

**SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY
REGULAR MONTHLY BOARD MEETING MINUTES
AUGUST 14, 2023, 2022 – 5:15 PM
ROOM 190/191**

PRESENT: Tracey Raquepaw, Deb Nagel, Joan Williams, Lisa Coney, Robert Woods, Cym Winiecke, Mike Cierzniewski, Cherie Long, Steve Fresorger, John Pugh

ABSENT: Jill Armentrout,

GUESTS: Michael Rolka-Yeo & Yeo

STAFF: Sandra Lindsey, Jan Histed, Ryan Mulder

I. CALL TO ORDER

Tracey Raquepaw - Chair called the meeting to order at 5:18 p.m. A quorum was established, and verification of posting was determined.

II. PUBLIC PARTICIPATION

There was no public participation.

III. BOARD ACTION

- A. Approval of FY 2022 Financial Audit Report / Governance Letter**
- B. Approval of FY 2022 Compliance Audit Report**
- C. Approval of FY 2022 Single Audit / Federal Awards Report**

Michael Rolka of Yeo & Yeo joined the meeting via Zoom and reviewed SCCMHA's FY 22 Financial Audit, Compliance Audit and Single Audit / Federal Awards Reports. Sandy thanked Michael and SCCMHA Finance Staff for their efforts on this year's Audit. The Board was able to ask questions / make comment.

Motion made by Lisa Coney and supported by Mike Cierzniewski to approve the FY 2022 Financial, Compliance and Single Audit / Federal Awards Audit Reports. Motion carried.

IV. APPROVAL OF BOARD MINUTES

- A. Board Meeting – July 10, 2023**

Motion made by Cym Winiecke and supported by Deb Nagel to approve the July 10, 2023 SCCMHA Board Meeting minutes as written. Motion carried.

V. APPROVAL OF COMMITTEE REPORTS

- A. Governance Committee – No Meeting**
Mike Cierzniewski, Chair / Jane Sills, Vice Chair
- B. Recipient Rights Committee – No Meeting**
Robert Woods, Chair – Deb Nagel, Vice Chair

Motion made by Deb Nagel and supported by Lisa Coney to receive and file this report as written. Motion carried.

- C. Ends Committee – July 24, 2023 – No Quorum
Jill Armentrout, Chair – Tracey Raquepaw, Vice Chair
- D. Executive Limitations – July 26, 2023 – No Quorum
Cym Winiecke, Chair – Tracey Raquepaw, Vice Chair

VI. CEO REPORT

MSHN Bi-Annual Full Quality Assurance Review

This month because we have a full agenda with the presentation of the 2022 Financial and Compliance Audits, the CEO Report this month is solely focused on the recent MSHN Bi-Annual Full Quality Assurance Review conducted July 18 & 19, 2023.

Scope of Review and Preparation

During a Full Review, MSHN reviews all the Delegated Managed Care Functions, Programs (Waiver & Non-Waiver), Contracts, Training, Credentialing, Chart Specific reviews, BH-TEDs, Encounters and Critical Incidents. The review covers not only the Board-Operated programs, but the provider network as well. In-between the Full review, an interim review occurs which is a review of any new standards and compliance with any findings cited during the full review. The interim review will occur in July of 2024.

In preparation for the full review last month, SCCMHA staff had to gather proof documents and SCCMHA staff then uploaded the files to MSHN one week prior to the review. The proof documents are evidence of how SCCMHA is meeting the standards outlined in the review tools.

Sixteen (16) MSHN staff participated in the review process and a total of **1,732** files were uploaded to MSHN for this full review.

Comments on SCCMHA Strengths

SCCMHA received much praise during the review Exit Conference. Notable strengths are improvements with the Behavior Treatment Review Committee, thorough documentation of behavioral treatment plan reviews and appropriate member attendance as per the MDHHS policy. Coordination with commercial insurance coverage at time of crisis was well documented in the electronic chart. Excellent file structure for document uploads, policies well written, lots of personalized information within plans and attention to details.

Written Report and SCCMHA Response to Any Findings

As of 8/3/2023, SCCMHA has not received the final report from MSHN, but we expect to have it by the time this summary being presented to the Board. Once the final Quality Assurance reports have been received, SCCMHA will have 30 days to provide corrective action plans to MSHN. In comparison to the number of standards, chart reviews, and program reviews, etc., preliminary findings of noncompliance or partial compliance were quite minimal. Based on the information available, preliminary findings are listed below apart from the Medicaid Event Verification. (Note: Medicaid Event Verification is the reconciliation of billed service events or provider claims to the clinical record.)

Review Standards

Below is a description and a count of the number of different standards against which we were measured. Based on the information available, preliminary findings are also listed apart from the Medicaid Event Verification.

