



## Southwest Michigan Behavioral Health Board Meeting

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December 10, 2021

9:30 am to 11:00 am

(d) means document provided

Draft: 12/2/21

**1. Welcome Guests/Public Comment**

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

**3. Financial Interest Disclosure Handling (M. Todd)**

- Ruth Perino (Barry primary)
- Robert Becker (Barry alternate)
- Tom Schmelzer (Branch primary)
- Jeanne Jourdan (Cass alternate)
- Erik Krogh (Kalamazoo primary)
- Carol Naccarato (St. Joseph primary)
- Cathi Abbs (St. Joseph alternate)
- Susan Barnes (Van Buren primary)
- Terry Proctor (Cass primary)

**4. Consent Agenda**

- November 12, 2021 SWMBH Board Meeting Minutes (d) pg.3

**5. Operations Committee**

- Operations Committee Minutes October 27, 2021 (d) pg.7

**6. Ends Metrics Updates (\*Requires motion)**

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

- None

**7. Board Actions to be Considered**

- a. Agency Discretionary Contribution to Staff Retirement Plans (B. Casemore) (d) pg.10
- b. General Counsel (B. Casemore)
- c. 2022-2023 Board Ends Metrics (J. Gardner) (d) pg.12
- d. Calendar Year 2022 Board Calendars (d) pg.21

**8. Board Policy Review**

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

- BG-005 Chairperson's Role (d) pg.25

**9. Executive Limitations Review**

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

- BEL-003 Asset Protection (S. Barnes) (d) pg.27

**10. Board Education**

- a. Fiscal Year 2022 Year to Date Financial Statements (T. Dawson) (d) pg.33
- b. Fiscal Year 2021 Contract Vendor Summary Report (T. Dawson) (d) pg.41
- c. Fiscal Year 2021 Customer Services Report (S. Ameter) (d) pg.44

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

- a. Michigan Consortium for Healthcare Excellence Annual Meeting-Remote, January 6, 2022 at noon
- b. CMHAM Public Awareness & Advocacy Special Assessment
- c. January 14, 2022 Board Agenda (d) pg.65
- d. Board Member Attendance Roster (d) pg.67
- e. January Board Policy Direct Inspection – none

**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  
January 14, 2022  
KVCC-The Groves  
7107 Elm Valley Dr. Kalamazoo, MI 49009  
Room-TBD  
Lunch following Board Meeting  
9:30 am - 11:00 am**

# Southwest Michigan

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## BEHAVIORAL HEALTH

**Board Meeting Minutes**  
**November 12, 2021**  
**9:30 am-11:00 am**  
**GoTo Webinar and Conference Call**  
**Draft: 11/19/21**

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**Members Present via virtual:** Edward Meny, Tom Schmelzer, Terry Proctor, Erik Krogh, Susan Barnes, Ruth Perino, Marcia Starkey, Carol Naccarato

**Members Absent:**

**Guests Present via virtual:** Bradley Casemore, Executive Officer, SWMBH; Michelle Jacobs, Senior Operations Specialist & Rights Advisor, SWMBH; Tracy Dawson, Chief Financial Officer, SWMBH; Mila Todd, Chief Compliance & Privacy Officer, SWMBH; Jonathan Gardner, Director of Quality Assurance & Performance Improvement, SWMBH; Joel Smith, Substance Use Treatment & Prevention Director, SWMBH; Sally Weigandt, CCBHC Coordinator, SWMBH; Richard Thiemkey, Barry County CMH; Brad Sysol, Summit Pointe; Sue Germann, Pines BH; Kris Kirsch, St. Joseph CMH; Deb Hess, Van Buren CMH; Ric Compton, Riverwood; Jon Houtz, Pines BH Alternate; Tim Smith, Woodlands; Jeff Patton, ISK; Patricia Guenther ISK Board Alternate, Jackie Wurst, Bear River Health

**Welcome Guests**

Edward Meny called the meeting to order at 9:30 am.

**Public Comment**

None

**Agenda Review and Adoption**

Motion	Susan Barnes moved to accept the agenda with a revision of moving the Integrated Care topic to January 2022 Board meeting.
Second	Tom Schmelzer
Motion Carried	

**Financial Interest Disclosure Handling**

None

**Consent Agenda**

Motion	Pat Guenther moved to approve the October 8, 2021, Board meeting minutes as presented.
Second	Susan Barnes
Motion Carried	

Mila Todd reported as documented regarding Credentialing of Behavioral Health Practitioners and Credentialing of Organizational Providers. Discussion followed.

Motion Pat Guenther moved to approve the Credentialing of Behavioral Health Practitioners and Credentialing of Organizational Providers as presented.

Second Susan Barnes

Motion Carried

## **Operations Committee**

### **Operations Committee Minutes September 29, 2021**

Edward Meny reviewed the minutes as documented. There were no questions, and the minutes were accepted.

## **Ends Metrics**

### **Integrated Care**

Brad Casemore noted that this topic will be moved to the January 2022 Board meeting due to delay in reporting from the State.

### **Fiscal Year 2021 Health Services Advisory Group (HSAG) External Quality Compliance Results**

Jonathan Gardner reported as documented. Mila Todd noted that SWMBH's response and feedback to HSAG expressed the same concerns and issues that other PIHPs expressed to HSAG. Discussion followed.

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

Second Tom Schmelzer

Motion Carried

### **Fiscal Year 2021 Health Services Advisory Group (HSAG) Performance Measure Validation Audit**

Jonathan Gardner reported as documented. Discussion followed.

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

Second Susan Barnes

Motion Carried

## **Board Actions to be Considered**

### **Executive Officer Performance Evaluation**

Edward Meny stated that the Executive Committee met last month and reviewed all the required documents listed in SWMBH Board Policy EO-002 Monitoring of Executive Performance in regards to Brad Casemore's performance for last Fiscal Year. Edward Meny commented that the executive committee was impressed with Brad Casemore and SWMBH staff performance.

Motion Edward Meny moved that the executive committee would like to commend Brad and his team at Southwest Michigan Behavioral Health for a job well done. Your performance during this COVID pandemic has been exceptional and deserving of the highest praise. With faith in Brad as an executive officer, the executive committee wishes to retain Brad's services in the capacity of executive officer and compliment him

for a job well done. We recommend a motion to the board that the executive officer is in compliance with policy EO - 002 and the policy does not need revision and I so move.

Second Susan Barnes  
Motion Carried

#### **Membership in Michigan Consortium for Healthcare Excellence (MCHE)**

Brad Casemore noted SWMBH Policy BEL-010 RE 501c3, Roman numeral II, #4 requiring the SWMBH Board to evaluate MCHE membership and continuation of membership interest. Brad Casemore gave a brief history and cited reasons to continue membership.

Motion Carol Naccarato moved SWMBH should maintain its membership in MCHE.

Second Ruth Perino  
Motion Carried

#### **December Holiday Luncheon**

Edward Meny suggested to Board Members that a holiday luncheon in January would be a good idea since the Board will be back meeting live. Board Members agreed. Brad Casemore and Michelle Jacobs to prepare plans for a January luncheon with details to be shared at the December Board meeting.

*Erik Krogh, Kalamazoo Board member, joined the meeting and took the place, as primary voter of Pat Guenther, Kalamazoo Board Alternate voting member*

#### **Board Policy Review**

##### **BG-003 Unity of Control**

Edward Meny reported as documented.

Motion Susan Barnes moved that the Board is in compliance and policy BG-003 Unity of Control does not need revision.

Second Erik Krogh  
Motion Carried

##### **EO-002 Monitoring of Executive Performance**

Edward Meny reported as documented.

Motion Erik Krogh moved that the Board is in compliance and policy EO-002 Monitoring of Executive Performance does not need revision.

Second Ruth Perino  
Motion Carried

#### **Executive Limitations Review**

##### **BEL-010 RE 501 (c) (3) Representation**

Erik Krogh reported as documented.

Motion Erik Krogh moved that the Executive Officer is in compliance with policy BEL-010 RE 501 (c) (3) Representation and the policy does not need revision.

Second Tom Schmelzer  
Motion Carried

## **Board Education**

### **Fiscal Year 2021 Year to Date Financial Statements**

Tracy Dawson reported as documented.

### **Calendar Year 2022 Live Meeting Requirements**

Brad Casemore noted that for calendar year 2022 Board meeting must be live. The only exception is for a member's military service. Brad Casemore will keep the Board apprised of any changes.

### **Certified Community Behavioral Health Clinics (CCBHC)**

Sally Weigandt reported as documented.

### **Opioid Health Homes (OHH)**

Joel Smith reported as documented. Discussion followed.

### **Annual Program Integrity - Compliance Program Effectiveness Evaluation**

Mila Todd reported as documented.

### **Fiscal Year 2021 CMHSP Site Review Results**

Mila Todd reported as documented, noting that the Operations Committee reviewed the report at their October meeting and that SWMBH added a youth services evaluation to the reporting in 2021.

### **Year End Accomplishments Summary**

Brad Casemore reported as documented.

## **Communication and Counsel to the Board**

### **December 10, 2021 SWMBH 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.

### **Advocates Behavioral Health System Transformation**

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

### **Red Rose Citation Award**

Brad Casemore noted the link to the article in the packet for the Board's review.

## **Public Comment**

None

## **Adjournment**

Motion            Erik Krogh moved to adjourn at 11:05 am  
Second           Susan Barnes  
Motion Carried

# Southwest Michigan

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## BEHAVIORAL HEALTH

### **Operations Committee Meeting Minutes** **Meeting: October 27, 2021 10:00am-1:00pm**

**Members Present via phone** – Brad Casemore, Jeannie Goodrich, Jeff Patton, Richard Thiemkey, Sue Germann, Kris Kirsch, Tim Smith, Ric Compton, Debbie Hess

**Guests present via phone** – Tracy Dawson, Chief Financial Officer, SWMBH; Mila Todd, Chief Compliance Officer, SWMBH; Joel Smith, Substance Use Treatment and Prevention Director, Michelle Jacobs, Senior Operations Specialist and Rights Advisor, SWMBH; Richard Carpenter, ISK-CFO; Jonathan Gardner, Director of Quality Assurance and Performance Improvement, SWMBH; Sally Weigandt, CCBHC Coordinator, SWMBH; Joanne Sheldon, TBD Solutions

**Call to Order** – Brad Casemore began the meeting at 10:15 am.

**Review and approve agenda** – Agenda approved, and Kris Kirsch volunteered to be the facilitator for the October Operations Committee Meeting.

**Review and approve minutes from 9/29/21 Operations Committee Meeting** – Minutes were approved by the Committee.

**CMH Updates** – CMHSP CEOs' shared current updates and highlighted ongoing staffing concerns, provider, and level of care issues, acquiring and launching new programs and services, Electronic Medical Records systems transitions, and CCBHC development.

**Fiscal Year 2022 Budget** – Tracy Dawson reported as documented noting that the Board approved the Budget at the October 8, 2021, meeting. Discussion followed.

**Fiscal Year 2021 Year to Date Financials** – Tracy Dawson reported as documented.

**System Transformation Updates** – Operations Committee discussed recent legislation, hearings and listening tours.

**CCBHC Update** – Sally Weigandt stated that CCBHC went live 10/1/21 and gave the following updates:

- ISK and St. Joe received provisional certifications and are working with the Department to obtain full certification within a few months
- 317 CCBHC enrollees have been entered into the Waiver Support Application (WSA).
- CCBHC marketing is being developed.
- Steering Committee is now meeting bi-monthly.
- Department is working on issues with consent and privacy in WSA.
- American Rescue Plan Act Block Grant was cancelled by the Department. When they re-issue SWMBH has the grant application completed for submission.

- Tracy Dawson shared that the first payment for CCBHC was received and the rate, or how the rate was developed remains unknown.
- Subgroup work continues regarding screenings, authorizations, data processes, encounters, WSA, automation, reporting requirements, finance, budget and payments.
- Operations Committee discussed.

**MDHHS/BHDDA Initiatives-Jon Villasurda** – Brad Casemore stated that SWMBH was not able to schedule Jon Villasurda for today’s meeting but will reach out to him for the October 27<sup>th</sup> meeting.

**SB 637/638** – Joanne Sheldon reported as documented highlighting opportunities for CMHSPs and SWMBH regarding Senate Bill 637-Mobile Crisis and Senate Bill 638-Jail Diversion. Both bills were unanimously passed by the Michigan Senate and would require changes to the Michigan Mental Health Code. Discussion followed.

**Performance Bonus Incentive Program Fiscal Year 2022** – Brad Casemore stated that he is sourcing final language from the Department and will share at November Operations Committee meeting.

**Relias Population Health** – Brad Casemore stated that Natalie Spivak and Moira Kean are available to address, and review needs regarding the Relias Population Health System. The Committee requested a county level population report.

**Fiscal Year 2022 State Budget** – Brad Casemore stated that he is reviewing boiler plate and will send any updates to the group.

**Brabec Behavioral Health Listening Tour Debrief** – Operations Committee discussed recent listening tours.

**Fiscal Year 2022 Ends Metrics** – Jonathan Gardner finalizing Metrics and will send to Committee within the next few weeks.

**Fiscal Year 2021 Ends Metrics Results** – Jonathan Gardner reported as documented.

**Fiscal Year 2021 CMHSP Site Review Results** – Mila Todd reported as documented.

**Fiscal Year 2021 Encounters, Behavioral Health Treatment Episode Data Set (BHTEDS) and related closeout needs** – Brad Casemore reinforced the need for accurate and timely submissions of encounters, claims and BH TEDS for Fiscal Year 2021. Tracy Dawson reviewed the close out schedule as documented.

**American Society of Addiction Medicine (ASAM) Continuum of Care Installation** – Joel Smith reviewed the effects reported of the ASAM Continuum of Care tool on clients served and provider’s budgets. Group discussed best practices in regard to length of time to complete an assessment and what is in the best interest of the client receiving services.

**November 12, 2021 SWMBH Board Agenda** – Brad Casemore noted the draft agenda in the packet for the committee’s review.



**November 17, 2021 Operations Committee Meeting Agenda** – Brad Casemore noted the draft agenda in the packet for the committee’s review.

**Operations Committee Live Meetings** – Brad Casemore noted that the Committee agreed to meeting live at the SWMBH office for the November meeting with a remote option available. Brad Casemore will review SWMBH COVID policies and visitor health screening questions prior to the meeting and email Committee on November 16<sup>th</sup> so that attendees can prepare in advance of arrival at the SWMBH office.

**Adjourned** – Meeting adjourned at 12:35pm

**SOUTHWEST MICHIGAN BEHAVIORAL HEALTH  
RETIREMENT SAVINGS PLAN**

**Addendum for 2021 Discretionary Employer Contributions**

Pursuant to Section 3.1(b) of the plan, the employer will make a discretionary employer contribution for the plan year ending December 31, 2021 (the “*2021 plan year*”). This contribution will be made for each eligible employee, other than the Chief Executive Officer, who is employed by the employer on the last day of the 2021 plan year, or whose employment terminated either (a) voluntarily, as classified by the company, during the 2021 plan year after the eligible employee attained the normal retirement age or (b) as a result of the eligible employee’s death or disability. The amount of this contribution shall be five percent (5%) of the eligible employee’s base salary compensation for the 2021 plan year. The employer will deposit this employer contribution in the trust no later than February 11, 2022.

This addendum is dated December \_\_\_\_ 2021

**Employer**

Southwest Michigan Behavioral Health

By \_\_\_\_\_

Ed Meny

Board Chairman

# Memo

**To:** SWMBH Board

**From:** Bradley Casemore, CEO

**cc:** Tracy Dawson, CFO; Anne Wickham, CAO

**Date:** December 3, 2021

**Re:** Retirement Contribution

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This serves as a formal request for a one time agency contribution of 5% to staff retirement accounts.

