



Program and Planning Committee Members

Raul Gonzales, Chairperson
Al Platt, Vice Chairperson
Jason White
Jeanne Pearl-Wright
Tim Hanna
Dianne Holman
Paul Palmer

PROGRAM & PLANNING COMMITTEE AGENDA

Monday, July 14th, 2025

5:30 p.m.

812 E. Jolly Rd, G11-C

Lansing, MI 48910

Join Zoom Meeting

<https://zoom.us/j/94026869514>

Meeting ID: 940 2686 9514

***Action Items**

- 1. Call to Order**
- 2. Previous Meeting Minutes – May 12th, 2025**
- 3. Adoption of Agenda**
- 4. Public Comment on Agenda Items**

PROGRAM AND PLANNING COMMITTEE BUSINESS ITEMS:

- *5. New Expense Contract: Simken Adult Foster Care Homes – Shana Badgley**
- *6. 2025 Mid-State Health Network Corporate Compliance Plan – Elise Magen**
- *7. New Expense Contract Targeted Case Management – Community Living Services – Drew Kersjes**
- *8. CMHA-CEI Consumer Advisory Council Recommended Appointees – Elise Magen**
- 9. Unfinished Business**
 - a. Crisis Stabilization Unit Update**
- 10. New Business**

If you need accommodations in order to fully participate in this meeting, please call 517-346-8238. If, however, you are deaf/hard of hearing or deaf/blind, please call Michigan Relay Center, TTY/Voice by dialing 711 or 844-578-6563 and ask them to forward your message to the above number. Requests must be made no later than 48 hours prior to the meeting. This meeting is open to all members of the public under Michigan's Open Meetings Act.

11. Public Comment

12. Adjournment



PROGRAM AND PLANNING COMMITTEE

Meeting Minutes

Monday, May 12th, 2025

5:30 p.m.

812 E. Jolly Rd, G11-C

Lansing, MI 48910

Join Zoom Meeting

<https://zoom.us/j/94026869514>

Meeting ID: 940 2686 9514

Committee Members Present:

Al Platt

Raul Gonzales

Jeanne Pearl-Wright

Jason White

Committee Members Excused:

Tim Hanna

Dianne Holman

Staff Present

Darby Vermeulen, Sara Lurie, Drew Kersjes, Shana Badgley, Dr. Jennifer Stanley

Other Board Members Present:

Paul Palmer, via Zoom

Program and Planning Committee Meeting
May 12th, 2025

MINUTES ARE DRAFT PENDING COMMITTEE APPROVAL

Public Present:

None

Others Present

None

Call to Order:

The meeting was called to order by Chairperson Raul Gonzales at 5:30 p.m.

Previous Meeting Minutes:

MOVED by Paul Palmer and SUPPORTED by Al Platt to approve the Program and Planning Committee meeting minutes of April 14th, 2025.

MOTION CARRIED unanimously.

Adoption of Agenda:

MOVED by Paul Palmer and SUPPORTED by Jeanne Pearl-Wright to adopt the agenda of May 12th, 2025.

MOTION CARRIED unanimously.

Public Comment on Agenda Items:

None

BUSINESS ITEMS:

New Expense Contract: Divine Home Care and Staffing

Drew Kersjes presented this contract with a new CLS provider. They are a larger provider in CEI's area and has worked with the Tri-County Office on Aging for the last few years.

ACTION:

MOVED by Paul Palmer and SUPPORTED by Al Platt that the Program and Planning Committee of the CMHA-CEI Board of Directors authorize CMHA-CEI to enter into a

new contract with the Arc of Mid-Michigan to purchase services indicated at the rates below for the period of June 1, 2025 through September 30, 2025.

Agency Name	Address	Service
Divine Home Care and Staffing	865 South Cedar Street Suite 100 Mason, MI 48854	Children's Waiver / SED Waiver/ Hab. Waiver / B3 (CLS*/Respite/OHSS†)

Service Description	Code	Modifier	Modifier	Modifier	Unit	Rate
CLS - Level 1	H2015				15 Minute	\$5.87
CLS - Level 1, 2 Consumers Served	H2015	UN			15 Minute	\$3.56
CLS - Level 1, 3 Consumers Served	H2015	UP			15 Minute	\$2.81
CLS - Level 1, 4 Consumers Served	H2015	UQ			15 Minute	\$2.46
CLS - Level 1, 5 Consumers Served	H2015	UR			15 Minute	*\$2.46 x 4/5
CLS - Level 1, 6+ Consumers Served	H2015	US			15 Minute	*\$2.46 x 4/Number of Consumers Served
CLS - Level 2 Specialized	H2015				15 Minute	\$6.48
CLS - Level 2 Specialized, 2 Consumers Served	H2015	UN			15 Minute	\$3.87
CLS - Level 2 Specialized, 3 Consumers Served	H2015	UP			15 Minute	\$3.03
CLS - Level 2 Specialized, 4 Consumers Served	H2015	UQ			15 Minute	\$2.62
CLS - Level 2 Specialized, 5 Consumers Served	H2015	UR			15 Minute	*\$2.62 x 4/5
CLS - Level 2 Specialized, 6+ Consumers Served	H2015	US			15 Minute	*\$2.62 x 4/Number of Consumers Served

Program and Planning Committee Meeting
May 12th, 2025

MINUTES ARE DRAFT PENDING COMMITTEE APPROVAL

CLS - Level 1 - Holiday**	H2015	TV			15 Minute	\$8.02
CLS - Level 1, 2 Consumers Served - Holiday**	H2015	TV	UN		15 Minute	\$4.82
CLS - Level 1, 3 Consumers Served - Holiday**	H2015	TV	UP		15 Minute	\$3.69
CLS - Level 1, 4 Consumers Served - Holiday**	H2015	TV	UQ		15 Minute	\$3.15
CLS - Level 1, 5 Consumers Served - Holiday**	H2015	TV	UR		15 Minute	*\$3.15 x 4/5
CLS - Level 1, 6+ Consumers Served - Holiday**	H2015	TV	US		15 Minute	*\$3.15 x 4/Number of Consumers Served
CLS - Level 2 Specialized - Holiday**	H2015	TV			15 Minute	\$8.98
CLS - Level 2 Specialized, 2 Consumers Served - Holiday**	H2015	TV	UN		15 Minute	\$5.28
CLS - Level 2 Specialized, 3 Consumers Served - Holiday**	H2015	TV	UP		15 Minute	\$4.01
CLS - Level 2 Specialized, 4 Consumers Served - Holiday**	H2015	TV	UQ		15 Minute	\$3.42
CLS - Level 2 Specialized, 5 Consumers Served - Holiday**	H2015	TV	UR		15 Minute	\$3.42 x 4/5
CLS - Level 2 Specialized, 6+ Consumers Served - Holiday**	H2015	TV	US		15 Minute	*\$3.42 x 4/Number of Consumers Served
CLS - Level 1, Night	H2015	UJ			15 Minute	\$5.87
CLS - Level 1, 2 Consumers Served, Night	H2015	UN	UJ		15 Minute	\$3.56
CLS - Level 1, 3 Consumers Served, Night	H2015	UP	UJ		15 Minute	\$2.81

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MINUTES ARE DRAFT PENDING COMMITTEE APPROVAL

CLS - Level 1, 4 Consumers Served, Night	H2015	UQ	UJ		15 Minute	\$2.46
CLS - Level 1, 5 Consumers Served, Night	H2015	UR	UJ		15 Minute	*\$2.46 x 4/5
CLS - Level 1, 6+ Consumers Served, Night	H2015	US	UJ		15 Minute	*\$2.46 x 4/Number of Consumers Served
CLS - Level 2 Specialized, Night	H2015	UJ			15 Minute	\$6.48
CLS - Level 2 Specialized, 2 Consumers Served, Night	H2015	UN	UJ		15 Minute	\$3.87
CLS - Level 2 Specialized, 3 Consumers Served, Night	H2015	UP	UJ		15 Minute	\$3.03
CLS - Level 2 Specialized, 4 Consumers Served, Night	H2015	UQ	UJ		15 Minute	\$2.62
CLS - Level 2 Specialized, 5 Consumers Served, Night	H2015	UR	UJ		15 Minute	*\$2.62 x 4/5
CLS - Level 2 Specialized, 6+ Consumers Served, Night	H2015	US	UJ		15 Minute	*\$2.62 x 4/Number of Consumers Served
CLS - Level 1 - Holiday**, Night	H2015	TV	UJ		15 Minute	\$8.02
CLS - Level 1, 2 Consumers Served - Holiday**, Night	H2015	TV	UN	UJ	15 Minute	\$4.82
CLS - Level 1, 3 Consumers Served - Holiday**, Night	H2015	TV	UP	UJ	15 Minute	\$3.69
CLS - Level 1, 4 Consumers Served - Holiday**, Night	H2015	TV	UQ	UJ	15 Minute	\$3.15
CLS - Level 1, 5 Consumers Served - Holiday**, Night	H2015	TV	UR	UJ	15 Minute	*3.15 x 4/5
CLS - Level 1, 6+ Consumers Served - Holiday**, Night	H2015	TV	US	UJ	15 Minute	*3.15 x 4/Number of

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MINUTES ARE DRAFT PENDING COMMITTEE APPROVAL

						Consumers Served
CLS - Level 2 Specialized - Holiday**, Night	H2015	TV	UJ		15 Minute	\$8.98
CLS - Level 2 Specialized, 2 Consumers Served - Holiday**, Night	H2015	TV	UN	UJ	15 Minute	\$5.28
CLS - Level 2 Specialized, 3 Consumers Served - Holiday**, Night	H2015	TV	UP	UJ	15 Minute	\$4.01
CLS - Level 2 Specialized, 4 Consumers Served - Holiday**, Night	H2015	TV	UQ	UJ	15 Minute	\$3.42
CLS - Level 2 Specialized, 5 Consumers Served - Holiday**, Night	H2015	TV	UR	UJ	15 Minute	*\$3.42 x 4/5
CLS - Level 2 Specialized, 6+ Consumers Served - Holiday**, Night	H2015	TV	US	UJ	15 Minute	*\$3.42 x 4/Number of Consumers Served
OVERNIGHT HEALTH AND SAFETY SUPPORTS - Level 1	T2027				15 Minute	\$5.87
OVERNIGHT HEALTH AND SAFETY SUPPORTS - Level 1, 2 Consumers Served	T2027	UN			15 Minute	\$3.56
OVERNIGHT HEALTH AND SAFETY SUPPORTS - Level 1, 3 Consumers Served	T2027	UP			15 Minute	\$2.81
OVERNIGHT HEALTH AND SAFETY SUPPORTS - Level 1, 4 Consumers Served	T2027	UQ			15 Minute	\$2.46

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MINUTES ARE DRAFT PENDING COMMITTEE APPROVAL

OVERNIGHT HEALTH AND SAFETY SUPPORTS - Level 1, 5 Consumers Served	T2027	UR			15 Minute	*\$2.46 x 4/5
OVERNIGHT HEALTH AND SAFETY SUPPORTS - Level 1, 6+ Consumers Served	T2027	US			15 Minute	*\$2.46 x 4/Number of Consumers Served

