



## Southwest Michigan Behavioral Health Board Meeting

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

December 9, 2022

9:30 am to 11:30 am

(d) means document provided

Draft: 12/1/22

1. **Welcome Guests/Public Comment**
2. **Agenda Review and Adoption (d) pg.1**
3. **Financial Interest Disclosure Handling (M. Todd)**
  - a. Tom Schmelzer
  - b. Erik Krogh
4. **Consent Agenda**
  - November 11, 2022 SWMBH Board Meeting Minutes (d) pg.3
5. **Operations Committee**
  - None
6. **Ends Metrics Updates (\*Requires motion)**

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

  - a. \*Fiscal Year 2022 Health Services Advisory Group External Quality Review (J. Gardner) (d) pg.8
  - b. Certified Community Behavioral Health Clinics Demonstration Year Report (J. Gardner and E. Philander) (d) pg.10
  - c. \*2022 Health Services Advisory Group Performance Improvement Project (M. Kean) (d) pg.20
7. **Board Actions to be Considered**
  - a. Executive Officer Merit
  - b. Executive Officer Paid Time Off
  - c. Calendar Year 2023 Board Calendars (M. Jacobs) (d) pg.23
  - d. February SWMBH Board Meeting and Quorum Count
8. **Board Policy Review**

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

  - BG-005 Chairperson's Role (d) pg.27
9. **Executive Limitations Review**

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

  - BEL-003 Asset Protection (S. Sherban) (d) pg.29

## **10. Board Education**

- a. Cass Woodlands Behavioral Health Network Delegated Managed Care Functions Status (M. Todd)
- b. Fiscal Year 2023 Year to Date Financial Statements (G. Guidry) (d) pg.34
- c. Fiscal Year 2022 Contract Vendor Summary (G. Guidry) (d) pg.40
- d. Fiscal Year 2022 Customer Services Report (S. Ameter) (d) pg.44
- e. Fiscal Year 2022 Program Integrity Compliance Report (M. Todd) (d) pg.67
- f. November Election Results (A. Bolter) (d) pg.72

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

- a. System Transformation Legislation (A. Bolter) (d) pg.76
- b. Revised SWMBH Policy BEL-002 Financial Conditions (d) pg.96
- c. Revised SWMBH Policy BEL-010 RE 501 (c) (3) Representation (d) pg.98
- d. Draft January 13, 2023 Board Agenda (d) pg.99
- e. Board Member Attendance Roster (d) pg.101

## **12. Public Comment**

## **13. Adjournment**

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

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

## **Next Board Meeting**

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

**Holiday Luncheon immediately following Board meeting**

# Southwest Michigan

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## BEHAVIORAL HEALTH

### Board Meeting Minutes

November 11, 2022

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

9:30 am-11:30 am

Draft: 11/14/22

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**Members Present:** Edward Meny, Tom Schmelzer, Susan Barnes, Carol Naccarato, Ruth Perino, Louie Csokasy, Erik Krogh

**Members Absent:** Sherii Sherban

**Guests Present:** Bradley Casemore, Executive Officer, SWMBH; Michelle Jacobs, Senior Operations Specialist & Rights Advisor, SWMBH; Tracy Dawson, Chief Financial Officer, SWMBH; Anne Wickham, Chief Administrative Officer, SWMBH; Jonathan Gardner, Director of Quality Assurance and Performance Improvement, SWMBH; Mila Todd, Chief Compliance and Privacy Officer, SWMBH; Garyl Guidry, Chief Financial Officer Designee, SWMBH; Joel Smith, Director of SUD Prevention and Treatment Services, SWMBH; Tim Smith, Woodlands; Jon Houtz, Board Alternate for Pines Behavioral Health; Bob Tahaney, Riverwood Center; Sue Germann, Pines Behavioral Health; Rich Thiemkey, Barry County CMH, Cameron Bullock, St. Joseph County CMH, Jeanne Jourdan, Board Alternate for Woodlands BHN

### Welcome Guests

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

### Public Comment

None

### Agenda Review and Adoption

Motion	Erik Krogh with one revision of moving Brad Casemore's Employment Agreement to the December 9, 2022 Board meeting.
Second	Tom Schmelzer
Motion Carried	

### Financial Interest Disclosure (FID) Handling

The following do not require Board action:

Board (no Board action needed)

- Robert Becker
- Ruth Perino
- Nancy Johnson
- Ed Meny
- Jon Houtz
- Jeanne Jourdan
- Louis Csokasy
- Karen Longanecker
- Carol Naccarato

#### Operations Committee (no Board action needed)

- Rich Thiemkey
- Ric Compton
- Sue Germann
- Jeannie Goodrich
- Tim Smith
- Jeff Patton
- Debra Hess

Board considered Cameron Bullock's Financial Interest Disclosure Statement and made the following motion:

Motion Carol Naccarato moved that the Board is not able, with reasonable efforts, to obtain a more advantageous arrangement than that with Cameron Bullock, the conflict he disclosed is not so substantial as to affect the integrity of services the Board can expect to receive from him, and a Conflict-of-Interest Waiver should be granted.

Second Ruth Perino

Motion Carried

#### Consent Agenda

Motion Louie Csokasy moved to approve the October 14, 2022 Board meeting minutes as presented.

Second Tom Schmelzer

Motion Carried

#### Operations Committee

##### Operations Committee Meeting Minutes

Edward Meny noted the September 28, 2022 Operations Committee meeting minutes in the packet. No questions from the Board.

#### Ends Metrics

##### Fulfillment of Contractual Obligations - Fiscal Year 2022 Substance Use Disorder, Prepaid Inpatient Health Plan (SUD/PIHP) Contract and 1115 Waiver Requirements

Joel Smith reported as documented, noting that MDHHS is sharing SWMBH's documentation with University of Michigan as an example of noteworthy contractual fulfillment.

Motion Carol Naccarato moved that the data is relevant and compelling, the Executive Officer is in compliance.

Second Susan Barnes

Motion Carried

#### Board Actions to be Considered

##### Executive Officer Evaluation

Edward Meny reported as documented.

Motion Edward Meny stated on behalf of the Executive Committee which considered the Executive Officer Evaluation per Board Policy EO-002 Chairman Edward Meny moves

that the Board Executive Committee commends Brad and his team at Southwest Michigan Behavioral Health for a job well done this past year. Brad's and SWMBH's performance during this COVID pandemic has been exceptional and deserving of the highest praise. With faith in Brad as an Executive Officer, the Board wishes to retain Brad's services in the capacity of executive officer and compliments him for a job well done.

Second Susan Barnes  
Motion Carried

### **2022-2024 Ends Metrics**

Jonathan Gardner reported as documented. Discussion followed.

Motion Louie Csokasy moved the data is relevant and compelling, the Executive Officer is in Compliance, the Board Ends Metrics need no further revisions and are Board approved.

Second Tom Schmelzer  
Motion Carried

### **Proposed revisions to SWMBH Policy BEL-002 Financial Conditions**

Louie Csokasy reported as documented regarding his proposed changes. Brad Casemore reminded the Board that their Bylaws state the Board shall be managed in accordance with the Policy Governance Model as made explicit by Dr. John Carver (Carver Policy Governance). Brad Casemore also added that he is not a Carver Policy Governance expert and offered his interpretation of the proposed revisions. Brad Casemore additionally stated that SWMBH is commissioning a desk review of Board packets by a Carver Policy Governance expert Susan Radwan with a planned presentation to the Board in February 2023.

Motion Louie Csokasy moved to adopt revisions as presented on page one of Policy BEL-002 Financial Conditions and strike revision as presented on page two of Policy BEL-002 Financial Conditions.

Second Susan Barnes  
Motion Carried

The revised Policy, BEL-002 Financial Conditions, will be included in the December 9<sup>th</sup> Board packet.

## **Board Policy Review**

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

Edward Meny reported as documented.

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

Second Ruth Perino  
Motion Carried

### **EO-001 Executive Role and Job Description**

Edward Meny reported as documented.

Motion Susan Barnes moved that the Board is in compliance with Policy EO-001 Executive Role and Job Description and the policy does not need revision.

Second Louie Csokasy  
Motion Carried

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

Edward Meny reported as documented.

Motion Tom Schmelzer moved that the Board is in compliance with Policy BG-003 Unity of Control and the policy does not need revision.

Second Louie Csokasy  
Motion Carried

## **Executive Limitations Review**

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

Tom Schmelzer reported as documented.

Motion Tom Schmelzer moved that the Executive Officer is in compliance with Policy BEL-010 RE 501 (c) (3) Representation.

Second Carol Naccarato  
Motion Carried

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

Tom Schmelzer reviewed revisions as documented. Discussion followed.

Motion Tom Schmelzer moved to approve revisions to SWMBH Policy BEL-010 RE 501 (c) (3) Representation.

Second Erik Krogh  
Motion Carried

The revised Policy, BEL-010 RE 501 (c) (3) Representation, will be included in the December 9<sup>th</sup> Board packet.

## **Board Education**

### **Fiscal Year 2022 Year to Date Financial Statements**

Tracy Dawson reported as documented noting changes with the Fiscal Year 2022 financials will be complete in March of 2023 and brought back for the Board's review.

### **Fiscal Year 2023 Program Integrity Compliance Plan**

Mila Todd reported as documented. Discussion followed.

Motion Louie Csokasy moved to approve the Fiscal Year 2023 Program Integrity Compliance Plan with revisions as presented.

Second Tom Schmelzer  
Motion Carried

### **Accomplishments and Successes**

Jonathan Gardner reported as documented.

### **Carver Policy Governance Basics**

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

**Communication and Counsel to the Board**

**June CMHAM CMH and PIHP Chair Meeting Minutes**

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

**December 9<sup>th</sup> SWMBH Draft Board Agenda**

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

**Board Member Attendance Roster**

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

**Public Comment**

None

**Adjournment**

Motion Carol Naccarato moved to adjourn at 11:32 am

Second All Board Members

Motion Carried

DRAFT

## Annual Health Service Advisory Group (HSAG) – External Quality Review (EQR) Audit Results:

PERFORMANCE METRIC DESCRIPTION	STATUS
<p><b>2022 Health Service Advisory Group (HSAG) External Quality Compliance Review. All standards and final corrective action plans evaluated will receive a score of 90% or designation that the standard has been "Met."</b></p> <p>Metric Measurement Period: (10/1/21 - 9/30/22)  Metric Board Report Date: December 9, 2022  <i>(dependent on the final completion date of the annual audit report)</i></p> <p><b>Measurement:</b> Results are verified, certified by the MDHHS/HSAG annual audit report.</p> <p><u>The number of standards/elements identified as "Met."</u>  Total number of standards/elements evaluated</p>	<p><b>Metric Results</b></p> <ul style="list-style-type: none"> <li>Review took place on July 19<sup>th</sup></li> <li>Results received on November 4<sup>th</sup></li> <li>FY 22 - 80% (94/119)</li> <li>FY 21 - 86% (68/79)</li> <li>FY 20 - 90% (53/59)</li> </ul> <p>Executive Owners: All SWMBH Senior Leaders</p>

### HSAG EQR AUDIT REVIEW CYCLE BY YEAR

Standard	Associated Federal Citation <sup>1, 2</sup>	Year One (SFY 2021)	Year Two (SFY 2022)	Year Three (SFY 2023)
Standard I—Member Rights and Member Information	§438.100	✓		Comprehensive review of each element scored as <i>Not Met</i> during the SFY 2021 and SFY 2022 compliance reviews
Standard II—Emergency and Poststabilization Services	§438.114	✓		
Standard III—Availability of Services	§438.206	✓		
Standard IV—Assurances of Adequate Capacity and Services	§438.207	✓		
Standard V—Coordination and Continuity of Care	§438.208	✓		
Standard VI—Coverage and Authorization of Services	§438.210	✓		
Standard VII—Provider Selection	§438.214		✓	
Standard VIII—Confidentiality	§438.224		✓	
Standard IX—Grievance and Appeal Systems	§438.228		✓	
Standard X—Subcontractual Relationships and Delegation	§438.230		✓	
Standard XI—Practice Guidelines	§438.236		✓	
Standard XII—Health Information Systems <sup>3</sup>	§438.242		✓	
Standard XIII—Quality Assessment and Performance Improvement Program	§438.330		✓	

## Summary of Findings

Table 1-2 presents an overview of the results of the SFY 2022 compliance review for Southwest Michigan Behavioral Health. HSAG assigned a score of *Met* or *Not Met* to each of the individual elements it reviewed based on a scoring methodology, which is detailed in Section 2. If a requirement was not applicable to Southwest Michigan Behavioral Health during the period covered by the review, HSAG used a *Not Applicable* (NA) designation. In addition to an aggregated score for each standard, HSAG assigned an overall percentage-of-compliance score across all seven standards. Refer to Appendix A for a detailed description of the findings.

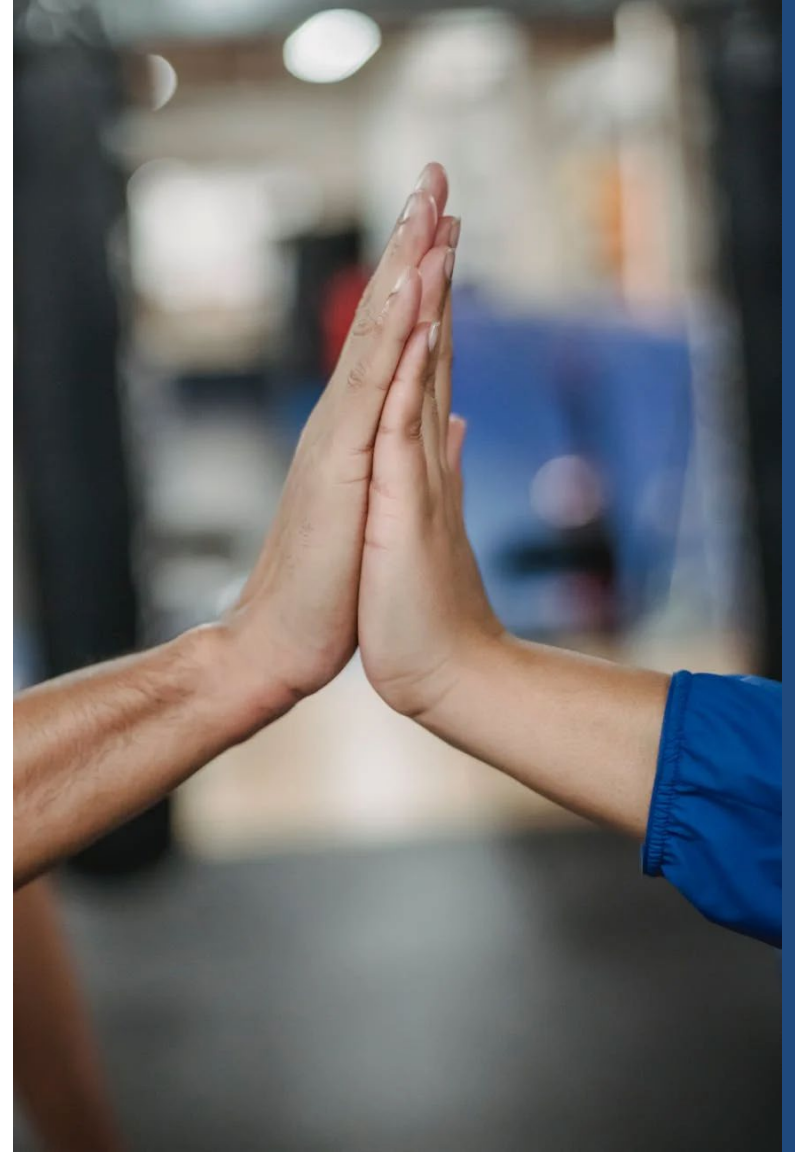
Standard	Total Elements	Total Applicable Elements	Number of Elements			Total Compliance Score
			M	NM	NA	
Standard VII—Provider Selection	16	16	12	4	0	75%
Standard VIII—Confidentiality <sup>1</sup>	11	11	10	1	0	91%
Standard IX—Grievance and Appeal Systems	38	38	33	5	0	87%
Standard X—Subcontractual Relationships and Delegation	5	5	5	0	0	100%
Standard XI—Practice Guidelines	7	7	5	2	0	71%
Standard XII—Health Information Systems	12	11	9	2	1	82%
Standard XIII—Quality Assessment and Performance Improvement Program	30	30	20	10	0	67%
<b>Total</b>	<b>119</b>	<b>118</b>	<b>94</b>	<b>24</b>	<b>1</b>	<b>80%</b>

Southwest Michigan Behavioral Health achieved an overall compliance review score of 80 percent. Southwest Michigan Behavioral Health also achieved full compliance in one of the seven standards reviewed, demonstrating performance strengths and adherence to all requirements measured in the area of Subcontractual Relationships and Delegation. The remaining six standard(s) have identified opportunities for improvement. The area(s) with the greatest opportunity for improvement were related to Provider Selection, Grievance and Appeal Systems, Practice Guidelines, Health Information Systems, and Quality Assessment and Performance Improvement Program, as these areas received performance scores below 90 percent. Detailed findings, including recommendations for program enhancements, are documented within the full report.

### Corrective Action Plan Process:

For any program areas requiring corrective action, Southwest Michigan Behavioral Health is required to conduct a root cause analysis of the finding and submit a CAP to bring the element into compliance. The CAP must be submitted to MDHHS and HSAG within 30 days of receipt of the final report. For each element that requires correction, Southwest Michigan Behavioral Health must identify the planned interventions to achieve compliance with the requirement(s), the individual(s) responsible, and the timeline. HSAG has prepared a customized template under Appendix B to facilitate Southwest Michigan Behavioral Health's submission and MDHHS' and HSAG's review of corrective actions. The template includes each standard with findings that require a CAP. MDHHS and HSAG will review Southwest Michigan Behavioral Health's corrective actions to determine the sufficiency of the CAP. If an action plan is determined to be insufficient, Southwest Michigan Behavioral Health will be required to revise its CAP.