Recruitment and retention of SWMBH Regional Entity Prepaid Inpatient Health Plan staff is an ongoing concern given both the COVID-19 pandemic and the ongoing existential threat to PIHPs. Our staff continues to be dedicated and successful. Board recognition of and reward to staff enhance our ability to recruit and retain talented staff and to enhance staff satisfaction, morale, and agency culture thus better assuring continued agency success.

The SWMBH contribution for retirement a match program only; there is no employer contribution without employee contribution. Our employer contribution matches 50% per employee dollar up to 5% of annual gross salary thus requiring a 10% employee contribution to maximize full employer contribution.

Management met with SWMBH Retirement Plan Counsel Jeff DeVree and reviewed this approach for compliance with applicable federal and state statutes and regulations on retirement plans for agencies such as SWMBH as well as current SWMBH Plan documents. He has certified that this approach is indeed adherent to regulations and plan documents. A Board Resolution prepared by Plan Counsel is in the Board packet.

Staff would be required to open a retirement account if they do not have one by a date certain and payments would be made direct to qualified individual Plan accounts. I appreciate your consideration.

# 2022 – 2023 SWMBH Board Ends Metrics

(Draft 11.11.21) (Red=Deleted – Blue=New Language)

## Fiscal and Calendar Year Metrics

### 2022-2023 Board Ends Metrics Review and Approval Schedule:

- *Quality Management Committee Review and Endorsement: 10/28/2021\**
- *Utilization Management and Clinical Practices Committee Review and Endorsement: 11/8/2021\**
- *Operations Committee Review and Endorsement: 11/17/2021\**
- *Board Review and Approval: 12/10/2021*

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.	
PERFORMANCE METRIC DESCRIPTION	STATUS
<p><b>1. Achieve 95% of Veteran's Metric Performance-Based Incentive Program monetary award based on MDHHS specifications.</b></p> <p>Metric Measurement Period: (10/1/21 - 9/30/22) Metric Board Report Date: December 10, 2022</p> <p><b>Monitor, analyze and improve data quality and discrepancies between VSN and BH TEDs Veteran data fields.</b></p> <p>a. A resubmission of <u>October 1 through March 31 of FY21 <b>comparison</b> of the total number of individual veterans reported on BHTEDS and the VSN form.</u></p> <ul style="list-style-type: none"> <li>• Submission of <u>April 1 through September 30 of FY21 <b>comparison</b> of the total number of individual veterans reported on BHTEDS and the VSN form.</u></li> <li>• <u>Narrative comparison of the above time periods, identifying any areas needing improvement and actions to be taken to improve data quality is due by January 1, 2022.</u></li> </ul> <p>b. The contractor must compare the total number of individual veterans reported on BHTEDS and the VSN during the October 1 through March 31 of FY22 and conduct a comparison. <u>By July 1, the Contractor must submit a 1-2-page narrative report on findings and any actions taken to improve data quality.</u> Timely submission constitutes metric achievement.</p> <p><b>Measurement:</b> Confirmation via MDHHS written report that each identified measure has been completed successfully.</p> <p><b>Possible Points:</b> 1 point will be awarded.</p>	<p><b>Result will be provided by MDHHS in final PBIP Report received in January 2023</b></p> <p>Executive Owners: Anne Wickham and Natalie Spivak</p>

PERFORMANCE METRIC DESCRIPTION	STATUS
<p><b>2. Achieve 95% of Increased Data Sharing Performance Bonus Incentive Program (PBIP) monetary award based on MDHHS specifications.</b></p> <p>Metric Measurement Period: (10/1/21 - 9/30/22) Metric Board Report Date: January 13, 2023</p> <p><b>A. Increased data sharing with other providers:</b></p> <ul style="list-style-type: none"> <li>i. Send ADT messages for purposes of care coordination through the health information exchange. <u>Deliverable 1: Two or more</u> CMHSP within a contractor's service area (or the contractor) will be submitting ADT messages through the MIHIN EDI pipeline <u>daily by the end of FY22</u>.</li> <li>ii. <u>Deliverable 2: By July 31, 2022</u>, the contractor must submit, to BHDDA, a report no longer than 2 pages listing the CMHSPs sending ADT messages, barriers for those who are not, along with remediation efforts and plans.</li> </ul> <p><b>Measurement:</b> Confirmation via MDHHS written report that each identified measure has been completed successfully. If MIHIN cannot accept or process the contractor's ADT submissions, this shall not constitute a failure of the metric and will be communicated to the Board and updated appropriately.</p> <p><b>Possible Points:</b> 1 point will be awarded.</p>	<p><b>Result will be provided by MDHHS in final PBIP Report received in January 2023</b></p> <p>Executive Owner: Natalie Spivak</p>

PERFORMANCE METRIC DESCRIPTION	STATUS
<p><b>3. SWMBH will submit a qualitative narrative report to MDHHS receiving no less than 90% of possible points; by November 15, 2022, summarizing prior FY efforts, activities, and achievement of the PIHP and CMHSPs, specific to the following areas:</b></p> <ul style="list-style-type: none"> <li>1. Comprehensive Care</li> <li>2. Patient-Centered Medical Homes</li> <li>3. Coordination of Care</li> <li>4. Accessibility to Services</li> <li>5. Quality and Safety</li> </ul> <p>Metric Measurement Period: (10/1/21 - 11/15/22) Metric Board Report Date: January 8, 2023</p> <p><b>Measurement:</b> Confirmation via MDHHS written report that each identified measure has been completed successfully.</p> <p><b>Possible Points:</b> 1 point will be awarded.</p>	<p><b>Result will be provided by MDHHS in final PBIP Report received in January 2023</b></p> <p><b>Report is due on 11/15/22</b></p> <p>(50 points) and 50% of the total withhold amount Report not to exceed 10 pages</p> <p>Executive Owners: *Mila Todd – Contractual Obligations *Sarah Green – Clinical Information *Jonathan Gardner – Assemble Narrative Report, CMHSP Communications and submission</p>

PERFORMANCE METRIC DESCRIPTION	STATUS
<p><b>4. Achieve 95% of possible points on collaboration between entities for the ongoing coordination and integration of services for shared MHL consumers.</b></p> <p>Metric Measurement Period: (10/1/21 - 9/30/22) Metric Board Report Date: January 13, 2023</p> <p>A. Each MHP and PIHP will continue to document joint care plans in CC360 for members with appropriate severity/risk, who have been identified as receiving services from both entities.</p> <p>B. Risk stratification criteria are determined in writing by the contractor in consultation with the State. MDHHS will select beneficiaries quarterly at random and review their care plans in CC360 for accuracy and compliance.</p> <p><b>Measurement:</b> Confirmation via MDHHS written report that each identified measure has been completed successfully.</p> <p><b>Possible Points:</b> 1 point will be awarded.</p>	<p><b>Result will be provided by MDHHS in final PBIP Report received in January 2023</b></p> <p>For each PIHP in J.2.2, and J.3.2 the PIHP metric scoring will be aggregate of/for all of their MHPs combined, not each individual MHP-PIHP dyad.</p> <p>This metric is largely based on combination calculations between the MHP and PIHP in CC360.</p> <p>Executive Owner: Sarah Green</p>

PERFORMANCE METRIC DESCRIPTION	STATUS
<p><b>5. Achieve Compliance 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.</b></p> <p>Metric Measurement Period: 1/1/22 - 12/31/21) Metric Board Report Date: January 13, 2023</p> <p>A. 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%. <a href="#">The measurement period will be calendar year 2022.</a></p> <p>B. 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. <a href="#">The measurement will be a comparison of calendar year 2021 with calendar year 2022.</a></p> <p><b>Measurement:</b> Confirmation via MDHHS written report that each identified measure has been completed successfully.</p> <p><b>Possible Points:</b> 1 point will be awarded. ½ point each, child and adult.</p>	<p><b>Result will be provided by MDHHS in final PBIP Report received in January 2023</b></p> <p><b>Current 2021 SWMBH Rates:</b></p> <ul style="list-style-type: none"> <li>• Adult: 67.13%</li> <li>• Child: 77.51%</li> </ul> <p><a href="#">Link to FUH and Disparity Specifications</a></p> <p>Executive Owners: Sarah Green, Clinical Quality Director and Jonathan Gardner</p>

## Strategic Imperative Category: Exceptional Care

Persons and families served are highly satisfied with the services they receive.

PERFORMANCE METRIC DESCRIPTION	STATUS
<p><b>6. 2022 Customer Satisfaction Surveys collected by SWMBH are at or above the 2021 results for the following categories:</b></p> <p>Metric Measurement Period: (1/1/22 - 9/30/22) Metric Board Report Date: December 19, 2022</p> <p>A. Mental Health Statistic Improvement Project Survey (MHSIP) tool. <i>(Improved Functioning – baseline: 85.1%) 1 point.</i></p> <p>B. Youth Satisfaction Survey (YSS) tools. <i>(Improved Outcomes – baseline 81.3%) 1 point.</i></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.</p> <p><b>Measurement:</b> Confirmation via selected survey vender of a valid process, survey data, and results report.</p> <p><b>Possible Points:</b> 2 points will be awarded, 1 for each A &amp; B.</p>	<ul style="list-style-type: none"> <li>• <b>Surveys scheduled to begin in October of 2022</b></li> <li>• Working with Kiaer Research to administer the surveys</li> </ul> <p>Improved Functioning and Improved Outcomes Categories have been the lowest-scoring categories over the past 4 years.</p> <p>Executive Owners: Jonathan Gardner, Sarah Ameter and Anne Wickham</p>

## Strategic Imperative Category: Improved Health

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

PERFORMANCE METRIC DESCRIPTION	STATUS
<p><b>7. SWMBH will achieve 225 enrollees for the Opioid Health Homes Program (OHH) during year 1 of implementation.</b></p> <p>Metric Measurement Period: (1/1/21 - 12/30/21) Metric Board Report Date: February 11, 2022</p> <p>A. Target: 225 total enrollees 1/1/21 – 9/30/21. <b>1 point</b></p> <p>B. Based on 2021 baseline enrollment data, SWMBH will establish a retention value for enrollees starting 1/1/22 who remain in OHH program for six months or more. <i>½ point. Note: Insufficient data to calculate. 1/2point was removed from denominator.</i></p> <p><b>Possible Points:</b> 1 point will be awarded.</p>	<p>Baseline Measurement Period Concludes on 9/30/21</p> <p>A. 344 Enrollees in the OHH Program as of 9/17/21</p> <p>B. TBD# has been established as the OHH program retention value. (1/1/22)</p> <p>Metric Specifications <a href="http://www.michigan.gov/OHH">www.michigan.gov/OHH</a>. Measurement Year 1: 10/1/2020 through 9/30/2021 Performance Year 1: 10/1/2021 through 9/30/2022 Performance Year 2: 10/1/2021 through 9/30/2022</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.

PERFORMANCE METRIC DESCRIPTION	STATUS															
<p><b>8. 85% of Michigan Mission Based Performance Indicators achieve the State indicated benchmark for 4 consecutive quarters for FY 22.</b></p> <p>a. 24/28 indicators meet the State Benchmark, throughout all FY22. 1pt.</p> <p>b. Indicator 3a,b,c &amp; d achieve a 3% combined improvement (<i>through FY 22 all 4 Quarters</i>) over 2021 baseline (1/2 pt. each) 2pts.</p> <p>Metric Measurement Period: (10/1/21 - 9/30/22)</p> <p>Metric Board Report Date: January 14, 2023</p> <p><b>Measurement:</b> Results are verified and certified through the quarterly consultative draft report produced by MDHHS.</p> <p><u>Total number of indicators that met State Benchmark</u> Total number of indicators measured</p> <p><b>Possible Points:</b> 2 points will be awarded. (1 point for (a) and 1/2 point each for (b)).</p>	<p>Projected 26/28 achieved in FY21.</p> <ul style="list-style-type: none"><li>Metric Benchmarks Provided by MDHHS. 7/16 indicators currently have benchmarks.</li></ul> <p>Indicator 3 FY21 Baseline Values: (%) value represents metric goal.</p> <table><tr><th></th><th>SWMBH</th><th>PIHP Ave.</th></tr><tr><td>A.</td><td>57% (62%)</td><td>79%</td></tr><tr><td>B.</td><td>62% (67%)</td><td>80%</td></tr><tr><td>C.</td><td>75% (80%)</td><td>84%</td></tr><tr><td>D.</td><td>68% (73%)</td><td>82%</td></tr></table> <p>Executive Owners: Jonathan Gardner and Joel Smith</p>		SWMBH	PIHP Ave.	A.	57% (62%)	79%	B.	62% (67%)	80%	C.	75% (80%)	84%	D.	68% (73%)	82%
	SWMBH	PIHP Ave.														
A.	57% (62%)	79%														
B.	62% (67%)	80%														
C.	75% (80%)	84%														
D.	68% (73%)	82%														

PERFORMANCE METRIC DESCRIPTION	STATUS
<p><b>9. Regional Habilitation Supports Waiver slots are full at 98% throughout FY22.</b></p> <p>Metric Measurement Period: (10/1/21 - 9/30/22) Metric Board Report Date: October 8, 2022 (or when MDHHS posts year end report). Interim Board Report with (CQD) in April 2022</p> <p><b>Measurement:</b> Results are verified and certified through the MDHHS HSW performance dashboard. <u>(%) of waiver slots (months) filled x 12</u> (#) of waiver slots (months) available</p> <p><b>Possible Points:</b> 1 point awarded. +1 bonus point awarded for (5) or more <u>new</u> slots awarded to SWMBH by MDHHS during FY22.</p>	<ul style="list-style-type: none"> <li>FY21 Result: 99.9%</li> <li>FY20 Result: 99.86%</li> </ul> <p>Executive Owners: Clinical Quality Director</p>



## Strategic Imperative Category: Quality and Efficiency

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

PERFORMANCE METRIC DESCRIPTION	STATUS
<p><b>10. 2022 Health Service Advisory Group (HSAG) External Quality Compliance Review. All standards and final corrective action plans evaluated will receive a score of 90% or designation that the standard has been "Met."</b></p> <p>Metric Measurement Period: (10/1/21 - 9/30/22) Metric Board Report Date: November 12, 2022 (dependent on the final completion date of the annual audit report)</p> <p><b>Measurement:</b> Results are verified, certified by the MDHHS/HSAG annual audit report.</p> <p><u>The number of standards/elements identified as "Met."</u> Total number of standards/elements evaluated</p> <p><b>Possible Points:</b> 1 point awarded.</p>	<ul style="list-style-type: none"> <li>FY 21 – 86% (56/65)</li> <li>FY 20 – 90.6%</li> </ul> <p>Executive Owners: All SL's</p>

PERFORMANCE METRIC DESCRIPTION	STATUS
<p><b>11. 2022 HSAG Performance Measure Validation Audit Passed with (90% of Measures evaluated receiving a score of "Met")</b></p> <p>Metric Measurement Period: (1/1/2022 - 6/30/22) Metric Board Report Date: September 12, 2022 (dependent on the final completion date of the annual audit report)</p> <p><b>Measurement:</b> Results are verified, certified by the MDHHS/HSAG annual audit report.</p> <p><u>Number of Critical Measures that achieved the status of "Met," "Achieved," or "Reportable."</u> Total number of critical measures evaluated</p> <p><b>Possible Points:</b> 1 point awarded.</p>	<p>2021 Results: 34/38 (89.4%) of measures evaluated achieved full compliance.</p> <p>Executive Owners: Natalie Spivak and Jonathan Gardner</p>

