



Southwest Michigan Behavioral Health Board Meeting
Four Points by Sheraton, 3600 E. Cork St. Ct. Kalamazoo, MI 49001
December 8, 2023
9:30 am to 11:30 am
Luncheon immediately following
(d) means document provided
Draft: 11/29/23

1. **Welcome Guests/Public Comment**
2. **Agenda Review and Adoption (d) pg.1**
3. **Financial Interest Disclosure Handling (M. Todd)**
 - None Scheduled
4. **Consent Agenda (2 minutes)**
 - a. November 10, 2023 SWMBH Board Meeting Minutes (d) pg.3
 - b. October 25, 2023 Operation Committee Meeting Minutes (d) pg.7
5. **Required Approvals (10 minutes)**
 - None Scheduled
6. **Ends Metrics Updates (*Requires motion)**

Proposed Motion: The Board accepts the interpretation of Ends Metrics as meeting the test of ANY reasonable interpretation and the data shows compliance with the interpretation.

 - None Scheduled
7. **Board Actions to be Considered (10 minutes)**
 - a. BEL-006 Investments (L. Csokasy)
 - b. Board Governance Process Policy Replacement Set (B. Casemore)
 - c. Calendar Year 2024 Board Calendar (E. Meny) (d) pg.9
8. **Board Policy Review (5 minutes)**

Proposed Motion: The Board accepts the interpretation of Policy _____ as meeting the test of ANY reasonable interpretation and the data shows compliance with the interpretation.

 - BG-005 Chairperson's Role (d) pg.10
9. **Executive Limitations Review (10 minutes)**

Proposed Motion: The Board accepts the interpretation of Policy _____ as meeting the test of ANY reasonable interpretation and the data shows compliance with the interpretation.

 - BEL-003 Asset Protection (E. Krogh) (d) pg.12

10. Board Education (25 minutes)

- a. Fiscal Year 2024 Year to Date Financial Statements (G. Guidry) (to be displayed)
- b. Fiscal Year 2023 Contract Vendor Summary (G. Guidry) (d) pg.17
- c. Fiscal Year 2023 Program Integrity Compliance Report (M. Todd) (d) pg.20

11. Communication and Counsel to the Board

- a. January Board Policy Direct Inspection – (None scheduled)
- b. February meeting confirm

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

Meeting location to be determined

January 12, 2024

9:30 am - 11:30 am



Board Meeting Minutes
November 10, 2023
Four Points Sheraton, 3600 E. Cork St. Kalamazoo, MI 49001
9:30 am-11:30 am

Members Present: Edward Meny, Tom Schmelzer, Mark Doster, Louie Csokasy, Susan Barnes, Sherii Sherban, Erik Krogh, Carol Naccarato

Members Absent: None

Guests Present: Bradley Casemore, Executive Officer, SWMBH; Anne Wickham, Chief Administrative Officer, SWMBH; Garyl Guidry, Chief Financial Officer, SWMBH; Mila Todd, Chief Compliance Officer, SWMBH; Alena Lacey, Director of Quality Management and Clinical Outcomes, SWMBH; Michelle Jacobs, Senior Operations Specialist & Rights Advisor, SWMBH; Ella Philander, Strategic Imperatives Project Manager; SWMBH; Cameron Bullock, Pivotal; Jon Houtz, Pines Board Alternate; Ric Compton, Riverwood Board Alternate; John Ruddell, Woodlands BHN; Jeff Patton, ISK; Sue Germann, Pines BH, Richard Thiemkey, Barry CMH, Nancy Johnson, Riverwood Board Alternate, Cathi Abbs, Pivotal Board Alternate, Mike Kenny, NAMI of Michigan

Welcome Guests

Edward Meny called the meeting to order at 9:31 am and introductions were made.

Public Comment

Mike Kenny shared his concerns and experiences in the mental health field.

Agenda Review and Adoption

Motion Tom Schmelzer moved to approve the agenda with the additions of Board Policy replacement set, May 2024 Planning session, and CMH Board visit status.

Second Louie Csokasy

Motion Carried

Financial Interest Disclosure (FID) Handling

Mila Todd distributed 2024 FID forms for Board members signatures.

Consent Agenda

Motion Mark Doster moved to approve the October 13, 2023 Board minutes as presented.