OVERNIGHT HEALTH AND SAFETY SUPPORTS - Level 2	T2027				15 Minute	\$6.48
OVERNIGHT HEALTH AND SAFETY SUPPORTS - Level 2, 2 Consumers Served	T2027	UN			15 Minute	\$3.87
OVERNIGHT HEALTH AND SAFETY SUPPORTS - Level 2, 3 Consumers Served	T2027	UP			15 Minute	\$3.03
OVERNIGHT HEALTH AND SAFETY SUPPORTS - Level 2, 4 Consumers Served	T2027	UQ			15 Minute	\$2.62
OVERNIGHT HEALTH AND SAFETY SUPPORTS - Level 2, 5 Consumers Served	T2027	UR			15 Minute	*\$2.62 x 4/5
OVERNIGHT HEALTH AND SAFETY SUPPORTS - Level 2, 6+ Consumers Served	T2027	US			15 Minute	*\$2.62 x 4/Number of Consumers Served

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OVERNIGHT HEALTH AND SAFETY SUPPORTS - Level 1 - Holiday**	T2027	TV			15 Minute	\$8.02
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OVERNIGHT HEALTH AND SAFETY SUPPORTS - Level 1, 3 Consumers Served - Holiday**	T2027	UP	TV		15 Minute	\$3.69
OVERNIGHT HEALTH AND SAFETY SUPPORTS - Level 1, 4 Consumers Served - Holiday**	T2027	UQ	TV		15 Minute	\$3.15
OVERNIGHT HEALTH AND SAFETY SUPPORTS - Level 1, 5 Consumers Served - Holiday**	T2027	UR	TV		15 Minute	*\$3.15 4x5
OVERNIGHT HEALTH AND SAFETY SUPPORTS - Level 1, 6+ Consumers Served - Holiday**	T2027	US	TV		15 Minute	*\$3.15 4/Number of Consumers Served
OVERNIGHT HEALTH AND SAFETY SUPPORTS - Level 2 - Holiday**	T2027	TV			15 Minute	\$8.98
OVERNIGHT HEALTH AND SAFETY SUPPORTS - Level 2, 2 Consumers Served - Holiday**	T2027	UN	TV		15 Minute	\$5.28
OVERNIGHT HEALTH AND SAFETY	T2027	UP	TV		15 Minute	\$4.01

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SUPPORTS - Level 2, 3 Consumers Served - Holiday**						
OVERNIGHT HEALTH AND SAFETY SUPPORTS - Level 2, 4 Consumers Served - Holiday**	T2027	UQ	TV		15 Minute	\$3.42
OVERNIGHT HEALTH AND SAFETY SUPPORTS - Level 2, 5 Consumers Served - Holiday**	T2027	UR	TV		15 Minute	*\$3.42 x 4/5
OVERNIGHT HEALTH AND SAFETY SUPPORTS - Level 2, 6+ Consumers Served - Holiday**	T2027	US	TV		15 Minute	*\$3.42 x 4/Number of Consumers Served
RESPIRE - Level 1	T1005	HM			15 Minute	\$5.87
RESPIRE - Level 1, 2 Consumers Served	T1005	HM	UN		15 Minute	\$3.56
RESPIRE - Level 1, 3 Consumers Served	T1005	HM	UP		15 Minute	\$2.81
RESPIRE - Level 1, 4 Consumers Served	T1005	HM	UQ		15 Minute	\$2.46
RESPIRE - Level 1, 5 Consumers Served	T1005	HM	UR		15 Minute	*\$2.46 x 4/5
RESPIRE - Level 1, 6+ Consumers Served	T1005	HM	US		15 Minute	*\$2.46 x 4/Number of Consumers Served
RESPIRE - Level 2 Specialized	T1005	HM			15 Minute	\$6.48
RESPIRE - Level 2 Specialized, 2 Consumers Served	T1005	HM	UN		15 Minute	\$3.87
RESPIRE - Level 2 Specialized, 3 Consumers Served	T1005	HM	UP		15 Minute	\$3.03
RESPIRE - Level 2 Specialized, 4 Consumers Served	T1005	HM	UQ		15 Minute	\$2.62
RESPIRE - Level 2 Specialized, 5 Consumers Served	T1005	HM	UR		15 Minute	*\$2.62 x 4/5

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MINUTES ARE DRAFT PENDING COMMITTEE APPROVAL

RESPIRE - Level 2 Specialized, 6+ Consumers Served	T1005	HM	US		15 Minute	*\$2.62 x 4/Number of Consumers Served
RESPIRE - Level 1 - Holiday**	T1005	HM	TV		15 Minute	\$8.02
RESPIRE - Level 1, 2 Consumers Served - Holiday**	T1005	HM	UN	TV	15 Minute	\$4.82
RESPIRE - Level 1, 3 Consumers Served - Holiday**	T1005	HM	UP	TV	15 Minute	\$3.69
RESPIRE - Level 1, 4 Consumers Served - Holiday**	T1005	HM	UQ	TV	15 Minute	\$3.15
RESPIRE - Level 1, 5 Consumers Served - Holiday**	T1005	HM	UR	TV	15 Minute	*\$3.15 x 4/5
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RESPIRE - Level 2 Specialized - Holiday**	T1005	HM	TV		15 Minute	\$8.98
RESPIRE - Level 2 Specialized, 2 Consumers Served - Holiday**	T1005	HM	UN	TV	15 Minute	\$5.28
RESPIRE - Level 2 Specialized, 3 Consumers Served - Holiday**	T1005	HM	UP	TV	15 Minute	\$4.01
RESPIRE - Level 2 Specialized, 4 Consumers Served - Holiday**	T1005	HM	UQ	TV	15 Minute	\$3.42
RESPIRE - Level 2 Specialized, 5 Consumers Served - Holiday**	T1005	HM	UR	TV	15 Minute	*\$3.42 x 4/5
RESPIRE - Level 2 Specialized, 6+ Consumers Served - Holiday**	T1005	HM	US	TV	15 Minute	*\$3.42 x 4/Number of Consumers Served

Rates include transportation cost associated with transporting consumer to/from appointments, outings, etc.

* Community Living Support (CLS) Care

† Overnight Health and Safety Supports (OHSS).

* Rate varies depending on the number of Consumers served.

Program and Planning Committee Meeting
May 12th, 2025

MINUTES ARE DRAFT PENDING COMMITTEE APPROVAL

** Recognized Holidays: New Year's Day, Easter, Memorial Day, July 4, Labor Day, Thanksgiving, and Christmas Day.

‡ Specialty services and therapies authorized on a case by case basis

MOTION CARRIED unanimously.

New Expense Contract: William Bitz (Massage Therapy)

Drew Kersjes said we haven't had a contract with a massage therapist since before COVID. This contract was brought to CEI by a consumer we support; this service can be provided in folks' homes, which significantly reduces barriers for clients. Right now there are only about 20 kids on the Children's Waiver.

ACTION:

MOVED by Al Platt and SUPPORTED by Jason White that the Program and Planning Committee of the CMHA-CEI Board of Directors authorize CMHA-CEI to enter into a new contract with William Bitz to purchase Massage Therapy services for the period of June 1, 2025 through September 30, 2025 at the rate listed below:

Name of Service	Code	Modifier	Unit	Rate
Massage Therapy	97124	HM	15 Minutes; Limit 4 Sessions per Month	\$21.23

MOTION CARRIED unanimously.

New Expense Contracts

MOVED by Al Platt and SUPPORTED by Jason White that the Program and Planning Committee recommends that the Board of Directors of Community Mental Health Authority of Clinton, Eaton, and Ingham Counties authorize CMHA-CEI to enter into the following new expense contracts based on the fact that the information has been reviewed and the proposals are in line with agency responsibilities:

New Expense Contract: NeuroRestorative

Jeanne asked why we are contracting with a home near Muskegon. Shana said the client has a sister in the area, so it was a good fit for them. CMHA-CEI will enter into a new contract with NeuroRestorative, including the provider's licensed Adult Foster Care facilities as requested and approved by management to meet consumer need, to purchase residential services at the rates below independent of any amount paid to the home for room and board as calculated in the consumer's ability to pay for the period of May 1, 2025 through September 30, 2025. The effective date of this contract is contingent upon LARA AFC licensure and HCBS approval.

Facility(ies)	
Address	Pending License Number
173 Mt. Garfield Rd Norton Shores, MI 49441	AS610419191

Fee Schedule			
Service Description	Billing Code	Unit	Rate
Community Living Supports and Personal Care in Licensed Specialized Residential Setting	H2016/T1020	Per Diem	\$563.70

MOTION CARRIED unanimously.

New Expense Contract: Hernandez Home, LLC

Shana presented this as an additional option for specialized residential. This home is located in Bloomingdale. CMHA-CEI will enter into a new contract with Hernandez Home LLC, including the provider's licensed Adult Foster Care facilities as requested and approved by management to meet consumer need, to purchase residential services at the rates below independent of any amount paid to the home for room and board as calculated in the consumer's ability to pay for the period of May 1, 2025

through September 30, 2025. The effective date of this contract is contingent upon LARA AFC licensure and HCBS approval.

Facility(ies)		
Facility Name	Facility Address	License Number
Hernandez Home	94-45 th Street Bloomingtondale, MI 49206	AS030282002

Fee Schedule			
Service Description	Billing Code	Unit	Rate
Community Living Supports and Personal Care in Licensed Specialized Residential Setting	H2016/T1020	Per Diem	\$285.00

MOTION CARRIED unanimously.

Unfinished Business

a. Crisis Stabilization Unit Update

Sara reminded the group that last month, she was trying to get clarification on whether we would need to make a change on the children's side regarding ligature-free ceilings. CEI received a rough estimate that this would add about \$100k to the project costs – there are seven rooms this would change would need to be made to. Sara is hoping these additional funds can come out of one of the grants.

Sara said the grant from Senator Stabenow's office will expire this year; the grant is very staff-heavy, and it's hard to hire staff when the facility is not up and running. CEI was able to meet with the Senator Peters grant folks last week – we are hoping this one-year grant will also be able to be carried over, but this hasn't been confirmed yet. In addition, Senator Slotkin put out an application for community projects for FY2026. We are likely going to apply to try and replace some of the funds we are losing.

Sara said the HVAC has been installed at the CSU.

Advocacy Efforts

Sara discussed some of the current advocacy efforts including the Right to Work and citizen verifications for Medicaid. She sent this information out to staff today with a link to the National Council for Mental Well-being site. Sara also shared a Stand Up for Medicaid call to action with info to contact Tom Barrett, Elisa Slotkin, and Gary Peters.

New Business

***a. Select Vice Chair for Program & Planning Committee as of May 1, 2025**

ACTION:

Al Platt nominated Jason White to the position of Vice Chair for the P&P Committee.

MOVED by Al Platt and SUPPORTED by Jeanne Pearl-Wright that Jason White become Vice Chair for the Program and Planning Committee.

MOTION CARRIED unanimously

***b. Select Date and Time for Program & Planning Committee as of May 1, 2025**

ACTION:

MOVED by Jeanne Pearl-Wright and SUPPORTED by Paul Palmer to keep the current date and time of the Program and Planning Committee meetings for the next year (second Monday of each month at 5:30 p.m.).

MOTION CARRIED unanimously

Public Comment

None

The meeting was adjourned at 6:00 p.m. The next regularly scheduled Program and Planning Committee meeting is Monday, June 16th, 2025 at 5:30pm, 812 E. Jolly Rd, conference room G11-C.

