



**Southwest Michigan Behavioral Health Board Meeting
5250 Lovers Lane, Suite 200, Portage, MI 49002**

October 9, 2026

9:30 am to 11:30 am

(d) means document provided

Draft: 9/30/26

- 1. Welcome Guests/Public Comment**
- 2. Agenda Review and Adoption (d) pg.1**
- 3. Financial Interest Disclosure Handling**
 - none
- 4. Consent Agenda**
 - a. September 11, 2026, SWMBH Board Meeting Minutes (d) pg.3
 - b. September 3, 2026, Board Finance Committee Meeting Minutes (d) pg.7
 - c. September 9 and September 30, 2026, Operations Committee Meeting Minutes (d) pg.9
- 5. Fiscal Year 2026 Year to Date Financial Statements and Cash Flow Analysis**
 - a. Year to Date Financials (G. Guidry) (d) pg.17
 - 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**
 - a. Fiscal Year 2027 Program Integrity Compliance Plan (A. Strasser) (d) pg.34
 - b. Credentialing of Behavioral Health Practitioners (M. Todd) (d) pg.67
 - c. Credentialing of Organizational Providers (M. Todd) (d) pg.78
- 8. Ends Metrics Updates (*Requires motion)**
 - a. Michigan Consortium for Healthcare Excellence Update (M. Todd) – SE 2 (d) pg.88
 - b. Ends Metrics Updates* (M. Todd) (d) pg.89

9. Board Actions to be Considered

- a. Board Executive Committee – Executive Officer Evaluation (S. Sherban)
- b. Fiscal Year 2027 Budget (G. Guidry) (will be available at the meeting)

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?

- a. 2.1 Treatment of Plan Members (T. Leary) (d) pg.123
- b. 2.4 Financial Conditions and Activity (Board Finance Committee) (d) pg.127
- c. 2.8 Emergency Executive Officer Succession (d) pg.130

12. Board Education

- a. PA2 Funding and SWMBH Substance Use Disorder Budget (J. Smith) (d) pg.131
- b. County Population Health Reports (A. Lacey) (d) pg.138
<https://www.swmbh.org/about/board-documents-from-southwest-michigan-behavioral-health/>

13. Communication and Counsel to the Board

- a. PIHP Litigation and PIHP Post Procurement Cancellation Updates (M. Todd)
- b. 2026 Board Attendance reports (d) pg.156
- c. November Board Policy Direct Inspection – 4.4 Monitoring Executive Officer Performance (Board Executive Committee)

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
November 13, 2026
9:30 am - 11:30 am**



Board Meeting Minutes

September 11, 2026

5250 Lovers Lane, Suite 200, Portage, MI 49009

2:00 pm-3:30 pm

Draft: 9/14/26

Members Present: Sherii Sherban, Tom Schmelzer, Michael Seals, Allen Edlefson, Carol Naccarato, Jeff Kniaz

Members Present via MS Teams: None

Members Absent: Kayla Wisniewski, Tina Leary

Guests Present: Mila Todd, CEO, SWMBH; Garyl Guidry, Chief Financial Officer, SWMBH; Alena Lacey, Chief Clinical Officer, SWMBH; Alison Strasser, Director of Program Integrity and SIU, SWMBH; Ella Philander, Executive Project Manager, SWMBH; Michelle Jacobs, Senior Operations Specialist & Rights Advisor, SWMBH; Cameron Bullock, Pivotal; Ric Compton, Riverwood; Michael Mallory, Woodlands; Jeannie Goodrich, Summit Pointe; Carl Doerschler, Doerschler and Associates

Guests Present via MS Teams: Gail Patterson-Gladney, Board Alternate; Sue Germann, Pines BH; Jon Houtz, Board Alternate

Welcome Guests

Sherii Sherban called the meeting to order at 9:30am.

Public Comment

None

Agenda Review and Adoption

Motion Tom Schmelzer moved to approve the agenda as presented.

Second Michael Seals

Motion Carried

Financial Interest Disclosure (FID) Handling

None

Consent Agenda

Motion Jeff Kniaz moved to approve August 14, 2026, Board meeting minutes; August 7, 2026, Board Finance Committee meeting minutes; and August 12 and August 26, 2026, Operations Committee meeting minutes as presented

Second Michael Seals

Motion Carried

Retirement Plans Presentation

Carl Doerschler of Doerschler and Associates reported as documented. Discussion followed.

Fiscal Year 2026 Year to Date Financial Statements and Cash Flow Analysis

Garyl Guidry presented Period 10 financial statements and Period 11 Variance Report as documented and noted:

- Eligibles- July eligibles were down and August eligibles rebounded, researching why this happened. Conversations with other PIHPs produced varying reasons with no clear indicator
 - No mid-year rate adjustment and no update from MDHHS
 - Reviewed year-to-date revenue and expenses
 - Period 10 - \$348 million expected with \$337 million in receipts = an \$11.5 million shortfall
 - Period 10 - \$16.7 million surplus in Medicaid and an \$8.5 million shortfall in Health Michigan Plan = \$9 million surplus, annualized will leave just enough surplus to cover the FY25 deficit
 - SUD PA2 fund balance - \$6.2 million surplus
 - Income Statement - \$14.1 million surplus through P10
 - Still waiting for October and November 2025 HSW payment of \$1 million
 - MDHHS cancelled meeting with SWMBH regarding the deficit elimination plan
 - Met with Varum yesterday on possible communication to MDHHS regarding lawsuit
 - Projected \$14 million surplus for FY26 would be enough to cover the FY25 deficit
 - FY27 draft rates of \$362 million in revenue. SWMBH is conservatively using \$356 million revenue figure, based on an eligibility trend analysis to finalize the FY27 Budget
- Discussion followed

Operations Committee Update

Cameron Bullock distributed a handout covering key topics from recent Operations Committee meetings. Discussion followed.

CMH Board Updates

Barry- new hires to fill open positions. Successful placement of adults into Specialized residential after they dropped off at the ER

Berrien- Recent program presentations and Board evaluations

Branch- business as usual with ongoing staff negotiations regarding health insurance costs

Cass- N/A

Kalamazoo - Public hearing and approval for FY27 budget on September 28th

St. Joseph-business as usual. New building project finalization excepted December 7th and parking lot almost complete. Mobile Crisis unit vehicle delivered.

Van Buren- Van Buren is doing well. Next meeting next Monday

Ends Metrics Updates

None

Required Approvals

Board Finance Committee (BFC) Charter

Tom Schmelzer reported as documented noting revisions to BFC Charter.

Motion Tom Schmelzer moved to approve the Board Finance Committee Charter with revisions to expand to four members and update the Policy numbers referenced.

Second Jeff Kniaz

Motion Carried

Motion

Second

Motion Carried

Motion Micheal Seals moved to add Board Committee Charters to Board Policy 3.7

Second Carol Naccarato

Motion Carried

Board Actions to be Considered

Board Auditing Firm Selection – Management Recommendation

Tom Schmelzer reported as documented. Discussion followed.

Motion Tom Schmelzer moved to approve the management recommendation for the selection of the Board Auditing Firm noted as follows: “SWMBH Management recommends the Board approve Roslund, Prestage & Company, P.C. (RPC), of Alma, Michigan, as SWMBH's independent auditor for the financial, compliance, and single audits for fiscal years ending September 30, 2026, 2027, and 2028, with the option to extend annually for up to three additional years (through FY2031) and authorize the CFO to execute the related engagement letters.”

Second Michael Seals

Motion Carried

Board Policy Review

2.9 Communication and Support to the Board

Sherii Sherban reported as documented. Discussion followed.

Motion Tom Schmelzer moved that the Board is in compliance with Policy 2.9 Communication and Support to the Board and the policy does not need revision.

Second

Motion Carried Jeff Kniaz

4.2 Accountability to the Executive Officer

Sherii Sherban reported as documented. Discussion followed.

Motion Jeff Kniaz moved that the Board is in compliance with Policy 4.2 Accountability to the Executive Officer and the policy does not need revision.

Second

Motion Carried Michael Seals

Executive Limitations Review

2.7 Compensation and Benefits

Michael Seals reported as documented.

Motion Michael Seals moved that the Executive Officer is in compliance with policy 2.7 Compensation and Benefits and the policy does not need revision.

Second Jeff Kniaz

Motion Carried

Board Education

Compliance Role and Function

Alison Strasser reported as documented. Discussion followed.

Fiscal Year 2027 Performance Improvement Project

Alena Lacey reported as documented. Discussion followed.

Communication and Counsel to the Board

PIHP Litigation and PIHP Post Procurement Cancellation Updates

Mila Todd reported as documented and noted the following:

- No RFP issued although the State's website still indicates that one will be released. Most likely waiting until after elections when the new governor will appoint a MDHHS director
 - Litigation appealed and a brief was filed on September 8th. No other updates
 - FY27 Contract with MDHHS was released on August 10th, and has been fully executed
- Discussion followed.
- Discussion followed.

Intergovernmental Agreement

Mila Todd reported as documented noting history of agreement and PA2 fund.

2026 Board Attendance and Board Roster

Document included in the packet for the Board's review.

October Board Policy Direct Inspection

2.4 Financial Conditions and Activity (Board Finance Committee) 2.8 Emergency Executive Officer Succession (M. Todd)

Public Comment

Allen Edlefson stated he would miss October's Board and Board Finance Committee meetings, and Edward Meny would attend in his absence. Brief discussion of SWMBH staffing budget for Fiscal Year 2027.

Adjournment

Motion Tom Schmelzer moved to adjourn at 11:26am

Second Jeff Kniaz

Motion Carried



Board Finance Committee Meeting Minutes

September 3, 2026

SWMBH, 5250 Lovers Lane, Suite 200, Portage, Michigan 49002

1:00-2:30 pm

Draft: 9/4/26

Members Present: Tom Schmelzer, Allen Edlefson, Michael Seals

Guests: None

Members Absent: Carol Naccarato

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

Central Topics

Review prior meeting minutes

Motion Allen Edlefson moved to approve the minutes as presented.
Second Michael Seals
Motion Carried

SWMBH YTD financial statements

Garyl Guidry presented Period 10 financial statements as documented and noted:

- Eligibles- All eligibles are down.
 - No mid-year rate adjustment and no update from MDHHS.
 - Reviewed year-to-date revenue and expenses
 - Period 10 - \$348 million expected with \$337 million in receipts = a \$11.5 million shortfall
 - Period 10 - \$16.7 million surplus in Medicaid and a \$8.5 million shortfall in Health Michigan Plan = \$9 million surplus, annualized will leave just enough surplus to cover the FY25 deficit
 - SUD PA2 fund balance - \$6.2 million surplus
 - Income Statement - \$20 million surplus through P10
 - PBIP of \$2.1 million received, discussion with the Operations Committee on distribution
 - If FY26 surplus is applied to FY25 deficit there will be \$1 million left to be put into ISF
 - Revenue Rate meeting today at 4pm with rates just released
 - Uncertainty of the effects of HR1 beginning January 1, 2027
- Discussion followed.

SWMBH Revenue Variance Report

Garyl Guidry reviewed Period 11 variance report noting that all eligibles have rebounded without a known reason why this happened. SWMBH will reach out to other PIHPs to inquire if this has happened in their region as well. Discussion followed.

SWMBH Check Registers

Garyl Guidry reported as documented noting that SWMBH's rent to Hinman has increased. Discussion followed.

SWMBH Cash Flow Analysis

Garyl Guidry reported as documented noting the 45-day delay in HSW payments and 15 day delay in claims payments have helped SWMBH's cash flow. Discussion followed.

Board Finance Committee Charter Review

Tom Schmelzer reported as documented. Discussion followed. The Charter needs a revision of 3 members to 4 members as noted at the previous review. Michelle will verify and communicate with Garyl on document revisions.

Auditing Firm Selection – Management Recommendation

Garyl Guidry reported as documented. Committee agreed to approve the management recommendations as noted for the Board's approval at the September 11th meeting.

Adjourn

Motion Micheal Seals moved to adjourn

Second Tom Schmelzer

Motion Carried

Meeting adjourned the meeting at 2:10pm.

Date:	9/9/26
Time:	9:00 am – 11:00 am
Facilitator:	Ric
Minute Taker:	Cameron
Meeting Location:	MS Teams only Click here to join the meeting

Present: ☒ Rich Thiemkey (Barry) ☒ Michael Mallory (Woodlands) ☒ Beth Ann Meints (ISK)
☒ Ric Compton (Riverwood) ☐ Mila Todd (SWMBH)
☒ Sue Germann (Pines BHS) ☒ Cameron Bullock (Pivotal) ☒ Garyl Guidry (SWMBH)
☐ Jeannie Goodrich (Summit) ☒ Debbie Hess (Van Buren)

Version 08/31/26

Agenda Topics:	Discussion Points:	Minutes:
1. Agenda Review & Adoption (d)		
2. Prior Meeting Minutes Review (d)		Approved Via email
3. Financial Stability a. SWMBH Period 09 financials (if available) b. State/Milliman Meeting Updates c. Rehmann Financial Reporting Consultation d. SWMBH Cashflow	Regional Rate development – calculation evaluation (SWMBH/ISK)	- There was an increase again in eligibles in August. Garyl checking with this counterparts to see if they have similar results. This did not result in a huge increase in funding - FY Rate 26 Increase – Was talked about another rate increase in FY 26 during the FY 27 Rate meeting, but no date/information given at this time on when this will occur. \$14.1 million surplus projected at this point.

4. FY27 Regional Budget	• FY27 draft rate meeting with MDHHS • Eleos allocation follow-up	• The rates for our region are favorable again. Rehmann has been consulted to see if • \$362 million in rev up from \$348 forecasted amount. This is not what we actually received. • SWMBH reran based on actuals. They are projecting about \$7 million less than Milliman's FY27 assumptions (\$356 million) • Using the revised \$356 numbers would project a \$17.1 surplus. • Eleos: Working on establishing correct criteria for cost sharing – Due to Garyl by Friday. ○ Eleos cost settlement will be handled during the cost settlement process in FY 26 and 27
5. FY25 Deficit Handling	• Mtg. 9/10	• Meeting was canceled. Next one is scheduled for 9/10.
6. FY25 SUE Follow-up	• Status of Autism Workgroup Formation	• Potential for autism alliance to come in a consultative /resource position. Potential conflicts of interest with the secretary of Deon Health's board. Need a plan for whether to issue another RFP. Thoughts for consideration. ○ There is a lot of concern about how we partner, or pursue

		partnership with autism alliance. ○ Consensus is to pause and reflect for a bit.
7. PIHP Competitive Procurement/System Improvement Opportunities		• Blueshore meeting said that the state may be doing an SUD-only RFP.
8. Environmental Disruptors	• CMS 0057 • CFAP Workgroup • Mental Health Framework • HR1 • Candidate Letters	N/A
9. FY25 CCBHC QBP Results	• FY25 CCBHC QBP Results	• SWMBH received the QBP monies, and will be sending out this week.
10. OC Projects Revisit	• Examples: PCE, SUE, rate development analysis, etc.	N/A
11. Parking Lot/On-hold Topics	• Assets & Liabilities Workgroup • FY25 PBIP Distribution	• Proposed 90/10 split again for when we are in a position to be able to do, in terms of cashflow.
12. Next Meeting- September – Ric October – Jeannie November - Sue	9/30/26 9am-11am	• This meeting is in person.
13. 11-12 pm CMH CEOs		

Date:	9/30/26
Time:	9:00 am – 11:00 am
Facilitator:	Debbie
Minute Taker:	Mila Todd
Meeting Location:	SWMBH Office and MS Teams Click here to join the meeting

Present: ☒ Rich Thiemkey (Barry) ☒ Michael Mallory (Woodlands)
☒ Ric Compton (Riverwood) ☒ Beth Ann Meints (ISK) ☒ Mila Todd (SWMBH)
☒ Sue Germann (Pines BHS) ☒ Cameron Bullock (Pivotal) ☒ Garyl Guidry (SWMBH)
☒ Jeannie Goodrich (Summit) ☒ Debbie Hess (Van Buren)

Version 09/23/26

Agenda Topics:	Discussion Points:	Minutes:
1. Agenda Review & Adoption (d)		
2. Prior Meeting Minutes Review (d)		9/9 Mtg Minutes – Approved. Minutes will be included in the 10/9 SWMBH Board packet. Minutes from today's meeting will be reviewed/approved directly following the meeting for inclusion in the 10/9 SWMBH Board packet as well.
3. Financial Stability a. SWMBH Period 11 financials (if available) b. State/Milliman Meeting Updates c. Rehmann Financial Reporting Consultation d. SWMBH Cashflow		- P11 Financials: \$22M in MH operating Fund, SUD operating fund (\$1.5M). Carrying (\$13.8M) FY25 deficit. Overall Net Position \$7.1M as of P11. - Rebound in overall eligibles in August. P12 (September) DAB and HMP stayed steady, TANF declined. \$348M in the Certification document. Projecting total of \$336M. FY26 Oct/Nov HAB Waiver payments have not been paid out at the FY26 updated rate yet. Represents almost \$700k in revenue. Other PIHPs are experiencing differently, some haven't been paid at the FY26 rate for any months, others

		only have a few outstanding months like SWMBH. • Garyl reached out to MDHHS Actuarial (Keith White) again re: FY26 rate adjustment. No response. Per Garyl, not uncommon to have rate adjustments paid in the following Fiscal Year. • Rehmann Consultation – will cover under Agenda Item #4 • SWMBH Cashflow – Agreed upon plan has supported SWMBH's cashflow successfully. Garyl will send out a payment schedule to the CMH CFOs so everyone knows the dates/times payments will be made.
4. FY27 Regional Budget	• Rehmann Revenue Assumptions	• No FY27 final rates yet. • Richard Carpenter is able to join at 10:30a. Committee in favor of starting the discussion prior to Richard joining. • Garyl reviewed PPT sent to Committee via email yesterday (9/29) afternoon. • SWMBH and Rehmann revenue projection substantially similar, difference of approximately \$1.5M. Both lower than MDHHS draft rate projection. • Garyl met with Richard Carpenter and reviewed capitation distribution model, and how the CCBHC withhold (\$84.2M) impacts the rates/revenues paid to all Participant CMHSPs. Currently, the CCBHC withhold is applied uniformly across all 8 CMHSPs, even though Woodlands is not a CCBHC. Rehmann proposed taking the \$84.2M CCBHC withhold and allocating it only to the 7 CCBHCs, based on volume of CCBHC activities. This would eliminate the CCBHC impact on Woodlands' revenue. Approximately \$4.5M more revenue should go to Woodlands for FY27 based on Rehmann analysis. • Options for Consideration: 1) NOT change distribution methodology for

		FY27, and continue discussions & consideration for FY28. Would require changes to the Financial Management Plan. Continue planned monthly FY27 Settlement Advance payments to Woodlands, but concurrently track separately against the revenue Woodlands should have received; 2) Change the budget to accurately reflect the CCBHC withhold allocation to the CCBHCs, update the Financial Management Plan. • Discussion ensued, including optics considerations and FY28 implications if we don't switch now. Bottom line number does not change regardless. Support for switching to the Rehmann proposal now for FY27. • Next Steps support by Committee: • Garyl will request revised expense budgets from all CMH CFOs based on revised allocation budget in line with Rehmann analysis, with a quick turnaround. Some CMHs may have no change. RFC meets Monday afternoon (10/5). • SWMBH to prep Financial Management Plan redline for OC review. • If the decision is made to move to this allocation, that the SWMBH Board is offered additional context about how this was costed historically. • OC to hold a special mtg. on 10/5 at 3:30. • Richard Carpenter joined the mtg. at 10:30. Are other Regions using the Rehmann proposal for handling the CCBHC withhold? Richard is not aware - does know another region he is involved in moved away from PEPM a few years ago to a model that naturally accommodates CCBHC. All LRE CMHs are CCBHCs. Half Southeast CMHs are CCBHCs. Mix at MSHN. Discussion re: costing for CCBHCs. In 2026 MDHHS moved to regional rates
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		and did it in a way that was not terribly transparent on how they were pulling out CCBHC funds. System did not have the detail needed, in the summer of 2025, to do this analysis on CCBHC withhold. Historical funding is due to a lack of transparent data from MDHHS.
5. FY25 Deficit Handling		Last two meetings have been cancelled by MDHHS. MT discussed with counsel and requested a settlement meeting with MDHHS. No response.
6. FY25 SUE Follow-up	Autism Workgroup meets again early October	Autism workgroup is getting close to self-sustaining. Aiming for mid-November to kick-off CLS workgroup.
7. Medicaid Reentry Initiative	MDHHS documents included	Discussed MDHHS PPTs attached to calendar invite. Appears CCBHCs and CMHSPs are eligible to become “Type 2” organizational providers and can start submitting forms November 1st. Questions/discussions around how this will be implemented, what entity is “responsible” – obligation of local CMH/CCBHC or only orgs under contract?, how will this be funded, etc. Next Steps: Beth Ann will reach out to someone actively involved in this initiative to get additional information to bring back to Committee.
8. County Population Health Reports		County reports provided via 9/23 email from Alena. Snapshot will be included in 10/9 SWMBH Board packet and full reports on SWMBH website. Discussion that these reports are helpful.
9. PIHP Competitive Procurement/System Improvement Opportunities		MDHHS removed the RFP announcement from the Vendor Opportunity Dashboard. Lawsuit Appeal: both sides have submitted fillings, waiting for Court to schedule Oral Arguments.
10. Beacon Rate Letter		All CMHs received the rate letter. CMHs have provided various responses but not accepting the rates outlined in Beacon’s letter. CMHs will share response resources.
11. Environmental Disruptors	- CMS 0057 - CFAP Workgroup - Mental Health Framework - HR1	CMS-0057: No updates. Work underway. CFAP: Paused/work concluded until CFAP is implemented. MHF: HB6022 is still in House Rules Committee. If it sits there until end of the

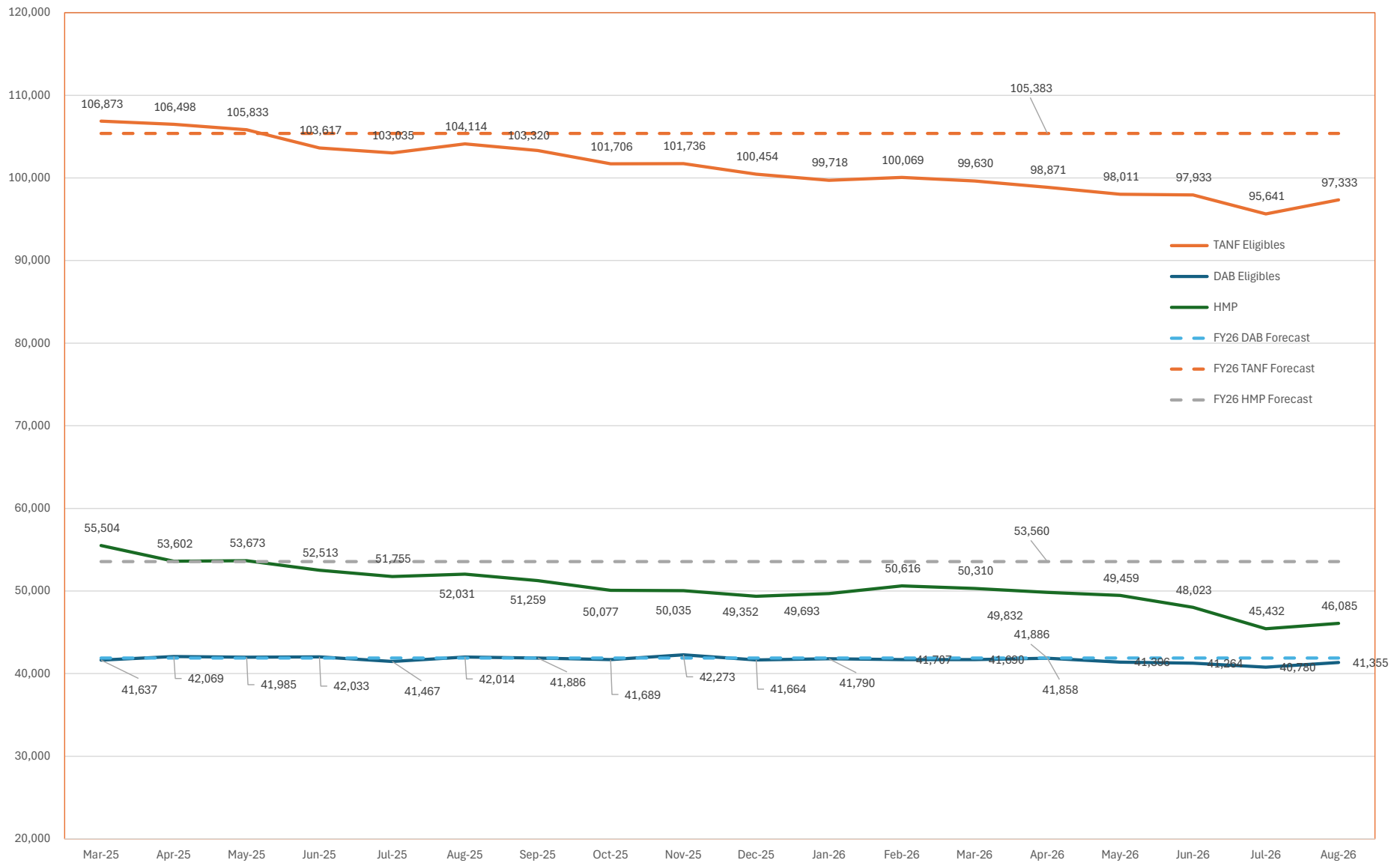
	Candidate Letters – Responses	Calendar Year it would have to be reintroduced. HR1 – Various materials out there, especially around “medical frailty” exception. Candidate Letters – MT has received a decent number of responses accepted our offer for a meeting. Will confer with the CMHs for the districts covered to get mtg. scheduled.
12. OC Projects Revisit	Examples: PCE, SUE, rate development analysis, etc.	PCE Contract negotiated with PCE. Kzoo Behavioral Health Hospital – discussion re: status and SWMBH credentialing committee suspended credentialing based on LARA reports.
13. Parking Lot/On-hold Topics	- Assets & Liabilities Workgroup - FY25 PBIP Distribution	
14. Next Meeting- October – Jeannie November – Sue December - Michael	10/14/26 9am-10am (Teams only)	Special OC Mtg. 10/5 at 3:30 – Teams only.
15. 11-12 pm CMH CEOs		



August 2026

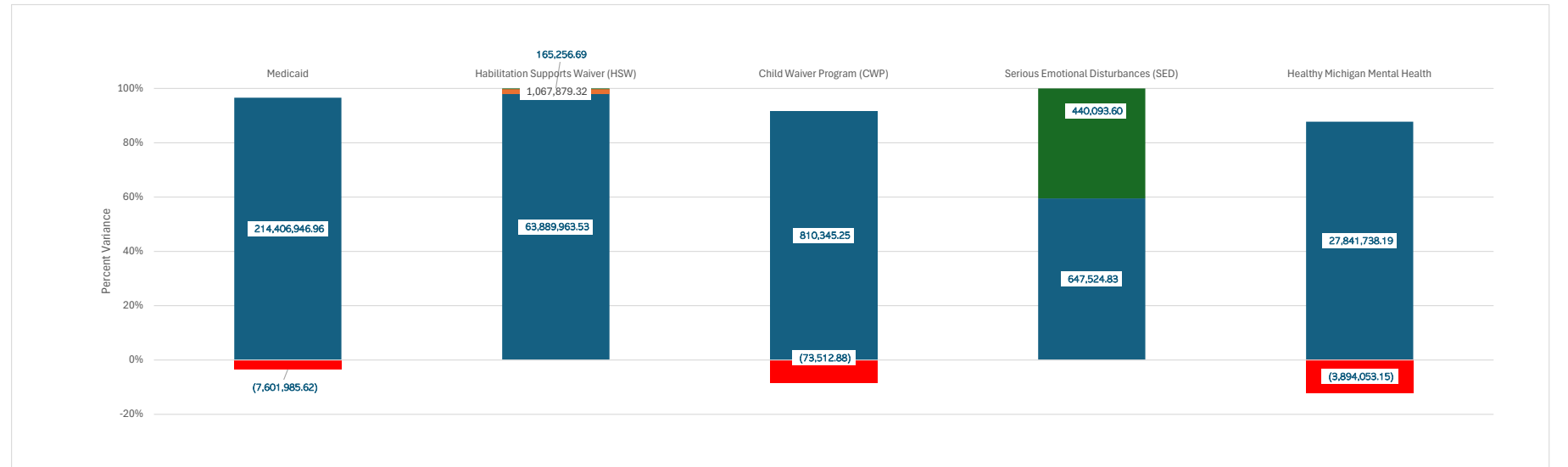
Monthly Finance Report

Southwest Michigan Behavioral Health
Total Eligibles AUG '25 - AUG '26
as of August 31st, 2026





Revenue Tracking of Expected Funds	FY26 Revenue						FY26 Revenue YTD					
	FY26 Budget	Actual Payment	Accrual	Actual Annualized	Variance		Budget YTD	Actual	Accrual	YTD	Variance	
					Variance \$	%					Variance \$	%
Medicaid	242,191,562.82	233,898,487.59	-	233,898,487.59	(8,293,075.23)	-3.4%	222,008,932.59	214,406,946.96		214,406,946.96	(7,601,985.62)	-3.4%
Habilitation Supports Waiver (HSW)	70,682,821.26	69,698,142.03	1,067,879.32	70,766,021.35	83,200.09	0.1%	64,792,586.16	63,889,963.53	1,067,879.32	64,957,842.85	165,256.69	0.3%
Child Waiver Program (CWP)	964,208.87	884,013.00	-	884,013.00	(80,195.87)	-8.3%	883,858.13	810,345.25		810,345.25	(73,512.88)	-8.3%
Serious Emotional Disturbances (SED)	226,288.62	706,390.72	-	706,390.72	480,102.10	212.2%	207,431.24	647,524.83		647,524.83	440,093.60	212.2%
Healthy Michigan Mental Health	34,620,863.28	30,372,805.30	-	30,372,805.30	(4,248,057.98)	-12.3%	31,735,791.34	27,841,738.19		27,841,738.19	(3,894,053.15)	-12.3%
Overall Net Capitation Payment	348,685,744.85	335,559,838.65	1,067,879.32	336,627,717.96	(12,058,026.89)	-3.46%	319,628,599.45	307,596,518.76	1,067,879.32	308,664,398.08	(10,964,201.37)	-3.43%



Budgeted Funds
Over - Variance
Under - Variance
Accrued Funds

SWMBH Through August	FY26	FY25	% Change YOY	\$ Change YOY
State Plan MH	79,980,027	92,363,904	-13.4%	(12,383,877)
1915i MH	88,528,992	86,025,090	2.9%	2,503,902
Autism	41,491,806	29,545,668	40.4%	11,946,138
<i>Habilitation Supports Waiver (HSW)</i>	<i>63,889,963</i>	<i>61,070,488</i>	<i>4.6%</i>	<i>2,819,476</i>
<i>Child Waiver Program (CWP)</i>	<i>810,345</i>	<i>871,961</i>	<i>-7.1%</i>	<i>(61,616)</i>
<i>Serious Emotional Disturbances (SED)</i>	<i>647,525</i>	<i>493,421</i>	<i>31.2%</i>	<i>154,104</i>
Net Capitation Payment	275,348,349	270,370,531	1.8%	4,977,818
				-
State Plan SA	4,406,122	7,219,116	-39.0%	(2,812,994)
Net Capitation Payment	4,406,122	7,219,116	-39.0%	(2,812,994)
				-
Healthy Michigan Mental Health	19,288,844	23,978,545	-19.6%	(4,689,701)
Healthy Michigan Autism	1,379	40,438	-96.6%	(39,060)
Net Capitation Payment	19,290,223	24,018,983	-19.7%	(4,728,760)
				-
Healthy Michigan Substance Abuse	8,551,515	12,365,256	-30.8%	(3,813,741)
Net Capitation Payment	8,551,515	12,365,256	-30.8%	
				-
GRAND TOTAL	307,596,209	313,973,886	-2.0%	(6,377,677)

as of 9/1/2026

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.

