiation needed. This will be submitted to the state after it is signed by the middle of next week.

Ms. Marlatt-Dumas comments that the Waskul piece will die if all the PIHPs do not sign. If a PIHP signs the contract that includes the ISF language they will have to send any funds above 7.5% back. Those that do not sign with that language will not be held to that language. Further discussion can wait until the September Board meeting.

Recommendation by legal is to cross out the new language for the ISF and put in the previous contract language that allows to add more funds to the ISF and cross out the Waskul settlement language and then sign the contract. There are 2 other PIHPs that contract with the same legal organization that LRE contracts with so if this situation rises to legal action the cost could be split between the 3 PIHPs.

## LEADERSHIP BOARD REPORTS

### a. CEO Report – Ms. Marlatt-Dumas

- The CEO report is included in the board packet for information.
  - LRE received a letter from MDHHS regarding the cost settlement of FY21/22. The letter states that this region will have to lapse \$13.7 million

back to the state. LRE does not agree with their methodology, using the methodology that we believe is correct LRE would lapse back about \$1 million. Ms. Marlatt-Dumas will meet with the state for further discussion and has sent this information to our legal.

b. LRE Leadership Report – Jordan Siemon

- The IT report is included in the board packet for information
- There will be a report that could be given to the Board regarding the ABA analysis.

CHAIRPERSON’S REPORT

August 21, 2024, Executive Committee meeting minutes are included in the packet for information.

- Much of the August meeting was used to discuss the N180 deficit and the regional impact. The EC and leadership teams from N180 and LRE have been meeting to work on addressing these items.
- A meeting has been scheduled to discuss a review of the LRE CEO.

GOVERNANCE COMMITTEE

August 11, 2024, Governance Committee meeting minutes are included in the packet for information.

- The recommendation to the Board is as follows.
  - Chair Patricia Gardner
  - Vice chair Janet Thomas
  - Secretary Ron Bacon

**LRE 24-30 Motion:** To approve the recommendation from the Governance Committee for the slate of officers as presented

- Chair Patricia Gardner
- Vice chair Janet Thomas
- Secretary Ron Bacon

Moved: Patricia Gardner      Support: Ron Bacon

Floor is open for discussion:

Ms. Kelsey comments that she participated on the Governance Committee and at the time voted yes to the recommendation. After the meeting Ms. Kelsey states that she wishes that she would have voted “no” as she has concerns that the recommended members may have a conflict due to issues in the past. Ms. Kelsey recommends voting down the recommended slate and either schedule another Governance Committee or nominate others during the current meeting. Mr. Stek comments that additional nominations may be made. Mr. Storey asks to have this item

tabled until the September meeting to allow the nominating committee to consider the slate and the resolution made by OnPoint Board.

**LRE 24-31 Motion:** To approve tabling motion LRE 24-30 until the September 25, 2024, Board meeting.

Moved: Jim Storey                      Support: Sara Hogan

ROLL CALL

MOTION CARRIED

ACTION ITEMS

NA

FINANCIAL REPORT AND FUNDING DISTRIBUTION

CFO Report is included in the Board packet for information.

A full budget will be brought to the Board for approval in September.

**FY2024 July Funds Distribution**

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

Moved: Patricia Gardner                      Support: Janice Hilleary

MOTION CARRIED

**Statement of Activities as of 6/30/2024 with Variance Report-**

Included in the Board packet for information.

- There will be a final budget amendment next month.

**Monthly FSR-**

Included in the Board packet for information.

BOARD MEMBER COMMENTS

NA

PUBLIC COMMENT

NA

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, 11:00 AM (LRE Annual Public Budget Hearing)

**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

OTHER

ADJOURN

Mr. Stek adjourned the August 24, 2024, LRE Board of Directors meeting at 2:29 PM.

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Ron Bacon, Board Secretary

Minutes respectfully submitted by:  
Marion Moran, Executive Assistant

## RESOLUTION OF THE ONPOINT BOARD OF DIRECTORS ON THE APPOINTMENT OF EXECUTIVE COMMITTEE MEMBERS FOR 2025

The Board of Directors of OnPoint, in a special meeting of the Board of Directors that was duly noticed, called, and at which a quorum was present to conduct business, and which was held on Friday, August 23, 2024, hereby adopts the following resolution regarding the nomination of Executive Committee members for the LRE Board of Directors:

**WHEREAS**, OnPoint is a founding member of the Lakeshore Regional Entity (LRE), and has been a member of the LRE in good standing since its inception in 2014 and has done its part to manage its financial responsibilities as required by the LRE for many years, and

**WHEREAS**, the LRE's Conflict of Interest Policy requires that LRE board members - and OnPoint itself as a member - exercise our Duty of Care to "*perform his or her duties for the LRE in good faith*" and our Duty of Loyalty to "*act at all times in the best interest of the LRE*", and

**WHEREAS**, the LRE's Operating Agreement obligates the LRE to "*[ensure] that equality in voice and governance exists, and that the benefit to the citizens meets Medicaid standards while being provided in ways that reflect the needs and resources of the communities in which each CMHSP Member operates.*" , and

**WHEREAS**, the LRE further "*establishes certain checks and balances to ensure that governance remains balanced and equal and that the operation of the [LRE] is for service to the CMHSP Members in achieving high levels of regulatory compliance, quality of service, and fiscal integrity. In these ways the [LRE] exists to serve in the best interest of and to the benefit of all CMHSP Members and their persons served.*", and

**WHEREAS**, the LRE's Nominations Committee has proposed officers for 2025 who have been deeply involved in recent litigation against the LRE and/or led and supported actions (Motion LRE 23-23 at May 24, 2023 LRE board meeting) that were seen as inconsistent with the duties of care and loyalty to the LRE, and



**THEREFORE, BE IT RESOLVED** that the OnPoint Board of Directors urges the LRE Board to appoint individuals who exemplify the Duty of Care and Duty of Loyalty as specified in the LRE’s Conflict of Interest policy.

**AND BE IT FURTHER RESOLVED** that the OnPoint Board of Directors urges the LRE Board to appoint individuals who will “*[ensure] that equality in voice and governance exists, and that the benefit to the citizens meets Medicaid standards while being provided in ways that reflect the needs and resources of the communities in which each CMHSP Member operates.*” , and

**AND BE IT FURTHER RESOLVED** that the OnPoint Board of Directors urges the LRE Board to appoint individuals who will help “*[establish] certain checks and balances to ensure that governance remains balanced and equal and that the operation of the [LRE] is for service to the CMHSP Members in achieving high levels of regulatory compliance, quality of service, and fiscal integrity. In these ways the [LRE] exists to serve in the best interest of and to the benefit of all CMHSP Members and their persons served.*”.

**RESOLUTION DECLARED ADOPTED**

\_\_\_\_\_ Date:  
\_\_\_\_\_  
**Gale Dugan, Board Chairperson**

I hereby certify that the foregoing is a true and complete copy of the Resolution duly adopted by the OnPoint Board of Directors at a special meeting held on August 23, 2024, at which a quorum was present, and that said meeting was conducted and public notice of said meeting was given pursuant to and in full compliance with the Open Meetings Act, 1976 P.A. 267 as amended, and that the minutes of said meeting were kept and will be or have been made available as required by said Act.

\_\_\_\_\_ Date:  
\_\_\_\_\_  
**Mark DeYoung, Board Secretary**

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**CONSUMER ADVISORY PANEL MEETING AGENDA**

Thursday, September 12, 2024 – 1:00 PM to 3:00 PM

Virtual Teams Meeting or Call In

Present: Lynette B., Sharon H., John M., Tamara M., Robert C., Jennifer E., James Sibley, Angie K., Cindy Boerema, Shawnee T.

CMH: Lori Schummer (WM), Chelsea Clark (Ottawa), Cathy Potter (OnPoint), Kelly Betts (HW), Max Knoth (Ottawa), Jodi Garrow (WM)

LRE: Mari Hesselink, Stephanie VanDerKooi, Michelle Anguiano

1. Welcome and Introductions.
  - a. Review of the September 12, 2024, Agenda (*Attachment 1*)
  - b. Review of the June 13, 2024, Meeting Minutes (*Attachment 2*)

The September 12, 2024, meeting agenda and June 13, 2023, meeting minutes are accepted as presented.

2. Member Stories – Limit 5 minutes
  - a. Member Experiences
    - i. John M. discusses the need for security against identity theft as this has happened to him and has had very many issues, including financial charges.
    - ii. Lynette B. has lost her son, and she would like to thank the group for reaching out and helping her through this.
3. Consumer Advisory Panel
  - i. September CAP Newsletter – (*Attachment 3*)
    - The newsletter is included in the packet.
    - If there is any feedback or any ideas for newsletter items, please email Mari at [marih@lsre.org](mailto:marih@lsre.org) or Marion at [mariond@lsre.org](mailto:mariond@lsre.org)
4. LRE Updates – Stephanie
  - i. FY 21/22 MDHHS/LRE Settlement Update
    - LRE is working with MDHHS on the settlement as there are discrepancies regarding the methodology that the state is using compared to the methodology that LRE is using. LRE is discussing with the LRE legal. This will be a standing agenda item at the LRE Board meetings until the situation has been remedied.
  - ii. LRE/Network180 Autism Corrective Action Plan (CAP)

- There has been a struggle in Kent County regarding the Autism waitlist due to not enough provider capacity. The state has given a CAP to LRE and N180 to work on the Autism services to make sure individuals are getting the care that they need. Network180 has worked very hard to meet the metrics that the state has prescribed and have met each one currently.
- iii. Health Services Advisory Group (HSAG)
    - HSAG is an auditing group that makes sure that the LRE is following rules and procedures. There is a 3-year cycle in which a different part of the audit is completed in years 1 through 3. This audit is completed at each PIHP.
    - There will be a report in November that will include a corrective action plan of items that will have to be corrected.
    - This will be added to the next agenda in December for an update.
  - iv. LRE Strategic Plan Update
    - The strategic plan is a 3-year plan, and we are coming to the end of the first year.
    - LRE will send a survey to workgroups that include CMH members, a survey will also be sent to the LRE Board and the CMH CEOs. The purpose of the survey will be to ask if LRE is completing the tasks set out in the strategic plan. After the surveys are complete a report will be available and will be brought to this group in December.
    - The strategic plan is available on the LRE website at [www.lsre.org](http://www.lsre.org).
  - v. Election of Board Officers – September Board Meeting
    - During the next Board meeting (9/25/24) a new slate of officers will be approved.
5. Regional Updates – Stephanie
- i. CCBHC - Cherry Health
    - Certified Community Behavioral Health Clinic – Each of our region’s CMHs are CCBHCs. What this does is to allow CMHs to expand services to include items such as mild to moderate individuals.
    - Cherry Health applied to become a CCBHC. The process is very extensive and asks about who and how requirements will be completed. They were not approved for this year but plan to reapply next year.
    - LRE will be working with Cherry Health to meet the requirements for when they do reapply.
  - ii. HAB Waiver Slots Update
    - Each region has a specific number of slots for individuals to receive these services. LRE has received 17 additional slots due to an updated methodology that the state has put in place.
  - iii. PIHP/CMH Contract Update

- LRE is working with CMHs to put a new contract in place. The contract is at LRE legal for review and then will be sent to CMHs for review.
- iv. Customer Satisfaction Survey
- The satisfaction survey is being sent out and this can also be filled out online.
  - OnPoint members have filled out the survey. The group that the survey went well and was easy to read. There was a question about medication and would like clarification if it is medication from OnPoint or from their PCP. – The medication from OnPoint.

