



Southwest Michigan Behavioral Health Board Meeting

Four Points by Sheraton, 3600 E. Cork St. Kalamazoo, MI 49001

November 11, 2022

9:30 am to 11:30 am

(d) means document provided

Draft: 11/3/22

- 1. Welcome Guests/Public Comment**
- 2. Agenda Review and Adoption (d) pg.1**
- 3. Financial Interest Disclosure Handling (M. Todd)**
 - None Scheduled
- 4. Consent Agenda**
 - October 14, 2022 SWMBH Board Meeting Minutes (d) pg.3
- 5. Operations Committee**
 - Operations Committee September 28, 2022 Meeting minutes (d) pg.8
- 6. Ends Metrics Updates (*Requires motion)**

Is the Data Relevant and Compelling? Is the Executive Officer in Compliance? Does the Ends need Revision?

 - * Fulfillment of Contractual Obligations - Fiscal Year 2022 Substance Use Disorder, Prepaid Inpatient Health Plan (SUD/PIHP) Contract and 1115 Waiver Requirements (J. Smith) (d) pg.10
- 7. Board Actions to be Considered**
 - a. Executive Officer Evaluation (Board Executive Committee) (d) pg.12
 - b. Executive Officer Employment Agreement (Board Executive Committee)
 - c. 2022-2024 Ends Metrics (J. Gardner) (d) pg.13
 - d. Proposed revisions to SWMBH Policy BEL-002 Financial Conditions (d) pg.22
- 8. Board Policy Review**

Is the Board in Compliance? Does the Policy Need Revision?

 - a. EO-002 Monitoring Executive Performance (d) pg.24
 - b. EO-001 Executive Role and Job Description (d) pg.26
 - c. BG-003 Unity of Control (d) pg.27

9. Executive Limitations Review

Is the Executive Officer in Compliance with this Policy? Does the Policy Need Revision?

- BEL-010 RE 501 (c) (3) Representation (T. Schmelzer) (d) pg.28

10. Board Education

- a. Fiscal Year 2022 Year to Date Financial Statements (T. Dawson) (d) pg.32
- b. Fiscal Year 2023 Program Integrity Compliance Plan (M. Todd) (d) pg.40
- c. Fiscal Year 2022 Accomplishments and Successes (J. Gardner) (d) pg.67
- d. Carver Policy Governance Basics (B. Casemore) (d) pg.85

11. Communication and Counsel to the Board

- a. November 8th Election Debrief
- b. System Transformation Legislation
- c. June CMHAM CMH and PIHP Chair Meeting Minutes (d) pg.96
- d. December 9, 2022 Board Agenda (d) pg.98
- e. Board Member Attendance Roster (d) pg.100
- f. December Direct Inspection Reports-BEL-003 Asset Protection (S. Sherban)

12. Public Comment

13. 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

Four Points by Sheraton, 3600 E. Cork St. Kalamazoo, MI 49001
December 9, 2022
9:30 am - 11:30 am

Southwest Michigan

BEHAVIORAL HEALTH

Board Meeting Minutes

October 14, 2022

Four Points Sheraton, 3600 E. Cork St. Kalamazoo, MI 49001

9:30 am-11:30 am

Draft: 10/14/22

Members Present: Edward Meny, Tom Schmelzer, Susan Barnes, Carol Naccarato, Ruth Perino, Louie Csokasy, Sherii Sherban, Karen Longanecker

Members Absent: Erik Krogh

Guests Present: Bradley Casemore, Executive Officer, SWMBH; Michelle Jacobs, Senior Operations Specialist & Rights Advisor, SWMBH; Tracy Dawson, Chief Financial Officer, SWMBH; Anne Wickham, Chief Administrative Officer, SWMBH; Jonathan Gardner, Director of Quality Assurance and Performance Improvement, SWMBH; Mila Todd, Chief Compliance and Privacy Officer, SWMBH; Garyl Guidry, Chief Financial Officer Designee, SWMBH; Natalie Spivak, Chief Information Officer, SWMBH; Sarah Ameter, Manager of Customer Services, SWMBH; Jeannie Goodrich, Summit Pointe; Tim Smith, Woodlands; Jon Houtz, Board Alternate for Pines Behavioral Health; Ric Compton, Riverwood Center; Sue Germann, Pines Behavioral Health; Ric Compton, Riverwood; Nancy Johnson, Board Alternate for Riverwood; Rich Thiemkey, Barry County CMH

Welcome Guests

Edward Meny called the meeting to order at 9:30 am and introductions were made.

Public Comment

None

Agenda Review and Adoption

Motion Tom Schmelzer
Second Ruth Perino
Motion Carried

Financial Interest Disclosure (FID) Handling

None

Consent Agenda

Motion Susan Barnes moved to approve the September 9, 2022 Board meeting minutes as presented.
Second Ruth Perino
Motion Carried

Operations Committee

Operations Committee Meeting Minutes

Edward Meny noted the August 24, 2022 Operations Committee meeting minutes in the packet. No questions from the Board.

Operations Committee Quarterly Report

Edward Meny noted the quarterly report in the packet. No questions from the Board.

Ends Metrics

Home Adult Benefit Waiver

Jonathan Gardner reported as documented. Discussion followed.

Motion Ruth Perino moved that the data is relevant and compelling, the Executive Officer is in compliance and the Ends do not need revision.

Second Carol Naccarato

Motion Carried

Health Services Advisory Group Performance Measure Validation Results

Jonathan Gardner reported as documented. Discussion followed.

Motion Tom Schmelzer moved that the data is relevant and compelling, the Executive Officer is in compliance and the Ends do not need revision.

Second Susan Barnes

Motion Carried

Board Actions to be Considered

Fiscal Year 2023 Budget

Tracy Dawson reported as documented. Brad Casemore summarized Federal and State initiatives and requirements that drive costs. Discussion followed.

Motion Ruth Perino moved to approve the SWMBH Regional Budget for fiscal year 2023 Column I, as presented for the period October 1, 2022 through September 30, 2023.

Second Karen Longanecker

Motion Carried

Roll Call

Edward Meny yes

Tom Schmelzer yes

Susan Barnes yes

Carol Naccarato yes

Ruth Perino yes

Louie Csokasy no

Sherii Sherban yes

Karen Longanecker yes

Credentialing of Behavioral Health Practitioners

Mila Todd reported as documented.

Motion Sherii Sherban moved to approve the Credentialing of Behavioral Health Practitioners policy as presented.

Second Tom Schmelzer

Motion Carried

Credentialing of Organizational Providers

Mila Todd reported as documented.

Motion Sherii Sherban moved to approve the Credentialing of Organizational Providers policy as presented.

Second Tom Schmelzer

Motion Carried

Michigan Consortium for Healthcare Excellence (MCHE) Membership

Brad Casemore reported as documented.

Motion Carol Naccarato moved that SWMBH shall maintain its membership in MCHE through October of 2023.

Second Susan Barnes

Motion Carried

Holiday Event

Board members discussed a holiday celebration and agreed that January of 2023 would work best immediately following the January Board meeting at Four Points by Sheraton.

Voting Delegates needed for upcoming 2022 Community Mental Health Association of Michigan (CMHAM) Fall Conference

Brad Casemore reported as documented. Discussion followed.

Motion Louie Csokasy moved to appoint Tom Schmelzer as SWMBH's Board Member voting delegate for the CMHAM Fall Conference of 2022.

Second Karen Longanecker

Motion Carried

Board Policy Review

BG-008 Board Member Job Description

Edward Meny reported as documented.

Motion Tom Schmelzer moved that the Board is in compliance with Policy BG-008 Board Member Job Description and the policy does not need revision.

Second Susan Barnes

Motion Carried

Executive Limitations Review

BEL-002 Financial Conditions

Louie Csokasy reported as documented.

Motion Louie Csokasy moved that the Executive Officer is in compliance with Policy BEL-002 Financial Conditions. Mr. Csokasy proposed language revisions as documented.
Discussion followed.
Second Susan Barnes
Motion Carried

Board members asked SWMBH management to reflect upon the proposed changes to SWMBH Policy BEL-002 Financial Conditions and will review again at the November 11, 2022 Board meeting.

BEL-008 Communication and Counsel

Edward Meny as documented.

Motion Edward Meny moved that the Executive Officer is in compliance with Policy BEL-008 Communication and Counsel and the policy does not need revision.
Second Tom Schmelzer
Motion Carried

BEL-005 Treatment of Plan Members

Ruth Perino reported as documented.

Motion Ruth Perino moved that the Executive Officer is in compliance with Policy BEL-005 Treatment of Plan Members and the policy does not need revision.
Second Sherii Sherban
Motion Carried

Board Education

Fiscal Year 2022 Year to Date Financial Statements

Tracy Dawson reported as documented highlighting and explaining the CCBHC portion of the financials. Discussion followed. Tracy Dawson introduced Garyl Guidry as SWMBH's Chief Financial Officer Designee. Garyl Guidry introduced himself to the Board.

Fiscal Year 2022 CMHSP Site Review Results

Mila Todd reported as documented. Discussion followed.

Compliance Role and Function

Mila Todd reported as documented. Discussion followed.

Michigan Consortium for Healthcare Excellence Written Report

Brad Casemore reported as documented. Discussion followed.

7th Annual Healthcare Policy Forum Debrief

Board Members discussed the October 7, 2022 Healthcare Policy Forum, commenting on the importance of these forums and recommended events like this should continue.

Communication and Counsel to the Board

Opioid Advisory Commission and Opioid Task Force

Brad Casemore reported as documented.

System Transformation Legislation

Brad Casemore noted no formal action regarding SB 597 and 598 or HB 4925 through 4929.

November 11th SWMBH Draft Board Agenda

Brad Casemore noted the document in the packet for the Board’s review.

Board Member Attendance Roster

Brad Casemore noted the document in the packet for the Board’s review.

The Value of PIHPs

Brad Casemore noted the document in the packet for the Board’s review.

Public Comment

None

Adjournment

Motion Sherii Sherban moved to adjourn at 11:37 am

Second Louie Csokasy

Motion Carried

Southwest Michigan

BEHAVIORAL HEALTH

Operations Committee Meeting Minutes **Meeting: September 28, 2022 10:00am-11:30am**

Members Present – Jeannie Goodrich, Richard Thiemkey, Sue Germann, Cameron Bullock, Tim Smith, Ric Compton, Jeff Patton, Debbie Hess

Guests present – Brad Casemore, CEO, SWMBH; Anne Wickham, Chief Administrative Officer, SWMBH; Mila Todd, Chief Compliance Officer, SWMBH; Tracy Dawson, Chief Financial Officer, SWMBH; Ella Philander, CCBHC Coordinator, SWMBH; Jonathan Gardner, Director of Quality Assurance and Performance Improvement, SWMBH; Alena Lacey, Director of Clinical Quality, SWMBH; Jeanette Bayyapuneedi, Behavioral Health and Integrated Care Manager, SWMBH; Michelle Jacobs, Senior Operations Specialist and Rights Advisor, SWMBH

Call to Order – Jeannie Goodrich began the meeting at 10:00 am.

Review and approve agenda – Agenda approved as presented.

Review and approve minutes from 8/24/22 Operations Committee Meeting – Minutes were approved by the Committee.

Delegation Agreement and Standard Cost Allocation (SCA) – Brad Casemore summarized that the delegation agreement from DHHS is different from last year and the SCA is a moving target which is linked/related to the delegation agreement. Group agreed to begin reviewing delegation agreement in detail beginning October. Mila Todd added that CMHSP contracts are going out 9/29/22.

Fiscal Year 2022 Year to Date Financials – Tracy Dawson reported that financials are not ready yet but noted the Internal Savings Fund will be full for year-end financials and SWMBH.

Fiscal Year 2023 Budget – Tracy Dawson reported as documented. Discussion followed.

Conflict Free Access and Planning – Alena Lacey summarized earlier meeting with DHHS.

Certified Community Behavioral Health Clinics Medicaid Demonstration Expansion CMHs – Ella Philander reported that she met with Barry County CMH on CCBHC and Evidence Based Practices and that she will be visiting Riverwood next. Discussion followed.

System Transformation – Group discussed at CEO only portion of meeting and noted that Rep. Whiteford was appointed the chair of the Appropriations Committee.

Opioid Settlement and Opioid Advisory Commission – Brad Casemore noted that the Commission has met three times, with a sub committee already formed. Meetings are open to the public, streamed live and opioid dollars are flowing.

SWMBH Chief Financial Officer (CFO) Recruiting – Brad Casemore announced after a through search of internal and external candidates he announced that Garyl Guidry has excepted the position of CFO designee for the remainder of 2022 and CFO for 2023.

County Population Health Report charge and specifications – Alena Lacey noted the CMT report on population health and that the Clinical Quality department is working on developing regional reports.

Revised Ends Metrics – Jonathan Gardner reported as documented. Discussion followed.

Fiscal Year 2023 ASD Service Rates – Group agreed to move this topic to October’s meeting.

2022-2025 Strategic Plan – Brad Casemore stated that the plan is static until after the November elections.

November and December Operations Committee Meetings – Group agreed to move November and December meetings to 11/16/22 and 12/21/22.

Boilerplate Workgroup/meeting – Brad Casemore announced a boilerplate working meeting is being schedule for region wide participation.

Adjourned – Meeting adjourned at 11:40 am



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES

LANSING

GRETCHEN WHITMER
GOVERNOR

ELIZABETH HERTEL
DIRECTOR

October 17, 2022

Mr. Bradley Casemore, CEO
Southwest Michigan Behavioral Health
5250 Lovers Lane, Suite 200
Portage, Michigan 49002

Dear Mr. Casemore:

Thank you for the cooperation extended to the Michigan Department of Health and Human Services (MDHHS), Substance Use Gambling and Epidemiology (SUGE) Section staff during the August 30, 2022, virtual site visit.

PRESENT AT THE SITE VISIT

**Southwest Michigan
Behavioral Health
(SWMBH)**

Joel Smith, Director, SUD Treatment and Prevention Services
Cathy Hart, Clinical Grants Coordinator
Anastasia Miliadi, SUD Treatment Specialist
Emily Flory, Opioid Health Home Coordinator
Achilles Malta, SUD Prevention Specialist

MDHHS/SUGE

Angie Smith-Butterwick, SUGE Section Manager
Lisa Coleman, Departmental Prevention Specialist
Heather Rosales, Women's Treatment Specialist
Kelsey Schell, Opioid Health Home Analyst
Madison Shutes, Site Review Analyst
Ecole Barrow-Brooks, Treatment Analyst
Kelli Dodson, Site Review Coordinator

SITE VISIT FINDINGS

After careful consideration and review of the requirements and documentation submitted, we have determined that SWMBH is in compliance with the MDHHS, Substance Use Disorder, Prepaid Inpatient Health Plan (SUD/PIHP) Contract and the 1115 Behavioral Health Waiver Requirements.

Currently, SWMBH has the necessary tools in place to manage, maintain and report data from their provider network. Their providers will screen individuals to assess their needs and provide or make referrals for interventions as needed for individuals with an SUD.

Mr. Bradley Casemore, CEO
October 17, 2022
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We greatly appreciate SWMBH for the site visit and their commitment to provide our staff with the necessary documentation.

If you have any further questions, please contact Kelli Dodson, Site Review Coordinator at dodsonk@michigan.gov.

Sincerely,



Belinda Hawks, MPA,
Director
Division of Adult Home and Community Based Services
Behavioral and Physical Health and Aging Services Administration

BH/kd

cc: Joel Smith
Angie Smith-Butterwick
Kelli Dodson
Lisa Coleman
Heather Rosales
Kelsey Schell
Madison Shutes
Ecole Barrow-Brooks

November 11, 2022

Regarding Topic 7.a. Executive Officer Evaluation

Proposed Motion

On behalf of the Executive Committee which considered the Executive Officer Evaluation per Board Policy EO-002 Chairman Edward Meny moves that the Board Executive Committee commends Brad and his team at Southwest Michigan Behavioral Health for a job well done this past year. Brad's and SWMBH's performance during this COVID pandemic has been exceptional and deserving of the highest praise. With faith in Brad as an Executive Officer, the Board wishes to retain Brad's services in the capacity of executive officer and compliments him for a job well done.

2023-2024 SWMBH Board Ends Metrics (v. 11.2.2022)

(Board Approved on: (Enter date when approved))

Fiscal and Calendar Year Metrics

Review and Approval Timeline:

- ✓ Quality Management Committee (QMC): October 22, 2022
- ✓ Clinical Practices Committee (CPC): October 10, 2022
- ✓ Operations Committee Endorsement: October 26, 2022
- Board Review and Approval: November 11, 2022

Metric Results Key: (Achieved) – (Pending) – (Not Met)

Metric	Description	Deliverable/Goal	Date Range & Current Status
Strategic Imperative Category: Quality of Life			
Persons with Intellectual Developmental Disabilities (I/DD); Serious Mental Illness (SMI); Serious Emotional Disturbances (SED); Autism Spectrum Disorders (ASD), and Substance Use Disorders (SUD) in the SWMBH region see improvements in their quality of life and maximize self-sufficiency, recovery and family preservation.			
Metrics 1-5 are from the 2023 Performance Bonus Incentive Program			
1. Achieve 95% of Veteran's Metric Performance -Based Incentive Program monetary award based on FY23 MDHHS specifications. (25 pts. via MDHHS Contract) *1 point will be awarded for successful completion. Confirmation via MDHHS official PBIP report received in December 2023. SWMBH Metric Owner: Sarah Ameter and Natalie Spivak	This metric is in direct alignment with the 2023 Performance Bonus Incentive Program (PBIP) (P.1. PA 107 sec 105d) Identification of beneficiaries who may be eligible for services through the Veteran's Administration.	a. Timely submission of Veteran Services Navigator collection form by the last day of the month following the end of each quarter. b. Submit BH TEDs data quality monitoring narrative report by 1/1/2023. c. Submit VSN – BH TEDs comparison narrative report by 7/1/2023.	Pending Reporting Period 10/1/23 – 9/30/23 Metric Board Report Date: October 13, 2023

Metric	Description	Deliverable/Goal	Date Range & Current Status
<p>2. Achieve 95% of Increased Data Sharing Performance Bonus Incentive Program (PBIP) monetary award based on MDHHS specifications.</p> <p>*1 point will be awarded for successful completion. Confirmation via MDHHS official PBIP report received in December 2023.</p> <p>SWMBH Metric Owner: Natalie Spivak</p>	<p>This metric is in direct alignment with the 2023 Performance Bonus Incentive Program (PBIP) (P.2. PA 107 sec 105d) Sending ADT messages for purposes of care coordination through health information exchange.</p>	<p>SWMBH will submit to MDHHS a narrative report by 7/31/2023, listing CMHSP's sending ADT messages, and barriers for those who are not, along with remediation efforts and plans. In the event that MiHIN cannot accept or process contractor's ADT submissions this will not constitute failure on Contractor's part.</p>	<p>Pending</p> <p>Reporting Period 10/1/23 – 9/30/23</p> <p>Metric Board Report Date: October 13, 2023</p>
<p>3. SWMBH will achieve the FY23 Initiation and Engagement State Specified benchmarks and participate in DHHS led data validation activities.</p> <p>SWMBH Metric Owner: Joel Smith Supporting SL's: Jonathan Gardner Alena Lacey</p>	<p>This metric is listed under section P.3. PA 107 sec 105d in the 2023 MDHHS PBIP specification table. This metric is also utilized for the 2023 PBIP, CCBHCC and OHH bonus incentive programs. The percentage of adolescents and adults with a new episode of alcohol or other drug (AOD) abuse or dependence who received the following: 1. Initiation of AOD Treatment: The percentage of beneficiaries who initiate treatment within 14 calendar days of the diagnosis. 2. Engagement of AOD Treatment: The percentage of beneficiaries who initiated treatment and who had two or more additional AOD services or Medication Assisted Treatment (MAT) within 34 calendar days of the initiation visit.</p>	<p>a. The PIHP must participate in DHHS planned and DHHS-provided data validation activities and meetings. PIHPs will be provided IET data files by January 31 each year, and within 120 calendar days, return their data validation template, completed, to DHHS. 1 point</p> <p>b. CCBHC Goal – Participating CCBHC sites achieve IET- 14-day metric at 42.5% and the IET-34-day metric at 18.5% per state indicated benchmarks. ½ point each</p>	<p>Pending</p> <p>Data Collection Period 10/1/22 – 9/30/23</p> <p>Metric Board Report Date: November 10, 2023</p>

