



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

**December 12, 2025**

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

(d) means document provided

**Draft: 12/5/25**

- 1. Welcome Guests/Public Comment**
- 2. Agenda Review and Adoption (d) pg.1**
- 3. Financial Interest Disclosure Handling**
  - None Scheduled
- 4. Consent Agenda**
  - a. November 14, 2025, SWMBH Board Meeting Minutes (d) pg.3
  - b. November 12, 2025, Operations Committee Meeting Minutes (d) pg.7
  - c. November 7, 2025, Board Finance Committee Meeting Minutes (d) pg.11
- 5. Fiscal Year 2026 Year to Date Financial Statements and Cash Flow Analysis**
  - a. G. Guidry (d) pg.13
  - b. Operations Committee
- 6. CMH Board Updates**

*SWMBH Board Member opportunity to provide an update from their respective CMH Board to facilitate ownership linkage*

  - Barry
  - Berrien
  - Branch
  - Calhoun
  - Cass
  - Kalamazoo
  - St. Joseph
  - Van Buren
- 7. Required Approvals (0 minutes)**
  - None scheduled
- 8. Ends Metrics Updates (\*Requires motion)**

*Proposed Motion: Is the Data Relevant and Compelling? Is the Executive Officer in Compliance? Do the Ends need Revision?*

  - None scheduled
- 9. Board Actions to be Considered**
  - a. Calendar Year 2026 SWMBH Board Meeting Calendar (d) pg.21
  - b. SWMBH Staff retention

**10. Board Policy Review**

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

- Policy 3.3 Code of Conduct (d) pg.22

**11. Executive Limitations Review**

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

- Policy 2.5 Asset Protection review period 8/1/25 – 12/1/25 (T. Schmelzer) (d) pg.24

**12. Board Education**

- None scheduled

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

- a. Fiscal Year 2025 Contract Vendor Summary (G. Guidry) (d) pg.28
- b. Fiscal Year 2025 Customer Services Report (S. Ameter) (d) pg.31
- c. PIHP Procurement Updates (M. Todd)
- d. January Board Policy Direct Inspection – None scheduled

**14. Public Comment**

**15. Adjournment**

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

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

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

**Next Board Meeting  
January 9, 2026  
9:30 am - 11:30 am**



## **Board Meeting Minutes**

**November 14, 2025**

**SWMBH, 5250 Lovers Lane, Suite 200, Portage, MI 49002**

**9:30 am-11:30 am**

**Draft: 11/17/25**

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

**Members Absent:** None

**Guests Present:** Mila Todd, Interim CEO, SWMBH; Garyl Guidry, Chief Financial Officer, SWMBH; Natalie Spivak, Chief Information Officer, SWMBH; Alena Lacey, Chief Clinical Officer, SWMBH; Alison Strasser, Interim Compliance Officer, SWMBH; Michelle Jacobs, Senior Operations Specialist & Rights Advisor, SWMBH; Gail Patterson-Gladney, SWMBH Board Alternate; Cameron Bullock, Pivotal; Debbie Hess, Van Buren County CMH; Ric Compton, Riverwood; Michael Mallory, Woodlands; Richard Thiemkey, Barry CMH; Jeff Patton, ISK; Marsha Bassett, Barry County

### **Welcome Guests**

Sherii Sherban called the meeting to order at 9:35am and introductions were made.

### **Public Comment**

None

### **Agenda Review and Adoption**

Motion Michael Seals moved to approve the agenda as presented.  
Second Lorraine Lindsey  
Motion Carried

### **Financial Interest Disclosure (FID) Handling**

None

### **Consent Agenda**

Motion Joyce Locke moved to approve October 10, 2025, Board Meeting minutes, October 8, and October 22, 2025, Operations Committee Meeting minutes, and October 3, 2025, Board Finance Committee Meeting minutes as presented.  
Second Carol Naccarato  
Motion Carried

### **2025 Year to Date Financial Statements; Cash Flow Analysis; Mid-Year Revenue Rate Assumptions and Revised SWMBH Budget/Projections**

Garyl Guidry presented Period 12 financial statements as documented and noted:

- All eligibles have declined
- Year to Date revenue of \$343 million, \$1.3 million short of what was forecasted. Could recapture some funds.
- Amendment 6 should occur, waiting on DHHS to make it formal
- Earned Sick Time Act and Minimum Wage should add \$2.3 - \$2.5 million by 12/31/25
- Period 12 PIHP has a projected deficit of \$13.3 million
- Period 12 CCBHC has a surplus of \$2.5 million
- Cost settlements for each CMH with CCBHC broken out reviewed
- CMHs can carry SWMBH receivable in 2026 with the exception of Woodlands
- March of 2026 Woodlands will need their Fiscal Year 2025 settlement
- PIHP and CMH continue researching and working on reductions in Managed Care Administration costs
- Regional Assets and Liability Workgroup developed a SWMBH net position of \$8.5 million and working to remove CCBHC from net position
- FSR was due on 11/10/25 and SWMBH will reported a negative ISF
- Medicaid and Healthy Michigan capitations includes the FY25 PBIP revenue accrual of \$2.5 million
- New report – Revenue and Variance shows an unfavorable \$1.49 million dollar variance for Fiscal Year 2026 Period 1. Reasons are: Decline in eligibles, HSW being paid at 2025 rate until March of 2026 and payment data is not fully complete
- Communication and discussions with DHHS continue regarding:
  - Review differences in GASB10 (Governmental Accounting Standards for Board Statement) titled “Accounting and financial reporting for risk financing and related insurance issues” with MDHHS contract on general accepted accounting principles to utilize Fiscal Year 2026 surplus to offset Fiscal Year 2025 deficit
  - Quote received from Roslund Prestage to review
  - Reviewing options for resolving the FY25 deficit with MDHHS
  - Milliman’s rates were built on static eligibles

Discussion followed.

### **Operations Committee Update**

Cameron Bullock presented as documented in a handout that was distributed. Discussion followed.

### **Required Approvals**

None scheduled

### **Ends Metrics Updates**

None scheduled

### **Board Actions to be Considered**

#### **2026 Board Policy Calendar**

Sherii Sherban Reviewed the 2026 Board Policy Calendar. Discussion followed. SWMBH to verify all Policy effective dates of June 2025.

Motion Lorraine Lindsey moved to approve the 2026 Board Policy Calendar as presented with effective policy dates of June 2025.  
Second Tom Schmelzer  
Motion Carried

### **3.4 Policy Annual Board Planning Cycle and 3.8 Policy Cost of Governance**

Sherii Sherban reported as documented. Discussion followed.

Motion Michael Seals moved to revise the date to June in Policy 3.8 to make it consistent with Policy 3.4  
Second Carol Naccarato  
Motion Carried

### **Policy 3.4.3.1 and Policy 3.4.3.2**

Discussion of due dates, content and information regarding items listed in Policy 3.4.3.1 and Policy 3.4.3.2.

Motion Lorraine Lindsey moved that a standing agenda item be added titled CMH updates starting in December and a draft CMH Board survey will be brought to the Board at the January meeting.  
Second Michael Seals  
Motion Carried

### **Board Policy Revisions**

Sherii Sherban reported as documented.

Motion Tom Schemlzer moved to approve the red line Board Policy changes as presented.  
Second Lorraine Lindsey  
Motion Carried

### **Board Chair appointment to the Board Finance Committee**

Sherii Sherban appointed Allen Edlefson to the Board Finance Committee.

Motion Tom Schmelzer moved to approve the addition of Allen Edlefson to the Board Finance Committee.  
Second Michael Seals  
Motion Carried

### **Board Policy Review**

None scheduled

### **Executive Limitations Review**

None scheduled

### **Board Education**

### **Compliance Role and Function**

Alison Strasser reported as documented. Discussion followed.

**Communication and Counsel to the Board****Fiscal Year 2025 CMHSP Site Visit Review Results**

Mila Todd reported as documented. Discussion followed.

**Fiscal Year 2025 Health Services Advisory Group Compliance Review**

Alena Lacey reported as documented. Discussion followed.

**Fiscal Year 2025 Health Services Advisory Group Performance Measure Validation**

Natalie Spivak reported as documented. Discussion followed.

**PIHP Procurement**

Mila Todd reported as documented noting the December 8<sup>th</sup> hearing location and date was emailed to the Board. The hearing is open to the public. *(not sure if you want the reconsideration and pages of stuff from the attorney noted here.)*

**December Board Policy Direct Inspection**

2.5 Asset Protection for period 8/1/25 – 12/1/25 (Board Finance Committee)

**Public Comment**

None

**Adjournment**

Motion Michael Seals moved to adjourn.