**Action:** Cindy B. – send a survey

- v. Ottawa CMH – Dr. Michael Brashears, Executive Director

6. State Updates – Stephanie

- i. Legislative Update (*Attachment 4*)
- The update is attached to the packet.
- ii. Walk of Hope – West Michigan CMH (*Attachment 5*)
- This event is meant to help with suicide awareness. There will be a 1-mile walk.
  - September 26, 2024
- iii. [Walk A Mile](#)
- September 17, 2024
- iv. Medicaid Redetermination (*Attachment 6*)
- The attachment discusses the drop in Medicaid enrollment and how this has created a gap in Medicaid revenue. The Community Mental Health Association (CMHA) is asking for a call to action to reach out to legislators to advocate for MDHHS to close the gap in funding so that individuals do not go without the services that are needed.

7. LRE Board Meeting

September 25, 2024 – LRE Board Meeting  
 GVSU Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440  
 Call-in information will be posted on the LRE website

8. Upcoming CAP Meetings for **2024** (2<sup>nd</sup> Thursday of every third month [Quarterly] - 1:00 pm to 3:00 pm)

September 12, December 12

9. Other:

- Ottawa CMH – Recovery Fest, September 19, 3:00pm - 6:30pm
- HW –
  - Recovery Fest, September 20, 1:00pm - 5:00pm, Hackley Park,
  - Remembrance Walk, September 17, 6:00pm, Hackley Park
- N180- Sharon H. would like more information on who to direct people to that are coming out of jail/prison to receive services – Michelle Anguiano, [michellea@lsre.org](mailto:michellea@lsre.org), phone: 231-638-9244
- Tamara will be one of the speakers at Walk a Mile this year.
- Allegan –
  - Art of Recovery, September 27, 12:00pm - 4:00pm, Allegan Riverfront Park
  - Safety Awareness Presentation, October 4, 10:00am - 11:00am

**FUTURE AGENDA ITEMS**

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**CEO Report**  
**September 25th, 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 wrapped up the health and wellness trainings (offered by BC/BS) that are part of the staff retention grant. It is a great way to wrap up the fiscal year.
- We are pleased to welcome Jayna Clark to the LRE team as our new part-time Associate Data Submissions Coordinator.
- LRE staff are wrapping up all the projects for the fiscal year and are developing outcome reports.
- LRE annual contracts will be reviewed at the board meeting this month. The contracts brought before the board will be for contracts over \$50,000 for FY25, as that is the executive limitation.

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 has still not been shared with the field. However, LRE received 17 HSW slots in addition to the 30 slots that MSHN provided to us. I have a plan regarding more slots.
  - Opioid Health Home/Behavioral Health Home (OHH/BHH)  
*Update:* LRE continues to encourage all CMHs to begin planning to move towards adding either or both OHH/BHH services in FY25. The BHH kick-off is Thursday September 26<sup>th</sup>. LRE recommends all CMHs attend to better understand and to alleviate any concerns they may have.
  - BHTEDs/LOCUS  
*Update:* The LRE continues to communicate with the CMHs regarding information on areas that have improved, as well as areas that continue to need their attention.

- Autism
  - Network180/LRE Corrective Action Plan with MDHHS
 

**Update:** LRE continues sending weekly updates to MDHHS to report on the progress of the CAP. Network180 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.
  
- 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:** As there continues to be areas that the CMHSPs and the PIHP have not been able to come to an agreement on, the LRE is extending the current contract for 45 days. The LRE has requested feedback from the CMHs, took the feedback to the LRE legal, and provided the response to the CMHs. The CMHs have until October 4<sup>th</sup> to provide further information on this matter. If there is no resolution, then this matter will be brought to the LRE BOD for discussion and resolution.
  
- Network 80 Funding Request – Recovery Plan
 

**Update:**

  - LRE Executive Committee, LRE leadership, and Network180 leadership met on September 18<sup>th</sup>, 2024. Network180 provided 3 options to the LRE regarding their FY25 budget. It is important to note that LRE does not have final rates from MDHHS yet, so it is still up in the air what the rates will be and all projections are based on draft rates.
    - Option 1: Continue with the drafted spending plan for FY25 with a projected deficit of approximately \$11.5 million.
    - Option 2: Develop a 2-month budget until final rates are out, however it was noted that this budget would also have approximately a \$900,000 projected deficit for those two months.
    - Option 3: Reallocate autism funds to give Network180 more revenue.
  - LRE administration responded to the options provided and added a fourth option.
    - Option 4: Operating Agreement states that if a CMH needs more than the allocated funding then they would request a planned funding adjustment from the other members for FY25.

- LRE administration was in support of Option 2, with N180 doing what is necessary to bring that 2-month budget in line to balance.
- Discussion around contracting with a utilization management expert firm to assist N180 and LRE in identifying areas to work on for a balanced budget. Two recommendations were made - LRE recommended LMC Healthcare, and Mr. Ward, Network 180 Executive Director, recommended Health Management Associates (HMA). Both parties agreed to get a scope of work from the organizations and select one vendor that both parties could agree to.
- **Strategic Planning:** We are now gathering baseline data and a summary of efforts for the first year of our 3-year LRE Strategic Planning. Survey Monkeys to gather information have been sent to each ROAT (Survey is attached as a PDF in the event you want to read this). LRE will send the BOD and CMH CEOs a survey as well to gather feedback on year 1 activities. A full report of this will be provided to the Board at the November meeting.

Other LRE Business:

**SUD Prevention Update:**

See the press release for the **Anyway you Slice it Campaign-Prevention Matters** (Attached to the end of this report)

**Synar Coverage Study:** Under the Substance Use Prevention, Treatment, and Recovery Services Block Grant requirement, states must conduct annual, unannounced, random inspections of tobacco retailers to determine the compliance rate with laws prohibiting the sale of tobacco products to persons under the age of 21. These Synar surveys involve choosing a random sample of tobacco retail outlets from a well-maintained master tobacco retailer list. Every three years, each state is also required to check the coverage and accuracy of that master list by conducting a coverage study as close as possible to the time of the Synar survey. This is a more in-depth verification of the Master Retailer List (MRL). “Coverage” indicates how completely the MRL contains all the eligible outlets in the state for the Synar survey. The coverage rate is the percentage of all eligible outlets in the state that appear on the master list. The Substance Abuse and Mental Health Services Administration recommendation is for a ninety (90) percent coverage rate; however, the actual mandate is for eighty (80) percent coverage. The study will also provide an additional means of checking address accuracy and outlet eligibility, beyond the various methods used to clean the list regularly. Our region was selected this year for Kent County (31 locations) and Ottawa Counties (32 locations). (see handouts from MDHHS)



### **Prevention Gambling Update:**

Upcoming PSA/campaign for gambling prevention with Channel 17. There is an interview on Sept 23 with Channel 17.

<https://youtu.be/dU1Ok-EkRBw>

(PSA with Bret Bakita)

WXMI-61881-Seyferth-Gambling\_300x600.zip



### **Election of Board Officers – Timeline:**

- i. **July** - the LRE BOD appoints the Governance Committee (1 member from each county). – completed
- 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. - Tabled
- 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**

**MDHHS PIHP contract** – spoke about this last month.

*Update:* MDHHS pulled the contract back, changed the language under the Waskul section and reissued it. Although the language under this section has changed, LRE legal has advised LRE CEO that this is still not acceptable language as well as the CCBHC and ISF language section is not acceptable. LRE is recommending editing the boilerplate, as 7 other PIHPs are doing, sign it and then return it certified mail.

**The 20<sup>th</sup> annual Walk A Mile**

The rally at the Lansing Capitol Building was held on 9/17 from 12-3 PM. The weather was spectacular! Every CMH in the region was represented, and great collaboration took place. Legislators were available to meet with individuals and groups. There was a huge turn-out from across the state and a good time was had by all.

**Legislative Update:**

**\*Little to no movement on legislation in the last month, due to limited sessions of Congress at both the State and Federal levels.**

The LRE would like to highlight the following bills as action items:

State Legislation:	Federal Legislation
<ul style="list-style-type: none"> <li>• HB 4841</li> <li>• Keep MI Kids Tobacco Free Alliance Bill Package (SB 649 &amp; 650, SB 651 &amp; 652, SB 648, SB 647, SB 654, SB 653)</li> <li>• HB 4707</li> </ul>	<ul style="list-style-type: none"> <li>• S. 2993, 1323, 2860</li> <li>• HR 2891</li> <li>• S. 3579 &amp; HR 6982 (GRIT Act)</li> </ul>

The LRE would like to highlight the following miscellaneous updates:

CMHA ACTION ALERT	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.	<a href="#">Advocacy • CMHAM - Community Mental Health Association of Michigan</a>
Opioid Settlement	Currently 71 of 83 counties in Michigan have taken the Opioid	<a href="#">Opioid Settlement Resource Center - The Michigan</a>

	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.	<a href="http://micounties.org">Association of Counties (micounties.org)</a>
CMHA ACTION ALERT	Fix Medicaid Shortfall: CMHA is asking you to reach out to your legislators (House & Senate) and the Governor and URGE them to push MDHHS to close the current \$93 million Medicaid revenue gap through the development and payment of a set of retroactively effective, revised, and increased capitation rates. As noted above, the funds needed to provide this rate adjustment are already in the FY 2024 appropriations for these services, thus requiring no new appropriations to close this revenue gap.	<a href="https://cmham.org/advocacy">https://cmham.org/advocacy</a>

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

## **UP AND COMING**

### **Walk of Hope**

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 WCMCMH in Ludington, MI.

Report by Mary Marlatt-Dumas, CEO, Lakeshore Regional Entity

ROAT Membership Survey LRE

**Please take a few moments to complete the following questionnaire. Your responses will provide valuable feedback to support effective ROAT processes and to inform discussions regarding priorities for the coming year.**

**You may be asked to complete this questionnaire again if you participate on more than one ROAT. So please be sure to consider only the specific ROAT for which you have been asked to complete this questionnaire as you determine your responses.**

**The questionnaire will take approximately 5 minutes to complete, and your responses will be confidential. The survey is being managed by an independent evaluator who will provide an aggregate report of results along with a list of any comments provided.**

**Thank you for taking the time to provide this valuable feedback.**

\* 1. For which ROAT group are you completing this questionnaire:

- |  |  |  |
|--|--|--|
| <input type="radio"/> Autism ROAT            | <input type="radio"/> Finance ROAT                     | <input type="radio"/> SUD ROAT                         |
| <input type="radio"/> Clinical ROAT          | <input type="radio"/> Information Technology (IT) ROAT | <input type="radio"/> SUD Prevention Workgroup/ROAT    |
| <input type="radio"/> Compliance ROAT        | <input type="radio"/> Provider Network ROAT            | <input type="radio"/> Utilization Management (UM) ROAT |
| <input type="radio"/> Customer Services ROAT | <input type="radio"/> Quality Improvement (QI) ROAT    |  |

## ROAT Membership Survey LRE

**Thinking about meetings of this ROAT during FY24, please answer the following questions.**

2. How much do you agree with the following statements:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
This ROAT provides opportunities to explore innovative ideas and opportunities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This ROAT reviews and uses data findings to inform service improvement priorities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This ROAT effectively supports local efforts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This ROAT effectively fosters regional coordination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. How much do you agree with the following statements:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
This ROAT reviews meaningful data and uses findings to inform efforts.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This ROAT functions as a team and members display trust for one another.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This ROAT is helpful to the day-to-day activities of my organization.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This ROAT provides an opportunity for members to support their peers from other communities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The work of this ROAT is clear and does not overlap with other ROAT groups (e.g. discussing the same issues at multiple groups).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. How much do you agree with the following statements:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Meetings provide an opportunity for meaningful discussion.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meeting agendas are effective and designed to move the group's priorities forward.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meeting time is primarily spent exploring issues, making decisions, and moving initiatives forward rather than receiving informational updates.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leadership seeks member input and is accepting of differing viewpoints and ideas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Members receive routine and effective communications that keep us informed about where we are at with projects and discussions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## ROAT Membership Survey LRE

\* 5. In order for the survey to direct you to additional questions specific to this ROAT group, please specify the groups for which you are completing this questionnaire:

- |  |  |  |
|--|--|--|
| <input type="radio"/> Autism ROAT            | <input type="radio"/> Finance ROAT                     | <input type="radio"/> SUD ROAT                         |
| <input type="radio"/> Clinical ROAT          | <input type="radio"/> Information Technology (IT) ROAT | <input type="radio"/> SUD Prevention Workgroup/ROAT    |
| <input type="radio"/> Compliance ROAT        | <input type="radio"/> Provider Network ROAT            | <input type="radio"/> Utilization Management (UM) ROAT |
| <input type="radio"/> Customer Services ROAT | <input type="radio"/> Quality Improvement (QI) ROAT    |  |

ROAT Membership Survey LRE

Autism ROAT

**Please consider only your experience with this specific ROAT during FY24 while answering the questions throughout this survey.**

6. The following items were prioritized for this ROAT for FY24. Thinking about the work of this group during FY24, how much progress was achieved for each issue?

