

June 27, 2013

Elizabeth Knisely, Director
Bureau of Community Based Services
Behavioral Health and Developmental Disabilities Administration
Michigan Department of Community Health
Lewis Cass Building, Fifth Floor
320 S. Walnut Street
Lansing, Michigan 48913

Dear Ms. Knisely:

On behalf of the CMHSPs in Region 2, I submit the following in response to your letter dated June 4, 2013 regarding the region's AFP Submission. For each of the sixteen items listed in your correspondence, you will find either the requested information in the body of this letter, or the appropriate attachment included in the submission.

- I. Legal documents supporting the regional entity's establishment as defined in the Mental Health Code.
Two signed documents: the Northern Michigan Regional Entity By Laws and the Northern Michigan Regional Entity Operating Agreement are included in the submission.

- II. Text Box 1.6 identified each member of the regional entity Board. You have requested that each county be identified. The following list identifies the county and CMHSP Board for each member:
 - Gary Nowak – Presque Isle County, NEMCMH
 - Terry Larson – Presque Isle County, NEMCMH
 - Roger Frye – Montmorency County, NEMCMH
 - Don Tanner – Benzie County, Centra Wellness Network
 - Richard Schmidt – Manistee County, Centra Wellness Network
 - Annie Hooghart – Manistee County, Centra Wellness Network
 - Ed Ginop – Cheboygan County, NCCMH
 - Dennis Priess – Charlevoix County, NCCMH
 - Karla Sherman – Emmet County, NCCMH
 - Randy Kamps – Grand Traverse County, NLCMH
 - Jack Mahank – Crawford County, NLCMH
 - Armandina Zamora – Grand Traverse County, NLCMH
 - Patti Casey – Iosco County, AVCMH
 - Gary Klacking – Ogemaw County, AVCMH
 - Joe Stone – Oscoda County, AVCMH

- III. Box 1.11: Name and Curriculum Vitae of Executive Director of Regional Entity
The Chief Executive Officer has not yet been named. The individual's name and curriculum vitae will be submitted as soon as the position is filled.
- IV. Box 2.1.1.3: Name of Executive Director and Conflict of Interest policy as appropriate will be submitted by July 1, 2013.
The Chief Executive Officer has not yet been named. Consistent with directions received from your office, a copy of the Job Description is included in this submission. Additionally, a copy of the Conflict Of Interest policy is also attached. Effective no later than January 1, 2014, the employer of record will be the Northern Michigan Regional Entity.
- V. Box 2.1.3.4: Name of Chief Financial Officer, employer of record and conflict of interest policy will be submitted by July 1, 2013.
As with the CEO, the Chief Financial Officer has not yet been named. Consistent with directions received from your office, a copy of the Job Description is included in this submission. The Conflict of Interest Policy is referenced in Item IV, above. Effective no later than January 1, 2014, the employer of record will be the Northern Michigan Regional Entity.
- VI. Box 2.1.4.4: Name of Chief Information Officer, employer of record and conflict of interest policy will be submitted by July 1, 2013.
As with the CEO, the Chief Information Officer has not yet been named. Consistent with directions received from your office, a copy of the Job Description is included in this submission. The Conflict of Interest Policy is referenced in Item IV, above. Effective no later than January 1, 2014, the employer of record will be the Northern Michigan Regional Entity.
- VII. Box 2.1.5: The names of the Medical Director, SUD Prevention and Treatment Director, HR Director, and Compliance Coordinator, along with employer of record and conflict of interest policy will be submitted by July 1, 2013.
Before the Northern Michigan Regional Entity can finalize plans for the Medical Director, SUD Prevention and Treatment Director, Compliance Coordinator and Human Resources Director, certain other decisions must be made. Most notably, a CEO must be hired, final decisions regarding location of staff, and leasing of staff must also be made. Consequently, the positions have not been filled. Also, the employer of record is not yet determined. A copy of the Compliance Coordinator job description is included in this submission. The other job descriptions will be developed once a CEO is in place.
- VIII. Box 2.1.5.5: General Management Principles
Attachment 2.1.5.4, listing those general management policies adopted from existing PIHPs is included in the submission. The Compliance Program listed, which is compliant with 42 CFR 438.602 and 438.608, will be reviewed by the CEO and Compliance Coordinator once hired.

- IX. **Box 2.2.4: Financial Policies**
Financial policies have been adopted from existing PIHP practices. Those policies are listed in Attachment 2.2.3, which is included in this submission. Other financial procedures will be determined once a CEO is in place and the location of staff has been determined.
- X. **Box 5.1.6: This box was not checked.**
Item 5.1.6 states that beds are available in a secure setting (e.g., psych unit in a community or private hospital) in the region and organizations “owning” the beds are willing to make them available to people with SMI, SED or I/DD with behaviors. Currently, there are no secure beds within this region for individuals with SED, and there is no commitment to accept people with I/DD with behaviors. As noted in Text Box 5.1.8 in the initial submission, the NMRE is developing plans to meet this, and other crisis response capacity requirements, by January 1, 2015. These plans will be developed for approval by August 31, 2013. It is expected that this capacity will actually be in place by October 1, 2014.
- XI. **Box 5.2.1.5: Description of how applicant plans to assure effective coordination of care will be submitted by July 1, 2013.**
Attachment 5.2.1.4 is included with this submission.
- XII. **Box 5.2.2.4: Description of how applicant plans to assure the welfare of beneficiaries will be submitted by July 1, 2013.**
Attachment 5.2.2.3 is included with this submission.
- XIII. **Box 5.3.1.8: Narrative description that addresses the requirements identified in 5.3.1.8 will be submitted by July 1, 2013.**
The narrative Text Box 5.3.1.8 is included in this submission.
- XIV. **Box 5.3.1.10: Provide the plan and action steps and time frames for developing capacity for bringing people currently living out of the region, or transitioned to another PIHP if chosen by the person, back to live within the region no later than July 1, 2013.**
Attachment 5.3.1.10, containing this plan, is included in this submission.
- XV. **Box 5.3.2.6: narrative description addressing the requirements identified in 5.3.2.6 will be submitted by July 1, 2013.**
This narrative description is in Text Box 5.3.2.6 which is included in this submission.
- XVI. **Box 5.3.2: Regional plan with action steps, responsible staff, timeframes and numbers of people for developing increased regional alternative to segregated day programs and workshops will be submitted by July 1, 2013.**
Attachment 5.3.2.8, describing this plan, is included in this submission.

Ms. Knisely
June 27, 2013
Page 4

Additionally, in Section 5.3, items 5.3.1.2 and 5.3.1.4 required that certain policies be developed and submitted by July 1, 2013. These policies: Transitioning Individual From Institutions and Respect for Housing Choice and Preference, are included in this submission.

I believe that this letter and the attached files will provide the information required for July 1, 2013. Should you have any questions regarding any of these items, please feel free to contact either Dave Schneider (231-439-1234) or Karl Kovacs (231-935-3645).

Sincerely,

The Northern Michigan Regional Entity

Dave Beck, Ed.D., Executive Director
AuSable Valley CMH

Joseph Johnston, Executive Director
Centra-Wellness Network

Alexis Kaczynski, Director
North Country CMH

Ed LaFramboise, Director
Northeast Michigan CMH

Greg Paffhouse, CEO
Northern Lakes CMH

Attachments (17)

NORTHERN MICHIGAN REGIONAL ENTITY

BYLAWS

Article I

Definitions

1.1 **Entity** – Means the Northern Michigan Regional Entity formed pursuant to 1974 P.A. 258, as amended, MCL §330.1204b, a public governmental entity separate from the authority, county or organization that establishes it. (MCL § 330.1204b(3)).

1.2 **Governing Board** – Means the governing body of the Entity, appointed by the Members.

1.3 **Member** – Means the community mental health services programs named in Section 3.1 that have entered into the Operating Agreement.

1.4 **Mental Health Code** – Means 1974 P.A. 258, as amended.

1.5 **Operating Agreement** – Means the written agreement amongst the Members that describes the formal operations of the Entity subsequent to the approval by the Members' respective governing bodies. The Operating Agreement shall be incorporated in these Bylaws by reference.

Article II

Purposes and Powers

2.1 **Purpose.** The Northern Michigan Regional Entity (the "Entity") is formed under the provisions of Michigan's Mental Health Code, 1974 P.A. 258, as amended (the "Mental Health Code"), MCL § 330.1204b by the following community mental health services programs : AuSable Valley Community Mental Health Authority; Manistee-Benzie Community Mental Health Organization (d/b/a Central Wellness Network); North Country Community Mental Health Authority; Northeast Michigan Community Mental Health Authority; and the Northern Lakes Community Mental Health Authority (the "Members") for the purposes of: carrying out the provisions of the Mental Health Code and other State and Federal statutory obligations; acting initially as the prepaid inpatient health plan; and serving as the regional coordinating agency for substance use disorders in the designated service areas of the Members. (1204b(1)(a).)

2.2 **Powers.** The Entity has the following powers:

2.2.1 the power, privilege, or authority that the Members share in common and may exercise separately under the Mental Health Code, as specified in these Bylaws or as granted by the Members under subsection 2.2.6 (1204b(2)(a));

2.2.2 the power to contract with the State to serve as the Medicaid specialty service prepaid health plan for the designated service areas of the Members (1204b(2)(b));

2.2.3 the power to accept funds, grants, gifts, or services from the Federal government or a Federal agency, the State or a State department, agency, instrumentality, or political subdivision, or any other governmental unit whether or not that governmental unit participated in the Entity, and from a private or civic source (1204b(2)(c));

2.2.4 the power to enter into a contract with the Member for any service to be performed for, by, or from the Member (1204b(2)(d));

2.2.5 the power to create a risk pool and take other actions as necessary to reduce the risk that the Members otherwise bear individually; and

2.2.6 other powers granted by the Members that they share in common and may exercise separately under the Mental Health Code.

2.3 **Entity Actions.** The manner by which the Entity's purposes will be accomplished and powers will be exercised shall be through the actions of the Members as provided in Article III of these Bylaws and through the actions of the Governing Board or as delegated by the Governing Board to officers, committees or other agents, as provided in these Bylaws [Sec. 204b(1)(a)].

2.4 **Member Retained Powers.** The Members shall retain all powers, rights and authority afforded community mental health services programs, organized and operated as community mental health authorities, agencies or organizations under the Mental Health Code. Only the powers and authority specifically delegated to the Entity under these Bylaws, the Operating Agreement and any other agreement between the Members, are transferred to the Entity.

Article III **The Members**

3.1 **Members.** The Members of the Entity shall be community mental health services programs, organized and operated as a community mental health authority, county community mental health agency or community mental health organization, [Sec. 204b(1)], who have entered into an Operating Agreement.

3.2 **Member Vote.** Each Member shall have one vote which shall be conveyed in the form of a duly adopted written resolution of the governing body of the Member and delivered to the Governing Board. All actions taken by the Members shall require a unanimous vote.

3.3 **New Members.** . New Members may be admitted by a unanimous vote of the current Members. Any time a new Member is admitted and enters into the Operating Agreement, the new Member shall be entitled to all the rights and obligations of the Members as provided in these Bylaws (1204b(1)(b)(i)).

3.4 **Removal of the Member.** A Member may be removed by a unanimous vote of the other Members.

3.5 Withdrawal of the Member. Any Member may withdraw from participation with the Entity effective upon providing the Chief Executive Officer and the Chair of the Governing Board written notice. Notice shall be given at least six months prior to the end of any fiscal year. Upon the effective date of such withdrawal, the Member will have no further rights or benefits as a Member of the Entity. The Governing Board members and other positions appointed by the withdrawing Member shall terminate upon the effective date of the withdrawal of the Member and no replacement shall be appointed nor vacancy be deemed to occur by reason of the Member withdrawal and termination of positions.