Southwest Michigan Behavioral Health

Funding Source Report - PIHP

October 1, 2025 through August 31, 2026

Traditional Medicaid	Southwest Michigan MH	Southwest Michigan SUD	Barry County	Berrien County	Branch County	Calhoun County	Cass County	Kalamazoo County	St. Joseph County	Van Buren County	PIHP Total
Revenue											
Revenue Capitation (PEPM)	\$ 292,911,848	\$ 4,406,123									\$ 297,317,971
CMHSP Distributions	(267,966,070)	-	11,901,979	50,862,072	14,564,656	47,477,483	16,079,492	83,830,501	17,363,508	25,886,380	-
1st/3rd Party receipts			-	-	-	-	-	-	-	-	-
Net revenue	<u>24,945,778</u>	<u>4,406,123</u>	<u>11,901,979</u>	<u>50,862,072</u>	<u>14,564,656</u>	<u>47,477,483</u>	<u>16,079,492</u>	<u>83,830,501</u>	<u>17,363,508</u>	<u>25,886,380</u>	<u>297,317,971</u>
Expense											
PIHP Admin	7,375,998	155,273									7,531,271
ClaimsTax	1,830,743	-									1,858,281
Hospital Rate Adjuster	9,204,431										9,204,431
Services - Managed Care		-	913,002	3,877,674	684,789	4,865,730	1,616,281	9,628,625	2,672,288	2,375,423	26,633,811
Services - Internal		-	415,416	1,709,194	245,368	1,509,349	3,648,124	1,434,723	821,072	1,585,392	11,368,638
Services - External		4,914,647	5,928,470	44,902,530	10,579,567	38,336,764	14,413,161	67,427,881	14,436,009	20,809,753	221,748,781
Total expense	<u>18,411,172</u>	<u>5,069,920</u>	<u>7,256,888</u>	<u>50,489,398</u>	<u>11,509,724</u>	<u>44,711,842</u>	<u>19,677,566</u>	<u>78,491,229</u>	<u>17,929,369</u>	<u>24,770,568</u>	<u>278,345,213</u>
Net Actual Surplus (Deficit)	<u>\$ 6,534,606</u>	<u>\$ (663,797)</u>	<u>\$ 4,645,091</u>	<u>\$ 372,674</u>	<u>\$ 3,054,932</u>	<u>\$ 2,765,641</u>	<u>\$ (3,598,073)</u>	<u>\$ 5,339,272</u>	<u>\$ (565,861)</u>	<u>\$ 1,115,812</u>	<u>\$ 18,972,758</u>

Southwest Michigan Behavioral Health

Funding Source Report - PIHP

October 1, 2025 through August 31, 2026

Healthy Michigan	Southwest Michigan MH	Southwest Michigan SUD	Barry County	Berrien County	Branch County	Calhoun County	Cass County	Kalamazoo County	St. Joseph County	Van Buren County	PIHP Total
Revenue											
Revenue Capitation (PEPM)	\$ 21,299,703	\$ 8,551,514									\$ 29,851,217
CMHSP Distributions	(22,492,731)	-	1,134,811	4,716,885	1,056,008	4,150,822	1,147,468	6,756,637	1,517,190	2,012,911	-
1st/3rd Party receipts			-	-	-	-	-	-	-	-	-
Net revenue	<u>(1,193,028)</u>	<u>8,551,514</u>	<u>1,134,811</u>	<u>4,716,885</u>	<u>1,056,008</u>	<u>4,150,822</u>	<u>1,147,468</u>	<u>6,756,637</u>	<u>1,517,190</u>	<u>2,012,911</u>	<u>29,851,217</u>
Expense											
PIHP Admin	853,820	292,930									1,146,751
Access Center	-	-									-
ClaimsTax	659,032	-									659,032
Hospital Rate Adjuster	8,753,824										8,753,824
Services - Managed Care		-	212,731	434,073	98,256	832,899	188,271	1,271,631	302,825	245,878	3,586,565
Services - Internal		-	4,364	171,040	11,714	90,730	1,335,416	8,834	10,897	13,922	1,646,916
Services - External		9,271,714	840,804	2,665,213	835,595	4,408,577	749,622	4,903,706	847,978	1,145,678	25,668,887
Total expense	<u>10,266,676</u>	<u>9,564,644</u>	<u>1,057,900</u>	<u>3,270,326</u>	<u>945,565</u>	<u>5,332,206</u>	<u>2,273,309</u>	<u>6,184,172</u>	<u>1,161,700</u>	<u>1,405,477</u>	<u>41,461,975</u>
Net Surplus (Deficit)	<u>\$ (11,459,704)</u>	<u>\$ (1,013,130)</u>	<u>\$ 76,911</u>	<u>\$ 1,446,559</u>	<u>\$ 110,444</u>	<u>\$ (1,181,385)</u>	<u>\$ (1,125,841)</u>	<u>\$ 572,465</u>	<u>\$ 355,490</u>	<u>\$ 607,433</u>	<u>\$ (11,610,758)</u>

Southwest Michigan Behavioral Health

Funding Source Report - PIHP October 1, 2025 through August 31, 2026

SUD Block Grant	Southwest Michigan MH	Southwest Michigan SUD	Barry County	Berrien County	Branch County	Calhoun County	Cass County	Kalamazoo County	St. Joseph County	Van Buren County	PIHP Total
Revenue											
Payment	\$ -	\$ 6,159,161	\$ 34,609	\$ 179,021	\$ 25,911	\$ -	\$ 52,386	\$ 102,628	\$ 72,388	\$ 53,113	\$ 6,679,217
1st/3rd Party receipts			-	-	-	-	-	-	-	-	-
Net revenue	-	6,159,161	34,609	179,021	25,911	-	52,386	102,628	72,388	53,113	6,679,217
Expense											
PIHP Admin	-										-
Services		5,703,013	28,377	440,532	66,473	-	102,831	-	120,814	217,178	6,679,217
Total expense	-	5,703,013	28,377	440,532	66,473	-	102,831	-	120,814	217,178	6,679,217
Net Surplus (Deficit)	\$ -	\$ 456,148	\$ 6,232	\$ (261,511)	\$ (40,561)	\$ -	\$ (50,445)	\$ 102,628	\$ (48,426)	\$ (164,065)	\$ -

Southwest Michigan Behavioral Health

Funding Source Report - PIHP October 1, 2025 through August 31, 2026

CCBHC - Medicaid	Southwest Michigan MH	Southwest Michigan SUD	Barry County	Berrien County	Branch County	Calhoun County	Cass County	Kalamazoo County	St. Joseph County	Van Buren County	PIHP Total
Revenue											
CCBHC Revenue	\$ -	\$ -	\$ 3,402,325	\$ 8,264,938	\$ 3,380,302	\$ 10,727,817		\$ 23,074,123	\$ 8,719,588	\$ 5,186,832	\$ 62,755,925
1st/3rd Party receipts			(85,889)	(61,181)	(60,809)	-		(387,589)	-	-	(595,468)
Net revenue	-	-	3,316,437	8,203,757	3,319,493	10,727,817		22,686,534	8,719,588	5,186,832	62,160,457
Expense											
Services			5,221,996	8,279,699	4,312,095	10,192,620		22,311,658	4,543,201	5,688,832	60,550,101
Total expense	-	-	5,221,996	8,279,699	4,312,095	10,192,620		22,311,658	4,543,201	5,688,832	60,550,101
Net Surplus (Deficit)	\$ -	\$ -	\$ (1,905,559)	\$ (75,942)	\$ (992,602)	\$ 535,197		\$ 374,877	\$ 4,176,387	\$ (502,001)	\$ 1,610,356

Southwest Michigan Behavioral Health

Funding Source Report - PIHP October 1, 2025 through August 31, 2026

CCBHC - Healthy Mich	Southwest Michigan MH	Southwest Michigan SUD	Barry County	Berrien County	Branch County	Calhoun County	Cass County	Kalamazoo County	St. Joseph County	Van Buren County	PIHP Total
Revenue											
CCBHC Revenue	\$ -	\$ -	\$ 1,346,859	\$ 3,719,536	\$ 1,206,388	\$ 2,739,989		\$ 7,571,253	\$ 2,567,663	\$ 1,719,539	\$ 20,871,226
1st/3rd Party receipts			(13,552)	(5,806)	(12,668)	-		(61,697)	-	-	(93,724)
Net revenue	-	-	1,333,306	3,713,730	1,193,720	2,739,989		7,509,556	2,567,663	1,719,539	20,777,503
Expense											
Services			1,869,493	3,613,363	1,320,166	3,350,385		7,877,296	1,392,634	1,369,221	20,792,559
Total expense	-	-	1,869,493	3,613,363	1,320,166	3,350,385		7,877,296	1,392,634	1,369,221	20,792,559
Net Surplus (Deficit)	\$ -	\$ -	\$ (536,187)	\$ 100,367	\$ (126,446)	\$ (610,396)		\$ (367,740)	\$ 1,175,028	\$ 350,318	\$ (15,056)

Southwest Michigan Behavioral Health

Funding Source Report - SUD
October 1, 2025 through August 31, 2026

Substance Use Disorder Prevention & Treatment	Medicaid	Healthy Michigan	Opioid Health Home	SUD Grants	Other Grants	PA2	Total SUD
Revenue	\$ 4,406,123	\$ 8,551,514	\$ 1,628,005	\$ 6,679,217	\$ 104,563	\$ 1,857,652	\$ 23,227,074
Expense							
Administration	155,273	292,930	44,680	-	-		492,884
Access Center	-	-	-	-	-		-
Claims Tax	-	-	-				-
	155,273	292,930	44,680	-	-	-	492,884
Treatment Services							
Outpatient	291,060	633,298	-	85,595	-	-	1,009,953
Intensive outpatient	505,583	855,597	-	133,269	-	-	1,494,449
Detox services	4,253	15,978	-	3,908	-	-	24,139
Residential	1,168,177	1,897,299	-	173,324	-	-	3,238,800
Methadone	1,038,357	1,773,227	-	169,182	-	-	2,980,766
Assessments and evaluation	1,907,122	4,096,165	-	577,784	-	-	6,581,071
Transportation	-	-	-	1,466,315	-	-	1,466,315
Room & Board	95	150	-	867	-	-	1,112
Total treatment services	4,914,647	9,271,714	-	2,610,244	-	-	16,796,605
Other grant services	-	-	1,414,202	4,068,973	104,563	1,857,652	7,445,390
Total expense	5,069,920	9,564,644	1,458,882	6,679,217	104,563	1,857,652	24,734,879
Net Surplus (Deficit)	\$ (663,797)	\$ (1,013,130)	\$ 169,123	\$ -	\$ -	\$ -	\$ (1,507,805)

Southwest Michigan Behavioral Health

Funding Source Report - SUD
October 1, 2025 through August 31, 2026

Substance Use Disorder Prevention & Treatment	Community Grant	Women's Specialty	State Disability Assistance	Prevention	Michigan SOR III	Healing & Recovery Infrastructure	Recovery Incentives Infrastructure	Gambling Prevention Specialist	Alcohol Use Disorder	Total SUD Grants
Revenue	\$ 2,849,602	\$ 139,666	\$ 124,938	\$ 1,686,146	\$ 1,178,991	\$ 319,074	\$ 147,760	\$ 133,993	\$ 99,047	\$ 6,679,217
Expense										
Administration	-	-		-	-	-	-	-	-	-
Access Center	-									-
Claims Tax										
	-	-		-	-	-	-	-	-	-
Treatment Services										
Outpatient	85,595	-	-	-	-	-	-	-	-	85,595
Intensive outpatient	133,269	-	-	-	-	-	-	-	-	133,269
Detox services	3,908	-	-	-	-	-	-	-	-	3,908
Residential	173,324	-	-	-	-	-	-	-	-	173,324
Methadone	169,182	-	-	-	-	-	-	-	-	169,182
Assessments and evaluation	577,784	-	-	-	-	-	-	-	-	577,784
Transportation	1,466,315	-	-	-	-	-	-	-	-	1,466,315
Room & Board	867	-	-	-	-	-	-	-	-	867
Total treatment services	2,610,244	-	-	-	-	-	-	-	-	2,610,244
Other grant services	239,358	139,666	124,938	1,686,146	1,178,991	319,074	147,760	133,993	99,047	4,068,973
Total expense	2,849,602	139,666	124,938	1,686,146	1,178,991	319,074	147,760	133,993	99,047	6,679,217
Net Surplus (Deficit)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Southwest Michigan Behavioral Health

Funding Source Report - SUD PA2

October 1, 2025 through August 31, 2026

Substance Use Disorder Prevention & Treatment	Barry County	Berrien County	Branch County	Calhoun County	Cass County	Kalamazoo County	St. Joseph County	Van Buren County	Total
Revenue	\$ 78,827	\$ 480,875	\$ 13,803	\$ 328,130	\$ 103,021	\$ 659,911	\$ 131,568	\$ 61,517	\$ 1,857,652
Expense									
Services									
Outpatient	\$ 78,827	\$ 357,466	\$ 13,803	\$ 328,130	\$ 103,021	\$ 261,726	\$ 77,470	\$ 61,517	\$ 1,281,960
Residential	-	-	-	-	-	165,193	54,098	-	219,291
Supportive	-	-	-	-	-	77,920	-	-	77,920
Ancillary	-	-	-	-	-	83,333	-	-	83,333
Prevention	-	123,409	-	-	-	71,739	-	-	195,148
Total Services	78,827	480,875	13,803	328,130	103,021	659,911	131,568	61,517	1,857,652
Total expense	78,827	480,875	13,803	328,130	103,021	659,911	131,568	61,517	1,857,652
Net Surplus (Deficit)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
PA2 Balance forward	\$ 809,437	\$ 710,506	\$ 647,807	\$ 212,933	\$ 512,743	\$ 2,141,430	\$ 384,697	\$ 721,861	\$ 6,141,413

Southwest Michigan Behavioral Health

Statement of Net Position

August 31, 2026

	Mental Health	Substance Use Disorder	Risk Reserve Medicaid	Total PIHP Activities
Assets				
Cash Position	\$ 11,157,035	\$ -	\$ 614	\$ 11,157,649
Accounts Receivable	7,000	-	-	7,000
Due From Other Governmental Units	16,786,562	-	-	16,786,562
Due From Affiliates	26,506,463	-	-	26,506,463
Due from other funds	-	-	806,099	806,099
Prepaid Expenses	175,962	-	-	175,962
Capital assets being depreciated	596,904	-	-	596,904
Total assets	55,229,926	-	806,713	56,036,639
Liabilities				
Accounts payable	9,527,251	-	-	9,527,251
Accrued payroll and benefits	2,007	-	-	2,007
Due To Affiliates	31,419,479	-	-	31,419,479
Due to other funds	806,099	-	-	806,099
Compensated absences	345,470	-	-	345,470
Lease payable	627,025	-	-	627,025
Unearned revenue	6,141,411	-	-	6,141,411
Total liabilities	48,868,742	-	-	48,868,742
Total net position	\$ 22,452,372	\$ (1,507,805)	\$ (13,776,670)	\$ 7,167,897

Southwest Michigan Behavioral Health

Statement of Activities and Proprietary Funds Statement of

Revenues, Expenses, and Unspent Funds

October 1, 2025 through August 31, 2026

	Mental Health	Substance Use Disorder	Risk Reserve Medicaid	Total PIHP Activities
Operating revenue				
Medicaid	\$ 276,963,072	\$ 4,406,123	\$ -	\$ 281,369,195
Healthy Michigan	19,290,224	8,551,514	-	27,841,738
Medicaid Hospital Adjuster payment	17,958,255	-	-	17,958,255
IPA payment	2,809,744	-	-	2,809,744
Opioid Health Home	-	1,628,005	-	1,628,005
Behavioral Health Home	54,253	-	-	54,253
SUD Prevention and Treatment	-	6,679,217	-	6,679,217
Public Act 2 Local	-	1,857,652	-	1,857,652
Other Grant revenue	265,774	104,563	-	370,337
Performance based incentives/QBIP/OHH P4P	2,121,695	-	-	2,121,695
Interest revenue	266,527	-	19	266,546
Affiliate local drawdown	781,476	-	-	781,476
Other miscellaneous revenue	-	-	-	-
Total operating revenue	320,511,020	23,227,074	19	343,738,113
Operating expenses				
General Administration:				
State Opioid Response (SOR)	-	1,178,991	-	1,178,991
Healing and Recovery Infrastructure (HRCEI)	-	319,074	-	319,074
Recovery Incentives Infrastructure	-	147,760	-	147,760
Alcohol Use Disorder Treatment (AUD)	-	99,047	-	99,047
Gambling Disorder Prevention Grant	-	133,993	-	133,993
SUD Treatment COVID	-	-	-	-
Public Act 2 expenses	-	1,857,652	-	1,857,652
Other grants	204,466	104,563	-	309,029
Behavioral health home services	-	-	-	-
Performance based incentives/QBIP/OHH P4P	-	-	-	-
OHH P4P Bonus Award	-	-	-	-
Local Match Drawdown	781,476	-	-	781,476
Total operating expenses	305,665,682	24,734,879	-	330,400,561
CY Unspent funds	14,845,338	(1,507,805)	19	13,337,552
Unspent funds - beginning	7,607,034	-	(13,776,689)	(6,169,655)
Unspent funds - ending	\$ 22,452,372	\$ (1,507,805)	\$ (13,776,670)	\$ 7,167,897

Southwest Michigan Behavioral Health

Proprietary Funds Statement of Revenues, Expenses, and Unspent Funds

Budget to Actual - Mental Health

October 1, 2025 through August 31, 2026

	Annual Budget	YTD Budget	YTD Actual	Positive (Negative) Variance	Percent Over (Under) Budget
Operating revenue					
Medicaid:					
Capitation	\$ 306,106,224	\$ 280,597,372	\$ 276,963,072	\$ (3,634,300)	(1.30%)
Carryover		-	-	-	0.00%
Healthy Michigan:					
Capitation	22,201,491	20,351,366	19,290,224	(1,061,142)	(5.21%)
HRA Revenue	12,089,192	11,081,759	17,958,255	6,876,496	62.05%
IPA Revenue	-	-	2,809,744	2,809,744	0.00%
Behavioral Health Home	-	-	54,253	54,253	0.00%
Other Grant revenue	580,000	531,667	265,774	(265,893)	(50.01%)
Performance based incentives	2,134,267	1,956,411	2,121,695	165,284	8.45%
Affiliate local drawdown	852,520	781,477	781,476	(1)	(0.00%)
Interest and Other revenues	47,805	43,821	266,527	222,706	508.21%
Other miscellaneous revenue	-	-	-	-	0.00%
Total operating revenue	344,011,499	315,343,874	320,511,020	5,167,146	1.64%
Operating expenses					
General Administration:					
Personnel	5,141,722	4,713,245	5,445,861	(732,616)	(15.54%)
Facilities	210,791	193,225	230,957	(37,732)	(19.53%)
Other	1,935,161	1,773,898	2,060,116	(286,218)	(16.13%)
Insurance Provider Taxes	2,910,115	2,667,605	2,517,313	(2,517,313)	(94.37%)
Medicaid Services		-	1,858,281	(1,858,281)	0.00%
Healthy Michigan		-	659,032	(659,032)	0.00%
Hospital Rate Adjuster	12,089,192	11,081,759	17,958,255	(6,876,496)	(62.05%)
Local Match Drawdown	852,520	781,477	781,476	1	0.00%
Payments to Affiliates	299,214,044	274,279,540	276,467,238	(2,187,698)	(0.80%)
Mental Health Grants	580,000	531,667	204,466	327,201	61.54%
Total operating expenses	322,933,545	296,022,416	305,665,682	(9,643,266)	(3.26%)
CY Unspent funds	21,077,954	19,321,458	14,845,338	4,476,120	
Unspent funds - beginning	7,607,034	7,607,034	7,607,034	-	
Unspent funds - ending	\$ 28,684,988	\$ 26,928,492	\$ 22,452,372	\$ 4,476,120	

Southwest Michigan Behavioral Health

Proprietary Funds Statement of Revenues, Expenses, and Unspent Funds

Budget to Actual - Substance Use Disorder
October 1, 2025 through August 31, 2026

	Annual Budget	YTD Budget	YTD Actual	Positive (Negative) Variance	Percent Over (Under) Budget
Operating revenue					
Medicaid	\$ 8,442,260	\$ 7,738,738	\$ 4,406,123	\$ (3,332,615)	(43.06%)
Healthy Michigan	12,419,373	11,384,425	8,551,514	(2,832,911)	(24.88%)
Opioid Health Home	1,871,969	1,715,972	1,628,005	(87,967)	(5.13%)
SUD Treatment	7,795,203	7,145,603	2,849,602	(4,296,001)	(60.12%)
SUD Women's Specialty	-	-	139,666	139,666	0.00%
SUD state disability assistance	-	-	124,938	124,938	0.00%
SUD prevention	-	-	1,686,146	1,686,146	0.00%
State Opioid Response	-	-	1,178,991	1,178,991	0.00%
SUD Alcohol Use Disorder	-	-	99,047	99,047	0.00%
Healing & Recovery Engagement & Infrastructure	-	-	319,074	319,074	0.00%
Recovery Incentives Infrastructure	-	-	147,760	147,760	0.00%
Gambling Disorder Prevention Grant	-	-	133,993	133,993	0.00%
Performance based incentives/QBIP/OHH P4P	-	-	-	-	0.00%
Public Act 2 Local	2,184,476	2,002,436	1,857,652	(144,784)	(7.23%)
Other grant revenue	-	75,400	104,563	29,163	38.68%
Total operating revenue	32,713,281	30,062,574	23,227,074	(6,835,500)	
Operating expenses					
General Administration:					
Personnel	-	-	451,904	(451,904)	0.00%
Facilities	-	-	13,268	(13,268)	0.00%
Other	-	-	27,712	(27,712)	0.00%
Medicaid Services	22,684,580	20,794,198	4,914,647	15,879,551	76.37%
Healthy Michigan Services	-	-	9,271,714	(9,271,714)	0.00%
Opioid Health Home Services	1,871,969	1,715,972	1,414,202	301,770	17.59%
OHH P4P Bonus Award	-	-	-	-	0.00%
SUD Prevention, Treatment, and Gambling Grant:					
Community Grant	7,795,203	7,145,603	2,849,602	4,296,001	60.12%
State Disability Assistance	-	-	124,938	(124,938)	0.00%
Womens Specialty Services	-	-	139,666	(139,666)	0.00%
Prevention services	-	-	1,686,146	(1,686,146)	0.00%
State Opioid Response III	-	-	1,178,991	(1,178,991)	0.00%
Healing and Recovery Infrastructure	-	-	319,074	(319,074)	0.00%
Recovery Incentives Infrastructure	-	-	147,760	(147,760)	0.00%
SUD Alcohol Use Disorder	-	-	99,047	(99,047)	0.00%
Prevention II COVID	-	-	-	-	0.00%
Gambling Disorder Prevention Grant	-	-	133,993	(133,993)	0.00%
Public Act 2 expenses:					
PA2 services-Barry	-	-	78,827	(78,827)	0.00%
PA2 services-Berrien	-	-	480,875	(480,875)	0.00%
PA2 services-Branch	-	-	13,803	(13,803)	0.00%
PA2 services-Calhoun	-	-	328,130	(328,130)	0.00%
PA2 services-Cass	-	-	103,021	(103,021)	0.00%
PA2 services-Kalamazoo	-	-	659,911	(659,911)	0.00%
PA2 services-St Joseph	-	-	131,568	(131,568)	0.00%
PA2 services-Van Buren	-	-	61,517	(61,517)	0.00%
Performance based incentives used	-	-	-	-	0.00%
Other grant expense	-	-	104,563	(104,563)	0.00%
Total operating expenses	32,351,752	29,655,773	24,734,879	4,920,894	
Unspent funds - beginning	-	-	-	-	
Unspent funds - ending	\$ 361,529	\$ 406,802	\$ (1,507,805)	\$ (11,756,394)	

Southwest Michigan Behavioral Health

Proprietary Funds Statement of Revenues, Expenses, and Unspent Funds

Budget to Actual - Medicaid Risk Reserve

October 1, 2025 through August 31, 2026

	Annual Budget	YTD Budget	YTD Actual	Positive (Negative) Variance	Percent Over (Under) Budget
Operating revenue					
Medicaid:					
Interest revenue	\$ 36,212	33,194	\$ 19	\$ (33,175)	(99.94%)
Operating expenses					
Payments to Affiliates:					0.00%
Medicaid Services	-	-	-	-	0.00%
Healthy Michigan Services	-	-	-	-	0.00%
Total operating expenses	-	-	-	-	
Unspent funds	36,212	33,194	19	(33,175)	
Unspent funds - beginning	(13,776,689)	(13,776,689)	(13,776,689)	-	
Unspent funds - ending	<u>\$ (13,740,477)</u>	<u>\$ (13,743,495)</u>	<u>\$ (13,776,670)</u>	<u>\$ (33,175)</u>	

Southwest Michigan Behavioral Health CORPORATE COMPLIANCE PLAN

**Approved by SWMBH Board of Directors
[INSERT APPROVED DATE]**

**Alison Strasser
Director of Program Integrity & SIU**

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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 and/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 (ECO) 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 ~~C~~CO, 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 ECO 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 ECO 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~~ Quality Assurance & Performance Improvement
- 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 ECO 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 ECO in identifying potential risk areas, advising and assisting the ECO 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 ECO;
- 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~~ SIU 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 ECO 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~~ & SIU department. 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 ECO 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 ECO 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 ECO 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 ECO 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 ECO 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 ECO 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 CMHSPs 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 ECO is responsible for monitoring compliance activities and operations within SWMBH. The ECO must then report any determinations of noncompliance to the Executive Officer, the Corporate Compliance Committee, and SWMBH's Board of Directors. The ECO will identify, interpret and determine standards of compliance through internal audit and monitoring functions and external audits. The ECO 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 ECO, 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 ECO 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:

<u>Violation</u>	<u>Possible Disciplinary Action</u>
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 ECO/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 ECO, 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 CO, 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.
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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 Director of Program Integrity & SIU fulfills the role of ~~Chief~~ Compliance Officer ~~also fulfills the role of and~~ ~~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

SWMBH FY2027 Program Integrity Routine Audit Monitoring
October 1, 2026 - September 30, 2027

The SWMBH FY2027 Payment Integrity Auditing and monitoring plan, monitors services delivered by CMHSPs as well as contracted service providers to assess compliance with applicable Federal and State billing rules, applicable contracts, and SWMBH policies and procedures. The reviews are also designed to monitor and detect deficiencies in business processes used for coverage determinations and claims adjudication. The Audit and Monitoring Plan focuses on review of services that fall under the following business lines: Medicaid, Healthy Michigan, SED Waiver, SAPT Block Grant and PA2 funds both in Fee-for-Service claims and net cost contract formats.