	Have not addressed	Some Progress	A good amount of progress	Completed work related to this priority
Medical necessity and how it's defined throughout the process - Intake to discharge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ABA in Schools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Average number units per individual and length of stay	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Analysis of data— to ensure the WSA replacement can pull and allow us to extrapolate what we need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Level of Care determination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Which of the FY24 priorities should continue as priorities during FY25? (select all)

- Medical necessity and how it's defined throughout the process - Intake to discharge
- ABA in Schools
- Average number units per individual and length of stay
- Analysis of data— to ensure the WSA replacement can pull and allow us to extrapolate what we need
- Level of Care determination

Comments:

8. Are there additional priorities that should be considered for this ROAT in FY25?



ROAT Membership Survey LRE

Clinical ROAT

9. The following items were prioritized for this ROAT for FY24. Thinking about the work of this group during FY24, how much progress was achieved for each issue?

	Have not addressed	Progress achieved	A good amount of progress achieved	Completed work related to this priority
Standardization of Tools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identification of shared resources across the region (EBP training, other)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conflict Free Access Planning Implementation/Process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Which of the FY24 priorities should continue as priorities during FY25? (select all)

- Standardization of Tools
- Identification of shared resources across the region (EBP training, other)
- Conflict Free Access Planning Implementation/Process

Comments:

11. Are there additional priorities that should be considered for this ROAT in FY25?

ROAT Membership Survey LRE

Compliance ROAT

12. The following item was prioritized for this ROAT for FY24. Thinking about the work of this group during FY24, how much progress was achieved?

	Have not addressed	Progress achieved	A good amount of progress achieved	Completed work related to this priority
Review Data (Power BI)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. Should the following priority from FY24 continue to be priority during FY25?

	No	Yes
Review Data (Power BI)	<input type="radio"/>	<input type="radio"/>

Comments:

14. Are there additional priorities that should be considered for this ROAT in FY25?

ROAT Membership Survey LRE

Customer Services ROAT

15. The following items were prioritized for this ROAT for FY24. Thinking about the work of this group during FY24, how much progress was achieved for each issue?

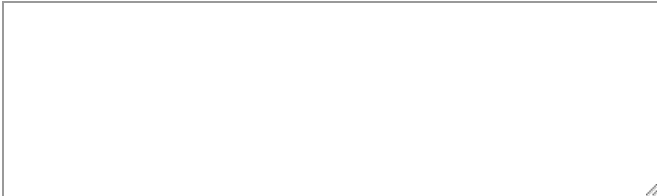
	Have not addressed	Progress achieved	A good amount of progress achieved	Completed work related to this priority
NABD: Ensure CMHSP members are using the same template with all changes from MDHHS incorporated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NABD: Continue to host quarterly trainings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Continue to refine Customer Satisfaction Survey to resolve electronic issues and ensure CCBHC requirements are met	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work to ensure customer needs are front and center	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improve communication with the state (i.e. how we give and receive feedback in a more collaborative manner. Consider developing regional responses)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ensure Community Advisory Panel is kept informed - include as a regular agenda item reports from each CMHSP regarding CAP activity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. Which of the FY24 priorities should continue as priorities during FY25? (select all)

- NABD: Ensure CMHSP members are using the same template with all changes from MDHHS incorporated.
- NABD: Continue to host quarterly trainings.
- Continue to refine Customer Satisfaction Survey to resolve electronic issues and ensure CCBHC requirements are met
- Work to ensure customer needs are front and center
- Improve communication with the state (i.e. how we give and receive feedback in a more collaborative manner. Consider developing regional responses)
- Ensure Community Advisory Panel is kept informed - include as a regular agenda item reports from each CMHSP regarding CAP activity.

Comments:

17. Are there additional priorities that should be considered for this ROAT in FY25?

An empty rectangular box with a thin black border, intended for the user to provide their answer to the question above. The box is currently blank.

ROAT Membership Survey LRE

Provider Network ROAT

18. The following item was prioritized for this ROAT for FY24. Thinking about the work of this group during FY24, how much progress was achieved?

	Have not addressed	Progress achieved	A good amount of progress achieved	Completed work related to this priority
Spend more time vetting providers and adding providers to the panel. Share provider information.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. Should the following priority from FY24 continue to be priority during FY25?

	No	Yes
Spend more time vetting providers and adding providers to the panel. Share provider information.	<input type="radio"/>	<input type="radio"/>

Comments:

20. Are there additional priorities that should be considered for this ROAT in FY25?

ROAT Membership Survey LRE

Quality Improvement ROAT

21. The following items were prioritized for this ROAT for FY24. Thinking about the work of this group during FY24, how much progress was achieved for each issue?

	Have not addressed	Progress achieved	A good amount of progress achieved	Completed work related to this priority
MMBPIS data (2a and 3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hedis FUH® 30 Day: Racial Disparity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HCBS Compliance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Behavior Treatment Review Committee: "Stable vs Progressing" Status as it pertains to HCBS Final Rule	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Behavior Treatment Review Committee: Include all consumers with BTPs, not just HSW consumers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. Which of the FY24 priorities should continue as priorities during FY25? (select all)

- MMBPIS data (2a and 3)
- Hedis FUH® 30 Day: Racial Disparity
- HCBS Compliance
- Behavior Treatment Review Committee: "Stable vs Progressing" Status as it pertains to HCBS Final Rule
- Behavior Treatment Review Committee: Include all consumers with BTPs, not just HSW consumers

Comments:

23. Are there additional priorities that should be considered for this ROAT in FY25?

## ROAT Membership Survey LRE

## SUD ROAT

24. The following items were prioritized for this ROAT for FY24. Thinking about the work of this group during FY24, how much progress was achieved for each issue?

	Have not addressed	Progress achieved	A good amount of progress achieved	Completed work related to this priority
Ability to provide leadership in training on best practices, esp. regarding treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide trainings on evidence-based practices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develop strategies on addressing staffing shortages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working through the differences/inconsistencies across the region for providers that contract with multiple CMHSPs; and provider navigation issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. Which of the FY24 priorities should continue as priorities during FY25? (select all)

- Ability to provide leadership in training on best practices, esp. regarding treatment
- Provide trainings on evidence-based practices
- Develop strategies on addressing staffing shortages
- Working through the differences/inconsistencies across the region for providers that contract with multiple CMHSPs; and provider navigation issues

Comments:

26. Are there additional priorities that should be considered for this ROAT in FY25?

ROAT Membership Survey LRE

SUD Prevention Workgroup/ROAT

27. The following items were prioritized for this ROAT for FY24. Thinking about the work of this group during FY24, how much progress was achieved for each issue?

	Have not addressed	Progress achieved	A good amount of progress achieved	Completed work related to this priority
Evidence Based Practices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emerging drug trends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. Which of the FY24 priorities should continue as priorities during FY25? (select all)

- Evidence Based Practices
- Emerging drug trends

Comments:

29. Are there additional priorities that should be considered for this ROAT in FY25?



ROAT Membership Survey LRE

Utilization Management (UM) ROAT

30. The following items were prioritized for this ROAT for FY24. Thinking about the work of this group during FY24, how much progress was achieved for each issue?

	Have not addressed	Progress achieved	A good amount of progress achieved	Completed work related to this priority
SIS replacement-what tool is the state going to ID? How will we use it regionally.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Include respite and CLS in tool selection (high, medium, low).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develop a menu of tools that are available; investigate how other PIHPs are addressing this.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PCS/CLS guidelines are available; Used across the MI and IDD system of care. State is specific about not using one tool to determine need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

31. Which of the FY24 priorities should continue as priorities during FY25? (select all)

- SIS replacement-what tool is the state going to ID? How will we use it regionally.
- Include respite and CLS in tool selection (high, medium, low).
- Develop a menu of tools that are available; investigate how other PIHPs are addressing this.
- PCS/CLS guidelines are available; Used across the MI and IDD system of care. State is specific about not using one tool to determine need.

Comments:

32. Are there additional priorities that should be considered for this ROAT in FY25?

ROAT Membership Survey LRE

Finance ROAT

33. Thinking about what has been accomplished during FY24, are there additional priorities that should be addressed in the coming year (FY25)?

ROAT Membership Survey LRE

Information Technology (IT) ROAT

34. Thinking about what has been accomplished during FY24, are there additional priorities that should be addressed in the coming year (FY25)?

ROAT Membership Survey LRE

35. Is there anything else you'd like us to know or consider?

**Thank you for taking the time to provide this valuable feedback!**

# TalkSooner.org

FOR IMMEDIATE RELEASE

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616.450.8508

## 'ANY WAY YOU SLICE IT, PREVENTION MATTERS!'

### REGIONAL PIZZA OWNERS SERVE UP SIDE OF YOUTH SUBSTANCE ABUSE PREVENTION DURING NATIONAL FAMILY MEALS MONTH IN SEPTEMBER

**GRAND RAPIDS, Mich. – (Sept. 4, 2024)** – As part of national Family Meals Month in September, [TalkSooner](http://TalkSooner.org) is teaming up with several independently-owned and operated pizzerias/restaurants to inspire parents to have the “drug talk” with their youth/teen.

These TalkSooner partnerships are honoring the month of September which is National Family Meals month through a promotion called, “**Any Way You Slice It, Prevention Matters.**”



According to [John Hopkins Medicine](http://JohnHopkinsMedicine.org), research studies show that eating together regularly can reduce the chance of a child or teen engaging in risky behaviors such as using tobacco, alcohol and marijuana. TalkSooner has partnered with several pizzerias across a 6-county area to inspire customers to come together for family meals and conversation.



About 2,500+ promotional fliers will be served up with pizza orders this month, as well as 3,000 +complimentary TalkSooner pizza cutters available in-store, while supplies last.

“Pizza represents that easy, portable and informal meal that fits into almost any busy schedule,” explained Amy Embury, Prevention Manager for the Lakeshore Regional Entity (LRE) which powers TalkSooner. “It’s all about having those fun moments and conversation together, but also checking in with your children on important topics like teen drug use.”

Added Mike Russo, owner of Russo’s in Wyoming, “We’re thrilled to be part of anything that helps strengthen families and our community.”