3.6 Dispute Resolution. The manner for adjudicating a dispute or disagreement among the Members shall be set forth in the Operating Agreement, approved by the Members and incorporated herein by reference.

3.7 Reserved Powers and Rights of the Members. Each Member shall possess the powers and rights reserved to the Members under these Bylaws which shall include the power to approve the following:

- 3.7.1 all amendments, restatements or the adoption of new Bylaws;
 - 3.7.2 the Operating Agreement, any amendment thereto and its termination;
 - 3.7.3 a plan of merger, consolidation or joint venture;
 - 3.7.4 the termination and dissolution of the Entity and distribution of assets and liabilities, if any;
 - 3.7.5 the appointment and removal of the members of the Governing Board;
- and
- 3.7.6 the sale, transfer or other disposition of substantially all the assets of the Entity.

Article IV **Governing Board**

4.1 General Powers. The business, property, and affairs of the Entity shall be managed by the Governing Board. The Governing Board of the Entity shall be a policy Board. It shall not directly operate the Entity, only determine policy which the CEO shall execute.

4.2 Number and Composition.

- Each of the Members shall appoint three individuals from the Members' current Board roster to serve on the Governing Board. At least one individual (primary and/or secondary consumer) shall have received mental health or substance use disorder services, as defined in the Mental Health Code and the Public Health Code, 1978 P.A. 368, and 2012 P.A. 500.

4.3 Term. The initial terms of members of the Governing Board shall be staggered as determined by the initial Governing Board. All subsequent members of the Governing Board shall serve a three (3) year term.

4.4 Removal. The Members may remove its appointee/s to the Governing Board at any time. The Governing Board is responsible for informing the Member if there is a lack of participation or attendance by the Member's appointee/s. The Governing Board may recommend to the relevant Member the removal of a Governing Board member for either neglect of official duty or misconduct in office, after the individual is given a written statement of the reasons for the removal and an opportunity to be heard.

4.5 Resignation. Any Governing Board member may resign at any time by providing written notice to the Entity. The resignation will be effective on receipt of the notice or at a later time designated in the notice. A successor will be appointed as provided in Section 4.6 of these Bylaws.

4.6 Entity Governing Board Vacancies. A vacancy on the Governing Board shall be filled by the Member that originally filled the vacated position to complete the term.

4.7 Meetings. The Governing Board shall determine the frequency of meetings as required to effectively govern and operate the Entity and shall meet not less than quarterly.

4.8 Quorum and Voting. A majority of the Governing Board members then in office constitutes a quorum for the transaction of any business at any meeting of the Governing Board. Actions voted on by a majority of the Governing Board members present at a meeting where a quorum is present shall constitute authorized actions of the Governing Board. Each Member of the Governing Board shall have one (1) vote.

4.9 Meeting by Remote Communication. A Governing Board member may participate in a meeting by conference telephone or any similar communication equipment through which all persons participating in the meeting can hear each other. Participation in a meeting pursuant to this Section constitutes presence in person at the meeting.

4.10 Conflict of Interest Policy. The Governing Board shall adopt and adhere to a conflict of interest policy. All Governing Board members will annually disclose any conflicts of interest while serving on the Governing Board.

4.11 Compliance with Open Meetings Act and Freedom of Information Act. The Entity shall fully comply with all applicable laws, regulations and rules, including without limitation 1976 P.A. 267 (the "Open Meetings Act") and 1976 P.A. 422 (the "Freedom of Information Act").

4.12 Dual Office. Governing Board members may hold another office with any of the participating Members (1204b(1)(b)(iii)).

Article V
Governing Board Committees

5.1 **Committees.** The Governing Board shall determine the number and type of committees required to effectively govern and operate the Entity.

5.2 **Executive Board.** The Executive Committee shall:

5.2.1 Consist of the Board Chairperson, Vice Chairperson, Secretary, and two members one from each remaining Members of whom do not have an elected officer of the Entity.

Article VI
Officers of the Governing Board

6.1 **Officers.** The Officers of the Entity shall be Chair, Vice Chair and Secretary where no member shall have more than one officer, who shall be elected by the Governing Board following the latest version of Roberts Rules of Order.

6.2 **Chair.** The Chair shall preside at all Governing Board meetings. The Chair shall have the power to perform the duties of the office and as may be assigned by the Governing Board.

6.3 **Vice Chair.** The Vice Chair shall assume the duties of the Chair in the absence of the Chair. The Vice Chair shall perform duties as assigned by the Chair or the Governing Board. The Vice Chair shall perform all duties assigned to the office.

6.4 **Secretary.** The Secretary shall be responsible for ensuring the records of the Entity are properly recorded, processed, and stored. The Secretary shall be responsible for providing notice to each Governing Board member, as required by law or these Bylaws, complete all required administrative filings and perform all duties incident to the office and other duties assigned by the Governing Board.

6.5 **Term of Office.** Each officer shall hold office for a term of one (1) year. Officers may serve a maximum of three (3) consecutive years. Upon the completion of his/her term/s the Chair's replacement shall be appointed from another Member's appointee to the Governing Board, to allow for an equitable rotation of the Chair positions amongst the Members.

Article VII
Staff Positions

7.1 **Chief Executive Officer.** The Chief Executive Officer shall have the authority delegated to that position from time to time by the Governing Board.

7.2 **Fiscal Officer.** The Governing Board shall appoint a Fiscal Officer who shall receive, deposit, invest, and disburse the Entity's funds in the manner authorized by these Bylaws or the Governing Board.

Article VIII
Advisory Board

8.1 Advisory Board. The Governing Board shall establish Advisory Boards and shall establish the purpose, membership, officers, and frequency of meetings via resolution as is necessary.

Article IX
Immunity/Liability/Insurance

9.1 Governmental Immunity. All the privileges and immunities from liability and exemptions from laws, ordinances, and rules provided under MCL § 330.1205(3)(b) of the Mental Health Code to county community mental health service programs and their board members, officers, and administrators, and county elected officials and employees of county government are retained by the Entity and the Entity's board members, advisory board members, officers, agents, and employees, as provided in MCL § 330.1204b(4).

9.2 Liability. Except as otherwise provided by law, these Bylaws, or any agreement between the Members or the Members and the Entity, the Members shall not be responsible for the acts, omissions, debts or other obligations and responsibilities of the Entity or any other Member or the Governing Board members, employees, agents and representatives of the Entity or the other Members, whether acting separately or jointly under these Bylaws or pursuant to any such agreements. The Members shall only be bound and obligated as expressly agreed to by each Member and no Member may otherwise obligate any other Member.

9.2.1 All liability to third parties, loss, or damage as a result of claims, demands, costs, or judgments arising out of activities to be carried out by the Entity shall be the responsibility of the Entity, and not the responsibility of the Member, if the liability, loss, or damage is caused by, or arises out of, the actions or failure to act by the Entity, its Governing Board members, officers, employees or representatives; provided that nothing herein shall be construed as a waiver of any governmental immunity that has been provided to the Entity or its Governing Board members, officers, employees or representatives, by statute or court decisions.

9.2.2 All liability to third parties, loss, or damage as a result of claims, demands, costs, or judgments arising out of activities to be carried out by the Member shall be the responsibility of the Member and not the responsibility of the Entity, if the liability, loss, or damage is caused by, or arises out of, the actions or failure to act by the Member, its Governing Board members, officers, directors, employees and authorized representatives; provided that nothing herein shall be construed as a waiver of any governmental immunity that has been provided to the Member or its Governing Board members, officers, employees or representatives, by statute or court decisions.

9.2.3 Each Member and the Entity will seek its own legal representative and bear its own costs including judgments in any litigation which may arise out of its activities to be carried out pursuant to its obligations under these Bylaws or any

agreement between the Members or the Members and the Entity. It is specifically understood that no indemnification will be provided in such litigation.

9.2.4 In the event that liability to third parties, loss or damage arises as a result of activities conducted jointly under these Bylaws or any agreement between the Members or the Members and the Entity, such liability, loss or damages shall be borne by each party in relation to each party's responsibilities under the joint activities, provided that nothing herein shall be construed as a waiver of any public or governmental immunity granted to any of said parties as provided by applicable statutes and/or court decisions.

9.2.5 Under these Bylaws, it is the intent that each of the Members and the Entity shall separately bear and shall be separately responsible for only those financial obligations related to their respective duties and responsibilities.

9.3 Insurance. The Entity may purchase and maintain insurance on behalf of any person who is or was a Governing Board member or officer, or an employee or representative of the Entity, against any liability asserted against the person and incurred by him or her in any such capacity or arising out of his or her status as such, whether or not the Entity would have power to indemnify the person against such liability under these Bylaws or the laws of the State of Michigan.

Article X **Allocation of Assets and Liabilities**

10.1 Allocation. The manner in which the Entity's assets and liabilities shall be allocated to each Member is, at a minimum as follows:

10.1.1 Revenues. The Entity shall equitably provide for, obtain, and allocate revenues derived from a Federal or State grant or loan, a gift, bequest, grant, or loan from a private source, or an insurance payment or service fees (1204(1)(c)(i)); first in accordance with law, second by the payment source allocations (contractual), third in accordance with direction given by the Governing Board, and fourth as may be set forth in the Operating Agreement, approved by the Governing Board and incorporated herein by reference,

10.1.2 Capital and Operating Costs. The method or formula for equitably allocating and financing the Entity's capital and operating costs, payments to reserve funds authorized by law, and payments of principal and interest on obligations shall be in proportion to Section 10.1.1 above (1204(1)(c)(ii)).

10.1.3 Other Assets. The Governing Board shall direct the method of allocating the Entity's other assets whenever possible in accordance with Section 10.1.1 (1204(1)(c)(iii)).

10.1.4 Surplus Fund. After the completion of the Entity's purpose as specified in these Bylaws, any surplus funds shall be returned to the Members as directed by the Governing Board per Section 10.1.1 (1204(1)(c)(iv)).

10.1.5 Special Fund Account. The Entity shall not be entitled to a Member's special fund account under MCL § 330.1226a, unless that Member specifically contracts with the Entity for such activity or upon the revocation of the Member's community mental health services programs certification with the State of Michigan, under MCL §330.1232a (1204b(1)(d)).

10.1.6 Accountability of Funds. The Entity, shall maintain a process of providing for strict accountability of all funds and will provide the Governing Board a detailed financial report at intervals required by the Governing Board. On an annual basis, after the completion of each fiscal year, the Governing Board will engage an independent public accounting firm to conduct an audit of the Entity's financial status and compliance with financial policies (1204b(1)(e)).

10.1.7 Contracts. The Governing Board shall delineate the parameters within governance policies which the Chief Executive Officer of the Entity may enter into contracts on behalf of the Entity with third parties, including contracts involving the acquisition, ownership, custody, operations, maintenance, lease or sale of real personal property and the deposit, division or distribution of property acquired by the execution of a contract (1204b(1)(f)).

10.1.8 Member Disputes. Member Disputes or disagreements will be resolved in accordance with the terms of the Operating Agreement, approved by the Governing Board and incorporated herein by reference (1204b(1)(f)).

10.1.9 Members' Failure to Pay. The Governing Board will regularly calculate, assess, vote on, and collect from the Members each Member's designated share of the Entity's cost and expenses prior to making distributions of funds to the Members, to avoid a Member's nonpayment of its designated share of the Entity's expenses and infringe upon the rights of other Members (1204b(1)(h)).