Minutes Submitted by:

Program and Planning Committee Meeting
May 12th, 2025

MINUTES ARE DRAFT PENDING COMMITTEE APPROVAL

Darby Vermeulen
Finance Administrative Assistant

Program and Planning Committee Meeting
May 12th, 2025

MINUTES ARE DRAFT PENDING COMMITTEE APPROVAL



Agenda Item: Program and Planning Committee
Agenda Item #P-5

Month, Year: July, 2025

Major Program: Community Services for the Developmentally Disabled
(CSDD)/Adult Mental Health Services (AMHS)

Component Program: Residential

Agenda Item Title: New Expense Contract: Simken Adult Foster Care Homes

SUMMARY OF CONTRACT/PROPOSAL:

Under this new contract, Community Mental Health Authority of Clinton, Eaton, and Ingham Counties (CMHA-CEI) will purchase specialized residential services from the adult foster care provider listed below for the period of July 19, 2025 through September 30, 2025. The effective date of this contract is contingent upon LARA AFC licensure and HCBS approval.

Provider Name: Patti Holland

Business Name: Simken Adult Foster Care Homes

Business Address: 801 W. Geneva Dr., Dewitt, MI 48820

License #: TBD (Owner is in process of a change in Business Name and EIN)

The expense of this contract is reflected in CMHA-CEI's FY 2025 budget. The revenue sources that support the contract are Medicaid, Healthy Michigan Plan (HMP), Habilitative Supports Waiver (HSW), Medicaid Spend-down/Deductible, State General fund dollars and other Community Mental Health Services Programs (CMHSP) through County of Financial Responsibility (COFR) agreements, and Local funding. The expense of the contract is reflected in the various contract residential line items of the AMHS and CSDD residential budgets. The contract will not affect CMHA-CEI's fund balance.

SUMMARY OF GOODS OR SERVICES REFERENCED IN THE CONTRACT/PROPOSAL:

Services provided under this contract include a range of residential care to MI and DD adults defined by one of three levels of service intensity. Overall, the provider is

reimbursed at the same rate for each level of care. Occasionally, rates are supplemented to reflect additional costs such as day treatment transportation or an exceptional level of care based on consumer needs.

STAFF RECOMMENDATION:

Staff recommends that the Program and Planning Committee of the Board of Directors of Community Mental Health Authority of Clinton, Eaton, and Ingham Counties approve the following resolution:

The Program and Planning Committee recommends that the Community Mental Health Authority of Clinton, Eaton, and Ingham Counties Board of Directors authorize CMHA-CEI to enter into a new contract with Patti Holland of Simken Adult Foster Care Homes, including the provider's licensed Adult Foster Care facilities as requested and approved by management to meet consumer need, to purchase residential services at the rates below independent of any amount paid to the home for room and board as calculated in the consumer's ability to pay for the period of July 19, 2025 through September 30, 2025. The effective date of this contract is contingent upon LARA AFC licensure and HCBS approval.

Facilities		
Name	Address	License Number
Lansing Adult Foster Care	3600 Simken Drive Lansing, MI 48910	TBD
Pleasant View AFC	3016 Risdale Lansing, MI 48911	TBD
Simken Adult Foster Care	3600 Simken Lansing, MI 48910	TBD

Fee Schedule				
Service Level	Service Description	Billing Code	Unit	Rate
Level II A	Community Living Supports and Personal Care in Licensed Specialized Residential Setting	H2016/T1020	Per Diem	\$135.65
Level II AA	Community Living Supports and Personal Care in Licensed Specialized Residential Setting	H2016/T1020	Per Diem	\$159.04
Level II AAA	Community Living Supports and Personal Care in Licensed Specialized Residential Setting	H2016/T1020	Per Diem	\$182.70



Agenda Item: Program and Planning Item
Agenda Item #P-6

Month, Year: July 2025

Major Program: All Programs

Component Program: All CMH Programs

Agenda Item Title: 2025 Mid-State Health Network Corporate Compliance Plan

SUMMARY OF CONTRACT/PROPOSAL:

The MSHN Compliance Plan encompasses the activities (operational and administrative) of all MSHN board members, employees, and contractual providers. It is the expectation the Provider Network will follow the standards identified in the MSHN Compliance Plan or develop their own Compliance Plan that minimally meets the standards identified in the MSHN Compliance Plan and in accordance with the Code of Federal Regulations, Title 42, Part 438.608: Program Integrity Requirements. As a contractual provider for MSHN, CMHA-CEI is required to comply with all applicable laws, rules and regulations including those not specifically addressed in this Compliance Plan.

Overall Key Principles of the Compliance Plan are to:

- Minimize organizational risk and improve compliance with billing requirements of Medicaid, and all other applicable federal health programs.
- Maintain adequate internal controls (paying special attention to identified areas of risk).
- Reduce the possibility of misconduct and violations through prevention and early detection.
- Being proactive in Compliance to reduce exposure to civil and criminal sanctions.
- Encourage the highest level of ethical and legal behavior from all employees, contractual providers, and board members.
- Educate employees, contractual providers, board members and stakeholders of their responsibilities and obligations to comply with applicable local, state, and federal laws and regulations.
- Promote a clear commitment to compliance by taking actions and showing good faith efforts to uphold such laws, regulations, and standards.

STAFF RECOMMENDATION:

Staff recommend that the Program and Planning Committee of the CMHA-CEI Board of Directors approve the following resolution:

The Program and Planning Committee recommends that the Board of Directors of the Community Mental Health Authority of Clinton, Eaton, and Ingham Counties approve the adoption of the 2025 Mid-State Health Network Compliance Plan.



CORPORATE COMPLIANCE PLAN 2025

Mid-State Health Network, Corporate Compliance Committee: January 15, 2025
Mid-State Health Network, Regional Compliance Committee: January 17, 2025
Mid-State Health Network, Operations Council Approved: February 25, 2025
Mid-State Health Network PIHP Board Adopted: March 07, 2025

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 - C. Regional Compliance Committee
 - D. MSHN Corporate Compliance Committee
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 - XI. Monitoring and Auditing
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 - A. Reporting of Suspected Violations or Misconduct
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- Attachments:
- A. List of MSHN Compliance Policies/Procedures
 - B. MSHN Compliance Organizational Chart
 - C. MSHN Areas of Focus
 - D. MSHN Compliance Violation Reporting Posting

I. OVERVIEW/MISSION STATEMENT

Mid-State Health Network (MSHN) is a regional entity, which was formed pursuant to 1974 P.A. 258, as amended, MCL §330.1204b, as a public governmental entity separate from the CMHSP Participants that established it. The CMHSP Participants formed Mid-State Health Network to serve as the prepaid inpatient health plan ("PIHP") for the twenty-one counties designated by the Michigan Department of Health and Human Services as Region 5, that includes services for behavioral health and substance use disorders. The CMHSP Participants include Bay-Arenac Behavioral Health, Clinton-Eaton-Ingham Community Mental Health Authority, Community Mental Health for Central Michigan, Gratiot Integrated Health Network, Huron County Community Mental Health Authority, LifeWays Community Mental Health Authority, Montcalm Care Network, Newaygo County Community Mental Health Authority, The Right Door for Hope, Recovery and Wellness (formerly Ionia County CMH), Saginaw County Community Mental Health Authority, Shiawassee Health and Wellness and Tuscola Behavioral Health Systems. In addition, MSHN also manages a network of substance use treatment, recovery, and prevention providers.

The mission of Mid-State Health Network is to ensure access to high-quality, locally delivered, effective and accountable public behavioral health and substance use disorder services provided by its participating members.

II. VALUE STATEMENT

MSHN and its provider network are committed to consumers, employees, contractual providers, and the community to ensure business is conducted with integrity, in compliance with the requirements of applicable laws, regulations, contractual obligations, and sound business practices, and with the highest standards of excellence. MSHN has adopted a compliance model that provides for prevention, detection, investigation, and remediation.

III. SCOPE OF PLAN

The MSHN Compliance Plan encompasses the activities (operational and administrative) of all MSHN board members, employees, and contractual providers. It is the expectation the Provider Network will follow the standards identified in the MSHN Compliance Plan or develop their own Compliance Plan that minimally meets the standards identified in the MSHN Compliance Plan and in accordance with the Code of Federal Regulations, Title 42, Part 438.608: Program Integrity Requirements.

All MSHN board members, employees and contractual providers are required to comply with all applicable laws, rules and regulations including those not specifically addressed in this Compliance Plan.

IV. DEFINITIONS

These terms have the following meaning throughout this Compliance Plan.

1. Abuse: Practices that are inconsistent with sound fiscal, business or medical practices and result in an unnecessary cost to the payor, or in reimbursement for services that are not medically necessary or failure to meet professionally recognized standards for healthcare.
2. Behavioral Health: Refers to individuals with a Mental Health, Intellectual Developmental Disability and/or Substance Use Disorder or children with Serious Emotional Disturbances.
3. CMHSP Participant: Refers to one of the Community Mental Health Services Program (CMHSP) participants in the Mid-State Health Network region.
4. Fraud: An intentional deception or misrepresentation by a person could result in unauthorized benefit to him/herself or some other person. Includes any act that constitutes fraud under applicable Federal or State laws.
5. Subcontractors: Refers to an individual or organization that is directly under contract with a CMHSP or Substance Use Provider to provide services and/or supports.
6. Contractual Provider: Refers to an individual or organization under contract with the MSHN Pre-Paid Inpatient Health Plan (PIHP) to provide administrative type services including CMHSP participants who hold retained functions contracts.
7. Employee: Refers to an individual who is employed by the MSHN PIHP.
8. Provider Network: Refers to a CMHSP Participant and all Behavioral Health Providers that are directly under contract with the MSHN PIHP to provide services and/or supports through direct operations or through the CMHSP's subcontractors.
9. Staff: Refers to an individual directly employed and/or contracted with a Community Mental Health Service Provider and/or Behavioral Health Provider.
10. Waste: Overutilization of services, or other practices that result in unnecessary costs. Generally, considered not caused by criminally negligent actions, but rather the misuse of resources

V. COMPLIANCE PROGRAM

A. Compliance Plan

The Compliance Plan is prepared as a good-faith effort to summarize MSHN's rules, policies and procedures. To the extent that the Plan conflicts with, or misstates any applicable law or regulation, the law takes precedence.

The purpose of the Compliance Plan is to provide the framework for MSHN to comply with applicable laws, regulations, and program requirements. The overall key principles of the Compliance Plan are to:

- Minimize organizational risk and improve compliance with billing requirements of Medicaid,

and all other applicable federal health programs.

- Maintain adequate internal controls (paying special attention to identified areas of risk).
- Reduce the possibility of misconduct and violations through prevention and early detection.
- Being proactive in Compliance to reduce exposure to civil and criminal sanctions.
- Encourage the highest level of ethical and legal behavior from all employees, contractual providers, and board members.
- Educate employees, contractual providers, board members and stakeholders of their responsibilities and obligations to comply with applicable local, state, and federal laws and regulations.
- Promote a clear commitment to compliance by taking actions and showing good faith efforts to uphold such laws, regulations, and standards.