#### Participating pizzerias include:

- Cadena Brothers, Cloversville/Muskegon County
- Don Petrino’s Pizzeria, Holland/Ottawa County
- Chuck Wagon, Ludington/Mason County
- Russo’s, Wyoming/Kent County
- Golden Sands Golf Course & Bucket Bar/Oceana County
- C D’s Quik Mart, Hopkins/Allegan County

For talking tips, trends and more, please visit [www.talksooner.org](http://www.talksooner.org)

# TalkSooner.org

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**About TalkSooner:** *Founded in 2007, TalkSooner is the product of multiple county coalitions in Michigan, working together to send out a common message to parents of youth ages 10-18 about alcohol, tobacco, and other substances. TalkSooner believes that accurate information is critical to help parents and youth make healthy choices around substance use. The goal of TalkSooner is to delay the onset of substance use through encouraging positive, honest conversations with youth that are centered on factual information. TalkSooner provides a variety of resources to make the conversation easier: drug facts, trends and information, signs to watch for if there are concerns about youth use, and tips for how to talk to youth about this complicated topic.*



# Lakeshore Regional Entity's Legislative Update – 09/17/2024



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	<i>Would amend the childcare licensing Act to allow for emergency physical management/therapeutic de-escalation (certain levels of restraint &amp; seclusion) in certain children’s residential settings.</i>	<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.		
	SB 180/179	<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 Marijuana Regulation Fund that was collected under an Indian Tribe Agreement.</i>	Roger Hauck	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
	SB 141/HB 4201	<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>	Mallory McMorrow & Kristian Grant	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
	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
	SB 247	<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>	Sean McCann	7/19/23-Assigned PA 0096'23 with immediate effect
	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	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.	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**

<b>Priority</b>	<b>BILL #</b>	<b>SUMMARY</b>	<b>SPONSOR(s)</b>	<b>STATUS/ACTION DATE</b>
***	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
	H.R. 8663	DETECT Fentanyl and Xylazine Act of 2024: to require the Science and Technology Directorate in the Department of Homeland Security to develop greater capacity to detect, identify, and disrupt illicit substances in very low concentrations.	Nick LaLota	06/27/24 – Introduced in House, Referred to House Committee on Homeland Security, Referred to Emergency Management and Technology 9/9/24 – Move to suspend the rules and pass the bill, House Debate 9/10/24 – Received in the Senate and read twice, referred to the Committee on Homeland Security and Governmental Affairs.

### LEGISLATIVE CONCERNS

#### LOCAL THREATS AND CHALLENGES

ISSUE	SUMMARY	COUNTY	ADDITIONAL INFORMATION/LINKS
End of PHE Medicaid Beneficiary Renewals	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>CMS Plan for States to Use Medicaid for Incarcerated Substance Use Treatment</b>	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.		<a href="#">A disappointing report card for primary care - POLITICO</a> (relevant information is about halfway down the page)
	<b>Post-Pandemic Telehealth Policy</b>	The recently released Michigan Medicaid bulletin reflects all of the recommendations of the CMHA Behavioral Telehealth Advisory Group.		<a href="#">Final Bulletin MMP 23-10-Telemedicine.pdf (govdelivery.com)</a>
	<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>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		<a href="#">Opioid Settlement Resource Center - The Michigan Association of Counties (micounties.org)</a>

	ISSUE	SUMMARY	COUNTY	ADDITIONAL INFORMATION/LINKS
		<p>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.</p>		
	<p><b>U.S. Supreme Court to Hear Case regarding E-Cigarettes</b></p>	<p>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.</p>		<p><a href="#">U.S. Supreme Court Agrees to Hear...   Campaign for Tobacco-Free Kids (tobaccofreekids.org)</a></p>
	<p><b>Primary Election Update</b></p> <p><b>Noteworthy Contests</b></p>	<p><b>Federal Level:</b>  <b>House of Reps:</b>  Republican Paul Hudson won over Michale Merakey. He will face Democrat Hillary Scholten this fall.  <b>Senate:</b>  Current U.S. Representative Democrat Elissa Slotkin, and former representative Republican Mike Rogers both won their respective primaries and will be on the ballot in November.</p> <p><b>State Level:</b>  <b>78<sup>th</sup> House District:</b>  (Portions of Barry, Eaton, Ionia, and Kent[Bowne Twp, City of Lowell, Lowell Twp])  Republican Gina Johnson (incumbent) won over Jon Rocha.</p> <p><b>Local Level:</b>  <b>Ottawa County:</b>  Five out of Nine Republican Ottawa Impact candidates lost to other Republicans in the primary. Joe Moss, Sylvia Rhodea, Kendra Wenzel, and Allison Miedema all won their primary, and will face Democratic candidate in November.  <b>Kent County:</b>  David LaGrand won the primary for Grand Rapids City Mayor, and Senita Lenear received the second highest vote count. They will face voters in November for a run-off election.</p>		

	ISSUE	SUMMARY	COUNTY	ADDITIONAL INFORMATION/LINKS
	<b>2024 Michigan Autism State Plan Update</b>	A committee of the Michigan Autism Council is starting the 2024 update of the Autism State Plan. The original ASD State Plan and the subsequent update were completed in 2012 and 2018 respectively and can be accessed on the Autism Council webpage. The purpose of the Michigan Autism State Plan update is to review the current state of needs and services supporting autistic individuals and provide recommended actions for government and external stakeholders that support the education, health, and well-being of individuals with autism and their families. Opportunities will be available for input from interested parties through stakeholder surveys.		<a href="#">Michigan ASD State Plan – Stakeholder Surveys</a>
	<b>CMHA ACTION ALERT</b>	<b>Fix Medicaid Shortfall:</b> CMHA is asking you to reach out to your legislators (House & Senate) and the Governor and URGE them to push MDHHS to close the current \$93 million Medicaid revenue gap through the development and payment of a set of retroactively effective, revised, and increased capitation rates. As noted above, the funds needed to provide this rate adjustment are already in the FY 2024 appropriations for these services, thus requiring no new appropriations to close this revenue gap.		<a href="https://cmham.org/advocacy">https://cmham.org/advocacy</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> )

## Chief Managed Care Officer - Report to the LRE Board of Directors

**September 25, 2024<sup>1</sup>**

**MDHHS EXTERNAL QUALITY REVIEW:** MDHHS contracts with the Health Services Advisory Group (HSAG) to conduct External Quality Reviews (EQRs) for the following areas:

EQR Component	Tools/Proofs Due Date(s)	Virtual Audit Date
<b>NEW</b> Encounter Data Validation (EDV)	June 6, 2024 & July 3, 2024	<i>Desk Audit Only</i>
<b>NEW</b> Network Adequacy Validation (NAV)	June 14, 2024	June 22, 2024 – August 2, 2024
Performance Measurement Validation (PMV)	June 14, 2024	June 22, 2024 – August 2, 2024
Performance Improvement Projects (PIP)	July 15, 2024	<i>Desk Audit Only</i>
Compliance Review (CR)	June 5, 2024 & July 12, 2024	August 19, 2024 – September 16, 2024

On August 20, 2024, HSAG completed its final EQR of LRE. LRE timely submitted all post-audit materials to HSAG. LRE awaits HSAG’s audit findings on September 30, 2024 (PMV), November 15, 2024 (PIP), November 26, 2024 (CR), December 9, 2024 (NAV), and February 2025 (EDV).

**CMHSP SITE REVIEWS (SR):** In FY24, LRE completed SRs for all Member CMHSPs totally 311 individual audits across all audit types.<sup>2</sup> LRE is analyzing the audit results for its year-end report.

**SUBSTANCE USE DISORDER (SUD) TREATMENT SITE REVIEWS (SR):** In FY24, LRE completed audits all SUD Treatment Providers totally 206 individual audits across all audit types.<sup>2</sup> LRE is analyzing the audit results for its year-end report.

**FACILITY REVIEWS & HCBS ASSESSMENTS WITH HCBS PROVISIONALS:** In FY24, LRE completed 375 Facility Review across Specialized Residential, Autism, Non-Residential, and SUD providers. LRE is analyzing the audit results for its year-end report.

**CMS SITE VISITS - THE HCBS FINAL RULE:** On March 17, 2023, CMS mandated full and on-going compliance with the HCBS Final Rule for all applicable settings. LRE continues to educate its Member CMHSP staff and Network Providers.

In July 2024, the Centers for Medicare and Medicaid Services (CMS) conducted Home and Community Based Services (HCBS) site visits in Region 3 for the following settings: Benjamin’s Hope, Samaritas Ducey, Harbor Pointe East, and MOKA Life Skills.

Providers summarized the CMS site visits as follows:

- 1) Providers reported that CMS’ site visits were “informal” and “conversational.”
- 2) CMS was particularly interested in the history of each setting, the philosophy of care in each setting, and how each setting implemented HCBS. CMS inquired about how each setting offers choice, manages visitors (especially overnight), and integrates consumers into the community.
- 3) CMS also inquired about the interaction between each provider and its contracting CMHSPs. Providers communicated to CMS that each CMHSP is unique in its business approach.
- 4) CMS also discussed conflict free access and planning with each of the settings and how CMS believes conflict free access and planning will impact the PCP process.

<sup>1</sup> All data reported as of September 17, 2024.

<sup>2</sup> Audit Types include: Desk, Program Specific, Clinical, Credentialing, and Training



LRE anticipates CMS' report by the end of October 2024.

**MICHIGAN MISSION BASED PERFORMANCE INDICATORS:** For FY24 Quarter 3, LRE met the compliance thresholds for Indicators 1 – Adult & Children; 4a – Adult & Children; 4b; and 10. For the past three quarters, LRE met the compliance thresholds for Indicators: 1– Adult & Children; 4a – Children; and 4b.

For FY24, MDHHS established compliance thresholds for Indicators 2a and 3. For FY24 Quarters 1 through 3, LRE did not meet the compliance thresholds for Indicators 2a – Adult or Children and 3 – Adult or Children. CMHSPs indicate the lack of compliance is due to Client No Shows, Staffing Issues/Resource Shortage, and Documentation/System Issue. LRE issues Corrective Action Plans (CAPs) to all CMHSPs that failed to meet the compliance threshold for any individual Indicator. LRE will continue reviewing the FY24 Quarter 3 CAPs for Indicator 2a and 3 when submitted by CMHSPs.

**CRITICAL INCIDENTS & RISK EVENTS:** LRE critical incidents and risk events remain stable through July 30, 2024. LRE anticipates FY24 critical incidents and risk events will be similar to FY23 critical incidents and risk events.

**SENTINEL EVENTS & UNEXPECTED DEATHS:** LRE sentinel events and unexpected death remains stable through July 30, 2024. As of September 9, 2024, LRE has experienced 11 suicides, which is the highest fiscal year (FY) to date.

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**EXECUTIVE COMMITTEE SUMMARY**  
What Wednesday, September 18, 2024, 1:00 PM

Present: Ron Bacon, Stan Stek, Janet Thomas, Richard Kanten, Jim Storey  
LRE: Mary Marlatt-Dumas, Stephanie VanDerKooi, Stacia Chick

WELCOME and INTRODUCTIONS

- i. Review of September 18, 2024, Meeting Agenda
- ii. Review of August 21, 2023, Meeting Minutes

The September 18, 2024, agenda and the August 21, 2024, meeting minutes are accepted as presented.

MDHHS UPDATE

- i. FY28 MDHHS/PIHP Contract
  - A letter was sent to the state from the PIHPs communicating concerns about language in the contract which led to MDHHS pulling back the contract. The Waskul language has been updated but legal has stated that it is still not appropriate. The ISF language has remained the same stating a 7.5% cap that PIHPs are not in agreement with.
  - Ms. Marlatt-Dumas will discuss with the Board how to move forward with the contract. The recommendation will be to cross out the items that we disagree with, adding the language we think is appropriate and then signing the contract. This is also what the Board Association (CMHAM) is recommending.
- ii. Meetings
  - Met with Kristen regarding the 21/22 cost settlement after they sent a letter stating we owed back \$13 million. The information has been sent to LRE legal as we may have to go back into litigation if LRE and MDHHS cannot come to an agreement. Kristen Jordan is discussing internally at MDHHS.

FY24 PROJECTED DEFICIT

The current deficit is just over \$6 million. Based on historical reporting the expectation is for that amount to increase significantly by the end of February. Currently, there is a projected \$41 million in the ISF and Medicaid savings before subtracting any deficit amounts. The amount in our savings is subject to the \$13 million in dispute with MDHHS.

