



PROGRAM AND PERSONNEL COMMITTEE

Friday, January 13, 2023
8:00 a.m.

376 E. Apple Ave., Muskegon, MI 49442

Program and Personnel Committee Chair: Cheryl Natte
Program and Personnel Committee Vice-Chair: Janice Hilleary

REVISED AGENDA

| | <u>Disposition</u> |
|---|--------------------|
| 1) Call to Order | Quorum |
| 2) Approval of Minutes of December 02, 2022 meeting as written. (Previously Forwarded) | Action |
| 3) Items for Consideration | |
| A. Authorization to make the Listed Policy and Procedural Changes (Attachment #1 pg. 1-5) | Action |
| B. Authorization to approve the HealthWest Consumer Advisory Committee Members (Attachment #2 pg. 6) | Action |
| C. Authorization to approve the HealthWest position changes and related equipment costs - Revised (Attachment #3 pg. 7-9) | Action |
| 4) Old Business | Information |
| 5) New Business | Information |
| 6) Communication | Information |
| 7) Director's Comments | Information |
| 8) Audience Participation | Information |
| 9) Adjournment | Action |

Main Office

REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

| | | | |
|--|---|--|---------------------------|
| COMMITTEE Program/Personnel Committee | BUDGETED X | NON-BUDGETED | PARTIALLY BUDGETED |
| REQUESTING DIVISION Administration | REQUEST DATE January 13, 2023 | REQUESTOR SIGNATURE Julia Rupp, Executive Director | |
| <u>SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)</u> | | | |
| <p>HealthWest Board authorization is requested to approve the HealthWest Policy and Procedure for Service Rate Changes.</p> <p>It is the policy of HealthWest, to provide a fair, prudent, and uniform process for implementing changes to provider service rates. The policy applies to contracted providers of HealthWest and will not apply to individual consumer rates.</p> <p>The purpose of this policy is to outline a process for contracted providers to provide HealthWest with requested service rate changes.</p> | | | |
| <u>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</u> | | | |
| I move to authorize and approve the HealthWest Policy and Procedure for Service Rate Changes effective January 1, 2023. | | | |
| COMMITTEE DATE | COMMITTEE APPROVAL _____ Yes _____ No _____ Other | | |
| BOARD DATE | BOARD APPROVAL _____ Yes _____ No _____ Other | | |

HEALTHWEST

Procedure

No.

Prepared by:
Brandy Carlson
Chief Financial Officer

Effective:
Revised:

Approved by: Subject: Service Rate Changes

Julia B. Rupp
Executive Director

I. PURPOSE

To provide a fair, prudent, and uniform process for implementing changes to provider service rates. This policy does not apply to individual consumer rates.

II. APPLICATION

This policy applies to contracted providers of HealthWest.

III. POLICY

Service rate changes will be considered under the following conditions, and when it can be shown that the impact significantly changes the cost of providing the service:

A. Scope Change or Clinical Need - Examples include:

1. Clinical need for implementation of best practices or innovation
2. Service or program change are determined necessary by HealthWest in order to achieve desired outcomes
3. Assumptions utilized to determine the previous rate have changed or do not apply

B. Regulatory Requirements – Examples include:

1. Michigan Department of Health and Human Services requires a change in the service or service site, or may have procedural changes
2. Enactment of a law, or changes within a law significantly impacting service provision

C. Change in Payment Structure – Examples include:

1. Value-based
2. Outcome -oriented

D. Change in Available Resources

IV. PROCEDURE

A. Requesting Service Rate Changes

1. To initiate a request a Provider or the Provider Network Director must complete the Rate Review Request Form. Verbal requests or requests submitted in any other manner will not be considered. Any such request may be considered for all providers of that service element.
2. Rate reviews will be scheduled on a quarterly basis. Rate review request submissions will only be accepted in the following months: October, January, April, and July. The review will take place in the two months following the submission month.