	Audit Topic	Audit Mechanism	Known Risks and/or Purpose of Audit	Frequency of Audits	Responsibility
1	Medicaid Services Verification Claims Review CONTRACT REQUIREMENT: FY27 Section C.4 Medicaid Services Verification	Review Medicaid covered services using the Medicaid Services Verification Review Tool. Tool will identify those items for which scores will be reported to the State. Reviews CMHSP provided services, CMHSP subcontracted provider services, and SUD services paid for utilizing Medicaid funds, for documentation and claims/payment accuracy.	1) Required through PIHP/MDHHS contract; 2) Procedures prescribed by MDHHS Technical Advisory; and 3) Additional elements added to address known risk areas (overlapping billing, IOP, etc.).	Quarterly audit (based on Fiscal Year Quarters) consisting of a sample for CMHSPs of 15 internal services and 15 external services. CMHSP sampling universes will be stratified to remove the top external providers and top hospital providers that will be independently audited. Audit will consist of a sample of 30 dates of service from SUD providers collectively (stratified to remove any SUD provider that is also a top external provider and to include only 10 methadone dosing claims), 15 dates of service for each of the top three hospital providers (by dollar figure), 30 dates of service for each of the top three external providers (by dollar figure), 30 dates of service for the top SWMBH-contracted fee-for-service SUD provider, and a 60 date of service sample for the remaining providers in the region. Samples pulled utilizing sampling specifications consistent with the OIG Self Reporting Protocol.	SWMBH Program Integrity & Compliance
2	Block Grant FFS Claims	Review of Block Grant Fee-for-Service claims including ATP process.	1) SWMBH Organizational Risk Assessment identified very minimal oversight of Block Grant funding stream; 2) Past findings concerning ATP process.	Quarterly sample of 60 DOS for SUD services paid via Block Grant funds. Audit will ensure: Customer eligibility, Block Grant used as last resort, ATP completed, client Medicaid application, bills only for the contracted service fee minus the applicable ATP amount, valid Treatment plan, and service documentation.	SWMBH Program Integrity & Compliance

SWMBH FY2027 Program Integrity Routine Audit Monitoring
October 1, 2026 - September 30, 2027

	Audit Topic	Audit Mechanism	Known Risks and/or Purpose of Audit	Frequency of Audits	Responsibility
3	Net cost Contract Review	Review of SUD Net Cost Contracts - review to include FSR (financial status reports) and Data Template review, SWMBH work plan included with contracts, and supporting documentation from Provider as necessary.	1) Previous SWMBH Organizational Risk Assessment identified need for Funding Stream Oversight; 2) Financial audit requirements	Quarterly monitoring of •Staffing Costs •Supplied and Materials •Sub-Contracts •Documentation for invoicing/payments •Data Reporting	SWMBH Finance (SWMBH Program Integrity & Compliance to consult)
4	Coordination of Benefits audit	Audit of SUD providers to ensure that Coordination of Benefits occurs when a client has both commercial and Medicaid insurance.	Required to ensure that SWMBH is the payor of last resort when a client has commercial insurance.	Quarterly review of 30 claims to ensure Medicaid is the payor of last resort. Ensure EOB is accurate and the Medicaid payment is secondary to the primary insurance payment.	SWMBH Program Integrity & Compliance
5	SUD Health Home (SUDHH) Monitoring (formerly Opioid Health Home)	Audit of SUDHH (S0280) payable claims to ensure SUDHH requirements are being met and business processes followed.	Monitoring for compliance with authorization, service documentation and claim submission processes.	Quarterly audit (based on Fiscal Year Quarters) consisting of a sample of payable S0280 (SUDHH) claims. Ensure appropriate authorization is in place, review Care Plan and service documentation to ensure SUDHH requirements are met.	SWMBH Program Integrity & Compliance

SWMBH FY2027 Program Integrity Data Mining
October 1, 2026 - September 30, 2027

The SWMBH FY2027 Payment Integrity Data Mining Plan, monitors services delivered by CMHSPs as well as contracted service providers to assess compliance with applicable Federal and State billing rules, applicable contracts, and SWMBH policies and procedures. The data-mining scenarios reviewed and described below are developed to address known risks or deficiencies as identified by routine audits and monitoring, investigations, OIG referrals and OIG workplans. CONTRACT REQUIREMENT: FY27 Section T.1.e.iv(3)(a)(iii)

	Audit Topic	Audit Mechanism	Known Risks and/or Purpose of Audit	Frequency of Audits	Responsibility
1	Potential Duplicate Claims	Review of Tableau Report which pulls data if all of the following are the same: Medicaid ID, Date of Service, Provider Name, Code+Modifier(s), Place of Service Code & Units	To ensure claims are not inappropriately or inadvertently duplicated. To ensure that per diem/day codes are reported only once/day. To ensure codes with DT limits are not over-reported. Also informs if Providers are utilizing inappropriate codes for reporting encounters.	Quarterly reports are run to review any risk that has occurred within the areas of identified concern. Claim corrections, recoupments and/or CAPs can be requested when issues are discovered.	SWMBH Program Integrity & Compliance
2	Day of Discharge Billing	Review of Tableau Report which pulls data if a H0018, H0010 or H0019 claim has the same date as the BHTeds Discharge for that customer and provider.	The Day of Discharge is not billable for SUD Residential/Detox providers.	Quarterly reports are run to review any risk that has occurred within the areas of identified concern. Claim corrections, recoupments and/or CAPs can be requested when issues are discovered.	SWMBH Program Integrity & Compliance
3	Inappropriate Overlapping Claims	Review of Tableau Report which pulls data if the same Medicaid ID receives a per diem or bundled service and a disallowed overlapping service on the same date, regardless of provider.	Per MDHHS: The per diem and bundled codes used by the CMH system and SUD residential services are inclusive of all the services in the service code description. Additional services provided must not replace those services that are part of the bundle/code.	Quarterly reports are run to review any risk that has occurred within the areas of identified concern. Claim corrections, recoupments and/or CAPs can be requested when issues are discovered.	SWMBH Program Integrity & Compliance
4	Services After Death	Review of Tableau Report which pulls data a PIHP Client ID has associated encounters for dates after the reported day of death per BHTeds and/or Client Registry File.	To ensure accuracy of death reporting and ensure no claims are paid for services with dates after the death of a customer. MDHHS identified risk area.	Quarterly reports are run to review any risk that has occurred within the areas of identified concern. Claim corrections, recoupments and/or CAPs can be requested when issues are discovered.	SWMBH Program Integrity & Compliance

SWMBH FY2027 Quality Administrative Audit Monitoring
October 1, 2026 - September 30, 2027

The SWMBH FY2027 Clinical Quality Audit and Monitoring Plan reviews services delivered by CMHSPs as well as contracted service providers to assess compliance with applicable Federal and State billing and licensing rules, applicable contracts, and SWMBH policies and procedures. The reviews are also designed to monitor and detect deficiencies in business processes, documentation, and scope of care.

	Audit Topic	Audit Mechanism	Known Risks and/or Purpose of Audit	Frequency of Audits	Responsibility
1	SUD Site Review (Administrative & Clinical)	Annual review of SUD Providers, including CMHSP SUD Providers, including an administrative review and a clinical file review of services paid for utilizing Medicaid, Healthy Michigan Plan (HMP), and Block Grant funds.	1) Past audit findings through SWMBH.	Sample size is 5% with a minimum of 8 files and a maximum of 20 records. If multiple sites, files to be reviewed from each site. SUD clinical to determine focus population(s) and review entire scope of care (not DOS specific).	SWMBH Provider Network and SWMBH SUD Department
2	Inpatient Psychiatric Hospital Services Review (Administrative & Clinical)	Administrative and Clinical review of inpatient psychiatric services paid for utilizing Medicaid and Healthy Michigan Plan (HMP) funds.	1) Services have been subject to minimal review in the past and are a high cost service; 2) Review pursuant to the PIHP Statewide Provider Monitoring - Inpatient Protocol under the Statewide Reciprocity Agreement; 3) Claims/coding/payment/COB accuracy due to past audit findings regarding coding accuracy & documentation sufficiency.	SWMBH Clinical Quality working with Statewide Reciprocity Workgroup re: Inpatient Review methodology, and working with CMHSP PNM/RR officers re: responsibility for auditing inpatient providers physically located within Region 4. Review will utilize approved Inpatient Protocol.	Coordinated by SWMBH Provider Network/Clinical Quality for entire Region pursuant to the PIHP Statewide Inpatient Reciprocity protocol
3	Crisis Residential Services Review (Administrative & Clinical)	Administrative and Clinical review of crisis residential services paid for utilizing Medicaid and Healthy Michigan Plan (HMP) funds.	1. Administrative oversight and monitoring as well as Clinical quality and adherence to the standards outlined in the Medicaid Provider Manual.	Annual sample size of 5% of staff for each provider with a minimum of 8 clinical files. Clinical sample size is 5% or no less than 8 files, staff file sample size is 5% or no less than 5 files. If multiple sites, files to be reviewed from each site. Provider Network will stratify within Universe to determine focus areas. Not DOS specific, rather review will focus on entire scope of care.	SWMBH Provider Network Management & SWMBH Clinical Quality

SWMBH FY2027 Quality Administrative Audit Monitoring
October 1, 2026 - September 30, 2027

4	Annual CMHSP Site Review (Administrative & Clinical)	Administrative and Clinical review of functions delegated to participant CMHSP related to Medicaid and Healthy Michigan Plan (HMP) funds.	MDHHS Contract: Section T.1.e.i.(7)(a)	Sample size is 5% with a minimum of 8 files and a maximum of 20 records (stratified to remove CCBHC customers & Waiver customers reviewed during the current FY). If multiple sites, files to be reviewed from each site. Clinical Quality/SUD determine focus population and review entire scope of care (not DOS specific).	SWMBH Provider Network, SWMBH Clinical Quality, and SWMBH SUD Departments
5	Autism Provider Reviews (Administrative & Clinical)	Annual review of ABA Providers, including an administrative review and brief clinical review for State of Michigan quality metrics.	1. Administrative oversight and monitoring as well as Clinical quality and adherence to the standards outlined in the Medicaid Provider Manual.	Minimum of 8 files (as available). Clinical Quality to determine necessity if additional files are needed. If multiple sites, files to be reviewed from each site. Provider Network will stratify within Universe to determine focus areas. Not DOS specific, rather review will focus on entire scope of care.	SWMBH Provider Network Management & SWMBH Clinical Quality
6	Fiscal Management Services Administrative Review	Annual administrative review of regional FMA providers utilizing Medicaid and Healthy Michigan Plan (HMP) funds.	1. Administrative oversight and monitoring including training and HR functions for Self-D staff.	Minimum of one sampled Self-D consumer and one sampled Self-D staff for each contracting CMH.	SWMBH Provider Network Management



Section: Provider Network Management	Policy Name: Credentialing & Re-Credentialing: Behavioral Health Practitioners	Policy Number: 02.02
Owner: Chief Compliance & Privacy Officer	Reviewed By: Mila Todd	Total Pages: 11
Required By: ☒ BBA ☒ MDHHS ☐ Other (please specify): _____	Final Approval By: Approved by SWMBH Board 10/10/2025	Date Approved:
Application: ☒ SWMBH Staff/Ops ☒ Participant CMHSPs ☒ SUD Providers ☒ MH/IDD Providers ☐ Other (please specify): _____	Line of Business: ☒ Medicaid ☐ Other (please specify): ☒ Healthy Michigan _____ ☒ SUD Block Grant ☒ SUD Medicaid ☒ CCBHC	Effective Date: 1/1/14

Policy: Southwest Michigan Behavioral Health (SWMBH), its participant Community Mental Health Service Providers (CMHSP), and network organizational providers with contractual credentialing responsibilities will ensure the credentialing and re-credentialing of behavioral health practitioners whom they employ, contract with, and who fall within their scope of authority. The credentialing process will be completed in compliance 42 CFR 422.204 and MDHHS Credentialing and Recredentialing standards. Practitioners may not provide care for SWMBH members until they have been credentialed in accordance with this policy.

SWMBH and its participant CMHSPs will not discriminate against any provider solely on the basis of race, ethnic/national identity, gender, age, sexual orientation, licensure, registration or certification. SWMBH and its participant CMHSPs will not discriminate against health care professionals who serve high-risk populations or those that specialize in the treatment of conditions that require costly treatment.

Purpose: To ensure that all customers receiving services within the SWMBH Region receive care from practitioners who are properly credentialed, licensed and/or qualified.

Scope: SWMBH Provider Network Management; Participant CMHSPs; network providers.

Responsibilities: SWMBH Provider Network Management, Participant CMHSPs, and network providers must follow the below requirements as it relates to practitioner credentialing activities.



Definitions:

- A. **Civil Judgment:** 45 CFR 60.3 defines civil judgment as a court-ordered action rendered in a federal or state court proceeding, other than a criminal proceeding. This does not include consent judgments that have been agreed upon and entered to provide security for civil settlement in which there was no finding or admission of liability.
- B. **Criminal Conviction:** The Social Security Act 1128(i) states that an individual or entity is considered to have been convicted of a criminal offense related to the delivery of a health care item or service when:
 - a. A judgment of conviction has been entered against an individual or entity by a federal, state, tribal, or local court regardless of whether there is an appeal pending or the conviction or other record relating to criminal conduct has been expunged. There has been a finding of guilt against an individual or entity by a federal, state, tribal, or local court; or
 - b. A plea of guilty or nolo contendere (no contest) by the individual or entity has been accepted by a federal, state, tribal, or local court; or
 - c. When an individual or entity has entered participation in a first offender, deferred adjudication, or other arrangement where conviction has been withheld.
- C. **National Practitioner Databank (NPDB) and the Healthcare Integrity and Protection Databank (HIPDB):** The U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions, Office of Workforce Evaluation and Quality Assurance, Practitioner Data Banks Branch is responsible for the management of the NPDB and the HIPDB. They can be located on the Internet at <https://www.npdb.hrsa.gov/>.
- D. **Practitioner:** A professional who provides health care services within the scope of practice that he/she is legally authorized to do so by the State in which he or she delivers the services.

Standards and Guidelines:

- A. **MDHHS Community Mental Health Services Program (CMHSP) Credentialing (Universal Credentialing)**
 - 1. SWMBH, its participant CMHSPs and network providers shall cooperate in the implementation and use of the MDHHS CMHSP Credentialing Program (commonly referred to as "Universal Credentialing").
- B. **Practitioner Types Requiring Credentialing**
 - 1. Credentialing will be completed for all practitioners as required by this policy and all applicable Michigan and Federal laws. Specifically, the following types of practitioners will be credentialed:
 - a. Physicians (M.D.s or D.O.s)
 - b. Physician Assistants
 - c. Psychologists (Licensed, Limited License, and Temporary License),
 - d. Licensed Master's Social Workers, Licensed Bachelor's Social Workers, Limited License Social Workers, and Registered Social Service Technicians
 - e. Licensed Professional Counselors
 - f. Board Certified Behavior Analysts
 - g. Nurse Practitioners, Registered Nurses, and Licensed Practical Nurses
 - h. Occupational Therapists and Occupational Therapist Assistants
 - i. Physical Therapists and Physical Therapist Assistants
 - j. Speech Pathologists



- k. Licensed Marriage and Family Therapists
- l. Other behavioral healthcare specialists licensed, certified, or registered by the State

C. Timeframes for Credentialing and Re-Credentialing Individual Practitioners

1. Initial credentialing of individual practitioners applying for inclusion in the SWMBH network must be completed within 90 calendar days.
 - a. The 90-day timeframe starts when SWMBH or the participant CMHSP has received a completed, signed and dated credentialing application from the individual practitioner.
 - b. The completion time is the date written communication is sent to the individual practitioner notifying them of SWMBH or the participant CMHSP's decision.
 - c. Primary source verification must be completed within the 180 days preceding the credentialing decision date.
2. Re-credentialing shall occur at least every three (3) years.

D. Requirements for Initial Credentialing and Re-Credentialing Individual Practitioners

1. Prior to inclusion in the SWMBH provider network and at least every three (3) years thereafter, individual practitioners requesting inclusion or participating in the SWMBH provider network will complete, sign and date the universal credentialing application in the MDHHS CRM or the current SWMBH Individual Practitioner Credentialing Application (as applicable), including all attestations, and provide any supporting documentation necessary for credentialing to occur.
2. SWMBH or Participant CMHSP credentialing staff will verify information obtained in the credentialing application and validate the standards contained in the table below. Copies of verification sources will be maintained in the practitioner credentialing file. When source documentation is not electronically dated, staff will initial and date with the current date.

Credentialing Standard	Verification Method	Clean File Criteria	Required for Initial Credentialing	Required for Re-credentialing
Completed universal credentialing application within the Customer Relationship System or current SWMBH Individual Practitioner Credentialing Application as applicable, signed and dated by the individual practitioner that attests to the following: • Lack of present illegal drug use; • History of loss of license, registration,	Review of completed Individual Practitioner Credentialing Application and any relevant addenda concerning: • The reasons for inability to perform essential functions; • Lack of present illegal drug use; • History of loss of license; • History of loss or limitation of privileges; • Current malpractice coverage that was not provided with the application and signed attestation.	Complete, signed and dated application with no positively answered attestation questions.	Yes	Yes

certification, and/or felony convictions; - Any history of loss or limitation of privileges or disciplinary action; - Accuracy and completeness of information in the applications; and - Ability to perform the essential functions of the position with or without accommodation.				
Criminal history and National and State sex offender registry checks.	ICHAT: https://apps.michigan.gov Michigan Public Sex Offender Registry: https://mspsor.com National Sex Offender Registry: http://www.nsopw.gov	No results.	Yes	Yes
Evaluation of the individual practitioner's work history for the prior five (5) years, with each gap in work history of six (6) month or more clarified in writing by the practitioner.	Review of credentialing application, with any gaps of six (6) months or more explained in writing.		Yes	Yes
Licensure or certification, and in good standing.	Primary source verification made directly with the state licensing agency website (LARA for Michigan – http://w3.lara.stat.mi.us/free/) SPECIAL NOTE FOR PHYSICIANS: The American Medical Association (AMA) or American Osteopathic Association (AOA) physician profile information may be used as the primary source for licensure, board certification, and education verification for physicians.	Current valid and unrestricted license to practice in the state of Michigan; and No state sanctions or restrictions on licensure in the past ten (10) years.	Yes	Yes

Board Certification, or highest level of credentials attained, if applicable, or completion of any required internships/residency programs or other postgraduate training.	Primary source verification directly with the applicable certification board. Because medical specialty boards verify education and training, verification of board certification fully meets the requirement for verification of education.		Yes	Yes
If a practitioner is NOT Board Certified - Verification of education	- Official transcript of graduation from an accredited school; and/or - LARA license; and/or - Verification via the National Student Clearinghouse: https://www.studentclearinghouse.org SPECIAL NOTE: - The Educational Commission for Foreign Medical Graduates (ECFMG) may be used to verify education of foreign physicians educated after 1986 (for practitioners who are not board certified and verification of completion of a residency program or graduation from a foreign medical school are not verifiable with the primary source).		Yes	No
Primary source verification of the past five (5) years of malpractice lawsuits, judgments, or settlements.	National practitioner Databank (NPDB)/HIPDB query and a written description of any malpractice lawsuits and/or judgments or settlements within the last five (5) years provided by either the practitioner or their malpractice carrier; OR In lieu of an NPDB/HIPDB query, verification of ALL of the following: - Historical checks of criminal convictions related to the delivery of a health care item or service. - Historical checks of civil judgments related to the delivery of a health care item or service. - Disciplinary status with regulatory board or agency. - Medicare/Medicaid sanctions and exclusions (see below)	No malpractice lawsuits or judgments or settlements within the last five (5) years; OR No positive findings on any of the verifications.	Yes	Yes

The individual practitioner is not excluded from participation in Medicare, Medicaid, or other federal contracts, and is not excluded from participation through the MDHHS Sanctioned Provider List.	CMS Sanctioned Provider List: https://exclusions.oig.hhs.gov MI Sanctioned Provider List: www.michigan.gov/MDHHS (Providers>Information for Medicaid Providers>List of Sanctioned Providers) System for Award Management (SAM): https://sam.gov **Checked during initial credentialing and monthly thereafter via monthly sanctioned provider screenings.**	Initial Credentialing: Practitioner is not listed as excluded or sanctioned. Recredentialing: Monthly sanctioned provider monitoring results from initial credentialing through recredentialing show the practitioner is not listed as excluded or sanctioned.	Yes	Yes
Current professional liability insurance meets the standards defined in the contract.	Copy of current certificate of insurance.	Meets contractual requirements.	Yes	Yes
A quality review is completed at recredentialing.	Documented review of the following: - Grievances & appeals - Recipient Rights complaints/investigations - Customer services complaints - Program Integrity & Compliance Investigations - MMBPIS or other applicable performance indicators - The most recent annual site review/monitoring report, if applicable.	Grievances & appeals, recipient rights, and customer services complaints are within the expected threshold given the provider's size; there has been no substantiations of credible allegations of fraud; MMBPIS and other performance indicators substantially meet set	No	Yes

		standards (if applicable).		
The practitioner is enrolled in the MDHHS CHAMPS System.	Verification of CHAMPS enrollment.	Practitioner is enrolled in CHAMPS	Yes	Yes

E. Temporary/Provisional Credentialing Process

1. Temporary or provisional status can be granted one time to practitioners until formal credentialing is completed. Temporary or provisional credentialing should be used when it is in the best interest of Medicaid members to have providers available to provide care prior to formal completion of the entire credentialing process.

2. Timeframes.

- a. A decision regarding temporary/provisional credentialing shall be made within 31 days of receipt of a complete application and the minimum documents listed below.
- b. Temporary/provisional credentialing status shall not exceed 150 days, after which time the credentialing process shall move forward according to this credentialing policy.
- c. Primary source verification must be completed within the 180 days preceding the provisional credentialing decision date.

3. Requirements.

- a. Providers seeking temporary or provisional status must complete and sign the current approved SWMBH Practitioner Credentialing Application, including attestations regarding:
 - i. Lack of present illegal drug use;
 - ii. History of loss of license, registration, certification, and/or felony convictions;
 - iii. Any history of loss or limitation of privileges or disciplinary action;
 - iv. The accuracy and completeness of the application.
- b. SWMBH and/or participant CMHSPs shall perform verification from primary sources of:
 - i. Current valid license or certification, in good standing.
 - ii. Board Certification, or highest level of credentials attained, if applicable, or completion of any required internships/residency programs, or other postgraduate training.
 - iii. Official transcript of graduation from an accredited school and/or LARA license.
 - iv. National Practitioner Databank (NPDB)/Healthcare Integrity and Protection Databank (HIPDB) query or, in lieu of the NPDB/HIPDB query, all the following must be verified:
 - a. Minimum five (5) year history of professional liability claims resulting in a judgment of settlement; and
 - b. Disciplinary status with regulatory board or agency.
 - v. Medicare/Medicaid sanctions and exclusions.
 - vi. CHAMPS Enrollment.
 - vii. If the individual practitioner undergoing credentialing is a physician, then physician profile information obtained from the American Medical Association or American Osteopathic Association may be used to satisfy the primary source requirements of (i), (ii), and (iii) above.
- c. SWMBH/Participant CMHSPs shall evaluate the individual practitioner's work history for the



prior five (5) years. Gaps in employment of six (6) months or more in the prior five (5) years must be addressed in writing during the application process.

4. SWMBH/Participant CMHSPs shall follow the same process for presenting provisional credentialing files to the Credentialing Committee as it does for its regular credentialing process.

Temporary/Provisional credentialing decisions shall be made by the applicable entity's Credentialing Committee and not through the clean file process.

F. Credentialing Reciprocity (Deemed Status).

1. **Out of Region.** SWMBH and its participant CMHSPs may accept credentialing activities conducted by any other Region in lieu of completing its own credentialing activities. If SWMBH chooses to accept the credentialing activities of another Region, copies of the credentialing Region's decision shall be maintained in the SWMBH/Participant CMHSP credentialing file.

2. **In Region.** SWMBH and its participant CMHSPs shall work collaboratively to reduce the burden on shared network providers (providers that contract with two or more participant CMHSPs) by coordinating credentialing/recredentialing activities to ensure, to the extent practicable, that shared providers in the SWMBH network only complete credentialing/recredentialing through a single participant CMHSP or SWMBH, and that those credentialing/recredentialing results are shared with the Region.

3. **Reciprocity Procedure.** When accepting credentialing activities performed by another Region or another in-Region entity, SWMBH and its participant CMHSPs shall follow SWMBH Procedure 02.03.01 – Credentialing Reciprocity.

G. Practitioner Right for Request for Review

1. The Applicants Rights for Credentialing and Re-credentialing will be included in the initial credentialing packet sent to Applicants applying to be providers in the SWMBH provider network.

2. Applicants have the right, upon request, to be informed of the status of their application. Applicants may contact the credentialing staff via telephone, in writing or email as to the status of their application.

3. Applicants have the right to review the information submitted in support of their credentialing application. This review is at the applicant's request. The following information is excluded from a request to review information:

a. Southwest Michigan Behavioral Health is not required to provide the applicant with information that is peer-review protected.

b. Information reported to the National Practitioner Data Bank (NPDB).

c. Criminal background check data.

4. Should the information provided by the applicant on their application vary substantially from the information obtained and/or provided to SWMBH/participant CMHSPs by other individuals or organizations contacted as part of the credentialing and/or re-credentialing process, credentialing staff will contact the applicant within 180 days from the date of the signed attestation and authorization statement to advise the applicant of the variance and provide the applicant with the opportunity to correct the information if it is erroneous.

5. The applicant will submit any corrections in writing within fourteen (14) calendar days to the credentialing staff. Any additional documentation will be date stamped and kept as part of the applicant's credentialing file.



H. Credentialing Decisions

1. Credentialing decisions shall be made in accordance with SWMBH policies 02.02 (Clean Credentialing & Re-Credentialing Files) and 02.05 (Credentialing Committee, Confidentiality of Credentialing Records, & Provider Nondiscrimination). Practitioners not selected for inclusion in the network will be given written notice of the reason for the decision.
2. SWMBH and/or participant CMHSPs shall notify an individual practitioner that is denied credentialing or re-credentialing of the reason(s) for the adverse credentialing decision in writing within thirty (30) days of the decision. This written adverse credentialing decision notification must include information on the appeal process available to the practitioner, in accordance with SWMBH Policy 2.14.
3. SWMBH retains the right to approve, suspend, or revoke/terminate from participation in the provision of Medicaid funded services, any provider (organizational or practitioner) in the Region 4 network (including participant CMHSP network providers), regardless of whether SWMBH or a participant CMHSP performed the credentialing activities.

I. Reporting Requirements.

1. Routine.

- a. Participant CMHSPs shall submit a monthly credentialing report to SWMBH, utilizing the MDHHS credentialing report template.
- b. SWMBH shall submit quarterly reports to MDHHS at the timeframes referenced in the MDHHS-PIHP Master Contract Schedule E, utilizing the MDHHS credentialing report template.