Metric	Description	Deliverable/Goal	Date Range & Current Status
<p>4. SWMBH will submit a qualitative narrative report to MDHHS receiving no less than 90% of possible points; by November 15, 2023, summarizing prior FY efforts, activities, and achievement of the PIHP and CMHSPs, specific to Patient-Centered Care activities and programs throughout the PIHP region.</p> <p>*1 point will be awarded for successful completion. Confirmation via MDHHS official PBIP report received in December 2023.</p> <p>SWMBH Metric Owner: Jonathan Gardner Supporting SL's: Alena Lacey</p>	<p>This metric is in direct alignment with the 2023 Performance Bonus Incentive Program (PBIP) (P.4. PA 107 sec 105d) Points for Narrative Reports will be awarded on a pass/fail basis, with full credit awarded for submitted narrative reports, without regard to the substantive information provided. The State will provide consultation draft review response to the Contractor by January 15th. The Contractor will have until January 31st to reply to the State with information.</p>	<p>The Contractor must submit a narrative report of no more than 10 pages by November 15, 2023 summarizing prior FY efforts, activities, and achievements of the Contractor (and component CMHSPs if applicable) to increase participation in patient-centered medical homes. The specific information to be addressed in the narrative is below:</p> <ol style="list-style-type: none"> 1. Comprehensive Care 2. Patient-Centered 3. Coordinated Care 4. Accessible Services 5. Quality & Safety 	<p>Pending</p> <p>Reporting Period 10/1/23 – 9/30/23</p> <p>Metric Board Report Date: February 9, 2024</p>

Metric	Description	Deliverable/Goal	Date Range & Current Status
<p>5. Achieve Compliance (based on MDHHS specified benchmarks) on Follow-up After Hospitalization for Mental Illness within 30 days (FUH) for beneficiaries six year of age and older and show a reduction in disparity with one minority group.</p> <p>SWMBH Metric Owner: Alena Lacey</p>	<p>This metric is in direct alignment with the 2023 Performance Bonus Incentive Program (PBIP) (J.2. PA 107 sec 105d) The points will be awarded based on MHP/Contractor combination performance measure rates. The total potential points will be the same regardless of the number of MHP/Contractor combinations for a given entity.</p>	<p>6. Plans will meet set standard for follow-up within 30 days for each rate (ages 6-17) and (18 and older). Plans will be measured against the adult minimum standard of 58% and child minimum standard of 70%. The measurement period will be calendar year 2022.</p> <p>7. Data will be stratified by race/ethnicity by MDHHS and delivered to PIHP's. PIHP's will be incentivized to reduce a disparity between the index population and at least one minority group. The measurement will be a comparison of calendar year 2021 with calendar year 2022.</p>	<p>Pending</p> <p>Data Collection Period 1/1/23 – 12/31/23</p> <p>Metric Board Report Date: February 9, 2024</p>
<p>Strategic Imperative Category: Exceptional/Access to Care Persons and families served are highly satisfied with the services they receive.</p>			
<p>6. 2023 Customer Satisfaction Surveys collected by SWMBH are at or above the 2022 results identified in (a & b) and performance improvement areas/plans are identified.</p> <p>SWMBH Metric Owner: Jonathan Gardner Supporting SL's: Sarah Ameter, Anne Wickham and Mila Todd</p>	<p>This metric is in direct alignment with <i>Section V</i> of the 2023 MDHHS-PIHP contract 'Member Experience with Services'</p> <p>a. The survey methodology must include a quantitative assessment (e.g., surveys) of member experience with services.</p> <p>b. The methodology must include a qualitative assessment (e.g., focus groups) of member experience with services.</p>	<p>a. Mental Health Statistic Improvement Project Survey (MHSIP) tool. (<u>Improved Functioning</u> – baseline: 84.1%) 1 point.</p> <p>b. Youth Satisfaction Survey (YSS) tools. (<u>Improved Outcomes</u> – baseline 81.3%) 1 point.</p> <p>c. Complete a series of Consumer oriented focus groups and work with the Consumer Advisory Committee to document, understand and act upon potential improvement efforts that impact overall Consumer Satisfaction. 1 point.</p> <p>d. Ensure that each CMHSP partner reviews site specific survey results and formulates Corrective Action Plans to drive identified or potential improvement areas.</p>	<p>Pending</p> <p>Survey Collection Period 10/1/23 – 12/30/23</p> <p>Metric Board Report Date: February 9, 2024</p>

Metric	Description	Deliverable/Goal	Date Range & Current Status
<p>7. Michigan Mission Based Performance Indicator System (MMBPIS) Data, Tracking and Analysis</p> <p>SWMBH Metric Owner: Jonathan Gardner Supporting SL: Joel Smith Alena Lacey</p>	<p>As directed by the 2023 MDHHS-PIHP contract <i>Section I 'Performance Indicators'</i>. The PIHP must include performance measures established by MDHHS in the areas of access, efficiency and outcomes. The PIHP must track and perform analysis to ensure each performance indicator is meeting the minimum performance benchmark/standard. Currently (7) Indicators have targeted benchmarks.</p>	<p>a. 24/28 indicators meet the State Benchmark, throughout all FY23 for 4 consecutive quarters 1 point.</p> <p>b. Indicator 3a,b,c & d achieve a 3% combined improvement (<i>through FY 23 all 4 Quarters</i>) over 2022 baseline (1/2 pt. each) 2 points.</p>	<p>Pending</p> <p>Data Collection Period 10/1/22 – 9/30/23</p> <p>Metric Board Report Date: February 9, 2024</p>
<p>8. 2023 CCBHC Program Customer Satisfaction Surveys collected by SWMBH represent an 85% First Year “<i>in agreement</i>” Satisfaction rate average across all categories measured.</p> <p>SWMBH Metric Owner: Jonathan Gardner and Ella Philander</p>	<p>Per the 2022 CCBHC codebook section 13.B.2 and 13.B.3; the PIHP is responsible for evaluation and overall member satisfaction of the CCBHC program. The survey and assessment should consider availability and accessibility to services for eligible consumers, not just those being served. Focus groups, satisfaction surveys or advisory councils should be reviewed to determine appropriateness of service site locations.</p>	<p>a. SWMBH will administer an annual CCBHC consumer satisfaction survey, collecting responses from CCBHC participants using a hybrid MHSIP and YSS survey tool approved by MDHHS. ½ point</p> <p>b. SWMBH will complete analysis and reports for MDHHS and CCBHC locations, delivering results and identified areas/opportunities for improvement by June 2023. ½ point</p>	<p>Pending</p> <p>Data Collection Period 10/1/22 – 3/30/23</p> <p>Metric Board Report Date: July 14, 2023</p>

Strategic Imperative Category: Quality and Efficiency

The SWMBH region is a learning region where quality and cost are measured, improved, and reported.

Metric	Description	Deliverable/Goal	Date Range & Current Status
<p>9. 2023 Health Service Advisory Group (HSAG) External Quality Compliance Review (EQR) Results and Improvement Strategies</p> <p>SWMBH Metric Owner: All SL's with contributor's dependent on Standards selected for review during specified Fiscal Year</p>	<p>As directed by the 2023 MDHHS PIHP contract Attachment P 7.7.1.1 – Amendment 1 – Medicaid Managed Specialty Supports Services/Programs, the PIHP must adhere to annual audits of the following categories: Member Rights, Emergency Services, Availability of Services, Assurances and Capacity of Services, Coordination of Care, Provider Selection, Confidentiality, Grievance and Appeals System, Sub contractual Delegation, Practice Guidelines, Health Information Systems and Quality Assessment and Performance Improvement Programs.</p>	<p>a. All standards or corrective action plans reviewed, will receive a score of 90% compliance, or designation that the standard has been “Met” or “Accepted” or SWMBH will be within the <i>top 2</i> scoring Michigan PIHP's. 1 Point.</p>	<p>Pending</p> <p>Data Collection Period 10/1/22 – 9/30/23</p> <p>Metric Board Report Date: November 10, 2023</p>
<p>10. 2023 HSAG Performance Measure Validation (PMV) Audit Results and Improvement Strategies</p> <p>SWMBH Metric Owner: Natalie Spivak SL Contributors: Jonathan Gardner and other contributor's dependent on Standards selected for review during specified Fiscal Year</p>	<p>As directed by the 2023 MDHHS PIHP contract Attachment P 7.7.1.1 – Amendment 1 – Medicaid Managed Specialty Supports Services/Programs, the PIHP must adhere to annual audits of the following categories: Data Integration, Data Control, Data Accuracy and Performance Indicator Validation.</p>	<p>a. All standards or corrective action plans reviewed, will receive a score of 90% compliance, or designation that the standard has been “Met” or “Accepted” 1 Point.</p>	<p>Pending</p> <p>Data Collection Period 1/1/23 – 6/30/23</p> <p>Metric Board Report Date: November 10, 2023</p>

Strategic Imperative Category: Improved Health

Individual mental health, physical health and functionality are measured and improved

Metric	Description	Deliverable/Goal	Date Range & Current Status
<p>11. SWMBH will achieve CCBHC Demonstration Year 1 Quality Bonus Payment Metrics (QBP's), against the States FY23 indicated Benchmarks.</p> <p>SWMBH Metric Owner: Ella and Jonathan CMHSP Contributions/Owners: ISK and St. Joe</p>	<p>As directed by the 2023 CCBHC Handbook under Table 1.A.1 – QBP Metrics and Benchmarks. The Regional PIHP will work with CMSHP-CCBHC participant programs to define processes and strategies for collection and reporting data. The PIHP will be the primary liaison for the submission of all required reports and follow-ups as directed by MDHHS. SWMBH will submit reports based on the identified metrics to MDHHS within 6 months of DY 1 or by 3/31/2023.</p>	<ol style="list-style-type: none"> Child and Adolescent Major Depressive Disorder; Suicide Risk Assessment (<i>SRA-BHC</i> - 23.9%) Major Depressive Disorder, Suicide Risk Assessment (<i>SRA-A</i> - 12.5%) Adherence to Antipsychotic Meds for Individuals with Schizophrenia (<i>SAA-AD</i> – 58.5%) Follow-up after Hosp. for mental illness, ages 18+ (<i>FUH-AD</i> – 58%) Follow-up after Hospitalization for Children (<i>FUH-CH</i> – 70%) initiation and Engagement of Alcohol and other drugs (<i>IET-14</i> – 42.5% & <i>IET-34</i>- 18.5%) 	<p>Pending</p> <p>*.5 bonus point for each metric (1-6) successfully achieved.</p> <p>Data Collection Period 10/1/22 – 3/30/24</p> <p>Metric Board Report Date: November 10, 2023</p>
<p>12. SWMBH will retain 60% of (OHH) enrollees, enrolled after 9/30/22. Program Enrollees must maintain 'enrolled' status for at least 6 months.</p> <p>SWMBH Metric Owner: Joel Smith</p>	<p>The retention metric is defined within the OHH handbook for Performance Year 2 goals (10/1/22 through 9/30/23). Further guidance on the metric can be found by clicking on the resource below. www.michigan.gov/OHH.</p>	<ol style="list-style-type: none"> 334 Enrollees in the OHH Program as of 9/30/22 OHH retention Metric: 60% of enrollees enrolled after 9/30/22 will remain in "enrolled" status for at least 6 months. (200 enrolled members by March 31, 2023) 1 point 	<p>Pending</p> <p>Data Collection Period 10/1/22 – 3/31/23</p> <p>Metric Board Report Date: May 12, 2023</p>
<p>13. SWMBH will meet or exceed the Behavioral Health Treatment Episode Data Set (BH TEDS) compliance benchmarks established by MDHHS for FY23.</p> <p>SWMBH Metric Owner: Natalie Spivak</p>	<p>As directed by the 2023 MDHHS-SWMBH contract, performance metrics table, SWMBH shall maintain a 95% compliance rate within the applicable Mental Health, Substance Use Disorder and Crisis BH TEDS fields. Each element (MH, SUD and Crisis) must have a matching and accepted BH TEDS record, as confirmed by the MDHHS quarterly status report.</p>	<ol style="list-style-type: none"> 97% of applicable MH served clients (with an accepted encounter) will have a matching and accepted BH TEDS record, as confirmed by the MDHHS quarterly status report. 1 point 97% of applicable SUD served clients (with an accepted encounter) will have a matching and accepted BH TEDS record, as confirmed by the MDHHS quarterly status report. 1 point 97% of applicable Crisis served clients (with an accepted encounter) will have a matching BH TEDS record, as confirmed by MDHHS quarterly status report. 1 point 	<p>Pending</p> <p>Data Collection Period 1/1/23 – 12/31/23</p> <p>Metric Board Report Date: January 12, 2024</p>

Strategic Imperative Category: Mission and Value Driven

CMHSPs and SWMBH fulfill their agencies' missions and support the values of the public mental health system.

Metric	Description	Deliverable/Goal	Date Range & Current Status
<p>14. SWMBH will meet or exceed FY23 contractual Critical Incident Reporting timeliness and efficiency benchmarks utilizing the new DHHS Customer Management System (CRM)</p> <p>SWMBH Metric Owner: Jonathan Gardner SL Contributors: Alena Lacey and SWMBH Chiefs</p>	<p>As of 10/1/2022, DHHS is requiring PIHP's to report through its new CRM system. The PIHP must meet the timeliness reporting standards to DHHS of: Immediate Events – 48 hours after becoming aware of the incident, Sentinel Events and Critical Incidents – 30 days after the end of the month in which the event occurred. The new CRM system requires that the PIHP provides timely updates as requested/assigned by DHHS.</p>	<p>a. SWMBH will submit all required incidents, meeting the identified benchmarks for Immediate, Sentinel and Critical Events. Final status will be provided through DHHS annual review results. 1 point</p> <p>b. SWMBH will provide annual CI site review audits on CMHSP's to ensure; timely reporting of Critical Incidents, appropriate documentation, involving the appropriate personnel, and using the information to address quality of care at their sites. ½ point</p> <p>c. SWMBH will convene the internal Immediate/Sentinel Event review task force, as needed; to ensure root cause analysis and other required elements were in compliance with contractual policy standards.</p>	<p>Pending</p> <p>Data Collection Period 10/1/22 – 9/30/23</p> <p>Metric Board Report Date: November 10, 2023</p>
<p>15. SWMBH will meet or exceed MDHHS FY23 Autism Benefit Waiver Access to Care and Timeliness Standards</p> <p>SWMBH Metric Owner: Alena Lacey</p>	<p>SWMBH and MDHHS have placed emphasis on the underserved Autism population during 2023 and providing increased access and timeliness of services for those who have been waiting longer than 90 days for IPOS development and over 48 hours from referral to first scheduled appointment. The following metrics are State sponsored and targeted towards improving access and timeliness of service for consumers with an autism diagnosis.</p>	<p>a. Targeting Underserved Population: 30% improvement completing IPOS for consumers with Autism diagnosis who do not currently have an active IPOS in managed care system, or valid reason for inactivity listed in their record . (<i>baseline 125 – 37 completed IPOS by 9.30.23</i>). ½ point</p> <p>b. Decrease rate of overdue (over 90 days) autism 're-evaluations' within the SWMBH region by 10% by (9.30.23). Current rate of overdue evaluations is 20% (86/859)=10%. ½ point</p>	<p>Pending</p> <p>Data Collection Period 10/1/22 – 9/30/23</p> <p>Metric Board Report Date: November 10, 2023</p>

LEGEND: COMPLETED GOAL/ON TARGET: **GREEN** GOAL NOT MET/BEHIND SCHEDULE: **RED** PENDING: **BLUE**

Pending: could represent that;

- More information is needed.
- The event/program/intervention has been scheduled, but not taken place (i.e., audits or final data submissions).
- Data has not been completed yet (i.e., due quarterly or different time table/schedule).
- The Metric is on hold until further information is received.

Not Met: could represent that;

- The proof is behind its established timeline for being completed.
- Reports or evidence for that proof have not been identified.
- The identified metric proof has passed its established timeline target.

Achieved:

- Evidence/proof exists that the Metric has been successfully completed.
- The Metric has been presented and approved by the SWMBH Board.

Southwest Michigan

BEHAVIORAL HEALTH

Section: Board Policy – Executive Limitation		Policy Number: BEL-002	Pages: 2
Subject: Financial Conditions		Required By: Policy Governance	Accountability: SWMBH Board
Application: <input type="checkbox"/> SWMBH Governance Board <input checked="" type="checkbox"/> SWMBH Executive Officer (EO)			Required Reviewer: SWMBH Board
Effective Date: 02.14.14	Last Review Date: 07.09.21 <i>revisions proposed by Mr. Csokasy October 2022</i>	Past Review Dates: 10.12.14, 02.13.15, 5.13.16, 5.12.17, 6.8.18; 6.14.19, 06.12.20 <i>Comments from Casemore</i>	

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I. **PURPOSE:**

The Executive Officer shall not cause or allow financial planning for any fiscal year or the remaining part of any fiscal year to deviate materially from the board's Ends priorities, risk financial jeopardy, or fail to be derived from a budget plan.

II. **POLICY:**

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 negative material deviation of actual expenditures from board priorities established in policies and inclusive of annual budget.

Commented [BC1]: We grasp the insertion of the word "negative" to mean that "favorable" deviations of actual expenditures from board priorities are not prohibited. This is not contrary to upstream guiding documents or Carver Policy Governance principles.

III. **STANDARDS:**

Accordingly, the Executive Officer may not:

1. Expend more funds than have been received in the fiscal year to date (including carry forward funds from prior year) unless the Board's debt guideline is met.
2. Incur debt in an amount greater than can be repaid by certain and otherwise unencumbered revenues in accordance with Board approved schedule.
3. Use any designated reserves other than for established purposes.
4. Conduct inter-fund shifting in amounts greater than can be restored to a condition of discrete fund balances by certain and otherwise unencumbered revenues within ninety days.
5. Fail to settle payroll and debts in a timely manner.
6. Allow tax payments or other government-ordered payments of filings to be overdue or inaccurately filed.
7. Fail to adhere to applicable generally acceptable accounting standards.

Commented [BC2]: We grasp this insertion is intended to create a linkage to annual budget as a reflection of Board priorities. This is not contrary to upstream guiding documents or Carver Policy Governance principles. It may be clearer if revised to "...in policies and as reflected in the annual budget."

Commented [BC3]: This deletion is reflected of the fact that there is no written Board document codifying "Board's debt guideline." This revision is not contrary to upstream guiding documents or Carver Policy Governance principles.