B. Reviewing Rate Changes

1. The submitted Rate Review Request Form is initially reviewed by Network Services and the Finance Department on a preliminary impact.
2. After preliminary review, the request will be discussed with the Executive Leadership Team, and determination will be made to move forward or deny the request.
3. If the request is approved to move forward, the Director of Network Services will discuss the rate review with the Population Core Team.
4. The rate assumptions will be developed and reviewed by the Finance Department and the Population Core Team(s).
5. The development rate will be reviewed by the Chief Financial Officer and the Director of Network Services.
 - a. If the proposed rate will not exceed a budget threshold, the Contract Manager will initiate an Allowable Services Update form.
 - b. If the proposed rate will exceed a budget threshold, the information will be forwarded to the Executive Leadership Team for approval.
6. If the rate request is denied at any point in the process, the Director of Network Services will ensure the requesting provider is notified the rate was not approved.

C. Impact of Procurement Process

1. Requests for proposals will indicate that during the contract year rate changes may be made that are different from those outlined in the initial Request for Proposal (RFP). The RFP will outline the conditions under which a rate change may be considered so potential bidders are fully informed of the possibility.
2. When there is a significant rate change, HealthWest may facilitate procurement for that service prior to the five-year window. HealthWest will use discretion in determining "significant change" for procurement of the targeted service.

| | | | |
|--|--|----------------------------------|--|
| *Must be filled out by agency | | | |
| *Agency/Program/Service | | New or Review existing | <input type="checkbox"/> New Rate <input type="checkbox"/> Existing Rate |
| *Requestor Contact Name Contact phone/email | | Provider Network Director | |
| *Submission Date | | Lead Contract Mgr | |

| | |
|--|--|
| Change Request Detail - Provide the business reasons and justification for the change and assess the risk | |
| *Type of Change | |
| <input type="checkbox"/> Scope Change or Clinical Need | Description of the change requested with rationale |
| <input type="checkbox"/> Regulatory Requirement | |
| <input type="checkbox"/> Change in Payment Structure | |
| | |
| *Provider assumptions for consideration during rate development –residential or non-residential checklist available | <p>EXAMPLES include:</p> <p>Average billable time per contact and indirect time per contact</p> <p>Clinical Staff to individual ratio</p> <p>Professional levels of clinical staff</p> <p>Wages paid to staff in program</p> <p>Ramp up assumptions, if new</p> <p>1/12th or cost settlement – plan for transition to fee for service</p> <p>EBP fidelity to model costs</p> <p>Facility-based or in-community services, average travel assumptions</p> |
| Assumptions requested and considered, but not included in rate – include reason | |
| *Provider Cost Justification | <p>Service provider salaries \$</p> <p>Service provider fringes</p> <p>Program supplies</p> <p>Provider training & credentialing</p> <p>Total direct costs _____</p> <p>Indirect costs _____</p> <p>Total Costs _____</p> <p><i>*Indirect costs include space, utilities, technology, administrative salaries & fringes</i></p> |
| *Requested Completion Date -if outside of policy timeline | Explain: |
| *Reportable Service Code(s) | |
| Funding Source(s) (check all) | <input type="checkbox"/> Medicaid(b)/(b3) <input type="checkbox"/> Healthy Michigan <input type="checkbox"/> MICHild <input type="checkbox"/> Hab Support Waiver <input type="checkbox"/> General Fund <input type="checkbox"/> Local <input type="checkbox"/> Earned Contract <input type="checkbox"/> Grant <input type="checkbox"/> SDA <input type="checkbox"/> Liquor Tax <input type="checkbox"/> Waiver/Other _____ |
| Financial Impact | Estimated cost of the change \$ |
| Internal use only | |

| | | | | | | |
|--|---------------------------------------|---------------|-------------------------|-----------------|-----------------------------|--------------------------|
| Financial Impact Plan | Please explain how it will be funded. | | | | | |
| HealthWest Assumptions | What does HealthWest want to buy? | | | | | |
| Proposed Rate calculated by financial analyst | Agency Name | Current Rate | Total Estimated Payment | New Rate | New Total Estimated Payment | Dollar Amount Difference |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Rate Comparison | | PY State Avg. | PY LRP Avg. | N180 Allowables | Program Name/Nbr. | |
| | | | | | | |
| | CF | | | | | |
| | DD | | | | | |
| | MI | | | | | |
| | SUD | | | | | |
| Rationale if retro | | | | | | |