FY25 SPENDING PLANS

The FY25 spending plans were submitted and show a \$10 million deficit overall. There are 2 CMHs showing a deficit WM CMH - \$722 thousand and N180 - \$11 million. The other regional CMHs are indicating surpluses which will bring the total deficit down to \$10 million.

- If a CMH submits a spending plan with a deficit the process would be to submit a planned funding adjustment that has to be approved by each CMH. This is outlined in the Operating Agreement. Currently the policy/procedure is in draft form.
- WM CMH will be submitting a revised plan as they will be addressing their overage.

#### NETWORK180/LRE AUTISM CAP UPDATE

Trends are moving downward due to the work being completed by N180. There is concern that the benchmarks that the state has set will be difficult to complete. The upcoming benchmark will not be met. LRE are interested in what other CMHs statewide are looking like and believe that their data will be much the same. LRE submits updates every Friday to MDHHS. Although the benchmarks have not been met there has been significant progress as N180 is taking on new individuals along with the previous individuals on the waitlist.

#### WAIVER SLOTS UPDATE

LRE asked for 200 slots but after the state applied the new methodology the region will receive only 17. The state did not send the new methodology that was used to calculate the re-allocation. There were over 300 slots that should have been re-allocated but only about 100 of those have been re-allocated. Ms. Marlatt-Dumas has sent an email to MDHHS asking for further discussion. If necessary, the methodological information could be FOIA'd. Although this is an increase, the region has potential to utilize many more slots and LRE will continue to ask for more.

#### BOARD MEETING AGENDA ITEMS

##### Action Items:

- i. Governance Committee Recommendation/Slate of Officers
  - This was tabled for the September meeting and will be opened back up for further deliberations.
- ii. FY24 Budget Amendment
  - Final FY24 budget amendment.
- iii. FY25 Budget Approval
  - Public Budget Hearing during the Work Session.
- iv. CMH Contract Extension
  - LRE continues to work on the contract with LRE legal. This has been provided to the CMHs and we are waiting for feedback. LRE will extend the current contract for 45 days.
- v. FY25 Contracts
  - There will be a grid that includes contracts over \$50 thousand that will need approval.

#### BOARD WORK SESSION AGENDA

- i. FY25 Annual Public Budget Meeting – Stacia Chick

## OTHER

Mr. Storey will not be attending the September Board meeting due to a scheduling conflict.

## UPCOMING MEETINGS

- September 25, 2024 – LRE Executive Board Work Session (Budget Hearing), 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
- October 16, 2024 – Executive Committee, 1:00PM
- October 23, 2024 – LRE Executive Board Work Session, 11:00 AM  
GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440
- October 23, 2024 – LRE Executive Board Meeting, 1:00 PM  
GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440

## ADJOURN

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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.

Fiscal Year 2025 Contracts – \$50,000 or Greater			
Agency Name	Contract Name	Description	Contract Total
Allegan County Community Mental Health Services Board, dba OnPoint	FY25_OnPoint CCBHC	Projected Certified Community Behavioral Health Clinic ("CCBHC") Funding	\$9,197,728.00
	FY25_OnPoint CMHSP	Projected Behavioral Health Medicaid Funding, Projected Healthy Michigan Medicaid Funding	\$30,112,539.00
	FY25_OnPoint Grant	Access Management, PA2 - Treatment, Peer Driven Tobacco Cessation, Prevention 3 ARPA, SOR4 Projects (Jail-based MOUD Expansion, OUD/StUD Recovery, OUD/StUD Treatment, Overdose Education and Naloxone Distribution with Harm Reduction ("OEND"), Peer Outreach and Linkage, Prevention, and Recovery Housing), State Disability Assistance, SUD Administration, SUD Treatment, Treatment 3 ARPA, Women's Specialty Services, Prevention Block Grant & PA2 - Prevention	\$1,296,686.00
Arbor Circle	FY25_Arbor Circle Grant	Hispanic Behavioral Health Services, Michigan Gambling Disorder Prevention Project, Prevention 3 ARPA, SOR4 - Prevention, PA2 - Prevention (Ottawa County), PA2 - Prevention (Kent County)	\$708,758.00
Blue Cross/Blue Shield	LRE BCBSM Installation	Projected budget for LRE Employee Medical Insurance Plans	\$467,015.00
Community Mental Health of Ottawa County	FY25_CMHOC CCBHC	Projected Certified Community Behavioral Health Clinic ("CCBHC") Funding	\$8,528,576.00
	FY25_CMHOC CMHSP	Projected Behavioral Health Medicaid Funding, Projected Healthy Michigan Medicaid Funding	\$50,669,522.00
	FY25_CMHOC Grant	Access Management, PA2 - Treatment, Peer Driven Tobacco Cessation, SOR4 - Jail-based MOUD Expansion, SUD Administration, SUD Treatment, Treatment 3 ARPA, Women's Specialty Services, PA2 - Prevention, PA2 - Special Projects Treatment, PA2 - Special Projects Prevention	\$1,705,101.00
Deb Fiedler	FY25_D. Fiedler	Independent Contractor assisting LRE QI with HSAG, QAPIP, PIP, CMHSP Site Reviews, MMBPIS, CIRE, SE, UD, IRE, CRM reprogramming, PBI Dashboards, other duties as assigned by CMCO	\$112,200.00
District Health Department #10	FY25_DHD10 Grant	Oceana County "Leading Efforts Against Alcohol and Drugs" Coalition, Prevention 3 ARPA, SOR4 - Prev, Michigan Gambling Disorder Prevention Project (Mason County), Prevention Block Grant & PA2 - Prevention (Lake County), Prevention Block Grant & PA2 - Prevention (Mason County), Prevention Block Grant & PA2 - Prevention (Oceana County)	\$362,392.00

Grand Rapids Red Project	FY25_GRRP Grant	SOR4 - Mobile Care Unit, SOR4 - Overdose Education and Naloxone Distribution with Harm Reduction (“OEND”), SUD Treatment	\$197,950.00
HealthWest	FY25_HealthWest CCBHC	Projected Certified Community Behavioral Health Clinic (“CCBHC”) Funding	\$21,235,992.00
	FY25_HealthWest CMHSP	Projected Behavioral Health Medicaid Funding, Projected Healthy Michigan Medicaid Funding	\$69,526,768.00
	FY25_HealthWest Grant	Access Management, Clubhouse Engagement, PA2 - Treatment, Peer Driven Tobacco Cessation, SOR4 Projects (Jail-based MOUD Expansion, OUD/StUD Recovery, OUD/StUD Treatment, Overdose Education and Naloxone Distribution with Harm Reduction (“OEND”), and Peer Outreach and Linkage, State Disability Assistance), SUD Administration, SUD Treatment, Treatment 3 ARPA, Women's Specialty Services	\$2,348,706.69
Jill Osterhout	FY25_J.Osterhout	Independent Contractor assisting LRE QI as assigned by CMCO.	\$83,037.69
Kent County CMH Authority dba Network180	FY25_N180 CCBHC	Projected Certified Community Behavioral Health Clinic (“CCBHC”) Funding	\$23,193,915.00
	FY25_N180 CMHSP	Projected Behavioral Health Medicaid Funding, Projected Healthy Michigan Medicaid Funding	\$177,413,499.00
	FY25_N180 Grant	Access Management, Clubhouse Engagement, PA2 - Treatment, Peer Driven Tobacco Cessation, SOR4 Projects (Jail-based MOUD Expansion, and Peer Outreach and Linkage), State Disability Assistance, SUD Administration, SUD Treatment, Treatment 3 ARPA, Women's Specialty Services, Prevention Block Grant & PA2 - Prevention	\$5,628,532.00
Kent County Health Department	FY25_KCHD Grant	Prevention 3 ARPA, Prevention Block Grant & PA2 - Prevention	\$259,073.00
KWB Strategies	FY25_KWB	Michigan Gambling Disorder Prevention Project, Oceana County “Leading Efforts Against Alcohol and Drugs” Coalition, Prevention, SUD Treatment	\$50,000.00
Muskegon Community Health Project	FY25_MCHP Grant	Prevention 3 ARPA, Prevention Block Grant & PA2 - Prevention	\$79,200.00
Ottawa County Department of Public Health	FY25_OCDPH Grant	Prevention 3 ARPA, SOR4 - Prev, Prevention Block Grant & PA2 - Prevention	\$195,600.00
PCE Systems	FY25_PCE Systems	LRE’s EMR “LIDS”	\$365,200.00

Public Health Muskegon County	FY25_PHMC Grant	Michigan Gambling Disorder Prevention Project, Prevention 3 ARPA, SOR4 - Prev	\$70,200.00
	FY25_PHMC Grant	Michigan Gambling Disorder Prevention Project, Prevention 3 ARPA, SOR4 - Prev	\$337,074.00
Roslund Prestage & Company	FY25_Roslund Prestage	LRE Finance Contractor	\$50,000.00
Seyferth PR	FY25_Seyferth PR	Contractor supporting outreach and marketing projects.	\$70,000.00
	FY25_Seyferth PR Grant	Michigan Gambling Disorder Prevention Project, Prevention, Prevention 3 ARPA	\$81,000.00
Taft	FY25_Taft	LRE Legal Council	\$66,000.00
US Signal	FY25_US Signal	LRE IT Contractor	\$69,000.00
Wakely	FY25_Wakely	LRE Finance Contractor	\$110,000.00
Wedgwood Christian Services	FY25_Wedgwood Grant	Prevention 3 ARPA	\$145,610.00
West Michigan Community Mental Health System	FY25_WMCMHS CCBHC	Projected Certified Community Behavioral Health Clinic ("CCBHC") Funding	\$11,653,450.00
	FY25_WMCMHS CMHSP	Projected Behavioral Health Medicaid Funding, Projected Healthy Michigan Medicaid Funding	\$21,331,699.00
	FY25_WMCMHS Grant	Access Management, Peer Driven Tobacco Cessation, SOR4 Projects (OUD/StUD Recovery, OUD/StUD Treatment, Overdose Education and Naloxone Distribution with Harm Reduction ("OEND"), and Recovery Housing), State Disability Assistance, SUD Administration, SUD Treatment, Women's Specialty Services	\$567,640.61
Zenith Technology Solutions Inc. (ZTS)	FY25_Zenith Technologies	LRE IT Contractor	\$152,000.00



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## Lakeshore Regional Entity Board Financial Officer Report for September 2024 9/25/2024

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- **Disbursements Report** – A motion is requested to approve the August 2024 disbursements. A summary of those disbursements is included as an attachment.
- **Statement of Activities** – Report through July is included as an attachment.
- **FY24 Budget Amend 3** – A motion is requested to approve the FY24 Budget Amend 3, the final amend of the fiscal year.
- **FY25 Initial Budget** - A motion is requested to approve the FY25 Initial Budget. The budget is based on draft Medicaid rates only because MDHHS has not provided the PIHPs with final rates for FY25. An updated budget may be presented if final rates are received by the PIHP prior to the Board meeting.
- **LRE Combined Monthly FSR** – The July 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 **deficit** through July of \$9.4 million, a projected annual **deficit** of \$16.7 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 \$16.4 million, CMH of Ottawa County with a **deficit** of \$443 thousand, and West Michigan CMH with a **deficit** of \$55 thousand. HealthWest, OnPoint, and West Michigan CMH have projected **surpluses**. Network180 has a projected **deficit** of \$19.5 million, and CMH of Ottawa County \$756 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 \$3 million (excluding LRE activity), which is the responsibility of the CCBHCs and not the PIHP. A projected **deficit** of \$4.7 million and a budgeted **surplus** of \$1.9 million is shown.

The LRE Executive Committee, LRE Leadership, and Network180 Leadership continue to meet to address the deficit that Network180 is experiencing.

