

**SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY
REGULAR MONTHLY BOARD MEETING MINUTES
SEPTEMBER 9, 2024, 2022 – 5:15 PM
ROOM 190**

PRESENT: Tracey Raquepaw, Mike Cierzniewski, Joan Williams, Cym Winiecke, Maria Vela, Deb Nagel, John Pugh

VIRTUAL: Jill Armentrout, Lisa Coney

ABSENT: Kathleen Schachman, Cherie Long, Robert Woods

GUESTS:

STAFF: Sandra Lindsey, Jan Histed, Jen Kreiner, Ryan Mulder

I. CALL TO ORDER

Tracey Raquepaw – Chair called the meeting to order at 5:39 p.m. A quorum was established, and verification of posting was determined.

II. PUBLIC PARTICIPATION

There was no public participation.

III. APPROVAL OF BOARD MINUTES

A. Board Meeting – August 12, 2024

Motion made by Deb Nagel and supported by John Pugh to approve the August 12, 2024, SCCMHA Board Meeting minutes as written. Motion carried.

IV. APPROVAL OF COMMITTEE REPORTS

A. Governance Committee – No Meeting
Mike Cierzniewski, Chair / *Vacancy*, Vice Chair

B. Recipient Rights Committee – No Meeting
Deb Nagel, Chair / *Vacancy*, Vice Chair

C. Ends Committee – August 26, 2024
Jill Armentrout, Chair – Tracey Raquepaw, Vice Chair
Reported by Joan Williams.

Motion made by Joan Williams and supported by Deb Nagel to receive and file this report with edits. Motion carried.

D. Executive Limitations – August 28, 2024
Cym Winiecke, Chair – Tracey Raquepaw, Vice Chair
Reported by Cym Winiecke.

Motion made by Cym Winiecke and supported by Mike Cierzniewski to receive and file this report as written. Motion carried.

V. CEO REPORT

New MDHHS MichiCANS Screening and Assessment Tools

The Child Adolescent Needs and Strengths or CANS is a multipurpose information integration tool designed to summarize information gathered from multiple sources and assessments. The CANS was developed at the University of Kentucky Research Foundation and Praed Foundation and senior research and policy analysts have assisted MDHHS with the planning for the implementation of their tools in Michigan. The tools are being contractually required next fiscal year by MDHHS, to support Family Driven, Youth Guided service planning and level of care decisions, facilitate quality improvement initiatives and monitor outcomes of youth served and their families. The CANS is customizable, and the version of the tools used in Michigan is called the "MichiCANS."

The MichiCANS makes use of a cross functional multisystem team of people who inform the assessment, and identify action planning and decision making with the youth/family by:

- Summarizing the Assessment Process
- Integrates the Family's Story into planning.
- Providing a shared vision for Coordinating Care and Cross System collaboration
- May help with early identification of needs for both the youth and family and support prevention interventions.
- Supports Change Management

The MichiCANS has two distinct levels of tool application.

1. The **MichiCANS Screener** is the required tool at the point of service access for all infants, toddlers, children, and young adults aged from birth through 20 years of age (until the day prior to their 21st birthday). Information gathered from the screener will provide a recommendation related to potential eligibility for service, guide the determination of needs and strengths, and provide information for appropriate referrals to service.

2. The **MichiCANS Comprehensive** will be used by clinicians at intake once case assignment is made to help identify areas of need for each child /youth to inform the service planning process. The Comprehensive tool does not replace clinical judgement in determining services in the Individual Plan of Service and may in fact identify the need for additional clinical assessments.

The MichiCANS will be updated annually and when there is a significant change in life circumstance or behavioral health event.

The MichiCANS will be administered to every infant, toddler, child, youth, and young adult with Emotional Disturbances and those with Intellectual/Developmental Disabilities.

MDHHS has at the same time, phased out the use and support for the Child Adolescent Functional Assessment Scale (CAFAS) and the Preschool and Early Childhood Functional Assessment Scale (PECFAS), both of which have been used by the public mental health system for decades.

MDHHS however, has directed the continued use of the Devereux Early Childhood Assessment (DECA) for young children up to 6 years of age with Serious Emotional Disorders.

MichiCANS Staff Training:

MDHHS sponsored clinical training in the use of the MichiCANS and certification of clinical staff all year by PIHP region. MSHN was the last region to move into the staff training implementation phase. SCCMHA Clinical Network Staff working with children, youth and young adults have completed required MichiCANS training, or will complete training by the end of October. All these staff must also successfully complete competency testing, scoring at least 70%, on the MichiCANS tool they will be using in their clinical work (Screener or Comprehensive or both). Going forward, staff will need to retest for MichiCANS competency annually. Clinical administrators across the network also participated in 2 hours of MichiCANS orientation training.

- 77 SCCMHA Network Clinical Staff have participated in the required 10 hours of MichiCANS Training.
- 12 SCCMHA Clinical Network Supervisors have participated in 10 hours of MichiCANS Training including three additional hours for clinical supervisors.

Electronic Event Verification Implementation by October 7, 2024

Electronic Visit Verification (EVV) is a system that electronically verifies that in-home or community-based services are provided to eligible individuals by recording the time, date, and location of the service. For the Saginaw County Community Mental Health Authority (SCCMHA), approximately 14 contracted provider agencies will need to participate in the EVV system. This requirement applies to Community Living Supports (CLS) providers, except for those in licensed Specialized Residential settings. Additionally, EVV also includes providers of respite services, ensuring that all applicable services are accurately tracked and verified.