# Certified Community Behavioral Health Clinics CCBHC



# How is Michigan Doing?

We were the state with the greatest number of CCBHCs – Now 3<sup>rd</sup> with the most recent grants

- 36 Sites statewide
- 13 Demonstration Sites

Expansion Grantees (including Demonstration sites):

- 16 Funded in Fiscal Year 2022 through 2026 (6 from year 2020)
- 16 Funded in Fiscal Year 2021 through 2023
- 8 Funded in Fiscal Year 2020 through 2022

53,333 Total Individuals Enrolled

45,756 Medicaid

7,577 Non-Medicaid

7,719 SWMBH Individuals

6,852 Medicaid

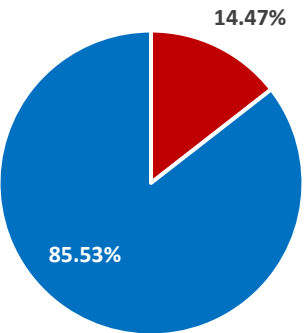
867 Non-Medicaid

## 5 Most Frequently Reported County of Residence Among Individuals Assigned to CCBHCs

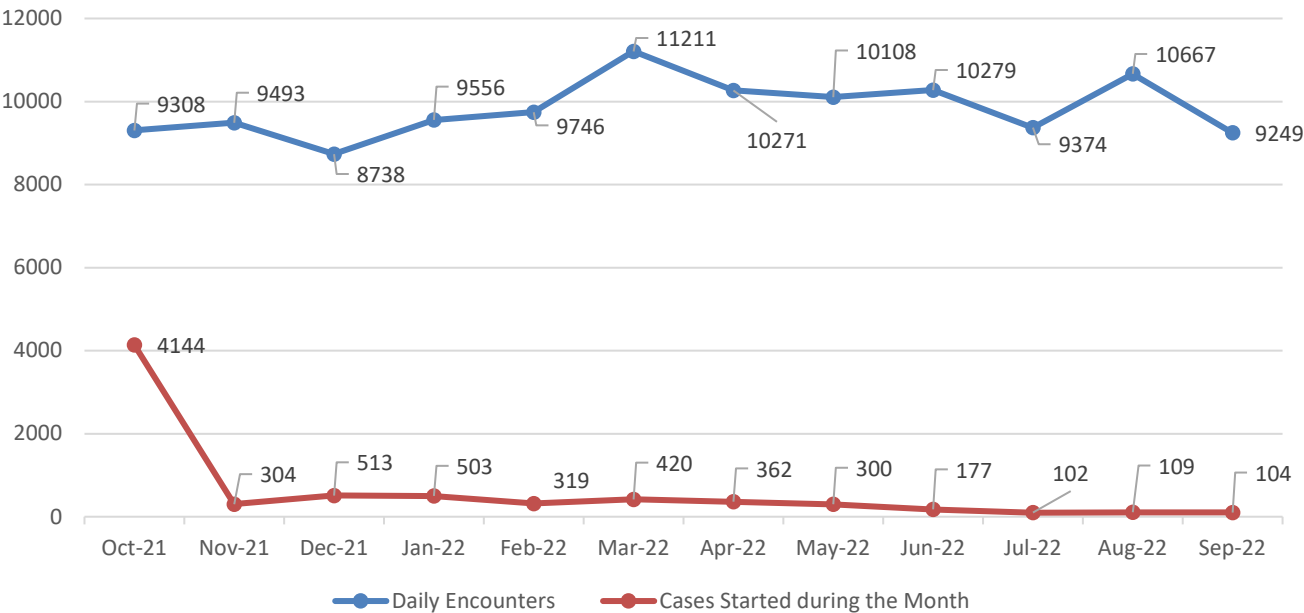
County of Residence	Number Assigned	Percent Assigned
Oakland	8,448	17%
Kalamazoo	4,951	10%
Ingham	4,917	10%
Washtenaw	4,692	10%
Wayne	4,312	8%

# SWMBH Regional Data

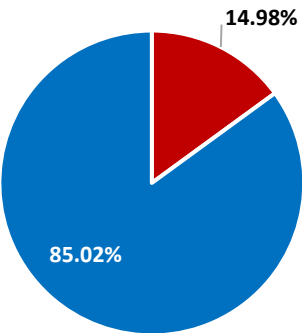
Total WSA Enrollment FY21



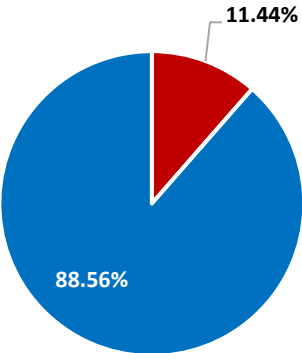
SWMBH Regional Data for Demonstration Year 1



Medicaid



Non-Medicaid



State has only reported total encounter data for Oct-21 through Mar-22

Average monthly encounters submitted state-wide	65,060
Average monthly encounters submitted for region 4 – 15%	9,833

# Expansion of CCBHC Demonstration through the Bipartisan Safer Communities Act June 25, 2022



Duration of Michigan's demonstration extended to 6 years

- Current Michigan Demonstrations may expand with new locations
- Additional agencies may be brought on as a part of the demonstration

July 1, 2024, up to 10 additional states may join the Demonstration

- By 2030, all states will have had an opportunity to join

Contains a “rule of construction” allowing States to continue to cover items and services in the CCBHC bundle under the authority of the State plan using the PPS rate

# Demonstration Funding

Prospective Payment System (PPS) - Daily Rate for each individual seen

## Monthly Funding

Capitation Amount

Mi Health Link for covered services (fee for service)

Supplemental Capitation Amount (Based on Waiver Support Application enrollment)

## Quarterly Funding

ARPA Grant  
Region 4 received funds based on a weighted average of non-Medicaid enrolled individuals

## Annual Funding

General Fund

- Allocated proportionally state-wide based on non-Medicaid encounters

Quality Bonus Payment –  
5% of Medicaid CCBHC  
Costs

# Quality Bonus Metrics

## must meet ALL to qualify for QBM

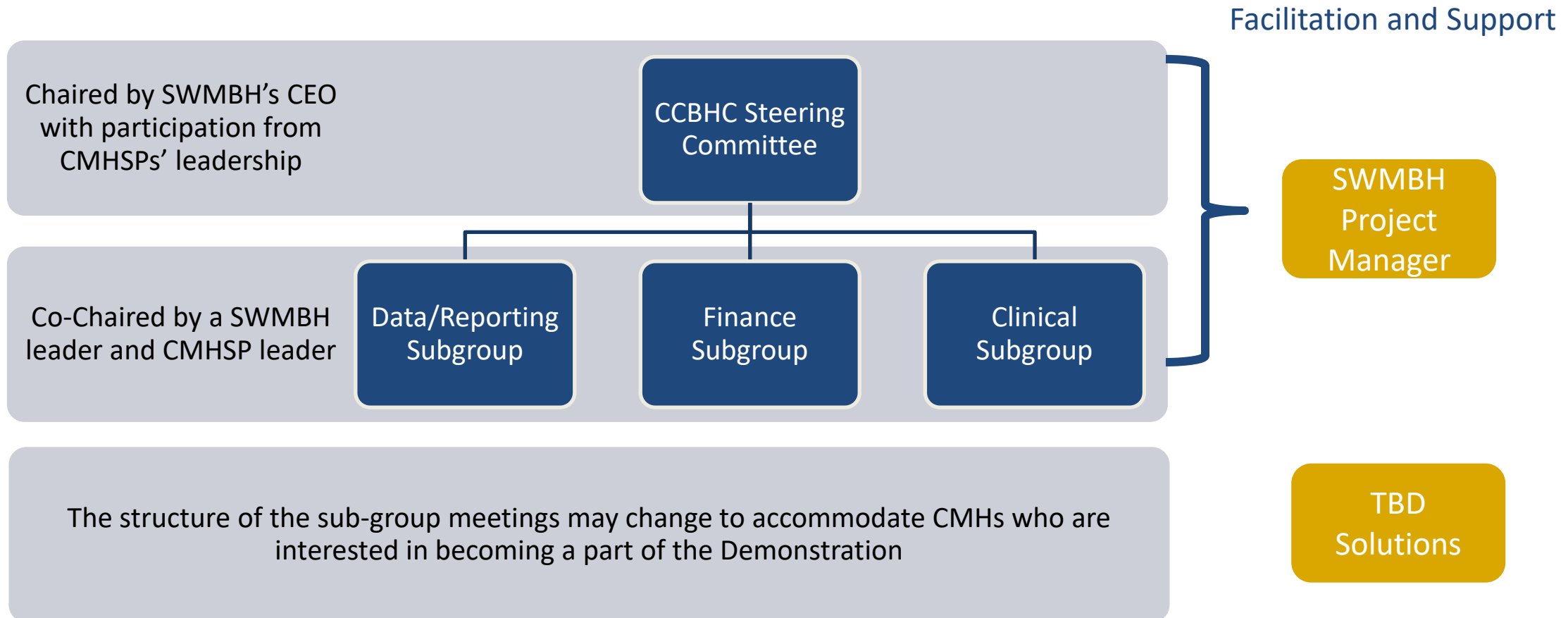
Metric Name	Benchmark	Board Ends or PBIP	Current Status
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA-AD)^*	58.50%	No Board Ends or PBIP Metric	St. Joe and ISK Meeting Metric at <b>68.49%</b>
Follow-Up After Hospitalization for Mental Illness, ages 18+ (adult) (FUH-AD)^*	58%	PBIP Metric	St. Joe and ISK Meeting Metric at <b>72.06%</b>
Follow-Up After Hospitalization for Mental Illness, ages 6 to 17 (child/adolescent) (FUH-CH)^*	70%	PBIP Metric	St. Joe and ISK Meeting Metric at <b>78.26%</b>
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-BH)*	IET 14- 42.5% IET 34- 18.5%	PBIP Metric	St. Joe currently under benchmark at <b>31.28%</b> and <b>18.52%</b> and ISK Meeting Metric at <b>47.9%</b> and <b>24.2%</b>
Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA-BH-C)*	23.90%	No Board Ends or PBIP Metric	St. Joe and ISK meeting Metric at <b>75.40%</b>
Major Depressive Disorder: Suicide Risk Assessment (SRA-A)*	12.50%	No Board Ends or PBIP Metric	St. Joe and ISK Meeting Metric at <b>76.81%</b>

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Current CCBHC Measurement Period: 10/1/2021 through 9/30/2022 – Reports due to MDHHS by 3/31/2023

Data snapshot taken on 11.22.22

# Regional Support for CCBHC



# CCBHC 2023 [draft] Goals

- Clinical Subgroup
  - Evidenced Based Practices– stages of readiness self-scored
  - Reporting Measures – review quarterly
  - Specific Quality Bonus Metrics – review quarterly
- Data and Reporting Subgroup
  - Monitoring of required metrics
  - Additional goals to be determined from Customer Satisfaction Survey
- Finance Subgroup
  - Provide timely and relevant information regarding:
    - MDHHS Reporting Expectations
    - Quarterly ARPA reporting
    - QBP Financial Implications
    - Rate Setting

# Thank you! Questions?

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## Contact Information:

Strategic Initiatives Project Manager

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Southwest Michigan Behavioral Health

# References/Resources

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- Armstrong, G., Daoust, M., Gil, Y.; Seinen, A.; Shedletzky, F.; Gillies, J.; Johnston, B.; Warwick, L. (n.d.). Capacity to Connect: Supporting Student's Mental Health and Wellness. Retrieved July 22, 2022, from <https://opentextbc.ca/capacitytoconnect/chapter/mental-health-models/>
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- Substance Abuse and Mental Health Services Administration. (March 24, 2022). Certified Community Behavioral Health Clinics (CCBHCs). Retrieved July 25, 2022, from <https://www.samhsa.gov/certified-community-behavioral-health-clinics>.
- Substance Abuse Mental Health Services Administration. Retrieved November 18, 2022, from <https://www.samhsa.gov/grants-awards-by-state/MI/discretionary/2022/details>

## 2. Findings



### Validation Findings

HSAG’s validation evaluated the technical methods of the PIP (i.e., the PIP design). Based on its technical review, HSAG determined the overall methodological validity of the PIP. Table 2-1 summarizes the PIP validated during the review period with an overall validation status of *Met*, *Partially Met*, or *Not Met*. In addition, Table 2-1 displays the percentage score of evaluation elements that received a *Met* score, as well as the percentage score of critical elements that received a *Met* score. Critical elements are those within the validation tool that HSAG has identified as essential for producing a valid and reliable PIP. All critical elements must receive a *Met* score for a PIP to receive an overall *Met* validation status.

Table 2-1 illustrates the validation scores for both the initial submission and resubmission.

**Table 2-1—2021–2022 PIP Validation Results for Lakeshore Regional Entity**

Name of Project	Type of Annual Review <sup>1</sup>	Percentage Score of Evaluation Elements <i>Met</i> <sup>2</sup>	Percentage Score of Critical Elements <i>Met</i> <sup>3</sup>	Overall Validation Status <sup>4</sup>
<i>Reducing Racial Disparities in Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence</i>	Submission	100%	100%	<i>Met</i>
	Resubmission	The PIHP did not resubmit		

<sup>1</sup> **Type of Review**—Designates the PIP review as an annual submission, or resubmission. A resubmission means the PIHP was required to resubmit the PIP with updated documentation because it did not meet HSAG’s validation criteria to receive an overall *Met* validation status.

<sup>2</sup> **Percentage Score of Evaluation Elements *Met***—The percentage score is calculated by dividing the total elements *Met* (critical and non-critical) by the sum of the total elements of all categories (*Met*, *Partially Met*, and *Not Met*).

<sup>3</sup> **Percentage Score of Critical Elements *Met***—The percentage score of critical elements *Met* is calculated by dividing the total critical elements *Met* by the sum of the critical elements *Met*, *Partially Met*, and *Not Met*.

<sup>4</sup> **Overall Validation Status**—Populated from the PIP Validation Tool and based on the percentage scores.

**Southwest Michigan Behavioral Health** submitted the Design and Implementation stages of the PIP for this year’s validation. Overall, 100 percent of all applicable evaluation elements received a score of *Met*. The following subsections highlight HSAG’s findings associated with each validated PIP stage.



## Design

**Southwest Michigan Behavioral Health** designed a scientifically sound project supported by the use of key research principles, meeting 100 percent of the requirements in the Design stage. **Southwest Michigan Behavioral Health**'s Aim statement set the focus of the PIP, and the eligible population was clearly defined. **Southwest Michigan Behavioral Health** selected performance indicators based on data analysis showing opportunities for improvement within the targeted populations. The technical design of the PIP was sufficient to measure and monitor PIP outcomes.



## Implementation

**Southwest Michigan Behavioral Health** met 100 percent of the requirements for the data analysis. **Southwest Michigan Behavioral Health** conducted accurate statistical testing between the two subgroups for the baseline measurement period to identify an existing disparity and provided a narrative interpretation of the results. **Southwest Michigan Behavioral Health** had not progressed to implementing improvement strategies.



## Outcomes

The PIP had not progressed to reporting remeasurement outcomes for this validation cycle. The first remeasurement will be assessed and validated in 2024.



## Analysis of Results

Table 2-2 displays baseline data for **Southwest Michigan Behavioral Health**'s *Reducing Racial Disparities in Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence* PIP.

**Table 2-2—Performance Improvement Project Outcomes for Southwest Michigan Behavioral Health**

Performance Indicator Results				
Performance Indicator	Baseline (1/1/2021–12/31/2021)	Remeasurement 1 (1/1/2023–12/31/2023)	Remeasurement 2 (1/1/2024–12/31/2024)	Sustained Improvement
The percentage of African-American/Black beneficiaries with a 30-day follow-up after an ED visit for alcohol or other drug abuse or dependence.	14.53%			

Performance Indicator Results				
Performance Indicator	Baseline (1/1/2021–12/31/2021)	Remeasurement 1 (1/1/2023–12/31/2023)	Remeasurement 2 (1/1/2024–12/31/2024)	Sustained Improvement
The percentage of White beneficiaries with a 30-day follow-up after an ED visit for alcohol or other drug abuse or dependence.	23.39%			

For the baseline, **Southwest Michigan Behavioral Health** reported that 14.53 percent of African-American/Black beneficiaries with an ED visit for alcohol or other drug abuse or dependence had a follow-up visit within 30 days and 23.39 percent of White beneficiaries with an ED visit for alcohol or other drug abuse or dependence had a follow-up visit within 30 days. The goals for the PIP are that there will no longer be a statistically significant rate difference between the two subgroups, and the disparate subgroup (African-American/Black beneficiaries) will demonstrate a significant increase over the baseline rate without a decline in performance to the comparison subgroup (White beneficiaries).



## **Southwest Michigan Behavioral Health Board Meetings 2023**

January 13, 2023 – 9:30am to 11:30am

February 10, 2023 – 9:30am to 11:30am

March 10, 2023 – 9:30am to 11:30pm

April 14, 2023 – 9:30am to 11:30am

May 12, 2023 – 9:30am to 11:30am

May 12, 2023 – 12:30 to 3:00pm Board Retreat

June 9, 2023 – 9:30am to 11:30am

July 14, 2023 – 9:30am to 11:30am

August 11, 2023 – 9:30am to 11:30am

September 8, 2023 – 9:30am to 11:30am

October 13, 2023 – 9:30am to 11:30am

November 10, 2023 – 9:30am to 11:30am

December 8, 2023 – 9:30 am to 11:30am

All scheduled meetings take place at the Four Points by Sheraton, 3600 E. Cork St. Kalamazoo, MI 49001

All SWMBH Board Meetings are subject to the Open Meetings Act 1976 PA 267, MCL 15.261-15.275  
SWMBH adheres to all applicable laws, rules, and regulations in the operation of its public meetings, including the Michigan Open Meetings Act, MCL 15.261 – 15.275

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

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

# Southwest Michigan Behavioral Health Board Policy

## Review Calendar Year 2023

Policy Number	Policy Name	Board Review	Reviewer
<b>Board Governance (Policy Review)</b>			
BG004	Board Ends and Accomplishments	January	Board
BG006	Annual Board Planning	April	Board
BG007	Code of Conduct	February	Board
BG001	Committee Structure	March	Board
BG010	Board Committee Principles	April	Board
BG011	Governing Style	May	Board
BG012	Open Meetings Act and Freedom of Information Act	June	Board
BG002	Management Delegation	July	Board
BG008	Board Member Job Description	September	Board
BG003	Unity of Control	August	Board
BG005	Chairperson's Role	December	Board
<b>Direct Inspection (Reports)</b>			
BEL001	Budgeting	March	Naccarato
BEL007	Compensation and Benefits	August	Barnes
BEL002	Financial Conditions	October	Csokasy
BEL006	Investments	June	Sherban
BEL004	Treatment of Staff	August	Perino
BEL005	Treatment of Plan Members	September	Csokasy
BEL009	Global Executive Constraints	July	Meny
BEL008	Communication and Counsel	September	Schmelzer
BEL010	RE 501 (c) (3) Representation	November	Sherban
BEL003	Asset Protection	December	Krogh
<b>Board-Staff Relationship (Policy Review)</b>			
EO002	Monitoring Executive Performance	November	Board
EO001	Executive Role & Job Description	September	Board
EO003	Emergency Executive Officer Succession	October	Board
V 12.1.22			
<b>Board Approved</b>			

Southwest Michigan Behavioral Health CY 2023 Board Calendar						
	January-23	February-23	March-23	April-23	May-23	June-23
Events	•Board Member Attendance to CMHSPs annually	• None	•None	• Election of Officers	• Board Retreat	• External Auditor Report Fiscal Year 2022
Required Plans/ Policies Review	•Fiscal Year 2023 Quality Assurance and Performance Improvement Plan	•None	• None	•None	•Environmental Scan and Strategic Imperatives	•Operations Committee Self Evaluation • Operating Agreement Review
Board Education	•Fiscal Year 2022 Program Integrity Compliance Evaluation • Operations Committee Written Report •Fiscal Year 2022 Member Services Report	•Fiscal Year 2022 Quality Assurance and Performance Improvement Program Evaluation •2023 Utilization Management Plan	•Fiscal Year 2022 Performance Bonus Incentive Program Results	•Written Michigan Consortium for Healthcare Excellence Update • Operations Committee Written Report • Building Better Lives Update	•Fiscal Year 2023 Mid-Year Contract Vendor Summary	•Information Systems
2023-2024 Board Ends Metrics	•Fiscal Year 2022 Michigan Mission Based Performance Indicator Systems Results • 2022 Opioid Health Homes Enrollees	• 2022 Performance Bonus Incentive Program Narrative Report •Fiscal Year 2022 Behavioral Health Treatment Episode Data Set	• 2022 Customer Satisfaction Surveys Results	• None	•Opioid Health Home Enrollee Retention Metric	•None
*Planning Calendar. Subject to Board and Management revision.						
Board approved:						