Article XI **Reports**

11.1 Annual Reports. The Entity shall provide an annual report of its activities to each Member (1204b(5)).

Article XII **Amendments**

12.1 Bylaw Amendments. The Members may amend or repeal these Bylaws, or adopt new bylaws by a unanimous vote of the Members, if notice setting forth the terms of the

proposed amendment has been given in accordance with any notice requirement for a meeting of the Governing Board. These Bylaws, including any amendment thereof, shall be effective only after it has been duly adopted in accordance with MCL §330.1204b and subsequently filed with the clerk of each county in which all Members are located and with the Michigan Secretary of State (1204b(1)(i) and 1204b(6)).

Article XIII
Bylaws

13.1 Bylaws Filing and Effect. These Bylaws and any subsequent amendments shall be filed with the clerk of each county in which each Member is located and with the Secretary of State, before the Bylaws or any subsequent amendments become effective (1204b(6)).

Article XIV
Special Employment Matters

14.1 Assuming the Duties of Members. The Entity shall only assume the duties of a Member if the Member loses certification under MCL §330.1232a or the Member's governing board votes to approve the Entity assuming specified duties. If the Entity assumes the duties of a Member or contracts with a private individual or entity to assume the duties of a Member, the Entity shall comply with all of the following (1204b(7)):

14.1.1 The manner of employing, compensating, transferring, or discharging necessary personnel is subject to the provisions of the applicable civil service and merit systems and the following restrictions:

- a. An employee of the Entity is a public employee.
- b. The Entity and its employees are subject to 1947 P.A. 336, MCL 423.201 to 423.217 (1204b(7)(a)).

14.1.2 Transferred Employees. At the time the Entity is established, the employees of the Members who are transferred to the Entity and appointed as employees shall retain all the rights and benefits for one (1) year. If at the time the Entity is established under this section a Member ceases to operate, the employees of the Member shall be transferred to the Entity and appointed as employees who shall retain all the rights and benefits for one (1) year. An employee of the Entity shall not, by reason of the transfer, be placed in a worse position for a period of one (1) year with respect to worker's compensation, pension, seniority, wages, sick leave, vacation, health and welfare insurance, or another benefit that the employee had as an employee of the Member. A transferred employee's accrued benefits or credits shall not be diminished by reason of the transfer (1204b(7)(b)).

14.1.3 Collective Bargaining. If a Member was the designated employer or participated in the development of a collective bargaining agreement, the Entity assumes and is bound by the existing collective bargaining agreement. Establishing an Entity does

not adversely affect existing rights or obligations contained in the existing collective bargaining agreement. For the purposes of this subsection, "participation in the development of a collective bargaining agreement" means that a representative of the Member actively participated in bargaining sessions with the employer representative and union or was consulted during the bargaining process (1204b(7)(c)).

Signatures:

MAWISTEE - BENZIE COMMUNITY MENTAL HEALTH ORGANIZATION

d/b/a CONTRA WILLUSS NETWORK
Board

Dennis Ruser 2/14/13
Authorizing Agent Date

Northeast Michigan Community Mental Health Authority
Board

[Signature] 2-19-13
Authorizing Agent Date

NORTH COUNTRY COMMUNITY MENTAL HEALTH SERVICES

Board

[Signature] 2/26/13
Authorizing Agent Date

Northern Lakes Community Mental Health Authority
Board

[Signature] 2/27/13
Authorizing Agent Date

AnSable Valley Community Mental Health Authority
Board

[Signature] 2/27/13
Authorizing Agent Date

**Northern Michigan Regional Entity
Operating Agreement**

PREAMBLE

The five Community Mental Health Services Programs (Members) have joined together to create a jointly owned Regional Entity operating as a Prepaid Inpatient Health Plan (PIHP) for the purpose of supporting and furthering the work of the Members in their roles as local providers of specialty mental health services in the counties served. Inherent in this action is the belief that the local Member is best suited to provide services well matched to the needs of the communities and citizens served. The Northern Michigan Regional Entity (NMRE) is established for the purpose of meeting the regulatory and statutory requirements best handled at the PIHP level, and other services as agreed, while not encumbering, but enhancing, the efforts of the Member(s) as local service providers. In serving and representing the counties of Alcona, Alpena, Antrim, Benzie, Charlevoix, Cheboygan, Crawford, Emmet, Grand Traverse, Iosco, Kalkaska, Leelanau, Manistee, Missaukee, Montmorency, Ogemaw, Oscoda, Otsego, Presque Isle, Roscommon, and Wexford, this NMRE is dedicated to ensuring that equality in voice and governance exists, and that the benefit to the person participating in services is uniform, person centered, and locally available.

Members adopted a set of Principles to guide the organization and formation of the NMRE, and influence future decisions: they are incorporated by reference. The NMRE is founded on a shared governance structure, using standing committees to create avenues for input. Certain checks and balances are created to ensure that governance remains balanced and equal. The NMRE exists to serve all Members, and all Members must work collaboratively to ensure that NMRE is successful in its core mission to be the State's Region #2 PIHP.

The NMRE Governing Board, by virtue of the By-laws approved by all Members, has final authority. The Operating Agreement distributes the responsibility for management of the PIHP to the Governing Board, Chief Executive Officer (CEO) and the Operations Committee. The Operations Committee, made up of the Member CEO's and the CEO of the NMRE, advises and informs the Governing Board as it endeavors to make decisions that have bearing on the Members and their ability to provide essential services to the consumers of the region. Such important decisions benefit from a thoughtful process that incorporates the voices of consumers, stakeholders and Member leadership, who bring local knowledge and expertise together to inform the plans, policies, and procedures that will create and sustain a healthy NMRE, healthy Members, and a healthy array of beneficial services.

The Governing Board will be best served by a CEO who is an accomplished administrator and facilitator, capable of bringing many and varied voices together to achieve consensus. The CEO must promote compliance, fiscal responsibility, quality programs, meaningful outcomes, and efficiencies that will funnel more resources to direct services. The Governing Board must also be served by an Operations Committee that brings management expertise, local perspectives, local needs, and greater vision to the operation of the PIHP.

ORGANIZATION

Formation and Qualification. As stated in the preamble, the Members have formed a Regional Entity (the “Northern Michigan Regional Entity” or “NMRE”) pursuant to the authority granted under the Michigan Mental Health Code, MCL 330.1001 et seq., Section 1204b as amended, and, as applicable, the Michigan Public Health Code, MCL 333.1101, et seq., as amended by filing Bylaws with each of the twenty one counties and the Michigan Secretary of State.

Name. The business of the NMRE may be conducted under that name or, in compliance with applicable laws, any other name that the Members deem appropriate or advisable. The Members, on behalf of the NMRE, shall file any certificates, articles, fictitious business name statements and the like, and any amendments and supplements thereto, as the Members consider appropriate or advisable.

Office. The principal office of the NMRE shall be at such place or places of business within the twenty-one counties as the Governing Board may determine.

SCOPE AND AUTHORITY

The purpose of this Operating Agreement is to provide a paradigm for decision-making, and a structure for effective communication among the Governing Board, Members, and NMRE administration that is inclusive, collegial, equal, and responsive. This may include Member representatives, provider representatives, persons in service, NMRE staff, and stakeholders.

Minimally, the standing committees of the PIHP are:

- Consumer Advisory Committee
- Finance Committee
- Operations Committee
- Quality Improvement Committee
- Substance Use Disorders Advisory Committee
- Utilization Review Committee

The Governing Board may establish other standing committees.

Each Member CEO/Executive Director will appoint representatives from the Member area to serve on committees. There will be equal representation on all committees unless otherwise required by law.

Consumer Advisory Committee is established to advise the Governing Board and CEO and is comprised of active consumers whenever possible. Membership will include at least two but not more than three representatives from each Member, appointed by the Member Director, unless otherwise required by contract or regulation. Representatives will reflect the regional population served and include those living with developmental disabilities, mental illness, and serious emotional disturbance.

Finance Committee is comprised of the NMRE Fiscal Officer and the CFO of each Member and shall make recommendations to establish all funding formulas not otherwise determined by law. To ensure the equitable treatment of all Members, the Finance Committee will make recommendations with supporting detail to the Operations Committee through the CEO related to the distribution of revenue,

cost allocations, NMRE budgets, and advise and make recommendations on costs related to contracts for personnel, facility leases, audit services, software, and other matters as assigned by the Governance Board, Operations Committee, or the CEO. This committee will study the practices of the NMRE to determine if there are any economic efficiencies worthy of further consideration.

Operations Committee is comprised of the directors of the five Members. The CEO participates in an ex-officio capacity. The Operations Committee, in collaboration with the CEO and Governing Board, participates in the development of the vision, mission, and long-term plans of the NMRE. The Operations Committee, in a manner consistent with Governing Board directives, contributes to the hiring and evaluation process of the CEO. The Operations Committee, in concert with the CEO, recommends priorities for the Governing Board's consideration and makes recommendations to the Governing Board with respect to policy and fiscal matters, and may make task force recommendations. The Operations Committee collaborates with the CEO in the development of the contracts between Members and the NMRE and in the nature and scope of contracts with other providers. The Operations Committee is charged with assuring that the NMRE and all its Members comply with federal and state standards and regulation and assure compliance as described below. The Operations Committee is advisory to both the CEO and Governing Board.

Quality Improvement Committee is established to advise the CEO and is comprised of Member QI staff as appointed by the Member Director.

Substance Use Disorder Advisory Committee is established to help the NMRE develop and sustain a comprehensive array of prevention programs and other services and a provider network capable of meeting the needs of persons with substance use disorders. The Substance Use Disorder Advisory Committee will be constituted per P.A. 500 of 2013 and shall advise the Governing Board and CEO on issues concerning services to persons with substance use disorders.

Utilization Review Committee is established to advise the CEO and is comprised of Member UM staff as appointed by the Member Director.

RESPONSIBILITIES OF THE NMRE TO THE MEMBERS AND COMMITTEES

In addition to the responsibilities inherent to the PIHP that may not be delegated to Members, and are required by law, regulation, or contract, the PIHP will:

1. Provide all Members, in a timely manner, copies of correspondence of a substantive nature to allow full consideration and deliberation prior to being called on to take action on such items. This includes but is not limited to: 1) Policy, 2) Contracts, 3) Funding, 4) State and Federal mandates, 5) items requiring Members or PIHP action and 6) Legislative initiatives.
2. To provide all Members with copies of minutes from meetings attended by NMRE staff as representatives of the PIHP, or provide timely reports to the Operations Committee.
3. It is the intent of the Members to operate an efficient and well managed organization, keeping cost reasonable, thus allowing a maximum flow of funding to services. To this end all Members will share in representing the NMRE at state level meetings and on committees at the regional, state, federal, and any Association levels. Only those authorized to do so may speak on behalf of the NMRE, and those representing the NMRE are to provide a written summary or minutes of the proceedings. Determination of NMRE representation at standing statewide PIHP committees or meetings will be discussed by the Operations Committee.

4. The NMRE will provide timely and accurate financial reports, with detail at the level necessary to allow Member Directors and the Governing Board to have a full understanding of fiscal operations and status of the NMRE items.
5. The NMRE will provide data to the Member Boards in a complete and timely manner, and provide additional detail as requested by Members.
6. The NMRE will advise the Operations Committee in advance of engaging in any meaningful discussion with other entities that may impact the operations or decision of Member Boards.
7. The NMRE will establish and sustain a regular schedule for standing committee meetings and will arrange for appropriate space and clerical support.

