Southwest Michigan Behavioral Health Board Meeting
SWMBH, 5250 Lovers Lane, Suite 200, Portage, MI 49002
January 9, 2026
9:30 am to 11:30 am
(d) means document provided
Draft: 12/30/25

1. **Welcome Guests/Public Comment**

2. **Agenda Review and Adoption (d) pg.1**

3. **Financial Interest Disclosure Handling**

   - None Scheduled

4. **Consent Agenda**

   a. December 12, 2025, SWMBH Board Meeting Minutes (d) pg.3
   b. December 5, 2025, Board Finance Committee Meeting Minutes (d) pg.7

5. **Fiscal Year 2026 Year to Date Financial Statements and Cash Flow Analysis**

   a. G. Guidry (d) pg.9
   b. Operations Committee

6. **CMH Board Updates**
   SWMBH Board Member opportunity to provide an update from their respective CMH Board to facilitate ownership linkage
   - Barry
   - Berrien
   - Branch
   - Calhoun
   - Cass
   - Kalamazoo
   - St. Joseph
   - Van Buren

7. **Required Approvals**

   - None scheduled

8. **Ends Metrics Updates *(*Requires motion)***
   Proposed Motion: Is the Data Relevant and Compelling? Is the Executive Officer in Compliance? Do the Ends need Revision?

   - Owner Engagement Between SWMBH Board and CMHA Boards (d) pg.20

9. **Board Actions to be Considered**

   - None scheduled

10. **Board Policy Review**
Proposed Motion: Is the Board in Compliance? Does the Policy Need Revision?

- None scheduled

11. **Executive Limitations Review**
Proposed Motion: Is the Executive Officer in Compliance with this Policy? Does the Policy Need Revision?

- None scheduled

12. **Board Education**

a. Fiscal Year 2025 Medicaid Services Verification Report (A. Strasser) (d) pg.34
b. Program Integrity Compliance Report (A. Strasser) (d) pg.40

13. **Communication and Counsel to the Board**

a. PIHP Procurement Updates (M. Todd)
b. February Board Policy Direct Inspection – None scheduled

14. **Public Comment**

15. **Adjournment**

SWMBH adheres to all applicable laws, rules, and regulations in the operation of its public meetings, including the Michigan Open Meetings Act, MCL 15.261 – 15.275.

SWMBH does not limit or restrict the rights of the press or other news media.

Discussions and deliberations at an open meeting must be able to be heard by the general public participating in the meeting. Board members must avoid using email, texting, instant messaging, and other forms of electronic communication to make a decision or deliberate toward a decision and must avoid "round-the-horn" decision-making in a manner not accessible to the public at an open meeting.

Next Board Meeting
February 13, 2026
9:30 am - 11:30 am

Southwest Michigan
BEHAVIORAL HEALTH

Board Meeting Minutes
December 12, 2025
SWMBH, 5250 Lovers Lane, Suite 200, Portage, MI 49002
9:30 am-11:30 am
Draft: 12/15/25

Members Present: Sherii Sherban**,** Tom Schmelzer, Michael Seals, Lorraine Lindsey, Tina Leary, Carol Naccarato; Joyce Locke

Members Present via MS Teams: Allen Edlefson

Members Absent: None

Guests Present: Mila Todd, Interim CEO, SWMBH; Garyl Guidry, Chief Financial Officer, SWMBH; Anne Wickham, Chief Administrative Officer, SWMBH; Alison Strasser, Interim Compliance Officer, SWMBH; Michelle Jacobs, Senior Operations Specialist & Rights Advisor, SWMBH; Gail Patterson-Gladney, SWMBH Board Alternate; Cathi Abbs, SWMBH Board Alternate; Cameron Bullock, Pivotal; Ric Compton, Riverwood; Michael Mallory, Woodlands; Richard Thiemkey, Barry CMH; Jeff Patton, ISK; Marsha Bassett, Barry County; Sue Germann, Pines BH; Jeannie Goodrich, Summit Pointe

Guests Present via MS Teams:
Debbie Hess, Van Buren County CMH; Jon Houtz, SWMBH Board Alternate

Welcome Guests
Sherii Sherban called the meeting to order at 9:30am and introductions were made.

Public Comment
None

Agenda Review and Adoption

Motion	Joyce Locke moved to approve the agenda as presented.
Second	Michael Seals
Motion Carried	

Financial Interest Disclosure (FID) Handling

None

Consent Agenda

Motion	Carol Naccarato moved to approve November 14, 2025, Board Meeting minutes, November 12, 2025, Operations Committee Meeting minutes, and November 7, 2025, Board Finance Committee Meeting minutes as presented.
Second	Joyce Locke
Motion Carried	

2026 Year to Date Financial Statements; Cash Flow Analysis; Mid-Year Revenue Rate Assumptions and Revised SWMBH Budget/Projections

Garyl Guidry presented Period 1 financial statements as documented and noted:

- October eligibles have declined
- November eligibles increased
- Estimates from St. Joseph and Van Buren
- No CCBHC for Fiscal Year 2026, but SWMBH is watching the CCBHC funding from DHHS
- $29.7 million in revenue
- $27.8 million in expensive
- $1.8 million surplus
- Annualization of $22.4 surplus
- Cost settlements for each CMH with CCBHC broken out reviewed
- CMHs are in the positive with the exception of Woodlands
- CMHs to send CCBHC revenue to SWMBH so that SWMBH can monitor CCBHC funding

Discussion followed.

Variance Revenue Report

Garyl Guidry reported as documented noting November eligibles increased, $55.9 million in revenue, HSW rates being paid at 2025 rates. 2026 HSW rates will not be paid until March 2026. Discussion followed.

Operations Committee Update

No updated given.

CMH Board Updates

Barry-Board meeting yesterday, good work by SAPT and a new program through CCBHC.
Berrien-Future Medicaid funding, uncertainty of delegated managed care functions, CARF and staff retention.
Branch-CCBHC is progressing, 1 year contract with staff, health costs increased, and diversity in Branch County is increasing which is changing the needs of Branch County.
Calhoun-CARF accreditation obtained for 3 years, CCBHC active, recent SAMSHA site visit
Cass-same as mentioned above, doing the best with what we have.
Kalamazoo-amazing staff, 24/7 care downtown successful, homeless issues and cuts in HUD grant funding, contracting with the county to address homelessness, partnering with Pine Rest for Crisis Services, upcoming Big Beautiful Bill impacts.
St. Joseph-CARF visit soon, new building project underway, CCBHC running smooth.
Van Buren-Sue Barnes has returned to their Board.

Required Approvals

None scheduled

Ends Metrics Updates

None scheduled

Board Actions to be Considered

2026 Board Meeting Calendar

Sherii Sherban Reviewed the 2026 Board Meeting Calendar. Discussion followed.

Motion	Lorraine Lindsey moved to approve the 2026 Board Meeting Calendar as presented.
Second	Joyce Locke
Motion Carried	

SWMBH Staff Retention

Mila Todd reviewed document distributed noting the document was reviewed by the Board Finance Committee and the Operations Committee. The SWMBH staff retention plan was developed following industry standards and reviewing other PIHPs staff retention plans. The Plan will not affect 2026 Budget but may affect 2027 Budget. The Plan will be reviewed each quarter at Board meetings. Discussion followed.

Motion	Tom Schmelzer moved to approve the Staff Retention Plan as presented with the revision of "non-disciplinary separation"
Second	Michael Seals
Motion Carried	

Board Policy Review

Policy 3.3 Code of Conduct

Sherii Sherban reported as documented. Discussion followed.

Motion	Lorraine Lindsey moved that the Board is in Compliance with Policy 3.3 Code of Conduct and the policy does not need revision.
Second	Joyce Locke
Motion Carried	

Executive Limitations Review

Policy 2.5 Asset Protection (Review period 8/1/25-12/1/25)

Sherii Sherban reported as documented. Discussion followed.

Motion	Tom Schmelzer moved that the Executive Officer is in compliance with Policy 2.5 Asset Protection and the policy does not need revision.
Second	Michael Seals
Motion Carried	

Board Education

None scheduled

Communication and Counsel to the Board

Fiscal Year 2025 Contract Vendor Summary

Garyl Guidry reported as documented, noting a 10% overall reduction in expenses. Discussion followed.

Fiscal Year 2025 Customer Services Report

The report was included in the packet for the Board's review.

PIHP Procurement

Mila Todd reported on the 3-day litigation hearing noting testimonies on violation of law. The Judge should issue his opinion by early next week and will retain jurisdiction over the case. Discussion followed.

January Board Policy Direct Inspection

None scheduled

Public Comment

Asset and Liability Workgroup

The workgroup has developed 2 plans and has gone as far as they can go until details on the RFP and litigation are known.

Fiscal Year 2025 deficit

SWMBH reported a negative ISF to MDHHS. MDHHS rejected the report and SWMBH will submit a corrected report. Meetings are ongoing with MDHHS regarding utilizing Fiscal Year 2026 surplus to offset Fiscal Year 2025 deficit.

Adjournment

Motion Michael Seals moved to adjourn.
Second Joyce Locke
Meeting adjourned at 11:09am

Southwest Michigan
BEHAVIORAL HEALTH

Board Finance Committee Meeting Minutes
December 5, 2025
SWMBH, 5250 Lovers Lane, Suite 200, Portage, Michigan 49002
1:00-2:00 pm
Draft: 12/8/25

Members Present: Tom Schmelzer, Carol Naccarato, Allen Edlefson, Michael Seals

Guests: Amy Rottman

Members Absent: None

SWMBH Staff Present: Mila Todd, Interim CEO, SWMBH; Garyl Guidry, Chief Financial Officer; Michelle Jacobs, Senior Operations Specialist and Rights Advisor

Review Agenda

Motion	Michael Seals moved to approve the agenda with the addition of SWMBH Staff Retention
Second	Carol Naccarato
Motion Carried	

Central Topics

Review prior meeting minutes

Motion	Carol Naccarato moved to approve the minutes as presented.
Second	Michael Seals
Motion Carried	

SWMBH YTD financial statements

Garyl Guidry presented Period 1 financial statements as documented and noted:

- Eligibles trending down.
- Year to Date revenue of $29.7 million, costs of $27.8 million with a projected surplus of $1.8 million. Annualized projected Surplus of $22 million
- SWMBH will continue to track CCBHC as informational only and has asked MDHHS to fund both region and CCBHC, not take surplus and apply to CCBHC deficit
- Cost settlements for each CMH with CCBHC broken out reviewed
- CMHs can carry SWMBH receivable in 2026 with the exception of Woodlands
- March of 2026 Woodlands will need their Fiscal Year 2025 settlement
- PIHP and CMH continue researching and working on reductions in Managed Care Administration costs
- Regional Assets and Liability Workgroup meetings continue

Discussion followed.

SWMBH Revenue Variance Report
Garyl Guidry reported Revenue and Variance shows an unfavorable $6.7 million dollar variance for Fiscal Year 2026 Period 1 and a projected surplus of $22 million. Reasons are: Decline in eligibles, HSW being paid at 2025 rate until March of 2026 and payment data is not fully complete. Discussion of Big Beautiful Bill implementation. Garyl Guidry to send the timeline to Board Finance members. Discussion followed.

SWMBH Check Registers
Garyl Guidry reported as documented. Discussion followed.

SWMBH Cash Flow Analysis
Garyl Guidry reported as documented. Discussion followed.

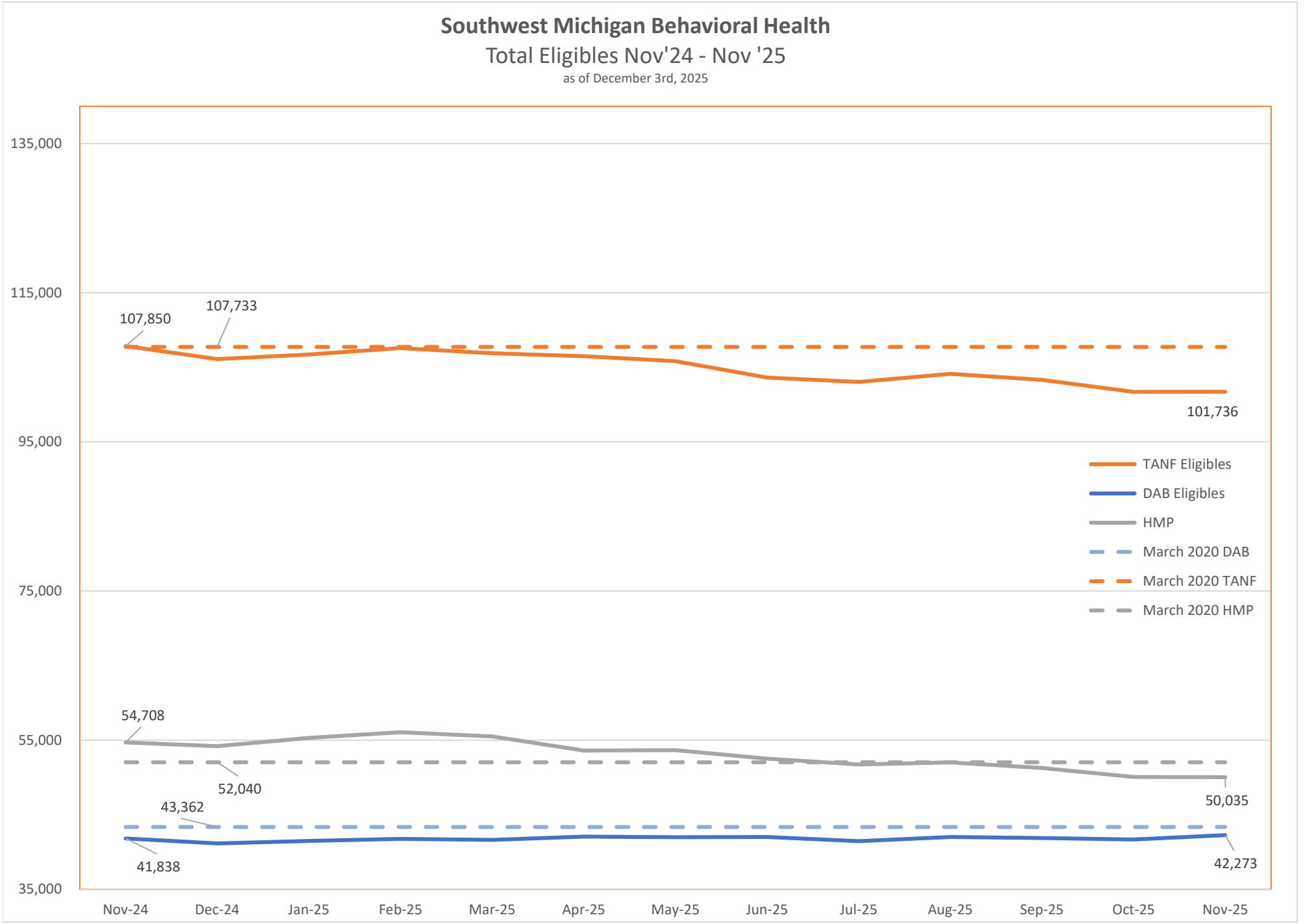
SWMBH Policy 2.5 Asset Protection (Review Period 8/1/25 – 12/1/25)
Tom Schmelzer reviewed policy, discussion followed and Board Finance members agreed that the Interim Executive Officer was in compliance and the policy does not need revision.

Contract Vendor Summary
Garyl Guidry reported as documented noting an overall decrease of 10% in spending. Discussion followed.

SWMBH Staff Retention
Mila Todd and Anne Wickham reviewed distributed hanout. Discussion followed.