Southwest Michigan Behavioral Health CY 2023 Board Calendar						
	July-23	August-23	September-23	October-23	November-23	December-23
Events	<ul style="list-style-type: none"><li>• None</li></ul>	<ul style="list-style-type: none"><li>• None</li></ul>	<ul style="list-style-type: none"><li>• None</li></ul>	<ul style="list-style-type: none"><li>• Executive Officer Performance Review (documents to Executive Committee)</li><li>• 8th Annual Public Policy Healthcare Forum</li></ul>	<ul style="list-style-type: none"><li>• Executive Officer Evaluation</li></ul>	<ul style="list-style-type: none"><li>• Calendar Year 2024 Board Calendars Approval</li></ul>
Required Plans/ Policy Review	<ul style="list-style-type: none"><li>• None</li></ul>	<ul style="list-style-type: none"><li>• None</li></ul>	<ul style="list-style-type: none"><li>• None</li></ul>	<ul style="list-style-type: none"><li>• Fiscal Year 2024 Program Integrity Compliance Plan</li><li>• Fiscal Year 2024 Budget Approval</li><li>• Credentialing of Behavioral Health Practitioners</li><li>• Credentialing of Organizational Providers</li><li>• Michigan Consortium for Healthcare Excellence Membership</li></ul>	<ul style="list-style-type: none"><li>• None</li></ul>	<ul style="list-style-type: none"><li>• Financial Risk Management Plan</li><li>• Financial Management Plan</li><li>• Cost Allocation Plan</li></ul>
Board Education	<ul style="list-style-type: none"><li>• None</li></ul>	<ul style="list-style-type: none"><li>• Fiscal Year 2024 Budget Assumptions</li><li>• Substance Use Disorder Oversight Policy Board Update</li><li>• Operations Committee Written Report</li></ul>	<ul style="list-style-type: none"><li>• Compliance Role &amp; Function</li><li>• Integrated Care</li><li>• Preview Fiscal Year 2024 Budget</li></ul>	<ul style="list-style-type: none"><li>• Operations Committee Written Report</li><li>• Written Michigan Consortium for Healthcare Excellence Update</li></ul>	<ul style="list-style-type: none"><li>• Fiscal Year 2023 Community Mental Health Services Program Site Review Results</li><li>• Year End Accomplishments Summary</li></ul>	<ul style="list-style-type: none"><li>• Fiscal Year 2023 Customer Services Report</li><li>• Fiscal Year 2023 Contract Vendor Summary</li><li>• Program Integrity- Compliance Report</li></ul>
2023-2024 Board Ends Metrics	<ul style="list-style-type: none"><li>• CCBHC Consumer Satisfaction Survey Results</li></ul>	<ul style="list-style-type: none"><li>• None</li></ul>	<ul style="list-style-type: none"><li>• None</li></ul>	<ul style="list-style-type: none"><li>• Health Services Advisory Group Performance Measure Validation Audit</li></ul>	<ul style="list-style-type: none"><li>• Fiscal Year 2023 Health Services Advisory Group External Quality Review</li><li>• Initiation and Engagement Metric Results</li><li>• CCBHC Quality Bonus Metric Results</li><li>• Critical Incident Timeliness and Efficiency Report</li></ul>	<ul style="list-style-type: none"><li>• Performance Bonus Incentive Program</li><li>• Autism Benefit Waiver Access to Care and Timeliness Report</li></ul>
*Planning Calendar. Subject to Board and Management revision						
Board approved:						
v. 11/14/22						

# Southwest Michigan

## BEHAVIORAL HEALTH

<b>Section:</b> Board Policy- Board Governance/ Management	<b>Policy Number:</b> BG-005	<b>Pages:</b> 2
<b>Subject:</b> Board Chair Role	<b>Required By:</b> Policy Governance	<b>Accountability:</b> SWMBH Board
<b>Application:</b> <input checked="" type="checkbox"/> SWMBH Governance Board <input type="checkbox"/> SWMBH EO		<b>Required Reviewer:</b> SWMBH Board
<b>Effective Date:</b> 12.20.2013	<b>Last Review Date:</b> 12.10.21	<b>Past Review Dates:</b> 11.14.14, 12.11.15, 12.9.16, 12.8.17,12.14.18, 12.13.19,12-11-20

**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 9, 2022**

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**Policy Number: BEL-003**  
**Policy Name: Asset Protection**  
**Assigned Reviewer: Sherii Sherban**

**Period under review: October 2021 – October 2022**

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

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

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

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

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

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

*EO Response: No loss of or significant damage to intellectual property, information or files has occurred. SWMBH maintains locked doors and locked cabinets for storage of key business files, and electronic filing systems are log-in and password assigned by individual and are auditable. Laptop and other devices are configured to prohibit the capture of network information onto peripheral hard drives/thumb drives. SWMBH maintains 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.*

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

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

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

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

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

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

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

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

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

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

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

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

9. Make any purchases:

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

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

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

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

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

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

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

We 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

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

**I. PURPOSE:**

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

**II. POLICY:**

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

**III. STANDARDS:**

Additionally, the Executive Officer shall not;

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

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

	E	F	H	J	K	L	M	N	O	P	Q	R	S
1	Southwest Michigan Behavioral Health			Mos in Period									
2	For the Fiscal YTD Period Ended 10/31/2022		P01FYTD22	1									
3	(For Internal Management Purposes Only)												
4	INCOME STATEMENT												
5	TOTAL	Medicaid Contract	Healthy Michigan Contract	Autism Contract	Opioid Health Home Contract	CCBHC	MI Health Link	MH Block Grant Contracts	SA Block Grant Contract	SA PA2 Funds Contract	SWMBH Central		
6	REVENUE												
17	Contract Revenue	27,904,274	18,841,968	4,142,133	1,616,254	(9,112)	2,682,189	129,103	-	348,012	153,727	-	
18	DHHS Incentive Payments	125,489	125,489	-	-	-	-	-	-	-	-	-	
19	Grants and Earned Contracts	30,152	-	-	-	-	-	-	30,152	-	-	-	
20	Interest Income - Working Capital	7,228	-	-	-	-	-	-	-	-	-	7,228	
21	Interest Income - ISF Risk Reserve	196	-	-	-	-	-	-	-	-	-	196	
22	Local Funds Contributions	107,446	-	-	-	-	-	-	-	-	-	107,446	
23	Other Local Income	-	-	-	-	-	-	-	-	-	-	-	
24													
25	TOTAL REVENUE	28,174,786	18,967,457	4,142,133	1,616,254	(9,112)	2,682,189	129,103	30,152	348,012	153,727	114,870	
26													
27	EXPENSE												
28	Healthcare Cost												
29	Provider Claims Cost	1,660,724	305,434	568,965	-	72,431	-	352,401	17,661	289,169	54,664	-	
30	CMHP Subcontracts, net of 1st & 3rd party	22,082,568	16,686,852	1,838,510	1,283,177	-	2,154,453	75,294	-	44,282	-	-	
31	Insurance Provider Assessment Withhold (IPA)	311,106	216,565	94,541	-	-	-	-	-	-	-	-	
32	Medicaid Hospital Rate Adjustments	-	-	-	-	-	-	-	-	-	-	-	
33	MHL Cost in Excess of Medicare FFS Cost	-	316,648	-	-	-	-	(316,648)	-	-	-	-	
34													
35	Total Healthcare Cost	24,054,398	17,525,499	2,502,016	1,283,177	72,431	2,154,453	111,047	17,661	333,451	54,664	-	
36	Medical Loss Ratio (HCC % of Revenue)	85.8%	92.4%	60.4%	79.4%	-794.9%	80.3%	86.0%		95.8%	35.6%		
38	Administrative Cost												
39	Purchased Professional Services	36,817	-	-	-	-	-	-	-	-	-	36,817	
40	Administrative and Other Cost	499,757	-	-	-	-	-	-	12,491	4,025	-	483,241	
41	Interest Expense	-	-	-	-	-	-	-	-	-	-	-	
42	Depreciation	-	-	-	-	-	-	-	-	-	-	-	
43	Functional Cost Reclassification	-	-	-	-	-	-	-	-	-	-	-	
44	Allocated Indirect Pooled Cost	0	-	-	-	-	-	-	-	-	-	-	
45	Delegated Managed Care Admin	1,424,701	1,194,684	134,053	87,162	-	-	8,802	-	-	-	-	
46	Apportioned Central Mgd Care Admin	0	364,429	52,091	27,764	1,567	46,616	9,254	652	10,536	-	(512,910)	
47													
48	Total Administrative Cost	1,961,275	1,559,113	186,143	114,926	1,567	46,616	18,056	13,144	14,561	-	7,148	
49	Admin Cost Ratio (MCA % of Total Cost)	7.5%	8.2%	6.9%	8.2%	2.1%	2.1%	14.0%		4.2%	0.0%	2.0%	
50													
51	Local Funds Contribution	107,446	-	-	-	-	-	-	-	-	-	107,446	
52	PBIP Transferred to CMHPs	-	-	-	-	-	-	-	-	-	-	-	
53													
54	TOTAL COST after apportionment	26,123,119	19,084,612	2,688,159	1,398,103	73,998	2,201,069	129,103	30,805	348,012	54,664	114,594	
55													
56	NET SURPLUS before settlement	2,051,668	(117,155)	1,453,974	218,151	(83,110)	481,120	-	(652)	-	99,064	276	
57	Net Surplus (Deficit) % of Revenue	7.3%	-0.6%	35.1%	13.5%	912.1%	17.9%	0.0%	-2.2%	0.0%	64.4%	0.2%	
59	Prior Year Savings	17,316,484	16,894,122	422,362	-	-	-	-	-	-	-	-	
60	Change in PA2 Fund Balance	(99,064)	-	-	-	-	-	-	-	-	(99,064)	-	
61	ISF Risk Reserve Abatement (Funding)	(196)	-	-	-	-	-	-	-	-	-	(196)	
62	ISF Risk Reserve Deficit (Funding)	-	-	-	-	-	-	-	-	-	-	-	
63	Settlement Receivable / (Payable)	(653,297)	(873,264)	836,128	(218,151)	83,110	(481,120)	-	-	-	-	-	
64	NET SURPLUS (DEFICIT)	18,615,595	15,903,703	2,712,464	-	-	-	-	(652)	-	-	80	
65	HMP & Autism is settled with Medicaid												
66													
67	SUMMARY OF NET SURPLUS (DEFICIT)												
68	Prior Year Unspent Savings	15,873,444	15,486,279	387,165	-	-	-	-	-	-	-	-	
69	Current Year Savings	665,709	(1,659,589)	2,325,299	-	-	-	-	-	-	-	-	
70	Current Year Public Act 2 Fund Balance	-	-	-	-	-	-	-	-	-	-	-	
71	Local and Other Funds Surplus/(Deficit)	2,076,441	2,077,014	-	-	-	-	-	(652)	-	-	80	
73	NET SURPLUS (DEFICIT)	18,615,595	15,903,703	2,712,464	-	-	-	-	(652)	-	-	80	
74													

	F	G	H	I	J	K	L	M	N	O	P	Q	R	
1	Southwest Michigan Behavioral Health				Mos in Period		Estimate P01		Estimate P01		Estimate P01	Estimate P01		Estimate P01
2	For the Fiscal YTD Period Ended 10/31/2022				1									
3	(For Internal Management Purposes Only)				ok									
4	INCOME STATEMENT													
5		Total SWMBH	SWMBH Central	CMH Participants	Barry CMHA	Berrien CMHA	Pines Behavioral	Summit Pointe	Woodlands Behavioral	Integrated Services of Kalamazoo	St Joseph CMHA	Van Buren MHA		
6	Medicaid Specialty Services													
7	Subcontract Revenue	18,841,968	1,512,397	17,329,571	853,695	3,443,521	1,070,688	3,433,190	1,176,376	4,311,889	1,249,192	1,791,021		
8	Incentive Payment Revenue	125,489	104,312	21,178	-	7,411	-	10,439	-	-	3,328	-		
9	Contract Revenue	18,967,457	1,616,708	17,350,749	853,695	3,450,932	1,070,688	3,443,628	1,176,376	4,311,889	1,252,520	1,791,021		
10														
11	External Provider Cost	13,370,797	305,434	13,065,363	326,379	2,366,234	943,149	2,501,260	645,801	4,190,442	1,094,091	998,008		
12	Internal Program Cost	3,716,213	-	3,716,213	334,857	892,778	289,365	905,335	382,105	97,250	112,055	702,469		
13	SSI Reimb., 1st/3rd Party Cost Offset	(19,430)	-	(19,430)	-	(19,389)	(8,219)	-	-	13,869	(1,285)	(4,406)		
14	Insurance Provider Assessment Withhold (IPA)	216,565	216,565	-	-	-	-	-	-	-	-	-		
15	MHL Cost in Excess of Medicare FFS Cost	316,648	316,648	-	-	-	-	-	-	-	-	-		
16	Total Healthcare Cost	17,600,793	838,647	16,762,146	661,235	3,239,623	1,224,295	3,406,595	1,027,906	4,301,561	1,204,861	1,696,070		
17	Medical Loss Ratio (HCC % of Revenue)	92.8%		96.6%	77.5%	93.9%	114.3%	98.9%	87.4%	99.8%	96.2%	94.7%		
18														
19	Managed Care Administration	1,567,915	364,429	1,203,486	87,954	250,944	62,580	261,088	139,606	233,662	47,659	119,993		
20	Admin Cost Ratio (MCA % of Total Cost)	8.2%	1.9%	6.3%	11.7%	7.2%	4.9%	7.1%	12.0%	5.2%	3.8%	6.6%		
21														
22	Contract Cost	19,168,708	1,203,075	17,965,633	749,189	3,490,567	1,286,875	3,667,683	1,167,512	4,535,223	1,252,520	1,816,063		
23	Net before Settlement	(201,251)	413,633	(614,884)	104,506	(39,635)	(216,187)	(224,055)	8,864	(223,334)	0	(25,043)		
24														
25	Prior Year Savings	16,894,122	16,894,122	-	-	-	-	-	-	-	-	-		
26	Internal Service Fund Risk Reserve	-	-	-	-	-	-	-	-	-	-	-		
27	Contract Settlement / Redistribution	(873,264)	(1,488,148)	614,884	(104,506)	39,635	216,187	224,055	(8,864)	223,334	(0)	25,043		
28	Net after Settlement	15,819,607	15,819,607	(0)	-	-	-	-	-	-	-	-		
29														
30	Eligibles and PMPM													
31	Average Eligibles	180,471	180,471	180,471	9,933	33,987	10,596	34,920	10,620	47,258	14,769	18,388		
32	Revenue PMPM	\$ 105.10	\$ 8.96	\$ 96.14	\$ 85.95	\$ 101.54	\$ 101.05	\$ 98.61	\$ 110.77	\$ 91.24	\$ 84.81	\$ 97.40		
33	Expense PMPM	\$ 106.21	\$ 6.67	\$ 99.55	\$ 75.42	\$ 102.70	\$ 121.45	\$ 105.03	\$ 109.94	\$ 95.97	\$ 84.81	\$ 98.76		
34	Margin PMPM	\$ (1.12)	\$ 2.29	\$ (3.41)	\$ 10.52	\$ (1.17)	\$ (20.40)	\$ (6.42)	\$ 0.83	\$ (4.73)	\$ 0.00	\$ (1.36)		
35														
36	Medicaid Specialty Services													
37	Budget v Actual													
38														
39	Eligible Lives (Average Eligibles)													
40	Actual	180,471	180,471	180,471	9,933	33,987	10,596	34,920	10,620	47,258	14,769	18,388		
41	Budget	174,379	174,379	174,379	9,423	33,008	10,297	33,586	10,237	45,533	14,354	17,941		
42	Variance - Favorable / (Unfavorable)	6,092	6,092	6,092	510	979	299	1,334	383	1,725	415	447		
43	% Variance - Fav / (Unfav)	3.5%	3.5%	3.5%	5.4%	3.0%	2.9%	4.0%	3.7%	3.8%	2.9%	2.5%		
44														
45	Contract Revenue before settlement													
46	Actual	18,967,457	1,616,708	17,350,749	853,695	3,450,932	1,070,688	3,443,628	1,176,376	4,311,889	1,252,520	1,791,021		
47	Budget	21,863,176	2,125,489	19,737,687	843,204	3,695,391	1,057,637	3,457,734	1,076,940	6,383,106	1,426,653	1,797,022		
48	Variance - Favorable / (Unfavorable)	(2,895,719)	(508,781)	(2,386,938)	10,491	(244,459)	13,051	(14,106)	99,436	(2,071,217)	(174,133)	(6,001)		
49	% Variance - Fav / (Unfav)	-13.2%	-23.9%	-12.1%	1.2%	-6.6%	1.2%	-0.4%	9.2%	-32.4%	-12.2%	-0.3%		
50														
51	Healthcare Cost													
52	Actual	17,600,793	838,647	16,762,146	661,235	3,239,623	1,224,295	3,406,595	1,027,906	4,301,561	1,204,861	1,696,070		
53	Budget	17,663,069	881,565	16,781,504	744,726	3,239,623	1,040,235	3,406,595	1,027,906	4,421,488	1,204,861	1,696,070		
54	Variance - Favorable / (Unfavorable)	62,276	42,918	19,358	83,490	-	(184,060)	-	-	119,927	-	-		
55	% Variance - Fav / (Unfav)	0.4%	4.9%	0.1%	11.2%	0.0%	-17.7%	0.0%	0.0%	2.7%	0.0%	0.0%		
56														
57	Managed Care Administration													
58	Actual	1,567,915	364,429	1,203,486	87,954	250,944	62,580	261,088	139,606	233,662	47,659	119,993		
59	Budget	1,889,502	714,398	1,175,104	94,003	250,944	38,420	261,088	139,606	223,390	47,659	119,993		
60	Variance - Favorable / (Unfavorable)	321,587	349,969	(28,383)	6,049	-	(24,161)	-	-	(10,272)	-	-		
61	% Variance - Fav / (Unfav)	17.0%	49.0%	-2.4%	6.4%	0.0%	-62.9%	0.0%	0.0%	-4.6%	0.0%	0.0%		
62														
63	Total Contract Cost													
64	Actual	19,168,708	1,203,075	17,965,633	749,189	3,490,567	1,286,875	3,667,683	1,167,512	4,535,223	1,252,520	1,816,063		
65	Budget	19,552,570	1,595,962	17,956,608	838,729	3,490,567	1,078,655	3,667,683	1,167,512	4,644,879	1,252,520	1,816,063		
66	Variance - Favorable / (Unfavorable)	383,862	392,887	(9,025)	89,540	-	(208,220)	-	-	109,656	-	-		
67	% Variance - Fav / (Unfav)	2.0%	24.6%	-0.1%	10.7%	0.0%	-19.3%	0.0%	0.0%	2.4%	0.0%	0.0%		
68														
69	Net before Settlement													
70	Actual	(201,251)	413,633	(614,884)	104,506	(39,635)	(216,187)	(224,055)	8,864	(223,334)	0	(25,043)		
71	Budget	2,310,606	529,527	1,781,079	4,475	204,824	(21,018)	(209,949)	(90,572)	1,738,227	174,133	(19,041)		
72	Variance - Favorable / (Unfavorable)	(2,511,856)	(115,893)	(2,395,963)	100,031	(244,459)	(195,170)	(14,106)	99,436	(1,961,561)	(174,133)	(6,001)		
73														
74														