DISPUTE RESOLUTION PROCESS

Occasionally disputes may arise that cannot be resolved through amiable discussion. In this event the following dispute resolution process will apply:

1. The Member Director will attempt to resolve the dispute through discussion with the NMRE CEO.
2. If the dispute remains unresolved, the Member Director will bring the matter to the Operations Committee no later than its next scheduled meeting, which will discuss the matter and render a decision within 15 calendar days.
3. If the dispute continues unresolved to the satisfaction of either party, Member or NMRE, both parties will provide a written description of the issue in dispute and a proposed solution, to the NMRE Governing Board within 15 calendar days. The NMRE Governing Board will have thirty (30) calendar days to provide a written decision.
4. If the dispute remains unresolved, the Member or NMRE may seek remediation as provided by law.

OPERATION OF THE REGIONAL ENTITY

A. BUDGET

The CEO will, in collaboration with the Fiscal Officer and Finance Committee, develop an annual Budget for funding of all Members, contract providers, and other costs required by contract for review by the Operations Committee. The Members will be provided a reasonable amount of time to review the proposed budget before the Operations Committee makes its recommendation to the Governing Board.

The Fiscal Officer and Finance Committee may recommend to the CEO potential areas where functional consolidation and administrative efficiencies may be achieved. These in turn will be considered by the CEO and the Operations Committee. After thorough review, if in the interest of the Members, and to the benefit of the NMRE, a proposal will be presented to the Governing Board.

Where there is a shared services agreement between Members, the Members party to that agreement shall file that agreement with the NMRE and only those members party to the agreement will be subject to the terms and conditions of the agreement. Cost associated with any agreements may be managed between the Members and not involve the Governing Board in the transactions unless requested by the Members and approved consistent with Governing Board policy.

The Finance Committee will review all contracts and procedures for expending funds or for the procurement of goods or services i.e., related to cost-sharing, cost-allocations, local match obligations related to Medicaid funds, fund transfers, repurchase (contracting back) arrangements, resource/asset claims, liability obligations, risk obligations, risk management, contingencies, areas of limitations, and areas of exclusions, per diem and travel expense, space use agreements, employee leases and contracts, software and equipment leases, audit services and provide a recommendation with supporting detail to the Operations Committee through the CEO regarding the adoption of the practice including compliance with applicable laws or regulations.

The Finance Committee and Fiscal Officer will advise the CEO regarding the distribution of any unanticipated or additional revenues that flow to the Members through the NMRE. A recommendation will be made with supporting detail to the Operations Committee which will advise the Governing Board.

The CEO, in collaboration with the Operations Committee will, on an annual basis, create a plan for the use of carry forward funding and submit the plan to the Governing Board for approval.

The Fiscal Officer, in collaboration with the Finance Committee, will develop all necessary formulas for the equitable and consistent allocation of expenses and revenue in matters involving shared services, licenses fees distributed across Members, and similar matters.

B. PLANNING

The Governing Board, in collaboration with the Operations Committee and the CEO, will develop and publish a mission statement and vision statement consistent with the principles of the NMRE.

From time to time, the CEO will facilitate a planning session, as may be required, involving the Governing Board and the Operations Committee to create, update, or modify the Long-term Plan of the NMRE. The process will allow for broad input and is intended to meet all contractual and accreditation requirements.

The Governing Board will approve the Long-term Plan prior to its publication.

C. COMPLIANCE

All parties recognize that the NMRE, as the PIHP, holds different legal responsibilities than the Members. Throughout the implementation of this agreement, all parties enter into this arrangement in a spirit of good faith and cooperation. All parties recognize that the NMRE may need to, at the discretion and with the advanced approval of the NMRE CEO and his/her designee conduct random audits and/or reviews. Such activity would occur with timely notice to the Member Director to communicate rationale for the review and findings. Members acknowledge that the NMRE is responsible in part for ensuring that covered services and administrative services furnished by and through Members are furnished and compensated in accordance with applicable laws and regulations. Accordingly, on behalf of itself and its network providers, Members acknowledge that the NMRE has the right, responsibility and authority:

- (1) To detect and deter compliance violations by Members and network providers by any lawful means, including monitoring and announced audits; and
- (2) To independently investigate alleged or suspected compliance violations by Members, a network provider, or an employee, owner, or governing body members of either.

Member agrees to cooperate in carrying out the NMRE compliance responsibilities.

Members are required to report to the NMRE any activity found not to be consistent with established policy and procedure.

Members acknowledge their obligation to submit all requested data and reports within timelines agreed upon.

D. HUMAN RESOURCES

The NMRE will directly employ the CEO and Fiscal Officer. The Operations Committee may recommend to the Governing Board the use of a contract or lease arrangement to secure other established positions as required.

The NMRE CEO shall appoint, or contract with, an individual or an organization to perform Human Resources functions.

The personnel manual of the NMRE shall be reviewed periodically by the NMRE CEO and Operations Committee with recommendations for modifications being presented to the Governing Board for consideration. Additional recommendations for modifications in policy may be suggested by the Operations Committee to address changes necessitated by law or regulation.

The Operations Committee will develop and, as necessary, revise the job description of the NMRE CEO and Fiscal Officer. The Governing Board has sole authority to approve job descriptions.

The Governing Board has sole responsibility for all hiring and retention decisions regarding the NMRE CEO. The Operations Committee shall assist the Governing Board in this process as requested. This may include screening candidates to ensure the Governing Board receives only qualified applicants to consider and participation in the interview and evaluation process.

E. POLICY DEVELOPMENT

The NMRE CEO, making full use of standing committees, will develop policies as needed for review by the Operations Committee, with subsequent consideration and approval by the Governing Board.

The CEO will consult with the Operations Committee before rendering a formal policy interpretation that may affect the Members.

F. CONTRACTS

The NMRE shall contract with the Members as its Comprehensive Specialty Services Network providers.

The NMRE, based on the recommendations of the Operations Committee and with the approval of the Governing Board, may contract with Members to provide pilot or start up program funding to meet local needs. Nothing should inhibit the Member from participating in opportunities to provide integrated and accountable care to serve the Medicaid population in its catchment area.

Consistent with the NMRE mission, vision, and principles, all grant applications submitted on behalf of the NMRE must be reviewed and approved by the Operations Committee prior to being submitted with recommendation to the Governing Board for acceptance.

The CEO shall, in conjunction with Operations Committee, determine what functions remain with the NMRE and which can be delegated to the Members consistent with the Balanced Budget Act.

The Operations Committee will be consulted and provide a recommendation to the Governing Board regarding any additional NMRE contractual arrangements that involve the Members and/or other vendors and require approval by the Governing Board.

Nothing shall prohibit a Member from withdrawing from an agreement established with the NMRE to provide a service on behalf of the Member. However, the Member, once party to an agreement, will be bound by that agreement and may withdraw only according to the terms listed in the agreement.

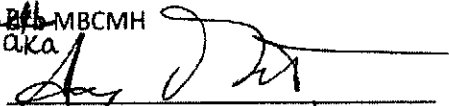
The Operating Agreement, when requested by a Member, shall be reviewed by the Operations Committee with any recommended changes forwarded to the Governing Board for consideration and to subsequent approval from the Members if a change to this Agreement is necessary.

Signatures:



Centra Wellness Network

~~ABC~~ MBCMH
aka



Northeast Michigan CMH Board



Ausable Valley CMH Board



Northern Lakes CMH Board



North Country CMH Board

Board Chair

Title

4-11-13

Date

Board Chair 2

Title

4-15-13

Date

Board Chair

Title

4-23-13

Date

Acting Board Chair

Title

4/23/13

Date

Board Chair

Title

4-18-13

Date

NORTHERN MICHIGAN REGIONAL ENTITY

Chief Executive Officer

DATE: July 1, 2013

JOB TITLE: Chief Executive Officer
SALARY LEVEL: Contract
RESPONSIBLE TO: NMRE Board of Directors

= Exempt Position
 = Non-Exempt Pos'n.

QUALIFICATIONS:

Education: Master's Degree in Healthcare Administration related discipline or Human Services, (e.g. Social Work, Psychology, Business Administration, Public Administration, or Health Administration.)

Experience: Minimum five years of administrative experience in a human services, governmental, or health care setting preferably in an integrated healthcare organization with diverse managed care functions experiences, e.g., network management, contract management, utilization management, claims payment, etc. Preferred candidate will have also had public mental health work experience and a strong commitment to community based services and enhancing the lives of persons served.

Other: Exceptional communication skills both verbal and written required with the ability to present information in an engaging and understandable manner. Exceptional skills required in the following areas: interpersonal and human relations, facilitation and collaboration, organizational and leadership, and critical thinking. Cultural competence and commitment to diversity and excellence are highly valued. Possession of a valid Michigan driver's license and access to reliable means of transportation for job related use required. Lived experiences with behavioral health issues desired. Must meet acceptable primary source background check. Functional computer literacy required.

SUMMARY OF RESPONSIBILITIES:

The Chief Executive Officer provides overall administrative direction for the Northern Michigan Regional Entity (NMRE). This includes overall responsibility for those functions assigned to the regional service, including but not limited to: financial management, network management, information systems, utilization management, claims payment, planning and contract compliance. This position operates with considerable independence under the general direction of the NMRE Board of Directors. Will provide leadership in support of affiliation vision, mission, organizational goals, and accrediting body.

ESSENTIAL JOB FUNCTIONS:

1. Provide focus, direction, and leadership to the NMRE Board promoting compliance with the Balanced Budget Act and other applicable federal Medicaid rules and regulations, and with the Michigan Department of Community Health (MDCH) Medicaid Specialty Services and Supports and Adult Benefit Waiver contracts.
2. Is responsible for assuring NMRE functions are implemented and consistent with direction from the Operations Committee, input from committees, and consistent with federal and state contract, rules, and standards.
3. Responsible for overseeing the provision of timely data reports to the Operations Committee/ Member Boards, member organizations, appropriate state departments, and other regulating and funding bodies.
4. Hiring and supervision of all staff assigned to the NMRE.
5. Assure policy and procedure is developed and approved to guide managed care operations.
6. Assure representation of all affiliation partners consistent with the Operating Agreement.
7. Represent the NMRE locally, with other PIHPs, and statewide.
8. Demonstrates knowledge of universal precautions, standards of practice, and emergency protocol.

NON-ESSENTIAL JOB FUNCTIONS:

1. Attend/participate in evening meetings.
2. Will be required to provide own transportation while performing entity-related duties.
3. Performs other related duties as required.

PHYSICAL REQUIREMENTS:

The physical demands here are representative of those that must be met by an employee to successfully perform the functions of this job. Ability to walk, bend, stand, sit, lift up to 25 pounds with or without assistance, stretch/reach, hear, see, hand/finger dexterity, and drive. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions in accordance with applicable laws.

{ Board Chair Signature to indicate Approval }

{ Approval Date }

Northern Michigan Regional Entity
CONFLICT OF INTEREST POLICY

POLICY

It shall be the policy of Northern Michigan Regional Entity (the "Entity") to provide a means for any Covered Person to identify and report to the Entity's Board (the "Board") any direct or indirect Financial Interest and any actual or potential Conflict of Interest and, based on that information, to permit the Board to review such Financial Interests and Conflicts of Interest and provide a process for the Board to follow when managing Conflicts of Interest, all in accordance with applicable law.

OBJECTIVE

The objective of this policy (the "Policy") is to provide an effective oversight process to protect the interests of the Entity when contemplating a transaction, arrangement, proceeding or other matter that might benefit the private interest of an individual or another entity. The Policy acknowledges that Conflicts of Interest do exist, identifies key individuals subject to this Policy, provides for the disclosure of actual and potential Conflicts of Interest and Financial Interests and forms the basis for procedures to manage Conflicts of Interest. This Policy is intended to supplement, but not replace, any applicable state or federal laws governing conflicts of interests in governmental entities or charitable, tax exempt, nonprofit organizations.