Motion	Allen Edlefson moved to approve the SWMBH Staff Retention Program as presented.
Second	Michael Seals
Motion Carried	

Meeting adjourned at 2:18pm


Southwest Michigan Behavioral Health
Total Eligibles Nov'24 - Nov '25
as of December 3rd, 2025
135,000
115,000
95,000
75,000
55,000
35,000
107,850
107,733
101,736
54,708
52,040
50,035
43,362
41,838
42,273
TANF Eligibles
DAB Eligibles
HMP
March 2020 DAB
March 2020 TANF
March 2020 HMP
Nov-24
Dec-24
Jan-25
Feb-25
Mar-25
Apr-25
May-25
Jun-25
Jul-25
Aug-25
Sep-25
Oct-25
Nov-25

SWMBH Through November	FY26	FY25	% Change YOY	$ Change YOY
State Plan MH	14,800,672	16,298,531	-9.2%	(1,497,859)
1915i MH	16,365,097	15,124,572	8.2%	1,240,525
Autism	7,577,593	4,561,756	66.1%	3,015,836
Habilitation Supports Waiver (HSW)	*10,925,096*	*10,742,120*	*1.7%*	*182,976*
Child Waiver Program (CWP)	*160,757*	*151,616*	*6.0%*	*9,141*
Serious Emotional Disturbances (SED)	*127,240*	*75,609*	*68.3%*	*51,631*
Net Capitation Payment	49,956,145	46,954,204	6.4%	3,001,941
				-
State Plan SA	815,916	1,317,581	-38.1%	(501,665)
Net Capitation Payment	**815,916**	**1,317,581**	-38.1%	(501,665)
				-
Healthy Michigan Mental Health	3,608,835	4,108,392	-12.2%	(499,556)
Healthy Michigan Autism	928	6,382	-85.5%	(5,454)
Net Capitation Payment	**3,609,764**	**4,114,774**	-12.3%	(505,011)
				-
Healthy Michigan Substance Abuse	1,582,510	2,268,831	-30.2%	(686,321)
Net Capitation Payment	**1,582,510**	**2,268,831**	-30.2%	
				-
GRAND TOTAL	55,964,334	54,655,390	2.4%	1,308,944

as of 12/3/2025

State Plan, 1915i, B3 and Autism have DAB and TANF payments included.

DAB refers to the "disabled, aged, or blind" eligibility categories for Medicaid programs.

TANF refers to "Temporary Assistance for Needy Families" for Medicaid programs.

	E	F	I	J	K	L	M
1	***Southwest Michigan Behavioral Health***						
2	For the Fiscal YTD Period Ended 11/30/2025				**FY26 PIHP**		
3	*(For Internal Management Purposes Only)*						
4			**FY25 Budget**	**FY26 Budget**	**FY25 Actual as P02**	**FY26 Actual as P02**	**FY26 Annulized**
6	**REVENUE**						
7	**Contract Revenue**						
8	Medicaid Capitation		256,227,043	314,064,882	43,358,111	51,803,633	310,821,799
9	Healthy Michigan Plan Capitation		38,407,790	34,620,863	4,868,897	5,192,273	31,153,640
10	Medicaid Hospital Rate Adjustments		12,089,192	12,089,192	2,014,865	2,014,865	12,089,192
11	Opioid Health Home Capitation		1,610,090	1,871,969	249,669	256,958	1,541,750
12	Mental Health Block Grant Funding		653,000	580,000	83,381	89,624	537,747
13	SA Block Grant Funding		7,763,190	7,795,203	1,160,413	773,021	4,638,128
14	SA PA2 Funding		2,184,476	2,184,476	364,079	184,212	1,105,274
15							
16	Contract Revenue		318,934,780	373,206,585	52,099,415	60,314,588	361,887,531
17	CMHSP Incentive Payments		419,357	483,601	109,604	-	-
18	PIHP Incentive Payments		2,483,291	2,134,267	413,882	-	-
19	Interest Income - Working Capital		1,222,315	47,805	201,120	50,030	300,179
20	Interest Income - ISF Risk Reserve		-	36,212	56,860	4	24
21	Local Funds Contributions		852,520	852,520	142,087	142,087	852,520
23							
24	**TOTAL REVENUE**		**323,912,264**	**376,760,990**	**53,022,968**	**60,506,709**	**363,040,254**
25							
26	**EXPENSE**						
27	**Healthcare Cost**						
28	Provider Claims Cost		23,023,897	22,684,580	3,274,492	3,200,262	19,201,574
29	CMHP Subcontracts, net of 1st & 3rd party		263,904,801	270,362,517	42,685,006	43,671,191	262,027,149
30	Insurance Provider Assessment Withhold (IPA)		3,746,326	2,910,115	490,121	477,354	2,864,126
31	Medicaid Hospital Rate Adjustments		12,089,192	12,089,192	2,014,865	2,014,865	12,089,192
33			-	-	-	-	-
34	**Total Healthcare Cost**		**302,764,215**	**308,046,404**	**48,464,484**	**49,363,673**	**296,182,041**
35	**Medical Loss Ratio (HCC % of Revenue)**		**94.9%**	**82.5%**	**93.0%**	**81.8%**	**81.8%**
36							
37	**Administrative Cost**						
39	Administrative and Other Cost		12,805,756	13,112,965	1,410,106	1,436,526	8,619,158
44	Delegated Managed Care Admin		24,714,174	33,273,408	4,031,832	4,716,560	28,299,360
45	Apportioned Central Mgd Care Admin		(2,665,293)	-	(265,446)	-	-
46							
47	**Total Administrative Cost**		**34,854,637**	**46,386,373**	**5,176,492**	**6,153,086**	**36,918,518**
48	**Admin Cost Ratio (MCA % of Total Cost)**		**10.3%**	**13.1%**	**9.7%**	**11.1%**	**11.1%**
49							
50	Local Funds Cost		852,520	852,520	142,087	142,087	852,520
51	PBIP Transferred to CMHPs		-	1,920,841	-	-	-
52							
53	**TOTAL COST after apportionment**		**338,471,372**	**355,285,297**	**53,783,063**	**55,658,846**	**333,953,078**
54							
55	**NET SURPLUS before settlement**		**(14,559,107)**	**21,475,693**	**(760,095)**	**4,847,863**	**29,087,175**
56	**Net Surplus (Deficit) % of Revenue**		**-4.5%**	**5.7%**	**-1.4%**	**8.0%**	**8.0%**
57							
58	Prior Year Savings Utilization		-			-	-
59	Change in PA2 Fund Balance		-				-
60	ISF Risk Reserve Abatement (Funding)		-			-	-
61	ISF Risk Reserve Utilization		1,929,280	36,212	1,310,342	-	-
62	MDHHS Shared Risk Utilization						
63	CCBHC Supplemental Receivable (Payable)		3,813,725			-	-
64	Settlement Receivable / (Payable)		-	-	-	-	-
67	**NET SURPLUS (DEFICIT)**		**(8,816,103)**	**21,511,905**	**550,246**	**4,847,863**	**29,087,175**
68	*HMP & Autism is settled with Medicaid*						
69							
173							
174							

November										
Medicaid	SWMBH	Barry	Berrien	Pines	Summit Pointe	Woodlands	ISK	St. Joe	Van Buren	Total
Revenue	3,222,979	2,114,887	9,239,574	2,636,464	8,680,578	2,925,270	15,202,993	3,094,384	4,686,504	51,803,633
Expense	2,253,792	1,494,048	9,131,036	1,464,828	8,165,587	2,292,745	14,541,022	3,498,558	3,699,053	46,540,670
Difference	969,187	620,838	108,538	1,171,636	514,991	632,525	661,971	(404,174)	987,451	5,262,964
HMP										
Revenue	976,654	209,139	890,164	204,150	766,498	236,094	1,251,977	289,236	368,361	5,192,273
Expense	1,627,221	152,518	413,550	47,942	923,566	375,829	952,587	130,351	134,779	4,758,343
Difference	(650,567)	56,621	476,614	156,208	(157,068)	(139,735)	299,390	158,885	233,582	433,930
November Revenue and Expense										
Revenue	**4,199,633**	**2,324,026**	**10,129,738**	**2,840,614**	**9,447,076**	**3,161,363**	**16,454,970**	**3,383,620**	**5,054,865**	**56,995,906**
Expense	**3,881,013**	**1,646,566**	**9,544,586**	**1,512,771**	**9,089,153**	**2,668,573**	**15,493,609**	**3,628,909**	**3,833,832**	**51,299,013**

Annualized										
Medicaid	SWMBH	Barry	Berrien	Pines	Summit Pointe	Woodlands	ISK	St. Joe	Van Buren	Total
Revenue	19,337,875	12,689,321	55,437,444	15,818,786	52,083,468	17,551,618	91,217,960	18,566,304	28,119,023	310,821,799
Expense	13,522,751	8,964,290	54,786,216	8,788,970	48,993,522	13,756,468	87,246,134	20,991,348	22,194,318	279,244,018
Difference	5,815,124	3,725,031	651,228	7,029,816	3,089,946	3,795,150	3,971,826	(2,425,044)	5,924,705	31,577,781
HMP										
Revenue	5,859,926	1,254,836	5,340,984	1,224,901	4,598,988	1,416,562	7,511,862	1,735,416	2,210,165	31,153,640
Expense	9,763,329	915,108	2,481,300	287,653	5,541,396	2,254,971	5,715,520	782,106	808,674	28,550,057
Difference	(3,903,403)	339,729	2,859,684	937,247	(942,408)	(838,409)	1,796,342	953,310	1,401,491	2,603,583
Combined Medicaid/HMP	1,911,721	4,064,759	3,510,912	7,967,063	2,147,538	2,956,741	5,768,168	(1,471,734)	7,326,196	34,181,364
October Results	(1,702,497)	5,777,364	1,585,968	1,381,600	2,553,686	(3,102,785)	1,479,931	3,332,705	10,612,364	21,918,336
1Month Comparison	3,614,218	(1,712,604)	1,924,944	6,585,463	(406,148)	6,059,526	4,288,237	(4,804,439)	(3,286,169)	12,263,028

Southwest Michigan Behavioral Health

For the Fiscal YTD Period Ended 11/30/2025 **11/30/2025** ***ok***

(For Internal Management Purposes Only)

INCOME STATEMENT		SWMBH TOTAL Excluding GF	Summary of Local CMHSP Components						CCBHC		
			Medicaid MH/IDD	Medicaid SUD	HMP MH	HMP SUD	SUD Block Grant Treatment	State GF	CCBHC Medicaid	CCBHC Healthy Michigan	CCBHC Non-Medicaid
Barry County CMHA	HCC%	100%	87.0%	0.1%	9.2%	0.0%	0.0%	3.7%			
PIHP Summary Information											
Capitation Payment			2,092,817	22,070	166,268	42,872	-	155,888	-	-	-
Incentive Payment Revenue	*CCBHC Revenue*	*PIHP Revenue*									
Subcontract revenue	-	2,324,026	**2,092,817**	**22,070**	**166,268**	**42,872**	**-**	**155,888**	**-**	**-**	**-**
External provider cost			1,219,708	-	133,426	-	-	31,411			
Internal program cost			71,509	1,300	2,739	-	-	24,228	875,571.61	289,291	218,511
SSI Reimb, 1st/3rd Party Cost Offset									(273,279.72)	(107,387)	34,635
Mgd care administration	*CCBHC Cost*	*PIHP Cost*	201,531	-	16,353	-	-	7,543			
Subcontract cost	784,196	1,646,566	**1,492,749**	**1,300**	**152,518**	**-**	**-**	**63,182**	**602,292**	**181,904**	**253,146**
Net before settlement	**(784,196)**		**600,068**	**20,770**	**13,750**	**42,872**	**-**	**92,706**	**(602,292)**	**(181,904)**	**(253,146)**
Other Redistributions of State GF		*PIHP Stlmt*	-	-	-	-	-	(12,729)			
Subcontract settlement	-	(677,460)	(600,068)	(20,770)	(13,750)	(42,872)	-	-			
Net after settlement	**(784,196)**	**-**							**(602,292)**	**(181,904)**	**(253,146)**
Berrien Mental Health Authori	HCC%	0.00%									
PIHP Summary Information											
Capitation Payment			9,153,478	86,096	705,077	185,087	-	368,064	1,556,361	623,035	-
Incentive Payment Revenue	*CCBHC Revenue*	*PIHP Revenue*									
Subcontract revenue	2,179,396	10,129,738	**9,153,478**	**86,096**	**705,077**	**185,087**	**-**	**368,064**	**1,556,361**	**623,035**	**-**
External provider cost			7,979,342	-	363,979	-	-	134,375			
Internal program cost			362,262	-	15,917		113,132	1,118	1,705,329	646,383	182,549
SSI Reimb, 1st/3rd Party Cost Offset			-	-	-	-	-	(13,925)	53,404	11,427	-
Mgd care administration	*CCBHC Cost*	*PIHP Cost*	789,432	-	33,654	-	-	5,478	-	-	-
Subcontract cost	2,416,543	9,657,718	**9,131,036**	**-**	**413,550**	**-**	**113,132**	**127,046**	**1,758,733**	**657,810**	**182,549**
Net before settlement	**(237,147)**		**22,442**	**86,096**	**291,527**	**185,087**	**(113,132)**	**241,018**	**(202,372)**	**(34,775)**	**(182,549)**
Other Redistributions of State GF		*PIHP Stlmt*	-	-	-	-	-	(182,549)	-	-	182,549
Subcontract settlement	-	(472,020)	(22,442)	(86,096)	(291,527)	(185,087)	113,132	-	-	-	-
Net after settlement	**(237,147)**	**-**	**-**	**-**	**-**	**-**	**-**	**58,469**	**(202,372)**	**(34,775)**	**-**

Southwest Michigan Behavioral Health

For the Fiscal YTD Period Ended 11/30/2025 **11/30/2025** ***ok***

(For Internal Management Purposes Only)

INCOME STATEMENT

		SWMBH TOTAL Excluding GF	Summary of Local CMHSP Components						CCBHC		
			Medicaid MH/IDD	Medicaid SUD	HMP MH	HMP SUD	SUD Block Grant Treatment	State GF	CCBHC Medicaid	CCBHC Healthy Michigan	CCBHC Non-Medicaid
Pines Behavioral Health Servi	HCC%	100.00%	89.3%	0.0%	2.9%	0.0%	0.0%	7.8%			
PIHP Summary Information											
Capitation Payment			2,611,476	24,989	162,429	41,721	-	146,770	863,780	298,865	-
Incentive Payment Revenue	*CCBHC Revenue*	*PIHP Revenue*									
Subcontract revenue	1,162,646	2,840,614	**2,611,476**	**24,989**	**162,429**	**41,721**	**-**	**146,770**	**863,780**	**298,865**	**-**
External provider cost			1,332,720	-	42,837	-	-	7,830	-	-	-
Internal program cost			26,347	-	1,260	43	-	111,705	535,534	196,131	96,062
SSI Reimb, 1st/3rd Party Cost Offset									(13,373)	(2,886)	-
Mgd care administration	*CCBHC Cost*	*PIHP Cost*	105,762	-	3,801	-	-	8,867	-	-	-
Subcontract cost	715,406	1,512,771	**1,464,828**	**-**	**47,899**	**43**	**-**	**128,402**	**522,161**	**193,245**	**96,062**
Net before settlement	**447,240**		**1,146,647**	**24,989**	**114,530**	**41,678**	**-**	**18,368**	**341,619**	**105,621**	**(96,062)**
Other Redistributions of State GF		*PIHP Stlmt*	-	-	-	-	-	(18,368)			
Subcontract settlement	447,240	(1,327,844)	(1,146,647)	(24,989)	(114,530)	(41,678)	-	-	341,619	105,621	(96,062)
Net after settlement	**447,240**	**-**									
Summit Pointe (Calhoun Cour	HCC%	99.99%	86.6%	0.0%	9.5%	0.0%	0.0%	3.9%			
PIHP Summary Information											
Capitation Payment			8,680,578	-	766,498	-	-	309,916	731,491	288,564	-
Incentive Payment Revenue	*CCBHC Revenue*	*PIHP Revenue*									
Subcontract revenue	1,020,055	9,447,076	**8,680,578**	**-**	**766,498**	**-**	**-**	**309,916**	**731,491**	**288,564**	**-**
External provider cost			6,847,100	-	784,505	-	-	297,321			
Internal program cost			453,774	-	19,107	-	-	29,297	849,369	264,430	209,310
SSI Reimb, 1st/3rd Party Cost Offset			-	-		-	-	-			
Mgd care administration	*CCBHC Cost*	*PIHP Cost*	864,713	-	119,954	-	-	66,225			
Subcontract cost	1,113,799	9,089,153	**8,165,587**		**923,566**	**-**	**-**	**392,843**	**849,369**	**264,430**	**209,310**
Net before settlement	**(93,744)**		**514,991**		**(157,068)**	**-**	**-**	**(82,927)**	**(117,878)**	**24,134**	**(209,310)**
Other Redistributions of State GF		*PIHP Stlmt*				-	-	-			
Subcontract settlement	-	(357,923)	(514,991)		157,068	-	-	-			
Net after settlement	**(93,744)**	**-**				**-**	**-**	**(82,927)**	**(117,878)**	**24,134**	**(209,310)**