	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	<b>Southwest Michigan Behavioral Health</b>		<i>Mos in Period</i>				<b>Estimate P01</b>		<b>Estimate P01</b>	<b>Estimate P01</b>		<b>Estimate P01</b>	<b>Estimate P01</b>
2	For the Fiscal YTD Period Ended 10/31/2022				1								
3	(For Internal Management Purposes Only)			ok									
4	<b>INCOME STATEMENT</b>		Total SWMBH	SWMBH Central	CMH Participants	Barry CMHA	Berrien CMHA	Pines Behavioral	Summit Pointe	Woodlands Behavioral	Integrated Services of Kalamazoo	St Joseph CMHA	Van Buren MHA
5													
75	<b>Healthy Michigan Plan</b>			HCC%		11.1%	7.7%	7.2%	12.5%	6.7%	5.7%	16.1%	9.0%
76	<b>Contract Revenue</b>		<b>4,142,133</b>	<b>1,091,328</b>	<b>3,050,805</b>	<b>181,589</b>	<b>602,939</b>	<b>170,761</b>	<b>584,603</b>	<b>188,492</b>	<b>753,619</b>	<b>257,447</b>	<b>311,355</b>
77													
78	External Provider Cost		1,623,517	568,965	1,054,552	32,932	146,064	58,965	269,799	43,720	288,591	115,315	99,167
79	Internal Program Cost		783,958	-	783,958	63,006	171,345	41,281	234,248	39,455	9,375	135,691	89,556
80	SSI Reimb, 1st/3rd Party Cost Offset		-	-	-	-	-	-	-	-	-	-	-
81	Insurance Provider Assessment Withhold (IPA)		94,541	94,541	-	-	-	-	-	-	-	-	-
82	<b>Total Healthcare Cost</b>		<b>2,502,016</b>	<b>663,506</b>	<b>1,838,510</b>	<b>95,938</b>	<b>317,409</b>	<b>100,246</b>	<b>504,047</b>	<b>83,174</b>	<b>297,966</b>	<b>251,006</b>	<b>188,723</b>
83	Medical Loss Ratio (HCC % of Revenue)		60.4%		60.3%	52.8%	52.6%	58.7%	86.2%	44.1%	39.5%	97.5%	60.6%
84													
85	<b>Managed Care Administration</b>		<b>186,143</b>	<b>52,091</b>	<b>134,053</b>	<b>12,761</b>	<b>24,440</b>	<b>8,928</b>	<b>40,596</b>	<b>11,296</b>	<b>16,238</b>	<b>6,441</b>	<b>13,352</b>
86	Admin Cost Ratio (MCA % of Total Cost)		6.9%	1.9%	5.0%	11.7%	7.1%	8.2%	7.5%	12.0%	5.2%	2.5%	6.6%
87													
88	<b>Contract Cost</b>		<b>2,688,159</b>	<b>715,597</b>	<b>1,972,562</b>	<b>108,699</b>	<b>341,849</b>	<b>109,174</b>	<b>544,644</b>	<b>94,471</b>	<b>314,204</b>	<b>257,447</b>	<b>202,075</b>
89	<b>Net before Settlement</b>		<b>1,453,974</b>	<b>375,731</b>	<b>1,078,243</b>	<b>72,891</b>	<b>261,090</b>	<b>61,587</b>	<b>39,959</b>	<b>94,021</b>	<b>439,415</b>	<b>(0)</b>	<b>109,280</b>
90													
91	Prior Year Savings		422,362	422,362	-	-	-	-	-	-	-	-	-
92	Internal Service Fund Risk Reserve		-	-	-	-	-	-	-	-	-	-	-
93	Contract Settlement / Redistribution		836,128	1,914,371	(1,078,243)	(72,891)	(261,090)	(61,587)	(39,959)	(94,021)	(439,415)	0	(109,280)
94	<b>Net after Settlement</b>		<b>2,712,464</b>	<b>2,712,464</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
95													
96	<b>Eligibles and PMPM</b>												
97	Average Eligibles		78,784	78,784	78,784	4,028	15,342	3,772	14,435	4,789	22,805	6,085	7,528
98	Revenue PMPM		\$ 52.58	\$ 13.85	\$ 38.72	\$ 45.08	\$ 39.30	\$ 45.27	\$ 40.50	\$ 39.36	\$ 33.05	\$ 42.31	\$ 41.36
99	Expense PMPM		34.12	9.08	25.04	26.99	22.28	28.94	37.73	19.73	13.78	42.31	26.84
100	Margin PMPM		\$ 18.46	\$ 4.77	\$ 13.69	\$ 18.10	\$ 17.02	\$ 16.33	\$ 2.77	\$ 19.63	\$ 19.27	\$ (0.00)	\$ 14.52
101													
102	<b>Healthy Michigan Plan</b>												
103	<b>Budget v Actual</b>												
104													
105	<b>Eligible Lives (Average Eligibles)</b>												
106	Actual		78,784	78,784	78,784	4,028	15,342	3,772	14,435	4,789	22,805	6,085	7,528
107	Budget		74,889	74,889	74,889	3,793	14,729	3,546	13,688	4,485	21,571	5,873	7,204
108	Variance - Favorable / (Unfavorable)		3,895	3,895	3,895	235	613	226	747	304	1,234	212	324
109	% Variance - Fav / (Unfav)		5.2%	5.2%	5.2%	6.2%	4.2%	6.4%	5.5%	6.8%	5.7%	3.6%	4.5%
110													
111	<b>Contract Revenue before settlement</b>												
112	Actual		4,142,133	1,091,328	3,050,805	181,589	602,939	170,761	584,603	188,492	753,619	257,447	311,355
113	Budget		4,098,462	786,074	3,312,388	166,544	643,439	155,652	612,166	195,317	968,179	258,338	312,753
114	Variance - Favorable / (Unfavorable)		43,671	305,254	(261,583)	15,046	(40,499)	15,109	(27,564)	(6,825)	(214,561)	(892)	(1,398)
115	% Variance - Fav / (Unfav)		1.1%	38.8%	-7.9%	9.0%	-6.3%	9.7%	-4.5%	-3.5%	-22.2%	-0.3%	-0.4%
116													
117	<b>Healthcare Cost</b>												
118	Actual		2,502,016	663,506	1,838,510	95,938	317,409	100,246	504,047	83,174	297,966	251,006	188,723
119	Budget		2,828,109	694,262	2,133,847	112,350	317,409	213,472	504,047	83,174	463,666	251,006	188,723
120	Variance - Favorable / (Unfavorable)		326,094	30,756	295,337	16,412	-	113,226	-	-	165,700	-	-
121	% Variance - Fav / (Unfav)		11.5%	4.4%	13.8%	14.6%	0.0%	53.0%	0.0%	0.0%	35.7%	0.0%	0.0%
122													
123	<b>Managed Care Administration</b>												
124	Actual		186,143	52,091	134,053	12,761	24,440	8,928	40,596	11,296	16,238	6,441	13,352
125	Budget		246,749	108,539	138,210	14,181	24,440	11,464	40,596	11,296	16,439	6,441	13,352
126	Variance - Favorable / (Unfavorable)		60,606	56,449	4,157	1,420	-	2,536	-	-	201	-	-
127	% Variance - Fav / (Unfav)		24.6%	52.0%	3.0%	10.0%	0.0%	22.1%	0.0%	0.0%	1.2%	0.0%	0.0%
128													
129	<b>Total Contract Cost</b>												
130	Actual		2,688,159	715,597	1,972,562	108,699	341,849	109,174	544,644	94,471	314,204	257,447	202,075
131	Budget		3,074,858	802,801	2,272,057	126,531	341,849	224,936	544,644	94,471	480,105	257,447	202,075
132	Variance - Favorable / (Unfavorable)		386,699	87,205	299,495	17,832	-	115,762	-	-	165,901	-	-
133	% Variance - Fav / (Unfav)		12.6%	10.9%	13.2%	14.1%	0.0%	51.5%	0.0%	0.0%	34.6%	0.0%	0.0%
134													
135	<b>Net before Settlement</b>												
136	Actual		1,453,974	375,731	1,078,243	72,891	261,090	61,587	39,959	94,021	439,415	(0)	109,280
137	Budget		1,023,604	(16,728)	1,040,331	40,013	301,589	(69,284)	67,523	100,846	488,075	891	110,678
138	Variance - Favorable / (Unfavorable)		430,370	392,459	37,911	32,878	(40,499)	130,871	(27,564)	(6,825)	(48,660)	(892)	(1,398)
139													
140													

	F	G	H	I	J	K	L	M	N	O	P	Q	R	
1	Southwest Michigan Behavioral Health			Mos in Period			Estimate P01		Estimate P01		Estimate P01		Estimate P01	
2	For the Fiscal YTD Period Ended 10/31/2022			1										
3	(For Internal Management Purposes Only)			ok										
4	INCOME STATEMENT													
5		Total SWMBH	SWMBH Central	CMH Participants	Barry CMHA	Berrien CMHA	Pines Behavioral	Summit Pointe	Woodlands Behavioral	Integrated Services of Kalamazoo	St Joseph CMHA	Van Buren MHA		
141	Autism Specialty Services													
142	Contract Revenue	1,616,254	56,253	1,560,001	85,128	293,696	86,573	322,873	-	466,221	137,260	168,249		
143	External Provider Cost	1,196,601	-	1,196,601	-	379,766	-	-	51,228	503,347	137,260	125,000		
145	Internal Program Cost	86,576	-	86,576	38,672	108	42,298	-	-	-	-	5,498		
146	SSI Reimb, 1st/3rd Party Cost Offset	-	-	-	-	-	-	-	-	-	-	-		
147	Insurance Provider Assessment Withhold (IPA)	-	-	-	-	-	-	-	-	-	-	-		
148	Total Healthcare Cost	1,283,177	-	1,283,177	38,672	379,874	42,298	-	51,228	503,347	137,260	130,498		
149	Medical Loss Ratio (HCC % of Revenue)	79.4%	0.0%	82.3%	45.4%	129.3%	48.9%	0.0%	0.0%	108.0%	100.0%	77.6%		
150	Managed Care Administration	114,926	27,764	87,162	5,144	29,250	9,148	-	6,958	27,430	-	9,232		
152	Admin Cost Ratio (MCA % of Total Cost)	8.2%	2.0%	6.2%	11.7%	7.1%	17.8%	0.0%	12.0%	5.2%	0.0%	6.6%		
153	Contract Cost	1,398,103	27,764	1,370,339	43,816	409,125	51,445	-	58,186	530,777	137,260	139,730		
155	Net before Settlement	218,151	28,489	189,662	41,312	(115,428)	35,128	322,873	(58,186)	(64,556)	(0)	28,518		
156	Contract Settlement / Redistribution	(218,151)	(28,489)	(189,662)	(41,312)	115,428	(35,128)	(322,873)	58,186	64,556	0	(28,518)		
157	Net after Settlement	0	0	-	-	-	-	-	-	-	-	-		
158														
159	Certified Community Behavioral Health Clin													
160	Contract Revenue	2,682,189	(243,606)	2,925,795	-	-	-	-	-	2,472,014	453,781	-		
162	External Provider Cost	87,890	-	87,890	-	-	-	-	-	87,890	-	-		
164	Internal Program Cost	2,066,563	-	2,066,563	-	-	-	-	-	1,612,782	453,781	-		
165	SSI Reimb, 1st/3rd Party Cost Offset	-	-	-	-	-	-	-	-	-	-	-		
166	Total Healthcare Cost	2,154,453	-	2,154,453	-	-	-	-	-	1,700,672	453,781	-		
167	Medical Loss Ratio (HCC % of Revenue)	80.3%	0.0%	73.6%	0.0%	0.0%	0.0%	0.0%	0.0%	68.8%	100.0%	0.0%		
168	Managed Care Administration	46,616	46,616	-	-	-	-	-	-	-	-	-		
170	Admin Cost Ratio (MCA % of Total Cost)	2.1%	2.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		
171	Contract Cost	2,201,069	46,616	2,154,453	-	-	-	-	-	1,700,672	453,781	-		
173	Net before Settlement	481,120	(290,222)	771,342	-	-	-	-	-	771,342	-	-		
174	PPS-1 Supplemental Payment Difference	(839,314)	-	(839,314)	-	-	-	-	-	(839,314)	-	-		
175	Contract Settlement / Redistribution	-	(67,972)	67,972	-	-	-	-	-	67,972	-	-		
176	Net after Settlement	(358,194)	(358,194)	-	-	-	-	-	-	-	-	-		
177														
178	SUD Block Grant Treatment													
179	Contract Revenue	348,012	295,014	52,999	3,146	16,275	2,356	-	10,000	9,330	6,581	5,311		
181	External Provider Cost	289,169	289,169	-	-	-	-	-	-	-	-	-		
183	Internal Program Cost	44,282	-	44,282	6,197	12,790	2,526	1,425	9,321	-	6,581	5,441		
184	Insurance Provider Assessment Withhold (IPA)	-	-	-	-	-	-	-	-	-	-	-		
185	Total Healthcare Cost	333,451	289,169	44,282	6,197	12,790	2,526	1,425	9,321	-	6,581	5,441		
186	Medical Loss Ratio (HCC % of Revenue)	95.8%	98.0%	83.6%	197.0%	78.6%	107.2%	0.0%	93.2%	0.0%	100.0%	102.4%		
187	Managed Care Administration	10,536	10,536	-	-	-	-	-	-	-	-	-		
189	Admin Cost Ratio (MCA % of Total Cost)	3.1%	3.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		
190	Contract Cost	343,987	299,706	44,282	6,197	12,790	2,526	1,425	9,321	-	6,581	5,441		
192	Net before Settlement	4,025	(4,692)	8,717	(3,051)	3,484	(171)	(1,425)	679	9,330	-	(130)		
193	Contract Settlement	-	8,717	(8,717)	3,051	(3,484)	171	1,425	(679)	(9,330)	-	130		
194	Net after Settlement	4,025	4,025	-	-	-	-	-	-	-	-	-		
195														
196														

	F	G	H	I	J	K	L	M	N	O	P	Q	R	
1	Southwest Michigan Behavioral Health			Mos in Period			Estimate P01		Estimate P01	Estimate P01		Estimate P01	Estimate P01	
2	For the Fiscal YTD Period Ended 10/31/2022			1										
3	(For Internal Management Purposes Only)			ok										
4	INCOME STATEMENT			Total SWMBH	SWMBH Central	CMH Participants	Barry CMHA	Berrien CMHA	Pines Behavioral	Summit Pointe	Woodlands Behavioral	Integrated Services of Kalamazoo	St Joseph CMHA	Van Buren MHA
5														
197	SWMBH CMHP Subcontracts													
198	Subcontract Revenue	27,630,556	2,711,385	24,919,171	1,123,559	4,356,431	1,330,377	4,340,665	1,374,868	8,013,073	2,104,261	2,275,936		
199	Incentive Payment Revenue	125,489	104,312	21,178	-	7,411	-	10,439	-	-	3,328	-		
200	Contract Revenue	27,756,045	2,815,697	24,940,348	1,123,559	4,363,842	1,330,377	4,351,104	1,374,868	8,013,073	2,107,589	2,275,936		
201														
202	External Provider Cost	16,567,974	1,163,568	15,404,406	359,311	2,892,063	1,002,114	2,771,059	740,749	5,070,270	1,346,666	1,222,174		
203	Internal Program Cost	6,697,592	-	6,697,592	442,732	1,077,022	375,470	1,141,008	430,881	1,719,407	708,108	802,964		
204	SSI Reimb, 1st/3rd Party Cost Offset	(19,430)	-	(19,430)	-	(19,389)	(8,219)	-	-	13,869	(1,285)	(4,406)		
205	Insurance Provider Assessment Withhold (IPA)	311,106	311,106	-	-	-	-	-	-	-	-	-		
206	PPS-1 Supplemental Payment Difference	(839,314)	-	(839,314)	-	-	-	-	-	839,314	-	-		
207	MHL Cost in Excess of Medicare FFS Cost	316,648	316,648	-	-	-	-	-	-	-	-	-		
208	Total Healthcare Cost	23,034,575	1,791,322	21,243,254	802,043	3,949,696	1,369,365	3,912,067	1,171,630	7,642,860	2,053,489	2,020,732		
209	Medical Loss Ratio (HCC % of Revenue)	83.0%	63.6%	85.2%	71.4%	90.5%	102.9%	89.9%	85.2%	95.4%	97.4%	88.8%		
210														
211	Managed Care Administration	1,926,137	501,436	1,424,701	105,859	304,635	80,655	301,685	157,860	277,330	54,100	142,578		
212	Admin Cost Ratio (MCA % of Total Cost)	7.7%	2.0%	5.7%	11.7%	7.2%	5.6%	7.2%	11.9%	3.5%	2.6%	6.6%		
213														
214	Contract Cost	24,960,712	2,292,758	22,667,955	907,901	4,254,331	1,450,020	4,213,752	1,329,490	7,920,190	2,107,589	2,163,310		
215	Net before Settlement	2,795,333	522,939	2,272,394	215,658	109,512	(119,643)	137,352	45,378	92,883	(0)	112,626		
216														
217	Prior Year Savings	17,316,484	17,316,484	-	-	-	-	-	-	-	-	-		
218	Internal Service Fund Risk Reserve	-	-	-	-	-	-	-	-	-	-	-		
219	Contract Settlement	(255,287)	406,450	(661,738)	(215,658)	(109,512)	119,643	(137,352)	(45,378)	678,459	0	(112,626)		
220	Net after Settlement	19,856,530	18,245,874	1,610,656	-	(0)	-	0	0	771,342	(0)	(0)		
221														
222														

	F	G	H	I	J	K	L	M	N	O	P	Q	R		
1	Southwest Michigan Behavioral Health			Mos in Period			Estimate P01		Estimate P01	Estimate P01		Estimate P01	Estimate P01		
2	For the Fiscal YTD Period Ended 10/31/2022			1											
3	(For Internal Management Purposes Only)			ok											
4	INCOME STATEMENT			Total SWMBH	SWMBH Central	CMH Participants	Barry CMHA	Berrien CMHA	Pines Behavioral	Summit Pointe	Woodlands Behavioral	Integrated Services of Kalamazoo	St Joseph CMHA	Van Buren MHA	
5															
223	State General Fund Services			HCC%			15.8%	7.1%	3.2%	1.6%	3.0%	6.1%	2.3%	3.9%	3.3%
224	Contract Revenue						1,071,784	77,943	184,032	73,384	154,958	72,258	325,043	86,880	97,286
225															
226	External Provider Cost						212,505	22,490	29,213	6,725	25,424	58,564	-	61,757	8,333
227	Internal Program Cost						353,294	39,221	100,041	15,469	97,332	17,536	-	22,731	60,964
228	SSI Reimb, 1st/3rd Party Cost Offset						-	-	-	-	-	-	-	-	-
229	Total Healthcare Cost						565,800	61,711	129,254	22,194	122,756	76,100	-	84,487	69,298
230	Medical Loss Ratio (HCC % of Revenue)						52.8%	79.2%	70.2%	30.2%	79.2%	105.3%	0.0%	97.2%	71.2%
231															
232	Managed Care Administration						78,093	9,257	9,953	3,346	36,179	11,521	-	2,393	5,444
233	Admin Cost Ratio (MCA % of Total Cost)						12.1%	13.0%	7.1%	13.1%	22.8%	13.1%	0.0%	2.8%	7.3%
234															
235	Contract Cost						643,892	70,968	139,207	25,540	158,935	87,621	-	86,880	74,742
236	Net before Settlement						427,892	6,975	44,826	47,844	(3,976)	(15,364)	325,043	-	22,544
237															
238	Other Redistributions of State GF						63,827	-	-	-	-	-	63,827	-	-
239	Contract Settlement						(24,063)	(6,383)	-	-	-	-	-	-	(17,680)
240	Net after Settlement						467,656	592	44,826	47,844	(3,976)	(15,364)	388,870	-	4,864
241															

## **SWMBH SERVICES ADMINISTRATIVE CONTRACTS**

(October 2021 - September 2022)

<b>AUNALYTICS</b>	
<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>
	FY22 Expenditure: \$384,673 (FY21 Expenditure: \$378,941)
<b>BAUCKHAM, SPARKS, THALL, SEEGER &amp; KAUFMAN P.C.</b>	
<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>
	FY22 Expenditure: \$1,296 (FY21 Expenditure: \$7,648)
<b>BLUE FIRE MEDIA, INC</b>	
<b>Deliverables/Services</b>	<ul style="list-style-type: none"> <li>Supports the SWMBH public website</li> </ul>
	FY22 Expenditure: \$2,025 (FY21 Expenditure: \$2,480)
<b>CAPITOLINE CONSULTING</b>	
<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>
	FY22 Expenditure: \$9,375 (FY21 Expenditure: \$15,375)
<b>CONTRACT PHYSICIANS</b>	
<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>
	FY22 Expenditure: \$46,631 (FY21 Expenditure: \$41,676)