Second Susan Barnes

Motion Carried

September 27, 2023 Operations Committee Meeting minutes were included in the packet for the Board's information. No questions from the Board.

Required Approvals

None scheduled

Ends Metrics

Critical Incident Timeliness and Efficiency Report

Alena Lacey reported as documented noting that the audit was complete, and the metric was achieved. Discussion followed.

Motion Tom Schmelzer moved that The Board accepts the interpretation of Ends Metrics as meeting the test of ANY reasonable interpretation and the data shows compliance with the interpretation. The Executive Officer is in compliance and the Ends do not need revision.

Second Susan Barnes

Motion Carried

Fiscal Year 2023 Health Services Advisory Group External Quality Review

Alena Lacey reported as documented noting the metric was achieved. Board expressed concerns over different computer systems. Brad Casemore reviewed the regional history of managed care and electronic medical records systems including past, present and potential future considerations that includes minimal impact to persons served.

Motion Carol Naccarato moved that The Board accepts the interpretation of Ends Metrics as meeting the test of ANY reasonable interpretation and the data shows compliance with the interpretation. The Executive Officer is in compliance and the Ends do not need revision.

Second Tom Schmelzer

Motion Carried

Board Actions to be Considered

Executive Officer Evaluation

Edward Meny noted SWMBH Board policy EO-002 Monitoring Executive Officer Performance and the Executive Committee's review of documentation.

Motion Edward Meny moved The executive committee would like to commend Brad and his team at SWMBH for a job well done. Upon reviewing Policy EO- 002 Monitoring Executive Officer performance, the executive committee finds the Executive Officer has achieved all Ends Metrics. Review of Executive Limitations Policies resulted in 100% compliance. Reviewed were Board minutes highlighting Board Policy Reviews and Approvals. Your performance during the past year has been exceptional and deserving of praise. With faith in Brad Casemore as an Executive Officer, the executive committee recommends 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 Carol Naccarato
Motion Carried

Board Planning Session May 2024

Brad Casemore reviewed preliminary work on venue for the SWMBH May 2024 Board Planning session per Board Policy BG-006 Annual Board Planning Cycle. Board discussed and approved venue. SWMBH will solidify venue and meeting arrangements.

Board Policy replacement sets

Brad Casemore reviewed Susan Radwan’s recent work/development with SWMBH Board Policies. Revised sets will be reviewed at the December and January Board meetings.

Board Policy Review

BEL-006 Investments

Louie Csokasy reported as documented. Brad Casemore noted a red line version for Board approval at the December 8th meeting. Brad Casemore also noted that the investment policy and return of investments are two different things.

Executive Limitations Review

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

Sherii Sherban reported as documented.

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

Second Carol Naccarato
Motion Carried

EO-002 Monitoring Executive Officer Performance

Edward Meny reported as documented.

Motion Edward Meny moved that the Executive Officer is in compliance with policy EO-002 Monitoring Executive Officer Performance and the policy does not need revision.

Second Susan Barnes
Motion Carried

Board Education

Fiscal Year 2023 Year to Date Financial Statements

Garyl Guidry reported as documented noting that there is a deficit in Medicaid and a surplus in Healthy Michigan Plan for the first look at Fiscal Year 2023. A final Fiscal Year 2023 Financial Statement will be brought to the Board in March or April of 2024. Brad Casemore noted that PIHP CFOs are collectively reviewing financial processes and State rates and he will provide updates as the review process develops. Discussion followed.

Certified Community Behavioral Health Clinics (CCBHC)

Ella Philander reported as documented. Discussion followed.

Conflict Free Access and Planning

Alena Lacey noted that the workgroup concluded and there was no consensus on a model selection. MDHHS is developing a new model soon to be shared with PIHPs.

Communication and Counsel to the Board

Health Services Advisory Group Performance Improvement Project

Alena Lacey reviewed SWMBH's performance improvement project.

Intergovernmental Contract Status

Michelle Jacobs noted that Berrien County remains outstanding in signing the contract and Brad has met with the county administrator who will process the contract for signature.

CMH Board Visits

Michelle Jacobs reviewed the status of SWMBH's visits to the CMH Board meetings.

December Board Policy Direct Inspections

Brad Casemore noted December direct inspections.