8. 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 and a termination of a contract. Splitting orders to avoid this limit is not acceptable.
9. Purchase or sell real estate in any amount absent Board authorization.
10. Fail to aggressively pursue receivables after a reasonable grace period.

Commented [BC4]: It has been clarified to the EO that the intent of this language is to require the EO to seek Board approval prior to canceling a contract that had to be prior Board-approved based on current Policy and EO interpretation of the related Board Policy.

From the Carver Policy Governance perspective the proposed language violates the Board/Ends - Management/Means boundary as provider and vendor selection and contracting are Means EO activities not Board Ends activities. In excerpts from the Carver Policy Governance Guide *The Governance of Financial Management*... "the subject matter normally referred to as financial management is not one of ends but operational means. Responsible governance with respect to finances is not achieved by inspection of budgets; it is achieved by a board's becoming very clear what constitutes (financial) jeopardy... Our (Carver's) comments about the problems associated with the usual board approval method apply to all financial approvals, including those of budgets, financial statements, investment reports and other financial matters."

For these reasons, the EO advises that if this proposed revision to BEL-002 is adopted the Board would be in violation of its Bylaws requiring Carver Policy Governance.

Southwest Michigan

BEHAVIORAL HEALTH

Section: Board Policy – Executive Limitations		Policy Number: EO-002	Pages: 2
Subject: Monitoring of Executive Officer Performance		Required By: Policy Governance	Accountability: SWMBH Board
Application: <input type="checkbox"/> SWMBH Governance Board <input checked="" type="checkbox"/> SWMBH EO			Required Reviewer: SWMBH Board
Effective Date: 03.14.14	Last Review Date: 11.12.21	Past Review Dates: 07.11.2014, 03.13.15, 05.13.16 11.11.16, 11.10.17, 11.9.18, 10.11.19, 11.13.20	

I. PURPOSE:

To ensure Executive Officer performance is monitored and evaluated.

II. POLICY:

Monitoring Executive Officer, EO, performance is synonymous with monitoring organizational performance against Board policies on Ends and on Executive Limitations. Any evaluation of EO performance, formal or informal, may be derived from these monitoring data.

III. STANDARDS:

Accordingly,

1. The purpose of monitoring is to determine the degree to which Board policies are being fulfilled. Information that does not do this will not be considered to be monitoring.
2. A given policy may be monitored in one or more of three ways; with a balance of using all of the three types of monitoring:
 - a. Internal report: Disclosure of compliance information to the Board from the Executive Officer.
 - b. External report: Discovery of compliance information by a disinterested, external auditor, inspector or judge who is selected by and reports directly to the Board. Such reports must assess Executive Officer performance only against policies of the Board, not those of the external party unless the Board has previously indicated that party's opinion to be the standard.
 - c. Direct Board inspection: Discovery of compliance information by a Board Member, a Committee or the Board as a whole. This is a Board inspection of documents, activities or circumstances directed by the Board which allows a "prudent person" test of policy compliance.
3. Upon the choice of the Board, any policy can be monitored by any method at any time. For regular monitoring, however, each Ends and Executive Limitations policy will be classified by the Board according to frequency and method.
 - a. Internal
 - b. External

c. Direct Inspection

4. Each November the Board will have a formal evaluation of the EO. This evaluation will consider monitoring data as defined here and as it has appeared over the calendar year.
5. The Executive Committee, (Chair, Vice Chair, and Secretary), will take data and information from the bulleted documents below upon which the annual performance of the EO will be evaluated. The overall evaluation consists of compliance with Executive Limitations Policies, Ends Interpretation and Ends Monitoring reports and supporting documentation, (as per the Board developed schedule), and follow through on Board requests, (what we ask for in subsequent meetings and what we want to see on the agendas). For the performance review the following should be documents given the Executive Committee at least one month prior, (October), to the Board EO evaluation, (November).
 - Minutes of all meetings
 - Ends Monitoring reports for the past year along with the Ends Interpretation for each Ends Monitoring report
 - Any supporting Ends documentation
 - Ends Monitoring Calendar
 - Other policies monitoring calendar

Southwest Michigan

BEHAVIORAL HEALTH

Section: Board Policy – Executive Limitations		Policy Number: EO-001	Pages: 1
Subject: Executive Role and Job Description		Required By: Policy Governance	Accountability: SWMBH Board
Application: <input checked="" type="checkbox"/> SWMBH Governance Board <input checked="" type="checkbox"/> SWMBH EO			Required Reviewer: SWMBH Board
Effective Date: 03.14.2014	Last Review Date: 09.10.21	Past Review Dates: 10.12.14, 10.9.15, 10.14.16, 10.13.17, 9.14.18, 10.11.19, 9.11.20	

I. **PURPOSE:**

To define the executive role and job description.

II. **POLICY:**

The EO is accountable to the board acting as a body. The Board will instruct the EO through written policies or directives consistent with Board policies, delegating to the EO the interpretation and implementation of those policies and Ends.

III. **STANDARDS:**

Accordingly:

1. The Board will not give instructions to persons who report directly or indirectly to the EO.
2. The Board will not evaluate, either formally or informally, any staff other than the EO.

Southwest Michigan

BEHAVIORAL HEALTH

Section: Board- Policy Board-Management	Policy Number: BG-003	Pages: 1
Subject: Delegation Unity of Control	Required By: Policy Governance	Accountability: SWMBH Board
Application: <input checked="" type="checkbox"/> SWMBH Governance Board <input type="checkbox"/> SWMBH EO		Required Reviewer: SWMBH Board
Effective Date: 11.18.2013	Last Review Date: 11.12.21	Past Review Dates: 11.14.14, 11.13.15, 11.11.16, 11.10.17, 11.9.18, 11.8.19, 11.13.20

I. PURPOSE:

Only officially passed motions of the Board are binding on the EO.

II. POLICY:

1. Decisions or instructions of individual Board Members, Officers, or Committees are not binding on the Executive Officer (EO) except in instances when the Board has specifically authorized such exercise of authority.
2. In the case of Board Members or Committees requesting information or assistance without Board authorization the EO can refuse such requests that require, in the EO's opinion, a material amount of staff time or funds, or are disruptive.



**Executive Limitations
Monitoring to Assure Executive Performance
Board Date November 11, 2022**

Policy Number: BEL-010

Policy Name: Regional Entity 501 (c) 3 Representation

Assigned Reviewer: Tom Schmelzer

PURPOSE:

To define the SWMBH Executive Officer role and responsibilities in conjunction with SWMBH MCHE membership. On August 12, 2016, the SWMBH Board approved the revised Bylaws presented by the MASACA Board including the fact that the name will be changed to the Michigan Consortium for Healthcare Excellence (MCHE) and on October 5, 2016, the MASACA/MCHE Board accepted the revised MCHE Bylaws. On October 11, 2019, the SWMBH Board reaffirmed its support to continue as a Member of MCHE.

II. POLICY:

1. The SWMBH Board has approved SWMBH becoming a Member of MCHE; and
2. The EO of SWMBH is hereby authorized to serve as SWMBH's representative and a Director of the MCHE Board, the latter being subject to the approval of the Members of MCHE in accordance with its Bylaws; and
3. The EO is hereby authorized and directed to execute and deliver any and all instruments, certificates, agreements, and other documents necessary for SWMBH to hold a membership interest in MCHE; and
4. The SWMBH Board will evaluate on at least an annual basis in October of each year whether SWMBH will continue to hold a membership interest in MCHE or withdraw from such membership.

III. STANDARDS:

Accordingly, the Executive Officer as SWMBH representative to MCHE shall:

1. Provide semi-annual written MCHE status reports to the SWMBH Board in April and October.
EO Response: The EO presented written reports to the Board in April and October of 2022.
2. Provide verbal reports to the SWMBH Board if there are items of importance which in the Executive Officer's judgment materially affect favorably or unfavorably SWMBH's core roles, strategy, or finances.

EO Response: There were no topics of these types initiating verbal report during this Policy review period.

3. Present MCHE Articles of Incorporation revisions to the Board prior to voting on them.

EO Response: There were no MCHE Articles of Incorporation revisions during this Policy review period.

4. Present MCHE Bylaws revisions to the Board prior to voting on them and after the adoption of them by MCHE Board.

EO Response: There were no MCHE Bylaws revisions during this Policy review period.

5. Adhere to the Board standard that total direct fiscal year annual costs payable to MCHE shall not exceed \$5,000, absent prior official approval of the Board.

EO Response: The Board approved MCG Utilization Management Application fees prior to payment being made to MCHE for that group purchase. This was the only expenditure above \$5,000 during the review period.

Motion Requested:

- The Executive Officer is in compliance with this Policy and no revisions to the Policy are necessary.

Southwest Michigan

BEHAVIORAL HEALTH

Section: Board Policy – Executive Limitations		Policy Number: BEL-010	Pages: 1
Subject: Regional Entity 501 (c)(3) Representation		Required By: Policy Governance	Accountability: SWMBH Board
Application: <input checked="" type="checkbox"/> SWMBH Governance Board <input checked="" type="checkbox"/> SWMBH EO			Required Reviewer: SWMBH Board
Effective Date: 02.13.2015	Last Review Date: 11/12/21	Past Review Dates: 2.13.15, 3.11.16, 10.14.16, 10.13.17, 10.12.18, 11.8.19, 12.11.20	

I. **PURPOSE:**

To define the SWMBH Executive Officer role and responsibilities in conjunction with SWMBH MCHE membership. On August 12, 2016, the SWMBH Board approved the revised Bylaws presented by the MASACA Board including the fact that the name will be changed to the Michigan Consortium for Healthcare Excellence (MCHE) and on October 5, 2016, the MASACA/MCHE Board accepted the revised MCHE Bylaws. On October 11, 2019 the SWMBH Board reaffirmed its support to continue as a Member of MCHE.

II. **POLICY:**

1. The SWMBH Board has approved SWMBH becoming a member of MCHE; and
2. the EO of SWMBH is hereby authorized to serve as SWMBH's representative and a Director of the MCHE Board, the latter being subject to the approval of the Board Members of MCHE in accordance with its Bylaws; and
3. the EO is hereby authorized and directed to execute and deliver any and all instruments, certificates, agreements and other documents necessary for SWMBH to hold a membership interest in MCHE; and
4. the SWMBH Board will evaluate on at least an annual basis in October of each year whether SWMBH will continue to hold a membership interest in MCHE or withdraw from such membership.

III. **STANDARDS:**

Accordingly, the Executive Officer as SWMBH representative to MCHE shall

1. Provide semi-annual written MCHE status reports to the SWMBH Board in April and October; and
2. Provide verbal reports to the SWMBH Board if there are items of importance which in the Executive Officer's judgment materially affect favorably or unfavorably SWMBH's core roles, strategy or finances; and
3. Present MCHE Articles of Incorporation revisions to the Board prior to voting on them; and
4. Present MCHE Bylaws revisions to the Board prior to voting on them and also after the adoption of them by MCHE Board;
5. Adhere to the Board standard that total direct fiscal year annual costs payable to MCHE shall not exceed \$5,000, absent prior official approval of the Board. In the event of an urgent payment required, EO shall contact SWMBH Board Chair for guidance.

Southwest Michigan

BEHAVIORAL HEALTH

Section: Board Policy – Executive Limitations	Policy Number: BEL-010	Pages: 1
Subject: Regional Entity 501 (c)(3) Representation	Required By: Policy Governance	Accountability: SWMBH Board
Application: <input checked="" type="checkbox"/> SWMBH Governance Board <input checked="" type="checkbox"/> SWMBH EO		Required Reviewer: SWMBH Board
Effective Date: 02.13.2015	Last Review Date: 11/12/21 11/11/22	Past Review Dates: 2.13.15, 3.11.16, 10.14.16, 10.13.17, 10.12.18, 11.8.19, 12.11.20, 11/12/21

I. PURPOSE:

To define the SWMBH Executive Officer role and responsibilities in conjunction with SWMBH MCHE membership. ~~On August 12, 2016, the SWMBH Board approved the revised Bylaws presented by the MASACA Board including the fact that the name will be changed to the Michigan Consortium for Healthcare Excellence (MCHE) and on October 5, 2016, the MASACA/MCHE Board accepted the revised MCHE Bylaws. On October 11, 2019 the SWMBH Board reaffirmed its support to continue as a Member of MCHE.~~

Commented [BC1]: Superfluous content.

II. POLICY:

1. The SWMBH Board has approved SWMBH becoming a member of MCHE; and
2. the EO of SWMBH is hereby authorized to serve as SWMBH's representative and a Director of the MCHE Board, the latter being subject to the approval of the Board Members of MCHE in accordance with its Bylaws; and
3. the EO is hereby authorized and directed to execute and deliver any and all instruments, certificates, ~~agreements~~ agreements, and other documents necessary for SWMBH to hold a membership interest in MCHE; and
4. the SWMBH Board will evaluate on at least an annual basis in October of each year whether SWMBH will continue to hold a membership interest in MCHE or withdraw from such membership.

III. STANDARDS:

- Accordingly, the Executive Officer as SWMBH representative to MCHE shall:
1. Provide semi-annual written MCHE status reports to the SWMBH Board in April and October; and
 2. Provide verbal reports to the SWMBH Board if there are MCHE related items of importance which in the Executive Officer's judgment materially affect favorably or unfavorably SWMBH's core roles, ~~strategy~~ strategy, or finances; and
 3. Present MCHE Articles of Incorporation revisions to the Board prior to voting on them; and
 4. Present MCHE Bylaws revisions to the Board ~~prior to voting on them and also~~ after the adoption of them by MCHE Board; and
 5. ~~Adhere to the Board standard~~ Assure that total direct fiscal year annual costs payable to MCHE shall not exceed \$5,000, absent prior official approval of the Board except for group purchases which in the EO's judgement are required and have more favorable terms through MCHE than an independent purchase by SWMBH. In the event of an urgent payment required, EO shall contact SWMBH Board Chair for guidance.

	E	F	H	J	K	L	M	N	O	P	Q	R	S
1	Southwest Michigan Behavioral Health												
2	<i>Mos in Period</i>												
3	For the Fiscal YTD Period Ended 9/30/2022 P12FYTD22 12												
4	(For Internal Management Purposes Only)												
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1	Southwest Michigan Behavioral Health				Mos in Period										
2	For the Fiscal YTD Period Ended 9/30/2022				12										
3	(For Internal Management Purposes Only)				ok										
4	INCOME STATEMENT				Total SWMBH	SWMBH Central	CMH Participants	Barry CMHA	Berrien CMHA	Pines Behavioral	Summit Pointe	Woodlands Behavioral	Integrated Services of Kalamazoo	St Joseph CMHA	Van Buren MHA
5															
6	Medicaid Specialty Services*				HCC%	81.7%	78.9%	77.3%	84.4%	84.0%	80.5%	59.8%	42.6%	81.4%	
7	Subcontract Revenue	255,333,677	16,191,178	239,142,499	10,208,569	44,640,078	12,533,596	41,875,432	13,154,612	77,721,982	17,198,013	21,810,217			
8	Incentive Payment Revenue	543,258	224,252	319,006	15,885	52,949	82,324	112,252	-	-	31,240	24,357			
9	Contract Revenue	255,876,935	16,415,430	239,461,506	10,224,453	44,693,027	12,615,920	41,987,684	13,154,612	77,721,982	17,229,253	21,834,574			
10															
11	External Provider Cost	172,637,603	3,289,463	169,348,141	5,615,386	28,081,197	7,770,573	27,846,604	8,136,719	61,208,383	17,404,490	13,284,789			
12	Internal Program Cost	46,551,209	-	46,551,209	3,745,575	10,216,463	3,057,650	10,199,773	3,516,007	6,361,912	1,089,480	8,364,349			
13	SSI Reimb, 1st/3rd Party Cost Offset	(1,644,139)	-	(1,644,139)	-	(797,230)	(65,174)	(341,376)	-	(379,078)	(8,621)	(52,660)			
14	Insurance Provider Assessment Withhold (IPA)	6,677,357	6,677,357	-	-	-	-	-	-	-	-	-			
15	MHL Cost in Excess of Medicare FFS Cost	(219,348)	(219,348)	-	-	-	-	-	-	-	-	-			
16	Total Healthcare Cost	224,002,683	9,747,472	214,255,210	9,360,961	37,500,430	10,763,049	37,705,001	11,652,726	67,191,217	18,485,349	21,596,478			
17	Medical Loss Ratio (HCC % of Revenue)	87.5%		89.5%	91.6%	83.9%	85.3%	89.8%	88.6%	86.5%	107.3%	98.9%			
18															
19	Managed Care Administration	21,666,281	6,504,244	15,162,037	1,102,763	4,088,183	405,984	3,258,471	1,318,917	2,729,130	666,894	1,591,695			
20	Admin Cost Ratio (MCA % of Total Cost)	8.8%	2.6%	6.2%	10.5%	9.8%	3.6%	8.0%	10.2%	3.9%	3.5%	6.9%			
21															
22	Contract Cost	245,668,964	16,251,717	229,417,247	10,463,724	41,588,613	11,169,033	40,963,472	12,971,643	69,920,347	19,152,244	23,188,172			
23	Net before Settlement	10,207,971	163,713	10,044,258	(239,270)	3,104,414	1,446,887	1,024,211	182,970	7,801,635	(1,922,990)	(1,353,599)			
24															
25	Prior Year Savings	-	-	-	-	-	-	-	-	-	-	-			
26	Internal Service Fund Risk Reserve	-	-	-	-	-	-	-	-	-	-	-			
27	Contract Settlement / Redistribution	12,526,159	22,570,417	(10,044,258)	239,270	(3,104,414)	(1,446,887)	(1,024,211)	(182,970)	(7,801,635)	1,922,990	1,353,599			
28	Net after Settlement	22,734,130	22,734,130	(0)	-	-	-	-	-	-	-	-			
29															
30	Eligibles and PMPM														
31	Average Eligibles	175,652	175,652	175,652	9,538	33,259	10,351	33,874	10,301	45,897	14,428	18,004			
32	Revenue PMPM	\$ 121.39	\$ 7.79	\$ 113.61	\$ 89.33	\$ 111.98	\$ 101.57	\$ 103.29	\$ 106.42	\$ 141.12	\$ 99.51	\$ 101.06			
33	Expense PMPM	\$ 116.55	\$ 7.71	\$ 108.84	\$ 91.42	\$ 104.20	\$ 89.92	\$ 100.77	\$ 104.94	\$ 126.95	\$ 110.62	\$ 107.33			
34	Margin PMPM	\$ 4.84	\$ 0.08	\$ 4.77	\$ (2.09)	\$ 7.78	\$ 11.65	\$ 2.52	\$ 1.48	\$ 14.17	\$ (11.11)	\$ (6.27)			
35															
36	Medicaid Specialty Services														
37	Budget v Actual														
38															
39	Eligible Lives (Average Eligibles)														
40	Actual	175,652	175,652	175,652	9,538	33,259	10,351	33,874	10,301	45,897	14,428	18,004			
41	Budget	163,943	163,943	163,943	8,753	31,438	9,460	31,147	9,837	42,899	13,498	16,911			
42	Variance - Favorable / (Unfavorable)	11,709	11,709	11,709	785	1,821	891	2,727	464	2,998	930	1,093			
43	% Variance - Fav / (Unfav)	7.1%	7.1%	7.1%	9.0%	5.8%	9.4%	8.8%	4.7%	7.0%	6.9%	6.5%			
44															
45	Contract Revenue before settlement														
46	Actual	255,876,935	16,415,430	239,461,506	10,224,453	44,693,027	12,615,920	41,987,684	13,154,612	77,721,982	17,229,253	21,834,574			
47	Budget	258,113,929	17,386,803	240,727,126	12,646,870	46,139,698	13,688,936	46,173,983	14,127,177	63,845,997	19,376,730	24,727,735			
48	Variance - Favorable / (Unfavorable)	(2,236,994)	(971,373)	(1,265,621)	(2,422,417)	(1,446,671)	(1,073,016)	(4,186,299)	(972,565)	13,875,984	(2,147,477)	(2,893,161)			
49	% Variance - Fav / (Unfav)	-0.9%	-5.6%	-0.5%	-19.2%	-3.1%	-7.8%	-9.1%	-6.9%	21.7%	-11.1%	-11.7%			
50															
51	Healthcare Cost														
52	Actual	224,002,683	9,747,472	214,255,210	9,360,961	37,500,430	10,763,049	37,705,001	11,652,726	67,191,217	18,485,349	21,596,478			
53	Budget	213,793,109	10,438,057	203,355,052	8,688,123	39,420,727	9,361,301	38,488,677	10,117,465	62,977,906	14,836,640	19,464,212			
54	Variance - Favorable / (Unfavorable)	(10,209,574)	690,585	(10,900,159)	(672,837)	1,920,297	(1,401,748)	783,676	(1,535,261)	(4,213,311)	(3,648,709)	(2,132,266)			
55	% Variance - Fav / (Unfav)	-4.8%	6.6%	-5.4%	-7.7%	4.9%	-15.0%	2.0%	-15.2%	-6.7%	-24.6%	-11.0%			
56															
57	Managed Care Administration														
58	Actual	21,666,281	6,504,244	15,162,037	1,102,763	4,088,183	405,984	3,258,471	1,318,917	2,729,130	666,894	1,591,695			
59	Budget	23,526,609	8,806,696	14,719,913	881,756	2,910,446	731,904	2,130,106	1,059,855	5,095,446	748,002	1,162,398			
60	Variance - Favorable / (Unfavorable)	1,860,327	2,302,452	(442,124)	(221,007)	(1,177,737)	325,920	(1,128,365)	(259,062)	2,366,316	81,108	(429,297)			
61	% Variance - Fav / (Unfav)	7.9%	26.1%	-3.0%	-25.1%	-40.5%	44.5%	-53.0%	-24.4%	46.4%	10.8%	-36.9%			