SCOPE

Individuals covered under this Policy include:

- Members of the Entity's Board;
- Entity officers,
- Members of committees of the Board with delegated authority from the Board,
- Member CMHSP Board Members, employees and agents, and
- Entity employees, independent contractors or agents who are responsible for the expenditure of federal or state government funds in excess of \$100 on behalf of the Entity.

These individuals are collectively referred to in this Policy as "Covered Person(s)."

DUTIES OF COVERED PERSONS

1. Duty of Care.

Every Covered Person shall act in a reasonable and informed manner and perform his or her duties for the Entity in good faith and with the degree of care that an ordinarily prudent person would exercise under similar circumstances.

2. Duty of Loyalty.

Every Covered Person owes a duty of loyalty to act at all times in the best interest of the Entity and not in the interest of the Covered Person or any other entity or person. No Covered Person may personally take advantage of a business opportunity that is offered to the Entity unless the Board of Directors determines not to pursue that opportunity, after full disclosure and a disinterested and informed evaluation.

3. **Conflicts of Interest.**

No Covered Person may engage in any transaction, arrangement, proceeding or other matter or undertake positions with other organizations that involve a Conflict of Interest, except in compliance with this Policy. Covered Persons should avoid not only actual but the appearance of Conflicts of Interest as well. Every Covered Person shall:

- (a) Disclose all Financial Interests as set out below;
- (b) Unless a Conflict of Interest Waiver has been granted, recuse himself/herself from voting on any transaction, arrangement, proceeding or other matter in which he/she has a Financial Interest, and not be present when any such vote is taken; and
- (c) Comply with any restrictions or conditions stated in any Conflict of Interest Waiver granted for the Covered Person's activities.

DEFINITIONS

Conflict of Interest. A Conflict of Interest arises when a Covered Person participates or proposes to participate in a transaction, arrangement, proceeding or other matter for the Entity, in which the Covered Person, the Covered Person's Family Member, or an organization in which the Covered Person is serving as an officer, director, trustee or employee has a Financial Interest.

Family Member means spouse, parent, children (natural or adopted), sibling (whole or half-blood), father-in-law, mother-in-law, grandchildren, great grandchildren and spouses of siblings, and all step family members, and any person(s) sharing the same living quarters in an intimate, personal relationship that could affect decisions of the Covered Person in a manner that conflicts with this Policy.

Financial Interest. A Covered Person has a Financial Interest if he or she has, directly or indirectly, actually or potentially, through a business, investment or through a Family Member:

- (a) an actual or potential ownership, control or investment interest in, or serves in a governance or management capacity for, an entity with which the Entity has a transaction, arrangement, proceeding or other matter;
- (b) an actual or potential compensation arrangement with any entity or individual with which the Entity has a transaction, arrangement, proceeding or other matter; or
- (c) an actual or potential ownership or investment interest in, compensation arrangement with, or serves in a governance or management capacity for, any entity or individual with which the Entity is contemplating or negotiating a transaction, arrangement, proceeding or other matter.

Compensation includes direct and indirect remuneration, in cash or in kind.

Interested Person is a Covered Person who has a Financial Interest.

LEGAL AUTHORITIES

The Policy is based on the following legal authorities:

- Mental Health Code, 1974 PA 258, MCL 300.1001 to 300.2106
- 1978 PA 566, MCL 15.181 to 15.185 (incompatible public offices)
- 1968 PA 317, MCL 15.321 to 15.330 (contracts of public servants with public entities)

- 45 CFR Part 74 (Federal Procurement Regulations)
- 45 CFR Part 92 (Federal Procurement Regulations)
- 42 USC 1396a (Federal Medicaid Statute)
- Michigan Medicaid State Plan
- 18 USC 208 (Federal Conflict of Interest Statute)
- IRS Conflict of Interest Guidelines, Policies and Pronouncements for Charitable Tax Exempt Nonprofit Entities

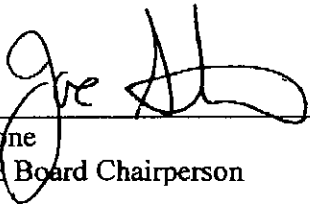
REVIEWED BY

Board of Directors 06/19/2013

EFFECTIVE DATE

06/19/2013

APPROVAL



Joe Stone
NMRE Board Chairperson

6-19-13
Date

Northern Michigan Regional Entity
Job Description

TITLE: Chief Financial Officer

REPORTS TO: Chief Executive Officer

SUMMARY: Under the supervision of the Chief Executive Officer, the Chief Financial Officer oversees the financial planning, accounting, budgeting, revenue trends and reporting relating to the prepaid health plan functions.

Specific Responsibilities:

1. Supervises the maintenance of budgetary ledgers, general accounting, and financial reporting in accordance with prescribed procedures.
2. Monitors month end general ledger process for the Northern Michigan Regional Entity (NMRE). Assures that the appropriate journal entries have been posted. Assists in posting journal entries to the general ledger.
3. Monitors expenditures and revenues on a full accrual basis and prepares monthly expenditure reports for the CEO and Operations Committee.
4. Prepares the annual budgets for administration and services as well as modifications to the annual budgets. Prepares the agenda and packet for the Finance Committee and related materials for Board of Directors.
5. Coordinates all financial reviews and annual CPA audit. Oversees work papers as required by the auditors.
6. Assist in coding bills, as needed.
7. Develops and provide analyses of Medicaid funding according to capitation cell rates. Analyzes this information to project and trend Medicaid revenue for current and future fiscal years.
8. Extracts data from client services reporting system to accurately compute expenses and payables for Community Inpatient, including breakdown by Member.
9. Prepares various financial reports as specified in the contract with the Michigan Department of Community Health (MDCH). These would include but not be limited to the Total Subelement Cost Report, Medicaid Utilization and Net Cost Report (MUNC), and Financial Status Reports.
10. Collects and analyzes financial information from Members including Financial Status Reports and close-out reports filed with the MDCH, annual Financial Audits and Compliance Reviews performed by a Certified Public Accounting firm, and other reports as needed.
11. Reviews the insurance policies (liability and worker's compensation) and oversees the renewal process.
12. Tracks the Habilitation Supports Waiver (HSW) cap payments received from MDCH. Compares payments with HSW supports services in each Member's client services and reporting system. Monitors and prepares monthly reports that indicate whether clients on the Waiver have received a qualifying Waiver service. Computes month end receivables/payables for HSW cap payments. Monitors enrollment, eligibility and maintains the MDCH HSW website.

13. Participates in various regional and state committees as assigned.
14. Oversees the Autism Benefit website and monitors services and revenue.
15. Composes routine letters in connection with the general job duties.
16. Computes Access Center charges by Member, as appropriate.
17. Performs fiscal duties as prescribed by the CEO and NMRE Board.
18. Responds to informational requests of the Behavioral Health and Developmental Disabilities Administration and other agencies.
19. Performs other duties as assigned by the Chief Executive Officer.

Qualifications:

Must possess a minimum of a bachelor's degree with major in accounting, finance, business administration, public administration, or related field from an accredited college or university.

Minimum of five years' experience working with financial management systems, including extracting service and financial data and analyzing data. Strong knowledge of Microsoft Excel and other related software.

Lived experience with mental health, developmental disabilities or substance use disorders desired.

Other Related Requirements:

- Actively participate as a member of a team and offer assistance to others when needed.
- Participate on team projects or on committees when appropriate.
- Adherence to the NMRE personnel policies, procedures, and standards.
- Adherence and commitment to the mission, purpose and principles of the NMRE.
- Report any situation that is a potential violation of the False Claims Act or any otherwise reportable occurrence as defined in the Regulatory Compliance Plan.
- Meet physical requirements for position, which may include the ability to assist in lifting packages, equipment, and conducting / teaching physical intervention techniques. Position requires sedentary activity such as reading, computer work, and other office functions requiring digital dexterity.
- Maintain confidentiality with regard to all data.
- Maintain a positive attitude with work assignments and in relationships with co-workers.
- Promote good morale within the work environment.
- Have own phone or reliable access to messages.
- Maintain satisfactory work performance.
- Ability to communicate clearly, verbally and in writing.
- Possess a valid Michigan driver's license and have a satisfactory driving record.

Northern Michigan Regional Entity Job Description

TITLE: Chief Information Officer

REPORTS TO: Chief Executive Officer

SUMMARY: The Chief Information Officer of Northern Michigan Regional Entity (NMRE) has primary responsibility to oversee and be accountable for all Prepaid Inpatient Health Program (PIHP) information systems (IS) and information technology (IT) activities by providing leadership for planning, developing, and implementing information technology initiatives. Ensures the provision of audit and collaborative oversight of Member Community Mental Health Service Program (CMHSP) IS/IT systems for compliance with legal and contractual obligations, and standard IT practices.

Specific Responsibilities:

1. Develops short and long-range goals and plans relative to information technology and management in support of the continuing availability of quality mental health care and substance use disorder treatment services throughout its Provider Network, adding voice to the values and principles representing the region.
2. Works with the IT staff from each of the Member CMHSPs to develop and implement NMRE policies and procedures governing all required facets of IS/IT, and ensures that all policies, procedures and practices comply with federal, state and local requirements for accountability and reporting.
3. Acts as HIPAA Security Officer for the NMRE, and works collaboratively with each Member CMHSP's HIPAA Security Officer.
4. Works with the CFO and CEO, to prepare the annual plans and budgets necessary to ensure that the NMRE successfully meets all IT requirements.
5. Supervises assigned staff and assists in the management of staff/organizational issues; carries out supervisory responsibility in accordance with policies, procedures and applicable laws; provides training in job skills; plans, assigns, and directs work; appraises performance; addresses complaints and resolves problems.
6. Provides appropriate support for reporting to the Michigan Department of Community Health (MDCH), NMRE Board, Operations Committee, NMRE Staff, and Member CMHSP Participant Executives and Staff as required
 - In collaboration with the NMRE staff and Member CMHSPs, ensure timely and accurate reporting to meet contractual obligations of the NMRE;
 - Ensures that NMRE staff and the Member CMHSP Participants comply with established MDCH reporting standards, and policies and procedures;
 - Acts as a liaison between each of these entities.
7. Provides leadership to all IT aspects of external audits and reviews, including the MDCH and EQR reviews.
8. Maintains current knowledge of state and federal reporting requirements and ensures necessary electronic audits and data verification are developed and implemented.
9. Participates in various regional and state committees as assigned.

10. Composes routine letters in connection with the general job duties
11. Performs information system duties as prescribed by the CEO and NMRE Board.
12. Responds to informational requests of the Behavioral Health and Developmental Disabilities Administration and other agencies.
13. Performs other duties as assigned by the Chief Executive Officer.

Qualifications:

- Bachelor's degree in a computer major or business, finance or related field. Master's degree preferred.
- Three years supervisory experience in IS/IT, finance, public administration or a related field, preferred.
- Five years working experience in IS/IT, including project management.
- Knowledge of the principles and practices of risk analysis/assessment, security procedures and practices, and IS/IT operations.
- Familiarity with data exchange and warehousing principles, business intelligence reporting/analytics and associated tools to ensure decision support.
- Knowledge of the principles of quality improvement.
- Working knowledge of administrative principles and practices including goal setting and project planning.
- Community Mental Health experience preferred.
- Lived experience with mental health, developmental disabilities or substance use disorders desired.