Southwest Michigan Behavioral Health

For the Fiscal YTD Period Ended 11/30/2025 | **11/30/2025** | ***ok***

(For Internal Management Purposes Only)

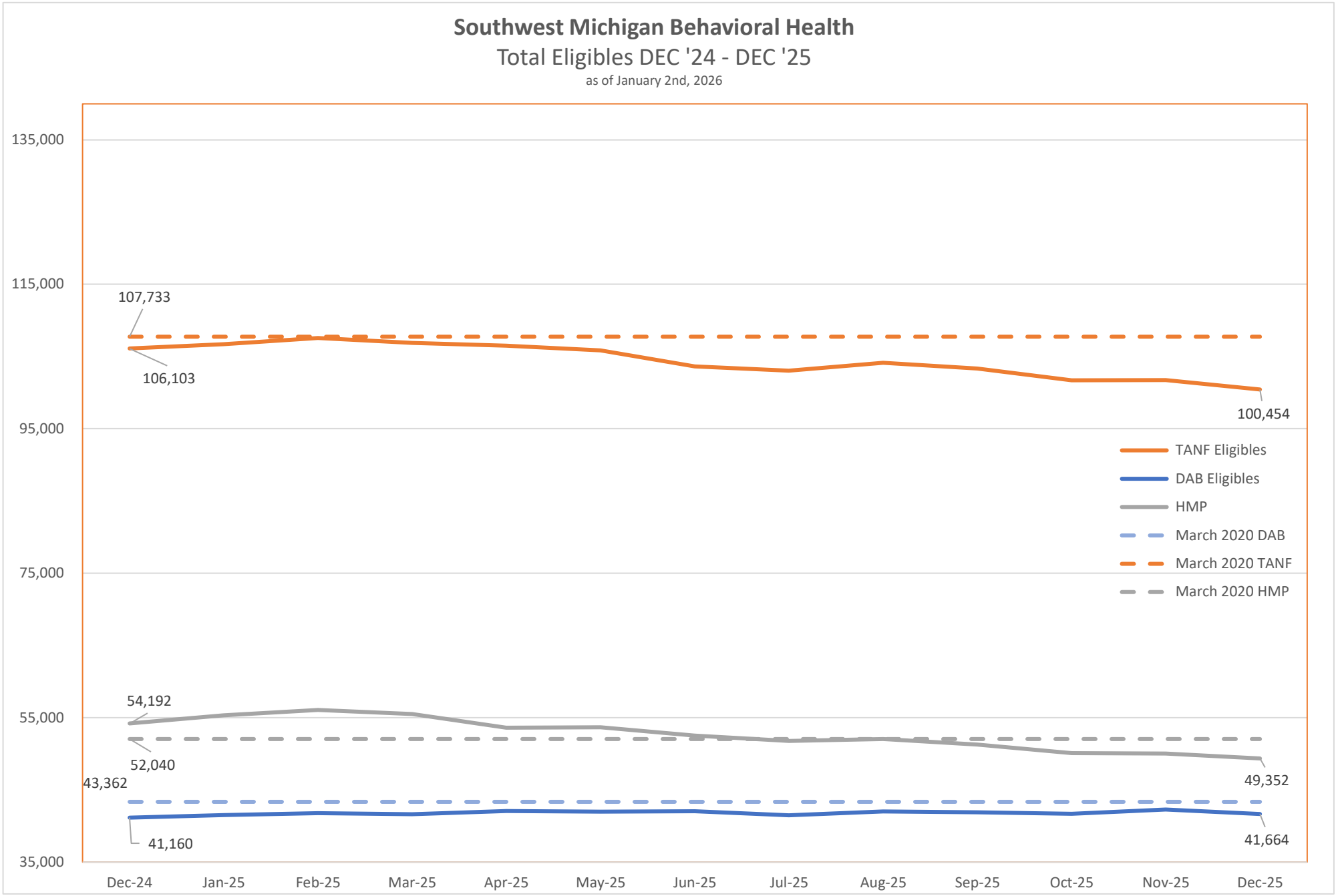
INCOME STATEMENT		**SWMBH TOTAL Excluding GF**	**Summary of Local CMHSP Components**						**CCBHC**		
			Medicaid MH/IDD	**Medicaid SUD**	**HMP MH**	**HMP SUD**	**SUD Block Grant Treatment**	**State GF**	**CCBHC Medicaid**	**CCBHC Healthy Michigan**	**CCBHC Non-Medicaid**
Woodlands Behavioral Health	HCC%	0.0%									
PIHP Summary Information		ESTIMATE P2									
Capitation Payment			2,899,689	25,581	187,789	48,305	-	-			
Incentive Payment Revenue	*CCBHC Revenue*	*PIHP Revenue*									
Subcontract revenue	-	3,161,363	**2,899,689**	**25,581**	**187,789**	**48,305**	**-**	**-**			
External provider cost			1,310,342	-	145,193	-	-	-			
Internal program cost			734,385	49,293	88,963	105,461	-	-			
SSI Reimb, 1st/3rd Party Cost Offset			-	-	-	-	-	-			
Mgd care administration	*CCBHC Cost*	*PIHP Cost*	198,725	-	36,212	-	-	-			
Subcontract cost	-	3,627,725	3,202,604	49,293	270,368	105,461	-	-			
Net before settlement	**-**		**(302,916)**	**(23,711)**	**(82,579)**	**(57,156)**	**-**	**-**			
Other Redistributions of State GF		*PIHP Stlmt*					-	-			
Subcontract settlement	-	466,362	302,916	23,711	82,579	57,156	-	-			
Net after settlement	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**			
Integrated Services of Kalama	HCC%	100.0%	93.9%	0.0%	6.1%	0.0%	0.0%	0.0%			
PIHP Summary Information											
Capitation Payment			15,202,993	-	1,251,977	-	-	-	4,359,947	1,433,569	
Incentive Payment Revenue	*CCBHC Revenue*	*PIHP Revenue*									
Subcontract revenue	5,793,515	16,454,970	**15,202,993**	**-**	**1,251,977**	**-**	**-**	**-**	**4,359,947**	**1,433,569**	
External provider cost			12,497,873	-	848,707	-	-	-	-	-	-
Internal program cost			471,185		899	-	-	-	3,877,312	1,310,503	814,796
SSI Reimb, 1st/3rd Party Cost Offset			-	-	-	-	-	-	-	-	-
Mgd care administration	*CCBHC Cost*	*PIHP Cost*	1,571,965	-	102,980	-	-	-	-	-	-
Subcontract cost	5,187,815	15,493,609	**14,541,022**	**-**	**952,587**	**-**	**-**	**-**	**3,877,312**	**1,310,503**	**814,796**
Net before settlement	**605,700**		**661,971**	**-**	**299,391**	**-**	**-**	**-**	**482,635**	**123,065**	**(814,796)**
Other Redistributions of State GF		*PIHP Stlmt*	-	-		-	-	-	-	-	-
Subcontract settlement	-	(961,362)	(661,971)	-	(299,391)	-	-	-	-	-	-
Net after settlement	**605,700**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**482,635**	**123,065**	**(814,796)**

Southwest Michigan Behavioral Health

For the Fiscal YTD Period Ended 11/30/2025 **11/30/2025** ***ok***

(For Internal Management Purposes Only)

INCOME STATEMENT		SWMBH TOTAL Excluding GF	Summary of Local CMHSP Components						CCBHC		
			Medicaid MH/IDD	Medicaid SUD	HMP MH	HMP SUD	SUD Block Grant Treatment	State GF	CCBHC Medicaid	CCBHC Healthy Michigan	CCBHC Non-Medicaid
CMH of St Joseph County	HCC%	100.0%	87.2%	0.0%	3.2%	0.0%	0.0%	9.6%			
PIHP Summary Information											
Capitation Payment			3,063,903	30,481	230,224	59,012	-	173,760	1,003,694	803,586	-
Incentive Payment Revenue	*CCBHC Revenue*	*PIHP Revenue*									
Subcontract revenue	1,807,280	3,383,620	**3,063,903**	**30,481**	**230,224**	**59,012**	**-**	**173,760**	**1,003,694**	**803,586**	**-**
External provider cost			2,106,309	-	114,672	-	-	120,896	-	-	-
Internal program cost			1,027,072	-	421	-	-	223,876	-	-	-
SSI Reimb, 1st/3rd Party Cost Offset			-	-	-	-	-	-	(9,916)	(350)	-
Mgd care administration	*CCBHC Cost*	*PIHP Cost*	365,177	-	15,258	-	-	25,694	-		-
Subcontract cost	(10,266)	3,628,908	**3,498,558**		**130,350**		**-**	**370,466**	**(9,916)**	**(350)**	**-**
Net before settlement	**1,817,546**		**(434,655)**	**30,481**	**99,874**	**59,012**	**-**	**(196,706)**	**1,013,610**	**803,936**	**-**
Other Redistributions of State GF		*PIHP Stlmt*						196,706	-		-
Subcontract settlement	-	245,288	434,655	(30,481)	(99,874)	(59,012)	-	-	-		-
Net after settlement	**1,817,546**	**-**					**-**	**-**	**1,013,610**	**803,936**	**-**
Van Buren Mental Health Auth	HCC%	100.0%	93.6%	0.0%	3.0%	0.0%	0.7%	2.7%			
PIHP Summary Information											
Capitation Payment			4,641,692	44,812	292,662	75,699	10,600	199,560	-	-	-
Incentive Payment Revenue	*CCBHC Revenue*	*PIHP Revenue*									
Subcontract revenue	-	5,054,865	**4,641,692**	**44,812**	**292,662**	**75,699**	**10,600**	**199,560**	**-**	**-**	**-**
External provider cost			3,112,096	-	106,520	-	-	51,541	-	-	-
Internal program cost			322,137	-	2,036	-	10,600	48,885	-	-	-
SSI Reimb, 1st/3rd Party Cost Offset			-	-	-	-	-	(17,352)	-	-	-
Mgd care administration	*CCBHC Cost*	*PIHP Cost*	264,820	-	26,223	-	-	73,097	-	-	-
Subcontract cost	-	3,844,432	**3,699,053**		**134,779**	**-**	**10,600**	**156,170**	**-**	**-**	**-**
Net before settlement	**-**		**1,222,358**	**44,812**	**157,883**	**75,699**	**-**	**43,390**	**-**	**-**	**-**
Other Redistributions of State GF		*PIHP Stlmt*				-	-	-			
Subcontract settlement	-	(1,500,752)	(1,222,358)	(44,812)	(157,883)	(75,699)	-	-	-	-	-
Net after settlement	**-**	**-**				**-**		**43,390**	**-**	**-**	**-**


Southwest Michigan Behavioral Health
Total Eligibles DEC '24 - DEC '25
as of January 2nd, 2026
135,000
115,000
95,000
75,000
55,000
35,000
107,733
106,103
100,454
54,192
52,040
49,352
43,362
41,160
41,664
TANF Eligibles
DAB Eligibles
HMP
March 2020 DAB
March 2020 TANF
March 2020 HMP
Dec-24
Jan-25
Feb-25
Mar-25
Apr-25
May-25
Jun-25
Jul-25
Aug-25
Sep-25
Oct-25
Nov-25
Dec-25

SWMBH Through December	FY26	FY25	% Change YOY	$ Change YOY
State Plan MH	22,106,204	24,340,680	-9.2%	(2,234,476)
1915i MH	24,436,414	22,570,367	8.3%	1,866,047
Autism	11,381,820	6,828,987	66.7%	4,552,833
Habilitation Supports Waiver (HSW)	*16,721,843*	*15,991,670*	*4.6%*	*730,172*
Child Waiver Program (CWP)	*223,091*	*227,423*	*-1.9%*	*(4,332)*
Serious Emotional Disturbances (SED)	*179,517*	*135,758*	*32.2%*	*43,759*
Net Capitation Payment	75,048,579	70,094,887	7.1%	4,953,692
				-
State Plan SA	1,220,635	1,969,361	-38.0%	(748,726)
Net Capitation Payment	**1,220,635**	**1,969,361**	-38.0%	(748,726)
				-
Healthy Michigan Mental Health	5,375,205	6,148,157	-12.6%	(772,952)
Healthy Michigan Autism	1,077	9,655	-88.8%	(8,578)
Net Capitation Payment	**5,376,283**	**6,157,812**	-12.7%	(781,530)
				-
Healthy Michigan Substance Abuse	2,367,874	3,387,511	-30.1%	(1,019,637)
Net Capitation Payment	**2,367,874**	**3,387,511**	-30.1%	
				-
GRAND TOTAL	84,013,371	81,609,571	2.9%	2,403,800

as of 1/2/2026

State Plan, 1915i, B3 and Autism have DAB and TANF payments included.

DAB refers to the "disabled, aged, or blind" eligibility categories for Medicaid programs.

TANF refers to "Temporary Assistance for Needy Families" for Medicaid programs.

Revenue Tracking of Expected Funds

	FY26 Revenue						FY26 Revenue YTD					
	FY26 Budget	Actual Payment	Accrual	Actual Annualized	Variance $	Variance %	Budget YTD	Actual	Accrual	YTD	Variance $	Variance %
Medicaid	242,191,562.82	234,467,402.76	-	234,467,402.76	(7,724,160.06)	(0.03)	**60,547,890.71**	**58,616,850.69**		**58,616,850.69**	**(1,931,040.02)**	**-3.2%**
Habilitation Supports Waiver (HSW)	70,682,821.26	66,887,370.48	5,980,383.80	72,867,754.28	2,184,933.02	0.03	**17,670,705.32**	**16,721,842.62**	**1,495,095.95**	**18,216,938.57**	**546,233.26**	**3.1%**
Child Waiver Program (CWP)	964,208.87	892,364.00	-	892,364.00	(71,844.87)	(0.07)	**241,052.22**	**223,091.00**		**223,091.00**	**(17,961.22)**	**-7.5%**
Serious Emotional Disturbances (SED)	226,288.62	718,068.52	-	718,068.52	491,779.90	2.17	**56,572.16**	**179,517.13**		**179,517.13**	**122,944.98**	**217.3%**
Healthy Michigan Mental Health	34,620,863.28	27,835,168.68	-	27,835,168.68	(6,785,694.60)	(0.20)	**8,655,215.82**	**6,958,792.17**		**6,958,792.17**	**(1,696,423.65)**	**-19.6%**
Overall Net Capitation Payment	**348,685,744.85**	**330,800,374.44**	**5,980,383.80**	**336,780,758.24**	**(11,904,986.61)**	**-3.41%**	**87,171,436.21**	**82,700,093.61**	**1,495,095.95**	**84,195,189.56**	**(2,976,246.65)**	**-3.41%**

Budgeted Funds
Over - Variance
Under - Variance
Accrued Funds

Board Ownership Linkage via Survey to CMH Boards

January 2025

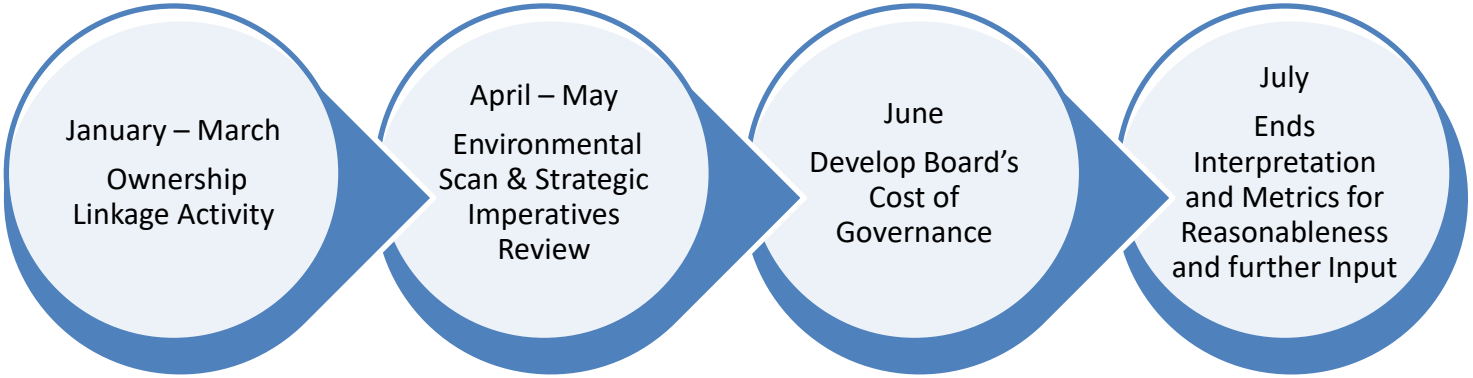
Mila C. Todd, Esq., CHC, CHPC
Interim Executive Officer

Version 1, December 26, 2025

3.4 POLICY Annual Board Planning Cycle

To accomplish its job products with a governance style consistent with board policies, the board will follow an annual agenda cycle which (a) drives exploration of Ends concerns, (b) continually improves board performance through board education and enriched input and deliberation, and (c) re-examines the relevance of the underlying values that support existing policy.