2. Ad hoc.

- a. To ensure quality and safety of care between credentialing cycles, SWMBH performs on-going monitoring of the following, in accordance with SWMBH Policy 2.18:
 - i. Member complaints, adverse events, and information from quality improvement activities related to identified instances of poor quality,
 - ii. Any incidences of Medicaid and Medicare sanctions and,
 - iii. Restrictions and/or sanctions on licensure and/or certification.
- b. Participant CMHSPs shall promptly report to SWMBH's Director of Provider Network information about a practitioner which could result in suspension or termination from the SWMBH network, including but not limited to:
 - i. Known improper conduct (e.g. fraud, threats to member health and safety, etc.);
 - ii. Positive sanctions/exclusions screening results, in accordance with SWMBH Procedure 10.13;
 - iii. Any other information that may affect the practitioner's status as a SWMBH network provider.
- c. SWMBH shall report any known improper conduct of an individual practitioner which could result in suspension or termination from the SWMBH network in accordance with applicable SWMBH policies and to the applicable regulatory authority (MDHHS, MI OIG, AG, provider's governing board, etc.).

Procedures: 02.03.01 Credentialing Reciprocity



Effectiveness Criteria: N/A

References: 42 CFR § 438.214 (a-e)

MDHHS-PIHP Contract Schedule A, Section 1(N)(1)

MDHHS BPHASA Credentialing and Recredentialing Processes

Public Act 218 as amended by Act 59 section 400.734b

42 FR 422.204

SWMBH Policy 2.18

SWMBH Policy 10.13

Attachments: 02.02A Applicant Credentialing Rights

Revision History

Revision #	Revision Date	Revision Location	Revision Summary	Revisor
1	5/18/15	N/A: before new template	N/A: before new template	N/A: before new template
2	12/1/16	N/A: before new template	N/A: before new template	N/A: before new template
3	5/10/17	N/A: before new template	N/A: before new template	N/A: before new template
4	12/14/18	N/A	Annual Board approval as required per MDHHS contract	Mila Todd & SWMBH Board
5	01/10/20	N/A	Annual Board approval as required per MDHHS contract	Mila Todd & SWMBH Board
6	09/28/21	Paragraph G	Added Reporting Requirements	Mila Todd
7	11/12/21	N/A	Annual Board approval as required per MDHHS contract	Mila Todd & SWMBH Board
8	02/14/23	Multiple	Revised entire policy to be consistent with updated MDHHS Credentialing Process.	Mila Todd
9	03/17/23	N/A	Reviewed by Regional PNM Committee.	Mila Todd
10	10/13/23	N/A	Annual Board approval as required per MDHHS contract	Mila Todd & SWMBH Board
11	02/14/25	Multiple	Updated in accordance with MDHHS Credentialing Policy; require compliance with Universal Credentialing; updated re-credentialing to every three years.	Mila Todd
12	10/10/25	N/A	Annual Board approval as required per MDHHS contract	Mila Todd & SWMBH Board
13	10/09/26	N/A	Annual Board approval as required per MDHHS contract	Mila Todd & SWMBH Board



Section: Provider Network Management	Policy Name: Credentialing & Re-Credentialing: Organizational Providers	Policy Number: 02.03
Owner: Director of Provider Network Management	Reviewed By: Mila Todd	Total Pages: 10
Required By: ☒ BBA ☒ MDHHS ☐ Other (please specify): _____	Final Approval By: Approved by SWMBH Board	Date Approved: 10/10/2025
Application: ☒ SWMBH Staff/Ops ☒ Participant CMHSPs ☒ SUD Providers ☒ MH/IDD Providers ☐ Other (please specify): _____	Line of Business: ☒ Medicaid ☐ Other (please specify): ☒ Healthy Michigan _____ ☒ SUD Block Grant ☒ SUD Medicaid ☒ CCBHC	Effective Date: 1/1/14

Policy: Southwest Michigan Behavioral Health (SWMBH) and its participant Community Mental Health Service Providers (CMHSPs) will credential and re-credential behavioral health organizational providers with whom they contract and that fall within their scope of authority and action. Neither SWMBH nor its participant CMHSPs will discriminate against any provider solely on the basis of licensure, registration or certification. Neither SWMBH nor its participant CMHSPs will discriminate against health care professionals or organizations who serve high-risk populations or those that specialize in the treatment of conditions that require costly treatment.

Purpose: To ensure that all customers served receive care from organizational providers that are properly credentialed, licensed and/or qualified.

Scope: SWMBH Provider Network Management; Participant CMHSPs, network providers.

Responsibilities: SWMBH Provider Network Management, participant CMHSPs, and network providers will follow the requirements listed herein as it relates to credentialing.

Definitions:

Civil Judgment: 45 CFR 60.3 defines civil judgment as a court-ordered action rendered in a federal or state court proceeding, other than a criminal proceeding. This does not include consent judgments that have been agreed upon and entered to provide security for civil settlement in which there was no finding or admission of liability.

Criminal Conviction: The Social Security Act 1128(i) states that an individual or entity is considered to have been convicted of a criminal offense related to the delivery of a health care item or service when:



1. A judgment of conviction has been entered against an individual or entity by a federal, state, tribal, or local court regardless of whether there is an appeal pending or the conviction or other record relating to criminal conduct has been expunged. There has been a finding of guilt against an individual or entity by a federal, state, tribal, or local court; or
2. A plea of guilty or nolo contendere (no contest) by the individual or entity has been accepted by a federal, state, tribal, or local court; or
3. When an individual or entity has entered participation in a first offender, deferred adjudication, or other arrangement where conviction has been withheld.

National Practitioner Databank (NPDB) and the Healthcare Integrity and Protection Databank (HIPDB):

The U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions, Office of Workforce Evaluation and Quality Assurance, Practitioner Data Banks Branch is responsible for the management of the NPDB and the HIPDB. They can be located on the Internet at <https://www.npdb.hrsa.gov/>.

Organizational provider: An entity that directly employs and/or contracts with individuals to provide health care services. Examples of organizational providers include, but are not limited to, community mental health services programs (CMHSPs); hospitals; nursing homes; homes for the aged; psychiatric hospitals, psychiatric units, and partial hospitalization programs; substance use disorder programs; and home health agencies.



Standards and Guidelines:

A. MDHHS Community Mental Health Services Program (CMHSP) Credentialing (Universal Credentialing)

1. SWMBH, its participant CMHSPs and network providers shall cooperate in the implementation and use of the MDHHS CMHSP Credentialing Program (commonly referred to as "Universal Credentialing").

B. Timeframes for Credentialing and Re-Credentialing Organizational Providers

1. Initial credentialing of all organizational providers applying for inclusion in the SWMBH network must be completed within 90 calendar days.
 - a. The 90-day time frame starts when SWMBH or the participant CMHSP has received a completed, signed and dated credentialing application from the organizational provider.
 - b. The completion time is the date when written communication is sent to the organizational provider notifying them of SWMBH or the participant CMHSP's decision.
 - c. Primary source verification must be completed within the 180 days preceding the credentialing decision date.
2. Re-credentialing shall occur at least every three (3) years.
3. During initial credentialing and at re-credentialing, SWMBH and its participant CMHSPs will ensure that organizational providers are notified of the credentialing decision in writing within 10 business days following a decision. In the event of an adverse credentialing decision, the organizational provider will be notified of the reason(s) in writing and of their right to and process for appealing/disputing the decision in accordance with SWMBH Policy 2.14.

C. Organizational Provider Assignments

1. SWMBH is responsible for credentialing/recredentialing the following organizational provider types, on behalf of the Region:
 - a. Substance Use Disorder
 - b. Psychiatric Inpatient
 - c. Crisis Residential
 - d. Autism Services
 - e. Financial Management Services
 - f. Specific Specialized Residential service providers as determined by the Regional Provider Network Management Committee
2. Participant CMHSPs are responsible for credentialing/recredentialing all other organizational provider types for inclusion in each participant CMHSP subcontracted network of providers.
3. SWMBH retains the right to approve, suspend, or revoke/terminate from participation in the provision of Medicaid funded services, any provider (organizational or practitioner) in the Region 4 network (including participant CMHSP network providers), regardless of whether SWMBH or a participant CMHSP performed the credentialing activities.

D. Requirements for Credentialing and Re-Credentialing Organizational Providers

1. Before executing an initial contract and at least every three (3) years thereafter, SWMBH and its participant CMHSPs will validate the standards contained in the table below, for organizational providers wishing to provide contracted services in the SWMBH network.
2. During initial credentialing and at re-credentialing, SWMBH or participant CMHSPs will submit credentialing packets along with primary source verifications and other supporting documentation to its Credentialing Committee for a decision regarding inclusion in the SWMBH Provider Network. Packets will



be reviewed for completeness prior to any Committee meeting. If files meet clean file criteria in every category listed, the Medical Director (or designee) of the agency completing the credentialing may sign off to approve the provider, in lieu of review and decision by the Credentialing Committee. See SWMBH Policy 2.04 Clean Credentialing and Re-credentialing Files for additional information.

3. Credentialing and recredentialing files and supporting documentation shall be maintained in accordance with SWMBH Policy 2.05.

Credentialing Standard	Verification Method	Clean File Criteria	Required for Initial Credentialing?	Required for Re-credentialing?
Completed Universal Credentialing application within the Customer Relationship system (CRM) or SWMBH Organizational Credentialing Application (as applicable) signed and dated by an authorized representative of the organizational provider.	Review of completed Organizational Credentialing Application.	Complete, signed application with no positively answered attestation questions.	Yes	Yes
The organizational provider is licensed or certified and in good standing as necessary to operate in the state.	State License verification (LARA) Certification verification (certifying entity) Record of any violations or special investigations	Current valid license/certification; No license/certification violations and no special state investigations within the most recent five (5) years for initial or three (3) years for re-credentialing.	Yes	Yes
Accreditation by a national accrediting body, if obtained. Accreditation is required for Substance Use Disorder (SUD) treatment providers	Proof of accreditation by any of the following: CARF Joint Commission DNV Healthcare NCQA CHAPS COA AOA	Full accreditation status during the last accreditation review.	Yes	Yes

and Inpatient providers.				
If the organizational provider is not accredited (and is not required to be), an on-site or alternative quality assessment is conducted by SWMBH or CMHSP prior to contracting. An on-site quality assessment is required for Specialized Residential sites (homes). The parent organization's accreditation does not eliminate this requirement.	On-site quality assessment (can be from another Region as part of Credentialing Reciprocity) OR Alternative quality assessment for solely community-based providers (i.e. no "site" to perform an on-site review)	No plan of correction resulting from the on-site/alternative quality assessment.	Yes	No
Primary source verification of the past five (5) years of civil judgments or malpractice claims.	National Practitioner Data Bank (NPDB) Query Verification from provider's malpractice insurance carrier	No malpractice lawsuits and/or civil judgments related to the delivery of a health care item or service within the last five (5) years.	Yes	Yes
The organizational provider, and any individuals listed as a "Screened Person" under SWMBH Policy 10.13, are not excluded from participation in Medicare, Medicaid, other federal contracts, and are not excluded from participation through the MDHHS Sanctioned Provider list.	CMS Sanctioned Provider List: https://exclusions.oig.hhs.gov MI Sanctioned Provider List: www.michigan.gov/MDHHS (Providers > Information for Medicaid Providers > List of Sanctioned Providers) System for Award Management (SAM): https://sam.gov **Checked during initial credentialing and monthly thereafter via monthly sanctioned provider screenings**	Initial Credentialing: Organizational provider and any "Screened Persons" are not listed as excluded or sanctioned. Recredentialing: Monthly sanctioned provider monitoring results from initial credentialing through recredentialing show the organizational provider and any "Screened Persons" are not listed as	Yes	Yes – monthly sanctioned provider screening results

		excluded or sanctioned.		
Organizational provider's current insurance coverage meets contractual expectations.	Copy of the organizational provider's liability insurance policy declaration sheet.	Current insurance coverage meets contractual requirements.	Yes	Yes
A quality review is completed at recredentialing.	Documented review of the following: • Grievances & appeals • Recipient Rights complaints/investigations • Customer services complaints • Program Integrity & Compliance Investigations • MMBPIS or other applicable performance indicators • The most recent annual site review/monitoring report.	Grievances & appeals, recipient rights, and customer services complaints are within the expected threshold given the provider's size; there has been no substantiations of credible allegations of fraud; MMBPIS and other performance indicators substantially meet set standards (if applicable).	No	Yes
The organizational provider is enrolled in the MDHHS CHAMPS System.	Verification of CHAMPS enrollment.	Organization is enrolled in CHAMPS.	Yes	Yes
If the organizational provider seeks to contract to provide services/programs that require MDHHS certification, the organizational provider has already obtained MDHHS certification. (Crisis Residential, Clubhouse, SUD ASAM Level of Care, etc.)	Verification of program/service certification by MDHHS.	Applicable programs/services have MDHHS certification	Yes	Yes
Any other standards applicable to the organizational provider type of services.	As needed depending on the applicable standard(s).	As needed depending on the applicable standard(s).	Yes	As needed depending on the applicable standard(s).



D. Temporary/Provisional Credentialing Process

- a. Temporary or provisional status can be granted one time to organizations until formal credentialing is completed. Temporary or provisional credentialing should be used when it is in the best interest of Medicaid members to have providers available to provide care prior to formal completion of the entire credentialing process.
- b. **Timeframes.**
 - i. A decision regarding temporary/provisional credentialing shall be made within 31 days of receipt of a complete application and the minimum documents listed below.
 - ii. Temporary/provisional credentialing status shall not exceed 150 days, after which time the credentialing process shall move forward according to this credentialing policy.
 - iii. Primary source verification must be completed within the 180 days preceding the provisional credentialing decision date.
- c. **Requirements.**
 - i. Standard Requirements.
 1. Providers seeking temporary or provisional status must complete the current approved SWMBH Organizational Credentialing Application, signed and dated by an authorized representative.
 2. SWMBH and/or Participant CMHSPs shall perform verification from primary sources of:
 - a. Current valid license or certification and in good standing as necessary to operate in the State of Michigan.
 - b. National Practitioner Databank (NPDB)/Healthcare Integrity and Protection Databank (HIPDB) query or, in lieu of the NPDB/HIPDB query, all of the following:
 - i. Minimum five (5) year history of professional liability claims resulting in a judgment or settlement; and
 - ii. Disciplinary status with regulatory board or agency.
 - c. Medicare/Medicaid sanctions (OIG, SAM, and Michigan Sanctioned Provider lists)
 - d. CHAMPS Enrollment.
 3. SWMBH and/or Participant CMHSPs shall evaluate the organizational provider's continuing operation as a provider for the prior five (5) years. Gaps in operation of six (6) months or more in the prior five (5) years must be addressed in writing during the application process.
 - ii. Requirements Specific to Accreditation and CHAMPS enrollment.
 1. Temporary or provisional status may be considered for organizational providers that are required to be accredited while their accreditation is pending, only with written permission from MDHHS and SWMBH.
 - a. Accreditation is a precursor requirement for some provider types to securing a Medicare Number, which is a precursor requirement to CHAMPS enrollment. This means that some providers who are awaiting accreditation will not yet be enrolled in CHAMPS.
 2. Temporary or provisional status may be considered for organizational providers that are not yet enrolled in CHAMPS, only with written permission from MDHHS and SWMBH.
 - a. If temporary or provisional credentialing status is approved for an organization provider who is not yet enrolled in CHAMPS, contracts with that organizational provider may not exceed 120 days, and must terminate immediately after the 120-day time period, unless either of the following occurs:
 - i. Written permission by MDHHS to extend the contract beyond the 120-day limit; or
 - ii. Verification of the organizational provider's enrollment in CHAMPS.



- d. SWMBH/Participant CMHSPs shall follow the same process for presenting provisional credentialing files to the Credentialing Committee as it does for its regular credentialing process. Temporary/Provisional credentialing decisions shall be made by the applicable entity's Credentialing Committee and not through the clean file process.

E. Credentialing Reciprocity (Deemed Status).

- a. **Out of Region.** SWMBH and its participant CMHSPs may accept credentialing activities conducted by any other Region in lieu of completing its own credentialing activities. If SWMBH chooses to accept the credentialing activities of another Region, copies of the credentialing Region's decision shall be maintained in the SWMBH/Participant CMHSP credentialing file.
- b. **In Region.** SWMBH and its participant CMHSPs shall work collaboratively to reduce the burden on shared network providers (providers that contract with two or more participant CMHSPs) by coordinating credentialing/recredentialing activities to ensure, to the extent practicable, that shared providers in the SWMBH network only complete credentialing/recredentialing through a single participant CMHSP or SWMBH, and that those credentialing/recredentialing results are shared with the Region.
- c. **Reciprocity Procedure.** When accepting credentialing activities performed by another Region or another in-Region entity, SWMBH and its participant CMHSPs shall follow the SWMBH Procedure 02.03.01 – Credentialing Reciprocity.

F. Organizational Provider credentialing of its direct employees and contractors.

- a. Organizational providers may be held responsible for credentialing and re-credentialing their direct employees and subcontracted professional service providers per SWMBH or SWMBH participant CMHSP contractual requirements.
- b. Organizational providers shall maintain written credentialing/re-credentialing policies and procedures consistent with SWMBH and MDHHS credentialing policies and any other applicable requirements.
- c. Organizational providers shall perform credentialing/re-credentialing activities in accordance with applicable contractual requirements, SWMBH policies and procedures, MDHHS policies and procedures, and any other applicable requirements.
- d. SWMBH or a participant CMHSP shall verify through annual on-site reviews and other means as necessary that the organizational provider's credentialing practices meet applicable policies and requirements.

G. Reporting Requirements.

- a. **Routine.**
 - i. Participant CMHSPs shall submit a monthly credentialing report to SWMBH, utilizing the MDHHS credentialing report template.
 - ii. SWMBH shall submit quarterly reports to MDHHS at the timeframes referenced in the MDHHS-PIHP Master Contract Schedule E, utilizing the MDHHS credentialing report template.
- b. **Ad hoc.**
 - i. Participant CMHSPs shall promptly report to SWMBH's Director of Provider Network information about an organizational provider which could result in suspension or termination from the SWMBH network, including but not limited to:
 - 1. Known improper conduct (e.g. fraud, threats to member health and safety, etc.);
 - 2. Positive sanctions/exclusions screening results, in accordance with SWMBH Procedure 10.13;
 - 3. Any other information that may affect the organizational provider's status as a SWMBH network provider.
 - ii. SWMBH shall report any known improper conduct of an organizational provider which could result in suspension or termination from the SWMBH network in accordance with applicable SWMBH policies and



to the applicable regulatory authority (MDHHS, MI OIG, MI AG, provider's governing board, etc.).

Procedures: SWMBH Operating Procedure 2.03.01 Credentialing Reciprocity

Effectiveness Criteria: N/A

References:

MDHHS-PIHP Contract Schedule A, Section 1(O)(1)
MDHHS BPHASA Credentialing and Re-Credentialing Processes
BBA § 438.214
SWMBH Policy 2.18
SWMBH Policy 2.04
SWMBH Policy 2.05
SWMBH Procedure 10.13

Attachments:

2.03A SWMBH Organizational Credentialing Application
2.03B SWMBH Organizational Credentialing Checklist

Revision History

Revision #	Revision Date	Revision Location	Revision Summary	Revisor
1	5/18/15	N/A: before new template	N/A: before new template	N/A: before new template
2	12/1/16	N/A: before new template	N/A: before new template	N/A: before new template
3	12/1/17	N/A: before new template	N/A: before new template	N/A: before new template
4	12/14/18	N/A	Annual Board approval as required by MDHHS contract	Mila Todd & SWMBH Board
5	01/10/20	N/A	Annual Board approval as required by MDHHS contract	Mila Todd & SWMBH Board
6	09/28/21	Paragraph E	Added Reporting Requirements	Mila Todd
7	11/12/21	N/A	Annual Board approval as required by MDHHS contract	Mila Todd & SWMBH Board
8	02/10/23	Multiple	Revised entire policy to ensure alignment with revised MDHHS Credentialing Policy, and to add specificity around Quality checks and Reciprocity process.	Mila Todd
9	03/17/23	N/A	Reviewed by Regional PNM Committee	Mila Todd
10	10/13/23	N/A	Annual Board approval as required by MDHHS contract	Mila Todd & SWMBH Board
11	02/07/25	Throughout	Updated policy to include MDHHS universal credentialing; updated recredentialing timeframe to 3 years; updated/reformatted credentialing/recredentialing grid	Mila Todd
12	10/10/25	N/A	Annual Board approval as required by MDHHS contract	Mila Todd & SWMBH Board
13	10/09/26	N/A	Annual Board approval as required by MDHHS contract	Mila Todd & SWMBH Board

2.9 POLICY: Communication and Support to the Board (formerly BEL-008)

The Executive Officer shall not cause or allow the Board to be uninformed or unsupported in its work. Further, including but not limited to, the Executive Officer may not:

2.9.4. Let the Board be unaware of any significant incidental information it requires including anticipated media coverage, threatened or pending lawsuits, and material internal and external changes, including:

c. information related to MCHE, including

i. semi-annual written MCHE status reports to the SWMBH Board in April and October

EO Update:

MCHE met on 05/07/2026, and subsequent meetings have been cancelled due to lack of agenda items. The next meeting is scheduled for 11/05/2026.

Wakely

MCHE continued its engagement of Wakely Consulting Group, LLC by executing a Statement of Work effective 06/05/26 – 12/31/26. Wakely is an actuarial consultant retained by the PIHPs through MCHE to participate in the MDHHS rate setting process, produce Actuarial Memorandum as needed, and perform any additional ad-hoc analysis as requested through MCHE. Wakely participated, on behalf of the PIHPs, in MDHHS's 09/03/2026 FY27 Rate Setting Meeting. On 09/16/2026, Wakely produced a memo on behalf of MCHE, directed to MDHHS's rate setting team, outlining feedback on the FY2027 rates and rate setting process.

MCG Criteria

MCHE continues to be the vehicle by which the PIHPs jointly purchase MCG medical necessity criteria. SWMBH received the Invoice for its cost share of the FY27 MCG criteria on 09/01/2026 from MCHE.

SUB END 1: Member CMH boards, EOs, and staff value the partnership with SWMBH, and experience the relationship as collaborative, transparent, responsive, and reciprocal.

Interpretation: SWMBH staff and CMH staff work together professionally and effectively to ensure persons served in our region are provided with quality services while minimizing avoidable costs.

Required and requested information will be exchanged per contractual schedules or if unscheduled by mutually agreed time frames. All nine agencies' staff will respond timely and accurately to requests.

Regional norms will be mutually agreed upon by all nine agencies CEOs.

Member CMH Boards will receive written reports with information germane to their governance role related to status and plans of the region.

- A**
- Achievement of collaborative, transparent, responsive, and reciprocal relationship with CMH staff will be demonstrated through the adoption of behaviorally specific regional norms by the Operations Committee with subsequent surveys and reports.
- **Collaboration:** The action of working with someone to produce or create something.
 - **Transparency:** The quality of being easy to perceive or detect.
 - **Responsive:** Reacting quickly and positively.
 - **Reciprocal:** Given, felt, or done in return. Bearing on or binding each of two parties equally.

- B**
- Achievement of relationship with CMH Boards will be demonstrated by production and circulation of quarterly communication from SWMBH leadership; SWMBH CEO will attend CMH Board meetings upon request.

Metrics

#	Metric
Regarding CMH Staff	
A1	Agency CEOs co-develop regional work relationship norms which SWMBH will circulate to regional committees within 30 days of publication.
A2	Nine CEOs and agency management teams will reinforce and expect adherence to norms upon and after adoption of regional norms.
A3	Regional committees will document discussion of the norms within 60 days of publication.
A4	SWMBH completes baseline survey of regional committees based on norms 4-6 months after publication; compiled results will be presented at regional committee meetings within 8 months of publication.
A5	Subsequent annual regional committee surveys will indicate satisfactory scores as determined by Operations Committee using baseline data.
Regarding CMH Boards	
B1	Written regional status and plan reports will be provided to CMH Boards quarterly.
B2	An annual report will be provided to CMH Boards and other regional stakeholders beginning winter 2025.

SUB END 1: Evidence of Achievement

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

Label	Status	Source of Proof
SE 1	In Process	Anticipated completion: November 2026. The Board can expect the final report on Sub End 1 in November 2026.
Regarding CMH Staff		
A	Partially Met	April Board Meeting Minutes – Ends Metrics Updates: Regional Professional Norms – SE 1. Mila Todd reported as documented, noting that the norms were sent to Regional Committees for implementation. <i>Adoption of regional norms by the Operations Committee: Met. Corresponding metrics: Partially Met (3.5 of 4 points).</i>
A1	Partially Met	Norms were circulated with the regional committee agendas referred to for discussion of norms.
A2	Met	Request for assistance in obtaining responses to survey questions.
A3	Partially Met	7 of 9 regional committees discussed the norms within 60 days; the remaining 2 at 75 and 78 days.
A4	Underway	7 of 9 regional committees received surveys within 6 months; the remaining 2 within 6 months, 1 week. A4 will be completed in October 2026.
A5	Not Due	<i>No status or proof was provided for this metric.</i>
Regarding CMH Boards		
B	Met	Quarterly Bulletins from SWMBH leadership – dates of publication: June 2025, Volume 1 • September 2025, Volume 2 • December 2025, Volume 3 • March 2026, Volume 4 • FY26 Q3, Volume 5
B1	Met	Quarterly Bulletins (Volumes 1–5, listed above).
B2	Met	Annual Report – referenced in Quarterly Bulletin FY26 Q3, Volume 5, p. 2 as available on the website or upon request. Provided to the Board at its July 2026 Board meeting.

Scoring: Each metric under Primary Statement 1 is weighted at 1 point; Met = 1 point, Partially Met = 0.5 point. Labels correspond to the paragraphs and metrics in the SUB END 1 document.

SUB END 2: 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.

Interpretation: This Sub End means SWMBH seeks, aggregates, compiles, and analyzes business disruption trends and federal & state policy and funding changes for the public behavioral health system. Member CMHs will receive comprehensive communications and products for the benefit of CMHs and providers that aid their understanding of and remediation of external threats. Bulletins will be provided to CMH boards and all standing committees. SWMBH will strengthen regional advocacy efforts resulting in favorable impacts. SWMBH will generate and if resources permit prepare and publish community and media relations material highlighting the services and successes of CMHs.

- A**

Achievement will be demonstrated with the:

 - a. Release of a regional Public Policy Plan by 6/9/25;
 - b. Publication of the first related Bulletin by 6/9/25; and
 - c. Release of a regional portfolio of CMH public relations materials by 7/14/25.
- B**

Achievement of benefit will be demonstrated with one demonstrable favorable policy or funding outcome for the region by 9/30/25 and another by 9/30/26.

Metrics

#	Metric
Regarding Awareness of Environmental Disruptors and Trends	
A1	Quarterly Bulletin to CMH Partner Boards contains information regarding environmental disruptors and trends.
A2	Regional committees have environmental scan information on the agenda and actively discuss it at least two times a year. <i>Proof: Proofs will include data pulled via an audit of committee minutes.</i>
Regarding Benefit from Advocacy	
B1	One demonstrable favorable policy or funding outcome for the region by 9/30/25. <i>Proof: Proofs will include evidence of state regulatory policies and regional revenue gains that are in alignment with our requests.</i>
B2	A second demonstrable favorable policy or funding outcome for the region by 9/30/26. <i>Proof: Proofs will include evidence of state regulatory policies and regional revenue gains that are in alignment with our requests.</i>

SUB END 2: Evidence of Achievement

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.

Label	Status	Source of Proof
SE 2	Met	Quarterly Bulletin to CMH Partner Boards contains information regarding environmental disruptors and trends.
Regarding Awareness of Environmental Disruptors and Trends		
A	Met	a. June 2025 Board Minutes – Communication and Counsel to the Board: Regional Public Policy Plan draft. Sherii Sherban noted the document in the packet for the Board's review. b. First Quarterly Bulletin dated June 9, 2025. c. July 2025 Board Agenda item 13.F documents SWMBH Public Relations Materials dated 7.1.25.
A1	Met	Quarterly Bulletins – topics covered: - MDHHS RFP Update: FY26 Q3 p. 2; March 2026, Volume 4 p. 2 - The One Big Beautiful Bill: FY26 Q3 p. 2 - Declining Medicaid Eligibilities: FY26 Q3 p. 4 - Conflict Free Access & Planning: FY26 Q3 p. 5; March 2026, Volume 4 p. 4 - Regional Financial Updates included in each Quarterly Bulletin.
A2	Met	Audit of committee minutes – Committees regularly review environmental influencers that impact their specific functional area(s). A spreadsheet documenting the months each committee discussed environmental disruptors, with topics covered by each committee, is available upon request. <i>This metric has resulted in a plan for more consistency across SWMBH committee agendas, as this area had been covered under various headings.</i>
Regarding Benefit from Advocacy		
B	Met	Favorable funding outcomes for the region in alignment with SWMBH requests (see B1 and B2).
B1	Met	2025 rate changes – MDHHS rate setting methodology changed in June 2025 and moved from statewide to regional rates.
B2	Met	2026 financial projection – the region is projected to not result in a deficit in 2026.