Other Related Requirements:

- Actively participate as a member of a team and offer assistance to others when needed.
- Participate on team projects or on committees when appropriate.
- Adherence to the NMRE personnel policies, procedures, and standards.
- Adherence and commitment to the mission, purpose and principles of the NMRE.
- Report any situation that is a potential violation of the False Claims Act or any otherwise reportable occurrence as defined in the Regulatory Compliance Plan.
- Meet physical requirements for position, which may include the ability to assist in lifting packages, equipment, and conducting / teaching physical intervention techniques. Position requires sedentary activity such as reading, computer work, and other office functions requiring digital dexterity.
- Maintain confidentiality with regard to all data.
- Maintain a positive attitude with work assignments and in relationships with co-workers.
- Promote good morale within the work environment.
- Have own phone or reliable access to messages.
- Maintain satisfactory work performance.
- Ability to communicate clearly, verbally and in writing.
- Possess a valid Michigan driver's license and have a satisfactory driving record.

Northern Michigan Regional Entity
Job Description

TITLE: REGULATORY COMPLIANCE COORDINATOR
REPORTS TO: Chief Executive Officer

SUMMARY: The Regulatory Compliance Coordinator is responsible for the implementation of the prepaid health plan's Compliance Program, development of educational and training programs to ensure that all employees and vendors comply with the Compliance Program, investigation into matters related to compliance leading to appropriate response actions, maintaining current knowledge of all applicable federal, state, and local laws and regulations.

Specific Responsibilities:

1. Implements regulatory compliance program for twenty-one county prepaid health plan covering all direct and contractual service providers.
2. Reviews and revises compliance plan as needed, but at least annually.
3. Develops and implements a monitoring system consistent with the specifications of the compliance plan, including regular audits and reporting.
4. Develops and implements reporting systems designed to encourage staff and contract staff to identify and report instances of non-compliance.
5. Investigates and makes recommendations regarding all occurrences of non-compliance with regulations.
6. Develops and provides appropriate training for staff and contract providers regarding regulatory requirements.
7. Has a working knowledge of quality improvement principles and apply to compliance activities.
8. Works with Compliance Leaders at each Member Community Mental Health Services Program (CMHSP) to ensure integrity of compliance program.
9. Provides reports to the Northern Michigan Regional Entity (NMRE) Board and Operations Committee as requested, but at least annually.
10. Participates as a member of the NMRE team.
11. Participates in quality improvement activities as assigned.
12. Provides in writing to the CEO all substantiated and on-going investigations of non-compliance.
13. Performs other duties as assigned by the CEO.

Qualifications:

Minimum of a bachelor's degree in human services, business administration, public administration, or related field from an accredited college or university. Five years experience in a community mental health setting working with regulatory, documentation, accreditation, and/or billing systems. Lived experience with mental health, developmental disabilities or substance use disorders desired.

Other Related Requirements:

- Actively participate as a member of a team and offer assistance to others when needed.
- Participate on team projects or on committees when appropriate.
- Adherence to the NMRE personnel policies, procedures, and standards.
- Adherence and commitment to the principles of community mental health services, and the mission and purpose of the NMRE.
- Report any situation that is a potential violation of the False Claims Act or any otherwise reportable occurrence as defined in the Regulatory Compliance Plan.
- Maintain confidentiality with regard to all data.
- Meet physical requirements for position, which may include ability to assist in lifting consumers, packages, and equipment. Position requires sedentary activity, reading, computer work, and other office functions requiring digital dexterity.
- Maintain a positive attitude with work assignments and in relationships with co-workers.
- Promote good morale within the work environment.
- Have own phone or reliable access to messages.
- Maintain satisfactory work performance.
- Ability to communicate clearly, verbally and in writing.
- Possess a valid Michigan driver's license and have a satisfactory driving record.

Employee Acknowledgement

Date

Northern Michigan Regional Entity
General Management Policies

<u>Policy/Procedure Name</u>	<u>Original PIHP</u>
Advance Directives	Northern Affiliation
Coordination of Care	Northern Affiliation
Grievance and Appeal	Northern Affiliation
Person Centered Planning	Northern Affiliation
Jail Diversion	Northern Affiliation
Self Determination	Northern Affiliation
Regulatory Compliance Plan	Northern Affiliation

NOTE: The policies, protocols and procedures listed are presently in use as listed. All but the Regulatory Compliance Plan have been edited and approved by the NMRE Board. The Regulatory Compliance Plan will be adopted once staff is in place.

Northern Michigan Regional Entity
Financial Management Policies

<u>Policy/Procedure Name</u>	<u>Original PIHP</u>
Costing Procedures	CMHAMM
Financial Management Policy	CMHAMM
Insurance Policy	Northern Affiliation
Internal Service Fund Policy	Northern Affiliation
Purchasing Policy	Northern Affiliation
Reporting Requirements Policy	Northern Affiliation
Sound Financial Accounting Policy	Northern Affiliation
Mileage Reimbursement Policy	Northern Affiliation
Per Diem Policy	Northern Affiliation
Credit Cards Policy	Northern Affiliation

NOTE: The policies, protocols, and procedures listed are presently in use as listed. The financial policies adopted are typically the more general policies that apply to sound principles and common functions such as costing and reporting. More specific policies and procedures will be adopted after a CEO and CFO are in place and decisions regarding location of staff have been finalized. At that point, specific accounting procedures will be adopted consistent with the entity doing the bookkeeping and accounting functions.

This narrative will demonstrate how the NMRE plans to assure coordination between the provider network and the beneficiaries' primary care practitioners to ensure that appropriate preventative and ambulatory care are provided; existing health care conditions are treated and monitored by the health care team; incidents of emergency room visits (for physical health or mental health crises) and hospital admissions (for physical health or mental health episodes) are communicated among the health care team members in a timely manner; and that medical care providers are knowledgeable in how to approach and treat individuals with mental illness, substance use disorders, and/or intellectual/developmental disabilities. There are current practices within the region that provide the foundation for enhanced care coordination now and as electronic health information exchange (HIE) is more widely implemented in this region. Current practices are predicated on a history of building relationships with providers and expanding the health care network. The NMRE member CMHSPs will continue to broaden these relationships while continuing to understand that HIE is a set of tools and processes that require training and systems to fully actualize their potential. The new toolkit for HIE will focus on two items; the Continuity of Care Document (CCD) and the Admission/Discharge/Transfer (ADT) files, both in HL7 compliant formats.

Included in this narrative are the responses to four areas:

- a. Any electronic methodologies that will be used to share information among the health care team members
- b. How follow up care to ER visits and hospitalizations will be coordinated among the health care team members
- c. Steps to be taken to reduce or prevent recurrence of the issue(s) that have required avoidable emergency room visits and hospital admissions, including staff training and professional(s) identified for monitoring and oversight
- d. Plans for assuring adequate capacity to serve individuals with high medical needs, including the ability to assure smooth and timely transitions for individuals being discharged from the hospital

Any electronic methodologies that will be used to share information among the health care team members

There is currently no electronic sharing of health care information among the Member CMHSPs that make up the NMRE. Preparations for implementing HIE began with the implementation of encrypted email, although much remains to be done. Current efforts include:

- In one project, co-located staff is entering notes in the electronic health record (EHR) of an outpatient medical clinic.
- All of the Member CMHSPs utilize EHRs that contain medication information as the result of applications that support electronic prescribing.
- One CMHSP will connect the e-prescribing tool to create not only the information in the EHR but place the prescription order in the in-house pharmacy.
- Three member CMHSPs will use FY14 Mental Health Block Grant funds to implement electronic HIE in their current affiliation and the NMRE.

The NMRE will focus on the necessary preparation for implementation of the Continuity of Care Document (CCD) which is a patient summary containing a core data set of the most relevant administrative, demographic and clinical information facts about a patient's healthcare, covering one or more healthcare encounters. It provides a means for one healthcare practitioner, system, or setting to aggregate all of the pertinent data about a patient and forward it to another practitioner, system, or setting to support continuity of care. Its primary use is to provide a snapshot in time containing the pertinent clinical, demographic, and administrative data for a specific person served. This is one critical component for successful HIE. The Michigan Health Information Network (MiHIN) is leading an effort in Michigan for the development of a behavioral health CCD. Staff within the NMRE are supportive of this effort and will implement the behavioral health CCD with the goal of bridging the gap between physical and behavioral systems of care. Similarly, a group supported by MiHIN and lead by Blue Cross Blue Shield, is developing an ADT format for use in the state. Health Level 7 (HL7) and its member organizations provide a framework (and related standards) for the exchange, integration, sharing, and retrieval of electronic health information. Versions of the standards support clinical practice and the management, delivery, and evaluation of health services. HL7 is a standard series of predefined logical formats for packaging healthcare data in the form of messages to be transmitted among computer systems.

It is anticipated that staff will need to be trained in the structure and use of the CCD and ADT, as well as work with current EMR vendors to ensure necessary data fields are stored, exported and imported in proper formats consistent with HL7 standards. Training will need to be tailored to meet the needs of both physical and behavioral health care staff and information technology staff.

A critical component of any HIE is securing the proper release of information document(s). The NMRE will incorporate future guidance from the Michigan Department of Community Health (MDCH) on the proper release format for Substance Use Disorder information. The MiHIN is leading a statewide effort to develop a consent management process that satisfies the requirements of the Mental Health Code and 42 CFR.

How follow up care to ER visits and hospitalizations will be coordinated among the health care team members

At present, there are different health care systems and resources in the counties encompassed by the NMRE. CMHSP liaisons with hospitals have long histories of coordinating care for behavioral health. Hospitals appreciate the additional resource to help with transition planning and follow-up care. The NMRE will consider expanding the liaison role in the future to include physical health care issues. It will determine if this is necessary or might be superseded by other entities inclusive of but not limited to medical homes, ACOs, hospitals, MCOs, etc. assuming this role. Care coordination staff will be connected with hospital providers either directly or through a regional health information organization (RHIO) using the CCD and ADT. The NMRE will ensure that the individual plan of service (IPOS) addresses health and safety needs and the planning process for the person centered plan (PCP) meeting involves consideration of

the roles of other providers of care in order to decrease the unnecessary use of ER and hospital services in the future.

The coordination and transition system of care will require that all members of the health care team are trained in care coordination and a holistic approach to health care. A variety of resources within Michigan (e.g. The Standards Group/MDCH) and outside of Michigan (e.g. University of Massachusetts) may be used to create an appropriate training curriculum. Other training resources include:

http://rwjf.org/en/about-rwjf/program-areas/quality-equality/care-about-your-care/continuing-education.html?cid=xps_gs_cayc13_22584393258

<http://www.healthbi.com/care-coordination-information-system.html>

http://www.anthem.com/wps/portal/ca/provider?content_path=provider/f0/s0/t0/pw_e191354.htm&label=Provider%20Toolkit%20%E2%80%93%20Care%20Coordination&rootLevel=3
http://www.pcmh.ahrq.gov/portal/server.pt/gateway/PTARGS_0_12547_955653_0_0_18/

Steps to be taken to reduce or prevent recurrence of the issue(s) that have required avoidable emergency room visits and hospital admissions, including staff training and professional(s) identified for monitoring and oversight

The CMS has identified certain conditions that are ambulatory care sensitive conditions (ACSC). These conditions include angina, asthma, chronic obstructive pulmonary disease [COPD], diabetes, grand mal status and other epileptic convulsions, heart failure and pulmonary edema, and hypertension. Hospitalization for (ACSC) is considered to be a measure of access to appropriate primary health care. A disproportionately high rate is presumed to reflect problems in obtaining access to appropriate primary care. While not all admissions for these conditions are avoidable, it is assumed that appropriate ambulatory care could prevent the onset of this type of illness or condition, control an acute episodic illness or condition, or manage a chronic disease or condition. As a part of the training for care coordination staff, i.e. case managers, topics will focus on the ACSC, working with the physical health care coordination staff at the hospital, primary care and specialty care office, to highlight these conditions and ensure that they reflected in the person centered care planning process. Care Coordination staff and the Member CMHSPs will continue to identify other factors outside of the ACSC that may impact the frequency of ER use and hospitalization. These include but are not limited to the availability of natural and other provided supports and services, housing stability, psychotropic drug adherence, crises, and insurance status.