3.4.1 The board calendar shall generally follow this sequence



3.4.3 The cycle will start with the board's development of its own strategic exploration agenda for the next year.

3.4.3.1 Consultations with selected groups in the ownership, or other methods of gaining ownership input will be determined and arranged by August 31 to be held during the balance of the next fiscal year.

Survey from SWMBH Board to CMH Boards
Introductory Email with Link to the Survey

In adherence to the Policy Governance model, the SWMBH Board is sending this survey to actively engage with our CMH Boards, SWMBH's owners, to support ownership linkage in accordance with SWMBH Board Policy 3.4.3.1. This activity is designed to ensure solid understanding of our ownership's values in order that those values inform SWMBH's activities and priorities.

There are two types of ownership, both of which apply to our CMHA Boards:

1. Legal Ownership applies to "the governing institution[s] that initially formed the organization…they are awarded the right to elect the people who serve on the board."[1]
2. Moral Ownership refers to the people in our geographical region – PIHP Region 4 – who "demonstrably care about the mission" of SWMBH.[1]

The SWMBH Board Ends were developed with CMH Board input to ensure CMH Board values were incorporated in and expressed through those Ends. The SWMBH Board wants to ensure these Ends still reflect our CMH Boards' values. We appreciate you taking the time to respond.

[1] *Craymer, Eric, and Susan Radwan. Governing by Principles: An Approach to Unleash the Power of Policy Governance. PPG Press, 2020.*

Owner Engagement Between SWMBH Board and CMHA Boards

1. Sub-End 1: Member CMH boards, EOs, and staff value the partnership with SWMBH, and experience the relationship as collaborative, transparent, responsive, and reciprocal. *

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
Do you feel this sub-end reflects the values you hold as a CMHA Board Member?	◯	◯	◯	◯	◯
Do you feel this should be an ongoing focus on the part of the SWMBH Board and SWMBH employees?	◯	◯	◯	◯	◯

2. Please share thoughts or comments related to sub-end 1 including whether you believe this is being addressed currently.

- Member CMH boards, EOs, and staff value the partnership with SWMBH, and experience the relationship as collaborative, transparent, responsive, and reciprocal.

Enter your answer

3.

- Sub-End 2: Member CMHs are aware of environmental disruptors and trends and benefit from SWMBH's regional and satewide regulatory and public relations advocacy impacting the Mental Health Community.

*

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Do you feel this sub-end reflects the values you hold as a CMHA Board Member?	◯	◯	◯	◯	◯
Do you feel this should be an ongoing focus on the part of the SWMBH Board and SWMBH employees?	◯	◯	◯	◯	◯

4. Please share thoughts or comments related to sub-end 2 including whether you believe this is being addressed currently.

- Member CMHs are aware of environmental disruptors and trends and benefit from SWMBH's regional and statewide regulatory and public relations advocacy impacting the Mental Health Community.

Enter your answer

5. Sub end 3: Member CMHs have the resources needed to address their communities' individualized needs, successfully access appropriate resources and successfully meet contractual obligations (included managed care functions). *

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Do you feel this sub-end reflects the values you hold as a CMHA Board Member?	◯	◯	◯	◯	◯
Do you feel this should be an ongoing focus on the part of the SWMBH Board and SWMBH employees?	◯	◯	◯	◯	◯

6. Please share thoughts or comments related to sub-end 3 including whether you believe this is being addressed currently.

- Member CMHs have the resources needed to address their communities' individualized needs,successfully access appropriate resources and successfully meet contractual obligations *(including managed care functions)*.

7. Sub-end 4: Member CMHs and other providers assure and monitor ready access to appropriate programs and services for their consumers and contribute accurate data so SWMBH can create aggregated, comprehensive, and comparative regional results which supports access to maximum funding available.
*

	Strongly Agree	Agree	Disagree	Strongly disagree	Neutral
Do you feel this sub-end reflects the values you hold as a CMHA Board Member?	◯	◯	◯	◯	◯
Do you feel this should be an ongoing focus on the part of the SWMBH Board and SWMBH employees?	◯	◯	◯	◯	◯

8. Please share thoughts or comments related to sub-end 4 including whether you believe this is being addressed currently.

- Member CMHs and other providers assure and monitor ready access to appropriate programs and services for their consumers and contribute accurate data so SWMBH can create aggregated, comprehensive, and comparative regional results which supports access to maximum funding available.

9. Sub-end 5: The SWMBH regional partners align with best practice, learning from each other, collaborating, sharing resources, and benefitting from lessons learned. *

	Highly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
Do you feel this sub-end reflects the values you hold as a CMHA Board Member?	◯	◯	◯	◯	◯
Do you feel this should be an ongoing focus on the part of the SWMBH Board and SWMBH employees?	◯	◯	◯	◯	◯

10. Please share thoughts or comments related to sub-end 5 including whether you believe this is being addressed currently.

- The SWMBH regional partners align with best practice, learning from each other, collaborating, sharing resources, and benefitting from lessons learned.

11. The following Global End is intended to be the umbrella over the 5 sub-ends. Please indicate if you feel it is captured adequately by the 5 sub-ends.

- As a benefits manager of state and federal funds, SWMBH exists to assure that member agencies and providers create sustainable programs and provide specialty services so that persons in the SWMBH region have access to appropriate resources and experience improvements in their health status and quality of life, optimizing self-sufficiency, recovery, and family preservation. Quality services are provided while minimizing costs through efficient stewardship of human, financial, and technology resources available and use of shared knowledge.

*

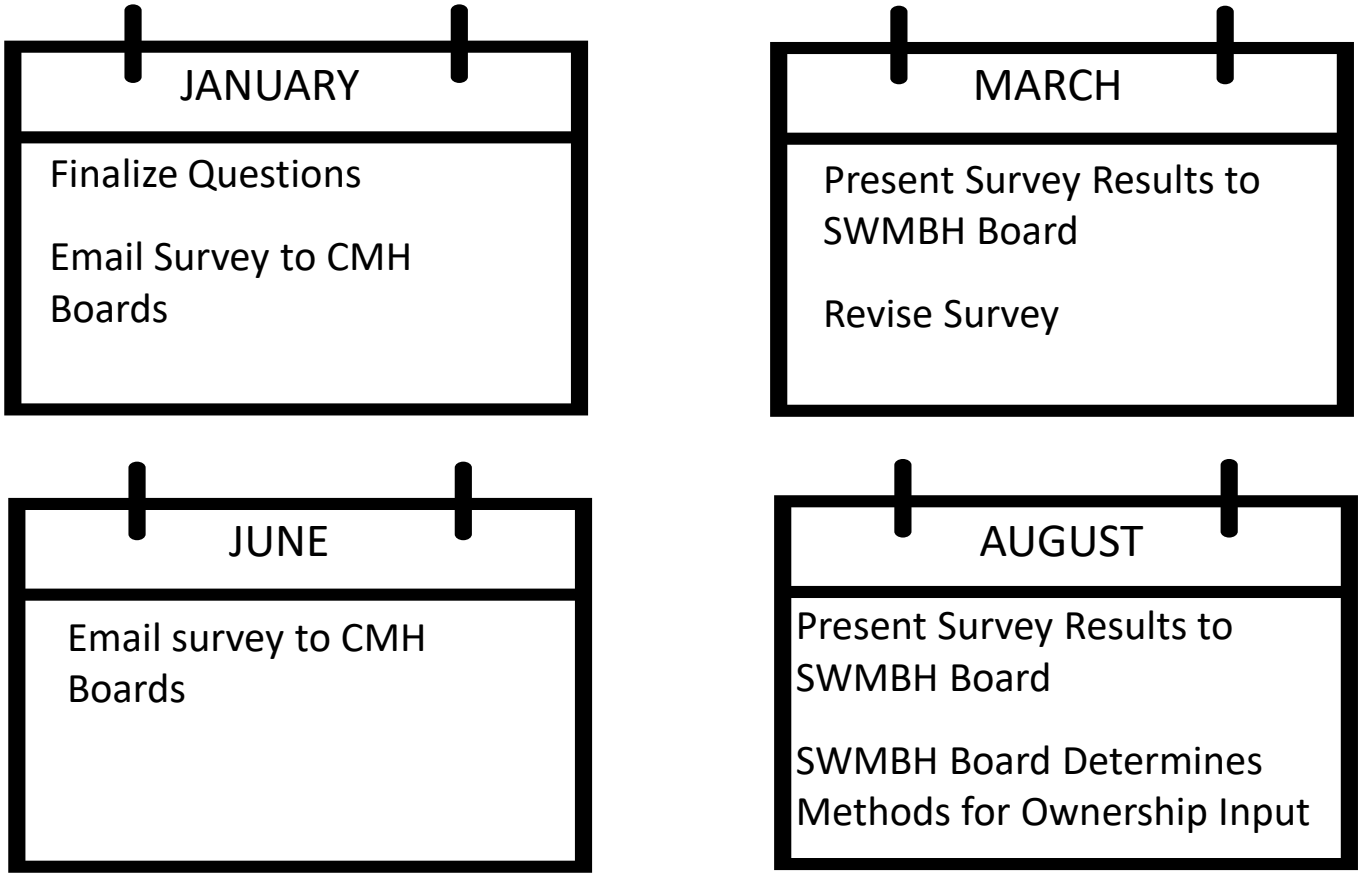
	Highly Agree	Agree	Neither Agree nor Disagree	Disagree	Highly Disagree
Do you feel this sub-end reflects the values you hold as a CMHA Board Member?	◯	◯	◯	◯	◯
Do you feel this should be an ongoing focus on the part of the SWMBH Board and SWMBH employees?	◯	◯	◯	◯	◯

12. Please indicate which, if any, topics within the Global End are not captured in the Sub-Ends.

- As a benefits manager of state and federal funds, SWMBH exists to assure that member agencies and providers create sustainable programs and provide specialty services so that persons in the SWMBH region have access to appropriate resources and experience improvements in their health status and quality of life, optimizing self-sufficiency, recovery, and family preservation. Quality services are provided while minimizing costs through efficient stewardship of human, financial, and technology resources available and use of shared knowledge.

Proposed Schedule for Survey

3.4.3.1 Consultations with selected groups in the ownership, or other methods of gaining ownership input will be determined and arranged by August 31 to be held during the balance of the next fiscal year.



Distribution Questions for the SWMBH Board

- Email 1 survey to each CMH Board to be completed as a collective group?
- Email 1 survey to each CMH Board member?
- Email 1 survey adding in CMH affiliation question?
- Email 8 surveys to each CMH Board member allowing for analysis by CMH?

Owner Engagement Between SWMBH Board and CMHA Boards

Introductory Email

In adherence to the Policy Governance model, the SWMBH Board is sending this survey to actively engage with our CMH Boards, SWMBH's owners, to support ownership linkage in accordance with SWMBH Board Policy 3.4.3.1. This activity is designed to ensure solid understanding of our ownership's values in order that those values inform SWMBH's activities and priorities.

There are two types of ownership, both of which apply to our CMHA Boards:

1. Legal Ownership applies to "the governing institution[s] that initially formed the organization…they are awarded the right to elect the people who serve on the board."[1]
2. Moral Ownership refers to the people in our geographical region – PIHP Region 4 – who "demonstrably care about the mission" of SWMBH.[1]

The SWMBH Board Ends were developed with CMH Board input to ensure CMH Board values were incorporated in and expressed through those Ends. The SWMBH Board wants to ensure these Ends still reflect our CMH Boards' values. We appreciate you taking the time to respond.

SUB END QUESTIONS – The following questions will be posed for each Sub-End

1. Do you feel this sub-end reflects the values you hold as a CMHA Board Member? (Likert Scale)
2. Do you feel this should be an ongoing focus on the part of the SWMBH Board and SWMBH employees? (Likert Scale)
3. Open Response: Please share thoughts or comments related to this sub-end including whether you believe this is being addressed currently.

GLOBAL END QUESTIONS (After Sub-End Questions):

4. The following Global End is intended to be the umbrella over the 5 sub-ends. Please indicate if you feel it is captured adequately by the 5 sub-ends (Likert Scale).
5. Open Response: Please indicate which, if any, topics within the Global End are not captured in the Sub-Ends.

[1] ***Craymer, Eric, and Susan Radwan. Governing by Principles: An Approach to Unleash the Power of Policy Governance. PPG Press, 2020.***

SUB ENDS:

- Member CMH boards, EOs, and staff value the partnership with SWMBH, and experience the relationship as collaborative, transparent, responsive, and reciprocal.
- Member CMHs are aware of environmental disruptors and trends and benefit from SWMBH's regional and statewide regulatory and public relations advocacy impacting the Mental Health Community.
- Member CMHs have the resources needed to address their communities' individualized needs, successfully access appropriate resources and successfully meet contractual obligations *(including managed care functions)*.
- Member CMHs and other providers assure and monitor ready access to appropriate programs and services for their consumers and contribute accurate data so SWMBH can create aggregated, comprehensive, and comparative regional results which supports access to maximum funding available.
- The SWMBH regional partners align with best practice, learning from each other, collaborating, sharing resources, and benefitting from lessons learned.

GLOBAL END:

As a benefits manager of state and federal funds, SWMBH exists to assure that member agencies and providers create sustainable programs and provide specialty services so that persons in the SWMBH region have access to appropriate resources and experience improvements in their health status and quality of life, optimizing self-sufficiency, recovery, and family preservation. Quality services are provided while minimizing costs through efficient stewardship of human, financial, and technology resources available and use of shared knowledge.

Medicaid Claims/Service Encounter Verification Report
Southwest Michigan Behavioral Health

Prepaid Inpatient Health Plan/Regional Entity

For the time period 10/01/2024 – 09/30/2025
Submitted December 17, 2025

Pursuant to MDHHS-SWMBH FY25 Contract
Schedule A Section C.4 Medicaid Services Verification

Submitted by:
Alison Strasser, MPA, CHC, Interim Compliance Officer

Introduction:

Southwest Michigan Behavioral Health (SWMBH) is the Regional Entity and Medicaid Prepaid Inpatient Health Plan (PIHP) for eight counties and Community Mental Health Service Programs (CMHSP) in southwest Michigan. These eight CMHSPs are: Barry County Community Mental Health Authority, Riverwood Center (Berrien Mental Health Authority), Pines Behavioral Health Services (Branch County Community Mental Health Authority), Summit Pointe (Calhoun County Community Mental Health Authority), Woodlands Behavioral Healthcare Network (Cass County Community Mental Health Authority), Integrated Services of Kalamazoo (Kalamazoo County Community Mental Health Authority), Pivotal (St. Joseph County Community Mental Health Authority), and Van Buren Community Mental Health Authority. The FY2025 MDHHS-SWMBH contract Schedule A. Section 1.R. Program Integrity contains provisions for internal monitoring and auditing. To that end, SWMBH has conducted verification of Medicaid claims as detailed by the methodology outlined below, in conformity with contract Schedule A Section 1.C.4 Medicaid Services Verification Process.