	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	Southwest Michigan Behavioral Health												
2	For the Fiscal YTD Period Ended 9/30/2022												
3	(For Internal Management Purposes Only)												
4	INCOME STATEMENT												
5													
62													
63	Total Contract Cost												
64	Actual	245,668,964	16,251,717	229,417,247	10,463,724	41,588,613	11,169,033	40,963,472	12,971,643	69,920,347	19,152,244	23,188,172	
65	Budget	237,319,718	19,244,754	218,074,964	9,569,879	42,331,173	10,093,205	40,618,783	11,177,320	68,073,352	15,584,643	20,626,609	
66	Variance - Favorable / (Unfavorable)	(8,349,247)	2,993,037	(11,342,283)	(893,845)	742,560	(1,075,828)	(344,689)	(1,794,323)	(1,846,995)	(3,567,601)	(2,561,563)	
67	% Variance - Fav / (Unfav)	-3.5%	15.6%	-5.2%	-9.3%	1.8%	-10.7%	-0.8%	-16.1%	-2.7%	-22.9%	-12.4%	
68													
69	Net before Settlement												
70	Actual	10,207,971	163,713	10,044,258	(239,270)	3,104,414	1,446,887	1,024,211	182,970	7,801,635	(1,922,990)	(1,353,599)	
71	Budget	20,794,211	(1,857,951)	22,652,162	3,076,992	3,808,524	3,595,731	5,555,200	2,949,857	(4,227,354)	3,792,088	4,101,125	
72	Variance - Favorable / (Unfavorable)	(10,586,240)	2,021,663	(12,607,904)	(3,316,262)	(704,110)	(2,148,844)	(4,530,988)	(2,766,887)	12,028,990	(5,715,078)	(5,454,724)	
73													
74													

	F	G	H	I	J	K	L	M	N	O	P	Q	R	
1	Southwest Michigan Behavioral Health			Mos in Period										
2	For the Fiscal YTD Period Ended 9/30/2022			12										
3	(For Internal Management Purposes Only)			ok										
4	INCOME STATEMENT			Total SWMBH	SWMBH Central	CMH Participants	Barry CMHA	Berrien CMHA	Pines Behavioral	Summit Pointe	Woodlands Behavioral	Integrated Services of Kalamazoo	St Joseph CMHA	Van Buren MHA
5														
75	Healthy Michigan Plan*			HCC%	8.8%	12.0%	8.9%	9.6%	12.7%	7.6%	5.9%	3.8%	8.4%	
76	Contract Revenue	51,697,748	12,345,907	39,351,841	2,032,110	7,829,941	1,894,538	7,463,409	2,381,715	10,810,742	3,137,425	3,801,961		
77														
78	External Provider Cost	20,047,243	7,586,040	12,461,203	584,405	825,022	794,505	3,194,907	488,225	4,187,068	1,260,487	1,126,585		
79	Internal Program Cost	13,121,500	-	13,121,500	835,370	3,003,376	436,207	2,861,367	608,589	2,740,710	1,523,702	1,112,180		
80	Insurance Provider Assessment Withhold (IPA)	916,723	916,723	-	-	-	-	-	-	-	-	-		
81	Total Healthcare Cost	34,085,467	8,502,764	25,582,703	1,419,775	3,828,398	1,230,712	6,056,274	1,096,814	6,927,778	2,784,188	2,238,764		
82	Medical Loss Ratio (HCC % of Revenue)	65.9%		65.0%	69.9%	48.9%	65.0%	81.1%	46.1%	64.1%	88.7%	58.9%		
83														
84	Managed Care Administration	2,571,452	941,381	1,630,071	167,256	334,312	57,918	505,808	124,143	186,885	88,749	165,000		
85	Admin Cost Ratio (MCA % of Total Cost)	7.0%	2.6%	4.4%	10.5%	8.0%	4.5%	7.7%	10.2%	2.6%	3.1%	6.9%		
86														
87	Contract Cost	36,656,919	9,444,144	27,212,775	1,587,031	4,162,710	1,288,630	6,562,083	1,220,957	7,114,663	2,872,937	2,403,765		
88	Net before Settlement	15,040,829	2,901,763	12,139,066	445,079	3,667,231	605,908	901,327	1,160,759	3,696,079	264,488	1,398,196		
89														
90	Prior Year Savings	-	-	-	-	-	-	-	-	-	-	-		
91	Internal Service Fund Risk Reserve	-	-	-	-	-	-	-	-	-	-	-		
92	Contract Settlement / Redistribution	(13,897,955)	(1,758,889)	(12,139,066)	(445,079)	(3,667,231)	(605,908)	(901,327)	(1,160,759)	(3,696,079)	(264,488)	(1,398,196)		
93	Net after Settlement	1,142,874	1,142,874	-	-	-	-	-	-	-	-	-		
94														
95	Eligibles and PMPM													
96	Average Eligibles	75,820	75,820	75,820	3,848	14,898	3,586	13,866	4,549	21,871	5,928	7,275		
97	Revenue PMPM	\$ 56.82	\$ 13.57	\$ 43.25	\$ 44.01	\$ 43.80	\$ 44.03	\$ 44.85	\$ 43.63	\$ 41.19	\$ 44.11	\$ 43.55		
98	Expense PMPM	40.29	10.38	29.91	34.37	23.28	29.95	39.44	22.37	27.11	40.39	27.54		
99	Margin PMPM	\$ 16.53	\$ 3.19	\$ 13.34	\$ 9.64	\$ 20.51	\$ 14.08	\$ 5.42	\$ 21.26	\$ 14.08	\$ 3.72	\$ 16.02		
100														
101	Healthy Michigan Plan													
102	Budget v Actual													
103														
104	Eligible Lives (Average Eligibles)													
105	Actual	75,820	75,820	75,820	3,848	14,898	3,586	13,866	4,549	21,871	5,928	7,275		
106	Budget	67,368	67,368	67,368	3,409	13,500	3,191	12,191	4,051	19,238	5,239	6,549		
107	Variance - Favorable / (Unfavorable)	8,452	8,452	8,452	439	1,398	395	1,676	498	2,633	688	726		
108	% Variance - Fav / (Unfav)	12.5%	12.5%	12.5%	12.9%	10.4%	12.4%	13.7%	12.3%	13.7%	13.1%	11.1%		
109														
110	Contract Revenue before settlement													
111	Actual	51,697,748	12,345,907	39,351,841	2,032,110	7,829,941	1,894,538	7,463,409	2,381,715	10,810,742	3,137,425	3,801,961		
112	Budget	44,859,735	8,703,789	36,155,946	1,758,367	6,927,762	1,845,246	7,179,108	1,966,539	10,166,196	2,626,609	3,686,119		
113	Variance - Favorable / (Unfavorable)	6,838,013	3,642,118	3,195,895	273,742	902,179	49,292	284,301	415,177	644,546	510,816	115,842		
114	% Variance - Fav / (Unfav)	15.2%	41.8%	8.8%	15.6%	13.0%	2.7%	4.0%	21.1%	6.3%	19.4%	3.1%		
115														
116	Healthcare Cost													
117	Actual	34,085,467	8,502,764	25,582,703	1,419,775	3,828,398	1,230,712	6,056,274	1,096,814	6,927,778	2,784,188	2,238,764		
118	Budget	32,188,319	7,304,898	24,883,421	1,513,264	4,704,925	1,360,952	5,987,956	1,363,378	5,588,043	2,179,053	2,185,848		
119	Variance - Favorable / (Unfavorable)	(1,897,148)	(1,197,866)	(699,282)	93,489	876,527	130,240	(68,318)	266,565	(1,339,735)	(605,135)	(52,916)		
120	% Variance - Fav / (Unfav)	-5.9%	-16.4%	-2.8%	6.2%	18.6%	9.6%	-1.1%	19.6%	-24.0%	-27.8%	-2.4%		
121														
122	Managed Care Administration													
123	Actual	2,571,452	941,381	1,630,071	167,256	334,312	57,918	505,808	124,143	186,885	88,749	165,000		
124	Budget	3,156,026	1,381,941	1,774,085	153,581	347,366	106,405	331,396	142,821	452,120	109,859	130,538		
125	Variance - Favorable / (Unfavorable)	584,574	440,560	144,014	(13,675)	13,054	48,487	(174,413)	18,678	265,235	21,110	(34,462)		
126	% Variance - Fav / (Unfav)	18.5%	31.9%	8.1%	-8.9%	3.8%	45.6%	-52.6%	13.1%	58.7%	19.2%	-26.4%		
127														
128	Total Contract Cost													
129	Actual	36,656,919	9,444,144	27,212,775	1,587,031	4,162,710	1,288,630	6,562,083	1,220,957	7,114,663	2,872,937	2,403,765		
130	Budget	35,344,345	8,686,839	26,657,506	1,666,845	5,052,292	1,467,357	6,319,352	1,506,199	6,040,163	2,288,912	2,316,386		

	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	Southwest Michigan Behavioral Health		<i>Mos in Period</i>										
2	For the Fiscal YTD Period Ended 9/30/2022		12										
3	(For Internal Management Purposes Only)		ok										
4	<u>INCOME STATEMENT</u>		Total SWMBH	SWMBH Central	CMH Participants	Barry CMHA	Berrien CMHA	Pines Behavioral	Summit Pointe	Woodlands Behavioral	Integrated Services of Kalamazoo	St Joseph CMHA	Van Buren MHA
5													
131	Variance - Favorable / (Unfavorable)		(1,312,574)	(757,305)	(555,268)	79,814	889,582	178,727	(242,731)	285,242	(1,074,500)	(584,025)	(87,379)
132	% Variance - Fav / (Unfav)		-3.7%	-8.7%	-2.1%	4.8%	17.6%	12.2%	-3.8%	18.9%	-17.8%	-25.5%	-3.8%
133													
134	<u>Net before Settlement</u>												
135	Actual		15,040,829	2,901,763	12,139,066	445,079	3,667,231	605,908	901,327	1,160,759	3,696,079	264,488	1,398,196
136	Budget		9,515,390	16,950	9,498,439	91,522	1,875,470	377,889	859,756	460,340	4,126,032	337,697	1,369,733
137	Variance - Favorable / (Unfavorable)		5,525,439	2,884,812	2,640,627	353,557	1,791,761	228,019	41,571	700,419	(429,953)	(73,209)	28,463
138													
139													

	F	G	H	I	J	K	L	M	N	O	P	Q	R	
1	Southwest Michigan Behavioral Health			Mos in Period										
2	For the Fiscal YTD Period Ended 9/30/2022			12										
3	(For Internal Management Purposes Only)			ok										
4	INCOME STATEMENT			Total SWMBH	SWMBH Central	CMH Participants	Barry CMHA	Berrien CMHA	Pines Behavioral	Summit Pointe	Woodlands Behavioral	Integrated Services of Kalamazoo	St Joseph CMHA	Van Buren MHA
5														
140	Autism Specialty Services			HCC%	7.0%	3.7%	12.4%	3.5%	0.0%	5.2%	6.5%	0.0%	6.3%	
141	Contract Revenue	20,715,860	(0)	20,715,861	1,095,021	3,784,980	1,153,210	3,939,709	1,115,782	5,929,041	1,664,270	2,033,848		
142														
143	External Provider Cost	15,082,708	-	15,082,708	-	5,327,610	7,554	1,536,889	759,012	5,818,720	11,975	1,620,949		
144	Internal Program Cost	1,830,183	-	1,830,183	443,150	4,051	446,948	879,450	-	-	-	56,583		
145	Insurance Provider Assessment Withhold (IPA)	-	-	-	-	-	-	-	-	-	-	-		
146	Total Healthcare Cost	16,912,891	-	16,912,891	443,150	5,331,661	454,502	2,416,339	759,012	5,818,720	11,975	1,677,531		
147	Medical Loss Ratio (HCC % of Revenue)	81.6%	0.0%	81.6%	40.5%	140.9%	39.4%	61.3%	68.0%	98.1%	0.7%	82.5%		
148														
149	Managed Care Administration	1,482,732	563,492	919,240	52,205	-	59,344	284,561	85,909	313,584	-	123,637		
150	Admin Cost Ratio (MCA % of Total Cost)	8.1%	3.1%	5.0%	10.5%	0.0%	11.5%	10.5%	10.2%	5.1%	0.0%	6.9%		
151														
152	Contract Cost	18,395,623	563,492	17,832,131	495,356	5,331,661	513,846	2,700,900	844,921	6,132,304	11,975	1,801,168		
153	Net before Settlement	2,320,237	(563,493)	2,883,730	599,666	(1,546,681)	639,364	1,238,809	270,860	(203,263)	1,652,296	232,680		
154	Contract Settlement / Redistribution	(2,320,237)	563,493	(2,883,730)	(599,666)	1,546,681	(639,364)	(1,238,809)	(270,860)	203,263	(1,652,296)	(232,680)		
155	Net after Settlement	(0)	(0)	-	-	-	-	-	-	-	-	-		
156														
157														
158	SUD Block Grant Treatment			HCC%	0.2%	0.3%	0.4%	0.2%	0.0%	1.5%	0.0%	0.1%	0.2%	
159	Contract Revenue	7,317,847	6,852,870	464,978	37,755	195,296	28,267	-	60,955	-	78,969	63,736		
160														
161	External Provider Cost	6,492,015	6,491,815	200	-	-	200	-	-	-	-	-		
162	Internal Program Cost	532,742	-	532,742	35,334	182,153	24,865	-	210,067	-	27,201	53,121		
163	Insurance Provider Assessment Withhold (IPA)	-	-	-	-	-	-	-	-	-	-	-		
164	Total Healthcare Cost	7,024,756	6,491,815	532,942	35,334	182,153	25,065	-	210,067	-	27,201	53,121		
165	Medical Loss Ratio (HCC % of Revenue)	96.0%	94.7%	114.6%	93.6%	93.3%	88.7%	0.0%	344.6%	0.0%	34.4%	83.3%		
166														
167	Managed Care Administration	234,046	234,046	-	-	-	-	-	-	-	-	-		
168	Admin Cost Ratio (MCA % of Total Cost)	3.2%	3.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		
169														
170	Contract Cost	7,258,802	6,725,861	532,942	35,334	182,153	25,065	-	210,067	-	27,201	53,121		
171	Net before Settlement	59,045	127,009	(67,964)	2,421	13,143	3,202	-	(149,111)	-	51,767	10,615		
172	Contract Settlement	(59,045)	(127,009)	67,964	(2,421)	(13,143)	(3,202)	-	149,111	-	(51,767)	(10,615)		
173	Net after Settlement	0	0	-	-	-	-	-	-	-	-	-		
174														
175														

	F	G	H	I	J	K	L	M	N	O	P	Q	R	
1	Southwest Michigan Behavioral Health			Mos in Period										
2	For the Fiscal YTD Period Ended 9/30/2022			12										
3	(For Internal Management Purposes Only)			ok										
4	INCOME STATEMENT			Total SWMBH	SWMBH Central	CMH Participants	Barry CMHA	Berrien CMHA	Pines Behavioral	Summit Pointe	Woodlands Behavioral	Integrated Services of Kalamazoo	St Joseph CMHA	Van Buren MHA
5														
176	SWMBH CMHP Subcontracts													
177	Subcontract Revenue	335,065,133	35,389,955	299,675,178	13,373,455	56,450,295	15,609,610	53,278,550	16,713,065	94,461,765	22,078,677	27,709,762		
178	Incentive Payment Revenue	543,258	224,252	319,006	15,885	52,949	82,324	112,252	-	-	31,240	24,357		
179	Contract Revenue	335,608,391	35,614,206	299,994,185	13,389,339	56,503,244	15,691,934	53,390,802	16,713,065	94,461,765	22,109,917	27,734,118		
180														
181	External Provider Cost	214,259,569	17,367,318	196,892,251	6,199,791	34,233,829	8,572,832	32,578,400	9,383,956	71,214,171	18,676,951	16,032,322		
182	Internal Program Cost	62,035,634	-	62,035,634	5,059,430	13,406,043	3,965,669	13,940,590	4,334,663	9,102,622	2,640,383	9,586,233		
183	SSI Reimb, 1st/3rd Party Cost Offset	(1,644,139)	-	(1,644,139)	-	(797,230)	(65,174)	(341,376)	-	(379,078)	(8,621)	(52,660)		
184	Insurance Provider Assessment Withhold (IPA)	7,594,080	7,594,080	-	-	-	-	-	-	-	-	-		
185	MHL Cost in Excess of Medicare FFS Cost	(219,348)	(219,348)	-	-	-	-	-	-	-	-	-		
186	Total Healthcare Cost	282,025,796	24,742,051	257,283,746	11,259,221	46,842,642	12,473,327	46,177,615	13,718,619	79,937,715	21,308,714	25,565,894		
187	Medical Loss Ratio (HCC % of Revenue)	84.0%	69.5%	85.8%	84.1%	82.9%	79.5%	86.5%	82.1%	84.6%	96.4%	92.2%		
188														
189	Managed Care Administration	25,954,512	8,243,164	17,711,348	1,322,224	4,422,495	523,246	4,048,840	1,528,969	3,229,599	755,643	1,880,332		
190	Admin Cost Ratio (MCA % of Total Cost)	8.4%	2.7%	5.8%	10.5%	8.6%	4.0%	8.1%	10.0%	3.9%	3.4%	6.9%		
191														
192	Contract Cost	307,980,308	32,985,214	274,995,094	12,581,445	51,265,137	12,996,573	50,226,455	15,247,588	83,167,314	22,064,357	27,446,226		
193	Net before Settlement	27,628,082	2,628,992	24,999,090	807,895	5,238,107	2,695,361	3,164,347	1,465,477	11,294,451	45,560	287,892		
194														
195	Prior Year Savings	-	-	-	-	-	-	-	-	-	-	-		
196	Internal Service Fund Risk Reserve	-	-	-	-	-	-	-	-	-	-	-		
197	Contract Settlement	(3,751,078)	21,248,012	(24,999,090)	(807,895)	(5,238,107)	(2,695,361)	(3,164,347)	(1,465,477)	(11,294,451)	(45,560)	(287,892)		
198	Net after Settlement	23,877,004	23,877,004	-	-	-	-	-	0	-	0	0		
199														
200														

	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	Southwest Michigan Behavioral Health												
2	For the Fiscal YTD Period Ended 9/30/2022												
3	(For Internal Management Purposes Only)												
4	INCOME STATEMENT												
5													
201	State General Fund Services												
202	Contract Revenue												
203													
204	External Provider Cost												
205	Internal Program Cost												
206	SSI Reimb, 1st/3rd Party Cost Offset												
207	Total Healthcare Cost												
208	Medical Loss Ratio (HCC % of Revenue)												
209													
210	Managed Care Administration												
211	Admin Cost Ratio (MCA % of Total Cost)												
212													
213	Contract Cost												
214	Net before Settlement												
215													
216	Other Redistributions of State GF												
217	Contract Settlement												
218	Net after Settlement												
219	*CCBHC revenues and expenditures are currently included in Medicaid and Healthy Michigan Specialty Service, Statement modifications are in progress to separate CCBHC from Medicaid Specialty Services.												