Plans for assuring adequate capacity to serve individuals with high medical needs, including the ability to assure smooth and timely transitions for individuals being discharged from the hospital

The importance of training and appropriate staffing has been identified above in providing an integrated health care experience for persons served. Care Coordinators will be committed to partner in the system of care and with MCOs, ACOs, medical homes, hospitals, etc. to develop registries of consumers who have or are at risk for chronic conditions and ensure that data is used to guide effective coordination of care.

Agreements among the NMRE, Medicaid Health Plans, other insurers and other health care providers will be revised and strengthened to provide timely notifications to care coordination staff in order to support care transition from the hospital to an integrated health care system in the community. Staff training in care coordination, chronic health care conditions, motivational interviewing and cognitive behavioral therapies will enhance the transition of individuals discharged from the hospital. As the PIHP, the NMRE is not a service provider but supports the provider network in these efforts.

The welfare and safety of persons served are of paramount importance. The NMRE assures that its provider network will:

- a. analyze risk factors and reported incidents by individual beneficiary and provider entity if applicable to identify patterns and trends;
- b. provide close monitoring and oversight, including the responsible staff and frequency of monitoring and oversight; and
- c. assure the immediate safety of the individual and others who may be affected when incidents occur, e.g., provisions for the immediate transfer of persons served to a different provider if their health or safety is in jeopardy.

Analyze risk factors and reported incidents by individual beneficiary and provider entity if applicable to identify patterns and trends;

The member CMHSPs that have formed the NMRE will continue to review and assess the presence and priority of needs in the community. Based on feedback received from stakeholder groups and data collected from this process, the member CMHSPs will identify a set of priority needs. Of these, the CMHSP will identify the areas that it intends to address and what action is being planned in that area. This overarching identification of macro needs with proposed macro and micro interventions will have population and individual impact. Examples of such community needs have included increased connections with schools, community training on mental health issues, on the job training for consumers, etc. In addition, there are Community Dashboards that highlight information in a variety of categories ranging from access to health care to mental health. This information will enhance the surveillance at the population/community level and provide a context for the manner in which the NMRE will approach welfare at the individual beneficiary level.

At present, the five Member CMHSPs have systems in place for the reporting of critical incidents, sentinel events, and risk events. The NMRE will work with the Member CMHSPs and with other contracted providers to assure that they adopt regional standards relative to monitoring and analysis of patterns and trends and for immediate response as needed. In addition, a system will be in place to identify those who have more than one incident reported. This information will be routinely reported to the clinician, supervisor, clinical director and ORR. The Member CMHSPs may develop other business processes/procedures to review reports to identify patterns or potential issues.

The NMRE has plans to create a data warehouse of event information for state reporting elements that is distinct from the Avatar software system so that it will not impede transaction speed. Information from ORR investigations will be shared with the care coordinator in order to ensure that the investigation of events is provided in a timely manner.

Provide close monitoring and oversight, including the responsible staff and frequency of monitoring and oversight;

The NMRE's Risk Management Policy directs staff and providers to identify and mitigate risk exposure and reduce the severity of a loss if one were to occur; to improve the quality of services

and mitigate the effects of any potential loss; and to reduce or prevent the potential for harm to consumers, employees, and visitors by assuring that all preventive or corrective actions are identified and taken.

It is the policy of the NMRE that any unusual incident or unexpected occurrence – not limited to a physical injury or unexpected death – that adversely disrupts the normal routine of service being provided shall be documented by employees who witness, discover, or are notified of such an incident.

It is the policy of NMRE that sentinel events shall be reported as required by the Michigan Department of Community Health or by NMRE's accrediting agency.

The NMRE will designate a committee, e.g. Quality Improvement, that shall be responsible for:

- 1) Reviewing critical incidents and sentinel events to ensure that appropriate corrective action is taken, when indicated;
- 2) Monitoring trends in critical incidents, recipient rights complaints, grievance and appeals and assuring corrective action is taken, when indicated; and
- 3) Developing a Risk Management Plan that identifies and evaluates loss exposures, and implements and tracks actions to reduce risks.

NMRE's Risk Management Procedure will ensure that critical incidents are reported and reviewed as required by the Risk Management Policy and the Michigan Department of Community Health and it defines the structure and responsibility of the designated committee. It will apply to all member CMHSP operations and the provider network as specified or required by contract.

INCIDENT REPORTING

The NMRE will ensure that provider incident reporting policies and procedures meet NMRE standards.

If an incident is an unusual or unexpected event that adversely and significantly disrupts the normal routine of service, the incident shall be reported to the designated committee on the appropriate form. As AFC Licensing requires reporting of minor injuries, Member CMHSP staff and contract providers must determine if the incident meets the criteria, as noted above.

SENTINEL EVENTS

If the adverse incident potentially meets the definition of a sentinel event, staff or his/her supervisor shall ensure the notification of the QI Director, Medical Director and the CEO immediately either directly or by voice mail and documentation on the appropriate form.

EXTERNAL REPORTING

The following events must be reported within 5 business days (except for deaths which must be reported within 48 hours) to the NMRE:

- 1) Any death that occurs as a result of suspected staff member action or inaction, or any death that is the subject of a recipient rights, licensing, or police investigation;
- 2) Any occurrence that requires the relocation of a provider panel service site, governance or administrative operations for more than 24 hours;
- 3) Relocation of a consumer's placement due to licensing issues; and
- 4) Conviction of a CMHSP or provider panel staff member for any offense related to the performance of their job duties or responsibilities.

Data on critical incidents and sentinel events shall be reported as required.

- 1) Suicides must be reported to MDCH within 30 days after the end of the month in which the cause of death was determined. If 90 days has elapsed without a determination of cause, a "best judgment" must be submitted.
- 2) All other reportable Critical Incidents must be reported to MDCH within 60 days after the end of the month in which the incident occurred.

Assure the immediate safety of the individual and others who may be affected when incidents occur, e.g., provisions for the immediate transfer of recipients to a different provider if their health or safety is in jeopardy

In order to ensure the immediate safety of individuals, the NMRE shall incorporate provisions in the Provider Network Management structure regarding health and safety, recipient rights, and contract sanctions or termination. These provisions, requiring the monitoring of health, safety and welfare of service recipients, the provision of aid to persons served when needed, and reporting appropriate incidents will apply to the entire provider network. It will be monitored as a direct PIHP function and as a delegated function to the member CMHSPs. In the event of a concern for the safety and welfare of an individual, or the violation of an individual's rights, the member CMSHP shall take appropriate actions, up to the immediate removal of the individual from the service setting.

The Northern Michigan Regional Entity (NMRE) has adopted Person Centered Planning Guidelines consistent with the MDCH Person Centered Planning Protocol. Consistent with these protocols, individuals are encouraged and supported to voice their preferences in preparation for and during the development of the individual plan of services. Additionally, the NMRE has adopted a Policy regarding Respect for Housing Choice and Preferences. Consistent with this policy, staff will respect, to the greatest extent possible, the housing and housemate choices of individuals served.

Assisting an individual when transitioning from one living environment to another, whether licensed or unlicensed, requires planning and care. When a residential provider is involved, there is a matching process that allows for staff and potential housemates to meet, visit locations, and express concerns and wishes. This process is typically facilitated by the supports coordinator or case manager, but may also involve family members, natural supports and guardians. The intent is to afford each individual the opportunity to become comfortable with a transition prior to a move. If a potential match of individual and setting, or an individual and a potential roommate/housemate is not desired, efforts are made to accommodate that.

In order to support the provision of choice and opportunity for community integration and inclusion, the following language has been added to the NMRE Person Centered Planning Protocol:

To the extent possible, the individual shall be given the opportunity for experiencing the options available prior to making a choice/decision. This is particularly critical for individuals who have limited life experiences in the community with respect to housing, work and other domains.

In addition, staff at each of the five CMHSPs continues to work to provide education to individuals regarding the variety of activities available within a community. The key is to remember that if an individual has only known “X” activity, any other suggestion may seem unattractive or even frightening. Each CMHSP is continuing efforts to ensure informed choice of activities based on increased knowledge of options. This is true regardless of residential setting.

The NMRE is not a service provider, but as the PIHP, it will work with the member CMHSPs to verify that individuals are provided choice and opportunity for community involvement and work. The NMRE will also work with the member CMHSPs to verify that individual choices for living arrangements and housemates are respected to the greatest extent possible. This will be done through a variety of activities, including but not limited to:

- Monitoring of person centered plans for inclusion of community activities.
- Tracing the “golden thread” from the assessment to the pre-plan to the plan to the service delivery to identify that wishes are respected.
- Evaluating consumer satisfaction data.
- Assessing quality of life through various tools and surveys used by the CMHSPs.

While the QAPIP for the NMRE has not been developed, it will include an NMRE review of satisfaction measures as well as a level of site review by the PIHP. This information will be one

level of PIHP monitoring of individuals served, regardless of living arrangement. Additionally, each of the CMHSPs currently has a risk management process that reviews incidents. This data will also be reviewed by the NMRE. Once this has been initiated, baseline data will be developed which will be used to determine what is the frequency and focus of future reviews. The determinants of this frequency will include: satisfaction levels, evidence of choice in person centered plans and service delivery, and frequency and type of incident reports.

The plan for developing increased regional alternative residential capacity includes the following:

- Study current status and data, at each CMHSP, by January 1, 2014.
- Generate list of potential alternatives by February 1 2014.
- Utilize, to the extent possible, the results of the housing alternatives plan developed consistent with item 5.3.1.5.
- Based upon the alternatives identified, and consistent with the regional plan identified in 5.3.1.5, select the alternatives to be developed, by April 1, 2014.
- Efforts to realize selected alternatives will be initiated by October 1, 2014.
- At this point, it is difficult to identify the number of people for whom an alternative will be developed. This will be influenced by individual choice, the ability to successfully develop alternatives, and the available resources.
- Within each CMHSP, the appropriate clinical program director will have lead responsibility for the elements of this plan.

The Northern Michigan Regional Entity (NMRE), through its provider network, is committed to providing appropriate opportunities for individuals to reside and participate in the community to the extent possible. This includes assisting, when appropriate, to remain in, or return to, their home community.

The initial analysis of individuals living in licensed settings outside the NMRE area identified 113 individuals. This number is being further analyzed to identify the reasons for locating outside the service area, the precipitating events, and the degree of community involvement the individual has in his or her current community. A group of staff from each of the five Member CMHSPs have developed the basic elements of the plan for assisting these individuals to move back to the PIHP region, if they choose. Each step of the plan has a defined target date. Consumer involvement is a key component of the process.