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|---|--|
| Network Services Director Review | |
| Finance Director Review | |
| Date of ELT Review | |
| Chief Financial Officer Review | |

REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

| | | | |
|--|---|---|---------------------------|
| COMMITTEE Program/Personnel Committee | BUDGETED X | NON BUDGETED | PARTIALLY BUDGETED |
| REQUESTING DIVISION Administration | REQUEST DATE January 13, 2023 | REQUESTOR SIGNATURE Rachel Overkamp, Recovery Coordinator | |
| SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES) | | | |
| <p>HealthWest Board authorization is requested to approve the HealthWest Consumer Advisory Committee members as suggested below.</p> <p>Per Policy: 01-007, the Consumer Advisory Committee shall consist of nine (9) to twelve (12) members defined as follows:</p> <ol style="list-style-type: none"> 1. Inaugural Persons shall be appointed to the CAC by HealthWest Board. Subsequent <u>CAC Members shall be recommended by the CAC and appointed by the HealthWest Board.</u> 2. A person who resides or is employed within Muskegon County. 3. A person who shall have the interest, time, and energy to promote the development and/or improvement of mental health, developmental disability, and substance abuse services in Muskegon County. 4. The CAC shall make every effort to assure that its membership represents the populations served by HealthWest in equal proportions. <p>The Consumer Advisory Committee Facilitators would like to have the following members appointed to the Consumer Advisory Committee:</p> <ol style="list-style-type: none"> 1. Demario Phillips – Primary 2. Cherry Fouty – Primary 3. Chris Ware Primary 4. David Scholtens – Primary 5. Eric Johnson – Primary 6. Tamara Madison – Primary 7. Darcy Donat – Primary 8. Emily Ratlidge – Secondary 9. Angie Kartes – Community Member (Trinity) 10. Cindy Devries – Secondary 11. Cowboy Thomas Hardy – Board Member | | | |
| SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES) | | | |
| I move to authorize and approve the HealthWest Consumer Advisory Committee members, effective January 27, 2023. | | | |
| COMMITTEE DATE | COMMITTEE APPROVAL _____ Yes _____ No _____ Other | | |
| BOARD DATE | BOARD APPROVAL _____ Yes _____ No _____ Other | | |

HWB 50-P

| | | | |
|---|---|--|---------------------------|
| COMMITTEE Program Personnel | BUDGETED X | NON BUDGETED | PARTIALLY BUDGETED |
| REQUESTING DIVISION Clinical Services | REQUEST DATE January 13, 2023 | REQUESTOR SIGNATURE Cyndi Blair, Chief Clinical Director | |

SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)

HealthWest Board Authorization is Requested to approve the following:

Intensive Crisis Stabilization Services New Retention Stipends

Approve the following retention stipends for the Intensive Crisis Stabilization Services (ICSS) Team:

- \$2000 retention bonus for 2nd and 3rd shift staff after 6 months of employment starting January 1, 2023, and successfully completing PFA training, CALM training and two Relias trainings focused on crisis work with children; cost is \$28,000.
- \$200 monthly stipend for all ICS staff (22) for completing four (4) weekend shifts (8 hr shifts) per month; cost is \$39,600.

The total amount for retention/stipend would come to \$67,600. This will be funded by the MI Kids Now grant, a new grant we recently obtained. Over the last two years, the ICSS team at HealthWest has had a lot of staff turnover and hardship. However, there has also been tremendous growth and resilience. To continue the path of success, it is essential that the ICSS staff are recognized for the hard work that they do and incentivized to stay with the program, so there is sustainability and capacity to serve the needs of our community.

Correctional Services New Positions

Add a Jail SUD-MAT Coordinator to the corrections Team, Wage Grade HX-00210 (\$22,954 - \$28,893), Funding Account 7035. The reason for this new position is because one of the Recovery Coaches on the team jumped in to help with SUD-MAT and in time the role has evolved becoming a larger, more involved responsibility taking on education & awareness, care coordination, case management activities and more. The current staff is not able to meet the demand of Recovery Coach support and the SUD-MAT Coordination efforts at the same time. Ensuring that both roles exist for the jail is essential to impacting recovery opportunities for the volume of persons incarcerated in the depths of addiction. The cost of this position is \$66,842 and is covered by our 2023 Covid 19 Supplemental Block Grant (7035).