In performing the verification of sampled Medicaid claims, SWMBH conducted quarterly audits of service encounters for each CMHSP and reviewed claims from contracted substance use disorder providers and Participant CMHSPs' network providers. The following is SWMBH's Medicaid Verification report with audit activities and results.

Summary of Findings:

SWMBH's reviewed clinical and claims records of participant CMHSPs, CMHSP network providers, and substance use disorder providers. Out of a total sample of 1,968 claims/encounters reviewed, 1,865 were verified to be a valid service reimbursable by Medicaid. This results in an overall compliance rate of 94.77%.

Fiscal Year	Region 4 MSV Compliance Rate
FY22	94.64%
FY23	92.03%
FY24	95.05%
FY25 (current report)	94.77%

Data Collection Methodology:

The Medicaid Verification auditing process consisted of a quarterly review of Medicaid claims approved for payment by SWMBH between the dates of October 1, 2024 and September 30, 2025. The Random Number function of the OIG's statistical software package, RAT-STATS, was used to select the random samples of claims for review from the total universes.

The Medicaid Verification testing sample size was a total of one thousand nine hundred and sixty-eight (1,968) claims/encounters, representing eighteen thousand nine hundred and ninety-four (18,994) units and $1,825,705.11. These claims/encounters were reviewed based on Fiscal Year Quarters, divided as follows:

- Thirty (30) unique dates of service from each of the eight participant CMHSPs, stratified to include fifteen (15) encounters (CMHSP-provided services) and fifteen (15) network provider claims, per quarter.
    - Nine hundred sixty (960) unique dates of service reviewed in total for FY25;
    - Represented eight thousand four hundred and ninety-nine (8,499) units and $263,983.22.
- Thirty (30) claims/encounters from the total universe of substance use disorder providers, stratified to review five (5) methadone dosing (H0020) claims, and remove claims from providers already reviewed in the CMHSP or Region-Wide samples for the remaining twenty-five (25) non-methadone dosing claims, per quarter.
    - One hundred twenty (120) claims/encounters reviewed in total for FY25;
    - Represented three hundred seventy (370) units and $19,003.91.
- Fifteen (15) claims/encounters for each of the top two hospital providers (by dollar volume), stratified to remove the top three hospitals from FY24 and one hospital new to the region for FY25, for a total of three hospitals, per quarter. Note that the new hospital did not have a full 15 claims for Q1, resulting in a lower number of inpatient claims reviewed for FY25 than previous years.
    - One hundred sixty-eight (168) claims reviewed in total for FY25;
    - Represented one thousand one hundred and ninety (1,190) units and $1,091,766.84.
- Thirty (30) claims for each of the top three CMHSP network providers (by dollar volume), stratified to remove the top three service providers from FY24, per quarter.
    - Three hundred sixty (360) claims reviewed in total for FY25;
    - Represented six thousand one hundred and fifty-six (6,156) units and $349,840.95.
- Thirty (30) claims for the top substance use disorder provider (by dollar volume), per quarter.
    - One hundred twenty (120) claims reviewed in total for FY25;
    - Represented one hundred sixty-six (166) units and $7,170.15.
- Sixty (60) claims/encounters from a region-wide universe, stratified to remove claims for services provided by any of the top three hospitals, any of the top three network providers, and any providers already pulled into the CMHSP samples, per quarter.
    - Two-hundred forty (240) claims/encounters reviewed in total for FY25;
    - Represented two thousand six hundred thirteen (2,613) units and $93,940.04.

Identified Deficiencies. Out of a total sample of one thousand nine hundred and sixty-eight (1,968) claims/encounters reviewed, one thousand eight hundred sixty-five (1,865) were verified to be a valid service reimbursable by Medicaid. The following is a summary of the deficiencies noted among the seven questions addressed in the review tool for the one hundred and three (103) invalid claims:

- Was the person eligible for Medicaid coverage on the date of service reviewed? **0 deficiencies**
- Is the provided service eligible for payment under Medicaid? **16 deficiencies** (These are claims for which Medicaid was secondary payor and the primary insurance was not billed prior to Medicaid.)
- Is there a current treatment plan on file which covers the date of service? **9 deficiencies** (This includes Treatment Plans deemed invalid due to no clinician signature at the time of the service and no Inpatient Master Treatment Plan.)
- Does the treatment plan contain a goal/objective/intervention for the service billed? **3 deficiencies**
- Is there documentation on file to support that the service was provided to the consumer? **27 deficiencies**
- Was the service provided by a qualified practitioner and falls within the scope of the code billed/paid? **0 deficiencies**
- Was the appropriate amount paid (contract rate or less)? **0 deficiencies**
- Other deficiencies noted:
    - Service documentation insufficient to support the claim/documentation does not address the Treatment Plan goals/objectives/interventions.
    - The start/stop times were inappropriately rounded on the claim submission.
    - No start/stop times documented for per unit services.
    - Service documentation not signed by the rendering provider or completed/signed prior to the end of the encounter (in violation of SWMBH policy).
    - No active authorization for the service (CMHSP rendered service).
    - Incorrect code billed.
    - Disallowed overlapping services.
    - Billing for an indirect service (such as the writing of a Periodic Review without any face-to-face service rendered to the customer).

Verification Process:

Medicaid Verification was facilitated through a remote desk audit for each sampled claim/encounter, consisting of a review of relevant documents maintained within the electronic medical record used by all participant CMHSPs as well as service documentation sent electronically (if not maintained in the customer electronic medical record). The remote desk audits were scheduled between January 2025 and December 2025. A standardized verification tool was developed and used by all reviewers for both claims and encounters. The questions on the review tool included the following:

1. Was the person eligible for Medicaid coverage on the date of service?
2. Is the code billed eligible for payment under Medicaid?
3. Was the service identified included in the beneficiary's individual plan of service/treatment plan?
4. Does the treatment plan contain a goal/objective/intervention for the service billed?
5. Is there documentation on file to support that the service was provided to the consumer?

6. Was the provider qualified to deliver the services provided?
7. Is the appropriate claim amount paid (contracted rate or less)?

The Medicaid Verification reviews were conducted by SWMBH's Chief Compliance Officer (or designee, and under the direction of SWMBH's Chief Compliance Officer).

Medicaid Eligibility Assurance:

In addition to the Medicaid verification methodology used above, SWMBH has developed an automated verification process and management exception reports for use in daily verification that all encounters reported to Medicaid capitated plans are checked against the monthly Medicaid Enrollment eligibility files received from MDHHS. SWMBH has a centralized data warehouse where all information is stored. These reports are available to each CMHSP for use. The reports verify each transaction against the eligibility file and return to the user a report which identifies those individuals that have services charged to Medicaid that either do not exist in the eligibility file or do not show current eligibility. These reports are then verified by the agency utilizing the report using the CHAMPS eligibility lookup to determine true eligibility or non-eligibility on the given date of service and corrected accordingly.

Description of Follow-up Activities and Improvements:

Over the course of Fiscal Year 2025, SWMBH reviewed the service documentation and claims processing procedures of each participant CMHSP to ensure that both the applicable delegated and non-delegated functions follow Medicaid regulations and SWMBH policies.

With regard to the deficiencies noted pertaining Coordination of Benefits (COB), SWMBH continues with CMHSPs and contracted/subcontracted providers to ensure understanding of the COB requirements. SWMBH has added additional non-MSV audits for FY25 to better monitor our provider network in this area.

Regarding deficiencies noted for Treatment Plans, there were continued issues with ensuring Treatment Plans were completed/signed by the clinician in a timely manner. SWMBH Clinical Quality and Program Integrity/Compliance are working with CMHSPs to ensure Treatment Plans are clinically appropriate, include the required goals/objectives/interventions for all authorized services, and are completed (signed by the primary clinician) per Person-Centered Planning requirements and SWMBH policy.

In addition to this Medicaid Services Verification Review, SWMBH performed a region wide annual comprehensive qualitative and administrative review process, designed to provide ongoing feedback to both participant CMHSPs and network providers.

SWMBH is committed to improving the effectiveness and efficiency of the PIHP accountabilities in Medicaid fraud and abuse prevention. In Fiscal Year 2026, SWMBH will continue a concerted focus to enhance regional data mining efforts and continue to monitor and educate providers on treatment plan requirements and timeliness, proper

recording of face-to-face service start and stop times, proper billing of actual face-to-face times without rounding, and Coordination of Benefits requirements.

Corrective Action and Follow-Up Process

Performance standards have been set based on the percentage of deficiencies identified which dictates the frequency of follow-up:

- Verification reviews with a score of greater than or equal to 90% – No corrective action plan is needed, and reviews will be performed annually. No follow-up is necessary.
- Verification reviews less than or equal to 89.9% – SWMBH will require the applicable agency to create a written corrective action plan within 30 days, which must be approved by the SWMBH Compliance Committee.

Given this year's findings, ongoing education and training will be provided with an emphasis on Coordination of Benefits, Treatment Plan requirements, and proper billing and documentation of face-to-face service time reporting. As a result of the anticipated staff training, efforts to continuously improve in this area will be ongoing. The Medicaid Verification findings are reported to the SWMBH Board of Directors and the Member Advisory Committee. The SWMBH Executive Officer, the Chief Compliance Officer, the SWMBH Corporate Compliance Oversight Committee and the SWMBH Leadership Team will also review the findings and identify any additional strategies needed to improve the findings. Given the overall compliance rate of 94.77% and given that all samples reviewed achieved a compliance rate greater than or equal to 90%, a formal CAP is not required and will not be submitted; however, SWMBH will continue the efforts described above in order to improve service claim processes congruous with Medicaid requirements.

The 103 claims/encounters identified as invalid represent a total of 923 units and resulted in payment adjustments totaling $39,736.16. Payment adjustments were communicated to the applicable agency via a recoupment ticket contained in the final audit report. Applicable agencies were advised of their appeal rights, and that once the appeal period had passed (30 days) the invalid claims would be reverted, and the funds recouped. When the claims are reverted and denied, the encounter that was previously submitted to MDHHS is voided.

SWMBH FY 2025 Program Integrity - Compliance Board Report
10/01/2024 – 09/30/2025

Date Prepared: 12/18/2025
Interim Compliance Officer: Alison Strasser

1. Compliance Allegations/Reports:

Issue Reported	#	Investigation Opened		Investigation Completed		Complaint Substantiated		Outcome
		Yes	No	Yes	No	Yes	No	
Internal Report: SUD Team reported inappropriate claim overlaps discovered during the site review of a contracted SUD provider.	2025-01	X		X		X		Claims recouped. Provider required to submit a CAP.
Internal Report: SUD Team reported payment of claims without an active (clinician signed) Treatment Plan discovered during the site review of a contracted SUD provider.	2025-02	X		X		X		Claims recouped. Provider re-educated on Treatment Plan requirements.
MDHHS OIG Referred: OIG data-mining uncovered historical claim encounters that were duplicated.	2025-03	X		X		X		Compliance worked with IT to void the inadvertently duplicated encounters in the data-warehouse. Education provided to CMHs on encounter voiding.
CMH Referred: Potential fraud referral of CMH employee also working as a Self-D CLS provider.	2025-04	X		X			X	Did not result in a fraud referral to the OIG. CMH handled the issue internally.
CMH Referred: CMH referral of network provider for potential fraud (services not rendered).	2025-05	X		X		X		Referred to MDHHS-OIG as potential fraud.
CMH Referred: CMH referral of network provider for potential fraud (services not rendered).	2025-06	X		X			X	Presented to MDHHS-OIG for potential referral. OIG/MFCU declined to take the case. CMH to handle internally.
Internal: Block Grant audit uncovered an SUD provider not withholding ATP amounts from SWMBH billing.	2025-07	X		X		X		Provider placed on three-month pre-payment review for all Block Grant customer claims.
MDHHS OIG Referred: CMH accused of reducing services to customers to pay employee bonuses	2025-08	X		X			X	Complaint unsubstantiated. SWMBH clinical and customer service involved in case (prior

								to OIG referring to SWMBH).
CMH Referred: Potential fraud referral of Self-D service provider.	2025-09	X		X			X	Unable to substantiate potential fraud. CMH to handle internally.
MDHHS OIG Referred: Customer of a CMH contacted OIG with concerns that services were being billed but not rendered.	2025-10	X		X			X	Complaint unsubstantiated. CCBHC customer saw CCBHC payments and was confused.
MDHHS OIG Referred: Referral of Self-D provider for potential fraud (services not rendered).	2025-11	X		X			X	Potential fraud not substantiated following claim/documentation review.
CMH Referred: Potential fraud referral of CMH case manager for services not rendered	2025-12	X		X			X	Presented to MDHHS-OIG for potential referral. OIG/MFCU declined to take the case. CMH to handle internally.
MDHHS OIG Referred: Concerns that a CMH had inappropriately diagnosed a child with Autism so the guardian could obtain additional benefits.	2025-13	X		X			X	Unable to substantiate complaint. Combined effort with SWMBH clinical and SWMBH BCBA.
CMH reported a network provider had been paid for enhanced staffing when the services did not have supporting documentation.	NA		X		X		X	Reported to SWMBH per policy, no additional action taken on SWMBH's part.
CMH reported a network provider misusing the group-size modifiers, resulting in overpayment.	NA		X		X		X	Reported to SWMBH per policy, no additional action taken on SWMBH's part.
CMH reported a network provider self-identified overpayment due to staff falsifying documentation.	NA		X		X		X	Reported to SWMBH per policy. Did not meet threshold for MDHHS-OIG fraud referral. CMH to handle internally and collect overpayment.
Internal Report: During routine auditing, it was discovered that an SUD provider was not completing Coordination of Benefits as required.	NA		X		X		X	Collected overpayment and reeducated provider on Coordination of Benefits requirements. Will continue to monitor via quarterly audits.

		Train & Educate		Audit & Monitor		Report & Evaluate			
CMH reported a potentially inappropriate Self-D arrangement (provider was the customer's DPOA)	NA		X		X		X	SWMBH reviewed information provided and consulted with the CMH on next steps. CMH to handle internally.
Total	**18**	**13**	**6**	**13**	**6**	**5**	**13**	

2. Privacy/Security Allegations/Reports

A total of twenty-seven (27) incidents were reported to the SWMBH Breach Team during Fiscal Year 2025. The Breach Team reviewed each incident and evaluated whether an exception applies under the law, and the probability of compromise to the Protected Health Information used or disclosed. Of the twenty-seven (27) incidents reviewed, NONE were determined to be reportable.

3. Planned Audits

Audit	# Services/Claims Reviewed	Result/Progress	Recoupments
Medicaid Verification			
Quarter 1	480	Complete	27 recoupments ($16,168.93)
Quarter 2	498	Complete	28 recoupments ($4,370.32)
Quarter 3	495	Complete	21 recoupments ($5,691.59)
Quarter 4	495	Pending Appeal Period	26 recoupments ($13,739.47)
SUD Block Grant Claims			
Quarter 1	90	Complete	5 recoupments ($516.00)
Quarter 2	90	Complete	2 recoupments ($156.67)
Quarter 3	90	Complete	7 recoupments ($1,029.37)
Quarter 4	60	Pending Appeal Period	8 recoupments ($817.60)
SUD Coordination of Benefits			
Quarter 1	30	Complete	0 recoupments
Quarter 2	30	Complete	0 recoupments
Quarter 3	30	Complete	0 recoupments
Quarter 4	30	In Process	

Southwest Michigan Behavioral Health
CORPORATE COMPLIANCE PLAN

Approved by SWMBH Board of Directors
10/10/2025

Alison Strasser
Interim SWMBH Compliance Officer

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ORGANIZATIONAL STRUCTURE

Southwest Michigan Behavioral Health (SWMBH) serves as both the Medicaid Prepaid Inpatient Health Plan (PIHP) and Coordinating Agency (effective no later than 10/1/14) for the following eight county region:

Barry County:	Barry County Community Mental Health Authority;
Berrien County:	Berrien Mental Health Authority d/b/a Riverwood Center;
Branch County:	Branch County Community Mental Health Authority, d/b/a Pines Behavioral Health Services;
Calhoun County:	Calhoun County Community Mental Health Authority, d/b/a Summit Pointe;
Cass County:	Cass County Community Mental Health Authority d/b/a Woodlands Behavioral Healthcare Network;
Kalamazoo County:	Kalamazoo County Community Mental Health Authority d/b/a Integrated Services of Kalamazoo;
St. Joseph County:	St. Joseph County Community Mental Health Authority d/b/a Pivotal;
Van Buren County:	Van Buren Community Mental Health Authority

The Participant community mental health authorities have elected to configure SWMBH under the Michigan Mental Health Code Section 3301.1204b.