PERFORMANCE METRIC DESCRIPTION	STATUS
<p><b>12. for observation only; track CCBHC Demonstration Year 1 Quality Bonus Payment Metrics, against the States indicated Benchmarks.</b></p> <ol style="list-style-type: none"> <li>Child and Adolescent Major Depressive Disorder; Suicide Risk Assessment (SRA-BHC - 23.9%)</li> <li>Major Depressive Disorder, Suicide Risk Assessment (SRA-A - 12.5%)</li> <li>Adherence to Antipsychotic Meds for Individuals with Schizophrenia (SAA-AD – 58.5%)</li> <li>Follow-up after Hosp. for mental illness, ages 18+ (FUH-AD – 58%)</li> <li>Follow-up after Hospitalization for Children (FUH-CH – 70%)</li> <li>initiation and Engagement of Alcohol and other drugs (IET-14 – 42.5% &amp; IET-34- 18.5%)</li> </ol> <p>Metric Measurement Period: (10/1/2021 - 9/30/22) Metric Board Report Date: November 11, 2022</p> <p><b>Measurement:</b> Results are verified through MDHHS annual Performance Bonus Report.</p> <p><u>Number of CCBHC key performance metrics achieved, as verified by MDHHS</u> Total number of key performance metrics evaluated</p> <p><b>Possible Points:</b> 1 point awarded.</p>	<p>Performance benchmark targets taken source: CCBHC Handbook v.10/1/21 – Table 1.A.1. – QBP Measures and Benchmarks</p> <p>SWMBH will establish Regional CCBHC targets/benchmarks starting in Year 2 for CCBHC sites, based on Year 1 analysis/results.</p> <p>Executive Owners: Jonathan Gardner and Sally Weigandt</p>

PERFORMANCE METRIC DESCRIPTION	STATUS
<p><b>13. SWMBH will meet or exceed the Behavioral Health Treatment Episode Data Set (BH TEDS) compliance benchmarks established by MDHHS for FY22.</b></p> <p>Metric Measurement Period: (1/1/2022 - 12/31/22) Metric Board Report Date: January 13, 2023</p> <p>A. 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. ½ point</p> <p>B. 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. ½ point</p> <p><b>Measurement:</b> Results are verified, certified by the MDHHS quarterly BH TEDS Regional compliance reports.</p> <p><u>Number of reportable MH/SUD encounters</u> Number of MH/SUD encounters with a matching BH TEDS record</p> <p><b>Possible Points:</b> 1 point will be awarded.</p>	<p>MDHHS's current benchmark is a 95% compliance rate.</p> <p><b>Status as of 9/27/21:</b></p> <ul style="list-style-type: none"> <li>MH: 96.18%</li> <li>SUD: 98.45%</li> <li>Crisis: 97.68</li> </ul> <p><b>2020 Results:</b></p> <ul style="list-style-type: none"> <li>MH: 94.63%</li> <li>SUD: 97.03%</li> </ul> <p>Regional Impact: BH TEDS compliance rates and other metrics are factored into the annual rate-setting calculations by Milliman/MDHHS.</p> <p>Executive Owners: Natalie Spivak</p>

PERFORMANCE METRIC DESCRIPTION	STATUS
<p><b>14. SWMBH will achieve 90% of the available CY21-22 monetary bonus award to achieve (<i>contractually specified</i>) quality withhold performance measures, agreed upon by the Integrated Care Organizations (ICO's).</b></p> <p>Metric Measurement Period: (1/1/2022 - 12/31/22) Metric Board Report Date: January 14, 2023 or upon finalization with ICO's</p> <p>A. 90% of claims processed submitted by the 15<sup>th</sup> of the following month.</p> <p>B. 80% of claims per final reconciliation were timely received.</p> <p>C. 95% CMS initial acceptance rate.</p> <p>D. 95% of enrollees will have a completed level II assessment within 15 days of ICO referral unless previously completed within 12 months.</p> <p>E. 80% of enrollees with an inpatient psychiatric admission for whom a transition record was <u>transmitted to SWMBH via fax or EHR within 48 hours of discharge</u>.</p> <p>F. 95% of enrollees will have documented discussions of care goals documented in the ICBR system.</p> <p>G. 56% of enrollees will have a follow-up visit with a behavioral health practitioner within 30 days of release from an inpatient setting.</p> <p><b>Measurement:</b> Results will be verified through the SWMBH/ICO settlement agreement.</p> <p><b>Possible Bonus Points:</b> 2 points will be awarded. 1 point each for Aetna and Meridian.</p>	<p>This would be for MIHL Demonstration Year 6 settlement.</p> <p>2020-2021 Rates:</p> <ul style="list-style-type: none"> <li>Meridian: 100%</li> <li>Aetna 90%</li> </ul> <p>Executive Owners: Natalie Spivak, Anne Wickham, Sara Ameter, Beth Guisinger and Jonathan Gardner</p>

PERFORMANCE METRIC DESCRIPTION	STATUS
<p><b>15. SWMBH will achieve Recertification of National Committee for Quality Assurance (NCQA) – Managed Behavioral Healthcare Organization Medicare Service Line.</b></p> <p>Metric Measurement Period: (4/1/2022 - 4/31/2023) Metric Board Report Date: June 11, 2022</p> <p>A. SWMBH will prepare all required evidence for each standard/element and submit through the IRT tool to NCQA by 12/15/22. B. SWMBH will prepare and complete the on-site survey review process by 4/31/23.</p> <p><b>Measurement:</b> Results are verified, certified by the NCQA final compliance report to be received by June 2023.</p> <p><b>Possible Points:</b></p> <ul style="list-style-type: none"> <li>1 point will be awarded for (1-year reaccreditation).</li> <li>1 bonus point awarded for achievement of (Full – 3 years) Accreditation.</li> </ul>	<p>SWMBH was awarded a 1-year reaccreditation by NCQA on March 25, 2021.</p> <p>SWMBH's Current Accreditation is through June 25, 2022</p> <p>Executive Owners: All SL's</p>

PERFORMANCE METRIC DESCRIPTION	STATUS
<p><b>16. SWMBH will pursue and apply for a Substance Abuse and Mental Health Services Administration (SAMHSA) or other non DHHS Grant by 12/31/22</b> *Stretch Goal - Bonus Metric not to be counted in denominator*</p> <p>Metric Measurement Period: (1/1/2022 - 12/31/22) Metric Board Report Date: January 8 , 2022</p> <p>A. SWMBH will prepare all documents/evidence/communication required for application submission.</p> <p><b>Measurement:</b> Results are verified through the SAMHSA website and official notification from SAMHSA.</p> <p><b>Possible Points:</b></p> <ul style="list-style-type: none"> <li>1 point awarded upon official Board approval. (<i>stretch goal</i>)</li> <li>+1 bonus points awarded for a successful Grant award (above \$500,000 for duration of Grant).</li> </ul>	<p>Executive Owners: Joel Smith and Brad Casemore</p>

# All 2022-2023 Board Ends Metrics are in alignment with the Board Approved Strategic Imperatives & Priorities

\*Used as guidance document in the formulation of the 2022-2023 Board Ends Metrics\*

## Southwest Michigan Behavioral Health

### 2020-2022 Strategic Imperative Descriptions & Priorities

**Our Mission:** "SWMBH strives to be Michigan's preeminent benefits manager and integrative health partner, assuring regional health status improvements, quality, trust, and CMHSP participant success"

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

**Public Policy Legislative Education**

- Inform legislators of Michigan statutory changes necessary for publicly led Specialty Integrated Plan
- Inform executive branch of Michigan regulatory changes necessary for publicly led Specialty Integrated Plan
- Inform legislators of potential negative impacts of Reforms on CMHSPs
- Inform legislators of key Behavioral Health and SUD issues
- Hold public policy & legislative education events

**Uniformity of Benefits**

- Ensure that persons served receive objectively appropriate services across all specialty populations
- Automate Level of Care guidelines and Utilization Management processes

Use Level of Care Guidelines (LOCG) for Service Authorization Consistency

- Consistent use, attached to Assessment Tool scores
- Embedded in EMR and MCIS
- Update LOCG Tables and business processes as necessary and indicated

Consistent Use of Assessment Tools

- CMHSPs and Providers submit scores in detail as discrete data fields
- Real-time, accessible analytics and reporting
- Identification of outliers and trends for over- and under-utilization monitoring

**Integrated Health Care**

- Michigan Health Endowment Fund success
- Extend MI Health Link with Integrated Care Organizations beyond 12/31/2020
- Multi-agency Performance Improvement Projects
- Improve CMHSP and PIHP communications with primary physical health providers
- Improve SWMBH communications with Medicaid Health Plans

**Revenue Maximization**

- Assure capture of Performance Bonus Incentive Pool funds
- Continue assertive efforts internally and externally to maximize regional capitation funds
- Assess SWMBH opportunities for Grants, alternative funding streams, and expanded/new business lines (upon request)

Cost Reductions in Medical Loss Ratio and Administrative Loss Ratio

- Support CMHSP cost reduction strategies (upon request)

**Improve Healthcare Information Exchange, Analytics and Business Intelligence**

- Improve Health Information Exchange systems
- Improve healthcare data analytics capabilities
- Regional individual access to industry standard management information tools

**Managed Care Functional Review**

- Build consistency, replicability and scalability for all managed care functions

**Proof of Value and Outcomes**

- Create, monitor and publish proofs of clinical and administrative performance
- Maintain NCQA MBHO Accreditation
- Consider other NCQA Accreditation and/or Certifications
- Assure Program Integrity

**Each Board End Metric current status will be placed into one of (3) categories.**

**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 Board Meetings 2022

January 14, 2022 – 9:30am to 11:00am (KVCC-The Groves, 7107 Elm Valley Dr. Kalamazoo, MI 49009)

February 11, 2022– 9:30am to 11:00am (KVCC-The Groves, 7107 Elm Valley Dr. Kalamazoo, MI 49009)

March 11, 2022 – 9:30am to 11:00am (KVCC-Main Campus, 6767 W O Ave. Kalamazoo, MI 49009)

\*April 8, 2022 – 9:30am to 11:00am

\*May 13, 2022 – 9:30am to 11:00am

\*June 10, 2022 – 9:30am to 11:00am

\*July 8, 2022 – 9:30am to 11:00am

\*August 12, 2022 – 9:30am to 11:00am

\*September 9, 2022 – 9:30am to 11:00am

\*October 14, 2022 – 9:30am to 11:00am

\*November 11, 2022 – 9:30am to 11:00am

\*December 9, 2022 – 9:30 am to 11:00am

All scheduled meetings take place at the Principal Office, unless otherwise communicated.\*

*\*Principal Office Located at 5250 Lover's Lane, Suite 200, Portage, MI, 49002*

All SWMBH Board Meetings are subject to the Open Meetings Act 1976 PA 267, MCL 15.261-15.275  
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.

Southwest Michigan Behavioral Health CY 2022 Board Calendar						
	<u>January-22</u>	<u>February-22</u>	<u>March-22</u>	<u>April-22</u>	<u>May-22</u>	<u>June-22</u>
<b>Events</b>	<ul style="list-style-type: none"> <li>•Board Member Attendance to CMHSPs (July-December)</li> </ul>	<ul style="list-style-type: none"> <li>• None</li> </ul>	<ul style="list-style-type: none"> <li>•None</li> </ul>	<ul style="list-style-type: none"> <li>• Election of Officers</li> <li>•External Auditor Report Fiscal Year 2021</li> </ul>	<ul style="list-style-type: none"> <li>• Board Retreat</li> </ul>	<ul style="list-style-type: none"> <li>•None</li> </ul>
<b>Operational Plans/ Policies Review</b>	<ul style="list-style-type: none"> <li>•Fiscal Year 2022 Quality Assurance and Performance Improvement Plan</li> </ul>	<ul style="list-style-type: none"> <li>•None</li> </ul>	<ul style="list-style-type: none"> <li>• Operating Agreement Review</li> </ul>	<ul style="list-style-type: none"> <li>•None</li> </ul>	<ul style="list-style-type: none"> <li>•Environmental Scan and Strategic Imperatives</li> <li>•Operations Committee Self Evaluation</li> </ul>	<ul style="list-style-type: none"> <li>• None</li> </ul>
<b>Board Education</b>	<ul style="list-style-type: none"> <li>•Fiscal Year 2021 Program Integrity Compliance Evaluation</li> <li>• Operations Committee Written Report</li> <li>•Fiscal Year 2021 Member Services Report</li> </ul>	<ul style="list-style-type: none"> <li>•Fiscal Year 2021 Quality Assurance and Performance Improvement Program Evaluation</li> <li>•2022 Utilization Management Plan</li> <li>•Fiscal Year 2022 Budget Update</li> </ul>	<ul style="list-style-type: none"> <li>•Fiscal Year 2021 Performance Bonus Incentive Program Results</li> <li>•Fiscal Year 2022 Privacy/Security</li> </ul>	<ul style="list-style-type: none"> <li>•Written Michigan Consortium for Healthcare Excellence Update</li> <li>• Operations Committee Written Report</li> <li>• Building Better Lives Update</li> </ul>	<ul style="list-style-type: none"> <li>•MI Health Link</li> <li>•Fiscal Year 2022 Mid-Year Contract Vendor Summary</li> </ul>	<ul style="list-style-type: none"> <li>•Information Systems</li> </ul>
<b>2022-2023 Board Ends Metrics</b>	<ul style="list-style-type: none"> <li>• 2022 Customer Satisfaction Surveys Results</li> <li>• 2021 Opioid Health Homes Enrollees</li> </ul>	<ul style="list-style-type: none"> <li>•Performance Bonus Incentive Program Data Sharing Results</li> <li>•Veteran's Performance Bonus Incentive Program Results</li> <li>• Performance Bonus Incentive Program Report Results</li> <li>• MI Health Link Collaboration Results</li> </ul>	<ul style="list-style-type: none"> <li>• 2021 Performance Bonus Incentive Program Narrative Report</li> <li>• Integrated Care</li> <li>•2021 Customer Satisfaction Survey Results</li> </ul>	<ul style="list-style-type: none"> <li>•Fiscal Year 2021 Michigan Mission Based Performance Indicator Systems</li> </ul>	<ul style="list-style-type: none"> <li>•None</li> </ul>	<ul style="list-style-type: none"> <li>•National Council for Quality Assurance Managed Behavioral Healthcare Organization Accreditation</li> <li>•Fiscal Year 2022 Behavioral Health Treatment Episode Data Set</li> </ul>
*Planning Calendar. Subject to Board and Management revision.						
<b>Board approved:</b>						
v. 11/23/21						

## Southwest Michigan Behavioral Health Board Policy Review Calendar Year 2022

Policy Number	Policy Name	Board Review	Reviewer
<b>Board Governance (Policy Review)</b>			
BG004	Board Ends and Accomplishments	January	Board
BG006	Annual Board Planning	April	Board
BG007	Code of Conduct	January	Board
BG001	Committee Structure	January	Board
BG010	Board Committee Principles	April	Board
BG011	Governing Style	May	Board
BG012	Open Meetings Act and Freedom of Information Act	June	Board
BG002	Management Delegation	September	Board
BG008	Board Member Job Description	September	Board
BG003	Unity of Control	November	Board
BG005	Chairperson's Role	December	Board
<b>Direct Inspection (Reports)</b>			
BEL001	Budgeting	February	Naccarato
BEL007	Compensation and Benefits	July	Krogh
BEL002	Financial Conditions	July	Proctor
BEL006	Investments	July	Naccarato
BEL004	Treatment of Staff	September	Perino
BEL005	Treatment of Plan Members	September	Perino
BEL009	Global Executive Constraints	September	Barnes
BEL008	Communication and Counsel	October	Meny
BEL010	RE 501 ( c ) (3) Representation	November	Schmelzer
BEL003	Asset Protection	December	Starkey
<b>Board-Staff Relationship (Policy Review)</b>			
EO002	Monitoring Executive Performance	November	Board
EO001	Executive Role & Job Description	September	Board
EO003	Emergency Executive Officer Succession	October	Board
V 11.22.21			
Board Approved			