The following elements have been identified by the Medicaid Alliance for Program Safeguards and the Office of Inspector General as being essential to an effective compliance program for Managed Care Organizations and Prepaid (Inpatient) Health Plans (PIHP):

- *Standards of Conduct, Policies and Procedures* – the organization must have written policies, procedures, and standards of conduct that articulate the organization's commitment to comply with all applicable statutory, regulatory and Medicaid requirements.
- *High level oversight and delegation of authority* – the PIHP must designate a Compliance Officer and a Compliance Committee.
- *Training* – the PIHP must provide for effective training and education for the Board of Directors, Compliance Officer, and the organization's employees. The PIHP must assure adequate training is provided through the provider network. Training should be provided at hire and annually thereafter.
- *Communication* - Effective lines of communication must be established between the Compliance Officer and the organization's employees.
- *Monitoring and auditing* – The organization must take reasonable steps to achieve compliance with defined standards by utilizing reasonably designed monitoring and auditing systems and practices.
- *Enforcement and disciplinary mechanisms* – Standards must be enforced through well-publicized disciplinary guidelines.
- *Corrective actions and prevention* – After an offense (*non-compliance*) has been detected, the organization must take reasonable steps to respond appropriately and promptly to the offense and to develop corrective action initiatives and performance improvement. This includes follow-up monitoring and review to ensure the performance improvement plan is effective.

B. Compliance Policies and Procedures

While the Compliance Plan provides the framework of the Compliance Program, the Compliance Policies and Procedures provide more specific guidance.

Written policies and procedures which direct the operation of the compliance program, include, at a minimum, the following elements:

- Duties and responsibilities of the compliance officer and Compliance Committees.
- How and when employees will be trained.
- How employee reports of noncompliance will be handled.
- Guidelines on how the compliance department will interact with the internal audit department.

- Guidelines on how the compliance department will interact with the legal department.
- Guidelines on how the compliance department will interact with the Human Resources department.
- Duties and responsibilities of management in promoting compliance among employees and responding to reports of non-compliance.
- Ensuring that prospective employees receive appropriate background screening and agree to abide by the Contractor's code of conduct.
- Conducting periodic reviews, at least annually, of the code of conduct and the compliance policies and procedures.
- Monitoring of compliance in Contractor and Subcontractor/Network Provider systems and processes.
- Monitoring of potential Fraud, Waste and Abuse in provider billings and beneficiary utilization.
- Performing an investigation of targets selected for audit, including triage and review processes.
- Confidentiality and non-retaliation.
- Appropriate disciplinary action for non-compliance with applicable statutory and Medicaid program requirements as well as failure to report actual or suspected non-compliance.
- Reasonable and prudent background investigations for current employees and employees of subcontractors/network providers.

Refer to **Attachment A** for a list of the Policy and Procedure categories that are part of the Compliance Program.

VI. STRUCTURE OF THE COMPLIANCE PROGRAM

A. General Structure

- **MSHN Board of Directors**: MSHN's Board of Directors is responsible for the review and approval of the Compliance Plan and Policies, review of the Annual Compliance Report, and review of matters related to the Compliance Program. The MSHN Board of Directors has the highest level of responsibility for the oversight of the Compliance Program. The Executive Committee of the Board shall review reports annually from the MSHN Compliance Officer (CO)
- **MSHN Corporate Compliance Committee**: The Corporate Compliance Committee provides guidance, supervision, and coordination for compliance efforts at MSHN. MSHN's Corporate Compliance Committee (CCC) is comprised of the Chief Executive Officer (CEO), Deputy Director, Chief Information Officer (CIO), Chief Finance Officer (CFO), and the Chief Compliance and Quality Officer (CCQO). The Medical Director and Compliance Counsel will be ad-hoc members of the CCC. In addition, Ex-officio members may be asked to attend as non-voting members to provide consultation on specific areas of expertise.
- **Compliance Officer**: The MSHN Compliance Officer has primary responsibility for ensuring that MSHN maintains a successful Compliance Program. In particular, the Compliance Officer oversees the implementation and effectiveness of the Compliance Plan and Compliance Policies, serves as the Chair of the Regional Compliance Committee and MSHN Corporate Compliance Committee, provides consultative support to the provider network and has responsibility for the day-to-day operations of the compliance program. The CEO, chief financial officer (CFO), and chief operating officer (COO), or any other individuals operating in these roles, may not operate in the capacity of the compliance officer.

- **Regional Compliance Committee**: The Compliance Committee advises on matters involving compliance with contractual requirements and all related Federal and State laws and regulations, inclusive of the Office of Inspector General guidelines and the 42 CFR 438.608. The committee is comprised of the MSHN Chief Compliance and Quality Officer and the compliance officers of each CMHSP Participant.
- **Operations Council**: The Operations Council reviews reports concerning compliance matters as identified by the Regional Compliance Committee and reported by the MSHN Chief Executive Officer. The Operations Council shall be comprised of the Chief Executive Officers or Executive Directors of each CMHSP Participant and the MSHN Chief Executive Officer.
- See **Attachment B** – MSHN Compliance Process/Governance

B. MSHN Compliance Officer

MSHN designates the Chief Compliance and Quality Officer as the PIHP Compliance Officer, who will be given sufficient authority and control to oversee and monitor the Compliance Program related Policies and Procedures, including but not limited to the following:

- Oversight of internal (PIHP Audits) and external provider network audits (MDHHS Audit and EQR Audit) and monitoring activities outlined in the compliance plan.
- Directs and is accountable for the implementation and enforcement of the Compliance Plan.
- Serves as chair of the MSHN's Corporate Compliance Committee and Regional Compliance Committee
- Provides leadership to MSHN compliance activity and consultative support to CMHSP Participants/SUD Providers.
- Responsible for oversight of MSHN efforts to maintain compliance with federal and state regulations and contractual obligations.
- Serves as the Privacy Officer for MSHN.
- Ensures that effective systems are in place by which actual or suspected compliance violations are reported in a timely manner to appropriate governing bodies.
- Reviews all reports of actual or suspected compliance violations received by MSHN from any source and ensures that effective investigation and/or other action is taken.
- Completes investigations referred by, and under the direction of, the Office of Inspector General
- Monitors changes in federal and state health care laws and regulations applicable to MSHN operations and disseminate to the region.
- Works collaboratively with other MSHN employees and CMHSP Participants/SUD Providers to ensure that auditing and monitoring protocols are designed to detect and deter potential compliance violations.
- Coordinates compliance training and education efforts for all MSHN staff and Board Members
- Ensures that performance improvement plans are adequate to ensure compliance and assures effective implementation of corrective action occurs to reduce risk of future occurrences.
- Authority and independence to make reports directly to the board of directors and/or senior management concerning actual or potential cases of non-compliance.
- Reports compliance related matters to the Chief Executive Officer.
- Prepares and submits the quarterly Office of Inspector General program integrity report

- Prepares and delivers an annual compliance report to the MSHN Board covering the fiscal year, including:
 - A summary of trends in the frequency, nature and severity of substantiated compliance violations;
 - A review of any changes to the Compliance Plan or program; and
 - An objective assessment of the effectiveness of the Compliance Plan and Program.

The authority given to the MSHN Compliance Officer will include the ability to review all documents and other information relevant to compliance activities, including, but not limited to, consumer records, billing records, employee records, and contracts and obligations of MSHN.

Each MSHN CMHSP Participant/SUD Provider shall designate a Compliance Officer who has the authority to perform the duties listed for the MSHN Compliance Officer at their respective organization, as appropriate.

C. Regional Compliance Committee

The MSHN Regional Compliance Committee will consist of the MSHN Chief Compliance and Quality Officer, and the CMHSP Participants' Compliance Officers appointed by MSHN CMHSP Participant's. The Committee will meet at regular intervals and shall be responsible for the following:

- Advising the MSHN Compliance Officer and assisting with the development, implementation, operation, and distribution of the Compliance Plan and supporting MSHN policies and procedures.
- Reviewing and recommending changes/revisions to the Compliance Plan and related policies and procedures and developing new policies and procedures as needed.
- Evaluating the effectiveness of the Compliance Plan.
- Determining the appropriate strategy/approach to promote compliance with the Compliance Plan and detect potential violations and areas of risk as well as areas of focus.
- Recommending and monitoring the development of internal systems and controls to carry out the Compliance Plan and supporting policies as part of daily operations.
- Reviewing compliance related audit results and corrective action plans, making recommendations when appropriate.

D. MSHN Corporate Compliance Committee

The MSHN Corporate Compliance Committee meets every other month and its responsibilities include:

- Reviewing the Compliance Plan and related policies to ensure they adequately address legal requirements and address identified risk areas
- Assisting the CO with developing policies and procedures to promote compliance with the Compliance Plan
- Analyze the effectiveness of the compliance program and make recommendations accordingly
- Assisting the CO in identifying potential risk areas and violations
- Advising and assisting the CO with compliance initiatives
- Receiving, interpreting, and acting upon reports and recommendations from the CO
- Providing a forum for the discussion of compliance related issues

VII. COMPLIANCE STANDARDS

MSHN will ensure the development of written policies and procedures, standards, and documentation of practices that govern the PIHP's efforts to identify risk and areas of vulnerabilities and are in compliance with federal regulations and state contract requirements.

A. Standards of Conduct and Ethical Guidelines

MSHN and its Provider Network are committed to conducting the delivery of services and business operations in an honest and lawful manner and consistent with its Vision, Mission, and Values. As such, MSHN minimally establishes the following Standards of Conduct to clearly delineate the philosophy and values concerning compliance with the laws, regulations, contractual obligations, government guidelines and ethical standards applicable to the delivery of behavioral health care. The standards of conduct will be distributed to all employees and all employees will be required to certify that they have read, understand, and agree to comply with the standards.

- Provide through its Provider Network, high quality services consistent with MSHN Vision, Mission, and Values;
- Dedicated to ensuring that equality in voice and governance exists, and that the benefit to the citizens meets Medicaid standards while being provided in ways that reflect the needs and resources of the communities in which each CMHSP Participants/SUD Providers operate;
- Shared operating structure, using a committee-based system that creates many venues, allowing voices from across the region to be heard;
- MSHN operations are for service to the CMHSP Participants/SUD Providers in achieving high levels of regulatory compliance, quality of service, and fiscal integrity;
- MSHN exists to serve in the best interest of and to the benefit of all CMHSP Participants/SUD Providers and their consumers;
- Foster each CMHSP Participants/SUD Providers integration activities and locally driven work.
- Conduct business in an honest, legal and competent manner to prevent fraud, abuse and waste;
- Perform all duties in good faith and refrain from knowingly participating in illegal activities;
- Report any actual or suspected violation of the Compliance Plan, Standards of Conduct, MSHN policies or procedures, contract requirements, state and federal regulations or other conduct that is known or suspected to be illegal;
- Provide accurate information to federal, state, and local authorities and regulatory agencies when applicable;
- Promote confidentiality and safeguard all confidential information according to policy;
- Practice ethical behavior regarding relationships with consumers, payers, and other health care providers;
- Protect through its Provider Network, the integrity of clinical decision-making, basing care on identified medical necessity;
- Seek to continually maintain and improve work-related knowledge, skills, and competence; and
- Actively support a safe work environment, free from harassment of any kind.