Labels correspond to the paragraphs and metrics in the SUB END 2 document.

SUB-END 3: 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).

Interpretation: SWMBH aggregates, analyzes data, and publishes reports for CMHs supporting and demonstrating all are meeting contractual obligations and have a positive impact within their communities.

A

Achievement will be demonstrated with the release of regional scorecards providing comparative statewide and CMH-specific data.

B

Achievement of appropriate resources will be demonstrated when the region's Medicaid margin is improved to break even or better for fiscal year 2026.

SUB-END 3: Evidence of Achievement

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).

Label	Status	Source of Proof
SE 3	Met	All achievement statements (A and B) and sample potential metrics (M1 and M2) were met.
Achievement Statements		
A	Met	Regional Service Use Evaluation (SUE) ½-day meeting (referenced in the FY26 Q3 Bulletin) focused on four priority service areas: Autism Services, Community Living Supports (CLS), Specialized Residential, and Case Management. SWMBH provided Statewide and CMH-specific utilization and cost data, which was reviewed and used to inform discussion about clinical and administrative best practices and to identify opportunities for improvement in service authorization and delivery processes.
B	Met	FY 2026 Medicaid margin is better than break even.
Sample Potential Metrics		
M1	Met	Metric: <i>Production of a SWMBH Management Information – Business Intelligence Plan by September 2025.</i> August 2025 Board Minutes – Ends Metrics Updates: Management Information Business Intelligence (MIBI) Plan. Alena Lacey reported as documented, noting the MIBI Plan complies with Board Sub Ends 4 interpretations.
M2	Met	Metric: <i>Acceptable 2026 Consolidated CMH managed care review results will be determined pending information regarding PIHP procurement.</i> CMH and Provider Site Review Findings: See chart identifying scores by CMH and by functional area. The results reflect overall satisfactory performance by CMHs of monitored functions and activities.
M3	Met	Metric: <i>Results of the Performance Measure Validation activities show that 90% of the Performance Indicators are found to be Reportable and 90% of the Data Integration and Validation results are found to be Met.</i> See attached FY26 PMV Report, received 9/30/26. • Met standards for all Data Integration and Control elements. • Identified strength: SWMBH's reported total rate of 75.06% for Indicator #2 exceeded the 75th percentile benchmark, suggesting many new persons during the quarter received a biopsychosocial assessment within 14 calendar days of a non-emergency request for service. [Quality, Timeliness, and Access] • Recommendation: Establish a routine process to monitor and document validation of the CMHSPs' performance indicator source code throughout the year and whenever MDHHS issues Codebook specification updates (currently completed once annually).
Additional Proof	Met	Additional Proofs: Annual Network Adequacy Results Presented as the February 2026 Board meeting as proof in support of Sub-End 3 achievement.

Labels A and B correspond to the paragraphs in the SUB-END 3 document; M1, M2 and M3 are sample potential metrics.

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.

Interpretation: This Sub End means SWMBH serves as a regional business intelligence hub regularly providing actionable management information for CMHs and providers:

- a) Supporting the achievement of improvements in access, quality and functional improvements for persons served; and
- b) Improving efficiencies and reducing costs for clinical and administrative functions.

A

Achievement will be demonstrated with the:

- a. Release of a regional Management Information – Business Intelligence Plan September 2025;
- b. Release of the first related Bulletin by 7/14/25;
- c. Publication of a population health report for each county by 8/11/25; and
- d. Updates in the Quarterly Bulletin.

SUB END 4: Evidence of Achievement

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.

Label	Status	Source of Proof
SE 4	Met	Achievement statement A was met; additional proofs below demonstrate the Sub End is being achieved as interpreted.
A	Met	a. MIBI Plan – August 2025 Board Minutes – Ends Metrics Updates: Management Information Business Intelligence (MIBI) Plan. Alena Lacey reported as documented, noting the MIBI Plan complies with Board Sub Ends 4 interpretations. b. First related Bulletin – <i>proof not specified.</i> c. County Population Reports – August 2025 Board Minutes – Board Education: Mila Todd noted the report in the packet and reports on the SWMBH website for the Board’s review. d. Quarterly Bulletin updates – each Quarterly Bulletin contains a “MIBI” section.

Additional Proofs of Sub End Achieved as Interpreted

Source	Findings
Regional Service Use Evaluation (SUE) Report	½-day regional SUE meeting (referenced in the FY26 Q3 Bulletin) focused on four priority service areas: Autism Services, Community Living Supports (CLS), Specialized Residential, and Case Management. SWMBH provided Statewide and CMH-specific utilization and cost data, which was reviewed and used to inform discussion about clinical and administrative best practices and to identify opportunities for improvement in service authorization and delivery processes.
Acceptable 2026 Consolidated CMH managed care review results	See attached table of Site Review Results. The results reflect overall satisfactory performance by CMHs of monitored functions and activities.
HSAG Performance Measure Validation (PMV) Audit Results and Improvement Strategies	• See attached FY26 PMV Report, received 9/30/26. Met standards for all Data Integration and Control elements. • Identified strength: SWMBH’s reported total rate of 75.06% for Indicator #2 exceeded the 75th percentile benchmark, suggesting many new persons during the quarter received a biopsychosocial assessment within 14 calendar days of a non-emergency request for service. [Quality, Timeliness, and Access] • Recommendation: Establish a routine process to monitor and document validation of the CMHSPs’ performance indicator source code throughout the year and whenever MDHHS issues Codebook specification updates (currently completed once annually).

Label A and items a–d correspond to the SUB END 4 document.

SUB END 5: SWMBH regional partners align with best practice, learning from each other, collaborating, sharing resources, and benefiting from lessons learned.

Interpretation: There is a structured, focused and collaborative environment where regional resources are provided whereby clinical and administrative best practices are developed, installed, maintained, measured, and reported.

Regarding clinical programs, CMHs and other provider partners align with clinical best practice when providing services to persons served. The priorities and pace will be agreed upon by the Clinical Practices Committee by March 31, 2026.

A

Achievement will be demonstrated by completion of regional Clinical Practices Protocols approved through the Clinical Practices Committee of at least one of the categories below, or a different mutually-agreed upon category, by March 31, 2026:

- For persons with intellectual and/or developmental disabilities
- For children and youth with serious emotional disturbance
- For adults with severe and persistent mental illness
- For persons with autism spectrum disorders
- For persons with substance use disorders
- For substance use disorder prevention

Regarding administrative benefits management, SWMBH will co-develop with the regional Utilization Management Committee revised and improved utilization management protocols and level of care guidelines by March 31, 2026 (already underway).

Metrics

#	Metric
M1	Acceptable 2026 CMH delegated administrative utilization management site review scores will be determined pending information regarding PIHP procurement.
M2	Acceptable 2026 CMH clinical file site review scores will be determined pending information regarding PIHP procurement.

SUB END 5: Evidence of Achievement

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

Label	Status	Source of Proof
SE 5	Met	Clinical protocols (A), administrative benefits management protocols, and both metrics (M1 and M2) were met.
Regarding Clinical Programs		
A	Met	April Board Minutes – Clinical Protocols: Long Term Services and Support (LTSS) Protocol – SE 5. Alena Lacey reported as documented, noting the clinical protocols were developed in collaboration with regional committees.
Regarding Administrative Benefits Management		
UM	Met	April Board Minutes – Utilization Management Protocol – CLS Tools & updated Level of Care Guidelines – SE 5. Alena Lacey reported as documented, noting the protocols were developed in collaboration with regional committees.
Metrics		
M1	Met	Metric: <i>Acceptable 2026 CMH delegated administrative utilization management site review scores.</i> CMHSP Site Review Scores for Access/UM – See attached table of Site Review results. Average 96%; Low 91.6% (Cass); High 100% (Van Buren and Barry).
M2	Met	Metric: <i>Acceptable 2026 CMH clinical file site review scores.</i> CMHSP Clinical File Site Review Scores (see Appendix for scores by area and CMH). Scoring methodology changed this year to Met, Not Met, or Met with Recommendations; 2026 serves as baseline data. Of the 7 areas reviewed, areas of note: • Coordination of Care and Behavior Treatment Planning: Met by 7 CMHs • Person Centered Planning: Met by 2 CMHs, Met with Recommendations by 6 CMHs • Behavior Treatment Planning / Individual Plan of Service Requirements: Not Met by 3 CMHs

A corresponds to the lettered paragraph and UM to the “Regarding administrative benefits management” paragraph in the SUB END 5 document; M1 and M2 correspond to its metrics.

**Michigan Department of Health and
Human Services**

**State Fiscal Year 2026
Validation of Performance Measures
for Region 4—Southwest Michigan
Behavioral Health**

*Behavioral and Physical Health and Aging Services Administration
Prepaid Inpatient Health Plans*

September 2026



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Validation of Performance Measures

Validation Overview

The Michigan Department of Health and Human Services (MDHHS) oversees and administers the Medicaid program in the State of Michigan. In 2013, MDHHS selected 10 behavioral health managed care organizations (MCOs) to serve as prepaid inpatient health plans (PIHPs). The PIHPs are responsible for managing Medicaid beneficiaries' behavioral healthcare, including authorization of services, and monitoring of health outcomes and standards of care. The PIHPs serve members directly or through contracts with providers and community mental health services programs (CMHSPs).

The Centers for Medicare & Medicaid Services (CMS) requires that states, through their contracts with PIHPs, measure and report on performance to assess the quality and appropriateness of care and services provided to members. Validation of performance measures is one of the mandatory external quality review (EQR) activities that Title 42 of the Code of Federal Regulations (42 CFR) §438.350(a) requires states that contract with MCOs to perform.

The purpose of performance measure validation (PMV) is to assess the accuracy of the performance indicator reported by the PIHPs and to determine the extent to which the performance indicator reported by the PIHPs follows state specifications and reporting requirements. According to the CMS EQR *Protocol 2. Validation of Performance Measures: A Mandatory EQR-Related Activity, February 2023*¹ and 42 CFR §438.358(a), the mandatory PMV activity may be performed by the state Medicaid agency, an agent that is not a PIHP, or an external quality review organization (EQRO).

To meet the PMV requirements, MDHHS contracted with Health Services Advisory Group, Inc. (HSAG), the EQRO for MDHHS, to conduct the PMV for each PIHP. HSAG validated the PIHPs' data collection and reporting processes used to calculate performance indicator rates. MDHHS selected a performance indicator that the PIHPs were required to calculate and report.²

¹ Department of Health and Human Services. Centers for Medicare & Medicaid Services. *Protocol 2. Validation of Performance Measures: A Mandatory EQR-Related Activity, February 2023*. Available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf>. Accessed on: July 14, 2026.

² Please note, for SFY 2026, additional performance measures were included in the PMV activity; however, MDHHS calculated and reported these measures using encounter data submitted by the PIHPs. Therefore, the results for the MDHHS-calculated performance measures are presented in the MDHHS PMV report.

Prepaid Inpatient Health Plan (PIHP) Information

Information about **Southwest Michigan Behavioral Health (SWMBH)** appears in Table 1.

Table 1—SWMBH Information

PIHP Name:	Southwest Michigan Behavioral Health
PIHP Location:	5250 Lovers Lane, Suite 200, Portage, MI 49002
PIHP Contact:	Interim Quality Assurance and Performance Improvement Manager
PMV Virtual Review Date:	June 26, 2026

Performance Indicator Validated

HSAG validated one performance indicator that was developed and selected by MDHHS for validation. The reporting cycle and measurement period were specified by MDHHS. Table 2 lists the performance indicator calculated by the PIHPs for specific populations for the first quarter (Q1) of state fiscal year (SFY) 2026, which began October 1, 2025, and ended December 31, 2025. The indicator is numbered as it appears in the MDHHS Codebook.

Table 2—Performance Indicator Calculated by PIHPs

Indicator		Sub-Populations	Measurement Period
#2	The percentage of new persons during the quarter receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service.	- MI–Adults - MI–Children - I/DD–Adults - I/DD–Children	Q1 SFY 2026

MI = Mental Illness, I/DD = Intellectual and Developmental Disabilities

Description of Validation Activities

Pre-Audit Strategy

HSAG conducted the validation activities as outlined in the CMS EQR Protocol 2. HSAG obtained the indicator selected by MDHHS for validation. The indicator definition and reporting template were provided by MDHHS to HSAG.

In collaboration with MDHHS, HSAG prepared a documentation request letter that was submitted to the PIHPs. This documentation request letter outlined the steps in the PMV process. The documentation request letter included a request for the source code for the performance indicator calculated by the PIHP, a completed Information Systems Capabilities Assessment Tool (ISCAT), any additional supporting documentation necessary to complete the audit, a timeline for completion, and instructions for submission. HSAG also requested that each PIHP submit a member-level detail file for review.

Following the PIHPs' receipt of the documentation request letter and accompanying documents, HSAG convened a technical assistance webinar with the PIHPs. During this meeting, HSAG discussed the PMV purpose and objectives, reviewed the performance indicator in the scope of the current year's PMV activities, and reviewed the documents provided to the PIHPs with the documentation request letter and PMV activities. Throughout the pre-virtual review phase, HSAG also responded to any audit-related questions received directly from the PIHPs.

Upon submission of the requested source code, completed ISCAT, additional supporting documentation, and member-level detail file, HSAG began a desk review of the submitted documents to determine any follow-up questions, potential concerns related to information systems capabilities or measure calculations, and recommendations for improvement based on the PIHPs' and CMHSPs' current processes. HSAG also selected a sample of cases from the member-level detail file and provided the selections to the PIHPs. The PIHPs were required to provide HSAG screenshots from the source system to confirm data accuracy. HSAG communicated any follow-up questions or required clarification to the PIHP during this process.

HSAG prepared an agenda describing all PMV activities and indicating the type of staff (by job function and title) required for each session. This included special requests for system reviews for PIHPs and related CMHSPs, especially when multiple systems were used to collect and track measure-related data. The agendas were sent to the respective PIHPs prior to the PMV being conducted virtually.

Validation Team

HSAG’s validation team was composed of a lead auditor and several validation team members. HSAG assembled the team based on the skills required for the validation of the PIHPs’ performance indicator. Table 3 describes each team member’s role and expertise.

Table 3—Validation Team

Name, Title, and Role	Skills and Expertise
Danielle Candel, MSN, RN <i>Senior Auditor, Audits;</i> <i>Lead Auditor</i>	Multiple years of experience conducting audits related to performance measurement, electronic health records (EHRs), medical billing, data integration and validation, and care management.
Jacilyn Gatete, MS, CHCA <i>Manager III, Audits;</i> <i>PIHP PMV Project Lead</i>	Multiple years of experience conducting audits, including Healthcare Effectiveness Data and Information Set (HEDIS®) ³ Compliance Audits ^{TM,4} related to performance measurement, EHRs, medical billing, data integration and validation, and care management.
Naomi Abraha, MPH <i>Senior Audits Coordinator, Audits;</i> <i>Source Code Liaison</i>	Audit support team member; assists with PMV, including implementation, project coordination, analysis, and reporting.
Sarah Lemley <i>Source Code Reviewer</i>	Multiple years of experience in statistics, analysis, and source code/programming language knowledge.

³ HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

⁴ HEDIS Compliance AuditTM is a trademark of NCQA.

Technical Methods of Data Collection and Analysis

The CMS EQR Protocol 2 identifies key data types that should be reviewed as part of the validation process. The list below indicates the type of data collected and how HSAG conducted an analysis of the data:

- **Information Systems Capabilities Assessment Tool (ISCAT)**—The PIHPs were required to submit a completed ISCAT that provided information on the PIHPs' and CMHSPs' information systems (as applicable); processes used for collecting, storing, and processing data; and processes used for performance measure calculation. Upon receipt by HSAG, the ISCAT(s) underwent a cursory review to ensure each section was complete and all applicable attachments were present. HSAG then thoroughly reviewed all documentation, noting any potential issues, concerns, and items that needed additional clarification.
- **Source code (programming language) for the performance indicator**—PIHPs that calculated the performance indicator using computer programming language were required to submit source code for the performance indicator being validated. HSAG completed a line-by-line review of the supplied source code to ensure compliance with the State-defined performance indicator specifications. HSAG identified areas of deviation from the specifications, evaluating the impact on the indicator and assessing the degree of bias (if any). PIHPs that did not use computer programming language to calculate the performance indicator were required to submit documentation describing the actions taken to calculate the indicator.
- **Performance indicator reports**—HSAG also reviewed the PIHPs' SFY 2025 performance indicator reports. The previous year's reports were used along with the current reports to assess trending patterns and rate reasonability.
- **Supporting documentation**—The PIHPs and CMHSPs submitted documentation to HSAG that provided additional information to complete the validation process, including policies and procedures, file layouts, system flow diagrams, system log files, and data collection process descriptions. HSAG reviewed all supporting documentation, with issues or clarifications flagged for follow-up. This additional documentation also included measure-level detail files provided for each indicator for data verification.

PMV Activities

HSAG conducted PMV virtually with each PIHP. HSAG collected information using several methods including interviews, system demonstrations, review of data output files, primary source verification (PSV), observation of data processing, and review of data reports. The virtual review activities are described as follows:

- **Opening session**—The opening session included introductions of the validation team and key PIHP staff members involved in the PMV activities. Discussion during the session covered the review purpose, the required documentation, basic meeting logistics, and queries to be performed.

- **Evaluation of system compliance**—The evaluation included a review of the information systems, focusing on the processing of enrollment and disenrollment data. Additionally, HSAG evaluated the processes used to collect and calculate the performance indicator, including accurate numerator and denominator identification, and algorithmic compliance (which evaluated whether rate calculations were performed correctly, all data were combined appropriately, and numerator events were counted accurately). Based on the desk review of the ISCAT(s), HSAG conducted interviews with key PIHP and CMHSP staff members familiar with the processing, monitoring, and calculation of the performance indicator. HSAG used interviews to confirm findings from the documentation review, expand or clarify outstanding issues, and verify that written policies and procedures were used and followed in daily practice.
- **Overview of data integration and control procedures**—The overview included discussion and observation of source code logic, a review of how all data sources were combined, and how the analytic file used for reporting the performance indicator was generated. HSAG performed PSV to further validate the output files. HSAG also reviewed any supporting documentation provided for data integration. This session addressed data control and security procedures as well.
- **PSV**—HSAG performed additional validation using PSV to further validate the output files. PSV is a review technique used to confirm that the information from the primary source matches the output information used for reporting. Each PIHP provided HSAG with a measure-level detail file which included the data the PIHPs had reported to MDHHS. HSAG selected a random sample from the submitted data, then requested that the PIHPs provide proof-of-service documents or system screenshots that allowed for validation against the source data in the system. During the pre-PMV and virtual review, these data were also reviewed for verification, both live and using screenshots in the PIHPs' systems, which provided the PIHPs with an opportunity to explain processes regarding any exception processing or any unique case-specific nuances that may or may not impact final indicator reporting. Instances could exist in which a sample case is acceptable based on clarification during the virtual review and follow-up documentation provided by the PIHPs. Using this technique, HSAG assessed the PIHPs' processes used to input, transmit, and track the data; confirm entry; and detect errors. HSAG selected cases from the indicator to verify that the PIHPs' system documentation supported appropriate inclusion for measure reporting. This technique does not rely on a specific number of cases for review to determine compliance; rather, it is used to detect errors from a small number of cases. If errors were detected, the outcome was determined based on the type of error. For example, the review of one case may have been sufficient in detecting a programming language error and, as a result, no additional cases related to that issue may have been reviewed. In other scenarios, one case error detected may have resulted in the selection of additional cases to better examine the extent of the issue and its impact on reporting.
- **Closing conference**—The closing conference summarized preliminary findings based on the review of the ISCAT and the virtual meeting and reviewed the documentation requirements for any post-virtual review activities.

HSAG conducted several interviews with key **SWMBH** staff members who were involved with any aspect of performance indicator reporting. Table 4 displays a list of **SWMBH** virtual review participants.

Table 4—List of SWMBH Virtual Review Participants

Position/Title	Department
Interim Quality Assurance and Performance Improvement Manager	Quality
Provider Network Specialist	Provider Network
Healthcare Data Analyst	Quality
Chief Information Officer	Information Systems
Senior Systems Architect	Information Systems
Chief Administrative Officer	Operations
Applications and Systems Analyst	Information Systems
Data Analytics and Strategy Lead	Quality
Interim Chief Executive Officer	Administration

Data Integration, Data Control, and Performance Indicator Documentation

Several aspects involved in the calculation of the performance indicator are crucial to the validation process. These include data integration, data control, and documentation of performance indicator calculations. Each of the following sections describes the validation processes used and the validation findings. For more detailed information regarding the specific data integration and control elements assessed by HSAG, please see Appendix A.

Data Integration

Accurate data integration is essential to calculating valid performance indicators. The steps used to combine various data sources, including claims/encounter data, eligibility data, and other administrative data, must be carefully controlled and validated. HSAG validated the data integration process used by the PIHP, which included a review of file consolidations or extracts, a comparison of source data to warehouse files, data integration documentation, source code, production activity logs, and linking mechanisms. Overall, HSAG determined that the data integration processes in place at **SWMBH** were:

- ☒ Acceptable
☐ Not acceptable

Data Control

The organizational infrastructure of a PIHP must support all necessary information systems. Each PIHP's quality assurance practices and backup procedures must be sound to ensure timely and accurate processing of data and to provide data protection in the event of a disaster. HSAG reviewed the data control processes used by **SWMBH**, which included a review of disaster recovery procedures, data backup protocols, and related policies and procedures. Overall, HSAG determined that the data control processes in place at **SWMBH** were:

- ☒ Acceptable
☐ Not acceptable

Performance Indicator Documentation

Sufficient and complete documentation is necessary to support validation activities. While interviews and system demonstrations can provide supplementary information, HSAG based most of the validation review findings on documentation provided by the PIHP. HSAG reviewed all related documentation, which included the completed ISCAT, job logs, computer programming code, output files, workflow diagrams, narrative descriptions of performance indicator calculations, and other related documentation. Overall, HSAG determined that the documentation of performance indicator calculations by **SWMBH** was:

- ☒ Acceptable
☐ Not acceptable

Validation Results

HSAG evaluated **SWMBH**'s data systems for the processing of each data type used for reporting the MDHHS performance indicator. General findings, strengths, and areas for improvement for **SWMBH** are indicated below.

Eligibility and Enrollment Data System Findings

HSAG evaluated the information systems and processes used by **SWMBH** to capture enrollment data for members to confirm that the system was capable of collecting data on member characteristics as specified by MDHHS. HSAG's evaluation of **SWMBH**'s enrollment system included the following findings:

- **SWMBH** received monthly eligibility full files and daily change files in an 834 file format via the State's secure file transfer protocol (FTP) site. Each file was packaged as an X12 file prior to the validation process to ensure that only accurate data were loaded into the PIHP's EHR system, Streamline's SmartCare EHR system.
- Eligibility files had standard X12 transaction rules applied for new enrollment which identified current, active records for each member, month, and benefit plan.
- Upon receipt of the 834 file into **SWMBH**'s database, a unique identifier was created for new enrollments.
- Using an automated process, eligibility data were separated according to each CMHSP and moved into the corresponding data warehouse. Each CMHSP uploaded its enrollment data to its respective EHR system. The CMHSPs also used the 270/271 eligibility verification process via the Community Health Automated Medicaid Processing System (CHAMPS).
- Providers, staff members, and **SWMBH** affiliates performed real-time eligibility verification through the State's website.
- As part of the ongoing process of verifying eligibility, **SWMBH** continued using the 834 eligibility files and matched them against the 820 payment files. This process helped to ensure that each member for whom a payment was received had current, matching eligibility data.

SWMBH demonstrated that eligibility effective dates, termination dates, historical eligibility spans, and members were identified appropriately.

HSAG identified no concerns with **SWMBH**'s enrollment data capture, data processing, data integration, data storage, or data reporting.

Medical Services Data System (Claims and Encounters) Findings

HSAG evaluated the information systems and processes used by **SWMBH** to capture claims/encounter data. HSAG's evaluation of **SWMBH**'s claims system included the following findings:

- The CMHSPs were responsible for collecting and processing claims and encounter data in their respective EHR systems.
- Data files received from the CMHSPs were loaded into **SWMBH**'s data warehouse in batches, either nightly, weekly, or monthly, depending on the CMHSP, via an automated process, and 837 format encounters were created.
- Adjudication rules were applied within the SmartCare EHR and each CMHSP's Peter Chang Enterprises, Inc. (PCE) system at the time of claims and encounter processing.
- Claims pended if eligibility information was pending or a third-party liability existed on a claim line.
- If errors were detected, each CMHSP had the ability to log into a portal to retrieve its error file for review and correction. **SWMBH** continued to perform a validation process on each encounter to ensure that all submitted files met the 837 file format requirements. Upon passing all validation processes, the data were submitted to the State.
- Encounter audits were performed on a quarterly basis and included a review of the consumer record to verify information against submitted data.
- CMHSPs' claims supervisors monitored claims processing in real time to ensure the claims met timeliness standards.
- To exclude Certified Community Behavioral Health Clinic (CCBHC)-related services from indicator #2 reporting, CMHSPs cross-checked Medicaid-enrolled clients to identify T1040 service codes and excluded associated CCBHC services before submitting the Michigan Mission-Based Performance Indicator System (MMBPIS) report to **SWMBH**.

HSAG had no concerns with how **SWMBH** received and processed claims/encounter data for submission to MDHHS.

PIHP Oversight of Affiliate Community Mental Health Centers

HSAG found that **SWMBH** had sufficient oversight of its eight affiliated CMHSPs.

- The CMHSPs submitted monthly performance indicator data to **SWMBH**, and the PIHP reviewed the results for completeness and accuracy, which included comparing the submitted data to the PIHP's data warehouse.
- **SWMBH** held monthly Regional Technology Committee meetings with representatives from **SWMBH** and each CMHSP, in conjunction with Streamline and PCE representatives, to facilitate resolution of any issues and to collaborate on solutions regarding encounter data, Behavioral Health Treatment Episode Data Set data, or performance indicator reporting requirements.

- The PIHP used its site review tool to assist in monitoring each CMHSP's data completeness and accuracy as well as submission timeliness. The CMHSPs also had the ability to evaluate PCE dashboard summary reports weekly and monthly to determine tendencies in errors in order to mitigate future oversights.
- **SWMBH** quarterly conducted audits of 5 percent of all CMHSP-reported performance indicator data and annually evaluated CMHSP policies and procedures as well as administrative processes.
- **SWMBH**'s corrective action plan (CAP) system was noted as being extensive and delineated to address issues and correct indicator-related concerns and other reportable documentation.

Data Integration Findings

HSAG evaluated **SWMBH**'s processes for data integration, analytic file creation for performance indicator reporting, and rate production. HSAG's evaluation of **SWMBH**'s data integration and rate calculation included the following findings:

- Performance indicator data were extracted from each CMHSP's EHR and converted into a monthly MMBPIS reporting template, which was then submitted electronically to the PIHP.
- **SWMBH** received performance indicator results monthly from the CMHSPs.
- CMHSP performance indicator data templates were reviewed for accuracy and compared to **SWMBH** encounter reports each month in an effort to verify PIHP services provided.
- Discrepancies were shared with each respective CMHSP for review.
- **SWMBH** employed a number of pre-submission validation checks and data comparison and quality checks on the data collected from the CMHSPs.
- The MMBPIS reporting template automatically calculated outcomes for the performance indicator.
- **SWMBH**'s data exchange engine validated the data and collated the data into a set of databases prior to submission to MDHHS.
- **SWMBH** compared accepted encounters to the data aggregated into the quarterly reporting template to ensure data accuracy.
- **SWMBH** compiled all CMHSP performance indicator data into a singular MMBPIS template and data analysts compared the data to received encounters as a final validation.

HSAG identified no concerns with **SWMBH**'s data integration, performance indicator calculation, and reporting processes.