Key milestones include:

Basic Data Collection

Timeline: Complete by June 11, 2013

In order to fully understand who is living in a licensed setting outside the NMRE area, and the reasons for that, each CMHSP is gathering the following information:

- Demographic information including name, age, gender, diagnoses
- Reason for out of area living arrangement, such as choice, lack of capacity, special needs, etc.
- Services being provided, including CPT/HCPC Codes, descriptions, staffing, school, etc.
- Services prior to moving, such as jail, state hospital, crisis placement, precipitating events
- How long has the person been in current setting, where is it, and is this a stable living arrangement
- Who manages the care
- Name of provider

Analyze Data

Timeline: Initial analysis by July 31, 2013. Additional analysis is likely once “choice” information is collected.

Develop “Process” for Determining Choice

Timeline: Developed by July 31, 2013

Individual choice is important to any decision regarding living arrangements. The work group, with consumer involvement, will develop a process, including interviews, to determine whether the individual chooses to be in the current setting or would choose to return to the area. This process will also include an assessment of the degree to which the individual participates in the community, has family and friends nearby, and enjoys any housemates. The key is to develop a process that will truly allow for informed choices.

Conduct “Process” for Determining Choice

Timeline: Complete during August – October, 2013

Once a process has been defined and agreed upon, it will take some time to interview individuals, their guardians or family, and their current service providers.

Analyze Results of Process

Timeline: Complete by December 31, 2013

Information gathered from individuals served, their families and guardians, as well as current service providers, will be analyzed to determine how many individuals choose to return, what their particular needs are, and what their desires are.

Identify Priorities for Movement

Timeline: Complete by January 31, 2014

Based upon individual choice and preference, specific needs and desires, and available resources, it will be possible to determine if any individual needs to move more quickly or if certain circumstances suggest delaying a move. This information, as well as an analysis of what currently exists, will be used to begin planning for appropriate moves.

Identify Gaps/Needs

Timeline: Complete by March 1, 2014

Staff will evaluate the needed capacity to meet the choices of the individuals wishing to move, as well as the existing capacity. This will identify what additional capacity must be developed. This may include specific training or licensure, additional staff resources, or new programs.

Build Necessary Capacity

Timeline: Beginning in March, 2014

Once the gaps in capacity have been identified, decisions will be made regarding developing the additional capacity. This will likely involve a series of procurement activities by some or all of the five CMHSPs. As appropriate, regional development will be considered.

The Northern Michigan Regional Entity (NMRE) has adopted a region-wide Person Centered Planning Protocol based on the MDCH Person Centered Planning Protocol. However, the NMRE added the language regarding community inclusion. The protocol includes the following language:

The development of natural supports shall be viewed as an equal responsibility of the CMHSP and the individual. The CMHSP, in partnership with the person, is expected to develop, initiate, strengthen, and maintain community connections and friendships through the person-centered process. **This includes developing, strengthening and increasing opportunities for participation in community activities, pursuing employment, and being more fully included in the community.**

The bolded portion has been added to more clearly address community participation. All providers serving the NMRE and facilitating person centered planning will have standards consistent with this protocol.

Current practice for all NMRE CMHSPs is to provide information and choice regarding work and community activities. Staff endeavor to provide information on various community activities in an understandable way, offering opportunities, when possible to experience various activities.

As noted in Text Box 5.3.1.8, the NMRE will monitor the actual implementation of policy through record reviews, customer satisfaction information, and various tools and assessments utilized by the CMHSP. Record reviews will verify that choices are offered, and the individual preferences are respected to the greatest extent possible.

Interest in work, as well as other activities, will be discussed in the pre-planning process. Record reviews will look for the “golden thread” of expressed interests and preferences by reviewing the assessment, the pre-plan, the person centered plan, and service delivery. An individual’s preferences should be seen through each of these stages of the service delivery process.

While the QAPIP for the NMRE has not been developed, it will include an NMRE review of satisfaction measures as well as a level of site review by the PIHP. Once this has been initiated, baseline data will be developed which will be used to determine what is the frequency and focus of future reviews. The determinants of this frequency will include: satisfaction levels, evidence of choice in person centered plans and service delivery, and amount and variety of community activities, as well as percentage of individuals working. Deficiencies, if noted, will result in the NMRE requiring a corrective action plan to be submitted to the Operations Committee by the provider organization.

Currently, two of the five CMHSPs comprising Region 2 contract with and/or operate segregated workshops or day programs: North Country Community Mental Health (NCCMH) and Northern Lakes Community Mental Health (NLCMH). Between the two CMHSPs, it has been reported that approximately 500 individuals attend these programs. It is important to note, however, that these programs are increasingly serving as a “launching pad” rather than a “landing pad.” That is to say that each of these programs, while providing segregated programming, also provide community activities, support work opportunities outside the segregated program, and offer a variety of community support services. For this reason, the following plans represent more of a continuing transition than a full change in direction. Both NCCMH and NLCMH have identified a variety of efforts that will increase the availability of non-segregated services for individuals. It is expected that the phased approach presented below will increase alternatives for at least 100 individuals at each of the two Boards.

NCCMH

North Country CMH currently contracts with four providers for day program services as well as directly operating two programs. Alternatives to facility-based day programs currently in place include the following:

- All four contracted providers also offer Supported Competitive Employment and two offer CLS to individuals from their homes/not associated with the day program day.
- Two of the contracted providers have created businesses in the community that offer employment opportunities outside of the day program facility.
- One of the directly operated programs offers supported competitive employment services as well.
- North Country also contracts with five additional providers (ASI, Northern Lights/ Gary Davis, Specialized Personal Recovery Services/Jim Harper, Richie Crawford and Listening Ear) that offer community-based Supported Employment (SE) and home and community-based CLS. One of these providers offers assistance with transition to college from H.S.

North Country currently offers the choices listed above, typically those within reasonable geographic location of their home, to all new consumers as well as those who indicate independently and/or when asked that they are seeking an alternative or an additional service. Additionally, North Country has performance objectives in contracts with facility-based day programs for the number of people provided job coaching in competitive employment situations and independent enterprise development, as well as the percentage of time spent outside the facility by individuals or in small groups.

North Country will increase the number of choices and provide information regarding the existing choices in the following ways:

- North Country will develop a brochure identifying the options available for SE, skill-building and CLS. This brochure will begin to be disseminated through schools, at the time of annual POS meetings and at Intake pre-planning by December 30, 2013.
- North Country will be available to present the options for SE, skill-building and CLS at transition IEPs to which an invitation has been extended and inform the ISDs of this availability, beginning at the latest with the completion of the brochure, December 30, 2013.
- North Country staff will present information regarding the variety of options available for those who qualify for services to all the Transition Councils within its six counties by May 2014.

- North Country will develop two additional providers of non-facility-based SE, skill-building and CLS by June 1, 2014. One additional provider of the new or existing providers will have a focus on options especially relevant for transitioning youth and other young people out of school, including experience assisting with transitioning to college life in the Northern most counties.
- A renewed emphasis on questions to provoke discussion related to the options available for supported employment, CLS and skill-building will be developed within the POS Pre-planning tool by December 30, 2013.

The lead individual for North Country for each of these activities is Julie Moran. Implementation will, of course, involve many others.

NLCMH

Northern Lakes currently holds three contracts with providers at four locations that meet the definition of “segregated day programs” and “workshops” for people with intellectual/developmental disabilities (ID/DD) and persons with ID/DD and mental illness. As noted above, these three providers have already begun evolving services, meaning each has developed community integrated alternatives to the activities that occur on site. NLCMH will continue to support those alternatives and continue to develop additional skill building and work alternatives in the community utilizing a variety of provider types. The following is a quick view of what each of the facility-based contracted providers offer for more community based skill building and work/volunteer supports and experiences.

- Community based work including individual sites, enclave and mobile work crews
- Community based micro-enterprise
- Community based skill building activities (small groups)
- Community integration outings/activities (i.e. going to theatre, mall, exercise classes, etc.)
- Community based volunteer experiences
- Site based activities such as crafts and baking the products of which are then taken and shared out in the community in places such as nursing homes or community meal sites

NLCMH Plan:

The goal is to provide a range of skill building, work, and volunteer options and choices for people-served. Some of this development will be done in conjunction with Member CMHSPs to increase purchasing power as well as to rely on best practices that have been developed. The following steps constitute the plan for NLCMH, and will be led by Carrie Gray.

- Work with current providers GTI, Hope Network and R.O.O.C to develop additional community based skill building, work (including transitional, supported and traditional) and volunteer opportunities for people-served. As described above, these providers are currently creating more flexible, community based or community integrated options for people-served. One of the providers cited the ACCSES trade group recommendation for employment policy for people with disabilities as, “Public policy must facilitate appropriate training and accommodations for community-based, integrated employment – the presumed option should be competitive, integrated employment. The full array of options should also include employment in skill development centers. Individuals must be permitted to exercise their informed choice of the employment option that is consistent with their strengths, needs, interests, abilities, and capabilities.” NLCMH will meet with these providers to discuss requirements and incentives to build further options. NLCMH and NCCMH have had

preliminary discussions regarding similar contract provisions for common providers. By October, 2014.

- Develop a minimum of three additional alternatives for strictly non-facility based skill building, work and volunteer training and support services. Again, as appropriate, this will be coordinated with NCCMH. NLCMH is currently providing some skill building and work support in the community and will focus with providers such as the ones listed below that present a willingness to provide community integrated work and volunteer supports and services.

Brickways, Brightstar, Real Life Living Services, Inc., Goodwill, and Disability Network of NW Michigan

NLCMH has held planning meetings with various providers and has a proposal on file for specific training and work supports from Goodwill. By January 2014.

- Assign a responsible person(s) at NLCMH to further develop a plan and follow-up on infrastructure and/or contracts needed for development of work and volunteer options. The infrastructure needs to include access to benefits specialists who have specific knowledge regarding social security and work incentives or disincentives.

NLCMH will continue to hold meetings with interested providers to help them understand the requirements and ramifications of Olmstead; to review the NLCMH plan for work/volunteer options and supports; and to create a network of providers that gives a wider range and variety of choice to each person-served. By January 2014.

Northern Michigan Regional Entity

POLICY NAME: Transitioning Individuals From Institutions
EFFECTIVE DATE: January 1, 2014

PURPOSE

Establish criteria to be followed when planning for an individual's discharge from an institution.

APPLICATION

All providers.

POLICY

It is the policy of the Northern Michigan Regional Entity that all persons being released from an institution will be actively involved, to the extent possible, in the discharge planning process. The individual's specific wishes and needs shall be considered in the planning process. Alternative services shall be appropriate to the needs of the individual and provide the least restrictive, appropriate service in the most appropriate setting.

The service provider must be able to meet the needs of the individual being released from the institution, either directly or through a contracted provider network. Person centered planning, consistent with NMRE Person Centered Planning Protocol, will ensure that the individual has opportunity for community inclusion and participation.

REFERENCE:

- Medicaid Managed Specialty Supports and Service Contract
- NMRE Person Centered Planning Protocol

REVISED: June 2013

REVIEWED:

APPROVED: June 19, 2013



NMRE Board Chair

6-19-13

Date

Northern Michigan Regional Entity

POLICY NAME: Respect for Housing Choice and Preference
EFFECTIVE DATE: January 1, 2014

PURPOSE

Ensure that staff respect individual choice of housing preference and choice.

APPLICATION

All providers.

POLICY

It is the policy of the Northern Michigan Regional Entity that all persons receiving housing assistance, residential and/or personal care services are given the opportunity to express their choices and preferences for living situation and roommates, to the extent possible. Treatment staff will respect and accommodate consumer choices to the extent possible.

REFERENCE:

- Medicaid Managed Specialty Supports and Service Contract
- NMRE Person Centered Planning Protocol

REVISED: June 2013

REVIEWED:

APPROVED: June 19, 2013



NMRE Board Chair

6-19-13

Date