Second Joyce Locke

Meeting adjourned at 11:33am

Date:	11/12/25
Time:	9:00 am – 11:00 am
Facilitator:	Debbie
Minute Taker:	Cameron
Meeting Location:	SWMBH, 5250 Lovers Lane, Suite 200, Portage, MI 49002 <a href="#">Click here to join the meeting</a>

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

Version 11/5/25

9:00 am – 11:00 am		
Agenda Topics:	Discussion Points:	Minutes:
<b>1. Agenda Review &amp; Adoption (d)</b>		No additions
<b>2. Prior Meeting Minutes Review (d)</b>		Electronically approved via email.
<b>3. Financial Stability</b> <b>a. SWMBH Period 12 financials including 2025 revenue, expense and margin projections (if available) (d)</b> <b>b. State/Milliman Meeting Updates</b> <b>c. Rehmann financial oversight</b>	<ul style="list-style-type: none"> <li>FY25 deficit handling</li> </ul>	A. <ul style="list-style-type: none"> <li>Interim Year-End Financials <ul style="list-style-type: none"> <li>TANF slight rebound</li> <li>DAB – flatline</li> <li>HMP – Ebb and flow</li> </ul> </li> <li>Total Rev – \$343 million <ul style="list-style-type: none"> <li>1.4 million short, will receive the October and November payment files</li> <li>Currently evaluating accrual methodology</li> </ul> </li> <li>Total Expense – \$341,655,154 <ul style="list-style-type: none"> <li>Deficit of \$13,318,716</li> </ul> </li> </ul>

		<ul style="list-style-type: none"> <li>• Payment for Amendment 4 should be received to SWMBH by 12/31/2025</li> <li>• \$28 million total statewide <ul style="list-style-type: none"> <li>○ 8-10% for SWMBH is estimated at \$2.3 million in additional revenue.</li> <li>○ Projection of a revised deficit of \$10-\$11 million.</li> </ul> </li> <li>• Interim ISF was submitted with a deficit.</li> <li>• Garyl to confirm Due to/from for CCBHC MDHHS revenue and booking to ensure it is present.</li> </ul> <p>B.</p> <ul style="list-style-type: none"> <li>• No new meeting on the books</li> </ul> <p>C.</p> <ul style="list-style-type: none"> <li>• Waiting for the template from Rehmann.</li> </ul>
<b>4. FY26 SWMBH Budget</b>	<ul style="list-style-type: none"> <li>• Revenue Monitoring Report</li> <li>• MDHHS rates</li> </ul>	<ul style="list-style-type: none"> <li>• Rehman Revenue assumption is \$15.9 million less; however, SWMBH revenue assumption is only \$9.5 million off of the actual October payment file. There are 30 missing HSW payments, we have 20 open slots, and we will be retroactively paid for HSW in March for October through March. Garyl is currently accruing for the amount not yet received.</li> </ul>

		<ul style="list-style-type: none"> <li>• SWMBH is proactively communicating with Milliman (Kieth) to discuss the decline in eligibility that was certified in their rate setting.</li> <li>• With the current projection of negative revenue assumption, the projected surplus of \$21 million puts us at roughly \$12 million surplus remaining.</li> </ul>
<b>5. Assets &amp; Liabilities Workgroup</b>	<ul style="list-style-type: none"> <li>• Status Update</li> <li>• Recommended edits (Financial Management Plan, Financial Risk Management Plan, Cost Allocation Plan, Bylaws, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>• The group met again, and the draft was presented.</li> <li>• Two options presented. The tool can be updated frequently based on the most recent data available.</li> <li>• Contingent on debt absorption from potential new PIHP.</li> </ul>
<b>6. PIHP Competitive Procurement</b>	Regional Entity Roles and Future	<ul style="list-style-type: none"> <li>• Litigation Status: hearing December 8<sup>th</sup>, Lansing (Possibly in Lansing at the Hall of Justice @ 930a)</li> <li>• Motion of reconsideration was submitted for Tuesday regarding boundaries and Regional Entities. The state is not able to respond to the request unless the Judge specifically asks for it.</li> <li>• State disclosed 8,366 pages to date, with more scheduled to come. McKinsey and Company was hired to evaluate the RFP bids.</li> <li>• 2 PIHPs per region.</li> </ul>

		<ul style="list-style-type: none"> <li>FOIA Request was initially denied and was now resubmitted to the state for just the bidders for each region. The state has asked for an extension and should respond by 11/21/25.</li> </ul>
<b>7. CCBHC Direct Payment Methodology</b>	<ul style="list-style-type: none"> <li>SUD Block Grant – reporting</li> <li>SUD Block Grant BH TEDS</li> </ul>	<ul style="list-style-type: none"> <li>SUD BH-Teds BG still follows the current process.</li> <li>SWMBH Working with Pivotal to come up with a process with PCE to come up with an alternate solution for submissions of encounters etc.</li> </ul>
<b>8. Next Meeting Agenda</b> <b>November Facilitator-Debbie</b> <b>December Facilitator-Michael</b>		
<b>9. 11:00 am-12:00 pm CMH CEOs</b>		



## **Board Finance Committee Meeting Minutes**

**November 7, 2025**

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

**1:00-2:00 pm**

**Draft: 11/10/25**

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**Members Present:** Tom Schmelzer, Carol Naccarato

**Guests:** Amy Rottman, Allen Edlefson

**Members Absent:** Michael Seals

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

### **Review Agenda**

Motion Carol Naccarato moved to approve the agenda as presented.  
Second Tom Schmelzer  
Motion Carried

### **Central Topics**

#### **Review prior meeting minutes**

Motion Carol Naccarato moved to approve the minutes as presented.  
Second Tom Schmelzer  
Motion Carried

#### **SWMBH YTD financial statements**

Garyl Guidry presented Period 12 financial statements as documented and noted:

- All eligibles have declined
- Year to Date revenue of \$343 million, \$1.3 million short of what was forecasted. Could recapture some funds.
- Amendment 4 should occur, waiting on DHHS to make it formal
- Earned Sick Time Act and Minimum Wage should add \$2.3 - \$2.5 million by 12/31/25
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- Period 12 CCBHC has a surplus of \$2.5 million
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- March of 2026 Woodlands will need their Fiscal Year 2025 settlement
- PIHP and CMH continue researching and working on reductions in Managed Care Administration costs
- Regional Assets and Liability Workgroup developed a SWMBH net position of \$8.5 million and working to remove CCBHC from net position

- FSR due on 11/10/25 and SWMBH will report a negative ISF
- Medicaid and Healthy Michigan capitations includes the FY25 PBIP revenue accrual of \$2.5 million
- New report – Revenue and Variance shows an unfavorable \$1.49 million dollar variance for Fiscal Year 2026 Period 1. Reasons are: Decline in eligibles, HSW being paid at 2025 rate until March of 2026 and payment data is not fully complete
- Communication and discussions with DHHS continue regarding:
  - Review differences in GASB10 (Governmental Accounting Standards for Board Statement) titled “Accounting and financial reporting for risk financing and related insurance issues” with MDHHS contract on general accepted accounting principles to utilize Fiscal Year 2026 surplus to offset Fiscal Year 2025 deficit
  - Quote received from Roslund Prestage to review
  - Reviewing options for resolving the FY25 deficit with MDHHS

Discussion followed.

### **SWMBH Check Registers**

Garyl Guidry reported as documented noting procedures for vendors that include a W-9, a contract and an invoice prior to payment. Discussion followed.

### **SWMBH Cash Flow Analysis**

Garyl Guidry reported as documented.

### **Additional Board Finance Committee Members**

Tom Schmelzer reviewed the Board Finance Committee membership increase to 4 members that could be Board or Board Alternate members. BFC recommends Allen Edlefson. Tom will advise Sherii to make an appointment at the November Board meeting.