PIHP Actions Related to Previous Recommendations and Areas of Improvement

During the SFY 2025 audit, HSAG identified the following:

- **SWMBH**'s reported rate for indicator #4a for the adult population fell below the 95 percent performance standard. HSAG recommended that **SWMBH** continue with its improvement efforts

related to indicator #4a so that it meets or exceeds the 95 percent performance standard and further ensures timely follow-up care occurs following a psychiatric inpatient discharge. Timely follow-up is critical to ensure continuity of care following a psychiatric inpatient discharge. During the SFY 2026 audit, **SWMBH**'s rate for indicator #4a for the adult population was below the benchmark for Q1, but increased thereafter and was above 95 percent for the remainder of the SFY. **SWMBH** confirmed that the CMHSPs that fell below the benchmark for Q1 (Summit Pointe and Riverwood) completed CAPs and cited targeted improvement efforts in the following areas: EHR documentation of member-requested appointment dates, collaboration with inpatient hospitals on timely communication of discharges and the importance of complying with the seven-day follow-up standard, review of scheduling/rescheduling practices in case of inclement weather, and targeted peer review for hospitalized members.

Performance Indicator Specific Findings and Recommendations

Based on all validation activities, HSAG determined the results for the performance indicator. The CMS EQR Protocol 2 identifies three possible validation finding designations for performance indicators, which are defined in Table 5. For more detailed information, please see Appendix B.

Table 5—Designation Categories for Performance Indicators

Reportable (R)	Indicator was compliant with the State’s specifications, and the rate can be reported.
Do Not Report (DNR)	This designation is assigned to indicators for which the PIHP rate was materially biased and should not be reported.
Not Applicable (NA)	The PIHPs were not required to report a rate for this indicator.

According to the protocol, the validation designation for an indicator is determined by the magnitude of the errors detected for the audit elements, not by the number of audit elements determined to be not compliant based on the review findings. Consequently, an error for a single audit element may result in a designation of DNR because the impact of the error biased the reported performance indicator by more than 5 percentage points. Conversely, it is also possible that several audit element errors may have little impact on the reported rate, and the indicator could be given a designation of R. Audit elements and their scoring designations (i.e., *Met*, *Not Met*, and *Not Applicable [NA]*) can be found in Appendix A—Data Integration and Control Findings and Appendix B—Denominator and Numerator Validation Findings. Table 6 displays the indicator-specific review findings and designation for **SWMBH**.

Table 6—Indicator-Specific Review Findings and Designations for SWMBH

Performance Indicator		Key Review Findings	Indicator Designation
#2	The percentage of new persons during the quarter receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service.	The PIHP/CMHSPs calculated this indicator in compliance with the MDHHS Codebook specifications.	R

Strengths, Opportunities for Improvement, and Recommendations

By assessing **SWMBH**'s performance and performance indicator reporting process, HSAG identified the following areas of strength and opportunities for improvement related to the domains of quality, timeliness, and access. Along with each opportunity for improvement, HSAG has also provided a recommendation to help target improvement.

Strengths

Strength #1: **SWMBH** has adequate processes in place to audit and validate performance indicator data to ensure accuracy prior to submission to MDHHS. [Quality]

Strength #2: **SWMBH**'s reported total rate of 75.06 percent for indicator #2 exceeded the 75th percentile benchmark, which suggests that many new persons during the quarter received a biopsychosocial assessment within 14 calendar days of a non-emergency request for service. [Quality, Timeliness, and Access]

Weaknesses and Recommendations

Weakness #1: Related to the CMHSPs' source code used for performance indicator reporting, **SWMBH** did not have a consistent process to validate source code accuracy throughout the year. [Quality]

Why the weakness exists: The source code was reviewed and validated only annually during HSAG's PMV audit review.

Recommendation: HSAG recommends that **SWMBH** establish a routine process to monitor and document its validation of the CMHSPs' performance indicator source code throughout the year and whenever MDHHS issues MDHHS Codebook specification updates. This process should include periodic reviews of the CMHSPs' source code against current MDHHS specifications, documentation of review results, timely communication of identified issues, and confirmation that any necessary corrections are implemented before data are submitted for performance indicator reporting.

Appendix A. Data Integration and Control Findings

Documentation Worksheet

PIHP Name:	Southwest Michigan Behavioral Health
PMV Date:	June 26, 2026
Reviewer:	Danielle Candel

Data Integration and Control Element	Met	Not Met	NA	Comments
Accuracy of data transfers to assigned performance indicator data repository				
The PIHP accurately and completely processes transfer data from the transaction files (e.g., membership, provider, encounter/claims) into the performance indicator data repository used to keep the data until the calculation of the performance indicator has been completed and validated.	☒	☐	☐	
Samples of data from the performance indicator data repository are complete and accurate.	☒	☐	☐	
Accuracy of file consolidations, extracts, and derivations				
The PIHP's processes to consolidate diversified files and to extract required information from the performance indicator data repository are appropriate.	☒	☐	☐	
Actual results of file consolidations or extracts are consistent with those that should have resulted according to documented algorithms or specifications.	☒	☐	☐	
Procedures for coordinating the activities of multiple subcontractors ensure the accurate, timely, and complete integration of data into the performance indicator database.	☒	☐	☐	
Computer program reports or documentation reflect vendor coordination activities, and no data necessary for performance indicator reporting are lost or inappropriately modified during transfer.	☒	☐	☐	
If the PIHP uses a performance indicator data repository, its structure and format facilitate any required programming necessary to calculate and report the required performance indicator.				
The performance indicator data repository's design, program flow charts, and source code enable analyses and reports.	☒	☐	☐	
Proper linkage mechanisms are employed to join data from all necessary sources (e.g., identifying a member with a given disease/condition).	☒	☐	☐	

Data Integration and Control Element	Met	Not Met	NA	Comments
Assurance of effective management of report production and of the reporting software.				
Documentation governing the production process, including PIHP production activity logs and the PIHP staff review of report runs, is adequate.	☒	☐	☐	
Prescribed data cutoff dates are followed.	☒	☐	☐	
The PIHP retains copies of files or databases used for performance indicator reporting in case results need to be reproduced.	☒	☐	☐	
The reporting software program is properly documented with respect to every aspect of the performance indicator data repository, including building, maintaining, managing, testing, and report production.	☒	☐	☐	
The PIHP's processes and documentation comply with the PIHP standards associated with reporting program specifications, code review, and testing.	☒	☐	☐	

Appendix B. Denominator and Numerator Validation Findings

Reviewer Worksheet

PIHP Name:	Southwest Michigan Behavioral Health
PMV Date:	June 26, 2026
Reviewer:	Danielle Candel

Denominator Validation Findings for SWMBH				
Audit Element	Met	Not Met	NA	Comments
For the performance indicator in scope of the review, all members of the relevant populations identified in the specifications are included in the population from which the denominator is produced.	☒	☐	☐	
Adequate programming logic or source code exists to appropriately identify all relevant members of the specified denominator population for the performance indicator in scope of the review.	☒	☐	☐	
The PIHP correctly calculates member months and member years if applicable to the performance indicator.	☐	☐	☒	Member month and member year calculations were not applicable to the indicator under the scope of the audit.
The PIHP properly evaluates the completeness and accuracy of any codes used to identify medical events, such as diagnoses, procedures, or prescriptions, and these codes are appropriately identified and applied as specified in each performance indicator.	☒	☐	☐	
If any time parameters are required by the specifications for the performance indicator, they are followed (e.g., cutoff dates for data collection, counting 30 calendar days after discharge from a hospital, etc.).	☒	☐	☐	
Exclusion criteria included in the performance indicator specifications are followed.	☒	☐	☐	
Systems or methods used by the PIHP to estimate populations when they cannot be accurately or completely counted (e.g., newborns) are valid.	☐	☐	☒	Population estimates were not applicable to the indicator under the scope of the audit.

Numerator Validation Findings for SWMBH				
Audit Element	Met	Not Met	NA	Comments
The PIHP uses the appropriate data, including linked data from separate data sets, to identify the entire at-risk population.	☒	☐	☐	
Qualifying medical events (such as diagnoses, procedures, prescriptions, etc.) are properly identified and confirmed for inclusion in terms of time and services.	☒	☐	☐	
The PIHP avoids or eliminates all double-counted members or numerator events.	☒	☐	☐	
Any nonstandard codes used in determining the numerator are mapped to a standard coding scheme in a manner that is consistent, complete, and reproducible, as evidenced by a review of the programming logic or a demonstration of the program.	☐	☐	☒	SWMBH did not use nonstandard codes.
If any time parameters are required by the specifications for the performance indicator, they are followed (i.e., the indicator event occurred during the period specified or defined in the specifications).	☒	☐	☐	

Appendix C. Performance Measure Results

The measurement period for indicator #2 is Q1 of SFY 2026 (October 1, 2025–December 31, 2025).

Indicator #2

The percentage of new persons during the quarter receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service. *50th Percentile = 57.0%. 75th Percentile = 62.0%.⁵*

Table C-1—Indicator #2: Access—Timeliness/First Request for SWMBH

1. Population	2. # of New Persons Who Requested Mental Health or I/DD Services and Supports and Are Referred for a Biopsychosocial Assessment	3. # of Persons Completing the Biopsychosocial Assessment Within 14 Calendar Days of First Request for Service	4. % of Persons Requesting a Service Who Received a Completed Biopsychosocial Assessment Within 14 Calendar Days
MI—Children—Indicator #2a	81	58	71.60%
MI—Adults—Indicator #2b	199	139	69.85%
I/DD—Children—Indicator #2c	101	88	87.13%
I/DD—Adults—Indicator #2d	16	13	NA
Total—Indicator #2	397	298	75.06%

NA indicates that the PIHP followed the specifications for the performance indicator, but the denominator was too small (e.g., less than 30) to report a valid rate.

⁵ Please note that the percentile benchmarks for indicator #2 are based on the cumulative percentage for the total eligibles within each population group. Therefore, percentile benchmark comparisons are only made for the total indicator population.

FY26 Annual CMH Site Review Results Table (Sub-End 3, 4, and 5)

Functional Area	Barry	Berrien	Branch	Calhoun	Cass	Kalamazoo	St. Joseph	Van Buren	Average	Median	Lowest
Access / UM	100%	96.7%	96.670%	96.67%	91.67%	96.67%	93.30%	100%	96%	97%	92%
Claims	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Compliance	95%	100%	95.0%	100%	95.00%	100%	100%	100%	98%	100%	95%
Credentialing	100%	100%	100%	100%	95.83%	100%	100%	100%	99%	100%	96%
Recredentialing	100%	100%	100%	100%	NA	100%	100%	100%	100%	100%	100%
Customer Service	91.7%	80.6%	91.7%	97.72%	94.40%	100%	72.22%	100%	91%	93%	72%
Grievance / Appeals	93.8%	93.8%	92.2%	98.44%	98.40%	96.88%	90.60%	96.80%	95%	95%	91%
Provider Network	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Quality	100%	95.5%	95.5%	100%	95.45%	100%	90.91%	100%	97%	98%	91%
Staff Training	100%	98.5%	95.90%	97.80%	88.30%	98.80%	97.50%	100%	97%	98%	88%
SUD Admin	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Average	98%	97%	97%	99%	96%	99%	95%	100%			
Median	100%	100%	97%	100%	96%	100%	100%	100%			
Low	92%	81%	92%	97%	88%	97%	72%	97%			

FY26 Annual CMH Site Review – Clinical Quality Review Results (Sub-End 5)

Overall Clinical Quality Scores								
	Barry	Berrien	Branch	Calhoun	Cass	Kalamazoo	St. Joseph	Van Buren
Coordination of Care	Met	Met	Not Met	Met	Met	Met	Met	Met
Assessment	Met	Met	Met	Met	Met w/Rec	Met	Met	Met w/Rec
Person Centered Planning	Met	Met	Met w/Rec	Met w/Rec	Met w/Rec	Met w/Rec	Met w/Rec	Met w/Rec
Utilization Management	Met	Met w/Rec	Met	Met w/Rec	Met w/Rec	Met w/Rec	Met w/Rec	Met
Documentation Requirements	Not Met	Met	Met w/Rec	Met	Met w/Rec	Met w/Rec	Met w/Rec	Met
Behavior Treatment Planning (BTP)	Met	Met	Met w/Rec	Met	Met	Met	Met	Met
BTP IPOS Requirements	Not Met	Met w/Rec	Not Met	Not Met	Met w/Rec	Met	Met	Met

Board Actions to be Considered:

8b Proposed Motion:

The Board finds that the proofs presented are relevant and compelling, and based on the evidence and reports submitted by the CEO, Board Sub-Ends 2, 3, 4, and 5 have been met as defined in the Board's Ends and accepted interpretations.

2.1 POLICY: Treatment of Plan Members (formerly BEL005)

With respect to interactions with Plan members, the SWMBH EO shall not allow conditions, procedures, or processes which are unsafe, disrespectful, undignified, unnecessarily intrusive, or which fail to provide appropriate confidentiality and privacy.

Further, including but not limited to, the Executive Officer may not:

- 2.1.1. Use forms or procedures that elicit information for which there is no clear necessity.
- 2.1.2. Use methods of collecting, reviewing, or storing plan member information that fail to protect against improper access to the information elicited.
- 2.1.3. Fail to provide procedural safeguards for the secure transmission of Plan members' protected health information.
- 2.1.4. Fail to establish with Plan members a clear contract of what may be expected from SWMBH including but not limited to their rights and protections.
- 2.1.5. Fail to inform Plan members of this policy or to provide a grievance process to those plan members who believe that they have not been accorded a reasonable interpretation of their rights under this policy.

2.1 POLICY: Treatment of Plan Members (formerly BEL005)

Review Period August 2025 to August 2026

With respect to interactions with Plan members, the SWMBH EO shall not allow conditions, procedures, or processes which are unsafe, disrespectful, undignified, unnecessarily intrusive, or which fail to provide appropriate confidentiality and privacy.

Further, including but not limited to, the Executive Officer may not:

2.1.1. Use forms or procedures that elicit information for which there is no clear necessity.

EO Response: SWMBH only utilizes forms and procedures that are required by statutory, regulatory, or contractual obligations to request necessary information of members. There are no Member complaints known to SWMBH related to this issue for the timeframe under consideration.

2.1.2. Use methods of collecting, reviewing, or storing plan member information that fail to protect against improper access to the information elicited.

EO Response: All electronic and paper member informational files at SWMBH are appropriately and securely stored, with “need-to-know” access to Protected Health Information (PHI) that is limited by job function(s). The Managed Care Information System and other electronic storage access to PHI is strictly limited, individually assigned by job functions, and auditable by individual staff. Logins and passwords are required for network and managed care information system applications; passwords are “change-forced” every ninety (90) days. Duo multifactor authentication (MFA) is in place for the Microsoft 365 Environment, servers in our remote hosted private cloud and Financial Systems. SWMBH has comprehensive backup solutions and replicates all backups off-site to secure locations. SWMBH has a designated Privacy Officer (Alison Strasser) and Security Officer (Natalie Spivak) as required under HIPAA regulations. SWMBH has a set of privacy, security, and confidentiality related policies. Staff receive, sign acknowledgements for, and undergo annual training that includes federal regulations related to proper safeguarding and release of information rules for substance use disorder information (42 CFR Part 2). Signed staff attestations will be made available at the request of the Reviewer. SWMBH has a hybrid work model, therefore there are minimal clinical staff in the office. For those in the office, there is a designated clinical area that is protected with a digital key lock to restrict access to the area. SWMBH policy language includes security requirements for staff working remotely. This language is included in policy 21.03 Agency Hybrid Model. As outlined in the policy, employees must follow all security measures regarding their workspace to remain in compliance with the SWMBH Corporate Compliance Plan, including printed or electronically displayed information, and Protected Health Information that is secured and locked. This is to ensure member protected health information is secure no matter where the workstation is located. There are no known Member complaints or compliance inquiries stemming from SWMBH related to this issue in the period under consideration.

2.1.3. Fail to provide procedural safeguards for the secure transmission of Plan members’ protected health information.

EO Response: All electronic and non-electronic information transmission activities, network design, and protections take place under applicable federal and state law, regulations, and established policies. Systems are in place so that, to the extent possible, electronic mail with potential malicious messages is forced to quarantine before it can be opened or acted upon. SWMBH requires all outgoing e-mail messages containing protected information to be

encrypted. In addition, all incoming and outgoing emails are scanned for data, such as social security numbers, protected information, and possible malicious content. SWMBH requires all staff to receive quarterly security awareness training, KnowBe4 Security Training. The training addresses common threats, social engineering, and Internet security. For the past five years SWMBH has used a rules-based system, Phish-ER, for reporting and resolving phishing attempts. If the outside agency uses Transport Layer Security (TLS), SWMBH can instruct our email system to utilize this encryption tunneling protocol instead. SWMBH reviews email security for hardening at least once a year and generally more often. Daily reviews of firewall logs are completed as well.

Data transmission with external trading partners occurs via encryption with passwords or using Secure File Transfer Protocol (SFTP) between systems, inspection of technical systems and actual processes are overseen by the Security Officer and Privacy Officer.

For the period under review, eighteen (18) actual or potential privacy incidents were reported. They have all been investigated by the Program Integrity and Compliance Department. All were reviewed and considered by the SWMBH Breach Response Team which completed a Breach Risk Assessment Tool utilizing factors enumerated by the Federal Rules (45 CFR 164.402(2)) to assess the probability that the protected health information involved was compromised.

Of the eighteen (18) incidents assessed to date, zero (0) were identified as rising to the level of a HIPAA breach and necessitating notification to the affected members and to the Office for Civil Rights (OCR).

- 2.1.4. Fail to establish with Plan members a clear contract of what may be expected from SWMBH including but not limited to their rights and protections.

EO Response: The SWMBH Member Handbook outlines what services are mandatory, optional, and alternative by Benefit Plan for members. At intake, members sign to acknowledge the handbook has been offered to them either in paper format or electronically. The handbook is located on the SWMBH and/or CMHSP's website. The Memorandum of Understanding (MOU), contract between SWMBH and providers, including the CMHSPs, and applicable policies/procedures outline SWMBH's expectations of Providers and their Treatment of Plan Members. Ongoing Member education occurs via Newsletters and regular EO and Leadership attendance at the SWMBH Customer Advisory Council. Quarterly newsletters are provided electronically that include updates, changes, or clarifying information to educate Plan Members. SWMBH has increased efforts in the last Four (4) years to promote information and education for members through SWMBH social media sites such as Instagram and Facebook. In the last year, SWMBH provided 74 posts on Facebook and 55 posts on Instagram providing members various types of education and information. SWMBH strives to post around 1-2 times a week, with an average of 6 posts a month. There are no known Member complaints related to this topic for the period under consideration.

- 2.1.5. Fail to inform Plan members of this policy or to provide a grievance process to those plan members who believe that they have not been accorded a reasonable interpretation of their rights under this policy.

EO Response: The SWMBH Member Handbook delineates what issues are subject to Office of Recipient Rights complaints, Customer Service grievance and appeals, and Compliance Fraud, Waste, and Abuse reporting. All member grievances and appeals are tracked and trended by SWMBH. SWMBH reviews and, if warranted, defends actions on termination, reduction, suspension, or denials of services at the local level appeal and Fair Hearing. The

Member Handbook outlines how to access the related processes. Member newsletters periodically reinforce this policy and how to file a grievance or appeal. Participant CMH Customer Services representatives have been trained in their delegated roles, and they receive ongoing oversight and monitoring from SWMBH. The SWMBH Customer Services Department completes, at a minimum, an annual grievance and appeal report that is provided annually to the SWMBH Board. The Treatment of Plan Members Policy is posted at SWMBH and available to all staff on the Shared Network Drive. This policy will be included in the onboarding information shared with new hires during orientation.

Attachments:

- 2025 RSA-r Survey Results website
- SWMBH Customer Handbook FY26 FINAL
- 21.03 Agency Hybrid Model
- CAC Oct.21_minutes
- CAC June 15 mtg minutes
- February2026 Customer Communicator_Final
- April2026 Customer Communicator_Final

2.4 POLICY: Financial Conditions and Activities (formerly BEL002)

With respect to the actual, ongoing condition of the organization's financial health, the Executive Officer may not cause or allow the development of fiscal jeopardy or the material negative deviation of actual expenditures from board priorities established in policies and inclusive of annual budget.

Further, including but not limited to, the Executive Officer may not:

2.4.1. Expend more funds than have been received in the fiscal year to date (including carry forward funds from prior year).

2.4.2. Incur debt in an amount greater than can be repaid by certain and otherwise unencumbered revenues in accordance with Board approved schedule.

2.4.3. Use any designated reserves other than for established purposes.

2.4.4. Conduct interfund shifting in amounts greater than can be restored to a condition of discrete fund balances by certain and otherwise unencumbered revenues within ninety days.

2.4.5. Fail to settle payroll and debts in a timely manner.

2.4.6. Allow tax payments or other government-ordered payments of filings to be overdue or inaccurately filed.

2.4.7. Make a single purchase or commitment of greater than \$100,000 in a fiscal year, except for participant CMH contracts and Region 4 Clinical Service Providers. Splitting orders to avoid this limit is not acceptable.

2.4.8. Purchase or sell real estate in any amount.

2.4.9. Fail to aggressively pursue receivables after a reasonable grace period.

2.4.10 Assure that total direct fiscal year annual costs payable to MCHE shall not exceed \$5,000.

2.4.10.1 Exception: Group purchases which in the EO's judgment are required and have more favorable terms than an independent purchase by SWMBH. In the event of an urgent payment required, EO shall contact SWMBH Board Chair for guidance.

2.4 POLICY: Financial Conditions and Activities (formerly BEL002)

With respect to the actual, ongoing condition of the organization's financial health, the Executive Officer may not cause or allow the development of fiscal jeopardy or the material negative deviation of actual expenditures from board priorities established in policies and inclusive of annual budget.

Further, including but not limited to, the Executive Officer may not:

- 2.4.1. Expend more funds than have been received in the fiscal year to date (including carry forward funds from prior year).

EO Response: SWMBH has not expended more funds than has been received during the Policy Review Period.

For the period October 1, 2025 to September 30, 2026, SWMBH is projecting to receive gross revenues (all types) of \$373,027,898. Expenses during the period (all types) were \$358,013,884, a favorable difference of \$15,014,013.

Please see the 2025 Financial Audit as presented to the Board in May for a detailed breakdown by contract, business line, and funding stream. Medicaid and Medicaid-Healthy Michigan are entitlements with cost-settled risk contracts with MDHHS. Substance Abuse Prevention, Treatment Block Grant, and PA2 are not entitlements and are funded on a reimbursement, do-not-exceed grant basis from MDHHS.

- 2.4.2. Incur debt in an amount greater than can be repaid by certain and otherwise unencumbered revenues in accordance with Board approved schedule.

EO Response: SWMBH incurred no debt obligations during the Policy Review Period.

- 2.4.3. Use any designated reserves other than for established purposes.

EO Response: No designated reserve funds (Internal Service Fund) were used for any purpose other than that established. SWMBH has no other contractual or Board-designated reserves.

- 2.4.4. Conduct interfund shifting in amounts greater than can be restored to a condition of discrete fund balances by certain and otherwise unencumbered revenues within ninety days.

EO Response: No interfund shifting occurred outside these parameters during the Policy Review Period.

- 2.4.5. Fail to settle payroll and debts in a timely manner.

EO Response: Payroll was paid in a timely manner throughout the Policy Review Period, as evidenced by payroll run reports and the absence of staff complaints related thereto. SWMBH's Accounts Payable payment policy is 30 days. All invoices received and deemed accurate for payment were paid within this period, on average 2,500 invoices per year.

- 2.4.6. Allow tax payments or other government-ordered payments of filings to be overdue or inaccurately filed.

EO Response: Tax payments and other government-ordered payments and filings were timely and accurately filed during the Policy Review Period. Tax filings are available upon request.

2.4.7. Make a single purchase or commitment of greater than \$100,000 in a fiscal year, except for participating in CMH contracts and Region 4 Clinical Service Providers. Splitting orders to avoid this limit is not acceptable.

EO Response: No single purchase or commitment of greater than \$100,000 occurred during the Policy Review Period, other than participant CMH contracts and Region 4 Clinical Service Provider agreements. Safeguards are included in SWMBH Procurement policy and process to ensure contracts that exceed \$100,000 are submitted to the SWMBH Board for approval.

2.4.8. Purchase or sell real estate in any amount.

EO Response: No real estate was purchased or sold during the Policy Review Period. SWMBH owns no real estate.

2.4.9. Fail to aggressively pursue receivables after a reasonable grace period.

EO Response: Receivables include payments from MDHHS, which are routine transmissions to SWMBH on a regular MDHHS-defined schedule. Immaterial receivables stem from contracts with other agencies, which are invoiced promptly and paid for promptly.

2.4.10 Assure that total direct fiscal year annual costs payable to MCHE shall not exceed \$5,000.

2.4.10.1 Exception: Group purchases which in EO's judgment are required and have more favorable terms than an independent purchase by SWMBH. In the event of an urgent payment required, EO shall contact SWMBH Board Chair for guidance.

EO Response: Total direct costs payable to MCHE for the period August 1, 2025, through September 30, 2026, were \$43,137.03, which exceeded the \$5,000 limit established in this policy.

The exception provision under Section 2.4.10.1 was invoked during the Policy Review Period to address the circumstances. \$43,137.03 amount was paid to MCHE as SWMBH's portion of the MCG contract. MCG is the medical necessity criteria required by MDHHS, that was purchased by the PIHPs through MCHE to obtain better pricing under a group purchase arrangement.

2.8 POLICY: Emergency Executive Officer Succession (formerly EO-003)

In order to protect the Board from sudden loss of the Executive Officer services, the Executive Officer will have no less than two executives identified to the Board sufficiently familiar with Board and Executive Officer issues and processes to enable them to take over with reasonable proficiency as an interim Executive Officer if called upon by the Board.

EO Response: EO has formally identified Anne Wickham, Chief Administrative Officer, and Garyl Guidry, Chief Financial Officer, as executives sufficiently familiar with Board and Executive Officer issues and processes, such that they could take over with reasonable proficiency as an interim EO if called upon by the Board. These executives regularly attend Board meetings, and are familiar and accessible to Board members. Regular touch base meetings are held between EO and each of the designated executives, and they are intentionally included in organizational issues and processes in order to ensure they have awareness and knowledge sufficient to fill in for EO in the event it is necessary. Both executives confirmed they are willing to continue serving in this capacity, and that they feel sufficiently familiar with organizational issues to be capable of serving with reasonable proficiency if called upon. The CAO is retiring in January and discussions have begun about who will replace her in this role.

Substance Use Disorder Services: Public Act 2 (PA2) Funding and Services Overview

SWMBH Board Presentation: 10/09/2026



Overview: Public Act 2 (PA2)

PA2 (Liquor Tax)

- Based on sales of liquor in each county; 4% tax
- Sent to each of the 83 counties
 - 60% to the county where the sale occurred
 - 40% to PIHP for the prevention and treatment of substance use disorders
- Intergovernmental Contract defines agreement; 3-year cycle
- Discretionary spending

Structure

- Net cost contracts for a specific deliverable(s) and outcomes
- For FY27, PA2 funds 51 prevention, treatment, and recovery programs

Financial Oversight: SWMBH SUD Oversight Policy Board

- SWMBH management works closely with each county to review programs and develop budgets that fit within each county's PA2 funding, then presents those budgets and programs to the SUD OPB for approval. This review and approval occurs annually during a Public Hearing, where providers, individuals served, and the public are invited to attend and provide testimonials on their programming and the services they receive.
- SUD OPB has to approve any budget changes that exceed \$2,500.



Funding for FY27:

County	FY27 Revenue
Barry	\$ 94,205.00
Berrien	\$ 410,766.00
Branch	\$ 74,393.00
Calhoun	\$ 378,184.00
Cass	\$ 81,694.00
Kalamazoo	\$ 750,463.00
St Joseph	\$ 124,926.00
Van Buren	\$ 178,199.00
Regional Total	\$ 2,092,830.00



Services Overview:

Barry County:

- 4 Programs
 - Jail programming, prevention services, treatment court

Berrien County:

- 9 Programs
 - Jail programming, prevention, treatment courts, recovery housing, recovery center

Branch County:

- 3 Programs
 - Outpatient services and support, jail programming, prevention services

Calhoun County:

- 6 Programs
 - Treatment court, sobriety court, veteran's court, long term residential treatment, youth home programming



Services Overview:

Cass County:

- 3 Programs
 - Jail programming, case management outreach, and family education programs.

Kalamazoo County:

- 19 Programs
 - Specialty courts, prevention services, recovery housing, overdose response team, healthy babies/healthy start, recovery Jail programming, prevention, treatment courts, recovery housing, and recovery coaches.

St Joe County:

- 4 Programs
 - Recovery housing, specialty courts

Van Buren County:

- 3 Programs
 - Specialty court, outpatient treatment supports, prevention services.



Services Evaluation:

- Each provider is responsible for creating and submitting their own outcome measures.
- SWMBH collaborates with providers and provides feedback to ensure that outcome measures are specific, measurable, attainable, and time-limited.
- SWMBH supports providers in evaluating the effectiveness of their programs.
- Providers report outcomes 2x/year: Mid year and end of year.