Public Comment

Mike Kenny mentioned the volume of calls he is receiving regarding mental health needs in the region.

Adjournment

Edward Meny adjourned the meeting at 11:35am

Southwest Michigan

BEHAVIORAL HEALTH

Operations Committee Meeting Minutes **Meeting: October 25, 2023 10:30am-12:30pm**

Members Present

Ric Compton, Jeff Patton, Debbie Hess, Sue Germann, Jeannie Goodrich, John Ruddell, Cameron Bullock

Guests present

Garyl Guidry, Chief Financial Officer, SWMBH; Mila Todd, Chief Compliance Officer, SWMBH; Alena Lacey Director of Quality Management and Clinical Outcomes, SWMBH; Michelle Jacobs, Senior Operations Specialist and Rights Advisor, SWMBH

Call to Order

Cameron Bullock began the meeting at 10:30 am.

Review and approve agenda.

Agenda approved.

Review and approve minutes from 9/27/23 Operations Committee Meeting

Minutes were approved by the committee.

Fiscal Year 2023 Year to Date Financials

Garyl Guidry reported that period 12 financials are not ready as CMHSPs due date was 10/23. Garyl will email group as soon as they are completed. FY23 close out calendar will be released soon noting 2 last data pulls on 12/1 and 12/15 with a 2/29/24 deadline to close FY23 and submit to the State.

Medicaid and Healthy Michigan Plan Per Member Per Month Trends

Garyl Guidry reported downward trends in per member per month revenue for fiscal year 2024. SWMBH is researching causes, data comparisons and is forming a workgroup including CMHSPs staff. Discussion followed.

Medicaid Capitation Geographic Factor

Garyl Guidry reported changes in Medicaid capitation rates due to geographic factors from the State. SWMBH is including the geographic factor in the above topic for research. Discussion followed.

SWMBH Integrated Care Team

Jeannette Bayyapuneedi reported on current initiatives and future projects regarding integrated care with an emphasis on collaboration with CMHSPs. Discussion followed.

MDHHS Fiscal Year PIHP Delegation Agreement Reporting Request and Form

This topic to be covered at the November meeting.

November 29th Operations Committee meeting at ISK

Group discussed 11/29/23 meeting and from 9:30 – 1:00 no CEO only session. Group requested the only agenda items for November and December are: PBIP distribution calculation and SWMBH CMHSP Delegation MOU. Sue Germann facilitating.

December 27th Operations Committee meeting

Group decided to move the meeting to 12/20/23.

2024 Operations Committee meeting calendar

Group reviewed the 2024 meeting dates.

Adjourned

Meeting adjourned at 12:00 pm



Southwest Michigan Behavioral Health Board Meetings 2024

January 12, 2024 – 9:30am to 11:30am

February 9, 2024 – 9:30am to 11:30am

March 8, 2024 – 9:30am to 11:30pm

April 12, 2024 – 9:30am to 11:30am

May 10, 2024 – 9:30am-10:00am

May 10, 2024 Board Retreat 10:00am-3:00pm

June 14, 2024 – 9:30am to 11:30am

July 12, 2024 – 9:30am to 11:30am

August 9, 2024 – 9:30am to 11:30am

September 13, 2024 – 9:30am to 11:30am

October 11, 2024 – 9:30am to 11:30am

November 8, 2024 – 9:30am to 11:30am

December 13, 2024 – 9:30am to 11:30am
All SWMBH Board Meetings are subject to the Open Meetings Act, 15.267, MCL

15.261-15.275

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Southwest Michigan

B E H A V I O R A L H E A L T H

Section: Board Policy- Board Governance/ Management		Policy Number: BG-005	Pages: 2
Subject: Board Chair Role		Required By: Policy Governance	Accountability: SWMBH Board
Application: <input checked="" type="checkbox"/> SWMBH Governance Board <input type="checkbox"/> SWMBH EO			Required Reviewer: SWMBH Board
Effective Date: 12.20.2013	Last Review Date: 12.9.22	Past Review Dates: 11.14.14, 12.11.15, 12.9.16, 12.8.17,12.14.18, 12.13.19,12-11-20, 12/10/21	

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 8, 2023**

Policy Number: BEL-003
Policy Name: Asset Protection
Assigned Reviewer: Erik Krogh

Period under review: October 2022 – October 2023

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, 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.