These Standards of Conduct provide guidance for MSHN Board members and employees, as well as the provider network in performing daily activities within appropriate ethical and legal standards and establish a workplace culture that promotes prevention, detection, and resolution

of instances of conduct that do not conform with applicable laws and regulations. While the above standards are expected to be a framework for compliance, the issues addressed are not exhaustive. Therefore, MSHN Board Members, employees and its provider network staff are responsible for conducting themselves ethically in all aspects of business avoiding even the appearance of impropriety and in accordance with established policies and procedures.

B. Legal and Regulatory Standards

It is the policy of MSHN to ensure compliance with all state and federal regulatory agency standards and applicable laws and regulations including, but not limited to, the following:

State/Federal Laws and Rules

- Michigan Mental Health Code, Public Health Code and Administrative Rules
- Requirements as identified in the MDHHS contract
- Requirements as identified by the Office of Inspector General
- Technical Assistance Advisories, as required
- Medicaid State Plan
- Waiver Applications
- Medical Services Administration (MSA) Policy Bulletins
- Michigan Whistleblowers Act, Act 469 of 1980
- Home and Community Based Final Rules

Federal Medicaid Law, Regulations and Related Items

- Social Security Act of 1964 (Medicare and Medicaid)
- Balanced Budget Act of 1997
- Deficit Reduction Act/Medicaid Integrity Program of 2005
- Anti-kickback Statute
- Code of Federal Regulations
- 42 CFR Part 2 Confidentiality of Alcohol and Drug Use Patient Records
- State Operations Manual
- Letters to State Medicaid Directors
- Technical Assistance Tools
- Quality Improvement Systems for Managed Care (QISMC)
- Guide to Encounter Data Systems
- Office of Management and Budget (OMB) Circulars
- Government Accounting Standards Board (GASB)
- Affordable Care Act

Other Relevant Legislation

- Health Insurance Portability and Accountability Act of 1996 (HIPAA)
- False Claim Act (Federal and Michigan)
- Provisions from Public Act 368 of 1978 – revised – Article 6 Substance Abuse
- Office of Inspector General Annual Work Plan
- Stark Law
- HITECH Act
- American with Disabilities Act of 1990

C. Environmental Standards

MSHN shall maintain a hazard-free environment in compliance with all environmental laws and regulations. MSHN shall operate with the necessary security systems, permits, approvals and controls. Maintenance of a safe environment is the responsibility of all employees and contractual providers. In order to maintain a safe environment, MSHN shall enforce policies and procedures (as needed) designed to protect consumers, employees, staff, providers, visitors, the

environment, and the community.

D. Workplace Standards of Conduct

In order to safeguard the ethical and legal workplace standards of conduct, MSHN shall enforce policies and procedures, per the MSHN Personnel Manual, that address employee behaviors and activities within the workplace setting, including but not limited to the following:

1. Confidentiality: MSHN is committed to protect the privacy of its consumers. MSHN Board members, employees, and contractual providers are to comply with the Michigan Mental Health Code, Section, 330.1748, Code of Federal Regulations (CFR), Title 42 and all other privacy laws as specified under the Confidentiality section of this document.
2. Drug and Alcohol: MSHN is committed to maintain its property and to provide a drug-free work environment that is both safe for our employees and visitors, as well as conducive to efficient and productive work standards.
3. Harassment: MSHN is committed to maintaining a work environment free of harassment for Board members, employees, and contractual providers. MSHN will not tolerate harassment based on sex, race, color, religion, national origin, disability, citizenship, chronological age, sexual orientation, union activity, or any other condition, which adversely affects their work environment.
4. Conflict of Interest: MSHN Board members, employees, and contractual providers shall avoid any action that conflicts with the interest of the organization. All Board members, employees, and contractual providers must disclose any potential conflict of interest situations that may arise or exist in accordance with established policies and procedures.
5. Reporting Suspected Fraud: MSHN Board, employees, and contractual providers shall report any suspected or actual “fraud, abuse or waste” of any funds, including Medicaid funds, to the organization.
6. Solicitation and Acceptance of Gifts: MSHN Board members, employees and contractual providers shall not solicit gifts, gratuities or favors. MSHN Board members, employees and contractual providers will not accept gifts worth more than \$25, gratuities or favors of any kind from any individual, consumer, or organization doing business or seeking to do business with MSHN.
7. Workplace Bullying: MSHN defines bullying as “repeated” inappropriate behavior, either direct or indirect, whether verbal, physical, or otherwise, conducted by one or more persons against another or others, at the place of work and/or during the course of employment. Such behavior violates MSHN Code of Ethics, which clearly states that all employees will be treated with dignity and respect.
8. Workplace Violence and Weapons: MSHN takes violence and threats of violence extremely seriously. Any act or threat of violence by or against any employee, customer, supplier, partner, or visitor is strictly prohibited.
9. Political Contributions: MSHN shall not use agency funds or resources to contribute to political campaigns or activities of any political party.

E. Contractual Relationships

MSHN shall ensure that all contractual arrangements with providers are structured in accordance with federal and state laws and regulations and are in the best interest of the organization and the consumers served. In order to ethically and legally meet all standards, MSHN will strictly adhere to the following:

1. MSHN and its Provider Network shall not pay or accept payment of any tangible or intangible kind for referrals. Consumer referrals and intakes will be accepted based on the consumer's needs, eligibility, and the ability to provide the services needed. No organization, or employee, covered by this plan who is acting on behalf of the organization is permitted to solicit or receive anything of value, directly or indirectly, in exchange for the referral of consumers. Similarly, when making consumer referrals to another healthcare provider, MSHN and the Provider Network will not take into account the volume or value of referrals that the provider has made (or may make).
2. The Provider Network shall not enter into financial arrangements with physicians that are designed to provide inappropriate remuneration to the organization in return for the physician's ability to provide services to federal health care program beneficiaries at MSHN.
3. MSHN does not enter into contractual relationships with individuals or agents/agencies that have been convicted of a criminal offense related to health care or that are listed by a federal agency as debarred, excluded, or otherwise ineligible for participation in federal health care programs. Reasonable and prudent background investigations will be completed prior to entering into contractual relationships with all individuals and agents/agencies.
4. MSHN and its contractual providers, as well as the Provider Network and its contractors, are responsible for properly conducting credentialing and re-credentialing in accordance with State Policy and the MSHN policies and procedures. The Provider Network and contractual providers are responsible for reporting suspected fraud, abuse and licensing violations to MSHN as soon as suspected.
5. The Provider Network and its contractors shall be responsible, and held accountable, to provide accurate and truthful information in connection with treatment of consumers, documentation of services, and submission of claims.

F. Purchasing and Supplies

MSHN shall ensure that all rental, lease, and purchasing agreements are structured in accordance with applicable federal and state self-referral and anti-kickback regulations as well as federal guidelines regarding tax-exempt organizations. All agreements must be commensurate with the fair market value for equipment or space.

All contractor and supplier arrangements shall be managed in a fair and reasonable manner, consistent with all applicable laws and good business practices. Subcontractors, suppliers, and vendors shall be selected based on objective criteria including quality, technical excellence, price, delivery, and adherence to schedules, services and maintenance of adequate sources of supply.

G. Marketing

Marketing and advertising practices are defined as those activities used by MSHN to educate the public, provide information to the community, increase awareness of services, and recruit employees or contractual providers. MSHN will present only truthful, fully informative and non-deceptive information in any materials or announcements.

The federal Anti-Kickback Statute (section 1128B[b] of the Social Security Act) makes it a felony, punishable by criminal penalties, to offer, pay, solicit, or receive "remuneration" as an inducement to generate business compensated by Medicare or Medicaid programs.

H. Financial Systems Reliability and Integrity

MSHN shall ensure integrity of all financial transactions. Transactions shall be executed in accordance with established policies and procedures and with federal and state law and recorded in conformity with generally accepted accounting principles or any other applicable

criteria.

MSHN shall develop internal controls and obtain an annual independent audit of financial records and annual compliance examination; shall ensure that reimbursement for services billed is accurate, appropriate, and based on complete claims documentation; and shall maintain accountability of assets. The Federal Civil False Claims Act prohibits the knowing submission of false or fraudulent claims for payment to the federal or state government, the knowing use of a false record or statement to obtain payment on a false or fraudulent claim, or a conspiracy to defraud the federal or state government by having a false or fraudulent claim allowed or paid.

In accord with the 42 USC 139a(a); Section 1902(a) of the Social Security Act (AKA the Deficit Reduction Act of 2005) MSHN's fiscal processes shall monitor contractual providers of Medicaid services to assure appropriate documentation is available as needed to support claims payments and cost reimbursements.

I. Information Systems Reliability and Integrity

The MSHN Chief Information Officer shall serve as the Security Officer and shall ensure the reliability and integrity of the information systems utilized to support the effectiveness of the MSHN compliance program, including but not limited to the following:

- Maintaining security, assuring integrity, and protecting consumer confidentiality.
- Controlling access to computerized data.
- Assuring reliability, validity and accuracy of data.
- Following procedures that assure confidentiality of electronic information pursuant to HIPAA, the Michigan Mental Health Code and other applicable laws and regulations.

J. Confidentiality and Privacy

The MSHN Chief Compliance and Quality Officer serves as the Privacy Officer. MSHN is committed to protecting the privacy of its consumers and shall strictly govern the disclosure of any information to anyone other than those authorized in compliance with applicable privacy laws, regulations and contractual requirements. To ensure that all consumer information remains confidential, employees and contractual providers are required to comply with all confidentiality policies and procedures in effect, specifically to include the HIPAA Privacy Regulations, the Michigan Mental Health Code (PA 258 of 1974, as amended), the Michigan Public Health Code (PA 368 of 1978 as amended), and 42 C.F.R. Part 2, 45 C.F.R. Part 160 & 164 as outlined below:

- MSHN will follow the HIPAA requirements, as well as all applicable federal and state requirements, for the use of protected health data and information.
- MSHN will immediately report to the MDHHS any suspected or confirmed unauthorized use or disclosure of protected health data and information that falls under the HIPAA requirements.
- Any breach of protected health information shall result in notification of the affected individuals as well as the HHS Secretary and the media in cases where the breach affects more than 500 individuals.
- Privacy Notice - MSHN will have a notice of privacy practices.
- Authorization - If protected mental health information is shared to an entity outside of MSHN for any purpose other than coordination of care, treatment, or payment of services, a signed authorization will be obtained from the consumer prior to sharing information. If substance use treatment information is being shared, for any purpose, to an entity outside of MSHN, a signed authorization, by the consumer, will be obtained. The Michigan Behavioral Health Consent Form will be utilized for obtaining authorizations.
- MSHN will perform any necessary internal risk analysis or assessments to ensure

compliance.

- Physical and electronic safeguards shall be in place for MSHN employees and premises, including, but not limited to, door locks, unique logins and secure passwords, firewall and virus protection, disaster recovery mechanisms, and secure email.
- Business Associate Agreement – MSHN will obtain assurances with all Business Associates that protected health care information shared with them, will be protected and appropriately safeguarded consistent with all applicable State and Federal laws and requirements.
- Qualified Service Organization Agreement (QSOA) - Third-party service providers must become qualified to service Part 2 Programs. This is achieved through the entity entering into a written agreement with the Part 2 Program in which it acknowledges that it is bound by the Part 2 confidentiality regulations and agrees to resist in judicial proceedings any efforts to obtain unauthorized access to patient identifying information related to substance use disorder diagnosis, treatment, or referral for treatment that may come into its possession.