### **Executive Officer Policy on spending limitations**

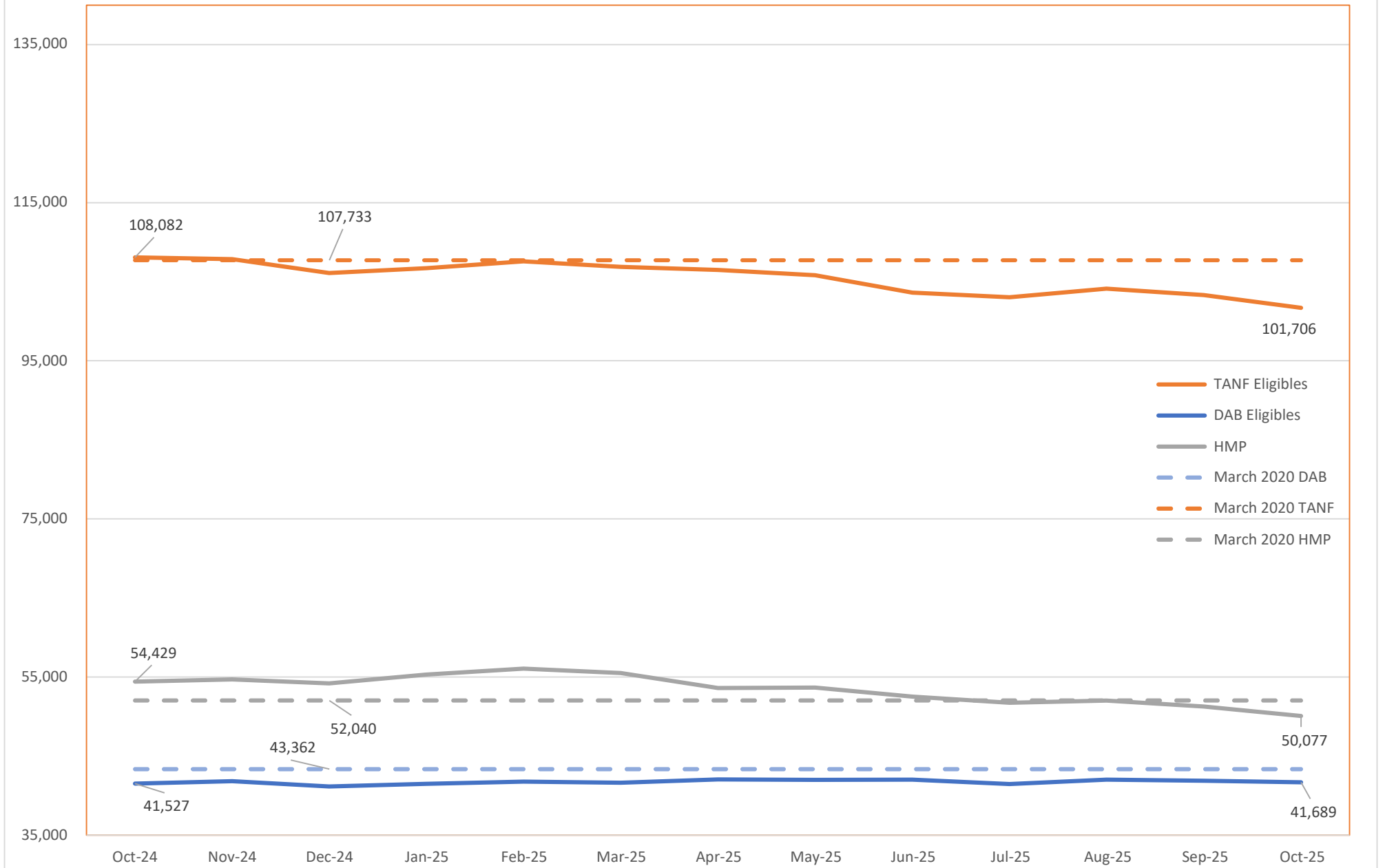
Mila Todd asked for confirmation on EO interpretation of Board Policy regarding spending limitations. BFC members confirmed EO discretion for spending under \$100,000 regardless of funding source.

Meeting adjourned at 2:14pm

## Southwest Michigan Behavioral Health

Total Eligibles Oct '24 - Oct '25

as of October 30, 2025



SWMBH Through October	FY26	FY25	% Change YOY	\$ Change YOY
State Plan MH	7,371,858	8,128,008	-9.3%	(756,150)
1915i MH	8,148,374	7,538,481	8.1%	609,892
Autism	3,762,303	2,272,358	65.6%	1,489,944
<i>Habilitation Supports Waiver (HSW )</i>	<i>5,133,261</i>	<i>5,156,696</i>	<i>-0.5%</i>	<i>(23,436)</i>
<i>Child Waiver Program (CWP)</i>	<i>85,300</i>	<i>75,808</i>	<i>12.5%</i>	<i>9,492</i>
<i>Serious Emotional Disturbances (SED)</i>	<i>60,524</i>	<i>28,433</i>	<i>112.9%</i>	<i>32,091</i>
<b>Net Capitation Payment</b>	<b>24,561,309</b>	<b>23,199,785</b>	<b>5.9%</b>	<b>1,361,524</b>
				-
State Plan SA	404,775	657,744	-38.5%	(252,969)
<b>Net Capitation Payment</b>	<b>404,775</b>	<b>657,744</b>	<b>-38.5%</b>	<b>(252,969)</b>
				-
Healthy Michigan Mental Health	1,810,038	2,047,842	-11.6%	(237,804)
Healthy Michigan Autism	650	3,100	-79.0%	(2,449)
<b>Net Capitation Payment</b>	<b>1,810,688</b>	<b>2,050,941</b>	<b>-11.7%</b>	<b>(240,253)</b>
				-
Healthy Michigan Substance Abuse	787,140	1,137,747	-30.8%	(350,607)
<b>Net Capitation Payment</b>	<b>787,140</b>	<b>1,137,747</b>	<b>-30.8%</b>	
				-
<b>GRAND TOTAL</b>	<b>27,563,913</b>	<b>27,046,217</b>	<b>1.9%</b>	<b>517,695</b>

as of 10/30/2025

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

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

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

	E	F	I	J	K	L	M
1	Southwest Michigan Behavioral Health						
2	For the Fiscal YTD Period Ended 10/31/2025			FY26 PIHP			
3	(For Internal Management Purposes Only)						
4		FY25 Budget	FY26 Budget	FY25 Actual as P1	FY26 Actual as P1	FY26 Annulized	
6	REVENUE						
7	Contract Revenue						
8	Medicaid Capitation	256,227,043	314,064,882	20,874,760	25,470,304	305,643,653	
9	Healthy Michigan Plan Capitation	38,407,790	34,620,863	2,309,448	2,597,828	31,173,938	
10	Medicaid Hospital Rate Adjustments	12,089,192	12,089,192	-	1,007,433	12,089,192	
11	Opioid Health Home Capitation	1,610,090	1,871,969	(14,579)	123,194	1,478,331	
12	Mental Health Block Grant Funding	653,000	580,000	22,010	51,646	619,748	
13	SA Block Grant Funding	7,763,190	7,795,203	419,229	316,387	3,796,639	
14	SA PA2 Funding	2,184,476	2,184,476	182,040	48,999	587,985	
15							
16	Contract Revenue	318,934,780	373,206,585	23,792,907	29,615,791	355,389,486	
17	CMHSP Incentive Payments	419,357	483,601	109,604	-	-	
18	PIHP Incentive Payments	2,483,291	2,134,267	-	-	-	
19	Interest Income - Working Capital	1,222,315	47,805	104,928	23,843	286,118	
20	Interest Income - ISF Risk Reserve	-	36,212	29,578	2	26	
21	Local Funds Contributions	852,520	852,520	71,043	71,043	852,520	
23							
24	TOTAL REVENUE	323,912,264	376,760,990	24,108,061	29,710,679	356,528,150	
25							
26	EXPENSE						
27	Healthcare Cost						
28	Provider Claims Cost	23,023,897	22,684,580	1,450,493	1,417,744	17,012,926	
29	CMHP Subcontracts, net of 1st & 3rd party	263,904,801	270,362,517	21,812,594	21,918,073	263,016,879	
30	Insurance Provider Assessment Withhold (IPA)	3,746,326	2,910,115	244,846	244,502	2,934,018	
31	Medicaid Hospital Rate Adjustments	12,089,192	12,089,192	-	1,007,433	12,089,192	
33		-	-	-	-	-	
34	Total Healthcare Cost	302,764,215	308,046,404	23,507,932	24,587,751	295,053,015	
35	Medical Loss Ratio (HCC % of Revenue)	94.9%	82.5%	98.8%	83.0%	83.0%	
36							
37	Administrative Cost						
39	Administrative and Other Cost	12,805,756	13,112,965	632,735	687,648	8,251,772	
44	Delegated Managed Care Admin	24,714,174	33,273,408	2,166,213	2,490,968	29,891,620	
45	Apportioned Central Mgd Care Admin	(2,665,293)	-	(112,567)	-	-	
46							
47	Total Administrative Cost	34,854,637	46,386,373	2,686,380	3,178,616	38,143,392	
48	Admin Cost Ratio (MCA % of Total Cost)	10.3%	13.1%	10.3%	11.4%	11.4%	
49							
50	Local Funds Cost	852,520	852,520	71,043	71,043	852,520	
51	PBIP Transferred to CMHPs	-	1,920,841		-	-	
52							
53	TOTAL COST after apportionment	338,471,372	355,285,297	26,265,356	27,837,411	334,048,927	
54							
55	NET SURPLUS before settlement	(14,559,107)	21,475,693	(2,157,294)	1,873,269	22,479,222	
56	Net Surplus (Deficit) % of Revenue	-4.5%	5.7%	-8.9%	6.3%	6.3%	
57							
58	Prior Year Savings Utilization	-			-	-	
59	Change in PA2 Fund Balance	-				-	
60	ISF Risk Reserve Abatement (Funding)	-			-	-	
61	ISF Risk Reserve Utilization	1,929,280	36,212	1,283,060	-	-	
62	MDHHS Shared Risk Utilization						
63	CCBHC Supplemental Receivable (Payable)	3,813,725			-	-	
64	Settlement Receivable / (Payable)	-	-	-	-	-	
67	NET SURPLUS (DEFICIT)	(8,816,103)	21,511,905	(874,235)	1,873,269	22,479,222	
68	HMP & Autism is settled with Medicaid						
69							
173							
174							