Southwest Michigan Behavioral Health CORPORATE COMPLIANCE PLAN

**Approved by SWMBH Board of Directors
11/11/2022**

**Mila C. Todd
SWMBH Chief Compliance Officer**

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ORGANIZATIONAL STRUCTURE

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

Barry County:	Barry County Community Mental Health Authority;
Berrien County:	Berrien Mental Health Authority d/b/a Riverwood Center;
Branch County:	Branch County Community Mental Health Authority, d/b/a Pines Behavioral Health Services;
Calhoun County:	Calhoun County Community Mental Health Authority, d/b/a Summit Pointe;
Cass County:	Cass County Community Mental Health Authority d/b/a Woodlands Behavioral Healthcare Network;
Kalamazoo County:	Kalamazoo <u>County</u> Community Mental Health <u>Authority and Substance Abuse Services</u> d/b/a Integrated Services of Kalamazoo;
St. Joseph County:	Community Mental Health and Substance Abuse Services of St. Joseph County;
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. It is also a selected participant Region for the Medicare-Medicaid Eligibles (MME) Demonstration effective July 1, 2014.

- **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 and Medicare behavioral health contracts with the Integrated Care Organizations (ICO), Aetna Better Health of Michigan and Meridian Health Plan. Contracts include Medicaid 1115 Demonstration Waiver, 1915**(b)**-(c)/(i) Specialty Supports and Services, the Healthy Michigan Program, the Flint 1115 Waiver, Substance Use Disorder Community Grant Programs, and/or other(s).

- **SWMBH as the Coordinating Agency**

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

SWMBH: MISSION, VISION AND VALUES

Philosophy:

“Excellence through Partnership.”

Mission:

“SWMBH strives to be Michigan’s pre-eminent benefits manager and integrative healthcare partner, assuring regional health status improvements, quality, value, trust, and CMHSP participant success.”

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

Vision:

“An optimal quality of life in the community for everyone.”

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

Values:

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

OVERVIEW

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

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

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

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

- Minimizing organizational risk and improving compliance with the service provision, documentation, and billing requirements of Medicaid and Medicare;

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

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

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

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

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

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

The SWMBH Compliance Plan is subject to the following conditions:

- A. SWMBH's Chief Compliance Officer (CCO) may recommend modifications, amendments or alterations to the written Corporate Compliance Plan as necessary and will communicate any changes promptly to all personnel and to the Board of Directors.
- B. This document is not intended to, nor should 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 resource 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 Medicare funds it receives specific to its participation in the dual eligibles demonstration project, and 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, MI Health Link 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.
- **Medicare Funds:** when Medicare or Medicare funds are referenced in this Compliance Plan, the related activities are limited to services covered by SWMBH Medicare funds received due to its participation in the dual eligibles demonstration project.

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

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

- 13) Gifts from Existing Vendors: SWMBH personnel may accept gifts from vendors, suppliers, contractors or other persons that have nominal values as defined in SWMBH financial and compliance policies. SWMBH expects SWMBH personnel to exercise good judgment and discretion in accepting gifts. If any SWMBH personnel have any concerns regarding whether a gift should be accepted, the person should consult with his or her supervisor. SWMBH personnel will not accept excessive gifts, meals, expensive entertainment or other offers of goods or services, which has a more than a nominal value as defined in SWMBH financial and compliance policies.
- 14) Vendor Sponsored Entertainment: At a vendor's invitation, SWMBH personnel may accept meals or refreshments of nominal value at the vendor's expense. Occasional attendance at local theater or sporting events, or similar activity at a vendor's expense may also be accepted provided that, a business representative of the vendor attends with SWMBH personnel. Such activities are to be reported to the Chief Compliance Officer by SWMBH personnel.
- 15) Purchasing and Supplies: It is the policy of SWMBH to ensure that all rental, lease, and purchasing agreements are structured in accordance with applicable federal and state self-referral and anti-kickback regulations as well as federal guidelines regarding tax-exempt organizations. All agreements must be commensurate with the fair market value for equipment or space.

All subcontractor and supplier arrangements will be managed in a fair and reasonable manner, consistent with all applicable laws and good business practices. Subcontractors, suppliers, and vendors will be selected based on objective criteria including quality, technical excellence, price, delivery, and adherence to schedules, services and maintenance of adequate sources of supply. Purchasing decisions will be made on the supplier's ability to meet needs and not on personal relationships or friendships. SWMBH will always employ the highest ethical standards in business practices in source selection, negotiation, determination of contract awards, and the administration of purchasing activities.

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

The federal Anti-kickback Statute (section 1128B[b] of the Social Security Act) makes it a felony, punishable by criminal penalties, to offer, pay,

solicit, or receive “remuneration” as an inducement to generate business compensated by Medicare and Medicaid programs. Therefore, all direct- to-consumer marketing activities require advance review by the Compliance Committee or designee if the activity involves giving anything of value directly to a consumer.

- 17) Financial Reporting: SWMBH shall ensure 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 COMMITTEE

SWMBH EO will designate a Chief Compliance Officer (CCO), 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/licensure, 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 Medicare (specific to the Medicare funds received for participation in the dual eligible demonstration project), Medicaid and ABW

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

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

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

Specific responsibilities of the Corporate Compliance Committee include:

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

SECTION III - COMPLIANCE TRAINING AND EDUCATION

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

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

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

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

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

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

- Initial training: The Chief Compliance Officer shall ensure the scheduling and documentation of initial trainings for all SWMBH personnel regarding SWMBH's Corporate Compliance Plan. Training sessions may include, but are not limited to face-to-face educational presentations or videotapes. Subsequent compliance instruction will occur annually.
- Continuing Education: The CCO shall review and circulate periodic information to the Corporate Compliance Committee regarding any health care fraud issues as received from the Office of Inspector General (OIG), the Department of Health and Human Services (DHHS), and other updated compliance materials. The CCO shall ensure current mandates are instituted in both initial and refresher

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

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

Training and educational opportunities related to compliance may be made available by SWMBH to Participant CMHSPs, contracted and subcontracted provider staff, as well as consumers and others as appropriate. Participant CMHSPs, contracted and subcontracted providers are expected to provide the following minimum compliance training annually to all staff and agents working on their behalf:

- Establish and review policies and procedures that provide detailed information about the Federal False Claims Act;
- Establish and review policies and procedures that provide detailed information about the MI State False Claims Act;
- Review administrative, civil and criminal remedies for false claims and statements under both the Federal and State False Claims Act;
- Establish and review agency policies/procedures relating to prevention of fraud, waste and abuse; and
- Establish and review agency policies and procedures relating to whistleblower provisions and non-retaliation protections.

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

SECTION IV - COMPLIANCE REPORTING AND ONGOING COMMUNICATION

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

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

Whistleblower Protections for SWMBH Personnel

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

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

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

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

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

An employer who takes action against an employee in violation of the *Michigan Medicaid False Claims Act* is liable to the employee for all of the following:

1. Reinstatement to the employee's position without loss of seniority;
2. Two times the amount of lost back pay;
3. Interest on the back pay;
4. Compensation for any special damages; and,
5. Any other relief necessary to make the employee whole.

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

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

- 1) During an inquiry by the Participant CMHSP compliance officer there is determined to be (reasonable person standard) Medicare (for a Duals Demonstration beneficiary) or 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 Medicare (for a Duals Demonstration beneficiary) or 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 CCO is responsible for monitoring compliance activities and operations within SWMBH. The CCO must then report any determinations of noncompliance to the Executive Officer, the Corporate Compliance Committee, and SWMBH's Board of Directors. The CCO will identify, interpret and determine standards of compliance through internal audit and monitoring functions and external audits. The CCO shall prepare an Annual Auditing and Monitoring Plan for EO 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 is crucial to its success. In order to evaluate the effectiveness of the Plan, SWMBH will employ a variety of monitoring and auditing techniques, 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 designed and performed by internal and/or external auditors utilizing specific compliance guidelines;
- Investigations of alleged noncompliance reports as described in SWMBH Compliance Operating Policy 10.8 – *Compliance Reviews and Investigations for Reporting*; and
- Exit interviews with departing SWMBH employees.
- Participant CMHSPs, contracted and subcontracted providers are encouraged to perform auditing and monitoring functions involving Medicare and Medicaid covered services through their own compliance program efforts.

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

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

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

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

SECTION VI - ENFORCEMENT OF COMPLIANCE POLICIES AND STANDARDS

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

<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 CCO/human resources judgment up to and including: written reprimand for personnel file, mandatory compliance refresher training, individual counseling with manager and Chief Compliance Officer, probation, etc. Second Offense for SWMBH Personnel: Possible/potential disciplinary action as warranted and based upon EO. First Offense for Participant CMHSP, Contracted or Subcontracted Provider: Written notice of noncompliance for contract file, mandatory compliance

	<p>training approved by SWMBH Corporate Compliance Committee or provided by SWMBH CCO, Corrective Action Plan to be submitted to the SWMBH Corporate Compliance Committee, may be placed on probationary period. Related individual(s) may be barred from Medicare and Medicaid service provision or administrative activity. All related remuneration and/or funds will be recouped by SWMBH.</p> <p>Second Offense for Participant CMHSP, Contracted or Subcontracted Provider: Possible termination of subcontract or contract.</p>
Knowingly violating policies and/or procedures as set forth in the Compliance Plan.	<p>First Offense for SWMBH Personnel: Written reprimand for personnel file, individual counseling with manager and Chief Compliance Officer, and placed on 60-day probation.</p> <p>Second Offense for SWMBH Personnel: Unpaid suspension and possible termination.</p> <p>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 Medicare and Medicaid service provision or administrative activity.</p> <p>Second Offense for Participant CMHSP, Contracted or Subcontracted Provider: Possible termination of subcontract or contract.</p>
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,

<p>reasonable person could be expected to detect violation(s).</p>	<p>individual counseling with manager and Chief Compliance Officer, and placed on 60-day probation.</p> <p>Second Offense for SWMBH Personnel: Suspension and possible termination.</p> <p>First Offense for Participant CMHSP, Contracted or Subcontracted Provider: Written notice of noncompliance for contract file, mandatory compliance training approved by SWMBH Corporate Compliance Committee or provided by SWMBH CCO, Corrective Action Plan to be submitted to SWMBH Corporate Compliance Committee, may be placed on probationary period. Related individual(s) may be barred from Medicare and Medicaid service provision or administrative activity.</p> <p>Second Offense for Participant CMHSP, Contracted or Subcontracted Provider: Possible termination of subcontract or contract.</p>
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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 Chief Compliance Officer also fulfills the role of Chief Privacy Officer), or anonymously through the SWMBH corporate compliance hotline at (800) 783-0914.

SWMBH PERSONNEL COMPLIANCE CERTIFICATION FORM

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

Employee/Provider/Contractor Signature

Date

SWMBH BOARD OF DIRECTORS COMPLIANCE CERTIFICATION FORM

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

Board Member Signature

Date

2022 Southwest Michigan Behavioral Health Successes and Accomplishments

SWMBH 2022 Accomplishment Highlights

(Please see the full list of 2022 Accomplishments by clicking on the link below)

[The Latest News From Southwest Michigan Behavioral Health | Southwest Michigan Behavioral Health \(swmbh.org\)](#)

- SWMBH most recent 2021-2022 Consumer Satisfaction Survey, showed significant improvements in important areas, such as; *'Improved Outcomes'* for Adults and *'Improved Functioning'* for Children.
- SWMBH has achieved an Unqualified Audit Opinion for FY 21, which means SWMBH was found to be in full compliance with managing resources. This also attests that; the auditors agree with the processes and the manner in which SWMBH handles and manages funds for all business lines.
- SWMBH conducted the annual Cultural Accelerator survey to measure employee engagement and staff satisfaction, showing a positive improvement in both areas for FY22.
- Completed 37 Trainings with a total attendance of 981- an increase of 647 training participants from last year. Topics included: SIS Assessment Orientation, Patients in Crisis: Life Threatening Risks of Opioids, Medical Marijuana, Vaping, safeTalk, Human Trafficking. Implicit Bias Training, Social Work Ethics Pain Management, Methamphetamine Prevention, Transgender Mental Health, Suicide Risk Assessment, Person Centered Thinking, EMDR, and Mindfulness.
- 99.7% of (710) available Habilitation Supports Waiver slots provided by the State have been filled for FY22 (from October 1, 2021 through September 30, 2022). SWMBH has continued to have the best HSW slot utilization rate throughout the State of Michigan over the past 5 years.
- SWMBH maintained 845 Autism Client Cases (up from 668 in 2021) and worked with CMHSPs to close out cases that had been left open unnecessarily to reflect proper enrollment numbers.
- Utilization Management completed 29,056 total authorizations for service; 17,839 Prospective Review Substance Use Disorder (SUD) events; 1,828 individuals who were admitted for psychiatric hospitalizations or crisis residential stays and 14,752 incoming SUD calls with an average phone queue time of 7 seconds or 98.68% of calls were answered in 30 seconds or less.
- SWMBH Veterans Service Navigator conducted meetings with approximately 120 new Veterans or Veteran Family Members (VFM) and participated in over 15 Veteran Community Events, providing education on services and programs available for our Veterans to take advantage of.
- There was a 43.9 % reduction in ER claims and 73.3% reduction in inpatient episodes, for the six months prior to ICT involvement versus six months post ICT involvement. Overall, there were less ED claims this year than in years prior (65.1% decrease).
- SWMBH has trained 2,365 community members on the use/administration of naloxone. A total of 2,694 naloxone rescue kits have been distributed, resulting in 89 reversals by community members and 121 reversals by First Responders.
- SWMBH achieved a 96% Compliance Score on the Michigan Department of Health and Human Services 2021-2022 Performance Bonus Incentive Program (PBIP) Metrics; translating into a \$2,174,845 achieved bonus award for the Region.
- SWMBH performed very well on the most recent 2022 Health Service Advisory Group (HSAG) – Performance Measure Validation Audit; with 37 out of 37 total elements evaluated, receiving a designation score of “Met,” “Reportable” or “Accepted,” which represents 100% compliance.

Executive Officer Memberships, Engagements, and Accomplishments

- Provided nearly 5 million dollars in Provider Network Stability Payments.
- Our Executive Officer serves as a Board Member of the Michigan Consortium of Healthcare Excellence (MCHE).
- Executive Officer is a Voting Delegate/SWMBH representative for the Community Mental Health Association of Michigan (CMHAM).
- Continued the development of the Public Policy/Legislative Initiatives Committee as a shared structure and process to improve SWMBH's & CMHSP's interaction, relations with, and value to state and federal elected officials and their senior staff.
- Organized the 7th Annual Regional Healthcare Policy Forum on October 7, 2022, comprised of state, and local presenters. Over 78 participants attended the event.
- Participated/joined/attended various State and Community Behavioral Health Transformation/Redesign meetings, hearings, and tours.
- Executive Officer received Governor's appointment as member of the Mental Health Diversion Council.

Finance

- Had an Unqualified Audit Opinion for FY 21, which means the auditors agree with the processes and the manner in which SWMBH handles and manages funds.
- Risk Category, Medical Savings, and Internal Risk Fund were fully funded and managed successfully.
- Achieved a financially positive year end position for the Region.

Operations

- Developed and implemented the COVID-19 work plan.
- Revised and updated the Business Continuity Plan following 2 minor disruptions of power and phones.
- Changed the employee benefits selection platform to a new vendor, streamlining the open enrollment process.
- Reviewed and continued work on improving the office space to be more conducive to the hybrid work model and encourage collaboration between departments.
- The Employee Engagement Committee developed a monthly plan to bring remote and onsite staff together for team building activities on a regular basis.
- Conducted the Cultural Accelerator survey to measure employee engagement and staff satisfaction, showing a positive improvement in both area for FY22. However, work continues in this area given the current environment.
- Completed a salary market analysis for all SWMBH positions and increased individual salaries and grade ranges as needed to be competitive for labor in the current environment.
- Processed 12,012 Michigan Health Link mental health claims.
- Processed 372,750 SUD claims from all funding sources.
- Acted as the regional distribution site for PPE distribution from the State of Michigan for our CMHSP's and network providers.
- Encouraged and advocated for SWMBH staff to get the COVID-19 vaccination, resulting in a

current 90% vaccination rate.

- Our Chief Administrative Officer sat on the statewide behavioral health telehealth advisory council through CMHAM.

Certified Community Behavioral Health Clinics (CCBHC)

- Developed and carried out a regional steering committee, along with three subgroups, to implement a regional CCBHC work plan.
- Participated in MDHHS's CCBHC training and technical assistance series.
- Provided feedback and questions to MDHHS to help shape the development of the CCBHC Demonstration Handbook.
- Served as a liaison for CCBHC for the region in communicating requirements from MDHHS to the CCBHCs as well as communicating needs from the CCBHCs to MDHHS.
- Designed and implemented regional CCBHC workflows related to encounter reporting and payment; WSA enrollment and disenrollment; access, screening, and authorization; and joint care coordination.
- Provided education on CCBHC to the Recovery Oriented Systems of Care Committee.
- Processed over 300 enrollment recommendations from regional CCBHCs in the WSA.
- Designed and developed CCBHC marketing materials for both consumers and providers.
- Created a CCBHC Encounters Report, to verify service categories and locations.
- Implemented a CCBHC encounter quality checks, to ensure validity and accuracy of data.

Information Technology

Audits:

- Successfully completed and submitted the 2022 Aetna security audit.
- Successfully completed and submitted the 2022 Aetna claim universe audit.
- Completed the 2022 SARAG format conversion and monthly audits.
- Completed and received full compliance on the HSAG Performance Improvement Project submission.