Southwest Michigan Behavioral Health CY 2022 Board Calendar						
	<u>July-22</u>	<u>August-22</u>	<u>September-22</u>	<u>October-22</u>	<u>November-22</u>	<u>December-22</u>
<b>Events</b>	<ul style="list-style-type: none"> <li>Board Member Attendance to CMHSPs (January-June)</li> </ul>	<ul style="list-style-type: none"> <li>None</li> </ul>	<ul style="list-style-type: none"> <li>None</li> </ul>	<ul style="list-style-type: none"> <li>Executive Officer Performance Review (documents to Executive Committee)</li> <li>7th Annual Public Policy Healthcare Forum (10/07/22)</li> </ul>	<ul style="list-style-type: none"> <li>Executive Officer Evaluation</li> </ul>	<ul style="list-style-type: none"> <li>Calendar Year 2023 Board Calendar Approval</li> </ul>
<b>Required Plans/ Policy Review</b>	<ul style="list-style-type: none"> <li>None</li> </ul>	<ul style="list-style-type: none"> <li>Updated Strategic Plan</li> </ul>	<ul style="list-style-type: none"> <li>None</li> </ul>	<ul style="list-style-type: none"> <li>Fiscal Year 2023 Program Integrity Compliance Plan</li> <li>Fiscal Year 2023 Budget Approval</li> <li>Credentialing of Behavioral Health Practitioners</li> <li>Credentialing of Organizational Providers</li> <li>Michigan Consortium for Healthcare Excellence Membership</li> </ul>	<ul style="list-style-type: none"> <li>None</li> </ul>	<ul style="list-style-type: none"> <li>Financial Risk Management Plan</li> <li>Financial Management Plan</li> <li>Cost Allocation Plan</li> </ul>
<b>Board Education</b>	<ul style="list-style-type: none"> <li>Operations Committee Written Report</li> </ul>	<ul style="list-style-type: none"> <li>Fiscal Year 2023 Budget Assumptions</li> <li>Substance Use Disorder Oversight Policy Board Update</li> </ul>	<ul style="list-style-type: none"> <li>Compliance Role &amp; Function</li> <li>Integrated Care</li> <li>Preview Fiscal Year 2023 Budget</li> </ul>	<ul style="list-style-type: none"> <li>Operations Committee Written Report</li> <li>Written Michigan Consortium for Healthcare Excellence Update</li> </ul>	<ul style="list-style-type: none"> <li>Fiscal Year 2022 Community Mental Health Services Program Site Review Results</li> <li>Year End Accomplishments Summary</li> </ul>	<ul style="list-style-type: none"> <li>Fiscal Year 2022 Customer Services Report</li> <li>Fiscal Year 2022 Contract Vendor Summary</li> <li>Program Integrity-Compliance Report</li> </ul>
<b>2022-2023 Board Ends Metrics</b>	<ul style="list-style-type: none"> <li>None</li> </ul>	<ul style="list-style-type: none"> <li>None</li> </ul>	<ul style="list-style-type: none"> <li>Health Services Advisory Group Performance Measure Validation Audit</li> <li>Follow Up after Hospitalization for Mental Illness</li> </ul>	<ul style="list-style-type: none"> <li>Home Adult Benefit Waiver</li> </ul>	<ul style="list-style-type: none"> <li>Opioid Health Homes Enrollees</li> <li>Fiscal Year 2022 Health Services Advisory Group External Quality Review</li> <li>Integrated Care</li> <li>Certified Community Behavioral Health Clinics demonstration year report</li> </ul>	<ul style="list-style-type: none"> <li>Performance Bonus Incentive Program</li> </ul>
*Planning Calendar. Subject to Board and Management revision						
<b>Board approved:</b>						



# Southwest Michigan

## BEHAVIORAL HEALTH

<b>Section:</b> Board Policy- Board Governance/ Management	<b>Policy Number:</b> BG-005	<b>Pages:</b> 2
<b>Subject:</b> Board Chair Role	<b>Required By:</b> Policy Governance	<b>Accountability:</b> SWMBH Board
<b>Application:</b> <input checked="" type="checkbox"/> SWMBH Governance Board <input type="checkbox"/> SWMBH EO		<b>Required Reviewer:</b> SWMBH Board
<b>Effective Date:</b> 12.20.2013	<b>Last Review Date:</b> 12.11.20	<b>Past Review Dates:</b> 11.14.14, 12.11.15, 12.9.16, 12.8.17,12.14.18, 12.13.19

**I. PURPOSE:**

To establish the role of the Chair of the SWMBH Board.

**II. POLICY:**

It shall be the policy of the SWMBH Board to abide by its bylaws in the management of its business affairs. The Chair shall preside at all SWMBH Board meetings.

The Chair shall have the power to perform duties as may be assigned by the Regional Entity Board. If the Chair is absent or unable to perform his or her duties, the Vice Chair shall perform the Chair's duties until the Regional Entity Board directs otherwise.

**III. STANDARDS:**

The Chair shall be a specially empowered member of the Board who shall be responsible for ensuring the integrity of the Board's process and represents the Board to outside parties.

- a. The result of the Chair's job is that the Board acts consistently with its own rules and those legitimately imposed upon it from outside the organization.
  1. Meeting discussion content will consist of issues that clearly belong to the Board to decide or to monitor according to Board policy.
  2. Information that is neither for monitoring Board or enterprise performance nor for Board decisions will be avoided or minimized.
  3. Deliberation will be fair, open, and thorough, but also timely and orderly.
- b. The authority of the Chair consists in making decisions that fall within topics covered by Board policies on Governance Process and Board-Management Delegation, with the exception of (i) employment or termination of the EO and (ii) areas where the Board specifically delegates portions of this authority to others. The Chair is authorized to use any reasonable interpretation of the provision in these policies.
- c. The Chair is empowered to preside over all SWMBH Board meetings with all the commonly accepted power of that position, such as agenda review, ruling, and recognizing.

- d. The Chair has no authority to make decisions about policies created by the Board within *Ends* and *Executive Limitations* policy areas. Therefore, the Chair has no authority to supervise or direct the EO.
- e. The Chair may represent the Board to outside parties in announcing Board-stated positions and in stating Chair decisions and interpretations within the area delegated to that role. The Chair may delegate this authority but remains accountable for its use.

\* Verbatim from the Bylaws:

**4.9 Special Meetings.** Special meetings of the Regional Entity Board may be held at the call of the Chair of the Regional Entity Board or, in the Chair's absence, the Secretary, or by a simple majority of the Regional Entity Board members.

**6.1 Officers.** The Officers of the Regional Entity Board shall be the Chairperson, the Vice Chairperson, and the Secretary. Only Officers of the Regional Entity Board can speak to the press as representatives of the Regional Entity.

**6.2 Appointment.** Officers will be elected by a majority vote of the Regional Entity Board members, and must be a representative of the Participant's Board.

**6.3 Term of Office.** The term of office of Officers elected in 2013 shall be through March 30, 2014. Thereafter the term of office of Officers shall be annual April to March with annual April Officer elections. Election of Officers of the Regional Entity Board shall occur annually, or in case of vacancy.

**6.5 Removal.** The Regional Entity Board will be able to remove any Regional Entity Board Officer by a super majority (75% of attendees) vote of Regional Entity Board members present at a meeting where a quorum is present and shall constitute an authorized action of the Regional Entity Board.

**6.6 Chair.** The Chair shall preside at all Regional Entity Board meetings. The Chair shall have the power to perform duties as may be assigned by the Regional Entity Board. The Chair shall perform all duties incident to the office.

**6.7 Vice Chair.** The Vice Chair shall have the power to perform duties that may be assigned by the Chair or the Regional Entity Board. If the Chair is absent or unable to perform his or her duties, the Vice Chair shall perform the Chair's duties until the Regional Entity Board directs otherwise. The Vice Chair shall perform all duties incident to the office.

**6.8 Secretary.** The Secretary shall: (a) ensure that minutes of Regional Entity Board meetings are recorded; (b) be responsible for providing notice to each Regional Entity Board Member as required by law or these Bylaws; (c) be the custodian of the Regional Entity records; (d) keep a register of the names and addresses of each Officer and Regional Entity Board Member; (e) complete all required administrative filings required by the Regional Entity's legal structure; and (f) perform all duties incident to the office and other duties assigned by the Regional Entity Board.

**Executive Limitations  
Monitoring to Assure Executive Performance  
Board date December 10, 2021**

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**Policy Number: BEL-003**

**Policy Name: Asset Protection**

**Assigned Reviewer: Susan Barnes**

**Period under review: October 2020 – October 2021**

**Purpose:** To establish a policy for asset protection, and financial risk management.

**Policy:** The Executive Officer shall not cause or allow corporate assets to be unprotected, inadequately maintained, or unnecessarily risked.

**Standards: Accordingly, the EO may not;**

1. Subject facilities and equipment to improper wear and tear or insufficient maintenance.

*EO Response: As evidenced by a walk-through of the agency, facilities and equipment are not subjected to improper wear and tear or insufficient maintenance. SWMBH Operations Department performs regular direct and indirect surveillance and manages maintenance needs with housekeeping contractors and landlord as needed.*

2. Fail to protect intellectual property, information and files from loss or significant damage.

*EO Response: No loss of or significant damage to intellectual property, information or files has occurred. SWMBH maintains locked doors and locked cabinets for storage of key business files, and electronic filing systems are log-in and password assigned by individual and are auditable. Laptop and other devices are configured to prohibit the capture of network information onto peripheral hard drives/thumb drives. SWMBH maintains a Human Resources policy on proper use of intellectual property. Electronic files are backed up regularly and stored off-site. No loss of intellectual property, information or files has occurred as evidenced by the absence of related Incident Report, police or fire reports or related casualty-property insurance claims.*

3. Fail to insure adequately against theft and casualty and against liability losses to board members, staff, and the organization itself.

*EO Response: SWMBH has a comprehensive Officers and Directors and general liability Policy with Michigan Municipal Risk Management Association. The premium has been paid and the Policy is active.*

4. Compromise the independence of the board's audit or other external monitoring or advice, such as by engaging parties already chosen by the board as consultants or advisers.

*EO Response: SWMBH has not engaged any parties already chosen by the Board as consultants or advisers.*

5. Endanger the organization's public image or credibility, particularly in ways that would hinder its accomplishment of mission.

*EO Response: No endangerment of the organization's public image or credibility has occurred as evidenced by no negative press per media scanning and no external or internal complaints related hereto.*

6. Change the organization's name or substantially alter its identity in the community.

*EO Response: SWMBH has not changed the organization's name or substantially altered the SWMBH identity in the community.*

7. Allow un-bonded personnel access to material amounts of funds.

*EO Response: SWMBH staff are covered for their business activity under the MMRMA Policy. Management controls include segregation of duties. Bank accounts are reconciled by the finance department at least monthly to minimize risk of mismanagement or diversion of funds.*

8. Unnecessarily expose the organization, its board, or staff to claims of liability.

*EO Response: SWMBH has not exposed the organization, the Board, or staff to claims of liability as evidenced by the absence of liability claims against the organization, Board or staff.*

9. Make any purchases:

- i. Wherein normally prudent protection has not been given against conflict of interest
- ii. Inconsistent with federal and state regulations related to procurement using SWMBH funds.

- iii. Of more than \$100,000 without having obtained comparative prices and quality
- iv. Of more than \$100,000 without a stringent method of assuring the balance of long-term quality and cost.
- v. Orders should not be split to avoid these criteria.

*EO Response: All purchases receive prudent protection against conflict of interest by virtue of multi-party review and approvals using a detailed process. All applicable purchases are subject to review by both Operations and Program Integrity-Compliance for alignment to federal and state regulations related to procurement. No purchase above \$100,000 has occurred during this time period under review. Orders have not been split to avoid these criteria. Procurement policy and administrative files are available on-site upon request.*

10. Receive, process, or disburse funds under controls that are insufficient to meet the board-appointed auditor's standards.

*EO Response: SWMBH does not receive, process or disburse funds under controls that are insufficient. The board-appointed auditor Roslund-Prestage had no findings in this area in its recent audit of SWMBH.*

11. Invest or hold operating capital and risk reserve funds in instruments that are not compliant with the requirements of Michigan Public Act 20.

*EO Response: Operating capital and risk reserve funds are held in instruments compliant with the requirements of Michigan Public Act 20 as well as the Board-approved Investment Policy.*

We invited Mrs. Barnes to set a call and or meeting with the CEO and/or CFO at his discretion.

Related Documents Provided:

SWMBH Investment Policy and Investment Placements Summary  
Michigan Municipal Risk Management Authority Policy

# Southwest Michigan

## BEHAVIORAL HEALTH

<b>Section:</b> Board Policy- Executive Limitation	<b>Policy Number:</b> BEL-003	<b>Pages:</b> 2
<b>Subject:</b> Asset Protection	<b>Required By:</b> Policy Governance	<b>Accountability:</b> SWMBH Board
<b>Application:</b> <input type="checkbox"/> SWMBH Governance Board <input checked="" type="checkbox"/> SWMBH Executive Officer (EO)		<b>Required Reviewer:</b> SWMBH Board
<b>Effective Date:</b> 02.14.2014	<b>Last Review Date:</b> 12.11.20	<b>Past Review Dates:</b> 11.14.14, 12.11.15, 12.9.16, 12.8.17,12.14.18, 12.13.19

**I. PURPOSE:**

To establish a policy for asset protection, and financial risk management.

**II. POLICY:**

The Executive Officer shall not cause or allow corporate assets to be unprotected, inadequately maintained, or unnecessarily risked.

**III. STANDARDS:**

Additionally, the Executive Officer shall not;

1. Subject facilities and equipment to improper wear and tear or insufficient maintenance.
2. Fail to protect intellectual property, information and files from loss or significant damage.
3. Fail to insure adequately against theft and casualty and against liability losses to Board Members, Staff, and the Organization itself.
4. Compromise the independence of the Board's audit or other external monitoring or advice, such as by engaging parties already chosen by the Board as consultants or advisers.
5. Endanger the Organization's public image or credibility, particularly in ways that would hinder its accomplishment of mission.
6. Change the organization's name or substantially alter its identity in the community.
7. Allow un-bonded personnel access to material amounts of funds.
8. Unnecessarily expose the Organization, its Board, or Staff to claims of liability.
9. Make any purchases:
  - i. Wherein normally prudent protection has not been given against conflict of interest
  - ii. Inconsistent with federal and state regulations related to procurement using SWMBH funds.

- iii. Of more than \$100,000 without having obtained comparative prices and quality
  - iv. Of more than \$100,000 without a stringent method of assuring the balance of long-term quality and cost.
  - v. Of split orders to avoid these criteria.
10. Receive, process, or disburse under controls that are insufficient to meet the Board-appointed auditor's standards.
11. Invest or hold operating capital and risk reserve funds in instruments that are not compliant with the requirements of Michigan Public Act 20.