<b>CONSULT2CLOUD</b>	
<b>Deliverables/Services</b>	<ul style="list-style-type: none"> <li>Update and move SWMBH SharePoint portal and file system to Office 365 in the cloud</li> </ul>
	FY22 Expenditure: \$12,250 (FY21 Expenditure: \$3,600)
<b>FINCH CONSULTING</b>	
<b>Deliverables/Services</b>	<p>Assisting with activities and documents related to:</p> <ul style="list-style-type: none"> <li>State reporting development</li> <li>Risk reserve requirements review</li> <li>Refinement of cost management systems region wide</li> <li>CMH financial statement support</li> </ul>
	FY22 Expenditure: \$5,610 (FY21 Expenditure: \$86,378)
<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>
	FY22 Expenditure: \$115,865 (FY21 Expenditure: \$68,255)
<b>HUMANERGY</b>	
<b>Deliverables/Services</b>	<ul style="list-style-type: none"> <li>Coaching</li> </ul>
	FY22 Expenditure: \$7,989 (FY21 Expenditure: \$9,166)
<b>INTEGRATED SERVICES OF KALAMAZOO (CONTRACT ENDED 9/30/21)</b>	
<b>Deliverables/Services</b>	<ul style="list-style-type: none"> <li>Access to EDI system</li> </ul>
	FY22 Expenditure: N/A (FY21 Expenditure: \$12,000)
<b>MORC, INC</b>	
<b>Deliverables/Services</b>	<ul style="list-style-type: none"> <li>Support intensity scale assessment training</li> </ul>
	FY22 Expenditure: \$13,230 (FY21 Expenditure: \$10,350)
<b>PARMENTER &amp; ASSOCIATES (RETIRED)</b>	
<b>Deliverables/Services</b>	<ul style="list-style-type: none"> <li>General legal counsel</li> </ul>
	FY22 Expenditure: \$975 (FY21 Expenditure: \$22,550)
<b>PHD CONSULTANTS/LIGHTHOUSE BEHAVIORAL HEALTH</b>	
<b>Deliverables/Services</b>	<ul style="list-style-type: none"> <li>Mental Health Parity project</li> <li>Clinical consultation and project management</li> </ul>
	FY22 Expenditure: \$13,325 (FY21 Expenditure: \$50,888)
<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>
	FY22 Expenditure: \$3,136 (FY21 Expenditure: \$179)
<b>PROTOCOL</b>	
<b>Deliverables/Services</b>	<ul style="list-style-type: none"> <li>On-call crisis intervention counseling and related reporting</li> </ul>
	FY22 Expenditure: \$69,017 (FY21 Expenditure: \$45,294)

QUEST ANALYTICS, LLC	
Deliverables/Services	<ul style="list-style-type: none"> <li>Annual Software licensing cost</li> <li>To Provide Network Adequacy analysis</li> </ul>
	FY22 Expenditure: \$8,888 ( FY21 Expenditure: \$8,138)
RELIAS POPULATION HEALTH (FORMERLY CARE MANAGEMENT TECHNOLOGIES, INC)	
Deliverables/Services	<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>
	FY22 Expenditure: \$152,897 ( FY21 Expenditure: \$187,929)
ROSE ST ADVISORS/HRM INNOVATIONS, INC	
Deliverables/Services	<p>Provides support, direction and consultation in the area of Human Resources ensuring federal and state regulations and standards are met. Tasks include, but not limited to:</p> <ul style="list-style-type: none"> <li>Cultural Insights Surveys</li> <li>Strategic leadership planning</li> <li>Human Resource Consulting</li> <li>Recruiting</li> </ul>
	FY22 Expenditure: \$29,500 ( FY21 Expenditure: \$46,650)
ROSLUND PRESTAGE & COMPANY, P.C	
Deliverables/Services	<ul style="list-style-type: none"> <li>Financial, Compliance &amp; Single audit</li> </ul>
	FY22 Expenditure: \$108,225 ( FY21 Expenditure: \$109,975)
STREAMLINE HEALTHCARE SOLUTIONS	
Deliverables/Services	<ul style="list-style-type: none"> <li>Streamline Care Management System is a desktop application used to manage and pay external providers</li> </ul>
	FY22 Expenditure: \$157,996 ( FY21 Expenditure: \$115,679)
TBD SOLUTIONS LLC	
Deliverables/Services	<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>
	FY22 Expenditure: \$74,810 ( FY21 Expenditure: \$68,513)
VARNUM LLP	
Deliverables/Services	<ul style="list-style-type: none"> <li>General legal counsel</li> <li>Retirement plans and labor law legal consultation</li> </ul>
	FY22 Expenditure: \$56,455 ( FY21 Expenditure: \$3,572)
VOICES FOR HEALTH	
Deliverables/Services	<ul style="list-style-type: none"> <li>Translation and Interpretation services</li> </ul>
	FY22 Expenditure: \$17,391 ( FY21 Expenditure: \$13,755)

**Contract Services**

**FY 2022 Actual: \$1,291,559**

**FY 2021 Actual: \$1,308,991**

**Delta \$: -\$17,432**

**Delta %: -1.33%**



## FY 22 Customer Service Annual Report

December 9, 2022

# SWMBH Customer Services Office Responsibilities

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



# SWMBH Customer Services Office Responsibilities

- Maintain Policies and Procedures that meet and exceed all expectations set.
- Manage Regional Customer Services Committee Charter and membership to represent all SWMBH counties.
- Manage and Distribute the SWMBH Medicaid and MI Health Link Customer Handbooks.
- Update regional documents to communicate with customers regarding SWMBH-level service decisions.
- Maintain marketing and member related communications and brochures
- SWMBH includes grievance and appeals under their customer service department as well



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

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



# SWMBH Customer Services Activities

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

- 3 Members Newsletters
  - Provided all editions as an electronic version via Facebook and website
- 2 Handbooks
  - Both Medicaid and MHL handbooks were updated
- Maintained 7 SWMBH brochures
- Partially updated MI Health Link Welcome Packet and orientation materials
- Mailed over 10,000 letters to MHL members regarding the transition to their health plans
- Began outreach for OHH members who have not engaged in services in over 3 months
  - This includes a combination of phone calls and letters sent quarterly



# SWMBH Customer Services Activities

- DHHS reporting tool monitoring
  - Due to continued challenges with completing the data tool consistently, SWMBH provided oversight in this area quarterly
    - Gathering, organization and submission of grievance, appeal and denial data is now completed by the Quality Department
    - Met or discussed at RCSC at least quarterly with CMHs to review the completion of the tools
- HSAG grievance and appeal audit preparation
  - Met quarterly with CMHs to review processing of grievance and appeals in the region.
    - Reviewed letters and documentation within the database to ensure current standards and requirements are met



# SWMBH Customer Services Activities

- Created a RCSC sub-committee to address regional procedures for Applied Behavior Analysis (ABA) service denials
  - This was in response to continued untimely decisions identified on the MDHHS tool
  - Regional procedure was created to help CMHs ensure ABA decisions were completed timely
  - Example language was developed and distributed for ABA denials and untimely decisions
  - Extensions have been encouraged to be utilized if a timely decision cannot be completed
- Addressed and problem solved PCE system challenges
  - Collaborated with CMH representatives to ensure use of correct legal citations on ABDs
  - Worked with CMHs to align information from PCE system with G&A template letters



# SWMBH Customer Services Activities

- Implementation of Mediation
  - Standing agenda item on RCSC agenda
  - Reviewed the Mental Health Code language and applicability to CMHs
  - Working with Oakland Mediation Center to obtain Customer brochure
  - Monitoring PIHP and CMH contract updates for inclusion of Mediation
- MHL transition planning
  - Newsletter article with initial announcement
  - Collaboration with ICOs, CMHs and SWMBH departments as needed
  - Informational letter sent out to MHL members in the region outlining impact of transition to ICO
  - Created Member FAQ

# SWMBH Customer Services Activities

- Customer Advisory Committee (CAC) convened **11** times in FY 22
- Met virtually **5** times via Go To and Teams
  - Expected to return to virtual meetings this winter
- Met in person **6** times
  - SWMBH provided iPads for CAC members to utilize and assist and support virtual meeting formats both for SWMBH and within the region
  - Set up each member with an email if they didn't already have it
  - Trained them on the use of Teams including the chat and use of the Teams Team feature
- Current representation from Branch(1), Cass(1), Calhoun(1), Kalamazoo(2), St. Joseph(1), Van Buren(1)
  - Each county can have up to 2 representatives



# SWMBH Customer Services Activities

October 2021- September 2022

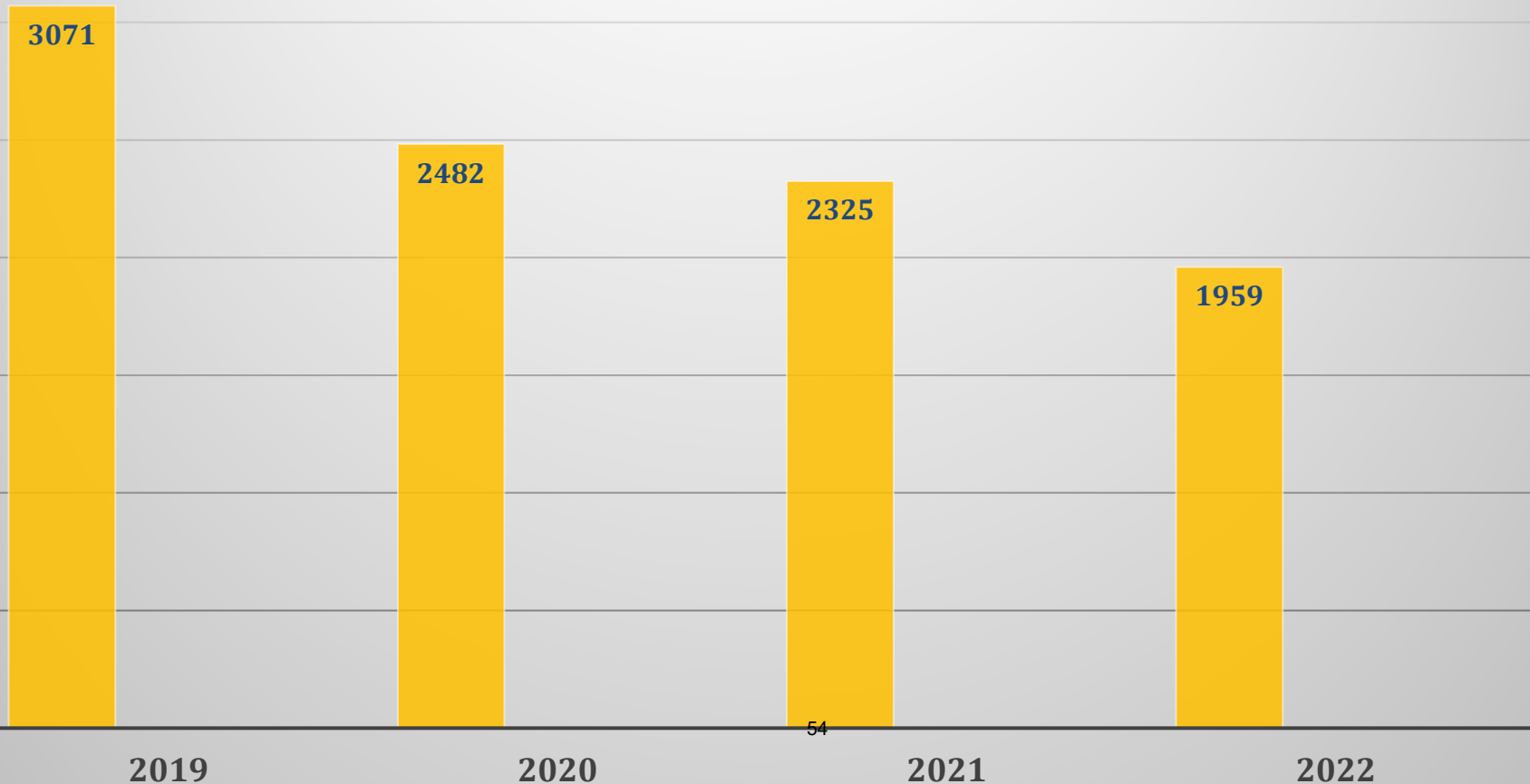
- Customer/Member Services fielded 1959 phone calls on designated lines
  - MA Customer Service line received 1139 calls
  - MHL Member Service line received 820 calls
  - Call volumes have continued to decrease over the last few years on average of about 370 total calls per year since 2019
- Completed follow up calls for members discharged from Substance Use Disorder residential settings = 504
- Opioid Health Home outreach completed quarterly
  - Each member receives 3 calls, and 2 letters total for attempts to engage
    - First and last contact include a call and a letter to the member
  - A total of 85 members have had outreach in the last year
    - Outreach began in December 2021
    - A total of 3 attempts to engage are completed



# Phone Trends

## Fiscal Years 2019, 2020, 2021 and 2022

### Total Phone Calls for Medicaid/HMP Customer Service and MHL Member Service Lines



# SWMBH Customer Services Activities

SWMBH and 8 affiliate CMH providers managed and/or provided oversight of **277** Medicaid and MI Health Link Grievances and Appeals

- MA/HMP/BG Grievances reported: **174**
  - MA/HMP/BG Local Appeals reported: **90**
  - MA/MHL Fair Hearings reported: **2**
  - MI Health Link Grievances reported: **7\***
  - MI Health Link Appeals reported: **4\***
- 
- 2 MHL appeals were submitted to the Independent Review Entity (IRE) as required when a local level appeal is upheld. One appeal was overturned by the IRE in favor of the member.

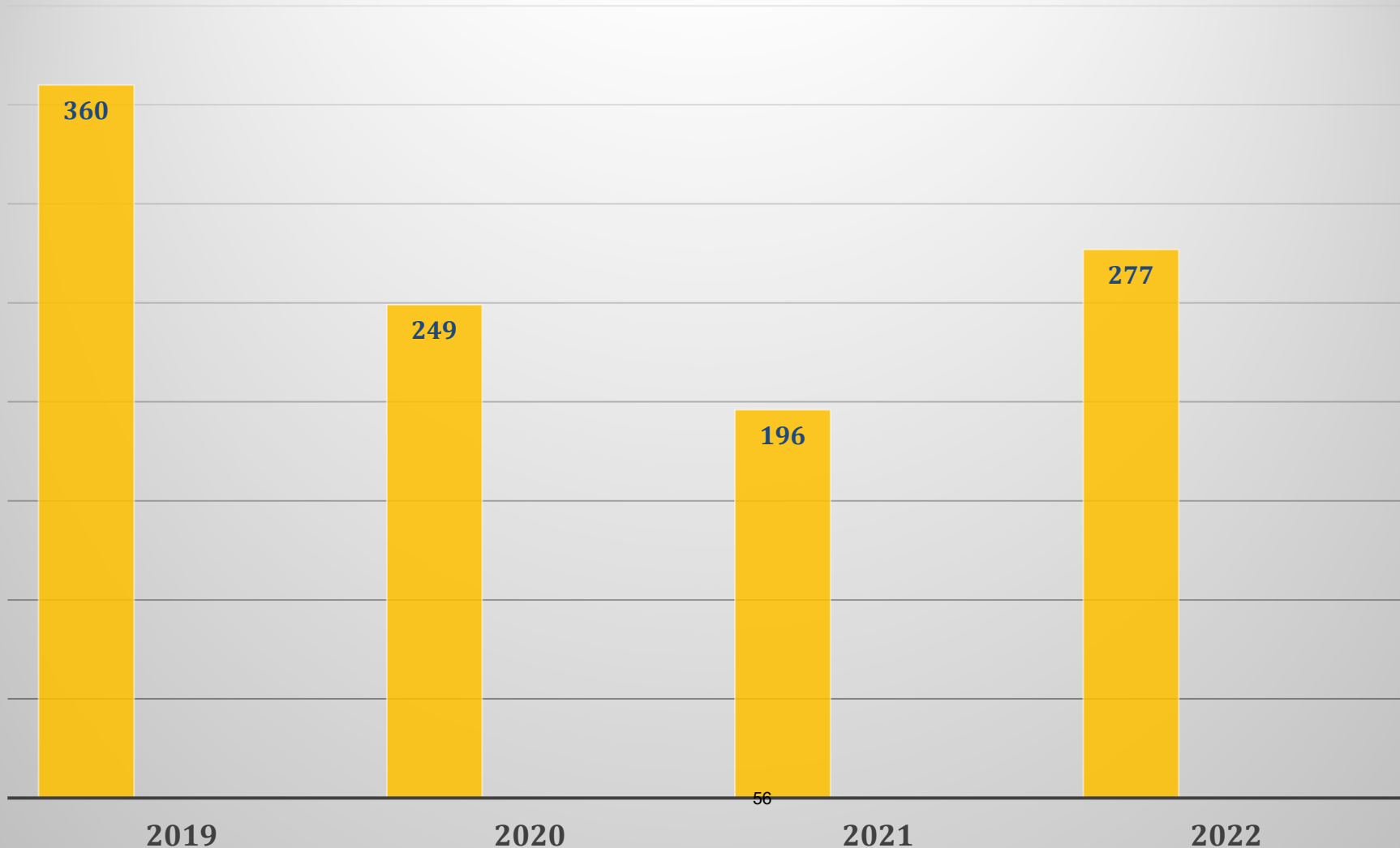
*\* MHL numbers are through the end of September as MHL runs on a calendar year.*



# Grievance and Appeal Total Comparisons

## Fiscal Years 2019, 2020, 2021 and 2022

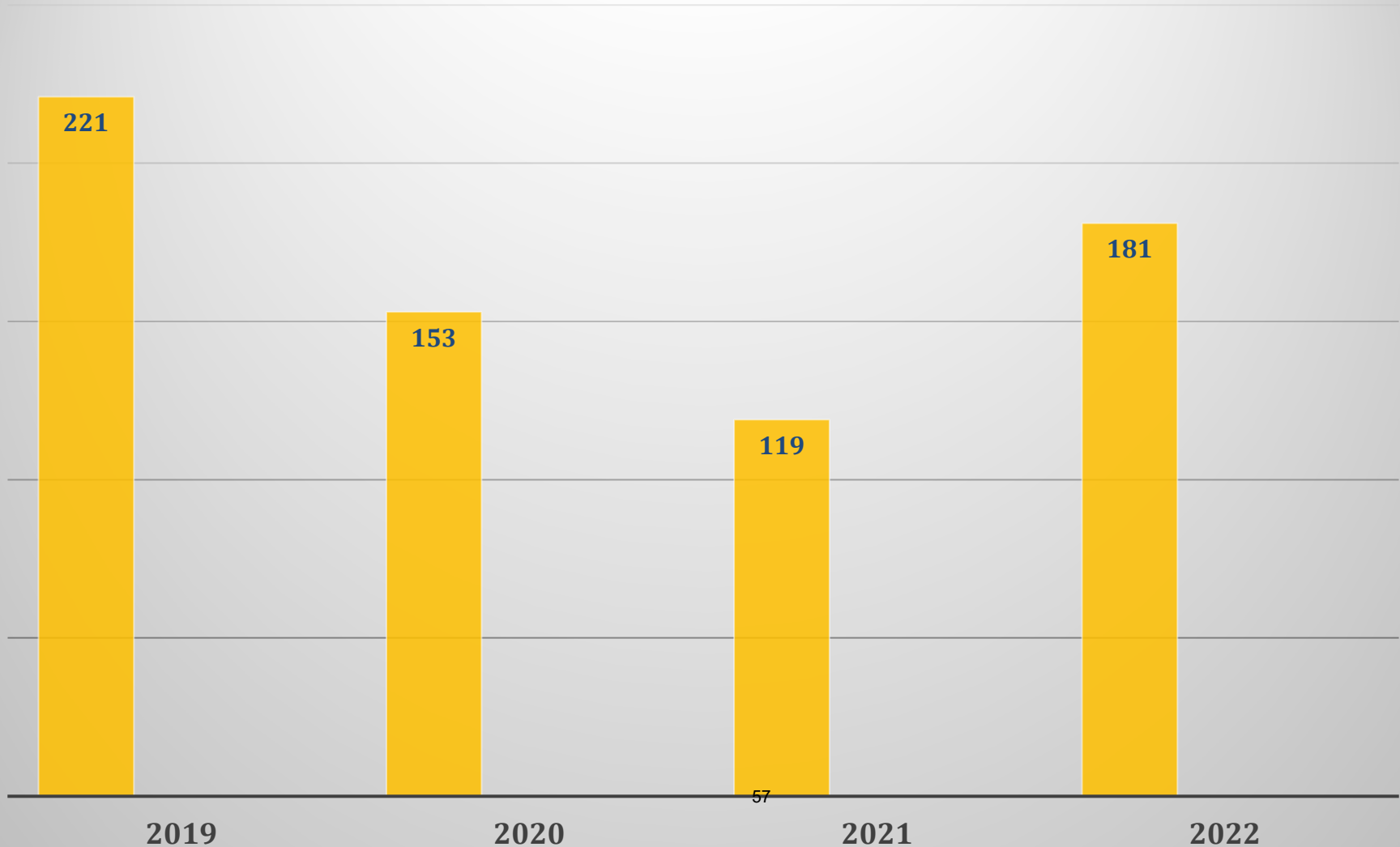
### Total Grievance and Appeals for all funding sources