- **FY2025 Rate Setting** – PIHPs do not yet have final rates for FY2025. MDHHS indicated at a rate setting meeting on September 6, 2024 that final rates would be provided on September 16, 2024. Rates were not received by that date. LRE followed up with MDHHS and was told on September 19, 2024 that final rates would be provided to the PIHPs on September 20, 2024. As of the time of this report on September 20, 2024, the PIHPs have not received rates.
- **Cash Flow Issues** – No CMHSP has reported cash flow issues in the last month.

- **FY22 MDHHS Cost Settlement** – LRE does not agree with MDHHS’ Cost Settlement for FY22. At this time, MDHHS is discussing the issue internally and LRE has not yet taken any additional action.
- **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
<b>Surplus/(Deficit) CMHSP</b>	<b>Surplus/(Deficit) CMHSP</b>
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) WMCMH	(721,696) WMCMH
<u>(11,475,461) Total</u>	<u>(10,033,376) 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. At the meeting that occurred on September 18, 2024, the N180 CEO indicated that the N180 Board of Directors discussed three scenarios for their FY2025 budget. The public hearing on the FY25 budget for N180 is scheduled for September 23, 2024. N180 CEO indicated that if the budget is not approved that day, it will go to their next board meeting on September 30, 2024.

At the September 18, 2024 Operations Advisory Council meeting, West Michigan CMH CEO indicated that their budget for FY2025 includes the utilization of WMCMH fund balance to cover their spending plan deficit of \$721,696. It was also determined at that meeting that Planned Funding Adjustment Requests from the Member CMHSPs with projected FY25 deficits would be delayed until the final FY2025 rates are received from MDHHS because those rates may potentially change the surpluses/deficits for all the Member CMHSPs. Per the Operating Agreement, Planned Funding Adjustments require the approval of all the Member CMHSPs as it requires a redistribution of revenues amongst all the Members.

- FY 2024 Revenue Projections** – Updated revenue and membership projections by program and Member CMHSP are below. The August revenue projection decreased \$579,075 from the July projection to \$428 million. Overall projected revenue has decreased \$12.65 million from the initial budgeted amount, due to changes in the CCBHCs’ daily visit projections and greater than expected disenrollments due to the end of the Public Health Emergency.

The August projections include West Michigan’s revised daily visit projections. West Michigan reduced their projected SMI/SED/SUD daily visits by 3% and increased their Mild-to-Moderate projections 29%. These changes shifted \$156,254 of base capitation from CCBHC to traditional Medicaid/ Healthy Michigan and increased CCBHC supplemental revenue by \$272,398.

FY 2024 Revenue Projection				
Total LRE			FY24 Initial to Current	
	FY24 Initial Budget Projection	FY24 Current Budget Projection	FY24 Initial to Current Change	%Change
MCD - MH	\$ 207,190,112	\$ 202,692,583	\$ (4,497,528)	-2.17%
MCD - SUD	\$ 8,537,141	\$ 8,192,981	\$ (344,159)	-4.03%
HMP - MH	\$ 17,316,375	\$ 17,876,193	\$ 559,817	3.23%
HMP - SUD	\$ 10,968,901	\$ 11,366,866	\$ 397,965	3.63%
Autism	\$ 43,425,979	\$ 45,012,518	\$ 1,586,539	3.65%
Waiver	\$ 54,702,000	\$ 51,650,470	\$ (3,051,530)	-5.58%
CCBHC MCD Base Cap	\$ 28,080,950	\$ 23,291,192	\$ (4,789,757)	-17.06%
CCBHC HMP Base Cap	\$ 8,816,400	\$ 6,453,534	\$ (2,362,866)	-26.80%
CCBHC MCD Supplemental	\$ 33,570,184	\$ 33,076,313	\$ (493,871)	-1.47%
CCBHC HMP Supplemental	\$ 9,710,407	\$ 10,214,490	\$ 504,082	5.19%
LRE Admin	\$ 13,922,556	\$ 13,922,556	\$ -	0.00%
ISF	\$ -	\$ -	\$ -	-
IPA	\$ 4,392,823	\$ 4,230,266	\$ (162,556)	-3.70%
<b>Total Region</b>	<b>\$ 440,633,827</b>	<b>\$ 427,979,963</b>	<b>\$ (12,653,864)</b>	<b>-2.87%</b>

CMHSPs Breakdown (Net of CCBHC)				
	FY24 Initial Budget Projection	FY24 Current Budget Projection	FY24 Initial to Current Change	
<b>MCD - MH</b>				
OnPoint	\$ 17,284,157	\$ 16,542,791	\$ (741,367)	
Healthwest	\$ 40,828,236	\$ 39,422,540	\$ (1,405,695)	
Network180	\$ 106,864,576	\$ 105,844,522	\$ (1,020,054)	
Ottawa	\$ 28,947,323	\$ 28,377,551	\$ (569,772)	
West Michigan	\$ 13,265,820	\$ 12,505,180	\$ (760,640)	
<b>Total MCD - MH</b>	<b>\$ 207,190,112</b>	<b>\$ 202,692,583</b>	<b>\$ (4,497,528)</b>	
<b>MCD - SUD</b>				
OnPoint	\$ 710,483	\$ 665,814	\$ (44,670)	
Healthwest	\$ 1,744,259	\$ 1,661,031	\$ (83,228)	
Network180	\$ 4,367,218	\$ 4,242,072	\$ (125,146)	
Ottawa	\$ 1,139,694	\$ 1,085,063	\$ (54,631)	
West Michigan	\$ 575,487	\$ 539,002	\$ (36,485)	
<b>Total MCD - SUD</b>	<b>\$ 8,537,141</b>	<b>\$ 8,192,981</b>	<b>\$ (344,159)</b>	
<b>HMP - MH</b>				
OnPoint	\$ 1,562,109	\$ 1,322,694	\$ (239,415)	
Healthwest	\$ 3,506,666	\$ 3,240,060	\$ (266,606)	
Network180	\$ 8,581,263	\$ 9,588,478	\$ 1,007,215	
Ottawa	\$ 2,937,540	\$ 2,961,994	\$ 24,454	
West Michigan	\$ 728,797	\$ 762,967	\$ 34,170	
<b>Total HMP - MH</b>	<b>\$ 17,316,375</b>	<b>\$ 17,876,193</b>	<b>\$ 559,817</b>	
<b>HMP - SUD</b>				
OnPoint	\$ 992,950	\$ 850,306	\$ (142,644)	
Healthwest	\$ 2,304,644	\$ 2,134,631	\$ (170,013)	
Network180	\$ 5,420,235	\$ 6,069,105	\$ 648,870	
Ottawa	\$ 1,776,945	\$ 1,803,847	\$ 26,902	
West Michigan	\$ 474,127	\$ 508,977	\$ 34,850	
<b>Total HMP - SUD</b>	<b>\$ 10,968,901</b>	<b>\$ 11,366,866</b>	<b>\$ 397,965</b>	
<b>Autism</b>				
OnPoint	\$ 3,869,583	\$ 3,962,220	\$ 92,638	
Healthwest	\$ 8,901,598	\$ 9,158,927	\$ 257,329	
Network180	\$ 21,692,163	\$ 22,660,064	\$ 967,901	
Ottawa	\$ 6,399,627	\$ 6,560,289	\$ 160,661	
West Michigan	\$ 2,563,008	\$ 2,671,018	\$ 108,010	
<b>Total Autism</b>	<b>\$ 43,425,979</b>	<b>\$ 45,012,518</b>	<b>\$ 1,586,539</b>	
<b>Waiver</b>				
OnPoint	\$ 6,882,345	\$ 6,048,150	\$ (834,195)	
Healthwest	\$ 13,617,785	\$ 12,188,169	\$ (1,429,616)	
Network180	\$ 21,763,578	\$ 21,553,021	\$ (210,556)	
Ottawa	\$ 8,734,882	\$ 8,485,204	\$ (249,678)	
West Michigan	\$ 3,703,410	\$ 3,375,926	\$ (327,485)	
<b>Total Waiver</b>	<b>\$ 54,702,000</b>	<b>\$ 51,650,470</b>	<b>\$ (3,051,530)</b>	

Average PMPM			
	FY24 Initial Budget Projection	FY24 Current Budget Projection	FY24 Initial to Current Change
OnPoint	\$ 129.34	\$ 131.87	\$ 2.53
Healthwest	\$ 126.38	\$ 132.48	\$ 6.10
Network180	\$ 108.60	\$ 107.86	\$ (0.74)
Ottawa	\$ 107.13	\$ 105.59	\$ (1.54)
West Michigan	\$ 131.36	\$ 133.50	\$ 2.14
<b>Total CMHSPs</b>	<b>\$ 115.07</b>	<b>\$ 115.94</b>	<b>\$ 0.87</b>

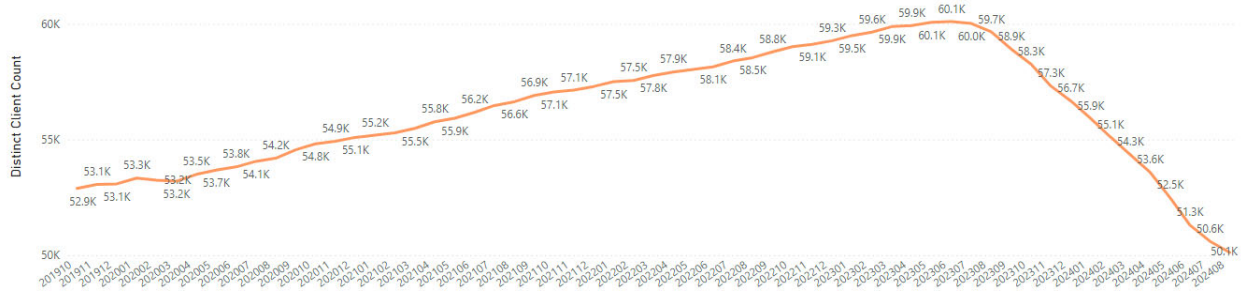
Member Month Projection			
	FY24 Initial Budget Projection	FY24 Current Budget Projection	FY24 Initial to Current Change
OnPoint	305,898	292,624	(13,273)
Healthwest	702,952	672,130	(30,822)
Network180	1,864,549	1,805,797	(58,752)
Ottawa	545,720	523,570	(22,150)
West Michigan	250,952	240,695	(10,257)
<b>Total Member Months</b>	<b>3,670,069</b>	<b>3,534,816</b>	<b>(135,254)</b>

<b>CMHSPs Breakdown - CCBHC</b>			
	<b>FY24 Initial Budget Projection</b>	<b>FY24 Current Budget Projection</b>	<b>FY24 Initial to Current Change</b>
<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	\$ 3,840,719	\$ (38,864)
<b>Total</b>	<b>\$ 28,080,950</b>	<b>\$ 23,291,192</b>	<b>\$ (4,789,757)</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	\$ 1,298,451	\$ (117,389)
<b>Total</b>	<b>\$ 8,816,400</b>	<b>\$ 6,453,534</b>	<b>\$ (2,362,866)</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	\$ 4,959,208	\$ 301,264
<b>Total</b>	<b>\$ 33,570,184</b>	<b>\$ 33,076,313</b>	<b>\$ (493,871)</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	\$ 1,671,217	\$ (28,866)
<b>Total</b>	<b>\$ 9,710,407</b>	<b>\$ 10,214,490</b>	<b>\$ 504,082</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 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.