Southwest Michigan Behavioral Health  
Investment Annual Report  
10/01/2019 to 09/30/2020

First National Bank

ICS Account

Medicaid Savings ICS	\$ 25,586,464.49 .....
ISF	5,013,837.00
Labor Risk Reserve	284,580.91
Total Portfolio Holdings	<u>\$ 30,884,882.40</u>



	E	F	H	J	K	L	M	N	O	P	Q	R	S
1	<b>Southwest Michigan Behavioral Health</b>												
2	<i>Mos in Period</i>												
3	For the Fiscal YTD Period Ended 10/31/2021	P01FYTD22		1									
4	<i>(For Internal Management Purposes Only)</i>												
5													
6													
7	<b>INCOME STATEMENT</b>	TOTAL	Medicaid Contract	Healthy Michigan Contract	Autism Contract	Opioid Health Home Contract	CCBHC	MI Health Link	MH Block Grant Contracts	SA Block Grant Contract	SA PA2 Funds Contract	SWMBH Central	
8													
9	<b>REVENUE</b>												
10	Contract Revenue	27,383,514	19,954,838	3,969,059	1,709,534	213,585	809,519	346,064	-	230,946	149,969	-	
11	DHHS Incentive Payments	160,965	160,965	-	-	-	-	-	-	-	-	-	
12	Grants and Earned Contracts	16,408	-	-	-	-	-	-	16,408	-	-	-	
13	Interest Income - Working Capital	1,560	-	-	-	-	-	-	-	-	-	1,560	
14	Interest Income - ISF Risk Reserve	90	-	-	-	-	-	-	-	-	-	90	
15	Local Funds Contributions	107,446	-	-	-	-	-	-	-	-	-	107,446	
16	Other Local Income	-	-	-	-	-	-	-	-	-	-	-	
17													
18	<b>TOTAL REVENUE</b>	<b>27,669,983</b>	<b>20,115,803</b>	<b>3,969,059</b>	<b>1,709,534</b>	<b>213,585</b>	<b>809,519</b>	<b>346,064</b>	<b>16,408</b>	<b>230,946</b>	<b>149,969</b>	<b>109,096</b>	
19													
20	<b>EXPENSE</b>												
21	<b>Healthcare Cost</b>												
22	Provider Claims Cost	2,172,227	290,126	596,978	-	84,240	777,811	224,558	-	189,272	9,241	-	
23	CMHP Subcontracts, net of 1st & 3rd party	18,247,712	14,931,047	1,776,498	1,423,999	-	-	85,436	-	30,732	-	-	
24	Insurance Provider Assessment Withhold (IPA)	293,688	293,688	-	-	-	-	-	-	-	-	-	
25	Medicaid Hospital Rate Adjustments	-	-	-	-	-	-	-	-	-	-	-	
26	MHL Cost in Excess of Medicare FFS Cost	-	(16,669)	-	-	-	-	16,669	-	-	-	-	
27													
28	<b>Total Healthcare Cost</b>	<b>20,713,627</b>	<b>15,498,191</b>	<b>2,373,476</b>	<b>1,423,999</b>	<b>84,240</b>	<b>777,811</b>	<b>326,664</b>	<b>-</b>	<b>220,004</b>	<b>9,241</b>	<b>-</b>	
29	Medical Loss Ratio (HCC % of Revenue)	75.2%	77.0%	59.8%	83.3%	39.4%	96.1%	94.4%	-	95.3%	6.2%	-	
30	<b>Administrative Cost</b>												
31	Purchased Professional Services	63,207	-	-	-	-	-	-	-	-	-	63,207	
32	Administrative and Other Cost	789,410	-	-	-	-	-	-	16,408	1,538	-	774,740	
33	Interest Expense	-	-	-	-	-	-	-	-	-	-	-	
34	Depreciation	477	-	-	-	-	-	-	-	-	-	477	
35	Functional Cost Reclassification	-	-	-	-	-	-	-	-	-	-	-	
36	Allocated Indirect Pooled Cost	(0)	-	-	-	-	-	-	-	-	-	(3,276)	
37	Delegated Managed Care Admin	2,057,885	1,745,142	185,367	120,633	-	-	6,743	-	-	-	-	
38	Apportioned Central Mgd Care Admin	(0)	621,490	96,910	58,143	3,440	31,759	12,657	670	9,046	-	(834,114)	
39													
40	<b>Total Administrative Cost</b>	<b>2,910,979</b>	<b>2,366,632</b>	<b>282,278</b>	<b>178,776</b>	<b>3,440</b>	<b>31,759</b>	<b>19,400</b>	<b>17,078</b>	<b>10,583</b>	<b>-</b>	<b>1,035</b>	
41	Admin Cost Ratio (MCA % of Total Cost)	12.3%	13.2%	10.6%	11.2%	3.9%	3.9%	5.6%	-	4.6%	0.0%	3.5%	
42													
43	Local Funds Contribution	107,446	-	-	-	-	-	-	-	-	-	107,446	
44	PBIP Transferred to CMHPs	-	-	-	-	-	-	-	-	-	-	-	
45													
46	<b>TOTAL COST after apportionment</b>	<b>23,732,053</b>	<b>17,864,823</b>	<b>2,655,754</b>	<b>1,602,775</b>	<b>87,680</b>	<b>809,570</b>	<b>346,064</b>	<b>17,078</b>	<b>230,587</b>	<b>9,241</b>	<b>108,481</b>	
47													
48	<b>NET SURPLUS before settlement</b>	<b>3,937,931</b>	<b>2,250,980</b>	<b>1,313,305</b>	<b>106,759</b>	<b>125,906</b>	<b>(51)</b>	<b>-</b>	<b>(670)</b>	<b>359</b>	<b>140,728</b>	<b>615</b>	
49	Net Surplus (Deficit) % of Revenue	14.2%	11.2%	33.1%	6.2%	58.9%	0.0%	0.0%	-4.1%	0.2%	93.8%	0.6%	
50	Prior Year Savings	-	-	-	-	-	-	-	-	-	-	-	
51	Change in PA2 Fund Balance	(140,728)	-	-	-	-	-	-	-	-	(140,728)	-	
52	ISF Risk Reserve Abatement (Funding)	(90)	-	-	-	-	-	-	-	-	-	(90)	
53	ISF Risk Reserve Deficit (Funding)	-	-	-	-	-	-	-	-	-	-	-	
54	Settlement Receivable / (Payable)	(359)	(852,312)	1,084,926	(106,759)	(125,906)	51	-	-	(359)	-	-	
55	<b>NET SURPLUS (DEFICIT)</b>	<b>3,796,754</b>	<b>1,398,668</b>	<b>2,398,231</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>(670)</b>	<b>-</b>	<b>-</b>	<b>525</b>	
56	<i>HMP &amp; Autism is settled with Medicaid</i>												
57													
58	<b>SUMMARY OF NET SURPLUS (DEFICIT)</b>												
59	Prior Year Unspent Savings	-	-	-	-	-	-	-	-	-	-	-	
60	Current Year Savings	3,671,044	1,272,813	2,398,231	-	-	-	-	-	-	-	-	
61	Current Year Public Act 2 Fund Balance	-	-	-	-	-	-	-	-	-	-	-	
62	Local and Other Funds Surplus/(Deficit)	125,710	125,855	-	-	-	-	-	(670)	-	-	525	
63	<b>NET SURPLUS (DEFICIT)</b>	<b>3,796,754</b>	<b>1,398,668</b>	<b>2,398,231</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>(670)</b>	<b>-</b>	<b>-</b>	<b>525</b>	
64													

	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 10/31/2021			1										
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							P01 Estimate	P01 Estimate			P01 Estimate	P01 Estimate	P01 Estimate	
6	Medicaid Specialty Services				HCC%	79.4%	76.1%	78.1%	79.2%	77.5%	78.4%	81.3%	77.9%	82.4%
7	Subcontract Revenue			19,954,838	1,321,792	18,633,046	822,439	3,713,475	862,122	3,380,159	1,018,832	5,792,422	1,251,031	1,792,566
8	Incentive Payment Revenue			160,965	107,531	53,435	1,588	4,677	24,886	-	309	18,091	3,883	-
9	Contract Revenue			20,115,803	1,429,323	18,686,480	824,027	3,718,153	887,008	3,380,159	1,019,141	5,810,513	1,254,914	1,792,566
10														
11	External Provider Cost			9,075,723	290,126	8,785,597	433,750	2,355,572	-	-	619,216	4,130,594	742,902	503,563
12	Internal Program Cost			6,837,424	-	6,837,424	279,405	840,451	519,985	3,128,935	231,040	694,785	438,176	704,646
13	SSI Reimb, 1st/3rd Party Cost Offset			(86,552)	-	(86,552)	(737)	(10,752)	(9,888)	(32,344)	-	(28,434)	(2,395)	(2,002)
14	Insurance Provider Assessment Withhold (IPA)			293,688	293,688	-	-	-	-	-	-	-	-	-
15	MHL Cost in Excess of Medicare FFS Cost			(108,848)	(108,848)	-	-	-	-	-	-	-	-	-
16	Total Healthcare Cost			16,011,434	474,966	15,536,468	712,418	3,185,271	510,097	3,096,592	850,256	4,796,945	1,178,683	1,206,208
17	Medical Loss Ratio (HCC % of Revenue)			79.6%	33.2%	83.1%	86.5%	85.7%	57.5%	91.6%	83.4%	82.6%	93.9%	67.3%
18														
19	Managed Care Administration			1,853,389	621,490	1,231,899	77,104	242,898	70,623	215,617	82,100	382,266	59,865	101,426
20	Admin Cost Ratio (MCA % of Total Cost)			10.4%	3.5%	6.9%	9.8%	7.1%	12.2%	6.5%	8.8%	7.4%	4.8%	7.8%
21														
22	Contract Cost			17,864,823	1,096,455	16,768,368	789,522	3,428,168	580,720	3,312,208	932,356	5,179,211	1,238,548	1,307,634
23	Net before Settlement			2,250,980	332,867	1,918,113	34,505	289,984	306,288	67,950	86,785	631,302	16,366	484,932
24														
25	Prior Year Savings			-	-	-	-	-	-	-	-	-	-	-
26	Internal Service Fund Risk Reserve			-	-	-	-	-	-	-	-	-	-	-
27	Contract Settlement / Redistribution			(852,312)	1,065,801	(1,918,113)	(34,505)	(289,984)	(306,288)	(67,950)	(86,785)	(631,302)	(16,366)	(484,932)
28	Net after Settlement			1,398,668	1,398,668	0	-	-	-	-	-	-	-	-
29														
30	Eligibles and PMPM													
31	Average Eligibles			171,548	171,548	171,548	9,286	32,777	10,033	32,852	10,222	44,770	14,045	17,563
32	Revenue PMPM			\$ 117.26	\$ 8.33	\$ 108.93	\$ 88.74	\$ 113.44	\$ 88.41	\$ 102.89	\$ 99.70	\$ 129.79	\$ 89.35	\$ 102.06
33	Expense PMPM			\$ 104.14	\$ 6.39	\$ 97.75	\$ 85.02	\$ 104.59	\$ 57.88	\$ 100.82	\$ 91.21	\$ 115.68	\$ 88.18	\$ 74.45
34	Margin PMPM			\$ 13.12	\$ 1.94	\$ 11.18	\$ 3.72	\$ 8.85	\$ 30.53	\$ 2.07	\$ 8.49	\$ 14.10	\$ 1.17	\$ 27.61
35														
36	Medicaid Specialty Services													
37	Budget v Actual													
38														
39	Eligible Lives (Average Eligibles)													
40	Actual			171,548	171,548	171,548	9,286	32,777	10,033	32,852	10,222	44,770	14,045	17,563
41	Budget			150,993	150,993	150,993	7,748	29,128	8,480	28,644	8,958	39,711	12,462	15,862
42	Variance - Favorable / (Unfavorable)			20,555	20,555	20,555	1,538	3,649	1,553	4,208	1,264	5,059	1,583	1,701
43	% Variance - Fav / (Unfav)			13.6%	13.6%	13.6%	19.9%	12.5%	18.3%	14.7%	14.1%	12.7%	12.7%	10.7%
44														
45	Contract Revenue before settlement													
46	Actual			20,115,803	1,429,323	18,686,480	824,027	3,718,153	887,008	3,380,159	1,019,141	5,810,513	1,254,914	1,792,566
47	Budget			18,355,584	1,134,971	17,220,614	747,024	3,394,135	952,660	3,139,178	940,353	5,262,176	1,140,033	1,645,055
48	Variance - Favorable / (Unfavorable)			1,760,219	294,352	1,465,867	77,003	324,018	(65,651)	240,981	78,788	548,336	114,881	147,511
49	% Variance - Fav / (Unfav)			9.6%	25.9%	8.5%	10.3%	9.5%	-6.9%	7.7%	8.4%	10.4%	10.1%	9.0%
50														
51	Healthcare Cost													
52	Actual			16,011,434	474,966	15,536,468	712,418	3,185,271	510,097	3,096,592	850,256	4,796,945	1,178,683	1,206,208
53	Budget			16,717,088	925,625	15,791,463	661,422	3,025,139	855,063	2,865,231	788,773	4,936,717	1,197,431	1,461,687
54	Variance - Favorable / (Unfavorable)			705,654	450,659	254,995	(50,996)	(160,131)	344,966	(231,360)	(61,483)	139,772	18,748	255,479
55	% Variance - Fav / (Unfav)			4.2%	48.7%	1.6%	-7.7%	-5.3%	40.3%	-8.1%	-7.8%	2.8%	1.6%	17.5%
56														
57	Managed Care Administration													
58	Actual			1,853,389	621,490	1,231,899	77,104	242,898	70,623	215,617	82,100	382,266	59,865	101,426
59	Budget			1,788,206	620,771	1,167,435	49,327	222,854	72,248	196,028	71,761	393,402	74,983	86,832
60	Variance - Favorable / (Unfavorable)			(65,183)	(719)	(64,464)	(27,777)	(20,044)	1,626	(19,589)	(10,339)	11,136	15,118	(14,594)
61	% Variance - Fav / (Unfav)			-3.6%	-0.1%	-5.5%	-56.3%	-9.0%	2.3%	-10.0%	-14.4%	2.8%	20.2%	-16.8%