Approve the following position changes in order to offer flexibility in recruiting for the corrections team. We currently have three police clinicians; one masters level and two bachelors level. If approved, this will allow us to have six available positions, three masters and three bachelors level, but we will fill only three of them. These positions are grant funded, two by the Comprehensive Opioid Stimulant and Substance Abuse Program (COSSAP) Grant (7052) and one by the CMHC Grant (7038).

- Add a Police Clinician II position, Wage Grade HX 00360 (\$33.254 - \$42.081), Funding Account 7052, and appoint employee E93033793 to the position effective 1/29/2023.
- Add another additional Police Clinician II position, Wage Grade HX 00360 (\$33.254 - \$42.081), Funding Account 7052.
- Add one Police Clinician I position, Wage Grade HX 00290 (\$27.607 - \$34.842), Funding Account 7038. These are being requested to offer flexibility in recruiting for the corrections team.

Community Relations

Reclass the Communications & Training Manager, Position X23501, Wage Grade HX 00410 (\$38.420 - \$48.863) to Director of Community Relations & Training, Wage Grade HX 00432 (\$42.294 - \$53.815), effective 10/1/2022, funding account 7000. The reason for this change is that the Community Relations Director resigned in July of 2022 and the Communications and Training Manager has assumed those job responsibilities.

Information Systems

Reclass Technology Analyst, Positions X88701 & X88704, Wage Grade HX-00300 (\$28.893 - \$36.526), to Senior Technology Analyst, Wage Grade HX-00320 (\$31.743 - \$40.147), Funding Account 7000. The position incumbents have been training and doing the work of a Senior Technology Analyst and have the technical qualifications required within the job specifications. These positions provide a higher level of IT knowledge, experience, support, project work, and this change will provide competitive, appropriate compensation for the work currently being performed and the knowledge and skill set required to do that work.

Quality Assurance

HealthWest is expanding our Quality Assurance Department, and adding additional responsibilities including accreditation, site reviews, evaluation, grant outcomes, and privileging. This expansion requires the following position changes:

- Add a Manager of Provider Network Services, Wage Grade HX-00410 (\$38.420 - \$48.863), Funding Org 7000. This position will add additional supervisor support for the Provider Network Managers and will also manage enhancements to our contracting processes and procedures.
- Add a Grants Quality and Outcome Manager, Wage Grade HX-00330 (\$32.214 – \$40.059), Funding Account 7000.
- Reclass Executive Assistant, Position X34501, Wage Grade HX-00210 (\$22.954 - \$28.893), to a Clinical Quality and Evaluation Manager, Wage Grade HX-00300 (\$28.893 - \$36.526), Step 3, Funding Account 7000, effective 10/1/2022.
- Reclass Board Certified Assistant Behavior Analyst, Position X09904, Wage Grade HX-00210 (\$22.954 - \$28.893) to an Evaluation and Innovation Specialist, Wage Grade HX-00250 (\$25.036 - \$31.580), Funding Account 7000, effective 10/1/2022.

E.H.R. and CCBHC

Approve the following changes to our Client Information Services Team:

- Reclass the CCBHC Project Manager, X26201, Wage Grade HX 00330 (\$32.214 - \$40.590), to a Director of Health Information Services, Wage Grade HX 00432, (\$42.294 - \$53.815), Funding Account 7000.
- Reclass the E.H.R. and Client Information Specialist, X31301, Wage Grade HX 00210 (\$22.954 - \$28.893) to an E.H.R. and CCBHC Coordinator, Wage Grade HX 00300 (\$28.893 - \$36.526), Funding Account 7000.