VIII. AREAS OF FOCUS

The MSHN Compliance Officer under the direction of the MSHN Board of Directors, MSHN Corporate Compliance Committee and the MSHN Regional Compliance Committee, will identify areas of focus developed from recommendations from the previous year compliance effectiveness review that will guide the direction of MSHN compliance activities (**Attachment C**).

IX. TRAINING

A. MSHN Employees and Board Members

All MSHN Employees and Board members shall receive a copy of the MSHN Compliance Plan and training on the MSHN Compliance Plan, Compliance Policies, Standards of Conduct and applicable Medicaid statutory, regulatory, and contractual requirements. Additional training may be required for employees involved in specific areas of risk or as new regulations are issued. Records shall be maintained on all formal training and educational activities and staff are required to sign certifications that they have completed the appropriate training. The Compliance Officer must receive training by an entity other than himself/herself.

Training will be provided upon hire for new employees within 90 days of the date of hire and during orientation for new Board Members. All current staff and Board Members will receive annual training that re-emphasizes Medicaid statutory, regulatory, and contractual requirements and the Contractor's code of conduct. In addition, annual training will be provided to promote information sharing between departments and to enhance referrals regarding fraud, waste and abuse.

The Compliance Officer will provide ongoing information and education on matters related to health care fraud and abuse as disseminated by the Office of Inspector General, Department of Health and Human Services or other regulatory bodies.

It is the responsibility of MSHN staff to obtain training in order to maintain licensure and certifications that are specific to their job responsibilities.

Training is considered a condition of employment and failure to comply will result in disciplinary action up to and including termination.

B. MSHN Provider Network

The MSHN Provider Network Committee will review and recommend a Regional Training Requirement to assure and provide consistent training requirements throughout the provider network. MSHN will monitor the provider network to ensure adherence to the identified training requirements. Where viable, MSHN will offer related compliance training and educational materials to the Provider Network. The Regional Training Requirements are available on MSHN's website.

X. COMMUNICATION

Open lines of communication between the MSHN Compliance Officer, the CMHSP Participant/SUD Provider Compliance Officer(s) and CMHSP Participant/SUD Provider staff within the region are essential to the successful implementation of the Compliance Plan and the reduction of any potential for fraud or abuse. Methods for maintaining open lines of communication may include, but not be limited to the following:

- There shall be access to the MSHN Compliance Officer for clarification on specific standards, policies, procedures, or other compliance related questions that may arise on a day-to-day basis.
- Access to a dedicated toll-free compliance line that allows for anonymous reporting
- Utilization of interpreter as needed/requested.
- Information will be shared regarding the results of internal and external audits, reviews, and site visits, utilization data, performance and quality data, and other information that may facilitate understanding of regulations, and the importance of compliance.
- Information may be communicated through a variety of methods such as formal trainings, e-mails, newsletters, intranet resource pages, or other methods identified that facilitate access to compliance related information as a preventative means to reduce the potential for fraud and abuse.
- Compliance contact information shall be available to stakeholders through a variety of methods such as the MSHN & CMHSP Participants/SUD Provider customer service handbook, websites, posters, and/or other methods (or processes) identified consistent with standards associated with MSHN Policies.

XI. MONITORING AND AUDITING

Monitoring and auditing of MSHN's operations is key to ensuring compliance and adherence to policies and procedures and contractual requirements. Monitoring and auditing can also identify areas of potential risk and those areas where additional education and training is required. Results of the below activities will be communicated through the appropriate council/committee and summarized results will be provided to the Operations Council, MSHN Corporate Compliance Committee, MSHN Regional Compliance Committee and MSHN Board of Directors through the Annual Compliance Report.

The compliance program will be evaluated, no less than annually, for overall effectiveness.

MSHN shall assure the provision and adequacy of the following monitoring and auditing activities:

Financial and Billing Integrity

- An independent audit of financial records each year;
- An independent compliance examination in accordance with the MDHHS guidelines (if applicable);

- Contractual providers have signed contracts and adhere to the contract requirements;
- Fiscal Monitoring reviews for all SUD providers
- Explanation of benefits (annually to 5% of the consumers receiving services)
- Medicaid Event Verification Reviews

Information Systems Reliability and Integrity

- MSHN Information System employees and Provider Network staff monitor the reliability and integrity of the information system and data;
- Assure appropriate security and system backup and recovery processes are in place to address loss of information and that provide sufficient disaster recovery plans; and
- MSHN employees and Provider Network staff are trained on use of information systems and provided access based on role and job function.

Clinical/Quality of Care

- Performance indicators are monitored and reviewed in an effort to continually improve timeliness and access to services;
- MSHN employees are evaluated in writing on their performance and are provided with detailed job descriptions;
- MSHN employees are hired through a detailed pre-employment screening and hiring process and complete a comprehensive orientation program;
- Assuring qualification and competency of organizational and practitioner credentialing and privileging directly operated by or under sub-contract with the Provider Network;

Consumer Rights and Protections

- Rights complaints and issues are reviewed and investigations are completed as required;
- MSHN shall ensure that the Provider Network has a designated individual (Recipient Rights Officer or Advisor) and that the responsibilities of the Recipient Rights Office are completed in accordance with state and federal requirements.
- Risk events and incident reports are completed, reported and follow up action is taken as needed
- A root cause analysis is completed on each sentinel event reported as defined in MDHHS contract.

Environmental Risks

- Comprehensive maintenance reviews of facilities and equipment are completed as required;
- Accommodations are provided in accordance with the Americans with Disabilities Act (ADA);
- Privacy reviews of facility/office are completed;
- Ensure appropriate environmental licensures; and
- Initial and ongoing education on health, safety, and emergency issues are provided.

Quality and Utilization Reviews

- Review of delegated managed care functions (as identified in the MSHN/CMHSP Medicaid Subcontract);
- Review of SUD Provider Network in accordance with contracted functions
- Review of adherence and compliance with Quality Assessment and Performance Improvement Program (QAPIP) Plan; and
- Review of adherence and compliance with the Utilization Management (UM) Plan.

Additional Internal Monitoring and Auditing Activities

- Assessment of initial capacity and competency to perform delegated PIHP functions;
- Consumer Satisfaction Surveys;
- Review of MSHN contracts for administrative services;
- Contract Expense Monitoring;

- Monitor capacity and demand for services in the PIHP region through the Assuring Network Adequacy Report
- Review of Policies and Procedures for any needed revisions or development of new ones
- Questionnaires to poll staff and the provider network regarding compliance matters including effectiveness of training/education and related policies and procedures
- Questionnaire for exiting employee regarding any observed violations of the compliance program, including the code of conduct, as well as violations of applicable statutes, regulations, and Medicaid program requirements.

Additional External Monitoring and Auditing Activities:

- External Quality Reviews
- CMS Site Visits
- MDHHS Site Visits
- Accreditation Surveys

Data Mining Activities:

Methods may include, but not limited to, statistical models, complex algorithms, and pattern recognition programs to detect possible fraudulent or abusive practices.

XII. REPORTING AND INVESTIGATIONS

MSHN will have a distinct unit that has adequate staffing and resources to investigate incidents and develop and implement corrective action plans to assist in preventing and detecting potential fraud, waste and abuse activities.

A. Reporting of Suspected Violations and/or Misconduct

MSHN shall maintain a reporting system that provides a clear process and guidelines for reporting potential offenses or issues.

MSHN board members, employees, contractual providers, consumers, and others are to report suspected violations or misconduct to the MSHN Compliance Officer or the appropriate CMHSP Participant/SUD Provider Compliance Officer and/or designee as outlined below. Suspected violations or misconduct may be reported by phone/voicemail, email, in person, or in writing (mail delivery). See **Attachment D** for contact information.

MSHN employees, consumers, contractual providers, and CMHSP Participant/SUD Provider staff who make good faith reports of violations of federal or state law are protected by state and federal whistleblower statutes, which includes protections from disciplinary actions such as demotions, suspension, threats, harassment or other discriminatory actions against the employee by the employer.

Violations Involving Suspected Fraud, Waste or Abuse:

- MSHN board members, employees, contractual providers and the provider network will report all suspected fraud, waste, and abuse to the MSHN Compliance Officer. The report will be submitted in writing utilizing the Office of Inspector General (OIG) Fraud Referral Form.
- The MSHN Compliance Officer will complete a preliminary investigation, as needed, to determine if a suspicion of fraud exists. Questions regarding whether suspicions should be classified as fraud, waste or abuse will be directed to MDHHS-OIG prior to referral.
- If there is suspicion of fraud, and an overpayment of \$5,000 or greater is identified, the MSHN Compliance Officer will report the suspected fraud to the MDHHS Office of Inspector General and the Attorney General – Health Care Fraud Division (AG-HCFD) using the OIG Fraud Referral Form using the designated secure File Transfer Process

- (sFTP) for each entity.
- The MSHN Compliance Officer will inform the appropriate provider network member when a report is made to the MDHHS Office of Inspector General.
 - MSHN Compliance Officer and provider network member staff will present the fraud referral case to the OIG and the AG-HCFD.
 - MSHN Compliance Officer will defend potential credible allegation of fraud in any appeal should the referral result in suspension issued by the MDHHS OIG.
 - MSHN will cease all efforts to take adverse action against or collect overpayments from the provider until authorized by the MDHHS OIG and follow the guidance/direction provided by the MDHHS Office of Inspector General regarding investigation and/or other required follow up.
 - To the extent consistent with applicable law, including but not limited to 42 CFR Part 2, HIPAA, and the Michigan Mental Health Code, MSHN and the provider network will cooperate fully with investigations or prosecution by any duly authorized government agency, whether administrative, civil, or criminal. Such cooperation must include providing, upon request, information, access to records, and access to interview employees and consultants, including but not limited to those with expertise in administration of the program and/or in medical or pharmaceutical questions or in any matter related to an investigation or prosecution. MSHN will follow the procedures and examples contained within the processes and associated guidance provided by MDHHS-OIG.
 - Overpayments due to fraud, waste, or abuse must be reported to MDHHS-OIG.
 1. If MSHN identifies an overpayment involving potential fraud prior to identification by MDHHS-OIG, the findings will be referred to MDHHS-OIG and MSHN will wait for further instruction from MDHHS-OIG prior to recovering the overpayment.
 2. If MSHN identifies an overpayment involving fraud, waste, or abuse prior to identification by MDHHS- OIG, MSHN will void or correct applicable encounters, recover the overpayment, and report the overpayment on the quarterly report to OIG.
 - If MSHN's provider network identifies an overpayment, they will:
 1. Notify the contracted entity, in writing, of the reason for the overpayment and the date the overpayment was identified.
 2. Return the overpayment to the contracted entity within 60 days of the date the overpayment was identified.
 3. MSHN will include a provision in all contracts with subcontractors and/or network providers giving MSHN the right to recover overpayments directly from providers for the post payment evaluations initiated and performed. These overpayment provisions do not apply to any amount of a recovery to be retained under False Claims Act cases or through other investigations.
 - MSHN must specify:
 - The retention policies for the treatment of recoveries of all overpayments from the Contractor and/or Subcontractors to provider, including specifically the retention policies for the treatment of recoveries of overpayments due to fraud, waste, or abuse.

- The process, timeframes, and documentation required for reporting the recovery of all overpayments.
- The process, timeframes, and documentation required for payment of recoveries of overpayments to the state in situations where the Contractor and/or Subcontractor is not permitted to retain some or all recoveries of overpayments.