October										
Medicaid	SWMBH	Barry	Berrien	Pines	Summit Pointe	Woodlands	ISK	St. Joe	Van Buren	Total
Revenue	1,385,885	1,050,532	4,592,153	1,257,610	4,279,655	1,435,625	7,411,079	1,732,866	2,324,901	25,470,304
Expense	1,039,664	605,086	4,616,714	1,211,847	3,986,020	1,625,948	7,235,208	1,550,261	1,572,318	23,443,068
Difference	346,220	445,446	(24,561)	45,763	293,634	(190,324)	175,870	182,605	752,583	2,027,237
HMP										
Revenue	304,804	106,036	450,758	102,410	386,899	119,673	639,752	233,729	253,766	2,597,828
Expense	792,899	70,035	294,033	33,040	467,726	187,914	692,295	138,609	121,986	2,798,537
Difference	(488,095)	36,001	156,725	69,370	(80,827)	(68,242)	(52,543)	95,121	131,780	(200,709)
October Revenue and Expense										
Revenue	1,690,688	1,156,568	5,042,911	1,360,020	4,666,554	1,555,297	8,050,831	1,966,596	2,578,668	28,068,133
Expense	1,832,563	675,121	4,910,747	1,244,887	4,453,747	1,813,863	7,927,503	1,688,870	1,694,304	26,241,605
Capitation Deficit										1,826,528.00
Annualized										
Medicaid	SWMBH	Barry	Berrien	Pines	Summit Pointe	Woodlands	ISK	St. Joe	Van Buren	Total
Revenue	16,630,615	12,606,384	55,105,836	15,091,314	51,355,854	17,227,495	88,932,944	20,794,395	27,898,816	305,643,653
Expense	12,475,971	7,261,034	55,400,568	14,542,159	47,832,244	19,511,381	86,822,500	18,603,137	18,867,817	281,316,811
Difference	4,154,644	5,345,351	(294,732)	549,155	3,523,610	(2,283,886)	2,110,444	2,191,257	9,030,999	24,326,842
HMP										
Revenue	3,657,645	1,272,431	5,409,096	1,228,924	4,642,793	1,436,073	7,677,028	2,804,751	3,045,196	31,173,938
Expense	9,514,786	840,418	3,528,396	396,480	5,612,717	2,254,971	8,307,541	1,663,304	1,463,831	33,582,444
Difference	(5,857,140)	432,013	1,880,700	832,444	(969,925)	(818,899)	(630,513)	1,141,448	1,581,365	(2,408,506)
Combined Medicaid/HMP	(1,702,497)	5,777,364	1,585,968	1,381,600	2,553,686	(3,102,785)	1,479,931	3,332,705	10,612,364	21,918,336
Projected										21,918,335.94

# Southwest Michigan Behavioral Health

For the Fiscal YTD Period Ended 10/31/2025  
(For Internal Management Purposes Only)

10/31/2025

ok

## INCOME STATEMENT

### Barry County CMHA PIHP Summary Information

HCC% 0%

SWMBH TOTAL Excluding GF		Summary of Local CMHSP Components						CCBHC		
		Medicaid MH/DD	Medicaid SUD	HMP MH	HMP SUD	SUD Block Grant Treatment	State GF	CCBHC Medicaid	CCBHC Healthy Michigan	CCBHC Non- Medicaid
Capitation Payment		1,039,644	10,889	83,329	22,706	-	77,944	-	-	-
Incentive Payment Revenue	<u>CCBHC Revenue</u> <u>PIHP Revenue</u>									
<b>Subcontract revenue</b>	<u>-</u> <u>1,156,568</u>	<b>1,039,644</b>	<b>10,889</b>	<b>83,329</b>	<b>22,706</b>	<b>-</b>	<b>77,944</b>	<b>-</b>	<b>-</b>	<b>-</b>
External provider cost		489,842	-	54,048	-	-	1,027			
Internal program cost		39,105	516	-	398	-	3,756	434,290.25	135,874	128,537
SSI Reimb, 1st/3rd Party Cost Offset		-	-	-	-	-	-	13,635.65	8,704	17,764
Mgd care administration	<u>CCBHC Cost</u> <u>PIHP Cost</u>	<u>75,623</u>	<u>-</u>	<u>15,589</u>	<u>-</u>	<u>-</u>	<u>7,897</u>	<u>-</u>	<u>-</u>	<u>-</u>
<b>Subcontract cost</b>	<u>592,504</u> <u>675,121</u>	<b>604,570</b>	<b>516</b>	<b>69,637</b>	<b>398</b>	<b>-</b>	<b>12,680</b>	<b>447,926</b>	<b>144,578</b>	<b>146,301</b>
<b>Net before settlement</b>	<b>(592,504)</b>	<b>435,074</b>	<b>10,372</b>	<b>13,692</b>	<b>22,309</b>	<b>-</b>	<b>65,264</b>	<b>(447,926)</b>	<b>(144,578)</b>	<b>(146,301)</b>
Other Redistributions of State GF		-	-	-	-	-	(13,818)	-	-	146,301
Subcontract settlement	<u>-</u> <u>(481,447)</u>	<u>(435,074)</u>	<u>(10,372)</u>	<u>(13,692)</u>	<u>(22,309)</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
<b>Net after settlement</b>	<b>(592,504)</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>51,446</b>	<b>447,926</b>	<b>144,578</b>	<b>-</b>

### Berrien Mental Health Authori

HCC% 0.00%

### PIHP Summary Information

Capitation Payment		4,549,518	42,635	352,769	97,989	-	184,032	743,721	288,544	-
Incentive Payment Revenue	<u>CCBHC Revenue</u> <u>PIHP Revenue</u>									
<b>Subcontract revenue</b>	<u>1,032,265</u> <u>5,042,911</u>	<b>4,549,518</b>	<b>42,635</b>	<b>352,769</b>	<b>97,989</b>	<b>-</b>	<b>184,032</b>	<b>743,721</b>	<b>288,544</b>	<b>-</b>
External provider cost		4,026,564	-	239,337	-	-	33,581			
Internal program cost		215,405	605	14,809	-	62,608	11,706	796,135	319,917	133,033
SSI Reimb, 1st/3rd Party Cost Offset		-	-	-	-	-	(6,541)	21,808	6,365	6,365
Mgd care administration	<u>CCBHC Cost</u> <u>PIHP Cost</u>	<u>374,140</u>	<u>-</u>	<u>39,887</u>	<u>-</u>	<u>-</u>	<u>21,116</u>	<u>-</u>	<u>-</u>	<u>-</u>
<b>Subcontract cost</b>	<u>1,144,225</u> <u>4,910,747</u>	<b>4,616,109</b>	<b>605</b>	<b>294,033</b>	<b>-</b>	<b>62,608</b>	<b>59,862</b>	<b>817,943</b>	<b>326,282</b>	<b>139,398</b>
<b>Net before settlement</b>	<b>(111,960)</b>	<b>(66,591)</b>	<b>42,030</b>	<b>58,736</b>	<b>97,989</b>	<b>(62,608)</b>	<b>124,170</b>	<b>(74,222)</b>	<b>(37,738)</b>	<b>(139,398)</b>
Other Redistributions of State GF		-	-	-	-	-	(139,398)	-	-	139,398
Subcontract settlement	<u>-</u> <u>(132,164)</u>	<u>66,591</u>	<u>(42,030)</u>	<u>(58,736)</u>	<u>(97,989)</u>	<u>62,608</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
<b>Net after settlement</b>	<b>(111,960)</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>(15,228)</b>	<b>(74,222)</b>	<b>(37,738)</b>	<b>-</b>

For the Fiscal YTD Period Ended 10/31/2025  
(For Internal Management Purposes Only)