	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	<b>Southwest Michigan Behavioral Health</b>												
2	Mos in Period												
3	For the Fiscal YTD Period Ended 10/31/2021												
4	(For Internal Management Purposes Only)												
5													
62													
63													
64													
65													
66													
67													
68													
69													
70													
71													
72													
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 10/31/2021			1										
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							P01 Estimate	P01 Estimate			P01 Estimate	P01 Estimate	P01 Estimate	
75	Healthy Michigan Plan				HCC%	9.3%	14.0%	8.6%	11.2%	11.1%	10.6%	7.5%	12.0%	7.5%
76	Contract Revenue			3,969,059	851,802	3,117,257	154,617	609,935	150,315	590,498	183,049	888,027	238,896	301,921
77														
78	External Provider Cost			1,342,516	596,978	745,538	64,306	189,747	-	-	46,466	360,069	78,005	6,946
79	Internal Program Cost			1,071,534	-	1,071,534	66,687	160,566	40,573	445,829	68,932	82,407	104,197	102,342
80	Insurance Provider Assessment Withhold (IPA)			-	-	-	-	-	-	-	-	-	-	-
81	Total Healthcare Cost			2,414,049	596,978	1,817,071	130,993	350,313	40,573	445,829	115,397	442,476	182,202	109,288
82	Medical Loss Ratio (HCC % of Revenue)			60.8%	70.1%	58.3%	84.7%	57.4%	27.0%	75.5%	63.0%	49.8%	76.3%	36.2%
83														
84	Managed Care Administration			241,705	96,910	144,795	14,177	26,714	8,087	30,970	11,143	35,261	9,254	9,190
85	Admin Cost Ratio (MCA % of Total Cost)			9.1%	3.6%	5.5%	9.8%	7.1%	16.6%	6.5%	8.8%	7.4%	4.8%	7.8%
86														
87	Contract Cost			2,655,755	693,889	1,961,866	145,170	377,027	48,660	476,799	126,540	477,736	191,456	118,478
88	Net before Settlement			1,313,304	157,913	1,155,391	9,447	232,908	101,655	113,699	56,509	410,290	47,440	183,443
89														
90	Prior Year Savings			-	-	-	-	-	-	-	-	-	-	-
91	Internal Service Fund Risk Reserve			-	-	-	-	-	-	-	-	-	-	-
92	Contract Settlement / Redistribution			1,084,926	2,240,317	(1,155,391)	(9,447)	(232,908)	(101,655)	(113,699)	(56,509)	(410,290)	(47,440)	(183,443)
93	Net after Settlement			2,398,230	2,398,230	-	-	-	-	-	-	-	-	-
94														
95	Eligibles and PMPM													
96	Average Eligibles			73,192	73,192	73,192	3,709	14,482	3,462	13,351	4,391	21,081	5,690	7,026
97	Revenue PMPM			\$ 54.23	\$ 11.64	\$ 42.59	\$ 41.69	\$ 42.12	\$ 43.42	\$ 44.23	\$ 41.69	\$ 42.12	\$ 41.99	\$ 42.97
98	Expense PMPM			36.28	9.48	26.80	39.14	26.03	14.06	35.71	28.82	22.66	33.65	16.86
99	Margin PMPM			\$ 17.94	\$ 2.16	\$ 15.79	\$ 2.55	\$ 16.08	\$ 29.36	\$ 8.52	\$ 12.87	\$ 19.46	\$ 8.34	\$ 26.11
100														
101	Healthy Michigan Plan													
102	Budget v Actual													
103														
104	Eligible Lives (Average Eligibles)													
105	Actual			73,192	73,192	73,192	3,709	14,482	3,462	13,351	4,391	21,081	5,690	7,026
106	Budget			52,365	52,365	52,365	2,543	10,834	2,465	9,345	3,201	14,696	4,100	5,182
107	Variance - Favorable / (Unfavorable)			20,827	20,827	20,827	1,166	3,648	997	4,006	1,190	6,385	1,590	1,844
108	% Variance - Fav / (Unfav)			39.8%	39.8%	39.8%	45.9%	33.7%	40.5%	42.9%	37.2%	43.4%	38.8%	35.6%
109														
110	Contract Revenue before settlement													
111	Actual			3,969,059	851,802	3,117,257	154,617	609,935	150,315	590,498	183,049	888,027	238,896	301,921
112	Budget			3,474,493	653,507	2,820,986	139,997	566,905	135,600	514,253	170,287	804,942	219,031	269,970
113	Variance - Favorable / (Unfavorable)			494,566	198,295	296,272	14,620	43,030	14,715	76,245	12,762	83,084	19,865	31,951
114	% Variance - Fav / (Unfav)			14.2%	30.3%	10.5%	10.4%	7.6%	10.9%	14.8%	7.5%	10.3%	9.1%	11.8%
115														
116	Healthcare Cost													
117	Actual			2,414,049	596,978	1,817,071	130,993	350,313	40,573	445,829	115,397	442,476	182,202	109,288
118	Budget			2,285,829	515,737	1,770,093	95,282	296,495	87,847	457,251	71,957	465,002	116,097	180,162
119	Variance - Favorable / (Unfavorable)			(128,220)	(81,242)	(46,978)	(35,710)	(53,818)	47,274	11,421	(43,440)	22,526	(66,105)	70,874
120	% Variance - Fav / (Unfav)			-5.6%	-15.8%	-2.7%	-37.5%	-18.2%	53.8%	2.5%	-60.4%	4.8%	-56.9%	39.3%
121														
122	Managed Care Administration													
123	Actual			241,705	96,910	144,795	14,177	26,714	8,087	30,970	11,143	35,261	9,254	9,190
124	Budget			218,141	88,913	129,228	7,106	21,842	7,423	31,283	6,547	37,056	7,270	10,703
125	Variance - Favorable / (Unfavorable)			(23,564)	(7,998)	(15,567)	(7,071)	(4,872)	(665)	313	(4,596)	1,795	(1,984)	1,513
126	% Variance - Fav / (Unfav)			-10.8%	-9.0%	-12.0%	-99.5%	-22.3%	-9.0%	1.0%	-70.2%	4.8%	-27.3%	14.1%
127														
128	Total Contract Cost													
129	Actual			2,655,755	693,889	1,961,866	145,170	377,027	48,660	476,799	126,540	477,736	191,456	118,478
130	Budget			2,503,970	604,649	1,899,321	102,388	318,337	95,269	488,534	78,504	502,057	123,367	190,864



	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 10/31/2021			1										
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							P01 Estimate	P01 Estimate			P01 Estimate	P01 Estimate	P01 Estimate	
140	Autism Specialty Services				HCC%	7.3%	5.2%	10.1%	3.8%	6.8%	6.1%	7.8%	6.6%	4.3%
141	Contract Revenue			1,709,534	(124,829)	1,834,362	98,470	352,892	97,732	319,819	98,052	545,328	152,756	169,313
142														
143	External Provider Cost			1,097,104	-	1,097,104	-	412,298	-	-	65,779	461,399	97,607	60,020
144	Internal Program Cost			337,236	-	337,236	48,284	103	10,340	273,087	291	-	1,815	3,315
145	Insurance Provider Assessment Withhold (IPA)			-	-	-	-	-	-	-	-	-	-	-
146	Total Healthcare Cost			1,434,339	-	1,434,339	48,284	412,401	10,340	273,087	66,071	461,399	99,422	63,335
147	Medical Loss Ratio (HCC % of Revenue)			83.9%	0.0%	78.2%	49.0%	116.9%	10.6%	85.4%	67.4%	84.6%	65.1%	37.4%
148														
149	Managed Care Administration			168,436	58,143	110,293	5,226	31,448	1,125	18,970	6,380	36,769	5,050	5,326
150	Admin Cost Ratio (MCA % of Total Cost)			10.5%	3.6%	6.9%	9.8%	7.1%	9.8%	6.5%	8.8%	7.4%	4.8%	7.8%
151														
152	Contract Cost			1,602,775	58,143	1,544,632	53,510	443,850	11,465	292,057	72,451	498,167	104,471	68,661
153	Net before Settlement			106,759	(182,971)	289,730	44,960	(90,958)	86,267	27,762	25,602	47,160	48,285	100,652
154	Contract Settlement / Redistribution			(106,759)	182,971	(289,730)	(44,960)	90,958	(86,267)	(27,762)	(25,602)	(47,160)	(48,285)	(100,652)
155	Net after Settlement			0	0	-	-	-	-	-	-	-	-	-
156														
157														
158	SUD Block Grant Treatment				HCC%	0.1%	0.7%	0.2%	0.2%	0.0%	0.4%	0.0%	0.2%	0.5%
159	Contract Revenue			230,946	186,744	44,201	6,937	16,275	-	-	5,080	9,330	6,581	-
160														
161	External Provider Cost			189,287	189,272	15	15	-	-	-	-	-	-	-
162	Internal Program Cost			30,717	-	30,717	6,915	9,656	-	-	4,806	121	2,377	6,842
163	Insurance Provider Assessment Withhold (IPA)			-	-	-	-	-	-	-	-	-	-	-
164	Total Healthcare Cost			220,004	189,272	30,732	6,930	9,656	-	-	4,806	121	2,377	6,842
165	Medical Loss Ratio (HCC % of Revenue)			95.3%	101.4%	69.5%	99.9%	59.3%	0.0%	0.0%	94.6%	1.3%	36.1%	0.0%
166														
167	Managed Care Administration			9,046	9,046	-	-	-	-	-	-	-	-	-
168	Admin Cost Ratio (MCA % of Total Cost)			3.9%	3.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
169														
170	Contract Cost			229,050	198,318	30,732	6,930	9,656	-	-	4,806	121	2,377	6,842
171	Net before Settlement			1,896	(11,574)	13,470	7	6,619	-	-	273	9,208	4,204	(6,842)
172	Contract Settlement			(359)	13,111	(13,470)	(7)	(6,619)	-	-	(273)	(9,208)	(4,204)	6,842
173	Net after Settlement			1,538	1,538	-	-	-	-	-	-	-	-	-
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 10/31/2021			1										
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							P01 Estimate	P01 Estimate			P01 Estimate	P01 Estimate	P01 Estimate	
176	SWMBH CMHP Subcontracts													
177	Subcontract Revenue	25,864,376	2,235,510	23,628,867	1,082,463	4,692,577	1,110,169	4,290,476	1,305,013	7,235,106	1,649,264	2,263,800		
178	Incentive Payment Revenue	160,965	107,531	53,435	1,588	4,677	24,886	-	309	18,091	3,883	-		
179	Contract Revenue	26,025,342	2,343,040	23,682,301	1,084,051	4,697,254	1,135,055	4,290,476	1,305,322	7,253,197	1,653,147	2,263,800		
180														
181	External Provider Cost	11,704,629	1,076,376	10,628,253	498,071	2,957,617	-	-	731,461	4,952,061	918,514	570,529		
182	Internal Program Cost	8,276,910	-	8,276,910	401,291	1,010,776	570,899	3,847,852	305,069	777,314	546,565	817,145		
183	SSI Reimb, 1st/3rd Party Cost Offset	(86,552)	-	(86,552)	(737)	(10,752)	(9,888)	(32,344)	-	(28,434)	(2,395)	(2,002)		
184	Insurance Provider Assessment Withhold (IPA)	293,688	293,688	-	-	-	-	-	-	-	-	-		
185	MHL Cost in Excess of Medicare FFS Cost	(108,848)	(108,848)	-	-	-	-	-	-	-	-	-		
186	Total Healthcare Cost	20,079,827	1,261,216	18,818,611	898,625	3,957,641	561,010	3,815,508	1,036,530	5,700,940	1,462,684	1,385,673		
187	Medical Loss Ratio (HCC % of Revenue)	77.2%	53.8%	79.5%	82.9%	84.3%	49.4%	88.9%	79.4%	78.6%	88.5%	61.2%		
188														
189	Managed Care Administration	2,272,576	785,589	1,486,987	96,507	301,060	79,835	265,557	99,623	454,296	74,169	115,941		
190	Admin Cost Ratio (MCA % of Total Cost)	10.2%	3.5%	6.7%	9.7%	7.1%	12.5%	6.5%	8.8%	7.4%	4.8%	7.7%		
191														
192	Contract Cost	22,352,402	2,046,805	20,305,598	995,132	4,258,700	640,845	4,081,065	1,136,153	6,155,236	1,536,852	1,501,614		
193	Net before Settlement	3,672,939	296,236	3,376,704	88,919	438,554	494,209	209,411	169,170	1,097,961	116,294	762,186		
194														
195	Prior Year Savings	-	-	-	-	-	-	-	-	-	-	-		
196	Internal Service Fund Risk Reserve	-	-	-	-	-	-	-	-	-	-	-		
197	Contract Settlement	125,496	3,502,200	(3,376,704)	(88,919)	(438,554)	(494,209)	(209,411)	(169,170)	(1,097,961)	(116,294)	(762,186)		
198	Net after Settlement	3,798,436	3,798,436	0	-	-	-	-	-	-	0	-		
199														
200														

	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 10/31/2021			1										
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							P01 Estimate	P01 Estimate			P01 Estimate	P01 Estimate	P01 Estimate	
201	State General Fund Services			HCC%	3.9%	4.0%	3.0%	5.6%	4.5%	4.4%	3.4%	3.3%	5.3%	
202	Contract Revenue				990,359	66,104	168,274	68,006	154,958	73,989	304,382	61,992	92,654	
203														
204	External Provider Cost				148,639	13,377	25,042	-	-	29,323	64,581	16,315	-	
205	Internal Program Cost				621,163	24,103	97,722	41,474	179,709	18,577	148,606	33,413	77,559	
206	SSI Reimb, 1st/3rd Party Cost Offset				(12,672)	-	-	-	-	-	(12,672)	-	-	
207	Total Healthcare Cost				757,130	37,480	122,764	41,474	179,709	47,900	200,515	49,728	77,559	
208	Medical Loss Ratio (HCC % of Revenue)				76.5%	56.7%	73.0%	61.0%	116.0%	64.7%	65.9%	80.2%	83.7%	
209														
210	Managed Care Administration				62,366	4,483	10,480	460	13,989	5,033	17,784	2,822	7,315	
211	Admin Cost Ratio (MCA % of Total Cost)				7.6%	10.7%	7.9%	1.1%	7.2%	9.5%	8.1%	5.4%	8.6%	
212														
213	Contract Cost				819,496	41,963	133,244	41,934	193,698	52,933	218,299	52,550	84,874	
214	Net before Settlement				170,863	24,141	35,030	26,072	(38,740)	21,056	86,083	9,442	7,780	
215														
216	Other Redistributions of State GF				-	-	-	-	-	-	-	-	-	
217	Contract Settlement				(158,418)	(23,487)	(33,623)	(26,072)	38,740	(17,357)	(85,358)	(8,115)	(3,147)	
218	Net after Settlement				12,445	654	1,406	-	-	3,700	725	1,327	4,633	
219														



**SWMBH SERVICES ADMINISTRATIVE CONTRACTS**

(October 2020 - September 2021)

**AUNALYTICS/SECANT****Deliverables/Services**

- Provides Data Center & Storage Services
- Web Hosting
- Cloud Computing Services
- Network Infrastructure
- VOIP
- Wireless Communications
- Hardware and Software Needs (with Helpdesk Support)
- Related Project Management

FY21 Expenditure: \$378,941 (FY20 Expenditure: \$346,996)

**BAUCKHAM, SPARKS, THALL, SEEGER & KAUFMAN P.C.****Deliverables/Services**

- Medicaid fair hearing counsel: Act as legal representation on behalf of SWMBH and participant CMHSP's for the Fair Hearing process
- Perform tasks related to Fair Hearing preparation process: Record review, witness preparation and interviews
- Hearing Summary preparation
- Legal consultation related to Fair Hearing process

FY21 Expenditure: \$7,648 (FY20 Expenditure: N/A)

**BLUE FIRE MEDIA, INC****Deliverables/Services**

- Supports the SWMBH public website

FY21 Expenditure: \$2,480 (FY20 Expenditure: \$1,500)

**CAPITOLINE CONSULTING****Deliverables/Services**

- Consultation service on federal regulations & funding opportunities
- Secure materials and prepare briefs summarizing attended event

FY21 Expenditure: \$15,375 (FY20 Expenditure: \$13,667)

**CARE MANAGEMENT TECHNOLOGIES, INC****Deliverables/Services**

- Licensed proprietary healthcare data analytics solution
- Analyze data in order to determine opportunities for improving care and decreasing costs for SWMBH and CMHSPs
- Install and manage population health and case level user application

FY21 Expenditure: \$174,030 (FY20 Expenditure: \$191,868)

**CONTRACT PHYSICIANS****Deliverables/Services**

- Program policy issue consultation
- Service guideline consultation and review
- Medical policy review and approval
- SWMBH credentialing panel participant
- Consultation provided to Member Services and Contractor Network Management as necessary
- On-call Medical decisions with Utilization Management during non-business hours
- BH Human Resource Management Committee consultant