OIG Guidance for Violations over \$5,000.00

When overpayments of \$5,000.00 or greater or identified involving a potential credible allegation of fraud, this must be promptly referred to MDHHS-OIG and the Attorney General's Health Care Fraud Division (AG-HCFD) using the MDHHS-OIG Fraud Referral Form. MSHN and the provider network will not take any of the following actions unless otherwise instructed by MDHHS-OIG.

- Contact the subject of the referral about any matters related to the referral.
- Enter into or attempt to negotiate any settlement or agreement regarding the referral with the subject of the referral; or
- Accept any monetary or other thing of valuable consideration offered by the subject of the referral in connection with the findings/overpayment.

If the State makes a recovery from an investigation and/or corresponding legal action where Contractor has sustained a documented loss, the State shall not be obligated to repay any monies recovered to the Contractor.

When MDHHS-OIG sanctions (suspends and/or terminates from the Medicaid Program) providers, including for credible allegations of fraud 42 CFR § 455.23, the Contractor must, at minimum, apply the same sanction to the provider upon receipt of written notification of the sanction from MDHHS-OIG. The Contractor may pursue additional measures/remedies independent of the State. If MDHHS-OIG lifts a sanction, the Contractor may elect to do the same.

Suspected Violations (NOT Involving Fraud, Waste, or Abuse) and/or Misconduct:

- MSHN employees will report all suspected violations or misconduct (not involving suspected fraud or abuse) directly to the MSHN Compliance Officer for investigation. If the suspected violation involves the MSHN Compliance Officer, the report will be made to the MSHN Chief Executive Officer. Information provided shall at a minimum include the following:
 1. Provider Information, if applicable (Name, Address, Phone Number, NPI Number, Email)
 2. Complainant Information (Name, Address, Phone Number, NPI number [if applicable], Medicaid ID # [if applicable], Email)
 3. Consumer Information, if applicable (Name, Address, Phone Number, Email)
 4. Summary of the violation and/or misconduct
 5. Date(s) of the violation and/or misconduct
 6. Supporting documentation, if any (i.e. claims data, audit findings, etc.)
 7. Action, if any, taken prior to submitting the violation
- Any suspected violations regarding the MSHN Chief Executive Officer will be reported to the MSHN Compliance Officer and/or the MSHN Board Chairperson/Executive Committee for investigation.
- CMHSP Participant/SUD Provider staff with firsthand knowledge of activities or omissions

that may violate applicable laws and regulations (not involving suspected fraud or abuse) are required to report such wrongdoing to the MSHN Compliance Officer or to the CMHSP Participant/SUD Provider Compliance Officer. The CMHSP Participant/SUD Provider Compliance Officer will review reported violations to determine the need to report to the MSHN Compliance Officer. The review will be based on but not limited to: external party involvement, Medicaid recipient services, practices and/or system-wide process applicability.

- The Provider Network (CEO)/Executive Director(ED) and/or designee, shall inform, in writing, the MSHN Chief Executive Officer (CEO) of any material notice to, inquiry from, or investigation by any Federal, State, or local human services, fiscal, regulatory, investigatory (excluding Recipient Rights related to non-PIHP activities), prosecutory, judicial, or law enforcement agency or protection and/or advocacy organization regarding the rights, safety, or care of a recipient of Medicaid services. The Provider Network CEO/ED shall inform, in writing, the MSHN CEO immediately of any subsequent findings, recommendations, and results of such notices, inquiries, or investigations.
- Reports of suspected violations or misconduct may be made on a confidential basis to the extent possible.

B. Process for Investigation

All reports involving suspected fraud, waste and abuse will follow the guidance/direction of the MDHHS Office of Inspector General for any required investigation.

All reports of suspected wrongdoing shall be investigated promptly following the process outlined in the MSHN Compliance Investigation Procedure. "Prompt response" is defined as action taken within 15 business days of receipt by the PIHP of the information regarding a potential compliance problem.

The investigation process and outcome will be documented and will be reported on the OIG Quarterly Program Integrity Report.

In conducting the investigation, judgment shall be exercised, and consideration shall be given to the scope and materiality consistent with the nature of the concern. Each investigation must be carefully documented to include a report describing the disclosures, the investigative process, the conclusions reached and the recommended corrective action, when such is necessary. No one involved in the process of receiving and investigating reports shall communicate any information about a report or investigation, including the fact that a report has been received or an investigation is ongoing, to anyone within MSHN who is not involved in the investigation process or to anyone outside of MSHN without the prior approval of the MSHN Compliance Officer. All MSHN employees, Provider Network staff and subcontractors are expected to cooperate fully with investigation efforts.

The MSHN Compliance Officer and the CMHSP Participant/SUD Provider Compliance Officers must report any conflict of interest that may exist when investigating a report of suspected wrongdoing or misconduct. If a conflict of interest does exist, the MSHN Compliance Officer will be responsible for securing an appropriate source to complete the investigation, which may include utilizing the MSHN Compliance Officer, one of the Provider Network Compliance Officers or an external source if necessary.

XIII. Corrective Actions/Prevention/Disciplinary Guidelines

Where an internal investigation substantiates a reported violation, corrective action will be initiated as identified within MSHN policies and procedures and the MSHN subcontracts with the CMHSP Participant/SUD Providers including, as appropriate, making prompt restitution of any overpayment

amounts, notifying the appropriate governmental agency, the provision of a corrective action plan from the designated Provider Network member (as necessary) including follow-up monitoring of adequate implementation, and implementing system changes to prevent a similar violation from recurring in the future.

Corrective Action Plans should minimally include the following description:

- How the issue(s) identified will be immediately corrected, or the reason why it cannot be immediately corrected.
- Steps taken to prevent further occurrences
- Process for monitoring to ensure implementation and effectiveness of corrective action plan

In all cases, disciplinary action must be applied on a case-by-case basis and in a consistent manner.

Depending on the seriousness of the offense, the resulting action for MSHN staff could include additional training, written reprimand, suspension or termination of employment. The resulting action for the provider network would also depend on the seriousness of the offense and could include additional training, letter of contract non-compliance and termination of contract. Failure by Board Members to adhere to the requirements in the Compliance Plan will be addressed in accordance with the MSHN By-Laws.

XIV. Submission of Program Integrity Activities/Report

The PIHP, and the provider network will log and track all program integrity activities performed. The provider network will utilize the MDHHS OIG Quarterly Program Integrity Report template to report quarterly to the PIHP. The PIHP will report the program integrity activities to the MDHHS Office of Inspector General, according to Schedule E requirements, using the provided template.

The PIHP will submit to MDHHS-OIG an annual Program Integrity Report containing details of the improper payments identified, overpayments recovered, and costs avoided for the program integrity activities conducted by the Contractor for the preceding year. The report will also address the plan of activities for the current and upcoming fiscal year and all provider and service-specific program integrity activities. The report will include an attestation confirming compliance with the requirements found in 42 CFR 438.608 and 42 CFR 438.610.

The PIHP will submit to MDHHS-OIG an annual Compliance Program Crosswalk which includes completion of the MDHHS-OIG report template in addition to policies, procedures, and other documentation related to the standards on the report template.

XV. Communication of Requirements

The PIHP will issue a contract, Provider Manual, Bulletins, and/or other means of communication to the provider network regarding services covered under contract. This communication will serve as a source of information for providers regarding Medicaid covered services, policies and procedures, statutes, regulations, and special requirements.

The communication will provide all Providers with, at a minimum, the following information:

- Description of the Michigan Medicaid managed care program and covered populations;
- Scope of Benefits;
- Covered Services;
- Emergency services responsibilities;
- Grievance/appeal procedures for both Enrollee and Provider;
- Medical necessity standards and clinical practice guidelines;
- Policies and procedures including, at a minimum, the following information:
 - Policies regarding provider enrollment and participation;

- Policies detailing coverage and limits for all covered services;
- Policies and instructions for billing and reimbursement for all covered services;
- Policies regarding record retention;
- Policies regarding Fraud, Waste and Abuse;
- Policies and instructions regarding how to verify beneficiary eligibility;
- Primary Care Physician responsibilities;
- Requirements regarding background checks;
- Other Subcontractors'/Network Providers' responsibilities;
- Prior authorization and referral procedures;
- Claims submission protocols and standards, including instructions and all information necessary for a clean claim;
- Medical records standards;
- Payment policies;
- Enrollee rights and responsibilities.
- Self-reporting mechanisms and policies.

The Provider Manual, Bulletins and all Provider policies and procedures will be reviewed at least annually to ensure that current practices and contract requirements are reflected in the written policies and procedures.

XVI. References, Legal Authority and Supporting Documents

1. Guidelines for Constructing a Compliance Program for Medicaid Managed Care Organizations and Prepaid Health Plans, Medicaid Alliance for Program Safeguards, May 2002 _
<https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/FraudAbuseforProfs/Downloads/mccomplan.pdf>
2. Anti-kickback Statute (section 1128B[b] of the Social Security Act)
http://www.ssa.gov/OP_Home/ssact/title11/1128B.htm
<https://oig.hhs.gov/compliance/safe-harbor-regulations>
<https://oig.hhs.gov/compliance/physician-education/fraud-abuse-laws/>
3. False Claims Act
<https://oig.hhs.gov/fraud>
<http://www.legislature.mi.gov>
<https://www.justice.gov/civil/false-claims-act>
4. 42 USC 139a(a); Section 1902(a) of the Social Security Act (AKA the Deficit Reduction Act of 2005)
<https://www.cms.gov/regulations-and-guidance/legislation/deficitreductionact/downloads/guide.pdf>
5. Michigan Mental Health Code _
[http://www.legislature.mi.gov/\(S\(alilhmd3eeauncuk5s0ey4hu\)\)/mileg.aspx?page=GetObject&objectname=mcl-Act-258-of-1974](http://www.legislature.mi.gov/(S(alilhmd3eeauncuk5s0ey4hu))/mileg.aspx?page=GetObject&objectname=mcl-Act-258-of-1974)
6. Department of Health and Human Services, Office of Inspector General
<https://oig.hhs.gov>
7. Michigan Public Health Code
<http://www.legislature.mi.gov/documents/mcl/pdf/mcl-act-368-of-1978.pdf>
8. Code of Federal Regulations (Title 42, Part 2 and Title 45, Part 160 & 164)
<http://www.ecfr.gov/cgi-bin/ECFR?page=browse>

ATTACHMENT A

MSHN's Policies and Procedures can be found at the following link:

<https://midstatehealthnetwork.org/provider-network-resources/provider-requirements/policies-procedures/policies>

Policy and Procedure Categories Include:

Compliance

Customer Service

Finance

General Management

Human Resources

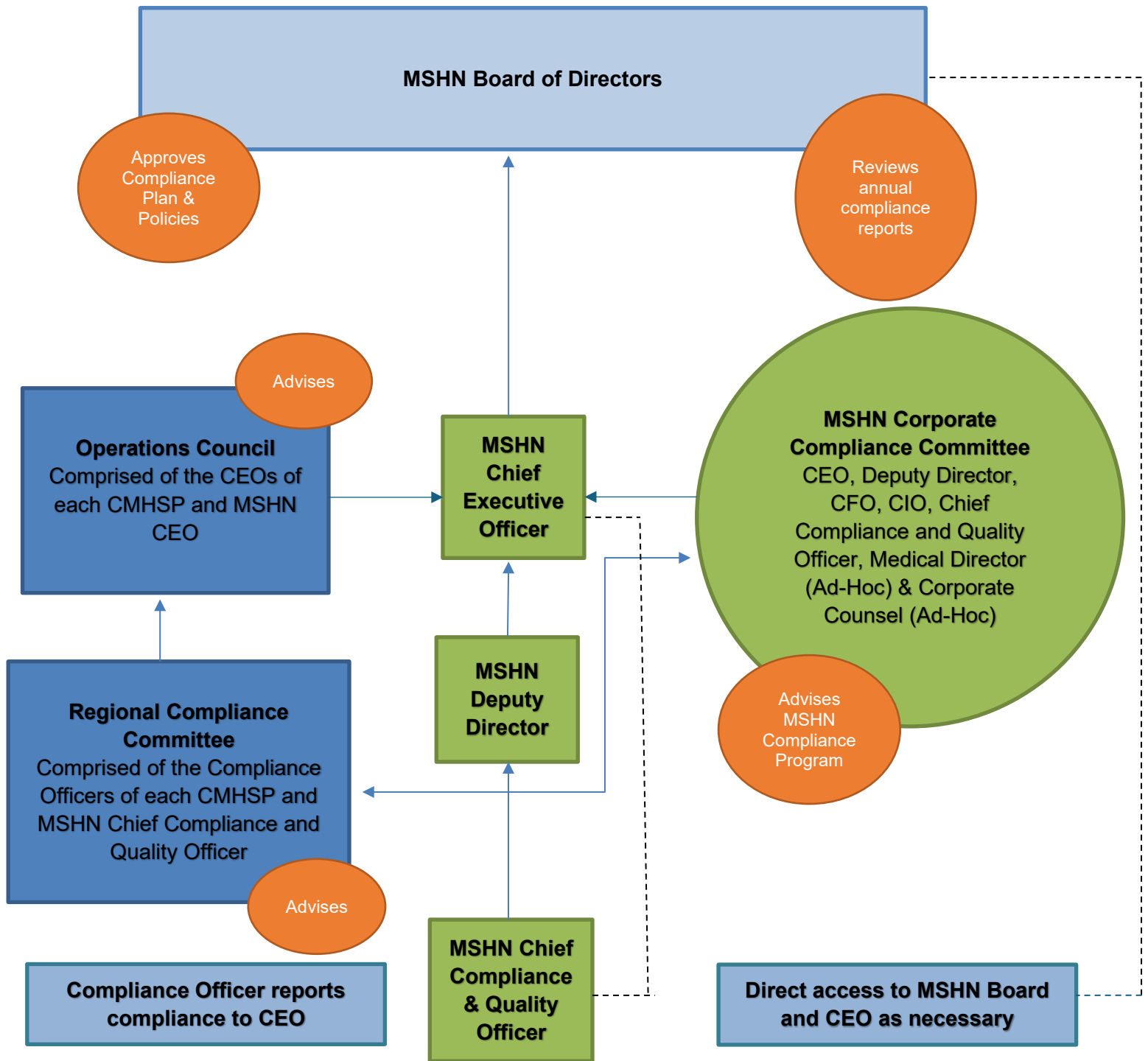
Information Technology

Provider Network

Quality

Service Delivery System

Utilization Management



ATTACHMENT C

MSHN Compliance Officer in coordination with the MSHN Corporate Compliance Committee and the Regional Compliance Committee shall focus its efforts on overseeing compliance in the below key areas as identified and prioritized:

Area of Focus	Task
Compliance with established Compliance and Program Integrity related standards.	1) Review methods of assessing risks and findings for detection of fraud and abuse for potential improvements and efficiencies region wide. 2) Identify additional region wide data mining activities to detect possible deficiencies and/or non-compliance with established standards. 3) Develop training opportunities to promote compliance with state and federal requirements.
Delegated Managed Care Reviews	1) CMHSP standards: MSHN Behavioral Health team, and the corresponding workgroups, will address and identify ways in which the region can improve compliance in areas that are continually below the established standards or expectations 2) SUD Standards: MSHN will incorporate training topics into the Lunch and Learn training series provided quarterly to the provider network and focus on areas that fall below 80% compliance. This will be coordinated with the MSHN SUD Treatment team as they facilitate the trainings.
Compliance with external quality review requirements (Health Services Advisory Group (HSAG) – Performance Measure Validation Review)	1) MSHN will perform additional spot checks prior to submitting data to HSAG to ensure that the cases meet eligibility requirements. 2) A causal/barrier analysis will be completed annually to ensure the barriers identified are reduced or eliminated, and to identify if any new barriers exist that require the development of interventions for both subgroups. The effectiveness of each intervention will be evaluated to determine if the interventions will continue, be revised, or discontinued based on the data reviewed.
Substance Use Disorder (SUD) Access Department Implementation	New initiative – Monitor to ensure effectiveness and compliance with identified standards.

ATTACHMENT D

MID-STATE HEALTH NETWORK

COMPLIANCE OFFICER CONTACT INFORMATION

PIHP Compliance Officer:
Mid-State Health Network

Kim Zimmerman, 517-657-3018,
kim.zimmerman@midstatehealthnetwork.org

CMHSP Compliance Officers (or designee):

Bay Arenac Behavioral Health,
CMH for Central Michigan,
Clinton, Eaton, Ingham CMH,
Gratiot County CMH,
Huron Behavioral Health,
The Right Door,
LifeWays CMH,
Montcalm Care Network
Newaygo CMH,
Saginaw County CMH,
Shiawassee County CMH,
Tuscola Behavioral Health Systems

Karen Amon, 989-895-2214, kamon@babha.org
Renee Raushi, 989.772.5938, rraushi@CMHCM.org
Emily Ryan, 517-346-8193, ryane@ceicmh.org
Pam Fachting, 989.466.4143, pfachting@gihn-mi.gov
Levi Zagorski, 989.269.9293, levi@huroncmh.org
Susan Richards, 616.527.1790, srichards@rightdoor.org
Ken Berger, 517.789.2526, ken.berger@LifeWayscmh.org
Sally Culey, 989.831.7523, sculey@montcalmcare.net
Andrea Fletcher, 231.689.7542, afletcher@newaygocmh.org
AmyLou Douglas, 989-797-3506 amylou.douglas@sccmha.org
Vickey Hoffman, 989-723-0757, vhoffman@shiabewell.org
Julie Majeske, 989-673-6191, jmajeske@tbhs.net

A complete listing of SUD Providers, with contact information, is located on the MSHN website at the following link:
<https://midstatehealthnetwork.org/provider-network-resources/provider-information/directory>

MSHN Compliance Line: 1-844-793-1288
MDHHS Medicaid Fraud Hotline: 1.855.MI.FRAUD (643.7283)
HHS/OIG Hotline: 1.800.HHS.TIPS (447.8477)



Agenda Item: Program and Planning Committee
Agenda Item #P-7

Month, Year: July 2025

Major Program: Community Services for the Developmentally Disabled

Component Program: Life Consultation

Agenda Item Title: New Expense Contract Targeted Case Management –
Community Living Services

SUMMARY OF CONTRACT/PROPOSAL:

Under this new contract, Community Mental Health Authority of Clinton, Eaton, and Ingham Counties (CMHA-CEI) will purchase Targeted Case Management services for the period of July 11, 2025 through September 30, 2026 from Community Living Services.

The revenue and expense of this contract is reflected in CMHA-CEI's FY 2025 budget. The revenue sources that support this contract are from Medicaid and the State Plan. The Targeted Case Management expenses of this contract are reflected in the Contract Client line item of the Life Consultation budget. This contract will not affect CMHA-CEI's fund balance.

DESCRIPTION OF GOODS OR SERVICES REFERENCED IN CONTRACT/PROPOSAL:

Targeted case management assists people to design and implement individualized strategies for obtaining services and supports that are goal-oriented. Services include assessment, planning, linkage, advocacy, coordination and monitoring to assist people in gaining access to needed supports and services. Targeted case management assists with things such as connecting with necessary health and dental services, entitlements, financial supports, housing, employment education, social services, as well as other supports developed through the person centered planning process. For children and youth, a family driven, youth guided planning process is utilized. Targeted case management is provided in a responsive, coordinated, effective and efficient manner focusing on process, outcomes, and the person.

STAFF RECOMMENDATION:

Staff recommends that the Program and Planning Committee of the Board of Directors of Community Mental Health Authority of Clinton, Eaton, and Ingham Counties approve the following resolution:

The Program and Planning Committee that the Community Mental Health Authority of Clinton, Eaton, and Ingham Counties Board of Directors authorize CMHA-CEI to enter into a new contract with Community Living Services to purchase services indicated at the rates below for the period of July 11, 2025 through September 30, 2026.

Agency Name	Address	Service
Community Living Services	35425 Michigan Avenue West Wayne, Michigan 48184	Targeted Case Management

Service Description	Code	Modifier	Modifier	Modifier	Unit	Rate
Targeted Case Management	T1017	HN			15 Minute	\$300 Start-up Rate 7/11/25 – 1/31/26
Targeted Case Management	T1017	HO			15 Minute	\$300 Start-up Rate 7/11/25 – 1/31/26
Targeted Case Management	T1017	HN			15 Minute	\$110 Ongoing Rate 2/1/26 – ongoing
Targeted Case Management	T1017	HO			15 Minute	\$110 Ongoing Rate 2/1/26 – ongoing



Agenda Item: Program and Planning Committee
Agenda Item #P-8

Month, Year: July 2025

Major Program: Department of Quality Improvement, Customer Services
and Recipients Rights and General Administration

Component Program: Customer Services

Agenda Item Title: CMHA-CEI Consumer Advisory Council Recommended
Appointees

SUMMARY OF CONTRACT/PROPOSAL:

The development of a Consumer Advisory Council (CAC) was previously approved by the Board in July, 2017. The CAC provides the opportunity for consumer and community partner involvement in shaping policy and practice. The proposed objectives for the Consumer Advisory Council is as follows:

- To provide a consumer voice in determining needs, concerns, and priorities in policy, service provision, service delivery, and accessibility.
- To help identify issues, problems or need areas within provided services.
- To make recommendations to resolve problems or to embrace the opportunities needed to improve system processes.
- To promote community endeavors related to consumer empowerment and self-determination.

The Consumer Advisory Council is comprised of current and past recipients of services, and family members of those who have received services from CMHA-CEI.

The following submitted an application, was interviewed by the members or the committee. CAC members voted and recommend for approval to serve a 2-year term, to expire on 8/31/2027.

- Michelle LaLone, for a 2-year term, to expire on 8/31/2027
- Jacob Sewell, for a 2-year term, to expire on 08/31/2027

STAFF RECOMMENDATION:

Staff recommend that the Program and Planning Committee of Community Mental Health Authority of Clinton, Eaton, Ingham Counties approve the following resolution:

The Program and Planning Committee recommends that the Community Mental Health Authority of Clinton, Eaton, Ingham Counties Board of Directors appointment the following individuals named to serve as members of the Consumer Advisory Council.

- Michelle LaLone, for a 2-year term, to expire on 8/31/2027
- Jacob Sewell, for a 2-year term, to expire on 08/31/2027