- **SWMBH as the PIHP**
  SWMBH serves as the Medicaid Prepaid Inpatient Health Plan (PIHP) for the region with authority and accountability for operations and fulfillment of applicable federal and state statutory, regulatory and contractual obligations related to the applicable waiver(s) and MDHHS contract(s). The role of SWMBH as the PIHP is defined in federal statute, specifically 42 CFR 438 and the MDHHS/PIHP Contract.

  SWMBH is the contracting entity for Medicaid contracts with MDHHS. Contracts include Medicaid 1115 Demonstration Waiver, 1915(c)/(i) Specialty Supports and Services, the Healthy Michigan Program, the Flint 1115 Waiver, Substance Use Disorder Community Grant Programs, and/or other(s).

- **SWMBH as the Coordinating Agency**
  Beyond a Medicaid role, SWMBH also serves as the Coordinating Agency (CA) for member counties with authority and accountability for operations and fulfillment of applicable federal and state statutory, regulatory and contractual obligations related to that role and its contracts. SWMBH, as a designated CA, manages SAPT Block Grant funds, other federal/state non-Medicaid SUD funds, and PA2 liquor tax funds.

SWMBH: MISSION, VISION AND VALUES

Philosophy:
"Excellence through Partnership."

Mission:
*"SWMBH strives to be Michigan's pre-eminent benefits manager and integrative healthcare partner, assuring regional health status improvements, quality, value, trust, and CMHSP participant success.***"**

The MISSION of SWMBH is to provide a community-based, integrated specialty care system for individuals and families with mental health, developmental disabilities, and substance abuse needs that empowers people to succeed. We ensure all persons receiving our services have access to the highest quality care available.

Vision:
"An optimal quality of life in the community for everyone."

The Vision of SWMBH is to ensure persons with specialty care needs reside in their own community, have a quality and healthy lifestyle, and are fully accepted.

Values:
- Customer Driven
- Person-Centered
- Recovery Oriented
- Evidenced-Based
- Integrated Care
- Trust
- Integrity
- Transparency
- Inclusive
- Accessibility
- Acceptability
- Impact
- Value
- Culturally Competent & Diverse Workforce
- High Quality Services
- Regulatory Compliance

OVERVIEW

This Corporate Compliance Plan documents SWMBH's approach to assuring that federal and state regulatory and contractual obligations related to compliance of the Prepaid Inpatient Health Plan (PIHP) are fulfilled.

The SWMBH Corporate Compliance Plan addresses SWMBH's regulatory compliance obligations as a Prepaid Inpatient Health Plan (PIHP) and how, where it has obligations, it will oversee the PIHP functions it delegates to the Participant Community Mental Health Service Providers (CMHSP). SWMBH's Corporate Compliance Program is designed to further SWMBH's commitment to comply with applicable laws, promote quality performance throughout the SWMBH region, and maintain a working environment for all SWMBH personnel that promotes honesty, integrity and high ethical standards. SWMBH's Corporate Compliance Program is an integral part of SWMBH's mission, and all SWMBH personnel, Participant CMHSPs and contracted and sub-contracted Providers are expected to support the Corporate Compliance Program. SWMBH's Compliance Plan is comprised of the following principal elements as outlined in the Federal Sentencing Guidelines:

1) The development and distribution of written standards of conduct, as well as written policies and procedures, that promote SWMBH's commitment to compliance and that address specific areas of potential fraud;
2) The designation of a Chief Compliance Officer and other appropriate bodies, (e.g., a Corporate Compliance Committee), charged with the responsibility and authority of operating and monitoring the compliance program;
3) The development and implementation of regular, effective education and training programs for all affected employees;
4) The development of effective lines of communication between the Chief Compliance Officer and all employees, including a hotline to receive complaints and the adoption of procedures to protect the anonymity of complainants and to protect callers from retaliation;
5) The use of audits or other risk evaluation techniques to monitor compliance and assist in the reduction of identified problem areas within delivered services, claims processing and managed care functions;
6) The development of disciplinary mechanisms to consistently enforce standards and the development of policies addressing dealings with sanctioned and other specified individuals; and
7) The development of policies to respond to detected offenses, to initiate corrective action to prevent similar offenses, and to report to Government authorities when appropriate.

SWMBH's Corporate Compliance Program is committed to the following:

- Minimizing organizational risk and improving compliance with the service provision, documentation, and billing requirements of Medicaid and other SWMBH-managed funding streams;

- Maintaining adequate internal controls throughout the region and provider network;
- Encouraging the highest level of ethical and legal behavior from all employees and providers;
- Educating employees, contract providers, board members, and stakeholders on their responsibilities and obligations to comply with applicable local, state, and federal laws; and
- Providing oversight and monitoring functions.

There are numerous laws that affect the regulatory compliance of SWMBH and its provider network; however, in formalizing the PIHP's compliance program, the legal basis of the SWMBH compliance program centers around four key laws and statutes:

- **The Affordable Care Act** (2010) This Act requires the PIHP to have a written and operable compliance program capable of preventing, identifying, reporting, and ameliorating fraud, waste and abuse across the PIHP's provider network. All programs funded by the PIHP including CMHSPs, sub-contracted provider organizations and practitioners, board members and others involved in rendering PIHP covered services fall under the purview and scope of SWMBH's compliance program.
- **The Federal False Claims Act** This Act applies when a company or person knowingly presents (or causes to be presented) to the Federal government (or any entity on its behalf) a false or fraudulent claim for payment; knowingly uses (or causes to be used) a false record or statement to get a claim paid; conspires with others to get a false or fraudulent claim paid; or knowingly uses (or causes to be used) a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the Federal government (or its designated entity).
- **The Michigan False Claims Act** This Act prohibits fraud in the obtaining of benefits or payments in conjunction with the MI Medical assistance program; prohibits kickbacks or bribes in connection with the program; prohibits conspiracies in obtaining benefits or payments; and authorizes the MI Attorney General to investigate alleged violations of this Act.
- **The Anti-Kickback Statute** This Act prohibits the offer, solicitation, payment or receipt of remuneration, in cash or in kind, in return for or to induce a referral for any service paid for or supported by the Federal government or for any good or service paid for in connection with consumer service delivery.

There are numerous Federal and State regulations that affect the SWMBH compliance program. Some of these laws not referenced above include but are not limited to:

- The Medicaid Managed Care Final Rules (42 CFR Part 438)
- The Deficit Reduction Act of 2005
- Social Security Act of 1964 (Medicare & Medicaid)

- Privacy and Security requirements of the Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH)
- 42 CFR Part 2 Confidentiality of Alcohol and Drug Abuse Patient Records
- Code of Federal Regulations
- Letters to State Medicaid Directors
- The MI Medicaid False Claims Act (Current through amendments made by Public Act 421 of 2008, effective 1/6/2009)
- Michigan Whistleblowers Act, Act 469 of 1980
- Michigan Mental Health Code and Administrative Rules
- Medical Services Administration (MSA) Policy Bulletins
- State Operations Manual
- State of Michigan PIHP contract provisions
- Provisions from Public Act 368 of 1978 – revised – Article 6 Substance Abuse
- Michigan State Licensing requirements
- Michigan Medical Records Act
- Civil Monetary Penalty Law of 1981
- American with Disabilities Act of 1990

The SWMBH Compliance Plan is subject to the following conditions:

A. SWMBH's Chief Compliance Officer (CCO) may recommend modifications, amendments or alterations to the written Corporate Compliance Plan as necessary and will communicate any changes promptly to all personnel and to the Board of Directors.
B. This document is not intended to, nor should it be construed as, a contract or agreement and does not grant any individual or entity employment or contract rights.

APPLICATION OF COMPLIANCE PLAN

SWMBH is a regional PIHP and as such, this Plan is intended to address SWMBH's function as a PIHP. It is the intent of SWMBH that the scope of all its compliance policies and procedures should promote integrity, support objectivity and foster trust throughout the service region. This Plan applies to all SWMBH operational activities and administrative actions and includes those activities that come within federal and state regulations relating to PIHPs. SWMBH personnel are subject to the requirements of this plan as a condition of employment. All SWMBH personnel are required to fulfill their duties in accordance with SWMBH's Compliance Plan, human resources and operational policies, and to promote and protect the integrity of SWMBH. Failure to do so by SWMBH personnel will result in discipline, up to and including termination of employment depending on the egregiousness of the offense. Disciplinary action may also be taken against a supervisory employee who directs or approves an employee's improper conduct, is aware of the improper conduct and does not act appropriately to correct it, or who fails to properly exercise appropriate supervision over an employee.

SWMBH directly and indirectly, through its Participant CMHSPs, contracts services for adults and children with mental illness, developmental disabilities, and co-occurring mental health and substance abuse disorders within its eight counties (Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, Saint Joseph, and Van Buren counties).

The PIHP Compliance Plan applies to all contracted and subcontracted providers receiving payment through SWMBH and/or through the PIHP managed care functions. All Participant CMHSPs and contracted and subcontracted providers, including their officers, employees, servants and agents, are subject to the requirements of this Plan as applicable to them and as stated within the applicable contracts. Failure to follow the SWMBH Compliance Plan and cooperate with the compliance program will result in remediation effort attempts and/or contract action, if needed. SWMBH has the responsibility of regulating, overseeing and monitoring the Medicaid processes of business conducted throughout its service area. SWMBH also has the responsibility to support business practices conducted with integrity and in compliance with the requirements of applicable laws and sound business practices.

The SWMBH Corporate Compliance Plan standards and policies included or referenced herein are not exhaustive or all inclusive. All SWMBH personnel, Participant CMHSPs and providers are required to comply with all applicable laws, rules and regulations including those that are not specifically addressed in the Corporate Compliance Plan.

DEFINITIONS AND TERMS

- Compliance investigation: the observation or study of suspected fraud, abuse, waste, or reported violations of applicable laws and regulations for all SWMBH-administered funding streams by close examination and systematic inquiry.
- Abuse: means provider practices that are inconsistent with sound fiscal, business, or clinical practices, and result in an unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards of care. It also includes beneficiary practices that result in unnecessary cost to the Medicaid program. (42 CFR § 455.2)
- Fraud (Federal False Claims Act): means an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable Federal or State law including but not limited to the Federal False Claims Act and the Michigan False Claims Act. (42 CFR § 455.2)
- Fraud (MI Medicaid False Claims Act): Michigan law permits a finding of Medicaid fraud based upon "constructive knowledge." This means that if the course of conduct reflects a systematic or persistent tendency to cause inaccuracies" then it may be fraud, rather than simply a good faith error or mistake. (Public Act 421 of 2008, effective 1/6/2009)
- Waste: means overutilization of services, or other practices that result in unnecessary costs. Generally not considered caused by criminally negligent actions but rather the misuse of resources.

- Participant CMHSPs**:** Participant CMHSPs hold a subcontract with SWMBH to provide supports and services to adults and children with mental illness, developmental disabilities, and co-occurring mental health and substance abuse disorders to Plan Members and to perform various delegated managed care functions consistent with SWMBH policy. "Participant CMHSPs" includes the agency itself as well as those acting on its behalf, regardless of the employment or contractual relationship.
- Contracted Providers: substance abuse and other Providers throughout the SWMBH region with which SWMBH directly holds a contract to provide Medicaid covered mental health and substance abuse services.
- Subcontracted Providers: various Providers throughout the SWMBH region that contract directly with one or more of the Participant CMHSPs to provide covered mental health and substance abuse services.

SECTION I - CODE OF CONDUCT

- SWMBH Personnel and Board of Directors Code of Conduct

  In order to safeguard the ethical and legal standards of conduct, SWMBH will enforce policies and procedures that address behaviors and activities within the work setting, including but not limited to the following:

  1) Confidentiality: SWMBH is committed to protecting the privacy of its consumers. Board members and SWMBH personnel are to comply with the Michigan Mental Health Code, Section 330.1748, 42 CFR Part 2 relative to substance abuse services, and all other privacy laws as specified under the Confidentiality section of this document.
  2) Harassment: SWMBH is committed to an environment free of harassment for Board members and SWMBH personnel. SWMBH will not tolerate harassment based on sex, race, color, religion, national origin, citizenship, chronological age, sexual orientation, or any other condition, which adversely affects their work environment. SWMBH has a strict non-retaliation policy prohibiting retaliation against anyone reporting suspected or known compliance violations.
  3) Conflict of Interest: SWMBH Board members and personnel will avoid any action that conflicts with the interest of the organization. All Board members and personnel must disclose any potential conflict of interest situations that may arise or exist. SWMBH will maintain standards establishing a clear separation of any supplemental employment in terms of private practice and outside employment from activities performed for SWMBH.
  4) Reporting Suspected Fraud: SWMBH Board members and personnel must report any suspected or actual "fraud, abuse or waste" (consistent with the

definitions as set forth in this Plan) of any SWMBH funds to the organization.

5) Culture: SWMBH Board members, Executive Officer and management personnel will establish at SWMBH, and encourage throughout its region, cultures that promote prevention, detection, and resolution of instances of misconduct in order to conform to applicable laws and regulations. SWMBH will assist Participant CMHSPs, contracted and subcontracted providers in adopting practices that promote compliance with Medicaid fraud, abuse and waste program requirements. The SWMBH Compliance Plan and program will be enforced consistently.
6) Delegation of Authority: SWMBH Board members, Executive Officer and management personnel will use due care not to delegate substantial discretionary authority to individuals whom they know, or should have known through due diligence, have a propensity to engage in illegal activities.
7) Excluded Individuals: SWMBH will perform, or cause to be performed, criminal records checks on potential SWMBH personnel, and shall avoid placing untrustworthy or unreliable employees in key positions. In addition, SWMBH will consult the OIG Cumulative Sanctions List, the System for Award Management, and the Michigan Department of Health and Human Services List of Sanctioned Providers to determine whether any current or prospective SWMBH Board members or personnel have been excluded from participation in federal health care programs.
8) SWMBH Board members and SWMBH personnel are expected to participate in compliance training and education programs.
9) SWMBH Board members and SWMBH personnel are expected to cooperate fully in any investigation.
10) Reporting: All SWMBH Board members and SWMBH personnel have the responsibility of ensuring the effectiveness of the organization's Compliance Program efforts by actively participating in the reporting of suspected violations of the Compliance Plan or policies, and the standards stated in this Code of Conduct.
11) Gifts From Consumers/Members: SWMBH personnel are prohibited from soliciting tips, personal gratuities or gifts from members or member families. Additionally, SWMBH personnel are prohibited from accepting gifts or gratuities of more than nominal value. SWMBH generally defines "nominal" value as $25.00 per gift or less. If a member or other individual wishes to present a monetary gift of more than nominal value, he or she should be referred to the Executive Officer.
12) Gifts Influencing Decision-Making: SWMBH personnel will not accept from anyone gifts, favors, services, entertainment or other things of value to the extent that decision-making or actions affecting SWMBH might be influenced. Similarly, the offer or giving of money, services or other things of value with the expectation of influencing the judgment or decision-making process of any purchaser, supplier, customer/member, government official or other person by any SWMBH personnel or

SWMBH is absolutely prohibited. Any such conduct should be reported immediately to the CCO, or through the SWMBH corporate compliance hotline at (800) 783-0914.