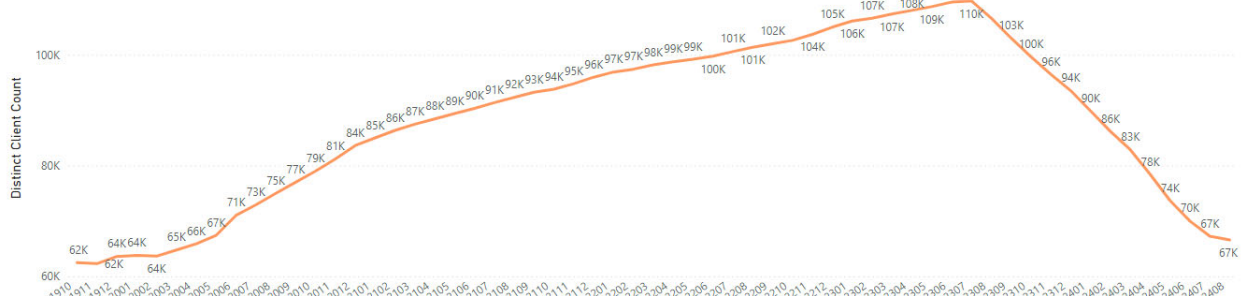
**DAB (Data as of 9/14/24)**

Eligibility - Number of Consumers by Month



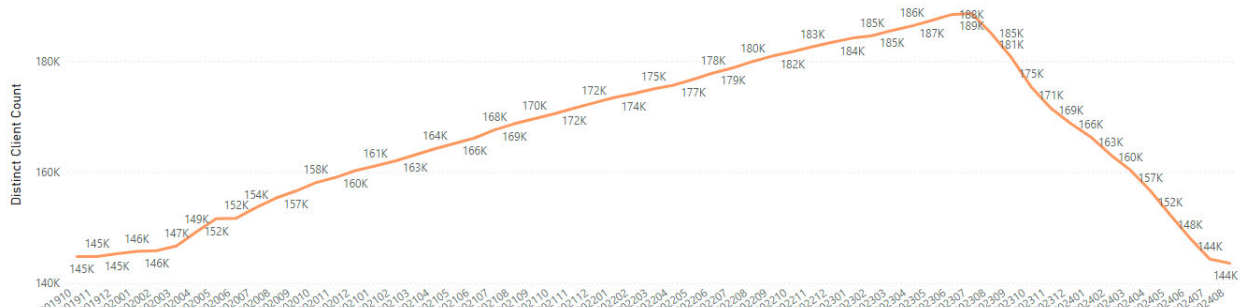
**HMP (Data as of 9/14/24)**

Eligibility - Number of Consumers by Month



**TANF (Data as of 9/14/24)**

Eligibility - Number of Consumers by Month





- **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 August 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
8/31/2024	GENERAL/OTHER	5,000.00
	<b>GENERAL/OTHER TOTAL</b>	<b>55,575.00</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>5 510,914.29</b>



**BOARD ACTION REQUEST**

**Subject: August 2024 Disbursements**

Meeting Date: September 25, 2024

**RECOMMENDED MOTION:**

To approve the August 2024 disbursements of \$49,331,434.64 as presented.

**SUMMARY OF REQUEST/INFORMATION:**

<b>Disbursements:</b>	
Alleghen County CMH	\$3,599,557.86
Healthwest	\$8,129,321.71
Network 180	\$24,219,840.90
Ottawa County CMH	\$4,708,003.66
West Michigan CMH	\$3,010,131.72
SUD Prevention Expenses	\$223,022.79
Local Match Payment	\$251,887.00
Hospital Reimbursement Adjuster (HRA)	\$4,296,154.00
SUD Public Act 2 (PA2)	\$163,959.10
Administrative Expenses	\$5,025,709.90
<b>Total:</b>	<b>\$49,331,434.64</b>

88.97% of Disbursements were paid to Members and SUD Prevention Services.

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

**STAFF:** *Stacia Chick*

**DATE:** *9/12/2024*



**Proposed Statement of Revenues, Expenditures & Changes in Fund Balance**  
Fiscal Year Ending 9/30/2024

	<b>FY 2023/2024 Amendment 2 Budget</b>	<b>FY 2023/2024 Amendment 3 Budget</b>	<b>Increase / (Decrease)</b>	<b>Change %</b>
<b>Revenue</b>				
Regional Operating Revenue				
Mental Health State Plan & 1915(i)	\$ 217,848,460	\$ 220,845,406	\$ 2,996,946	1.4%
Habilitation Supports Waiver (HSW)	46,072,021	46,164,241	92,220	0.2%
Children's Waiver	3,413,867	3,549,898	136,031	4.0%
SED Waiver	2,087,061	1,936,331	(150,731)	-7.2%
DHS Incentive Payment	471,247	471,247	-	0.0%
Autism Revenue	42,278,498	45,012,518	2,734,020	6.5%
Mental Health Healthy Michigan	17,740,229	17,876,193	135,964	0.8%
Mental Health Block Grant - Veteran Navigator	110,000	110,000	-	0.0%
Block Grants - Hisp BH, Native Am, Tob, Clubhse, BH Workforce Stab., ARPA CCBHC	435,800	503,800	68,000	15.6%
Substance Use Gambling, ARPA & DFC	1,154,291	1,154,291	-	0.0%
Substance Use State Plan	8,191,272	8,192,981	1,709	0.0%
Substance Use Healthy Michigan	11,276,272	11,366,866	90,594	0.8%
Substance Use Block, State Opioid Response, COVID-19	12,348,964	12,348,964	-	0.0%
Performance Bonus Incentive Pool	2,819,234	2,819,234	-	0.0%
CCBHC Quality Bonus Incentive	1,745,775	1,745,775	-	0.0%
Substance Use PA2 Liquor Tax	3,748,366	3,748,366	-	0.0%
Medicaid CCBHC Base Capitation	23,389,790	23,291,192	(98,598)	-0.4%
Healthy Michigan CCBHC Base Capitation	6,046,769	6,453,534	406,766	6.7%
Medicaid CCBHC Supplemental	34,550,918	33,076,313	(1,474,605)	-4.3%
Healthy Michigan CCBHC Supplemental	9,822,186	10,214,490	392,304	4.0%
CCBHC General Funds	-	507,267	507,267	0.0%
Hospital Rate Adjuster (HRA)	12,576,256	18,820,061	6,243,805	49.6%
Interest Earnings	640,059	1,354,059	714,000	111.6%
Member Local Contribution to State Medicaid	1,007,548	1,007,548	-	0.0%
Miscellaneous Revenue	5,500	4,000	(1,500)	-27.3%
<b>Total Revenue</b>	<b>\$ 459,780,382</b>	<b>\$ 472,574,574</b>	<b>\$ 12,794,192</b>	
<b>Expense</b>				
Regional Operating Expenses				
Administration expense	\$ 13,922,557	\$ 6,190,607	\$ (7,731,949)	-55.5%
Block Grants - Clubhse/Veterans/Hisp/Tob/NatAm	545,800	613,800	68,000	12.5%
SUD Prevention Direct Expenses	3,807,966	3,813,429	5,463	0.1%
Hospital Rate Adjustment / Taxes	16,783,457	23,050,327	6,266,870	37.3%
Operating Expense - Member Payments	423,713,055	437,898,863	14,185,808	3.3%
Contribution to ISF/Savings	-	-	-	0.0%
Local Contribution to State Medicaid	1,007,548	1,007,548	-	0.0%
<b>Total Expense</b>	<b>\$ 459,780,382</b>	<b>\$ 472,574,574</b>	<b>\$ 12,794,192</b>	
<b>Revenue Over/(Under) Expense</b>	<b>(0)</b>	<b>0</b>		





**Proposed Statement of Revenues, Expenditures & Changes in Fund Balance**  
Fiscal Year Ending 9/30/2025

	FY 2023/2024	FY 2024/2025	Increase /	Change
	Initial Budget	Initial Budget	(Decrease)	%
<b>Revenue</b>				
Regional Operating Revenue				
Mental Health State Plan & 1915(i)	\$ 222,048,177	\$ 225,749,203	\$ 3,701,026	1.7%
Habilitation Supports Waiver (HSW)	49,521,854	51,729,665	2,207,811	4.5%
Children's Waiver	3,242,736	3,180,212	(62,524)	-1.9%
SED Waiver	1,754,317	1,672,628	(81,689)	-4.7%
DHS Incentive Payment	471,247	471,247	-	0.0%
Autism Revenue	44,647,077	47,599,001	2,951,924	6.6%
Mental Health Healthy Michigan	16,796,449	17,311,272	514,824	3.1%
Mental Health Block Grant - Veteran Navigator	110,000	110,000	-	0.0%
Block Grants - Hisp BH, Native Am, Tob, Clubhse, BH Workforce Stab., ARPA CCBHC	435,800	513,800	78,000	17.9%
Substance Use Gambling, ARPA & DFC	965,861	1,040,366	74,505	7.7%
Substance Use State Plan	8,149,956	8,162,709	12,753	0.2%
Substance Use Healthy Michigan	10,714,364	11,157,718	443,354	4.1%
Substance Use Block, State Opioid Response, COVID-19	11,941,134	9,328,394	(2,612,740)	-21.9%
Performance Bonus Incentive Pool	2,819,234	2,819,234	-	0.0%
CCBHC Quality Bonus Incentive	-	1,745,775	1,745,775	0.0%
Substance Use PA2 Liquor Tax	3,748,366	3,996,264	247,899	6.6%
Medicaid CCBHC Base Capitation	27,747,426	23,389,790	(4,357,636)	-15.7%
Healthy Michigan CCBHC Base Capitation	8,704,976	6,046,769	(2,658,207)	-30.5%
Medicaid CCBHC Supplemental	32,214,873	34,550,918	2,336,044	7.3%
Healthy Michigan CCBHC Supplemental	9,358,912	9,822,186	463,274	5.0%
CCBHC General Funds	-	-	-	0.0%
Hospital Rate Adjuster (HRA)	12,576,256	18,820,061	6,243,805	49.6%
Interest Earnings	640,059	1,354,059	714,000	111.6%
Member Local Contribution to State Medicaid	1,007,548	1,007,548	-	0.0%
Miscellaneous Revenue	5,500	5,500	-	0.0%
<b>Total Revenue</b>	<b>\$ 469,622,121</b>	<b>\$ 481,584,318</b>	<b>\$ 11,962,197</b>	
<b>Expense</b>				
Regional Operating Expenses				
Administration expense	\$ 13,922,557	\$ 13,922,557	\$ -	0.0%
Block Grants - Clubhse/Veterans/Hisp/Tob Cess/ NatAm/BH Workforce Stab	670,800	623,800	(47,000)	-7.0%
SUD Prevention Direct Expenses	3,152,694	3,629,787	477,093	15.1%
Hospital Rate Adjustment / Taxes	17,026,291	22,405,885	5,379,594	31.6%
Operating Expense - Member Payments	433,842,231	439,994,741	6,152,510	1.4%
Contribution to ISF/Savings	-	-	-	0.0%
Local Contribution to State Medicaid	1,007,548	1,007,548	-	0.0%
<b>Total Expense</b>	<b>\$ 469,622,121</b>	<b>\$ 481,584,318</b>	<b>\$ 11,962,197</b>	
<b>Revenue Over/(Under) Expense</b>	<b>(0)</b>	<b>(0)</b>		