Diversity Equity & Inclusion/Tide

Add a TIDE Program Coordinator, Wage Grade HX-00210 (\$22.954 - \$28.893), Funding Account 7000. The TIDE Team is an integral part of our Diversity program and needs a full-time coordinator to ensure TIDE initiatives are carried forward. Currently, members of the TIDE Team are volunteers from our staff, but they need a point of contact that is responsible for organization and leading the team’s initiatives.

Equipment

In addition, we are requesting approval to purchase the equipment necessary for approved new position(s), which includes computers, monitors, keyboards, and cell phones and will cost \$2,500 for each new position. Equipment will be funded through the same funding sources as the new position(s).

SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)

I move to authorize the position changes and related equipment costs as outlined in the motions above and on the attached Position Change Spreadsheet for FY 2023 County Budget, effective January 29, 2023, or as otherwise noted in the motions above.

| | |
|-----------------------|---|
| COMMITTEE DATE | COMMITTEE APPROVAL _____ Yes _____ No _____ Other |
| BOARD DATE | BOARD APPROVAL _____ Yes _____ No _____ Other |

Position Changes for FY 2023 County Budget

Personnel Committee Date:
January 13, 2023

Board Meeting Date:
January 27, 2023

New Positions

| Motion Item # | Effective Date | New Position Title | Budget Org | % | Wage Grade | Program/funding/additional info |
|---------------|----------------|--------------------------------------|------------|-----|------------|---|
| | 1/29/2023 | Jail SUD-MAT Coordinator | 7035 | 100 | HX-00210 | Corrections (COVID Supplemental Block Grant) |
| | 1/29/2023 | Police Clinician II | 7052 | 100 | HX-00360 | Corrections (COSSAP Grant) Appoint Michelle Pouch to position |
| | 1/29/2023 | Police Clinician II | 7052 | 100 | HX-00360 | Corrections (COSSAP Grant) |
| | 1/29/2023 | Police Clinician 1 | 7038 | 100 | HX-00290 | Corrections (CMHC Grant) |
| | 1/29/2022 | Manager of Provider Network Services | 7000 | 100 | HX 00410 | Quality Assurance/Contracts |
| | 1/29/2022 | Grants Quality and Outcome Manager | 7000 | 100 | HX 00330 | Quality Assurance |
| | 1/29/2022 | TIDE Program Coordinator | 7000 | 100 | HX 00210 | Diversity, Equity & Inclusion |
| | | | | | | |

Reclassifications

| Motion Item # | Effective Date | Current position Title | Current Position # | Current Wage Grade | Incumbent Employee | Current Budget Org | % | New Position Title | New Budget Org | % | New Wage Grade |
|---------------|----------------|--|--------------------|--------------------|--------------------|--------------------|-----|--|----------------|-----|----------------------------|
| | 10/1/2022 | Manager of Communications & Training | X23501 | HX 00410 | Cecilia Riley | 7000 | 100 | Director of Community Relations & Training | 7000 | 100 | HX 00432 |
| | 1/29/2023 | Technology Analyst | X88701 | HX 00300 | Nathan Cosier | 7000 | 100 | Senior Technology Analyst | 7000 | 100 | HX 00320 |
| | 1/29/2023 | Technology Analyst | X88704 | HX 00300 | Tony Newton | 7000 | 100 | Senior Technology Analyst | 7000 | 100 | HX 00320 |
| | 1/29/2022 | CCBHC Project Manager | X26201 | HX 00330 | Linda Closz | 7000 | 100 | Director of Health Information Services | 7000 | 100 | HX 00432 |
| | 1/29/2022 | E.H.R. and Client Information Specialist | X31301 | HX 00210 | Vacant | 7000 | 100 | E.H.R. & CCBHC Project Coordinator | 7000 | 100 | HX 00300 |
| | 10/1/2022 | Executive Assistant | X34501 | HX 00210 | Amber Berndt | 7000 | 100 | Clinical Quality and Evaluation Manager | 7000 | 100 | HX 00300 / Start at Step 3 |
| | 10/3/2022 | Board Certified Assistant Behavior Analyst | X09904 | HX 00210 | Shawna Curran | 7000 | 100 | Evaluation and Innovation Specialist | 7000 | 100 | HX 00250 |