13) Gifts from Existing Vendors: SWMBH personnel may accept gifts from vendors, suppliers, contractors or other persons that have nominal values as defined in SWMBH financial and compliance policies. SWMBH expects SWMBH personnel to exercise good judgment and discretion in accepting gifts. If any SWMBH personnel have any concerns regarding whether a gift should be accepted, the person should consult with his or her supervisor. SWMBH personnel will not accept excessive gifts, meals, expensive entertainment or other offers of goods or services, which has a more than a nominal value as defined in SWMBH financial and compliance policies.
14) Vendor Sponsored Entertainment: At a vendor's invitation, SWMBH personnel may accept meals or refreshments of nominal value at the vendor's expense. Occasional attendance at local theater or sporting events, or similar activity at a vendor's expense may also be accepted provided that a business representative of the vendor attends with SWMBH personnel. Such activities are to be reported to the Chief Compliance Officer by SWMBH personnel.
15) Purchasing and Supplies: It is the policy of SWMBH to 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 subcontractor and supplier arrangements will be managed in a fair and reasonable manner, consistent with all applicable laws and good business practices. Subcontractors, suppliers, and vendors will be selected based on objective criteria including quality, technical excellence, price, delivery, and adherence to schedules, services and maintenance of adequate sources of supply. Purchasing decisions will be made on the supplier's ability to meet needs and not on personal relationships or friendships. SWMBH will always employ the highest ethical standards in business practices in source selection, negotiation, determination of contract awards, and the administration of purchasing activities.
16) Marketing: Marketing and advertising practices are defined as those activities used by SWMBH to educate the public, provide information to the community, increase awareness of services, and recruit employees or contractual providers. SWMBH will present only truthful, fully informative and non-deceptive information in any materials or announcements. All marketing materials will reflect available services.

    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 and Medicaid programs. Therefore, all direct- to-consumer marketing activities require advance review by the Compliance Committee or designee if the activity involves giving anything of value directly to a consumer.

17) Financial Reporting: SWMBH shall ensure the integrity of all financial transactions. Transactions shall be executed in accordance with established policies and procedures and with federal and state law and shall be recorded in conformity with generally accepted accounting principles or any other applicable criteria.

    All financial reports, accounting records, research reports, expense accounts, time sheets and other documents will accurately and clearly represent the relevant facts or the true nature of a transaction. No undisclosed or unrecorded funds or assets will be established for any purpose.

    SWMBH will not tolerate improper or fraudulent accounting, documentation, or financial reporting. SWMBH personnel have a duty to make reasonable inquiry into the validity of financial information reporting. In addition to employee discipline and termination, SWMBH may terminate the contractual arrangement involving any contracted provider due to fraudulent accounting, documentation, or financial reporting.

    SWMBH shall develop internal controls and obtain an annual independent audit of financial records; shall ensure that reimbursement for services billed is accurate, appropriate, and based on complete documentation; and shall maintain accountability of assets.

18) Third Party Billing and Governmental Payers: SWMBH is committed to truthful billing that is supported by complete and accurate documentation. SWMBH personnel may not misrepresent charges to, or on behalf of, a consumer or payer.

    SWMBH must comply with all payment requirements for government-sponsored programs. All SWMBH personnel must exercise care in any written or oral statement made to any government agency. *SWMBH will not tolerate false statements by SWMBH personnel to a governmental agency.* Deliberate misstatements to governmental agencies or to other payers will expose the individual to potential criminal penalties and termination.

19) Responding to Government Investigations: SWMBH will fully comply with the law and cooperate with any reasonable demand made in a governmental investigation as outlined and specified in the SWMBH Compliance and Program Integrity Operating Policy 19.9, *Response To Government Investigations*. SWMBH personnel may not conceal, destroy,

or alter any documents, lie or make misleading statements to governmental representatives. SWMBH personnel may not aid in any attempt to provide inaccurate or misleading information or obstruct, mislead, or delay the communication of information or records relating to a possible violation of the law.

It is crucial that the legal rights of SWMBH personnel and SWMBH are protected. If any SWMBH personnel receives an inquiry, a subpoena, or other legal documents requiring information about SWMBH business or operation, whether at home or in the workplace, from any government agency, SWMBH requests that the person notify SWMBH's Executive Officer or the Chief Compliance Officer immediately.

SWMBH will distribute the Code of Conduct to all SWMBH personnel upon hire who shall certify in writing that they have received, read, and will abide by the organization's Code of Conduct. In addition to the Code of Conduct, all SWMBH personnel will be familiar with and agree to abide by all SWMBH operational and human resources policies and procedures as well as the employee handbook. All operational and human resources policies and procedures and the employee handbook are available to SWMBH personnel through the SWMBH intranet and the shared drive.

- Participant CMHSP and Contracted and Subcontracted Provider Relationships

  It is the policy of SWMBH to ensure that all direct and subcontracted provider contractual arrangements are structured in accordance with federal and state laws and regulations and are in the best interest of the organization and the consumers we serve. In order to ethically and legally meet all standards, SWMBH will strictly adhere to the following:

  1) SWMBH does not receive or provide any inducement for referrals. Consumer referrals and intakes will be accepted based on the consumer's needs, eligibility, and SWMBH's ability to provide the services needed.
  2) No employee, Participant CMHSP, or contracted or subcontracted provider, or any other person 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.
  3) SWMBH does 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 state and federal health care program beneficiaries.
  4) SWMBH 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. SWMBH will consult the National Practitioner Data

Bank and the OIG Cumulative Sanctions List to determine whether any current or prospective Participant CMHSPs or contracted or subcontracted Providers have been excluded from participation in federal health care programs.

5) All Participant CMHSP, contracted and subcontracted provider personnel have the responsibility of ensuring the effectiveness of SWMBH's Compliance Program efforts by actively participating in the reporting of suspected violations of the Compliance Plan or policies, and the standards stated in this Code of Conduct consistent with SWMBH compliance policies.

Participant CMHSPs and contracted and subcontracted providers will be required to comply with the SWMBH Code of Conduct or provide evidence of a sufficient Code of Conduct of their own. If complying with the SWMBH Code of Conduct, Participant CMHSPs and contractual providers will receive a copy of the Code of Conduct at the time of the initial contract and will be required to certify in writing that they have received, read, and will abide by SWMBH's Code of Conduct for inclusion in the contractor file. Participant CMHSPs and contracted or subcontracted providers having developed their own Code of Conduct will be required to provide evidence of such for inclusion in the contractor file. Participant CMHSPs and contracted and subcontracted providers will be familiar with and agree to abide by the SWMBH Compliance Plan and all applicable policies and procedures as incorporated into relevant contracts. All policies and procedures are available to the Participant CMHSPs, contracted, and subcontracted providers via the SWMBH Internet Website at www.swmbh.org. Participant CMHSPs and contracted and subcontracted providers are responsible for monitoring and staying informed of regulatory developments independent of SWMBH Compliance Program efforts.

- All SWMBH personnel, Participant CMHSPs, contracted and subcontracted providers will refrain from conduct that may violate the Medicare and Medicaid anti-kickback, false claims or physician self-referral laws and regulations. A false claim includes the following: billing for services not rendered; misrepresenting services actually rendered; falsely certifying that certain services were medically necessary; or submitting a claim for payment that is inconsistent with or contrary to Medicaid payment requirements. In general, these laws prohibit:

  - Submission of false, fraudulent or misleading claims for payment, the knowing use of a false record or statement to obtain payment on false or fraudulent claims paid by the United States government, or the conspiracy to defraud the United States government by getting a false or fraudulent claim allowed or paid. If the claims submitted are knowingly false or fraudulent then the False Claims Act has been violated;
  - Knowingly and willfully making false representation to any person or entity in order to gain or retain participation in the Medicaid program or to obtain payment for any service from the United States government;

- A physician (or immediate family member of the physician) who has a financial relationship with an entity from referring a Medicaid patient to the entity for the provision of certain "designated health services" unless an exception applies; or an entity from billing an individual, third party payer, or other entity for any designated health services provided pursuant to a prohibited referral; and
- Knowingly and willfully making or causing to be made any false statement or representation of a material fact in any application (claim) for benefits or payments under a Federal health care program.

SECTION II - CHIEF COMPLIANCE OFFICER AND COMPLIANCE COMMITTEES

SWMBH EO will designate a Chief Compliance Officer (CCO). The CCO must be an individual who does not operate as the Chief Executive Officer, the Chief Financial Officer, or the Chief Operating Officer. The CCO reports directly to the SWMBH EO and has direct access to the SWMBH Board of Directors, and who will be given sufficient authority to oversee and monitor the Compliance Plan, including but not limited to the following:

- Recommending revisions/updates to the Compliance Plan, policies, and procedures to reflect organizational, regulatory, contractual and statutory changes.
- Reporting on a regular basis the status of the implementation of the Compliance Plan and related compliance activities.
- Assuring and/or coordinating compliance training and education efforts for SWMBH personnel, Participant CMHSPs and contracted and subcontracted providers.
- Assuring continuing analysis, technical expertise and knowledge transmission of corporate compliance requirements and prepaid health plan performance in keeping with evolving federal requirements and MDHHS contractual obligations and standards.
- Coordinating internal audits and monitoring activities outlined in the compliance work plan.
- Performing, or causing to be performed, risk assessments, verification audits, and on-site monitoring consistent with the approved annual PIHP compliance work plan(s) intended to reduce the risk of criminal conduct at SWMBH, Participant CMHSPs, contracted and subcontracted providers.
- Ensure coordinating efforts with Human Resources, Provider Network Management, and other relevant departments regarding employee certifications/licensures, background checks, and privileging and credentialing.
- Developing and modifying policy and programs that encourage the reporting of suspected fraud and other potential problems without fear of retaliation.
- Independently investigating and acting on matters related to compliance.
- Drafting and maintaining SWMBH Board and executive reports including annual Compliance Program Evaluation and bi-annual Board compliance reports.

The authority given the CCO will include the ability to review all SWMBH, Participant CMHSP, contracted and subcontracted provider Medicaid and any other SWMBH-

managed funding streams documents and other information relevant to compliance activities, including, but not limited to, consumer records, billing records, employee records and contracts and obligations of SWMBH, consistent with applicable contract provisions.

SWMBH maintains and charters a Corporate Compliance Committee that oversees the implementation and operation of the SWMBH Compliance Plan. The Corporate Compliance Committee reviews reports and recommendations made by the SWMBH CCO regarding compliance activities. This includes data regarding compliance generated through audits, monitoring, and individual reporting. Based on these reports, the Chief Compliance Officer will make recommendations to the Executive Officer regarding the efficiency of the SWMBH Compliance Plan and program**.** The Corporate Compliance Committee will be chaired by the CCO and will consist of members appointed by the EO of SWMBH, which can include:

- Executive Officer (EO) of SWMBH or his/her designee;
- Chief Compliance Officer/Privacy Officer;
- Chief Information Officer;
- Member Services Coordinator;
- Director of Performance Improvement Program;
- Directors of Clinical functional areas;
- Chief Administrative Officer;
- Provider Network Manager;
- Chief Financial Officer; and
- Participant CMHSP CEO

Specific responsibilities of the Corporate Compliance Committee include:

- Regularly reviewing compliance program policies to ensure they adequately address legal requirements and address identified risk areas;
- Assisting the CCO with developing standards of conduct and policies and procedures to promote compliance with the Compliance Plan;
- Analyzing the effectiveness of compliance education and training programs;
- Reviewing the compliance log for adequate and timely resolution of issues and/or inquiries;
- Assisting the CCO in identifying potential risk areas, advising and assisting the CCO with compliance initiatives, identifying areas of potential violations, and recommending periodic monitoring/audit programs;
- Assisting in the development of policies to address the remediation of identified problems;
- Receiving, interpreting, and acting upon reports and recommendations from the CCO;
- Evaluating the overall performance of the Compliance Program and making recommendations accordingly; and
- Providing a forum for the discussion of ethical issues related to entity business functions.

The SWMBH Board Regulatory Compliance Committee exercises oversight of the SWMBH compliance program and its compliance with the requirements of the MDHHS-SWMBH Master Contract. The SWMBH Chief Compliance Officer serves as the committee chair, organizer and facilitator. The committee consists of three (3) Board Members appointed by SWMBH's Board Chair.

Specific responsibilities of the Board Regulatory Committee include:

- Facilitating open communications between the SWMBH Chief Compliance Officer and the SWMBH Board of Directors;
- Reviewing and discussing the Compliance Plan and strategy in the interest of facilitating open dialogue as to its implementation and suggesting modifications as necessary;
- Reviewing ongoing SWMBH Program Integrity & Compliance activities as part of the Board's direct inspection monitoring responsibilities;
- Offering insight and perspective to support and improve the SWMBH compliance program goals and initiatives.

SECTION III - COMPLIANCE TRAINING AND EDUCATION

Proper and continuous training and education of SWMBH personnel at all levels is a significant element of an effective compliance program. Therefore, SWMBH will establish a regular training program consistent with applicable compliance policies that covers the provisions of the Code of Conduct, as well as the processes for obtaining advice and reporting misconduct. Training is provided upon hire for new employees; annual and periodic retraining is provided to existing SWMBH personnel and, as applicable, independent contractors.

SWMBH Board members and personnel will be scheduled to receive SWMBH's compliance program training on the Compliance Plan and Code of Conduct at orientation or within thirty (30) days of employment. Tailored training may be required for employees involved in specific areas of risk and the CCO will coordinate and schedule this as needed and will supplement with training and/or newsletters, e-mails and in- services. Records will be maintained on all formal training and educational activities. Training is considered a condition of employment and failure to comply will result in appropriate disciplinary action.

Upon employment, all SWMBH personnel will be provided a written copy of the Plan; staff signature (Compliance Certification Form Attachment A) acknowledges that the staff received:

- Corporate Compliance Orientation
- A copy of the Code of Conduct
- A copy of the SWMBH Corporate Compliance Plan

The Compliance Certification Forms will be maintained in the Program Integrity and Compliance Office. Modifications to the Plan will be distributed to all personnel after revisions have been approved by the SWMBH Compliance Committee and accepted by the Board of Directors.

A copy of the Plan will be kept on file by the CCO and maintained at SWMBH's corporate office. The SWMBH Corporate Compliance Plan can also be accessed on the shared drive of SWMBH's network, and on the SWMBH Internet Website at www.swmbh.org.

- Initial training: The Chief Compliance Officer shall ensure the scheduling and documentation of initial trainings for all SWMBH personnel regarding SWMBH's Corporate Compliance Plan. Training sessions may include, but are not limited to, face-to-face educational presentations or videos. Subsequent compliance instruction will occur annually.

- Continuing Education: The CCO shall review and circulate periodic information to the Corporate Compliance Committee regarding any health care fraud issues as received from the Office of Inspector General (OIG), the Department of Health and Human Services (DHHS), and other updated compliance materials. The CCO shall ensure current mandates are instituted in both initial and refresher

education/training that will assist in answering personnel questions related to modifications in either federal or state edicts. Continued compliance training will be documented in electronic format. These training sessions are obligatory, personnel initiated or instituted upon request of the supervisor. Failure to participate in mandatory training session(s) will result in verbal/written reprimand, suspension, or termination of employment as deemed appropriate by SWMBH's EO. The CCO will be available to all personnel to answer questions regarding modifications of governmental guidelines.

- Regulations: It is the responsibility of SWMBH personnel to maintain job specific certifications and/or licensing requirements, proficiencies, and competencies set forth by the State of Michigan licensing body.

  Training and educational opportunities related to compliance may be made available by SWMBH to Participant CMHSPs, contracted and subcontracted provider staff, as well as consumers and others as appropriate. Participant CMHSPs, contracted and subcontracted providers are expected to provide the following minimum compliance training annually to all staff and agents working on their behalf:
  - Establish and review policies and procedures that provide detailed information about the Federal False Claims Act;
  - Establish and review policies and procedures that provide detailed information about the MI State False Claims Act;
  - Review administrative, civil and criminal remedies for false claims and statements under both the Federal and State False Claims Act;
  - Establish and review agency policies/procedures relating to prevention of fraud, waste and abuse; and
  - Establish and review agency policies and procedures relating to whistleblower provisions and non-retaliation protections.