Evaluation Examples:

Met:

Measure: Participants in court program will demonstrate alcohol and drug free lifestyles as evidenced by testing negative on drug tests 75% of the time.

Result: Participants in the problem-solving courts are drug tested randomly a minimum of three times a week. During this reporting period, 7070 tests in total were submitted and **95% of those tests were negative** (6718). Only 3% of the tests administered were positive for substances (236). Less than 1% of the results were due to participants submitting a dilute sample (17), which means the specimen wasn't able to provide valid results.



Services Evaluation:

Evaluation Examples (Cont.):

Not Met:

Measure: 50% of clients who are randomly tested during the course of treatment (not admission) will have negative drug screens.

Result: Between 10/1/25-3/31/26, three (3) clients were randomly tested during treatment (not admission). 0% of clients tested negative.



2025 Population Health Overview

Southwest Michigan Behavioral Health (SWMBH) Region · Medicaid Population Analysis

246,426

Medicaid enrollees served region-wide

80.1%

received 1+ Medicaid service

10.8%

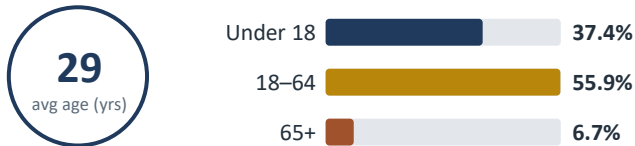
received 1+ PIHP/CMH service

9.6 mo

average months of Medicaid coverage

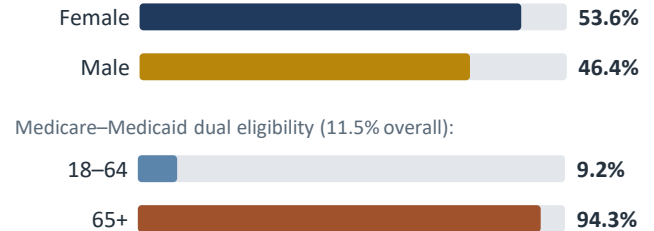
OUR ENROLLED POPULATION

AGE DISTRIBUTION

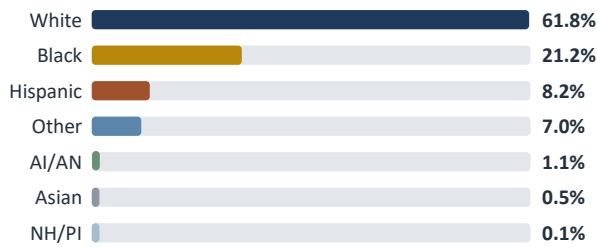


Adults 18–64 made up the largest share of the population in 2025.

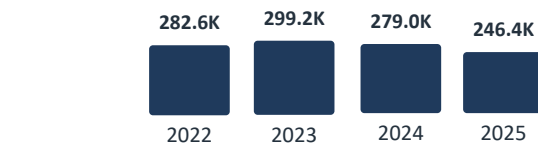
SEX & DUAL ELIGIBILITY



RACE & ETHNICITY



POPULATION TREND



Enrollment declined in 2025, while 1+ Medicaid service use rose to 80.1% and PIHP/CMH use rose to 10.8%.

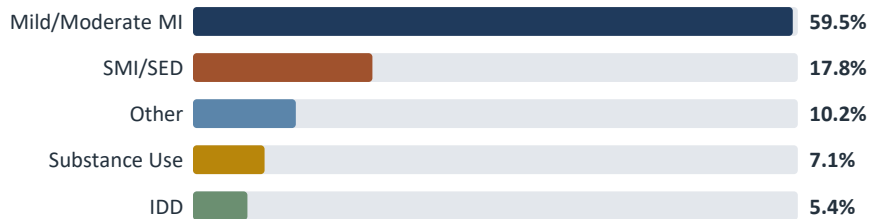
BEHAVIORAL HEALTH

32.7%

HAVE A BH DIAGNOSIS

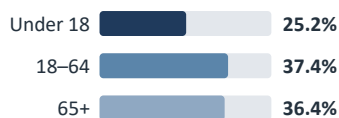
Up from 30.3% in 2024.

PRIMARY DIAGNOSIS GROUPS



WHO HAS MORE DIAGNOSES

By Age



By Sex



By Dual Status



+13.5 pt gap

Key Takeaway: Behavioral health diagnosis prevalence was highest among adults, women, and dual-eligible enrollees.

Health Needs & Utilization

Southwest Michigan Behavioral Health (SWMBH) Region · CY 2025

CHRONIC PHYSICAL HEALTH

38.0%

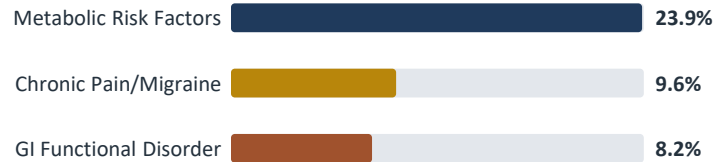
HAVE 1+ CHRONIC CONDITION

Chronic burden rises sharply with age:



Among dual-eligible adults, 14.7% had 5+ chronic conditions vs. 4.2% of non-dual adults.

MOST COMMON CONDITIONS



Chronic condition prevalence rose in 2025; metabolic risk factors showed the largest matched-population increase (+1.0 pt).

Overlap in Conditions: Adults and children with a behavioral health diagnosis generally had higher chronic condition prevalence than those without one.

UTILIZATION

30.1%

HAD A MEDICAL ED VISIT
IN 2025

8.1%

HAD A MEDICAL INPATIENT
HOSPITALIZATION IN 2025

1.7%

HAD A BH ED VISIT IN
2025

1.1%

HAD AN BH INPATIENT
HOSPITALIZATION IN 2025

SIX HEALTH PROFILES, ONE POPULATION

Latent class analysis grouped every enrollee with a chronic or behavioral health diagnosis into one of six overall health profiles — revealing how conditions cluster together in practice.

Low Diagnosis Complexity

57.6%

Few diagnosed chronic or BH conditions; no condition strongly elevated.

Metabolic Health Complexity

12.1%

Metabolic syndrome plus modest elevations in cardiac, kidney, and tobacco-related risk.

Anxiety & Depressive Disorders

14.8%

Elevated anxiety/depression with comparatively lower physical health burden.

High Chronic Complexity

6.0%

Multiple co-occurring physical conditions across organ systems.

Neurodevelopmental & IDD

5.4%

ADHD, other neurodevelopmental conditions, and IDD.

Complex Behavioral Health

4.1%

Multiple co-occurring BH conditions, incl. SUD and psychosis.

Complex Behavioral Health + High Chronic Complexity make up only ~10% of the population but have the highest ED and inpatient utilization of any group.

Key Takeaway: In 2025, the region served fewer Medicaid enrollees overall but documented behavioral and chronic health needs were higher. Chronic burden rose sharply with age, and health complexity was concentrated in a small share of the population.

2025 Population Health Overview

Barry County · Southwest Michigan Behavioral Health (SWMBH) Region · Medicaid Population Analysis

13,333

Medicaid enrollees served in Barry County
5.4% of the region's 246,426 enrollees

83.0%

received 1+ Medicaid service
Region: 80.1%

10.2%

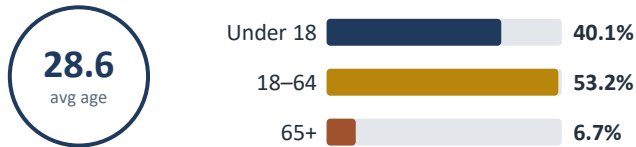
received 1+ PIHP/CMH service
Region: 10.8%

9.1 mo

average months of Medicaid coverage
Region: 9.6 mo

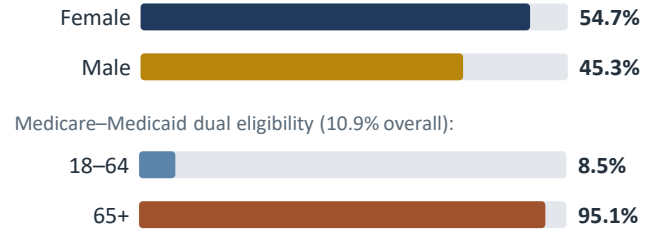
OUR ENROLLED POPULATION

AGE DISTRIBUTION

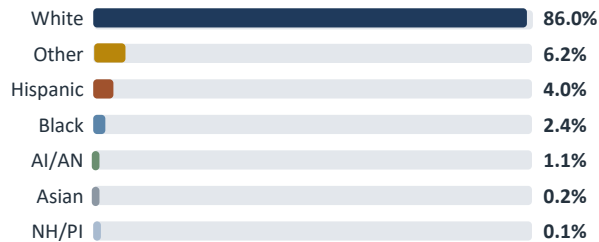


Adults 18–64 made up the largest share of the population in 2025.

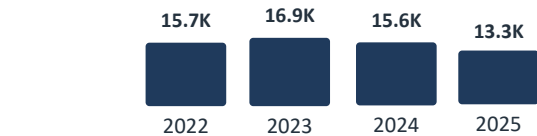
SEX & DUAL ELIGIBILITY



RACE & ETHNICITY



POPULATION TREND



Enrollment declined in 2025, while 1+ Medicaid service use rose to 83.0% and PIHP/CMH use rose to 10.2%.

BEHAVIORAL HEALTH

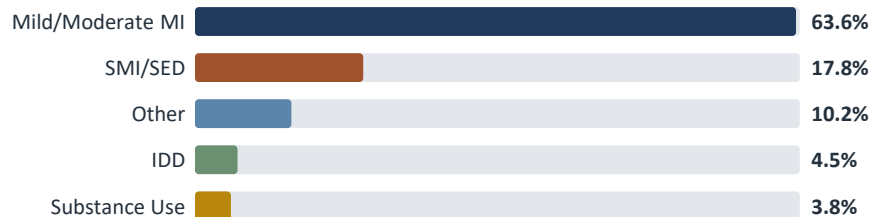
37.0%

HAVE A BH DIAGNOSIS

Rest of region: 32.5%

Up from 33.3% in 2024.

PRIMARY DIAGNOSIS GROUPS



WHO HAS MORE DIAGNOSES

By Age



By Sex



By Dual Status



+11.2 pt gap

Key Takeaway: Barry County's behavioral health diagnosis rate (37.0%) is notably higher than the rest of the region (32.5%), driven largely by anxiety, depression, ADHD, and dementia.

Health Needs & Utilization

Barry County · Southwest Michigan Behavioral Health (SWMBH) Region · CY 2025

CHRONIC PHYSICAL HEALTH

42.7%

HAVE 1+ CHRONIC CONDITION

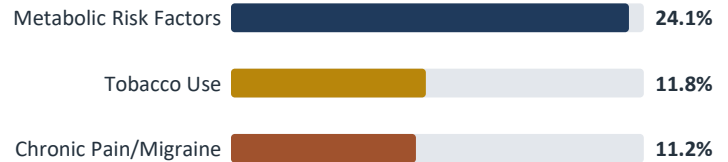
Rest of region: 37.8%

Chronic burden rises sharply with age:



Among dual-eligible adults, 17.1% had 5+ chronic conditions vs. 5.1% of non-dual adults.

MOST COMMON CONDITIONS



Tobacco use is Barry's largest local difference from the region (11.8% vs. 6.9%) — more than any other condition studied.

Overlap in Conditions: Adults and children with a behavioral health diagnosis generally had higher chronic condition prevalence than those without one, consistent with the broader region.

UTILIZATION

29.0%

HAD A MEDICAL ED VISIT IN 2025

Region: 30.1%

8.1%

HAD A MEDICAL INPATIENT HOSPITALIZATION

Region: 8.1% (same)

1.4%

HAD A BH ED VISIT IN 2025

Region: 1.7%

1.2%

HAD A BH INPATIENT HOSPITALIZATION IN 2025

Region: 1.1%

SIX HEALTH PROFILES, ONE POPULATION

Latent class analysis grouped every enrollee with a chronic or behavioral health diagnosis into one of six overall health profiles — revealing how conditions cluster together in practice. Class definitions are regional; the distribution below is specific to Barry County.

Low Diagnosis Complexity

54.8%

Few diagnosed chronic or BH conditions; no condition strongly elevated.

Metabolic Health Complexity

11.5%

Metabolic syndrome plus modest elevations in cardiac, kidney, and tobacco-related risk.

Anxiety & Depressive Disorders

16.6%

Elevated anxiety/depression with comparatively lower physical health burden.

High Chronic Complexity

6.9%

Multiple co-occurring physical conditions across organ systems.

Neurodevelopmental & IDD

6.1%

ADHD, other neurodevelopmental conditions, and IDD.

Complex Behavioral Health

4.1%

Multiple co-occurring BH conditions, incl. SUD and psychosis.

Complex Behavioral Health + High Chronic Complexity make up only 11% of the ever-diagnosed population but have the highest ED and inpatient utilization of any group.

Key Takeaway: Barry County's Medicaid population declined in 2025, but behavioral health and chronic condition needs both rose and now exceed the rest of the region.

2025 Population Health Overview

Berrien County · Southwest Michigan Behavioral Health (SWMBH) Region · Medicaid Population Analysis

46,972

Medicaid enrollees served
19.1% of the region's 246,426

76.9%

received 1+ Medicaid service
Region: 80.1%

10.1%

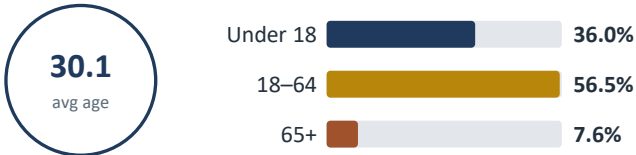
received 1+ PIHP/CMH service
Region: 10.8%

9.8 mo

average months of Medicaid coverage
Region: 9.6 mo

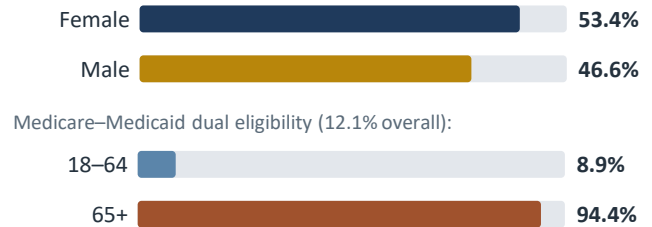
OUR ENROLLED POPULATION

AGE DISTRIBUTION

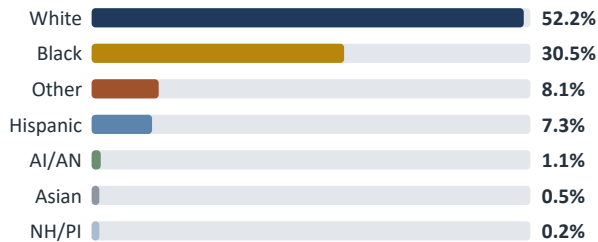


Adults 18-64 made up the largest share of the population in 2025.

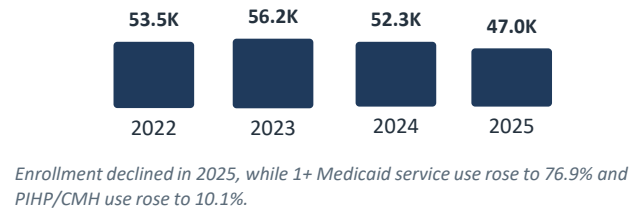
SEX & DUAL ELIGIBILITY



RACE & ETHNICITY



POPULATION TREND



BEHAVIORAL HEALTH

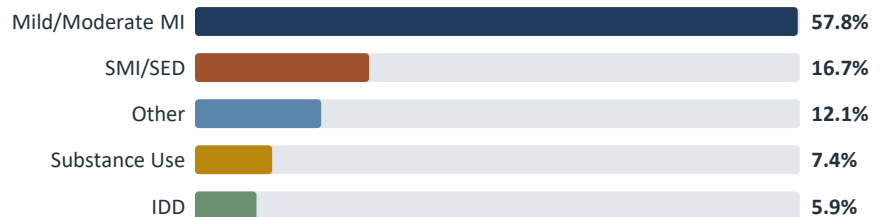
29.9%

HAVE A BH DIAGNOSIS

Rest of region: 33.4%

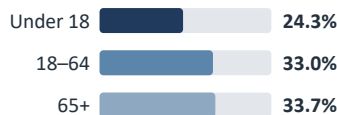
Prevalence increased from 28.1% in 2024.

PRIMARY DIAGNOSIS GROUPS

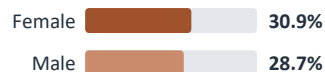


WHO HAS MORE DIAGNOSES

By Age



By Sex



By Dual Status



+11.4 pt gap

Key Takeaway: Berrien County's behavioral health diagnosis rate (29.9%) is lower than the rest of the region (33.4%).

Health Needs & Utilization

Berrien County · Southwest Michigan Behavioral Health (SWMBH) Region · CY 2025

CHRONIC PHYSICAL HEALTH

36.9%

HAVE 1+ CHRONIC CONDITION

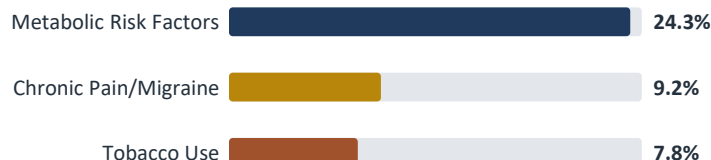
Rest of region: 38.3%

Chronic burden rises sharply with age:



Among dual-eligible adults, 14.2% had 5+ chronic conditions vs. 3.8% of non-dual adults.

MOST COMMON CONDITIONS



Tobacco use and chronic kidney disease are Berrien's notable local differences — both significantly higher here despite lower overall chronic condition prevalence.

Overlap in Conditions: Adults and children with a behavioral health diagnosis generally had higher chronic condition prevalence than those without one, consistent with the broader region.

UTILIZATION

31.0%

HAD A MEDICAL ED VISIT IN 2025

Region: 30.1%

7.2%

HAD A MEDICAL INPATIENT HOSPITALIZATION

Region: 8.1%

1.4%

HAD A BH ED VISIT IN 2025

Region: 1.7%

1.0%

HAD A MEDICAL INPATIENT HOSPITALIZATION

Region: 1.1%

SIX HEALTH PROFILES, ONE POPULATION

Latent class analysis grouped every enrollee with a chronic or behavioral health diagnosis into one of six overall health profiles — revealing how conditions cluster together in practice. Class definitions are regional; the distribution below is specific to Berrien County.

Low Diagnosis Complexity

59.0%

Few diagnosed chronic or BH conditions; no condition strongly elevated.

Metabolic Health Complexity

13.1%

Metabolic syndrome plus modest elevations in cardiac, kidney, and tobacco-related risk.

Anxiety & Depressive Disorders

12.9%

Elevated anxiety/depression with comparatively lower physical health burden.

High Chronic Complexity

6.3%

Multiple co-occurring physical conditions across organ systems.

Neurodevelopmental & IDD

5.1%

ADHD, other neurodevelopmental conditions, and IDD.

Complex Behavioral Health

3.5%

Multiple co-occurring BH conditions, incl. SUD and psychosis.

Complex Behavioral Health + High Chronic Complexity make up only 9.8% of the ever-diagnosed population but have the highest ED and inpatient utilization of any group.

Key Takeaway: Berrien County's Medicaid population declined in 2025. Behavioral health and chronic condition prevalence increased but remained below the region, while tobacco use and chronic kidney disease stood out locally.

2025 Population Health Overview

Branch County · Southwest Michigan Behavioral Health (SWMBH) Region · Medicaid Population Analysis

14,081

Medicaid enrollees served
5.7% of the region's 246,426

80.8%

received 1+ Medicaid service
Region: 80.1%

11.8%

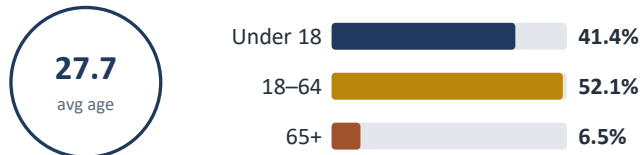
received 1+ PIHP/CMH service
Region: 10.8%

9.4 mo

average months of Medicaid coverage
Region: 9.6 mo

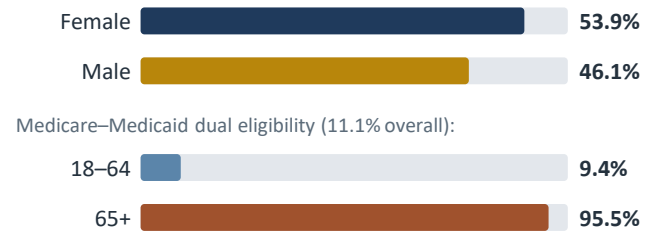
OUR ENROLLED POPULATION

AGE DISTRIBUTION

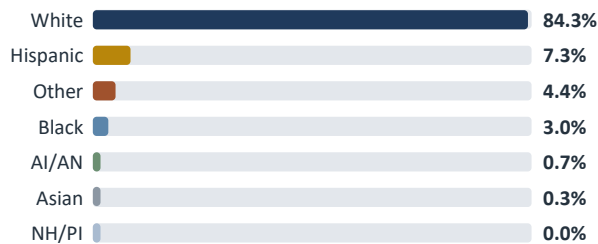


Adults 18–64 made up the largest share of the population in 2025.

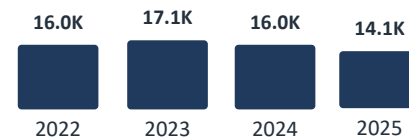
SEX & DUAL ELIGIBILITY



RACE & ETHNICITY



POPULATION TREND



Enrollment declined in 2025, while 1+ Medicaid service use rose to 80.8% and PIHP/CMH use rose to 11.8%.

BEHAVIORAL HEALTH

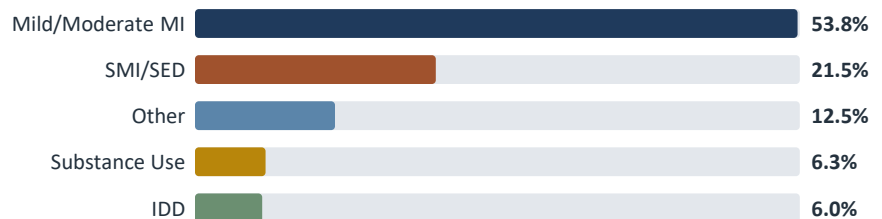
30.2%

HAVE A BH DIAGNOSIS

Rest of region: 32.9%

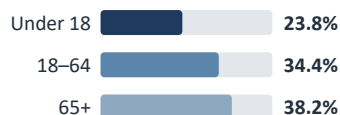
Up from 27.8% in 2024.

PRIMARY DIAGNOSIS GROUPS

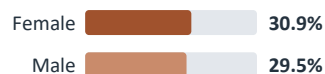


WHO HAS MORE DIAGNOSES

By Age



By Sex



By Dual Status



+16.7 pt gap

Key Takeaway: Branch County's behavioral health rate (30.2%) is lower than the region overall, but trauma-related diagnoses, bipolar disorder, and dementia are significantly more common locally.

Health Needs & Utilization

Branch County · Southwest Michigan Behavioral Health (SWMBH) Region · CY 2025

CHRONIC PHYSICAL HEALTH

37.9%

HAVE 1+ CHRONIC CONDITION

Rest of region: 38.0%

Chronic burden rises sharply with age:



Among dual-eligible adults, 15.7% had 5+ chronic conditions vs. 5.4% of non-dual adults.

MOST COMMON CONDITIONS



Social Determinants of Health concerns are Branch's standout local difference (6.8% vs. 4.0%), despite not ranking among the most common conditions overall.

Overlap in Conditions: Adults and children with a behavioral health diagnosis generally had higher chronic condition prevalence than those without one, consistent with the broader region.

UTILIZATION

31.5%

HAD A MEDICAL ED VISIT IN 2025

Region: 30.1%

8.2%

HAD A MEDICAL INPATIENT HOSPITALIZATION

Region: 8.1%

1.8%

HAD A BH ED VISIT IN 2025

Region: 1.7%

1.1%

HAD A BH INPATIENT HOSPITALIZATION

Region: 1.1%

SIX HEALTH PROFILES, ONE POPULATION

Latent class analysis grouped every enrollee with a chronic or behavioral health diagnosis into one of six overall health profiles — revealing how conditions cluster together in practice. Class definitions are regional; the distribution below is specific to Branch County.

Low Diagnosis Complexity

59.4%

Few diagnosed chronic or BH conditions; no condition strongly elevated.

Metabolic Health Complexity

12.9%

Metabolic syndrome plus modest elevations in cardiac, kidney, and tobacco-related risk.

Anxiety & Depressive Disorders

12.0%

Elevated anxiety/depression with comparatively lower physical health burden.

High Chronic Complexity

6.4%

Multiple co-occurring physical conditions across organ systems.

Neurodevelopmental & IDD

5.3%

ADHD, other neurodevelopmental conditions, and IDD.

Complex Behavioral Health

4.0%

Multiple co-occurring BH conditions, incl. SUD and psychosis.

Complex Behavioral Health + High Chronic Complexity make up only about 10% of the ever-diagnosed population but have the highest ED and inpatient utilization of any group.

Key Takeaway: Branch County's Medicaid population declined in 2025. Overall chronic condition prevalence closely matches the region, but Social Determinants of Health concerns stand out sharply, and independent-living rates among the PIHP/CMH-served population have been gradually declining.

2025 Population Health Overview

Calhoun County · Southwest Michigan Behavioral Health (SWMBH) Region · Medicaid Population Analysis

47,743

Medicaid enrollees served
19.4% of the region's 246,426

82.0%

received 1+ Medicaid service
Region: 80.1%

11.6%

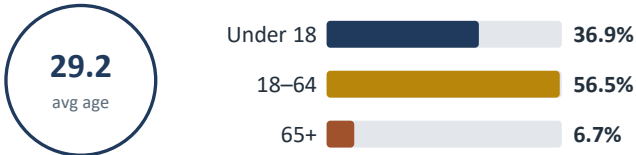
received 1+ PIHP/CMH service
Region: 10.8%

9.6 mo

average months of Medicaid coverage
Region: 9.6 mo

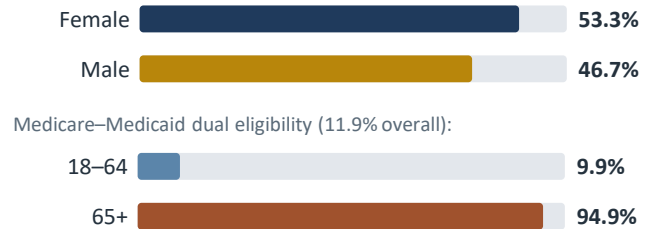
OUR ENROLLED POPULATION

AGE DISTRIBUTION

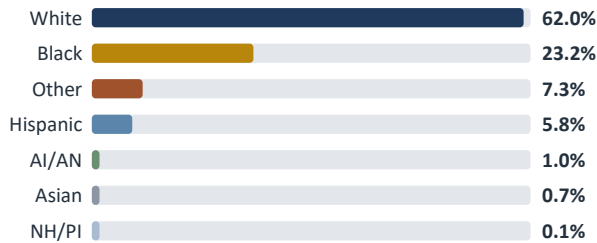


Adults 18–64 made up the largest share of the population in 2025.

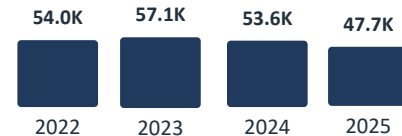
SEX & DUAL ELIGIBILITY



RACE & ETHNICITY



POPULATION TREND



Enrollment declined in 2025, while 1+ Medicaid service use rose to 82.0% and PIHP/CMH use held near 11.6%.

BEHAVIORAL HEALTH

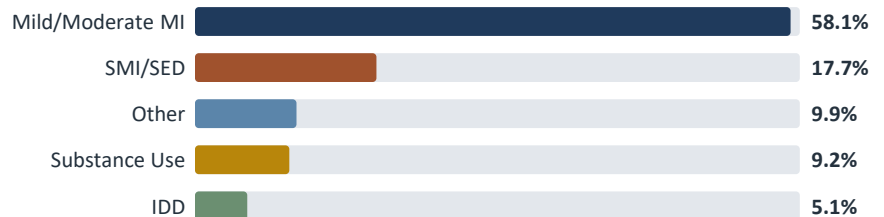
34.0%

HAVE A BH DIAGNOSIS

Rest of region: 32.4%

Up from 31.6% in 2024.