FY21 Expenditure: \$41,676 (FY20 Expenditure: \$43,849)

FINCH CONSULTING	
Deliverables/Services	<p>Assisting with activities and documents related to:</p> <ul style="list-style-type: none"> <li>State reporting development</li> <li>Risk reserve requirements review</li> <li>Refinement of cost management systems region wide</li> <li>CMH financial statement support</li> </ul>
	FY21 Expenditure: \$86,378 (FY20 Expenditure: \$91,493)
HEALTH MANAGEMENT ASSOCIATES	
Deliverables/Services	<ul style="list-style-type: none"> <li>Technical assistance on emerging regulatory initiatives regarding population health management, duals, health homes and data analytics</li> </ul>
	FY21 Expenditure: \$68,255 (FY20 Expenditure: \$6,882)
INTEGRATED SERVICES OF KALAMAZOO (CONTRACT ENDED 9/30/21)	
Deliverables/Services	<ul style="list-style-type: none"> <li>Access to EDI system</li> </ul>
	FY21 Expenditure: \$12,000 (FY20 Expenditure: \$12,000)
MORC, INC	
Deliverables/Services	<ul style="list-style-type: none"> <li>Support intensity scale assessment training</li> </ul>
	FY21 Expenditure: \$10,350 (FY20 Expenditure: \$5,794)
ON-CALL LEGAL RESOURCES (CONTRACT ENDED 9/30/21)	
Deliverables/Services	<ul style="list-style-type: none"> <li>Medicaid fair hearing counsel: Act as legal representation on behalf of SWMBH and participant CMHSP's for the Fair Hearing process</li> <li>Perform tasks related to Fair Hearing preparation process: Record review, witness preparation and interviews</li> <li>Hearing Summary preparation</li> <li>Legal consultation related to Fair Hearing process</li> </ul>
	FY21 Expenditure: \$945 (FY20 Expenditure: \$2,475)
PARENT MANAGEMENT TRAINING - OREGON model (PMTO)	
Deliverables/Services	<ul style="list-style-type: none"> <li>Provide training to clinicians using PMTO coaching model</li> </ul>
	FY21 Expenditure: N/A (FY20 Expenditure: \$39,637)
PARMENTER & ASSOCIATES	
Deliverables/Services	<ul style="list-style-type: none"> <li>General legal counsel</li> </ul>
	FY21 Expenditure: \$22,550 (FY20 Expenditure: 25,122)
PHD CONSULTANTS/LIGHTHOUSE BEHAVIORAL HEALTH	
Deliverables/Services	<ul style="list-style-type: none"> <li>Mental Health Parity project</li> <li>Clinical consultation and project management</li> </ul>
	FY21 Expenditure: \$50,888 (FY20 Expenditure: \$75,263)
PREST AND ASSOCIATES	
Deliverables/Services	<ul style="list-style-type: none"> <li>Health Plan professional independent review and consulting service</li> <li>Utilization reviews concerning medical necessity and/or medical appropriateness of treatment</li> </ul>
	FY21 Expenditure: \$179 (FY20 Expenditure: \$2,001)

PROTOCOL	
Deliverables/Services	<ul style="list-style-type: none"> <li>On-call crisis intervention counseling and related reporting</li> </ul>
	FY21 Expenditure: \$45,294 (FY20 Expenditure: \$44,268)
QUEST ANALYTICS, LLC	
Deliverables/Services	<ul style="list-style-type: none"> <li>Annual Software licensing cost</li> <li>To Provide Network Adequacy analysis</li> </ul>
	FY21 Expenditure: \$8,138 (FY20 Expenditure: \$8,138)
ROSE ST ADVISORS/HRM INNOVATIONS, INC	
Deliverables/Services	<p>Provides support, direction and consultation in the area of Human Resources ensuring federal and state regulations and standards are met. Tasks include, but not limited to:</p> <ul style="list-style-type: none"> <li>Cultural Insights Surveys</li> <li>Strategic leadership planning</li> <li>Human Resource Consulting</li> <li>Recruiting</li> </ul>
	FY21 Expenditure: \$46,650 (FY20 Expenditure: \$30,100)
ROSLUND PRESTAGE & COMPANY, P.C	
Deliverables/Services	<ul style="list-style-type: none"> <li>Financial, Compliance &amp; Single audit</li> </ul>
	FY21 Expenditure: \$109,975 (FY20 Expenditure: \$113,225)
STREAMLINE HEALTHCARE SOLUTIONS	
Deliverables/Services	<ul style="list-style-type: none"> <li>Streamline Care Management System is a desktop application used to manage and pay external providers</li> </ul>
	FY21 Expenditure: \$115,679 (FY20 Expenditure: \$96,725)
TBD SOLUTIONS LLC	
	<ul style="list-style-type: none"> <li>Level of Care Data Analytics and Guidelines project</li> <li>Internal Functional assessment of UM Call Center and Provider Network</li> </ul>
	FY21 Expenditure: \$56,848 (FY20 Expenditure: \$48,005)
VARNUM LLP	
Deliverables/Services	<ul style="list-style-type: none"> <li>Retirement plans legal consultation</li> </ul>
	FY21 Expenditure: \$3,572 (FY20 Expenditure: \$3,354)
VOICES FOR HEALTH	
Deliverables/Services	<ul style="list-style-type: none"> <li>Translation and Interpretation services</li> </ul>
	FY21 Expenditure: \$13,755 (FY20 Expenditure: \$12,614)

#### Contract Services

FY 2021 Actual: \$1,271,606

FY 2020 Actual: \$1,214,976

Delta \$: \$56,630

Delta %: 4.66%



# FY 21 Customer Service Annual Report

December 10, 2021

# General Customer Services Office Responsibilities

- Welcome and orient individuals to services and benefits available and to the provider network.
- Develop and provide information to members about how to access mental health, primary health, and other community services.
- Provide information to members about how to access the various Rights processes.
- Help individuals with problems and questions regarding benefits.
- Assist people with and oversee local complaint and grievance processes.
- Track and report patterns of problem areas for the organization.



# SWMBH Customer Services Office Responsibilities

- Maintain Policies and Procedures for the region that meet and exceed all expectations set.
- Manage Regional Customer Services Committee Charter and membership to represent all of SWMBH member counties.
- Manage and Distribute the SWMBH Medicaid and MI Health Link Customer Handbooks.
- Communicate with customers regarding SWMBH-level service decisions.
- Maintain marketing and member related communications and brochures



# All Customer Service staff must be trained in the following areas:

- The populations served (SMI, I/DD/SED, SUD) and eligibility criteria for various benefit plans (Medicaid, HMP, MICHild)
- Service Array, medical necessity requirements, and eligibility for and referral to specialty services
- PCP
- Self-Determination
- Recovery and Resiliency
- Peer Specialists
- Appeals and Grievances, Fair Hearings, local dispute resolution processes, and Recipient Rights
- Limited English Proficiency and cultural competency
- Information and referrals about Medicaid-covered services within the PIHP as well as outside of the Medicaid Health Plans, Fee for Services practitioners, and DHHS
- The Balanced Budget Act (BBA) relative to Customer Service functions and beneficiary rights and protections
- Community Resources
- Public Health Code (for SUD recipients)

# SWMBH Customer Services Activities

Updated and/or distributed SWMBH network customer/stakeholder educational materials.

- 2 Members Newsletters
  - Provided electronic version via Facebook and website
  - Printed last hard copy in October for distribution
  - We are in the process of working with Allegra to set-up blogging through the agency website where members and visitors of the site can have more readily available information in real time.
- 2 Handbooks
  - Both Medicaid and MHL handbooks were updated
- Informational materials- SWMBH general, Substance Use Disorder, Recovery Oriented Systems of Care, MI Health Link, VA Navigator, Complex Case Management, and Autism Services Brochures
- Initiated update to MI Health Link Welcome Packet and orientation materials





# SWMBH Customer Services Activities

- NCQA reaccreditation
  - Contributed to standards in CC, UM, RR and QI
  - Created and took lead on policy 4.13 Systems Control and Review to address new standard regarding access to system information
- MHL reporting requirements-ICO audits
  - Continued to refine the SARAG reporting data
  - Implemented ICO member documents for both ICOs such as ABD, G&A letters
- Implemented and adopted new MDHHS data reporting tool for G, A, & denials as regional tool
  - While we didn't start reporting until Qt2, all 4 quarters have now been reported to MDHHS for the 3 areas for FY21
  - Have continued to use the tool adopted last year for all other data (i.e. 2<sup>nd</sup> Opinions, Fair Hearings, block grant, MHL, etc.)
  - Met with individual CMHs to train and monitor data entry
  - Provided feedback to MDHHS directly regarding utility of the data reports

# SWMBH Customer Services Activities

- Attended trainings for;
  - MiCal/988
  - Mediation
  - CRM in preparation for full implementation from DHHS
- HSAG
  - We had 2 areas reviewed; Coverage and Authorization of Service (100%) and Member Rights and Member Information (84%)
  - HSAG realigned and updated standards and elements this year
  - FY 22 will review Grievance and Appeal Systems

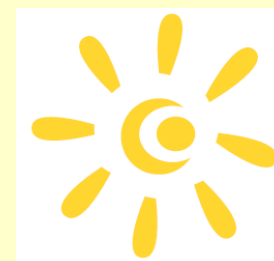
# SWMBH Customer Services Activities

- Customer Advisory Committee (CAC) convened 11 times virtually in FY 21
- Added 1 new member from Branch County
- We have at least 1 representative from all counties except Barry and Berrien Counties. We are looking to have 2 members represent each county.
- CAC members participated in many events over the year including;
  - Anti-Stigma Event (CMHA event)
  - Various trainings revolving around Self Determination, PCP, etc.
  - MiCal/988 Feedback session
  - Person Served Advisory Group (CMHA group)
  - Public Policy Event
  - NAMI conference



# SWMBH Customer Services Activities

- October 2020- September 2021  
Customer/Member Services fielded **2325** phone calls on the designated lines
  - MA Customer Service line received **1273** calls
  - MHL Member Service line received **1052** calls
- Completed follow up calls
  - Members discharged from Substance Use Disorder residential settings = **809**

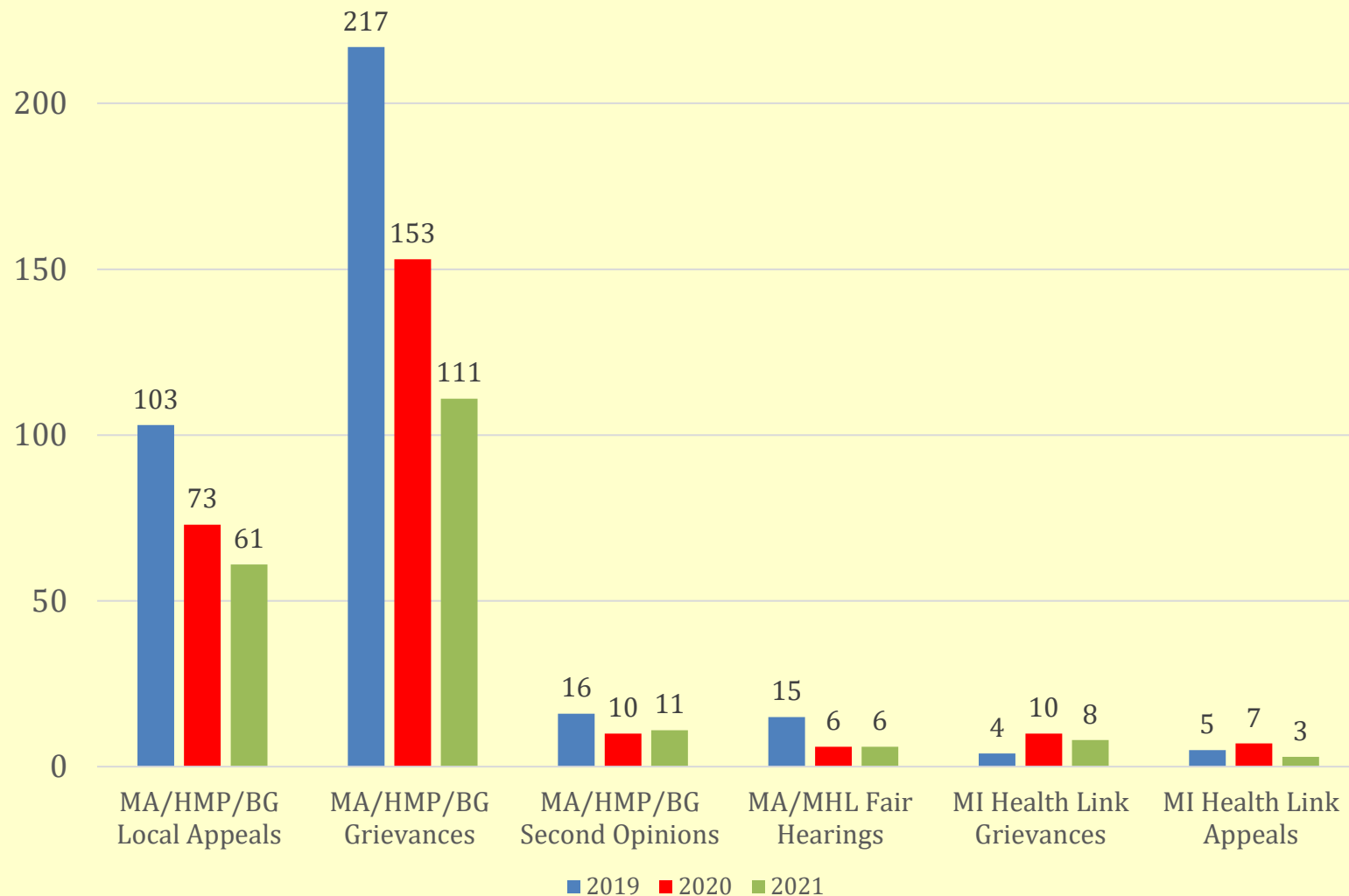


# SWMBH Customer Services G&A Data

SWMBH and 8 affiliate CMH providers managed and/or provided oversight of **196** Medicaid and MI Health Link Grievances, Appeals and 2<sup>nd</sup> Opinions

- MA/HMP/BG Local Appeals reported: **61**
- MA/HMP/BG Grievances reported: **111**
- MA/HMP/BG Second Opinions reported: **11**
- MA/MHL Fair Hearings reported: **6**
- MI Health Link Grievances reported: **8**
- MI Health Link Appeals reported: **3**

# Totals FY19, FY20, & FY21 Comparison



# SWMBH REGIONAL

## GRIEVANCE TOTALS BY CATEGORY (MA/HMP/BG)

### FY 2020 - 2021

Category	Total
Access and Availability	19
Interaction with Provider/Plan	63
Quality of Care	25
Service Environment	1
Financial or Billing Matters	2
<b>Grand Total</b>	<b>110</b>