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.

We invite Ms. Sherban to set a call and or meeting with the CEO and/or CFO at her discretion.

Related Documents Provided:

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

Southwest Michigan

BEHAVIORAL HEALTH

Section: Board Policy- Executive Limitation		Policy Number: BEL-003	Pages: 2
Subject: Asset Protection		Required By: Policy Governance	Accountability: SWMBH Board
Application: <input type="checkbox"/> SWMBH Governance Board <input checked="" type="checkbox"/> SWMBH Executive Officer (EO)			Required Reviewer: SWMBH Board
Effective Date: 02.14.2014	Last Review Date: 12.9.22	Past Review Dates: 11.14.14, 12.11.15, 12.9.16, 12.8.17,12.14.18, 12.13.19, 12.11.20, 3/11/22	

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.

SWMBH SERVICES ADMINISTRATIVE CONTRACTS

(October 2022- September 2023)

AUNALYTICS

Deliverables/Services	<ul style="list-style-type: none"> • 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
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FY23 Expenditure: \$377,216 (FY22 Expenditure: \$384,673)

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

Deliverables/Services	<ul style="list-style-type: none"> • 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
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FY23 Expenditure: \$0 (FY22 Expenditure: \$1,296)

BLUE FIRE MEDIA, INC

Deliverables/Services	<ul style="list-style-type: none"> • Supports the SWMBH public website
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FY23 Expenditure: \$1,850 (FY22 Expenditure: \$2,025)

CAPITOLINE CONSULTING

Deliverables/Services	<ul style="list-style-type: none"> • Consultation service on federal policy, regulations & funding opportunities • Secure materials and prepare briefs summarizing attended events
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FY23 Expenditure: \$13,000 (FY22 Expenditure: \$11,125)

CONTRACT PHYSICIANS

Deliverables/Services	<ul style="list-style-type: none"> • 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
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	<ul style="list-style-type: none"> BH Human Resource Management Committee consultant
	FY23 Expenditure: \$66,369 (FY22 Expenditure: \$46,631)
DOERSCHLER & ASSOCIATES	
Deliverables/Services	<ul style="list-style-type: none"> Fiduciary Advisors for retirement plans
	FY23 Expenditure: \$23,913 (FY22 Expenditure: \$4,834)
HEALTH MANAGEMENT ASSOCIATES	
Deliverables/Services	<ul style="list-style-type: none"> Technical assistance on emerging regulatory initiatives regarding population health management, duals, opioid health homes and data analytics
	FY23 Expenditure: \$17,341 (FY22 Expenditure: \$115,865)
MORC, INC	
Deliverables/Services	<ul style="list-style-type: none"> Support intensity scale assessment training
	FY23 Expenditure: \$6,420 (FY22 Expenditure: \$13,230)
PARMENTER & ASSOCIATES -Ended FY22	
Deliverables/Services	<ul style="list-style-type: none"> General legal counsel
	FY23 Expenditure: N/A (FY22 Expenditure: \$975)
PHD CONSULTANTS/LIGHTHOUSE BEHAVIORAL HEALTH	
Deliverables/Services	<ul style="list-style-type: none"> Mental Health Parity project Clinical consultation and project management
	FY23 Expenditure: \$6,875 (FY22 Expenditure: \$13,325)
PREST AND ASSOCIATES	
Deliverables/Services	<ul style="list-style-type: none"> Health Plan professional independent review and consulting service Utilization reviews concerning medical necessity and/or medical appropriateness of treatment
	FY23 Expenditure: \$1,154 (FY22 Expenditure: \$3,136)
PROTOCOL	
Deliverables/Services	<ul style="list-style-type: none"> On-call crisis intervention counseling and related reporting
	FY23 Expenditure: \$85,644 (FY22 Expenditure: \$69,017)
QUEST ANALYTICS, LLC	
Deliverables/Services	<ul style="list-style-type: none"> Annual Software licensing cost To Provide Network Adequacy analysis
	FY23 Expenditure: \$8,545 (FY22 Expenditure: \$8,888)