PRIMARY DIAGNOSIS GROUPS



WHO HAS MORE DIAGNOSES

By Age



By Sex



By Dual Status



+13.5 pt gap

Key Takeaway: Calhoun County's behavioral health rate (34.0%) is significantly higher than the rest of the region (32.4%), led by depressive disorders, SUD, and bipolar disorder.

Health Needs & Utilization

Calhoun County · Southwest Michigan Behavioral Health (SWMBH) Region · CY 2025

CHRONIC PHYSICAL HEALTH

39.7%

HAVE 1+ CHRONIC CONDITION

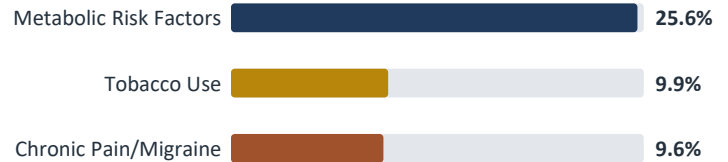
Rest of region: 37.6%

Chronic burden rises sharply with age:



Among dual-eligible adults, 17.3% had 5+ chronic conditions vs. 5.3% of non-dual adults.

MOST COMMON CONDITIONS



Metabolic risk factors, tobacco use, and Social Determinants of Health concerns are all significantly higher in Calhoun than the rest of the region.

Overlap in Conditions: Adults and children with a behavioral health diagnosis generally had higher chronic condition prevalence than those without one, consistent with the broader region.

UTILIZATION

29.9%

HAD A MEDICAL ED VISIT IN 2025

Region: 30.1%

8.9%

HAD A MEDICAL INPATIENT HOSPITALIZATION

Region: 8.1%

1.9%

HAD A BH ED VISIT IN 2025

Region: 1.7%

1.2%

HAD A BH INPATIENT HOSPITALIZATION

Region: 1.1%

SIX HEALTH PROFILES, ONE POPULATION

Latent class analysis grouped every enrollee with a chronic or behavioral health diagnosis into one of six overall health profiles — revealing how conditions cluster together in practice. Class definitions are regional; the distribution below is specific to Calhoun County.

Low Diagnosis Complexity

54.5%

Few diagnosed chronic or BH conditions; no condition strongly elevated.

Metabolic Health Complexity

13.2%

Metabolic syndrome plus modest elevations in cardiac, kidney, and tobacco-related risk.

Anxiety & Depressive Disorders

15.2%

Elevated anxiety/depression with comparatively lower physical health burden.

High Chronic Complexity

6.8%

Multiple co-occurring physical conditions across organ systems.

Neurodevelopmental & IDD

5.5%

ADHD, other neurodevelopmental conditions, and IDD.

Complex Behavioral Health

4.8%

Multiple co-occurring BH conditions, incl. SUD and psychosis.

Complex Behavioral Health + High Chronic Complexity make up only about 12% of the ever-diagnosed population but have the highest ED and inpatient utilization of any group.

Key Takeaway: Calhoun County's Medicaid population declined in 2025, and both behavioral health and chronic condition prevalence now exceed the region. Metabolic risk factors, tobacco use, and SDoH concerns stand out locally.

2025 Population Health Overview

Cass County · Southwest Michigan Behavioral Health (SWMBH) Region · Medicaid Population Analysis

13,983

Medicaid enrollees served
5.7% of the region's 246,426

77.1%

received 1+ Medicaid service
Region: 80.1%

7.9%

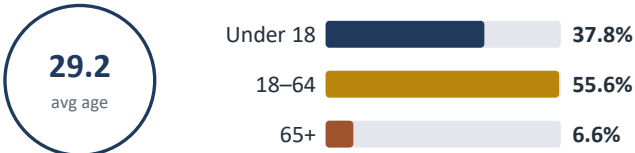
received 1+ PIHP/CMH service
Region: 10.8%

9.5 mo

average months of Medicaid coverage
Region: 9.6 mo

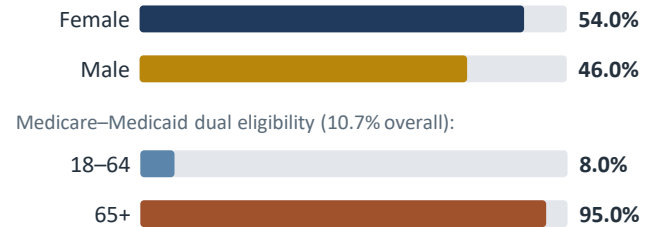
WHO WE SERVE

AGE DISTRIBUTION

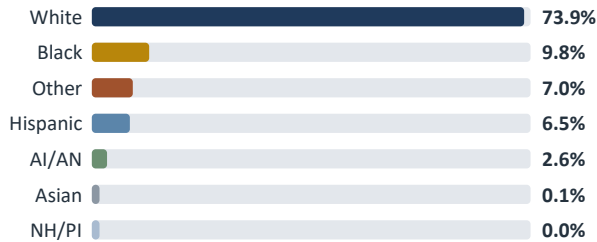


Adults 18–64 made up the largest share of the population in 2025.

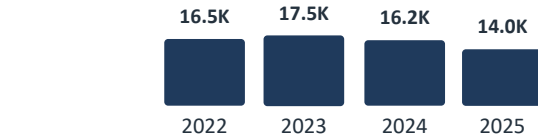
SEX & DUAL ELIGIBILITY



RACE & ETHNICITY



POPULATION TREND



Enrollment declined in 2025, while 1+ Medicaid service use rose to 77.1% and PIHP/CMH use rose to 7.9%.

BEHAVIORAL HEALTH

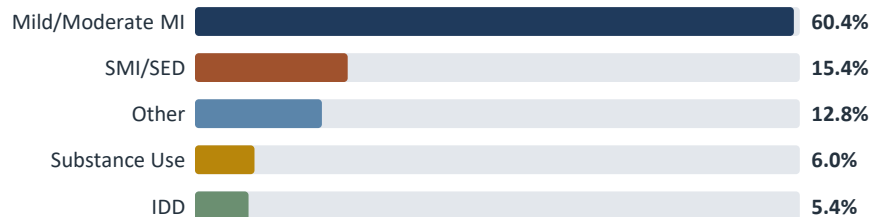
30.3%

HAVE A BH DIAGNOSIS

Rest of region: 32.9%

Up from 28.6% in 2024.

PRIMARY DIAGNOSIS GROUPS



WHO HAS MORE DIAGNOSES

By Age



By Sex



By Dual Status



+7.4 pt gap

Key Takeaway: Cass County's behavioral health rate (30.3%) is lower than the rest of the region (32.9%), but ADHD is a notable local exception at 7.6% vs. 6.7%.

Health Needs & Utilization

Cass County · Southwest Michigan Behavioral Health (SWMBH) Region · CY 2025

CHRONIC PHYSICAL HEALTH

35.1%

HAVE 1+ CHRONIC CONDITION

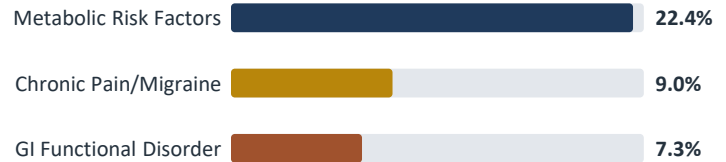
Rest of region: 38.2%

Chronic burden rises sharply with age:



Among dual-eligible adults, 12.5% had 5+ chronic conditions vs. 3.8% of non-dual adults.

MOST COMMON CONDITIONS



Unlike most counties reviewed, Cass runs lower on nearly every chronic condition studied — no individual condition is significantly elevated locally.

Overlap in Conditions: Adults and children with a behavioral health diagnosis generally had higher chronic condition prevalence than those without one, consistent with the broader region.

UTILIZATION

30.5%

HAD A MEDICAL ED VISIT IN 2025

Region: 30.1%

6.7%

HAD A MEDICAL INPATIENT HOSPITALIZATION

Region: 8.1%

0.9%

HAD A BH ED VISIT IN 2025

Region: 1.7%

0.5%

HAD A BH INPATIENT HOSPITALIZATION

Region: 1.1%

SIX HEALTH PROFILES, ONE POPULATION

Latent class analysis grouped every enrollee with a chronic or behavioral health diagnosis into one of six overall health profiles — revealing how conditions cluster together in practice. Class definitions are regional; the distribution below is specific to Cass County.

Low Diagnosis Complexity

59.6%

Few diagnosed chronic or BH conditions; no condition strongly elevated.

Metabolic Health Complexity

12.5%

Metabolic syndrome plus modest elevations in cardiac, kidney, and tobacco-related risk.

Anxiety & Depressive Disorders

14.0%

Elevated anxiety/depression with comparatively lower physical health burden.

High Chronic Complexity

5.7%

Multiple co-occurring physical conditions across organ systems.

Neurodevelopmental & IDD

5.1%

ADHD, other neurodevelopmental conditions, and IDD.

Complex Behavioral Health

3.2%

Multiple co-occurring BH conditions, incl. SUD and psychosis.

Complex Behavioral Health + High Chronic Complexity make up only 8.9% of the ever-diagnosed population but have the highest ED and inpatient utilization of any group.

Key Takeaway: Cass County's Medicaid population declined in 2025. Behavioral health and chronic condition prevalence both run below the region overall, though ADHD is a local exception and documented social needs carry outsized hospitalization risk when identified.

2025 Population Health Overview

Kalamazoo County · Southwest Michigan Behavioral Health (SWMBH) Region · Medicaid Population Analysis

68,218

Medicaid enrollees served
27.7% of the region's 246,426

80.4%

received 1+ Medicaid service
Region: 80.1%

11.4%

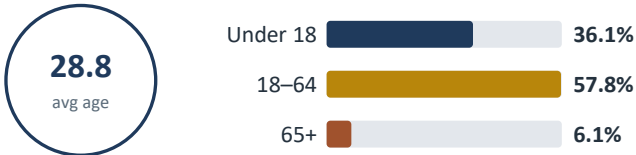
received 1+ PIHP/CMH service
Region: 10.8%

9.6 mo

average months of Medicaid coverage
Region: 9.6 mo

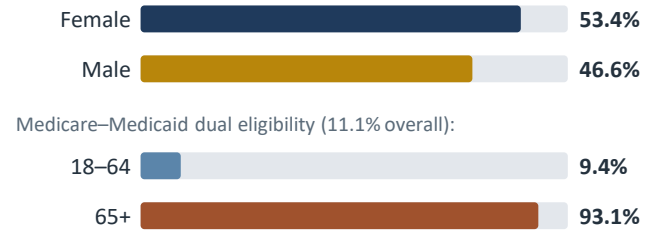
OUR ENROLLED POPULATION

AGE DISTRIBUTION

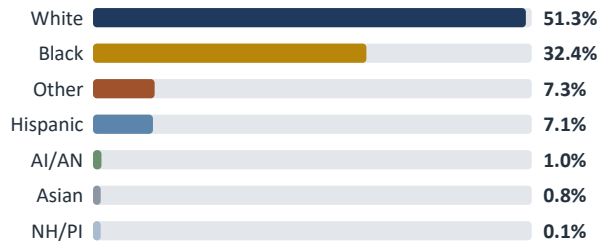


Adults 18–64 made up the largest share of the population in 2025.

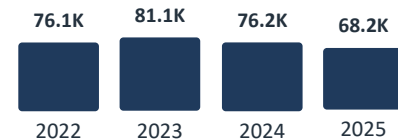
SEX & DUAL ELIGIBILITY



RACE & ETHNICITY



POPULATION TREND



Enrollment declined in 2025, while 1+ Medicaid service use rose to 80.4% and PIHP/CMH use rose to 11.4%.

BEHAVIORAL HEALTH

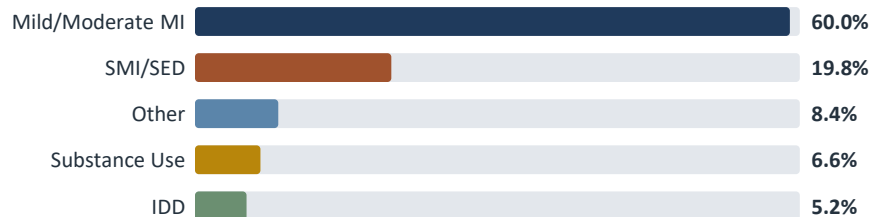
34.2%

HAVE A BH DIAGNOSIS

Rest of region: 32.2%

Up from 31.1% in 2024.

PRIMARY DIAGNOSIS GROUPS



WHO HAS MORE DIAGNOSES

By Age



By Sex



By Dual Status



+16.9 pt gap

Key Takeaway: Kalamazoo's behavioral health rate (34.2%) is significantly higher than the rest of the region (32.2%).

Health Needs & Utilization

Kalamazoo County · Southwest Michigan Behavioral Health (SWMBH) Region · CY 2025

CHRONIC PHYSICAL HEALTH

37.6%

HAVE 1+ CHRONIC CONDITION

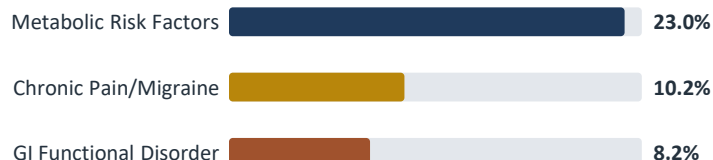
Rest of region: 38.2% (similar)

Chronic burden rises sharply with age:



Among dual-eligible adults, 14% had 5+ chronic conditions vs. 3.5% of non-dual adults.

MOST COMMON CONDITIONS



Chronic pain/migraine is notably elevated locally (10.2% vs. 9.4%), while tobacco use runs well below the rest of the region (5.0% vs. 8.0%).

Overlap in Conditions: Adults and children with a behavioral health diagnosis generally had higher chronic condition prevalence than those without one, consistent with the broader region.

UTILIZATION

27.5%

HAD A MEDICAL ED VISIT
IN 2025

Region: 30.1%

8.7%

HAD A MEDICAL INPATIENT
HOSPITALIZATION

Region: 8.1%

2.0%

HAD A BH ED VISIT IN
2025

Region: 1.7%

1.2%

HAD A BH INPATIENT
HOSPITALIZATION

Region: 1.1%

SIX HEALTH PROFILES, ONE POPULATION

Latent class analysis grouped every enrollee with a chronic or behavioral health diagnosis into one of six overall health profiles — revealing how conditions cluster together in practice. Class definitions are regional; the distribution below is specific to Kalamazoo County.

Low Diagnosis Complexity

56.7%

Few diagnosed chronic or BH conditions; no condition strongly elevated.

Metabolic Health Complexity

11.0%

Metabolic syndrome plus modest elevations in cardiac, kidney, and tobacco-related risk.

Anxiety & Depressive Disorders

16.8%

Elevated anxiety/depression with comparatively lower physical health burden.

High Chronic Complexity

5.3%

Multiple co-occurring physical conditions across organ systems.

Neurodevelopmental & IDD

5.6%

ADHD, other neurodevelopmental conditions, and IDD.

Complex Behavioral Health

4.6%

Multiple co-occurring BH conditions, incl. SUD and psychosis.

Complex Behavioral Health + High Chronic Complexity make up only 9.9% of the ever-diagnosed population but have the highest ED and inpatient utilization of any group.

Key Takeaway: Kalamazoo County's Medicaid population declined in 2025, and behavioral health prevalence continues to run above the region. Kalamazoo also has a markedly higher unhoused rate among PIHP/CMH-served enrollees.

2025 Population Health Overview

Saint Joseph County · Southwest Michigan Behavioral Health (SWMBH) Region · Medicaid Population Analysis

18,740

Medicaid enrollees served
7.6% of the region's 246,426

78.7%

received 1+ Medicaid service
Region: 80.1%

12.8%

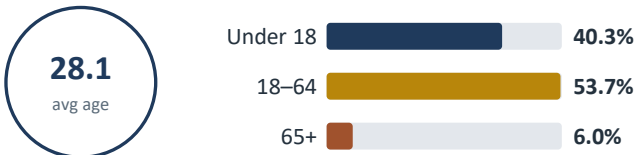
received 1+ PIHP/CMH service
Region: 10.8%

9.4 mo

average months of Medicaid coverage
Region: 9.6 mo

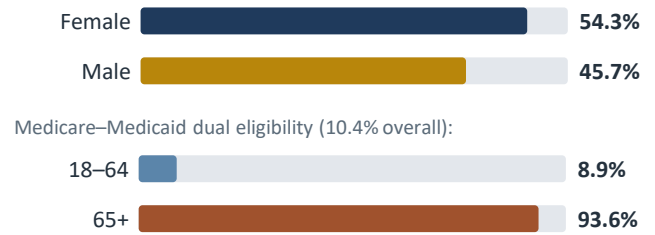
OUR ENROLLED POPULATION

AGE DISTRIBUTION

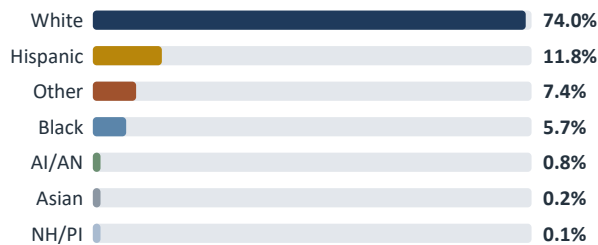


Adults 18–64 made up the largest share of the population in 2025.

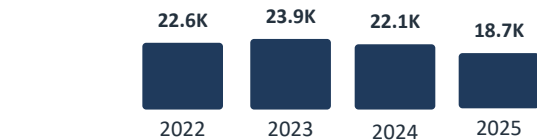
SEX & DUAL ELIGIBILITY



RACE & ETHNICITY



POPULATION TREND



Enrollment declined in 2025, while 1+ Medicaid service use rose to 78.7% and PIHP/CMH use held near 12.8%.

BEHAVIORAL HEALTH

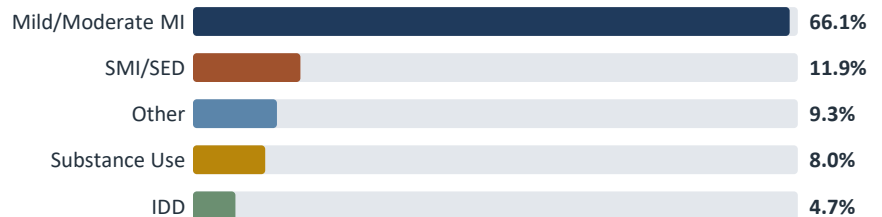
33.6%

HAVE A BH DIAGNOSIS

Rest of region: 32.7% (similar)

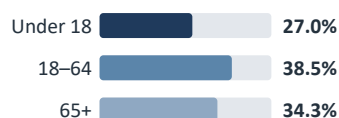
Up from 31.5% in 2024.

PRIMARY DIAGNOSIS GROUPS



WHO HAS MORE DIAGNOSES

By Age



By Sex (Adults)



By Dual Status



+10.2 pt gap

Key Takeaway: Saint Joseph's overall BH rate is similar to the region, but SUD and trauma-related diagnoses are notably elevated — 6.5% each vs. 4.7% regionally.

Health Needs & Utilization

Saint Joseph County · Southwest Michigan Behavioral Health (SWMBH) Region · CY 2025

CHRONIC PHYSICAL HEALTH

36.2%

HAVE 1+ CHRONIC CONDITION

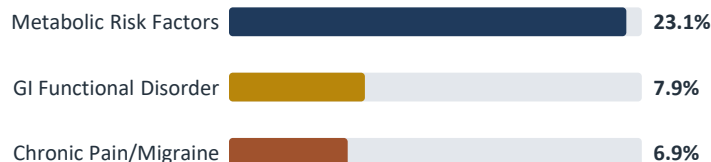
Rest of region: 38.2%

Chronic burden rises sharply with age:



Among dual-eligible adults, 11.9% had 5+ chronic conditions vs. 3.8% of non-dual adults.

MOST COMMON CONDITIONS



Saint Joseph runs lower on most chronic conditions studied — hypothyroidism and UTI are the few exceptions running higher locally.

Overlap in Conditions: Adults and children with a behavioral health diagnosis generally had higher chronic condition prevalence than those without one, consistent with the broader region.

UTILIZATION

30.1%

HAD A MEDICAL ED VISIT IN 2025

Region: 30.1%

7.4%

HAD A MEDICAL INPATIENT HOSPITALIZATION

Region: 8.1%

1.7%

HAD A BH ED VISIT IN 2025

Region: 1.7%

1.0%

HAD A BH INPATIENT HOSPITALIZATION

Region: 1.1%

SIX HEALTH PROFILES, ONE POPULATION

Latent class analysis grouped every enrollee with a chronic or behavioral health diagnosis into one of six overall health profiles — revealing how conditions cluster together in practice. Class definitions are regional; the distribution below is specific to Saint Joseph County.

Low Diagnosis Complexity

57.0%

Few diagnosed chronic or BH conditions; no condition strongly elevated.

Metabolic Health Complexity

11.8%

Metabolic syndrome plus modest elevations in cardiac, kidney, and tobacco-related risk.

Anxiety & Depressive Disorders

15.7%

Elevated anxiety/depression with comparatively lower physical health burden.

High Chronic Complexity

5.6%

Multiple co-occurring physical conditions across organ systems.

Neurodevelopmental & IDD

5.8%

ADHD, other neurodevelopmental conditions, and IDD.

Complex Behavioral Health

4.1%

Multiple co-occurring BH conditions, incl. SUD and psychosis.

Complex Behavioral Health + High Chronic Complexity make up only 9.7% of the ever-diagnosed population but have the highest ED and inpatient utilization of any group.

Key Takeaway: Saint Joseph County's Medicaid population declined in 2025. Overall BH and chronic condition rates run similar to or below the region, but SUD and trauma-related diagnoses stand out locally, and documented social needs carry an outsized hospitalization risk.

2025 Population Health Overview

Van Buren County · Southwest Michigan Behavioral Health (SWMBH) Region · Medicaid Population Analysis

23,356

Medicaid enrollees served
9.5% of the region's 246,426

82.1%

received 1+ Medicaid service
Region: 80.1%

9.1%

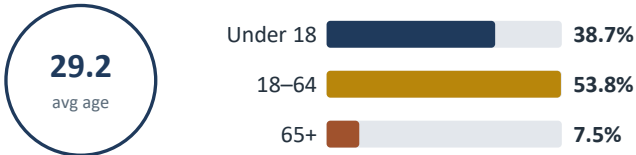
received 1+ PIHP/CMH service
Region: 10.8%

9.7 mo

average months of Medicaid coverage
Region: 9.6 mo

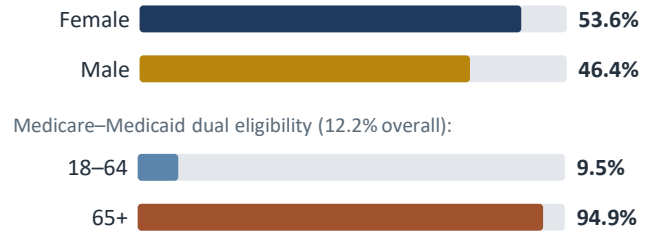
OUR ENROLLED POPULATION

AGE DISTRIBUTION

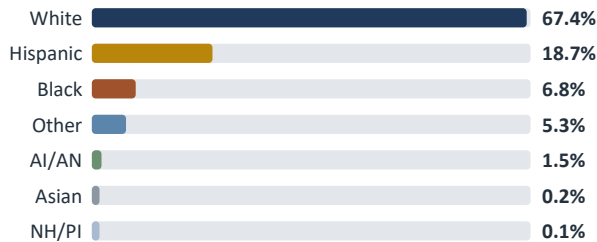


Adults 18–64 made up the largest share of the population in 2025.

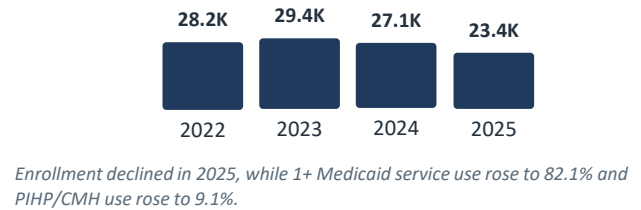
SEX & DUAL ELIGIBILITY



RACE & ETHNICITY



POPULATION TREND



BEHAVIORAL HEALTH

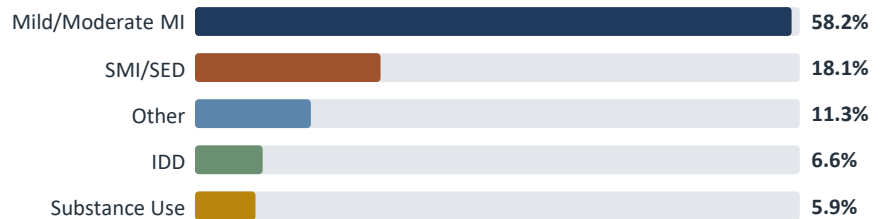
31.5%

HAVE A BH DIAGNOSIS

Rest of region: 32.9%

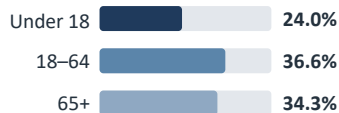
Full-population rate rose in 2025.

PRIMARY DIAGNOSIS GROUPS



WHO HAS MORE DIAGNOSES

By Age



By Sex



By Dual Status



+13.9 pt gap

Key Takeaway: Van Buren's behavioral health rate (31.5%) runs below the rest of the region (32.9%), but IDD is a clear local exception with higher prevalence.

Health Needs & Utilization

Van Buren County · Southwest Michigan Behavioral Health (SWMBH) Region · CY 2025

CHRONIC PHYSICAL HEALTH

38.8%

HAVE 1+ CHRONIC CONDITION

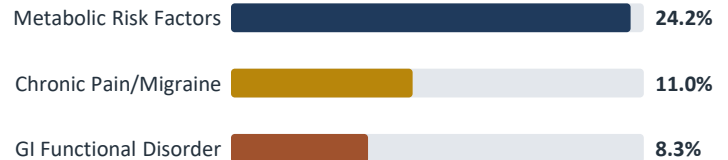
Rest of region: 38.0% (similar)

Chronic burden rises sharply with age:



Among dual-eligible adults, 14% had 5+ chronic conditions vs. 4.1% of non-dual adults.

MOST COMMON CONDITIONS



Overall chronic condition prevalence is similar to the region and rose further in the matched cohort — driven in part by a significant increase in Metabolic Risk Factors.

Overlap in Conditions: Adults and children with a behavioral health diagnosis generally had higher chronic condition prevalence than those without one, consistent with the broader region.

UTILIZATION

36.3%

HAD A MEDICAL ED VISIT IN 2025

Region: 30.1%

8.3%

HAD A MEDICAL INPATIENT HOSPITALIZATION

Region: 8.1%

1.6%

HAD A BH ED VISIT IN 2025

Region: 1.7%

1.0%

HAD A BH INPATIENT HOSPITALIZATION

Region: 1.1%

SIX HEALTH PROFILES, ONE POPULATION

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14.8%

Elevated anxiety/depression with comparatively lower physical health burden.

Metabolic Health Complexity

12.6%

Metabolic syndrome plus modest elevations in cardiac, kidney, and tobacco-related risk.

High Chronic Complexity

6.3%

Multiple co-occurring physical conditions across organ systems.

Neurodevelopmental & IDD

5.4%

ADHD, other neurodevelopmental conditions, and IDD.

Complex Behavioral Health

3.4%

Multiple co-occurring BH conditions, incl. SUD and psychosis.

Complex Behavioral Health + High Chronic Complexity make up only 9.7% of the ever-diagnosed population but have the highest ED and inpatient utilization of any group.

Key Takeaway: Van Buren County's Medicaid population declined in 2025. Behavioral health runs below the region overall, but IDD stands out locally, and chronic condition burden continued rising even in the matched cohort.

2026 SWMBH Board Member & Board Alternate Attendance												
Name:	January	February	March	April	May	June	July	August	September	October	November	December
Board Members:												
Lorraine Lindsey (Barry)												
Jeff Kniaz (Barry)												
Allen Edlesfson (Berrien)												
Tom Schmelzer (Branch)												
Sherii Sherban (Calhoun)												
Joyce Locke (Cass)												
Kayla Wisniewsi (Cass)												
Michael Seals (Kalamazoo)												
Carole Naccarato (St. Joe)												
Tina Leary (Van Buren)												
Alternates:												
Bob Becker (Barry)												
Bill Mattson (Barry)												
Edward Meny (Berrien)												
Jon Houtz (Branch)												
Stephanie Swanson-Chang (Calhoun)												
Jesse Binns (Cass)												
Karen Longanecker (Kalamazoo)												
Cathi Abbs (St. Joe)												
Gail Patterson-Gladney (Van Buren)												

as of 9/11/26

Green = present
Red = absent
Black = not a member
Gray = meeting cancelled
Blue= present virtually