The individuals that provide these services will use a mobile application on their cell phones that connects to the MDHHS EEV system to indicate their stop and start times with the persons they serve and the system itself has a GPS function built into it to verify the location of service.

On September 9, 2024 – EEV will Go Live for a soft launch for the public CMHSP Behavioral Health System. The official launch is on Monday, October 7, 2024.

The EVV system must capture and record the following data:

- The type of service
- The date of service delivery
- The time-of-service delivery
- The location in which the service is delivered.
- The beneficiary receiving the service.
- The person providing the service.

Behavioral Health services that start and/or stop in the home (POS/Location code 12) require EVV:

- H2015 Community Living Supports (CLS)
- T1005 Respite Care, per 15 minutes

Providers required to utilize the EVV system to electronically verify service delivery, including the time, date, and location of services provided:

- Community Living Supports (CLS) Providers - Includes all CLS providers except those in licensed Specialized Residential settings.
- Respite Service Providers - All providers offering respite services, regardless of setting.

The following is a list of SCCMHA's Providers that are required to use EVV representing 600+ individual service providers employed by the following SCCMHA Network Providers.

- AbleLight, Inc. (Together w/Friends)
- APS Employment Services, Inc.
- APS Employment Services, Inc. Respite
- Samaritas (DBA) Lutheran Social Services of Michigan Respite
- Flatrock Manor of Woodburne (CLS)
- Genoa Healthcare, LLC Adult Med Administration
- Genoa Healthcare, LLC Child Med Administration
- GT Independence (Fiscal Manager for Self Determination)
- HOME - Helping Others Means Everything, LLC
- JubeJu CLS 1
- JubeJu CLS 4
- Samaritas dba Lutheran Social Services of Michigan
- Stuart Wilson CPA, P.C. (Fiscal Manager for Self Determination)
- Voice for the Hearing Impaired

General EVV Process in Secure Data Exchange:

- Payor (SCCMHA) sends the EVV Vendor (HHaX) a file of all Providers who are required to use EVV.
- Payor (SCCMHA) sends the EVV Vendor (HHaX) a file of all Authorizations for EVV Services.
- MDHHS sends the EVV Vendor (HHaX) a file of all Beneficiaries.
- Provider assigns a Caregiver to each Authorization for EVV services in the HHaX system.
- Provider schedules all visits requiring EVV with Caregivers in the HHaX system.
- A caregiver arrives at the scheduled visit, opens the mobile application on their phone, chooses the visit which includes the beneficiary and authorized service and "checks in."
- The caregivers end the scheduled visit and "checks out" using the mobile application on their phone.
- The Vendor, HHaX sends all EVV records to MDHHS.

- Claims are validated with the EVV records.

SCCMHA Receives CCBHC Recertification by MDHHS for FY 2025

SCCMHA received correspondence from MDHHS on August 27, 2024, from Erin Emerson, that we have been fully certified as a Community Behavioral Health Clinic (CCBHC) for FY 2025. A copy of the letter can be found in the Information Section of the Board Packet on page 50. Credit for a successful certification process goes out to all the involved program directors.

Motion made Cym Winiecke and supported by Deb Nagel to receive & file this report. Motion carried.

VI. BOARD ACTION

A. Approval of Resolution to Amend Mid-State Health Network Bylaws

Sandy noted that each of the CMHs in Mid-State Health Network (MSHN) approved the resolution included in tonight's packet. This resolution accomplishes the following changes to MSHN's bylaws:

1. Removal of the operating agreement supremacy clause if bylaws and the operating agreement conflict.
2. Revisions to reflect changes to state departments or other changes to titles of entities that are outdated.
3. Revision to remove the phrase "without limitation" relating to MSHNs ability to contract.
4. Update language in the article titled "Quorum and Voting" to reflect changes to the Open Meetings Act.
5. Revisions to add requirements for compliance with the Elliott Larsen Civil Rights Act and the Persons with Disabilities Civil Rights Act.
6. Removal of three specific parliamentary procedures duplicated within the bylaws that unnecessarily duplicate referenced Roberts Rules of Order.

The Board was able to ask questions / make comments.

Motion made by Cym Winiecke and supported by Deb Nagel to approve the Resolution to Amend Mid-State Health Network Bylaws. Motion carried.

VII. BOARD INFORMATION

- CMHA Weekly Update – August 2024 links:** <https://cmham.org/resources/weekly-update/>
- SCCMHA CAC Minutes** <https://www.sccmha.org/about/board-agendas-and-meetings.html>
- CCBHC Demonstration Certification Letter from MDHHS – 08/27/24**
- September is National Suicide Prevention Month, National Recovery Month & National Hispanic Heritage Month**
- Pickleball Tournament and Health Expo – Sept. 14-15**

VIII. MEDIA / PUBLICATIONS

- MSHN 2024 Impact Report**
- MDHHS Daily Digest Bulletin (New Medicaid Health Plan Contracts starting 10/1/24 & Olmstead Anniversary Celebration on 9/24/24)**

IX. OTHER ITEMS OF INTEREST

Sandy noted that there are financial concerns across the CMH System. The System is in turmoil with an estimated \$93-96M funding shortfall statewide for FY 2024. There has been an allocation made by the Michigan Legislature, but it has not yet been moved out to CMHs. Next Year is unknown as well as Medicaid Rates have not yet been released by the State's actuary Milliman (rates setting is running very behind). We will have to wait and see how things will turn out.

X. ADJOURNMENT

Motion by Deb Nagel supported by Joan Williams to adjourn this meeting at 6:12 PM p.m. Motion carried.

**Minutes prepared by:
Ryan Mulder
Executive Assistant to CEO**