**10/31/2025**

**ok**

### INCOME STATEMENT

<b>Pines Behavioral Health Services</b>		HCC%	100.00%	86.3%	0.1%	2.4%	0.0%	0.0%	11.2%			
<b>PIHP Summary Information</b>												
Capitation Payment				1,245,384	12,225	80,654	21,757	-	73,385		1,674	
Incentive Payment Revenue	<i>CCBHC Revenue</i>	<i>PIHP Revenue</i>										
<b>Subcontract revenue</b>	<b>1,674</b>	<b>1,360,020</b>		<b>1,245,384</b>	<b>12,225</b>	<b>80,654</b>	<b>21,757</b>	<b>-</b>	<b>73,385</b>		<b>1,674</b>	
External provider cost				1,004,053	-	9,106	-	-	11,220			
Internal program cost				160,511	1,745	22,619	-	-	139,522		27,891	874
SSI Reimb, 1st/3rd Party Cost Offset				-	-	-	-	-	-		(7,131)	(1,984)
Mgd care administration	<i>CCBHC Cost</i>	<i>PIHP Cost</i>		45,537	-	1,316	-	-	2,274		-	-
<b>Subcontract cost</b>	<b>19,651</b>	<b>1,244,887</b>		<b>1,210,102</b>	<b>1,745</b>	<b>33,040</b>	<b>-</b>	<b>-</b>	<b>153,016</b>		<b>20,761</b>	<b>(1,109)</b>
<b>Net before settlement</b>	<b>(17,977)</b>			<b>35,283</b>	<b>10,480</b>	<b>47,614</b>	<b>21,757</b>	<b>-</b>	<b>(79,631)</b>		<b>(19,086)</b>	<b>1,109</b>
Other Redistributions of State GF		<i>PIHP Stmt</i>		-	-	-	-	-	79,630		-	-
Subcontract settlement	-	(115,133)		(35,283)	(10,480)	(47,614)	(21,757)	-	-		-	-
<b>Net after settlement</b>	<b>(17,977)</b>	<b>-</b>		<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>(0)</b>		<b>(19,086)</b>	<b>1,109</b>

<b>Summit Pointe (Calhoun Cour</b>		HCC%	0.00%									
<b>PIHP Summary Information</b>												
Capitation Payment				4,279,655	-	386,899	-	-	154,958		731,491	288,564
Incentive Payment Revenue	<i>CCBHC Revenue</i>	<i>PIHP Revenue</i>										
<b>Subcontract revenue</b>	<b>1,020,055</b>	<b>4,666,554</b>		<b>4,279,655</b>	<b>-</b>	<b>386,899</b>	<b>-</b>	<b>-</b>	<b>154,958</b>		<b>731,491</b>	<b>288,564</b>
External provider cost				3,317,383	-	396,215	-	-	123,564			
Internal program cost				225,229		10,001		-	16,012		849,369	264,430
SSI Reimb, 1st/3rd Party Cost Offset				-	-	-	-	-	-		-	-
Mgd care administration	<i>CCBHC Cost</i>	<i>PIHP Cost</i>		443,408	-	61,510	-	-	33,959		-	-
<b>Subcontract cost</b>	<b>1,113,800</b>	<b>4,453,747</b>		<b>3,986,020</b>	<b>-</b>	<b>467,726</b>	<b>-</b>	<b>-</b>	<b>173,536</b>		<b>849,369</b>	<b>264,430</b>
<b>Net before settlement</b>	<b>(93,744)</b>			<b>293,634</b>	<b>-</b>	<b>(80,827)</b>	<b>-</b>	<b>-</b>	<b>(18,578)</b>		<b>(117,878)</b>	<b>24,134</b>
Other Redistributions of State GF		<i>PIHP Stmt</i>		-	-	-	-	-	-		-	-
Subcontract settlement	-	(212,807)		(293,634)	-	80,827	-	-	-		-	-
<b>Net after settlement</b>	<b>(93,744)</b>	<b>-</b>		<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>(18,578)</b>		<b>(117,878)</b>	<b>24,134</b>

# Southwest Michigan Behavioral Health

For the Fiscal YTD Period Ended 10/31/2025  
(For Internal Management Purposes Only)

## INCOME STATEMENT

### Woodlands Behavioral Health

#### PIHP Summary Information

	HCC%	100.0%	85.0%	1.4%	6.6%	3.0%	0.7%	3.3%
Capitation Payment			1,422,879	12,746	94,146	25,527	-	72,258
Incentive Payment Revenue	<u>CCBHC Revenue</u>	<u>PIHP Revenue</u>						
<b>Subcontract revenue</b>	-	1,555,297	<b>1,422,879</b>	<b>12,746</b>	<b>94,146</b>	<b>25,527</b>	-	<b>72,258</b>
External provider cost			1,134,747	-	72,596	-	-	31,417
Internal program cost			367,193	24,646	44,482	52,730	12,142	27,789
SSI Reimb, 1st/3rd Party Cost Offset			-	-	-	-	-	-
Mgd care administration	<u>CCBHC Cost</u>	<u>PIHP Cost</u>	99,363	-	18,106	-	-	8,755
<b>Subcontract cost</b>	-	1,813,863	<b>1,601,302</b>	<b>24,646</b>	<b>135,184</b>	<b>52,730</b>	<b>12,142</b>	<b>67,961</b>
<b>Net before settlement</b>	-		<b>(178,423)</b>	<b>(11,901)</b>	<b>(41,038)</b>	<b>(27,204)</b>	<b>(12,142)</b>	<b>4,297</b>
Other Redistributions of State GF		<u>PIHP Stimt</u>	-	-	-	-	-	(4,296)
Subcontract settlement	-	258,565	178,423	11,901	41,038	27,204	12,142	-
<b>Net after settlement</b>	-	-	-	-	-	-	-	<b>0</b>

### Integrated Services of Kalama

#### PIHP Summary Information

	HCC%	100.0%	91.3%	0.0%	8.7%	0.0%	0.0%	0.0%			
Capitation Payment			7,411,079	-	639,752	-	-	-	2,435,251	793,384	-
Incentive Payment Revenue	<u>CCBHC Revenue</u>	<u>PIHP Revenue</u>									
<b>Subcontract revenue</b>	3,228,635	8,050,831	<b>7,411,079</b>	-	<b>639,752</b>	-	-	-	<b>2,435,251</b>	<b>793,384</b>	-
External provider cost			6,141,127	-	608,830	-	-	-	-	-	-
Internal program cost			221,786	-	-	-	-	-	1,931,478	658,202	405,007
SSI Reimb, 1st/3rd Party Cost Offset			-	-	-	-	-	-	-	-	-
Mgd care administration	<u>CCBHC Cost</u>	<u>PIHP Cost</u>	872,296	-	83,465	-	-	-	-	-	-
<b>Subcontract cost</b>	2,589,680	7,927,503	<b>7,235,208</b>	-	<b>692,295</b>	-	-	-	<b>1,931,478</b>	<b>658,202</b>	<b>405,007</b>
<b>Net before settlement</b>	<b>638,955</b>		<b>175,870</b>	-	<b>(52,543)</b>	-	-	-	<b>503,773</b>	<b>135,181</b>	<b>(405,007)</b>
Other Redistributions of State GF		<u>PIHP Stimt</u>	-	-	-	-	-	-	-	-	-
Subcontract settlement	-	(123,328)	(175,870)	-	52,543	-	-	-	-	-	-
<b>Net after settlement</b>	<b>638,955</b>	-	-	-	-	-	-	-	<b>503,773</b>	<b>135,181</b>	<b>(405,007)</b>

# Southwest Michigan Behavioral Health

For the Fiscal YTD Period Ended 10/31/2025  
(For Internal Management Purposes Only)

## INCOME STATEMENT

### CMH of St Joseph County PIHP Summary Information

	HCC%	100.0%
Capitation Payment		
Incentive Payment Revenue	<u>CCBHC Revenue</u>	<u>PIHP Revenue</u>
<b>Subcontract revenue</b>	-	1,966,596
External provider cost		
Internal program cost		
SSI Reimb, 1st/3rd Party Cost Offset		
Mgd care administration	<u>CCBHC Cost</u>	<u>PIHP Cost</u>
<b>Subcontract cost</b>	-	1,688,870
<b>Net before settlement</b>	-	
Other Redistributions of State GF		<u>PIHP Stlmnt</u>
Subcontract settlement	-	(277,725)
<b>Net after settlement</b>	-	-