# Grievance Trends

## Fiscal Years 2019, 2020, 2021 and 2022

### Total MHL/MA/HMP/BG Grievances



# SWMBH Customer Services Activities

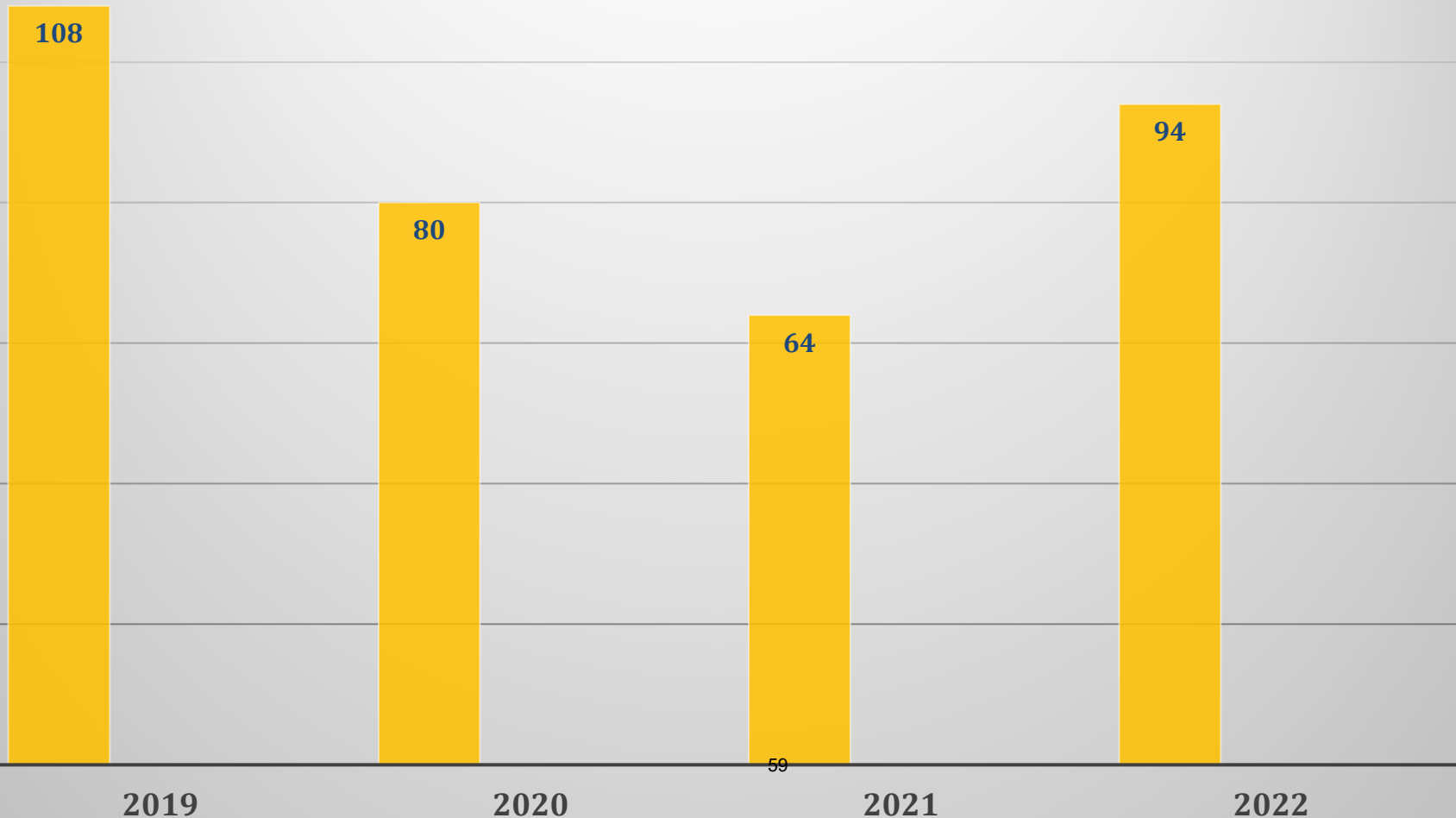
## SWMBH REGIONAL APPEAL TOTALS (MHL, MA, HMP, BG) FY 2021-2022

Category	Total
Affirmed (not in favor of the member)	49
Reversed (in favor of the member)	44
Split Resolution	1
Grand Total	94

# Local Level Appeal Trends

## Fiscal Years 2019, 2020, 2021 and 2022

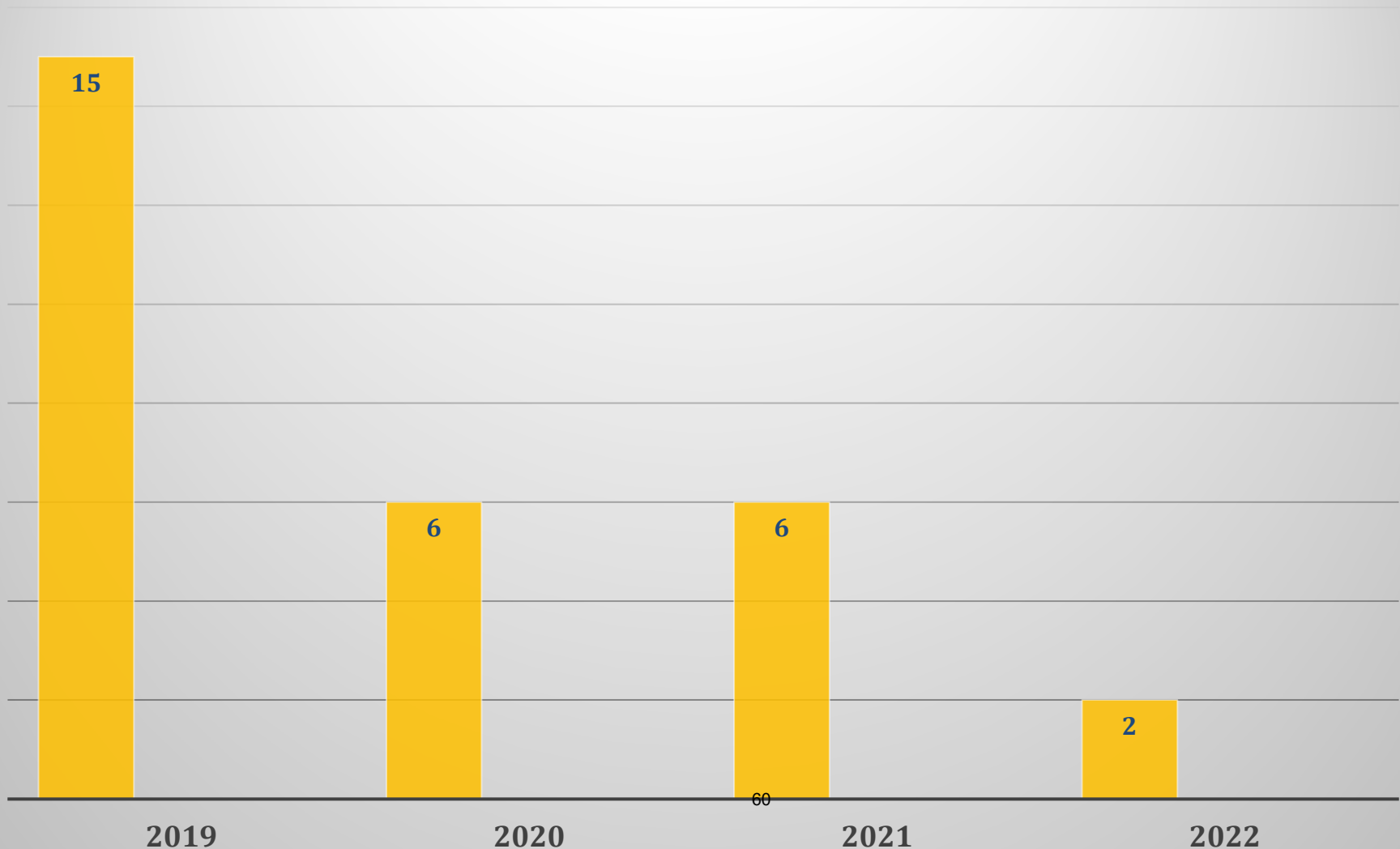
### Total MHL/MA/HMP/BG Local Level Appeals



# Fair Hearing Appeal Trends

## Fiscal Years 2019, 2020, 2021 and 2022

### Total MHL/MA/HMP/BG Fair Hearing Appeals



# Community and Advocacy Engagement

- SWMBH participated in many community events, a dramatic increase from 2021
  - Mental Health and Wellness Expo
  - Wellness and Recovery Festival
  - Walk a Mile
  - Mental Health Summit
  - Trunk or Treat for Great Lakes Autism Center
  - Growlers games to promote Substance Use Disorder Prevention, Gambling and Veteran Navigator
  - 4 Stand Downs
  - 3 Project Connect events
- Supported the SWMBH Facebook page by providing resources and guidance to anyone seeking additional information on key Behavioral Health, Mental Health, Substance Use Treatment and Gambling Addiction resources throughout the region.
- 30 posts were made supporting various regional events and behavioral health resources.
- SWMBH's Facebook page reached 40,113 individuals.

# Veteran Navigator Activities

- Moved the Veteran Navigator position to Customer Service Department in May 2022
- Conducted meetings with approximately 120 new Veterans or Veteran Family Members (VFM).
- Worked with a total of 80 Veterans/VFM's.
- Participated in 15 Veteran community events such as Stand Downs.
- Participated in 12 virtual and 66 live meetings for Veterans.
- Initiated contact and relationships with various community agencies such as United Way, Kalamazoo YWCA Domestic Violence Program, Lest We Forget, and VFW's and American Legions in the region.
- Attended the Wall that Heals tour.

# Veteran Navigator Activities

- Was invited to throw out the first pitch at a Kalamazoo Growlers Baseball game.
- Initiated CMHSP meet and greets with Customer Service and key clinical staff to implement Veteran Navigator resource in counties without a local Veteran Navigator.
- Established connection and relationship with staff at the VA eligibility office in Battle Creek
- Working closely with the VA Justice Office to connect with county jails to ensure veterans in jail are connected with benefits
- Participated on panel at WMU Mental Health Summit, provided by Battle Creek VA
  - How to streamline coordination between VA and community agencies

# Looking to FY 23 for Customer Service

- Address HSAG Corrective Action Plans and Recommendations to ensure contractual and federal requirements are met.
  - Initiate quarterly monitoring of grievance and appeal acknowledgment and resolution letters.
  - Initiate quarterly monitoring of the grievance and appeal records.
  - Complete regional training
  - Review and approve SWMBH policies and internal documents for regional implementation
- Will update and improve Advance Directives and Due Process materials and trainings in partnership with Building Better Lives project
- SWMBH will review grievance and appeal files for analysis of trends
  - SWMBH will review all grievance and appeal records for the respective quarter
  - SWMBH will review grievance and appeal files for under/over utilization of service trends

# Looking to FY 23 for Veteran Navigator

- Continue to outreach and establish relationships and support to regional CMHs
  - Establish regular support times at the CMH
- Work with the VA Justice Office to establish relationships with local jails and connect veterans in jail with benefits and resources
- Establish Veteran Treatment Court in counties that do not currently have it, if possible
- Maintain current Veteran/VFM resource list and continue to seek new Veteran resources in our region.
- Continue outreach efforts at Veterans events, county fairs and other community events and
- Update print/social media promotional campaign materials regarding services
- Complete and provide quarterly reports to DHHS as required



# Questions?

**SWMBH FY 2022 Program Integrity - Compliance Board Report**  
**10/01/2021 – 09/30/2022**

**Train & Educate**

**Audit & Monitor**

**Report & Evaluate**

**Date Prepared: November 29, 2022**

**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	
Subcontracted provider not signing family training service documentation	NA		X					Contacted MI-OIG, gave SWMBH permission to NOT consider the unsigned documents invalid. No recoupments required, as the service documentation met all other Medicaid requirements. CMH educated the provider and documentation has met all requirements since.
Customer complaint: Felt pressured by CMH staff to exaggerate symptoms when calling SWMBH UM in order to qualify for a higher level of SUD care (residential vs out-patient)	2022-01	X		X			X	No FWA substantiated. Need for additional education to providers and peers/recovery coaches. UM/SUD staff provided education.
Methadone provider billing methadone dosing as telehealth	2022-02	X		X		X		No overpayment but claims using the telehealth place of service code were all corrected. On-going monitoring per quarterly audits.
Former CMH employee expressed a variety of concerns with her limited time at the CMH.	NA		X					No FWA or other compliance implications.
CFO at a CMH voided checks in SWMBH Streamline (SWMBH was adjudicating the CMH provider claims), checks had already been cut and sent to providers. New checks were then sent to the providers.	2022-03	X		X		X		Overpayments collected. CFO Streamline privileges were limited to avoid any additional issues.
SUD Provider manually changing start dates on Treatment Plans for the purpose of matching the Txt Plan dates to the	2022-04	X		X		X		Education provided on the authorization process and Treatment Plan requirements. On-going monitoring via

**SWMBH FY 2022 Program Integrity - Compliance Board Report**  
**10/01/2021 – 09/30/2022**

Train & Educate		Audit & Monitor		Report & Evaluate	
authorization request dates.					quarterly audits.
CMH employee reported that there was a break-in at the office, laptops and checks were stolen	NA		X		Reported to the CMH Compliance Officer and confirmed no PHI was able to be accessed.
Concern that SUD provider is assisting customers in inappropriately changing their address for the purpose of getting services through a different PIHP	NA		X		No FWA. Educated provider.
SUD Block Grant provider not following ATP policies/procedures	2022-05	X		X	Recoupments issued, CAP provided. On-going monitoring per quarterly audits.
SUD Provider requesting authorizations outside of Treatment Plan dates. Treatment Plan Addendums not being labeled as such and not signed appropriately by clinician & customer.	2022-06	X		X	CAP issued for Treatment Plan requirements. Education provided. CAP approved. On-going monitoring via quarterly audits.
Uncovered during a Medicaid audit that a CMH did not have active Treatment Plans for Meds Only customers-though the internal service had been authorized. Upon requesting additional information, it was found that this may be a more wide-spread issue	2022-07	X		X	Substantiated. CAP issued (to be monitored via additional Site Review CAPs) and recoupments processed. On-going monitoring per quarterly audits.
CMH reported that a subcontracted provider was rounding start/stop times when submitting claims.	2022-08	X		X	X Not substantiated; however, it was discovered that the provider was not using the required U-modifiers for number of customers served. Claims reverted, CAP issued. On-going monitoring via quarterly audits.
ROIs in Streamline automatically merging with different customer records when uploading	2022-09	X		X	X Issue corrected and resolved.
Spec Res provider asking about accepting gifts from customer family members	NA		X		Staff spoke with the caller and determined none of the gifts

**SWMBH FY 2022 Program Integrity - Compliance Board Report**  
**10/01/2021 – 09/30/2022**

Train & Educate		Audit & Monitor		Report & Evaluate				
								exceeded \$25 allowable amount per SWMBH policy.
Customer alleges that SUD Provider is upcoding for telehealth therapy and medication reviews. Additional concerns noted that may be more clinical quality than compliance	2022-10	X		X			X	Unsubstantiated. Clinical concerns addressed by SUD Team. Resolved.
SUD provider submitting duplicate drug screening claims (which were paid)	2022-11	X		X		X		Recoupments issued. SmartCare global rules updated to limit code to one unit/day per contract.
SUD Residential provider billing day of discharge	2022-12	X		X		X		Recoupments issued, CAP provided. On-going monitoring per monthly data-mining.
CLS/Respite subcontracting provider not meeting service documentation requirements	NA		X					Per quarterly Medicaid audit. Recoupments issued, live education provided, CAP provided. On-going monitoring per quarterly audits.
CMH board member expressed concerns with the CMH organizational culture	NA		X					Concern sent to Brad Casemore for follow-up.
SUD Block Grant provider not following ATP policies/procedures – repeat issue from provider (investigated FY21)	2022-13	X		X		X		Substantiated. Recoupments issued. Updated CAP required and provided. On-going monitoring per quarterly audits.
Inappropriate use of Q3014 telehealth site code per MDHHS memo/email.	2022-14	X		X		X		Only one CMH using this code-determined use was inappropriate. Encounters reverted.
SUD provider self-reported duplicate claims submitted and paid.	2022-15	X		X		X		Recoupments issued, CAP provided. Pre-payment monitoring. Discovered inappropriate “job” running in Streamline (in addition to the provide inappropriately submitting duplicate claims). Streamline issue resolved. Pre-payment review continues until 1/13/2023.
Former subcontracted	2022-16	X		X			X	Unable to substantiated

**SWMBH FY 2022 Program Integrity - Compliance Board Report**  
**10/01/2021 – 09/30/2022**

Train & Educate		Audit & Monitor		Report & Evaluate			
provider staff reporting falsification of service documentation.							claim after extensive documentation review. Further education to provider. CAP provide, recoupment issued. On-going monitoring per quarterly audits.
OIG Referred: Subcontracted provider owner accused of inappropriate usage of Medicaid dollars	2022-17	X		X		X	Unsubstantiated. Reported back to OIG, as required.
CMH staff falsified travel vouchers. Referred to OIG.	2022-18	X		X		X	Claim substantiated. Staff resigned prior to CMH termination. Pending OIG final response following additional audit per OIG request.
Subcontracted autism provider using multiple provider-qualification modifiers.	2022-19	X		X		X	Substantiated, no overpayment. Claims corrected.
Customer complaint that SUD Residential provider was billing for full stays when customers left program early, mice in facility, carbon dioxide issues within facility, general cleanliness concerns.	2022-20	X		X		X	Unsubstantiated. Some service documentation deficiencies noted, CAP required from provider.
SUD provider using inappropriate/disallowed place of service codes	2022-21	X		X		X	Substantiated. Claims corrected. No overpayment. On-going monitoring per quarterly audits.
CMH therapist inappropriately reporting telehealth service encounters.	2022-22	X		X		X	Referred to OIG. Overpayment under the \$5,000 limit for OIG to investigate. Therapist terminated. Investigation closed.
SUD customer authorized for SUD residential stay (claimed and paid). Discovered his actual address is in Indiana and he has been a resident of IN for the entire calendar year-still has Michigan Medicaid	NA		X				Reported to MDHHS per contractual obligations. Residential stay paid per MDHHS guidance. No further action.
Multiple CLS providers not using the correct modifiers/code for	NA		X				Informed all CMHs of the issue. CMHs are to work with providers to

**SWMBH FY 2022 Program Integrity - Compliance Board Report**  
**10/01/2021 – 09/30/2022**

	Train & Educate			Audit & Monitor			Report & Evaluate	
overnight health and safety.								educate and correct claims. Will be monitored via quarterly Medicaid audits.
Multiple concerns reported from two CMHs regarding a new autism provider. Concerns range from compliance FWA to clinical and recipient rights.								Pending SWMBH investigation following receipt of CMH investigation findings.
<b>Total</b>	<b>33</b>	<b>22</b>	<b>11</b>	<b>22</b>	<b>0</b>	<b>15</b>	<b>7</b>	

## 2. Privacy/Security Allegations/Reports

A total of forty-six (46) incidents were reported to the SWMBH Breach Team during Fiscal Year 2022. 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 forty-six (46) incidents reviewed, NONE were determined to be reportable.