# SWMBH REGIONAL

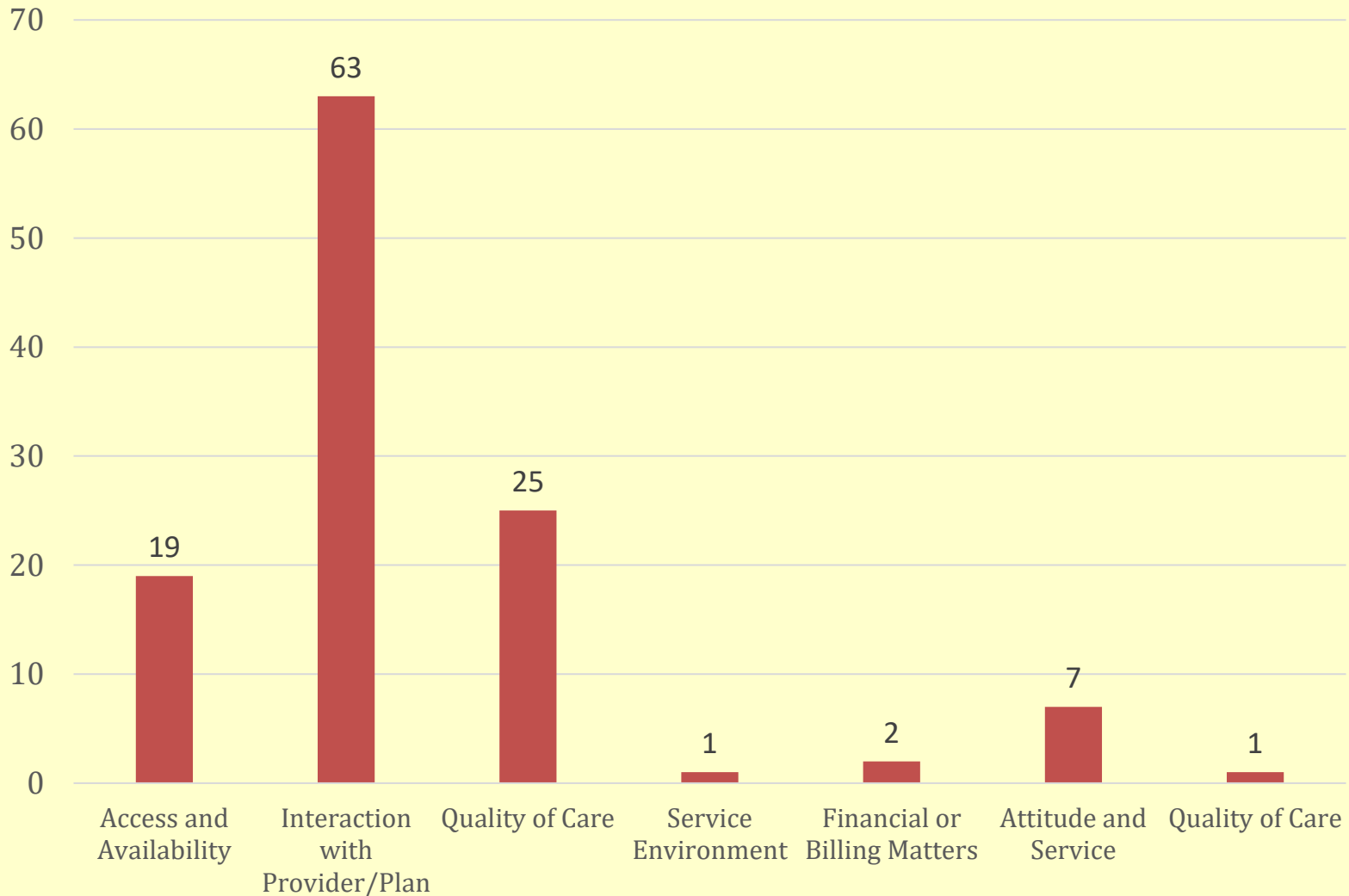
## GRIEVANCE TOTALS BY CATEGORY (MHL)

### FY 2020 - 2021

Category	Total
Attitude and Service	7
Quality of Care	1
<b>Grand Total</b>	<b>8</b>



# Grievance Categories (MA/HMP/BG/MHL)



# SWMBH REGIONAL

## **Appeal** TOTALS BY CATEGORY (MA/HMP/BG) FY 2020 - 2021

Appeals Upheld	33
Appeals Overturned	26
Appeals Partially Upheld/Overturned	2
<b>Total Appeals</b>	<b>61</b>

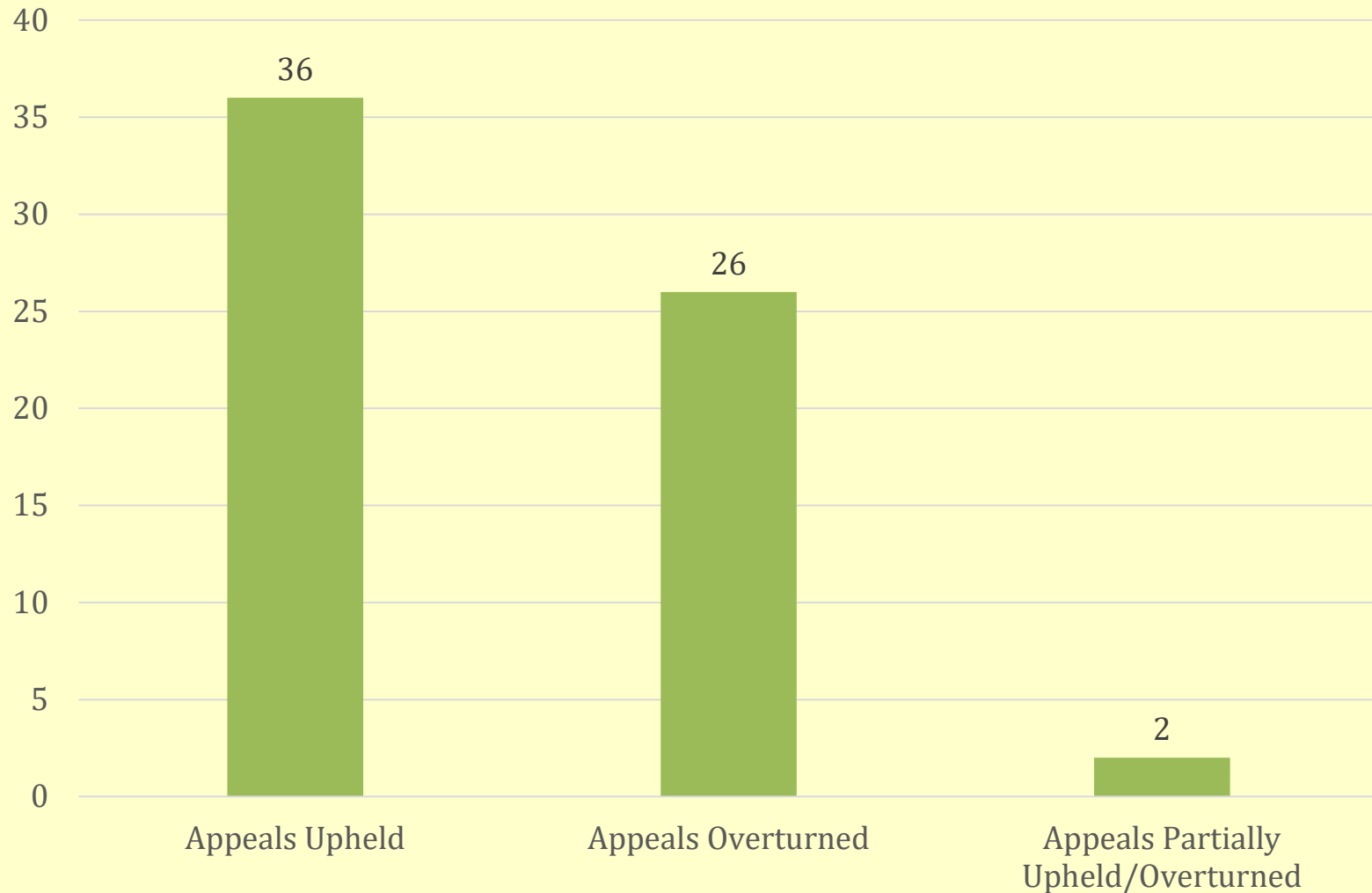
# SWMBH REGIONAL

## **Appeal** TOTALS BY CATEGORY (MHL)

**FY 2020 - 2021**

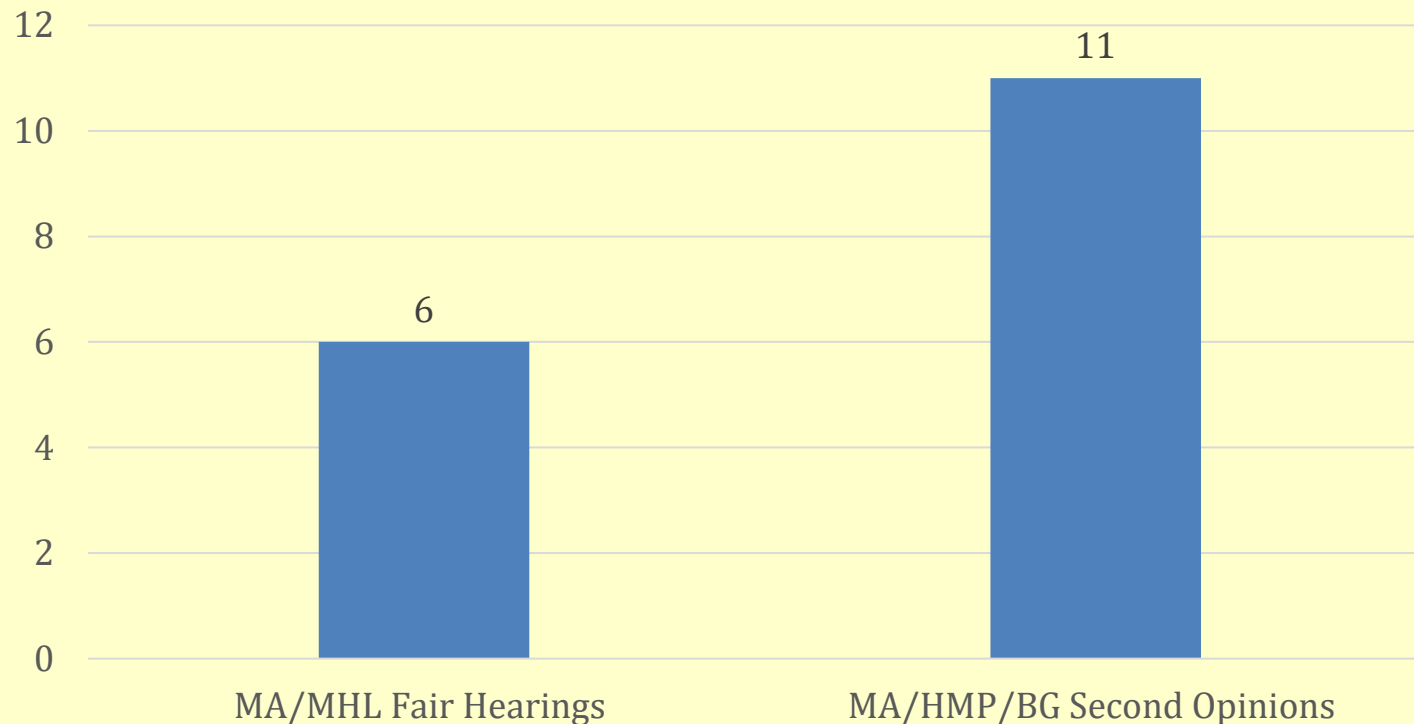
Appeals Upheld	3
Appeals Overturned	0
Appeals Partially Upheld/Overturned	0
<b>Total Appeals</b>	<b>3</b>

# Appeal Categories (MA/HMP/BG/MHL)



# Total MHL/MA/HMP/BG 2nd Opinions and Fair Hearings Completed FY 21

MA/MHL Fair Hearings	6
MA/HMP/BG Second Opinions	11



# Community and Advocacy Events

- SWMBH was able to participate in more, though still not many, community events this fiscal year:
  - Donated 300 SWMBH bags to back to school event
  - Recovery Fair
  - NAMI sponsor and participant
  - Growler's sponsor- promoted our Gambling prevention, SUD Prevention and Veteran Navigator Services
  - VA Stand Downs (Kalamazoo and Van Buren Counties),
  - Trunk or Treat (pumpkins donation)
  - Portage Christmas Tree display
- SMMBH continues to provide training, education and informational materials virtually when possible

# Looking to FY 22

- Identify alternative communication options to ensure access to customer service offices and functions throughout the region
- HSAG – Complete the Health Services Advisory Group 2022 audit with 90% or higher compliance for Grievances and Appeals.
- MDHHS Data reports – Ensure accurate and timely submission of regional data for Grievances, Appeals, and Denials
- Determine and implement regional procedures regarding Applied Behavioral Analysis (ABA) service denials
- Begin to make follow up calls for OHH engagement
- Updating member materials in line with the Building Better Lives Project
- Implement Mediation Services for members throughout region



# Questions





## **Southwest Michigan Behavioral Health Board Meeting**

**KVCC-The Groves, Room TBD, 7107 Elm Valley Dr, Kalamazoo, MI 49009**

**January 14, 2022**

**9:30 am to 11:00 am**

**(d) means document provided**

**Draft: 11/22/21**

- 1. Welcome Guests/Public Comment**
- 2. Agenda Review and Adoption (d)**
- 3. Financial Interest Disclosure Handling (M. Todd)**
  - None
- 4. Consent Agenda**
  - December 10, 2021 SWMBH Board Meeting Minutes (d)
  - Special Recognition (d)
- 5. Operations Committee**
  - Operations Committee Minutes November 17, 2021 (d)
  - Operations Committee Quarterly Report (D. Hess) (d)
- 6. Ends Metrics Updates (\*Requires motion)**

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

  - None
- 7. Board Actions to be Considered**
  - 2022 Utilization Management Plan (A. Wickham) (d)
- 8. Board Policy Review**

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

  - BG-004 Board Ends and Accomplishments (d)
  - BG-007 Code of Conduct (d)
  - BG-001 Committee Structure (d)
- 9. Executive Limitations Review**

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

  - None

## **10. Board Education**

- a. **9:40am** Southwest Michigan Behavioral Health Retirement Plans (C. Doerschler) (d)
- b. Fiscal Year 2022 Year to Date Financial Statements (T. Dawson) (d)
- c. Fiscal Year 2022 Quality Assurance Performance and Improvement Plan (J. Gardner) (d)
- d. Fiscal Year 2021 Customer Services Report (S. Ameter) (d)
- e. Fiscal Year 2021 Program Integrity Compliance Report (M. Todd) (d)
- f. Information Systems Update (N. Spivak) (d)

## **11. Communication and Counsel to the Board**

- a. Fiscal Year 2021 Medicaid Services Verification Report (M. Todd) (d)
- b. February 11, 2022 Board Agenda (d)
- c. Board Member Attendance Roster (d)
- d. February Board Policy Direct Inspection – BEL-001 Budgeting (C. Naccarato)

## **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  
February 11, 2022  
9:30 am - 11:00 am**

2021 SWMBH Board Member & Board Alternate Attendance												
Name:	January	February	March	April	May	June	July	August	September	October	November	December
<b>Board Members:</b>												
Ruth Perino (Barry)												
Edward Meny (Berrien)												
Tom Schmelzer (Branch)												
Marcia Starkey (Calhoun)												
Terry Proctor (Cass)												
Erik Krogh (Kalamazoo)												
Carole Naccarto (St. Joe)												
Susan Barnes (Van Buren)												
<b>Alternates:</b>												
Robert Becker (Barry)												
Randy Hyrns (Berrien)												
Jon Houtz (Branch)												
Kathy-Sue Vette (Calhoun)												
Jeanne Jourdan (Cass)												
Patricia Guenther (Kalamazoo)												
Cathi Abbs (St. Joe)												
Angie Dickerson (Van Buren)												

as of 11/12/21

Patrick Garrett (Calhoun)												
Mary Middleton (Cass)												

Green = present

Red = absent

Black = not a member

Gray = meeting cancelled