### Van Buren Mental Health Auth PIHP Summary Information

	HCC%	100.0%
Capitation Payment		
Incentive Payment Revenue	<u>CCBHC Revenue</u>	<u>PIHP Revenue</u>
<b>Subcontract revenue</b>	-	2,578,668
External provider cost		
Internal program cost		
SSI Reimb, 1st/3rd Party Cost Offset		
Mgd care administration	<u>CCBHC Cost</u>	<u>PIHP Cost</u>
<b>Subcontract cost</b>	-	1,694,304
<b>Net before settlement</b>	-	
Other Redistributions of State GF		<u>PIHP Stlmnt</u>
Subcontract settlement	-	(884,364)
<b>Net after settlement</b>	-	-

ok

Summary of Local CMHSP Components							
Medicaid MH/DD	Medicaid SUD	HMP MH	HMP SUD	SUD Block Grant Treatment	State GF		
86.8%	0.0%	7.4%	0.0%	0.4%	5.4%		
1,732,866	-	233,729	-	-	86,880		
<b>1,732,866</b>	<b>-</b>	<b>233,729</b>	<b>-</b>	<b>-</b>	<b>86,880</b>		
1,354,902	-	116,659	-	-	-		
52,915	285	3,378	129	6,581	86,880		
-	-	-	-	-	-		
142,159	-	18,443	-	-	-		
<b>1,549,976</b>	<b>285</b>	<b>138,480</b>	<b>129</b>	<b>6,581</b>	<b>86,880</b>		
<b>182,890</b>	<b>(285)</b>	<b>95,250</b>	<b>(129)</b>	<b>(6,581)</b>	<b>-</b>		
-	-	-	-	-	-		
(182,890)	285	(95,250)	129	6,581	-		
-	-	-	-	-	-		

CCBHC		
CCBHC Medicaid	CCBHC Healthy Michigan	CCBHC Non-Medicaid



**Southwest Michigan Behavioral Health Board Meetings  
2026**  
**Southwest Michigan Behavioral Health, 5250 Lovers Lane, Suite  
200, Portage, MI 49002**

January 9, 2026 – 9:30am to 11:30am

February 13, 2026 – 9:30am to 11:30am

March 13, 2026 – 9:30am to 11:30pm

April 10, 2026 – 9:30am to 11:30am

May 8, 2026 – 9:30am to 10:30am

May 8, 2026 – 10:30 to 3:00pm Board Planning Session

June 12, 2026 – 9:30am to 11:30am

July 10, 2026 – 9:30am to 11:30am

August 14, 2026 – 9:30am to 11:30am

September 11, 2026 – 9:30am to 11:30am

October 9, 2026 – 9:30am to 11:30am

November 13, 2026 – 9:30am to 11:30am

December 11, 2026 – 9:30 am to 11:30am

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.

### **3.3 POLICY: Board Code of Conduct (formerly BG-007)**

The Board commits itself to ethical, lawful, and businesslike conduct including proper use of authority and appropriate decorum when acting as Board members.

Accordingly:

3.3.1 SWMBH Board members represent the interests of Southwest Michigan Behavioral Health. This accountability supersedes any potential conflicts of loyalty to other interests including advocacy or interest groups, membership on other Boards, relationships with others or personal interests of any Board member. As a result, Board members will follow the SWMBH Conflict of Interest Policy SWMBH Operating Policy 10.10

3.3.1.1 Conflict of Interest is defined as any actual or proposed direct or indirect financial relationship or ownership interest between the Board member and any entity with which SWMBH has or proposes to have a contract, affiliation, arrangement or other transaction.

3.3.1.2 When a member either must recuse themselves or chooses to recuse themselves from voting on a Board decision their prior potential vote count will be removed from the vote tally denominator; however, when a member abstains from voting on a Board decision their potential vote count will not be removed from the vote tally denominator.

3.3.2 Members will respect the confidentiality appropriate to issues of a sensitive nature including, but not limited to, those related to client privacy laws, substance abuse services, or SWMBH business or strategy.

3.3.3 Members will be properly prepared for Board deliberation as well as educate themselves on the SWMBH Compliance Plan and Code of Conduct.

3.3.4 Member will support the legitimacy and authority of the final determination of the Board on any matter, without regard to the Member's personal position on the issue.

3.3.5 Persons who have been excluded from participation in Federal Health Care Programs may not serve as Board Members.

3.3.5.1 If a Board member believes they will become an excluded individual, that member is responsible for notifying the SWMBH Compliance Department. The Board member is responsible for providing information necessary to monitor possible exclusions.

3.3.5.1.1 SWMBH shall periodically review Board member names against the excluded list per regulatory and contractual obligations.

3.3.6 SWMBH Board members will establish, and encourage throughout its region, cultures that promote prevention, detection, and resolution of instances of misconduct in order to conform to applicable laws and regulations.

3.3.6.1 Members have a duty to report to the SWMBH Chief Compliance Officer any alleged or suspected violation of the Board Code of Conduct or related laws and regulations by themselves or another Board member.

3.3.6.2 SWMBH Board members shall cooperate fully in any internal or external Medicaid or other SWMBH funding stream compliance investigation.

3.3.6.3 Failure to comply with the Compliance Plan and Board Code of Conduct may result in the recommendation to a Participant CMH Board for the member's removal from the SWMBH Board.

3.3.6.4 Members will participate in Board compliance trainings and educational programs as required.

3.3.6.5 Members will use due care not to delegate substantial discretionary authority to individuals whom they know, or should have known through due diligence, who have a propensity to engage in illegal activities.

3.3.7 Board members may not attempt to exercise individual authority over the organization except as explicitly set forth in Board policies.

3.3.7.1 Members' interaction with the Executive Officer or with staff must recognize the lack of authority vested in individuals except when explicitly Board-authorized.

3.3.7.2 Members' commenting on the agency and Executive Officer performance must be done collectively and in regard to explicit Board policies.

3.3.8 Members' interaction with public, press or other entities must recognize the same limitation and the inability of any Board member to speak for the Board unless provided in policy, *or specifically authorized by the board through an officially passed motion of the Board.*

## **2.5 POLICY: Asset Protection** (formerly BEL003)

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

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

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

2.5.2. Leave intellectual property, information and files unprotected from loss or significant damage.

2.5.3 Allow physical assets to be uninsured against theft and property losses at an appropriate level and against liability losses to board members, staff and the organization itself in an amount greater than the average for comparable organizations.

2.5.4. 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.

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

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

2.5.7. Allow unbonded personnel access to material amounts of funds.

2.5.8. Unnecessarily expose the organization, its Board, or Staff to claims of liability.

2.5.9. 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.

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

2.5.11. Invest or hold operating capital and risk reserve funds in instruments *at the expense of safety and liquidity*.

**Executive Limitations  
Monitoring to Assure Executive Performance  
Board date December 12, 2025**

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**Policy Number: 2.5 Policy Asset Protection**  
**Policy Name: Asset Protection**  
**Assigned Reviewer: Board Finance Committee**

**Period under review: August 1, 2025 – December 1, 2025**

**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 an offer to walk-through the agency, as well as the SWMBH Board Finance Committee and SWMBH Board meeting at SWMBH's office, 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.*

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 an Information Technology policy and Employee Manual requirements related to 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.*

2. 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 (MMRMA). The premium has been paid and the Policy is active.*

3. 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.*

4. 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. The SWMBH Business Continuity Plan makes clear that all media requests for comment other than general information regarding behavioral health services must be directed to the EO to ensure appropriate public image is maintained.*

5. 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.*

6. 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.*

7. 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.*

8. 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 under review. Orders have not been split to avoid these criteria. Procurement policy and administrative files are available on-site upon request. The Procurement Procedure/Checklist require individuals requesting a contract to list the contract amount on the request form, and further includes a requirement that contracts above \$100,000 receive Board approval.*

- 9. 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.*

- 10. 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.*

Related Documents Provided:

SWMBH Investment Policy (2.6 POLICY) and Investment Placements Summary  
Michigan Municipal Risk Management Authority Policy

Procurement Procedure/Checklist

## **SWMBH SERVICES ADMINISTRATIVE CONTRACTS**

(October 2024-September 2025)

### **AUNALYTICS**

<b>Deliverables/Services</b>	<ul style="list-style-type: none"><li>• Provides Data Center &amp; Storage Services</li><li>• Web Hosting</li><li>• Cloud Computing Services</li><li>• Network Infrastructure</li><li>• VOIP</li><li>• Wireless Communications</li><li>• Hardware and Software Needs (with Helpdesk Support)</li><li>• Related Project Management</li></ul>
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FY25 Expenditure: \$288,563 (FY24 Expenditure: \$340,261)

### **BAUCKHAM, SPARKS, THALL, SEEBER & KAUFMAN P.C.**

<b>Deliverables/Services</b>	<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>
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FY25 Expenditure: \$9,407 (FY24 Expenditure: \$3,993)

### **BLUE FIRE MEDIA, INC**

<b>Deliverables/Services</b>	<ul style="list-style-type: none"><li>• Supports the SWMBH public website</li></ul>
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FY25 Expenditure: \$1,500 (FY24 Expenditure: \$1,640)