  SWMBH reserves the right to review all compliance related training materials used by Participant CMHSPs covering the elements noted above in order to ensure compliance with contractual requirements.

SECTION IV - COMPLIANCE REPORTING AND ONGOING COMMUNICATION

All SWMBH Board members and personnel must be familiar with applicable federal and state laws and regulations as well as SWMBH policies and procedures. Any SWMBH Board member and personnel that know, or has reason to believe, that an employee of, or independent professional providing services to, SWMBH is not acting in compliance with federal and state laws and regulations should report such matters to the CCO consistent with the applicable compliance policy. Reporting of suspected violations may be accomplished through a verbal, written, or anonymous report using the following mechanisms:

- SWMBH Telephone Hot Line – Suspected compliance violations or questions can be made to a toll-free hot line. The number is (800) 783-0914 and includes confidential voice mail.
- SWMBH Electronic Mail (E-Mail) – Suspected compliance violations or questions can be sent electronically via e-mail to the alison.strasser@swmbh.org or swmbhcompliance@swmbh.org.
- Mail Delivery – Suspected compliance violations or questions can be mailed to:
  Southwest Michigan Behavioral Health
  Attn: Chief Compliance Officer
  5250 Lovers Lane, Suite 200
  Portage, MI 49002
- In Person - Suspected compliance violations or questions can be made in person to SWMBH's CCO at the above address.

Whistleblower Protections for SWMBH Personnel

Employees who make good faith reports of violations of federal or state law are protected by state and federal whistleblower statutes, as more fully described below.

Under the *Federal False Claims Act* and the *Michigan Medicaid False Claims Act*, employees who report violations in good faith are entitled to protection from disciplinary actions taken by their employer.

The *Federal False Claims Act*, 31 USC §§3729 through 3731, provides for administrative remedies, encourages enactment of parallel State laws pertaining to civil and criminal penalties for false claims and statements, and provides "whistle-blower" protection for those making good faith reports of statutory violations.

Under the *Michigan Medicaid False Claims Act*, an employer shall not discharge, demote, suspend, threaten, harass, or otherwise discriminate against an employee in the terms and conditions of employment because the employee initiates, assists in, or participates in a proceeding or court action under this act or because the employee cooperates with or assists in an investigation under this act. This prohibition does not apply to an employment action against an employee who the court finds: (i) brought
a frivolous claim, as defined in section 2591 of the revised judicature act of 1961, 1961 PA 236, MCL §600.2591; or, (ii) planned, initiated, or participated in the conduct upon

which the action is brought; or, (iii) is convicted of criminal conduct arising from a violation of that act.

An employer who takes action against an employee in violation of the *Michigan Medicaid False Claims Act* is liable to the employee for all of the following:
1. Reinstatement to the employee's position without loss of seniority;
2. Two times the amount of lost back pay;
3. Interest on the back pay;
4, Compensation for any special damages; and,
5. Any other relief necessary to make the employee whole.

Under the *Federal False Claims Act*, any employee who is discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in the terms and conditions of employment by his or her employer because of lawful acts done by the employee on behalf of the employee or others in furtherance of an action under this section, including investigation for, initiation of, testimony for, or assistance in an action filed or to be filed under this section, shall be entitled to all relief necessary to make the employee whole. Such relief shall include reinstatement with the same seniority status such employee would have had but for the discrimination, 2 times the amount of back pay, interest on the back pay, and compensation for any special damages sustained as a result of the discrimination, including litigation costs and reasonable attorneys' fees. An employee may bring an action in the appropriate district court of the United States for the relief provided in this subsection.

Partly because of their status as primary contracted agents performing delegated managed care functions and in order to minimize regional risk and harm, Participant CMHSPs will report suspected compliance issues within three business days or less to the SWMBH Chief Compliance Officer when one or more of the following criteria are met:

1) During an inquiry by the Participant CMHSP compliance officer, there is determined to be (reasonable person standard) Medicaid fraud, abuse, or waste as defined by federal statute, CMS, HHS OIG and applicable Michigan statute or regulation; or
2) Prior to any self-disclosure to any federal or state of Michigan Medicaid authority. In no way is this intended to, nor should it be interpreted as a requirement or request to violate the letter or spirit of federal or Michigan reporting and whistleblower statutes or related regulations; or
3) When a Participant CMHSP knows or (reasonable person standard) suspects that an action or failure to take action in the organization or its contractors would result in the improper application or improper retention of Medicaid funds.

Participant CMHPs shall undertake fraud, waste and abuse prevention, detection, and surveillance measures per contractual obligations and industry standards.

They are encouraged to independently assure that claims, encounters, other data and financial submissions to SWMBH are complete, accurate and timely on an ongoing basis. They are encouraged to update financial reports and encounter submissions consistent with this approach.

SECTION V - COMPLIANCE AUDITING, MONITORING AND RISK EVALUATION

The SWMBH CCO is responsible for monitoring compliance activities and operations within SWMBH. The CCO must then report any determinations of noncompliance to the Executive Officer, the Corporate Compliance Committee, and SWMBH's Board of Directors. The CCO will identify, interpret and determine standards of compliance through internal audit and monitoring functions and external audits. The CCO shall prepare an Annual Auditing and Monitoring Plan for EO, Board Regulatory Compliance Committee, and Corporate Compliance Committee review and input.

Monitoring and Auditing: SWMBH believes that a thorough and ongoing evaluation of the various aspects of SWMBH's Compliance Plan and compliance program is crucial to its success. In order to evaluate the effectiveness of the Plan, SWMBH will employ a variety of monitoring and auditing techniques performed at least annually (or more frequently, as appropriate), including but not limited to, the following:

- Periodic interviews with personnel within SWMBH, Participant CMHSPs, and contracted and subcontracted providers regarding their perceived levels of compliance within their departments or areas of responsibilities;
- Questionnaires developed to poll personnel within SWMBH, Participant CMHSPs, contracted and subcontracted providers regarding compliance matters including the effectiveness of training/education;
- Information gained from written reports from SWMBH compliance staff utilizing audit and assessment tools developed to track all areas of compliance;
- Audits, both planned and unplanned, designed and performed by internal and/or external auditors utilizing specific compliance guidelines;
- Data mining activities based on identified risk areas, that review data for potential deficiencies;
- Investigations of alleged noncompliance reports as described in SWMBH Compliance Operating Policy 10.8 – *Compliance Reporting Responsibilities and Operating Procedure 10.08.02 Compliance Investigations*; and
- Exit interviews with departing SWMBH employees.
- Participant CMHSPs, contracted and subcontracted providers are encouraged to perform auditing and monitoring functions involving Medicaid covered services through their own compliance program efforts.

The SWMBH CCO, legal counsel, Corporate Compliance Committee, and as appropriate, other SWMBH personnel will take actions to ensure the following:

- Access to and familiarity with the latest HHS OIG compliance guidelines and current enforcement priorities; and

- Assessment of the baseline risk of any significant issues regarding non-compliance with laws or regulations in accordance with SWMBH's Compliance Plan.

The CCO is also responsible to ensure a risk assessment is performed annually with the results integrated into the daily operations of the organization.

SECTION VI - ENFORCEMENT OF COMPLIANCE POLICIES AND STANDARDS

Corrective action shall be imposed as a means of facilitating the overall SWMBH Compliance Plan goal of full compliance. Corrective action plans should assist SWMBH personnel, Participant CMHSPs, contracted and subcontracted providers to understand specific issues and reduce the likelihood of future noncompliance. Corrective action, however, shall be sufficient to address the particular instance of noncompliance and should reflect the severity of the noncompliance. The following Corrective Action Plan Guidelines are to be used with SWMBH Personnel, Participant CMHSPs, contracted and subcontracted providers:

Violation	Possible Disciplinary Action
Knowingly and willfully committing fraud and/or violation of a federal or state billing or documentation practice(s). Knowingly and willfully providing false or misleading information in a compliance context to SWMBH, governmental agency, consumer or MDHHS. [E.g. billing for services not performed, forging documentation or signatures, upcoding, kickbacks, bribes]	First Offense for SWMBH Personnel: Immediate termination of employment. First Offense for Participant CMHSP, Contracted or Subcontracted Provider: Termination of subcontract or provider contract. All related remuneration and/or funds will be recouped by SWMBH.
Unknowingly violating federal or state billing or documentation practice(s).	First Offense for SWMBH Personnel: Possible/potential disciplinary action as warranted and based upon CCO/human resources judgment up to and including: written reprimand for personnel file, mandatory compliance refresher training, individual counseling with manager and Chief Compliance Officer, probation, etc. Second Offense for SWMBH Personnel: Possible/potential disciplinary action as warranted and based upon EO. First Offense for Participant CMHSP, Contracted or Subcontracted Provider: Written notice of noncompliance for contract file, mandatory compliance

	training approved by SWMBH Corporate Compliance Committee or provided by SWMBH CCO, Corrective Action Plan to be submitted to the SWMBH Corporate Compliance Committee, may be placed on probationary period. Related individual(s) may be barred from Medicaid/SWMBH-administered funding streams service provision or administrative activity. All related remuneration and/or funds will be recouped by SWMBH. Second Offense for Participant CMHSP, Contracted or Subcontracted Provider: Possible termination of subcontract or contract.
Knowingly violating policies and/or procedures as set forth in the Compliance Plan.	First Offense for SWMBH Personnel: Written reprimand for personnel file, individual counseling with manager and Chief Compliance Officer, and placed on 60-day probation. Second Offense for SWMBH Personnel: Unpaid suspension and possible termination. First Offense for Participant CMHSP, Contracted and Subcontracted Providers: Written notice of noncompliance for contract file, Corrective Action Plan to be submitted to SWMBH Corporate Compliance Committee, may be placed on probationary period. Related individual(s) may be barred from Medicaid/SWMBH-administered funding streams service provision or administrative activity. Second Offense for Participant CMHSP, Contracted or Subcontracted Provider: Possible termination of subcontract or contract.
Detection of, but failure to report or failure to detect substantive violations of federal and state mandates in duties where a	First Offense for SWMBH Personnel: Written reprimand for personnel file, mandatory compliance refresher training,

reasonable person could be expected to detect violation(s).	individual counseling with manager and Chief Compliance Officer and placed on 60-day probation. Second Offense for SWMBH Personnel: Suspension and possible termination. First Offense for Participant CMHSP, Contracted or Subcontracted Provider: Written notice of noncompliance for contract file, mandatory compliance training approved by SWMBH Corporate Compliance Committee or provided by SWMBH CCO, Corrective Action Plan to be submitted to SWMBH Corporate Compliance Committee, may be placed on probationary period. Related individual(s) may be barred from Medicaid/SWMBH-administered funding stream service provision or administrative activity. Second Offense for Participant CMHSP, Contracted or Subcontracted Provider: Possible termination of subcontract or contract.

Basis for Participant CMHSP, Contracted or Subcontracted Provider Corrective Action: Monitoring and auditing, and reports of questionable practices may form the basis for imposing corrective action.

Elements of a Participant CMHSP, Contracted or Subcontracted Provider Corrective Action Plan: As appropriate given the nature of the noncompliance, a corrective action plan submitted to SWMBH for approval shall include:

- A description of how the issue(s) identified was immediately corrected OR the reason the issue(s) cannot be immediately corrected (i.e. the consumer has been discharged).
- A description of the steps to be put into place to prevent the issue(s), or a similar issue(s), from occurring again (i.e. staff training, process redesign, etc.).
- A description of the quality assurance program put into place for monitoring purposes to ensure the corrective action plan is effective and/or similar issues do not occur.

SECTION VII - CONFIDENTIALITY AND PRIVACY

SWMBH 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 the current published Privacy Notice. Any Board member, SWMBH personnel, or contracted or subcontracted provider who engages in unauthorized disclosure of consumer information is subject to disciplinary action which may result in removal from the Board, termination of employment, or termination of the contract.

To ensure that all consumer information remains confidential, SWMBH personnel and contracted and subcontracted providers are required to comply with all confidentiality policies and procedures in effect, specifically to include the HIPAA privacy regulations outlined below:

- Privacy Notice - SWMBH will have a Notice of Privacy Practices to be given to each consumer at intake and to be further available upon request.
- Consent - Prior to treatment, Participant CMHSPs and contracted and subcontracted providers will obtain a signed consumer consent for permission to treat, bill for and carry out health care operations described in the Privacy Notice.
- Authorization - If consumer Protected Health Information is disclosed to an individual or entity outside of SWMBH, a signed authorization will be obtained from the consumer consistent with the HIPAA Privacy Rule, MI Mental Health Code, and 42 CFR Part 2 requirements.
- Business Associate Agreement – SWMBH 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.
- SWMBH shall investigate any reports of suspected violations and respond to findings of the investigations in compliance with the HIPAA Privacy and Security regulations.
- SWMBH will perform any necessary risk analyses or assessments to ensure compliance.

All SWMBH Board members, SWMBH personnel, Participant CMHSPs, and contracted and subcontracted providers must conduct themselves in accord with the principle of maintaining the confidentiality of consumers' information in accordance with all applicable laws and regulations, including but not limited to the Michigan Mental Health Code, the Privacy and Security Regulations issued pursuant to HIPAA and recent updated HITECH revisions, and 42 CFR Part 2 as it relates to substance abuse records. All will refrain from disclosing any personal or confidential information concerning members unless authorized by laws relating to confidentiality of records and protected health information. If specific questions arise regarding the obligation to maintain the confidentiality of information or the appropriateness of releasing information, SWMBH Board members, SWMBH personnel, and Participant CMHSPs should seek guidance from the Chief Compliance Officer/Chief Privacy Officer (the Chief Compliance Officer also fulfills the role of Chief Privacy Officer), or anonymously through the SWMBH corporate compliance hotline at (800) 783-0914.

SWMBH PERSONNEL COMPLIANCE CERTIFICATION FORM

1) I have received, read and understand the SWMBH Compliance Plan, Code of Conduct, and related policies and procedures.
2) I pledge to act in compliance with and abide by the Code of Conduct and SWMBH Compliance Plan during the entire term of my employment and/or contract.
3) I acknowledge that I have a duty to report to the Chief Compliance Officer any alleged or suspected violation of the Code of Conduct, agency policy, or applicable laws and regulations.
4) I will seek advice from my supervisor or the Chief Compliance Officer concerning appropriate actions that I may need to take in order to comply with the Code of Conduct or Compliance Plan.
5) I understand that failure to comply with this certification or failure to report any alleged or suspected violation of the Code of Conduct or Compliance Plan may result in disciplinary action up to and including termination of employment or contract.
6) I agree to participate in any future compliance trainings as required and acknowledge my attendance at such trainings as a condition of my continued employment/contract.
7) I agree to disclose the existence and nature of any actual or potential conflict of interest to the Chief Compliance Officer. Further, I certify that I am not aware of any current, undisclosed conflicts of interest.

_____ _____

Employee/Provider/Contractor Signature Date

SWMBH BOARD OF DIRECTORS COMPLIANCE CERTIFICATION FORM

1) I have received, read and understand the SWMBH Compliance Plan and Code of Conduct.
2) I pledge to act in compliance with and abide by the Code of Conduct and SWMBH Compliance Plan during the entire term of my Board service.
3) I acknowledge that I have a duty to report to the SWMBH Chief Compliance Officer any alleged or suspected violation of the Code of Conduct or related laws and regulations by myself, another Board Member or any other person.
4) I will seek advice from the SWMBH Board Chairman or the SWMBH Chief Compliance Officer concerning appropriate actions that I may need to take in order to comply with the Code of Conduct or Compliance Plan.
5) I understand that failure to comply with any part of this certification may result in my removal from the Board of Directors.
6) I agree to participate in future Board compliance trainings as required.
7) I agree to disclose the existence and nature of any actual or potential conflict of interest to the Board Chairman and Chief Compliance Officer. Further, I certify that I am not aware of any current, undisclosed conflicts of interest.

_____ _____

Board Member Signature Date