RELIAS POPULATION HEALTH (FORMERLY CARE MANAGEMENT TECHNOLOGIES, INC)	
Deliverables/Services	<ul style="list-style-type: none"> 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
	FY23 Expenditure: \$180,119 (FY22 Expenditure: \$152,897)
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"> Cultural Insights Surveys Strategic leadership planning Human Resource Consulting Recruiting
	FY23 Expenditure: \$73,783 (FY22 Expenditure: \$29,500)
ROSLUND PRESTAGE & COMPANY, P.C	
Deliverables/Services	<ul style="list-style-type: none"> Financial, Compliance, and Single audit
	FY23 Expenditure: \$121,119 (FY22 Expenditure: \$108,225)
STREAMLINE HEALTHCARE SOLUTIONS	
Deliverables/Services	<ul style="list-style-type: none"> Streamline Care Management System is a desktop application used to manage and pay external providers
	FY23 Expenditure: \$154,694 (FY22 Expenditure: \$157,996)
TBD SOLUTIONS LLC	
Deliverables/Services	<ul style="list-style-type: none"> Level of Care Data Analytics and Guidelines project Strategic Planning Support Internal Functional assessment of UM Call Center and Provider Network
	FY23 Expenditure: \$56,080 (FY22 Expenditure: \$74,810)
VARNUM LLP	
Deliverables/Services	<ul style="list-style-type: none"> General Counsel. Retirement plans and labor law legal consultation
	FY22 Expenditure: \$89,303 (FY21 Expenditure: \$56,455)
VOICES FOR HEALTH	
Deliverables/Services	<ul style="list-style-type: none"> Translation and Interpretation services
	FY23 Expenditure: \$32,312 (FY22 Expenditure: \$17,391)

Contract Services (through September 30, 2023)

FY 2023 Actual: \$1,315,735

FY 2022 Actual: \$1,272,294

Delta \$: 43,442

Delta %: 3.41

SWMBH FY 2023 Program Integrity - Compliance Board Report
10/01/2022 – 09/30/2023



Date Prepared: November 28, 2023
 Chief Compliance Officer: Mila C. Todd

1. Compliance Allegations/Reports:

Issue Reported	#	Investigation Opened		Investigation Completed		Complaint Substantiated		Outcome
		Yes	No	Yes	No	Yes	No	
Anonymous reporter: Allegations of RR abuses at regionally shared Spec Res provider.	NA		X		X		X	Provided caller with State Recipient Rights contact information as this is a state-wide provider.
Anonymous reporter: Alleging SUD provider falsification of Customer Exit/Satisfaction Surveys per CARF requirements.	NA		X		X		X	Issue is not a SWMBH requirement. Provided caller with contact information to report to CARF.
Subcontracted provider has PHI available via online database	NA		X		X		X	Provided information to ISK (contracting with this provider), to address provider removal of online PHI
CMH UM Director License Expired	NA		X		X		X	Ensured with CMH Compliance Officer that individual will be renewing licensure and does not perform any functions for which the licensure is required.
Referral from MI-OIG, allegations of CLS/Respite provider double-billing.	2023-01	X		X			X	Allegation not substantiated. Responded to OIG as such.
Spec Res provider billing for but not rendering 1:1 services.	2023-02	X		X		X		Referred to SWMBH by ISK. Subsequently referred to MI-OIG as potential fraud case meeting minimum threshold. MI-OIG declined to take case. ISK recovered funds.
Autism provider billing for services not rendered.	2023-03	X		X		X		Referred to SWMBH by Pines. Fraud substantiated; case referred to MI-OIG as substantiated fraud meeting the minimum threshold. Provider credentialing revoked, provider no longer on SWMBH panel. Business subsequently closed. Owner/BCBA

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								sanctioned by MI Medicaid. No funds recovered per MI-OIG "stand-down."
SUD provider non-credentialed location	2023-04	X		X			X	Ensured that location had licensing approval per LARA. Only change is the physical location of services. Location credentialing occurred as soon as possible. Organization was already credentialed.
SUD provider putting a Medicaid customer on "self-pay" without verifying Medicaid coverage	2023-05	X		X		X		Customer lost but regained Medicaid. Provider did not complete Block Grant request and did not complete regular Medicaid coverage verifications. Provider paid customer back the funds customer paid under the "self-pay" amount during time Medicaid was active. CAP submitted & approved.
SmartCare reallocation	2023-06	X		X		X		SmartCare was not appropriately reallocating funding sources when customer Plans were updated, resulting in inappropriate funding sources being reported. Issue has been fixed.
SUD Provider sites/locations	2023-07	X		X			X	Provider had closed some sites and were utilizing sites not in SmartCare. All credentialed appropriately, just an issue of the site being unavailable for billing purposes. Resolved.
SUD Provider submitting and being paid for duplicate claims.	2023-08	X		X		X		Multiple billing issues, specifically claims being submitted multiple times. Lack of understanding of billing processes. Large overpayment collected and CAP submitted/accepted.