Reports and Dashboards:

- Created/built 51 new reports in our Tableau Data Analytics Tool.
- Recreated the Milliman Member Level Risk Data and Prevalence Reports for the CMHSPs.
- Updated the MMBPIS Indicator 4b report, per new MDHHS code book specifications.
- Created and updated OHH reports to easily be transferred to MDHHS.

State Reporting:

- Received formal MDHHS approval for the Racial Disparities Performance Improvement Plan.
- Helped to finalize FY23 encounter coordination of benefit reporting specifications.
- Pulled data for new MDHHS quarterly reports concerning Member Appeals, Member Grievances, Provider Credentialing, and Service Authorization Denials.
- Created Box Plot reports for Level of Care meetings.
- Completed IET Validation for FY21/22 PBIP.

Development:

- Created a new version of the Provider Network application.
- Made updates to the Veteran Navigator system.
- Created a new website for Narcan training.
- Resubmitted all CY21/22 Centene encounters in a new format.
- Developed an IT system health check status dashboard.

Implementations:

- Created resources needed for four CMHSPs to convert from Streamline to PCE.
- Completed an upgrade to the MCG software.
- Provisioned and deployed 8 iPads to the Customer Advisory Committee.

Support:

- Resolved an issue with Microsoft affecting 59 of our VPNs.
- Reduced the monthly average of staff reported support & performance alert tickets with Aunalytics from approximately 400 down to < 50.
- Improved the accuracy of billable units and onboard/offboard procedure of SWMBH managed endpoints.

Security:

- Implemented a monthly network vulnerability scan.
- Created an Intrusion Detection and Prevention policy and a Data Governance policy.
- Implemented multifactor authentication.
- Worked with Aunalytics SOC to complete implementation of tightened Security settings for SWMBH's Microsoft 365 & Exchange environment (MS Defender Level 2 Hardening).
- Made significant improvements to the PHISH ER system so that infected messages are being found and automatically quarantined or deleted.
- Implemented Data Loss Prevention (DLP) rules & alert notifications to SWMBH's Compliance Department for detection of PHI and/or HIPAA non-compliant email content.

BHTEDs:

- Completed BHTEDS changes required for FY23 and generated a new S update record for SUD.
- Developed tools to pull out missing locus scores from BHTEDS files.
- Followed up with CMHSPs to fix Treatment Service Setting Type 96 errors in BHTEDs files.
- Analyzed 182 BHTED Detox admissions from MDHHS and created a report.

Training:

- 3 IT staff were trained on Quest Analytics software.
- Completed quarterly phishing education campaigns with 100% SWMBH staff participation.
- Trained SWMBH staff on use of the Microsoft Teams application.

CCBHC:

- Created a CCBHC Diagnosis Eligibility Verification process.
- Updated the client registry process for CCBHC.
- Built custom logic to identify CCBHC encounters.
- Created a CCBHC Encounters Report.
- Implemented a CCBHC encounter quality check.

- Added a CCBHC filter to the Relias patient extract.
- Completed the CCBHC Cost Report Data Pull for Integrated Services of Kalamazoo.

System Performance:

- Completed a move of the primary database server to high performance storage and added memory to Tableau server.
- Completed SQL server performance tuning using cold archiving of older data exchange files.

Clinical Quality:

- Completed a Follow Up After Hospitalization (FUH) MHL quality improvement project.
- Completed a Readmissions MHL Quality Improvement Activity.

Clinical Quality

Clinical Trainings:

- Completed 37 Trainings with a total attendance of 981- an increase of 647 training participants from last year. Topics included: SIS Assessment Orientation, Patients in Crisis: Life Threatening Risks of Opioids, Medical Marijuana, Vaping, safeTalk, Human Trafficking. Implicit Bias Training, Social Work Ethics Pain Management, Methamphetamine Prevention, Transgender Mental Health, Suicide Risk Assessment, Person Centered Thinking, EMDR, and Mindfulness.

Levels of Care:

- Updated the Core Service Menu annual service utilization thresholds for Adults with Severe Mental Illness (SMI), Youth with Severe Emotional Disturbance (SED), and Adults with Intellectual/Developmental Disability (I/DD) populations.
 - Updated utilization monitoring reports for these populations with these new thresholds, and continued maintenance of the same.

Home and Community-Based Services (HCBS) and 1915(i) SPA Transition:

- Participated in monthly State meetings and quarterly Implementation Advisory Group meetings to enhance communications and coordination of consumer care.
- Completed Compliance Validation for 109 cases for those receiving Michigan's Medicaid Specialty Supports and Services Plan (aka - B3/1915(i) services including: Skill building, Supported Employment, and Community Living Supports) were fully implemented.
- Completed surveys for 16 non-respondent survey participants, validated compliance for all cases and provided CAP assistance to those that required remediation.
- Approved 28 new provider sites through the provisional approval process.
- Used data to evaluate the scope of beneficiaries receiving B3 services and developed and implemented a Regional strategy to transition the administrative function of eligibility determinations back to MDHHS, per the 1915(i)SPA transition requirements.

Clinical Data Analytics:

- Validated state work on the Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET) measure for Region 4.
- Developed calculations for IET for the SWMBH CCBHC subpopulation and for the overall region.
- Initiated a formal Performance Improvement Project to reduce racial and ethnic disparities in Follow Up After Emergency Department Visits for Alcohol and Other Drug Use.
- Stratified Region 4 metric performance by race/ethnicity for HEDIS measures FUA, IET-14, IET-34,

and SSD (in addition to FUH-A, FUH-C, and PCR), and evaluated for the presence of racial disparities between white, African American, and Hispanic/Latino populations in measure performance.

- Rolled out the new population health data analytics platform, Relias Population Performance. Fine-tuned data elements, added CCBHC filtering, and added additional metrics to the system.

Clinical Quality Reviews:

- The Clinical and SUD Quality teams completed reviews for 44 different service providers across 4 different service lines (General CMHSP Clinical and SUD Quality, Psychiatric Inpatient, and Applied Behavior Analysis).
- Reviewed 552 individual case files and provided feedback on ways to meet higher clinical standards.
- Managed, reviewed, and accepted Corrective Action Plans implemented because of audit results.

Supports Intensity Scale (SIS) Assessments:

- Working with CMHSPs to increase productivity and completion rates, promoting the SIS with the eligibility requirements for the HSW or 1915(i) waiver benefits by October 1, 2024 when beneficiaries must have a SIS assessment completed in order to be considered for HSW or 1915(i) waiver benefits.

Habilitation Support Waiver (HSW):

- 99.7% of (710) available Habilitation Supports Waiver slots provided by the State have been filled for FY22 (from October 1, 2021 through September 30, 2022).
 - The Board Ends Metric goal of ‘keeping 98% of HSW slots full throughout the year’ has been achieved for the past 5 years.
 - SWMBH has continued to have the best HSW slot utilization rate throughout the State of Michigan over the past 5 years.
- Supported 36 new beneficiaries with enrollment in the HSW.
- Participated in 11 close waiver transition coordination sessions to supports HSW enrollees needing to transition to or from other waivers and programs (such as TEFRA, CSHCS, CWP, and Mi Choice) to avoid service disruption.
- Facilitated an annual residential living arrangement validation project, geared towards supporting documentation and Behavioral Health Treatment Episode Data Set (BH TEDs) for 56 individuals to ensure proper payment rates and ensure the quality of data reporting.
- Provided 23 virtual and 2 on-site technical assistance sessions to support CMHSPs to meet technical requirements of the HSW.

Children’s Waiver Program (CWP):

- Supported 27 total children and families enrolled in the Children’s Waiver Program (CWP) affording them a pathway to Medicaid for needed services.
- Facilitated 6 additional children with successful applications to the CWP in FY22 (from October 1, 2021 to September 30, 2022).
- Supported 3 children transitioning off the CWP to other appropriate waivers as they aged-off eligibility of the CWP.
- Reviewed and approved two expedited Prior Review and Approvals (PRARs) authorizing additional service units for families in crisis.

- Provided 10 virtual technical assistance sessions to support CMHSPs to meet technical requirements of the CWP.

Serious Emotional Disturbance Waiver (SED):

- Provided monthly monitoring of overdue and coming due recertifications and provided information to CMHSPs for action.
- Provided technical assistance regarding transfers within and between regions, recertifications, and adoption documentation requirements to CMHSPs.
- Organized a SED 101 training seminar in partnership with MDHHS, to take place in October of 2022.

Applied Behavior Analysis (ABA) – Autism Benefits/Services:

- Continued implementation of the monthly performance monitoring system, which significantly decreased the total number of out of compliance cases (for time to ABA treatment, Individual Plan of Service (IPOS) completion, and evaluation updates) across the region.
- Maintained 845 Autism Client Cases (up from 668 in 2021) and worked with CMHSPs to close out cases that had been left open unnecessarily to reflect proper enrollment numbers.
- Completed ABA audits for 15 providers within the region, totaling 120 clinical case files and managing 96 corrective action plans across clinical and administrative elements.

Integrated Care:

- Completed ongoing assessments of health disparities related to FUA and FUH. Integrated Care is working to identify gaps and possible resolutions to close disparate gaps in care and access.
 - Worked extensively with each Medicaid Health Plan to identify barriers, gaps, ways to partner, and more.
 - Met frequently with health plans to discuss current efforts to reduce health disparities and collaborate where needed.
- The Transition Navigator position, a Mental Health Block Grant program, was implemented. The position assists members from discharge to engagement with outpatient services who have a behavioral health inpatient stay or SUD residential stay. This short-term care management modeled program assists with member provider advocacy, transportation to appointments, disease education, an integrated care focus and more. 137 members have engaged in Transition Navigation. Of those, 68 were from a behavioral health inpatient stay and 69 were from a residential SUD/detox setting.
- Collaborated with the Region's CCBHC demonstration sites, Kalamazoo (ISK) and St. Joseph, to assess for qualifying diagnosis eligibility for members found in the WSA but not identified at the CMHSP as having a qualifying diagnosis. The Integrated Care Team has bridged care coordination between the regional CCBHC demonstration sites and the MHPs and ICOs.
- Participated in monthly joint coordination meetings with hospital system Lakeland Health Network to further enhance integrated care services in the patient population of high ED utilizers. The collaborative goal is to improve patient outcomes and reduce barriers to proper healthcare by improving outpatient utilization management and social support infrastructure. Meetings result in increased collaboration, members being connected to needed community resources, and emergency department staff being notified of behavioral health services upon admission to the emergency department which helps to guide their treatment plans.

- Supported the PIHP/MHP Joint Workgroup monthly as well as participated in related subgroups. We have provided feedback for earlier upgrades to CC360 related to risk stratification criteria as well as the addition of SUD diagnoses on ED ADTs, which we believe will greatly affect our ability to affect the FUA and IET measures.

Compliance

- FY21 Q1-Q3 Medicaid Services Verification Review results 95% (1,395 claims reviewed, 69 of those being invalid).
- Received a PASS on all contractually required quarterly reports submitted to the MI OIG, which outline Regional compliance activities.

Provider Network/SUD/Operations

- Implemented FY22 code/modifier changes based on newly released MDHHS code sets for FY22 contracts.
- Modified the FY21 CMH Site review process to recognize areas where CMHSPs performed well the previous year and monitor areas where corrective action plans were previously required. File review sessions were held on a single day via a virtual platform so reviewers and CMHSP subject matter experts could discuss the files as they were being reviewed.

Utilization Management

- Completed 861 MI Health Link Level of Care Utilization System (LOCUS) Assessments.
- Completed 1,035 MI Health Link (MHL) Care Coordination Plans.
- Completed 29,056 total authorizations for services.
- Completed 17,839 Prospective Review Substance Use Disorder (SUD) events. American Society of Addiction Medicine (ASAMs) are in a portion of these.
- Completed concurrent reviews for 1,828 individuals who were admitted for psychiatric hospitalizations or crisis residential stays.
- Handled 14,752 incoming SUD calls with an average phone queue time of 7 seconds. 98.68% of calls were answered in 30 seconds or less.
- Handled 2,904 incoming MHL calls with an average phone queue time of 8 seconds. 99.23% of MHL member calls were answered in 30 seconds or less.
- Completed 6,036 ASAM assessments for clients diagnosed with a SUD.
- Successfully piloted a project with Victory Clinical Services with the automated Authorization Request with Level of Care event in SWMBH's Streamline MCIS.
- Completed the regional launch of MiCAL/988 as part of the national roll out of 988 Suicide & Crisis Lifeline.
- Completed the annual InterRater Reliability amongst Utilization Management clinical staff.
- Maintained benchmarks for all contractual guidelines answering incoming calls and providing authorization determinations by due dates despite staffing shortages.

Member Services

- Maintained 7 SWMBH brochures.
- Published 3 Member newsletters.
- Participated in Mental Health and Wellness Expo, Wellness and Recovery Festival, Walk A Mile, Mental Health Summit, Trunk or Treat for Great Lakes Autism Center, and Growlers games to promote Substance Use Disorder, Prevention, Gambling, and our Veteran Navigator programs. Participated in several Stand Down and Project Connect events throughout October
- Made over 504 follow up calls to members discharged from Substance Use Disorder residential settings.
- For non-MHL Funding Sources October 2021 – September 2022*
 - Completed 2 State Fair Hearings throughout the region.
 - Completed 174 Grievances throughout the region.
 - Completed 76 Local Level Appeals throughout the region.
- For MHL Funding first 3 Quarters (January 2022-September 2022)
 - Completed 0 State Fair Hearings region wide.
 - Completed 7 Grievances throughout the region.
 - Completed 4 Local Level Appeals throughout the region.
 - We submitted 2 appeals to the Independent Review Entity (IRE) as required when a local level appeal is upheld (not found in favor of the member) One appeal was overturned by the IRE to be in favor of the member.
- Continued the Building Better Lives project focusing on improving members lives through Self Determination, Person Centered Planning, Independent Facilitation, Grievance and Appeals, and Advance Directives.
 - All gap analyses were completed for Self Determination, Person Centered Planning, and Independent Facilitation. Next steps have been initiated to provide resources and trainings for staff and members.
 - Gap analysis will be completed for Due Process and Advance Directives in FY 23.
- Maintained the Customer Advisory Committee virtually for most of the year
 - Provided CAC members iPads and training to support virtual participation in CAC and other SWMBH committees and events.
- Supported CAC members to participate in local and state level events.

Outreach:

- Supported the SWMBH Facebook page by providing resources and guidance to anyone seeking additional information on key Behavioral Health, Mental Health, Substance Use Treatment and Gambling Addiction resources throughout the region.
 - 30 posts were made supporting various regional events and behavioral health resources.
 - SWMBH's Facebook page reached 40,113 individuals.
- Continued the partnership with the Kalamazoo Growlers to outreach on three different prevention programs: Problem Gambling, Substance Use Disorder, and Veteran Navigator.
 - Updated video promoting Veteran Navigator Program with new Veteran Navigator to be promoted on the Growlers Facebook page.

Veteran Navigator:

- Conducted meetings with approximately 120 new Veterans or Veteran Family Members (VFM).
- Worked with a total of 80 Veterans/VFM's.
- Participated in 15 Veteran community events such as Stand Downs.
- Participated in 12 virtual and 66 live meetings for Veterans.
- Initiated contact and relationships with various community agencies such as United Way, Kalamazoo YWCA Domestic Violence Program, Lest We Forget, and VFW's and American Legions in the region.
- Attended the Wall the Heals tour.
- Was invited to throw out the first pitch at a Kalamazoo Growlers Baseball game.
- Initiated CMHSP meet and greets with Customer Service and key clinical staff to implement Veteran Navigator resource in counties without a local Veteran Navigator.

Michigan Health Link and Integrated Care Programs

- Coordinated and facilitated Integrated Care Team monthly meetings with each of the seven Medicaid Health Plans (MHP) and bimonthly meetings with both Aetna and Meridian ICOs in the region, with goals to reduce ED utilization and inpatient admissions for individuals opened to Integrated Care Teams during FY22.
- Participated in over 80 Integrated Care Team meetings with MHPs to coordinate care, follow up on care post-hospitalization, and work toward providing resources and support to encourage appropriate utilization of health services.
- Attended collaborative monthly meetings joining Aetna ICO, Family Health Center, SWMBH complex case management, and ISK CCBHC care coordination to discuss high need members.
- Participated in monthly joint coordination meetings with a MHP (Aetna) and FQHC to review members who are high Emergency Department (ED)/Inpatient (IP) utilizers. The goal of coordination is to address barriers to care, social determinants of health, and other issues that would lead to a decrease of unnecessary utilization of services.
- There was a 43.9 % reduction in ER claims and 73.3% reduction in inpatient episodes, for the six months prior to ICT involvement versus six months post ICT involvement. Overall, there were less ED claims this year than in years prior (65.1% decrease). It is speculated that this could have been affected by COVID-19 and that people were less likely to use the ED until they were severely ill.
- Followed workflow process for Complex Case Management. Outreached members who met the eligibility of having complex medical needs and frequent IP or ED visits. Program eligibility criteria and processes continue to be reviewed and assessed to assure the best benefit.
- Continued the process for ensuring support and resources during care transitions for MHL members in collaboration with ICOs. Provided education to ICO care coordinators about the PIHP system to help improve integration, coordination, and partnerships.
- Worked closely with both ICOs and cross-functional internal program to transition complex case management of identified MHL members to the ICOs after 12/31/22 with minimal impact on members.
- Established guidelines to coordinate on members through discharge, until follow up is complete 30 days post-discharge. This process has resulted in members receiving after care, being educated

about the importance of after care, and resolution of access issues.

- Provided continuous collaborative member oversight and clinical reviews for CMHSPs and providers to ensure quality care.
- The Integrated Care team collaborated with SWMBH's IT Department to develop a report to automate the process and utilize the EHR at a higher functionality. This project was started in FY20 but continued to collaborate and refine the program throughout FY22. It is now a part of weekly processes and functions well.

Substance Use Disorder (SUD) Interventions

Naloxone/Narcan Program:

- Provided 85 group sessions for naloxone training and overdose education for community members.
- Provided 1,004 individual training sessions on naloxone administration.
- Total number of community members trained: 2,365 resulting in 2,694 naloxone rescue kits distributed.
- 89 overdose reversals were reported by community members.
- Partnered with 93 first responder agencies (law enforcement agencies and fire departments) and have issued 933 naloxone kits.
- Currently have over 2,200 naloxone kits distributed to First Responders in the region.
- Developed and launched an online naloxone training program for law enforcement agencies and volunteer fire departments.
- 121 overdose reversals were reported by first responder agencies.
- Purchased first naloxone dispensing machine in the region located at the Kalamazoo County jail.

State Opioid Response Program (SOR2):

- Completed the final year of the program.
- Provided \$1,500,000 of additional funding.
- Expanded prevention programming to youth community centers and disparate populations.
- Allowed for the continuation of various overdose education and naloxone distribution activities.
- Provided funding for Recovery Home staffing for 6 halfway houses.
- Funded Recovery Coach outreach services in Kalamazoo and Berrien counties, including outreach to libraries in Kalamazoo County.
- Maintained the utilization of recovery coaches in emergency departments using Project ASSERT (Alcohol & Substance abuse Services, Education and Referral to Treatment) in Kalamazoo, Calhoun, and Berrien counties.
- Initiated Recovery Coach services in Van Buren County.
- Added SUD specific case management positions in Berrien, Branch, St. Joseph, and Cass counties.
- Expanded SUD services in the St. Joseph County jail.
- Provided medication-assisted treatment (methadone) in the Kalamazoo County jail.
- Implemented SBIRT in two Federally Qualified Health Clinics (FQHC) by utilizing recovery coaches in St. Joe and Kalamazoo counties; implemented contingency management at one FQHC.