### **CAPITOLINE CONSULTING**

<b>Deliverables/Services</b>	<ul style="list-style-type: none"><li>• Consultation service on federal policy, regulations &amp; funding opportunities</li><li>• Secure materials and prepare briefs summarizing attended events</li></ul>
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FY25 Expenditure: \$12,900 (FY24 Expenditure: \$11,167)

### **CONTRACT PHYSICIANS**

<b>Deliverables/Services</b>	<ul style="list-style-type: none"><li>• Program policy issue consultation</li><li>• Service guideline consultation and review</li><li>• Medical policy review and approval</li><li>• SWMBH credentialing panel participant</li><li>• Consultation provided to Member Services and Contractor Network Management as necessary</li><li>• On-call Medical decisions with Utilization Management during non-business hours</li><li>• BH Human Resource Management Committee consultant</li></ul>
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<b>DOERSCHLER &amp; ASSOCIATES</b>	
<b>Deliverables/Services</b>	<ul style="list-style-type: none"> <li>Fiduciary Advisors for retirement plans</li> </ul>
	FY25 Expenditure: \$17,766 ( FY24 Expenditure: \$23,011)
<b>HEALTH MANAGEMENT ASSOCIATES</b>	
<b>Deliverables/Services</b>	<ul style="list-style-type: none"> <li>Technical assistance on emerging regulatory initiatives regarding population health management, duals, opioid health homes and data analytics</li> </ul>
	FY25 Expenditure: \$0 ( FY24 Expenditure: \$11,163)
<b>LEADING EDGE MENTORING</b>	
<b>Deliverables/Services</b>	<ul style="list-style-type: none"> <li>Performs a preliminary assessment of SWMBH Board and management implementation.</li> </ul>
	FY25 Expenditure: \$3,611 ( FY24 Expenditure: \$10,023)
<b>MORC, INC</b>	
<b>Deliverables/Services</b>	<ul style="list-style-type: none"> <li>Support intensity scale assessment training</li> </ul>
	FY25 Expenditure: \$3,600 ( FY24 Expenditure: \$5,400)
<b>PREST AND ASSOCIATES</b>	
<b>Deliverables/Services</b>	<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>
	FY25 Expenditure: \$5,037 ( FY24 Expenditure: \$4,415)
<b>GRYPHON</b>	
<b>Deliverables/Services</b>	<ul style="list-style-type: none"> <li>After hours phone answering service for SUD phone lines</li> </ul>
	FY25 Expenditure: \$92,660 ( FY24 Expenditure: \$158,950)
<b>QUEST ANALYTICS, LLC</b>	
<b>Deliverables/Services</b>	<ul style="list-style-type: none"> <li>Annual Software licensing cost</li> <li>To Provide Network Adequacy analysis</li> </ul>
	FY25 Expenditure: \$8,545 ( FY24 Expenditure: \$8,545)
<b>REHMANN</b>	
<b>Deliverables/Services</b>	<ul style="list-style-type: none"> <li>Regional revenue and expense analysis</li> </ul>
	FY25 Expenditure: \$44,831 ( FY24 Expenditure: \$0)

<b>RELIAS POPULATION HEALTH (FORMERLY CARE MANAGEMENT TECHNOLOGIES, INC)</b>	
<b>Deliverables/Services</b>	<ul style="list-style-type: none"> <li>Licensed proprietary healthcare data analytics solution</li> <li>Analyze data in order to determine opportunities for improving care and decreasing costs for SWMBH and CMHSPs</li> <li>Install and manage population health and case level user application</li> </ul>
	FY25 Expenditure: \$175,137 ( FY24 Expenditure: \$175,137)
<b>ROSE ST ADVISORS/HRM INNOVATIONS, INC</b>	
<b>Deliverables/Services</b>	<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>
	FY25 Expenditure: \$21,816 ( FY24 Expenditure: \$58,500)
<b>ROSLUND PRESTAGE &amp; COMPANY, P.C</b>	
<b>Deliverables/Services</b>	<ul style="list-style-type: none"> <li>Financial, Compliance, and Single audit</li> </ul>
	FY25 Expenditure: \$131,138 ( FY24 Expenditure: \$115,025)
<b>STREAMLINE HEALTHCARE SOLUTIONS</b>	
<b>Deliverables/Services</b>	<ul style="list-style-type: none"> <li>Streamline Care Management System is a desktop application used to manage and pay external providers</li> </ul>
	FY25 Expenditure: \$118,920 ( FY24 Expenditure: \$136,160)
<b>TBD SOLUTIONS LLC</b>	
	<ul style="list-style-type: none"> <li>Level of Care Data Analytics and Guidelines project</li> <li>Strategic Planning Support</li> <li>Internal Functional assessment of UM Call Center and Provider Network</li> </ul>
	FY25 Expenditure: \$10,478 ( FY24 Expenditure: \$69,713)
<b>VARNUM LLP</b>	
<b>Deliverables/Services</b>	<ul style="list-style-type: none"> <li>General Counsel. Retirement plans and labor law legal consultation</li> </ul>
	FY25 Expenditure: \$144,606 ( FY24 Expenditure: \$83,608)
<b>VOICES FOR HEALTH</b>	
<b>Deliverables/Services</b>	<ul style="list-style-type: none"> <li>Translation and Interpretation services</li> </ul>
	FY25 Expenditure: \$2,720 ( FY24 Expenditure: \$5,876)

**Contract Services (through September 30, 2025)**

**FY 2025 Actual: \$1,181,605**

**FY 2024 Actual: \$1,312,844**

**Delta \$: -131,239**

**Delta %: -10.0**



# FY 25 Customer Service Annual Report

December 2025

# Customer Service

Customer Service department duties include but not limited to:

- Welcome and orient members to services and benefits available, and the provider network
- Development and distribution of all written member materials and communications
- Member rights and responsibilities
- Processing grievance, appeals, and second opinions
- Track and report patterns of problems for the organization
- Member community resources and education
- Community events

SWMBH delegates Customer Service and Grievance and Appeals to the CMHSPs. This is outlined in the Memorandum of Understanding

SWMBH Customer Service has additional duties that include:

- Auditing and monitoring of delegated functions
- Updating and maintaining the member handbook
- State Fair hearing processing and handling



# Customer Service Activities

- From 10/1/24-9/30/25 the CS line received **1,026** total calls.
  - Average handle time was 0:04:11
  - Maximum handle time was 1:10:58
- **83** customers have been contacted for Opioid Health Homes (OHH) follow up for engagement.
  - For each of the **83** customers contacted, each member receives 3 calls, and 2 letters total for attempts to engage.
- Consumer Advisory Committee met **11** times in FY 25. Six of the eight counties are represented at the CAC.
- SWMBH produced **4** Member Newsletters
- SWMBH updated its Latest News page on the website
  - Resources are regularly updated now



# Veteran Navigator

SWMBH's Regional Veteran Navigator assists Veterans and their families with accessing and navigating community resources to help with behavioral health challenges and more. Often the Veteran or their family member(s) are facing imminent or active crisis. SWMBH's Regional Veteran Navigator works closely with identified CMH Veteran Navigators to ensure Veterans and their families' needs are met.

In FY 2025, SWMBH's Regional Veteran Navigator focused on partnering with community agencies to create and promote community events to connect with Veterans and their families.

Services the Regional Navigator can assist with include:

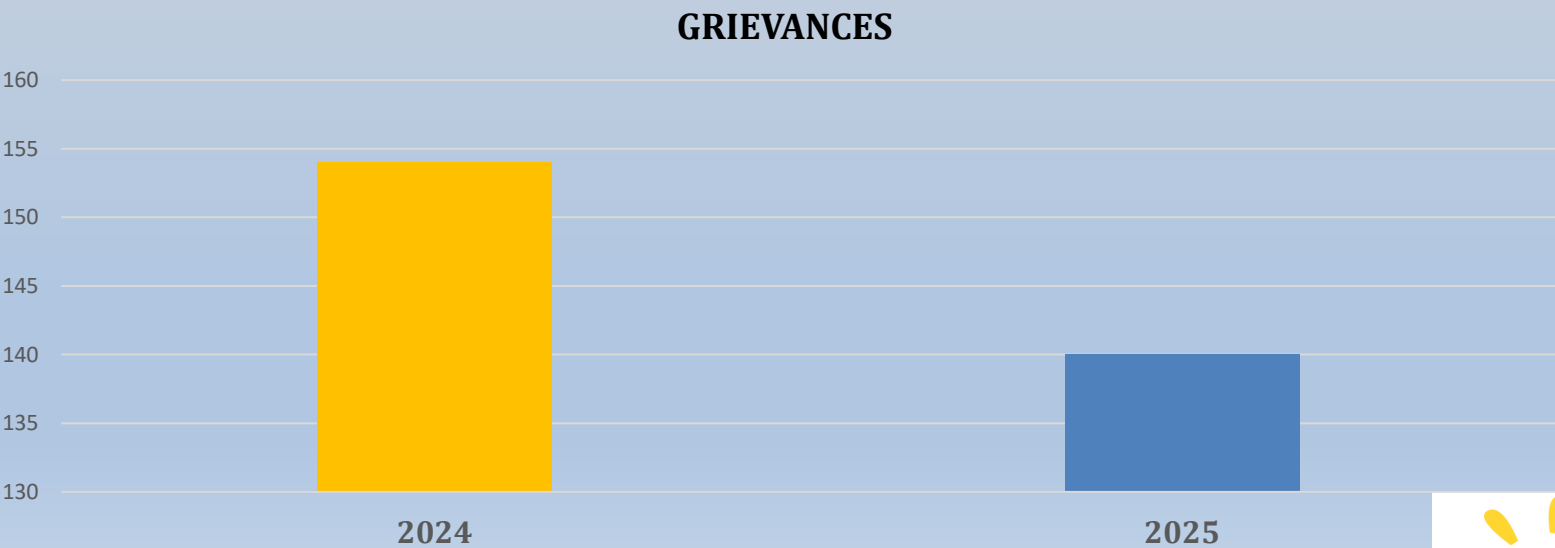
- Mental Health & SUD Assistance
- Housing
- Education
- Food Resources
- Legal/Veteran Court
- Women's & Veteran Peer Support Programs
- DD214
- Employment
- Transportation
- Veteran Service Officer
- Recreational Therapy



SWMBH and 8 affiliate CMH providers managed and/or provided oversight of **370** Medicaid Grievances and Appeals

MA/HMP Grievances reported:	140
MA/HMP Local Appeals reported:	221
MA/HMP Fair Hearings reported:	9

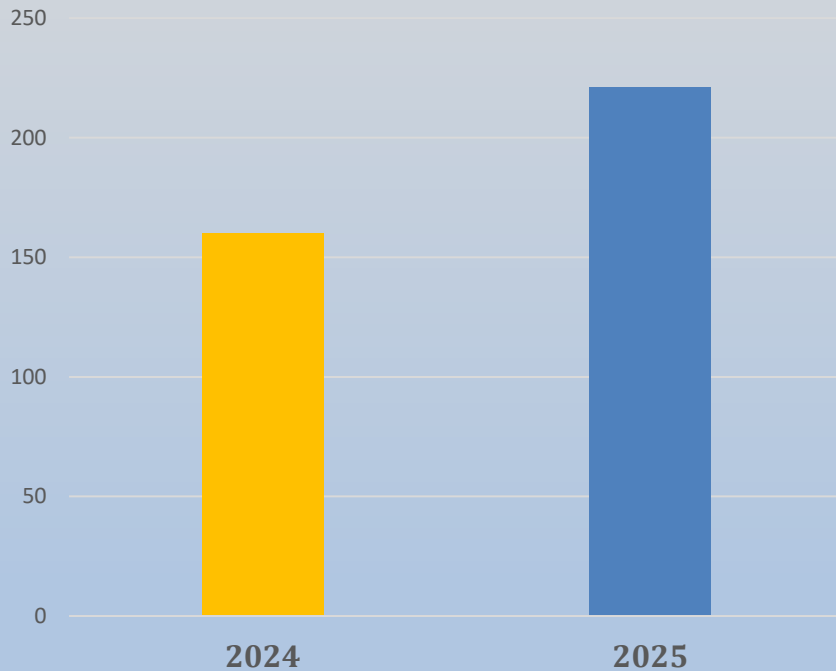
Grievance Trends  
Fiscal Years 2024 and 2025



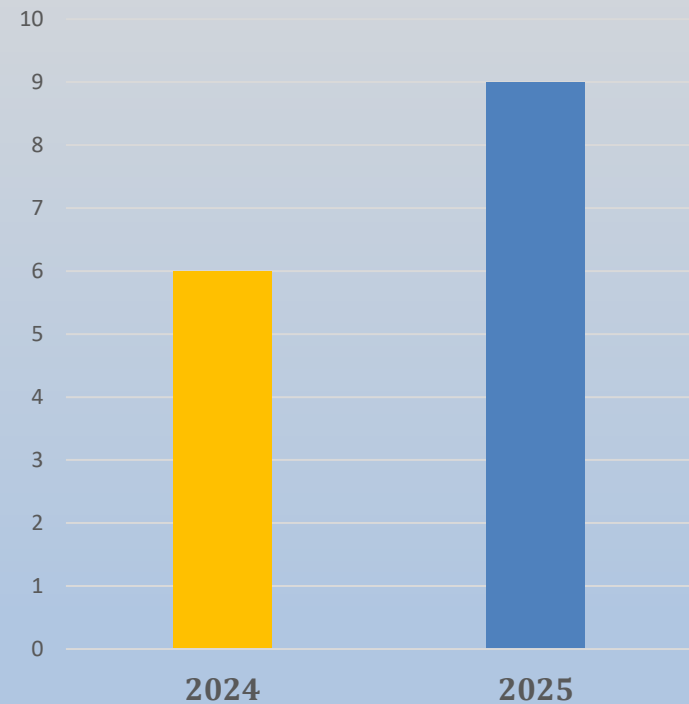
# Appeal Trends

## Fiscal Years 2024 and 2025

### LOCAL LEVEL APPEALS



### FAIR HEARING APPEALS



# GRIEVANCES

Grievance Category	Number of Cases Closed	Number of Cases Per 100 Members	Number of Cases Substantiated	Number of Cases Substantiated Per 100 Members	Number of Interventions	Number of Cases Resolved within 90 Calendar Days	Average Number of Days for Resolution*
QUALITY OF CARE	11	0.04	7	0.02	15	11	14
ACCESS AND AVAILABILITY	21	0.07	10	0.03	26	21	22
INTERACTION WITH PROVIDER OR PLAN	93	0.32	54	0.19	107	93	12
MEMBER RIGHTS	3	0.01	1	0.00	4	3	19
TRANSPORTATION	1	0.00	0	0.00	1	1	5
ABUSE, NEGLECT, OR EXPLOITATION	0	0.00	0	0.00	0	0	0
FINANCIAL OR BILLING MATTERS	1	0.00	1	0.00	2	1	82
SAFETY/RISK MANAGEMENT	2	0.01	1	0.00	4	2	45
SERVICE ENVIRONMENT	3	0.01	0	0.00	4	3	32
OTHER	5	0.02	2	0.01	6	5	19
<b>Total</b>	<b>140</b>	<b>0.48</b>	<b>76</b>	<b>0.26</b>	<b>169</b>	<b>140</b>	<b>15</b>



# APPEALS

Reason for Adverse Decision on Appeal	Number of Cases Closed	Number of Cases Per 100 Members	Number of Decisions Made Timely-Standard	Number of Decisions Made Untimely-Standard	Number of Decisions Made Timely-Expedited	Number of Decisions Made Untimely-Expedited	Percent Timely-All Cases	Percent Untimely-All Cases
<b>MEDICAL NECESSITY CRITERIA NOT MET</b>	90	0.31	88	0	2	0	100%	0%
<b>NOT A PIHP-COVERED BENEFIT</b>	0	0.00	0	0	0	0	0%	0%
<b>CLINICAL DOCUMENTATION NOT RECEIVED</b>	3	0.01	3	0	0	0	100%	0%
<b>TREATMENT/SERVICE PLAN GOALS MET</b>	0	0.00	0	0	0	0	0%	0%
<b>MEMBER NOT ELIGIBLE FOR SERVICES</b>	0	0.00	0	0	0	0	0%	0%
<b>MEMBER NON-COMPLIANT WITH TREATMENT/SERVICE PLAN</b>	10	0.03	10	0	0	0	100%	0%
<b>FAILURE OF THE PIHP/CMHSP/SUD PROVIDER TO RENDER A DECISION TIMELY</b>	0	0.00	0	0	0	0	0%	0%
<b>OTHER</b>	5	0.02	5	0	0	0	100%	0%
<b>NOT APPLICABLE</b>	113	0.39	109	0	3	1	99%	1%
<b>Total</b>	<b>221</b>	<b>0.76</b>	<b>215</b>	<b>0</b>	<b>5</b>	<b>1</b>	<b>100%</b>	<b>0%</b>

	Count	Percentage
<b>Appeals</b>	221	
<b>Appeals Upheld</b>	93	42%
<b>Appeals Overturned</b>	113	51%
<b>Appeals Partially Upheld/Overturned</b>	15	7%



# QUESTIONS?