## 3. Planned Audits

<b>Audit</b>	<b># Services/Claims Reviewed</b>	<b>Result/Progress</b>	<b>Recoupments</b>
Medicaid Verification			
Quarter 1	453	Complete	29 recoupments (\$3,109.80)
Quarter 2	465	Complete	27 recoupments (\$3,572.66)
Quarter 3	465	Complete	23 recoupments (\$6,403.78)
Quarter 4	465	In Process	
MI Health Link			
Quarter 1	227	Completed	None
Quarter 2	240	Completed	None
Quarter 3	212	In Process	
Quarter 4	240	In Process	
SUD Block Grant Claims			
Quarter 1	30	Complete	2 recoupments (\$77.60)
Quarter 2	30	Complete	2 recoupments (\$189.00)
Quarter 3	30	Complete	None
Quarter 4	30	In Process	
SUD Coordination of Benefits			
Quarter 1	30	Completed	1 recoupment (\$68.64)
Quarter 2	30	Completed	None
Quarter 3	30	Completed	2 recoupments (\$81.66)
Quarter 4	30	In Process	



## **2022 Election Recap**

The November 8 election results were historic for Michigan Democrats, defying historical trends and the prognostications. Democrats were able to do something we have not seen in Michigan for nearly 40 years – seize control of virtually all aspects of state government. As expected, Democrats were able to retain control of the Governor, Attorney General and Secretary of State's offices. However, in an unexpected twist Democrats were also able to capture control of both chambers in the Michigan Legislature after winning a number of very close battleground seats in the House and Senate. It is very apparent that Democrats were helped a great deal by the newly drawn legislative districts as well as Proposal 3, which many believed helped boost Democratic enthusiasm across the state. Below are some of the highlights:

- Governor Gretchen Whitmer defeated Republican candidate Tudor Dixon – 54.5% - 44%
- Attorney General Dana Nessel defeated Republican challenger Matt Deperno – 53% - 44.5%
- Secretary of State Jocelyn Benson defeated Republican challenger Kristina Karamo – 56% - 42%
- Democrats flipped 4 seats won majority in the Michigan Senate with a 20-18 advantage
- Democrats flipped 3 seats and won a majority in the Michigan House with a 56 to 54 advantage

### **State Senate**

For the first time in 38 years, we will have a Democratic majority in the Michigan Senate. We knew it would be close, and it was, with Democrats winning 20 seats and Republicans 18. Below are three races that highlight how incredibly close this election was on November 8:

- 9<sup>th</sup> District – Sen.-elect Michael Webber (R-Rochester Hills) defeated Padma Kuppa by 795 votes
- 12<sup>th</sup> District – Sen.-elect Kevin Hertel (D-St. Clair Shores) defeated Pam Hornberger by 403 votes
- 30<sup>th</sup> District – Sen. Mark Huizenga (R-Walker) defeated David LaGrand by 405 votes

### **State House**

In the biggest surprise of the night, House Democrats took control of the State House by clinching majority 56 to 54 seats. Many of the prognosticators thought Republicans would end up with a 59 or 60 seat majority. Again, many of the House races were extremely close, below are four races that highlight how close this election was on November 8:

- 27<sup>th</sup> District – Rep-Elect Jamie Churches (D-Grosse Ile) defeated Bob Howey by 660 votes
- 28<sup>th</sup> District – Rep-Elect Jamie Thompson (R-Brownstown) defeated Robert Kull by 735 votes
- 38<sup>th</sup> District – Rep-Elect Joey Andrews (D-St. Joseph) defeated Kevin Whiteford by 398 votes
- 103<sup>rd</sup> District – Rep-Elect Betsy Coffia (D-Traverse City) defeated Rep. Jack O'Malley by 765 votes

### **Congressional races**

Many of Michigan's Congressional races went as expected, Democrats hold 7 of Michigan's 13 Congressional seats. Republicans winning were Jack Bergman (1<sup>st</sup> District), John Moolenaar (2<sup>nd</sup> District), Bill Huizenga (4<sup>th</sup> District), Tim Walberg (5<sup>th</sup> District), Lisa McClain (9<sup>th</sup> District), and John James (10<sup>th</sup> District). Democrats winning were Hillary Scholten (3<sup>rd</sup> District), Debbie Dingell (6<sup>th</sup> District), Elissa Slotkin (7<sup>th</sup> District), Dan Kildee (8<sup>th</sup> District), Haley Stevens (11<sup>th</sup> District), Rashida Tlaib (12<sup>th</sup> District), and Shri Thanedar (13<sup>th</sup> District). Below are a few items of note:

- Congresswoman Elissa Slotkin (D) won re-election in a tight race with State Senator Tom Barrett for the newly-drawn 7<sup>th</sup> district, which ended up being the most expensive congressional race in the country.
- Democrat candidate Hillary Scholten defeated Republican candidate John Gibbs in the 3<sup>rd</sup> district, and will become the first Democrat to represent Grand Rapids in Congress since 1977.
- Republican candidate John James defeated Democrat candidate Carl Marlinga in the 10<sup>th</sup> district in a very close race – roughly 1600 votes.

### **Statewide Ballot Proposals**

All three proposals on the ballot were approved.

- **Proposal 1** makes changes to legislative term-limits and imposes transparency measures on elected officials – passed 66% - 34%
- **Proposal 2** would enshrine new voting rights in the state constitution – passed 60% - 40%
- **Proposal 3** enshrines abortion protections in the state constitution – passed 57% - 43%

### **Impact of Proposal 1 on the Legislature**

Only 1 member cannot run for reelection in 2024 – Dale Zorn (previously served 2 terms in the House then 2 terms in the Senate). Not since the 1990 election, the election prior to voters adopting term limits in 1992 that set a limit of three two-year terms in the House, have so many members had the ability to run again.

The House will see 56 new members, one of the highest ever. Most of them, other than Mr. Zorn, Rep.-elect Curt VanderWall (R-Ludington) and Rep.-elect Doug Wozniak (R-Shelby Township), who all have prior legislative service in the Senate, the House or both, will be eligible to run for 6 two-year terms in the House if they wish.

Twenty-seven members who won what would have been their third and final term allowed under the old term limits law will instead be eligible to run for 3 more House terms if they wish.

Meanwhile in the Senate, 14 new members will join the body. Under the language of the constitutional amendment, those winning their first term Tuesday who had enough prior service in the House that would have prevented them from running in 2026 are eligible to seek a second term.

- Sen.-elect Darrin Camilleri (D-Brownstown Township)
- Sen.-elect Michael Webber (R-Rochester Hills)
- Sen.-elect Kevin Hertel (D-St. Clair Shores)
- Sen.-elect Joseph Bellino (R-Monroe)
- Sen.-elect Thomas Albert (R-Lowell)
- Sen.-elect Sam Singh (D-East Lansing)
- Sen.-elect Roger Hauck (R-Mount Pleasant)
- Sen.-elect Michele Hoytenga (R-Manton)

All can run in 2026 – all had served six years in the House.

Additionally, the following members who won reelection Tuesday will be eligible to run for a third term in 2026 if they wish:

- Sen. Rosemary Bayer (D-Keego Harbor)
- Sen. Mallory McMorrow (D-Royal Oak)
- Sen. Dayna Polehanki (D-Livonia)

In 2026, 18 of the Senate's 38 members will be ineligible to seek reelection under the new limit.

Good afternoon, Everyone,

We wanted to provide you with the Michigan State House and Senate Photo Directory for the upcoming 2023-2024 legislative session provided by Gongwer News Service. Both photo directories can be found [here](#).

Additionally, the House and Senate have announced the full slate of leadership positions for their respective caucuses. The results are as follows:

#### Michigan House of Representatives

##### Democrat Caucus:

- Speaker of the House: Rep. Joe Tate (D-Detroit)
- Speaker Pro Tempore: Rep. Laurie Pohutsky (D-Livonia)
- Associate Speaker Pro Tem.: Rep. Carol Glanville (D-Walker)
- Associate Speaker Pro Tem.: Rep.-elect Kristian Grant (D-Grand Rapids)
- Majority Floor Leader: Rep. Abraham Aiyash (D-Hamtramck)
- Assistant Majority Floor Leader: Rep. Kara Hope (D-Holt)
- Assistant Majority Floor Leader: Rep.-elect Jimmie Wilson Jr. (D-Ypsilanti)
- Assistant Majority Floor Leader: Rep.-elect Betsy Coffia (D-Traverse City)
- Majority Whip: Rep. Ranjeev Puri (D-Canton)
- Deputy Whip: Rep.-elect Carrie Rheingans (D-Ann Arbor)
- Deputy Whip: Rep.-elect Alabas Farhat (D-Dearborn)
- Caucus Chair: Rep. Amos O'Neal (D-Saginaw)
- Caucus Vice Chair: Rep. Helena Scott (D-Detroit)
- Caucus Vice Chair: Rep. Brenda Carter (D-Pontiac)
- Caucus Vice Chair: Rep.-elect Jasper Martus (D-Flushing)

##### Republican Caucus:

- Minority Leader: Rep. Matt Hall (R-Comstock Township)
- Assistant Minority Leader: Rep. Andrew Beeler (R-Fort Gratiot)
- Minority Floor Leader: Rep. Bryan Posthumus (R-Cannon Township)
- Assistant Floor Leader: Rep. Graham Filler (R-DeWitt)
- Assistant Floor Leader: Rep. Andrew Fink (R-Hillsdale)
- Minority Whip: Rep. Sarah Lightner (R-Springport)
- Chief Deputy Whip: Rep. Mike Harris (R-Clarkston)
- Caucus Chair: Rep. Ken Borton (R-Gaylord)
- Caucus Vice Chair: Rep.-elect Jaime Greene (R-Richmond)

#### Michigan Senate

##### Democrat Caucus:

- Senate Majority Leader: Sen. Winnie Brinks (D-Grand Rapids)
- President Pro Tempore: Sen. Jeremy Moss (D-Southfield)
- Assistant Majority Leader: Sen.-elect Darrin Camilleri (D-Brownstown Township)
- Majority Floor Leader: Sen.-elect Sam Singh (D-East Lansing)
- Majority Whip: Sen. Mallory McMorrow (D-Royal Oak)
- Caucus Chair: Sen. Dayna Polehanki (D-Livonia)
- Caucus Policy & Steering Chair: Sen. Stephanie Chang (D-Detroit)
- Senate Appropriations Committee Chair: Sen.-elect Sarah Anthony (D-Lansing)

##### Republican Caucus:

- Minority Leader: Sen. Aric Nesbitt (R-Lawton)
- Assistant Minority Leader: Sen. Rick Outman (R-Six Lakes)
- Minority Floor Leader: Sen. Dan Lauwers (R-Brockway)
- Assistant Minority Floor Leader: Sen. Lana Theis (R-Brighton)
- Minority Whip: Sen. Roger Victory (R-Hudsonville)
- Caucus Chair: Kevin Daley (R-Lum)
- Assistant Minority Whip: Sen. Mark Huizenga (R-Walker)
- Assistant Caucus Chair: Sen. Jim Runestad (R-White Lake)
- Associate President Pro Tempore: Sen.-elect Joe Bellino (R-Monroe)

**SUBSTITUTE FOR  
SENATE BILL NO. 597**

A bill to amend 1939 PA 280, entitled  
"The social welfare act,"  
by amending section 109f (MCL 400.109f), as amended by 2017 PA 224.

**THE PEOPLE OF THE STATE OF MICHIGAN ENACT:**

1       Sec. 109f. (1) The department shall support the use of  
2 Medicaid funds for specialty services and supports for eligible  
3 Medicaid beneficiaries with a serious mental illness, developmental  
4 disability, serious emotional disturbance, or substance use  
5 disorder. Medicaid-covered specialty services and supports, **except**  
6 **for those services and supports for children in foster care**, -shall  
7 be managed and delivered by specialty prepaid health plans chosen  
8 by the department. The specialty services and supports shall be  
9 carved out from the basic Medicaid health care benefits package.



LTB

S02577'21 (S-6)

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1           (2) Specialty prepaid health plans are Medicaid managed care  
2 organizations as described in section 1903(m)(1)(A) of title XIX,  
3 42 USC 1396b, and are responsible for providing defined inpatient  
4 services, outpatient hospital services, physician services, other  
5 specified Medicaid state plan services, and additional services  
6 approved by the Centers for Medicare and Medicaid Services under  
7 section 1915(b)(3) of title XIX, 42 USC 1396n.

8           (3) This section does not apply to a pilot project authorized  
9 under section 298(3) of article X of 2017 PA 107.



**SUBSTITUTE FOR  
SENATE BILL NO. 598**

A bill to amend 1974 PA 258, entitled  
"Mental health code,"  
by amending sections 116, 204b, 752, and 754 (MCL 330.1116,  
330.1204b, 330.1752, and 330.1754), section 116 as amended by 1998  
PA 67, section 204b as added by 2002 PA 594, section 752 as amended  
by 1995 PA 290, and section 754 as amended by 2006 PA 604.

**THE PEOPLE OF THE STATE OF MICHIGAN ENACT:**

1       Sec. 116. (1) Consistent with section 51 of article IV of the  
2 state constitution of 1963, which declares that the health of the  
3 people of the state is a matter of primary public concern, and as  
4 required by section 8 of article VIII of the state constitution of  
5 1963, which declares that services for the care, treatment,  
6 education, or rehabilitation of those who are seriously mentally



L/TB

S02577'21 a (S-8)

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disabled shall always be fostered and supported, the department shall continually and diligently endeavor to ensure that adequate and appropriate mental health services are available to all citizens throughout the state. To this end, the department ~~shall have~~**has** the general powers and duties described in this section.

(2) The department shall do all of the following:

(a) Direct services to individuals who have a serious mental illness, developmental disability, or serious emotional disturbance. The department shall give priority to the following services:

(i) Services for individuals with the most severe forms of serious mental illness, serious emotional disturbance, or developmental disability.

(ii) Services for individuals with serious mental illness, serious emotional disturbance, or developmental disability who are in urgent or emergency situations.

(b) Administer the provisions of chapter 2 so as to promote and maintain an adequate and appropriate system of community mental health services programs throughout the state. In the administration of chapter 2, ~~it shall be the~~ **department's** objective ~~of the department is~~ to shift primary responsibility for the direct delivery of public mental health services, **except public mental health services for children in foster care**, from the state to a community mental health services program whenever the community mental health services program has demonstrated a willingness and capacity to provide an adequate and appropriate system of mental health services for the citizens of that service area.

(c) Engage in planning for the purpose of identifying, assessing, and enunciating the mental health needs of the state.



(d) Submit to the members of the house and senate standing committees and appropriation subcommittees with legislative oversight of mental health matters an annual report summarizing its assessment of the mental health needs of the state and incorporating information received from community mental health services programs under section 226. The report ~~shall~~**must** include an estimate of the cost of meeting all identified needs. Additional information shall be made available to the legislature upon request.

(e) Endeavor to develop and establish arrangements and procedures for the effective coordination and integration of all public mental health services, and for effective cooperation between public and nonpublic services, for the purpose of providing a unified system of statewide mental health care.

(f) Review and evaluate the relevance, quality, effectiveness, and efficiency of mental health services being provided by the department and ~~assure~~**ensure** the review and evaluation of mental health services provided by community mental health services programs. The department shall establish and implement a structured system to provide data necessary for the reviews and evaluations.

(g) Implement those provisions of law under which it is responsible for the licensing or certification of mental health facilities or services.

(h) Establish standards of training and experience for executive directors of community mental health services programs.

(i) Support research activities.

(j) Support evaluation and quality improvement activities.

(k) Support training, consultation, and technical assistance regarding mental health programs and services and appropriate



1 prevention and mental health promotion activities, including those  
 2 that are culturally sensitive, to employees of the department,  
 3 community mental health services programs, and other nonprofit  
 4 agencies providing mental health services under contract with  
 5 community mental health services programs.

6 (I) Support multicultural services.

7 (3) The department may do all of the following:

8 (a) Direct services to individuals who have mental disorders  
 9 that meet diagnostic criteria specified in the most recent  
 10 diagnostic and statistical manual of mental health disorders  
 11 published by the American ~~psychiatric association~~ **Psychiatric**  
 12 **Association** and approved by the department and to the prevention of  
 13 mental disability and the promotion of mental health. Resources  
 14 that have been specifically appropriated for services to  
 15 individuals with dementia, alcoholism, or substance ~~abuse,~~ **use**  
 16 **disorder**, or for the prevention of mental disability and the  
 17 promotion of mental health shall be utilized for those specific  
 18 purposes.

19 (b) Provide, on a residential or nonresidential basis, any  
 20 type of patient or client service, including, but not limited to,  
 21 prevention, diagnosis, treatment, care, education, training, and  
 22 rehabilitation.

23 (c) Operate mental health programs or facilities directly or  
 24 through contractual arrangement.

25 (d) Institute pilot projects considered appropriate by the  
 26 director to test new models and concepts in service delivery or  
 27 mental health administration. Pilot projects may include, but need  
 28 not be limited to, both of the following:

29 (i) Issuance of a voucher to a recipient of public mental



1 health services in accordance with the recipient's individual plan  
2 of services and guidelines developed by the department.

3 (ii) Establishment of revolving loans to assist recipients of  
4 public mental health services to acquire or maintain affordable  
5 housing. Funding under this subparagraph shall only be provided  
6 through an agreement with a nonprofit fiduciary in accordance with  
7 guidelines and procedures developed by the department related to  
8 the use, issuance, and accountability of revolving loans used for  
9 recipient housing.

10 (e) Enter into an agreement, contract, or arrangement with any  
11 individual or public or nonpublic entity that is necessary or  
12 appropriate to fulfill those duties or exercise those powers that  
13 have by statute been given to the department.

14 (f) Accept gifts, grants, bequests, and other donations for  
15 use in performing its functions. Any money or property accepted  
16 ~~shall~~**must** be used as directed by its donor and in accordance with  
17 law and the rules and procedures of the department.

18 (g) ~~The department has~~**Use** any other power necessary or  
19 appropriate to fulfill those duties and exercise those powers that  
20 have been given to the department by law and that are not otherwise  
21 prohibited by law.

22 Sec. 204b. (1) A combination of community mental health  
23 organizations or authorities may establish a regional entity by  
24 adopting bylaws that satisfy the requirements of this section. A  
25 community mental health agency may combine with a community mental  
26 health organization or authority to establish a regional entity if  
27 the board of commissioners of the county or counties represented by  
28 the community mental health agency adopts bylaws that satisfy the  
29 requirements of this section. All of the following ~~shall~~**must** be



1 stated in the bylaws establishing the regional entity:

2 (a) The purpose and power to be exercised by the regional  
3 entity to carry out the provisions of this act, including the  
4 manner by which the purpose shall be accomplished or the power  
5 shall be exercised.