COVID-19 Supplemental Funding and Programming for FY22:

- Applied for funding and received \$2,351,619. Used funds for:
- Expanded prevention services and delivering evidence-based practices in all counties.

- Additional staff support for the Recovery Center in Berrien County, 1st Step in Calhoun County, and the Opioid Overdose Response Program in Kalamazoo County.
- Expanded Opioid Health Home (OHH) Services to customers who live outside of Calhoun and Kalamazoo Counties.
- Staffing support for OHH expansion and implementation in Berrien County.

SUD American Rescue Plan (ARPA) Grant:

- Received grant for \$604,060 and were able to provide or begin to provide:
- Additional programs of prevention aimed toward youth as well as student assistance programming in school systems.
- Incentives to residential and medication assisted treatment providers for same day appointments.
- Telehealth equipment and technology for 8 different providers to assist them with telehealth work and technology upgrades.
- Funding to create a telehealth hub at the Recovery Institute in Kalamazoo.
- Began planning for the Recovery Institute in Kalamazoo to become a Recovery Community Organization.
- Additional funding for two recovery homes to have adequate staffing in Kalamazoo and Benton Harbor.
- Funded training for Opioid Health Home programs and care management work.

Opioid Health Home (OHH):

- Began expansion efforts including onboarding a new Health Home Provider (HHP) beginning 10/1/2022.
- Utilized COVID-19 supplemental grant funds to expand to out of county enrollees at HHPs.
- Current enrollment of approximately 360 customers.
- Provided over 7,000 OHH services between three HHPs.
- Facilitated training opportunities to community health outreach workers.
- Utilized ARPA grant of \$10,000 for OHH-related training opportunities for HHPs.
- Partnered with Health Management Associates to identify clinical standards of care.
- Provided technical assistance to OHH partners.
- Streamlined OHH care plan processes to build into SWMBH's SmartCare system.
- Met or exceeded both internal SWMBH and MDHHS pay for performance metrics.

Treatment Services:

- Provided SUD treatment services to almost 4,700 customers.
- Provided PA2 funding and oversight to 46 treatment programs.
- Maintained and expanded women specialty services including new funding for a women's treatment program in Calhoun County.
- Implemented ASAM Continuum as the standardized biopsychosocial assessment for SUD services.
- Trained 49 new clinicians in ASAM criteria.
- Added a new male recovery house in the city of Kalamazoo.
- Expanded residential services to ensure that customers receive timely services.
- Maintained the addition of an Addictionologist for consultation and integration of substance use disorders and medical care.
- Assisted and trained providers in entering accurate, timely, and complete BH TEDS admissions to

meet MDHHS standard of 95% matching admission to encounters.

- Continued sustainability assistance for providers.
- Successfully completed multiple MDHHS site reviews

Prevention Services:

- Held 92 curriculum-based prevention evidence-based groups with multiple sessions each group, serving a total of 4,085 individuals.
- Expanded offer of prevention services, outreach efforts, and engagement of Hispanic groups in St. Joseph and Van Buren counties.
 - Recruited members from the Hispanic Community to become active and involved members of the Substance Abuse Task Forces of St. Joseph and Van Buren Counties.
 - Increased the number of Hispanic clients served by prevention services in St. Joseph and Van Buren Counties.
 - Developed a Facebook page in Spanish in St. Joseph County to increase reach of SUD prevention campaign messages in local Hispanic communities.
 - Increased capacity to provide curriculum-based services in Spanish language: served 40 Hispanic clients in educational evidence-based practice (EBP)
 - 6 clients were served in individualized sessions in Spanish language through the newly created SWMBH online SUD Prevention EBP service for persons with limited English proficiency.
- Helped organize a regional conference focused on the rising trend of methamphetamine-related overdose/deaths in our region and on the development of a new protocol for withdrawal management, medication assisted treatment, and recovery of the increasing stimulant disorders.
- Collected 9,378 lbs. of unused and expired medication through year-round efforts maintained by local programs (pharmacy collection program is not counted in this number).
- Synar tobacco retailer compliance measure: Score of 89% compliance level. The minimum compliance rate for PIHP's is 80%. Those that fall below the established benchmark risk losing their allocated block grant funding. Background: Each year, MDHHS randomly selects tobacco retailers of each county, and assigns PIHPs to conduct covert compliance inspections of these retailers during a specific time of the year (June 2022). In addition to the Synar Compliance Inspections, the PIHP conducts year-round compliance checks and education efforts of tobacco retailers, alcohol retailers and vaping devices retailers in each county.
- All 10 SUD prevention providers are on pace to surpass the required minimum performance rating of 85%.
- Maintained [WinThemBack.org](https://www.winthemback.org) where individuals are re-directed to the SWMBH website to access information related to problem gambling symptoms, warning signs, and risk factors.
- Continued to screen customers for potential gambling disorders through the SWMBH call center.
- Produced holiday gambling awareness campaign "It's important to know when to stop."

Substance Use Disorder Grants

- Transition Navigator Grant of \$298,880 to assist adults with SMI or Co-Occurring Disorders in inpatient psychiatric hospitals or other residential settings to transition home or to a safe environment for further recovery.
- Grant of \$101,120 for transportation to and from Crisis Housing in Kalamazoo or Grand Rapids.
- Veterans Navigator Grant for \$100,000.
- Clubhouse Spend-down Grant for \$100,000 to cover services for those with Medicaid spend downs in Clubhouse.
- Under COVID-19 Mental Health Block grants issued in summer of FY21 we received two different grants both seeking the workforce development of peers or persons with lived experience as Outreach workers and designed to help people with the effects of the pandemic.
- Family Warmline and Family Outreach workers for children and families with SED children as well as the Gatekeeper program for suicide awareness and prevention for middle school and high school students through Gryphon Place. Each CMHSP will have \$100,000 per year to employ outreach workers who have lived experience, totaling \$595,000 for FY22.
- \$400,000 was received and distributed for Crisis Training and Outreach workers, for Adults with Mental Illness and Co-occurring disorders throughout the pandemic and for assistance in managing symptoms through Outreach workers with lived experience and Suicide Awareness and Risk Management training was provided for over 80 clinicians.
- The ARPA grant for CCBHC non-Medicaid services was acquired through the block grant for \$243,000 and funds were distributed as qualified to Kalamazoo and St Joseph County CMHSPs to offset costs of non-Medicaid clients.

Quality Assurance and Key Performance Metrics

- Updated all Quality policies and procedures to meet current NCQA accreditation standards, as well as State and Federal contractual obligations.
- Organized, distributed, and completed analysis on Regional Survey projects, including the annual Consumer Satisfaction Survey, the Person in Recovery Survey, Utilization Management and Access Survey, and the Physical Health/Behavioral Health Communications Survey.
- Organized and conducted consumer-based focus groups in February/March 2022 to gain additional feedback on Regional Programs and Services, targeted towards improvement efforts.
- Collected information for the annual Performance Bonus Incentive Project (PBIP) Narrative Report, which represents a collection of regional achievements in the areas of: Comprehensive Care, Patient-Centered Medical Homes, Coordination of Care, Accessibility to Services and Quality, and Safety of Care.
- Achieved a 96% Compliance Score on the 2021-2022 Performance Bonus Incentive Program (PBIP) Narrative report, translating into a \$2,174,845 achieved bonus award from MDHHS.
- Achieved 100% of possible 2021-2022 Meridian Health Plan Quality Withhold measures, which allowed SWMBH to capture/retain all bonus dollars.
- Achieved 90% of possible 2020-2021 Aetna Health Plan Quality Withhold Measures, which allowed SWMBH to capture/retain all bonus dollars.
- Met 100% of 2022 MHL contractual obligations and completed 11 monthly core reports, 4 quarterly reports, and many ad hoc reports reflecting access measures and analysis.

- Improved MHL Level II Assessment follow-up rates: (follow-up with patients released from an inpatient facility with 15 days or less).
 - 2019 – 98.11% 2020 - 98.44% 2021 – 99.63% 2022 – 99.77%
- Achieved a (+0.5%) improvement in the 'Improved Functioning' category in our 2021-2022 Customer Satisfaction Survey Scores (Adult Survey – MHSIP).
- Improved analysis and reports developed in Tableau Data Analytics tool around Functional Assessment tools, including Level of Care Utilization System; Supports Intensity Scale, American Society of Addiction Medicine, and Child and Adolescent Functional Assessments Scale.
- Helped to organize and facilitate 11 annual audits/reviews by various oversight agencies/external stakeholders, including HSAG, MDHHS, NCQA, Aetna, and Meridian.
- Led and facilitated the formulation of the 2022-2023 Board Ends Metrics in collaboration with all SWMBH functional areas and Regional Committees.
- Formulated monthly MHL Committee analysis reports on key metric areas, which allowed SWMBH to identify and address areas needing improvement.
- Facilitated the regional Quality Management Committee (QMC) and MHL Committee Meetings, along with identification of Regional Improvement Efforts and Performance Improvement Projects.
- Successfully completed the 2022 Provider Communications Survey project, which showed improved outcomes.
- Successfully completed and received a score of full compliance on the 2022 MDHHS HSW/SEDW/CWP audit.
- Successfully completed and received a score of full compliance on the annual DHIP CAFAS/PECFAS report submission to MDHHS.

Board Ends Metrics Achieved during FY22 (October 1, 2021 – September 30, 2022)

Board Ends Metric	Metric Result	Board Approved Date
SWMBH will achieve 225 enrollees for the Opioid Health Homes Program (OHH) during year 1 of implementation.	Metric Achieved A. 344 Enrollees in the OHH Program as of 9/17/21 B. <u>300</u> has been established as the OHH program retention value.	Board Presentation and Approval on January 14, 2022
Implementation of the "ASAM Continuum SUD Standardized Assessment Instrument" for FY21 by 10/1/2021 Per MDHHS Contract	Metric Achieved A. SWMBH has trained 154/166 (92.8%) clinicians to date. The trainings started the last week of July and concluded the second week on September. B. Streamline installed the ASAM Continuum interface into our production environment on 9/27/21. Project is on schedule to be completed and live by 10/1/21.	Board Presentation and Approval on February 11, 2022

	C. Automated processes for analyzing the ASAM data/results/reports are being developed and scheduled for completion by 2/11/21.	
Each quarter, at least 53% of parents and/or caregivers of youth and young adults receiving Applied Behavior Analysis (ABA) for Autism will receive Family Behavior Guidance. This service supports families in implementing procedures to teach new skills and reduce challenging behaviors.	Metric Achieved <ul style="list-style-type: none"> Q1: 60.5% (207/342) Q2: 59.7% (212/355) Q3: 58.2% (217/373) Q4: 54.7% (201/368) Ave. 58.27% 	Board Presentation and Approval on August 12, 2022
24/28 or 85% of Michigan Mission Based Performance Indicators achieve the State indicated benchmark for 4 consecutive quarters for FY 21.	Metric Achieved <p>Measurement Period Concludes on 12/30/21. Final Consultative Draft from MDHHS will be received by November/December 2021</p> <p>Q1: 6/7 Q2: 7/7 Q3: 7/7 Q4: 7/7</p> <p>27/28 Indicators 'Met' the Indicated benchmark – 96.4%</p>	Board Presentation and Approval on January 10, 2022
SWMBH will meet and exceed the Behavioral Health Treatment Episode Data Set (BH TEDS) compliance benchmarks established by MDHHS for FY21.	Metric Achieved <p>Status as of 9/27/21:</p> <ul style="list-style-type: none"> MH: 96.18% SUD: 98.45% Crisis: 97.68 	Board Presentation and Approval on January 14, 2022
SWMBH will achieve 90% of the available CY20-21 monetary bonus award to achieve (<i>contractually specified</i>) quality withhold performance measures, agreed upon by the Integrated Care Organizations (ICO's).	Metric Achieved <p>2020-2021 Rates:</p> <ul style="list-style-type: none"> Meridian: 100% Aetna 90% 	Board Presentation and Approval on February 11, 2022
Achieve 95% of Veteran's Metric Performance-Based Incentive Program monetary award based on MDHHS specifications.	Metric Achieved <p>Notice provided by MDHHS on 1/19/2022</p> <p>*VSN Data has been submitted and received through the DCH file transfer successfully.</p> <p>*Data Quality Narrative Report send and received by MDHHS on 7/1/21.</p>	Board Presentation and Approval on March 4, 2022

	Final PBIP Results received in January 2022	
Achieve 95% of Increased Data Sharing Performance Bonus Incentive Program (PBIP) monetary award based on MDHHS specifications.	Metric Achieved <ul style="list-style-type: none"> ✓ ISK has successfully demonstrated the ability to submit ADT messages through the MIHIN pipeline. ✓ ADT Narrative report was submitted and received by MDHHS on 7/31.21. Final PBIP Results received in January 2022	Board Presentation and Approval on March 4, 2022
SWMBH will submit a qualitative narrative report to MDHHS receiving no less than 90% of possible points; by November 15, 2021, summarizing prior FY efforts, activities, and achievement of the PIHP and CMHSPs, specific to the identified areas.	Metric Achieved <p>SWMBH received full credit (40 points) or 100% on the submitted qualitative narrative report, as reflected on final results report delivered from MDHHS (Total amount earned: \$2,187,915.69)</p>	Board Presentation and Approval on April 8, 2022
Achieve 95% of possible points on collaboration between entities for the ongoing coordination and integration of services for shared MHL consumers.	Metric Achieved <p>The final MDHHS – PBIP report indicated that; SWMBH received 35/35 points or 100% satisfying elements A and B</p> <p>This metric is largely based on combination calculations between the MHP and PIHP in CC360.</p>	Board Presentation and Approval on March 8, 2022
Achieve Compliance on Follow-up After Hospitalization for Mental Illness within 30 days (FUH) and show a reduction in disparity with one minority group.	Metric Achieved <p>Current SWMBH Rates:</p> <ul style="list-style-type: none"> • Adult: 68.13% • Child: 77.51% 	Board Presentation and Approval on January 14, 2022
Regional Habilitation Supports (HSW) Waiver slots are full at 98% throughout the year. (10/1/21 – 9/30/22)	Metric Achieved <p>99.7% of HSW slots have been filed in FY 21, per the MDHHS status report. *SWMBH has been the best performing PIHP in the State for 4 consecutive years. SWMBH Maintains 610 Regional Slots.</p>	Board Presentation and Approval on October 14, 2022

<p>2021 Customer Satisfaction Surveys collected by SWMBH are at or above the 2020 results for the identified categories.</p>	<p>Partially Achieved</p> <p>The Annual Satisfaction Survey Project was completed on 2/5/2022.</p> <ul style="list-style-type: none"> The MHSIP (adult) 'Improved Functioning' category observed an improvement of +1.77% (86.87%) over the previous year's result (85.1%). 1pt The YSS (youth) 'Improved Outcomes' category observed a decrease of -4.05% (77.25%) under the previous year's result (81.30%). Complete a study exploring other survey distribution methods and automation of results collection (focus groups) process. 1pt 	<p>Board Presentation and Approval on March 8, 2022</p>
<p>2022 HSAG Performance Measure Validation Audit Passed with (90% of Measures evaluated receiving a score of "Met")</p>	<p>Metric Achieved</p> <p>Draft report received on 8/27/22</p> <p>2022 Results: 37/37 (100%) of measures evaluated achieved full compliance</p>	<p>Board Presentation and Approval on October 14, 2022</p>

Audits and Accreditations

- FY22 Financial Compliance audit with no findings.
- 2022 Health Service Advisory Group (HSAG) – Performance Measure Validation Audit; with 37 out of 37 total elements evaluated, receiving a designation score of “Met,” “Reportable” or “Accepted,” which represents 100% compliance.
- 100% Compliance on 2022 Aetna Annual Delegation Audit, which includes reviews of: Case Management, Customer Service, Grievance and Appeals, and Utilization Management.
- 100% Compliance on 2022 Aetna (Medicare) Compliance Program Effectiveness Audit.
- 100% Compliance on 2022 Aetna Claims Audit.
- 100% Compliance on 2022 Meridian Health Plan Delegated Credentialing Audit.
- Participated and achieved full compliance during the 2022 Meridian Center for Medicare/Medicaid Services (CMS) Service Authorization Requests, Appeals and Grievances (SARAG) Delegation Audit.
- Participated and achieved full compliance during the Aetna CMS SARAG Delegation Audit.
- Achieved 100% compliance on 2022 MDHHS Substance Use Disorder (SUD) Administrative Audit.

20 GOVERN FOR IMPACT
21 CONFERENCE
VALUES TO IMPACT THROUGH TRANSFORMATIONAL GOVERNANCE

Four Essentials for Mastering Policy Governance®

Introduction to Policy Governance®
 By Carl LaBarbera, GSP
 June 2021

Policy Governance® is an internationally registered service mark of John Carver. Registration is only to ensure accurate description of the model rather than for financial gain. The model is available free to all with no royalties or license fees for its use. The authoritative website for Policy Governance is www.carvergovernance.com.



20 GOVERN FOR IMPACT
21 CONFERENCE
VALUES TO IMPACT THROUGH TRANSFORMATIONAL GOVERNANCE

The Policy Governance® Model

"Board leadership requires, above all, that the board provide vision. To do so, the board must first have an adequate vision of its own job. That role is best conceived neither as volunteer-helper nor as watchdog but as trustee-owner."

John Carver

The Policy Governance® Model

"Policy Governance® is an approach to the job of governing that emphasizes values, vision, empowerment of both board and staff, and the strategic ability to lead leaders."

A new Paradigm of:
Visionary Leadership
Empowering Delegation
Ironclad Accountability

The Policy Governance® Model

**10,000
Year
Clock**



Policy Governance® Framework



- 1 Clear Purpose
- 3 Key Responsibilities
- 4 Foundation Values
- 10 Essential Principles

Policy Governance® Source Document

The Policy Governance® Model

The Board's Purpose

The purpose of the Board, on behalf of (the Ownership), is to ensure that the organization achieves appropriate results for appropriate persons at an appropriate cost and avoids unacceptable actions and situations.

The Policy Governance® Model

"A responsible governing board should govern. As owner-representative, the board holds title to the most authoritative function in the organization, a function that is more authoritative than that of its CEO, its staff professionals, its legal counsel, its auditing firm, and its funding sources."






The Policy Governance® Model

"Accompanying this considerable authority is an equally considerable accountability:

the board is accountable for everything the organization is, everything it does, and everything it achieves – or fails to achieve."