**Statement of Activities - Actual vs. Budget**  
**Fiscal Year 2023/2024**  
As of Date: 7/31/24

Change in Net Assets	Year Ending 9/30/2024	7/31/2024		
	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	231,343,902	231,790,767	446,865
Autism Revenue	42,278,498	35,232,082	39,142,051	3,909,969
DHS Incentive	471,247	392,706	203,854	(188,852)
Healthy Michigan	29,016,501	24,180,418	27,566,190	3,385,772
Performance Bonus Incentive	2,819,234	2,349,362		(2,349,362)
CCBHC Quality Bonus Incentive	1,745,775	1,454,813		(1,454,813)
Hospital Rate Adjuster (HRA)	12,576,256	10,480,213	14,115,046	3,634,833
Member Local Contribution to State Medicaid	1,007,548	839,623	839,623	(0)
Medicaid CCBHC Base Capitation	23,389,790	19,491,492	18,843,363	(648,129)
Healthy Michigan CCBHC Base Capitation	6,046,769	5,038,974	5,144,187	105,213
Medicaid CCBHC Supplemental Revenue	34,550,918	28,792,431	18,253,732	(10,538,699)
Healthy MI CCBHC Supplemental Revenue	9,822,186	8,185,155	8,420,749	235,595
MDHHS Grants	13,907,354	11,589,462	9,087,360	(2,502,102)
PA 2 Liquor Tax	3,748,366	3,123,638	3,032,542	(91,096)
Non-MDHHS Grants: DFC	141,701	118,084	113,121	(4,963)
Interest Earnings	640,059	533,383	1,212,367	678,985
Miscellaneous Revenue	5,500	4,583	3,000	(1,584)
<b>Total Operating Revenues</b>	<b>459,780,382</b>	<b>383,150,318</b>	<b>377,767,952</b>	<b>(5,382,367)</b>
<b>Expenditures</b>				
Salaries and Fringes	5,012,275	4,176,896	3,799,470	(377,427)
Office and Supplies Expense	273,326	227,772	151,622	(76,150)
Contractual and Consulting Expenses	809,861	674,884	522,936	(151,948)
Managed Care Information System (PCE)	305,200	254,333	246,000	(8,333)
Legal Expense	217,500	181,250	55,893	(125,357)
Utilities/Conferences/Mileage/Misc Exps	7,304,395	6,086,996	115,596	(5,971,400)
Grants - MDHHS & Non-MDHHS	545,800	454,833	285,928	(168,906)
Hospital Rate Adjuster / Taxes	16,783,457	13,986,214	17,740,588	3,754,373
Prevention Expenses - Grant & PA2	3,807,966	3,173,305	3,133,290	(40,015)
Member Payments - Medicaid/HMP	338,564,315	282,136,929	283,755,620	1,618,691
Member Payments - CCBHC Capitation	29,436,558	24,530,465	23,987,552	(542,913)
Member Payments - CCBHC Supplemental	44,373,103	36,977,586	29,888,049	(7,089,537)
Member Payments - PA2 Treatment	1,956,008	1,630,007	697,796	(932,211)
Member Payments - Grants	9,383,070	7,819,225	6,273,365	(1,545,860)
Local Contribution to State Medicaid	1,007,548	839,623	839,623	(0)
<b>Total Expenditures</b>	<b>459,780,382</b>	<b>383,150,319</b>	<b>371,493,327</b>	<b>(11,656,992)</b>
<b>Total Change in Net Assets</b>	<b>(0)</b>	<b>(0)</b>	<b>6,274,625</b>	<b>6,274,625</b>



**Statement of Activities**  
**Budget to Actual Variance Report**  
 For the Period ending July 31, 2024

As of Date: 7/31/24

**Operating Revenues**

Medicaid/HSW/SED/CWP	N/A - Closely aligned with the current budget projections.
Autism Revenue	Current projections reflect an increase. Increasing budget in amend 3.
DHS Incentive	This revenue is received quarterly beginning in April.
Healthy Michigan	Current projections reflect an increase. Increasing budget in amend 3.
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. Increasing budget in amend 3.
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. Reducing budget in amend 3.
Healthy MI CCBHC Supplemental Revenue	Higher than expected CCBHC daily visits. Increasing budget in amend 3.
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	Significant increase due to ISF funds in Certificate of Deposit. Increasing budget in amend 3.
Miscellaneous Revenue	Revenue may be received throughout the year, but the budgeted amount is not guaranteed. Reducing budget in amend 3.

**Expenditures**

Salaries and Fringes	Currently under budget. Position vacancies existed. Reducing budget in amend 3.
Office and Supplies	Currently under budget. Reducing budget in amend 3.
Contractual/Consulting	Currently under budget. Reducing budget in amend 3.
Managed Care Info Sys	N/A - Closely aligned with the current budget projections.
Legal Expense	Currently under budget. Reducing budget in amend 3.
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	N/A - Closely aligned with the current budget projections.
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.

For internal use only. This report has not been audited, and no assurance is provided.

**Lakeshore Regional Entity Combined Monthly FSR Summary**  
**FY 2024**  
**July 2024 Reporting Month**  
**Reporting Date: 9/16/24**

<b>ACTUAL:</b>	<b>HealthWest</b>	<b>Network180</b>	<b>OnPoint</b>	<b>Ottawa</b>	<b>West Michigan</b>	<b>LRE</b>	<b>Total</b>
<b>Total Distributed Medicaid/HMP Revenue</b>	56,862,490	144,420,902	24,450,561	40,902,606	17,119,062	8,310,734	292,066,355
<b>Total Capitated Expense</b>	51,109,602	160,806,858	22,734,670	41,345,688	17,173,591	8,310,734	301,481,144
<b>Actual Surplus (Deficit)</b>	5,752,888	(16,385,957)	1,715,891	(443,082)	(54,529)	-	(9,414,789)
<b>% Variance</b>	10.12%	-11.35%	7.02%	-1.08%	-0.32%	0.00%	
<b>Information regarding Actual</b> (Threshold: Surplus of 5% and deficit of 1%)	More individuals are being served under the CCBHC model versus the CMH model	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%	Anticipating additional CCBHC offsetting revenues	Less than threshold for explanation.	Less than threshold for explanation.	
<b>PROJECTION:</b>	<b>HealthWest</b>	<b>Network180</b>	<b>OnPoint</b>	<b>Ottawa</b>	<b>West Michigan</b>	<b>LRE</b>	<b>Total</b>
<b>LRE Revenue Projections as of:</b> <i>June Revised</i>							
<b>Total Projected Medicaid/HMP Revenue</b>	68,024,906	170,301,214	29,430,499	49,448,716	20,282,799	18,151,519	355,639,653
<b>Total Capitated Expense Projections</b>	65,831,522	189,749,678	28,313,730	50,204,488	20,066,511	18,151,519	372,317,448
<b>Projected Surplus (Deficit)</b>	2,193,384	(19,448,465)	1,116,769	(755,772)	216,288	-	(16,677,796)
<b>% Variance</b>	3.22%	-11.42%	3.79%	-1.53%	1.07%	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.	Anticipating additional CCBHC offsetting revenues	Less than threshold for explanation.	Less than threshold for explanation.	
<b>PROPOSED SPENDING PLAN:</b>	<b>HealthWest</b>	<b>Network180</b>	<b>OnPoint</b>	<b>Ottawa</b>	<b>West Michigan</b>	<b>LRE</b>	<b>Total</b>
Submitted to the LRE as of:	11/1/2023	9/22/2023	6/7/2024	8/16/2024	8/12/2024		
<b>Medicaid/HMP Revenue</b>			<b>DRAFT ONLY - NOT ACCEPTED AS FINAL</b>				
<b>Total Budgeted Medicaid/HMP Revenue</b>	69,625,245	166,119,203	29,788,300	50,550,063	20,438,999	13,922,556	350,444,367
<b>Total Budgeted Capitated Expense</b>	64,957,020	173,091,232	28,688,702	50,204,488	20,066,511	13,922,556	350,930,510
<b>Budgeted Surplus (Deficit)</b>	4,668,225	(6,972,029)	1,099,598	345,575	372,488	-	(486,143)
<b>% Variance</b>	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 positive variance in the spending plan to account for historic shifts.	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>	(2,474,841)	(12,476,436)	17,171	(1,101,347)	(156,200)	-	(16,191,653)
<b>% Variance</b>	-3.55%	-7.51%	0.06%	-2.18%	-0.76%	0.00%	
<b>Explanation of variances between Projected and Proposed Spending Plan</b> (Threshold: Surplus of 5% and deficit of 1%)	Planned surplus in the spending plan to account for historic swings	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.	Anticipating additional CCBHC offsetting revenues	Less than threshold for explanation.	Less than threshold for explanation.	



Lakeshore Regional Entity Combined Monthly FSR Summary  
 FY 2024  
 July 2024 Reporting Month  
 Reporting Date: 9/16/24

CCBHC ACTIVITY							
	HealthWest	Network180	OnPoint	Ottawa	West Michigan	LRE	Total
<b>ACTUAL:</b>							
Distributed Medicaid/HMP CCBHC Revenue							
Total Distributed Medicaid/HMP CCBHC Revenue	15,647,429	19,340,832	8,668,196	5,883,048	9,835,085	877,189	60,211,536
Total CCBHC Expense	21,253,144	20,718,980	6,750,794	3,695,367	9,944,462	72,193	62,434,940
Actual CCBHC Surplus (Deficit)	(5,605,715)	(1,378,148)	1,917,402	2,187,681	(109,377)	804,996	(2,223,404)
% Variance	-35.83%	-7.13%	22.12%	37.19%	-1.11%	91.77%	
<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.	CCBHC distribution ahead of service activity.  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.  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>PROJECTION:</b>							
Total Projected Medicaid/HMP CCBHC Revenue	21,235,992	24,822,814	9,197,728	6,009,401	11,653,450	1,052,627	73,942,173
Total CCBHC Expense Projections	25,129,087	25,432,744	8,587,146	6,009,401	12,464,281	86,632	77,709,291
Projected CCBHC Surplus (Deficit)	(3,893,095)	(609,930)	610,582	(0)	(810,831)	965,996	(3,767,117)
% Variance	-18.33%	-2.46%	6.64%	0.00%	-6.96%	91.77%	
<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	1,052,627	79,526,701
Total Budgeted CCBHC Expense	22,785,723	27,167,455	8,194,559	6,009,401	12,464,281	86,632	76,708,049
Budgeted Surplus (Deficit)	(4,852,508)	6,632,106	767,640	-	(694,583)	965,996	2,818,652
% Variance	-27.06%	19.62%	8.57%	0.00%	-5.90%	91.77%	
<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	5.35%	(21.43%)	(17.75%)	0.00%	(116,248)	-	(6,585,769)
<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	July	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	767,759	5,752,888	669,143
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)	(16,385,957)	(4,972,325)
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	1,715,891	(136,923)
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	(443,082)	(6,390,488)
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)	(54,529)	267,498
<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>	<b>(9,414,789)</b>	<b>(10,563,094)</b>

Projection	Oct	Nov	Change	Dec	Change	Jan	Change	Feb	Change	Mar	Change	April	Change	May	Change	June	Change	July	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)	2,193,384	743,313
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)	(19,448,465)	(123,861)
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	1,116,769	20,023
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	(755,772)	(47,377)
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	216,288	(44,583)
<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>	<b>(16,677,796)</b>	<b>547,515</b>

Proposed Spending Plan/Budget	Oct	Nov	Change	Dec	Change	Jan	Change	Feb	Change	Mar	Change	April	Change	May	Change	June	Change	July	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	-	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)	-	(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	-	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	345,575	-
WM	467	467	-	467	-	467	-	467	-	467	0	467	-	467	-	372,488	372,021	372,488	-
<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>	<b>(486,143)</b>	<b>-</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	2,147,521	(9,707,578)	(144,794)	(1,220,689)	(1,534,224)	(10,459,765)
Autism	3,605,367	(6,678,378)	1,860,685	777,607	1,479,695	1,044,976
Total Distributed Medicaid/HMP Revenue	5,752,888	(16,385,957)	1,715,891	(443,082)	(54,529)	(9,414,789)
PROJECTION:	HealthWest	Network180	OnPoint	Ottawa	West Michigan	Total
Distributed Medicaid/HMP						
Medicaid/HMP	(1,728,697)	(15,467,842)	(739,153)	(1,014,999)	(1,473,844)	(20,424,536)
Autism	3,922,081	(3,980,622)	1,855,922	259,227	1,690,132	3,746,741
Total Distributed Medicaid/HMP Revenue	2,193,384	(19,448,465)	1,116,769	(755,772)	216,288	(16,677,796)