6 (b) The manner in which a community mental health services  
7 program will participate in governing the regional entity,  
8 including, but not limited to, all of the following:

9 (i) Whether a community mental health services program that  
10 subsequently participates in the regional entity may participate in  
11 governing activities.

12 (ii) The circumstances under which a participating community  
13 mental health services program may withdraw from the regional  
14 entity and the notice required for that withdrawal.

15 (iii) The process for designating the regional entity's officers  
16 and the method of selecting the officers. This process ~~shall~~  
17 ~~include~~**includes** appointing a fiscal officer who shall receive,  
18 deposit, invest, and disburse the regional entity's funds in the  
19 manner authorized by the bylaws or the regional entity's governing  
20 body. A fiscal officer may hold another office or other employment  
21 with the regional entity or a participating community mental health  
22 services program.

23 (c) The manner in which the regional entity's assets and  
24 liabilities shall be allocated to each participating community  
25 mental health services program, including, at a minimum, all of the  
26 following:

27 (i) The manner for equitably providing for, obtaining, and  
28 allocating revenues derived from a federal or state grant or loan,  
29 a gift, bequest, grant, or loan from a private source, or an



1 insurance payment or service fee.

2 (ii) The method or formula for equitably allocating and  
3 financing the regional entity's capital and operating costs,  
4 payments to reserve funds authorized by law, and payments of  
5 principal and interest on obligations.

6 (iii) The method for allocating any of the regional entity's  
7 other assets.

8 (iv) The manner in which, after the completion of its purpose  
9 as specified in the regional entity's bylaws, any surplus funds  
10 shall be returned to the participating community mental health  
11 services programs.

12 (d) The manner in which a participating community mental  
13 health services program's special fund account created under  
14 section 226a shall be allocated.

15 (e) A process providing for strict accountability of all funds  
16 and the manner in which reports, including an annual independent  
17 audit of all the regional entity's receipts and disbursements,  
18 shall be prepared and presented.

19 (f) The manner in which the regional entity shall enter into  
20 contracts including a contract involving the acquisition,  
21 ownership, custody, operation, maintenance, lease, or sale of real  
22 or personal property and the disposition, division, or distribution  
23 of property acquired through the execution of the contract.

24 (g) The manner for adjudicating a dispute or disagreement  
25 among participating community mental health services programs.

26 (h) The effect of a participating community mental health  
27 ~~service~~**services** program's failure to pay its designated share of  
28 the regional entity's costs and expenses, and the rights of the  
29 other participating community mental health services programs as a



1 result of that failure.

2 (i) The process and vote required to amend the bylaws.

3 (j) Any other necessary and proper matter agreed to by the  
4 participating community mental health services programs.

5 (2) Except as otherwise stated in the bylaws, a regional  
6 entity has all of the following powers:

7 (a) The power, privilege, or authority that the participating  
8 community mental health services programs share in common and may  
9 exercise separately under this act, whether or not that power,  
10 privilege, or authority is specified in the bylaws establishing the  
11 regional entity.

12 (b) The power to contract with the state to serve as the  
13 ~~medicaid~~ **Medicaid** specialty service prepaid health plan for the  
14 designated service areas of the participating community mental  
15 health services programs.

16 (c) The power to accept funds, grants, gifts, or services from  
17 the federal government or a federal agency, the state or a state  
18 department, agency, instrumentality, or political subdivision, or  
19 any other governmental unit whether or not that governmental unit  
20 participates in the regional entity, and from a private or civic  
21 source.

22 (d) The power to enter into a contract with a participating  
23 community mental health ~~service~~ **services** program for any service to  
24 be performed for, by, or from the participating community mental  
25 health services program.

26 (e) The power to create a risk pool and take other action as  
27 necessary to reduce the risk that a participating community mental  
28 health services program otherwise bears individually.

29 (3) A regional entity established under this section is a



1 public governmental entity separate from the county, authority, or  
2 organization that establishes it.

3 (4) Beginning not later than 6 months after the effective date  
4 of the amendatory act that added this subsection, a regional entity  
5 board must be composed of the following:

6 (a) Members who are 18 years of age or older.

7 (b) No more than 1/3 members who are community health services  
8 program providers or county commissioners who represent the  
9 community mental health services program provider's county.

10 (c) At least 1/3 members who are behavioral health providers  
11 or agencies that are nongovernmental entities and who are not  
12 community mental health services program providers.

13 (d) At least 1/3 members who are members of the general public  
14 of which at least 2 members are primary consumers or recipients of  
15 behavioral health services or their family members.

16 (5) ~~(4)~~ All the privileges and immunity from liability and  
17 exemptions from laws, ordinances, and rules provided under section  
18 205(3)(b) to county community mental health ~~service~~ **services**  
19 programs and their board members, officers, and administrators, and  
20 county elected officials and employees of county government are  
21 retained by a regional entity created under this section and the  
22 regional entity's board members, officers, agents, and employees.

23 (6) ~~(5)~~ A regional entity ~~shall~~ **must** provide an annual report  
24 of its activities to each participating community mental health  
25 services program.

26 (7) ~~(6)~~ The regional entity's bylaws ~~shall~~ **must** be filed with  
27 the clerk of each county in which a participating community mental  
28 health services program is located and with the secretary of state,  
29 before the bylaws take effect.



1       (8) ~~(7)~~—If a regional entity assumes the duties of a  
 2 participating community mental health services program or contracts  
 3 with a private individual or entity to assume the duties of a  
 4 participating community mental health services program, the  
 5 regional entity ~~shall~~**must** comply with all of the following:

6       (a) The manner of employing, compensating, transferring, or  
 7 discharging necessary personnel is subject to the provisions of the  
 8 applicable civil service and merit systems and the following  
 9 restrictions:

10       (i) An employee of a regional entity is a public employee.

11       (ii) A regional entity and its employees are subject to 1947 PA  
 12 336, MCL 423.201 to 423.217.

13       (b) At the time a regional entity is established under this  
 14 section, the employees of the participating community mental health  
 15 services program who are transferred to the regional entity and  
 16 appointed as employees ~~shall~~ retain all the rights and benefits for  
 17 1 year. If at the time a regional entity is established under this  
 18 section a participating community mental health services program  
 19 ceases to operate, the employees of the participating community  
 20 mental health services program shall be transferred to the regional  
 21 entity and appointed as employees who ~~shall~~ retain all the rights  
 22 and benefits for 1 year. An employee of the regional entity shall  
 23 not, by reason of the transfer, be placed in a worse position for a  
 24 period of 1 year with respect to worker's compensation, pension,  
 25 seniority, wages, sick leave, vacation, health and welfare  
 26 insurance, or another benefit that the employee had as an employee  
 27 of the participating community mental health services program. A  
 28 transferred employee's accrued benefits or credits ~~shall~~**are** not be  
 29 diminished by reason of the transfer.



(c) If a participating community mental health services program was the designated employer or participated in the development of a collective bargaining agreement, the regional entity assumes and is bound by the existing collective bargaining agreement. Establishing a regional entity does not adversely affect existing rights or obligations contained in the existing collective bargaining agreement. For the purposes of this subsection, "participation in the development of a collective bargaining agreement" means that a representative of the participating community mental health services program actively participated in bargaining sessions with the employer representative and union or was consulted during the bargaining process.

Sec. 752. (1) The department, each community mental health services program, each licensed hospital, and each service provider under contract with the department, a community mental health services program, or a licensed hospital ~~shall~~**must** establish written policies and procedures concerning recipient rights and the operation of an office of recipient rights. The policies and procedures ~~shall~~**must** provide a mechanism for prompt reporting, review, investigation, and resolution of apparent or suspected violations of the rights guaranteed by this chapter, ~~shall~~**must** be consistent with this chapter and chapter 7a, and ~~shall~~**must** be designed to protect recipients from, and prevent repetition of, violations of rights guaranteed by this chapter and chapter 7a. The policies and procedures ~~shall~~**must** include, at a minimum, all of the following:

- (a) Complaint and appeal processes.
- (b) Consent to treatment and services.
- (c) Sterilization, contraception, and abortion.



(d) Fingerprinting, photographing, audiotaping, and use of 1-way glass.

(e) Abuse and neglect, including detailed categories of type and severity.

(f) Confidentiality and disclosure.

(g) Treatment by spiritual means.

(h) Qualifications and training for recipient rights staff.

(i) Change in type of treatment.

(j) Medication procedures.

(k) Use of psychotropic drugs.

(l) Use of restraint.

(m) Right to be treated with dignity and respect.

(n) Least restrictive setting.

(o) Services suited to condition.

(p) Policies and procedures that address all of the following matters with respect to residents:

(i) Right to entertainment material, information, and news.

(ii) Comprehensive examinations.

(iii) Property and funds.

(iv) Freedom of movement.

(v) Resident labor.

(vi) Communication and visits.

(vii) Use of seclusion.

(2) All policies and procedures required by this section shall be established ~~within 12 months after the effective date of the amendatory act that added section 753.~~ by March 28, 1997.

(3) The department must enforce the provisions of the policies and procedures listed in subsection (1)(a) to (p) and ensure that appropriate remedial action is taken to resolve any violations of



1 the policies and procedures listed in subsection (1)(a) to (p).

2 Sec. 754. (1) The department shall establish a state office of  
3 recipient rights subordinate only to the director.

4 (2) The department shall ensure all of the following:

5 (a) The process for funding the state office of recipient  
6 rights includes a review of the funding by the state recipient  
7 rights advisory committee.

8 (b) The state office of recipient rights will be protected  
9 from pressures that could interfere with the impartial, even-  
10 handed, and thorough performance of its duties.

11 (c) The state office of recipient rights will have unimpeded  
12 access to all of the following:

13 (i) All programs and services operated by or under contract  
14 with the department except where other recipient rights systems  
15 authorized by this act exist.

16 (ii) All staff employed by or under contract with the  
17 department.

18 (iii) All evidence necessary to conduct a thorough investigation  
19 or to fulfill its monitoring function.

20 (d) Staff of the state office of recipient rights receive  
21 training each year in recipient rights protection.

22 (e) Each contract between the department and a provider  
23 requires both of the following:

24 (i) That the provider and his or her employees receive annual  
25 training in recipient rights protection.

26 (ii) That recipients will be protected from rights violations  
27 while they are receiving services under the contract.

28 (f) Technical assistance and training in recipient rights  
29 protection are available to all community mental health services



1 programs and other mental health service providers subject to this  
2 act.

3 (3) The department ~~shall endeavor to~~ **must** ensure all of the  
4 following:

5 (a) The state office of recipient rights has sufficient staff  
6 and other resources necessary to perform the duties described in  
7 this section.

8 (b) Complainants, staff of the state office of recipient  
9 rights, and any staff acting on behalf of a recipient will be  
10 protected from harassment or retaliation resulting from recipient  
11 rights activities.

12 (c) Appropriate remedial action is ~~taken to resolve violations~~  
13 ~~of~~ **enforced with an entity that violates recipient** rights and  
14 ~~notify~~ the complainants **are notified** of substantiated violations,  
15 **with the remediations that were taken**, in a manner that does not  
16 violate employee rights.

17 (4) After consulting with the state recipient rights advisory  
18 committee, the department director shall select a director of the  
19 state office of recipient rights who has the education, training,  
20 and experience to fulfill the responsibilities of the office. The  
21 department director shall not replace or dismiss the director of  
22 the state office of recipient rights without first consulting the  
23 state recipient rights advisory committee. The director of the  
24 state office of recipient rights ~~shall have~~ **has** no direct service  
25 responsibility. The director of the state office of recipient  
26 rights ~~shall report~~ **reports** directly and solely to the department  
27 director. The department director shall not delegate his or her  
28 responsibility under this subsection.

29 (5) The state office of recipient rights may do all of the



1 following:

2 (a) Investigate apparent or suspected violations of the rights  
3 guaranteed by this chapter.

4 (b) Resolve disputes relating to violations.

5 (c) Act on behalf of recipients to obtain appropriate remedies  
6 for any apparent violations.

7 (d) Apply for and receive grants, gifts, and bequests to  
8 effectuate any purpose of this chapter.

9 (6) The state office of recipient rights shall do all of the  
10 following:

11 (a) Ensure that recipients, parents of minor recipients, and  
12 guardians or other legal representatives have access to summaries  
13 of the rights guaranteed by this chapter and chapter 7a and are  
14 notified of those rights in an understandable manner, both at the  
15 time services are requested and periodically during the time  
16 services are provided to the recipient.

17 (b) Ensure that the telephone number and address of the office  
18 of recipient rights and the names of rights officers are  
19 conspicuously posted in all service sites.

20 (c) Maintain a record system for all reports of apparent or  
21 suspected rights violations received, including a mechanism for  
22 logging in all complaints and a mechanism for secure storage of all  
23 investigative documents and evidence.

24 (d) Initiate actions that are appropriate and necessary to  
25 safeguard and protect rights guaranteed by this chapter to  
26 recipients of services provided directly by the department or by  
27 its contract providers other than community mental health services  
28 programs.

29 (e) Receive reports of apparent or suspected violations of



rights guaranteed by this chapter. The state office of recipient rights shall refer reports of apparent or suspected rights violations to the recipient rights office of the appropriate provider to be addressed by the provider's internal rights protection mechanisms. The state office shall intervene as necessary to act on behalf of recipients in situations in which the director of the department considers the rights protection system of the provider to be out of compliance with this act and rules promulgated under this act.

(f) Upon request, advise recipients of the process by which a rights complaint or appeal may be made and assist recipients in preparing written rights complaints and appeals.

(g) Advise recipients that there are advocacy organizations available to assist recipients in preparing written rights complaints and appeals and offer to refer recipients to those organizations.

(h) Upon receipt of a complaint, advise the complainant of the complaint process, appeal process, and mediation option.

(i) Ensure that each service site operated by the department or by a provider under contract with the department, other than a community mental health services program, is visited by recipient rights staff with the frequency necessary for protection of rights but in no case less than annually.

(j) Ensure that all individuals employed by the department receive department-approved training related to recipient rights protection before or within 30 days after being employed.

(k) Ensure that all reports of apparent or suspected violations of rights within state facilities or programs operated by providers under contract with the department other than



community mental health services programs are investigated in accordance with section 778 and that those reports that do not warrant investigation are recorded in accordance with subdivision (c).

(l) Review semiannual statistical rights data submitted by community mental health services programs and licensed hospitals to determine trends and patterns in the protection of recipient rights in the public mental health system and provide a summary of the data to community mental health services programs and to the director of the department.

(m) Serve as consultant to the director in matters related to recipient rights.

(n) At least quarterly, provide summary complaint data consistent with the annual report required in subdivision (o), together with a summary of remedial action taken on substantiated complaints, to the department and the state recipient rights advisory committee.

(o) Submit to the department director and to the committees and subcommittees of the legislature with legislative oversight of mental health matters, for availability to the public, an annual report on the current status of recipient rights for the state. The report shall be submitted not later than March 31 of each year for the preceding fiscal year. The annual report shall include, at a minimum, all of the following:

(i) Summary data by type or category regarding the rights of recipients receiving services from the department including the number of complaints received by each state facility and other state-operated placement agency, the number of reports filed, and the number of reports investigated.



(ii) The number of substantiated rights violations by category and by state facility.

(iii) The remedial actions taken on substantiated rights violations by category and by state facility.

(iv) Training received by staff of the state office of recipient rights.

(v) Training provided by the state office of recipient rights to staff of contract providers.

(vi) Outcomes of assessments of the recipient rights system of each community mental health services program.

(vii) Identification of patterns and trends in rights protection in the public mental health system in this state.

(viii) Review of budgetary issues including staffing and financial resources.

(ix) Summary of the results of any consumer satisfaction surveys conducted.

(x) Recommendations to the department.

(p) Provide education and training to its recipient rights advisory committee and its recipient rights appeals committee.



# Southwest Michigan

## BEHAVIORAL HEALTH

<b>Section:</b> Board Policy – Executive Limitation	<b>Policy Number:</b> BEL-002	<b>Pages:</b> 2
<b>Subject:</b> Financial Conditions	<b>Required By:</b> Policy Governance	<b>Accountability:</b> SWMBH Board
<b>Application:</b> <input type="checkbox"/> SWMBH Governance Board <input checked="" type="checkbox"/> SWMBH Executive Officer (EO)		<b>Required Reviewer:</b> SWMBH Board
<b>Effective Date:</b> 02.14.14	<b>Last Review Date:</b> 11.11.22	<b>Past Review Dates:</b> 10.12.14, 02.13.15, 5.13.16, 5.12.17, 6.8.18; 6.14.19, 06.12.20, 7.9.21

### I. **PURPOSE:**

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

### II. **POLICY:**

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

### III. **STANDARDS:**

Accordingly, the Executive Officer may not:

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

8. Make a single purchase or commitment of greater than \$100,000 in a fiscal year, except for participant CMH contracts and Region 4 Clinical Service Providers. Splitting orders to avoid this limit is not acceptable.
9. Purchase or sell real estate in any amount absent Board authorization.
10. Fail to aggressively pursue receivables after a reasonable grace period.

# Southwest Michigan

## BEHAVIORAL HEALTH

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

### I. **PURPOSE:**

To define the SWMBH Executive Officer role and responsibilities in conjunction with SWMBH MCHE membership.

### II. **POLICY:**

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

### III. **STANDARDS:**

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

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



**Southwest Michigan Behavioral Health Board Meeting**  
**Four Points by Sheraton, 3600 E. Cork St. Ct. Kalamazoo, MI 49001**  
**January 13, 2023**  
**9:30 am to 11:30 am**  
(d) means document provided  
**Draft: 11/28/22**

1. **Welcome Guests/Public Comment**
2. **Agenda Review and Adoption (d)**
3. **Financial Interest Disclosure Handling (M. Todd)**
  - None Scheduled
4. **Consent Agenda**
  - December 9, 2022 SWMBH Board Meeting Minutes (d)
5. **Operations Committee**
  - Operations Committee Quarterly Report (D. Hess) (d)
6. **Ends Metrics Updates (\*Requires motion)**

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

  - a. \*Fiscal Year 2022 Michigan Mission Based Performance Indicator System Results (J. Gardner) (d)
  - b. \*2022 Opioid Health Home Enrollees (J. Gardner and J. Smith) (d)
7. **Board Actions to be Considered**
  - a. 2023 Quality Assurance and Performance Improvement Plan-needs Board Chair signature (J. Gardner) (d)
  - b. Fiscal Year 2022 Board Audit Committee (G. Guidry)
8. **Board Policy Review**

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

  - BG-004 Board Ends and Accomplishments (d)
9. **Executive Limitations Review**

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

  - BEL-008 Communication and Counsel (T. Schmelzer) (d)

**10. Board Education**

- a. Fiscal Year 2022 Year to Date Financial Statements (G. Guidry) (d)
- b. MI Health Link Extrication (E. DeLeon) (d)
- c. 2022 SWMBH Board Attendance Letters (M. Jacobs) (d)

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

- a. Fiscal Year 2022 Program Integrity Compliance Evaluation (M. Todd) (d)
- b. Board Preferences for May Retreat (B. Casemore)
- c. February 10, 2023 Board Agenda (d)
- d. Board Member Attendance Roster (d)
- e. February Board Policy Direct Inspection – None

**12. Public Comment**

**13. Adjournment**

**14. Holiday Celebration**

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

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

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

**Next Board Meeting**

**Four Points by Sheraton, 3600 E. Cork St. Kalamazoo, MI 49001**  
**February 10, 2023**  
**9:30 am - 11:30 am**

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

as of 11/11/22


Green = present

Red = absent

Black = not a member

Gray = meeting cancelled