Foundational Value - Accountability

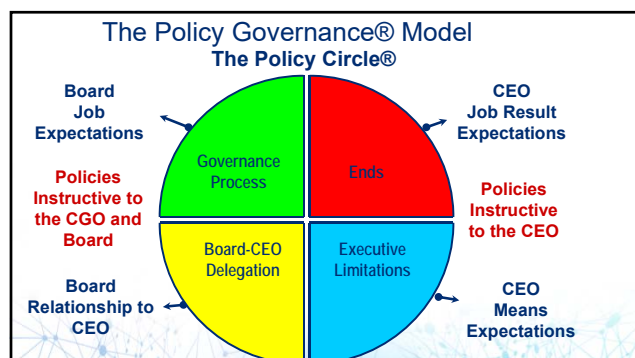
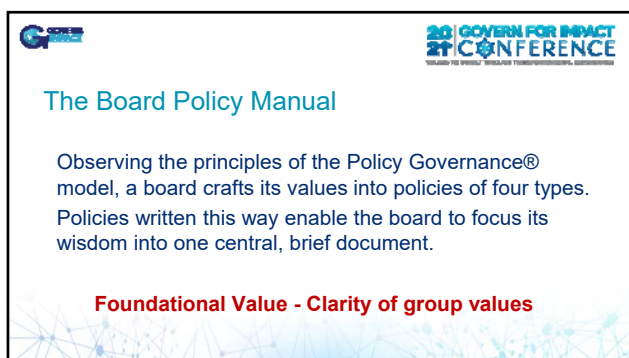
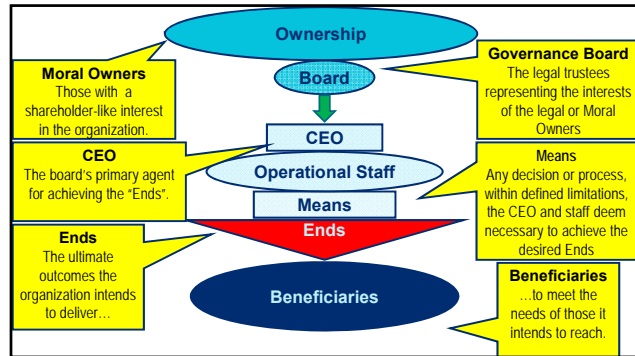
3 Key Responsibilities

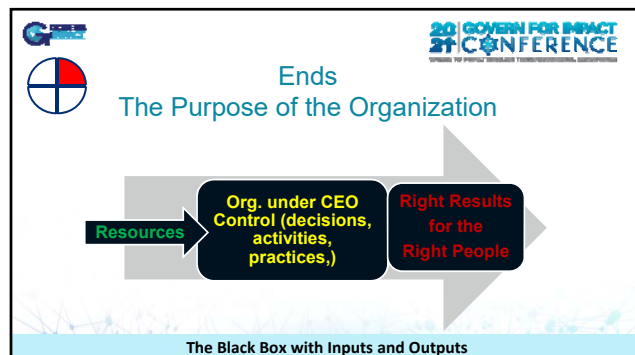
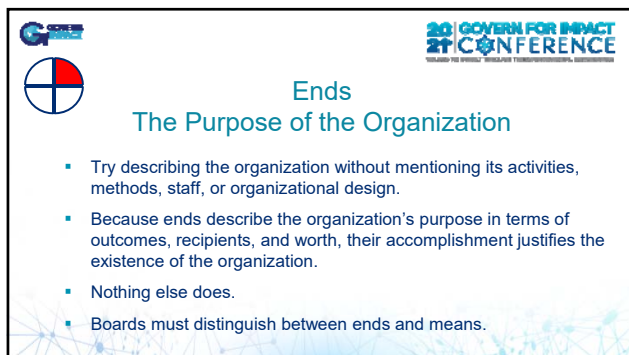
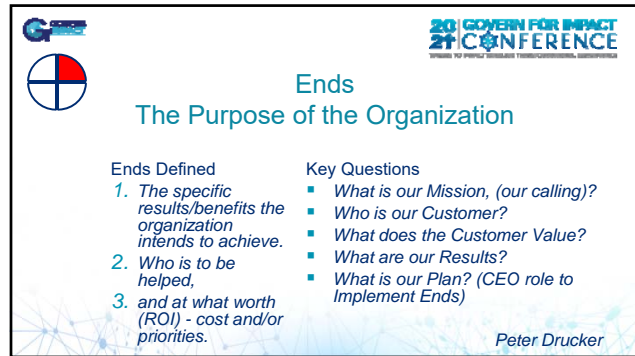
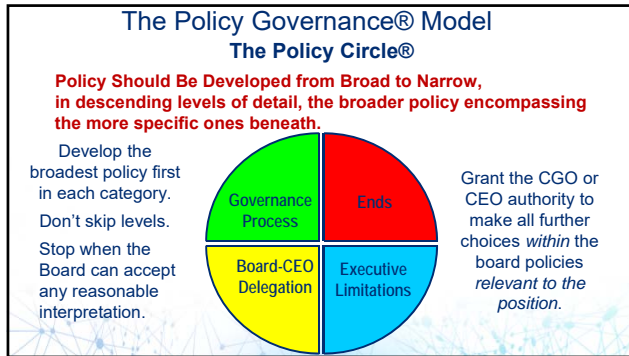
1. Represent Ownership as a Trustee
2. Create Explicit Governing Policies which address the board's obligation to fulfill fiduciary responsibility, guard against undue risk, determine priorities among organizational results, and generally direct and protect the organization.
3. Assure the CEO's performance against explicit policies.







Represent Ownership as a Trustee

- All organizations exist on someone's behalf.
- The board exists to act as the informed voice and agent of the owners.
- All owners are stakeholders but not all stakeholders are owners, only those who are equivalent to shareholders.
- The board is accountable to owners that the organization is successful.








Ends
The Purpose of the Organization




- The board's greatest fiduciary responsibility is requiring that there is a favorable relationship between input and output.
- The board's chief accountability is that the organization it governs produces enough of the right changes for enough of the right people to justify the resources consumed.

Ends
The Purpose of the Organization




Global Ends statement

The purpose of Smartville Public Schools is that, sufficient to justify the expenditure of available revenues, young people of the district will have the knowledge and capabilities they need for successful transition to the next stage of their lives.

Ends
The Purpose of the Organization
Second-tier Ends

1. Numeracy and literacy skills at grade level.
2. Knowledge of the major historical and geographical features of the world.
3. The ability to search for and find information in a self-directed manner.
4. An understanding of science and technology sufficient to function in the modern world.

Ends
The Purpose of the Organization
Second-tier Ends

5. Where chosen, an understanding of subject areas sufficient to allow admission to appropriate further or higher education institutions.
6. Skills for entry-level employment.
7. An understanding of the diverse world in which we live and a knowledge of the demands of good citizenship.

Executive Limitations
Limitations on the CEO

Executive Limitations Defined

- Those principles of prudence and ethics that limit the choice of CEO/staff means (practices, activities, methods).

General Principles


- Boundaries of acceptability
- Control through proactive constraint
- Eliminates board involvement in details
- Addresses common board concerns about: Personnel, financial condition, asset protection, compensation and benefits, budgeting

Executive Limitations
Limitations on the CEO

Executive Limitations need to state what is not allowable "even if it works".


Foundational Value - Empowerment

Board approves means that CEO brings – reactive, restrictive and unclear.




Traditional Board Process

Proactive boundaries of protection for CEO decisions. Clear and empowering.



Policy Governance®

The Protective Nature of the Executive Limitation
(Proscriptive) Policy structure



There is freedom within the limits, knowing the boundaries of acceptability.

"sub-global" policy

"global" policy

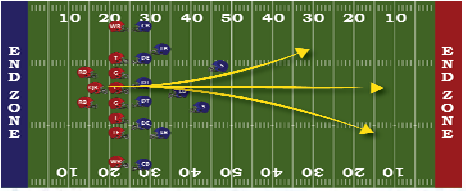
Policies dealing with a specific concern

Think of it as a ship with multiple interior protective hulls, each hull protecting an increasingly specific area.


Foundational Value - Empowerment

Executive Limitations
Boundaries on the CEO

Proscription vs. Prescription



Foundational Value - Empowerment





Executive Limitations Boundaries on the CEO

Proscription vs. Prescription

Global Executive Limitation:
The CEO will not cause or allow any organizational practice, activity, decision, or circumstance which is either unlawful, imprudent or in violation of commonly accepted business and professional ethics and practices.

Foundational Value - Empowerment






Board-CEO Delegation Relationship to the CEO


Board-CEO Delegation Defined

- The Board clarifies the manner in which it delegates authority to the CEO as well as how it evaluates CEO performance on the Ends and Executive Limitations policies.

General Principles

- CEO is only accountable to the whole board
- The board has only one "employee" (agent)
- The CEO's work is measured only by results against written expectations






Governance Process Board Job Expectations

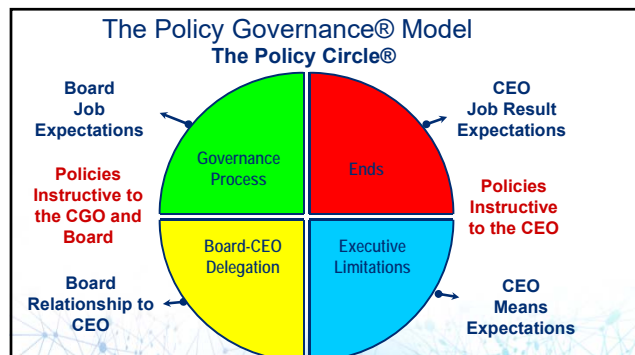
Governance Process Defined

- The board determines its philosophy, its accountability, and specifics of its own job.

A Basic Job Description

- Represent Ownership
- Explicit Governing Policies
- Assurance of Successful CEO/Organizational Performance on Ends and Limitations





Assurance of CEO Performance

Process:

- Establish criteria for CEO performance through policies on Ends and Executive Limitations
- Establish method and frequency for monitoring the Ends and Executive Limitation policies
 - Frequency (monthly, quarterly, annually)
 - Responsible party (Board, CEO, outside agent)

Foundational Value - Accountability

Evaluating the CEO

Process:

- Monitoring = Evaluating!
- The board evaluates the CEO's interpretation, rationale for reasonableness, and the data demonstrating accomplishment.
- CEO performance is directly connected to organizational performance related to Ends and Executive Limitations
- Plan annual discussion of cumulative monitoring data

Monitoring Performance

Reasonable Interpretation:

An interpretation is deemed to be reasonable when it provides an operational definition which includes defensible measures and standards against which policy achievement can be assessed.

Defensible measures and standards:

- ✓ Are objectively verifiable (e.g. through research, testing, and/or credible confirmation of observable phenomena.)
- ✓ Are relevant and conceptually aligned with the policy criteria and the board's policy set.
- ✓ Represent an appropriate level of fulfillment within the scope of the policy.

Monitoring Performance

**"In God we trust,
all others bring data"**



Edwards Deming

Monitoring Performance		
Policy	Method	Frequency
Ends	Internal	Annually
Financial Planning and Budgeting	Internal	Annually
Financial Condition and Activities	Internal	Quarterly
	External	Annually
Asset Protection	Internal	Annually
	External	Annually
Compensation and Benefits	Internal	Annually
	External	Annually
Communication and Support	Direct	Annually
Treatment of Consumers	Internal	Annually
Treatment of Staff	Internal	Annually
Emergency CEO Succession	Internal	Annually

Policy Governance® Framework	
1	Clear Purpose
3	Key Responsibilities
4	Foundation Values
10	Essential Principles
Policy Governance® Source Document	

Responsibilities	
<i>Hands On!!!</i>	
<i>Examples of What the Board Should Do Hands On</i>	
✓	Set the board's work plan and agenda for the year and for each meeting
✓	Determine board training and development needs
✓	Attend to discipline in board attendance, following bylaws and other self-imposed rules
✓	Become expert in governance
✓	Meet with and gather wisdom from the ownership

Responsibilities	
<i>Hands On!!!</i>	
✓	Establish the limits of the CEO's authority to budget, administer finances and compensation, establish programs, and otherwise manage the organization
✓	Establish the results, recipients, and acceptable costs of those results that justify the organization's existence
✓	Examine monitoring data and determine whether the CEO has used a reasonable interpretation of board – stated criteria and has performed accordingly.

Responsibilities

Hands Off!!!

Examples of What the Board Should Keep Hands Off

- ✓ Establish services, programs, curricula, or budgets
- ✓ Approve the CEO's personnel, program, and budgetary plans
- ✓ Render any judgments or assessments of staff activity where no previous board expectations have been stated




Responsibilities

Hands Off!!!

- ✓ Design staff jobs or instruct any staff member subordinate to the CEO (except when the CEO has assigned a staff member to some board function)
- ✓ Determined staff development needs, terminations, or promotions (except for the CEO)
- ✓ Decide on the table of organization and staffing requirements




The Difference

- Focus on Results – Mission accomplished
- Clear Chain of Command
- Written Expectations of CEO and Board
- Proactive Problem Prevention - Limitations
- Accountability - monitoring
- Empowerment of CEO and Board
- Gain Owners and Stakeholders Trust

Community Mental Health Association of Michigan

Board Chairpersons' Meeting
CMH Association of Michigan Fall Conference
3:00 – 3:45 p.m.
Monday, June 6, 2022
Grand Traverse Resort
Acme, Michigan

Meeting Minutes - DRAFT

- I. **Call to Order**
President Stone called the meeting to order at 3:11 pm
- II. **Introductions:** The attendees introduced themselves to the other participants.
- III. **October 24, 2021 Meeting Minutes:** Motion by Svetcos, seconded by (Huron Chair), to approve the minutes. **CARRIED**
- IV. **Updates driven by questions from Board Chairpersons:** President Stone underscored that the intent of the Board Chairperson's Meeting is to provide a venue for the discussion, by CMH and PIHP Board Chairpersons among themselves and with CMH Association staff, of issues of interest to the Board Chairpersons. Given this intent, President Stone opened the floor for issues that the participants wanted to discuss.

During this segment of the meeting, a number of items, raised by the Board Chairpersons, were discussed by the Chairpersons and CMH Association staff. The issues discussed included:

- How the Open Meetings Act (OMA) applies to virtual meetings, now that the State's pandemic-related shutdown is over. It was reinforced that our system needs the OMA changed to allow persons who may have difficulty travelling to Board meetings to participate virtually. The distances that a number of CMHs and PIHPs serve and from which Board members must travel to in-person meetings, have made it difficult for some CMHs and PIHPs to reach a quorum. CMHA staff updated the group regarding the work of CMHA, the Michigan Association of Counties, and other organizations related to advocacy around adding virtual/hybrid options to the OMA. Such changes are seen as highly unlikely, given the resistance of the State Legislature. CMHA was urged to continue and strengthen its advocacy around this issue (including county resolutions, Action Alerts, and related actions).
- The importance of CMH and PIHP Board members being involved in the policy making and oversight of their organizations was underscored. Additionally important is for Board members to develop and maintain strong relationships with their county commissioners, as a group and individually. It was noted that when the CMH and PIHP Boards have county commissioners as board members, the communications between the CMH/PIHP Board and the county commissions appear to be stronger. Annual reports are given, in many cases, by the CMH/PIHP (and sometimes its Board members), to their county commissions.
- It was noted that many legislators, including those on the Health Policy Committee and MDHHS Appropriations Committee, do not understand the state's public mental health system. It was underscored that this is a function of term limits and the attention that big political donors draw from legislators (those donors being hospitals and health plans, in the

main, in the healthcare sphere). The coffee hours held by State Legislators were identified as key venues to advocate for the public mental health system. The redistricting will require that CMHA and its members work meet and education the legislators newly representing their communities.

- It was noted that for many CMHA members both CMHA and the PIHPs are seen as valuable to these members.
- The fact that the Association staff are willing to attend and speak to the Boards of Directors of any CMHA member organization. Those who have made those invitations indicated that they have found the attendance and presentations by CMHA staff to be very useful.
- The need to continue to advocate around the need to change federal law to allow Medicaid funds be used in correctional facilities.
- The all-too-frequent link of mental illness to gun violence was criticized as inaccurate and stigmatizing. This also further marginalizes those with mental health needs and leaves gun violence unaddressed. CMHA developed, and will redistribute, a set of gun violence prevention recommendations.
- The lack of psychiatric inpatient access was highlighted as a keen need and one around which CMHA and its members need to continue to address.

V. **Other Business**

There were no other business items.

VI. **Adjournment**

Meeting adjourned, by President Stone, at 3:46 pm



Southwest Michigan Behavioral Health Board Meeting

Four Points by Sheraton, 3600 E. Cork St. Kalamazoo, MI 49001

December 9, 2022

9:30 am to 11:30 am

(d) means document provided

Draft: 10/27/22

1. **Welcome Guests/Public Comment**
2. **Agenda Review and Adoption (d)**
3. **Financial Interest Disclosure Handling (M. Todd)**
 - None Scheduled
4. **Consent Agenda**
 - November 11, 2022 SWMBH Board Meeting Minutes (d)
5. **Operations Committee**
 - Operations Committee Meeting minutes (group did not meet in November)
6. **Ends Metrics Updates (*Requires motion)**

Is the Data Relevant and Compelling? Is the Executive Officer in Compliance? Does the Ends need Revision?

 - a. Performance Bonus Incentive Program (J. Gardner) (d)
 - b. *Fiscal Year 2022 Health Services Advisory Group External Quality Review (J. Gardner) (d)
 - c. Certified Community Behavioral Health Clinics Demonstration Year Report (J. Gardner and E. Philander) (d)
 - d. *2022 Health Services Advisory Group Performance Improvement Project (M. Kean) (d)
7. **Board Actions to be Considered**
 - a. 2023 Board Calendars (M. Jacobs) (d)
 - b. Financial Risk Management Plan (T. Dawson) (d)
 - c. Financial Management Plan (T. Dawson) (d)
 - d. Cost Allocation Plan (T. Dawson) (d)
8. **Board Policy Review**

Is the Board in Compliance? Does the Policy Need Revision?

 - BG-005 Chairperson's Role (d)
9. **Executive Limitations Review**

Is the Executive Officer in Compliance with this Policy? Does the Policy Need Revision?

 - BEL-003 Asset Protection (S. Sherban) (d)

10. Board Education

- a. Fiscal Year 2023 Year to Date Financial Statements (T. Dawson) (d)
- b. Fiscal Year 2022 Contract Vendor Summary (T. Dawson) (d)
- c. Fiscal Year 2022 Customer Services Report (S. Ameter) (d)
- d. Fiscal Year 2022 Program Integrity Compliance Report (M. Todd) (d)
- e. November Election Results (A. Bolter) (d)

11. Communication and Counsel to the Board

- a. System Transformation Legislation (A. Bolter)
- b. January 13, 2023 Board Agenda (d)
- c. Board Member Attendance Roster (d)
- d. January Direct Inspection Reports-

12. Public Comment

13. 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

**Four Points by Sheraton, 3600 E. Cork St. Kalamazoo, MI 49001
January 13, 2023
9:30 am - 11:30 am**

Holiday Luncheon immediately following Board meeting

2022 SWMBH Board Member & Board Alternate Attendance												
Name:	January	February	March	April	May	June	July	August	September	October	November	December
Board Members:												
Ruth Perino (Barry)												
Edward Meny (Berrien)												
Tom Schmelzer (Branch)												
Sherii Sherban (Calhoun)												
Marcia Starkey (Calhoun)												
Louie Csokasy (Cass)												
Erik Krogh (Kalamazoo)												
Carole Naccarato (St. Joe)												
Susan Barnes (Van Buren)												
Alternates:												
Robert Becker (Barry)												
Randy Hyrns (Berrien)												
Nancy Johnson												
Jon Houtz (Branch)												
Kathy-Sue Vette (Calhoun)												
Jeanne Jourdan (Cass)												
Patricia Guenther (Kalamazoo)												
Karen Longanecker (Kalamazoo)												
Cathi Abbs (St. Joe)												
Angie Dickerson (Van Buren)												

as of 10/14/22

Green = present

Red = absent

Black = not a member

Gray = meeting cancelled