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Referred from MI-OIG, allegations of SUD provider not rendering services billed	2023-09	X		X			X	Not able to substantiate, as contracted for per diem services. Audit completed and results submitted to MI-OIG.
SUD Provider submitting and being paid for duplicate claims (same as 2023-08, continued issues).	2023-10	X		X		X		Multiple billing issues, specifically claims being submitted multiple times. Lack of understanding of billing processes. Large overpayment collected. Provider ended contract with biller and entered into a new contract with a new biller following these on-going issues.
Referred from MI-OIG allegations of SUD provider not rendered services billed, failing to ensure patient identity resulting in misuse of Medicaid benefits.	2023-11	X		X			X	Allegations not substantiated, audit completed and results submitted to MI-OIG.
CMH Case Manager incomplete assessments	2023-12	X		X		X		Case manager did not complete assessments, but encounters were submitted. Treatment Plans written and services authorized without a completed assessment to support medical necessity. Encounters reverted and CAP submitted.
Referred from MI-OIG. Allegations of inappropriate conflicts of interest with contracted providers at a CMH.	2023-13	X		X			X	Confirmed CMH has policy/procedure in place to address conflicts of interest and is following the policy/procedure. Allegation not substantiated. Report submitted to MI-OIG.
Regionally shared Spec Res provider – PHI online.	2023-14	X		X		X		Reported by a CMH that a shared provider had videos on public-facing website and YouTube channel that included customer PHI. Confirmed no releases in place for these disclosures. Videos removed from website

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								& YouTube. CAP submitted and accepted. Individual CMHs are addressing any recipient rights issues arising from this.
Referred to SWMBH by CMH. Self-Determination worker falsely reporting and being paid for services not rendered	2023-15	X		X		X		Substantiated complaint and referred to MI-OIG as it meets the minimum threshold. MI-OIG/AG have accepted the case. Provider sanctioned by MI Medicaid.
CMH Autism evaluator not completing assessments but submitting encounters and ABA referrals.	2023-16	X		X		X		Substantiated. Individual did not complete assessments and was submitting encounters and referrals to SWMBH as though these had been completed. Encounters reverted and CAP submitted/approved. On-going monitoring.
Total	20	16	4	16	0	10	10	

2. Privacy/Security Allegations/Reports

A total of thirty-four (34) incidents were reported to the SWMBH Breach Team during Fiscal Year 2023. The Breach Team reviewed each incident and evaluated whether an exception applies under the law, and the probability of compromise to the Protected Health Information used or disclosed. Of the thirty-four (34) incidents reviewed, NONE were determined to be reportable.

3. Planned Audits

Audit	# Services/Claims Reviewed	Result/Progress	Recoupments
Medicaid Verification			
Quarter 1	457	Complete	33 recoupments (\$10,056.95)
Quarter 2	465	Complete	50 recoupments (\$22,011.86)
Quarter 3	461	Complete	28 recoupments (\$5,946.29)
Quarter 4	450	In Process	
MI Health Link			
Quarter 1	266	Complete	5 recoupments (\$718.00)
Quarter 2	225	Complete	2 recoupments (\$287.20)
Quarter 3	37	Complete	None
Quarter 4	5	In process	
SUD Block Grant Claims			
Quarter 1	60	Complete	5 recoupments (\$147.00)
Quarter 2	60	Complete	2 recoupments (\$58.00)

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Quarter 3	60	Complete	5 recoupments (\$293.64)
Quarter 4	60	In Process	
SUD Coordination of Benefits			
Quarter 1	30	Complete	2 recoupments (\$81.24)
Quarter 2	30	Complete	1 recoupment (\$75.41)
Quarter 3	30	Complete	1 recoupment (\$226.36)
Quarter 4	To be pulled 12/1/23	To be pulled 12/1/23	