- Delegated Managed Care Functions which includes 15 sections including customer service, 24/7/365 Access, Provider Network, Service Authorization & Utilization Management, Grievance & Appeals, Person-Centered Planning, Integration of Services, Behavior Treatment, Staff Credentialing and Training, Compliance, Quality, Information Technology, and Trauma Informed Care.
 - **199 Standards**
 - 10 Preliminary Not Met or Partial Met findings

- Program Specific Standards – Non-Waiver includes 9 Service Delivery programs including ACT, Self-Determination, Peer Delivered & Operated Services, Home-Based Services (including Wraparound), Clubhouse, Crisis Residential, Targeted Case Management, Autism Services and Children’s Intensive Crisis Stabilization Services.
 - **58 standards** (not including individual chart reviews)
 - 5 Preliminary Not Met or Partial Met Findings for Programs
 - 12 Preliminary Not Met or Partial Met findings for Chart Specific (ACT, CCIS, and SD)

- Program Specific – Waiver Services includes 4 waiver programs of Habilitation Supports Waiver, Home and Community Bases Services, Children’s (IDD) Waiver, and Serious Emotional Disorders Waiver
 - **40 Standards** (not including individual chart reviews)
 - 4 Preliminary Not Met or Partial Met findings
 - 6 Preliminary Not Met or Partial Met findings for Chart Specific (SEDW)
 (Note: I have attached a chart to this report listing all of the different Medicaid Authorities and the services they include for sub populations of persons served.)

- There are separate monitoring tools for Applied Behavioral Analysis for consumers on the Autism Spectrum, Staff Credentialing, Staff Training, Provider Network Contract Review and Monitoring, BH-TEDs (demographic files), Billing Encounters, Medicaid Event Verification, and Critical Incidents.

- Individual Chart and Data Reviews
 - Behavior treatment – 1 Chart
 - Program Specific – 7 Charts
 - Contract and Contract Monitoring – 6 Contracts
 - Critical Incidents – 5 Cases
 - Staff Training & Credentialing – 5 Staff
 - QI, BH-TEDS, & Encounters – 16 Cases
 - Performance Indicators – 22 events
 - Grievance and Appeal – 6 Files
 - Adverse Benefit Determination – 8 Cases
 - MEV – 3,334 Units of Service, 11/1/2022 - 2/28/2023 DOS, 355 Claim lines.

Overall, this intensive review by MSHN had a wonderful result. All of the credit for this success goes to the SCCMHA Administration and our clinical team supervisors at both the SCCMHA Board Operated Program and in the Contracted Network. This is especially true considering the workforce shortages network wide resulting in high caseload challenges, and the fact that the large number of new staff that have joined the network in the last two years, are still learning the highly regulated business and service delivery of SCCMHA.

Plan for acknowledging service of Board members (L. Wilson, A. Schrems, J. Sills)

Reach out to see if they would like to come by for a visit in a meeting upcoming. Typically give a plaque and wish them well. Board would like CEO's office to give

CMH-PAC Donation of \$785.00 from Saginaw

Thank you to everyone that contributed. CMHA

Motion made Robert Woods and supported by Deb Nagel to receive & file this report as written. Motion carried.

VII. BOARD ACTION

A. SCCMHA Conflict of Interest Policy

Hard copy versions were included in the packet of information mailed for tonight's meeting and are to be completed and returned to Ryan Mulder for filing. Tracey Raquepaw, Board chair encouraged the Board to make every effort to return signed documents as soon as possible. If you would like Ryan to assist or you need another copy please reach out to Ryan.

VIII. BOARD INFORMATION

A. CMHA Weekly Update – July 2023 links: <https://cmham.org/resources/weekly-update/>

B. SCCMHA CAC Minutes <https://www.sccmha.org/about/board-agendas-and-meetings.html>

C. National Minority Mental Health Month in July

D. National Vaccination Awareness Month in August

E. SCCMHA Sponsorship of National Health Center Week / Saginaw

Community Food Club & Kitchen / BWell 5K Fun Run

F. Letter to CBoyd re. 2022-2023 Annual SCCMHA Progress Report – 07/28/23

IX. MEDIA / PUBLICATIONS

A. MDHHS 'One Year of 988 in Michigan'

B. MSHN Newsletter – August 2023

C. Press Release 'MDHHS director, health leaders discuss state's commitment to behavioral health service access for Michigan families through nearly \$364 million in budget investments' – 07/31/23

X. OTHER ITEMS OF INTEREST

Putting together the public hearing. Being held on Oct. 6 at 5:15 pm. Ryan will share the posting when it is put together along with a save the date.

XI. ADJOURNMENT

Motion by Robert Woods supported by Mike Cierzniewski to adjourn this meeting at 6:10 PM p.m. Motion carried.

Minutes prepared by:

Ryan Mulder

Executive Assistant to CEO